JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109, Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
https://pebp.nv.gov

CELESTENA GLOVER
Executive Officer

JOY GRIMMER
Board Chair

MEETING NOTICE AND AGENDA

Name of Organization:	Public Employees' Benefits Program
Date and Time of Meeting:	January 23, 2025 9:00 a.m.
Video Conferencing:	**This meeting will be held by using a remote technology system pursuant to NRS 241.023 and will have no physical location. Members of the public may participate in the meeting by following the instructions below. This meeting can be viewed live over the Internet on the PEBP YouTube channel at https://youtube.com/live/RuoPC4V2wjk**

To submit written public comment, please upload your document to the *Public Comment Upload Form* located under *Contact Us* on the PEBP website, *https://pebp.nv.gov*, no later than two business days prior to the meeting.

To listen to and view the PEBP Board Meeting please click on the YouTube Link located in "Video Conferencing" field above.

There are two agenda items designated for public comment. If you wish to provide verbal public comment during those agenda items, please follow the instructions below:

Option #1 **Join the webinar as an attendee** https://us06web.zoom.us/j/87092730987

This link is only for those who want to make public comment. If you are just listening to the webinar, please use the YouTube Link located in the "Video Conferencing" field above.

Option #2 **Dial: (669) 900-6833. When prompted to provide your Meeting ID, please enter: 870 9273 0987 then press #. When prompted for a Participant ID, please enter #.**

Participants that call in will be muted until it is time for public comment. A moderator will then unmute callers one at a time for public comment.

To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-7016 or email jcrane@peb.nv.gov

AGENDA

1. Open Meeting; Roll Call.

2. Public Comment.
   Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three-minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. The total time allotted to public comment may be limited to one hour at the discretion of the chairperson. As noted above, members of the public may make public comment by using the call-in number provided above. Persons unable to attend the meeting in person or by telephone and persons whose comments may extend past the three-minute time limit may submit their public comment in writing by uploading your document to the *Public Comment Upload Form* located under *Contact Us* on the PEBP website, *https://pebp.nv.gov,* no later than two business days prior to the meeting. **If you need ADA accommodation, please let us know by 4:00 pm two days before the board meeting so that we may make appropriate arrangements**. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

   Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

   - 4.1 Approval of Action Minutes from the November 21, 2024 PEBP Board Meeting.
   - 4.2 Receipt of quarterly staff reports for the periods ending September 30, 2024:
     - 4.2.1 Q1 Utilization Report
     - 4.2.2 Contract Status Report
   - 4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:
     - 4.3.1 Q1 UMR – Obesity Care Management
     - 4.3.2 Q1 UMR – Diabetes Care Management
     - 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
     - 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.5 Q1 UnitedHealthcare – Basic Life Insurance

4.3.6 Q1 Express Scripts – Summary Report

4.3.7 Q1 Express Scripts – Utilization Report

4.3.8 Q1 UMR Performance Guarantees

4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.3.10 Q1 Doctor on Demand Engagement Report

4.3.11 Real Appeal – Utilization Report

4.4 Acceptance of the Annual PEBP Report regarding Complaint Resolution for submission to the Nevada Division of Insurance.

4.5 Acceptance of the Annual PEBP Report regarding External Reviews for submission to the Office of Consumer Health Assistance.

5. Discussion and possible action regarding enhancements to current supplemental health voluntary benefit offerings. (Nik Proper, Operations Officer/Neale Hegarty, Corestream) (**For Possible Action**)

6. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)

7. Discussion and possible action regarding continuing to offer HMO and EPO options. (Celestena Glover, Executive Officer/Richard Ward, Segal) (**For Possible Action**)

   7.1 Discussion and possible action regarding a potential contract with Health Plan of Nevada, Inc., to provide a fully insured regional Health Maintenance Organization (HMO) medical and pharmacy group health plan for PEBP's active employees and non-Medicare eligible retiree populations. A portion of this item may be conducted in closed session to allow review of the results of the evaluation of proposals for the contract, in accordance with NRS 287.04345(4). Any action on the contract, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, will occur in open session, in accordance with NRS 287.04345(5). (Celestena Glover, Executive Officer) (**For Possible Action**)

8. Discussion and possible action regarding a potential contract with Extend Health, LLC, a WTW Company dba Via Benefits, to provide Medicare Exchange services and Health Reimbursement Arrangement (HRA) administration services for PEBP's Medicare participants. A portion of this item may be conducted in closed session to allow review of the results of the evaluation of proposals for the contract, in accordance with NRS 287.04345(4). Any action on the contract, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, will occur in open session, in accordance with NRS 287.04345(5). (Celestena Glover, Executive Officer) (**For Possible Action**)

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of July 1, 2024 – September 30, 2024. (Joni Amato, Claim Technologies Incorporated) (**For Possible Action**)

    9.1 Response to audit findings/overview of performance guarantees for the period of July 1, 2024 – September 30, 2024. (Rhonda Huckaby, UMR) (Information Discussion)

10. VIA Benefits Presentation. (Chris Garcia, Willis Towers Watson) (Information/Discussion)

11. Diabetes Pilot Program Presentation. (Chris Syverson, Nevada Health Partners) (Information/Discussion)

12. Public Comment.

    Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.

13. Adjournment.

The supporting material to this agenda, also known as the Board Packet, is available, at no charge, on the PEBP website at https://pebp.nv.gov/Meetings/current-board-meetings/ (under the Board Meeting date referenced above). Contact Jessica Crane at PEBP, 3427 Goni Rd, Suite 109, Carson City, NV 89706 (775) 684-7020 or (800) 326-5496
An item raised during a report or public comment may be discussed but may not be deliberated or acted upon unless it is on the agenda as an action item.
All times are approximate. The Board reserves the right to take items in a different order or to combine two or more agenda items for consideration to accomplish business in the most efficient manner. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
We are pleased to make reasonable efforts to assist and accommodate persons with physical disabilities who wish to participate in the meeting. If special arrangements for the meeting are necessary, please notify the PEBP in writing, at 3427 Goni Rd, Suite 109, Carson City, NV 89706, or call Jessica Crane at (775) 684-7020 or (800) 326-5496, as soon as possible so that reasonable efforts can be made to accommodate the request.
Copies of both the PEBP Meeting Action Minutes and Meeting Transcripts, if such transcripts are prepared, are available for inspection, at no charge, at the PEBP Office, 3427 Goni Rd, Suite 109, Carson City, NV 89706 or on the PEBP website at https://pebp.nv.gov. For additional information, contact Jessica Crane at (775) 684-7020 or (800) 326-5496.
Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting on the PEBP website at https://pebp.nv.gov, at the office of the public body and to the public notice website for meetings at https://notice.nv.gov. In addition, the agenda was mailed to groups and individuals as requested.

1.

1. Open Meeting; Roll Call.

2.

2. Public Comment.

3.

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4.

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All items for possible action**)

4.1 Approval of Action Minutes from the November 21, 2024 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the periods ending September 30, 2024:

- 4.2.1 Q1 Utilization Report
- 4.2.2 Contract Status Report

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- 4.3.6 Q1 Express Scripts – Summary Report
- 4.3.7 Q1 Express Scripts – Utilization Report
- 4.3.8 Q1 UMR Performance Guarantees
- 4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
- 4.3.10 Q1 Doctor on Demand Engagement Report
- 4.3.11 Real Appeal – Utilization Report

4.4 Acceptance of the Annual PEBP Report regarding Complaint Resolution for submission to the Nevada Division of Insurance.

4.5 Acceptance of the Annual PEBP Report regarding External Reviews for submission to the Office of Consumer Health Assistance

4.1

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the November 21, 2024 PEBP Board Meeting.

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
BOARD MEETING

3427 Goni Road, Suite 117
Carson City, NV 89706

ACTION MINUTES (Subject to Board Approval)
November 21, 2024

MEMBERS PRESENT	Ms. Joy Grimmer, Board Chair
IN PERSON:	Dr. Jennifer McClendon, Member Mr. Jim Barnes, Member Ms. Bepsy Strasburg, Member Ms. Stacie Weeks, Member
MEMBERS PRESENT VIRTUALLY:	Ms. Michelle Kelley, Vice Chair Ms. Janell Woodward, Member
FOR THE BOARD:	Ms. Radhika Kunnel, Deputy Attorney General
FOR STAFF:	Ms. Celestena Glover, Executive Officer Mr. Nik Proper, Operations Officer Ms. Michelle Weyland, Chief Financial Officer Ms. Brandee Mooneyhan, Lead Insurance Counsel Ms. Leslie Bittleston, Quality Control Officer Ms. Jessica Crane, Executive Assistant
OTHER PRESENTERS:	Joni Amato, CTI Ruth Pedroni, HSA Bank Richard Ward, Segal Nathan Maier, UMR Melissa Williams, Carson Tahoe Health Jean McFarlane, UMR Amy Dunn, Segal Olga Walther, Segal

1. Open Meeting; Roll Call

    - Board Chair Grimmer opened the meeting at 9:07 a.m.

2. Public Comment
    - Tess Opferman – AFSCME
    - Deborah Arteaga – PEBP Member
    - Kent Ervin – NV Faculty Alliance
    - Shantal Marshall – NV Faculty Alliance
    - Racquel Rodriguez – PEBP Member
    - Kristine Luu – PEBP Member
    - Gina Gamble – PEBP Member
    - Michael Amesquita - PEBP Member
    - Makayla Laventer – PEBP Member
    - Nicole Pavlico – PEBP Member

3. PEBP Board disclosures for applicable Board meeting agenda items. (Radhika Kunnel, Deputy Attorney General) (Information/Discussion)

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

    Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.

    4.1 Approval of Action Minutes from the September 26, 2024 PEBP Board Meeting.

    4.2 Receipt of quarterly staff reports for the period ending June 30 and September 30, 2024:

    4.2.1 Q4 Utilization Report

    4.2.2 Q1 Budget Report

    4.2.3 Contract Status Report

    4.3 Receipt of quarterly vendor reports for the period ending June 30, 2024:

    4.3.1 Q4 Express Scripts – Summary Report

    4.3.2 Q4 Express Scripts – Utilization Report

    4.3.3 2nd MD – Annual Review Report

BOARD ACTION ON ITEM 4.1, 4.2.1, 4.2.3, & 4.3
MOTION: Motion to accept all consent agenda items except 4.2.2.
BY: Member Jim Barnes
SECOND: Member Bepsy Strasburg
VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 4.2.2
MOTION: Motion to approve item 4.2.2.
BY: Member Jennifer McClendon
SECOND: Member Jim Barnes
VOTE: Unanimous; the motion carried

5. Executive Officer Report. (Celestena Glover, Executive Officer) (Information/Discussion)

6. Discussion and Acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of April 1, 2024 – June 30, 2024. (Joni Amato, Claim Technologies Incorporated) (**For Possible Action**)

BOARD ACTION ON ITEM 6
MOTION: Motion to approve item number 6 as presented.
BY: Member Bepsy Strasburg
SECOND: Member Jim Barnes
VOTE: Unanimous; the motion carried

7. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by VIA Benefits for the period of July 1, 2023 – June 30, 2024. (Joni Amato, Claim Technologies Incorporated) (**For Possible Action**)

BOARD ACTION ON ITEM 7
MOTION: Motion to approve item number 7 as presented
BY: Member Jim Barnes
SECOND: Member Bepsy Strasburg
VOTE: Unanimous; the motion carried

8. Health Savings Bank Investment Discussion. (Celestena Glover, Executive Officer) (Information/Discussion) (No written report.)

9. Discussion and possible action regarding Carson Tahoe Health's expressed intent to leave the United Health Network effective May 30, 2025. (Celestena Glover, Executive Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 9
MOTION: Motion to direct UMR and Carson Tahoe to continue discussions and negotiations and resolve billing disputes so that Carson Tahoe can remain in the UMR Network.
BY: Member Michelle Kelley
SECOND: Member Bepsy Strasburg
VOTE: Unanimous; the motion carried

BOARD ACTION ON ITEM 9
MOTION: Motion to instruct PEBP staff to begin preparing an RFP for a second network and seek guarantees from UMR and Carson Tahoe that they will agree to extend the current contractual provisions while that process occurs.
BY: Member Michelle Kelley
SECOND: Member Jim Barnes
VOTE: Unanimous; the motion carried

10. Acceptance of Biennial Compliance Report. (Leslie Bittleston, Quality Control Officer) (**For Possible Action**)

BOARD ACTION ON ITEM 10
MOTION: Motion to approve the biennial report as presented.
BY: Member Bepsy Strasburg
SECOND: Member Jim Barnes
VOTE: Unanimous; the motion carried

11. Public Comment

- Debbie Arteaga – PEBP Member
- Jared Keller – PEBP Member

12. Adjournment

- Board Chair Grimmer adjourned the meeting at 11:35 a.m.

4.2

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.1 Approval of Action Minutes from the November 21, 2024 PEBP Board Meeting.

4.2 Receipt of quarterly staff reports for the period ending September 30, 2024.

4.2.1

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.2 Receipt of quarterly staff reports for the period ending September 30, 2024:

4.2.1 Q1 Utilization Report

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JOY GRIMMER
Board Chair

AGENDA ITEM

[X] Action Item
[ ] Information Only

Date: January 23, 2025

Item Number: 4.2.1

Title: Self-Funded CDHP, LDPPO, and EPO Plan Utilization Report for the period ending September 30, 2024

This report addresses medical, dental, prescription drug and HSA/HRA utilization for the PY 2024 period ending September 30, 2024. Included are:

- Executive Summary – provides a utilization overview.
- UMR Inc. CDHP Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. LDPPO Utilization Report – provides graphical supporting details for the information included in the Executive Summary.
- UMR Inc. 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 2025 utilization data.

Executive Summary

CONSUMER DRIVEN HEALTH PLAN (CDHP)

The Consumer Driven Health Plan (CDHP) experience for Q1 of Plan Year 2025 compared to Q1 of Plan Year 2024 is summarized below.

- Population:
  - 4.8% decrease for primary participants
  - 6.3% decrease for primary participants plus dependents (members)
- Medical Cost:
  - 2.6% increase for primary participants
  - 4.3% increase for primary participants plus dependents (members)
- High-Cost Claims:
  - There were 24 High-Cost Claimants accounting for 21.2% of the total plan paid for Q1 of Plan Year 2025
  - 16.5% increase in High-Cost Claimants per 1,000 members
  - 13.0% decrease in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
  - Health Status/Encounters ($3.1 million)
  - Musculoskeletal System ($2.3 million)
  - Circulatory System ($2.2 million)
- Emergency Room:
  - ER visits per 1,000 members increased by 5.1%
  - Total paid PMPM per ER visit increased by 8.5%
- Urgent Care:
  - Urgent Care visits per 1,000 members increased 5.7%
  - Average paid per Urgent Care visit increased 28.8% (increase from $23 to $29)
- Network Utilization:
  - 96.2% of claims are from In-Network providers
  - Q1 of Plan Year 2025 In-Network utilization decreased 1.0% over PY 2024
  - Q1 of Plan Year 2025 In-Network discounts increased 0.3% over PY 2024

- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims decreased 1.0%
    - Total Gross Claims Costs increased 9.4% ($1.0 million)
    - Average Total Cost per Claim increased 10.6%
      - From $122.90 to $135.87
  - Member:
    - Total Member Cost increased 12.1%
    - Average Participant Share per Claim increased 13.2
    - Net Member PMPM increased 19.9%
      - From $34.68 to $41.58

- Plan
  - Total Plan Cost increased 8.5%
  - Average Plan Share per Claim increased 9.7%
  - Net Plan PMPM increased 16.1%
    - From $104.92 to $121.83
  - Net Plan PMPM factoring rebates decreased 22.5%
    - From $62.23 to $48.22

LOW DEDUCTIBLE PPO PLAN (LDPPO)

The Low Deductible PPO Plan (LDPPO) experience for Q1 of Plan Year 2025 is summarized below.

- Population:
  - 26.2% increase for primary participants
  - 24.4% increase for primary participants plus dependents (members)
- Medical Cost:
  - 16.0% increase for primary participants
  - 17.7% increase for primary participants plus dependents (members)
- High-Cost Claims:
  - There were 18 High-Cost Claimants accounting for 14.0% of the total plan paid for Q1 of Plan Year 2025
  - 44.7 increase in High-Cost Claimants per 1,000 members
  - 11.9% decrease in average cost of High-Cost Claimant paid.
- Top three highest cost clinical classifications include:
  - Health Status Encounters ($2.8 million)
  - Musculoskeletal System ($2.6 million)
  - Injury, Poisoning & External Causes ($2.1 million)
- Emergency Room:
  - ER visits per 1,000 members increased 9.9%
  - Average paid per ER visit decreased 0.3%
- Urgent Care:
  - Urgent Care visits per 1,000 members increased by 10.3%
  - Average paid per Urgent Care visit increased 16.2% (increased from $90 to $104)
- Network Utilization:
  - 97.7% of claims are from In-Network providers
  - Q1 of Plan Year 2025 In-Network utilization decreased 0.2% over PY 2024
  - Q1 of Plan Year 2025 In-Network discounts increased 1.1% over PY 2024

- Prescription Drug Utilization:
  - Overall:
    - Total Net Claims increased 33.7%
    - Total Gross Claims Costs increased 42.9% ($3.9 million)
    - Average Total Cost per Claim increased 6.9%
      - From $144.51 to $154.48

  - Member:

        - Total Member Cost increased 46.3%
        - Average Participant Share per Claim increased 9.5%
        - Net Member PMPM increased 17.6%
            - From $23.83 to $28.03
    - Plan
        - Total Plan Cost increased 42.3%
        - Average Plan Share per Claim increased 6.5
        - Net Plan PMPM increased 14.4%
            - From $143.98 to $164.76
        - Net Plan PMPM factoring rebates increased 18.7%
            - From $91.33 to $108.43

PEBP PREMIER PLAN (EPO)

The PEBP Premier Plan (EPO) experience for Q1 of Plan Year 2025 compared to Q1 of Plan Year 2024 is summarized below.

- Population:
    - 9.4% decrease for primary participants
    - 9.5% decrease for primary participants plus dependents (members)
- Medical Cost:
    - 55.8% increase for primary participants
    - 56.0% increase for primary participants plus dependents (members)
- High-Cost Claims:
    - There were 11 High-Cost Claimants accounting for 39.0% of the total plan paid for Q1 Plan Year 2025
    - 73.7% increase in High-Cost Claimants per 1,000 members
    - 192.2% increase in average cost of High-Cost Claimant paid
- Top three highest cost clinical classifications include:
    - Perinatal Originating Conditions ($3.0 million)
    - Circulatory System ($1.4 million)
    - Injury, Poising & External Causes ($1.2 million)
- Emergency Room:
    - ER visits per 1,000 members reflected no change
    - Average paid per ER visit increased by 14.8%
- Urgent Care:
    - Urgent Care visits per 1,000 members increased 24.3%
    - Average paid per Urgent Care visit increased 9.4%
- Network Utilization:
    - 96.2% of claims are from In-Network providers
    - In-Network utilization increased 0.1%
    - In-Network discounts decreased 8.3%

- Prescription Drug Utilization:
    - Overall:
        - Total Net Claims decreased 3.8%
        - Total Gross Claims Costs increased 9.8% ($0.5 million)

        - Average Total Cost per Claim increased 14.1%
            - From $158.50 to $180.84
    - Member:
        - Total Member Cost increased 12.0%
        - Average Participant Share per Claim increased 16.5%
        - Net Member PMPM increased 23.7%
            - From $38.18 to $47.23
    - Plan
        - Total Plan Cost increased 9.4%
        - Average Plan Share per Claim increased 13.7%
        - Net Plan PMPM increased 20.8%
            - From $243.80 to $294.56
        - Net Plan PMPM factoring rebates increased 6.0%
            - From $158.92 to $168.50

DENTAL PLAN

The Dental Plan experience for Q1 of Plan Year 2025 is summarized below.

- Dental Cost:
    - Total of $7,161,865 paid for Dental claims.
        - Preventative claims account for 25% ($1.8 million)
        - Basic claims account for 35% ($2.4 million)
        - Major claims account for 19% ($1.4 million)
        - Diagnostic claims account for 22% ($1.6 million)

HEALTH REIMBURSEMENT ARRANGEMENT

The table below provides a list of CDHP HRA account balances as of September 30, 2024.

HRA Account Balances as of Septembr 30, 2024			
$Range	**# Accounts**	**Total Account Balance**	**Average Per Account Balance**
0	45,843	0.00	0.00
$.01 - $500.00	19,603	4,757,958.65	242.72
$500.01 - $1,000	10,888	7,676,723.92	705.06
$1,000.01 - $1,500	2,862	3,407,578.11	1,190.63
$1,500.01 - $2,000	645	1,127,931.79	1,748.73
$2,000.01 - $2,500	425	945,785.38	2,225.38
$2,500.01 - $3,000	219	598,290.82	2,731.92
$3,000.01 - $3,500	160	518,964.79	3,243.53
$3,500.01 - $4,000	150	558,610.84	3,724.07
$4,000.01 - $4,500	120	511,085.30	4,259.04
$4,500.01 - $5,000	107	509,448.34	4,761.20
$5,000.01 +	**667**	**5,700,602.71**	**8,546.63**
Total	**81,689**	**$ 26,312,981**	**$ 322.11**

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 2025. The CDHP total plan paid costs decreased 8.0% over the same time for Plan Year 2024. The LDPPO total plan paid costs increased 2.0% over Q1 of Plan Year 2024. The EPO total plan paid costs increased 27.0% over Q1 of Plan Year 2024. The change in the plan paid year over year is based on the per employee per year costs (PEPY). For HMO utilization and cost data please see the report provided in Appendix D.

Appendix A

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July 1, 2024 – September 30, 2024

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Quarterly Plan Performance Review

HDHP Plan • 2025-1Q

UMR
A UnitedHealthcare Company

RPG 4.77 • Run Date: 11/19/2024

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Report Criteria & Contents

Experience Periods*

- **2025 Plan Year (Current)**
  - 2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024
- **2024 Plan Year**
  - 2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023
  - 2024 Full Year: Claims paid 7/1/2023 - 6/30/2024
- **2023 Plan Year**
  - 2023-1Q.1st Quarter: Claims Paid 7/1/2022 - 9/30/2022
  - 2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

Group Data

- Data reported is for the HDHP Plan only:
- Contract = 7670-06-414946 or 7670-10-414946
- Except where indicated, Report is for Medical data only excluding claim expenses

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPort℠
- Composition: 4,555 groups with approximately 6.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 9/30/2024

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* Additional date ranges for specific figures are defined on the page if applicable

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Executive Summary

Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +2.6%
- High-Cost Claimants Paid PMPM trend: +1.4%; Non HCCs trend: +5.0%
- Top Paid Diagnostic Chapters: Health Status & Services (+12.5% Paid PMPM), Musculoskeletal (+9.7%), Circulatory System (−11.6%)

Membership & Demographics

- Total membership is 6.3% lower than prior period
- Employees decreased 4.8%, while Dependents were down 8.7%
- 95.2% of members had < $2,500 medical paid, with 41.2% having no claims paid at all during the reporting period

Utilization Key Indicators

- Paid per IP Admit was $23,138, which is 38.2% lower than 2024-1Q
- Paid per ER Visit was $2,160, which is 3.3% higher than 2024-1Q

Network Utilization & Savings

- 96.2% of all Medical spend dollars were to In Network providers
- The average In Network discount was 68.8%, which is somewhat (+0.3 pts) above the 2024 average discount of 68.5%

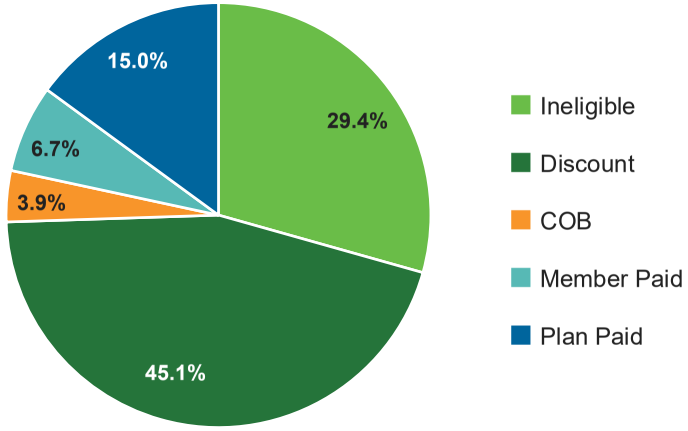
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Medical Total Savings Summary

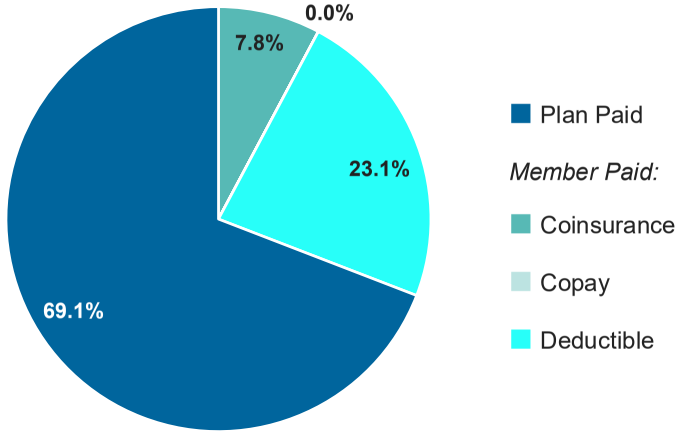
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-1Q Total Dollars	2025-1Q PMPM*	2024 PMPM*	*Trend*
Medical Billed	**$138,230,100**	**$2,011**	$1,916	***5.0%***
(-) Ineligible	**$40,596,081**	**$591**	$590	***0.1%***
Medical Covered	**$97,634,020**	**$1,420**	$1,326	***7.1%***
(-) Discount	**$62,361,902**	**$907**	$870	***4.3%***
Medical Allowed	**$35,272,117**	**$513**	$456	***12.4%***
(-) COB	**$5,380,572**	**$78**	$27	***188.4%***
(-) Coinsurance	**$2,328,794**	**$34**	$32	***5.4%***
(-) Copay	**$190**	**$0**	$0	***-92.5%***
(-) Deductible	**$6,895,396**	**$100**	$63	***58.5%***
Total Member Paid	**$9,224,379**	**$134**	$95	***40.6%***
Total Plan Paid	**$20,665,729**	**$301**	$324	***-7.1%***

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



* PMPM (per member per month): Amount per the average total membership (both primary subscribers and dependents) per month.

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Medical & Rx Paid Claims by Age Range

Age	2024-1Q (7/1/2023 - 9/30/2023)						2025-1Q (7/1/2024 - 9/30/2024)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	$1,112,435	$2,971	-$2,203	-$6	**$1,110,232**	**$2,966**	$785,957	$2,421	$30	$0	**$785,987**	**$2,421**	*-29.2%*	*-18.4%*
1	$76,582	$176	$17,259	$40	**$93,842**	**$216**	$58,569	$187	$38	$0	**$58,607**	**$187**	*-37.5%*	*-13.2%*
2 - 4	$199,419	$122	$33,196	$20	**$232,614**	**$143**	$228,484	$161	$15,941	$11	**$244,425**	**$172**	*5.1%*	*20.7%*
5 - 9	$343,571	$100	$104,032	$30	**$447,603**	**$130**	$388,809	$125	$93,471	$30	**$482,280**	**$155**	*7.7%*	*18.7%*
10 - 14	$597,567	$142	$124,214	$30	**$721,780**	**$172**	$316,828	$80	$105,042	$27	**$421,871**	**$106**	*-41.6%*	*-37.9%*
15 - 19	$768,775	$154	$96,712	$19	**$865,487**	**$174**	$952,113	$204	$132,240	$28	**$1,084,353**	**$232**	*25.3%*	*33.7%*
20 - 24	$791,479	$134	$305,354	$52	**$1,096,833**	**$185**	$835,034	$147	$340,517	$60	**$1,175,551**	**$206**	*7.2%*	*11.5%*
25 - 29	$632,425	$160	$119,385	$30	**$751,811**	**$190**	$447,327	$118	$144,572	$38	**$591,900**	**$156**	*-21.3%*	*-18.0%*
30 - 34	$905,784	$186	$182,980	$37	**$1,088,764**	**$223**	$1,164,715	$256	$218,518	$48	**$1,383,233**	**$304**	*27.0%*	*36.2%*
35 - 39	$1,200,170	$226	$321,361	$60	**$1,521,531**	**$286**	$1,249,456	$254	$308,923	$63	**$1,558,379**	**$317**	*2.4%*	*10.7%*
40 - 44	$996,740	$170	$421,291	$72	**$1,418,031**	**$242**	$1,080,541	$197	$484,385	$88	**$1,564,926**	**$285**	*10.4%*	*17.7%*
45 - 49	$1,451,069	$269	$476,207	$88	**$1,927,276**	**$357**	$1,197,107	$236	$759,532	$150	**$1,956,640**	**$386**	*1.5%*	*8.1%*
50 - 54	$1,723,481	$278	$912,750	$147	**$2,636,230**	**$425**	$1,909,678	$324	$1,109,573	$188	**$3,019,252**	**$513**	*14.5%*	*20.7%*
55 - 59	$2,842,205	$416	$731,544	$107	**$3,573,750**	**$524**	$2,739,246	$433	$1,061,694	$168	**$3,800,939**	**$601**	*6.4%*	*14.7%*
60 - 64	$4,203,809	$506	$1,720,840	$207	**$5,924,650**	**$714**	$4,732,932	$620	$1,662,430	$218	**$6,395,362**	**$838**	*7.9%*	*17.4%*
65+	$3,320,898	$585	$1,523,402	$268	**$4,844,299**	**$853**	$2,578,932	$464	$1,667,551	$300	**$4,246,483**	**$764**	*-12.3%*	*-10.5%*
Total	**$21,166,409**	**$288**	**$7,088,325**	**$97**	$28,254,733	$385	**$20,665,729**	**$301**	**$8,104,458**	**$118**	$28,770,187	$419	***1.8%***	***8.7%***

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Financial Summary – YTD Trend

Total Plan & Norm

Measure	Total Plan					UMR Norm	
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2025-1Q	*Variance*
Average Enrollment							
Employees	16,652	*-10.9%*	14,829	*-4.8%*	14,117		
Spouses	3,373	*-16.3%*	2,824	*-9.5%*	2,557		
Children	8,137	*-16.3%*	6,811	*-8.4%*	6,237		
Tot. Members	**28,162**	***-13.1%***	**24,464**	***-6.3%***	**22,911**		
Avg. Family Size	1.7	*-2.5%*	1.6	*-1.6%*	1.6	1.9	*-15.4%*
Financial Summary							
Allowed	$15,593,334	*109.5%*	$32,665,502	*8.0%*	$35,272,117		
Plan Paid	$6,528,098	*224.2%*	$21,166,409	*-2.4%*	$20,665,729		
Member Paid (OOP)	$6,447,745	*32.5%*	$8,543,700	*8.0%*	$9,224,379		
Paid PEPY	$1,568	*264.1%*	$5,709	*2.6%*	$5,856	$10,338	*-43.4%*
Paid PMPY	$927	*273.2%*	$3,461	*4.3%*	$3,608	$5,392	*-33.1%*
Paid PEPM	$131	*264.1%*	$476	*2.6%*	$488	$861	*-43.4%*
Paid PMPM	$77	*273.2%*	$288	*4.3%*	$301	$449	*-33.1%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	6	*266.7%*	22	*9.1%*	24		
HCCs per 1000	0.2	*322.1%*	0.9	*16.5%*	1.0	1.1	*-6.9%*
Paid per HCC	$158,334	*32.2%*	$209,302	*-13.0%*	$182,154	$203,568	*-10.5%*
HCC Paid % of Tot	14.6%	*7.2*	21.8%	*-0.6*	21.2%	18.4%	*2.8*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$140	*691.5%*	$1,111	*-10.9%*	$989	$1,382	*-28.4%*
Outpatient	$328	*214.7%*	$1,032	*14.2%*	$1,178	$1,573	*-25.1%*
Physician	$453	*181.5%*	$1,275	*6.8%*	$1,361	$2,325	*-41.5%*
Ancillary	$6	*591.8%*	$43	*84.0%*	$80	$112	*-28.6%*

- *With $15.7M paid, the State Active population is 76.1% of total 2025-1Q med spend*
- *On a Paid PMPM basis, State Actives are up 3.2% compared to prior year*
- *Total HDHP Plan Paid PMPM trend is +4.3%*

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year** (**PEPY** and **PMPY**) have been annualized.

HCCs (High-cost Claimants) are based on patients with $100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

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Financial Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Average Enrollment										
Employees	13,482	*-11.0%*	11,996	*-4.0%*	11,513	2	*50.0%*	3	*11.1%*	3
Spouses	2,581	*-17.0%*	2,142	*-9.2%*	1,944	1	*50.0%*	1	*-66.7%*	0
Children	7,493	*-16.7%*	6,239	*-8.2%*	5,725	3	*50.0%*	4	*-75.0%*	1
Tot. Members	**23,556**	***-13.5%***	**20,376**	***-5.9%***	**19,182**	**5**	***50.0%***	**8**	***-41.7%***	**5**
Avg. Family Size	1.7	*-2.8%*	1.7	*-1.9%*	1.7	2.7	*0.0%*	2.7	*-47.5%*	1.4
Financial Summary										
Allowed	$10,340,379	*126.2%*	$23,394,535	*-0.3%*	$23,331,103	$1,905	*326.4%*	$8,122	*90.8%*	$15,493
Plan Paid	$5,153,091	*214.2%*	$16,193,581	*-2.9%*	$15,729,486	$0	-	$4,269	*115.0%*	$9,179
Member Paid (OOP)	$4,650,911	*37.0%*	$6,372,943	*8.0%*	$6,881,402	$1,905	*102.2%*	$3,852	*63.9%*	$6,314
Paid PEPY	$1,529	*253.2%*	$5,400	*1.2%*	$5,465	$0	-	$5,692	*93.5%*	$11,015
Paid PMPY	$875	*263.3%*	$3,179	*3.2%*	$3,280	$0	-	$2,135	*268.6%*	$7,868
Paid PEPM	$127	*253.2%*	$450	*1.2%*	$455	$0	-	$474	*93.5%*	$918
Paid PMPM	$73	*263.3%*	$265	*3.2%*	$273	$0	-	$178	*268.6%*	$656
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	5	*240.0%*	17	*-5.9%*	16	0	-	0	-	0
HCCs per 1000	0.2	*293.1%*	0.8	*0.0%*	0.8	0.0	-	0.0	-	0.0
Paid per HCC	$156,539	*39.6%*	$218,501	*-14.0%*	$188,007	$0	-	$0	-	$0
HCC Paid % of Tot	15.2%	*7.7*	22.9%	*-3.8*	19.1%	-	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$136	*669.9%*	$1,050	*-5.0%*	$997	$0	-	$0	-	$0
Outpatient	$313	*196.7%*	$928	*13.9%*	$1,057	$0	-	-$472	-	$3,108
Physician	$419	*177.3%*	$1,163	*2.3%*	$1,190	$0	-	$2,607	*82.6%*	$4,760
Ancillary	$7	*480.3%*	$38	*-3.8%*	$37	$0	-	$0	-	$0

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Financial Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Average Enrollment										
Employees	2,781	*-10.2%*	2,498	*-7.8%*	2,303	387	*-14.0%*	333	*-10.5%*	298
Spouses	737	*-12.9%*	642	*-9.5%*	581	54	*-27.2%*	39	*-20.3%*	31
Children	625	*-11.4%*	554	*-9.9%*	499	17	*-17.6%*	14	*-14.3%*	12
Tot. Members	**4,142**	***-10.8%***	**3,694**	***-8.4%***	**3,383**	**458**	***-15.7%***	**386**	***-11.7%***	**341**
Avg. Family Size	1.5	*-0.7%*	1.5	*-0.7%*	1.5	1.2	*-2.0%*	1.2	*-1.3%*	1.1
Financial Summary										
Allowed	$3,770,848	*105.7%*	$7,755,821	*27.6%*	$9,894,014	$1,480,202	*1.8%*	$1,507,023	*34.8%*	$2,031,507
Plan Paid	$1,236,097	*249.6%*	$4,320,997	*5.2%*	$4,545,535	$138,910	*366.2%*	$647,561	*-41.1%*	$381,528
Member Paid (OOP)	$1,486,969	*25.8%*	$1,870,067	*6.6%*	$1,994,216	$307,960	*-3.6%*	$296,838	*15.4%*	$342,448
Paid PEPY	$1,778	*289.1%*	$6,919	*14.1%*	$7,894	$1,436	*442.3%*	$7,786	*-34.2%*	$5,127
Paid PMPY	$1,194	*292.0%*	$4,679	*14.8%*	$5,374	$1,213	*453.1%*	$6,710	*-33.3%*	$4,475
Paid PEPM	$148	*289.1%*	$577	*14.1%*	$658	$120	*442.3%*	$649	*-34.2%*	$427
Paid PMPM	$99	*292.0%*	$390	*14.8%*	$448	$101	*453.1%*	$559	*-33.3%*	$373
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	1	*300.0%*	4	*100.0%*	8	0	-	1	*-100.0%*	0
HCCs per 1000	0.2	*348.5%*	1.1	*118.3%*	2.4	0.0	-	2.6	*-100.0%*	0.0
Paid per HCC	$167,310	*12.0%*	$187,452	*-9.1%*	$170,448	$0	-	$139,706	*-100.0%*	$0
HCC Paid % of Tot	*13.5%*	*3.8*	*17.4%*	*12.6*	*30.0%*	*0.0%*	-	*21.6%*	*-21.6*	*0.0%*
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$154	*645.9%*	$1,150	*-21.9%*	$898	$222	*1690.0%*	$3,982	*-62.7%*	$1,486
Outpatient	$415	*286.2%*	$1,601	*14.9%*	$1,839	$322	*240.8%*	$1,096	*26.3%*	$1,385
Physician	$621	*201.5%*	$1,872	*23.0%*	$2,303	$660	*117.6%*	$1,436	*13.1%*	$1,624
Ancillary	$4	*1223.4%*	$57	*491.2%*	$334	$9	*2020.4%*	$197	*-109.5%*	-$19

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Financial Summary – Full Year Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2023	⇨	2024	⇨	2025-1Q	2025-1Q	*Variance*
Average Enrollment							
Employees	16,404	*-9.9%*	14,777	*-4.5%*	14,117		
Spouses	3,265	*-15.3%*	2,766	*-7.6%*	2,557		
Children	7,863	*-14.9%*	6,691	*-6.8%*	6,237		
Tot. Members	**27,533**	***-12.0%***	**24,234**	***-5.5%***	**22,911**		
Avg. Family Size	1.7	*-2.3%*	1.6	*-1.0%*	1.6	1.9	*-15.4%*
Financial Summary							
Allowed	$121,418,893	*9.3%*	$132,731,482	*-73.4%*	$35,272,117		
Plan Paid	$79,070,065	*19.0%*	$94,099,719	*-78.0%*	$20,665,729		
Member Paid (OOP)	$26,629,008	*4.3%*	$27,764,440	*-66.8%*	$9,224,379		
Paid PEPY	$4,820	*32.1%*	$6,368	*-8.0%*	$5,856	$10,338	*-43.4%*
Paid PMPY	$2,872	*35.2%*	$3,883	*-7.1%*	$3,608	$5,392	*-33.1%*
Paid PEPM	$402	*32.1%*	$531	*-8.0%*	$488	$861	*-43.4%*
Paid PMPM	$239	*35.2%*	$324	*-7.1%*	$301	$449	*-33.1%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	108	*37.0%*	148	*-83.8%*	24		
HCCs per 1000	3.9	*55.7%*	6.1	*-82.8%*	1.0	1.1	*-6.9%*
Paid per HCC	$244,463	*-5.8%*	$230,303	*-20.9%*	$182,154	$203,568	*-10.5%*
HCC Paid % of Tot	33.4%	*2.8*	36.2%	*-15.1*	21.2%	18.4%	*2.8*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$897	*39.3%*	$1,249	*-20.8%*	$989	$1,382	*-28.4%*
Outpatient	$883	*28.7%*	$1,136	*3.6%*	$1,178	$1,573	*-25.1%*
Physician	$1,059	*36.0%*	$1,440	*-5.5%*	$1,361	$2,325	*-41.5%*
Ancillary	$33	*71.9%*	$57	*39.9%*	$80	$112	*-28.6%*

- *Total plan paid amount for the first quarter of 2023 was 22.5% of the full year*
- *Annualizing 2024 paid dollars using the same ratio would result in a total paid of $91.9 M*

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year** (**PEPY** and **PMPY**) have been annualized for the 2024 Plan Year.

HCCs (High-cost Claimants) are based on patients with $100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

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Financial Summary – Full Year Trend

Active Members

Measure	State Active					Non-State Active				
	2023	⇨	2024	⇨	2025-1Q	2023	⇨	2024	⇨	2025-1Q
Average Enrollment										
Employees	13,323	*-9.8%*	12,013	*-4.2%*	11,513	3	*30.3%*	4	*-7.0%*	3
Spouses	2,502	*-15.8%*	2,107	*-7.7%*	1,944	1	*-36.4%*	1	*-42.9%*	0
Children	7,219	*-15.1%*	6,130	*-6.6%*	5,725	4	*-34.1%*	2	*-58.6%*	1
Tot. Members	**23,044**	***-12.1%***	**20,250**	***-5.3%***	**19,182**	**7**	***-10.2%***	**7**	***-29.1%***	**5**
Avg. Family Size	1.7	*-2.5%*	1.7	*-1.2%*	1.7	2.7	*-31.1%*	1.8	*-23.8%*	1.4
Financial Summary										
Allowed	$83,431,399	*15.8%*	$96,646,156	*-75.9%*	$23,331,103	$41,848	*96.3%*	$82,160	*-81.1%*	$15,493
Plan Paid	$59,395,971	*22.6%*	$72,836,689	*-78.4%*	$15,729,486	$30,169	*120.2%*	$66,431	*-86.2%*	$9,179
Member Paid (OOP)	$20,090,146	*4.8%*	$21,061,579	*-67.3%*	$6,881,402	$11,813	*33.2%*	$15,729	*-59.9%*	$6,314
Paid PEPY	$4,458	*36.0%*	$6,063	*-9.9%*	$5,465	$10,970	*69.0%*	$18,539	*-40.6%*	$11,015
Paid PMPY	$2,578	*39.5%*	$3,597	*-8.8%*	$3,280	$4,114	*145.3%*	$10,091	*-22.0%*	$7,868
Paid PEPM	$372	*36.0%*	$505	*-9.9%*	$455	$914	*69.0%*	$1,545	*-40.6%*	$918
Paid PMPM	$215	*39.5%*	$300	*-8.8%*	$273	$343	*145.3%*	$841	*-22.0%*	$656
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	79	*39.2%*	110	*-85.5%*	16	0	-	0	-	0
HCCs per 1000	3.4	*58.5%*	5.4	*-84.6%*	0.8	0.0	-	0.0	-	0.0
Paid per HCC	$245,944	*-0.3%*	$245,319	*-23.4%*	$188,007	$0	-	$0	-	$0
HCC Paid % of Tot	32.7%	*4.3*	37.0%	*-17.9*	19.1%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$820	*44.4%*	$1,184	*-15.8%*	$997	$0	-	$0	-	$0
Outpatient	$795	*29.9%*	$1,032	*2.4%*	$1,057	$2,193	*163.5%*	$5,778	*-46.2%*	$3,108
Physician	$934	*42.3%*	$1,329	*-10.5%*	$1,190	$1,898	*127.0%*	$4,310	*10.4%*	$4,760
Ancillary	$29	*80.3%*	$51	*-28.9%*	$37	$23	*-87.5%*	$3	*-100.0%*	$0

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Financial Summary – Full Year Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023	⇨	2024	⇨	2025-1Q	2023	⇨	2024	⇨	2025-1Q
Average Enrollment										
Employees	2,713	*-9.9%*	2,443	*-5.7%*	2,303	366	*-13.0%*	318	*-6.4%*	298
Spouses	716	*-13.0%*	623	*-6.7%*	581	46	*-22.7%*	36	*-12.4%*	31
Children	626	*-13.0%*	544	*-8.4%*	499	16	*-12.4%*	14	*-11.7%*	12
Tot. Members	**4,054**	***-11.0%***	**3,610**	***-6.3%***	**3,383**	**427**	***-14.0%***	**367**	***-7.2%***	**341**
Avg. Family Size	1.5	*-1.1%*	1.5	*-0.6%*	1.5	1.2	*-1.2%*	1.2	*-0.8%*	1.1
Financial Summary										
Allowed	$29,544,219	*5.5%*	$31,168,930	*-68.3%*	$9,894,014	$8,401,427	*-42.5%*	$4,834,236	*-58.0%*	$2,031,507
Plan Paid	$16,933,507	*12.7%*	$19,082,580	*-76.2%*	$4,545,535	$2,710,419	*-22.0%*	$2,114,018	*-82.0%*	$381,528
Member Paid (OOP)	$5,595,993	*3.4%*	$5,786,040	*-65.5%*	$1,994,216	$931,057	*-3.2%*	$901,093	*-62.0%*	$342,448
Paid PEPY	$6,242	*25.1%*	$7,811	*1.1%*	$7,894	$7,414	*-10.3%*	$6,648	*-22.9%*	$5,127
Paid PMPY	$4,177	*26.5%*	$5,285	*1.7%*	$5,374	$6,343	*-9.3%*	$5,755	*-22.2%*	$4,475
Paid PEPM	$520	*25.1%*	$651	*1.1%*	$658	$618	*-10.3%*	$554	*-22.9%*	$427
Paid PMPM	$348	*26.5%*	$440	*1.7%*	$448	$529	*-9.3%*	$480	*-22.2%*	$373
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	24	*54.2%*	37	*-78.4%*	8	3	*0.0%*	3	*-100.0%*	0
HCCs per 1000	5.9	*73.1%*	10.2	*-76.9%*	2.4	7.0	*16.3%*	8.2	*-100.0%*	0.0
Paid per HCC	$226,331	*-22.5%*	$175,418	*-2.8%*	$170,448	$406,605	*-56.8%*	$175,672	*-100.0%*	$0
HCC Paid % of Tot	32.1%	*1.9*	34.0%	*-4.0*	30.0%	45.0%	*-20.1*	24.9%	*-24.9*	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,066	*35.5%*	$1,445	*-37.8%*	$898	$3,426	*-14.4%*	$2,932	*-49.3%*	$1,486
Outpatient	$1,318	*29.3%*	$1,705	*7.9%*	$1,839	$1,493	*-19.6%*	$1,201	*15.3%*	$1,385
Physician	$1,746	*17.9%*	$2,058	*11.9%*	$2,303	$1,268	*15.2%*	$1,460	*11.2%*	$1,624
Ancillary	$46	*66.8%*	$77	*332.5%*	$334	$156	*4.0%*	$162	*-111.6%*	-$19

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Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status

Claim Type	2024-1Q (7/1/2023 - 9/30/2023) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	Trend Total
State Members									
Inpatient	$5,348,469	$650,594	$411,663	**$6,410,726**	$4,781,010	$518,749	$240,961	**$5,540,719**	*-13.6%*
Outpatient	$4,725,589	$1,243,973	$234,313	**$6,203,875**	$5,068,565	$1,394,127	$161,298	**$6,623,989**	*6.8%*
Physician	$5,925,791	$1,257,335	$470,943	**$7,654,069**	$5,704,402	$1,670,110	$277,721	**$7,652,233**	*0.0%*
Ancillary	$193,732	$41,939	$10,237	**$245,908**	$175,509	$44,069	$238,501	**$458,080**	*86.3%*
Total	**$16,193,581**	**$3,193,842**	**$1,127,155**	$20,514,578	**$15,729,486**	**$3,627,055**	**$918,480**	$20,275,021	***-1.2%***
PMPM	**$264.91**	**$378.69**	**$425.85**	$284.10	**$273.33**	**$480.07**	**$353.95**	$299.50	***5.4%***
Non-State Members									
Inpatient	$0	$33,824	$350,394	**$384,219**	$0	$19,363	$107,314	**$126,677**	*-67.0%*
Outpatient	-$944	$53,732	$52,052	**$104,840**	$3,626	$65,822	$52,209	**$121,657**	*16.0%*
Physician	$5,213	$51,332	$87,222	**$143,768**	$5,553	$38,270	$100,146	**$143,969**	*0.1%*
Ancillary	$0	$853	$18,152	**$19,005**	$0	$1,660	-$3,255	**-$1,596**	*-108.4%*
Total	**$4,269**	**$139,741**	**$507,821**	$651,831	**$9,179**	**$125,115**	**$256,413**	$390,707	***-40.1%***
PMPM	**$177.89**	**$459.56**	**$594.69**	$551.46	**$655.66**	**$592.93**	**$315.78**	$376.77	***-31.7%***
All Members									
Inpatient	$5,348,469	$684,419	$762,057	**$6,794,944**	$4,781,010	$538,112	$348,274	**$5,667,396**	*-16.6%*
Outpatient	$4,724,645	$1,297,705	$286,364	**$6,308,714**	$5,072,191	$1,459,949	$213,507	**$6,745,646**	*6.9%*
Physician	$5,931,004	$1,308,668	$558,165	**$7,797,837**	$5,709,955	$1,708,380	$377,867	**$7,796,202**	*0.0%*
Ancillary	$193,732	$42,791	$28,389	**$264,913**	$175,509	$45,729	$235,246	**$456,484**	*72.3%*
Total	**$16,197,850**	**$3,333,582**	**$1,634,976**	$21,166,409	**$15,738,665**	**$3,752,169**	**$1,174,894**	$20,665,729	***-2.4%***
PMPM	**$264.88**	**$381.51**	**$467.03**	$288.40	**$273.43**	**$483.13**	**$344.86**	$300.66	***4.3%***

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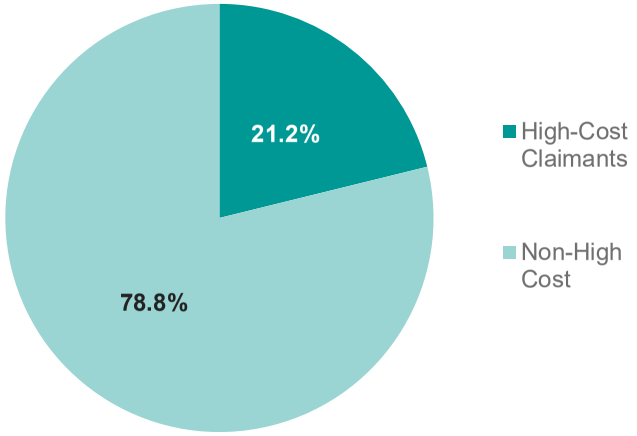
Medical Cost Distribution

Distribution by Member Cost

Member Total Paid Range	2024-1Q (7/1/2023 - 9/30/2023)						2025-1Q (7/1/2024 - 9/30/2024)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	11,219	42.3%	$0	0.0%	$0	0.0%	10,253	41.2%	$0	0.0%	$0	0.0%
< $0 - $0	5,792	21.8%	-$397,037	-1.9%	$1,544,510	18.1%	5,583	22.4%	-$175,010	-0.8%	$1,547,335	16.8%
> $0 - $2,500	8,407	31.7%	$3,602,022	17.0%	$3,822,054	44.7%	7,876	31.6%	$3,403,912	16.5%	$4,255,853	46.1%
> $2,500 - $5,000	442	1.7%	$1,541,800	7.3%	$894,417	10.5%	512	2.1%	$1,829,492	8.9%	$1,102,451	12.0%
> $5,000 - $10,000	320	1.2%	$2,230,296	10.5%	$831,345	9.7%	325	1.3%	$2,298,853	11.1%	$885,581	9.6%
> $10,000 - $25,000	214	0.8%	$3,321,339	15.7%	$819,787	9.6%	229	0.9%	$3,643,552	17.6%	$882,857	9.6%
> $25,000 - $50,000	80	0.3%	$2,720,173	12.9%	$352,850	4.1%	74	0.3%	$2,563,098	12.4%	$295,442	3.2%
> $50,000 - $100,000	49	0.2%	$3,543,168	16.7%	$199,600	2.3%	39	0.2%	$2,730,136	13.2%	$151,911	1.6%
> $100,000	22	0.1%	$4,604,648	21.8%	$79,137	0.9%	24	0.1%	$4,371,696	21.2%	$102,950	1.1%
Total	**26,545**	**100.0%**	**$21,166,409**	**100.0%**	**$8,543,700**	**100.0%**	**24,915**	**100.0%**	**$20,665,729**	**100.0%**	**$9,224,379**	**100.0%**

* Unique Members are counted equally regardless of length of coverage. Note that because data is on a paid basis, member counts may also include those not active in the period.

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Injury, Poisoning & External Causes	9	$1,039,497	23.8%
2	Health Status & Health Services	21	$699,487	16.0%
3	Circulatory System	17	$602,162	13.8%
4	Infectious & Parasitic Diseases	7	$524,740	12.0%
5	Perinatal Originating Conditions	3	$492,404	11.3%
6	Neoplasms	10	$365,212	8.4%
7	Musculoskeletal System	12	$194,834	4.5%
8	Genitourinary System	8	$154,523	3.5%
9	Endocrine, Nutritional & Metabolic	7	$121,397	2.8%
10	Digestive System	8	$87,964	2.0%
...	*All Others*		*$89,476*	*2.0%*
=	**Total**	**24**	**$4,371,696**	**100.0%**

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Utilization Summary – YTD Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2025-1Q	*Variance*
Inpatient Admissions							
# of Admits	72	*263.9%*	262	*-7.3%*	243		
# of Admit Days	489	*448.9%*	2,684	*-54.0%*	1,235		
Paid per Admit	$33,155	*13.0%*	$37,466	*-38.2%*	$23,138	$28,630	*-19.2%*
Paid per Admit Day	$4,882	*-25.1%*	$3,657	*24.5%*	$4,553	$5,743	*-20.7%*
Admits per 1000	10.2	*318.9%*	42.8	*-1.0%*	42.4	47.8	*-11.3%*
Average LOS	6.8	*50.8%*	10.2	*-50.4%*	5.1	5.0	*2.0%*
Emergency Room Visits							
# of ER Visits	664	*81.8%*	1,207	*-1.6%*	1,188		
~ % resulting in Admit	7.4%	*5.5*	12.8%	*-1.8*	11.0%	10.9%	*0.2*
ER Visits per Patient	1.2	*4.3%*	1.2	*0.2%*	1.2		
ER Visits per 1000	94.3	*109.3%*	197.4	*5.1%*	207.4	237.5	*-12.7%*
Paid per ER Visit	$1,564	*33.7%*	$2,092	*3.3%*	$2,160	$2,194	*-1.5%*
Urgent Care Visits							
# of UC Visits	1,274	*41.3%*	1,800	*-1.0%*	1,782		
UC Visits per Patient	1.2	*4.5%*	1.2	*-0.2%*	1.2		-
UC Visits per 1000	181.0	*62.6%*	294.3	*5.7%*	311.1	246.8	*26.1%*
Paid per UC Visit	$25	*-11.1%*	$23	*28.8%*	$29	$112	*-74.1%*
Office Visits							
Off Visits per Patient	1.8	*17.7%*	2.1	*5.6%*	2.2		
Paid per Office Visit	$19	*61.8%*	$31	*6.2%*	$33	$90	*-63.6%*
Office Visits Paid PMPY	$42	*168.7%*	$114	*13.3%*	$129	$350	*-63.1%*
Services							
Radiology Svcs per 1000	1,767.8	*97.4%*	3,490.1	*23.5%*	4,309.0	4,009.8	*7.5%*
Radiology Paid PMPY	$86	*171.6%*	$234	*9.7%*	$256		
Lab Services per 1000	6,018.3	*60.8%*	9,677.6	*13.1%*	10,947.2	11,268.9	*-2.9%*
Labs Paid PMPY	$59	*148.1%*	$147	*19.8%*	$176		

- *Inpatient Admission rate per 1000 decreased 1.0%, and amount paid per Admission is significantly (–38.2%) lower than prior period*
- *ER utilization increased 5.1%, and amount paid per ER visit is 3.3% higher than prior period*

Admissions and all other **Visits** are counted for utilization if the *initial Paid Date* for the first primary claim (facility claim for non-Office Visits) fell within the time period. For cost purposes, however, all visit costs paid within the time period are included.

Counts **per 1000** and amounts **PMPY** (per member per year) have been annualized.

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Utilization Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Inpatient Admissions										
# of Admits	58	*231.0%*	192	*-3.6%*	185	0	-	0	-	0
# of Admit Days	401	*451.4%*	2,211	*-57.2%*	946	0	-	0	-	0
Paid per Admit	$32,465	*22.3%*	$39,710	*-35.4%*	$25,649	$0	-	$0	-	$0
Paid per Admit Day	$4,696	*-26.6%*	$3,448	*45.5%*	$5,016	$0	-	$0	-	$0
Admits per 1000	9.8	*282.7%*	37.7	*2.4%*	38.6	0.0	-	0.0	-	0.0
Average LOS	6.9	*66.6%*	11.5	*-55.6%*	5.1	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	527	*75.5%*	925	*5.5%*	976	0	-	0	-	1
~ % resulting in Admit	7.2%	*4.0*	11.2%	*-1.0*	10.2%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.1	*2.9%*	1.2	*2.5%*	1.2	0.0	-	0.0	-	1.0
ER Visits per 1000	89.5	*102.9%*	181.6	*12.1%*	203.5	0.0	-	0.0	-	857.1
Paid per ER Visit	$1,476	*52.1%*	$2,245	*-1.1%*	$2,221	$0	-	$0	-	$4,710
Urgent Care Visits										
# of UC Visits	1,109	*40.7%*	1,560	*-1.2%*	1,542	1	*0.0%*	1	*-100.0%*	0
UC Visits per Patient	1.2	*3.7%*	1.2	*0.2%*	1.2	1.0	*0.0%*	1.0	*-100.0%*	0.0
UC Visits per 1000	188.3	*62.6%*	306.2	*5.0%*	321.5	750.0	*-33.3%*	500.0	*-100.0%*	0.0
Paid per UC Visit	$26	*-12.7%*	$23	*27.1%*	$29	$0	-	$0	-	$0
Office Visits										
Off Visits per Patient	1.7	*15.3%*	2.0	*6.0%*	2.1	2.0	*-16.7%*	1.7	*-40.0%*	1.0
Paid per Office Visit	$19	*64.0%*	$32	*2.6%*	$33	$0	-	$100	*-25.0%*	$75
Office Visits Paid PMPY	$39	*173.0%*	$107	*9.0%*	$117	$0	-	$250	*-74.3%*	$64
Services										
Radiology Svcs per 1000	1,533.3	*96.2%*	3,008.8	*24.5%*	3,747.4	3,750.0	*-6.7%*	3,500.0	*-51.0%*	1,714.3
Radiology Paid PMPY	$75	*186.6%*	$215	*-1.6%*	$211	$0	-	$2,357	*-90.4%*	$226
Lab Services per 1000	5,745.0	*57.6%*	9,052.9	*12.9%*	10,218.4	750.0	*33.3%*	1,000.0	*157.1%*	2,571.4
Labs Paid PMPY	$56	*145.5%*	$138	*24.6%*	$172	$0	-	$0	-	$612

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Utilization Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Inpatient Admissions										
# of Admits	8	*600.0%*	56	*-17.9%*	46	6	*133.3%*	14	*-14.3%*	12
# of Admit Days	51	*668.6%*	392	*-42.3%*	226	37	*118.9%*	81	*-22.2%*	63
Paid per Admit	$47,084	*-28.7%*	$33,555	*-48.0%*	$17,443	$21,249	*5.1%*	$22,338	*-71.9%*	$6,267
Paid per Admit Day	$7,386	*-35.1%*	$4,794	*-25.9%*	$3,550	$3,446	*12.1%*	$3,861	*-69.1%*	$1,194
Admits per 1000	7.7	*684.9%*	60.6	*-10.3%*	54.4	52.4	*176.9%*	145.1	*-3.0%*	140.8
Average LOS	6.4	*9.8%*	7.0	*-29.8%*	4.9	6.2	*-6.2%*	5.8	*-9.3%*	5.3
Emergency Room Visits										
# of ER Visits	123	*87.0%*	230	*-21.7%*	180	14	*271.4%*	52	*-40.4%*	31
~ % resulting in Admit	4.9%	*10.8*	15.7%	*-0.7*	15.0%	35.7%	*-6.9*	28.8%	*-15.9*	12.9%
ER Visits per Patient	1.2	*4.8%*	1.3	*-2.4%*	1.2	1.3	*27.7%*	1.6	*-26.6%*	1.2
ER Visits per 1000	118.8	*109.7%*	249.1	*-14.6%*	212.8	122.3	*340.7%*	538.9	*-32.5%*	363.6
Paid per ER Visit	$1,903	*0.2%*	$1,907	*7.6%*	$2,053	$1,916	*-90.8%*	$175	*349.4%*	$789
Urgent Care Visits										
# of UC Visits	151	*44.4%*	218	*-1.8%*	214	13	*61.5%*	21	*23.8%*	26
UC Visits per Patient	1.1	*9.1%*	1.2	*-2.4%*	1.2	1.2	*11.1%*	1.3	*-5.7%*	1.2
UC Visits per 1000	145.8	*61.9%*	236.1	*7.2%*	253.0	113.5	*91.7%*	217.6	*40.1%*	305.0
Paid per UC Visit	$21	*11.5%*	$23	*30.1%*	$30	$29	*-72.8%*	$8	*330.3%*	$33
Office Visits										
Off Visits per Patient	1.8	*23.7%*	2.3	*5.0%*	2.4	2.2	*41.7%*	3.2	*3.0%*	3.3
Paid per Office Visit	$19	*56.3%*	$30	*16.9%*	$35	$12	*32.0%*	$15	*36.0%*	$21
Office Visits Paid PMPY	$58	*155.3%*	$149	*29.3%*	$193	$62	*122.7%*	$139	*38.3%*	$192
Services										
Radiology Svcs per 1000	2,996.8	*82.2%*	5,460.3	*21.5%*	6,632.4	2,690.0	*273.3%*	10,041.5	*28.3%*	12,879.8
Radiology Paid PMPY	$138	*144.7%*	$338	*52.2%*	$514	$181	*-3.7%*	$174	*27.5%*	$222
Lab Services per 1000	7,072.3	*67.4%*	11,841.1	*22.2%*	14,474.2	10,602.6	*108.8%*	22,134.7	*-22.9%*	17,067.4
Labs Paid PMPY	$80	*149.2%*	$199	*2.9%*	$205	$39	*279.7%*	$147	*-1.3%*	$146

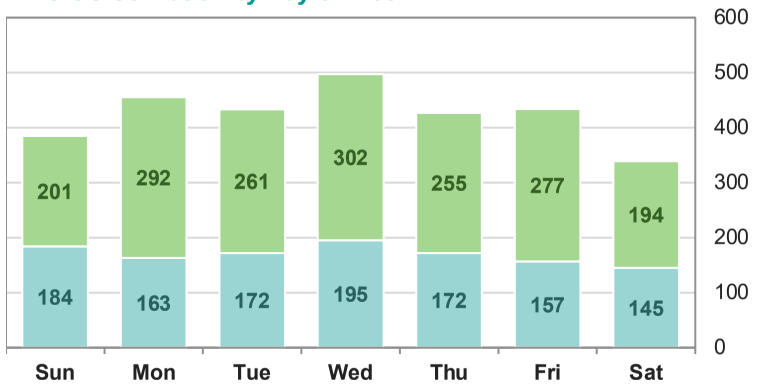
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On Demand Care Summary

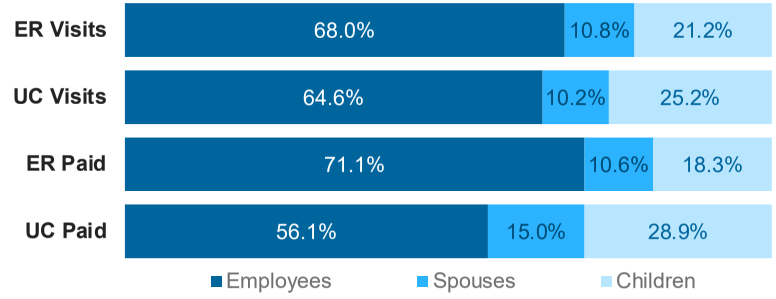
Emergency Room & Urgent Care

Measure	2024-1Q	2025-1Q	*Change*	UMR Norm	*Variance*
Emergency Room					
# of Visits	1,207	1,188	*-1.6%*		
# of Patients	1,002	984	*-1.8%*		
Total Plan Paid	$2,524,690	$2,566,364	*1.7%*		
Total Mem Paid	$1,477,334	$1,647,815	*11.5%*		
Visits per 1000	197.4	207.4	*5.1%*	237.5	*-12.7%*
Paid per Visit	$2,092	$2,160	*3.3%*	$2,194	*-1.5%*
Paid PMPM	$34	$37	*8.5%*	$43	*-14.0%*
% ER Patients w/ Office Visit*	89.8%	88.4%	*-1.4*		
% Potentially Avoidable**	13.5%	17.3%	*3.8*	15.7%	*1.6*
Urgent Care					
# of Visits	1,800	1,782	*-1.0%*		
# of Patients	1,492	1,480	*-0.8%*		
Total Plan Paid	$40,603	$51,785	*27.5%*		
Total Mem Paid	$247,777	$260,680	*5.2%*		
Visits per 1000	294.3	311.1	*5.7%*	246.8	*26.1%*
Paid per Visit	$23	$29	*28.8%*	$112	*-74.1%*
Paid PMPM	$1	$1	*36.2%*	$2	*-67.3%*

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	**Total**	ER	UC	Total
Employee	808	1,151	**1,959**	$1,823,975	$29,052	**$1,853,027**
Spouse	128	182	**310**	$271,581	$7,749	**$279,330**
Child	252	449	**701**	$470,808	$14,984	**$485,792**
Total	**1,188**	**1,782**	**2,970**	**$2,566,364**	**$51,785**	**$2,618,149**

* Office Visit within prior 12 months..

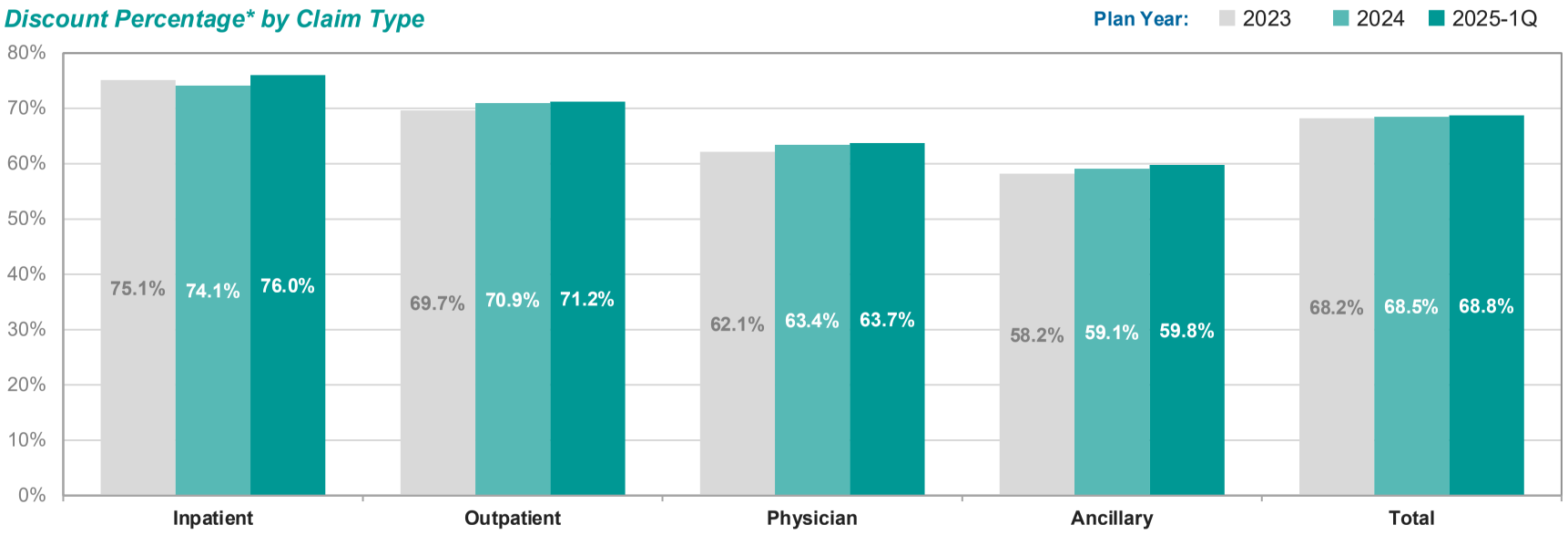
** ER Visits are categorized as potentially avoidable based on primary and secondary diagnosis and do not necessarily indicate misuse of the ER for the patient's specific circumstances.

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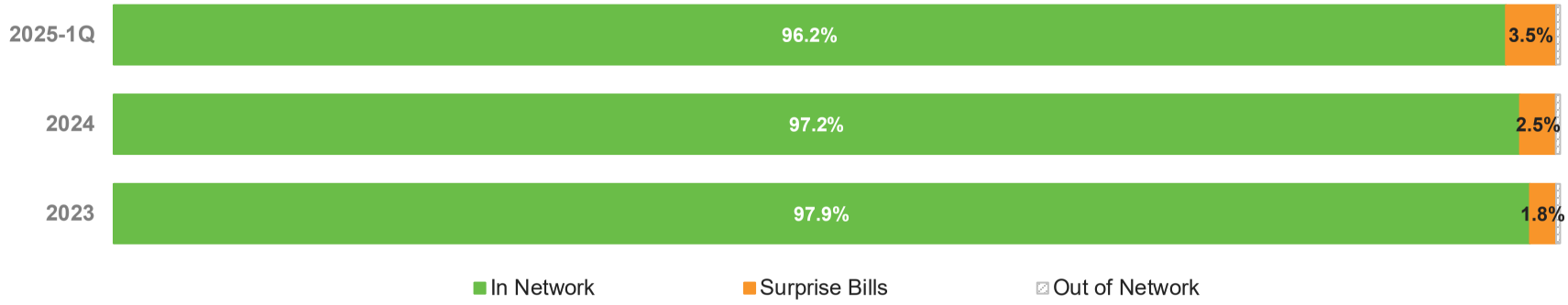
Network Summary

Discount Percentage & Network Utilization

Discount Percentage by Claim Type*



*Network Utilization**



* Network Discounts and Utilization exclude COB Claims, and Network Discounts additionally exclude Surprise Bills.

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Clinical Classification Summary

Breakout by Diagnostic Chapter

Diagnostic Chapter	2024 (Full Year)		2025-1Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	14,301	$11,677,955	6,017	$3,103,800	$2,235,217	$387,240	$481,343	$1,250,477	$1,853,324
Musculoskeletal System	6,363	$8,891,851	3,087	$2,304,499	$1,784,331	$363,756	$156,413	$923,083	$1,381,416
Circulatory System	4,299	$10,388,505	1,915	$2,169,358	$1,358,767	$260,893	$549,699	$1,169,893	$999,465
Injury, Poisoning & External Causes	3,089	$6,988,732	1,061	$2,128,362	$1,576,570	$168,425	$383,368	$1,380,488	$747,874
Neoplasms	3,094	$9,469,226	1,311	$1,466,683	$1,127,966	$324,826	$13,890	$650,626	$816,057
Digestive System	2,673	$7,363,331	1,062	$1,306,591	$1,128,633	$113,702	$64,256	$730,878	$575,713
Genitourinary System	4,239	$4,643,464	1,683	$1,235,340	$1,069,221	$101,960	$64,159	$517,609	$717,731
Symptoms, Signs & Findings, NEC	8,898	$4,971,465	3,568	$1,005,172	$781,153	$102,751	$121,268	$413,365	$591,807
Infectious & Parasitic Diseases	1,853	$2,544,375	605	$879,108	$706,589	$145,096	$27,423	$643,437	$235,671
Nervous System	2,989	$4,637,075	1,390	$819,014	$468,839	$150,466	$199,709	$293,869	$525,145
Mental, Behavioral & Neurodevelopmental	3,269	$4,218,922	1,790	$798,047	$266,558	$47,449	$484,040	$353,874	$444,173
Endocrine, Nutritional & Metabolic	6,419	$3,708,461	3,005	$745,736	$643,725	$67,615	$34,396	$333,969	$411,767
Perinatal Originating Conditions	213	$2,826,203	68	$689,090	$127	$0	$688,962	$545,084	$144,006
Respiratory System	5,447	$3,963,399	1,544	$607,103	$296,404	$170,032	$140,666	$236,341	$370,762
Pregnancy, Childbirth & the Puerperium	418	$2,643,975	196	$482,890	$313,973	$122,024	$46,892	$2,755	$480,135
Skin & Subcutaneous Tissue	4,799	$1,211,542	1,895	$333,289	$285,650	$37,277	$10,362	$135,698	$197,590
Eye and Adnexa	4,994	$1,059,135	1,530	$191,810	$159,374	$21,791	$10,645	$84,909	$106,901
Ear and Mastoid Process	1,692	$574,395	474	$162,866	$135,489	$9,644	$17,732	$126,061	$36,805
Blood & Immune Disorders	932	$1,640,703	377	$149,772	$114,288	$13,120	$22,365	$50,283	$99,489
Congenital Malformations & Abnormalities	260	$676,174	87	$87,199	$47,319	$2,414	$37,466	$29,805	$57,393
External Causes of Morbidity	6	$832	0	$0	$0	$0	$0	$0	$0
Total	**22,265**	**$94,099,719**	**14,086**	**$20,665,729**	**$14,500,193**	**$2,610,482**	**$3,555,053**	**$9,872,505**	**$10,793,224**

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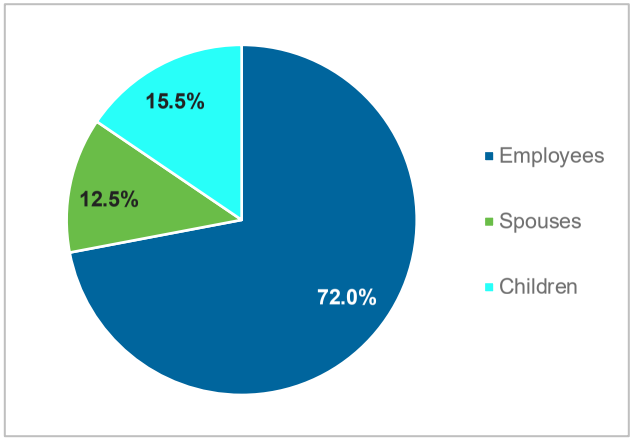
#1 Top Dx Chapter

Health Status & Health Services

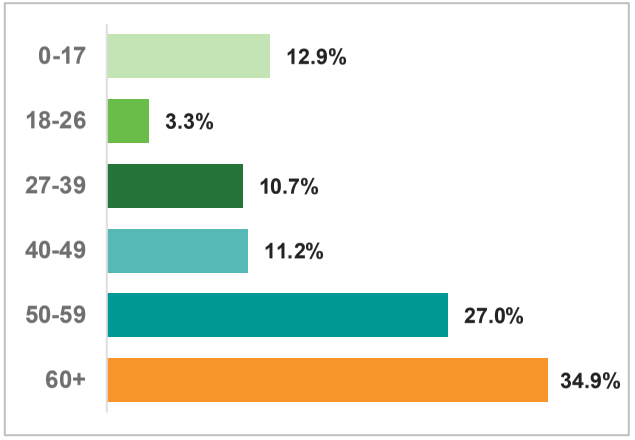
Breakout by Diagnostic Grouping & Demographics

#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Encounter for antineoplastic therapies	44	246	$1,130,197	36.4%
2	Neoplasm-related encounters	1,371	2,091	$593,084	19.1%
3	Medical examination/evaluation	3,734	5,076	$549,905	17.7%
4	Exposure, enc, screen or contact w infectious dz	1,304	1,609	$323,777	10.4%
5	Contraceptive & procreative management	225	302	$134,091	4.3%
6	Implant, device or graft related encounter	146	308	$107,459	3.5%
7	Other aftercare encounter	203	326	$68,419	2.2%
8	Personal/family history of disease	231	330	$63,752	2.1%
9	Other specified status	322	447	$29,998	1.0%
10	Encount for obs & exam for conds ruled out	469	543	$23,845	0.8%
11	Organ transplant status	22	55	$22,733	0.7%
12	Other specified encounters & counseling	99	251	$16,783	0.5%
13	Acquired absence of limb or organ	13	22	$12,317	0.4%
14	Encounter for prophylactic or oth procedures	12	12	$10,084	0.3%
15	Lifestyle/life management factors	17	33	$8,173	0.3%
16	Enc for prophylactic measures (ex immuniz)	18	28	$3,164	0.1%
17	Encounter for mental health conditions	264	269	$2,573	0.1%
18	Encounter for administrative purposes	9	10	$2,245	0.1%
19	Socioeconomic/psychosocial factors	6	10	$542	0.0%
20	Carrier status	3	10	$474	0.0%
...	*All Others*	*22*	*24*	*$184*	*0.0%*
=	**Total**	**6,017**	**12,769**	**$3,103,800**	**100.0%**

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



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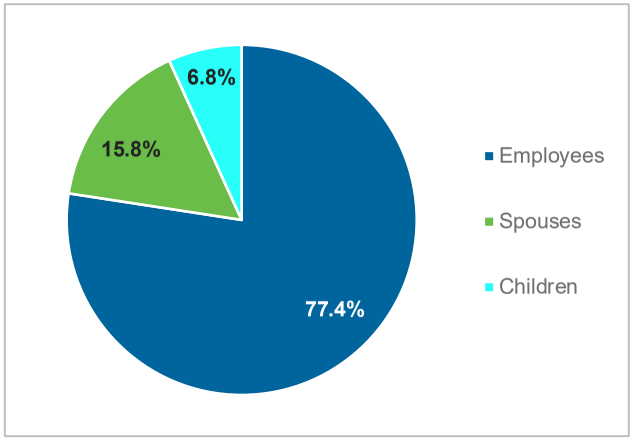
#2 Top Dx Chapter

Musculoskeletal System

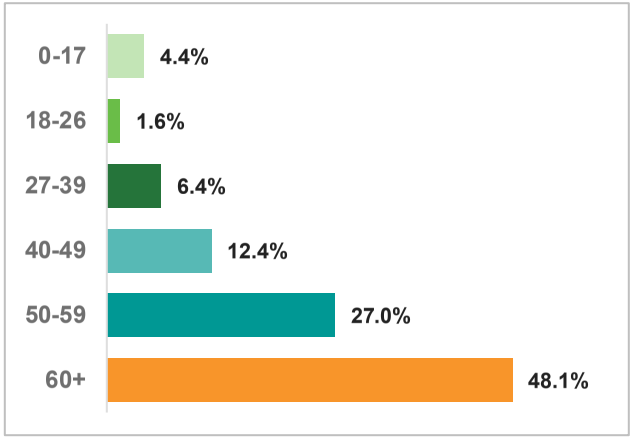
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	808	2,412	$867,452	37.6%
2	Osteoarthritis & osteoporosis	453	1,042	$572,820	24.9%
3	Scoliosis & oth deformities	193	334	$223,646	9.7%
4	Other musculoskeletal pain	1,426	3,745	$219,472	9.5%
5	Tendon, tissue, muscle disorders	553	1,310	$138,316	6.0%
6	Joint disorders & fractures	160	276	$91,383	4.0%
7	Low back pain	363	1,002	$84,027	3.6%
8	Other MSK	59	116	$55,347	2.4%
9	Rheumatoid arthritis & related disease	77	154	$28,481	1.2%
10	Lupus	53	113	$9,828	0.4%
11	Biomechanical lesions	270	774	$9,595	0.4%
12	Gout & crystal arthropathies	58	86	$4,132	0.2%
=	**Total**	**3,087**	**12,377**	**$2,304,499**	**100.0%**

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



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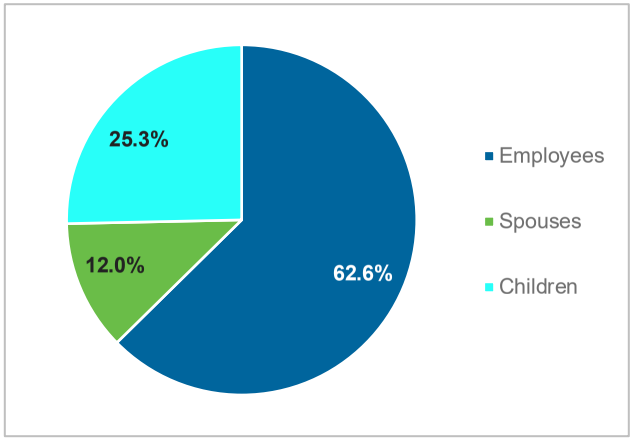
#3 Top Dx Chapter

Circulatory System

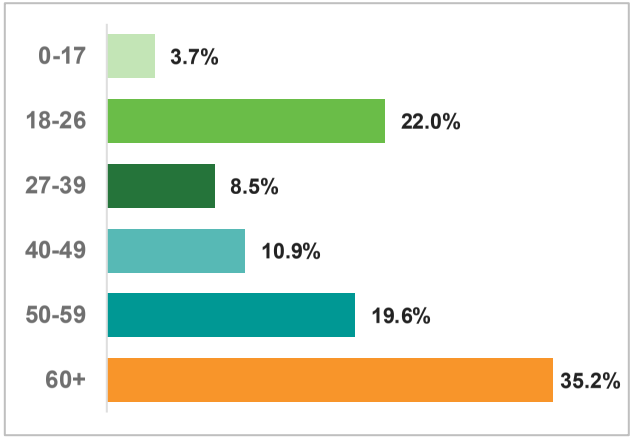
Breakout by Diagnostic Grouping & Demographics

#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Coronary atherosclerosis & oth heart disease	256	494	$469,064	21.6%
2	Other circulatory	72	122	$400,083	18.4%
3	Cerebrovascular disease	73	215	$310,532	14.3%
4	Cardiac dysrhythmias	278	618	$289,402	13.3%
5	Nonspecific chest pain	395	719	$223,873	10.3%
6	Acute pulmonary embolism, DVT	47	108	$115,081	5.3%
7	Hypertension	1,038	1,558	$105,073	4.8%
8	Vascular disease	128	237	$99,317	4.6%
9	Heart failure	76	167	$95,752	4.4%
10	Myocardial infarction	13	58	$37,814	1.7%
11	Myocarditis & cardiomyopathy	18	40	$18,932	0.9%
12	Nonrheumatic & unspecified valve disorders	73	107	$4,436	0.2%
=	**Total**	**1,915**	**5,096**	**$2,169,358**	**100.0%**

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



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Condition Focus

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-1Q		2025-1Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Neurodevelopmental disorders	440	$812,021	502	$1,242,281	255	$337,308	$0	$44,311	$292,997	$0
Depressive disorders	850	$890,095	1,005	$728,698	489	$134,488	$55,857	$7,202	$69,471	$1,958
Alcohol-related disorders	109	$462,127	124	$806,533	46	$97,661	$61,111	$9,139	$27,411	$0
Anxiety & related Disorders	1,099	$265,201	1,199	$362,534	568	$65,855	$9,232	$11,187	$45,436	$0
Trauma & stressor disorders	617	$182,525	760	$288,426	416	$58,749	$0	$3,687	$55,062	$0
Bipolar & related Disorders	133	$160,245	172	$99,260	101	$29,870	$17,198	$0	$12,671	$0
Suicidal ideation, attempt or self-harm	50	$204,626	51	$205,797	16	$28,511	$0	$27,129	$1,382	$0
Other mental health	254	$144,260	261	$122,179	122	$14,790	$0	$1,482	$8,867	$4,440
Schizophrenia spectrum disorders	45	$164,022	48	$121,142	17	$13,955	$8,983	$2,537	$2,400	$35
Cannabis-related disorders	25	$7,995	24	$15,571	9	$4,219	$0	$3,443	$776	$0
Obsessive compulsive disorders	57	$38,034	54	$72,146	36	$3,792	$0	$0	$3,792	$0
Eating disorders	24	$110,628	30	$83,704	11	$3,649	$0	$0	$3,649	$0
Other substance use	72	$7,648	105	$12,324	26	$2,574	$0	$0	$908	$1,666
Opiod disorders	31	$43,726	34	$37,172	20	$1,896	$0	$0	$1,896	$0
Stimulant disorders	8	$29,616	7	$21,155	4	$731	$0	$0	$731	$0
Total	**2,916**	**$3,522,768**	**3,269**	**$4,218,922**	**1,790**	**$798,047**	**$152,381**	**$110,117**	**$527,450**	**$8,100**

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Condition Focus

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions

Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	*Change vs LY*	# of Mems	Mems per 1000	*Change vs LY*	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	44	1.8	*15.8%*	29	1.2	*26.1%*	$7,210	113.6	409.1
Asthma	620	25.6	*-7.3%*	252	10.4	*-2.3%*	$6,765	69.4	291.9
Atrial Fibrillation	218	9.0	*-5.2%*	157	6.5	*2.6%*	$29,146	334.9	701.8
Blood Disorders	914	37.7	*3.6%*	400	16.5	*0.5%*	$19,053	198.0	358.9
CAD	394	16.3	*-1.7%*	217	9.0	*-0.5%*	$20,406	192.9	421.3
COPD	111	4.6	*-2.6%*	74	3.1	*15.6%*	$29,937	423.4	837.8
Cancer	1,775	73.2	*-5.5%*	909	37.5	*-3.4%*	$14,923	108.2	201.7
Chronic Pain	123	5.1	*-24.5%*	57	2.4	*-31.3%*	$63,868	642.3	756.1
CHF	81	3.3	*5.2%*	42	1.7	*-10.6%*	$54,067	703.7	1,074.1
Demyelinating Diseases	67	2.8	*-11.8%*	48	2.0	*-14.3%*	$25,752	149.3	432.8
Depression	965	39.8	*6.9%*	628	25.9	*11.9%*	$8,418	116.1	342.0
Diabetes	1,459	60.2	*-2.6%*	1,014	41.8	*-4.5%*	$10,957	91.8	259.8
ESRD	115	4.7	*11.7%*	95	3.9	*11.8%*	$80,795	1,287.0	1,765.2
Eating Disorders	24	1.0	*-7.7%*	11	0.5	*-38.9%*	$20,237	291.7	708.3
HIV/AIDS	36	1.5	*-20.0%*	28	1.2	*-20.0%*	$8,714	27.8	305.6
Hyperlipidemia	814	33.6	*-1.5%*	273	11.3	*-3.9%*	$3,084	19.7	65.1
Hypertension	2,424	100.0	*-3.7%*	1,161	47.9	*-0.3%*	$8,552	84.2	243.8
Immune Disorders	58	2.4	*1.8%*	25	1.0	*0.0%*	$27,342	206.9	431.0
IBD	62	2.6	*8.8%*	12	0.5	*33.3%*	$1,628	16.1	112.9
Liver Disease	8	0.3	*-27.3%*	6	0.2	*-33.3%*	$114,138	2,500.0	2,375.0
Morbid Obesity	218	9.0	*14.7%*	98	4.0	*8.9%*	$8,077	114.7	247.7
Osteoarthritis	853	35.2	*-10.2%*	379	15.6	*-9.5%*	$9,576	50.4	153.6
Peripheral Vascular Disease	129	5.3	*-3.7%*	42	1.7	*2.4%*	$16,908	186.0	310.1
Rheumatoid Arthritis	118	4.9	*-12.6%*	89	3.7	*-3.3%*	$11,827	76.3	313.6

- *Most prevalent chronic condition is Hypertension, with 2,424 members*
- *Hypertension is also the condition with the most moderate/high risk members (1,161)*
- *Members with mod/high risk Cancer have the highest combined cost: 909 members totaling $13.6M*

Date Range: Service Dates 7/1/2023 - 6/30/2024, Paid through 9/30/2024

With Condition members are identified by having any covered claim with a diagnosis for the condition in Dx position 1.

Moderate/High-Risk Condition members had either multiple provider visits for the condition (based on Dx position 1) during the date range or at least one ER Visit or Admission for the condition in the range.

Cost & Utilization for All Members:

- **Allowed PMPY:** $5,262
- **Admits per 1000:** 42.4
- **ER Visits per 1000:** 187.2

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Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends

Preventive Service	Population	Jul 2022 - Jun 2023 Eligible	Jul 2022 - Jun 2023 Actual	Jul 2022 - Jun 2023 Rate	Jul 2023 - Jun 2024 Eligible	Jul 2023 - Jun 2024 Actual	Jul 2023 - Jun 2024 Rate	Rate Change	UMR Norm Rate	UMR Norm Variance
Well Visits	*Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.*									
Well Baby Visit	0 - 15 months	196.3	1,022	**5,207.4**	144.2	814	**5,646.7**	*8.4%*	**5,262.6**	*7.3%*
Well Child Visit	3 - 6 years	951.4	673	**707.4**	767.8	587	**764.5**	*8.1%*	**781.1**	*-2.1%*
Adults w/ Well Visit	Adults 18+	22,485	7,852	**34.9%**	20,020	7,265	**36.3%**	*1.4*	**40.0%**	*-3.7*
Screenings	*Rate for all screenings is the percentage of eligible population who had the screening during the period.*									
Mammogram	Females 40 - 69	7,030	2,927	**41.6%**	6,259	2,657	**42.4%**	*0.8*	**46.8%**	*-4.3*
Cervical Cancer	Females 21 - 64	10,291	2,541	**24.7%**	9,023	2,245	**24.9%**	*0.2*	**23.7%**	*1.2*
Prostate Cancer	Males 50 - 70	4,292	1,617	**37.7%**	3,852	1,548	**40.2%**	*2.5*	**41.1%**	*-0.9*
Colorectal Cancer	Members 45 - 75	11,610	1,636	**14.1%**	10,377	1,629	**15.7%**	*1.6*	**17.1%**	*-1.4*
Cholesterol	Female 45+ Male 35+	13,867	6,225	**44.9%**	12,474	5,904	**47.3%**	*2.4*	**47.3%**	*0.0*
Condition-specific	**Screening**									
Asthma	Office Visit for Asthma	669	516	**77.1%**	620	503	**81.1%**	*4.0*		
COPD	Spirometry Test	114	19	**16.7%**	111	19	**17.1%**	*0.5*		
Type 2 Diabetes	A1c Test	1,402	1,172	**83.6%**	1,372	1,174	**85.6%**	*2.0*	**86.0%**	*-0.5*
	Eye Exam	1,402	369	**26.3%**	1,372	369	**26.9%**	*0.6*	**25.5%**	*1.4*
	Lipid Panel	1,402	1,056	**75.3%**	1,372	1,023	**74.6%**	*-0.8*	**72.1%**	*2.5*
	Urine Protein Test	1,402	892	**63.6%**	1,372	872	**63.6%**	*-0.1*	**63.0%**	*0.6*
	Any Diabetes Screen	1,402	1,282	**91.4%**	1,372	1,285	**93.7%**	*2.2*	**93.8%**	*-0.1*
Hyperlipidemia	Lipid Profile	826	403	**48.8%**	814	431	**52.9%**	*4.2*		
Hypertension	Creatinine Test	2,516	468	**18.6%**	2,424	475	**19.6%**	*1.0*		
	Lipid Profile	2,516	662	**26.3%**	2,424	633	**26.1%**	*-0.2*		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2023 - 6/30/2024, Paid through 9/30/2024

Note: Preventive Services do not include those performed at onsite clinics or ones for which no claim was submitted to UMR.

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Public Employees' Benefits Program - RX Costs
PY 2025 - Quarter Ending September 30, 2024

Express Scripts

Membership Summary	1Q FY2025 CDHP	1Q FY2024 CDHP	Difference	% Change
			Membership Summary	
Member Count (Membership)	22,775	24,365	(1,590)	-6.5%
Utilizing Member Count (Patients)	11,103	11,703	(600)	-5.1%
Percent Utilizing (Utilization)	48.8%	48.0%	0.01	1.5%
Claim Summary			**Claims Summary**	
Net Claims (Total Rx's)	82,174	83,031	(857)	-1.0%
Claims per Elig Member per Month (Claims PMPM)	1.20	1.14	0.06	5.3%
Total Claims for Generic (Generic Rx)	71,706	72,817	(1,111.00)	-1.5%
Total Claims for Brand (Brand Rx)	10,468	10,214	254.00	2.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	146	315	(169.00)	-53.7%
Total Non-Specialty Claims	81,152	82,077	(925.00)	-1.1%
Total Specialty Claims	1,022	954	68.00	7.1%
Generic % of Total Claims (GFR)	**87.3%**	**87.7%**	(0.00)	-0.5%
Generic Effective Rate (GCR)	**99.8%**	**99.6%**	0.00	0.2%
Mail Order Claims	21,457	23,453	(1,996.00)	-8.5%
Mail Penetration Rate*	29.5%	31.8%	(0.02)	-2.3%
Claims Cost Summary			**Claims Cost Summary**	
Total Prescription Cost (Total Gross Cost)	$11,164,795	$10,204,216	$960,579.00	9.4%
Total Generic Gross Cost	$1,087,557	$1,027,449	$60,108.00	5.9%
Total Brand Gross Cost	$10,077,238	$9,176,768	$900,470.00	9.8%
Total MSB Gross Cost	$108,548	$139,084	($30,536.00)	-22.0%
Total Ingredient Cost	$10,794,006	$9,854,938	$939,068.00	9.5%
Total Dispensing Fee	$364,500	$342,436	$22,064.00	6.4%
Total Other (e.g. tax)	$6,738	$9,843	($3,105.00)	-31.5%
Avg Total Cost per Claim (Gross Cost/Rx)	**$135.87**	**$122.90**	$12.97	10.6%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	$15.17	$14.11	$1.06	7.5%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	$962.67	$898.45	$64.22	7.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$743.48	$441.54	$301.94	68.4%
Member Cost Summary			**Member Cost Summary**	
Total Member Cost	**$2,840,749**	**$2,535,118**	$305,631.00	12.1%
Total Copay	$615,586	$1,771,104	($1,155,518.00)	-65.2%
Total Deductible	$2,225,163	$764,014	$1,461,149.00	191.2%
Avg Copay per Claim (Copay/Rx)	$7.49	$21.33	($13.84)	-64.9%
Avg Participant Share per Claim (Copay+Deductible/RX)	**$34.57**	**$30.53**	**$4.04**	**13.2%**
Avg Copay for Generic (Copay/Generic Rx)	$8.58	$7.59	$0.99	13.0%
Avg Copay for Brand (Copay/Brand Rx)	$212.57	$194.12	$18.45	9.5%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	$293.39	$110.45	$182.94	165.6%
Net PMPM (Participant Cost PMPM)	**$41.58**	**$34.68**	$6.89	19.9%
Copay % of Total Prescription Cost (Member Cost Share %)	25.4%	24.8%	0.6%	2.4%
Plan Cost Summary			**Plan Cost Summary**	
Total Plan Cost (Plan Cost)	**$8,324,046**	**$7,669,098**	**$654,948.00**	**8.5%**
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$3,234,650	$2,975,141	$259,509.00	8.7%
Total Specialty Drug Cost (Specialty Plan Cost)	$5,089,396	$4,693,927	$395,469.00	8.4%
Avg Plan Cost per Claim (Plan Cost/Rx)	**$101.30**	**$92.36**	**$8.93**	**9.7%**
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	$6.58	$6.52	$0.06	0.9%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	$750.10	$704.33	$45.77	6.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$450.08	$331.09	$118.99	35.9%
Net PMPM (Plan Cost PMPM)	**$121.83**	**$104.92**	**$16.91**	**16.1%**
PMPM without Specialty (Non-Specialty PMPM)	$47.34	$40.70	$6.64	16.3%
PMPM for Specialty Only (Specialty PMPM)	$74.49	$64.22	$10.27	16.0%
Specialty % of Plan Cost	61.1%	61.20%	($0.00)	-0.2%
Rebates Received (Q1 FY2024 actual)	$5,029,261	$3,120,343	$1,908,917.96	61.2%
Net PMPM (Plan Cost PMPM factoring Rebates)	**$48.22**	**$62.23**	**($14.01)**	**-22.5%**
PMPM without Specialty (Non-Specialty PMPM)	$21.02	$20.86	$0.16	0.8%
PMPM for Specialty Only (Specialty PMPM)	$47.16	$41.51	$5.65	13.6%

Appendix B

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UMR Inc. – LDPPO Utilization Review for PEBP
July 1, 2024 – September 30, 2024

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NEVADA PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

Low Ded Plan • 2025-1Q

UMR℠

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RPG 4.77 • Run Date: 11/19/2024

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Report Criteria & Contents

Experience Periods*

- **2025 Plan Year (Current)**
  - 2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024
- **2024 Plan Year**
  - 2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023
  - 2024 Full Year: Claims paid 7/1/2023 - 6/30/2024
- **2023 Plan Year**
  - 2023-1Q.1st Quarter: Claims Paid 7/1/2022 - 9/30/2022
  - 2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

Group Data

- Data reported is for the Low Ded Plan only:
- Contract = 7670-07-414946 or 7670-11-414946
- Except where indicated, Report is for Medical data only excluding claim expenses

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPort℠
- Composition: 4,555 groups with approximately 6.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 9/30/2024

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* Additional date ranges for specific figures are defined on the page if applicable

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Executive Summary

Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +16.0%
- High-Cost Claimants Paid PMPM trend: +27.5%; Non HCCs trend: +16.3%
- Top Paid Diagnostic Chapters: Health Status & Services (−2.3% Paid PMPM), Musculoskeletal (+7.6%), Injury & Poisoning (+40.9%)

Membership & Demographics

- Total membership is 24.4% higher than prior period
- Employees increased 26.2%, while Dependents were up 22.4%
- 93.3% of members had < $2,500 medical paid, with 36.1% having no claims paid at all during the reporting period

Utilization Key Indicators

- Paid per IP Admit was $28,698, which is 12.8% higher than 2024-1Q
- Paid per ER Visit was $2,972, which is 0.3% lower than 2024-1Q

Network Utilization & Savings

- 97.7% of all Medical spend dollars were to In Network providers
- The average In Network discount was 66.3%, which is 1.1 pts above the 2024 average discount of 65.2%

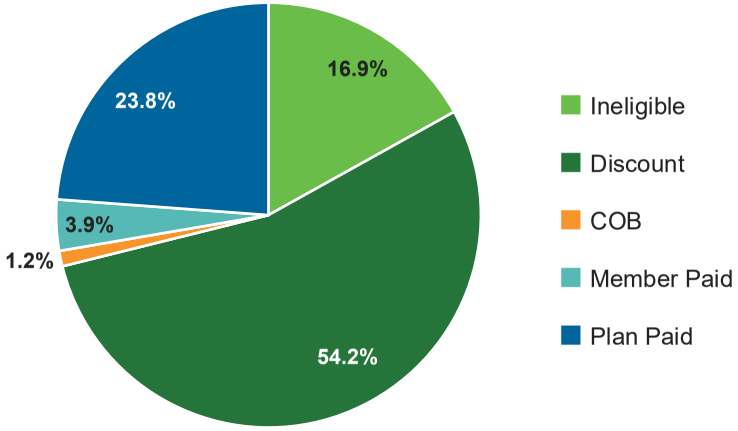
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Medical Total Savings Summary

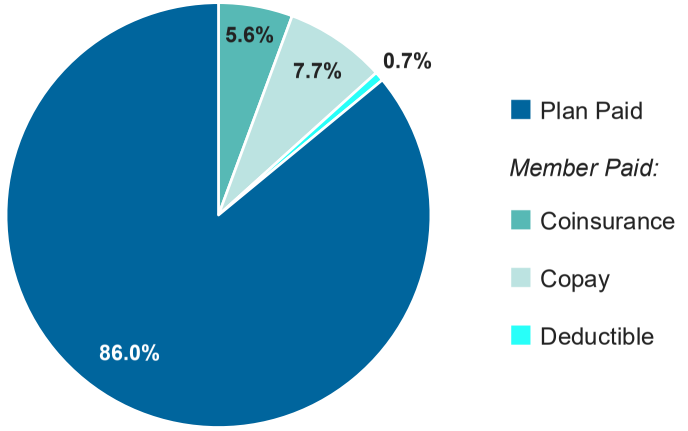
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-1Q Total Dollars	2025-1Q PMPM*	2024 PMPM*	*Trend*
Medical Billed	**$106,804,672**	**$1,563**	$1,519	***2.9%***
(-) Ineligible	**$18,075,488**	**$264**	$303	***-12.6%***
Medical Covered	**$88,729,185**	**$1,298**	$1,216	***6.8%***
(-) Discount	**$57,887,615**	**$847**	$780	***8.6%***
Medical Allowed	**$30,841,570**	**$451**	$436	***3.5%***
(-) COB	**$1,253,218**	**$18**	$11	***68.7%***
(-) Coinsurance	**$1,669,577**	**$24**	$23	***7.4%***
(-) Copay	**$2,271,737**	**$33**	$32	***4.3%***
(-) Deductible	**$209,567**	**$3**	$2	***36.5%***
Total Member Paid	**$4,150,880**	**$61**	$57	***6.8%***
Total Plan Paid	**$25,437,498**	**$372**	$363	***2.6%***

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



* PMPM (per member per month): Amount per the average total membership (both primary subscribers and dependents) per month.

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Medical & Rx Paid Claims by Age Range

Age	2024-1Q (7/1/2023 - 9/30/2023)						2025-1Q (7/1/2024 - 9/30/2024)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	$1,665,445	$2,969	$1,846	$3	**$1,667,292**	**$2,972**	$890,701	$1,286	$5,975	$9	**$896,677**	**$1,295**	*-46.2%*	*-56.4%*
1	$123,262	$210	$1,271	$2	**$124,534**	**$212**	$240,880	$308	$2,782	$4	**$243,662**	**$312**	*95.7%*	*47.0%*
2 - 4	$289,383	$146	$5,399	$3	**$294,782**	**$148**	$371,349	$151	$14,182	$6	**$385,531**	**$156**	*30.8%*	*5.4%*
5 - 9	$431,238	$116	$105,141	$28	**$536,379**	**$145**	$590,344	$128	$241,126	$52	**$831,470**	**$181**	*55.0%*	*25.0%*
10 - 14	$558,590	$138	$131,829	$33	**$690,418**	**$171**	$659,284	$136	$108,696	$22	**$767,981**	**$159**	*11.2%*	*-7.1%*
15 - 19	$739,887	$160	$158,157	$34	**$898,044**	**$194**	$1,524,774	$269	$327,987	$58	**$1,852,761**	**$327**	*106.3%*	*68.4%*
20 - 24	$852,769	$194	$189,361	$43	**$1,042,130**	**$238**	$1,029,837	$189	$349,808	$64	**$1,379,645**	**$254**	*32.4%*	*6.7%*
25 - 29	$871,452	$241	$381,356	$105	**$1,252,809**	**$346**	$1,225,808	$260	$592,842	$126	**$1,818,649**	**$385**	*45.2%*	*11.3%*
30 - 34	$1,141,315	$264	$944,474	$219	**$2,085,789**	**$483**	$1,777,320	$324	$679,104	$124	**$2,456,423**	**$448**	*17.8%*	*-7.2%*
35 - 39	$1,385,092	$293	$575,030	$122	**$1,960,122**	**$414**	$2,062,539	$349	$1,033,508	$175	**$3,096,047**	**$524**	*58.0%*	*26.5%*
40 - 44	$1,387,140	$294	$731,901	$155	**$2,119,041**	**$450**	$2,257,803	$387	$1,069,373	$183	**$3,327,176**	**$571**	*57.0%*	*26.9%*
45 - 49	$1,521,168	$374	$705,475	$173	**$2,226,643**	**$547**	$2,060,739	$401	$1,175,163	$229	**$3,235,903**	**$630**	*45.3%*	*15.1%*
50 - 54	$1,667,543	$363	$947,087	$206	**$2,614,630**	**$570**	$2,317,465	$416	$1,354,085	$243	**$3,671,550**	**$659**	*40.4%*	*15.6%*
55 - 59	$2,020,709	$492	$1,048,335	$255	**$3,069,044**	**$748**	$3,274,573	$646	$1,486,140	$293	**$4,760,713**	**$939**	*55.1%*	*25.6%*
60 - 64	$1,986,931	$566	$1,060,069	$302	**$3,047,001**	**$868**	$3,284,624	$752	$1,467,487	$336	**$4,752,111**	**$1,088**	*56.0%*	*25.4%*
65+	$726,776	$520	$320,581	$229	**$1,047,357**	**$750**	$1,869,460	$1,047	$765,663	$429	**$2,635,122**	**$1,477**	*151.6%*	*97.0%*
Total	**$17,368,700**	**$316**	**$7,307,313**	**$133**	**$24,676,014**	**$449**	**$25,437,498**	**$372**	**$10,673,920**	**$156**	**$36,111,418**	**$528**	***46.3%***	***17.6%***

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Financial Summary – YTD Trend

Total Plan & Norm

Measure	Total Plan					UMR Norm	
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2025-1Q	*Variance*
Average Enrollment							
Employees	6,908	*36.6%*	9,438	*26.2%*	11,914		
Spouses	1,790	*31.7%*	2,359	*20.1%*	2,832		
Children	4,930	*32.3%*	6,522	*23.2%*	8,038		
Tot. Members	**13,629**	***34.4%***	**18,319**	***24.4%***	**22,785**		
Avg. Family Size	2.0	*-1.6%*	1.9	*-1.5%*	1.9	1.9	*-0.3%*
Financial Summary							
Allowed	$6,601,897	*225.3%*	$21,473,240	*43.6%*	$30,841,570		
Plan Paid	$5,264,573	*229.9%*	$17,368,700	*46.5%*	$25,437,498		
Member Paid (OOP)	$1,260,018	*146.7%*	$3,108,161	*33.5%*	$4,150,880		
Paid PEPY	$3,048	*141.5%*	$7,361	*16.0%*	$8,541	$10,338	*-17.4%*
Paid PMPY	$1,545	*145.5%*	$3,793	*17.7%*	$4,466	$5,392	*-17.2%*
Paid PEPM	$254	*141.5%*	$613	*16.0%*	$712	$861	*-17.4%*
Paid PMPM	$129	*145.5%*	$316	*17.7%*	$372	$449	*-17.2%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	0	-	10	*80.0%*	18		
HCCs per 1000	0.0	-	0.5	*44.7%*	0.8	1.1	*-29.8%*
Paid per HCC	$0	-	$224,697	*-11.9%*	$197,965	$203,568	*-2.8%*
HCC Paid % of Tot	0.0%	-	12.9%	*1.1*	14.0%	18.4%	*-4.4*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$131	*414.7%*	$676	*40.0%*	$946	$1,382	*-31.5%*
Outpatient	$443	*149.3%*	$1,105	*11.5%*	$1,232	$1,573	*-21.7%*
Physician	$951	*104.7%*	$1,946	*13.5%*	$2,209	$2,325	*-5.0%*
Ancillary	$20	*232.8%*	$66	*19.5%*	$79	$112	*-29.5%*

- *With $22.2M paid, the State Active population is 87.5% of total 2025-1Q med spend*
- *On a Paid PMPM basis, State Actives are up 16.5% compared to prior year*
- *Total Low Ded Plan Paid PMPM trend is +17.7%*

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year** (**PEPY** and **PMPY**) have been annualized.

HCCs (High-cost Claimants) are based on patients with $100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

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Financial Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Average Enrollment										
Employees	6,278	*37.1%*	8,607	*27.5%*	10,971	1	*50.0%*	1	*100.0%*	2
Spouses	1,590	*31.9%*	2,097	*20.7%*	2,532	1	*50.0%*	1	*0.0%*	1
Children	4,690	*32.6%*	6,221	*23.8%*	7,702	0	-	0	-	0
Tot. Members	**12,558**	***34.8%***	**16,925**	***25.3%***	**21,205**	**1**	***50.0%***	**2**	***50.0%***	**3**
Avg. Family Size	2.0	*-1.7%*	2.0	*-1.7%*	1.9	2.0	*0.0%*	2.0	*-25.0%*	1.5
Financial Summary										
Allowed	$5,754,052	*226.9%*	$18,811,182	*43.8%*	$27,056,684	$3,705	*156.1%*	$9,487	*21.8%*	$11,551
Plan Paid	$4,629,581	*229.2%*	$15,240,731	*46.0%*	$22,246,230	$2,894	*163.2%*	$7,618	*23.9%*	$9,435
Member Paid (OOP)	$1,099,858	*152.2%*	$2,773,779	*35.5%*	$3,758,665	$810	*130.7%*	$1,869	*13.2%*	$2,116
Paid PEPY	$2,950	*140.2%*	$7,083	*14.5%*	$8,111	$17,367	*75.5%*	$30,471	*-38.1%*	$18,870
Paid PMPY	$1,475	*144.3%*	$3,602	*16.5%*	$4,196	$8,683	*75.5%*	$15,236	*-17.4%*	$12,580
Paid PEPM	$246	*140.2%*	$590	*14.5%*	$676	$1,447	*75.5%*	$2,539	*-38.1%*	$1,572
Paid PMPM	$123	*144.3%*	$300	*16.5%*	$350	$724	*75.5%*	$1,270	*-17.4%*	$1,048
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	0	-	7	*100.0%*	14	0	-	0	-	0
HCCs per 1000	0.0	-	0.4	*59.6%*	0.7	0.0	-	0.0	-	0.0
Paid per HCC	$0	-	$248,284	*-28.2%*	$178,292	$0	-	$0	-	$0
HCC Paid % of Tot	0.0%	-	11.4%	*-0.2*	11.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$130	*389.8%*	$635	*28.7%*	$816	$0	-	$0	-	$0
Outpatient	$429	*157.0%*	$1,103	*5.5%*	$1,163	$0	-	$0	-	$5,761
Physician	$897	*101.2%*	$1,805	*18.6%*	$2,141	$8,407	*81.2%*	$15,236	*-55.2%*	$6,819
Ancillary	$19	*215.3%*	$60	*25.8%*	$76	$276	*-100.0%*	$0	-	$0

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Financial Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Average Enrollment										
Employees	611	*30.8%*	800	*14.2%*	913	18	*68.5%*	30	*-9.9%*	27
Spouses	192	*28.7%*	247	*16.0%*	287	8	*62.5%*	13	*-5.1%*	12
Children	241	*24.9%*	300	*11.8%*	336	0	-	1	*0.0%*	1
Tot. Members	**1,044**	***29.1%***	**1,347**	***14.0%***	**1,536**	**26**	***70.5%***	**44**	***-8.3%***	**41**
Avg. Family Size	1.7	*-1.4%*	1.7	*-0.2%*	1.7	1.4	*1.2%*	1.5	*1.8%*	1.5
Financial Summary										
Allowed	$815,876	*212.8%*	$2,552,217	*44.2%*	$3,679,280	$28,264	*255.1%*	$100,353	*-6.3%*	$94,054
Plan Paid	$622,296	*237.0%*	$2,096,908	*50.0%*	$3,146,052	$9,801	*139.2%*	$23,444	*52.6%*	$35,781
Member Paid (OOP)	$152,495	*103.0%*	$309,546	*19.1%*	$368,778	$6,855	*235.1%*	$22,967	*-7.2%*	$21,322
Paid PEPY	$4,073	*157.5%*	$10,488	*31.4%*	$13,785	$2,178	*41.9%*	$3,091	*69.4%*	$5,236
Paid PMPY	$2,384	*161.1%*	$6,225	*31.6%*	$8,195	$1,508	*40.3%*	$2,115	*66.4%*	$3,519
Paid PEPM	$339	*157.5%*	$874	*31.4%*	$1,149	$181	*41.9%*	$258	*69.4%*	$436
Paid PMPM	$199	*161.1%*	$519	*31.6%*	$683	$126	*40.3%*	$176	*66.4%*	$293
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	0	-	3	*33.3%*	4	0	-	0	-	0
HCCs per 1000	0.0	-	2.2	*17.0%*	2.6	0.0	-	0.0	-	0.0
Paid per HCC	$0	-	$159,287	*67.5%*	$266,805	$0	-	$0	-	$0
HCC Paid % of Tot	*0.0%*	-	*22.8%*	*11.1*	*33.9%*	*0.0%*	-	*0.0%*	-	*0.0%*
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$155	*681.4%*	$1,215	*127.4%*	$2,763	$0	-	$0	-	$0
Outpatient	$624	*89.0%*	$1,180	*85.4%*	$2,188	$179	*-139.0%*	-$70	*-1170.1%*	$745
Physician	$1,577	*134.2%*	$3,693	*-15.4%*	$3,123	$1,292	*64.2%*	$2,122	*29.4%*	$2,746
Ancillary	$28	*400.1%*	$138	*-11.4%*	$122	$37	*68.7%*	$63	*-54.4%*	$29

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Financial Summary – Full Year Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2023	⇨	2024	⇨	2025-1Q	2025-1Q	*Variance*
Average Enrollment							
Employees	7,359	*35.9%*	10,001	*19.1%*	11,914		
Spouses	1,855	*31.8%*	2,446	*15.8%*	2,832		
Children	5,142	*32.0%*	6,788	*18.4%*	8,038		
Tot. Members	**14,356**	***34.0%***	**19,235**	***18.5%***	**22,785**		
Avg. Family Size	2.0	*-1.4%*	1.9	*-0.6%*	1.9	1.9	*-0.3%*
Financial Summary							
Allowed	$60,798,189	*65.4%*	$100,584,108	*-69.3%*	$30,841,570		
Plan Paid	$50,569,529	*65.6%*	$83,741,413	*-69.6%*	$25,437,498		
Member Paid (OOP)	$8,076,903	*62.5%*	$13,125,142	*-68.4%*	$4,150,880		
Paid PEPY	$6,872	*21.9%*	$8,374	*2.0%*	$8,541	$10,338	*-17.4%*
Paid PMPY	$3,522	*23.6%*	$4,354	*2.6%*	$4,466	$5,392	*-17.2%*
Paid PEPM	$573	*21.9%*	$698	*2.0%*	$712	$861	*-17.4%*
Paid PMPM	$294	*23.6%*	$363	*2.6%*	$372	$449	*-17.2%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	48	*83.3%*	88	*-79.5%*	18		
HCCs per 1000	3.3	*36.8%*	4.6	*-82.7%*	0.8	1.1	*-29.8%*
Paid per HCC	$234,319	*-2.3%*	$228,980	*-13.5%*	$197,965	$203,568	*-2.8%*
HCC Paid % of Tot	22.2%	*1.8*	24.1%	*-10.1*	14.0%	18.4%	*-4.4*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$699	*19.6%*	$836	*13.2%*	$946	$1,382	*-31.5%*
Outpatient	$1,047	*21.7%*	$1,273	*-3.2%*	$1,232	$1,573	*-21.7%*
Physician	$1,704	*26.7%*	$2,159	*2.3%*	$2,209	$2,325	*-5.0%*
Ancillary	$73	*17.1%*	$86	*-8.2%*	$79	$112	*-29.5%*

- *Total plan paid amount for the first quarter of 2023 was 20.7% of the full year*
- *Annualizing 2024 paid dollars using the same ratio would result in a total paid of $123 M*

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year** (**PEPY** and **PMPY**) have been annualized for the 2024 Plan Year.

HCCs (High-cost Claimants) are based on patients with $100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

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Financial Summary – Full Year Trend

Active Members

Measure	State Active					Non-State Active				
	2023	⇨	2024	⇨	2025-1Q	2023	⇨	2024	⇨	2025-1Q
Average Enrollment										
Employees	6,690	*36.8%*	9,150	*19.9%*	10,971	1	*36.4%*	1	*60.0%*	2
Spouses	1,644	*32.4%*	2,176	*16.4%*	2,532	1	*36.4%*	1	*-20.0%*	1
Children	4,894	*32.4%*	6,478	*18.9%*	7,702	0	-	0	-	0
Tot. Members	**13,227**	***34.6%***	**17,804**	***19.1%***	**21,205**	**2**	***36.4%***	**3**	***20.0%***	**3**
Avg. Family Size	2.0	*-1.6%*	1.9	*-0.7%*	1.9	2.0	*0.0%*	2.0	*-25.0%*	1.5
Financial Summary										
Allowed	$52,542,961	*66.5%*	$87,492,756	*-69.1%*	$27,056,684	$17,169	*92.5%*	$33,055	*-65.1%*	$11,551
Plan Paid	$43,734,101	*67.2%*	$73,120,641	*-69.6%*	$22,246,230	$13,293	*99.3%*	$26,488	*-64.4%*	$9,435
Member Paid (OOP)	$7,182,499	*64.2%*	$11,795,191	*-68.1%*	$3,758,665	$3,876	*69.4%*	$6,566	*-67.8%*	$2,116
Paid PEPY	$6,538	*22.2%*	$7,991	*1.5%*	$8,111	$14,501	*46.1%*	$21,191	*-11.0%*	$18,870
Paid PMPY	$3,306	*24.2%*	$4,107	*2.2%*	$4,196	$7,251	*46.1%*	$10,595	*18.7%*	$12,580
Paid PEPM	$545	*22.2%*	$666	*1.5%*	$676	$1,208	*46.1%*	$1,766	*-11.0%*	$1,572
Paid PMPM	$276	*24.2%*	$342	*2.2%*	$350	$604	*46.1%*	$883	*18.7%*	$1,048
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	37	*89.2%*	70	*-80.0%*	14	0	-	0	-	0
HCCs per 1000	2.8	*40.6%*	3.9	*-83.2%*	0.7	0.0	-	0.0	-	0.0
Paid per HCC	$238,408	*-3.3%*	$230,519	*-22.7%*	$178,292	$0	-	$0	-	$0
HCC Paid % of Tot	20.2%	*1.9*	22.1%	*-10.8*	11.2%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$654	*21.4%*	$794	*2.8%*	$816	$0	-	$0	-	$0
Outpatient	$986	*21.7%*	$1,199	*-3.0%*	$1,163	$0	-	$527	*993.7%*	$5,761
Physician	$1,601	*26.7%*	$2,029	*5.5%*	$2,141	$7,201	*39.1%*	$10,017	*-31.9%*	$6,819
Ancillary	$66	*27.9%*	$84	*-9.8%*	$76	$50	*3.6%*	$52	*-100.0%*	$0

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Financial Summary – Full Year Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023	⇨	2024	⇨	2025-1Q	2023	⇨	2024	⇨	2025-1Q
Average Enrollment										
Employees	644	*27.5%*	821	*11.2%*	913	24	*16.4%*	28	*-3.8%*	27
Spouses	199	*28.9%*	256	*12.0%*	287	12	*6.5%*	12	*0.7%*	12
Children	249	*24.3%*	309	*8.7%*	336	0	*500.0%*	1	*0.0%*	1
Tot. Members	**1,091**	***27.0%***	**1,386**	***10.8%***	**1,536**	**36**	***15.5%***	**42**	***-2.4%***	**41**
Avg. Family Size	1.7	*-0.4%*	1.7	*-0.4%*	1.7	1.5	*-0.8%*	1.5	*1.5%*	1.5
Financial Summary										
Allowed	$7,750,997	*60.3%*	$12,423,242	*-70.4%*	$3,679,280	$487,062	*30.4%*	$635,055	*-85.2%*	$94,054
Plan Paid	$6,450,503	*60.1%*	$10,327,679	*-69.5%*	$3,146,052	$371,632	*-28.3%*	$266,605	*-86.6%*	$35,781
Member Paid (OOP)	$840,443	*46.4%*	$1,230,503	*-70.0%*	$368,778	$50,085	*85.4%*	$92,881	*-77.0%*	$21,322
Paid PEPY	$10,017	*25.6%*	$12,577	*9.6%*	$13,785	$15,220	*-38.4%*	$9,382	*-44.2%*	$5,236
Paid PMPY	$5,912	*26.0%*	$7,450	*10.0%*	$8,195	$10,299	*-37.9%*	$6,399	*-45.0%*	$3,519
Paid PEPM	$835	*25.6%*	$1,048	*9.6%*	$1,149	$1,268	*-38.4%*	$782	*-44.2%*	$436
Paid PMPM	$493	*26.0%*	$621	*10.0%*	$683	$858	*-37.9%*	$533	*-45.0%*	$293
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	10	*80.0%*	18	*-77.8%*	4	1	*0.0%*	1	*-100.0%*	0
HCCs per 1000	9.2	*41.7%*	13.0	*-79.9%*	2.6	27.7	*-13.4%*	24.0	*-100.0%*	0.0
Paid per HCC	$215,577	*0.5%*	$216,572	*23.2%*	$266,805	$178,686	*-38.7%*	$109,572	*-100.0%*	$0
HCC Paid % of Tot	33.4%	*4.3*	37.7%	*-3.8*	33.9%	48.1%	*-7.0*	41.1%	*-41.1*	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,219	*7.8%*	$1,314	*110.3%*	$2,763	$1,230	*106.9%*	$2,544	*-100.0%*	$0
Outpatient	$1,631	*36.3%*	$2,224	*-1.6%*	$2,188	$5,785	*-76.2%*	$1,379	*-46.0%*	$745
Physician	$2,898	*31.3%*	$3,805	*-17.9%*	$3,123	$3,152	*-25.8%*	$2,338	*17.5%*	$2,746
Ancillary	$164	*-34.3%*	$108	*13.3%*	$122	$132	*4.5%*	$138	*-79.3%*	$29

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Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status

Claim Type	2024-1Q (7/1/2023 - 9/30/2023) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	Trend Total
State Members									
Inpatient	$2,684,800	$402,079	$7,148	**$3,094,027**	$4,327,835	$1,057,334	$3,225	**$5,388,393**	*74.2%*
Outpatient	$4,665,356	$384,279	$13,177	**$5,062,812**	$6,167,028	$821,959	$17,929	**$7,006,917**	*38.4%*
Physician	$7,635,851	$1,199,781	$44,060	**$8,879,693**	$11,349,976	$1,138,378	$60,410	**$12,548,764**	*41.3%*
Ancillary	$254,724	$42,071	$4,312	**$301,106**	$401,391	$45,814	$1,003	**$448,208**	*48.9%*
Total	**$15,240,731**	**$2,028,210**	**$68,698**	**$17,337,639**	**$22,246,230**	**$3,063,485**	**$82,567**	**$25,392,282**	***46.5%***
PMPM	**$300.17**	**$546.79**	**$206.35**	**$316.28**	**$349.70**	**$730.72**	**$199.23**	**$372.20**	***17.7%***
Non-State Members									
Inpatient	$0	$0	$0	**$0**	$0	$0	$0	**$0**	-
Outpatient	$0	-$4,700	$3,928	**-$772**	$4,321	$4,807	$2,767	**$11,895**	*-1641.5%*
Physician	$7,618	$6,069	$17,450	**$31,137**	$5,114	$15,078	$12,838	**$33,030**	*6.1%*
Ancillary	$0	$174	$522	**$696**	$0	$0	$291	**$291**	*-58.1%*
Total	**$7,618**	**$1,543**	**$21,900**	**$31,061**	**$9,435**	**$19,885**	**$15,897**	**$45,216**	***45.6%***
PMPM	**$1,269.64**	**$42.83**	**$225.85**	**$223.46**	**$1,048.31**	**$903.40**	**$158.98**	**$345.16**	***54.5%***
All Members									
Inpatient	$2,684,800	$402,079	$7,148	**$3,094,027**	$4,327,835	$1,057,334	$3,225	**$5,388,393**	*74.2%*
Outpatient	$4,665,356	$379,579	$17,106	**$5,062,041**	$6,171,349	$826,766	$20,697	**$7,018,812**	*38.7%*
Physician	$7,643,469	$1,205,851	$61,511	**$8,910,830**	$11,355,090	$1,153,456	$73,248	**$12,581,794**	*41.2%*
Ancillary	$254,724	$42,245	$4,833	**$301,802**	$401,391	$45,814	$1,294	**$448,499**	*48.6%*
Total	**$15,248,349**	**$2,029,754**	**$90,598**	**$17,368,700**	**$22,255,665**	**$3,083,370**	**$98,464**	**$25,437,498**	***46.5%***
PMPM	**$300.28**	**$541.94**	**$210.75**	**$316.05**	**$349.80**	**$731.62**	**$191.41**	**$372.15**	***17.7%***

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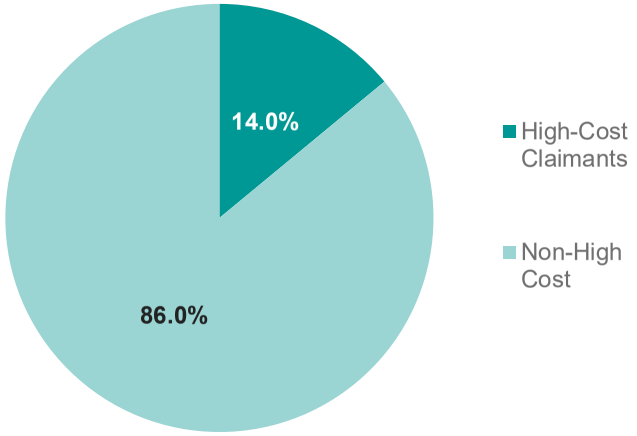
Medical Cost Distribution

Distribution by Member Cost

Member Total Paid Range	2024-1Q (7/1/2023 - 9/30/2023)						2025-1Q (7/1/2024 - 9/30/2024)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	7,570	38.8%	$0	0.0%	$0	0.0%	8,759	36.1%	$0	0.0%	$0	0.0%
< $0 - $0	560	2.9%	-$62,673	-0.4%	$10,539	0.3%	849	3.5%	-$130,907	-0.5%	$27,613	0.7%
> $0 - $2,500	10,263	52.6%	$4,732,748	27.2%	$1,517,453	48.8%	13,039	53.7%	$6,427,889	25.3%	$2,044,631	49.3%
> $2,500 - $5,000	535	2.7%	$1,903,477	11.0%	$489,197	15.7%	781	3.2%	$2,730,867	10.7%	$665,972	16.0%
> $5,000 - $10,000	309	1.6%	$2,132,092	12.3%	$383,460	12.3%	433	1.8%	$2,965,447	11.7%	$535,114	12.9%
> $10,000 - $25,000	198	1.0%	$2,937,882	16.9%	$391,056	12.6%	256	1.1%	$3,981,797	15.7%	$511,348	12.3%
> $25,000 - $50,000	58	0.3%	$1,846,825	10.6%	$180,395	5.8%	91	0.4%	$3,171,853	12.5%	$205,359	4.9%
> $50,000 - $100,000	25	0.1%	$1,631,381	9.4%	$95,008	3.1%	40	0.2%	$2,727,179	10.7%	$98,269	2.4%
> $100,000	10	0.1%	$2,246,967	12.9%	$41,054	1.3%	18	0.1%	$3,563,372	14.0%	$62,574	1.5%
Total	**19,528**	**100.0%**	**$17,368,700**	**100.0%**	**$3,108,161**	**100.0%**	**24,266**	**100.0%**	**$25,437,498**	**100.0%**	**$4,150,880**	**100.0%**

* Unique Members are counted equally regardless of length of coverage. Note that because data is on a paid basis, member counts may also include those not active in the period.

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Injury, Poisoning & External Causes	5	$704,071	19.8%
2	Respiratory System	7	$532,599	14.9%
3	Neoplasms	7	$419,456	11.8%
4	Musculoskeletal System	7	$336,102	9.4%
5	Perinatal Originating Conditions	2	$316,579	8.9%
6	Digestive System	6	$237,349	6.7%
7	Blood & Immune Disorders	4	$199,634	5.6%
8	Circulatory System	10	$177,475	5.0%
9	Nervous System	11	$166,230	4.7%
10	Infectious & Parasitic Diseases	5	$133,616	3.7%
...	*All Others*		*$340,261*	*9.5%*
=	**Total**	**18**	**$3,563,372**	**100.0%**

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Utilization Summary – YTD Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2025-1Q	*Variance*
Inpatient Admissions							
# of Admits	42	*304.8%*	170	*7.1%*	182		
# of Admit Days	200	*269.0%*	738	*31.7%*	972		
Paid per Admit	$22,716	*12.0%*	$25,435	*12.8%*	$28,698	$28,630	*0.2%*
Paid per Admit Day	$4,770	*22.8%*	$5,859	*-8.3%*	$5,374	$5,743	*-6.4%*
Admits per 1000	12.3	*201.1%*	37.1	*-13.9%*	32.0	47.8	*-33.2%*
Average LOS	4.8	*-8.8%*	4.3	*23.0%*	5.3	5.0	*7.1%*
Emergency Room Visits							
# of ER Visits	298	*167.1%*	796	*36.7%*	1,088		
~ % resulting in Admit	5.4%	*4.2*	9.5%	*0.0*	9.6%	10.9%	*-1.3*
ER Visits per Patient	1.1	*7.4%*	1.2	*-0.2%*	1.2		
ER Visits per 1000	87.5	*98.7%*	173.8	*9.9%*	191.0	237.5	*-19.6%*
Paid per ER Visit	$2,695	*10.7%*	$2,982	*-0.3%*	$2,972	$2,194	*35.5%*
Urgent Care Visits							
# of UC Visits	788	*89.3%*	1,492	*37.2%*	2,047		
UC Visits per Patient	1.2	*2.1%*	1.2	*-1.3%*	1.2		-
UC Visits per 1000	231.3	*40.9%*	325.8	*10.3%*	359.4	246.8	*45.6%*
Paid per UC Visit	$92	*-2.2%*	$90	*16.2%*	$104	$112	*-7.0%*
Office Visits							
Off Visits per Patient	1.8	*19.9%*	2.1	*4.3%*	2.2		
Paid per Office Visit	$76	*10.4%*	$84	*5.5%*	$89	$90	*-1.8%*
Office Visits Paid PMPY	$193	*79.6%*	$347	*14.3%*	$396	$350	*13.2%*
Services							
Radiology Svcs per 1000	1,729.5	*90.0%*	3,286.5	*21.0%*	3,976.4	4,009.8	*-0.8%*
Radiology Paid PMPY	$174	*76.3%*	$307	*24.8%*	$383		
Lab Services per 1000	6,444.1	*47.7%*	9,519.5	*14.4%*	10,889.3	11,268.9	*-3.4%*
Labs Paid PMPY	$123	*72.5%*	$213	*21.5%*	$258		

- *Inpatient Admission rate per 1000 decreased 13.9%, but amount paid per Admission is 12.8% higher than prior period*
- *ER utilization increased 9.9%, but amount paid per ER visit is a little (–0.3%) lower than prior period*

Admissions and all other **Visits** are counted for utilization if the *initial Paid Date* for the first primary claim (facility claim for non-Office Visits) fell within the time period. For cost purposes, however, all visit costs paid within the time period are included.

Counts **per 1000** and amounts **PMPY** (per member per year) have been annualized.

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Utilization Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Inpatient Admissions										
# of Admits	37	*324.3%*	157	*9.6%*	172	0	-	0	-	0
# of Admit Days	181	*282.9%*	693	*27.6%*	884	0	-	0	-	0
Paid per Admit	$19,922	*30.8%*	$26,065	*6.4%*	$27,729	$0	-	$0	-	$0
Paid per Admit Day	$4,072	*45.0%*	$5,905	*-8.6%*	$5,395	$0	-	$0	-	$0
Admits per 1000	11.8	*214.8%*	37.1	*-12.6%*	32.4	0.0	-	0.0	-	0.0
Average LOS	4.9	*-9.8%*	4.4	*16.4%*	5.1	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	271	*169.4%*	730	*40.4%*	1,025	0	-	0	-	2
~ % resulting in Admit	4.8%	*4.7*	9.5%	*-0.1*	9.4%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.1	*6.8%*	1.2	*-0.5%*	1.2	0.0	-	0.0	-	2.0
ER Visits per 1000	86.3	*99.9%*	172.5	*12.1%*	193.3	0.0	-	0.0	-	2,666.7
Paid per ER Visit	$2,786	*10.0%*	$3,066	*-4.4%*	$2,932	$0	-	$0	-	$1,852
Urgent Care Visits										
# of UC Visits	733	*92.9%*	1,414	*36.4%*	1,928	0	-	1	*-100.0%*	0
UC Visits per Patient	1.2	*1.7%*	1.2	*-2.0%*	1.2	0.0	-	1.0	*-100.0%*	0.0
UC Visits per 1000	233.5	*43.1%*	334.2	*8.8%*	363.7	0.0	-	2,000.0	*-100.0%*	0.0
Paid per UC Visit	$92	*-1.3%*	$91	*15.2%*	$104	$0	-	$170	*-100.0%*	$0
Office Visits										
Off Visits per Patient	1.8	*19.5%*	2.1	*4.7%*	2.2	3.0	*33.3%*	4.0	*-25.0%*	3.0
Paid per Office Visit	$75	*11.1%*	$83	*5.9%*	$88	$58	*181.3%*	$163	*10.5%*	$180
Office Visits Paid PMPY	$182	*83.3%*	$334	*15.2%*	$385	$522	*400.0%*	$2,609	*-44.8%*	$1,441
Services										
Radiology Svcs per 1000	1,625.1	*88.8%*	3,068.9	*21.9%*	3,742.1	9,000.0	*-11.1%*	8,000.0	*66.7%*	13,333.3
Radiology Paid PMPY	$166	*69.2%*	$281	*26.8%*	$356	$3,866	*58.1%*	$6,111	*-26.8%*	$4,476
Lab Services per 1000	6,247.0	*48.3%*	9,264.3	*16.2%*	10,763.5	18,000.0	*44.4%*	26,000.0	*53.8%*	40,000.0
Labs Paid PMPY	$121	*75.9%*	$213	*19.5%*	$255	$48	*338.6%*	$211	*69.9%*	$359

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Utilization Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Inpatient Admissions										
# of Admits	5	*160.0%*	13	*-23.1%*	10	0	-	0	-	0
# of Admit Days	19	*136.8%*	45	*95.6%*	88	0	-	0	-	0
Paid per Admit	$43,394	*-58.9%*	$17,821	*154.6%*	$45,372	$0	-	$0	-	$0
Paid per Admit Day	$11,419	*-54.9%*	$5,148	*0.1%*	$5,156	$0	-	$0	-	$0
Admits per 1000	19.2	*101.4%*	38.6	*-32.5%*	26.0	0.0	-	0.0	-	0.0
Average LOS	3.8	*-8.9%*	3.5	*154.2%*	8.8	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	26	*153.8%*	66	*-10.6%*	59	1	*-100.0%*	0	-	2
~ % resulting in Admit	11.5%	*-0.9*	10.6%	*3.0*	13.6%	0.0%	*0.0*	0.0%	-	0.0%
ER Visits per Patient	1.0	*13.3%*	1.2	*2.2%*	1.2	1.0	*-100.0%*	0.0	-	2.0
ER Visits per 1000	99.6	*96.7%*	195.9	*-21.6%*	153.7	153.8	*-100.0%*	0.0	-	196.7
Paid per ER Visit	$1,796	*14.1%*	$2,050	*81.7%*	$3,726	$1,161	*-100.0%*	$0	-	$2,457
Urgent Care Visits										
# of UC Visits	54	*29.6%*	70	*64.3%*	115	1	*600.0%*	7	*-42.9%*	4
UC Visits per Patient	1.1	*2.9%*	1.1	*12.5%*	1.3	1.0	*40.0%*	1.4	*-28.6%*	1.0
UC Visits per 1000	206.9	*0.4%*	207.8	*44.2%*	299.6	153.8	*310.5%*	631.6	*-37.7%*	393.4
Paid per UC Visit	$90	*-19.5%*	$73	*43.8%*	$105	$52	*22.4%*	$63	*-27.9%*	$46
Office Visits										
Off Visits per Patient	1.9	*25.8%*	2.4	*0.4%*	2.4	1.7	*22.6%*	2.1	*51.2%*	3.2
Paid per Office Visit	$86	*4.6%*	$90	*0.7%*	$90	$42	*61.0%*	$68	*70.9%*	$117
Office Visits Paid PMPY	$317	*55.9%*	$494	*7.0%*	$529	$268	*54.3%*	$413	*164.2%*	$1,091
Services										
Radiology Svcs per 1000	2,915.8	*104.4%*	5,961.0	*20.6%*	7,189.3	4,153.8	*17.3%*	4,872.2	*-15.2%*	4,131.1
Radiology Paid PMPY	$262	*140.5%*	$630	*17.8%*	$743	$356	*-59.0%*	$146	*266.6%*	$536
Lab Services per 1000	8,697.5	*45.3%*	12,637.5	*-2.1%*	12,378.0	10,615.4	*7.9%*	11,458.6	*57.9%*	18,098.4
Labs Paid PMPY	$143	*44.3%*	$207	*49.6%*	$309	$291	*-60.3%*	$116	*14.4%*	$132

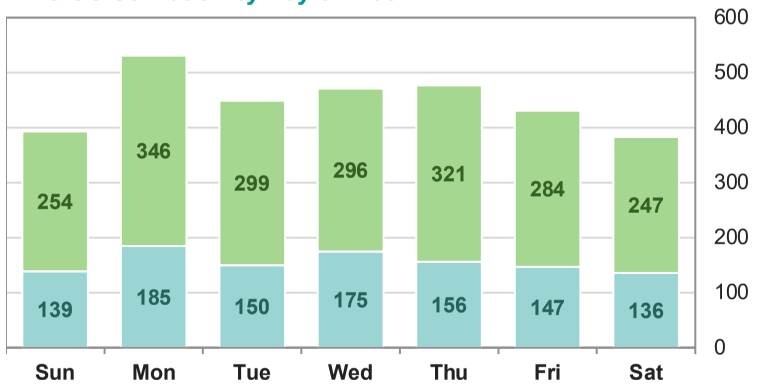
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On Demand Care Summary

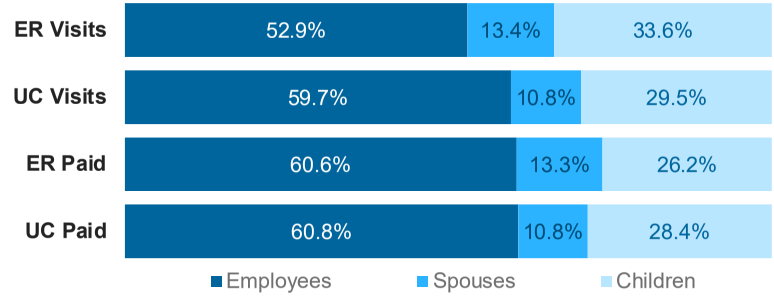
Emergency Room & Urgent Care

Measure	2024-1Q	2025-1Q	*Change*	UMR Norm	*Variance*
Emergency Room					
# of Visits	796	1,088	*36.7%*		
# of Patients	669	916	*36.9%*		
Total Plan Paid	$2,373,611	$3,233,583	*36.2%*		
Total Mem Paid	$520,993	$698,928	*34.2%*		
Visits per 1000	173.8	191.0	*9.9%*	237.5	*-19.6%*
Paid per Visit	$2,982	$2,972	*-0.3%*	$2,194	*35.5%*
Paid PMPM	$43	$47	*9.5%*	$43	*9.0%*
% ER Patients w/ Office Visit*	87.7%	88.9%	*1.1*		
% Potentially Avoidable**	13.2%	16.7%	*3.5*	15.7%	*1.0*
Urgent Care					
# of Visits	1,492	2,047	*37.2%*		
# of Patients	1,254	1,744	*39.1%*		
Total Plan Paid	$133,969	$213,605	*59.4%*		
Total Mem Paid	$107,665	$145,627	*35.3%*		
Visits per 1000	325.8	359.4	*10.3%*	246.8	*45.6%*
Paid per Visit	$90	$104	*16.2%*	$112	*-7.0%*
Paid PMPM	$2	$3	*28.2%*	$2	*35.5%*

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	**Total**	ER	UC	Total
Employee	576	1,222	**1,798**	$1,958,381	$129,865	**$2,088,246**
Spouse	146	221	**367**	$428,479	$23,009	**$451,489**
Child	366	604	**970**	$846,723	$60,731	**$907,454**
Total	**1,088**	**2,047**	**3,135**	**$3,233,583**	**$213,605**	**$3,447,188**

* Office Visit within prior 12 months..

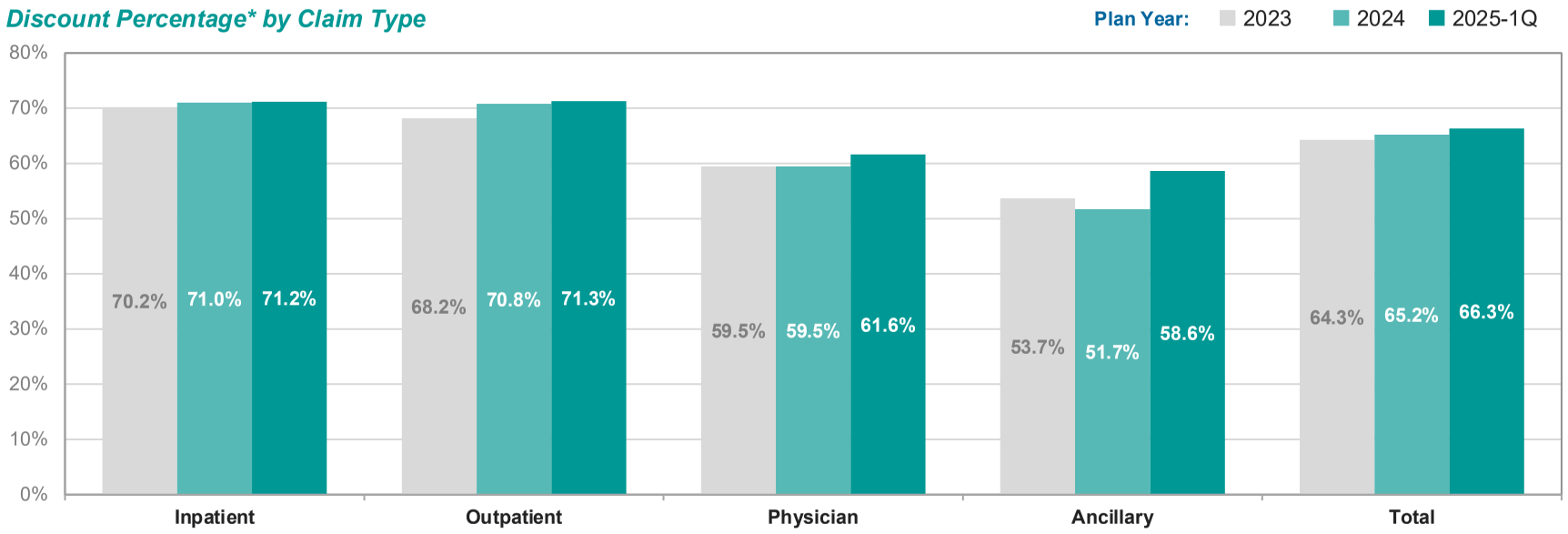
** ER Visits are categorized as potentially avoidable based on primary and secondary diagnosis and do not necessarily indicate misuse of the ER for the patient's specific circumstances.

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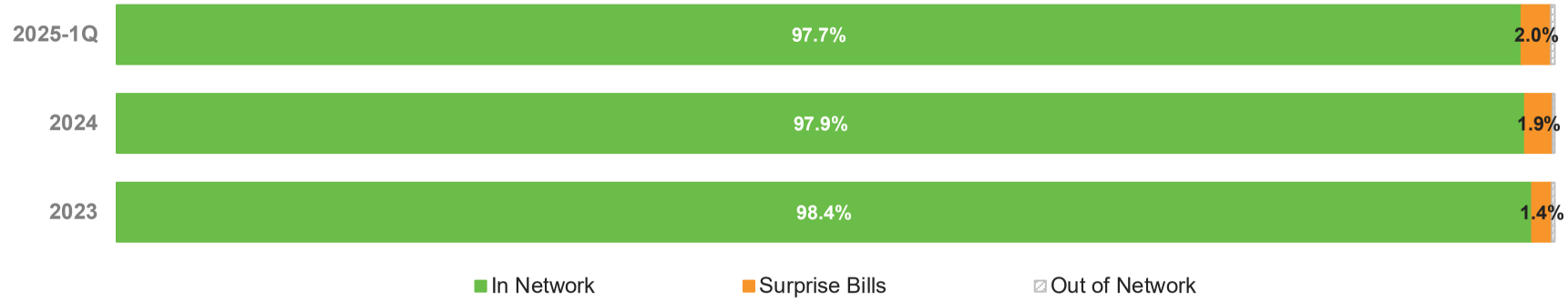
Network Summary

Discount Percentage & Network Utilization

Discount Percentage by Claim Type*



*Network Utilization**



* Network Discounts and Utilization exclude COB Claims, and Network Discounts additionally exclude Surprise Bills.

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Clinical Classification Summary

Breakout by Diagnostic Chapter

Diagnostic Chapter	2024 (Full Year)		2025-1Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Health Status & Health Services	12,860	$9,799,414	6,666	$2,835,267	$1,778,771	$369,697	$686,799	$1,017,459	$1,817,808
Musculoskeletal System	5,252	$8,247,149	2,848	$2,628,605	$1,939,536	$445,375	$243,693	$1,319,724	$1,308,880
Injury, Poisoning & External Causes	2,586	$5,001,111	1,114	$2,086,979	$1,041,086	$226,960	$818,932	$1,052,118	$1,034,860
Mental, Behavioral & Neurodevelopmental	4,161	$6,596,135	2,965	$2,083,066	$959,988	$180,423	$942,655	$808,367	$1,274,699
Circulatory System	2,897	$6,856,254	1,461	$1,848,642	$1,194,691	$534,210	$119,740	$880,856	$967,786
Digestive System	2,577	$4,958,096	1,205	$1,827,336	$1,288,170	$323,059	$216,107	$552,504	$1,274,832
Neoplasms	2,400	$5,750,257	1,138	$1,816,400	$1,449,135	$357,791	$9,474	$578,269	$1,238,131
Symptoms, Signs & Findings, NEC	8,003	$5,392,767	3,857	$1,714,471	$1,102,846	$291,050	$320,575	$592,582	$1,121,889
Respiratory System	5,652	$3,772,490	2,003	$1,561,801	$519,643	$653,274	$388,884	$993,704	$568,097
Genitourinary System	3,804	$4,801,920	1,908	$1,398,347	$1,018,459	$251,425	$128,463	$302,810	$1,095,537
Endocrine, Nutritional & Metabolic	5,290	$3,869,576	3,066	$1,164,114	$897,210	$170,586	$96,318	$497,042	$667,072
Nervous System	2,751	$5,952,179	1,499	$1,063,087	$776,177	$152,264	$134,646	$341,417	$721,670
Pregnancy, Childbirth & the Puerperium	476	$3,930,375	303	$927,360	$652,753	$204,094	$70,513	$0	$927,360
Perinatal Originating Conditions	226	$3,322,086	94	$586,587	$171	$0	$586,416	$159,083	$427,504
Infectious & Parasitic Diseases	1,650	$1,677,923	674	$581,535	$307,483	$124,524	$149,527	$369,066	$212,468
Eye and Adnexa	4,615	$1,199,451	1,803	$379,559	$253,958	$74,066	$51,534	$157,664	$221,895
Skin & Subcutaneous Tissue	3,978	$941,344	1,811	$300,543	$144,304	$39,130	$117,109	$117,329	$183,214
Blood & Immune Disorders	718	$416,460	327	$297,258	$259,009	$16,463	$21,787	$215,142	$82,116
Congenital Malformations & Abnormalities	311	$611,052	129	$179,923	$27,872	$1,403	$150,648	$95,679	$84,244
Ear and Mastoid Process	1,597	$644,319	543	$134,464	$76,688	$14,059	$43,716	$62,588	$71,876
External Causes of Morbidity	6	$1,053	6	$22,158	$21,183	$436	$540	$414	$21,744
Total	**18,957**	**$83,741,413**	**15,125**	**$25,437,498**	**$15,709,134**	**$4,430,291**	**$5,298,074**	**$10,113,818**	**$15,323,680**

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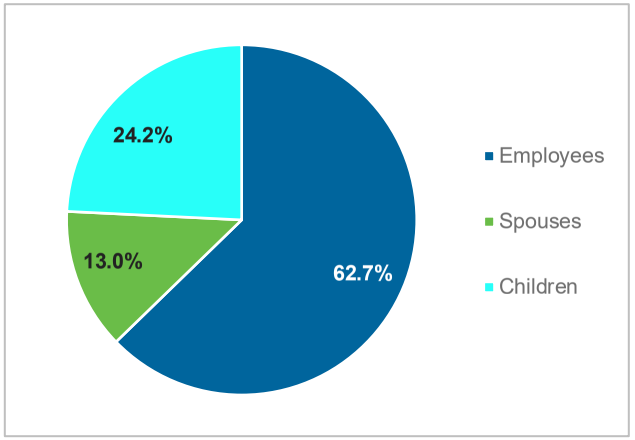
#1 Top Dx Chapter

Health Status & Health Services

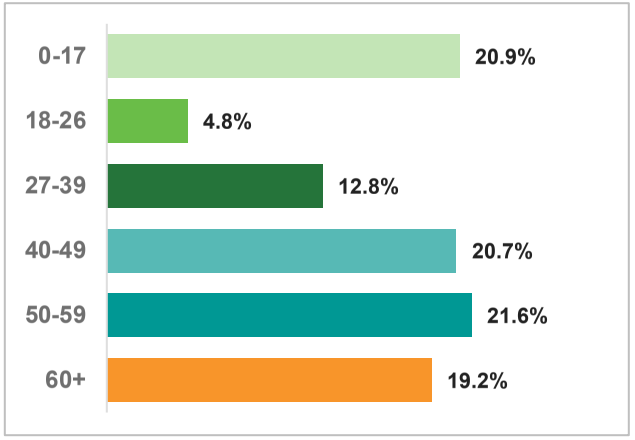
Breakout by Diagnostic Grouping & Demographics

#	Health Status & Services Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Medical examination/evaluation	4,208	5,752	$744,314	26.3%
2	Neoplasm-related encounters	1,329	2,036	$525,333	18.5%
3	Encounter for antineoplastic therapies	25	84	$463,995	16.4%
4	Exposure, enc, screen or contact w infectious dz	1,631	1,990	$431,477	15.2%
5	Other aftercare encounter	161	275	$152,079	5.4%
6	Contraceptive & procreative management	294	435	$142,433	5.0%
7	Personal/family history of disease	231	313	$110,980	3.9%
8	Encount for obs & exam for conds ruled out	585	679	$46,377	1.6%
9	Other specified status	340	463	$41,245	1.5%
10	Implant, device or graft related encounter	130	255	$40,247	1.4%
11	Encounter for prophylactic or oth procedures	23	25	$39,262	1.4%
12	Acquired absence of limb or organ	14	23	$37,930	1.3%
13	Other specified encounters & counseling	128	392	$32,667	1.2%
14	Organ transplant status	15	23	$13,876	0.5%
15	Lifestyle/life management factors	29	43	$5,119	0.2%
16	Encounter for administrative purposes	14	15	$3,293	0.1%
17	Enc for prophylactic measures (ex immuniz)	19	26	$2,684	0.1%
18	Screen for neuro -cognitive or -developmntl cond	42	43	$1,107	0.0%
19	Counseling rel to sexual behavior or orientation	5	8	$447	0.0%
20	Carrier status	3	6	$180	0.0%
...	*All Others*	*313*	*328*	*$222*	*0.0%*
=	**Total**	**6,666**	**13,475**	**$2,835,267**	**100.0%**

Health Status & Services Paid by Relationship



Health Status & Services Paid by Age Range



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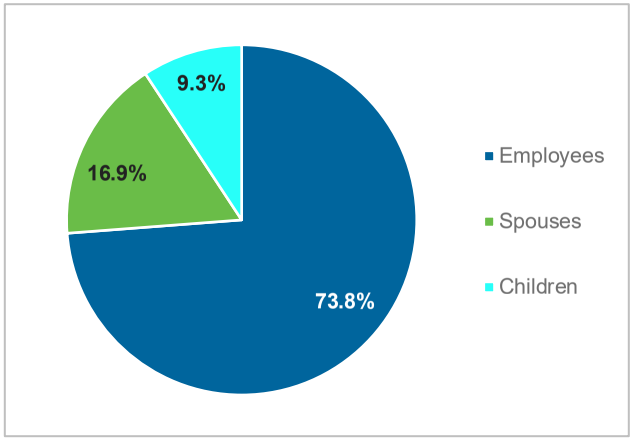
#2 Top Dx Chapter

Musculoskeletal System

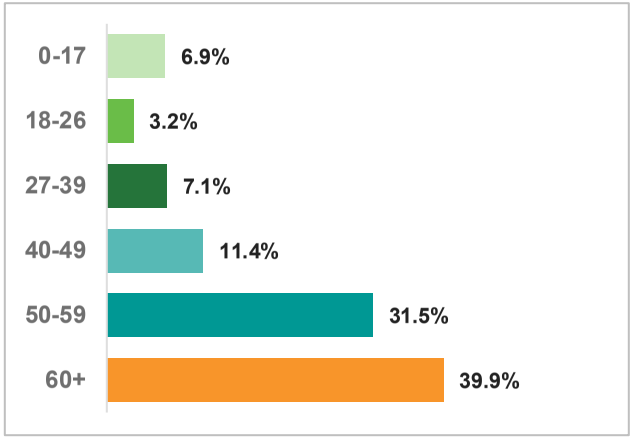
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	743	1,932	$669,180	25.5%
2	Other musculoskeletal pain	1,346	3,072	$521,792	19.9%
3	Scoliosis & oth deformities	187	302	$382,063	14.5%
4	Osteoarthritis & osteoporosis	298	641	$357,495	13.6%
5	Tendon, tissue, muscle disorders	513	1,074	$303,243	11.5%
6	Other MSK	56	134	$153,177	5.8%
7	Joint disorders & fractures	159	282	$102,805	3.9%
8	Low back pain	313	727	$60,852	2.3%
9	Rheumatoid arthritis & related disease	82	169	$49,371	1.9%
10	Lupus	60	129	$20,035	0.8%
11	Biomechanical lesions	234	609	$5,529	0.2%
12	Gout & crystal arthropathies	37	47	$3,063	0.1%
=	**Total**	**2,848**	**9,637**	**$2,628,605**	**100.0%**

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



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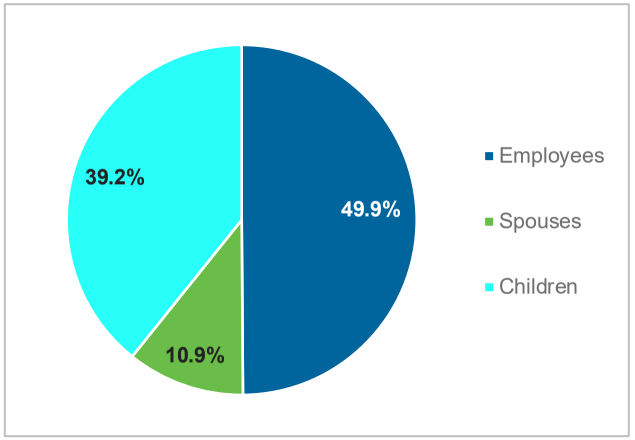
#3 Top Dx Chapter

Injury, Poisoning & External Causes

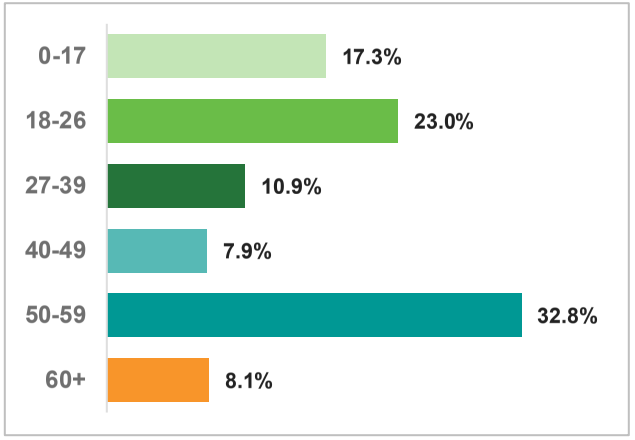
Breakout by Diagnostic Grouping & Demographics

#	Injury & Poisoning Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Fracture of lower limb (except hip)	70	308	$548,284	26.3%
2	Traumatic brain injury (TBI); concuss	31	78	$338,372	16.2%
3	Sprains & strains	331	753	$271,339	13.0%
4	Fracture of the upper limb	97	325	$141,130	6.8%
5	Superficial injury; contusion	161	213	$105,956	5.1%
6	Open wounds of head & neck	42	80	$90,090	4.3%
7	Open wounds to limbs	112	179	$87,507	4.2%
8	Compl of intern orthop device or implant	15	24	$87,063	4.2%
9	Burn & corrosion	13	17	$63,300	3.0%
10	Compl of surg or med care, injury	25	64	$56,877	2.7%
11	Fracture of the spine & back	11	28	$50,106	2.4%
12	Other unspecified injury	173	266	$42,346	2.0%
13	Allergic reactions	65	89	$34,220	1.6%
14	Internal organ injury	7	17	$32,251	1.5%
15	Other injury	33	44	$30,154	1.4%
16	Dislocations	30	63	$30,083	1.4%
17	Fracture of head & neck	11	26	$15,811	0.8%
18	Fracture of torso	12	28	$15,660	0.8%
19	Effect of for body entering opening	20	29	$10,934	0.5%
20	Toxic effects	21	27	$6,338	0.3%
...	*All Others*	*63*	*130*	*$29,158*	*1.4%*
=	**Total**	**1,114**	**2,967**	**$2,086,979**	**100.0%**

Injury & Poisoning Paid by Relationship



Injury & Poisoning Paid by Age Range



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Condition Focus

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-1Q		2025-1Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Neurodevelopmental disorders	475	$333,190	839	$967,358	552	$521,279	$0	$330	$520,949	$0
Depressive disorders	809	$816,779	1,312	$1,765,217	833	$467,984	$68,170	$12,724	$387,091	$0
Anxiety & related Disorders	1,022	$497,830	1,659	$914,955	990	$310,692	$0	$9,917	$299,558	$1,217
Trauma & stressor disorders	656	$443,281	1,151	$777,003	721	$280,364	$0	$5,603	$274,761	$0
Alcohol-related disorders	68	$264,765	100	$479,637	52	$138,498	$114,816	$2,196	$21,487	$0
Other mental health	225	$81,468	370	$451,071	193	$89,786	$0	$39,426	$50,359	$0
Schizophrenia spectrum disorders	23	$59,238	29	$162,208	16	$81,561	$56,120	$5,605	$19,835	$0
Bipolar & related Disorders	142	$184,393	220	$270,639	175	$56,514	$0	$36	$56,478	$0
Eating disorders	38	$115,900	53	$266,949	33	$55,948	$0	$0	$55,948	$0
Suicidal ideation, attempt or self-harm	40	$168,577	61	$408,763	18	$42,072	$0	$34,531	$7,541	$0
Obsessive compulsive disorders	35	$95,327	82	$67,055	57	$27,791	$0	$0	$27,791	$0
Opiod disorders	19	$18,055	20	$34,948	15	$4,175	$0	$0	$4,175	$0
Other substance use	43	$8,400	90	$9,948	17	$2,938	$0	$651	$2,287	$0
Cannabis-related disorders	12	$2,064	19	$5,491	9	$2,398	$0	$0	$2,398	$0
Stimulant disorders	7	$6,127	11	$14,892	3	$1,066	$0	$0	$1,066	$0
Total	**2,630**	**$3,095,394**	**4,161**	**$6,596,135**	**2,965**	**$2,083,066**	**$239,106**	**$111,018**	**$1,731,724**	**$1,217**

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Condition Focus

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions

Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	*Change vs LY*	# of Mems	Mems per 1000	*Change vs LY*	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	50	2.6	*100.0%*	30	1.6	*66.7%*	$4,821	60.0	140.0
Asthma	693	36.0	*32.3%*	267	13.9	*38.3%*	$5,808	67.8	254.0
Atrial Fibrillation	121	6.3	*31.5%*	82	4.3	*32.3%*	$31,472	256.2	487.6
Blood Disorders	714	37.1	*43.4%*	304	15.8	*36.3%*	$11,155	121.8	303.9
CAD	196	10.2	*56.8%*	96	5.0	*50.0%*	$16,534	193.9	387.8
COPD	43	2.2	*38.7%*	29	1.5	*93.3%*	$37,662	674.4	1,069.8
Cancer	1,217	63.3	*38.8%*	567	29.5	*42.1%*	$12,148	50.1	166.0
Chronic Pain	128	6.7	*18.5%*	54	2.8	*38.5%*	$21,569	179.7	367.2
CHF	48	2.5	*140.0%*	27	1.4	*92.9%*	$55,768	458.3	583.3
Demyelinating Diseases	57	3.0	*9.6%*	38	2.0	*22.6%*	$23,817	52.6	280.7
Depression	1,290	67.1	*52.1%*	930	48.4	*64.0%*	$7,516	88.4	260.5
Diabetes	1,122	58.3	*51.6%*	806	41.9	*56.2%*	$7,696	66.8	278.1
ESRD	48	2.5	*108.7%*	30	1.6	*57.9%*	$58,423	1,041.7	1,520.8
Eating Disorders	51	2.7	*30.8%*	39	2.0	*69.6%*	$13,728	117.6	509.8
HIV/AIDS	30	1.6	*50.0%*	23	1.2	*53.3%*	$2,399	33.3	133.3
Hyperlipidemia	638	33.2	*46.7%*	206	10.7	*42.1%*	$2,553	14.1	64.3
Hypertension	1,570	81.6	*41.4%*	779	40.5	*44.8%*	$5,774	54.1	175.2
Immune Disorders	63	3.3	*34.0%*	27	1.4	*35.0%*	$7,122	15.9	238.1
IBD	92	4.8	*70.4%*	37	1.9	*105.6%*	$2,873	43.5	97.8
Liver Disease	3	0.2	-	3	0.2	-	$52,256	666.7	2,333.3
Morbid Obesity	256	13.3	*43.8%*	126	6.6	*44.8%*	$6,415	101.6	125.0
Osteoarthritis	585	30.4	*43.7%*	254	13.2	*39.6%*	$9,938	42.7	153.8
Peripheral Vascular Disease	70	3.6	*112.1%*	13	0.7	*30.0%*	$7,620	100.0	228.6
Rheumatoid Arthritis	114	5.9	*21.3%*	84	4.4	*29.2%*	$9,109	87.7	254.4

- *Most prevalent chronic condition is Hypertension, with 1,570 members*
- *Depression is the condition with the most moderate/high risk members (930)*
- *Members with mod/high risk Depression also have the highest combined cost, totaling $6.99M*

Date Range: Service Dates 7/1/2023 - 6/30/2024, Paid through 9/30/2024

With Condition members are identified by having any covered claim with a diagnosis for the condition in Dx position 1.

Moderate/High-Risk Condition members had either multiple provider visits for the condition (based on Dx position 1) during the date range or at least one ER Visit or Admission for the condition in the range.

Cost & Utilization for All Members:

- **Allowed PMPY:** $5,286
- **Admits per 1000:** 40.3
- **ER Visits per 1000:** 188.5

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Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends

Preventive Service	Population	Jul 2022 - Jun 2023 Eligible	Jul 2022 - Jun 2023 Actual	Jul 2022 - Jun 2023 Rate	Jul 2023 - Jun 2024 Eligible	Jul 2023 - Jun 2024 Actual	Jul 2023 - Jun 2024 Rate	Rate Change	UMR Norm Rate	UMR Norm Variance
Well Visits	*Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.*									
Well Baby Visit	0 - 15 months	185.2	1,004	**5,421.1**	241.0	1,306	**5,418.0**	*-0.1%*	**5,262.6**	*3.0%*
Well Child Visit	3 - 6 years	749.3	589	**786.0**	961.6	788	**819.5**	*4.3%*	**781.1**	*4.9%*
Adults w/ Well Visit	Adults 18+	10,729	4,506	**42.0%**	14,500	6,249	**43.1%**	*1.1*	**40.0%**	*3.1*
Screenings	*Rate for all screenings is the percentage of eligible population who had the screening during the period.*									
Mammogram	Females 40 - 69	3,356	1,537	**45.8%**	4,456	2,076	**46.6%**	*0.8*	**46.8%**	*-0.2*
Cervical Cancer	Females 21 - 64	5,728	1,698	**29.6%**	7,671	2,306	**30.1%**	*0.4*	**23.7%**	*6.4*
Prostate Cancer	Males 50 - 70	1,428	603	**42.2%**	1,976	871	**44.1%**	*1.8*	**41.1%**	*3.0*
Colorectal Cancer	Members 45 - 75	4,575	805	**17.6%**	6,163	1,124	**18.2%**	*0.6*	**17.1%**	*1.2*
Cholesterol	Female 45+ Male 35+	5,625	3,077	**54.7%**	7,581	4,311	**56.9%**	*2.2*	**47.3%**	*9.5*
Condition-specific	**Screening**									
Asthma	Office Visit for Asthma	524	416	**79.4%**	693	566	**81.7%**	*2.3*		
COPD	Spirometry Test	31	8	**25.8%**	43	5	**11.6%**	*-14.2*		
Type 2 Diabetes	A1c Test	676	598	**88.5%**	1,034	959	**92.7%**	*4.3*	**86.0%**	*6.7*
	Eye Exam	676	166	**24.6%**	1,034	234	**22.6%**	*-1.9*	**25.5%**	*-2.9*
	Lipid Panel	676	537	**79.4%**	1,034	873	**84.4%**	*5.0*	**72.1%**	*12.3*
	Urine Protein Test	676	450	**66.6%**	1,034	717	**69.3%**	*2.8*	**63.0%**	*6.4*
	Any Diabetes Screen	676	631	**93.3%**	1,034	996	**96.3%**	*3.0*	**93.8%**	*2.6*
Hyperlipidemia	Lipid Profile	435	239	**54.9%**	638	334	**52.4%**	*-2.6*		
Hypertension	Creatinine Test	1,110	242	**21.8%**	1,570	309	**19.7%**	*-2.1*		
	Lipid Profile	1,110	332	**29.9%**	1,570	435	**27.7%**	*-2.2*		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2023 - 6/30/2024, Paid through 9/30/2024

Note: Preventive Services do not include those performed at onsite clinics or ones for which no claim was submitted to UMR.

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Public Employees' Benefits Program - RX Costs
PY 2025 - Quarter Ending September 30, 2024

Express Scripts

Membership Summary	1Q FY2025 LDPPO	1Q FY2025 LDPPO	Difference	% Change
			Membership Summary	
Member Count (Membership)	22,712	18,259	4,453	24.4%
Utilizing Member Count (Patients)	12,015	9,373	2,642	28.2%
Percent Utilizing (Utilization)	52.9%	51.3%	0	3.1%

Claim Summary			Claims Summary	
Net Claims (Total Rx's)	85,035	63,609	21,426	33.7%
Claims per Elig Member per Month (Claims PMPM)	1.25	1.16	0.09	7.8%
Total Claims for Generic (Generic Rx)	72,498	54,269	18,229.00	33.6%
Total Claims for Brand (Brand Rx)	1,537	9,340	(7,803.00)	-83.5%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	253	370	(117.00)	-31.6%
Total Non-Specialty Claims	84,059	62,781	21,278.00	33.9%
Total Specialty Claims	976	828	148.00	17.9%
Generic % of Total Claims (GFR)	**85.3%**	**85.3%**	(0.00)	-0.1%
Generic Effective Rate (GCR)	**99.7%**	**99.3%**	0.00	0.3%
Mail Order Claims	22,982	19,378	3,604.00	18.6%
Mail Penetration Rate*	30.8%	34.5%	(0.04)	-3.7%

Claims Cost Summary			Claims Cost Summary	
Total Prescription Cost (Total Gross Cost)	$13,136,403	$9,192,157	$3,944,246.00	42.9%
Total Generic Gross Cost	$1,396,021	$1,005,248	$390,773.00	38.9%
Total Brand Gross Cost	$11,740,382	$8,186,909	$3,553,473.00	43.4%
Total MSB Gross Cost	$117,445	$176,029	($58,584.00)	-33.3%
Total Ingredient Cost	$12,766,859	$8,917,016	$3,849,843.00	43.2%
Total Dispensing Fee	$360,181	$267,610	$92,571.00	34.6%
Total Other (e.g. tax)	$9,363	$7,531	$1,832.00	24.3%
Avg Total Cost per Claim (Gross Cost/Rx)	**$154.48**	**$144.51**	$9.97	6.9%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	$19.26	$18.52	$0.74	4.0%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	$936.46	$876.54	$59.92	6.8%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$464.21	$475.75	($11.54)	-2.4%

Member Cost Summary			Member Cost Summary	
Total Member Cost	**$1,910,096**	**$1,305,360**	$604,736.00	46.3%
Total Copay	$1,910,096	$1,305,360	$604,736.00	46.3%
Total Deductible	$0	$0	$0.00	0.0%
Avg Copay per Claim (Copay/Rx)	$22.46	$20.52	$1.94	9.5%
Avg Participant Share per Claim (Copay+Deductible/RX)	**$22.46**	**$20.52**	**$1.94**	**9.5%**
Avg Copay for Generic (Copay/Generic Rx)	$7.09	$6.57	$0.52	7.9%
Avg Copay for Brand (Copay/Brand Rx)	$111.38	$101.56	$9.82	9.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	$38.28	$28.55	$9.73	34.1%
Net PMPM (Participant Cost PMPM)	**$28.03**	**$23.83**	$4.20	17.6%
Copay % of Total Prescription Cost (Member Cost Share %)	14.5%	14.2%	0.3%	2.4%

Plan Cost Summary			Plan Cost Summary	
Total Plan Cost (Plan Cost)	**$11,226,307**	**$7,886,797**	**$3,339,510.00**	**42.3%**
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$882,275	$4,043,471	($3,161,196.00)	-78.2%
Total Specialty Drug Cost (Specialty Plan Cost)	$10,344,032	$3,843,326	$6,500,706.00	169.1%
Avg Plan Cost per Claim (Plan Cost/Rx)	**$132.02**	**$123.99**	$8.03	6.5%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	$12.17	$11.95	$0.22	1.8%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	$825.08	$774.98	$50.10	6.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$425.92	$447.20	($21.28)	-4.8%
Net PMPM (Plan Cost PMPM)	**$164.76**	**$143.98**	**$20.78**	**14.4%**
PMPM for Specialty Only (Specialty PMPM)	$72.01	$73.82	($1.81)	-2.5%
PMPM without Specialty (Non-Specialty PMPM)	$92.76	$70.16	$22.60	32.2%
Rebates Received (Q1 FY2023 actual)	$3,838,639	$2,884,075	$954,563.91	33.1%
Net PMPM (Plan Cost PMPM factoring Rebates)	**$108.43**	**$91.33**	**$17.10**	**18.7%**
PMPM without Specialty (Non-Specialty PMPM)	$56.09	$47.08	$9.01	19.1%
PMPM for Specialty Only (Specialty PMPM)	$46.14	$44.39	$1.75	3.9%

Appendix C

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UMR Inc. – EPO Utilization Review for PEBP
July 1, 2024 – September 30, 2024

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Quarterly Plan Performance Review

EPO Plan • 2025-1Q

UMR
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RPG 4.77 • Run Date: 11/19/2024

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Report Criteria & Contents

Experience Periods*

- **2025 Plan Year (Current)**
  - 2025-1Q.1st Quarter: Claims Paid 7/1/2024 - 9/30/2024
- **2024 Plan Year**
  - 2024-1Q.1st Quarter: Claims Paid 7/1/2023 - 9/30/2023
  - 2024 Full Year: Claims paid 7/1/2023 - 6/30/2024
- **2023 Plan Year**
  - 2023-1Q.1st Quarter: Claims Paid 7/1/2022 - 9/30/2022
  - 2023 Full Year: Claims paid 7/1/2022 - 6/30/2023

Group Data

- Data reported is for the EPO Plan only:
- Contract = 7670-00-414946 or 7670-09-414946
- Except where indicated, Report is for Medical data only excluding claim expenses

Normative Comparison Data

- Norm Groups: UMR Book of Business in InfoPort℠
- Composition: 4,555 groups with approximately 6.5 million members
- Norm Period matches Current Year: Claims Paid 7/1/2024 - 9/30/2024

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* Additional date ranges for specific figures are defined on the page if applicable

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Executive Summary

Cost Drivers

- Overall Cost Trend based on Medical Paid PEPY: +55.8%
- High-Cost Claimants Paid PMPM trend: +407.5%; Non HCCs trend: +8.2%
- Top Paid Diagnostic Chapters: Perinatal Conditions (+547.5% Paid PMPM), Circulatory System (+33.9%), Musculoskeletal (+11.0%)

Membership & Demographics

- Total membership is 9.5% lower than prior period
- Employees decreased 9.4%, while Dependents were down 9.7%
- 89.5% of members had < $2,500 medical paid, with 27.6% having no claims paid at all during the reporting period

Utilization Key Indicators

- Paid per IP Admit was $29,758, which is 4.8% lower than 2024-1Q
- Paid per ER Visit was $3,312, which is 14.8% higher than 2024-1Q

Network Utilization & Savings

- 96.2% of all Medical spend dollars were to In Network providers
- The average In Network discount was 47.9%, which is 8.3 pts below the 2024 average discount of 56.2%

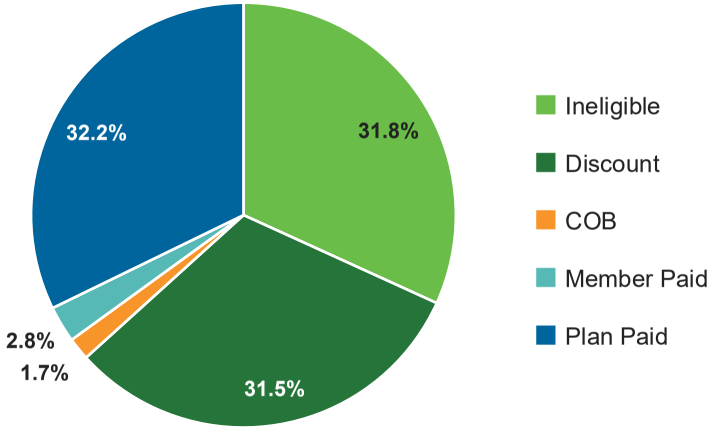
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Medical Total Savings Summary

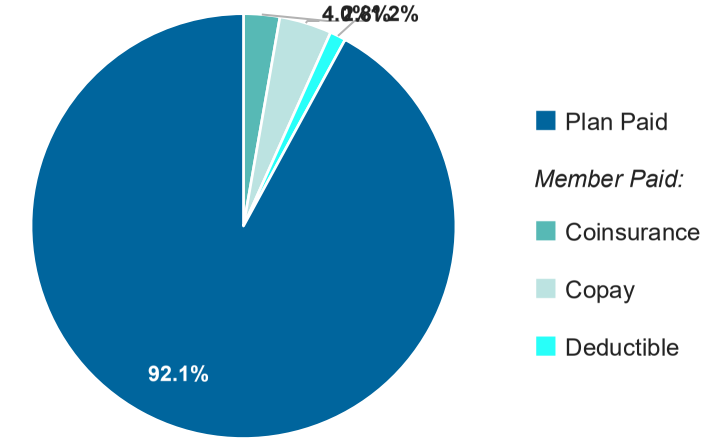
Dollar Chain: Billed to Paid Dollars

Dollar Amount	2025-1Q Total Dollars	2025-1Q PMPM*	2024 PMPM*	*Trend*
Medical Billed	**$40,289,273**	**$2,548**	$2,127	***19.8%***
(-) Ineligible	**$12,813,330**	**$810**	$504	***60.9%***
Medical Covered	**$27,475,942**	**$1,737**	$1,623	***7.1%***
(-) Discount	**$12,685,459**	**$802**	$890	***-9.9%***
Medical Allowed	**$14,790,483**	**$935**	$733	***27.6%***
(-) COB	**$691,922**	**$44**	$24	***78.6%***
(-) Coinsurance	**$387,842**	**$25**	$21	***18.3%***
(-) Copay	**$561,053**	**$35**	$34	***4.6%***
(-) Deductible	**$171,048**	**$11**	$6	***69.7%***
Total Member Paid	**$1,119,943**	**$71**	$61	***16.0%***
Total Plan Paid	**$12,977,563**	**$821**	$643	***27.6%***

Breakout of Billed Dollars



Breakout of Paid Dollars: Plan vs. Member Paid



* PMPM (per member per month): Amount per the average total membership (both primary subscribers and dependents) per month.

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Medical & Rx Paid Claims by Age Range

Age	2024-1Q (7/1/2023 - 9/30/2023)						2025-1Q (7/1/2024 - 9/30/2024)						Change	
	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Med Paid	Med Paid PMPM	Rx Paid	Rx Paid PMPM	Total Paid	Tot Paid PMPM	Total Paid	Tot Paid PMPM
<1	$38,754	$234	$1,896	$11	**$40,650**	**$246**	$2,997,979	$29,802	$25	$0	**$2,998,004**	**$29,802**	*7275.1%*	*12034.9 %*
1	$33,965	$253	$827	$6	**$34,791**	**$259**	$118,205	$856	$518	$4	**$118,723**	**$859**	*241.2%*	*231.7%*
2 - 4	$221,384	$385	$2,341	$4	**$223,725**	**$389**	$40,227	$97	$1,720	$4	**$41,947**	**$101**	*-81.3%*	*-74.1%*
5 - 9	$108,077	$115	$8,642	$9	**$116,719**	**$124**	$122,846	$127	$10,732	$11	**$133,578**	**$138**	*14.4%*	*11.3%*
10 - 14	$370,473	$284	$36,255	$28	**$406,728**	**$311**	$259,082	$226	$46,300	$40	**$305,382**	**$266**	*-24.9%*	*-14.6%*
15 - 19	$430,472	$292	$179,787	$122	**$610,259**	**$415**	$579,158	$440	$191,255	$145	**$770,413**	**$585**	*26.2%*	*41.1%*
20 - 24	$331,699	$232	$51,215	$36	**$382,914**	**$267**	$309,036	$227	$124,573	$92	**$433,608**	**$319**	*13.2%*	*19.3%*
25 - 29	$124,795	$226	$115,943	$210	**$240,738**	**$436**	$115,519	$266	$97,752	$225	**$213,270**	**$491**	*-11.4%*	*12.8%*
30 - 34	$381,765	$535	$419,645	$588	**$801,410**	**$1,122**	$289,020	$463	$181,320	$290	**$470,340**	**$753**	*-41.3%*	*-32.9%*
35 - 39	$651,111	$588	$168,837	$152	**$819,948**	**$740**	$566,221	$623	$101,208	$111	**$667,429**	**$735**	*-18.6%*	*-0.7%*
40 - 44	$586,504	$493	$318,094	$268	**$904,599**	**$761**	$438,057	$399	$559,970	$511	**$998,028**	**$910**	*10.3%*	*19.6%*
45 - 49	$650,667	$496	$498,222	$380	**$1,148,889**	**$876**	$1,781,625	$1,561	$445,527	$390	**$2,227,152**	**$1,952**	*93.9%*	*122.8%*
50 - 54	$1,344,851	$777	$416,875	$241	**$1,761,727**	**$1,018**	$1,046,206	$682	$476,198	$310	**$1,522,404**	**$993**	*-13.6%*	*-2.5%*
55 - 59	$1,312,570	$753	$641,178	$368	**$1,953,748**	**$1,121**	$1,323,623	$774	$774,707	$453	**$2,098,330**	**$1,227**	*7.4%*	*9.5%*
60 - 64	$1,794,015	$867	$873,721	$422	**$2,667,736**	**$1,289**	$1,900,487	$1,023	$1,063,520	$572	**$2,964,007**	**$1,595**	*11.1%*	*23.8%*
65+	$810,995	$783	$440,129	$425	**$1,251,124**	**$1,207**	$1,090,272	$1,029	$538,181	$508	**$1,628,453**	**$1,537**	*30.2%*	*27.3%*
Total	**$9,192,097**	**$526**	**$4,173,608**	**$239**	**$13,365,705**	**$765**	**$12,977,563**	**$821**	**$4,613,505**	**$292**	**$17,591,067**	**$1,112**	***31.6%***	***45.5%***

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Financial Summary – YTD Trend

Total Plan & Norm

Measure	Total Plan					UMR Norm	
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2025-1Q	*Variance*
Average Enrollment							
Employees	3,554	*-11.3%*	3,151	*-9.4%*	2,855		
Spouses	700	*-13.5%*	605	*-9.0%*	551		
Children	2,348	*-11.8%*	2,070	*-9.9%*	1,865		
Tot. Members	**6,602**	***-11.8%***	**5,826**	***-9.5%***	**5,271**		
Avg. Family Size	1.9	*-0.5%*	1.8	*-0.2%*	1.8	1.9	*-3.7%*
Financial Summary							
Allowed	$4,406,939	*144.0%*	$10,753,039	*37.5%*	$14,790,483		
Plan Paid	$3,363,915	*173.3%*	$9,192,097	*41.2%*	$12,977,563		
Member Paid (OOP)	$782,570	*45.2%*	$1,136,084	*-1.4%*	$1,119,943		
Paid PEPY	$3,786	*208.2%*	$11,670	*55.8%*	$18,180	$10,338	*75.9%*
Paid PMPY	$2,038	*209.7%*	$6,311	*56.0%*	$9,848	$5,392	*82.6%*
Paid PEPM	$316	*208.2%*	$973	*55.8%*	$1,515	$861	*75.9%*
Paid PMPM	$170	*209.7%*	$526	*56.0%*	$821	$449	*82.6%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	0	-	7	*57.1%*	11		
HCCs per 1000	0.0	-	1.2	*73.7%*	2.1	1.1	*85.5%*
Paid per HCC	$0	-	$157,437	*192.2%*	$459,985	$203,568	*126.0%*
HCC Paid % of Tot	0.0%	-	12.0%	*27.0*	39.0%	18.4%	*20.6*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$154	*751.6%*	$1,314	*222.2%*	$4,235	$1,382	*206.5%*
Outpatient	$529	*299.1%*	$2,110	*7.9%*	$2,276	$1,573	*44.7%*
Physician	$1,334	*109.4%*	$2,794	*15.8%*	$3,237	$2,325	*39.2%*
Ancillary	$21	*344.5%*	$93	*8.9%*	$101	$112	*-9.8%*

- *With $11.1M paid, the State Active population is 85.8% of total 2025-1Q med spend*
- *On a Paid PMPM basis, State Actives are up 56.2% compared to prior year*
- *Total EPO Plan Paid PMPM trend is +56.0%*

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year** (**PEPY** and **PMPY**) have been annualized.

HCCs (High-cost Claimants) are based on patients with $100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

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Financial Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Average Enrollment										
Employees	2,960	*-11.9%*	2,606	*-10.3%*	2,339	1	*0.0%*	1	*50.0%*	2
Spouses	598	*-14.2%*	513	*-9.2%*	466	0	-	0	-	0
Children	2,193	*-12.0%*	1,930	*-10.3%*	1,732	0	-	0	-	0
Tot. Members	**5,751**	***-12.2%***	**5,050**	***-10.2%***	**4,536**	**1**	***0.0%***	**1**	***50.0%***	**2**
Avg. Family Size	1.9	*-0.3%*	1.9	*0.1%*	1.9	1.0	*0.0%*	1.0	*0.0%*	1.0
Financial Summary										
Allowed	$3,653,830	*147.1%*	$9,029,275	*35.3%*	$12,220,522	$427	*-47.7%*	$223	*1107.7%*	$2,698
Plan Paid	$2,868,930	*176.7%*	$7,938,117	*40.3%*	$11,140,926	$262	*-31.4%*	$179	*990.6%*	$1,957
Member Paid (OOP)	$635,546	*48.9%*	$946,220	*-3.9%*	$908,947	$165	*-73.4%*	$44	*1585.6%*	$741
Paid PEPY	$3,877	*214.2%*	$12,184	*56.4%*	$19,056	$785	*-31.4%*	$538	*627.1%*	$3,914
Paid PMPY	$1,995	*215.1%*	$6,288	*56.2%*	$9,823	$785	*-31.4%*	$538	*627.1%*	$3,914
Paid PEPM	$323	*214.2%*	$1,015	*56.4%*	$1,588	$65	*-31.4%*	$45	*627.1%*	$326
Paid PMPM	$166	*215.1%*	$524	*56.2%*	$819	$65	*-31.4%*	$45	*627.1%*	$326
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	0	-	7	*28.6%*	9	0	-	0	-	0
HCCs per 1000	0.0	-	1.4	*43.1%*	2.0	0.0	-	0.0	-	0.0
Paid per HCC	$0	-	$157,437	*228.9%*	$517,762	$0	-	$0	-	$0
HCC Paid % of Tot	0.0%	-	13.9%	*27.9*	41.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$164	*740.9%*	$1,377	*223.8%*	$4,460	$0	-	$0	-	$0
Outpatient	$524	*302.3%*	$2,110	*0.7%*	$2,124	$0	-	$0	-	$0
Physician	$1,286	*110.7%*	$2,710	*16.0%*	$3,144	$723	*-25.5%*	$538	*558.3%*	$3,544
Ancillary	$21	*325.8%*	$91	*5.1%*	$95	$62	*-100.0%*	$0	-	$370

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Financial Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Average Enrollment										
Employees	524	*-6.8%*	488	*-3.8%*	470	69	*-20.3%*	55	*-18.2%*	45
Spouses	87	*-7.2%*	81	*-5.6%*	76	15	*-25.0%*	11	*-27.3%*	8
Children	144	*-11.1%*	128	*-2.8%*	124	11	*5.9%*	12	*-22.2%*	9
Tot. Members	**755**	***-7.7%***	**697**	***-3.8%***	**670**	**95**	***-17.9%***	**78**	***-20.1%***	**62**
Avg. Family Size	1.4	*-0.9%*	1.4	*0.0%*	1.4	1.4	*3.0%*	1.4	*-2.3%*	1.4
Financial Summary										
Allowed	$667,258	*135.4%*	$1,570,647	*58.8%*	$2,494,499	$85,425	*79.0%*	$152,894	*-52.4%*	$72,764
Plan Paid	$452,878	*159.6%*	$1,175,470	*53.5%*	$1,804,708	$41,846	*87.2%*	$78,330	*-61.7%*	$29,972
Member Paid (OOP)	$126,173	*35.7%*	$171,167	*15.5%*	$197,741	$20,686	*-9.8%*	$18,653	*-32.9%*	$12,514
Paid PEPY	$3,457	*178.6%*	$9,629	*59.6%*	$15,365	$2,426	*134.8%*	$5,697	*-53.2%*	$2,664
Paid PMPY	$2,399	*181.2%*	$6,745	*59.6%*	$10,768	$1,762	*128.0%*	$4,017	*-52.1%*	$1,923
Paid PEPM	$288	*178.6%*	$802	*59.6%*	$1,280	$202	*134.8%*	$475	*-53.2%*	$222
Paid PMPM	$200	*181.2%*	$562	*59.6%*	$897	$147	*128.0%*	$335	*-52.1%*	$160
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	0	-	0	-	2	0	-	0	-	0
HCCs per 1000	0.0	-	0.0	-	3.0	0.0	-	0.0	-	0.0
Paid per HCC	$0	-	$0	-	$198,233	$0	-	$0	-	$0
HCC Paid % of Tot	*0.0%*	-	*0.0%*	-	*22.0%*	*0.0%*	-	*0.0%*	-	*0.0%*
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$102	*878.7%*	$997	*208.8%*	$3,078	$0	-	$82	*395.6%*	$407
Outpatient	$589	*245.7%*	$2,037	*70.2%*	$3,468	$321	*783.6%*	$2,836	*-79.8%*	$574
Physician	$1,691	*112.8%*	$3,599	*12.7%*	$4,056	$1,419	*-24.5%*	$1,071	*8.0%*	$1,157
Ancillary	$17	*569.9%*	$113	*47.2%*	$166	$22	*27.6%*	$28	*-869.6%*	-$214

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Financial Summary – Full Year Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2023	⇨	2024	⇨	2025-1Q	2025-1Q	*Variance*
Average Enrollment							
Employees	3,446	*-10.4%*	3,089	*-7.6%*	2,855		
Spouses	677	*-11.1%*	602	*-8.5%*	551		
Children	2,295	*-11.3%*	2,037	*-8.4%*	1,865		
Tot. Members	**6,418**	***-10.8%***	**5,727**	***-8.0%***	**5,271**		
Avg. Family Size	1.9	*-0.4%*	1.9	*-0.4%*	1.8	1.9	*-3.7%*
Financial Summary							
Allowed	$44,484,565	*13.3%*	$50,382,246	*-70.6%*	$14,790,483		
Plan Paid	$38,860,556	*13.8%*	$44,213,123	*-70.6%*	$12,977,563		
Member Paid (OOP)	$3,958,946	*5.9%*	$4,194,135	*-73.3%*	$1,119,943		
Paid PEPY	$11,276	*27.0%*	$14,315	*27.0%*	$18,180	$10,338	*75.9%*
Paid PMPY	$6,055	*27.5%*	$7,720	*27.6%*	$9,848	$5,392	*82.6%*
Paid PEPM	$940	*27.0%*	$1,193	*27.0%*	$1,515	$861	*75.9%*
Paid PMPM	$505	*27.5%*	$643	*27.6%*	$821	$449	*82.6%*
High-Cost Claimants (Med Paid $100,000+)							
# of HCCs	50	*24.0%*	62	*-82.3%*	11		
HCCs per 1000	7.8	*39.0%*	10.8	*-80.7%*	2.1	1.1	*85.5%*
Paid per HCC	$256,471	*4.8%*	$268,731	*71.2%*	$459,985	$203,568	*126.0%*
HCC Paid % of Tot	33.0%	*4.7*	37.7%	*1.3*	39.0%	18.4%	*20.6*
Cost Distribution by Claim Type (Paid PMPY)							
Inpatient	$1,705	*35.6%*	$2,312	*83.2%*	$4,235	$1,382	*206.5%*
Outpatient	$1,829	*19.0%*	$2,177	*4.6%*	$2,276	$1,573	*44.7%*
Physician	$2,454	*27.7%*	$3,134	*3.3%*	$3,237	$2,325	*39.2%*
Ancillary	$66	*48.5%*	$98	*2.9%*	$101	$112	*-9.8%*

- *Total plan paid amount for the first quarter of 2023 was 20.8% of the full year*
- *Annualizing 2024 paid dollars using the same ratio would result in a total paid of $62.4 M*

PEPY (per employee per year) and **PEPM** (per employee per month) represent amounts per the primary subscriber (employee or retiree).

PMPY (per member per year) and **PMPM** (per member per month) represent amounts per all covered members, including dependents.

Amounts **Per Year** (**PEPY** and **PMPY**) have been annualized for the 2024 Plan Year.

HCCs (High-cost Claimants) are based on patients with $100,000+ paid medical in the period.

Claim Type: Ancillary includes Durable Medical Equipment, prosthetics, some drugs paid on the medical plan, et al.

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Financial Summary – Full Year Trend

Active Members

Measure	State Active					Non-State Active				
	2023	⇨	2024	⇨	2025-1Q	2023	⇨	2024	⇨	2025-1Q
Average Enrollment										
Employees	2,873	*-11.2%*	2,551	*-8.3%*	2,339	2	*10.0%*	2	*9.1%*	2
Spouses	581	*-11.9%*	512	*-8.9%*	466	0	-	0	-	0
Children	2,142	*-11.5%*	1,896	*-8.6%*	1,732	0	-	0	-	0
Tot. Members	**5,596**	***-11.4%***	**4,959**	***-8.5%***	**4,536**	**2**	***10.0%***	**2**	***9.1%***	**2**
Avg. Family Size	1.9	*-0.2%*	1.9	*-0.2%*	1.9	1.0	*0.0%*	1.0	*0.0%*	1.0
Financial Summary										
Allowed	$36,079,039	*16.2%*	$41,912,359	*-70.8%*	$12,220,522	$4,201	*7.5%*	$4,517	*-40.3%*	$2,698
Plan Paid	$32,177,090	*18.7%*	$38,203,284	*-70.8%*	$11,140,926	$3,335	*6.4%*	$3,547	*-44.8%*	$1,957
Member Paid (OOP)	$3,239,988	*6.8%*	$3,460,814	*-73.7%*	$908,947	$866	*12.0%*	$970	*-23.6%*	$741
Paid PEPY	$11,198	*33.7%*	$14,974	*27.3%*	$19,056	$2,001	*-3.3%*	$1,935	*102.3%*	$3,914
Paid PMPY	$5,750	*34.0%*	$7,704	*27.5%*	$9,823	$2,001	*-3.3%*	$1,935	*102.3%*	$3,914
Paid PEPM	$933	*33.7%*	$1,248	*27.3%*	$1,588	$167	*-3.3%*	$161	*102.3%*	$326
Paid PMPM	$479	*34.0%*	$642	*27.5%*	$819	$167	*-3.3%*	$161	*102.3%*	$326
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	39	*38.5%*	54	*-83.3%*	9	0	-	0	-	0
HCCs per 1000	7.0	*56.3%*	10.9	*-81.8%*	2.0	0.0	-	0.0	-	0.0
Paid per HCC	$260,607	*6.8%*	$278,222	*86.1%*	$517,762	$0	-	$0	-	$0
HCC Paid % of Tot	31.6%	*7.7*	39.3%	*2.5*	41.8%	0.0%	-	0.0%	-	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$1,629	*52.0%*	$2,476	*80.2%*	$4,460	$0	-	$0	-	$0
Outpatient	$1,708	*21.2%*	$2,071	*2.6%*	$2,124	$0	-	$0	-	$0
Physician	$2,354	*30.2%*	$3,067	*2.5%*	$3,144	$1,667	*8.2%*	$1,804	*96.5%*	$3,544
Ancillary	$58	*56.7%*	$92	*4.1%*	$95	$334	*-60.7%*	$131	*181.6%*	$370

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Financial Summary – Full Year Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023	⇨	2024	⇨	2025-1Q	2023	⇨	2024	⇨	2025-1Q
Average Enrollment										
Employees	510	*-4.8%*	486	*-3.3%*	470	61	*-18.6%*	50	*-9.5%*	45
Spouses	83	*-3.4%*	80	*-4.8%*	76	13	*-26.9%*	10	*-17.9%*	8
Children	140	*-7.5%*	130	*-4.0%*	124	13	*-11.5%*	12	*-18.8%*	9
Tot. Members	**733**	***-5.1%***	**695**	***-3.6%***	**670**	**87**	***-18.8%***	**71**	***-12.2%***	**62**
Avg. Family Size	1.4	*-0.4%*	1.4	*-0.3%*	1.4	1.4	*-0.3%*	1.4	*-2.9%*	1.4
Financial Summary										
Allowed	$7,841,856	*-0.7%*	$7,783,435	*-68.0%*	$2,494,499	$559,469	*21.9%*	$681,934	*-89.3%*	$72,764
Plan Paid	$6,449,727	*-12.4%*	$5,652,251	*-68.1%*	$1,804,708	$230,404	*53.7%*	$354,041	*-91.5%*	$29,972
Member Paid (OOP)	$633,860	*3.4%*	$655,475	*-69.8%*	$197,741	$84,231	*-8.7%*	$76,876	*-83.7%*	$12,514
Paid PEPY	$12,643	*-8.0%*	$11,637	*32.0%*	$15,365	$3,772	*88.7%*	$7,116	*-62.6%*	$2,664
Paid PMPY	$8,799	*-7.6%*	$8,129	*32.5%*	$10,768	$2,636	*89.2%*	$4,986	*-61.4%*	$1,923
Paid PEPM	$1,054	*-8.0%*	$970	*32.0%*	$1,280	$314	*88.7%*	$593	*-62.6%*	$222
Paid PMPM	$733	*-7.6%*	$677	*32.5%*	$897	$220	*89.2%*	$416	*-61.4%*	$160
High-Cost Claimants (Med Paid $100,000+)										
# of HCCs	12	*-41.7%*	7	*-71.4%*	2	0	-	1	*-100.0%*	0
HCCs per 1000	16.4	*-38.5%*	10.1	*-70.4%*	3.0	0.0	-	14.1	*-100.0%*	0.0
Paid per HCC	$221,656	*-9.1%*	$201,561	*-1.7%*	$198,233	$0	-	$132,680	*-100.0%*	$0
HCC Paid % of Tot	41.2%	*-16.3*	25.0%	*-3.0*	22.0%	0.0%	-	37.5%	*-37.5*	0.0%
Cost Distribution by Claim Type (Paid PMPY)										
Inpatient	$2,476	*-48.2%*	$1,283	*139.9%*	$3,078	$165	*510.1%*	$1,007	*-59.6%*	$407
Outpatient	$2,865	*1.1%*	$2,898	*19.7%*	$3,468	$949	*171.6%*	$2,576	*-77.7%*	$574
Physician	$3,335	*14.3%*	$3,812	*6.4%*	$4,056	$1,457	*-15.7%*	$1,228	*-5.8%*	$1,157
Ancillary	$123	*10.3%*	$135	*23.0%*	$166	$65	*167.6%*	$175	*-221.9%*	-$214

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Medical Paid Claims by Claim Type

Breakout of State vs. Non-State by Member Status

Claim Type	2024-1Q (7/1/2023 - 9/30/2023) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	Trend Total
State Members									
Inpatient	$1,739,004	$172,119	$1,600	**$1,912,722**	$5,058,268	$306,425	$209,507	**$5,574,200**	*191.4%*
Outpatient	$2,663,173	$342,733	$12,250	**$3,018,156**	$2,408,981	$533,173	$47,985	**$2,990,139**	*-0.9%*
Physician	$3,421,406	$591,132	$35,948	**$4,048,487**	$3,565,581	$591,769	$87,969	**$4,245,320**	*4.9%*
Ancillary	$114,534	$14,766	$4,922	**$134,222**	$108,095	$19,914	$7,965	**$135,974**	*1.3%*
Total	**$7,938,117**	**$1,120,751**	**$54,720**	**$9,113,587**	**$11,140,926**	**$1,451,281**	**$353,427**	**$12,945,634**	***42.0%***
PMPM	**$523.99**	**$633.26**	**$170.30**	**$528.62**	**$818.62**	**$866.26**	**$1,052.37**	**$828.76**	***56.8%***
Non-State Members									
Inpatient	$0	$0	$1,600	**$1,600**	$0	$0	$6,337	**$6,337**	*296.1%*
Outpatient	$0	$0	$55,301	**$55,301**	$0	$0	$8,939	**$8,939**	*-83.8%*
Physician	$179	$4,478	$16,410	**$21,067**	$1,772	$2,800	$15,226	**$19,798**	*-6.0%*
Ancillary	$0	$0	$541	**$541**	$185	$0	-$3,329	**-$3,144**	*-680.9%*
Total	**$179**	**$4,478**	**$73,852**	**$78,509**	**$1,957**	**$2,800**	**$27,172**	**$31,929**	***-59.3%***
PMPM	**$44.86**	**$124.39**	**$372.99**	**$329.87**	**$326.16**	**$186.68**	**$157.98**	**$165.44**	***-49.8%***
All Members									
Inpatient	$1,739,004	$172,119	$3,200	**$1,914,322**	$5,058,268	$306,425	$215,844	**$5,580,537**	*191.5%*
Outpatient	$2,663,173	$342,733	$67,551	**$3,073,457**	$2,408,981	$533,173	$56,924	**$2,999,078**	*-2.4%*
Physician	$3,421,586	$595,610	$52,358	**$4,069,554**	$3,567,353	$594,570	$103,195	**$4,265,118**	*4.8%*
Ancillary	$114,534	$14,766	$5,463	**$134,763**	$108,280	$19,914	$4,636	**$132,830**	*-1.4%*
Total	**$7,938,297**	**$1,125,229**	**$128,571**	**$9,192,097**	**$11,142,882**	**$1,454,081**	**$380,599**	**$12,977,563**	***41.2%***
PMPM	**$523.87**	**$623.12**	**$247.58**	**$525.91**	**$818.41**	**$860.23**	**$749.45**	**$820.66**	***56.0%***

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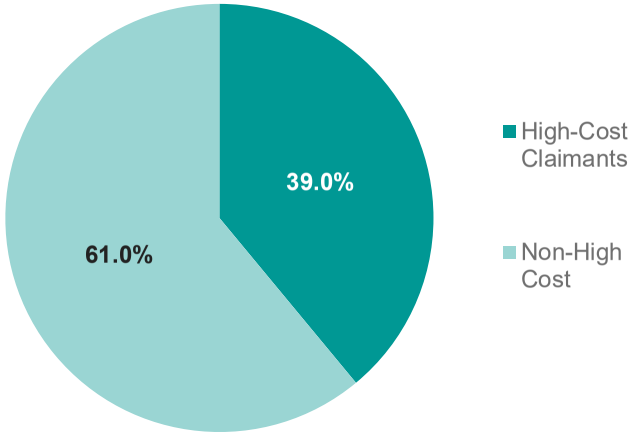
Medical Cost Distribution

Distribution by Member Cost

Member Total Paid Range	2024-1Q (7/1/2023 - 9/30/2023)						2025-1Q (7/1/2024 - 9/30/2024)					
	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Member Paid)	OOP % of Tot
No Claims	1,724	27.6%	$0	0.0%	$0	0.0%	1,550	27.6%	$0	0.0%	$0	0.0%
< $0 - $0	254	4.1%	-$76,616	-0.8%	$3,311	0.3%	202	3.6%	-$65,352	-0.5%	-$2,458	-0.2%
> $0 - $2,500	3,706	59.3%	$1,991,794	21.7%	$539,336	47.5%	3,267	58.3%	$1,784,124	13.7%	$506,547	45.2%
> $2,500 - $5,000	248	4.0%	$850,593	9.3%	$177,499	15.6%	255	4.5%	$891,978	6.9%	$174,562	15.6%
> $5,000 - $10,000	151	2.4%	$1,050,844	11.4%	$157,399	13.9%	151	2.7%	$1,026,982	7.9%	$165,955	14.8%
> $10,000 - $25,000	96	1.5%	$1,567,000	17.0%	$114,049	10.0%	115	2.1%	$1,810,843	14.0%	$146,311	13.1%
> $25,000 - $50,000	43	0.7%	$1,476,584	16.1%	$87,616	7.7%	41	0.7%	$1,389,510	10.7%	$72,251	6.5%
> $50,000 - $100,000	18	0.3%	$1,229,836	13.4%	$38,429	3.4%	15	0.3%	$1,079,648	8.3%	$35,990	3.2%
> $100,000	7	0.1%	$1,102,062	12.0%	$18,444	1.6%	11	0.2%	$5,059,831	39.0%	$20,786	1.9%
Total	**6,247**	**100.0%**	**$9,192,097**	**100.0%**	**$1,136,084**	**100.0%**	**5,607**	**100.0%**	**$12,977,563**	**100.0%**	**$1,119,943**	**100.0%**

* Unique Members are counted equally regardless of length of coverage. Note that because data is on a paid basis, member counts may also include those not active in the period.

Cost Distribution: HCCs vs. Non-HCCs



HCC Cost Breakout by Diagnostic Chapter

#	Diagnostic Chapter	Patients	Total Paid	% of Tot
1	Perinatal Originating Conditions	2	$2,906,393	57.4%
2	Circulatory System	6	$699,052	13.8%
3	Injury, Poisoning & External Causes	3	$483,483	9.6%
4	Blood & Immune Disorders	3	$248,095	4.9%
5	Neoplasms	4	$246,594	4.9%
6	Infectious & Parasitic Diseases	3	$164,291	3.2%
7	Digestive System	4	$143,908	2.8%
8	Health Status & Health Services	9	$98,281	1.9%
9	Nervous System	6	$46,066	0.9%
10	Genitourinary System	4	$8,365	0.2%
...	*All Others*		*$15,301*	*0.3%*
=	**Total**	**11**	**$5,059,831**	**100.0%**

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Utilization Summary – YTD Trend

Plan Totals & Norm

Measure	Total Plan					UMR Norm	
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2025-1Q	*Variance*
Inpatient Admissions							
# of Admits	33	*160.6%*	86	*-17.4%*	71		
# of Admit Days	93	*321.5%*	392	*6.1%*	416		
Paid per Admit	$25,404	*23.1%*	$31,260	*-4.8%*	$29,758	$28,630	*3.9%*
Paid per Admit Day	$9,014	*-23.9%*	$6,858	*-25.9%*	$5,079	$5,743	*-11.6%*
Admits per 1000	20.0	*195.3%*	59.0	*-8.7%*	53.9	47.8	*12.6%*
Average LOS	2.8	*61.7%*	4.6	*28.5%*	5.9	5.0	*17.5%*
Emergency Room Visits							
# of ER Visits	176	*97.2%*	347	*-9.5%*	314		
~ % resulting in Admit	7.4%	*7.0*	14.4%	*-1.4*	13.1%	10.9%	*2.2*
ER Visits per Patient	1.1	*8.8%*	1.2	*0.6%*	1.3		
ER Visits per 1000	106.6	*123.4%*	238.2	*0.0%*	238.3	237.5	*0.3%*
Paid per ER Visit	$2,687	*7.3%*	$2,884	*14.8%*	$3,312	$2,194	*51.0%*
Urgent Care Visits							
# of UC Visits	371	*51.2%*	561	*12.5%*	631		
UC Visits per Patient	1.2	*0.2%*	1.2	*4.4%*	1.2		-
UC Visits per 1000	224.8	*71.4%*	385.2	*24.3%*	478.8	246.8	*94.0%*
Paid per UC Visit	$103	*18.8%*	$122	*9.4%*	$134	$112	*19.4%*
Office Visits							
Off Visits per Patient	1.8	*23.7%*	2.3	*4.0%*	2.4		
Paid per Office Visit	$102	*8.2%*	$110	*5.8%*	$116	$90	*28.9%*
Office Visits Paid PMPY	$311	*84.1%*	$572	*12.6%*	$644	$350	*84.2%*
Services							
Radiology Svcs per 1000	1,906.0	*80.3%*	3,435.6	*17.3%*	4,029.5	4,009.8	*0.5%*
Radiology Paid PMPY	$214	*139.7%*	$514	*21.6%*	$625		
Lab Services per 1000	5,117.6	*119.0%*	11,205.4	*8.7%*	12,179.5	11,268.9	*8.1%*
Labs Paid PMPY	$105	*90.3%*	$199	*35.0%*	$269		

- *Inpatient Admission rate per 1000 decreased 8.7%, and amount paid per Admission is 4.8% lower than prior period*
- *ER utilization remained flat, but amount paid per ER visit is 14.8% higher than prior period*

Admissions and all other **Visits** are counted for utilization if the *initial Paid Date* for the first primary claim (facility claim for non-Office Visits) fell within the time period. For cost purposes, however, all visit costs paid within the time period are included.

Counts **per 1000** and amounts **PMPY** (per member per year) have been annualized.

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Utilization Summary – YTD Trend

Active Members

Measure	State Active					Non-State Active				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Inpatient Admissions										
# of Admits	31	*141.9%*	75	*-30.7%*	52	0	-	0	-	0
# of Admit Days	86	*320.9%*	362	*-12.7%*	316	0	-	0	-	0
Paid per Admit	$25,612	*26.8%*	$32,473	*-7.1%*	$30,174	$0	-	$0	-	$0
Paid per Admit Day	$9,232	*-27.1%*	$6,728	*-26.2%*	$4,965	$0	-	$0	-	$0
Admits per 1000	21.6	*175.5%*	59.4	*-22.8%*	45.9	0.0	-	0.0	-	0.0
Average LOS	2.8	*74.0%*	4.8	*25.9%*	6.1	0.0	-	0.0	-	0.0
Emergency Room Visits										
# of ER Visits	147	*100.0%*	294	*-16.0%*	247	0	-	0	-	1
~ % resulting in Admit	8.2%	*5.8*	13.9%	*-4.2*	9.7%	0.0%	-	0.0%	-	0.0%
ER Visits per Patient	1.1	*9.9%*	1.2	*2.2%*	1.2	0.0	-	0.0	-	1.0
ER Visits per 1000	102.2	*127.8%*	232.9	*-6.5%*	217.8	0.0	-	0.0	-	2,000.0
Paid per ER Visit	$2,662	*10.9%*	$2,953	*8.2%*	$3,195	$0	-	$0	-	$369
Urgent Care Visits										
# of UC Visits	322	*53.1%*	493	*10.5%*	545	0	-	0	-	0
UC Visits per Patient	1.2	*-1.1%*	1.2	*4.6%*	1.2	0.0	-	0.0	-	0.0
UC Visits per 1000	224.0	*74.4%*	390.5	*23.1%*	480.6	0.0	-	0.0	-	0.0
Paid per UC Visit	$104	*20.4%*	$125	*8.7%*	$136	$0	-	$0	-	$0
Office Visits										
Off Visits per Patient	1.8	*23.3%*	2.2	*1.8%*	2.3	2.0	*-50.0%*	1.0	*100.0%*	2.0
Paid per Office Visit	$104	*8.6%*	$113	*7.4%*	$121	$120	*43.4%*	$173	*-27.6%*	$125
Office Visits Paid PMPY	$299	*87.5%*	$560	*12.4%*	$629	$723	*-28.3%*	$518	*-3.5%*	$500
Services										
Radiology Svcs per 1000	1,716.6	*94.0%*	3,330.1	*11.2%*	3,702.5	0.0	-	0.0	-	8,000.0
Radiology Paid PMPY	$202	*155.6%*	$516	*18.3%*	$611	$0	-	$0	-	$753
Lab Services per 1000	4,891.1	*121.5%*	10,831.4	*6.4%*	11,527.1	24,000.0	*25.0%*	30,000.0	*-13.3%*	26,000.0
Labs Paid PMPY	$99	*94.3%*	$192	*36.5%*	$262	$0	-	$20	*3306.1%*	$681

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Utilization Summary – YTD Trend

Retired Members

Measure	State Retirees					Non-State Retirees				
	2023-1Q	⇨	2024-1Q	⇨	2025-1Q	2023-1Q	⇨	2024-1Q	⇨	2025-1Q
Inpatient Admissions										
# of Admits	2	*400.0%*	10	*80.0%*	18	0	-	1	*0.0%*	1
# of Admit Days	7	*314.3%*	29	*237.9%*	98	0	-	1	*100.0%*	2
Paid per Admit	$22,184	*13.2%*	$25,113	*18.8%*	$29,827	$0	-	$1,744	*292.9%*	$6,853
Paid per Admit Day	$6,338	*36.6%*	$8,660	*-36.7%*	$5,478	$0	-	$1,744	*96.5%*	$3,426
Admits per 1000	10.6	*441.7%*	57.4	*87.2%*	107.4	0.0	-	51.3	*25.1%*	64.2
Average LOS	3.5	*-17.1%*	2.9	*87.7%*	5.4	0.0	-	1.0	*100.0%*	2.0
Emergency Room Visits										
# of ER Visits	26	*88.5%*	49	*20.4%*	59	3	*33.3%*	4	*75.0%*	7
~ % resulting in Admit	3.8%	*10.4*	14.3%	*12.8*	27.1%	0.0%	*50.0*	50.0%	*-35.7*	14.3%
ER Visits per Patient	1.4	*2.8%*	1.5	*-11.7%*	1.3	1.0	*0.0%*	1.0	*16.7%*	1.2
ER Visits per 1000	137.7	*104.2%*	281.2	*25.2%*	352.0	126.3	*62.4%*	205.1	*119.0%*	449.2
Paid per ER Visit	$3,015	*-25.3%*	$2,253	*86.0%*	$4,192	$1,101	*404.5%*	$5,552	*-92.1%*	$436
Urgent Care Visits										
# of UC Visits	44	*31.8%*	58	*36.2%*	79	5	*100.0%*	10	*-30.0%*	7
UC Visits per Patient	1.1	*4.9%*	1.2	*5.9%*	1.3	1.0	*42.9%*	1.4	*-18.3%*	1.2
UC Visits per 1000	233.1	*42.8%*	332.8	*41.6%*	471.4	210.5	*143.6%*	512.8	*-12.4%*	449.2
Paid per UC Visit	$96	*15.8%*	$111	*13.7%*	$126	$107	*-54.0%*	$49	*-7.5%*	$45
Office Visits										
Off Visits per Patient	2.0	*26.2%*	2.5	*13.0%*	2.9	2.0	*27.3%*	2.5	*10.5%*	2.8
Paid per Office Visit	$96	*4.8%*	$101	*-1.1%*	$100	$44	*17.5%*	$52	*3.6%*	$54
Office Visits Paid PMPY	$423	*63.5%*	$691	*12.0%*	$774	$163	*98.5%*	$323	*16.9%*	$378
Services										
Radiology Svcs per 1000	3,406.1	*26.4%*	4,303.9	*44.5%*	6,217.3	1,473.7	*74.0%*	2,564.1	*62.7%*	4,171.1
Radiology Paid PMPY	$317	*72.8%*	$549	*38.4%*	$760	$150	*-65.3%*	$52	*198.9%*	$155
Lab Services per 1000	6,875.7	*106.1%*	14,168.5	*19.6%*	16,945.3	4,589.5	*87.7%*	8,615.4	*-7.6%*	7,957.2
Labs Paid PMPY	$143	*75.1%*	$251	*32.9%*	$333	$150	*32.0%*	$198	*-74.0%*	$52

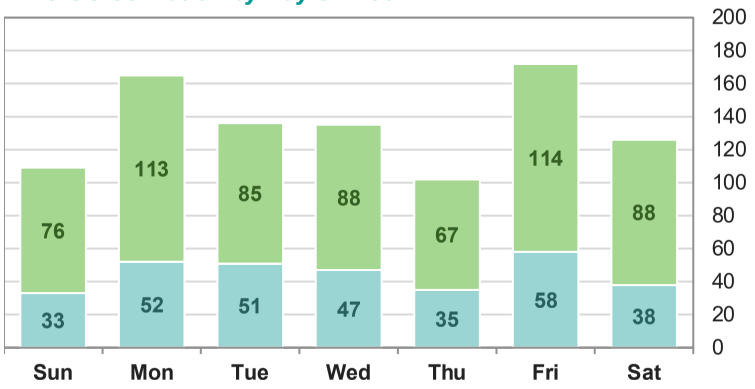
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On Demand Care Summary

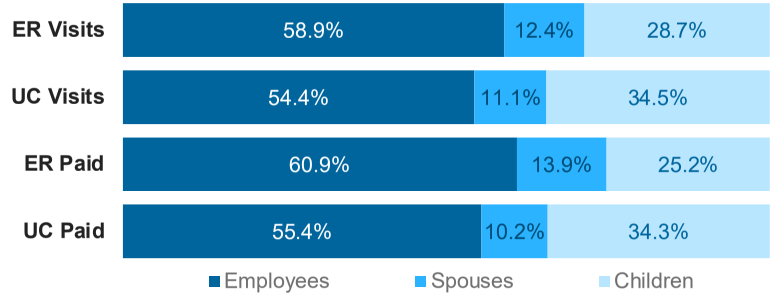
Emergency Room & Urgent Care

Measure	2024-1Q	2025-1Q	*Change*	UMR Norm	*Variance*
Emergency Room					
# of Visits	347	314	*-9.5%*		
# of Patients	279	251	*-10.0%*		
Total Plan Paid	$1,000,823	$1,039,860	*3.9%*		
Total Mem Paid	$170,630	$151,488	*-11.2%*		
Visits per 1000	238.2	238.3	*0.0%*	237.5	*0.3%*
Paid per Visit	$2,884	$3,312	*14.8%*	$2,194	*51.0%*
Paid PMPM	$57	$66	*14.8%*	$43	*51.5%*
% ER Patients w/ Office Visit*	92.8%	95.6%	*2.8*		
% Potentially Avoidable**	13.5%	8.6%	*-4.9*	15.7%	*-7.1*
Urgent Care					
# of Visits	561	631	*12.5%*		
# of Patients	477	514	*7.8%*		
Total Plan Paid	$68,704	$84,506	*23.0%*		
Total Mem Paid	$24,567	$27,899	*13.6%*		
Visits per 1000	385.2	478.8	*24.3%*	246.8	*94.0%*
Paid per Visit	$122	$134	*9.4%*	$112	*19.4%*
Paid PMPM	$4	$5	*35.9%*	$2	*131.6%*

ER & UC Utilization by Day of Week



ER & UC Utilization & Cost by Relationship



	# of Visits			Total Paid		
	ER	UC	**Total**	ER	UC	Total
Employee	185	343	**528**	$633,361	$46,832	**$680,193**
Spouse	39	70	**109**	$144,338	$8,656	**$152,994**
Child	90	218	**308**	$262,160	$29,018	**$291,178**
Total	**314**	**631**	**945**	**$1,039,860**	**$84,506**	**$1,124,366**

* Office Visit within prior 12 months..

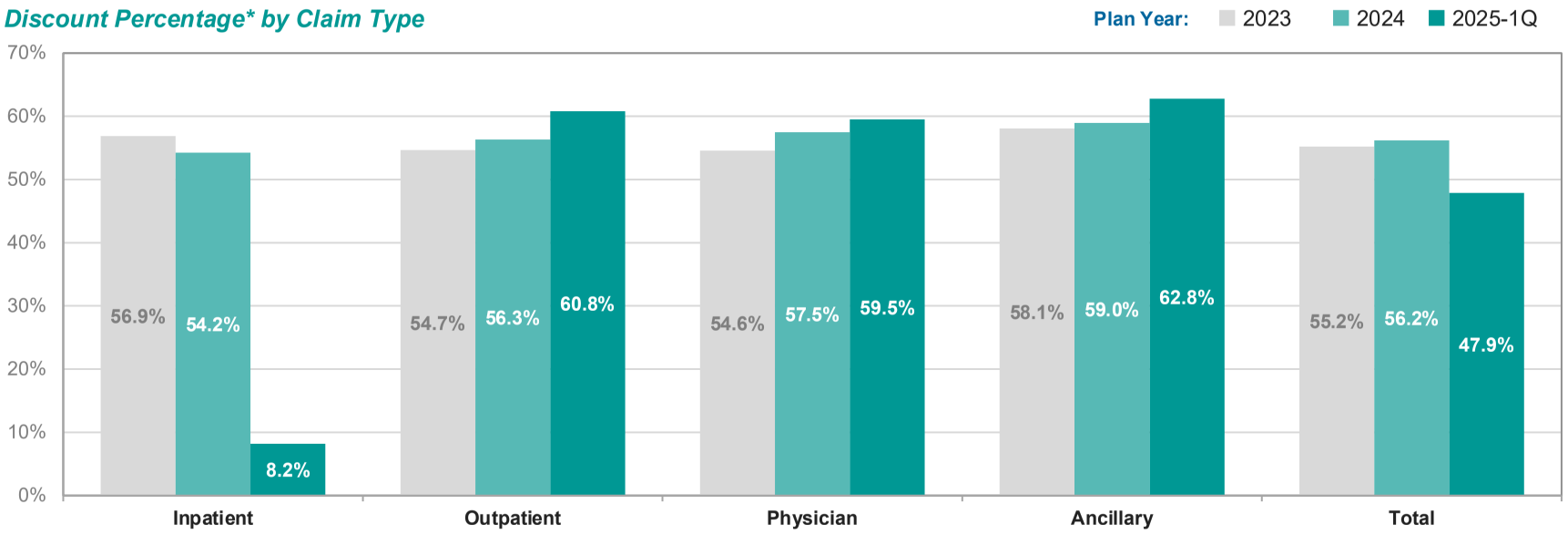
** ER Visits are categorized as potentially avoidable based on primary and secondary diagnosis and do not necessarily indicate misuse of the ER for the patient's specific circumstances.

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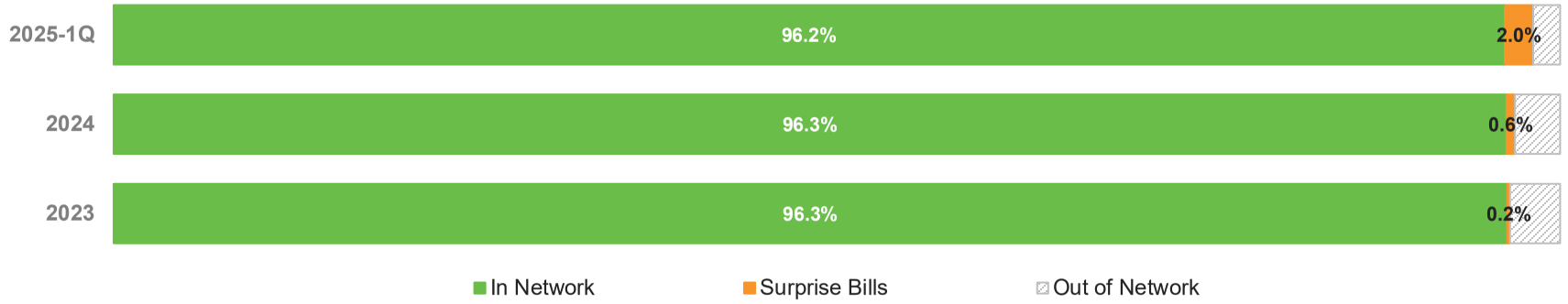
Network Summary

Discount Percentage & Network Utilization

Discount Percentage by Claim Type*



*Network Utilization**



* Network Discounts and Utilization exclude COB Claims, and Network Discounts additionally exclude Surprise Bills.

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Clinical Classification Summary

Breakout by Diagnostic Chapter

Diagnostic Chapter	2024 (Full Year)		2025-1Q		CYTD Paid by Relationship			CYTD Paid by Sex	
	Patients	Total Paid	Patients	Total Paid	Employee	Spouse	Child	Male	Female
Perinatal Originating Conditions	76	$1,990,280	24	$2,965,451	$0	$0	$2,965,451	$181,257	$2,784,194
Circulatory System	1,084	$4,487,845	433	$1,383,175	$1,103,420	$253,732	$26,022	$539,269	$843,906
Musculoskeletal System	2,070	$4,602,332	989	$1,175,746	$955,038	$129,138	$91,569	$417,777	$757,968
Injury, Poisoning & External Causes	987	$3,319,950	343	$968,267	$736,218	$102,604	$129,446	$177,322	$790,945
Neoplasms	956	$4,619,242	385	$918,042	$753,762	$141,809	$22,471	$277,575	$640,467
Health Status & Health Services	4,187	$4,675,804	1,643	$829,400	$471,743	$124,134	$233,524	$401,438	$427,962
Genitourinary System	1,208	$2,173,973	435	$590,277	$483,293	$44,413	$62,571	$196,905	$393,373
Digestive System	848	$2,625,472	297	$580,556	$484,535	$44,790	$51,230	$173,501	$407,055
Symptoms, Signs & Findings, NEC	2,600	$2,268,545	977	$549,574	$341,916	$92,369	$115,289	$167,833	$381,741
Mental, Behavioral & Neurodevelopmental	1,352	$2,322,608	785	$539,231	$240,574	$86,380	$212,277	$175,215	$364,016
Nervous System	1,174	$1,812,222	587	$514,489	$290,774	$125,445	$98,270	$195,708	$318,781
Endocrine, Nutritional & Metabolic	1,892	$2,071,739	872	$404,532	$329,549	$37,251	$37,732	$222,456	$182,077
Respiratory System	1,820	$1,973,123	532	$361,484	$182,217	$98,975	$80,292	$158,758	$202,726
Blood & Immune Disorders	252	$886,310	71	$279,578	$183,510	$2,978	$93,090	$225,094	$54,484
Infectious & Parasitic Diseases	519	$1,452,642	175	$225,169	$211,006	$2,350	$11,812	$47,879	$177,289
Pregnancy, Childbirth & the Puerperium	117	$1,094,523	60	$216,294	$102,463	$73,581	$40,250	$125	$216,170
Congenital Malformations & Abnormalities	93	$115,196	37	$174,087	$44,532	$0	$129,555	$105,074	$69,013
Skin & Subcutaneous Tissue	1,429	$854,655	550	$108,013	$85,599	$9,572	$12,842	$34,338	$73,675
Eye and Adnexa	1,733	$533,279	547	$100,245	$71,188	$11,005	$18,052	$48,857	$51,388
Ear and Mastoid Process	573	$333,384	173	$93,953	$59,132	$2,451	$32,370	$36,586	$57,367
External Causes of Morbidity	1	$0	0	$0	$0	$0	$0	$0	$0
Total	**5,860**	**$44,213,123**	**3,942**	**$12,977,563**	**$7,130,469**	**$1,382,979**	**$4,464,115**	**$3,782,966**	**$9,194,597**

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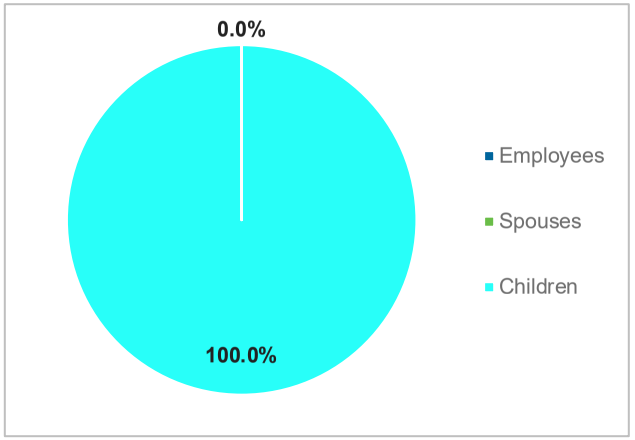
#1 Top Dx Chapter

Perinatal Originating Conditions

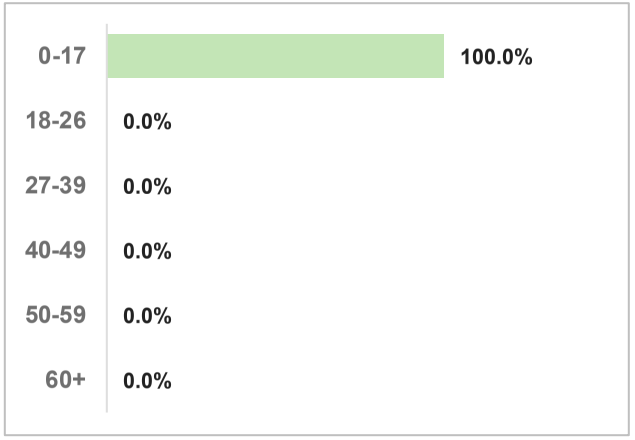
Breakout by Diagnostic Grouping & Demographics

#	Perinatal Conditions Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Respiratory perinatal condition	3	5	$1,560,200	52.6%
2	Other specified & unspec perinatal conds	4	4	$1,350,840	45.6%
3	Liveborn	15	22	$30,671	1.0%
4	Respiratory distress syndrome	1	15	$14,661	0.5%
5	Neonatal abstinence syndrome	1	1	$3,716	0.1%
6	Short gestation; low birth weight; fetal growth	2	2	$3,249	0.1%
7	Hemolytic jaundice & perinatal jaundice	1	3	$1,565	0.1%
8	Perinatal infections	1	1	$275	0.0%
9	Birth trauma	1	1	$188	0.0%
10	Neonatal digestive & feeding disorders	1	2	$86	0.0%
11	Hemorrhagic & hematologic disords of newborn	1	1	$0	0.0%
=	**Total**	**24**	**79**	**$2,965,451**	**100.0%**

Perinatal Conditions Paid by Relationship



Perinatal Conditions Paid by Age Range



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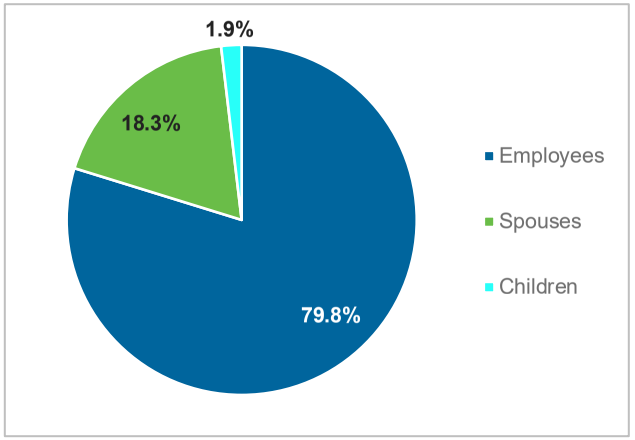
#2 Top Dx Chapter

Circulatory System

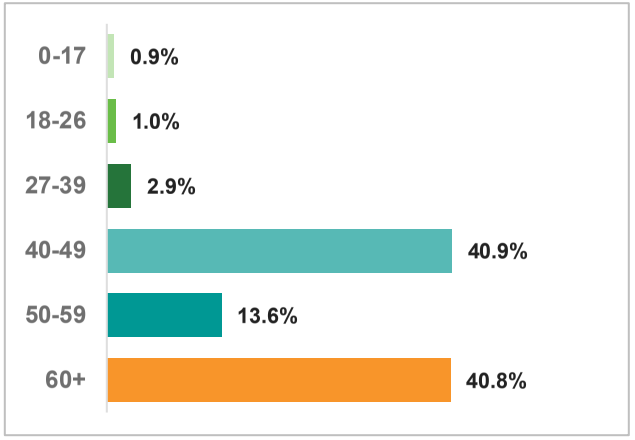
Breakout by Diagnostic Grouping & Demographics

#	Circulatory System Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Cerebrovascular disease	18	63	$568,571	41.1%
2	Cardiac dysrhythmias	83	178	$222,785	16.1%
3	Nonrheumatic & unspecified valve disorders	21	23	$177,425	12.8%
4	Myocardial infarction	6	24	$88,350	6.4%
5	Nonspecific chest pain	68	117	$64,614	4.7%
6	Vascular disease	27	49	$60,951	4.4%
7	Hypertension	208	278	$58,295	4.2%
8	Coronary atherosclerosis & oth heart disease	65	119	$51,931	3.8%
9	Acute pulmonary embolism, DVT	17	61	$36,186	2.6%
10	Other circulatory	13	23	$32,217	2.3%
11	Heart failure	16	48	$21,045	1.5%
12	Myocarditis & cardiomyopathy	5	5	$805	0.1%
=	**Total**	**433**	**1,138**	**$1,383,175**	**100.0%**

Circulatory System Paid by Relationship



Circulatory System Paid by Age Range



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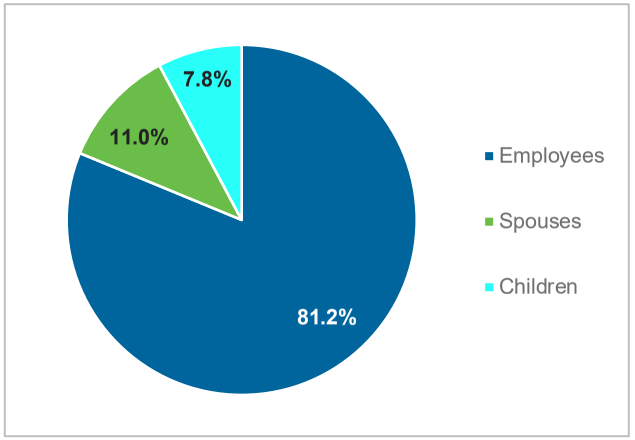
#3 Top Dx Chapter

Musculoskeletal System

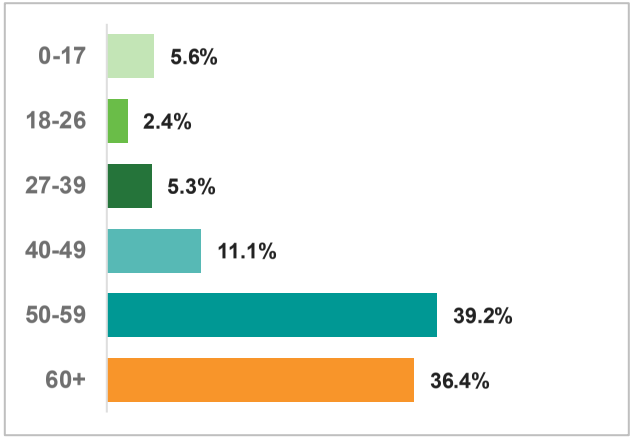
Breakout by Diagnostic Grouping & Demographics

#	Musculoskeletal Dx Grouping	Patients	Claims	Total Paid	% Paid
1	Spondylopathies & arthropathy	305	803	$432,588	36.8%
2	Other musculoskeletal pain	480	1,053	$172,075	14.6%
3	Tendon, tissue, muscle disorders	180	315	$151,795	12.9%
4	Osteoarthritis & osteoporosis	137	253	$132,157	11.2%
5	Scoliosis & oth deformities	63	123	$70,051	6.0%
6	Other MSK	20	51	$67,548	5.7%
7	Lupus	20	46	$47,405	4.0%
8	Rheumatoid arthritis & related disease	38	72	$38,602	3.3%
9	Low back pain	104	242	$23,681	2.0%
10	Biomechanical lesions	55	144	$20,570	1.7%
11	Joint disorders & fractures	48	96	$16,776	1.4%
12	Gout & crystal arthropathies	17	31	$2,498	0.2%
=	**Total**	**989**	**3,470**	**$1,175,746**	**100.0%**

Musculoskeletal Paid by Relationship



Musculoskeletal Paid by Age Range



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Condition Focus

Mental & Behavioral Trend

Prevalence & Cost by Diagnostic Grouping

Mental & Behavioral Diagnostic Grouping	2023 (Full Year)		2024 (Full Year)		2025-1Q		2025-1Q Paid by Claim Type			
	Patients	Total Paid	Patients	Total Paid	Patients	Total Paid	Inpatient	Outpatient	Physician	Ancillary
Depressive disorders	394	$484,494	424	$531,931	235	$145,447	$46,203	$7,759	$91,485	$0
Anxiety & related Disorders	521	$279,609	512	$337,685	234	$83,622	$0	$2,904	$80,718	$0
Trauma & stressor disorders	294	$210,733	338	$370,626	183	$70,306	$0	$0	$70,306	$0
Alcohol-related disorders	29	$154,326	45	$307,936	16	$56,469	$38,005	$6,267	$12,197	$0
Neurodevelopmental disorders	225	$140,318	253	$292,459	138	$55,631	$0	$0	$55,631	$0
Other mental health	143	$50,896	146	$124,135	67	$49,523	$0	$18,000	$31,524	$0
Suicidal ideation, attempt or self-harm	21	$78,998	23	$42,788	9	$31,726	$0	$28,123	$3,603	$0
Bipolar & related Disorders	82	$64,002	79	$92,390	44	$19,632	$2,460	$0	$17,172	$0
Eating disorders	17	$31,584	15	$51,171	4	$11,541	$0	$0	$11,541	$0
Schizophrenia spectrum disorders	14	$17,003	16	$33,159	9	$8,396	$0	$1,089	$7,299	$8
Opiod disorders	15	$8,462	11	$36,789	4	$3,178	$0	$0	$3,178	$0
Obsessive compulsive disorders	20	$19,073	22	$60,775	10	$3,022	$0	$0	$3,022	$0
Other substance use	37	$3,370	37	$8,935	5	$407	$0	$0	$407	$0
Cannabis-related disorders	9	$2,149	4	$681	1	$331	$0	$0	$331	$0
Stimulant disorders	5	$31,458	6	$31,146	0	$0	$0	$0	$0	$0
Total	**1,310**	**$1,576,476**	**1,352**	**$2,322,608**	**785**	**$539,231**	**$86,667**	**$64,142**	**$388,414**	**$8**

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Condition Focus

Chronic Conditions

Prevalence & Severity of 24 Chronic Conditions

Chronic Condition	With Condition			Moderate/High Risk Condition					
	# of Mems	Mems per 1000	*Change vs LY*	# of Mems	Mems per 1000	*Change vs LY*	Allowed PMPY	Admits per 1000	ER Visits per 1000
Affective Psychosis	9	1.6	*-35.7%*	8	1.4	*33.3%*	$17,679	777.8	1,000.0
Asthma	246	43.0	*-4.7%*	122	21.3	*8.9%*	$5,755	61.0	321.1
Atrial Fibrillation	54	9.4	*-14.3%*	42	7.3	*5.0%*	$49,837	185.2	500.0
Blood Disorders	224	39.1	*-12.8%*	105	18.3	*1.9%*	$37,982	321.4	433.0
CAD	90	15.7	*-5.3%*	43	7.5	*-2.3%*	$21,493	177.8	488.9
COPD	40	7.0	*42.9%*	27	4.7	*35.0%*	$34,340	450.0	850.0
Cancer	562	98.1	*13.3%*	263	45.9	*0.0%*	$17,866	112.1	183.3
Chronic Pain	46	8.0	*4.5%*	23	4.0	*9.5%*	$69,381	608.7	1,000.0
CHF	28	4.9	*-9.7%*	17	3.0	*-10.5%*	$51,602	357.1	785.7
Demyelinating Diseases	20	3.5	*-23.1%*	12	2.1	*-40.0%*	$24,747	150.0	600.0
Depression	404	70.5	*-0.2%*	274	47.8	*-0.7%*	$10,475	141.1	341.6
Diabetes	496	86.6	*-1.4%*	391	68.3	*-2.5%*	$15,566	92.7	258.1
ESRD	18	3.1	*-43.8%*	15	2.6	*-40.0%*	$227,408	1,500.0	2,277.8
Eating Disorders	14	2.4	*-17.6%*	9	1.6	*-30.8%*	$12,082	214.3	500.0
HIV/AIDS	7	1.2	*-30.0%*	5	0.9	*-44.4%*	$3,426	0.0	142.9
Hyperlipidemia	210	36.7	*1.9%*	61	10.7	*0.0%*	$2,272	4.8	57.1
Hypertension	565	98.6	*-10.2%*	254	44.3	*-10.9%*	$11,834	99.1	283.2
Immune Disorders	26	4.5	*-3.7%*	14	2.4	*7.7%*	$26,710	38.5	230.8
IBD	31	5.4	*10.7%*	7	1.2	*-12.5%*	$1,746	0.0	32.3
Liver Disease	3	0.5	*0.0%*	1	0.2	*-66.7%*	$14,188	333.3	666.7
Morbid Obesity	103	18.0	*-1.9%*	59	10.3	*11.3%*	$23,697	194.2	320.4
Osteoarthritis	284	49.6	*-5.6%*	127	22.2	*-2.3%*	$12,125	45.8	267.6
Peripheral Vascular Disease	31	5.4	*24.0%*	11	1.9	*37.5%*	$36,474	419.4	709.7
Rheumatoid Arthritis	61	10.7	*-6.2%*	44	7.7	*-13.7%*	$8,408	16.4	114.8

- *Most prevalent chronic condition is Hypertension, with 565 members*
- *Diabetes is the condition with the most moderate/high risk members (391)*
- *Members with mod/high risk Diabetes also have the highest combined cost, totaling $6.09M*

Date Range: Service Dates 7/1/2023 - 6/30/2024, Paid through 9/30/2024

With Condition members are identified by having any covered claim with a diagnosis for the condition in Dx position 1.

Moderate/High-Risk Condition members had either multiple provider visits for the condition (based on Dx position 1) during the date range or at least one ER Visit or Admission for the condition in the range.

Cost & Utilization for All Members:

- **Allowed PMPY:** $8,242
- **Admits per 1000:** 59.5
- **ER Visits per 1000:** 237.6

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Prevention, Wellness, & Maintenance

Preventive & Condition-specific Screening Rate Trends

Preventive Service	Population	Jul 2022 - Jun 2023 Eligible	Jul 2022 - Jun 2023 Actual	Jul 2022 - Jun 2023 Rate	Jul 2023 - Jun 2024 Eligible	Jul 2023 - Jun 2024 Actual	Jul 2023 - Jun 2024 Rate	Rate Change	UMR Norm Rate	UMR Norm Variance
Well Visits	*Rate for Well Baby & Well Child is Visits per 1,000. Rate for adults is the percentage who had a well visit.*									
Well Baby Visit	0 - 15 months	82.7	501	**6,055.7**	58.8	322	**5,476.1**	*-9.6%*	**5,262.6**	*4.1%*
Well Child Visit	3 - 6 years	276.1	233	**843.9**	248.2	205	**826.1**	*-2.1%*	**781.1**	*5.8%*
Adults w/ Well Visit	Adults 18+	4,958	2,018	**40.7%**	4,435	1,869	**42.1%**	*1.4*	**40.0%**	*2.1*
Screenings	*Rate for all screenings is the percentage of eligible population who had the screening during the period.*									
Mammogram	Females 40 - 69	1,771	860	**48.6%**	1,596	769	**48.2%**	*-0.4*	**46.8%**	*1.4*
Cervical Cancer	Females 21 - 64	2,434	617	**25.4%**	2,153	513	**23.8%**	*-1.5*	**23.7%**	*0.2*
Prostate Cancer	Males 50 - 70	1,000	444	**44.4%**	914	416	**45.5%**	*1.1*	**41.1%**	*4.5*
Colorectal Cancer	Members 45 - 75	2,821	468	**16.6%**	2,557	422	**16.5%**	*-0.1*	**17.1%**	*-0.5*
Cholesterol	Female 45+ Male 35+	3,181	1,722	**54.1%**	2,882	1,619	**56.2%**	*2.0*	**47.3%**	*8.8*
Condition-specific	**Screening**									
Asthma	Office Visit for Asthma	258	197	**76.4%**	246	207	**84.1%**	*7.8*		
COPD	Spirometry Test	28	3	**10.7%**	40	8	**20.0%**	*9.3*		
Type 2 Diabetes	A1c Test	446	404	**90.6%**	451	412	**91.4%**	*0.8*	**86.0%**	*5.3*
	Eye Exam	446	150	**33.6%**	451	127	**28.2%**	*-5.5*	**25.5%**	*2.6*
	Lipid Panel	446	347	**77.8%**	451	353	**78.3%**	*0.5*	**72.1%**	*6.2*
	Urine Protein Test	446	321	**72.0%**	451	292	**64.7%**	*-7.2*	**63.0%**	*1.8*
	Any Diabetes Screen	446	432	**96.9%**	451	435	**96.5%**	*-0.4*	**93.8%**	*2.7*
Hyperlipidemia	Lipid Profile	206	95	**46.1%**	210	109	**51.9%**	*5.8*		
Hypertension	Creatinine Test	629	163	**25.9%**	565	153	**27.1%**	*1.2*		
	Lipid Profile	629	167	**26.6%**	565	174	**30.8%**	*4.2*		

Date Range: Reporting periods are service-based with 3 months of runout: Current period is Service Dates 7/1/2023 - 6/30/2024, Paid through 9/30/2024

Note: Preventive Services do not include those performed at onsite clinics or ones for which no claim was submitted to UMR.

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Public Employees' Benefits Program - RX Costs
PY 2025 - Quarter Ending September 30, 2024

Express Scripts

Membership Summary	1Q FY2025 EPO	1Q FY2024 EPO	Difference	% Change
			Membership Summary	
Member Count (Membership)	5,275	5,825	(550)	-9.4%
Utilizing Member Count (Patients)	3,307	3,492	(185)	-5.3%
Percent Utilizing (Utilization)	62.7%	59.9%	0	4.6%
Claim Summary			**Claims Summary**	
Net Claims (Total Rx's)	29,909	31,089	(1,180)	-3.8%
Claims per Elig Member per Month (Claims PMPM)	1.89	1.78	0.11	6.2%
Total Claims for Generic (Generic Rx)	25,535	26,673	(1,138.00)	-4.3%
Total Claims for Brand (Brand Rx)	4,374	4,416	(42.00)	-1.0%
Total Claims for Brand w/Gen Equiv (Multisource Brand Claims)	106	187	(81.00)	-43.3%
Total Non-Specialty Claims	29,458	30,698	(1,240.00)	-4.0%
Total Specialty Claims	451	391	60.00	15.3%
Generic % of Total Claims (GFR)	**85.4%**	**85.8%**	(0.00)	-0.5%
Generic Effective Rate (GCR)	**99.6%**	**99.3%**	0.00	0.3%
Mail Order Claims	8,643	9,359	(716.00)	-7.7%
Mail Penetration Rate*	31.8%	32.9%	(0.01)	-1.1%
Claims Cost Summary			**Claims Cost Summary**	
Total Prescription Cost (Total Gross Cost)	$5,408,893	$4,927,524	$481,369.00	9.8%
Total Generic Gross Cost	$465,440	$442,768	$22,672.00	5.1%
Total Brand Gross Cost	$4,943,453	$4,484,755	$458,698.00	10.2%
Total MSB Gross Cost	$158,869	$102,466	$56,403.00	55.0%
Total Ingredient Cost	$5,272,118	$4,796,842	$475,276.00	9.9%
Total Dispensing Fee	$1,335,560	$125,926	$1,209,634.00	960.6%
Total Other (e.g. tax)	$3,215	$4,755	($1,540.00)	-32.4%
Avg Total Cost per Claim (Gross Cost/Rx)	**$180.84**	**$158.50**	$22.35	14.1%
Avg Total Cost for Generic (Gross Cost/Generic Rx)	$18.23	$16.60	$1.63	9.8%
Avg Total Cost for Brand (Gross Cost/Brand Rx)	$1,130.19	$1,015.57	$114.62	11.3%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$1,498.76	$547.95	$950.81	173.5%
Member Cost Summary			**Member Cost Summary**	
Total Member Cost	**$747,420**	**$667,120**	$80,300.00	12.0%
Total Copay	$744,520	$665,406	$79,114.00	11.9%
Total Deductible	$2,900	$1,714	$1,186.00	0.0%
Avg Copay per Claim (Copay/Rx)	$24.89	$21.40	$3.49	16.3%
Avg Participant Share per Claim (Copay+Deductible/RX)	**$24.99**	**$21.46**	**$3.53**	**16.5%**
Avg Copay for Generic (Copay/Generic Rx)	$7.03	$6.90	$0.13	1.9%
Avg Copay for Brand (Copay/Brand Rx)	$129.83	$109.37	$20.46	18.7%
Avg Copay for Brand w/ Generic Equiv (Copay/Multisource Rx)	$74.21	$85.19	($10.98)	-12.9%
Net PMPM (Participant Cost PMPM)	**$47.23**	**$38.18**	$9.05	23.7%
Copay % of Total Prescription Cost (Member Cost Share %)	13.8%	13.5%	0.3%	2.1%
Plan Cost Summary			**Plan Cost Summary**	
Total Plan Cost (Plan Cost)	**$4,661,473**	**$4,260,404**	**$401,069.00**	**9.4%**
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$2,184,417	$1,966,606	$217,811.00	11.1%
Total Specialty Drug Cost (Specialty Plan Cost)	$2,477,056	$2,293,797	$183,259.00	8.0%
Avg Plan Cost per Claim (Plan Cost/Rx)	**$155.86**	**$137.04**	$18.82	13.7%
Avg Plan Cost for Generic (Plan Cost/Generic Rx)	$11.20	$9.70	$1.50	15.5%
Avg Plan Cost for Brand (Plan Cost/Brand Rx)	$1,000.36	$906.20	$94.16	10.4%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$1,424.56	$462.75	$961.81	207.8%
Net PMPM (Plan Cost PMPM)	**$294.56**	**$243.80**	**$50.76**	**20.8%**
PMPM for Specialty Only (Specialty PMPM)	$156.53	$112.54	$43.99	39.1%
PMPM without Specialty (Non-Specialty PMPM)	$138.04	$131.26	$6.78	5.2%
Rebates Received (Q1 FY2023 actual)	$1,994,887	$1,483,247	$511,640.16	34.5%
Net PMPM (Plan Cost PMPM factoring Rebates)	**$168.50**	**$158.92**	**$9.58**	**6.0%**
PMPM without Specialty (Non-Specialty PMPM)	$79.90	$68.65	$11.25	16.4%
PMPM for Specialty Only (Specialty PMPM)	$111.38	$91.83	$19.55	21.3%

Appendix D

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Health Plan of Nevada –Utilization Review for PEBP
July 1, 2024 – September 30, 2024

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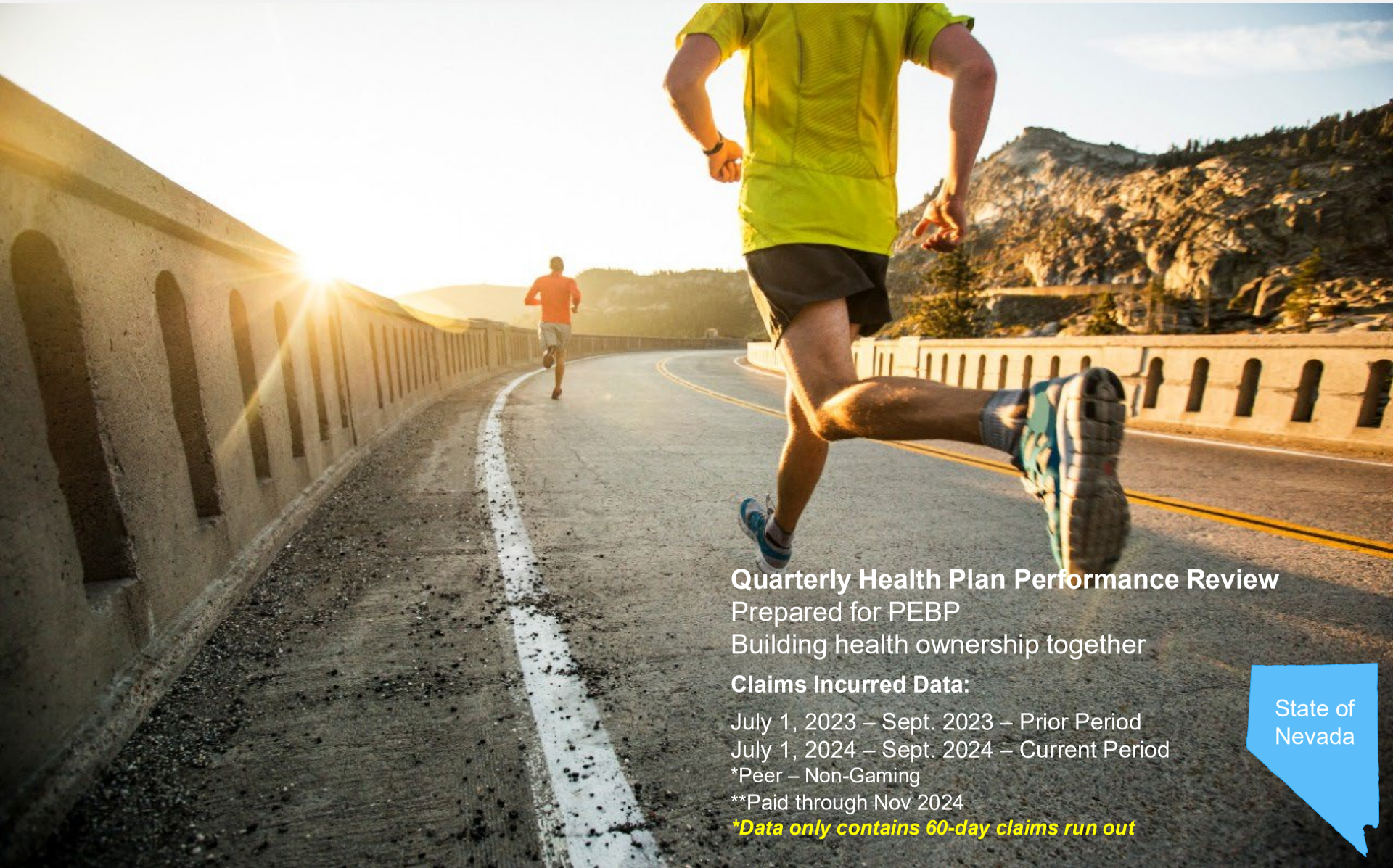
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PRESCRIPTION DRUG COSTS

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Power Of Partnership.



Quarterly Health Plan Performance Review

Prepared for PEBP

Building health ownership together

Claims Incurred Data:

July 1, 2023 – Sept. 2023 – Prior Period

July 1, 2024 – Sept. 2024 – Current Period

*Peer – Non-Gaming

**Paid through Nov 2024

Data only contains 60-day claims run out

State of Nevada

Executive Summary

Spend and Utilization

Executive Summary Utilization & Spend

UnitedHealthcare

Population

- -1.0% decrease for employees from prior period
- -1.9% decrease for members from prior period

Medical Paid PMPM

- 11.6% increase in overall medical paid from prior period
- 7.7% increase in non-Catastrophic spend
- 34.4% increase in Catastrophic spend

High-Cost Claimants

- 16 HCC in 1Q24, up by 2 members from prior period
- % of HCC spend saw increase in current period
- Avg. Paid per case increased 19.1%

Emergency Room

- ER Visits Per 1,000 members decreased -8.0%
- Avg. paid per ER Visit increased 30.8%

Urgent Care

- Urgent Care visits per 1,000 members decreased by -18.1%
- Avg. paid per Urgent care visit increased 14.2%

Rx Drivers

- Rx Net Paid PMPM increased 8.4%
- Specialty Spend decreased -1.8%
- Specialty Rx driving -11.7% of total Rx Spend

Overall Medical / Rx

- Total Medical/Rx increased 10.5% on PMPM basis

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Executive Summary Utilization & Spend

UnitedHealthcare®

Claims Paid by Age Group														
	July - Sept. 2023 Q1						July - Sept. 2024 Q1						Change	
Age Band	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Medical Net Paid	Medical PMPM	Rx Net Paid	Rx PMPM	Med/Rx Net Paid	Med/Rx PMPM	Med/Rx Net Paid	Med/Rx Net PMPM
<1	$160,087	$1,168	$100	$1	$160,187	$1,168	$68,516	$589	$531	$5	$69,047	$594	-56.9%	524.9%
01	$47,093	$318	$1,333	$9	$48,426	$327	$24,432	$207	$179	$2	$24,611	$209	-35.0%	-83.2%
02-04	$107,953	$218	$4,481	$9	$112,435	$227	$304,423	$623	$1,710	$3	$306,133	$626	185.2%	-61.4%
05-09	$214,282	$222	$14,880	$15	$229,162	$237	$188,260	$200	$8,975	$10	$197,235	$209	-10.0%	-38.2%
10-14	$231,027	$169	$50,618	$37	$281,645	$206	$217,293	$167	$31,775	$24	$249,068	$192	-1.0%	-33.9%
15-19	$229,750	$148	$76,435	$49	$306,185	$198	$298,790	$194	$52,647	$34	$351,437	$228	30.9%	-30.7%
20-24	$302,805	$208	$32,376	$22	$335,181	$230	$376,274	$260	$43,319	$30	$419,593	$290	25.4%	35.0%
25-29	$368,223	$487	$52,477	$69	$420,700	$557	$259,713	$303	$84,407	$98	$344,120	$401	-37.8%	41.8%
30-34	$269,466	$294	$148,751	$162	$418,217	$456	$285,361	$328	$122,886	$141	$408,247	$469	11.6%	-12.9%
35-39	$258,342	$217	$331,842	$278	$590,184	$495	$294,791	$267	$191,151	$173	$485,941	$440	23.2%	-37.8%
40-44	$721,218	$561	$182,949	$142	$904,167	$704	$431,633	$341	$245,816	$194	$677,449	$535	-39.3%	36.3%
45-49	$632,006	$389	$327,012	$201	$959,018	$590	$964,651	$632	$509,867	$334	$1,474,518	$966	62.7%	66.2%
50-54	$575,460	$308	$542,545	$291	$1,118,005	$599	$724,417	$384	$694,158	$368	$1,418,576	$751	24.5%	26.5%
55-59	$764,444	$413	$749,159	$405	$1,513,604	$818	$851,905	$474	$705,773	$393	$1,557,678	$867	14.8%	-3.0%
60-64	$805,826	$445	$555,049	$307	$1,360,875	$752	$861,984	$488	$615,406	$348	$1,477,390	$836	9.6%	13.6%
65+	$914,861	$744	$522,502	$425	$1,437,363	$1,169	$1,078,060	$846	$510,186	$400	$1,588,246	$1,247	13.7%	-5.8%
Total	$6,602,842	$354	$3,592,509	$193	$10,195,352	$546	$7,230,503	$395	$3,818,785	$209	$11,049,288	$604	8.4%	10.5%

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Financial Summary

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Financial and Demographic (*July 2024 thru Sept 2024 Q1*)												
	Total				State Active				Retiree (State/Non-State)			
Summary	Thru 1Q22	Thru 1Q23	Thru 1Q24	▲	Thru 1Q22	Thru 1Q23	Thru 1Q24	▲	Thru 1Q22	Thru 1Q23	Thru 1Q24	▲
Avg. # Employees	3,703	3,535	3,501	-1.0%	3,260	3,087	3,087	0.0%	443	448	414	-7.6%
Avg. # Members	6,539	6,219	6,100	-1.9%	5,938	5,605	5,534	-1.3%	601	614	566	-7.7%
Ratio	1.8	1.8	1.7	-1.0%	1.8	1.8	1.8	-1.3%	1.4	1.4	1.4	-0.1%
Financial												
Medical Paid	$6,668,630	$6,602,842	$7,230,503	9.5%	$5,741,833	$4,587,142	$4,410,746	-3.8%	$926,797	$2,015,700	$2,819,756	39.9%
Member Paid	$558,443	$604,663	$667,773	10.4%	$376,249	$433,173	$492,296	13.6%	$182,194	$171,490	$175,476	2.3%
Net Paid PEPY	$7,203	$7,471	$8,261	10.6%	$7,347	$7,081	$8,299	17.2%	$6,144	$10,161	$7,976	-21.5%
Net Paid PMPY	$4,079	$4,247	$4,741	11.6%	$4,033	$3,900	$4,630	18.7%	$4,535	$7,412	$5,826	-21.4%
Net Paid PEPM	$600	$623	$688	10.6%	$612	$590	$692	17.2%	$512	$847	$665	-21.5%
Net Paid PMPM	$340	$354	$395	11.6%	$336	$325	$386	18.7%	$378	$618	$486	-21.4%
High Cost Claimants												
# of HCC's > $50k	15	14	16	14.3%	13	9	14	55.6%	2	5	2	-60.0%
Avg. paid per claimant	$93,368	$91,431	$105,533	15.4%	$92,747	$81,470	$110,960	36.2%	$97,398	$109,360	$67,544	-38.2%
HCC % of Spend	21.0%	19.4%	23.1%	19.1%	20.1%	13.4%	24.1%	79.6%	28.6%	48.0%	15.6%	-67.6%
Spend by Location (PMPY)												
Inpatient	$982	$1,216	$1,436	18.0%	$1,775	$1,058	$1,570	48.4%	$1,455	$3,069	$1,705	-44.4%
Outpatient	$1,142	$1,112	$1,117	0.5%	$989	$859	$1,039	20.9%	$996	$2,025	$1,269	-37.3%
Professional	$1,927	$1,954	$2,104	7.7%	$1,104	$1,210	$1,499	23.9%	$2,110	$2,326	$2,899	24.6%
Total	$4,051	$4,282	$4,657	8.7%	$3,868	$3,273	$3,188	-2.6%	$4,562	$7,420	$5,873	-20.8%

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Paid Claims by Claim Type

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Net Paid Claims - Total Total Participants									
	July - Sept. 2023 Q1				July - Sept. 2024 Q1				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical									
InPatient	$1,271,304	$167,821	$452,090	$1,891,215	$1,465,417	$95,558	$628,581	$2,189,556	15.8%
OutPatient	$4,241,550	$130,814	$339,263	$4,711,627	$4,504,902	$123,640	$412,405	$5,040,947	7.0%
Total - Medical	$5,512,854	$298,635	$791,353	$6,602,842	$5,970,319	$219,198	$1,040,986	$7,230,503	9.5%

Net Paid Claims - Total Total Participants									
	July - Sept. 2023 Q1				July - Sept. 2024 Q1				▲
	Actives	Pre-Medicare	Medicare	Total	Actives	Pre-Medicare	Medicare	Total	
Medical PMPM	$323	$797	$2,113	$354	$359	$547	$817	$395	11.6%

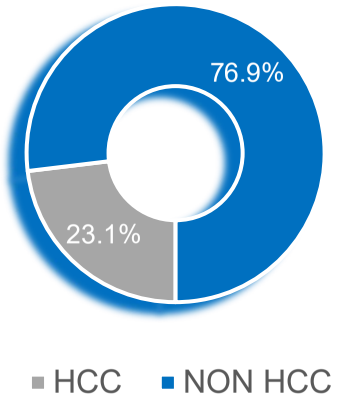
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Cost Distribution – Medical Claims > $50K

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July - Sept. 1Q23							July - Sept 1Q24					
# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid	Paid Claims	# of Members	% of Population	Total Paid	% of Paid	Subscriber Paid	% of Subscribers paid
2	0.0%	$419,114	6.3%	$0	0.0%	> $100k	2	0.0%	$443,086	6.1%	$443,086	100.0%
7	0.1%	$514,795	7.8%	$245,737	47.7%	$50k- $100k	9	0.1%	$630,455	8.7%	$275,251	43.7%
20	0.3%	$730,635	11.1%	$431,197	59.0%	$25k - $50k	25	0.4%	$903,806	12.5%	$565,334	62.6%
73	1.2%	$1,239,905	18.8%	$744,711	60.1%	$10k - $25k	72	1.2%	$1,319,576	18.3%	$667,873	50.6%
92	1.5%	$715,934	10.8%	$465,575	65.0%	$5k - $10k	142	2.3%	$1,044,062	14.4%	$699,992	67.0%

% Paid Attributed to Catastrophic Cases



HCC > $50k - AHRQ Chapter Conditions - Thru 1Q24			
Top 5 AHRQ Category conditions	# of Patients	Total Paid	% of Med Paid
Congenital anomalies	1	$329,117	4.5%
Injury and poisoning	3	$290,265	4.0%
Diseases of the respiratory system	3	$276,255	3.8%
Neoplasms	2	$154,277	2.1%
Diseases of the genitourinary system	1	$126,996	1.7%

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Utilization Summary

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Utilization Summary	Total			State Active			Retiree State/Non-State		
	July - Sept. 1Q23	July - Sept. 1Q24	▲	July - Sept. 1Q23	July - Sept. 1Q24	▲	July - Sept. 1Q23	July - Sept. 1Q24	▲
Inpatient									
# of Admits	112	109	-1.9%	86	94	9.2%	25	15	-40.2%
# of Bedays	590	899	52.5%	408	712	74.5%	181	187	3.0%
Avg. Paid per Admit	$16,941	$19,644	16.0%	$16,487	$20,242	22.8%	$18,503	$15,891	-14.1%
Avg. Paid per Day	$3,207	$2,391	-25.4%	$3,493	$2,683	-23.2%	$2,564	$1,279	-50.1%
Admits Per K	71.8	71.8	0.0%	61.7	68.3	10.6%	163.8	106.2	-35.2%
Days Per K	379.2	589.7	55.5%	291.3	515.0	76.8%	1,182.2	1,319.5	11.6%
ALOS	5.3	8.2	55.5%	4.7	7.5	59.9%	5.5	5.9	7.3%
Admits from ER	56	41	-26.8%	42	34	-19.0%	14	7	-50.0%
Physician Office Visits									
Per Member Per Year	2.3	2.2	-4.1%	2.3	2.2	-3.6%	2.6	2.4	-7.0%
Paid Per Visit	$149	$169	13.5%	$154	$174	13.0%	$107	$123	15.6%
Net Paid PMPM	$29	$31	8.9%	$29	$32	8.9%	$23	$25	7.5%
Emergency Room									
# of Visits	199	183	-8.0%	182	168	-7.7%	17	15	-11.8%
Visits Per K	128.0	120.0	-6.2%	129.9	121.4	-6.5%	110.8	105.9	-4.4%
Avg Paid Per Visit	$2,617	$3,424	30.8%	$2,678	$3,436	28.3%	$1,960	$3,294	68.0%
Urgent Care									
# of Visits	962	860	-10.6%	858	778	-9.3%	104	82	-21.2%
Visits Per K	618.8	563.9	-8.9%	612.3	562.4	-8.2%	677.9	579.2	-14.6%
Avg Paid Per Visit	$120	$134	12.1%	$91	$96	4.7%	$80	$96	19.9%

**Not Representative of all utilization*

**Data based on medical spend only*

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Diagnosis Grouper Summary – Top 25

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Top 25 AHRQ Category	Total Paid	% Paid	Insured	Spouse	Dependent	Male	Female	Unassigned
Cardiac and circulatory congenital anomalies	$283,758	4.9%	$283,268	$42	$449	$283,183	$576	$0
Spondylosis; intervertebral disc disorders	$282,396	4.9%	$223,900	$46,413	$12,083	$116,463	$165,934	$0
Pneumonia (except that caused by tuberculosis or std)	$268,832	4.7%	$249,517	$19,315		$197,722	$71,110	$0
Burns	$171,394	3.0%	$5,741		$165,654	$74	$171,321	$0
Septicemia (except in labor)	$159,363	2.8%	$95,740	$63,623		$135,230	$24,133	$0
Disorders usually diagnosed in infancy childhood	$156,592	2.7%	$1,679		$154,913	$105,690	$50,902	$0
Maintenance chemotherapy; radiotherapy	$150,955	2.6%	$112,097	$38,858		$21,925	$129,029	$0
Mood disorders	$150,289	2.6%	$49,857	$9,149	$91,283	$80,889	$69,400	$0
Biliary tract disease	$129,338	2.2%	$75,728	$451	$53,160	$66,569	$62,770	$0
Other ear and sense organ disorders	$127,189	2.2%	$95,867	$22,713	$8,609	$35,010	$92,179	$0
Osteoarthritis	$98,096	1.7%	$75,259	$22,837		$23,570	$74,526	$0
Other nutritional; endocrine; and metabolic disorders	$98,028	1.7%	$60,536	$36,817	$674	$25,113	$72,915	$0
Other screening for suspected conditions	$92,215	1.6%	$78,398	$12,292	$1,525	$26,598	$65,616	$0
Nonspecific chest pain	$91,688	1.6%	$64,400	$9,150	$18,138	$32,605	$59,083	$0
Aortic; peripheral; and visceral artery aneurysms	$90,071	1.6%	$36,312	$53,759		$89,886	$185	$0
Complications of surgical procedures or medical care	$87,769	1.5%	$73,929	$0	$13,840	$83,999	$3,770	$0
Medical examination/evaluation	$84,472	1.5%	$15,299	$13,737	$55,436	$40,486	$43,986	$0
Sprains and strains	$82,785	1.4%	$64,151	$11,230	$7,404	$63,008	$19,776	$0
Diabetes mellitus with complications	$82,388	1.4%	$65,956	$6,543	$9,889	$25,979	$56,409	$0
Abdominal pain	$78,847	1.4%	$59,348	$9,219	$10,279	$25,090	$53,757	$0
Anxiety disorders	$76,846	1.3%	$48,208	$12,688	$15,950	$17,271	$59,574	$0
Inflammatory conditions of male genital organs	$76,842	1.3%	$76,817		$25	$76,842		$0
Cancer of pancreas	$74,539	1.3%	$74,539			$2,498	$72,041	$0
Cancer of esophagus	$72,617	1.3%		$72,617		$72,617		$0
Acute and unspecified renal failure	$71,502	1.2%	$24,085	$41,646	$5,771	$70,762	$741	$0

Not Representative of all utilization

Data based on medical spend only

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Mental Health Drilldown

UnitedHealthcare®

Top 10 Mental Health				
AHRQ Category Description	July - Sept. 1Q23		July - Sept. 1Q24	
	Patients	Total Paid	Patients	Total Paid
Disorders usually diagnosed in infancy childhood or adolescence	31	$124,693	30	$156,592
Mood disorders	218	$112,397	252	$150,289
Anxiety disorders	230	$52,922	268	$76,846
Adjustment disorders	92	$21,466	100	$29,137
Suicide and intentional self-inflicted injury	6	$21,690	6	$27,677
Attention-deficit conduct and disruptive behavior disorders	103	$12,750	84	$18,615
Schizophrenia and other psychotic disorders	13	$5,161	13	$13,734
Alcohol-related disorders	15	$3,161	16	$7,672
Miscellaneous mental health disorders	22	$3,815	28	$3,957
Delirium dementia and amnestic and other cognitive disorders	9	$8,787	6	$3,510

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Respiratory Disorders

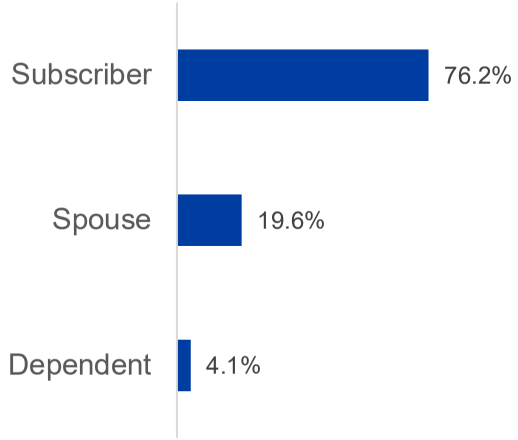
UnitedHealthcare

Top 10 Respiratory Disorders				
AHRQ Category Description	Patients	Claims	Total Paid	% Paid
Pneumonia	12	67	$268,832	52.8%
Other upper respiratory infections	219	263	$50,100	9.8%
Lung disease due to external agents	1	1	$36,673	7.2%
Other lower respiratory disease	125	235	$35,955	7.1%
Other upper respiratory disease	173	414	$29,167	5.7%
Respiratory failure; insufficiency; arrest (adult)	10	81	$29,097	5.7%
Acute and chronic tonsillitis	23	38	$24,914	4.9%
Asthma	75	114	$20,697	4.1%
Pleurisy; pneumothorax; pulmonary collapse	14	95	$11,178	2.2%
Aspiration pneumonitis; food/vomitus	1	14	$792	0.2%

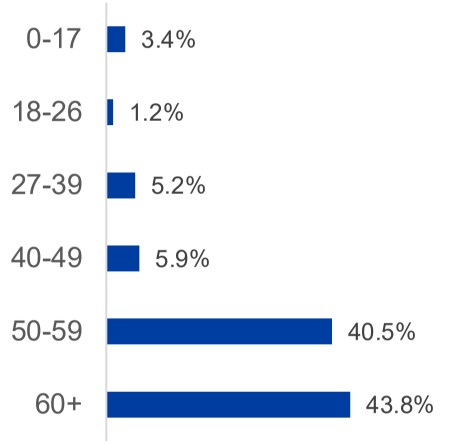
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**Data based on medical spend only*

Spend by Relationship



Spend by Age Range



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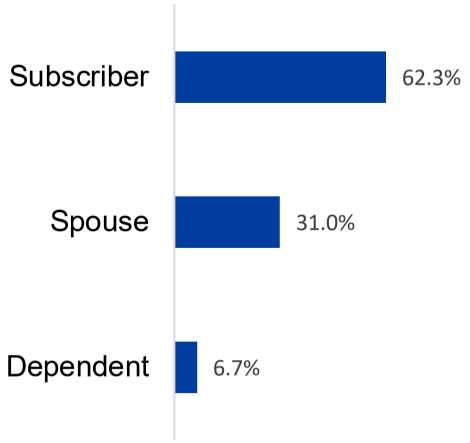
Infections

Top 10 Infectious and Parasitic Diseases				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Septicemia (except in labor)	8	19	$159,363	73.2%
Immunizations and screening	197	294	$27,443	12.6%
Viral infection	120	159	$18,223	8.4%
Tuberculosis	5	22	$7,721	3.5%
HIV infection	17	27	$1,631	0.7%
Bacterial infection; unspecified site	7	11	$1,501	0.7%
Hepatitis	6	17	$1,290	0.6%
Mycoses	41	48	$314	0.1%
Other infections; including parasitic	4	6	$291	0.1%
Sexually transmitted infections	1	2	$0	0.0%

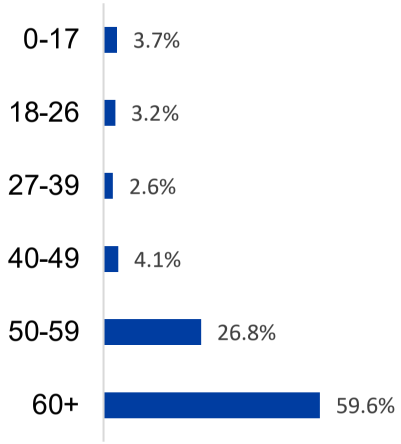
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Spend by Relationship



Spend by Age Range



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Pregnancy Related Disorders

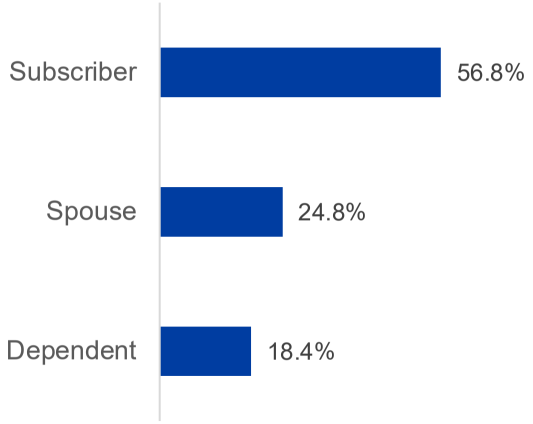
UnitedHealthcare

Top 10 Complications of Pregnancy				
AHRQ Description	Patients	Claims	Total Paid	% Paid
Other complications of pregnancy	31	84	$49,847	24.1%
Other pregnancy and delivery including normal	36	104	$43,825	21.2%
Hypertension complicating pregnancy;	3	17	$27,106	13.1%
Hemorrhage during pregnancy; abruptio placenta	9	26	$15,604	7.5%
Diabetes or abnormal glucose tolerance complicating	6	11	$15,058	7.3%
Polyhydramnios and other problems of amniotic cavity	3	4	$13,435	6.5%
Contraceptive and procreative management	57	81	$13,106	6.3%
Early or threatened labor	4	6	$11,895	5.7%
Spontaneous abortion	5	20	$10,628	5.1%
Other complications of birth; puerperium affecting management	9	12	$6,390	3.1%

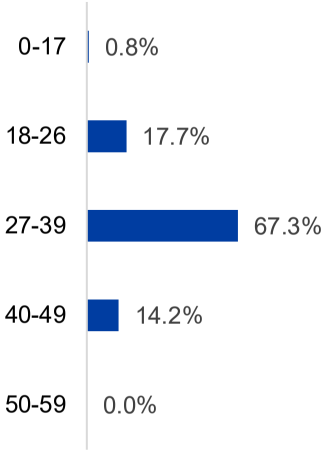
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Spend by Relationship



Spend by Age Range



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Emergency Room and Urgent Care

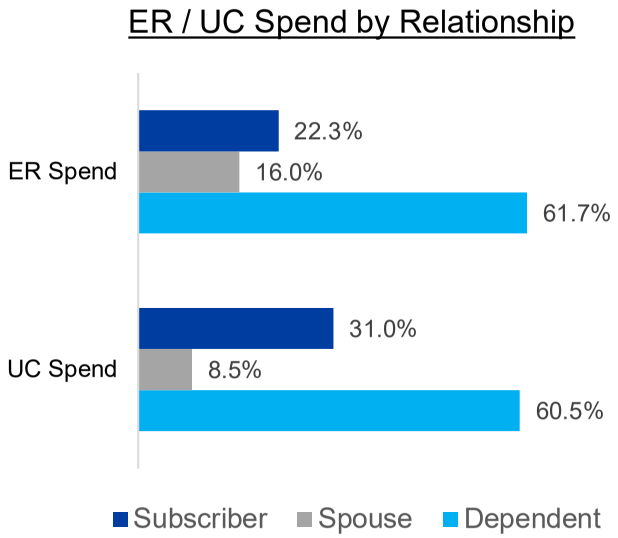
UnitedHealthcare

	July - Sept. 1Q23		July - Sept. 1Q24		Peer	
Metric	ER	Urgent Care	ER	Urgent Care	ER	Urgent Care
# of Visits	199	962	183	860		
Visits Per Member	0.03	0.48	0.03	0.54	0.09	0.15
Visits Per K	128.0	618.8	120.0	563.9	101.3	465.2
Avg. Paid Per Visit	$2,617	$114	$3,423.91	$120	$2,714	$116

**Not Representative of all utilization*

**Data based on medical spend only*

Emergency Room and Urgent Care Visits by Relationships - 1Q24				
Relationship	ER Visits	ER Per K	UC Visits	UC Per K
Member	47	30.8	213	139.7
Spouse	28	18.4	105	68.9
Dependent	108	70.8	542	355.4
Total	183	120.0	860	563.9



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Clinical Conditions by Medical Spend

UnitedHealthcare®

Top 15 Common Condition	# of Members	% of Members	Members Per K	PMPM
Mental Disorders	504	24.8%	247.9	$18.72
Intervertebral Disc Disorders	308	15.1%	151.5	$15.43
Diabetes with complications	284	14.0%	139.7	$4.50
Breast Cancer	45	2.2%	22.1	$3.40
Coronary Atherosclerosis	46	2.3%	22.6	$2.66
Hypertension	264	13.0%	129.8	$1.18
Diabetes without complications	278	13.7%	136.7	$3.13
Prostate Cancer	12	0.6%	5.9	$1.13
Chronic Renal Failure	56	2.8%	27.5	$1.10
Asthma	75	3.7%	36.9	$1.99
Acute Myocardial Infarction	4	0.2%	2.0	$1.38
Colon Cancer	3	0.1%	1.5	$0.81
Congestive Heart Failure (CHF)	20	1.0%	9.8	$0.66
Cervical Cancer	10	0.5%	4.9	$0.04
COPD	30	1.5%	14.8	$0.10

**Not Representative of all utilization*

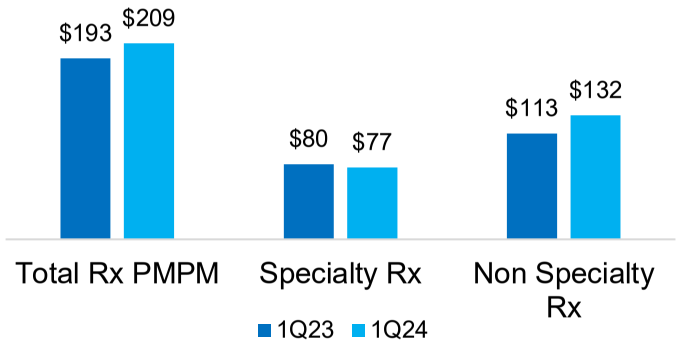
**Data based on medical spend only*

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Pharmacy Drivers

	July - Sept. 1Q23	July - Sept. 1Q24	Δ
Enrolled Members	6,219	6,100	-1.9%
Average Prescriptions PMPY	16.9	17.4	3.0%
Formulary Rate	87.7%	88.2%	0.6%
Generic Use Rate	84.5%	84.4%	0.0%
Generic Substitution Rate	98.2%	98.9%	0.7%
Avg Net Paid per Prescription	$137	$144	5.3%
Net Paid PMPM	$193	$209	8.4%

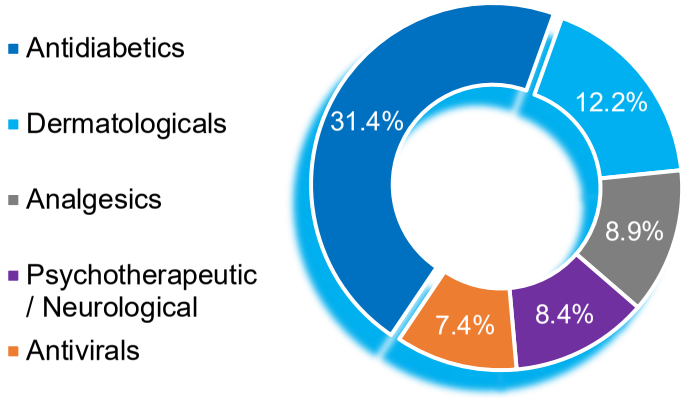
Total Rx Spend by Benefit and Type



Pharmacy Performance

- Rx spend increased of **8.4%**, (**$16 PMPM**) from prior period
- Avg. paid per Script increased **5.3%** (**$7 PMPM**) year over year
- Specialty Rx spend driving **36.7%** of Rx Spend
- Specialty Rx spend remained relatively flat from prior period
  Specialty Rx Drivers:
  Mounjaro (Antidiabetic) Spend up **83.5%**
  Ozempic (Antidiabetic) Spend up **30.8%**
- Tier 1 Rx drove **74.4%** of total claim volume, but only accounts for **5.6%** of overall Rx Spend

Top 5 Therapeutic Classes by Spend



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Appendix E

Index of Tables
Dental Plan –Utilization Review for PEBP
July 1, 2024 – September 30, 2024

DENTAL TOTAL SAVINGS SUMMARY.....2

DENTAL CLAIMS BREAKOUTS…….……...3

DENTAL PAID BY MEMBER STATUS……...4

NEVADA PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

Dental • 2025-1Q

Claims Paid 7/1/2024 - 9/30/2024

UMR℠

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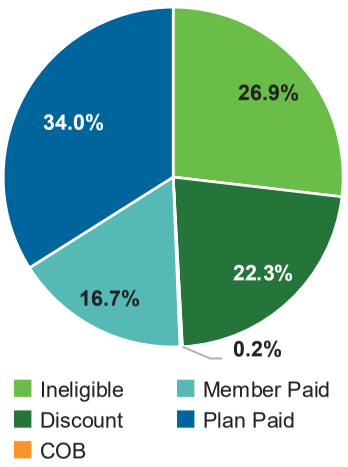
Dental Total Savings Summary

Breakouts & Network Performance

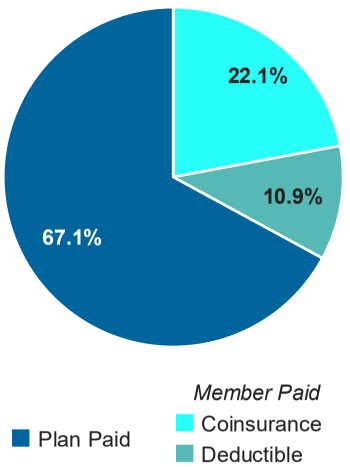
Dental Dollar Chain: Billed to Paid Dollars

Dollar Amount	Total Dollars	PMPM
Dental Billed	$21,067,053	$104.29
(-) Ineligible	$5,663,020	$28.03
Dental Covered	$15,404,033	$76.25
(-) Discount	$4,700,012	$23.27
Dental Allowed	$10,704,021	$52.99
(-) COB	$47,468	$0.23
(-) Coinsurance	$2,354,901	$11.66
(-) Deductible	$1,161,567	$5.75
Total Member Paid	$3,516,469	$17.41
Total Plan Paid	$7,161,865	$35.45

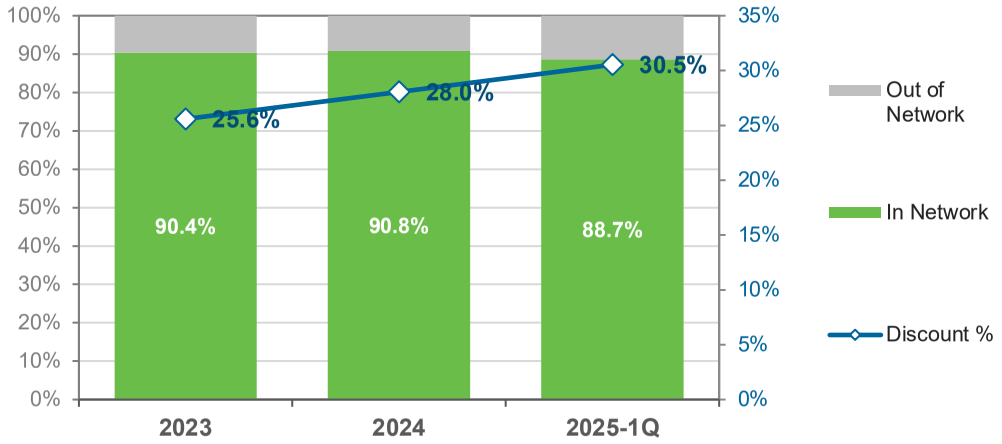
Breakout of Billed Dollars



Breakout of Paid Dollars



Dental Network Performance



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Dental Claims Breakouts

Age Range, Member Cost, and Dental Category

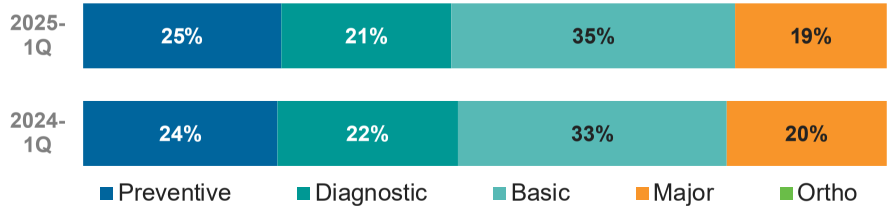
Dental Paid Claims by Age Range

Age	2024-1Q		2025-1Q		*Change*	
	Total Paid	Paid PMPM	Total Paid	Paid PMPM	*Total*	*PMPM*
< 01	$2,238	$1.90	$3,027	$2.57	*35.3%*	*35.6%*
01	$12,872	$9.89	$13,667	$10.05	*6.2%*	*1.6%*
02 - 04	$112,267	$23.96	$118,993	$24.87	*6.0%*	*3.8%*
05 - 09	$324,087	$35.84	$317,898	$33.05	*-1.9%*	*-7.8%*
10 - 14	$353,333	$32.38	$377,838	$33.66	*6.9%*	*3.9%*
15 - 19	$558,725	$44.30	$511,984	$38.81	*-8.4%*	*-12.4%*
20 - 24	$273,026	$20.74	$288,809	$20.73	*5.8%*	*0.0%*
25 - 29	$214,215	$24.15	$264,494	$26.99	*23.5%*	*11.8%*
30 - 34	$328,432	$30.31	$320,215	$27.76	*-2.5%*	*-8.4%*
35 - 39	$373,000	$30.24	$391,371	$30.50	*4.9%*	*0.9%*
40 - 44	$431,970	$33.15	$429,015	$31.37	*-0.7%*	*-5.4%*
45 - 49	$437,635	$35.32	$407,842	$31.72	*-6.8%*	*-10.2%*
50 - 54	$513,513	$35.68	$513,321	$34.49	*0.0%*	*-3.3%*
55 - 59	$565,340	$38.92	$535,228	$35.91	*-5.3%*	*-7.7%*
60 - 64	$699,286	$44.46	$679,239	$43.40	*-2.9%*	*-2.4%*
65+	$2,005,172	$49.70	$1,988,923	$49.00	*-0.8%*	*-1.4%*
Total	**$7,205,110**	**$36.88**	**$7,161,865**	**$35.45**	***-0.6%***	***-3.9%***

Dental Cost Distribution

Member Total Paid Range	Unique Members	Members % of Tot	Total Paid	Tot Paid % of Tot	Total OOP (Mem Paid)	OOP % of Tot
No Claims	42,904	62.0%	$0	0.0%	$0	0.0%
< $0 - $0	1,397	2.0%	-$6,529	-0.1%	$74,934	2.1%
> $0 - $250	18,680	27.0%	$2,464,912	34.4%	$729,316	20.7%
> $250 - $500	2,642	3.8%	$934,933	13.1%	$459,124	13.1%
> $500 - $750	1,319	1.9%	$808,511	11.3%	$506,586	14.4%
> $750 - $1000	684	1.0%	$590,418	8.2%	$362,001	10.3%
> $1000	1,526	2.2%	$2,369,620	33.1%	$1,384,507	39.4%
Total	**69,152**	**100.0%**	**$7,161,865**	**100.0%**	$3,516,469	100.0%

Paid Breakout by Dental Category



Dental Category	2024-1Q		2025-1Q		*Change*
	Patients	Total Paid	Patients	Total Paid	*Total Paid*
Preventive	17,879	$1,743,119	18,139	$1,766,024	*1.3%*
Diagnostic	17,147	$1,617,816	17,448	$1,515,380	*-6.3%*
Basic	8,535	$2,408,340	8,707	$2,528,886	*5.0%*
Major	2,375	$1,435,835	2,144	$1,351,576	*-5.9%*
Orthodontia	1	$0	1	$0	-
Total Dental	**25,182**	**$7,205,110**	**25,714**	**$7,161,865**	***-0.6%***

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Dental Paid by Member Status

Breakout of State vs. Non-State by Member Status

Program	2024-1Q (7/1/2023 - 9/30/2023) Active	Pre-Medicare Retirees	Medicare Retirees	Total	2025-1Q (7/1/2024 - 9/30/2024) Active	Pre-Medicare Retirees	Medicare Retirees	Total	Trend Total
State Members									
Dental	$4,806,718	$606,821	$163,004	**$5,576,543**	$4,791,739	$585,879	$160,527	**$5,538,144**	*-0.7%*
Dental Exchange			$1,012,274	**$1,012,274**			$1,060,666	**$1,060,666**	*4.8%*
Total	**$4,806,718**	**$606,821**	**$1,175,278**	**$6,588,817**	**$4,791,739**	**$585,879**	**$1,221,193**	**$6,598,810**	***0.2%***
PMPM	**$33.45**	**$40.47**	**$49.48**	**$36.11**	**$31.68**	**$40.65**	**$50.64**	**$34.77**	***-3.7%***
Non-State Members									
Dental	$2,601	$18,708	$56,626	**$77,935**	$712	$19,594	$58,039	**$78,346**	*0.5%*
Dental Exchange			$538,358	**$538,358**			$484,710	**$484,710**	*-10.0%*
Total	**$2,601**	**$18,708**	**$594,984**	**$616,293**	**$712**	**$19,594**	**$542,749**	**$563,055**	***-8.6%***
PMPM	**$72.25**	**$35.09**	**$48.25**	**$47.77**	**$24.59**	**$53.67**	**$45.78**	**$45.96**	***-3.8%***
All Members									
Dental	$4,809,319	$625,530	$219,629	**$5,654,478**	$4,792,451	$605,473	$218,566	**$5,616,490**	*-0.7%*
Dental Exchange			$1,550,632	**$1,550,632**			$1,545,376	**$1,545,376**	*-0.3%*
Total	**$4,809,319**	**$625,530**	**$1,770,262**	**$7,205,110**	**$4,792,451**	**$605,473**	**$1,763,942**	**$7,161,865**	***-0.6%***
PMPM	**$33.46**	**$40.29**	**$49.06**	**$36.88**	**$31.68**	**$40.97**	**$49.04**	**$35.45**	***-3.9%***

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4.2.2

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.2 Receipt of quarterly staff reports for the period ending September 30, 2024:

4.2.1 Q1 Utilization Report

4.2.2 Contract Status Report

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109, Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
https://pebp.nv.gov

CELESTENA GLOVER
Executive Officer

JOY GRIMMER
Board Chair

AGENDA ITEM

[X] Action Item

[ ] Information Only

Date: January 23, 2025

Item Number: 4.2.2

Title: Contract Status Report

Summary

This report addresses the status of PEBP contracts to include:

1. Contract Overview
2. New Contracts for approval
3. Contract Amendments for approval
4. Contract Solicitations for approval
5. Status of Current Solicitations

1. Contracts Overview

Below is a listing of the active PEBP contracts as of January 10, 2025

PEBP Active Contracts Summary

Vendor	Service	Contract #	Effective Date	Termination Date	Contract Max	Current Expenditures	Amount Remaining
Eide Bailly	Financial Auditor	27703	7/11/2023	12/31/2026	$ 386,500.00	$ 127,500.00	$ 259,000.00
Health Plan of Nevada Inc	Southern Nevada HMO	23802	7/1/2021	6/30/2025	$ 192,093,848.00	$ 151,070,130.69	$ 41,023,717.31
Diversified Dental Services Inc.	Dental PPO	23810	7/1/2021	6/30/2026	$ 1,601,613.00	$ 1,089,015.75	$ 512,597.25
Lifeworks/Telus Health	Benefits Management System	25935	5/10/2022	12/31/2026	$ 6,145,600.00	$ 3,558,799.66	$ 2,586,800.34
Express Scripts, Inc.	Pharmacy Benefit Manager	25582	5/10/2022	6/30/2026	$ 332,109,496.00	$ 222,023,279.55	$ 110,086,216.45
*Willis Towers Watson (VIA)	*Medicare Exchange	16468	7/1/2015	6/30/2025	$ 1,546,000.00	$ 1,233,741.92	$ 312,258.08
United Healthcare Insurance	Group Basic Life Insurance	25607	7/1/2022	6/30/2026	$ 12,824,248.00	$ 10,805,339.80	$ 2,018,908.20
Brown & Brown of Massachusetts	Health Plan Auditor	24030	4/13/2021	6/30/2027	$ 1,581,662.00	$ 663,370.00	$ 918,292.00
Segal Company, Inc.	Consulting Services	25557	7/1/2022	6/30/2027	$ 4,285,410.00	$ 1,895,075.00	$ 2,390,335.00
Capitol Reporters	Court Reporting	27029	2/1/2023	6/30/2025	$ 31,932.00	$ 12,496.00	$ 19,436.00
Carrum Health	Centers of Excellence	28745	2/12/2024	6/30/2028	$ 4,000,000.00	$ 169,648.52	$ 3,830,351.48
Carrum Health	Oncology Concierge	29053	5/14/2024	6/30/2028	$ 1,490,000.00	$ 196,984.99	$ 1,293,015.01
UMR, Inc.	TPA and Other Services	25155	7/1/2022	6/30/2028	$ 65,413,106.00	$ 9,345,082.04	$ 56,068,023.96

*Willis Towers Watson (VIA) As of July 1, 2019 Willis Towers Watson no longer charges PEBP an administrative fee.

Recommendation

No action necessary

2. New Contracts

NEW CONTRACTS UNDER SEPARATE AGENDA ITEMS 7 AND 8

Recommendation

No action necessary

3. Contract Amendment Ratifications

TELUS HEALTH – AMENDMENT TO FORMALIZE NAME CHANGE FROM LIFEWORKS

Recommendation

No action necessary.

4. Status of Current Solicitations

The chart below provides information on the status of PEBP's in-progress solicitations:

Service	Anticipated/ Actual RFP release date	Anticipated/ Actual NOI	Winning Vendor	Anticipated Board Approval
Eligibility & Enrollment	01/27/2025	05/2025	TBA	05/2025
Pharmacy Benefit Manager	02/2025	05/2025	TBA	05/2025
Secondary Network - CTH	02/2025	05/2025	TBA	05/2025

4.3

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

4.3.1 Q1 UMR – Obesity Care Management

4.3.2 Q1 UMR – Diabetes Care Management

4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management

4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network

4.3.5 Q1 UnitedHealthcare – Basic Life Insurance

4.3.6 Q1 Express Scripts – Summary Report

4.3.7 Q1 Express Scripts – Utilization Report

4.3.8 Q1 UMR Performance Guarantees

4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report

4.3.10 Q1 Doctor on Demand Engagement Report

4.3.11 Real Appeal – Utilization Report

4.3.1

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

4.3.1 Q1 UMR – Obesity Care Management

NEVADA PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

OCM • 2025-1Q

UMR℠

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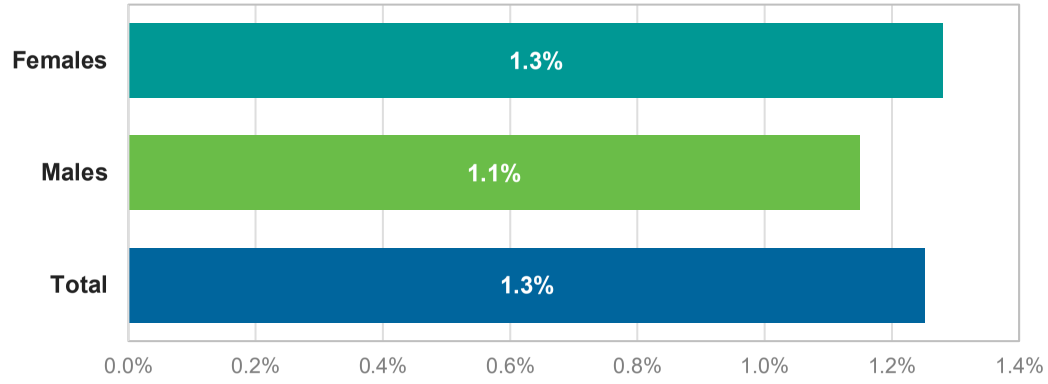
Obesity Care Management

Overview

Weight Management Summary	Females	Males	Total
Members Enrolled in OCM	248	55	**303**
Average Pounds Lost	2.6	2.9	**2.7**
Total Pounds Lost	654.8	158.4	**813.2**
% Pounds Lost	1.3%	1.1%	**1.3%**
Average Paid per Member	$1,252	$911	**$1,190**

- *At $393.58, Paid PMPM for OCM participants is significantly (–24.4%) lower than non-participants ($520.56)*

Average % Pounds Lost



Obesity Care Management participation is for the 2025 Plan Year with activity through 9/30/2024

Claims Date Range (for Avg. Paid per Member): Service Dates 7/1/2024 - 9/30/2024, Paid through 9/30/2024

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Obesity Care Management

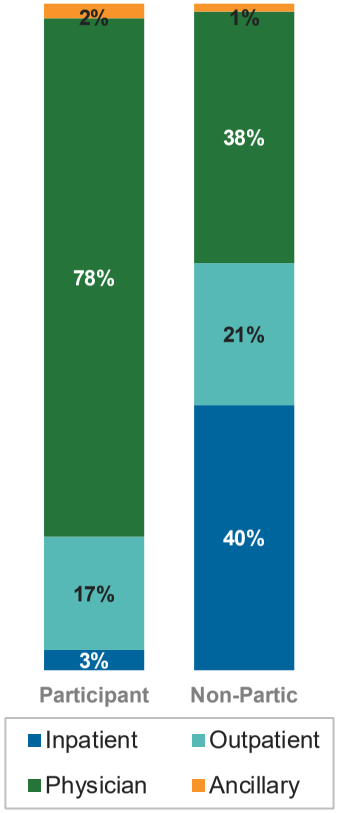
Financial & Utilization Summary

Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	270	460	*-41.3%*
Tot. Members	303	537	*-43.6%*
Emp to Total Ratio	1.1	1.2	*-3.9%*
Financial Summary			
Allowed	$447,634	$1,120,672	*-60.1%*
Plan Paid	$360,703	$845,518	*-57.3%*
Member Paid (OOP)	$86,651	$258,201	*-66.4%*
Paid PEPY*	$5,300	$7,292	*-27.3%*
Paid PMPY*	$4,723	$6,247	*-24.4%*
Paid PEPM	$442	$608	*-27.3%*
Paid PMPM	$394	$521	*-24.4%*
High-Cost Claimants (Med Paid $100,000+)			
# of HCCs	0	1	*-100.0%*
HCCs per 1000	0.0	1.9	*-100.0%*
Paid per HCC	$0	$195,273	-
HCC Paid % of Tot	0.0%	23.1%	*-23.1*
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	$143	$2,485	*-94.2%*
Outpatient	$802	$1,331	*-39.7%*
Physician	$3,674	$2,358	*55.8%*
Ancillary	$104	$74	*40.9%*

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	1	12	*-91.7%*
# of Admit Days	4	33	*-87.9%*
Paid per Admit	$12,428	$14,909	*-16.6%*
Paid per Admit Day	$3,107	$5,421	*-42.7%*
Admits per 1000	13.1	88.7	*-85.2%*
Average LOS	4.0	2.8	*45.5%*
Emergency Room Visits			
# of ER Visits	10	42	*-76.2%*
~ % resulting in Admit	10.0%	2.4%	*7.6*
ER Visits per Patient	1.1	1.2	*-7.4%*
ER Visits per 1000	130.9	310.3	*-57.8%*
Paid per ER Visit	$2,674	$3,153	*-15.2%*
Urgent Care Visits			
# of UC Visits	28	49	*-42.9%*
UC Visits per Patient	1.4	1.1	*28.6%*
UC Visits per 1000	366.6	362.0	*1.3%*
Paid per UC Visit	$96	$100	*-4.0%*
Office Visits			
Off Visits per Patient	5.2	2.4	*110.7%*
Paid per Office Visit	$121	$74	*63.5%*
Office Visits Paid PMPY	$2,297	$562	*308.8%*
Services			
Radiology Svcs per 1000	8,183.6	3,804.9	*115.1%*
Radiology Paid PMPY	$420	$486	*-13.5%*
Lab Services per 1000	12,151.0	17,879.1	*-32.0%*
Labs Paid PMPY	$251	$277	*-9.5%*

Non-participants are defined as members identified with a morbid obesity condition in the prior 12 months (10/1/2023 - 9/30/2024), but who are not enrolled in the Obesity Care Management program

Claims Date Range: Service Dates 7/1/2024 - 9/30/2024, Paid through 9/30/2024

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4.3.2

4. Consent Agenda. (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

4.3.1 Q1 UMR – Obesity Care Management

4.3.2 Q1 UMR – Diabetes Care Management

NEVADA PEBP

Public Employees' Benefits Program

Quarterly Plan Performance Review

DCM • 2025-1Q

UMR℠

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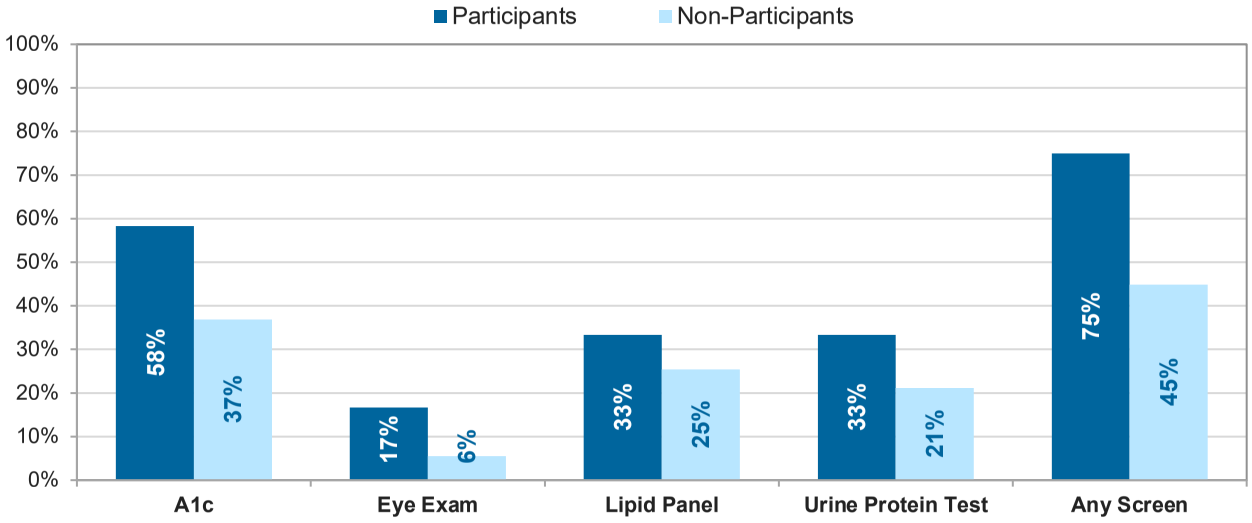
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Diabetes Care Management

Screenings Breakout: Participants vs. Non-Participants

Diabetes Screening	Participants			Non-Participants			*Participant vs. Non-Variance*
	Members	# with Screening	Screening Rate	Members	# with Screening	Screening Rate	
A1c Test	12	7	**58.3%**	3,089	1,139	**36.9%**	*21.5*
Eye Exam	12	2	**16.7%**	3,089	170	**5.5%**	*11.2*
Lipid Panel	12	4	**33.3%**	3,089	784	**25.4%**	*8.0*
Urine Protein Test	12	4	**33.3%**	3,089	653	**21.1%**	*12.2*
Any Diabetes Screen	12	9	**75.0%**	3,089	1,387	**44.9%**	*30.1*



- *33.3% of DCM participants had an office visit for Diabetes, while 31.9% of non-participants had a visit*
- *No DCM participants received all four screenings, while 1.0% of non-participants did*

Diabetes Care Management participation is for the 2025 Plan Year with activity through 9/30/2024

Non-participants are defined as members identified with diabetes in the prior 12 months (10/1/2023 - 9/30/2024), but who are not enrolled in the Diabetes Care Management program

Screening Date Range: Service Dates 7/1/2024 - 9/30/2024, Paid through 9/30/2024

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Diabetes Care Management

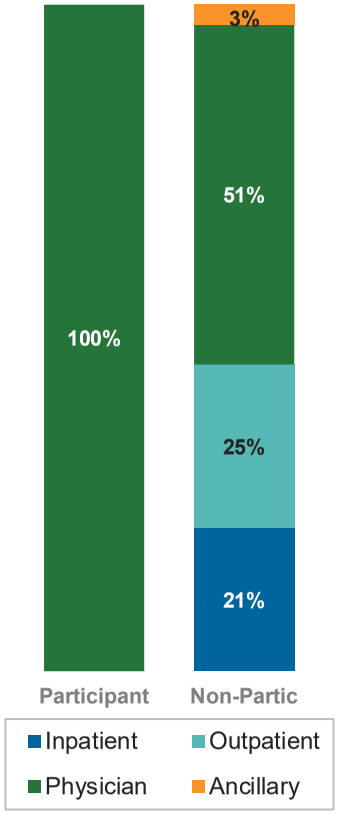
Financial & Utilization Summary

Financial Summary

Financial Measure	Participants	Non-Partic.	Variance
Average Enrollment			
Employees	6	2,435	*-99.8%*
Tot. Members	12	3,089	*-99.6%*
Emp to Total Ratio	2.0	1.3	*57.7%*
Financial Summary			
Allowed	$5,175	$5,421,676	*-99.9%*
Plan Paid	$1,358	$3,349,014	*-100.0%*
Member Paid (OOP)	$3,817	$1,362,217	*-99.7%*
Paid PEPY*	$898	$5,457	*-83.5%*
Paid PMPY*	$449	$4,301	*-89.6%*
Paid PEPM	$75	$455	*-83.5%*
Paid PMPM	$37	$358	*-89.6%*
High-Cost Claimants (Med Paid $100,000+)			
# of HCCs	0	1	*-100.0%*
HCCs per 1000	0.0	0.3	*-100.0%*
Paid per HCC	$0	$195,273	-
HCC Paid % of Tot	0.0%	5.8%	*-5.8*
Cost Distribution by Claim Type (Paid PMPY*)			
Inpatient	$0	$922	*-100.0%*
Outpatient	$0	$1,057	*-100.0%*
Physician	$449	$2,192	*-79.5%*
Ancillary	$0	$131	*-100.0%*

* Annualized

Cost Distribution By Claim Type



Utilization Summary

Utilization Measure	Participants	Non-Partic.	Variance
Inpatient Admissions			
# of Admits	0	58	*-100.0%*
# of Admit Days	0	231	*-100.0%*
Paid per Admit	$0	$10,775	-
Paid per Admit Day	$0	$2,705	-
Admits per 1000	0.0	74.5	*-100.0%*
Average LOS	0.0	4.0	-
Emergency Room Visits			
# of ER Visits	0	150	*-100.0%*
~ % resulting in Admit	-	14.7%	-
ER Visits per Patient	0	1.2	-
ER Visits per 1000	0.0	192.7	*-100.0%*
Paid per ER Visit	$0	$2,759	-
Urgent Care Visits			
# of UC Visits	0	252	*-100.0%*
UC Visits per Patient	0.0	1.2	-
UC Visits per 1000	0.0	323.7	*-100.0%*
Paid per UC Visit	$0	$71	-
Office Visits			
Off Visits per Patient	1.3	2.4	*-44.1%*
Paid per Office Visit	$23	$74	*-69.7%*
Office Visits Paid PMPY	$89	$477	*-81.3%*
Services			
Radiology Svcs per 1000	0.0	5,431.6	*-100.0%*
Radiology Paid PMPY	$0	$398	*-100.0%*
Lab Services per 1000	14,877.7	15,046.3	*-1.1%*
Labs Paid PMPY	$98	$217	*-54.7%*

Non-participants are defined as members identified with diabetes in the prior 12 months (10/1/2023 - 9/30/2024), but who are not enrolled in the Diabetes Care Management program

Claims Date Range: Service Dates 7/1/2024 - 9/30/2024, Paid through 9/30/2024

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4.3.3

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- **4.3.3 Q1 Sierra Healthcare Option – Utilization and Large Case Management**

Executive Summary

Metrics	Jul-24	Aug-24	Sep-24	Average
Enrollment	50,823	50,926	51,188	**50,979**

	Inpatient All - LTACH, AIR, SNF, and OOA				
Month	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Total Discharges	147	161	163	**471**	**157**
Total Discharges LOS	958	810	751	**2,519**	**840**
Average LOS	6.5	5.0	4.6	**5.3**	**5.3**

Out of Area, Hopital Rehabilitation and Skilled Nursing are excluded from this calculation.

	Inpatient Hospital Acute Only				
Month	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Total Discharges	104	123	127	**354**	**118**
Total Discharges LOS	671	460	586	**1,717**	**572**
Average LOS	6.5	3.7	4.6	**4.9**	**4.9**

	Beddays by Facility Type				
Metrics			**Beddays**		
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Hospital	765	460	633	**1,858**	**619**
Hospital Rehabilitation	11	53	70	**134**	**45**
Skilled Nursing	29	121	23	**173**	**58**
Out of Area	248	242	126	**616**	**205**

Metrics			**Beddays per K**	
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**
Hospital	180.6	108.4	148.4	**145.8**
Hospital Rehabilitation	2.6	12.5	16.4	**10.5**
Skilled Nursing	6.8	28.5	5.4	**13.6**
Out of Area	58.6	57.0	29.5	**48.3**

	Admits by Facility Type				
Metrics			**Admits**		
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Hospital	113	115	133	**361**	**120**
Hospital Rehabilitation	1	5	3	**9**	**3**
Skilled Nursing	2	5	1	**8**	**3**
Out of Area	40	31	24	**95**	**32**

Metrics			**Admits per K**	
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**
Hospital	26.7	27.1	31.2	**28.3**
Hospital Rehabilitation	0.2	1.2	0.7	**0.7**

Executive Summary

Metrics	Admits per K			
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**
Skilled Nursing	0.5	1.2	0.2	**0.6**
Out of Area	9.4	7.3	5.6	**7.5**

Readmits by Facility Type

Metrics	Readmits				
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Hospital	6	8	6	**20**	**7**
Hospital Rehabilitation	0	1	0	**1**	**0**
Skilled Nursing	0	0	0	**0**	**0**
All Other	2	0	0	**2**	**1**

Average Length of Stay by Facility

Facility Type	Metrics	Average LOS			
	Facility Name	**Jul-24**	**Aug-24**	**Sep-24**	**Total**
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	1.9	4.7	2.7	**3.3**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	10.7	2.3	4.8	**6.4**
	HENDERSON HOSPITAL	27.0	2.0	3.6	**7.1**
	MOUNTAIN VIEW HOSPITAL	7.4	3.7	7.3	**6.3**
	NORTH VISTA HOSPITAL	1.0	0.0	4.0	**2.0**
	RENOWN REGIONAL MEDICAL CENTER	4.0	3.9	4.9	**4.3**
	SOUTHERN HILLS HOSPITAL	17.6	1.3	2.0	**8.1**
	SPRING VALLEY HOSPITAL	3.0	4.3	2.4	**3.1**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	8.0	2.7	4.0	**4.0**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	4.8	3.4	3.3	**3.9**
	SUMMERLIN HOSPITAL MEDICAL CTR	4.6	4.8	12.3	**8.1**
	SUNRISE HOSPITAL	8.4	3.1	3.0	**4.6**
	UNIVERSITY MEDICAL CENTER SO NV	4.0	3.5	3.7	**3.7**
	VALLEY HOSPITAL MEDICAL CTR	4.7	9.7	3.0	**5.3**
	Total	**6.5**	**3.7**	**4.6**	**4.9**
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0.0	0.0	0.0	**13.0**
	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	5.5	0.0	5.0	**5.3**
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	0.0	0.0	5.5	**11.0**
	KINDRED HOSPITAL W SAHARA	0.0	0.0	0.0	**0.0**
	PAM SPECIALTY HOSPITAL OF LAS VEGAS	0.0	7.3	0.0	**7.3**
	Total	**5.5**	**10.6**	**4.0**	**7.3**
Skilled Nursing	ADVANCED HEALTHCARE OF LAS VEGAS	0.0	0.0	0.0	**13.0**
	HARMON HOSPITAL	0.0	0.0	0.0	**29.0**

Executive Summary

Facility Type	Average Length of Stay by Facility				
	Metrics	Average LOS			
	Facility Name	Jul-24	Aug-24	Sep-24	Total
Skilled Nursing	SAGE CREEK POST ACUTE	0.0	0.0	0.0	**47.0**
	SANDSTONE SPRING VALLEY LLC	2.5	0.0	0.0	**26.0**
	TRELLIS CENTENNIAL	0.0	0.0	0.0	**4.0**
	WELBROOK CENTENNIAL HILLS	0.0	0.0	0.0	**24.0**
	Total	**9.7**	**121.0**	**5.8**	**21.6**
Out of Area	Out of Area	6.5	5.5	4.5	**5.6**
	Total	**6.5**	**5.5**	**4.5**	**5.6**

Facility Type	Beddays by Facility					
	Metrics	Beddays				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	23	70	24	**117**	**39**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	75	9	38	**122**	**41**
	HENDERSON HOSPITAL	81	10	36	**127**	**42**
	MOUNTAIN VIEW HOSPITAL	59	22	52	**133**	**44**
	NORTH VISTA HOSPITAL	2	0	4	**6**	**3**
	RENOWN REGIONAL MEDICAL CENTER	136	189	196	**521**	**174**
	SOUTHERN HILLS HOSPITAL	217	12	2	**231**	**77**
	SPRING VALLEY HOSPITAL	3	13	58	**74**	**25**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	8	8	8	**24**	**8**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	57	31	43	**131**	**44**
	SUMMERLIN HOSPITAL MEDICAL CTR	23	24	98	**145**	**48**
	SUNRISE HOSPITAL	59	22	33	**114**	**38**
	UNIVERSITY MEDICAL CENTER SO NV	8	21	26	**55**	**18**
	VALLEY HOSPITAL MEDICAL CTR	14	29	15	**58**	**19**
	Total	**765**	**460**	**633**	**1,858**	**0**
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0	13	0	**13**	**13**
	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	11	0	5	**16**	**8**
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	0	11	11	**22**	**11**
	KINDRED HOSPITAL W SAHARA	0	0	54	**54**	**54**
	PAM SPECIALTY HOSPITAL OF LAS VEGAS	0	29	0	**29**	**29**
	Total	**11**	**53**	**70**	**134**	**0**
Skilled Nursing	ADVANCED HEALTHCARE OF LAS VEGAS	0	13	0	**13**	**13**
	HARMON HOSPITAL	0	29	0	**29**	**29**
	SAGE CREEK POST ACUTE	24	0	23	**47**	**24**
	SANDSTONE SPRING VALLEY LLC	5	47	0	**52**	**26**

Executive Summary

Facility Type	Beddays by Facility					
	Metrics			Beddays		
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Skilled Nursing	TRELLIS CENTENNIAL	0	8	0	**8**	**8**
	WELBROOK CENTENNIAL HILLS	0	24	0	**24**	**24**
	Total	**29**	**121**	**23**	**173**	**0**
Out of Area	Out of Area	248	242	126	**616**	**205**
	Total	**248**	**242**	**126**	**616**	**0**

Facility Type	Admits by Facility					
	Metrics			Admits		
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	11	15	9	**35**	**12**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	6	3	9	**18**	**6**
	HENDERSON HOSPITAL	5	4	10	**19**	**6**
	MOUNTAIN VIEW HOSPITAL	9	5	7	**21**	**7**
	NORTH VISTA HOSPITAL	2	0	1	**3**	**2**
	RENOWN REGIONAL MEDICAL CENTER	35	46	44	**125**	**42**
	SOUTHERN HILLS HOSPITAL	10	6	1	**17**	**6**
	SPRING VALLEY HOSPITAL	1	3	6	**10**	**3**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	2	2	2	**6**	**2**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	12	8	15	**35**	**12**
	SUMMERLIN HOSPITAL MEDICAL CTR	5	6	9	**20**	**7**
	SUNRISE HOSPITAL	9	6	11	**26**	**9**
	UNIVERSITY MEDICAL CENTER SO NV	3	6	6	**15**	**5**
	VALLEY HOSPITAL MEDICAL CTR	3	5	3	**11**	**4**
	Total	**113**	**115**	**133**	**361**	**0**
Hospital Rehabilitation	ENCOMPASS HEALTH HOSPITAL OF DESERT CANYON	0	1	0	**1**	**1**
	ENCOMPASS HEALTH HOSPITAL OF HENDERSON	1	0	1	**2**	**1**
	ENCOMPASS HEALTH REHAB OF LAS VEGAS	0	1	1	**2**	**1**
	KINDRED HOSPITAL W SAHARA	0	0	1	**1**	**1**
	PAM SPECIALTY HOSPITAL OF LAS VEGAS	0	3	0	**3**	**3**
	Total	**1**	**5**	**3**	**9**	**0**
Skilled Nursing	ADVANCED HEALTHCARE OF LAS VEGAS	0	1	0	**1**	**1**
	HARMON HOSPITAL	0	1	0	**1**	**1**
	SAGE CREEK POST ACUTE	1	0	1	**2**	**1**
	SANDSTONE SPRING VALLEY LLC	1	1	0	**2**	**1**
	TRELLIS CENTENNIAL	0	1	0	**1**	**0**

Executive Summary

Facility Type	Admits by Facility					
	Metrics	Admits				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Skilled Nursing	WELBROOK CENTENNIAL HILLS	0	1	0	**1**	**1**
	Total	**2**	**5**	**1**	**8**	**0**
Out of Area	Out of Area	40	31	24	**95**	**32**
	Total	**40**	**31**	**24**	**95**	**0**

Facility Type	Readmits by Facility					
	Metrics	Readmits				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	1	0	**1**	**0**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	0	0	0	**0**	**0**
	HENDERSON HOSPITAL	0	0	2	**2**	**1**
	MOUNTAIN VIEW HOSPITAL	0	0	1	**1**	**0**
	NORTH VISTA HOSPITAL	0	0	0	**0**	**0**
	RENOWN REGIONAL MEDICAL CENTER	3	1	1	**5**	**2**
	SOUTHERN HILLS HOSPITAL	1	2	0	**3**	**1**
	SPRING VALLEY HOSPITAL	0	0	0	**0**	**0**
	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0	0	1	**1**	**0**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0	1	1	**2**	**1**
	SUMMERLIN HOSPITAL MEDICAL CTR	2	1	0	**3**	**1**
	SUNRISE HOSPITAL	0	1	0	**1**	**0**
	UNIVERSITY MEDICAL CENTER SO NV	0	1	0	**1**	**0**
	VALLEY HOSPITAL MEDICAL CTR	0	0	0	**0**	**0**
	Total	**6**	**8**	**6**	**20**	**0**
Out of Area	Out of Area	2	0	0	**2**	**1**
	Total	**2**	**0**	**0**	**2**	**0**

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	6.7%	0.0%	**2.9%**	**2.9%**
	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	HENDERSON HOSPITAL	0.0%	0.0%	20.0%	**10.5%**	**10.5%**
	MOUNTAIN VIEW HOSPITAL	0.0%	0.0%	14.3%	**4.8%**	**4.8%**
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	RENOWN REGIONAL MEDICAL CENTER	8.6%	2.2%	2.3%	**4.0%**	**4.0%**
	SOUTHERN HILLS HOSPITAL	10.0%	33.3%	0.0%	**17.6%**	**17.6%**
	SPRING VALLEY HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**

Executive Summary

Facility Type	Readmits by Facility					
	Metrics	Readmit Rate				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	ST ROSE DOMINICAN HOSPITAL SAN MARTIN CAMPUS	0.0%	0.0%	50.0%	**16.7%**	**16.7%**
	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS	0.0%	12.5%	6.7%	**5.7%**	**5.7%**
	SUMMERLIN HOSPITAL MEDICAL CTR	40.0%	16.7%	0.0%	**15.0%**	**15.0%**
	SUNRISE HOSPITAL	0.0%	16.7%	0.0%	**3.8%**	**3.8%**
	UNIVERSITY MEDICAL CENTER SO NV	0.0%	16.7%	0.0%	**6.7%**	**6.7%**
	VALLEY HOSPITAL MEDICAL CTR	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	Total	**5.3%**	**7.0%**	**4.5%**	**5.5%**	**0.0%**
Out of Area	Out of Area	5.0%	0.0%	0.0%	**2.1%**	**2.1%**
	Total	**5.0%**	**0.0%**	**0.0%**	**2.1%**	**0.0%**

Utilization Summary

Outpatient Case Management					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
New Cases	233	221	224	**678**	**226**
Accepted	157	133	138	**428**	**143**
Acceptance Rate	67.4%	60.2%	61.6%	**63.1%**	**63.1%**
Average Duration (closed only)	7.1	7.9	5.3	**6.8**	**6.8**

Inpatient Case Management					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Open End of Month	33	32	24	**89**	**30**
Cases opened in the month	156	156	161	**473**	**158**
Cases closed in the month	147	161	163	**471**	**157**
Denied Days	10	9	22	**41**	**14**
Average LOS	6.5	5.0	4.6	**5.3**	**5.3**
NICU Open at End of Month	4	2	1	**7**	**2**
NICU Cases opened in the month	7	3	8	**18**	**6**
NICU Cases closed in the month	2	4	7	**13**	**4**
NICU Average Legth of Stay	121.0	12.5	8.4	**27.0**	**27.0**

Authorizations					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Total services reviewed	3,902	4,248	3,778	**11,928**	**3,976**
Services Approved	3,750	4,081	3,663	**11,494**	**3,831**
Approval Rate	96.1%	96.1%	97.0%	**96.4%**	**96.4%**
Services Denied	152	167	115	**434**	**145**
Denied Charges	$60,356	$97,199	$57,958	**$215,513**	**$71,838**
Denial Rate	4%	4%	3%	**4%**	**4%**

Denial Reason					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Denial Reason	**Denied**	**Denied**	**Denied**	**Denied**	**Denied**
Not medically necessary	152	167	115	**434**	**145**

Utilization Summary

Turn Around Time					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
2 or fewer days	958	1,094	871	**2,923**	**974**
2 or fewer Pct	64.9%	65.3%	58.1%	**62.9%**	**62.9%**
5 or fewer days	1,067	1,221	986	**3,274**	**1,091**
5 or fewer Pct	72.2%	72.9%	65.8%	**70.4%**	**70.4%**
15 or fewer Days	1,458	1,635	1,478	**4,571**	**1,524**
15 or fewer Pct	98.7%	97.6%	98.7%	**98.3%**	**98.3%**
Over 15 days	19	40	20	**79**	**26**
Over 15 days Pct	1.3%	2.4%	1.3%	**1.7%**	**1.7%**

Turn around time is the number of days between the case open date and case close date.

Stat					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Stat Request	905	967	890	**2,762**	**921**

Appeals					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Appeals 1st Level	8	6	7	**21.00**	**7.00**
Appeals 2nd Level	0	0	0	**0.00**	**0.00**
Appeals 3rd Level	0	0	0	**0.00**	**0.00**
Appeals Overturned	1	0	1	**2.00**	**0.67**
Appeals Upheld	2	11	3	**16.00**	**5.33**

Utilization Summary

Retro Reviews					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Retros	25	10	15	**50**	**17**

Telephone Advise Nurse					
Metrics					
Outcome description	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Call 911	1	3	2	**6**	**2**
ER	7	7	8	**22**	**7**
Information or Advice Only	4	1	0	**5**	**3**
Other	17	14	13	**44**	**15**
PCP	11	8	15	**34**	**11**
Poison Center	0	1	0	**1**	**1**
Self-Care/Home Care	8	9	8	**25**	**8**
Urgent Care	12	13	20	**45**	**15**

Bedday Summary

Acute only

*NOTE: Per K formula: Actual number / membership * 12,000*

Month	Jul-24	Aug-24	Sep-24	YTD
Membership	50,823	50,926	51,188	**50,979**
Beddays per K	227.1	154.8	185.0	**188.9**
Admits per K	35.4	34.9	37.0	**35.8**
Average LOS	6.2	4.2	4.4	**4.9**
Readmits per K	1.9	2.1	1.4	**1.8**
Readmit Rate	5.3%	6.1%	3.8%	**5.0%**

SHO

Month	Jul-24	Aug-24	Sep-24	YTD
Beddays per K	194.3	196.6	164.2	**185.0**
Admits per K	37.8	37.1	33.5	**36.1**
Average LOS	5.0	4.9	4.5	**4.8**
Readmits per K	3.4	2.5	1.2	**2.4**
Readmit Rate	9.0%	6.8%	3.5%	**6.6%**

SHL PPO

Month	Jul-24	Aug-24	Sep-24	YTD
Beddays per K	146.0	156.0	159.5	**153.8**
Admits per K	37.4	42.0	45.1	**41.5**
Average LOS	5.1	4.0	4.2	**4.4**
Reamits per K	4.3	6.3	3.9	**4.8**
Readmit Rate	11.4%	15.1%	8.5%	**11.6%**

This report includes: Place of service 21 Acute only with a status of "to be discharged" or discharged.

Executive Summary (Behavioral Health)

Metrics	Jul-24	Aug-24	Sep-24	Average
Enrollment	50,823	50,926	51,188	**50,979**

Inpatient All - Acute, RTC, and OOA

Month	Jul-24	Aug-24	Sep-24	Total	Average
Total Discharges	13	21	22	**56**	**19**
Total Discharges LOS	106	149	101	**356**	**119**
Average LOS	8.2	7.1	4.6	**6.4**	**6.4**

Beddays by Facility Type

Metrics				Beddays	
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Hospital	33	70	69	**172**	**57**
RTC	1	70	9	**80**	**27**
Out of Area	73	58	23	**154**	**51**

Metrics				Beddays per K
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**
Hospital	7.8	16.5	16.2	**13.5**
RTC	0.2	16.5	2.1	**6.3**
Out of Area	17.2	13.7	5.4	**12.1**

Admits by Facility Type

Metrics				Admits	
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Hospital	6	14	17	**37**	**12**
RTC	1	2	2	**5**	**2**
Out of Area	7	6	3	**16**	**5**

Metrics				Admits per K
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**
Hospital	1.4	3.3	4.0	**2.9**
RTC	0.2	0.5	0.5	**0.4**
Out of Area	1.7	1.4	0.7	**1.3**

Readmits by Facility Type

Metrics				Readmits	
Facility Type	**Jul-24**	**Aug-24**	**Sep-24**	**Total**	**Average**
Hospital	1	1	1	**3**	**1**
RTC	0	0	0	**0**	**0**
Out of Area	1	0	0	**1**	**0**

Executive Summary (Behavioral Health)

Average Length of Stay by Facility

Facility Type	Metrics	Average LOS			
	Facility Name	Jul-24	Aug-24	Sep-24	Total
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0	10.0	3.7	**6.2**
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0	0.0	6.0	**6.0**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	2.0	3.0	2.5	**2.4**
	DESERT WINDS HOSPITAL	0.0	0.0	0.0	**13.0**
	NORTH VISTA HOSPITAL	6.0	0.0	0.0	**6.0**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	3.0	4.5	4.0	**4.0**
	SEVEN HILLS HOSPITAL INC	4.0	3.0	5.0	**4.3**
	SOUTHERN HILLS HOSPITAL	0.0	4.0	0.0	**4.0**
	SPRING MOUNTAIN SAHARA	0.0	7.0	0.0	**7.0**
	SPRING MOUNTAIN TREATMENT CENTER	0.0	11.0	2.3	**3.3**
	Total	**4.7**	**5.4**	**3.6**	**4.4**
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0	0.0	1.0	**1.0**
	DESERT HOPE CENTER	0.0	0.0	0.0	**0.0**
	DESERT WINDS HOSPITAL	0.0	21.0	0.0	**21.0**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0	0.0	0.0	**0.0**
	WILLOW SPRINGS LLC	0.0	0.0	0.0	**0.0**
	Total	**0.0**	**21.0**	**9.0**	**15.0**
Out of Area	Out of Area	12.2	8.3	11.5	**10.3**
	Total	**12.2**	**8.3**	**11.5**	**10.3**

Beddays by Facility

Facility Type	Metrics	Beddays				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	20	11	**31**	**16**
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	6	**6**	**6**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	4	3	5	**12**	**4**
	DESERT WINDS HOSPITAL	13	0	0	**13**	**13**
	NORTH VISTA HOSPITAL	6	0	0	**6**	**6**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	6	18	28	**52**	**17**
	SEVEN HILLS HOSPITAL INC	4	3	10	**17**	**6**
	SOUTHERN HILLS HOSPITAL	0	8	0	**8**	**8**
	SPRING MOUNTAIN SAHARA	0	7	0	**7**	**7**
	SPRING MOUNTAIN TREATMENT CENTER	0	11	9	**20**	**10**
	Total	**33**	**70**	**69**	**172**	**0**

Executive Summary (Behavioral Health)

Beddays by Facility

Facility Type	Metrics	Beddays				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	1	**1**	**1**
	DESERT HOPE CENTER	0	0	8	**8**	**8**
	DESERT WINDS HOSPITAL	0	21	0	**21**	**21**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	0	0	**1**	**1**
	WILLOW SPRINGS LLC	0	49	0	**49**	**49**
	Total	**1**	**70**	**9**	**80**	**0**
Out of Area	Out of Area	73	58	23	**154**	**51**
	Total	**73**	**58**	**23**	**154**	**0**

Admits by Facility

Facility Type BHO	Metrics	Admits				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	3	2	**5**	**3**
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	1	**1**	**1**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	1	2	**4**	**1**
	DESERT WINDS HOSPITAL	1	0	0	**1**	**1**
	NORTH VISTA HOSPITAL	1	0	0	**1**	**1**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	2	4	7	**13**	**4**
	SEVEN HILLS HOSPITAL INC	1	1	2	**4**	**1**
	SOUTHERN HILLS HOSPITAL	0	2	0	**2**	**2**
	SPRING MOUNTAIN SAHARA	0	1	0	**1**	**1**
	SPRING MOUNTAIN TREATMENT CENTER	0	2	3	**5**	**2**
	Total	**6**	**14**	**17**	**37**	**0**
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	1	**1**	**1**
	DESERT HOPE CENTER	0	0	1	**1**	**1**
	DESERT WINDS HOSPITAL	0	1	0	**1**	**1**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	0	0	**1**	**1**
	WILLOW SPRINGS LLC	0	1	0	**1**	**1**
	Total	**1**	**2**	**2**	**5**	**0**
Out of Area	Out of Area	7	6	3	**16**	**5**
	Total	**7**	**6**	**3**	**16**	**0**

Executive Summary (Behavioral Health)

Readmits by Facility

Facility Type BHO	Metrics	Readmits				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0	0	1	**1**	**1**
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	0	**0**	**0**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	1	0	**1**	**0**
	DESERT WINDS HOSPITAL	0	0	0	**0**	**0**
	NORTH VISTA HOSPITAL	0	0	0	**0**	**0**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	1	0	0	**1**	**0**
	SEVEN HILLS HOSPITAL INC	0	0	0	**0**	**0**
	SOUTHERN HILLS HOSPITAL	0	0	0	**0**	**0**
	SPRING MOUNTAIN SAHARA	0	0	0	**0**	**0**
	SPRING MOUNTAIN TREATMENT CENTER	0	0	0	**0**	**0**
	Total	**1**	**1**	**1**	**3**	**0**
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0	0	0	**0**	**0**
	DESERT HOPE CENTER	0	0	0	**0**	**0**
	DESERT WINDS HOSPITAL	0	0	0	**0**	**0**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0	0	0	**0**	**0**
	WILLOW SPRINGS LLC	0	0	0	**0**	**0**
	Total	**0**	**0**	**0**	**0**	**0**
Out of Area	Out of Area	1	0	0	**1**	**0**
	Total	**1**	**0**	**0**	**1**	**0**

Readmits by Facility

Facility Type BHO	Metrics	Readmit Rate				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
Hospital	CARSON TAHOE REGIONAL MEDICAL CENTER	0.0%	0.0%	50.0%	**20.0%**	**20.0%**
	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	100.0%	0.0%	**25.0%**	**25.0%**
	DESERT WINDS HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	NORTH VISTA HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	50.0%	0.0%	0.0%	**7.7%**	**7.7%**
	SEVEN HILLS HOSPITAL INC	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	SOUTHERN HILLS HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	SPRING MOUNTAIN SAHARA	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	SPRING MOUNTAIN TREATMENT CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	Total	**16.7%**	**7.1%**	**5.9%**	**8.1%**	**0.0%**

Executive Summary (Behavioral Health)

Readmits by Facility

Facility Type BHO	Metrics	Readmit Rate				
	Facility Name	Jul-24	Aug-24	Sep-24	Total	Average
RTC	CMJ RECOVERY NV LLC DBA VOGUE RECOVERY CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	DESERT HOPE CENTER	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	DESERT WINDS HOSPITAL	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	RENO BEHAVIORAL HEALTHCARE HOSPITAL LLC	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	WILLOW SPRINGS LLC	0.0%	0.0%	0.0%	**0.0%**	**0.0%**
	Total	**0.0%**	**0.0%**	**0.0%**	0.0%	0.0%
Out of Area	Out of Area	14.3%	0.0%	0.0%	**6.3%**	**6.3%**
	Total	**14.3%**	**0.0%**	**0.0%**	6.3%	0.0%

Utilization Summary (Behavioral Health)

Inpatient Case Management

Month	Jul-24	Aug-24	Sep-24	YTD	Average
Open End of Month	3	5	4	**12**	**4**
Cases opened in the month	14	22	22	**58**	**19**
Cases closed in the month	13	21	22	**56**	**19**
Denied Days	1	24	19	**44**	**15**
Average LOS	8.2	7.1	4.6	**6.4**	**6.4**

Authorizations

Month	Jul-24	Aug-24	Sep-24	YTD	Average
Total services reviewed	26	45	34	**105**	**35**
Services Approved	26	44	34	**104**	**35**
Approval Rate	100.0%	97.8%	100.0%	**99.0%**	**99.0%**
Services Denied	0	1	0	**1**	**0**
Denied Charges	$0	$0	$0	**$0**	**$0**
Denial Rate	0%	2%	0%	**1%**	**1%**

Denial Reason

Month	Aug-24	YTD	Average
Denial Reason	**Denied**	**Denied**	**Denied**
In network provider(s)	1	**1**	**1**

Utilization Summary (Behavioral Health)

Stat					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Stat Request	0	0	0	**0**	**0**

Appeals					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Appeals 1st Level	8	6	7	**21.00**	**7.00**
Appeals 2nd Level	0	0	0	**0.00**	**0.00**
Appeals 3rd Level	0	0	0	**0.00**	**0.00**
Appeals Overturned	1	0	1	**2.00**	**0.67**
Appeals Upheld	2	11	3	**16.00**	**5.33**

Utilization Summary (Behavioral Health)

Retro Reviews					
Month	**Jul-24**	**Aug-24**	**Sep-24**	**YTD**	**Average**
Retros	0	0	0	**0**	**0**

Bedday Summary (Behavioral Health)

Acute only

*NOTE: Per K formula: Actual number / membership * 12,000*

Month	Jul-24	Aug-24	Sep-24	YTD
Membership	50,823	50,926	51,188	**50,979**
Beddays per K	13.2	21.0	16.2	**16.8**
Admits per K	2.6	4.2	4.0	**3.6**
Average LOS	5.1	4.9	3.6	**4.5**
Readmits per K	0.5	0.2	0.2	**0.3**
Readmit Rate	18.2%	5.6%	5.9%	**8.7%**

SHO

Month	Jul-24	Aug-24	Sep-24	YTD
Beddays per K	10.9	12.9	11.3	**11.7**
Admits per K	2.5	3.1	2.8	**2.8**
Average LOS	4.0	4.1	4.0	**4.0**
Readmits per K	0.2	0.3	0.1	**0.2**
Readmit Rate	9.8%	9.7%	5.3%	**8.2%**

This report excludes: Place of service 55 & 56 (RTCs)

4.3.4

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- **4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network**

Network Repricing Quality - UMR		
PEBP PG Target	97%	
Q1 Results	98.9%	
Q2 Results		
Q3 Results		
Q4 Results		

Network Repricing Turnaround Time - UMR		
PEBP PG Target	Returned 97% in 3 Days	Returned 99% in 5 days
Q1 Results	99.50%	99.50%
Q2 Results		
Q3 Results		
Q4 Results		

Network Provider Directory Disputes - UMR		
PEBP PG Target	Total Directory Disputes	TAT - Within 10 Business Days
Q1 Results	0	N/A
Q2 Results		
Q3 Results		
Q4 Results		

4.3.5

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- **4.3.5 Q1 UnitedHealthcare – Basic Life Insurance**

370074 State of Nevada Public Employees' Benefits Program

Life Performance Guarantees-FY 2025 Q1 (7/1/2024-9/30/2024)

Service	Metric	Measurement	How Measured	Fee at Risk	Results Details	Guarantee Achieved?
Claim Processing	Life Insurance - Complete Life Claim Decision	A. Basic Life Claim Determination 97% of claims processed within 10 days of receipt of complete information	Claim Turn Around Reports	.3% of quarterly Basic Life Insurance Premium	98.0%	Yes
	Life Insurance - Timeliness of Claim Payments	A. Timeliness of Claim Payment 97% of claims approved and payment issued, or claims denied and letter mailed in five business days following receipt of all information necessary to make a claim decision.	Quarterly claim decision report	.3% of quarterly Basic Life Insurance Premium	100.0%	Yes
	Life Insurance - Accuracy of claim payment	98% of claims processed accurately	Internal Claims Audit	.3% of quarterly Basic Life Insurance Premium	98.0%	Yes
Claim Customer Service	Average Speed of Answer	80% of Calls will be answered in less than 30 seconds	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	84.7%	Yes
	Abandonment Rate	Less than 5% of calls will be abandoned	Call Center Statistics	.3% of quarterly Basic Life Insurance Premium	1.5%	Yes

4.3.6

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- **4.3.6 Q1 Express Scripts – Summary Report**

Nevada PEBP

Q1 FY2025

Prepared by Client Analytics

Cynthia Eaton (cynthia.eaton@express-scripts.com)

11/30/24

**The data contained herein is pulled from a specific point-in-time and is subject to change at any time without notice due to a variety of factors, including but not limited to changes related to Member behavior, population demographics, system updates, and product availability. The data does not represent a guarantee and should not be used for audit purposes.*

Confidential Information

Hello PEBP Team,

This is the Q1 FY25 Summary File for the three State of Nevada PEBP plans (CDHP, EPO, and PPO). The summary contains Trend breakouts for each plan (Utilization, Unit Cost, and Cost Share). Along with the most notable changes of drugs within the top moving indications. Each plan breakout has a peer comparison of Trend. The file concludes with several Key Statistics of the three plans in aggregate.

CDHP Overall Trend Summaries:

CDHP Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$68.18**	
Utilization	$3.46	5.4%
Unit Cost	$3.32	5.2%
Member Share	($3.02)	(4.7%)
Total Change in Plan Cost Net PMPM	**$3.75**	**5.8%**
Previous Period - Plan Cost Net PMPM	**$64.42**	

Top moving indications and most notable drug changes within the indications are as follows:

- **Cancer**: Previous ranked 1st, currently ranked 1st by Plan Cost Net.
  - Plan Cost Net ↑ $94k (11.5%) to current $913k.
  - Plan Cost Net PMPM ↑2.16 $ (19.2%) to current $13.36.
  - Patient Count ↓ 4 to current count of 161.
  - Adjusted Rxs ↓ 25 to current count of 436.

- **Notable Drug Changes within Indication:**

  - **Brukinsa:**
    - Previous ranked 11th, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net ↑ $56k (185.2%) to current $87k.
    - Plan Cost Net PMPM ↑ $.85 (205.1%) to current $1.27.
    - Patient Count ↑ 1 to current count of 2.
    - Adjusted Rxs ↑ 3 to current count of 6.

  - **Nubeqa:**
    - New, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net: New, current $86k.
    - Plan Cost Net PMPM: New, current $1.26.
    - Patient Count: New, current count of 3.
    - Adjusted Rxs: New, current count of 10.

- **Cabometyx:**
  - New, currently ranked 5th by Plan Cost Net.
  - Plan Cost Net: New, current $74k.
  - Plan Cost Net PMPM: New, current $1.09.
  - Patient Count: New, current count of 1.
  - Adjusted Rxs: New, current count of 3.

- **Inflammatory Conditions**: Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
  - Plan Cost Net ↓ $141k (-15.0%) to current $795k.
  - Plan Cost Net PMPM ↓ $1.17 (-9.1%) to current $11.64.
  - Patient Count ↓ 9 to current count of 182.
  - Adjusted Rxs ↓11 to current count of 570.

- **Notable Drug Changes within Indication:**

  - **Humira (CF) Pen:**
    - Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net ↓ $171k (-63.0%) to current $101k.
    - Plan Cost Net PMPM ↓ $2.24 (-60.4%) to current $1.47.
    - Patient Count ↓ 1 to current count of 24.
    - Adjusted Rxs ↓ 27 to current count of 46.

  - **Rinvoq:**
    - Previous ranked 5th, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net ↑ $35k (77.7%) to current $80k.
    - Plan Cost Net PMPM ↑ $.56 (90.1%) to current $1.18.
    - Patient Count ↑ 3 to current count of 8.
    - Adjusted Rxs ↑ 9 to current count of 23.

  - **Otezla:**
    - Previous ranked 7th, currently ranked 4th by Plan Cost Net.
    - Plan Cost Net ↑ $25k (64.3%) to current $65k.
    - Plan Cost Net PMPM ↑ $.41 (75.7%) to current $.95.
    - Patient Count: Remains at 14.
    - Adjusted Rxs ↑ 4 to current count of 39.

  - **Stelara:**
    - Previous ranked 3rd, currently ranked 5th by Plan Cost Net.
    - Plan Cost Net ↓ $27k (-29.3%) to current $64k.
    - Plan Cost Net PMPM ↓ $.30 (-24.4%) to current $.94.
    - Patient Count ↓ 1 to current count of 6.
    - Adjusted Rxs: Remains at 20.

- **Vaccinations**: Previous ranked 5th, currently ranked 4th by Plan Cost Net.
  - Plan Cost Net ↑ $85k (29.4%) to current $373k.
  - Plan Cost Net PMPM ↑ $1.51 (38.4%) to current $5.45.
  - Patient Count ↓ 84 to current count of 1,750.
  - Adjusted Rxs ↑ 275 to current count of 3,079.

- **Notable Drug Changes within Indication:**

  - **Comirnaty (COVID) 2024-2025**: New, currently ranked 1st.
    - Plan Cost Net: New, current $101k.
    - Plan Cost Net PMPM: New, current $1.48.
    - Patient Count: New, current count of 610.
    - Adjusted Rxs: New, current count of 610.

  - **Spikevax (COVID) 2024-2025**: New, currently ranked 2nd.
    - Plan Cost Net: New, current $69k.
    - Plan Cost Net PMPM: New, current $1.00.
    - Patient Count: New, current count of 403.
    - Adjusted Rxs: New, current count of 403.

  - **Other drug changes in this indication were not notable.**

- **Blood Cell Deficiency**: Previous ranked 48th, currently ranked 9th by Plan Cost Net.
  - Plan Cost Net ↑ $178k (17,097.8%) to current $179k.
  - Plan Cost Net PMPM ↑ $2.61 (18,298.4%) to current $2.62.
  - Patient Count ↑ 4 to current count of 5.
  - Adjusted Rxs ↑ 9 to current count of 12.

- **Notable Drug Changes within Indication:**

  - **Promacta:**
    - New, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net: New, current $157k.
    - Plan Cost Net PMPM: New, current $2.30.
    - Patient Count: New, current count of 1.
    - Adjusted Rxs: New, current count of 4.

  - **Doptelet:**
    - New, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net: New, current $18k.
    - Plan Cost Net PMPM: New, current $.27.
    - Patient Count: New, current count of 1.
    - Adjusted Rxs: New, current count of 3.

  - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Peer: ESI CDH Program
- PEBP CDHP is outperforming the peer.
- Peer experienced Plan Cost Net PMPM of $97.87 compared to CDHP PEBP of $68.18.
- Peer experienced Trend of 17.8%, compared to CDHP PEBP Trend of 5.8%

EPO Overall Trend Summaries:

EPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$191.29**	
Utilization	$8.81	5.8%
Unit Cost	$29.52	19.3%
Member Share	$0.09	0.1%
Total Change in Plan Cost Net PMPM	**$38.43**	**25.1%**
Previous Period - Plan Cost Net PMPM	**$152.86**	

Top moving indications and most notable drug changes within the indications are as follows:

- **Cancer**: Previous ranked 4th, currently ranked 3rd by Plan Cost Net.
  - Plan Cost Net ↑ $96k (42.4%) to current $321k.
  - Plan Cost Net PMPM ↑ $7.38 (57.2%) to current $20.28.
  - Patient Count ↓5 to current count of 46.
  - Adjusted Rxs ↓ 4 to current count of 143.

- **Notable Drug Changes within Indication:**

  - **Erleada:**
    - New, currently ranked 2nd by Plan Cost Net.
    - Plan Cost Net: New, current $49k.
    - Plan Cost Net PMPM: New, current $3.10.
    - Patient Count: New, current count of 1.
    - Adjusted Rxs: New, current count of 4.

  - **Venclexta:**
    - Previous ranked 4th, currently ranked 4th by Plan Cost Net.
    - Plan Cost Net ↑ $25k (123.4%) to current $45k.
    - Plan Cost Net PMPM ↑ $1.70 (146.6%) to current $2.86.
    - Patient Count: Remains at 1.
    - Adjusted Rxs ↑ 1 to current count of 3.

  - **Koselugo:**
    - New, currently ranked 5th by Plan Cost Net.
    - Plan Cost Net: New, current $45k.
    - Plan Cost Net PMPM: New, current $2.85.

        - Patient Count: New, current count of 1.
        - Adjusted Rxs: New, current count of 2.

- **Seizures**: Previous ranked 6th, currently ranked 4th by Plan Cost Net.
    - Plan Cost Net ↑ $82k (92.2%) to current $171k.
    - Plan Cost Net PMPM ↑ $5.71 (112.3%) to current $10.80.
    - Patient Count ↓ 16 to current count of 167.
    - Adjusted Rxs ↓ 15 to current count of 576.

- **Notable Drug Changes within Indication:**

    - **Fintepla:**
        - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↑ $75k (133.4%) to current $132k.
        - Plan Cost Net PMPM ↑ $5.11 (157.7%) to current $8.34.
        - Patient Count ↑ 1 to current count of 2.
        - Adjusted Rxs ↑ 4 to current count of 7.

    - **Other drug changes in this indication were not notable.**

- **Endocrine Disorders**: Previous ranked 2nd, currently ranked 5th by Plan Cost Net.
    - Plan Cost Net ↓ $243k (-60.5%) to current $159k.
    - Plan Cost Net PMPM ↓ $12.95 (-56.3%) to current $10.03.
    - Patient Count ↑ 3 to current count of 23.
    - Adjusted Rxs ↑ 15 to current count of 68.

- **Notable Drug Changes within Indication:**

    - **Korlym:**
        - Previous ranked 1st, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↓ $306k (-79.3%) to current $80k.
        - Plan Cost Net PMPM ↓ $17.02 (-77.1%) to current $5.06.
        - Patient Count: Remains at 2.
        - Adjusted Rxs ↓ 5 to current count of 2.

    - **Supprelin LA:**
        - New, currently ranked 2nd by Plan Cost Net.
        - Plan Cost Net: New, current $49k.
        - Plan Cost Net PMPM: New, current $3.07.
        - Patient Count: New, current count of 1.
        - Adjusted Rxs: New, current count of 12.

    - **Other drug changes in this indication were not notable.**

- **Gout**: Previous ranked 39th, currently ranked 6th by Plan Cost Net.
  - Plan Cost Net ↑ $123k (2,478.8%) to current $128k.
  - Plan Cost Net PMPM ↑ $7.78 (2,747.7%) to current $8.06.
  - Patient Count ↑ 1 to current count of 90.
  - Adjusted Rxs ↓ 38 to current count of 239.

- **Notable Drug Changes within Indication:**

  - **Krystexxa:**
    - New, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net: New, current $124k.
    - Plan Cost Net PMPM: New, current $7.85.
    - Patient Count: New, current count of 2.
    - Adjusted Rxs: New, current count of 3.

  - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP EPO plan)
- The peer is outperforming PEBP EPO.
- Peer experienced Plan Cost Net PMPM of $126.34 compared to PEBP EPO of $191.29.
- Peer experienced Trend of 24.1%, compared to PEBP EPO of 25.1%.

PPO Overall Trend Summaries:

PPO Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$102.23**	
Utilization	$5.94	6.7%
Unit Cost	$8.03	9.1%
Member Share	($0.34)	(0.4%)
Total Change in Plan Cost Net PMPM	**$13.63**	**15.4%**
Previous Period - Plan Cost Net PMPM	**$88.60**	

Top moving indications and most notable drug changes within the indications are as follows:

- **Diabetes**: Previous ranked 2nd, currently ranked 2nd by Plan Cost Net.
  - Plan Cost Net ↑ $316k (51.9%) to current $926k.
  - Plan Cost Net PMPM ↑ $2.46 (22.1%) to current $13.59.
  - Patient Count ↑ 424 to current count of 1,439.
  - Adjusted Rxs ↑ 2,066 to current count of 7,546.

- **Notable Drug Changes within Indication:**

    - **Mounjaro:**
        - Previous ranked 2nd, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↑ $179k (161.0%) to current $291k.
        - Plan Cost Net PMPM ↑ $2.23 (109.9%) to current $4.27.
        - Patient Count ↑ 152 to current count of 255.
        - Adjusted Rxs ↑ 509 to current count of 823.

    - **Ozempic:**
        - Previous ranked 1st, currently ranked 2nd by Plan Cost Net.
        - Plan Cost Net ↑ $83k (44.1%) to current $271k.
        - Plan Cost Net PMPM ↑ $.55 (15.9%) to current $3.98.
        - Patient Count ↑ 104 to current count of 299.
        - Adjusted Rxs ↑ 305 to current count of 884.

    - **Trulicity:**
        - Previous ranked 3rd, currently ranked 3rd by Plan Cost Net.
        - Plan Cost Net ↓ $28k (-33.2%) to current $57k.
        - Plan Cost Net PMPM ↓ $.73 (-46.3%) to current $.84.
        - Patient Count ↓ 30 to current count of 55.
        - Adjusted Rxs ↓ 82 to current count of 184.

- **Cancer**: Previous ranked 5th, currently ranked 3rd by Plan Cost Net.
    - Plan Cost Net ↑ $270k (88.0%) to current $577k.
    - Plan Cost Net PMPM ↑ $2.87 (51.2%) to current $8.47.
    - Patient Count ↑ 32 to current count of 140.
    - Adjusted Rxs ↑ 97 to current count of 412.

- **Notable Drug Changes within Indication:**

    - **Verzenio:**
        - Previous ranked 3rd, currently ranked 1st by Plan Cost Net.
        - Plan Cost Net ↑ $65k (151.2%) to current $108k.
        - Plan Cost Net PMPM ↑ $.80 (102.0%) to current $1.58.
        - Patient Count ↑ 1 to current count of 3.
        - Adjusted Rxs ↑ 5 to current count of 10.

    - **Venclexta:**
        - New, currently ranked 2nd by Plan Cost Net.
        - Plan Cost Net: New, current $61k.
        - Plan Cost Net PMPM: New, current $.89.
        - Patient Count: New, current count of 2.
        - Adjusted Rxs: New, current count of 6.

- **Lynparza:**
  - New, currently ranked 4th by Plan Cost Net.
  - Plan Cost Net: New, current $50k.
  - Plan Cost Net PMPM: New, current $.73.
  - Patient Count: New, current count of 1.
  - Adjusted Rxs: New, current count of 6.

- **Viral Infections**: Previous ranked 62nd, currently ranked 9th by Plan Cost Net.
  - Plan Cost Net ↑ $250k (12,702.1%) to current $252k.
  - Plan Cost Net PMPM ↑ $3.67 (10,192.1%) to current $3.70.
  - Patient Count ↑ 207 to current count of 616.
  - Adjusted Rxs ↑ 303 to current count of 950.

- **Notable Drug Changes within Indication:**

  - **Paxlovid:**
    - New, currently ranked 1st by Plan Cost Net.
    - Plan Cost Net: New, current $243k.
    - Plan Cost Net PMPM: New, current $3.56.
    - Patient Count: New, current count of 207.
    - Adjusted Rxs: New, current count of 196.

  - **Other drug changes in this indication were not notable.**

- **Ophthalmic Conditions**: Previous ranked 6th, currently ranked 24th by Plan Cost Net.
  - Plan Cost Net ↓ $236k (-78.6%) to current $64k.
  - Plan Cost Net PMPM ↓ $4.53 (-82.8%) to current $.94.
  - Patient Count ↑ 30 to current count of 140.
  - Adjusted Rxs ↑ 42 to current count of 274.

- **Notable Drug Changes within Indication:**

  - **Tepezza:**
    - No current utilization, previously ranked 1st by Plan Cost Net.
    - Plan Cost Net: Previously $247k.
    - Plan Cost Net PMPM: Previously $4.51.
    - Patient Count: Previous count of 1.
    - Adjusted Rxs: Previous count of 4.

  - **Other drug changes in this indication were not notable.**

Peer Comparison:

- Government – West Region/SaveOn (custom peer created for PEBP PPO plan)
- PEBP PPO is outperforming the peer.
- PEBP PPO experienced Plan Cost Net PMPM of $102.23 compared to peer of $126.34.
- PEBP PPO Peer experienced Trend of 15.4%, compared to the Peer of 24.1%.

Total Overall Trend		% Change
Current Period - Plan Cost Net PMPM	**$96.21**	
Utilization	$4.32	5.1%
Unit Cost	$8.12	9.7%
Member Share	($0.40)	(0.5%)
Total Change in Plan Cost Net PMPM	**$12.04**	**14.3%**
Previous Period - Plan Cost Net PMPM	**$84.17**	

Summary of Total – Overall the main driver of Trend was Non-Specialty Unit Cost. This was primarily driven by the indications of vaccinations and diabetes. For the indication of vaccinations this is due to Covid vaccines no longer having a $0 ingredient cost. For the indication of diabetes this is due to a shift to higher costing GLP-1 drugs.

Trend was mitigated by increased rebates of 24.9%. This produced a negative Unit Cost Trend of (-3.2%) on Specialty drugs and reduced overall Unit Cost Trend to 9.7%. However, Specialty experienced an 8.5% increase in utilization cost. This was driven by a 15.9% increase in Specialty patients (113 new patients), which resulted in a 13.7% increase in Specialty days of therapy.

Overall Member Cost was mitigating to Trend. However, mitigation was only on Specialty drugs and driven primarily by increased contributions from SaveOnSP.

Key Statistics:

Nevada PEBP Total			
Description	Q1 FY25	Q1 FY24	Change
Average Members per Month	50,758	48,446	4.8%
Number of Unique patients	26,406	24,642	7.2%
Members Utilizing the Benefit	52.0%	50.9%	1.2
Gross Cost/Adjusted Rx	$150.72	$137.00	10.0%
Plan Spend	$24,211,827	$19,889,344	21.7%
Rebates (estimated)	$9,560,982	$7,655,764	24.9%
Plan Cost Net	$14,650,845	$12,233,580	19.8%
Plan Cost Net PMPM	$96.21	$84.17	14.3%
Non-Specialty Plan Cost Net PMPM	$77.09	$62.21	23.9%
Specialty Plan Cost Net PMPM	$81.91	$74.63	9.7%
Generic Fill Rate	86.1%	86.5%	-0.4
90 Day Utilization	59.9%	61.3%	-1.4
Retail - Maintenance 90 Utilization	29.5%	28.4%	0.1
Home Delivery Utilization	30.4%	32.9%	-2.4
Member Cost Net %	18.5%	18.5%	0.0

END OF REPORT

4.3.7

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- 4.3.6 Q1 Express Scripts – Summary Report
- **4.3.7 Q1 Express Scripts – Utilization Report**

Nevada PEBP FY25 Report

7/1/2024 – 9/30/2024

Report Includes:

- CDHP Comparison Data from Q1 FY25 to Q1 FY24
- EPO Comparison Data from Q1 FY25 to Q1 FY24
- PPO Comparison Data from Q1 FY25 to Q1 FY24
- CDHP, EPO, PPO Breakout Data from Q1 FY25
- Summary Comparison Data from FY25
- Key Metric Breakout Data from FY25

The data contained herein is pulled from a specific point-in-time and is subject to change at any time without notice due to a variety of factors, including but not limited to changes related to Member behavior, population demographics, system updates, and product availability. The data does not represent a guarantee and should not be used for audit purposes.

PREPARED BY CLIENT ANALYTICS
Cynthia Eaton (Cynthia.eaton@express-scripts.com)
11/30/24

Express Scripts
By EVERNORTH

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	50,758	48,446	4.8%
Utilizing Member Count (Patients)	26,406	24,642	7.2%
Percent Utilizing (Utilization)	52.0%	50.9%	1.2

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	197,118	178,178	10.6%
Claims per Elig Member per Month (Claims PMPM)	1.29	1.23	5.6%
Total Claims for Generic (Generic ARx)	169,739	154,135	10.1%
Total Claims for Brand (Brand ARx)	27,379	24,043	13.9%
Total Claims for Multisource Brand Claims (MSB ARx)	505	873	-42.2%
Total Non-Specialty Claims	194,669	176,004	10.6%
Total Specialty Claims	2,449	2,174	12.6%
Generic % of Total Claims (GFR)	**86.1%**	**86.5%**	**-0.4**
Generic Effective Rate (GCR)	99.7%	99.4%	0.3
Mail Order Claims	53,082	52,190	1.7%
Mail Penetration Rate*	30.4%	32.9%	-2.4

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	**$29,710,091**	**$24,410,831**	**21.7%**
Total Generic Gross Cost	$2,949,018	$2,475,633	19.1%
Total Brand Gross Cost	$26,761,073	$21,935,198	22.0%
Total MSB Gross Cost	$384,861	$417,881	-7.9%
Total Ingredient Cost	$28,832,983	$23,655,269	21.9%
Total Dispensing Fee	$857,791	$736,428	16.5%
Total Other (e.g. tax)	$19,317	$19,134	1.0%
Avg Total Cost per Claim (Gross Cost/ARx)	**$150.72**	**$137.00**	**10.0%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$17.37	$16.06	8.2%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$977.43	$912.33	7.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$762.10	$478.67	59.2%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	**$5,498,265**	**$4,521,487**	**21.6%**
Generic Cost Share	$1,308,868	$1,090,252	20.1%
Brand Cost Share	$4,189,396	$3,431,235	22.1%
MSB Cost Share	$60,388	$61,587	-1.9%
Total Copay	$4,494,457	$3,754,505	19.7%
Total Deductible	$1,003,807	$766,982	30.9%
Avg Copay per Claim (Member Cost Share/ARx)	**$27.89**	**$25.38**	**9.9%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$7.71	$7.07	9.0%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$153.01	$142.71	7.2%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$119.58	$70.55	69.5%
Copay % of Total Prescription Cost (Member Cost Share %)	**18.5%**	**18.5%**	**0.0**

Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	**$24,211,827**	**$19,889,344**	**21.7%**
Generic Plan Cost	$1,640,149	$1,385,381	18.4%
Brand Plan Cost	$22,571,677	$18,503,963	22.0%
MSB Plan Cost	$324,474	$356,293	-8.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$11,739,174	$9,042,124	29.8%
Total Specialty Drug Cost (Specialty Plan Cost)	$12,472,653	$10,847,220	15.0%
Avg Plan Cost per Claim (Plan Cost/ARx)	$122.83	$111.63	10.0%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$9.66	$8.99	7.5%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$824.42	$769.62	7.1%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$642.52	$408.13	57.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$60.30	$51.37	17.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,092.96	$4,989.52	2.1%
Plan Cost PMPM	**$159.00**	**$136.85**	**16.2%**
Non-Specialty Plan Cost PMPM	$77.09	$62.21	23.9%
Specialty Plan Cost PMPM	$81.91	$74.63	9.7%
Specialty % of Plan Cost	51.5%	54.5%	-3.0
Net Plan Cost PMPM (factoring Rebates)	**$96.21**	**$84.17**	**14.3%**
Non-Specialty Plan Cost PMPM	$42.83	$32.56	31.6%
Specialty Plan Cost PMPM	$53.38	$51.62	3.4%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,775	24,365	-6.5%
Utilizing Member Count (Patients)	11,103	11,754	-5.5%
Percent Utilizing (Utilization)	48.8%	48.2%	0.5

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	82,174	83,281	-1.3%
Claims per Elig Member per Month (Claims PMPM)	1.20	1.14	5.6%
Total Claims for Generic (Generic ARx)	71,706	73,023	-1.8%
Total Claims for Brand (Brand ARx)	10,468	10,258	2.0%
Total Claims for Multisource Brand Claims (MSB ARx)	146	316	-53.8%
Total Non-Specialty Claims	81,152	82,325	-1.4%
Total Specialty Claims	1,022	956	6.9%
Generic % of Total Claims (GFR)	**87.3%**	**87.7%**	**-0.4**
Generic Effective Rate (GCR)	99.8%	99.6%	0.2
Mail Order Claims	21,457	23,453	-8.5%
Mail Penetration Rate*	29.5%	31.7%	-2.2

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	**$11,164,795**	**$10,266,684**	**8.7%**
Total Generic Gross Cost	$1,087,557	$1,032,285	5.4%
Total Brand Gross Cost	$10,077,238	$9,234,399	9.1%
Total MSB Gross Cost	$108,548	$139,386	-22.1%
Total Ingredient Cost	$10,794,006	$9,917,091	8.8%
Total Dispensing Fee	$364,050	$342,749	6.2%
Total Other (e.g. tax)	$6,738	$6,845	-1.6%
Avg Total Cost per Claim (Gross Cost/ARx)	**$135.87**	**$123.28**	**10.2%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$15.17	$14.14	7.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$962.67	$900.21	6.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$743.48	$441.09	68.6%

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+ CDHP PLAN

+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	**$2,840,749**	**$2,550,066**	**11.4%**
Generic Cost Share	$615,586	$554,450	11.0%
Brand Cost Share	$2,225,163	$1,995,617	11.5%
MSB Cost Share	$42,835	$35,092	22.1%
Total Copay	$1,839,841	$1,784,797	3.1%
Total Deductible	$1,000,908	$765,269	30.8%
Avg Copay per Claim (Member Cost Share/ARx)	**$34.57**	**$30.62**	**12.9%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$8.58	$7.59	13.1%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$212.57	$194.54	9.3%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$293.39	$111.05	164.2%
Copay % of Total Prescription Cost (Member Cost Share %)	**25.4%**	**24.8%**	**0.6**

Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	**$8,324,046**	**$7,716,618**	**7.9%**
Generic Plan Cost	$471,972	$477,836	-1.2%
Brand Plan Cost	$7,852,075	$7,238,782	8.5%
MSB Plan Cost	$65,712	$104,294	-37.0%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$3,234,650	$3,006,435	7.6%
Total Specialty Drug Cost (Specialty Plan Cost)	$5,089,396	$4,710,183	8.1%
Avg Plan Cost per Claim (Plan Cost/ARx)	$101.30	$92.66	9.3%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$6.58	$6.54	0.6%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$750.10	$705.67	6.3%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$450.08	$330.04	36.4%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$39.86	$36.52	9.1%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$4,979.84	$4,926.97	1.1%
Plan Cost PMPM	**$121.83**	**$105.57**	**15.4%**
Non-Specialty Plan Cost PMPM	$47.34	$41.13	15.1%
Specialty Plan Cost PMPM	$74.49	$64.44	15.6%
Specialty % of Plan Cost	61.1%	61.0%	0.1
Net Plan Cost PMPM (factoring Rebates)	**$68.18**	**$64.42**	**5.8%**
Non-Specialty Plan Cost PMPM	$21.02	$18.63	12.8%
Specialty Plan Cost PMPM	$47.16	$45.80	3.0%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	5,275	5,825	-9.4%
Utilizing Member Count (Patients)	3,307	3,493	-5.3%
Percent Utilizing (Utilization)	62.7%	60.0%	2.7

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	29,909	31,098	-3.8%
Claims per Elig Member per Month (Claims PMPM)	1.89	1.78	6.2%
Total Claims for Generic (Generic ARx)	25,535	26,683	-4.3%
Total Claims for Brand (Brand ARx)	4,374	4,415	-0.9%
Total Claims for Multisource Brand Claims (MSB ARx)	106	187	-43.3%
Total Non-Specialty Claims	29,458	30,707	-4.1%
Total Specialty Claims	451	391	15.3%
Generic % of Total Claims (GFR)	**85.4%**	**85.8%**	**-0.4**
Generic Effective Rate (GCR)	99.6%	99.3%	0.3
Mail Order Claims	8,643	9,359	-7.7%
Mail Penetration Rate*	31.8%	32.9%	-1.1

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	**$5,408,893**	**$4,927,859**	**9.8%**
Total Generic Gross Cost	$465,440	$436,993	6.5%
Total Brand Gross Cost	$4,943,453	$4,490,866	10.1%
Total MSB Gross Cost	$158,869	$102,466	55.0%
Total Ingredient Cost	$5,272,118	$4,797,172	9.9%
Total Dispensing Fee	$133,560	$125,931	6.1%
Total Other (e.g. tax)	$3,215	$4,755	-32.4%
Avg Total Cost per Claim (Gross Cost/ARx)	**$180.85**	**$158.46**	**14.1%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$18.23	$16.38	11.3%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$1,130.19	$1,017.18	11.1%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$1,498.76	$547.95	173.5%

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+ EPO PLAN

+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	**$747,420**	**$661,180**	**13.0%**
Generic Cost Share	$179,537	$178,173	0.8%
Brand Cost Share	$567,883	$483,007	17.6%
MSB Cost Share	$7,866	$15,931	-50.6%
Total Copay	$744,520	$659,466	12.9%
Total Deductible	$2,900	$1,714	69.2%
Avg Copay per Claim (Member Cost Share/ARx)	**$24.99**	**$21.26**	**17.5%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$7.03	$6.68	5.3%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$129.83	$109.40	18.7%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$74.21	$85.19	-12.9%
Copay % of Total Prescription Cost (Member Cost Share %)	**13.8%**	**13.4%**	**0.4**

Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	**$4,661,473**	**$4,266,679**	**9.3%**
Generic Plan Cost	$285,903	$258,820	10.5%
Brand Plan Cost	$4,375,571	$4,007,859	9.2%
MSB Plan Cost	$151,003	$86,535	74.5%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$2,184,417	$1,972,881	10.7%
Total Specialty Drug Cost (Specialty Plan Cost)	$2,477,056	$2,293,797	8.0%
Avg Plan Cost per Claim (Plan Cost/ARx)	$155.86	$137.20	13.6%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$11.20	$9.70	15.4%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$1,000.36	$907.78	10.2%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$1,424.56	$462.75	207.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$74.15	$64.25	15.4%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,492.36	$5,866.49	-6.4%
Plan Cost PMPM	**$294.56**	**$244.16**	**20.6%**
Non-Specialty Plan Cost PMPM	$138.04	$112.90	22.3%
Specialty Plan Cost PMPM	$156.53	$131.26	19.2%
Specialty % of Plan Cost	53.1%	53.8%	-0.6
Net Plan Cost PMPM (factoring Rebates)	**$191.29**	**$152.86**	**25.1%**
Non-Specialty Plan Cost PMPM	$79.90	$61.01	31.0%
Specialty Plan Cost PMPM	$111.38	$91.85	21.3%

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PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN

+ Q1 FY25 vs Q1 FY24

Membership Summary	FY 2025	FY 2024	Change
Member Count (Membership)	22,712	18,259	24.4%
Utilizing Member Count (Patients)	12,015	9,418	27.6%
Percent Utilizing (Utilization)	52.9%	51.6%	1.3

Claim Summary	FY 2025	FY 2024	Change
Net Claims (Total Adjusted Rx's)	85,035	63,799	33.3%
Claims per Elig Member per Month (Claims PMPM)	1.25	1.16	7.2%
Total Claims for Generic (Generic ARx)	72,498	54,429	33.2%
Total Claims for Brand (Brand ARx)	12,537	9,370	33.8%
Total Claims for Multisource Brand Claims (MSB ARx)	253	370	-31.6%
Total Non-Specialty Claims	84,059	62,972	33.5%
Total Specialty Claims	976	827	18.0%
Generic % of Total Claims (GFR)	**85.3%**	**85.3%**	**0.0**
Generic Effective Rate (GCR)	99.7%	99.3%	0.4
Mail Order Claims	22,982	19,378	18.6%
Mail Penetration Rate*	30.8%	34.4%	-3.6

Claims Cost Summary	FY 2025	FY 2024	Change
Total Prescription Cost (Total Gross Cost)	**$13,136,403**	**$9,216,288**	**42.5%**
Total Generic Gross Cost	$1,396,021	$1,006,355	38.7%
Total Brand Gross Cost	$11,740,382	$8,209,934	43.0%
Total MSB Gross Cost	$117,445	$176,029	-33.3%
Total Ingredient Cost	$12,766,859	$8,941,006	42.8%
Total Dispensing Fee	$360,181	$267,748	34.5%
Total Other (e.g. tax)	$9,363	$7,534	24.3%
Avg Total Cost per Claim (Gross Cost/ARx)	**$154.48**	**$144.46**	**6.9%**
Avg Total Cost for Generic (Generic Gross Cost/Generic ARx)	$19.26	$18.49	4.1%
Avg Total Cost for Brand (Brand Gross Cost/Brand ARx)	$936.46	$876.19	6.9%
Avg Total Cost for MSB (MSB Gross Cost/MSB ARx)	$464.21	$475.75	-2.4%

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+ Q1 FY25 vs Q1 FY24

Member Cost Summary	FY 2025	FY 2024	Change
Total Member Cost Share	**$1,910,096**	**$1,310,241**	**45.8%**
Generic Cost Share	$513,746	$357,629	43.7%
Brand Cost Share	$1,396,350	$952,612	46.6%
MSB Cost Share	$9,686	$10,565	-8.3%
Total Copay	$1,910,096	$1,310,241	45.8%
Total Deductible	$0	$0	NA
Avg Copay per Claim (Member Cost Share/ARx)	**$22.46**	**$20.54**	**9.4%**
Avg Copay for Generic (Generic Member Cost Share/Generic ARx)	$7.09	$6.57	7.8%
Avg Copay for Brand (Brand Member Cost Share/Brand ARx)	$111.38	$101.67	9.6%
Avg Copay for MSB (MSB Member Cost Share/MSB ARx)	$38.28	$28.55	34.1%
Copay % of Total Prescription Cost (Member Cost Share %)	**14.5%**	**14.2%**	**0.3**

Plan Cost Summary	FY 2025	FY 2024	Change
Total Plan Cost (Plan Cost)	**$11,226,307**	**$7,906,047**	**42.0%**
Generic Plan Cost	$882,275	$648,726	36.0%
Brand Plan Cost	$10,344,032	$7,257,322	42.5%
MSB Plan Cost	$107,759	$165,465	-34.9%
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$6,320,107	$4,062,808	55.6%
Total Specialty Drug Cost (Specialty Plan Cost)	$4,906,200	$3,843,239	27.7%
Avg Plan Cost per Claim (Plan Cost/ARx)	$132.02	$123.92	6.5%
Avg Plan Cost for Generic (Generic Plan Cost/Generic ARx)	$12.17	$11.92	2.1%
Avg Plan Cost for Brand (Brand Plan Cost/Brand ARx)	$825.08	$774.53	6.5%
Avg Plan Cost for MSB (MSB Plan Cost/MSB ARx)	$425.92	$447.20	-4.8%
Avg Non-Specialty Plan Cost per Claim (Plan Cost/ARx)	$75.19	$64.52	16.5%
Avg Specialty Plan Cost per Claim (Plan Cost/ARx)	$5,026.84	$4,647.21	8.2%
Plan Cost PMPM	**$164.76**	**$144.33**	**14.2%**
Non-Specialty Plan Cost PMPM	$92.76	$74.17	25.1%
Specialty Plan Cost PMPM	$72.01	$70.16	2.6%
Specialty % of Plan Cost	43.7%	48.6%	-4.9
Net Plan Cost PMPM (factoring Rebates)	**$102.23**	**$88.60**	**15.4%**
Non-Specialty Plan Cost PMPM	$56.09	$42.07	33.3%
Specialty Plan Cost PMPM	$46.14	$46.53	-0.9%

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+ Q1 FY25

Membership Summary	Total	EPO	CDHP	PPO
Member Count (Membership)	50,758	5,275	22,775	22,712
Utilizing Member Count (Patients)	26,406	3,307	11,103	12,015
Percent Utilizing (Utilization)	52.0%	62.7%	48.8%	52.9%

Claim Summary	Total	EPO	CDHP	PPO
Net Claims (Total Rx's)	197,118	29,909	82,174	85,035
Claims per Elig Member per Month (Claims PMPM)	1.29	1.89	1.20	1.25
Total Claims for Generic (Generic Rx)	169,739	25,535	71,706	72,498
Total Claims for Brand (Brand Rx)	27,379	4,374	10,468	12,537
Total Claims for Multisource Brand Claims (MSB Rx)	505	106	146	253
Total Non-Specialty Claims	194,669	29,458	81,152	84,059
Total Specialty Claims	2,449	451	1,022	976
Generic % of Total Claims (GFR)	**86.1%**	**85.4%**	**87.3%**	**85.3%**
Generic Effective Rate (GCR)	99.7%	99.6%	99.8%	99.7%
Mail Order Claims	53,082	8,643	21,457	22,982
Mail Penetration Rate*	30.4%	31.8%	29.5%	30.8%

Claims Cost Summary	Total	EPO	CDHP	PPO
Total Prescription Cost (Total Gross Cost)	**$29,710,091**	**$5,408,893**	**$11,164,795**	**$13,136,403**
Total Generic Gross Cost	$2,949,018	$465,440	$1,087,557	$1,396,021
Total Brand Gross Cost	$26,761,073	$4,943,453	$10,077,238	$11,740,382
Total MSB Gross Cost	$384,861	$158,869	$108,548	$117,445
Total Ingredient Cost	$28,832,983	$5,272,118	$10,794,006	$12,766,859
Total Dispensing Fee	$497,610	$133,560	$364,050	$360,181
Total Other (e.g. tax)	$19,317	$3,215	$6,738	$9,363
Avg Total Cost per Claim (Gross Cost/Rx)	**$150.72**	**$180.85**	**$135.87**	**$154.48**
Avg Total Cost for Generic (Generic Gross Cost/Generic Rx)	$17.37	$18.23	$15.17	$19.26
Avg Total Cost for Brand (Brand Gross Cost/Brand Rx)	$977.43	$1,130.19	$962.67	$936.46
Avg Total Cost for MSB (MSB Gross Cost/MSB Rx)	$762.10	$1,498.76	$743.48	$464.21

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PRESCRIPTION DRUG UTILIZATION

+ EPO, CDHP, & PPO PLAN

+ Q1 FY25

Member Cost Summary	Total	EPO	CDHP	PPO
Total Member Cost Share	**$5,498,265**	**$747,420**	**$2,840,749**	**$1,910,096**
Generic Cost Share	$1,308,868	$179,537	$615,586	$513,746
Brand Cost Share	$4,189,396	$567,883	$2,225,163	$1,396,350
MSB Cost Share	$60,388	$7,866	$42,835	$9,686
Total Copay	$4,494,457	$744,520	$1,839,841	$1,910,096
Total Deductible	$1,003,807	$2,900	$1,000,908	$0
Avg Copay per Claim (Member Cost Share/Rx)	**$27.89**	**$24.99**	**$34.57**	**$22.46**
Avg Copay for Generic (Generic Member Cost Share/Generic Rx)	$7.71	$7.03	$8.58	$7.09
Avg Copay for Brand (Brand Member Cost Share/Brand Rx)	$153.01	$129.83	$212.57	$111.38
Avg Copay for MSB (MSB Member Cost Share/MSB Rx)	$119.58	$74.21	$293.39	$38.28
Copay % of Total Prescription Cost (Member Cost Share %)	**18.5%**	**13.8%**	**25.4%**	**14.5%**

Plan Cost Summary	Total	EPO	CDHP	PPO
Total Plan Cost (Plan Cost)	**$24,211,827**	**$4,661,473**	**$8,324,046**	**$11,226,307**
Generic Plan Cost	$1,640,149	$285,903	$471,972	$882,275
Brand Plan Cost	$22,571,677	$4,375,571	$7,852,075	$10,344,032
MSB Plan Cost	$324,474	$151,003	$65,712	$107,759
Total Non-Specialty Cost (Non-Specialty Plan Cost)	$11,739,174	$2,184,417	$3,234,650	$6,320,107
Total Specialty Drug Cost (Specialty Plan Cost)	$12,472,653	$2,477,056	$5,089,396	$4,906,200
Avg Plan Cost per Claim (Plan Cost/Rx)	$122.83	$155.86	$101.30	$132.02
Avg Plan Cost for Generic (Generic Plan Cost/Generic Rx)	$9.66	$11.20	$6.58	$12.17
Avg Plan Cost for Brand (Brand Plan Cost/Brand Rx)	$824.42	$1,000.36	$750.10	$825.08
Avg Plan Cost for MSB (MSB Plan Cost/MSB Rx)	$642.52	$1,424.56	$450.08	$425.92
Avg Non-Specialty Plan Cost per Claim (Plan Cost/Rx)	$60.30	$74.15	$39.86	$75.19
Avg Specialty Plan Cost per Claim (Plan Cost/Rx)	$5,092.96	$5,492.36	$4,979.84	$5,026.84
Plan Cost PMPM	**$159.00**	**$294.56**	**$121.83**	**$164.76**
Non-Specialty Plan Cost PMPM	$77.09	$138.04	$47.34	$92.76
Specialty Plan Cost PMPM	$81.91	$156.53	$74.49	$72.01
Specialty % of Plan Cost	51.5%	53.1%	61.1%	43.7%
Net Plan Cost PMPM (factoring Rebates)	**$96.21**	**$191.29**	**$68.18**	**$102.23**
Non-Specialty Net Plan Cost PMPM	$42.83	$79.90	$21.02	$56.09
Specialty Net Plan Cost PMPM	$53.38	$111.38	$47.16	$46.14

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN
+ Q1 FY25

State of Nevada PEBP FY2024				
Description	Grand Total	EPO	CDHP	PPO
Avg Members per Month	50,758	5,275	22,775	22,712
Pct Members Utilizing Benefit	52.0%	62.7%	48.8%	52.9%
Total Plan Cost	$ 24,211,827	$ 4,661,473	$ 8,324,046	$ 11,226,307
Total Days	5,180,277	807,245	2,159,578	2,213,454
Total Adjusted Rxs	197,118	29,909	82,174	85,035
Plan Cost PMPM	$ 159.00	$ 294.56	$ 121.83	$ 164.76
Plan Cost Net PMPM	$ 96.21	$ 191.29	$ 68.18	$ 102.23
Plan Cost/Day	$ 4.67	$ 5.77	$ 3.85	$ 5.07
Plan Cost per Adjusted Rx	$ 122.83	$ 155.86	$ 101.30	$ 132.02
Nbr Rxs PMPM	1.29	1.89	1.20	1.25
Generic Fill Rate	86.1%	85.4%	87.3%	85.3%
Home Delivery Utilization	30.4%	31.8%	29.5%	30.8%
Member Cost %	18.5%	13.8%	25.4%	14.5%
Specialty Percent of Plan Cost	51.5%	53.1%	61.1%	43.7%
Specialty Plan Cost PMPM	$ 81.91	$ 156.53	$ 74.49	$ 72.01
Formulary Compliance Rate	99.5%	99.3%	99.7%	99.4%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ TOTAL PLAN

+ Q1 FY25

State of Nevada PEBP FY2025 - Grand Total					
Description	Grand Total	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	50,758	44,711	5,596	9	445
Pct Members Utilizing Benefit	52.0%	49.6%	69.7%	22.2%	82.9%
Total Plan Cost	$ 24,211,827	$ 18,981,994	$ 4,854,672	$ 4,623	$ 370,537
Total Days	5,180,277	3,947,178	1,085,454	1,326	146,319
Total Adjusted Rxs	197,118	152,263	39,535	50	5,270
Plan Cost PMPM	$ 159.00	$ 141.52	$ 289.18	$ 171.24	$ 277.56
Plan Cost Net PMPM	$ 96.21	$ 85.86	$ 176.33	$ 101.24	$ 128.48
Plan Cost/Day	$ 4.67	$ 4.81	$ 4.47	$ 3.49	$ 2.53
Plan Cost per Adjusted Rx	$ 122.83	$ 124.67	$ 122.79	$ 92.47	$ 70.31
Nbr Rxs PMPM	1.29	1.14	2.35	1.85	3.95
Generic Fill Rate	86.1%	85.8%	87.0%	86.0%	87.8%
Home Delivery Utilization	30.4%	28.3%	37.2%	83.9%	36.9%
Member Cost %	18.5%	18.6%	17.9%	9.3%	21.8%
Specialty Percent of Plan Cost	51.5%	50.5%	56.9%	0.0%	31.8%
Specialty Plan Cost PMPM	$ 81.91	$ 71.51	$ 164.57	$ -	$ 88.34
Formulary Compliance Rate	99.5%	99.5%	99.6%	100.0%	99.6%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ CDHP PLAN

+ Q1 FY25

State of Nevada PEBP FY2025 - CDHP					
Description	CDHP	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,775	19,040	3,389	-	342
Pct Members Utilizing Benefit	48.8%	44.9%	67.3%	0.0%	83.0%
Total Plan Cost	$ 8,324,046	$ 5,658,614	$ 2,401,241	-	$ 264,191
Total Days	2,159,578	1,431,547	611,475	-	116,556
Total Adjusted Rxs	82,174	55,644	22,330	-	4,200
Plan Cost PMPM	$ 121.83	$ 99.07	$ 236.18	$ -	$ 257.50
Plan Cost Net PMPM	$ 68.18	$ 53.90	$ 145.34	$ -	$ 99.17
Plan Cost/Day	$ 3.85	$ 3.95	$ 3.93	$ -	$ 2.27
Plan Cost per Adjusted Rx	$ 101.30	$ 101.69	$ 107.53	$ -	$ 62.90
Nbr Rxs PMPM	1.20	0.97	2.20	-	4.09
Generic Fill Rate	87.3%	86.9%	88.1%	0.0%	87.4%
Home Delivery Utilization	29.5%	25.8%	36.8%	0.0%	37.0%
Member Cost %	25.4%	26.6%	22.5%	0.0%	26.4%
Specialty Percent of Plan Cost	61.1%	60.5%	65.7%	0.0%	32.8%
Specialty Plan Cost PMPM	$ 74.49	$ 59.96	$ 155.17	$ -	$ 84.48
Formulary Compliance Rate	99.7%	99.8%	99.7%	0.0%	99.6%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ EPO PLAN

+ Q1 FY25

State of Nevada PEBP FY2025 - EPO					
Description	EPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	5,275	4,540	671	2	62
Pct Members Utilizing Benefit	62.7%	60.4%	77.9%	50.0%	75.8%
Total Plan Cost	$ 4,661,473	$ 3,355,838	$ 1,253,054	$ 4,492	$ 48,090
Total Days	807,245	613,033	177,477	805	15,930
Total Adjusted Rxs	29,909	22,896	6,414	28	571
Plan Cost PMPM	$ 294.56	$ 246.39	$ 622.48	$ 748.62	$ 258.55
Plan Cost Net PMPM	$ 191.29	$ 157.04	$ 422.80	$ 433.62	$ 185.73
Plan Cost/Day	$ 5.77	$ 5.47	$ 7.06	$ 5.58	$ 3.02
Plan Cost per Adjusted Rx	$ 155.86	$ 146.57	$ 195.36	$ 160.42	$ 84.22
Nbr Rxs PMPM	1.89	1.68	3.19	4.67	3.95
Generic Fill Rate	85.4%	85.3%	85.4%	75.0%	90.5%
Home Delivery Utilization	31.8%	30.5%	35.4%	99.9%	36.0%
Member Cost %	13.8%	14.5%	12.2%	5.9%	8.8%
Specialty Percent of Plan Cost	53.1%	50.2%	61.8%	0.0%	34.8%
Specialty Plan Cost PMPM	$ 156.53	$ 123.76	$ 384.84	$ -	$ 90.08
Formulary Compliance Rate	99.3%	99.3%	99.5%	100.0%	98.9%

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STATE OF NEVADA PEBP:

PRESCRIPTION DRUG UTILIZATION

+ PPO PLAN
+ Q1 FY25

State of Nevada PEBP FY2025 - PPO					
Description	PPO	State Actives	State Retirees	Non-State Actives	Non-State Retirees
Avg Members per Month	22,712	21,132	1,536	3	41
Pct Members Utilizing Benefit	52.9%	51.5%	71.4%	33.3%	92.7%
Total Plan Cost	$ 11,226,307	$ 9,967,542	$ 1,200,377	$ 132	$ 58,256
Total Days	2,213,454	1,902,598	296,502	521	13,833
Total Adjusted Rxs	85,035	73,723	10,791	22	499
Plan Cost PMPM	$ 164.76	$ 157.23	$ 260.50	$ 14.63	$ 473.62
Plan Cost Net PMPM	$ 102.23	$ 99.35	$ 137.04	$ 14.63	$ 286.32
Plan Cost/Day	$ 5.07	$ 5.24	$ 4.05	$ 0.25	$ 4.21
Plan Cost per Adjusted Rx	$ 132.02	$ 135.20	$ 111.24	$ 5.99	$ 116.75
Nbr Rxs PMPM	1.25	1.16	2.34	2.44	4.06
Generic Fill Rate	85.3%	85.1%	85.8%	100.0%	87.8%
Home Delivery Utilization	30.8%	29.5%	39.0%	59.3%	37.4%
Member Cost %	14.5%	14.7%	13.6%	59.6%	6.6%
Specialty Percent of Plan Cost	43.7%	45.0%	34.2%	0.0%	24.9%
Specialty Plan Cost PMPM	$ 72.01	$ 70.69	$ 89.08	$ -	$ 117.95
Formulary Compliance Rate	99.4%	99.4%	99.6%	100.0%	100.0%

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4.3.8

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- 4.3.6 Q1 Express Scripts – Summary Report
- 4.3.7 Q1 Express Scripts – Utilization Report
- **4.3.8 Q1 UMR Performance Guarantees**

PERFORMANCE GUARANTEE REPORT
NV PUBLIC EMPLOYEES BENEFITS PROGRAM
FOR MONTH ENDING: 9/2024
PLAN YEAR: JUL-JUN

Current Month

Performance Standard	Target	Actual	Current Variance
Claims TAT in 10 Business Days	92.0%	95.3%	3.3%
Claim TAT in 20 Business Days	99.0%	99.2%	0.2%
Abandonment Rate	3.0%	0.3%	2.7%
Calls Answered Within Service Level	85.0%	96.0%	11.0%
CSR Callback	90.0%	100.0%	10.0%
Call Resolution	95.0%	96.7%	1.7%
Adjustment Turnaround in 5 Days Rate	95.0%	93.6%	-1.4%
Customer Service Quality Rate	97.0%	98.8%	1.8%
Open Issue Resolution 2 Days Rate	90.0%	98.1%	8.1%
Open Issue Resolution 5 Days Rate	98.0%	98.4%	0.4%

Current Quarter to Date

Performance Standard	Target	Actual	Current Variance
Claims TAT in 10 Business Days	92.0%	94.2%	2.2%
Claim TAT in 20 Business Days	99.0%	99.0%	0.0%
Abandonment Rate	3.0%	0.5%	2.5%
Calls Answered Within Service Level	85.0%	94.4%	9.4%
CSR Callback	90%	100.0%	10.0%
Call Resolution	95.0%	97.5%	2.5%
Adjustment Turnaround in 5 Days Rate	95.0%	93.1%	-1.9%
Customer Service Quality Rate	97.0%	98.1%	1.1%
Open Issue Resolution 2 Days Rate	90.0%	98.5%	8.5%
Open Issue Resolution 5 Days Rate	98.0%	98.9%	0.9%

Current Year to Date

Performance Standard	Target	Actual	Current Variance
Claims TAT in 10 Business Days	92.0%	94.2%	2.2%
Claim TAT in 20 Business Days	99.0%	99.0%	0.0%
Abandonment Rate	3.0%	0.5%	2.5%
Calls Answered Within Service Level	85.0%	94.4%	9.4%
CSR Callback	90.0%	100.00	10.00
Call Resolution	95.0%	97.5%	2.5%
Adjustment Turnaround in 5 Days Rate	95.0%	93.1%	-1.9%
Customer Service Quality Rate	97.0%	98.1%	1.1%
Open Issue Resolution 2 Days Rate	90.0%	98.5%	8.5%
Open Issue Resolution 5 Days Rate	98.0%	98.9%	0.9%

4.3.9

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- 4.3.6 Q1 Express Scripts – Summary Report
- 4.3.7 Q1 Express Scripts – Utilization Report
- 4.3.8 Q1 UMR Performance Guarantees
- **4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report**

Public Employees Benefit Program

Quarterly Update – 1st Quarter Plan Year 2025

WTW's Individual Marketplace (Via Benefits)

November 7, 2024

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The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2025

Executive Summary

Plan Enrollment:

- At the end of FY Q1 2025, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace increased slightly to 11,408. Since PEBP started with Via Benefits back on July 1, 2011, 124 carriers have been selected by PEBP's retirees with current enrollment in 2,257 different plans.
- Medicare Supplement (MS) plan selection remained consistent at 84% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 5,956 and 1,620 enrollees respectively. The average monthly premium cost for MS plans remained consistent at $146.
- The percentage of Medicare Advantage (MA or MAPD) plans selected remained consistent at 16%. Top MA carriers include Aetna with 658 individual plan selections and Humana with 346 individual plan selections. The average monthly premium cost to PEBP participants decreased slightly to $8.

Customer Satisfaction:

- In Q1 2025, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.7 out of 5.0 based on 26 surveys returned.
- For Q1 2025, the average satisfaction score for Service Calls was 4.3 out of 5.0 based on 254 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.3 out of 5.0 for Q1 2025.

Health Reimbursement Arrangement:

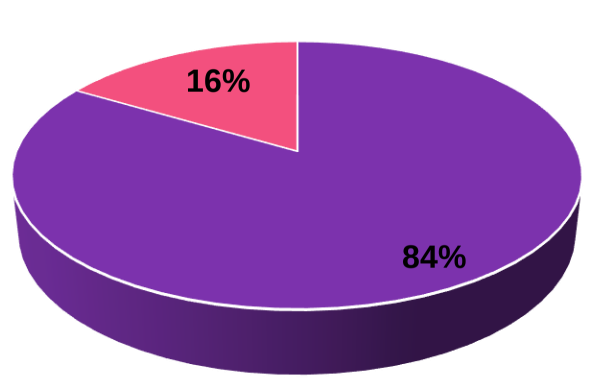
- At the end of Q1 2025 there were 13,600 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 128,757 claims processed in Q1, with 90.7% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 116,828 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q1 was $8,309,489 paid from 49,191 payments for an average of $168.92 per claim payment.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 9/30/2024		Previous Qtr.
Total enrolled through individual marketplace	11,408	11,268
Number of carriers**	124	123
Number of plans**	2,257	2,160

Plan Type Selection Through 9/30/2024		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,882	1,558
Medicare Supplement (MS)	9,558	8,876

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is slightly below the average for WTW's Book of Business.

Plan Type	Number Enrolled	Average Premium
Medicare Supplement (MS)	9,558	$149
Medicare Advantage (MA,MAPD)	1,882	$6 / $18
Part D drug coverage	6,534	$26
Dental coverage	853	$35
Vision coverage	1,644	$11

** Reflects total carriers and plans that PEBP participants have enrolled in nationwide, since inception.

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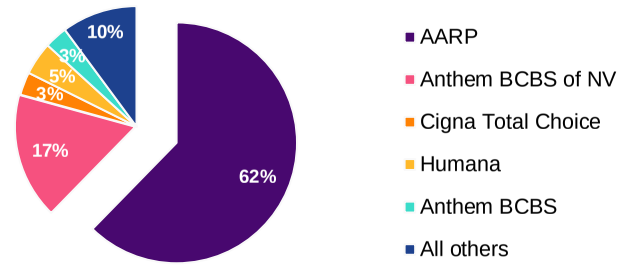
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Quarterly Update – 1st Quarter Plan Year 2025

Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	5,956
Anthem BCBS of NV	1,620
Humana	424
Cigna Total Choice	295
Anthem BCBS	294

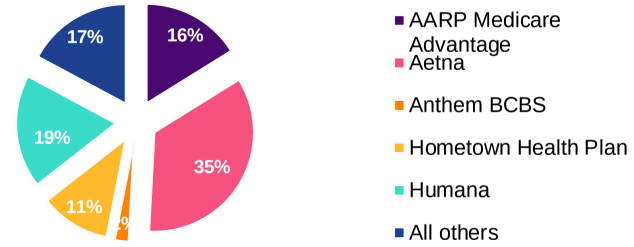
Medicare Supplement Carrier Choice



Cost Data For MS Plans	Cost
Minimum	$22
Average	$146
Median	$140
Maximum	$481

Top Medicare Advantage Plans	Total
Aetna	653
Humana	346
AARP	304
Hometown Health Plan	214
Anthem BCBS	42

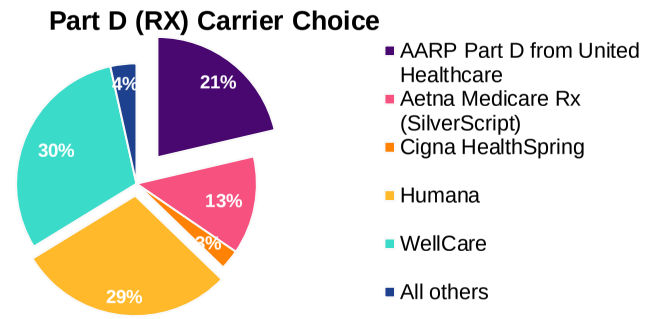
Medicare Advantage Carrier Choice



Cost Data For MA Plans	Cost
Minimum	$0
Average	$8
Median	$0
Maximum	$194

Top Medicare Part D (RX)	Total
WellCare	1,977
Humana	1,897
AARP Part D from United Healthcare	1,395
Aetna Medicare Rx (SilverScript)	863
Cigna HealthSpring	174

Part D (RX) Carrier Choice



Cost Data For Part D (RX)	Cost
Minimum	$0
Average	$22
Median	$16
Maximum	$121

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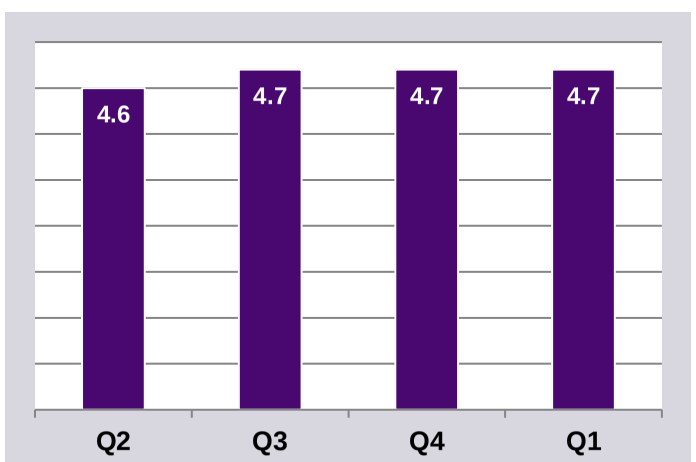
Quarterly Update – 1st Quarter Plan Year 2025

Customer Service – Voice of the Customer (VoC)

Individual Marketplace conducts phone and email surveys of all participant transactions. Each survey contains approximately 12-16 questions. Responses are scanned by IBM Mindshare Analytics which expose trends within an hour, alerting Individual Marketplace of issues and allowing for real-time feedback and adjustments

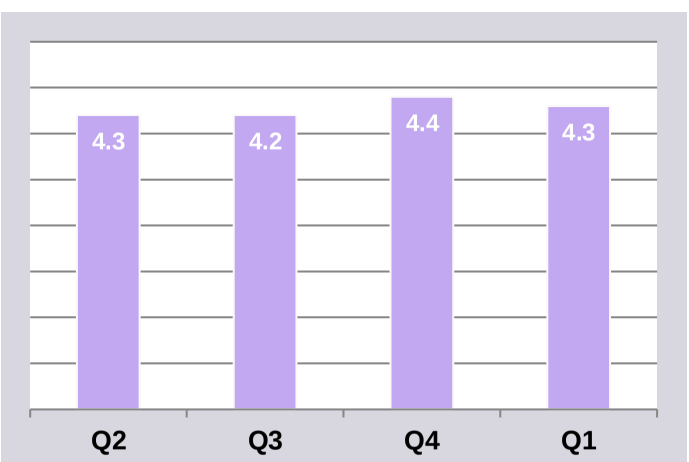
Q4 Enrollment Satisfaction

CSAT score	Count	%
5	20	77%
4	5	19%
3	1	4%
2	0	0%
1	0	0%
	26	**100%**



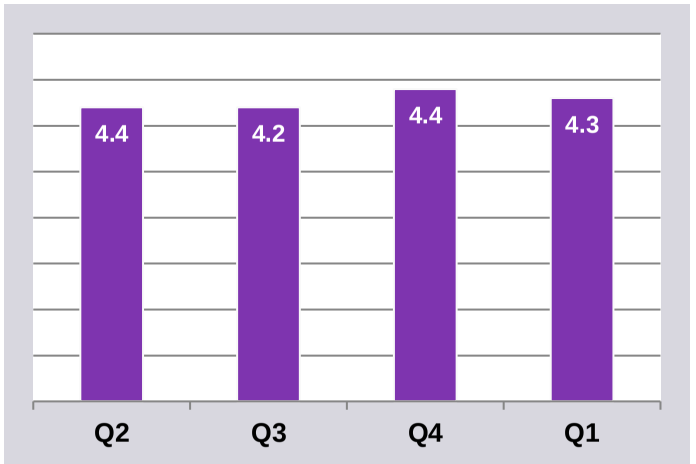
Q4 Service Satisfaction

CSAT score	Count	%
5	165	65%
4	40	16%
3	16	6%
2	13	5%
1	20	8%
	254	**100%**



Q4 Enrollment & Service Combined

CSAT score	Count	%
5	185	66%
4	45	16%
3	17	6%
2	13	5%
1	20	7%
	223	**100%**



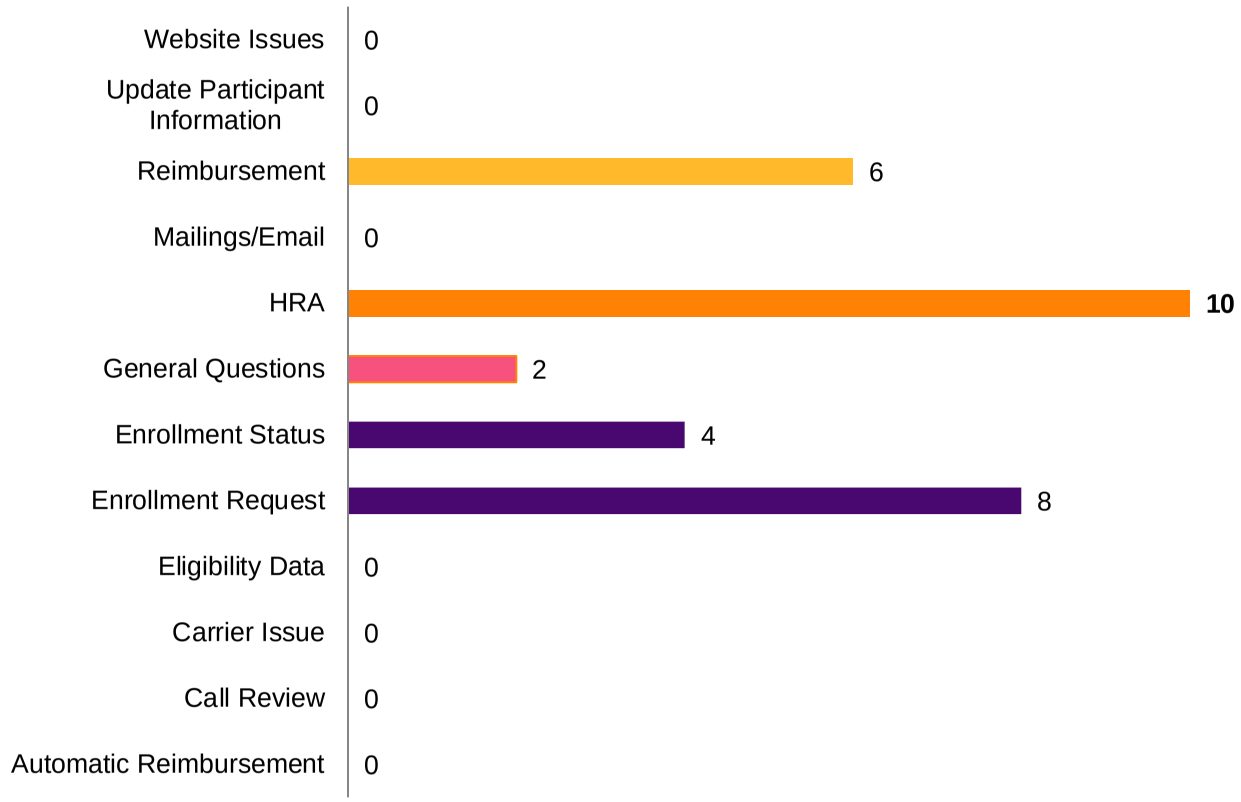
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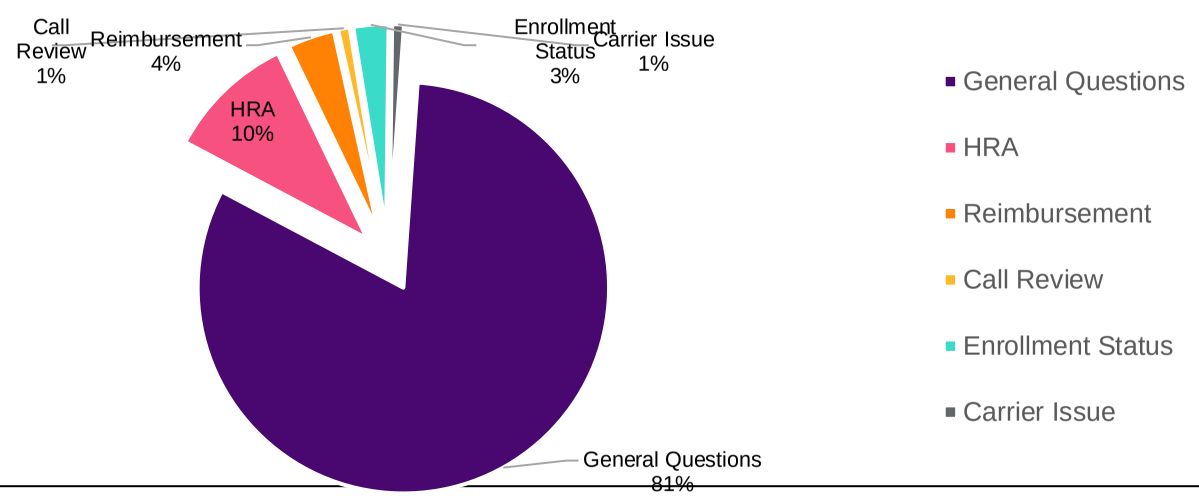
The Public Employees Benefit Program Executive Dashboard

Quarterly Update – 1st Quarter Plan Year 2025

Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q1-PY 2025 is 30 and are associated with the following categories:





Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,600
Number of payments	49,191
Accounts with no balance	8,245
Claims paid amount	$8,309,489

Claims By Source	Total
A/R file	116,828
Mail	4,445
Web	4,881
Mobile App	2,603
TOTAL	128,757

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Quarterly Update – 1st Quarter Plan Year 2025

Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.17 Days	Yes
Claim Financial Precision	≥ 98%	99.42%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	100%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q2 and Q3 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	1 minute 28 Seconds	Yes
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	3.13%	Yes
Customer Satisfaction	≥ 80%	88.2%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period.

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Quarterly Update – 1st Quarter Plan Year 2025

Operations Report

Fall Retiree Meetings:

WTW and Nevada PEBP have scheduled virtual retiree meetings on November 6 and 7, with a live attendance option at the PEBP offices in Carson City. The meetings are designed to help age-in participants get educated on the transition to Medicare as well as assist those who are already enrolled through Via Benefits.

Meeting Date/Time	Meeting Type
November 6 – 11:30 am PT	Pre-Medicare/Ageing into Medicare
November 6 – 2:00 pm PT	Already enrolled in Medicare/HRA
November 7 – 9:30 am PT	Already enrolled in Medicare/HRA
November 7- 12:00 pm PT	Pre-Medicare/Ageing into Medicare

Medicare Open Enrollment for 2025:

Medicare Open Enrollment is from October 15 through December 7, 2024 for participants to make changes to their Medicare Advantage plan or Prescription Drug plans. Note that Medicare Supplement (Medigap plans), Dental, and Vision plans are not impacted by Medicare Open Enrollment. Participants are encouraged to shop and compare plans on the Via Benefits Nevada PEBP website at https://my.viabenefits.com/PEBP . If participants prefer to speak with a Benefit Advisor, they can all the Via Benefits toll free number at 1-888-598-7545, Monday – Friday, 5 a.m. – 4 p.m. Pacific Time. Please note that December 7, 2024 is a Saturday and the Via Benefits service center will be closed so if a participants wants to speak with a Benefit Advisor, they need to call during normal business days and hours prior to December 7.

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The Public Employees Benefit Program Executive Dashboard

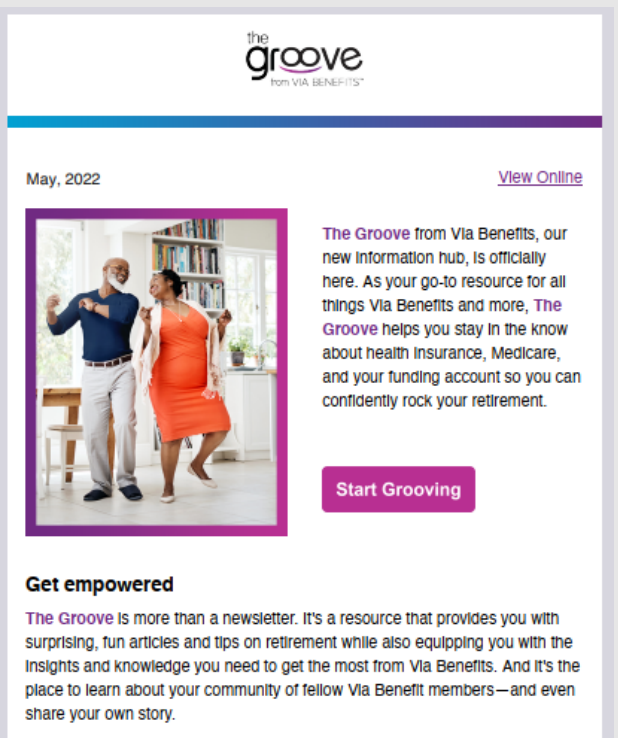
Quarterly Update – 1st Quarter Plan Year 2025

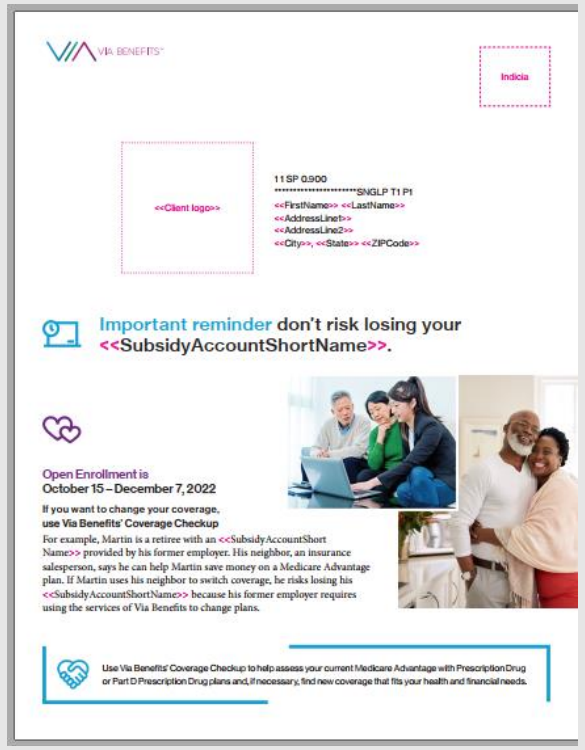
Operations Report

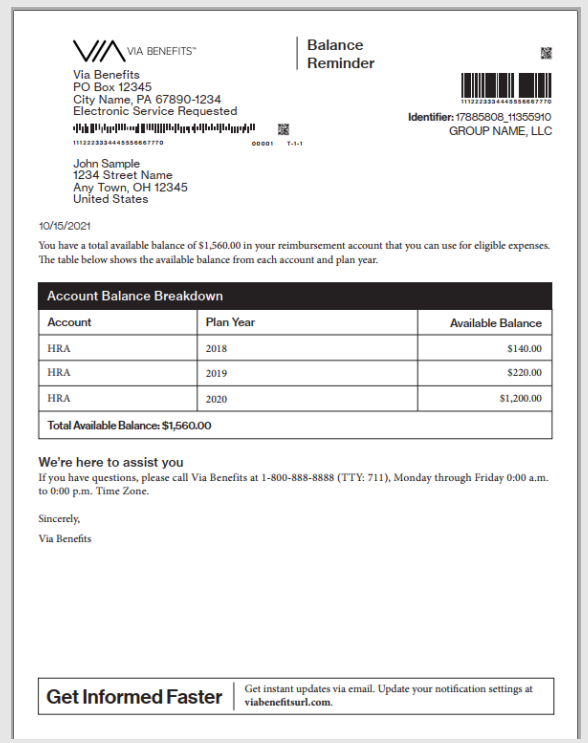
Communications:

Below is information on communications that were mailed and/or emailed recently by Via Benefits to Nevada PEBP participants.

- Fall “The Groove” Newsletter
  - “The Groove”, is our digital newsletter communication that is normally sent bi-monthly. The version that is sent in mid/late September focused on educating participants on Medicare and the Medicare Open Enrollment Period that is from October 15 – December 7.
- HRA Qualification Reminder Notification
  - This communication reminds retirees that have a funding qualification requirement to contact Via Benefits during Medicare Open Enrollment if they want to change plans so they do not negatively impact their HRA qualification. This communication was sent in late September.
- Fall Balance Reminder
  - This communication is mailed to participants who have not had any payment activity in their HRA in the prior 90 days. It is designed to remind them of their HRA balance so they can take action and submit new claims for reimbursement from their account. The Balance Reminder was mailed in September.







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4.3.10

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- 4.3.6 Q1 Express Scripts – Summary Report
- 4.3.7 Q1 Express Scripts – Utilization Report
- 4.3.8 Q1 UMR Performance Guarantees
- 4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
- **4.3.10 Q1 Doctor on Demand Engagement Report**



Included HEALTH

dr+ on demand by Included Health

Virtual Care Engagement Monthly Report

UMR - STATE OF NEVADA

Reporting Period:

07/01/24 to 08/01/24

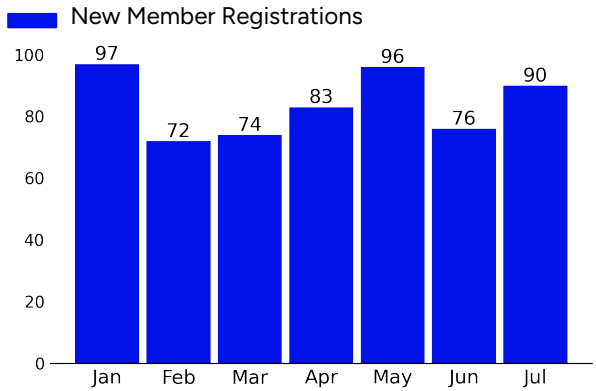
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Member Engagement

90	3	3
Registrations This Month	Unique Visitors This Month	Total Visits This month

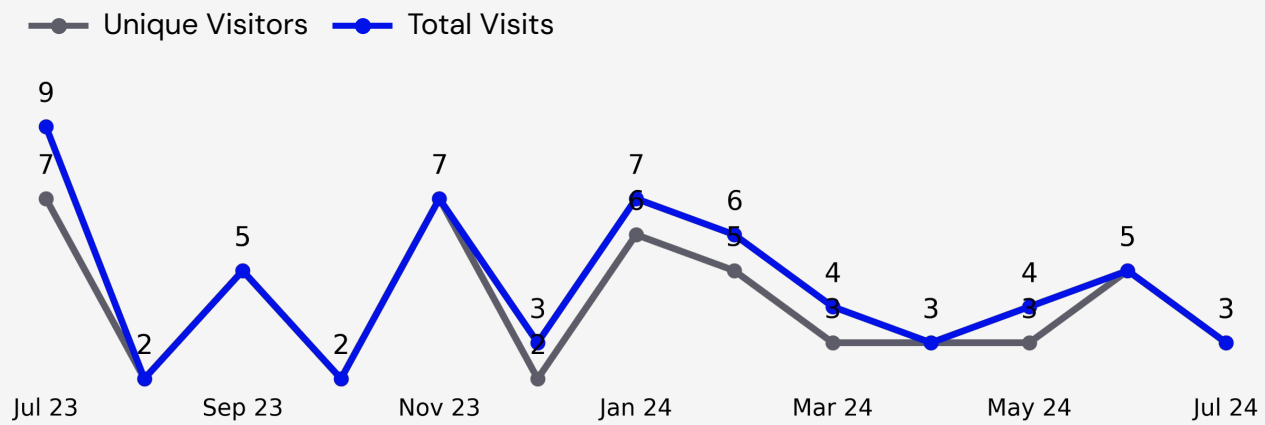
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New Registrations (Year to Date)



-	4,140	-
Total Covered Lives	Registrations Lifetime to date	Registration Rate Lifetime to date
-	588	-
Employee Covered Lives	Registrations Year to Date	Registration Rate Year to Date

Visits Last 12 Months

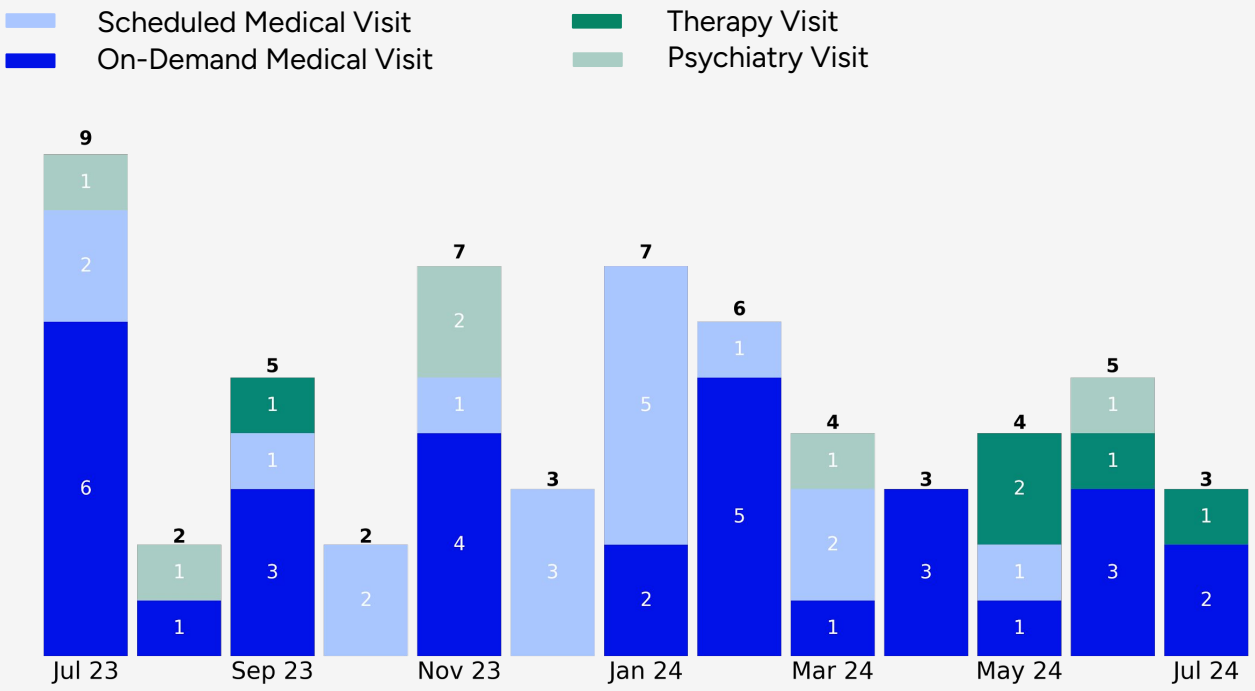


193	69	2.8	-
Visits Lifetime to Date	Unique Visitors Lifetime to Date	Average Visits Per Visitor Lifetime to Date	Engagement Rate Lifetime to Date (Visitors/Lives)
32	17	1.9	-
Visits Year to Date	Unique Visitors Year to Date	Average Visits Per Visitor Year to Date	Engagement Rate Year to Date (Visitors/Lives)

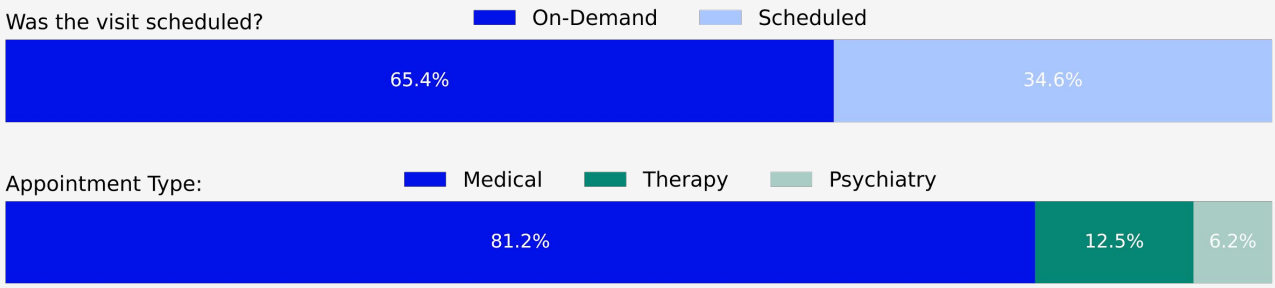
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Member Engagement

Medical & Behavioral Health Visits (Rolling 12 Months)



Member Demand by Visit Type Year to Date



Most Popular Day for Visits Year to Date

Friday

Most Popular Time for Visits Year to Date

Noon - 2PM

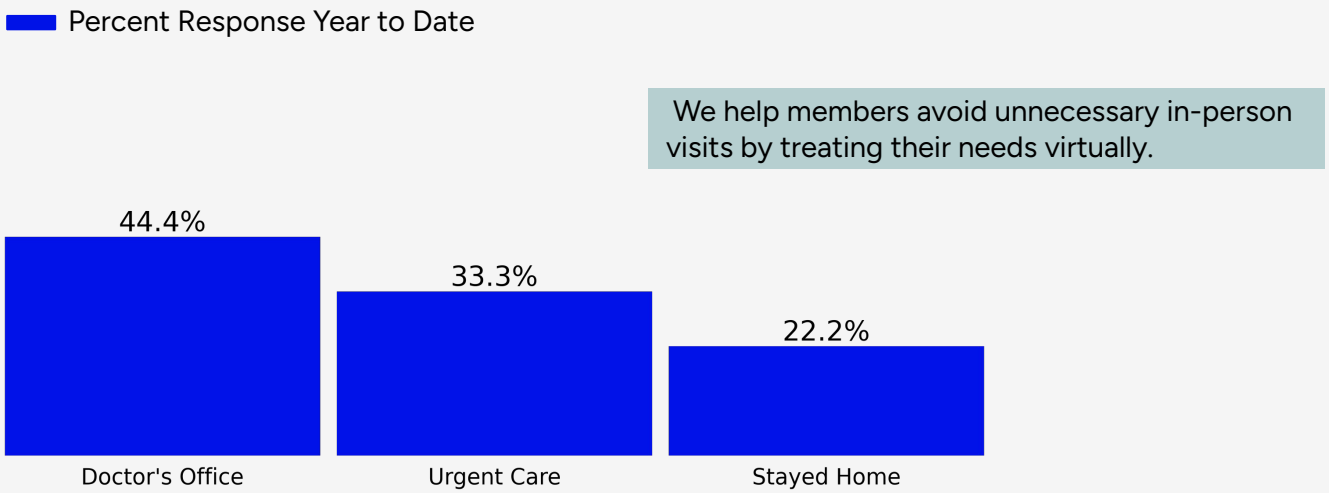
*Most popular day and time metrics are adjusted to time zone local where the visit was initiated

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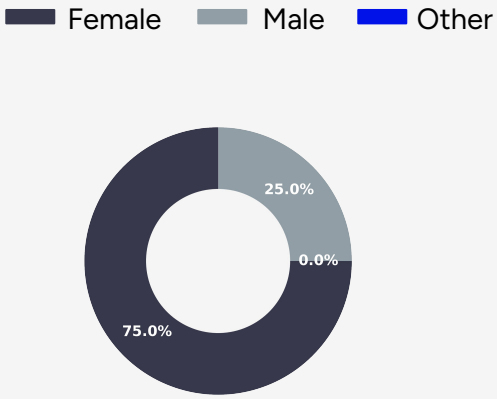
Member Access

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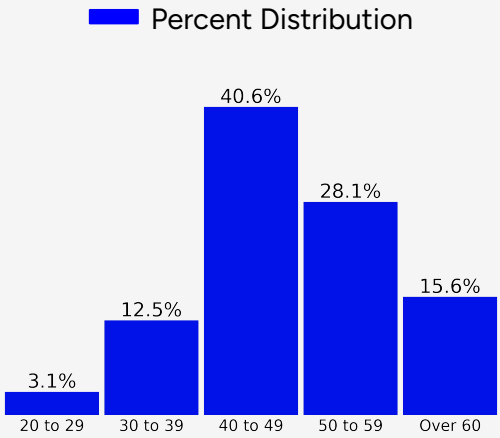
Without Included Health, where would you have gone?



Visits by Reported Gender Year to Date



Visits by Age Year to Date



Member Experience Metrics	This Month	Year to Date
Average Member Rating	5.0 / 5 (N = 3)	5.0 / 5 (N = 25)
Median Wait Time for On-Demand Medical Appointments	37.1 min	6.8 min

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Member Clinical Needs

This section highlights the range of clinical conditions that we treat through virtual care services. The program addresses comprehensive physical and behavioral health needs, and chronic and acute conditions. Examining the top needs of your population can inform more targeted clinical interventions and programs.

Member Reported Symptoms

Top 10 Symptoms

Symptom	Visits This Month	Visits Year to Date
Dizzy / lightheaded	1	5
Difficulty sleeping	1	8
Congestion / sinus problem	1	12
Swelling	1	1
Mood changes	1	5
Feeling lonely / down / depressed	1	1
Anxiety / stress / worry	1	2
Night sweats	1	2
Life transition or traumatic event	1	2
Other	1	1

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits This Month	Visits Year to Date
Other upper respiratory infections	1	12
Other complications of pregnancy	1	1
Anxiety disorders	1	5
Miscellaneous mental health disorders	1	1
Contraceptive and procreative management	0	0
Other lower respiratory disease	0	3
External cause codes: Natural/environment	0	0
COVID-19	0	1
Nausea and vomiting	0	0
Inflammation; infection of eye (except that c..	0	1

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Clinical Service Delivery

Our clinical team can provide a wide range of clinical services to help address members' needs. Our team has a focus on prescribing and labs to ensure our efficacy meets or exceeds that of in-person care through connections with pharmacy benefits and top lab networks.

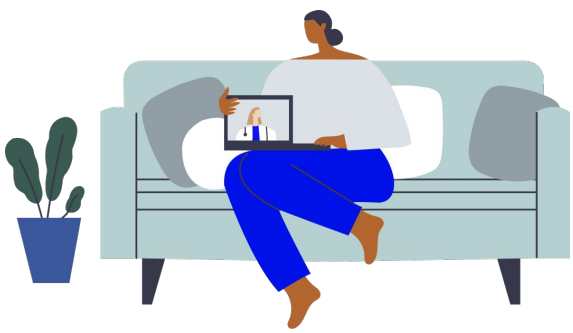
Prescriptions and Testing Summary

3	65.6%	0	3.1%
Prescriptions This Month	of visits resulted in a prescription order Year to Date	Lab Orders This Month	of visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count This Month	Count Year to Date
methylprednisolone	1	2
albuterol	1	3
doxycycline hyclate	1	1
atorvastatin	0	0
sulfamethoxazole-tri..	0	0
prednisone	0	2
azelastine nasal	0	2
ciprofloxacin	0	0
miconazole nitrate	0	0
escitalopram oxalate	0	0

Top Labs	Count This Month	Count Year to Date
RPR w/ Reflex	0	0
HSV 2, IgG w/ Reflex	0	0
Urine Culture, Routine	0	0
Lipid Panel	0	0
Insulin	0	0
Basic Metabolic Panel	0	0
Hepatitis Panel	0	0
Trichomonas Vaginali..	0	0
Comprehensive Metabo..	0	0
HIV-1/2 Ag/Ab, 4th G..	0	0



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Data Dictionary

Metric	Definition
Behavioral Health Visit	Behavioral Health visits refer to scheduled appointments with our multidisciplinary team of therapists, psychologists, and psychiatrists. Our integrated Behavioral Health solution delivers highly-accessible, virtual-first therapy and psychiatry to members to address every member need from subclinical to clinical. Therapy visits are 25 or 50 minutes in length depending on the patient's needs. Initial Psychiatry visits are 45 minutes in length and all follow up psychiatry visits are 15 minutes in length.
Covered Lives	Total count of member lives (employees and dependents) eligible for Included Health services.
Employee Lives	Total count of employee lives eligible for Included Health services.
Engagement Rate	Total number of unique visitors as a percentage of eligible lives.
Medical Visit	Medical visits refer to on-demand and/or scheduled encounters with our multidisciplinary team of clinicians. **Urgent Care:** Our Everyday & Urgent Care solution offers accessible video-first care for acute needs. Our multidisciplinary team of employed clinicians provide 24/7 care on demand or by appointment to improve access to care and deliver a better care experience. Providers are cross-trained in behavioral health, primary dermatology, and geriatric medicine, to treat a wide range of everyday & urgent care and behavioral health needs including cold, flu, UTIs, sinus infections, along with anxiety and depression **Virtual Primary Care -** With Primary Care, we provide 24/7 care across the full continuum of member needs, including physical - acute, preventive and chronic - and behavioral for engaged members.
ICD-10 Code and Description	Describes the top international classification of diseases for diagnoses, symptoms, and procedures recorded by our clinicians as a result of the visit.
Member Rating	Average visitor rating of 1-5 stars submitted upon visit completion.
Patient Reported Symptoms	Describes the top symptoms selected by the patient during visit intake. A patient may select more than one symptom per visit.
Registration	A member is considered "registered" when they digitally accept the Included Health TOS. Registration rate is the total number of individuals registered as a percentage of eligible lives.
Reported Age and Gender	Describes the patient's age and gender category as provided by the member's insurance carrier or reported by the patient. Note, these demographics describe the patient, not the visitor.
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Included HEALTH

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Virtual Care Engagement Monthly Report

UMR - STATE OF NEVADA

Reporting Period:

08/01/24 to 09/01/24

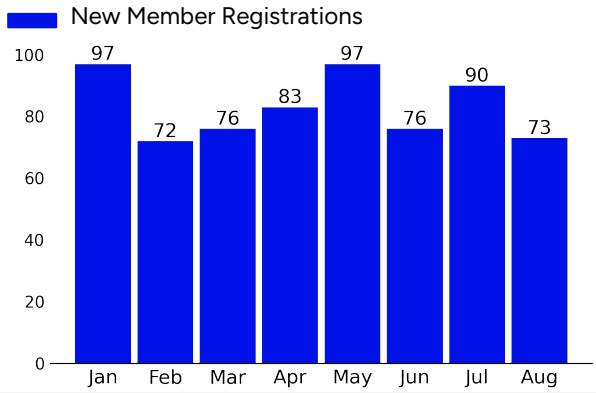
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Member Engagement

73	3	5
Registrations This Month	Unique Visitors This Month	Total Visits This month

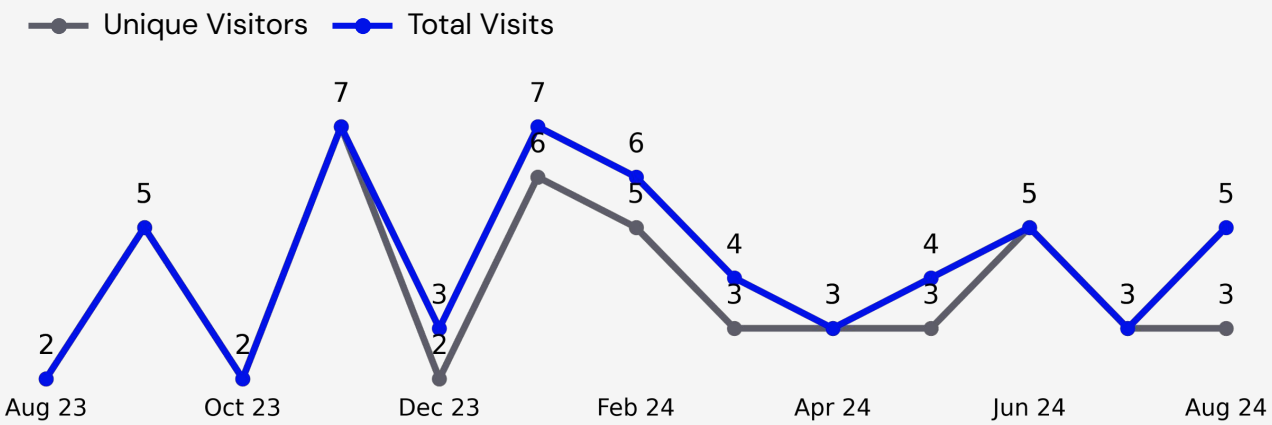
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New Registrations (Year to Date)



-	4,285	-
Total Covered Lives	Registrations Lifetime to date	Registration Rate Lifetime to date
-	664	-
Employee Covered Lives	Registrations Year to Date	Registration Rate Year to Date

Visits Last 12 Months

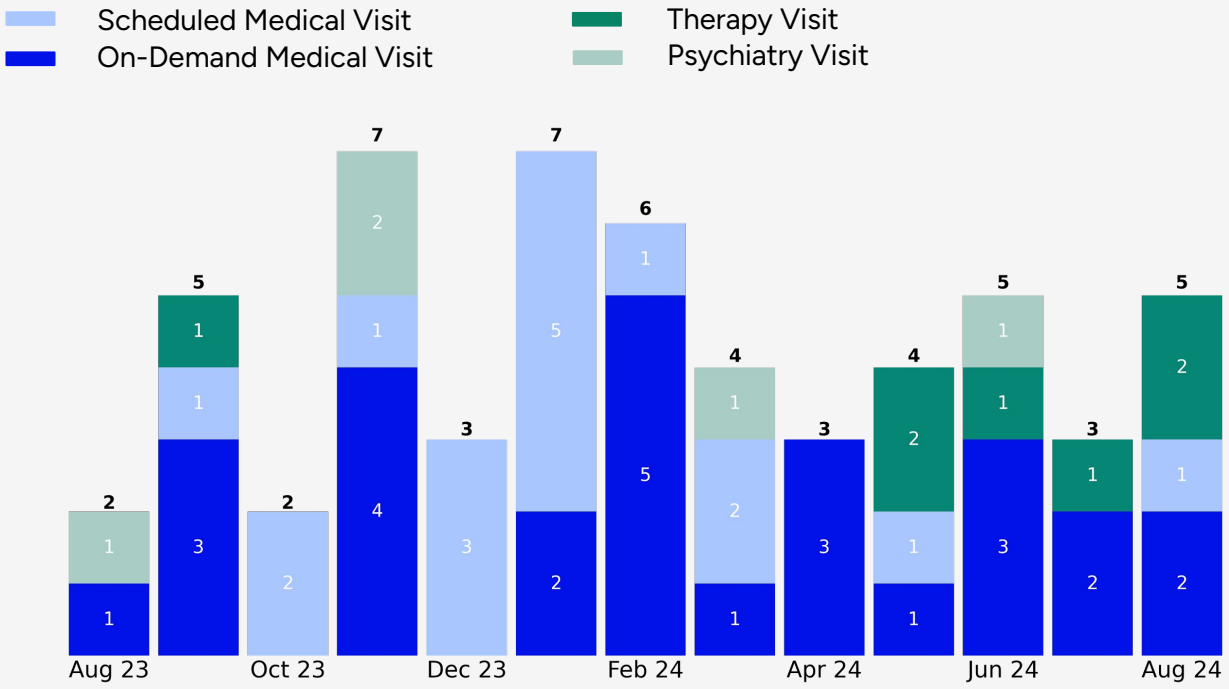


198	69	2.9	-
Visits Lifetime to Date	Unique Visitors Lifetime to Date	Average Visits Per Visitor Lifetime to Date	Engagement Rate Lifetime to Date (Visitors/Lives)
37	17	2.2	-
Visits Year to Date	Unique Visitors Year to Date	Average Visits Per Visitor Year to Date	Engagement Rate Year to Date (Visitors/Lives)

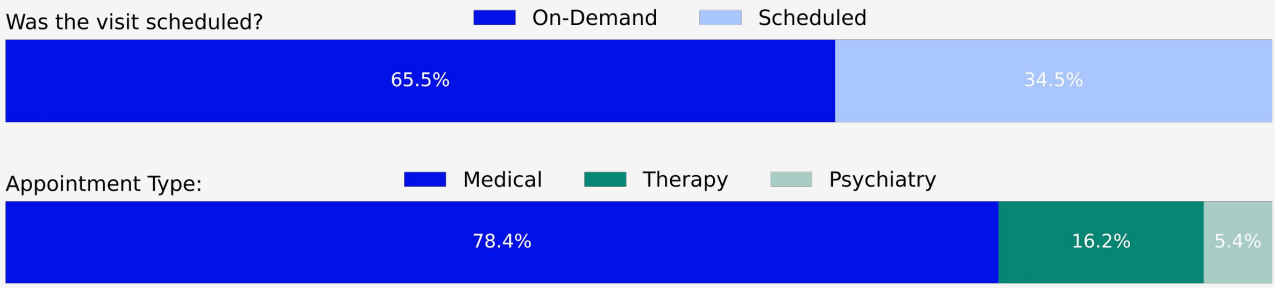
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Member Engagement

Medical & Behavioral Health Visits (Rolling 12 Months)



Member Demand by Visit Type Year to Date



Most Popular Day for Visits Year to Date

Friday

Most Popular Time for Visits Year to Date

10AM - Noon

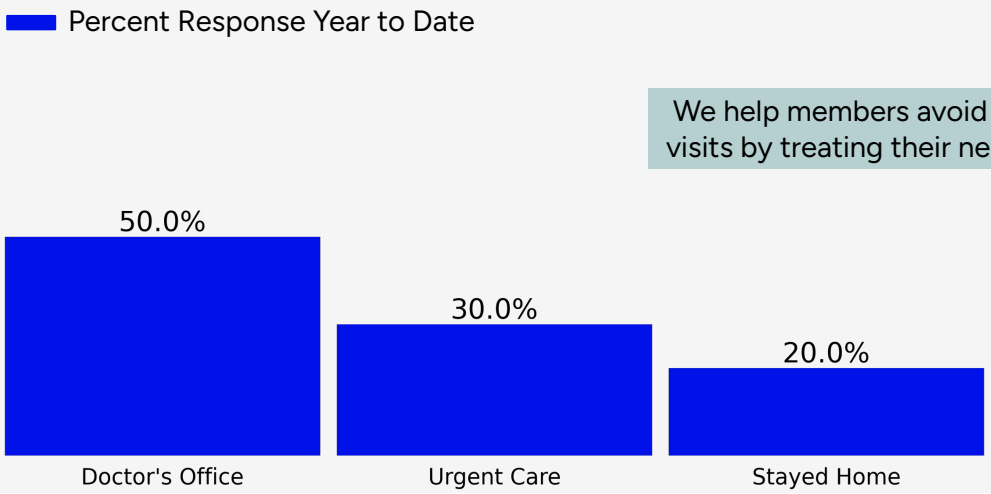
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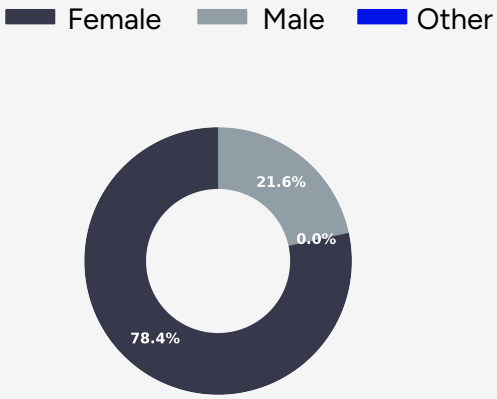
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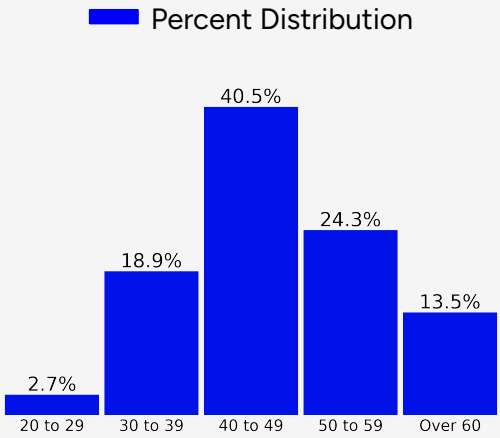
Without Included Health, where would you have gone?



Visits by Reported Gender Year to Date



Visits by Age Year to Date



Member Experience Metrics	This Month	Year to Date
Average Member Rating	5.0 / 5 (N = 4)	5.0 / 5 (N = 29)
Median Wait Time for On-Demand Medical Appointments	20 min	7.4 min

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Member Clinical Needs

This section highlights the range of clinical conditions that we treat through virtual care services. The program addresses comprehensive physical and behavioral health needs, and chronic and acute conditions. Examining the top needs of your population can inform more targeted clinical interventions and programs.

Member Reported Symptoms

Top 10 Symptoms

Symptom	Visits This Month	Visits Year to Date
Headache	1	12
Congestion / sinus problem	1	13
Sputum / productive cough / phlegm	1	5
Shortness of breath	1	4
Wheezing	1	1
Nasal discharge	1	11
Discomfort / burning with urination	1	4
Frequent urination	1	4
Blood in urine	1	2
Fatigue / weakness	1	9

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits This Month	Visits Year to Date
Anxiety disorders	3	8
Administrative/social admission	2	4
Urinary tract infections	1	4
Residual codes; unclassified	1	1
Inflammation; infection of eye (except that c..	0	1
Diabetes mellitus with complications	0	0
Inflammatory diseases of female pelvic organs	0	0
Inflammatory conditions of male genital organs	0	0
Miscellaneous mental health disorders	0	1
Acute candidiasis of vulva and vagina	0	2

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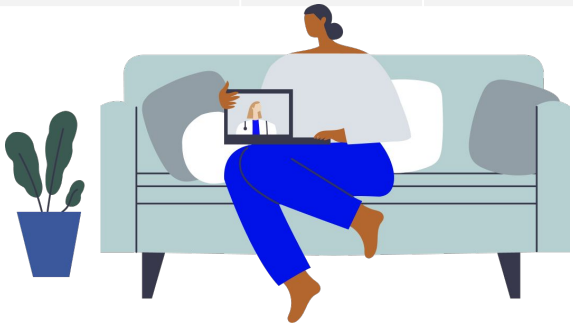
Prescriptions and Testing Summary

6	64.9%	0	2.7%
Prescriptions This Month	of visits resulted in a prescription order Year to Date	Lab Orders This Month	of visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count This Month	Count Year to Date
fluticasone nasal	1	1
cephalexin	1	2
citalopram hydrobrom..	1	2
doxycycline hyclate	1	2
fosfomycin trometham..	1	1
albuterol	1	4
polymyxin b-trimetho..	0	0
erythromycin ophthal..	0	1
amoxicillin	0	0
benzonatate	0	4

Top Labs	Count This Month	Count Year to Date
RPR w/ Reflex	0	0
Urinalysis, Complete..	0	1
HIV-1/2 Ag/Ab, 4th G..	0	0
Insulin	0	0
Trichomonas Vaginali..	0	0
Basic Metabolic Panel	0	0
Hepatitis Panel	0	0
Urine Culture, Routine	0	0
Comprehensive Metabo..	0	0
HSV 2, IgG w/ Reflex	0	0



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Included HEALTH

dr+ on demand by Included Health

Virtual Care Engagement Monthly Report

UMR - STATE OF NEVADA

Reporting Period:

09/01/24 to 10/01/24

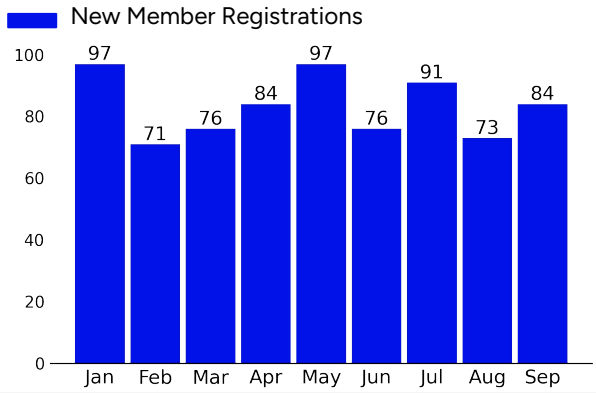
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Member Engagement

84	6	7
Registrations This Month	Unique Visitors This Month	Total Visits This month

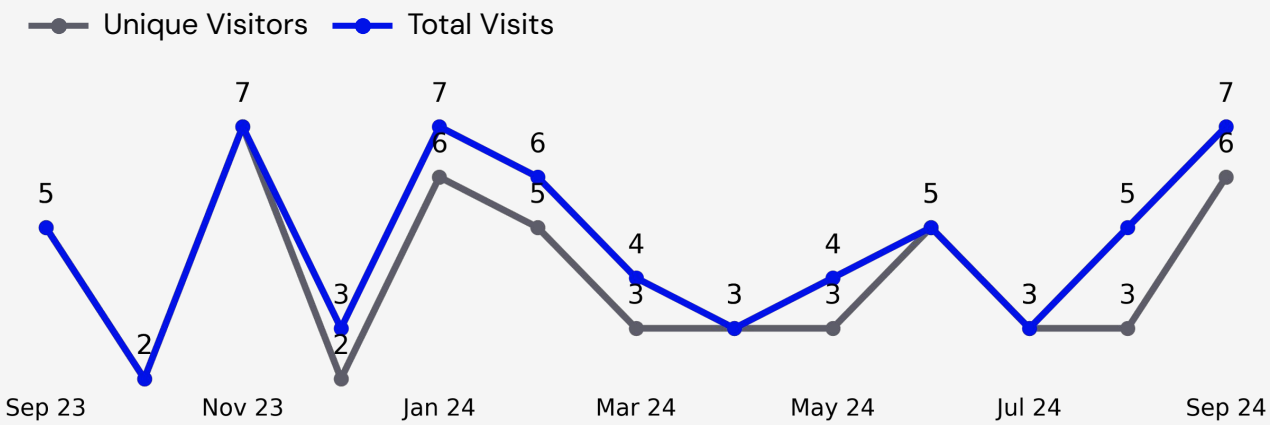
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New Registrations (Year to Date)



-	4,409	-
Total Covered Lives	Registrations Lifetime to date	Registration Rate Lifetime to date
-	749	-
Employee Covered Lives	Registrations Year to Date	Registration Rate Year to Date

Visits Last 12 Months

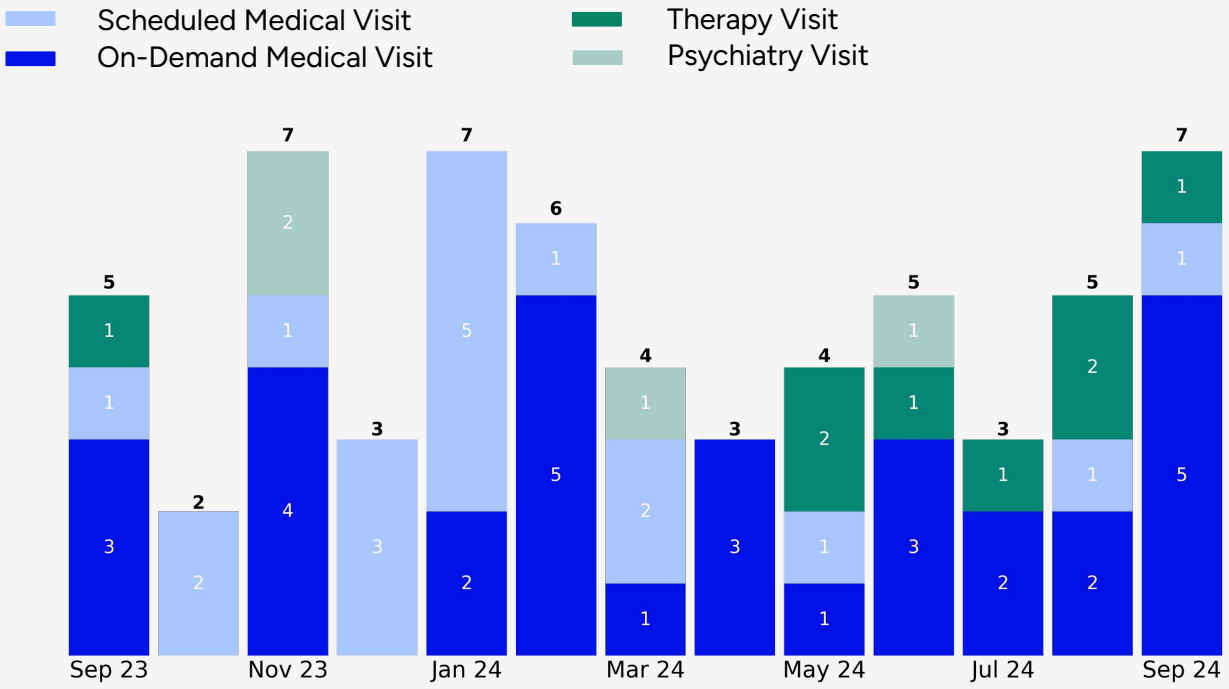


205	69	3.0	-
Visits Lifetime to Date	Unique Visitors Lifetime to Date	Average Visits Per Visitor Lifetime to Date	Engagement Rate Lifetime to Date (Visitors/Lives)
44	20	2.2	-
Visits Year to Date	Unique Visitors Year to Date	Average Visits Per Visitor Year to Date	Engagement Rate Year to Date (Visitors/Lives)

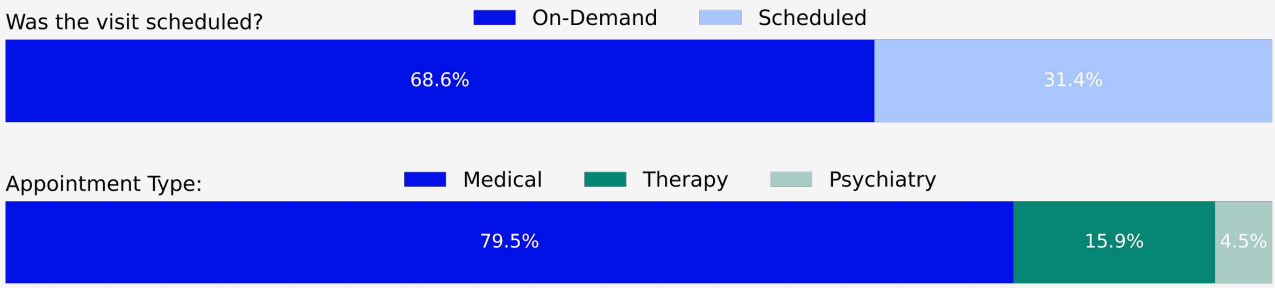
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Member Engagement

Medical & Behavioral Health Visits (Rolling 12 Months)



Member Demand by Visit Type Year to Date



Most Popular Day for Visits Year to Date

Friday

Most Popular Time for Visits Year to Date

Noon - 2PM

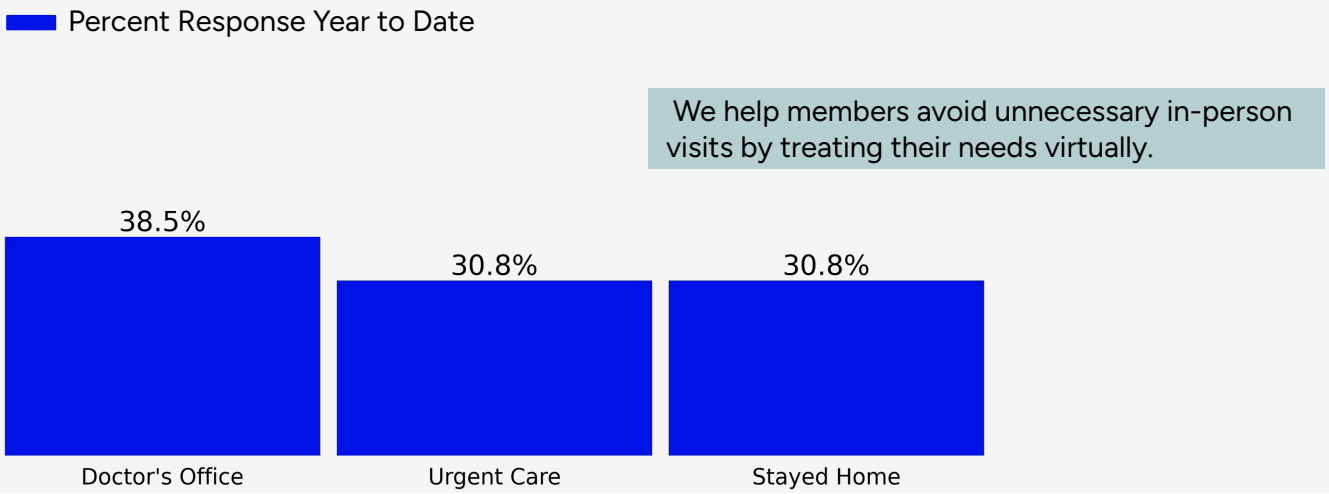
*Most popular day and time metrics are adjusted to time zone local where the visit was initiated

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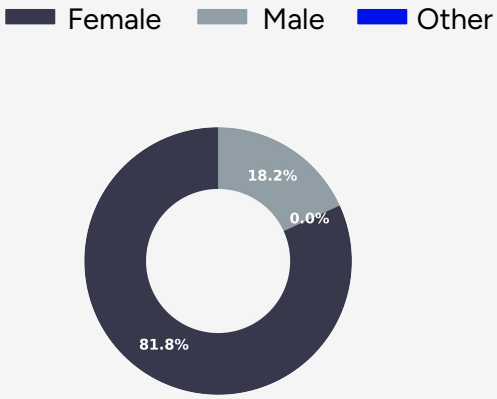
Member Access

This section highlights our impact on increasing members' access to appropriate medical and behavioral health care, and their satisfaction with our services. We improve access to care by seeing members after hours (when brick & mortar providers are closed) and by making it easier to visit with a provider during business hours.

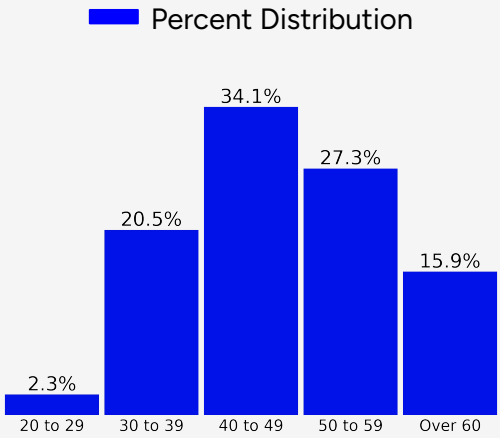
Without Included Health, where would you have gone?



Visits by Reported Gender Year to Date



Visits by Age Year to Date



Member Experience Metrics	This Month	Year to Date
Average Member Rating	5.0 / 5 (N = 5)	5.0 / 5 (N = 34)
Median Wait Time for On-Demand Medical Appointments	10.2 min	9.5 min

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Member Clinical Needs

This section highlights the range of clinical conditions that we treat through virtual care services. The program addresses comprehensive physical and behavioral health needs, and chronic and acute conditions. Examining the top needs of your population can inform more targeted clinical interventions and programs.

Member Reported Symptoms

Top 10 Symptoms

Symptom	Visits This Month	Visits Year to Date
Fatigue / weakness	4	13
Eye redness / discharge	4	8
Congestion / sinus problem	4	17
Headache	4	16
Difficulty / pain swallowing	2	7
Cough	2	11
Nasal discharge	2	13
Ear pain	2	5
Sputum / productive cough / phlegm	2	7
Difficulty sleeping	2	10

Member Conditions

Top 10 Diagnoses

ICD-10 Diagnoses	Visits This Month	Visits Year to Date
Other upper respiratory infections	2	14
Inflammation; infection of eye (except that c..	2	3
Acute bronchitis	1	1
COVID-19	1	2
Administrative/social admission	1	5
Asthma	1	2
Anxiety disorders	1	9
Nausea and vomiting	0	0
Mood disorders	0	2
Urinary tract infections	0	4

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Clinical Service Delivery

Our clinical team can provide a wide range of clinical services to help address members' needs. Our team has a focus on prescribing and labs to ensure our efficacy meets or exceeds that of in-person care through connections with pharmacy benefits and top lab networks.

Prescriptions and Testing Summary

10	68.2%	0	2.3%
Prescriptions This Month	of visits resulted in a prescription order Year to Date	Lab Orders This Month	of visits resulted in a lab order Year to Date

Top Prescriptions and Testing Orders

Top Prescriptions	Count This Month	Count Year to Date
prednisone	2	4
ipratropium nasal	1	2
benzonatate	1	5
azelastine nasal	1	3
fluticasone propionate	1	1
amoxicillin/potassiu..	1	2
azithromycin	1	1
polymyxin b sulfate/..	1	1
erythromycin ophthal..	1	2
dextromethorphan-pro..	0	1

Top Labs	Count This Month	Count Year to Date
Insulin	0	0
Comprehensive Metabo..	0	0
Chlamydia/GC, Urine	0	0
Trichomonas Vaginali..	0	0
Basic Metabolic Panel	0	0
RPR w/ Reflex	0	0
HIV-1/2 Ag/Ab, 4th G..	0	0
Urinalysis, Complete..	0	1
Urine Culture, Routine	0	0
Lipid Panel	0	0



For any questions regarding the reporting, please feel free to reach out to your respective client success lead. Thank you.

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Data Dictionary

Metric	Definition
Behavioral Health Visit	Behavioral Health visits refer to scheduled appointments with our multidisciplinary team of therapists, psychologists, and psychiatrists. Our integrated Behavioral Health solution delivers highly-accessible, virtual-first therapy and psychiatry to members to address every member need from subclinical to clinical. Therapy visits are 25 or 50 minutes in length depending on the patient's needs. Initial Psychiatry visits are 45 minutes in length and all follow up psychiatry visits are 15 minutes in length.
Covered Lives	Total count of member lives (employees and dependents) eligible for Included Health services.
Employee Lives	Total count of employee lives eligible for Included Health services.
Engagement Rate	Total number of unique visitors as a percentage of eligible lives.
Medical Visit	Medical visits refer to on-demand and/or scheduled encounters with our multidisciplinary team of clinicians. **Urgent Care:** Our Everyday & Urgent Care solution offers accessible video-first care for acute needs. Our multidisciplinary team of employed clinicians provide 24/7 care on demand or by appointment to improve access to care and deliver a better care experience. Providers are cross-trained in behavioral health, primary dermatology, and geriatric medicine, to treat a wide range of everyday & urgent care and behavioral health needs including cold, flu, UTIs, sinus infections, along with anxiety and depression **Virtual Primary Care -** With Primary Care, we provide 24/7 care across the full continuum of member needs, including physical - acute, preventive and chronic - and behavioral for engaged members.
ICD-10 Code and Description	Describes the top international classification of diseases for diagnoses, symptoms, and procedures recorded by our clinicians as a result of the visit.
Member Rating	Average visitor rating of 1-5 stars submitted upon visit completion.
Patient Reported Symptoms	Describes the top symptoms selected by the patient during visit intake. A patient may select more than one symptom per visit.
Registration	A member is considered "registered" when they digitally accept the Included Health TOS. Registration rate is the total number of individuals registered as a percentage of eligible lives.
Reported Age and Gender	Describes the patient's age and gender category as provided by the member's insurance carrier or reported by the patient. Note, these demographics describe the patient, not the visitor.
Visit	A visit describes a member's encounter with an Included Health provider. Visits can be classified as: Medical or Behavioral (Therapy, Psychiatry)
Visitors	A member that initiates a visit with Included Health. Unique visitor counts is determined by the member that initiates the visit, not the patient seen by the provider. For example: A patient that initiates a visit for herself and a separate visit for her child is counted as one unique visitor.

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4.3.11

4. Consent Agenda (Joy Grimmer, Board Chair) (**All Items for Possible Action**)

4.3 Receipt of quarterly vendor reports for the period ending September 30, 2024:

- 4.3.1 Q1 UMR – Obesity Care Management
- 4.3.2 Q1 UMR – Diabetes Care Management
- 4.3.3 Q1 Sierra Healthcare Options – Utilization and Large Case Management
- 4.3.4 Q1 Sierra Healthcare Options and UnitedHealthcare Plus Network – PPO Network
- 4.3.5 Q1 UnitedHealthcare – Basic Life Insurance
- 4.3.6 Q1 Express Scripts – Summary Report
- 4.3.7 Q1 Express Scripts – Utilization Report
- 4.3.8 Q1 UMR Performance Guarantees
- 4.3.9 Q1 WTW's Individual Marketplace (VIA Benefits) Enrollment and Performance Report
- 4.3.10 Q1 Doctor on Demand Engagement Report
- **4.3.11 Real Appeal – Utilization Report**

Real Appeal

State of Nevada

Data through August 2024

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Dashboard Report

1,405
Enrollment
Members enrolled since program inception

85%
At-Risk
Members with BMI > 30, or BMI between 25 to 29.99 and a qualifying comorbidity

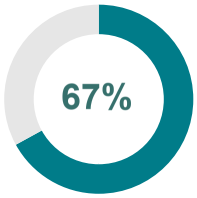
764
Engagement
Members attending one or more coaching sessions

216
Currently Engaged
Members actively engaged due to logging activity within the last six weeks

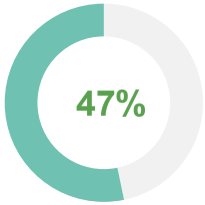
Member Satisfaction Rating
4.82

At-Risk Attendance

4+ Sessions Attended



9+ Sessions Attended



At-Risk
Diabetes, Cardiovascular or other related conditions
Attend 4+ Sessions
Real Appeal Expectations **70%**
Attend 9+ Sessions
Real Appeal Expectations **50%**

At-Risk Weight Loss

33%
5%+ Weight Loss
Attended 4+ Sessions In Program 16+ Weeks

5.8
Average lbs. Loss
(per member)
Attended 4+ Sessions In Program 16+ Weeks

548
Members Reporting Weight Loss

4,775
Total Pounds Lost

5%+ Loss: Real Appeal Expectations **33%**
5%+ Loss: Represents members that have reported weight loss

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Dashboard Report

1,405
Enrollment
Members enrolled since program inception

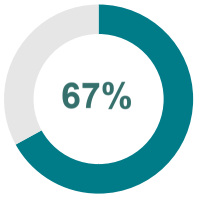
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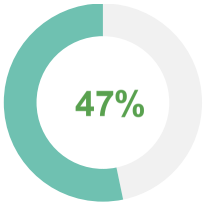
216
Currently Engaged
Members actively engaged due to logging activity within the last six weeks

At-Risk Attendance

4+ Sessions Attended

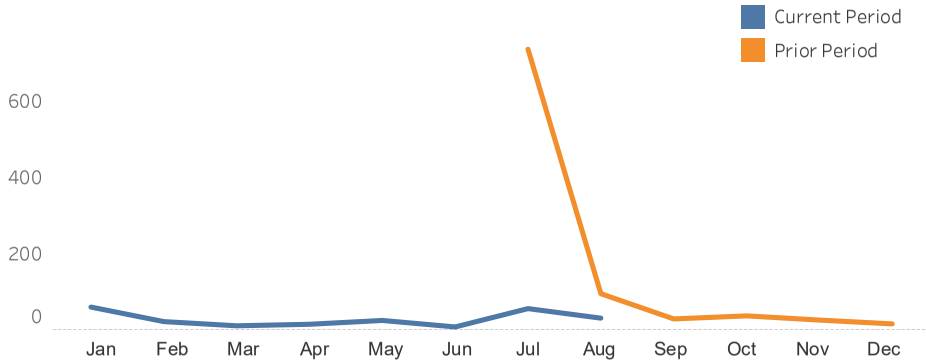


9+ Sessions Attended



At-Risk
Diabetes, Cardiovascular or other related conditions
Attend 4+ Sessions
Real Appeal Expectations **70%**
Attend 9+ Sessions
Real Appeal Expectations **50%**

At-Risk Enrollment



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Current Period	62	24	13	17	27	10	58	33				
Prior Period							737	97	31	39	28	18

At-Risk Weight Loss

33%
5%+ Weight Loss
Attended 4+ Sessions In Program 16+ Weeks

5.8
Average lbs. Loss
(per member)
Attended 4+ Sessions In Program 16+ Weeks

548
Members Reporting Weight Loss

4,775
Total Pounds Lost

5%+ Loss: Real Appeal Expectations **33%**
5%+ Loss: Represents members that have reported weight loss

	2023	2024
Enrolled	**1,125**	**280**
Disqualified	**41**	**7**

Disqualification Criteria:

- Younger than 18 years old
- BMI under 23 (based on client set up)
- Anorexia or bulimia nervosa
- Severe chronic or acute illness
- Pregnancy

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Enrollment Summary

1,405
Enrollment
Members enrolled since program inception

1,194
At-Risk
Members with BMI>30, or BMI between 25 - 29.9 and a qualifying comorbidity

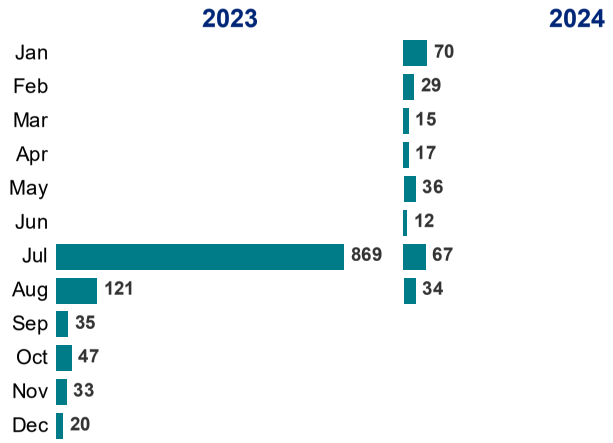
9
Re-Enrolled
Members who completed the programs and enrolled for another period

216
Currently Engaged
Members actively engaged due to logging activity within the last six weeks

Enrollments by Year

Grand Total	2023	2024
1,405	1,125	280

Enrollments by Month



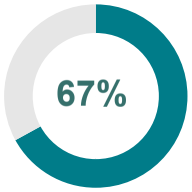
Note: Enrollments by Month only displays the last three years.

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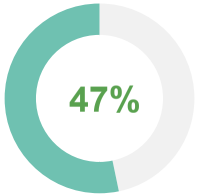
At-Risk Class Progression & Session Engagement

4+ Sessions Attended



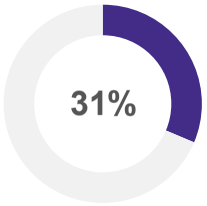
502

9+ Sessions Attended



331

16+ Sessions Attended



218

Real Appeal Expectations

70% Will Attend 4+ Sessions

50% Will Attend 9+ Sessions

30% Will Attend 16+ Sessions

Currently in Week / Session Engagement

	1+ Attended	4+	Attended 4+	9+	Attended 9+	16+	Attended 16+	26+	Attended 26+
1 - 3 Weeks	15	0	0%	0	0%	0	0%	0	0%
4 - 8 Weeks	41	32	78%	0	0%	0	0%	0	0%
9 - 15 Weeks	13	8	62%	6	46%	0	0%	0	0%
16 - 25 Weeks	28	14	50%	8	29%	4	14%	0	0%
26 - 52 Weeks	667	448	67%	317	48%	214	32%	107	16%
Grand Total	764	502	67%	331	47%	218	31%	107	16%

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At-Risk Outcomes

548
Members with Weight Loss

4,775
Pounds Lost

2.7%
Average Weight Loss
Members began 16+ weeks ago & attended 4+ sessions

3.2% Book of Business

33%
4+ Attended Sessions with 5%+ Loss
Real Appeal Expectations 33% with 5%+ Loss

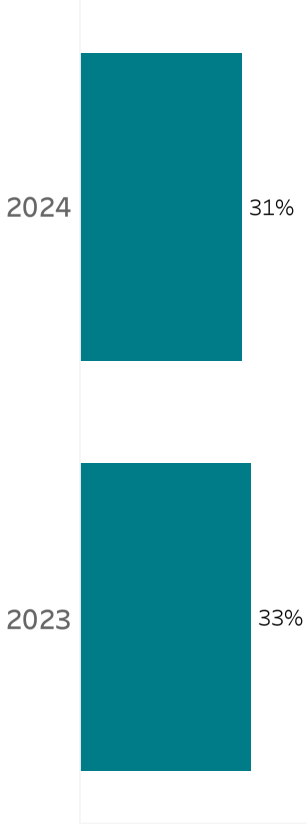
Your Results

	All Weeks 1+ Attended	Began 16+ Weeks Ago 1+	4+	9+
1+ Attended	764	695	462	325
3%+ Loss	32%	34%	45%	51%
5%+ Loss	17%	18%	25%	30%
Total Weight Loss *	3,168	3,042	2,666	1,854
Avg. Start lbs.	215.6	215.7	214.6	214.3
Avg. lbs. Loss	4.1	4.4	5.8	5.7
Avg. % lbs. Loss	1.9%	2.0%	2.7%	2.7%

Real Appeal Book of Business

	All Weeks 1+ Attended	Began 16+ Weeks Ago 1+	4+	9+
3%+ Loss	36%	36%	44%	50%
5%+ Loss	22%	22%	27%	33%
Avg. Start lbs.	218.6	218.6	218.1	217.6
Avg. lbs. Loss	5.6	5.7	7.1	8.2
Avg. % lbs. Loss	2.6%	2.6%	3.2%	3.8%

At-Risk 5%+ Weight Loss



* Note: Outcomes in above charts include members who may have weight loss, weight gain, or remain unchanged.

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Enrollee Characteristics & Outcomes

BMI

** 23-24.9	25-29.9	>=30
97 7%	403 29%	905 64%

Medical Need

At-Risk	Not At-Risk
1,194 85%	211 15%

Gender

Female	Male
1,174 84%	231 16%

Plan Member Type

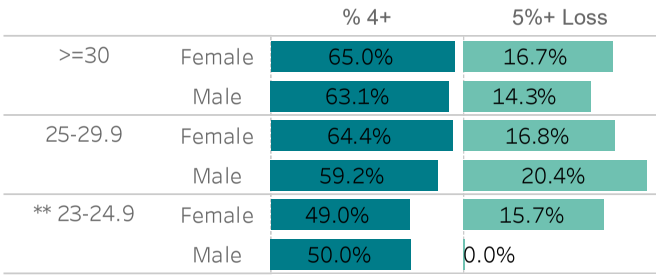
Employee	Spouse/Other
1,336 95%	69 5%

Age Range

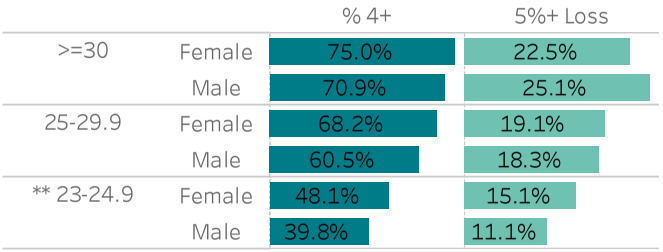
18-29	30-39	40-49	50-64	65-69	70+
82 6%	324 23%	387 28%	544 39%	53 4%	15 1%

**On occasion individuals with a BMI <23 will be included in this category.

Attendance & Weight Loss



Book of Business Attendance & Weight Loss



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Member Satisfaction

Member Satisfaction Rating

4.82

Book of Business 4.82

Average Rating
On a Scale 1-5
(with 5 being the Highest)



Total Ratings
Classroom Experience

3,475

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Registration & Enrollment

Relationship

	Relationship	Grand Total	2023	2024
Registered	Employee	**1,380**	1,099	281
	Spouse/Other	**73**	67	6
Disqualified	Employee	**44**	37	7
	Spouse/Other	**4**	4	0
Enrolled	Employee	**1,336**	1,062	274
	Spouse/Other	**69**	63	6
At-Risk	Employee	**1,136**	896	240
	Spouse/Other	**58**	54	4
Not At-Risk	Employee	**200**	166	34
	Spouse/Other	**11**	9	2
Re-Enrolled	Employee	**9**	0	9
	Spouse/Other	**0**	0	0

Month

	Total	PRIOR	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Registered	**1,453**	1,027	37	48	33	21	72	30	15	18	38	12	67	35
Disqualified	**48**	37	2	1	0	1	2	1	0	1	2	0	0	1
Enrolled	**1,405**	990	35	47	33	20	70	29	15	17	36	12	67	34
At-Risk	**1,194**	834	31	39	28	18	62	24	13	17	27	10	58	33
Not At-Risk	**211**	156	4	8	5	2	8	5	2	0	9	2	9	1
Re-Enrolled	**9**	0	0	0	0	0	0	0	0	0	0	0	6	3

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Appendix

Measure	Definition
Completed Registration	Based on valid insurance the member is eligible for the program. Member can be counted 1+ times in this section if they re-enroll.
At-Risk	Member medically qualified to participate in the program.
At-Risk Weight Loss	Members medically qualified to participate in the program and have tracked weight loss.
At-Risk Engagement & Attendance	Members who medically qualify to participate. % Engaged attended ≥ 1 session % Engaged attended 4+ sessions % Engaged attended 9+ sessions
Disqualified	Medically excluded or found ineligible.
Enrolled	Member has been identified to participate in the At-Risk or Not At-Risk program and has selected a class to participate in.
Engaged	Attended 1+ sessions
Active	Member in program for ≤ 52 weeks and has participated in the past 6 weeks
Average Pounds Start	Average weight when enrolled

At-Risk Measurements

Total Pounds Lost	At-Risk members with weight loss
3%+ Loss	At-Risk members who lost ≥ 3%
5%+ Loss	At-Risk members who lost ≥ 5%
Average Pounds Lost	At-Risk members average pounds lost (Total At-Risk Pounds Lost) / (At-Risk Members)

Outcomes

All	At-Risk participants regardless of class participation or length in program
1+	Members attended 1+ sessions
4+ Attended 16+ Weeks	At-Risk participants 4+ class participations, in program 16+ weeks

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4.4

4. Consent Agenda (Joy Grimmer, Board Chair)
(**All Items for Possible Action**)

4.4 Acceptance of the Annual PEBP Report regarding Complaint Resolution for submission to the Nevada Division of Insurance.

JOE LOMBARDO
Governor

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109 | Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
https://pebp.nv.gov

CELESTENA GLOVER
Executive Officer

JOY GRIMMER
Board Chair

January 23, 2025

SCOTT KIPPER, COMMISSIONER
NEVADA DIVISION OF INSURANCE
1818 E. COLLEGE PARKWAY, SUITE 103
CARSON CITY, NV 89706

Re: System for Resolving Complaints of Insured Annual Report pursuant to NAC 287.750 for 2024

Dear Commissioner Kipper:

In accordance with Nevada Administrative Code (NAC) 287.750, the Public Employees' Benefits Program (PEBP) presents to the Nevada Division of Insurance (DOI), this report to obtain approval of a system for resolving complaints. DOI requires insureds to provide information for three specific areas pursuant to NAC 287.750.

1) NAC 287.750(1)(a), the "name and title of the employee[s] responsible for the system for resolving complaints":

   Leslie Bittleston, MSQA, Quality Control Officer, PEBP
   Gina Reynolds, Quality Control Analyst, PEBP
   Allison Walker, Quality Control Analyst, PEBP

2) NAC 287.750(1)(b), a "description of the procedure used to notify an insured of the decision regarding his or her complaint":

   A. A complaint may be made to PEBP by any participant, provider, or vendor, regarding any PEBP process or service. Complaints may be submitted in person, in writing, by email, over the phone, or other methods of communication.
      - Some complaints begin with PEBP's Member Services Unit (MSU) who attempt to resolve the issue. If the issue cannot be resolved by MSU, MSU forwards the issue, as a compliant, to the Quality Control Unit.
      - Some complaints are routed directly to the Quality Control Unit.

B. Quality Control Staff logs all complaints received in the Unit for tracking and reporting purposes with the pertinent details of the complaint and reaches out to the complainant within two (2) business days to acknowledge receipt of the complaint. Complaints will be acknowledged in the same manner as they were received.
C. Quality Control Staff investigate all complaints by reviewing the complainants file and/or reaching out to complainant and/or vendors for additional information. Additionally, Quality Control Staff review master plan documents, NRS, and NAC to ensure the determination is in accordance with plan documents and state law.
D. Quality Control Staff will make a determination on the complaint within seven (7) business days of receipt. In cases where more time is needed, Quality Control Staff will reach out to the complainant every seven (7) business days to provide a status update.
E. Once the determination is made, Quality Control Staff will prepare and sign a written response which is mailed to the complainant.
F. Quality Control Staff may note a complainants account in the current PEBP Client Relations Management Tool but will not include any Personal Health Information (PHI).

3) NAC 287.750(1)(c), a "copy of the explanation of rights and procedures that will be provided to insureds".

PEBP provides a great deal of information to participants in the form of annual notices, newsletters, mailings, and master plan documents. All master plan documents include a section on complaints and appeals.

- Notices, newsletters, and mailings can be found here.
- Master plan documents can be found here.

Summary Data for 2024

Complaints are defined as something believed to be wrong or unfair. This definition of complaints does not include appeals or external reviews which are tracked separately. There were 349 complaints received and resolved in the year 2024 calendar year. Roughly 42% of complaints were directed at PEBP for eligibility and enrollment issues, 33% were directed at PEBPs Third Party Administrator, UMR, for claims processing, pricing issues, and denials, 14% were directed at Express Scripts for pricing and prescription coverage issues, and the remaining 11% were directed towards other PEBP vendors for reimbursement issues.

There was a 41% decrease in complaints in 2024 (349) as compared to 2023 (597) that were handled by Quality Control Staff. This is attributed to MSU placing more emphasis on resolving issues prior to escalating them to Quality Control; especially regarding default coverage for new hires which is outlined in Nevada Revised Statutes (NRS) 287.045.(8).

Sincerely,

Leslie Bittleston

Leslie Bittleston, MSQA
Quality Control Officer
Public Employees' Benefits Program

4.5

4. Consent Agenda (Joy Grimmer, Board Chair)
(**All Items for Possible Action**)

4.5 Acceptance of the Annual PEBP Report regarding External Reviews for submission to the Office of Consumer Health Assistance.

JOE LOMBARDO
Governor

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CELESTENA GLOVER
Executive Officer

JOY GRIMMER
Board Chair

January 23, 2025

KHADYJA CARTER, CHIEF, ELDER RIGHTS
OFFICE OF CONSUMER HEALTH ASSISTANCE
7150 POLLOCK DRIVE
LAS VEGAS, NV 89119

Re: Annual Report Pursuant to Nevada Revised Statutes (NRS) 695G.310 for 2024

Dear Ms. Carter:

In accordance with NRS 695G.310, the Public Employees' Benefits Program (PEBP) presents to the Office of Consumer Health Assistance (OCHA), its annual report on External Reviews for Calendar Year 2024. NRS 695G.310 requires PEBP provide the total number of "requests for an external review of an adverse decisions made by the health carrier which were granted by OCHA", and the total number "upheld" or "reversed".

PEPB received 18 External Review requests in the calendar year 2024, up from 14 in calendar year 2023. Out of the 18 External Review requests, six (6) or 33.33 percent were reversed, and 12 or 66.7 percent were upheld. The following is the last three years of data in accordance with NRS 695G.303.6.

Calendar Year	Total Number of Requests	Upheld	Reversed
2024	18	12	6
2023	14	9	5
2022	6	4	2
Total	38	25	13
Percentage		65.8%	34.2%

Sincerely,

Leslie Bittleston

Leslie Bittleston, MSQA
Quality Control Officer
Public Employees' Benefits Program

CC: Richard Whitley, Director DHHS

5.

5. Discussion and possible action regarding enhancements to current supplemental health voluntary benefit offerings. (Nik Proper, Operations Officer/Neale Hegarty, Corestream) (**For Possible Action**)

JOE LOMBARDO
Governor

CELESTENA GLOVER
Executive Officer

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JOY GRIMMER
Board Chair

AGENDA ITEM

[X] Action Item
[ ] Information Only

Date: January 23, 2025

Item Number: 5

Title: Discussion and possible action regarding enhancements to current supplemental health voluntary benefit offerings.

SUMMARY

This report provides the Board and members of the public with updates on supplemental health voluntary benefits.

REPORT

PEBP, through Corestream, offers six supplemental health voluntary benefits bundled with The Standard which are accident, critical illness, hospital indemnity, short-term disability, long-term disability, and term life insurance plans. Corestream released an RFP for these same products that show member enhancements if we switch to MetLife. MetLife currently has an integration with Corestream, and there would be no action required of members as all policies would be transferred over to the new carrier.

RECOMMENDATION

Move the six supplemental health offerings from The Standard to MetLife for PY26 Open Enrollment with a July 1, 2025 effective date.

Accident

Plan Details	Current Plan	Standard	MetLife
Burns - (2nd & 3rd degree) varies by type and severity of burn	up to $10,000 / up to $12,500	No change	up to $15,000 / up to $20,000
Skin Graft (% of burn)	25% of burn benefit / 50% of burn benefit	No change	50% of burn benefit / 50% of burn benefit
Concussion	$150 / $200	No change	$200 / $250
Coma	$7,500 / $15,000	No change	$8,000 / $16,000
Emergency Care (Physician Office or Urgent Care)	$50 / $60	No change	$150 / $250
Emergency Room Treatment	$150 / $200	No change	$250 / $350
Outpatient X-Ray	$50 / $60	No change	$75 - $100
Accident Follow-Up Visit	$50 / $70	No change	$75 - $100

Accident

Monthly Premium	Current Plan	Standard	MetLife
Rate Guarantee		3 years	5 years
Employee	$10.54 / $16.01	$8.96 / $13.61	$9.28 / $14.09
Employee + Spouse	$16.65 / $24.96	$14.15 / $21.22	$14.65 / $21.96
Employee + Child	$18.45 / $28.08	$15.68 / $23.87	$16.24 / $24.71
Family	$24.69 / $37.49	$20.99 / $31.87	$21.73 / $32.99

- Standard is proposing a 15% rate decrease and is matching current plan; MetLife is proposing a 12% rate decrease and is matching or enhancing current plan provisions
- Standard is offering 3-year rate guarantee; MetLife is offering 5-year rate guarantee.

Critical Illness

Plan Details	Current Plan	Proposed Changes	Standard	MetLife
Spouse Coverage	$5k, $10k or $15k (capped at 50% of EE)	$10k, $20k, $30k (capped at 100% of EE)	Both options available	Both options available
Coronary Artery Disease/By-Pass	25%	100%	100%	100%
Recurrence Benefit	12 months	6 months	6 months	90 days

Critical Illness

Monthly Premium - $10,000	Current Plan	Standard	MetLife
Employee	ISSUE Age/ Uni Tobacco	ISSUE Age/ Uni Tobacco	ATTAINED Age/ Uni Tobacco
Rate Guarantee	3 year rate guarantee	3 year rate guarantee	5 year rate guarantee
Age 30	$8.20	$8.20	$7.30
Age 40	$16.10	$16.10	$14.40
Age 50	$28.20	$28.20	$25.20
Spouse	**$5,000**	**$5,000 / $10,000**	**$5,000 / $10,000**
Age 30	$4.10	$4.10 / $8.20	$3.65 / $7.30
Age 40	$8.05	$8.05 / $16.10	$7.20 / $14.40
Age 50	$14.10	$14.10 / $28.20	$12.60 / $25.20

- Standard is proposing no rate change and is matching current plan; MetLife is proposing an 11% rate decrease and is matching or enhancing current plan provisions
- Both Standard & MetLife are willing to increase Spouse benefit levels
- Standard is offering 3-year rate guarantee; MetLife is offering 5-year rate guarantee

Hospital Indemnity

Plan Details	Current Plan	Standard	MetLife
Hospital Admission	$500 / $1,000 Maximum 1 per calendar year	No change	$500 / $1,000 Maximum 4 per calendar year
Hospital Intensive Care - Admission	Not included	No change	$500 / $1,000

Hospital Indemnity

Monthly Premium	Current Plan	Standard	MetLife
Rate Guarantee		3 years	5 years
Actives: Employee	$8.66 / $17.32	No change	No change
Actives: Employee + Spouse	$14.60 / $29.20	No change	No change
Actives: Employee + Child	$12.36 / $24.72	No change	No change
Actives: Family	$21.95 / $43.90	No change	No change
Retirees: Employee	$18.62 / $37.24	No change	No change
Retirees: Employee + Spouse	$56.02 / $112.04	No change	No change
Retirees: Employee + Child	$39.90 / $79.80	No change	No change
Retirees: Family	$71.06 / $142.12	No change	No change

- Both Standard and MetLife are proposing no rate change and are matching current plan
- Standard is offering 3-year rate guarantee; MetLife is offering 5-year rate guarantee.

Term Life and AD&D Insurance

Monthly Premium - $10,000	Current Plan	Standard	MetLife
Employee	Attained Age/ Uni Tobacco	Attained Age/ Uni Tobacco	Attained Age/ Uni Tobacco
Rate Guarantee		3 year rate guarantee	5 year rate guarantee
Age 30	$1.10	No change	$0.97
Age 40	$1.40	No change	$1.24
Age 50	$3.00	No change	$2.71
Spouse			
Age 30	$1.10	No change	$0.97
Age 40	$1.40	No change	$1.24
Age 50	$3.00	No change	$2.71

- Standard is proposing no rate change and is matching current plan; MetLife is proposing an 8-12% rate decrease on actives and a 25% decrease on Retirees and is matching current plan provisions
- Standard is offering 3-year rate guarantee; MetLife is offering 5-year rate guarantee
- For the May 2025 Open Enrollment, both providers are allowing for a “true” Open Enrollment (case-level GI) for **Active** Employees; prior declinations will be excluded by The Standard

Short Term Disability

Rate per $10 of STD Benefit	Current Plan	Standard	MetLife
Employee	Attained Age/ Uni Tobacco 7-day / 14-day / 30-day (BWP)	Attained Age/ Uni Tobacco 7-day / 14-day / 30-day (BWP)	Attained Age/ Uni Tobacco 7-day / 14-day / 30-day (BWP)
Rate Guarantee		3 year rate guarantee	3 year rate guarantee
Age 30	$1.22 / $0.55 / $0.26	$1.13 / $0.55 / $0.22	$1.07 / $0.48 / $0.23
Age 40	$0.99 / $0.42 / $0.20	$0.92 / $0.42 / $0.17	$0.87 / $0.37 / $0.18
Age 50	$1.30 / $0.55 / $0.25	$1.21 / $0.55 / $0.22	$1.14 / $0.48 / $0.22

- Standard is proposing rate decreases of 7% / 0% / 12-15% and is matching current plan provisions
- MetLife is proposing rate decreases of 12% / 12% / 10-12% and is matching current plan provisions
- Both Standard & MetLife are offering 3-year rate guarantees
- For the May 2025 Open Enrollment, both providers are waiving the waiting period for late entrants

Long Term Disability

Rate per $100 of Covered Salary	Current Plan	Standard	MetLife
Employee	Attained Age/ Uni Tobacco	Attained Age/ Uni Tobacco	Attained Age/ Uni Tobacco
Rate Guarantee		3 year rate guarantee	3 year rate guarantee
Age 30	$0.189	No change	No change
Age 40	$0.436	No change	No change
Age 50	$0.582	No change	No change

- Both Standard and MetLife are proposing no rate change and are matching current plan
- Both Standard and MetLife are offering a 3-year rate guarantee
- For the May 2025 Open Enrollment, both providers are allowing for a “true” Open Enrollment (case-level GI) for Employees; prior declinations will be excluded by The Standard

6.

6. Executive Officer Report
(Celestena Glover, Executive Officer)
(Information/Discussion)

JOE LOMBARDO
Governor

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CELESTENA GLOVER
Executive Officer

JOY GRIMMER
Board Chair

AGENDA ITEM

☐ Action Item
☒ Information Only

Date: January 23, 2025

Item Number: 6

Title: Executive Officer Report

SUMMARY

This report provides the Board and members of the public with updates on agency operations.

REPORT

INTERIM RETIREMENT AND BENEFITS COMMITTEE

The Interim Retirement and Benefits Committee (IRBC) meeting was held on December 17, 2024, in Las Vegas although PEBP staff attended from the Carson City location. In accordance with NRS 287.0425, PEBP provided and presented the required reports. There were just 3 follow-up questions from the committee 2 of which were related to the increase in pharmacy spend and cancer treatment as a top diagnosis and cost for the 3 self-funded plans.

- The committee wanted to understand why the percentage increase in pharmacy spend was lower when comparing the HMO to the self-funded plans – although the percentage increase was lower for the HMO the pharmacy net per member per month (PMPM) started at a higher price point ($178 in 2023 increasing to $186 in 2024) vs the self-funded plans combined net PMPM starting at a lower price point ($123 in 2023 increasing to $150 in 2024). As you can see the higher net PMPM in 2024 for the self-funded plans is still much lower in plan year 2024 then the HMO experienced in either plan years 2023 or 2024.

- The committee observed that cancer treatment was a top diagnosis and cost for the self-funded plans in Plan Year 2024 and were interested in knowing what percentage of cancer patients sought treatment outside of Nevada. After discussions with UMR it was noted that in 2023, 10.6% and in 2024, 12% of patients sought treatment outside of

Nevada. Some reasons provided included provider referrals, member preferences and the utilization of Centers of Excellence.

The video from the IRBC meeting can be viewed at the Nevada Legislature's website under "Videos for Archived Events" if you would like to hear the full presentation and discussion.

GOVERNOR'S RECOMMENDED BUDGET

The Governor's State of the State address was given on January 15, 2025. During that time the Governor's Recommended Budget (GovRec) was released. PEBP's budget as requested with adjustments to account for the plan design changes for Plan Year 2026 (as discussed during the September 26, 2024, board meeting) with continuation into Plan Year 2027 were included.

We have also received word from our liaison at the Legislative Counsel Bureau (LCB) indicating that PEBP's budgets will likely be heard before the Joint Full committee therefore a pre-session hearing has not been scheduled. In addition, PEBP's budgets are expected to receive final legislative approval prior to open enrollment in May of 2025.

CARSON TAHOE HEALTH

During the November 2024 PEBP Board meeting staff was directed to release a Request for Proposal (RFP) for a secondary network to address the Carson Tahoe Health (CTH) issue. The RFP is scheduled for release in early February 2025. CTH has agreed to extend their current contract to December 31, 2025, to allow sufficient time for the completion of the RFP and implementation process.

FUTURE BOARD MEETINGS

The PEBP Board meetings scheduled between now and the end of the 2025 Legislative Session will be held virtually. This includes the regular meetings scheduled in March and May as well as any legislative update meetings we may need during the session.

7.

7. Discussion and possible action regarding continuing to offer HMO and EPO options.
(Celestena Glover, Executive Officer/Richard Ward, Segal)
(**For Possible Action**)

7.1 Discussion and possible action regarding a potential contract with Health Plan of Nevada, Inc., to provide a fully insured regional Health Maintenance Organization (HMO) medical and pharmacy group health plan for PEBP's active employees and non-Medicare eligible retiree populations. A portion of this item may be conducted in closed session to allow review of the results of the evaluation of proposals for the contract, in accordance with NRS 287.04345(4). Any action on the contract, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, will occur in open session, in accordance with NRS 287.04345(5). (Celestena Glover, Executive Officer)
(**For Possible Action**)

JOE LOMBARDO
Governor

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CELESTENA GLOVER
Executive Officer

JOY GRIMMER
Board Chair

AGENDA ITEM

[X] Action Item
[ ] Information Only

Date: January 23, 2025

Item Number: 7

Title: EPO/HMO Plan Sunset

SUMMARY

During the September 26, 2024, meeting, PEBP staff presented the Plan Year 2026 Plan Design considerations. That report included a consideration for the continuation of the EPO and HMO plans. The Board deferred the decision to this meeting and requested additional information.

REPORT

OPTIONS FOR CONSIDERATION

As discussed in the previous meeting, staff believe it is time to consider the viability of maintaining both the HMO and EPO plans and make the difficult decision to sunset both plans. PEBP staff continues to believe that this is the appropriate course of action.

A Request for Proposal (RFP) was issued to solicit bids for an HMO plan both regionally and statewide. A closed session was held on January 16, 2025, to discuss the results and any action taken regarding the award of a new contract is contingent upon the decision made by the board during this agenda item.

Segal prepared additional analysis, and the subsequent report was provided prior to today's meeting to allow the Board members sufficient time to review and consider.

RECOMMENDATION

PEBP staff recommends the Board approve the elimination of both the EPO and HMO plans and to cancel both the RFP and the award of a new contract for HMO services.

7.1

7. Discussion and possible action regarding continuing to offer HMO and EPO options.
   (Celestena Glover, Executive Officer/Richard Ward, Segal)
   (**For Possible Action**)

7.1 Discussion and possible action regarding a contract to provide a fully insured regional Health Maintenance Organization (HMO) medical and pharmacy group health plan for PEBP's active employees and non-Medicare eligible retiree populations, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, *see* NRS 287.04345(5).
(Celestena Glover, Executive Officer)
(**For Possible Action**)



Nevada Public Employees' Benefits Program

EPO and HMO Considerations

January 23, 2025

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Segal

Current Plan Designs and Premiums

Below is a summary of the in-network benefits for each plan currently offered by PEBP:

	Consumer Driven Health Plan (CDHP)	Low Deductible (LDPPO)	Premier Plan (EPO)	Health Plan of Nevada (HMO)
Actuarial Value*	76.7%	85.2%	88.3%	91.4%
Service Area	Global	Global	Northern Nevada	Southern Nevada
Annual Deductible (medical and prescription combined)	$1,600 Individual $3,200 Family $3,200 Individual Family Member Deductible	$0	$100 Individual $200 Family $100 Individual Family Member Deductible	N/A With exception of Tier 4 prescription drug coverage
Medical Coinsurance	20% after deductible	20% after deductible	20% after deductible	N/A
Out-of-Pocket Maximum	$4,000 Individual $8,000 Family	$4,000 Individual $8,000 Family	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family
Primary Care/ Specialist Office Visit	20% after deductible	$30/ $50 copay per visit	$20/ $40 copay per visit	$25/ $40 ($25 with referral) copay per visit
Urgent Care Visit	20% after deductible	$80 copay per visit	$50 copay per visit	$50 copay per visit
Emergency Room Visit	20% after deductible	$750 copay per visit	$600 copay per visit	$600 copay per visit
In-Patient Hospital	20% after deductible	20% after deductible	$600 copay per visit	$600 copay per visit
Outpatient Surgery	20% after deductible	$500 copay per visit	$350 copay per visit	Ambulatory Facility $50 copay Hospital $350 copay
Rx 30-days**	20% / 20% / 100% / 20%	$10 / $40 / $75 / 30% (mail only)	$10 / $40 / $75 / 20% (mail only)	$10 / $40 / $75 / 20%***
Employee Only Premium	$55.26	$85.26	$181.24	$181.24

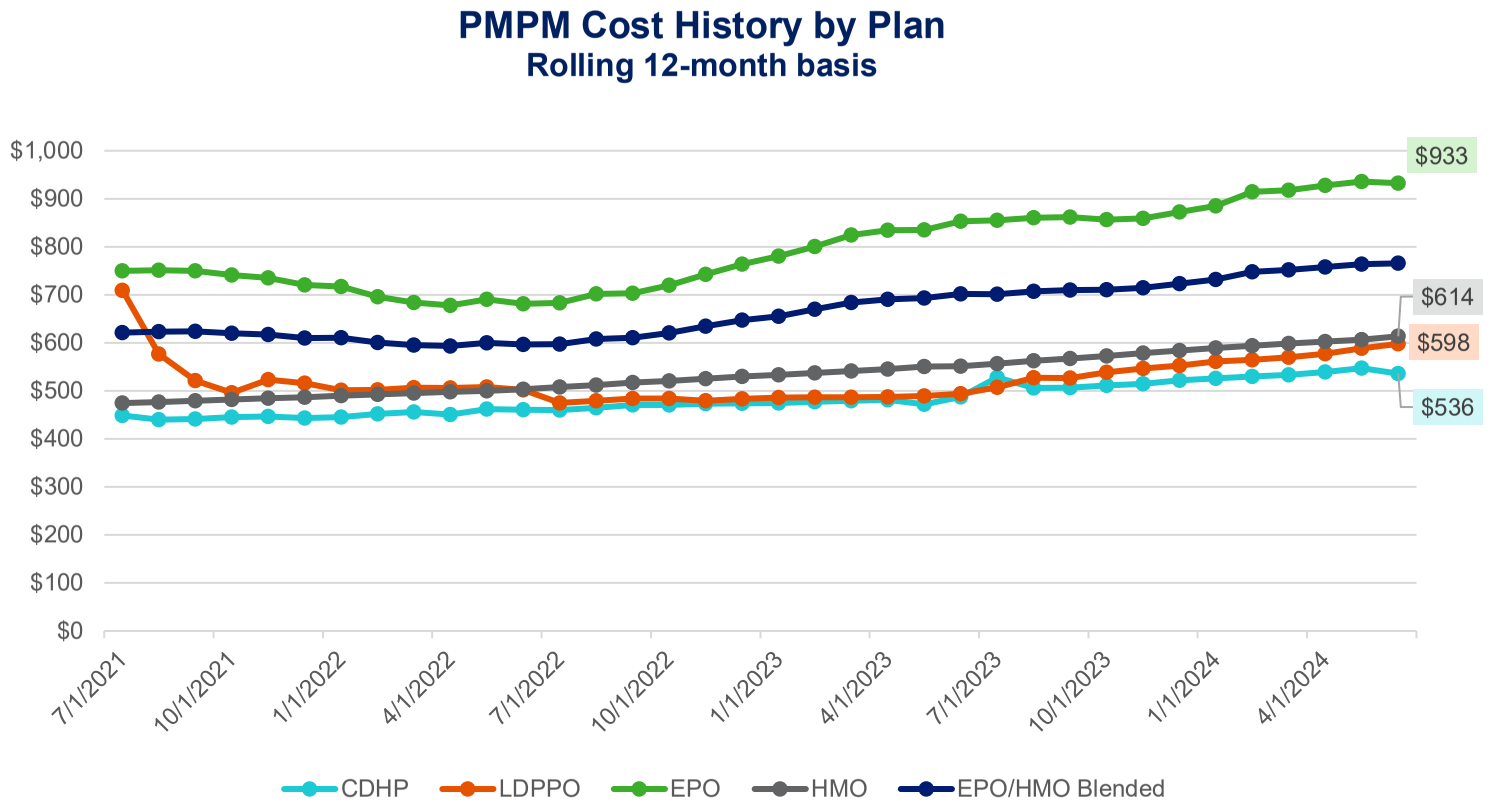
* Actuarial Value based on FY22 and FY23 data.
** 30-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4
***Deductible: $100 Individual, $200 Family

Summary

- EPO/HMO is the highest cost option
  - Driven primarily by EPO
  - EPO PMPM is ~50% higher than the LDPPO
  - HMO premiums have been contractually suppressed
  - Current blended EPO/PPO is ~30% higher than LDPPO
  - Future increases in both plans expected to result in blended EPO/HMO PEPM to be ~60% higher than LDPPO
- EPO/HMO premiums are ~2x the LDPPO premiums and ~3x the CDHP premiums
- Ongoing migration from EPO/HMO to LDPPO
  - EPO down from ~4,100 in PY21 to ~3,000 currently
- The LDPPO is the most efficient plan, and the EPO is the least efficient plan

Historical PMPMs

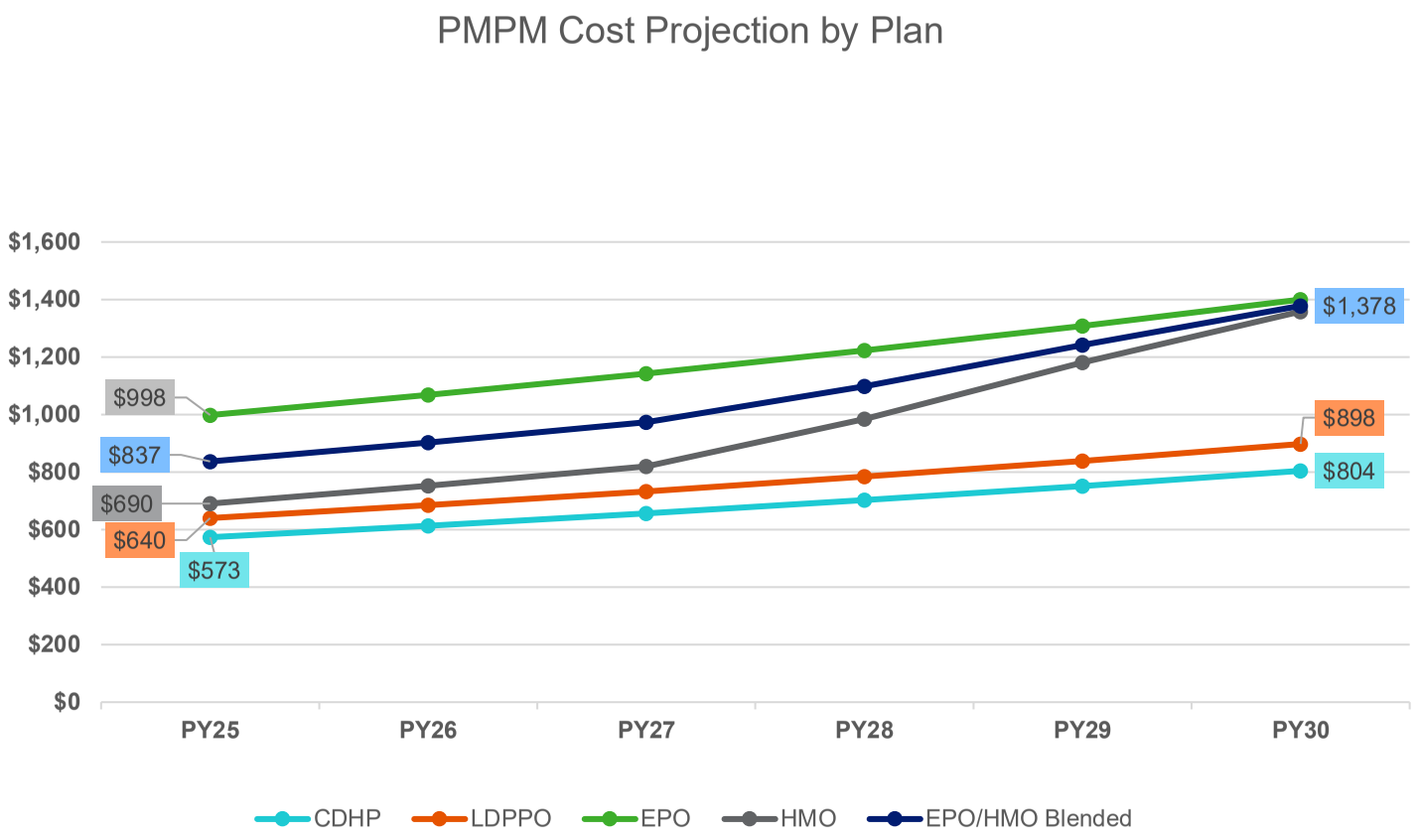
- **Lower HMO premiums have subsidized the higher total costs for the EPO**
- **CDHP is the lowest cost plan on a PMPM basis**



1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding.
2. Fully insured HMO costs include premiums and HRA claims.
3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.

Projected PMPMs

- HMO premiums expected to trend at higher rate to catch up to claims
- Blended EPO/HMO costs expected to increase at higher rate, widening the gap in costs
- Benefit difference between EPO/HMO and LDPPO remains at 3% (EPO) and 6% (HMO)



1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding.
2. Fully insured HMO costs include premiums and HRA claims.
3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.
4. Trend assumptions: 7% for EPO, CDHP and LDPPO; 20% and graded down to 10% for the HMO

Provider Disruption and Access

- CDHP, LDPPO and EPO currently utilize the United Health Care Network (also referred to as SHO in the South)
- No disruption for EPO – same network as for the LDPPO and CDHP
- Virtually no disruption for HMO: HPN network is a subset of the United Network
  - Both include Southwest Medical

	In Both	In HPN Only	In UHC Only
Hospitals	21	0	0
PCPs	584	3	15
Specialists	1,622	10	75

- No impact to access since United network includes HPN providers

	HPN Network	UHC Network
Hospitals (1 in 15 mi)	6,015 (99.0%)	6,015 (99.0%)
PCPs (2 in 10 mi)	6,040 (99.4%)	6,047 (99.6%)
Specialists (2 in 15 mi)	6,030 (99.3%)	6,026 (99.2%)

Source: HPN Reporting for the period August 1, 2023 through July 31, 2024

Provider Disruption and Access

- Out of the 10 patients who utilized HPN PCPs not in the UHC network, five (5) are still enrolled in the plan.

	In HPN Only	# Utilized Providers	# Distinct Patients	# Claims	# Patients Enrolled on 11/1/2024
Family Medicine	2	1	1	2	0
Pediatrician	1	1	9	52	5
Total PCPs	**3**	**2**	**10**	**54**	**5**

- All of the patients who utilized HPN Specialists not in the UHC network have remained enrolled in the plan. 30% of their claims were related to sleep studies.

	In HPN Only	# Utilized Providers	# Distinct Patients	# Claims	# Patients Enrolled on 11/1/2024
Sleep Studies	1	1	20	28	20
Neuropsychology	2	2	11	11	11
Substance Abuse Counselor	1	1	8	16	8
Counselor	2	2	8	33	8
Social Worker	1	1	2	6	2
Total Specialists	**10**	**7**	**49**	**94**	**49**

Source: HPN Reporting for the period August 1, 2023 through July 31, 2024

Member Out-of-Pocket Comparison

Case 1: Low Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,023	$2,174
Member Cost Share**	$0	$0	$0
Total Spend	$663	$1,023	$2,174

Family Coverage

- Two (2) annual physicals
- Two (2) Well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,227	$5,082	$7,818
Member Cost Share**	$0	$0	$0
Total Spend	$4,227	$5,082	$7,818

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Member Out-of-Pocket Comparison

Case 2: Low-Moderate Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) maintenance medications (brand and generic)
- One (1) ER visit

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,023	$2,175
Member Cost Share**	$4,000	$1,025	$975
Total Spend	$4,663	$2,048	$3,150

Family Coverage

- Two (2) annual physicals
- Two (2) well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) ER visits
- Two (2) Urgent Care visits
- One (1) Outpatient surgery
- Multiple medications

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,227	$5,082	$7,818
Member Cost Share**	$7,569	$3,571	$3,173
Total Spend	$11,797	$8,654	$10,991

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Member Out-of-Pocket Comparison

Case 3: High-Moderate Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) maintenance medications (brand and generic)
- One (1) ER visit
- One (1) Inpatient stay (LOS = 6 days)

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,023	$2,175
Member Cost Share**	$3,864	$2,349	$1,393
Total Spend	$4,527	$3,373	$3,568

Note that Family meets OOPMax in CDHP

Family Coverage

- Two (2) annual physicals
- Two (2) well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)
- Normal maternity and newborn delivery
- Two (2) ER visits
- Two (2) Urgent Care visits
- Multiple generic medications

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,227	$5,082	$7,818
Member Cost Share**	$8,000	$5,794	$3,328
Total Spend	$12,227	$10,877	$11,146

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Member Out-of-Pocket Comparison

Case 4: High Utilization

Employee Only

- Cancer patient

Employee Only Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$663	$1,023	$2,174
Member Cost Share**	$4,000	$4,000	$5,000
Total Spend	$4,633	$5,023	$7,175

All meet OOPMax in all plans

Family Coverage

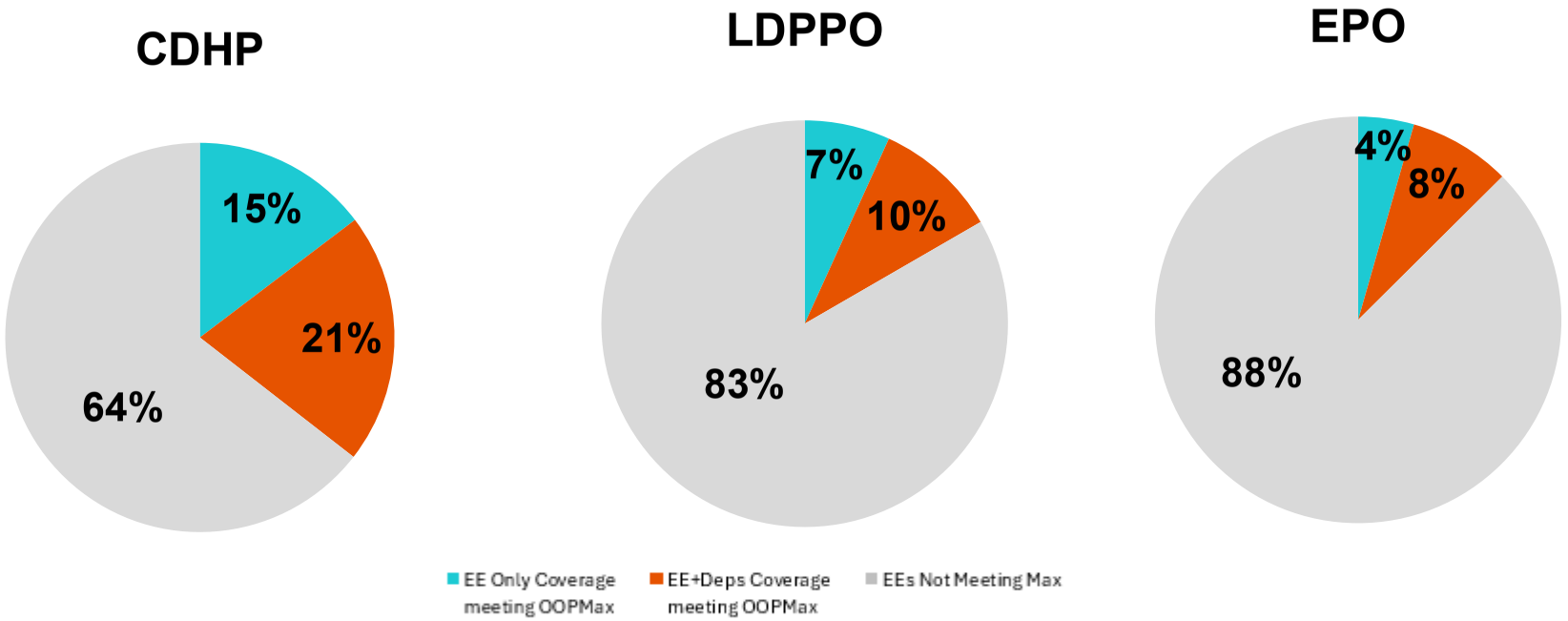
- High risk pregnancy with NICU stay

Employee & Family Coverage

	CDHP	LDPPO	EPO
Annual Premium*	$4,227	$5,082	$7,818
Member Cost Share**	$8,000	$8,000	$10,000
Total Spend	$12,227	$13,082	$17,818

* 2025 annual premiums are shown for State Active employees.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

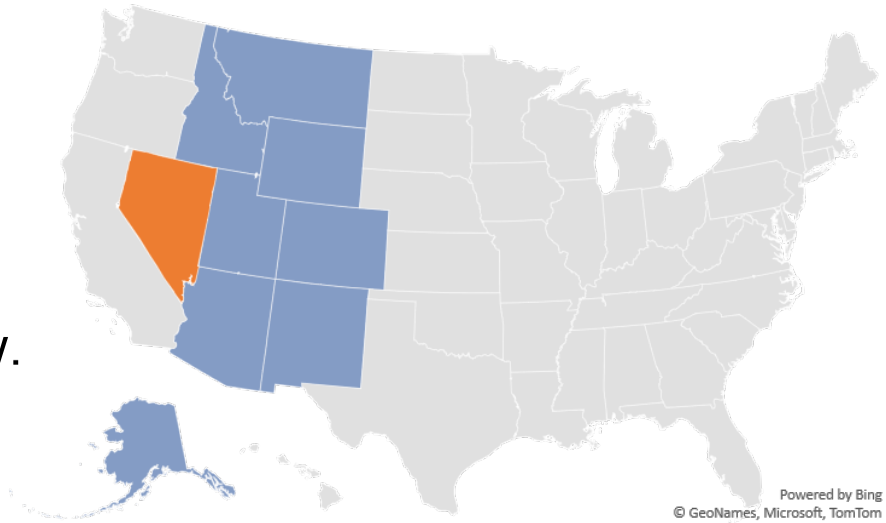
Members Reaching OOPMax



Plan	Unique Employee/ Retiree Count	EE Only Coverage meeting OOPMax	EE+Deps Coverage meeting OOPMax	Total Meeting OOPMax	Total % Meeting OOPMax
CDHP	8,565	1,257	528	1,785	20.8%
LDPPO	14,304	973	437	1,410	9.9%
EPO	3,179	141	117	258	8.1%
Total	**26,048**	**2,321**	**853**	**3,174**	**12.2%**

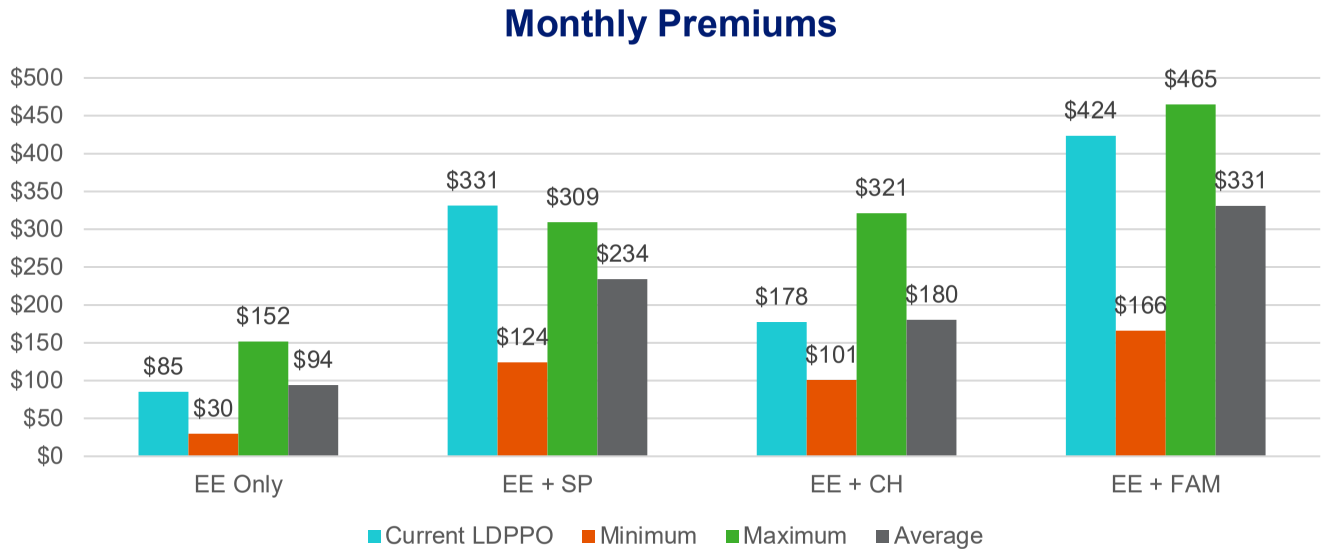
Benchmarking Overview

- Segal conducted a benchmarking review of the current medical and pharmacy benefits provided by plans of comparable size to Nevada PEBP.
- Segal analyzed the richest PPO plan offered for the following states:
  - Alaska
  - Arizona
  - Colorado
  - Idaho
  - Montana
  - New Mexico
  - Utah
  - Wyoming
- Peer data from 2024
- No HMOs were included in the review.



Monthly Premiums

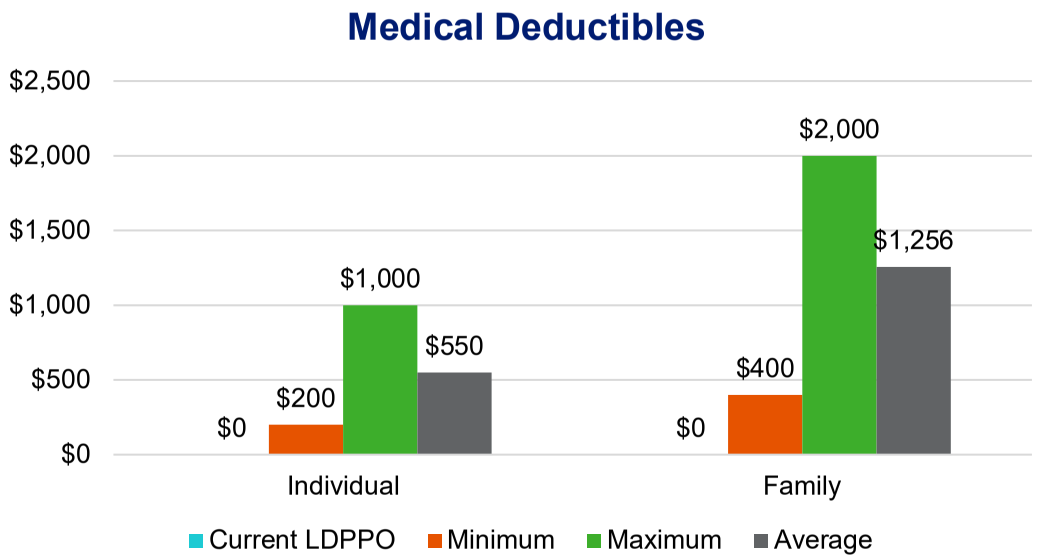
PEBP premiums for EE Only are below average, but higher/comparable for dependent tiers.



	Current LDPPO	Minimum	Maximum	Average
Employee Only	$85	$30	$152	$94
Employee + Spouse	$331	$124	$309	$234
Employee + Child(ren)	$178	$101	$321	$180
Employee + Family	$424	$166	$465	$331

Current Deductibles and Coinsurances

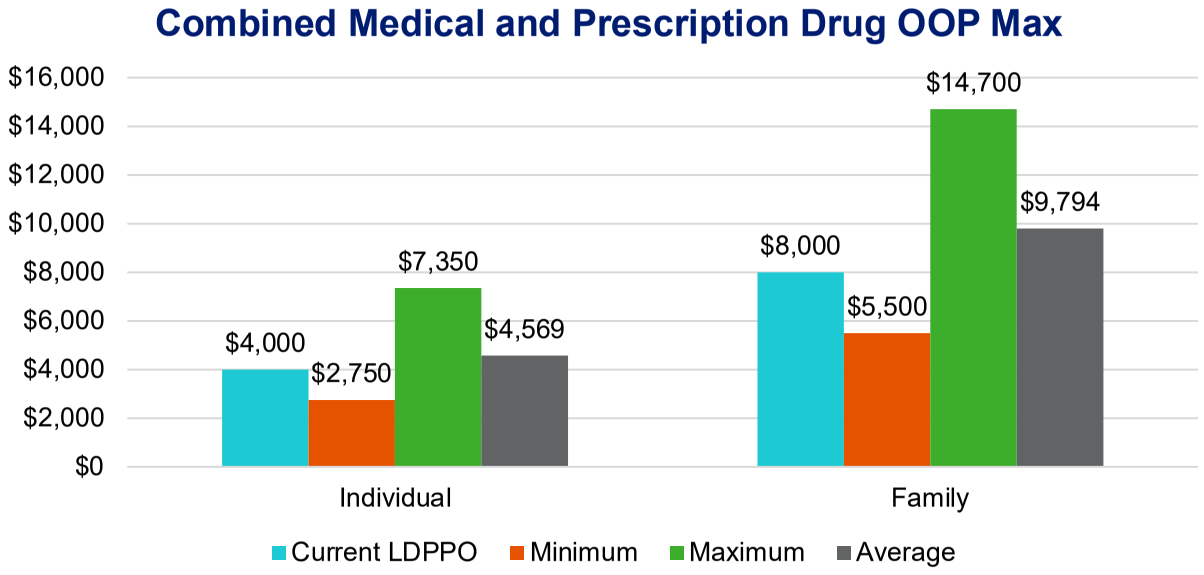
- **PEBP is the only State among this group with a $0 deductible**
- **New Mexico provides a separate Rx Deductible (only one)**



		Current LDPPO	Minimum	Maximum	Average
Medical Deductible	Individual	$0	$200	$1,000	$544
	Family	$0	$400	$2,000	$1,244
Prescription Drug Deductible	Individual	$0	$0	$50	$6
	Family	$0	$0	$100	$13
Medical + Prescription Drug Combined Deductible	Individual	$0	$200	$1,000	$550
	Family	$0	$400	$2,000	$1,256
Coinsurance		20%	15%	25%	21%

Current Medical and Rx Out-of-Pocket (OOP) Max

PEBP OOPMax is lower than average for Single and Family

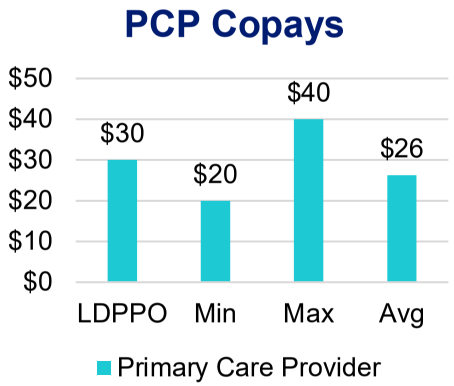


		Current LDPPO	Minimum	Maximum	Average
Medical OOP Max	Individual	$4,000	$1,750	$7,350	$3,719
	Family	$8,000	$3,500	$14,700	$8,344
Prescription Drug OOP Max	Individual	integrated with medical	$1,000	$2,000	$1,700
	Family	$0	$2,000	$4,000	$2,900
Medical + Prescription Drug Combined OOP Max	Individual	$4,000	$2,750	$7,350	$4,569
	Family	$8,000	$5,500	$14,700	$9,794

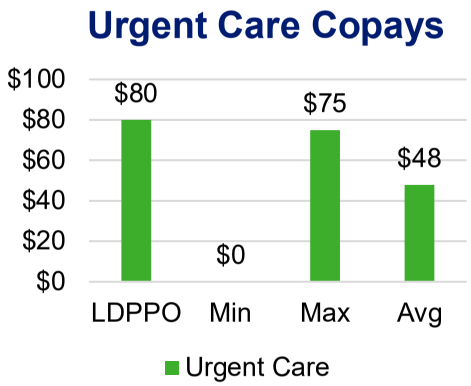
Current Copays

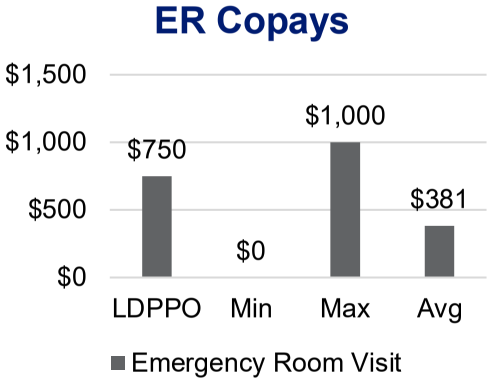
- **PEBP Office Visit copays are in line with peers**
- **Urgent and Emergency Care copays are higher than peers**

	Current LDPPO	Minimum	Maximum	Average
Primary Care Provider	$30	$20	$40	$26
Specialist	$50	$35	$60	$44
Urgent Care	$80	$0	$75	$48
Emergency Room Visit	$750	$0	$1,000	$381





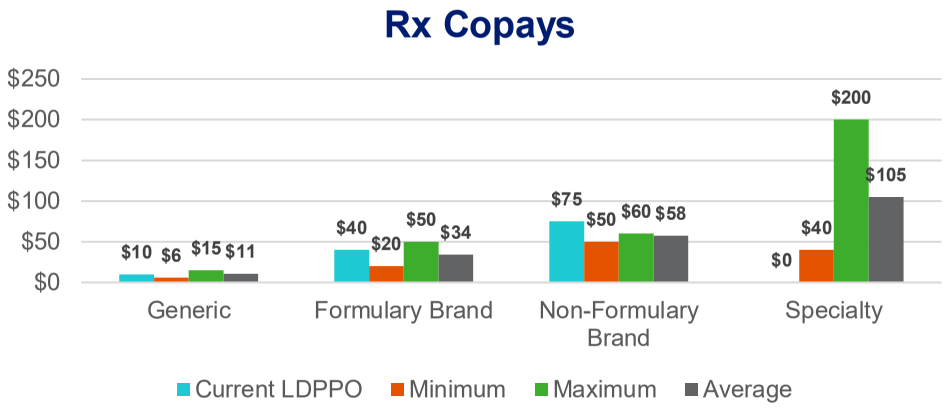


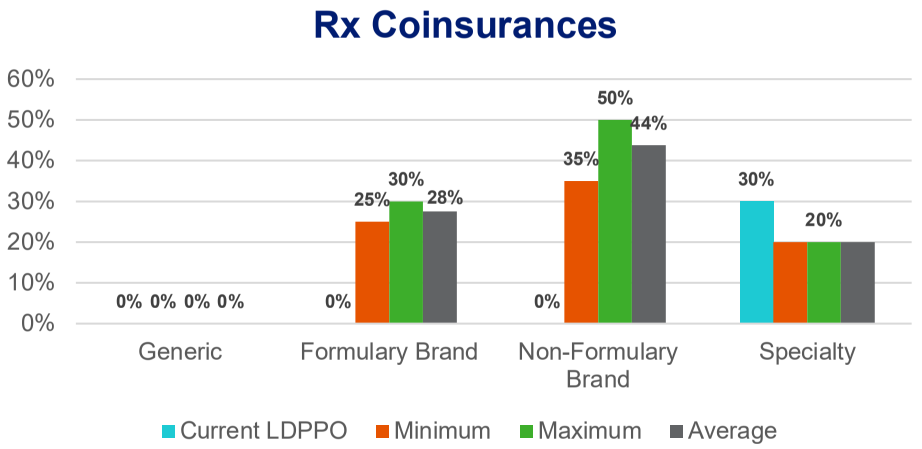


Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.

Current Rx Cost Share

- **PEBP Generic and Specialty copays are in line with peers**
- **PEBP Brand copays are higher than peers**
- **Multiple peer states utilize coinsurance for brand and specialty**





Generic Formulary Brand Non-Formulary Brand Specialty

Copays	Current LDPPO	Minimum	Maximum	Average
Generic	$10	$10	$15	$11
Formulary Brand	$40	$20	$50	$34
Non-Formulary Brand	$75	$50	$60	$58
Specialty	$100	$80	$200	$127

Coinsurance	Current LDPPO	Minimum	Maximum	Average
Generic	N/A	N/A	N/A	N/A
Formulary Brand	N/A	25%	30%	28%
Non-Formulary Brand	N/A	35%	50%	44%
Specialty	30%	20%	20%	20%

Summary of Network Plan Designs and Premiums

PPO Comparison

	Current LDPPO	Benchmarking Data		
		Minimum	Maximum	Average
Annual Deductible	$0 / $0	$200 / $400	$1,000 / $2,000	$550 / $1,256
Coinsurance	20%	15%	25%	21%
Out-of-Pocket Maximum	$4,000 / $8,000	$1,750 / $3,500	$7,350 / $14,700	$4,569 / $9,794
PCP / Specialist	$30 / $50	$20 / $35	$40 / $60	$26 / $44
Urgent Care Visit	$80	$35	$75	$48
Emergency Room Visit	$750	$200	$1,000	$381
Prescription Drug	$10 / $40 / $75 / 30%	$10 / $20 / $50 / $80	$15 / $50 / $60 / $200	$11 / $34 / $58 / $127
Employee-Only Premium	$85	$30	$152	$94

Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.
Plan designs and contributions effective on January 1, 2024.

Summary of Current Plan Designs and Premiums

CDHP Comparison

	Current CDHP	Benchmarking Data		
		Minimum	Maximum	Average
Annual Deductible	$1,600 / $3,200	$1,500 / $3,000	$2,400 / $4,800	$1,808 / $3,617
Base HSA/HRA	$600	$0	$909	$597
Coinsurance	20%	10%	30%	20%
Out-of-Pocket Maximum	$4,000 / $8,000	$2, 500 / $7,500	$5 ,400 / $10,800	$4,167 / $8,750
PCP / Specialist	20% / 20%	10% / 10%	30% / 30%	20% / 20%
Urgent Care Visit	20%	10%	30%	20%
Emergency Room Visit	20%	10%	30%	20%
Prescription Drug	20% / 20% / 100% / 20%	$5 / $10 / $35 / 20%	$15 / $50 / $60 / $200	$11 / 21% / 30% / 25%
Employee-Only Premium	$55	$0	$80	$30

Coinsurances and mixed copay/coinsurances were excluded from minimum, maximum, and average calculations.
Plan designs and contributions effective on January 1, 2024.

Current Plan Designs and Premiums

Below is a summary of the in-network CDHP and PPO benefits: (proposed changes highlighted in yellow)

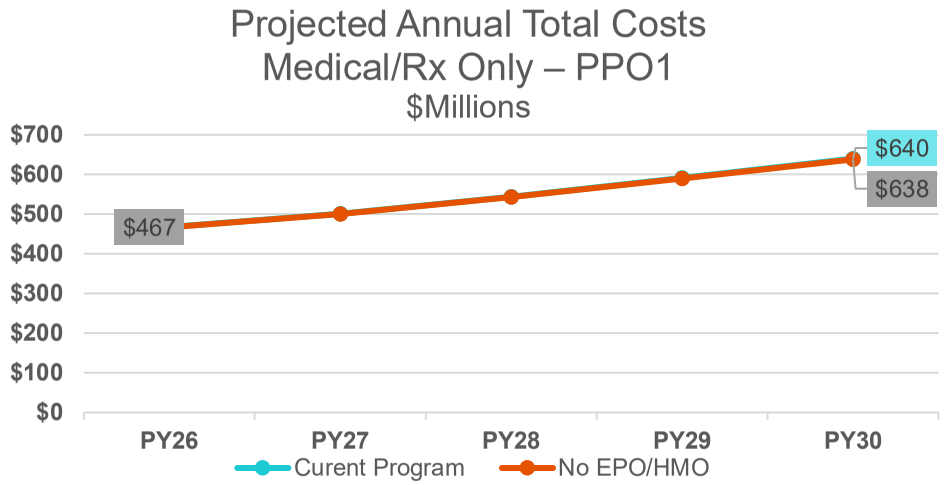
	Current		Prospective		
	Consumer Driven Health Plan (CDHP)	**Low Deductible (LDPPO)**	**Consumer Driven Health Plan (CDHP)**	**PPO Option 1**	**PPO Option 2**
Actuarial Value*	76.7%	85.2%	76.4%	87.1%	82.8%
Service Area	Global	Global	Global	Global	Global
Annual Deductible (medical and prescription combined)	$1,600 Individual $3,200 Family $3,200 Individual Family Member Deductible	$0	$1,650 Individual $3,300 Family $3,300 Individual Family Member Deductible	$0 Individual $0 Family	$500 Individual $1,000 Family
Medical Coinsurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Out-of-Pocket Maximum	$4,000 Individual $8,000 Family	$4,000 Individual $8,000 Family	$4,000 Individual $8,000 Family	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family
Primary Care/ Specialist Office Visit	20% after deductible	$30/ $50 copay per visit	20% after deductible	$30/ $60 copay per visit (includes associated testing, labs, scans, etc)	$30/ $60 copay per visit
Urgent Care Visit	20% after deductible	$80 copay per visit	20% after deductible	$80 copay per visit	$80 copay per visit
Emergency Room Visit	20% after deductible	$750 copay per visit	20% after deductible	$750 copay per visit	$750 copay per visit
In-Patient Hospital	20% after deductible	20% after deductible	20% after deductible	$750 copay per admit	$750 copay per admit
Outpatient Surgery	20% after deductible	$500 copay per visit	20% after deductible	Ambulatory Facility $100 copay Hospital $500 copay	Ambulatory Facility $100 copay Hospital $500 copay
Rx 30-days**	20% / 20% / 100% Specialty: 20%, min $100/max of $250	$10 / $40 / $75 / Specialty: 30%, min $100/max of $250	20% / 20% / 100% Specialty: 20%, min $100/max of $250	$10 / $40 / $75 Specialty: 30%, min $100/max of $250	$10 / $40 / $75 Specialty: 30%, min $100/max of $250

* Actuarial Value based on FY22 and FY23 data.
** 30-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4
*** Recommend increasing deductibles and maximum Out-of-Pocket limits for out-of-network for both plans

Projected Annual Costs (State EEs) PPO 1 Option ($0 Deductible)

- Eliminating the EPO and HMO reduces PEBP costs
- Initial savings ($0.6M in PY26) increase annually ($2.0M in PY30)
- PEPM savings approximately $3 in PY30
- Savings from:
  - Plan Design
  - Retention/Admin
  - Rx Rebates
  - Reduced trend for HMO
- Some Cost Increases:
  - Change in Managed Care
  - Network contracts

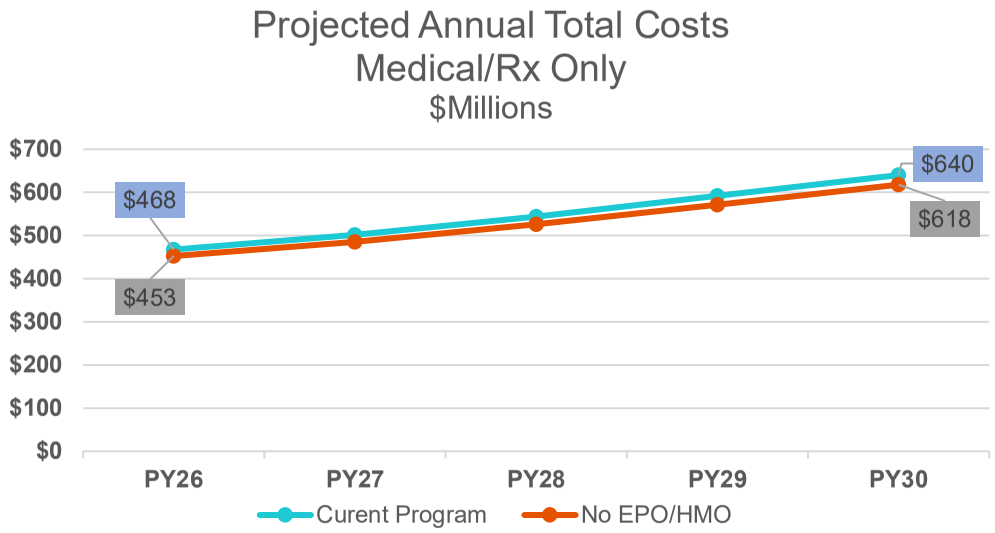
$Millions (PPO 1)			
	Current	No EPO/HMO	Annual Savings
PY26	$467.5	$467.0	$0.6
PY27	$501.4	$500.7	$0.7
PY28	$544.3	$543.2	$1.1
PY29	$591.8	$590.2	$1.6
PY30	$640.2	$638.1	$2.0



Projected Annual Costs (State EEs) PPO 2 Option ($500 Deductible)

- Eliminating the EPO and HMO reduces PEBP costs
- Initial savings ($15.0M in PY26) increase annually ($22.2M in PY30)
- PEPM savings approximately $32 in PY30
- Savings from:
  - Plan Design
  - Retention/Admin
  - Rx Rebates
  - Reduced trend for HMO
- Some Cost Increases:
  - Change in Managed Care
  - Network contracts

$Millions (PPO 2)			
	Current	No EPO/HMO	Annual Savings
PY26	$467.5	$452.5	$15.0
PY27	$501.4	$485.2	$16.2
PY28	$544.3	$526.3	$18.0
PY29	$591.8	$571.6	$21.2
PY30	$640.2	$617.9	$22.2



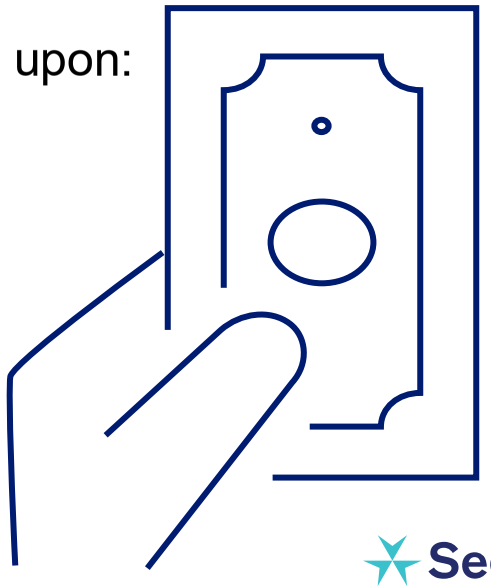
Employee Premium Impact and Next Steps

- Higher Cost EPO/HMO members moving into CDHP and LDPPO will likely increase premiums for those plans

State Active Employees
PY2025 Employee Only Contributions

	CDHP	LDPPO	EPO/HMO
Current	$55.26	$85.26	$181.24
No EPO/HMO	$55-65	$90-$120	N/A
Peer Group	$0-$80	$30-$152	N/A

- Final Employee Premiums for PY2026 will be dependent upon:
  - AEGIS/REGI for PY2026-27 biennium
  - Final plan design
  - Anticipated migration/enrollment elections



Member Out-of-Pocket Comparison

Case 3: High-Moderate Utilization

Employee Only

- One (1) annual physical
- Preventive screenings (e.g. mammogram, colonoscopy)
- Two (2) maintenance medications (brand and generic)
- One (1) ER visit
- One (1) Inpatient stay (LOS = 6 days)

Employee Only Coverage

	CDHP	LDPPO	EPO	PPO Opt 1 ($0 Ded)	PPO Opt 2 ($500)
Annual Premium*	$663	$1,023	$2,175	$1,318	$913
Member Cost Share**	$3,864	$2,349	$1,393	$1,593	$2,093
Total Spend	$4,527	$3,373	$3,568	$2,911	$3,006

Family Coverage

- Two (2) annual physicals
- Two (2) well child visits
- Preventive screenings (e.g. mammogram, colonoscopy)
- Normal maternity and newborn delivery
- Two (2) ER visits
- Two (2) Urgent Care visits
- Multiple generic medications

Employee & Family Coverage

	CDHP	LDPPO	EPO	PPO Opt 1 ($0 Ded)	PPO Opt 2 ($500)
Annual Premium*	$4,227	$5,082	$7,818	$5,782	$4,821
Member Cost Share**	$8,000	$5,804	$3,238	$3,634	$4,941
Total Spend	$12,227	$10,887	$11,056	$9,416	$9,762

* 2025 annual premiums are shown for State Active employees. New PPO Opt 1 and New PPO Opt 2 premiums are illustrative.
** Member cost share does not reflect potential HSA, HRA or FSA funding.

Questions



Appendix

Plan Efficiency

- Plan Efficiency is a metric that measures health risk management
- Efficiency normalizes for differences in plan design and member risk
- Lower adjusted PMPMs indicate better risk management
- The LDPPO is the most efficient plan, and the EPO is the least efficient plan

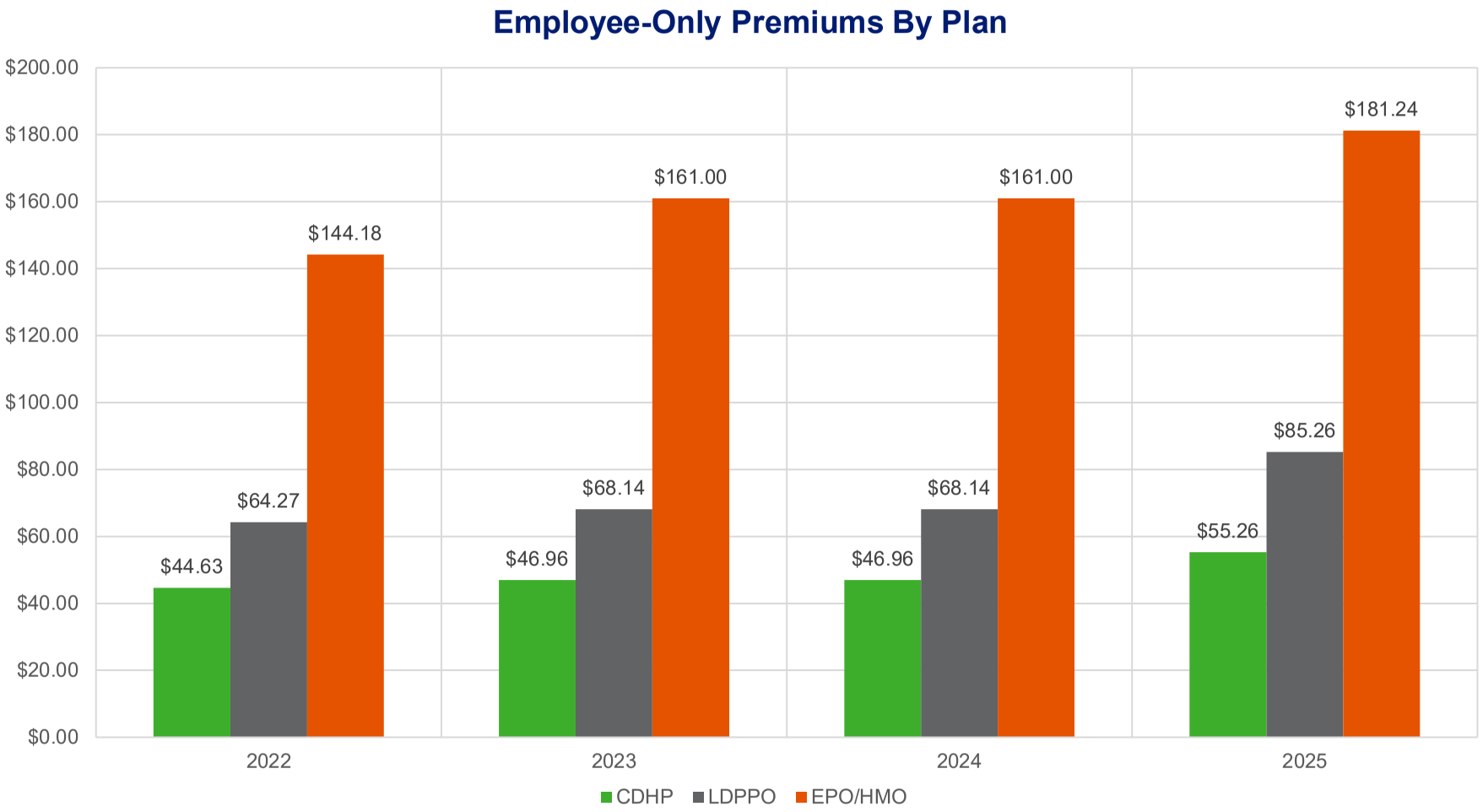
	CDHP	LDPPO	EPO
PMPM (a)	$535.97	$598.16	$932.82
AV (b)	76.7%	85.2%	88.3%
Risk Score* (c)	0.92	1.01	1.28
Efficiency** (d) = (a÷b)÷c	$758.67	$692.13	$822.95

** Risk scores are normalized for the average risk score each plan year.*

*** Allowed amount per unit of risk.*

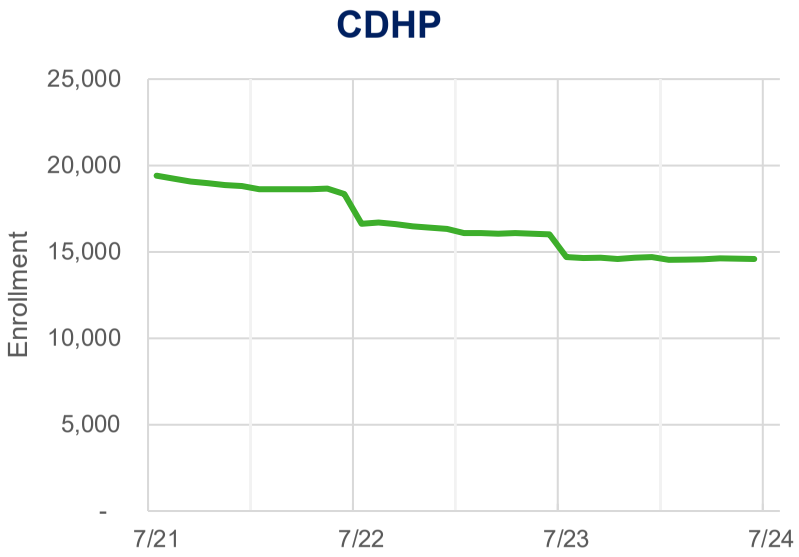
Historical Employee-Only Premiums

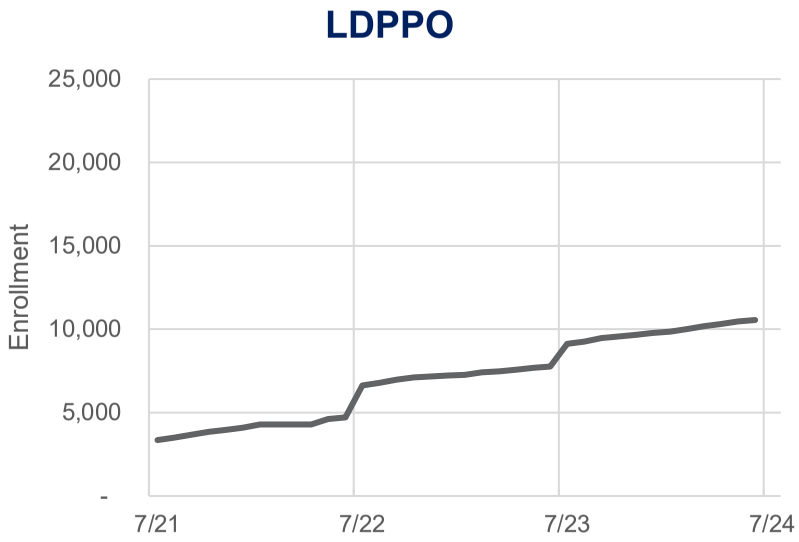
- EPO/HMO premiums are ~2x the LDPPO premiums and ~3x the CDHP premiums

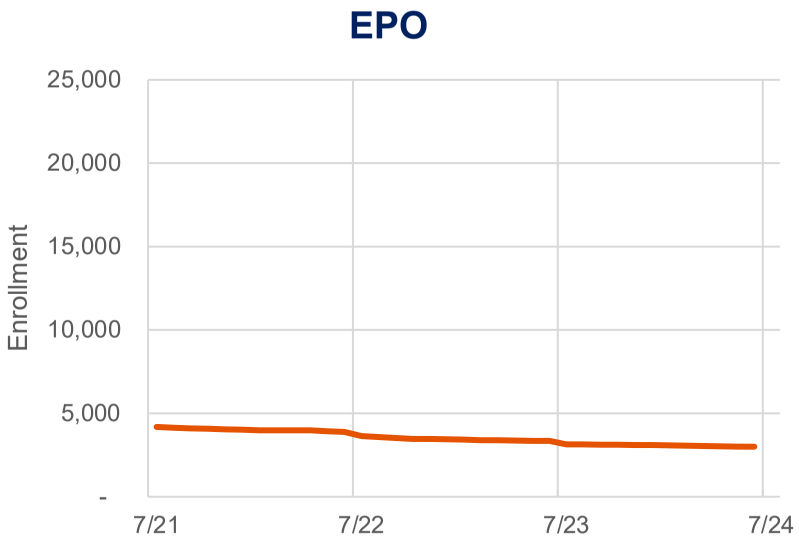


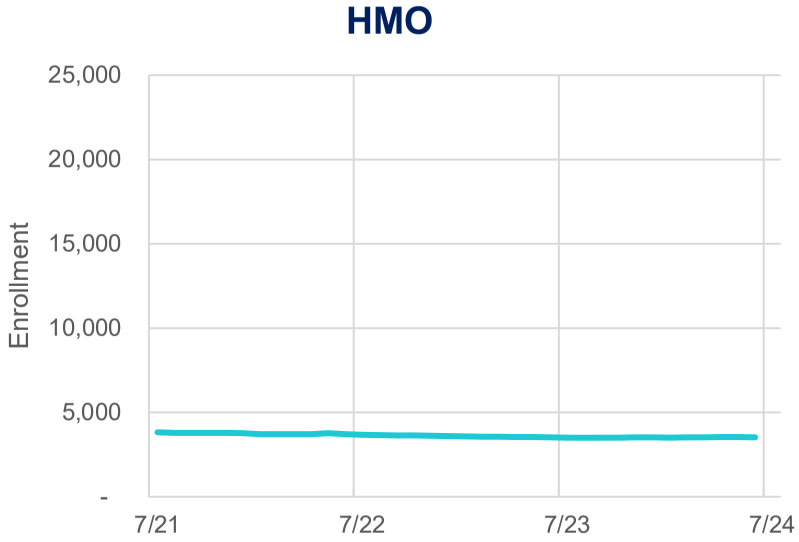
Migration to the LDPPO

Members are migrating to the LDPPO from both the EPO/HMO and the CDHP









8.

8. Discussion and possible action regarding a potential contract with Extend Health, LLC, a WTW Company dba Via Benefits, to provide Medicare Exchange services and Health Reimbursement Arrangement (HRA) administration services for PEBP's Medicare participants. A portion of this item may be conducted in closed session to allow review of the results of the evaluation of proposals for the contract, in accordance with NRS 287.04345(4). Any action on the contract, including potentially awarding the contract pursuant to NRS 333.335, cancelling the request for proposals, or modifying and reissuing the request for proposals, will occur in open session, in accordance with NRS 287.04345(5).
(Celestena Glover, Executive Officer) (**For Possible Action**)

JOE LOMBARDO
Governor

CELESTENA GLOVER
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109 | Carson City, Nevada 89706
Telephone 775-684-7000 | 702-486-3100 | 1-800-326-5496
https://pebp.nv.gov

JOY GRIMMER
Board Chair

AGENDA ITEM

[X] Action Item
[ ] Information Only

Date: January 23, 2025

Item Number: 8

Title: Medicare Exchange Contract

REPORT

A request for proposal was released to solicit bids for the Medicare Exchange services and Health Reimbursement Arrangement administration. The PEBP Board had the opportunity to ask questions during the closed portion of its meeting held on January 16, 2025, regarding the evaluation committee's decision.

NRS 287.04345 requires the Board to take one of the following actions in an open meeting:

a) Award the contract
b) Cancel the request for proposal
c) Modify and reissue the request for proposal

PEBP staff recommends awarding the contract to the winning vendor Via Benefits

RECOMMENDATION

Approve the contract with Via Benefits to provide the Medicare Exchange and HRA administration services.

Allow the Executive Officer the authority to finalize negotiations and to sign the final contract to be submitted to the Board of Examiners for inclusion on their meeting agenda.

9.

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of July 1, 2024 – September 30, 2024. (Joni Amato, Claim Technologies Incorporated) (**For Possible Action**)

   9.1 Response to audit findings/overview of performance guarantees for the period of July 1, 2024 – September 30, 2024. (Rhonda Huckaby, UMR) (Information Discussion)

Comprehensive Claim Administration Audit

QUARTERLY FINDINGS REPORT

State of Nevada Public Employees' Benefits Program Plans

Administered by UMR

Audit Period: July 1, 2024 – September 30, 2024
Audit Number 1.FY25.Q1

Presented to

State of Nevada Public Employees' Benefits Program

January 23, 2025

CLAIM TECHNOLOGIES INCORPORATED

Proprietary and Confidential

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EXECUTIVE SUMMARY

This ***Quarterly Findings Report*** is a compilation of the detailed information, findings, and conclusions drawn from Claim Technologies Incorporated's (CTI's) audit of UMR's (UMR's) administration of the State of Nevada Public Employees' Benefits Program (PEBP) medical and dental plans.

Scope

CTI performed an audit for the period of July 1, 2024 through September 30, 2024 (quarter 1 (Q1) for Fiscal Year (FY) 2025). The population of claims and amount paid during the audit period reported by UMR:

Medical and Dental	
Total Paid Amount	$66,244,693
Total Number of Claims Paid/Denied/Adjusted	236,049

The audit included the following components which are described in more detail in the following pages.

- Quarterly Performance Guarantees Validation and Review of Self-Reported Results
- 100% Electronic Screening with 50 Targeted Samples
- Random Sample Audit of 200 Claims

Auditor's Opinion

Based on these findings, and in our opinion:

1. UMR met 26 of 27 self-reported performance guarantees in which CTI reviewed UMR's summary reports.
2. UMR's Financial Accuracy did not meet the service objective and a penalty is owed (breakdown in summary below).
3. CTI recommends UMR should:
   - Review financial errors identified in our random sample audit and determine if system changes or claim processor training could help reduce or eliminate errors of a similar nature in the future.
   - Review the 100% Electronic Screening with Targeted Sample results and focus on the most material findings.
   - Where appropriate, verify claim processor coaching, feedback, and retraining has occurred because most errors were manually processed.

Random Sample Audit Performance Guarantee Summary

Based on CTI's Random Sample Audit of 200 claims, UMR did not meet its target for Financial Accuracy in Q1 FY2025 and a penalty is assessed. The penalty is 1.5% of the quarter's total administrative fees of $1,393,483.98. The following outlines results and any assessed penalties for not meeting guarantees.

Quarterly Metric	Guarantee	Met/Not Met	Penalty	Calculated Penalty
Financial Accuracy	99.4%	Not Met – 98.68%	1.5%	$20,902.26
Overall Accuracy	98.0%	Met – 98.0%	NA	$0.00
Claim Turnaround Time	92% in 14 Days 99% in 30 Days	Met – 94.2% Met – 99.0%	NA NA	$0.00 $0.00
		Total Penalty	1.5%	$20,902.26

The following table presents a summary of UMR's historical performance against the quarterly metrics based on CTI's random sample audit results for the last four quarters. Results shown in red represent where UMR missed the agreed upon metric.

Measure	Guarantee	Quarter 2 FY24	Quarter 3 FY24	Quarter 4 FY24	Quarter 1 FY25
Financial Accuracy	**99.4%**	99.89%	98.47%	96.41%	98.68%
Overall Accuracy	**98.0%**	97.5%	98.5%	97.5%	98.0%
Claim Turnaround Time	**92% in 14 Days**	93.9%	94.0%	93.3%	94.2%
	99% in 30 Days	96.9%	98.5%	99.5%	99.0%

AUDIT OBJECTIVES

This report contains CTI's findings from our audit of UMR's (UMR) administration of the State of Nevada Public Employees' Benefits Program (PEBP) plans. We provide this report to PEBP, the plan sponsor, and UMR, the claim administrator. A copy of UMR's response to these findings can be found in the Appendix of this report.

CTI conducted the audit according to accepted standards and procedures for claim audits in the health insurance industry. We based our audit findings on the data and information provided by PEBP and UMR. The validity of our findings relies on the accuracy and completeness of that information. We planned and performed the audit to obtain reasonable assurance claims were adjudicated according to the terms of the contract between UMR and PEBP.

CTI specializes in the audit and control of health plan claim administration. Accordingly, the statements we make relate narrowly and specifically to the overall effectiveness of policies, procedures, and systems UMR used to pay PEBP's claims during the audit period. While performing the audit, CTI complied with all confidentiality, non-disclosure, and conflict of interest requirements and did not receive anything of value or any benefit of any kind other than agreed upon audit fees.

The objectives of CTI's audit of UMR's claim administration were to determine whether:

- UMR followed the terms of its contract with PEBP;
- UMR paid claims according to the provisions of the plan documents and if those provisions were clear and consistent; and
- members were eligible and covered by PEBP's plans at the time a service paid by UMR was incurred.

QUARTERLY PERFORMANCE GUARANTEE VALIDATION

As part of CTI's quarterly audit of PEBP, we reviewed the Performance Guarantees included in its contract with UMR. The results for Q1 FY2025 follow.

	Metric	Service Objective	Actual	Met/ Not Met
CLAIMS ADMINISTRATION – SERVICES AND PERFORMANCE GUARANTEES				
1.4	**Claim Adjustment Processing Time:** measured from the time a prior claim submission requiring an adjustment is identified through the date the claim adjustment is processed by service facility personnel.	95.00% 7 Calendar/ 5 Business Days	93.1%	Not Met
1.5	**Telephone Service Factor:** Defined as the percentage of the Client telephone inquiries answered by facility Customer Service Representatives (CSRs) within 30 seconds. Measured from the time the caller completes the prompts of the automated telephone system to the time the caller reaches a CSR.	85.00% Calls answered within 30 seconds	94.4%	Met
1.6	**Call Abandonment Rate:** total number of participant and provider calls abandoned, divided by the total number of calls received by the facility's customer service telephone system.	3.00%	0.5%	Met
1.7	**First Call Resolution Rate:** the percentage of telephone inquiries completely resolved within a 'window period' of time. A call is considered 'resolved' when the same participant or a family member under the same subscriber ID has not contacted the administrator's customer service facility again regarding the same issue within 60 calendar days of the initial call.	95.00%	97.5%	Met
1.8	**Open Inquiry Closure:** addresses the time taken in hours and/or days by CSRs at the administrator's service facility to close open inquiries placed by participants of PEBP to the facility.	90.00% 48 Hours 98.00% 5 Business Days	98.5% 98.9%	Met Met
1.9	**CSR Audit, or Quality Scores:** determined by the process used to evaluate the effectiveness and accuracy of participant telephone call handling at the administrator's customer service facility.	97.00%	98.1%	Met
1.10	**CSR Callback Performance:** measured from the CSR commitment data in hours and/or days to the time the actual callback was placed to the participant.	90.00% Within 24 Hours	100%	Met
1.11	**Participant Email Response Performance:** measured from the time an email is received by the administrator's response team to the time in hours or days to the time the actual email response is sent to the participant.	90.00% Within 8 Hours 95.00% Within 24 Hours	100% 100%	Met Met
1.13	**Account Management – Plan will guarantee that the services provided by the TPA's team during the guarantee period will be satisfactory to PEBP. Areas of satisfaction will include:**			
	Knowledge/Capabilities – Account representative demonstrates competence in getting issues and problems resolved.	Agree	5	Met
	Responsiveness – All calls returned within at most 24 hours; along with an alternate person identified who can assist with service issues when account representative is unavailable.			
	Ability to meet deadlines – Supplying all requested materials accurately and in a timely manner, along with all necessary documentation (i.e., enrollment kits, rate confirmations, plan performance work plans, group contracts, ZIP code file, etc.).			
	Professionalism – Demonstrates objectivity and empathy with customer problems.			

	Metric	Service Objective	Actual	Met/ Not Met
	Flexibility – Ability to meet client-specific needs.			
	Participation in periodic meetings – Attendance at all required client meetings or conference calls.			
	Guarantee measured with staff responses to internal questionnaire. A scale from 1 to 5 will be used to measure performance, where 1 means 'very dissatisfied' and 5 means 'very satisfied'; and 2 through 4 are defined, respectively.			
	Periodic program reports will be provided and presented with recommended actions. Standard program reports, within 30 days to quarter-end. Year-end activity report, within 45 days of program year end.			
	Open Enrollment Support: Accurate materials will be provided at least 60 days prior to the open enrollment period starting on April 1 each year. Representative will be available, if requested, for up to 5 employee benefit fairs.			
	Service Objective (out of a score of 5 on internal questionnaire):	350		
1.14	**Eligibility Processing:** Confirm daily and weekly eligibility and enrollment within specified business days of the receipt of the eligibility information, given that information is complete and accurate.	98.00% 2 Business Days	100%	Met
1.15	**Data Reporting:** Offeror will provide PEBP with 100% of the applicable reports (within 10 business days for standard reports and within 10 business days of Plan year-end for Annual Reports and Regulatory documents).	100% 10 Business Days	100%	Met
1.17	**ID Card Production and Distribution**	100% 10 Business Days	100%	Met
1.18	**Disclosure of Subcontractors:** Offeror will provide the identity of the subcontractors who have access to PEBP member PHI. Provide identity of subcontractors who have access to PHI within 30 calendar days of the subcontractors' gaining access.	100% 30 Calendar Days	No new subcontractors	Met
1.19	**PHI:** Offeror will store PEBP member PHI data on designated servers. Must remove PEBP member PHI within 3 business days after offeror knows or should have known using commercially reasonable efforts that such PHI is not store on a designated server.	100% 30 Business Days	No changes	Met
NETWORK ADMINISTRATION – SERVICES AND PERFORMANCE GUARANTEES				
2.1	**EDI Claims Re-Pricing Turnaround Time:** At least 97% of medical claims covered under the PEBP Medical PPO Network must be electronically re-priced within business 3 days and 99% within business 5 days.	97.00% 3 Business Days 99.00% 5 Business Days	99.5% 99.5%	Met Met
2.2	**EDI Claims Re-Pricing Accuracy:** At least 97% of claims re-priced by the PPO Network must be accurate and must not cause a claim adjustment by PEBP's TPA.	97.00%	98.9%	Met
2.3	**Data Reporting – Standard Reports (Quarterly reporting to include Service Performance Standards, Guarantee, Method of Measurement, Actual Performance Results, and Pass/Fail indicator.)** Standard reports must be delivered within business 10 days of end of reporting period or event as determined by PEBP.	100% 10 Business Days	100%	Met
2.4	**Subcontractor Disclosure:** 100% of all subcontractors used by vendor are disclosed prior to any work done on behalf of PEBP. Business Associate Agreements completed by all subcontractors.	100%	No new subcontractors	Met
2.5	**Provider Directory:** Best efforts to resolve 100% of complaints within 10 business days. Provider Directory issue resolution log maintained by Vendor and periodically reviewed with PEBP.	100% 10 Business Days	No complaints filed	Met
2.6	**Website:** A website hosting a reasonably accurate and updated Provider directory must be available and accessible on all major browsers 99% of time.	99.00%	100%	Met

	Metric	Service Objective	Actual	Met/ Not Met
UTILIZATION MANAGEMENT/CASE MANAGEMENT – SERVICES AND PERFORMANCE GUARANTEES				
3.1	**Data Reporting – Standard Reports (Quarterly reporting to include Service Performance Standards, Guarantee, Method of Measurement, Actual Performance Results, and Pass/Fail indicator.)** Standard reports must be delivered within calendar 10 days of end of reporting period or event as determined by PEBP.	100% 10 Calendar Days	100%	Met
3.2	**Notification of potential high expense cases. High expense case is defined as a single claim or treatment plan expected to exceed $100,000.00.** Designated PEBP staff will be notified within 5 business days of the UM/CM vendors initial notification of the requested Service.	100% 5 Business Days	100%	Met
3.12	**Disclosure of Subcontractors:** All subcontractors who have access to PHI or PII data and physical locations where PEBP PHI or PII data is maintained and/or stored must be identified in this contract. Any changes to those subcontractors or physical locations where PEBP data is stored must be communicated to PEBP at least 60 days prior to implementation of services by the subcontractor. Implementation will not be in effect until PEBP has provided written authorization.	100% 60 Calendar Days	No new subcontractors	Met
3.13	**Unauthorized Transfer of PEBP Data:** All PEBP PHI or PII data will be stored, processed, and maintained solely on currently designated servers and storage devices identified in this contract. Any changes to those designated systems during the life of this agreement shall be reported to PEBP at least 60 calendar days prior to the changes being implemented. Implementation will not be in effect until PEBP has provided written authorization.	100% 60 Calendar Days	No changes	Met

100% ELECTRONIC SCREENING WITH TARGETED SAMPLE ANALYSIS

Objective

CTI's Electronic Screening and Analysis System (ESAS®) software identified and quantified potential claim administration payment errors. PEBP and UMR should discuss any verified under- or overpayments to determine the appropriate actions to correct the errors.

Scope

CTI electronically screened 100% of the service lines processed by UMR during the audit period for both medical and dental claims. The accuracy and completeness of UMR's data directly impacted the screening categories we completed and the integrity of our findings. We screened the following high-level ESAS categories to identify potential amounts at risk:

- Duplicate payments to providers and/or employees
- Plan exclusions and limitations
- Patient cost share
- Fraud, waste, and abuse
- Timely filing
- Coordination of benefits
- Large claim review
- Case and disease management

Methodology

We used ESAS to analyze claim payment and eligibility maintenance accuracy as well as any opportunities for system and process improvement. Using the data file provided by UMR, we readjudicated each line on every claim the plan paid or denied during the audit period against the plan's benefits. Our Technical Lead Auditor tested a targeted sample of claims to provide insight into UMR's claim administration as well as operational policies and procedures. We followed these procedures to complete our ESAS process:

- ***Electronic Screening Parameters Set*** – We used your plan document provisions to set the parameters in ESAS.
- ***Data Conversion*** – We converted and validated your claim data, reconciled it against control totals, and checked it for reasonableness.
- ***Electronic Screening*** – We systematically screened 100% of the service lines processed and flagged claims not administered according to plan parameters.
- ***Auditor Analysis*** – If claims within an ESAS screening category represented a material amount, our auditors analyzed the findings to confirm results were valid. Note using ESAS could lead to false positives if there was incomplete claim data. CTI auditors made every effort to identify and remove false positives.
- ***Targeted Sample Analysis*** – From the categories identified with material amounts at risk, we selected the best examples of potential under- or overpayments to test. As cases were not randomly selected, we did not extrapolate results. We selected 50 cases and sent your administrator a questionnaire for each. Targeted samples verified if the claim data supported our finding and if our understanding of plan provisions matched UMR's administration.

- ***Audit of Administrator Response and Documentation*** – We reviewed the responses and redacted the responses to eliminate personal health information. Based on the responses and further analysis of the findings, we removed false positives identified from the potential amounts at risk.

Findings

We are confident in the accuracy of our ESAS results. It should be noted that dollar amounts associated with the results represent potential payment errors and process improvement opportunities. To substantiate the findings, CTI would have to perform additional testing to provide the basis for remedial action planning or reimbursement.

Categories for Process Improvement

The ESAS Findings Detail Report shows by category the line items where exceptions were noted. PEBP should work with its TPA, UMR, to examine areas of concern. A CTI auditor reviewed UMR's responses and supporting documentation. The administrator responses shown in the ESAS Detail Findings Report on the following pages were copied directly from UMR's reply to audit findings. **It is important to note that even if the sampled claim was subsequently corrected prior to CTI's audit, we have still cited the error so PEBP can discuss how to reduce errors and re-work in the future with UMR.**

For each potential error, we sent an ESAS Questionnaire with an identification number (QID) to UMR for written response. After review of the response and any additional information provided, CTI confirmed the potential for process improvement.

Manually adjudicated claims were processed by an individual claim processor. Auto-adjudicated claims were paid by the system with no manual intervention.

ESAS Findings Detail Report				
QID	**(Under)/ Over Paid**	**UMR Response**	**CTI Conclusion**	**Manual or System**
Duplicate Payments				
25	$91.00	Agree. Adjustments completed on 11/5/24.	Procedural deficiencies and overpayments remain. UMR paid duplicate charges.	☐ M ☒ S
26	$79.00			☐ M ☒ S
27	$50.00			☐ M ☒ S
Plan Exclusions				
Dental Services				
40	$987.50	Agree. These services should not have been allowed under the medical plan. The claims will be adjusted at the completion of the audit.	Procedural deficiencies and overpayments remain. Excluded dental implant services were paid under the medical plan in error.	☒ M ☐ S
41	$108.50			☒ M ☐ S
42	$1,031.50		Procedural deficiency and overpayment remain. The service for an occlusal guard for overbite should not have paid under the medical plan.	☒ M ☐ S
Massage Therapy				
47	$55.00	Agree. Massage Therapy code 97124 is a non-covered benefit. This service should have denied. This claim will be adjusted at the completion of the audit.	Procedural deficiency and overpayment remain. Massage therapy, procedure 97124, is excluded per pages 102 and 105 of the LDPPO plan document.	☒ M ☐ S

Incorrect Preferred Provider Discount Applied				
Specialty Medications				
29	$16,080.75	Agree. The claim was adjusted in error and applied the incorrect contracted amount. This results in a $16,080.75 overpayment. Adjustment was completed on 12/19/24.	Procedural deficiency and overpayment remain. Claim originally priced at $8,606.74. Sampled claim paid billed charges, with no explanation for additional payment of billed charges over the previously paid contract rate.	☒ M ☐ S
30	$12,492.84	Agree. Pricing was not correctly applied on original processing. Claim was adjusted with corrected pricing on 10/23/24. The correct allowance for J9263 is $36.80. $12,492.84 overpayment for this service.	Procedural deficiency and overpayment remain. The network contract amount was not paid.	☒ M ☐ S
Copay Application				
Acupuncture				
11	$12.00	Agree. MPD indicates a $50.00 copay applies per visit for acupuncture. Copay not applied correctly. This claim will be adjusted at the completion of the audit.	Procedural deficiency and overpayment remain. A $50.00 copay was applicable for acupuncture and only $38.00 was applied.	☒ M ☐ S
Office Visit – Specialist				
19	$50.00	Agree. Specialty copay should have applied. This claim will be adjusted at the completion of the audit.	Procedural deficiency and overpayment remain. A $50.00 copay was applicable for a specialist office visit, and none was applied.	☐ M ☒ S
Preventive Services				
Denied				
7	($171.53)	Agree. The claim was manually denied in error for COB. Adjustment complete 12/12/24.	Procedural deficiency and underpayment remain. Claimant was employee; PEBP does not require annual COB questionnaires, and no indication was presented indicating the member had other insurance. This preventive claim should have been allowed.	☒ M ☐ S

Additional Observations

During the ESAS review, our auditor observed the following procedures or situations that may not have caused an error on the sampled claim but may impact future claims or overall quality of service.

QID Number	Observation
10, 13	Sampled claims paid without application of $40.00 diagnostic mammography copay. CTI notes claims were both corrected, applying $40.00 copay prior to provision of the data file to CTI.

RANDOM SAMPLE AUDIT

Objectives

The objectives of our Random Sample Audit were to determine if medical and dental claims were paid according to plan specifications and the administrative agreement, to measure and benchmark process quality, and to prioritize areas of administrative deficiency for further review and remediation.

Scope

CTI's statistically valid Random Sample Audit included a stratified random sample of 200 paid or denied claims. UMR's performance was measured using the following key performance indicators:

- Financial Accuracy
- Claims Payment Accuracy
- Overall Accuracy

We also measured claim turnaround time, a commonly relied upon performance measure.

Methodology

Our Random Sample Audit ensures a high degree of consistency in methodology and is based upon the principles of statistical process control with a management philosophy of continuous quality improvement. Our auditors reviewed each sample claim selected to ensure it conformed to plan specifications, agreements, and negotiated discounts. We recorded our findings in our proprietary audit system.

When applicable, we cited claim payment and processing errors identified by comparing the way a selected claim was paid and the information UMR had available at the time the transaction was processed**. It is important to note that even if the sampled claim was subsequently corrected prior to CTI's audit, we have still cited the error so PEBP can discuss how to reduce errors and re-work in the future with UMR.**

CTI communicated with UMR in writing about any errors or observations using system-generated response forms. We sent UMR a preliminary report for its review and written response. We considered UMR's written response, as found in the Appendix, when producing our final reports. Note that the administrator responses have been copied directly from UMR's reply.

Financial Accuracy

CTI defines Financial Accuracy as the total correct claim payments made compared to the total dollars of correct claim payments that should have been made for the audit sample.

The total paid in the 200-claim audit sample was $2,514,257.52. The claims sampled and reviewed revealed $183.06 in underpayments and $1,126.24 in overpayments. This reflects a weighted Financial Accuracy rate of 98.68% over the stratified sample. This is an increase in performance from the prior period. Detail is provided in the following table, Random Sample Findings Detail Report.

UMR did not meet the Performance Guarantee for PEBP in Q1 FY2025 of 99.40% for this measure. The penalty owed is 1.5% of the administrative fees of $1,393,483.98 or $20,902.26.

Claims Payment Accuracy

CTI defines Claims Payment Accuracy as the number of claims paid correctly compared to the total number of claims paid for the audit sample.

The audit sample revealed 4 incorrectly paid claims and 196 correctly paid claims. This is an increase in performance from the prior period. Detail is provided in the table below, Random Sample Findings Detail Report.

Total Claims	Incorrectly Paid Claims		Frequency
	Underpaid Claims	Overpaid Claims	
200	1	3	98.00%

Overall Accuracy

CTI defines Overall Accuracy as the number of claims processed without errors compared to the total number of claims processed in the audit sample.

Performance increased from the prior period. UMR met the Performance Guarantee for PEBP in Q1 FY2025 of 98.00% for this measure. Detail is provided in the table below, Random Sample Findings Detail Report.

Correctly Processed Claims	Incorrectly Processed Claims		Frequency
	System	Manual	
196	1	3	98.00%

Random Sample Findings Detail Report

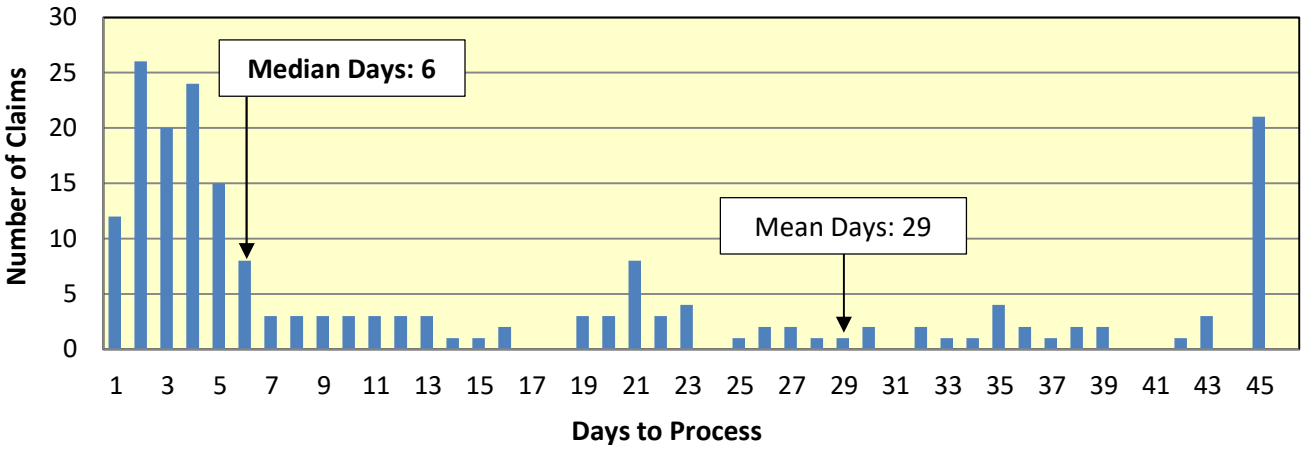
Audit No.	Under/ Over Paid	UMR Response	CTI Conclusion	Manual or System
PPO Discount				
1023	$126.24	Agree. Claim priced with incorrect allowed amount. Correct allowed amount is $48.85. This results in an overpayment of $126.24. Claim was adjusted on 11/12/24, and overpayment requested.	Procedural error and overpayment remain. An incorrect PPO discount was applied to the sampled claim.	☒ M ☐ S
Incorrect Copay				
1129	$20.00	Agree. Claim should have taken a $50 copay. Claim will be adjusted at the completion of the audit.	Procedural error and overpayment remain. Copay should have been $50.00, and it was $30.00. Provider was a urologist specialist.	☒ M ☐ S
1136	($183.06)	Agree. Claim should have applied a $50 copay and resulted in a $183.06 underpayment. Claim was adjusted on 10/31/2024.	Procedural error and underpayment remain. The copay should have been $50.00, and it was $0.00. Claim also over applied deductible by $250.99.	☒ M ☐ S
Paid Ineligible Procedure				
2030	$980.00	Agree. UMR's logic for code D3348-retreatment of a root canal, is allowed under the Basic benefit. Per the PEBP intent for the dental plan, there is no coverage for root canal therapy when the pulp chamber was opened before coverage under this dental plan. This member was effective 9/1/23 and there is no history on this member file of the initial root canal service. UMR would like to review this benefit with PEBP to confirm the intent.	Procedural error and overpayment remain. Coverage for root canal therapy (D3348) requires root canal to originally be opened while coverage was active as specified in the plan document on page 13 *No coverage for root canal therapy when the pulp chamber was opened before coverage under this dental plan began.* Member became effective on the plan on 9/1/23 and the original root canal date is unknown.	☐ M ☒ S

Claim Turnaround

CTI defines Claim Turnaround as the number of calendar days required to process a claim – from the date the claim was received by the administrator to the date a payment, denial, or additional information request was processed – expressed as both the Median and Mean for the audit sample.

Claim administrators commonly measure claim turnaround time in mean days. Median days, however, is a more meaningful measure for administrators to focus on when analyzing claim turnaround because it prevents just a few claims with extended turnaround time from distorting the true performance picture.

Median and Mean Claim Turnaround



UMR met the Performance Guarantees for PEBP in Q1 FY2025 of 92% processed within 14 days and 99% processed within 30 days. The performance of both measures improved from the prior period and there is no penalty due.

Additional Observations

During the Random Sample Audit, our auditor observed the following procedures or situations that may not have caused an error on the sampled claim but may impact future claims or overall quality of service.

Audit Number	Observation
1099, 1100	Sampled claims applied a copay to ABA therapy in error. The claims were adjusted and corrected prior to the data file being provided to CTI for audit, therefore we did not assess payment errors.
1108, 1109	Sampled claims were paid as out of network in error. The claims were adjusted and corrected prior to the data file being provided to CTI for audit, therefore we did not assess payment errors.

FOCUSED RANDOM SAMPLE AUDIT

At the request of PEBP, CTI selected a second random sample of 100 claims for one provider of service, Carson-Tahoe Hospital (CTH). All the above outlined procedures were followed for the second focused random sample audit.

CTI identified 12 incorrectly paid claims in the 100-claim CTH sample. Eleven of the 12 were due to a billing issue on CTH's end where the claims were billed on the incorrect form causing UMR to pay the claim at an incorrect rate. An error was not cited on those samples, and they are detailed in the Additional Observation section of the report.

Financial Accuracy

The total paid in the 100-claim audit sample was $895,796.56. The claims sampled and reviewed revealed no underpayments and $1,134.91 in overpayments. This reflects a weighted Financial Accuracy rate of 99.42% for the stratified sample. Detail is provided in the following table, Random Sample Findings Detail Report.

Claims Payment Accuracy

CTI defines Claims Payment Accuracy as the number of claims paid correctly compared to the total number of claims paid for the audit sample.

The audit sample revealed 1 incorrectly paid claim and 99 correctly paid claims. Detail is provided in the table below, Random Sample Findings Detail Report.

Total Claims	Incorrectly Paid Claims		Frequency
	Underpaid Claims	Overpaid Claims	
100	0	1	99.42%

Overall Accuracy

CTI defines Overall Accuracy as the number of claims processed without errors compared to the total number of claims processed in the audit sample. Detail is provided in the table below, Random Sample Findings Detail Report.

Correctly Processed Claims	Incorrectly Processed Claims		Frequency
	System	Manual	
98	0	1	99.00%

Random Sample Findings Detail Report

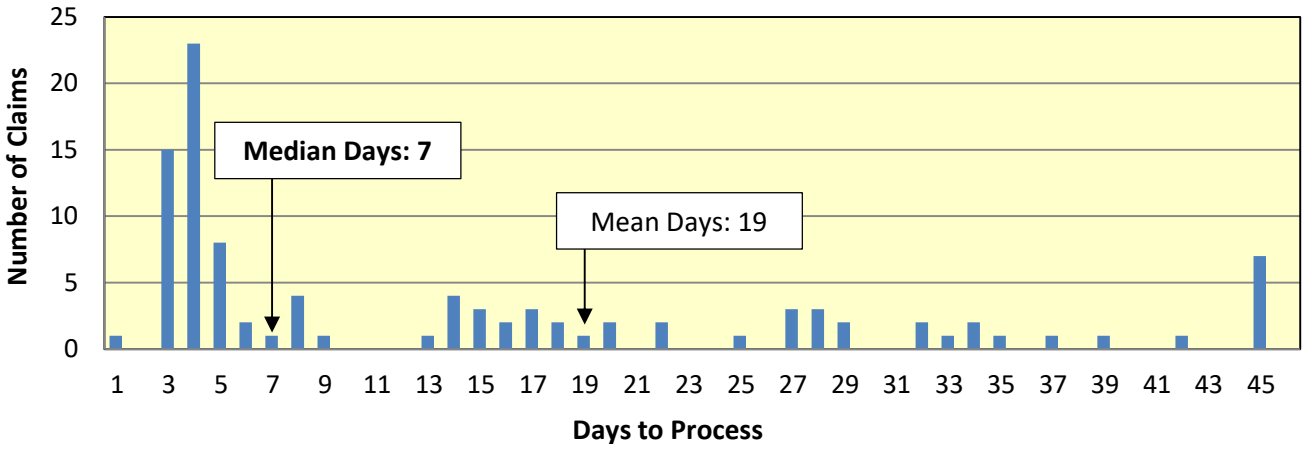
Audit No.	Under/ Over Paid	UMR Response	CTI Conclusion	Manual or System
PPO Discount				
1069	$1,134.91	Agree. An incorrect discount amount was manually keyed in error. This results in a $1,134.91 overpayment. Adjustment was complete 11/23/24.	Procedural error and overpayment remain. Discount amount processed as $2,193.04 and it should have been $3,611.68.	☒ M ☐ S

Claim Turnaround

CTI defines Claim Turnaround as the number of calendar days required to process a claim – from the date the claim was received by the administrator to the date a payment, denial, or additional information request was processed – expressed as both the Median and Mean for the audit sample.

Claim administrators commonly measure claim turnaround time in mean days. Median days, however, is a more meaningful measure for administrators to focus on when analyzing claim turnaround because it prevents just a few claims with extended turnaround time from distorting the true performance picture.

Median and Mean Claim Turnaround



Additional Observations

During the Random Sample Audit of CTH, our auditor observed the following procedures or situations that may not have caused an error on the sampled claim but may impact future claims or overall quality of service.

Audit Numbers	Observation
1006, 1017, 1022, 1023 1025, 1026, 1044, 1045, 1058, 1065, and 1074	The discount amount processed on these claims was incorrect. Three claims were overpaid and eight were underpaid. UMR provided a copy of an email from CTH confirming a billing issue on their end where CTH submitted the claims on HCFA forms instead of UB04 forms which resulted in the claims being processed at an incorrect rate.

CONCLUSION

UMR did not meet the performance metrics for financial accuracy in the first quarter of FY2025. A penalty of $20,902.26, or 1.5% of the administration fees for the quarter, is owed.

The focused random sample revealed 12 out of the 100-claim sample had an incorrect provider discount applied; 11 of the 12 were due to a billing issue on CTH's end where claims were billed on the incorrect form causing UMR to pay the claim at an incorrect rate.

We consider it a privilege to have worked for, and with, the PEBP staff and its administrator. Thank you again for choosing CTI.

APPENDIX – ADMINISTRATOR RESPONSE TO DRAFT REPORT

Your administrator's response to the draft report follows.

Additional information submitted to CTI from the administrator in response to the draft report is reviewed and observations may be removed prior to the final report being published. While a removed observation will not be included in the final report, it may be referenced in the administrator's response to the draft report.

115 West Wausau Ave
Wausau, WI 54401

CLAIM TECHNOLOGIES INCORPORATED
100 COURT AVENUE SUITE 306
DES MOINES, IA 50309

December 20, 2024

Joni,

Thank you for the opportunity to respond to the recent review of the State of Nevada Public Employees' Benefit Program Q1Y25 audit draft report. The following is our response to the draft report completed by CTI.

ESAS Targeted Sample Analysis

Duplicate Payments

QID 25 – Dental claim [redacted] is a duplicate to previously processed claim [redacted]. This results in a $91.00 overpayment. Adjustment was completed on 11-5-2024.

QID 26 – Dental claim [redacted] is a duplicate to previously processed claim [redacted] This results in a $79.00 overpayment Adjustment was completed on 11-5-2024.

QID 27 – Dental Claim [redacted] is a duplicate to previously processed claim [redacted]. This results in a $50.00 overpayment. Adjustment was completed on 11-5-2024.

Plan Exclusions – Dental Services

QID 40-42 – UMR agrees with these findings. These dental services are not allowed under the medical plan per the plan exclusions. Total overpayment amount for the 3 claims is $2127.50. These claims will be adjusted at the completion of the audit.

Inappropriate Use of Modifier 26/TC

QID 43 – UMR disagrees with this finding. The lab charge is allowed appropriately per the MPD for Ancillary charges, related to the ER claim that is on file for this member on the same date of service.

Experimental/Investigational

QID 46 – UMR disagrees with this finding. After further review, the services rendered do not require an authorization. This claim was allowed correctly per the plan benefits.

Massage Therapy

QID 47 – UMR agrees with this finding. Massage Therapy 97124 is excluded on the plan and was allowed in error by the claim processor. This results in a $55.00 overpayment. Adjustment was completed on 11-14-2024.

715-841-7262 www.UMR.com Julie.Frahm@UMR.com

Incorrect Preferred Provider Discount Applied – Specialty Medication

QID 29 – After further review, UMR agrees with this finding. The claim was adjusted in error and applied the incorrect contracted amount. This results in a $16080.75 overpayment. Adjustment was completed on 12-19-2024.

QID 30 – UMR agrees with this finding. An incorrect contract allowance was applied to CPT J9263. The correct allowable is $36.80. This results in a $12,492.84 overpayment. Adjustment was completed on 10-23-2024.

Copay Application - Acupuncture

QID 11 – UMR agrees with this finding. A $50.00 copay should apply, per visit, for acupuncture. This results in a $12.00 overpayment. Adjustment was completed on 12-11-2024.

Copay Application – Office Visit - Specialist

QID 19 – UMR agrees with this finding. A $50.00 copay should apply for a specialist office visit. This results in a $50.00 overpayment. Adjustment was completed on 11-15-2024.

Preventive Services – Denied

QID 7 – UMR agrees with this finding. After further review, this claim was manually denied in error for COB. This results in a $171.53 underpayment. Adjustment was completed on 12-12-2024.

Random Sample Findings

PPO Discount

Sample 1023 – UMR agrees with this finding. This claim was considered with incorrect pricing. This results in a $126.24 overpayment. Adjustment was completed on 11-12-2024.

Incorrect Copay

Sample 1129 – UMR agrees with this finding. A $50.00 copay should apply for a specialist. This results in a $20.00 overpayment. This claim will be adjusted at the completion of the audit.

Sample 1136 - UMR agrees with this finding. A $50.00 copay should apply for this visit. This claim initially applied to the deductible. The claim was adjusted on 10-31-2024 paying $183.06.

Paid Ineligible Procedure

Sample 2030 – After further review, UMR agrees with this finding. UMRs logic for code D3348 - retreatment of a root canal, is allowed under the Basic benefit. Per the PEBP intent for the dental plan, there is no coverage for root canal therapy when the pulp chamber was opened before coverage under this dental plan. This member was effective 9-1-2023 and there is no history on this member file of the initial root canal service. UMR would like to review this benefit with PEPB to confirm the intent.

Carson Tahoe Random Sample Findings

Sample 1020 – UMR disagrees with this error. After further review, this service is an urgent care visit for an infection and was treated. This is covered per the plan.

Sample 1010 – UMR disagrees with this error. UHC priced this claim allowing $15,322.56. UMR processed the claim correctly. Carson Tahoe submitted a corrected claim with additional services, UHC allowing $22,835.53. The corrected claim was received on 10-10-2024. Adjustment was completed on 11-5-2024.

Sample 1023 – UMR and Carson Tahoe identified a billing issue on the claim that was submitted, and Carson Tahoe submitted a corrected claim on 11-12-2024.
Sample 1026 – UMR and Carson Tahoe identified a billing issue on the claim that was submitted, and Carson Tahoe submitted a corrected claim on 11-13-2024.
Sample 1069 – UMR agrees with this error. The discount of manually keyed incorrectly at the time of processing. This results in a $1134.91 overpayment. Adjustment was completed on 11-23-2024.

UMR is dedicated to improving the overall experience for the State of Nevada PEBP members and will continue to work diligently on addressing any issues highlighted by this review. Coaching and ongoing training is held with our dedicated processors. We continue to meet with the staff daily to go over quality reports, identifying trending errors, initiating refresher training for skill gaps, and using this data to improve the overall quality of the staff.
If you have any questions or concerns regarding our responses, please feel free to contact me at 715-841-7262.

Sincerely,

Julie Frahm
Sr. UMR External Audit Coordinator

Claim Technologies Incorporated representatives may from time to time provide observations regarding certain tax and legal requirements including the requirements of federal and state health care reform legislation. These observations are based on our good-faith interpretation of laws and regulations currently in effect and are not intended to be a substitute for legal or tax advice. Please contact your legal counsel and tax accountant for advice regarding legal and tax requirements.

CLAIM TECHNOLOGIES INCORPORATED

100 Court Avenue – Suite 306 • Des Moines, IA 50309

(515) 244-7322 • claimtechnologies.com

9.1

9. Discussion and acceptance of Claim Technologies Incorporated audit findings for State of Nevada Public Employees' Benefits Program Plans administered by UMR for the period of July 1, 2024 – September 30, 2024. (Joni Amato, Claim Technologies Incorporated) (For Possible Action)

9.1 Response to audit findings/overview of performance guarantees for the period of July 1, 2024 – September 30, 2024. (Rhonda Huckaby, UMR) (Information Discussion)

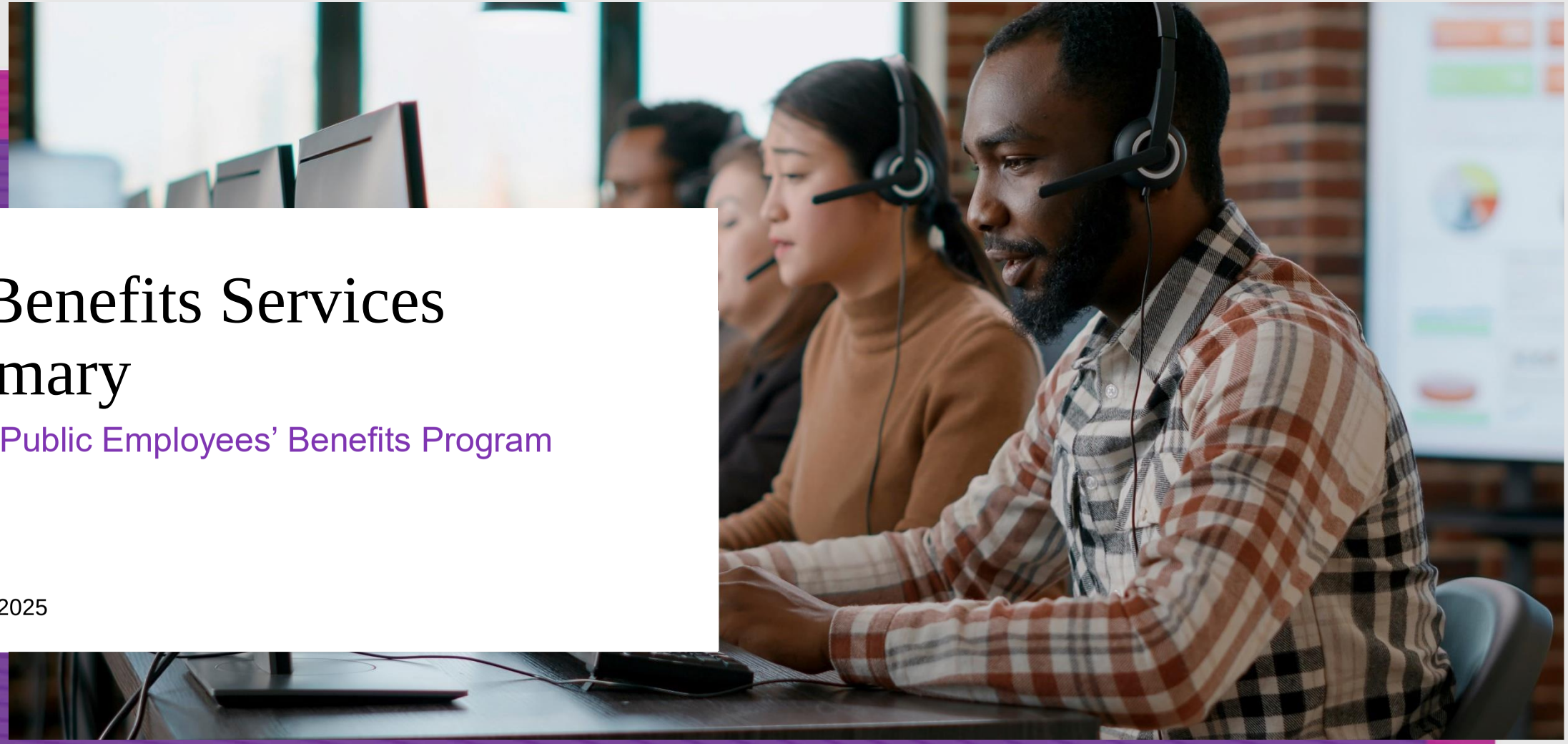
PEBP - UMR Performance Guarantees

As of 1/23/2025

			2024								2025		
			Result				Variance					Result	Variance
Ref. #	Performance Guarantee Medical Dental Claims Administration	Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Target	Q1	Q1
1.4	Claim Adjustment Time (7 cal or 5 bus days)	95.0%	93.1%	94.5%	94.3%	97.8%	-1.9%	-0.5%	-0.7%	2.8%	95.0%	93.1%	-1.9%
1.5	Call Answer Time (30 Seconds)	85.0%	90.3%	97.8%	92.2%	92.8%	5.3%	12.8%	7.2%	7.8%	85.0%	94.4%	9.4%
1.6	Call Abandonment	3.0%	1.1%	0.1%	0.5%	0.6%	1.9%	2.9%	2.5%	2.4%	3.0%	0.5%	2.5%
1.7	First Call Resolution	95.0%	93.8%	91.0%	95.8%	96.3%	-1.2%	-4.0%	0.8%	1.3%	95.0%	97.5%	2.5%
1.8	Time CSR To Close Open Inquiry (% Within 48 Hours)	90.0%	94.7%	95.2%	98.0%	98.4%	4.7%	5.2%	8.0%	8.4%	90.0%	98.5%	8.5%
1.8	Time CSR To Close Open Inquiry (% Within 5 Days)	98.0%	95.5%	95.5%	99.2%	99.6%	-2.5%	-2.5%	1.2%	1.6%	98.0%	98.9%	0.9%
1.9	CSR Audit or Quality Scores (Call Handling)	97.0%	95.5%	96.8%	97.0%	97.5%	-1.5%	-0.2%	0.0%	0.5%	97.0%	98.1%	1.1%
1.1	CSR Call Back Performance (Within 24 Hours)	90.0%	85.0%	76.9%	100.0%	100.0%	-5.0%	-13.1%	10.0%	10.0%	90.0%	100.0%	10.0%
1.11	Emails Return Time (% Within 8 Hours)	90.0%	100.0%	100.0%	100.0%	100.0%	10.0%	10.0%	10.0%	10.0%	90.0%	100.0%	10.0%
1.11	Emails Return Time (% Within 24 Hours)	95.0%	100.0%	100.0%	100.0%	100.0%	5.0%	5.0%	5.0%	5.0%	95.0%	100.0%	5.0%
1.12	Member Satisfaction Service Servey	95.0%	N/A	N/A	N/A	95.6%	N/A	N/A	N/A	0.6%	95.0%	N/A	N/A
1.13	Account Management - Satisfactory To PEBP	AGREE	MET	Met	Met	Met	Met	Met	N/A	N/A	AGREE	Met	Met
1.14	Eligibility Processing (2 Business Days)	98.0%	100.0%	100.0%	100.0%	94.2%	2.0%	2.0%	2.0%	-3.8%	98.0%	100.0%	2.0%
1.15	Data Reporting (100% Within 10 Business Days)	MET	N/A	N/A	100.0%	100.0%	N/A	N/A	N/A	N/A	100.0%	100.0%	0.0%
1.16	Implementation Satisfation	MET	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.17	ID Card Production (10 Business Days)	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%
1.18	Subcontractors Disclosure (30 Calendar Days)	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	MET	N/A
1.19	PHI	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	MET	N/A
	Network Administration												
2.1	EDI Claims Re-Pricing Turnaround Time (3 Business Days)	97.0%	98.0%	99.5%	99.0%	99.5%	1.0%	2.5%	2.0%	2.5%	97.0%	99.5%	2.5%
2.1	EDI Claims Re-Pricing Turnaround Time (5 Business Days)	99.0%	100.0%	99.5%	99.5%	99.5%	1.0%	0.5%	0.5%	0.5%	99.0%	99.5%	0.5%
2.2	EDI Claims Re-Pricing Accuracy	97.0%	98.3%	97.9%	97.8%	99.5%	1.3%	0.9%	0.8%	2.5%	97.0%	98.9%	1.9%
2.3	Data Reporting (Within 10 Business Days)	MET	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	100.0%	100.0%	0.0%
2.4	Subcontractors Disclosure	100.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	0.0%	100.0%	MET	N/A
2.5	Provider Directory (Resolve 100% Of Complaints Within 10 Business Days)	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	MET	N/A
2.6	Website 99% Of Time	99.0%	99.9%	100.0%	100.0%	100.0%	0.9%	1.0%	1.0%	1.0%	99.0%	100.0%	1.0%
	UM/CM Management												
3.1	Date Reporting (10 Calendar Days)	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%
3.2	Notification Of HCC (5 Business Days)	100.0%	100.0%	92.3%	100.0%	100.0%	0.0%	-7.7%	0.0%	0.0%	100.0%	100.0%	0.0%
3.3	Pre-Cert Requests (5 Business Days)	98.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	2.0%	98.0%	99.9%	1.9%
3.4	Concurrent Hospital Reviews (2 Business Days)	98.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	2.0%	98.0%	99.7%	1.7%
3.5	Retrospective Hospital Reviews (5 Business Days)	98.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	2.0%	98.0%	100.0%	2.0%
3.6	Implementation - Tasks	98.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	98.0%	N/A	N/A
3.7	Implementation - Problem Resolution	98.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	98.0%	N/A	N/A
3.8	Hospital Discharge Planning (3 Business Days)	95.0%	N/A	N/A	N/A	98.1%	N/A	N/A	N/A	3.1%	95.0%	95.7%	0.7%
3.9	Large Case Management	95.0%	N/A	N/A	N/A	95.0%	N/A	N/A	N/A	0.0%	95.0%	95.0%	0.0%
3.1	Utilization Management Med Nec & COE Usage	98.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	2.0%	98.0%	100.0%	2.0%
3.11	Return On Investment ROI UM/CM	100.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	0.0%	100.0%	100.0%	0.0%
3.12	Dicslosure Of Subcontractors (60 Calendar Days)	100.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	0.0%	100.0%	MET	N/A
3.13	Unauthorized Transfer of PEBP Data (60 Calendar Days)	100.0%	N/A	N/A	N/A	100.0%	N/A	N/A	N/A	0.0%	100.0%	MET	N/A

10.

10. VIA Benefits Presentation.
(Chris Garcia, Willis Towers Watson)
(Information/Discussion)



Via Benefits Services Summary

Nevada Public Employees' Benefits Program

January 23, 2025

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VIA BENEFITS®

Agenda

1. The Individual Marketplace and Via Benefits
2. Retiree Experience
3. Communications and Meetings
4. HRA Administration and Advocacy



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Via Benefits: Experience that counts

Oldest and largest Medicare marketplace with 18 years of service

2.3+ million retirees served

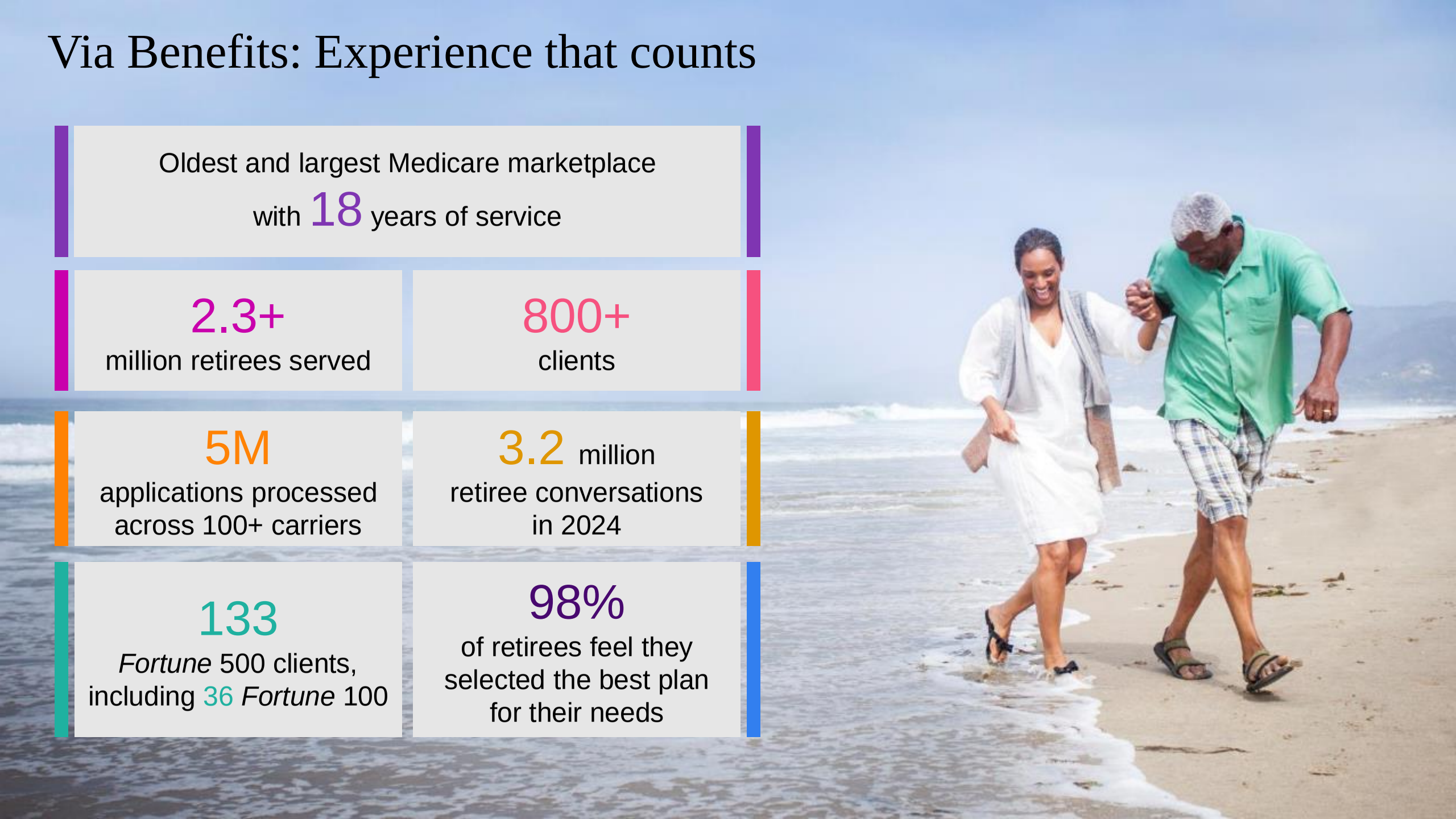
800+ clients

5M applications processed across 100+ carriers

3.2 million retiree conversations in 2024

133 *Fortune* 500 clients, including 36 *Fortune* 100

98% of retirees feel they selected the best plan for their needs



Retiree health care and individual marketplace

Individual Marketplace:
A marketplace where individuals can compare and enroll in individual health care plans with personalized help.



How a marketplace offers more to retirees

- Expanded choice of plans to fit all needs
- Greater affordability with the largest risk pools (42 million Medicare) (12.2 million Pre-65)
- Help with choosing, enrolling in, and using a plan

How a marketplace helps Nevada PEBP

- Significantly decreased administrative burden
- Greater affordability; reduced liability (OPEB)
- Continue to bring value to retired employees and their families

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How Via Benefits works

PEBP has partnered with Via Benefits since July 2011 to offer access to the Individual Marketplace to Medicare eligible retirees and spouses:

- There is no cost to PEBP for the services Via Benefits provides
- Participants can shop and enroll in Medicare plans that meet their health and financial needs
- Participants receive education and answers through comprehensive communications
- Via Benefits provides lifetime advocacy for enrollees in plan we are the Agent of Record for
- Via Benefits Administers the Health Reimbursement Arrangement (HRA) for those who are eligible and qualified for the plan



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Retiree Experience



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Plan types available on Via Benefits

Plan types available

- **Medicare Advantage**
  With Prescription Drug (part C)
- **Medicare Supplement**
  (Medigap)
- **Prescription Drugs**
  (Part D)
- **Dental**
- **Vision**

Examples of insurers available

- AARP
- Aetna – SilverScript
- Anthem BCBS - NV
- Blue Cross Blue Shield
- Cigna
- Hometown Health Plan
- Humana
- United Healthcare
- Wellcare
- Wellpoint

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Enrollment channels

Enroll Online

- Enroll anytime - **my.viabenefits.com/PEBP**
- Compare plans side-by-side, select a plan, and enroll using the website
- Identity is verified when the participant signs into Via Benefits
- Participants read the disclaimers and confirm on the site
- Shop Via Benefits with help from a friend or family member



After plan is selected, allow up to 15 minutes to complete the application

Enroll By Phone

- Call Via Benefits at **1-888-598-7545** to set up an appointment or enroll without an appointment
- A Benefit Advisor will help participants review and enroll in a plan
- Identity is voice-verified
- With permission, a friend or family member may join the call



After plan is selected select, allow up to 50 minutes to complete the application

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Shop and compare online

Participants can compare the details of up to 3 plans side-by-side on my.viabenefits.com/PEBP

Estimated Annual Cost

Formulary covered Drugs

In-network Doctors

Expanded plan details

Note that the shop and compare feature of the site can be used without an online account



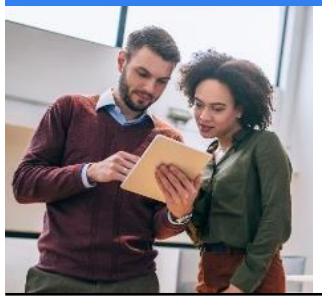




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Support for Nevada PEBP retirees every step of the way

Large, Experienced Year-Round Team



- 400+ licensed agents
- 250+ customer support staff

Seasonal Staff



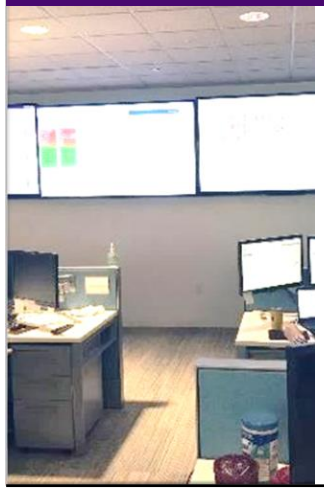
- Scale up with additional licensed agents – early onboarding to ensure robust training
- Post-enrollment seasonal staff

Licensed Benefit Advisors



- Salaried and unbiased – not commissioned
- State-licensed, across the U.S. and carrier certified with all regional and national carriers
- Average advisor is 52 years old with 10 years' experience
- Must be licensed, appointed, and certified to speak to retirees and dependents

Workforce Management Team



- State-of-the-art staffing tools
- License management
- Forecasting and scheduling
- Real-time call volume monitoring
- Schedule adherence
- Resource balance

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Benefit Advisors provide Concierge Advice

- Unbiased and objective for retirees
- Senior sensitivity trained
- 100% focused on retirees
- State licensed and carrier certified
- Pass 40+ certification tests
- 100% U.S.-based



Post Enrollment Communications

Selection Confirmation Letter

- This will confirm participant plan choices

Communications from Your Confirmed Insurance Carrier

- Participants will receive a packet with their new insurance cards and information about their new plan benefits

Welcome Letter

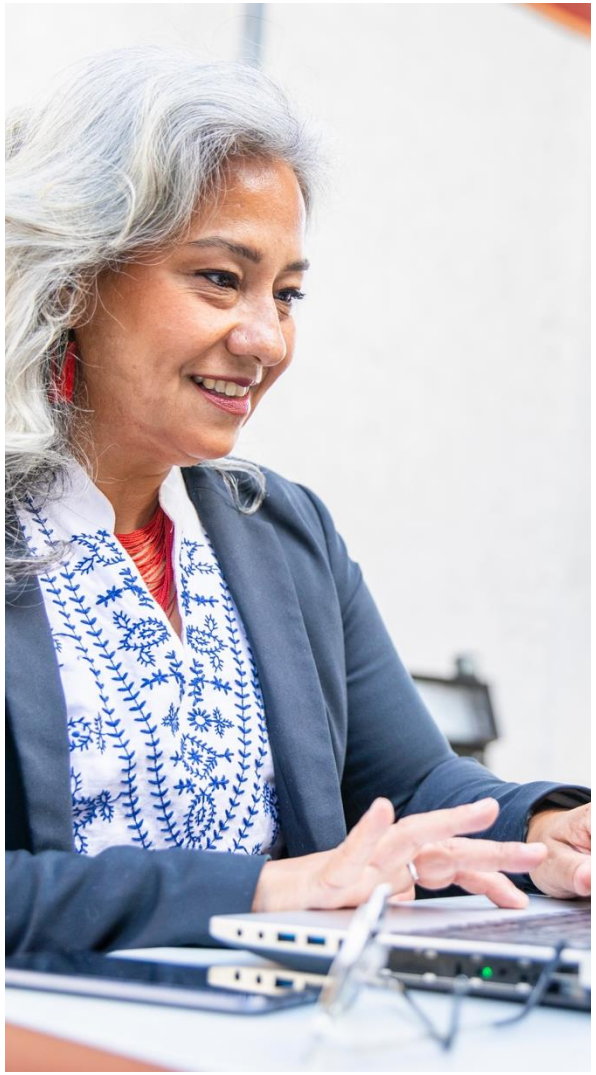
- Welcomes participants to Via Benefits and highlights our advocacy services and available resources



Educational videos are also available in the video library at **my.viabenefits.com/PEBP**

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Medicare Annual Open Enrollment Period



October 15 → **December 7**

- **Coverage Effective Date – January 1**
- **Via Benefits busiest time of the year for Service Center**
- **Passive enrollment if same plan(s) are available in the new year**

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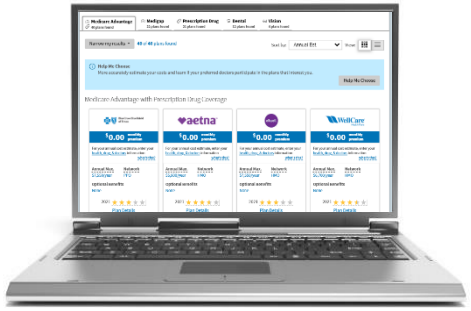
Communications and Meetings



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Via Benefits multi-faceted communication plan

Meeting retirees where they are

Print	Virtual Retiree Meetings	Online Tools	Telephonic Support
			
Educational Guides Multiple Reminders	Ask Questions	Co-Branded Web Page Enrollment/HRA Tools Personal Accounts	1:1 Personalized Support

Multiple touchpoints – **Multiple** mediums

Print materials are **revised** annually based on retiree **feedback**

Support before, during and after the enrollment period

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Virtual retiree meetings

Via Benefits currently holds virtual retiree meetings twice a year to help educate Nevada PEBP retirees and spouses.

Meetings are held in the spring and the fall with two days of virtual retiree meetings

Two meetings are held per day:

- One meeting focuses on retirees ageing into Medicare or looking to retire if they are an active employee who is over 65
- The other meeting focuses on participants already enrolled through Via Benefits. It focuses more on the HRA and Medicare Open Enrollment (for the fall meeting)

Recordings of the meetings are made available on my.viabenefits.com for participants to view 24/7



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Connecting with Nevada PEBP Medicare Members

2023 Metrics	Q1	Q2	Q3	Q4	2023 Totals
Total Inbound Calls	5,391	4,182	3,764	7,033	20,370
Total Outbound Calls	1,891	1,286	1,937	1,661	6,775
Average Inbound Handle Time	17m 19s	17m 49s	14m 50s	20m 47s	18m 10s

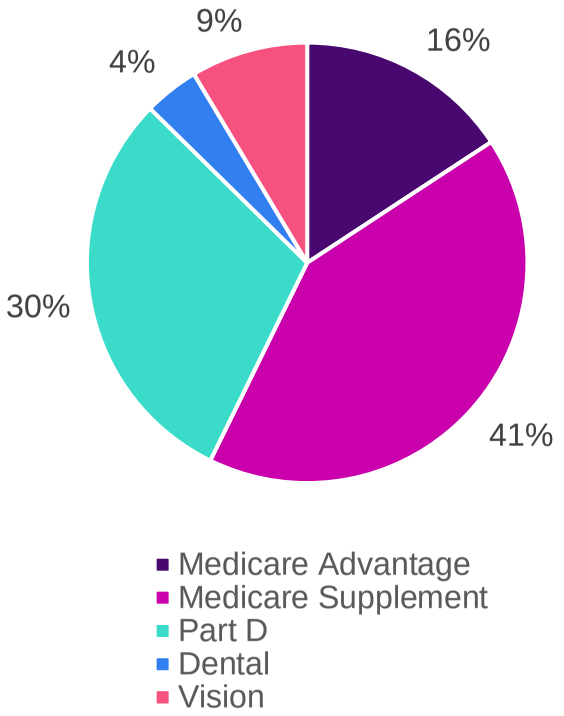
2024 Metrics	Q1	Q2	Q3	Q4	2023 Totals
Total Inbound Calls	4,547	3,906	4,152	9,127	21,732
Total Outbound Calls	1,639	1,993	1,080	823	5,535
Average Inbound Handle Time	18m 24s	19m 08s	17m 19s	20m 04s	18m 56s

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Medicare Enrollment Statistics

Total Eligible	Enrolled 2024	Enrolled 2024
18,886	13,483	71.4%

Plan Type	Nevada PEBP Enrollment
Medicare Advantage	3,715
Medicare Supplement	9,786
Part D	7,099
Dental	953
Vision	2,028



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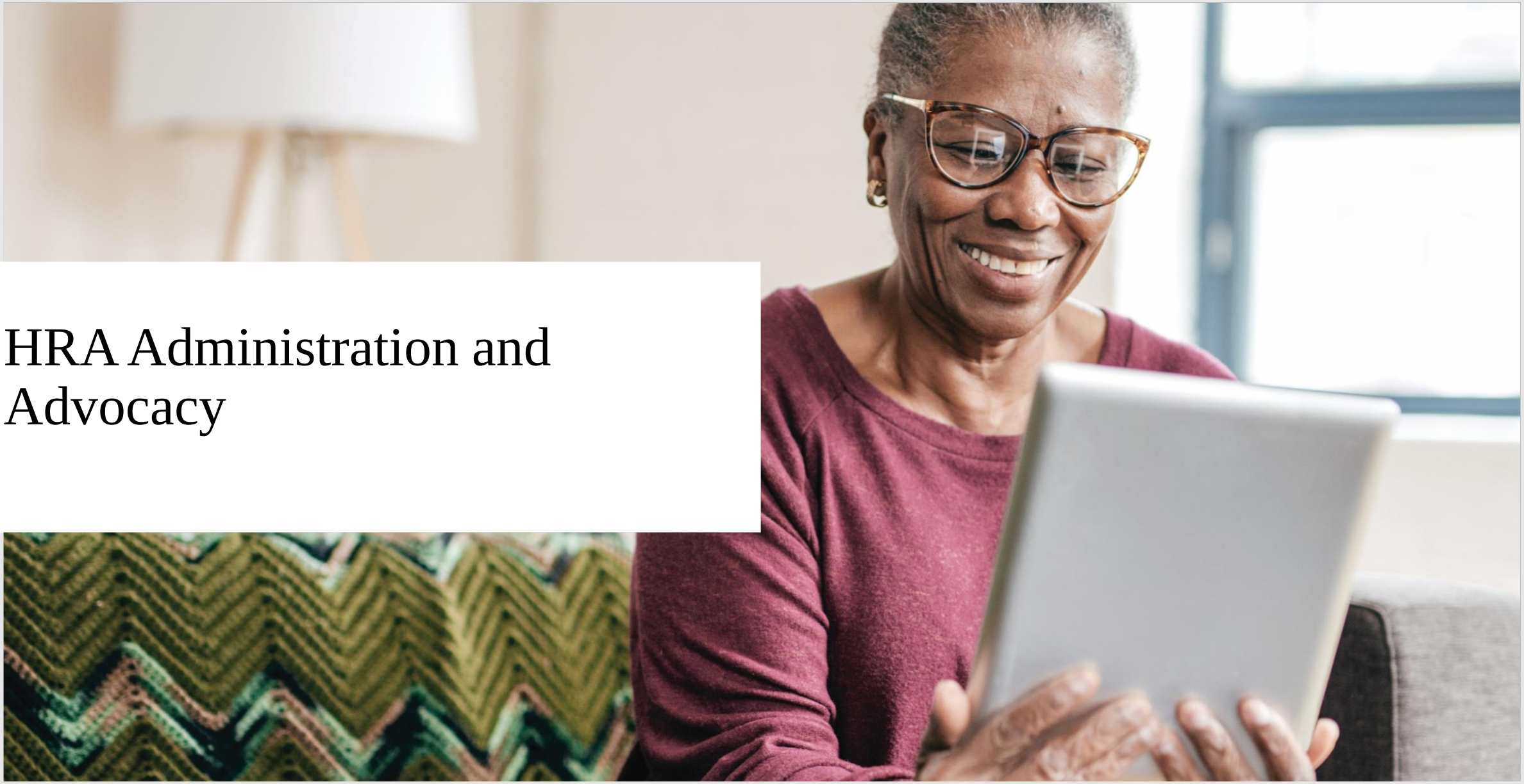
Plan Changes During OEP and Age in Participants

Original Plan	New Plan	1/1/2025 Changes	1/1/2024 Changes	1/1/2023 Changes
Medicare Supplement	Medicare Supplement	56	42	37
Medicare Supplement	Medicare Advantage	47	87	89
Medicare Advantage	Medicare Advantage	474	440	1,487
Medicare Advantage	Medicare Supplement	19	7	9
Prescription Drug Plan	Prescription Drug Plan	1,065	647	548

Age-In Participants	Number Enrolled	Percentage Enrolled
668	621	93%

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HRA Administration and Advocacy



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Seamless delivery model with HRA

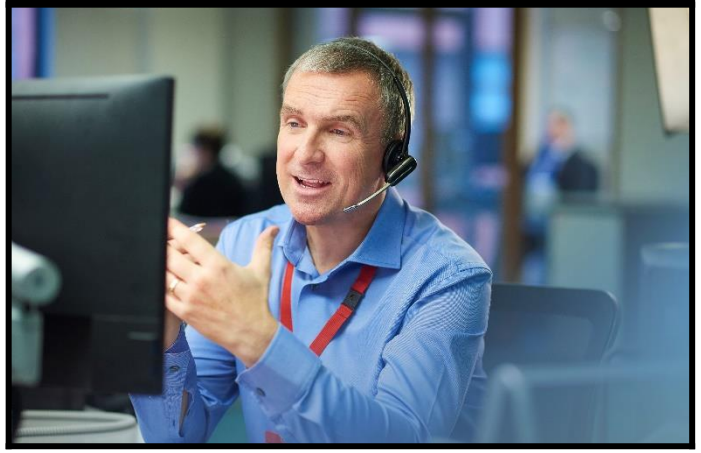
Via Benefits fully integrated experience = 1 call resolution, integrated website

Client allocates dollars to each retiree's HRA account

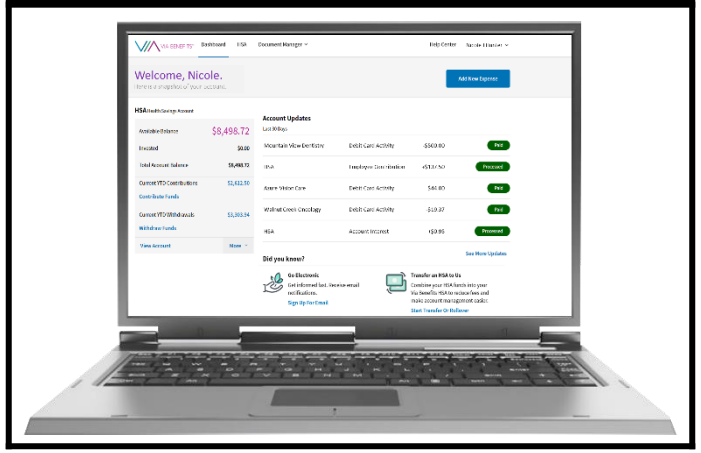
HRA accounts administered by WTW / Via Benefits

Retirees are reimbursed eligible expenses from HRA

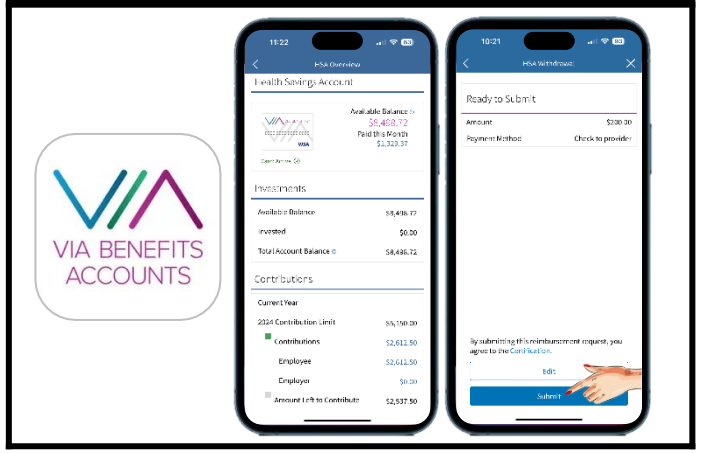
Telephonic/IVR



Online



Mobile App



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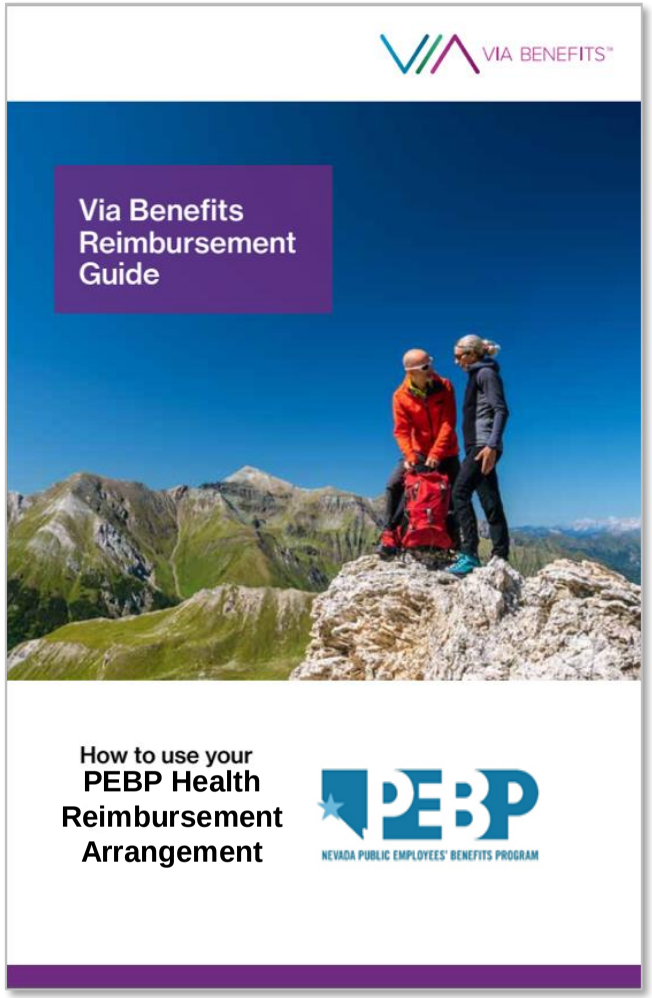
HRA Qualification and Reimbursement Guide

HRA Qualification Requirement

- Participants must enroll in a Medicare medical plan through Via Benefits before their enrollment period ends to qualify for the HRA
- Participants must remain enrolled through Via Benefits to continue to have access to your HRA
- Participants with Tri-Care receive an exception and do not need to enroll through Via Benefits but need to contact PEBP to confirm the Tri-Care exception

Via Benefits Reimbursement Guide

- Contains all necessary instructions on how to use the HRA, including setting up direct deposit, use of the mobile app, and filing claims for reimbursement
- Reimbursement Guide should arrive after new coverage begins



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PEBP HRA Information



Tax-free account

Used to reimburse participants for eligible health care expenses – participant pays first and then get reimbursed



If participant is eligible and qualify

PEBP will make a **MONTHLY contribution** to the HRA



Participants may use

Funding to **reimburse yourself and your spouse** for eligible medical, prescription drug, dental, vision, Medicare Part B premiums, as well as eligible out-of-pocket healthcare expenses*

- Unused HRA funds are available in future years
- Effective May 31, 2021, the available balance for the HRA was capped at $8,000. Participants can accrue more than $8,000 throughout the plan year, however any balances over $8,000 will be reduced to the $8,000 cap on May 31 of each year going forward

***Subject to 365-day rolling reimbursement request submission deadline from the date the service was incurred**

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Eligible Expenses for the HRA

[IRS Publication 502]

Common Eligible Expenses for Reimbursement

This is not an all-inclusive list of eligible expenses. Refer to IRS Section 213D for a complete list

Department of the Treasury
Internal Revenue Service

Publication 502
Cat. No. 15002Q

Medical and Dental Expenses

Premiums

- Medicare Medical
- Prescription
- Dental
- Vision
- Medicare Part B

Most Common Expenses

- Office Visit Copays
- Physician Service Copays
- Prescription Copays
- Deductibles
- Co-Insurance
- Dental Treatments
- Eye Exams
- Eyeglasses

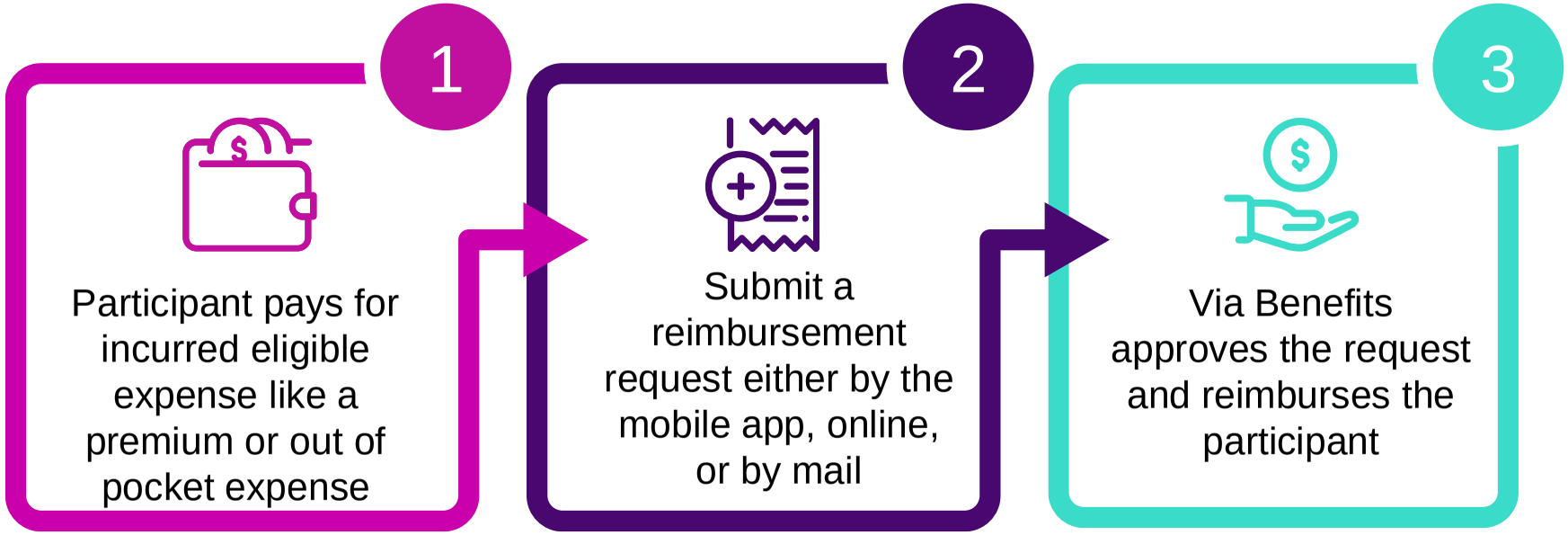
Other Eligible Expenses

- Artificial Limbs and Teeth
- Ambulance Hire
- Chiropractor
- Contact Lenses
- Hearing Aids and Batteries
- Immunizations
- Laboratory Fees
- Medical Supplies and Equipment
- Oral Surgery
- Osteopath
- Psychiatrist
- Stop Smoking Programs
- Vaccines
- Wheelchair
- X-Rays

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Health Reimbursement Arrangement (HRA)

How the HRA works

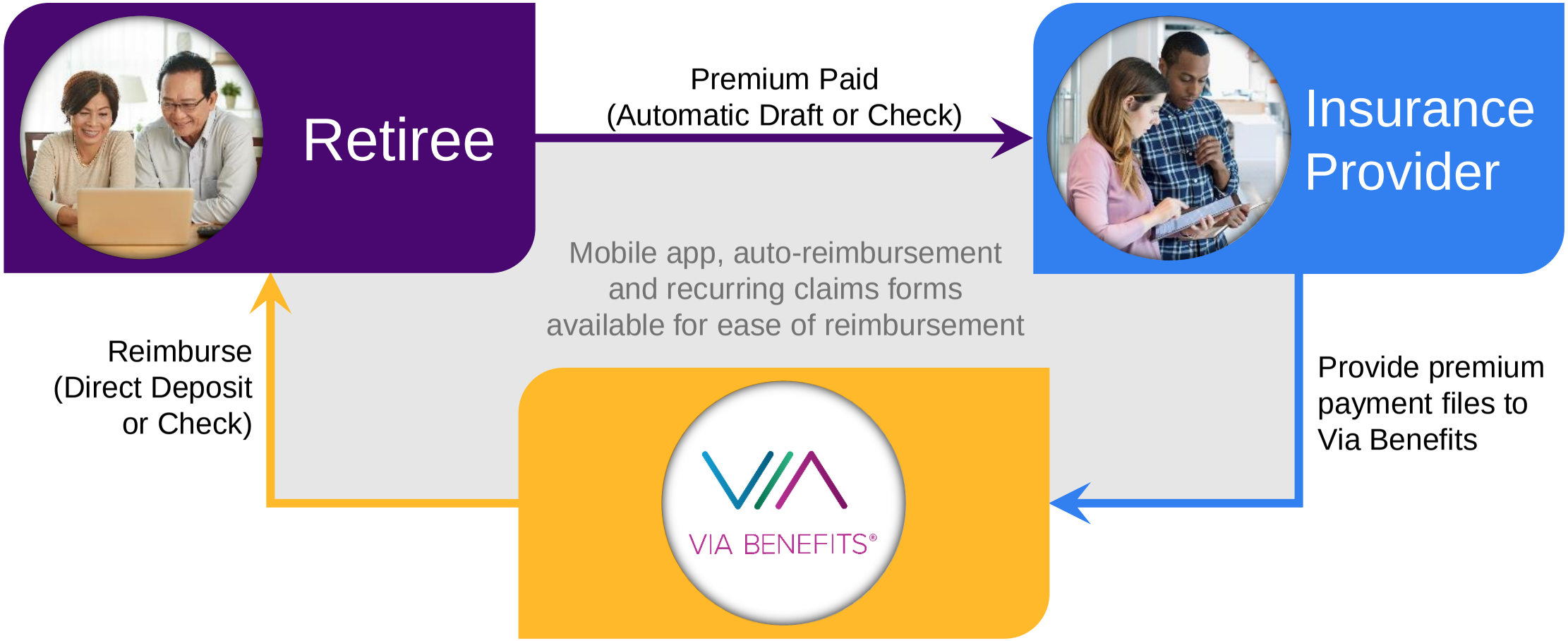


Important: Participant may be reimbursed up to the amount available in their HRA

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HRA – Automatic Premium Reimbursement

How the automatic reimbursement process works



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HRA Assistance for Participants

Telephone assistance is ***always*** available to participants through the Via Benefits Customer Service Center by calling **1-888-598-7545** Monday through Friday, 5:00 AM until 4:00 PM Pacific Time

Participants can call the Customer Service Center if they need help with the following:

- Available balance inquiries
- Eligible Expense inquiries
- Auto-reimbursement process
- How to navigate the Via Benefits website
- Inquiries related to Medicare Part B Premiums
- Payment status, setting up Direct Deposit
- Questions about a denied claim

If participants have an **escalation** that has not been resolved **after** speaking with Customer Service, they can set up an appointment with an HRA Specialist by calling **1-844-266-1395**

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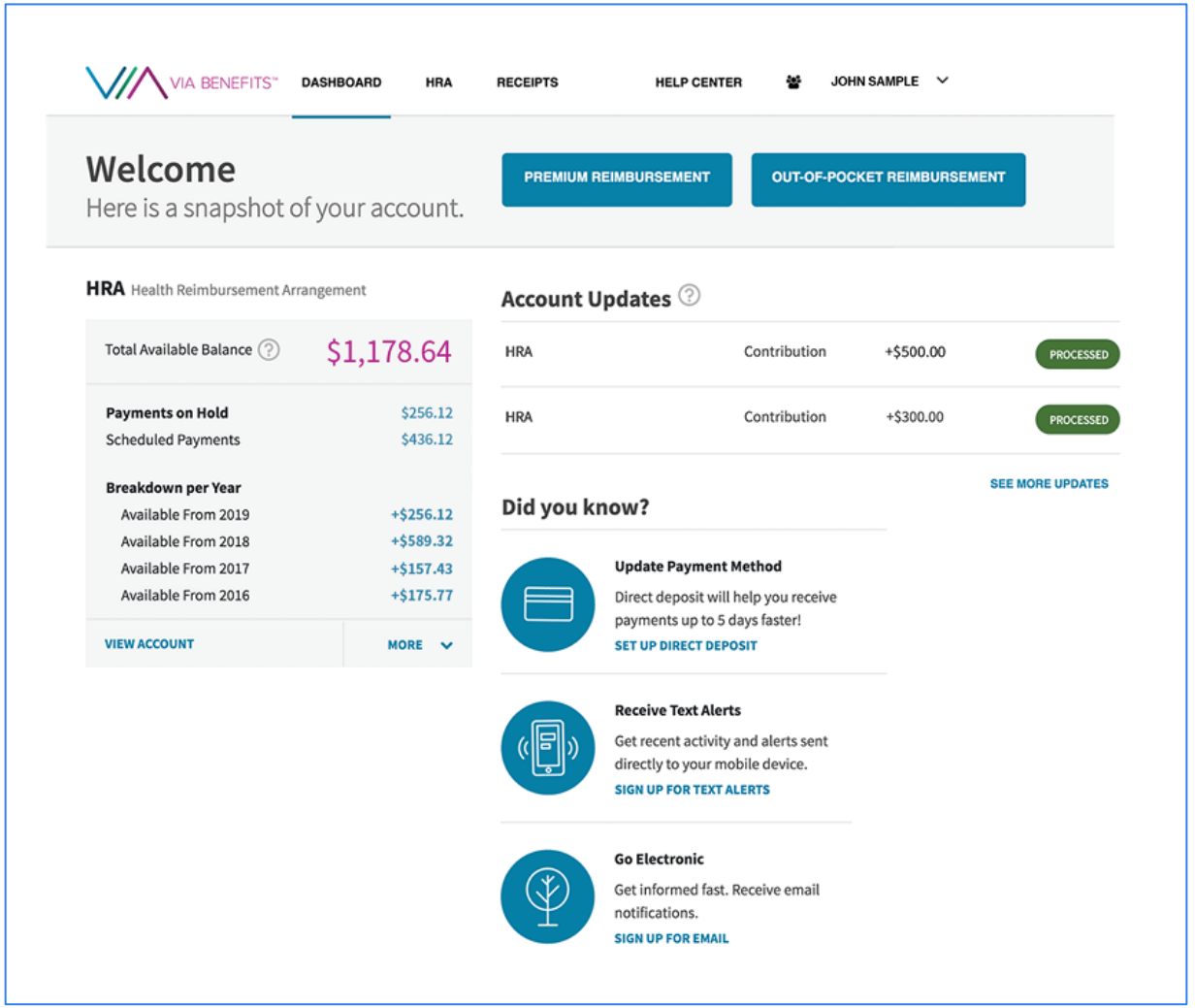
Maximize the HRA Online

Sign in, Set Up, and Automate

- With the Via Benefits Web site participants can:
- Set up Direct Deposit
- Automate reimbursements
- Go paperless
- Submit reimbursement requests

my.viabenefits.com/PEBP

Managing the HRA using our website is fast, safe, and secure, and up to 10 days faster than mail



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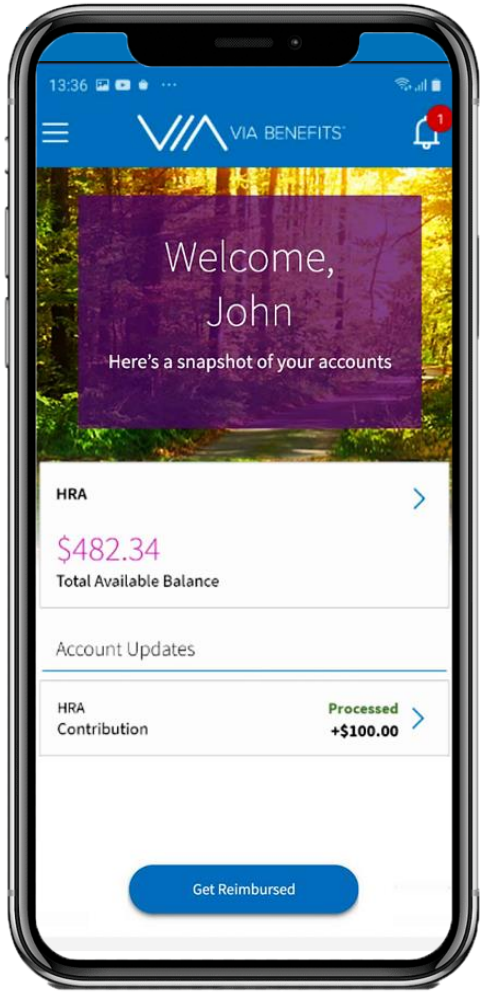
Via Benefits Accounts Mobile App

HRA Management on the go

With the mobile app participants can:

- Check reimbursement status
- Check available balance
- Submit new reimbursement requests
- Take a picture and attach documents to the reimbursement requests

Available for iOS and Android



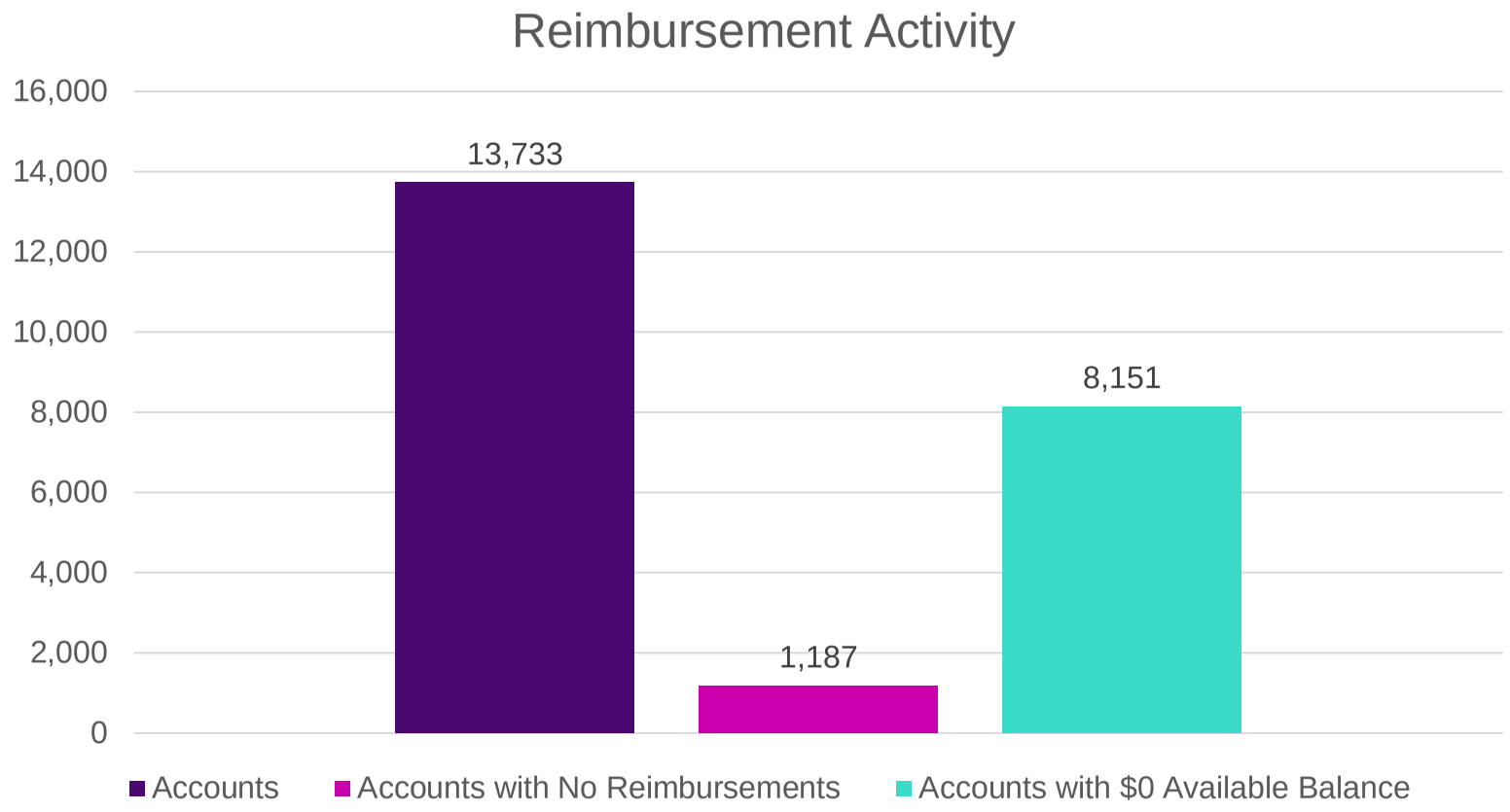
Download on the App Store

GET IT ON Google Play

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2024 Funding Account Activity

Total Reimbursements Paid 2024	**$33,364,924**
Total Reimbursements Paid 2023	$33,124,695



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2024 Funding Account Activity – Direct Deposit

Direct Deposit Activity	2024	2023	2022
Accounts	13,733	13,729	13,796
Accounts with direct deposit as of 12/31	10,447	10,278	10,072
% Accounts with direct deposit as of 12/31	76%	75%	73%

Advantages of Requiring Direct Deposit



Lower risk of account fraud



No stolen checks



1-3 days to receive reimbursement

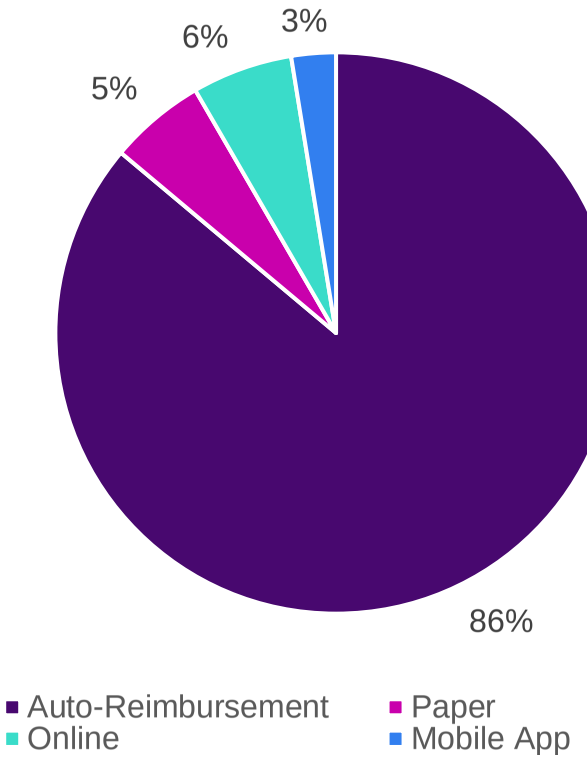


No stale checks

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2024 Funding Account Activity – Claims Source

Submission Source	2024 Number of Claims	2023 Number of Claims
Auto-reimbursement	409,067	414,162
Paper	26,297	32,409
Online	27,536	29,390
Mobile App	12,188	11,425
Total	**475,088**	**487,386**



Fax Decommission:

Effective 1/1/2025, the fax method for claim submission is no longer available.

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Thank You!

VIA BENEFITS®



11.

11. Diabetes Pilot Program Presentation. (Chris Syverson, Nevada Health Partners) (Information/Discussion)

Nevada Business Group on Health
State of Nevada
DPP/DSMES
Grant

Pilot Program for Public Employees Benefit Program

Nevada Business Group on Health (NVBGH)
Nevada Health Partners (NHP)

NVBGH is a partnership between public and private sectors formed to provide quality and cost-effective health care for the mutual benefit of employers, employees and families.

Two Organizations – both non-profit

NVBGH – Focus on Data, Community Health, Education

NHP – Contracting

Direct Hospital – 60%+ Discount Rates

Direct Ancillary Services (ACS, EAP, Dental) – 57%+Discount Rates

Direct Pharmacy, EAP, Dental

DPP

National Diabetes Prevention Program

This is a public-private partnership of community organizations, private insurers, health care organizations, employers, and government agencies. Partners work to establish local evidence-based lifestyle change programs for people at high risk for type 2 diabetes.

What is National DPP?

Overview:

Evidence-based lifestyle change program for preventing Type 2 diabetes.

Year-long program focused on long-term changes.

Sessions are weekly for 6 months and then monthly for 6 months.

Participants make real lifestyle changes.

Participants meet with a trained lifestyle coach and a small group of people who are also making lifestyle changes to prevent diabetes.

This proven program cut participants' risk of developing Type 2 diabetes by 50%.

National DPP

Learning objectives for participants:

- Eating healthy
- Exercising
- Managing stress
- Navigating challenges and how to get back on track when derailed
- Setting goals
- Tracking diet and exercise
- Staying motivated



National DPP

Delivery methods:

In-person

- Face-to-face with group members and the lifestyle coach.

Online

- 100% online delivery of sessions with multiple opportunities for live lifestyle coach interaction.

Distance Learning

- Delivered by Lifestyle Coaches via remote classroom or telehealth.

Combination

- A combination of any of the previously defined delivery modes.

Diabetes Self-Management Education and Support (DSMES) Programs



DSMES

Diabetes Self-Management Education and Support (DSMES)

Diabetes self-management education and support (DSMES) provides an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities. DSMES is a cost-effective tool proven to help improve health behaviors and health outcomes for people with diabetes.

DSMES Program

Overview:

- Evidence-based educational program to reduce symptoms and improve quality of life.
- A 6-week group program for people with type 2 diabetes.
- Sessions are 2.5 hours per week for 6 weeks.
- Participants meet with trained leaders, at lease one of whom has a chronic condition, and a small group of people who are also diagnosed with diabetes.

PEBP – Exposure
Why is this program important?

- Data provided from the PEBP Third Party Administrator showed that within PEBP, there are approximately:
  - 3500 With Type 2 Diabetes or Pre-Diabetes

In addition, CDC statistics show that 8 out of 10 adults have pre-diabetes and do not know it.

Nevada Business Group on Health Program

Overview:

- CDC/State of Nevada Grant Received to bring employers to the table to consider coverage of DPP and DSMES in their benefit program
- NVBGH has partnered with several agencies to provide a 'pilot' program to employers to determine if the program is successful – **At No Cost to Employers**
- Confidentiality of Member date preserved
- Reporting out at a group level only
- Very little additional work-load to the agency

Sanford Center for Aging

- Part of the UNR School of Medicine
- Our mission is to enhance the quality of life and well-being among elders through education, translational research and community outreach.



Sanford Center for Aging Diabetes Programs

- Diabetes Self-Management Program
  - Offered since 2012
  - Virtual via Zoom and in-person in Reno/Sparks area
  - Ten active facilitators
  - Offered in English and Spanish
- Diabetes Prevention Program
  - Offered since 2019
  - Fully recognized site for in-person and distance learning delivery modes
  - Five active lifestyle coaches
  - Offered in English and Spanish

Dignity Health St. Rose Dominican

Dignity Health-St. Rose Dominican, part of *CommonSpirit* Health, is the only not-for-profit, faith based hospital system in Southern Nevada.

Our Mission: As *CommonSpirit* Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision: A healthier future for all, inspired by faith, driven by innovation, and powered by our humanity.

Dignity Health offers various community health programs among 7 wellness centers in the Las Vegas and Henderson areas.



Dignity Health
St. Rose Dominican

Hello humankindness®

Dignity Health
St. Rose Diabetes Programs

- **Diabetes Self-Management Program (DSMP)**
  - Local in Person Classes within the Las Vegas/ Henderson valley
  - Statewide Virtual Classes
  - 9 active facilitators
  - Classes available in English and Spanish
  - Our organization houses two master trainers to new train DSMP facilitators
- **Diabetes Prevention Program (DPP)**
  - Local in Person Classes within the Las Vegas/ Henderson valley
  - Statewide Virtual Classes
  - Fully recognized site for in-person and distance learning delivery modes
  - 6 active lifestyle coaches
  - Classes available in English and Spanish
  - Our organization houses the only master trainer in the state of Nevada to train DPP lifestyle coaches

Scope of Work

Baseline Narrative: To Coordinate and deliver Diabetes Prevention Program and Diabetes Self Management Program to State of Nevada employees as enrolled.						
Expected Outcomes: Marketing materials, enrollment, delivery and assessment of DPP and DSMP.						
Strategy 1. Develop Marketing materials for DPP and DSMP **Responsible person(s)**						
Objective	Activities	Outputs	Timeline Begin / Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
1.1: Deliver Marketing materials for each program and specific to each program provider	1.1.1: Deliver Marketing materials for each program and specific to each program provider	Presentation Materials	7/1/23 to 10/31/23	PEBP Personnel	Marketing Materials	Complete
	1.1.2: Determine with the State the best method of delivery for materials	Method of delivery identified	7/1/23 t0 10/31/23	PEBP Personnel	Delivery Methods	Complete
1.2: Identify potential candidates for classes	1.2.1: Work with State of Nevada Third Party Administrator and State staff to identify potential candidates and method of delivery	Listing of potential candidates and preferred delivery method	7/1/23 to 10/31/23	TPA/PEBP Personnel	Complete and workable listing	Complete

Scope of Work

1.3: Communication of Program to potential candidates	**1.3.1: Send materials to potential candidates**	**Send out materials**	**10/21/23 to 11/30/23**	**PEBP Participants**	**Communications Complete**	**Complete**
1.4: Enrollment	1.4.1: Enroll participants in appropriate class for location and availability	Work with class providers to facilitate enrollment and communications	11/1/23 to 7/1/24	PEBP Participants	Participant Enrollment	Complete
1.5 Conduct DPP and DSMP Classes	1.5.1 Hold up to 8 DPP and 6 DSMP classes dependent on enrollment		1/1/23 to 7/1/24	PEBP Participants	Program Completion	7 DPP and 9 DSMP Held
1.6 Analyze success of program	1.6 Provide statistical and anecdotal feedback on program to State of Nevada		Following each class	PEBP Participants	DPP measures – weight loss, attendance, success of class, exercise increase	Complete

By the Numbers



- Number of PEPB Participants identified as Type 2 Diabetic, or Pre-Diabetic - 3478
- Number of Individual Direct Mail Pieces Sent – 3478
- Number of individuals expressing an interest in DPP or DSMP Classes
- (all employers, est PEBP 90%)
  - 220 (PEBP 198)
- Number Enrolled:
  - DPP 47 (PEBP 42)
  - DSMP 110 (PEBP 99)
- Number Completed
  - DPP 42 (in process)
  - DSMP 74 (PEBP 66)



Estimated Savings

- Dollars Spent by Employer on Program
  - ZERO
- Potential Savings to Plan by addressing Type 2 Diabetes:
  - $10,000 average savings per year, per participant upon completion of DPP
    - Programs completed - (26 Participants – potential of $260,000 savings)
    - 73 additional currently registered

    (if 25% complete – 18, potential of $180,500 savings
  - $800-$1,700 per year, per participant upon completion of DSMP
    - 66 participants completed
    - 66 X $1,250 (average) = $82,500 savings year one

Thank You!

Questions?

12.

12. Public Comment.

13.

13. Adjournment.