



State of Nevada Public Employees' Benefits Program

May 2026 Board Meeting

Overview of current programs and ecosystem



Obesity Care Management Program

Customized disease management solution developed for PEBP



Diabetes Care Management Program

Customized disease management solution developed for PEBP



Real Appeal

Weight management solution (UMR program)



Diabetes (DSMP) Program

Administered by Nevada Health Partners



Diabetic Care Value Program

Administered by Express Scripts



Doctor on Demand

Telehealth services (UMR program)



2nd MD

Second opinion (UMR program)



Integrated case management

Prior authorization, Inpatient Case Management, Outpatient Case Management, Access Center, Transplant Case Management, Total Population Health



Payment Integrity

(UMR program)



Medical Rx Advisor

Effective July 1st (UMR program)



Hinge Health

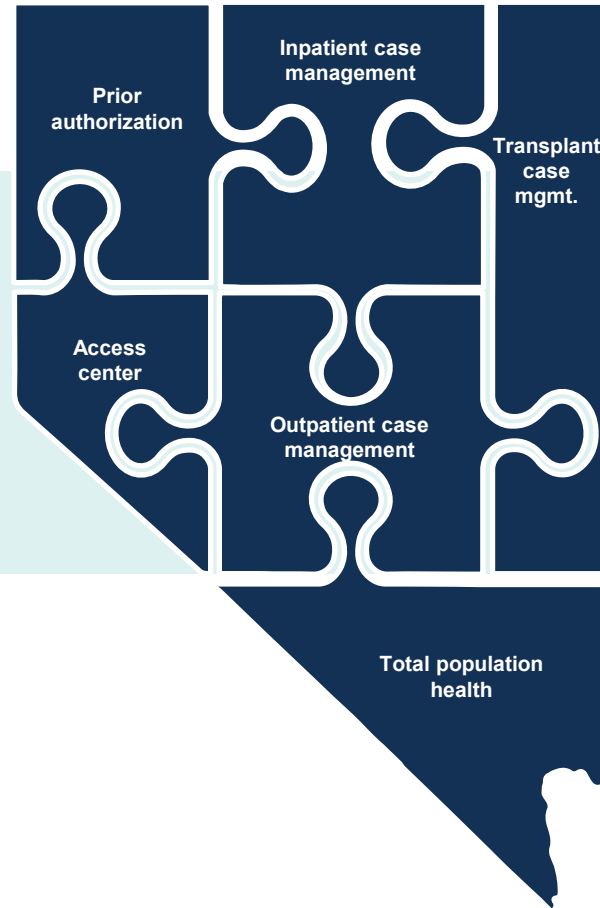
Digital health program designed to treat and prevent MSK pain (ESI direct agreement)



Carrum Health

Cancer Concierge Program, COEs for orthopedic, cardiac surgery, bariatric surgery

Engagement through integrated clinical solutions



Inpatient care management	Complex case management	NICU	Social worker
<ul style="list-style-type: none"> • Ensure patients receive quality medical care in the most appropriate setting and refer to appropriate quality outpatient programs. • Provide case management coverage seven days per week with weekend staff onsite at high census hospitals • Patient assessment of all major domains using evidence-based criteria (physical, functional, financial and psychosocial) • Develop individualized discharge plans that involve all stakeholders including the patient and caregiver goals for successful transitions of care • Implement discharge plan involving health care resources across the continuum and maximize members benefits within their plan guidelines • Monitor and report variances that may challenge timely quality 	<ul style="list-style-type: none"> • Complex Case Management (CCM) Team provides coordination of care and services to members who have experienced a critical event or diagnosis that requires the extensive use of resources. • The case manager works in collaboration with members, providers and key stakeholders in coordinating healthcare services and referrals. • Encourage self-management of care • Increase customer satisfaction to support Net Promoter Score (NPS) • Decrease admissions and readmissions for all lines of business • Single point of contact for complex patients • Increase engagement with PCPs and members 	<ul style="list-style-type: none"> • NICU is managed locally with no delegations to NRS • NICU RNs provide case management which includes level of care bed day coding to ensure appropriate length of stay • Perform onsite visits (one day per week / assigned hospitals) • Provide resource information and coordinate discharge planning • Arrange delivery of DME and services that include, but not limited to: <ul style="list-style-type: none"> – Private duty nursing – Home health visits 	<ul style="list-style-type: none"> • Provides services to members for any diagnosis that may benefit from the following • Financial needs: disability resource information; utility assistance/rental assistance; emergency assistance; employment resources; co-pay/prescription assistance program • Housing needs: emergency shelter resources; weatherization/home modification resources; transitional housing resources • Food needs: food assistance resources; food pantry resources • Other needs: domestic violence assistance resources; infant supply resources; caregiver resources; clothing resources; cancer/disease specific resources; legal resources; veteran's resources

SHO Case Management Dashboard

Activity Summary & Participation by Program (7/1/2025 – 3/31/2026)



Utilization Management	SHO Utilization Management		SHO Utilization Management \$ Savings	
		<u>FY</u>		<u>FY</u>
	➤ Services Reviewed	37,523	➤ Services Avoided	994
	➤ % Cases Completed Within 5 Days	66.0%	➤ Denial Rate	2.6%
			➤ Savings From Avoided Services & Site of Service Review	\$902,575

Case Management	Outpatient Case Management		Inpatient Case Management	
		<u>FY</u>		<u>FY</u>
	➤ Outpatient Cases Open	2,276	➤ IP Cases Opened	1,474
	➤ Outpatient Cases Managed	1,373	➤ Saved IP Bed Days	506
	➤ Acceptance Rate	60.3%	➤ Savings From Avoided Bed Days	\$2,940,936

Telephone Advice Nurse	TAN Utilization	
		<u>FY</u>
	➤ Total Calls	392
	➤ Top Call Outcomes:	
	PCP	77
	Self-Care/Home Care	26
	Urgent Care	87
	ER Diversions	190
	Call 911/ER	17
	➤ Total Savings (ER Diversions):	\$590,139

Combined Activity		<u>FY</u>	All Programs
▶	Avoided Service and SOS Savings		
▶	IP Savings	\$2.94M	
▶	ER Diversion	\$590K	
Total Savings:		\$4.43M	
Savings PEPM		\$16.50	
Savings PMPM		\$9.37	



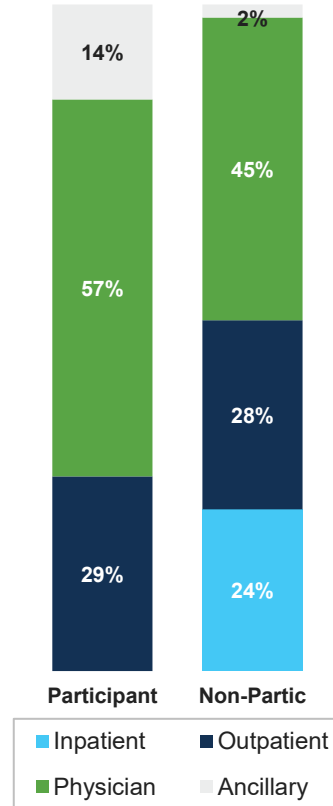
Diabetes Care Management

Financial & utilization summary

Financial summary

Financial measure	Participants	Non-partic.	Variance
Average enrollment			
Employees	13	2,788	-99.5%
Tot. Members	18	3,470	-99.5%
Emp to total ratio	1.4	1.2	11.2%
Financial summary			
Allowed	\$51,310	\$28,142,302	-99.8%
Plan paid	\$32,581	\$22,024,358	-99.9%
Member Paid (OOP)	\$18,729	\$4,157,281	-99.5%
Paid PEPY*	\$3,339	\$10,523	-68.3%
Paid PMPY*	\$2,411	\$8,455	-71.5%
Paid PEPM	\$278	\$877	-68.3%
Paid PMPM	\$201	\$705	-71.5%
High-cost claimants (Med paid \$100,000+)			
# of HCCs	0	32	-100.0%
HCCs per 1000	0.0	9.2	-100.0%
Paid per HCC	\$0	\$183,398	-
HCC paid % of tot	0.0%	26.6%	-26.6 pts
Cost distribution by claim type (Paid PMPY*)			
Inpatient	\$0	\$2,051	-100.0%
Outpatient	\$704	\$2,399	-70.7%
Physician	\$1,364	\$3,840	-64.5%
Ancillary	\$344	\$165	108.3%

Cost distribution by claim type



Utilization summary

Utilization measure	Participants	Non-partic.	Variance
Inpatient admissions			
# of admits	0	201	-100.0%
# of admit days	0	1,095	-100.0%
paid per admit	\$0	\$31,510	-
paid per admit day	\$0	\$5,784	-
Admits per 1000	0.0	77.2	-100.0%
Average LOS	0.0	5.4	-
Emergency room visits			
# of ER visits	1	796	-99.9%
~ % resulting in admit	0.0%	17.5%	-17.5 pts
ER visits per patient	1.0	1.5	-32.3%
ER visits per 1000	74.0	305.6	-75.8%
Paid per ER visit	\$3,218	\$3,351	-4.0%
Urgent care visits			
# Of UC visits	2	900	-99.8%
UC visits per patient	1.0	1.5	-32.7%
UC visits per 1000	148.0	345.5	-57.2%
Paid per UC visit	\$104	\$99	5.0%
Office visits			
Off visits per patient	3.1	6.0	-48.2%
Paid per office visit	\$57	\$91	-37.3%
Office visits paid PMPY	\$224	\$677	-67.0%
Services			
Radiology svcs per 1000	1,406.1	7,010.7	-79.9%
Radiology paid PMPY	\$243	\$627	-61.3%
Lab services per 1000	15,171.3	19,898.4	-23.8%
Labs paid PMPY	\$151	\$418	-63.9%

* Annualized

Non-participants are defined as members identified with diabetes in the prior 12 months (4/1/2025 - 3/31/2026), but who are not enrolled in the Diabetes Care Management program

Claims date range: service dates 7/1/2025 - 3/31/2026, Paid through 3/31/2026

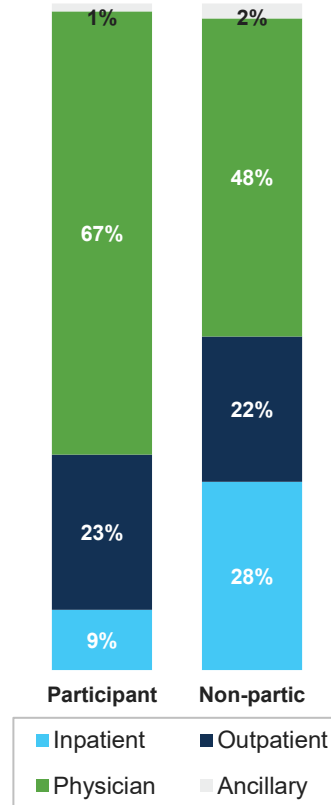
Obesity Care Management

Financial & utilization summary

Financial summary

Financial measure	Participants	Non-Partic.	Variance
Average enrollment			
Employees	295	521	-43.4%
Tot. members	334	607	-45.0%
Emp to total ratio	1.1	1.2	-2.8%
Financial summary			
Allowed	\$1,969,880	\$5,738,544	-65.7%
Plan paid	\$1,520,778	\$4,917,976	-69.1%
Member paid (OOP)	\$273,793	\$787,739	-65.2%
Paid PEPY*	\$6,867	\$12,575	-45.4%
Paid PMPY*	\$6,065	\$10,793	-43.8%
Paid PEPM	\$572	\$1,048	-45.4%
Paid PMPM	\$505	\$899	-43.8%
High-cost claimants (med paid \$100,000+)			
# Of HCCs	1	5	-80.0%
Hccs per 1000	3.0	8.2	-63.7%
Paid per HCC	\$159,786	\$309,029	-48.3%
HCC paid % of tot	10.5%	31.4%	-20.9 pts
Cost distribution by claim type (paid PMPY*)			
Inpatient	\$547	\$3,050	-82.1%
Outpatient	\$1,412	\$2,352	-40.0%
Physician	\$4,034	\$5,148	-21.6%
Ancillary	\$72	\$242	-70.2%

Cost distribution by claim type



Utilization summary

Utilization measure	Participants	Non-partic.	Variance
Inpatient admissions			
# of admits	10	47	-78.7%
# of admit days	41	303	-86.5%
Paid per admit	\$16,201	\$34,765	-53.4%
Paid per admit day	\$3,951	\$5,393	-26.7%
Admits per 1000	39.9	103.1	-61.3%
Average LOS	4.1	6.4	-36.4%
Emergency room visits			
# of ER visits	47	152	-69.1%
~ % Resulting in admit	10.6%	14.5%	-3.8 pts
ER visits per patient	1.3	1.5	-13.1%
ER visits per 1000	187.5	333.6	-43.8%
Paid per ER visit	\$4,075	\$3,235	26.0%
Urgent care visits			
# Of UC visits	108	195	-44.6%
UC visits per patient	1.4	1.5	-2.5%
UC visits per 1000	430.7	427.9	0.7%
Paid per UC visit	\$110	\$103	6.0%
Office visits			
Off visits per patient	14.6	6.7	119.2%
Paid per office visit	\$123	\$94	31.0%
Office visits paid PMPY	\$2,386	\$801	197.8%
Services			
Radiology svcs per 1000	5,767.2	5,817.9	-0.9%
Radiology paid PMPY	\$376	\$707	-46.8%
Lab services per 1000	17,325.5	21,364.3	-18.9%
Labs paid PMPY	\$311	\$496	-37.3%

* Annualized

Non-participants are defined as members identified with a morbid obesity condition in the prior 12 months (4/1/2025 - 3/31/2026), but who are not enrolled in the Obesity Care Management program

Claims Date Range: Service Dates 7/1/2025 - 3/31/2026, Paid through 3/31/2026

Real Appeal

Real Appeal is the virtual lifestyle program focused on weight loss through proper nutrition and exercise.

The program is available to all employees enrolled in the medical plan, plus covered spouses and dependents. Participants must be 18 or over, with a body mass index (BMI) of 23 or higher.

Real Appeal is a pay-for-performance program committed to helping people take small steps for larger, long-term results. The model combines live online group sessions, regular accountability, easy access to the desktop or mobile app, and personalized messaging to support participants with all the tools necessary for sustained behavior change.

Real Appeal uses highly interactive virtual coaching to drive small behavior changes. The program is designed to support participants who are overweight or simply wanting to lose weight.



Real Appeal Dashboard

Data through December 2025



2nd MD – Second Opinions



2nd.MD is a market leader in second opinions, offering members virtual consultations with a national network of specialists across all adult and pediatric specialties.

- ✓ Access to trained specialists
- ✓ Independent expert advice before major health events or decisions
- ✓ Specialized team offering personalized member support
- ✓ Comprehensive digital tools across all medical and behavioral health conditions
- ✓ 2nd.MD provides virtual second opinions with outcomes rooted in this solution approach: helping decrease medical and Rx cost trend
- ✓ Data-driven outreach to help identify and impact members in their time of need with virtual second opinions delivered within days, not weeks
- ✓ Independent review: unbiased second opinions from a national network of specialists

2nd MD – Executive Summary

2nd.MD July 2025 -March 2026

Providing convenient virtual access to experts



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Net Promoter Score

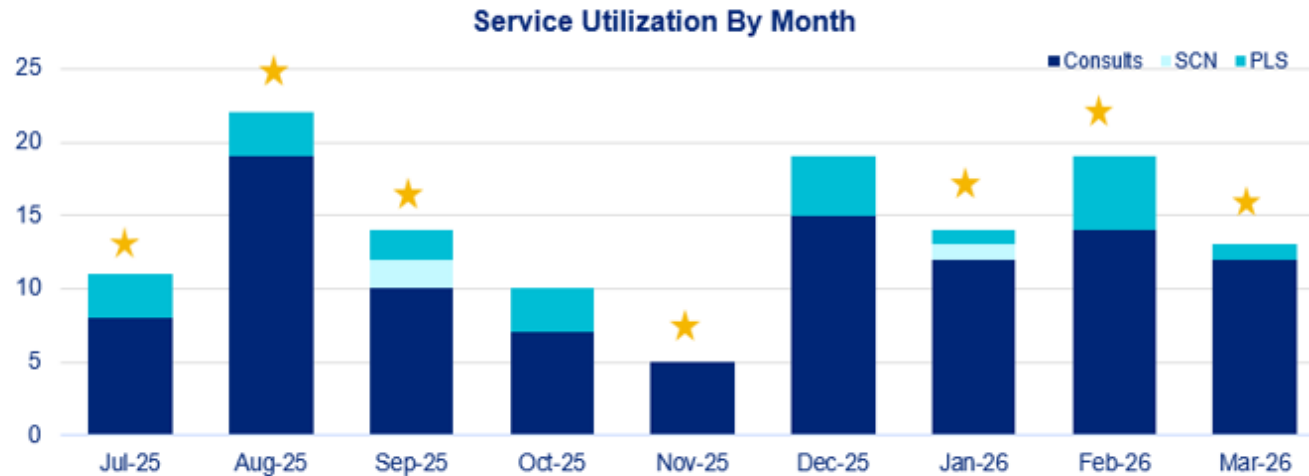
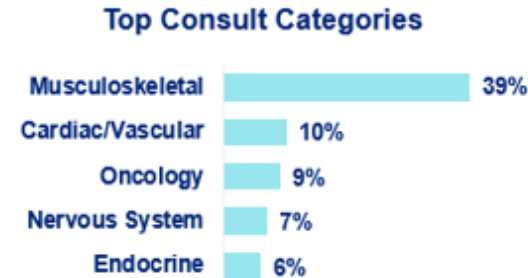
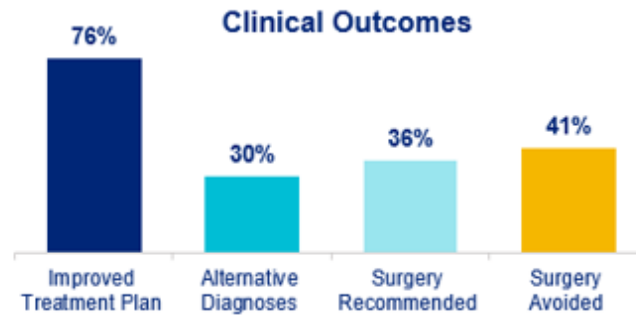
214
Activations

0.68%
Utilization

102
Completed Consults

26
Personalized Local Support (PLS)

3
Specialty Care Navigation (SCN)



★ 2nd.MD Communication



\$426,638
Total Cost Savings

\$21,213
Avg. Savings Per Surgery Avoided

\$4,183
Avg. Savings Per Consult

"It was evident the specialist reviewed all medical records provided. Extremely knowledgeable and thorough with explanations. Very courteous and professional."

– SON PEBP Member

Doctor on Demand Engagement

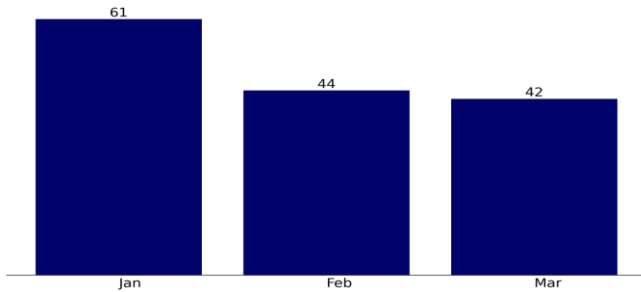


42
Registrations in March 2026

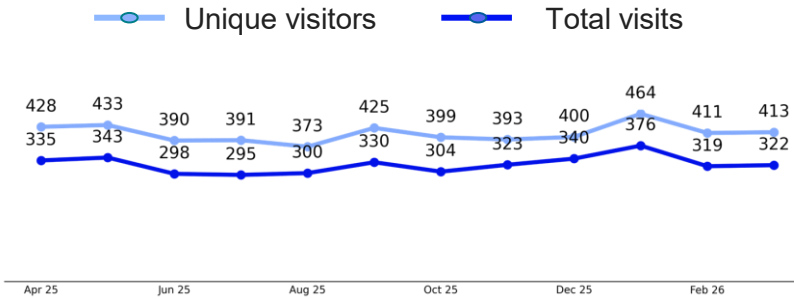
322
Unique visitors in March 2026

413
Total visits in March 2026

New registrations (year to date)



Visits last 12 months



14,173 Registrations Lifetime to date	29% Registration rate Lifetime to date*
147 Registrations Year to date	0.3 Registration rate Year to date*

*Based on 48,935 covered lives

84% of Medical and Psychiatry visits resulted in a prescription order - YTD

2% of Medical visits resulted in a lab order - YTD

28,982 visits Lifetime to date	8,490 unique visitors Lifetime to date	3.4 Avg visits per visitor Lifetime to date	17% Engagement rate (visitors/lives) Lifetime to date
1,288 visits YTD	810 unique visitors YTD	1.6 Avg visits per visitor YTD	2% Engagement rate (visitors/lives) YTD



Plan Performance Observations and Proposed Solutions

	<p>PEBP's medical trend continues to track below benchmark norms.</p>		<p>Behavioral Health – Neurodevelopmental Disorders – new enhanced ABA program in place.</p>
	<p>98.2% of all medical spend dollars were to In Network providers.</p>		<p>MedicalRx Advisor estimated to save ~\$1M annually</p>
	<p>\$13.8M in savings in 2025 from our Payment Integrity Program which identifies potential fraud, waste and abuse</p>		<p>Health Activation Index (HAI) measures decision making across metrics including various services, like preventive, ER, imaging, network, as well as Evidence Based Medicine metrics captured in claim utilization.</p>
	<p>Emergency room utilization has increased across all three medical plans. We are partnering with Doctor on Demand to develop an ER avoidance flyer for distribution and the PEBP website.</p>		<p>Medicine on the Move is our mobile clinic initiative created to improve access to preventive care for employees. The clinic travels throughout Nevada, focusing on communities with limited transportation access. This model could be an effective solution for PEBP, particularly in rural areas.</p>