# New Mexico Public Schools Insurance Authority



# **Board of Directors Meeting October 6, 2022**



## **New Mexico Public Schools Insurance Authority**

#### **Board of Directors Meeting**

**Board of Directors** 

Al Park, President, Governor Appointee Chris Parrino, Vice President, NM Association of School Business Officials Trish Ruiz, Secretary, Educational Entities at Large Denise Balderas, Governor Appointee Tim Crone, American Federation of Teachers NM Travis Dempsey, NM Superintendents Association Pauline Jaramillo, NM School Boards Association Bethany Jarrell, National Education Association - New Mexico K.T. Manis, Public Education Commission David Martinez, Jr., National Education Association - New Mexico Sammy J. Quintana, Governor Appointee

#### In-Person & Virtual

In-Person: Poms & Associates 201 3rd Street, Suite 1400 Albuquerque, New Mexico 87102

Virtual: Please join my meeting from your computer, tablet or smartphone. <u>https://meet.goto.com/192738677</u>

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#### Thursday, October 06, 2022 9:00 a.m.

#### <u>Agenda</u>

<u>Draft</u>

1.	Call to Order	A. Park
2.	Roll Call	K. Jones
3.	Introduction of Guests	P. Sandoval
4.	Citizens to Address the Board (Five-Minute Limit)	A. Park
5.	Approval of Agenda (Action Item)	A. Park

6.	Approval of September 8, 2022 Minutes (Action Item)	A. Park
7.	Administrative Matters	
	A. Out-of-State Travel Request to Attend 2022 National Comp Conference October 19-21, 2022 – Las Vegas, NV (Action Item)	P. Sandoval
	B. Staff Update	P. Sandoval
	C. Legislative Update	P. Sandoval
	D. RFP Update	P. Sandoval
	E. COVID-19 Update	M. Quintana
	F. IBAC Update	M. Quintana
8.	Financial Matters	
	A. Financial Reports - July 2022 (Action Item)	M. Quintana
	B. Budget Adjustment Request - Category Transfer (Action Item)	P. Sandoval
	C. FY2022 Audit Update	P. Sandoval
9.	Benefits Matters	
	A. Express Scripts, Inc. Pharmacy Benefits Audit (Action Item)	A. Merrick
	B. Employee Benefits Fund Actuarial Analysis June 30, 2022 (Action Item)	M. Krumholtz
	C. Cigna Annual Report	D. Warner
	D. Presbyterian Annual Report	S. Valdez
	E. Standard Annual Report	J. Oswald
	F. United Concordia Dental Annual Report	S. Anthony
	G. Vera Whole Health Presentation	P. Fredrick
10.	Risk Matters	
	A. TPA Reports	
	1. Property & Liability Monthly Claims Report	S. Vanetsky
	2. Property & Liability Large Losses	S. Vanetsky
	3. Workers' Compensation Monthly Claims Report	J. Mayo
	4. Workers' Compensation Large Losses	J. Mayo
	B. Loss Prevention Update	J. Garcia / L. Vigil
11.	General Discussion	A. Park
12.	Next Meeting Date and Location: Thursday, November 3, 2022 (Action Item)	A. Park
	Location: Poms & Associates, 201 3rd Street, Suite 1400 and a virtual option	
13.	Adjournment (Action Item)	A. Park

#### NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY BOARD OF DIRECTORS MEETING MINUTES

#### In-Person: Poms & Associates 201 3rd Street, Suite 1400 Albuquerque, NM 87102

#### Virtual: https://meet.goto.com/525744757

Dial in +1 (646) 749-3122 Access Code: 525-744-757

#### Thursday, September 08, 2022

DRAFT

#### 1. Call to Order

Mr. Al Park, NMPSIA Board President, called the NMPSIA Board Meeting to order at 9:09 a.m. on Thursday, September 8, 2022.

#### 2. Roll Call

Ms. Kaylei Jones called roll.

#### **Board Members Present:**

Al Park, President	In-Person
Chris Parrino, Vice President	In-Person
Trish Ruiz, Secretary	Virtual
Tim Crone	In-Person
Bethany Jarrell	In-Person
K.T. Manis	Virtual
David Martinez, Jr.	Virtual
Sammy Quintana	In-Person

#### **Board Members Absent:**

Denise Balderas Travis Dempsey Pauline Jaramillo

#### **NMPSIA Staff Members Present:**

Patrick Sandoval, Executive Director	In-Person
Martha Quintana, Deputy Director	In-Person
Claudette Roybal, Risk Program Coordinator	Virtual
Dion Romero, Accountant/ Auditor	Virtual
Kaylei Jones, Benefits Program Coordinator	In-Person
Natasha Ortiz, Financial Specialist	Virtual

Audience Present:	
Lisa Guevara	BCBSNM
Kevin Sovereign	CCMSI
Steve Vanetsky	CCMSI
Jerry Mayo	CCMSI
Rich Cangiolosi	CCMSI
Louise Carpenter	CCMSI
Daniel Warner	Cigna
Sam Garcia	Davis Vision
Cathy Fenner	Davis Vision
Rich Bolstad	Delta Dental
Kathy Payanes	Erisa Administrative Services
Amy Bonal	Erisa Administrative Services
Emma Reed	Erisa Administrative Services
CS Hwa	Erisa Administrative Services
Mike Barrios	Erisa Administrative Services
Michelle Alarid	Erisa Administrative Services
Martin Esquivel	Esquivel & Howington
Tim Farley	Farley Consulting Services
Joseph Simon	Legislative Finance Committee
Larry Morrissey	Marathon Health
Ellen Clark	PFM
Matt Smith	PFM
Arron Hillebrandt	Pinnacle
Matt Meade	Pinnacle
David Poms	Poms & Associates
Julie Garcia	Poms & Associates
Grant Banash	Poms & Associates
Kevin McDonald	Poms & Associates
Tamie Pargas	Poms & Associates
Karen Mestas-Harris	Poms & Associates
Larry Vigil	Poms & Associates
Steve Valdez	Presbyterian Health Plan
Emily Varner	Presbyterian TSG
Nura Patani	Segal
Melissa Krumholz	Segal
Greg Archuleta	The Standard
Stephanie Anthony	United Concordia

#### In-Person In-Person In-Person In-Person Virtual In-Person Virtual In-Person In-Person Virtual In-Person Virtual Virtual Virtual Virtual Virtual In-Person In-Person Virtual In-Person Virtual Virtual In-Person In-Person Virtual In-Person Virtual In-Person In-Person In-Person In-Person In-Person Virtual Virtual Virtual Virtual In-Person

#### 3. Introduction of Guests

Mr. Patrick Sandoval, Executive Director NMPSIA introduced Ms. Ellen Clark and Mr. Matt Smith from PFM, Mr. Aaron Hillebrandt and Mr. Matthew Meade from Pinnacle, Mr. Tim Farley from Farley Consulting Services, Dr. Nura Patani, Ms. Amy Dunn, and Ms. Amy Merrick from Segal, Mr. Jason Weeks and Mr. Larry Morrissey from Marathon Health.

#### 4. Citizens to Address the Board (Five-Minute Limit)

There are no citizens to address the Board.

#### 5. Approval of Agenda (Action Item)

Mr. Sandoval proposed to change the agenda to the effect of moving item 9. A. after item 7. D.

MOTION: T. Ruiz

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

#### 6. Approval of Minutes (Action Item)

A. July 21, 2022B. August 4, 02022C. August 16, 2022

A motion was made to approve the July 21st, August 4th and August 16th Minutes as presented.

#### MOTION: C. Parrino

SECONDED: T. Ruiz

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent

Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Abstain
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

#### 7. Administrative Matters

#### 7. A. Staff Update

Mr. Sandoval reported the benefits Coordinator was posted on 7/29/2022 and the advertisement closed on 8/13/2022. Interviews were completed on 8/24/2022 and Ms. Kaylei Jones was promoted from the Benefits Analyst position. The Benefits Analyst position was posted on 8/29/2022 and closes on 9/12/2022. The Risk Coordinator was posted on 8/4/2022 and the advertisement closed on 8/19/2022. Interviews were completed on 8/24/2022 and Ms. Claudette Roybal was promoted from the Chief Procurement Officer Position. The Chief Procurement Officer was posted on 8/25/2022 and closes on 9/8/2022. The Benefits Manager Position was posted on 8/1/2022 and closed on 8/16/2022. We are currently waiting to complete the interviews. Ms. Melissa Rael turned in her resignation effective 9/16/2022. She will be transferring to DFA. We wish her well with her future endeavors.

#### 7. B. COVID-19 Update

Mr. Sandoval reported that staff was waiting to receive all the data for COVID-19 expenses from the carriers so we will bring updated information to the next meeting. The COVID-19 National Public Health Emergency Order ends on October 13, 2022, which consists of payments for services, vaccines and COVID test. At this point it is unknown if the Order will be extended.

#### 7. C. IBAC Update

Ms. Martha Quintana, Deputy Director NMPSIA, reported that the IBAC met on August 10th with a presentation from Vera Whole Health who offers advance primary care models for in person, virtual and possible mobile solutions.

Embold Health also presented offering physician-led health care data analytics with high medical standards to improve healthcare quality, helping doctors understand how they can deliver high quality care consistently. Offering digital tools analyzing providers and medical facilities who provide the best care for the patients and empowering patients with information to stay away from unnecessary or inappropriate care.

#### 7. D. Loss Prevention Committee Update

Mr. Sammy Quintana reported that Ms. Julie Garcia, Poms & Associates, presented her recommendations on sexual abuse and molestation prevention. Ms. Garcia reported on closed and settled cases. There were three SPED cases in the last 10 years. 20 involving coaches of those, 3 individuals were repeat offenders. She also reported 58 closed claims in the last 10 years and 21 open claims. The top sexual molestation needs for schools are: approval of the anonymous reporting system for children. Discussion of an investigator network has been underway. Ms. Garcia shared the importance in providing training for children not only teachers and administrators. Lastly, she expressed the need for training for school legal counsel. She reported a compiled list of six physical needs for school shooters per Mr. Dave Poms; 1. Improve mass communication, 2. Perimeter and interior fencing, 3. Secondary and perimeter building doors, 4. Visitor/ reception management, 5. Interior and exterior windows, and 6. Interior room locks. Mr. Quintana proposed to add this as an action item for a future BAC and Board meeting to discuss enforcement and funding.

#### 8. Financial Matters

#### 8. A. Financial Reports - June 2022 (Action Item)

Ms. Quintana presented the Statement of Revenues and Expenditures for period ending June 30, 2022 for the Employee Benefits Fund. She reported revenue of \$40,737,173.76 and expenses of \$36,152,317.69, which resulted in a gain of \$4,584,856.07 for the month of June.

Ms. Quintana presented the Statement of Revenues and Expenditures for period ending June 30, 2022 for the Risk Fund. She reported revenue of \$6,022,324.40 and expenses of \$8,527,886.69, which resulted in a loss of \$2,505,562.29 for the month of June.

Ms. Quintana presented the Statement of Revenues and Expenditures for period ending June 30, 2022 for the Program Support Fund. She reported revenue of \$118,324.00 and expenses of \$128,430.85 which resulted in a loss of \$10,106.85 for the month of June.

Ms. Quintana presented the Balance Sheet for the Agency for period ending June 30, 2022. Program Support had total assets of \$933,159.42, total liabilities of \$102,889.44 and total fund equity of \$830,269.98. Employee Benefits had total assets of \$49,600,822.79, total liabilities of \$36,547,988.18 and total fund equity of \$13,052,834.61. Risk had total assets of \$97,341,591.48, total liabilities of \$84,921,430.43 and a total fund equity of \$12,420,161.05. Total combined fund equity for the agency was \$26,303,265.64.

A motion was made to approve the Financial Reports for June 2022 as presented.

#### MOTION: B. Jarrell

#### SECONDED: C. Parrino

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

#### 8. B. Board Approved Rebalance & Cash Position in June 2022 - Rescinded (Action Item)

Mr. Matt Smith, PFM, reported on recommendation to rescind rebalancing. While we recommended a cash position during the second quarter, the time it takes the Authority to actually take on and exit a cash position is not ideal. In fact, equities have rallied considerably during this time, resulting in a nice recovery from June lows. At the same time, we don't currently have sufficient confidence in short-term Fixed Income returns to recommend increasing that allocation right now. PFM is comfortable with the current allocation of the two

A motion was made to approve rescinding the Rebalance & Cash Position Approval from June 2022 as presented.

MOTION: C. Parrino

SECONDED: B. Jarrell

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

#### 8. C. Investment Performance Review for the Quarter Ended June 30, 2022 (Action Item)

Mr. Matt Smith, PFM, reported on the Investment Performance Review for Quarter ending June 30, 2022. There are large declines in domestic and international equities, 16.7% down for the quarter in domestic equities and 13.7% down in international equities. Fixed income also down about 4.7% for the quarter and 10.4% for the year.

Mr. Smith reported on the Benefits Fund Performance Review. He reported a balance of \$22,506,004 as of 6/30/2022 which was a 13.16% decline for the quarter performing under the benchmark of 11.89%.

Mr. Smith reported on the Risk Fund Performance Review. He reported a balance of \$17,455,958 as of 6/30/2022 and results were almost identical to the Benefits Fund at 13.19% decline for the quarter performing under the benchmark at 11.89%.

A motion was made to approve the Investment Performance Review for the Quarter Ended June 30, 2022 presented.

MOTION: C. Parrino

SECONDED: B. Jarrell

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

- 9. Risk Matters
- 9. A. Risk Fund Actuarial Analysis as of June 30, 2022 (Action Item)

Mr. Aaron Hillebrandt and Mr. Matthew Meade, Pinnacle, presented on Case Reserve Increase on Property Claims after 6/30/2022, Actual vs. Expected Loss Development, ultimate loss trends, frequency/severity/loss cost trends to include workers compensation and general liability and a summary of results as of 6/30/2022 analysis.

A motion was made to approve the Risk Fund Actuarial Analysis as presented.

MOTION: S. Quintana

SECONDED: B. Jarrell

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

#### 9. B. Workers' Compensation, Property, Liability Claims Audit 2022 (Action Item)

Mr. Tim Farley, Farley Consulting Services, presented the Workers' Compensation & Property/Liability Claims Audit for FY2022. The audit consisted of 100 workers' compensation claims: 65 open indemnity claims and 35 closed indemnity claims. The evaluation of 100 property/liability claims: 70 open claims and 30 closed claims. During the audit, Mr. Farley had interviews and discussions with Mr. Jerry Mayo, Ms. Courtney Barela, Ms. Kimberly Trimble, Mr. Steve Vanetsky, and Mr. Kevin Sovereign. The audit results showed case reserves were accurate and no deficiencies were identified. Diary/Case Closure CCMSI is adhering to industry standards in all but one claim that the employee was deemed to have reached maximum medical improvement status. Five claims exhibited deficiencies in Claim Data Organization and Documentation Clarity, and four lacked clear explanations/calculations of the current outstanding medical reserve. The audit concludes that the established reserves are reasonable. CCMSI's performance in this key area has improved significantly since last year's audit.

A motion was made to approve the Workers' Compensation & Property/Liability Claims Audit 2022 as presented.

MOTION: S. Quintana

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

#### Vote carried unanimously.

#### 9. C. TPA Reports

#### 1. Property & Liability Monthly Claims Report

Mr. Steve Vanetsky, CCMSI, reported on the Property & Liability Monthly Claims Report for the month of June 2022. There were 408 open claims, 57 new claims and 40 claims were closed. Reserves were at \$37,514,685.42 and payments were \$32,325,987.10 for a total of \$69,840,672.52.

#### 2. Property & Liability Large Losses

Mr. Vanetsky reported high costs and large losses for the fiscal year. Mr. Vanetsky reported on hail loss in Las Cruces and Jemez, a lightning strike at Rio Rancho, a sexual assault lawsuit at Taos High School, and an employment claim in Santa Fe that went to trial. CCMSI has implemented internal policies and procedures to expedite and report to excess carriers.

#### 3. Workers' Compensation Monthly Claims Report

Mr. Jerry Mayo, CCMSI, provided the Workers' Compensation Monthly Claims Report for Districts as of June 30, 2022. During the month of June there were 945 open claims, 93 new claims, 32 claims were re-opened, and 140 claims were closed. Reserves were at \$13,962,003.26 and payments were \$48,296,645.97 for a total of \$62,258,649.23.

Mr. Mayo reported on the Workers' Compensation Monthly Claims Report for Charter Schools as of June 30, 2022. During the month of June there were 47 open claims, 2 new claims, 1 reopened claim and 7 claims were closed. Reserves were at \$789,493.43 and payments were \$1,956,530.34 for a total of \$2,746,023.77.

#### 4. Workers' Compensation Large Losses

Mr. Mayo reported there was one claim over \$50,000. A student grabbed a teacher's left elbow which required surgery. The increase for that was a little over \$54,000.

#### 9. D. Loss Prevention Update

Mr. Larry Vigil, Poms & Associates, reported on the Loss Prevention Abatement Report for July 2022. In July there was a 68.01% abatement for non-capital recommendations. There were 314 total recommendations, total non-capital were 297. Corrected non-capital were 202, corrected capital 0 for a total of 202. Corrected recommendations percentage for July was 64.33%. Funding for maintenance and repairs \$100,000 minimum per district through Senate Bill 212. Mr. Vigil is hoping to get a copy of the letter to clarify its inclusion to charter schools as well. Mr. Quintana asked how to inform the schools on this funding opportunity. Mr. Vigil expressed intentions of sending a blast email once the letter is in possession.

#### 10. Benefits Matters

#### 10. A. No Surprises Act Compliance Plan Update - Segal

Ms. Nura Patani, Segal, presented the requirements of the No Surprises Act Compliance Plan. Ms. Patani found that NMPSIA is also subject to the New Mexico Surprise Billing Protection Act. Segal surveyed NMPSIA's current and former vendors to gather information pertaining to compliance with this law. All have provided responses with the exception of Blue Cross Blue Shield. Carriers were asked to report on how claims subject to the law are being paid. Cigna and PHP confirm the claims have been paid according to the state law. Air Ambulance claims are not mandated by state law, but they are supported by the federal No Surprises Act.

The law also mandates prescription drug reporting to be submitted annually to the federal government. Ms. Patani shared that the agency will need to work with the prior PBM, Express Scripts, to collect components of this data which is due by December 2022. Ms. Patani informed the committee of additional requirements that will be effective in 2023. Vendors must make an attestation that "gag clauses" are not present in contracts and NMPSIA must post a balance billing notice on the website. Overall, Ms. Patani reports compliance with these components.

#### 10. B. Express Scripts, Inc. Pharmacy Benefits Audit 7/1/2018-6/30/2020 - Segal

Ms. Patani, reported on the audit summary of the Pharmacy Benefit Services Agreement between ESI and NMPSIA effective July 1, 2018 through June 30, 2020. Segal worked with ESI and did a 100% analysis of all claims for financials and benefit adjudication to ensure it aligned with intent and the contract terms. Total spend financial results error rates are within the industry standard of 3%. ESI did not pass the audit in the categories of AWP Discount Guarantees, Dispensing Fees Guarantees, Minimum Rebate Guarantees and Copay and Coinsurance Application. Segal determined that additional money is due to NMPSIA.

ESI was given an opportunity to respond to this report. ESI maintains their position and did not agree with the findings. Segal determined a total of \$4,590,936 is due to NMPSIA and will be consulting with NMPSIA on next steps. Mr. Parks recommended that we invite ESI to present and explanation for the October meeting.

#### 10. C. Marathon Health

Mr. Larry Morrissey presented for Marathon Health. Marathon Health provides advanced primary care and population health management. Mr. Morrissey shared some of the services that are provided through Marathon Health to help reduce fragmentation between preventative care services, primary care services and wellness services. He explained that they measure success by tracking member engagement, member experience, health improvement and finally, cost savings. Mr. Park asked who the agency would need to partner with to establish this model. Mr. Morrissey recommended that NMPSIA go to market with partners though the IBAC via RFI. Mr. Park said her liked that idea.

#### 11. General Discussion

Mr. Park ask Board members if they wish to switch committees to advise the Chair and staff.

#### 12. Next Meeting Date and Location: Thursday, October 6, 2022 Location: Poms & Associates, 201 3rd Street, Suite 1400 and a virtual option

The next meeting date will be on Thursday, October 6, 2022 at 9:00 a.m. located at Poms & Associates to be offered in-person and virtually.

A motion was made to approve the next meeting date and location as presented.

MOTION: S. Quintana

SECONDED: C. Parrino

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Tim CroneYesTravis DempseyAbsen	Yes
Denise BaldaresAbsenTim CroneYesTravis DempseyAbsenPauline JaramilloAbsenBethany JarrellYesK.T. ManisYes	resident Yes
Tim CroneYesTravis DempseyAbsenPauline JaramilloAbsenBethany JarrellYesK.T. ManisYes	Yes
Travis DempseyAbsenPauline JaramilloAbsenBethany JarrellYesK.T. ManisYes	Absent
Pauline JaramilloAbsenBethany JarrellYesK.T. ManisYes	Yes
Bethany JarrellYesK.T. ManisYes	Absent
K.T. Manis Yes	Absent
	Yes
David Martinez, Jr. Yes	Yes
	Yes
Sammy Quintana Yes	Yes

Vote carried unanimously.

#### 13. Adjournment (Action Item)

A motion was made to Adjourn the meeting at 11:06 a.m.

MOTION: C. Parrino

SECONDED: S. Quintana

A roll call vote was taken.

Ms. Kaylei Jones called roll.

Al Park, President	Yes
Chris Parrino, Vice President	Yes
Trish Ruiz, Secretary	Yes
Denise Baldares	Absent
Tim Crone	Yes
Travis Dempsey	Absent
Pauline Jaramillo	Absent
Bethany Jarrell	Yes
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

Vote carried unanimously.

#### APPROVED:

Mr. Alfred Park, President

CATEGORY TOTALS	34200 NM Public Schools Insurance Authority Based on Single-Year Budget Status Report by Pcode dated 08.05.2022											10/05/22 09:38 AM	
						P632 Progam Sup FY23	port						
		Α	В	C	D	E	F	G	н	I	J	К	L
DESCRIPTION	CATEGORY	FY 22 PRIOR YR ACTUAL EXPENSES	FY23	FY23 BUDGET ADJUSTMENTS	FY23 ADJUSTED BUDGET	FY23 EXPENDED YEAR TO DATE <sup>1</sup>	FY23 ENCUMBRANCES <sup>1</sup>	FY23 PRE- ENCUMBERED	FY23 TOTAL EXPENDED/ OBLIGATED	FY23 BALANCE	FY23 PROJECTED EXPENDITURES TO YEAR END <sup>2</sup>	FY23 PROPOSED BUDGET ADJUSTMENTS	FY23 PROJECTED BALANCE
Personal Services & Employee Benefits	200	0	1,244,400	0	1,244,400	192,389	569	0	192,957	1,051,443	966,555	(8,000)	76,888
Contractual Services	300	0	90,400	0	90,400	5,386	82,057	0	87,443	2,957	9,890	8,000	1,067
Other Operating Costs	400	0	185,300	0	185,300	26,054	66,354	6,450	98,857	86,443	84,310	0	2,133
Other Financing Uses	500	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	1,520,100	0	1,520,100	223,828	148,979	6,450	379,258	1,140,842	1,060,755	0	80,087

<sup>1</sup> These amounts must tie to the SHARE report - Single-Year Budget Status Report By Pcode. Please attach SHARE report.

<sup>2</sup> Agencies must provide a detailed justication by object code of assumptions used for projecting planned expenditures through year end. This should include detailed salary projections (see tab Salary) that State Budget Division can use to verify the agency methodology used in the projection calculations.

NOTES:



Melissa A. Krumholz, FSA, MAAA Vice President, Actuary T 303.714.9937 mkrumholz@segalco.com

September 19, 2022

Mr. Patrick Sandoval Executive Director New Mexico Public Schools Insurance Authority 410 Old Taos Highway Santa Fe, NM 87501

#### Re: Estimate of Health IBNR as of June 30, 2022

**Dear Patrick:** 

Segal has completed its evaluation of Health Reserves for the New Mexico Public Schools Insurance Authority's (NMPSIA's) self-funded program. The reserve is calculated to estimate the outstanding liability for covered services received prior to July 1, 2022, and paid after June 30, 2022. Our estimate of incurred but not reported (IBNR) claims includes unreported claims, reported but unprocessed claims, and claims processed but unpaid by your administrator.

Our estimate does not include any amounts for accounts payable due to claims paid by the administrator prior to July 1, 2022, that had been recorded as paid on or before June 30, 2022, on the lag report produced by the claims administrator. Furthermore, since your financial statements split out actual amounts known to be paid after June 30, 2022, for services that were incurred prior to July 1, 2022, (e.g., recorded as claims payable) from the unknown amounts, those known amounts should be subtracted from the estimated liability we have provided so that the total amount of known and unknown liability remains equal to our total IBNR reserve estimate. The total liability, known runout booked, and remaining IBNR are shown numerically in the enclosed Exhibit I. Total liability for Blue Cross Blue Shield (BCBSNM) Medical, Presbyterian Medical, Cigna Medical, Pharmacy, Delta Dental, and United Concordia Dental are shown graphically in Exhibits III, IV, V, VI, VII, and VIII. A description of our standard calculation methodology, which was employed for our Medical and Dental estimates, is also enclosed.

Our Medical estimates rely upon claims paid through June 30, 2022, as furnished by BCBSNM, Presbyterian Healthcare Services (PHS), and Cigna (Paid claims reported by BCBSNM included Blue Card and any other network access fees associated with accessing participating providers out of state). Our Pharmacy and Dental estimate rely upon claims paid through June 30, 2022, as furnished by Express Scripts, Delta Dental, and United Concordia Dental. We did not audit this data and our review was limited to determining that it appears to be reasonable and acceptable for the projection of outstanding liabilities under the plan. We certify to the best of our knowledge, the data, methods, and assumptions used to develop the estimated liability for IBNR claims are reasonable and are calculated in accordance with generally accepted and consistently applied actuarial principles.

Mr. Patrick Sandoval September 19, 2022 Page 2

In addition, the Coronavirus (COVID-19) pandemic continues to evolve and will likely continue to impact the US economy and health plan claims projections for most Health Plan Sponsors. At this point, the full impact on Health Plan claim costs are uncertain. Unless specifically noted, this current report does not include any adjustments in developing the June 30, 2022, IBNR estimates.

Although our conclusions are based on assumptions and methods that are reasonable for this purpose, actual experience can vary from our estimate, and this difference may be material. This estimate is intended to measure NMPSIA's liability for unpaid claims as of June 30, 2022, and it should not be relied upon for any other purpose.

Our internal proprietary modeling software generates claim lag factors and resulting reserve estimates. Out Health Technical Services unit, comprised of actuaries and programmers, is responsible for the initial development and maintenance of these models. The client team programs the assumptions and the calculation methods, validates the model, and reviews the results under my supervision. We are not aware of any material inconsistencies among the assumptions used in the model and the combination of assumptions used in the model does not produce unreasonable results in the aggregate.

A follow-up study was performed to determine the adequacy of the reserve estimates as of June 30, 2022. The results of this study are shown in Exhibit II. BCBSNM experience reflects adverse large losses and the impact of COVID on related claims as well as the resumed care post-pandemic.

I am a Fellow of the Society of Actuaries, and a Member of the American Academy of Actuaries. I meet the *Qualification Standards for Actuaries Issuing Statements of Opinion in the United States* promulgated by the American Academy of Actuaries and am qualified to render an opinion with regard to loss reserves, actuarial liabilities, and related items.

Sincerely,

Meliss Q. K

Melissa A. Krumholz, FSA, MAAA Vice President, Actuary

Enclosures



#### EXHIBIT I

#### NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

Coverage	% of Prior 12		As of June 30, 2022	2		As of June 30, 2021			
	Months Paid Claims <sup>(4)</sup>	Total IBNR Reserve	Known Runout Booked			Known Runout Booked	Remaining IBNR	to Fund Balance	
BCBSNM Medical <sup>(1)</sup>	9.6%	\$15,070,000	\$2,791,886	\$12,278,114	\$12,781,000	\$1,955,480	\$10,825,520	\$1,452,594	
Presbyterian Medical	12.5%	\$12,244,000	\$6,455,958	\$5,788,042	\$11,280,000	\$1,939,199	\$9,340,801	(\$3,552,759)	
Cigna Medical	18.7%	\$162,000	\$21,109	\$140,891	\$84,000	\$7,315	\$76,685	\$64,206	
Prescription Drug	3.6%	\$2,317,000	\$0	\$2,317,000	\$1,937,000	\$1,236,380	\$700,620	\$1,616,380	
Delta Dental	6.2%	\$126,000	\$67,607	\$58,393	\$62,000	\$32,849	\$29,151	\$29,242	
United Concordia Dental	5.7%	\$667,000	\$244,864	\$422,136	\$878,000	\$277,552	\$600,448	(\$178,312)	
Total IBNR*	9.9%	\$30,586,000	\$9,581,424	\$21,004,576	\$27,022,000	\$5,448,776	\$21,573,224	(\$568,648)	
Administration <sup>(2)</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Margin <sup>(3)</sup> (5% of Total IBNR)	N/A	\$1,529,000	N/A	N/A	\$1,351,000	N/A	N/A	N/A	
Total IBNR with Administration and Margin*	N/A	\$32,115,000	9,581,424	\$22,533,576	\$28,373,000	\$5,448,776	\$22,924,224	(\$390,648)	

\*Figures may not add exactly due to rounding (1) BCBSNM Medical Reserve estimate includes Blue Card access fees.

(2) Administration reserve allows for claims adjustment expenses associated with paying IBNR claims in the event of plan termination.

(3) 5% margin applied to Medical, Prescription Drug, and Dental IBNRs.

(4) Percentages displayed reflect unrounded IBNR estimate as a percentage of claims paid during the twelve months ending June 30, 2022, as provided in claim lag reports.

(5) IBNR Reserve estimate as of June 30, 2021, as reported by Segal on August 31, 2021.

#### EXHIBIT II NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY RUNOUT ANALYSIS STUDY

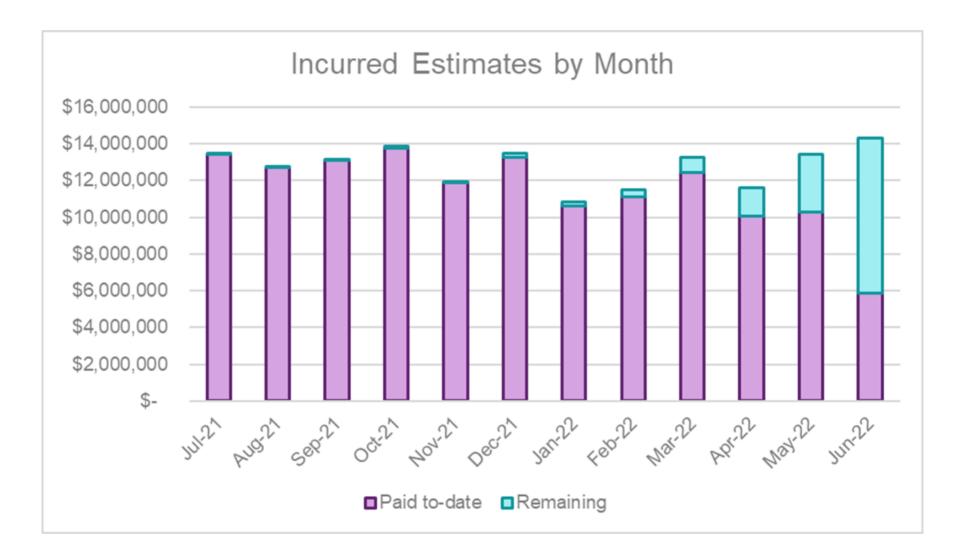
The follow-up study showed that the reserve estimates as of June 30, 2021, was not adequate. The following table shows the results of the study.

Reserve Component	6/30/21 Reserve Estimate <sup>1</sup>	Actual Run-out as of 6/30/22	<i>Remaining Reserve Estimate as of 6/30/22</i>	Restated Reserve Requirement	Excess Reserve	Margin
BCBSNM Medical	\$12,781,000	\$18,205,069	\$1,931	\$18,207,000	(\$5,426,000)	-29.8%
Presbyterian Medical	\$11,280,000	\$15,168,103	\$13,897	\$15,182,000	(\$3,902,000)	-25.7%
Cigna Medical	\$84,000	\$79,115	\$1,885	\$81,000	\$3,000	3.7%
Prescription Drug	\$1,937,000	\$1,378,425	\$23,575	\$1,402,000	\$535,000	38.2%
Delta Dental	\$62,000	\$50,740	\$260	\$51,000	\$11,000	21.6%
United Concordia Dental	\$878,000	\$915,651	\$20,349	\$936,000	(\$58,000)	-6.2%
Total Reserves	\$27,022,000	\$35,797,103	\$61,897	\$35,859,000	(\$8,837,000)	-24.6%

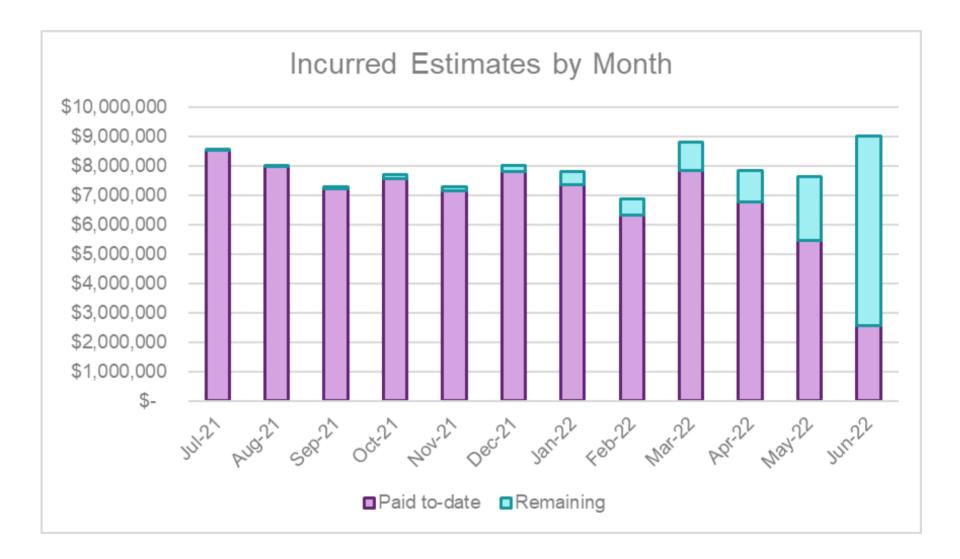
(1) IBNR Reserve estimate as of June 30, 2021, as reported by Segal on August 31, 2021.

This table shows that the overall reserve levels set for medical, prescription drug, and dental claims were less than the actual run out. In combination, the reserve estimates excluding margin were 24.6% less than the actual liability. BCBSNM excess runout was driven by adverse experience as well as COVID-19. Presbyterian was impacted by adverse experience with large late payments associated with claims incurred in July 2020 and March 2021.

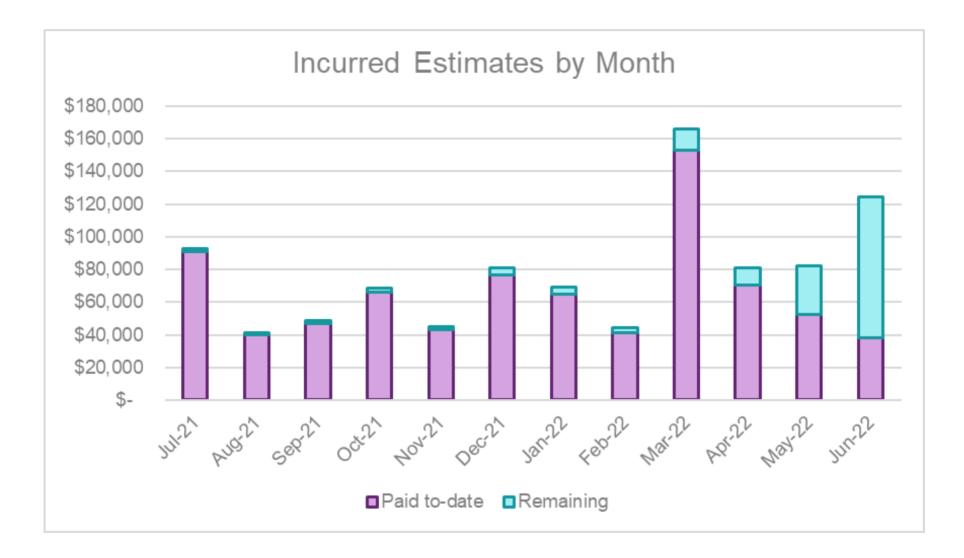
#### EXHIBIT III BCBSNM MEDICAL



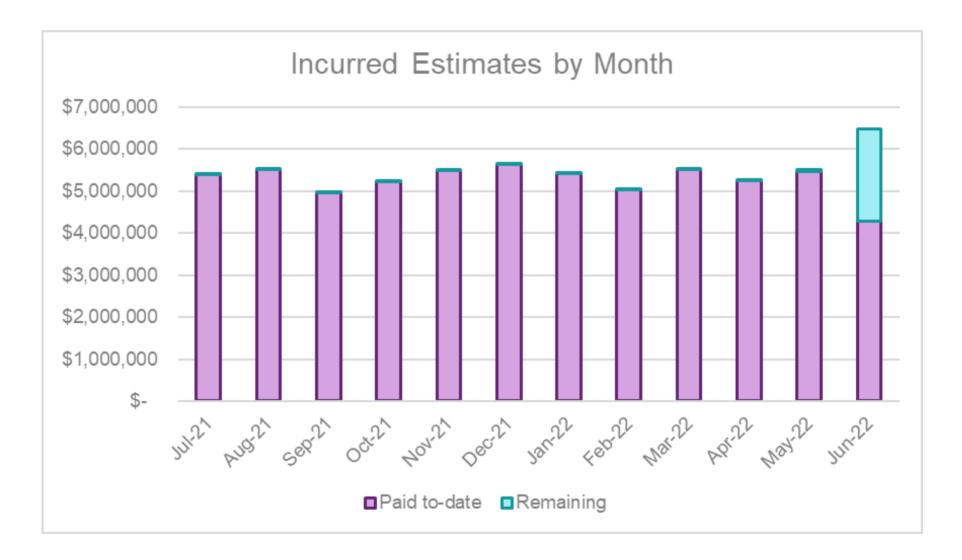
#### EXHIBIT IV PRESBYTERIAN MEDICAL



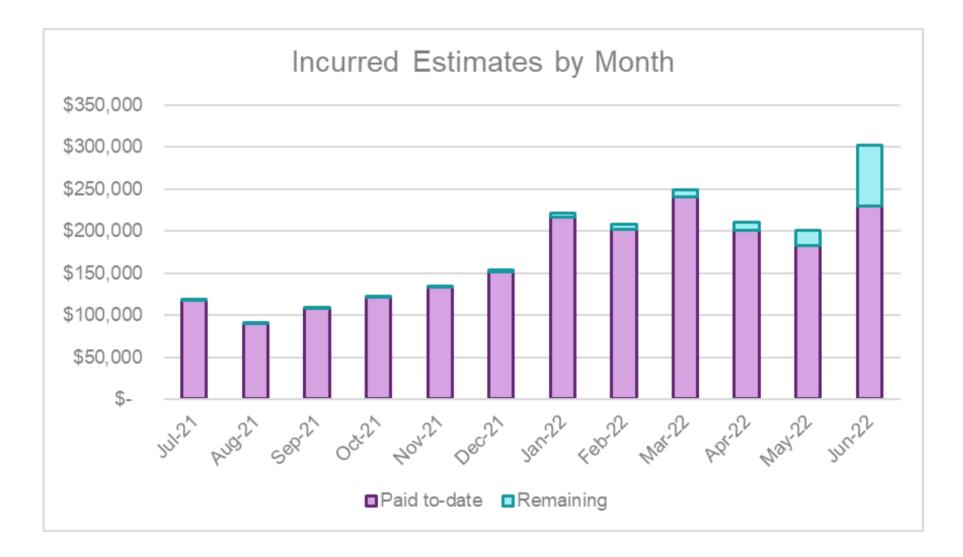
#### EXHIBIT V CIGNA MEDICAL



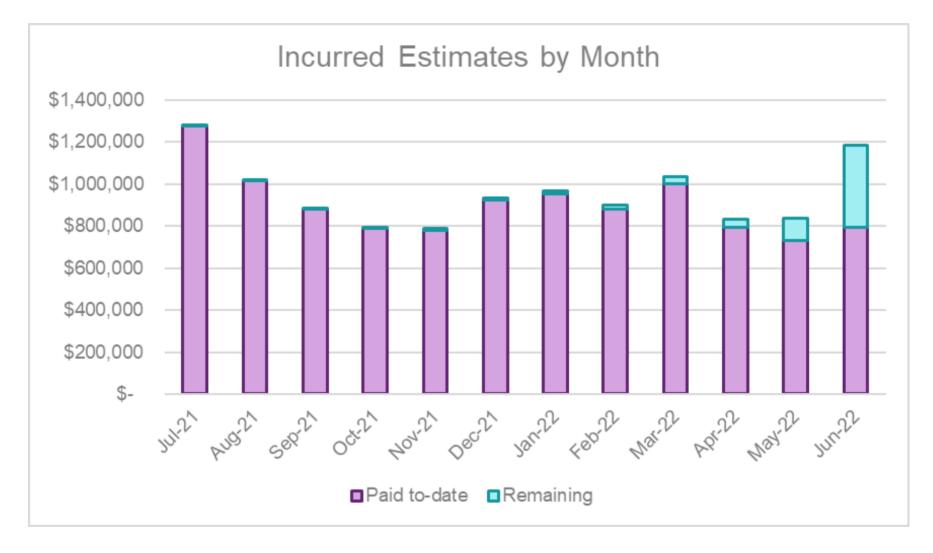
#### EXHIBIT VI PRESCRIPTION DRUGS



#### EXHIBIT VII DELTA DENTAL



#### EXHIBIT VIII UNITED CONCORDIA DENTAL



## THE SEGAL IBNR RESERVE MODEL

Segal calculates IBNR reserves from prior histories of claim payments by blending completion factors from the Reserve Factor Development Method, with incurred claims developed by the Projection Method.

The Reserve Factor Development Method assumes that the historical runoff patterns remain stable over time. To the extent Segal possesses knowledge of administrative and other issues that may affect the accuracy of this assumption; the Model allows modification of the Completion Factors in accordance with actuarial judgment of the impact of such environmental factors on future runoff patterns. Such environmental factors include changes in claims payment cycles or electronic claim submission rates, plan design, changes in insurance carriers, large dollar shock claims, emerging claim trends and other factors.

The Segal IBNR model utilizes detailed monthly claims data that shows the amount of monthly claim dollars paid in each month of the reserve determination period relative to the month services were incurred. We project total Incurred Claims by month and then subtract known Paid Claim runoff by incurred month to calculate the completion factors for the estimated IBNR reserves. This method results in highly accurate estimates of IBNR reserves in large stable environments.

#### **Calculation Scheme**

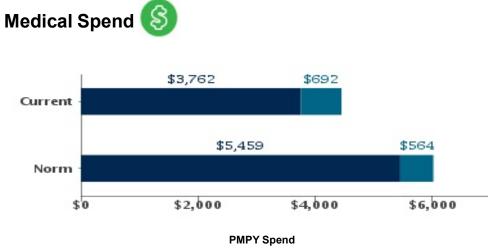
Segal blends two very different calculation methods to project monthly incurred claims:

- 1. *Claims Lag Estimate* The first method estimates incurred claims by projecting the monthly payments for each future paid month for each incurred month. The method used is to estimate, from the claims data, the ratio of claims paid through each duration to claims paid through the prior duration. For example, for the duration 5 ratio, the result would be the assumed ratio of claims paid through duration 5 divided by claims paid through duration 4. We multiply the relevant average of these durational ratios by the actual claims paid to date in each incurred month to forecast the claims paid in the next month. We accumulate the claims estimated in this manner as the basis to estimate the next successive month's paid claims, etc.
- 2. Claims Projection Estimate The Claim Lag Estimate method is not very accurate for the most recent incurred months, when very little or no actual claims have been paid to date. Therefore, we use a projection method instead. In this calculation, the incurred claims estimates for prior months that result from the Claims Lag Estimate for the designated period are projected based on trend calculated from the midpoint of the designated period to each incurred month to be estimated using the Claims Projection method. We perform this calculation on a per enrollment basis. We typically recommend the use of the claim projection method for 3 months on medical claims. The number of months used in the projection may be increased or decreased depending on the availability of actual runoff data, the typical lag pattern of the type of benefit being projected (e.g., medical, dental, vision, etc.), and an analysis of the statistical deviation of the underlying lag patterns.









Employer Paid - Medical Member Paid - Medical

## **Demographics & Financial**

<b>.</b>	Current	Norm	Variance
Members			
Average Number of Employees	127		
Average Number of Members	238		
Average Employee Age	44.4		
Demographic Factor	0.69	1.06	-35.3%
Cost Trend			
Plan Spend - Medical	\$1,058,063		
Plan Spend - Pharmacy			
Total Plan Spend	\$1,058,063		
Medical Plan Spend PMPY	\$4,453.44	\$6,023.06	-26.1%
Pharmacy Plan Spend PMPY			-
Total Plan Spend PMPY	\$4,453.44	\$6,023.06	-26.1%
Performance Indicators			
Cat Claimants in Excess Per K	8.4	15.6	-46.0%
Cat Plan Spend PMPY(Med+Rx)	\$1,122.13	\$2,205.80	-49.1%
Non-Cat Plan Spend PMPY(Med + Rx)	\$3,331.31	\$3,817.25	-12.7%
Network Penetration	96.4%	97.5%	-1.1%

Medical Trend 🚳									
	Current PMPY	Variance from Norm							
Total Plan Spend	\$4,453.44	-26.1%							
Total Employer Paid	\$3,761.67	-31.1%							
Total Member Paid	\$691.77	22.6%							
Medical Spend PMPY	\$4,453.44	-26.1%							
Employer Paid - Medical	\$3,761.67	-31.1%							
Pharmacy Spend PMPY	-	-							
Employer Paid - Pharmacy		-							

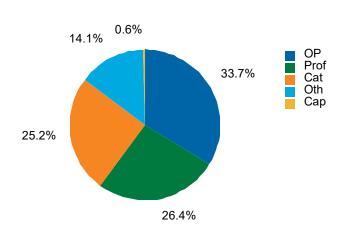
## **Population Health & Pharmacy**

•	Current	Norm	Variance
Population Health Measures			
Chronic Percent of Population	25.1%	48.9%	-23.8%
Chronic Percent of Cost	65.6%	76.5%	-10.9%
Total Health Engagement - % of Pop	14.5%	41.4%	-26.9%
Preventive Care Utilization	36.2%	61.3%	-25.1%
Well Visit Completions	26.9%	47.8%	-20.9%
Health Assessment Completions	8.2%	8.9%	-0.7%
Gaps in Care Rule Compliance	78.3%	81.8%	-3.5%
Pharmacy Indicators			
Generic Dispensing Rate	-	-	-
Generic Substitution Rate	-	-	-
Specialty Plan Spend PMPY (Rx Only)	-	-	-
Specialty Plan Spend PMPY (Med Only)	-	-	-
Non-Specialty Plan Spend PMPY (Rx only)	-	-	-
Prescriptions PMPY(Retail adjusted)	-	-	-



## Medical Service Category Trend Analysis New Mexico Public Schools Insurance Authority

Percent of plan spend



## Account summary (PMPY basis)

	Current	Norm	Variance
Non-Catastrophic Plan			
Inpatient	\$0	\$392	-100.0%
Outpatient	\$1,501	\$1,243	20.7%
Professional	\$1,175	\$1,377	-14.7%
Other	\$628	\$329	90.8%
Total Non-Cat Plan	\$3,304	\$3,341	-1.1%
Capitation	\$28	\$380	-92.8%
Catastrophic Plan	\$1,122	\$2,301	-51.2%
Total Plan Spend - Medical	\$4,453	\$6,023	-26.1%
Cost Share - Medical	\$692	\$564	22.6%
Net Employer Paid - Medical	\$3,762	\$5,459	-31.1%

### Comments

- Plan spend of \$4,453 PMPY represents \$3,762 PMPY in employer paid and \$692 PMPY of cost share
- Outpatient was the largest contributor in the current period, contributing \$1,501 PMPY of the overall \$4,453 PMPY plan spend
- Trend contribution is a measure of each individual line item's impact on the overall cost change. It is calculated by subtracting the current period result for the item minus the base period result, and dividing this amount by the base period total plan spend



## Catastrophic Detail (Integrated Medical and Pharmacy) New Mexico Public Schools Insurance Authority



	Relshp	ICD Major	ICD Minor	Medical	Pharmacy	Med Srx	Pharm Srx	Total (\$)	Out of Net %	Last Date of Eligibility	Cat in Base?	Clinical Programs
1	SP	Infect/Parasit	Viral Dis	\$152,952	\$0	\$5,308	\$0	\$158,260	0%	09/22	Ν	COM,WI
2	EE	Bil Tract/Liver	Gallbladder	\$108,252	\$0	\$87	\$0	\$108,339	0%	09/22	Ν	WI

#### Acronym Key

#### CM/SPCM Programs (Case Mgmt)

CAT-Catastrophic COM-Complex **INP-Inpatient** NIC-Neonatal Intensive Care ONC-Oncology **REH-Rehabilitation TRN-Transplant** CKD-Chronic Kidney Disease HRM-High Risk Maternity MIR-Medical Injectable Redirection

#### **Chronic Coaching Programs**

AST-Asthma CAD-Coronary Heart Disease CHF-Chronic Heart Failure CPD-Chronic Obstructive Pulmonary Disorder **DEP-Depression DIA-Diabetes Mellitus** LBP-Low Back Pain OST-Osteoarthritis PAD-Peripheral Artery Disease WGT-Weight Complications

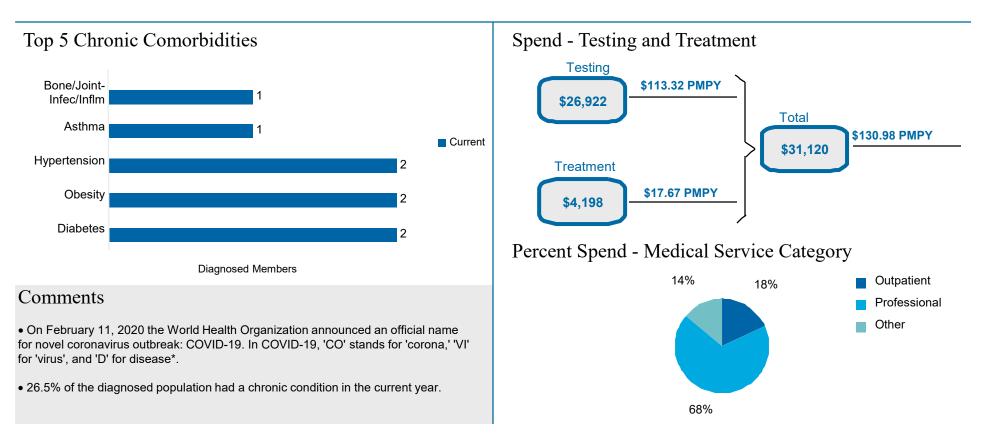
#### **Additional Programs**

CCS-Cancer Care Support Program EAP-Employee Assistance Program HPHB-Healthy Pregnancies Healthy Babies LMP-Lifestyle Management Programs **OL-Online Programs** TDS-Treatment Decision Support WC-Wellness Coaching WI-Well Informed (Gaps In Care)



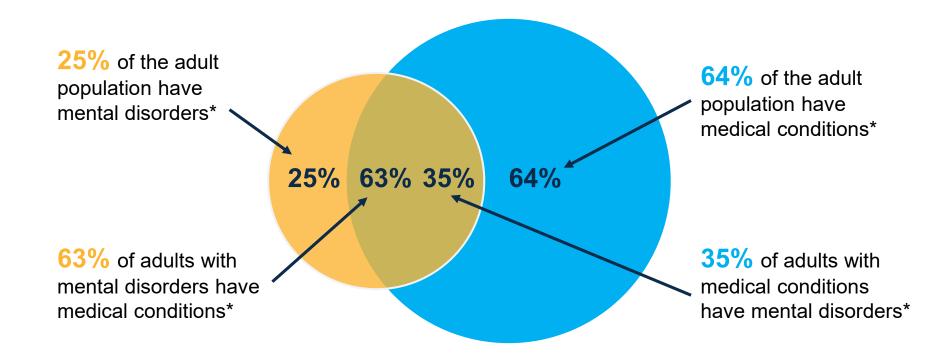
## COVID-19 Demographics and Spend New Mexico Public Schools Insurance Authority





# Medical and behavioral comorbidity

Cigna data is consistent with a previous national industry study on medical and behavioral comorbidity.



\*Cigna Behavioral Health Insights, Cigna Book of Business claims data 4-1-17 through 3-31-18 for customers/clients who purchased behavioral and medical through Cigna. Adults only.

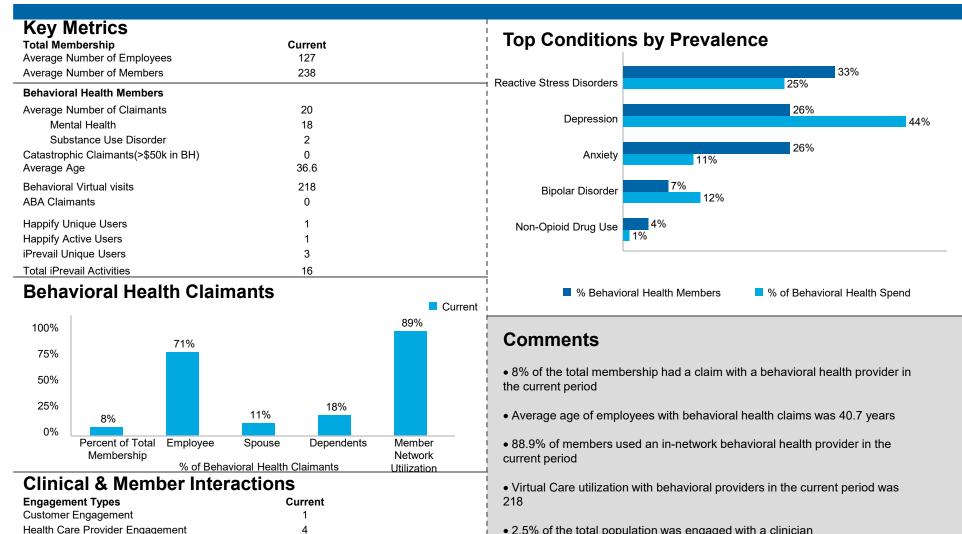




# Cigna Total Behavioral Health - Executive Summary

New Mexico Public Schools Insurance Authority





2.5% of the total population was engaged with a clinician

Access and Crisis Support

Unique Members w/ clinical interaction

Percent of Members w/ clinical interaction

Customer Advocacy **Total Interactions** 

2

2

9

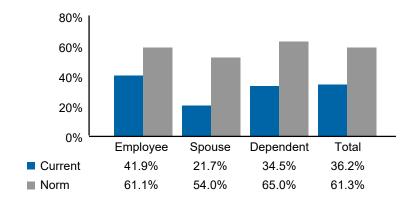
6

2.5%

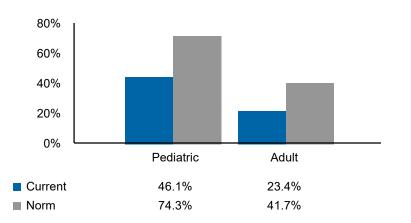


#### Current period OV & preventive utilization 80.0% 60.0% 40.0% 20.0% 0.0% PCP/SPC OV Annual Physical All Ages 54.5% 26.9% 52.5% 47.8% <18 46.2% 16.6% 18-39 40-49 67.1% 25.8% 50+ 57.7% 28.3%

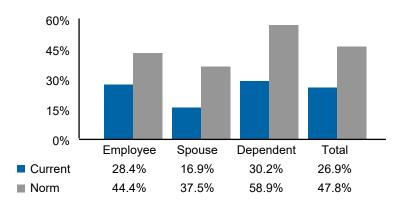
## Preventive care utilization (all services)



## Well visit completion rates



## Well visit completion rates

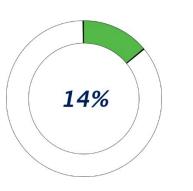




## Cigna Health Matters - Engagement Index Summary New Mexico Public Schools Insurance Authority

## Total health engagement as a % of population

Current



Norm - 41%

## Comments

• Cigna's Health Matters Engagement Index provides greater insight into engagement across all of the health and wellness programs and services Cigna offers

• In the current period 14% of the total population has engaged in two or more Health Maintenance actions or one or more Health Improvement actions. This compares to a norm of 41%

• When engagement is split into Health Maintenance and Health Improvement activities, 14% of the population has completed 2 or more Health Maintenance activities, and 2% of the population completed 1 or more Health Improvement activities during the current period, compared to norms of 40% and 4% respectively

• When the population is split into segments using ETG methodology, the Chronic Illness segment had the greatest overall engagement at 35% for the current period

Segment	Health Maintenance (HM) (2+)		Health Impro (1+		Total Engagement (2+ HM or 1+ HI)		
	Current	Norm	Current	Norm	Current	Norm	
Chronic Illness	31%	56%	8%	10%	35%	60%	
Major Episode* / Maternity	23%	53%	0%	2%	23%	54%	
Minor Episode**	11%	51%	0%	0%	11%	51%	
Healthy***	9%	39%	0%	1%	9%	40%	
Non User	6%	3%	0%	0%	6%	3%	
Total	14%	40%	2%	4%	14%	41%	

## Engagement by behavior type and population segment

\*Major Episode >\$500 per episode

\*\*Minor Episode <\$500 per episode

\*\*\* Healthy - only preventive claims



#### **Utilization & Trend**

#### **Top 5 Medical Virtual Care Conditions (Current)**



Estimated Savings of **\$2,418** if 10% of acute medical visits (Office, Urgent, Convenience Care) were redirected to MDLIVE

Demographic Summary		
	Current	Norm
Employee	74%	63%
Spouse	15%	13%
Dependent	11%	24%
% of Total Membership	26%	28%
% Male	31%	31%
% Female	69%	69%
Average Member Age	41.6	41.2

#### Virtual Care - Convenient, Not Costly

• A simplified experience so a member can get the best care both virtually and in person through an integrated ecosystem of providers when and where they need it most.

- · Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 even on weekends and holidays.
- Virtual Wellness Screening has a \$0 copay and is on average 35% lower in cost. 0 members utilized virtual wellness screenings in the current period.

Opportunity Redirect Savings

• ER to MDLIVE = \$10,648.76

• UC to MDLIVE = \$1,007.10

# Cigna Care Management

makes a difference

## Inpatient and case management

- Enhanced medical director support
- Complex and specialty case management (NICU, transplant)
- Up to 100% postdischarge outreach
- Support from Behavioralists, Social Workers and dieticians

# **Examples of outpatient precertification**

- High-tech imaging
- Medical injectables
- DME/EPA
- Home health care
- Infertility treatment
- Dialysis treatment (referral)
- Musculoskeletal
- Oncology
- Genomics

1. Cigna internal analysis of Cigna's Premium book of business 2019 report. Individual client savings/results will vary and are not guaranteed.

Cigna Care Management impact

**\$3.00–\$4.00** saved for every

🌋 Cigna

\$1 invested<sup>1</sup>



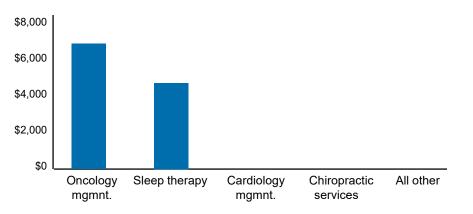
Health Matters Care Management - Summary New Mexico Public Schools Insurance Authority



#### Total savings from care management programs

		Savings(\$)
	Current	Current
IP utilization mgmt. (events)	10	\$42,638
Case mgmt. (members)	4	\$1,213
OP utilization mgmt. (events)	10	\$30,877
Total medical cost (events)	4	\$11,084
Total savings		\$85,812
Site of core covings are included in OD utilization	manut	

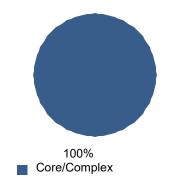
Total medical cost savings by program



Site of care savings are included in OP utilization mgmt.

IP utilization mgmt. savings % by event savi 19% 26% 55% Admissions avoided Decertified days Bed day intensity mgmt.

Case mgmt. savings % by program



#### Comments

• Inpatient pre-certification and utilization management generated \$42,638 in savings in the Current Period, impacting 10 events primarily driven by admissions avoided at 54.7%.

• Case management generated \$1,213 in savings, impacting 4 members in the Current Period; savings were primarily driven by core/complex at 100.0%.

• Outpatient utilization management generated \$30,877 in savings from 10 events in the Current Period. Savings are derived from programs such as home health care, speech therapy and durable medical equipment.

• Outpatient Total Medical Cost Management (TMC) savings were primarily driven by oncology management that generated \$6,545 in savings from 1 events in the Current Period.



Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc.

### Group Experience Analysis Package

Incurred July 2021 - June 2022 Paid July 2021 - July 2022

Report prepared on 8/15/2022

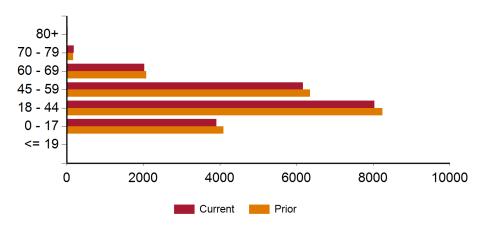
Prepared for A0000035 - New Mexico Public School Insurance Authority

### **Enrollment Overview**

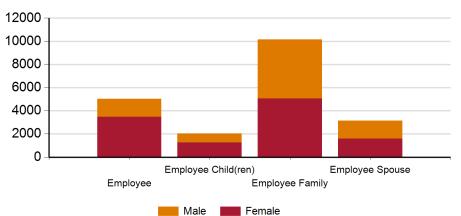
### A PRESBYTERIAN

Demographics	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	% Change	Benchmark	Benchmark Variance
Average Membership	20,981	20,363	-2.9%		
Employee	5,008	5,018	0.2%		
Employee Child(ren)	2,106	2,048	-2.8%		
Employee Family	10,574	10,152	-4.0%		
Employee Spouse	3,293	3,146	-4.5%		
Average Contract Size	2.1	2.1	-1.1%		
% Female	55.9%	56.1%		53.0%	
Average Age	37.1	37.2	0.4%	37.4	-0.4%
Employee	45.9	45.8	-0.3%	46.3	-1.1%
Employee Child(ren)	27.4	27.8	1.2%	25.7	7.9%
Employee Family	29.8	30.1	0.8%	29.1	3.3%
Employee Spouse	53.0	52.7	-0.5%	52.8	-0.1%

#### Members by Age Band



#### Gender Ratio by Relationship

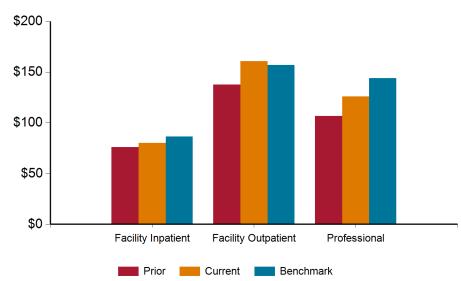


### **Financial Key Indicators**

### A PRESBYTERIAN

Financial Key Indicators	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	% Change	Benchmark	Benchmark Variance
Billed	\$163,745,146.42	\$187,478,032.31	14.5%		
Network Savings	\$67,717,000.06	\$85,480,809.02	26.2%		
Allowed	\$96,028,146.36	\$101,997,223.29	6.2%		
Out of Pocket	\$12,535,188.10	\$12,283,451.79	-2.0%		
Total COB Adjustment	\$2,721,466.05	\$3,000.00	-99.9%		
Paid	\$80,771,492.21	\$89,710,771.50	11.1%		
Paid PEPM	\$665.93	\$753.76	13.2%	\$731.48	3.0%
Paid PMPM	\$320.82	\$367.13	14.4%	\$387.73	-5.3%
HCC Paid PMPM	\$42.14	\$37.13	-11.9%	\$45.52	-18.4%
Excluding HCC Paid PMPM	\$278.67	\$330.00	18.4%	\$342.21	-3.6%

Paid PMPM by Service Category



### \$200,000,000 \$150,000,000 \$100,000,000 \$50,000,000 \$0 \$0 \$0

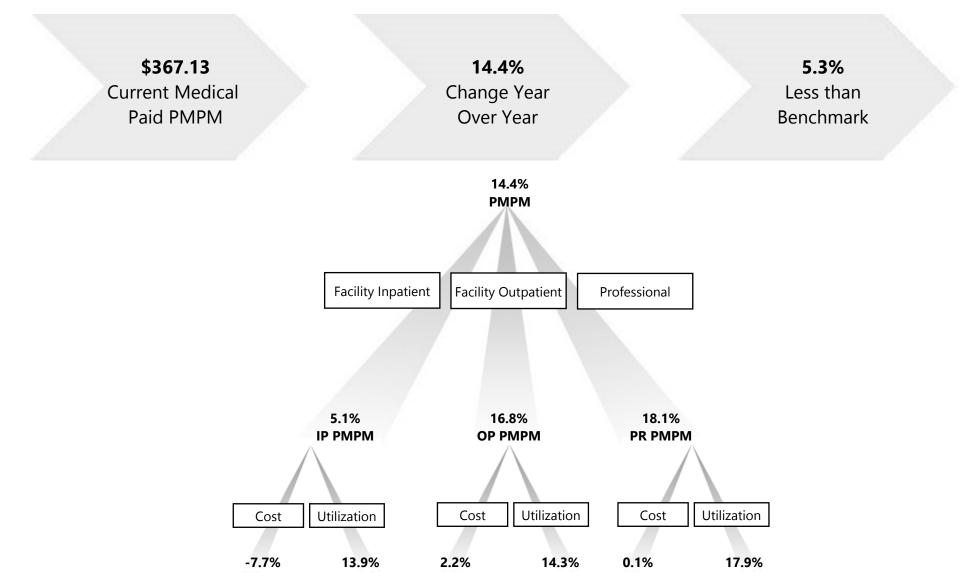
Current

Prior

#### **Breakdown of Billed Amount**

### **PMPM Breakout**

### A PRESBYTERIAN



The above chart shows the % change from prior period to current period in paid PMPM, the % change in the amount paid per service (cost), and the % change in the number of services per 1,000 (utilization) by service category.

### **Top Diagnostic Categories**

### A PRESBYTERIAN

	Jul 2020	- Jun 2021	Jul 2021 ·	Jun 2022			
	Claimants	Paid PMPM	Claimants	Paid PMPM	PMPM % Change	Benchmark	Benchmark Variance
Symptoms/III-Defined	16,406	\$64.29	16,583	\$70.24	9.2%	\$73.93	-5.0%
Musculoskeletal	5,054	\$34.46	5,410	\$37.23	8.1%	\$37.68	-1.2%
Neoplasms	1,372	\$31.23	1,382	\$35.73	14.4%	\$41.30	-13.5%
Digestive	1,723	\$24.36	1,935	\$33.99	39.5%	\$29.69	14.5%
Circulatory	2,691	\$25.99	3,037	\$33.01	27.0%	\$26.94	22.5%
Infectious/Parasitic	1,640	\$28.77	3,704	\$27.36	-4.9%	\$27.17	0.7%
Injury/Poisoning	3,115	\$20.78	3,651	\$25.43	22.4%	\$26.00	-2.2%
Genitourinary	3,136	\$18.42	3,336	\$22.13	20.1%	\$21.83	1.4%
Mental Health	3,019	\$14.61	3,276	\$18.10	23.9%	\$22.58	-19.8%
Nervous System	2,008	\$11.87	2,306	\$14.21	19.7%	\$16.80	-15.4%
All Other	8,783	\$46.03	10,630	\$49.69	8.0%	\$63.82	-22.1%
Total	19,325	\$320.82	19,476	\$367.13	14.4%	\$387.73	-5.3%

• Symptoms/III-Defined was the most costly diagnostic category and paid PMPM increased 9.2% between reporting periods.

• The top 4 diagnostic categories account for 48.3% of total medical costs in the current period.

### **Emergency Room Analysis**

### A PRESBYTERIAN

Metrics	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	% Change	Benchmark	Benchmark Variance
ER Allowed	\$10,149,718.61	\$12,895,698.88	27.1%		
ER Allowed PMPM	\$40.31	\$52.77	30.9%	\$50.98	3.5%
ER Paid	\$7,757,504.69	\$10,819,962.42	39.5%		
ER Paid PMPM	\$30.81	\$44.28	43.7%	\$44.17	0.3%
ER Visits	3,183	3,962	24.5%		
ER Visits per 1000	151.7	194.6	28.2%	227.0	-14.3%
Allowed per ER Visit	\$3,188.73	\$3,254.85	2.1%	\$2,652.37	22.7%
Paid per ER Visit	\$2,437.17	\$2,730.93	12.1%	\$2,287.78	19.4%
% of Claimants w/ 3+ ER Visits	8.8%	9.7%	10.5%	11.1%	-12.4%

#### ER Utilization by Top 5 Diagnosis Group

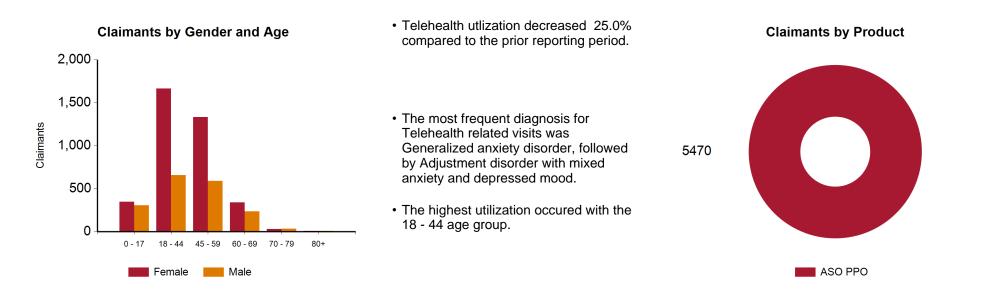
Paid per ER **ER Visits per ER Paid ER Visits ER Visits Diagnosis Group** Claimants Claimants % of ER Utilizers **ER Visits** ER Paid Visit 1000 1,874 1 70.2% 1,874 \$4,569,687.87 Symptoms/III-Defined 871 \$2,211,618.23 1,082 \$2,044.01 53 2 528 19.8% \$2,908,281.75 1,056 Digestive \$1,356,716.62 \$4,111.26 256 330 16 3 160 6.0% 480 \$1,384,379.03 Injury/Poisoning 581 \$1,308,581.07 686 \$1,907.55 34 4 54 2.0% 216 \$828,346.51 Circulatory 329 \$1,290,470.09 426 \$3,029.27 21 5+ 55 2.1% 336 \$1,129,267.26 Infectious/Parasitic 330 \$966,239.27 398 \$2,427.74 20 All Other Total 2,671 100.0% 3,962 \$10,819,962.42 \$3,686,337.14 1,537 \$2,398.40 75 1,138 Total 2,671 \$10,819,962.42 3,962 \$2,730.93 195

**ER Utilization by Visit Count** 

- ER Paid PMPM increased 43.7% between the two reporting periods and was 0.3% greater than the benchmark.
- ER visits/1,000 increased 28.2% between the two reporting periods and was 14.3% less than the benchmark.
- 9.7% of claimants had 3 or more ER visits in the current period.

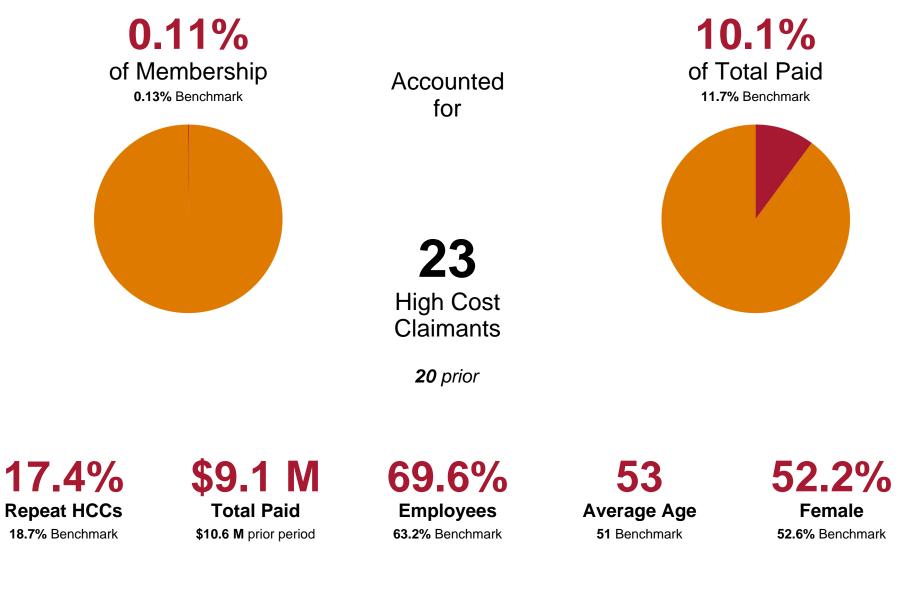
### **Telehealth Utilization**

### A PRESBYTERIAN



	Services per 1000				
Top 5 Telehealth Services	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	% Change	Benchmark	
90837 - PSYCHOTHERAPY W/PATIENT 60 MINUTES	446.2	442.2	-0.9%	520.2	
99213 - OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	202.9	187.5	-7.6%	183.1	
99214 - OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	201.3	153.5	-23.8%	189.1	
90834 - PSYCHOTHERAPY W/PATIENT 45 MINUTES	90.5	65.8	-27.4%	84.2	
90833 - PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	30.7	23.6	-23.2%	34.0	
Top 5 Telehealth Services	939.4	846.7	-9.9%	975.8	
All Telehealth Services	1,415.9	1,061.6	-25.0%	1,263.2	

A PRESBYTERIAN



Note: High Cost Claimants are defined as members with more than \$250,000 in claims.

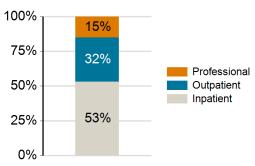
### **High Cost Claimant Breakdown**

### A PRESBYTERIAN

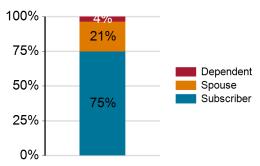
Claimant Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
	Claimants		Palu		Paid/Claimant
<\$0 - \$50,000	19,185	98.5%	\$54,983,455.75	61.3%	\$2,865.96
\$50,001 - \$100,000	184	0.9%	\$12,928,474.62	14.4%	\$70,263.45
\$100,001 - \$250,000	84	0.4%	\$12,725,186.62	14.2%	\$151,490.32
\$250,001 - \$500,000	19	0.1%	\$6,176,089.66	6.9%	\$325,057.35
Greater than \$500,000	4	0.0%	\$2,897,564.85	3.2%	\$724,391.21
Summary > \$50,000	291	1.5%	\$34,727,315.75	38.7%	\$119,337.85
Overall Summary	19,476	100.0%	\$89,710,771.50	100.0%	\$4,606.22

Top HCC Leading Diagnostic Categories	Claimants	Paid	Paid/Claimant
Neoplasms	10	\$2,367,717.79	\$236,771.78
Gastrointestinal cancers - colorectal	2	\$1,200,690.53	\$600,345.27
Multiple myeloma	2	\$590,239.27	\$295,119.64
Breast cancer - all other types	2	\$201,231.28	\$100,615.64
All Other	7	\$375,556.71	\$53,650.96
Digestive	9	\$1,678,726.67	\$186,525.19
Hepatic failure	2	\$963,996.00	\$481,998.00
Pancreatic disorders (excluding diabetes)	2	\$311,411.26	\$155,705.63
Other specified and unspecified liver disease	2	\$268,647.60	\$134,323.80
All Other	9	\$134,671.81	\$14,963.53
Infectious/Parasitic	12	\$1,631,845.04	\$135,987.09
Septicemia	5	\$862,100.49	\$172,420.10
COVID-19	10	\$768,618.61	\$76,861.86
Bacterial infections	3	\$671.73	\$223.91
All Other	2	\$454.21	\$227.11
All Other	23	\$3,395,365.01	\$147,624.57
Total	23	\$9,073,654.51	\$394,506.72





HCC Paid By Member Relationship





# New Mexico Public Schools Insurance Authority

2021-22 Life/AD&D and Long Term Disability Benefits Review

October 2022



# Here Today

### Jennifer Oswald

National Accounts Consultant Portland, OR

# Agenda

- Life and AD&D
- Long Term Disability
- Performance Guarantee Results



# Life and AD&D

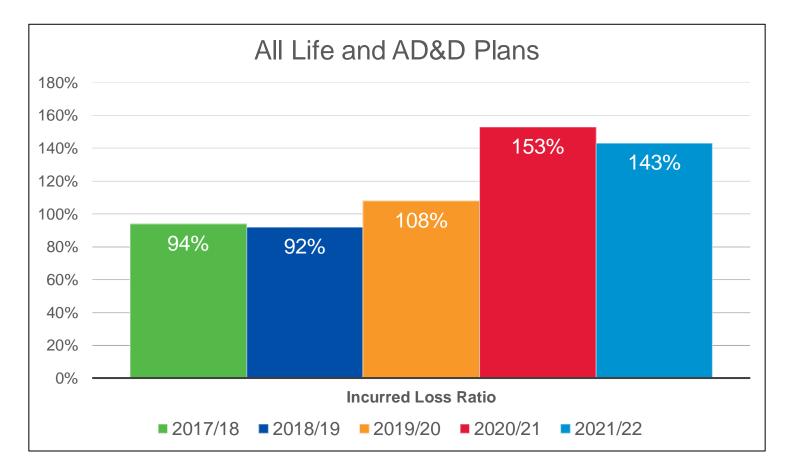


# 07/2021 – 06/2022 NMPSIA Life Plan Experience

Coverage	Earned Premium	Incurred Claims	Expenses & Risk Charges	Balance	Incurred Loss Ratio
Basic Life	\$1,752,260	\$3,865,584	\$332,760	(\$2,446,084)	221%
Additional Life	\$3,402,390	\$3,426,851	\$578,454	(\$602,915)	101%
Dependents Life	\$566,332	\$1,071,671	\$104,402	(\$609,741)	189%
AD&D	\$448,018	\$477,265	\$75,235	(\$104,482)	106%
TOTAL	\$6,169,000	\$8,841,371	\$1,090,850	(\$3,763,221)	143%

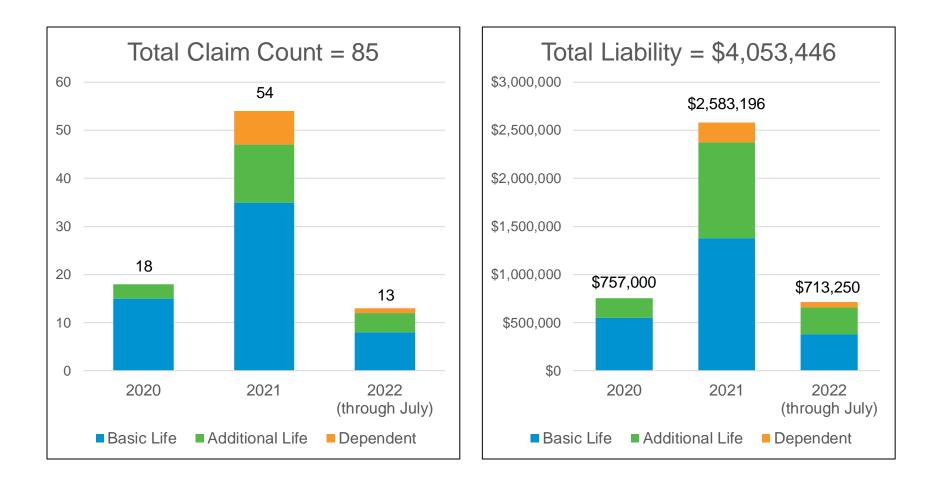


# NMPSIA 5-year Life Incurred Loss Ratio Comparison



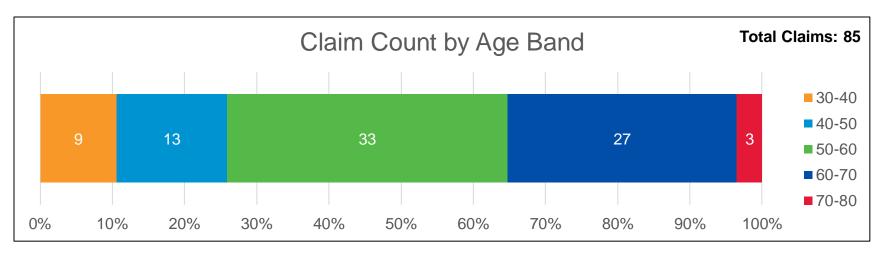


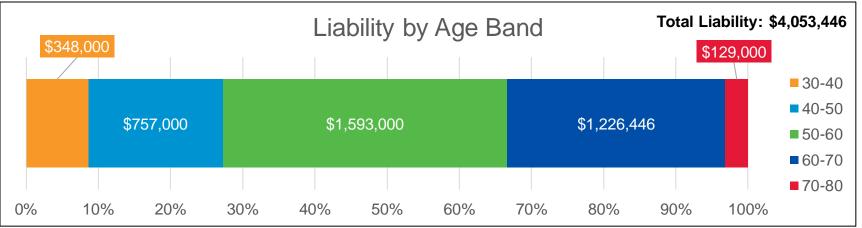
# **COVID Impact to NMPSIA Life Plans**





# **COVID Impact to NMPSIA Life Plans**







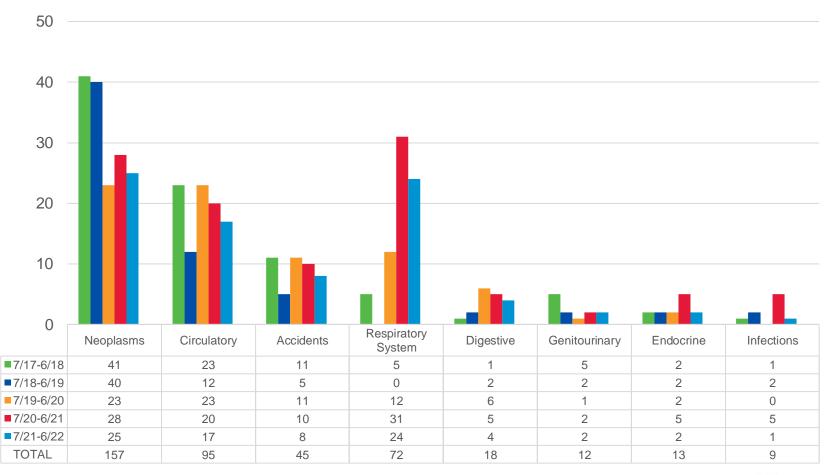
### Life Plan Utilization July 1, 2017 – June 30, 2022

Line of Coverage	Number of Claims	Percent of Claims	Amount Paid	Percent of Total Benefits	Average Claim Amount
Basic Life	515	63%	\$16,582,248	46%	\$32,198
Basic AD&D	36	4%	\$1,102,500	3%	\$30,625
Additional Life	132	16%	\$13,700,000	37%	\$103,787
Additional AD&D	9	1%	\$887,000	2%	\$98,555
Dependents Life	119	14%	\$4,091,500	11%	\$34,382
Specified Disease	13	2%	\$118,750	1%	\$9,135
Total	824	100%	\$36,481,998	100%	\$44,274

There were 123 Accelerated Benefit Claims between July 1, 2017 and June 30, 2022.

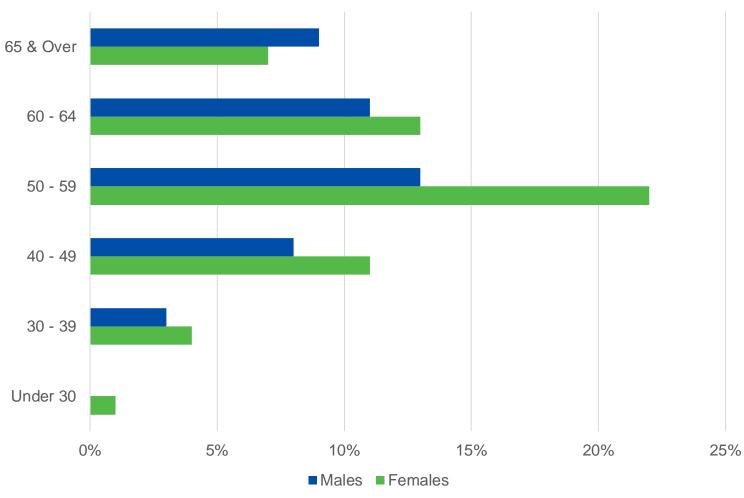


# Basic Life Claim Causes by Plan Year July 1, 2017 – June 30, 2022



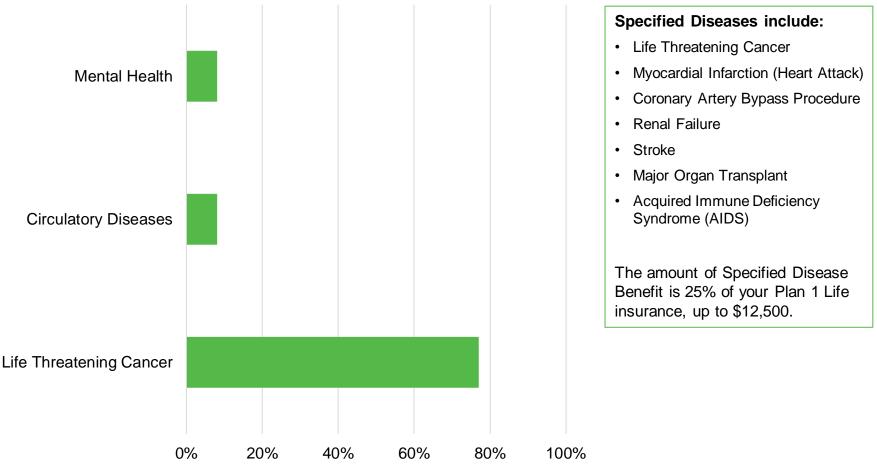


# Basic Life Claims by Age and Gender July 1, 2017 – June 30, 2022





### Specified Disease Benefit Top Claim Causes July 1, 2017 – June 30, 2022





# Long Term Disability

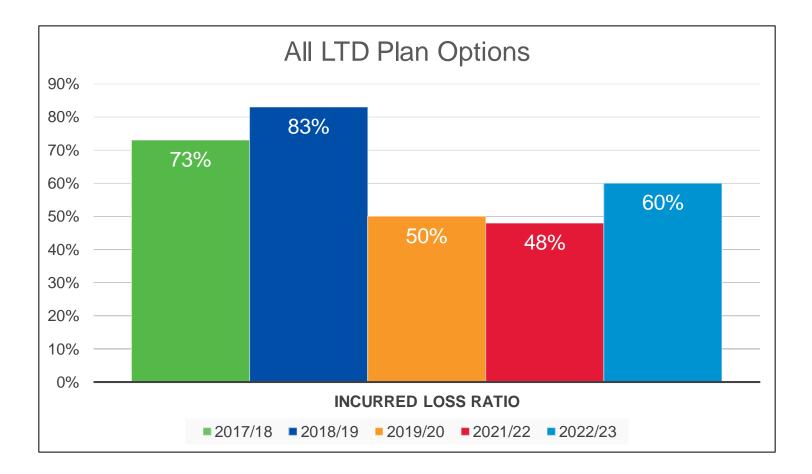


# 5- Year LTD Plan Experience

Plan Year	Earned Premium	Paid Claims	Change in Reserves	Incurred Loss Ratio
2017/18	\$2,547,696	\$253,010	\$1,609,337	73%
2018/19	\$2,503,387	\$1,313,626	\$776,626	83%
2019/20	\$2,761,945	\$1,379,997	(\$289,276)	50%
2020/21	\$2,968,622	\$1,202,660	\$229,631	48%
2021/22	\$3,058,623	\$1,265,893	\$559,474	60%



# 5-year LTD Incurred Loss Ratio Comparison





# Life and Disability Plan Loss Ratios & 2023 Renewals

2022 is last year of current 4-year rate guarantee period

- NMPSIA Life Plans 2021/22 loss ratio = 143%
- NMPSIA LTD Plan 2021/22 loss ratio = 60%

When renewal rates are developed for 2023+, Standard Insurance will evaluate each plan in the context of the performance of all NMPSIA plans and the overall results for all IBAC groups



### LTD Utilization is Holding Steady July 1 – June 30 Year-Over-Year Comparison

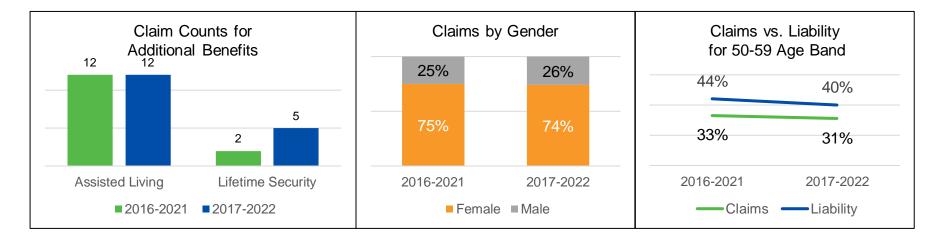
Category	2016 – 2021	2017 – 2022	Change	
LTD Claims	815	755	▼	
Total Liability	\$11.9 million	\$11.8 million	٠	
Work-Related Claims	9%	8%	▼	
Approved Claims	89%	88%	•	
Closed Claims	74%	74%	•	
Denied Claims	11%	10%	▼	

#### Top reasons for closed claims:

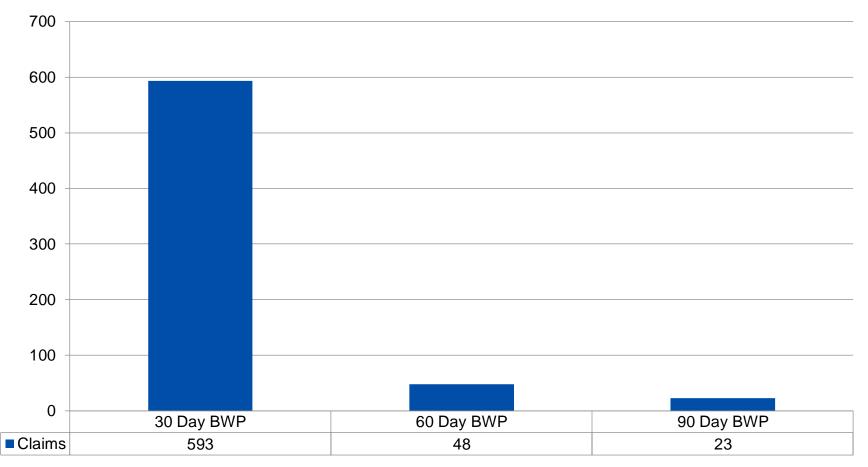
- 1. Anticipated Recovery
- 2. End of Benefit Period
- 3. Member Returned to Work

#### Top reasons for denied claims:

- 1. Recovery/RTW During BWP
- 2. Preexisting Condition
- 3. No Proof of Loss

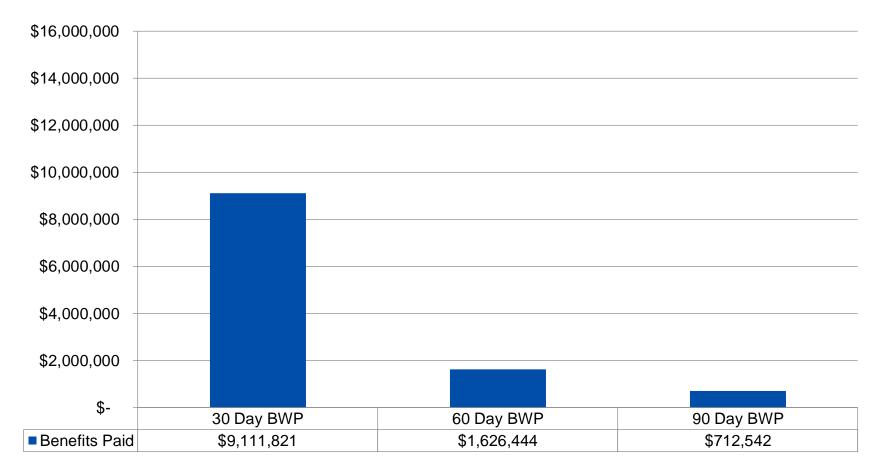


### LTD Claims by Benefit Waiting Period Option July 1, 2017 – June 30, 2022



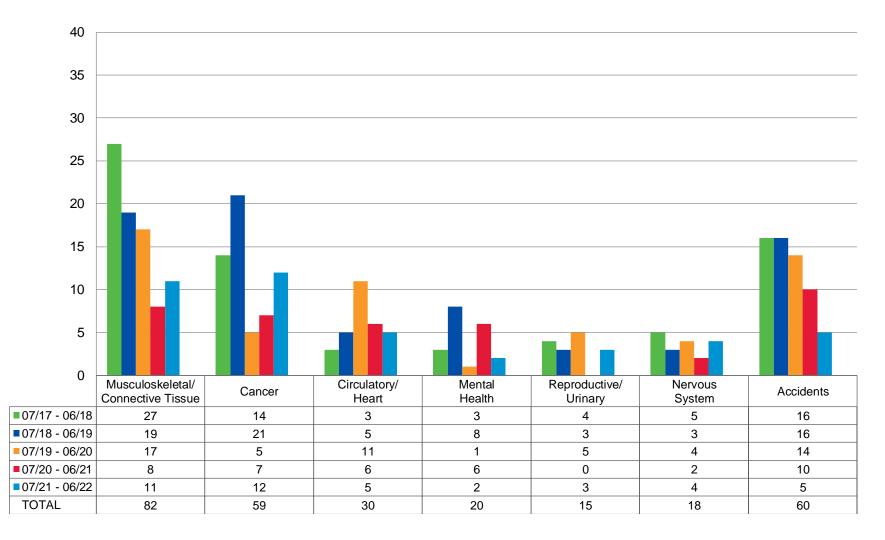


### LTD Liability by Benefit Waiting Period Option Paid Claims and Reserves July 1, 2017 – June 30, 2022





### LTD Incidence – Top 10 Diagnoses by Plan Year July 1, 2017 – June 30, 2022



# Performance Guarantee Results



# 2021/22 Life Performance Guarantees

Measure	Target	Q1	Q2	Q3	Q4	YTD
Life Average Speed To Answer	<= 45 seconds	N/A	N/A	N/A	N/A	N/A
Life Calls Abandoned	5% or less	N/A	N/A	N/A	N/A	N/A
Life Call Return by Dedicated Account Specialist	90% within 1 business day	100%	100%	100%	100%	100%
Life Payment Timeliness	Average <= 5 business days	2 days	2 days	4 days	5 days	3 days
Life Payment Accuracy	99%	100%	100%	100%	100%	100%
Life Decision Accuracy	98%	100%	100%	96%	100%	99%



# 2021/22 LTD Performance Guarantees

Measure	Target	Q1	Q2	Q3	Q4	YTD
Disability Average Speed To Answer	<= 45 seconds	4	3	3	4	4
Disability Calls Abandoned	5% or less	0%	0%	0%	0%	0%
LTD Call Return by Dedicated Account Specialist	90% within 1 business day	100%	100%	N/A%	100%	100%
LTD Decision Timeliness	Average <= 30 calendar days	10 days	13 days	13 days	18 days	14 days
LTD Procedural Accuracy	98%	98%	99%	100%	100%	99%
LTD Financial Accuracy	98%	93%	98%	92%	99%	95%



# 2021/22 Customer Service Performance Guarantees

Measure	Target	Q1	Q2	Q3	Q4	YTD
Reports	<= 60 days after end of reporting period	Meets	Meets	Meets	Meets	Meets
Member Satisfaction	Average of 3 or higher on a scale of 1 to 5	3.7	5.0	4.7	4.6	4.3



## **Diagnosis Codes**

#### Accidents

Accident Amputation Burn Concussion Contusion Dislocation Fracture Intracranial Injury Poisoning Sprains and Strains Violence

#### **Blood Diseases**

Anemia Graves Disease Other Blood Diseases

#### Cancer

All types (regardless of location)

#### Circulatory

Atherosclerosis Aneurvsm Angina Pectoris Arteriosclerosis CVA (Stroke) Coronary Disease Embolism Endocarditis Heart Disease Hypertension Migraine Headaches **Myocarditis** Phlebitis Thrombosis Transient Ischemic Attack (TIA) Varicose Veins

#### **Congenital Anomalies**

Anencephalus Spina Bifida Other Congenital Anomalies

#### Digestive

Appendicitis Choloecystitis Crohn's Disease Enteritis Esophageal Varices Gastritis Hiatal Hernia Hemorrhoids Hepatitis Hernia Peritonitis Ulcer, Peptic Ulcerative Colitis

#### Endocrine/Metabolic/Immunity

Diabetes Mellitus Gastric Bypass Surgery Goiter Gout Malnutrition Pituitary Gland Thyroid

#### Genitourinary

Cystitis Hysterectomy Kidney Failure Nephritis Nephrolithiasis Ocphoectomy Ovarian Cyst Prostate Disorders Pyelitis

#### **III-Defined Conditions**

Chronic Fatigue Syndrome/EBV Coma Senility

#### Infectious/Parasitic

AIDS Amebiasis Bacterial Food Poisoning Bacterial Infection Influenza Scarlet Fever Viral Infection

#### Maternity

#### Mental

Adjustment Reaction Anxiety Anorexia Nervosa Bi-Polar Disorder Depression Drug/Alcohol Abuse Mood Disorders Post Traumatic Stress Psychoneurosis Schizophrenic Disorders Somatization Disorder Stress

#### Musculoskeletal/Connective

Arthritis Bone Diseases Bursitis Chronic Pain Syndrome Intervertebral Disc Disorders Myalgia Myasthenia Gravis Myofascitis Myofascitis Myositis Osteoarthrosis Osteoarthrosis Osteomyelitis Other Back Disorders Other Cervical Region Disorders Other Joint Disorders Vertebral Fracture

#### Nervous

Amyolateral Sclerosis Cataracts Corneal Epilepsy Labyrinthitis Mastoiditis Meniere's Disease Meninaitis Migraine Multiple Sclerosis Narcolepsy Neuritis Optic Neuritis Other Brain Conditions Other Nervous Disorders Palsy Paralysis Paresis Parkinson's Disease Retina, detached

#### Respiratory

Asbestosis Asthma Bronchitis Chronic Obstructive Pulmonary Disease (COPD) Emphysema Laryngitis Pharyngitis Pleurisy Pneumonia Rhinitis Sinusitis Tuberculosis

#### Skin/Subcutaneous

Lupus Erythematosis Skin Disease

#### Others

All suppressed diagnosis





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## October 5, 2022

# New Mexico Public Schools Insurance Authority Year-End Review 2021-2022



Protecting More Than Just Your Smile®







**Utilization Review** 



United Concordia Updates



Member Survey & Engagement



**Network Overview** 



# UCD Market Differentiators & Innovative Changes

## United Concordia is leveraging innovation to improve business outcomes

Artificial Intelligence	> Enhances dental claims review consistency, efficiency and accuracy
Portal Initiatives	Invested approximately \$2M during the last three years to upgrade our member, provider and group administrator portal capabilities
Member Chat Capabilities	> United Concordia has partnered with Glia to enable members to initiate a live text chat with the click of a button, progress to a voice or video chat if needed or use Co-browse / screen sharing, if the member desires
EOB Redesign and Process improvements	<ul> <li>&gt; UCD utilized a Human Centered Design (HCD) approach to develop a new Explanation of Benefits (EOB) form</li> <li>&gt; Faster and Simplified Claims processing. Implemented Daily Pre-Determinations EOB's</li> </ul>

Protecting More Than Just Your Smile®

# **UCD in the Community**

Promoting Oral and Overall Health throughout New Mexico

Sponsor of New Mexico Dental Association Foundation's **Mission of Mercy free dental** clinics throughout New Mexico **since 2014** (supported clinics in Albuquerque, Las Cruces, Rio Rancho, Roswell & Santa Fe). We again provided funding for their 2022 clinic being held 9/23 – 9/24 in Farmington.

UCD has supported New Mexico Mission of Mercy's free denture clinics for the past three years, helping provide healthy smiles during the COVID-19 pandemic. We are helping to fund the 2022 denture clinic being held 4/29 -4/30 in Albuquerque.

New Mexico Mission of Mercy SCHOOL OF MEDICINE DIVISION OF DENTAL HYGIENE NM Dental Association Foundation, was the recipient of the

UCD Charitable fund.

Each year, United Concordia Dental provides scholarships to dental and dental hygiene students across the country. For over 10 years, we have provided scholarships to dental hygiene students at the University of New Mexico to help offset the costs of their education.



# **Oral Health & Stress**

The mouth and the body are connected

Stress can lead to teeth grinding and TMJ disorders



Dentist have reported a 50% increase in patients that clench or grind their teeth or complaining of clenching & grinding symptoms.



- Express Scripts reported a 34% increase in antidepressants and antianxiety medications during the pandemic.
- Dry mouth can be a side effect of certain medications to treat stress.
- Studies show that stress can also contribute canker sores and cold sores.



Stress and depression can affect dietary habits, causing increase in consumption of sugary and starchy foods

Protecting More Than Just Your Smile®

# **Our Networks**

United Concordia Dental's networks deliver maximum value to clients and members through industry-leading discounts, carefully credentialed dentists and long-term relationships with network partners that ensure high-quality service.



We have leading discounts in 81% of Metropolitan Statistical Areas (MSAs). <sup>1</sup>



Thorough, URAC-level credentialing is required for all dentists added through lease arrangements.



# Members

get access to a large and comprehensive yet affordable network.

# Recruiting

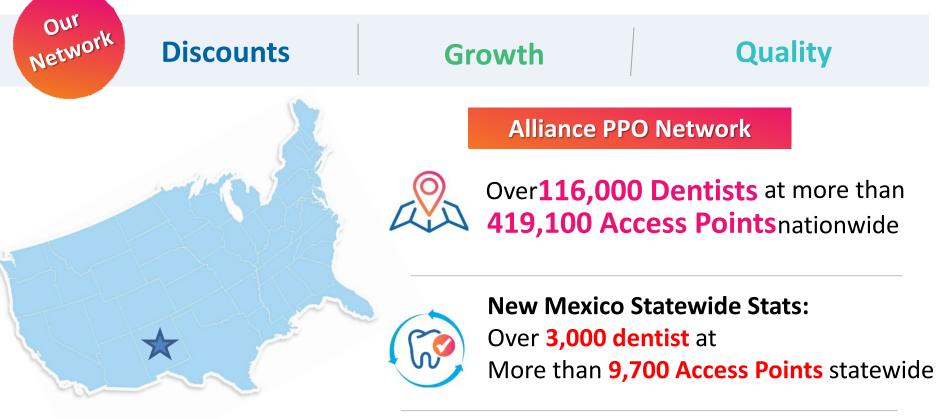
You benefit from dentists found through both United Concordia's and our network partners' top recruitment efforts across the country.

# Dentists

benefit from the potential increase in their patient base and revenue.

Protecting More Than Just Your Smile®

# **Exceptional Dental Network**





In 2021-2022 recruited **48** new OON providers, impacting **4,252 members** 



Protecting More Than Just Your Smile®

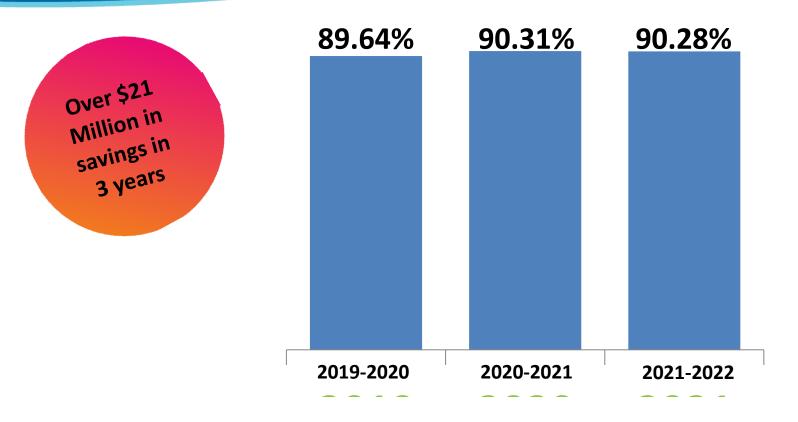
# Targeted Network Recruitment

City	Number Offices	Number of Members
Mesa, AZ	1	5
Safford, AZ	1	4
Durango, CO	1	6
Greeley, CO	1	15
Albuquerque, NM	12	705
Bloomfield, NM	1	3
Clovis, NM	1	4
Deming, NM	1	70
El Rito, NM	1	14
Espanola, NM	1	6
Farmington, NM	3	21

City	Number Offices	Number of Members
Gallup, NM*	1	569
Jal, NM	1	29
Las Cruces, NM*	2	454
Mora, NM	1	98
Roswell, NM*	1	1603
Ruidoso, NM	1	44
Santa Fe, NM	1	4
Amarillo, TX	4	33
Canutillo, TX	1	132
Cedar Hill, TX*	1	228
El Paso, TX	8	198
Farmers Branch, TX	1	16

UNITED CONCORDIA® DENTAL Protecting More Than Just Your Smile®

# **In Network Utilization**



	2019-2020	2020-2021	2021-2022
In Network Savings	\$6,499,844	\$7,548,436	\$7,061,608

# **Utilization Data Summary**

**Key Findings** 

## • Enrollment

- Plan Year 2021 to 2022 enrollment decreased by 13.2%
  - Ratio of members to employees remained the same at 2.26
- 55% of membership is female
  - ✓ Women tend to visit the dentist more regularly for preventive care.
- Average age of members is 37 years old
  - ✓ This age group will typically have less oral health issues and will likely focus on prevention.

## • Financial

- Claims Payment PEPM went up from \$48.61 to \$49.26 (+1.3%)
- ✓ Claim Payments went down by 13.78% (\$13.3M to \$11.7M)

## • Utilization

- ✓ Number of services decreased by 17%.
- Number of members that used preventive services increased by 3.3%

UNITED CONCORDIA® DENTAL Protecting More Than Just Your Smile®

# **User by Relationship**

PREVENTIVE SERVICES	2021						
	UNIQUE		%	UNIQUE		%	%
RELATIONSHIP	USERS	MEMBERS	USERS	USERS	MEMBERS	USERS	CHANGE
EMPLOYEE	12,525	22,871	54.76%	11,288	19,835	56.91%	3.92%
SPOUSE	5,136	11,349	45.26%	4,629	9,807	47.20%	4.29%
DEPENDENT	10,382	17,556	59.14%	9,217	15,279	60.33%	2.01%
TOTAL	28,043	51,776	54.16%	25,134	44,921	55.95%	3.30%



ALL SERVICES

2.89%

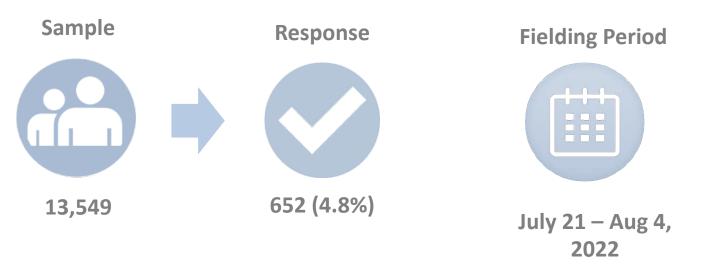
ALL SERVICES		2021			2022		
	UNIQUE		%	UNIQUE		%	%
RELATIONSHIP	USERS	MEMBERS	USERS	USERS	MEMBERS	USERS	CHANGE
EMPLOYEE	14,622	22,871	63.93%	13,139	19,835	66.24%	3.61%
SPOUSE	6,347	11,349	55.93%	5,679	9,807	57.91%	3.54%
DEPENDENT	11,523	17,556	65.63%	10,186	15,279	66.67%	1.57%
TOTAL	32,492	51,776	62.76%	29,004	44,921	64.57%	2.89%

#### **KEY FINDINGS**

- · Overall preventive services increased.
- Employee preventive services increased from 55% to 57% which is greater than the norm of 54%.
- Spouse preventive services increased from 45% to 47% which is less than the norm of 55%.
- Child preventive services increased from 59% to 60% which is equal to the norm of 61%.
- When benefits are used for preventive dental care, members and companies get more from their dental insurance investment. Routine dental exams can help identify and address problems before they require more costly treatments.



- An annual survey was conducted among current NMPSIA subscribers to gauge overall satisfaction with United Concordia Dental's services
- The sample size included all subscribers for whom United Concordia Dental has an email address



2021-585 respondents for a 4.4% engagement

UNITED CONCORDIA® DENTAL Protecting More Than Just Your Smile®



# **Survey Summary**

- Overall satisfaction with United Concordia Dental is 93%.
- Highest score is for Customer Service (97%), followed by Dental Network (93%) and Claims Servicing (90%)

	Net Promoter Score <sup>®</sup> +23											
Overall Satisfaction 93%												
Customer Service	97%	Dental Network <b>93</b> %	ଜି= Claims Servicing <b>90%</b>									
Representative was professional	98%	Cleanliness of the dental office	98%	Ease of understanding the information on the Explanation of Benefits (EOB) statement	90%							
Representative was knowledgeable	98%	Appointment scheduling process	94%	Understanding costs that are my responsibility	89%							
Representative was committed to resolving my issue	96%	Convenient location of in- network dentist	92%	Notifications I receive from United Concordia Dental on the status of my claim	91%							
		Quality of care by my dentist	95%									
		Clarity of the explanation of my treatment plan	92%									
NOTE: Customer Service Ratings So United Concordia Dental IBAC men		Ease of finding an in-network dentist	92%									
after-call survey: June 2021 – May		Availability of in-network dentists	90%									

**Engagement Stats** 

An engaged member is a healthier member and a better consumer of their benefits.



UNITED CONCORDIA® DENTAL Protecting More Than Just Your Smile®

#### **Members enrolled in My Dental Benefits**

2020: 4,922 2021: 5,287 2022: 5,313



### Members enrolled in Smile for Health Wellness 2020: 79 2021: 72 2022: 67



Members enrolled in College Tuition Benefit YTD: 109 members with value of \$654,000





Members Engaged in Live Chat feature 2021-377 2022-355

Protecting More Than Just Your Smile®

# **Member Communications**

UNITED CONCORDIA DENTAL

rote dive Than

Use the app to:



#### Save More with a Network Dentist

United Concordia's large, nationwide dentist network, combined with our knowledge of local markets, means you can find affordable, quality care with great service no matter

#### What Is a Network Dentist?

Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Non-network dentists can charge you more. This means you'll lower your out-of-pocket expense using a network dentist.

benefits may differ and your out-of-pocket costs could be higher with a non-network dentist. Using a network dentist max your dental benefits because they:

Save money—A network dentist saves you the difference between our negotiated fees and the dentist's regular charges. And, you strutch your benefit dollars by getting more services before

time and the hassle of paperwork

124,000 dentists,\* we also understand your I efully screen and qualify each dentist to help

th the Find a Dentist tool on UnitedConcordia.co the home page and searched by location or dent

ItedConcordia.com, select Forms, and click Rec



UNITED CONCORDIA DENTAL

#### **Frequently Asked Questions About** Your PPO Dental Plan

#### Q: Is my dentist in United Concordia's network?

A: To search for your dentist, visit UnitedConcordia.com. Click on Find a your network (see the enclosed benefits summary) and search preferen

Q: Why should I visit a network dentist?

A: You can save time and money by using a network dentist. Our network file claims for you, and to accept our allowances as full payment for cov most of our dentists accept our allowances for non-covered services or annual maximum. That means you can save money by visiting a netwo allowances are typically lower than the dentist's standard charges. Unit dentists undergo rigorous review, so you can be sure you're receiving q

#### Q: Can I still see a non-network dentist?

K Yes, you can receive care from any licensed dentist. However, if you visit a non-network dentist your benefits may differ and your out-of-pocket expanses could be higher than if you wist network dentist. If your dentist is not a part of our network, you can nominate him or her for participation. To nominate your dentist, visit the Members section of UnitedConcordia.com select Forms, and click Nominate Your Dentist.

#### O: What can my dentist hill me for?

A: It depends whether you visit a network or non-network dentist. United Concordia network i deginara walvako por vas de walvako in televido deducibiles and coinsurance asmoutes. Non-network demisis can cely chargo you for applicable deducibiles and coinsurance asmounts. Non-network dentists can chargo you for applicable deducibiles and coinsurance asmounts, and the difference between their standard charges and United Concordis's allowances.

#### Q: What information is available online?

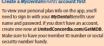
A: In the Members section of UnitedConcordia.com, you can access forms, frequently asked In the memory sector to introducencorrelation, you can such as not interpretenting association of the sector of th

#### Q: What if I have other questions about my dental plan?

A: Ouestions about dental treatment should always be discussed with your dentist. For information about your benefits, visit UnitedConcordia.com or call Customer Service at 1-800-332-030

LLM-conp-com





#### Download the United Concordia mobile app in App Store the Apple App Store and on Google Play.



ATTENTION: If you speak English, language assistance services, free of charge, are assisble to you. Call 1-ATENCIÓN: Si habla español, le ofrecenas de ayada lingüética gratuíta. Llame al 1-800-332-8366 (TTV: 711). 繁體中文 (Divers) 注意: 此果没使问题播中交, 你可以没费要得错员推动运用, 播放着1-605-332-0946 (TV-310. We can not a Casp detail plan an administerid by United Cancerda Companies, Inc., and under written by United Cancerda Insurance Company. Not all products available in all printed cases for international which companies are knowned in your take, will be "Declaration" list at Casted Cancerda case. Administrational data of the concerdance used cases the list of the data of the companies are knowned in your take, will be "Declaration" list at Casted Cancerda. Administration and cases the data was cheered the list of som cases of list. If a strate of a some companies, the list of the data of the which may affect here they page list of com-tains of the list. Non-comer server server and the converge, call your interview agent or the company. Tokicin or their provisions may eavy or to and complete details of the converge, call your interview agent or the company. Tokicin or their provisions may eavy or to account ingreen ratios for yourth, provident and details of availability. All statistics quetted on ratiosal data

## **Customized Clients' Corner**

## **Clients' Corner**

A healthy mouth is the key to a healthy body. Our resource guide equips you with the knowledge you need to achieve good oral health and overall wellness.



#### Welcome New Mexico Public School Insurance Authority Members

Here's everything you need to know about your dental plan.

#### The smart choice for dental benefits

Hundreds of school districts, colleges and universities across the nation entrust the oral wellness of their employees to United Concordia Dental. We're pleased to partner with **New Mexico Public** School Insurance Authority to help you and your family stay healthy and productive.

- Clients' Corner Page is customized with NMPSIA group specific plan information.
- Custom QR Codes make it easier for members to have quick and easy access to their dental plan



Protecting More Than Just Your Smile®

# **Performance Guarantees**

	Standard	2021-2022 Results								
	Customer Service									
Average Speed to Answer	30 seconds or less	27 Seconds								
Abandonment Rate	5% or less	3 %								
First Call Resolution	90% or more	97%								
Claims Administration										
Turnaround Time	96%									
Turnaround Time	100%									
	Accuracy									
Procedural	95% of claims paid accurately	100%								
Financial	99% of dollars paid accurately	100%								
	Service and Account Management									
Account Management	\$10,000	Satisfied								
Eligibility Processing	100% of eligibility files processed within 2 business days	100%								
Network Discount	23% discount off submitted charges	29%								
Timely & Accurate Reporting	100% of reports delivered timely	100%								

## United Concordia<sup>®</sup> Dental

Protecting More Than Just Your Smile®

# **Our Commitments**

## **Our Valued Partnership**

X

#### Ensuring superior service through Performance Guarantees:

- Customer Service
- Claims Administration
- Account Management



Experienced and knowledgeable UCD team

Focusing on delivering a **best-in-class** experience focused on your core values and mission



X

Innovative tools and technology to support you and your members

U.S.-based Customer Service Team

Value Added benefits including College Tuition Benefits, GradFin and an Oral Wellness Consultant

## **Our Commitments**



#### **Best Value dental network-**

- Savings for you and your members
- Provider access for your members



#### Easy for members to connect with us:

- Live Chat Feature
  - Clients Corner

Simplified experience and engagement in benefit programs



**Dedicated Account Management** and service



Overall Value in our dental programs





# **Re-defining Primary Care**

October 5, 2022

# Introductions



Ryan Schmid President



Philip Frederick VP, Sales

# Vera's Primary Care Models



#### Next Generation Care Delivery & Health Navigation Model Single, Integrated Experience **Primary Care Provider Daily Scoring & Behavioral Health Dynamic Segmentation Specialist Proactive Omni-Channel** Engagement Health Coach ...Connected & Empowered **Dedicated Care Team** Through Data & Technology (In-Person & Virtual)... Care Guide/ Care Manager Point-of-Care Tools & Insights Ω¢ Diabetes Educator/ Steerage / Referrals to High-Nutritionist Value Care & Programs [¢] Continuous Re-

Pharmacist

Engagement

# Innovative personalized action plans for every member built on data-driven, outcomes-based care models



## Integrated Primary Care & Scope of Wraparound Services

### Prevention & Wellbeing

- Extended wellness visits
- Embedded behavioral health
- Personalized health coaching
- Additional services: Immunizations, family planning, occupational health, sports physicals, and more...

#### Disease & Care Management

- Engagement in condition-specific programs
- Easy access to Rx dispensaries & lab testing
- Rx management & adherence
- Broad spectrum of conditions covered\*

#### **Complex Care Navigation**

- Complex and co-morbid disease management
- Extended care team
- Benefits advocacy, appointment scheduling
- Referral management to high-quality, lower cost specialists

# Segmentation based on rich data enables targeted recommendations

## Claims-based segmentation drives personalized care journeys

#### Anemia Anxiety Aortic Valve Disorders Asthma At risk of BH condition (stress, mood, resiliency) Atrial Fibrillation & Flutter ADHD Autism Back pain Bipolar disorder Blood Clots **Breast Cancer** CAD Cardiac procedure Cerebrovascular disease Chronic Headache Chronic Kidney Disease Colorectal Cancer COPD COVID-19 Crohn's Disease

### Depression

Dyslipidemia Family Planning Financial challenge Glaucoma Gout Heart failure Hepatitis C Hip and knee pain HIV/AIDS Hypertension Inactivity Lung Cancer Medication management Mitral Valve Disorders Multiple Sclerosis Nutrition challenge Obesity **Obstructive Sleep Apnea** Osteoarthritis Osteoporosis

Postpartum Care Pregnancy Rheumatoid Arthritis Schizophrenia Sleep challenged Substance use disorder Thyroid Disorders Tobacco use **Ulcerative Colitis** Utilization. ER Utilization. HCC Utilization, OOP Utilization, OON Vaccination Weight challenge Weight Management Well child (prevention) Well man (prevention) Well woman (prevention)

...and more



# New data surfaces member context to enrich recommendations

#### • At-risk for type 2

- Diagnosed type 1
- Diagnosed type 2
- Controlled diabetes
- Diabetes with complications
- Diabetes with hospitalizations
- Risk of diabetes nephropathy ...and more

#### Comorbid, At Risk: T2 & Depression

- Biometrics: High blood sugar, high BMI, high BP
- Claims: No HbA1C
- Claims: Gap in BP medication fills
- + Search: "depression"
- + Health Goal: weight management
- + HRA: reported stress

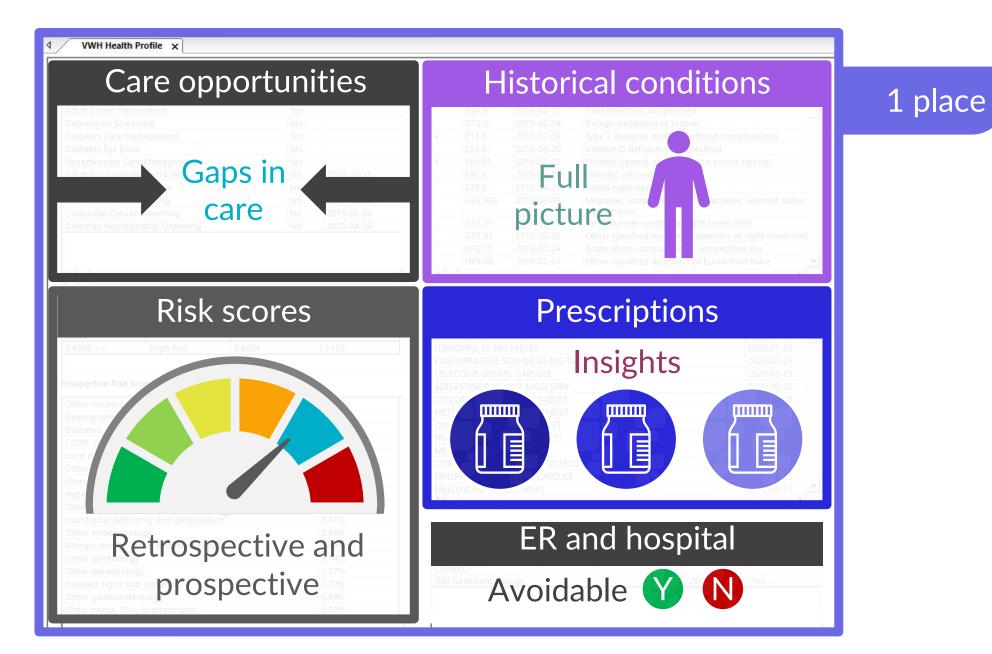
#### Rising Risk: T2 & Care Utilization

- Biometrics: High blood sugar, high BMI, high BP
- Claims: No HbA1C
- Claims: Gap in BP medication fills
- + Claims: overuse of ER
- + Claims: No preventive care
- + HRA: none

Virtual Behavioral Health

In-person PCP Visit

# Health Profile



# Advanced member steerage to high-value care and programs

#### Provider Directory, Network, and Cost

Comprehensive, accurate provider intelligence with out-of-pocket pricing

#### Quality (Q-Score) & Episode Efficiency 2 A composite quality score using 3<sup>rd</sup> party and proprietary algorithms (240 metrics from 30 data sources)

#### 3 Virtual Networks

Algorithm to match users to highest value providers by service

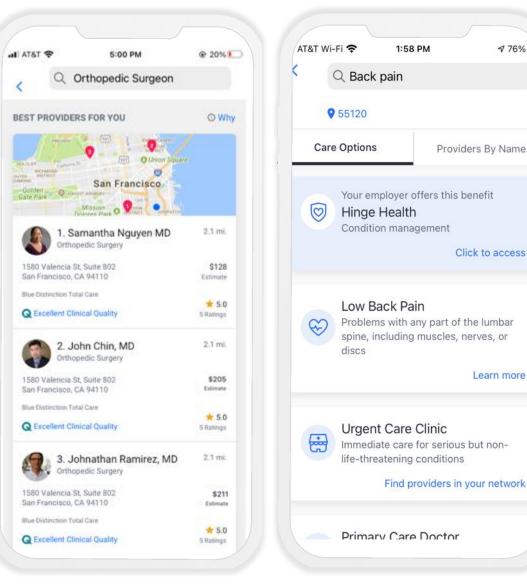
#### Personalized and Frictionless Engagement 4

Machine learning/AI-enabled personalized outreach and guidance

#### Configuration (Ecosystem, Branding) Build a highly custom, white label experience that serves as digital face of benefit design and unique programs

#### **Beyond Provider Steerage**

Intelligently steer members to programs, education materials, and community resources



7 76%

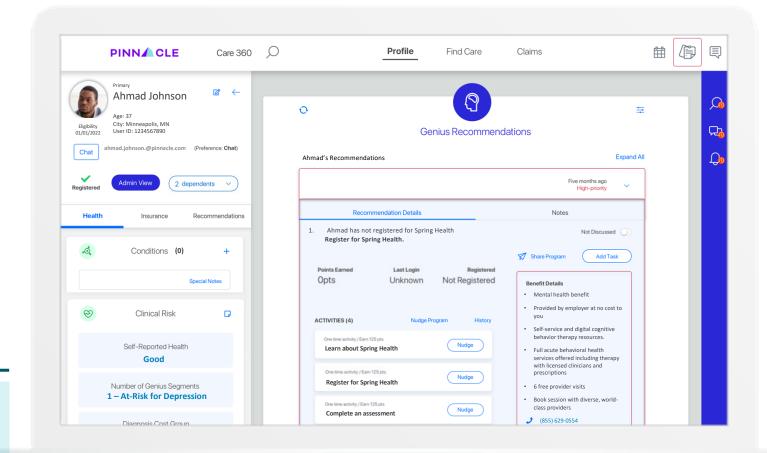
# Care Team tooling built to deliver high impact care and steer patients to high-value specialists and solutions

### Tackle population care gaps effectively Focused outreach to higher risk & underserved populations

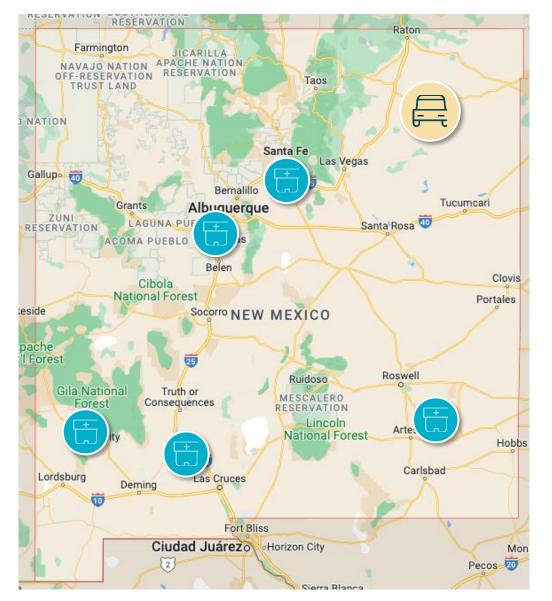
Deliver high impact care Provider insights into patient health needs & care utilization

Steer to value-based solutions Value-based specialists and integrated suite of condition management programs

Enables wrap-around services team with EMR-agnostic tooling to scale efficiently through Capacity Partners or brick and mortar owned clinics.



# Scalable network built on data



# Key Considerations

More than 2K-4K members, dependent on market size

Ability to expand by adding county, city, school

Scale footprint over time as membership grows

Consider mobile solution for remote areas



# Proven outcomes enable shift to value-based care



60%+ overall engaged 90%+ provider engaged



**8%-39%** Utilization Reduction Improvement

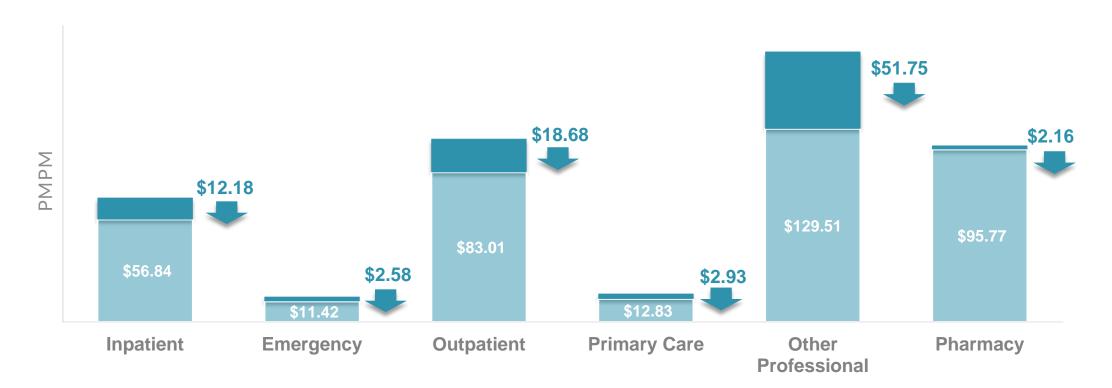


**53+** Client NPS **86+** Patient NPS



**50-75th** HEDIS **4.7** STARs Aligned Risk Payment Model Drives Better Outcomes at Lower Costs

TOTAL COST OF CARE SAVINGS



# Health plan Risk-based arrangement focused on quality & cost reduction

Partnership Regional Blue, differentiated product offering for the commercial population



#### Goals

- Growth & retention
- Differentiated member experience
- Cost management





45K eligible members



local clinics Savings outcomes

7.5% Total cost of care risk-adjusted savings



\$3M+ gross risk adjusted savings

## Quality outcomes HEDIS measures (2021)

	Target	Results
Breast cancer screening	80%	85%
Cervical cancer screening	80%	83%
Colorectal cancer screening	70%	73%
Diabetes control A1c>9%	44%	27%
Acute bronchitis antibiotic avoidance	26%	74%
Kidney health evaluation for patients with diabetes	70%	71%

Savings reflect 2020, calculations still underway for 2021, all quality metrics met Quality outcomes through Oct 2021, pending full calendar year

# Together, NMPSIA and Vera can redefine primary care

# VALUE-BASED PRIMARY CARE

Integrated technology, patient-centric care, cost-efficient steerage

### Independent Regional PCP Capacity

Locally based PCPs & multi-disciplinary care teams empowered to steer patients to high-value specialists and proven programs to support a population's broad clinical risk spectrum

### Tech-enabled care teams

Enabling optimal PCP & care team efficiency with dynamic patient segmentation & integrated tooling to guide patients to the right level of care along their healthcare journey

Outcomes-based care & value-based payment models Capitated pricing model with upside and downside risk to ensure exceptional patient experiences and reduce total cost of care

Delivered Across Multiple Lines of Business

Individual

Small & Large Group

National Accounts







# Thank You



#### NMPSIA BOARD REPORT SUMMARY - LIABILITY AND PROPERTY 07-31-2022

	ALL YEARS TOTAL								ALL YEARS TOTAL					GRAND	
OPEN CLAIMS FOR LIABILITY AS OF JULY 31, 2022							OPEN CLAIMS FOR PROPERTY AS OF JULY 31, 2022					2	1	TOTALS	
	NUMBER	NUMBER	NUMBER				NUMBER	NUMBER	NUMBER				TOTAL		
	OF	OF	OF				OF	OF	OF						
SCHOOL DISTRICT	OPEN	NEW	CLOSED	RESERVE	PAYMENT	TOTAL	OPEN	NEW	CLOSED	RESERVE	PAYMENT	TOTAL	OPEN	GRAND TOTAL	
	CLAIMS	CLAIMS	CLAIMS				CLAIMS	CLAIMS	CLAIMS				CLAIMS		
SUBTOTAL - DISTRICTS	303	14	20	\$22,644,445.57	\$12,426,612.33	\$35,071,057.90	72	2	3	\$34,733,797.64	\$17,818,344.02	\$52,552,141.66	375	\$87,623,199.56	
SUBTOTAL - CHARTER SCHOOLS	26	2	6	\$378,381.38	\$7,019,813.37	\$7,398,194.75	1	0	0	\$2,000.00	\$0.00	\$2,000.00	27	\$7,400,194.75	
GRAND TOTAL	329	16	26	\$23,022,826.95	\$19,446,425.70	\$42,469,252.65	73	2	3	\$34,735,797.64	\$17,818,344.02	\$52,554,141.66	402	\$95,023,394.31	

\_\_\_\_\_\_

CHANGE FROM PRIOR MONTH	CURRENT CHANGES LIABILITY CLAIMS FROM PRIOR MONTH						CURRENT CHANGES PROPERTY CLAIMS FROM PRIOR MONTH					CURRENT CHANGES		
SCHOOL DISTRICT	OPEN	NEW	CLOSED	RESERVE	PAYMENT	TOTAL	OPEN	NEW	CLOSED	RESERVE	PAYMENT	TOTAL	OPEN	GRAND TOTAL
	CLAIMS	CLAIMS	CLAIMS				CLAIMS	CLAIMS	CLAIMS				CLAIMS	
SUBTOTAL - DISTRICTS	(1)	(26)	(12)	(\$3,540,131.75)	\$4,506,941.78	\$966,810.03	(1)	(8)	(3)	\$23,767,570.61	\$620,864.15	\$24,388,434.76	(2)	\$25,355,244.79
SUBTOTAL - CHARTER SCHOOLS	(4)	(3)	6	\$16,500.31	(\$189,023.31)	(\$172,523.00)	0	(2)	(2)	\$0.00	\$0.00	\$0.00	(4)	(\$172,523.00)
GRAND TOTAL	(5)	(29)	(6)	(\$3,523,631.44)	\$4,317,918.47	\$794,287.03	(1)	(10)	(5)	\$23,767,570.61	\$620,864.15	\$24,388,434.76	(6)	\$25,182,721.79

HISTORY				MONTH TOTAL			MONTH TOTAL CHANGES FROM PRIOR MONTH TOTAL					
Monthly Totals	Open	New	Closed	RESERVE	PAYMENTS	TOTAL	Open	New	Closed	RESERVE	PAYMENTS	TOTAL
	Claims	Claims	Claims				Claims	Claims	Claims			
July - 2022	402	18	29	\$57,758,624.59	\$37,264,769.72	\$95,023,394.31	(6)	(39)	(11)	\$20,243,939.17	\$4,938,782.62	\$25,182,721.79
June - 2022	408	57	40	\$37,514,685.42	\$32,325,987.10	\$69,840,672.52	27	2	(33)	(\$813,665.77)	\$1,639,986.34	\$826,320.57
May - 2022	381	55	73	\$38,328,351.19	\$30,686,000.76	\$69,014,351.95	(16)	11	40	(\$5,203,062.14)	\$3,030,181.71	(\$2,172,880.43)
April - 2022	397	44	33	\$43,531,413.33	\$27,655,819.05	\$71,187,232.38	21	(25)	(7)	\$342,327.71	\$1,366,532.28	\$1,708,859.99
March - 2022	376	69	40	\$43,189,085.62	\$26,289,286.77	\$69,478,372.39	34	22	6	\$1,481,802.34	\$1,290,433.83	\$2,772,236.17
February - 2022	342	47	34	\$41,707,283.28	\$24,998,852.94	\$66,706,136.22	15	8	0	\$2,051,510.59	(\$272,536.59)	\$1,778,974.00
January - 2022	327	39	34	\$39,655,772.69	\$25,271,389.53	\$64,927,162.22	7	4	(17)	(\$2,780,159.39)	(\$279,539.15)	(\$3,059,698.54)
December - 2021	320	35	51	\$42,435,932.08	\$25,550,928.68	\$67,986,860.76	(14)	(12)	13	\$733,971.22	(\$846,129.80)	(\$112,158.58)
November - 2021	334	47	38	\$41,701,960.86	\$26,397,058.48	\$68,099,019.34	16	13	(12)	\$428,298.90	(\$140,259.94)	\$288,038.96
October - 2021	318	34	50	\$41,273,661.96	\$26,537,318.42	\$67,810,980.38	(11)	(17)	(1)	\$387,615.58	\$1,047,331.60	\$1,434,947.18
September - 2021	329	51	51	\$40,886,046.38	\$25,489,986.82	\$66,376,033.20	1	(2)	7	(\$1,015,326.68)	(\$14,926,877.83)	(\$15,942,204.51)
August - 2021	328	53	44	\$41,901,373.06	\$40,416,864.65	\$82,318,237.71	13	26	23	(\$6,602,301.51)	\$8,714,729.10	\$2,112,427.59
July - 2021	315	27	21	\$48,503,674.57	\$31,702,135.55	\$80,205,810.12	10	(6)	(14)	(\$9,463,560.36)	\$917,883.95	(\$8,545,676.41)
June - 2021	305	33	35	\$57,967,234.93	\$30,784,251.60	\$88,751,486.53	(1)	6	3	(\$7,958,945.25)	\$7,182,105.43	(\$776,839.82)
May - 2021	306	27	32	\$65,926,180.18	\$23,602,146.17	\$89,528,326.35	(1)	(17)	(12)	(\$3,911,820.87)	\$2,197,081.64	(\$1,714,739.23)
April - 2021	307	44	44	\$69,838,001.05	\$21,405,064.53	\$91,243,065.58	(4)	(11)	(20)	\$664,221.97	\$850,627.02	\$1,514,848.99
March - 2021	311	55	64	\$69,173,779.08	\$20,554,437.51	\$89,728,216.59	5	23	29	\$1,736,847.96	(\$1,879,101.28)	(\$142,253.32)
February - 2021	306	32	35	\$67,436,931.12	\$22,433,538.79	\$89,870,469.91	0	6	5	\$1,663,112.17	\$860,697.63	\$2,523,809.80
January - 2021	306	26	30	\$65,773,818.95	\$21,572,841.16	\$87,346,660.11	3	3	(7)	\$3,370,469.11	\$580,052.17	\$3,950,521.28
December - 2020	303	23	37	\$62,403,349.84	\$20,992,788.99	\$83,396,138.83	(10)	(8)	(6)	(\$581,271.80)	\$177,982.64	(\$403,289.16)
November - 2020	313	31	43	\$62,984,621.64	\$20,814,806.35	\$83,799,427.99	(11)	(1)	(2)	(\$367,874.33)	(\$1,858,671.89)	(\$2,226,546.22)
October - 2020	324	32	45	\$63,352,495.97	\$22,673,478.24	\$86,025,974.21	(8)	(11)	1	(\$1,061,841.28)	\$338,457.26	(\$723,384.02)
September - 2020	332	43	44	\$64,414,337.25	\$22,335,020.98	\$86,749,358.23	5	(3)	(6)	\$4,366,893.14	(\$3,456,682.77)	\$910,210.37
August - 2020	327	46	50	\$60,047,444.11	\$25,791,703.75	\$85,839,147.86	(2)	12	(13)	\$2,049,364.59	\$207,038.63	\$2,256,403.22
July - 2020	329	34	63	\$57,998,079.52	\$25,584,665.12	\$83,582,744.64	(13)	6	10	\$623,995.55	(\$503,018.35)	\$120,977.20



ALL YEARS TOTAL OPEN CLAIMS FOR WORKERS' COMPENSATION AS OF JULY 31, 2022														
SCHOOL DISTRICT				PENED NEW			CLOSED		-	SERVE		YMENT	TOTAL	
HISTORY	Chg	Ct	Chg	Ct	Chg	Ct	Chg	Ct	Change	Current	Change	Current	Change	Current
JULY-2022	(61)	884	(18)	14	(35)	58	(7)	133	(\$548,564)	\$13,413,439.70	(\$1,038,108)	\$47,258,537.68	(\$1,586,672)	\$ 60,671,977.38
JUNE-2022	(15)	945	+10	32	(114)	93	(59)	140	(\$344,886)	\$13,962,003.26	+\$54,290	\$48,296,645.97	(\$290,596)	\$ 62,258,649.23
	OPEN		RE-OPENED		NEW		CLOSED		RESERVE		PAYMENT		TOTAL	
HISTORY	Chg	Ct	Chg	Ct	Chg	Ct	Chg	Ct	Change	Current	Change	Current	Change	Current
JULY-2022	(61)	884	(18)	14	(35)	58	(7)	133	(\$548,564)	\$13,413,439.70	(\$1,038,108)	\$47,258,537.68	(\$1,586,672)	\$ 60,671,977.38
JUNE-2022	(15)	945	+10	32	(114)	93	(59)	140	(\$344,886)	\$13,962,003.26	+\$54,290	\$48,296,645.97	(\$290,596)	\$ 62,258,649.23
MAY-2022	+30	960	(1)	22	+29	207	+18	199	(\$24,133)	\$14,306,889.60	+\$353,763	\$48,242,355.49	+\$329,630	\$ 62,549,245.09
APRIL-2022	+20	930	+1	23	(47)	178	(24)	181	(\$354,710)	\$14,331,022.70	+\$398,883	\$47,888,592.21	+\$44,173	\$ 62,219,614.91
MARCH-2022	+42	910	+7	22	+59	225	+26	205	+\$27,833	\$14,685,732.34	(\$404,683)	\$47,489,709.58	(\$376,850)	\$ 62,175,441.92
FEBRUARY-2022	+1	868	+2	15	+65	166	+9	179	+\$168,625	\$14,657,898.88	(\$178,556)	\$47,894,392.95	(\$9,932)	\$ 62,552,291.83
JANUARY-2022	+0	867	+0	13	+0	101	+0	170	+\$204,865	\$14,489,274.20	(\$236,518)	\$48,072,949.17	(\$31,653)	\$ 62,562,223.37
DECEMBER-2021	(56)	867	(9)	13	(67)	101	(54)	170	(\$73,386)	\$14,284,409.04	(\$316,376)	\$48,309,467.44	(\$389,761)	\$ 62,593,876.48
NOVEMBER-2021	(34)	923	(17)	22	(34)	168	+35	224	(\$299,608)	\$14,357,794.86	(\$450,346)	\$48,625,842.94	(\$749,954)	\$ 62,983,637.80
OCTOBER-2021	+52	957	+23	39	(40)	202	(12)	189	+\$756,885	\$14,657,403.06	(\$111,683)	\$49,076,188.93	+\$645,202	\$ 63,733,591.99
SEPTEMBER-2021	+57	905	+2	16	+27	242	+10	201	+\$71,559	\$13,900,518.15	(\$403,273)	\$49,187,872.17	(\$331,714)	\$ 63,088,390.32
AUGUST-2021	+38	848	+1	14	+154	215	+91	191	(\$27,930)	\$13,828,959.45	(\$136,432)	\$49,591,145.27	(\$164,361)	\$ 63,420,104.72
JULY-2021	(26)	810	(5)	13	(20)	61	(10)	100	(\$179,232)	\$13,856,889.02	+\$301,019	\$49,727,577.14	+\$121,788	\$ 63,584,466.16
JUNE-2021	(11)	836	(3)	18	(67)	81	(26)	110	(\$8,065)	\$14,036,120.59	(\$289,351)	\$49,426,557.96	(\$297,416)	\$ 63,462,678.55
MAY-2021	+33	847	+13	21	(40)	148	(1)	136	(\$372,986)	\$14,044,185.65	(\$262,097)	\$49,715,908.54	(\$635,083)	\$ 63,760,094.19
APRIL-2021	+59	814	(4)	8	+63	188	+38	137	(\$26,222)	\$14,417,171.69	+\$34,571	\$49,978,005.34	+\$8,349	\$ 64,395,177.03
MARCH-2021	+38	755	+6	12	+29	125	(5)	99	+\$322,358	\$14,443,393.30	+\$53,478	\$49,943,434.55	+\$375,835	\$ 64,386,827.85
FEBRUARY-2021	(2)	717	(8)	6	+39	96	+19	104	(\$347,549)	\$14,121,035.63	(\$98,645)	\$49,889,956.94	(\$446,193)	\$ 64,010,992.57
JANUARY-2021	(14)	719	+5	14	+8	57	(28)	85	(\$21,541)	\$14,468,584.16	+\$284,394	\$49,988,601.75	+\$262,853	\$ 64,457,185.91
DECEMBER-2020	(55)	733	(2)	9	(19)	49	(5)	113	(\$140,827)	\$14,490,125.38	(\$815,625)	\$49,704,207.32	(\$956,451)	\$ 64,194,332.70
NOVEMBER-2020	(39)	788	(1)	11	(34)	68	+10	118	+\$256,577	\$14,630,952.20	(\$497,463)	\$50,519,831.99	(\$240,886)	\$ 65,150,784.19
OCTOBER-2020	+6	827	+4	12	(7)	102	+12	108	(\$179,532)	\$14,374,375.16	+\$29,412	\$51,017,294.97	(\$150,120)	\$ 65,391,670.13
SEPTEMBER-2020	+21	821	+2	8	+33	109	+6	96	(\$223,317)	\$14,553,906.93	+\$19,544	\$50,987,883.44	(\$203,773)	\$ 65,541,790.37
AUGUST-2020	(8)	800	(3)	6	+45	76	+20	90	+\$6,035	\$14,777,223.97	(\$203,860)	\$50,968,339.27	(\$197,825)	\$ 65,745,563.24
JULY-2020	(28)	808	+0	9	(9)	31	(31)	70	(\$192,135)	\$14,771,188.76	+\$115,265	\$51,172,199.03	(\$76,870)	\$ 65,943,387.79
JUNE-2020	(52)	836	(2)	9	(3)	40	+0	101	(\$65,519)	\$14,963,323.51	+\$171,712	\$51,056,933.96	+\$106,193	\$ 66,020,257.47
MAY-2020	(47)	888	(3)	11	+5	43	(48)	101	+\$80,413	\$15,028,842.93	(\$685,831)	\$50,885,221.68	(\$605,418)	\$ 65,914,064.61
APRIL-2020	(97)	935	(10)	14	(88)	38	(84)	149	(\$387,956)	\$14,948,429.98	(\$707,090)	\$51,571,052.40	(\$1,095,046)	\$ 66,519,482.38
MARCH-2020	(83)	1,032	(5)	24	(132)	126	+23	233	(\$465,833)	\$15,336,386.15	(\$111,414)	\$52,278,142.52	(\$577,247)	\$ 67,614,528.67
FEBRUARY-2020	+77	1,115	(7)	29	+27	258	(49)	210	+\$374,372	\$15,802,218.71	+\$274,161	\$52,389,556.80	+\$648,533	\$ 68,191,775.51
JANUARY-2020	+8	1,038	+14	36	+31	231	+7	259	+\$313,853	\$15,427,846.88	(\$838,082)	\$52,115,395.98	(\$524,229)	\$ 67,543,242.86



ALL YEARS TOTAL OPEN CLAIMS FOR WORKERS' COMPENSATION AS OF July 31, 2022															
CHARTER SCHOOL	OPEN			PENED	NEW		CLOSED		RESERVE				YMENT	TOTAL	
HISTORY	Chg	Ct	Chg	Ct	Chg	Ct	Chg	Ct	Change		Current	Change	Current	Change	Current
JULY-2022	(3)	44	+0	1	+4	6	+3	10	+\$6,248	\$	795,741.44	+\$9,746	\$ 1,966,276.84	+\$15,995	\$2,762,018.28
JUNE-2022	(3)	47	+1	1	(9)	2	(7)	7	(\$43,681)	\$	789,493.43	+\$29,740	\$ 1,956,530.34	(\$13,941)	\$2,746,023.77
CHARTER SCHOOL	OPEN		RE-OPENED		NEW		CLO	SED	RESERVE			PAYMENT		TOTAL	
HISTORY	Chg	Ct	Chg	Ct	Chg	Ct	Chg	Ct	Change		Current	Change	Current	Change	Current
JULY-2022	(3)	44	+0	1	+4	6	+3	10	+\$6,248	\$	795,741.44	+\$9,746	\$ 1,966,276.84	+\$15,995	\$2,762,018.28
JUNE-2022	(3)	47	+1	1	(9)	2	(7)	7	(\$43,681)	\$	789,493.43	+\$29,740	\$ 1,956,530.34	(\$13,941)	\$2,746,023.77
MAY-2022	(3)	51	+0	0	+1	11	+10	14	(\$29,616)	\$	833,174.56	+\$44,892	\$ 1,926,790.51	+\$15,277	\$2,759,965.07
APRIL-2022	+6	54	(2)	0	(6)	10	(5)	4	(\$68,886)	\$	862,790.36	+\$168,297	\$ 1,881,898.08	+\$99,410	\$2,744,688.44
MARCH-2022	+9	48	+2	2	+11	16	(1)	9	+\$657	\$	931,676.51	+\$105,793	\$ 1,713,601.47	+\$106,449	\$2,645,277.98
FEBRUARY-2022	(5)	39	(1)	0	+0	5	+6	10	(\$10,262)	\$	931,019.99	+\$9,860	\$ 1,607,808.58	(\$402)	\$2,538,828.57
JANUARY-2022	+2	44	+0	1	+1	5	(2)	4	(\$57,788)	\$	941,281.61	+\$15,719	\$ 1,597,948.81	(\$42,069)	\$2,539,230.42
DECEMBER-2021	(1)	42	+1	1	(5)	4	(1)	6	+\$372,644	\$	999,069.99	+\$11,921	\$ 1,582,229.46	+\$384,565	\$2,581,299.45
NOVEMBER-2021	+2	43	(1)	0	(1)	9	(1)	7	+\$78,324	\$	626,426.25	(\$25,354)	\$ 1,570,308.41	+\$52,971	\$2,196,734.66
OCTOBER-2021	+3	41	+1	1	+3	10	+5	8	(\$27,115)	\$	548,101.87	+\$28,569	\$ 1,595,662.06	+\$1,454	\$2,143,763.93
SEPTEMBER-2021	+4	38	+0	0	+0	7	+0	3	(\$14,313)	\$	575,216.83	+\$44,220	\$ 1,567,093.53	+\$29,907	\$2,142,310.36
AUGUST-2021	+4	34	+0	0	+5	7	+1	3	(\$37,112)	\$	589,529.88	+\$93,512	\$ 1,522,873.45	+\$56,401	\$2,112,403.33
JULY-2021	+0	30	(2)	0	(1)	2	+0	2	+\$137	\$	626,641.48	+\$54,157	\$ 1,429,361.01	+\$54,294	\$2,056,002.49
JUNE-2021	+3	30	+1	2	+1	3	+1	2	+\$25,924	\$	626,504.44	(\$241,619)	\$ 1,375,203.90	(\$215,694)	\$2,001,708.34
MAY-2021	+2	27	+1	1	(8)	2	(7)	1	(\$236,571)	\$	600,580.03	+\$270,654	\$ 1,616,822.49	+\$34,082	\$2,217,402.52
APRIL-2021	+2	25	(1)	0	+9	10	+6	8	+\$5,731	\$	837,151.09	(\$21,219)	\$ 1,346,168.99	(\$15,488)	\$2,183,320.08
MARCH-2021	+0	23	+1	1	+0	1	(1)	2	(\$21,294)	\$	831,419.61	(\$28,199)	\$ 1,367,388.38	(\$49,493)	\$2,198,807.99
FEBRUARY-2021	(2)	23	(1)	0	+1	1	+1	3	(\$50,003)	\$	852,714.04	+\$33,083	\$ 1,395,586.97	(\$16,921)	\$2,248,301.01
JANUARY-2021	(1)	25	+1	1	(3)	0	(3)	2	(\$12,366)	\$	902,717.50	+\$21,800	\$ 1,362,504.31	+\$9,434	\$2,265,221.81
DECEMBER-2020	(2)	26	+0	0	+2	3	+1	5	(\$7,508)	\$	915,083.31	(\$8,604)	\$ 1,340,704.56	(\$16,112)	\$2,255,787.87
NOVEMBER-2020	(3)	28	(1)	0	(2)	1	+2	4	+\$94,090	\$	922,591.45	(\$87,448)	\$ 1,349,308.47	+\$6,642	\$2,271,899.92
OCTOBER-2020	+1	31	+0	1	(2)	3	(3)	2	+\$229,281	\$	828,501.88	+\$129,497	\$ 1,436,756.04	+\$358,779	\$2,265,257.92
SEPTEMBER-2020	+1	30	+0	1	+4	5	+1	5	+\$15,865	\$	599,220.63	+\$27,958	\$ 1,307,258.66	+\$43,823	\$1,906,479.29
AUGUST-2020	(2)	29	+1	1	+1	1	+1	4	(\$30,160)	\$	583,356.09	+\$3,290	\$ 1,279,300.32	(\$26,870)	\$1,862,656.41
JULY-2020	(1)	31	(1)	0	(2)	0	+0	3	+\$14,082	\$	613,515.68	+\$9,819	\$ 1,276,010.55	+\$23,901	\$1,889,526.23
JUNE-2020	+0	32	+0	1	+2	2	+2	3	(\$29,687)	\$	599,433.75	+\$22,997	\$ 1,266,191.06	(\$6,690)	\$1,865,624.81
MAY-2020	+0	32	(1)	1	(3)	0	(5)	1	+\$6,075	\$	629,120.81	+\$12,838	\$ 1,243,194.00	+\$18,913	\$1,872,314.81
APRIL-2020	(1)	32	+1	2	+1	3	(5)	6	(\$85,694)	\$	623,046.15	(\$186,145)	\$ 1,230,355.78	(\$271,838)	\$1,853,401.93
MARCH-2020	(8)	33	+1	1	(42)	2	(3)	11	+\$14,058	\$	708,739.78	+\$27,195	\$ 1,416,500.31	+\$41,253	\$2,125,240.09
FEBRUARY-2020	(3)	41	(1)	0	+36	44	+2	14	(\$19,515)	\$	694,681.78	(\$63,159)	\$ 1,389,305.39	(\$82,674)	\$2,083,987.17
JANUARY-2020	(3)	44	+1	1	(4)	8	+3	12	(\$22,137)	\$	714,196.30	+\$56,658	\$ 1,452,464.65	+\$34,520	\$2,166,660.95

August 2022	Total Rec	Total Capital	Total Non- Capital	Corrected Capital	Corrected Non- Capital	Total Corrected		
August 2022	361	15	349	3	327	330		
Total % Corrected % Corrected Capital % Corrected Non-Capital	91.41% 20.00% 93.70%		<ul> <li>Total Corrected/Total Recommendations</li> <li>Corrected Capital/Total Capital</li> <li>Corrected Non-Capital/Total Non-Capital</li> </ul>					