



**AGENDA**

**PUBLIC AGENCY COALITION ENTERPRISE (PACE)**

**EXECUTIVE COMMITTEE MEETING**

**May 29, 2024**

**2:00 pm**

**ZOOM MEETING:** <https://zoom.us/j/94072446750>

**Meeting ID:** 940 7244 6750

**Call-in number to access audio via phone not computer:**

13052241968,,94072446750#

*Any document provided to a majority of the members of the Public Agency Coalition Enterprise (PACE) regarding any item on this agenda will be made available for public inspection at the meeting and at Keenan, 1111 Broadway, Suite 2000, Oakland, CA 94607 during normal business hours.*

**I. CALL TO ORDER**

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**II. ROLL CALL**

**EXECUTIVE COMMITTEE MEMBERS:**

SANGER, CITY OF  
SUPERIOR COURT OF CA, MENDOCINO COUNTY  
TRUCKEE DONNER RECREATION & PARK DISTRICT  
GUSTINE, CITY OF

Becky Padron, **Secretary/Treasurer**  
Kim Turner, **Vice President**  
David Faris, **President**  
Melanie Correa, Non-Officer Member  
Open Position, Non-Officer Member

**MANAGERS:**

KEENAN & ASSOCIATES

E. Peter McNamara  
Christine Hough  
Melissa King  
Mariana Torres Hernandez

**BOARD MEMBERS:**

SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

Stacey Barnier

**OTHERS:**

KEENAN & ASSOCIATES

Sam Mel-Chan  
Laurie LoFranco  
Dayna Gowan  
Robin Rager  
Mariah Caracoza  
Alexandria Van Brunt

ANTHEM

Darren Reddick

EMPIRX

Michelle Rimes  
Haajar Yanes

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**III. PUBLIC COMMENTS**

Comments from the general public will be received and limited to five minutes per person regarding items not on the agenda.

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**IV. APPROVAL OF AGENDA – May 29, 2024,**  
Presented by David Faris

**Action**  
**2024-012**

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**V. APPROVAL OF MINUTES – January 24, 2024,**  
Presented by David Faris

**Action**  
**2024-013**

The Executive Committee will review the minutes of the previous Executive Committee Meeting for any adjustments and adoption.

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**VI. CORRESPONDENCE**  
Presented by E. Peter McNamara

**Information and Action, if needed**  
**2024-014**

Correspondence will be presented and reviewed by the Executive Committee. No action may be taken in response; only referred for action on a subsequent agenda.

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**VII. FINANCIAL**

**QUARTERLY FINANCIAL REVIEW**  
**PACE 2024 FINAL BUDGET**  
**WELLNESS BUDGET HISTORY**  
Presented by Sam Mel-Chan

**Information and Action**  
**2024-015**

The Executive Committee will hear a report on the Quarterly Financial Review as of March 31, 2024, re-view Wellness Budget history, and will vote to approve the PACE 2024 Budget.

**REVIEW OF PACE INVESTMENT POLICY**  
Presented by Melissa King

**Action**  
**2024-016**

The Executive Committee will review and discuss the PACE investment policy.

**ANTHEM UPDATE**  
Presented by Darren Reddick and E. Peter McNamara

**Information**  
**2024-017**

The Executive Committee will hear a report on Anthem claims experience.

**ANCILLARY UPDATE - EMPIRX**

Presented by Melissa King

**Information  
2024-018**

The Executive Committee will hear a report on EmpiRx specialty drug utilization and EmpiRx platform transition.

**WELLNESS UPDATES**

Presented by Dayna Gowan

**Action  
2024-019**

The Executive Committee will hear a report and discuss the 2025 Wellness Program Recommendations and costs.

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**VIII. ADMINISTRATION**

**PACE NEW MEMBER ACTIVITY**

Presented by Christine Hough

**Information  
2024-020**

PACE Management will review new marketing activity of the PACE JPA.

**ELECTION OF NON-OFFICER EXECUTIVE COMMITTEE MEMBER  
FOR MAY 29, 2024 – DECEMBER 31, 2025, TERM**

Presented by E. Peter McNamara

**Action  
2024-021**

The Executive Committee will vote on one Non-Officer Executive Committee Member position for the May 29, 2024 – December 31, 2025, term.

**AUDIT SERVICES RFP RESULTS**

**Action  
2024-022**

The Executive Committee will hear an update on the PACE Audit Services Request for Proposal and vote on new auditing service provider.

**ANTHEM CLAIM APPEAL**

**Information or Action if need be  
2024-023**

The Executive Committee will hear a report on City of Sanger and Superior Court of Mendocino County's subscribers' claim appeals and vote on claim appeals.

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**IX. INFORMATION**

**EXECUTIVE COMMITTEE COMMENTS**

**Information**

Each Executive Committee member may report about various matters involving the Authority. There will be no Executive Committee discussion except to ask questions, and no action will be taken unless listed on a subsequent agenda.

**MANAGER COMMENTS**

**Information**

PACE Management will report to the Executive Committee about various matters involving the Authority. There will be no Executive Committee discussion except to ask questions, and no action will be taken unless listed on a subsequent agenda.

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**X. AGENDA ITEMS NEXT MEETING**

**Information**

Executive Committee Members and others may suggest items for consideration at the next meeting scheduled for July 24, 2024, via Zoom.

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**XI. ADJOURNMENT**



MINUTES

PUBLIC AGENCY COALITION ENTERPRISE (PACE)

EXECUTIVE COMMITTEE STRATEGIC PLANNING MEETING

January 24, 2024

8:15 am

I. CALL TO ORDER

8:15 am

The meeting was called to order at 8:26 am

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II. ROLL CALL

**EXECUTIVE COMMITTEE MEMBERS:**

GUSTINE, CITY OF  
SANGER, CITY OF  
SUPERIOR COURT OF CA, MENDOCINO COUNTY  
TRUCKEE DONNER RECREATION & PARK DISTRICT

Melanie Correa  
Becky Ramirez, **Secretary/Treasurer**  
Kim Turner, **Vice President**  
David Faris, **President**

**MANAGERS:**

KEENAN & ASSOCIATES

Peter McNamara  
Melissa King  
Christine Hough  
Sam Mel-Chan

**OTHERS:**

KEENAN & ASSOCIATES

Amy Donovan  
Dayna Gowan  
Robin Rager

ANTHEM

Emma Rodriguez  
Kristyn Nelms

KAISER

Andrea Maciel

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III. PUBLIC COMMENTS

There were no public comments.

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IV. APPROVAL OF AGENDA

Presented by David Faris

**Action**  
**2024-001**

Motion to approve the January 24, 2024 Agenda: 1. Kim Turner and 2. Melanie Correa. Motion unanimously approved by the Executive Committee.

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**V. APPROVAL OF MINUTES – December 6, 2023** **Action**  
**2024-002**  
Presented by David Faris

Motion to approve December 6, 2023 Minutes: 1. Kim Turner and 2. Melanie Correa. Motion unanimously approved by the Executive Committee

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**VI. CORRESPONDENCE** **Information**  
**2024-003**  
Presented by E. Peter McNamara

There was no correspondence.

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**VII. FINANCIAL**

**2023 DRAFT YEAR END FINANCIALS** **Information**  
**2024-004**  
Presented by Sam Mel-Chan

The draft 2023 year end financials were reviewed. Interest income, from the LAIF and CAMP programs, and late fees improved PACE’s financial position.

Late fees were discussed, including how to proceed if an agency repeatedly does not pay their late fee invoices, specifically Redwood Coast Energy Authority. The PACE Executive Director will issue a formal late fee payment demand letter to Redwood Coast Energy Authority.

PACE’s estimated net cash position as of 12/31/23 was \$11.32M. There should be a 2023 premium refund from PACE’s stop loss carrier, Symetra, for having a loss ratio below 60% issued in 2024 which will be reflected in the final 2023 financial statement.

**ANTHEM UPDATE** **Information**  
**2024-005**  
Presented by Emma Rodriguez and Kristyn Nelms

Emma Rodriguez and Kristyn Nelms presented an Anthem 2023 update including:

Fully Insured population:

- 2023 utilization was reviewed discussion on reminding member agencies of the telehealth and behavioral health services available. There was an increase in adolescents seeking behavior health services.
- PATH micro website for PACE to provide education support to PACE membership. Other new partnerships are with Octave Behavioral Health, Headway of CA.
- 41% of HMO membership received wellness preventative services with 11% of those being men.

Self-funded population:

- High cost claims over \$50k in 2023 (55) increased over 2022 (47) mainly due to cancer treatment claims with the majority of claims incurred by employee members. PACE Management receives monthly reports on high cost claims with information regarding the type of claims and if is an ongoing chronic condition which will continue to incur claims.
- Regional trend increased about 18%.



- Decrease in in patient utilization from 2022 with an increase in outpatient services.
- Cancer prevalence decreased in 2023 from 2022.
- Low back pain utilization – members could benefit from preventative services such as Hinge, to reduce utilization.
- Top five conditions were reviewed and how to best communicate services to member and dependents.

PACE utilization of and services available on the Sydney mobile app were reviewed.

### **KAISER UPDATE**

Presented by Andrea Maciel

**Information  
2024-006**

Andrea Maciel presented a Kaiser update including:

KP & Healthcare Cost Drivers:

- Inflation & supply chain disruptions.
- Labor shortages – temp/travel nursing higher cost temporary solutions.
- Increased demand for care.
- Providers are challenged with hospital financial costs with worst year in decades.

Northern California Experience

- Larger population than SoCal in PACE – rated based on 50% of PACE claims.
- Utilization trends are decreasing since prior year and since the 2024 renewal calculation period
- Inpatient - Very good low utilization.
- Outpatient – performing well, but an increase with mental health.
- Pharmacy - very good low utilization with a successful transition to biosimilars for Humira.

Sothern California Experience

- Smaller and is rated based on 30% on PACE claims.
- Increasing in all categories, except outpatient – opposite performance than NoCal PACE population

### **EMPIRX BIOSIMILAR EDUCATION MATERIAL UPDATE**

Presented by Melissa King

**Information  
2024-007**

A draft biosimilar education letter was reviewed. Recommendations to reformat communication to be more concise and direct regarding Humira and what biosimilars are, and to create a general biosimilar communication with our top 5 high-cost utilized Rx that have biosimilars that would be impactful to PACE's pharmacy spend.

### **COMPLIANCE AND TRANSPARENCY UPDATE**

Presented by Amy Donovan

**Information  
2024-008**

Amy Donovan presented an update on compliance issues applicable to PACE including an overview of where we are within the ACA and CAA compliance requirement timeline. She noted the ACA did not create

affordability for health plan, it created access to health plans. CAA Gag clause attestations will occur annually.

Extension of Telehealth Relief – through the end of 2024 to allow HDHP to provide first dollar coverage – this is an optional extension – we would have to add this to our health plans

Mental Health parity – requires network adequacy – aligned with Anthem’s increase in 4,000 providers in 2023 and 2024. If the department of labor requests a comparative analysis, there is a not a lot of time given to produce these reports (10-days). Our carriers are responsible for this reporting. Bigger issue for a tier 1 private network outside of the carriers (PACE does not offer a separate network like this).

LTC Update—Actuarial report issued December 2023 which details, tax payment of between 0.6%and 3% depending on plan design. Additionally, there are limits on investment of funds which could raise tax payment to almost 4%. There would need to be a California constitutional amendment to allow for more investment options of these funds. In the 2024 calendar year, there is \$38 billion deficit in CA. Given this deficit and election year, insiders in Sacramento report that Governor Newsom is not prioritizing this legislation for 2024.

Two New California Leaves – Reproductive Loss Leave – SB 848 and Paid Sick Leave – SB 616 were reviewed. Keenan legal briefings are available online.

Contraceptive Coverage – HHS letter health plans (1/22/24) contraception is preventative treatment that should be 100% covered by the plan. More details are available in ACA FAQ Bulletin part 64 released by CMS.

Medicare Drug Price Negotiations – first round of 10 drugs eligible for negotiation. It will be interesting to see how this impacts non-Medicare Rx plan costs.

Rx Drug Legislation - Federal Bills including, Lower Costs, More Transparency Act (H.R. 5378) and 3 Senate bills. Bipartisan bicameral support for transparency and changes to pharmacy benefit management with potential bans on “spreading pricing”.

## **WELLNESS PROGRAM UPDATE**

Presented by Dayna Gowan and Robin Rager

**Information  
2024-009**

Dayna Gowan and Robin Rager presented the Virgin Pulse wellness program.

Dayna reviewed our 2024 offering through WellSteps and provided an overview of a new solution, VirginPulse. The solution provides the following wellness resources to participants:

- Live & digital coaching
- Corporate challenges
- Multi-Media Communications
- Rewards – through the platform

VirginPulse also puts an emphasis driving on engagement with users through:

- Daily points and routine/habit support – connected to smart devices to gamify wellness

- Does connect with both Apple and Android applications
- Mental Wellbeing focused support
- Many ways to collect points, Dayna recommends for PACE to offer an annual point structure
- Rewards – discounted items and can use points towards the rewards, gift cards, charity donation options as well
- Individuals can add 10 others to join the app at no cost

For the PACE rollout of VirginPulse, PACE would send out mailers to participants. Dayna and Robin reviewed the pricing structure. For the next meeting the EC would like to look at additional pricing including the following items:

- Pricing for Total Population Health Coaching
- Include Spouses in being rewards eligible
- Increase the annual reward level to \$200
- Historical PACE Wellness Spend to aid with the additional costs for the above mentioned items

With VirginPulse, we can use our claims data to provide targeted outreach by the KeenanWell team to members who would benefit from VirginPulse wellness coaching. The change to VirginPulse would be a minimum contract period of three years.

### **2023 AUDIT SERVICES UPDATE**

Presented by Melissa King

**Information  
2024-010**

PACE has not issued a request for quotes for audit services. Targeting to have results for next EC meeting, which will provide plenty of time in advance PACE's audit occurring in fall of each year.

### **PACE WEBSITE REVIEW**

Presented by Melissa King

**Information  
2024-011**

The Executive Committee reviewed and discussed content on the PACE website. The following recommendations were made:

- Remove bulky images from the top of each section category
- Create a member resources tab for each carrier (Anthem and Kaiser)
- Build out VirginPulse wellness member tab that can help support and communicate this new resource to membership
- Look into cost and availability of purchasing "PACE.org" URL
- Remove Financials and Member Login tabs

**VIII. INFORMATION**

**EXECUTIVE COMMITTEE COMMENTS**

**Information**

Great to see everyone and Nancy was missed!

**MANAGER COMMENTS**

**Information**

BenefitBridge is potentially going away; there will be a replacement.

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**IX. AGENDA ITEMS NEXT MEETING**

**Information**

Executive Committee Members and others may suggest items for consideration at the next meeting which will be held on March 27, 2024 via Zoom.

- May include Monthly Financial Report, Anthem update, EmpiRx updates and new member activity.

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**X. ADJOURNMENT**

The meeting was adjourned at 1:06 pm.

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

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SUBJECT:  
Correspondence

ITEM #: 2024-014

Enclosure: Yes

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Category: Correspondence

Prepared by: Keenan & Associates

Requested by: Executive Committee

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**BACKGROUND:**

Communications received by, or sent on behalf of, PACE are presented to the Executive Committee. These communications are normally informational in content and no action is required except to acknowledge the communication.

**STATUS:**

The Executive Committee will review any correspondence received by or sent on behalf of PACE.

**RECOMMENDATIONS:**

If the Executive Committee decides further discussions or actions are required on any specific communication, they will direct it to be placed on a future agenda and/or have PACE Management research the issue further.



**Secretary of State**  
**Registry of Public Agencies**  
 (Government Code section 53051)

**SF-405**

**IMPORTANT — Read Instructions before completing this form.**

There is **No Fee** for a Registry of Public Agencies filing  
**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00

**This Space For Office Use Only**

**1. Type of Filing** (Check one.)

- Initial Filing (first Registry of Public Agencies filing for an agency)
- Updated Filing (change to an existing Registry of Public Agencies record)

**2. Agency Information**

a. Full Legal Name of Public Agency	
b. Nature of Update (complete if Updated Filing)	
c. County	d. Official Mailing Address

**3. Chairperson, President, or Other Presiding Officer**

a. Name	b. Title
c. Business or Residence Address	

**4. Clerk or Secretary**

a. Name	b. Title
c. Business or Residence Address	

**5. Other Members of the Governing Board** (Enter as many as applicable. Attach additional pages for additional members.)

Name	Business or Residence Address
Name	Business or Residence Address
Name	Business or Residence Address
Name	Business or Residence Address
Name	Business or Residence Address

**6. Date and Sign Below** (Additional members set forth on attached pages, if any, are incorporated herein by reference and made part of this Form SF-405, Registry of Public Agencies.)

Date	 Signature	Type or Print Name
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**Joining Office:**  
**City of Claremont**  
207 Harvard Ave.  
Claremont, CA 91711  
Daylene Alliman, Member

**Community Action Partnership of Kern County**  
1300 18<sup>th</sup> Street, Suite 200  
Bakersfield, CA 93301  
661-336-5236  
Lisa McGranahan

**Community Action Partnership of Kern County**  
1300 18<sup>th</sup> Street, Suite 200  
Bakersfield, CA 93301  
661-336-5236  
Tracy Webster

**Regional Government Services**  
410 Canyon Oaks Drive  
Oakland, CA 94605  
Jennifer Seibert, Member

**San Bernardino County Employees' Retirement Association**  
348 W. Hospitality Lane, Suite 100  
San Bernardino, CA 92408  
Stacey Barnier, Member

**San Bernardino County Employees' Retirement Association**  
348 W. Hospitality Lane, Suite 100  
San Bernardino, CA 92408  
Iliana Carreon, Member

**Leaving Office:**  
**City of California City**  
21000 Hacienda Blvd  
California City, CA 93505  
Latisha Lamberth, Member

**City of California City**  
21000 Hacienda Blvd  
California City, CA 93505  
Sonia Tapia, Member

**Regional Government Services**  
4774 Montaire Drive  
Shingle Springs, CA 95682  
Christina Nygard, Member

**City of Lemoore**  
711 West Cinnamon Drive  
Lemoore, CA 93245  
Michelle Speer, Member



# State of California Secretary of State

FILE NO. \_\_\_\_\_

## AMENDMENT OF A JOINT POWERS AGREEMENT

(Government Code section 6503.5)

### Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942870, Sacramento, CA 94277-2870.
2. Include filing fee of \$1.00.
3. Do not include attachments.
4. A copy of the full text of the joint powers agreement and amendments, if any, must be submitted to the State Controller's office. For address information, contact the State Controller's office at [www.sco.ca.gov](http://www.sco.ca.gov).

(Office Use Only)

Date of filing initial notice with the Secretary of State: \_\_\_\_\_

File number of initial notice: \_\_\_\_\_

Name of the agency or entity created under the agreement and responsible for the administration of the agreement: \_\_\_\_\_

Agency's or Entity's Mailing Address: \_\_\_\_\_

Title of the agreement: \_\_\_\_\_

Complete one or more boxes below. The agreement has been amended to:

[ ] Change the parties to the agreement as follows: Please remove City of California City eff. 12/31/23. Please add Community Action Partnership of Kern eff. 1/1/24 and San Bernardino County Employees' Retirement Association

[ ] Change the name of the administering agency or entity as follows: \_\_\_\_\_ eff. 3/1/24.

[ ] Change the purpose of the agreement or the powers to be exercised as follows: \_\_\_\_\_

[ ] Change the short title of the agreement as follows: \_\_\_\_\_

[ ] Make other changes to the agreement as follows: \_\_\_\_\_

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME

ADDRESS

CITY/STATE/ZIP

Date

*David Faris*

Signature

Typed Name and Title



# MONTHLY FDA APPROVALS & UPDATES

MARCH 2024

Drug	Rezdiffra (resmetirom) <i>Madrigal Pharmaceuticals</i>
Indication and Condition Overview	<p>Approved for the treatment of adults with noncirrhotic nonalcoholic steatohepatitis (NASH) with moderate to advanced liver fibrosis, in conjunction with diet and exercise.</p> <p>NASH is the most severe form of nonalcoholic fatty liver disease (NAFLD) and is characterized by an abnormal accumulation of fat in the liver- affecting 1.5-6.5% of US adults.</p> <p>Rezdiffra is the first medication approved for treatment of NASH. It is a thyroid hormone receptor-beta (THR-β) agonist.</p>
Dosage	Rezdiffra is dosed orally once daily, using weight-based dosing- ranging from 80mg to 100mg orally daily.
Warning	Rezdiffra should be avoided in patients with decompensated cirrhosis. Common adverse effects include diarrhea, nausea, vomiting, pruritis, constipation, dizziness, and abdominal pain.
Cost	The annual wholesale acquisition cost (WAC) is \$48,058.
Formulary Status	The P&T committee will review for formulary placement and clinical edits, to ensure safe & appropriate use.

Drug	Vafseo (vadadustat) <i>Akebia Therapeutics</i>
Indication and Condition Overview	<p>Approved for treatment of anemia due to chronic kidney disease (CDK) in adults who have been on dialysis for at least three months.</p> <p>About 500,000 adults in the U.S. on dialysis suffer from anemia due to CKD. At least 90% of patients on dialysis can develop anemia.</p> <p>Vafseo is a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor, working to stimulate endogenous erythropoietin production.</p>
Dosage	Starting dose is 300mg taken by mouth, once daily. The dose is titrated up slowly to achieve or maintain hemoglobin levels of 10 to 11 g/dL. Doses may range from 150mg to a maximum of 600mg.
Warning	Most common side effects are hypertension and diarrhea. Vafseo is contraindicated for use in patients with uncontrolled hypertension.
Cost	Pricing is not yet available.
Formulary Status	The P&T committee will review for formulary placement and clinical edits, to ensure safe & appropriate use.

**From:** [Alexandria Van Brunt](#)  
**To:** [Melissa King](#)  
**Cc:** [Everett McNamara](#); [Michelle Rimes](#)  
**Subject:** FW: EmpiRx Health Platform Announcement  
**Date:** Thursday, April 11, 2024 7:42:05 PM  
**Attachments:** [2024 Platform Migration Kickoff PACE.pdf](#)  
[image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)

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Hi Melissa-

Per my Voicemail, we have some exciting changes with EmipRx.

EmpiRx will be migrating clients to a new platform.

To better service their clients, EmpiRx will be moving from Benecard to Script Care Tredium.

The attached presentation is a high-level overview of the changes and process.

Because there is some work associated with the migration, we will need to communicate and work with each client's TPA.

Prior to reaching out to the TPA, we want to make sure that the client is made aware.

Please let me know what the best way is to communicate this change to the client.

Additionally, we will need to discuss next steps. I will reach back out with dates for next week.

Please let me know if you have any questions.

Thank you.



**Alexandria Van Brunt**  
Sr. Account Executive  
Keenan Pharmacy Services

o: 310-212-3344  
e: [avanbrunt@keenand.com](mailto:avanbrunt@keenand.com)

Keenan & Associates | CA License #0451271 | 2355 Crenshaw Blvd., Suite 200, Torrance, CA 90501



**APRIL IS**  
**CHILD ABUSE PREVENTION MONTH**  
[Click here](#) to visit our resource page and learn how to help  
keep kids safe.

EmpiRx Health is committed to providing the highest quality service, innovative clinical solutions, and valuable trend management strategies. The EmpiRx Health Pharmacy and Therapeutics (P&T) Committee continually reviews the latest information available to keep our clinical rules and programs up to date to improve care and reduce costs.

As a result of detailed discussions regarding each medication, its indications, FDA guidelines, and potential member safety issues, the following changes have been approved.

### Additions to the Specialty Medication and Standard Clinical Review List

*For your reference, we have included the Therapeutic Category as well as the medication use.*

#### **ADZYNMA** (ADAMTS13, recombinant-krhn)

- A human recombinant “A disintegrin and metalloproteinase with thrombospondin motifs 13” (rADAMTS13).
- Indicated for prophylactic or on demand enzyme replacement therapy (ERT) in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP).
- There are warnings for hypersensitivity reactions and immunogenicity.

#### **AGAMREE** (vamorolone)

- A corticosteroid.
- Indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.
- There are warnings for alterations in endocrine function, immunosuppression and increased risk of infection, alterations in cardiovascular/renal function, gastrointestinal perforation, behavioral and mood disturbances, effects on bones, ophthalmic effects, and vaccination.

#### **ALYGLO** (immune globulin intravenous, human-stwk)

- A 10% immune globulin liquid for intravenous injection.
- Indicated for the treatment of primary humoral immunodeficiency (PI) in adults.
- There is a black box warning for thrombosis and renal dysfunction, acute renal failure, osmotic nephropathy, and death.

#### **AUGTYRO** (repotrectinib)

- A kinase inhibitor.
- Indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC).
- There are warnings for central nervous system effects, interstitial lung disease/pneumonitis, hepatotoxicity, myalgia with creatine phosphokinase elevation, hyperuricemia, skeletal fractures, and embryo-fetal toxicity.

#### **BIMZELX** (bimekizumab-bkzx)

- A humanized interleukin-17A and F antagonist.
- Indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.
- There are warnings for suicidal ideation and behavior, infections, tuberculosis, liver biochemical abnormalities, and inflammatory bowel disease.

## P&T Committee Changes

Effective 4.1.2024

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### **CASGEVY** (exagamglogene autotemcel)

- An autologous genome edited hematopoietic stem cell-based gene therapy.
- Indicated for the treatment of patients aged 12 years and older with: sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs), or transfusion-dependent  $\beta$ -thalassemia (TDT).
- There are warnings for neutrophil engraftment failure, delayed platelet engraftment, hypersensitivity reactions, and off-target genome editing risk.

### **FABHALTA** (iptacopan)

- A complement factor B inhibitor.
- Indicated for the treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH).
- There is a black box warning for increased risk of serious and life-threatening infections caused by encapsulated bacteria.

### **FILSUIVEZ** (birch triterpenes)

- A topical gel.
- Indicated for the treatment of wounds associated with dystrophic and junctional epidermolysis bullosa in adult and pediatric patients 6 months of age and older.

### **FRUZAQLA** (fruquintinib)

- A kinase inhibitor.
- Indicated for the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type and medically appropriate, an anti-EGFR therapy.
- There are warnings for hypertension, hemorrhagic events, infections, gastrointestinal perforation, hepatotoxicity, proteinuria, palmar-plantar erythrodysesthesia, posterior reversible encephalopathy syndrome, impaired wound healing, arterial thromboembolic events, allergic reactions to FD&C yellow No. 5 (Tartrazine) and No. 6 (Sunset Yellow FCF), and embryo-fetal toxicity.

### **IDOSE TR** (travoprost intracameral implant)

- A prostaglandin analog.
- Indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).
- There are warnings for iridocorneal angles, device dislocation, and pigmentation.

### **IWILFIN** (eflornithine)

- An ornithine decarboxylase inhibitor.
- Indicated to reduce the risk of relapse in adult and pediatric patients with high-risk neuroblastoma (HRNB) who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy.
- There are warnings for myelosuppression, hepatotoxicity, hearing loss, embryo-fetal toxicity.

### **LOQTORZI** (toripalimab-tpzi)

- A programmed death receptor-1 (PD-1)- blocking antibody.
- Indicated in combination with cisplatin and gemcitabine, for first-line treatment of adults with metastatic or with recurrent locally advanced nasopharyngeal carcinoma (NPC), or as a single agent for the treatment of adults with recurrent unresectable or metastatic NPC with disease

## P&T Committee Changes

Effective 4.1.2024

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progression on or after a platinum-containing chemotherapy.

- There are warnings for immune-mediated adverse reactions, infusion-related reactions, complications of allogeneic HSCT, and embryo-fetal toxicity.

### **LYFGENIA** (lovotibeglogene autotemcel)

- An autologous hematopoietic stem cell-based gene therapy.
- Indicated for the treatment of patients 12 years of age or older with sickle cell disease and a history of vaso-occlusive events.
- There is a black box warning for hematologic malignancy.

### **OGSIVEO** (nirogacestat)

- A gamma secretase inhibitor.
- Indicated for adult patients with progressing desmoid tumors who require systemic treatment.
- There are warnings for diarrhea, ovarian toxicity, hepatotoxicity, non-melanoma skin cancers, electrolyte abnormalities, and embryo-fetal toxicity.

### **OMVOH** (mirikizumab-mrkz)

- An interleukin-23 antagonist.
- Indicated for the treatment of moderately to severely active ulcerative colitis in adults.
- There are warnings for hypersensitivity reactions, infections, tuberculosis, hepatotoxicity, and immunizations.

### **OPFOLDA** (miglustat)

- An enzyme stabilizer.
- Indicated, in combination with POMBILITI, for the treatment of adult patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing  $\geq 40$  kg and who are not improving on their current enzyme replacement therapy (ERT).
- There is warning for embryo-fetal toxicity.

### **POMBILITI** (cipaglusosidase alfa-atga)

- A hydrolytic lysosomal glycogen-specific enzyme.
- Indicated, in combination with OPFOLDA, for the treatment of adult patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing  $\geq 40$  kg and who are not improving on their current enzyme replacement therapy (ERT).
- There is a black box warning for hypersensitivity reactions including anaphylaxis, infusion-associated reactions (IARs), and risk of acute cardiorespiratory failure in susceptible patients.

### **RIVFLOZA** (nedosiran)

- An LDHA-directed small interfering RNA.
- Indicated to lower urinary oxalate levels in children 9 years of age and older and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function.

### **RYZNEUTA** (efbemalenograstim alfa-vuxw)

- A leukocyte growth factor.
- Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.
- There are warnings for fatal splenic rupture, acute respiratory distress syndrome (ARDS), serious allergic reactions including anaphylaxis, sickle cell crises in Patients with Sickle Cell Disorders,

## P&T Committee Changes

Effective 4.1.2024

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Glomerulonephritis, thrombocytopenia, capillary leak syndrome, and myelodysplastic syndrome (MDS) and acute myeloid leukemia (AML) in patients with breast and lung cancer.

### **TASMAR** (tolcapone)

- An inhibitor of catechol-O-methyltransferase (COMT).
- Indicated as an adjunct to levodopa and carbidopa for the treatment of the signs and symptoms of idiopathic Parkinson's disease.
- There is a black box warning for the risk of potentially fatal, acute fulminant liver failure.

### **TRUQAP** (capivasertib)

- A kinase inhibitor.
- Indicated, in combination with fulvestrant, for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations as detected by an FDA-approved test following progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy.
- There are warnings for hyperglycemia, diarrhea, cutaneous adverse reactions, and embryo-fetal toxicity.

### **VELSIPITY** (etrasimod)

- A sphingosine 1-phosphate receptor modulator.
- Indicated for the treatment of moderately to severely active ulcerative colitis in adults.
- There are warnings for infections, bradyarrhythmia and atrioventricular conduction delays, liver injury, macular edema, increased blood pressure, fetal risk, malignancies, posterior reversible encephalopathy syndrome (PRES), respiratory effects, unintended additive immune system effects from prior treatment with immunosuppressive or immune-modulating drugs, and immune system effects after stopping VELSIPITY.

### **WAINUA** (eplontersen)

- A transthyretin-directed antisense oligonucleotide.
- Indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.
- There is warning for reduced serum vitamin A levels and recommended supplementation.

### **XPHOZAH** (tenapanor)

- A sodium hydrogen exchanger 3 (NHE3) inhibitor.
- Indicated to reduce serum phosphorus in adults with chronic kidney disease (CKD) on dialysis as add-on therapy in patients who have an inadequate response to phosphate binders or who are intolerant of any dose of phosphate binder therapy.
- There is warning for severe diarrhea.

### **ZILBRYSQ** (zilucoplan)

- A complement inhibitor.
- Indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.
- There is a black box warning for life-threatening and fatal meningococcal infections.

## P&T Committee Changes

Effective 4.1.2024

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### ZYMFENTRA (infliximab-dyyb)

- A tumor necrosis factor (TNF) blocker.
- Indicated in adults for maintenance treatment of: moderately to severely active ulcerative colitis following treatment with an infliximab product administered intravenously, or moderately to severely active Crohn's disease following with an infliximab products administered intravenously.
- There is a black box warning for increased risk of serious infections and malignancy.

### Additions to the Standard Clinical Review List

*For your reference, we have included the Therapeutic Category as well as the medication use.*

### QLOSI (pilocarpine hydrochloride ophthalmic solution)

- A cholinergic agonist.
- Indicated for the treatment of presbyopia in adults.
- There are warnings for blurred vision, risk of retinal detachment, and iritis.

### ZELSUVMI (berdazimer)

- A nitric oxide (NO) releasing agent.
- Indicated for the topical treatment of molluscum contagiosum (MC) in adults and pediatric patients 1 year of age and older.

### ZEPBOUND (tirzepatide)

- A GIP receptor and GLP-1 receptor agonist.
- Indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults, meeting certain clinical criteria.

### Additions to the Specialty Drug List

*For your reference, we have included the Therapeutic Category as well as the medication use.*

### RYKINDO (risperidone)

- An atypical antipsychotic.
- Indicated for the treatment of schizophrenia in adults, or as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder in adults.
- There are warning for cerebrovascular adverse reactions in elderly patients with dementia-related psychosis, neuroleptic malignant syndrome (NMS), tardive dyskinesia, metabolic changes, hyperprolactinemia, orthostatic hypotension and syncope, leukopenia, neutropenia, and agranulocytosis, potential for cognitive and motor impairment, seizures, and priapism.

### Additions to the Quantity Limit List

*For your reference, we have included the generic name and dosage along with the appropriate quantity.*

### New Quantity Limits:

#### AGAMREE (Vamorolone Oral Susp)

- 200 per 30 days

## P&T Committee Changes

Effective 4.1.2024

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### **AUGTYRO 60 CAPSULE BOTTLE** (Repotrectinib Cap 40 MG)

- 60 per 15 days

### **AUGTYRO 120 CAPSULE BOTTLE** (Repotrectinib Cap 40 MG)

- 240 per 30 days

### **BIMZELX** (Bimekizumab-bkzx Subcutaneous Soln)

- 2 per 56 day

### **BRENZAVVY** (Bexagliflozin Tab)

- 30 per 30 days

### **BRIXADI 8MG WEEKLY** [Buprenorphine Ext Rel Soln Pref Syr (Weekly) 8 MG/0.16ML]

- 0.64 per 28 days

### **BRIXADI 16MG WEEKLY** [Buprenorphine Ext Rel Soln Pref Syr (Weekly) 16 MG/0.32ML]

- 1.28 per 28 days

### **BRIXADI 24MG WEEKLY** [Buprenorphine Ext Rel Soln Pref Syr (Weekly) 24 MG/0.48ML]

- 1.92 per 28 days

### **BRIXADI 32MG WEEKLY** [Buprenorphine Ext Rel Soln Pref Syr (Weekly) 32 MG/0.64ML]

- 2.56 per 28 days

### **BRIXADI 64MG MONTHLY** [Buprenorphine Extended Release Soln Pref Syr 64 MG/0.18ML]

- 0.18 per 28 days

### **BRIXADI 96MG MONTHLY** (Buprenorphine Extended Release Soln Pref Syr 96 MG/0.27ML)

- 0.27 per 28 days

### **BRIXADI 128MG MONTHLY** (Buprenorphine Extended Release Soln Pref Syr 128 MG/0.36ML)

- 0.36 per 28 days

### **CABTREO** (Adapalene-Benzoyl Peroxide-Clindamycin Gel 0.15-3.1-1.2%)

- 50 per 30 days

### **COARTEM** (Artemether-Lumefantrine Tab 20-120 MG)\*

- 24 per 90 days

### **DEXCOM G7 SENSOR** (Continuous Blood Glucose System Sensor)

- 3 per 30 day

### **ENTYVIO PEN** (Vedolizumab Soln Pen-injector 108 MG/0.68ML)

- 1.36 per 28 days

### **ENTYVIO PFS** (Vedolizumab Prefilled Syringe 108 MG/0.68ML)

- 1.36 per 28 days

### **FLUTICASONE CREAM** (Fluticasone Propionate Cream)

- 60 per 30 days



## P&T Committee Changes

Effective 4.1.2024

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### **FLUTICASONE LOTION** (Fluticasone Propionate Lotion)

- 60 per 30 day

### **FLUTICASONE OINTMENT** (Fluticasone Propionate Oint)

- 60 per 30 days

### **FLURAZEPAM** (Flurazepam HCl Cap)

- 30 per 30 days

### **IZERVAY** (Avacincaptad Pegol Intravitreal Soln)

- 0.1 per 28 days

### **LITFULO** (Ritlecitinib Tosylate Cap)

- 28 per 28 days

### **NOXAFIL ORAL SUSPENSION** (Bexagliflozin Tab)

- 600 per 30 days

### **OMVOH AUTO-INJECTOR** (Mirikizumab-mrkz Subcutaneous Soln Auto-Injector)

- 2 per 28 days

### **OMVOH IV** (Mirikizumab-mrkz IV Soln)

- 15 per 28 days

### **OPFOLDA** [Miglustat (GAA Deficiency) Cap 65 MG]

- 8 per 28 days

### **RIVFLOZA 80MG** (Nedosiran Sodium Subcutaneous Soln 80 MG/0.5ML)

- 1 per 28 days

### **RIVFLOZA 128MG** (Nedosiran Sodium Subcutaneous Soln Pref Syr 128 MG/0.8ML)

- 0.8 per 28 days

### **RIVFLOZA 160MG** (Nedosiran Sodium Subcutaneous Soln Pref Syr 160 MG/ML)

- 1 per 28 days

### **SUFLAVE** (PEG 3350-KCl-NaCl-Na Sulfate-Mag Sulfate For Soln)\*

- 2 per 30 days

### **SYFOVRE** (Pegcetacoplan Intravitreal Soln 15 MG/0.1ML)

- 0.1 per 25 day

### **TRUQAP** (Capivasertib Tab)

- 64 per 28 days

### **VELSIPITY** (Etrasimod Arginine Tab)

- 30 per 30 days

### **VOQUEZNA** (Vonoprazan Fumarate Tab)

- 30 per 30 days

## P&T Committee Changes

Effective 4.1.2024

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### **VYJUVEK** (Beremagene geperpavec-svdt Gel)

- 10 per 28 days

### **VYVGART HYTRULO** (Efgartigimod alf-Hyaluronidase-qvfc Sol 180-2000 MG-UNIT/ML)

- 22.4 per 50 days

### **WAINUA** (Eplontersen Sodium Subcutaneous Soln Auto-inj)

- 0.8 per 28 days

### **XPHOZAH** (Tenapanor HCl Tab)

- 60 per 30 days

### **ZELSUVMI** (Berdazimer Gel)

- 31 per 30 days

### **ZEPBOUND** [Tirzepatide (Weight Mngmt) Soln Auto-Injector]

- 2 per 28 days

### **ZILBRYSQ 16.6MG** (Zilucoplan Sodium Subcutaneous Soln Pref Syr 16.6 MG/0.416ML)

- 11.648 per 28 days

### **ZILBRYSQ 23MG** (Zilucoplan Sodium Subcutaneous Soln Pref Syr 23 MG/0.574ML)

- 16.072 per 28 day

### **ZILBRYSQ 32.4MG** (Zilucoplan Sodium Subcutaneous Soln Pref Syr 32.4 MG/0.81ML)

- 22.68 per 28 days

### **ZITUVIMET** (Sitagliptin and Metformin Tab)

- 60 per 30 days

### **ZORYVE FOAM** (Roflumilast Foam 0.3%)

- 60 per 30 days

\* = Quantity over time limit: *These claims can be entered for any day supply, but the member is limited to the quantity within the days' supply specified.*

### **Changes to the Quantity Limit List:**

#### **VEVYE** [Cyclosporine (Ophth) Soln 0.1%]

- Decreased from 60 per 30 days to 2 per 30 days

## P&T Committee Changes

Effective 4.1.2024

### Step Therapy Changes

#### Updates to Current Standard Algorithms:

##### **SGLT2 INHIBITORS** (Diabetes)

- Brenzavvy added as a 3<sup>rd</sup> line medication.

##### **COMBINATION BETA 2 AGONIST/CORTICOSTEROID INHALER** (Asthma)

- Airsupra added as a 2<sup>nd</sup> line medication.
- Duaklir removed from algorithm and added to the Long-Acting Muscarinic Antagonist/Long-Acting Beta-2 Agonist Combination Inhalers algorithm.

##### **SLEEP AIDS** (Insomnia)

- Flurazepam added as a 2<sup>nd</sup> line medication.

##### **BOWEL PREP** (Colonoscopy)

- Suflave added as a 2<sup>nd</sup> line medication.

##### **DRY EYE** (Dry Eye)

- Miebo added as a 2<sup>nd</sup> line medication.

##### **GLAUCOMA (OPHTHALMIC PROSTAGLANDINS)** (Glaucoma)

- Iyuzeh added as a 2<sup>nd</sup> line medication.

##### **ANTI-INFLAMMATORY** (Inflammation)

- Diclofenac (migraine) packet 50mg added as a 2<sup>nd</sup> line medication.

##### **ANTIPSYCHOTICS** (Mental Health)

- Rykindo added as a 2<sup>nd</sup> line medication. It is directed to risperidone.

##### **LONG-ACTING MUSCARINIC ANTAGONIST/LONG-ACTING BETA-2 AGONIST COMBINATION INHALERS** (COPD)

- Duaklir added as a 2<sup>nd</sup> line medication.

##### **PRENATAL VITAMINS** (Vitamin Deficiency)

- Ziphex and Zalvit moved from 1<sup>st</sup> to 2<sup>nd</sup> line medications.

##### **FOLIC ACID COMBINATIONS** (Vitamin Deficiency)

- Bentivite and Folite added as 2<sup>nd</sup> line medications.

##### **OPIOID AGONIST** (Buprenorphine)

- Brixadi added as a 2<sup>nd</sup> line medication.
- This step algorithm is available if needed for future use, but is not currently active.

## P&T Committee Changes

Effective 4.1.2024

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### New Specialty Algorithms:

#### **LONG ACTING GROWTH HORMONES** (Growth Hormone Deficiency)

- Genotropin and Omnitrope are 1<sup>st</sup> line medications.
  - They are short-acting growth hormones, to be trialed first before progressing to a long-acting agent.
- Skytrofa is a 2<sup>nd</sup> line medication.
- Ngenla and Sogroya are 3<sup>rd</sup> line medications.

### Updates to Current Specialty Algorithms:

#### **NARCOLEPSY - SODIUM OXYBATE** (Narcolepsy)

- Lumryz moved from a 2<sup>nd</sup> to a 1<sup>st</sup> line medication.

#### **COLONY STIMULATING FACTOR (PEGFILGRASTIM)** (Hematopoietic Agents)

- Nyvepria moved from a 2<sup>nd</sup> to a 1<sup>st</sup> line medication.
- Ziextenzo moved from a 1<sup>st</sup> to a 2<sup>nd</sup> line medication.

#### **GROWTH HORMONES** (Growth Hormone Deficiency)

- Changed algorithm name from Growth Hormones to Short Acting Growth Hormones.
- Norditropin moved from a 1<sup>st</sup> to a 2<sup>nd</sup> line medication.
- Omnitrope moved from a 2<sup>nd</sup> to a 1<sup>st</sup> line medication.
- Skytrofa and Sogroya were removed from this algorithm and added to the new Long Acting Growth Hormones algorithm.

#### **AUTOIMMUNE INFLAMMATION** (Inflammatory Conditions)

- Bimzelx added as a 4<sup>th</sup> line medication for indication of psoriasis.
  - It is directed to three step 1 or 2 agents.
- Entyvio SQ added as a 3<sup>rd</sup> line medication for indication of ulcerative colitis.
  - It is directed to two step 1 or 2 agents.

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The reference to any medication above does not mean the medication is covered by your plan. The information contained within this document is proprietary and confidential and cannot be used, shared, or otherwise be made available for use without prior written approval by EmpiRx Health.

# MONTHLY FDA APPROVALS & UPDATES

MARCH 2024

Drug	Rezdiffra (resmetirom) <i>Madrigal Pharmaceuticals</i>
Indication and Condition Overview	<p>Approved for the treatment of adults with noncirrhotic nonalcoholic steatohepatitis (NASH) with moderate to advanced liver fibrosis, in conjunction with diet and exercise.</p> <p>NASH is the most severe form of nonalcoholic fatty liver disease (NAFLD) and is characterized by an abnormal accumulation of fat in the liver- affecting 1.5-6.5% of US adults.</p> <p>Rezdiffra is the first medication approved for treatment of NASH. It is a thyroid hormone receptor-beta (THR-β) agonist.</p>
Dosage	Rezdiffra is dosed orally once daily, using weight-based dosing- ranging from 80mg to 100mg orally daily.
Warning	Rezdiffra should be avoided in patients with decompensated cirrhosis. Common adverse effects include diarrhea, nausea, vomiting, pruritis, constipation, dizziness, and abdominal pain.
Cost	The annual wholesale acquisition cost (WAC) is \$48,058.
Formulary Status	The P&T committee will review for formulary placement and clinical edits, to ensure safe & appropriate use.

Drug	Vafseo (vadadustat) <i>Akebia Therapeutics</i>
Indication and Condition Overview	<p>Approved for treatment of anemia due to chronic kidney disease (CDK) in adults who have been on dialysis for at least three months.</p> <p>About 500,000 adults in the U.S. on dialysis suffer from anemia due to CKD. At least 90% of patients on dialysis can develop anemia.</p> <p>Vafseo is a hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor, working to stimulate endogenous erythropoietin production.</p>
Dosage	Starting dose is 300mg taken by mouth, once daily. The dose is titrated up slowly to achieve or maintain hemoglobin levels of 10 to 11 g/dL. Doses may range from 150mg to a maximum of 600mg.
Warning	Most common side effects are hypertension and diarrhea. Vafseo is contraindicated for use in patients with uncontrolled hypertension.
Cost	Pricing is not yet available.
Formulary Status	The P&T committee will review for formulary placement and clinical edits, to ensure safe & appropriate use.

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# Reimagining what's possible for every moment of health

2023 Strategic Insights

Prepared for PACE

January 2024



# About Your Review

## Reporting Periods

### Current Period

Paid January 2023 - December 2023

### Prior Period

Paid January 2022 - December 2022

### Prior Period 2

Paid January 2021 - December 2021

## High-Cost Claimants

### HCC

Paid Claims  $\geq$  \$100,000

### Non-HCCs

Paid Claims  $<$  \$100,000

## Plan Profile and Benchmark

### Plan Profile

PPO

### Benchmark

Anthem BoB

- PMPM (per member per month) paid amount is the metric used throughout this analysis to understand paid amount trends by individual plan participants (per member) over the duration of the plan period (per month).
- Utilization per 1,000 metrics included in this report are annualized (e.g., Visits per 1,000 =  $12,000 * (\text{Visits} / \text{Member Months})$ ) so that rates are comparable between time periods with differing lengths. Does not apply to utilizer and prevalence per 1,000 metrics (e.g., Prevalence per 1,000 =  $1,000 * (\text{Claimants} / \text{Average Members})$ ).
- Medical data is included.

# Executive Summary (Medical)

Understanding your medical trend is key in outlining an effective approach to healthcare. Insights into your members' conditions by spend and prevalence provide a window into underlying population health. Preventive care and behavioral health results can help determine the wellbeing of your population. Encouraging PCP visits can help members become more proactive in their healthcare.

## Trend

**▲ 17.9%**  
**Current Period PMPM Trend**  
 Benchmark Trend: ▲4.1%

**High-Cost Claimants**  
 HCC PMPM: ▲36.2%  
 Non-HCC PMPM: ▲11.3%

**\$15.2M**  
**Spend**  
 \$12.5M prior

## What were your top conditions?

Top spend condition categories  
 % of spend:

- Cancer: 13.2%**  
▲66.3% PMPM trend
- Musculoskeletal: 12.1%**  
▲30.3% PMPM trend
- Digestive: 9.8%**  
▲39.0% PMPM trend

## What's impacting members? % of members

**31.0%**  
**Chronic Conditions**  
 27.1% prior  
 (28.5% bmrk)

**12.5%**  
**Behavioral Health Claim**  
 11.6% prior  
 (14.1% bmrk)

## Are members visiting PCPs & getting wellness checks? % of members

**61.3%**  
**Primary Care Physician Visit**  
 58.0% prior  
 (59.5% bmrk)

**29.0%**  
**Adult Wellness Compliance**  
 31.5% prior  
 (41.0% bmrk)



# Network Value

In-Network  
Discount  
**60.7%**

57.6% prior

Network discounts have a **significant impact on the total cost of care**. The discount shown above is the negotiated percent from billed charges for your group. The total discount amount was **\$26.0M**.

In-Network  
Paid Claims  
**97.0%**

94.4% prior

Discounts can be influenced by network utilization. Anthem has more providers in our network than any other carrier **which leads to more access and more savings**. Ensuring high in-network utilization is essential in realizing full network discount potential.

Members with Total  
Care Providers  
**29.6%**

28.9% prior

Total Care payment arrangements focus on high quality **value-based care**. Providers that are part of the Total Care program are part of reimbursement models that focus on quality of care provided, not volume.

# Financial Review

# Enrollment

Identifying key aspects of your population allows for a strategic approach to providing holistic care and drives the insights needed for relevant and effective communication methods intended to enhance your specific strategy.

**PPO**

**▲ 3.5%** Membership  
3K

**▲ 1.8%** Avg member age

**▼ -3.7%** Contract size



**Employees**

**53.5%**  
Male

**44.0**  
Avg age  
(44.3 bmrk)

**40.5%**  
Millennial  
(26-40)



**Total Members**

**49.8%**  
Male

**33.7**  
Avg age

**2.1**  
Contract size



**Benchmark**

**50.5%**  
Male

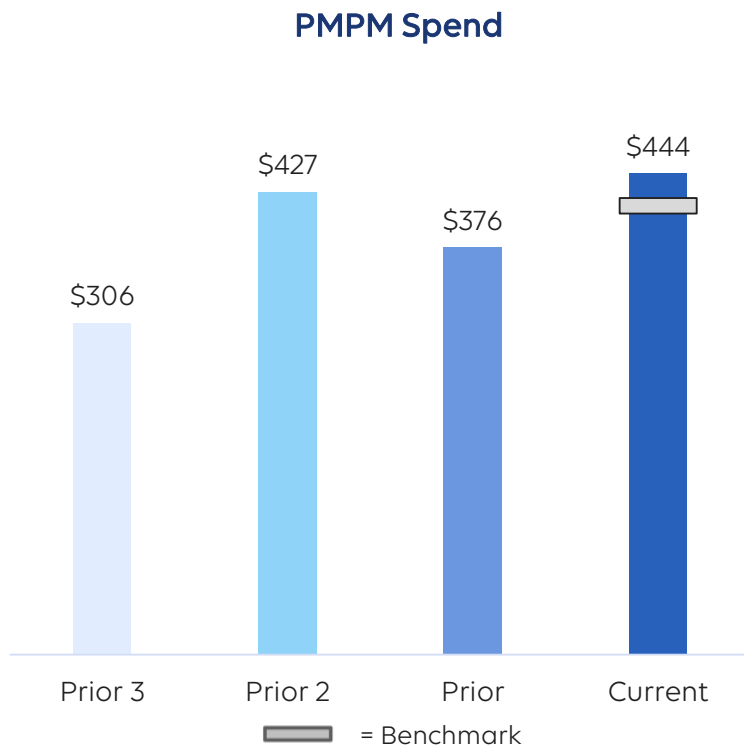
**34.8**  
Avg age

**2.0**  
Contract size

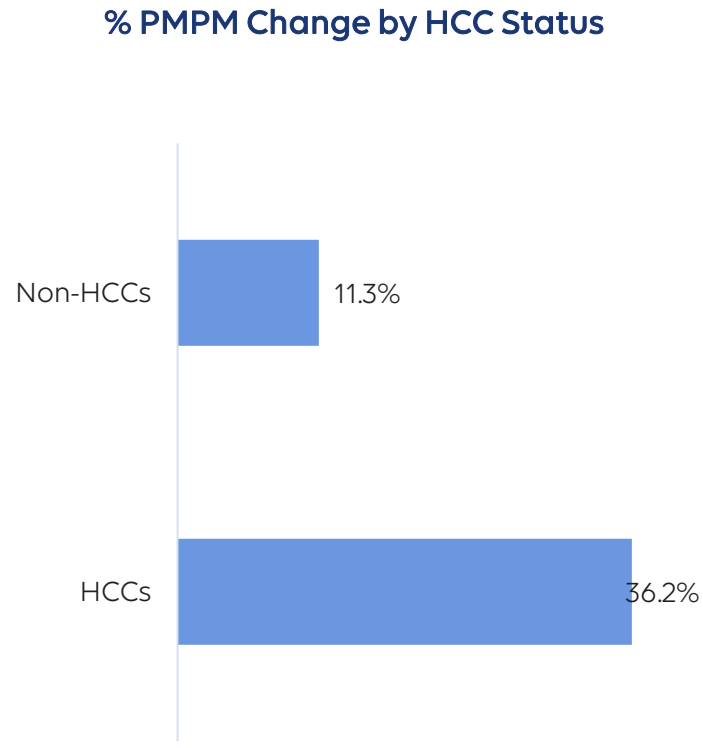
# Insights on Medical Trend

PMPM spend increased 18% in the current period. This was driven by a 36% increase in HCC spend and a 66% increase in Cancer spend.

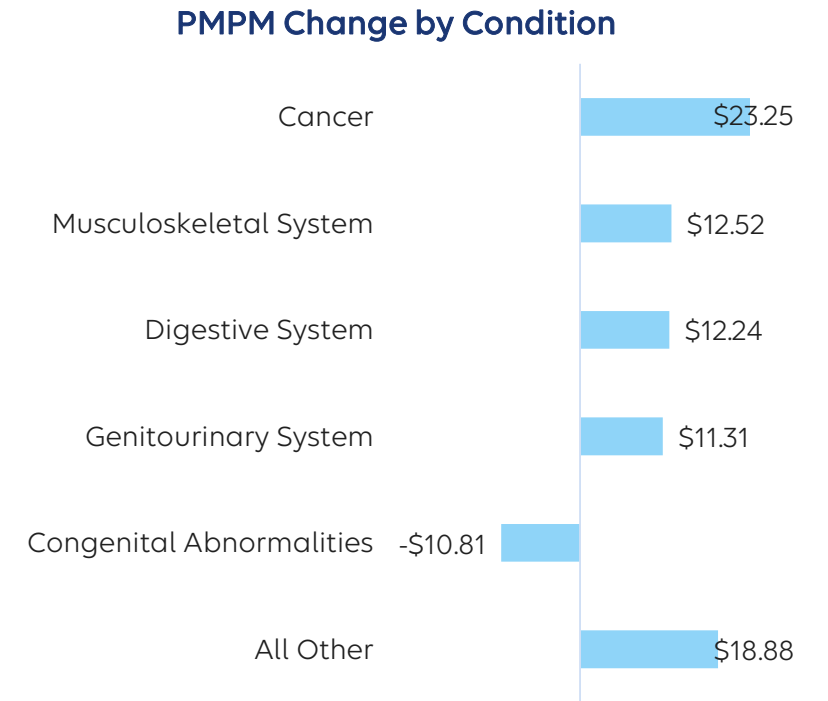
## What was the trend?



## Who was driving trend?



## What conditions were driving trend?



\* "All Other" consists of the remaining 17 ICD-10-CM sections.

# Place of Service

Understanding the financial and utilization trends across settings of care and educating members on appropriate utilization can help shift spend towards more cost-efficient care.

## Inpatient

**21% of spend**, 28% bmrk

▼ **-17% PMPM**

The inpatient facility is typically a higher cost-of-care setting where acute, observational, or long-term care is delivered. Where appropriate, shifting care from an inpatient to a more affordable setting can help reduce costs.

HCC % of spend  
54%, 51% prior  
(60% bmrk)

Admits per 1,000  
40 ▼-6%  
(-19% below bmrk)

Cost per admit  
\$27,308 ▼-12%  
(-3% below bmrk)

Average length of stay  
4.0 days ▼-19%  
(-22% below bmrk)

## Outpatient

**37% of spend**, 31% bmrk

▲ **64% PMPM**

Industry trends indicate shifting care from an inpatient to an outpatient setting can help lower overall costs. The outpatient setting can include orthopedic surgeries, biopsies, and other therapies.

HCC % of spend  
34%, 28% prior  
(34% bmrk)

Visits per 1,000  
1,249.5 ▲ 17%  
(8% above bmrk)

Cost per visit  
\$1,597 ▲ 40%  
(19% above bmrk)

Primary condition by spend  
Cancer  
(Cancer bmrk)

## Emergency

**11% of spend**, 8% bmrk

▲ **25% PMPM**

The ED, an acute, higher-cost facility, may be leveraged for non-emergencies, or avoidable ER conditions. Educating members on alternate settings of care (retail, virtual, primary) can help drive better outcomes and reduce member and employer costs.

HCC % of spend  
17%, 5% prior  
(8% bmrk)

Visits per 1,000  
216.8 ▲ 19%  
(13% above bmrk)

Cost per visit  
\$2,628 ▲ 4%  
(28% above bmrk)

% Avoidable  
46%, 45% prior  
(45% bmrk)

## Professional

**31% of spend**, 33% bmrk

▲ **9% PMPM**

The professional care setting typically is the lowest cost-of-care option and includes a variety of services like primary care office visits, annual physicals, lab work, radiology, and imaging.

HCC % of spend  
16%, 11% prior  
(18% bmrk)

PCP Visits per 1,000  
2,441.0 ▲ 0%  
(2% above bmrk)

Specialist Visits per 1,000  
6,746.8 ▲ 4%  
(-5% below bmrk)

# Clinical Review

# Total Population Health

**18%**  
**Non-Utilizers\***

525 Members  
18.4% of total members  
(17.8% prior / 19.0% bmrk)

**43%**  
**Healthy**  
0.7 Risk Score

1,228 Members  
27.6% of Spend  
\$285 PMPM  
63.3% Members Engaged<sup>1</sup>  
32.8% Care Gaps Closed (40.3% bmrk)

**5%**  
**At Risk**  
1.2 Risk Score

150 Members  
3.4% of Spend  
\$292 PMPM  
91.0% Members Engaged<sup>1</sup>  
61.4% Care Gaps Closed (70.3% bmrk)

**31%**  
**Chronic**  
2.9 Risk Score

885 Members  
60.6% of Spend  
\$868 PMPM  
87.0% Members Engaged<sup>1</sup>  
61.3% Care Gaps Closed (64.6% bmrk)

**3%**  
**Critical**  
5.0 Risk Score

72 Members  
8.4% of Spend  
\$1,475 PMPM  
93.4% Members Engaged<sup>1</sup>  
57.4% Care Gaps Closed (64.6% bmrk)

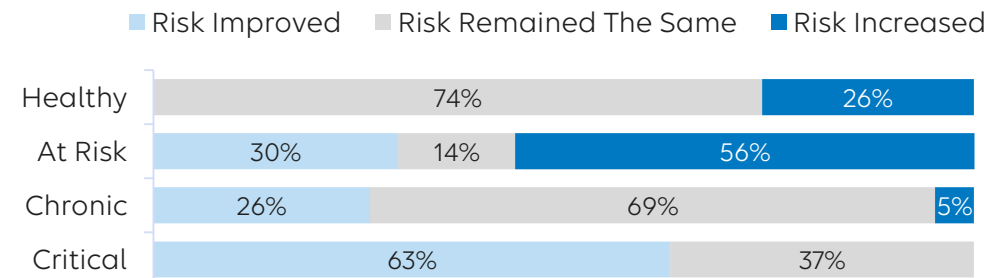
## Engaging Members at Every Stage in Life

Continuously Enrolled 1/1/2022 – 12/31/2023

See Terms and Definitions slide in the Appendix for full definitions of each category

- Keeping **low risk members healthy** helps employers control long term healthcare costs
- **74.2%** of **continuously enrolled members** classified as healthy at the beginning of the prior period **remained healthy** at the end of the current period. **25.8%** migrated to a **higher risk**.
- **29.7%** of the at risk, chronic, and critical members migrated to a **lower risk level**.

## Migration Analysis



\* Not filtered to continuously enrolled. See non-utilizer slide  
<sup>1</sup> Comprehensive engagement

# Top 5 Health Condition Categories

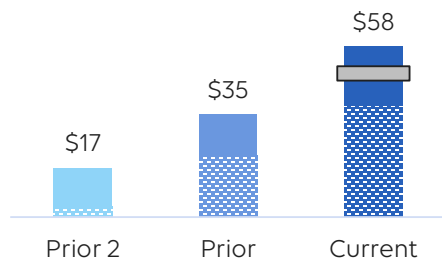
Understanding and monitoring condition prevalence and spend in your population can help inform strategies to help members. Cancer was your top spend condition during the current period. The benchmark top condition by spend was Cancer.

## #1 Cancer \$2.0M / 66 Claimants

- **2.0%** of Members, 1.7% prior
- **13.2%** of Spend, 9.3% prior
  - **65.0%** HCC, 59.5% prior

39.5% Chemo/Radiation  
13.4% Mal Neoplasm Livr  
Ntrahep Bile Duct  
9.9% Rectal Cancer

Current PMPM Trend: **▲ 66.3%**

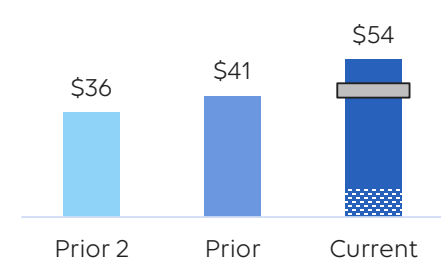


## #2 Musculoskeletal \$1.8M / 783 Claimants

- **23.9%** of Members, 22.6% prior
- **12.1%** of Spend, 11.0% prior
  - **18.2%** HCC, 0.0% prior

17.0% Osteo of Knee  
15.2% Vertebral Disorders  
14.5% Osteo of Hip

Current PMPM Trend: **▲ 30.3%**

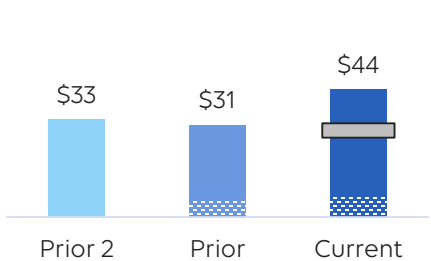


## #3 Digestive \$1.5M / 361 Claimants

- **11.0%** of Members, 8.8% prior
- **9.8%** of Spend, 8.4% prior
  - **16.8%** HCC, 19.1% prior

17.7% Colitis  
17.0% Gallstones  
10.8% Crohn's Disease

Current PMPM Trend: **▲ 39.0%**

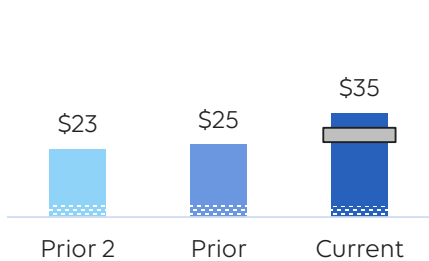


## #4 Injury & Poisoning \$1.2M / 445 Claimants

- **13.6%** of Members, 11.5% prior
- **8.0%** of Spend, 6.6% prior
  - **10.9%** HCC, 16.4% prior

10.5% Traumatic Brain Injury  
7.9% Disloc Sprain Jnt Lig Shldr  
Girdle  
7.4% Fracture of Femur

Current PMPM Trend: **▲ 43.6%**

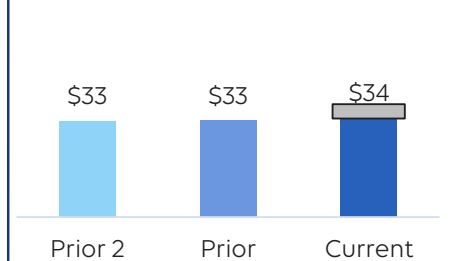


## #5 Health Status \$1.2M / 1,578 Claimants

- **48.1%** of Members, 50.5% prior
- **7.7%** of Spend, 8.8% prior
  - **0.0%** HCC, 0.0% prior

23.7% Preventive Services  
1.5% COVID Testing

Current PMPM Trend: **▲ 3.2%**



= HCC Impact

**PMPM Spend with HCC Impact**

= Benchmark



# Non-HCC Top 5 Health Condition Categories

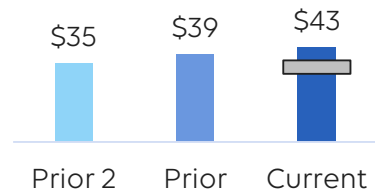
Focusing on the importance of touching members before they progress to HCCs is key to controlling spend. Below are your top condition categories by spend once HCCs are removed. Non-HCCs represented 99.3% of members and the highest spend category was Musculoskeletal.

## #1 Musculoskeletal \$1.5M / 771 Claimants

- **13.9%** of Spend, 14.3% prior
- **23.5%** of Members, 22.4% prior

18.2% Osteo of Hip  
12.0% Osteo of Knee  
11.1% Joint Disorder

Current PMPM Trend: **▲ 8.6%**

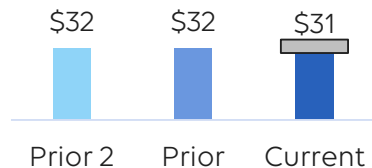


## #2 Health Status \$1.1M / 1,560 Claimants

- **10.2%** of Spend, 11.7% prior
- **47.6%** of Members, 50.1% prior

25.6% Preventive Services  
1.6% COVID Testing

Current PMPM Trend: **▼ -3.4%**

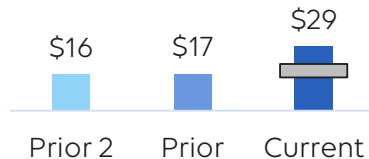


## #3 Injury & Poisoning \$993.1K / 437 Claimants

- **9.4%** of Spend, 6.0% prior
- **13.3%** of Members, 11.3% prior

9.7% Disloc Sprain Jnt Lig Shldr Girdle  
9.0% Fracture of Femur  
8.1% Fracture Of Shoulder And Upper Arm

Current PMPM Trend: **▲ 74.8%**

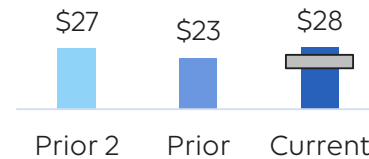


## #4 Digestive \$958.4K / 348 Claimants

- **9.1%** of Spend, 8.4% prior
- **10.6%** of Members, 8.6% prior

16.7% Crohn's Disease  
14.1% Gallstones  
11.9% Muscle Spasms of Colon

Current PMPM Trend: **▲ 20.6%**

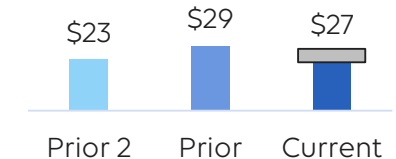


## #5 Ill-Defined Conditions \$913.2K / 1,054 Claimants

- **8.7%** of Spend, 10.6% prior
- **32.1%** of Members, 29.2% prior

17.5% Abdominal/Pelvic Pain  
12.9% Throat/Chest Pain  
4.7% Headache

Current PMPM Trend: **▼ -9.0%**



### PMPM Spend

All high-cost claimant claims and costs are excluded from this report, regardless of primary diagnosis

■ Benchmark

Current Period: Paid January 2023 - December 2023

# High-Cost Claimants (Medical)

HCCs can have a large impact on overall spend. HCCs represented **0.7% of members** (0.5% prior) and **30.8% of spend** (26.7% prior). Focus on the importance of touching members before they become your sickest and most costly.

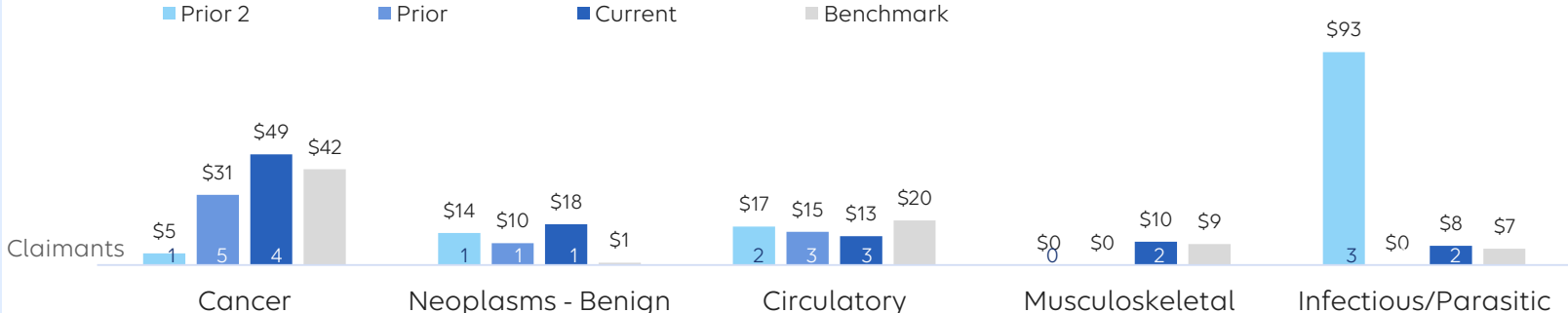
### Trend

- HCC PMPM increased **36%**. This was driven by a 25% increase in the number of **claimants per 1,000** and a 9% increase in the **cost per claimant**.
- 19%** of HCC spend was for **Medical Specialty Drugs**, 5% prior, (19% bmrk)

### 22 Claimants, 17 prior

- 50%** employees, 24% prior
- 9%** engaged, 0% prior
- 5%** repeat HCCs (26% bmrk)

**Top 5 HCC Health Condition Categories by PMPM**



**Top 10 HCCs**

HCC	Relationship	Age Band	Health Condition	SpRx* % of Paid	Total Paid	Active Status	Engaged
1	Child	Age 1-19	Cancer	4.8%	\$627,200	Yes	Yes
2	Spouse	Age 30-39	Neoplasms - Benign	51.1%	\$615,962	Yes	No
3	Employee	Age 55-59	Cancer	56.3%	\$562,150	Yes	Yes
4	Spouse	Age 40-49	Cancer	4.8%	\$375,910	Yes	No
5	Spouse	Age 30-39	Nervous	0.0%	\$206,220	Yes	No
6	Employee	Age 40-49	Musculoskeletal	0.0%	\$204,121	No	No
7	Employee	Age 60-64	Circulatory	0.0%	\$198,347	Yes	No
8	Employee	Age 30-39	Infectious/Parasitic	0.0%	\$188,709	No	No
9	Spouse	Age 60-64	Musculoskeletal	0.0%	\$147,297	Yes	No
10	Employee	Age 55-59	Digestive	0.0%	\$145,770	Yes	No

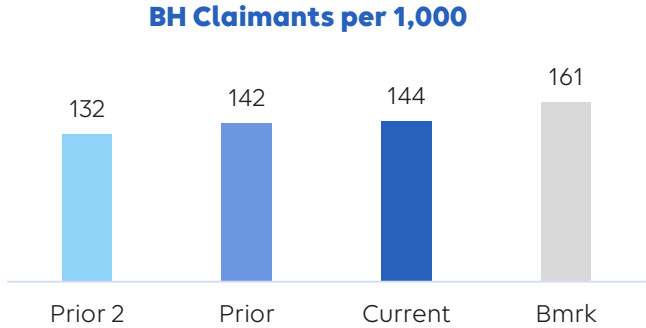
# Behavioral Health

Whole person health is the highest priority at Anthem. The mind, body, and spirit connection is key to understanding and achieving optimal health and wellness. Behavioral health accounted for 3% of spend (4% prior) and 13% of membership (12% prior).

## How is spend changing over time?

- **PMPM decreased -5%.** This was driven by a 1% increase in claimants per 1,000 and a -6% decrease in the cost per claimant.
- **Spend:** \$529.7K, \$538.3K prior
- **% Spend / Prevalence by relationship:**
  - 57% / 31% dependents
  - 28% / 48% employees
  - 15% / 20% spouse

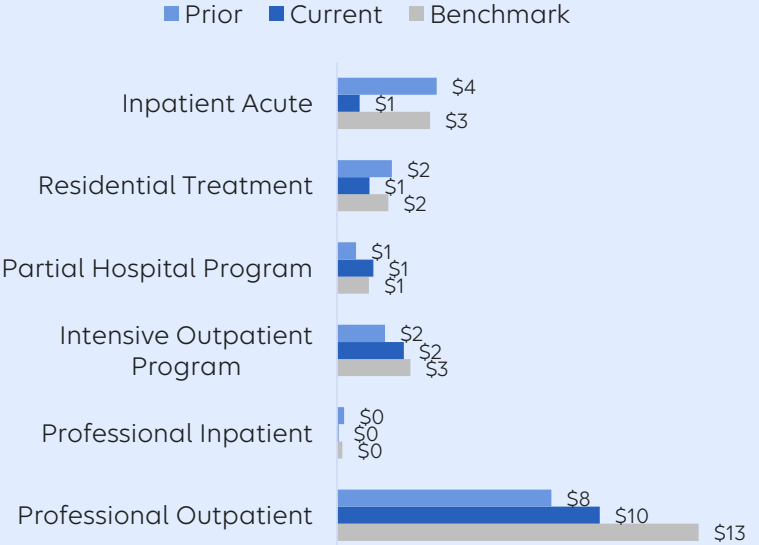
## Were more claimants getting care?



## Where was care taking place?

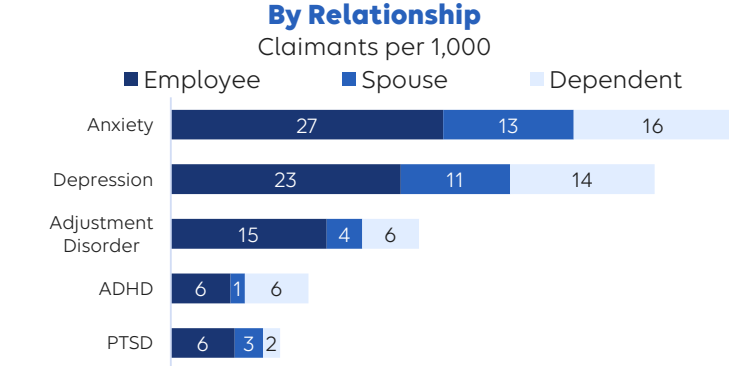
- Professional Outpatient** is typically the lowest cost-of-care.
- 62% of BH spend, 48% prior (59% bmrk)
  - 50% of visits via **telehealth**, 48% prior (42% bmrk)

### BH PMPM by Setting of Care



## What were the most prevalent conditions?

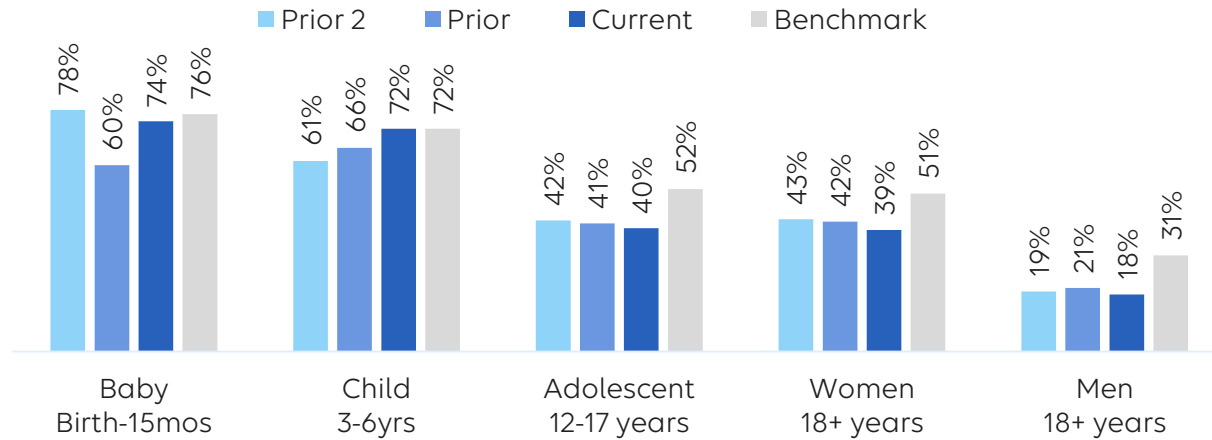
Condition	Total % of members	Prior	Bmrk
Anxiety	4.8%	5.0%	5.8%
Depression	4.2%	3.7%	3.9%
Adjustment Disorder	2.1%	1.8%	2.2%



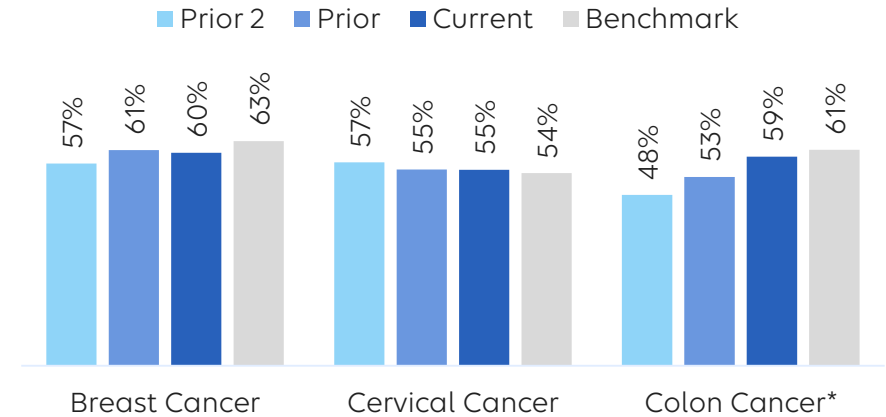
# Preventive Care

Prevention and well visits play a key role in the wellbeing of your population. Regular wellness checks and cancer screenings increase early detection, which is shown to improve member's outcomes as well as decrease illness severity and cost. Screening rates have increased in the current period in 3 out of 8 categories.

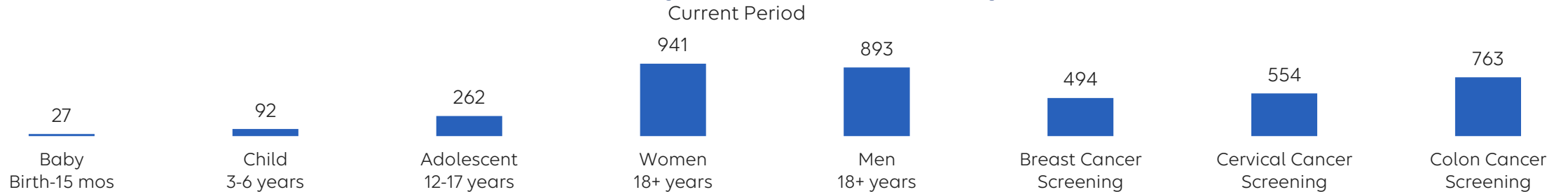
### Well Visit Compliance Rates



### Adult Cancer Screening Compliance Rates



### Total Members Eligible For Preventive Screenings



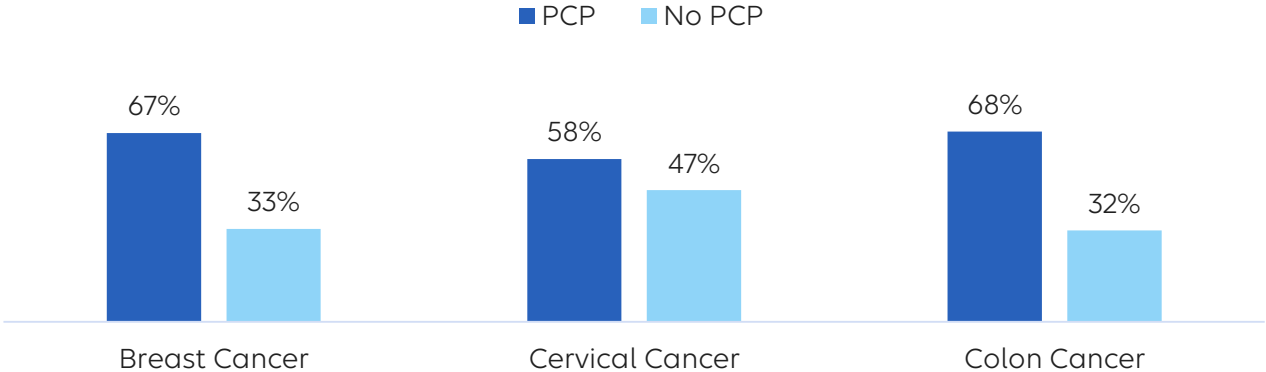
\*The colon cancer age criteria changed from member age >55 to >45 in 2021

# Primary Care Provider (PCP)

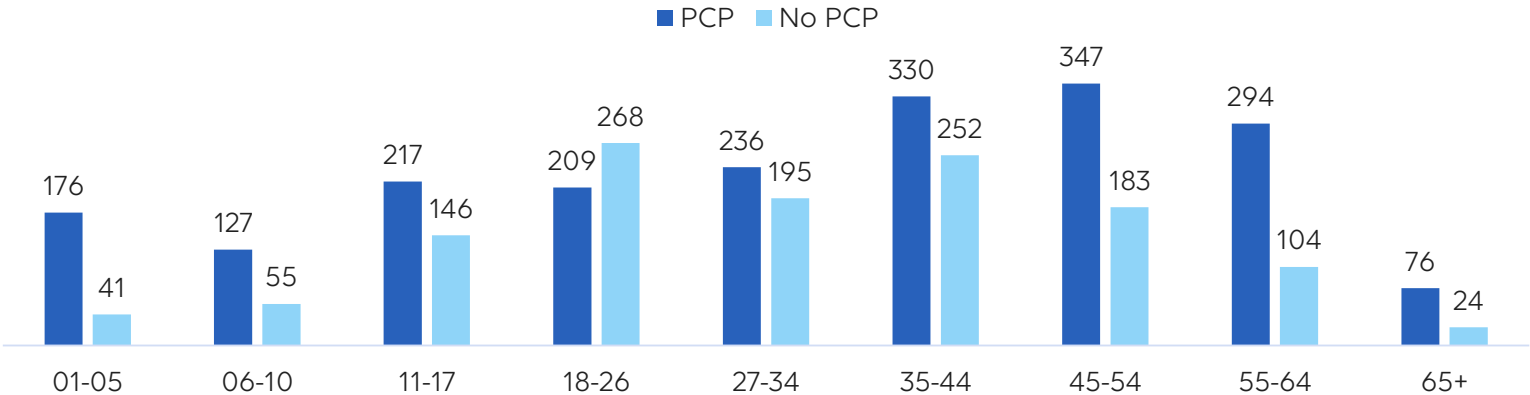
Primary care relationships help to promote preventive screenings and help members with chronic conditions remain compliant with their treatment plan.

- **61%** of members had a **PCP visit**, 58% prior (59% bmrk)
  - 57% of males and 66% of females had a PCP visit
- Focus on **emerging risk**: 56.2% of 18 - 26 year-old members did not have a PCP visit
- Members **without a PCP** visit had lower compliance for cancer screenings
  - **-34.0%** lower compliance rate for Breast Cancer
  - **-11.1%** lower compliance rate for Cervical Cancer
  - **-35.0%** lower compliance rate for Colon Cancer

**Cancer Screening Compliance Rates**



**Members by Age Band**

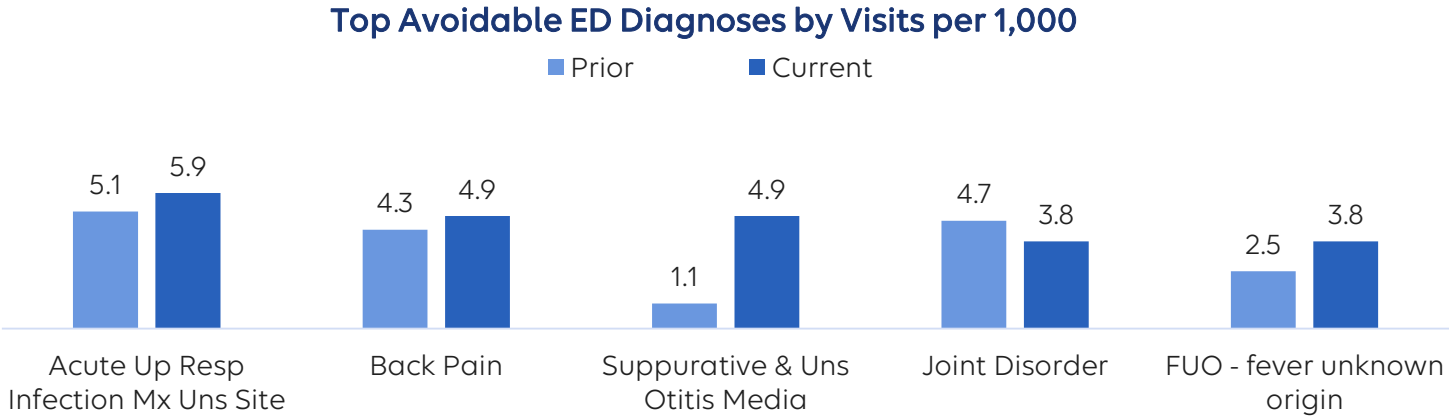
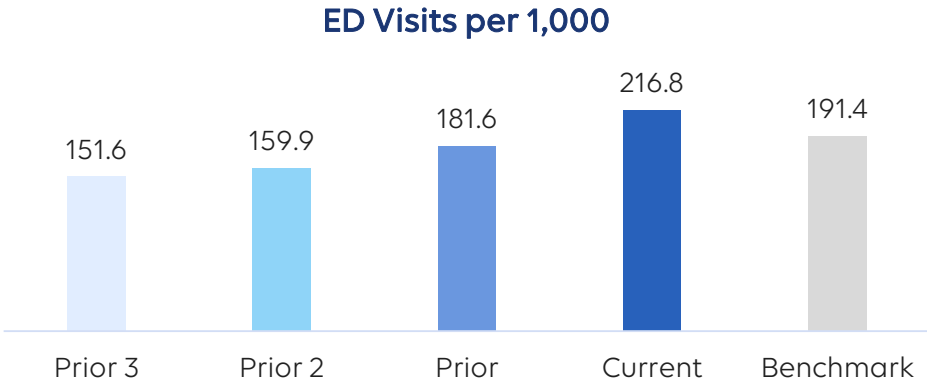


PCP logic was updated to claims-based PCP visits in 2023 reporting from PCP attribution in 2022.

# Emergency Department

Emergency department visits per 1,000 increased 19.4% in the current period and were 13.3% above the benchmark. Educating members on alternate settings of care (retail, virtual, primary) can help drive better outcomes and reduce member and employer costs.

- Emergency Department Facility spend accounted for **10.7% of total** medical spend, 10.1% prior (7.9% bmrk)
- ED **visits per 1,000** increased **19.4%** and were 13.3% above the benchmark
  - **Dependents** had the highest ED visits per 1,000 by relationship
  - **46.5%** of visits were **potentially avoidable**, 45.0% prior (44.9% bmrk)
- ED **cost per visit** increased **4.5%** and was 27.9% above the benchmark



# Terms & Definitions

**Condition Severity/Health Risk** is derived from claims during the reporting period. Every member of the population is assigned a condition severity health risk status, including members who have not submitted any claims. Based on the member's claims during the entire time reporting period they are placed into one of the 5 status categories below. When a member has more than one condition there is the hierarchy: Maternity, Neonate, Transplant/Extreme Critical, Cancer, Multiple Comorbid Complex, Metabolic/Cardiovascular, Other Major Chronic, Pain and Coping (Behavioral), Musculoskeletal Pain, Non-Symptomatic/Other Risks, and no claims. The condition severity health risk categories are:

- **Non-Utilizers:** Members who have not filed a claim during the current period
- **Healthy:** Members who are generally non-symptomatic, have not submitted any claims to the health plan, young children with routine checkups, or healthy pregnancies. If there are no claims for a member, they are set to Healthy as the health risk status but captured in this deck under the Non-Utilizers category.
- **At Risk:** Members with conditions, characteristics or symptoms that put them at risk for developing more serious chronic conditions: GERD; Pre diabetic, hypertension, high cholesterol; Significant pain/coping symptoms such as sleep disorders, general depression, fatigue; Other significant risk factors such as smoking, overweight.
- **Chronic:** Members with stable, chronic diseases: Cancer not in active treatment; Chronic behavioral and pain related conditions - stable state such as major depression, chronic fatigue; Nonsurgical MSK conditions like chronic back pain, arthritis; Stable diabetes and ischemic heart conditions; Stable major chronic conditions (e.g. asthma, epilepsy, cardiac valve).
- **Critical:** Members with clusters of diseases, complicated conditions, bad prognoses, etc.: Absorbing chronic behavioral/pain related conditions (e.g. dementia, Alzheimer's); Absorbing immune and degenerative conditions (e.g. MS, AIDS, Parkinson's); Advanced or acute exacerbations of chronic conditions (e.g. COPD, colitis, epilepsy); Cancers with poor prognosis (e.g. lung, brain, liver) and those in better prognosis cancers in active treatment (e.g. breast, colon, prostate); Chronic behavioral and pain related conditions in advanced state such as substance abuse, psychoses, or schizophrenia; Comas; Complicated pregnancy/delivery; Neonates; Diabetes complications; ESRD; Hip, knee, back surgeries; Life Support Multiple comorbid conditions affecting multiple body systems; Stroke, heart attack; Transplants; Traumas, accidents and other acute/complex events for otherwise non-symptomatic members.

## Health Condition Category Definitions

**Health Status:** Occasions when circumstances other than a disease or injury exists that are not classifiable to the other ICD-9 OR ICD-10 categories. This occurs in one of two ways: 1) when a person is not currently sick but encounters health services for some specific purpose, such as organ donation, vaccination, or to discuss a problem which itself is not an injury or disease; 2) some circumstance or problem is present which influences the persons health status, but it is not a current illness or injury. Examples: General medical exam, contraceptive management, personal history of disease, post-procedural aftercare

**Ill-Defined Conditions:** This classification will be utilized when 1) cases for which no more specific ICD-10 diagnosis code can be made even after all of the facts bearing on a case have been investigated; 2) signs or symptoms existing at the time of the initial visit proved to be short term, and the cause has not or could not be determined; and 3) the symptoms represent important medical problems, and the physician desired to classify the symptom and an additional ICD-10 diagnosis code.

Examples: 'Symptoms' include fainting, convulsions, fever, edema, headache, shock, chest pain, nausea, etc. 'Signs' include nonspecific abnormal blood tests, urine tests, x-rays, EEG, EKG, etc. 'Ill-defined conditions' include senility, crib death, nervousness, etc.



**Thank you** for  
allowing us to be your  
trusted healthcare partner.

We look forward to our continued collaboration  
as we confidently develop forward-thinking  
solutions to accomplish your goals.

---



**From:** [Mattox, Alaina](#)  
**To:** [Rodriguez, Emma](#); [Melissa King](#)  
**Cc:** [Everett McNamara](#)  
**Subject:** RE: Anthem-University of California Health (California) Contract Negotiations-  
**Date:** Thursday, April 4, 2024 5:26:50 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)

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Hi Team  
Happy Thursday!

Anthem Blue Cross is pleased to announce that we have successfully renewed our Commercial Agreement with University of California Health System (henceforth "UC Health"), comprising all UC Health entities. The fully executed multi-year agreement (including Medicare Advantage) is retro-effective January 1, 2024.

Thank you,

For Member inquiries, please validate the **Member's Name, HCID, and Date of Birth.**

---

 Alaina Mattox  
CA License #0M58988  
Service Account Representative, Strategic Accounts, Anthem Blue Cross  
11070 White Rock Road, Rancho Cordova, CA 95670  
M: 916-201-8651  
[Alaina.Mattox@Anthem.com](mailto:Alaina.Mattox@Anthem.com)

---

**From:** Mattox, Alaina  
**Sent:** Wednesday, March 13, 2024 2:28 PM  
**To:** Rodriguez, Emma <[emma.rodriquez2@anthem.com](mailto:emma.rodriquez2@anthem.com)>; Melissa King <[mking@keenan.com](mailto:mking@keenan.com)>  
**Cc:** Everett McNamara <[pmcnamara@Keenan.com](mailto:pmcnamara@Keenan.com)>  
**Subject:** RE: Anthem-University of California Health (California) Contract Negotiations-

Hi Melissa,  
Just wanted to provide an update on UC.  
Anthem and UC are still working on finalizing their contract, at this time the current agreement has been extended again through 04/15.  
The Anthem Microsite has been updated to show the new extension date.

See below:

## Network Status Update: University of California Health System

### March 2024

Anthem Blue Cross and University of California Health have agreed in principle to a new multi-year contract providing Anthem members with continued in-network access to affordable care through the health system's doctors and hospitals.

Both organizations have signed extensions to the current agreements through April 15, 2024, allowing time to finalize the new agreement and offer Anthem members uninterrupted in-network care at UC Health. This underscores our mutual commitment to providing Anthem's members and employer groups with access to high quality, affordable care at UC Health.

Anthem members who have questions or need assistance can call the toll-free member number listed on their Anthem member ID card.

If you have any questions, please let us know.

Thank you,

For Member inquiries, please validate the **Member's Name, HCID, and Date of Birth.**

---



Alaina Mattox  
CA License #0M58988  
Service Account Representative, Strategic Accounts, Anthem Blue Cross  
11070 White Rock Road, Rancho Cordova, CA 95670  
M: 916-201-8651  
[Alaina.Mattox@Anthem.com](mailto:Alaina.Mattox@Anthem.com)

---

**From:** Rodriguez, Emma <[emma.rodriguez2@anthem.com](mailto:emma.rodriguez2@anthem.com)>  
**Sent:** Tuesday, February 6, 2024 7:45 AM  
**To:** Melissa King <[mking@keenan.com](mailto:mking@keenan.com)>; Mattox, Alaina <[alaina.mattox@anthem.com](mailto:alaina.mattox@anthem.com)>  
**Cc:** Everett McNamara <[pmcnamara@Keenan.com](mailto:pmcnamara@Keenan.com)>  
**Subject:** RE: Anthem-University of California Health (California) Contract Negotiations-

Hi Melissa

Good news to start the day.

Anthem Blue Cross and UC Health have agreed in principle to a new contract providing Anthem members access to affordable care at UC Health's doctors and hospitals for years to come. The organizations have also agreed to extend our current contract to April 1, 2024, allowing time to finalize the new contract and offer Anthem members uninterrupted in-network care at UC Health. This underscores our mutual commitment to providing Anthem's consumers and employers with access to high quality, affordable care at UC Health.

Our microsite has been updated, [www.anthem.com/ca/uchealth](http://www.anthem.com/ca/uchealth)

This means that all of your Anthem customers will be able to continue seeing their providers without any interruption. Please feel free to reach me with any questions. Thank you

---

**Anthem**  **Emma Rodriguez**  
CA License 0E21856  
Account Management Executive, Strategic Accounts  
21215 Burbank Blvd. 3<sup>rd</sup> Floor, Woodland Hills CA 91367  
747-270-7796  
[anthem.com](http://anthem.com)

---

**From:** Melissa King <[mking@keenan.com](mailto:mking@keenan.com)>  
**Sent:** Thursday, February 1, 2024 8:04 AM  
**To:** Rodriguez, Emma <[emma.rodriguez2@anthem.com](mailto:emma.rodriguez2@anthem.com)>; Mattox, Alaina <[alaina.mattox@anthem.com](mailto:alaina.mattox@anthem.com)>  
**Cc:** Everett McNamara <[pmcnamara@Keenan.com](mailto:pmcnamara@Keenan.com)>  
**Subject:** (EXTERNAL) Re: Anthem-University of California Health (California) Contract Negotiations

*This email originated outside the company. Do not click links or attachments unless you recognize the sender.*

Hi Emma,

Yes, reporting with member name would be great.

Thanks!

Melissa King  
Account Executive  
AP Keenan  
Keenan & Associates  
CA License No. 0451271  
**Innovative Solutions - Enduring Principles**  
2355 Crenshaw Blvd., Suite 200 | Torrance, CA 90501  
p: 310.212.0363 ext. 1176 | f: 310.328.6793  
c: 813.230.1869  
e: [mking@keenan.com](mailto:mking@keenan.com) | w: [www.keenan.com](http://www.keenan.com)

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*Exceptional customer service is a top priority at AP Keenan. If there is anything I can do to improve your experience or if you would like to provide feedback, please feel free to contact my Manager, Laurie Lojrano 951-715-0190, ext. 1180. Email: [llojrano@keenan.com](mailto:llojrano@keenan.com)*

---

**From:** Rodriguez, Emma <[emma.rodriguez2@anthem.com](mailto:emma.rodriguez2@anthem.com)>  
**Sent:** Wednesday, January 31, 2024 5:06 PM  
**To:** Melissa King <[mking@keenan.com](mailto:mking@keenan.com)>; Mattox, Alaina <[alaina.mattox@anthem.com](mailto:alaina.mattox@anthem.com)>  
**Cc:** Everett McNamara <[pmcnamara@Keenan.com](mailto:pmcnamara@Keenan.com)>  
**Subject:** RE: Anthem-University of California Health (California) Contract Negotiations

Hi Melissa

In reviewing the account structure, it does not provide breakdown by agency. An option would be to request an ad hoc report that will include member name and ID number. Will that help?

In the meantime, below are the totals dollars from the last 12 months. I'll wait to hear if you want us to proceed with the ad hoc report that includes member name. Thank you

	Location	Total Paid	Total Capitation	Total Members
<b>PUBLIC AGENCY COALITION ENTERPRISE</b>	Santa Monica	294.94	0	1
	UC Davis Medical Center	101008.62	0	9
	UC Irvine Medical Center	150694.89	142.94	5
	UCLA Med Center	14854.79	0	4
	UCSD Medical Center	13011.89	0	4
	UCSF Medical Center	116694.75	0	12
<b>PUBLIC AGENCY COALITION ENTERPRISE Total</b>		<b>396559.88</b>	<b>142.94</b>	<b>35</b>



**Emma Rodriguez**  
 CA License OE21856  
 Account Management Executive, Strategic Accounts  
 21215 Burbank Blvd. 3<sup>rd</sup> Floor, Woodland Hills CA 91367  
 747-270-7796  
[anthem.com](http://anthem.com)

**From:** Melissa King <[mking@keenan.com](mailto:mking@keenan.com)>  
**Sent:** Wednesday, January 31, 2024 10:35 AM  
**To:** Rodriguez, Emma <[emma.rodriguez2@anthem.com](mailto:emma.rodriguez2@anthem.com)>; Mattox, Alaina <[alaina.mattox@anthem.com](mailto:alaina.mattox@anthem.com)>  
**Cc:** Everett McNamara <[pmcnamara@Keenan.com](mailto:pmcnamara@Keenan.com)>  
**Subject:** [EXTERNAL] FW: Anthem-University of California Health (California) Contract Negotiations

This email originated outside the company. Do not click links or attachments unless you recognize the sender.

Hi Emma and Alaina,

Would we be able to get a listing of agencies that have employees utilizing the UC system?

Thank you!

**Melissa King, MBA**  
 Sales Executive  
 CA License #4218278  
 o: 310-212-0363 ext: 1176  
 c: 813-230-1869

**From:** Diana Ruiz <[druiz1@keenan.com](mailto:druiz1@keenan.com)>  
**Sent:** Wednesday, January 31, 2024 12:12 PM  
**To:** Melissa King <[mking@keenan.com](mailto:mking@keenan.com)>; Everett McNamara <[pmcnamara@Keenan.com](mailto:pmcnamara@Keenan.com)>  
**Cc:** Tanya Cabot <[tcabot@keenan.com](mailto:tcabot@keenan.com)>; Laurie Lofranco <[llofranco@Keenan.com](mailto:llofranco@Keenan.com)>  
**Subject:** FW: Anthem-University of California Health (California) Contract Negotiations

Good morning Peter,

I hope you are well! I am reaching out as Melissa is out of the office.

Do you happen to know if there is detailed list of effected groups in PACE with the below contact termination between Anthem and University of California Health (UC Health)?

Thank you,

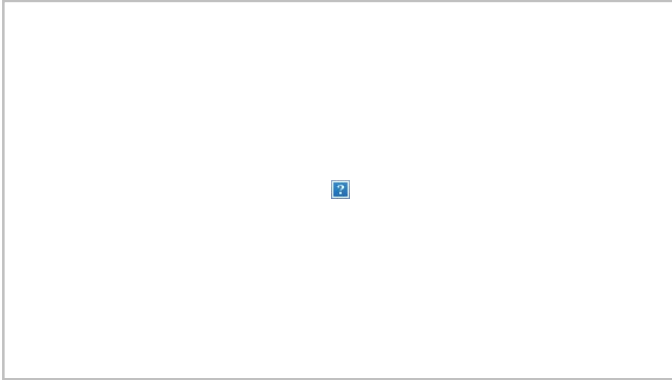
**Diana Ruiz**  
 Account Manager  
 CA License #420780  
 o: 951-715-0190 ext: 1125

**From:** Petty, Colleen M. <[Colleen.Petty@anthem.com](mailto:Colleen.Petty@anthem.com)>  
**Sent:** Monday, January 22, 2024 6:08 PM  
**To:** Petty, Colleen M. <[Colleen.Petty@anthem.com](mailto:Colleen.Petty@anthem.com)>  
**Cc:** Arellano, Joseph <[Joseph.Arellano@elevancehealth.com](mailto:Joseph.Arellano@elevancehealth.com)>; Morales, Trixy <[trixy.morales@anthem.com](mailto:trixy.morales@anthem.com)>; Buffington, Rebecca A. <[rebecca.buffington@anthem.com](mailto:rebecca.buffington@anthem.com)>; Pereda, Juan Carlos <[Juan.Pereda@anthem.com](mailto:Juan.Pereda@anthem.com)>; Vergo, Laurie <[Laurie.Vergo@anthem.com](mailto:Laurie.Vergo@anthem.com)>; Amaro, Rose <[Rose.Amaro@anthem.com](mailto:Rose.Amaro@anthem.com)>; Dovale, Maria <[Maria.Dovale@anthem.com](mailto:Maria.Dovale@anthem.com)>; Lara Bennett, Yvette M. <[Yvette.LaraBennett@anthem.com](mailto:Yvette.LaraBennett@anthem.com)>; Karutz, Jamie <[jamie.karutz@anthem.com](mailto:jamie.karutz@anthem.com)>; Garcia, Jessica <[Jessica.Garcia3@anthem.com](mailto:Jessica.Garcia3@anthem.com)>; Cardenas, Celina <[Celina.Cardenas@anthem.com](mailto:Celina.Cardenas@anthem.com)>  
**Subject:** Anthem-University of California Health (California) Contract Negotiations

Dear Consultants and Brokers, please take a moment to read this important communication below. I want to make certain it gets to you so this was trickled down to me from our Plan President, through Kristen Wesley.



January 22, 2024



**A Message From Kristen Wesley,**  
Regional Vice President

Below please find a note from **Beth Andersen**, California Plan President

Dear Valued Anthem Partner:

I'm writing to provide you with an update on where Anthem Blue Cross (Anthem) stands in our ongoing contract negotiations with University of California Health (UC Health).

We remain firmly at the negotiating table and committed to reaching an agreement that maintains our members' access to affordable in-network care at UC Health facilities and doctors. Our goals are to reach an agreement that accomplishes that objective, simplifies our healthcare system, fairly compensates UC Health, and offers cost predictability for employers and their employees.

We have offered UC Health reasonable payment increases that are in line with those accepted by other health systems in California. We've also asked them to work with us to simplify administrative and payment processes, lowering costs for all involved, and giving providers more time with patients. Unfortunately, to date, UC Health has refused to accept the offered rate increases or to modernize burdensome administrative processes.

As required by the State of California, we recently notified Anthem HMO members assigned to a UC Health PCP that they will be reassigned a new PCP effective March 1, 2024, if an agreement can't be reached. To avoid the understandable concern these notices would create for our members and clients, Anthem repeatedly offered UC Health opportunities to extend our contract expiration date to avoid them, but to date UC Health has refused those offers.

As you know, these discussions are a normal and routine part of the health care industry and something both Anthem and UC Health have done several times in the past with no issues. Anthem and UC Health have a long history of partnership, and our commitment stands firm to establish a new agreement with UC Health before March 1. We remain optimistic that goal can be accomplished, and we believe UC Health shares our dedication to this objective.

As these negotiations continue, my team and I will continue to communicate regularly with you about progress. You can find additional information and stay updated by visiting [www.anthem.com/ca/uhealth](http://www.anthem.com/ca/uhealth) or contact your Anthem representative.

Sincerely,

Beth Andersen  
President, Commercial Business  
Anthem Blue Cross of California

Independent licensee of the Blue Cross Association. Read more [about us](#).

1032189CAIENABC 03/21



**Colleen M. Petty**  
CA Lic #0788755  
Strategic Account Manager, Anthem Blue Cross  
3080 S. Bristol St., Ste 200, Costa Mesa CA USA 92626  
O: 213-553-5475 | M: 714-299-8800

## Mariana Torres Hernandez

---

**From:** Everett McNamara  
**Sent:** Tuesday, May 7, 2024 3:19 PM  
**To:** Mariana Torres Hernandez  
**Subject:** FW: PACE/CompleteCare for D.Lauer

Please make sure we get this on the Correspondence section of the PACE EC agenda.

### **E Peter McNamara, MBA**

Senior Vice President  
CA License #0A94087

o: 510-986-6761 ext: 8130  
c: 510-508-2959

---

**From:** Dawn Almanzor <dalmanzor@keenan.com>  
**Sent:** Friday, May 3, 2024 3:54 PM  
**To:** Everett McNamara <pmcnamara@Keenan.com>; Melissa King <mking@keenan.com>  
**Subject:** FW: PACE/CompleteCare for D.Lauer

Hi Peter,

Please see the below revised correction request directly from Carmel Area Wastewater District to allow a newly enrolled employee to change from CompleteCare to an Anthem PPO plan.

Thank you!

Dawn

### **Dawn Almanzor**

Senior Account Executive/AVP  
CA License #0C42395

o: 916-859-7160 ext: 4174  
c: 916-407-7979

---

**From:** Beth Ingram <[bethingram2014@gmail.com](mailto:bethingram2014@gmail.com)>  
**Sent:** Friday, May 3, 2024 3:50 PM  
**To:** Dawn Almanzor <[dalmanzor@keenan.com](mailto:dalmanzor@keenan.com)>  
**Cc:** Merissa Peters <[mpeters@keenan.com](mailto:mpeters@keenan.com)>; Jamie Gill <[jgill@keenan.com](mailto:jgill@keenan.com)>  
**Subject:** Re: PACE/CompleteCare for D.Lauer

We would like to request a correction for Daryl Lauer to make a plan change outside of open enrollment without a qualifying event due to an administrative error on our part. We would greatly appreciate your consideration.

Sincerely,

Beth Ingram

Human Resources

On Fri, May 3, 2024 at 2:28 PM Dawn Almanzor <[dalmanzor@keenan.com](mailto:dalmanzor@keenan.com)> wrote:

Hi Beth,

On behalf of Carmel Area Wastewater District, I requested an exception for Daryl to make a plan change outside of open enrollment without a qualifying event and have received a response; a request in writing from Carmel Area Wastewater District requesting a correction of enrollment due to an administrative error is needed. Can you please provide a request via email reply? Thank you!

Dawn

**Keenan**<sup>®</sup>



**Dawn Almanzor**

Senior Account Executive/AVP

CA License #0C42395

Employee Benefits Municipalities

o: 916-859-7160 ext: 4174 | c: 916-407-7979

e: [dalmanzor@keenan.com](mailto:dalmanzor@keenan.com)

Keenan & Associates | CA License #0451271 | 10860 Gold Center Drive, Suite 350, Rancho Cordova, CA 95670

*Exceptional customer service is a top priority at Keenan. If there is anything I can do to improve your experience or if you would like to provide feedback, please feel free to contact my Manager, Kelly Hall [khall@keenan.com](mailto:khall@keenan.com).*

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## Mariana Torres Hernandez

---

**From:** Everett McNamara  
**Sent:** Tuesday, May 7, 2024 3:25 PM  
**To:** Mariana Torres Hernandez  
**Subject:** FW: CT Scan receipt  
**Attachments:** doc10047820240409150055.pdf

This one too.

E Peter McNamara, MBA  
Senior Vice President

CA License #0A94087  
o: 510-986-6761 ext: 8130  
c: 510-508-2959

-----Original Message-----

From: Kim Turner <kim.turner@mendocino.courts.ca.gov>  
Sent: Wednesday, April 10, 2024 10:23 AM  
To: Everett McNamara <PMcNamara@Keenan.com>  
Cc: April Allen <april.allen@mendocino.courts.ca.gov>  
Subject: FW: CT Scan receipt

Peter,

Here is April's receipt for her CT scan. The cost was \$300 and she paid it on her credit card. I hope Anthem can reimburse her. Thanks.

Kim

-----Original Message-----

From: April Allen <april.allen@mendocino.courts.ca.gov>  
Sent: Tuesday, April 9, 2024 3:04 PM  
To: Kim Turner <kim.turner@mendocino.courts.ca.gov>  
Subject: CT Scan receipt



# RECEIPT

February 29, 2024 1:30 PM  
RECEIPT # **SRI-41318-76717103**

ALLEN, DANIEL J  
148 MAGNOLIA ST  
Ukiah, CA 95482  
(707) 621-1364  
MRN # 32898072

Insurance payments are an estimate only.  
**Please write this number on your check: 76717103.**

Service Date	Description	Units	Charge	Total
02-29-2024	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	1	\$ 300.00	\$ 300.00
				\$ 300.00

	Deductible Portion	Copay	Coinsurance	Total
Estimated Patient Responsibility	\$ 0.00	\$ 0.00	\$ 300.00	\$ 300.00

Payment Method	Notes	Amount
CreditCard	Imagine payment reference #: 3545657720240229	\$ 300.00
Total Payments		\$ 300.00
Estimated Patient Balance		\$ 0.00

Merchant ID: 84870021114137

**Last 4 Digits Only from Credit Card:** \_\_\_\_\_

Expenses collected from you at the time of service are an estimated cost of your visit. If, after your insurance is billed, should your policy apply any additional amount to your out of pocket expense, you are personally responsible for that amount and will be billed for that balance then due.

Patient Signature: \_\_\_\_\_

**Thank you for your business.**



**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

---

SUBJECT:  
Quarterly Financial Review as of March 31, 2024,  
PACE 2024 Final Budget  
Wellness Budget History

ITEM #: 2024-015

Handout: Yes

---

Category: Financial  
Prepared by: Keenan & Associates  
Requested by: Executive Committee

---

**BACKGROUND:**

SETECH provides financial reporting services for PACE.

**STATUS:**

The Executive Committee will hear a report on the Quarterly Financial Review as of March 31, 2024, vote to accept the 2024 Final Budget, and review the PACE Wellness Program budget history.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

---

SUBJECT:  
Review of PACE Investment Policy.

ITEM #: 2024-016

Enclosure: Yes

---

Category: Financial

Prepared by: Keenan & Associates

Requested by: Executive Committee

---

**BACKGROUND:**

PACE approved investing funds in California's Local Agency Investment Fund (LAIF) and an investment policy was approved on February 22, 2022, by the Executive Committee. Best practices dictate the investment policy be reviewed annually.

**STATUS:**

The Executive Committee will review and discuss the investment policy.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.

**PUBLIC AGENCY COALITION ENTERPRISE**  
**JOINT POWERS AUTHORITY**  
**INVESTMENT POLICY**

It shall be the Investment Policy of the Public Agency Coalition Enterprise Joint Powers Authority (“PACE JPA”) to:

- A. Maintain the safety and liquidity of its funds as the primary investment objective. Safety of principal is the foremost objective. The investment factors the PACE JPA shall consider are the following:
  - 1. State Law (Sections 53601 and 53601.1 of the California Government Code);
  - 2. Safety of invested funds;
  - 3. Sufficient liquidity to meet future cash flow requirements;
  - 4. Concern as to the source of funds available for investment (Public monies from member Districts); and
  - 5. Maximum yields consistent with the aforementioned requirements
  
- B. To limit investments instruments to:
  - 1. Federal Government and/or Federal Government Agency Securities;
  - 2. State of California issues;
  - 3. Local Agency Investment Fund (“LAIF”);
  - 4. California Asset Management Program “CAMP”;
  - 5. Time Certificates of Deposit further limited to:
    - a. Financial institutions insured by the Federal Savings and Loan Insurance Corporation and/or the Federal Deposit Insurance Corporation, up to the maximum insurability of these funds; and
    - b. Financial institutions licensed by the State of California and the Federal Government; and

- c. Financial institutions with offices located within the State of California;
- 6. Any other investment vehicle which falls within the Sections 53601 and 53601.1 of the California Government Code and Sections 84035 and 84036 of the Education Code.
- C. This Policy shall be reviewed at least annually to ensure its consistency with the objective of income, growth, and safety and changes in applicable laws and financial trends.
- D. Investments shall be limited to the parameters of this Investment Policy.

Any proposed amendments to the Investment Policy will require approval by an affirmative vote of a majority of the members of the PACE JPA.

Approved Policy: February 23, 2022  
Revised Approved Policy: July, 26, 2023

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

---

SUBJECT:  
Anthem Update

ITEM #: 2024-017

Enclosure: Yes

---

Category: Financial

Prepared by: Keenan & Associates

Requested by: Executive Committee

---

**BACKGROUND:**

PACE has a standalone partnership with Anthem effective January 1, 2020.

**STATUS:**

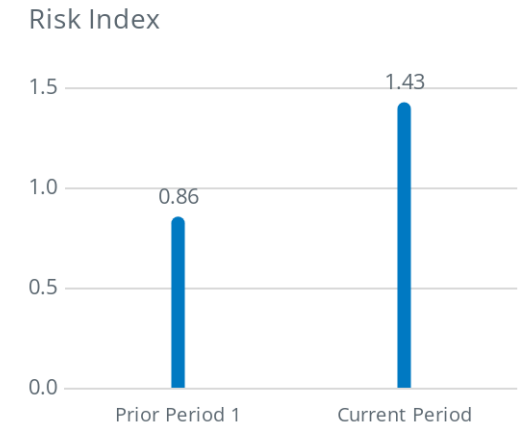
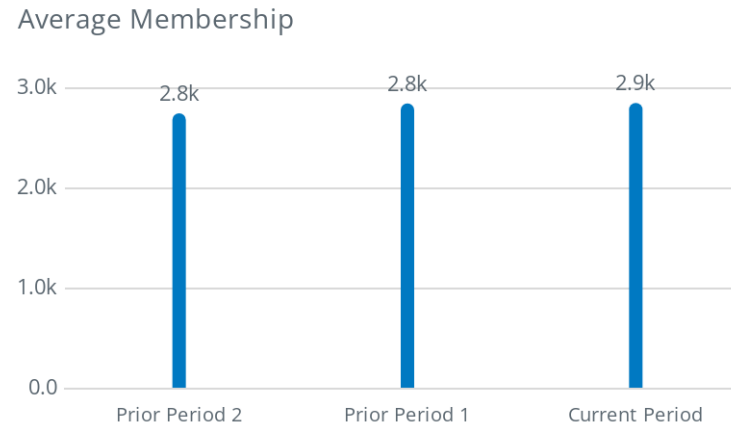
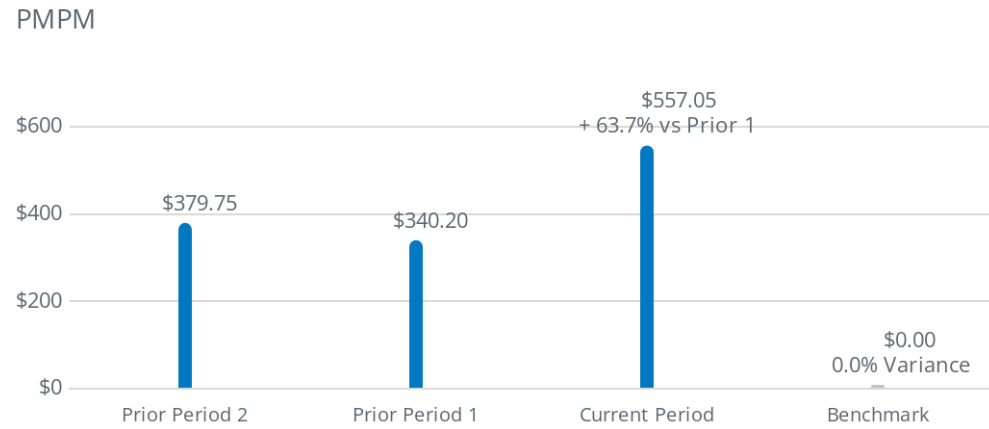
The Executive Committee will hear and discuss a report on Anthem claims experience.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.

**PUBLIC AGENCY COALITION ENTERPRISE** | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**  
 Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

**Medical Summary**



**PMPM Trend**

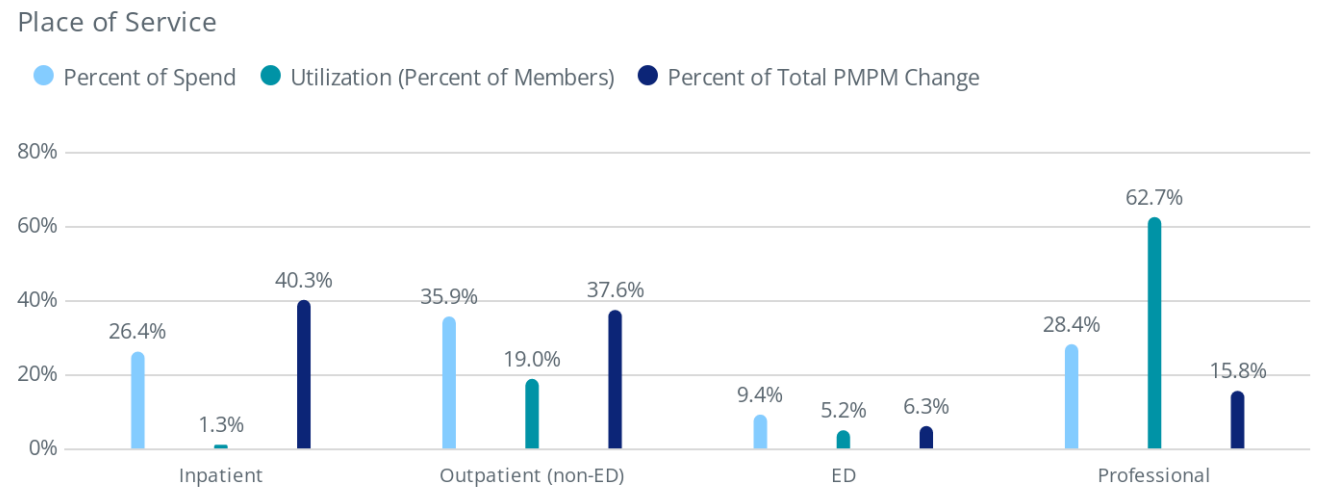
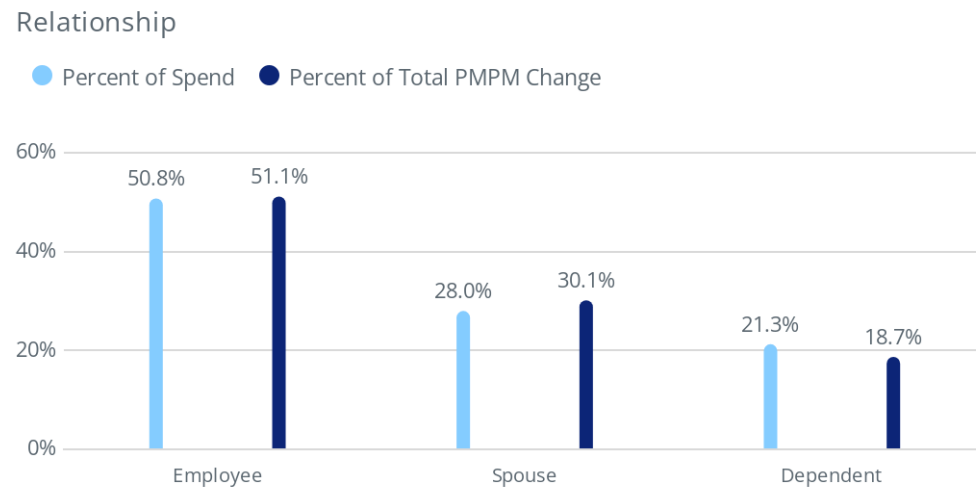
↑ 63.7%

**Average Membership Trend**

↑ 0.1%

**Risk Index Trend**

↑ 66.5%



NOTE: The Utilization will not add up to 100% as the same member could have utilized services across multiple settings.

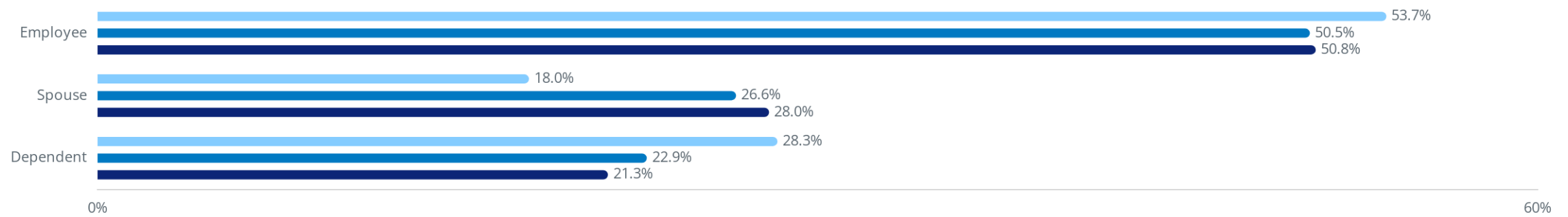
**PUBLIC AGENCY COALITION ENTERPRISE** | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

**Medical Details - Relationship**

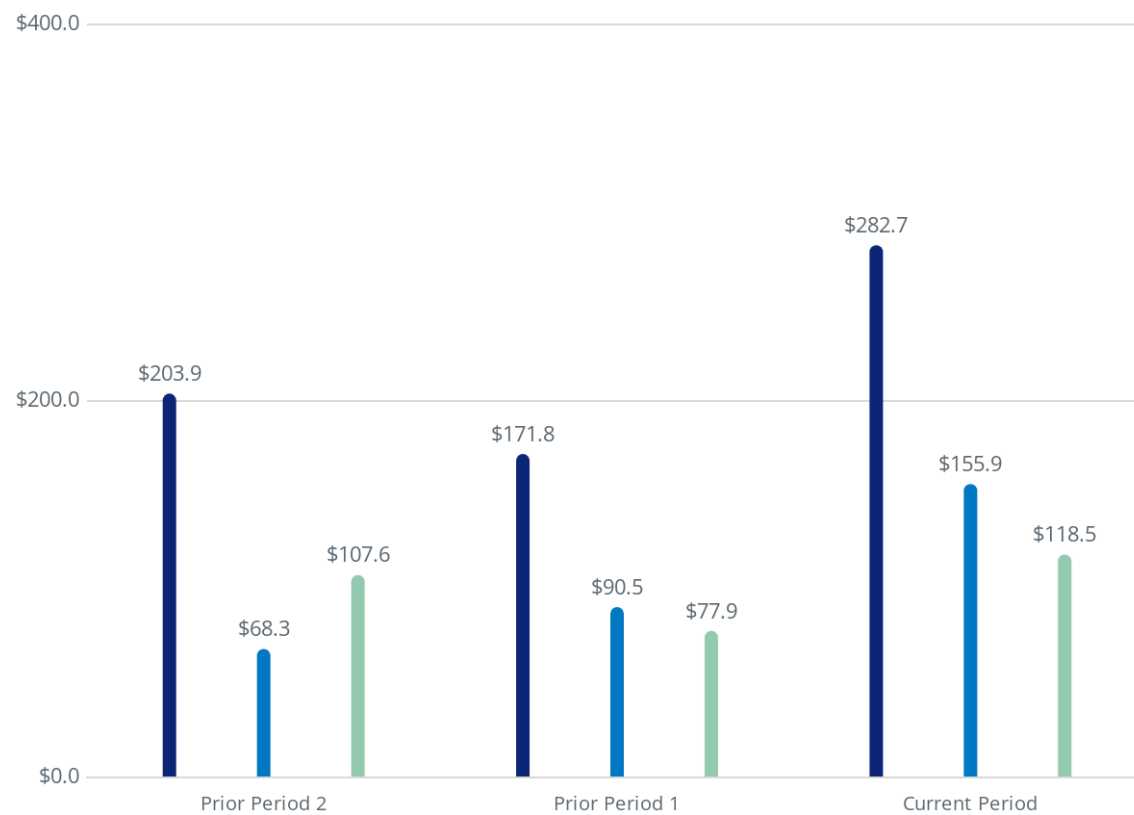
Percent of Spend by Relationship

● Prior 2 ● Prior 1 ● Current



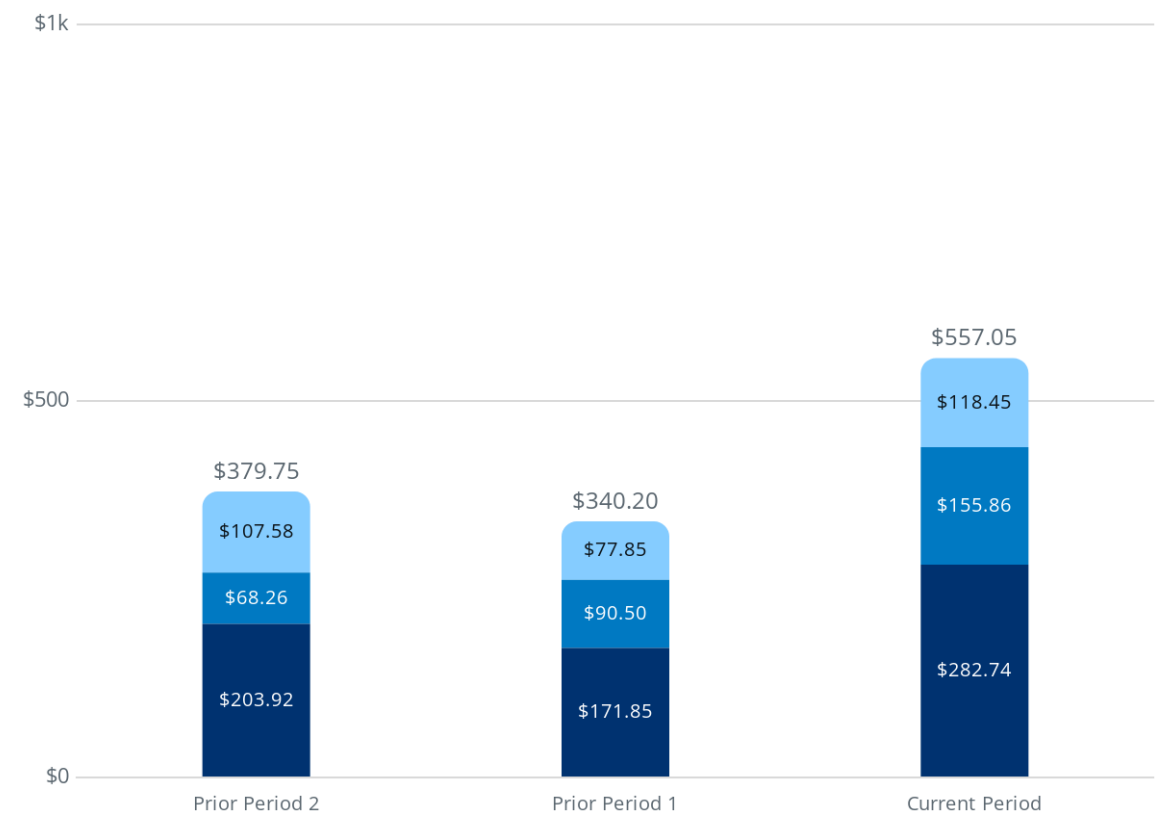
PMPM by Relationship

● Employee ● Spouse ● Dependent



PMPM (as a contribution to total PMPM)

● Employee ● Spouse ● Dependent



PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

**Medical Details - High Cost Claimants > \$50,000**

HCC Claimants Difference

↑ 14.0

HCC Percent Paid Amount Trend

↑ 254.6%

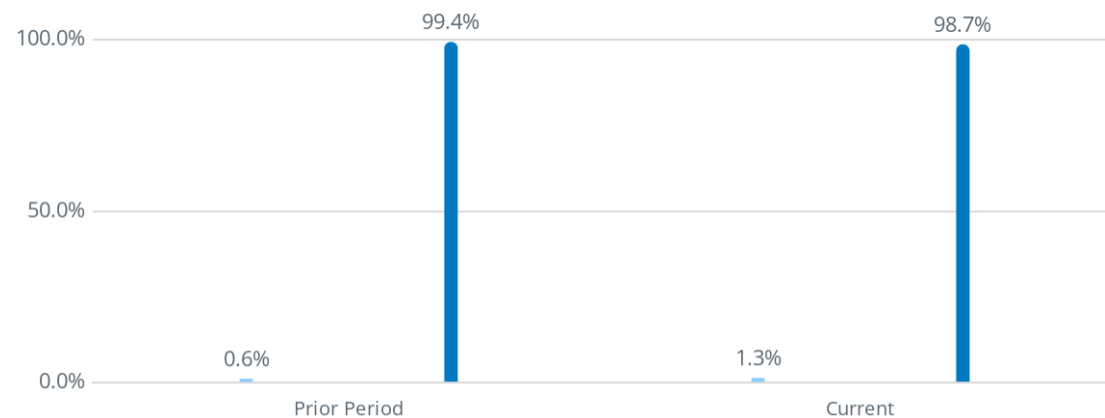
HCC vs Non - HCC PMPM

● HCC ● Non - HCC

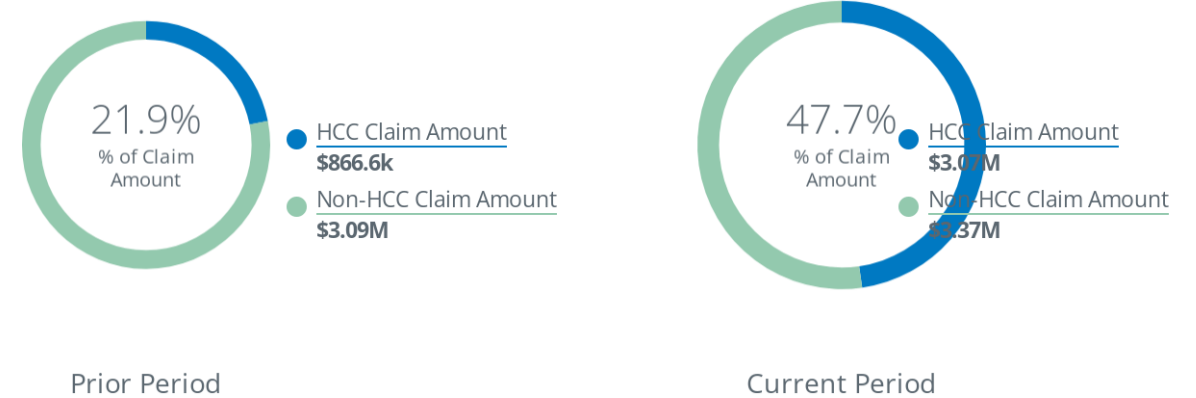


HCC vs Non - HCC (Percent of Claimants)

● HCC ● Non - HCC



Percent Claim Amount



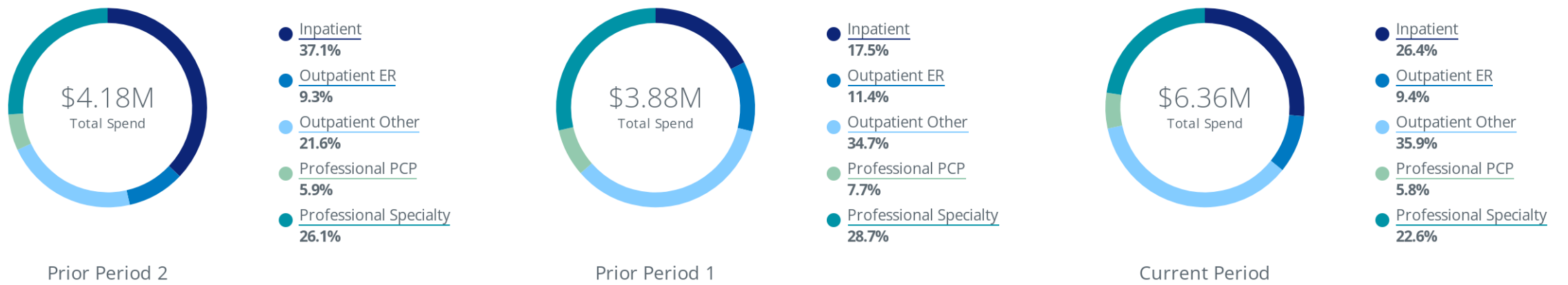


PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

**Medical Details - Place of Service**

Place of Service - Percent Spend By Year



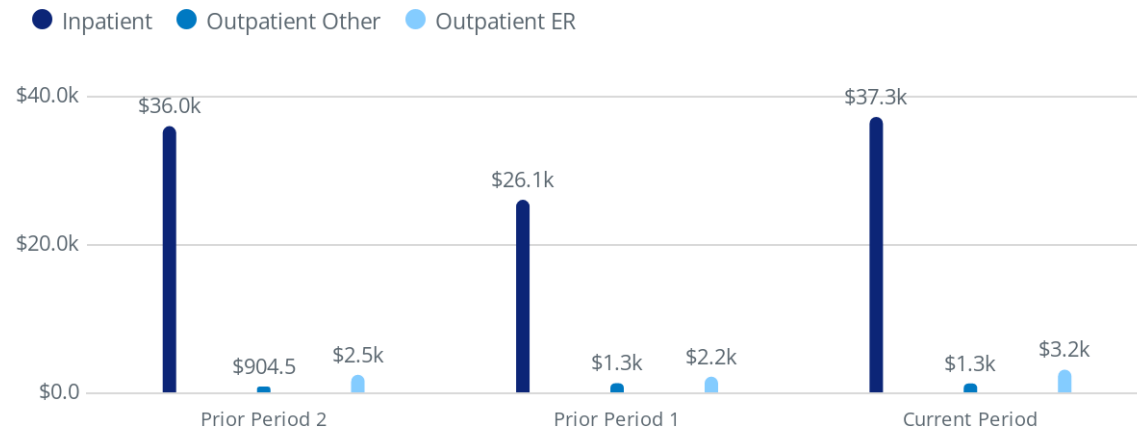
PMPM by Year Total and Place of Service



**PUBLIC AGENCY COALITION ENTERPRISE** | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

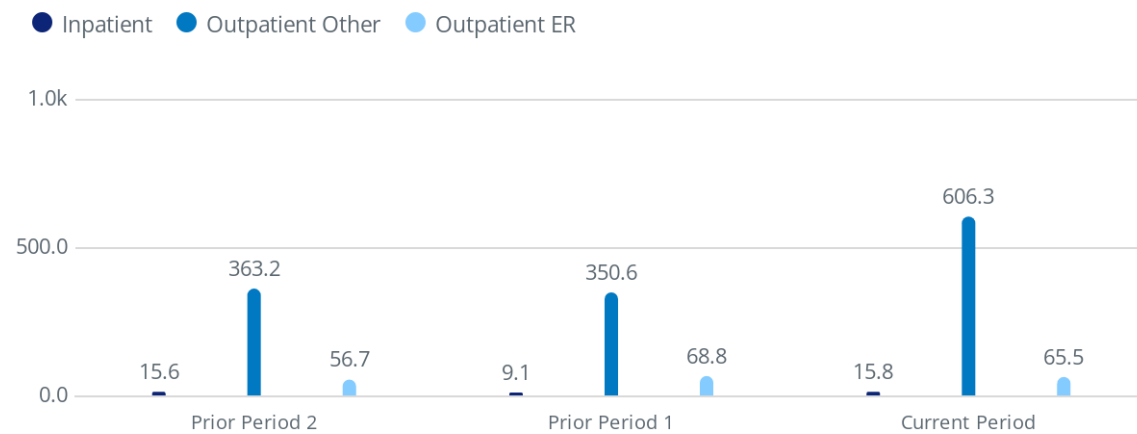
Unit Cost by Setting (per admit/visit)



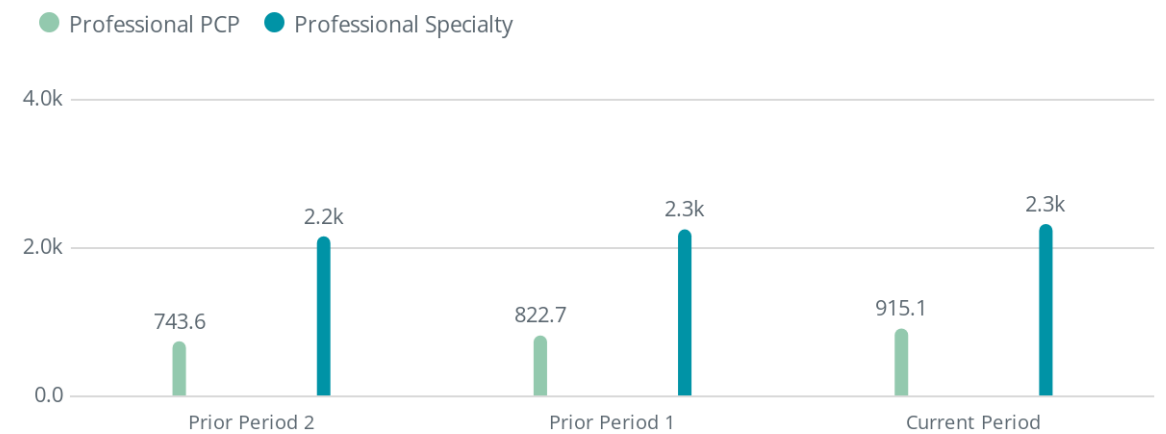
Unit Cost by Setting (per admit/visit)



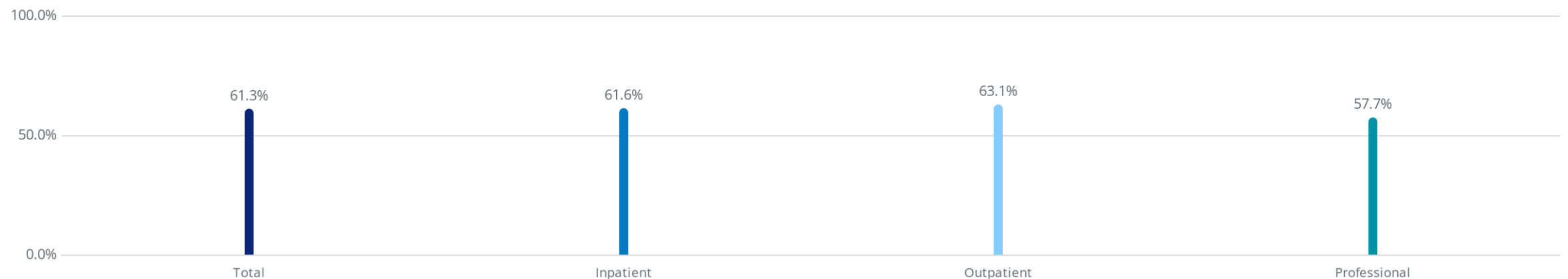
Utilization by Setting (per 1,000)



Utilization by Setting (per 1,000)



In-Network Discount Percent by Place of Service

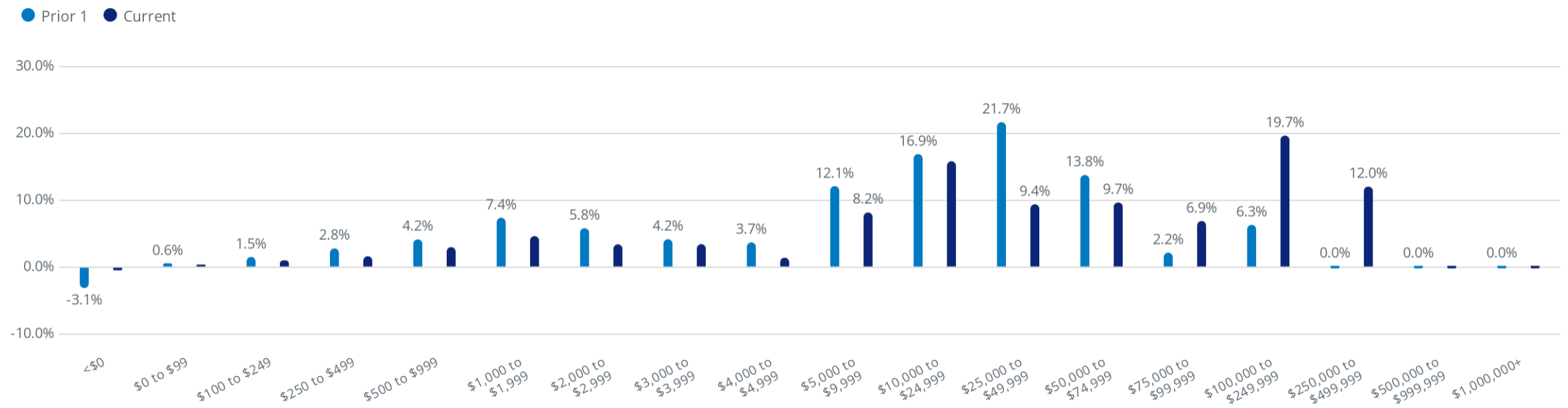


**PUBLIC AGENCY COALITION ENTERPRISE** | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

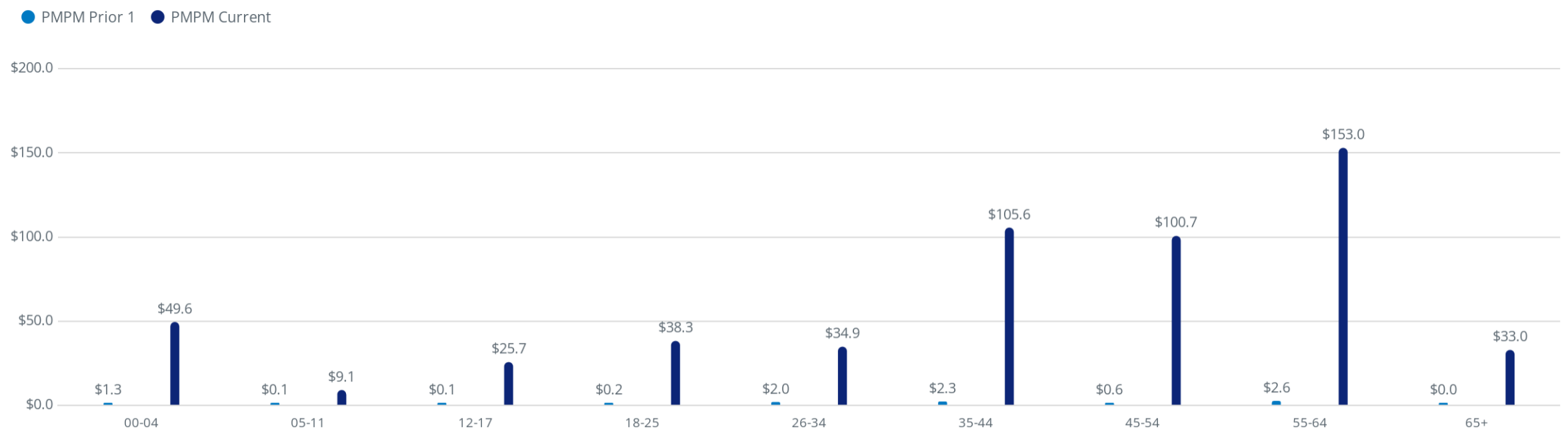
Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

**Medical Ancillary Details**

**Paid Claims Distribution**



**Age Bands**



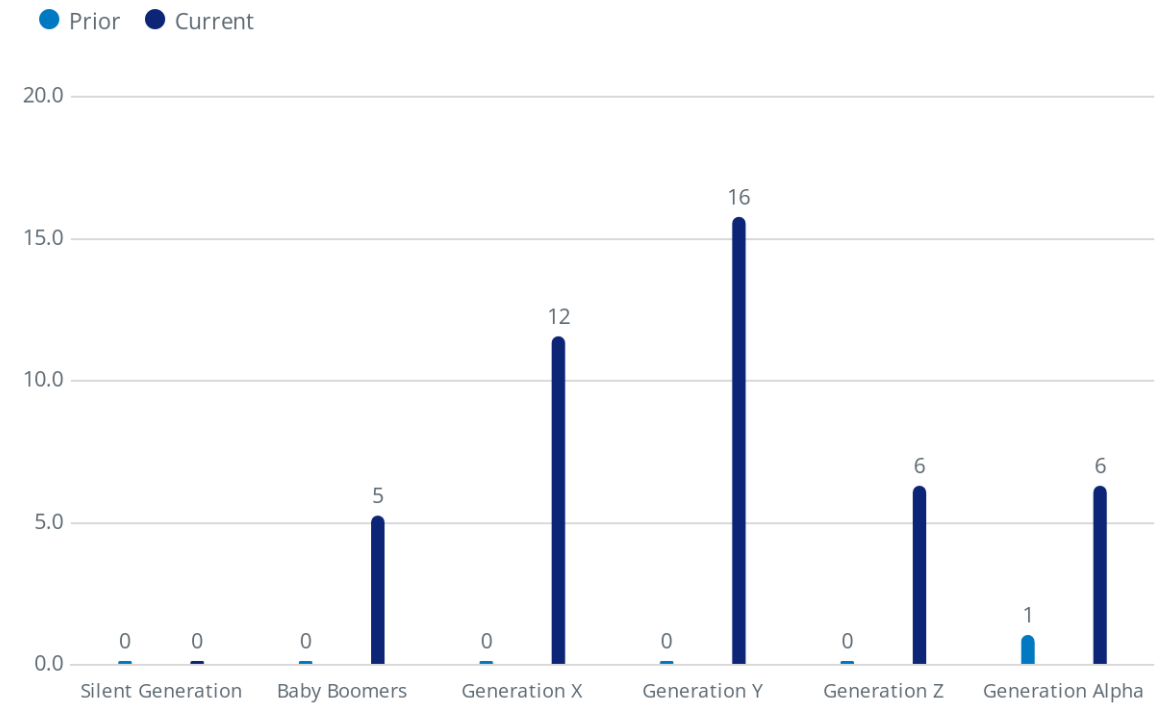
**PUBLIC AGENCY COALITION ENTERPRISE** | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

Generations



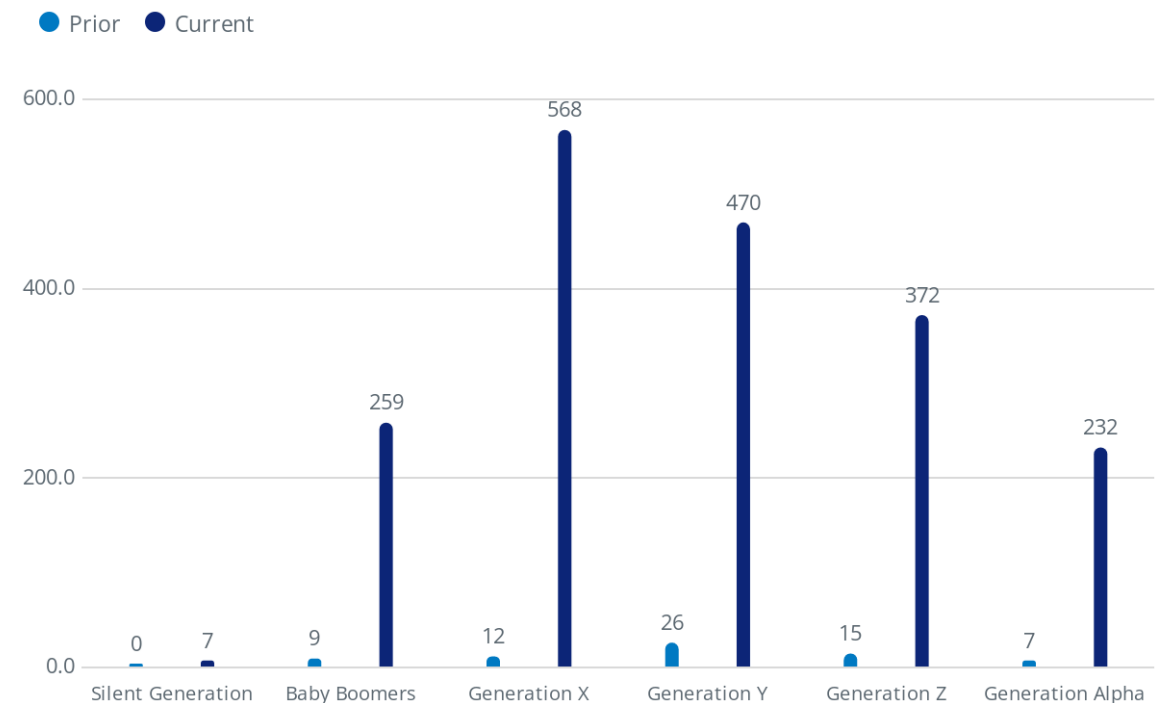
Annualized Admits per 1,000



Annualized ER Visits per 1,000



Annualized Professional Visits per 1,000



**PUBLIC AGENCY COALITION ENTERPRISE** | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**  
 Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical & Pharmacy** | Paid/Incurred: **Paid**

**Membership and PMPM (Medical)**

	Prior Period 2	Prior Period 1	Current Period	Change From Prior 1	Trend (Current/Prior)	2 Year PMPM Trend Annualized	Benchmark	Variance to Benchmark
PMPM	\$379.75	\$340.20	\$557.05	\$216.85	63.7%	21.1%	\$0.00	0.0%
PEPM	\$848.94	\$724.94	\$1,158.88	\$433.94	59.9%	16.8%		
Average Subscribers	1,230	1,337	1,372	35	2.6%	5.6%	N/A	N/A
Average Members	2,750	2,849	2,853	4	0.1%	1.9%	N/A	N/A
Health Risk Score	0.0	0.9	1.4	\$0.57	66.5%	0.0%	0.0	0.0%

**Membership and PMPM (Pharmacy)**

	Prior Period 2	Prior Period 1	Current Period	Change From Prior 1	Trend (Current/Prior)	2 Year PMPM Trend Annualized	Benchmark	Variance to Benchmark
PMPM	\$47.41	\$52.48	\$43.65	-\$8.83	-16.8%	-4.0%	\$131.50	-66.8%
PEPM	\$115.82	\$120.99	\$93.77	-\$27.23	-22.5%	-10.0%		

**Medical Summary - Relationship**

	PMPM						Claim Amount PMPM Change	Percent of Total Claim Amount PMPM Change
	Current Percent of Spend	Current Percent of Membership	Prior Period 2	Prior Period 1	Current Period	Prior Period 1		
Employee/Self	50.8%	48.1%	\$203.92	\$171.85	\$282.74	\$110.89	51.1%	
Spouse/Partner	28.0%	18.3%	\$68.26	\$90.50	\$155.86	\$65.35	30.1%	
Child/Other Dependent	21.3%	33.6%	\$107.58	\$77.85	\$118.45	\$40.60	18.7%	
Total	100.0%	100.0%	\$379.75	\$340.20	\$557.05	\$216.85		

**High Cost Claimants Medical and Pharmacy**

	Claim Amount			PMPM				
	Prior Period 1	Current Period	Current Percent of Spend	Prior Period 2	Prior Period 1	Current Period	Claim Amount PMPM Change Amount	Percent of Total Claim Amount PMPM Change
HCC	\$866,593	\$3,073,107	47.7%	\$141.03	\$77.44	\$270.65	\$193.21	92.9%
Non-HCC	\$3,090,346	\$3,365,529	52.3%	\$286.13	\$315.24	\$330.06	\$14.81	7.1%
Total	\$3,956,940	\$6,438,636	100.0%	\$427.16	\$392.68	\$600.70	\$208.02	100.0%

**Medical Summary - Place of Service**

	Claim Amount				PMPM				
	Prior Period 2	Prior Period 1	Current Period	Current Percent of Spend	Prior Period 2	Prior Period 1	Current Period	Trend	PMPM Change Amount
Inpatient	\$1,549,073	\$678,317	\$1,677,516	26.4%	\$140.81	\$59.52	\$146.98	146.9%	\$87.46
Outpatient	\$903,645	\$1,346,834	\$2,279,406	35.9%	\$82.14	\$118.18	\$199.72	69.0%	\$81.54
Outpatient ED	\$389,861	\$440,128	\$596,635	9.4%	\$35.44	\$38.62	\$52.28	35.4%	\$13.66
Professional PCP	\$244,893	\$299,892	\$368,387	5.8%	\$22.26	\$26.32	\$32.28	22.7%	\$5.96
Professional Specialty	\$1,090,150	\$1,111,791	\$1,435,677	22.6%	\$99.10	\$97.56	\$125.79	28.9%	\$28.23

**Unit Cost (per admit/visit)**

	Prior Period 2	Prior Period 1	Current Period
Inpatient	\$36,024.95	\$26,089.13	\$37,278.13
Outpatient	\$904.55	\$1,348.18	\$1,317.58
Outpatient ED	\$2,499.11	\$2,245.55	\$3,190.56
Professional PCP	\$119.75	\$127.94	\$141.09
Professional Specialty	\$183.59	\$173.31	\$216.44

**Utilization per 1000**

	Prior Period 2	Prior Period 1	Current Period
Inpatient	\$15.63	\$9.13	\$15.77
Outpatient	\$363.24	\$350.65	\$606.33
Outpatient ED	\$56.72	\$68.80	\$65.54
Professional PCP	\$743.57	\$822.74	\$915.10
Professional Specialty	\$2,159.08	\$2,251.67	\$2,324.72

**Discount Calculation: All Medical Where Employer Plans Are Primary**

	Inpatient Facility		Outpatient Facility		Professional	
	Discount Amount	Discount Percent	Discount Amount	Discount Percent	Discount Amount	Discount Percent
In-Network	\$2,726,949	61.6%	\$5,341,606	63.1%	\$2,552,164	57.7%
Out-of-Network	\$0	0.0%	\$22,096	65.0%	\$78,271	21.8%
Total Where Anthem is Primary	\$2,726,949	61.6%	\$5,363,702	63.1%	\$2,630,435	55.0%

**Medical Ancillary Details**

**Paid Claims Distribution**

	Claim Amount Percent
<\$0	-0.5%
\$0 to \$99	0.3%
\$100 to \$249	1.0%
\$250 to \$499	1.6%
\$500 to \$999	3.0%
\$1,000 to \$1,999	4.6%
\$2,000 to \$2,999	3.4%
\$3,000 to \$3,999	3.4%
\$4,000 to \$4,999	1.4%
\$5,000 to \$9,999	8.2%
\$10,000 to \$24,999	15.8%
\$25,000 to \$49,999	9.4%
\$50,000 to \$74,999	9.7%
\$75,000 to \$99,999	6.9%
\$100,000 to \$249,999	19.7%
\$250,000 to \$499,999	12.0%
\$500,000 to \$999,999	0.0%
\$1,000,000+	0.0%

**Age Bands**

	Claim Amount PMPM	
	Prior Period 1	Current Period
00-04	\$1.30	\$49.55
05-11	\$0.07	\$9.13
12-17	\$0.14	\$25.74
18-25	\$0.20	\$38.28
26-34	\$1.99	\$34.87
35-44	\$2.29	\$105.63
45-54	\$0.65	\$100.71
55-64	\$2.62	\$152.98
65+	\$0.00	\$33.00
NA	\$330.95	\$7.03

**Utilization by Generations**

	Claim Amount PMPM Cost	Annualized Admits per 1000		Annualized Professional Visits per 1000		Avoidable Outpatient ER		Non-Avoidable Outpatient ER	
		Prior Period 1	Current Period	Prior Period 1	Current Period	Prior Period 1	Current Period	Prior Period 1	Current Period
Silent Generation	\$1.70	0.0	0.0	0.0	7.4	0.0	0.0	0.0	0.0
Baby Boomers	\$84.62	0.0	5.3	9.5	258.7	0.0	0.0	3.2	13.7
Generation X	\$215.81	0.0	11.6	11.6	567.8	0.0	0.0	1.1	51.5
Generation Y	\$125.68	0.0	15.8	26.3	470.0	0.0	0.0	1.1	52.6
Generation Z	\$70.85	0.0	6.3	14.7	372.2	0.0	0.0	3.2	32.6
Generation Alpha	\$58.32	1.1	6.3	7.4	232.4	0.0	0.0	0.0	36.8
NA	\$7.03	26.3	2.1	1,931.2	85.2	0.0	0.0	198.0	8.4

**Top 10 Prescribed**

Rank	Drug Name	Therapeutic Class	Scripts Per 1000	Claim Amount	Percent of Paid Script
1	Ozempic	Antidiabetics	22	\$13,081	1.1%
2	Xifaxan	Anti-infective Agents - Misc.	9	\$10,987	0.4%
3	Jardiance	Antidiabetics	17	\$7,052	0.8%
4	Farxiga	Antidiabetics	*	\$3,322	0.2%
5	Tresiba Flextouch U-200	Antidiabetics	11	\$2,946	0.5%
6	Abiraterone Acetate	Antineoplastics And Adjunctive Therapies	*	\$2,933	0.2%
7	Rybelsus	Antidiabetics	*	\$2,754	0.1%
8	Trelegy Ellipta	Antiasthmatic And Bronchodilator Agents	9	\$2,566	0.4%
9	Breo Ellipta	Antiasthmatic And Bronchodilator Agents	13	\$2,384	0.6%
10	Victoza 2-pak	Antidiabetics	*	\$1,546	0.1%
Top Ten Subtotal			*	\$49,570	4.5%
All Other Drugs			1,959	\$31,446	95.5%
Total			*	\$81,016	100.0%

In California Anthem Blue Cross is the trade name of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company. In 11 northeastern counties of New York Anthem Blue Cross is the trade name of Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc., and Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

This confidential information should not be distributed without prior written consent and should only be used to review health care utilization.

PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO**

Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical & Pharmacy** | Paid/Incurred: **Paid**

HCC Total PMPM Trend

↑ **249.5%**

Current Period: \$270.65  
Prior Period: \$77.44

Percent of Total HCCs Still Active

**96.2%**

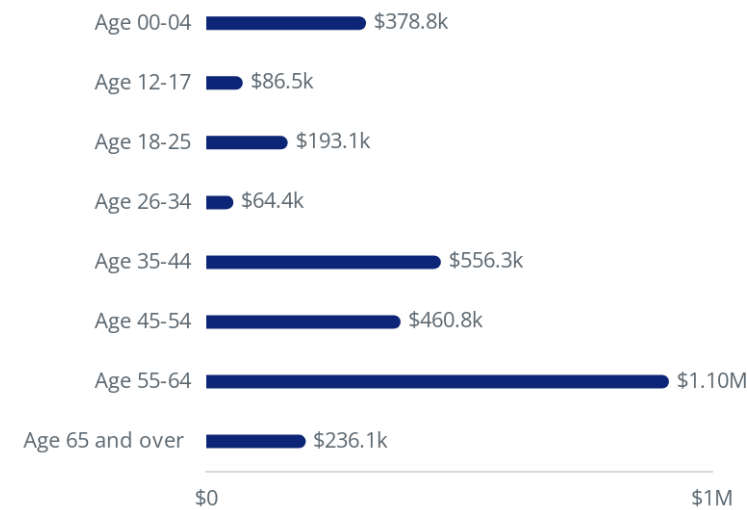
Prior Period: 100.0%

Percent of Total HCCs Engaged

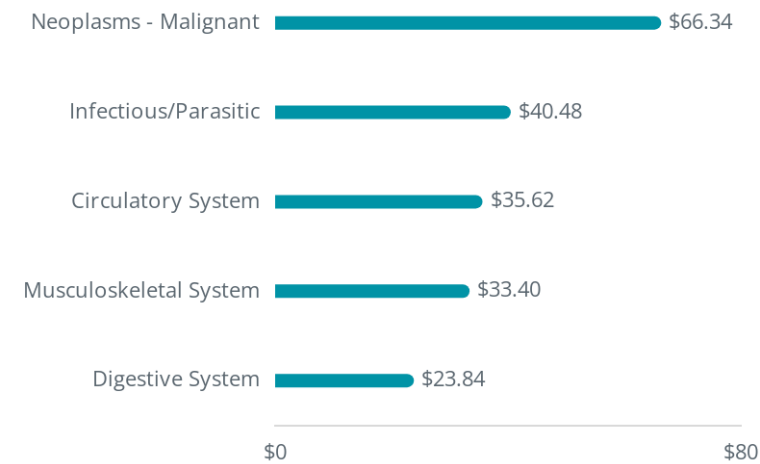
**3.8%**

Prior Period: 7.7%

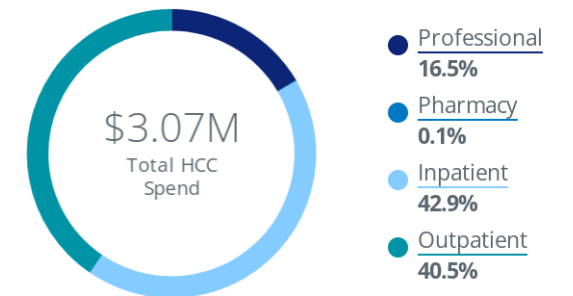
HCC Total Paid Amount by Age Band



Health Condition Category of Primary Diagnosis Contributing to High Cost



HCC Spend by Place of Service



PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: Total Account ASO  
 Current: Jan 2024 - Apr 2024 • Prior 1: Jan 2023 - Apr 2023 • Prior 2: Jan 2022 - Apr 2022 | Data Set: Medical & Pharmacy | Paid/Incurred: Paid

Segmentation		Member Details					Claim Details																				
Rank	Group ID	Subgroup	Benefit Package ID	Scrambled Claimant ID	Prior Period HCC	Active (Yes/No)	Member Engaged	Primary Health Condition Category	Primary Medical Diagnosis Contributing to High Cost	Secondary Medical Diagnosis Contributing to High Cost	Primary Medical Diagnosis Claim Amount	Secondary Medical Diagnosis Claim Amount	All Other Medical Diagnosis Claim Amount	Inpatient Medical Claim Amount	Outpatient Medical Claim Amount	Professional Medical Claim Amount	Medical Total Claim Amount	Percent Specialty Drug Spend under Medical	Primary Pharmacy Therapeutic Category Contributing to High Cost	Pharmacy Total Claim Amount	Percent Specialty Drug Spend under Pharmacy	Total Claim Amount	Most Recent Month Medical Claim Amount	Most Recent Month Pharmacy Claim Amount	Medical Claim Amount PMPM	Pharmacy Claim Amount PMPM	Total Claim Amount PMPM
1	282517	282517-282517M026	70DY	10899461	N	N	Y	Infectious/Parasitic	OTHER SEPSIS	ENCOUNTER FOR OTHER AFTERCARE	\$433,467	\$20,261	\$3,327	\$433,467	\$20,261	\$8,327	\$462,055	3.4%	NA	\$0	0.0%	\$462,054.89	\$0	\$0	\$40.48	\$0.00	\$40.48
2	282517	282517-282517M042	708E	795046618	N	Y	N	Neoplasms - Malignant	ENCOUNTER FOR OTHER AFTERCARE	MAL NEOPLASM LIVR NTRAHEP BILE DUCT	\$138,116	\$70,458	\$95,319	\$28,059	\$237,913	\$37,921	\$303,893	15.1%	NA	\$0	0.0%	\$303,892.93	\$95,833	\$0	\$28.63	\$0.00	\$28.63
3	282517	282517-282517M017	52LM	24183120	Y	Y	N	Neoplasms - Benign	BENIGN NEUROENDOCRINE TUMORS	IO POSTPROC COMP D/O DIGSTV SYS NEC	\$124,217	\$28,488	\$20,010	\$28,488	\$123,280	\$20,947	\$172,715	32.3%	NA	\$0	0.0%	\$172,714.87	\$60,459	\$0	\$15.13	\$0.00	\$15.13
4	282517	282517-282517M001	52LR	201831333	N	Y	N	Neoplasms - Malignant	MALIGNANT NEOPLASM OF RECTUM	ENC ATTENTION ARTIFICIAL OPENINGS	\$51,782	\$50,588	\$69,162	\$111,142	\$30,514	\$29,875	\$171,531	0.1%	NA	\$0	0.0%	\$171,531.38	\$67,012	\$0	\$15.03	\$0.00	\$15.03
5	282517	282517-282517M017	52LM	86223117	N	Y	N	Respiratory System	OTH DISEASES UP RESPIRATORY TRACT	INTRAOP POSTPROC COMP D/O RS NEC	\$55,411	\$42,485	\$66,493	\$126,056	\$6,697	\$31,635	\$164,388	0.0%	NA	\$0	0.0%	\$164,388.28	\$98,972	\$0	\$14.40	\$0.00	\$14.40
6	282517	282517-282517M026	70DY	410661297	N	Y	N	Neoplasms - Malignant	ENCOUNTER FOR OTHER AFTERCARE	MAL NEOPLASM W/O SPECIFICATION SITE	\$108,007	\$11,989	\$23,782	\$0	\$125,072	\$18,705	\$143,777	60.5%	NA	\$0	0.0%	\$143,777.04	\$37,064	\$0	\$12.60	\$0.00	\$12.60
7	282517	282517-282517M017	52LM	20066639	N	Y	N	Digestive System	CROHNS DISEASE REGIONAL ENTERITIS	ABDOMINAL AND PELVIC PAIN	\$116,628	\$6,704	\$5,222	\$110,265	\$0	\$18,289	\$128,554	0.0%	NA	\$0	0.0%	\$128,553.72	\$127,101	\$0	\$11.26	\$0.00	\$11.26
8	282517	282517-282517M026	70DY	59139428	N	Y	N	Injury & Poisoning	FRACTURE OF SKULL AND FACIAL BONES	INTRACRANIAL INJURY	\$74,051	\$4,458	\$73,347	\$3,357	\$48,376	\$553	\$125,980	0.0%	NA	\$0	0.0%	\$125,980.39	\$553	\$0	\$10.96	\$0.00	\$10.96
9	282517	282517-282517M026	70DY	439386519	N	Y	N	Musculoskeletal System	SPONDYLOSIS	OTHER SPONDYLOPATHIES	\$118,124	\$1,456	\$4,111	\$110,494	\$262	\$10,935	\$121,891	0.0%	NA	\$0	0.0%	\$121,890.95	\$135	\$0	\$10.66	\$0.00	\$10.66
10	282517	282517-282517M001	52LR	118701577	N	Y	N	Circulatory System	CEREBRAL INFARCTION	SEQUELAE OF CEREBROVASCULAR DISEASE	\$108,200	\$6,042	\$2,094	\$49,670	\$51,845	\$12,821	\$114,336	0.0%	NA	\$0	0.0%	\$114,335.94	\$51	\$0	\$10.02	\$0.00	\$10.02
11	282517	282517-282517M017	52LM	212521774	N	Y	N	Musculoskeletal System	OSTEOARTHRITIS OF KNEE	ABNORMAL RESULTS FUNCTION STUDIES	\$108,138	\$307	\$235	\$0	\$103,830	\$4,849	\$108,679	0.5%	NA	\$0	0.0%	\$108,679.36	\$104,267	\$0	\$9.52	\$0.00	\$9.52
12	282517	282517-282517M100	708C	59799708	N	Y	N	Circulatory System	CHRONIC ISCHEMIC HEART DISEASE	D/O LIPOPROTEIN METAB LIPIDEMIAS	\$95,077	\$142	\$0	\$95,141	\$0	\$78	\$95,219	0.0%	HMG-CoA Reductase Inhibitors	\$20	0.0%	\$95,239.30	\$248	\$20	\$8.34	\$0.01	\$8.35
13	282517	282517-282517M017	52LM	611256774	Y	Y	N	Diseases of the Blood	COMMON VARIABLE IMMUNODEFICIENCY	FEMALE GENITAL PROLAPSE	\$35,516	\$27,028	\$25,142	\$0	\$82,689	\$4,996	\$87,686	52.5%	NA	\$0	0.0%	\$87,685.74	\$13,060	\$0	\$7.68	\$0.00	\$7.68
14	282517	282517-282517M026	70DY	42835077	N	Y	N	Circulatory System	HYPERTENSIVE HEART & CKD	CHRONIC KIDNEY DISEASE	\$51,872	\$27,479	\$7,588	\$51,872	\$29,855	\$5,212	\$86,939	0.0%	NA	\$0	0.0%	\$86,938.77	\$7,983	\$0	\$7.62	\$0.00	\$7.62
15	282517	282517-282517M042	708E	26021281	N	Y	N	Digestive System	PERITONITIS	NAUSEA AND VOMITING	\$48,395	\$18,480	\$19,621	\$44,596	\$34,883	\$7,018	\$86,497	0.0%	NA	\$0	0.0%	\$86,496.75	\$39	\$0	\$7.58	\$0.00	\$7.58
16	282517	282517-282517M017	52LM	19573313	N	Y	N	Musculoskeletal System	OSTEOARTHRITIS OF KNEE	ORTHOPEDIC AFTERCARE	\$73,376	\$2,340	\$278	\$0	\$81,716	\$278	\$81,993	0.0%	NA	\$0	0.0%	\$81,993.35	\$79,853	\$0	\$7.18	\$0.00	\$7.18
17	282517	282517-282517M017	52LM	845923080	N	Y	N	Newborn	RESPIRATORY DISTRESS OF NEWBORN	ENC GEN EXAM NO COMPLAINT SUSPECT DX	\$74,267	\$877	\$0	\$0	\$74,944	\$0	\$74,944	0.0%	NA	\$0	0.0%	\$74,943.65	\$74,849	\$0	\$6.57	\$0.00	\$6.57
18	282517	282517-282517M017	52LM	19717145	N	Y	N	Musculoskeletal System	OSTEOARTHRITIS OF KNEE	ORTHOPEDIC AFTERCARE	\$67,707	\$930	\$250	\$0	\$68,620	\$6,267	\$68,887	1.3%	NA	\$0	0.0%	\$68,886.97	\$150	\$0	\$6.04	\$0.00	\$6.04
19	282517	282517-282517M026	70DY	302839898	N	Y	N	Diseases of the Blood	HEREDITARY FACTOR VIII DEFICIENCY	OTHER JOINT DISORDER NEC	\$63,777	\$500	\$286	\$0	\$0	\$64,563	\$64,563	98.6%	NA	\$0	0.0%	\$64,562.62	\$53,358	\$0	\$5.66	\$0.00	\$5.66
20	282517	282517-282517M001	52LR	11749194	N	Y	N	Nervous System	EPILEPSY AND RECURRENT SEIZURES	CONVULSIONS NEC	\$60,354	\$2,562	\$1,470	\$0	\$36,537	\$27,849	\$64,386	2.3%	NA	\$0	0.0%	\$64,385.90	\$6,296	\$0	\$5.64	\$0.00	\$5.64
21	282517	282517-282517M034	708G	24907917	N	Y	N	Neoplasms - Malignant	MALIGNANT NEUROENDOCRINE TUMORS	TYPE 2 DIABETES MELLITUS	\$41,767	\$19,792	\$970	\$0	\$60,749	\$1,680	\$62,429	39.2%	NA	\$0	0.0%	\$62,429.16	\$32,154	\$0	\$5.47	\$0.00	\$5.47
22	282517	282517-282517M100	708C	42772336	N	Y	N	Neoplasms - Malignant	ENCOUNTER FOR OTHER AFTERCARE	D/O LIPOPROTEIN METAB LIPIDEMIAS	\$55,444	\$727	\$614	\$0	\$54,254	\$2,530	\$56,785	7.9%	Antineoplastic Agents	\$3,043	96.4%	\$59,827.15	\$727	\$2,465	\$4.98	\$1.64	\$6.61
23	282517	282517-282517M049	708K	615563274	N	Y	N	Circulatory System	CHRONIC ISCHEMIC HEART DISEASE	DORSALGIA	\$57,858	\$142	\$188	\$0	\$57,858	\$31	\$57,989	0.0%	NA	\$0	0.0%	\$57,989.31	\$57,776	\$0	\$5.08	\$0.00	\$5.08
24	282517	282517-282517M017	52LM	20066659	N	Y	N	Digestive System	ACUTE APPENDICITIS	BENIGN NEOPLASM OF OVARY	\$41,895	\$12,317	\$2,790	\$41,895	\$12,348	\$2,762	\$57,003	0.0%	NA	\$0	0.0%	\$57,002.86	\$0	\$0	\$4.99	\$0.00	\$4.99
25	282517	282517-282517M026	70DY	399828205	N	Y	N	Injury & Poisoning	SUPERFICIAL INJURY OF HEAD	ESSENTIAL PRIMARY HYPERTENSION	\$46,919	\$4,747	\$4,384	\$0	\$4,208	\$51,842	\$56,050	0.0%	NA	\$0	0.0%	\$56,050.09	\$1,450	\$0	\$4.91	\$0.00	\$4.91
26	282517	282517-282517M026	70DY	19989679	N	Y	N	Circulatory System	PULMONARY EMBOLISM	PARKINSONS DISEASE	\$27,076	\$20,940	\$3,960	\$14,175	\$22,892	\$14,909	\$51,976	3.5%	NA	\$0	0.0%	\$51,975.85	\$38,357	\$0	\$4.55	\$0.00	\$4.55
<b>Total</b>											<b>\$2,279,239</b>	<b>\$424,152</b>	<b>\$366,652</b>	<b>\$1,318,667</b>	<b>\$1,243,440</b>	<b>\$507,937</b>	<b>\$3,070,044</b>	<b>11.3%</b>		<b>\$3,063</b>	<b>95.8%</b>	<b>\$3,073,107</b>	<b>\$947,545</b>	<b>\$2,486</b>	<b>\$269.00</b>	<b>\$1.65</b>	<b>\$270.65</b>



**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

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SUBJECT:  
Ancillary Updates – EmpiRx, LiveHealth Online

ITEM #: 2024-018

Enclosure: Yes

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Category: Financial

Prepared by: Keenan & Associates

Requested by: Executive Committee

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**BACKGROUND:**

PACE offers the following value-add services to members:

- LiveHealth Online Medical - provides access to telehealth doctor visits 24/7/365.
- EmpiRx Health - administers PACE's prescription drug plan for the self-funded EPO and PPO plans.

**STATUS:**

The Executive Committee will hear a report on the LHO Medical utilization, specialty drug spend through EmpiRx, and the forthcoming EmpiRx platform transition.

**RECOMMENDATIONS:**

For review, discussion and action as necessary.

**PACE**  
**Registration & Utilization**  
1/1/20 thru 4/30/24  
(282517)

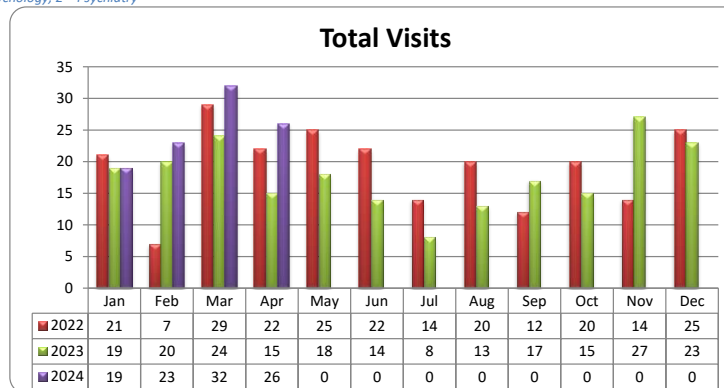
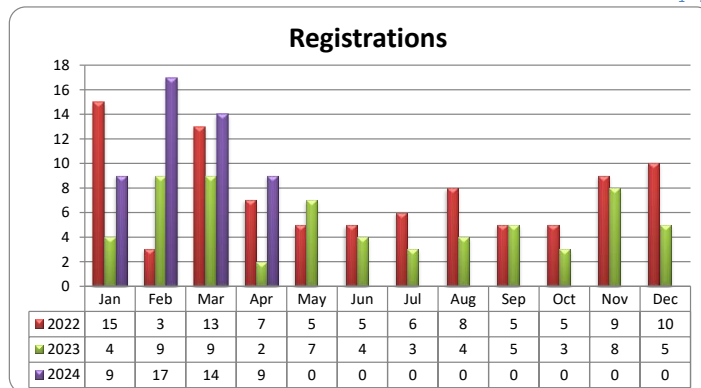
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Registrations		VISITS						UTILIZATION		
Year	Count	Medical	VPC	BH	Breastfeeding	Dermatology	Grand Total	Medical	BH	
Year	Count	Count	Count	Count	Count	Count	Count	Visits per mbr per year		
2024	49	80	7	13	0	0	100	0.45	0.07	
2023	63	165	0	42	0	6	213	0.35	0.09	
2022	91	194	0	32	1	0	227	0.48	0.08	
all prior years	233	258	0	42	0	0	300	0.64	0.11	
Total 1/1/20 thru 4/30/24	436	Total 1/1/20 thru 4/30/24	697	7	129	1	6	840	0.51	0.09

	Medical	VPC	BH	Breastfeeding	Dermatology
<b>Nbr of Users</b>	308	5	13	1	9
<b>Avg Wait time (min:sec)</b>	8:11	3:54	5:23	2:39	0
<b>Avg Visit Duration (min:sec)</b>	5:20	8:59	43:07 <sup>1</sup> 13:47 <sup>2</sup>	1:39	N/A
<b>Avg Rating of LHO (Scale 1-5, 5=best)</b>	4.9 (n=196)	5.0 (n=3)	4.9 (n=24)	0.0 (n=0)	0.0 (n=0)
<b>Avg Rating of Provider (Scale 1-5, 5=best)</b>	4.9 (n=198)	5.0 (n=3)	5.0 (n=25)	0.0 (n=0)	0.0 (n=0)

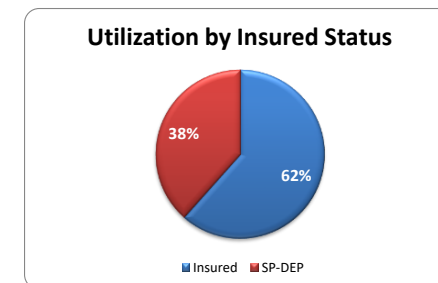
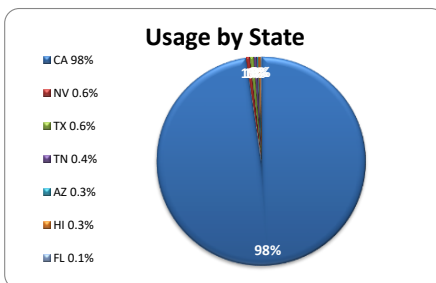
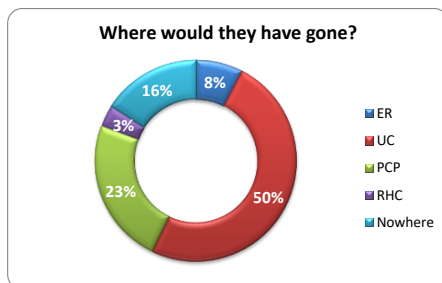
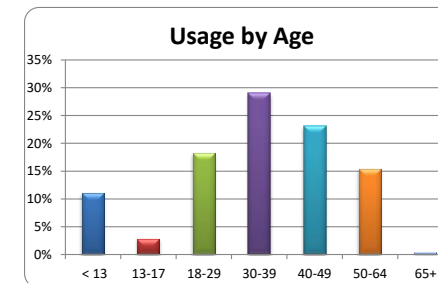
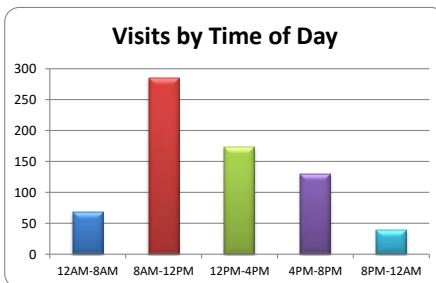
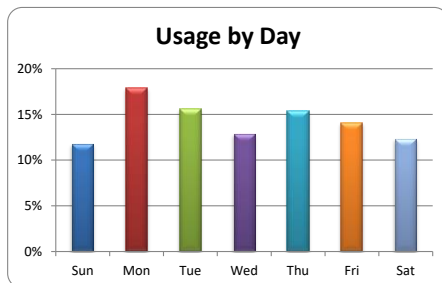
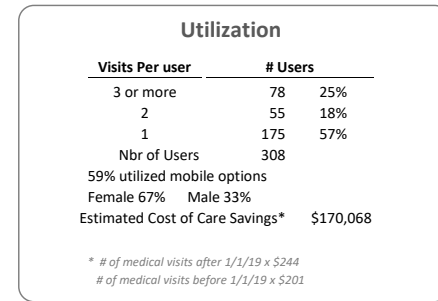
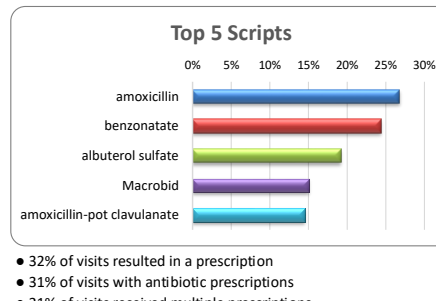
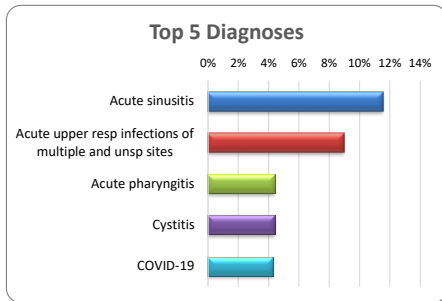
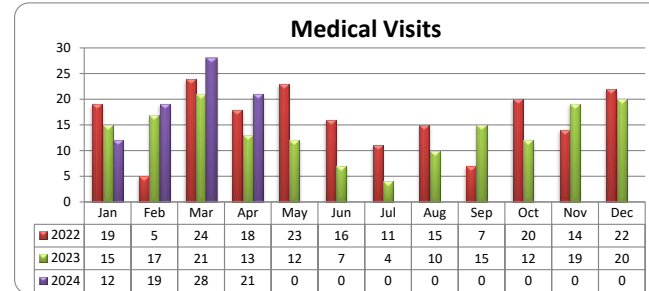
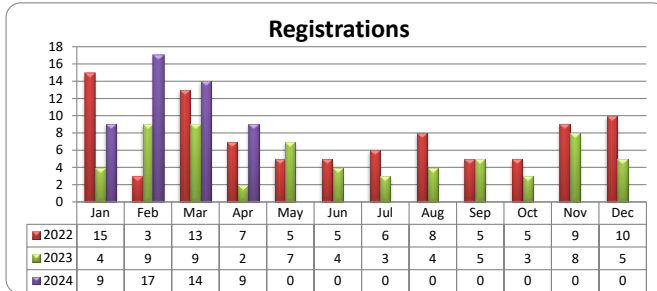
1 = Psychology, 2 = Psychiatry



Note: Registrations and Total Visits charts show only the most recent 3 years

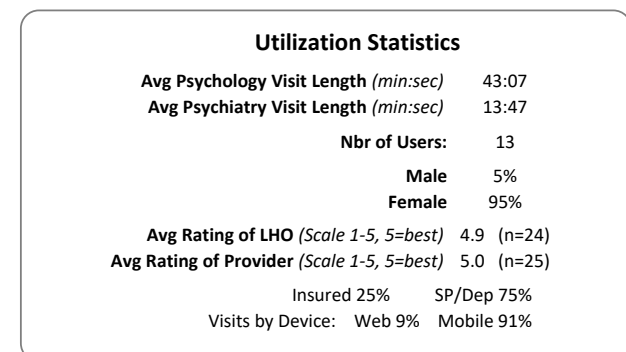
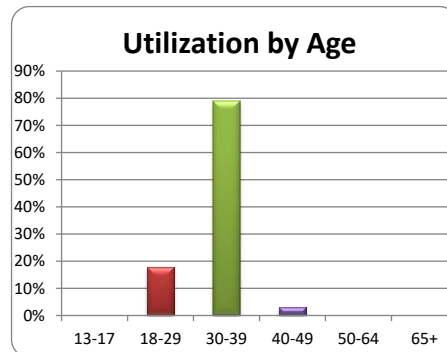
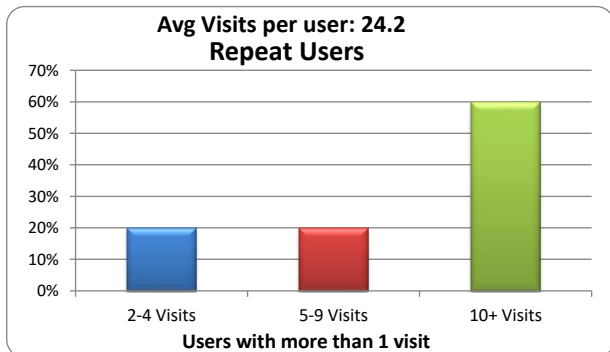
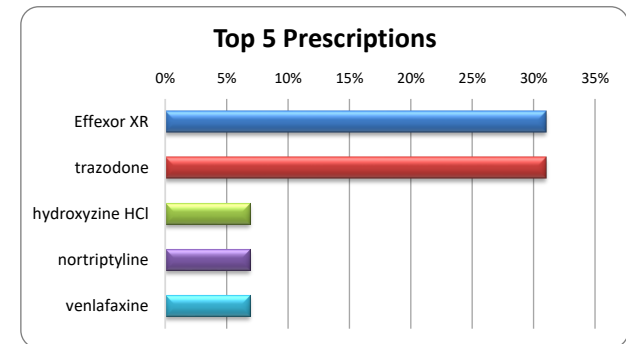
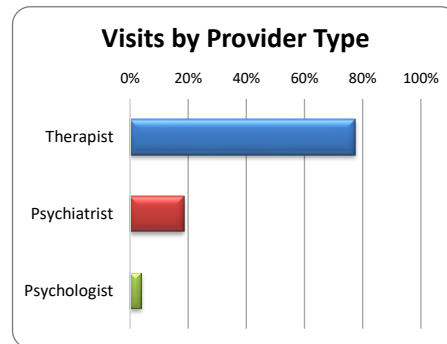
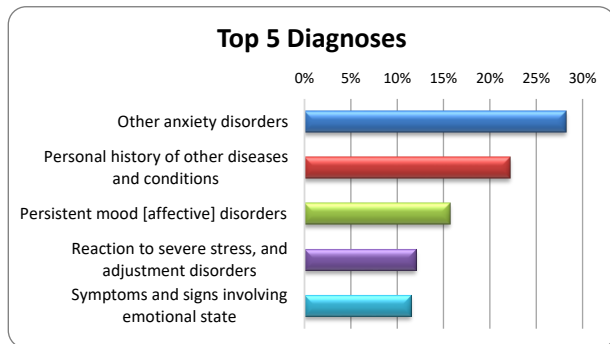
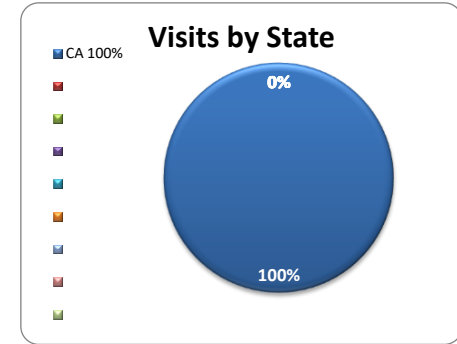
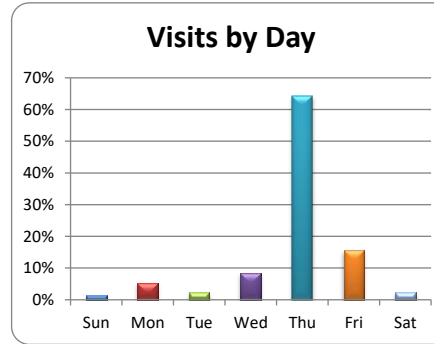
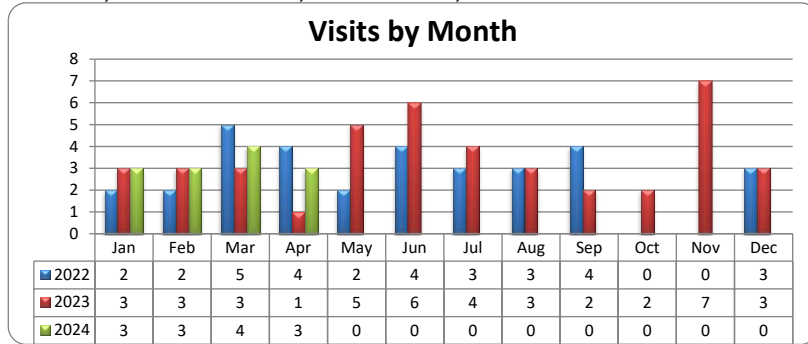
**MEDICAL ACTIVITY**

Note: Registrations and Medical Visits charts show only the most recent 3 years



**BEHAVIORAL HEALTH ACTIVITY**

Note: Visits by Month chart shows only the most recent 3 years

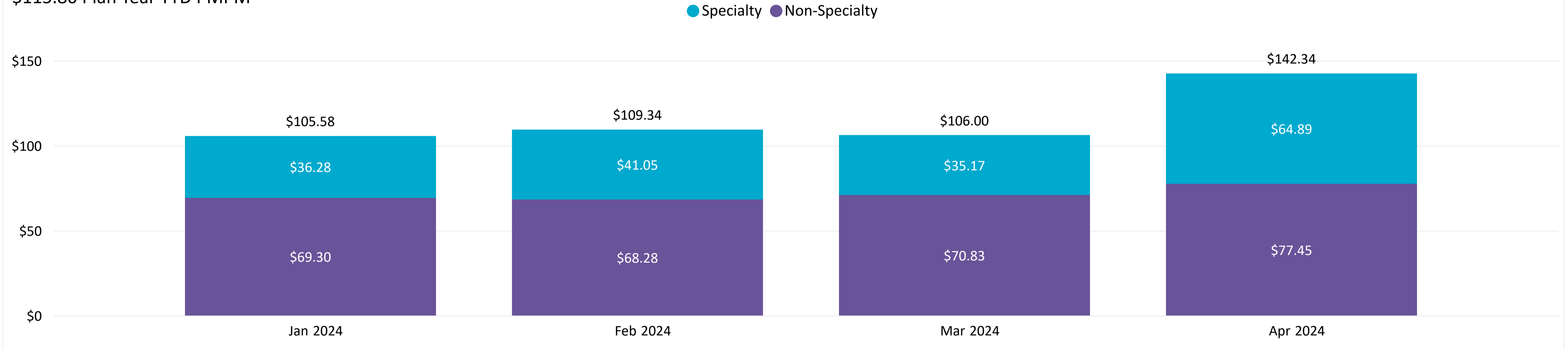


# Plan Paid

January 2024 - April 2024

## Plan Paid Per Member Per Month (PMPM)

\$115.80 Plan Year YTD PMPM



## Plan Paid by Month

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	Total YTD
Plan Paid	\$255,388	\$261,640	\$253,554	\$341,188	\$1,111,770
Specialty Plan Paid	\$87,758	\$98,240	\$84,133	\$155,545	\$425,677
Non-Specialty Plan Paid	\$167,630	\$163,400	\$169,420	\$185,644	\$686,093
Retail Plan Paid	\$154,156	\$156,781	\$157,937	\$189,473	\$658,346
Mail Plan Paid	\$101,233	\$104,859	\$95,617	\$151,715	\$453,424

# Specialty Utilization

January 2024 - April 2024

**1.2%**

of Total Claims

**38.3%**

of Plan Paid YTD

**39**

Unique Utilizers YTD

## Specialty Metrics by Month

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	Total or Average YTD
Specialty as % of Total Claims	1.0%	1.1%	1.3%	1.3%	<b>1.2%</b>
Total Claims	2,451	2,204	2,196	2,379	<b>9,230</b>
Specialty Claims	25	24	29	32	<b>110</b>
Specialty as % of Total Plan Paid	34.4%	37.5%	33.2%	45.6%	<b>38.3%</b>
Total Plan Paid	\$255,388	\$261,640	\$253,554	\$341,188	<b>\$1,111,770</b>
Specialty Plan Paid	\$87,758	\$98,240	\$84,133	\$155,545	<b>\$425,677</b>
Total Utilizers	826	788	768	800	<b>796</b>
Specialty Utilizers	24	24	24	28	<b>25</b>

# Specialty Cost Containment Metrics

January 2024 - April 2024

## Specialty Cost Containment powered by Payer Matrix

	Jan 2024	Feb 2024	Mar 2024	Total YTD
Alternate Funding	\$110,653	\$113,677	\$38,369	\$262,700
SCC Claims	13	9	8	30
Plan Savings	\$88,522	\$90,942	\$30,696	\$210,160
SCC Utilizers	12	8	8	16

### Notes:

1. Patient Assistance Programs (PAPs) dramatically reduce specialty spend using manufacturer-driven funding mechanisms
2. Figures above represent data at the time that the report was generated and are subject to change
3. Prior month data may not be visible due to reporting lag times

**EMPIRX HEALTH**  
Customer-First Pharmacy Care.

***PACE***  
A Keenan Solution

# Platform Migration

4/29/2024





# What's Happening & Why?

## *EmpiRx Health is moving from BeneCard to Script Care Tredium*

- In-house ownership of core platform for greater control
- Superior platform further strengthens customer service
- Accelerate innovation and access to the best-in-class products



# What's Changing? What's Not?

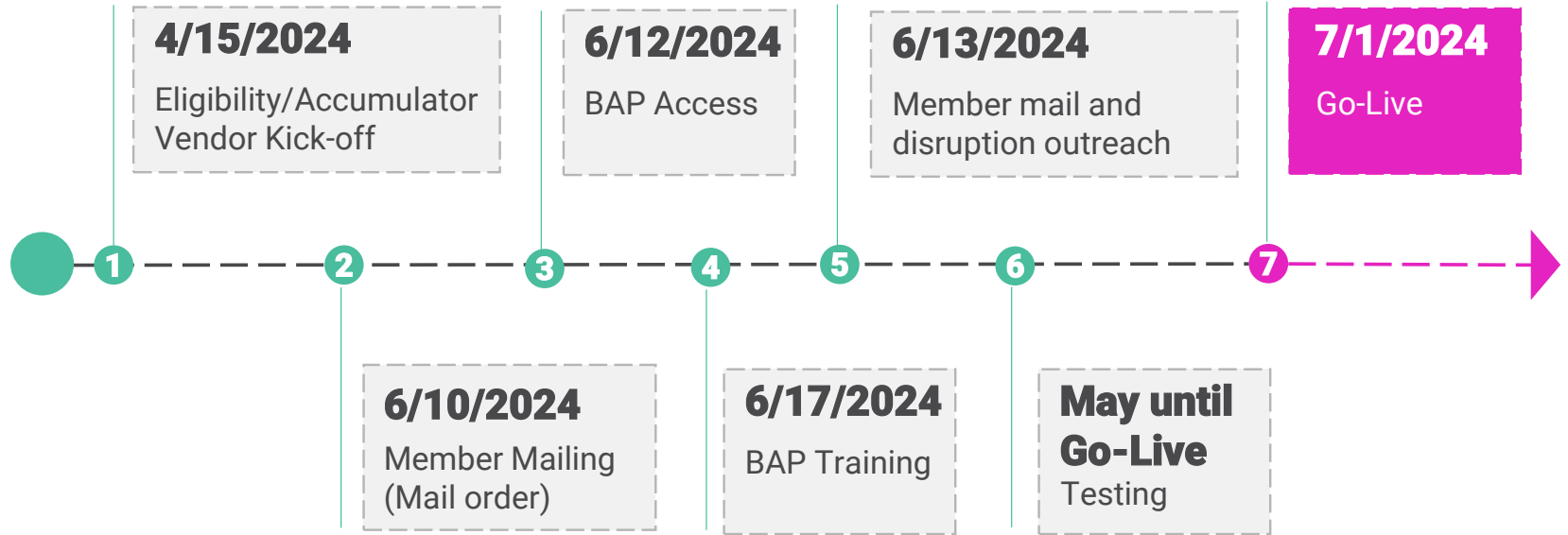
Services	No Changes	Changes
<b>Core Services</b>		
Network		Expanding our network of pharmacies to include over 65K pharmacies
Formulary	No change	
Member Services		In-house
<b>Client Services</b>		
Plan Reports	No change	
Reporting Portal	No change	
Online Eligibility & Claim Portal		Same functionality but new portal to review claims and modify eligibility
Invoicing	No change	

# What's Changing? What's Not (Con't)

Services	No Changes	Changes
<b>Vendor Integrations</b>		
	No Change. EmpiRx Health will coordinate with your vendor partners	
<b>Member Services</b>		
<b>Member ID</b>		<ul style="list-style-type: none"> <li>• EmpiRx Health will deliver new Member IDs at no cost to your plan or members</li> <li>• Digital Member IDs will remain available on the member portal</li> </ul>
<b>Member Portal &amp; Mobile App</b>	No change	
<b>Customer Service Phone Numbers</b>		New and dedicated Toll-Free Service number will be included on member ID's and plan documents
<b>Mail Order Pharmacy</b>		<ul style="list-style-type: none"> <li>• Prescriptions at our current mail order pharmacy will be transferred to our new mail order pharmacy.</li> <li>• Members utilizing mail order services will receive directions to register directly with our mail order pharmacy.</li> <li>• Mail order pharmacy will accept non-specialty copy cards</li> </ul>
<b>Member Communications</b>		Shift to simpler, more concise, member communication strategy

# Timeline:

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# Member Communications

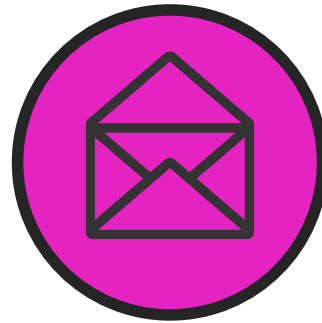
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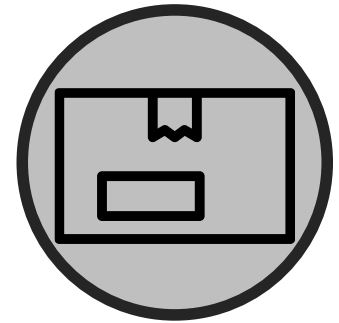
Member  
Welcome Letter



Member ID



Mail Order  
Information



Member  
Packets



# Thank you.

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 **EMPIRX HEALTH**  
Customer-First Pharmacy Care.

# PLATFORM MIGRATION ANNOUNCEMENT

## Important Message Related to Your EmpiRx Health Prescription Drug Benefit

Effective July 1, 2024 EmpiRx Health is migrating to a new platform. This letter contains information pertaining to what this means for you. Please check your mail carefully in the month of June for your EmpiRx Health Welcome Packet – it contains a plan brochure, and mail order materials. No plan changes have been made.



### New Member ID Cards

Your medical and pharmacy benefits information will be integrated into one card, which will be mailed to you by UMR. You can expect the new ID card to arrive before 6/30/2024. Please begin using your new ID card at your participating pharmacy on or after 7/1/2024

The following new information reflected on the ID card will need to be shared with your pharmacy:

- **RxBIN: 024160**
- **RxPCN: 14032015**



### Mail Order Pharmacy

Our mail-order will fill or coordinate most maintenance, high-cost, and specialty medications that require special handling and administration.

Members using mail order services will receive directions in June to register directly with our mail order pharmacy. Prescriptions at our current mail order pharmacy will be transferred automatically over to the new pharmacy.



### Expanding Pharmacy Network

Our pharmacy network is growing to provide you with more options – including Kroger's! In the rare event your current pharmacy is no longer available, you will receive a letter with alternative local pharmacies.



### New, Toll-Free Customer Service Phone Number

If you have any questions or require additional information, please contact our new Member Services toll-free at **1-877-323-0567/TDD 711**. We are always available to assist you with live Member Services Representatives and Pharmacists 24 hours a day, seven days a week.

We look forward to taking care of you.



**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

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SUBJECT:  
Wellness Updates

ITEM #: 2024-019

Handout: Yes

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Category: Financial

Prepared by: Keenan & Associates

Requested by: Executive Committee

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**BACKGROUND:**

In partnership with the PACE health plans, Keenan Well Health Management consultants help agencies in the PACE JPA design and implement programs that create, support, and maintain wellness cultures specifically tailored to each organization's unique needs, and provide coordination and alignment of wellness components to assure program integrity. Participation in Wellness (Health Management) is a condition of membership in PACE.

**STATUS:**

The Executive Committee will hear and discuss 2024 Wellness Program Recommendations.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.



# Wellness Update

## PACE Executive Committee Meeting 05/29/24

- **2024 PACE Wellness Program – February 1 – November 15, 2024**
  - Participation Updates:
    - 3,670 total PACE Members currently on eligibility file.
    - **149 participants (4%) registered for the 2024 PACE Wellness Program so far.**
      - Status:
        - Employees – 138
        - Spouses – 11
      - Carriers:
        - Anthem – 116
        - Kaiser – 26
        - Default – 7 (need to add in their carrier information)
      - Rewards Update:
        - 48 participants have reached rewards status already!
          - Bronze (\$50 reward) – 600-899 points – 20 participants
          - Silver (\$100 reward) – 900-1,199 points – 20 participants
          - Gold (\$125 reward) – 1,200-1,699 points – 8 participants
          - No Platinum (\$175) rewards yet, but still plenty of time for people to earn!
  - 25 of the 34 agencies (74%) have PACE members participating in the program.
  - See next page for breakdown by agency.

For reference: Wellness Program Participation 2020-2024			
Year	Number on Eligibility File	Registered (% eligible)	Earned Rewards (% registered; % eligible)
2024 so far	3,670	149 (4%)	48 (32%; 1.3%)
2023	2,795	182 (7%)	56 (30%; 2%)
2022	2,629	188 (7%)	55 (29%; 2%)
2021	1,884	198 (11%)	59 (30%; 3%)
2020	1,514	152 (10%)	108 (71%; 7%)*

\* In 2020, we had 152 registered and 108 earned rewards (points were transferred over from MCSIG’s program and the biometric screening was not a required activity in 2020).

- **Member Testimonials via email from PACE Wellness Program participants:**
  - “Last year’s Wellsteps programs were so good for me! I lost between 40 and 50 pounds last year just by using the tools that WellSteps had to offer! ... It was hard for sure, but I really liked making goals in last year’s portal and challenging myself to stick to them. So far, I am still loving the goals I can set up in Wellsteps and I am loving all the resources at the bottom of the pages that you link and offer each week/month!...I am hoping to lose about 20 more by this fall with the tools you have to offer. 😊”

- “I think this is an awesome program that keeps you motivated, and I have realized that the good habits that you try to change for the sake of competition stick in the long run. I think at 43 I feel even better than I did 15 years ago in both mental and physical health. So thanks again for the extra push! 😊”
- **Follow-Up – First Campaign: Intuitive Eating - See attached Campaign Report.**
  - Dates: February 26, 2024 – April 7, 2024 (6 weeks)
  - Description: Participants will learn the 10 principles of Intuitive Eating and how they can help you build a healthier relationship with food. They will learn how to reject the diet mentality and make peace with food, while accessing their hunger on the fullness scale. They will explore their emotional relationship with food and how to cope with kindness.
  - Participants get: Regular educational and motivational messages as WellSteps walks them through the process of Intuitive Eating.
  - **84 participants (67%) of the 125 registered at the time engaged in the program (completed at least 1 week of activities).**
  - **76 participants (90%) of the 84 engaged completed the behavior change campaign and earned the 100 points for the first behavior change campaign.**
  - See attached Program Summary Report from WellSteps:
    - 47% of those who completed the evaluation said they learned something new, and 49% participants also changed one health behavior.
    - Testimonials:
      - “This campaign helped me look at food with a different perspective. It helped me have a healthy relationship with food and not guilt myself.”
      - “Easy to follow, great tips and helpful reminders of a healthy relationship with food.”
      - “It was practical and easy to apply.”
- **Second Campaign: Posture Perfect – started this month!**
  - Dates: May 6, 2024 – June 16, 2024 (6 weeks)
  - Description: This campaign focuses on reducing back and neck pain caused by everyday activities. Participants will learn how to avoid injury and support their back and neck by taking inventory of their workspaces for stressors, learning how to properly sit and stand and mastering correct lifting techniques as well as learning some everyday stretches.
  - Participants get: Weekly educational messages and tips to put into action as they develop a healthy posture for everyday activities.
  - Participants must complete 4 of the 6 weeks of the Campaign to earn 100 points.
  - Reward points will be awarded after the campaign is over.
  - Prize Drawing – 11 participants who complete the campaign will be randomly selected for e-gift card prizes (10 will win \$25 e-gift card, 1 will win \$50 e-gift card).
  - **75 members engaged in the program (completed at least 1 week of the campaign so far)**
- **Follow-Up: Wellness Advisory Committee Meeting on Wednesday, May 8, 2024:**
  - Representatives from 11 agencies attended.
- **PACE Wellness Program Q&A/Webinar – Thursday, June 6, 2024 – from 12:00-12:45pm**
  - **Will record it and then share recording.**

- **Virgin Pulse Discussion and Follow-up:**
  - See attached slides for detailed pricing projections.
  - **Summary of options:**
    - **For VP Platform, we recommend to increase Wellness Program rate to \$6 PEPM.**
    - \$6 PEPM for Wellness Program can support up to \$200 Rewards for EEs (but not spouses).
      - Spouses and household members can be invited by the EE to use the program, but they would not be able to earn rewards.
      - If PACE wants to include all spouses in the program, it is an extra ~\$16,000.
    - \$6 PEPM for Wellness Program can support \$100 Rewards for EEs and Spouses to participate.
      - Cannot support the \$200 rewards with spouses eligible to earn rewards.
    - \$6 PEPM for Wellness Program can most likely support \$100 rewards and Health Coaching Option for EEs but not include spouses.
      - If PACE wants to include Health Coaching Option, it is \$250 PPPY.
      - We estimated high with 100 participants using the Health Coaching feature. It will most likely be lower.
    - **EEs Only = \$200 rewards with no Health Coaching OR \$100 rewards with Health Coaching option**
    - **EEs & Spouses Included = \$100 rewards with no Health Coaching option**
    - **\*Would need to decide to switch to Virgin Pulse by early August 2024 if we want to implement for 2025 year.**
- **Attachments:**
  - Updated Virgin Pulse Platform Budget Projection Slides
  - Intuitive Eating Campaign Report from WellSteps
- **Next Wellness Advisory Committee Meeting on Wednesday, September 11, 2024 – 3-4pm PT.**
  - Next Wellness Program Advisory Meeting(s) will be led by another KeenanWell Consultant.
  - Dayna will be on maternity leave from July – November or so.

## 2024 PACE Wellness Program Registration Numbers (as of 5/22/24)

Location	Carrier	Count
CARMEL AREA WASTEWATER DISTRICT	ANTHEM	2
CARMEL AREA WASTEWATER DISTRICT	default	1
City of Avenal	ANTHEM	1
CITY OF CLAREMONT	KAISER	2
City of Desert Hot Springs	ANTHEM	10
CITY OF FOWLER	ANTHEM	6
City of Gustine	ANTHEM	3
City of Lemoore	ANTHEM	2
City of Lindsay	ANTHEM	4
CITY OF LIVINGSTON	ANTHEM	6
City of Newman	ANTHEM	4
City of Newman	KAISER	2
CITY OF SANGER	ANTHEM	4
CITY OF SANGER	KAISER	2
CITY OF UPLAND	ANTHEM	10
COMPASS CHARTER SCHOOLS	ANTHEM	1
Compass Charter Schools	default	3
EL DORADO SUPERIOR COURTS	ANTHEM	5
EL DORADO SUPERIOR COURTS	KAISER	3
HASLO	ANTHEM	8
HUMBOLDT BAY FIRE	ANTHEM	3
MODOC COUNTY	ANTHEM	2
REDWOOD COAST ENERGY AUTHORITY	ANTHEM	1
REGIONAL GOVERNMENT SERVICES	ANTHEM	2
REGIONAL GOVERNMENT SERVICES	default	3
Regional Government Services	KAISER	6
SAN BERNARDINO COUNTY EMPLOYEES RETIREMENT ASSOCIA	ANTHEM	11
SAN BERNARDINO COUNTY EMPLOYEES RETIREMENT ASSOCIA	KAISER	4
SUPERIOR COURT OF CALIFORNIA COUNTY OF KINGS	ANTHEM	8
SUPERIOR COURT OF CALIFORNIA SUTTER COUNTY	ANTHEM	11
SUPERIOR COURT OF CALIFORNIA SUTTER COUNTY	KAISER	6
Superior Court of Mendocino County	ANTHEM	2
TOWN OF DANVILLE	KAISER	1
TRUCKEE DONNER REC AND PARK DISTRICT	ANTHEM	10
<b>TOTAL</b>		<b>149</b>

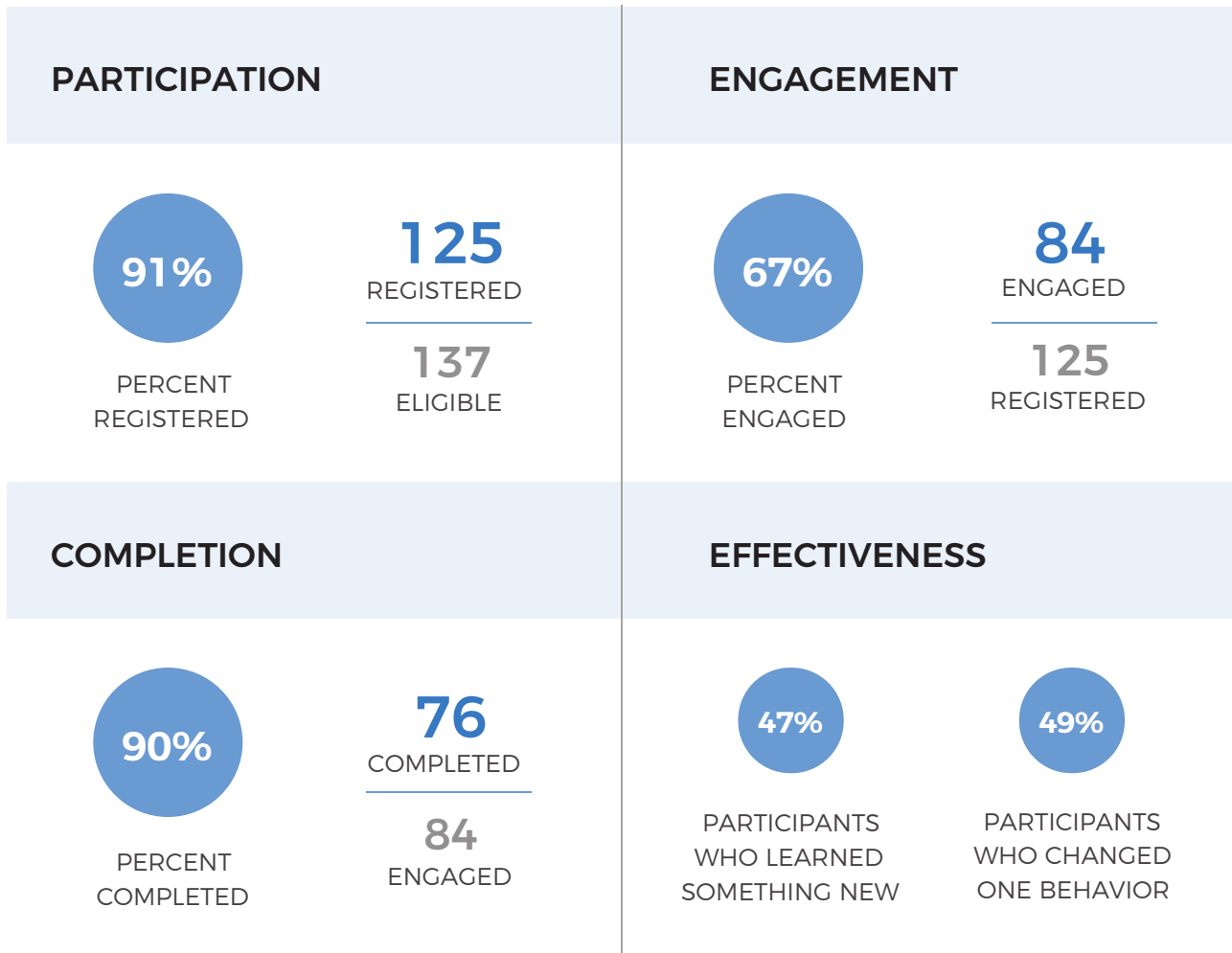
# CAMPAIGN REPORT

PACE

## INTUITIVE EATING



WellSteps campaigns are designed to improve lifestyle behaviors. There are campaigns on several topics including physical activity, healthy eating, stress, and more.



### HIGHLIGHTS

This campaign helped me look at food with a different perspective. It helped me have a healthy relationship with food and not guilt myself.

Easy to follow, great tips and helpful reminders of a healthy relationship with food.

It was practical and easy to apply.



# Employee Health Management Solutions for PACE



*Keenan*  
Updated 5.22.2024

# Current Program with WellSteps

Wellness Program Participation 2020-2024			
Year	Number on Eligibility File	Registered (% eligible)	Earned Rewards (% registered; % eligible)
2024 so far	3,670	149 (4%)	48 (32%; 1.3%)
2023	2,795	182 (7%)	56 (30%; 2%)
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2021	1,884	198 (11%)	59 (30%; 3%)
2020	1,514	152 (10%)	108 (71%; 7%)*

\* In 2020, we had 152 registered and 108 earned rewards (points were transferred over from MCSIG's program and the biometric screening was not a required activity in 2020).



The PACE Wellness Program is back for 2024, and we have added some new upgrades and additions! This year, you can earn up to \$175 by completing 7 health activities annually. The incentive program starts February 1, 2024 and ends November 15, 2024.

All activity points must be completed by November 15, 2024 to be eligible for rewards. Employees, spouses, and retirees are eligible to participate this year. Dependent children are not eligible to participate.

2024 Points Structure		
Activity	Points	
<b>Biometric Screening</b>		
Biometric Screening – Submit Verification Form	300	
Cholesterol Ratio (<math>\leq 4.5</math>)	100	
Glucose (<math>\leq 140</math> non-fasting or <math>\leq 100</math> fasting)	100	
Blood Pressure (<math>\leq 130/80</math>)	100	
Health Assessment	200	
<b>Campaigns</b>		
Walktober or Spring into Motion Challenge – Agency vs Agency Challenge	200	
WellSteps Campaign #1	100	
WellSteps Campaign #2	100	
WellSteps Campaign #3	100	
<b>Health Coaching</b>		
Enroll in Health Coaching Program (Complete 3 sessions; Up to 6 sessions with a coach)	300	
<b>Preventive Care</b>		
Other Preventive Care Visit – 50 points each – Up to 3 (vision, dental, mammogram, other screenings)	150	
Flu Vaccine	50	
Smoking and Vape Free	50	
<b>Personal Self-Care Activity</b>		
<ul style="list-style-type: none"> <li>25 points each – up to 10 times</li> <li>This activity includes all the activities that have been removed from the previous points list, such as: volunteering, meditation, fitness classes, etc.</li> </ul>	250	
<b>WellSteps Activity</b>		
<ul style="list-style-type: none"> <li>50 points each – up to 4 Quizzes</li> <li>Bi-weekly health challenge</li> </ul>	300	
<b>Carrier-specific Activity</b>		
<ul style="list-style-type: none"> <li>Anthem members – register for LiveHealth Online</li> <li>Kaiser members – register for a self-care app</li> </ul>	100	
<b>TOTAL POINTS</b>		<b>2,500</b>

**TO EARN REWARDS**

1,700-2,500 pts – \$175 reward | 1,200-1,699 pts – \$150 reward | 900-1,199 pts – \$100 reward | 600-900 pts – \$50 reward

Questions? Contact Dayna Gowan at [dgowan@keenon.com](mailto:dgowan@keenon.com) or call us at 310.212.0363 ext. 2642 for more information.

# Follow-Up Items from January Meeting

1. Additional pricing with add-ons – total population health coaching
2. Include pricing with spouses
3. Increase rewards perhaps, double to \$200

Also, Christine and Sam were going to check about adding \$6 PEPM Wellness Fee to rates to help add more money for Wellness Program Budget.

**\*REMINDER: Need to decide to switch to Virgin Pulse by early August 2024 if we want to implement for 1/1/2025.**

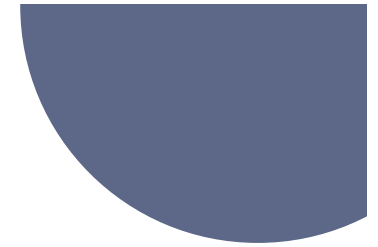


# Pricing Updates

1. Total Population Health Coaching Pricing:
  - \$14 PEPY OR \$250 PPPY (per participant per year)
  - Recommend the \$250 PPPY option over PEPY option.
2. Include pricing with spouses
  - 50% of the PEPM charge for employees
  - \$1.33 PEPM for Ignite Spouses OR \$1.98 PEPM for Engage Spouses  
(Employee pricing is \$2.65 PEPM for Ignite and \$3.95 PEPM for Engage)
3. Increase rewards perhaps, double to \$200
  - Yes, this can be done through extra customization.

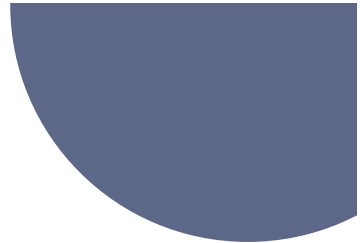
**Pricing Comparisons in next slides.**

# Pricing Comparison – 2023 Spending for reference



<b>PACE 2023 Wellness Program Budget</b>		
<b>Date invoice sent in</b>	<b>Description of invoice</b>	<b>Cost</b>
	KeenanWell Consulting Services - \$3 PEPM (estimate)	\$65,000.00
1/6/2023	WellSteps invoice - 2023 WellSteps fee (Pay for Play - 25% population) + QTR 3&4 2022 Biometric Screening Forms Review	\$25,098.45
3/15/2023	WellSteps invoice - Early Registration Drawing Incentives - 10 - \$25 e-gift card winners	\$275.00
4/17/2023	WellSteps invoice - Incentives for Three Campaigns - 30 - \$25 e-gift card winners + fulfillment fee	\$825.00
12/6/2023	WellSteps invoice - Rewards for 2023 PACE Wellness Program (\$150 rewards x 54 participants; \$125 x 2 participants)	\$9,185.00
12/6/2023	PACE Walktober Challenge	\$2,628.34
12/22/2023	WellSteps invoice - Rewards for 2 extra people	\$330.00
12/22/2023	KeenanWell Invoice - reimbursement for Walktober Challenge Prizes	\$2,958.25
	<b>TOTAL Spent</b>	<b>\$106,300.04</b>
	<b>BUDGET</b>	<b>\$130,250.00</b>

# Pricing Comparison – 2024 with WellSteps



Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
WellSteps Platform Pay for Play Option with spouses included** Estimated cost for 12 months for 25% EE population of 2,425 EEs (608 employees) to register on platform; We will be billed \$4.36 PEPM for each additional registrant over 608. (608 x \$4.36 PEPM x 12 = \$31,810.56)	31,810.56
WellSteps – Biometric Screening Forms Data Intake Fee for processing of individual biometric forms - \$7.95/form (estimated 300 participants to return intake forms)	\$2,385
WellSteps – Health Coaching Calls New this year – We can offer health coaching for participants to utilize and help them achieve their wellness and fitness goals. \$30 per health coaching session; estimating about 300 health coaching calls	\$9,000
Campaign Incentives E-gift cards for participating in the Behavior Change Campaigns and Registration Launch Campaign ((\$25 x 10 winners x 4 campaigns + fulfillment fee)	\$1,100
AGENCY vs. AGENCY Challenge - Walktober Challenge \$1,557 Implementation Fee + \$7.78/registrant 300 registrants = \$3,891	\$3,891
Prizes for HES Challenge - Walktober Challenge Grand Prize for winning agency - Snack boxes delivered to their locations.	\$3,000
Prizes for HES Challenge – Walktober Challenge Grand Prize for winning agency - Snack boxes delivered to their locations.	\$1,500
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$148,303</b>
Gift Card Reward Costs for completing the points program Cost for rewards if everyone earned the highest reward amount: (228 members x \$175 rewards)* *This assumes that everyone who earns a reward will earn the highest reward amount, but there will be some who earn a lower tiered reward.	\$39,900
<b>SUBTOTAL FOR REWARDS TOTAL</b>	<b>\$39,900</b>
<b>TOTAL FOR PROGRAM AND REWARDS</b>	<b>\$188,203</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360

(high estimate)

(high estimate)

# Pricing Comparison – 2024 vs 2025

## 2024 with WellSteps

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
WellSteps Platform Pay for Play Option with spouses included** Estimated cost for 12 months for 25% EE population of 2,425 EEs (608 employees) to register on platform; We will be billed \$4.36 PEPM for each additional registrant over 608. (608 x \$4.36 PEPM x 12 = \$31,810.56)	31,810.56
WellSteps – Biometric Screening Forms Data Intake Fee for processing of individual biometric forms - \$7.95/form (estimated 300 participants to return intake forms)	\$2,385
WellSteps – Health Coaching Calls New this year – We can offer health coaching for participants to utilize and help them achieve their wellness and fitness goals. \$30 per health coaching session; estimating about 300 health coaching calls	\$9,000
Campaign Incentives E-gift cards for participating in the Behavior Change Campaigns and Registration Launch Campaign ((\$25 x 10 winners x 4 campaigns + fulfillment fee)	\$1,100
AGENCY vs. AGENCY Challenge - Walktober Challenge \$1,557 Implementation Fee + \$7.78/registrant 300 registrants = \$3,891	\$3,891
Prizes for HES Challenge - Walktober Challenge Grand Prize for winning agency - Snack boxes delivered to their locations.	\$3,000
Prizes for HES Challenge – Walktober Challenge Grand Prize for winning agency - Snack boxes delivered to their locations.	\$1,500
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$148,303</b>
Gift Card Reward Costs for completing the points program Cost for rewards if everyone earned the highest reward amount: (228 members x \$175 rewards)* *This assumes that everyone who earns a reward will earn the highest reward amount, but there will be some who earn a lower tiered reward.	\$39,900
<b>SUBTOTAL FOR REWARDS TOTAL</b>	<b>\$39,900</b>
<b>TOTAL FOR PROGRAM AND REWARDS</b>	<b>\$188,203</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360

## 2025 with Virgin Pulse (VP) with \$100 rewards and no spouses

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - No spouses included (\$2.65 PEPM x 2,656 x 12)	\$84,461
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$181,077</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$25 Reward max per quarter (\$100 Reward max per year) Annual Reward - \$100 Reward max per year \$100 Reward max for 300 participants (estimated 11% participation)	\$30,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 1 - \$100 Rewards)</b>	<b>\$30,000</b>
<b>TOTAL FOR PROGRAM AND \$100 REWARDS</b>	<b>\$211,077</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

**For VP Platform, we recommend to increase to \$6 PEPM for Wellness Program.**

# Pricing Comparison – 2025 Year With VP (no spouses)

## \$100 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - No spouses included (\$2.65 PEPM x 2,656 x 12)	\$84,461
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$181,077</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$25 Reward max per quarter (\$100 Reward max per year) Annual Reward - \$100 Reward max per year \$100 Reward max for 300 participants (estimated 11% participation)	\$30,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 1 - \$100 Rewards)</b>	<b>\$30,000</b>
<b>TOTAL FOR PROGRAM AND \$100 REWARDS</b>	<b>\$211,077</b>
Projected Wellness Revenue for 2025 - <b>\$5 PEPM</b> (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - <b>\$6 PEPM</b> (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

## \$200 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - No spouses included (\$2.65 PEPM x 2,656 x 12)	\$84,461
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$181,077</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$50 Reward max per quarter (\$200 Reward max per year) Annual Reward - \$200 Reward max per year \$200 Reward max for 300 participants (estimated 11% participation)	\$60,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 2 - \$200 Rewards)</b>	<b>\$60,000</b>
<b>TOTAL FOR PROGRAM AND \$200 REWARDS</b>	<b>\$241,077</b>
Projected Wellness Revenue for 2025 - <b>\$5 PEPM</b> (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - <b>\$6 PEPM</b> (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

\$6 PEPM for Wellness Program can support **\$200 Rewards** for EEs (but not spouses)

# Pricing Comparison – 2025 Year With VP (include spouses)

## \$100 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - Spouses included (\$2.65 PEPM x 2,656 x 12) = \$84,461 for EEs (1.33 PEPM x 1,014 x 12) = \$16,183 for spouses	\$100,644
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$197,260</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$25 Reward max per quarter (\$100 Reward max per year) Annual Reward - \$100 Reward max per year \$100 Reward max for 300 participants (estimated 11% participation)	\$30,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 1 - \$100 Rewards)</b>	<b>\$30,000</b>
<b>TOTAL FOR PROGRAM AND \$100 REWARDS</b>	<b>\$227,260</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

## \$200 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - Spouses included (\$2.65 PEPM x 2,656 x 12) = \$84,461 for EEs (1.33 PEPM x 1,014 x 12) = \$16,183 for spouses	\$100,644
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$197,260</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$50 Reward max per quarter (\$200 Reward max per year) Annual Reward - \$200 Reward max per year \$200 Reward max for 300 participants (estimated 11% participation)	\$60,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 2 - \$200 Rewards)</b>	<b>\$60,000</b>
<b>TOTAL FOR PROGRAM AND \$200 REWARDS</b>	<b>\$257,260</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,435 estimated employees x 12 months = \$146,100	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,435 estimated employees x 12 months = \$175,320	\$241,232

\$6 PEPM for Wellness Program can support **\$100 Rewards** for EEs and Spouses to participate

# Pricing Comparison – 2025 Year With VP (Health Coaching Option but no spouses)

## \$100 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - No spouses included ((\$2.65 PEPM x 2,656 x 12)	\$84,461
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$181,077</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$25 Reward max per quarter (\$100 Reward max per year) Annual Reward - \$100 Reward max per year \$100 Reward max for 300 participants (estimated 11% participation)	\$30,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 1 - \$100 Rewards)</b>	<b>\$36,500</b>
Virgin Pulse - Total Population Health Coaching Add-On \$250 PPPY x estimated 100 Participants = \$25,000 (high estimate)	\$25,000
<b>SUBTOTAL FOR TOTAL POPULATION HEALTH COACHING ADD-ON</b>	<b>\$25,000</b>
<b>TOTAL FOR PROGRAM WITH \$100 REWARDS PLUS HEALTH COACHING OPTION</b>	<b>\$242,577</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

## \$200 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - No spouses included ((\$2.65 PEPM x 2,656 x 12)	\$84,461
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$181,077</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$50 Reward max per quarter (\$200 Reward max per year) Annual Reward - \$200 Reward max per year \$200 Reward max for 300 participants (estimated 11% participation)	\$60,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 2 - \$200 Rewards)</b>	<b>\$73,000</b>
Virgin Pulse - Total Population Health Coaching Add-On \$250 PPPY x estimated 100 Participants = \$25,000 (high estimate)	\$25,000
<b>SUBTOTAL FOR TOTAL POPULATION HEALTH COACHING ADD-ON</b>	<b>\$25,000</b>
<b>TOTAL FOR PROGRAM WITH \$200 REWARDS PLUS HEALTH COACHING OPTION</b>	<b>\$279,077</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

**\$6 PEPM for Wellness Program can most likely support \$100 rewards and Health Coaching Option for EEs but not include spouses.**

# Pricing Comparison – 2025 Year With VP (include spouses and Health Coaching)

## \$100 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - Spouses included (\$2.65 PEPM x 2,656 x 12) = \$84,461 for EEs (1.33 PEPM x 1,014 x 12) = \$16,183 for spouses	\$100,644
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$197,260</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$25 Reward max per quarter (\$100 Reward max per year) Annual Reward - \$100 Reward max per year \$100 Reward max for 300 participants (estimated 11% participation)	\$30,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 1 - \$100 Rewards)</b>	<b>\$36,500</b>
Virgin Pulse - Total Population Health Coaching Add-On \$250 PPPY x estimated 100 Participants = \$25,000 (high estimate)	\$25,000
<b>SUBTOTAL FOR TOTAL POPULATION HEALTH COACHING ADD-ON</b>	<b>\$25,000</b>
<b>TOTAL FOR PROGRAM WITH \$100 REWARDS PLUS HEALTH COACHING OPTION</b>	<b>\$258,760</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

## \$200 Rewards on VP Platform

Wellness Program Item	Cost
KeenanWell Annual Consulting Costs (\$3 PEPM x 2,656 employees x 12 months)	\$95,616
Virgin Pulse Platform - Spouses included (\$2.65 PEPM x 2,656 x 12) = \$84,461 for EEs (1.33 PEPM x 1,014 x 12) = \$16,183 for spouses	\$100,644
Extra Incentives E-gift cards for early registration drawing and other participation	\$1,000
<b>SUBTOTAL WITHOUT REWARDS COSTS TOTAL</b>	<b>\$197,260</b>
Virgin Pulse Cash Reward Costs for completing the points program Quarterly Reward - \$50 Reward max per quarter (\$200 Reward max per year) Annual Reward - \$200 Reward max per year \$200 Reward max for 300 participants (estimated 11% participation)	\$60,000
<b>SUBTOTAL FOR REWARDS TOTAL (OPTION 2 - \$200 Rewards)</b>	<b>\$73,000</b>
Virgin Pulse - Total Population Health Coaching Add-On \$250 PPPY x estimated 100 Participants = \$25,000 (high estimate)	\$25,000
<b>SUBTOTAL FOR TOTAL POPULATION HEALTH COACHING ADD-ON</b>	<b>\$25,000</b>
<b>TOTAL FOR PROGRAM WITH \$200 REWARDS PLUS HEALTH COACHING OPTION</b>	<b>\$295,260</b>
Projected Wellness Revenue for 2025 - \$5 PEPM (\$5 PEPM + \$50,000 Anthem Wellness Funds) \$5 PEPM x 2,656 estimated employees x 12 months = \$159,360	\$209,360
Projected Wellness Revenue for 2025 - \$6 PEPM (\$6 PEPM + \$50,000 Anthem Wellness Funds) \$6 PEPM x 2,656 estimated employees x 12 months = \$191,232	\$241,232

**\$6 PEPM for Wellness Program cannot support rewards and Health Coaching Option for EEs and Spouses to participate.**



# Summary of Options

- **For VP Platform, we recommend to increase Wellness Program rate to \$6 PEPM.**
- \$6 PEPM for Wellness Program can support up to **\$200 Rewards** for EEs (but not spouses).
  - Spouses and household members can be invited by the EE to use the program, but they would not be able to earn rewards.
- If you want to include all spouses in the program, it is an extra ~\$16,000.
- \$6 PEPM for Wellness Program can support **\$100 Rewards** for EEs and Spouses to participate.
  - Cannot support the \$200 rewards with spouses eligible to earn rewards.
- \$6 PEPM for Wellness Program can most likely support **\$100 rewards and Health Coaching Option** for EEs but not include spouses.
  - If you want to include Health Coaching Option, it is \$250 PPPY.
  - We estimated high with 100 participants using the Health Coaching feature. It will most likely be lower.

- **EEs Only = \$200 rewards with no Health Coaching OR \$100 rewards with Health Coaching option**
- **EEs & Spouses Included = \$100 rewards with no Health Coaching option**

**\*Would need to decide to switch to Virgin Pulse by early August 2024 if we want to implement for 2025 year.**

# Pros/Cons of Switching Platforms

## Pros

- Streamlined program array all on one platform
- Better engagement
- Upgraded platform, app, and engagement tools
- More communications from the platform and app
- Rewards can be delivered on the platform and app through Pulse Cash
- Rewards can be offered on quarterly basis or yearly basis
- Family members and friends can participate (not allowed to earn prizes but can use the program)

## Cons/Drawbacks:

- More expensive – \$2.65 PEPM cost whereas WellSteps is \$4.36 PEPM for 25% population.
- Would need to make sure we have enough budgeted for rewards.
- Learning curve for employees to learn new platform.
- Would need to buy-up to offer Health Coaching on Virgin Pulse (new offering this year on WellSteps, on a per participant basis, so we will see what participation we get).
- Standard points breakdown; cannot customize points breakdown very much.
- Spouses would not be able to earn rewards.
- Would possibly need to add \$1 PEPM for a total of \$6 PEPM to give some more funds for the platform.

**\*Would need to decide to switch to Virgin Pulse by early August 2024 if we want to implement for 2025 year.**

## Examples of ways to earn:

Look for **How to Earn** in your account for a complete list of all the ways to earn points.

	Do healthy things:	Earn points:
<b>Getting started</b>	Complete registration	500
	First login to mobile app	250
	Connect first activity device	200
	Complete the Health Check survey	1,000
<b>Daily</b>	Do your Daily Cards (2 per day)	40
	Track your Healthy Habits (3 per day)	30
<b>Monthly</b>	Win the promoted Healthy Habit Challenge	200
	Track Healthy Habits 20 days in a month	300
	20-Day Triple Tracker: 7,000 steps/15 active minutes/15 workout minutes	400
	Complete a coaching session	150
<b>Quarterly</b>	Choose your eating type	250
	Choose your sleep profile	250
<b>Yearly</b>	Set a wellbeing goal	200
	Complete the Nicotine-Free Agreement	100
	Complete a Biometric Screening	1,000



Video

<https://player.vimeo.com/video/796404351>

A woman with long dark hair, wearing a white sleeveless top and black pants, is sitting in a lotus position on a wooden desk. She has her eyes closed and a joyful smile. In front of her is a silver computer monitor and a coffee cup. The background shows a modern office with large windows and other people working. The word "Questions?" is overlaid in white text on the right side of the image.

Questions?

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO: DATE: May 29, 2024  
Executive Committee

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SUBJECT: ITEM #: 2024-020  
PACE New Member Activity  
Enclosure: No

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Category: Administration  
Prepared by: Keenan & Associates  
Requested by: Executive Committee

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**BACKGROUND:**

New agencies can join PACE any time during the year.

**STATUS:**

PACE Management will update the Executive Committee on the current marketing activity and any potential PACE JPA member agencies.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:	DATE:	May 29, 2024
Executive Committee		

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SUBJECT:	ITEM #:	<u>2024-021</u>
Election of Non-Officer Executive Committee Members for the January 1, 2024 – December 31, 2025 term	Enclosure:	<u>No</u>

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Category:	<u>Administration</u>
Prepared by:	<u>Keenan &amp; Associates</u>
Requested by:	<u>Executive Committee</u>

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**BACKGROUND:**

Elections are held for the PACE President and Secretary/Treasurer in even numbered years. Elections are held for the PACE Vice President and two Non-Officer Executive Committee Members in odd numbered years.

**STATUS:**

The Executive Committee will vote on one Non-Officer Executive Committee Member position for the May 29, 2024 – December 31, 2025, term.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

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SUBJECT:  
Audit Services RFP Results

ITEM #: 2024-022  
Enclosure: No

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Category: Administration  
Prepared by: Keenan & Associates  
Requested by: Executive Committee

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**BACKGROUND:**

The current audit services contract with Eide Bailey expires with the completion of the 2022 audit and their minimum audit engagement cost has increased from \$11,000 to \$25,000 for 2023 audit services.

**STATUS:**

The Executive Committee will hear an update on the PACE Audit Services Request for Proposal and vote on new auditing service provider.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.





**PACE Audit Services RFP  
 Summary**

PACE requested quotes from seven CPA firms for Audit Services commencing for the calendar year 2023 for a three-year contract with the option to renew for two additional one-year periods.

PACE received two proposals, two declines to quote, and three non-responsive bidders. The two responsive bidders were Christy White, Inc. and CWDL, CPAs. Below is a brief summary of experience, service, and fees for each bidder.

Firm Name	Christy White	CWDL, Certified Public Accountants
Address	Corporate Office 348 Olive Street San Diego, California 92103	Corporate Office 5151 Murphy Canyon Rd., Ste. 135 San Diego, CA 92123
Staffing	<p>Founding partner Christy White has over 36 years of school audit and consulting experience and is joined by 5 experienced partners and a staff of 30.</p> <p>Christy White, Inc. was incorporated in 2010, succeeding Nigro Nigro &amp; White (NNW) as the AICPA designated successor firm, (Christy White was a founding partner NNW in 1999). Our firm has grown steadily over the past 20 years and now has 35 professionals, including eight CPAs.</p>	<p>CWDL is a partnership that employs over 50 professional staff. We are a national CPA firm, located in California, Arizona and Texas, offering audit, tax and consulting services. We have three partners who specialize in governmental agency audits, which comprise 90% of our audit practice.</p> <p>The work will be conducted from our San Diego office. CWDL employs over 25 professional staff at this office, including five partners, five managers, four seniors, and twelve staff.</p>
Experience	CW audits over 160 school districts annually plus over 100 charter schools, over 95 Proposition 39 bond audits and 21 Joint Powers Authorities (JPAs). Due to our specialization in LEA and related JPA audits, our staff works year-round on education related audits.	For over ten years, CWDL has focused its experience on the audits of governmental agencies. We provide high-quality professional auditing services to all of our clients. We currently audit over 200 Government Agencies annually throughout the States of California and Arizona.

Fees	<p>We believe our proposed hours and budget are reasonable and achievable. We do not bill for “extras” or failure on our part to budget properly.</p> <p>The only time a fee change might be made is if the client significantly changes the scope of the engagement, there are new or complex state/federal requirements or the client is unable to reasonably provide agreed upon information in a timely manner. These types of events rarely happen from our experience. Should an amendment on fees be required, we would meet first with the district to discuss the issues and agree upon a new fee based on a mutual understanding and prior to incurring the added costs.</p>	<p>CWDL takes a great deal of pride in our All-Inclusive Annual Fee. This fee encompasses a variety of situations that trigger supplemental billings at many of our competitors. Items such as the following will not cause an additional fee:</p> <ul style="list-style-type: none"> <li>• Implementation Support for New GASB Pronouncements</li> <li>• Additional Fieldwork Visits &amp; Scheduling Changes</li> <li>• Additional Meetings and Presentations</li> </ul> <p>Inclusion of these items in an all-inclusive fee is not industry standard and we encourage you to contact our references and hear directly from your peers as to how they have benefited from the additional level of flexibility and support that our firm provides.</p>
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Proposed Work Timeline

Christy White, Inc.

Month	Proposed Work	Percentage of Work Done
September-October	Year-end fieldwork, depending on when the books are closed	85%
October – November 20th	Reports drafted, reviewed and finalized	14%
November - December	Board presentation	1%
<b>Total</b>		<b>100%</b>

CWDL, CPAs

Phase	Timing	Proposed Work	Percentage of Work Done
Pre-audit & Planning	March	Pre-audit conference and Agency planning.	10%
Interim Fieldwork	May	Test of internal controls and compliance.	45%
Year-end Fieldwork	September	Balance sheet, revenues and expenditure testing and completion of state/federal compliance.	40%
Audit Completion	October	Reports drafted and provided to management for review. Upon approval, reports submitted to all agencies.	5%

*Keenan*

### Annual Fee Comparison

Firm / Meeting Format	2023	2024	2025	2026	2027
Christy White - Virtual Presentation	\$ 18,025	\$ 18,927	\$ 19,874	\$ 20,868	\$ 21,911
Christy White - Live Presentation	\$ 19,025	\$ 19,927	\$ 20,874	\$ 21,868	\$ 22,911
CWDL - Virtual Presentation	\$ 14,225	\$ 14,652	\$ 15,092	\$ 15,545	\$ 16,011
CWDL - Live Presentation	\$ 14,725	\$ 15,167	\$ 15,622	\$ 16,091	\$ 16,574

### Recommendation

Both bidders meet minimum contract requirements and have been deemed suitable firms for PACE. Additionally, SETECH has experience working with firms bidding. Given the lower pricing and proposed work timeline being closer in-line with SETECH's preferred completion schedule, PACE management recommends the selection of CWDL, Certified Public Accountants.

**PUBLIC AGENCY COALITION ENTERPRISE  
JOINT POWERS AUTHORITY**

PRESENTED TO:  
Executive Committee

DATE: May 29, 2024

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SUBJECT:  
Anthem Claim Appeal

ITEM #: 2024-023

Enclosure: No

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Category: Administration

Prepared by: Keenan & Associates

Requested by: Executive Committee

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**BACKGROUND:**

Periodically PACE members have issues regarding specific claims and reimbursements. Those issues are typically brought to the Member agency who after review will at times submit them to the executive committee for adjudication.

**STATUS:**

The Executive Committee will hear a report on City of Sanger subscriber's claim appeal and vote on claim appeal.

**RECOMMENDATIONS:**

For review, discussion, and action as necessary.