

**PUBLIC AGENCY COALITION ENTERPRISE
JOINT POWERS AUTHORITY**

PRESENTED TO:

Board of Directors

DATE:

May 30, 2024

SUBJECT:

Approval of May 30, 2024, Agenda

ITEM #:

2024-001

Enclosure:

Yes

Category:

Approval of Agenda

Prepared by:

Keenan & Associates

Requested by:

Board of Directors

BACKGROUND:

Under California Government Code Section 54950 the “Legislative Body” is required to post an agenda detailing each item of business to be discussed. The Authority posts the agenda in compliance with California Government Code Section 54954.2.

STATUS:

Unless items are added to the agenda according to Government Code Section 54954.2 (b) (1) (2) (3), the agenda is to be approved as posted.

RECOMMENDATIONS:

Subject to changes or corrections, the agenda is to be approved.

AGENDA

PUBLIC AGENCY COALITION ENTERPRISE (PACE)

BOARD OF DIRECTORS MEETING

May 30, 2024

2:00 pm

ZOOM MEETING:

Meeting ID:

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

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

II. ROLL CALL

BOARD MEMBERS:

AVENAL, CITY OF	Antony López
BIG BEAR FIRE AUTHORITY	Kristen Shepherd
CARMEL AREA WASTEWATER DISTRICT	Barbara Buikema
CLAREMONT, CITY OF	Daylene Alliman
COMMUNITY ACTION PARTNERSHIP OF KERN	Lisa McGranahan
COMPASS CHARTER SCHOOLS	Sophia Trivino
CORCORAN, CITY OF	Marlene Spain
DANVILLE, TOWN OF	Qiana London
DESERT HOT SPRINGS, CITY OF	Brent Jones
DOS PALOS, CITY OF	Manuela Sousa
FORESTHILL PUBLIC UTILITY DISTRICT	Henry White
FOWLER, CITY OF	Angela Vasquez
GUSTINE, CITY OF	Melanie Correa
HOUSING AUTHORITY OF SAN LUIS OBISPO	Ken Litzinger
HUMBOLDT BAY FIRE DISTRICT	Scott Bauer
HURON, CITY OF	Balvina Caldera
LEMOORE, CITY OF	TBD
LINDSAY, CITY OF	Mari Carrillo
LIVINGSTON, CITY OF	Arcelia Cruz
MODOC COUNTY	Chester Robertson
NEWMAN, CITY OF	Mike Maier
REDWOOD COAST ENERGY AUTHORITY	Eileen Verbeck
REGIONAL GOVERNMENT SERVICES	Jennifer Seibert
RIO DELL, CITY OF	Joanne Farley
SAN BERNARDINO COUNTY EMPOLYEEES' RETIREMENT ASSOC.	Stacey Barnier

SANGER, CITY OF
SONORA, CITY OF
SUPERIOR COURT OF CALIFORNIA, EL DORADO COUNTY
SUPERIOR COURT OF CALIFORNIA, KINGS COUNTY
SUPERIOR COURT OF CALIFORNIA, MENDOCINO CO.
SUPERIOR COURT OF CALIFORNIA, SUTTER COUNTY
SUTTER CREEK
TRUCKEE-DONNER RECREATION & PARK DISTRICT
UPLAND, CITY OF

Becky Padron, **Secretary/Treasurer**
Chris Gorsky
Heather Nelson
Nocona Soboleski
Kim Turner, **Vice President**
Joe Azevedo
Karen Darrow
David Faris, **President**
Theresa Doyle

ALTERNATES:

AVENAL, CITY OF
BIG BEAR FIRE AUTHORITY
CARMEL AREA WASTEWATER DISTRICT
CLAREMONT, CITY OF
COMMUNITY ACTION PARTNERSHIP OF KERN
COMPASS CHARTER SCHOOLS
CORCORAN, CITY OF
DANVILLE, TOWN OF
DESERT HOT SPRINGS, CITY OF
DOS PALOS, CITY OF
FORESTHILL PUBLIC UTILITY DISTRICT
FOWLER, CITY OF
GUSTINE, CITY OF
HOUSING AUTHORITY OF SAN LUIS OBISPO
HUMBOLDT BAY FIRE DISTRICT
HURON, CITY OF
LEMOORE, CITY OF
LINDSAY, CITY OF
LIVINGSTON, CITY OF
MODOC COUNTY
NEWMAN, CITY OF
REDWOOD COAST ENERGY AUTHORITY
REGIONAL GOVERNMENT SERVICES
RIO DELL, CITY OF
SAN BERNARDINO COUNTY EMPOLYEEES' RETIREMENT ASSOC.
SANGER, CITY OF
SONORA, CITY OF
SUPERIOR COURT OF CALIFORNIA, EL DORADO COUNTY
SUPERIOR COURT OF CALIFORNIA, KINGS COUNTY
SUPERIOR COURT OF CALIFORNIA, MENDOCINO COUNTY
SUPERIOR COURT OF CALIFORNIA, SUTTER COUNTY
SUTTER CREEK, CITY OF
TRUCKEE-DONNER RECREATION & PARK DISTRICT
UPLAND, CITY OF

Griselda Price
Kristin Mandolini
James Grover
Heidi Tanner
Lisa McGranahan
Jesse Zamora
TBD
Lani Ha
Geoffrey Buchheim
Dewayne Jones
TBD
Wilma Tucker
Desirae Porras
Jenna Franz
Robert Murias
TBD
Amanda Champion
Vanessa Duran
Christopher Lopez
Pam Randall
Michael Holland
Kristy Siino
Chris Paxton
Karen Dunham
Iliana Carreon
TBD
TBD
Shelby Wineinger
Mona Melchor
April Allen
Debbie Baggett
TBD
Sven Leff
Rocio Preciado

MANAGERS:

KEENAN & ASSOCIATES

Peter McNamara

Melissa King
 Christine Hough
 Mariana Torres Hernandez

OTHERS: x
 KEENAN & ASSOCIATES

Dayna Gowan
 Laurie LoFranco
 Dawn Almanzor
 Robin Neer
 Marie Edmondson
 Pam Cote
 Edwin Esteron
 Marshawn Swims
 Tiffany Garcia

HUMBODLT BAY FIRE

Jenna Harris

ANTHEM

Darren Reddick

GALLAGHER

Leslie Anderson

III. PUBLIC COMMENTS

Comments from the general public will be received and limited to five minutes per person.

IV.	APPROVAL OF AGENDA – May 30, 2024	Action
	Presented by David Faris	2024-001

V.	APPROVAL OF MINUTES – December 7, 2023	Action
	Presented by David Faris	2024-002

The Authority will review the minutes of the last Board Meeting for any adjustments and adoption.

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

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

VII. FINANCIAL

QUARTERLY FINANCIAL REVIEW	Information and Action
PACE 2024 FINAL BUDGET	2024-004

Presented by Sam Mel-Chan

The Board will hear a report on the Quarterly Financial Review as of March 31, 2024, will vote to approve the Executive Committee’s recommendation for the PACE 2024 Budget.

ANTHEM UPDATE

Presented by Darren Reddick

Information
2024-005

The Board will hear a utilization report from Anthem.

ANCILLARY UPDATES

Presented by Melissa King

Information
2024-006

The Board will hear a report on LiveHealth Online and EmpiRx utilization. The Board will receive an overview of the EmpiRx platform transition effective July 1, 2024.

WELLNESS UPDATES

Presented by Dayna Gowan

Information
2024-007

The Board will hear a report on the 2024 Health Management program.

VIII. ADMINISTRATION

PACE NEW MEMBER ACTIVITY

Presented by Christine Hough

Information
2024-008

The Board will discuss marketing activity of the PACE JPA since the last Board Meeting.

AUDIT SERVICES RFP RESULTS

Action
2024-009

The Board will hear an update on the PACE Audit Services Request for Proposal and vote to accept the Executive Committee's recommendation for a new auditing service provider.

IX. INFORMATION

MEMBER COMMENTS

Information

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

agenda.

X. AGENDA ITEMS NEXT MEETING **Information**

Members and others may suggest items for consideration at the next meeting which will be scheduled for August 21, 2024, via Zoom.

XI. ADJOURNMENT

MINUTES

PUBLIC AGENCY COALITION ENTERPRISE (PACE)

BOARD OF DIRECTORS MEETING

December 7, 2023

2:00 pm

I. CALL TO ORDER

The meeting was called to order at 2:08 pm.

II. ROLL CALL

BOARD MEMBERS:

CALIFORNIA CITY, CITY OF	Latisha Lamberth
CLAREMONT, CITY OF	Daylene Alliman
DANVILLE, TOWN OF	Qiana London
DESERT HOT SPRINGS, CITY OF	Brent Jones
FOWLER, CITY OF	Angela Vasquez
GUSTINE, CITY OF	Melanie Correa
LINDSAY, CITY OF	Mari Carrillo
LIVINGSTON, CITY OF	Arcelia Cruz
NEWMAN, CITY OF	Mike Maier
REGIONAL GOVERNMENT SERVICES	Christina Nygard
RIO DELL, CITY OF	Joanne Farley
SANGER, CITY OF	Becky Padron, Secretary/Treasurer
SONORA, CITY OF	Chris Gorsky
SUPERIOR COURT OF CALIFORNIA, EL DORADO COUNTY	Heather Nelson
SUPERIOR COURT OF CALIFORNIA, KINGS COUNTY	Nocona Soboleski
SUPERIOR COURT OF CALIFORNIA, MENDOCINO CO.	Kim Turner, Vice President
SUPERIOR COURT OF CALIFORNIA, SUTTER COUNTY	Joe Azevedo
SUTTER CREEK	Karen Darrow
TRUCKEE-DONNER RECREATION & PARK DISTRICT	David Faris, President

ALTERNATES:

AVENAL, CITY OF	Griselda Price
HUMBOLDT BAY FIRE DISTRICT	Robert Murias
MODOC COUNTY	Pam Randall
RIO DELL, CITY OF	Karen Dunham

MANAGERS:

KEENAN & ASSOCIATES	Peter McNamara
	Melissa King
	Christine Hough
	Nancy Schott

OTHERS:

KEENAN & ASSOCIATES	Sam Mel Chan
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Dayna Gowan
Dawn Almanzor
Pam Cote
Robin Neer
Edwin Esteron
Marshawn Swims
Alexandria Van Brunt
Sista Duncan

ANTHEM

Emma Rodriguez

EMPIRX

Michelle Rimes
Haajar Yanes

III. PUBLIC COMMENTS

There were no public comments.

IV. APPROVAL OF AGENDA – December 7, 2023

Action
2023-020

Presented by David Faris

Motion to approve the December 7, 2023 Agenda as amended to move Item 32 Election of Officers up in the agenda order to after Item 020: 1. Kim Turner and 2. Chris Gorsky. Motion carried unanimously by the Full Board.

Note: Item 2023-032 Election of Officers was discussed after Item 2023-020 as approved by the Full Board.

**ELECTION OF VICE PRESIDENT AND TWO NON-OFFICER
EXECUTIVE COMMITTEE MEMBERS
FOR JANUARY 1, 2024 – DECEMBER 31, 2025 TERM**

Action
2023-032

Presented by E. Peter McNamara

Kim Turner, current Vice President, and Melanie Correa, one of the current Non-Officer Executive Committee Members agreed to serve another term of January 1, 2024 – December 31, 2025.

The terms of President, David Faris, and Secretary/Treasurer, Becky Padron, run through December 31, 2024.

Motion to elect Kim Turner as Vice President and Melanie Correa as one Non-Officer Executive Committee Member: 1. David Faris and 2. Becky Padron. Motion carried unanimously by the Full Board.

V. APPROVAL OF MINUTES – August 23, 2023

Action
2023-021

Presented by David Faris

Motion to approve the August 23, 2023 minutes: 1. Kim Turner and 2. Heather Nelson. Motion

unanimously approved by the Full Board.

VI. CORRESPONDENCE **Information**
2023-022
Presented by E. Peter McNamara

The 2022 final audit report and governance letter reviewed. They will be sent to the Full Board Members.

VII. FINANCIAL

QUARTERLY FINANCIAL REPORT AND MONTHLY FINANCIAL REVIEW **Information**
2023-023
Presented by Sam Mel-Chan

The Quarterly Financial Report and the LAIF/CAMP Account Statements as of September 30, 2023 and the Monthly Financial Review as of October 31, 2023 were reviewed.

The net cash flow position at the end of December 31, 2023 is estimated to be approximately \$11.8M.

Peter McNamara shared there have been several high-cost claims over the past several months. PACE Management will continue to monitor them.

ANTHEM UPDATE **Information**
2023-024
Presented by Emma Rodriguez

The October 2023 Anthem utilization report was reviewed. There are 15 high claims over \$100k through October 2023, the same as in 2022.

Anthem network updates were reviewed. Anthem reached an agreement with Salinas Valley Hospital after terminating August 1, 2023. An agreement was reached retroactively back to August 1, 2023. Negotiations still continue with Trinity Health in the Fresno area; the termination date has been extended through January 1, 2024. The UC Health system was scheduled to terminate December 31, 2023 and was extended to March 1, 2024.

ANCILLARY UPDATES **Information**
2023-025
Presented by Melissa King

The LiveHealth Online utilization report through October 2023 was reviewed. Medical and Behavioral Health visits are fewer in 2023 than 2022.

The EmpiRx October 2023 utilization report was reviewed. With the implementation of cost containment programs implemented in 2022, specialty drug spend was reduced from 64% of total drug spend in 2022 to 36% of total drug spend in 2023.

EMPIRX COST CONTAINMENT PROGRAMS UPDATE **Action**
2023-026
Presented by Melissa King

The Board heard a report on the change in weight loss medication restriction protocols, mandatory mail order for maintenance medication and biosimilar information cost containment program options.

Patients are required to go through step therapy (such as a biosimilar or weight loss program) prior to being prescribed a GLP-1 Receptor Agonist weight loss medication. There are 31 members currently utilizing weight loss medications. The EC decided to monitor usage and cost over the next 6 – 12 months before taking action to modify the clinical protocols. Any future decision to implement changes in clinical protocols would include grandfathering in members currently using weight loss medication at the current requirements.

The Mandatory Mail for non-specialty drugs program was reviewed including an educational flyer and letter designed for members. A grace period would be established for members to procure a new prescription for the mail order program. There would be cost savings to the plan and to the member since mail order is 2x copay for three months rather than 3x for three months retail. A Mandatory Mail Order program for specialty drugs was implemented in 2022. PACE Management recommended approving and implementing a mandatory mail order for non-specialty/maintenance medications.

Motion to table taking action on the mandatory mail order for non-specialty medications until a future meeting: 1. Kim Turner and 2. Nocona Soboleski. Motion unanimously approved by the Full Board.

WELLNESS UPDATES

**Information
2023-027**

Presented by Dayna Gowan

The 2023 Wellness program ended on November 15, 2023 with 2800 eligible with 182 participants (6%) with 56 reaching the highest reward level of \$150. There were 29 agencies participating out of 33 agencies. The Walktober Challenge statics were reviewed. The top two agencies for number of participants and top two agencies for number of steps will receive a Healthy Snack Box for their agency.

The 2024 Wellness Program Recommendations approved by the Executive Committee at the December 6, 2023 Meeting were reviewed. Updates include an increase in max rewards from \$150 to \$175 with more challenging activities earning more points per activity. The biometric screening is no longer required. If a biometric screening is not submitted, a member can still earn awards. If a biometric screening is not submitted in order to achieve the maximum award, the member will need to complete all other wellness activities to do so.

GROUP VOLUNTARY MEDICARE ADVANTAGE PROGRAM

**Information
2023-028**

Presented by Melissa King

The Board heard on the marketing with RetireeFirst for a Group Voluntary Medicare Advantage Program. Retiree data from nine agencies for under 200 retirees was received when requested after the August Full Board Meeting. although RetireeFirst indicated the more data on retirees to be completed, rates would be better. The EC recommended the data outreach be postponed until early 2024 to be brought to the FB in the spring.

GROUP VOLUNTARY LONG TERM CARE PROGRAM

**Action
2023-029**

Presented by E. Peter McNamara and Melissa King

The Board heard and discuss marketing results for a possible Group Voluntary Long Term Care program solution offered through PACE.

The EC recommended waiting until the task force presents its recommendations on 12/14/23 and when/if the state legislature proceeds with. Bring to the FB in the spring, should there be notable action on this item in the state legislature process.

VIII. ADMINISTRATION

GAG CLAUSE PROHIBITION COMPLIANCE REPORTING

**Information
2023-030**

Presented by Melissa King

The gag clause prohibition compliance attestation requirements, which were sent to all PACE groups on 12/7 /23, were reviewed. However, those groups with self-funded Anthem plans need to attest compliance for their EmpiRx plan. Attestation of EmpiRx’s compliance must be completed by all PACE agencies who have self-funded plans with EmpiRx pharmacy coverage. PACE Management provide step by step directions in the 12/7 email. Anthem and Kaiser are attesting on behalf of their plans for all PACE groups.

PACE NEW MEMBER ACTIVITY

**Information
2023-031**

Presented by Christine Hough

There have been 3 requests for quotation since the last Board Meeting:

1. Area Housing Authority for County of Ventura – 58 employees with 9 waivers and age rated plans. Christine Hough issued a quote; however, the Anthem HMO rates were not competitive.
2. City of Chowchilla – 49 employees - based on current plans being age rated and a young demographic, Christine Hough was unable to provide competitive rates and declined to quote.
3. Anderson Valley USD – 66 employees – currently have benefits through Mendocino County Office of Education’s Staywell JPA. Due to an older demographic, Christine Hough was unable to provide competitive rates and declined to quote.

Note: Item 2023-032 Election of Officers was discussed after Item 2023-020 as approved by the Full Board.

2024 MEETING CALENDAR

**Information
2023-033**

Presented by E. Peter McNamara

The 2024 PACE Executive Committee and Full Board Meetings calendar approved by the Executive Committee was reviewed and after discussion with the Full Board, the February Executive Committee Meeting will be moved to March 27, 2024, the April Executive Committee Meeting will be moved to May 29, 2024 and the April Full Board Meeting will be moved to May 30, 2024.

IX. INFORMATION

MEMBER COMMENTS

Information

There were no member comments.

MANAGER COMMENTS

Information

An updated 2024 calendar will be sent to the Full Board.

X. AGENDA ITEMS NEXT MEETING

Information

Members and others may suggest items for consideration at the next meeting which will be scheduled for May 30, 2024 via Zoom.

- Quarterly Financial Report, Anthem update, Ancillary updates, New Member Activity

XI. ADJOURNMENT

The meeting was adjourned at 3:15 pm



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.)

_____ *David Faris* _____
 Date Signature Type or Print Name

Joining Office:
City of Claremont
207 Harvard Ave.
Claremont, CA 91711
Daylene Alliman, Member

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

Community Action Partnership of Kern County
1300 18th 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.

(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

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

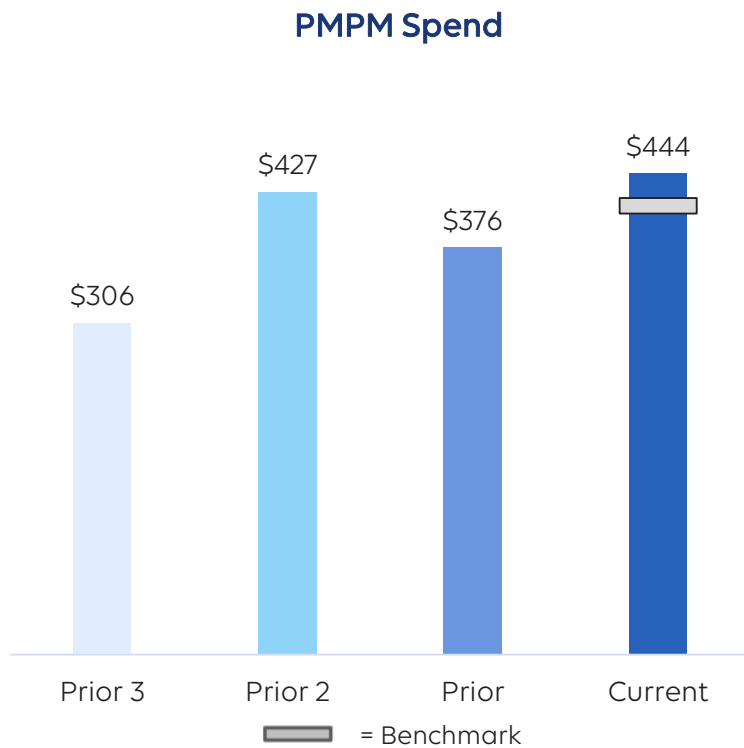
34.8
Avg age

2.0
Contract size

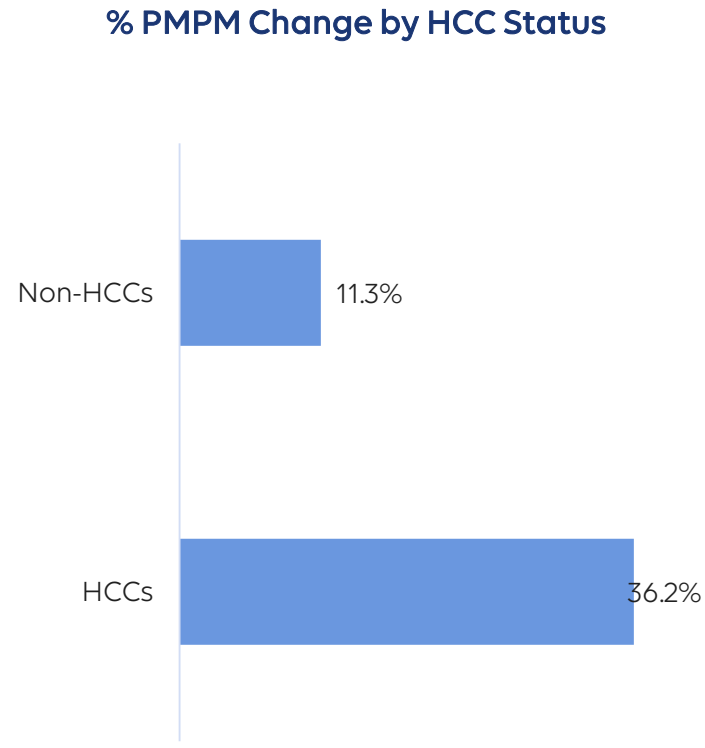
Insights on Medical Trend

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.

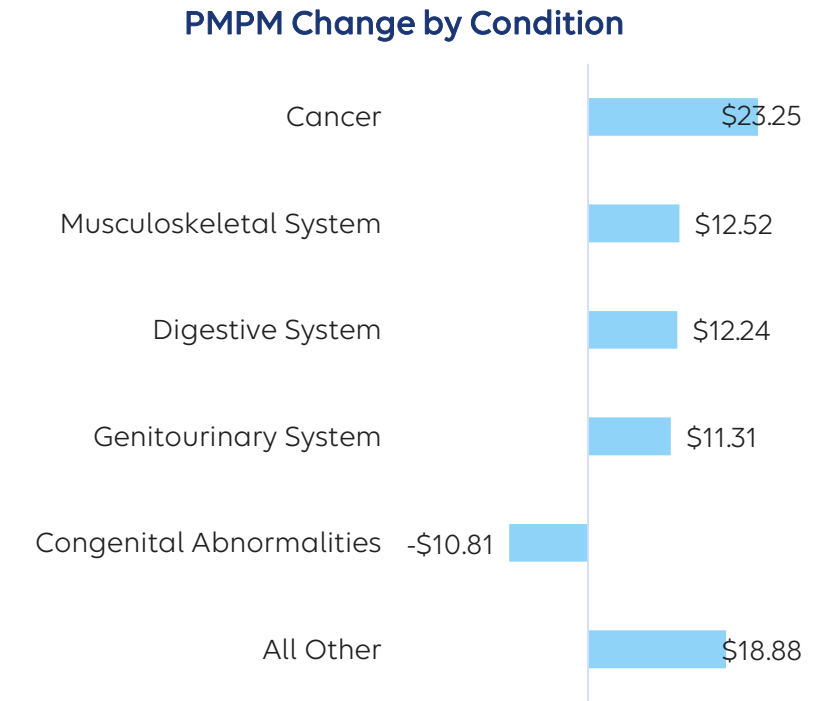
What was the trend?



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 Engaged¹
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 Engaged¹
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 Engaged¹
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 Engaged¹
57.4% Care Gaps Closed (64.6% bmrk)

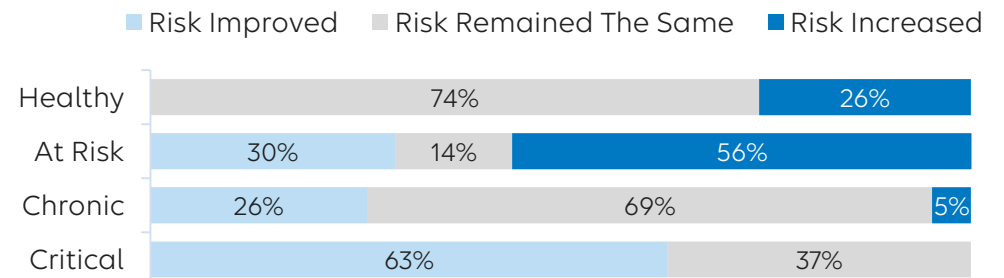
Engaging Members at Every Stage in Life

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
¹ Comprehensive engagement

Top 5 Health Condition Categories

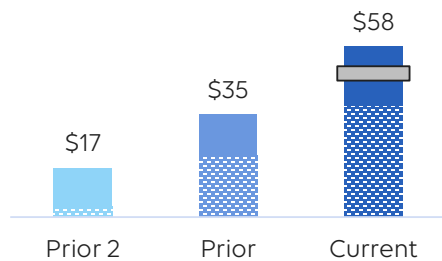
Understanding and monitoring condition prevalence and spend in your population can help inform strategies to help members. Cancer was your top spend condition during the current period. The benchmark top condition by spend was Cancer.

#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%**

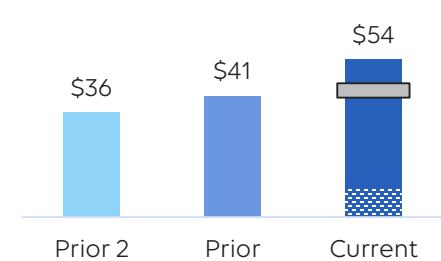


#2 Musculoskeletal \$1.8M / 783 Claimants

- **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%**

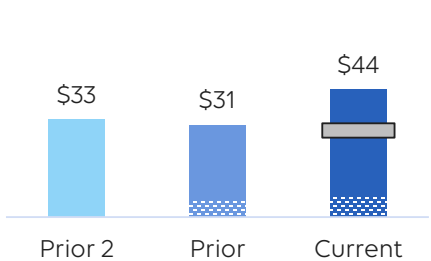


#3 Digestive \$1.5M / 361 Claimants

- **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%**

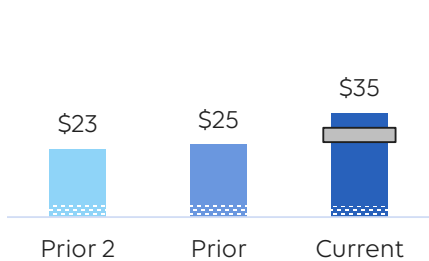


#4 Injury & Poisoning \$1.2M / 445 Claimants

- **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%**

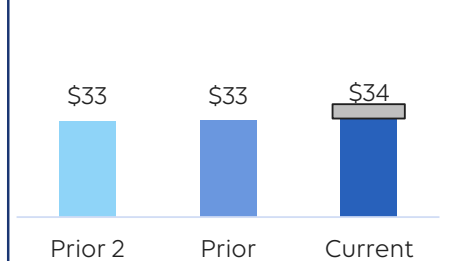


#5 Health Status \$1.2M / 1,578 Claimants

- **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

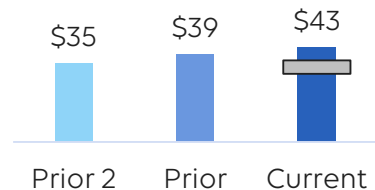
Focusing on the importance of touching members before they progress to HCCs is key to controlling spend. Below are your top condition categories by spend once HCCs are removed. Non-HCCs represented 99.3% of members and the highest spend category was Musculoskeletal.

#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%**

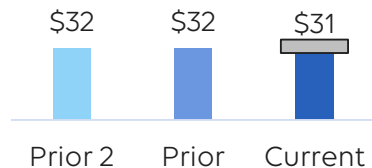


#2 Health Status \$1.1M / 1,560 Claimants

- **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%**



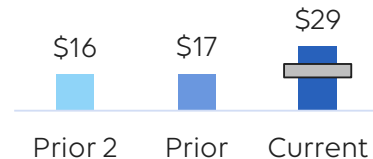
#3 Injury & Poisoning

\$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%**

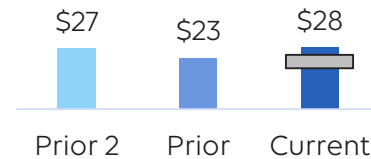


#4 Digestive \$958.4K / 348 Claimants

- **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%**



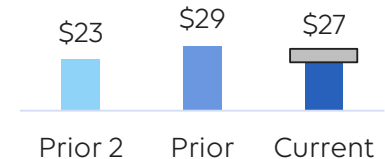
#5 Ill-Defined Conditions

\$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.

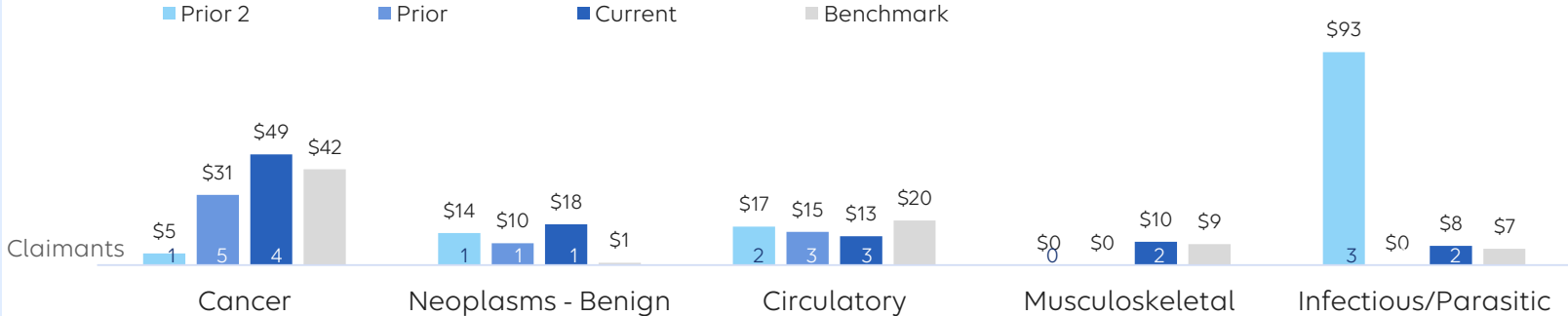
Trend

- 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

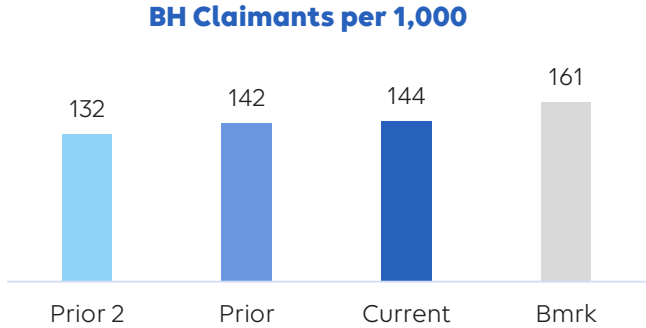
Behavioral Health

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

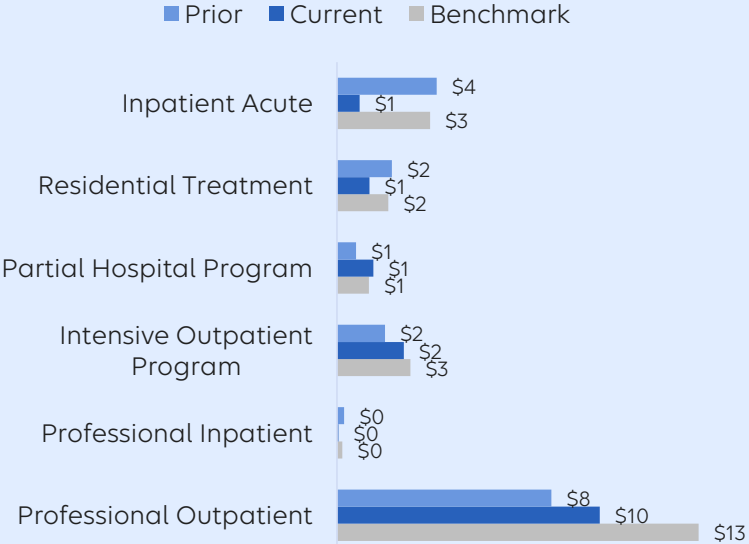
Were more claimants getting care?



Where was care taking place?

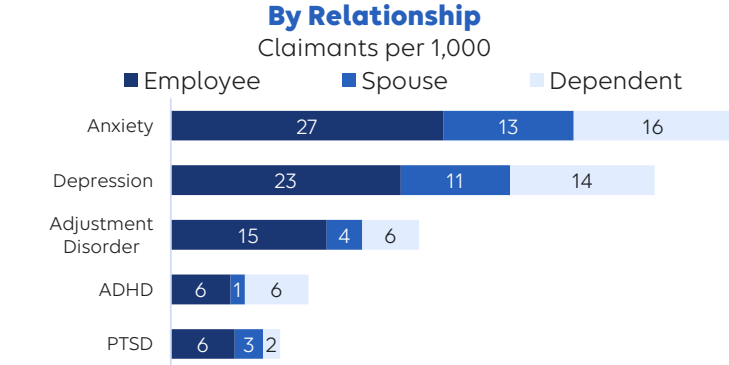
- Professional Outpatient** is typically the lowest cost-of-care.
- 62% of BH spend, 48% prior (59% bmrk)
 - 50% of visits via **telehealth**, 48% prior (42% bmrk)

BH PMPM by Setting of Care



What were the most prevalent conditions?

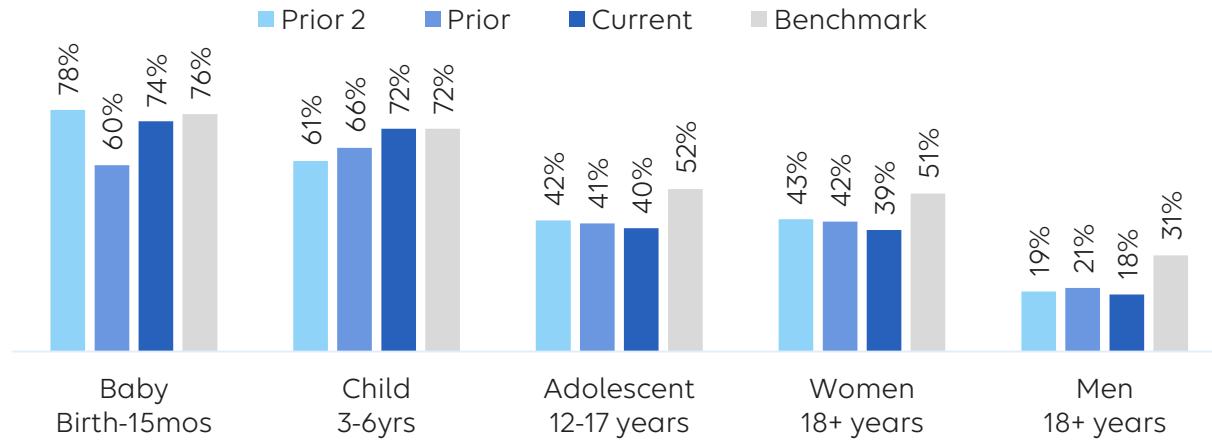
Condition	Total % of members	Prior	Bmrk
Anxiety	4.8%	5.0%	5.8%
Depression	4.2%	3.7%	3.9%
Adjustment Disorder	2.1%	1.8%	2.2%



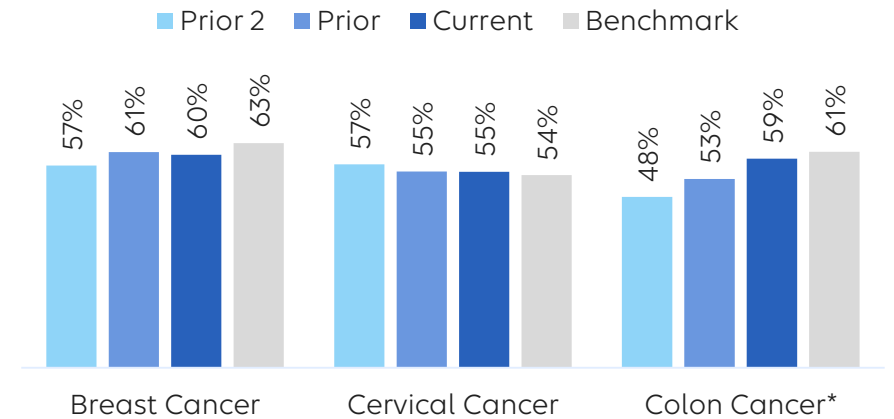
Preventive Care

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.

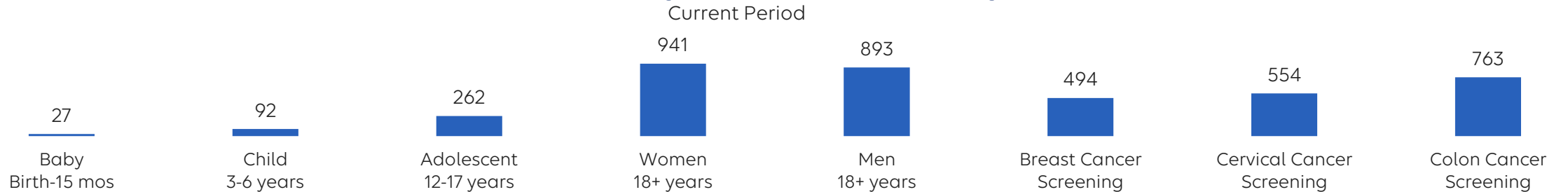
Well Visit Compliance Rates



Adult Cancer Screening Compliance Rates



Total Members Eligible For Preventive Screenings



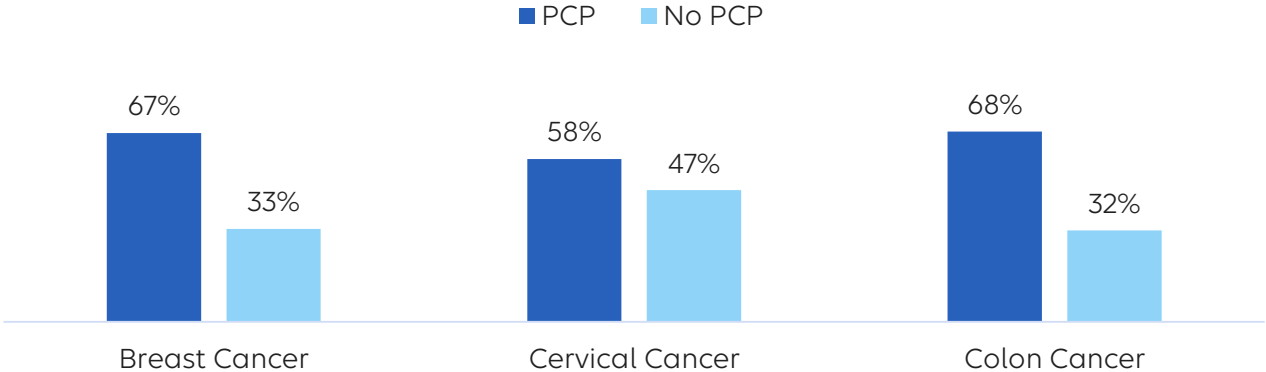
*The colon cancer age criteria changed from member age >55 to >45 in 2021

Primary Care Provider (PCP)

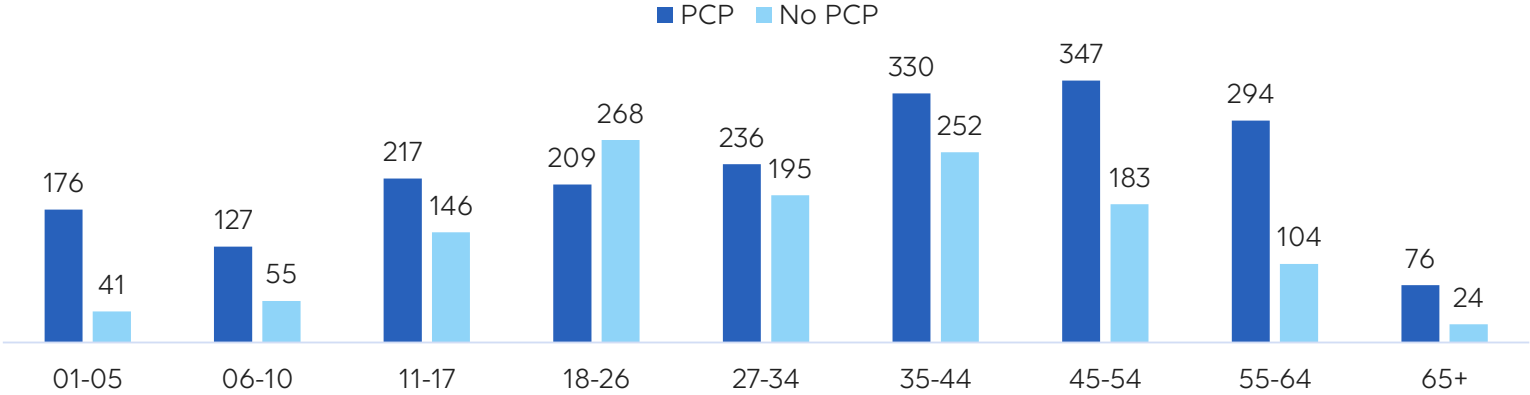
Primary care relationships help to promote preventive screenings and help members with chronic conditions remain compliant with their treatment plan.

- **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

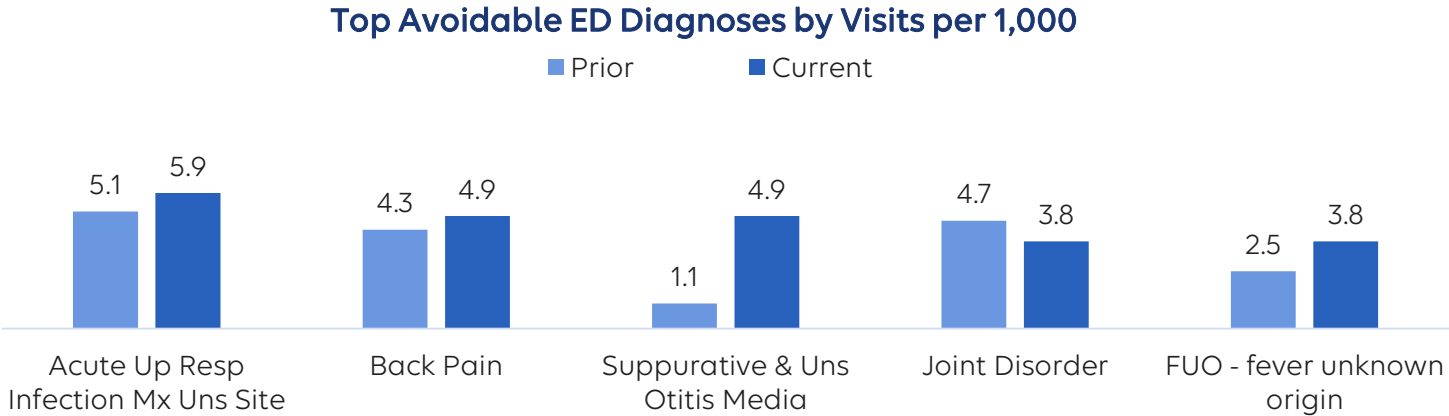
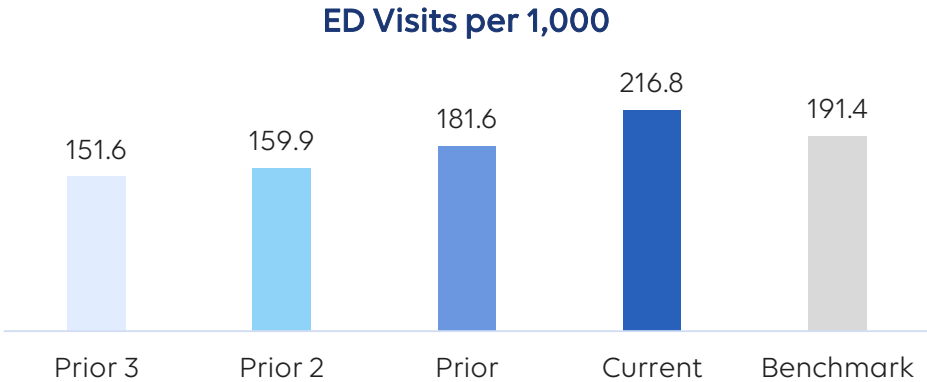


PCP logic was updated to claims-based PCP visits in 2023 reporting from PCP attribution in 2022.

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.

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.

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 (reprotrectinib)

- 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

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 β -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

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 ≥ 40 kg and who are not improving on their current enzyme replacement therapy (ERT).
- There is warning for embryo-fetal toxicity.

POMBILITI (cipaglucosidase 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 ≥ 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,

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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.

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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

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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

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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

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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 3rd line medication.

COMBINATION BETA 2 AGONIST/CORTICOSTEROID INHALER (Asthma)

- Airsupra added as a 2nd 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 2nd line medication.

BOWEL PREP (Colonoscopy)

- Suflave added as a 2nd line medication.

DRY EYE (Dry Eye)

- Miebo added as a 2nd line medication.

GLAUCOMA (OPHTHALMIC PROSTAGLANDINS) (Glaucoma)

- Iyuzeh added as a 2nd line medication.

ANTI-INFLAMMATORY (Inflammation)

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

ANTIPSYCHOTICS (Mental Health)

- Rykindo added as a 2nd line medication. It is directed to risperidone.

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

- Duaklir added as a 2nd line medication.

PRENATAL VITAMINS (Vitamin Deficiency)

- Ziphex and Zalvit moved from 1st to 2nd line medications.

FOLIC ACID COMBINATIONS (Vitamin Deficiency)

- Bentivite and Folite added as 2nd line medications.

OPIOID AGONIST (Buprenorphine)

- Brixadi added as a 2nd 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

New Specialty Algorithms:

LONG ACTING GROWTH HORMONES (Growth Hormone Deficiency)

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

Updates to Current Specialty Algorithms:

NARCOLEPSY - SODIUM OXYBATE (Narcolepsy)

- Lumryz moved from a 2nd to a 1st line medication.

COLONY STIMULATING FACTOR (PEGFILGRASTIM) (Hematopoietic Agents)

- Nyvepria moved from a 2nd to a 1st line medication.
- Ziextenzo moved from a 1st to a 2nd line medication.

GROWTH HORMONES (Growth Hormone Deficiency)

- Changed algorithm name from Growth Hormones to Short Acting Growth Hormones.
- Norditropin moved from a 1st to a 2nd line medication.
- Omnitrope moved from a 2nd to a 1st 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 4th line medication for indication of psoriasis.
 - It is directed to three step 1 or 2 agents.
- Entyvio SQ added as a 3rd line medication for indication of ulcerative colitis.
 - It is directed to two step 1 or 2 agents.

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.

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](#)

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

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.


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](#)

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

From: Mattox, Alaina
Sent: Wednesday, March 13, 2024 2:28 PM
To: Rodriguez, Emma <emma.rodriguez2@anthem.com>; Melissa King <mking@keenan.com>
Cc: Everett McNamara <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

From: Rodriguez, Emma <emma.rodriguez2@anthem.com>
Sent: Tuesday, February 6, 2024 7:45 AM
To: Melissa King <mking@keenan.com>; Mattox, Alaina <alaina.mattox@anthem.com>
Cc: Everett McNamara <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

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



Emma Rodriguez
CA License 0E21856
Account Management Executive, Strategic Accounts
21215 Burbank Blvd. 3rd Floor, Woodland Hills CA 91367
747-270-7796
anthem.com

From: Melissa King <mking@keenan.com>
Sent: Thursday, February 1, 2024 8:04 AM
To: Rodriguez, Emma <emma.rodriguez2@anthem.com>; Mattox, Alaina <alaina.mattox@anthem.com>
Cc: Everett McNamara <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
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Please follow us on: [Facebook](#) | [LinkedIn](#) | [Twitter](#)

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

From: Rodriguez, Emma <emma.rodriguez2@anthem.com>
Sent: Wednesday, January 31, 2024 5:06 PM
To: Melissa King <mking@keenan.com>; Mattox, Alaina <alaina.mattox@anthem.com>
Cc: Everett McNamara <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
PUBLIC AGENCY COALITION ENTERPRISE	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
PUBLIC AGENCY COALITION ENTERPRISE Total		396559.88	142.94	35



Emma Rodriguez
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 Account Management Executive, Strategic Accounts
 21215 Burbank Blvd, 3rd Floor, Woodland Hills CA 91367
 747-270-7796
anthem.com

From: Melissa King <mking@keenan.com>
Sent: Wednesday, January 31, 2024 10:35 AM
To: Rodriguez, Emma <emma.rodriguez2@anthem.com>; Mattox, Alaina <alaina.mattox@anthem.com>
Cc: Everett McNamara <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>
Sent: Wednesday, January 31, 2024 12:12 PM
To: Melissa King <mking@keenan.com>; Everett McNamara <pmcnamara@keenan.com>
Cc: Tanya Cabot <tcabot@keenan.com>; Laurie Lofranco <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,

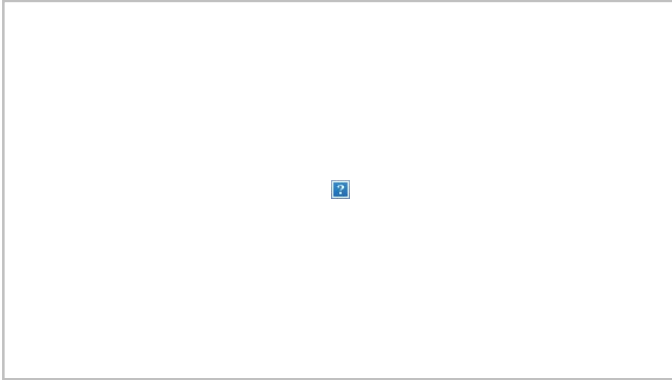
Diana Ruiz
 Account Manager
 CA License #420780
 o: 951-715-0190 ext: 1125

From: Petty, Colleen M. <Colleen.Petty@anthem.com>
Sent: Monday, January 22, 2024 6:08 PM
To: Petty, Colleen M. <Colleen.Petty@anthem.com>
Cc: Arellano, Joseph <Joseph.Arellano@elevancehealth.com>; Morales, Trixy <trixy.morales@anthem.com>; Buffington, Rebecca A. <rebecca.buffington@anthem.com>; Pereda, Juan Carlos <Juan.Pereda@anthem.com>; Vergo, Laurie <Laurie.Vergo@anthem.com>; Amaro, Rose <Rose.Amaro@anthem.com>; Dovale, Maria <Maria.Dovale@anthem.com>; Lara Bennett, Yvette M. <Yvette.LaraBennett@anthem.com>; Karutz, Jamie <jamie.karutz@anthem.com>; Garcia, Jessica <Jessica.Garcia3@anthem.com>; Cardenas, Celina <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 to 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 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

anthem.com

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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>
Sent: Friday, May 3, 2024 3:50 PM
To: Dawn Almanzor <dalmanzor@keenan.com>
Cc: Merissa Peters <mpeters@keenan.com>; Jamie Gill <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> 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[®]



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

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.

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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:
Board of Directors

DATE: May 30, 2024

SUBJECT:
Anthem Update

ITEM #: 2024-005

Enclosure: Yes

Category: Financial

Prepared by: Keenan & Associates

Requested by: Board of Directors

BACKGROUND:

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

STATUS:

The Board will hear and discuss a report from Anthem.

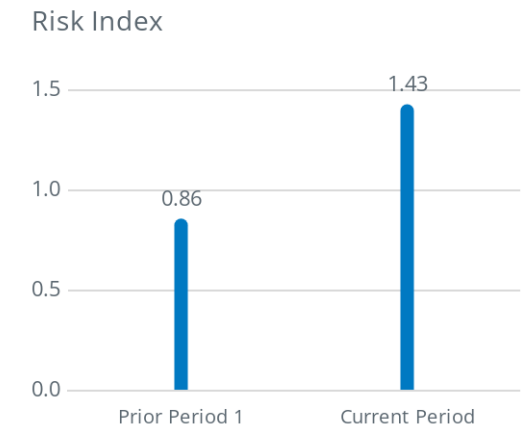
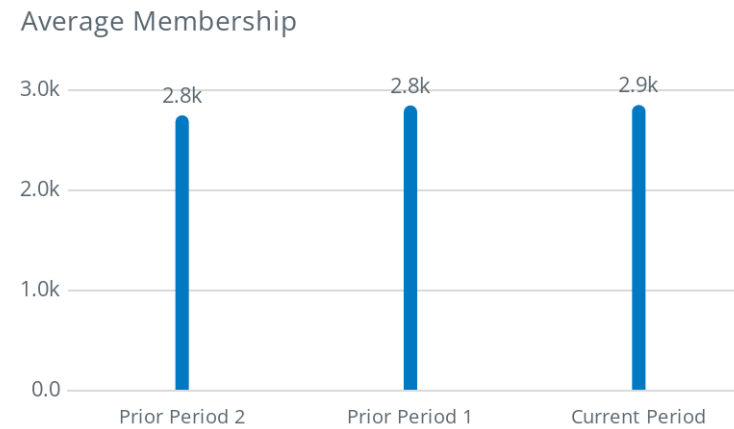
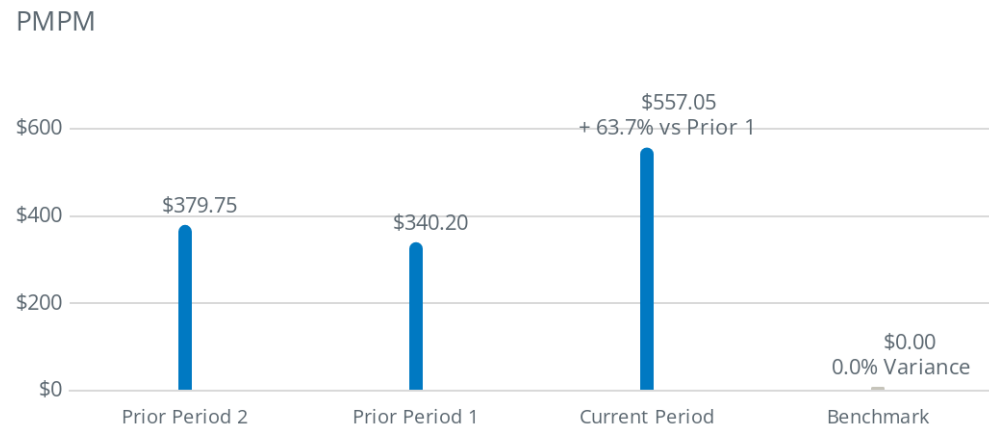
RECOMMENDATIONS:

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%

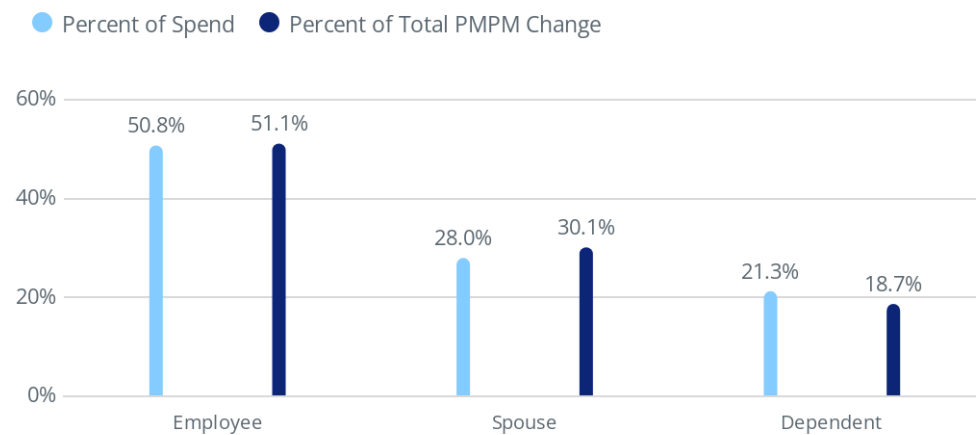
Average Membership Trend

↑ 0.1%

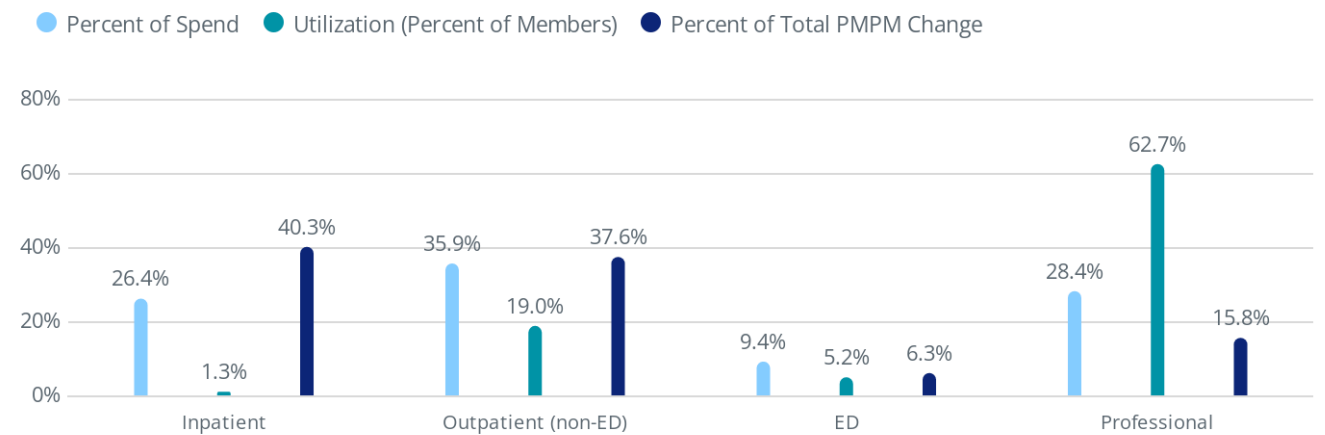
Risk Index Trend

↑ 66.5%

Relationship



Place of Service



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

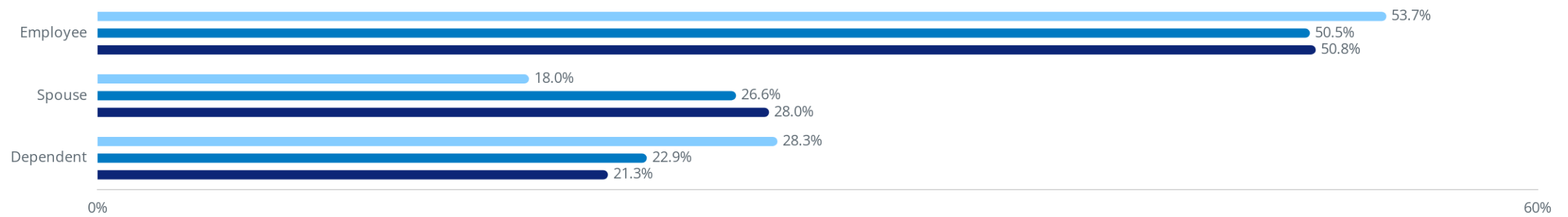
PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

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

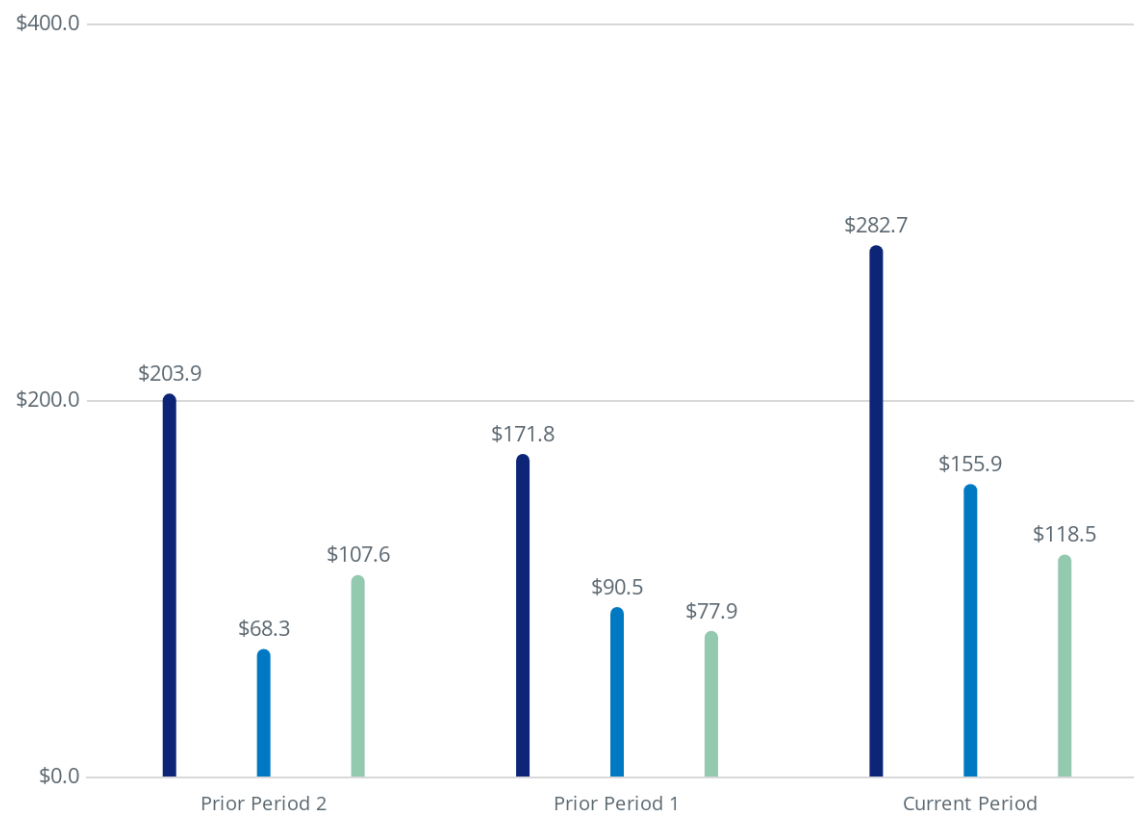
Percent of Spend by Relationship

● Prior 2 ● Prior 1 ● Current



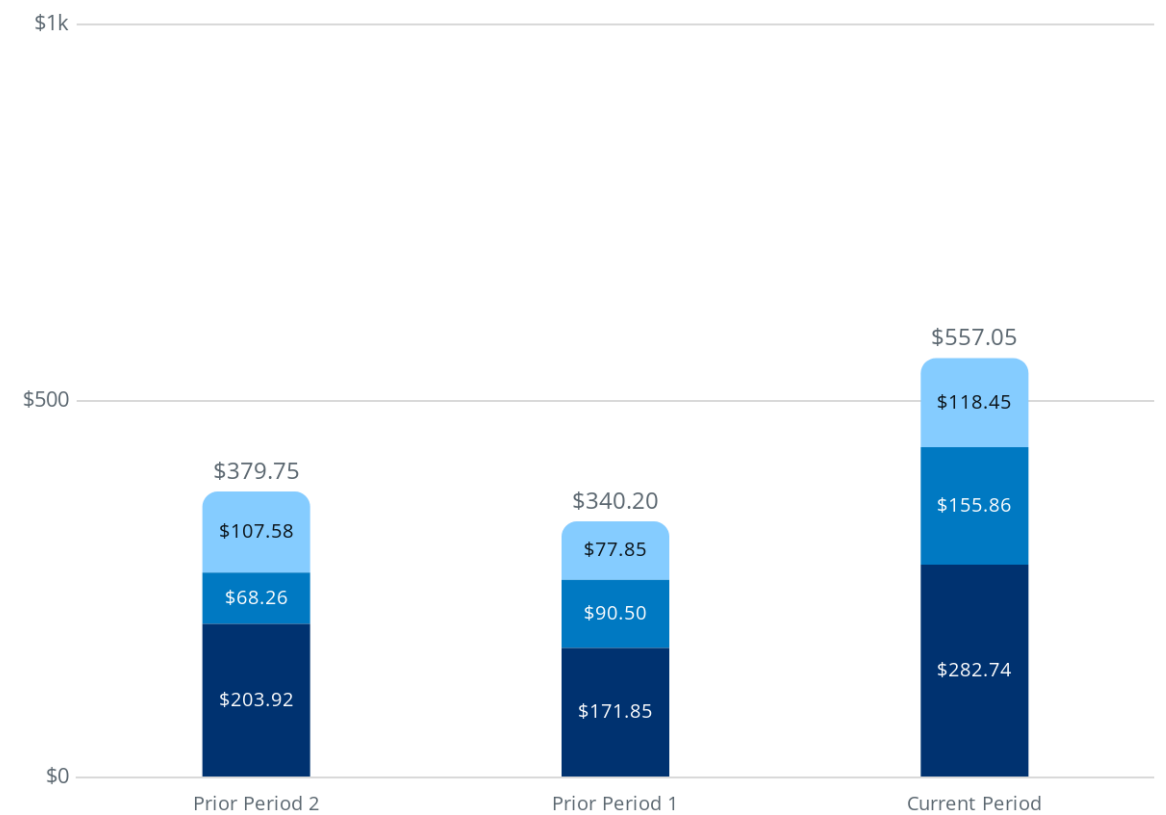
PMPM by Relationship

● 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%

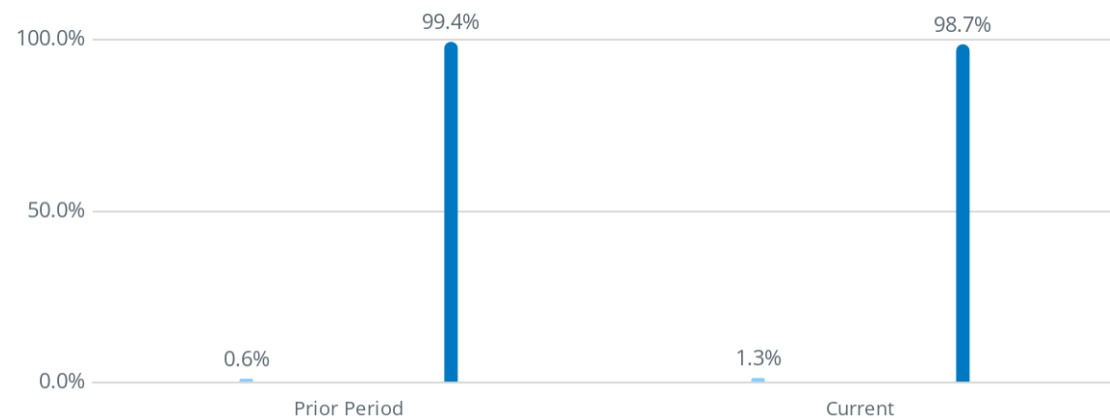
HCC vs Non - HCC PMPM

● HCC ● Non - HCC

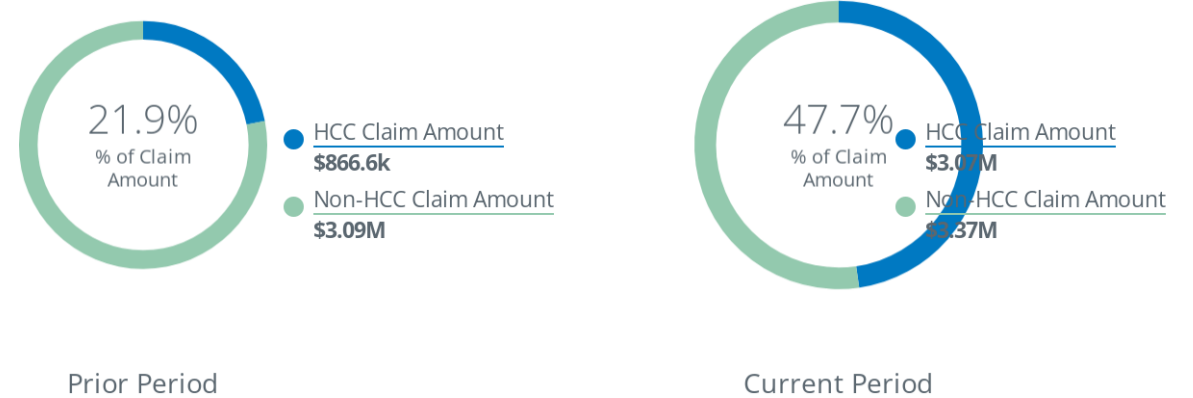


HCC vs Non - HCC (Percent of Claimants)

● HCC ● Non - HCC



Percent Claim Amount

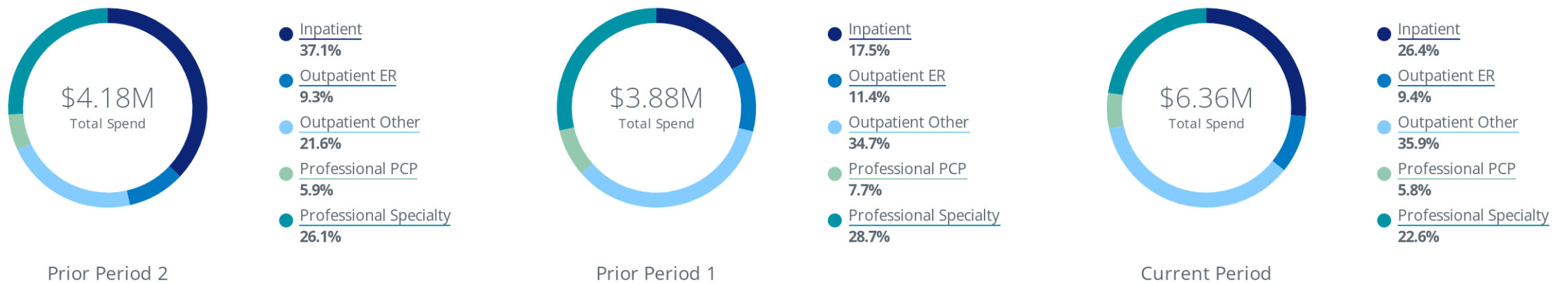


PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

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



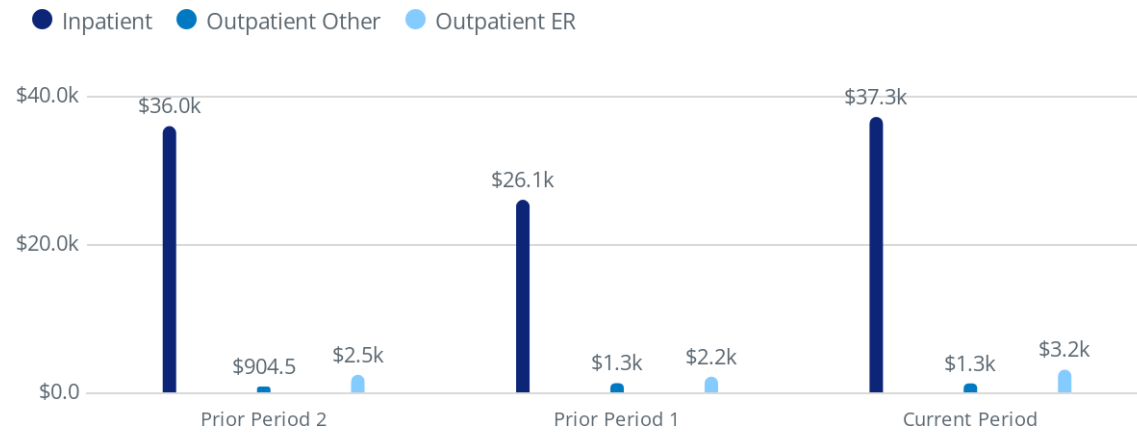
PMPM by Year Total and Place of Service



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**

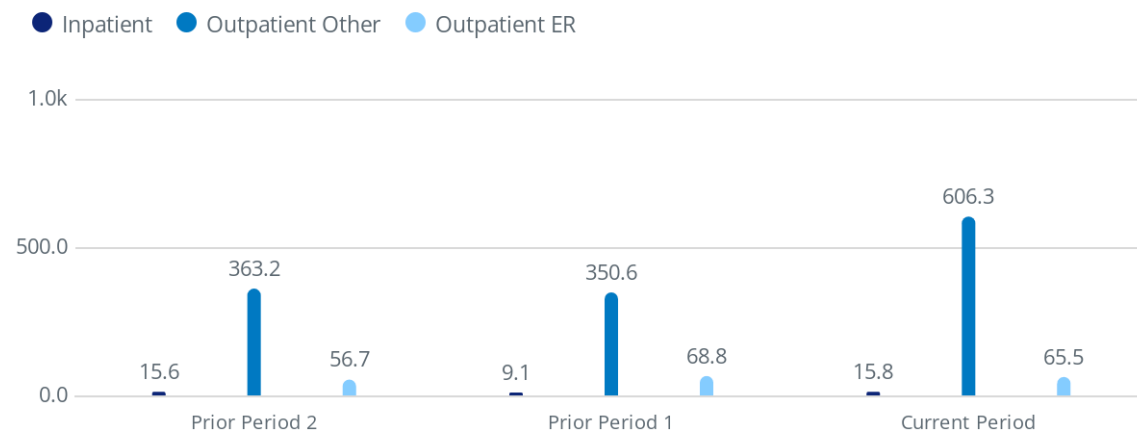
Unit Cost by Setting (per admit/visit)



Unit Cost by Setting (per admit/visit)



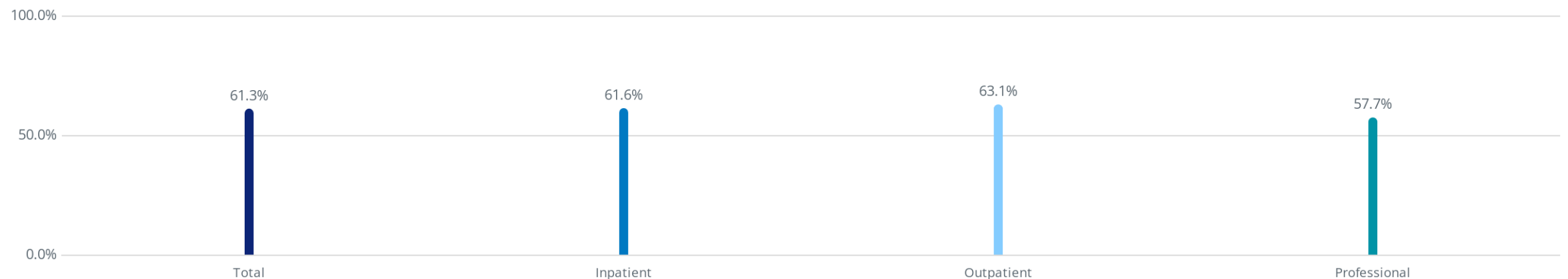
Utilization by Setting (per 1,000)



Utilization by Setting (per 1,000)



In-Network Discount Percent by Place of Service

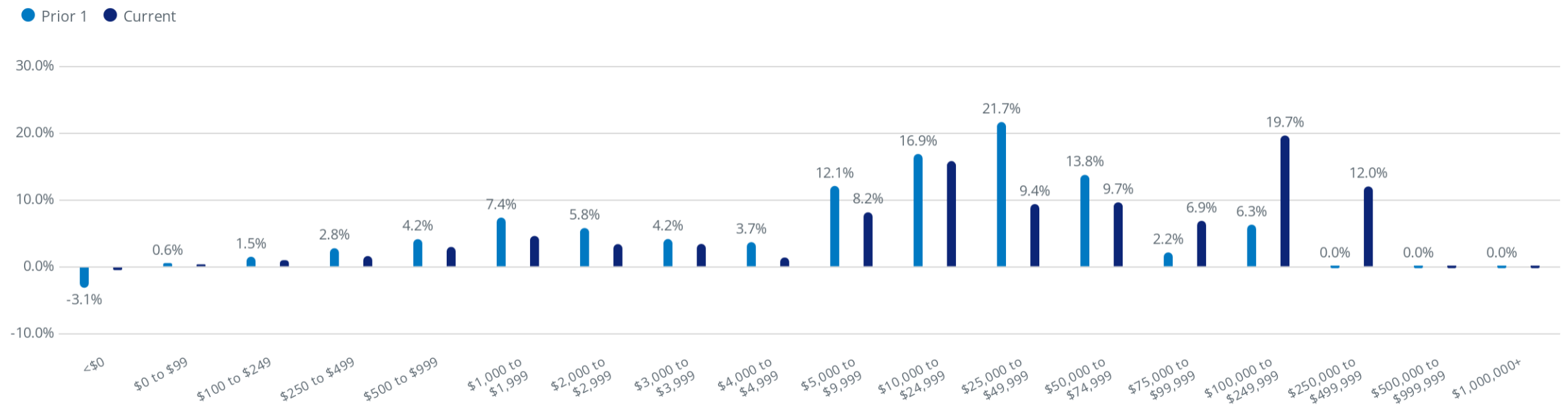


PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

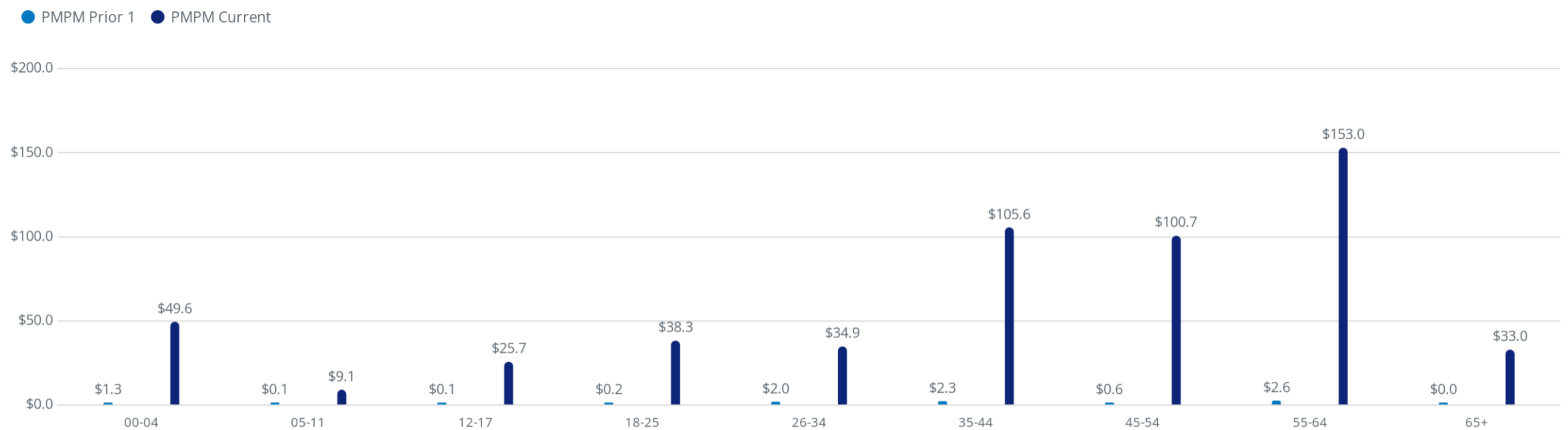
Current: **Jan 2024 - Apr 2024** • Prior 1: **Jan 2023 - Apr 2023** • Prior 2: **Jan 2022 - Apr 2022** | Data Set: **Medical** | Paid/Incurred: **Paid**

Medical Ancillary Details

Paid Claims Distribution



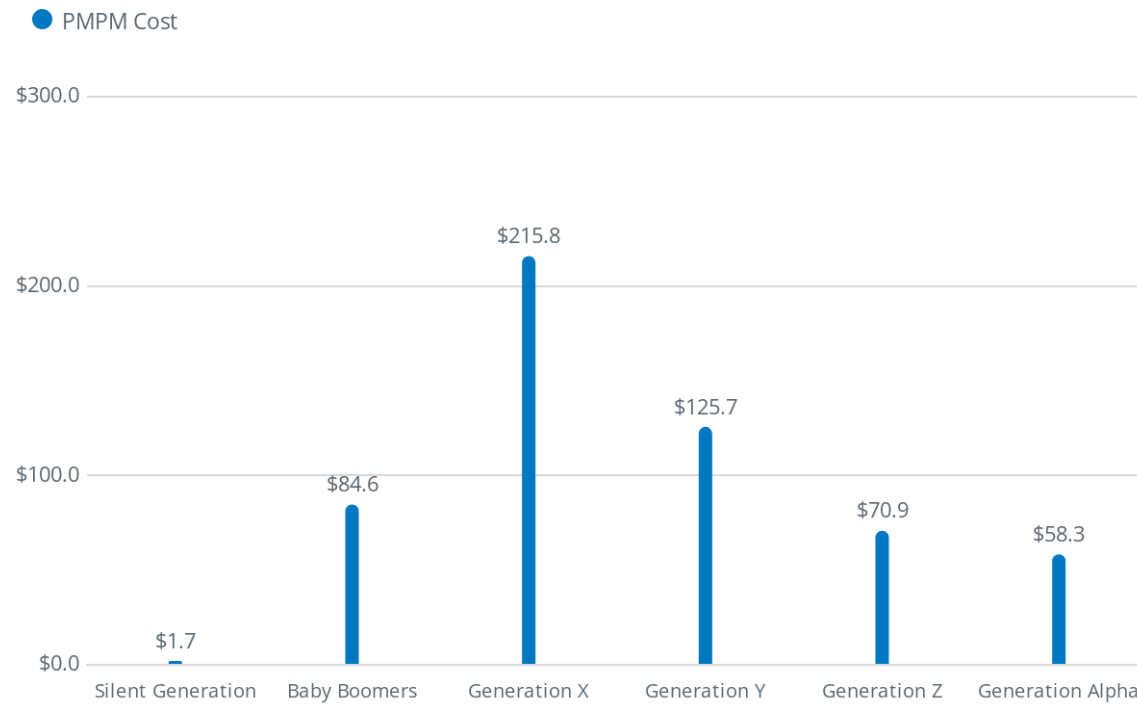
Age Bands



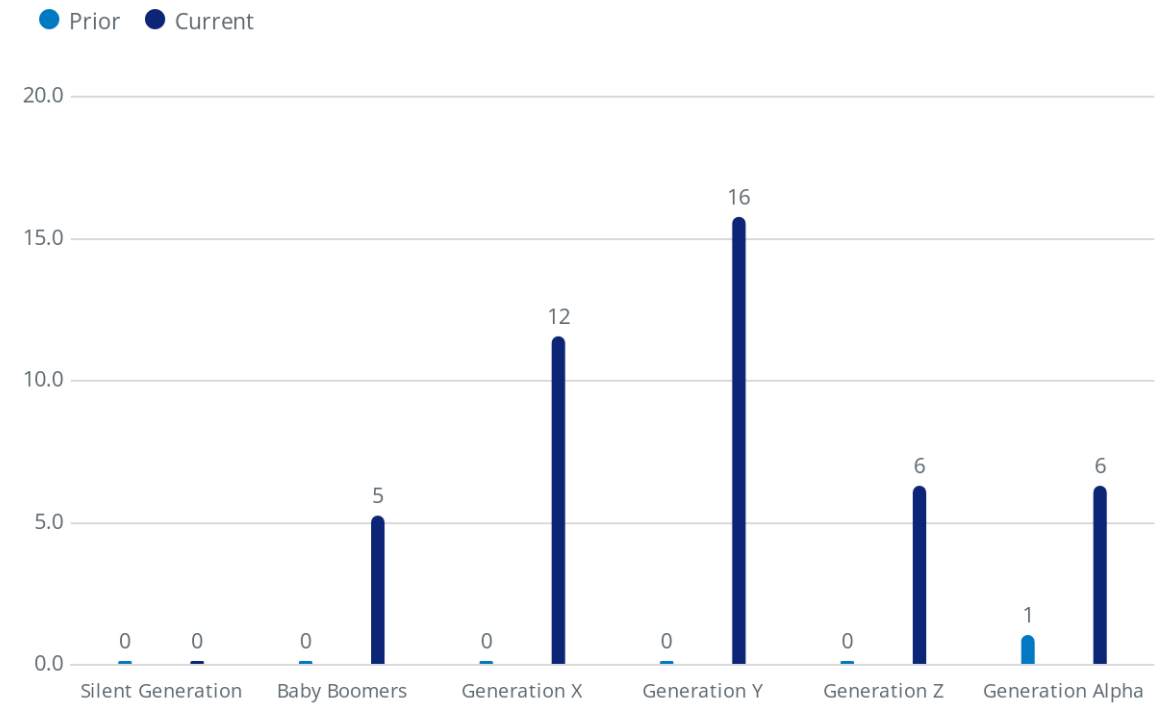
PUBLIC AGENCY COALITION ENTERPRISE | Segmentation: **Total Account ASO** | Benchmark: **Commercial - CII BOB**

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

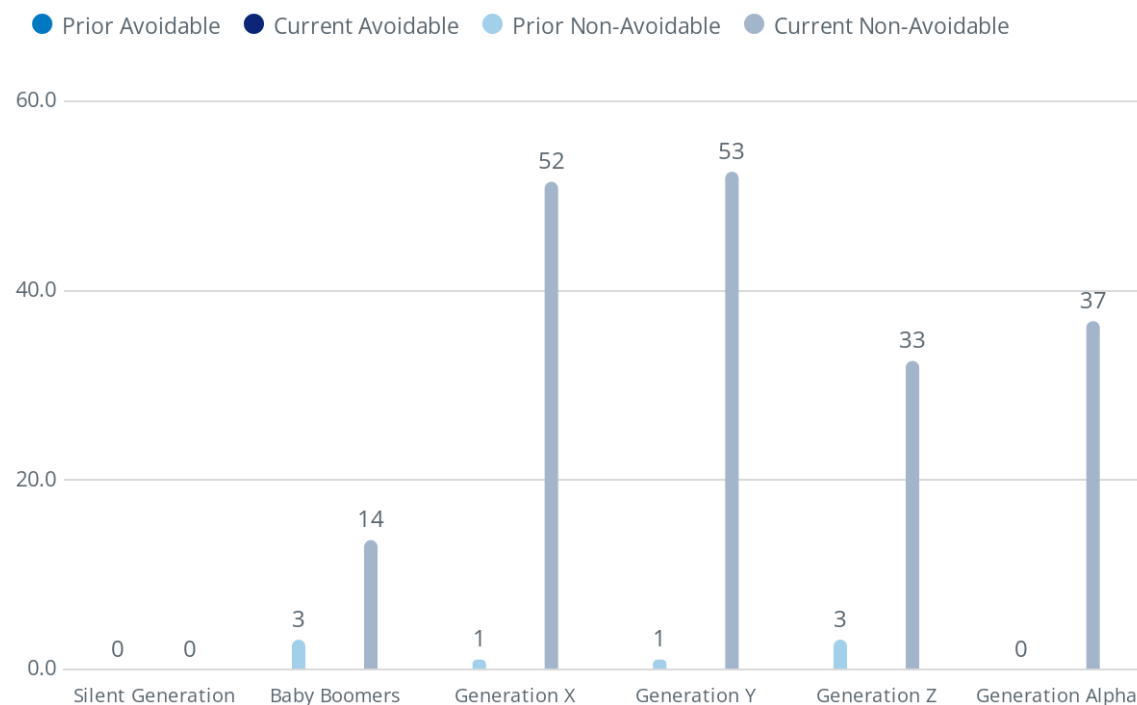
Generations



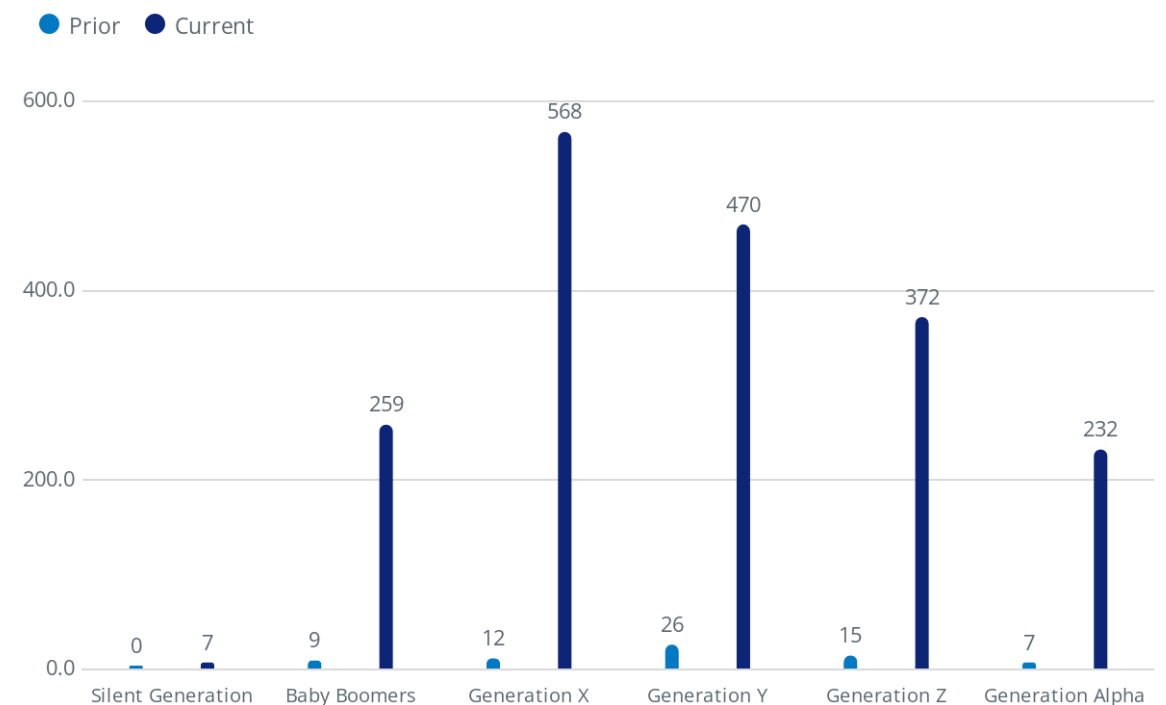
Annualized Admits per 1,000



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%

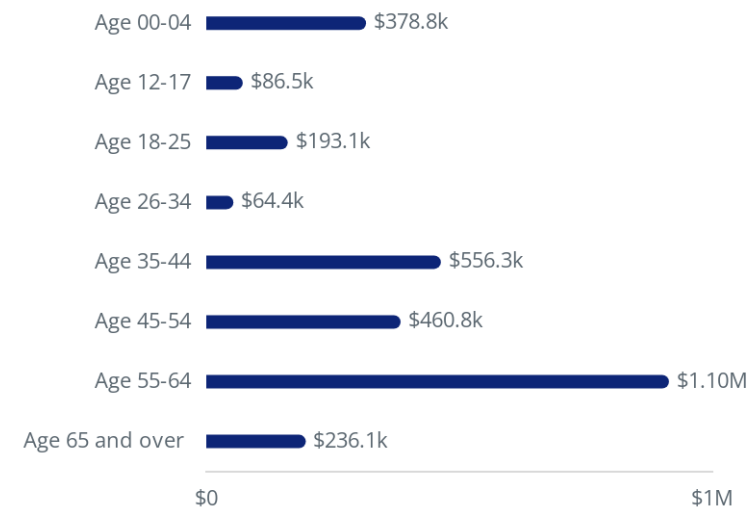
Prior Period: 100.0%

Percent of Total HCCs Engaged

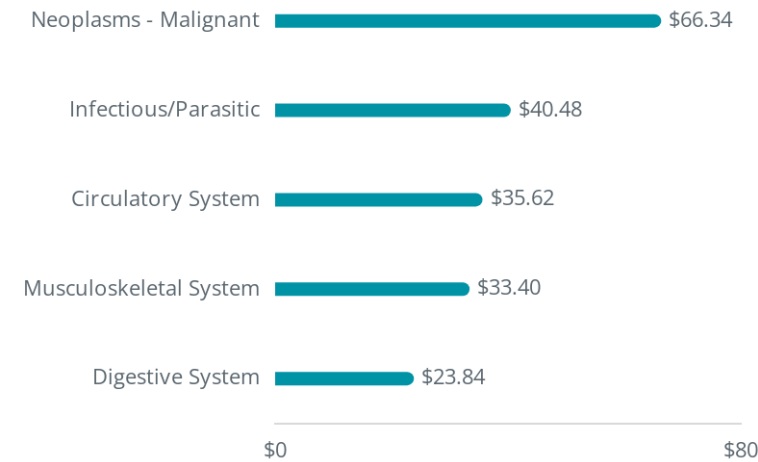
3.8%

Prior Period: 7.7%

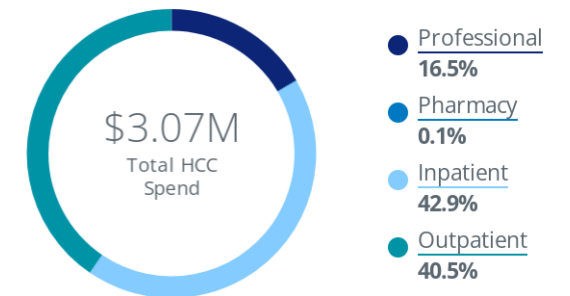
HCC Total Paid Amount by Age Band



Health Condition Category of Primary Diagnosis Contributing to High Cost



HCC Spend by Place of Service



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	\$85,833	\$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	\$125,080	0.0%	NA	\$0	0.0%	\$125,080.39	\$553	\$0	\$10.96	\$0.00	\$10.96
9	282517	282517-282517M026	70DY	493386519	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	\$870	\$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	\$331	\$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
Total											\$2,279,239	\$424,152	\$366,652	\$1,318,667	\$1,243,440	\$507,937	\$3,070,044	11.3%		\$3,063	95.8%	\$3,073,107	\$947,545	\$2,486	\$269.00	\$1.65	\$270.65

**PUBLIC AGENCY COALITION ENTERPRISE
JOINT POWERS AUTHORITY**

PRESENTED TO:

Board of Directors

DATE:

May 30, 2024

SUBJECT:

Ancillary Updates – LiveHealth Online and EmpiRx

ITEM #:

2024-006

Enclosure:

Yes

Category:

Financial

Prepared by:

Keenan & Associates

Requested by:

Board of Directors

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 Board will hear a report on the LiveHealth Online, EmpiRx utilization reports, and the forthcoming EmpiRx platform transition.

RECOMMENDATIONS:

For review, discussion and action as necessary.

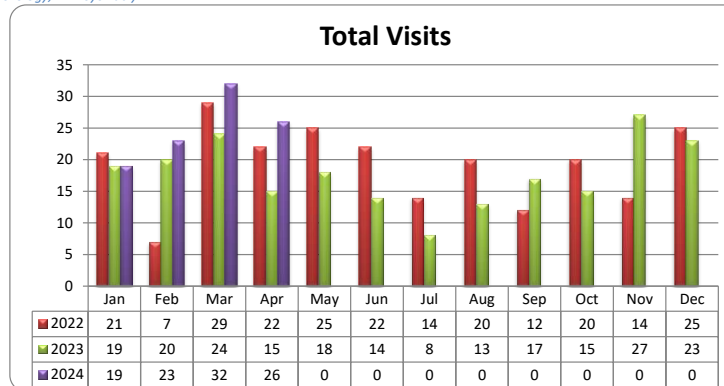
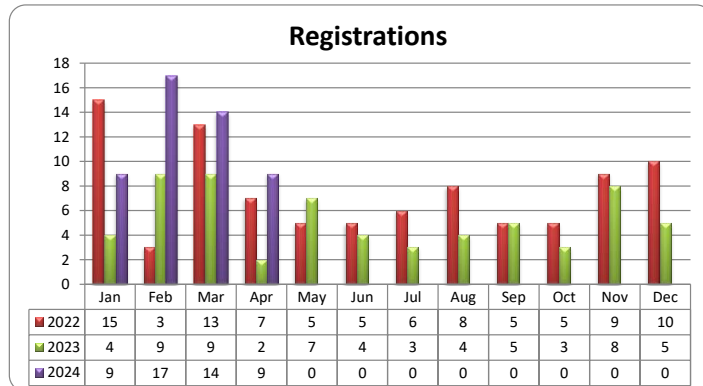
PACE
Registration & Utilization
1/1/20 thru 4/30/24
(282517)

Date Printed:5/7/24

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	697	7	129	1	6	840	0.51	0.09

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

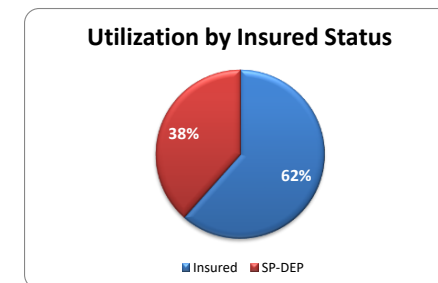
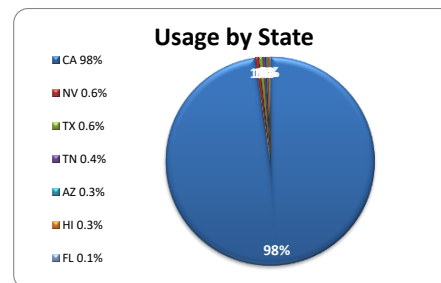
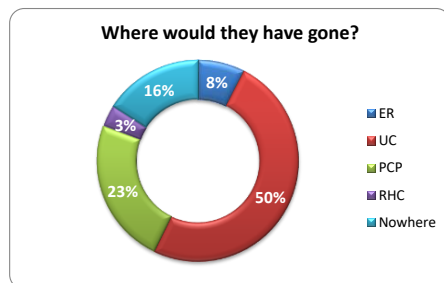
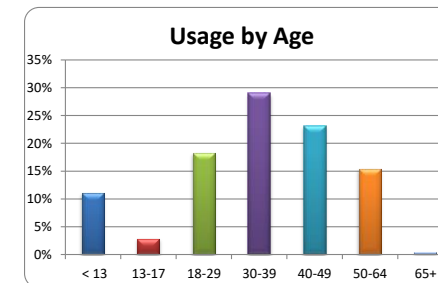
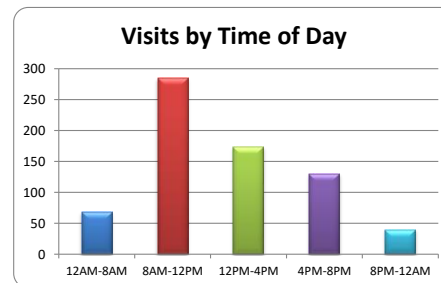
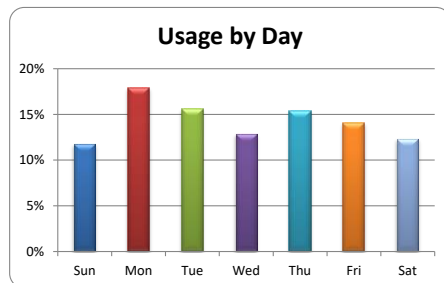
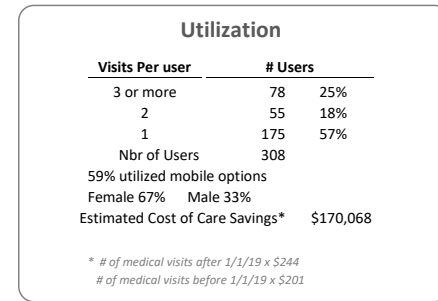
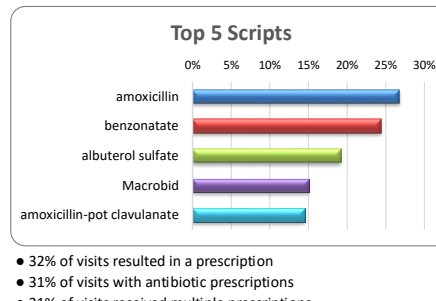
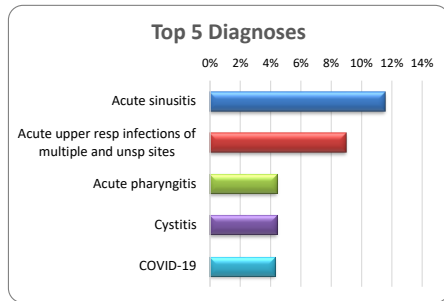
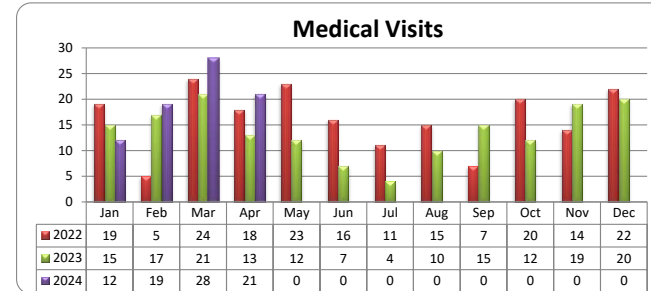
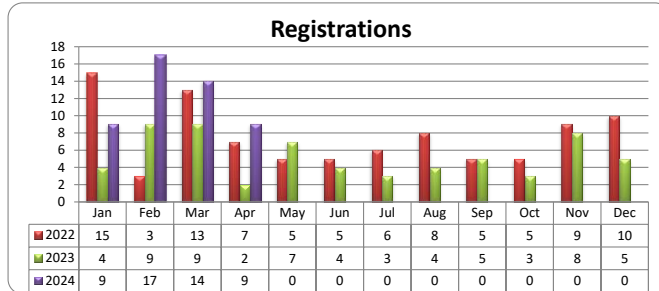
1 = Psychology, 2 = Psychiatry



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

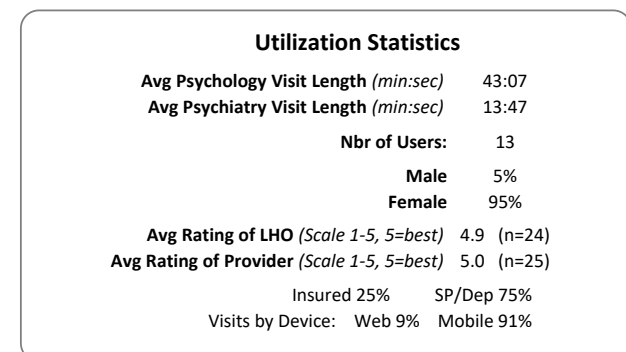
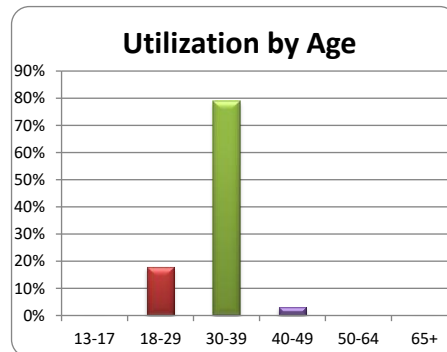
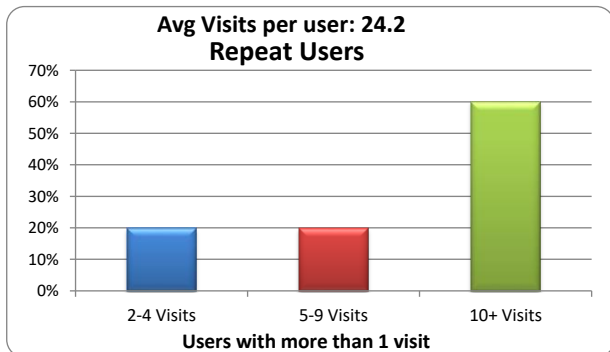
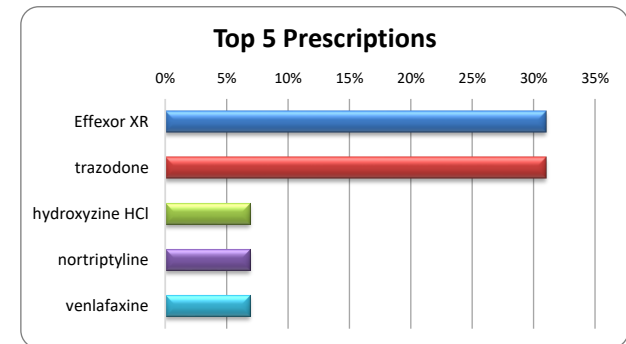
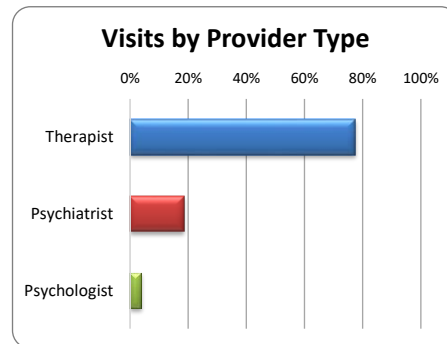
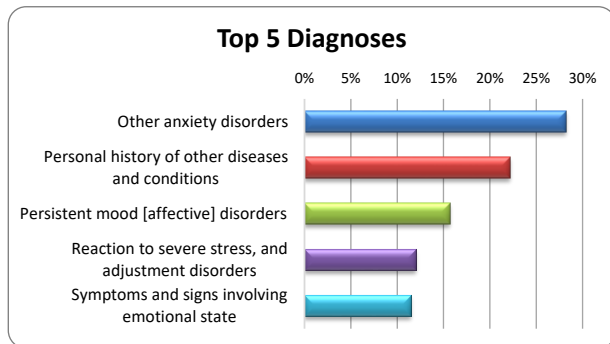
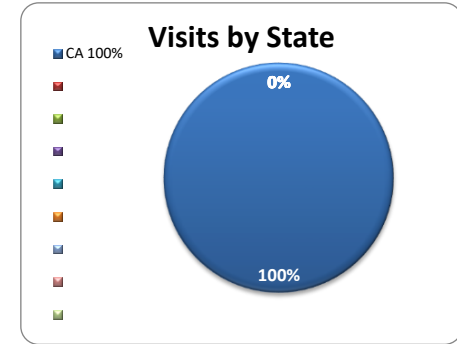
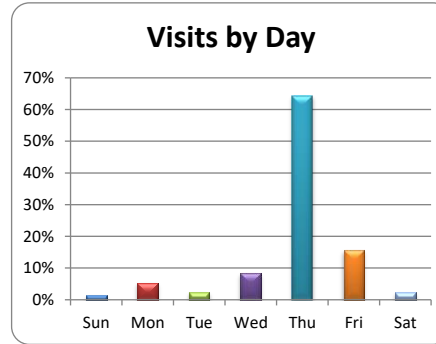
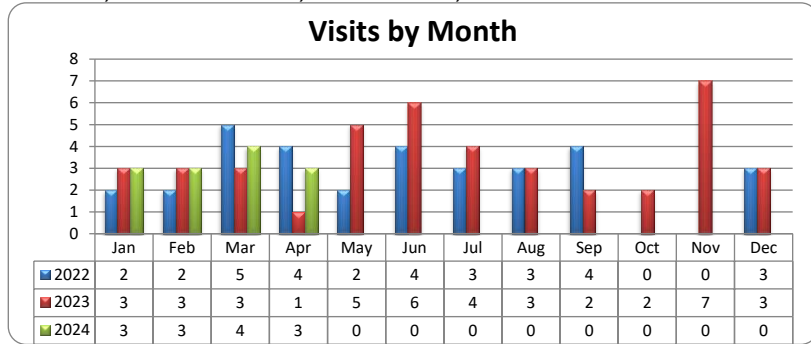
MEDICAL ACTIVITY

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

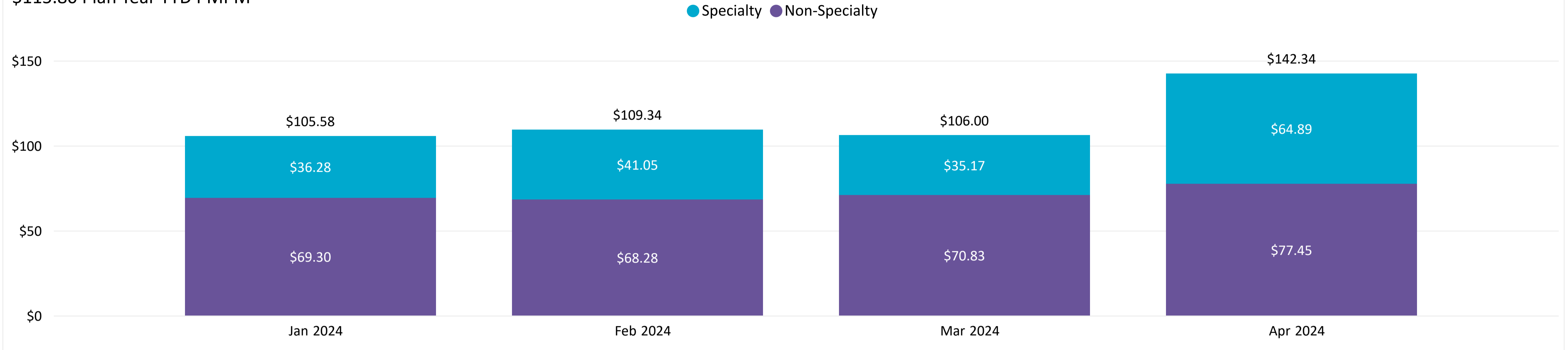


Plan Paid

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%	1.2%
Total Claims	2,451	2,204	2,196	2,379	9,230
Specialty Claims	25	24	29	32	110
Specialty as % of Total Plan Paid	34.4%	37.5%	33.2%	45.6%	38.3%
Total 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
Total Utilizers	826	788	768	800	796
Specialty Utilizers	24	24	24	28	25

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?

EpiRx 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



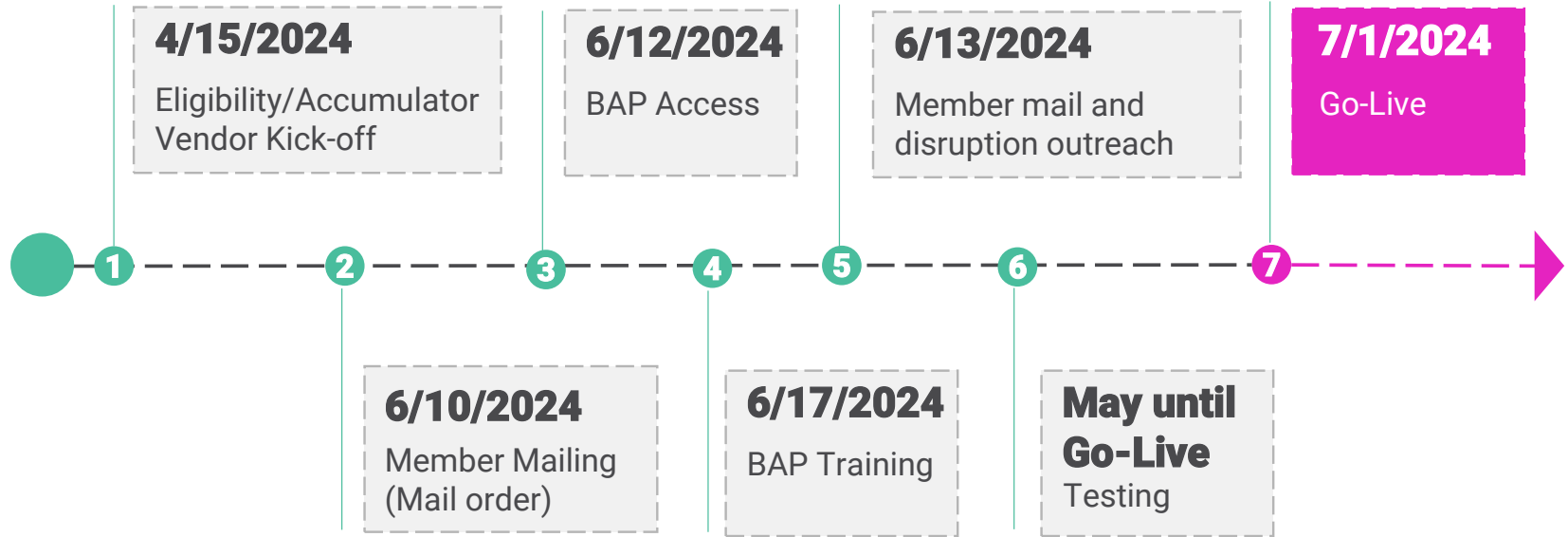
What's Changing? What's Not?

Services	No Changes	Changes
Core Services		
Network		Expanding our network of pharmacies to include over 65K pharmacies
Formulary	No change	
Member Services		In-house
Client Services		
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
Vendor Integrations		
	No Change. EmpiRx Health will coordinate with your vendor partners	
Member Services		
Member ID		<ul style="list-style-type: none"> • EmpiRx Health will deliver new Member IDs at no cost to your plan or members • Digital Member IDs will remain available on the member portal
Member Portal & Mobile App	No change	
Customer Service Phone Numbers		New and dedicated Toll-Free Service number will be included on member ID's and plan documents
Mail Order Pharmacy		<ul style="list-style-type: none"> • Prescriptions at our current mail order pharmacy will be transferred to our new mail order pharmacy. • Members utilizing mail order services will receive directions to register directly with our mail order pharmacy. • Mail order pharmacy will accept non-specialty copy cards
Member Communications		Shift to simpler, more concise, member communication strategy

Timeline:



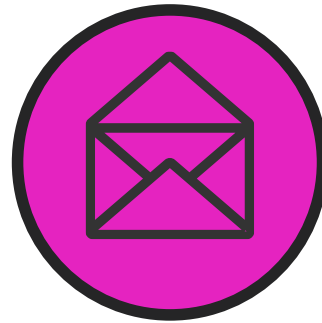
Member Communications



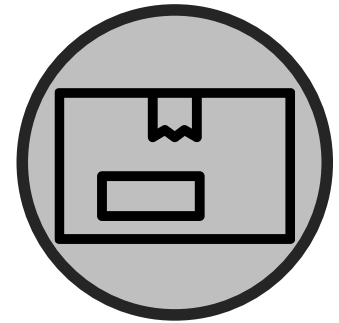
Member
Welcome Letter



Member ID



Mail Order
Information



Member
Packets



Thank you.

 **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:
Board of Directors

DATE: May 30, 2024

SUBJECT:
Wellness Updates

ITEM #:
Enclosure and
Handout:

2024-007

Yes

Category: Financial
Prepared by: Keenan & Associates
Requested by: Board of Directors

BACKGROUND:

In partnership with the PACE health plans, KeenanWell 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 Full Board will hear and discuss a report on the 2024 Health Management program.

RECOMMENDATIONS:

For review, discussion and action as necessary.

Wellness Update

PACE Full Board Meeting 05/30/24

- **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**
 - Register here: <https://us02web.zoom.us/meeting/register/tZEude-vpjtHNTdM96w9UdimW-4Drb0Kgry>
 - Will record it and then share recording link.

- **Attachment:**
 - **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
TOTAL		149

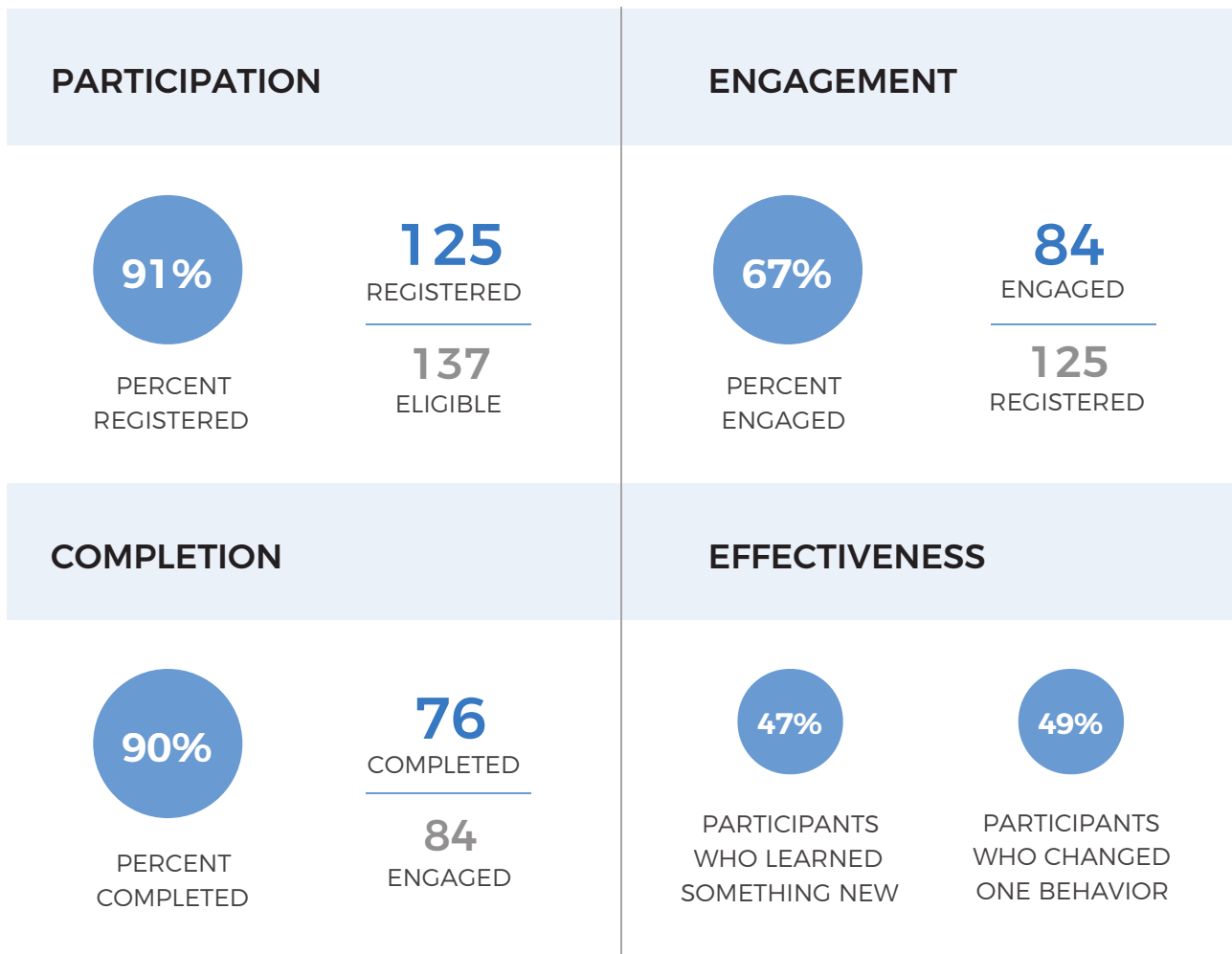
CAMPAIGN REPORT

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.

**PUBLIC AGENCY COALITION ENTERPRISE
JOINT POWERS AUTHORITY**

PRESENTED TO:

DATE:

May 30, 2024

Board of Directors

SUBJECT:

ITEM #:

2024-008

PACE New Member Activity

Enclosure:

No

Category:

Administration

Prepared by:

Keenan & Associates

Requested by:

Board of Directors

BACKGROUND:

New agencies can join PACE any time during the year.

STATUS:

PACE Management will update the Board on the current marketing activity and any potential PACE JPA members.

RECOMMENDATIONS:

For review, discussion and action as necessary.

**PUBLIC AGENCY COALITION ENTERPRISE
JOINT POWERS AUTHORITY**

PRESENTED TO:	DATE:	May 30, 2024
Board of Directors		

SUBJECT:	ITEM #:	2024-009
Audit Services RFP Results	Enclosure:	Yes

Category:	<u>Administration</u>
Prepared by:	<u>Keenan & Associates</u>
Requested by:	<u>Board of Directors</u>

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 Board will hear a report on the results of PACE's auditor RFP and will vote to accept the Executive Committee's recommendation for audit services 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 & 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"> • Implementation Support for New GASB Pronouncements • Additional Fieldwork Visits & Scheduling Changes • Additional Meetings and Presentations <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%
Total		100%

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%

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.