

AGENDA

BOARD OF DIRECTORS

STEVE BRANDAU
NATHAN MAGSIG
BUDDY MENDES
LARRY MICARI
BRIAN PACHECO
AMY SHUKLIAN
PETE VANDER POEL

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291
May 5, 2023 9:00 AM**

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-636-4900 or the Assistant SJVIA Manager at 559-600-1801. Notification 48 hours prior to the meeting will help enable staff to make reasonable arrangements to ensure meaningful access.

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Approval of Agenda (A)
5. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to 3 minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.
6. Approval of Consent Agenda – Item Numbers 18-19

These matters are routine in nature and are usually approved by a single vote. Prior to action by the Board, the Board Members and the public will be given the opportunity to remove any item from the Consent Calendar. Items removed from the Consent Calendar may be heard immediately following approval of this Consent Calendar or set aside until later in the meeting.

7. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)
8. Receive Update on Fiscal Year 2021-2022 Audited Financial Statements and Quarterly Financial Reporting (I)

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9. Receive Consultant's Medical, Dental, and Vision Experience Reports through February 2023 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)
10. Receive Consultant's Report on EmpiRx Plan Year 2022 Pharmacy Utilization (I)
11. Receive Update on Direct Contract with Community Medical Center (CMC) and ratify SJVIA Management's execution of the Direct Contract with CMC (A)
12. Receive Update on the April 6, 2023 Strategic Planning Meeting (I)
13. Receive Strategic Planning Review Panel Update and Authorize Finalist Interviews for Plan Year 2024 Health Plan and Prescription Drug Plan Vendors (A)
14. Receive Consultant's Report on Carrier Proposals (A)
15. Receive and Approve Revised SJVIA Mission and Vision Statements (A)
16. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)
17. Adjournment

Consent Agenda

18. Approval of Minutes - Board Meeting of February 17, 2023 (A)
19. Approve Assignment of Subscription Agreement with 98point6 Inc. to Transcarent, Inc. (A)

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May 5, 2023 9:00 AM**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item #7

SUBJECT: Receive Update from Auditor-Treasurer on Cash Flow Projections (I)

REQUEST(S): That the Board receives this update on Cash Flow Projections.

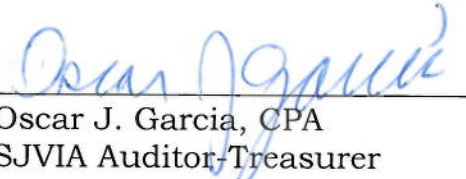
DESCRIPTION:

Informational item. Please see attached report.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Oscar J. Garcia, CPA
SJVIA Auditor-Treasurer

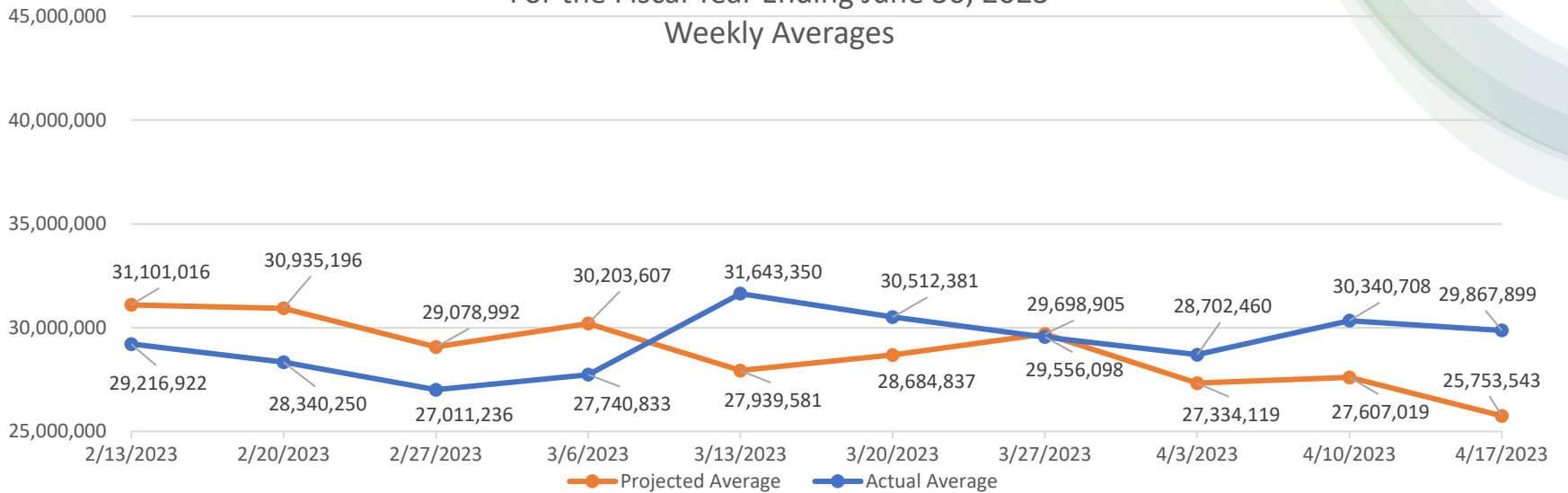
A close-up photograph of a wooden pencil with a sharpened lead tip, resting diagonally across a document. The document features a line graph with a grid. The y-axis has numerical labels '50' and '100'. The x-axis has year labels '93' and '98'. The pencil is positioned over the graph, and the background is softly blurred.

SJVIA Cash Flow Projections

Matt Blanks

May 5, 2023

Projected vs. Actual Cash Flows
For the Fiscal Year Ending June 30, 2023
Weekly Averages



Lowest (Actual)

- 02/27/23 - \$27,011,236

Highest (Actual)

- 03/13/22 - \$31,643,350

- Average weekly PPO/EPO claims for this period = \$0.9M
- Average weekly claim at last board meeting = \$1.14M
- Average weekly PPO/EPO claims YTD = \$1.09M

SJVIA Reserves, Liabilities & Cash Positions 4/21/2023	IBNR Reserve Liability	3-Month Stablization Reserve	Gallagher Settlement	Total
Current Balances	\$ 10,363,820	\$ 20,741,256	\$ 7,000,000	\$ 38,105,076
	Liability Met?	Reserve Kept?	Reserve Kept?	
Cash Position at 4/21/2023	YES	NO	NO	\$ 28,914,720
Cash Projection at 6/30/2023				\$ 28,629,948

- Cash projection as of June 30, 2023, will fluctuate depending on timing of cash flows.



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**Meeting Location:
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Board of Supervisors Chambers
2800 W. Burrel Avenue
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May 5, 2023 9:00 AM**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item #8

SUBJECT: Receive Updates from Auditor-Controller on the timing of the Audited Financials FY 2022 and Quarterly Financial Reporting FY 2023. (I)

REQUEST(S): That the Board receives this financial update as of May 5, 2023.

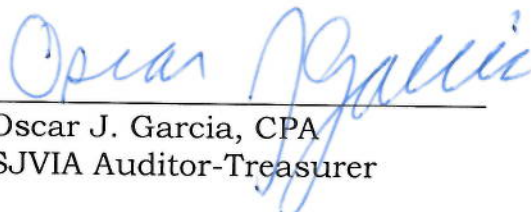
DESCRIPTION:

Verbal Update from Auditor-Controller on the timing of the Audited Financials FY 2022 and Quarterly Financial Reporting FY 2023.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Oscar J. Garcia, CPA
SJVIA Auditor-Treasurer

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 9

SUBJECT: Receive Consultant's Medical, Dental, and Vision Experience Reports through February 2023 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

REQUEST(S): That the Board receive the Consultant's medical, dental, and vision experience reports through February 2023 and update on projected plan experience accumulation.

DESCRIPTION:

The Consultant's report shows that on a total cost basis from January through February 2023, the self-insured medical premium of \$14,502,681 exceeded the total cost of \$12,437,196 for an accumulation of \$2,065,485, or an 85.8% loss ratio.

For the self-insured dental, the report shows that on a total cost basis, the dental premium of \$801,982 exceeded total cost of \$676,507 for an accumulation of \$125,475 or an 84.4% loss ratio.

The vision plan remains fully insured and has an accumulation of \$12,342. Under the fully insured arrangement all deficit or surplus positions stay with the carrier.

Keenan has projected a \$6,513,479 accumulation for the 2023 plan year. The accumulation is built from premium exceeding plan costs, built-in margin on the Kaiser plan, prescription drug rebates, and other sources. After the first two months of 2023, the position is \$2,584,948, 39.7% of the projected annual total.

Please note this is the consultant's report. Prior to allocating funds for IBNR reserve and stabilization reserve, the SJVIA Auditor will provide the

AGENDA: San Joaquin Valley Insurance Authority

DATE: May 5, 2023

unaudited reserve accumulation based on actual revenue received and actual expenses paid.

FISCAL IMPACT/FINANCING:

The 2023 plan year experience developed a \$2,065,485 medical surplus and a \$125,475 dental surplus for a total self-funded surplus of \$2,190,960. No prescription drug rebates have been received yet for 2023. The Kaiser reserve of \$65,968 and the Kaiser EPO parity reserve of \$328,020, brings the collective total reserve accumulation to a surplus of \$2,584,948 for the first two months of 2023. This is based on Consultant's report; the Auditor will provide the unaudited reserve accumulation based on actual revenue received and actual expenses paid.

ADMINISTRATIVE SIGN-OFF:



Lupe Garza
SJVIA Manager



Hollis Magill
SJVIA Assistant Manager

May 05, 2023

SJVIA Board Meeting: Consultant’s Report 2023 Plan Experience (Medical, Dental, and Vision) through February 2023

The following pages provide a summary of the plan experience from January 1 through February 28, 2023 for the self-funded medical and dental plans, as well as the fully insured vision plan (Kaiser and Delta Dental DHMO experience is not available).

The SJVIA self-funded plans show a surplus position of (\$2,190,960) through February 2023. The County of Fresno has a \$1,941,764 surplus position and the County of Tulare has a \$249,196 surplus position prior to adjustments for Kaiser margin and parity, Prescription Drug Rebates and other adjustments.

Accumulation	COF	COT	Total
Medical	\$ 1,849,313	\$ 216,172	\$ 2,065,485
Dental	\$ 92,451	\$ 33,024	\$ 125,475
Total	\$ 1,941,764	\$ 249,196	\$ 2,190,960
Vision (Insure)	\$ 17,049	\$ (4,707)	\$ 12,342
Loss Ratio			
Medical	80.3%	88.5%	85.8%
Dental	83.3%	86.8%	84.4%
Vision	81.2%	113.2%	90.2%

The County of Tulare reduced its margin to 0.0% for 2022 and 2023. The County of Fresno has maintained a 1.5% for 2022 and 2023. These levels will be reconsidered for the 2024 renewal.

The Anthem self-funded medical plans show an accumulated surplus position of \$2,065,485 for a 85.8% total cost loss ratio.

The Delta Dental self-funded dental plan shows an accumulated surplus position of \$125,475 for an 84.4% total cost loss ratio.

The vision plan remains fully insured and shows an accumulated position of \$12,342 for a 90.2% total cost loss ratio. Under the fully insured arrangement all deficit or surplus positions remain with the carrier. SJVIA may want to consider going to a self-funded arrangement for 2024.

Fresno County continues its cross-subsidy strategy between the EPO, PPO, and High Deductible Health Plans (HDHP). Additionally, Fresno County has an EPO/Kaiser parity strategy setting the EPO and Kaiser rates equivalent.

The County of Tulare has had greater than expected claim costs in 2022 driven by large claim cost. For the first two months of 2023 Tulare County has accumulated a surplus position.

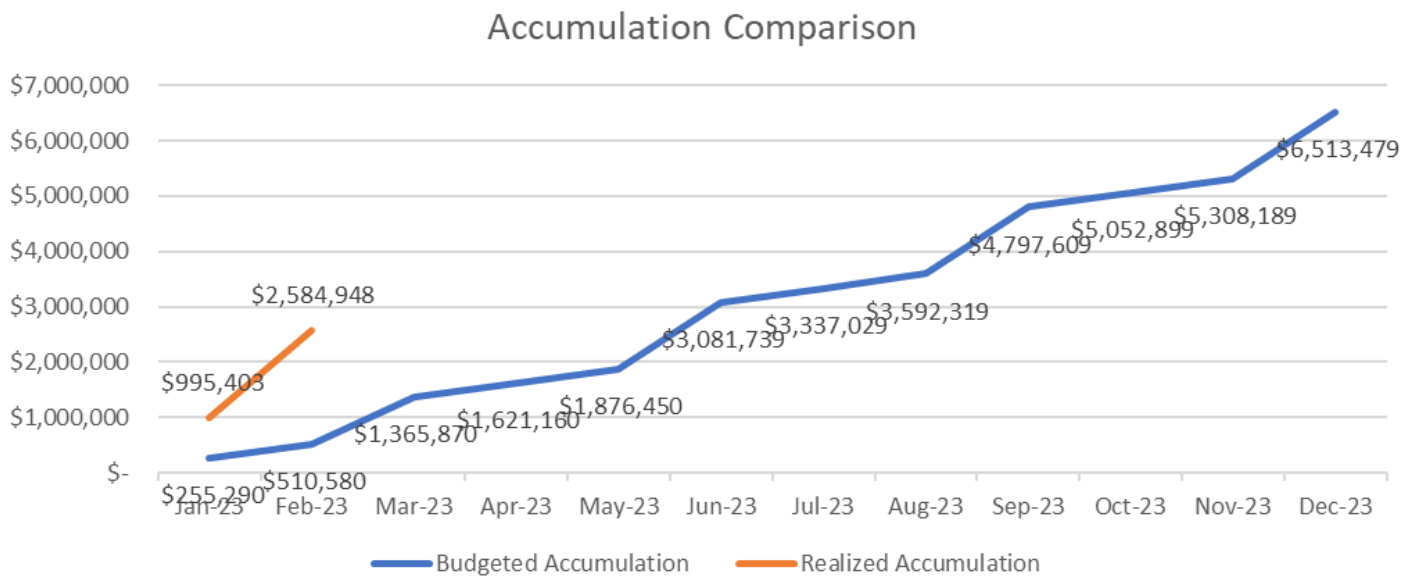
Keenan projects prescription drug rebates of \$3,450,000 for 2023. Rebates post quarterly and have not yet posted for 2023.

Fresno County budgeted Kaiser margin and EPO Parity margin in 2023 of \$2,197,502. Over the first two months, the SJVIA has realized \$393,988 (17.9% of the annual target).

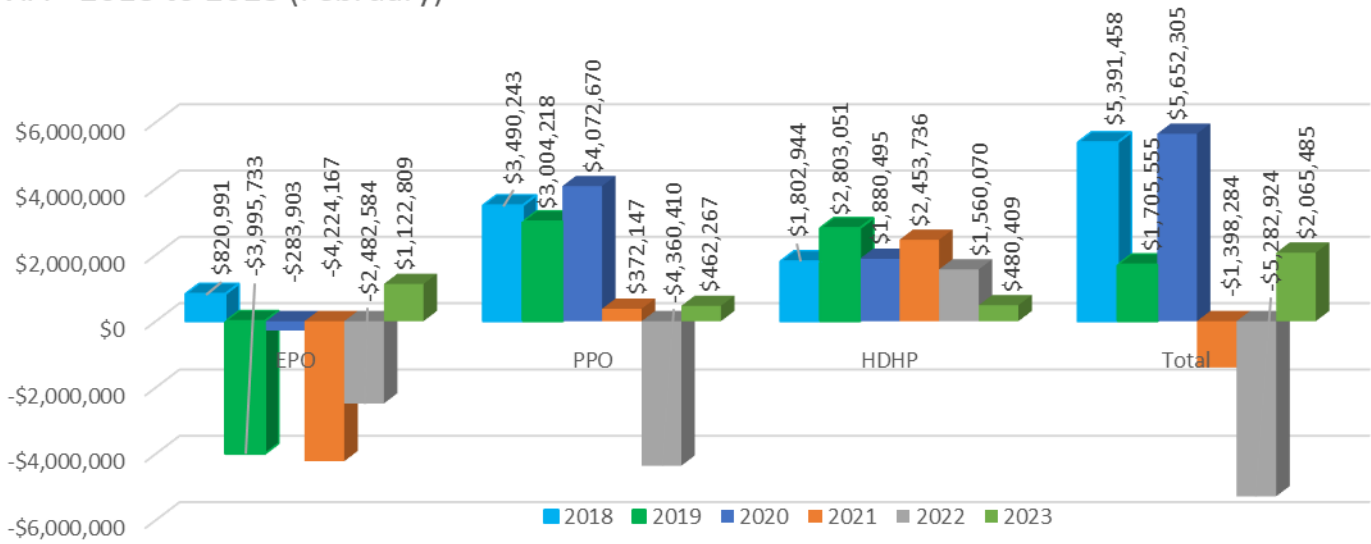
Over the first two months of 2023, the SJVIA has accumulated \$2,584,948 in margin (39.7% of the \$6,513,479 annual budget). Well ahead of the 16.7% the SJVIA was scheduled to be after two months.

Please note that due to the Anthem CMC provider network contract issues, CMC claims were held from January 1 through March 31. The SJVIA will see these claims realized through the direct contract the SJVIA entered into with CMC which is applied retrospectively back to January 1, 2023 and will be paid out in April, May and June (approximately \$1.15M including April, May, and June's claims). The new contract anticipates an additional \$2.3M in claims that were not budgeted for, but for which the margin accumulation should cover the additional cost.

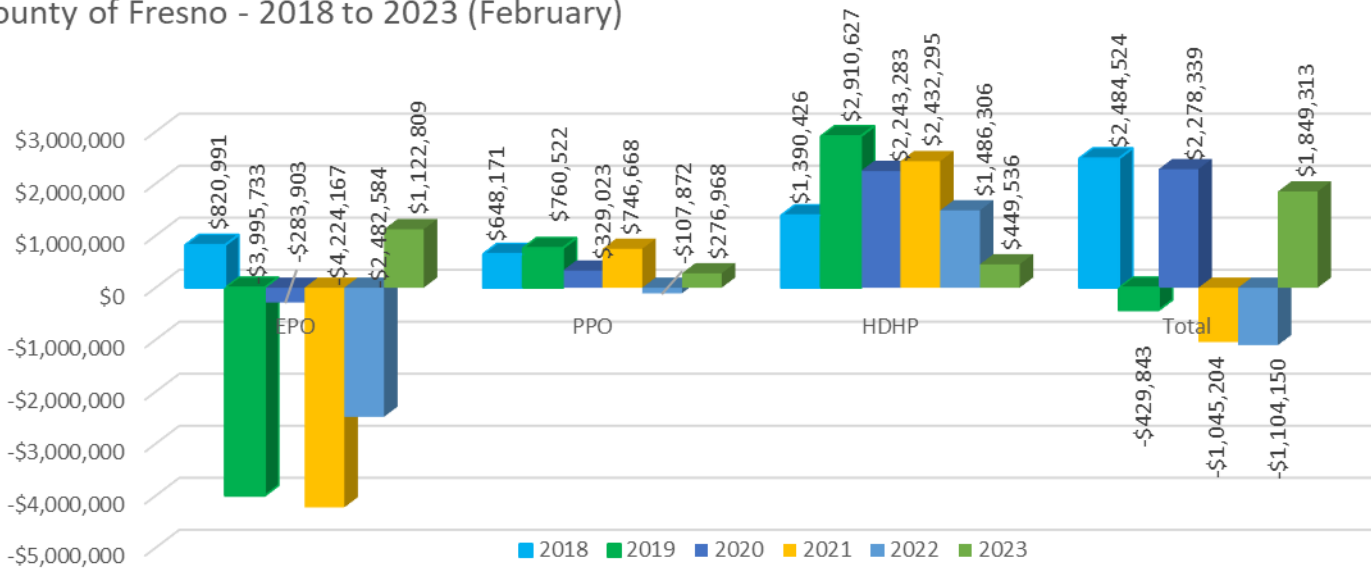
Please note, this is the consultant's report and prior to allocating funds for IBNR reserve and the stabilization reserve, the SJVIA Auditor will provide the unaudited cash position based on actual revenue received and actual expenses paid.



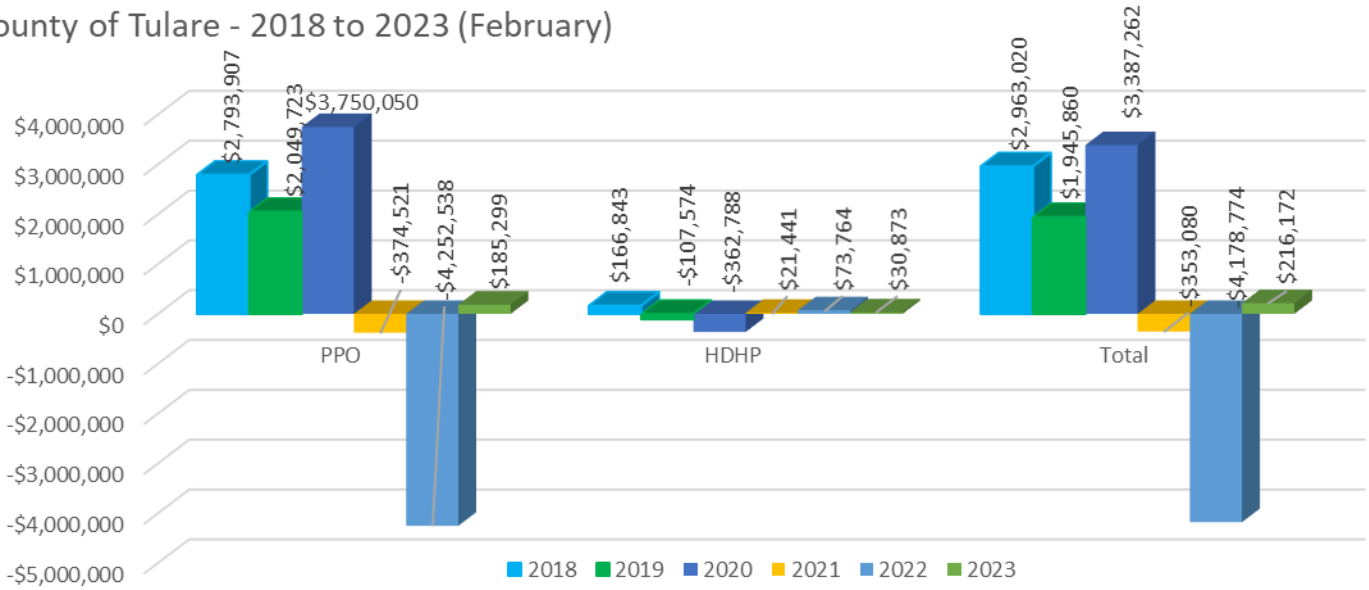
SJVIA - 2018 to 2023 (February)



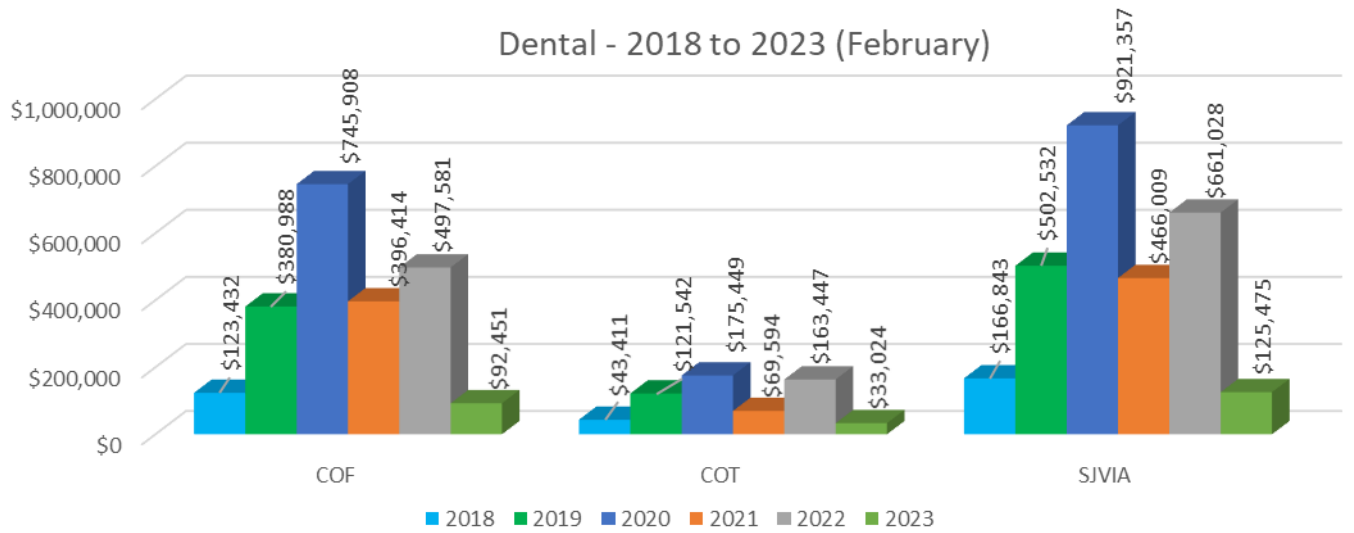
County of Fresno - 2018 to 2023 (February)

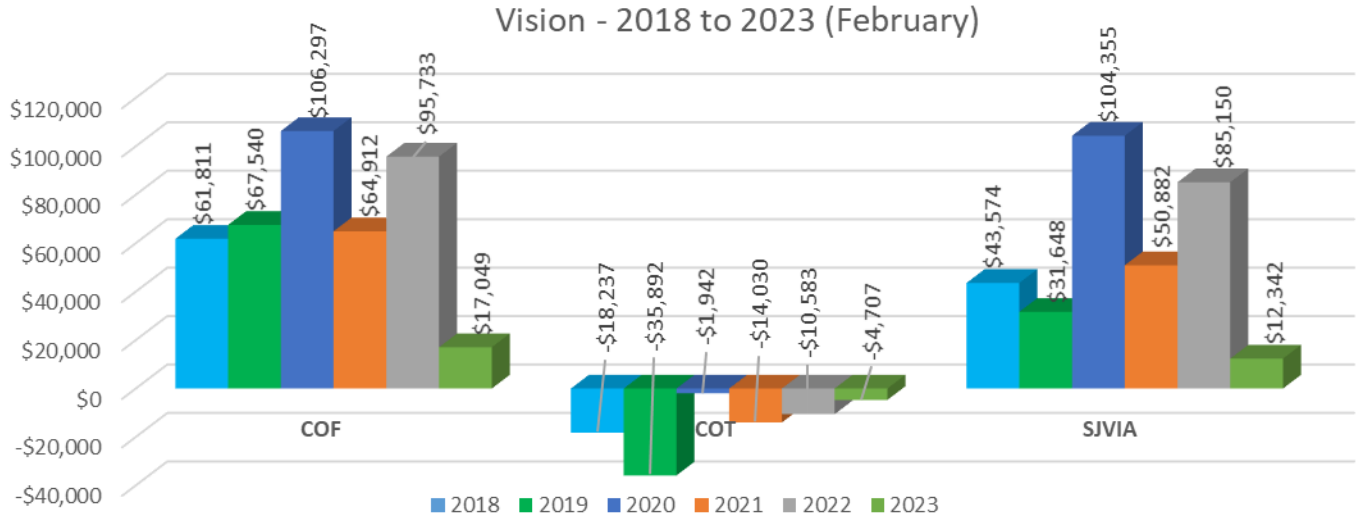


County of Tulare - 2018 to 2023 (February)



Dental - 2018 to 2023 (February)





Budget vs. Calculated Accumulation													
2021	January	February	March	April	May	June	July	August	September	October	November	December	Total
Budget													
Plan Experience (Medical)	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 230,104	\$ 2,761,249
Plan Experience (Dental)	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 6,076	\$ 72,913
Kaiser Accumulation	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 67,658	\$ 811,898
Kaiser EPO Parity Accumulation	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 264,616	\$ 3,175,390
Prescription Drug Rebates	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ -	\$ -	\$ 500,000	\$ 2,000,000
2021 Budgeted Accumulation	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 568,454	\$ 568,454	\$ 1,068,454	\$ 8,821,449
Calculated													
Plan Experience (Medical)	\$ 1,353,029	\$ 1,298,026	\$ 279,275	\$ (485,754)	\$ (331,137)	\$ (461,172)	\$ (1,373)	\$ (322,615)	\$ (306,160)	\$ (1,214,629)	\$ 223,704	\$ (1,429,478)	\$ (1,398,284)
Plan Experience (Dental)	\$ 64,691	\$ 26,113	\$ (1,592)	\$ (35,574)	\$ 37,376	\$ 94,161	\$ (1,159)	\$ 66,369	\$ 9,334	\$ 77,344	\$ 83,324	\$ 45,621	\$ 466,009
Kaiser Accumulation	\$ 66,307	\$ 66,453	\$ 66,255	\$ 66,166	\$ 65,959	\$ 66,167	\$ 65,943	\$ 65,952	\$ 65,688	\$ 65,449	\$ 64,245	\$ 64,081	\$ 788,665
Kaiser EPO Parity Accumulation	\$ 207,743	\$ 208,215	\$ 207,587	\$ 207,287	\$ 206,687	\$ 207,226	\$ 206,410	\$ 206,384	\$ 205,598	\$ 204,873	\$ 201,003	\$ 200,492	\$ 2,469,507
Prescription Drug Rebates	\$ -	\$ -	\$ -	\$ -	\$ 751,762	\$ 645,084	\$ -	\$ -	\$ 633,828	\$ -	\$ -	\$ 694,892	\$ 2,725,566
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2021 Calculated Accumulation	\$ 1,691,771	\$ 1,598,807	\$ 551,526	\$ (247,875)	\$ 730,647	\$ 551,466	\$ 269,821	\$ 16,090	\$ 608,289	\$ (866,963)	\$ 572,276	\$ (424,392)	\$ 5,051,462
2022	January	February	March	April	May	June	July	August	September	October	November	December	Total
Budget													
Plan Experience (Medical)	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 62,242	\$ 746,903
Plan Experience (Dental)	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 5,584	\$ 67,005
Kaiser Accumulation	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 38,565	\$ 462,781
Kaiser EPO Parity Accumulation	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 38,249	\$ 458,983
Prescription Drug Rebates	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 600,000	\$ 2,400,000
2022 Budgeted Accumulation	\$ 144,639	\$ 144,639	\$ 744,639	\$ 144,639	\$ 144,639	\$ 744,639	\$ 144,639	\$ 144,639	\$ 744,639	\$ 144,639	\$ 144,639	\$ 744,639	\$ 4,135,672
Calculated													
Plan Experience (Medical)	\$ 416,646	\$ (707,755)	\$ 334,315	\$ (579,163)	\$ (111,439)	\$ (76,438)	\$ (125,469)	\$ (2,224,386)	\$ 257,541	\$ (781,002)	\$ (907,033)	\$ (778,741)	\$ (5,282,924)
Plan Experience (Dental)	\$ 115,834	\$ 64,486	\$ (58,680)	\$ 46,312	\$ 40,850	\$ 13,054	\$ 107,262	\$ 76,505	\$ 23,023	\$ 82,402	\$ 88,343	\$ 61,637	\$ 661,028
Kaiser Accumulation	\$ 34,185	\$ 33,794	\$ 33,676	\$ 33,547	\$ 33,454	\$ 33,279	\$ 33,080	\$ 32,987	\$ 33,071	\$ 32,712	\$ 32,711	\$ 32,388	\$ 398,886
Kaiser EPO Parity Accumulation	\$ 34,429	\$ 34,110	\$ 34,004	\$ 33,848	\$ 33,684	\$ 33,536	\$ 33,169	\$ 33,011	\$ 33,202	\$ 32,507	\$ 32,768	\$ 32,249	\$ 400,516
Prescription Drug Rebates	\$ -	\$ -	\$ 745,118	\$ -	\$ 700,150	\$ -	\$ -	\$ 642,132	\$ -	\$ 643,951	\$ -	\$ -	\$ 2,731,351
Other: COF-COVID-19 Reimburse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,426,734	\$ 2,426,734
2022 Calculated Accumulation	\$ 601,094	\$ (575,365)	\$ 1,088,433	\$ (465,456)	\$ 696,699	\$ 3,431	\$ 48,043	\$ (1,439,750)	\$ 346,837	\$ 10,570	\$ (753,211)	\$ 1,774,266	\$ 1,335,591
2023	January	February	March	April	May	June	July	August	September	October	November	December	Total
Budget													
Plan Experience (Medical)	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 65,284	\$ 783,407
Plan Experience (Dental)	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 6,881	\$ 82,570
Kaiser Accumulation	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 34,161	\$ 409,938
Kaiser EPO Parity Accumulation	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 148,964	\$ 1,787,564
Prescription Drug Rebates	\$ -	\$ -	\$ 600,000	\$ -	\$ -	\$ 950,000	\$ -	\$ -	\$ 950,000	\$ -	\$ -	\$ 950,000	\$ 3,450,000
2023 Budgeted Accumulation	\$ 255,290	\$ 255,290	\$ 855,290	\$ 255,290	\$ 255,290	\$ 1,205,290	\$ 255,290	\$ 255,290	\$ 1,205,290	\$ 255,290	\$ 255,290	\$ 1,205,290	\$ 6,513,479
Calculated													
Plan Experience (Medical)	\$ 704,945	\$ 1,360,540	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,065,485
Plan Experience (Dental)	\$ 94,579	\$ 30,896	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 125,475
Kaiser Accumulation	\$ 32,807	\$ 33,162	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,968
Kaiser EPO Parity Accumulation	\$ 163,072	\$ 164,948	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 328,020
Prescription Drug Rebates	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2023 Calculated Accumulation	\$ 995,403	\$ 1,589,546	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,584,948

Please note that this is the consultant’s report and prior to allocating funds for IBNR reserve and the stabilization reserve, the SJVIA Auditor will provide the unaudited cash position based on actual revenue received and actual expenses paid.



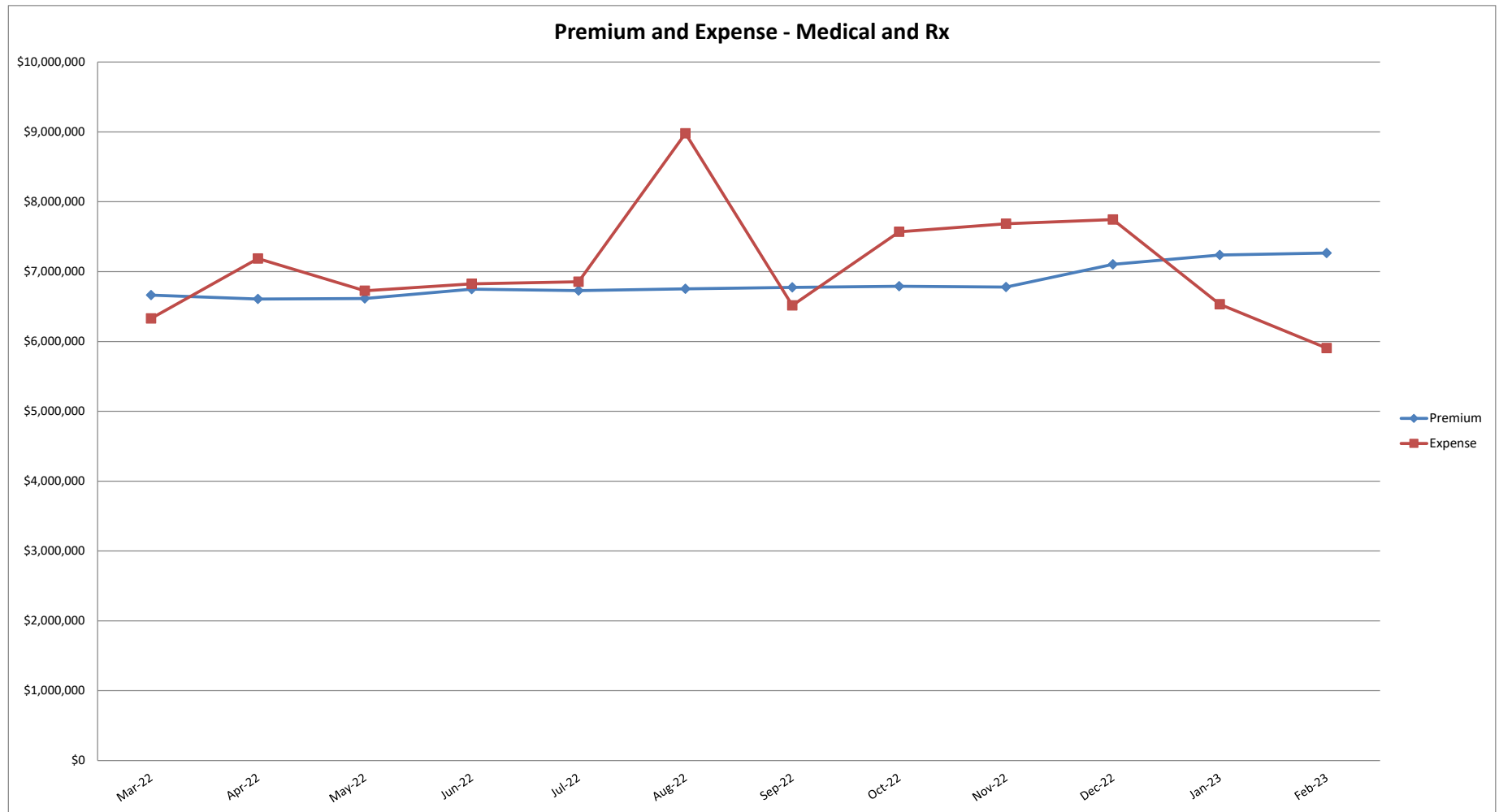
San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
All Districts Combined - All Medical

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	6,920	\$6,817,463	\$4,064,322	\$1,728,420	\$605,278	\$140,168	\$6,538,189	\$279,274	\$857.36	95.9%
Apr-21	6,909	\$6,797,992	\$4,791,356	\$1,888,118	\$604,271	\$0	\$7,283,745	-\$485,753	\$966.78	107.1%
May-21	6,886	\$6,772,350	\$4,870,315	\$1,642,795	\$601,963	-\$11,586	\$7,103,487	-\$331,138	\$944.17	104.9%
Jun-21	6,879	\$6,752,667	\$4,920,296	\$1,764,044	\$601,071	-\$71,571	\$7,213,839	-\$461,172	\$961.30	106.8%
Jul-21	6,871	\$6,746,271	\$4,392,129	\$1,764,690	\$600,295	-\$9,470	\$6,747,644	-\$1,373	\$894.68	100.0%
Aug-21	6,855	\$6,725,330	\$4,513,782	\$1,957,189	\$599,020	-\$22,046	\$7,047,945	-\$322,615	\$940.76	104.8%
Sep-21	6,842	\$6,712,781	\$4,671,941	\$1,787,845	\$598,067	-\$38,912	\$7,018,941	-\$306,160	\$938.45	104.6%
Oct-21	6,840	\$6,714,383	\$5,343,266	\$2,014,316	\$597,769	-\$26,337	\$7,929,013	-\$1,214,629	\$1,071.82	118.1%
Nov-21	6,835	\$6,699,474	\$3,946,356	\$2,080,285	\$597,563	-\$148,433	\$6,475,770	\$223,704	\$860.02	96.7%
Dec-21	6,908	\$6,866,997	\$5,886,847	\$1,881,238	\$605,962	-\$77,573	\$8,296,474	-\$1,429,478	\$1,113.28	120.8%
Jan-22	6,908	\$6,849,292	\$3,972,472	\$1,872,019	\$605,806	-\$17,651	\$6,432,646	\$416,645	\$843.49	93.9%
Feb-22	6,767	\$6,688,617	\$5,169,746	\$1,804,436	\$594,784	-\$172,594	\$7,396,372	-\$707,755	\$1,005.11	110.6%
Mar-22	6,753	\$6,662,993	\$3,854,656	\$1,880,411	\$593,611	\$0	\$6,328,678	\$334,314	\$849.26	95.0%
Apr-22	6,705	\$6,607,160	\$5,391,769	\$1,919,594	\$589,103	-\$714,143	\$7,186,323	-\$579,163	\$983.93	108.8%
May-22	6,712	\$6,615,024	\$4,186,239	\$1,950,480	\$589,745	\$0	\$6,726,464	-\$111,440	\$914.29	101.7%
Jun-22	6,844	\$6,749,043	\$4,177,448	\$2,044,212	\$599,980	\$3,842	\$6,825,482	-\$76,439	\$909.63	101.1%
Jul-22	6,819	\$6,728,792	\$4,448,150	\$1,807,229	\$598,045	\$836	\$6,854,261	-\$125,468	\$917.47	101.9%
Aug-22	6,839	\$6,753,897	\$6,273,503	\$2,142,952	\$599,507	-\$37,678	\$8,978,283	-\$2,224,386	\$1,225.15	132.9%
Sep-22	6,871	\$6,772,731	\$4,006,728	\$2,066,819	\$602,706	-\$161,062	\$6,515,191	\$257,541	\$860.50	96.2%
Oct-22	6,900	\$6,789,567	\$4,748,203	\$2,217,947	\$605,505	-\$1,087	\$7,570,568	-\$781,001	\$1,009.43	111.5%
Nov-22	6,890	\$6,778,443	\$4,804,297	\$2,277,788	\$604,595	-\$1,204	\$7,685,475	-\$907,032	\$1,027.70	113.4%
Dec-22	7,010	\$7,104,751	\$5,207,942	\$2,010,979	\$617,413	-\$91,208	\$7,745,126	-\$640,375	\$1,016.79	109.0%
Jan-23	7,024	\$7,236,876	\$4,044,716	\$2,110,263	\$618,533	-\$241,581	\$6,531,930	\$704,945	\$841.88	90.3%
Feb-23	7,062	\$7,265,806	\$3,350,286	\$1,981,223	\$622,050	-\$48,293	\$5,905,266	\$1,360,540	\$748.12	81.3%
2020	6,952	\$81,862,351	\$49,822,070	\$20,227,143	\$7,042,998	-\$905,527	\$76,186,685	\$5,675,667	\$828.83	93.1%
2021	6,883	\$81,247,360	\$54,332,276	\$21,419,630	\$7,222,384	-\$328,648	\$82,645,642	-\$1,398,283	\$913.14	101.7%
2022	6,835	\$81,100,311	\$56,241,154	\$23,994,864	\$7,200,801	-\$1,191,949	\$86,244,870	-\$5,144,559	\$963.74	106.3%
2023 YTD	7,043	\$14,502,681	\$7,395,002	\$4,091,486	\$1,240,582	-\$289,874	\$12,437,196	\$2,065,485	\$794.88	85.8%
Current 12 Months	6,869	\$82,065,083	\$54,493,938	\$24,409,895	\$7,240,792	-\$1,291,578	\$84,853,047	-\$2,787,964	\$941.56	103.4%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

San Joaquin Valley Insurance Authority (SJVIA)
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All Districts Combined - All Medical





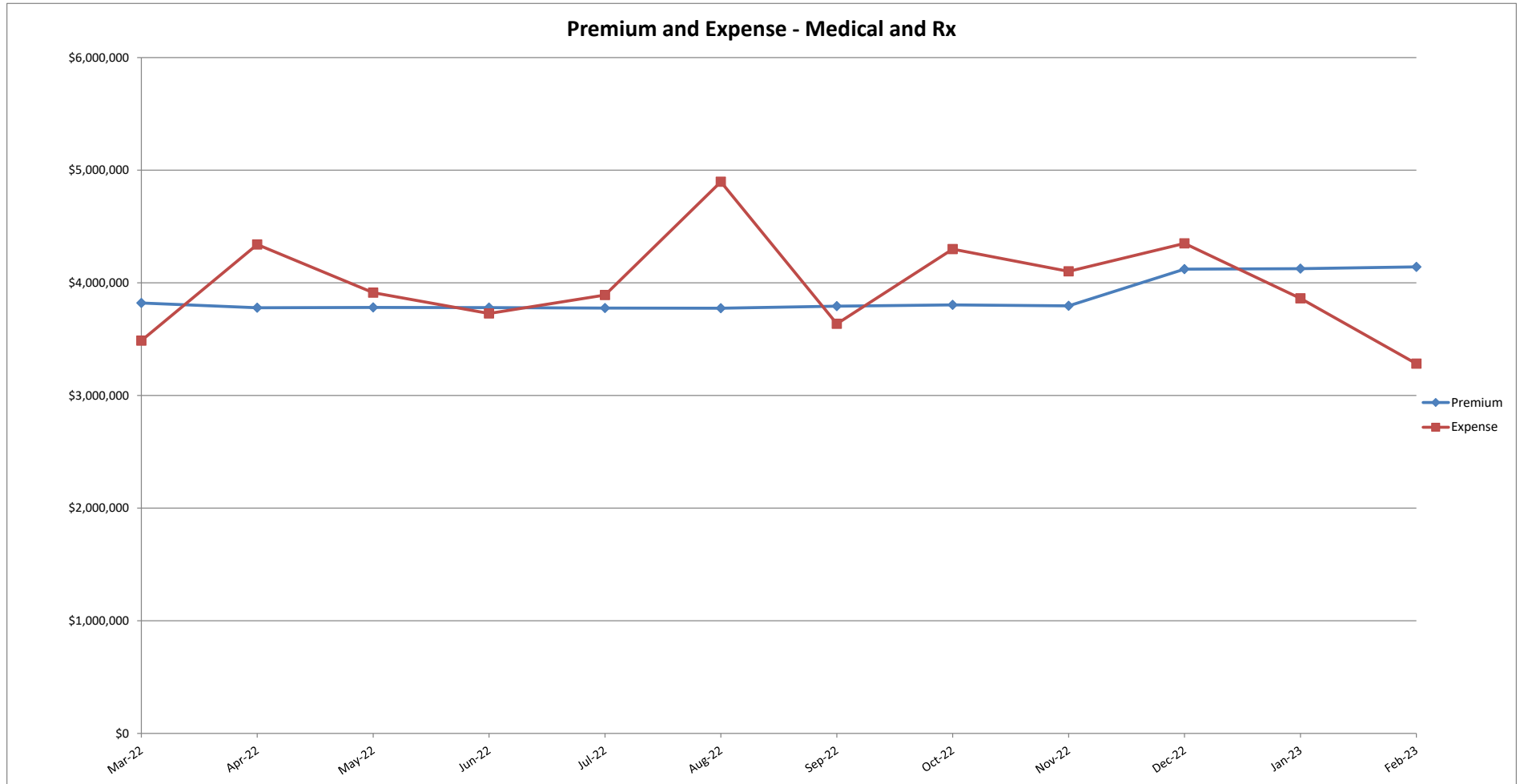
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All Districts Combined - EPO

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	3,072	\$3,733,137	\$2,399,018	\$956,694	\$308,398	\$140,168	\$3,804,278	-\$71,141	\$1,137.98	101.9%
Apr-21	3,065	\$3,717,390	\$3,044,265	\$1,060,084	\$307,695	\$0	\$4,412,044	-\$694,654	\$1,339.10	118.7%
May-21	3,042	\$3,691,769	\$3,502,522	\$919,189	\$305,386	-\$11,586	\$4,715,512	-\$1,023,744	\$1,449.75	127.7%
Jun-21	3,027	\$3,671,906	\$2,929,075	\$944,767	\$303,881	-\$71,571	\$4,106,151	-\$434,245	\$1,256.12	111.8%
Jul-21	3,020	\$3,662,187	\$2,825,914	\$945,999	\$303,178	-\$9,470	\$4,065,620	-\$403,433	\$1,245.84	111.0%
Aug-21	3,018	\$3,652,449	\$3,077,988	\$1,082,497	\$302,977	-\$22,046	\$4,441,416	-\$788,967	\$1,371.25	121.6%
Sep-21	3,020	\$3,649,373	\$2,559,309	\$1,004,805	\$303,178	-\$38,912	\$3,828,380	-\$179,007	\$1,167.29	104.9%
Oct-21	3,014	\$3,645,539	\$3,245,752	\$1,037,188	\$302,575	-\$26,337	\$4,559,179	-\$913,639	\$1,412.28	125.1%
Nov-21	3,022	\$3,637,651	\$2,185,951	\$1,204,195	\$303,379	-\$46,784	\$3,646,741	-\$9,090	\$1,106.34	100.2%
Dec-21	3,139	\$3,854,725	\$3,057,366	\$946,150	\$315,124	-\$40,307	\$4,278,333	-\$423,608	\$1,262.57	111.0%
Jan-22	3,132	\$3,843,069	\$2,244,009	\$1,034,255	\$314,421	-\$17,651	\$3,575,034	\$268,035	\$1,041.06	93.0%
Feb-22	3,127	\$3,837,525	\$2,999,183	\$951,654	\$313,920	-\$172,594	\$4,092,163	-\$254,638	\$1,208.26	106.6%
Mar-22	3,123	\$3,821,163	\$2,205,661	\$967,899	\$313,518	\$0	\$3,487,078	\$334,084	\$1,016.19	91.3%
Apr-22	3,088	\$3,779,197	\$3,765,649	\$978,614	\$310,004	-\$714,143	\$4,340,124	-\$560,927	\$1,305.09	114.8%
May-22	3,093	\$3,781,688	\$2,594,361	\$1,007,873	\$310,506	\$0	\$3,912,740	-\$131,052	\$1,164.64	103.5%
Jun-22	3,094	\$3,779,828	\$2,382,427	\$1,030,610	\$310,607	\$3,842	\$3,727,486	\$52,342	\$1,104.36	98.6%
Jul-22	3,094	\$3,775,558	\$2,657,908	\$922,057	\$310,607	\$836	\$3,891,407	-\$115,849	\$1,157.34	103.1%
Aug-22	3,090	\$3,774,880	\$3,545,196	\$1,079,441	\$310,205	-\$37,678	\$4,897,164	-\$1,122,284	\$1,484.45	129.7%
Sep-22	3,121	\$3,793,032	\$2,374,801	\$1,015,831	\$313,317	-\$68,131	\$3,635,818	\$157,214	\$1,064.56	95.9%
Oct-22	3,145	\$3,804,887	\$2,860,186	\$1,123,379	\$315,727	\$0	\$4,299,292	-\$494,405	\$1,266.63	113.0%
Nov-22	3,139	\$3,796,401	\$2,552,274	\$1,235,054	\$315,124	-\$370	\$4,102,082	-\$305,682	\$1,206.42	108.1%
Dec-22	3,290	\$4,121,768	\$3,066,123	\$1,032,959	\$330,283	-\$78,642	\$4,350,723	-\$228,955	\$1,222.02	105.6%
Jan-23	3,291	\$4,125,856	\$2,653,373	\$1,120,346	\$330,383	-\$241,581	\$3,862,522	\$263,334	\$1,073.27	93.6%
Feb-23	3,316	\$4,141,809	\$1,935,610	\$1,062,124	\$332,893	-\$48,293	\$3,282,334	\$859,475	\$889.46	79.2%
2020	3,078	\$43,778,298	\$30,389,324	\$11,042,260	\$3,536,143	-\$905,527	\$44,062,200	-\$283,903	\$1,097.35	100.6%
2021	3,047	\$44,376,243	\$33,405,619	\$11,713,863	\$3,670,660	-\$189,731	\$48,600,411	-\$4,224,167	\$1,228.80	109.5%
2022	3,128	\$45,908,995	\$33,247,778	\$12,379,625	\$3,768,239	-\$1,084,532	\$48,311,111	-\$2,402,116	\$1,186.67	105.2%
2023 YTD	3,304	\$8,267,665	\$4,588,983	\$2,182,470	\$663,277	-\$289,874	\$7,144,856	\$1,122,809	\$981.02	86.4%
Current 12 Months	3,157	\$46,496,066	\$32,593,570	\$12,576,186	\$3,803,175	-\$1,184,161	\$47,788,770	-\$1,292,704	\$1,161.06	102.8%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
All Districts Combined - EPO**





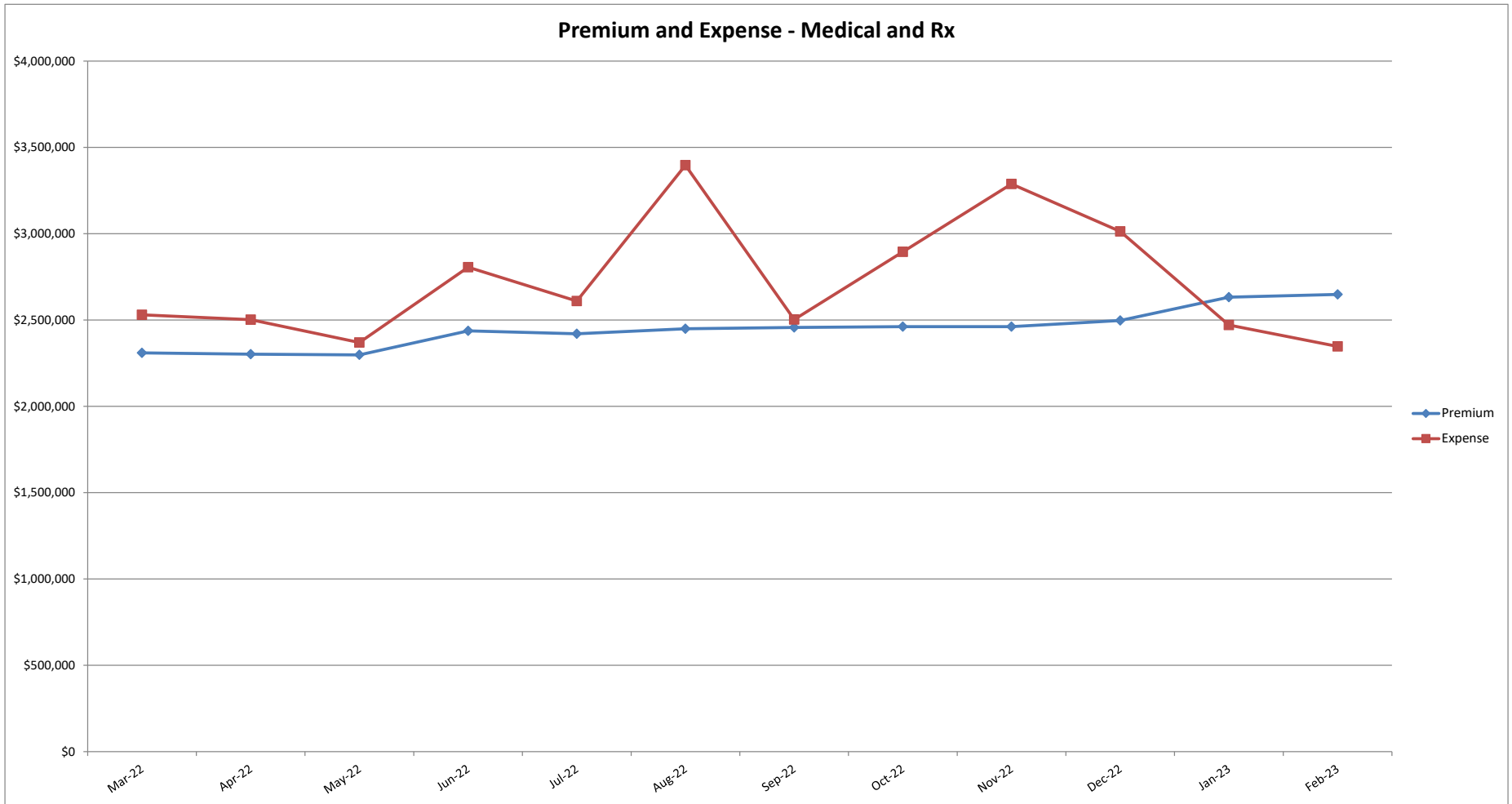
**San Joaquin Valley Insurance Authority (SJVIA)
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MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	3,085	\$2,495,225	\$1,455,976	\$691,731	\$238,489	\$0	\$2,386,197	\$109,029	\$696.18	95.6%
Apr-21	3,083	\$2,492,058	\$1,544,764	\$776,655	\$238,338	\$0	\$2,559,757	-\$67,699	\$752.97	102.7%
May-21	3,086	\$2,495,031	\$1,145,567	\$624,326	\$238,569	\$0	\$2,008,462	\$486,569	\$573.52	80.5%
Jun-21	3,087	\$2,488,226	\$1,694,193	\$747,521	\$238,648	\$0	\$2,680,362	-\$192,136	\$790.97	107.7%
Jul-21	3,090	\$2,494,207	\$1,427,272	\$753,534	\$238,882	\$0	\$2,419,688	\$74,519	\$705.76	97.0%
Aug-21	3,087	\$2,491,876	\$1,222,457	\$776,159	\$238,649	\$0	\$2,237,265	\$254,611	\$647.43	89.8%
Sep-21	3,077	\$2,487,175	\$1,830,806	\$721,418	\$237,878	\$0	\$2,790,102	-\$302,927	\$829.45	112.2%
Oct-21	3,072	\$2,488,535	\$1,677,725	\$846,328	\$237,493	\$0	\$2,761,547	-\$273,012	\$821.63	111.0%
Nov-21	3,053	\$2,478,069	\$1,536,450	\$793,988	\$236,025	-\$101,650	\$2,464,813	\$13,255	\$730.03	99.5%
Dec-21	3,053	\$2,471,781	\$2,409,174	\$844,781	\$236,044	-\$37,267	\$3,452,733	-\$980,952	\$1,053.62	139.7%
Jan-22	3,061	\$2,469,279	\$1,248,318	\$791,296	\$236,665	\$0	\$2,276,279	\$193,000	\$666.32	92.2%
Feb-22	2,923	\$2,315,333	\$1,947,940	\$816,778	\$225,990	\$0	\$2,990,708	-\$675,376	\$945.85	129.2%
Mar-22	2,917	\$2,310,116	\$1,442,855	\$862,356	\$225,524	\$0	\$2,530,735	-\$220,619	\$790.27	109.6%
Apr-22	2,916	\$2,302,514	\$1,447,734	\$828,948	\$225,448	\$0	\$2,502,130	-\$199,616	\$780.76	108.7%
May-22	2,903	\$2,298,189	\$1,273,822	\$871,587	\$224,442	\$0	\$2,369,851	-\$71,662	\$739.03	103.1%
Jun-22	3,036	\$2,437,299	\$1,676,534	\$894,936	\$234,729	\$0	\$2,806,199	-\$368,900	\$846.99	115.1%
Jul-22	3,010	\$2,420,242	\$1,595,471	\$781,725	\$232,718	\$0	\$2,609,914	-\$189,672	\$789.77	107.8%
Aug-22	3,040	\$2,450,028	\$2,204,773	\$956,985	\$235,039	\$0	\$3,396,797	-\$946,768	\$1,040.05	138.6%
Sep-22	3,050	\$2,457,034	\$1,309,975	\$957,342	\$235,814	\$0	\$2,503,131	-\$46,096	\$743.38	101.9%
Oct-22	3,055	\$2,461,844	\$1,676,279	\$982,714	\$236,203	\$0	\$2,895,196	-\$433,351	\$870.37	117.6%
Nov-22	3,054	\$2,461,350	\$2,111,834	\$940,700	\$236,125	\$0	\$3,288,660	-\$827,310	\$999.52	133.6%
Dec-22	3,095	\$2,497,248	\$1,872,561	\$901,538	\$239,292	\$0	\$3,013,390	-\$516,142	\$896.32	120.7%
Jan-23	3,119	\$2,632,312	\$1,265,464	\$964,505	\$241,152	\$0	\$2,471,120	\$161,192	\$714.96	93.9%
Feb-23	3,137	\$2,648,404	\$1,223,699	\$881,086	\$242,543	\$0	\$2,347,328	\$301,075	\$670.95	88.6%
2020	3,106	\$31,016,026	\$16,031,702	\$8,143,049	\$2,762,203	\$0	\$26,936,953	\$4,079,073	\$648.71	86.8%
2021	3,081	\$29,883,153	\$18,032,736	\$8,759,099	\$2,858,087	-\$138,916	\$29,511,005	\$372,148	\$720.93	98.8%
2022	3,005	\$28,880,476	\$19,808,096	\$10,586,905	\$2,787,987	\$0	\$33,182,989	-\$4,302,513	\$842.90	114.9%
2023 YTD	3,128	\$5,280,716	\$2,489,162	\$1,845,591	\$483,695	\$0	\$4,818,449	\$462,267	\$692.90	91.2%
Current 12 Months	3,028	\$29,376,580	\$19,101,000	\$10,824,422	\$2,809,028	\$0	\$32,734,450	-\$3,357,869	\$823.67	111.4%

Data Sources:

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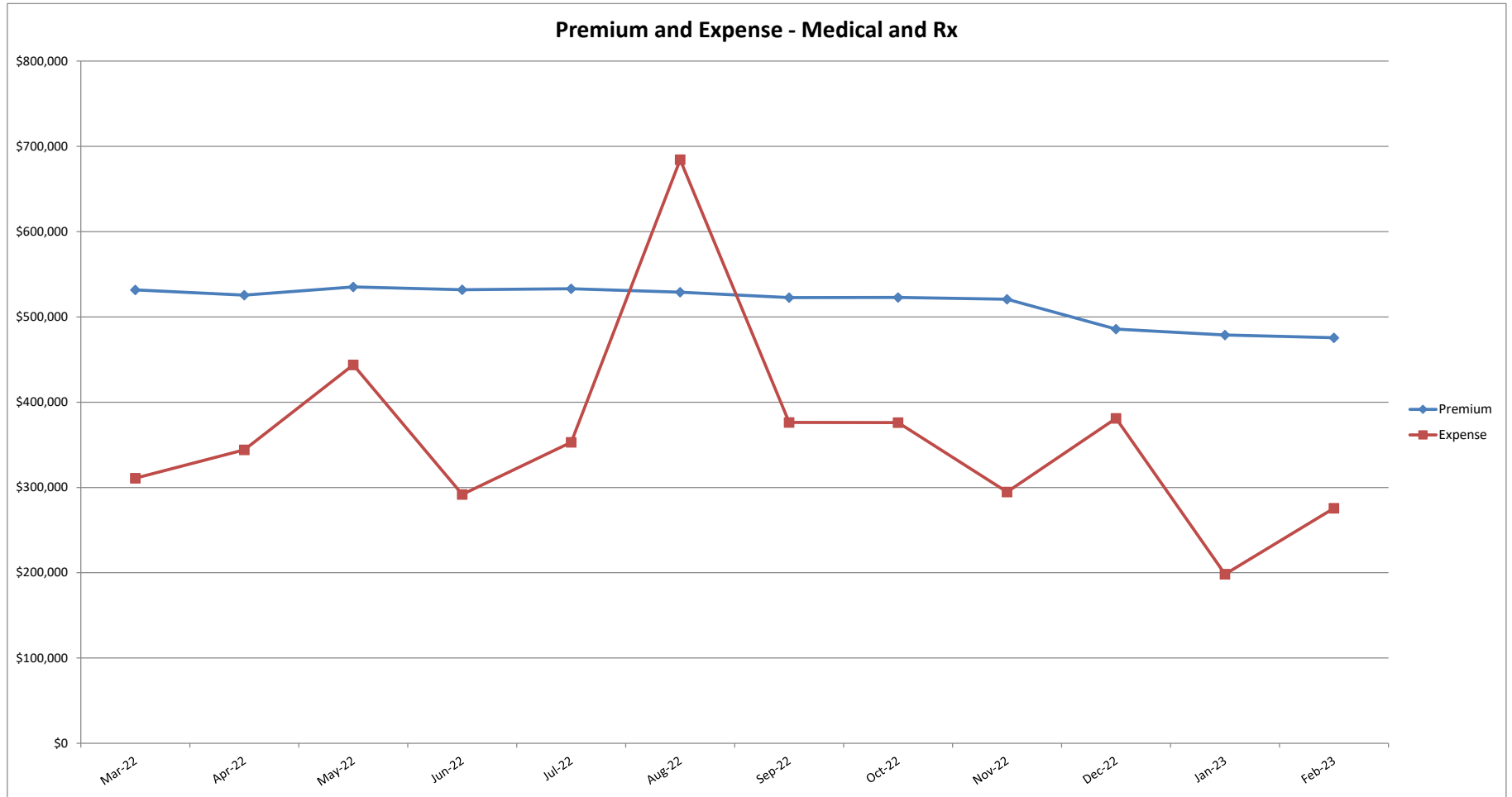
San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
All Districts Combined - HDHP

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	763	\$589,101	\$209,328	\$79,996	\$58,391	\$0	\$347,714	\$241,387	\$379.19	59.0%
Apr-21	761	\$588,545	\$202,327	\$51,380	\$58,238	\$0	\$311,945	\$276,600	\$333.39	53.0%
May-21	758	\$585,550	\$222,225	\$99,280	\$58,007	\$0	\$379,512	\$206,037	\$424.15	64.8%
Jun-21	765	\$592,535	\$297,028	\$71,756	\$58,542	\$0	\$427,326	\$165,209	\$482.07	72.1%
Jul-21	761	\$589,877	\$138,944	\$65,157	\$58,235	\$0	\$262,336	\$327,541	\$268.20	44.5%
Aug-21	750	\$581,006	\$213,337	\$98,534	\$57,394	\$0	\$369,265	\$211,741	\$415.83	63.6%
Sep-21	745	\$576,233	\$281,826	\$61,622	\$57,011	\$0	\$400,459	\$175,774	\$461.00	69.5%
Oct-21	754	\$580,309	\$419,788	\$130,799	\$57,700	\$0	\$608,287	-\$27,978	\$730.22	104.8%
Nov-21	760	\$583,754	\$223,954	\$82,102	\$58,160	\$0	\$364,216	\$219,538	\$402.71	62.4%
Dec-21	716	\$540,491	\$420,307	\$90,307	\$54,794	\$0	\$565,408	-\$24,917	\$713.15	104.6%
Jan-22	715	\$536,944	\$480,145	\$46,468	\$54,720	\$0	\$581,333	-\$44,389	\$736.52	108.3%
Feb-22	717	\$535,760	\$222,623	\$36,003	\$54,875	\$0	\$313,501	\$222,259	\$360.71	58.5%
Mar-22	713	\$531,715	\$206,140	\$50,156	\$54,569	\$0	\$310,865	\$220,849	\$359.46	58.5%
Apr-22	701	\$525,449	\$178,386	\$112,032	\$53,651	\$0	\$344,069	\$181,380	\$414.29	65.5%
May-22	716	\$535,148	\$318,056	\$71,020	\$54,797	\$0	\$443,873	\$91,275	\$543.40	82.9%
Jun-22	714	\$531,916	\$118,487	\$118,666	\$54,644	\$0	\$291,797	\$240,119	\$332.15	54.9%
Jul-22	715	\$532,992	\$194,772	\$103,447	\$54,721	\$0	\$352,940	\$180,053	\$417.09	66.2%
Aug-22	709	\$528,988	\$523,534	\$106,526	\$54,263	\$0	\$684,323	-\$155,334	\$888.66	129.4%
Sep-22	700	\$522,665	\$321,952	\$93,646	\$53,574	-\$92,931	\$376,242	\$146,423	\$460.95	72.0%
Oct-22	700	\$522,835	\$211,738	\$111,854	\$53,575	-\$1,087	\$376,081	\$146,754	\$460.72	71.9%
Nov-22	697	\$520,693	\$140,189	\$102,033	\$53,346	-\$834	\$294,734	\$225,959	\$346.32	56.6%
Dec-22	625	\$485,735	\$269,257	\$76,483	\$47,839	-\$12,566	\$381,013	\$104,722	\$533.08	78.4%
Jan-23	614	\$478,707	\$125,879	\$25,412	\$46,997	\$0	\$198,288	\$280,419	\$246.40	41.4%
Feb-23	609	\$475,593	\$190,977	\$38,013	\$46,613	\$0	\$275,604	\$199,990	\$376.01	57.9%
2020	769	\$7,068,027	\$3,401,044	\$1,041,835	\$744,652	\$0	\$5,187,531	\$1,880,496	\$481.56	73.4%
2021	755	\$6,987,963	\$2,893,921	\$946,668	\$693,637	\$0	\$4,534,226	\$2,453,737	\$423.72	64.9%
2022	702	\$6,310,841	\$3,185,280	\$1,028,334	\$644,574	-\$107,418	\$4,750,770	\$1,560,070	\$487.56	75.3%
2023 YTD	612	\$954,300	\$316,857	\$63,425	\$93,610	\$0	\$473,892	\$480,408	\$310.94	49.7%
Current 12 Months	684	\$6,192,437	\$2,799,367	\$1,009,288	\$628,590	-\$107,418	\$4,329,828	\$1,862,609	\$450.66	69.9%

Data Sources:

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All Districts Combined - HDHP**





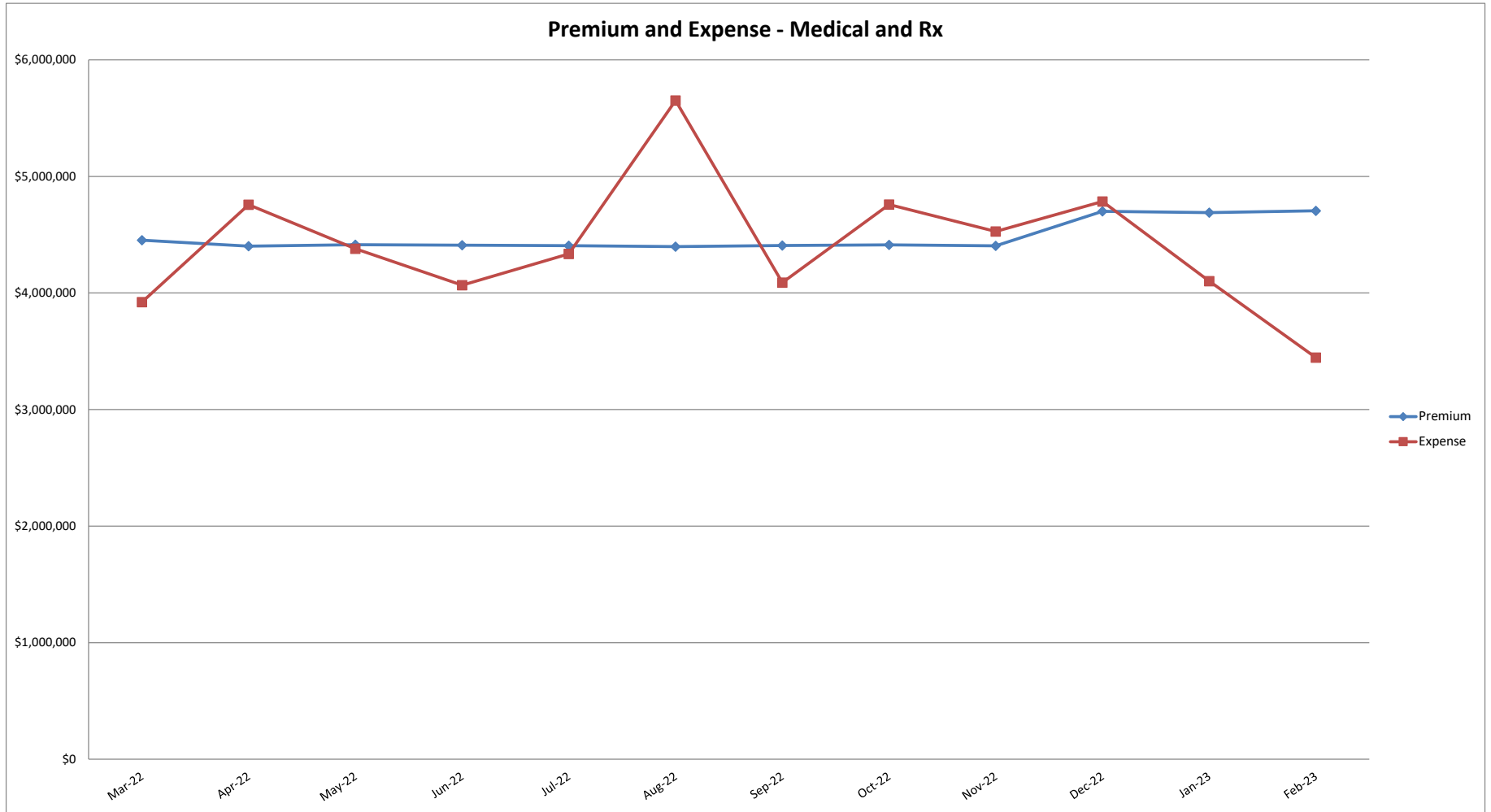
San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Fresno - All Medical

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	3,924	\$4,462,554	\$2,651,012	\$1,049,983	\$373,568	\$140,168	\$4,214,731	\$247,823	\$978.89	94.4%
Apr-21	3,911	\$4,441,632	\$3,290,878	\$1,140,629	\$372,406	\$0	\$4,803,913	-\$362,281	\$1,133.09	108.2%
May-21	3,887	\$4,415,607	\$3,777,819	\$1,025,040	\$370,020	-\$11,586	\$5,161,294	-\$745,687	\$1,232.64	116.9%
Jun-21	3,878	\$4,399,695	\$3,276,454	\$1,055,994	\$368,974	-\$71,571	\$4,629,850	-\$230,155	\$1,098.73	105.2%
Jul-21	3,866	\$4,385,135	\$3,066,332	\$1,028,681	\$367,888	-\$9,470	\$4,453,431	-\$68,295	\$1,056.79	101.6%
Aug-21	3,854	\$4,366,162	\$3,282,232	\$1,211,160	\$366,923	-\$22,046	\$4,838,268	-\$472,106	\$1,160.18	110.8%
Sep-21	3,849	\$4,356,215	\$2,877,090	\$1,095,114	\$366,588	-\$38,912	\$4,299,880	\$56,336	\$1,021.90	98.7%
Oct-21	3,849	\$4,354,084	\$3,703,729	\$1,185,040	\$366,445	-\$26,337	\$5,228,877	-\$874,793	\$1,263.30	120.1%
Nov-21	3,861	\$4,347,856	\$2,441,215	\$1,324,454	\$367,554	-\$46,784	\$4,086,439	\$261,416	\$963.19	94.0%
Dec-21	3,911	\$4,500,466	\$3,544,531	\$1,050,875	\$374,174	-\$40,307	\$4,929,273	-\$428,808	\$1,164.69	109.5%
Jan-22	3,898	\$4,479,015	\$2,780,562	\$1,106,544	\$373,013	-\$17,651	\$4,242,468	\$236,547	\$992.68	94.7%
Feb-22	3,895	\$4,471,686	\$3,652,956	\$1,007,677	\$372,664	-\$172,594	\$4,860,702	-\$389,016	\$1,152.26	108.7%
Mar-22	3,889	\$4,453,442	\$2,500,688	\$1,048,284	\$372,109	\$0	\$3,921,081	\$532,361	\$912.57	88.0%
Apr-22	3,841	\$4,401,669	\$3,994,614	\$1,109,253	\$367,601	-\$714,143	\$4,757,325	-\$355,656	\$1,142.86	108.1%
May-22	3,863	\$4,414,905	\$2,934,848	\$1,075,963	\$369,404	\$0	\$4,380,214	\$34,691	\$1,038.26	99.2%
Jun-22	3,861	\$4,409,814	\$2,524,734	\$1,169,408	\$369,274	\$3,842	\$4,067,258	\$342,556	\$957.78	92.2%
Jul-22	3,862	\$4,405,743	\$2,916,770	\$1,048,063	\$369,351	\$836	\$4,335,020	\$70,722	\$1,026.84	98.4%
Aug-22	3,850	\$4,397,983	\$4,120,398	\$1,200,341	\$368,338	-\$37,678	\$5,651,398	-\$1,253,415	\$1,372.22	128.5%
Sep-22	3,870	\$4,407,803	\$2,751,356	\$1,128,522	\$370,608	-\$161,062	\$4,089,424	\$318,379	\$960.93	92.8%
Oct-22	3,890	\$4,412,595	\$3,128,194	\$1,259,442	\$372,712	-\$1,087	\$4,759,261	-\$346,666	\$1,127.65	107.9%
Nov-22	3,882	\$4,404,337	\$2,806,061	\$1,351,656	\$371,956	-\$1,204	\$4,528,470	-\$124,132	\$1,070.71	102.8%
Dec-22	3,966	\$4,701,115	\$3,366,633	\$1,127,092	\$381,990	-\$91,208	\$4,784,507	-\$83,393	\$1,110.06	101.8%
Jan-23	3,951	\$4,690,217	\$2,782,895	\$1,179,047	\$380,867	-\$241,581	\$4,101,228	\$588,990	\$941.63	87.4%
Feb-23	3,974	\$4,705,473	\$1,973,260	\$1,136,960	\$383,224	-\$48,293	\$3,445,150	\$1,260,323	\$770.49	73.2%
2020	3,924	\$52,314,281	\$34,231,702	\$12,340,110	\$4,359,591	-\$905,527	\$50,025,876	\$2,288,405	\$969.72	95.6%
2021	3,885	\$52,942,454	\$36,794,855	\$12,942,844	\$4,439,690	-\$189,731	\$53,987,658	-\$1,045,204	\$1,062.85	102.0%
2022	3,881	\$53,360,107	\$37,477,813	\$13,632,245	\$4,459,020	-\$1,191,949	\$54,377,129	-\$1,017,022	\$1,071.96	101.9%
2023 YTD	3,963	\$9,395,690	\$4,756,155	\$2,316,007	\$764,091	-\$289,874	\$7,546,378	\$1,849,312	\$855.81	80.3%
Current 12 Months	3,892	\$53,805,096	\$35,800,450	\$13,834,032	\$4,477,434	-\$1,291,578	\$52,820,337	\$984,759	\$1,035.20	98.2%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Fresno - All Medical**





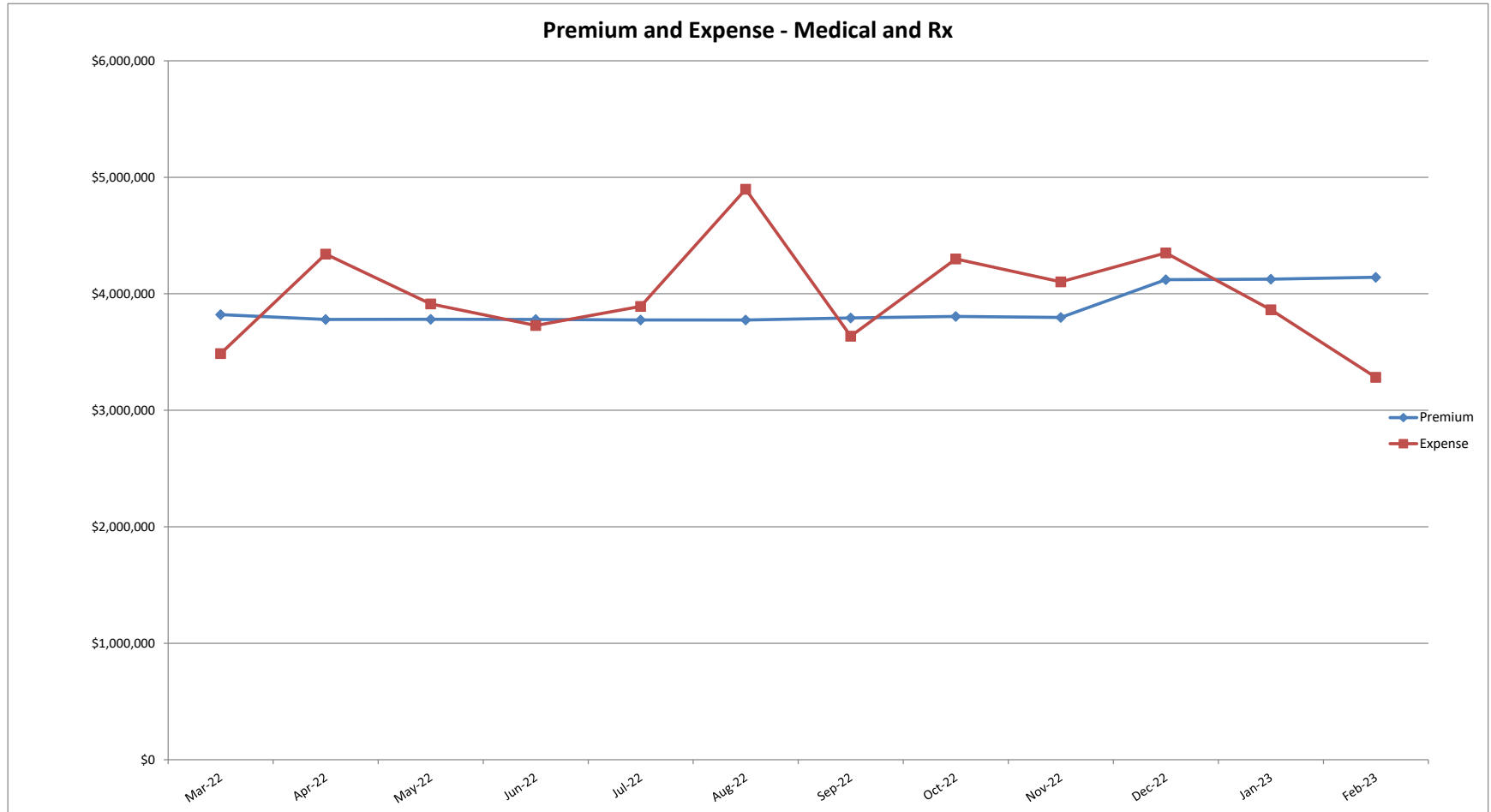
San Joaquin Valley Insurance Authority (SJVIA)
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County of Fresno - EPO

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	3,072	\$3,733,137	\$2,399,018	\$956,694	\$308,398	\$140,168	\$3,804,278	-\$71,141	\$1,137.98	101.9%
Apr-21	3,065	\$3,717,390	\$3,044,265	\$1,060,084	\$307,695	\$0	\$4,412,044	-\$694,654	\$1,339.10	118.7%
May-21	3,042	\$3,691,769	\$3,502,522	\$919,189	\$305,386	-\$11,586	\$4,715,512	-\$1,023,744	\$1,449.75	127.7%
Jun-21	3,027	\$3,671,906	\$2,929,075	\$944,767	\$303,881	-\$71,571	\$4,106,151	-\$434,245	\$1,256.12	111.8%
Jul-21	3,020	\$3,662,187	\$2,825,914	\$945,999	\$303,178	-\$9,470	\$4,065,620	-\$403,433	\$1,245.84	111.0%
Aug-21	3,018	\$3,652,449	\$3,077,988	\$1,082,497	\$302,977	-\$22,046	\$4,441,416	-\$788,967	\$1,371.25	121.6%
Sep-21	3,020	\$3,649,373	\$2,559,309	\$1,004,805	\$303,178	-\$38,912	\$3,828,380	-\$179,007	\$1,167.29	104.9%
Oct-21	3,014	\$3,645,539	\$3,245,752	\$1,037,188	\$302,575	-\$26,337	\$4,559,179	-\$913,639	\$1,412.28	125.1%
Nov-21	3,022	\$3,637,651	\$2,185,951	\$1,204,195	\$303,379	-\$46,784	\$3,646,741	-\$9,090	\$1,106.34	100.2%
Dec-21	3,139	\$3,854,725	\$3,057,366	\$946,150	\$315,124	-\$40,307	\$4,278,333	-\$423,608	\$1,262.57	111.0%
Jan-22	3,132	\$3,843,069	\$2,244,009	\$1,034,255	\$314,421	-\$17,651	\$3,575,034	\$268,035	\$1,041.06	93.0%
Feb-22	3,127	\$3,837,525	\$2,999,183	\$951,654	\$313,920	-\$172,594	\$4,092,163	-\$254,638	\$1,208.26	106.6%
Mar-22	3,123	\$3,821,163	\$2,205,661	\$967,899	\$313,518	\$0	\$3,487,078	\$334,084	\$1,016.19	91.3%
Apr-22	3,088	\$3,779,197	\$3,765,649	\$978,614	\$310,004	-\$714,143	\$4,340,124	-\$560,927	\$1,305.09	114.8%
May-22	3,093	\$3,781,688	\$2,594,361	\$1,007,873	\$310,506	\$0	\$3,912,740	-\$131,052	\$1,164.64	103.5%
Jun-22	3,094	\$3,779,828	\$2,382,427	\$1,030,610	\$310,607	\$3,842	\$3,727,486	\$52,342	\$1,104.36	98.6%
Jul-22	3,094	\$3,775,558	\$2,657,908	\$922,057	\$310,607	\$836	\$3,891,407	-\$115,849	\$1,157.34	103.1%
Aug-22	3,090	\$3,774,880	\$3,545,196	\$1,079,441	\$310,205	-\$37,678	\$4,897,164	-\$1,122,284	\$1,484.45	129.7%
Sep-22	3,121	\$3,793,032	\$2,374,801	\$1,015,831	\$313,317	-\$68,131	\$3,635,818	\$157,214	\$1,064.56	95.9%
Oct-22	3,145	\$3,804,887	\$2,860,186	\$1,123,379	\$315,727	\$0	\$4,299,292	-\$494,405	\$1,266.63	113.0%
Nov-22	3,139	\$3,796,401	\$2,552,274	\$1,235,054	\$315,124	-\$370	\$4,102,082	-\$305,682	\$1,206.42	108.1%
Dec-22	3,290	\$4,121,768	\$3,066,123	\$1,032,959	\$330,283	-\$78,642	\$4,350,723	-\$228,955	\$1,222.02	105.6%
Jan-23	3,291	\$4,125,856	\$2,653,373	\$1,120,346	\$330,383	-\$241,581	\$3,862,522	\$263,334	\$1,073.27	93.6%
Feb-23	3,316	\$4,141,809	\$1,935,610	\$1,062,124	\$332,893	-\$48,293	\$3,282,334	\$859,475	\$889.46	79.2%
2020	3,078	\$43,778,298	\$30,389,324	\$11,042,260	\$3,536,143	-\$905,527	\$44,062,200	-\$283,903	\$1,097.35	100.6%
2021	3,047	\$44,376,243	\$33,405,619	\$11,713,863	\$3,670,660	-\$189,731	\$48,600,411	-\$4,224,167	\$1,228.80	109.5%
2022	3,128	\$45,908,995	\$33,247,778	\$12,379,625	\$3,768,239	-\$1,084,532	\$48,311,111	-\$2,402,116	\$1,186.67	105.2%
2023 YTD	3,304	\$8,267,665	\$4,588,983	\$2,182,470	\$663,277	-\$289,874	\$7,144,856	\$1,122,809	981.0169442	86.4%
Current 12 Months	3,157	\$46,496,066	\$32,593,570	\$12,576,186	\$3,803,175	-\$1,184,161	\$47,788,770	-\$1,292,704	\$1,161.06	102.8%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)
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County of Fresno - EPO**





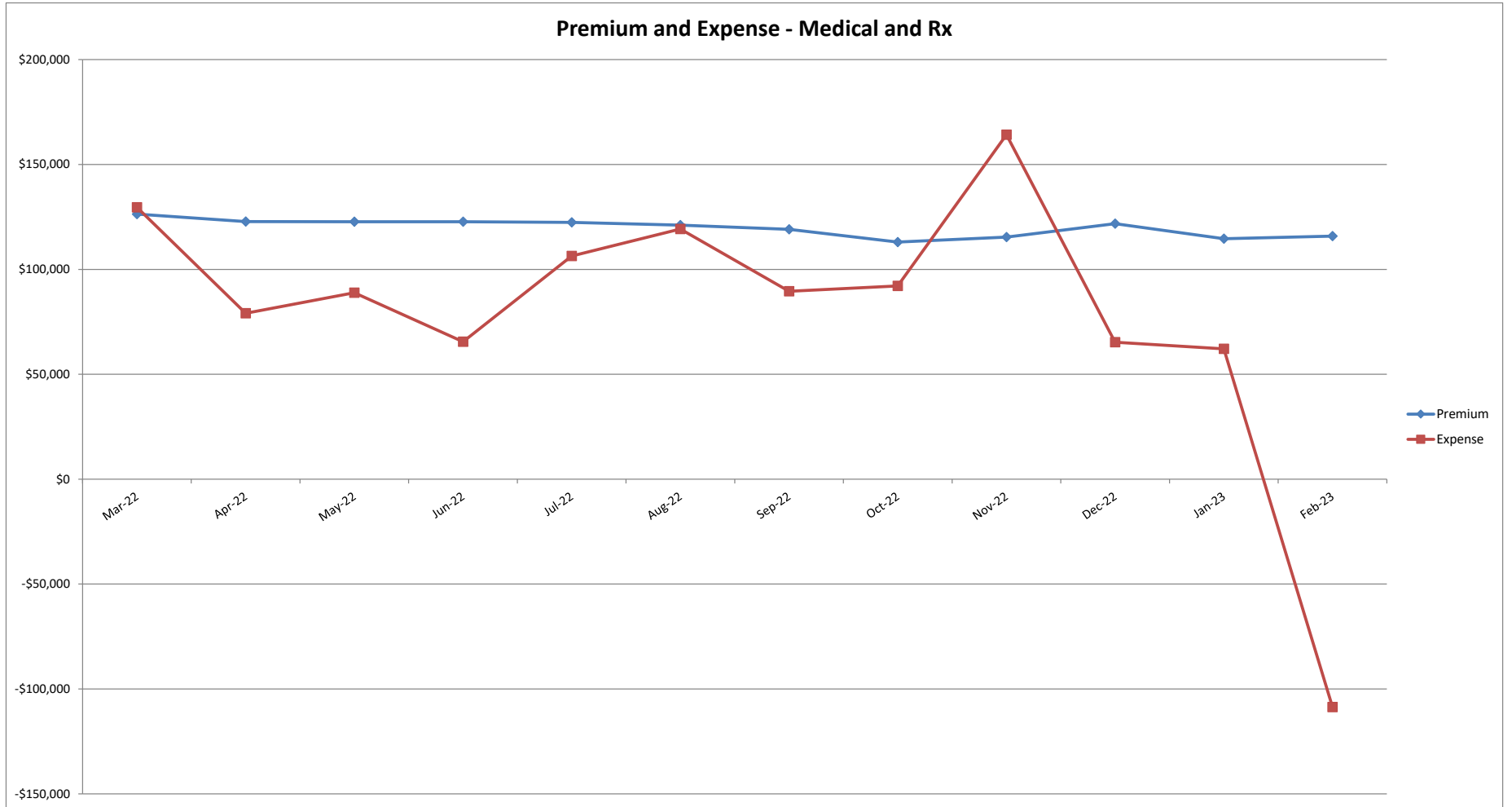
**San Joaquin Valley Insurance Authority (SJVIA)
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County of Fresno - PPO**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	123	\$165,713	\$65,374	\$25,689	\$9,408	\$0	\$100,471	\$65,242	\$740.35	60.6%
Apr-21	119	\$161,093	\$52,817	\$30,611	\$9,102	\$0	\$92,531	\$68,562	\$701.08	57.4%
May-21	120	\$162,516	\$55,450	\$20,459	\$9,179	\$0	\$85,088	\$77,428	\$632.57	52.4%
Jun-21	118	\$158,897	\$53,313	\$39,780	\$9,026	\$0	\$102,118	\$56,779	\$788.92	64.3%
Jul-21	116	\$155,641	\$119,445	\$30,593	\$8,873	\$0	\$158,911	-\$3,270	\$1,293.43	102.1%
Aug-21	117	\$155,277	\$27,765	\$30,302	\$8,949	\$0	\$67,017	\$88,260	\$496.31	43.2%
Sep-21	114	\$152,594	\$56,689	\$29,220	\$8,720	\$0	\$94,629	\$57,966	\$753.59	62.0%
Oct-21	112	\$150,806	\$48,498	\$29,709	\$8,567	\$0	\$86,774	\$64,032	\$698.27	57.5%
Nov-21	111	\$149,605	\$52,321	\$39,427	\$8,490	\$0	\$100,238	\$49,368	\$826.55	67.0%
Dec-21	88	\$128,404	\$69,540	\$28,641	\$6,731	\$0	\$104,912	\$23,492	\$1,115.70	81.7%
Jan-22	86	\$123,053	\$63,564	\$25,475	\$6,578	\$0	\$95,617	\$27,436	\$1,035.33	77.7%
Feb-22	88	\$124,188	\$433,483	\$20,126	\$6,731	\$0	\$460,340	-\$336,152	\$5,154.65	370.7%
Mar-22	90	\$126,352	\$92,397	\$30,319	\$6,884	\$0	\$129,600	-\$3,248	\$1,363.51	102.6%
Apr-22	89	\$122,811	\$53,663	\$18,645	\$6,808	\$0	\$79,115	\$43,695	\$812.44	64.4%
May-22	90	\$122,699	\$61,273	\$20,698	\$6,884	\$0	\$88,855	\$33,845	\$910.78	72.4%
Jun-22	89	\$122,699	\$38,626	\$20,113	\$6,808	\$0	\$65,546	\$57,153	\$659.98	53.4%
Jul-22	89	\$122,429	\$75,391	\$24,197	\$6,808	\$0	\$106,396	\$16,033	\$1,118.97	86.9%
Aug-22	88	\$121,115	\$74,926	\$37,604	\$6,731	\$0	\$119,260	\$1,855	\$1,278.74	98.5%
Sep-22	86	\$119,106	\$60,223	\$22,775	\$6,578	\$0	\$89,576	\$29,530	\$965.09	75.2%
Oct-22	83	\$113,030	\$60,666	\$25,087	\$6,349	\$0	\$92,101	\$20,928	\$1,033.17	81.5%
Nov-22	84	\$115,401	\$122,634	\$35,138	\$6,425	\$0	\$164,197	-\$48,796	\$1,878.24	142.3%
Dec-22	89	\$121,769	\$34,961	\$23,491	\$6,808	\$0	\$65,260	\$56,509	\$656.76	53.6%
Jan-23	84	\$114,612	\$22,274	\$33,386	\$6,425	\$0	\$62,085	\$52,528	\$662.61	54.2%
Feb-23	85	\$115,814	-\$152,914	\$37,785	\$6,502	\$0	-\$108,627	\$224,440	-\$1,354.45	-93.8%
2020	113	\$1,789,697	\$1,000,007	\$350,776	\$109,890	\$0	\$1,460,673	\$329,023	\$996.15	81.6%
2021	115	\$1,864,875	\$650,849	\$361,802	\$105,556	\$0	\$1,118,207	\$746,668	\$733.80	60.0%
2022	88	\$1,454,651	\$1,171,806	\$303,666	\$80,391	\$0	\$1,555,864	-\$101,213	\$1,403.87	107.0%
2023 YTD	85	\$230,426	-\$130,640	\$71,171	\$12,927	\$0	-\$46,542	\$276,968	-\$351.89	-20.2%
Current 12 Months	87	\$1,437,836	\$544,120	\$329,236	\$80,009	\$0	\$953,364	\$484,472	\$834.95	66.3%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

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County of Fresno - PPO**





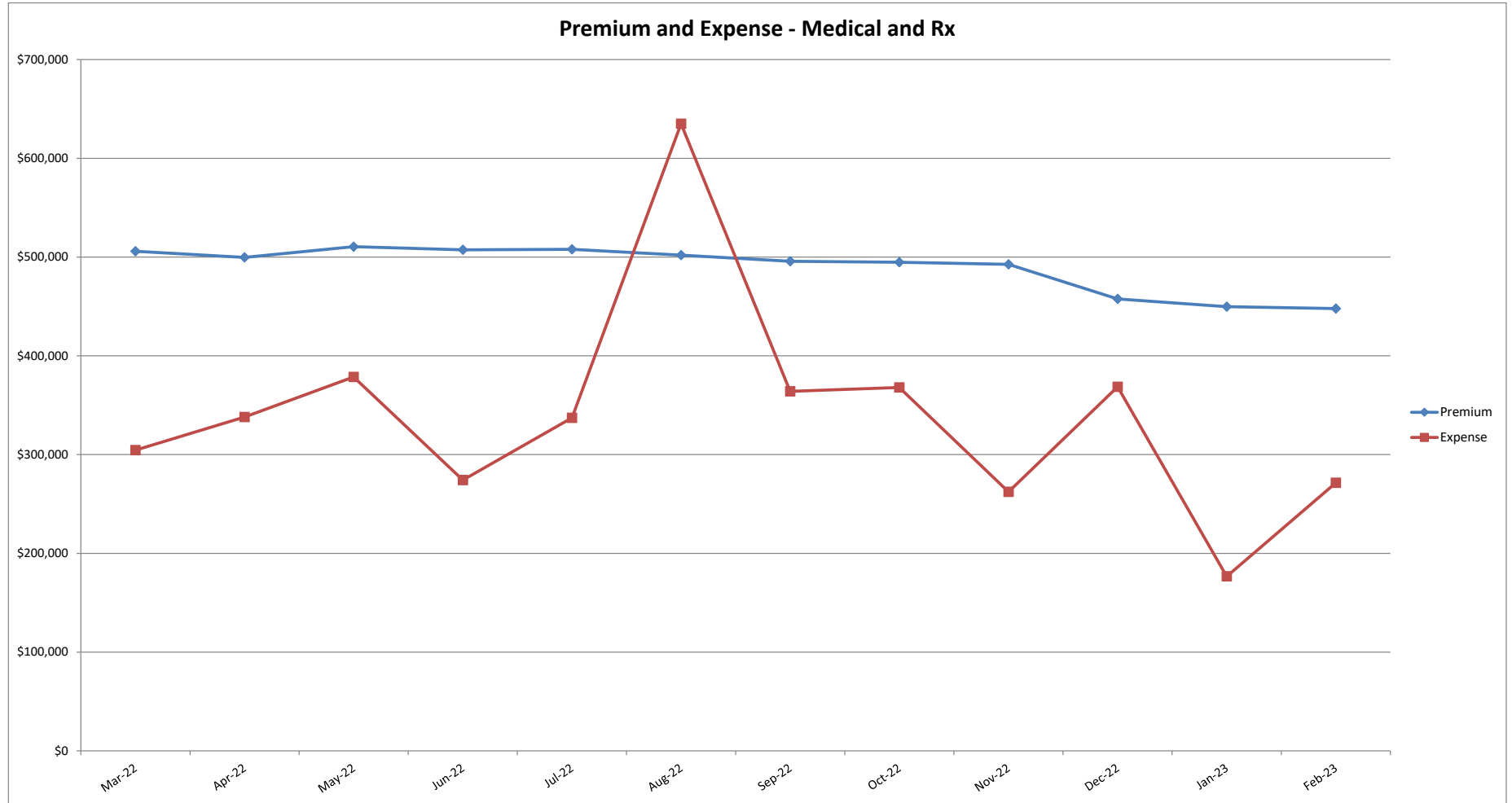
**San Joaquin Valley Insurance Authority (SJVIA)
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County of Fresno - HDHP**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	729	\$563,705	\$186,620	\$67,601	\$55,761	\$0	\$309,982	\$253,723	\$348.73	55.0%
Apr-21	727	\$563,149	\$193,796	\$49,934	\$55,608	\$0	\$299,338	\$263,811	\$335.25	53.2%
May-21	725	\$561,323	\$219,847	\$85,392	\$55,455	\$0	\$360,694	\$200,629	\$421.02	64.3%
Jun-21	733	\$568,892	\$294,067	\$71,447	\$56,067	\$0	\$421,580	\$147,312	\$498.65	74.1%
Jul-21	730	\$567,307	\$120,972	\$52,089	\$55,838	\$0	\$228,899	\$338,407	\$237.07	40.3%
Aug-21	719	\$558,436	\$176,478	\$98,361	\$54,996	\$0	\$329,835	\$228,601	\$382.25	59.1%
Sep-21	715	\$554,248	\$261,091	\$61,089	\$54,690	\$0	\$376,871	\$177,377	\$450.60	68.0%
Oct-21	723	\$557,739	\$409,479	\$118,143	\$55,302	\$0	\$582,924	-\$25,186	\$729.77	104.5%
Nov-21	728	\$560,599	\$202,943	\$80,833	\$55,685	\$0	\$339,461	\$221,138	\$389.80	60.6%
Dec-21	684	\$517,336	\$417,625	\$76,084	\$52,319	\$0	\$546,028	-\$28,692	\$721.80	105.5%
Jan-22	680	\$512,893	\$472,990	\$46,814	\$52,013	\$0	\$571,817	-\$58,924	\$764.42	111.5%
Feb-22	680	\$509,973	\$220,289	\$35,896	\$52,013	\$0	\$308,199	\$201,775	\$376.74	60.4%
Mar-22	676	\$505,928	\$202,630	\$50,066	\$51,707	\$0	\$304,403	\$201,525	\$373.81	60.2%
Apr-22	664	\$499,662	\$175,302	\$111,994	\$50,789	\$0	\$338,086	\$161,576	\$432.68	67.7%
May-22	680	\$510,518	\$279,214	\$47,392	\$52,013	\$0	\$378,620	\$131,898	\$480.30	74.2%
Jun-22	678	\$507,287	\$103,681	\$118,685	\$51,860	\$0	\$274,226	\$233,060	\$327.97	54.1%
Jul-22	679	\$507,756	\$183,471	\$101,809	\$51,937	\$0	\$337,217	\$170,539	\$420.15	66.4%
Aug-22	672	\$501,988	\$500,276	\$83,297	\$51,401	\$0	\$634,974	-\$132,986	\$868.41	126.5%
Sep-22	663	\$495,665	\$316,331	\$89,917	\$50,713	-\$92,931	\$364,030	\$131,635	\$472.57	73.4%
Oct-22	662	\$494,678	\$207,342	\$110,976	\$50,636	-\$1,087	\$367,867	\$126,811	\$479.20	74.4%
Nov-22	659	\$492,536	\$131,153	\$81,464	\$50,407	-\$834	\$262,190	\$230,345	\$321.37	53.2%
Dec-22	587	\$457,577	\$265,549	\$70,642	\$44,900	-\$12,566	\$368,525	\$89,052	\$551.32	80.5%
Jan-23	576	\$449,749	\$107,248	\$25,315	\$44,058	\$0	\$176,621	\$273,128	\$230.14	39.3%
Feb-23	573	\$447,851	\$190,563	\$37,051	\$43,829	\$0	\$271,443	\$176,408	\$397.23	60.6%
2020	734	\$6,746,287	\$2,842,371	\$947,074	\$713,557	\$0	\$4,503,003	\$2,243,284	\$430.37	66.7%
2021	723	\$6,701,335	\$2,738,386	\$867,179	\$663,474	\$0	\$4,269,040	\$2,432,295	\$415.68	63.7%
2022	665	\$5,996,461	\$3,058,228	\$948,954	\$610,390	-\$107,418	\$4,510,155	\$1,486,306	\$488.69	75.2%
2023 YTD	575	\$897,600	\$297,811	\$62,366	\$87,887	\$0	\$448,064	\$449,535	\$313.47	49.9%
Current 12 Months	647	\$5,871,194	\$2,662,760	\$928,610	\$594,251	-\$107,418	\$4,078,203	\$1,792,991	\$448.44	69.5%

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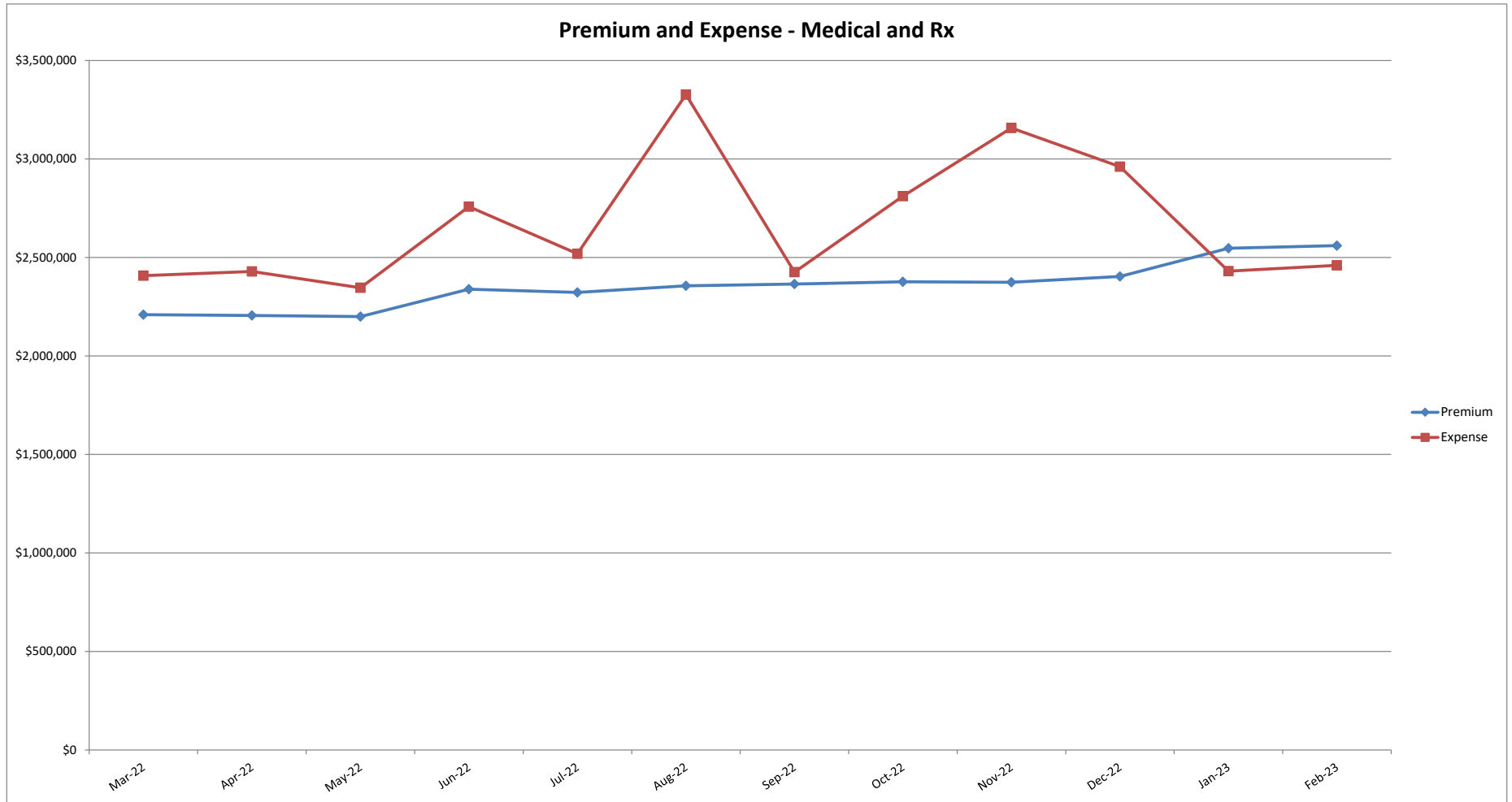


San Joaquin Valley Insurance Authority (SJVIA)
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County of Tulare - All Medical

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	2,996	\$2,354,909	\$1,413,310	\$678,437	\$231,711	\$0	\$2,323,458	\$31,451	\$698.18	98.7%
Apr-21	2,998	\$2,356,361	\$1,500,478	\$747,490	\$231,865	\$0	\$2,479,833	-\$123,472	\$749.82	105.2%
May-21	2,999	\$2,356,743	\$1,092,495	\$617,755	\$231,943	\$0	\$1,942,194	\$414,549	\$570.27	82.4%
Jun-21	3,001	\$2,352,971	\$1,643,842	\$708,050	\$232,097	\$0	\$2,583,989	-\$231,018	\$783.70	109.8%
Jul-21	3,005	\$2,361,136	\$1,325,798	\$736,009	\$232,407	\$0	\$2,294,213	\$66,923	\$686.13	97.2%
Aug-21	3,001	\$2,359,169	\$1,231,550	\$746,030	\$232,097	\$0	\$2,209,678	\$149,491	\$658.97	93.7%
Sep-21	2,993	\$2,356,566	\$1,794,851	\$692,731	\$231,479	\$0	\$2,719,061	-\$362,496	\$831.13	115.4%
Oct-21	2,991	\$2,360,299	\$1,639,536	\$829,276	\$231,324	\$0	\$2,700,136	-\$339,837	\$825.41	114.4%
Nov-21	2,974	\$2,351,618	\$1,505,141	\$755,830	\$230,009	-\$101,650	\$2,389,331	-\$37,712	\$726.07	101.6%
Dec-21	2,997	\$2,366,531	\$2,342,316	\$830,364	\$231,788	-\$37,267	\$3,367,201	-\$1,000,670	\$1,046	142.3%
Jan-22	3,010	\$2,370,277	\$1,191,910	\$765,475	\$232,793	\$0	\$2,190,178	\$180,099	\$650	92.4%
Feb-22	2,872	\$2,216,931	\$1,516,791	\$796,759	\$222,120	\$0	\$2,535,671	-\$318,739	\$805.55	114.4%
Mar-22	2,864	\$2,209,550	\$1,353,968	\$832,127	\$221,502	\$0	\$2,407,597	-\$198,046	\$763.30	109.0%
Apr-22	2,864	\$2,205,491	\$1,397,155	\$810,341	\$221,502	\$0	\$2,428,998	-\$223,507	\$770.77	110.1%
May-22	2,849	\$2,200,119	\$1,251,391	\$874,517	\$220,342	\$0	\$2,346,250	-\$146,130	\$746.19	106.6%
Jun-22	2,983	\$2,339,229	\$1,652,714	\$874,804	\$230,705	\$0	\$2,758,223	-\$418,994	\$847.31	117.9%
Jul-22	2,957	\$2,323,050	\$1,531,380	\$759,166	\$228,694	\$0	\$2,519,240	-\$196,190	\$774.62	108.4%
Aug-22	2,989	\$2,355,914	\$2,153,106	\$942,610	\$231,169	\$0	\$3,326,885	-\$970,971	\$1,035.70	141.2%
Sep-22	3,001	\$2,364,929	\$1,255,373	\$938,297	\$232,097	\$0	\$2,425,767	-\$60,838	\$730.98	102.6%
Oct-22	3,010	\$2,376,972	\$1,620,009	\$958,505	\$232,793	\$0	\$2,811,307	-\$434,336	\$856.65	118.3%
Nov-22	3,008	\$2,374,106	\$1,998,236	\$926,131	\$232,639	\$0	\$3,157,006	-\$782,900	\$972.20	133.0%
Dec-22	3,044	\$2,403,636	\$1,841,309	\$883,887	\$235,423	\$0	\$2,960,619	-\$556,982	\$895	123.2%
Jan-23	3,073	\$2,546,658	\$1,261,821	\$931,216	\$237,666	\$0	\$2,430,703	\$115,956	\$714	95.4%
Feb-23	3,088	\$2,560,333	\$1,377,026	\$844,263	\$238,826	\$0	\$2,460,115	\$100,217	\$719.33	96.1%
2020	3,028	\$29,548,070	\$15,590,368	\$7,887,033	\$2,683,408	\$0	\$26,160,808	\$3,387,262	\$646.21	88.5%
2021	2,998	\$28,304,906	\$17,537,421	\$8,476,786	\$2,782,693	-\$138,916	\$28,657,985	-\$353,079	\$719.16	101.2%
2022	2,954	\$27,740,204	\$18,763,341	\$10,362,619	\$2,741,780	\$0	\$31,867,740	-\$4,127,536	\$821.58	114.9%
2023 YTD	3,081	\$5,106,991	\$2,638,848	\$1,775,479	\$476,492	\$0	\$4,890,818	\$216,173	\$716.50	95.8%
Current 12 Months	2,978	\$28,259,987	\$18,693,488	\$10,575,864	\$2,763,358	\$0	\$32,032,710	-\$3,772,723	\$819.18	113.4%

Data Sources:
Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Tulare - All Medical**





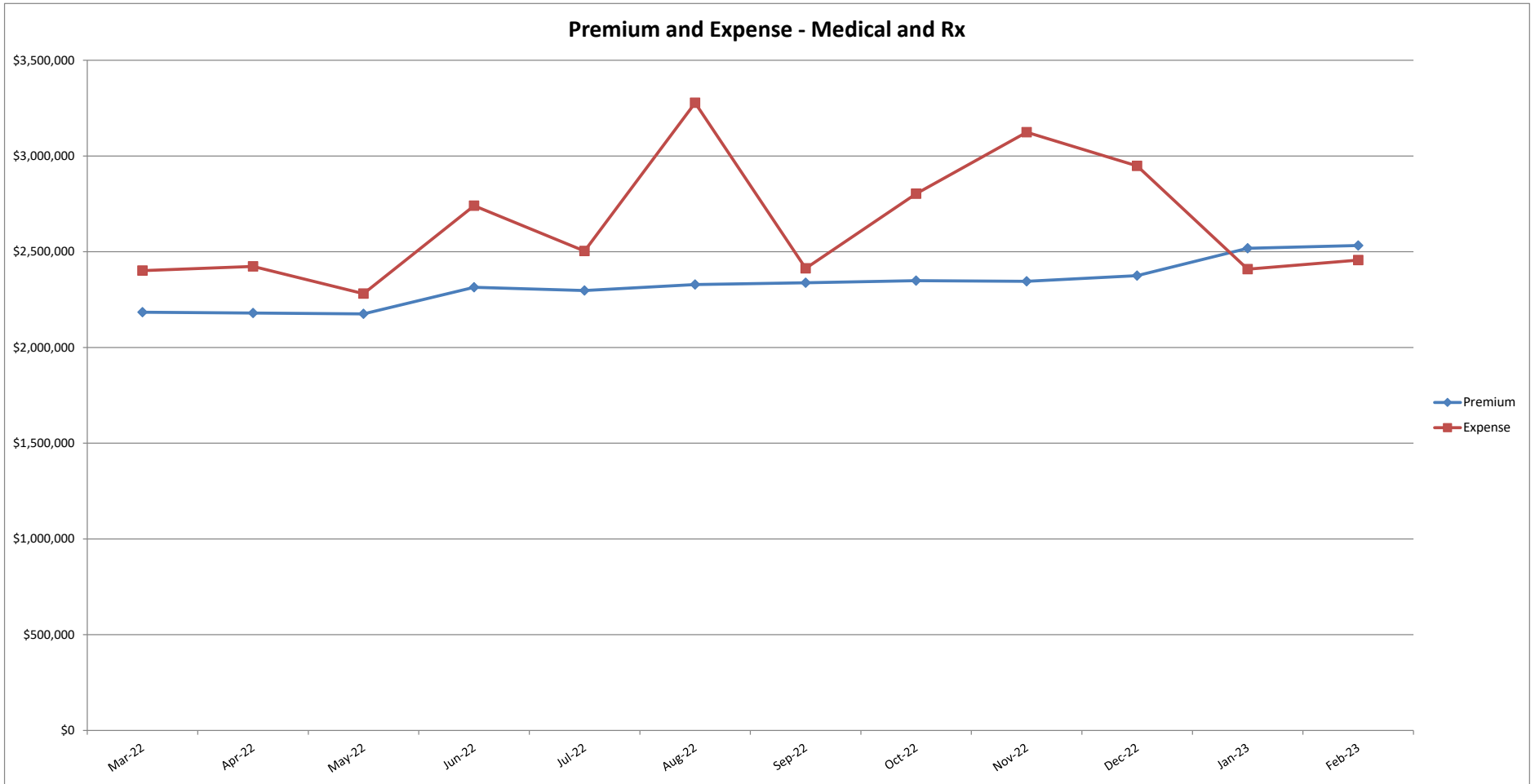
San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Tulare - PPO

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	2,962	\$2,329,513	\$1,390,603	\$666,042	\$229,081	\$0	\$2,285,726	\$43,787	\$694.34	98.1%
Apr-21	2,964	\$2,330,965	\$1,491,947	\$746,044	\$229,236	\$0	\$2,467,226	-\$136,262	\$755.06	105.8%
May-21	2,966	\$2,332,516	\$1,090,117	\$603,867	\$229,390	\$0	\$1,923,375	\$409,141	\$571.13	82.5%
Jun-21	2,969	\$2,329,329	\$1,640,880	\$707,741	\$229,622	\$0	\$2,578,244	-\$248,915	\$791.05	110.7%
Jul-21	2,974	\$2,338,566	\$1,307,826	\$722,941	\$230,009	\$0	\$2,260,777	\$77,789	\$682.84	96.7%
Aug-21	2,970	\$2,336,599	\$1,194,691	\$745,857	\$229,700	\$0	\$2,170,248	\$166,351	\$653.38	92.9%
Sep-21	2,963	\$2,334,580	\$1,774,117	\$692,198	\$229,158	\$0	\$2,695,473	-\$360,893	\$832.37	115.5%
Oct-21	2,960	\$2,337,729	\$1,629,228	\$816,620	\$228,926	\$0	\$2,674,774	-\$337,044	\$826.30	114.4%
Nov-21	2,942	\$2,328,464	\$1,484,130	\$754,561	\$227,534	-\$101,650	\$2,364,576	-\$36,112	\$726.39	101.6%
Dec-21	2,965	\$2,343,376	\$2,339,634	\$816,140	\$229,313	-\$37,267	\$3,347,821	-\$1,004,444	\$1,051.77	142.9%
Jan-22	2,975	\$2,346,226	\$1,184,755	\$765,821	\$230,087	\$0	\$2,180,662	\$165,564	\$655.66	92.9%
Feb-22	2,835	\$2,191,145	\$1,514,457	\$796,652	\$219,259	\$0	\$2,530,368	-\$339,223	\$815.21	115.5%
Mar-22	2,827	\$2,183,764	\$1,350,458	\$832,037	\$218,640	\$0	\$2,401,135	-\$217,371	\$772.02	110.0%
Apr-22	2,827	\$2,179,704	\$1,394,071	\$810,303	\$218,640	\$0	\$2,423,015	-\$243,311	\$779.76	111.2%
May-22	2,813	\$2,175,489	\$1,212,549	\$850,890	\$217,557	\$0	\$2,280,996	-\$105,507	\$733.54	104.8%
Jun-22	2,947	\$2,314,599	\$1,637,908	\$874,823	\$227,921	\$0	\$2,740,653	-\$426,053	\$852.64	118.4%
Jul-22	2,921	\$2,297,813	\$1,520,080	\$757,528	\$225,910	\$0	\$2,503,518	-\$205,705	\$779.74	109.0%
Aug-22	2,952	\$2,328,913	\$2,129,848	\$919,381	\$228,308	\$0	\$3,277,537	-\$948,623	\$1,032.94	140.7%
Sep-22	2,964	\$2,337,929	\$1,249,752	\$934,567	\$229,236	\$0	\$2,413,555	-\$75,626	\$736.95	103.2%
Oct-22	2,972	\$2,348,815	\$1,615,613	\$957,627	\$229,854	\$0	\$2,803,094	-\$454,280	\$865.83	119.3%
Nov-22	2,970	\$2,345,949	\$1,989,200	\$905,563	\$229,700	\$0	\$3,124,463	-\$778,514	\$974.67	133.2%
Dec-22	3,006	\$2,375,479	\$1,837,600	\$878,047	\$232,484	\$0	\$2,948,131	-\$572,652	\$903.41	124.1%
Jan-23	3,035	\$2,517,700	\$1,243,190	\$931,119	\$234,727	\$0	\$2,409,036	\$108,664	\$716.41	95.7%
Feb-23	3,052	\$2,532,590	\$1,376,612	\$843,301	\$236,042	\$0	\$2,455,955	\$76,635	\$727.36	97.0%
2020	2,993	\$29,226,330	\$15,031,695	\$7,792,272	\$2,652,313	\$0	\$25,476,280	\$3,750,050	\$635.59	87.2%
2021	2,966	\$28,018,278	\$17,381,887	\$8,397,297	\$2,752,531	-\$138,916	\$28,392,798	-\$374,521	\$720.43	101.3%
2022	2,917	\$27,425,825	\$18,636,290	\$10,283,239	\$2,707,596	\$0	\$31,627,125	-\$4,201,300	\$826.06	115.3%
2023 YTD	3,044	\$5,050,290	\$2,619,802	\$1,774,420	\$470,769	\$0	\$4,864,991	\$185,300	\$721.90	96.3%
Current 12 Months	2,941	\$27,938,744	\$18,556,881	\$10,495,185	\$2,729,019	\$0	\$31,781,085	-\$3,842,341	\$823.33	113.8%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Tulare - PPO**





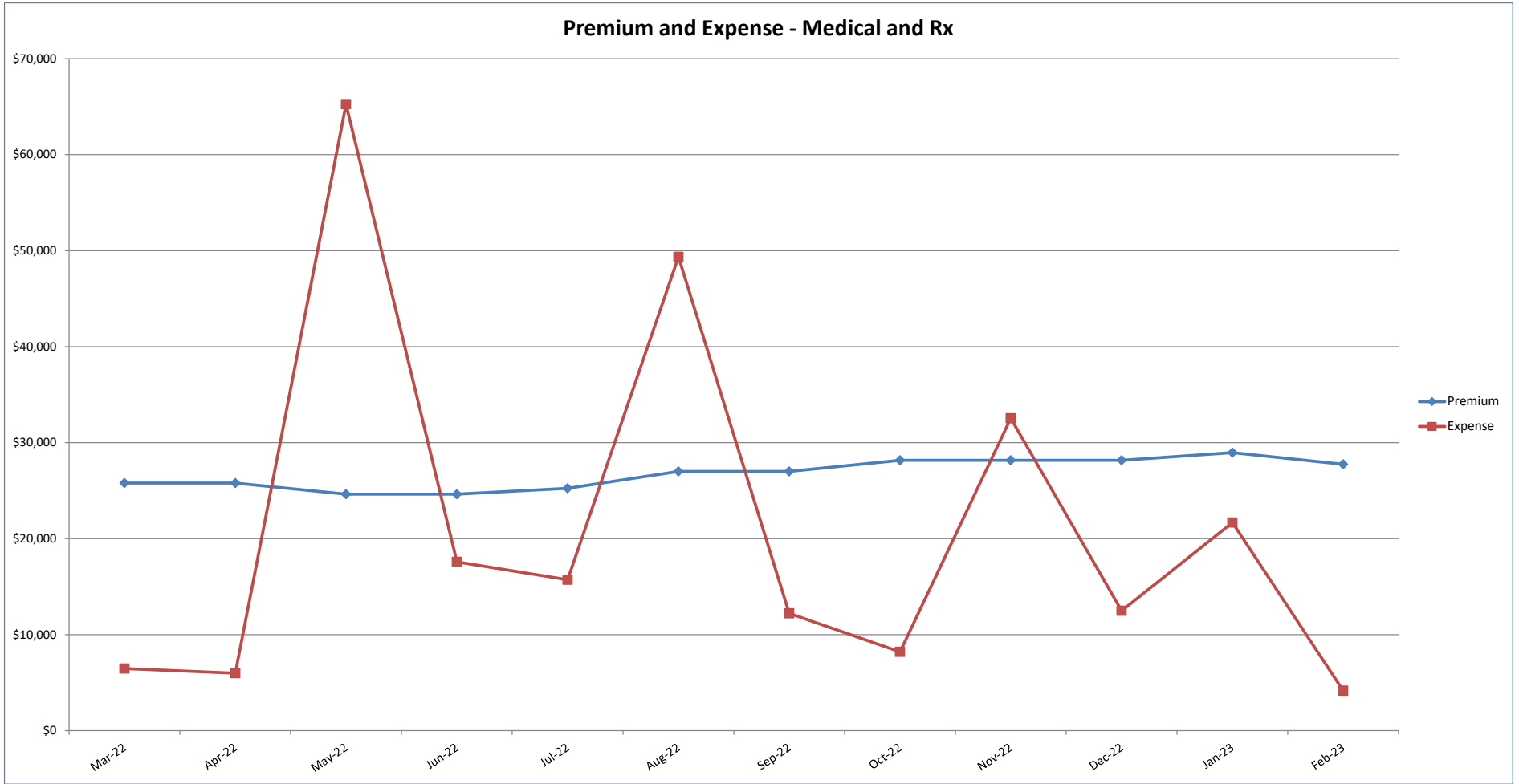
**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Tulare - HDHP**

MONTH-YEAR	ENROLLED	FUNDING / PREMIUM	CLAIMS EXPENSE					SURPLUS / (DEFICIT)	AVERAGE CLAIM COST PEPM	TOTAL EXPENSE LOSS RATIO
			MEDICAL	RX	FIXED	POOLED CLAIMS	TOTAL EXPENSE			
Mar-21	34	\$25,396	\$22,708	\$12,395	\$2,630	\$0	\$37,732	-\$12,336	\$1,032.42	148.6%
Apr-21	34	\$25,396	\$8,531	\$1,446	\$2,630	\$0	\$12,606	\$12,789	\$293.44	49.6%
May-21	33	\$24,227	\$2,378	\$13,888	\$2,552	\$0	\$18,819	\$5,409	\$492.92	77.7%
Jun-21	32	\$23,642	\$2,962	\$309	\$2,475	\$0	\$5,746	\$17,897	\$102.21	24.3%
Jul-21	31	\$22,570	\$17,971	\$13,067	\$2,398	\$0	\$33,436	-\$10,866	\$1,001.26	148.1%
Aug-21	31	\$22,570	\$36,859	\$173	\$2,398	\$0	\$39,430	-\$16,860	\$1,194.58	174.7%
Sep-21	30	\$21,985	\$20,735	\$533	\$2,320	\$0	\$23,588	-\$1,603	\$708.93	107.3%
Oct-21	31	\$22,570	\$10,309	\$12,656	\$2,398	\$0	\$25,362	-\$2,792	\$740.80	112.4%
Nov-21	32	\$23,155	\$21,011	\$1,269	\$2,475	\$0	\$24,755	-\$1,600	\$696.26	106.9%
Dec-21	32	\$23,155	\$2,682	\$14,224	\$2,475	\$0	\$19,380	\$3,774	\$528.30	83.7%
Jan-22	35	\$24,051	\$7,156	-\$346	\$2,707	\$0	\$9,516	\$14,535	\$194.55	39.6%
Feb-22	37	\$25,787	\$2,334	\$107	\$2,862	\$0	\$5,303	\$20,484	\$65.98	20.6%
Mar-22	37	\$25,787	\$3,510	\$90	\$2,862	\$0	\$6,462	\$19,325	\$97.31	25.1%
Apr-22	37	\$25,787	\$3,084	\$38	\$2,862	\$0	\$5,983	\$19,804	\$84.36	23.2%
May-22	36	\$24,630	\$38,842	\$23,627	\$2,784	\$0	\$65,253	-\$40,624	\$1,735.25	264.9%
Jun-22	36	\$24,630	\$14,806	-\$19	\$2,784	\$0	\$17,571	\$7,059	\$410.74	71.3%
Jul-22	36	\$25,237	\$11,300	\$1,638	\$2,784	\$0	\$15,722	\$9,514	\$359.40	62.3%
Aug-22	37	\$27,000	\$23,258	\$23,229	\$2,862	\$0	\$49,349	-\$22,348	\$1,256.41	182.8%
Sep-22	37	\$27,000	\$5,621	\$3,730	\$2,862	\$0	\$12,212	\$14,788	\$252.72	45.2%
Oct-22	38	\$28,157	\$4,396	\$878	\$2,939	\$0	\$8,213	\$19,944	\$138.80	29.2%
Nov-22	38	\$28,157	\$9,036	\$20,568	\$2,939	\$0	\$32,543	-\$4,386	\$779.06	115.6%
Dec-22	38	\$28,157	\$3,709	\$5,840	\$2,939	\$0	\$12,488	\$15,669	\$251.29	44.4%
Jan-23	38	\$28,958	\$18,631	\$97	\$2,939	\$0	\$21,667	\$7,291	\$492.85	74.8%
Feb-23	36	\$27,743	\$414	\$962	\$2,784	\$0	\$4,160	\$23,582	\$38.23	15.0%
2020	35	\$321,740	\$558,672	\$94,761	\$31,095	\$0	\$684,528	-\$362,788	\$1,552.10	212.8%
2021	33	\$286,628	\$155,535	\$79,489	\$30,163	\$0	\$265,186	\$21,442	\$602.62	92.5%
2022	37	\$314,379	\$127,051	\$79,380	\$34,184	\$0	\$240,616	\$73,764	\$467.04	76.5%
2023 YTD	37	\$56,701	\$19,045	\$1,059	\$5,723	\$0	\$25,828	\$30,873	\$271.68	45.6%
Current 12 Months	37	\$321,243	\$136,607	\$80,678	\$34,339	\$0	\$251,624	\$69,618	\$489.38	78.3%

Data Sources:

Enrollment & Premium: MyWorkplace, Medical Claims & Capitation: Anthem CII, Anthem CLR, Anthem MDP; Rx Claims: Envolve, EmpiRx, Anthem MDP; Fixed Cost Schedule: Appendix

**San Joaquin Valley Insurance Authority (SJVIA)
Anthem Blue Cross Premium and Claims Report as of February 2023
County of Tulare - HDHP**



Appendix

Fixed Cost Schedule				
SJVIA		Anthem Blue Cross Premium and Claims Report as of February 2023		
Total Fixed Costs Self-Funded Medical		EPO	PPO/HDHP	
		Fresno	Fresno	Tulare
Specific Stop-Loss Premium PEPM		\$29.37	\$19.91	\$22.71
Aggregate Stop-Loss Premium PEPM		\$0.00	\$0.00	\$0.00
Anthem Network & Admin. Fees		\$50.41	\$36.16	\$36.16
EmpiRX Admin Fee		\$5.28	\$5.28	\$5.28
Pooled Risk Charge		\$0.00	\$0.00	\$0.00
Wellness		\$2.50	\$2.50	\$2.50
Claims Mgmt/Communication		\$0.50	\$0.50	\$0.50
Keenan Consulting Fee		\$3.10	\$3.10	\$3.10
KPS Fee		\$2.16	\$2.16	\$2.16
SJVIA Fee		\$2.00	\$2.00	\$2.00
SJVIA Non-Founding Member Fee		\$0.00	\$0.00	\$0.00
Hourglass - Benefit Administration		\$2.65	\$2.65	\$2.65
ASI - Benefit Administration		\$2.00	\$2.00	\$0.00
PCORI Fees		\$0.42	\$0.23	\$0.28
Total Fixed Cost		\$ 100.39	\$ 76.49	\$ 77.34



San Joaquin Valley Insurance Authority (SJVIA)
Delta Dental Premium and Claims Report as of February 2023
County of Fresno and County of Tulare

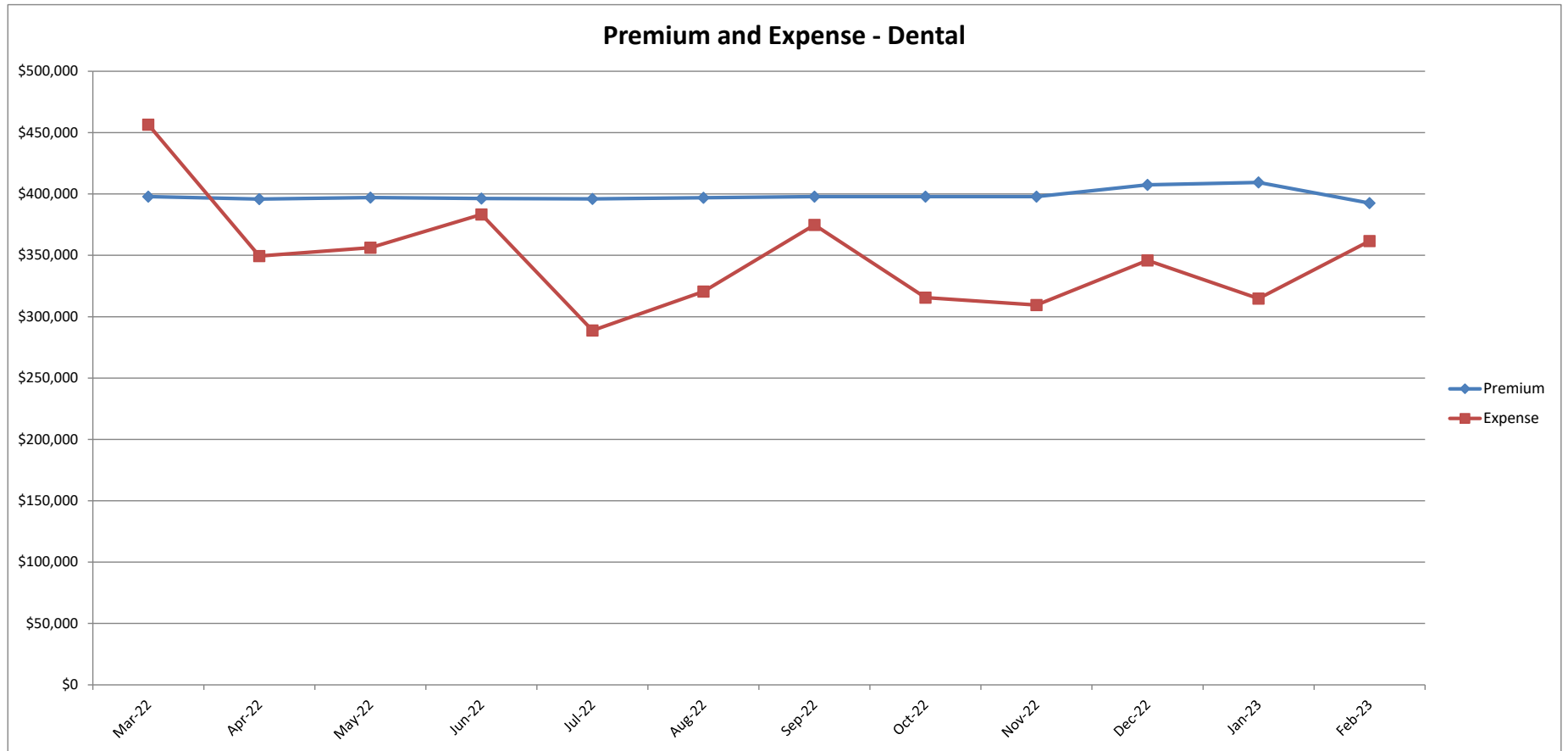
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Mar-21	7,316	\$399,627	\$372,906	\$28,313	\$401,219	-\$1,592	100.40%
Apr-21	7,308	\$398,731	\$406,024	\$28,282	\$434,306	-\$35,574	108.92%
May-21	7,300	\$397,910	\$332,284	\$28,251	\$360,535	\$37,376	90.61%
Jun-21	7,293	\$397,242	\$274,857	\$28,224	\$303,081	\$94,161	76.30%
Jul-21	7,294	\$397,249	\$370,180	\$28,228	\$398,408	-\$1,159	100.29%
Aug-21	7,297	\$397,422	\$302,814	\$28,239	\$331,053	\$66,369	83.30%
Sep-21	7,293	\$397,263	\$359,705	\$28,224	\$387,929	\$9,335	97.65%
Oct-21	7,248	\$395,106	\$289,713	\$28,050	\$317,763	\$77,343	80.42%
Nov-21	7,246	\$394,404	\$283,037	\$28,042	\$311,079	\$83,325	78.87%
Dec-21	7,310	\$396,926	\$323,016	\$28,290	\$351,305	\$45,621	88.51%
Jan-22	7,306	\$400,454	\$256,345	\$28,274	\$284,620	\$115,834	71.07%
Feb-22	7,291	\$399,860	\$307,158	\$28,216	\$335,374	\$64,486	83.87%
Mar-22	7,266	\$397,815	\$428,376	\$28,119	\$456,495	-\$58,680	114.75%
Apr-22	7,233	\$395,836	\$321,532	\$27,992	\$349,524	\$46,313	88.30%
May-22	7,250	\$397,113	\$328,205	\$28,058	\$356,262	\$40,850	89.71%
Jun-22	7,243	\$396,382	\$355,298	\$28,030	\$383,328	\$13,054	96.71%
Jul-22	7,232	\$396,018	\$260,768	\$27,988	\$288,756	\$107,262	72.91%
Aug-22	7,248	\$396,999	\$292,444	\$28,050	\$320,494	\$76,505	80.73%
Sep-22	7,270	\$397,815	\$346,657	\$28,135	\$374,792	\$23,023	94.21%
Oct-22	7,281	\$397,925	\$287,346	\$28,177	\$315,523	\$82,402	79.29%
Nov-22	7,270	\$397,831	\$281,353	\$28,135	\$309,488	\$88,343	77.79%
Dec-22	7,423	\$407,470	\$317,107	\$28,727	\$345,834	\$61,637	84.87%
Jan-23	7,459	\$409,403	\$285,958	\$28,866	\$314,824	\$94,579	76.90%
Feb-23	7,503	\$392,579	\$332,646	\$29,037	\$361,682	\$30,896	92.13%
2020	7,296	\$4,818,580	\$3,558,380	\$338,846	\$3,897,225	\$921,355	80.88%
2021	7,295	\$4,771,036	\$3,966,248	\$338,780	\$4,305,028	\$466,008	90.23%
2022	7,276	\$4,781,517	\$3,782,588	\$337,901	\$4,120,490	\$661,028	86.18%
2023 YTD	7,481	\$801,982	\$618,604	\$57,903	\$676,506	\$125,475	84.35%
Current 12 Months	7,307	\$4,783,185	\$3,837,689	\$339,314	\$4,177,003	\$606,182	87.33%

Data Sources: Delta Dental Financial Report Package, MyWorkplace

Note:

1. The above figures include all the divisions under the County of Fresno and County of Tulare.
2. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
3. Delta Admin Fee: \$3.87 PEPM (2019); in Mar-Dec 2018, it was estimated at 9.11% of the monthly premium due to the change in Delta's reporting.
4. Effective 12/17/18, DPPO contracts changed to self-funded; DHMO remained fully insured (not included in this report).

**San Joaquin Valley Insurance Authority (SJVIA)
Delta Dental Premium and Claims Report as of February 2023
County of Fresno and County of Tulare**





San Joaquin Valley Insurance Authority (SJVIA)
Delta Dental Premium and Claims Report as of February 2023
County of Fresno

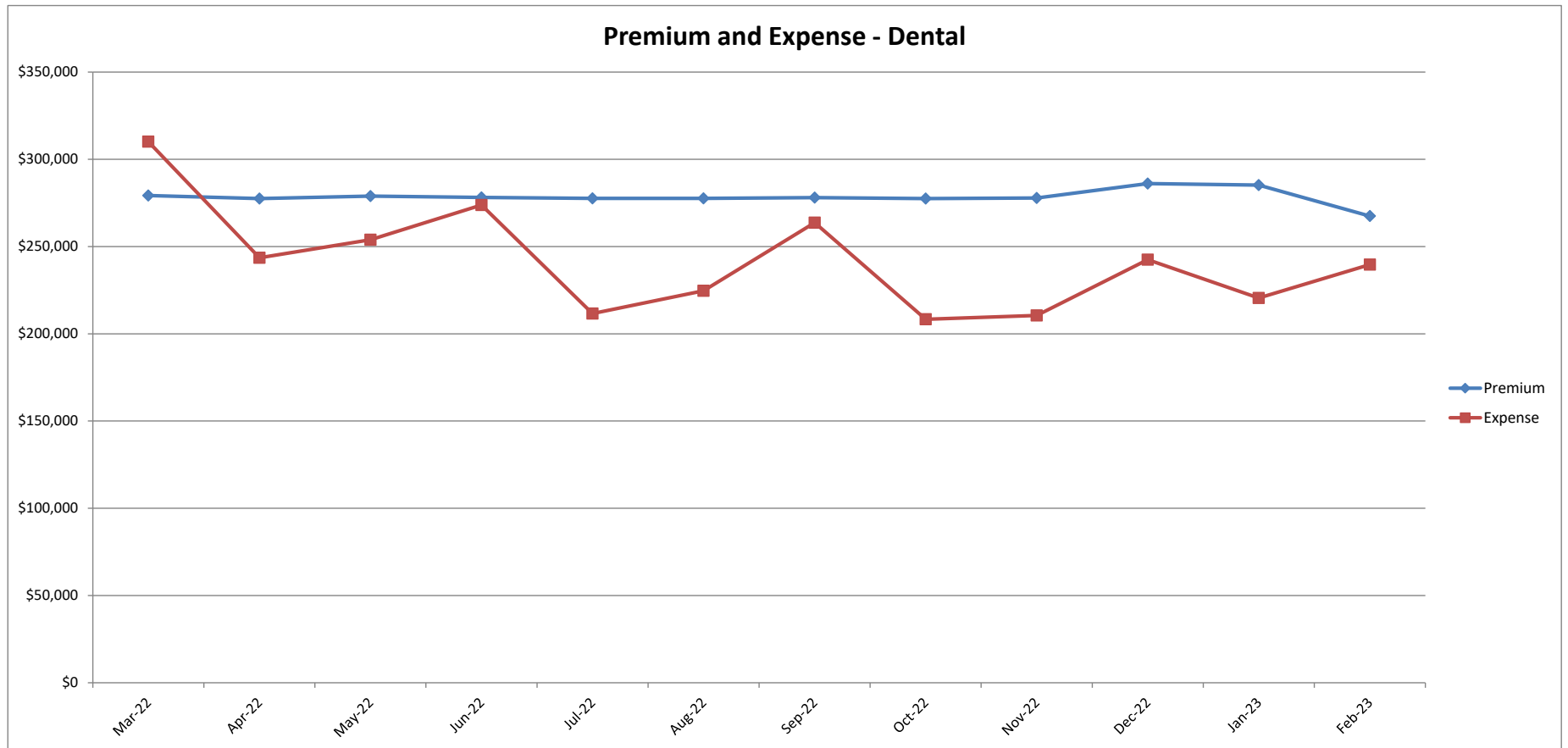
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Mar-21	4,711	\$287,083	\$244,039	\$18,232	\$262,270	\$24,812	91.36%
Apr-21	4,699	\$285,969	\$279,693	\$18,185	\$297,879	-\$11,910	104.16%
May-21	4,686	\$284,989	\$242,930	\$18,135	\$261,065	\$23,924	91.61%
Jun-21	4,681	\$284,648	\$207,906	\$18,115	\$226,022	\$58,626	79.40%
Jul-21	4,672	\$283,978	\$265,448	\$18,081	\$283,529	\$449	99.84%
Aug-21	4,675	\$284,026	\$208,203	\$18,092	\$226,296	\$57,730	79.67%
Sep-21	4,674	\$283,811	\$270,164	\$18,088	\$288,252	-\$4,442	101.56%
Oct-21	4,630	\$281,551	\$209,769	\$17,918	\$227,687	\$53,864	80.87%
Nov-21	4,645	\$281,493	\$210,962	\$17,976	\$228,938	\$52,554	81.33%
Dec-21	4,684	\$283,093	\$224,221	\$18,127	\$242,348	\$40,745	85.61%
Jan-22	4,661	\$281,483	\$167,223	\$18,038	\$185,261	\$96,222	65.82%
Feb-22	4,643	\$280,631	\$207,159	\$17,968	\$225,128	\$55,503	80.22%
Mar-22	4,630	\$279,228	\$292,166	\$17,918	\$310,084	-\$30,856	111.05%
Apr-22	4,594	\$277,518	\$225,770	\$17,779	\$243,549	\$33,969	87.76%
May-22	4,621	\$278,873	\$236,071	\$17,883	\$253,954	\$24,919	91.06%
Jun-22	4,611	\$278,151	\$255,946	\$17,845	\$273,791	\$4,360	98.43%
Jul-22	4,603	\$277,581	\$193,741	\$17,814	\$211,555	\$66,026	76.21%
Aug-22	4,601	\$277,653	\$206,848	\$17,806	\$224,654	\$52,999	80.91%
Sep-22	4,612	\$278,055	\$245,891	\$17,848	\$263,739	\$14,316	94.85%
Oct-22	4,615	\$277,537	\$190,459	\$17,860	\$208,320	\$69,218	75.06%
Nov-22	4,612	\$277,816	\$192,713	\$17,848	\$210,562	\$67,254	75.79%
Dec-22	4,734	\$286,089	\$224,117	\$18,321	\$242,438	\$43,651	84.74%
Jan-23	4,718	\$285,189	\$202,249	\$18,259	\$220,508	\$64,681	77.32%
Feb-23	4,746	\$267,461	\$221,324	\$18,367	\$239,691	\$27,770	89.62%
2020	4,696	\$3,481,998	\$2,517,998	\$218,094	\$2,736,092	\$745,906	78.58%
2021	4,680	\$3,413,756	\$2,800,017	\$217,324	\$3,017,340	\$396,416	88.39%
2022	4,628	\$3,350,615	\$2,638,106	\$214,928	\$2,853,034	\$497,581	85.15%
2023 YTD	4,732	\$552,650	\$423,573	\$36,626	\$460,199	\$92,451	83.27%
Current 12 Months	4,641	\$3,341,151	\$2,687,296	\$215,547	\$2,902,844	\$438,307	86.88%

Data Sources: Delta Dental Financial Report Package, MyWorkplace

Note:

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. Delta Admin Fee: \$3.87 PEPM (2019); in Mar-Dec 2018, it was estimated at 9.11% of the monthly premium due to the change in Delta's reporting.
3. Effective 12/17/18, DPPO contracts changed to self-funded; DHMO remained fully insured (not included in this report).

**San Joaquin Valley Insurance Authority (SJVIA)
Delta Dental Premium and Claims Report as of February 2023
County of Fresno**





San Joaquin Valley Insurance Authority (SJVIA)
Delta Dental Premium and Claims Report as of February 2023
County of Tulare

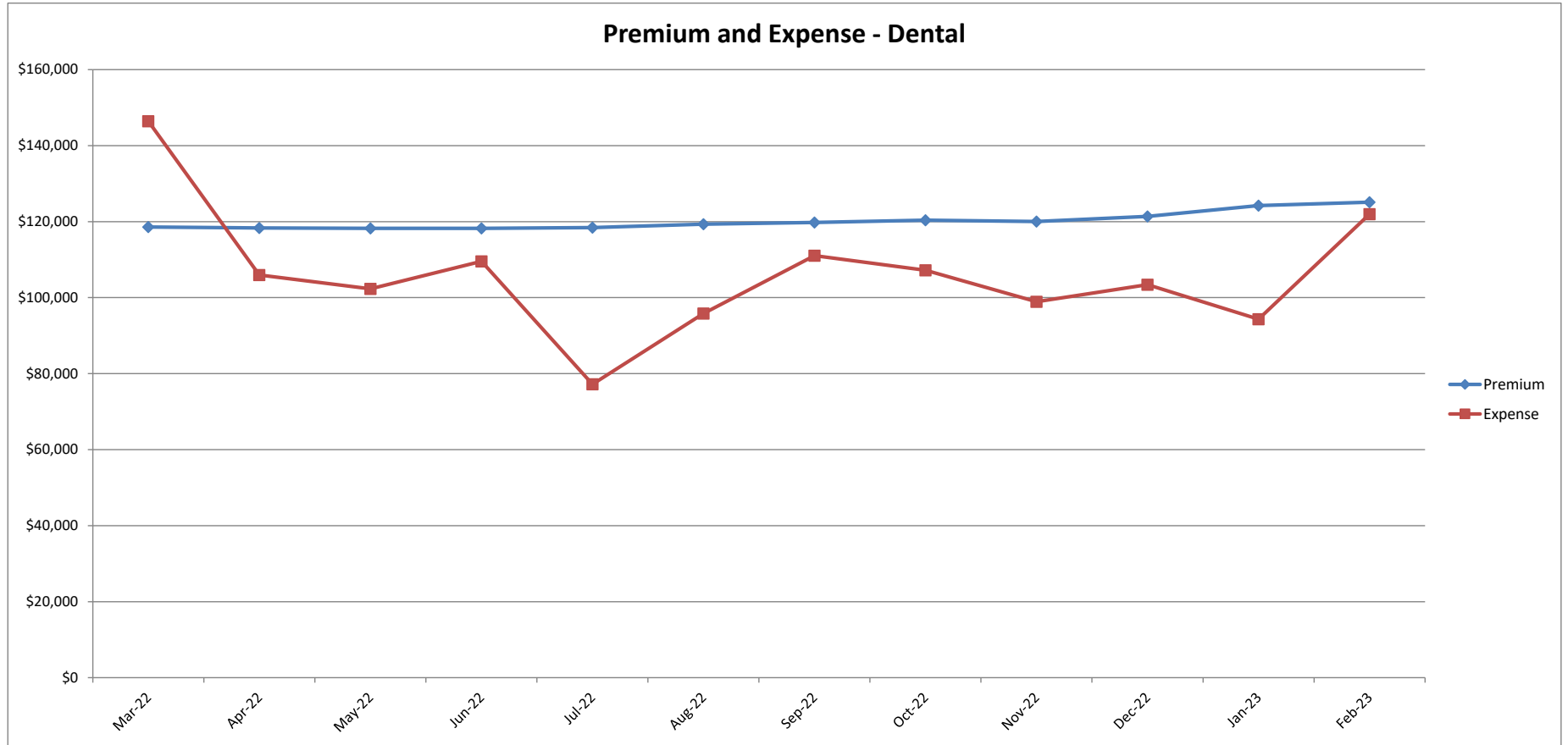
MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	DELTA ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Mar-21	2,605	\$112,545	\$128,867	\$10,081	\$138,949	-\$26,404	123.46%
Apr-21	2,609	\$112,763	\$126,330	\$10,097	\$136,427	-\$23,664	120.99%
May-21	2,614	\$112,921	\$89,354	\$10,116	\$99,470	\$13,452	88.09%
Jun-21	2,612	\$112,594	\$66,950	\$10,108	\$77,059	\$35,535	68.44%
Jul-21	2,622	\$113,271	\$104,732	\$10,147	\$114,879	-\$1,608	101.42%
Aug-21	2,622	\$113,396	\$94,610	\$10,147	\$104,758	\$8,639	92.38%
Sep-21	2,619	\$113,453	\$89,541	\$10,136	\$99,676	\$13,776	87.86%
Oct-21	2,618	\$113,556	\$79,944	\$10,132	\$90,076	\$23,480	79.32%
Nov-21	2,601	\$112,911	\$72,075	\$10,066	\$82,141	\$30,770	72.75%
Dec-21	2,626	\$113,833	\$98,795	\$10,163	\$108,957	\$4,876	95.72%
Jan-22	2,645	\$118,970	\$89,122	\$10,236	\$99,358	\$19,612	83.52%
Feb-22	2,648	\$119,229	\$99,998	\$10,248	\$110,246	\$8,983	92.47%
Mar-22	2,636	\$118,587	\$136,210	\$10,201	\$146,411	-\$27,824	123.46%
Apr-22	2,639	\$118,318	\$95,762	\$10,213	\$105,975	\$12,343	89.57%
May-22	2,629	\$118,239	\$92,134	\$10,174	\$102,308	\$15,931	86.53%
Jun-22	2,632	\$118,231	\$99,352	\$10,186	\$109,538	\$8,694	92.65%
Jul-22	2,629	\$118,437	\$67,027	\$10,174	\$77,201	\$41,236	65.18%
Aug-22	2,647	\$119,346	\$85,596	\$10,244	\$95,840	\$23,506	80.30%
Sep-22	2,658	\$119,759	\$100,766	\$10,286	\$111,052	\$8,707	92.73%
Oct-22	2,666	\$120,388	\$96,887	\$10,317	\$107,204	\$13,184	89.05%
Nov-22	2,658	\$120,015	\$88,640	\$10,286	\$98,926	\$21,089	82.43%
Dec-22	2,689	\$121,381	\$92,990	\$10,406	\$103,396	\$17,985	85.18%
Jan-23	2,741	\$124,214	\$83,709	\$10,608	\$94,316	\$29,898	75.93%
Feb-23	2,757	\$125,118	\$111,322	\$10,670	\$121,991	\$3,126	97.50%
2020	2,600	\$1,336,582	\$1,040,382	\$120,752	\$1,161,134	\$175,448	86.87%
2021	2,615	\$1,357,280	\$1,166,232	\$121,456	\$1,287,688	\$69,593	94.87%
2022	2,648	\$1,430,902	\$1,144,483	\$122,973	\$1,267,456	\$163,447	88.58%
2023 YTD	2,749	\$249,332	\$195,030	\$21,277	\$216,308	\$33,024	86.75%
Current 12 Months	2,665	\$1,442,035	\$1,150,393	\$123,766	\$1,274,159	\$167,876	88.36%

Data Sources: Delta Dental Financial Report Package, MyWorkplace

Note:

1. The number of primary enrollees may change to include retroactive additions and/or deletions in eligibility.
2. Delta Admin Fee: \$3.87 PEPM (2019); in Mar-Dec 2018, it was estimated at 9.11% of the monthly premium due to the change in Delta's reporting.
3. Effective 12/17/18, DPPO contracts changed to self-funded; DHMO remained fully insured (not included in this report).

San Joaquin Valley Insurance Authority (SJVIA)
Delta Dental Premium and Claims Report as of February 2023
County of Tulare





**San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report as of February 2023
County of Fresno and County of Tulare**

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Mar-21	7,164	\$61,746	\$53,775	\$8,027	\$61,802	-\$56	100.09%
Apr-21	7,099	\$61,284	\$51,583	\$7,967	\$59,550	\$1,734	97.17%
May-21	7,164	\$61,660	\$49,898	\$8,016	\$57,913	\$3,746	93.92%
Jun-21	7,140	\$61,325	\$47,233	\$7,972	\$55,205	\$6,120	90.02%
Jul-21	7,147	\$61,390	\$39,676	\$7,981	\$47,656	\$13,733	77.63%
Aug-21	7,120	\$61,142	\$54,222	\$7,948	\$62,170	-\$1,028	101.68%
Sep-21	7,102	\$60,932	\$49,572	\$7,921	\$57,493	\$3,439	94.36%
Oct-21	7,107	\$60,819	\$42,675	\$7,906	\$50,581	\$10,238	83.17%
Nov-21	7,117	\$60,936	\$50,203	\$7,922	\$58,124	\$2,812	95.39%
Dec-21	7,136	\$61,190	\$52,289	\$7,955	\$60,244	\$946	98.45%
Jan-22	7,184	\$62,230	\$49,541	\$8,090	\$57,631	\$4,598	92.61%
Feb-22	7,174	\$62,040	\$42,443	\$8,065	\$50,509	\$11,532	81.41%
Mar-22	7,140	\$61,700	\$54,419	\$8,021	\$62,440	-\$740	101.20%
Apr-22	7,107	\$61,441	\$48,056	\$7,987	\$56,043	\$5,397	91.22%
May-22	7,084	\$61,144	\$46,179	\$7,949	\$54,127	\$7,017	88.52%
Jun-22	7,131	\$61,179	\$47,233	\$7,953	\$55,186	\$5,993	90.20%
Jul-22	7,103	\$61,323	\$42,981	\$7,972	\$50,953	\$10,370	83.09%
Aug-22	7,103	\$61,373	\$51,874	\$7,979	\$59,853	\$1,520	97.52%
Sep-22	7,111	\$61,420	\$42,926	\$7,985	\$50,911	\$10,509	82.89%
Oct-22	7,116	\$61,407	\$44,493	\$7,983	\$52,476	\$8,931	85.46%
Nov-22	7,162	\$61,862	\$44,617	\$8,042	\$52,659	\$9,203	85.12%
Dec-22	7,224	\$62,402	\$43,471	\$8,112	\$51,583	\$10,819	82.66%
Jan-23	7,314	\$63,156	\$49,414	\$8,210	\$57,624	\$5,532	91.24%
Feb-23	7,277	\$62,850	\$47,869	\$8,170	\$56,040	\$6,810	89.16%
2020	7,209	\$745,135	\$543,914	\$96,868	\$640,781	\$104,354	86.00%
2021	7,139	\$736,270	\$589,671	\$95,715	\$685,386	\$50,883	93.09%
2022	7,137	\$739,521	\$558,234	\$96,138	\$654,371	\$85,150	88.49%
2023 YTD	7,296	\$126,006	\$97,283	\$16,381	\$113,663	\$12,342	90.21%
Current 12 Months	7,156	\$741,257	\$563,532	\$96,363	\$659,895	\$81,362	89.02%

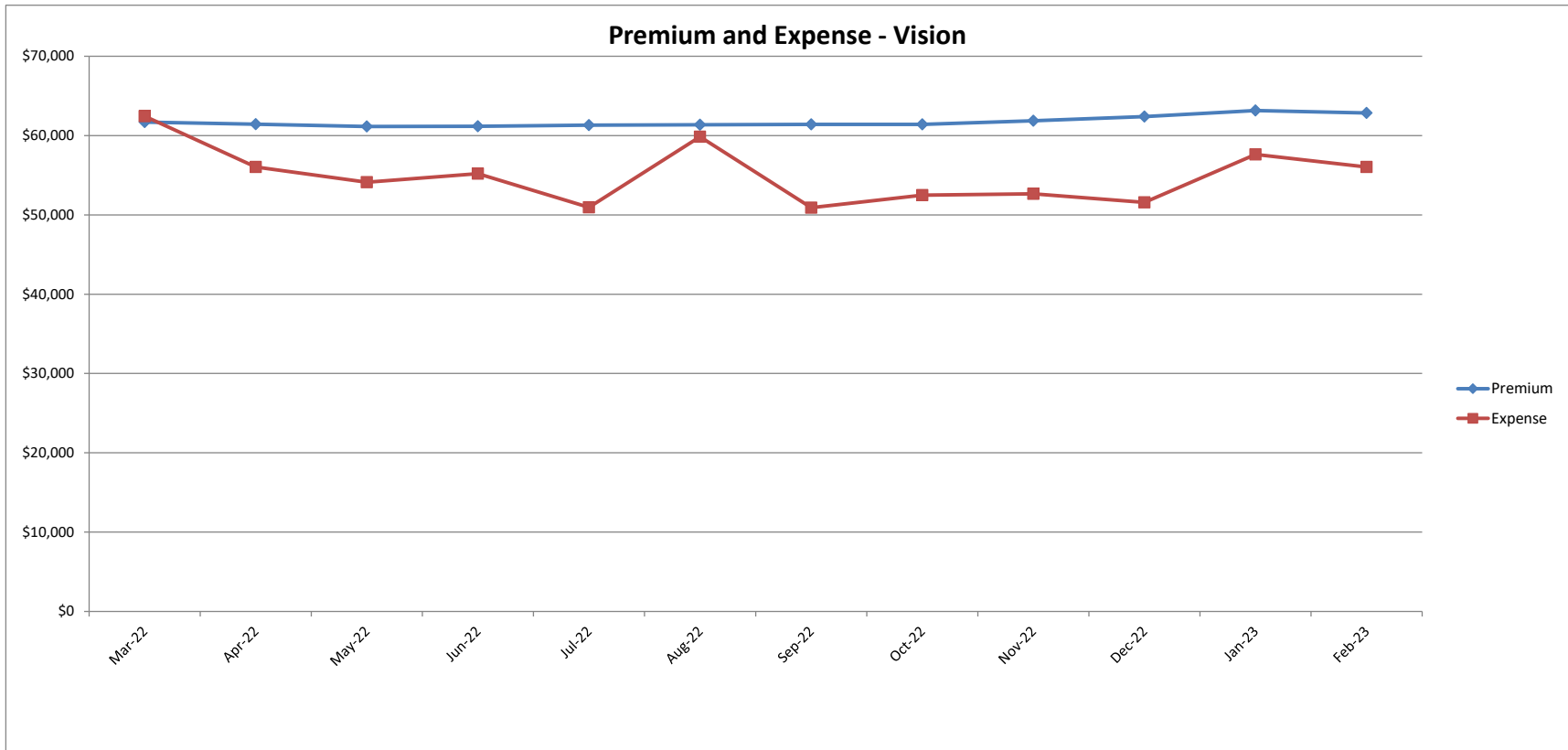
Data Source: VSP SJVIA Utilization Reports

Note:

1. The above figures include all the divisions under the County of Fresno, and County of Tulare.
2. VSP Admin is the retention fee - % of premium (2015: 12%; 2016-2019: 13%).
3. City of Ceres is included in the 2017 figures; however, the City terminated their coverage effective 12/31/17.



San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report as of February 2023
County of Fresno and County of Tulare





San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report as of February 2023
County of Fresno

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Mar-21	4,303	\$44,943	\$37,128	\$5,843	\$42,971	\$1,972	95.61%
Apr-21	4,305	\$44,862	\$36,858	\$5,832	\$42,690	\$2,171	95.16%
May-21	4,296	\$44,804	\$32,369	\$5,825	\$38,193	\$6,611	85.24%
Jun-21	4,266	\$44,462	\$30,797	\$5,780	\$36,577	\$7,885	82.27%
Jul-21	4,268	\$44,465	\$27,885	\$5,780	\$33,665	\$10,800	75.71%
Aug-21	4,249	\$44,252	\$38,733	\$5,753	\$44,486	-\$234	100.53%
Sep-21	4,241	\$44,091	\$30,979	\$5,732	\$36,711	\$7,380	83.26%
Oct-21	4,223	\$43,841	\$27,055	\$5,699	\$32,754	\$11,087	74.71%
Nov-21	4,240	\$43,944	\$33,102	\$5,713	\$38,815	\$5,129	88.33%
Dec-21	4,284	\$44,354	\$36,162	\$5,766	\$41,928	\$2,426	94.53%
Jan-22	4,319	\$45,027	\$34,945	\$5,854	\$40,798	\$4,229	90.61%
Feb-22	4,291	\$44,738	\$27,532	\$5,816	\$33,348	\$11,391	74.54%
Mar-22	4,274	\$44,505	\$39,054	\$5,786	\$44,840	-\$335	100.75%
Apr-22	4,263	\$44,393	\$31,866	\$5,771	\$37,637	\$6,756	84.78%
May-22	4,233	\$44,077	\$30,024	\$5,730	\$35,754	\$8,323	81.12%
Jun-22	4,261	\$44,340	\$30,797	\$5,764	\$36,561	\$7,778	82.46%
Jul-22	4,255	\$44,207	\$30,398	\$5,747	\$36,145	\$8,062	81.76%
Aug-22	4,256	\$44,251	\$32,461	\$5,753	\$38,213	\$6,038	86.36%
Sep-22	4,252	\$44,220	\$28,582	\$5,749	\$34,330	\$9,889	77.64%
Oct-22	4,243	\$44,086	\$25,827	\$5,731	\$31,558	\$12,528	71.58%
Nov-22	4,283	\$44,493	\$28,274	\$5,784	\$34,058	\$10,435	76.55%
Dec-22	4,318	\$44,880	\$28,407	\$5,834	\$34,241	\$10,639	76.30%
Jan-23	4,361	\$45,341	\$31,951	\$5,894	\$37,845	\$7,496	83.47%
Feb-23	4,342	\$45,107	\$29,690	\$5,864	\$35,554	\$9,553	78.82%
2020	4,317	\$543,302	\$366,377	\$70,629	\$437,006	\$106,296	80.44%
2021	4,274	\$534,071	\$399,728	\$69,429	\$469,158	\$64,913	87.85%
2022	4,271	\$533,217	\$368,166	\$69,318	\$437,485	\$95,733	82.05%
2023 YTD	4,352	\$90,448	\$61,641	\$11,758	\$73,399	\$17,049	81.15%
Current 12 Months	4,278	\$533,900	\$367,331	\$69,407	\$436,738	\$97,162	81.80%

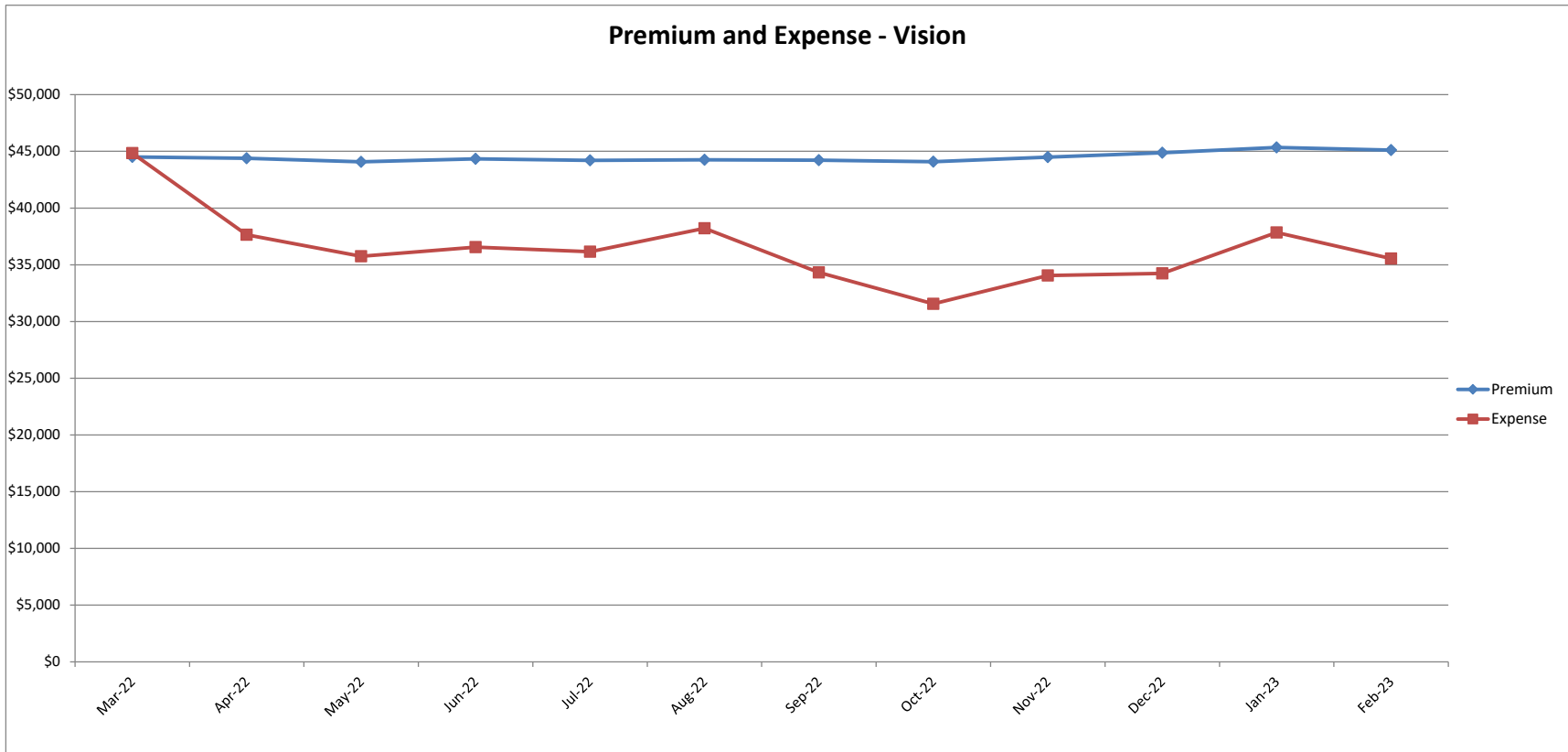
Data Source: VSP SJVIA Utilization Reports

Note:

1. The above figures include the following divisions: 0015, 0016, 0017, 0018, 0019, 0020, and 0021.



San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report as of February 2023
County of Fresno





San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report as of February 2023
County of Tulare

MONTH-YEAR	ENROLLED	FUNDING/ PREMIUM	PAID CLAIMS	VSP ADMIN	TOTAL EXPENSE	SURPLUS / (DEFICIT)	TOTAL EXPENSE LOSS RATIO
Mar-21	2,861	\$16,803	\$16,647	\$2,184	\$18,831	-\$2,028	112.07%
Apr-21	2,794	\$16,423	\$14,725	\$2,135	\$16,860	-\$437	102.66%
May-21	2,868	\$16,855	\$17,529	\$2,191	\$19,720	-\$2,865	116.99%
Jun-21	2,874	\$16,863	\$16,436	\$2,192	\$18,628	-\$1,765	110.47%
Jul-21	2,879	\$16,925	\$11,791	\$2,200	\$13,991	\$2,934	82.67%
Aug-21	2,871	\$16,890	\$15,489	\$2,196	\$17,684	-\$794	104.70%
Sep-21	2,861	\$16,841	\$18,592	\$2,189	\$20,782	-\$3,941	123.40%
Oct-21	2,884	\$16,977	\$15,620	\$2,207	\$17,827	-\$849	105.00%
Nov-21	2,877	\$16,992	\$17,100	\$2,209	\$19,309	-\$2,317	113.64%
Dec-21	2,852	\$16,836	\$16,127	\$2,189	\$18,315	-\$1,480	108.79%
Jan-22	2,865	\$17,202	\$14,597	\$2,236	\$16,833	\$369	97.85%
Feb-22	2,883	\$17,302	\$14,912	\$2,249	\$17,161	\$141	99.18%
Mar-22	2,866	\$17,195	\$15,365	\$2,235	\$17,600	-\$405	102.35%
Apr-22	2,844	\$17,048	\$16,190	\$2,216	\$18,407	-\$1,359	107.97%
May-22	2,851	\$17,068	\$16,155	\$2,219	\$18,374	-\$1,306	107.65%
Jun-22	2,870	\$16,839	\$16,436	\$2,189	\$18,625	-\$1,786	110.60%
Jul-22	2,848	\$17,116	\$12,583	\$2,225	\$14,808	\$2,308	86.51%
Aug-22	2,847	\$17,122	\$19,414	\$2,226	\$21,640	-\$4,518	126.39%
Sep-22	2,859	\$17,201	\$14,345	\$2,236	\$16,581	\$620	96.40%
Oct-22	2,873	\$17,321	\$18,666	\$2,252	\$20,918	-\$3,597	120.76%
Nov-22	2,879	\$17,369	\$16,343	\$2,258	\$18,601	-\$1,232	107.09%
Dec-22	2,906	\$17,522	\$15,064	\$2,278	\$17,342	\$180	98.97%
Jan-23	2,953	\$17,814	\$17,463	\$2,316	\$19,779	-\$1,964	111.03%
Feb-23	2,935	\$17,743	\$18,179	\$2,307	\$20,486	-\$2,743	115.46%
2020	2,892	\$201,832	\$177,537	\$26,238	\$203,775	-\$1,943	100.96%
2021	2,865	\$202,199	\$189,943	\$26,286	\$216,229	-\$14,030	106.94%
2022	2,866	\$206,304	\$190,067	\$26,820	\$216,887	-\$10,583	105.13%
2023 YTD	2,944	\$35,557	\$35,642	\$4,622	\$40,264	-\$4,707	113.24%
Current 12 Months	2,878	\$207,357	\$196,201	\$26,956	\$223,158	-\$15,800	107.62%

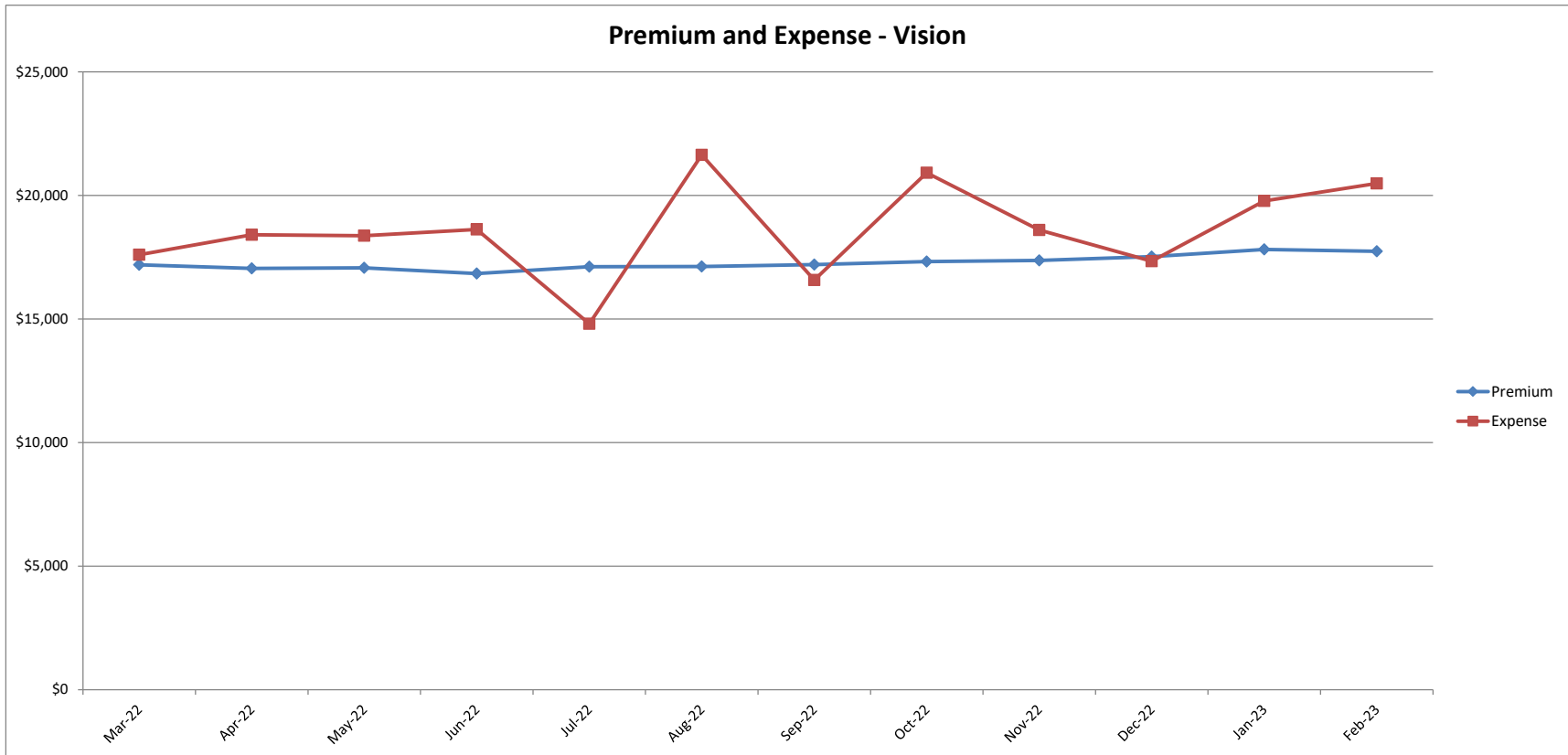
Data Source: VSP SJVIA Utilization Reports

Note:

1. The above figures include the following divisions: 0001, 0002, 0003, and 0004.



San Joaquin Valley Insurance Authority (SJVIA)
VSP Premium and Claims Report as of February 2023
County of Tulare





BOARD OF DIRECTORS

STEVE BRANDAU
NATHAN MAGSIG
BUDDY MENDES
LARRY MICARI
BRIAN PACHECO
AMY SHUKLIAN
PETE VANDER POEL

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 10

SUBJECT: Receive Consultant's Report on EmpiRx Plan Year 2022 Pharmacy Utilization (I)

REQUEST(S): That the Board receive the Consultant's Report on EmpiRx Plan Year 2022 pharmacy utilization.

DESCRIPTION:

Keenan Pharmacy Services has completed the 2022 analysis and review of the EmpiRx pharmacy utilization reports and has provided the Consultant's report as a summary of this data.

FISCAL IMPACT/FINANCING:

Informational only; no financial impact.

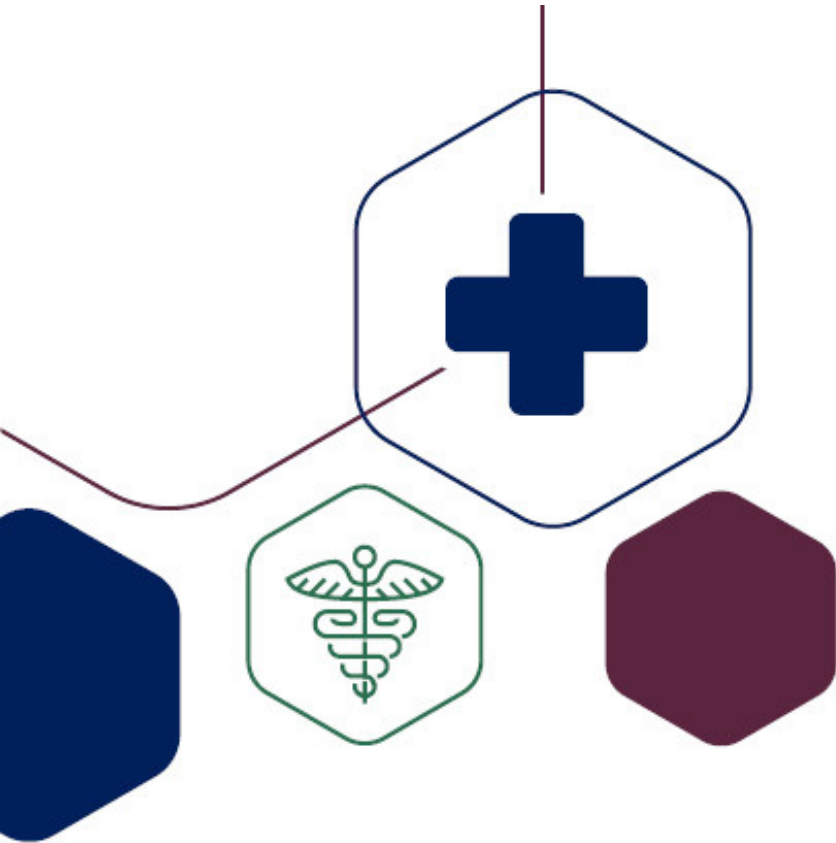
ADMINISTRATIVE SIGN-OFF:

Handwritten signature of Lupe Garza in black ink.

Lupe Garza
SJVIA Manager

Handwritten signature of Hollis Magill in black ink.

Hollis Magill
SJVIA Assistant Manager



Keenan Pharmacy Services
San Joaquin Valley Insurance Authority (SJVIA)
EmpiRx Health – 2022 Utilization Overview

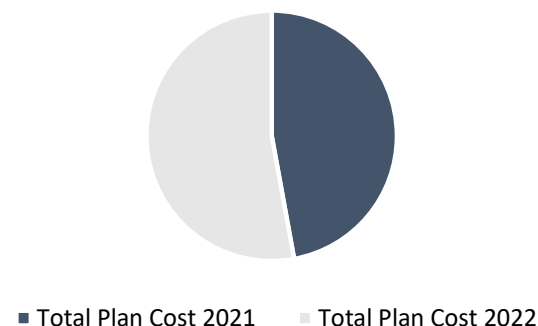
Annual Pharmacy Benefit Metrics Consultant's Report

SJVIA- EmpiRx Health - 2022 Overview:

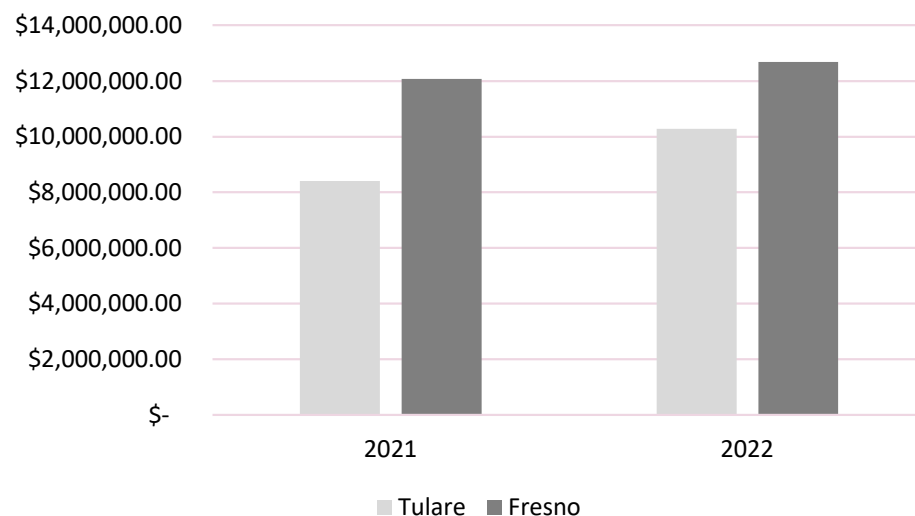
Total Plan Cost	2021	2022	Increase
Tulare	\$8,397,297	\$10,283,239	22.46%
Fresno	\$12,075,665	\$12,683,291	5.03%
Totals:	\$20,472,962	\$22,966,530	12.18%

- SJVIA's total plan cost increased in 2022 by 12.18% to \$22,966,530
 - Tulare: \$10,283,239 in plan cost
 - Fresno: \$12,683,291 in plan cost
 - The increase in plan spend can be attributed to increased Specialty utilization
- SJVIA's Specialty plan cost increased in 2022 by 30.8% to \$10,526,068

SJVIA Total Plan Cost

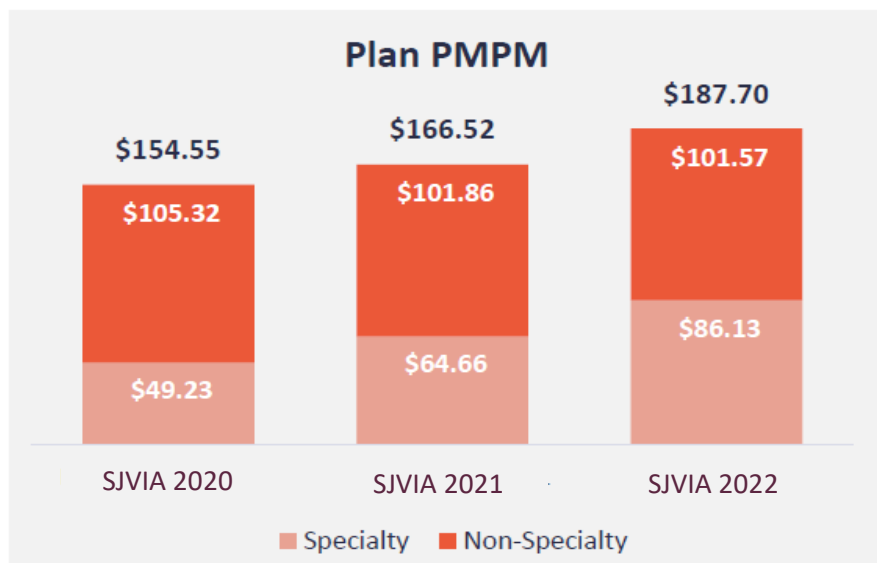


Plan Cost By County



Executive Summary

SJVIA Tulare & Fresno



Clinical Savings

(Jan - Sep 2022)

\$3,559,623

Data & Industry Insights

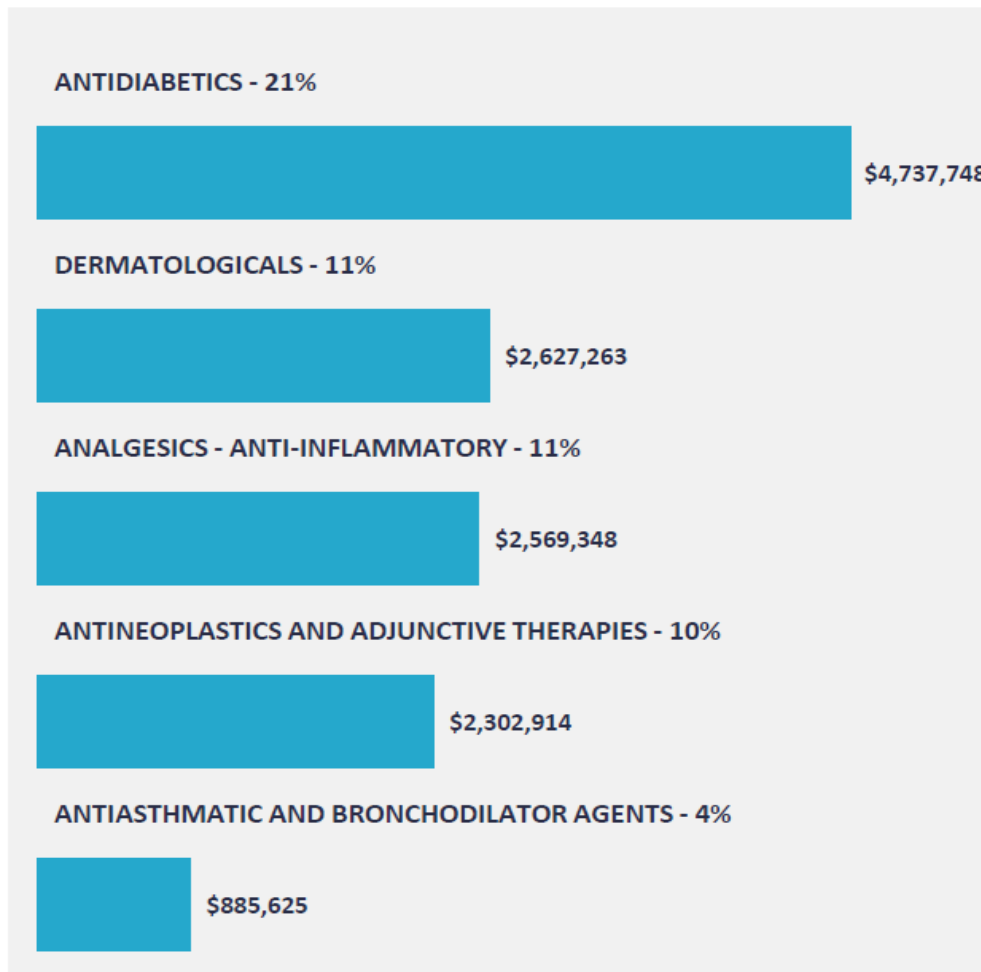
- Negative non-specialty PMPM trend with flat cost per adj claim over three years with EmpiRx Health (2020-2022)
- Drivers of specialty spend in 2023 include:
 - Humira Pen - increased utilization & inflation (\$9.40 PMPM increase vs. 2022)
 - Empaveli - moved from medical to pharmacy in Q4 2022 (\$7.47 PMPM increase vs. 2022)
- Variable Copay Assistance Program (VCAP) to be implemented to contain Increased specialty spend and utilization



Your Drivers of Plan Spend

SJVA Tulare & Fresno

Top 5 Therapeutic Drug Groups for 2022



15% of spend attributed to
Humira Pen with 166 claims and 22 utilizers
Ozempic with 855 claims and 195 utilizers
Trulicity with 781 claims and 144 utilizers

Opioids
accounted for 1.2% (\$279,647) of total plan paid
with 23.4% (\$65,364) attributed to opioid
dependence treatments

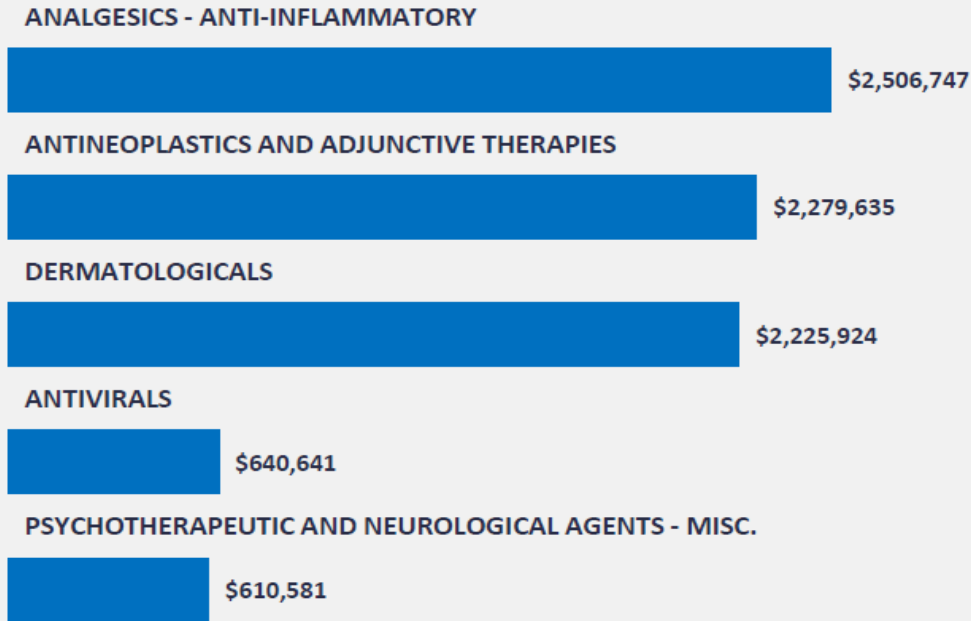
Behavioral Health
accounted for 4.6% (\$1,059,143) of total plan
paid with 11,071 claims and 1,923 utilizers



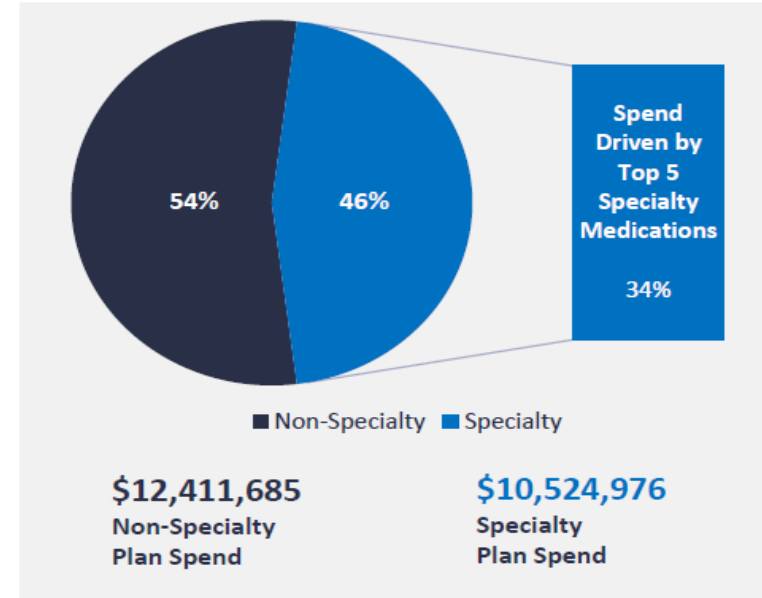
Specialty Medication Dashboard

SJVIA Tulare & Fresno

Top 5 Categories



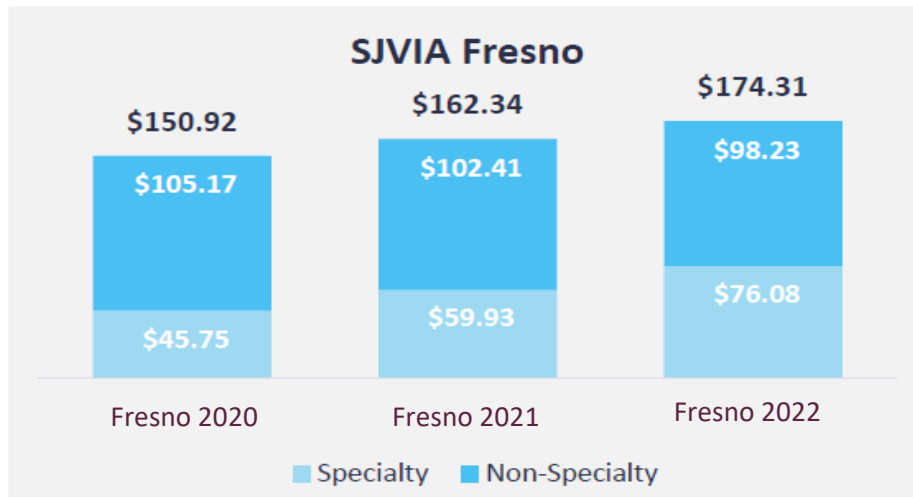
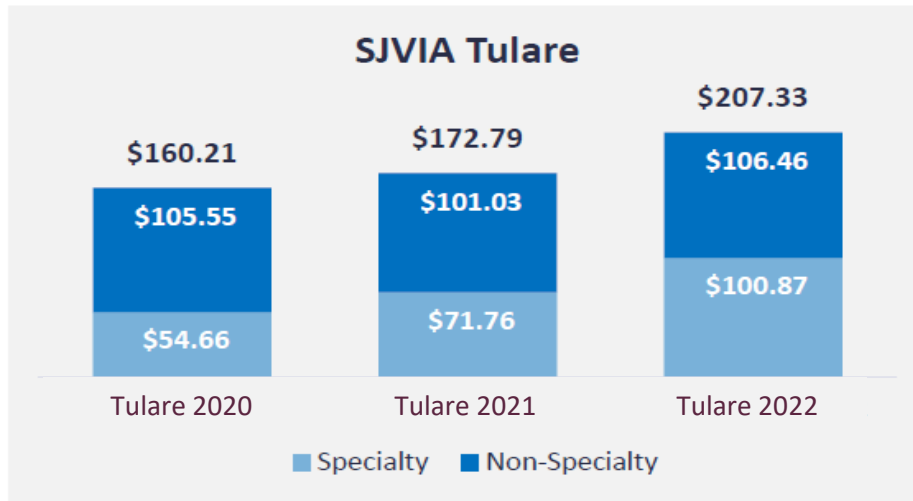
Specialty: 2.3% of claims attributed to 46% of total spend



Drug Name	Specialty Spend	% of Specialty Spend
HUMIRA PEN	\$1,430,536	14%
DUPIXENT	\$667,828	6%
STELARA	\$570,982	5%
EMPAVELI	\$480,175	5%
TREMFYA	\$422,577	4%



Executive Summary



SJVIA Tulare Clinical Savings

(Jan – Sep 2022)

\$1,269,846

SJVIA Fresno Clinical Savings

(Jan – Sep 2022)

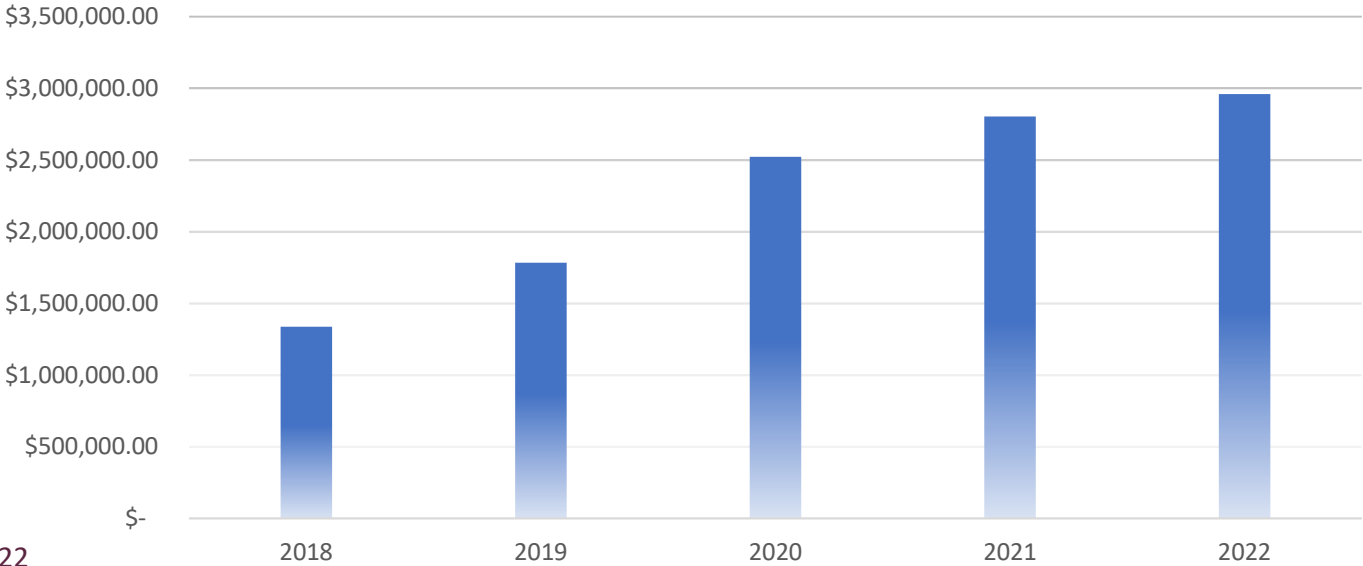
\$2,289,777



SJVIA Rebates

Plan Year	Rebate Amount
2018	\$ 1,338,510.00
2019	\$ 1,783,662.00
2020	\$ 2,522,388.00
2021	\$ 2,803,988.00
*2022	\$ 2,959,642.00

REBATES



*Estimated for 2022



Impact of Specialty Cost Containment Solution

EmpiRx Health Clinical Model

Deep specialty savings wrapped with a layer of clinical appropriateness and health safety.



Variable Copay Assistance Program

Third-party Manufacturer Funding Reduces Specialty Costs

- Clinical review for most clinically appropriate & cost-effective therapy.
- Member is handheld through a manufacturer-specific enrollment process.
- Spreading copay assistance across remaining fills for the year to maximize copay assistance.
- Customized patient care plan drives greater adherence & improved health outcomes.

Estimated Annualized Savings

(SJVA Tulare & Fresno Total)

\$2,073,606

Tulare: \$879,312

Fresno: \$1,194,294



BOARD OF DIRECTORS

STEVE BRANDAU
NATHAN MAGSIG
BUDDY MENDES
LARRY MICARI
BRIAN PACHECO
AMY SHUKLIAN
PETE VANDER POEL

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 11

SUBJECT: Receive Update on Direct Contract with Community Medical Center (CMC) and Ratify the SJVIA Management’s Execution of the Direct Contract (A)

REQUEST(S): That the Board receive the update on the direct contract with CMC and ratify the SJVIA Management’s execution of the direct contract with CMC.


DESCRIPTION:

The SJVIA has completed its negotiations with Community Medical Center (CMC) for a direct provider network contract with CMC, and SJVIA Management has executed a direct contract with CMC, which is retroactive to January 1, 2023. This was necessitated due to the loss of the Anthem/CMC network provider contract. Anthem and CMC continue to negotiate terms to implement an Anthem/CMC provider network contract.


FISCAL IMPACT/FINANCING:

The negotiated cost impact to the SJVIA is estimated to be \$2.3 million annually (\$192,000 monthly). Further contracting details are confidential and proprietary and cannot be disclosed.

ADMINISTRATIVE SIGN-OFF:



Lupe Garza
SJVIA Manager



Hollis Magill
SJVIA Assistant Manager

LETTER OF AGREEMENT
SAN JOAQUIN VALLEY INSURANCE AUTHORITY AND COMMUNITY HEALTH PARTNERS

This Letter of Agreement (“Agreement”) is made by and between Community Health Partners, a California, 1206(l) medical foundation (“PROVIDER”), and San Joaquin Valley Insurance Authority, (“SJVIA”). PROVIDER and SJVIA are collectively referred to as “the Parties”.

WHEREAS SJVIA has established/sponsored a program or programs of Health and Welfare Benefits hereinafter referred to as the “Plan(s),” for employees and eligible dependents of its participating employers, hereinafter collectively referred to as “Beneficiaries”.

WHEREAS SJVIA has requested to establish a direct contract with PROVIDER to render medically necessary services (“Covered Services”) to Beneficiaries of the Plan(s) at in-network benefit levels.

WHEREAS PROVIDER desires to enter into this Agreement to provide Covered Services at in-network benefit levels, and SJVIA agrees to pay PROVIDER the compensation set forth in this Agreement.

NOW, THEREFORE in consideration of the mutual promises contained in this Agreement and other valuable consideration, the Parties hereby agree as follows:

1. SCOPE OF AGREEMENT

PROVIDER agrees to render Covered Services to Beneficiaries, and to accept compensation as set forth below as full payment for all Covered Services. All Covered Services provided hereunder shall be under the scope and licensure of PROVIDER.

2. AUTHORIZATIONS

PROVIDER shall obtain authorization, as applicable, prior to rendering Covered Services to Beneficiaries.

3. CLAIMS SUBMISSION AND PAYMENT

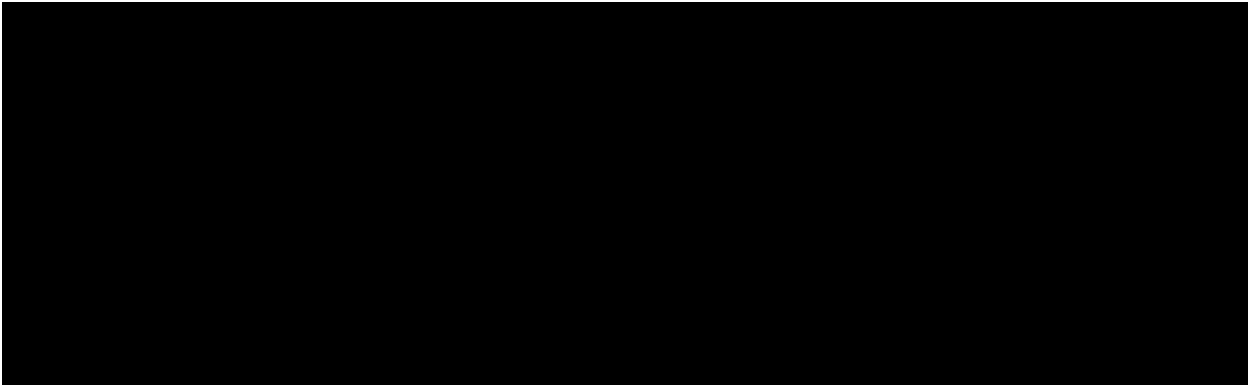
PROVIDER shall submit claims on a CMS-1500 claims form or successor form for Covered Services rendered by PROVIDER within one hundred and twenty (120) days from the date of service. PROVIDER shall submit claims to the address on the back of the ID card.

4. COMPENSATION

SJVIA shall pay PROVIDER within thirty (30) days of receiving a complete claim (as defined by California Code of Regulations Title 28, Section 1300.71) for Covered Services at the rates listed in this Section 4, COMPENSATION, as payment in full, less any Beneficiary Cost-Sharing responsibilities. Claims for Covered Services will be adjudicated at in-network benefit levels.

PROVIDER will not bill Beneficiary for a service which is not a Covered Service unless, in advance of the provision of such service, the Beneficiary has been notified by PROVIDER that the particular service may not be covered and the Beneficiary acknowledges in writing that he or she shall be responsible for payment of charges for such service.

In no event shall SJVIA deny or pend a claim, or any portion of a claim or reduce payment of a claim for authorized services rendered to a Beneficiaries.



5. INSURANCE

During the term of this Agreement, the Parties, at their sole expense, shall maintain in full force and effect insurance (or a program of self-insurance) covering their obligations under this Agreement.

6. INDEMNIFICATION

PROVIDER and SJVIA are each responsible for their own acts or omissions and are not liable for the acts or omissions of, or the cost of defending, others.

7. NOTICE

This Agreement shall be effective as of January 1, 2023 (“Effective Date”) and shall remain in effect until either party gives written notice to the other of their intention to terminate this AGREEMENT upon ninety (90) days prior written notice, unless the Parties mutually agree in writing to an earlier termination notice period.

Notice Address

SJVIA
SJVIA Manager
San Joaquin Valley Insurance Authority
2220 Tulare Street, 14th Floor
Fresno, CA 93721

PROVIDER

Community Health System
Attention: Managed Care Department
45 River Park Plaza West, Suite 501
Fresno, CA 93720

8. BINDING ARBITRATION

Any dispute, claim, or controversy arising out of or relating to this Agreement or the breach, termination, enforcement, interpretation, or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by binding arbitration in Fresno County, California before one (1) arbitrator. The arbitration shall be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures and in accordance with the JAMS' Streamlined Arbitration Rules and Procedures. Judgment on the award may be entered in any court having jurisdiction.

9. GOOD FAITH COOPERATION

PROVIDER and SJVIA agree to meet and confer in good faith on all matters of common interest, which materially affect this Agreement, including, but not limited to, amendments to this Agreement. Both Parties agree to confer on such common areas of interest in order to reach accommodation prior to final action or decision.

10. LIMITS OF AUTHORITY

PROVIDER agrees that its authority is limited to the performance of Covered Services provided in this Agreement. PROVIDER shall have no authority to modify, waive, add to or delete any provisions from the benefits that SJVIA provides its Beneficiaries.

11. APPLICABLE LAW

This Agreement shall be construed in accordance with laws of the State of California.

12. CONFIDENTIALITY

As a result of this Agreement, SJVIA may have access to confidential and proprietary information. SJVIA shall hold such information, including the terms of this

Agreement, in confidence and will not use or disclose such information to any person without the prior written consent of PROVIDER, except as may be required by law, including but not limited to, the California Public Records Act, Government Code § 7920.000 et seq., and the Ralph M. Brown Act, Government Code § 54950 et. seq.

13. ENTIRE AGREEMENT

This constitutes the entire agreement between the Parties and supersedes any and all written or oral agreements concerning the subject of this Agreement. To be effective, any modifications to this Agreement shall be in writing and signed by the Parties.

14. ELECTRONIC SIGNATURES.

The parties agree that this Agreement may be executed by electronic signature as provided in this section. An "electronic signature" means any symbol or process intended by an individual signing this Agreement to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) of a handwritten signature. Each electronic signature affixed or attached to this Agreement (1) is deemed equivalent to a valid original handwritten signature of the person signing this Agreement for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation. This Agreement is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Agreement with an original handwritten signature.

Agreed to on behalf of SJVIA

Agreed to on behalf of PROVIDER

By: Hollis Magill

By: 

Name: Hollis Magill

Name: Patrick T. Ramirez

Title: SJVIA Assistant Manager

Title: CHP President & CEO

Date: 03/30/2023

Date: March 30, 2023

Tax ID: 85-2103299

LETTER OF AGREEMENT
SAN JOAQUIN VALLEY INSURANCE AUTHORITY AND COMMUNITY MEDICAL CENTERS

This Letter of Agreement (“Agreement”) is made by and between Community Medical Centers, a California not-for-profit hospital system (“HOSPITAL”), and San Joaquin Valley Insurance Authority, (“SJVIA”). HOSPITAL and SJVIA are collectively referred to as “the Parties”.

WHEREAS SJVIA has established/sponsored a program or programs of Health and Welfare Benefits hereinafter referred to as the “Plan(s),” for employees and eligible dependents of its participating employers, hereinafter collectively referred to as “Beneficiaries”.

WHEREAS SJVIA has requested to establish a direct contract with HOSPITAL to render medically necessary services (“Covered Services”) to Beneficiaries of the Plan(s) at in-network benefit levels.

WHEREAS HOSPITAL desires to enter into this Agreement to provide Covered Services at in-network benefit levels, and SJVIA agrees to pay HOSPITAL the compensation set forth in this Agreement.

NOW, THEREFORE in consideration of the mutual promises contained in this Agreement and other valuable consideration, the Parties hereby agree as follows:

1. SCOPE OF AGREEMENT

HOSPITAL agrees to render Covered Services to Beneficiaries, and to accept compensation as set forth below as full payment for all Covered Services. All Covered Services provided hereunder shall be under the scope and licensure of HOSPITAL.

2. AUTHORIZATIONS

HOSPITAL shall obtain authorization, as applicable, prior to rendering Covered Services to Beneficiaries.

3. CLAIMS SUBMISSION AND PAYMENT

HOSPITAL shall submit claims on a UB-04 claims form or successor form for Covered Services rendered by HOSPITAL within one hundred and twenty (120) days from the date of service. HOSPITAL shall submit claims to the address on the back of the Beneficiary ID card.

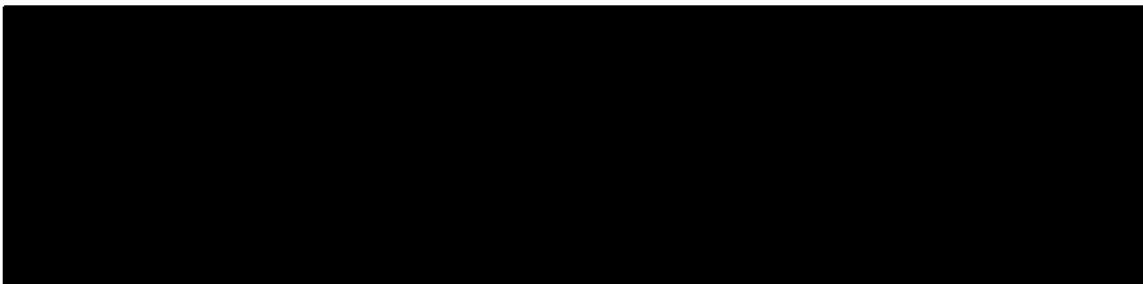
4. COMPENSATION

SJVIA shall pay PROVIDER within thirty (30) days of receiving a complete claim (as defined by California Code of Regulations Title 28, Section 1300.71) for Covered Services at the rates listed in this Section 4, COMPENSATION, as payment in full, less any Beneficiary Cost-Sharing responsibilities. All claims for Covered Services will be adjudicated at in-network benefit levels.

HOSPITAL will not bill Beneficiary for a service which is not a Covered Service unless, in advance of the provision of such service, the Beneficiary has been notified by HOSPITAL that the particular service may not be covered and the Beneficiary acknowledges in writing that he or she shall be responsible for payment of charges for such service.

In no event shall SJVIA deny or pend a claim, or any portion of a claim or reduce payment of a claim for authorized services rendered to a Beneficiaries.

Payment rates for Covered Services provided will be as follows:



5. INSURANCE

During the term of this AGREEMENT, the Parties, at their sole expense, shall maintain in full force and effect insurance (or a program of self-insurance) covering their obligations under this Agreement.

6. INDEMNIFICATION

HOSPITAL and SJVIA are each responsible for their own acts or omissions and are not liable for the acts or omissions of, or the cost of defending, others.

7. NOTICE

This AGREEMENT shall be effective as of January 1, 2023 (“Effective Date”) and shall remain in effect until either party gives written notice to the other of their intention to terminate this AGREEMENT upon ninety (90) days prior written notice, unless the Parties mutually agree in writing to an earlier termination notice period.

Notice Address

SJVIA
SJVIA Manager
San Joaquin Valley Insurance Authority
2220 Tulare Street, 14th Floor
Fresno, CA 93721

HOSPITAL

Community Health System
Attention: Managed Care Department
45 River Park Plaza West, Suite 501
Fresno, CA 93720

8. BINDING ARBITRATION

Any dispute, claim, or controversy arising out of or relating to this Agreement or the breach, termination, enforcement, interpretation, or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by binding arbitration in Fresno County, California before one (1) arbitrator. The arbitration shall be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures and in accordance with the JAMS' Streamlined Arbitration Rules and Procedures. Judgment on the award may be entered in any court having jurisdiction.

9. GOOD FAITH COOPERATION

HOSPITAL and SJVIA agree to meet and confer in good faith on all matters of common interest, which materially affect this Agreement, including, but not limited to, amendments to this Agreement. Both Parties agree to confer on such common areas of interest in order to reach accommodation prior to final action or decision.

10. LIMITS OF AUTHORITY

HOSPITAL agrees that its authority is limited to the performance of Covered Services provided in this Agreement. HOSPITAL shall have no authority to modify, waive, add to or delete any provisions from the benefits that SJVIA provides its Beneficiaries.

11. APPLICABLE LAW

This Agreement shall be construed in accordance with laws of the State of California.

12. CONFIDENTIALITY

As a result of this Agreement, SJVIA may have access to confidential and proprietary information. SJVIA shall hold such information, including the terms of this Agreement, in confidence and will not use or disclose such information to any

person without the prior written consent of HOSPITAL, except as may be required by law, including but not limited to, the California Public Records Act, Government Code § 7920.000 et seq., and the Ralph M. Brown Act, Government Code § 54950 et. seq.

13. ENTIRE AGREEMENT

This constitutes the entire agreement between the Parties and supersedes any and all written or oral agreements concerning the subject of this Agreement. To be effective, any modifications to this Agreement shall be in writing and signed by the Parties.

14. ELECTRONIC SIGNATURES.

The parties agree that this Agreement may be executed by electronic signature as provided in this section. An "electronic signature" means any symbol or process intended by an individual signing this Agreement to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) of a handwritten signature. Each electronic signature affixed or attached to this Agreement (1) is deemed equivalent to a valid original handwritten signature of the person signing this Agreement for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation. This Agreement is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Agreement with an original handwritten signature.

Agreed to on behalf of SJVIA

Agreed to on behalf of HOSPITAL

By: Hollis Magill By: Craig S. Castro

Name: Hollis Magill Name: CRAIG S. CASTRO

Title: SJVIA Assistant Manager Title: PRESIDENT & CEO

Date: 03/30/2023 Date: 03.30.2023

Tax ID: 94-1156276

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 12

SUBJECT: Receive Update on the April 6, 2023 Strategic Planning Meeting (I)

REQUEST(S): That the Board receive the update on the Strategic Planning Meeting.

DESCRIPTION:

The SJVIA held a strategic planning meeting on Thursday, April 6, 2023 in Visalia, California. In addition to SJVIA Staff and Keenan, SJVIA Directors Magsig and Vander Poel and County Administrative Officers Britt (Tulare) and Nerland (Fresno) were present at the meeting. Areas discussed included:

- History of the SJVIA, Mission and Vision Statements
- Current financial position of the SJVIA
 - Allocation of settlement funds
- Carrier and vendor performance
 - Anthem:
 - Community Medical Center (CMC) / Anthem provider contract status update
 - Direct contract with CMC
- Request for Proposal (RFP) Bid confirmation
- Medical and Rx Plan performance
- SJVIA wellness program and strategies
- Growth of the SJVIA

AGENDA: San Joaquin Valley Insurance Authority

DATE: May 5, 2023

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Lupe Garza
SJVIA Manager



Hollis Magill
SJVIA Assistant Manager

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 13

SUBJECT: Receive Strategic Planning Review Panel Update and Authorize Finalist Interviews for Plan Year 2024 Health Plan and Prescription Drug Plan Vendors (A)

REQUEST(S): That the Board receive the Strategic Planning Review Panel update and authorize finalist interviews for Plan Year 2024 Health Plan and Prescription Drug Plan Vendors.

DESCRIPTION:

Direction was provided at the SJVIA Strategic Planning Meeting on April 6, 2023 to form a Review Panel to discuss the responses from the most recent refresh Request for Proposals (RFP). The Strategic Planning Review Panel Meeting was held on Wednesday, April 26, 2023 in Fresno, California with the SJVIA Manager, SJVIA Assistant Manager, and County Administrative Officers from the County of Fresno and County of Tulare in attendance. The RFP submissions included:

- Medical ASO/ASC/TPA Vendors
 - Aetna
 - Anthem
 - Blue Shield of California
 - HealthComp
 - UnitedHealthcare
- Prescription Drug PBM Vendors
 - Aetna (CVS)
 - EmpiRx

After review, SJVIA Management will be requesting finalist interviews. The interviewing panel will be comprised of those present for the April 6, 2023 SJVIA Strategic Planning Meeting. It is the intention of staff to confirm

AGENDA: San Joaquin Valley Insurance Authority

DATE: May 5, 2023

vendors for the 2024 Plan Year after finalist interviews are completed, which recommended vendors will be brought back to the SJVIA Board for approval.

FISCAL IMPACT/FINANCING:

None.

ADMINISTRATIVE SIGN-OFF:



Lupe Garza
SJVIA Manager



Hollis Magill
SJVIA Assistant Manager



BOARD OF DIRECTORS

STEVE BRANDAU
NATHAN MAGSIG
BUDDY MENDES
LARRY MICARI
BRIAN PACHECO
AMY SHUKLIAN
PETE VANDER POEL

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 14

SUBJECT: Receive Consultant's Report on Carrier Proposals (I)

REQUEST(S): That the Board receive the Consultant's report on carrier proposals.

DESCRIPTION:

On January 1, 2023 Community Medical Center (CMC) terminated its provider network contract with Anthem. As a result, the SJVIA Anthem plan membership was left with a gap in its network coverage (Fresno County more so than Tulare County). SJVIA instructed Keenan to "refresh" the marketing done in 2022, for consideration of changing carriers to close the gap. Refreshed offers were obtained from the finalists. The attached report provides a summary analysis of the carrier proposal refresh.

FISCAL IMPACT/FINANCING:

To be determined.

ADMINISTRATIVE SIGN-OFF:

Handwritten signature of Lupe Garza in black ink.

Lupe Garza
SJVIA Manager

Handwritten signature of Hollis Magill in black ink.

Hollis Magill
SJVIA Assistant Manager

May 5, 2023

**RE: San Joaquin Valley Insurance Authority (SJVIA)
Medical and Prescription Drug (Rx) Request for Confirmation of Proposal (RFP)**

Background

On January 1, 2023 Community Medical Center (CMC) terminated its provider network contract with Anthem. As a result, the SJVIA Anthem plan membership was left with a gap in its network coverage (Fresno County more so than Tulare County). SJVIA instructed Keenan to “refresh” the marketing done in 2022, for consideration of changing carriers to close the gap. Refreshed offers were obtained from the finalists.

A report was being developed with the refreshed offerings to be presented at the February 17, 2023 SJVIA Board meeting. However, during the preparation of the report, CMC approached SJVIA and suggested the SJVIA could enter into a direct contract with CMC. SJVIA put the refreshed proposals on hold and pursued a direct contract with CMC.

The CMC SJVIA provider network contract was signed March 31, 2023, with Anthem administering the direct contract. CMC claims held from January 1 through March 31, 2023 were released by CMC for payment under the direct contract provisions.

On April 6, 2023, the SJVIA held a strategic planning meeting with County Administrative Officers (CAOs) of Fresno and Tulare Counties, two SJVIA Board members (one from each county), both SJVIA co-managers, SJVIA staff, and Keenan. One outcome from the strategic planning meeting was to prepare a report for the May 5, 2023 SJVIA Board meeting to consider an alternative to Anthem for network access and claims processing, effective January 1, 2024.

As a result, the 2022 medical plan RFP finalists were asked to confirm or update information that was provided in their initial proposals for plan years 2024 and 2025. Finalists were also encouraged to provide an additional third-year option for 2026 (2026 was not originally part of the initial RFP proposal). Additionally, the carriers were requested to share their network contract renewal dates for CMC and Adventist Health for the period of 2023 through 2026. Keenan prepared and sent out a workbook to have each proposer confirm or update their offerings.

Services Requested for the SJVIA’s Self-Funded Medical and Prescription Drug Program

- Medical: Administrative Services Contract Only (ASC or ASO) or Third-Party Administration (TPA)
- Medical: Preferred Provider Organization (PPO) network
- Prescription Drug (Rx): Pharmacy Benefits Manager (PBM)

Contract Term

- Medical: An initial period of two (2) years with a third-year optional proposal, followed by annual renewals
- Prescription Drug: An initial period of two (2) years with a third-year optional proposal, followed by annual renewals

- Note: The SJVIA reserves the right to end the contract period for cause at any point in time, or without cause based on mutual agreement between the SJVIA and the Vendor

Effective Date of Coverage

- SJVIA County of Tulare: January 1, 2024
- SJVIA County of Fresno: January 1, 2024 for some covered members, and December 11, 2023 for the balance of Fresno County

Keenan invited the following finalists to participate:

Medical ASO/ASC/TPA Vendors

Aetna

Anthem

Blue Shield of CA

United HealthCare

HealthComp

Prescription Drug PBM Vendors

Aetna (CVS)

EmpiRx

UHC excused themselves from the process. All other finalists provided workbooks.

Recommendation

The confirmation of offerings processed by the carriers resulted in improved proposals. Some carriers were also insistent on using their own calculations. This report reflects their calculations. Aetna CVS claimed that most material provided is confidential. That data is redacted in the report.

We are available to answer any questions.

Sincerely,



Bordan Darm
Vice President
AP Keenan

Questionnaire – The following chart summarizes the scoring of each vendor currently being considered from the questionnaire. Scoring was done on a 1-3 point basis (3 being the best).

SJVIA Questionnaire Evaluation Summary		Aetna	Anthem	Blue Shield	HealthComp	EmpiRx
Question #	GENERAL INFORMATION (1-12 NOT RATED)					
1-5a	General Information					
5b-12	Required Documentation & Disclosure					
ORGANIZATIONAL STRENGTH AND PLAN SPONSOR SERVICES		1.98	2.03	2.03	1.95	1.95
13-18	Background	2.00	2.00	2.00	1.80	1.90
19-21	Contractual Issues	2.00	2.00	2.00	2.00	2.00
22-27	Firm Experience	1.90	2.10	2.10	2.00	1.90
28-33	Regulatory and Compliance	2.00	2.00	2.00	2.00	2.00
ADMINISTRATION SUPPORT AND ACCOUNT MANAGEMENT (15%)		2.02	2.02	2.07	1.98	2.02
34-36	Implementation	2.00	2.00	2.00	2.00	2.00
37-40	Claims Processing	2.10	2.20	2.30	2.00	2.00
41-51	Billing	2.00	2.00	2.00	1.90	2.00
52-57	Plan Sponsor Services	2.00	2.00	2.00	1.90	2.00
58-59	Call Center Administration	2.00	2.00	2.10	2.10	2.10
60-67	Systems and Cybersecurity	2.00	1.90	2.00	2.00	2.00
MEMBER QUALITY OF CARE, RESOURCES, AND SERVICES (15%)		1.98	1.96	2.00	2.01	2.03
68-69	Enrollment	2.00	2.00	2.00	2.10	2.20
70-74	Call Center Member Services	1.80	1.80	2.00	2.10	2.10
75-78	Customer Service and Quality Control	2.00	1.90	2.00	1.90	2.00
79-83	Grievances and Appeals	2.00	1.90	2.00	2.00	2.00
84-85	Member Advocacy and Support Services	2.00	2.00	2.00	2.00	2.00
89-92	Quality Measurement Standards	2.00	2.00	2.00	2.00	2.00
93-95	Online Resources	2.00	2.00	2.00	2.00	2.00
96-101	Wellness Resources	2.00	2.00	2.00	2.00	2.00
102-104	Condition Management Resources	2.00	2.00	2.00	2.00	2.00
105-106	Miscellaneous Services	2.00	2.00	2.00	2.00	2.00
ACCESS TO CARE/NETWORK (30%)		2.00	2.00	2.00	2.00	2.00
107-108	Provider Groups, Networks, and Geographic Access	2.00	2.00	2.00	2.00	2.00
109-110	Emergency and Urgent Care Access & Extended Hours	2.00	2.00	2.00	2.00	2.00
COST PROPOSAL AND PLAN DESIGN (30%)		2.05	2.00	2.03	2.00	1.98
111-112	Premium Costs and Fee Commitments	2.00	2.00	2.00	1.90	1.90
113-117	Provider Reimbursements and Discounts	2.00	2.00	2.00	2.00	2.00
118-120	Hospital and Outpatient Facility Charges	2.00	2.00	2.00	2.00	2.00
121-122	Fee Guarantees and/or Fee Caps	2.20	2.00	2.10	2.10	2.00
Total Summary (100%)		2.012	1.999	2.020	1.994	1.995
13-125	Total All Rated Questions	52.00	51.80	52.60	51.80	52.10

Based on the results of the questionnaire, all vendors responded favorably.

GeoAccess –

Three PPO networks are being considered for the SJVIA. Anthem Blue Cross PPO network, Aetna PPO network, and Blue Shield of CA PPO network. In the original RFP, we asked the carriers to show the number of providers and facilities available by each zip code in each County and outside of the two Counties based on where members live. Please note, the GeoAccess from Anthem includes CMC. The following chart summarizes the number of providers and facilities in each County.

Anthem	Employees	Primary Care	Internist	OB/GYN	Pediatrician	MH/SA Providers	Other Specialist	Urgent Care Facilities	Outpatient Facility	MH/SA Facility	Hospitals
Fresno	6,193	616	977	188	386	381	4,106	21	3	6	11
Tulare	3,374	288	301	77	155	172	1,083	6	1	1	4
All Other	516	2,227	3,243	859	1,222	4,792	16,506	118	38	64	62
Total	10,083	3,131	4,521	1,124	1,763	5,345	21,695	145	42	71	77
Blue Shield	Employees	Primary Care	Internist	OB/GYN	Pediatrician	MH/SA Providers	Other Specialist	Urgent Care Facilities	Outpatient Facility	MH/SA Facility	Hospitals
Fresno	6,193	276	630	117	190	285	2,110	18	33	10	11
Tulare	3,374	136	225	44	71	74	759	9	14	2	4
All Other	516	498	472	461	464	487	492	128	485	117	124
Total	10,083	910	1,327	622	725	846	3,361	155	532	129	139
Aetna CVS	Employees	Primary Care	Internist	OB/GYN	Pediatrician	MH/SA Providers	Other Specialist	Urgent Care Facilities	Outpatient Facility	MH/SA Facility	Hospitals
Fresno	6,193	948	528	157	355	273	5,382	23	2	5	11
Tulare	3,374	467	231	65	137	126	1,800	8	1	4	4
All Other	516	4,236	2,376	1,009	1,619	2,176	28,014	280	14	14	93
Total	10,083	5,651	3,135	1,231	2,111	2,575	35,196	311	17	23	108

Based on the GeoAccess report, all three carriers provide adequate coverage to cover the required SJVIA areas.

Strength of PPO/EPO Network –

The original strength of network evaluation is based on a Disruption and Discount analysis as illustrated in the following exhibit (Out-of-network claims were treated equal among the carriers assuming each utilized a similar usual and customary value):

PPO/EPO Network Strength Analysis	Anthem	Blue Shield	Aetna CVS
Valuation date April 1, 2022			
2021 Total Billed Charges	\$161,629,455	\$161,629,455	\$161,629,455
1) In-Network Utilization	93.3%	97.4%	94.8%
In-Network Charges	\$150,801,196	\$157,384,399	\$153,176,298
2) In-Network Discount	66.3%	62.9%	61.8%
Total In-Network Discount	\$100,041,512	\$98,951,451	\$94,658,059
Total Net In-Network Charges	\$50,759,684	\$58,432,948	\$58,518,239
3) Out-of-Network Utilization	6.7%	2.6%	5.2%
Out-of-Network Charges	\$10,828,259	\$4,245,056	\$8,453,157
4) Out-of-Network Discount	22.3%	22.3%	22.3%
Total Out-of-Network Discount	\$2,416,016	\$947,163	\$1,886,080
Total Net Out-of-Network Charges	\$8,412,243	\$3,297,893	\$6,567,077
Total Charges	\$59,171,927	\$61,730,841	\$65,085,316
\$ Difference		\$2,558,914	\$5,913,389
% Difference		4.3%	10.0%

Anthem had a 4.3% (\$2.5 million) claim cost advantage over Blue Shield and 10.0% (\$5.9 million) advantage over Aetna.

Based on the recent request to confirm and/or update the previous chart has been updated and expanded for 2023, 2024, 2025 and 2026. The 2021 billed charges were projected forward to 2023 through 2026.

Anthem	2023	2024	2025	2026	2024-2026
Total Billed Charges	\$173,186,151	\$185,569,163	\$198,837,576	\$213,054,696	\$597,461,435
1) In-Network Utilization	98.63%	98.63%	98.63%	98.63%	98.63%
2) In-Network Discount	65.78%	65.78%	65.78%	65.78%	65.78%
3) Out-of-Network Utilization	1.37%	1.37%	1.37%	1.37%	1.37%
4) Out-of-Network Discount	32.14%	32.14%	32.14%	32.14%	32.14%
Total Discounted Charge	\$60,062,460	\$64,356,997	\$68,958,597	\$73,889,218	\$207,204,812
Aetna CVS	2023	2024	2025	2026	2024-2026
Total Billed Charges	\$173,186,151	\$185,569,163	\$198,837,576	\$213,054,696	\$597,461,435
1) In-Network Utilization	96.00%	96.00%	96.00%	96.00%	96.00%
2) In-Network Discount - Confidential					
3) Out-of-Network Utilization	4.00%	4.00%	4.00%	4.00%	4.00%
4) Out-of-Network Discount - Confidential					
Total Discounted Charge	\$62,609,564	\$67,086,222	\$71,882,965	\$77,022,681	\$215,991,868
\$ Change from Incumbent	\$2,547,104	\$2,729,225	\$2,924,368	\$3,133,464	\$8,787,057
% Change from Incumbent	4.24%	4.24%	4.24%	4.24%	4.24%
Blue Shield	2023	2024	2025	2026	2024-2026
Total Billed Charges	\$173,186,151	\$185,569,163	\$198,837,576	\$213,054,696	\$597,461,435
1) In-Network Utilization	97.40%	97.40%	97.40%	97.40%	97.40%
2) In-Network Discount	62.90%	62.90%	62.90%	62.90%	62.90%
3) Out-of-Network Utilization	2.60%	2.60%	2.60%	2.60%	2.60%
4) Out-of-Network Discount	22.30%	22.30%	22.30%	22.30%	22.30%
Total Discounted Charge	\$66,080,215	\$70,805,028	\$75,867,670	\$81,292,297	\$227,964,995
\$ Change from Incumbent	\$6,017,755	\$6,448,031	\$6,909,073	\$7,403,080	\$20,760,184
% Change from Incumbent	10.02%	10.02%	10.02%	10.02%	10.02%

Anthem has a 4.24% (\$2.5 million for 2023) claim cost advantage over Aetna, and 10.02% (\$6.0 million from 2023) advantage over Blue Shield. Please note, on the updated version Aetna claimed confidentiality on their Network discount and Out-of-Network discount; therefore, Keenan redacted the information.

Prescription Drug Evaluation – Disruption Analysis

In 2022, SJVIA utilized EmpiRx for PPO/EPO and Anthem IngenioRx for HDHP prescription drug benefit administration. EmpiRx would minimize disruption by only having 180 drug transactions negatively impact SJVIA covered members. Aetna CVS would have 697 negative drug transactions with 53 excluded transactions.

SJVIA Prescription Drug Disruption Analysis		
# of Drugs	EmpiRx	Aetna CVS
EPO/PPO # of Drugs		
No Change	38,639	37,580
Positive Change	0	374
Negative Change	0	639
Excluded	0	46
Total	38,639	38,639
HDHP # of Drugs		
No Change	6,651	7,362
Positive Change	769	173
Negative Change	180	58
Excluded	0	7
Total	7,600	7,600
EPO/PPO/HDHP # of Drugs		
No Change	45,290	44,942
Positive Change	769	547
Negative Change	180	697
Excluded	0	53
Total	46,239	46,239

Prescription Drug Discount Comparison

EmpiRx and Aetna CVS provided updated discounted data. Aetna CVS data was labeled as confidential and is therefore redacted, making it difficult to arrive at any conclusions between the two PBMS.

Aetna CVS	Generic				Preferred Brand				Non-Preferred / Specialty				Specialty			
	2023	2024	2025	2026	2023	2024	2025	2026	2023	2024	2025	2026	2023	2024	2025	2026
Retail																
Discount from AWP																
Annual Projection of Scripts																
Projected Average Claim Cost per Script																
Mail Order																
Discount from AWP																
Annual Projection of Scripts																
Projected Average Claim Cost per Script																
Retail 90																
Discount from AWP																
Annual Projection of Scripts																
Projected Average Claim Cost per Script																
EmpiRX																
Retail																
Discount from AWP	86.00%	86.00%	86.00%	86.00%	23.00%	23.00%	23.00%	23.00%	19.00%	23.00%	23.00%	23.00%	19.00%	19.50%	19.50%	19.50%
Annual Projection of Scripts		61,774	61,774	61,774		7,601	7,601	7,601		2509	2509	2509		642	642	642
Projected Average Claim Cost per Script		\$19.16	\$19.16	\$19.16		\$428.03	\$428.03	\$428.03		\$353.03	\$353.03	\$353.03		\$5,395.84	\$5,395.84	\$5,395.84
Mail Order																
Discount from AWP	90.00%	90.00%	90.00%	90.00%	25.50%	25.50%	25.50%	25.50%	23.00%	25.50%	25.50%	25.50%	23.00%	23.00%	23.00%	23.00%
Annual Projection of Scripts		836	836	836		82	82	82		13	13	13		1,773	1,773	1,773
Projected Average Claim Cost per Script		\$47.06	\$47.06	\$47.06		\$1,305.08	\$1,305.08	\$1,305.08		\$1,132.83	\$1,132.83	\$1,132.83		\$3,225.90	\$3,225.90	\$3,225.90
Retail 90																
Discount from AWP	86.00%	86.00%	86.00%	86.00%	23.00%	23.00%	23.00%	23.00%	19.00%	23.00%	23.00%	23.00%	19.00%	19.50%	19.50%	19.50%
Annual Projection of Scripts		28,669	28,669	28,669		2,374	2,374	2,374		258	258	258		1	1	1
Projected Average Claim Cost per Script		\$50.64	\$50.64	\$50.64		\$1,274.31	\$1,274.31	\$1,274.31		\$1,108.60	\$1,108.60	\$1,108.60		\$7,399.37	\$7,399.37	\$7,399.37

Prescription Drug Rebate Comparison

The PBMs were asked to project prescription drug rebates for 2024-2026.

Prescription Drug Analysis	Aetna CVS			EmpiRx		
	2024	2025	2026	2024	2025	2026
Rx Rebate PG per Script						
Retail 30-day supply				\$225.00	\$230.00	\$235.00
Retail 90-day supply				\$650.00	\$660.00	\$670.00
Retail Specialty				\$2,600.00	\$2,625.00	\$2,650.00
Mail Order				\$600.00	\$610.00	\$620.00
Specialty Mail Order				\$2,600.00	\$2,625.00	\$2,650.00
Rx Rebate PG number of Scripts						
Retail 30-day supply				6,944	6,944	6,944
Retail 90-day supply				2,152	2,152	2,152
Retail Specialty				60	60	60
Mail Order				680	680	680
Specialty Mail Order				741	741	741
Total				10,517	10,517	10,517
Annual PG Aggregate Total						
Retail 30-day supply				\$1,562,400	\$1,597,120	\$1,631,840
Retail 90-day supply				\$1,398,800	\$1,420,320	\$1,441,840
Retail Specialty				\$156,000	\$157,500	\$159,000
Mail Order				\$408,000	\$414,800	\$421,600
Specialty Mail Order				\$1,926,600	\$1,945,125	\$1,963,650
Total				\$5,451,800	\$5,534,865	\$5,617,930

Aetna CVS data was labeled as confidential and is therefore redacted making it difficult to arrive at any conclusions between the two PBMs. They provided the following language:

THIS TAB IS CONSIDERED CONFIDENTIAL. Aetna is proposing minimum per brand script rebate guarantees with 100% pass-through. Please refer to the grid below for 3TQ rebate guarantees and please refer to the SFS for 2T/3TNQ rebate guarantees. **Proposed brand Rxs are only illustrative and based on Aetna book of business assumptions; and, they are not reflective of SJVIA's expected brand utilization** given the incomplete data set provided as part of the RFP. However, Aetna is guaranteeing payment of rebates as requested and value should not be discounted. Total rebate value is determined by multiplying the per brand guarantees against SJVIA's actual utilization of applicable brand claims.

Performance Guarantees – Medical Carriers and Medical TPA

SJVIA Performance Guarantees	Anthem	Aetna CVS	Blue Shield	Health Comp
Medical PGs				
Claims Timeliness (14 Calendar Days)	Yes	Yes	Yes with Adj.	Yes
Claim Timeliness (30 Calendar Days)	Yes	Yes	Yes with Adj.	Yes with Adj.
Claim Payment Accuracy	Yes	Yes	Yes with Adj.	Yes
Claim Financial Accuracy	Yes	Yes	Yes with Adj.	Yes
Open Enrollment ID Card Issuance	Yes	Yes	Yes with Adj.	Yes
Processing of Ongoing Eligibility	Yes	Yes	Yes with Adj.	Yes with Adj.
Ongoing ID Cards Issuance	Yes	Yes	Yes with Adj.	Yes
Eligibility Error Reports - Ongoing	No	Yes	Yes with Adj.	Yes
Average Speed to Answer	Yes	Yes with Adj.	Yes with Adj.	Yes with Adj.
Call Abandonment Rate	Yes	Yes	Yes with Adj.	Yes
First Call Resolution	Yes	Yes	Yes with Adj.	Yes
Member Satisfaction	Yes	Yes	Yes with Adj.	Yes with Adj.
Management Reports	Yes	Yes	Yes with Adj.	Yes
Annual Performance Report	Yes	Yes	Yes with Adj.	Yes
Performance Guarantee Objectives	Yes	Yes	Yes with Adj.	Yes
Account Management Satisfaction	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.
Appeals	No	Yes	Yes with Adj.	No
Network Alerts	Yes	Yes	Yes with Adj.	No
Provider Accessibility	Yes	Yes	Yes with Adj.	No
Security Breach	Yes	Yes	Yes with Adj.	Yes

SJVIA Performance Guarantees	Anthem Comments	Aetna CVS Comments	Blue Shield Comments
Medical PGs			
Claims Timeliness (14 Calendar Days)		We have guaranteed 90% within 14 calendar days with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
Claim Timeliness (30 Calendar Days)		We have guaranteed 98% within 30 calendar days with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
Claim Payment Accuracy		We have guaranteed 97% payment incidence accuracy with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
Claim Financial Accuracy		We have guaranteed 99% financial accuracy with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
Open Enrollment ID Card Issuance		We have guaranteed ID Card production and Distribution of 99% within 10 business days with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	Amended PG metric to 97%
Processing of Ongoing Eligibility Information		We have guaranteed Eligibility updates of 97% withing 2 business days and 100% within 5 business days with a total of 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	Amended PG metric to 97%
Ongoing ID Cards Issuance		We will produce and distribute ongoing ID cards at 99% withing 10 business days as noted above.	Amended PG metric to 97%
Eligibility Error Reports - Ongoing	Year 1 only. Years 2 & 3 if needed	Eligibility Error Reports are included as part of our Eligibility Updates and Account Management Satisfaction guarantees.	
Average Speed to Answer		In place of average speed of answer we have proposed our Customer Effort Score and Customer Satisfaction Score guarantees each with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
Call Abandonment Rate		We have guaranteed an abandonment rate of 2.5% with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
First Call Resolution		We have guaranteed first call resolution of 90% with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	

SJVIA Performance Guarantees	Anthem Comments	Aetna CVS Comments	Blue Shield Comments
Medical PGs			
Member Satisfaction		We have guaranteed a positive response rate of 87% with 1% of applicable fees at risk. Please see the performance guarantees included in the revised financial package for complete details.	
Management Reports		We have guaranteed Processed claim information within 45 days; Incurred claim information within 90 days. 1% of applicable fees are at risk on this measure. Please see the performance guarantees included in the revised financial package for complete details.	
Annual Performance Report		Yes we will provide an annual performance report. This is included as part of our Overall Account Management Satisfaction guarantee.	
Performance Guarantee Objectives Results Report		Yes we will provide performance guarantee objective results reporting. This is included as part of our Overall Account Management Satisfaction guarantee.	
Account Management Satisfaction		We have guaranteed a satisfaction score of 3 or higher. 1% of applicable fees are at risk on this guarantee. Please refer to the performance guarantees included in our revised financial package for complete details.	
Appeals		We have guaranteed appeals resolution turnaround time of 95%. 1% of applicable fees at risk on this guarantee. Please refer to the performance guarantees included in our revised financial package for complete details.	
Network Alerts		We have guaranteed network alerts within 30 days of the effective date. 1% of applicable fees are at risk on this guarantee. Please refer to the performance guarantees included in our revised financial package for complete details.	
Provider Accessibility		We have guaranteed provider accessibility of 85%. 1% of applicable fees will be at risk on this guarantee. Please refer to the performance guarantees included in our revised financial package for complete details.	
Security Breach		We have guaranteed to provide breach notifications within 30 calendar days. 1% of applicable fees is at risk on this measure. Please refer to the performance guarantees included in our revised financial package for complete details.	

Performance Guarantees – Condition Management and Case Management

SJVIA Performance Guarantees	Anthem	Aetna CVS	Blue Shield	Health Comp
Condition Mgmt PGs	Anthem	Aetna CVS	Blue Shield	Health Comp
Condition Care Enrollment Rate	No	Yes	Yes with Adj.	Yes with Adj.
Condition Care Engagement Rate	Yes with Adj.	Yes	Yes with Modification	Yes with Adj.
Heart Failure ACE Inhibitors/ARB	No	Yes	Yes with Adj.	Yes
Diabetes Annual Hemoglobin A1c (HbA1c) Testing	No	Yes	Yes with Adj.	Yes
Persistent Asthma Prescription Drug	No	Yes	Yes with Adj.	TBD
Diabetes Nephropathy Testing/Identification	No	Yes	Yes with Adj.	No
Case Management PGs	Anthem	Aetna CVS	Blue Shield	Health Comp
Case Management High Dollar Claimant Outreach	Yes with Adj.	Yes	Yes with Adj.	Yes
Case Management Member Outreach for	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.
Case Management Member Outreach for	Yes with Adj.	Yes	Yes with Adj.	Yes with Adj.

SJVIA Performance Guarantees	Aetna CVS Comments	Blue Shield Comments
Condition Mgmt PGs	Aetna CVS Comments	Blue Shield Comments
<p>Condition Care Enrollment Rate</p>	<p>We have guarantee our care management engaged of reach rate guarantee at 70% with \$0.20 PEPM at risk as a component of our Care Management Guarantees. Our care management guarantees places 100% of applicable program fees at risk including this measure as well as those described below and an ROI of 2 to 1 saving with a total of \$11.03 PEPM at risk across all measures.</p>	<p>Connect without EngagementPoint Blue Shield guarantees \$4.00 PEPM gross savings attributed to those members engaged in care management as part of Connect. The calculation will be performed as follows: Blue Shield will calculate book of business aggregate savings for care management as the difference-in-difference between costs paid for the engaged members and a matched control group of non-engaged members. Average savings per member will be calculated by taking the aggregate and dividing by total number of members engaged. This average book of business savings per engaged member will be multiplied by the number of engaged members and converted to PEPM.</p>
<p>Condition Care Engagement Rate</p>	<p>We have guaranteed maternity engagement rate of 90% with \$0.25 PEPM at risk and Nurse/Coach engagement rate of 50% with \$0.80 PEPM at risk. Please refer to the Clinical Guarantees section of our revised financial package for complete details.</p>	<p>Connect without EngagementPoint Blue Shield guarantees \$4.00 PEPM gross savings attributed to those members engaged in care management as part of Connect. The calculation will be performed as follows: Blue Shield will calculate book of business aggregate savings for care management as the difference-in-difference between costs paid for the engaged members and a matched control group of non-engaged members. Average savings per member will be calculated by taking the aggregate and dividing by total number of members engaged. This average book of business savings per engaged member will be multiplied by the number of engaged members and converted to PEPM.</p>
<p>Heart Failure ACE Inhibitors/ARB</p>	<p>We have proposed our CAD members using statins with a target of 50% and Diabetic members using statins with a target of 45% both with \$0.10 PEPM at risk. Please refer to the Care Management Guarantees section of our revised financial package for complete details.</p>	<p>BSC is listed as YES, though RFP response included modifications</p>
<p>Diabetes Annual Hemoglobin A1c (HbA1c) Testing</p>	<p>We have proposed our Diabetic HbA1c testing guarantee with a target of 75% and \$0.10 PEPM at risk. Please refer to the Care Management Guarantees section of our revised financial package for complete details.</p>	<p>BSC is listed as YES, though RFP response included modifications</p>
<p>Persistent Asthma Prescription Drug</p>	<p>We have proposed our Asthma-controller medications guarantee with a target of 75% and \$0.10 PEPM at risk. Please refer to the Care Management Guarantee section of our revised financial package for complete details.</p>	<p>BSC is listed as YES, though RFP response included modifications</p>
<p>Diabetes Nephropathy Testing/Identification</p>	<p>We have proposed our Diabetic nephropathy guarantee of a 75% target and \$0.10 PEPM at risk. Please refer to the Care Management Guarantee section of our proposal response for complete details.</p>	<p>BSC is listed as YES, though RFP response included modifications</p>
Case Management PGs	Aetna CVS Comments	Blue Shield Comments
<p>Case Management High Dollar Claimant Outreach</p>	<p>We have proposed High Cost Claimant Screening of 95% with \$0.20 PEPM at risk. Please refer to the Care Management Guarantees section of our revised financial package for complete details.</p>	<p>Measured and assessed annually. Results available 60 days close of measurement period. Requires purchase of the Connect program. Penalty will be 25% of metric amount at risk for every 1% less than goal.</p>
<p>Case Management Member Outreach for Preadmission Counseling</p>	<p>We have proposed Inpatient Admission Outreach of 95% with \$0.20 PEPM at risk. Please refer to the Care Management Guarantees section of our revised financial package for complete details.</p>	<p>Measured and assessed annually. Results available 60 days close of measurement period. Requires purchase of the Connect program. Penalty will be 25% of metric amount at risk for every 1% less than goal.</p>
<p>Case Management Member Outreach for Post Discharge Counseling</p>	<p>We have proposed a number of care management measures including Depression Screening of 90% with \$0.20 PEPM at risk on this measure. Please refer to the Care Management Guarantees section of our revised financial package for complete details.</p>	<p>Measured and assessed annually. Results available 60 days close of measurement period. Requires purchase of the Connect program. Penalty will be 25% of metric amount at risk for every 1% less than goal.</p>

2023 and 2024 Administrative Costs—The Carriers: The following chart illustrated the administration costs per carrier. Fee descriptions are provided on each vendor.

SJVIA Administrative Cost Summary		Anthem Blue Cross		Aetna CVS	Blue Shield				HealthComp	
Per Employee per Month (PEPM)	Enrollment Assumption	2023	2024		2023	2024	2025	2026 Optional	2023	2024
		Medical Only	Medical Only		Medical Only	Medical Only	Medical Only	Medical Only	Medical Only	Medical Only
Administration Fee EPO/PPO	6,189	\$34.90	\$36.23		\$28.40	\$28.40	\$29.18	\$29.98	\$19.75	\$16.62
Administration Fee HSA Compatible HDHP PPO	720	\$34.90	\$36.23		\$28.40	\$28.40	\$29.18	\$29.98	\$19.75	\$16.62
EPO/PPO Network Access Fee	6,909	Included	Included		Included*	Included*	Included*	Included*	Provided by Carrier,Carrier	
Case Management Fee	6,909	Included	Included		\$2.30	Included**	Included**	Included**	\$160/Hour	\$190.00/Hr
Condition/Disease Management Fee	6,909	\$0.10	\$1.77		Included**	Included**	Included**	Included**	Included in Clinical Management	
Clinical Management Fee	6,909	Included	Included		Included**	Included**	Included**	Included**	\$5.60	\$5.60
Utilization Review Fee	6,909	Included	Included		Included	Included	Included	Included	Provided by Network	
Wellness Fee	6,909	Included	Included		Included	Included	Included	Included	Included in Clinical Management	
1 Other (Pharmacy Allowances)	6,909	\$250,104			\$5.42	\$5.42	\$5.58	\$5.75	Included in Clinical Management	
2 Other (Fee Holiday)	6,909				\$500K annual	\$500K annual			Included in Clinical Management	
3 Wellness Fund	6,909	\$60,000	\$90,000		\$100,000	\$100,000	\$100,000	\$100,000	Provided by Network Provide	
4 Other (Tech/Communication Allowance)	6,909				Included				Included in Case Managemen	
5 Other (Pharmacy Performance Credit)	6,909								45% of Savings	45% of Savings
									14% of Savings	14% of Savings
									30% of Savings	30% of Savings
									\$2.50	\$2.50
									Medical Claims Administratir	
Total Cost (PEPM)	6,909	\$35.00	\$38.00		\$36.12	\$33.82	\$34.76	\$35.73	\$25.35	\$22.22
Gross 2023 Annual Cost	6,909	\$3,151,884	\$3,150,504		\$2,994,637	\$2,803,949	\$2,881,882	\$2,962,303	\$2,101,718	\$1,842,216
First Year Credit	6,909	\$0	\$0		\$400,000	\$400,000	\$400,000	\$400,000		
Net 2023 Annual Cost	6,909	\$3,151,884	\$3,150,504		\$2,594,637	\$2,403,949	\$2,481,882	\$2,562,303	\$2,101,718	\$1,842,216

SJVIA Administrative Cost Summary	Anthem Blue Cross			Aetna CVS	Blue Shield		HealthComp	
	Enrollment Assumption	2025	2026		2025	2026	2025	2026
		Medical Only	Optional Medical Only		Medical Only	Optional Medical Only	Medical Only	Medical Only
Administration Fee EPO/PPO	6,189	\$36.23	\$37.18		\$29.18	\$29.98	\$16.62	\$16.62
Administration Fee HSA Compatible HDHP PPO	720	\$36.23	\$37.18		\$29.18	\$29.98	\$16.62	\$16.62
EPO/PPO Network Access Fee	6,909	Included	Included		Included*	Included*	Provided by Carrier, Carrier	
Case Management Fee	6,909	Included	Included		Included**	Included**	\$190.00/Hr	\$190.00/Hr
Condition/Disease Management Fee	6,909	\$2.47	\$2.47		Included**	Included**	Included in Clinical Management	
Clinical Management Fee	6,909	Included	Included		Included**	Included**	\$5.60	\$5.60
Utilization Review Fee	6,909	Included	Included		Included	Included	Provided by Network	
Wellness Fee	6,909	Included	Included		Included	Included	Included in Clinical Management	
1 Other (Pharmacy Allowances)	6,909				\$5.58	\$5.75	Included in Clinical Management	
2 Other (Fee Holiday)	6,909						Included in Clinical Management	
3 Wellness Fund	6,909	\$90,000	\$90,000		\$100,000	\$100,000	Provided by Network Provider	
4 Other (Tech/Communication Allowance)	6,909						Included in Case Management	
5 Other (Pharmacy Performance Credit)	6,909						45% of Savings	45% of Savings
							14% of Savings	14% of Savings
							30% of Savings	30% of Savings
							TBD	TBD
							Medical Claims Administration	
Total Cost (PEPM)	6,909	\$38.70	\$39.65		\$34.76	\$35.73	\$22.22	\$22.22
Gross 2023 Annual Cost	6,909	\$3,208,540	\$3,287,302		\$2,881,882	\$2,962,303	\$1,842,216	\$1,842,216
First Year Credit	6,909	\$0	\$0		\$400,000	\$400,000		
Net 2023 Annual Cost	6,909	\$3,208,540	\$3,287,302		\$2,481,882	\$2,562,303	\$1,842,216	\$1,842,216

Fee Descriptions - Anthem

Medical Only ASO: ASO Basic Foundational Package plus Anthem Health Guide (AHG), Claims Fiduciary Coverage, LiveHealth Online, Blue Distinction Programs, Standard ID cards, Standard management reporting, State/Federal reporting, Open Enrollment meeting support, electronic version of the benefit booklets, processing 12 months of run-out claims, excluding any direct charges (i.e. data feeds to other vendors); HSA Compatible HDHP PPO includes pharmacy administration.

Case Management – Behavioral Health (includes Behavioral Health Advantage with CBT), Case Management – Medical (includes ESRD, NICU and Transplant) , ESRD (cost included in Case Management), Transplant (costs included in Case Management)

Future Moms with pro-active identification and lactation support

Clinical Review Cancer Care Quality program (through AIM)

Utilization Management – Medical and Behavioral Health

- Anthem Health Guide

Fee Descriptions - Blue Shield

EPO/PPO Network Access Fee: *Network access is included for CA network. Blue Card fees for non-CA network will be invoiced.

Case Management Fee: Shield Support Program

Condition/Disease Management Fee: ** Included in Shield Support OR Connect Program

Clinical Management Fee: **Included in Shield Support OR Connect Program

1 Connect Program - Connect our Concierge integrated clinical and customer service model with a designated team including integration of 3rd party SJVIA partners as desired

2 Implementation Credit for Medical/Rx (can be used for implementation, wellness, audits, communications and more)

3 \$100,000 wellness fund included in \$500k Medical Only credit for year 1, wellness fund provided annually

4 Health Improvement Program - Wellvolution: comprehensive life-style and disease prevention and reversal program, including coaching. Personalized for each member.

Fee Descriptions - Aetna CVS

Fee Descriptions - HealthComp (Excludes Network Access Fee)

Administration Fee EPO/PPO: HealthComp admin fee includes various features. Please see SJVIA HealthComp Proposal for more details.

Administration Fee HSA Compatible HDHP PPO: HealthComp admin fee includes various features. Please see attachment SJVIA HealthComp Proposal for more details.

EPO/PPO Network Access Fee: Represents the Anthem Network Access fee if HealthComp is chosen as the TPA and the Rx is carved out. HealthComp is proposing OptumRx as the PBM should Rx be carved out.

Case Management Fee: The fee is \$160.00 Per Hour (billed in 6 min increments)

Condition/Disease Management Fee: HealthComp's program proactively engages the riskiest members before any hospitalizations (and before case management) to help them address gaps in care.

Clinical Management Fee: HealthComp's Population Preventive Care is inclusive of Disease Management: helping members with chronic conditions and also members without chronic conditions but other high risk factors. Leveraging advanced analytics to create personalized care plans for each member, HealthComp's clinical team then applies a high-touch service model to proactively engage members, co-create goals, and consistently follow-up with members to remind and remove barriers – all while reviewing for site of care optimization opportunities and adverse medication interactions.

Utilization Review Fee: HealthComp does not provide this service when utilizing the Anthem network. Anthem does this.

Wellness Fee: HealthComp's wellness solution analyzes the member's historical data to create a personalized wellness plan.

1 Other - Cancer Awareness: Program is designed to promote a culture of health at your company, create awareness, and ultimately reduce the participants' risk of cancer through early detection and intervention.

2 Other - Emergency Room Solutions: ER Solutions program identifies members who have recently visited the Emergency Room and performs outreach to educate them on alternatives to the ER.

3 Other - Mommies 2-B: HealthComp's program provides expectant mothers with services and educational materials that are designed to help give their babies a healthy start.

4 Other - Teladoc: 24/7 access to care by web, phone or mobile app. Care is delivered through a network of U.S. board-certified physicians with 20 years average experience.

5 Other - Compliance Fee: Covers compliance on CAA and NSA, 1099's, PCORI Reporting Data, W2 Reporting Data, Medicare Part D Notices (includes mailings), etc.

Fee Descriptions - EmpiRx \$6.00 per Script estimated at \$3.35 pepm or \$277,452 annual cost

1 Other - Per Rx Administration fee	\$6 per Rx (est annual projected cost \$277,452, Total Cost PEPM (\$3.35) based on \$277,452/6,909/12)
2 Other - Direct Reimbursement Claims Processing	\$5.00 per Direct Reimbursement Claim
3 Other - Annual Benefit Summary (EOB)	\$3.00 per summary, plus postage
4 Other - Replacement ID Cards	\$2.50 per card, plus postage for 10mil card stock
5 Other - Administrative Prior Authorization	\$15.00 per plan prior authorization
6 Other - Clinical Prior Authorization (including re	\$55.00 per determination
7 Other - Clinical Program Mailings (e.g., Step The	\$1.75 per communication, plus postage
8 Other - Fraud, Waste & Abuse – Retrospective	\$5.00 per letter, plus postage
9 Other - External Third-Party Appeals	\$500.00 Per Hour for preparation / participation in external appeals, + reasonable travel expenses
10 Other - Medicare Part D RDS Support	Annual base charge of \$10,000 and an additional per eligible life per month fee
11 Other - Integration with health plan providers	As mutually agreed by the parties on a case-by-case basis

Total Cost Summary

Keenan conducted analysis on

- Medical: member disruption, network pricing, network adequacy, network valuations, and cost valuation
- Prescription drug: member disruption, AWP discount, rebating, and cost valuations

The following chart summarized Keenan’s cost findings:

2024 Projection						
Medical Vendor	Anthem	Aetna	Blue Shield	HealthComp (Missing Network Access Fees)		
PPO Network	Anthem	Aetna	Blue Shield	Anthem	Aetna	Blue Shield
PBM Vendor	EmpiRx	CVS	EmpiRx	EmpiRx	EmpiRx	EmpiRx
Claim Cost						
Medical	\$64,356,997		\$70,805,028	\$62,104,502		\$68,326,852
Rx	\$26,282,889		\$26,282,889	\$26,282,889		\$26,282,889
Rx Rebates	<u>\$5,451,800</u>		<u>\$5,451,800</u>	<u>\$5,451,800</u>		<u>\$5,451,800</u>
Total	\$85,188,086		\$91,636,117	\$82,935,591		\$89,157,941
Administrative Cost						
Medical	\$3,150,504		\$2,803,949	\$1,842,216		\$1,842,216
Rx	<u>\$277,452</u>		<u>\$277,452</u>	<u>\$277,452</u>		<u>\$277,452</u>
Total	\$3,427,956		\$3,081,401	\$2,119,668		\$2,119,668
Total Cost						
Total Claims and Admin	\$88,616,042		\$94,717,517	\$85,055,259		\$91,277,609
\$ Difference	\$4,370,400		\$10,471,876	\$809,617		\$7,031,967
% Difference	5.2%		12.4%	1.0%		8.3%
Total Cost w/ Credits						
First Year	-\$30,000		\$400,000	-\$30,000		\$400,000
Wellness Annually	<u>-\$60,000</u>		<u>\$100,000</u>	<u>-\$60,000</u>		<u>\$100,000</u>
Total Cost w/ Credits	\$88,526,042		\$94,217,517	\$84,965,259		\$90,777,609
\$ Difference	\$4,280,400		\$9,971,876	\$719,617		\$6,531,967
% Difference	5.1%		11.8%	0.9%		7.8%

Please note Aetna and Anthem completed their own total cost summary factors (claim cost and admin fees). Cost summaries have not been validated by Keenan; due the carrier’s lack of transparency, Keenan is concerned about the cost projections.

2025 Projection						
Medical Vendor	Anthem	Aetna	Blue Shield	HealthComp (Missing Network Access Fees)		
PPO Network	Anthem	Aetna	Blue Shield	Anthem	Aetna	Blue Shield
PBM Vendor	EmpiRx	CVS	EmpiRx	EmpiRx	EmpiRx	EmpiRx
Claim Cost						
Medical	\$70,734,218		\$75,867,670	\$68,258,520		\$73,212,302
Rx	\$27,036,785		\$27,036,785	\$27,036,785		\$27,036,785
Rx Rebates	<u>\$5,534,865</u>		<u>\$5,534,865</u>	<u>\$5,534,865</u>		<u>\$5,534,865</u>
Total	\$92,236,138		\$97,369,590	\$89,760,440		\$94,714,222
Administrative Cost						
Medical	\$3,290,274		\$2,881,882	\$1,842,216		\$1,842,216
Rx	<u>\$277,452</u>		<u>\$277,452</u>	<u>\$277,452</u>		<u>\$277,452</u>
Total	\$3,567,726		\$3,159,334	\$2,119,668		\$2,119,668
Total Cost						
Total Claims and Admin	\$95,803,864		\$100,528,924	\$91,880,107		\$96,833,889
\$ Difference	\$7,187,822		\$5,811,407	\$6,824,849		\$5,556,281
% Difference	8.1%		6.1%	8.0%		6.1%
Total Cost w/ Credits						
Ongoing Credits						
Wellness Annually	<u>-\$90,000</u>		<u>\$100,000</u>	<u>-\$90,000</u>		<u>\$100,000</u>
Total Cost w/ Credits	\$95,713,864		\$100,428,924	\$91,790,107		\$96,733,889
\$ Difference	\$7,187,822		\$6,411,407	\$6,824,849		\$6,156,281
% Difference	8.1%		6.8%	8.0%		6.8%

2026 Projection						
Medical Vendor	Anthem	Aetna	Blue Shield	HealthComp (Missing Network Access Fees)		
PPO Network	Anthem	Aetna	Blue Shield	Anthem	Aetna	Blue Shield
PBM Vendor	EmpiRx	CVS	EmpiRx	EmpiRx	EmpiRx	EmpiRx
Claim Cost						
Medical	\$75,908,512		\$81,292,297	\$73,251,714		\$78,447,067
Rx	\$27,812,305		\$27,812,305	\$27,812,305		\$27,812,305
Rx Rebates	<u>\$5,617,930</u>		<u>\$5,617,930</u>	<u>\$5,617,930</u>		<u>\$5,617,930</u>
Total	\$98,102,887		\$103,486,672	\$95,446,089		\$100,641,442
Administrative Cost						
Medical	\$3,371,043		\$2,962,303	\$1,842,216		\$1,842,216
Rx	<u>\$277,452</u>		<u>\$277,452</u>	<u>\$277,452</u>		<u>\$277,452</u>
Total	\$3,648,495		\$3,239,755	\$2,119,668		\$2,119,668
Total Cost						
Total Claims and Admin	\$101,751,382		\$106,726,427	\$97,565,757		\$102,761,110
\$ Difference	\$5,947,518		\$6,197,503	\$5,685,649		\$5,927,220
% Difference	6.2%		6.2%	6.2%		6.1%
Total Cost w/ Credits						
Ongoing Credits						
Wellness Annually	<u>-\$90,000</u>		<u>\$100,000</u>	<u>-\$90,000</u>		<u>\$100,000</u>
Total Cost w/ Credits	\$101,661,382		\$106,626,427	\$97,475,757		\$102,661,110
\$ Difference	\$5,947,518		\$6,197,503	\$5,685,649		\$5,927,220
% Difference	6.2%		6.2%	6.2%		6.1%

Value Proposition Statements

Keenan asked each carrier/vendor to briefly state their value proposition.

Value Statement – Anthem Blue Cross

We know that the health plan SJVIA selects will be the most valued employee benefit, as well as a significant business investment. We are committed to delivering a customized, coordinated solution that will help your employees take control of their health and become their healthiest self, and improve cost savings for all. We will continue to leverage our superior network discounts and access, while delivering innovative, cost saving programs, tools, and services to achieve the best outcomes for your employees now and for years to come.

Our specific value proposition and key differentiators for SJVIA’s consideration include the following:

Integrated Benefits Solutions

We feel our integrated medical and pharmacy programs and services offer the best value to you. The integration of Anthem’s medical and pharmacy services will allow you to offer your employees access to the care they need, all packaged in a seamless, simple experience. We provide guidance and coordinated solutions for better total health. Our extensive resources and networks allow us to be flexible, building the ideal benefit solution to fit your needs. We coordinate our information, programs, and interactions to help enrollees manage their conditions and live healthier lives. Healthier enrollees mean increased productivity and lower health care costs for you. We coordinate our data between doctors, pharmacists, members, and our disease management teams. This gives us the power to help ensure that good health does not fall through the cracks.

We help improve member health outcomes and reduce total healthcare costs by integrating our medical and pharmacy programs — and by focusing on our members holistically. We integrate our medical, pharmacy, and lab data — and we go beyond the data to ensure coordination of our people, programs, and knowledge. We work to drive consistent strategies for our medical and pharmacy programs.

Based on a 2020 HealthCore, Inc., Value of Medical and Pharmacy Integration study analyzing our 2015 to 2018 data, clients with our integrated pharmacy and medical benefits through Anthem experienced on average medical costs \$30.70 PMPM lower compared to those who carved out pharmacy. This translates to an average of \$315 PMPY client savings and \$53 in member out-of-pocket savings — a total of \$368 lower average medical costs PMPY.

Other key findings illustrate the following for the carve-in population:

- 11.6% lower outpatient costs
- 5.5% lower inpatient costs

Our integrated medical and pharmacy benefits help drive lower costs, better outcomes, and increased member satisfaction through the following:

- Outcomes-based formulary that includes medications proven to improve and lower total costs
- Aligned medical and pharmacy clinical criteria and policies
- Effective, coordinated medication management programs
- Proactive site-of-care management
- More closely and quickly identified care gaps because of connected data that leads to more actionable insights
- Seamless and coordinated experience for members, clients, and providers

Member Engagement Platform — A Smarter Personalized Healthcare Journey

Like SJVIA, Anthem values innovative member resources designed to help members make informed decisions and increase engagement with their health plan. Sydney Health, our member engagement platform, focuses on driving a smarter healthcare journey for members by putting health management tools in their hands. Sydney Health integrates all benefits together for whole-person care. It not only supplies information but also, uses the information, driven by artificial intelligence (AI), to help members proactively stay healthier. Proactive support includes alerting members to gaps in care notifications, helping them find a provider based upon quality and cost information, and providing health tips based on each member's history and interests.

By delivering a member-personalized experience, Sydney Health will support your employees to achieve goals. Sydney Health is all about saving members time and connecting them with the care they need, when they need it. It delivers total procedure cost estimates, member pay cost estimates, plan pay cost estimates, and the capability to view costs for all procedures performed by a provider. Sydney Health sorts data and recommend products, programs, and content according to a member's unique needs to deliver better outcomes and lower costs. Leveraging the Blue Cross Blue Shield Association national data, Sydney Health accurately provides cost estimates and expenses for more than 700 procedures, and that list continues to grow.

Additional features for members include, but are not limited to, the following:

- Curated, personalized experiences that drive members toward outcomes
- The ability to set personal goals, sync their fitness trackers, and review content related to their unique needs
- Integrated benefits, claims and health and wellness programs
- Members will receive content based on their personal risk factors, identified by our AI engine
 - They can select areas of interest, such as weight loss or getting active
 - They can enter goals for monetary or non-monetary rewards
 - They receive personalized program recommendations

We look forward to further discussion about the many programs and services Anthem has to offer you and a continued partnership and a mutually successful relationship between our two organizations.

Value Statement – Blue Shield

Below is a summary of our differentiated value proposition for SJVIA **Our commitment to the San Joaquin Valley Insurance Authority is significant:**

- **Blue Shield is a leader in serving public sector entities.** We partner with over **1,300** public sector entities in California, including direct client relationships with 18 cities and towns, 7 counties, and associations with a variety of public agencies through joint powers authorities and trusts. We have a deep understanding of the particular challenges that organizations such as SJVIA face, including the need for predictable budgeting, reducing costs while increasing efficiencies, and addressing the expectations of multiple stakeholders.
- **A 5 year-comprehensive core service fee of \$25.90 PEPM**, including flat fees for years 1 and 2 with 3% escalator for years 3-5 that includes comprehensive administrative services as well as telehealth, tele-behavioral health, NurseHelp 24/7, Fiduciary and **Wellvolution** comprehensive health improvement program: lifestyle and chronic care management services personalized for every SJVIA member
- **Network Strength** – little to no disruption for SJVIA given a Blue-to-Blue transition AND given we expanded our PPO ACO models in both Fresno and Tulare County in 2022, our Network Discount/Total Cost of Care is even stronger – **we expect a 2% improvement for SJVIA given these new PPO ACO provider contracts.** Through claims evaluation, 35% of SJVIA are already using these providers, so the value will happen without any disruption.
- **Strong Performance guarantees with 36% of fees at risk including:**
 - 21% for operational and account management performance
 - Discount guarantee with 15% of fees at risk
- **A comprehensive fund offer:**
 - Transition fund of \$500,000 for Medical services and \$1,000,000 for the Medical and Pharmacy offering (can be used for Wellness, Communications, audits, staffing, implementation costs, etc.)
 - Annual wellness and audit fund in Year 2 and 3: \$100,000/year
- **Expanded Access to Primary and Specialty Care through Health@Home and Walgreens** – In addition to our PPO network we have a new Health@Home offering that includes near-site primary care at Walgreens Health Corners and Dispatch Health – increasing access to primary care and removing barriers to care. This will expand primary care and chronic condition support for SJVIA employees and family members. **The Walgreen Health Corners will be available in both Tulare and Fresno Counties!** Blue Shield also offers the CVS minute clinics as a part of our PPO network... therefore, through Blue Shield, SJVIA would get access to the CVS Minute Clinics, and the exclusive Walgreens Health Corners
- **Wellvolution®**, our digital healthcare platform that offers a large scope of services, from prevention (e.g., diet, physical activity, stress, sleep, social support, smoking cessation) to the treatment and reversal of conditions (e.g., heart disease, diabetes, hypertension, hyperlipidemia, metabolic syndrome, obesity) to support optimal health. Wellvolution's digital platform uses decades of research and leading technology to deliver personalized support. Offering multiple digital applications and 30,000 brick-and-mortar locations, members have unprecedented choice in preventing, treating, and reversing a number of health conditions.

- **Expanded Mental Health Services: On-demand mental health support day or night through Ginger and Briteline** including behavioral health coaching 24/7/365 via text-based chat, informational content, self-guided activities, and support from licensed therapists and psychiatrists via video.
- **Integrated medical and pharmacy offering: Blue Shield serves as its own pharmacy benefits manager (PBM)**, making us uniquely qualified to provide quality and affordable pharmacy benefits to SJVIA. The advantages of our fully integrated model include:
 - **Simplified administration** through a single source and consolidated reporting to ensure you have a complete picture of your health benefits program
 - **Better value and results** through technology-driven solutions, pharmacist outreach, and coordinated case management
 - **Lower total cost of care** through competitive pricing, end-to-end specialty solutions, and integrated analytics
 - **Seamless and engaging member-facing experience** through an integrated and consistent online and mobile platform and high-touch and high-tech pharmacist support

Our model saves **\$16–\$24 per member per month** compared to carve-out PBM models and lowers hospitalization and emergency room rates. We also provide consolidated reporting for a comprehensive insight into both financials and the qualitative member experience.

- **Executive Commitment** By partnering with Blue Shield, you will be collaborating with a company whose leadership will be engaged in your interests and needs at every turn and stand by our commitments!

Value Statement – Aetna CVS

We're taking health care where you want us to be by creating unrivaled connections on every corner in every neighborhood close to home.

With the combined capabilities of CVS Health and Aetna, our care support and health guidance are so deeply embedded, they become part of our members' everyday lives. And perhaps most important of all, we deliver better costs and greater simplicity than ever, helping our members get on and stay on an affordable, connected path to better health.

A new health care experience

Being where you want us to be isn't just about being the most local as Fresno County. It's about going farther – reaching out, making ourselves more accessible, and by doing so, creating a more whole, more connected experience. The result is unmatched human connections, digital access whenever and wherever our members need it and a new reality where our members know that no matter where they are or when they're reaching out, we'll be there to answer.

We've structured our approach on three simple, but meaningful ideas: more caring, more connected, and closer to home. Here's what that means for our members in Fresno and Tulare Counties:

- More caring means we provide health care solutions how they need them by using connected data that creates insights for a more personalized experience, giving members more reasons to engage and helping them take the right health actions.
- More connected means we provide health care solutions based on a simpler, more integrated approach that delivers a better health care experience that feels whole.
- Closer to home means we provide health care solutions where they want them by reaching members in more ways and at more times than any other health care provider. Through our nearly 9,900 CVS Pharmacy® locations, more than 1,100 MinuteClinic® locations and a growing list of CVS HealthHUB® locations, our unmatched local footprint provides access to our members where they live and work because that's where health happens.

What better health feels like

The connected, personalized, and affordable experience we're creating feels different. We're providing our members:

- Unmatched engagement touchpoints for a personalized “what's best for me” experience
- A holistic approach to health that takes both physical health and mental well-being into account
- A complete member view driven by robust, integrated data that powers our behavioral insights and member outreach
- Pharmacy solutions in your neighborhood and cost-effective retail and specialty drug costs
- Benefits that encourage appropriate and convenient sites of care
- Innovative and low-cost relationships with providers

Value Statement – HealthComp

HealthComp At-A-Glance Lower Health Plan Costs

- Founded in 1994
- Largest Independent TPA: Medical, Dental, Vision, COBRA, HIPAA, Flexible Spending Accounts
- Serve over 900K medical and 1.5M total members nationwide
- Client size range: 30,000-150,000 medical members
- National footprint: Operations center in Fresno (CA), Homewood (IL), Covington (LA), Lancaster (PA), and Ripley (WV), Lexington (KY)

Operational Excellence: Measurable, Repeatable, and Predictable

Our clients work with a designated team (pod) of associates from various departments. This ensures that you receive the best service from a team that understands your benefits offering.

- **2.8** days claims turnaround time
- **99.7%** claims accuracy
- **63%** of claims processed in 1 day
- **97%+** client retention

HealthComp operates independently, with no ties to providers. Our cost management program utilizes claims and quality excellence, payment integrity, and care management to optimize your health plan spend.

Claims and Quality Excellence

Operational excellence, auto-adjudication, QA processes, post-claims reviews, 100% audit above \$5,000

Payment Integrity

Out-of-network negotiations, subrogation, fraud protection, waste & abuse monitoring, stop loss processing

Care Management

- Large case management, care coordination, claims review and negotiation, member education
- Chronic Condition Management
- Specialized programs to control ER and dialysis costs
- Preventive care programs: Cancer Awareness, Mommies 2-Be

HealthComp's Clinical Care Management Program Clients see **30% lower utilization** and **19% lower medical costs** than the industry average

Help your employees get affordable, high-quality medical care.

HealthComp's high-touch clinical care management programs nurture healthy employee populations.

Wakely, an independent actuarial firm crunched our numbers and revealed how HealthComp's high-touch, personalized approach to care administration ensures more plan members receive tailored, appropriate medical care.

Our clinical care management team serves as the change-making advocates that health plan members need most.

Keenan

KEY FINDINGS

Help your employees get affordable, high-quality medical care. HealthComp's high-touch clinical care management programs nurture healthy employee populations.

Wakely, an independent actuarial firm crunched our numbers and revealed how HealthComp's high-touch, personalized approach to care administration ensures more plan members receive tailored, appropriate medical care.

Our clinical care management team serves as the change-making advocates that health plan members need most.

- **30% lower utilization** through inpatient, outpatient, and professional services, or **\$3,000 in savings per employee per year**, without changing benefits or network design
- **19% lower medical costs** across every service category for managed HealthComp members compared to the industry average
- **48% lower inpatient costs** for **HealthComp members 80 NPS score**, compared to the **healthcare industry's average of 12**
- **40% lower maternity spend** for members in HealthComp's **Mommies 2-Be Program**
- **32% lower emergency room utilization**, representing **\$16.09 PEPM in savings**
- **19% lower medical costs** across every service category for managed HealthComp members compared to the industry average

COMPLETE TRANSPARENCY

HealthComp's analytics provide complete transparency into your data, so you can develop insights to better manage your benefits offering.

- Integrated dashboards
- A reports library, custom reports and on-demand reports
- HCNavigator, a proprietary tool that allows you to drill into your data and identify trends

Learn more at [HealthComp.com](https://www.healthcomp.com)

Value Statement – EmpiRx

Why EmpiRx Health

As the most clinically advanced PBM in the industry, EmpiRx Health is SJVIA’s healthcare partner—and we’re proud of it. Since 2017, we have successfully worked together with SJVIA to deliver best-in-class pharmacy benefits to you and your members. **More than \$16.5M in fully-auditable clinical savings and less than 5% YOY trend, compared to an industry trend of 12-18%**, all with the highest level of clinical integrity, is the reason why our partnership with, and results for SJVIA are market-differentiated.

100% auditable Clinical Savings Guarantee. Our pay-for-performance model holds us accountable and is 100% auditable and transparent. We take downside risk to lower SJVIA’s costs—if we don’t meet our guarantee, we cover the difference. **No other PBM in this market does this.**

A data-enriched, human-delivered population health strategy tailored to your membership at no charge. We drive equal or better outcomes for SJVIA members while eliminating waste and excess cost. Our pharmacists are at the center of our patient care team, collaborating with prescribers to ensure the right therapy for your members at the right price.

SJVIA receives white-glove service 24/7/365. EmpiRx Health is SJVIA’s service destination—a high-touch, people-focused level of concierge service no other PBM can offer. We recently implemented our **Member Care Advocacy model for SJVIA at no additional charge.** Specially trained clinical advocates deliver a heightened patient experience and reduce gaps in care for members with healthcare or service complexities.

National presence with a local PBM feel, including client management support from our Head of Client Services, Lisa Krajewski, **located in California.**

100% pass-through of guaranteed rebates for the 2023 renewal and an increased clinical savings guarantee of an additional \$250,000 per year.

No burdensome or risky implementation process. Your pharmacy program is in place and your members know us, which affords continuity of service and zero member interruption and noise.

Our broad pharmacy network and formulary ensures equitable access to healthcare. **No messy transition** of care, no stress, just comfort and convenience.

By remaining with EmpiRx Health, SJVIA can expect a clinical-first approach to improving health outcomes while delivering deep and sustainable savings—and we do it in a way no one else does.

Healthcare Done Right for SJVIA

We ensure that SJVIA members receive the **highest quality care in the most cost-effective manner**, maximizing value and preserving your benefit dollars. Over the last four years, we have provided high-touch concierge service with every interaction, lowered your Rx costs, and delivered significant clinical savings, and we have zero intention of stopping the momentum.

Employers need a truly different solution in which value is the focus, not volume and rebates—a solution that will guarantee cost savings and trend management, and employers should hold the benefit manager financially accountable for those guarantees with a high degree of transparency. **EmpiRx Health is that solution**—we are the only truly value-based PBM in the market.

Financial Stability. We take downside risk to reduce drug spend, with a fully-auditable Clinical Savings Guarantee over three years and a cover-the-difference warranty. Our guarantee mitigates inflation as we optimize drug mix and utilization-waste in the current spend to protect employers from runaway pharmacy trend. EmpiRx Health manages appropriate trend and spend by driving fully auditable clinical savings.

Tailored, Personalized, Population Health Management. Our unique model emphasizes value, savings, and accountability—without SJVIA having to choose between care, access, and savings. We understand the need for wellness across your organization and our core model is dedicated to exactly that. We stratify by risk factors, not conditions, and we use the Johns Hopkins ACG system and factors in a combination of Rx claims, medical claims and other data for a distinct employee population. Please refer to Figure 1 for an SJVIA member’s clinical success story.

As indicated by SJVIA’s interest in **weight-management**, EmpiRx Health can specifically tailor our Population Health model around this initiative for your membership. Weight management and the comorbid conditions that accompany a diagnosis of obesity are complex, and not every patient faces the same risks. Simply checking off a box that there is a one-size-fits-all Weight Management Program doesn’t mean success will follow. It fails to consider medication adherence, severity of disease, nor behavioral factors that influence patient outcomes. We understand that no two members are the same and the conversations that we have with their respective providers will not be the same either.

EmpiRx Health deploys **the industry’s only population health management program** along with a best-in-class clinical concierge model for patients with complex healthcare needs:

- Our care management playbook tailored to your population, **delivers the right clinical and cost containment solutions for your plan.**
- Pharmacist-Physician engagement and complex care management are how we execute on the playbook.
- Our pharmacists review the clinical and financial risk factors of your population and go deep with physicians on the patients’ whole health—not just their dominant conditions. Pharmacists working directly with physicians as a part of the patient’s care team can influence healthier, more cost-effective drug selections for patients.
- Strategies used by our pharmacists deliver a very strong physician engagement **model with 88% in overall engagement and 64% therapeutic switch rate—both industry leading numbers.**
- We continually monitor the member’s treatment for safety and efficacy.
- Members with service or healthcare complexities are handheld by Member Care Advocates to ensure they receive the therapies and services they need.

At no additional cost, we provide an AlertRx News Flash that identifies critical findings and provides actionable recommendations that have a direct impact on, and save money for, the plan. It’s provided to SJVIA within 24 to 48 hours of critical activity, such as members being transitioned to medications, cured of conditions, or new drugs entering the market. **The AlertRx News Flash is the first proactive communication of its type in the industry.**



BOARD OF DIRECTORS

STEVE BRANDAU
NATHAN MAGSIG
BUDDY MENDES
LARRY MICARI
BRIAN PACHECO
AMY SHUKLIAN
PETE VANDER POEL

**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 15

SUBJECT: Receive and Approve Revised SJVIA Mission and Vision Statements (A)

REQUEST(S): That the Board review and approve the revised SJVIA Mission and Vision Statements.

DESCRIPTION:

At the SJVIA Strategic Planning Meeting held on April 6, 2023, SJVIA Board members, Director Magsig and Director Vander Poel and SJVIA Staff reviewed the current SJVIA Vision and Mission Statements:

- The Mission of the SJVIA is to deliver quality health benefits to members at a sustainable level
- The Vision of the SJVIA is to address basic and critical health needs while affecting long-term wellness of members

For your consideration, the following revised SJVIA Mission and Vision statements are provided for approval:

- The Mission: To deliver quality health benefits
- The Vision: To address basic and critical health needs while improving long-term wellness


FISCAL IMPACT/FINANCING:

None.

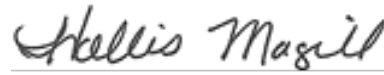
AGENDA: San Joaquin Valley Insurance Authority

DATE: May 5, 2023

ADMINISTRATIVE SIGN-OFF:



Lupe Garza
SJVIA Manager



Hollis Magill
SJVIA Assistant Manager

AGENDA

BOARD OF DIRECTORS

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PETE VANDER POEL

**Meeting Location:
County of Fresno
Board of Supervisors Chambers
2281 Tulare Street, #301
Fresno, CA 93721
February 17, 2023 9:00 AM**

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1810 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will help enable staff to make reasonable arrangements to ensure meaningful access.

1. Call to Order

Meeting was called to order at 9:03 AM by Director Brandau

2. Pledge of Allegiance

3. Roll Call

All Directors Present

4. Approval of Agenda (A)

It was noted that Agenda Item 6 should be revised to read as follows:

6. Approval of Consent Agenda – Item Numbers 19-20

Motion to approve as amended by Director Shuklian; Seconded by Director Magsig; Motion approved unanimously

5. Public Comment: At this time, members of the public may comment on any item, within the jurisdiction of the SJVIA, not appearing on the agenda. In order for everyone to be heard, please limit your comments to 3 minutes or less. Anyone wishing to be placed on the agenda for a specific topic should contact the SJVIA Manager's Office and submit correspondence at least 14 days before the desired date of appearance.

No public comments were made

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AGENDA

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6. Approval of Consent Agenda – Item Numbers ~~21-22~~ **19-20** (*revised*)

These matters are routine in nature and are usually approved by a single vote. Prior to action by the Board, the Board Members and the public will be given the opportunity to remove any item from the Consent Calendar. Items removed from the Consent Calendar may be heard immediately following approval of this Consent Calendar or set aside until later in the meeting.

Motion to approve by Director Magsig; Seconded by Director Mendes; Motion approved unanimously

7. Appoint SJVIA Manager and Assistant Manager to Serve a Two-Year Term (A)

Presented by DayVonna Youngblood, County of Fresno

Motion to approve by Director Shuklian; Seconded by Director Micari; Motion approved unanimously

8. Receive Update from Auditor-Treasurer on Cash Flow Projections (I)

Presented by Matt Blanks, County of Fresno

****Agenda Item #9 was moved to follow Agenda Item #15****

10. Receive Preliminary Budget for Fiscal Year 2023-2024 (I)

Presented by Bordan Darm, Keenan

11. Receive Consultant's Medical, Dental, and Vision Experience Reports through December 2022 with Update on Projected Plan Experience Surplus Accumulation and Projections (I)

Presented by Bordan Darm, Keenan

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Fresno, CA 93721
February 17, 2023 9:00 AM**

12. Receive and Accept Consultant's SJVIA Actuarially Certified Incurred But Not Reported (IBNR) Reserve Report as of December 31, 2022 and Maintain the Fully-Funded Status of the IBNR Reserve (A)

Presented by Bordan Darm, Keenan

Motion to approve an increase of \$1,508,000 to the IBNR reserve to maintain the fully-funded status at \$10,363,820 and that the \$1,508,000 be taken from the margin accumulation reserve and not be built into and funded from the Plan Year 2024 rates by Director Vander Poel; Seconded by Director Mendes; Motion approved unanimously

13. Receive Consultant's Report on SJVIA Reserve Reconciliation (I)

Presented by Bordan Darm, Keenan

Director Magsig and Director Vander Poel made comments regarding the \$7.0 million settlement and how the amount should be allocated between the Counties taking into account factors such as membership enrollment and historical loss ratios

The Board directed Staff to come up with strategies for allocating the \$7.0 million settlement in a fair and equitable manner between the two Counties

14. Receive Report the on Variable Copay Assistance Program (VCAP) on High-Cost Specialty Drugs Through EmpiRx and Approve Staff Recommendation to Implement the Program Effective May 1, 2023 (A)

Presented by Robert Welker, Keenan Pharmacy Services

Public comment made by Bobby Bloyd, County of Fresno

Motion to approve implementation of the VCAP program, effective May 1, 2023, with the following stipulations:

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- Retain the one-time fill for Specialty drugs with manual overrides, and
- Carve out High Deductible Plan participants until January 1, 2024

by Director Pacheco; Seconded by Shuklian; Motion approved unanimously

15. Receive Consultant's Report on Comparing EmpiRx Claims Cost vs. Prescription Discount Drug Cards (I)

Presented by Bordan Darm, Keenan

Clarification was requested as to compensation that Keenan receives from EmpiRx on any volume override or any other compensation; Bordan replied that Keenan does not receive any direct or indirect volume overrides or compensation from EmpiRx

****Agenda Item 9 moved to follow Agenda Item 15****

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1810 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will enable staff to make reasonable arrangements to ensure accessibility. Documents related to the items on this Agenda submitted to the Board after distribution of the Agenda packet are available for public inspection at the County of Fresno plaza Building, 2220 Tulare St, 14th Floor, Fresno, CA during normal business hours. All documents are also posted online to www.sjvia.org.

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February 17, 2023 9:00 AM**

9. Receive Consultant's Report on Community Medical Center (CMC) Claim Treatment During Anthem Non-Contract Status and Approve Modified Arrangement with ~~Anthem~~ CMC (*revised*) for EPO and PPO Claims Payment During the Time in Which No Provider Contract is in Force Between Anthem and CMC (A)

Presented by Hollis Magill, County of Fresno and Bordan Darm, Keenan; Additional comments made by Kristyn Nelms, Anthem

Note correction in Agenda Item 9 description, "...and Approve Modified Arrangement with **CMC** for EPO and PPO Claims Payment During the Time in Which No Provider Contract is in Force Between Anthem and CMC"

Public comments made by:

- Riley Talford, County of Fresno
- Bobby Bloyd, County of Fresno
- Jeff Giadone, United Healthcare

The Board directed Staff to draft letter to the State of California from the San Joaquin Valley Insurance Authority regarding the difficulties in accessing quality healthcare; letter to be prepared for Board action at future SJVIA Board meeting

Motion to:

- Pursue direct contract with Community Medical Center (CMC), and
- To form a subcommittee with Director Magsig and Director Vander Poel to work with Staff and County of Fresno and County of Tulare Chief Administrative Officers (CAOs) to look at solutions

by Director Pacheco; Seconded by Director Vander Poel; Motion approved unanimously

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February 17, 2023 9:00 AM**

16. Receive Draft Agenda for the Proposed SJVIA Strategic Planning Meeting (I)

Presented by Bordan Darm, Keenan

17. SJVIA Director Questions, Announcements, and Activity Reports (Gov. Code, § 54954.2, subd. (a)(2)) (I)

No comments were made

18. Adjournment

Consent Agenda

19. Approval of Minutes - Board Meeting of December 9, 2022 (A)

20. Approve Amendment 2 to Agreement with 98point6, Which Provides Mobile Phone App-Based Telemedicine Services, Expanding Their Scope of Services for the Remainder of the Two-Year Agreement, and Authorize President to Execute Amended Agreement, Effective March 1, 2023, Subject to Approval of SJVIA Counsel and Staff (A)

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SJVIA Manager at 559-600-1810 or the Assistant SJVIA Manager at 559-636-4900. Notification 48 hours prior to the meeting will enable staff to make reasonable arrangements to ensure accessibility. Documents related to the items on this Agenda submitted to the Board after distribution of the Agenda packet are available for public inspection at the County of Fresno plaza Building, 2220 Tulare St, 14th Floor, Fresno, CA during normal business hours. All documents are also posted online to www.sjvia.org.



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**Meeting Location:
County of Tulare
Board of Supervisors Chambers
2800 W. Burrel Avenue
Visalia, CA 93291**

AGENDA DATE: May 5, 2023

ITEM NUMBER: Item 19

SUBJECT: Approve Assignment of Subscription Agreement with 98point6 Inc. to Transcarent, Inc. (A)

REQUEST(S): That the Board approve and authorize the President to execute assignment to the agreement with Transcarent, Inc.

DESCRIPTION:

The SJVIA entered into an agreement with 98point6 on January 1, 2021 to provide mobile phone app-based telemedicine services. Effective January 1, 2022, Amendment 1 was approved renewing the agreement for a two-year renewal term with updated fees. Effective March 1, 2023, Amendment 2 was approved updating contractual language and expanding services with no rate impact through the remainder of the renewal term.

On March 25, 2023, the SJVIA received notice that 98point6 was entering into a definitive agreement with Transcarent, Inc., taking place on April 1, 2023, acquiring 98point6's managed care business, whereby 98point6 will contribute, assign, transfer, and convey certain assets to Transcarent.

Staff recommends executing an assignment of agreement with 98point6 and Transcarent to memorialize written consent and ensure Transcarent is contractually obligated to the SJVIA.

FISCAL IMPACT/FINANCING:

None.

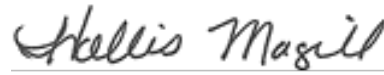
AGENDA: San Joaquin Valley Insurance Authority

DATE: May 5, 2023

ADMINISTRATIVE SIGN-OFF:



Lupe Garza
SJVIA Manager



Hollis Magill
SJVIA Assistant Manager



March 25, 2023

San Joaquin Valley Insurance Authority

sjvia-admin@fresnocountyca.gov

bdarm@keenan.com

medmondson@keenan.com

pcote@keenan.com

Re: Notice of Assignment of Subscription Agreement dated October 30 2020 (together with any related agreements, addendums, and similar documents, the “**Agreement**”)

To Whom It May Concern:

We are pleased to announce that 98point6 Inc. (“**98point6**”) is entering into a definitive agreement with Transcarent, Inc. (“**Transcarent**”) pursuant to which Transcarent as of the closing of the Transaction, which is intended to take place on or about April 1, 2023 (the “**Closing**”) will acquire 98point6’s managed care business, whereby 98point6 will contribute, assign, transfer, and convey certain assets to a newly-formed subsidiary of 98point6 (such entity, to be named “**Transcarent, LLC**”) and Transcarent or a wholly owned subsidiary of Transcarent will acquire all of the equity interests in Transcarent LLC and the operation of 98point6’s virtual care platform (the “**Transaction**”). After Closing, Transcarent, LLC intends to continue operating the managed care business with the same providers through the same provider group entity, 98point6 Physicians PC and its affiliated entities* (collectively, “**Physicians PC**”), uninterrupted to San Joaquin Valley Insurance Authority (the “**Company**”). Please see the enclosed announcement of the Transaction for more information about Transcarent and its services.

This letter is being delivered to Company to provide notice of the assignment of the Agreement to Transcarent, LLC. By signing below, the Company hereby: (i) acknowledges receipt of notice of the Transaction and (ii) acknowledges that no further documentation is required to effectuate the assignment to Transcarent, LLC and Transcarent, LLC (and Transcarent or its designated subsidiary and Physicians PC) will continue to be entitled to the same rights and will be subject to the same obligations to which 98Point6 and Physicians PC was entitled or subject immediately prior to the Transaction.

This letter also serves as notice under the terms of the Agreement that after Closing, (i) 98point6 notice contact information shall be changed to legal@transcarent.com, (ii) payments under the Agreement shall be made according to the instructions received by Company on the first invoice after Closing, and (iii) Physicians PC shall be deemed a party to the Agreement, to the extent required by applicable law.

Please indicate the Company’s receipt of this notice by signing below and returning a copy to us. If the Transaction does not close, this notice will be of no force and effect. Should you have any questions regarding this request, please contact Justin Warren at justinw@98point6.com.

* The “affiliated entities” include 98point6 Michigan Physicians PC, 98point6 California Physicians PC, 98point6 Kansas Physicians PA, and 98point6 New Jersey Physicians PC.

Sincerely,

98point6 Inc.

DocuSigned by:
Melanie Curtice
By: _____
C68DF4725B55460...
Melanie Curtice
General Counsel

Sincerely,

DocuSigned by:
Melanie Curtice
By: _____
C68DF4725B55460...
Melanie Curtice
Secretary
98point6 Physicians PC and the affiliated entities

On behalf of the Company, I acknowledge receipt of this notice.

San Joaquin Valley Insurance Authority

By: _____

Name: _____

Title: _____

Dated: _____