# **2014 Plan Overview Report**

**Titus County** 

March 9, 2015





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	Report Criteria							
Date Range (exce	ept where indicated)							
Current Period:	2014: Claims Paid 1/1/2014 - 12/31/2014							
Prior Period:	2013: Claims Paid 1/1/2013 - 12/31/2013							
Group Data								
Members:	Data reported for all members - no restrictions							
Rx Data:	Rx Data is from reporting files provided by OptumRx.							
Normative Data								
Composition:	Norms based on UMR Active Groups (excludes retiree-only)							
Norm Size:	1,856 Groups, covering 1,116,673 Employees and 2,400,132 Total Members							
Rx Norms:	Norms for Rx metrics are restricted to groups whose Rx vendors provide UMR with detailed Rx data (approximately 75% of the groups).							
Norm Period:	Claims Incurred 10/1/2013 - 9/30/2014, Paid through 12/31/2014							



# TITUS COUNTY (76411401) Plan Overview Report: 2014 Demographic Overview

 2013
 2014
 UMR Norm

 Average Employee Age:
 45.13
 45.14
 45.58

 Average Member Age:
 40.06
 40.14
 34.60

 Employee to Dependent Ratio:
 1:1.53
 1:1.53
 1:2.14

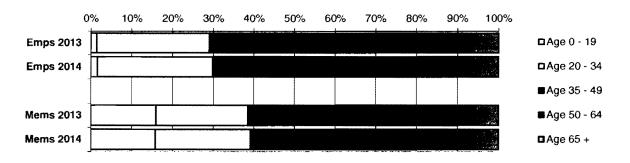
2014

Avg Employees by Age/Gender	2013	
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Age Range	Males	Females	Total	Males	Females	Total
Age 0 - 19	1	1	2	2	1	2
Age 20 - 34	20	14	34	20	16	37
Age 35 - 49	17	18	35	17	16	33
Age 50 - 64	27	18	45	29	21	51
Age 65 +	2	6	8	2	7	9
Total	67	56	124	70	61	131

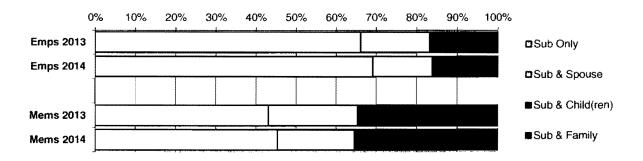
Avg Members by Age/Gender 2013 2014

arg members by agordender						
Age Range	Males	Females	Total	Males	Females	Total
Age 0 - 19	16	15	30	17	14	32
Age 20 - 34	23	20	43	24	23	47
Age 35 - 49	20	29	48	19	28	47
Age 50 - 64	30	28	58	32	31	63
Age 65 +	2	9	10	2	9	11
Total	90	99	190	94	106	200



Enrollment by Coverage Tier 2013 2014

Coverage Tier	Emps	Deps	Mems	Emps	Deps	Mems
Subscriber Only	82	0	82	91	0	91
Subscriber and Spouse	21	21	42	19	19	38
Subscriber and Child(ren)	8	11	19	5	7	13
Subscriber and Family	13	34	47	16	42	58
Total	124	66	190	131	69	200



Claims Summary	2013	2014	% Change
Medical Billed	\$1,227,366	\$2,361,474	92.40%
(-) Ineligible	\$134,938	\$299,261	121.78%
Medical Covered	\$1,092,428	\$2,062,213	88.77%
(-) Pricing Savings	\$551,880	\$933,161	69.09%
Medical Allowed	\$540,548	\$1,129,052	108.87%
(-) Benefit Design	\$104,168	\$141,404	35.75%
(-) Coord. of Benefits	\$4,122	\$2,210	-46.38%
Medical Paid	\$432,259	\$985,439	127.97%
Rx Paid	\$195,560	\$262,430	34.19%
Total Paid	\$627,819	\$1,247,868	98.76%

Payment Metrics					CY Variance
Per Employee per Month	2013	2014	% Change	UMR Norm	from Norm
Avg. Covered Emps	124	131	6.01%		
Paid PEPM - Med	\$291.26	\$626.38	115.06%	\$623.03	0.54%
Paid PEPM - Rx	\$131.77	\$166.81	26.59%	\$153.02	9.01%
Paid PEPM - Total	\$423.03	\$793.20	87.50%	\$776.05	2.21%

Per Member per Month					
Avg. Covered Members	190	200	5.42%		
Paid PMPM - Med	\$189.87	\$410.60	116.26%	\$290.60	41.30%
Paid PMPM - Rx	\$85.90	\$109.35	27.30%	\$71.13	53.72%
Paid PMPM - Total	\$275.76	\$519.95	88.55%	\$361.73	43.74%

#### **Paid Amount by Paid Month** 2013 2014 % Change **Med Paid Rx Paid Total Paid Med Paid Rx Paid Total Paid Total Paid** \$80,256 \$1,752 \$13,903 \$15,655 \$56,106 \$24,150 Jan 412.66% Feb \$14,896 \$14,506 \$29,402 \$91,355 \$107,508 \$16,152 265.64% Mar \$31,160 \$20,412 \$51,572 \$95,237 \$111,285 115.78% \$16,048 Apr \$44,134 \$15,176 \$59,311 \$35,148 \$19,864 \$55,012 -7.25% May \$49,472 \$17,012 \$66,485 \$25,791 \$20,921 \$46,712 -29.74% \$168,677 Jun \$54,935 \$14,494 \$69,428 \$149,082 \$19,595 142.95% Jul \$29,066 \$41,538 \$108,093 160.23% \$12,471 \$76,167 \$31,926 \$31,994 \$55,319 \$78,316 Aug \$23,325 \$57,541 \$20,775 41.57% Sep \$12,986 \$12,621 \$25,607 \$38,938 \$20,995 \$59,933 134.05% Oct \$58,978 \$22,550 \$81,529 \$156,479 \$26,558 \$183,037 124.51% \$60,056 Nov \$52,021 \$16,385 \$68,406 \$37,847 \$22,209 -12.21%

\$165,749

\$985,439

\$23,235

\$262,430

\$63,567

\$627,819

\$12,704

\$195,560

Dec

YTD

\$50,863

\$432,259

197.30%

98.76%

\$188,983

\$1,247,868

2013: Claims Paid 1/1/2013 - 12/31/2013 2014: Claims Paid 1/1/2014 - 12/31/2014 Patient Dollars based on Medical & Rx claims

### 2013 Claim Distribution by Patient

				Paid Amt	Total Paid	Paid Range
Paid Range	Patients	Claims	Services	per Patient	in Range	% of Total
<\$O*	0	0	0	\$0.00	\$0.00	0.00%
\$0	8	15	53	\$0.00	\$0.00	0.00%
\$.01 - \$499.99	65	244	588	\$183.24	\$11,910.90	1.90%
\$500 - \$999.99	30	355	818	\$719.50	\$21,584.95	3.44%
\$1,000 - \$4,999.99	56	974	2,386	\$2,027.42	\$113,535.55	18.08%
\$5,000 - \$9,999.99	22	787	2,108	\$7,065.12	\$155,432.73	24.76%
\$10,000 - \$24,999.99	12	702	2,256	\$15,489.15	\$185,869.76	29.61%
\$25,000 - \$49,999.99	1	21	61	\$39,350.84	\$39,350.84	6.27%
\$50,000 - \$74,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$75,000 - \$99,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$100,000 - \$199,999.99	1	75	478	\$100,134.16	\$100,134.16	15.95%
>= \$200,000	0	0	0	\$0.00	\$0.00	0.00%
Total	195	3,173	8,748	\$3,219.58	\$627,818.89	100.00%

## 2014 Claim Distribution by Patient

				Paid Amt	Total Paid	Paid Range
Paid Range	Patients	Claims	Services	per Patient	in Range	% of Total
<\$0*	0	0	0	\$0.00	\$0.00	0.00%
\$0	13	19	48	\$0.00	\$0.00	0.00%
\$.01 - \$499.99	57	250	544	\$235.39	\$13,417.11	1.08%
\$500 - \$999.99	27	257	630	\$775.58	\$20,940.64	1.68%
\$1,000 - \$4,999.99	73	1,685	4,540	\$2,412.24	\$176,093.23	14.11%
\$5,000 - \$9,999.99	15	499	1,282	\$7,388.13	\$110,821.88	8.88%
\$10,000 <b>-</b> \$24,999.99	14	750	1,848	\$14,755.91	\$206,582.74	16.55%
\$25,000 <b>-</b> \$49,999.99	5	271	1,087	\$33,566.64	\$167,833.19	13.45%
\$50,000 - \$74,999.99	1	121	492	\$68,472.05	\$68,472.05	5.49%
\$75,000 - \$99,999.99	0	0	0	\$0.00	\$0.00	0.00%
\$100,000 - \$199,999.99	4	406	1,755	\$120,926.88	\$483,707.50	38.76%
>= \$200,000	0	0	0	\$0.00	\$0.00	0.00%
Total	209	4,258	12,226	\$5,970.66	\$1,247,868.34	100.00%

<sup>\*</sup> Negative paid amounts occur for patients with only claim adjustments in the given period

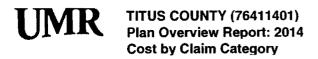
2013: Claims Paid 1/1/2013 - 12/31/2013 2014: Claims Paid 1/1/2014 - 12/31/2014 High Cost based on: Med & Rx Paid >= \$25,000

High Cost Claimant Summary	2013	2014	% Change	<b>UMR Norm</b>
High Cost Claimants:	2	10	400.00%	
% of Patients that are High Cost:	1.11%	5.10%	359.18%	3.16%
% of Paid PMPM that is High Cost:	22.22%	57.70%	159.70%	49.01%
High Cost Paid PMPM:	\$61.27	\$300.01	389.66%	\$175.20
Not High Cost Paid PMPM:	\$214.50	\$219.94	2.54%	\$182.13
Avg. Paid per High Cost Claimant:	\$69,742.50	\$72,001.27	3.24%	\$67,732.55
Avg. Paid per Patient not High Cost:	\$2,743.45	\$2,837.93	3.44%	\$2,304.74

### High Cost Claimant Detail (based on 2014)

					Prior Year	Current	Current	Current	
#	Rel	Sex	Age	Stts*	Total Paid	<b>Total Paid</b>	Med Amt	Rx Amt	High Cost Clinical Condition
1	SP	F	45-54	Α	\$15,925	\$165,669	\$153,932	\$11,737	Pancreatitis
2	EE	F	55-64	Α	\$100,134	\$108,093	\$61,144	\$46,950	Cancer - Pancreas
3	EE	F	65+	T	\$2,454	\$105,114	\$103,352	\$1,762	Respiratory Disord, NEC
4	EE	М	65+	Α	\$8,004	\$104,831	\$97,500	\$7,331	Spinal/Back Disorders, Lower Back
5	EE	М	65+	Α	\$1,862	\$68,472	\$66,853	<b>\$</b> 1,6 <b>19</b>	Condition Rel to Tx - Med/Surg
6	EE	F	65+	Α	\$907	\$40,724	\$40,058	\$667	Ent Disorders, NEC
7	EE	F	45-54	Α	\$24,822	\$38,277	\$36,660	\$1,617	Cerebrovascular Disease
8	EE	М	65+	Α	\$1,031	\$32,862	\$32,190	\$672	Appendicitis
9	SP	F	55-64	Α	\$16,170	\$28,682	\$24,464	\$4,219	Bursitis
10	SP	F	45-54	Α	\$775	\$27,288	\$27,275	\$12	Hernia/Reflux Esophagitis

<sup>\*</sup> Member Enrollment Status: A = Active, C= COBRA, T = Termed

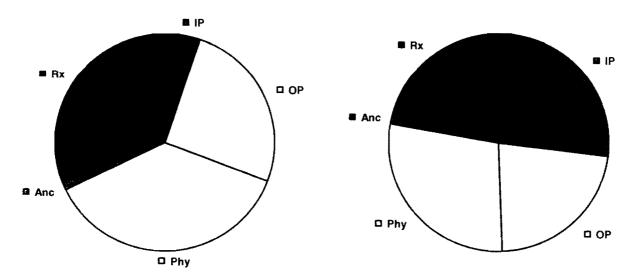


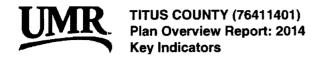
		2013			2014		UMR Norm
Claim Category	Paid	Paid PMPM	% of Total Paid	Paid	Paid PMPM	% of Total Paid	% of Total Paid
Inpatient	\$31,979	\$14.05	5.09%	\$336,628	\$140.26	26.98%	22.03%
Outpatient	\$161,259	\$70.83	25.69%	\$280,774	\$116.99	22.50%	19.78%
Physician	\$232,481	\$102.12	37.03%	\$353,514	\$147.30	28.33%	34.51%
Ancillary*	\$6,539	\$2.87	1.04%	\$14,523	\$6.05	1.16%	3.87%
Total Medical	\$432,259	\$189.87	68.85%	\$985,439	\$410.60	78.97%	80.18%
Rx Paid	\$195,560	\$85.90	31.15%	\$262,430	\$109.35	21.03%	19.82%
Total Med & Rx	\$627,819	\$275.76	100.00%	\$1,247,868	\$519.95	100.00%	100.00%

<sup>\*</sup> Ancillary Services include Durable Medical Equipment, prosthetics, drugs paid on the medical plan, et al.

#### Cost by Claim Category - Prior Year

#### Cost by Claim Category - Current Year





Key Indicator Metrics	2013	2014	% Change	UMR Norm
ER Visits per 1,000	142.31	280.00	96.75%	213.11
Office Visits per 1,000	3,267.96	4,010.00	22.71%	<b>3</b> ,2 <b>6</b> 5.8 <b>3</b>
Lab Services per 1,000	8,849.86	13,180.00	48.93%	10,210.32
Radiology Services per 1,000	2,345.56	3,360.00	43.25%	2,178.06

op Service Categories		2013			2014		UMR	Norm*
Service Category	Total Paid	Services per 1,000	Allowed PMPY	Total Paid	Services per 1,000	Allowed PMPY	Services per 1,000	Allowed PMPY
Inpatient Hospital	\$28,204	26	\$177	\$319,219	75	\$1,637	186	\$1,210
Surgery Facility	\$64,185	427	\$397	\$140,574	740	\$758	638	\$524
Radiology	\$97,437	2,346	\$606	\$135,528	3,360	\$816	2,324	\$373
Surgery Physicians	\$43,744	1,196	\$287	\$63,235	1,800	\$402	1,583	\$367
Office Visit	\$46,991	3,505	\$322	\$58,686	4,140	\$390	4,430	\$350
Special Services & Treatments*	\$35,163	2,061	\$200	\$52,340	3,915	\$281	1,848	\$102
Lab	\$22,878	8,850	\$146	\$43,293	13,180	\$255	10,378	\$238
Ambulance	\$1,185	274	\$24	\$25,527	2,680	\$169	<b>8</b> 55	\$41
Diagnostic	\$22,679	654	\$156	\$25,509	975	\$156	1,068	\$154
Other*	\$13,585	3,041	\$100	\$24,828	2,460	\$141	14,801	\$274
ER Physician	\$7,835	184	\$65	\$16,820	270	\$114	248	\$61
ER Facility	\$7,193	206	\$72	\$13,367	365	\$120	391	\$198
Prescription Items	\$5,108	1,260	\$32	\$12,111	2,640	\$76	4,267	\$194
Phys/Spc/Occ/Cardiac Therapy	\$6,117	1,956	\$47	\$10,015	1,575	\$58	3,825	\$133
Periodic Exams - Child 4+	\$4,380	184	\$24	\$7,909	330	\$43	479	\$49
Hospital Visit	\$1,708	111	\$10	\$7,855	365	\$48	509	\$55
Treatment/Observ. Room	\$6,040	90	\$59	\$7,387	120	\$40	217	\$336
Consults	\$6,302	184	\$37	\$7,218	185	\$40	141	\$27
Prosthetics	\$63	47	\$2	\$3,898	60	\$21	5,074	\$51
Durable Medical Equipment	\$1,660	1,160	\$13	\$2,778	2,230	\$23	1,604	\$32

<sup>\*</sup> Notes on Service Categories: Norms for Top Service Categories are based on entire UMR Book-of-Business

Special Services & Treatments: Includes anesthesia and supplies used during surgery/treatment (syringes, catheters, etc.)

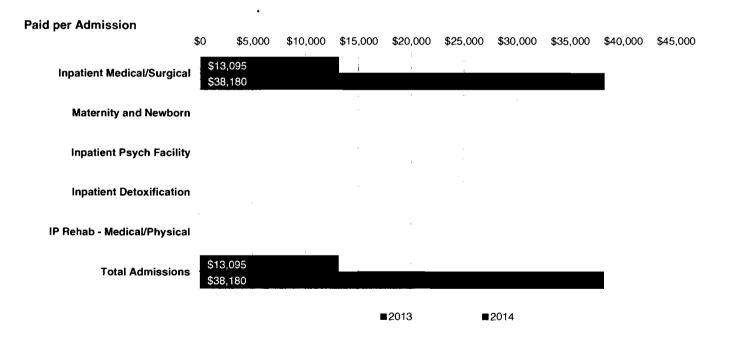
Other: Misc., uncategorized services. Includes some high-tech diagnostic screenings and non-hospital injectable/intravenous medications.



2013: Patients Admitted 1/1/2013 - 12/31/2013, Claims Paid through 12/31/2013 2014: Patients Admitted 1/1/2014 - 12/31/2014, Claims Paid through 12/31/2014

Admissions Overview	2013	2014	UMR Norm
Admissions per 1,000	15.81	50.00	56.13
Admit Days per 1,000	52.71	260.00	272.37
Average Length of Stay	3.33	5.20	4.85
Allowed Amount per Admit Day	\$4,676.27	\$7,713.03	\$5,339.87

npatient Utilization by Admit Type		2013			2014	
			% of Total			% of Total
Admission Type	Admits	Net Paid	Paid	Admits	Net Paid	Paid
Inpatient Medical/Surgical	3	\$39,285	100.00%	10	\$381,795	100.00%
Maternity and Newborn	0	\$0	0.00%	0	\$0	0.00%
Inpatient Psych Facility	0	\$0	0.00%	0	\$0	0.00%
Inpatient Detoxification	0	\$0	0.00%	0	\$0	0.00%
IP Rehab - Medical/Physical	0	\$0	0.00%	0	\$0	0.00%
Total Admissions	3	\$39,285	100.00%	10	\$381,795	100.00%





#### **Utilization & Discount**

#### 2013

#### 2014

□ Prior

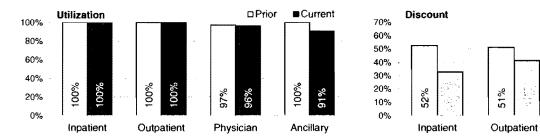
Physician

□Current

Ancillary

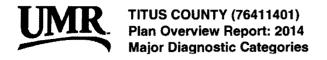
Network Utilization	In Network	Out of Ntwk	Total Paid	% ln	in Network	Out of Ntwk	Total Paid	% In
Inpatient	\$31,979	\$0	\$31,979	100.00%	\$336,628	\$0	\$336,628	100.00%
Outpatient	\$161,149	\$110	\$161,259	99.93%	\$280,774	\$0	\$280,774	100.00%
Physician	\$226,175	\$6,306	\$232,481	97.29%	\$339,827	\$13,687	\$353,514	96.13%
Ancillary Services	\$6,539	\$0	\$6,539	100.00%	\$13,200	\$1,323	\$14,523	90.89%
Total	\$425,843	\$6,416	\$432,259	98.52%	\$970,428	\$15,010	\$985,439	98.48%

Network Discount	Covered	Allowed	Discount	Disc %	Covered	Allowed	Discount	Disc %
Inpatient	\$79,557	\$37,856	\$41,701	52.42%	\$514,110	\$346,111	\$167,998	32.68%
Outpatient	\$404,665	\$198,045	\$206,620	51.06%	\$554,558	\$325,761	\$228,798	41.26%
Physician	\$579,846	\$290,430	\$289,416	49.91%	\$936,910	\$436,888	\$500,022	53.37%
Ancillary Services	\$28,359	\$14,216	\$14,143	49.87%	\$56,635	\$20,293	\$36,343	64.17%
Total	\$1,092,428	\$540,548	\$551,880	50.52%	\$2,062,213	\$1,129,052	\$933,161	45.25%



# Discount by Network 2013 2014

Network Name	Covered	Allowed	Discount	Disc %	Covered	Allowed	Discount	Disc %
UnitedHealthcare Choice Plus	\$939,947	\$439,604	\$500,344	53.23%	\$1,569,854	\$781,541	\$788,313	50.22%
Multiplan	\$109,916	\$75,610	\$34,306	31.21%	\$432,246	\$301,858	\$130,388	30.17%
First Health Network Secondary	\$28,496	\$11,920	\$16,576	58.17%	\$28,137	\$16,829	\$11,308	40.19%
TC3	\$2,302	\$1,647	\$655	28.43%	\$10,919	\$8,325	\$2,594	23.76%
Network Total	\$1,080,661	\$528,781	\$551,880	51.07%	\$2,041,155	\$1,108,552	\$932,603	45.69%
Out of Network	\$11,767	\$11,767	\$0	0.00%	\$21,058	\$20,500	\$558	2.65%
Grand Total	\$1,092,428	\$540,548	\$551,880	50.52%	\$2,062,213	\$1,129,052	\$933,161	45.25%



MDC's by Current Cost		2013			2014		UMR Norm
			% of Total			% of Total	b .
MDC	Patients	Net Paid	Med	Patients	Net Paid	Med	Med
Liver, Pancreas	3	<b>\$</b> 18, <b>69</b> 1	4.32%	4	\$204,252	20.73%	2.38%
Musculoskeletal	52	<b>\$</b> 58, <b>8</b> 51	13.61%	66	\$193,180	19.60%	17.53%
Digestive	30	\$75,829	17.54%	39	\$130,392	13.23%	9.14%
Respiratory	50	\$15,175	3.51%	52	\$110,166	11.18%	4.96%
Health Status*	109	\$44,227	10.23%	131	\$83,169	8.44%	12.11%
Nervous System	23	\$52,223	12.08%	34	\$60,230	6.11%	6.36%
Ear, Nose, Mouth & Throat	54	\$19,756	4.57%	70	\$45,940	4.66%	3.76%
Circulatory	44	\$19,508	4.51%	45	\$33,833	3.43%	9.16%
Female Reproductive	. 11	\$3,732	0.86%	16	\$27,692	2.81%	3.17%
Skin, Breast	54	\$37,208	8.61%	64	\$19,206	1.95%	5.16%
Blood	8	\$5,412	1.25%	12	\$17,903	1.82%	1.33%
Eye	32	\$6,915	1.60%	23	\$13,381	1.36%	1.59%
Kidney	23	\$7,500	1.73%	13	\$11,539	1.17%	4.45%
Metabolic	35	\$15,420	3.57%	43	\$11,283	1.15%	3.01%
Pregnancy, Childbirth	2	\$530	0.12%	3	\$6,995	0.71%	4.61%
Male Reproductive	9	\$2,307	0.53%	12	\$4,561	0.46%	1.04%
Mental	4	\$652	0.15%	18	\$3,970	0.40%	2.07%
Infections	2	\$276	0.06%	12	\$3,519	0.36%	1.61%
Spine, Bone Marrow	5	\$7,192	1.66%	5	\$2,566	0.26%	1.79%
Injuries, Poisonings	14	\$32,693	7.56%	12	\$1,623	0.16%	1.37%
Burns	1	\$8,043	1.86%	1	\$39	0.00%	0.09%
Alcohol / Drug Use	1	\$120	0.03%	2	\$0	0.00%	0.75%

<sup>\*</sup> Health Status: Includes wellness/preventive encounters and ongoing treatment for a known disease or injury



### Preventive Screenings, being annual visit-based, are calculated for a 12-month Service Period (with run out)

Oct 2012 - Sep 2013: Claims Incurred 10/1/2012 - 9/30/2013, Paid through 12/31/2013 Oct 2013 - Sep 2014: Claims Incurred 10/1/2013 - 9/30/2014, Paid through 12/31/2014

Preventive Screening Rates	Oct	2012 - Sep 2	2013	Oct 2013 - Sep 2014			% Change
Screening/Well Visit	Eligible	Actual	Rate	Eligible	Actual	Rate	Rate +/-
Well Baby Visits	0	0	0	0	0	0*	N/A
Well Child Visits	0	0	0	6	1	180*	N/A
Mammogram Screenings	0	0	0.00%	63	41	65.51%	N/A
Cervical Cancer Screenings	0	0	0.00%	78	25	31.95%	N/A
PSA Screenings	0	0	0.00%	33	12	36.76%	N/A
Colon Cancer Screenings	0	0	0.00%	72	15	20.76%	N/A
Cholesterol Screenings	0	0	0.00%	105	53	50.59%	N/A

<sup>\*</sup> Visits per 1,000

Preventive Screening Norms	Oct 2013 - Sep 2014 Rate		UMR Norm Rate	Variance
Well Baby Visits per 1,000	0	i	4,972	-100.00%
Well Child Visits per 1,000	180		<b>72</b> 6	-75.25%
Mammogram Screen Rate	65.51%	Ī	43.05%	52.18%
Cervical Cancer Screen Rate	31.95%		30.84%	3.58%
PSA Screen Rate	36.76%		32.67%	12.52%
Colon Cancer Screen Rate	20.76%		14.83%	40.02%
Cholesterol Screen Rate	50.59%		40.20%	25.86%

### **Preventive Screening Definitions/Eligibility**

<del>-</del>	<del>-</del>
Screening Rate	The number of patients who had the screening completed divided by the average number of members that were eligible to receive the screening. Well visit rates are the number of well visits per 1,000 children in the age range.
Well Baby Visits	Babies between 0 and 15 months of age
Well Child Visits	Children between the ages of 3 and 6
Mammogram Screenings	Females between the ages of 40 and 69
Cervical Cancer Screenings	Females between the ages of 21 and 64
PSA Screenings	Males between the ages of 50 and 70
Colon Cancer Screenings	Members between the ages of 50 and 75
Cholesterol Screenings	Males age 35 and older and females age 45 and older