



Youngstown State University

Health Care Advisory Committee Meeting

January 16, 2014

Large Claims



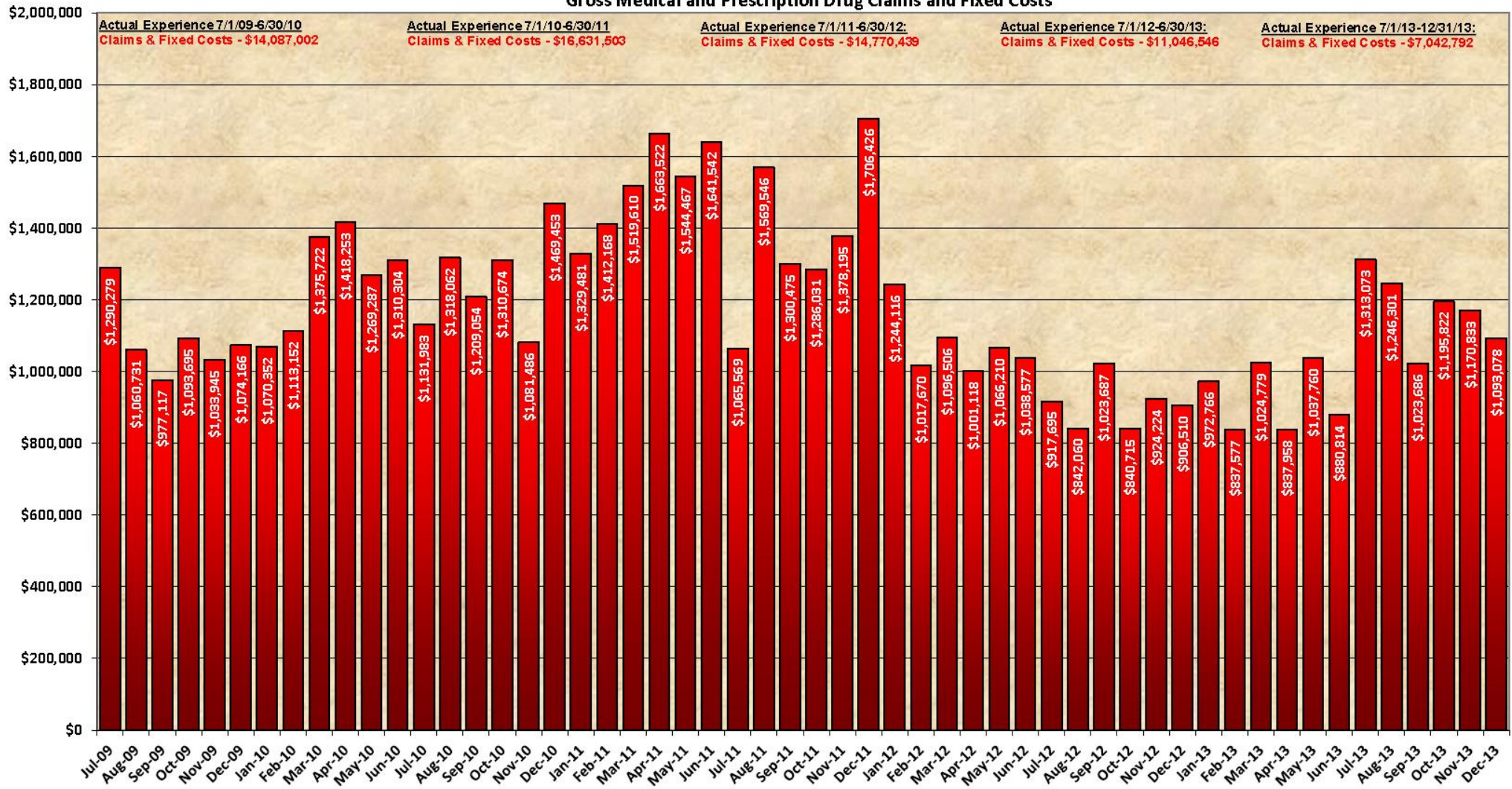
Youngstown State University Medical and Prescription Drug Large Claims Summary

Claimants	2013/2014 Plan Year-To-Date (7/1/13-12/31/13)			2012/2013 Plan Year (7/1/12-6/30/13)			2011/2012 Plan Year (7/1/11-6/30/12)		
	Medical	Rx	Total	Medical	Rx	Total	Medical	Rx	Total
Claimant #1	\$626,253	\$0	\$626,253	\$308,972	\$55,330	\$364,302	\$478,772	\$1,185	\$479,957
Claimant #2	\$256,548	\$3,673	\$260,221	\$69,289	\$133,835	\$203,124	\$193,407	\$638	\$194,045
Claimant #3	\$210,118	\$11,077	\$221,195	\$192,517	\$335	\$192,852	\$171,647	\$6	\$171,653
Claimant #4	\$148,531	\$349	\$148,880	\$112,491	\$3,937	\$116,428	\$164,633	\$1,983	\$166,616
Claimant #5	\$120,853	\$1,225	\$122,078	\$9,781	\$98,227	\$108,008	\$146,850	\$12,355	\$159,205
Claimant #6	\$120,553	\$81	\$120,634	\$103,982	\$136	\$104,118	\$135,842	\$5,232	\$141,074
Claimant #7	\$115,690	\$266	\$115,956	-	-	-	\$34,865	\$95,546	\$130,411
Claimant #8	\$87,947	\$13,328	\$101,275	-	-	-	\$116,122	\$12,200	\$128,322
Claimant #9	-	-	-	-	-	-	\$27,254	\$98,943	\$126,197
Claimant #10	-	-	-	-	-	-	\$49,009	\$70,438	\$119,447
Claimant #11	-	-	-	-	-	-	\$111,710	\$5,282	\$116,992
Claimant #12	-	-	-	-	-	-	\$56,852	\$43,839	\$100,691
Total Medical and Rx Claims > \$100,000		\$1,716,492			\$1,088,832			\$2,034,610	
Total Claims in Excess of \$200,000 Specific Stop Loss		(\$507,669)			(\$167,426)			(\$279,957)	
Net Large Claims		\$1,208,823			\$921,406			\$1,754,653	
Total Medical and Rx Claims		\$6,439,101			\$9,934,372			\$13,627,357	
Claims > \$100,000 as a % of Total Medical and Rx Claims		18.77%			9.27%			12.88%	

Gross & Fixed Costs



Youngstown State University Gross Medical and Prescription Drug Claims and Fixed Costs



Demographics



Youngstown State University Demographic Information

Month-Year	Number of Subscribers	Number of Members	Members Per Contract	Average Age of Subscribers	Average Age of Members	Number of Employee Cancels	Number of Employee Adds
Jan-12	1,095	2,742	2.50	49.40	37.10	62	16
Feb-12	1,094	2,741	2.51	49.40	37.10	5	4
Mar-12	1,090	2,729	2.50	49.40	37.10	12	8
Apr-12	1,090	2,731	2.51	49.50	37.10	2	2
May-12	1,095	2,747	2.51	49.50	37.20	3	8
Jun-12	1,085	2,717	2.50	49.40	37.10	16	5
Jul-12	1,079	2,708	2.51	49.50	37.10	14	9
Aug-12	1,080	2,714	2.51	49.50	37.10	10	11
Sep-12	1,095	2,723	2.49	49.50	37.20	18	33
Oct-12	1,101	2,717	2.47	49.50	37.30	5	11
Nov-12	1,102	2,719	2.47	49.50	37.30	4	5
Dec-12	1,102	2,728	2.48	49.50	37.30	2	2
Average :	1,092	2,726	2.50	49.47	37.17	13	10
Jan-13	1,098	2,712	2.47	49.60	37.40	13	8
Feb-13	1,098	2,712	2.47	49.60	37.40	6	6
Mar-13	1,100	2,716	2.47	49.70	37.50	3	5
Apr-13	1,097	2,709	2.47	49.90	37.60	6	3
May-13	1,097	2,709	2.47	49.90	37.70	5	5
Jun-13	1,077	2,678	2.49	49.80	37.50	27	7
Jul-13	1,076	2,673	2.48	49.60	37.40	14	12
Aug-13	1,080	2,665	2.47	49.50	37.40	8	12
Sep-13	1,101	2,704	2.46	49.30	37.30	16	38
Oct-13	1,104	2,702	2.45	49.30	37.40	2	4
Nov-13	1,105	2,697	2.44	49.30	37.50	5	6
Dec-13	1,102	2,684	2.44	49.40	37.60	7	4
Average :	1,095	2,697	2.46	49.58	37.48	9	9

RFP Process – Getting Started



Select from list of 400 medical, 175 prescription drug, 150 dental and 110 vision questions (Findley Davies data bank).

Send data request to YSU (census) and MMO (claims and formulary).

Youngstown State University ("YSU") Vision RFP Questionnaire

General Information		Question Type
1	Please provide a brief history of your organization, including the date operations began and your ownership structure, including past and present owners.	OE
2	What is the name of the representative who would be assigned as the Account Manager for YSU? Where is he/she located? Please provide a brief description of this person's experience and background. How many other clients are serviced by this Account Manager?	OE
3	How many people will be assigned to this client's service team? What is their background and what will be their responsibilities with this client?	OE
4	How often do you typically meet with clients to review utilization patterns and discuss your organization's performance?	MC
5	Please provide three (3) current client references and two (2) recently cancelled client references that can be contacted on behalf of YSU. Please note the reason for termination.	OE
6	What percentage of your self-insured accounts did you retain in 2014? In 2013?	OE
7	Has any officer of your company been charged with a crime or been convicted of a crime within the past five (5) years (traffic court excluded)?	Y/N
8	Please describe your organization's disaster recovery plan for restoring software applications and master files.	OE
9	Please describe the actions you have taken to protect members' personal health information on your systems.	OE
10	Please describe your web capabilities and the on-line services that would be available to YSU.	OE
Claims Administration		Question Type
11	Can you administer this client's vision plans as described in the attached exhibits? Their plan is currently self-funded and will need to remain self-funded.	Y/N
12	Please provide the location of the proposed vision claims office.	OE
13	Are you aware of any significant issues effective 7/1/14 that will impact the workload of this service office and their ability to efficiently and effectively implement YSU's plans as of that date?	Y/N
14	Describe the organization of your proposed claims and member services departments. Your description should include the hierarchy of the reporting relationship of claims approvers and member service representatives.	OE
15	How many vision claims do your examiners normally process in one (1) day?	OE
16	What is the average length of employment for your current claims examiners?	MC
17	What was the annual turnover rate for claims examiners in 2013?	MC
18	Is customer specific plan information stored and accessed on-line by your claims processors?	Y/N
19	What percentage of your claims in 2013 had a turnaround time within 10 business days?	MC
20	What was your 2013 financial accuracy?	MC
21	What was your 2013 payment accuracy?	MC
22	Describe your pending and follow-up procedures for claims that require additional information. Indicate the time frame for the process to be completed.	OE
23	What is the frequency of your internal audits for claims examiners?	OE
24	Please indicate the percentage of claims audited per claims examiner?	MC
25	What is the time frame for receiving ID cards, both on an initial basis and ongoing as new participants join the plan?	MC
26	Are ID cards available for printing online for no additional cost?	Y/N
27	Are you willing to assume financial responsibility for claims overpayments, not only in cases involving gross negligence by your employees but also where mistakes are made and in situations involving failure to exercise ordinary care, i.e., carelessness?	Y/N
28	Is your organization willing to act as the final claim settlement fiduciary for this client? While this may not be the intent of YSU at this time, we want to investigate whether this is an option.	Y/N
29	Would there be any additional fee to act as the final claim settlement fiduciary?	Y/N
30	If legal action is brought against this client, are you willing to assume liability for any legal fees and damages outside of benefit payments as part of your fiduciary liability service?	Y/N
31	Please describe the claims appeal process and grievance procedures both with this client acting as the fiduciary and with your organization acting as the fiduciary.	OE
Claims Processing System/Eligibility Issues		Question Type

G. Member Tools and Communications

112	1	What method do you use to transmit EOBs?	Yes	No
113	2	Can members view their EOB's on-line?	Yes	No
114	3	Can members check the status of claim payments on-line?	Yes	No
115	4	Can members view and print past EOBs on-line?	Yes	No
116	5	Can members access on-line provider directories?	Yes	No
117	6	Do you have on-line procedure cost estimators available to plan participants?	Yes	No
118	7	Do you offer on-line dental wellness information to members? If so, please provide samples.	Yes	No
119	8	Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
120		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
121		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
122		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
123		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
124		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
125		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
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128		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No
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200		Do you routinely send members hard copy dental wellness communications? If so, please provide samples.	Yes	No

Claims Administration

Question	Question Type
1 Can you administer this client's vision plans as described in the attached exhibits? Their plan is currently self-funded and will need to remain self-funded.	Y/N
2 Please provide the location of the proposed vision claims office.	OE
3 Are you aware of any significant issues effective 7/1/14 that will impact the workload of this service office and their ability to efficiently and effectively implement YSU's plans as of that date?	Y/N
4 Describe the organization of your proposed claims and member services departments. Your description should include the hierarchy of the reporting relationship of claims approvers and member service representatives.	OE
5 How many vision claims do your examiners normally process in one (1) day?	OE
6 What is the average length of employment for your current claims examiners?	MC
7 What was the annual turnover rate for claims examiners in 2013?	MC
8 Is customer specific plan information stored and accessed on-line by your claims processors?	Y/N
9 What percentage of your claims in 2013 had a turnaround time within 10 business days?	MC
10 What was your 2013 financial accuracy?	MC
11 What was your 2013 payment accuracy?	MC
12 Describe your pending and follow-up procedures for claims that require additional information. Indicate the time frame for the process to be completed.	OE
13 What is the frequency of your internal audits for claims examiners?	OE
14 Please indicate the percentage of claims audited per claims examiner?	MC
15 What is the time frame for receiving ID cards, both on an initial basis and ongoing as new participants join the plan?	MC
16 Are ID cards available for printing online for no additional cost?	Y/N
17 Are you willing to assume financial responsibility for claims overpayments, not only in cases involving gross negligence by your employees but also where mistakes are made and in situations involving failure to exercise ordinary care, i.e., carelessness?	Y/N
18 Is your organization willing to act as the final claim settlement fiduciary for this client? While this may not be the intent of YSU at this time, we want to investigate whether this is an option.	Y/N
19 Would there be any additional fee to act as the final claim settlement fiduciary?	Y/N
20 If legal action is brought against this client, are you willing to assume liability for any legal fees and damages outside of benefit payments as part of your fiduciary liability service?	Y/N
21 Please describe the claims appeal process and grievance procedures both with this client acting as the fiduciary and with your organization acting as the fiduciary.	OE
22 Can you administer this client's vision plans as described in the attached exhibits? Their plan is currently self-funded and will need to remain self-funded.	Y/N
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36 What is the time frame for receiving ID cards, both on an initial basis and ongoing as new participants join the plan?	MC
37 Are ID cards available for printing online for no additional cost?	Y/N
38 Are you willing to assume financial responsibility for claims overpayments, not only in cases involving gross negligence by your employees but also where mistakes are made and in situations involving failure to exercise ordinary care, i.e., carelessness?	Y/N
39 Is your organization willing to act as the final claim settlement fiduciary for this client? While this may not be the intent of YSU at this time, we want to investigate whether this is an option.	Y/N
40 Would there be any additional fee to act as the final claim settlement fiduciary?	Y/N
41 If legal action is brought against this client, are you willing to assume liability for any legal fees and damages outside of benefit payments as part of your fiduciary liability service?	Y/N
42 Please describe the claims appeal process and grievance procedures both with this client acting as the fiduciary and with your organization acting as the fiduciary.	OE

Program the selected questions into online RFP.

Notify vendors most likely to be competitive.

Post notice on YSU website.

RFP Process – *Impetro*™



Findley
Davies'
Online RFP
Program:
Impetro™

Questions
are weighted
according to
relevance to
YSU

Projects : Weight Questions :

Project Locked: All Editing Features Disabled.

Project:

Project Type:

Client:

Evaluator: Mike Loeffler

Capability : Organization Background

#	Type	Question	Method	Weight
1	YN	Is your organization partially or fully-owned by or affiliated with a pharmaceutical manufacturer?	Score on NO	Most Important
2	YN	Is your organization partially or fully-owned by or affiliated with a retail pharmacy distributor?	Score on NO	Highly Important
3	YN	Have any lawsuits been brought against your company within the last 5 years concerning the administration of Rx benefit plans? If yes, please provide details in a separate attachment.	Score on NO	Highly Important
4	OE	Please provide a brief history of your organization including affiliations with any pharmacies or drug manufacturers.	NA	Important
5	OE	Please describe the ownership structure of your organization, including a list of the top five stockholders.	NA	Important
6	OE	Please provide a representative client list, three (3) hospital client references for clients with at least 2,000 employees and three (3) names of former clients, including reason for termination.	NA	Highly Important

Save Cancel

RFP Process – *Impetro*™



Questions are organized by a variety of topics as shown in this example of a prescription drug RFP.

Project Questions : Question Overview		
Section / Sub-Section	Questions	Responses
1. Capability		
a. Organization Background	6	6
b. Account Management	6	6
Sub Totals:	12	12
2. Program Administration		
a. Formulary Information	7	7
b. Reporting	3	3
c. Mail Order Pharmacy	14	14
d. Specialty Drug Programs	6	6
e. Eligibility	2	2
f. Claims System	13	13
g. On-Line Member Tools	2	11
h. Customer Service	13	13
i. Rebates	12	12
Sub Totals:	72	81
3. Pharmacy Network		
a. Network Contracting	6	6
Sub Totals:	6	6
4. Cost Containment Initiatives		
a. Drug Utilization Review (DUR) and COB	19	19
b. Other Cost Containment Initiatives	6	6
Sub Totals:	25	25
5. Disclosure		
a. Disclosure	9	9
Sub Totals:	9	9
6. Implementation		
a. Implementation	7	7
Sub Totals:	7	7
Grand Totals:	131	140

RFP Process – Questionnaire



Questions are “yes / no”, multiple choice or open ended.

This is an example of what the vendors see when they log in to answer the questions online.

Profile Preview

Program Administration
A. Claim Service Center Information

1. Where is the location of the proposed medical claims office? How many claims processors, claims supervisors and customer service representatives are at this office?

Character Count:
Current: xxxx
Maximum: 1200

2. For your proposed claims service office and for the specific unit that you propose to process this client's claims, what is the average length of employment for medical claims processors?

	9 or more years	7-8 years	5-6 years	3-4 years	1-2 years
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What was the annual turnover rate in 2002 for medical claims processors at this proposed unit?

4. What was the annual turnover rate in 2003 for medical claims processors at this proposed unit?

5. What was the annual turnover rate in 2002 for customer service representatives at this proposed unit?

6. What was the annual turnover rate in 2003 for customer service representatives at this proposed unit?

	1-5%	6-10%	11-15%	16-20%	21% or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Are you aware of any significant medical plan sales or lapses effective January 1, 2005 that will impact the workload of this service office and its ability to efficiently implement this client as of the stated date above?

	Yes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Describe the organization of your proposed claims and member services departments (your description should include the hierarchy of the reporting relationship of claims processors and Member Service Representatives).

Character Count:
Current: xxxx
Maximum: 1200

9. Do you maintain separate claims processing and member services departments?

10. Do you maintain integrated claims processing and member services departments?

	Yes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you intend to assign dedicated customer service and claims processing team(s) to this account? If so, please include a brief sketch of each team member's qualifications.

Character Count:
Current: xxxx
Maximum: 1200

RFP Process – Evaluation



Once all of the answers are in and evaluated, the system scores the vendors by service area and in total.

This is an example of the evaluation report – which is one tool used in making the decision regarding which vendor to choose.

We will keep the Committee updated as we move through the process.

Target Timeline:

Feb – Release RFP

Mar – Responses due

Apr – Evaluation/Decision

Reporting : Custom Reports : Selective Sub-Topic Details		
Capability : Organization Background		
Aetna		75.7%
Medical Mutual		65.2%
<u>HAC/ CVS/ Caremark</u>		65.2%
<u>RxOC/ Express-Scripts</u>		58.3%
<u>UnitedHealthcare</u>		58.3%
Capability : Account Management		
Medical Mutual		100.0%
Aetna		95.0%
<u>RxOC/ Express-Scripts</u>		90.0%
<u>HAC/ CVS/ Caremark</u>		78.3%
<u>UnitedHealthcare</u>		77.5%
Program Administration : Formulary Information		
<u>HAC/ CVS/ Caremark</u>		71.8%
Medical Mutual		57.3%
Aetna		53.6%
<u>UnitedHealthcare</u>		53.6%
<u>RxOC/ Express-Scripts</u>		53.6%