



Quarterly Report Q3 2011

COUNTY OF MENDOCINO - ACTIVES

October 25, 2011

Introduction

This quarterly report examines County of Mendocino financial and service experience under Delta Health Systems (DHS) administration. The report includes claims paid from October 1, 2009 through September 30, 2011.

DHS services for County of Mendocino include:

- Plan Member Enrollment
- Medical Claims Administration / Utilization Management (Mendocino County)
- Network Access
- Case Management
- Stop loss Management
- Member health risk analysis and outreach
- ePHIT

This report includes these sections:

- Overview of Medical Payments
- High Cost Cases
- Trend Summary
- Delta's Plan Administrative Performance
- Medical Financials: Reductions from Charges
- Payments by Setting and PPO Performance
- Dental Payments
- Vision Payments

Key Findings

This report provides key data to help assess plan experience and DHS's administrative performance.

The report answers key questions:

How does the latest quarter experience compare to previous quarters and expected trends?

Medical payments increased by 108% from 2Q11 to 3Q11 (\$1.56m in 2q11 and \$3.25m in 3q11).

Total number of claims received increased by approximate 16%, from 4803 claims 2q11 to 5577 claims in 3q11.

The primary driver for the increase in experience is the high dollar claimants.

What was the impact of enrollment changes and higher cost patients on overall plan costs?

There was a slight decrease in enrollment, approximate 23 members or 1.2%.

High dollar claimants increased from 4 to 13 members from 2Q11 to 3Q11. High dollar claim payments represented 52% (\$1.7m) of the paid claims in the 3Q.

How well did DHS perform its claims administration and customer service activities?

DHS processed 7512 claims and handled 1430 calls from County of Mendocino members in the 3rd quarter. In addition, we exceeded all of our performance targets.

How did claims administration, network discounts, and plan design lower billed charges?

Patient cost sharing (deductible, coinsurance and co-payments) represented 5% of eligible charges.

Network discounts represented 59% in savings (\$5.26m) from eligible charges. Overall the plan paid 36% of eligible charges (\$3.25m) in the 3rd quarter.

Where did plan payments go - for what provider types, what services and conditions?

There is a significant increase in charges from inpatient hospitals, this is due to the high dollar claimants this quarter. Overall the utilization for the County of Mendocino employees is consistent with external norms.

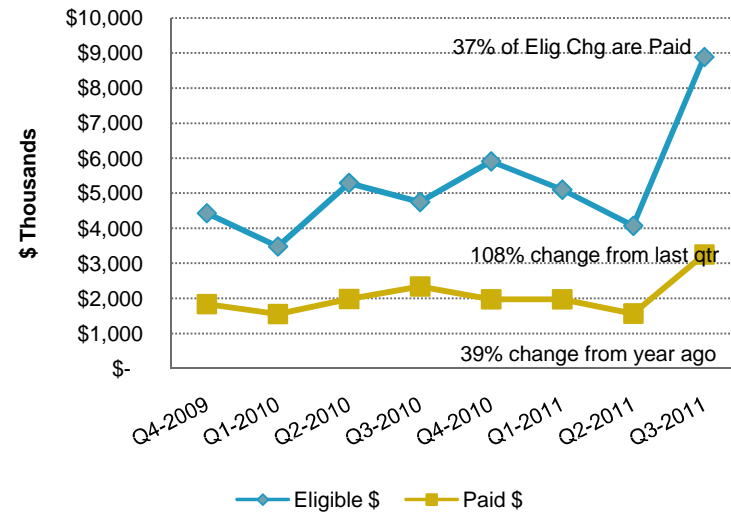
Medical Payments Overview

Tracking plan trends starts with plan totals and then controls for changes in enrollment. The figure to the right displays the quarterly eligible medical charges and plan payments. Eligible charges are the billed amounts submitted by providers less duplicates and other denied charges.

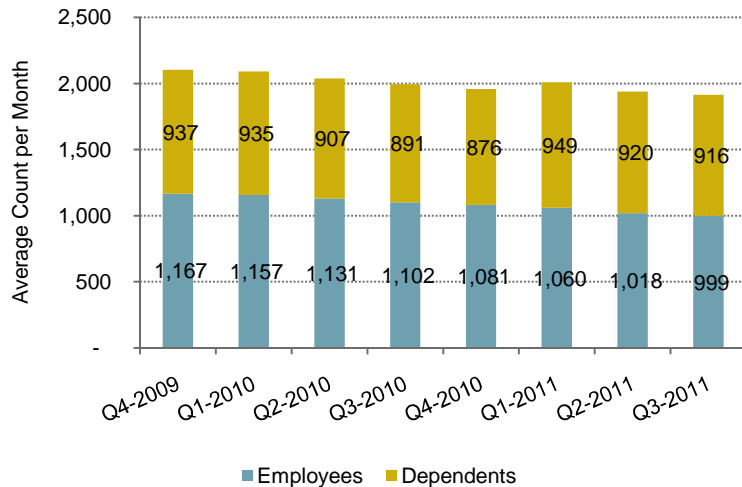
Significant changes in enrollment will impact payment trends in unexpected ways. The graph below shows employee and dependent counts by quarter.

The figure "Average Payments PEPM and PMPM" shows medical plan payments adjusting for enrollment - amounts are shown per employee and member per month for each quarter.

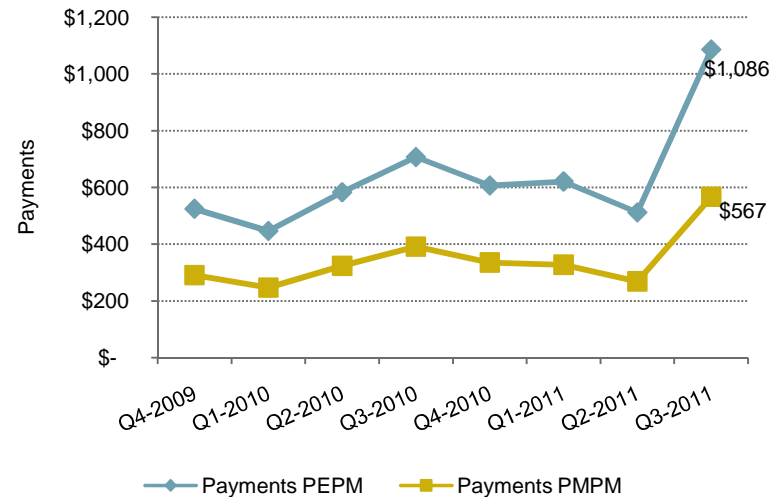
Eligible Medical Charges and Plan Payments



Plan Enrollment: Total Members, Employees & Dependents



Average Payments PEPM and PMPM

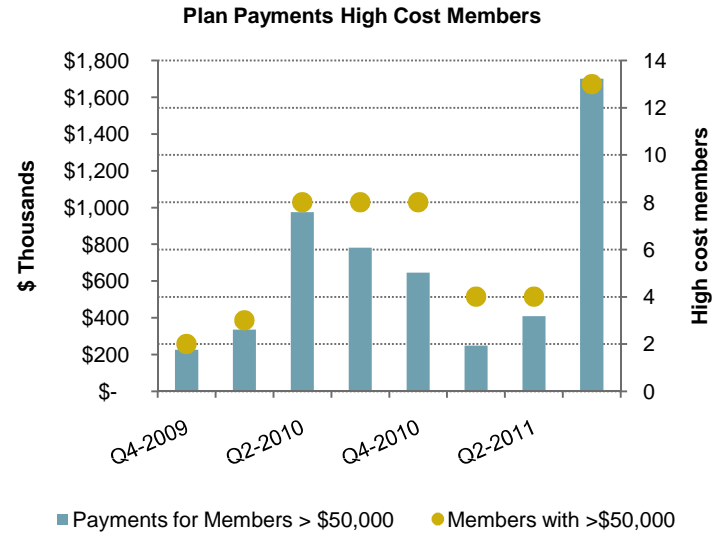


Higher Cost Members and Trend

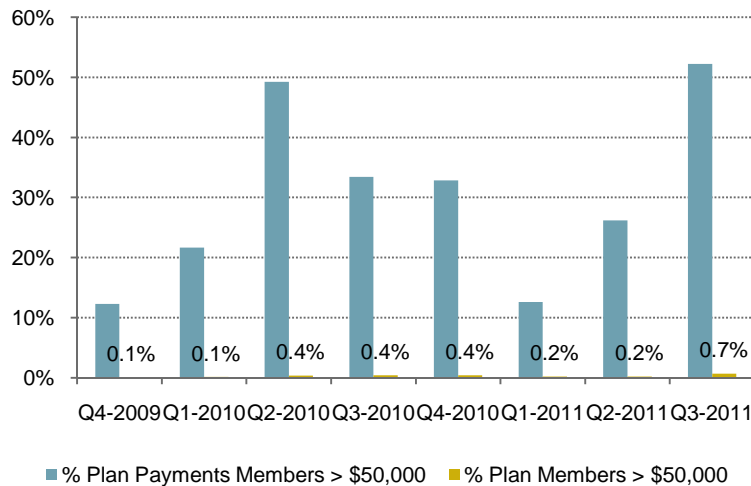
Typically a small portion of members account for a high portion of medical plan payments. Quarterly medical payments for all members with plan paid >\$50k in a quarter are shown on the right.

The chart below demonstrates the disproportionate contribution of higher cost members to the total plan paid.

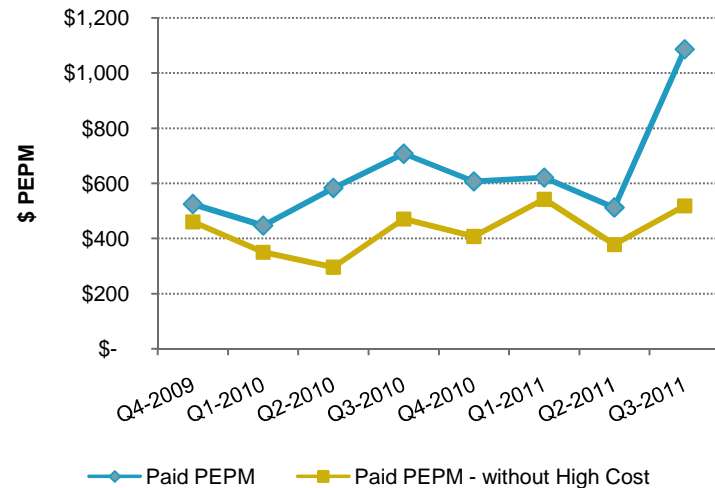
Excluding higher cost member plan paid from PEPM will tend to smooth trend and show the impact of the higher cost cases (see the chart on the lower right).



% of Payments and Members (>\$50,000)



PEPM with and without Higher Cost Experience



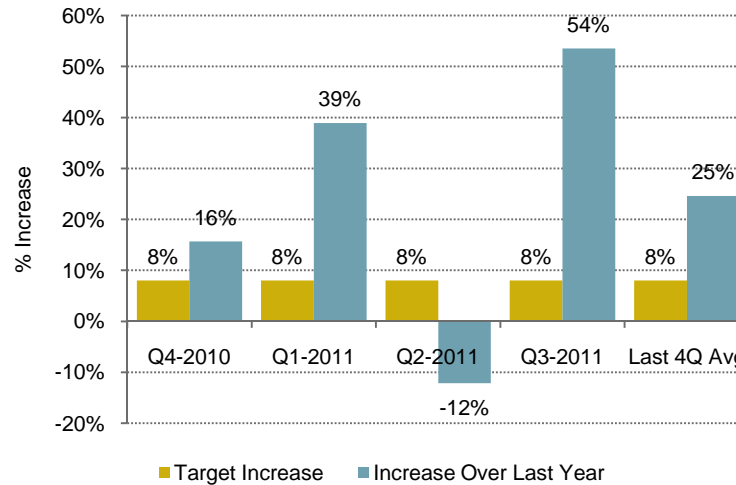
Trend Summary

The figure to the right shows the year over year percent change in quarterly payments per employee per month compared to the target change. This simple calculation, while not a full actuarial analysis, is helpful in understanding plan performance relative to budget.

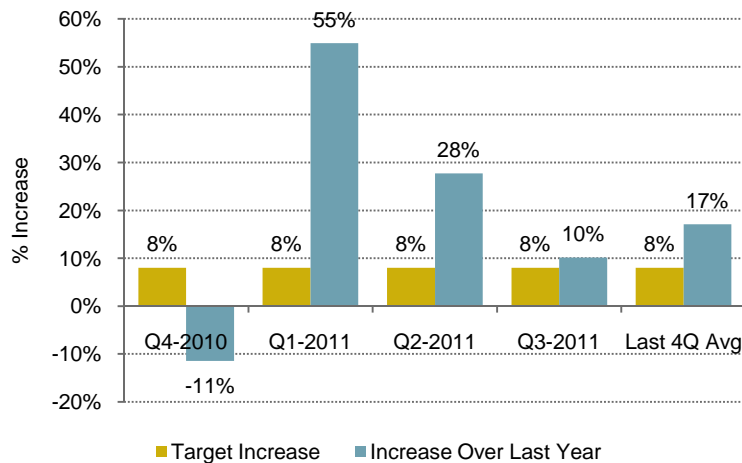
The graph below makes the same calculation only removes the experience of high cost members. Removing this highly variable experience gives insight into the underlying dynamics of plan experience.

The final graph shows the difference in total plan payments current year to date compared to a target calculated from the target percent increase and last year to date experience.

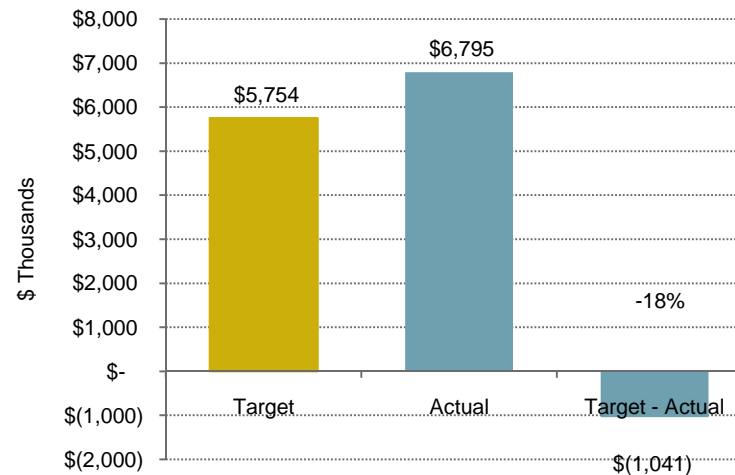
Year Over Year PEPM Percent Change, Actual and Target



Year Over Year PEPM Percent Change, Actual and Target Excluding High Cost Experience



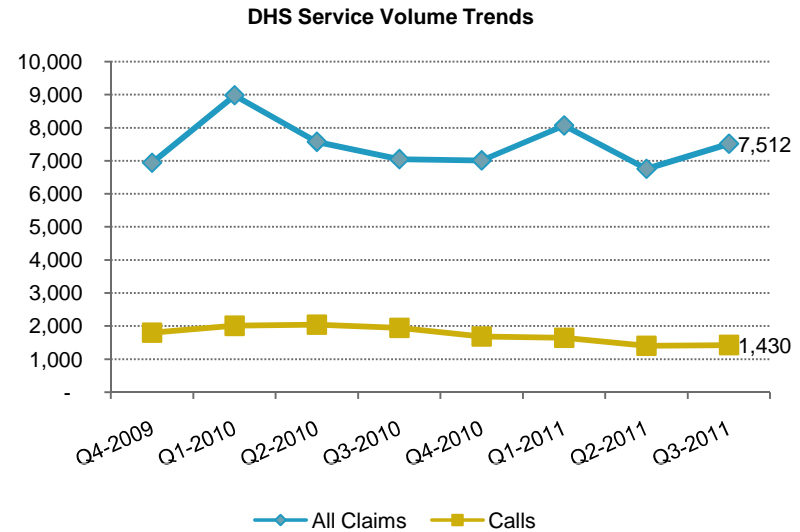
Total Plan Payments - Year to Date Comparison Actual to Target



DHS Administration Performance

Accurate and timely claims processing and customer service are key attributes of DHS service. The graph on the right shows the trends in call volume and medical claims processed by quarter. The number of medical claims processed measures overall volume of activity. Number of calls measures customer service inquiries.

DHS sets goals to provide excellent plan administration. The table below shows key performance metrics for financial and claims accuracy, turnaround time, and service call responsiveness.



Delta Performance Statistics

	Threshold	Q4-2009	Q1-2010	Q2-2010	Q3-2010	Q4-2010	Q1-2011	Q2-2011	Q3-2011
Claims Statistics									
Financial Payment Accuracy	98.5%	99.9%	99.7%	100.0%	100.0%	99.7%	99.1%	99.8%	99.7%
Claims Payment Accuracy	97.0%	98.8%	98.2%	99.5%	100.0%	98.9%	97.7%	99.0%	98.6%
15 Day Turnaround Time	80.0%	90.0%	85.0%	88.0%	85.0%	82.0%	80.0%	85.0%	84.0%
Call Statistics									
30 Second Telephone Response Time	80.0%	84.8%	81.7%	84.7%	80.3%	75.9%	71.2%	82.1%	82.9%
Call Abandonment Rate	3.0%	0.3%	0.6%	0.5%	0.4%	1.2%	1.2%	0.7%	0.8%

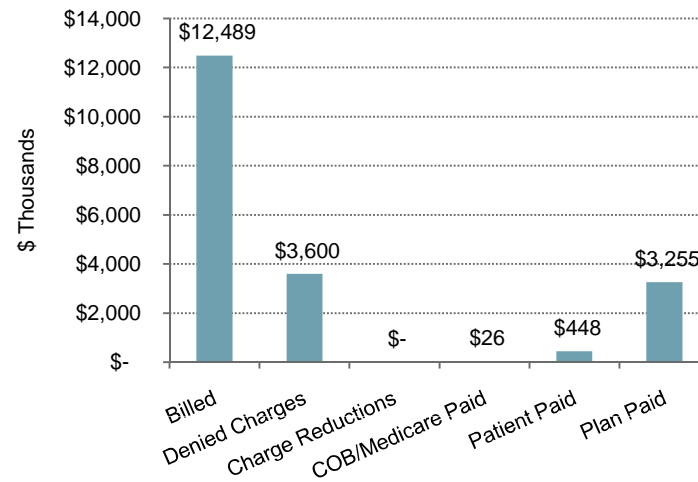
Medical Financials: Reductions from Charges

DHS claims administration includes a wide variety of processes to accurately adjudicate claims. The breakdown of billed charges to plan paid for the most recent quarter is shown on the right.

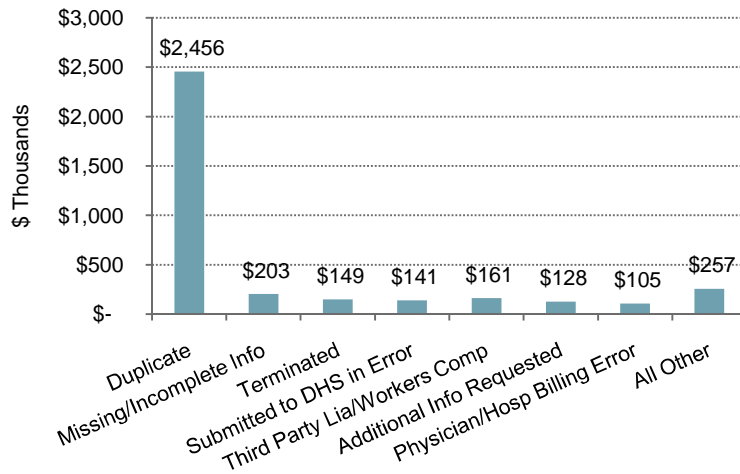
A portion of billed charges are denied - the distribution of denied charges by reason is shown in the lower left chart.

Eligible charges (Billed less denied) are further reduced by PPO discounts (savings) with the resulting allowed charges paid by the plan, patient or other third party. The figure in the lower right shows the portion of allowed charges that are the responsibility of plan members and other third parties. The plan pays the remainder.

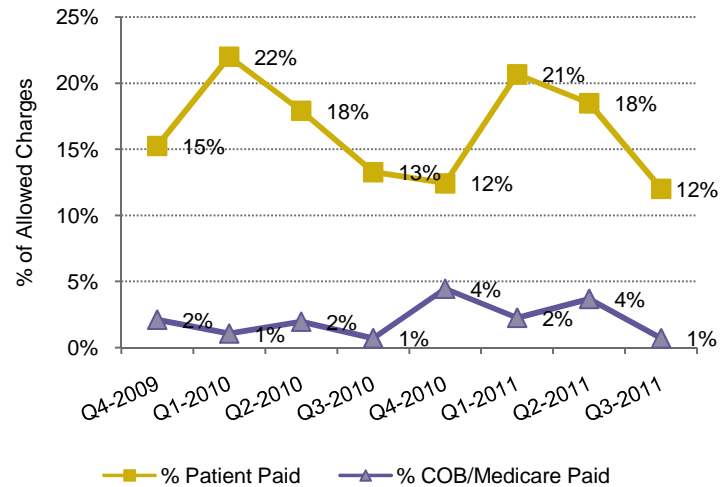
Breakdown of Medical Charges - Most Recent Quarter



Distribution of Denied Charges - Most Recent Quarter



Patient and Third Party % of Allowed

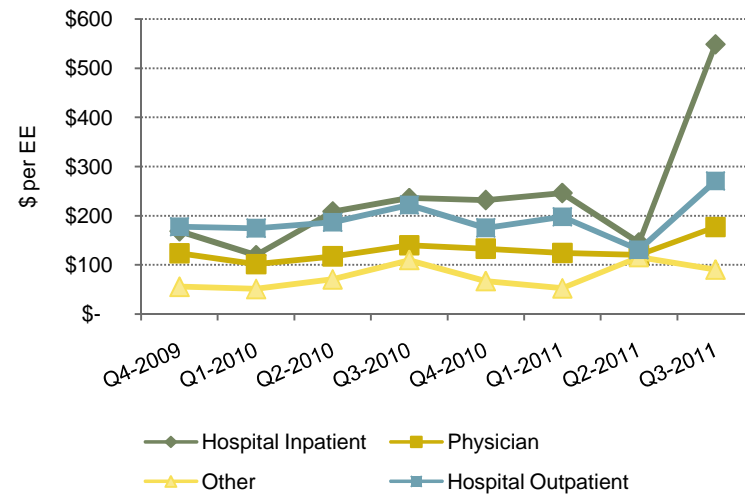


Payments by Setting and PPO Performance

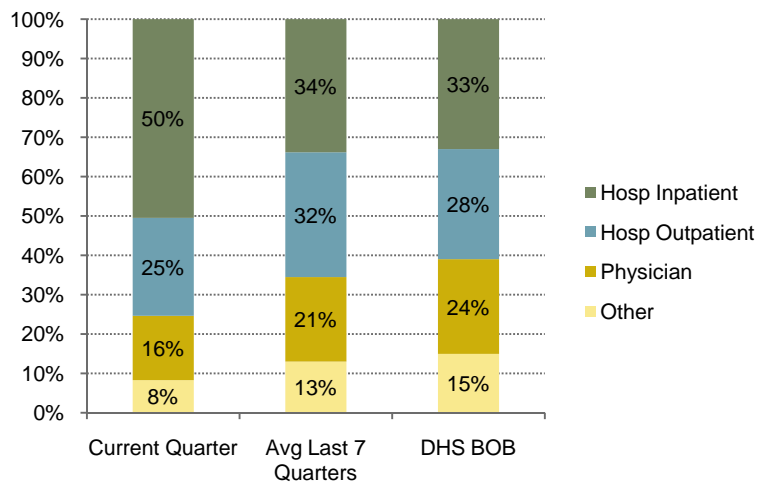
Tracking payments by setting provides some explanation of trends and illustrates the impact of negotiated rates of the PPO network. Plan paid by setting is shown to the right on a per employee per month basis. Payments in different settings will have different trends, but significant changes over 2 or more quarters should be investigated further. The most recent quarter's plan payments are compared to historical averages and external averages from Delta Book of Business (all on a % of total) in the figure below.

DHS partner networks have negotiated rates with a wide breadth of providers. Members who utilize network providers receive significant discounts from billed charges. The network savings rates by provider for the most recent four quarters is graphed at the lower right. Savings rates will vary over time due to the mix of services and providers utilized.

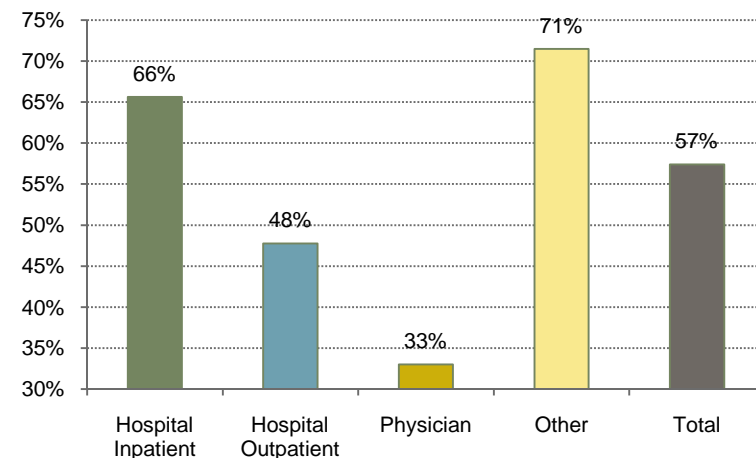
Medical Plan Paid PEPM By Setting



Distribution of Payments By Setting



Network Savings Rate from Eligible Charges Last Four Quarters Combined



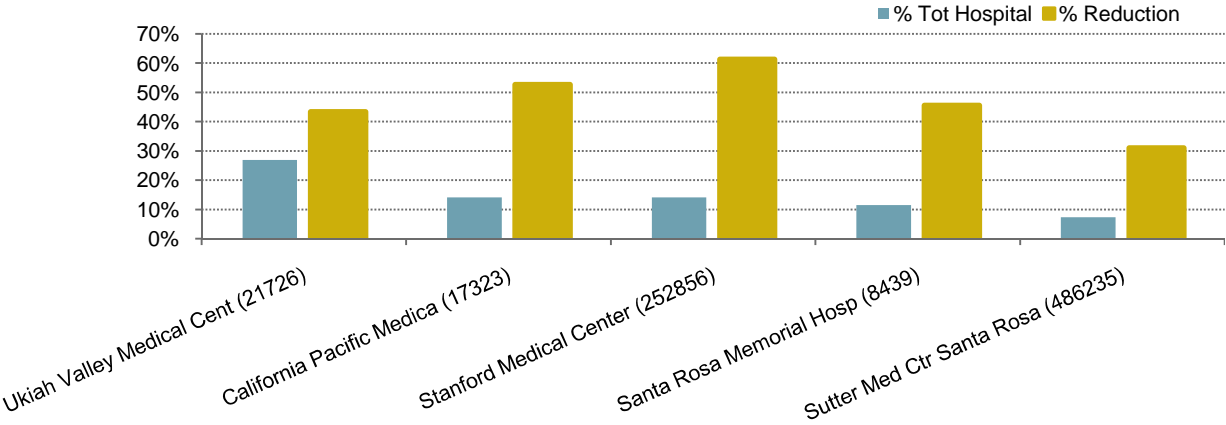
Top Hospitals

Payments to hospitals represent a significant portion of overall plan paid. Typically relatively few hospitals account for these payments. The table to the right shows the top hospitals based on plan paid (in \$00s) over the most recent six months. The % total is the portion of total hospital paid occurring at the specific hospital. The last column is the percentage of reductions from network contracts and usual and customary reductions (% PPO UCR).

The graph below is a subset of top hospitals and presents the % of total paid and % reduction at each hospital. Note that the top hospitals listed may change from period to period depending on the influence of high cost patients.

Top Hospitals in most recent 6 months (based on plan paid)			
	Plan Paid (\$000s)	% Total	% PPO UCR
Ukiah Valley Medical Cent (21726)	\$ 887	27%	43%
California Pacific Medica (17323)	\$ 466	14%	53%
Stanford Medical Center (252856)	\$ 465	14%	61%
Santa Rosa Memorial Hosp (8439)	\$ 380	12%	46%
Sutter Med Ctr Santa Rosa (486235)	\$ 240	7%	31%
Frank Haoward Memorial Hsp (7745)	\$ 228	7%	25%
Glendale Adventist Med Cn (51156)	\$ 153	5%	93%
UCSF Medical Center (10650)	\$ 101	3%	52%
Mendocino Coast Hospital (15651)	\$ 88	3%	18%
Pavilion Surgical Service (471450)	\$ 44	1%	71%
SubTotal	\$ 3,052	93%	

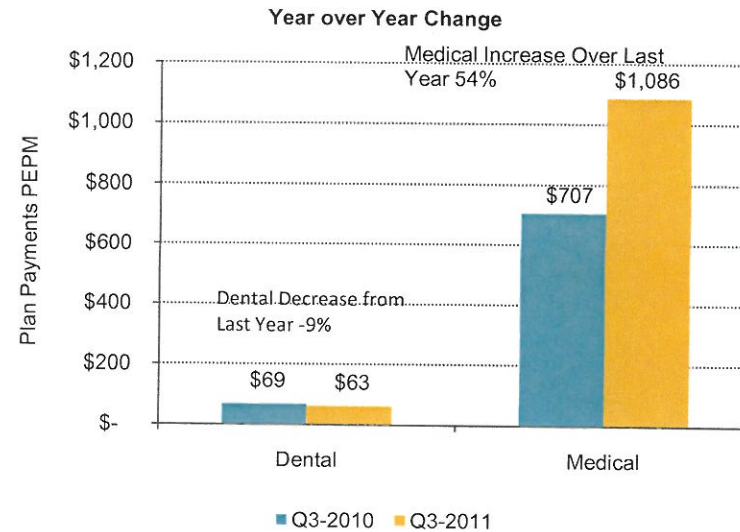
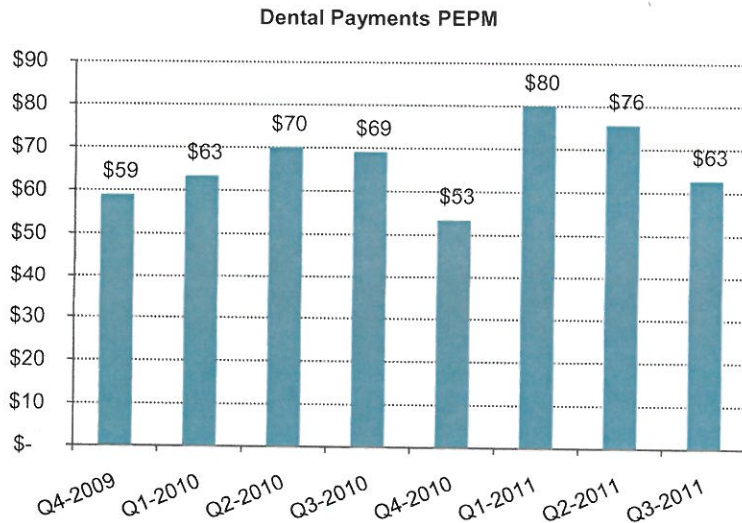
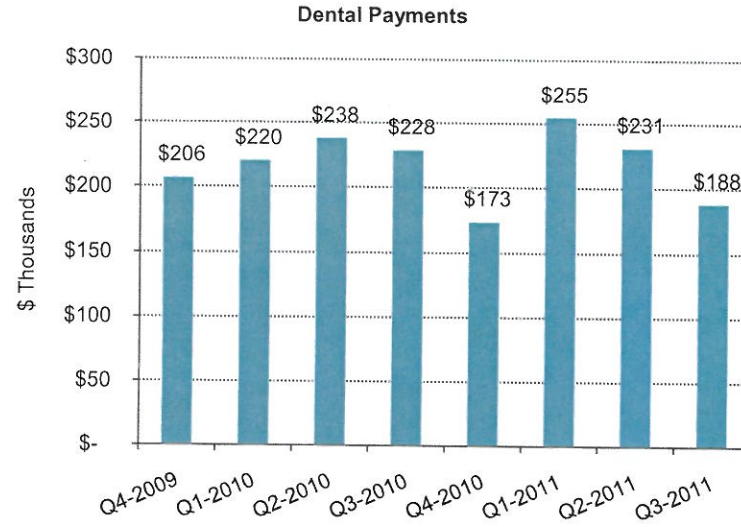
Top Hospitals - % of Total Hospital Plan Paid and % Reduction (PPO and UCR) from Eligible



Dental Payments

DHS provides dental claims administration services. The quarterly payments for dental benefits are shown on the right.

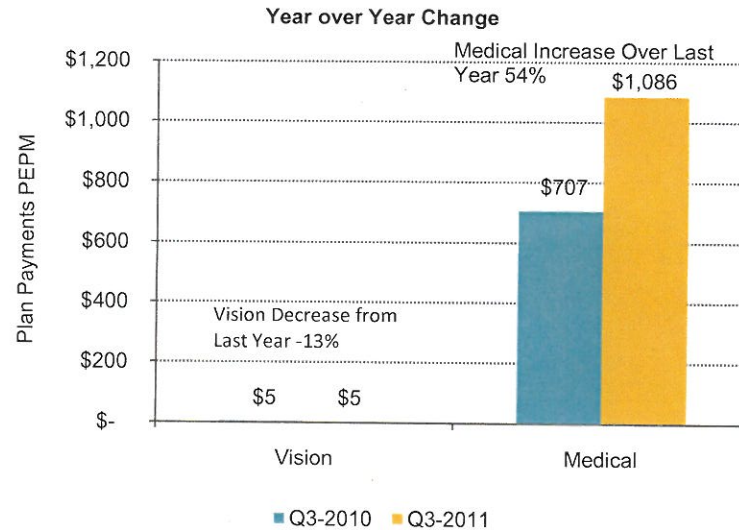
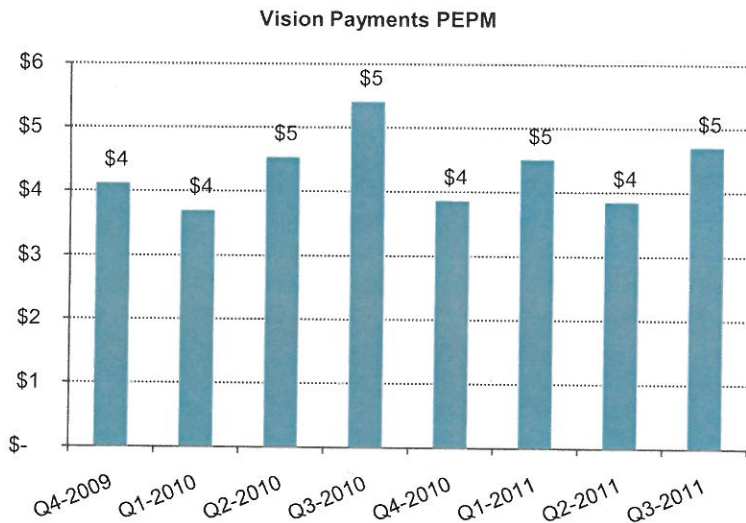
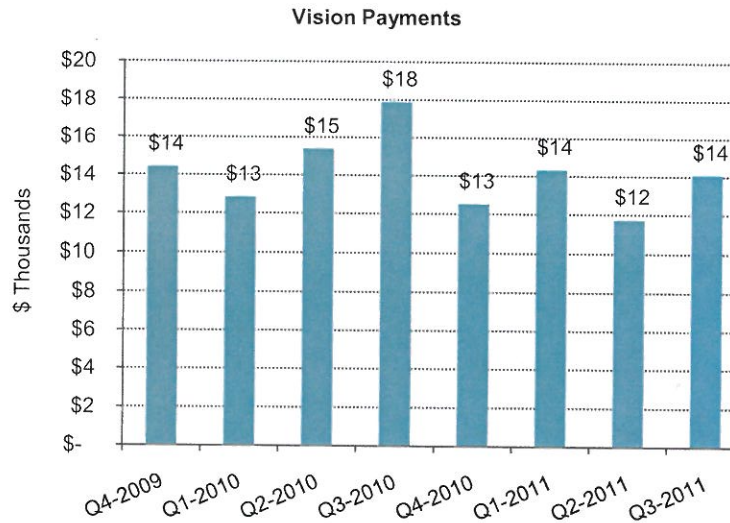
Trends in dental payments are shown on a per employee basis below. The percentage change in payments for the most recent quarter compared to a year ago is shown in the lower right.



Vision Payments

DHS provides vision care administration services. The quarterly payments for vision benefits are shown on the right.

Trends in vision payments are shown on a per employee basis below. The percentage change in payments for the most recent quarter compared to a year ago is shown in the lower right.



Appendix 1 - Key Data

	Q4-2009	Q1-2010	Q2-2010	Q3-2010	Q4-2010	Q1-2011	Q2-2011	Q3-2011
Summary Financial - Medical Only								
Claims	5,249	5,176	5,330	5,215	4,881	5,744	4,803	5,577
Billed Charges	\$ 5,276,210	\$ 4,791,873	\$ 6,955,861	\$ 6,463,110	\$ 7,467,541	\$ 6,215,806	\$ 8,417,994	\$ 12,489,261
Denied Charges	\$ 843,820	\$ 1,306,044	\$ 1,659,808	\$ 1,708,050	\$ 1,554,880	\$ 1,109,431	\$ 4,342,526	\$ 3,599,798
Eligible Charges	\$ 4,432,390	\$ 3,485,829	\$ 5,296,053	\$ 4,755,061	\$ 5,912,661	\$ 5,106,375	\$ 4,075,468	\$ 8,889,463
UCR Reductions	\$ 9,061	\$ 40,770	\$ 8,210	\$ 16,793	\$ 26,861	\$ 8,056	\$ 7,187	\$ 103,161
Allowed Charges	\$ 2,206,879	\$ 2,007,108	\$ 2,451,965	\$ 2,707,704	\$ 2,351,277	\$ 2,553,416	\$ 1,998,016	\$ 3,621,573
Plan Paid	\$ 1,837,874	\$ 1,551,685	\$ 1,979,093	\$ 2,338,933	\$ 1,968,786	\$ 1,975,049	\$ 1,565,020	\$ 3,254,835
Patient Paid	\$ 338,991	\$ 443,380	\$ 442,167	\$ 360,823	\$ 294,251	\$ 529,178	\$ 371,402	\$ 448,146
Other Paid (COB/Medicare)	\$ 47,037	\$ 21,477	\$ 48,392	\$ 19,455	\$ 105,553	\$ 57,907	\$ 74,223	\$ 26,389
Plan Paid by Setting - Medical Only								
Hospital Inpatient & Rm	\$ 588,547	\$ 415,059	\$ 706,420	\$ 779,940	\$ 750,940	\$ 782,348	\$ 443,542	\$ 1,642,575
Hospital Outpatient & Other	\$ 621,945	\$ 606,967	\$ 634,619	\$ 734,972	\$ 569,305	\$ 629,828	\$ 400,287	\$ 811,656
Physician	\$ 432,339	\$ 351,887	\$ 397,522	\$ 461,068	\$ 430,856	\$ 394,910	\$ 366,502	\$ 529,525
Other Services	\$ 195,044	\$ 177,772	\$ 240,532	\$ 362,952	\$ 217,684	\$ 167,963	\$ 354,688	\$ 271,079
Eligible Charges by Setting - Medical Only								
Hospital Inpatient & Rm	\$ 1,490,718	\$ 828,222	\$ 2,169,365	\$ 1,607,976	\$ 3,069,828	\$ 1,781,311	\$ 1,496,211	\$ 4,853,316
Hospital Outpatient & Other	\$ 1,350,722	\$ 1,358,388	\$ 1,523,141	\$ 1,548,981	\$ 1,303,080	\$ 1,579,448	\$ 916,406	\$ 1,953,401
Physician	\$ 969,341	\$ 797,814	\$ 849,585	\$ 883,010	\$ 846,914	\$ 883,111	\$ 798,000	\$ 1,032,148
Other Services	\$ 621,608	\$ 501,406	\$ 753,963	\$ 715,094	\$ 692,839	\$ 862,506	\$ 864,851	\$ 1,049,215
In Network Eligible Charges by Setting - Medical Only								
Hospital Inpatient & Rm	\$ 1,492,187	\$ 756,863	\$ 2,172,666	\$ 1,543,468	\$ 3,101,357	\$ 1,752,861	\$ 1,496,211	\$ 4,840,737
Hospital Outpatient & Other	\$ 1,301,162	\$ 1,341,473	\$ 1,507,112	\$ 1,538,889	\$ 1,258,713	\$ 1,548,737	\$ 907,651	\$ 1,868,992
Physician	\$ 912,986	\$ 747,397	\$ 799,806	\$ 835,199	\$ 751,336	\$ 836,169	\$ 765,366	\$ 950,540
Other Services	\$ 540,135	\$ 427,488	\$ 669,223	\$ 484,811	\$ 619,853	\$ 818,038	\$ 628,527	\$ 958,897
In Network PPO Discounts by Setting - Medical Only								
Hospital Inpatient & Rm	\$ 874,057	\$ 359,513	\$ 1,431,022	\$ 772,769	\$ 2,234,597	\$ 919,137	\$ 997,007	\$ 3,194,819
Hospital Outpatient & Other	\$ 562,580	\$ 568,673	\$ 719,721	\$ 679,834	\$ 590,038	\$ 746,056	\$ 398,531	\$ 932,517
Physician	\$ 403,758	\$ 253,314	\$ 252,980	\$ 271,120	\$ 259,065	\$ 260,966	\$ 236,691	\$ 333,585
Other Services	\$ 356,463	\$ 248,648	\$ 424,859	\$ 302,481	\$ 420,096	\$ 607,280	\$ 436,277	\$ 698,614
High Cost Cases - Medical Only								
Number of Patients > \$50,000	2	3	8	8	8	4	4	13
Payments for Patients > \$50,000	\$ 225,585	\$ 336,078	\$ 974,403	\$ 781,826	\$ 646,566	\$ 249,593	\$ 409,955	\$ 1,700,116
Eligibility Information - Medical Only								
Employees	1,167	1,157	1,131	1,102	1,081	1,060	1,018	999
Dependents	937	935	907	891	876	949	920	916
Total (Avg Quarterly)	2,104	2,092	2,038	1,993	1,957	2,009	1,938	1,915

Appendix 1 - Key Data (cont.)

	Q4-2009	Q1-2010	Q2-2010	Q3-2010	Q4-2010	Q1-2011	Q2-2011	Q3-2011
Delta Service Stats								
* Calls	1,801	2,011	2,043	1,946	1,685	1,648	1,406	1,430
Financial Payment Accuracy	99.9%	99.7%	100.0%	100.0%	99.7%	99.1%	99.8%	99.7%
Claims Payment Accuracy	98.8%	98.2%	99.5%	100.0%	98.9%	97.7%	99.0%	98.6%
15 Day Turnaround Time	90.0%	85.0%	88.0%	85.0%	82.0%	80.0%	85.0%	84.0%
30 Day Turnaround Time	95.0%	87.0%	92.0%	92.0%	92.0%	88.0%	92.0%	92.2%
* 30 Second Telephone Respo	84.8%	81.7%	84.7%	80.3%	75.9%	71.2%	82.1%	82.9%
* Call Abandonment Rate	0.3%	0.6%	0.5%	0.4%	1.2%	1.2%	0.7%	0.8%
Vision Data								
Number of Employees	1,167	1,157	1,131	1,102	1,081	1,060	1,018	999
Vision Payments	\$ 14,423	\$ 12,841	\$ 15,386	\$ 17,885	\$ 12,528	\$ 14,335	\$ 11,745	14108.52
Dental Data								
Number of Employees	1,167	1,157	1,131	1,102	1,081	1,060	1,018	999
Dental Payments	\$ 206,417	\$ 219,880	\$ 237,707	\$ 228,482	\$ 173,471	\$ 254,666	\$ 230,969	188072.26
Plan Paid								
Per Employee Per Month	\$ 525	\$ 447	\$ 583	\$ 707	\$ 607	\$ 621	\$ 512	1,086
Per Member Per Month	\$ 291	\$ 247	\$ 324	\$ 391	\$ 335	\$ 328	\$ 269	567
Rolling 4 Quarter Average								
Per Member Per Month				\$ 313	\$ 324	\$ 344	\$ 331	375
% change from prev 4 qtr avg					3.5%	6.2%	-4.0%	13.3%



**COUNTY OF MENDOCINO
ACTIVES & RETIREES (818 – 819)
CONTACT LIST**

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ELIGIBILITY DEPARTMENT				
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Morgan Gainor B&E / COBRA Coordinator Linda Reed B&E / COBRA Coordinatore	Direct: (209) 939-3425 morgan.gainor@delapro.com Direct: (209) 939-3434 linda.reed@delapro.com		<ul style="list-style-type: none"> ➤ COBRA/HIPAA 	Jackie Green, B&E Manager Direct (209) 939-3452 jackie.green@delapro.com
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SALES & MARKETING DEPARTMENT				
Heather Simpson, Account Manager	Main: (800) 422-6099 Direct: (559) 228-4105 Fax: (559) 228-4195 heather.simpson@delapro.com	P.O. Box 1147 Stockton, CA 95201-1147	<ul style="list-style-type: none"> ➤ Document Writing ➤ Resolution of Service Issues ➤ Monthly Reporting ➤ Benefit Fair Representation 	John Zank VP, Client Engagement Direct: (209) 939-3471 john.zank@delapro.com
Lita Marfia Client Services Coordinator	Direct: 209-939-3467 lita.marfia@delapro.com			



**County of Mendocino - Active Plan
 Potential Large Dollar Claimants Report
 Plan Year: 01/01/11 - 12/31/11
 Specific Deductible: \$175,000
 Contract Type: 24/12 - Medical**

Date of Report: October 21, 2011

SEQ	ID#	BIRTH YEAR	EMP STATUS	PATIENT	PRIMARY DIAGNOSIS	PAID AMOUNT	PENDING	COB	TPL/ WC
1	81802297	1933	termed 2/1/11	spouse	Atherosclerosis of native arteries of the extremities with intermittent claudication, malignant neoplasm of prostate, chronic airway obstruction, congestive heart failure, Parkinson's disease.	\$28,705.10	\$0.00	Medicare - we're prime	N/A
2	81800544	1954	active	spouse	Congestive heart failure, chronic kidney disease, Stage II, diabetes mellitus, Type II, cholecystitis, unspecified, congenital spondylolisthesis.	\$9,691.74	\$187.14	N/A	N/A
3	81825272	1952	active	spouse	End stage renal disease, coronary atherosclerosis of artery bypass graft, diabetes mellitus, Type II, unspecified iron deficiency anemia.	\$79,703.57	\$29,653.31	Medicare - we're prime until 8/01/13	N/A
4	81806122	1952	active	self	Esophageal varices without mention of bleeding, cirrhosis of liver without mention of alcohol, chronic hepatitis C without mention of hepatic coma.	\$14,300.70	\$0.00	N/A	N/A
5	81802980	1960	active	self	End stage renal disease, diabetes mellitus, Type II, nephritis, nephrotic syndrome, & nephrosis.	\$73,911.72	\$26,657.51	Medicare becomes prime on 5/01/12	N/A
6	81810891	1960	active	self	HIV, cervicgia, brachial neuritis or radiculitis, not otherwise specified.	\$546.54	\$698.15	N/A	N/A
7	81802142	1956	active	self	Chronic lymphoid leukemia without mention of remission, drug induced neutropenia.	\$32,441.81	\$145.00	N/A	N/A
8	81801111	1951	active	self	Chronic kidney disease, Stage III, palpitations.	\$2,076.05	\$0.00	N/A	N/A
9	81802414	1947	active	self	History of claims with diagnosis of chronic lymphoid leukemia. More recent claims have diagnosis of acute leukemia of unspecified cell type without mention of remission, elevated PSA.	\$101.38	\$231.00	N/A	N/A
10	81802479	1938	active	self	Mycosis fungoides of lymph nodes of inguinal region and lower limb, herpes simplex without mention of complication.	\$6,021.46	\$661.65	N/A	N/A
11	81803805	1982	active	self	Multiple sclerosis, regional enteritis of unspecified site, cholecystitis, other ulcerative colitis.	\$51,563.42	\$11,116.21	N/A	N/A
12	81803616	1949	active	self	Malignant neoplasm of colon, unspecified site, drug induced neutropenia, chronic fatigue syndrome, closed dislocation, multiple cervical vertebrae, paroxysmal supraventricular tachycardia.	\$15,680.83	\$1,512.43	N/A	N/A

SEQ	ID#	BIRTH YEAR	EMP STATUS	PATIENT	PRIMARY DIAGNOSIS	PAID AMOUNT	PENDING	COB	TPL/ WC
13	81821861	1956	active	self	Malignant neoplasm of prostate, secondary malignant neoplasm of bone & bone marrow, unspecified viral hepatitis C without hepatic coma.	\$30,130.20	\$3,903.68	N/A	N/A
14	81821564	1952	active	self	Other malignant lymphomas, unspecified site, extranodal & solid organ sites, sciatica, degeneration of lumbar or lumbosacral intervertebral disc.	\$1,013.61	\$16.00	N/A	N/A
15	81813527	1952	active	self	Malignant neoplasm of other specified sites of female breast, synovitis & tenosynovitis.	\$11,667.82	\$326.00	N/A	N/A
16	81803647	1945	termed 4/3/11	self	Aortic valve disorder, renal failure, unspecified, heart failure, other cellulitis & abscess, chronic kidney disease, Stage III, unspecified chest pain, unspecified pleural effusion, other postoperative infection, history of breast cancer.	\$63,620.66	\$0.00	N/A	N/A
17	81814121	1938	active	spouse	Malignant neoplasm of prostate, malignant neoplasm of lower lobe, bronchus, or lung.	\$9,980.88	\$0.00	Medicare-we're prime	N/A
18	81811627	1947	active	self	Malignant neoplasm of prostate.	\$25,511.40	\$202.20	N/A	N/A
19	81802901	1952	termed 7/24/11. Has until 10/11/11 to elect COBRA.	self	Malignant neoplasm of retroperitoneum, malignant neoplasm of connective & other soft tissue, site unspecified.	\$12,609.18	\$0.00	N/A	N/A
20	81801464 previously 81801463	1952	COBRA effective 11/01/09. Termed 5/1/11 under spouse. Effect. 5/1/11 under self for COBRA	self now, was under spouse on previous acct	Malignant neoplasm of other specified sites of female breast.	\$129,364.57	\$4,422.40	Retirement Plan only. We are primary.	N/A
21	81811673	1952	cobra	self	Unspecified disease of pericardium, congestive heart failure, constrictive pericarditis, other affections of shoulder region.	\$76,470.75	\$21,740.56	N/A	N/A
22	81803500	2007	active	dependent	Von Willebrand's disease, infantile autism, current or active state, unspecified essential hypertension, fever	\$8,751.96	\$128.00	N/A	N/A
23	81802820	1946	termed 4/3/11.	spouse	Atrial fibrillation, nonalopathic lesion of lumbar region, not elsewhere classified.	\$60,109.81	\$0.00	N/A	N/A
24	81803793	1959	active	self	Malignant neoplasm of prostate, unspecified acute myocarditis.	\$7,763.07	\$1,503.00	N/A	N/A
25	81803909	1954	active	self	Acute myocardial infarction, subendocardial infarction, initial episode of care, idiopathic myocarditis, aneurysm of artery of lower extremity.	\$135,335.11	\$0.00	N/A	N/A
26	81801964	1965	active	self	Subarachnoid hemorrhage, other & unspecified hyperlipidemia.	\$96,230.97	\$0.00	N/A	N/A
27	81813824	1952	termed 7/10/11. Has until 09/25/11 to elect COBRA.	self	Chronic airway obstruction, coronary atherosclerosis of native coronary artery, diabetes mellitus, Type II, other anaphylactic shock, due to adverse food reaction.	\$24,905.48	\$1,114.48	N/A	N/A

SEQ	ID#	BIRTH YEAR	EMP STATUS	PATIENT	PRIMARY DIAGNOSIS	PAID AMOUNT	PENDING	COB	TPL/ WC
28	81802744	1970	active	spouse	History of malignant neoplasm of breast (female), unspecified site, secondary malignant neoplasm of bone & bone marrow.	\$31,627.20	\$2,856.73	N/A	N/A
29	81805131	1951	active	spouse	Atrial fibrillation, malignant neoplasm of head of pancreas, diabetes mellitus, Type II.	\$67,788.85	\$7,211.80	N/A	N/A
30	81803183	1951	active	self	Pancytopenia, acute myeloid leukemia without mention of remission, unspecified septicemia, fever.	\$555,078.07	\$32,679.25	N/A	N/A
31	81801434	1944	active	self	Chronic kidney disease, diabetes mellitus, Type II, primary localized osteoarthritis, lower leg.	\$8,607.85	\$240.00	N/A	N/A
32	81800872	1962	active	spouse	Pneumonia, organism unspecified, muscle weakness, myasthenia gravis with (acute) exacerbation.	\$118,065.39	\$185.06	N/A	N/A
33	81809452	1951	active	spouse	Malignant neoplasm of prostate.	\$61,245.44	\$391.00	N/A	N/A
34	81803901	1970	active	self	Empyema without mention of fistula, pneumonia, organism unspecified.	\$83,828.53	\$0.00	N/A	N/A
35	81810584	1957	active	self	Malignant neoplasm of breast (female), unspecified site, pneumonia, congestive heart failure.	\$108,634.42	\$37,551.86	N/A	N/A
36	81801519	1944	termed 7/24/11. Patient expired.	self	Lung mass, secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck, secondary malignant neoplasm of brain & spinal cord, contusion of multiple sites.	\$23,353.29	\$0.00	Medicare - we are prime	Researching
37	81802329	1951	active	spouse	History of ankle fracture in Sept. 2010, other postoperative infection, sepsis, pyogenic arthritis, ankle & foot.	\$111,087.05	\$3,952.51	N/A	N/A
38	81800750	1943	active	self	Mitral valve disorders, coronary atherosclerosis of native coronary artery.	\$198,527.28	\$4,034.40	N/A	N/A
39	81805893	1958	active	self	Venous embolism & thrombosis of deep vessels of lower extremity, malignant neoplasm of liver, malignant neoplasm of lung, secondary malignant neoplasm of rectum.	\$89,246.26	\$23,802.26	N/A	N/A
40	81803782	1963	active	spouse	Injury, other & unspecified, hip & thigh, contusion of abdominal wall, closed fracture of shaft of humerus, necrotizing fasciitis.	\$767,260.89	\$818,746.99	N/A	Positive - our subrogation dept. to handle.
41	81820079	1950	active	self	History of breast cancer, rule out metastasis, secondary malignant neoplasm of other specified sites.	\$18,238.84	\$5,117.70	N/A	N/A
42	81800489	1946	active	spouse	History of ovarian cancer, malignant neoplasm of corpus uteri, except isthmus.	\$13,752.10	\$5,272.00	N/A	N/A
43	81803284	1961	termed 11/31/10 patient expired	self	Other postoperative infection, unspecified septicemia, acute respiratory failure.	\$155,528.02	\$0.00	N/A	N/A
44	81809663	1949	active	self	Localized osteoarthritis not specified whether primary or secondary, lower leg, nontraumatic rupture of patellar tendon, closed fracture of upper end of tibia.	\$98,794.70	\$68,090.82	N/A	Researching
45	81801850	1943	active	self	Intermediate coronary syndrome, acute myocardial infarction , subendocardial infarction, initial episode of care, hematoma complicating a procedure.	\$70,261.04	\$0.00	N/A	N/A
46	81804025	1947	active	self	Closed fracture of unspecified part of tibia. Tachycardia. Cellulitis and abscess of unspecified site.	\$911.03	\$0.00	N/A	N/A

**REINSURANCE REIMBURSEMENT LOG
COUNTY OF MENDOCINO
ACTIVE PLAN**

Reinsurance Carrier: Swiss Re

Deductible: \$175,000.00

Policy Year: 01/01/11-12/31/11

Corridor: N/A

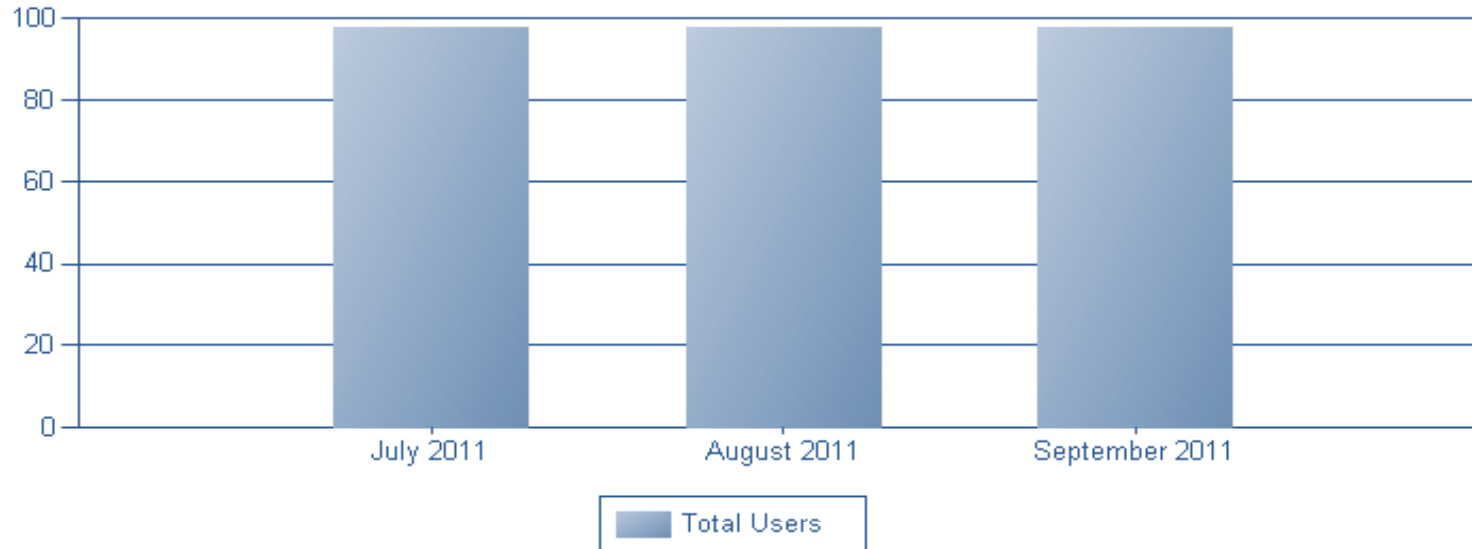
ID Number	Amount Requested	Date of Request	*A / R	Amount Received from Carrier	Adjusted Amount	Reinsurance Check Date	Check #	Date Rec'd & sent to Client	Direct Deposit Date / Comments
818-03183	\$ 7,537.59	6/28/11	R	\$ 7,537.59	\$ -	7/25/11	713849	8/2/11	
818-03183	\$ 189,329.89	6/28/11	A	\$ 189,329.89		7/25/11	713849	8/2/11	Originally requested \$189,329.89 on Claim #85608 06/02/11 Corrected claim re on this and only \$181,336.43 will be paid. Overpayment of \$7,993.46 will be deducted from next request for reimbursement. This is OK'd by Julia at RMRS. JJ 08/02/11
818-03183	\$ 47,988.00	7/12/11	A	\$ 47,988.00		7/25/11	713849	8/2/11	Claim #85606 07/07/11
818-03183	\$ 29,510.72	8/31/11	R	\$ 29,510.72		9/23/11	715450	9/30/11	Deducted \$7,993.46 from this request that was previously overpaid (see above).
818-03183	\$ 62,783.00	8/31/11	A	\$ 62,783.00		9/23/11	715450	9/30/11	Claim #85324 08/25/11
818-03183	\$ 27,925.51	9/8/11	A	\$ 27,925.51		9/23/11	715450	9/30/11	Claim #85732 08/25/11
	\$ 365,074.71			\$ 365,074.71	\$ -				
818-00750	\$ 22,283.94	8/2/11	R	\$ 22,283.94	\$ -	8/24/11	714727	8/30/11	
	\$ -			\$ -	\$ -				
	\$ -			\$ -	\$ -				
	\$ -			\$ -	\$ -				
	\$ 22,283.94			\$ 22,283.94	\$ -				
818-03782	\$ 8,976.02	9/7/11	R	\$ 8,976.02	\$ -	9/23/11	715449	9/30/11	
818-03782	\$ 212,567.34	9/7/11	A	\$ 212,567.34	\$ -	9/23/11	715449	9/30/11	Claim 85551 07/21/11 This claim was released before receiving advanced funding.
818-03782	\$ 344,095.93	9/8/11	A	\$ 344,095.93	\$ -	9/23/11	715449	9/30/11	Claim 85354 08/22/11
818-03782	\$ 198,916.00	10/12/11	A	\$ -	\$ -				Claim #85181 09/08/11
	\$ 764,555.29			\$ 565,639.29	\$ -				
	\$ -			\$ -	\$ -				
	\$ -			\$ -	\$ -				
	\$ -			\$ -	\$ -				
	\$ 1,151,913.94			\$ 952,997.94	\$ -			Balance Due:	\$ 198,916.00

MyEphit Enrollment

Employers: County of Mendocino - Actives (818)

Date Range: 7/1/2011 - 9/30/2011

Enrollment numbers shown are for all users for the given date range.



	Total Users
July 2011	98
August 2011	98
September 2011	98