



MEDICAL MUTUAL®

2/16/2021

390078-YOUNGSTOWN STATE UNIVERSITY

Experience for Claims with Covid-19 Related Diagnosis and Procedures Codes Includes Paid Claims

Enclosed is the claim report for the plan's benefits relating to testing and treatment for COVID-19. The claims time frame for this report runs from 01/27/2020 through 1/29/2021. The submission and coding of the COVID-19 related testing and treatment claims has been rapidly changing. New codes relating to COVID-19 testing have been released regularly since March 2020. These reports show incurred and paid claims relating to COVID-19 testing and treatment, which also includes office visits and telehealth visits. All claims reported contained a COVID-19 related diagnosis code or procedure code in any position on the claim. This does not mean the patient was positive for COVID-19.

Additional criteria to validate COVID-19 status and clinical necessity is applied at the time of claim adjudication to determine level of payment and member cost share. The information displayed is current through the report production date and is subject to change based on CMS/CDC and industry guidance and regulations. Previously reported data may change due to adjustment on revised coding and updates where applicable.

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Group: 390078-YOUNGSTOWN STATE UNIVERSITY

Group Section Number: All

Claims data based on dates of service from 01/27/2020 through 1/29/2021.

Claims Counts

1,518

Claimants Counts

652

Total Plan Paid

\$305,638

Total Member Paid

\$1,750

Claims by Category

Category	Claims Count	Claimants Count	Plan Paid	% of Plan Paid	Member Paid
ER	32	28	\$74,302	24.31%	\$325
Inpatient	1	1	\$7,879	2.58%	\$0
Observation	4	4	\$34,888	11.41%	\$75
Other Services*	436	303	\$51,261	16.77%	\$371
TeleHealth	8	8	\$322	0.11%	\$0
Testing**	1,035	553	\$136,673	44.72%	\$964
Urgent Care	2	1	\$314	0.10%	\$15

Claims by Claim Type

Claim Type	Claims Count	Claimants Count	Plan Paid	% of Plan Paid	Member Paid
Professional	1,362	596	\$151,014	49.41%	\$964
Outpatient	155	114	\$146,745	48.01%	\$785
Inpatient	1	1	\$7,879	2.58%	\$0

Claims by Relationship

Relationship	Claims Count	Claimants Count	Plan Paid	% of Plan Paid	Member Paid
Employee	816	338	\$135,911	44.47%	\$740
Spouse	273	118	\$86,550	28.32%	\$497
Dependent	429	196	\$83,177	27.21%	\$513

Date Refreshed on: 2/14/2021

*Claims in the Other Services Category include outpatient and professional claims not defined elsewhere (i.e. lab tests, clinic visits, radiology, office/home/SNF/hospital physician visits, claims with a Covid-19 procedure modifier, etc.).

**Claims in Testing category may include costs associated with other services submitted on the same claim.

Claimant counts by Category and by Claim Type are not unique. A member may be counted under multiple Categories/Claim types.

Data presented in this report is based on paid claims with Covid-19 specific or related diagnosis and procedure codes. It includes ICD-10 diagnosis codes [A41.89, B34.2, B34.9, B97.21, B97.29, J12.81, J12.89, J20.8, J22, J80, J98.01, J98.8, R06.89, U07.1, Z03.818, Z11.59, Z20.828], CPT/HCPCS and/or procedure codes [0001A, 0002A, 0011A, 0012A, 0202U, 0223U through 00226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635 through 87637, 87811, 91300, 91301, 99072, 98966 through 98968, 99421 through 99423, 99441 through 99443, 99453 through 99454, C9803, G2023 through G2025, M0239, M0243, Q0239, Q0243, U0001 through U0005] and or CPT/HCPCS procedure code modifier of CS. This report identifies the Covid-19 related diags listed above regardless of position in the claim (i.e. primary diag vs. secondary diag, etc.). Additional criteria to validate Covid-19 status and clinical necessity is applied at the time of claim adjudication to determine level of plan payment and member cost share.

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Group: 390078-YOUNGSTOWN STATE UNIVERSITY

Group Section Number: All

Weekly claims data for the most recent 10 weeks, if applicable.

Claims by Incurred Date

Claims Service Week	Claims Count	Claimants Count	Plan Paid	Member Paid
2020-12-13 to 2020-12-19	42	34	\$6,416	\$70
2020-12-20 to 2020-12-26	36	30	\$4,552	\$49
2020-12-27 to 2021-01-02	71	52	\$9,746	\$112
2021-01-03 to 2021-01-09	47	37	\$7,306	\$258
2021-01-10 to 2021-01-16	15	13	\$3,729	\$0
2021-01-17 to 2021-01-23	2	2	\$237	\$0

Claims by Paid Date

Claims Process Week	Claims Count	Claimants Count	Plan Paid	Member Paid
2020-12-13 to 2020-12-19	51	47	\$5,220	\$0
2020-12-20 to 2020-12-26	64	59	\$10,362	\$87
2020-12-27 to 2021-01-02	47	43	\$13,012	\$62
2021-01-03 to 2021-01-09	66	63	\$9,751	\$129
2021-01-10 to 2021-01-16	79	68	\$27,881	\$408
2021-01-17 to 2021-01-23	82	69	\$21,078	\$75
2021-01-24 to 2021-01-30	50	45	\$15,343	\$0

Date Refreshed on: 2/14/2021

Claimant counts by Incurred and Paid Date are not unique. A member may be counted under multiple weeks.

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Group: 390078-YOUNGSTOWN STATE UNIVERSITY

Group Section Number: All

Claims data based on dates of service from 01/27/2020 through 1/29/2021.

Institutional Claims by Facility

Facility	Claims Count	Claimants Count	Plan Paid	% of Plan Paid	Member Paid
MARTIN MEMORIAL MEDICAL CENTE	9	1	\$33,706	21.80%	\$225
CHILDRENS HOSPITAL MEDICAL CT	21	16	\$30,059	19.44%	\$100
ST ELIZABETH HEALTH CENTER	8	8	\$22,896	14.81%	\$75
ST ELIZABETH BOARDMAN HEALTH	33	30	\$20,706	13.39%	\$0
THE CLEVELAND CLINIC FNDN	7	2	\$9,224	5.97%	\$112
CLEVELAND CLINIC FOUNDATION	36	24	\$9,081	5.87%	\$0
STEWART SHARON REGIONAL HEALT	3	3	\$7,982	5.16%	\$0
UH CLEVELAND MEDICAL CENTER	1	1	\$6,267	4.05%	\$0
ST JOSEPH HEALTH CENTER	12	12	\$3,520	2.28%	\$0
GRANT MEDICAL CENTER	1	1	\$3,249	2.10%	\$0
GRAND STRAND REGIONAL MEDICAL	1	1	\$1,667	1.08%	\$0
SENTARA RMH MEDICAL CENTER	1	1	\$1,438	0.93%	\$0
INDIANA REGIONAL MEDICAL CENT	3	2	\$842	0.54%	\$0
SALEM COMMUNITY HOSPITAL	2	2	\$628	0.41%	\$0
UPMC HORIZON	1	1	\$602	0.39%	\$0
WESTERN PENN ALLEGHENY HEALTH	2	1	\$588	0.38%	\$0
STEWART TRUMBULL MEM HOSP INC	4	4	\$344	0.22%	\$258
ROBINSON HEALTH SYSTEM INC	2	1	\$314	0.20%	\$15
SUMMA HEALTH SYSTEM	1	1	\$303	0.20%	\$0
CLEVELAND VAMC	1	1	\$254	0.16%	\$0
UMASS MEMORIAL MEDICAL CENTER	1	1	\$214	0.14%	\$0
UPMC PASSAVANT-MCCANDLESS	1	1	\$173	0.11%	\$0
UPMC MERCY HOSPITAL	1	1	\$145	0.09%	\$0
EAST LIVERPOOL CITY HOSPITAL	1	1	\$129	0.08%	\$0
BUTLER MEMORIAL HOSPITAL	1	1	\$120	0.08%	\$0
GROVE CITY MEDICAL CENTER	1	1	\$100	0.06%	\$0
TALLAHASSEE MEMORIAL HEALTHCA	1	1	\$74	0.05%	\$0
Grand Total	156	114	\$154,624	100.00%	\$785

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Group Section Number: All

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Claims by Member County

Member County	Claims Count	Claimants Count	Plan Paid	% of Plan Paid	Member Paid
MAHONING	1,021	446	\$228,851	74.88%	\$1,026
TRUMBULL	269	109	\$38,169	12.49%	\$183
OUT OF STATE	108	45	\$22,580	7.39%	\$258
COLUMBIANA	57	24	\$6,189	2.03%	\$170
FRANKLIN	8	2	\$4,337	1.42%	\$0
SUMMIT	30	12	\$3,109	1.02%	\$112
PORTAGE	8	5	\$945	0.31%	\$0
LAKE	9	3	\$792	0.26%	\$0
STARK	3	2	\$312	0.10%	\$0
CUYAHOGA	4	3	\$269	0.09%	\$0
ASHTABULA	1	1	\$85	0.03%	\$0

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Group Section Number: All

Claims data based on dates of service from 01/27/2020 through 1/29/2021.

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Claims by Group Section Number

Group Section Id	Claims Count	Claimants Count	Plan Paid	% of Plan Paid	Member Paid
390078690	1,472	637	\$296,394	96.98%	\$1,476
390078691	15	5	\$2,778	0.91%	\$15
390078711	12	4	\$2,493	0.82%	\$0
390078801	19	6	\$3,975	1.30%	\$258

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