

THE DISTRICT SCHOOL BOARD OF SUMTER COUNTY, FL
Group Medical and Prescription Benefits
RFP # 2016-01
Addendum #2: Issued October 7, 2015

PURPOSE OF ADDENDUM

This Addendum has been prepared to provide additional information and answers to specific questions submitted by proposers.

ACKNOWLEDGMENT OF ADDENDUM TO RFP

As required in the RFP, proposers are reminded that they should either acknowledge receipt of this addendum on their proposal, or attach this addendum to their proposal. In order to acknowledge receipt of this addendum on their proposal, proposers should properly complete Proposal Forms.

STATUS OF ADDENDUM

To date, this is the second (2nd) addendum that has been issued for the Group Medical and Prescription Benefits RFP. The question deadline has expired.

ADDITIONAL INFORMATION REQUESTED

The following is provided as a follow-up to Addendum #1 in response to proposers' specific requests for additional information:

1. Q: Please provide the most recent 12 months of claim experience and enrollment split by HMO and PPO.

A: Please see the attached.

2. Q: Please provide a rolling 12 large claim report that aligns with the most recent 12 months of claim data. The report should include paid large claim dollar amount, diagnosis, and plan (PPO/HMO) if available.

A: Please see the attached. This is all that is available.

3. Q: Is it possible to obtain TINS for Item 5-Utilized Provider Comparison Match-up, as this will give a more accurate reflection of our network.

A: The information provided in Item 5 is all that is available.

Monitoring by Utilization and Enrollment

Company: THE SCHOOL DISTRICT OF SUMTER

Group: 60406

Current Paid Period: From 09/2014 to 08/2015

	Enrollment		Premium	Capitation			Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
201409	623	1,212	\$419,504.77	\$0.00	\$734.72	\$734.72	\$64,873.71	\$159,739.37	\$92,973.74	\$32,598.14	\$350,184.96	\$51,517.21	\$402,436.89	95.93%
201410	631	1,219	\$468,904.45	\$0.00	\$749.58	\$749.58	\$89,281.69	\$67,612.34	\$102,354.84	\$21,546.30	\$280,795.17	\$65,804.86	\$347,349.61	74.08%
201411	635	1,230	\$452,563.72	\$0.00	\$757.64	\$757.64	\$3,511.35	\$70,438.64	\$79,833.81	\$32,725.80	\$186,509.60	\$55,341.75	\$242,608.99	53.61%
201412	631	1,220	\$459,287.50	\$0.00	\$747.10	\$747.10	\$153,730.35	\$113,785.77	\$112,773.87	\$26,749.37	\$407,039.36	\$73,827.73	\$481,614.19	104.86%
201501	636	1,194	\$446,926.21	\$0.00	\$743.38	\$743.38	\$402,406.11	\$135,262.01	\$76,538.43	\$16,144.31	\$630,350.86	\$35,438.64	\$666,532.88	149.14%
201502	636	1,191	\$454,334.46	\$0.00	\$7,658.33	\$7,658.33	\$90,497.48	\$79,274.08	\$92,295.82	\$34,165.27	\$296,232.65	\$54,709.93	\$358,600.91	78.93%
201503	636	1,185	\$446,162.06	\$0.00	\$4,222.68	\$4,222.68	\$41,605.07	\$86,185.79	\$75,962.34	\$20,004.36	\$223,757.56	\$57,003.47	\$284,983.71	63.87%
201504	635	1,181	\$450,350.98	\$0.00	\$4,668.53	\$4,668.53	\$111,619.38	\$76,826.23	\$95,782.75	\$7,521.80	\$291,750.16	\$65,951.46	\$362,370.15	80.46%
201505	639	1,186	\$433,993.25	\$0.00	\$4,956.91	\$4,956.91	\$82,344.06	\$172,589.46	\$72,220.22	\$10,223.54	\$337,377.28	\$59,524.60	\$401,858.79	92.60%
201506	607	1,140	\$439,526.24	\$0.00	\$4,656.14	\$4,656.14	\$49,812.05	\$73,162.44	\$113,175.81	\$23,925.57	\$260,075.87	\$56,820.02	\$321,552.03	73.16%
201507	602	1,134	\$408,544.90	\$0.00	\$4,599.88	\$4,599.88	\$117,349.65	\$120,048.69	\$102,352.09	\$24,727.32	\$364,477.75	\$69,941.95	\$439,019.58	107.46%
201508	595	1,122	\$420,390.25	\$0.00	\$4,641.83	\$4,641.83	\$58,766.08	\$155,732.11	\$76,437.74	\$16,179.27	\$307,115.20	\$48,816.43	\$360,573.46	85.77%
Total	7,506	14,214	\$5,300,488.79	\$0.00	\$39,136.72	\$39,136.72	\$1,265,796.98	\$1,310,656.93	\$1,092,701.46	\$266,511.05	\$3,935,666.42	\$694,698.05	\$4,669,501.19	88.10%
Grouping Avg	626	1,185	\$441,707.40	\$0.00	\$3,261.39	\$3,261.39	\$105,483.08	\$109,221.41	\$91,058.46	\$22,209.25	\$327,972.20	\$57,891.50	\$389,125.10	88.10%
Monthly Avg	626	1,185	\$441,707.40	\$0.00	\$3,261.39	\$3,261.39	\$105,483.08	\$109,221.41	\$91,058.46	\$22,209.25	\$327,972.20	\$57,891.50	\$389,125.10	88.10%

Notes:

- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
- Enrollment is recast to reflect retroactive adjustments.
- Grouping Avg – Average of the distinct groupings chosen by the user.
- Monthly Avg – Average of a measure over Service/Paid time period.
- FFS = Fee For Service.
- MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
201409	355	81	58	129	0	0	0	623	1,212
201410	364	80	58	129	0	0	0	631	1,219
201411	366	80	58	131	0	0	0	635	1,230
201412	365	79	57	130	0	0	0	631	1,220
201501	379	84	49	124	0	0	0	636	1,194
201502	380	84	49	123	0	0	0	636	1,191
201503	381	85	50	120	0	0	0	636	1,185
201504	382	83	50	120	0	0	0	635	1,181
201505	386	82	51	120	0	0	0	639	1,186
201506	358	82	51	116	0	0	0	607	1,140
201507	353	81	51	117	0	0	0	602	1,134
201508	349	80	49	117	0	0	0	595	1,122
Total	4,418	981	631	1,476	0	0	0	7,506	14,214
Grouping Avg	368	82	53	123	0	0	0	626	1,185
Monthly Avg	368	82	53	123	0	0	0	626	1,185

- Notes:
- Enrollment is recast to reflect retroactive adjustments.
 - Grouping Avg – Average of the distinct groupings chosen by the user.
 - Monthly Avg – Average of a measure over Service/Paid time period.

Monitoring by Utilization and Enrollment

Company: THE SCHOOL DISTRICT OF SUMTER
Group: 60406
Division: EXCLUDE: 006, C06, R06
Current Paid Period: From 09/2014 to 08/2015

	Enrollment		Premium	Capitation			Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
201409	623	1,212	\$419,504.77	\$0.00	\$734.72	\$734.72	\$64,873.71	\$159,739.37	\$92,973.74	\$32,598.14	\$350,184.96	\$51,517.21	\$402,436.89	95.93%
201410	631	1,219	\$468,904.45	\$0.00	\$749.58	\$749.58	\$89,281.69	\$67,612.34	\$102,354.84	\$21,546.30	\$280,795.17	\$65,804.86	\$347,349.61	74.08%
201411	635	1,230	\$452,563.72	\$0.00	\$757.64	\$757.64	\$3,511.35	\$70,438.64	\$79,833.81	\$32,725.80	\$186,509.60	\$55,341.75	\$242,608.99	53.61%
201412	631	1,220	\$459,287.50	\$0.00	\$747.10	\$747.10	\$153,730.35	\$113,785.77	\$112,773.87	\$26,749.37	\$407,039.36	\$73,827.73	\$481,614.19	104.86%
201501	303	399	\$193,737.31	\$0.00	\$743.38	\$743.38	\$396,494.46	\$111,584.32	\$65,179.10	\$13,138.17	\$586,396.05	\$24,998.46	\$612,137.89	315.96%
201502	302	395	\$193,135.76	\$0.00	\$241.36	\$241.36	\$38,149.35	\$64,077.03	\$61,614.96	\$27,640.51	\$191,481.85	\$28,455.26	\$220,178.47	114.00%
201503	301	394	\$180,290.06	\$0.00	\$266.16	\$266.16	\$16,776.78	\$43,442.35	\$39,922.73	\$11,855.96	\$111,997.82	\$36,468.10	\$148,732.08	82.50%
201504	298	389	\$189,372.88	\$0.00	\$567.98	\$567.98	\$88,240.28	\$42,653.91	\$66,111.52	(\$1,368.50)	\$195,637.21	\$41,729.33	\$237,934.52	125.64%
201505	301	391	\$177,129.28	\$0.00	\$524.82	\$524.82	\$67,984.02	\$49,872.67	\$30,383.02	\$4,970.55	\$153,210.26	\$35,943.93	\$189,679.01	107.09%
201506	280	369	\$178,458.92	\$0.00	\$517.13	\$517.13	\$40,106.31	\$45,831.90	\$49,977.61	\$11,267.99	\$147,183.81	\$37,728.17	\$185,429.11	103.91%
201507	277	365	\$166,521.16	\$0.00	\$506.52	\$506.52	\$21,265.03	\$73,611.43	\$46,625.22	\$10,556.65	\$152,058.33	\$40,671.03	\$193,235.88	116.04%
201508	273	360	\$170,224.12	\$0.00	\$555.35	\$555.35	\$40,640.67	\$99,774.76	\$35,299.47	\$7,564.52	\$183,279.42	\$29,525.07	\$213,359.84	125.34%
Total	4,855	7,943	\$3,249,129.93	\$0.00	\$6,911.74	\$6,911.74	\$1,021,054.00	\$942,424.49	\$783,049.89	\$199,245.46	\$2,945,773.84	\$522,010.90	\$3,474,696.48	106.94%
Grouping Avg	405	662	\$270,760.83	\$0.00	\$575.98	\$575.98	\$85,087.83	\$78,535.37	\$65,254.16	\$16,603.79	\$245,481.15	\$43,500.91	\$289,558.04	106.94%
Monthly Avg	405	662	\$270,760.83	\$0.00	\$575.98	\$575.98	\$85,087.83	\$78,535.37	\$65,254.16	\$16,603.79	\$245,481.15	\$43,500.91	\$289,558.04	106.94%

- Notes:
- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
 - Enrollment is recast to reflect retroactive adjustments.
 - Grouping Avg – Average of the distinct groupings chosen by the user.
 - Monthly Avg – Average of a measure over Service/Paid time period.
 - FFS = Fee For Service.
 - MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
201409	355	81	58	129	0	0	0	623	1,212
201410	364	80	58	129	0	0	0	631	1,219
201411	366	80	58	131	0	0	0	635	1,230
201412	365	79	57	130	0	0	0	631	1,220
201501	243	35	13	12	0	0	0	303	399
201502	244	34	13	11	0	0	0	302	395
201503	243	34	13	11	0	0	0	301	394
201504	241	34	12	11	0	0	0	298	389
201505	244	34	12	11	0	0	0	301	391
201506	222	34	13	11	0	0	0	280	369
201507	220	33	13	11	0	0	0	277	365
201508	217	33	12	11	0	0	0	273	360
Total	3,324	591	332	608	0	0	0	4,855	7,943
Grouping Avg	277	49	28	51	0	0	0	405	662
Monthly Avg	277	49	28	51	0	0	0	405	662

- Notes:
- Enrollment is recast to reflect retroactive adjustments.
 - Grouping Avg – Average of the distinct groupings chosen by the user.
 - Monthly Avg – Average of a measure over Service/Paid time period.

Monitoring by Utilization and Enrollment

Company: THE SCHOOL DISTRICT OF SUMTER
Group: 60406
Division: 006, C06, R06
Current Paid Period: From 09/2014 to 08/2015

	Enrollment		Premium	Capitation			Fee for Service Claims							
Paid Year Month	Contracts	Members	Premium	PCP	Specialty	Total Capitation	Inpatient	Outpatient	Physician	Other	Total Medical	Pharmacy	Grand Total	MLR
201501	333	795	\$253,188.90	\$0.00	\$0.00	\$0.00	\$5,911.65	\$23,677.69	\$11,359.33	\$3,006.14	\$43,954.81	\$10,440.18	\$54,394.99	21.48%
201502	334	796	\$261,198.70	\$0.00	\$7,416.97	\$7,416.97	\$52,348.13	\$15,197.05	\$30,680.86	\$6,524.76	\$104,750.80	\$26,254.67	\$138,422.44	53.00%
201503	335	791	\$265,872.00	\$0.00	\$3,956.52	\$3,956.52	\$24,828.29	\$42,743.44	\$36,039.61	\$8,148.40	\$111,759.74	\$20,535.37	\$136,251.63	51.25%
201504	337	792	\$260,978.10	\$0.00	\$4,100.55	\$4,100.55	\$23,379.10	\$34,172.32	\$29,671.23	\$8,890.30	\$96,112.95	\$24,222.13	\$124,435.63	47.68%
201505	338	795	\$256,863.97	\$0.00	\$4,432.09	\$4,432.09	\$14,360.04	\$122,716.79	\$41,837.20	\$5,252.99	\$184,167.02	\$23,580.67	\$212,179.78	82.60%
201506	327	771	\$261,067.32	\$0.00	\$4,139.01	\$4,139.01	\$9,705.74	\$27,330.54	\$63,198.20	\$12,657.58	\$112,892.06	\$19,091.85	\$136,122.92	52.14%
201507	325	769	\$242,023.74	\$0.00	\$4,093.36	\$4,093.36	\$96,084.62	\$46,437.26	\$55,726.87	\$14,170.67	\$212,419.42	\$29,270.92	\$245,783.70	101.55%
201508	322	762	\$250,166.13	\$0.00	\$4,086.48	\$4,086.48	\$18,125.41	\$55,957.35	\$41,138.27	\$8,614.75	\$123,835.78	\$19,291.36	\$147,213.62	58.85%
Total	2,651	6,271	\$2,051,358.86	\$0.00	\$32,224.98	\$32,224.98	\$244,742.98	\$368,232.44	\$309,651.57	\$67,265.59	\$989,892.58	\$172,687.15	\$1,194,804.71	58.24%
Grouping Avg	331	784	\$256,419.86	\$0.00	\$4,028.12	\$4,028.12	\$30,592.87	\$46,029.06	\$38,706.45	\$8,408.20	\$123,736.57	\$21,585.89	\$149,350.59	58.24%
Monthly Avg	221	523	\$170,946.57	\$0.00	\$2,685.42	\$2,685.42	\$20,395.25	\$30,686.04	\$25,804.30	\$5,605.47	\$82,491.05	\$14,390.60	\$99,567.06	58.24%

- Notes:
- Grand Total includes Medical FFS, Pharmacy FFS and Capitation.
 - Enrollment is recast to reflect retroactive adjustments.
 - Grouping Avg – Average of the distinct groupings chosen by the user.
 - Monthly Avg – Average of a measure over Service/Paid time period.
 - FFS = Fee For Service.
 - MLR = Medical Loss Ratio.

Monitoring by Utilization and Enrollment

Paid Year Month	Employee Only	Employee & Spouse	Employee & Children	Family	Spouse Only	Spouse & Children	Children Only	Total Contracts	Total Members
201501	136	49	36	112	0	0	0	333	795
201502	136	50	36	112	0	0	0	334	796
201503	138	51	37	109	0	0	0	335	791
201504	141	49	38	109	0	0	0	337	792
201505	142	48	39	109	0	0	0	338	795
201506	136	48	38	105	0	0	0	327	771
201507	133	48	38	106	0	0	0	325	769
201508	132	47	37	106	0	0	0	322	762
Total	1,094	390	299	868	0	0	0	2,651	6,271
Grouping Avg	137	49	37	109	0	0	0	331	784
Monthly Avg	91	33	25	72	0	0	0	221	523

- Notes:
- Enrollment is recast to reflect retroactive adjustments.
 - Grouping Avg – Average of the distinct groupings chosen by the user.
 - Monthly Avg – Average of a measure over Service/Paid time period.

High Cost Claims Summary

Company: THE SCHOOL DISTRICT OF SUMTER
Group: 60406
High Cost Claims Threshold: 50000
Current Paid Period: From 09/2014 to 08/2015
Prior Paid Period: From 09/2013 to 08/2014

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; ACUTE MYELOID LEUKEMIA IN REMISSION	41	1	\$234,430.25	29	\$54,460.34	267	\$20,395.97	47	\$6,187.92	\$315,474.48	\$587,977.95
2	004	SUBSCRIBER	MALIGNANT NEOPLASM OF SIGMOID COLON; RADIOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	41	\$90,313.46	369	\$68,616.11	39	\$23,121.76	\$182,051.33	\$348,628.91
3	003	DEPENDENT	SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED BY CESAREAN DELIVERY; COARCTATION OF AORTA (PREDUCTAL) (POSTDUCTAL); CONGENITAL ANOMALIES OF SKULL AND FACE BONES	23	2	\$132,013.98	5	\$2,046.39	119	\$20,100.88	2	\$0.00	\$154,161.25	\$316,022.96
4	006	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL, INITIAL EPISODE OF CARE; OTHER SPECIFIED REHABILITATION PROCEDURE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	24	2	\$119,933.72	3	\$4,440.83	153	\$16,612.03	52	\$1,417.38	\$142,403.96	\$321,606.98
5	006	SUBSCRIBER	MALIGNANT NEOPLASM OF AMPULLA OF VATER; JAUNDICE, UNSPECIFIED, NOT OF NEWBORN; MALIGNANT NEOPLASM OF PANCREAS, PART UNSPECIFIED	26	1	\$90,250.37	1	\$2,709.99	127	\$15,260.87	4	\$21.80	\$108,243.03	\$261,014.97
6	006	SUBSCRIBER	OTHER PULMONARY EMBOLISM AND INFARCTION; FITTING AND ADJUSTMENT, OTHER DEVICE; CLOSED FRACTURE OF HEAD OF RADIUS	8	2	\$47,055.67	6	\$36,377.01	198	\$16,390.12	19	\$2,533.58	\$102,356.38	\$273,310.70
7	R03	SUBSCRIBER	MALIGNANT NEOPLASM OF PROSTATE; ACUTE KIDNEY FAILURE, UNSPECIFIED; OTHER SPECIFIED REHABILITATION PROCEDURE	24	5	\$37,977.26	1	\$4,622.74	222	\$50,076.31	68	\$5,025.29	\$97,701.60	\$270,790.72
8	005	SPOUSE	OTHER DISEASES OF LUNG, NOT ELSEWHERE CLASSIFIED; ACUTE AND CHRONIC RESPIRATORY FAILURE; POSTINFLAMMATORY PULMONARY FIBROSIS	19	2	\$41,263.22	12	\$32,778.08	156	\$19,965.20	135	\$3,310.14	\$97,316.64	\$353,665.85

Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
9	006	DEPENDENT	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE; ANKYLOSING SPONDYLITIS	0	0	\$0.00	8	\$92,073.31	26	\$2,052.57	13	\$1,744.69	\$95,870.57	\$188,786.13
10	006	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; RADIOTHERAPY; MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST	0	0	\$0.00	12	\$31,427.86	138	\$58,404.11	23	\$232.37	\$90,064.34	\$229,595.74
11	003	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE; CHEST PAIN, OTHER	0	0	\$0.00	12	\$68,479.90	19	\$2,008.21	27	\$10,772.73	\$81,260.84	\$175,757.45
12	006	SPOUSE	NONUNION OF FRACTURE; CLOSED MONTEGGIA'S FRACTURE; CLOSED FRACTURE OF OLECRANON PROCESS OF ULNA	2	1	\$61,106.01	1	\$0.00	75	\$6,458.48	19	\$1.02	\$67,565.51	\$116,614.12
13	006	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER MALAISE AND FATIGUE; INSOMNIA, UNSPECIFIED	0	0	\$0.00	1	\$0.00	4	\$296.28	36	\$65,825.65	\$66,121.93	\$68,254.71
14	006	SUBSCRIBER	ATRIAL FIBRILLATION; PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA; OTHER MALAISE AND FATIGUE	1	1	\$1,814.68	2	\$56,854.41	40	\$6,075.54	15	\$807.21	\$65,551.84	\$115,757.40
15	003	SUBSCRIBER	RHEUMATOID ARTHRITIS; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	1	\$15,221.44	91	\$35,350.97	95	\$10,890.21	\$61,462.62	\$124,476.76
16	R03	SUBSCRIBER	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; MISSING OR UNKNOWN DIAGNOSIS CODE; PNEUMONIA, ORGANISM UNSPECIFIED	3	2	\$5,970.68	20	\$31,889.77	145	\$9,178.81	102	\$7,535.67	\$54,574.93	\$261,967.85
17	003	SUBSCRIBER	HEADACHE; *****; UNSPECIFIED TRIGEMINAL NERVE DISORDER	18	5	\$34,575.29	3	\$5,158.25	102	\$12,774.59	38	\$840.67	\$53,348.80	\$243,780.64
Total				189	24	\$806,391.13	158	\$528,853.78	2,251	\$360,017.05	734	\$140,268.09	\$1,835,530.05	\$4,258,009.84

Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	SUBSCRIBER	ACUTE MYELOID LEUKEMIA IN REMISSION; ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; CLOSED FRACTURE OF UNSPECIFIED PART OF NECK OF FEMUR	64	6	\$383,808.97	113	\$152,289.15	413	\$50,100.21	107	\$13,819.63	\$600,017.96	\$1,259,793.06
2	003	DEPENDENT	GENERALIZED CONVULSIVE EPILEPSY WITHOUT MENTION OF INTRACTABLE EPILEPSY; EPILEPTIC GRAND MAL STATUS; OTHER SPECIFIED REHABILITATION PROCEDURE	34	2	\$116,085.33	1	\$1,171.48	105	\$38,337.91	9	\$1,315.77	\$156,910.49	\$418,397.58
3	R03	SUBSCRIBER	GASTROPARESIS; OTHER SPECIFIED REHABILITATION PROCEDURE; OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION	29	3	\$128,766.36	2	\$2,171.78	215	\$16,965.44	76	\$1,770.83	\$149,674.41	\$311,522.29
4	C03	SPOUSE	ORBITAL FLOOR (BLOW-OUT), CLOSED FRACTURE; OTHER FACIAL BONES, CLOSED FRACTURE; MALAR AND MAXILLARY BONES, CLOSED FRACTURE	8	1	\$119,885.40	6	\$852.06	48	\$6,024.36	2	\$69.20	\$126,831.02	\$243,639.71
5	003	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	23	\$94,062.65	33	\$3,363.76	37	\$16,918.67	\$114,345.08	\$272,426.85
6	004	SUBSCRIBER	MALIGNANT NEOPLASM OF SIGMOID COLON; MISSING OR UNKNOWN DIAGNOSIS CODE; MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE	0	0	\$0.00	4	\$28,323.47	123	\$26,901.05	20	\$28,389.31	\$83,613.83	\$143,201.61
7	003	SUBSCRIBER	LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, PELVIC REGION AND THIGH; OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, PELVIC REGION AND THIGH; OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, UNSPECIFIED SITE	3	1	\$74,460.54	0	\$0.00	44	\$6,190.93	8	\$4.35	\$80,655.82	\$182,020.17
8	R03	SUBSCRIBER	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; PLASMA CELL LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION; SYNCOPÉ AND COLLAPSE	1	1	\$3,514.74	11	\$6,591.85	257	\$68,925.56	64	\$418.88	\$79,451.03	\$251,861.97

Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
9	003	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION	15	1	\$57,703.82	28	\$5,628.92	104	\$11,221.75	59	\$237.09	\$74,791.58	\$155,532.12
10	006	DEPENDENT	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICE, IMPLANT, AND GRAFT; MALUNION OF FRACTURE	7	1	\$17,730.46	16	\$34,288.06	56	\$11,078.49	28	\$391.60	\$63,488.61	\$324,701.38
11	006	SUBSCRIBER	OTHER POSTOPERATIVE INFECTION; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY; NAUSEA WITH VOMITING	8	2	\$38,983.56	4	\$8,628.16	125	\$14,077.53	46	\$126.87	\$61,816.12	\$130,447.03
12	006	DEPENDENT	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; ANKYLOSING SPONDYLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	6	\$57,321.04	9	\$960.40	12	\$680.94	\$58,962.38	\$111,624.37
13	R03	SUBSCRIBER	RADIOTHERAPY; MALIGNANT NEOPLASM OF PROSTATE; SCLEROSING MESENTERITIS	0	0	\$0.00	40	\$50,236.74	84	\$6,108.60	31	\$1,070.54	\$57,415.88	\$125,118.05
14	003	SUBSCRIBER	MALIGNANT NEOPLASM OF OVARY; DISTURBANCE OF SKIN SENSATION; UNSPECIFIED ANEMIA	0	0	\$0.00	17	\$14,698.70	282	\$38,171.12	44	\$123.40	\$52,993.22	\$145,596.01
Total				169	18	\$940,939.18	271	\$456,264.06	1,898	\$298,427.11	543	\$65,337.08	\$1,760,967.43	\$4,075,882.20