MASTER

Technical Request for Proposal for Nevada State Department of Corrections, Third Party Administrative Services

State of Nevada RFP 3086

Due: December 12, 2013 | 2 PM

Proposer: Ty Windfeldt, Vice President
Hometown Health
830 Harvard Way
Reno, NV 89502

775-982-3105
twindfeldt@hometownhealth.com
December 9, 2013

Hometown Health

Hometown Health
It's your hometown

December 9, 2013

Marcy Troescher
Purchasing Officer
State of Nevada, Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

RE: State of Nevada, Request for Proposal: 3086 for Third Party Administrative Services for Nevada Department of Corrections (NDOC)

Dear Ms. Troescher:

In response to the Request for Proposal: 3084 3086 for Third Party Administrative Services for Nevada Department of Corrections (NDOC), please find enclosed a proposal from Hometown Health.

Thank you for the opportunity to provide this information to you. If you have any questions or need any other additional information please do not hesitate to contact me.

Sincerely,

Ty Windfeldt
Hometown Health
Vice President
Ph - (775) 982-3105
Fax – (775) 982-3090
twindfeldt@hometownhealth.com

Nevada Department of Corrections for Third Party Administration Services
RFP 3086

Executive Summary

Hometown Health Providers (Hometown Health) is pleased to present our proposal to the State of Nevada Department of Corrections (NDOC) for Third Party Administration (TPA) Services (RFP 3086). Hometown Health and the State of Nevada have had a partnership for more than 20 years through various contracts to include; HMO northern Nevada, PEBP Statewide PPO Network, Department of Corrections PPO Network and Utilization Management and Large Case Management. Through these long-standing partnerships we have worked closely together to develop a unique and comprehensive relationship.

Hometown Health has thoroughly reviewed the RFP and is confident that we can meet and exceed the requirements for TPA services. The current PPO Network relationship with NDOC will be complimented by expanded full TPA services with Hometown Health. Our local northern Nevada office and our close proximity to southern Nevada will enhance the communication and allow the dedicated Account Management team adequate resources to successfully manage this program.

Hometown Health is committed to providing world class customer service. As such, our proposal is comprised of offering a dedicated team to implement and manage the NDOC TPA contract according to the terms and benefits outlined herein. Demonstrated within this RFP is our ability to provide a comprehensive reporting package to include financial reports/statements. Additionally, Hometown Health will also agree to provide NDOC with the tools that would allow customized requests, including reports or data search criteria, at no additional cost. We understand the value of data and to that end we remain committed to provide you with any and all data that NDOC requests.

The cost savings for Hometown Health TPA services plan is a reduction of approximately 20% to the current PIPM rate, for FY15. The overall PIPM rate will remain at least 10% below the current PIPM rate through the contract period or FY18. The first year savings based on the current PIPM rate is more than $69,000.

Hometown Health has proven experience needed and are qualified to provide these services to the Nevada Department of Corrections. We are committed to expanding our partnership and will continue to provide and implement creative, effective and efficient services for NDOC's Third Party Administration.

We thank you for the opportunity to respond to the Request for Proposal and look forward to our continued partnership and the expanded opportunity with NDOC.

Part IA-Technical Proposal

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Hometown Health

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VENDOR INFORMATION SHEET FOR RFP 3086

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	***Hometown Health Providers, Inc.***

V2	Street Address	***830 Harvard Way***

V3	City, State, ZIP	***Reno, NV 89502***

V4	Telephone Number		
	Area Code: ***775***	Number: ***982-3100***	Extension:

V5	Facsimile Number		
	Area Code: ***775***	Number: ***982-3090***	Extension:

V6	Toll Free Number		
	Area Code: ***800***	Number: ***336-0123***	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: ***Ty Windfeldt***
	Title: ***Vice President***
	Address: ***830 Harvard Way***
	Email Address: ***twindfeldt@hometownhealth.com***

V8	Telephone Number for Contact Person		
	Area Code: ***775***	Number: ***982-3105***	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: 775	Number: 982-3090	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Ty Windfeldt	Title: Vice President

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 12/09/2013

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	X
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES	X	NO	

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			

Hometown Health Providers, Inc.

Company Name

Signature

Ty Windfeldt

Print Name

12/09/2013

Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability

or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Hometown Health Providers, Inc.

Vendor Company Name

Vendor Signature

Ty Windfeldt

Print Name

12-09-2013

Date

This document must be submitted in Tab IV of vendor's technical proposal

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Greg Smith
Administrator

SUBJECT:	Amendment 1 to Request for Proposal 3086
RFP TITLE:	Third Party Administrative Services
DATE OF AMENDMENT:	November 22, 2013
DATE OF RFP RELEASE:	October 24, 2013
OPENING DATE:	December 12, 2013
OPENING TIME:	2:00 PM
CONTACT:	Marcy Troescher, Procurement Staff Member

The following shall be a part of RFP ***3086.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

1. Please identify the current TPA Fee.

FY 14 rate is $2.66 per inmate per month based on an estimated 12,667 monthly average population.

2. Please identify the reason for RFP - i.e. performance issues, service, etc.?

The current contract amendment, extending the original contract, expires June 30, 2014. Contract lengths are defined in NRS Chapter 333, NAC Chapter 333 and SAM 0300. There were no specific performance issues or service issues.

3. Please identify the last month's enrollment?

Last month's enrollment was 12,808.

4. Please identify the number of claims processed in the current fiscal year?

The current fiscal year (FY14) runs from 7/1/2013 to 6/30/2014. 17,006 claims have been processed year to date through 11/15/2013.

5. Section 3.1.7 Is NVDOC policy to only use designated computers to access the claims system? Is there a policy for internet use?

NDOC does have a policy for internet use; however, accessing claims systems through Department computers from contracted providers is a permitted use.

6. Section 3.1.7 Our system is .net, any computer with a web browser can access our claims system. Does NVDOC require the vendor to pay for a dedicated line?

See answer to #5. NDOC does not require vendor to pay for a dedicated line.

7. Sec 3.3.3 The system must allow access to provider's database for UR determinations. Question: Describe the UR determinations for which access to the database is required?

The requirement was not stated completely. The system must have a field for Utilization Review Panel authorization codes, and the system should be able to be queried by NDOC personnel by those codes for historical purposes.

8. What is the current/estimated population to be served?

Current projected population for FY 14 is 12,667 per month.

9. Over the past two years what is the monthly enrollment and also the monthly total of claims paid for the covered population. Note, we are interested in claim count more that paid claim dollars.

The average monthly population for FY12 was 12,428 and the total number of claims processed for the fiscal year was 40,096. The average monthly population for FY 13 was 12,605 and the number of claims processed for the fiscal year was 41,183.

10. Who is the current administrator?

Zenith American Solutions.

11. What is the administrative fee and list of services currently in place?

FY 14 fee is $2.66 per inmate per month. The third party administrator (TPA) is required to process medical and dental claims for inmates who have had health care services and treatments outside the prison or from outside providers. The TPA interfaces with the NDOC contracted Preferred Provider Organizations to re-price the claims and then pays the claims from an NDOC-funded bank account. NDOC does its own utilization review.

12. What is the State Department of Corrections looking to improve upon in considering a change in administrators?

See #2 above.

13. Is the State Department of Corrections interested in looking at network alternatives as well?

Not at this time.

14. Is integration with a PBM required? If so, who is the PBM?

No. The Department has its own central pharmacy.

15. Is integration with other vendors required? If so, who are they and what is required of the TPA?

Yes, integration with other vendors is required. The current networks contracted by NDOC are Hometown Health in the northern region and Multiplan in the southern region. The TPA must be able to exchange claims information and re-pricing data with the networks.

16. Who will provide UR determinations? Is that to be included in the admin services?

NDOC will do the UR determinations. That is not to be included in the admin services.

17. What is the current plan of medical and dental benefits? Is this a 100% of allowed amount benefit for both medical and dental?

NDOC uses the Hometown Health and Multiplan networks for the northern region and southern region respectively, and uses their respective contracted rates with their network providers.

18. Are any cost management programs utilized beyond UR Determinations? If so, who provides these?

Yes. The current TPA uses software to insure that unbundling does not occur.

19. Section 3. Is Nevada participating in Medicaid expansion and/or will all inpatient stays be Medicaid eligible?

Inmates are not eligible for Medicaid; however, if an inmate is admitted to a medical facility for more than 24 hours, then they are no longer considered an inmate for Medicaid purposes. The Department will apply for Medicaid on their behalf if they are otherwise eligible for Medicaid. Most inmates under the Affordable Care Act will fall into the expanded eligibility group for those inpatient stays in medical facilities.

20. Claims statistics. Please provide three years of data separated by PPO. If the data cannot be separated by PPO, then three years of combined data will suffice. The following data is requested: (1) number of claims received further broken down into paid claims and no-pay claims ; (2) number of claims received by EDI versus paper; (3) and the number of institutional versus professional claims.

Calendar Year				Fiscal Year		
Year	Adjustments	EDI Claims	Average % Auto Adjudicated	Fiscal Year	Total # of Claims Paid	$ Amount of Claims Paid
2011	1727	31318	58%	FY12	40,096	$ 11,182,792
2012	114	N/A	71%	FY13	41,183	$ 12,319,487
2013 (YTD)	199	22812	56%	FY14 (YTD)	17,006	$ 9,672,673

In addition, 12% of all claims received are non-paid and 2.2% of all claims received are institutional and the balance is professional.

21. Claims statistics. Please provide three years of the following combined data (not separated by PPO): (1) number of refunds processed; (2) number of supplemental payments to providers if any, requested by the NDOC; (3) percent of claims completely auto-adjudicated; and (4) percent of claims partially auto-adjudicated (i.e., started auto-adjudication but could not be completed without human intervention).

Please see table in Question #20. Refunds and supplemental payments are not tracked separately, but are included in adjustments. Partially auto-adjudicated claims are not tracked separately.

22. Please discuss and describe in as much detail as possible any significant changes anticipated by the NDOC in the annual claims volume and/or inmate count in the next four years due to increased Medicaid eligibility, legislation and/or operational or facility changes.

The inmate count is anticipated to remain flat for the next four years. There has been an average of 250 hospital stays per year for the past few years. Due to the expanded eligibility of inmates in Medicaid for inpatient stays in medical facilities (as discussed in #19), there should be a lower number of claims processed for the next four years.

23. Section 3.2.3. Please provide the layout of the inmate identifier file.

The inmate identifier file is simply a list of all inmates, their identifying information, and their dates of incarceration, used by our current TPA to determine eligibility. The variables sent are:

-Offender ID
-First Name
-Middle Name
-Last Name
-Birth Date
-Gender
-Race
-Location
-Booking Begin Date
-Booking End Date
-Imprison Status
-Imprison Status State

24. Section 3.1.6. In regards to interfacing with the PPO to re-price claims, will the vendor have an actual electronic interface with each PPO to send and receive claims data for re-pricing, or will each PPO provide contracts to load into the vendor's claims system, or will the vendor have to go out to a website provided by each PPO and manually enter claims data to obtain re-pricing?

The NDOC TPA currently sends claims data electronically to Hometown Health for re-pricing and is working on the same procedure with Multiplan. Multiplan allows manual re-pricing on their website.

25. If the provider is out of network (non-par), how is the claim paid (% of Medicaid, % of Medicare, contracted rate, etc.)? What percent of claims are non-par?

Out-of-network claims are covered by a wrap network or negotiated by the PPO. If those options do not cover the claims, then Usual & Customary is used or finally billed charges. Non-par claims were 6.9% of the total.

26. What clearinghouse(s) does the current vendor use to receive claims submitted electronically by providers?

HCRnet, Emdeon, WebMD, LabCorp, Proxymed, Healthsmart, SSI

27. Section 3.10. Claims processed within 14 working days. Please provide a more detailed definition of claims processed. For instance, is this service and performance standard just applicable for "clean" claims and if so, what is your definition of a "clean" claim?

Definition of claims processed would be: Claim received by vendor, loaded into the system, re-priced, and check run presented to NDOC for approval. This is applicable to all claims. The standard is 90% which would account for some variation in turnaround time. A clean claim is a claim that has all applicable information loaded in the system and the claim is ready to pay – authorization on file, provider loaded, re-pricing attached.

28. Section 3.10. Turnaround performance standard. Please explain whether the end date for the turnaround time is when the claim is finalized and the register is sent to NDOC for approval or when the payment check is actually issued? Does the same standard apply for denied claims with the end date being when the denial letter and EOP is sent?

Turnaround time for the performance standard is defined by when the claim is finalized and the register sent to NDOC for approval. The same standard applies for denied claims.

29. Section 3.10.1. What is the incumbent's average turnaround time of claims processing?

The incumbent's turnaround is: 90% of all claims have been paid within 30 days of receipt, which includes NDOC's check register approval time.

30. In section 3.3 Utilization Review Requirements, the RFP references data that needs to be stored in the TPA system. Does NDOC have a document defining the data that will be provided from the Utilization Review system? How often with the TPA be receiving data from the NDOC Utilization Review system?

The UR data is sent to the TPA via Excel spreadsheet once per week.

31. In section 3.3 Utilization Review Requirements, please clarify what is meant by 3.3.2.3 List of inmates by authorization code. Typically there is one code for an episode (multiple claims) or encounter (one claim) but this requirement appears to suggest that there are multiple inmates associated with one authorization.

In most instances, there is one authorization code per inmate per visit; however, for onsite clinics one authorization number is issued for each clinic.

32. In section 3.3 Utilization Review Requirements, please provide more information on 3.3.5.3 – A follow up listing for concurrent review. Typically, the stay will be completed before the claim is received. Can you provide an example of how this is done currently or what information you are looking for on this listing?

Please disregard Section 3.3.5.3.

33. Please provide information on the claims payment process – from the submittal of a claims register by the vendor to NDOC to the funding by NDOC of a claims paying account. Furthermore, how frequently does NDOC expect a claims register, and how long does it take the NDOC to fund the account? Will NDOC fund the account by check sent through the mail or by ACH?

The claims payment process occurs on a weekly cycle. The current claims are processed Monday through Friday. A check register is generated and released to NDOC for final approval the following Monday. NDOC reviews and approves the check register during the week received. The account is funded concurrently with the approval process. The account is funded through electronic funds transfer.

34. Will Boarders be included in the monthly inmate population counts?

Yes.

35. For claims for Boarders, will the vendor just process those claims and mail them to the sending jurisdiction for payment?

No. The vendor will process those claims. NDOC will pay those claims and then seek reimbursement from the responsible jurisdiction

36. Are there any special reporting, and/or reporting segregation requirements for Boarders?

No.

37. What historical claims information will the incumbent provide to the awarded vendor, and for what period of time?

The incumbent will provide a file of all historical data to the awarded vendor.

38. Please provide the inmate counts for the last three fiscal years that are used for calculating the administrative fee. Also, provide any projected inmate counts.

Fees are based on the monthly population. FY 12 rate was $2.50 per inmate per month based on an average population of 12,428. FY 13 rate was $2.58 per inmate per month based on an average monthly population of 12,605. FY 14 is $2.66 per inmate per month based on an estimated monthly population of 12,667.

39. Section 3.1.5. The amount of the TPA bond is dependent on the amount the awarded vendor will pay annually in claims. Please provide the dollar amount of claims that have been paid by the incumbent for the last two years. Furthermore, can the awarded vendor increase the amount of their TPA bond if necessary before the contract starts or does the amount of the TPA bond need to be in place before the proposal is submitted?

See table in Question #21 for dollar amount of claims that have been paid by the incumbent for the past two years. Yes, the awarded vendor can increase the amount of their TPA bond if necessary prior to the contract start date.

ALL ELSE REMAINS THE SAME FOR RFP 3086.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Hometown Health Providers

Authorized Signature: Ty Windfeldt

Title: Vice President Date: 12-09-2013

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

STATE OF NEVADA
VENDOR REGISTRATION

Mail or fax to:
STATE PURCHASING
515 E MUSSER ST STE 300
CARSON CITY NV 89701
PHONE: 775/684-0187
FAX: 775/684-0188

All sections are mandatory and require completion. IRS Form W-9 will not be accepted in lieu of this form.

1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
Hometown Health Providers Ins Co	

2. ADDRESS/CONTACT INFORMATION

Address A – Physical address of ☒ Company Headquarters ☐ Individual's Residence Is this a US Post Office deliverable address? ☒ Yes ☐ No			Address B ☐ Additional Remittance – PO Box, Lockbox or another physical location.		
Address 830 Harvard Way			Address		
Address			Address		
City Reno	State NV	Zip Code 89502	City	State	Zip Code
E-mail Address premiumaccounting@hometownhealth.com			E-mail Address		
Phone Number 775-982-3181	Fax Number 775-982-4749		Phone Number	Fax Number	
Primary Contact Patricia Edwall/Tammi Foote			Primary Contact		

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

☐ Individual **(SSN)** ☐ Sole Proprietorship **(SSN or EIN)** ☐ Partnership **(EIN)** ☒ Corporation **(EIN)** ☐ Government **(EIN)** ☐ Tax Exempt/Nonprofit **(EIN)** ☐ Trust/estate **(SSN or EIN)**	☐ **LLC** tax classification: ☐ Disregarded Entity ☐ Partnership ☐ Corporation	**SSN** Name associated with SSN: **EIN** 88-0177026 New TIN? ☒ No ☐ Yes – Provide previous TIN & effective date. Previous TIN: Date:

OTHER INFORMATION Check **all** that apply.

☐ Doctor or Medical Facility ☐ Attorney or Legal Facility	☒ In-State (Nevada) ☐ DBE Certificate #:	☐ Nevada Business License Number:

4. ELECTRONIC FUNDS TRANSFER ***Per NRS 227, payment to all payees of the State of Nevada will be electronic.***
Complete the following information **AND** provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on company letterhead. Individuals may provide a signed letter. **A deposit slip will not be accepted.** For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation **must match**. Allow 10 working days for activation.

The information is for address ☒ A ☐ B ☐ Both		
Bank Name Wells Fargo	Bank Account Type ☒ Checking ☐ Savings	Provide an e-mail address for receiving Direct Deposit Remittance Advices. see section 2
Transit Routing Number 121000248	Bank Account Number 4121973879	

☐ Do not have a bank account.

5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev January 2011).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date
Patricia Edwall	Patricia Edwall, Premium Revenue Lead	10/17/13

FOR STATE CONTROLLER'S OFFICE USE ONLY		**Name of State agency contact & phone number:**
Primary 1099 Vendor ☐	1099 Indicator ☐ Yes ☐ No	
Entered By	Date	Comments

AMENDED

Certificate

OF

AUTHORITY

STATE OF NEVADA

INSURANCE DIVISION

Carson City, Nevada

Nevada I.D. #: 995

THE HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.

Incorporated in the State of Nevada

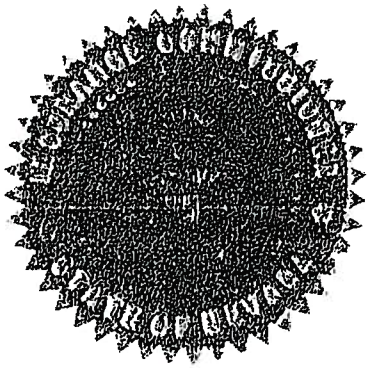
Home office at Reno, Nevada

having duly qualified, is hereby licensed to transact

** NON-PROFIT MEDICAL SERVICE ORGANIZATION **

(Authorization for a full license under NRS 695B)

insurance business within the State of Nevada until terminated at the request of the insurer or suspended or revoked by the Commissioner of Insurance.



Dated at Carson City, Nevada this 1st

day of July, 19 95

Commissioner of Insurance

(O)-1270

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/4/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Optima Healthcare Insurance Services
9229 Sierra College Blvd
Roseville CA 95661

CONTACT NAME: BRENDA SIZEMORE, SR. ACCOUNT MANAGER
PHONE (A/C, No, Ext): (916) 772-5118 FAX (A/C, No): (916) 773-8208
E-MAIL ADDRESS: BSIZEMORE@OPTIMAHEALTHCARE.COM
PRODUCER CUSTOMER ID #: 00000271

INSURED

Hometown Health Providers Insurance Company
1155 Mill Street
Reno, NV 89502

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: CHI INC., RRG	44504
INSURER B: Columbia Casualty Co (CNA)	31127
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: HP 00821 (13) REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$ 5,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
A	X CLAIMS-MADE / OCCUR			HP 00821	03/01/13	03/01/14	MED EXP (Any one person)	$
	PROFESSIONAL &			Managed Care E&O Incl.			PERSONAL & ADV INJURY	$ INCL.
	GENERAL LIABILITY						GENERAL AGGREGATE	$ 15,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			SELF INSURED RETENTION:			PRODUCTS - COMP/OP AGG	$
	X POLICY / PRO-JECT / LOC			$2MM PER OCC./$8MM AGG.				$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	HIRED AUTOS							$
	NON-OWNED AUTOS							$
B	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$ 35,000,000
	X EXCESS LIAB / X CLAIMS-MADE			HMU 4031959894-1	03/01/13	03/01/14	AGGREGATE	$ 35,000,000
	DEDUCTIBLE N/A							$
	RETENTION $ N/A							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate is provided as evidence of insurance coverage only.

CERTIFICATE HOLDER

To Whom it May Concern
C/O Hometown Health Providers Insurance C
1155 Mill Street
Reno, NV 89502-1474

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

B Sizemore/BSIZEM

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COMMENTS/REMARKS

NOTICE

"This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your Risk Retention Group."

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ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Hometown Health Providers, Inc.
Company Name

Signature

Ty Windfeldt
Print Name

12-09-2013
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

State of Nevada

Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300

Carson City, NV 89701

Brian Sandoval

Governor

Jeff Mohlenkamp

Director

Greg Smith

Administrator

State of Nevada

Purchasing Division

Request for Proposal: 3086

For

Third Party Administrative Services

Release Date: October 24, 2013

Deadline for Submission and Opening Date and Time: December 12, 2013 @ 2:00 PM

Refer to Section 8, RFP Timeline for the complete RFP schedule

For additional information, please contact:

Marcy Troescher, Purchasing Officer

State of Nevada, Purchasing Division

515 E. Musser Street, Suite 300

Carson City, NV 89701

Phone: 775-684-0199

Email address: mtroescher@admin.nv.gov

(TTY for Deaf and Hard of Hearing: 1-800-326-6868

Ask the relay agent to dial: 1-775-684-0199/V.)

Refer to Section 9 for instructions on submitting proposals

VENDOR INFORMATION SHEET FOR RFP 3086

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	*Hometown Health Providers, Inc.*

V2	Street Address	*830 Harvard Way*

V3	City, State, ZIP	*Reno, NV 89502*

V4	Telephone Number		
	Area Code: *775*	Number: *982-3100*	Extension:

V5	Facsimile Number		
	Area Code: *775*	Number: *982-3090*	Extension:

V6	Toll Free Number		
	Area Code: *800*	Number: *336-0123*	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: *Ty Windfeldt*
	Title: *Vice President*
	Address: *830 Harvard Way*
	Email Address: *twindfeldt@hometownhealth.com*

V8	Telephone Number for Contact Person		
	Area Code: *775*	Number: *982-3105*	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: ***775***	Number: ***982-3090***	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: ***Ty Windfeldt***	Title: ***Vice President***

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: ***12/09/2013***

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A Request for Proposal (RFP) process is different from an Invitation to Bid. The State expects vendors to propose creative, competitive solutions to the agency's stated problem or need, as specified below. Vendors' technical exceptions and/or assumptions should be clearly stated in *Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP.* Vendors' cost exceptions and/or assumptions should be clearly stated in *Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of RFP.* Exceptions and/or assumptions will be considered during the evaluation process; however, vendors must be specific. Nonspecific exceptions or assumptions may not be considered. The State reserves the right to limit the Scope of Work prior to award, if deemed in the best interest of the State per NRS 333.350(1).

Prospective vendors are advised to review Nevada's ethical standards requirements, including but not limited to, NRS 281A and the Governor's Proclamation, which can be found on the Purchasing Division's website (http://purchasing.state.nv.us).

1. PROJECT OVERVIEW

The State of Nevada Purchasing Division, on behalf of the Nevada Department of Corrections (NDOC), is soliciting proposals from qualified vendors to serve as a Third Party Administrator (TPA) for inmate medical and dental claims. The successful vendor shall furnish and manage a state-of-the-art medical and/or dental claim payment program, providing the NDOC with prompt and accurate claims handling and customer service.

The NDOC oversees the delivery of legally required medical care to inmates. To the extent possible, the required care is delivered within the correctional system by the Department's medical staff. Non-correctional medical providers and facilities provide in-patient hospitalization and specialty treatment that cannot be provided by NDOC medical staff. Some in-patient hospital stays will be paid for by Medicaid. The NDOC requires the services of a TPA to manage the payment of non-Medicaid claims to the non-correctional providers for medical, dental, and specialty services.

The NDOC will administer any contract resulting from this Request for Proposal. It is anticipated that the contract will become effective July 1, 2014, upon Board of Examiners approval and be for a four (4) year period.

2. ACRONYMS/DEFINITIONS

For the purposes of this RFP, the following acronyms/definitions will be used:

Acronym	Description
ADA	American Dental Association
Assumption	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
Awarded Vendor	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFP.
Boarder	An inmate housed by the Department for another jurisdiction over which the department maintains custody, but does not have jurisdiction.
BOE	State of Nevada Board of Examiners
Confidential Information	Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid or proposal. The term does not include the amount of a bid or proposal. Refer NRS 333.020(5) (b).
Contract Approval Date	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful vendor.
Contract Award Date	The date when vendors are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
Contractor	The company or organization that has an approved contract with the State of Nevada for services identified in this RFP. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
CPT	Physician's Current Procure Terminology
Cross Reference	A reference from one document/section to another document/section containing related material.

Acronym	Description
Customer	Department, Division or Agency of the State of Nevada.
Division/Agency	Nevada Department of Corrections
DOS	Date of Service
EOB	Explanation of Benefits
Evaluation Committee	An independent committee comprised of a majority of State officers or employees established to evaluate and score proposals submitted in response to the RFP pursuant to NRS 333.335.
Exception	A formal objection taken to any statement/requirement identified within the RFP.
Goods	The term "goods" as used in this RFP has the meaning ascribed to it in NRS §104.2105(1) and includes, without limitation, "supplies", "materials", "equipment", and "commodities", as those terms are used in NRS Chapter 333.
HCPCS	Healthcare Common Procedure Coding System
HIAA	Health Insurance Association of America
HIPAA	Health Insurance Portability and Accountability Act
ICD-9	International Classification of Diseases, 9th Revision
Key Personnel	Vendor staff responsible for oversight of work during the life of the project and for deliverables.
LCB	Legislative Counsel Bureau
LOI	Letter of Intent - notification of the State's intent to award a contract to a vendor, pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.

Acronym	Description
May	Indicates something that is recommended but not mandatory. If the vendor fails to provide recommended information, the State may, at its sole option, ask the vendor to provide the information or evaluate the proposal without the information.
Must	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.
NAC	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: **www.leg.state.nv.us.**
NDC	National Drug Code
NOA	Notice of Award – formal notification of the State's decision to award a contract, pending Board of Examiners' approval of said contract, any non-confidential information becomes available upon written request.
NRS	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: **www.leg.state.nv.us.**
Pacific Time (PT)	Unless otherwise stated, all references to time in this RFP and any subsequent contract are understood to be Pacific Time.
PPO	Preferred Provider Organization
Proprietary Information	Any trade secret or confidential business information that is contained in a bid or proposal submitted on a particular contract. (Refer to NRS 333.020 (5) (a).
Public Record	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records. (Refer to NRS 333.333 and NRS 600A.030 [5]).
R & C	Reasonable and Customary

Acronym	Description
Redacted	The process of removing confidential or proprietary information from a document prior to release of information to others.
RFP	Request for Proposal - a written statement which sets forth the requirements and specifications of a contract to be awarded by competitive selection as defined in NRS 333.020(8).
Shall	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of a proposal as non-responsive.
Should	Indicates something that is recommended but not mandatory. If the vendor fails to provide recommended information, the State may, at its sole option, ask the vendor to provide the information or evaluate the proposal without the information.
State	The State of Nevada and any agency identified herein.
Subcontractor	Third party, not directly employed by the contractor, who will provide services identified in this RFP. This does not include third parties who provide support or incidental services to the contractor.
TAT	Turnaround time
Trade Secret	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
UCR	Usual, Customary, and Reasonable
UR	Utilization Review
User	Department, Division, Agency or County of the State of Nevada.

Acronym	Description
Vendor	Organization/individual submitting a proposal in response to this RFP.

2.1 STATE OBSERVED HOLIDAYS

The State observes the holidays noted in the following table. When January 1st, July 4th, November 11th or December 25th falls on Saturday, the preceding Friday is observed as the legal holiday. If these days fall on Sunday, the following Monday is the observed holiday.

Holiday	Day Observed
New Year's Day	January 1
Martin Luther King Jr.'s Birthday	Third Monday in January
Presidents' Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Nevada Day	Last Friday in October
Veterans' Day	November 11
Thanksgiving Day	Fourth Thursday in November
Family Day	Friday following the Fourth Thursday in November
Christmas Day	December 25

3. SCOPE OF WORK

The successful vendor will process non-Medicaid medical and dental claims for inmates who have had health care services and/or treatments outside the prison or from outside providers. The claims will be paid from an account funded by NDOC. The vendor will coordinate with NDOC and NDOC's Preferred Provider Organization (PPO) Network(s). The current PPO networks used by NDOC are Multiplan for southern Nevada and Hometown Health for northern Nevada. NDOC currently provides its own Utilization Review. Coordination with NDOC will include receiving participant eligibility dates and service authorization information to determine eligibility.

The successful vendor may be required to appear before necessary legislative governmental meetings, and possibly, the Interim Finance Committee of the Nevada State Legislature.

3.1 GENERAL VENDOR REQUIREMENTS

Prospective vendors must agree to comply with listed minimum requirements.

3.1.1 Vendor shall provide all usual services incident to the settlement of claims in accordance with plan provisions, including but not limited to:

3.1.1.1 Providing appropriate forms;
3.1.1.2 Limited medical review;
3.1.1.3 Adjudication;
3.1.1.4 Records retention;
3.1.1.5 Check issuance;
3.1.1.6 Overpayment recovery;
3.1.1.7 Resolution of provider inquiries; and
3.1.1.8 Payment discrepancies.

The above are all standard practice for Hometown Health TPA customers.

3.1.2 NDOC prefers that the selected TPA vendor have an office in Nevada, but it is not required by law. If selected, where would the claims be paid by the vendor?

Hometown Health is a Nevada-domiciled organization and has been providing health benefits solutions and administration for fully insured and self funded entities for over 21 years. Operations are located at 830 Harvard Way in Reno.

3.1.3 Vendors shall provide a copy of all appropriate State/County/City licensure with their response.

Please find the attached copy of the Certificate of Authority for Hometown Health Providers Insurance Company, Inc. (Insurance Company) within the State Document tab. The annual renewal fee, due March 1, 2013 has been paid.

The Insurance Company is exempt from all other business licenses in Nevada (NRS 680B.020).

NRS 680B.020 State license exclusive; exception.

1. ***Notwithstanding the provisions of any general or special law, the possession of a license or certificate of authority issued under this Code shall be authorization to transact such business as indicated in such license or certificate of authority, and shall be in lieu of all licenses, whether for regulation or revenue, required to transact insurance business within the State of Nevada; but each city, town or county may require a license for revenue purposes only for any insurance agent, broker, analyst, adjuster or managing general agent whose principal place of business is located within such city or town, or within the county outside the cities and towns of the county, respectively.***
2. ***This section shall not be modified or repealed by any law of general application enacted after January 1, 1972, unless expressly referred to or expressly repealed therein.***

   (Added to NRS by 1971, 1594)

3.1.4 Vendor shall have a Third Party Administrator's license issued by the Nevada Division of Insurance prior to approval by the Nevada State Board of Examiners.

The Insurance Company which provides Third Party Administrative services to the public is incorporated under Chapter 695b - Nonprofit Corporations for Hospital, Medical and Dental Service; therefore, it is exempt from TPA licensure (NRS 683A.0852) provided we notify the Commissioner in writing and provide him with a copy of the contract and a summary of the corporation's liabilities and costs under the contract.

NRS 683A.0852 Nonprofit corporation for hospital or medical services authorized to act as administrator of program of health insurance; notice to Commissioner; exemption from licensing and bonding.

1. ***A nonprofit corporation for hospital or medical services licensed pursuant to chapter 695B of NRS may enter into a contract to act as an administrator of a program of health insurance.***
2. ***Before entering into a contract pursuant to subsection 1, the nonprofit corporation must notify the Commissioner in writing and provide him with a copy of the contract and a summary of the corporation's liabilities and costs under the contract.***

3. ***A nonprofit corporation for hospital or medical services that enters into a contract pursuant to this section is exempt from the provisions of this chapter relating to licensing and bonding of administrators, but is subject to all other provisions of this chapter. (Added to NRS by 1987, 534)***

3.1.5 Vendor shall have a Nevada Third Party Administrator's bond in an amount required by the Division of Insurance.

The Insurance Company is incorporated under Chapter 695b - Nonprofit Corporations for Hospital, Medical and Dental Service; therefore, it is exempt from TPA bonding requirements; however, the Insurance Company is subject to reserve fund requirements (NRS 695B.140) and has a certificate of deposit with Bank of America in the amount of $750,000 to satisfy this requirement.

NRS 695B.140 Reserve fund: Minimum amounts; computation; contracts with hospitals; participation of physicians.

1. ***No corporation subject to the provisions of this chapter may establish, maintain or operate a hospital, medical or dental service plan unless it has and at all times maintains a reserve fund equal to the following minimum amounts in relation to the number of natural persons entitled to hospital, medical or dental services under contracts issued by the corporation:***

Number of Natural Entitled to Benefits	Reserve Fund
1 to 1,000, inclusive	$100,000
1,001 to 10,000, inclusive	$500,000
10,000 or more	$750,000

but such a reserve fund is not required of a corporation acting only as a fiscal administrator of programs funded by public agencies, authorized insurers and other authorized health service plans.

2. ***In computing the amount of a reserve fund, the Commissioner shall include the amounts agreed to be paid by contracting hospitals to the corporation or its equivalent value of hospital service to be rendered without charge by the contracting hospital to the hospital service corporation.***
3. ***In addition to the reserve fund provided for in this chapter, the Commissioner shall require every corporation subject to this chapter to make, and to maintain in force, such contracts with enough hospitals in the State of Nevada to be adequate, in the opinion of the Commissioner, to provide care for all natural persons entitled to hospital benefits in the State***

of Nevada under contracts issued by such a corporation.

4. ***In addition, the Commissioner shall require medical or dental service corporations to give evidence of the participation of a sufficient number of physicians or dentists, in his judgment, to render the medical or dental services specified under the contract. (Added to NRS by 1971, 1868; A 1971, 1957; 1985, 613)***

3.1.6 Vendor shall have the capability of interfacing with the PPO to electronically re-price claims.

Hometown Health has established an electronic interface.

3.1.7 Vendor shall provide Internet or other acceptable access for use by authorized NDOC staff when accessing vendor's claims processing system and printing information concerning NDOC inmate acclaims an status information.

Hometown Health has established a proprietary electronic interface that would allow for NDOC access to claims and info relative to such claims.

3.1.8 Vendor's customer service representatives shall be available by calling a toll-free, national telephone number between the hours of 8:00 a.m. and 5:00 p.m. Pacific Time, Monday through Friday, except State-recognized holidays.

Hometown Health staffs over 27 customer call center representatives to ensure that members and employers receive rapid and thorough assistance from a live person, Monday through Friday 8:00 AM to 5:00 PM.

3.2 ELIGIBILITY SYSTEM REQUIREMENTS

3.2.1 Vendor's eligibility system must store, at a minimum, the following information for each inmate:

3.2.1.1 Name;
3.2.1.2 Birth date;
3.2.1.3 Location;
3.2.1.4 NDOC ID Number;
3.2.1.5 Effective date;
3.2.1.6 Termination date;
3.2.1.7 Boarder status effective date; and
3.2.1.8 Boarder status termination.

Hometown Health's system for providing Third Party Administrative services can capture all of the above requirements for eligibility.

3.2.2 Awarded vendor's eligibility system must be available with online access.

3.2.2.1 Eligibility for each prison inmate is determined by the value in an "eligibility field," which is contained on the inmate identifier record.

3.2.2.2 The inmate identifier record is stored electronically and updated daily and/or weekly by the NDOC Division of Offender Management.

The above is acceptable to Hometown Health.

3.2.3 Awarded vendor's systems environment must accept daily and/or weekly electronic transmission of an updated inmate identifier file, which contains changes and updates to NDOC inmate eligibility status. Vendor's eligibility system must be integrated with the claims system so that eligibility is automatically checked on every claim.

The above is acceptable to Hometown Health.

3.2.4 Awarded vendor's system must be capable of identifying eligibility exceptions, i.e., claim payment denials due to participant ineligibility.

Hometown Health and its systems can accommodate the above.

3.2.5 Awarded vendor's eligibility system must store historical information. The system shall indicate all past eligibility effective dates and termination dates, not just positive records.

Recording historical data such as described above is a standard practice at Hometown Health.

3.2.6 Boarder Status effective date and termination date is an identifier field which indicates an inmate is being housed in an NDOC facility under an Interstate Compact or other inter-jurisdictional agreement.

Hometown Health can accommodate this identifier field.

3.2.7 Awarded vendor shall receive and maintain a claims history database.

3.2.7.1 The database will be accessible by NDOC personnel online via secure website to view individual inmate claims history or specific claim information.

3.2.7.2 The awarded vendor shall provide the State with a copy of the documentation that explains the definitions, interactions, relationships, calculations, and derivations of fields and records for vendor's claim system.

Hometown Health maintains a proprietary electronic interface that would allow for viewing historical claims information. We will provide the necessary training documents.

3.2.8 The awarded vendor shall provide real-time report generation capability for the claims history database. Reports should be available in PDF format or downloadable to an Excel spreadsheet. Standard reports should include:

3.2.8.1 Administrative Reports

A. Check register reconciliation;
B. Outside medical and dental expenses;
C. Check Detail Reports;
D. Check register reports by patient name;
E. Check register reports by provider ID;
F. Check adjustment reports; and
G. Boarder Status.

3.2.8.2 Refund reports

3.2.8.3 Overpayment reports

3.2.8.4 Claim Detail Reports

A. Claim reports by location;
B. Claim reports by diagnosis;
C. Claim reports by patient ID;
D. Claim reports by provider ID; and
E. Claim reports by DOS.

3.2.8.5 Claim Summary Reports

A. Claim turn around;
B. Cost of benefit by location;
C. Denied claims;
D. Hospitalization summary;
E. Paid claims by month;
F. Paid claims by paid date; and
G. Paid claims by provider.

3.2.8.6 Dental Claims

A. Denied dental claims;
B. Closed out dental claims;
C. Paid dental claims by month;
D. Paid dental claims by paid date; and
E. Paid dental claims by provider.

3.2.8.7 Recap Summary Reports

A. Age and sex recaps;
B. Dental procedure recaps;
C. Diagnosis code recaps;
D. Explanation code recaps;
E. Plan recaps;
F. Procedure code recaps;
G. Provider recaps; and
H. Service code recaps.

Hometown Health employs a specialized information resources/decision support team whose sole purpose is to provide reporting data for analytical purposes and can provide each of the reports mentioned above. Should Hometown Health be selected/awarded the honor to service the NDOC's TPA requirements, our implementation team would seek examples of the reports mentioned above so that formatting could be reproduced to assist in a seamless transition.

3.2.8.8 Vendor must allow reports to be generated with user-definable search criteria such as (but not limited to) dates of service, dates of payment, and institution (inmate location). Vendor will provide at no extra cost custom reports that are not available within the standard query.

Hometown Health agrees to provide NDOC with the tools that would allow for customized search criteria and shall provide requested customized reports at no additional cost.

3.2.8.9 Vendor's claims payment system must automatically edit for the following:

A. Hospital pre-admission authorization;
B. Authorized Length of Stay (LOS); and
C. Authorized procedures.

Hometown Health's claims system will edit for the above authorization requirements.

3.3 UTILIZATION REVIEW REQUIREMENTS

Provider must include the following services:

3.3.1 The system must provide NDOC staff the ability to issue payment authorization or denial by incident and/or dollar amount.

Hometown Health can install this protocol for NDOC and currently works with existing customers in similar circumstances.

3.3.2 The system must be flexible enough to hold NDOC information necessary for statistical information, such as, but not limited to:

3.3.2.1 Number of inmates referred to outside consultants by each staff physician;

3.3.2.2 Number of inmates attending each on-site clinic each month; and

3.3.2.3 List of inmates by authorization code.

Hometown Health's claim system does have the flexibility to store a variety of information that is necessary for statistical purposes.

3.3.3 The system must allow access to provider's database for UR determinations.

Hometown Health will generate custom files and reports specific to NDOC information. Network provider information is available in a proprietary application that is web-based, HealthConnect.

3.3.4 The system must allow access to PPO information.

Hometown Health will generate custom files and reports specific to NDOC information via a web-based proprietary application known as HealthConnect. Claims payment reports, authorization reports, etc will be available.

3.3.5 The system must provide NDOC staff the ability run daily, weekly, and monthly reports which include, but are not limited to:

3.3.5.1 Average length of stay;
3.3.5.2 Dates of service; and
3.3.5.3 A follow-up listing for concurrent review.

If Hometown Health has been notified of admissions or outpatient procedures on a preauthorization basis by NDOC, HTH will provide daily files to NDOC for them to use in the generation of the requested reports.

3.4 HIPAA REQUIREMENTS

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996. HIPAA's Administrative Simplification provisions address several issues concerning health care transactions including:

3.4.1 Electronic Data Interchange (EDI) Standards for electronic health care transactions;

3.4.2 Standards for medical data code sets; and

3.4.3 Unique identifiers for providers and individuals.

3.4.4 HIPAA's other provisions include:

3.4.4.1 Security standards for all - 1) health information that is maintained or transmitted electronically, and 2) electronic signatures; and

3.4.4.2 Regulations protecting the privacy of individually identifiable health information.

3.4.5 Proposing vendors must specify vendor's state of compliance with all HIPAA requirements.

Hometown Health takes HIPAA very seriously and is in compliance with all requirements.

3.4.6 Vendor must be able to process transactions using ICD-10-CM Diagnosis Codes, CPT Procedure Codes, HCPCS Procedure Codes, NDC Drug Codes and ADA Code on Dental Procedures and Nomenclature for dental services which have been identified in the HIPAA regulations.

The above requirements are standard practice for Hometown Health.

3.4.7 Vendor must specify what data content, conditions, codes, and formats their system currently supports and/or uses, if different from those specified in 3.4.6.

Vendor supports all data content, conditions, codes, and formats required under HIPAA. Software User Guides are updated with each major software release and specifies requirements.

3.5 SECURITY STANDARDS

3.5.1 Does the system have ID and password protection to guard against incorrect internal use or access to the data?

Hometown Health takes access and data security very seriously and maintains an aggressive password protection program where passwords must be changed upon initial logon. They must also be at least 8 characters and contain one special character; they expire every 90 days, and cannot reuse the past 12 passwords. Unauthorized access to patient records is not tolerated at Hometown Health. Accounts not accessed within 30 days are automatically disabled.

3.5.2 Have plans been made for the system to produce sufficient audit trails to satisfy the HIPAA Privacy and Security regulations?

Yes, audit results can be produced.

3.5.3 Please explain how security is set up in the system, as well as the different levels of security.

Hometown Health takes on a robust security protocol in which access requires two management level signatures, these are maintained electronically. Security is role based. Any changes to security within a role, requires justification and management approval. There are additional thresholds to be set for any claims

processing roles, there are dollar maximums dependent on the user's role and years of experience. Roles are defined below.

Reimbursement Services

- ☐ CL1 - Claims Data Entry
- ☐ CL2 - Claims Examiner
- ☐ CLM3 - Claims Management
- ☐ PRV - Provider Maintenance
- ☐ CNT - Contracting
- ☐ AUD - Auditing
- ☐ RECV - Recovery

Finance

- ☐ AP - Accounts Payable
- ☐ AP1 - Accounts Payable 1
- ☐ AP2-Accounts Payable 2
- ☐ PR1 - Premium Revenue 1
- ☐ PR2 - Premium Revenue 2
- ☐ PR3 - Premium Revenue 3
- ☐ FIN - Finance
- ☐ FINM - Finance Management

Customer Service

- ☐ INQ - Customer Services

Health Services

- ☐ INQ - Referral Specialists
- ☐ INQ - Case Manager
- ☐ HSM - Administration
- ☐ INQ - QI
- ☐ INQ - Health Hotline

Marketing

- ☐ RINQ - Marketing

Internal Audit

- ☐ RINQ - Internal Audit

Information Resources

- ☐ SYSM - Applications
- ☐ RNA - Reporting & Analysis

Government Programs

- ☐ GOVP - Government Programs

Administration

- ☐ INQ/RINQ - Administration

3.6 CLAIMS PROCESSING SERVICES

This section contains additional specifications the awarded vendor should provide to fulfill the requirements of the contract. Please indicate your company's ability to meet the specifications. If your ability to meet a specification differs from the description offered, please indicate your method or provision and note such on ***Attachment B*** of this RFP. Some items request specific information about your claims processing system. Please provide any information requested.

3.6.1 Preferred Provider Organization System Interaction

List all PPO networks for which you currently process claims.

In addition to its own PPO Network, Hometown Health has/does process claims for the following PPO Networks: First Health, Beechstreet, PHCS, TC3, Diversified Dental, Mastercare, Dents and others.

3.6.1.1 Describe any differences between how your system is updated/ claims are processed for your own PPO network and how claims are processed outside your network.

The process is the same for both our own network and outside our network.

3.6.1.2 Describe how the system will flag PPO providers and apply negotiated PPO rates during claims processing.

PPO provider claims are received electronically priced with the negotiated PPO rate.

3.6.1.3 Describe the extent to which claims examiners will apply manual processing steps to adjudicate claims from these providers.

There is no manual intervention required by examiners.

3.6.2 Vendor shall settle all claims received after the proposed effective date of July 1, 2014. Although it is anticipated the current administrator will pay the run-out claims, the awarded vendor must provide a separate, per-claim cost for run-in services (see ***Section 5, Cost***).

Hometown Health will be able to provide this service.

3.6.3 The vendor shall provide an eligibility exception report of records that do not match the vendor's existing data.

3.6.3.1 Exception reports must be reconciled weekly with the NDOC.

3.6.3.2 Eligibility information shall also be forwarded to the Utilization Review Section each week.

Hometown Health will be able to provide this service.

3.6.4 Specify the details of the software system you currently use. Explain the following:

3.6.4.1 Who wrote the system?

3.6.4.2 When was the system implemented?

3.6.4.3 When was the system last updated?

3.6.4.4 How are maintenance functions for claims history performed?

3.6.4.5 How soon after plan changes are implemented is the system is updated to reflect those changes?

The Software system Hometown Health currently uses is PowerSTEPP, a DST Health Solutions product. Computer Sciences Corporation (CSC) previously owned the software application. PowerSTEPP was implemented November 1, 2004. Last update was in November 2013, vendor releases monthly patches, depending on the functionality of the patches, and they are sometimes held and loaded cumulatively. Claims history remains within the system, a data warehouse is also used which is updated daily from the core application. Plan changes are made initially to a test region, testing is finalized, then the plan changes are copied to production, this is done regularly throughout the day and week by the benefit plan set up staff.

3.6.5 Explain how checks/drafts, explanations of benefits (EOBs), and/or letters are produced by the system:

The main transaction system automatically generates files for checks/drafts, EOB's and letters. Letters are queued within our main transaction system every business day. The queued letters are printed and mailed the following business day. Customer Services has the ability to view and reprint correspondence upon

authorized request. Access to view EOB information is also available to providers and members via Hometown Health's secure website.

3.6.5.1 Where are these produced and from where are they mailed?

All queued letters are produced on-site at Hometown Health (850 Harvard). Queued letters are picked up from 850 Harvard at 2:00 PM by a courier, presorted and delivered to the USPS by 5:00 PM. Member EOB extracts are created automatically from the main transaction system every Thursday morning. Extract files are pulled and data is reformatted to the EOB format within an Access program. Quality assurance measures are built into the database to ensure the extract file is valid.

Files are encrypted and transmitted to our printing vendor. The EOBs are mailed within 2 business days. Verification/release notifications are automatically generated by the printing vendor and delivered to the Information Resources group. Copies of the files are securely retained at Hometown Health. Customer Services has the ability to view and reprint EOBs upon member authorized request. We are currently expanding our electronic EOB delivery options, which will be available through the Hometown Health Benefits portal.

3.6.5.2 Is the system capable of suppressing the distribution of EOBs and/or letters?

Yes, our system is able to suppress the distribution of EOB's and or letters.

3.6.5.3 How often are checks produced and mailed to providers?

Claims are received and processed every day by a dedicated and trained team, using a nationally known claims adjudication, payment and management system. Claim payments to providers are produced on Tuesdays. Funding requests are sent to TPA groups on Thursdays. Checks are not released until the TPA group funds their account. Once funds are received, checks are released at our printing vendor and they are mailed within 2 business days.

3.6.6 Describe how the system provides diagnosis-related group information, and if it is capable of segmenting hospital charges and length of stay.

DRG pricing information is received and/or validated through our pricing vendor software. The pricing software is capable of determining appropriate DRG based on diagnosis(s), ICD procedure(s), length of stay, discharge status and facility type (acute hospital, CAH, rehabilitation, dialysis, etc).

3.6.7 Will the system link interim hospital bills processed separately for data reporting and/or analysis?

Yes, the system will link interim hospital bills processed separately for date reporting and/or analysis.

3.6.8 Describe the current procedure for overpayment recovery administration and explain how it affects claim history.

Most overpayments are associated with contracted providers where the frequency of claims is high enough that the Insurance Company can deduct the overpayments from future payments, thereby fully reconciling the overpayment. The claims history for a specific claim that needed adjustment will reflect both the over payment and the correction, netting to the actual amount paid for the claim.

3.6.9 Describe the procedures for uncashed checks.

The frequency of checks not presented for payment is small. All checks are stale dated after six months, meaning that any check not presented for payment by the payee with six months from the date of issue cannot be cashed. Each TPA client has a unique bank account set up for them and their monies are not commingled with other clients. The bank accounts for each TPA client are reconciled at the end of every month. As part of this process, outstanding checks are identified. Payees with checks outstanding more than three months are identified and a list is provided to the Provider Relations department so that Provider Relations can contact the payee. If the payee indicates that the checks are lost, the original checks are voided and new ones are reissued. If the payee cannot be contacted, the checks remains on the outstanding check list and eventually are escheated and the amounts are sent to the Nevada State Treasurer along with a Report of Unclaimed Property.

3.6.10 Can the system issue multiple payments on a single transaction? If so, please describe.

Hometown Health's claims payment system is able to split a payment between provider and member.

3.6.11 Are there maximum and minimum dollar limits on checks issued? If so, please describe.

No minimum or maximum limits are placed on checks issues. However, the claim adjudication process has multiple authorization thresholds to ensure that large claim amounts are reviewed by properly trained staff or managers depending on the amount and nature of the claim. TPA clients are also afforded to opportunity to establish unique procedures for the claim adjudication process and check issuance procedures during the final contracting and initial implementation phases of their agreements.

3.6.12 Explain how the system cross-references "Inmates" and "Providers."

The inmates will be considered members and have a member number assigned. Providers are designed by Tax ID and NPI numbers.

3.6.13 Describe the system's audit trails.

Each system screen has an original update and last change date field with user id information.

3.6.14 Are examiners alerted of errors automatically? How are errors rectified?

Yes, in most cases the examiner is alerted to a potential error through our system's editing software. These errors are rectified before the claim is put through for payment. Additionally we have errors that are identified on either the random or high dollar audit. These errors are given back to the processor for review. After review they will adjust the claim and return the write up sheet back to the supervisor, All write up sheets become part of the employees employment record. Errors are treated as learning opportunities.

3.6.15 Indicate by a "yes" or "no" which positions have the authority to perform the following functions:

Position	Pay Claims	Add/change employees	Add/change providers
Claims manager	***Yes***	***No***	***No***
Claims supervisor	***Yes***	***No***	***No***
Customer service supervisor	***No***	***No***	***No***
Claims examiner	***Yes***	***No***	***No***
Customer service representative	***No***	***No***	***No***
Provider relations representative	***No***	***No***	***No***

3.6.16 Explain how the system automatically identifies duplicate data entries and duplicate claims. Describe the criteria used to edit for duplicates.

The system will automatically deny for duplicate if member, provider name, billed amount, procedure code, and date of service all match.

3.6.17 Describe how claims are identified in the system. When is the claim ID number assigned and who assigns the claim number? How is the claim ID entered into the system?

Every claim that Hometown Health receives is entered into the system. The majority of the claims received are electronic, and an ID number is automatically assigned when the electronic file is loaded into the system. Non electronic filed claims are batched and logged out to an examiner to data entry; once the claim is date entered it receives an ID number.

3.6.18 Explain the cross-reference of continuing claims in the system. Continuing claims refer to multiple visits to different outside providers related to the same condition. It is sometimes necessary to track information/costs related to the multiple visits. For example, if an inmate is attacked by another inmate, the costs of medical care would be charged to the attacking inmate. It is necessary to track all costs of a continuing claim over time and across multiple providers.

A claim with a continuation bill type is linked to the initial claim by the examiner.

3.6.19 Are procedural claim restrictions and dollar limitations provided for in the software program?

Yes, procedural claim restrictions and dollar limitations are provided for in the software program.

3.6.20 Describe your internal fraud control procedures.

There are security standards for every profile. If a profile needs to be changed then a work request is done. A work request must be approved by a manager or above.

3.6.21 Explain how group practices, hospital associations, clinics, and other provider groups utilizing the same tax identification are handled by the system.

Each provider has a unique number that is linked to their tax id number.

3.6.22 How are preferred providers identified by the system?

A preferred provider is identified based on a provider capacity code. A provider capacity will be PC for Primary Care and PP for preferred provider.

3.6.23 Describe the type of coding used for the following:

3.6.23.1 Medical/surgical; ***CPT codes; HCPC codes, revenue codes ICD procedure codes***

3.6.23.2 Diagnosis; ***and ICD.9 codes***

3.6.23.3 Dental ***ADA & HCPC Codes***

3.6.24 Specify the types of claims on which you require ICD-10th revision and CPT-2013 coding prior to completing processing.

3.6.24.1 What happens when a claim submission does not include a procedure code?

3.6.24.2 What guidelines are used to differentiate among similarly written descriptions in order to assign an accurate code?

3.6.24.3 Are codes entered by claims examiners or special data entry staff? Please explain.

All claims except for foreign must have coding information (CPT, HCPC, ICD.9, etc). If a claim doesn't have this information a request for the required information is sent to the provider.

3.6.25 Please describe your procedure for verification of the accuracy of provider coding.

Our system edits all claims for accurate coding. If the claim is coded incorrectly it is denied to the provider with an explanation of the problem.

3.6.26 Describe your quality review procedures and how claims are selected for review:

3.6.26.1 What percentages of claims per examiner and per data entry clerk are reviewed on a daily basis to ensure accuracy of payment?

3.6.26.2 Can the percentage be increased upon client request?

Three percent (3%) of claims are selected randomly, any line over $5,000, or any dollar amount over the examiner limit is audited. This targeted percentage can be increased/modified upon client request.

3.6.27 Describe how your quality review result reports produced.

3.6.27.1 How frequently and under what circumstances?
3.6.27.2 Are the results maintained by individual? By client? By office?
3.6.27.3 How are results used?

Yes, individual reports are produced on a monthly basis and utilized for training and accountability purposes.

3.6.28 What is the ratio of quality reviewers to claim examiners?

1:8 is the ratio of quality reviewers to claim examiners.

3.6.29 Please describe your review process. What triggers review by a higher supervisory authority?

Claims greater than the examiner dollar threshold are reviewed by internal audit. Claims are returned to supervisor for review. Further, claims over supervisor authority are review by the Claims Manager. All claims over $50,000 are reviewed by the Medical Director.

3.6.30 What types of internal audits are in place to monitor claims administration, e.g., Internal Audit, Quality Assurance, Corporate Review? What is the frequency and who performs them?

Internal claims audits are performed daily by Mullally Insurance Services. Hometown Health utilizes corporate review for changes in state laws or government regulations. In addition, plan implementation testing is performed on new or changes in benefit plans by Hometown Health Claims and IR departments.

3.6.31 Please explain how you will measure or review quality within your office for the unit handling the State.

The above audit standards shall apply unless modifications would like to be requested by the NDOC.

3.6.32 Please complete the following for the office that will process the State's claims and submit documentation in support of your responses.

		Claim Processing Accuracy (number of claims)(2)			
	Financial Payment Accuracy (Dollars)(1)	**Payment Accuracy Rate**	**Procedural Accuracy Rate**	**Coding Accuracy Rate**	**Overall Accuracy Rate**
2011 Objectives	***N/A***	***95%***	***95%***	***95%***	***95%***
2011Results	***99.76%***	***99.77%***	***99.77%***	***99.97%***	***99.77%***
2012 Objectives	***N/A***	***95%***	***95%***	***95%***	***95%***
2012 Results	***99.52%***	***99.65%***	***99.65%***	***99.97%***	***99.65%***
2013 Objectives	***N/A***	***95%***	***95%***	***95%***	***95%***

2013 Results	***99.42%***	***99.61%***	***99.61%***	***99.92%***	***99.61%***
2014 Objectives	***N/A***	***95%***	***95%***	***95%***	***95%***
2014 Results YTD	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
(1) Percentage of audited dollars paid accurately = overpayments plus underpayments divided by the audited paid dollars (do not subtract underpayments from overpayments).					
(2) Percentage of audited claims processed accurately. Show overall and breakout payment, procedural and coding results. Procedural and coding errors may or may not result in payment error.					

3.6.33 Explain how claim inventory (unprocessed claims) is monitored and managed.

All claims that are not auto adjudicated are held in claim queues. These claim queues are assigned to examiners based on level of experience. Inventory is reviewed real time by the Lead examiner, Claims Supervisor and Claims Manager. Changes to queue assignment and priority can be made by the lead or supervisor.

3.6.34 Describe how turnaround time (TAT) is monitored and managed.

3.6.34.1 What are your claim TAT standards?

The claims turnaround time target is 90% of claims are paid or denied within 14 days.

3.6.34.2 Will you be able to provide computer-produced reports at no additional charge to the State that document your TAT on the NDOC claims? Please provide a sample report on CD.

Please see the attached sample report on the CD provided as well as an attachment marked 3.6.34.2.

3.6.35 Explain measurement of your TAT.

3.6.35.1 When are claims considered "processed" for turnaround measurement purposes?

A claim is considered "processed" when it is released for payment.

3.6.35.2 When is a claim considered received?

When the claim is received in house or by our clearing house.

3.6.36 Explain how the following claims are treated when measuring TAT:

3.6.36.1 Processed without delay;

Processed without delay: Claims turnaround time is measured based on received date and paid/EOP date

3.6.36.2 Internal office referrals;

Internal office referrals: Claims turnaround time is measured based on received date and paid/EOP date

3.6.36.3 External home office referral; and

External home office referral is not applicable to Hometown Health.

3.6.36.4 Pended claims (awaiting receipt of additional information).

Hometown Health does not pend claims. Claims are denied for additional information.

3.6.37 Please complete the following for the office that will process the NDOC's claims.

Turnaround Time	**Percent of Claims Processed**	
	In 0-14 calendar days	In 0-30 calendar days
2011 Objective	***80%***	***95%***
2011 Results	***91.58%***	***98.15%***
2012 Objective	***80%***	***95%***
2012 Results	***93.68%***	***96.49%***
2013 Objective	***80%***	***95%***
2013 Results	***83.14%***	***95.55%***
2014 Objective	***90%***	***95%***
2014 Results YTD	***N/A***	***N/A***

3.6.38 Please specify any performance guarantees that you are offering that differ from those set forth in ***Section 3.10*** regarding the following:

3.6.38.1 Payment accuracy;

3.6.38.2 Claim processing accuracy;

3.6.38.3 Turnaround time;

3.6.38.4 Customer service accessibility (average speed of answer, hold time, abandonment rate); and

3.6.38.5 Overall account management.

Please see the attachment marked 3.6.38

3.6.39 Please describe in detail your proposed performance standards, guarantees, method of measurement and amount at risk. Include in your proposal a sample report available to verify your performance. This report is subject to audit and verification by the State. Your response to this section should be submitted with ***Section 3.10***.

Please see attachment marked 3.10.2

3.6.40 Describe the claim processing workflow from point of claim receipt to issuance of a claim draft.

A claim would be sent to Hometown Health's electronic clearinghouse, scanning vendor or directly to Hometown Health. An electronic claim file is produced by the clearinghouse and submitted to Hometown Health for processing. Claims are processed in the claims transaction system. Electronic files sent to our check printing vendor where they are printed and mailed.

3.6.41 Describe your procedures for tracking pended claims.

3.6.41.1 Are they maintained on the system?
3.6.41.2 Are periodic status reports generated?
3.6.41.3 When is a claim considered "closed"?

A claim is never pended. The claim is processed requesting additional information.

3.6.42 What procedure do you use to handle services delivered that were not pre-authorized by the client?

All services available by Hometown Health are discussed with the client prior to implementation.

3.6.43 Please indicate the percentage of automation for the items listed below, according to the following categories:

Automated: The data is accessed and adjudicated automatically by the computer in processing the claim.

Mixed: Data is accessed by the processor and manually entered into the computer, which then completes processing.

Manual: Data is accessed by the processor and processor completes the benefit calculation. Computer not involved or involvement limited to updating claim history.

Claim Processing Procedure	% Automated	% Mixed	% Manual
Provider verification	95%	100%	0%
Eligibility verification	95%	100%	0%
Plan specifications	99%	100%	0%
Current	99%	100%	0%
Prior	99%	100%	0%
COB data	5%	100%	0%
Duplicate bills	90%	100%	3%
Negotiated reimbursements	99%	99%	1%
Per diems	99%	99%	1%
Per case	99%	99%	1%
Per DRG	99%	99%	1%
Physician fee schedules	100%	100%	0%
Discount off charges	100%	100%	0%

3.6.44 Describe your techniques for identifying and resolving questionable provider billing practices, including "unbundling" of services.

Hometown Health employs claims editing systems that identify such bundling / unbundling practices to ensure that overpayment of service to the provider is minimized or eliminated. Hometown Health maintains a provider relations team to educate practitioners who may incorrectly bill for services rendered.

3.6.45 Briefly describe the system documentation requirements (procedures and timing) for other coverage information.

If a member has another source of coverage, the effective date and alternative insurance carrier is noted. This information will hold a claim until Coordination of Benefits is completed or request for primary EOB is requested.

3.6.46 How do you investigate for potential workers' compensation claims?

Hometown Health partners with one of the nation's best subrogation investigators to assist in identifying potential third party liability recovery opportunities.

3.6.47 How do you investigate for potential subrogation or other third-party liability claims?

Hometown Health partners with one of the nation's best subrogation investigators to assist in identifying potential third party liability recovery opportunities.

3.7 OVERPAYMENT PROTOCOL

3.7.1 The vendor must credit back to the State any recovered overpayments. All accumulators must be updated accordingly. In the event the vendor's company is responsible for an overpayment that cannot be recovered, the vendor must agree to indemnify the State for the full amount of the overpayment.

Hometown Health, if chosen as the NDOC's TPA, would like to discuss this element to develop further criteria of indemnification as there could be many causes / reasons for overpayment that are beyond the TPA's control. Errors within the TPA's control would be indemnified.

3.7.2 The vendor's claim system must "remove" overpayments from the system and all affected reports at the time the overpayment is identified. All online accumulators and payment reports must be updated to reflect the amount that should have been paid.

Our system is currently performing the above process.

3.7.3 The following requirements apply to identification of mispayments.

3.7.3.1 The awarded vendor shall randomly audit not less than 4% of daily processed claims.

Hometown Health current audit target is 3% and shall modify this goal to 4% specifically for the State of Nevada, Department of Corrections.

3.7.3.2 The awarded vendor shall log and account for all mispayments found from internal audit and other sources.

Hometown Health will log and account for all mispayments made on behalf of the NDOC.

3.7.3.3 The NDOC may require additional audits, including, but not limited to, quality control audits by the NDOC and/or other contracted auditors at the contracted vendor's expense.

Hometown Health welcomes external auditors.

3.7.3.4 All mispayments in excess of $3,000 will be reviewed by the awarded vendor's supervisory personnel and reported to the NDOC on a monthly basis at the time the mispayment is identified.

Hometown Health agrees to the above.

3.7.4 The following requirements apply to mispayment correction.

Hometown Health has reviewed this entire section (3.7.4) and has the capability to deliver these services as described.

3.7.4.1 Underpayments will be adjusted or reimbursed to the appropriate payee in a reasonable time after discovery.

3.7.4.2 Unless the payee's PPO or provider agreement allows for set-off adjustment of overpayments against any outstanding claim, overpayments will only be adjusted out of those other claims that are from the same provider in the same State of Nevada fiscal year.

3.7.4.3 The awarded vendor's overpayment log shall include all collection history, including phone collection efforts.

3.7.4.4 Within 10 days after discovery, the awarded vendor shall provide the payee with a written notice of overpayment and request for reimbursement.

3.7.4.5 After 30 days of non-payment after the first notice, the awarded vendor shall provide the payee a second written notice of request for reimbursement.

3.7.4.6 After 45 days of non-payment after the first notice, the awarded vendor will refer the matter back to the NDOC to pursue collection in accordance with NRS Chapter 353C via the State Controller's Office.

3.7.4.7 The awarded vendor's collection agency must comply with state and federal debt collection laws, and its fees shall be at the successful vendor's expense. If overpayment or mispayment was made due to NDOC staff direction or approval, the fees shall not exceed 20% of the amount collected without obtaining prior approval from the State.

3.7.4.8 The awarded vendor shall require regular reporting by its collection agency that will be shared with the NDOC.

3.7.4.9 Neither the awarded vendor nor its collection agency may bring legal action against a provider to collect an overpayment.

3.7.4.10 Any unsuccessful collection matter that requires legal action shall be referred to the NDOC for assessment and consultation with the Office of the Attorney General.

3.7.4.11 The awarded vendor shall internally audit the mispayment logs, and make both the logs and any internal audit report available to the NDOC's auditors upon request.

3.8 CLAIMS EXAMINER SPECIFICATIONS

3.8.1 Describe the required minimum qualifications to be employed by your company as a claim examiner.

Hometown Health seeks qualified, professional individuals who are committed to delivering on the goal of exceeding customer expectations.

3.8.1.1 Are prospective employees required to possess training in medical terminology?

Hometown Health pays heavy emphasis to applicants already trained in medical terminology.

3.8.1.1 Are prospective employees required to possess training in the coding and interpretation of information on medical bills?

Hometown Health pays heavy emphasis to applicants already trained in medical coding.

3.8.1.2 Describe your internal claim examiner training, program content, timing, and performance requirements.

All new claim examiners attend a six week training program. This training is a combination of formal classroom training and focused "on the job" training. All new examiners are on 100% checking until they hit the appropriate levels of quality.

3.8.1.3 What is the average length of employment for examiners who will handle the NDOC's claims?

Three (3) years is the average length of employment for examiners who will handle the NDOC's Claims. However, many of our examiners possess experience beyond their employment with Hometown Health.

3.8.1.4 What is your employee turnover rate in the past 12 months in the claims area for the office that will handle the NDOC's claims?

One claims examiner has resigned from Hometown Health due to need to relocate to another state and since returned to Hometown Health.

3.8.1.5 Are claim production incentives utilized? What is the expected productivity level for medical claims? (Distinguish between claim examiners and data entry personnel.)

There is not a claim production incentive. All examiners are required to process a minimum of 17 claims per hour.

3.8.1.6 Include sample company policy manuals with your proposal.

Please see attachment marked 3.8.1.6

3.8.1.7 Include a list of resource tools used by claims examiners. Indicate tools provided to examiners on their desks and those located in a central location.

Please see attachment marked 3.8.1.7

3.8.1.8 Is the vendor's claim system able to adjudicate claims based Medicare rates in the event that reimbursement rates are predicated on Medicare rates?

Yes, our vendor's claim system is able to adjudicate claims based on Medicare rates in the event that reimbursement rates are predicated on Medicare rates.

3.9 CUSTOMER SERVICE

3.9.1 Is Customer Service administered by a separate unit?

At Hometown Health, Customer Service is not a department. It's our culture. Our call center is situated in-house and employs over 20 representatives to ensure that wait times are minimized while making sure that our customers speak to a live person with every call.

3.9.2 What claims history information may a customer service representative access in response to an inquiry on processed and pending claims?

The Customer Service Representative can access all information related to claims. They have no restrictions.

3.9.3 Please describe how customer service inquiries are monitored.

Hometown Health monitors customer service inquiries by recording 100% of all calls. The Customer Service Supervisor randomly monitors 10 calls each month for each Customer Service Representative following a defined quality guideline. The call recording system records voice as well as the Customer Service Representative's computer screens movements.

3.9.4 Do customer service representatives process adjustments to claims online? ***No, Customer Service Representatives do not process adjustments to claims online.*** Is the claim system updated immediately? ***Not Applicable.*** How do the customer service representatives interact with your claims system to handle claim inquiries?

All Hometown Health Customer Service Representatives have viewing access to the claims system in order to answer any questions regarding claim inquiries.

3.9.5 Describe how and when customer service representatives interact with the claims examiners.

The claims examiners are located next to the call center and have access to the claims department if they need assistance.

3.10 PERFORMANCE STANDARDS AND GUARANTEES

3.10.1 Service Performance Standards

In addition to the general and special damages that may result from a breach, the measure of damages to daily State operations in the event of a failure of performance by the awarded vendor may be difficult or impossible to calculate, depending on the nature of the default. In the event the awarded vendor fails to perform services or complete deliverables in accordance with the response times required in this RFP, or as specified or negotiated in the successful proposal, additional performance guarantee liquidated damages may be calculated with or without declaration of default or breach.

The following requirements are areas wherein the awarded vendor will guarantee performance. Failure to meet the required standards will result in the assessment of liquidated damages. Liquidated damages will be enforced by reducing a percentage of the administrative fees due to the awarded vendor. Prompt resolution of problems or issues is expected, but will not reduce or eliminate any liquidated damages imposed due to failure to meet the performance standards outlined below. Proposing vendors should indicate other guarantees they you are willing to include as part of the contract.

Service Performance	Description	Guarantee
Claims financial error rate	The dollar amount of claims paid accurately divided by total dollars paid.	99%
Turnaround time (TAT) of claims processed	Claims processed within 14 working days.	90%
Data Reporting	(a) Deliver standard reports within 10 days of end of reporting period (b) Deliver annual reports & regulatory documentation within 10 days of policy year-end.	100% 100%
Payment	Penalties shall be paid before ninety (90) days from the end of the quarter	100%

3.10.2 Service Performance Penalties

Liquidated damages will be enforced by a measured guarantee. Prompt resolution of problems or issues is expected but will not reduce or eliminate any liquidated damages imposed due to failure to meet the performance standards.

Service Performance Standard	Description	Penalty
Claims financial error rate	The dollar amount of claims paid accurately divided by total dollars paid.	20% of Administrative fees
Turnaround time (TAT) of claims processed	Claims processed within 14 working days.	20% of Administrative Fees
Implementation	(a) Task(s) completed on time (b) Problem resolution – problems documented within two business days and resolution within 10 business days	20% of Administrative Fees
Data Reporting	(a) Deliver standard reports within 10 days of end of reporting period (b) Deliver annual reports, regulatory documentation within 10 days of policy year-end.	20% of Administrative fees

In their proposals, vendors should submit a chart similar to the one shown above with proposed Performance Guarantees and Fee Reduction rates. Vendors should describe in detail their proposed performance standards, guarantees, method of measurement, and amount at risk. Include in the proposal a sample report available to verify performance. This report is subject to audit and verification by the State.

Please see attachment marked 3.10.2 for a description in detail of Hometown Health's proposed performance standards, guarantees, method of measurement, and amount at risk.

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes		No	X

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

C. Describe your previous experience with subcontractor(s).

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 4.1, Vendor Information***.

4.2.1.5 Business references as specified in ***Section 4.3, Business References*** must be provided for any proposed subcontractors.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 4.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

CLAIMS TURNAROUND TIME REPORT
CAP / FFS RECEIVED TO POSTED
FFS RECEIVED TO PAID
DELETED CLAIMS ARE INCLUDED

Paid During Month: December
For Fiscal Year: 2011

	CAP / FFS RECEIVED TO POSTED IN PERIOD			FFS RECEIVED TO PAID IN PERIOD		
YTD COMPANY 01	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	107147	1.48	94.49	12055	4.75	13.97
YTD Claims Paid In 16 to 30 days	5118	21.35	4.51	72736	25.42	84.29
YTD Claims Paid In 31 to 45 days	663	35.89	0.58	1087	35.74	1.26
YTD Claims Paid In 46 to 60	215	52.84	0.19	188	52.16	0.22
YTD Claims Paid In Over 60 Days	248	92.00	0.22	225	94.52	0.26
YTD Claims Paid In Total	113391	2.87	100.00	86291	22.90	100.00
YTD COMPANY 10	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	104488	1.00	98.09	22620	4.61	27.89
YTD Claims Paid In 16 to 30 days	1601	20.58	1.50	58011	21.05	71.52
YTD Claims Paid In 31 to 45 days	241	36.65	0.23	255	36.56	0.31
YTD Claims Paid In 46 to 60	70	52.69	0.07	91	51.65	0.11
YTD Claims Paid In Over 60 Days	123	82.01	0.12	136	142.59	0.17
YTD Claims Paid In Total	106523	1.50	100.00	81113	16.75	100.00
YTD COMPANY 20	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	50796	1.41	92.43	8896	4.23	18.13
YTD Claims Paid In 16 to 30 days	2688	22.11	4.89	38782	25.61	79.05
YTD Claims Paid In 31 to 45 days	593	36.63	1.08	762	36.00	1.55
YTD Claims Paid In 46 to 60	283	52.18	0.51	198	52.20	0.40
YTD Claims Paid In Over 60 Days	596	83.86	1.08	422	133.13	0.86
YTD Claims Paid In Total	54956	3.96	100.00	49060	22.93	100.00
YTD COMPANY 30	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	122837	1.71	93.60	109016	5.14	91.58
YTD Claims Paid In 16 to 30 days	6306	21.49	4.81	7826	22.12	6.57
YTD Claims Paid In 31 to 45 days	1070	36.21	0.82	1223	36.81	1.03
YTD Claims Paid In 46 to 60	351	51.56	0.27	347	51.45	0.29
YTD Claims Paid In Over 60 Days	667	99.71	0.51	633	133.16	0.53
YTD Claims Paid In Total	131231	3.58	100.00	119045	7.40	100.00

CLAIMS TURNAROUND TIME REPORT
CAP / FFS RECEIVED TO POSTED
FFS RECEIVED TO PAID
DELETED CLAIMS ARE INCLUDED

Paid During Month: December
For Fiscal Year: 2012

	CAP / FFS RECEIVED TO POSTED IN PERIOD			FFS RECEIVED TO PAID IN PERIOD		
YTD COMPANY 01	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	110602	1.64	91.51	16532	5.10	17.50
YTD Claims Paid In 16 to 30 days	8320	21.18	6.88	76031	25.27	80.47
YTD Claims Paid In 31 to 45 days	1457	36.83	1.21	1336	37.10	1.41
YTD Claims Paid In 46 to 60	310	50.88	0.26	278	50.91	0.29
YTD Claims Paid In Over 60 Days	180	93.37	0.15	310	121.16	0.33
YTD Claims Paid In Total	120869	3.67	100.00	94487	22.30	100.00
YTD COMPANY 10	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	152412	1.97	94.58	26576	5.55	24.27
YTD Claims Paid In 16 to 30 days	7978	19.49	4.95	82071	20.99	74.94
YTD Claims Paid In 31 to 45 days	520	36.42	0.32	552	37.13	0.50
YTD Claims Paid In 46 to 60	102	52.20	0.06	108	52.15	0.10
YTD Claims Paid In Over 60 Days	139	77.06	0.09	211	147.56	0.19
YTD Claims Paid In Total	161151	3.04	100.00	109518	17.60	100.00
YTD COMPANY 20	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	47067	1.66	86.97	8667	4.81	18.20
YTD Claims Paid In 16 to 30 days	4843	21.88	8.95	36704	25.50	77.08
YTD Claims Paid In 31 to 45 days	1291	37.03	2.39	1286	37.44	2.70
YTD Claims Paid In 46 to 60	503	51.50	0.93	561	51.31	1.18
YTD Claims Paid In Over 60 Days	413	77.20	0.76	397	89.45	0.83
YTD Claims Paid In Total	54117	5.36	100.00	47615	22.89	100.00
YTD COMPANY 30	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	146553	2.54	88.17	125428	5.63	83.68
YTD Claims Paid In 16 to 30 days	15048	21.12	9.05	19198	21.64	12.81
YTD Claims Paid In 31 to 45 days	3142	36.79	1.89	3323	37.50	2.22
YTD Claims Paid In 46 to 60	883	51.20	0.53	1032	51.56	0.69
YTD Claims Paid In Over 60 Days	583	79.54	0.35	910	104.13	0.61
YTD Claims Paid In Total	166209	5.40	100.00	149891	9.31	100.00

CLAIMS TURNAROUND TIME REPORT
CAP / FFS RECEIVED TO POSTED
FFS RECEIVED TO PAID
DELETED CLAIMS ARE INCLUDED

Paid During Month: October
For Fiscal Year: 2013

	CAP / FFS RECEIVED TO POSTED IN PERIOD			FFS RECEIVED TO PAID IN PERIOD		
YTD COMPANY 01	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	79415	1.57	89.89	16470	4.33	22.09
YTD Claims Paid In 16 to 30 days	7944	20.08	8.99	56515	25.19	75.81
YTD Claims Paid In 31 to 45 days	609	35.71	0.69	1105	35.71	1.48
YTD Claims Paid In 46 to 60	187	52.10	0.21	180	52.53	0.24
YTD Claims Paid In Over 60 Days	196	92.72	0.22	280	97.85	0.38
YTD Claims Paid In Total	88351	3.78	100.00	74550	21.08	100.00
YTD COMPANY 10	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	204823	1.84	96.84	70656	6.27	48.63
YTD Claims Paid In 16 to 30 days	5806	20.61	2.74	73208	21.19	50.39
YTD Claims Paid In 31 to 45 days	685	36.09	0.32	1176	36.15	0.81
YTD Claims Paid In 46 to 60	90	51.91	0.04	105	51.71	0.07
YTD Claims Paid In Over 60 Days	113	208.06	0.05	140	125.77	0.10
YTD Claims Paid In Total	211516	2.59	100.00	145284	14.18	100.00
YTD COMPANY 20	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	33701	1.74	91.51	7030	4.32	21.15
YTD Claims Paid In 16 to 30 days	2671	20.63	7.25	25457	25.19	76.59
YTD Claims Paid In 31 to 45 days	273	36.16	0.74	472	36.50	1.42
YTD Claims Paid In 46 to 60	97	51.92	0.26	116	51.39	0.35
YTD Claims Paid In Over 60 Days	85	118.91	0.23	165	202.93	0.50
YTD Claims Paid In Total	36827	3.77	100.00	33240	21.91	100.00
YTD COMPANY 30	**# Claims**	**Avg Days**	**Percent**	**# Claims**	**Avg Days**	**Percent**
YTD Claims Paid In 0 to 15 days	110279	2.61	88.04	90954	5.82	83.14
YTD Claims Paid In 16 to 30 days	11365	21.26	9.07	13581	22.23	12.41
YTD Claims Paid In 31 to 45 days	2920	36.81	2.33	3578	36.59	3.27
YTD Claims Paid In 46 to 60	379	50.20	0.30	852	49.63	0.78
YTD Claims Paid In Over 60 Days	317	149.34	0.25	431	114.32	0.39
YTD Claims Paid In Total	125260	5.62	100.00	109396	9.63	100.00

Director Summary Report ytd

Report Criteria Used

Site: 1 - HOMETOWN

Director ID:

Director Name:

Status:

Claim Type:

Audit Type:

Beginning Date: 01/01/2011

Ending Date: 12/31/2011

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2011 - 12/31/2011

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	January	128	R	M	D	22.05	$43,726.97	$0.00	$0.00	0	0	0	0	0
01	January	81	R	M	D	5.16	$9,588.20	$0.00	$0.00	0	0	0	0	0
30	January	262	R	M	D	12.33	$67,325.65	$0.00	$0.00	0	0	0	0	0
20	January	53	R	M	D	19.47	$17,720.86	$0.00	$0.00	0	0	0	0	0
01	February	87	R	M	D	5.71	$14,091.35	$0.00	$0.00	0	0	0	0	0
10	February	107	R	M	D	6.36	$35,430.80	$0.00	$0.00	0	0	0	0	0
20	February	48	R	M	D	13.35	$6,495.10	$0.00	$0.00	0	0	0	0	0
30	February	219	R	M	D	11.73	$89,801.74	$0.00	$0.00	0	0	1	0	0
20	March	65	R	M	D	18.26	$8,872.50	$0.00	$0.00	0	0	0	0	0
10	March	110	R	M	D	3.46	$28,188.30	$0.00	$0.00	0	0	0	0	0
30	March	324	R	M	D	10.33	$95,448.57	$0.00	$0.00	0	0	0	0	0
01	March	82	R	M	D	7.32	$9,399.25	$116.10	$0.00	1	0	0	1	1
10	April	113	R	M	D	15.45	$71,783.33	$0.00	$0.00	0	0	0	0	0
20	April	76	R	M	D	31.79	$14,345.40	$0.00	$0.00	0	0	0	0	0
30	April	235	R	M	D	8.16	$66,843.75	$0.00	$0.00	0	0	0	0	0
01	April	101	R	M	D	7.25	$14,627.68	$0.00	$0.00	0	0	0	0	0
30	May	258	R	M	D	11.48	$70,847.82	$0.00	$0.00	0	0	0	0	0
10	May	110	R	M	D	9.75	$31,244.05	$0.00	$0.00	0	0	0	0	0
20	May	74	R	M	D	28.93	$9,950.76	$0.00	$0.00	0	0	0	0	0
01	May	106	R	M	D	5.07	$9,058.67	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2011 - 12/31/2011

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
20	June	63	R	M	D	11.83	$18,587.52	$0.00	$0.00	0	0	0	0	0
30	June	287	R	M	D	7.84	$174,960.52	$0.00	$0.00	0	0	0	0	0
10	June	123	R	M	D	5.17	$62,167.44	$0.00	$0.00	0	0	0	0	0
01	June	101	R	M	D	6.92	$20,151.13	$0.00	$0.00	0	0	0	0	0
01	July	77	R	M	D	9.87	$8,226.44	$125.43	$0.00	1	0	0	1	1
20	July	53	R	M	D	17.70	$7,050.20	$0.00	$0.00	0	0	0	0	0
30	July	241	R	M	D	11.69	$63,234.83	$25.90	$0.00	1	0	0	1	1
10	July	97	R	M	D	16.14	$89,004.54	$0.00	$0.00	0	0	0	0	0
10	August	116	R	M	D	11.15	$22,135.76	$0.00	$0.00	0	0	0	0	0
30	August	298	R	M	D	15.46	$113,663.04	$0.00	$0.00	0	0	0	0	0
20	August	79	R	M	D	22.51	$36,589.88	$0.00	$0.00	0	0	0	0	0
01	August	117	R	M	D	10.68	$25,323.25	$1,570.07	$0.00	1	0	0	1	1
30	September	269	R	M	D	14.79	$54,623.89	$52.33	$444.76	2	0	0	2	2
10	September	112	R	M	D	68.60	$50,376.10	$0.00	$0.00	0	0	0	0	0
01	September	88	R	M	D	6.11	$15,505.43	$0.00	$0.00	0	0	0	0	0
20	September	92	R	M	D	24.48	$11,982.73	$0.00	$0.00	0	0	0	0	0
20	October	187	R	M	D	12.77	$42,395.52	$0.00	$0.00	0	0	0	0	0
30	October	324	R	M	D	9.54	$111,327.15	$13.00	$0.00	1	0	0	1	1
01	October	329	R	M	D	5.43	$59,369.10	$670.34	$0.00	4	0	0	4	4
10	October	145	R	M	D	12.13	$49,466.49	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2011 - 12/31/2011

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
01	November	119	R	M	D	6.70	$21,051.11	$1,314.94	$0.00	4	0	0	4	4
10	November	122	R	M	D	5.88	$19,503.37	$0.00	$0.00	0	0	0	0	0
20	November	72	R	M	D	18.99	$9,012.13	$0.00	$0.00	0	0	1	0	0
30	November	302	R	M	D	10.68	$142,726.15	$0.00	$0.00	0	0	0	0	0
01	December	77	R	M	D	5.42	$9,363.03	$0.00	$0.00	0	0	0	0	0
30	December	252	R	M	D	11.65	$103,926.44	$779.83	$0.00	1	0	0	1	1
20	December	71	R	M	D	13.08	$23,912.78	$0.00	$0.00	0	0	0	0	0
10	December	98	R	M	D	7.09	$78,089.54	$0.00	$0.00	0	0	0	0	0
	Totals:	6950				12.21	$2,158,516.26	$4,667.94	$444.76	16	0	2	16	16

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.97%	99.77%	99.77%	99.76%

Director Summary Report ytd

Report Criteria Used

Site: 1 - HOMETOWN

Director ID:

Director Name:

Status:

Claim Type:

Audit Type:

Beginning Date: 01/01/2012

Ending Date: 12/31/2012

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2012 - 12/31/2012

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	January	111	R	M	D	6.36	$49,693.64	$0.00	$0.00	0	0	0	0	0
01	January	77	R	M	D	4.92	$9,346.93	$0.00	$0.00	0	0	0	0	0
30	January	286	R	M	D	11.18	$84,401.91	$0.00	$0.00	0	0	0	0	0
20	January	70	R	M	D	13.07	$12,356.34	$0.00	$0.00	0	0	0	0	0
01	February	154	R	M	D	9.20	$22,424.49	$0.00	$0.00	0	0	0	0	0
10	February	204	R	M	D	11.25	$35,414.73	$0.00	$0.00	0	0	0	0	0
20	February	91	R	M	D	13.00	$27,387.05	$0.00	$0.00	0	0	0	0	0
30	February	324	R	M	D	13.90	$56,034.32	$0.00	$0.00	0	0	0	0	0
20	March	96	R	M	D	20.29	$25,793.96	$0.00	$0.00	0	0	0	0	0
10	March	215	R	M	D	13.39	$123,419.63	$1,495.47	$604.26	2	0	0	2	2
30	March	386	R	M	D	16.93	$65,528.29	$2,415.10	$0.00	1	0	0	1	1
01	March	120	R	M	D	6.84	$21,745.49	$0.00	$0.00	0	0	0	0	0
10	April	191	R	M	D	7.44	$41,854.05	$0.00	$0.00	0	0	0	0	0
20	April	88	R	M	D	12.95	$36,968.58	$0.00	$0.00	0	0	0	0	0
30	April	323	R	M	D	11.15	$213,215.66	$0.00	$9.56	1	0	0	1	1
01	April	103	R	M	D	4.91	$22,295.74	$0.00	$0.00	0	0	0	0	0
30	May	383	R	M	D	13.16	$87,438.86	$0.00	$1,807.50	1	0	1	1	1
10	May	297	R	M	D	6.09	$103,316.95	$0.00	$42.38	2	0	0	2	2
20	May	104	R	M	D	13.96	$20,034.49	$0.00	$992.64	2	0	0	2	2
01	May	158	R	M	D	3.92	$27,885.38	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2012 - 12/31/2012

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
20	June	98	R	M	D	12.29	$16,177.75	$0.00	$0.00	0	0	0	0	0
30	June	364	R	M	D	13.82	$50,224.08	$38.00	$0.00	1	0	0	1	1
10	June	461	R	M	D	7.07	$179,928.20	$0.00	$29.12	2	0	0	2	2
01	June	158	R	M	D	7.78	$15,840.40	$0.00	$0.00	0	0	0	0	0
01	July	129	R	M	D	14.35	$14,326.13	$0.00	$0.00	0	0	0	0	0
20	July	111	R	M	D	33.21	$23,012.42	$74.00	$0.00	1	0	0	1	1
30	July	466	R	M	D	19.46	$86,888.43	$273.75	$0.00	1	0	0	1	1
10	July	226	R	M	D	9.83	$73,518.61	$665.17	$54.73	3	0	0	3	3
10	August	275	R	M	D	7.20	$97,763.57	$0.00	$0.00	0	0	0	0	0
30	August	396	R	M	D	13.14	$93,733.52	$15.82	$0.00	1	0	0	1	1
20	August	91	R	M	D	27.89	$25,519.95	$0.00	$0.00	0	0	0	0	0
01	August	102	R	M	D	8.88	$39,433.22	$0.00	$0.00	0	0	0	0	0
30	September	289	R	M	D	14.68	$120,453.63	$0.00	$15.82	1	0	0	1	1
10	September	220	R	M	D	17.71	$63,368.67	$0.00	$0.00	0	0	0	0	0
01	September	91	R	M	D	8.53	$25,988.49	$340.00	$0.00	1	0	0	1	1
20	September	76	R	M	D	12.74	$22,643.53	$0.00	$0.00	0	0	0	0	0
20	October	90	R	M	D	14.72	$15,058.69	$0.00	$0.00	0	0	0	0	0
30	October	363	R	M	D	13.50	$131,885.29	$0.00	$84.94	1	0	0	1	1
01	October	109	R	M	D	9.17	$16,261.29	$0.00	$0.00	0	0	0	0	0
10	October	263	R	M	D	12.11	$64,773.39	$3.00	$0.00	1	0	1	1	1

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2012 - 12/31/2012

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
01	November	82	R	M	D	17.84	$15,194.43	$0.00	$1,116.78	2	0	0	2	2
10	November	182	R	M	D	15.91	$59,996.70	$140.00	$0.00	1	0	0	1	1
20	November	56	R	M	D	18.55	$12,601.06	$0.00	$0.00	0	0	0	0	0
30	November	305	R	M	D	14.63	$113,152.07	$39.27	$19.36	2	0	1	2	2
01	December	91	R	M	D	12.38	$15,918.57	$0.00	$0.00	0	0	0	0	0
30	December	373	R	M	D	13.62	$182,036.39	$62.00	$2,231.78	4	0	0	4	4
20	December	63	R	M	D	16.97	$13,133.95	$0.00	$558.39	1	0	0	1	1
10	December	188	R	M	D	14.24	$40,447.67	$3.00	$0.00	1	0	0	1	1
	Totals:	9499				12.70	$2,715,836.59	$5,564.58	$7,567.26	33	0	3	33	33

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.97%	99.65%	99.65%	99.52%

Director Summary Report ytd

Report Criteria Used

Site: -

Director ID:

Director Name:

Status:

Claim Type:

Audit Type:

Beginning Date: 01/01/2013

Ending Date: 10/31/2013

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2013 - 10/31/2013

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	January	176	R	M	D	12.81	$131,637.32	$13.75	$0.00	1	0	0	1	1
01	January	60	R	M	D	9.82	$35,153.55	$280.32	$126.00	2	0	0	2	2
30	January	320	R	M	D	14.47	$113,637.37	$15.82	$0.00	1	0	0	1	1
20	January	61	R	M	D	31.59	$22,308.79	$0.00	$0.00	0	0	0	0	0
01	February	80	R	M	D	12.44	$11,124.23	$0.00	$0.00	0	0	0	0	0
10	February	189	R	M	D	16.12	$104,851.26	$0.00	$0.00	0	0	0	0	0
30	February	371	R	M	D	14.44	$116,915.89	$30.06	$0.00	4	0	0	4	4
20	February	49	R	M	D	50.57	$37,301.56	$0.00	$0.00	0	0	0	0	0
20	March	49	R	M	D	29.80	$11,790.03	$0.00	$0.00	0	0	0	0	0
10	March	260	R	M	D	16.76	$84,376.55	$0.00	$464.09	1	0	0	1	1
30	March	348	R	M	D	14.57	$72,198.17	$0.00	$0.00	0	0	0	0	0
01	March	67	R	M	D	20.69	$3,196.06	$0.00	$0.00	0	0	0	0	0
10	April	462	R	M	D	9.57	$130,451.27	$0.00	$0.00	0	0	0	0	0
20	April	99	R	M	D	11.02	$10,750.87	$0.00	$0.00	0	0	0	0	0
01	April	272	R	M	D	3.17	$31,831.96	$1,239.72	$1,615.75	6	0	0	6	6
30	April	460	R	M	D	11.86	$86,973.11	$80.00	$102.60	2	0	0	2	2
01	May	1330	R	M	D	8.87	$153,241.88	$3,201.81	$4,011.90	19	0	0	19	19
30	May	1252	R	M	D	7.10	$187,951.55	$229.60	$29.16	2	0	2	2	2
20	May	503	R	M	D	9.26	$56,225.68	$0.00	$27.64	1	0	1	1	1
10	May	546	R	M	D	6.92	$100,164.85	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2013 - 10/31/2013

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	June	619	R	M	D	10.92	$76,406.90	$0.00	$19.58	2	0	0	2	2
30	June	779	R	M	D	10.52	$314,080.62	$0.00	$0.00	0	0	0	0	0
01	June	1099	R	M	D	12.73	$121,531.12	$1,061.25	$2,728.60	4	0	0	4	4
20	June	443	R	M	D	11.75	$63,003.10	$217.50	$610.30	3	0	0	3	3
01	July	725	R	M	D	4.89	$110,444.52	$0.00	$986.80	1	0	1	1	1
30	July	1478	R	M	D	16.24	$373,026.74	$575.72	$74.69	6	0	3	6	6
10	July	758	R	M	D	8.29	$209,085.60	$0.00	$460.76	3	0	1	3	3
20	July	287	R	M	D	6.64	$67,722.91	$0.00	$0.00	0	0	0	0	0
01	August	106	R	M	D	9.08	$219,892.78	$0.00	$0.00	0	0	1	0	0
20	August	62	R	M	D	39.15	$8,951.13	$0.00	$0.00	0	0	1	0	0
30	August	365	R	M	D	12.30	$193,172.36	$0.00	$0.00	0	0	2	0	0
10	August	180	R	M	D	9.67	$27,803.21	$0.00	$0.00	0	0	0	0	0
01	September	55	R	M	D	12.53	$17,890.60	$0.00	$0.00	0	0	0	0	0
10	September	210	R	M	D	9.93	$66,710.94	$0.00	$0.00	0	0	0	0	0
20	September	42	R	M	D	24.57	$10,946.03	$0.00	$0.00	0	0	0	0	0
30	September	380	R	M	D	20.38	$80,236.84	$2,097.00	$0.00	1	0	0	1	1
01	October	195	R	M	D	11.31	$26,327.13	$0.00	$0.00	0	0	0	0	0
30	October	573	R	M	D	16.73	$98,875.17	$0.00	$873.12	1	0	0	1	1
20	October	99	R	M	D	17.92	$27,957.36	$0.00	$0.00	0	0	0	0	0
10	October	229	R	M	D	20.53	$63,550.37	$3.00	$0.00	1	0	0	1	1

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2013 - 10/31/2013

Director	Month	DCN's Processed	Status	Claim Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
	Totals:	15638			11.76	$3,679,697.38	$9,045.55	$12,130.99	61	0	12	61	61

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.92%	99.61%	99.61%	99.42%

Hometown Health's Performance Guarantee

Service Performance	Description	Guarantee
Claims financial error rate	The dollar amount of claims paid accurately divided by total dollars paid.	99%
Overall Accuracy Rate	The overall payment, procedure & coding	99.2%
Turanaround time (TAT) of claims processed	Claims processed within 14 working days	90%
Data Reporting	(a) Deliver standard reports within 10 days of end of reporting period (b) Deliver annual reports & regulatory documentation within 10 days of policy year-end.	100% 100%
Payment	Penalties shall be paid before ninety (90) days from the end of the quarter	100%
Customer Service Acceessibility	Average speed of answer and abandonment rate	45 seconds Less than 5%

Service Performance Standard	Description	Penalty
Claims financial error rate	The dollar amount of claims paid accurately divided by total dollars paid.	20% of Administrative fees
Overall Accuracy Rate	The overall payment, procedure & coding	10% of Administrative fees
Turanaround time (TAT) of claims processed	Claims processed within 14 working days	20% of Administrative fees
Implementation	(a) Task(s) completed on time (b) Problem resolution – problems documented within two business days and resolution within 10 business days	20% of Administrative fees
Data Reporting	(a) Deliver standard reports within 10 days of end of reporting period (b) Deliver annual reports & regulatory documentation within 10 days of policy year-end.	20% of Administrative fees
Customer Service Acceessibility	Average speed of answer and abandonment rate	10% of Administrative fees

HHP Management Company Product All Effective Date: 1/18/02 Approved By: Title: Director, Reimbursement Services Title: Manager, Claims	Policy Number: 620.1405 Page 1 of 5 Reviewed Date: 1/18/02 Revised: 1/18/02 07/03/08 07/03/08

PROCESSING "CLEAN" CLAIMS

POLICY: Hometown Health will process "clean" claims according to the State and Federal requirements and, when no regulation exists, in a manner to ensure the best interest of the provider and the member.

PURPOSE: Hometown Health's Claims Department ensures accurate and timely claims processing. A "clean claim" is defined as a claim that contains substantially all the required information for the payer to reach a decision and that has no particular or unusual circumstance that would impede the payer from paying the claim within the established timeframe.

PROCEDURE:

A claim form submitted by a health care practitioner will be considered filed within the meaning of a clean claim with the essential elements completed when the **CMS Form 1500** has been used, and the appropriate fields have been accurately completed.

(A) Each claim form must include the following information:

(1) Subscriber's plan ID number (CMS Form 1500, field 1a);
(2) Patient's name (CMS Form 1500, field 2);
(3) Patient's date of birth and gender (CMS Form 1500, field 3);
(4) Subscriber's name (CMS Form 1500, field 4);
(5) Patient's address (street or P.O. box, city, and zip code) CMS Form 1500, field 5);
(6) Patient's relationship to the subscriber (CMS Form 1500, field 6);
(7) Subscriber's address (street or P.O. box, city, and zip code) (CMS Form 1500, field 7);
(8) Except in the case of a laboratory that has been issued a license pursuant to NRS 652, patient status (CMS Form 1500, field 8);
(9) Whether the patient's condition is related to employment CMS Form 1500, field 10 (a));
(10) Whether the patient's condition is related to an auto accident (CMS Form 1500, field 10(b));
(11) Whether the patient's condition is related to an accident other than an auto accident (CMS Form 1500, field 10 (c);
(12) Subscriber's policy number (CMS Form 1500, field 11);
(13) Except in the case of a laboratory that has been issued a license pursuant to NRS 652, subscriber's birth date and gender (CMS Form 1500 field 11a);
(14) Except in the case of a laboratory that has been issued a license pursuant to NRS 652, name of the payer (CMS Form 1500, field 11c);
(15) Disclosure of any other health benefit plans CMS Form 1500, field 11d);
(16) Patient's or authorized person's signature or notation that the signature is on file with the health care practitioner (CMS Form 1500, field 12);
(17) Subscriber's or authorized person's signature or notation that the signature is on file with the health care practitioner or person entitled to reimbursement, if applicable (CMS Form 1500, field 13);
(18) Except in the case of a laboratory that has been issued a license pursuant to NRS 652, date of current illness, injury, or pregnancy (CMS Form 1500, field 14);

(19) Except in the case of a health care practitioner for emergency services, or a laboratory that has been issued a license pursuant to NRS 652, whether the patient has had the same or a similar illness (CMS Form 1500, field 15);
(20) Except in the case of a health care practitioner for emergency services, the name of the referring physician or health maintenance organization (CMS Form 1500, field 17);
(21) Hospitalization dates related to current services, if applicable (CMS Form 1500, field 18);
(22) Diagnosis codes or nature of the illness or injury (CMS Form 1500, field 21);
(23) Date of service (CMS Form 1500, field 24A);
(24) Place of service codes for all claims, as designated by HFCA for Medicare (CMS Form 1500, field 24B);
(25) Procedure code (CMS Form 1500, field 24D);
(26) Diagnosis code by specific service (CMS Form 1500, field 24E);
(27) Charge for each listed service (CMS Form 1500, field 24F);
(28) Number of days, time (minutes), start and stop time, or units (CMS Form 1500, field 24G);
(29) The carrier-assigned rendering provider number until the National Provider Identifier is developed and assigned, if applicable (CMS Form 1500, field 24J);
(30) Health care practitioner's or person entitled to reimbursement's federal tax ID number (CMS Form 1500, field 25);
(31) Patient's account number CMS Form 1500, field 26);
(32) Total charge (CMS Form 1500, field 28);
(33) For claims:

(a) Submitted electronically, a computer-printed name as the signature of the health care practitioner or person entitled to reimbursement (CMS Form 1500, field 31), or
(b) Not submitted electronically, the signature of the health care practitioner who provided the service, or person entitled to reimbursement who provided the service, or notation that the signature is on file with the HMO or preferred provider carrier (CMS Form 1500, field 31);

(34) Name and address of the facility where services were rendered (if other than home or office) (CMS Form 1500, field 32);
(35) The billing name, address, zip code, phone number, and, if applicable, carrier assigned provider number until the National Provider Identifier (NPI) is developed and assigned to the health care practitioner or person entitled to reimbursement's, (CMS Form 1500, field 33); and
(36) Any other field or essential data element necessary to comply with the applicable standard code set.

(B) In addition to the data elements required by subsection A of this regulation, a claim submitted by a health care practitioner or person entitled to reimbursement shall include the following data elements if circumstances exist that render the data elements applicable to the specific claim being filed:

(1) The other insured's or enrollee's name (CMS Form 1500, field 9) is applicable if the patient is covered by more than one health benefit plan;
(2) The other insured's or enrollee's policy/group number (CMS Form 1500, field 9a) is applicable if the patient is covered by more than one health benefit plan;
(3) The other insured's or enrollee's date of birth (CMS Form 1500, field 9b) is applicable if the patient is covered by more than one health benefit plan;
(4) The other insured's or enrollee's plan name (employer, school, etc.) (CMS Form 1500, field 9c) is applicable if the patient is covered by more than one health benefit plan;
(5) The other insured's or enrollee's HMO or insurer name (CMS Form 1500, field 9d) is applicable if the patient is covered by more than one health benefit plan;
(6) Except in the case of a laboratory issued a license pursuant to NRS 652, the subscriber's plan name (employer, school, etc.) (CMS Form 1500, field 11(b)) is applicable if the health benefit plan is a group plan;

(7) The prior authorization number (CMS Form 1500, field 23) is applicable when prior authorization is required;
(8) A code pursuant to a global contract (CMS Form 1500, field 24D) is applicable if the claim is between parties to a global contract;
(9) A code established by the Medicaid Program (CMS Form 1500, field 24D) is applicable if the claim is for services rendered pursuant to the Medicaid Program;
(10) The modifier code (CMS Form 1500, field 24(D)) is applicable when a modifier code is used to explain unusual circumstances;
(11) Whether an assignment was accepted (CMS Form 1500, field 27) is applicable when an assignment has been accepted;
(12) The amount paid (CMS Form 1500, field 29) is applicable if an amount has been paid to the health care practitioner or person entitled to reimbursement submitting the claim, by the patient or subscriber, or on behalf of the patient or subscriber; and
(13) The balance due (CMS Form 1500, field 30) is applicable if an amount has been paid to the health care practitioner or person entitled to reimbursement submitting the claim, by the patient or subscriber, or on behalf of the patient or subscriber.

(C) A payer may not use or require a health care practitioner or person entitled to reimbursement to use any field for purposes that are inconsistent with these essential data elements or in addition to the applicable standard code set.

(D) A health care practitioner or person entitled to reimbursement may elect to include data elements in addition to those set forth in subsections A and B of this regulation.

A claim form submitted by a hospital will be considered filed within the meaning of a clean claim with the essential elements completed when the **CMS Form 1450** has been used, and the appropriate fields have been accurately completed.

(A) Each claim form must include the following information:

(1) Hospital's, or person entitled to reimbursement's, name, address, and telephone number (CMS Form 1450, FL 1);
(2) Patient's control number (CMS Form 1450, FL 3a);
(3) Type of bill code (CMS Form 1450, FL 4);
(4) Hospital's, or person entitled to reimbursement's, federal tax ID number (CMS Form 1450, FL 5);
(5) Beginning and ending date of claim period (CMS Form 1450, FL 6);
(6) Patient's name (CMS Form 1450,FL 08.2b);
(7) Patient's address (CMS Form 1450, FL 09);
(8) Patient's date of birth (CMS Form 1450, FL 10);
(9) Patient's gender (CMS Form 1450, FL 11);
(10) Patient's marital status (CMS Form 1450 eliminated);
(11) Date of admission (CMS Form 1450, FL 12);
(12) Admission hour (CMS Form 1450, FL 13);
(13) Type of admission (for example, emergency, urgent, elective, newborn) (CMS Form 1450, FL 14);
(14) Source of admission code (CMS Form 1450, FL 15
(15) Patient-status-at-discharge code (CMS Form 1450, FL 17);
(16) Medical record number (CMS Form 1450, FL3b);
(17) Responsible party name and address (CMS Form 1450, FL 38);
(18) Value code and amounts (CMS Form 1450, FL 39—41);
(19) Applicable revenue code (CMS Form 1450,FL 42) of the National or State Uniform Billing Data Elements Specifications;
(20) Revenue description (CMS Form 1450, FL 43);

(21) Service date (CMS Form 1450, FL 45);
(22) Units of service (CMS Form 1450, FL 46);
(23) Total charge (CMS Form 1450, FL 47);
(24) Non-covered charges (CMS Form 1450 ,FL 48);
(25) Name of the payer (CMS Form 1450,FL 50);
(26) Provider number (CMS Form 1450, FL 51);
(27) Release of information (CMS Form 1450,FL 52);
(28) Assignment of benefits (CMS Form 1450, FL 53);
(29) Estimated amount due (CMS Form 1450, FL 55);
(30) NPI (CMS Form 1450 FL 56)
(31) Subscriber's name (CMS Form 1450, FL 58);
(32) Patient's relationship to the subscriber (CMS Form 1450, FL 59);
(33) Patient's/subscriber's certificate number, health claim number, and ID number (CMS Form 1450, FL 60);
(34) Treatment authorization code (CMS Form 1450, FL 63);
(35) Principal diagnosis code (CMS Form 1450, FL 67);
(36) Admitting diagnosis CMS Form 1450, FL 69);
(37) PPS (DRG code) (CMS Form 1450 FL 71)
(38) Attending physician ID (CMS Form 1450, FL 76);
(39) Any other field or essential data element necessary to comply with the applicable standard code set.

(B) In addition to the data elements required by subsection A of this regulation, a claim submitted to a payer by a hospital, or person entitled to reimbursement, shall include the following data elements if circumstances exist that render the data elements applicable to the specific claim being filed:

(1) The discharge hour (CMS Form 1450, FL 16) is applicable if the patient was an inpatient or was admitted for outpatient observation;
(2) The condition codes (CMS Form 1450, FL18-28) are applicable if the CMS Form 1450 manual contains a condition code appropriate to the patient's condition;
(3) The occurrence codes and dates (CMS Form 1450, FL 31—35) are applicable if the CMS Form 1450 manual contains an occurrence code appropriate to the patient's condition;
(4) The occurrence span code and from and through dates (CMS Form 1450 FL 36) are applicable if the CMS Form 1450 manual contains an occurrence span code appropriate to the patient's condition;
(5) HCPCS/Rates (CMS Form 1450,FL 44) are applicable if there is a primary or secondary payer;
(6) A code pursuant to a global contract (CMS Form 1450,FL 44) is applicable if the claim is between parties to a global contract;
(7) Prior payments (CMS Form 1450, FL 54) are applicable if payments have been made to the hospital by the patient or another payer;
(8) The employer name (CMS Form 1450, FL 65) is applicable if there are payers of higher priority than the payer, including workers' compensation;
(9) Diagnoses codes other than the principal diagnosis code (HCFA Form 1450, fields 68—75) are applicable if there are diagnoses other than the principal diagnosis;
(10) Diagnoses codes describing the patient's signs, or presenting symptoms, or both (CMS Form 450, FL 67a—67q) are applicable for services provided in a hospital emergency department;
(11) The principal procedure code (CMS Form 1450, FL 74) is applicable if the patient has undergone an inpatient or outpatient surgical procedure; and
(12) Other procedure codes (CMS Form 1450, FL 74a-74e) are applicable as an extension of §B (17) of this regulation if additional surgical procedures were performed.

(C) A payer may not use or require a hospital to use any field for purposes that are inconsistent with these data elements or in addition to the applicable standard code set.

(D) A hospital, or person entitled to reimbursement, may elect to include data elements in addition to those set forth in Subsections A and B of this regulation.

For "unclean claims" please refer to Policy Number 620.1404.

List of Resources	Description
CPT Reference Book	available on-line and hard copy
ICD-9 Book	available on-line and hard copy
DRG Reference Book	available on-line and hard copy
HCPC Reference Book	available on-line and hard copy
Revenue Code Reference Book	available on-line and hard copy
ADA Reference Book	available on-line and hard copy
Policies and Procedures	available on-line and hard copy
Plan Documents	available on-line and hard copy
Quick Reference Guide	desk top procedures - available on-line
Processing System Documents	system functionality - available on-line
Training Documents	available on-line and hard copy
Accuracy Statistics	available on-line and hard copy
Production Statistics	available on-line and hard copy
COB Manual	available on-line and hard copy
Relative Value Guide	available on-line and hard copy

Hometown Health's Performance Guarantee

Service Performance	Description	Guarantee
Claims financial error rate	The dollar amount of claims paid accurately divided by total dollars paid.	99%
Overall Accuracy Rate	The overall payment, procedure & coding	99.2%
Turanaround time (TAT) of claims processed	Claims processed within 14 working days	90%
Data Reporting	(a) Deliver standard reports within 10 days of end of reporting period (b) Deliver annual reports & regulatory documentation within 10 days of policy year-end.	100% 100%
Payment	Penalties shall be paid before ninety (90) days from the end of the quarter	100%
Customer Service Acceessibility	Average speed of answer and abandonment rate	45 seconds Less than 5%

Service Performance Standard	Description	Penalty
Claims financial error rate	The dollar amount of claims paid accurately divided by total dollars paid.	20% of Administrative fees
Overall Accuracy Rate	The overall payment, procedure & coding	10% of Administrative fees
Turanaround time (TAT) of claims processed	Claims processed within 14 working days	20% of Administrative fees
Implementation	(a) Task(s) completed on time (b) Problem resolution – problems documented within two business days and resolution within 10 business days	20% of Administrative fees
Data Reporting	(a) Deliver standard reports within 10 days of end of reporting period (b) Deliver annual reports & regulatory documentation within 10 days of policy year-end.	20% of Administrative fees
Customer Service Acceessibility	Average speed of answer and abandonment rate	10% of Administrative fees

Director Summary Report ytd

Report Criteria Used

Site:	1 - HOMETOWN
Director ID:	
Director Name:	
Status:	
Claim Type:	
Audit Type:	
Beginning Date:	01/01/2011
Ending Date:	12/31/2011

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2011 - 12/31/2011

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	January	128	R	M	D	22.05	$43,726.97	$0.00	$0.00	0	0	0	0	0
01	January	81	R	M	D	5.16	$9,588.20	$0.00	$0.00	0	0	0	0	0
30	January	262	R	M	D	12.33	$67,325.65	$0.00	$0.00	0	0	0	0	0
20	January	53	R	M	D	19.47	$17,720.86	$0.00	$0.00	0	0	0	0	0
01	February	87	R	M	D	5.71	$14,091.35	$0.00	$0.00	0	0	0	0	0
10	February	107	R	M	D	6.36	$35,430.80	$0.00	$0.00	0	0	0	0	0
20	February	48	R	M	D	13.35	$6,495.10	$0.00	$0.00	0	0	0	0	0
30	February	219	R	M	D	11.73	$89,801.74	$0.00	$0.00	0	0	1	0	0
20	March	65	R	M	D	18.26	$8,872.50	$0.00	$0.00	0	0	0	0	0
10	March	110	R	M	D	3.46	$28,188.30	$0.00	$0.00	0	0	0	0	0
30	March	324	R	M	D	10.33	$95,448.57	$0.00	$0.00	0	0	0	0	0
01	March	82	R	M	D	7.32	$9,399.25	$116.10	$0.00	1	0	0	1	1
10	April	113	R	M	D	15.45	$71,783.33	$0.00	$0.00	0	0	0	0	0
20	April	76	R	M	D	31.79	$14,345.40	$0.00	$0.00	0	0	0	0	0
30	April	235	R	M	D	8.16	$66,843.75	$0.00	$0.00	0	0	0	0	0
01	April	101	R	M	D	7.25	$14,627.68	$0.00	$0.00	0	0	0	0	0
30	May	258	R	M	D	11.48	$70,847.82	$0.00	$0.00	0	0	0	0	0
10	May	110	R	M	D	9.75	$31,244.05	$0.00	$0.00	0	0	0	0	0
20	May	74	R	M	D	28.93	$9,950.76	$0.00	$0.00	0	0	0	0	0
01	May	106	R	M	D	5.07	$9,058.67	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2011 - 12/31/2011

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
20	June	63	R	M	D	11.83	$18,587.52	$0.00	$0.00	0	0	0	0	0
30	June	287	R	M	D	7.84	$174,960.52	$0.00	$0.00	0	0	0	0	0
10	June	123	R	M	D	5.17	$62,167.44	$0.00	$0.00	0	0	0	0	0
01	June	101	R	M	D	6.92	$20,151.13	$0.00	$0.00	0	0	0	0	0
01	July	77	R	M	D	9.87	$8,226.44	$125.43	$0.00	1	0	0	1	1
20	July	53	R	M	D	17.70	$7,050.20	$0.00	$0.00	0	0	0	0	0
30	July	241	R	M	D	11.69	$63,234.83	$25.90	$0.00	1	0	0	1	1
10	July	97	R	M	D	16.14	$89,004.54	$0.00	$0.00	0	0	0	0	0
10	August	116	R	M	D	11.15	$22,135.76	$0.00	$0.00	0	0	0	0	0
30	August	298	R	M	D	15.46	$113,663.04	$0.00	$0.00	0	0	0	0	0
20	August	79	R	M	D	22.51	$36,589.88	$0.00	$0.00	0	0	0	0	0
01	August	117	R	M	D	10.68	$25,323.25	$1,570.07	$0.00	1	0	0	1	1
30	September	269	R	M	D	14.79	$54,623.89	$52.33	$444.76	2	0	0	2	2
10	September	112	R	M	D	68.60	$50,376.10	$0.00	$0.00	0	0	0	0	0
01	September	88	R	M	D	6.11	$15,505.43	$0.00	$0.00	0	0	0	0	0
20	September	92	R	M	D	24.48	$11,982.73	$0.00	$0.00	0	0	0	0	0
20	October	187	R	M	D	12.77	$42,395.52	$0.00	$0.00	0	0	0	0	0
30	October	324	R	M	D	9.54	$111,327.15	$13.00	$0.00	1	0	0	1	1
01	October	329	R	M	D	5.43	$59,369.10	$670.34	$0.00	4	0	0	4	4
10	October	145	R	M	D	12.13	$49,466.49	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2011 - 12/31/2011

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
01	November	119	R	M	D	6.70	$21,051.11	$1,314.94	$0.00	4	0	0	4	4
10	November	122	R	M	D	5.88	$19,503.37	$0.00	$0.00	0	0	0	0	0
20	November	72	R	M	D	18.99	$9,012.13	$0.00	$0.00	0	0	1	0	0
30	November	302	R	M	D	10.68	$142,726.15	$0.00	$0.00	0	0	0	0	0
01	December	77	R	M	D	5.42	$9,363.03	$0.00	$0.00	0	0	0	0	0
30	December	252	R	M	D	11.65	$103,926.44	$779.83	$0.00	1	0	0	1	1
20	December	71	R	M	D	13.08	$23,912.78	$0.00	$0.00	0	0	0	0	0
10	December	98	R	M	D	7.09	$78,089.54	$0.00	$0.00	0	0	0	0	0
	Totals:	6950				12.21	$2,158,516.26	$4,667.94	$444.76	16	0	2	16	16

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.97%	99.77%	99.77%	99.76%

Director Summary Report ytd

Report Criteria Used

Site:	1 - HOMETOWN
Director ID:	
Director Name:	
Status:	
Claim Type:	
Audit Type:	
Beginning Date:	01/01/2012
Ending Date:	12/31/2012

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2012 - 12/31/2012

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	January	111	R	M	D	6.36	$49,693.64	$0.00	$0.00	0	0	0	0	0
01	January	77	R	M	D	4.92	$9,346.93	$0.00	$0.00	0	0	0	0	0
30	January	286	R	M	D	11.18	$84,401.91	$0.00	$0.00	0	0	0	0	0
20	January	70	R	M	D	13.07	$12,356.34	$0.00	$0.00	0	0	0	0	0
01	February	154	R	M	D	9.20	$22,424.49	$0.00	$0.00	0	0	0	0	0
10	February	204	R	M	D	11.25	$35,414.73	$0.00	$0.00	0	0	0	0	0
20	February	91	R	M	D	13.00	$27,387.05	$0.00	$0.00	0	0	0	0	0
30	February	324	R	M	D	13.90	$56,034.32	$0.00	$0.00	0	0	0	0	0
20	March	96	R	M	D	20.29	$25,793.96	$0.00	$0.00	0	0	0	0	0
10	March	215	R	M	D	13.39	$123,419.63	$1,495.47	$604.26	2	0	0	2	2
30	March	386	R	M	D	16.93	$65,528.29	$2,415.10	$0.00	1	0	0	1	1
01	March	120	R	M	D	6.84	$21,745.49	$0.00	$0.00	0	0	0	0	0
10	April	191	R	M	D	7.44	$41,854.05	$0.00	$0.00	0	0	0	0	0
20	April	88	R	M	D	12.95	$36,968.58	$0.00	$0.00	0	0	0	0	0
30	April	323	R	M	D	11.15	$213,215.66	$0.00	$9.56	1	0	0	1	1
01	April	103	R	M	D	4.91	$22,295.74	$0.00	$0.00	0	0	0	0	0
30	May	383	R	M	D	13.16	$87,438.86	$0.00	$1,807.50	1	0	1	1	1
10	May	297	R	M	D	6.09	$103,316.95	$0.00	$42.38	2	0	0	2	2
20	May	104	R	M	D	13.96	$20,034.49	$0.00	$992.64	2	0	0	2	2
01	May	158	R	M	D	3.92	$27,885.38	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2012 - 12/31/2012

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
20	June	98	R	M	D	12.29	$16,177.75	$0.00	$0.00	0	0	0	0	0
30	June	364	R	M	D	13.82	$50,224.08	$38.00	$0.00	1	0	0	1	1
10	June	461	R	M	D	7.07	$179,928.20	$0.00	$29.12	2	0	0	2	2
01	June	158	R	M	D	7.78	$15,840.40	$0.00	$0.00	0	0	0	0	0
01	July	129	R	M	D	14.35	$14,326.13	$0.00	$0.00	0	0	0	0	0
20	July	111	R	M	D	33.21	$23,012.42	$74.00	$0.00	1	0	0	1	1
30	July	466	R	M	D	19.46	$86,888.43	$273.75	$0.00	1	0	0	1	1
10	July	226	R	M	D	9.83	$73,518.61	$665.17	$54.73	3	0	0	3	3
10	August	275	R	M	D	7.20	$97,763.57	$0.00	$0.00	0	0	0	0	0
30	August	396	R	M	D	13.14	$93,733.52	$15.82	$0.00	1	0	0	1	1
20	August	91	R	M	D	27.89	$25,519.95	$0.00	$0.00	0	0	0	0	0
01	August	102	R	M	D	8.88	$39,433.22	$0.00	$0.00	0	0	0	0	0
30	September	289	R	M	D	14.68	$120,453.63	$0.00	$15.82	1	0	0	1	1
10	September	220	R	M	D	17.71	$63,368.67	$0.00	$0.00	0	0	0	0	0
01	September	91	R	M	D	8.53	$25,988.49	$340.00	$0.00	1	0	0	1	1
20	September	76	R	M	D	12.74	$22,643.53	$0.00	$0.00	0	0	0	0	0
20	October	90	R	M	D	14.72	$15,058.69	$0.00	$0.00	0	0	0	0	0
30	October	363	R	M	D	13.50	$131,885.29	$0.00	$84.94	1	0	0	1	1
01	October	109	R	M	D	9.17	$16,261.29	$0.00	$0.00	0	0	0	0	0
10	October	263	R	M	D	12.11	$64,773.39	$3.00	$0.00	1	0	1	1	1

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2012 - 12/31/2012

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
01	November	82	R	M	D	17.84	$15,194.43	$0.00	$1,116.78	2	0	0	2	2
10	November	182	R	M	D	15.91	$59,996.70	$140.00	$0.00	1	0	0	1	1
20	November	56	R	M	D	18.55	$12,601.06	$0.00	$0.00	0	0	0	0	0
30	November	305	R	M	D	14.63	$113,152.07	$39.27	$19.36	2	0	1	2	2
01	December	91	R	M	D	12.38	$15,918.57	$0.00	$0.00	0	0	0	0	0
30	December	373	R	M	D	13.62	$182,036.39	$62.00	$2,231.78	4	0	0	4	4
20	December	63	R	M	D	16.97	$13,133.95	$0.00	$558.39	1	0	0	1	1
10	December	188	R	M	D	14.24	$40,447.67	$3.00	$0.00	1	0	0	1	1
	Totals:	9499				12.70	$2,715,836.59	$5,564.58	$7,567.26	33	0	3	33	33

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.97%	99.65%	99.65%	99.52%

Director Summary Report ytd

Report Criteria Used

Site: -

Director ID:

Director Name:

Status:

Claim Type:

Audit Type:

Beginning Date: 01/01/2013

Ending Date: 10/31/2013

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2013 - 10/31/2013

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	January	176	R	M	D	12.81	$131,637.32	$13.75	$0.00	1	0	0	1	1
01	January	60	R	M	D	9.82	$35,153.55	$280.32	$126.00	2	0	0	2	2
30	January	320	R	M	D	14.47	$113,637.37	$15.82	$0.00	1	0	0	1	1
20	January	61	R	M	D	31.59	$22,308.79	$0.00	$0.00	0	0	0	0	0
01	February	80	R	M	D	12.44	$11,124.23	$0.00	$0.00	0	0	0	0	0
10	February	189	R	M	D	16.12	$104,851.26	$0.00	$0.00	0	0	0	0	0
30	February	371	R	M	D	14.44	$116,915.89	$30.06	$0.00	4	0	0	4	4
20	February	49	R	M	D	50.57	$37,301.56	$0.00	$0.00	0	0	0	0	0
20	March	49	R	M	D	29.80	$11,790.03	$0.00	$0.00	0	0	0	0	0
10	March	260	R	M	D	16.76	$84,376.55	$0.00	$464.09	1	0	0	1	1
30	March	348	R	M	D	14.57	$72,198.17	$0.00	$0.00	0	0	0	0	0
01	March	67	R	M	D	20.69	$3,196.06	$0.00	$0.00	0	0	0	0	0
10	April	462	R	M	D	9.57	$130,451.27	$0.00	$0.00	0	0	0	0	0
20	April	99	R	M	D	11.02	$10,750.87	$0.00	$0.00	0	0	0	0	0
01	April	272	R	M	D	3.17	$31,831.96	$1,239.72	$1,615.75	6	0	0	6	6
30	April	460	R	M	D	11.86	$86,973.11	$80.00	$102.60	2	0	0	2	2
01	May	1330	R	M	D	8.87	$153,241.88	$3,201.81	$4,011.90	19	0	0	19	19
30	May	1252	R	M	D	7.10	$187,951.55	$229.60	$29.16	2	0	2	2	2
20	May	503	R	M	D	9.26	$56,225.68	$0.00	$27.64	1	0	1	1	1
10	May	546	R	M	D	6.92	$100,164.85	$0.00	$0.00	0	0	0	0	0

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2013 - 10/31/2013

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
10	June	619	R	M	D	10.92	$76,406.90	$0.00	$19.58	2	0	0	2	2
30	June	779	R	M	D	10.52	$314,080.62	$0.00	$0.00	0	0	0	0	0
01	June	1099	R	M	D	12.73	$121,531.12	$1,061.25	$2,728.60	4	0	0	4	4
20	June	443	R	M	D	11.75	$63,003.10	$217.50	$610.30	3	0	0	3	3
01	July	725	R	M	D	4.89	$110,444.52	$0.00	$986.80	1	0	1	1	1
30	July	1478	R	M	D	16.24	$373,026.74	$575.72	$74.69	6	0	3	6	6
10	July	758	R	M	D	8.29	$209,085.60	$0.00	$460.76	3	0	1	3	3
20	July	287	R	M	D	6.64	$67,722.91	$0.00	$0.00	0	0	0	0	0
01	August	106	R	M	D	9.08	$219,892.78	$0.00	$0.00	0	0	1	0	0
20	August	62	R	M	D	39.15	$8,951.13	$0.00	$0.00	0	0	1	0	0
30	August	365	R	M	D	12.30	$193,172.36	$0.00	$0.00	0	0	2	0	0
10	August	180	R	M	D	9.67	$27,803.21	$0.00	$0.00	0	0	0	0	0
01	September	55	R	M	D	12.53	$17,890.60	$0.00	$0.00	0	0	0	0	0
10	September	210	R	M	D	9.93	$66,710.94	$0.00	$0.00	0	0	0	0	0
20	September	42	R	M	D	24.57	$10,946.03	$0.00	$0.00	0	0	0	0	0
30	September	380	R	M	D	20.38	$80,236.84	$2,097.00	$0.00	1	0	0	1	1
01	October	195	R	M	D	11.31	$26,327.13	$0.00	$0.00	0	0	0	0	0
30	October	573	R	M	D	16.73	$98,875.17	$0.00	$873.12	1	0	0	1	1
20	October	99	R	M	D	17.92	$27,957.36	$0.00	$0.00	0	0	0	0	0
10	October	229	R	M	D	20.53	$63,550.37	$3.00	$0.00	1	0	0	1	1

Director Summary Report

Director ID: Director Name:

For the time period: 1/1/2013 - 10/31/2013

Director	Month	DCN's Processed	Status	Claim	Audit	Avg Lag	Claim Amount	Payment Errors Underpaid	Payment Errors Overpaid	Payment Errors Count	Procedural Avail	Procedural Errors	Financial Elements	Financial Count
	Totals:	15638				11.76	$3,679,697.38	$9,045.55	$12,130.99	61	0	12	61	61

Coding Accuracy	Claims Processing Accuracy	Payment Accuracy Incidence	Payment Accuracy Dollars
99.92%	99.61%	99.61%	99.42%

4. COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	***Hometown Health Providers, Inc.***
Ownership (sole proprietor, partnership, etc.):	***Not-for-Profit, owned by Renown Health***
State of incorporation:	***Nevada***
Date of incorporation:	***1992***
# of years in business:	***21 years***
List of top officers:	***Ty Windfeldt, Vice President, Dr. Linda Ash-Jackson, Chief Medical Officer, Sam King, CFO***
Location of company headquarters:	***830 Harvard Way, Reno NV 89502***
Location(s) of the company offices:	***830 Harvard Way, Reno NV 89502***
Location(s) of the office that will provide the services described in this RFP:	***830 Harvard Way, Reno NV 89502***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***45***
Number of employees nationally with the expertise to support the requirements in this RFP:	***All our employees are local***
Location(s) from which employees will be assigned for this project:	***830 Harvard Way, Reno NV 89502***

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be

located at http://sos.state.nv.us.

Question	Response
Nevada Business License Number:	***995***
Legal Entity Name:	***Hometown Health Providers, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	X	No	

If "No", provide explanation.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	X	No	

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	***Public Employees' Benefit Program (PEBP)***
State agency contact name:	***Donna Lopez***
Dates when services were performed:	***July 1, 2011 to June 30, 2015***
Type of duties performed:	***HMO Health Plan***
Total dollar value of the contract:	***$247,200,000***

Question	Response
Name of State agency:	***Public Employees' Benefit Program (PEBP)***
State agency contact name:	***Donna Lopez***
Dates when services were performed:	***July 1, 2008 to June 30, 2012 (this contract was replaced with new contract 7/1/11 to 6/30/15)***
Type of duties performed:	***HMO Health Plan***
Total dollar value of the contract:	***$199,800,000***

Question	Response
Name of State agency:	***Public Employees' Benefit Program (PEBP)***
State agency contact name:	***Donna Lopez***
Dates when services were performed:	***October 1, 2011 to June 30, 2015***
Type of duties performed:	***Northern Nevada PPO Network Only***
Total dollar value of the contract:	***$310,000***

Question	Response
Name of State agency:	***Public Employees' Benefit Program (PEBP)***
State agency contact name:	***Donna Lopez***
Dates when services were performed:	***July 2006- June 30, 2010***
Type of duties performed:	***PPO Network Only & Annual Health Fairs***
Total dollar value of the contract:	***$4,750,000***

Question	Response
Name of State agency:	***Public Employees' Benefit Program (PEBP)***
State agency contact name:	***Donna Lopez***
Dates when services were performed:	***June 11, 2013 to June 30, 2014***
Type of duties performed:	***UM/Case Management Services***
Total dollar value of the contract:	***$795,350***

Question	Response
Name of State agency:	***Nevada Department of Corrections***
State agency contact name:	***Chuck Schardin***
Dates when services were performed:	***October 1, 2011 to June 30, 2015***
Type of duties performed:	***PPO Network Only***
Total dollar value of the contract:	***$310,000***

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	X

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	X

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

4.1.8 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFP 3086.*** Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E.***

Yes	X	No	

Any exceptions and/or assumptions to the insurance requirements ***must*** be identified on ***Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP.*** Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor ***must*** provide the Certificate of Insurance identifying the coverages as specified in ***Attachment E, Insurance Schedule for RFP 3086.***

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Hometown Health has extensive knowledge and understanding of working with state and local government agencies including the State of Nevada. Other entities Hometown Health currently works with are, the City of Reno, Washoe County, Washoe County School District, Churchill County School District, Lyon County School District, and other municipalities throughout Nevada. No other managed care organized is as qualified to meet the needs of the State of Nevada.

Due to the vast experience in working with large government entities, Hometown Health's local not-for-profit status, and the comprehensive products and service provided to the members, Hometown Health is the right choice for the NDOC.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Hometown Health was incorporated in the State of Nevada October 1988 for fully insured programs. Self funded programs were initiated through Hometown Health Partners Benefits Administrators in Fall 1992. Based on the long standing partnership Hometown Health has developed with the PEBP over the last 17 years, we feel we are uniquely qualified to offer the Nevada Department of Corrections Third Party Administrative Services.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Hometown Health		
Ξ **Contractor**		☐ **Subcontractor**	
Name:	Ty Windfeldt	Ξ **Key Personnel**	
Classification:	Vice President, Insurance Services	**# of Years in Classification:**	3 years
Brief Summary: of Experience:	Dynamic 17-year senior leadership and management career pioneered in leading with enthusiasm and passion. Experienced in all aspects of organizational management, design, and innovation to create highly skilled teams to achieve results. Consistently evolving in a dynamic environment to increase revenue and maximize customer satisfaction. • Exceptionally well organized with a track record that demonstrates self-motivation, creativity, and innovation to achieve both personal and professional goals. • Results oriented with consistent operational performance evaluations, effective communication skills, and engagement amongst multi-disciplinary teams. • Fiscally responsible, setting and managing quarter of a Billion dollar budget to maximize profitability while maintaining organizational effectiveness. Outstanding success in building and maintaining long term relationships with key decision makers, establishing large volumes of business with high profit accounts with high levels of retention and loyalty.		
# of Years with Firm:	10		
RELEVANT PROFESSIONAL EXPERIENCE			

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	**2010 – Current** **Hometown Health** **Reno, NV** **Vice President, Insurance Services** Led Hometown Health to outperform in all aspects including profitability and growth during the country's worst economic times. Generated the strongest results out of all the Accountable Groups within the Integrated Health System (Renown Health). Responsible to set strategic vision and develop business plans to ensure success. **Key Achievements** • Exceeded profitability targets each year achieving the highest profitability the organization had in its 24-year history. • Established core leadership team to create business plans and strategic direction for health care reform changes. • Secured capital budgets to invest significant resources into new systems for entry into the health care exchanges. • Created Healthy Tracks, a health and wellness program to promote health education and improvement. Enrolled more than 30,000 employees in less than two years. • Developed process improvement programs to maximize Hierarchical Condition Categories (HCC) which led to significant increase in revenue from CMS.
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	**2009 – 2010** **Renown Health** **Reno, NV** **Vice President, Business Development** Senior leadership position with an integrated healthcare company generating revenues over $1 billon and employs more than, 4,500 people. Participation on the Presidents Council to develop strategic initiatives and vision for the organization. Responsible for exceeding organizational goals and objectives, building relationships to generating new business, stewardship management and budgeting, and overseeing high functioning, complex teams to maximize efficient and effective processes. **Key Achievements** • Redesigned organizational structure to streamline work-flow, increasing productivity and reducing expenses by 13%. • Developed strategic business plan to focus on initiatives resulting in increased market share from budgeted expectations. • Implemented process improvement programs that align workflows with organizational strategies and objectives. • Created customer satisfaction feedback tool that provides information to stakeholders on a timely basis to improve organizational effectiveness and increase sales by creating products and services the customer desires.

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	**2003 – 2009** **Hometown Health** **Reno, NV** **Sales and Service Director** Managed and directed the departments of Sales and Marketing, Customer Service, Health Hotline, Provider Relations, and Printed Materials. Was responsible for a team of 65 individuals, including four managers. Provided leadership and oversight for the organization, which included creating and implementing strategies and goals to meet the revenue and growth objectives, as established by the Board of Directors. Designed and implemented new products and services to meet the needs of the customer. Worked with other Directors and Senior Leadership to ensure the company was meeting its goals and objectives. **Key Achievements** • Maintained 97% retention of all existing accounts. Created new sales processes to capitalize on the company's strengths and leverage the local presence in service and product offerings. • Exceeded new business growth objectives and increased market share each year in the position. • Identified the need to pursue and market Workers Compensation administration. Worked with the team to create and implement a comprehensive marketing plan.

EDUCATION

Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	**Masters of Business Administration** University of Phoenix **Bachelor of Science** University of Nevada **Certified Health Insurance Executive** America's Health Insurance Plans

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Gonzalo Hernandez Washoe County School District Reno, Nevada 775-348-3853 ghernandez@washoeschools.net Bruce Mackay Eldorado Hotel & Casino Reno, Nevada 775-348-9280 mackayb@eldoradoreno.com Mike Wurm, Chief Professional Officer Boys & Girls Club of Truckee Meadows Reno, Nevada 775-331-5437 x203 mwurm@bgctm.org

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Hometown Health Providers, Inc.		
☒ **Contractor**		☐ **Subcontractor**	
Name:	Dr. Linda Ash-Jackson		☒**Key Personnel**
Classification:	Health Care delivery and Management	**# of Years in Classification: 30 years**	
Brief Summary: of Experience:	Thirty years of health care delivery and management experience marked by significant responsibilities and accomplishments in complex healthcare delivery system management for local and nationally known insurance and high tech companies Solid reputation for achieving quantifiable results, bottom-line improvements, defining opportunities, and motivating high performing medical and administrative teams Successful record in management, design, and implementation of strategic and operation al initiatives with the ability to manage operational level details and tasks as necessary		
# of Years with Firm:	8 Years		

RELEVANT PROFESSIONAL EXPERIENCE

July 2013 to Present Hometown Health lashjackson@hometownhealth.com 775-982-3048 Ty Windfeldt, Vice President 775-982-3105 830 Harvard Way, Reno, NV 89502 twindfeldt@hometownhealth.com	Chief Medical Director Responsible for all medical management functions for the market leader for 70,000 commercial managed care and Medicare Advantage plan and TPA clients including medical policy, quality, credentialing, utilization, case management, disease management, ad hoc contracting, fraud and abuse evaluation and targeting, and pharmacy management for the largest provider sponsored health plan in Northern Nevada Oversee all medical management presented for PEBP members for the duration of the contract period.
March 2005 to June 2013 Hometown Health lashjackson@hometownhealth.com 775-982-3048 Ty Windfeldt, Vice President 775-982-3105 830 Harvard Way, Reno NV 89502 twindfeldt@hometownhealth.com	Medical Director Managed medical policy, quality, credentialing, utilization, case management, disease management, ad hoc contracting, fraud and abuse evaluation and targeting, and pharmacy management for the largest provider sponsored health plan in Northern Nevada Manage a staff of 50 employees

May 2006-March 2009 Renown Health Ron Laxton, Chief Executive Officer 1155 Mill Street, Reno, NV 89502	Utilization Management Medical Director Physician advisor for two hospitals and rehab hospital. Managed a staff of 65. Conducted Medical Director Rounds with case managers four days a week and Difficult Discharge meetings weekly for problem discharges with complex medical and funding problems

EDUCATION

Institution Name: City: State: Degree/Achievement: Certifications:	**Harvard University School of Medicine** Boston, Massachusetts	Clinical Fellow in Medicine
	New England Deaconess Hospital Medicine Boston, Massachusetts	Residency - Internal **1977-80**
	Hahnemann Medical College and Hospital Philadelphia, Pennsylvania	Medical Degree
	Case Western Reserve University Cleveland, Ohio	Bachelor of Arts - Biology

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Max Jackson, Chief Medical Officer, Renown Regional Medical Center 982-4162 mjackson@renownhealth.org Joe Jasmon, Managing Partner, American Healthcare Medical Group; joejasmon@gmail.com ; 904/806-9944 Troy Smith CGI Vice President USEM Commercial Healthcare Troy.smith@cgi.com 727-512-9751

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Hometown Health		
Ξ **Contractor**		☐ **Subcontractor**	
Name:	Sam King	Ξ **Key Personnel**	
Classification:	Chief Financial Officer	**# of Years in Classification:**	1 yr 2 mos.
Brief Summary: of Experience:	Twenty years of experience providing financial leadership in healthcare and insurance business environments. Ten years in key leadership roles in the Northern Nevada market.		
# of Years with Firm:	7 yrs 9 mos.		

RELEVANT PROFESSIONAL EXPERIENCE

09/2012 to Present Hometown Health Harvard Way, Reno, Nevada sking@hometownhealth.com	Chief Financial Officer Responsible for the overall financial management of Hometown Health companies
02/2010 to 09/2012 Renown Health Mill Street, Reno, Nevada	Chief Financial Officer-Renown Regional Medical Center Responsible for the financial operations of Northern Nevada's largest tertiary care hospital
07/2007 to 02/2010 Saint Mary's Reno Sixth Street, Reno, Nevada	Chief Financial Officer Financial leadership responsibility for the integrated health network including Saint Mary's Regional Medical Center, Saint Mary's Primary & Urgent Care Centers and Saint Mary's Health Plans
07/2003 to 07/2007 Renown Health Mill Street, Reno, Nevada	Director of Finance

EDUCATION

Institution Name:	Golden Gate University	New School for Social Research
City:	San Francisco	New York
State:	California	New York
Degree/Achievement:	Master of Business Administration	Bachelor of Arts

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Ryan Heit Chief Financial Officer Northern Nevada Medical Center Sparks, NV Dawn Ahner Chief Financial Officer, Corporate Renown Health Reno, NV Helen Lidholm Chief Executive Officer Saint Mary's-Reno Reno, NV

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Hometown Health		
Ξ **Contractor**		☐ **Subcontractor**	
Name:	Kathie C. Pittman		Ξ **Key Personnel**
Classification:	Director, Reimbursement Services	**# of Years in Classification:**	18 mo
Brief Summary: of Experience:	Senior Executive with a proven track record of driving change, profitability, and increased operational performance for market-loading organizations in the health care, insurance and Taft-Hartley sectors. Energetic, results oriented manager with over 25 years experience in the highly competitive Health Care Service Sector. Demonstrated ability to align people, operations, finances, and projects for optimal efficiency. Exemplary understanding of business interdependencies, processes, and systems. Proven turnaround leadership and change management skills. Well respected throughout career by industry peers, clients, board members, superiors, and subordinates.		
# of Years with Firm:			

RELEVANT PROFESSIONAL EXPERIENCE

06/2012 to Present: Hometown Health 830 Harvard Way, Reno, NV 89502 775 982-3019 kpittman@hometownhealth.com Kathie Pittman Director, Reimbursement Services kpittman@hometownhealth.com	Director of Reimbursement Services Responsible to ensure claims and all self funded claims are processed in an accurate and timely manner according to Health Plan procedures, Department procedures, State and Federal Regulations and Laws, member benefits and provider contractual agreements.
2005-2012 Zenith American Solutions/American Benefit Plan Administrators, Las Vegas, NV Kathie Pittman Senior Vice President of Operations	Senior Vice President of Operations Responsible for overseeing daily operations and driving long-term planning activities, supervised Claims processing and Customer Service, Contribution Accounting, Retirement Services, new business implementation, and administration departments.
1998-2005 Cigna Healthcare, Sherman, TX Kathie Pittman Regional Vice President	Regional Vice President Responsible for the management of international and local customer service and claims call centers.

EDUCATION

Institution Name:	Arizona Western College	Hillsborough College
City:	Yuma	Tampa
State:	AZ	FL
Degree/Achievement:	Communications	Business Administration

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Ty Windfeldt SR Vice President Hometown Health, Reno, NV 775 982-3105 Twindfeldt@hometownhealth.com Dan Maier SR Vice President ATPA 510-337-3397 Jesse Meldru Chief Financial Officer ATPA 702-274-8462

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Hometown Health		
Ξ **Contractor**		☐ **Subcontractor**	
Name:	Windy Culver-Molezzo, BA, CSFS	Ξ **Key Personnel**	
Classification:	Account Manager	**# of Years in Classification:**	4 years
Brief Summary: of Experience:	Over 20 years of health care industry experience ranging from account management, client/provider relations, member retention, contracting, health education, operation management, community relations, fundraising and marketing.		
# of Years with Firm:	4 years		

RELEVANT PROFESSIONAL EXPERIENCE

12/2009 to Present: Hometown Health 830 Harvard Way, Reno, NV 89502 775 982-3128 wculver-molezzo@hometownhealth.com Heather Reimer Marketing Manager hreimer@hometownhealth.com	Account Manager Responsible for the management of self funded and commercial accounts. Prepare required reports and attend board and insurance committee meetings unique to each account. Manages implementation team for new clients.
2005 – 2006: Center for Health & Sports Performance Tahoe Forest Hospital, Truckee, Ca Jayne O'Flanagan HR Director 530-582-6279 joflanagan@tfhd.com	Director of Operations Managed client sales and public relations of center from a start-up into first year of business. Development team for business plan, product line development, sales/marketing, retention program for over 500 client/members.
1995-2005: Occupational Health & Health Promotions Tahoe Forest Hospital, Truckee, Ca Chris Spencer, ANP Director of Community Health Services 530-582-8233 cspencer@tfhd.com	Health Promotions Coordinator Developed innovative and strategic public health programs, evaluated by health outcome data for diverse markets: employees, individuals, high risk groups and business within service area. Managed front office daily operations, fundraising events, grant writing and coordination of nationally recognized health conference.

EDUCATION

Institution Name:	University of Nevada, Reno	Health Care Administrators Association
City:	Reno	Minneapolis
State:	NV	MN
Degree/Achievement:	BA	CSFS (Certified Self Funding Specialist)

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Heather Reimer Marketing Director Hometown Health, Reno, NV T: 775 982-3129 F: 775-982-3747 hreimer@hometownhealth.com Heather Lunsford Advocacy & Program Coordinator American Lung Association T: 775-829-5872 F: 775-829-5850 HLunsford@lungnevada.org Holly Luna CFO Douglas County School District T: 775-782-5131 ext. 1615 F: 775-782-3162 HLuna@dcsd.nv.us

Reference #:	1		
Company Name:	Hometown Health Providers, Inc.		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Douglas County School District		
Primary Contact Information			
Name:		Holly Luna	
Street Address:		1638 Mono Avenue	
City, State, Zip		Minden, NV 89423	
Phone, including area code:		775-782-5131 ext. 1615	
Facsimile, including area code:		775-782-8351	
Email address:		hluna@dcsd.k12.nv.us	
Alternate Contact Information			
Name:		Cori Isherwood	
Street Address:		1638 Mono Avenue	
City, State, Zip		Minden, NV 89423	
Phone, including area code:		775-782-7177 ext.1639	
Facsimile, including area code:		775-782-8351	
Email address:		cisherwo@dcsd.k12.nv.us	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		Provide DCSD with full TPA Services and PPO network	
Original Project/Contract Start Date:		01/01/2009	
Original Project/Contract End Date:		12/31/2014	
Original Project/Contract Value:			
Final Project/Contract Date:			
Was project/contract completed in time originally allotted, and if not, why not?		Yes	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		Yes	

Reference #:	2		
Company Name:	Hometown Health Providers		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Peppermill Casino		

Primary Contact Information	
Name:	Denise Vessie
Street Address:	380 Brinky Ave. Ste. B
City, State, Zip	Reno, NV 89509
Phone, including area code:	775-689-8987
Facsimile, including area code:	775-826-6283
Email address:	dvessie@peppermillcas.com
Alternate Contact Information	
Name:	Michelle Manning
Street Address:	380 Brinky Ave. Ste. B
City, State, Zip	Reno, NV 89509
Phone, including area code:	775-689-7283
Facsimile, including area code:	775-829-7765
Email address:	mmanning@peppermillcas.com
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Provide Peppermill with full TPA Services and PPO Network
Original Project/Contract Start Date:	7/31/2012
Original Project/Contract End Date:	12/31/2014
Original Project/Contract Value:	

Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	3		
Company Name:	Hometown Health Providers, Inc.		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Washoe County School District		

Primary Contact Information	
Name:	Gonzalo Hernandez
Street Address:	425 East Ninth Street
City, State, Zip	Reno, NV 89520
Phone, including area code:	775-348-3853
Facsimile, including area code:	775-348-0280
Email address:	GHernandez@washoeschools.net
Alternate Contact Information	
Name:	Cheri Curtis
Street Address:	425 East Ninth Street
City, State, Zip	Reno, NV 89520
Phone, including area code:	775-348-0313
Facsimile, including area code:	775-348-0280
Email address:	CJCurtis@washoeschools.net
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Provide WCSD with full TPA services and EPO network
Original Project/Contract Start Date:	1988
Original Project/Contract End Date:	12/31/2014
Original Project/Contract Value:	
Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Reference #:	4		
Company Name:	Hometown Health Providers		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	Las Vegas Firefighters Health & Welfare Trust		
Primary Contact Information			
Name:		Raymond McAllister	
Street Address:		11767 Kingsland Ave.	
City, State, Zip		Las Vegas, NV 89138	
Phone, including area code:		(702) 878-7505/ (702) 493-2796	
Facsimile, including area code:		(702) 396-3680	
Email address:		Phyrcapt@aol.com	
Alternate Contact Information			
Name:		James Suarez	
Street Address:		9749 Glistening Brook Court	
City, State, Zip		Las Vegas	
Phone, including area code:		(702) 254-1174/ (702)524-1312	
Facsimile, including area code:			
Email address:		jamessuarezlv@gmail.com	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		Provide Las Vegas Firefighters Health & Welfare Trust with Full TPA services.	
Original Project/Contract Start Date:		08/01/2013	
Original Project/Contract End Date:		07/31/2013	
Original Project/Contract Value:			

Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	Yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Yes

Report Name	Short Description	Purpose
Denied Claims	List of denied claims and reason for denial.	Report used to determine if TPA is denying claims in accordance with plan structure.
Large Claims by Member	List of members who have had large dollars paid out on their behalf. Dollar amount is customizable.	Report lists members who have incurred large dollars in paid claims. Usually an indication of members with serious health problems that might require extended periods of care.
Claims by Place of Service and Provider Type	List of where services are being provided.	Report identifies where the services are being provided (hospital vs. professional office) and by the specialty of the provider. Report can be used to show mix of services.
Inpatient Claim Utilization	List of hospital admissions from claim data.	Report identifies the member, service provider, duration of stay and the primary diagnosis (admitting reason) for each admission. Report should help in identifying members who could receive follow-up care.
Claim Summary by Month	Report of paid claims by month.	List of paid claims by month allows TPA customer to see trends of claim payment.
Trigger Diagnosis Report	Report of members with certain diagnoses that could indicate a larger issue.	Hometown Health uses Benefit Mall diagnoses to identify members with conditions that might result in a large claim expense.

Note: Above reports are just of sample of what Hometown Health can provide. All reports can be customized to your specifications including but not limited to: dollar thresholds, specific diagnoses, place of service, case management review, imaging and certain labs.

Denied Claims

Employer Group Name
Denied Claims Based upon Hold Codes
For the Period between 200801 and 200810

Hold Code	Hold Code Description	Mbr_ID	Claim Number	Billed	Allowed	Paid
3	DENIED NOT W/IN EFF DATES	0000000000	0101010000001	1367	0	0
7	DENIED AGE INVALID FOR SERVICE	0000000000	0101010000002	110	80	0
31	DENIED POSSIBLE PRE-EX	0000000000	0101010000003	141	55	0
37	DENIED GROUP NOT EFF FOR DOS	0000000000	0101010000004	44	0	0
88	PAYSI :DENIED:INCIDENTAL TO PR	0000000000	0101010000005	21	14.7	0
88	PAYSM : DENIED:MUTUALLY EXCLUS	0000000000	0101010000006	49	34.3	0
88	PAYSM :DENIED: 99231 MUTUALL	0000000000	0101010000007	6148	4611	0
GH	DENIED INSUFF INFO DIAGNOSIS	0000000000	0101010000008	289	230.8	0
GK	DENIED INSUFF INFO MODIFIER	0000000000	0101010000009	1510	1220.6	0
GQ	DENIED INSUFF INFO POS	0000000000	0101010000010	233	107.9	0
GQ	DENIED INSUFF INFO POS	0000000000	0101010000011	103	59.22	0
GY	DENIED INSUFF INFO TIN	0000000000	0101010000012	230	120.33	0
GY	DENIED INSUFF INFO TIN	0000000000	0101010000013	68	49.11	0
I8	DENIED INSUFFICIENT INFO	0000000000	0101010000014	526	526	0
JY	DENIED UNTIMELY FILING 1 YEAR	0000000000	0101010000015	3589	197.36	0
PD	DENIED PRE-EXISTING	0000000000	0101010000016	645	255	0

Large Claims by Member

Hometown Health

Employer Group Claims - Member Claims Totaling >= $50,000

Paid Dates for 7/1/2005 through 1/31/2006

Sample Employer Group

HIPAA Mbr# 33258.33 DEPENDENT

TPA TPA 2004 EPO

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
14452950389	12/30/2005	$173.00	$108.82	0106	WEST, BUD A. MD	931	Foreign Body In Ear
16028650245	6/22/2005	$150.00	$0.00	0106	MARTIN, KENNETH W. MD	784.2	Swelling Mass Or Lump In Head A
16038650143	12/19/2005	$193.00	$158.26	0106	WASHOE MEDICAL CENTER	786.2	Cough
16040078721	12/19/2005	$85.00	$77.02	0106	WADIA, GURJEET P. MD	462	Acute Pharyngitis
16040078722	12/21/2005	$70.00	$62.02	0106	WADIA, GURJEET P. MD	493.90	Asthma Unspecified
16041507158	12/19/2005	$49.00	$6.22	0106	LABORATORY CORP OF AMERICA	034.0	Streptococcal Sore Throat
16042935867	12/19/2005	$44.00	$29.66	0106	BEIDLE, THOMAS R. MD	780.6	Fever
15171507523	6/4/2005	$510.00	$398.46	0705	RICH, PHILIP A. MD	296.53	Bipolar I Disorder Most Recent Epi
15171507523	6/8/2005	$375.00	$286.35	0705	RICH, PHILIP A. MD	296.53	Bipolar I Disorder Most Recent Epi
15177221533	6/14/2005	$688.00	$438.71	0705	MONTELLA, MARC MD	348.8	Other Conditions Of Brain
15181507266	6/13/2005	$475.00	$284.54	0705	RICH, PHILIP A. MD	296.60	Bipolar I Disorder Most Recent Epi
15181507272	6/5/2005	$125.00	$125.00	0705	ASSAD, ABDOLLAH MD	296.43	Bipolar I Disorder Most Recent Epi
15181507273	6/12/2005	$95.00	$95.00	0705	ASSAD, ABDOLLAH MD	296.43	Bipolar I Disorder Most Recent Epi
15181507273	6/10/2005	$900.00	$643.00	0705	ALAEI, KAMBIZ MD	296.43	Bipolar I Disorder Most Recent Epi
15182935950	6/1/2005	$192.00	$151.20	0705	DEWEESE, STEVEN MD	298.9	Unspecified Psychosis
15287221611	6/1/2005	$1,335.00	$1,235.00	0705	REMSA	789.00	Abdominal Pain Unspecified Site
15292935946	5/5/2005	$1,000.00	$406.00	0705	TORCH, WILLIAM C. MD	780.31	Febrile Convulsions
15321507167	6/29/2005	$955.00	$693.10	0705	WASHOE MEDICAL CENTER	296.60	Bipolar I Disorder Most Recent Epi
15444364509	7/27/2005	$125.00	$64.99	0805	RICH, PHILIP A. MD	296.53	Bipolar I Disorder Most Recent Epi
15450078700	8/1/2005	$193.00	$119.75	0805	BRODIE, HILARY A. MD	803.00	Other Closed Skull Fracture Witho
15450078825	8/2/2005	$105.00	$33.16	0805	WEST, BUD A. MD	801.0	Closed Fracture Of Base Of Skull
15464364483	8/4/2005	$173.00	$73.64	0805	WEST, BUD A. MD	804.0	Closed Fractures Involving Skull O

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15450078700	7/30/2005	$150.00	$112.50	0905	HOLCROFT, JAMES W. MD	801.09	Closed Fracture Of Base Of Skull
15450078865	7/29/2005	$18,179.83	$18,079.83	0905	CALIF SHOCK-TRAUMA AIR RESCUE	780.09	Alteration Of Consciousness Othe
15460071573	8/1/2005	$119.00	$59.25	0905	UC DAVIS MEDICAL CENTER	803.00	Other Closed Skull Fracture Witho
15460079019	7/29/2005	$1,406.00	$1,054.50	0905	TYLER, KATREN R. MD	873.44	Open Wound Of Jaw Uncomplicat
15464357357	7/29/2005	$61,939.50	$54,495.55	0905	UC DAVIS MEDICAL CENTER	801.02	Closed Fracture Of Base Of Skull
15470071500	8/11/2005	$725.25	$485.11	0905	DAVIS-COELHO, BOB MD	296.7	Bipolar I Disorder Most Recent Epi
15470071500	8/17/2005	$450.00	$330.00	0905	DAVIS-COELHO, BOB MD	296.7	Bipolar I Disorder Most Recent Epi
15470079148	8/5/2005	$60.00	$12.00	0905	BOYDEN, SCOTT DDS	802.20	Closed Fracture Of Unspecified Si
15591507362	9/7/2005	$165.00	$46.00	0905	TORCH, WILLIAM C. MD	780.50	Unspecified Sleep Disturbance
15592935809	9/10/2005	$1,720.00	$1,385.40	0905	WMC SOUTH MEADOWS	388.60	Otorrhea Unspecified
15472936031	7/29/2005	$994.00	$0.00	1005	SIERRA NEVADA MEM HOSPITAL	784.0	Headache
15614364394	9/10/2005	$339.00	$228.49	1005	KENYHERZ, GREGORY E. MD	388.60	Otorrhea Unspecified
15614364611	9/12/2005	$208.00	$122.64	1005	WEST, BUD A. MD	389.10	Sensorineural Hearing Loss Unsp
15730078804	5/5/2005	$330.00	$67.00	1005	TORCH, WILLIAM C. MD	780.31	Febrile Convulsions
15741507350	10/10/2005	$70.00	$62.02	1005	WADIA, GURJEET P. MD	461.9	Acute Sinusitis Unspecified
15171500172	6/1/2005	$13,486.50	$7,380.00	1105	WEST HILLS HOSPITAL-NV	296.7	Bipolar I Disorder Most Recent Epi
15472931431	7/29/2005	$994.00	$994.00	1105	SIERRA NEVADA MEM HOSPITAL	784.0	Headache
15472936031	7/29/2005	($994.00)	$0.00	1105	SIERRA NEVADA MEM HOSPITAL	784.0	Headache
15718650159	6/22/2005	$150.00	$14.75	1105	MARTIN, KENNETH W. MD	784.2	Swelling Mass Or Lump In Head A
15724364506	7/30/2005	$166.00	$124.50	1105	REGENTS OF THE UNIV OF CALIF	V71.89	Observation For Other Specified S
15724364507	7/30/2005	$908.00	$681.00	1105	REGENTS OF THE UNIV OF CALIF	959.09	Other And Unspecified Injury To H
15724364507	7/30/2005	$696.00	$522.00	1105	REGENTS OF THE UNIV OF CALIF	V71.4	Observation Following Other Accid
15728642872	10/6/2005	$1,387.50	$0.00	1105	MISCELLANEOUS VENDOR	296.7	Bipolar I Disorder Most Recent Epi
15732928701	10/3/2005	$2,325.00	$1,627.50	1105	CHILDREN'S HOSPITAL OAKLAND	745.3	Common Ventricle
15740078892	10/3/2005	$255.00	$35.73	1105	NEWKUMET, KATHLEEN M. MD	745.3	Common Ventricle
15871507451	12/13/2004	$350.00	$0.00	1105	NEWKUMET, KATHLEEN M. MD	745.3	Common Ventricle
15872936005	12/13/2004	$350.00	$176.61	1105	NEWKUMET, KATHLEEN M. MD	745.3	Common Ventricle
15872936005	10/3/2005	$255.00	$122.54	1105	NEWKUMET, KATHLEEN M. MD	745.3	Common Ventricle
15887221775	11/14/2005	$70.00	$62.02	1105	WADIA, GURJEET P. MD	780.4	Dizziness And Giddiness
15728642872	10/6/2005	($1,387.50)	$0.00	1205	MISCELLANEOUS VENDOR	296.7	Bipolar I Disorder Most Recent Epi
15728645720	10/6/2005	$1,387.50	$1,327.61	1205	DAVIS-COELHO, BOB MD	296.7	Bipolar I Disorder Most Recent Epi

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15887214587	10/3/2005	$182.00	$127.40	1205	CHILDREN'S HOSPITAL OAKLAND	745.3	Common Ventricle
15897214672	10/3/2005	$182.00	$0.00	1205	CHILDREN'S HOSPITAL OAKLAND	745.3	Common Ventricle
	TPA Subtotal:	$115,628.58	$95,225.85				
	Mbr Subtotal:	$115,628.58	$95,225.85				

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TPA TPA 2004 EPO

14434378810	12/19/2005	$145.00	$32.77	0106	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
14441514572	12/2/2005	$30,280.45	$19,682.29	0106	CALIFORNIA PACIFIC MEDICAL CENTE	V58.12	Encounter For Antineoplastic Imm
14441521507	1/3/2006	$1,772.00	$1,423.04	0106	WASHOE MEDICAL CENTER	V58.81	Fitting And Adjustment Of Vascula
16008650266	11/5/2005	$117.00	$72.00	0106	SMITH, GARRETT A. MD	172.9	Melanoma Of Skin Site Unspecifie
16017214486	10/1/2005	$1,530.00	$0.00	0106	FELD, LAWRENCE MD	575.10	Cholecystitis Unspecified
16040078954	12/20/2005	$1,088.13	$651.36	0106	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15022936463	4/20/2005	$502.00	$502.00	0705	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15022936463	4/22/2005	$273.00	$273.00	0705	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15022936463	4/22/2005	$4,130.00	$4,130.00	0705	MINOR, DAVID R. MD	288.0	Agranulocytosis
15027214429	3/9/2005	$56,267.55	$0.00	0705	CALIFORNIA PACIFIC MEDICAL CENTE	V48.1	Deficiencies Of Neck And Trunk
15028650237	3/29/2005	$115.00	$97.00	0705	KRAMER, ALAN M. MD	172.9	Melanoma Of Skin Site Unspecifie
15028650237	5/11/2005	$502.00	$389.91	0705	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15028650237	5/12/2005	$115.00	$80.98	0705	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15032936024	3/9/2005	$63.00	$0.00	0705	BAKER, EDWARD MD	786.50	Unspecified Chest Pain
15037221743	5/13/2005	$158.00	$142.28	0705	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15037221743	5/13/2005	$4,130.00	$4,130.00	0705	MINOR, DAVID R. MD	288.0	Agranulocytosis
15044357472	5/9/2005	$58,430.14	$37,979.59	0705	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
15167221597	3/24/2005	$1,800.00	$0.00	0705	RICHARDS, PETER MD	172.9	Melanoma Of Skin Site Unspecifie
15171500143	5/31/2005	$53,345.22	$34,674.39	0705	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
15171507621	5/31/2005	$63.00	$63.00	0705	MARX, MYRON MD	V58.81	Fitting And Adjustment Of Vascula
15172935918	6/10/2005	$111.00	$109.86	0705	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15172935918	6/10/2005	$111.00	$94.86	0705	FIORE, DAVID MD	244.9	Unspecified Acquired Hypothyroidi
15182935719	6/8/2005	$127.00	$35.60	0705	LABORATORY CORP OF AMERICA	V72.6	Laboratory Examination

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15297221566	6/20/2005	$63.00	$63.00	0705	MARX, MYRON MD	786.50	Unspecified Chest Pain
15301500372	6/20/2005	$55,063.44	$35,791.22	0705	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
15307221625	7/1/2005	$169.00	$109.86	0705	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15311507573	7/1/2005	$72.00	$30.00	0705	KIENER, JOSEPH L. MD	198.2	Secondary Malignant Neoplasm O
15311507750	7/1/2005	$169.00	$0.00	0705	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
14865785929	3/24/2005	($10,141.64)	($1,440.97)	0805	CALIFORNIA PACIFIC MEDICAL CENTE	173.7	Other Malignant Neoplasm Of Ski
14865788578	3/24/2005	$10,141.64	$6,592.07	0805	CALIFORNIA PACIFIC MEDICAL CENTE	173.7	Other Malignant Neoplasm Of Ski
15164357401	5/9/2005	$58,430.14	$0.00	0805	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
15167217144	3/24/2005	$1,800.00	$1,800.00	0805	RICHARDS, PETER MD	172.9	Melanoma Of Skin Site Unspecifie
15167221597	3/24/2005	($1,800.00)	$0.00	0805	RICHARDS, PETER MD	172.9	Melanoma Of Skin Site Unspecifie
15167221609	3/10/2005	$85.00	$65.34	0805	RICHARDS, PETER MD	172.9	Melanoma Of Skin Site Unspecifie
15171507653	5/31/2005	$272.00	$227.95	0805	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15171507653	6/2/2005	$230.00	$161.96	0805	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15171507653	6/4/2005	$4,130.00	$4,130.00	0805	MINOR, DAVID R. MD	288.0	Agranulocytosis
15292935972	6/4/2005	$273.00	$255.00	0805	KRAMER, ALAN M. MD	172.9	Melanoma Of Skin Site Unspecifie
15292935972	6/4/2005	$4,130.00	$0.00	0805	MINOR, DAVID R. MD	288.0	Agranulocytosis
15294364405	6/22/2005	$502.00	$389.91	0805	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15294364406	6/24/2005	$273.00	$223.26	0805	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15311507306	6/29/2005	$361.00	$60.47	0805	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15311507306	6/29/2005	$21.00	$1.13	0805	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15311507565	3/24/2005	$560.00	$225.00	0805	DURRETT, JAMES MD	V58.81	Fitting And Adjustment Of Vascula
15312935864	7/15/2005	$3,183.00	$2,068.95	0805	WMC SOUTH MEADOWS	172.7	Malignant Melanoma Of Skin Of L
15322935929	7/13/2005	$162.00	$67.50	0805	KIENER, JOSEPH L. MD	198.2	Secondary Malignant Neoplasm O
15324357215	7/14/2005	$480.00	$312.00	0805	LIBERT, KEITH MD	172.7	Malignant Melanoma Of Skin Of L
15327221546	7/13/2005	$51.00	$34.37	0805	BEIDLE, THOMAS R. MD	V72.83	Other Specified Pre-operative Exa
15435792937	7/27/2005	$7,335.00	$4,943.79	0805	MONTELLA, MARC MD	172.9	Melanoma Of Skin Site Unspecifie
15435793035	7/14/2005	$199.00	$55.60	0805	ODONNELL, JOHN N. MD	216.7	Benign Neoplasm Of Skin Of Low
15441507350	7/27/2005	$42.00	$17.50	0805	KIENER, JOSEPH L. MD	216.7	Benign Neoplasm Of Skin Of Low
15450071558	7/29/2005	$24,006.73	$15,604.39	0805	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
14865788578	3/24/2005	($10,141.64)	($6,592.07)	0905	CALIFORNIA PACIFIC MEDICAL CENTE	173.7	Other Malignant Neoplasm Of Ski
14865788579	3/24/2005	$10,141.64	$6,592.07	0905	CALIFORNIA PACIFIC MEDICAL CENTE	173.7	Other Malignant Neoplasm Of Ski

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
14878643015	3/9/2005	($2,298.89)	($1,494.29)	0905	CALIFORNIA PACIFIC MEDICAL CENTE	172.9	Melanoma Of Skin Site Unspecifie
14878645723	3/9/2005	$2,298.89	$0.00	0905	CALIFORNIA PACIFIC MEDICAL CENTE	172.9	Melanoma Of Skin Site Unspecifie
15151500330	3/9/2005	$2,298.89	$1,494.29	0905	CALIFORNIA PACIFIC MEDICAL CENTE	172.9	Melanoma Of Skin Site Unspecifie
15440078987	5/12/2005	$115.00	$0.00	0905	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15441507388	7/14/2005	$984.00	$300.00	0905	KIENER, JOSEPH L. MD	216.7	Benign Neoplasm Of Skin Of Low
15450078753	7/29/2005	$5,291.00	$4,640.88	0905	MINOR, DAVID R. MD	284.8	Other Specified Aplastic Anemias
15450078753	7/29/2005	$272.00	$227.95	0905	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15450078753	7/31/2005	$338.00	$257.22	0905	NEWMAN, ALAN B. MD	172.9	Melanoma Of Skin Site Unspecifie
15450078753	7/29/2005	$77.00	$20.62	0905	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15460079259	7/29/2005	$21.00	$15.82	0905	LABORATORY CORP OF AMERICA	288.0	Agranulocytosis
15470078768	8/22/2005	$72.00	$30.00	0905	KIENER, JOSEPH L. MD	216.7	Benign Neoplasm Of Skin Of Low
15470079086	8/15/2005	$169.00	$109.86	0905	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15574364633	8/16/2005	$172.00	$0.00	0905	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15574364634	8/16/2005	$991.00	$0.00	0905	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15588650322	8/25/2005	$3,931.00	$0.00	0905	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15588650434	8/25/2005	$63.00	$19.20	0905	WACK, JON MD	172.9	Melanoma Of Skin Site Unspecifie
15588650643	2/10/2005	$165.00	$107.25	0905	LEBOIT, PHILIP E. MD	198.2	Secondary Malignant Neoplasm O
15600078858	9/9/2005	$169.00	$109.86	0905	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15470078976	8/10/2005	$109.00	$28.25	1005	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15574360002	8/16/2005	$991.00	$991.00	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15574360002	8/16/2005	$172.00	$150.84	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15574364630	8/16/2005	$93.50	$40.12	1005	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15574364633	8/16/2005	($172.00)	$0.00	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15574364634	8/16/2005	($991.00)	$0.00	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15588645715	8/25/2005	$3,931.00	$3,280.88	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15588650322	8/25/2005	($3,931.00)	$0.00	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15588650394	8/28/2005	$338.00	$253.50	1005	NEWMAN, ALAN B. MD	172.9	Melanoma Of Skin Site Unspecifie
15588650394	8/25/2005	$272.00	$227.95	1005	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15591500158	8/25/2005	$35,881.73	$23,323.14	1005	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
15608643001	8/25/2005	$35,881.73	$0.00	1005	CALIFORNIA PACIFIC MEDICAL CENTE	V58.1	Encounter For Antineoplastic Che
15608650290	9/8/2005	$109.00	$28.25	1005	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15612935990	9/12/2005	$959.13	$574.48	1005	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15738650079	10/6/2005	$219.00	$53.68	1005	LABORATORY CORP OF AMERICA	172.7	Malignant Melanoma Of Skin Of L
15740078919	9/30/2005	$67.00	$16.00	1005	WACK, JON MD	789.00	Abdominal Pain Unspecified Site
15740078919	9/30/2005	$583.00	$238.40	1005	LAW, BERNICE MD	V58.81	Pulmonary Eosinophilia
15740078931	10/11/2005	$169.00	$109.86	1005	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15294364406	6/24/2005	$4,130.00	$4,130.00	1105	MINOR, DAVID R. MD	288.0	Agranulocytosis
15312931432	7/15/2005	$3,183.00	$2,068.95	1105	WMC SOUTH MEADOWS	172.7	Malignant Melanoma Of Skin Of L
15312935864	7/15/2005	($3,183.00)	($2,068.95)	1105	WMC SOUTH MEADOWS	172.7	Malignant Melanoma Of Skin Of L
15588650394	8/26/2005	$115.00	$97.00	1105	KRAMER, ALAN M. MD	172.9	Melanoma Of Skin Site Unspecifie
15724364536	9/22/2005	$272.00	$227.95	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15724364536	9/22/2005	$3,931.00	$3,280.88	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15724364537	9/25/2005	$540.00	$405.00	1105	NEWMAN, ALAN B. MD	172.9	Melanoma Of Skin Site Unspecifie
15730079037	9/28/2005	$900.00	$456.00	1105	ROAN, RALPH MD	172.9	Melanoma Of Skin Site Unspecifie
15734364454	9/30/2005	$180.00	$138.00	1105	KRAMER, ALAN M. MD	172.9	Melanoma Of Skin Site Unspecifie
15738642973	10/1/2005	$1,530.00	$360.00	1105	FELD, LAWRENCE MD	575.10	Cholecystitis Unspecified
15738650533	9/28/2005	$345.00	$242.94	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15738650533	9/29/2005	$115.00	$80.98	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15738650533	10/2/2005	$115.00	$97.00	1105	KRAMER, ALAN M. MD	172.9	Melanoma Of Skin Site Unspecifie
15738650694	9/28/2005	$900.00	$0.00	1105	ROAN, RALPH MD	172.9	Melanoma Of Skin Site Unspecifie
15740071887	10/10/2005	$728.00	$267.00	1105	WASHOE HOME CARE	V58.81	Fitting And Adjustment Of Vascula
15740078918	6/24/2005	$4,130.00	$0.00	1105	MINOR, DAVID R. MD	288.0	Agranulocytosis
15740078918	8/16/2005	$172.00	$0.00	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15740078918	8/16/2005	$991.00	$0.00	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15740078918	8/25/2005	$3,931.00	$0.00	1105	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15744357244	9/22/2005	$126,868.10	$82,464.26	1105	CALIFORNIA PACIFIC MEDICAL CENTE	V58.12	Encounter For Antineoplastic Imm
15754364509	10/3/2005	$108.00	$108.00	1105	CALIFORNIA PACIFIC PATHOLOGY	575.10	Cholecystitis Unspecified
15754364696	10/1/2005	$3,607.00	$3,332.00	1105	STERNBERG, JEFFREY MD	575.10	Cholecystitis Unspecified
15862935889	10/25/2005	$169.00	$109.86	1105	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
15867221502	11/2/2005	$2,047.50	$1,678.95	1105	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15871507473	10/21/2005	$145.00	$32.77	1105	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15872936008	10/3/2005	$1,015.00	$1,015.00	1105	INFECT DIS MED GRP	038.9	Unspecified Septicemia

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15887221565	11/2/2005	$51.00	$34.37	1105	TEW, JOEL MD	V58.49	Other Specified Aftercare Followin
15887222097	10/4/2005	$89.84	$40.42	1105	CORAM HEALTHCARE OF NEVADA	996.1	Mechanical Complication Of Other
15887222097	10/9/2005	$1,975.00	$888.76	1105	CORAM HEALTHCARE OF NEVADA	996.1	Mechanical Complication Of Other
15887222097	10/9/2005	$241.50	$108.68	1105	CORAM HEALTHCARE OF NEVADA	996.1	Mechanical Complication Of Other
15754364588	10/4/2005	$273.00	$223.26	1205	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15860071558	6/24/2005	$4,130.00	$0.00	1205	MINOR, DAVID R. MD	288.0	Agranulocytosis
15871507415	10/4/2005	$273.00	$0.00	1205	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15887222096	10/4/2005	$939.33	$0.00	1205	CORAM HEALTHCARE OF NEVADA	?	Unknown Diagnosis Code
15887222096	10/4/2005	$99.00	$0.00	1205	CORAM HEALTHCARE OF NEVADA	999.99	Dummy Diagnosis For Dental Ben
15887222097	10/9/2005	$434.72	$195.62	1205	CORAM HEALTHCARE OF NEVADA	996.1	Mechanical Complication Of Other
15890078807	8/26/2005	$115.00	$0.00	1205	KRAMER, ALAN M. MD	172.9	Melanoma Of Skin Site Unspecifie
15890078807	11/3/2005	$3,931.00	$3,280.88	1205	MINOR, DAVID R. MD	172.9	Melanoma Of Skin Site Unspecifie
15897214500	11/3/2005	$24,220.15	$15,743.10	1205	CALIFORNIA PACIFIC MEDICAL CENTE	V58.12	Encounter For Antineoplastic Imm
15897221663	11/3/2005	$63.00	$19.20	1205	WACK, JON MD	172.9	Melanoma Of Skin Site Unspecifie
16007214387	10/17/2005	$220.00	$86.00	1205	WASHOE HOME CARE	V58.81	Fitting And Adjustment Of Vascula
16008650168	12/1/2005	$3,234.50	$2,652.29	1205	WASHOE MEDICAL CENTER	V58.81	Fitting And Adjustment Of Vascula
16008650436	11/18/2005	$145.00	$32.77	1205	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
16012935995	11/21/2005	$169.00	$109.86	1205	FONTELONGA, ANTONIO MD	172.9	Melanoma Of Skin Site Unspecifie
16012935995	11/21/2005	$1,119.30	$561.00	1205	FONTELONGA, ANTONIO MD	V04.81	Need For Prophylactic Vaccination
16032935854	12/1/2005	$51.00	$34.37	1205	BEIDLE, THOMAS R. MD	V58.49	Other Specified Aftercare Followin
	TPA Subtotal:	$664,007.72	$334,042.41				
	Mbr Subtotal:	$664,007.72	$334,042.41				

HIPAA Mbr# 191833.33 SUBSCRIBER

TPA TPA 2004 EPO

14432950611	12/22/2005	$860.00	$351.00	0106	SIEFFERT, GEORGE F. MD	V58.73	Aftercare Following Surgery Of Th
14441521838	12/22/2005	$192.00	$151.20	0106	GANSERT, GARY G. MD	569.3	Hemorrhage Of Rectum And Anus
14452950535	1/10/2006	$100.00	$7.00	0106	SMITH, DAVID E. MD	427.31	Atrial Fibrillation
16032936159	11/30/2005	$56.00	$4.52	0106	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation
16032936162	12/7/2005	$56.00	$4.52	0106	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
16038650201	12/22/2005	$1,031.00	$845.42	0106	WMC SOUTH MEADOWS	569.3	Hemorrhage Of Rectum And Anus
15181507565	6/8/2005	$56.00	$0.00	0705	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
15312936037	7/11/2005	$100.00	$7.00	0705	SMITH, DAVID E. MD	427.31	Atrial Fibrillation
15327221633	7/12/2005	$56.00	$0.00	0805	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
15574364620	8/17/2005	$56.00	$0.00	1005	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
15724364521	9/14/2005	$56.00	$0.00	1005	LABORATORY CORP OF AMERICA	394	Diseases Of Mitral Valve
15751500172	10/12/2005	$59,216.00	$37,240.41	1105	STANFORD MEDICAL CENTER	394.0	Mitral Stenosis
15758643329	10/12/2005	$1,720.00	$1,118.00	1105	STANFORD MEDICAL CENTER	394.0	Mitral Stenosis
15758650088	10/24/2005	$34,962.00	$1,818.98	1105	WASHOE MEDICAL CENTER	444.22	Arterial Embolism And Thrombosi
15758650653	10/13/2005	$8,915.00	$5,794.75	1105	YEUNG, ALAN MD	394.0	Mitral Stenosis
15862935859	10/24/2005	$5,825.00	$2,779.10	1105	DIXON, SHERWOOD M. MD	444.22	Arterial Embolism And Thrombosi
15870071472	10/24/2005	$1,600.00	$1,040.00	1105	LIBERT, KEITH MD	444.22	Arterial Embolism And Thrombosi
15871507379	10/11/2005	$646.00	$419.90	1105	YEUNG, ALAN MD	394.0	Mitral Stenosis
15871507463	10/17/2005	$56.00	$1.13	1105	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation
15871507468	10/20/2005	$56.00	$1.13	1105	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation
15871507532	10/13/2005	$55.00	$35.75	1105	ROCKSON, STAN MD	427.31	Atrial Fibrillation
15871507532	10/13/2005	$465.00	$302.25	1105	YANG, PHILLIP MD	424.0	Mitral Valve Disorders
15871507532	10/12/2005	$55.00	$35.75	1105	ROCKSON, STAN MD	416.0	Primary Pulmonary Hypertension
15871507532	10/12/2005	$55.00	$0.00	1105	ROCKSON, STAN MD	427.31	Atrial Fibrillation
15877214587	10/11/2005	$2,847.00	$1,850.55	1105	STANFORD MEDICAL CENTER	394.0	Mitral Stenosis
15877221638	10/24/2005	$149.00	$16.03	1105	AMES, PETER F. MD	444.22	Arterial Embolism And Thrombosi
15888650294	10/24/2005	$563.00	$444.60	1105	KENNEDY, STEVEN R. MD	453.42	Venous Embolism And Thrombosi
15890078807	11/4/2005	$56.00	$4.52	1105	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
15890078822	10/31/2005	$56.00	$4.52	1105	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation
15758650654	10/11/2005	$639.00	$0.00	1205	MISCELLANEOUS VENDOR	394.0	Mitral Stenosis
15897222136	10/27/2005	$56.00	$4.52	1205	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation
15900078795	11/9/2005	$56.00	$4.52	1205	LABORATORY CORP OF AMERICA	427.31	Atrial Fibrillation
16007221736	11/28/2005	$160.00	$50.00	1205	SMITH, DAVID E. MD	427.31	Atrial Fibrillation
16008650434	11/16/2005	$56.00	$4.52	1205	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
16028650350	10/12/2005	$546.00	$354.90	1205	JONES, HENRY MD	427.31	Atrial Fibrillation
	TPA Subtotal:	$121,429.00	$54,696.49				

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
	Mbr Subtotal:	$121,429.00	$54,696.49				

HIPAA Mbr# 228958.33 SUBSCRIBER

TPA TPA 2004 EPO

14454378981	1/6/2006	$86.00	$35.62	0106	LANDIS, PHILIP H. MD	272.4	Other And Unspecified Hyperlipide
15172928745	3/1/2005	$169.99	$139.99	0705	LASKO, KEVIN F. MD	724.4	Thoracic Or Lumbosacral Neuritis
15172928745	3/4/2005	$800.00	$440.00	0705	LASKO, KEVIN F. MD	724.4	Thoracic Or Lumbosacral Neuritis
15181500172	6/14/2005	$12,340.00	$0.00	0705	VACCA, DANTE F. MD	721.3	Lumbosacral Spondylosis Without
15181507378	6/14/2005	$7,973.50	$0.00	0705	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15181507379	6/14/2005	$2,775.00	$0.00	0705	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15182928729	6/14/2005	$2,320.00	$1,508.00	0705	BILLHARZ, DAVID MD	722.52	Degeneration Of Lumbar Or Lumb
15287221531	6/14/2005	$44.00	$29.66	0705	ALLGOOD, MARK R. MD	824.8	Unspecified Fracture Of Ankle Clo
15287221531	6/14/2005	$61.00	$41.11	0705	ARDILL, RICHARD H. MD	724.2	Lumbago
15294364538	6/28/2005	$112.00	$22.80	0705	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15295792886	6/14/2005	$71,373.00	$0.00	0705	WASHOE MEDICAL CENTER	722.52	Degeneration Of Lumbar Or Lumb
15302928729	6/29/2005	$1,760.00	$1,144.00	0705	BILLHARZ, DAVID MD	722.52	Degeneration Of Lumbar Or Lumb
15307221692	7/11/2005	$112.00	$22.80	0705	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15314364460	6/29/2005	$61.00	$41.11	0705	KAPLAN, BRUCE D. MD	724.9	Other Unspecified Back Disorders
15294360000	6/29/2005	$8,232.50	$2,430.00	0805	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15294364639	6/29/2005	$8,232.50	$3,375.00	0805	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15301507143	6/29/2005	$41,743.00	$12,360.38	0805	WASHOE MEDICAL CENTER	722.52	Degeneration Of Lumbar Or Lumb
15301507680	6/27/2005	$312.00	$41.00	0805	REMBETSKI, THOMAS E. MD	722.52	Degeneration Of Lumbar Or Lumb
15440078951	6/29/2005	$7,425.00	$2,967.30	0805	REMBETSKI, THOMAS E. MD	722.52	Degeneration Of Lumbar Or Lumb
15450079049	8/11/2005	$112.00	$22.80	0805	CUNNINGHAM, STEVE MD	722.10	Displacement Of Lumbar Intervert
15181500172	6/14/2005	($12,340.00)	$0.00	0905	VACCA, DANTE F. MD	721.3	Lumbosacral Spondylosis Without
15181502865	6/14/2005	$12,340.00	$5,808.00	0905	VACCA, DANTE F. MD	721.3	Lumbosacral Spondylosis Without
15181502865	6/14/2005	$7,973.50	$3,879.00	0905	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15181502865	6/14/2005	$2,775.00	$1,080.00	0905	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15181507378	6/14/2005	($7,973.50)	$0.00	0905	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15181507379	6/14/2005	($2,775.00)	$0.00	0905	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15294364639	6/29/2005	($8,232.50)	($3,375.00)	0905	CUNNINGHAM, STEVE MD	722.52	Degeneration Of Lumbar Or Lumb
15295788573	6/14/2005	$71,373.00	$15,965.00	0905	WASHOE MEDICAL CENTER	722.52	Degeneration Of Lumbar Or Lumb
15295792886	6/14/2005	($71,373.00)	$0.00	0905	WASHOE MEDICAL CENTER	722.52	Degeneration Of Lumbar Or Lumb
15460079019	3/1/2005	$249.00	$65.09	0905	UNIV OF CHICAGO PHYSICIANS GRP	616.10	Vaginitis And Vulvovaginitis Unspe
15598650307	9/13/2005	$65.00	$32.59	0905	CHOTINER, HAROLD C. MD	622.1	Dysplasia Of Cervix (uteri)
15604364334	9/8/2005	$148.00	$74.75	0905	KENYHERZ, GREGORY E. MD	793.81	Mammographic Microcalcification
15181502865	6/14/2005	($12,340.00)	($5,808.00)	1005	VACCA, DANTE F. MD	721.3	Lumbosacral Spondylosis Without
15181502869	6/14/2005	$12,340.00	$5,478.00	1005	VACCA, DANTE F. MD	721.3	Lumbosacral Spondylosis Without
15610078581	9/13/2005	$125.00	$45.20	1005	LABORATORY CORP OF AMERICA	795.02	Papanicolaou Smear Of Cervix Wi
15614364606	9/26/2005	$112.00	$52.80	1005	CUNNINGHAM, STEVE MD	722.10	Displacement Of Lumbar Intervert
15718650305	9/26/2005	$126.00	$94.86	1005	LANDIS, PHILIP H. MD	401.1	Benign Essential Hypertension
15728650016	10/4/2005	$728.50	$597.37	1005	WASHOE MEDICAL CENTER	795.00	Abnormal Glandular Papanicolaou
15734364837	10/4/2005	$487.00	$265.60	1005	LIM, PETER MD	623.0	Dysplasia Of Vagina
15738650144	10/12/2005	$191.50	$157.03	1005	WASHOE MEDICAL CENTER	795.1	Nonspecific Abnormal Papanicola
15738650632	9/29/2005	$341.00	$59.33	1005	LABORATORY CORP OF AMERICA	272.4	Other And Unspecified Hyperlipide
15738650677	10/4/2005	$110.00	$52.65	1005	BUCHWALD, SUSAN MD	793.81	Mammographic Microcalcification
15744364629	10/12/2005	$190.00	$152.00	1005	LIM, PETER MD	795.0	Abnormal Papanicolaou Smear Of
15144360007	5/25/2005	$3,487.50	$2,834.75	1105	WMC REHAB HOSPITAL	722.52	Degeneration Of Lumbar Or Lumb
15144364315	5/25/2005	($3,487.50)	($2,066.88)	1105	WMC REHAB HOSPITAL	722.52	Degeneration Of Lumbar Or Lumb
15734364619	10/4/2005	$191.00	$56.83	1105	HAYASHI, GRANT M. MD	233.1	Carcinoma In Situ Of Cervix Uteri
15758650258	10/25/2005	$188.00	$97.80	1105	CUNNINGHAM, STEVE MD	722.10	Displacement Of Lumbar Intervert
15871507258	11/5/2005	$15,831.00	$10,140.15	1105	WASHOE MEDICAL CENTER	233.3	Carcinoma In Situ Of Other And U
15887221562	10/27/2005	$51.00	$34.37	1105	TSUNG, STEPHEN S. MD	180.9	Malignant Neoplasm Of Cervix Ute
15897221645	11/3/2005	$199.00	$55.60	1205	MACKEY, DENNIS A. MD	752.49	Other Congenital Anomalies Of C
16002935977	11/28/2005	$164.00	$82.80	1205	CUNNINGHAM, STEVE MD	722.10	Displacement Of Lumbar Intervert
16018650193	11/3/2005	$975.00	$676.00	1205	PICETTI, PAUL F. MD	184.0	Malignant Neoplasm Of Vagina
16028650332	12/1/2005	$95.00	$9.05	1205	LABORATORY CORP OF AMERICA	599.0	Urinary Tract Infection Site Not Sp
	TPA Subtotal:	$178,378.99	$61,218.31				
	Mbr Subtotal:	$178,378.99	$61,218.31				

HIPAA Mbr# 527600.00 SUBSCRIBER

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
TPA	**TPA 2004 EPO**						
14432950135	12/27/2005	$77.00	$35.62	0106	HESS, JOHN H. MD	466.0	Acute Bronchitis
14898645719	4/7/2005	$368.00	$116.68	0705	MACKEY, DENNIS A. MD	202.85	Other Malignant Lymphomas Invol
14898650176	4/7/2005	($368.00)	($89.75)	0705	MACKEY, DENNIS A. MD	202.85	Other Malignant Lymphomas Invol
15022936388	5/6/2005	$1,901.20	$1,279.44	0705	MACKINTOSH, F R. MD	787.01	Other Malignant Lymphomas Uns
15022936388	5/6/2005	$46.00	$38.66	0705	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15025793004	5/6/2005	$237.00	$123.26	0705	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15044364673	5/20/2005	$1,707.20	$860.70	0705	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15172935902	6/1/2005	$1,707.20	$820.00	0705	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15172935902	6/10/2005	$5,070.98	$3,792.24	0705	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15172935903	6/10/2005	$513.68	$406.45	0705	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15172935918	6/10/2005	$208.00	$34.20	0705	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15172935918	6/10/2005	$895.00	$288.00	0705	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15307221490	7/11/2005	$263.00	$24.73	0705	LABORATORY CORP OF AMERICA	202.85	Other Malignant Lymphomas Invol
15314364338	5/28/2005	$14,823.00	$12,094.86	0705	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns
15314364461	7/5/2005	$7,335.00	$4,918.79	0705	TSUNG, STEPHEN S. MD	202.80	Other Malignant Lymphomas Uns
15315793077	7/8/2005	$250.00	$107.50	0705	DARDICK, LAWRENCE R. MD	200.00	Reticulosarcoma Unspecified Site
15317221621	7/14/2005	$108.00	$40.11	0705	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15017217144	4/29/2005	$1,707.20	$1,070.40	0805	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15017221579	4/29/2005	($1,707.20)	($860.70)	0805	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15172935918	6/10/2005	$170.00	$132.65	0805	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15292936216	5/28/2005	$14,823.00	$0.00	0805	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns
15311507490	7/7/2005	$169.00	$79.86	0805	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15327221490	7/15/2005	$6,041.75	$4,869.24	0805	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns
15327221544	7/14/2005	$228.00	$153.67	0805	KENYHERZ, GREGORY E. MD	202.80	Other Malignant Lymphomas Uns
15440078609	7/29/2005	$9,504.50	$7,613.69	0805	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns
15440079337	7/26/2005	$7,490.50	$4,019.61	0805	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15450079188	8/2/2005	$7,490.50	$4,019.61	0805	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15450079189	8/2/2005	$169.00	$109.86	0805	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15451507379	7/21/2005	$3,090.00	$994.96	0805	DARDICK, LAWRENCE R. MD	200.04	Reticulosarcoma Involving Lymph
15451507379	8/1/2005	$2,760.00	$1,821.18	0805	DARDICK, LAWRENCE R. MD	200.04	Reticulosarcoma Involving Lymph

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15452935888	8/9/2005	$13.00	$0.00	0805	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15460078758	8/15/2005	$8,030.50	$6,310.01	0805	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns
14874360009	4/7/2005	$4,452.75	$2,694.29	0905	WASHOE MEDICAL CENTER	202.85	Other Malignant Lymphomas Invol
14874364343	4/7/2005	($4,452.75)	$0.00	0905	WASHOE MEDICAL CENTER	202.85	Other Malignant Lymphomas Invol
15044360015	5/20/2005	$1,707.20	$1,070.40	0905	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15044364673	5/20/2005	($1,707.20)	($860.70)	0905	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15440079337	7/26/2005	$67.00	$51.40	0905	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15450079188	8/2/2005	$67.00	$51.40	0905	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15452935888	8/9/2005	$5,117.00	$4,090.77	0905	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15452935888	8/9/2005	$54.00	$21.40	0905	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15470079082	8/16/2005	$5,117.00	$4,022.11	0905	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15470079083	8/16/2005	$67.00	$51.40	0905	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15580078804	8/24/2005	$8,357.00	$6,672.74	0905	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns
15580079267	8/18/2005	$3,614.00	$1,762.45	0905	DARDICK, LAWRENCE R. MD	200.04	Reticulosarcoma Involving Lymph
15580079267	8/23/2005	$1,080.00	$731.09	0905	DARDICK, LAWRENCE R. MD	200.04	Reticulosarcoma Involving Lymph
15604364607	9/20/2005	$148.00	$11.73	0905	LABORATORY CORP OF AMERICA	202.85	Other Malignant Lymphomas Invol
15025788573	5/6/2005	$85.00	$17.60	1005	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15025793003	5/6/2005	($85.00)	($17.60)	1005	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15044360017	5/20/2005	$895.00	$273.88	1005	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15044364674	5/20/2005	($895.00)	($273.88)	1005	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15614364379	9/20/2005	$7,335.00	$4,918.79	1005	HODGE, RICHARD G. MD	202.85	Other Malignant Lymphomas Invol
15728650153	9/26/2005	$169.00	$79.86	1005	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15738650349	10/10/2005	$108.00	$40.11	1005	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
15017221580	4/29/2005	$29.00	$14.12	1105	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15025788573	5/6/2005	($85.00)	($17.60)	1105	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15025788574	5/6/2005	$85.00	$31.72	1105	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15044360017	5/20/2005	($895.00)	($273.88)	1105	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15044360021	5/20/2005	$895.00	$288.00	1105	MACKINTOSH, F R. MD	202.80	Other Malignant Lymphomas Uns
15758650611	10/3/2005	$1,124.00	$590.86	1105	MACKEY, DENNIS A. MD	202.80	Other Malignant Lymphomas Uns
15867221603	10/26/2005	$95.00	$26.25	1105	DARDICK, LAWRENCE R. MD	200.04	Reticulosarcoma Involving Lymph
15868650173	10/3/2005	$1,706.00	$0.00	1105	WASHOE MEDICAL CENTER	202.80	Other Malignant Lymphomas Uns

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15887221563	11/10/2005	$7,335.00	$4,918.79	1105	HODGE, RICHARD G. MD	202.85	Other Malignant Lymphomas Invol
16012935753	12/5/2005	$272.00	$34.33	1205	LABORATORY CORP OF AMERICA	202.85	Other Malignant Lymphomas Invol
16030078816	12/8/2005	$169.00	$79.86	1205	MACKINTOSH, F R. MD	202.85	Other Malignant Lymphomas Invol
	TPA Subtotal:	$137,152.01	$86,327.22				
	Mbr Subtotal:	$137,152.01	$86,327.22				

HIPAA Mbr# 650766.67 SUBSCRIBER

TPA TPA 2004 EPO

14434378601	12/29/2005	$101.00	$51.29	0106	KISER, MICHELE J. MD	V81.4	Screening For Other And Unspecif
14437235724	12/29/2005	$543.00	$67.67	0106	LABORATORY CORP OF AMERICA	579.3	Other And Unspecified Postsurgic
14457235924	1/5/2006	$77.00	$7.86	0106	GANSER, JOHN MD	553.20	Unspecified Ventral Hernia Withou
16027221849	11/23/2005	$3,162.00	$972.00	0106	KAISER, KIRK A. MD	727.03	Trigger Finger (acquired)
15028650382	5/10/2005	$104.25	$0.00	0705	GANSER, JOHN MD	250.00	Diabetes Mellitus Without Mention
15167221535	6/3/2005	$184.00	$124.02	0705	BEIDLE, THOMAS R. MD	530.81	Esophageal Reflux
15181507333	6/13/2005	$687.00	$261.79	0705	APRIA HEALTHCARE INC	780.53	Hypersomnia With Sleep Apnea U
15292935719	6/24/2005	$1,003.00	$792.46	0705	WASHOE MEDICAL CENTER	278.01	Morbid Obesity
15297221475	6/24/2005	$51.00	$34.37	0705	TEW, JOEL MD	278.01	Morbid Obesity
15301507516	6/28/2005	$2,523.50	$1,500.00	0705	BAIN, MARTIN MD	575.12	Acute And Chronic Cholecystitis
15302928716	6/28/2005	$1,600.00	$1,040.00	0705	LIBERT, KEITH MD	780.57	Unspecified Sleep Apnea
15302935996	6/23/2005	$199.00	$139.30	0705	APRIA HEALTHCARE INC	780.53	Hypersomnia With Sleep Apnea U
15311507760	6/28/2005	$149.00	$16.03	0705	MACKEY, DENNIS A. MD	574.10	Calculus Of Gallbladder With Othe
15314364466	6/29/2005	$183.00	$123.34	0705	WELCH, JAMES MD	278.01	Morbid Obesity
15292935719	6/29/2005	$29,360.25	$18,884.16	0805	WASHOE MEDICAL CENTER	278.01	Morbid Obesity
15322928701	5/31/2005	$750.00	$520.00	0805	MAILANDER, PAUL M. MD	366.16	Senile Nuclear Sclerosis
15322935907	7/11/2005	$75.00	$0.00	0805	KAISER, KIRK A. MD	727.42	Ganglion Of Tendon Sheath
15430079168	7/22/2005	$77.00	$35.62	0805	SUNDSTROM, STEVEN DO	278.00	Obesity Unspecified
15461507197	8/11/2005	$154.00	$0.00	0805	LABORATORY CORP OF AMERICA	250.02	Diabetes Mellitus Without Mention
15464364423	8/22/2005	$77.00	$35.62	0805	SUNDSTROM, STEVEN DO	278.00	Obesity Unspecified
15301507250	6/28/2005	$104.25	$0.00	0905	GANSER, JOHN MD	250.00	Diabetes Mellitus Without Mention
15301507516	6/28/2005	$2,623.50	$2,623.50	0905	GANSER, JOHN MD	575.12	Acute And Chronic Cholecystitis

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15301507516	6/28/2005	$8,638.00	$1,209.32	0905	BAIN, MARTIN MD	278.01	Morbid Obesity
15301507516	6/28/2005	$8,738.00	$6,116.60	0905	GANSER, JOHN MD	278.01	Morbid Obesity
15598650445	5/16/2005	$334.00	$41.85	1005	KAISER, KIRK A. MD	727.42	Ganglion Of Tendon Sheath
15292931440	6/29/2005	$29,360.25	$18,884.16	1105	WASHOE MEDICAL CENTER	278.01	Morbid Obesity
15292935719	6/29/2005	($29,360.25)	($18,884.16)	1105	WASHOE MEDICAL CENTER	278.01	Morbid Obesity
15730079046	9/29/2005	$44.00	$36.00	1105	APRIA HEALTHCARE INC	780.53	Hypersomnia With Sleep Apnea U
15734364291	10/11/2005	$120.00	$69.86	1105	SUNDSTROM, STEVEN DO	788.0	Renal Colic
15734364317	10/9/2005	$4,959.00	$3,966.38	1105	WMC SOUTH MEADOWS	592.1	Calculus Of Ureter
15738650178	10/9/2005	$170.25	$39.61	1105	WASHOE MEDICAL CENTER	789.00	Abdominal Pain Unspecified Site
15738650178	10/11/2005	$286.25	$204.73	1105	WASHOE MEDICAL CENTER	V72.84	Pre-operative Examination Unspe
15740078779	10/10/2005	$274.00	$205.13	1105	LAJEUNESSE, CHRISTINE MD	592.1	Calculus Of Ureter
15741507152	10/11/2005	$466.00	$78.40	1105	LABORATORY CORP OF AMERICA	592.1	Calculus Of Ureter
15742928815	10/13/2005	$6,000.00	$4,300.00	1105	NO NEVADA LITHOTRIPSY LLC	592.1	Calculus Of Ureter
15748650290	10/9/2005	$597.00	$444.60	1105	FREY, BRET W. MD	592.1	Calculus Of Ureter
15754364625	10/19/2005	$75.00	$0.00	1105	KAISER, KIRK A. MD	727.03	Trigger Finger (acquired)
15758650378	10/9/2005	$541.00	$364.64	1105	MAYS, WARREN L. MD	592.1	Hydronephrosis
15861507396	10/13/2005	$6,500.00	$1,118.78	1105	LAJEUNESSE, CHRISTINE MD	592.1	Calculus Of Ureter
15878650134	11/5/2005	$77.00	$36.08	1105	SWEARNGIN, STEPHAN E. DO	682.9	Cellulitis And Abscess Of Unspeci
15887221429	10/13/2005	$900.00	$624.00	1105	DOROSTKAR, MASSOUD MD	592.1	Calculus Of Ureter
15898650102	11/22/2005	$120.00	$69.86	1205	SUNDSTROM, STEVEN DO	553.20	Unspecified Ventral Hernia Withou
16002935821	11/21/2005	$411.00	$312.02	1205	WASHOE MEDICAL CENTER	727.03	Trigger Finger (acquired)
16002935822	11/23/2005	$4,745.50	$2,884.58	1205	WASHOE MEDICAL CENTER	727.03	Trigger Finger (acquired)
16002935863	11/17/2005	$1,812.00	$1,196.29	1205	TSUNG, STEPHEN S. MD	592.1	Calculus Of Ureter
16017214459	11/23/2005	$640.00	$456.00	1205	MOODY, ERIC MD	727.03	Trigger Finger (acquired)
16022935779	12/10/2005	$96.00	$51.75	1205	THOLE, TUCKER MD	462	Acute Sinusitis Unspecified
	TPA Subtotal:	$90,331.75	$51,055.51				
	Mbr Subtotal:	$90,331.75	$51,055.51				

HIPAA Mbr# 663033.33 SPOUSE

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
TPA	**TPA 2004 EPO**						
14432950278	12/28/2005	$1,410.00	$1,156.20	0106	WMC SOUTH MEADOWS	511.9	Unspecified Pleural Effusion
14432950504	11/26/2005	$92.00	$35.00	0106	APRIA HEALTHCARE INC	428.0	Congestive Heart Failure Unspecif
14441521838	12/19/2005	$300.00	$235.80	0106	SORENSEN, THOMAS J. MD	782.1	Rash And Other Nonspecific Skin
14441522103	12/28/2005	$64.00	$0.00	0106	KELLER, RONDA G. DO	V58.61	Long-term (current) Use Of Antico
14441522109	12/28/2005	$64.00	$0.00	0106	KELLER, RONDA G. DO	V58.61	Long-term (current) Use Of Antico
14442950116	1/3/2006	$120.00	$69.86	0106	MIYAGAWA, DEAN K. MD	428.0	Congestive Heart Failure Unspecif
14442950332	12/4/2005	$525.00	$188.00	0106	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
14452950148	1/13/2006	$100.00	$31.93	0106	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
16027221531	12/13/2005	$193.00	$158.26	0106	WMC SOUTH MEADOWS	486	Pneumonia Organism Unspecified
16032935900	12/9/2005	$108.00	$70.11	0106	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
16032936196	12/13/2005	$117.00	$33.00	0106	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
16038650018	12/15/2005	$79.00	$34.19	0106	LABORATORY CORP OF AMERICA	V58.61	Long-term (current) Use Of Antico
16038650147	12/19/2005	$1,260.25	$1,033.41	0106	WASHOE MEDICAL CENTER	782.1	Rash And Other Nonspecific Skin
16040079043	12/15/2005	$64.00	$0.00	0106	KELLER, RONDA G. DO	V58.61	Long-term (current) Use Of Antico
16042935866	12/13/2005	$63.00	$42.46	0106	WELCH, JAMES MD	486	Pneumonia Organism Unspecified
15600078720	8/29/2005	$800.00	$536.00	0905	WASHOE MEDICAL CENTER	303.91	Other And Unspecified Alcohol De
15604364394	9/20/2005	$140.00	$89.89	0905	TOPLENSZKY, TIBOR MD	465.9	Acute Upper Respiratory Infection
15611507309	9/23/2005	$156.00	$104.40	1005	MITO, DEREK I. MD	786.59	Pneumonia Organism Unspecified
15614364437	9/23/2005	$17,233.50	$4,183.00	1005	WMC SOUTH MEADOWS	415.19	Other Pulmonary Embolism And I
15718650715	9/24/2005	$118.00	$104.52	1005	GULLAPALLI, NAGESHWARA MD	415.19	Other Pulmonary Embolism And I
15718650750	9/26/2005	$417.00	$374.72	1005	HERBERT, TOM M. MD	415.19	Other Pulmonary Embolism And I
15721507350	9/30/2005	$118.00	$104.52	1005	GARGYA, SUKUMAR MD	415.19	Other Pulmonary Embolism And I
15721507358	9/29/2005	$232.00	$207.56	1005	SHAKERI, HAMID MD	415.19	Other Pulmonary Embolism And I
15722935791	9/29/2005	$24,343.75	$741.00	1005	WMC SOUTH MEADOWS	415.19	Other Pulmonary Embolism And I
15724364363	9/20/2005	$1,875.00	$1,537.50	1005	WASHOE MEDICAL CENTER	303.91	Other And Unspecified Alcohol De
15724364449	9/23/2005	$353.00	$237.92	1005	BEIDLE, THOMAS R. MD	786.3	Hemoptysis
15724364450	9/23/2005	$63.00	$42.46	1005	LOCKEN, JULIE A. MD	786.3	Hemoptysis
15731507273	9/23/2005	$640.00	$444.60	1005	IIDA, CALVIN T. MD	786.3	Hemoptysis
15740078931	9/25/2005	$659.00	$334.72	1005	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
15744364478	10/2/2005	$541.00	$364.64	1005	KENTON, ROBERT W. MD	459.0	Hemorrhage Unspecified

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15744364478	10/4/2005	$554.00	$373.40	1005	KRAKORA, GEORGE A. MD	V58.49	Unspecified Pleural Effusion
15744364478	10/6/2005	$51.00	$34.37	1005	TEW, JOEL MD	786.09	Respiratory Abnormality Other
15730078930	9/30/2005	$667.00	$667.00	1105	REMSA	786.05	Shortness Of Breath
15744364478	10/4/2005	$2,985.00	$2,011.89	1105	KOCI, TIMOTHY M. MD	415.19	Other Pulmonary Embolism And I
15748650031	9/30/2005	$112,292.50	$72,990.13	1105	WASHOE MEDICAL CENTER	415.19	Other Pulmonary Embolism And I
15748650411	10/2/2005	$274.00	$178.04	1105	GRAETTINGER, WILLIAM MD	415.19	Other Pulmonary Embolism And I
15748650629	10/5/2005	$51.00	$34.37	1105	MAYS, WARREN L. MD	511.9	Unspecified Pleural Effusion
15750078779	10/3/2005	$470.00	$405.79	1105	SHIELDS, JOHN A. MD	286.6	Defibrination Syndrome
15758650151	10/14/2005	$51.00	$34.37	1105	BEIDLE, THOMAS R. MD	V58.49	Other Specified Aftercare Followin
15758650151	10/4/2005	$51.00	$34.37	1105	DOGGWILER, KURT O. MD	786.05	Shortness Of Breath
15758650151	10/9/2005	$51.00	$34.37	1105	HODGE, RICHARD G. MD	V58.49	Other Specified Aftercare Followin
15758650151	10/11/2005	$51.00	$34.37	1105	KAPLAN, BRUCE D. MD	786.09	Respiratory Abnormality Other
15758650151	10/7/2005	$833.00	$561.45	1105	MONTELLA, MARC MD	511.9	Unspecified Pleural Effusion
15758650151	10/10/2005	$51.00	$34.37	1105	WARD, MICHAEL P. MD	786.05	Shortness Of Breath
15758650203	10/4/2005	$3,386.00	$1,466.98	1105	PERRY, JOHN J. MD	425.4	Other Primary Cardiomyopathies
15758650203	10/4/2005	$47.00	$20.51	1105	PERRY, JOHN J. MD	425.4	Other Primary Cardiomyopathies
15758650362	9/26/2005	$113.00	$73.52	1105	BRYG, ROBERT MD	415.19	Other Pulmonary Embolism And I
15758650362	9/30/2005	$433.00	$187.68	1105	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
15758650362	10/6/2005	$452.00	$294.08	1105	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
15758650610	10/4/2005	$333.00	$96.67	1105	MACKEY, DENNIS A. MD	511.9	Unspecified Pleural Effusion
15862935757	10/14/2005	$1,210.00	$1,060.28	1105	MOORE, DERRICK MD	415.19	Other Pulmonary Embolism And I
15862935761	10/20/2005	$269.00	$240.68	1105	AGNEY, THOMAS L. MD	415.19	Other Pulmonary Embolism And I
15862935793	10/30/2005	$3,880.50	$3,182.01	1105	WMC SOUTH MEADOWS	486	Pneumonia Organism Unspecified
15862935825	10/5/2005	$554.00	$373.40	1105	ALLGOOD, MARK R. MD	511.9	Unspecified Pleural Effusion
15862935825	10/18/2005	$63.00	$42.46	1105	KRAKORA, GEORGE A. MD	786.05	Shortness Of Breath
15862935825	10/17/2005	$63.00	$42.46	1105	WELCH, JAMES MD	415.19	Other Pulmonary Embolism And I
15862935883	10/25/2005	$169.00	$0.00	1105	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
15862935889	10/27/2005	$19.00	$7.14	1105	BRYG, ROBERT MD	V58.61	Long-term (current) Use Of Antico
15867221800	9/29/2005	$345.00	$255.59	1105	DENNEY, BRUCE W. MD	486	Pneumonia Organism Unspecified
15870078710	9/30/2005	$139.00	$103.19	1105	JACKSON, MICHAEL V. MD	486	Pneumonia Organism Unspecified
15871507340	10/30/2005	$841.00	$841.00	1105	REMSA	786.05	Shortness Of Breath

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15872935839	10/30/2005	$51.00	$34.37	1105	LOCKEN, JULIE A. MD	486	Pneumonia Organism Unspecified
15877221634	10/2/2005	$278.00	$206.38	1105	BAEZ, STEPHEN MD	415.19	Other Pulmonary Embolism And I
15877221634	10/5/2005	$417.00	$309.57	1105	RICHESON, ROBERT B. MD	415.19	Other Pulmonary Embolism And I
15878650201	9/29/2005	$640.00	$444.60	1105	STENDELL JR, ERIC MD	415.19	Other Pulmonary Embolism And I
15880078617	11/8/2005	$197.00	$156.41	1105	MIYAGAWA, DEAN K. MD	428.0	Congestive Heart Failure Unspecif
15882935757	11/4/2005	$353.00	$314.20	1105	MOORE, DERRICK MD	518.82	Other Pulmonary Insufficiency Not
15882935762	10/31/2005	$350.00	$312.08	1105	GARGYA, SUKUMAR MD	518.82	Other Pulmonary Insufficiency Not
15882935997	10/10/2005	$98.00	$72.58	1105	BACON, JEFFREY P. MD	415.19	Other Pulmonary Embolism And I
15882935997	10/9/2005	$392.00	$290.32	1105	BAEZ, STEPHEN MD	415.19	Other Pulmonary Embolism And I
15882936078	11/4/2005	$78.00	$22.00	1105	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
15882936078	11/4/2005	$78.00	$0.00	1105	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
15887221572	11/1/2005	$51.00	$34.37	1105	ARDILL, RICHARD H. MD	486	Pneumonia Organism Unspecified
15887221572	10/31/2005	$51.00	$34.37	1105	DOGGWILER, KURT O. MD	518.82	Other Pulmonary Insufficiency Not
15887221916	11/8/2005	$108.00	$70.11	1105	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
15888650003	10/21/2005	$79.00	$34.19	1105	LABORATORY CORP OF AMERICA	V72.6	Laboratory Examination
15888650189	11/17/2005	$193.00	$158.26	1105	WMC SOUTH MEADOWS	786.05	Shortness Of Breath
15888650380	10/12/2005	$678.00	$441.12	1105	BRYG, ROBERT MD	415.19	Other Pulmonary Embolism And I
15888650390	10/13/2005	$113.00	$73.52	1105	BRYG, ROBERT MD	415.19	Other Pulmonary Embolism And I
15734364878	9/29/2005	$587.00	$395.63	1205	ALLGOOD, MARK R. MD	787.3	Pneumonia Organism Unspecified
15734364878	9/30/2005	$701.00	$472.47	1205	KAPLAN, BRUCE D. MD	793.6	Pneumonia Organism Unspecified
15734364878	9/23/2005	$96.00	$64.70	1205	LOCKEN, JULIE A. MD	415.11	Iatrogenic Pulmonary Embolism A
15867221718	10/20/2005	$452.00	$294.08	1205	PERRY, JOHN J. MD	425.4	Other Primary Cardiomyopathies
15868650181	10/3/2005	$2,517.00	$456.50	1205	WASHOE MEDICAL CENTER	303.91	Other And Unspecified Alcohol De
15868650181	10/30/2005	$22,955.00	$5,887.00	1205	WASHOE MEDICAL CENTER	518.82	Other Pulmonary Insufficiency Not
15897221694	10/31/2005	$582.00	$431.36	1205	BACON, JEFFREY P. MD	518.81	Other Pulmonary Embolism And I
15897221720	10/12/2005	$98.00	$72.58	1205	JACKSON, MICHAEL V. MD	415.19	Other Pulmonary Embolism And I
15898650179	10/30/2005	$693.00	$520.20	1205	SHIELDS, SAMUEL S. MD	428.0	Congestive Heart Failure Unspecif
15898650223	10/30/2005	$693.00	$520.20	1205	KENNEDY, STEVEN R. MD	518.82	Other Pulmonary Insufficiency Not
16001507187	11/28/2005	$77.00	$60.62	1205	MIYAGAWA, DEAN K. MD	428.0	Congestive Heart Failure Unspecif
16001507405	11/18/2005	$64.00	$0.00	1205	KELLER, RONDA G. DO	V58.61	Long-term (current) Use Of Antico
16002935866	11/17/2005	$63.00	$42.46	1205	WELCH, JAMES MD	786.05	Shortness Of Breath

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
16007221866	10/26/2005	$92.00	$35.00	1205	APRIA HEALTHCARE INC	428.0	Congestive Heart Failure Unspecif
16012936010	11/22/2005	$169.00	$109.86	1205	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
16012936010	10/18/2005	$339.00	$220.56	1205	BRYG, ROBERT MD	415.19	Other Pulmonary Embolism And I
16012936010	10/31/2005	$433.00	$187.68	1205	BRYG, ROBERT MD	415.19	Other Pulmonary Embolism And I
16012936010	11/4/2005	$452.00	$294.08	1205	BRYG, ROBERT MD	415.19	Other Pulmonary Embolism And I
16018650243	11/4/2005	$80.00	$28.00	1205	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
16018650244	11/4/2005	$445.00	$160.00	1205	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
16018650388	11/29/2005	$117.00	$33.00	1205	APRIA HEALTHCARE INC	486	Pneumonia Organism Unspecified
16020078811	12/2/2005	$1,295.00	$561.45	1205	BRYG, ROBERT MD	428.0	Congestive Heart Failure Unspecif
16020078822	12/1/2005	$45.00	$0.00	1205	KELLER, RONDA G. DO	V58.61	Long-term (current) Use Of Antico
16020078822	12/1/2005	$19.00	$7.14	1205	BRYG, ROBERT MD	V58.61	Long-term (current) Use Of Antico
	TPA Subtotal:	$220,266.50	$112,074.63				
	Mbr Subtotal:	$220,266.50	$112,074.63				

HIPAA Mbr# 900591.67 SUBSCRIBER

TPA TPA 2004 EPO

14432950747	12/12/2005	$1,166.00	$698.26	0106	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
14437235809	12/16/2005	$1,342.50	$1,100.85	0106	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
14442950366	12/21/2005	$77.00	$39.64	0106	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
14447235859	1/4/2006	$104.25	$45.26	0106	WARD, SUSAN J. MD	V76.12	Other Screening Mammogram
14457235839	1/12/2006	$2,305.00	$1,528.57	0106	WARD, SUSAN J. MD	174.9	Malignant Neoplasm Of Breast (fe
15171507431	6/3/2005	$76.50	$9.64	0705	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
15171507703	6/8/2005	$3,798.00	$2,804.98	0705	REDDY, SURESH V. MD	288.0	Malignant Neoplasm Of Breast (fe
15171507706	6/7/2005	$576.00	$489.52	0705	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15171507706	6/7/2005	$1,410.00	$1,128.85	0705	REDDY, SURESH V. MD	V58.1	Encounter For Antineoplastic Che
15171507707	6/7/2005	$15.00	$11.12	0705	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15181507760	6/20/2005	$505.00	$474.04	0705	CONRATH, F CRAIG MD	V58.1	Malignant Neoplasm Of Breast (fe
15181507760	6/20/2005	$281.00	$213.40	0705	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15181507760	6/20/2005	$1,975.00	$1,418.61	0705	CONRATH, F CRAIG MD	V58.1	Encounter For Antineoplastic Che
15181507760	6/20/2005	$50.00	$40.24	0705	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15287221696	6/21/2005	$3,798.00	$2,804.98	0705	REDDY, SURESH V. MD	288.0	Malignant Neoplasm Of Breast (fe
15317221482	7/8/2005	$591.25	$459.83	0705	WASHOE MEDICAL CENTER	174.8	Malignant Neoplasm Of Other Spe
15317221482	7/15/2005	$5,348.25	$3,276.36	0705	WASHOE MEDICAL CENTER	174.8	Malignant Neoplasm Of Other Spe
15317221590	7/8/2005	$126.00	$79.86	0705	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15324357202	7/14/2005	$800.00	$520.00	0805	MCCARROLL, MORGAN MD	174.9	Malignant Neoplasm Of Breast (fe
15327221551	7/8/2005	$51.00	$34.37	0805	WARD, SUSAN J. MD	174.9	Malignant Neoplasm Of Breast (fe
15431507363	7/8/2005	$76.50	$9.64	0805	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
15432935951	7/14/2005	$551.00	$166.74	0805	PALOSAARI, DAVID E. MD	174.9	Malignant Neoplasm Of Breast (fe
15440078848	8/2/2005	$605.00	$565.95	0805	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15440078848	8/2/2005	$326.00	$253.15	0805	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15440078848	8/2/2005	$3,164.00	$2,297.82	0805	REDDY, SURESH V. MD	V58.1	Encounter For Antineoplastic Che
15440079065	7/14/2005	$2,248.50	$832.00	0805	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
15465793089	8/11/2005	$106.00	$54.23	0805	REDDY, SURESH V. MD	V66.2	Malignant Neoplasm Of Breast (fe
15465793089	8/11/2005	$400.00	$313.03	0805	REDDY, SURESH V. MD	288.0	Agranulocytosis
15465793090	8/12/2005	$438.00	$330.13	0805	REDDY, SURESH V. MD	V66.2	Convalescence Following Chemot
15465793090	8/12/2005	$25.00	$0.00	0805	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15471507467	8/23/2005	$3,616.00	$2,596.08	0905	REDDY, SURESH V. MD	V58.1	Encounter For Antineoplastic Che
15574364536	8/24/2005	$3,798.00	$2,804.98	0905	REDDY, SURESH V. MD	288.0	Malignant Neoplasm Of Breast (fe
15598650049	8/14/2005	$1,484.25	$1,162.09	0905	WASHOE MEDICAL CENTER	288.0	Agranulocytosis
15598650136	9/1/2005	$106.00	$54.23	0905	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15600078716	8/30/2005	$249.50	$174.59	0905	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15022931453	5/10/2005	$596.00	$490.40	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15022936517	5/10/2005	($596.00)	($490.40)	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15044360016	5/24/2005	$281.00	$199.28	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15044360016	5/24/2005	$505.00	$444.04	1005	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15044364514	5/24/2005	($505.00)	($444.04)	1005	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15044364514	5/24/2005	($281.00)	($199.28)	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15470078739	8/16/2005	$200.00	$160.00	1005	HEALTHWEAR PLUS	174.9	Malignant Neoplasm Of Breast (fe
15471507467	8/23/2005	$605.00	$565.95	1005	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15471507467	8/23/2005	$326.00	$283.15	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15608650149	9/14/2005	$3,798.00	$2,804.98	1005	REDDY, SURESH V. MD	288.0	Malignant Neoplasm Of Breast (fe

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15610078795	8/30/2005	$275.00	$175.00	1005	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15724364649	9/22/2005	$83.00	$35.65	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15738650250	10/4/2005	$281.00	$213.40	1005	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15738650250	10/4/2005	$605.00	$565.95	1005	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15738650250	10/4/2005	$3,616.00	$2,626.08	1005	REDDY, SURESH V. MD	V58.1	Encounter For Antineoplastic Che
15738650250	10/5/2005	$3,798.00	$2,804.98	1005	REDDY, SURESH V. MD	288.0	Malignant Neoplasm Of Breast (fe
15744364477	10/3/2005	$273.00	$184.00	1005	TEW, JOEL MD	174.9	Malignant Neoplasm Of Breast (fe
15748650024	10/12/2005	$14,034.50	$11,398.29	1005	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15022931453	5/10/2005	($596.00)	($490.40)	1105	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15022931455	5/10/2005	$596.00	$504.52	1105	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15044360016	5/24/2005	($281.00)	($199.28)	1105	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15044360016	5/24/2005	($505.00)	($444.04)	1105	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15044360020	5/24/2005	$281.00	$213.40	1105	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15044360020	5/24/2005	$505.00	$444.04	1105	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15608650148	9/13/2005	$676.00	$555.87	1105	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15608650148	9/13/2005	$3,971.00	$2,912.03	1105	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15748650151	10/4/2005	$605.00	$0.00	1105	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Breast (fe
15748650151	10/4/2005	$281.00	$0.00	1105	REDDY, SURESH V. MD	174.9	Malignant Neoplasm Of Breast (fe
15748650151	10/4/2005	$3,616.00	$0.00	1105	REDDY, SURESH V. MD	V58.1	Encounter For Antineoplastic Che
15748650151	10/5/2005	$3,798.00	$0.00	1105	REDDY, SURESH V. MD	288.0	Malignant Neoplasm Of Breast (fe
15867221483	10/31/2005	$1,536.75	$1,210.14	1105	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15867221977	10/11/2005	$5,462.00	$1,791.61	1105	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15877222021	10/31/2005	$2,989.00	$1,253.06	1105	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15887221481	11/15/2005	$10,020.25	$7,941.61	1105	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15897222125	11/14/2005	$957.00	$585.30	1205	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15897222125	11/8/2005	$1,793.00	$1,005.46	1205	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15898650130	11/22/2005	$140.00	$89.89	1205	TOPLENSZKY, TIBOR MD	465.9	Acute Upper Respiratory Infection
16008650151	11/30/2005	$7,042.25	$5,524.65	1205	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
16028650458	12/2/2005	$1,375.00	$761.22	1205	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
16028650458	12/8/2005	$2,079.00	$945.49	1205	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
16030078716	12/15/2005	$11,913.50	$9,489.07	1205	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
	TPA Subtotal:	$127,738.75	$84,704.11				
	Mbr Subtotal:	$127,738.75	$84,704.11				

HIPAA Mbr# 913816.67 SUBSCRIBER

TPA TPA 2004 EPO

14432950092	12/30/2005	$109.00	$3.25	0106	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
14441521654	10/28/2005	$525.00	$407.96	0106	YAMAMOTO, KENNETH S. MD	197.7	Malignant Neoplasm Of Liver Sec
14441521673	12/8/2005	$215.00	$164.34	0106	YAMAMOTO, KENNETH S. MD	197.7	Malignant Neoplasm Of Liver Sec
14442943072	12/7/2005	$47,760.46	$33,221.23	0106	ST MARYS MEDICAL CENTER-SAN FR	786.59	Other Chest Pain
14451521631	10/26/2005	$438.00	$438.00	0106	TAYLOR, MICHAEL A. MD	789.00	Abdominal Pain Unspecified Site
14452950423	12/29/2005	$92.00	$62.00	0106	CASSIDY, DONALD T. MD	172.9	Melanoma Of Skin Site Unspecifie
14455807215	1/13/2006	$77.00	$35.62	0106	HESS, JOHN H. MD	172.9	Melanoma Of Skin Site Unspecifie
15877214616	9/13/2005	($131.00)	$0.00	0106	ST FRANCIS MEMORIAL HOSPITAL	197.7	Malignant Neoplasm Of Liver Sec
16032936050	12/8/2005	$323.00	$323.00	0106	TAYLOR, MICHAEL A. MD	789.00	Abdominal Pain Unspecified Site
15177221703	6/17/2005	$88.00	$21.64	0705	DILLEY, R THATCHER MD	212.0	Benign Neoplasm Of Nasal Cavitie
15292936050	7/1/2005	$88.00	$21.64	0705	DILLEY, R THATCHER MD	212.0	Benign Neoplasm Of Nasal Cavitie
15314364467	6/27/2005	$360.00	$242.64	0705	ALLGOOD, MARK R. MD	172.9	Melanoma Of Skin Site Unspecifie
15321507164	6/27/2005	$1,921.50	$1,545.63	0705	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15321507165	7/18/2005	$3,006.00	$2,434.92	0705	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15292936219	6/27/2005	$1,921.50	$0.00	0805	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15325793216	7/19/2005	$145.00	$72.47	0805	OSTEZAN, LAURA MD	692.9	Contact Dermatitis And Other Ecz
15431507201	7/27/2005	$235.12	$26.42	0805	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15435792945	7/18/2005	$786.00	$529.76	0805	LOCKEN, JULIE A. MD	172.9	Melanoma Of Skin Site Unspecifie
15435792945	7/28/2005	$7,335.00	$4,918.79	0805	TSUNG, STEPHEN S. MD	172.9	Melanoma Of Skin Site Unspecifie
15440079208	7/21/2005	$382.00	$138.66	0805	SEWELL, G THOMAS MD	692.9	Contact Dermatitis And Other Ecz
15470078732	8/4/2005	$92.00	$62.00	0905	CASSIDY, DONALD T. MD	172.9	Melanoma Of Skin Site Unspecifie
15590078829	9/8/2005	$3,606.75	$2,857.54	0905	WASHOE MEDICAL CENTER	780.4	Dizziness And Giddiness
15608650066	9/21/2005	$2,651.75	$2,144.44	0905	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15608650481	9/8/2005	$460.00	$302.40	1005	KENNEDY, STEVEN R. MD	780.4	Dizziness And Giddiness
15608650794	9/20/2005	$88.00	$21.64	1005	DILLEY, R THATCHER MD	212.0	Benign Neoplasm Of Nasal Cavitie

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15608650832	9/8/2005	$802.00	$702.00	1005	REMSA	780.2	Syncope And Collapse
15608650877	9/15/2005	$92.00	$0.00	1005	CASSIDY, DONALD T. MD	172.9	Melanoma Of Skin Site Unspecifie
15614364290	9/19/2005	$644.12	$147.80	1005	LABORATORY CORP OF AMERICA	172.9	Melanoma Of Skin Site Unspecifie
15614364388	9/8/2005	$212.00	$142.89	1005	KENTON, ROBERT W. MD	780.2	Syncope And Collapse
15614364388	9/8/2005	$51.00	$34.37	1005	LOCKEN, JULIE A. MD	780.2	Syncope And Collapse
15730078965	9/21/2005	$500.00	$337.00	1005	GRAHAM, COLE MD	784.2	Swelling Mass Or Lump In Head A
15740078690	10/10/2005	$77.00	$35.62	1005	HESS, JOHN H. MD	172.9	Melanoma Of Skin Site Unspecifie
15321502871	6/27/2005	$1,921.50	$1,550.63	1105	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15321507164	6/27/2005	($1,921.50)	($1,545.63)	1105	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15608645719	9/21/2005	$2,651.75	$2,149.44	1105	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15608645725	9/15/2005	$92.00	$62.00	1105	CASSIDY, DONALD T. MD	172.9	Melanoma Of Skin Site Unspecifie
15608650066	9/21/2005	($2,651.75)	($2,144.44)	1105	WASHOE MEDICAL CENTER	172.9	Melanoma Of Skin Site Unspecifie
15608650877	9/15/2005	($92.00)	$0.00	1105	CASSIDY, DONALD T. MD	172.9	Melanoma Of Skin Site Unspecifie
15740078786	7/25/2005	$330.00	$189.50	1105	MCCALMONT, TIMOTHY MD	692.9	Contact Dermatitis And Other Ecz
15864345730	10/25/2004	$249.00	$142.83	1105	ARDILL, RICHARD H. MD	V76.12	Other Screening Mammogram
15864350277	10/25/2004	($249.00)	($137.83)	1105	ARDILL, RICHARD H. MD	V76.12	Other Screening Mammogram
15877214616	9/13/2005	$131.00	$0.00	1105	ST FRANCIS MEMORIAL HOSPITAL	197.7	Malignant Neoplasm Of Liver Sec
15878650047	11/9/2005	$60.00	$1.13	1105	LABORATORY CORP OF AMERICA	172	Malignant Melanoma Of Skin
15888650004	11/3/2005	$108.00	$3.25	1105	LABORATORY CORP OF AMERICA	V72.6	Laboratory Examination
15888642915	9/13/2005	$545.00	$270.00	1205	SPITLER, LYNN MD	197.7	Malignant Neoplasm Of Liver Sec
16001507161	11/21/2005	$60.00	$1.13	1205	LABORATORY CORP OF AMERICA	172	Malignant Melanoma Of Skin
16011500287	10/26/2005	$60,131.20	$40,841.84	1205	ST MARYS MEDICAL CENTER-SAN FR	786.59	Other Chest Pain
16012935879	12/1/2005	$89.00	$34.99	1205	ARDILL, RICHARD H. MD	V76.12	Other Screening Mammogram
16030078621	12/14/2005	$60.00	$1.13	1205	LABORATORY CORP OF AMERICA	172	Malignant Melanoma Of Skin
	TPA Subtotal:	$136,467.40	$92,815.64				
	Mbr Subtotal:	$136,467.40	$92,815.64				

HIPAA Mbr# 1330208.33 SUBSCRIBER

TPA TPA 2004 EPO

14434378752	12/12/2005	$120.00	$84.75	0106	BIGLEY, KEVIN A. PT	724.3	Sciatica

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
14434378753	12/19/2005	$165.00	$118.65	0106	BIGLEY, KEVIN A. PT	724.3	Sciatica
15175785733	5/27/2004	$200.00	$140.00	0705	EVARTS, FRANK PHD	296.33	Major Depressive Affective Disord
15307221625	6/1/2005	$140.00	$77.47	0705	SPOGEN, DANIEL MD	721.90	Spondylosis Of Unspecified Site
15311507230	6/1/2005	$140.00	$0.00	0705	SPOGEN, DANIEL MD	721.90	Spondylosis Of Unspecified Site
15321507375	7/11/2005	$19,004.00	$6,667.50	0805	JONES, DAVID MD	738.4	Acquired Spondylolisthesis
15321507375	7/11/2005	$111.00	$46.50	0805	JONES, DAVID MD	738.4	Acquired Spondylolisthesis
15321507382	7/11/2005	$4,753.00	$2,388.91	0805	JORGENSEN, JESSE PA-C	738.4	Acquired Spondylolisthesis
15325785844	7/11/2005	$70,040.80	$58,284.68	0805	CARSON TAHOE REGIONAL MEDICAL	721.3	Lumbosacral Spondylosis Without
15327214316	7/11/2005	$3,060.00	$1,533.25	0805	BAK, HAK-SUN MD	756.12	Spondylolisthesis Congenital
15327221689	7/11/2005	$4,150.00	$0.00	0805	ACTIVE DIAGNOSTICS OF NEVADA, LL	756.12	Spondylolisthesis Congenital
15450078839	7/21/2005	$142.00	$19.50	0805	JONES, DAVID MD	738.4	Acquired Spondylolisthesis
14872931442	3/24/2005	$1,200.00	$700.00	0905	BERMAN, STEVEN E. MD	721.3	Lumbosacral Spondylosis Without
14872936183	3/24/2005	($1,200.00)	($518.00)	0905	BERMAN, STEVEN E. MD	721.3	Lumbosacral Spondylosis Without
15152931432	5/25/2005	$850.00	$415.00	0905	BERMAN, STEVEN E. MD	721.3	Lumbosacral Spondylosis Without
15152935897	5/25/2005	($850.00)	($383.00)	0905	BERMAN, STEVEN E. MD	721.3	Lumbosacral Spondylosis Without
15450078839	7/7/2005	$79.00	$0.00	0905	JORGENSEN, JESSE PA-C	724.02	Spinal Stenosis Of Lumbar Region
15470079051	8/18/2005	$109.00	$56.03	0905	SKYLINE ORTHOPEDICS	622.4	Stricture And Stenosis Of Cervix
15327221689	7/11/2005	($4,150.00)	$0.00	1005	ACTIVE DIAGNOSTICS OF NEVADA, LL	756.12	Spondylolisthesis Congenital
15608650340	8/18/2005	$142.00	$19.50	1005	JONES, DAVID MD	724.02	Spinal Stenosis Of Lumbar Region
15720078868	9/15/2005	$142.00	$19.50	1005	JONES, DAVID MD	724.02	Spinal Stenosis Of Lumbar Region
14582931448	1/6/2005	$165.00	$88.65	1105	BIGLEY, TAMMIE PT	724.3	Sciatica
14582931448	1/26/2005	$165.00	$88.65	1105	BIGLEY, TAMMIE PT	724.3	Sciatica
14582936132	1/6/2005	($165.00)	($32.15)	1105	BIGLEY, TAMMIE PT	724.3	Sciatica
14582936133	1/26/2005	($165.00)	($32.15)	1105	BIGLEY, TAMMIE PT	724.3	Sciatica
15327217147	7/11/2005	$4,150.00	$0.00	1105	ACTIVE DIAGNOSTICS OF NEVADA, LL	756.12	Spondylolisthesis Congenital
15748650108	10/17/2005	$180.00	$122.55	1105	BIGLEY, KEVIN A. PT	724.3	Sciatica
15862935995	10/26/2005	$170.00	$94.30	1105	BIGLEY, KEVIN A. PT	724.3	Sciatica
15877221940	10/21/2005	$221.00	$19.50	1105	JONES, DAVID MD	724.02	Spinal Stenosis Of Lumbar Region
15877221968	11/1/2005	$170.00	$94.30	1105	BIGLEY, KEVIN A. PT	724.3	Sciatica
15877221968	11/7/2005	$170.00	$94.30	1105	BIGLEY, KEVIN A. PT	724.3	Sciatica
15897222265	11/11/2005	$165.00	$88.65	1205	BIGLEY, KEVIN A. PT	724.3	Sciatica

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15897222266	11/16/2005	$160.00	$83.00	1205	BIGLEY, KEVIN A. PT	724.3	Sciatica
16007221625	11/23/2005	$170.00	$104.30	1205	BIGLEY, KEVIN A. PT	724.3	Sciatica
16011507302	11/28/2005	$165.00	$88.65	1205	BIGLEY, KEVIN A. PT	724.3	Sciatica
16018650401	12/5/2005	$160.00	$113.00	1205	BIGLEY, KEVIN A. PT	724.3	Sciatica
	TPA Subtotal:	$104,228.80	$70,685.79				
	Mbr Subtotal:	$104,228.80	$70,685.79				

HIPAA Mbr# 1379783.42

TPA TPA 2004 EPO

14432950487	12/23/2005	$108.00	$81.56	0106	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
14432950505	12/15/2005	$789.00	$789.00	0106	REMSA	789.07	Abdominal Pain Generalized
14434378776	12/21/2005	$185.00	$132.72	0106	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
14434378776	12/22/2005	$108.00	$81.56	0106	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
14435807393	12/15/2005	$586.00	$444.60	0106	SWANSON, JOHN MD	599.0	Urinary Tract Infection Site Not Sp
14437235916	12/23/2005	$51.00	$34.37	0106	KRAKORA, GEORGE A. MD	496	Chronic Airway Obstruction Not El
14437235916	12/21/2005	$472.00	$318.13	0106	TSUNG, STEPHEN S. MD	576.8	Other Specified Disorders Of Biliar
14441521509	1/2/2006	$31,067.00	$670.00	0106	WASHOE MEDICAL CENTER	276.1	Hyposmolality And/or Hyponatremi
14441521703	12/20/2005	$1,160.00	$1,160.00	0106	CARTER, JAN O. MD	276.1	Hyposmolality And/or Hyponatremi
14441521703	12/23/2005	$361.00	$361.00	0106	CARTER, JAN O. MD	276.1	Hyposmolality And/or Hyponatremi
14442950329	12/3/2005	$743.00	$509.00	0106	GANSERT, GARY G. MD	789.09	Abdominal Pain Other Specified Si
14445800101	9/2/2005	$95.00	$52.00	0106	LEVAI, LEVENTE MD	786.59	Other Chest Pain
14454378966	12/28/2005	$815.00	$815.00	0106	REMSA	786.05	Shortness Of Breath
14457235850	12/29/2005	$51.00	$34.37	0106	KENTON, ROBERT W. MD	V58.49	Other Specified Aftercare Followin
14457235850	12/28/2005	$51.00	$34.37	0106	WARD, MICHAEL P. MD	276.1	Hyposmolality And/or Hyponatremi
15610074292	9/9/2005	$77.00	$51.16	0106	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15610078750	9/9/2005	($77.00)	$0.00	0106	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15748645722	9/5/2005	$77.00	$51.16	0106	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15748650539	9/5/2005	($77.00)	$0.00	0106	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15882931430	10/24/2005	$98.00	$72.58	0106	BACON, JEFFREY P. MD	491.21	Obstructive Chronic Bronchitis Wit
15882936002	10/24/2005	($98.00)	$0.00	0106	BACON, JEFFREY P. MD	491.21	Obstructive Chronic Bronchitis Wit

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
16032935935	9/19/2005	$137.00	$0.00	0106	MILLER, DENVER J. MD	748.3	Other Congenital Anomalies Of La
16032935935	9/21/2005	$135.00	$0.00	0106	PUGSLEY, BRENDA A. APN	781.2	Abnormality Of Gait
16032936143	12/3/2005	$541.00	$364.64	0106	MAYS, WARREN L. MD	789.00	Abdominal Pain Unspecified Site
16038650376	11/24/2005	$553.00	$424.00	0106	LEVAI, LEVENTE MD	787.01	Nausea With Vomiting
16038650377	11/26/2005	$519.00	$433.00	0106	MORGAN, TAE MD	787.01	Nausea With Vomiting
16038650377	11/28/2005	$190.00	$104.00	0106	MORGAN, TAE MD	787.01	Nausea With Vomiting
16040078661	12/15/2005	$27,274.20	$8,152.00	0106	WASHOE MEDICAL CENTER	576.8	Other Specified Disorders Of Biliar
16042935876	12/15/2005	$541.00	$364.64	0106	BEIDLE, THOMAS R. MD	789.00	Abdominal Pain Unspecified Site
14864360004	3/28/2005	$4,155.25	$3,307.31	0705	WASHOE MEDICAL CENTER	787.01	Nausea With Vomiting
14864364339	3/28/2005	($4,155.25)	($3,207.31)	0705	WASHOE MEDICAL CENTER	787.01	Nausea With Vomiting
15002931436	4/13/2005	$199.00	$55.60	0705	HONG, ERNEST MD	557.9	Unspecified Vascular Insufficiency
15002935896	4/13/2005	($199.00)	($42.77)	0705	HONG, ERNEST MD	557.9	Unspecified Vascular Insufficiency
15038650048	4/11/2005	$222,763.05	$144,795.98	0705	WASHOE MEDICAL CENTER	557.1	Chronic Vascular Insufficiency Of I
15044360003	5/9/2005	$199.00	$55.60	0705	ODONNELL, JOHN N. MD	789.00	Abdominal Pain Unspecified Site
15044364836	5/9/2005	($199.00)	($42.77)	0705	ODONNELL, JOHN N. MD	789.00	Abdominal Pain Unspecified Site
15147217145	5/13/2005	$149.00	$16.03	0705	AMES, PETER F. MD	575.11	Chronic Cholecystitis
15147221518	5/20/2005	$51.00	$34.37	0705	HODGE, RICHARD G. MD	441.4	Abdominal Aneurysm Without Rup
15147221646	5/13/2005	($149.00)	($12.33)	0705	AMES, PETER F. MD	575.11	Chronic Cholecystitis
15155786101	5/26/2005	$288.00	$95.00	0705	WASHOE HOME CARE	414.00	Coronary Atherosclerosis Of Unsp
15175793247	5/23/2005	$390.00	$293.00	0705	MORGAN, TAE MD	789.07	Abdominal Pain Generalized
15177221661	5/19/2005	$135.00	$135.00	0705	MORGAN, TAE MD	789.07	Abdominal Pain Generalized
15185793001	6/21/2005	$305.00	$0.00	0705	FRICKE, FREDERICK J. MD	789.01	Abdominal Pain Right Upper Quad
15292935945	2/24/2005	$618.00	$0.00	0705	REMSA	786.59	Other Chest Pain
15297221551	6/23/2005	$140.00	$0.00	0705	FRICKE, FREDERICK J. MD	789.01	Abdominal Pain Right Upper Quad
15304364352	6/23/2005	$176.25	$119.53	0705	WASHOE MEDICAL CENTER	787.02	Nausea Alone
15311507418	6/13/2005	$85.00	$35.62	0705	DELIONBACK, LOUIS A. MD	789.00	Abdominal Pain Unspecified Site
15311507793	6/7/2005	$78.00	$35.62	0705	DELIONBACK, LOUIS A. MD	414.9	Chronic Ischemic Heart Disease U
15311507793	5/31/2005	$78.00	$35.62	0705	DELIONBACK, LOUIS A. MD	414.9	Chronic Ischemic Heart Disease U
15317221573	7/7/2005	$51.00	$34.37	0705	KRAKORA, GEORGE A. MD	786.50	Unspecified Chest Pain
15317221573	7/8/2005	$149.00	$100.43	0705	WARD, SUSAN J. MD	441.4	Abdominal Aneurysm Without Rup
15185785872	6/9/2005	$728.00	$267.00	0805	WASHOE HOME CARE	575.11	Chronic Cholecystitis

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15292935945	2/24/2005	($618.00)	$0.00	0805	REMSA	786.59	Other Chest Pain
15430078574	7/18/2005	$300.00	$121.63	0805	GHOLDOIAN, GARO C. MD	789.0	Orchitis And Epididymitis Unspecif
15430078795	7/22/2005	$630.00	$248.65	0805	ESTRADA-LINDER, LILIAN MD	789.04	Abdominal Pain Left Lower Quadr
15430078795	7/23/2005	$150.00	$105.30	0805	ESTRADA-LINDER, LILIAN MD	789.04	Abdominal Pain Left Lower Quadr
15430079007	7/24/2005	$450.00	$329.04	0805	HARRISON, CLARK A. MD	789.02	Abdominal Pain Left Upper Quadr
15430079007	7/25/2005	$108.00	$81.56	0805	HARRISON, CLARK A. MD	789.01	Abdominal Pain Right Upper Quad
15431507259	7/18/2005	$19,075.35	$5,095.00	0805	WASHOE MEDICAL CENTER	789.01	Abdominal Pain Right Upper Quad
15435792906	7/7/2005	$69,297.75	$12,305.23	0805	WASHOE MEDICAL CENTER	414.01	Coronary Atherosclerosis Of Nativ
15435792960	7/22/2005	$51.00	$34.37	0805	ARDILL, RICHARD H. MD	786.05	Shortness Of Breath
15435792961	7/18/2005	$541.00	$364.64	0805	KENTON, ROBERT W. MD	441.4	Abdominal Aneurysm Without Rup
15435792961	7/24/2005	$89.00	$59.99	0805	KRAKORA, GEORGE A. MD	787.01	Nausea With Vomiting
15435792961	7/24/2005	$167.00	$112.56	0805	LOCKEN, JULIE A. MD	608.9	Unspecified Disorder Of Male Gen
15435792961	7/24/2005	$156.00	$105.14	0805	LOCKEN, JULIE A. MD	789.03	Abdominal Pain Right Lower Quad
15440078717	8/4/2005	$625.00	$306.90	0805	GHOLDOIAN, GARO C. MD	788.21	Orchitis And Epididymitis Unspecif
15440078732	7/29/2005	$516.00	$408.24	0805	KATZ, PAUL M. MD	724.3	Sciatica
15440079159	7/24/2005	$841.00	$841.00	0805	REMSA	789.00	Abdominal Pain Unspecified Site
15440079168	7/28/2005	$154.00	$102.32	0805	HARRISON, CLARK A. MD	789.02	Abdominal Pain Left Upper Quadr
15440079224	7/26/2005	$108.00	$81.56	0805	HARRISON, CLARK A. MD	789.02	Abdominal Pain Left Upper Quadr
15441507300	7/18/2005	$640.00	$444.60	0805	SWANSON, JOHN MD	550.10	Unilateral Or Unspecified Inguinal
15445792961	7/29/2005	$273.00	$184.00	0805	WELCH, JAMES MD	786.50	Unspecified Chest Pain
15450078805	7/29/2005	$860.00	$860.00	0805	CARTER, JAN O. MD	789.00	Abdominal Pain Unspecified Site
15450078805	8/1/2005	$361.00	$361.00	0805	CARTER, JAN O. MD	789.00	Abdominal Pain Unspecified Site
15450079258	7/7/2005	$841.00	$841.00	0805	REMSA	786.59	Other Chest Pain
15451507387	7/24/2005	$597.00	$444.60	0805	BROWN, KEVIN A. DO	789.09	Abdominal Pain Other Specified Si
15460078697	5/18/2005	$365.00	$168.00	0805	GANCHAN, RICHARD P. MD	424.1	Aortic Valve Disorders
15460079159	7/7/2005	$713.00	$520.20	0805	LAINE, JONATHAN E. MD	786.50	Unspecified Chest Pain
15460079232	8/13/2005	$867.00	$867.00	0805	REMSA	786.59	Other Chest Pain
15465792894	8/13/2005	$51.00	$34.37	0805	ALLGOOD, MARK R. MD	518.0	Pulmonary Collapse
15465792894	8/14/2005	$51.00	$34.37	0805	KAPLAN, BRUCE D. MD	786.05	Shortness Of Breath
15465792894	8/15/2005	$51.00	$34.37	0805	KENYHERZ, GREGORY E. MD	V58.49	Other Specified Aftercare Followin
15465792894	8/11/2005	$383.00	$258.14	0805	LOCKEN, JULIE A. MD	604.90	Orchitis And Epididymitis Unspecif

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15465793143	7/12/2005	$255.00	$116.00	0805	CHANEY, RACHEL K. MD	413.9	Other And Unspecified Angina Pe
15465793143	7/10/2005	$190.00	$93.00	0805	WILLIAMSON, JOHN S. MD	413.9	Other And Unspecified Angina Pe
15465793144	7/7/2005	$325.00	$125.00	0805	BERNDT, THEODORE B. MD	413.9	Other And Unspecified Angina Pe
14882931449	3/28/2005	$268.00	$268.00	0905	ALI, SHAHEEN MD	787.01	Nausea With Vomiting
14882936197	3/28/2005	($268.00)	($268.00)	0905	ALI, SHAHEEN MD	787.01	Nausea With Vomiting
14888650190	3/27/2005	$268.00	$0.00	0905	ALI, SHAHEEN MD	787.01	Nausea With Vomiting
14888650196	3/27/2005	$268.00	$0.00	0905	ALI, SHAHEEN MD	787.01	Nausea With Vomiting
15292931429	2/24/2005	$0.00	$0.00	0905	REMSA	786.59	Other Chest Pain
15292931432	2/24/2005	$618.00	$618.00	0905	REMSA	786.59	Other Chest Pain
15435785801	6/23/2005	$176.25	$0.00	0905	WASHOE MEDICAL CENTER	787.02	Nausea Alone
15435792906	7/24/2005	$27,388.50	$8,152.00	0905	WASHOE MEDICAL CENTER	355.0	Lesion Of Sciatic Nerve
15440078916	8/1/2005	$415.00	$222.31	0905	VIJUNGCO, A JOSEPH D. MD	441.4	Abdominal Aneurysm Without Rup
15450079111	7/30/2005	$541.00	$364.64	0905	MAYS, WARREN L. MD	600.00	Hypertrophy (benign) Of Prostate
15465793143	7/8/2005	$5,549.00	$1,620.99	0905	SEHER, RICHARD P. MD	414.01	Coronary Atherosclerosis Of Nativ
15465793143	7/8/2005	$2,209.00	$867.25	0905	SEHER, RICHARD P. MD	414.01	Other And Unspecified Angina Pe
15470078864	8/19/2005	$775.00	$315.00	0905	GRINSELL, JOHN W. MD	786.50	Unspecified Chest Pain
15470078864	8/20/2005	$115.00	$59.00	0905	ICHINO, JAKE MD	786.50	Unspecified Chest Pain
15470078864	8/14/2005	$300.00	$121.00	0905	SWACKHAMER, ROBERT D. MD	786.50	Unspecified Chest Pain
15470079020	8/22/2005	$375.00	$0.00	0905	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15574364482	8/16/2005	$292.00	$196.81	0905	HODGE, RICHARD G. MD	518.89	Other Diseases Of Lung Not Else
15574364482	8/22/2005	$51.00	$34.37	0905	TEW, JOEL MD	786.05	Shortness Of Breath
15580078894	8/16/2005	$135.00	$135.00	0905	MORGAN, TAE MD	786.59	Other Chest Pain
15580079065	8/13/2005	$617.00	$444.60	0905	CROGHAN, CARI L. MD	786.50	Unspecified Chest Pain
15580079097	8/29/2005	$77.00	$51.16	0905	SANDE, CRAIG M. MD	789.00	Abdominal Pain Unspecified Site
15580079162	8/13/2005	$268.00	$268.00	0905	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15580079163	8/15/2005	$230.00	$187.00	0905	MORGAN, TAE MD	786.59	Other Chest Pain
15580079261	8/19/2005	$375.00	$260.00	0905	BERMAN, STEVEN E. MD	729.1	Myalgia And Myositis Unspecified
15580079261	8/24/2005	$225.00	$156.00	0905	BERMAN, STEVEN E. MD	729.1	Myalgia And Myositis Unspecified
15584364415	5/19/2005	$847.00	$570.88	0905	HUEFTLE, MARK G. MD	441.4	Abdominal Aneurysm Without Rup
15584364415	5/12/2005	$63.00	$42.46	0905	KENTON, ROBERT W. MD	786.05	Shortness Of Breath
15584364415	6/23/2005	$301.00	$202.87	0905	LOCKEN, JULIE A. MD	789.01	Abdominal Pain Right Upper Quad

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15584364415	5/9/2005	$132.00	$88.97	0905	MONTELLA, MARC MD	789.03	Abdominal Pain Right Lower Quad
15584364415	5/11/2005	$402.00	$270.95	0905	TEW, JOEL MD	789.00	Diverticulosis Of Colon (without H
15584364415	8/22/2005	$212.00	$142.89	0905	WELCH, JAMES MD	780.09	Alteration Of Consciousness Othe
15588650137	8/24/2005	$216.00	$163.12	0905	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15588650137	8/26/2005	$154.00	$102.32	0905	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15588650138	8/27/2005	$124.20	$81.56	0905	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15588650596	8/19/2005	$285.00	$156.00	0905	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15588650688	9/2/2005	$490.00	$121.00	0905	GANCHAN, RICHARD P. MD	786.50	Unspecified Chest Pain
15594364432	8/29/2005	$51.00	$34.37	0905	DOGGWILER, KURT O. MD	786.50	Unspecified Chest Pain
15594364466	8/28/2005	$129.60	$81.56	0905	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15598650132	8/22/2005	$285.00	$156.00	0905	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15598650132	8/24/2005	$190.00	$104.00	0905	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15598650132	8/27/2005	$405.00	$405.00	0905	MORGAN, TAE MD	786.59	Other Chest Pain
15598650362	8/31/2005	$77.00	$51.16	0905	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
15598650416	9/1/2005	$77.00	$0.00	0905	SANDE, CRAIG M. MD	789.00	Abdominal Pain Unspecified Site
15602935863	8/30/2005	$77.00	$51.16	0905	SANDE, CRAIG M. MD	789.00	Abdominal Pain Unspecified Site
15604364353	3/27/2005	$51.00	$34.37	0905	ARDILL, RICHARD H. MD	780.4	Dizziness And Giddiness
15604364353	3/29/2005	$124.00	$83.57	0905	BEIDLE, THOMAS R. MD	786.05	Shortness Of Breath
15604364353	5/1/2005	$63.00	$42.46	0905	BEIDLE, THOMAS R. MD	786.05	Shortness Of Breath
15604364353	4/12/2005	$541.00	$364.64	0905	KAPLAN, BRUCE D. MD	787.91	Diarrhea
15604364353	5/3/2005	$51.00	$34.37	0905	KENTON, ROBERT W. MD	441.4	Abdominal Aneurysm Without Rup
15604364353	4/24/2005	$432.00	$291.16	0905	LOCKEN, JULIE A. MD	441.4	Abdominal Aneurysm Without Rup
15604364353	4/20/2005	$212.00	$142.89	0905	TEW, JOEL MD	733.19	Pathological Fracture Of Other Sp
15604364353	4/11/2005	$279.00	$188.05	0905	TEW, JOEL MD	V58.49	Other Specified Aftercare Followin
15604364354	4/19/2005	$79.00	$53.25	0905	TSUNG, STEPHEN S. MD	789.00	Abdominal Pain Unspecified Site
15604364354	9/2/2005	$51.00	$34.37	0905	WARD, SUSAN J. MD	486	Pneumonia Organism Unspecified
15604364354	3/27/2005	$212.00	$142.89	0905	WELCH, JAMES MD	780.4	Dizziness And Giddiness
15608650076	9/21/2005	$4,968.25	$4,073.97	0905	WASHOE MEDICAL CENTER	550.90	Unilateral Or Unspecified Inguinal
15590078818	8/13/2005	$91,303.10	$46,521.00	1005	WASHOE MEDICAL CENTER	482.39	Pneumonia Due To Other Strepto
15604364354	4/14/2005	$102.00	$68.74	1005	WELCH, JAMES MD	V58.49	Other Specified Aftercare Followin
15608650214	8/30/2005	$285.00	$156.00	1005	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15608650635	9/11/2005	$615.00	$615.00	1005	REMSA	786.59	Other Chest Pain
15608650636	9/10/2005	$802.00	$802.00	1005	REMSA	786.59	Other Chest Pain
15608650820	9/6/2005	$108.00	$0.00	1005	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15610078750	9/8/2005	$216.00	$0.00	1005	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15610078750	9/9/2005	$77.00	$0.00	1005	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15614364403	9/7/2005	$49.00	$33.03	1005	LOCKEN, JULIE A. MD	959.7	Other And Unspecified Injury To K
15614364650	9/20/2005	$760.00	$760.00	1005	REMSA	789.09	Abdominal Pain Other Specified Si
15718650522	9/11/2005	$51.00	$34.37	1005	MAYS, WARREN L. MD	786.50	Unspecified Chest Pain
15718650560	9/6/2005	$285.00	$52.00	1005	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15721507333	9/21/2005	$547.00	$547.00	1005	REMSA	789.09	Abdominal Pain Other Specified Si
15724364458	9/20/2005	$541.00	$364.64	1005	LOCKEN, JULIE A. MD	550.90	Unilateral Or Unspecified Inguinal
15731507273	9/20/2005	$383.00	$302.40	1005	HAERING, RICHARD S. MD	550.90	Unilateral Or Unspecified Inguinal
15734364720	9/5/2005	$95.00	$0.00	1005	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15744364430	9/11/2005	$4,256.25	$3,490.13	1005	WASHOE MEDICAL CENTER	786.50	Unspecified Chest Pain
15744364488	10/6/2005	$51.00	$34.37	1005	ARDILL, RICHARD H. MD	V58.49	Other Specified Aftercare Followin
15744364488	10/14/2005	$847.00	$570.88	1005	HUEFTLE, MARK G. MD	447.1	Stricture Of Artery
15185785872	6/9/2005	($728.00)	($267.00)	1105	WASHOE HOME CARE	575.11	Chronic Cholecystitis
15185788574	6/9/2005	$728.00	$267.00	1105	WASHOE HOME CARE	575.11	Chronic Cholecystitis
15470074301	8/22/2005	$375.00	$289.04	1105	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15470079020	8/22/2005	($375.00)	$0.00	1105	NASON, DANIEL T. MD	789.00	Abdominal Pain Unspecified Site
15598645721	9/1/2005	$77.00	$51.16	1105	SANDE, CRAIG M. MD	789.00	Abdominal Pain Unspecified Site
15598650416	9/1/2005	($77.00)	$0.00	1105	SANDE, CRAIG M. MD	789.00	Abdominal Pain Unspecified Site
15608645735	9/6/2005	$108.00	$81.56	1105	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15608650820	9/6/2005	($108.00)	$0.00	1105	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15610074287	9/8/2005	$0.00	$0.00	1105	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15610074290	9/8/2005	$216.00	$163.12	1105	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15610078750	9/8/2005	($216.00)	$0.00	1105	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15718645727	9/6/2005	$285.00	$156.00	1105	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15718650560	9/6/2005	($285.00)	($52.00)	1105	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15724357230	9/9/2005	$5,749.77	$1,650.00	1105	WASHOE PROGRESSIVE CARE CENT	V57.1	Care Involving Other Physical The
15730079030	9/4/2005	$190.00	$0.00	1105	LEVAI, LEVENTE MD	786.59	Other Chest Pain

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15734364720	9/7/2005	$95.00	$0.00	1105	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15742928772	10/7/2005	$880.00	$572.00	1105	VANDELIST, CRAIG L. MD	550.90	Unilateral Or Unspecified Inguinal
15742935851	9/8/2005	$95.00	$52.00	1105	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15748650539	9/5/2005	$77.00	$0.00	1105	HARRISON, CLARK A. MD	789.00	Abdominal Pain Unspecified Site
15748650572	10/6/2005	$104.00	$0.00	1105	HANSEN, JOHN C. MD	550.90	Unilateral Or Unspecified Inguinal
15754364553	9/8/2005	$95.00	$0.00	1105	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15758650164	10/6/2005	$527.00	$355.20	1105	BRUNO, ANTHONY J. MD	441.4	Abdominal Aneurysm Without Rup
15758650164	10/11/2005	$63.00	$42.46	1105	KAPLAN, BRUCE D. MD	496	Chronic Airway Obstruction Not El
15758650165	10/15/2005	$51.00	$34.37	1105	KENYHERZ, GREGORY E. MD	518.3	Pulmonary Eosinophilia
15758650165	10/12/2005	$645.00	$434.73	1105	TEW, JOEL MD	786.50	Unspecified Chest Pain
15758650559	10/17/2005	$108.00	$81.56	1105	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
15758650560	10/18/2005	$108.00	$81.56	1105	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
15758650561	10/15/2005	$124.20	$81.56	1105	NACHIONDO, JAMES MD	789.00	Abdominal Pain Unspecified Site
15758650564	10/16/2005	$129.60	$81.56	1105	NACHIONDO, JAMES MD	789.00	Abdominal Pain Unspecified Site
15758650567	10/14/2005	$657.00	$433.08	1105	NACHIONDO, JAMES MD	789.00	Abdominal Pain Unspecified Site
15758650574	10/12/2005	$526.00	$404.88	1105	NACHIONDO, JAMES MD	789.00	Abdominal Pain Unspecified Site
15862935835	10/19/2005	$51.00	$34.37	1105	TEW, JOEL MD	786.09	Respiratory Abnormality Other
15862935835	10/17/2005	$541.00	$364.64	1105	WELCH, JAMES MD	441.4	Abdominal Aneurysm Without Rup
15867222003	10/21/2005	$77.00	$51.16	1105	GRAY, JOHN F. MD	789.00	Abdominal Pain Unspecified Site
15871500029	10/24/2005	$2,800.00	$1,820.00	1105	ELLERO, JOANN MD	441.4	Abdominal Aneurysm Without Rup
15871500029	10/26/2005	$240.00	$132.00	1105	ELLERO, JOANN MD	V67.51	Follow-up Examination Following
15871500029	10/25/2005	$240.00	$132.00	1105	CURRY, GORDON MD	V67.51	Follow-up Examination Following
15871500029	10/29/2005	$240.00	$132.00	1105	BROWNE, DUNCAN J. MD	V67.51	Follow-up Examination Following
15871500029	10/27/2005	$240.00	$168.00	1105	EBY, CHRISTIAN MD	V67.51	Follow-up Examination Following
15871500030	10/28/2005	$240.00	$168.00	1105	EBY, CHRISTIAN MD	V67.51	Follow-up Examination Following
15872935849	10/27/2005	$51.00	$34.37	1105	KENTON, ROBERT W. MD	786.09	Respiratory Abnormality Other
15872935849	10/24/2005	$51.00	$34.37	1105	LOCKEN, JULIE A. MD	786.05	Shortness Of Breath
15872936081	10/17/2005	$165.00	$64.00	1105	GRINSELL, JOHN W. MD	413.9	Other And Unspecified Angina Pe
15872936082	10/25/2005	$330.00	$128.00	1105	ICHINO, JAKE MD	413.9	Other And Unspecified Angina Pe
15872936082	11/1/2005	$115.00	$59.00	1105	JUNEAU CARL	413.9	Other And Unspecified Angina Pe
15872936082	10/16/2005	$230.00	$118.00	1105	SMITH, DAVID E. MD	413.9	Other And Unspecified Angina Pe

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15872936082	10/21/2005	$280.00	$123.00	1105	THOMPSON, STANLEY I. MD	413.9	Other And Unspecified Angina Pe
15872936082	10/31/2005	$265.00	$127.00	1105	SWACKHAMER, ROBERT D. MD	413.9	Other And Unspecified Angina Pe
15872936082	10/14/2005	$115.00	$59.00	1105	ZEBRACK, JERRY N. MD	413.9	Other And Unspecified Angina Pe
15872936082	10/13/2005	$405.00	$193.00	1105	ZEBRACK, JERRY N. MD	413.9	Other And Unspecified Angina Pe
15872936083	10/27/2005	$330.00	$128.00	1105	SEHER, RICHARD P. MD	413.9	Other And Unspecified Angina Pe
15872936083	11/3/2005	$115.00	$59.00	1105	GANCHAN, RICHARD P. MD	413.9	Other And Unspecified Angina Pe
15872936083	11/2/2005	$560.00	$246.00	1105	GANCHAN, RICHARD P. MD	429.9	Other And Unspecified Angina Pe
15877221951	10/3/2005	$85.00	$60.62	1105	DELIONBACK, LOUIS A. MD	466.0	Acute Bronchitis
15882935940	10/23/2005	$392.00	$290.32	1105	SMITH, LESLIE S. MD	491.20	Obstructive Chronic Bronchitis Wit
15882936001	10/18/2005	$98.00	$72.58	1105	SMITH, LESLIE S. MD	491.20	Obstructive Chronic Bronchitis Wit
15887221580	10/26/2005	$51.00	$34.37	1105	ALLGOOD, MARK R. MD	428.0	Congestive Heart Failure Unspecif
15887221580	11/1/2005	$51.00	$34.37	1105	ARDILL, RICHARD H. MD	786.09	Respiratory Abnormality Other
15887221580	10/25/2005	$51.00	$34.37	1105	DOGGWILER, KURT O. MD	787.03	Vomiting Alone
15887221580	10/30/2005	$51.00	$34.37	1105	LOCKEN, JULIE A. MD	786.05	Shortness Of Breath
15887221605	10/24/2005	$6,501.00	$561.00	1105	PLECHA, EDWARD MD	441.4	Abdominal Aneurysm Without Rup
15887221605	10/24/2005	$6,611.00	$2,805.00	1105	HANSEN, JOHN C. MD	441.4	Abdominal Aneurysm Without Rup
15887221606	10/24/2005	$6,501.00	$0.00	1105	PLECHA, EDWARD MD	441.4	Abdominal Aneurysm Without Rup
15887221611	9/19/2005	$137.00	$0.00	1105	MILLER, DENVER J. MD	748.3	Other Congenital Anomalies Of La
15887221611	9/9/2005	$137.00	$52.00	1105	PUGSLEY, BRENDA A. APN	486	Pneumonia Organism Unspecified
15887221611	9/13/2005	$137.00	$52.00	1105	PUGSLEY, BRENDA A. APN	781.2	Abnormality Of Gait
15887221611	9/21/2005	$135.00	$0.00	1105	PUGSLEY, BRENDA A. APN	781.2	Abnormality Of Gait
15887222016	11/10/2005	$1,160.00	$1,160.00	1105	CARTER, JAN O. MD	038.9	Unspecified Septicemia
15887222016	11/15/2005	$691.00	$691.00	1105	CARTER, JAN O. MD	038.9	Unspecified Septicemia
15888650266	11/5/2005	$802.00	$802.00	1105	REMSA	780.2	Syncope And Collapse
15888650267	11/6/2005	$340.00	$107.00	1105	NOBLE, LARRY M. MD	780.2	Syncope And Collapse
15888650268	11/10/2005	$325.00	$142.00	1105	ZEBRACK, JERRY N. MD	780.2	Syncope And Collapse
15888650359	7/28/2005	$302.00	$189.00	1105	HARRIS, RETA L. MD	780.09	Alteration Of Consciousness Othe
15897221595	11/5/2005	$273.00	$184.00	1105	KENYHERZ, GREGORY E. MD	786.50	Unspecified Chest Pain
15897221595	11/6/2005	$51.00	$34.37	1105	MONTELLA, MARC MD	518.89	Other Diseases Of Lung Not Else
15897221595	11/7/2005	$875.00	$589.75	1105	WARD, MICHAEL P. MD	441.9	Aortic Aneurysm Of Unspecified Si
15897221595	11/7/2005	$51.00	$34.37	1105	WARD, SUSAN J. MD	V58.49	Other Specified Aftercare Followin

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15730074290	9/4/2005	$190.00	$104.00	1205	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15730079030	9/4/2005	($190.00)	$0.00	1205	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15734360002	9/5/2005	$95.00	$52.00	1205	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15734360002	9/7/2005	$95.00	$52.00	1205	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15734364720	9/7/2005	($95.00)	$0.00	1205	LEVAI, LEVENTE MD	786.59	Other Chest Pain
15734364720	9/5/2005	($95.00)	$0.00	1205	MCREYNOLDS, JOEL MD	786.59	Other Chest Pain
15871507264	10/6/2005	$165,419.75	$107,522.84	1205	WASHOE MEDICAL CENTER	441.4	Abdominal Aneurysm Without Rup
15882928872	11/5/2005	$288.00	$95.00	1205	WASHOE HOME CARE	V58.75	Aftercare Following Surgery Of Th
15882936002	10/24/2005	$98.00	$0.00	1205	BACON, JEFFREY P. MD	491.21	Obstructive Chronic Bronchitis Wit
15887221489	11/5/2005	$46,266.50	$10,190.00	1205	WASHOE MEDICAL CENTER	038.9	Unspecified Septicemia
15887221605	10/13/2005	$2,602.00	$1,065.86	1205	HANSEN, JOHN C. MD	789.04	Unilateral Or Unspecified Inguinal
15888650322	9/10/2005	$234.00	$0.00	1205	CLARK, PETER S. MD	786.50	Unspecified Chest Pain
15888650359	8/26/2005	$772.00	$0.00	1205	BROADHEAD, MARK MD	293.0	Delirium Due To Conditions Classi
15890071686	11/17/2005	$288.00	$95.00	1205	WASHOE HOME CARE	429.2	Cardiovascular Disease Unspecifi
15897221691	10/27/2005	$139.00	$103.19	1205	RICHESON, ROBERT B. MD	491.20	Obstructive Chronic Bronchitis Wit
15897221692	10/17/2005	$98.00	$72.58	1205	SMITH, LESLIE S. MD	491.20	Obstructive Chronic Bronchitis Wit
15897221694	10/31/2005	$98.00	$72.58	1205	ANDREWS, JOHN D. MD	491.20	Obstructive Chronic Bronchitis Wit
15897221694	10/30/2005	$643.00	$476.21	1205	BACON, JEFFREY P. MD	491.20	Obstructive Chronic Bronchitis Wit
15897221720	10/19/2005	$98.00	$72.58	1205	BAEZ, STEPHEN MD	491.20	Obstructive Chronic Bronchitis Wit
15897221720	10/26/2005	$237.00	$175.77	1205	DENNEY, BRUCE W. MD	491.21	Obstructive Chronic Bronchitis Wit
15898650179	11/8/2005	$640.00	$486.90	1205	DEWEESE, STEVEN MD	780.2	Syncope And Collapse
15898650192	11/18/2005	$932.00	$932.00	1205	REMSA	787.02	Nausea Alone
15898650222	9/10/2005	$597.00	$444.60	1205	SANDERS, THOMAS J. MD	786.50	Unspecified Chest Pain
16007221496	11/18/2005	$26,112.25	$10,190.00	1205	WASHOE MEDICAL CENTER	564.09	Other Constipation
16007221558	11/3/2005	$237.00	$175.77	1205	ANDREWS, JOHN D. MD	491.20	Obstructive Chronic Bronchitis Wit
16007221558	10/28/2005	$98.00	$72.58	1205	DENNEY, BRUCE W. MD	491.20	Obstructive Chronic Bronchitis Wit
16007221558	11/2/2005	$98.00	$72.58	1205	MASHOUR, STEVE K. MD	491.20	Obstructive Chronic Bronchitis Wit
16007221982	11/11/2005	$555.00	$509.00	1205	SWARTS, RAYMOND L. MD	590.10	Acute Pyelonephritis Without Lesi
16008650518	2/23/2005	$487.00	$459.00	1205	AKERS-HUDSON, LISA K. MD	786.50	Unspecified Chest Pain
16008650536	11/18/2005	$617.00	$444.60	1205	MORKIN, MICHAEL J. MD	789.00	Abdominal Pain Unspecified Site
16012935890	11/18/2005	$51.00	$34.37	1205	BEIDLE, THOMAS R. MD	V58.49	Other Specified Aftercare Followin

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
16012935890	11/19/2005	$79.00	$53.25	1205	KENTON, ROBERT W. MD	564.00	Unspecified Constipation
16020078819	12/3/2005	$615.00	$615.00	1205	REMSA	788.30	Urinary Incontinence Unspecified
16020078819	12/3/2005	$789.00	$789.00	1205	REMSA	789.00	Abdominal Pain Unspecified Site
16022936086	11/1/2005	$445.00	$0.00	1205	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
16027221744	9/10/2005	$234.00	$0.00	1205	CLARK, PETER S. MD	786.50	Unspecified Chest Pain
	TPA Subtotal:	$839,834.82	$417,232.99				
	Mbr Subtotal:	$839,834.82	$417,232.99				

HIPAA Mbr# 1407366.67 SPOUSE

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16038650391	11/19/2005	$525.00	$188.00	0106	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
16038650401	12/15/2005	$81.00	$70.11	0106	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
14577217152	1/13/2005	$199.00	$55.60	0705	HONG, ERNEST MD	515	Postinflammatory Pulmonary Fibro
14577221615	1/13/2005	($199.00)	($106.72)	0705	HONG, ERNEST MD	515	Postinflammatory Pulmonary Fibro
15034364416	5/12/2005	$40,843.25	$13,238.00	0705	WASHOE MEDICAL CENTER	428.0	Congestive Heart Failure Unspecif
15147221530	5/17/2005	$1,213.00	$817.55	0705	ALLGOOD, MARK R. MD	786.6	Swelling Mass Or Lump In Chest
15157217143	5/17/2005	$199.00	$55.60	0705	ODONNELL, JOHN N. MD	196.1	Secondary And Unspecified Malig
15157221738	5/17/2005	($199.00)	($42.77)	0705	ODONNELL, JOHN N. MD	196.1	Secondary And Unspecified Malig
15174364478	6/2/2005	$300.00	$145.00	0705	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15177221702	6/16/2005	$335.00	$266.63	0705	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15181507757	5/19/2005	$525.00	$188.00	0705	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15182935838	6/20/2005	$1,613.25	$1,292.87	0705	WASHOE MEDICAL CENTER	496	Chronic Airway Obstruction Not El
15182935838	6/2/2005	$214.00	$145.48	0705	WASHOE MEDICAL CENTER	162.9	Malignant Neoplasm Of Bronchus
15287214416	5/12/2005	$215.00	$0.00	0705	BERNDT, THEODORE B. MD	786.05	Shortness Of Breath
15287221544	6/17/2005	$263.00	$177.26	0705	KAPLAN, BRUCE D. MD	162.9	Malignant Neoplasm Of Bronchus
15287221544	6/14/2005	$6,152.25	$4,121.62	0705	LOCKEN, JULIE A. MD	162.3	Malignant Neoplasm Of Upper Lob
15295792901	6/30/2005	$12,463.00	$10,034.66	0705	WASHOE MEDICAL CENTER	162.9	Malignant Neoplasm Of Bronchus
15301507379	6/28/2005	$256.00	$199.28	0705	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15301507379	6/28/2005	$745.00	$620.80	0705	CONRATH, F CRAIG MD	V58.1	Malignant Neoplasm Of Bronchus
15301507379	6/28/2005	$1,290.00	$955.80	0705	CONRATH, F CRAIG MD	V58.1	Encounter For Antineoplastic Che

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15301507518	5/18/2005	$279.00	$188.61	0705	BLOOMFIELD, STEPHEN H. MD	428.0	Congestive Heart Failure Unspecif
15301507518	5/20/2005	$120.00	$109.99	0705	LAXALT, KRISTIN MD	428.0	Congestive Heart Failure Unspecif
15301507518	5/19/2005	$587.00	$418.04	0705	LAXALT, KRISTIN MD	428.0	Congestive Heart Failure Unspecif
15301507520	6/29/2005	$67.00	$35.62	0705	LAXALT, KRISTIN MD	162.9	Malignant Neoplasm Of Bronchus
15304364348	7/5/2005	$1,490.50	$1,122.21	0705	WASHOE MEDICAL CENTER	305.00	Nondependent Alcohol Abuse Uns
15305793179	7/5/2005	$641.00	$551.51	0705	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15305793179	7/5/2005	$1,765.00	$1,311.60	0705	CONRATH, F CRAIG MD	V58.1	Encounter For Antineoplastic Che
15311507445	6/23/2005	$3,040.00	$1,099.06	0705	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15311507445	7/12/2005	$1,755.00	$1,009.33	0705	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15317221483	7/15/2005	$7,804.50	$6,174.69	0705	WASHOE MEDICAL CENTER	162.9	Malignant Neoplasm Of Bronchus
15317221560	7/5/2005	$63.00	$42.46	0705	KENYHERZ, GREGORY E. MD	786.05	Shortness Of Breath
15317221589	7/12/2005	$570.00	$392.77	0705	CONRATH, F CRAIG MD	V58.1	Encounter For Antineoplastic Che
15317221603	5/20/2005	$420.00	$284.74	0705	CLARK, PAUL MD	584.9	Acute Renal Failure Unspecified
15287214416	5/12/2005	($215.00)	$0.00	0805	BERNDT, THEODORE B. MD	786.05	Shortness Of Breath
15287217143	5/12/2005	$215.00	$100.00	0805	BERNDT, THEODORE B. MD	786.05	Shortness Of Breath
15314364559	7/5/2005	$763.00	$763.00	0805	REMSA	786.05	Shortness Of Breath
15315793079	6/21/2005	$54.00	$6.84	0805	BACON, JEFFREY P. MD	786.09	Respiratory Abnormality Other
15315793079	6/21/2005	$95.00	$0.00	0805	BACON, JEFFREY P. MD	235.7	Neoplasm Of Uncertain Behavior
15317221589	7/12/2005	$670.00	$536.21	0805	CONRATH, F CRAIG MD	V58.1	Malignant Neoplasm Of Bronchus
15317221589	7/12/2005	$281.00	$243.40	0805	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15321507725	6/19/2005	$525.00	$188.00	0805	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15321507763	7/6/2005	$730.00	$610.30	0805	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15327221774	7/13/2005	$730.00	$610.30	0805	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15327221788	7/22/2005	$670.00	$536.21	0805	CONRATH, F CRAIG MD	V58.1	Malignant Neoplasm Of Bronchus
15327221788	7/22/2005	$281.00	$243.40	0805	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15327221788	7/22/2005	$570.00	$407.91	0805	CONRATH, F CRAIG MD	V58.1	Encounter For Antineoplastic Che
15430078894	6/27/2005	$234.00	$66.00	0805	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15431507346	7/5/2005	$406.00	$302.40	0805	SCHENK, SHELDON J. MD	786.05	Shortness Of Breath
15440078617	7/29/2005	$11,110.25	$9,110.41	0805	WASHOE MEDICAL CENTER	162.9	Malignant Neoplasm Of Bronchus
15445793109	8/4/2005	$925.00	$723.86	0805	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Bronchus
15450079093	7/28/2005	$234.00	$66.00	0805	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15451507379	7/26/2005	$3,300.00	$1,576.03	0805	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15451507380	8/5/2005	$1,430.00	$911.88	0805	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15460078634	8/3/2005	$75.00	$75.00	0805	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15460078760	8/12/2005	$7,214.75	$5,916.10	0805	WASHOE MEDICAL CENTER	162.9	Malignant Neoplasm Of Bronchus
15465793088	8/11/2005	$925.00	$723.86	0805	CONRATH, F CRAIG MD	V58.1	Malignant Neoplasm Of Bronchus
15445793109	8/4/2005	$623.00	$467.32	0905	REDDY, SURESH V. MD	162.9	Malignant Neoplasm Of Bronchus
15465793088	8/11/2005	$646.00	$503.90	0905	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15470078874	7/19/2005	$525.00	$188.00	0905	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15471507467	8/18/2005	$581.00	$530.64	0905	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15471507467	8/18/2005	$895.00	$701.62	0905	CONRATH, F CRAIG MD	V58.1	Encounter For Antineoplastic Che
15574364536	8/4/2005	$623.00	$0.00	0905	REDDY, SURESH V. MD	162.9	Malignant Neoplasm Of Bronchus
15574364536	8/4/2005	$925.00	$0.00	0905	REDDY, SURESH V. MD	V58.1	Malignant Neoplasm Of Bronchus
15580078809	8/19/2005	$2,186.00	$1,792.52	0905	WASHOE MEDICAL CENTER	162.9	Malignant Neoplasm Of Bronchus
15580079268	8/12/2005	$1,460.00	$1,220.60	0905	DARDICK, LAWRENCE R. MD	162.3	Malignant Neoplasm Of Upper Lob
15598650050	9/12/2005	$1,183.00	$970.06	0905	WASHOE MEDICAL CENTER	162.3	Malignant Neoplasm Of Upper Lob
15604364434	8/19/2005	$525.00	$188.00	0905	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15608650064	9/19/2005	$514.00	$421.48	0905	WASHOE MEDICAL CENTER	789.09	Abdominal Pain Other Specified Si
15610078607	9/19/2005	$168.00	$40.69	1005	LABORATORY CORP OF AMERICA	789.09	Abdominal Pain Other Specified Si
15612935877	9/19/2005	$81.00	$70.11	1005	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15612935918	9/16/2005	$103.00	$94.86	1005	PASSALACQUA, BRIAN MD	789.09	Abdominal Pain Other Specified Si
15614364390	9/12/2005	$263.00	$177.26	1005	TSUNG, STEPHEN S. MD	162.9	Malignant Neoplasm Of Bronchus
15724364446	9/19/2005	$98.00	$66.05	1005	TEW, JOEL MD	789.09	Abdominal Pain Other Specified Si
14455788581	1/13/2005	$5,024.75	$3,920.30	1105	WASHOE MEDICAL CENTER	515	Postinflammatory Pulmonary Fibro
14455792888	1/13/2005	($5,024.75)	($3,066.09)	1105	WASHOE MEDICAL CENTER	515	Postinflammatory Pulmonary Fibro
15758650589	9/19/2005	$525.00	$188.00	1105	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
15888650236	11/1/2005	$81.00	$70.11	1105	CONRATH, F CRAIG MD	162.9	Malignant Neoplasm Of Bronchus
15897221480	11/23/2005	$1,183.00	$970.06	1105	WASHOE MEDICAL CENTER	786.05	Shortness Of Breath
16002935991	10/19/2005	$525.00	$188.00	1205	APRIA HEALTHCARE INC	496	Chronic Airway Obstruction Not El
16010078583	11/23/2005	$88.00	$27.12	1205	LABORATORY CORP OF AMERICA	162.9	Malignant Neoplasm Of Bronchus
16022935875	11/23/2005	$263.00	$177.26	1205	WARD, SUSAN J. MD	786.05	Shortness Of Breath
16027221589	12/8/2005	$190.00	$156.41	1205	MCLENNAN, JAMES C. MD	162.9	Malignant Neoplasm Of Bronchus

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
	TPA Subtotal:	$131,112.75	$78,944.79				
	Mbr Subtotal:	$131,112.75	$78,944.79				

HIPAA Mbr# 1732933.33 SUBSCRIBER

TPA TPA 2004 EPO

14442950029	12/30/2005	$103.00	$19.22	0106	LABORATORY CORP OF AMERICA	401.9	Unspecified Essential Hypertensio
14451521583	1/6/2006	$673.00	$410.84	0106	HARRISON, CLARK A. MD	536.8	Dyspepsia And Other Specified Di
14451521586	1/6/2006	$1,109.00	$466.99	0106	RENO ENDOSCOPY CENTER	536.8	Dyspepsia And Other Specified Di
16028650457	12/9/2005	$100.00	$56.25	0106	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15028645719	5/2/2005	$891.00	$276.42	0705	ODONNELL, JOHN N. MD	174.9	Malignant Neoplasm Of Breast (fe
15028650376	5/2/2005	($891.00)	($206.85)	0705	ODONNELL, JOHN N. MD	174.9	Malignant Neoplasm Of Breast (fe
15034364423	5/19/2005	$2,837.75	$1,644.54	0705	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15151507311	5/2/2005	$3,241.50	$1,200.00	0705	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
15151507533	5/19/2005	$1,528.50	$480.00	0705	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
15151507533	5/19/2005	$1,428.50	$0.00	0705	ESTIPONA, CATHERINE NP	174.8	Malignant Neoplasm Of Other Spe
15157217144	5/19/2005	$523.00	$159.74	0705	PALOSAARI, DAVID E. MD	174.9	Malignant Neoplasm Of Breast (fe
15157221739	5/19/2005	($523.00)	($117.10)	0705	PALOSAARI, DAVID E. MD	174.9	Malignant Neoplasm Of Breast (fe
15167221540	5/26/2005	$240.00	$161.76	0705	BEIDLE, THOMAS R. MD	174.9	Malignant Neoplasm Of Breast (fe
15171507703	6/10/2005	$81.00	$40.11	0705	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15177221535	6/7/2005	$748.00	$504.15	0705	KOCI, TIMOTHY M. MD	722.52	Malignant Neoplasm Of Breast (fe
15301507677	6/29/2005	$106.00	$54.23	0705	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15315792934	6/30/2005	$4,666.75	$3,756.49	0705	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15317221590	7/6/2005	$106.00	$54.23	0705	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15321507451	7/14/2005	$106.00	$54.23	0805	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15325793129	7/18/2005	$106.00	$54.23	0805	ABRASS, GARY L. MD	V67.2	Malignant Neoplasm Of Breast (fe
15434364520	7/27/2005	$106.00	$54.23	0805	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15440078635	7/28/2005	$17,634.75	$14,225.50	0805	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15450079206	8/3/2005	$530.00	$479.13	0805	HERSHEWE, GERARD L. DO	377.14	Glaucomatous Atrophy (cupping)
15460078779	8/16/2005	$5,431.00	$4,423.42	0805	WMC SOUTH MEADOWS	369.9	Unspecified Visual Loss
15465793089	8/17/2005	$106.00	$54.23	0805	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15574364477	8/16/2005	$860.00	$579.64	0905	KENYHERZ, GREGORY E. MD	784.0	Headache
15580078830	8/18/2005	$10,524.50	$8,570.09	0905	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15598650136	9/7/2005	$106.00	$54.23	0905	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15470078976	8/11/2005	$105.00	$30.80	1005	LABORATORY CORP OF AMERICA	174.9	Malignant Neoplasm Of Breast (fe
15470078977	8/4/2005	$324.00	$0.00	1005	LABORATORY CORP OF AMERICA	999.99	Dummy Diagnosis For Dental Ben
15470078977	8/4/2005	$241.00	$0.00	1005	LABORATORY CORP OF AMERICA	999.99	Dummy Diagnosis For Dental Ben
15614364395	9/12/2005	$273.00	$184.00	1005	TSUNG, STEPHEN S. MD	174.9	Malignant Neoplasm Of Breast (fe
15718650068	9/12/2005	$1,810.50	$1,454.61	1005	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15718650435	9/26/2005	$2,505.00	$0.00	1005	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15720078902	9/19/2005	$4,282.00	$0.00	1005	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15724364362	9/30/2005	$15,832.00	$12,727.24	1005	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15724364451	9/30/2005	$160.00	$82.84	1005	WARD, SUSAN J. MD	V49.81	Asymptomatic Postmenopausal St
15748650030	10/14/2005	$7,079.50	$5,680.30	1005	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15754364552	10/12/2005	$300.00	$279.13	1105	HERSHEWE, GERARD L. DO	174.9	Malignant Neoplasm Of Breast (fe
15754364630	10/20/2005	$126.00	$94.86	1105	GORGONA, MARIA T. MD	401.1	Benign Essential Hypertension
15867221502	10/31/2005	$9,664.25	$7,924.69	1105	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15867221958	9/21/2005	$957.00	$610.30	1105	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15867221958	9/28/2005	$2,318.00	$685.69	1105	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15867221958	10/5/2005	$1,957.00	$933.40	1105	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15867221961	10/30/2005	$1,182.00	$705.44	1105	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15867221962	10/26/2005	$1,864.00	$895.71	1105	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15868650093	11/4/2005	$153.00	$59.05	1105	LABORATORY CORP OF AMERICA	174.9	Malignant Neoplasm Of Breast (fe
15877222019	11/4/2005	$1,381.00	$761.09	1105	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15878650061	11/10/2005	$177.00	$25.43	1105	LABORATORY CORP OF AMERICA	174.9	Malignant Neoplasm Of Breast (fe
15878650177	11/10/2005	$1,995.75	$1,636.52	1105	WMC SOUTH MEADOWS	174.9	Malignant Neoplasm Of Breast (fe
15887221488	11/11/2005	$8,382.00	$6,873.24	1105	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15888650433	11/7/2005	$126.00	$109.86	1105	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15897221590	11/10/2005	$212.00	$142.89	1105	LOCKEN, JULIE A. MD	174.9	Malignant Neoplasm Of Breast (fe
15718645730	9/26/2005	$2,505.00	$945.99	1205	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15718650435	9/26/2005	($2,505.00)	$0.00	1205	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15720074291	9/19/2005	$4,282.00	$1,432.46	1205	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15720078902	9/19/2005	($4,282.00)	$0.00	1205	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
15897222123	11/3/2005	$957.00	$610.30	1205	KOS, MICHAEL MD	174.4	Malignant Neoplasm Of Upper-out
16001507389	11/18/2005	$81.00	$70.11	1205	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
16002935872	11/10/2005	$63.00	$42.46	1205	MONTELLA, MARC MD	174.9	Malignant Neoplasm Of Breast (fe
16008650287	11/18/2005	$77.00	$39.64	1205	HULKA, FRIEDA MD	174.8	Malignant Neoplasm Of Other Spe
16017221831	11/30/2005	$140.00	$112.57	1205	HARRISON, CLARK A. MD	793.4	Nonspecific Abnormal Findings O
	TPA Subtotal:	$117,204.25	$82,660.57				
	Mbr Subtotal:	$117,204.25	$82,660.57				

HIPAA Mbr# 1786800.00 SUBSCRIBER

TPA TPA 2004 EPO

14441521722	12/29/2005	$55.00	$8.25	0106	CHAMBERS, JOSEPH E. DPM	728.79	Other Fibromatoses Of Muscle Lig
14441521868	12/28/2005	$121.00	$69.86	0106	MCKENZIE, JASON S. DO	464.00	Acute Laryngitis Without Obstructi
16032936160	12/8/2005	$198.00	$40.26	0106	CHAMBERS, JOSEPH E. DPM	728.79	Other Fibromatoses Of Muscle Lig
15177221721	6/17/2005	$2,116.09	$1,469.50	0705	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15287221545	6/13/2005	$228.00	$153.67	0705	ARDILL, RICHARD H. MD	185	Malignant Neoplasm Of Prostate
15294364304	6/13/2005	$3,514.75	$2,852.10	0705	WASHOE MEDICAL CENTER	185	Malignant Neoplasm Of Prostate
15295792916	6/30/2005	$32,429.75	$26,417.40	0705	WASHOE MEDICAL CENTER	185	Malignant Neoplasm Of Prostate
15317221488	7/15/2005	$18,763.50	$15,136.07	0705	WASHOE MEDICAL CENTER	V58.0	Radiotherapy
15435793137	7/14/2005	$957.00	$585.30	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15435793138	6/29/2005	$957.00	$585.30	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15435793138	7/7/2005	$6,225.00	$1,965.70	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15435793138	6/23/2005	$2,892.00	$1,150.77	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15440078632	7/29/2005	$18,763.50	$15,136.07	0805	WASHOE MEDICAL CENTER	185	Malignant Neoplasm Of Prostate
15455792961	7/21/2005	$957.00	$585.30	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15455792961	7/28/2005	$957.00	$585.30	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15460078765	8/12/2005	$19,891.50	$16,061.03	0805	WASHOE MEDICAL CENTER	185	Malignant Neoplasm Of Prostate
15460079589	8/4/2005	$957.00	$585.30	0805	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15610078796	9/9/2005	$100.00	$56.25	1005	KOS, MICHAEL MD	185	Malignant Neoplasm Of Prostate
15724364472	10/4/2005	$120.00	$46.55	1005	HALD, DAVID E. MD	185	Malignant Neoplasm Of Prostate

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15867222119	10/17/2005	$289.00	$179.59	1105	MCKENZIE, JASON S. DO	V70.0	Routine General Medical Examina
15867222119	10/17/2005	$35.00	$15.00	1105	MCKENZIE, JASON S. DO	V04.81	Need For Prophylactic Vaccination
15890078802	11/15/2005	$161.00	$45.98	1105	CHAMBERS, JOSEPH E. DPM	726.70	Enthesopathy Of Ankle And Tarsu
16001507360	11/14/2005	$156.00	$71.86	1205	MCKENZIE, JASON S. DO	238.2	Neoplasm Of Uncertain Behavior
16017221850	10/17/2005	$20.00	$9.85	1205	MCKENZIE, JASON S. DO	V04.81	Need For Prophylactic Vaccination
	TPA Subtotal:	$110,864.09	$83,812.26				
	Mbr Subtotal:	$110,864.09	$83,812.26				

HIPAA Mbr# 1832900.00 SUBSCRIBER

TPA TPA 2004 EPO

14442950589	11/23/2005	$70.00	$67.50	0106	DAHAN, PHILLIP E. MD	611.1	Hypertrophy Of Breast
16028643029	12/1/2005	$1,200.00	$855.00	0106	GUY, JOHN MD	V45.71	Acquired Absence Of Breast
16038650382	12/1/2005	$348.00	$71.63	0106	ODONNELL, JOHN N. MD	174.9	Malignant Neoplasm Of Breast (fe
16040078649	12/22/2005	$115.50	$94.71	0106	WASHOE MEDICAL CENTER	V67.1	Follow-up Examination Following
14572931447	1/6/2005	$1,444.00	$480.68	0705	AMES, PETER F. MD	174.9	Malignant Neoplasm Of Breast (fe
14572936167	1/6/2005	($1,444.00)	($495.02)	0705	AMES, PETER F. MD	174.9	Malignant Neoplasm Of Breast (fe
15175793260	6/8/2005	$1,657.00	$486.45	0705	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15177221535	6/10/2005	$96.00	$64.70	0705	WARD, MICHAEL P. MD	729.5	Pain In Limb
15177221535	6/8/2005	$273.00	$184.00	0705	WARD, SUSAN J. MD	174.9	Malignant Neoplasm Of Breast (fe
15177221722	6/20/2005	$836.00	$351.84	0705	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15184364332	6/15/2005	$20,502.75	$16,702.26	0705	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15295792891	6/30/2005	$9,193.00	$7,288.26	0705	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15301507149	7/5/2005	$101.50	$58.23	0705	WASHOE MEDICAL CENTER	719.04	Effusion Of Hand Joint
15302935821	7/6/2005	$265.00	$27.55	0705	LABORATORY CORP OF AMERICA	174.9	Malignant Neoplasm Of Breast (fe
15317221476	7/15/2005	$6,619.75	$5,295.15	0705	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15317221567	7/5/2005	$47.00	$31.68	0705	MONTELLA, MARC MD	729.81	Swelling Of Limb
15177221720	6/15/2005	$8,182.00	$2,638.76	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15435793138	6/23/2005	$957.00	$610.30	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15435793138	7/12/2005	$957.00	$610.30	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15435793139	7/5/2005	$2,318.00	$685.69	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15435793139	7/20/2005	$2,239.00	$1,023.16	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15440078596	7/29/2005	$11,468.75	$9,404.38	0805	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15450078854	7/26/2005	$125.00	$50.00	0805	RAMOS, SUSAN R. MD	174.4	Malignant Neoplasm Of Upper-out
15455792961	7/19/2005	$957.00	$610.30	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15455792961	7/26/2005	$1,387.00	$735.96	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15460078749	8/4/2005	$4,985.00	$4,087.70	0805	WASHOE MEDICAL CENTER	174.9	Malignant Neoplasm Of Breast (fe
15460079145	8/9/2005	$81.00	$70.11	0805	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15460079589	8/4/2005	$418.00	$175.92	0805	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15580079139	8/22/2005	$75.00	$45.00	0905	DAHAN, PHILLIP E. MD	611.8	Other Specified Disorders Of Brea
14754360029	3/17/2005	$571.00	$464.28	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14754364930	3/17/2005	($571.00)	($464.28)	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14868645724	3/31/2005	$591.00	$479.28	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14868650288	3/31/2005	($591.00)	($479.28)	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14894360007	4/14/2005	$571.00	$471.52	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14894364452	4/14/2005	($571.00)	($471.52)	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15008645729	4/28/2005	$616.00	$513.68	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15008650416	4/28/2005	($616.00)	($513.68)	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15032931445	5/12/2005	$566.00	$460.40	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15032936040	5/12/2005	($566.00)	($460.40)	1005	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15151502875	5/26/2005	$493.00	$418.82	1005	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15151507502	5/26/2005	($493.00)	($418.82)	1005	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15610078794	9/2/2005	$1,057.00	$0.00	1005	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
14754360029	3/17/2005	($571.00)	($464.28)	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14754360031	3/17/2005	$571.00	$478.40	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14868645724	3/31/2005	($591.00)	($479.28)	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14868645725	3/31/2005	$591.00	$493.40	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14894360007	4/14/2005	($571.00)	($471.52)	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
14894360008	4/14/2005	$571.00	$485.64	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15008645729	4/28/2005	($616.00)	($513.68)	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15008645731	4/28/2005	$616.00	$527.80	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15032931445	5/12/2005	($566.00)	($460.40)	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15032931448	5/12/2005	$566.00	$474.52	1105	CONRATH, F CRAIG MD	174.9	Malignant Neoplasm Of Breast (fe
15151502875	5/26/2005	($493.00)	($418.82)	1105	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15151502877	5/26/2005	$493.00	$432.94	1105	ABRASS, GARY L. MD	174.9	Malignant Neoplasm Of Breast (fe
15758650160	10/21/2005	$89.00	$59.99	1105	ARDILL, RICHARD H. MD	V76.12	Other Screening Mammogram
15610074291	9/2/2005	$1,057.00	$610.30	1205	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15610078794	9/2/2005	($1,057.00)	$0.00	1205	KOS, MICHAEL MD	173.5	Other Malignant Neoplasm Of Ski
15887221606	10/17/2005	$75.00	$45.00	1205	DAHAN, PHILLIP E. MD	611.8	Other Specified Disorders Of Brea
16012935839	11/23/2005	$311.50	$255.43	1205	WMC SOUTH MEADOWS	996.54	Mechanical Complication Of Breas
16012935840	12/2/2005	$7,773.50	$5,052.78	1205	WMC SOUTH MEADOWS	996.54	Mechanical Complication Of Breas
16022935879	11/23/2005	$51.00	$34.37	1205	GRAHAM, COLE MD	996.54	Mechanical Complication Of Breas
	TPA Subtotal:	$84,831.25	$58,454.79				
	Mbr Subtotal:	$84,831.25	$58,454.79				

HIPAA Mbr# 1985041.67 SUBSCRIBER

TPA TPA 2004 EPO

14432950640	12/28/2005	$125.00	$94.86	0106	LYONS, COLLEEN C. MD	780.93	Memory Loss
14441521960	12/28/2005	$85.00	$70.11	0106	LOKSHIN, BORIS M. MD	995.1	Angioneurotic Edema Not Elsewh
14441522093	12/15/2005	$217.00	$140.35	0106	DAVIS, JACK DO	719.46	Pain In Joint Involving Lower Leg
14442950551	1/1/2006	$625.00	$427.96	0106	MEDTECH SERVICES INC	715.9	Osteoarthrosis Unspecified Wheth
14452950554	1/11/2006	$125.00	$69.86	0106	LYONS, COLLEEN C. MD	780.93	Memory Loss
15734357386	7/26/2005	$995.85	$846.48	0106	BARTON HOME HEALTH	781.2	Abnormality Of Gait
16020071643	11/21/2005	$131.00	$80.00	0106	GENTIVA HEALTH SERVICES	V57.1	Care Involving Other Physical The
16038650235	12/13/2005	$866.00	$715.79	0106	LOKSHIN, BORIS M. MD	995.1	Dermatitis Due To Food Taken Int
15032935977	5/13/2005	$359.00	$182.63	0705	DAVIS, JACK DO	825.21	Osteoarthrosis Localized Primary I
15032935977	5/13/2005	$226.00	$0.00	0705	DAVIS, JACK DO	825.21	Fracture Of Astragalus Closed
15151507607	4/28/2005	$445.00	$160.00	0705	APRIA HEALTHCARE INC	780.57	Unspecified Sleep Apnea
15295785801	6/29/2005	$113.10	$9.61	0705	CARSON TAHOE REGIONAL MEDICAL	V72.84	Pre-operative Examination Unspe
15301507488	6/24/2005	$88.00	$34.44	0705	DAVIS, JACK DO	715.16	Osteoarthrosis Localized Primary I
15301507676	5/20/2005	$120.00	$77.00	0705	CARD, BETSY MD	V76.12	Other Screening Mammogram
15311507837	7/6/2005	$6,308.00	$4,957.12	0705	DAVIS, JACK DO	715.16	Osteoarthrosis Localized Primary I

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15311507452	7/10/2005	$310.00	$289.06	0805	WICHNER, MONICA H. DO	716.50	Unspecified Polyarthropathy Or Po
15321500087	6/29/2005	$187.00	$128.95	0805	SIERRA SURGERY & IMAGING LLC	V72.83	Other Specified Pre-operative Exa
15321507611	7/12/2005	$117.00	$85.92	0805	BAWAMIA, ALI MD	285.9	Anemia Unspecified
15321507736	7/15/2005	$460.00	$460.00	0805	WICHNER, MONICA H. DO	716.50	Unspecified Polyarthropathy Or Po
15325785743	7/6/2005	$1,520.00	$1,064.00	0805	DANIEL L HASFURTHER MD INC	715.96	Osteoarthrosis Unspecified Wheth
15325785773	7/16/2005	$28,011.70	$21,699.95	0805	CARSON TAHOE REGIONAL MEDICAL	V57.89	Care Involving Other Specified Re
15325793082	7/22/2005	$106.00	$35.63	0805	DAVIS, JACK DO	715.16	Osteoarthrosis Localized Primary I
15451507394	8/8/2005	$250.00	$171.41	0805	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15460079423	8/15/2005	$210.00	$147.88	0805	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15460079536	8/12/2005	$194.00	$133.72	0805	DAVIS, JACK DO	V43.65	Osteoarthrosis Localized Primary I
15460079031	8/12/2005	$90.00	$58.53	0905	ORTHOPRO OF CARSON CITY, INC	715.17	Osteoarthrosis Localized Primary I
15470078667	8/24/2005	$105.00	$71.47	0905	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15470078951	7/15/2005	$163.90	$103.00	0905	APRIA HEALTHCARE INC	715.96	Osteoarthrosis Unspecified Wheth
15470079045	8/22/2005	$105.00	$71.47	0905	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15580079030	7/28/2005	$445.00	$160.00	0905	APRIA HEALTHCARE INC	780.57	Unspecified Sleep Apnea
15581507402	8/29/2005	$105.00	$69.94	0905	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15588650550	9/7/2005	$315.00	$219.35	0905	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15591500086	7/6/2005	$27,739.52	$23,578.59	0905	SIERRA SURGERY & IMAGING LLC	716.96	Unspecified Arthropathy Involving
15591507317	8/10/2005	$83.16	$70.11	0905	WOLFF, ROBERT S. MD	375.15	Tear Film Insufficiency Unspecifie
15600078965	9/14/2005	$105.00	$73.94	0905	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15608650087	9/20/2005	$814.75	$668.10	0905	WMC SOUTH MEADOWS	995.1	Angioneurotic Edema Not Elsewh
15325785743	7/6/2005	($1,520.00)	($1,064.00)	1005	DANIEL L HASFURTHER MD INC	715.96	Osteoarthrosis Unspecified Wheth
15325788575	7/6/2005	$1,520.00	$1,520.00	1005	DANIEL L HASFURTHER MD INC	715.96	Osteoarthrosis Unspecified Wheth
15470079045	8/19/2005	$200.00	$115.94	1005	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15591500086	6/29/2005	$366.00	$152.15	1005	SIERRA SURGERY & IMAGING LLC	V72.83	Other Specified Pre-operative Exa
15591500100	7/6/2005	$27,541.52	$0.00	1005	SIERRA SURGERY & IMAGING LLC	716.96	Unspecified Arthropathy Involving
15608650304	7/6/2005	$2,207.80	$680.00	1005	JACKSON, MICHAEL S. CSA	715.16	Osteoarthrosis Localized Primary I
15608650409	9/19/2005	$210.00	$122.41	1005	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15612935931	9/21/2005	$105.00	$73.94	1005	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15614364618	9/26/2005	$118.00	$94.86	1005	LYONS, COLLEEN C. MD	995.1	Angioneurotic Edema Not Elsewh
15718643001	9/22/2005	$63.00	$63.00	1005	ST MARYS REGIONAL MED CTR	V68.1	Issue Of Repeat Prescriptions

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15718650174	9/28/2005	$70.00	$48.47	1005	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15718650208	9/20/2005	$815.00	$815.00	1005	REMSA	529.9	Unspecified Condition Of The Ton
15724364521	7/11/2005	$300.00	$212.95	1005	PAPPAS, LARRY A. MD	578.9	Hemorrhage Of Gastrointestinal Tr
15728650251	9/30/2005	$70.00	$48.47	1005	WEAR, LINDA PT	715.16	Osteoarthrosis Localized Primary I
15730078819	10/4/2005	$228.00	$147.21	1005	DAVIS, JACK DO	715.17	Osteoarthrosis Localized Primary I
15731507274	9/20/2005	$383.00	$302.40	1005	BROWN, KEVIN A. DO	995.1	Angioneurotic Edema Not Elsewh
15734364449	10/4/2005	$162.00	$105.89	1005	ORTHOPRO OF CARSON CITY, INC	715.17	Osteoarthrosis Localized Primary I
15738650633	9/26/2005	$490.00	$490.00	1005	QUEST DIAGNOSTICS	729.81	Swelling Of Limb
15325785773	7/16/2005	($28,011.70)	($21,699.95)	1105	CARSON TAHOE REGIONAL MEDICAL	V57.89	Care Involving Other Specified Re
15325788579	7/16/2005	$28,011.70	$22,559.95	1105	CARSON TAHOE REGIONAL MEDICAL	V57.89	Care Involving Other Specified Re
15734357386	8/1/2005	$252.14	$214.32	1105	BARTON HOME HEALTH	V57.1	Care Involving Other Physical The
15754357245	7/6/2005	$323.00	$274.55	1105	SIERRA SURGERY & IMAGING LLC	716.96	Unspecified Arthropathy Involving
15862928744	10/17/2005	$187.00	$128.95	1105	SIERRA SURGERY & IMAGING LLC	V72.83	Other Specified Pre-operative Exa
15867214372	11/2/2005	$980.00	$728.00	1105	PANTER, STEPHEN D. CRNA	719.47	Pain In Joint Involving Ankle And
15867222123	11/7/2005	$568.18	$427.96	1105	MEDTECH SERVICES INC	715.9	Osteoarthrosis Unspecified Wheth
15882936158	10/26/2005	$299.01	$191.64	1105	WOLFF, ROBERT S. MD	365.00	Preglaucoma Unspecified
15887221647	11/1/2005	$196.00	$98.32	1105	DAVIS, JACK DO	715.17	Osteoarthrosis Localized Primary I
15887221647	11/10/2005	$111.00	$42.87	1105	DAVIS, JACK DO	715.17	Osteoarthrosis Localized Primary I
15887221647	11/2/2005	$1,826.00	$1,484.01	1105	DAVIS, JACK DO	715.17	Osteoarthrosis Localized Primary I
15890071700	7/6/2005	$28,062.52	$0.00	1205	SIERRA SURGERY & IMAGING LLC	716.96	Unspecified Arthropathy Involving
15890071701	10/17/2005	$336.68	$127.22	1205	SIERRA SURGERY & IMAGING LLC	V28.3	Antenatal Screening For Malforma
15890071701	11/2/2005	$11,788.28	$9,356.79	1205	SIERRA SURGERY & IMAGING LLC	718.47	Contracture Of Ankle And Foot Joi
15897221787	11/16/2005	$220.00	$190.00	1205	LOKSHIN, BORIS M. MD	493.90	Asthma Unspecified
15900071672	11/11/2005	$379.00	$244.00	1205	GENTIVA HEALTH SERVICES	V57.1	Care Involving Other Physical The
16012936177	12/1/2005	$625.00	$427.96	1205	MEDTECH SERVICES INC	715.9	Osteoarthrosis Unspecified Wheth
16017221918	11/18/2005	$469.00	$66.12	1205	LABORATORY CORP OF AMERICA	995.1	Angioneurotic Edema Not Elsewh
16017221918	11/18/2005	$125.00	$12.43	1205	LABORATORY CORP OF AMERICA	995.1	Angioneurotic Edema Not Elsewh
16028650053	12/13/2005	$853.00	$103.96	1205	LABORATORY CORP OF AMERICA	995.1	Angioneurotic Edema Not Elsewh
	TPA Subtotal:	$153,196.11	$76,135.02				
	Mbr Subtotal:	$153,196.11	$76,135.02				

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
HIPAA Mbr# 2075916.67 SPOUSE							
TPA TPA 2004 EPO							
14437235906	12/21/2005	$51.00	$34.37	0106	ALLGOOD, MARK R. MD	786.05	Shortness Of Breath
14437235906	12/20/2005	$51.00	$34.37	0106	DOGGWILER, KURT O. MD	786.05	Shortness Of Breath
14437235906	12/23/2005	$51.00	$34.37	0106	KENYHERZ, GREGORY E. MD	786.09	Respiratory Abnormality Other
14441521495	12/11/2005	$231,172.25	$150,261.96	0106	WASHOE MEDICAL CENTER	518.81	Acute Respiratory Failure
14441521910	12/14/2005	$1,524.00	$1,188.12	0106	DE LOS SANTOS, DAVID P. MD	518.81	Hypotension Unspecified
14441521910	12/15/2005	$434.00	$322.04	0106	JACKSON, MICHAEL V. MD	518.81	Acute Respiratory Failure
14445807324	12/16/2005	$434.00	$322.04	0106	DE LOS SANTOS, DAVID P. MD	518.81	Acute Respiratory Failure
14445807333	12/17/2005	$121.00	$113.00	0106	MORGAN, TAE MD	428.0	Congestive Heart Failure Unspecif
14445807353	12/9/2005	$2,967.00	$2,076.90	0106	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
14445807363	10/10/2005	$98.00	$72.58	0106	BACON, JEFFREY P. MD	518.84	Acute And Chronic Respiratory Fai
14447235860	12/24/2005	$51.00	$34.37	0106	LOCKEN, JULIE A. MD	786.09	Respiratory Abnormality Other
14447235860	12/22/2005	$51.00	$34.37	0106	MONTELLA, MARC MD	496	Chronic Airway Obstruction Not El
14451521563	10/10/2005	$110.00	$0.00	0106	BROADHEAD, MARK MD	293.0	Delirium Due To Conditions Classi
14451521594	12/31/2005	$3,349.00	$1,522.90	0106	REMBETSKI, THOMAS E. MD	518.81	Acute Respiratory Failure
14451521626	12/29/2005	$1,020.00	$1,020.00	0106	MURPHY, FRANKLIN K. MD	008.45	Intestinal Infection Due To Clostrid
14451521626	12/22/2005	$1,315.00	$1,315.00	0106	PARKER, STEVEN W. MD	008.45	Intestinal Infection Due To Clostrid
14451521629	12/25/2005	$170.00	$170.00	0106	PARKER, STEVEN W. MD	008.45	Intestinal Infection Due To Clostrid
14451521629	1/1/2006	$1,020.00	$1,020.00	0106	YEE, ELAINE M. MD	008.45	Intestinal Infection Due To Clostrid
14454378924	1/3/2006	$170.00	$170.00	0106	YEE, ELAINE M. MD	008.45	Intestinal Infection Due To Clostrid
14457235839	12/30/2005	$51.00	$34.37	0106	ARDILL, RICHARD H. MD	496	Chronic Airway Obstruction Not El
14457235839	12/25/2005	$51.00	$34.37	0106	KENTON, ROBERT W. MD	786.09	Respiratory Abnormality Other
14457235839	12/27/2005	$51.00	$34.37	0106	KENYHERZ, GREGORY E. MD	786.05	Shortness Of Breath
14457235839	12/26/2005	$51.00	$34.37	0106	LOCKEN, JULIE A. MD	786.09	Respiratory Abnormality Other
14457235840	12/27/2005	$51.00	$34.37	0106	MONTELLA, MARC MD	V58.49	Other Specified Aftercare Followin
14457235840	12/28/2005	$51.00	$34.37	0106	TEW, JOEL MD	786.09	Respiratory Abnormality Other
14457235840	12/29/2005	$51.00	$34.37	0106	TSUNG, STEPHEN S. MD	V58.49	Other Specified Aftercare Followin
14457235840	1/1/2006	$51.00	$34.37	0106	TSUNG, STEPHEN S. MD	518.81	Acute Respiratory Failure
16032936001	11/2/2005	$385.00	$385.00	0106	PARKER, STEVEN W. MD	730.07	Acute Osteomyelitis Involving Ankl

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
16032936001	11/3/2005	$110.00	$110.00	0106	YEE, ELAINE M. MD	730.07	Acute Osteomyelitis Involving Ankl
16038650365	9/15/2005	$276.00	$204.93	0106	DE LOS SANTOS, DAVID P. MD	518.84	Acute And Chronic Respiratory Fai
16038650365	9/28/2005	$237.00	$175.77	0106	JACKSON, MICHAEL V. MD	518.84	Acute And Chronic Respiratory Fai
16038650368	9/26/2005	$139.00	$103.19	0106	BAEZ, STEPHEN MD	518.84	Acute And Chronic Respiratory Fai
16038650373	9/18/2005	$1,007.00	$747.27	0106	ANDREWS, JOHN D. MD	518.84	Acute And Chronic Respiratory Fai
16038650374	10/2/2005	$572.00	$424.12	0106	BACON, JEFFREY P. MD	518.84	Acute And Chronic Respiratory Fai
16038650376	11/23/2005	$484.00	$433.00	0106	LEVAI, LEVENTE MD	496	Congestive Heart Failure Unspecif
16038650377	11/21/2005	$270.00	$270.00	0106	MORGAN, TAE MD	428.0	Congestive Heart Failure Unspecif
16038650483	10/5/2005	$345.00	$0.00	0106	SPOONER, DIANE C. PHD	309.28	Adjustment Disorder With Mixed A
16040079022	12/11/2005	$268.00	$268.00	0106	MORGAN, TAE MD	428.0	Congestive Heart Failure Unspecif
16042935865	12/19/2005	$51.00	$34.37	0106	DOGGWILER, KURT O. MD	518.81	Acute Respiratory Failure
16042935865	12/18/2005	$51.00	$34.37	0106	KAPLAN, BRUCE D. MD	786.09	Respiratory Abnormality Other
16042935865	12/14/2005	$51.00	$34.37	0106	KENTON, ROBERT W. MD	786.05	Shortness Of Breath
16042935865	12/17/2005	$51.00	$34.37	0106	KENYHERZ, GREGORY E. MD	787.3	Flatulence Eructation And Gas Pai
16042935865	12/15/2005	$51.00	$34.37	0106	KOCI, TIMOTHY M. MD	786.05	Shortness Of Breath
16042935865	12/16/2005	$51.00	$34.37	0106	KRAKORA, GEORGE A. MD	786.05	Shortness Of Breath
16042935866	12/17/2005	$51.00	$34.37	0106	MONTELLA, MARC MD	786.09	Respiratory Abnormality Other
16042935866	12/13/2005	$102.00	$68.74	0106	TEW, JOEL MD	786.09	Shortness Of Breath
15324364303	7/22/2005	$455.00	$94.79	0805	LABORATORY CORP OF AMERICA	250.00	Diabetes Mellitus Without Mention
15325793134	7/11/2005	$77.00	$40.11	0805	SWEARNGIN, STEPHAN E. DO	892.0	Open Wound Of Foot Except Toe(
15440078838	7/28/2005	$78.00	$35.62	0805	CHAMBERLAIN, JAY C. MD	250.00	Diabetes Mellitus Without Mention
15470078619	8/24/2005	$2,689.75	$2,175.60	0805	WMC SOUTH MEADOWS	729.5	Pain In Limb
15574364473	8/19/2005	$357.00	$215.62	0905	WARD, MICHAEL P. MD	729.5	Pain In Limb
15574364473	8/24/2005	$404.00	$247.30	0905	WARD, SUSAN J. MD	440.20	Atherosclerosis Of Native Arteries
15580079215	8/19/2005	$122.00	$69.86	0905	CHAMBERLAIN, JAY C. MD	250.00	Diabetes Mellitus Without Mention
15584364406	8/24/2005	$484.00	$326.22	0905	WARD, MICHAEL P. MD	730.27	Unspecified Osteomyelitis Involvin
15588650300	8/23/2005	$78.00	$35.62	0905	CHAMBERLAIN, JAY C. MD	250.00	Diabetes Mellitus Without Mention
15591507324	8/30/2005	$860.00	$860.00	0905	CARTER, JAN O. MD	730.27	Unspecified Osteomyelitis Involvin
15591507324	9/3/2005	$471.00	$471.00	0905	CARTER, JAN O. MD	730.27	Unspecified Osteomyelitis Involvin
15592935830	8/25/2005	$63.00	$42.46	0905	MAYS, WARREN L. MD	V72.83	Other Specified Pre-operative Exa
15592935892	9/7/2005	$1,405.00	$562.28	0905	DIXON, SHERWOOD M. MD	440.24	Atherosclerosis Of Native Arteries

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15604364345	9/4/2005	$404.00	$272.29	0905	KAPLAN, BRUCE D. MD	786.05	Shortness Of Breath
15604364345	9/1/2005	$645.00	$434.73	0905	TEW, JOEL MD	794.31	Nonspecific Abnormal Electrocardi
15604364345	9/6/2005	$51.00	$34.37	0905	WELCH, JAMES MD	V58.49	Other Specified Aftercare Followin
15584364360	8/25/2005	$30,287.00	$11,089.00	1005	WASHOE MEDICAL CENTER	250.70	Diabetes With Peripheral Circulato
15592935892	8/31/2005	$1,020.00	$698.19	1005	VIJUNGCO, A JOSEPH D. MD	785.4	Gangrene
15592935892	9/2/2005	$600.00	$151.76	1005	VIJUNGCO, A JOSEPH D. MD	440.24	Atherosclerosis Of Native Arteries
15592935892	9/7/2005	$5,200.00	$2,592.00	1005	VIJUNGCO, A JOSEPH D. MD	440.24	Atherosclerosis Of Native Arteries
15598650038	9/4/2005	$81,228.25	$14,020.00	1005	WASHOE MEDICAL CENTER	038.11	Staphylococcus Aureus Septicemi
15604357188	9/7/2005	$3,680.00	$2,080.00	1005	LASKO, KEVIN F. MD	447.1	Stricture Of Artery
15608650509	9/4/2005	$620.00	$444.60	1005	BROWN, CURTIS W. MD	786.05	Shortness Of Breath
15608650687	9/9/2005	$684.00	$684.00	1005	CARTER, JAN O. MD	038.9	Unspecified Septicemia
15608650688	9/14/2005	$581.00	$581.00	1005	CARTER, JAN O. MD	038.9	Unspecified Septicemia
15610078720	9/12/2005	$1,470.00	$388.80	1005	VIJUNGCO, A JOSEPH D. MD	730.07	Acute Osteomyelitis Involving Ankl
15614364391	9/15/2005	$404.00	$272.29	1005	TEW, JOEL MD	786.09	Respiratory Abnormality Other
15614364410	9/10/2005	$51.00	$34.37	1005	WELCH, JAMES MD	995.91	Systemic Inflammatory Response
15720078821	9/15/2005	$1,058.00	$749.70	1005	JERNIGAN, ONNA R. MD	518.81	Acute Respiratory Failure
15722935879	8/25/2005	$63.00	$0.00	1005	MAYS, WARREN L. MD	V72.83	Other Specified Pre-operative Exa
15724364337	9/15/2005	$123,278.00	$80,130.70	1005	WASHOE MEDICAL CENTER	518.81	Acute Respiratory Failure
15724364447	9/23/2005	$51.00	$34.37	1005	ARDILL, RICHARD H. MD	786.09	Respiratory Abnormality Other
15724364447	9/17/2005	$503.00	$339.03	1005	BEIDLE, THOMAS R. MD	511.9	Unspecified Pleural Effusion
15724364447	9/17/2005	$102.00	$68.74	1005	BRUNO, ANTHONY J. MD	786.09	Respiratory Abnormality Other
15724364448	9/17/2005	$51.00	$34.37	1005	KENTON, ROBERT W. MD	V58.49	Other Specified Aftercare Followin
15724364448	9/22/2005	$51.00	$34.37	1005	KOCI, TIMOTHY M. MD	786.09	Respiratory Abnormality Other
15724364448	9/20/2005	$51.00	$34.37	1005	KRAKORA, GEORGE A. MD	786.09	Respiratory Abnormality Other
15724364448	9/21/2005	$102.00	$68.74	1005	LOCKEN, JULIE A. MD	V58.49	Other Specified Aftercare Followin
15724364448	9/19/2005	$51.00	$34.37	1005	MONTELLA, MARC MD	V58.49	Other Specified Aftercare Followin
15724364448	9/18/2005	$51.00	$34.37	1005	TSUNG, STEPHEN S. MD	V58.49	Other Specified Aftercare Followin
15724364448	9/19/2005	$51.00	$34.37	1005	WELCH, JAMES MD	786.09	Respiratory Abnormality Other
15730079043	9/12/2005	$246.00	$73.12	1005	MACKEY, DENNIS A. MD	730.07	Acute Osteomyelitis Involving Ankl
15734364729	9/17/2005	$333.00	$96.67	1005	PALOSAARI, DAVID E. MD	511.9	Unspecified Pleural Effusion
15738650231	9/24/2005	$525.00	$219.40	1005	VIJUNGCO, A JOSEPH D. MD	440.8	Atherosclerosis Of Other Specified

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15738650232	10/3/2005	$210.00	$87.76	1005	VIJUNGCO, A JOSEPH D. MD	440.8	Atherosclerosis Of Other Specified
15744364477	10/10/2005	$44.00	$29.66	1005	KOCI, TIMOTHY M. MD	786.09	Respiratory Abnormality Other
15470074298	8/24/2005	$2,689.75	$2,180.60	1105	WMC SOUTH MEADOWS	729.5	Pain In Limb
15470078619	8/24/2005	($2,689.75)	($2,175.60)	1105	WMC SOUTH MEADOWS	729.5	Pain In Limb
15752935808	10/3/2005	$45,029.75	$0.00	1105	WMC REHAB HOSPITAL	V57.89	Care Involving Other Specified Re
15858650208	10/8/2005	$216.00	$104.00	1105	BROWN, STEPHEN T. MD	348.30	Encephalopathy Unspecified
15860078675	10/3/2005	$45,029.75	$18,036.00	1105	WMC REHAB HOSPITAL	V57.89	Care Involving Other Specified Re
15867221679	10/15/2005	$108.00	$52.00	1105	BROWN, STEPHEN T. MD	348.30	Encephalopathy Unspecified
15867221746	10/25/2005	$108.00	$55.62	1105	CHAMBERLAIN, JAY C. MD	250.00	Diabetes Mellitus Without Mention
15867221867	10/29/2005	$270.00	$80.34	1105	VAN REKEN, CALVIN H. MD	250.02	Diabetes Mellitus Without Mention
15868650326	10/20/2005	$2,560.00	$1,792.00	1105	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
15877221492	10/27/2005	$1,060.75	$869.82	1105	WMC REHAB HOSPITAL	250.80	Diabetes With Other Specified Ma
15877221529	11/3/2005	$675.00	$310.07	1105	VIJUNGCO, A JOSEPH D. MD	682.6	Cellulitis And Abscess Of Leg Exc
15877221529	10/28/2005	$105.00	$43.88	1105	RYAN, JOHN E. MD	682.6	Cellulitis And Abscess Of Leg Exc
15877221530	10/30/2005	$210.00	$87.76	1105	DIXON, SHERWOOD M. MD	682.6	Cellulitis And Abscess Of Leg Exc
15878650244	9/22/2005	$585.00	$460.80	1105	AKERS-HUDSON, LISA K. MD	518.81	Acute Respiratory Failure
15880078591	11/8/2005	$327.00	$61.03	1105	LABORATORY CORP OF AMERICA	682.6	Cellulitis And Abscess Of Leg Exc
15881507219	11/9/2005	$136.00	$15.83	1105	LABORATORY CORP OF AMERICA	682.6	Cellulitis And Abscess Of Leg Exc
15882935891	9/30/2005	$2,580.00	$1,806.00	1105	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
15882936203	11/2/2005	$815.00	$815.00	1105	RECCHIA, STEVEN L. MD	250.01	Diabetes Mellitus Without Mention
15887221505	11/14/2005	$1,084.50	$889.29	1105	WMC REHAB HOSPITAL	250.80	Diabetes With Other Specified Ma
15887221568	10/31/2005	$51.00	$34.37	1105	KENYHERZ, GREGORY E. MD	V58.49	Other Specified Aftercare Followin
15887221568	11/1/2005	$484.00	$326.22	1105	WARD, MICHAEL P. MD	682.6	Cellulitis And Abscess Of Leg Exc
15887221736	11/14/2005	$110.00	$0.00	1105	VIJUNGCO, A JOSEPH D. MD	V15.81	Personal History Of Noncomplianc
15734364877	9/27/2005	$51.00	$34.37	1205	DOGGWILER, KURT O. MD	786.05	Shortness Of Breath
15868650326	10/20/2005	($2,560.00)	($1,792.00)	1205	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
15882928616	9/12/2005	$664.00	$468.00	1205	LASKO, KEVIN F. MD	785.4	Gangrene
15897222108	11/14/2005	$580.00	$580.00	1205	PARKER, STEVEN W. MD	038.11	Staphylococcus Aureus Septicemi
15898650148	11/19/2005	$16,116.50	$4,076.00	1205	WASHOE MEDICAL CENTER	491.21	Obstructive Chronic Bronchitis Wit
16008650194	11/29/2005	$670.50	$549.81	1205	WMC REHAB HOSPITAL	250.80	Diabetes With Other Specified Ma
16008650536	11/19/2005	$671.00	$444.60	1205	BAIER, MARK MD	491.21	Obstructive Chronic Bronchitis Wit

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
16012935880	11/19/2005	$51.00	$34.37	1205	BEIDLE, THOMAS R. MD	786.05	Shortness Of Breath
16012936147	9/14/2005	$139.00	$28.00	1205	APRIA HEALTHCARE INC	786.09	Respiratory Abnormality Other
16012936147	9/14/2005	$445.00	$0.00	1205	APRIA HEALTHCARE INC	786.09	Respiratory Abnormality Other
16012936147	10/14/2005	$139.00	$28.00	1205	APRIA HEALTHCARE INC	786.09	Respiratory Abnormality Other
16012936147	10/14/2005	$445.00	$160.00	1205	APRIA HEALTHCARE INC	786.09	Respiratory Abnormality Other
16017221561	10/18/2005	$1,055.00	$741.68	1205	PALERMO, FRANCIS X. MD	V58.49	Other Specified Aftercare Followin
16017221609	11/9/2005	$150.00	$150.00	1205	MURPHY, FRANKLIN K. MD	730.07	Acute Osteomyelitis Involving Ankl
16017221609	11/14/2005	$150.00	$150.00	1205	PARKER, STEVEN W. MD	730.07	Acute Osteomyelitis Involving Ankl
16017221858	10/20/2005	$2,173.00	$1,521.10	1205	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
16017221859	9/30/2005	$2,580.00	$0.00	1205	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
16027221608	11/9/2005	$3,870.00	$2,709.00	1205	KCI USA INC	895.1	Traumatic Amputation Of Toe(s) (
16028650233	8/11/2005	$141.27	$0.00	1205	KARRASCH, C CRAIG DPM	250.60	Diabetes With Neurological Manife
16028650233	8/2/2005	$209.17	$92.40	1205	KARRASCH, C CRAIG DPM	250.60	Diabetes With Neurological Manife
16028650290	11/14/2005	$584.00	$188.00	1205	APRIA HEALTHCARE INC	786.09	Respiratory Abnormality Other
16030078738	12/12/2005	$736.50	$603.93	1205	WMC REHAB HOSPITAL	250.80	Diabetes With Other Specified Ma
16032935864	12/11/2005	$51.00	$34.37	1205	KRAKORA, GEORGE A. MD	786.05	Shortness Of Breath
16032935865	12/11/2005	$212.00	$142.89	1205	TEW, JOEL MD	780.09	Alteration Of Consciousness Othe
16032935865	12/12/2005	$51.00	$34.37	1205	TEW, JOEL MD	786.09	Respiratory Abnormality Other
	TPA Subtotal:	$641,328.94	$321,333.87				
	Mbr Subtotal:	$641,328.94	$321,333.87				

HIPAA Mbr# 2503091.67 SUBSCRIBER

TPA TPA 2004 EPO

14437235854	11/16/2005	$2,313.50	$1,897.07	0106	WMC REHAB HOSPITAL	891.1	Open Wound Of Knee Leg (except
14442950296	12/27/2005	$171.00	$81.60	0106	ALTHAUSEN, PETER MD	823.92	Open Fracture Of Unspecified Par
14442950437	12/27/2005	$171.00	$0.00	0106	ALTHAUSEN, PETER MD	823.92	Open Fracture Of Unspecified Par
16038650448	11/15/2005	$256.00	$121.60	0106	ALTHAUSEN, PETER MD	824.4	Monteggia'S Fracture Open
16042935795	12/20/2005	$77.00	$60.62	0106	KISER, MICHELE J. MD	729.5	Pain In Limb
16042935921	10/19/2005	$76.44	$38.00	0106	APRIA HEALTHCARE INC	829.0	Fracture Of Unspecified Bone Clo
15434364416	7/29/2005	$140.00	$84.99	0805	KISER, MICHELE J. MD	729.4	Fasciitis Unspecified

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15744364480	10/2/2005	$603.00	$406.42	1005	DOGGWILER, KURT O. MD	959.12	Other Injury Of Abdomen
15744364480	10/2/2005	$422.00	$284.42	1005	DOGGWILER, KURT O. MD	959.2	Other And Unspecified Injury To S
15744364480	10/3/2005	$143.00	$96.38	1005	DOGGWILER, KURT O. MD	V58.49	Other Specified Aftercare Followin
15744364480	10/5/2005	$51.00	$34.37	1005	KRAKORA, GEORGE A. MD	518.5	Pulmonary Insufficiency Following
15744364481	10/2/2005	$156.00	$105.14	1005	TSUNG, STEPHEN S. MD	959.12	Other Injury Of Abdomen
15734364488	10/2/2005	$16,618.79	$16,518.79	1105	CALIF SHOCK-TRAUMA AIR RESCUE	823.92	Open Fracture Of Unspecified Par
15742928773	10/5/2005	$1,440.00	$936.00	1105	FLETCHER, DIRK G. MD	862.0	Injury To Diaphragm Without Ope
15744364480	10/2/2005	$1,232.00	$830.37	1105	DOGGWILER, KURT O. MD	959.19	Other And Unspecified Injury To H
15744364480	10/2/2005	$146.00	$98.40	1105	TSUNG, STEPHEN S. MD	959.19	Unspecified Fracture Of Ankle Op
15744364559	10/3/2005	$284.00	$150.00	1105	ALTHAUSEN, PETER MD	823.32	Open Fracture Of Shaft Of Fibula
15744364560	10/3/2005	$10,216.00	$2,673.00	1105	ALTHAUSEN, PETER MD	823.32	Open Fracture Of Shaft Of Fibula
15748650595	10/6/2005	$51.00	$34.37	1105	MAYS, WARREN L. MD	786.09	Respiratory Abnormality Other
15748650629	10/5/2005	$51.00	$34.37	1105	MAYS, WARREN L. MD	518.5	Pulmonary Insufficiency Following
15750078744	10/2/2005	$183,999.50	$118,349.68	1105	WASHOE MEDICAL CENTER	823.30	Open Fracture Of Shaft Of Tibia
15752935932	10/8/2005	$102.00	$68.74	1105	MAYS, WARREN L. MD	518.5	Pulmonary Insufficiency Following
15758650158	10/11/2005	$102.00	$68.74	1105	KRAKORA, GEORGE A. MD	518.5	Pulmonary Insufficiency Following
15758650158	10/12/2005	$51.00	$34.37	1105	MONTELLA, MARC MD	518.5	Pulmonary Insufficiency Following
15758650379	10/9/2005	$51.00	$34.37	1105	MAYS, WARREN L. MD	518.5	Pulmonary Insufficiency Following
15860078690	10/13/2005	$51.00	$34.37	1105	GRAHAM, COLE MD	518.5	Pulmonary Insufficiency Following
15862935831	10/18/2005	$63.00	$42.46	1105	KAPLAN, BRUCE D. MD	862.0	Injury To Diaphragm Without Ope
15862935831	10/16/2005	$102.00	$68.74	1105	TSUNG, STEPHEN S. MD	V58.49	Other Specified Aftercare Followin
15870078606	11/4/2005	$193.00	$133.26	1105	WASHOE MEDICAL CENTER	807.00	Closed Fracture Of Rib(s) Unspeci
15878642958	10/3/2005	$1,650.00	$1,138.00	1105	GEVEDON, LAWRENCE MD	813.01	Fracture Of Olecranon Process Of
15888650118	11/11/2005	$120.00	$69.86	1105	KISER, MICHELE J. MD	824.9	Unspecified Fracture Of Ankle Op
15897221590	11/4/2005	$44.00	$29.66	1105	BEIDLE, THOMAS R. MD	807.09	Closed Fracture Of Multiple Ribs
15882928843	10/24/2005	$220.00	$61.00	1205	WASHOE HOME CARE	781.2	Abnormality Of Gait
15882928843	10/26/2005	$235.00	$59.00	1205	WASHOE HOME CARE	781.2	Abnormality Of Gait
15882928843	10/31/2005	$235.00	$59.00	1205	WASHOE HOME CARE	781.2	Abnormality Of Gait
15882928858	10/20/2005	$288.00	$70.00	1205	WASHOE HOME CARE	781.2	Abnormality Of Gait
15882928858	10/21/2005	$288.00	$70.00	1205	WASHOE HOME CARE	781.2	Abnormality Of Gait
15882928859	10/24/2005	$288.00	$95.00	1205	WASHOE HOME CARE	781.2	Abnormality Of Gait

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15887221786	11/2/2005	$320.00	$0.00	1205	HALL JR, WESLEY W. MD	894.1	Multiple And Unspecified Open W
15887221947	10/19/2005	$125.00	$0.00	1205	ALTHAUSEN, PETER MD	813.13	Monteggia'S Fracture Open
16008650196	11/30/2005	$1,355.00	$874.86	1205	WMC REHAB HOSPITAL	891.1	Open Wound Of Knee Leg (except
16011507326	11/19/2005	$125.00	$124.58	1205	ALTHAUSEN, PETER MD	813.13	Monteggia'S Fracture Open
16017221992	11/22/2005	$56.00	$0.00	1205	HALL JR, WESLEY W. MD	894.1	Multiple And Unspecified Open W
16018650473	10/2/2005	$1,007.00	$749.70	1205	STENDELL JR, ERIC MD	807.08	Closed Fracture Of Eight Or More
16028650323	10/5/2005	$494.00	$160.34	1205	BROOKS, MICHAEL R. RN	862.0	Injury To Diaphragm Without Ope
16030078744	12/14/2005	$974.00	$798.68	1205	WMC REHAB HOSPITAL	891.1	Open Wound Of Knee Leg (except
16031507239	11/1/2005	$533.75	$437.68	1205	WMC REHAB HOSPITAL	891.1	Open Wound Of Knee Leg (except
	TPA Subtotal:	$227,690.98	$148,118.00				
	Mbr Subtotal:	$227,690.98	$148,118.00				

HIPAA Mbr# 2512825.00

TPA TPA 2004 EPO

14432950516	12/15/2005	$83.00	$60.62	0106	SWANSON, ANDREW DO	730.20	Unspecified Osteomyelitis Site Un
14457235911	12/13/2005	$80.00	$28.00	0106	APRIA HEALTHCARE INC	799.01	Asphyxia
14457235911	12/13/2005	$445.00	$160.00	0106	APRIA HEALTHCARE INC	799.01	Asphyxia
16032936119	11/13/2005	$80.00	$28.00	0106	APRIA HEALTHCARE INC	799.01	Asphyxia
16032936119	11/13/2005	$445.00	$160.00	0106	APRIA HEALTHCARE INC	799.01	Asphyxia
15027221504	5/13/2005	$11,930.25	$2,007.04	0705	WASHOE MEDICAL CENTER	250.62	Diabetes With Neurological Manife
15032936383	4/13/2005	$445.00	$160.00	0705	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15155792978	6/3/2005	$120.00	$0.00	0705	VINH, QUANG B. MD	250.80	Diabetes With Other Specified Ma
15171507177	6/11/2005	$16,863.00	$0.00	0705	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15171507421	5/13/2005	$80.00	$28.00	0705	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15171507421	5/13/2005	$445.00	$160.00	0705	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15174364360	6/7/2005	$429.25	$351.99	0705	WMC SOUTH MEADOWS	707.15	Ulcer Of Other Part Of Foot
15177221523	6/10/2005	$51.00	$34.37	0705	HODGE, RICHARD G. MD	V58.49	Other Specified Aftercare Followin
15177221523	6/11/2005	$51.00	$34.37	0705	KAPLAN, BRUCE D. MD	780.6	Fever
15181507815	6/22/2005	$178.00	$136.62	0705	ZSIKLA, SUSANNE MD	786.05	Unspecified Osteomyelitis Site Un
15182935950	6/11/2005	$563.00	$444.60	0705	GUNDERSON, MARK C. MD	780.6	Fever

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15287221536	6/23/2005	$2,313.00	$1,558.96	0705	TSUNG, STEPHEN S. MD	730.27	Unspecified Osteomyelitis Involvin
15295792946	6/30/2005	$2,444.50	$2,004.49	0705	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15301507510	6/15/2005	$222.00	$201.21	0705	VINH, QUANG B. MD	250.80	Diabetes With Other Specified Ma
15307221458	6/10/2005	$192.00	$38.99	0705	LABORATORY CORP OF AMERICA	250.8	Diabetes With Other Specified Ma
15307221459	6/23/2005	$236.00	$69.79	0705	LABORATORY CORP OF AMERICA	250.8	Diabetes With Other Specified Ma
15307221461	6/30/2005	$192.00	$38.99	0705	LABORATORY CORP OF AMERICA	250.8	Diabetes With Other Specified Ma
15317221505	7/14/2005	$1,199.25	$983.39	0705	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15317221639	6/13/2005	$80.00	$28.00	0705	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15317221639	6/13/2005	$445.00	$160.00	0705	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15287221760	6/28/2005	$120.00	$94.86	0805	ZSIKLA, SUSANNE MD	730.20	Unspecified Osteomyelitis Site Un
15301507509	6/13/2005	$84.00	$73.52	0805	MATH, ERIC M. MD	250.80	Diabetes With Other Specified Ma
15301507509	6/12/2005	$288.00	$0.00	0805	MATH, ERIC M. MD	731.8	Other Bone Involvement In Diseas
15301507553	6/13/2005	$372.00	$0.00	0805	MATH, ERIC M. MD	250.80	Diabetes With Other Specified Ma
15311507866	6/3/2005	$120.00	$0.00	0805	ZSIKLA, SUSANNE MD	250.80	Diabetes With Other Specified Ma
15314357329	6/11/2005	$16,863.00	$0.00	0805	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15324364449	6/10/2005	$210.00	$94.50	0805	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15324364450	6/10/2005	$2,981.82	$1,341.81	0805	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15325793029	6/3/2005	$120.00	$94.86	0805	ZSIKLA, SUSANNE MD	250.80	Diabetes With Other Specified Ma
15327221432	7/14/2005	$192.00	$38.99	0805	LABORATORY CORP OF AMERICA	250.8	Diabetes With Other Specified Ma
15435792902	7/19/2005	$69,894.15	$13,710.00	0805	WASHOE MEDICAL CENTER	250.82	Diabetes With Other Specified Ma
15435792938	7/22/2005	$484.00	$326.22	0805	BEIDLE, THOMAS R. MD	682.7	Cellulitis And Abscess Of Foot Ex
15435792938	7/18/2005	$100.00	$67.40	0805	HODGE, RICHARD G. MD	780.79	Unspecified Local Infection Of Ski
15440078658	7/18/2005	$310.50	$254.61	0805	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15441507301	7/18/2005	$563.00	$444.60	0805	BAIER, MARK MD	730.97	Unspecified Infection Of Ankle An
15441507365	7/29/2005	$257.50	$169.95	0805	APRIA HEALTHCARE INC	730.27	Unspecified Osteomyelitis Involvin
15442928659	7/27/2005	$640.00	$416.00	0805	HANSON, KEITH MD	730.27	Unspecified Osteomyelitis Involvin
15444364429	7/29/2005	$353.00	$257.00	0805	HERBERT, TOM M. MD	250.82	Diabetes With Other Specified Ma
15444364433	7/25/2005	$504.00	$441.12	0805	GARGYA, SUKUMAR MD	250.82	Diabetes With Other Specified Ma
15444364433	7/19/2005	$232.00	$207.56	0805	BAKSHI, SANJEEV MD	250.82	Diabetes With Other Specified Ma
15445792948	7/26/2005	$51.00	$34.37	0805	TEW, JOEL MD	730.27	Unspecified Osteomyelitis Involvin
15450078722	7/27/2005	$199.00	$55.60	0805	PALOSAARI, DAVID E. MD	250.82	Diabetes With Other Specified Ma

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15454364486	8/15/2005	$120.00	$109.86	0805	MITO, DEREK I. MD	789.00	Abdominal Pain Unspecified Site
15460078776	8/12/2005	$1,281.75	$1,051.04	0805	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15460079065	6/13/2005	$372.00	$0.00	0805	MATH, ERIC M. MD	250.80	Diabetes With Other Specified Ma
15460079311	7/13/2005	$80.00	$28.00	0805	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15460079311	7/13/2005	$445.00	$160.00	0805	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15460079501	8/16/2005	$243.00	$125.54	0805	BAIN, MARTIN MD	730.07	Acute Osteomyelitis Involving Ankl
15465793036	8/17/2005	$67.50	$34.64	0805	BAIN, MARTIN MD	789.03	Abdominal Pain Right Lower Quad
15027217149	5/13/2005	$11,930.25	$2,038.00	0905	WASHOE MEDICAL CENTER	250.62	Diabetes With Neurological Manife
15027221504	5/13/2005	($11,930.25)	($2,007.04)	0905	WASHOE MEDICAL CENTER	250.62	Diabetes With Neurological Manife
15440079325	6/17/2005	$8,169.46	$3,676.25	0905	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15440079325	7/1/2005	$4,165.85	$1,874.64	0905	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15440079329	6/23/2005	$210.00	$94.50	0905	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15445793087	7/8/2005	$4,152.32	$1,868.55	0905	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15470078950	8/15/2005	$854.00	$854.00	0905	REMSA	789.03	Abdominal Pain Right Lower Quad
15574364465	8/22/2005	$2,313.00	$1,558.96	0905	KOCI, TIMOTHY M. MD	730.27	Unspecified Osteomyelitis Involvin
15574364465	8/16/2005	$51.00	$34.37	0905	KRAKORA, GEORGE A. MD	V58.49	Other Specified Aftercare Followin
15574364465	8/15/2005	$572.00	$385.53	0905	TEW, JOEL MD	789.03	Abdominal Pain Right Lower Quad
15574364658	8/22/2005	$1,224.00	$1,224.00	0905	REMSA	892.0	Open Wound Of Foot Except Toe(
15580078729	7/7/2005	$195.00	$88.14	0905	LABORATORY CORP OF AMERICA	250.8	Diabetes With Other Specified Ma
15580079065	8/15/2005	$563.00	$444.60	0905	SHEPHERD, SCOTT F. MD	789.03	Abdominal Pain Right Lower Quad
15584364336	9/2/2005	$120.00	$94.86	0905	ZSIKLA, SUSANNE MD	730.20	Unspecified Osteomyelitis Site Un
15584364403	8/24/2005	$51.00	$34.37	0905	LOCKEN, JULIE A. MD	V58.49	Other Specified Aftercare Followin
15594364494	9/2/2005	$108.00	$0.00	0905	KRASNER, CHARLES MD	730.27	Unspecified Osteomyelitis Involvin
15601507146	9/2/2005	$44.00	$12.43	0905	LABORATORY CORP OF AMERICA	730.17	Chronic Osteomyelitis Involving A
15602935790	8/25/2005	$502.00	$315.00	0905	KRASNER, CHARLES MD	790.7	Bacteremia
15602935790	9/9/2005	$108.00	$0.00	0905	KRASNER, CHARLES MD	730.17	Chronic Osteomyelitis Involving A
15602935887	8/13/2005	$80.00	$28.00	0905	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15602935887	8/13/2005	$445.00	$160.00	0905	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15604364372	8/22/2005	$405.00	$355.65	0905	MOORE, DERRICK MD	997.62	Infection (chronic) Of Amputation
15604364387	8/25/2005	$476.00	$423.80	0905	HERBERT, TOM M. MD	997.62	Infection (chronic) Of Amputation
15604364417	8/31/2005	$271.50	$222.63	0905	WMC REHAB HOSPITAL	250.81	Diabetes With Other Specified Ma

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15461507439	6/30/2005	$210.00	$94.50	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15471507323	8/16/2005	$36,929.50	$9,171.00	1005	WASHOE MEDICAL CENTER	997.62	Infection (chronic) Of Amputation
15471507416	7/14/2005	$420.00	$189.00	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	9/6/2005	$895.54	$403.00	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	9/6/2005	$2,780.15	$1,251.07	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	9/5/2005	$881.75	$396.79	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	9/5/2005	$544.68	$245.10	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	8/31/2005	$825.43	$371.45	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	8/31/2005	$2,965.18	$1,334.34	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507425	8/26/2005	$73.34	$33.00	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15601507426	8/26/2005	$852.46	$383.61	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15608650357	7/20/2005	$165.00	$115.00	1005	MCCLISH, LAURENCE MD	250.00	Diabetes Mellitus Without Mention
15608650430	7/27/2005	$1,320.00	$648.00	1005	KIECKBUSCH, TRAVIS D. MD	895.0	Traumatic Amputation Of Toe(s) (
15608650554	9/19/2005	$117.00	$0.00	1005	KRASNER, CHARLES MD	730.17	Chronic Osteomyelitis Involving A
15610078718	9/12/2005	$1,264.46	$569.01	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15610078718	9/12/2005	$3,592.47	$1,616.61	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15718650289	9/20/2005	$257.00	$194.58	1005	SWANSON, ANDREW DO	250.03	Diabetes Mellitus Without Mention
15720078861	6/12/2005	$288.00	$0.00	1005	MATH, ERIC M. MD	250.80	Diabetes With Other Specified Ma
15724364382	9/30/2005	$853.50	$699.87	1005	WMC REHAB HOSPITAL	250.81	Diabetes With Other Specified Ma
15728650145	9/29/2005	$121.00	$94.86	1005	SWANSON, ANDREW DO	250.03	Diabetes Mellitus Without Mention
15734364634	9/19/2005	$1,264.46	$569.01	1005	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15738650338	10/7/2005	$108.00	$0.00	1005	KRASNER, CHARLES MD	730.17	Chronic Osteomyelitis Involving A
15740078868	9/13/2005	$80.00	$28.00	1005	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15740078868	9/13/2005	$445.00	$160.00	1005	APRIA HEALTHCARE INC	799.0	Asphyxia And Hypoxemia
15748650051	10/14/2005	$503.50	$412.87	1005	WMC REHAB HOSPITAL	250.81	Diabetes With Other Specified Ma
15610078718	9/12/2005	$318.11	$143.15	1105	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15734364634	9/19/2005	$317.11	$142.70	1105	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15734364634	9/19/2005	$3,592.47	$1,616.61	1105	CORAM HEALTHCARE OF NEVADA	250.8	Diabetes With Other Specified Ma
15741507259	9/16/2005	$1,305.25	$1,070.31	1105	WMC REHAB HOSPITAL	250.81	Diabetes With Other Specified Ma
15867221530	10/19/2005	$98.00	$80.36	1105	WMC REHAB HOSPITAL	250.81	Diabetes With Other Specified Ma
15867221723	11/2/2005	$162.36	$162.36	1105	ACADIAN REHAB INC	250.60	Diabetes With Neurological Manife

Claim #	DOS	Billed Amount	Paid Amount	Paid Month	Provider	Diagnosis Code	Diagnosis Description
15867222063	10/21/2005	$121.00	$94.86	1105	SWANSON, ANDREW DO	466.0	Acute Bronchitis
15878650159	11/10/2005	$188.00	$154.16	1105	WASHOE MEDICAL CENTER	729.5	Pain In Limb
15887221610	10/13/2005	$80.00	$28.00	1105	APRIA HEALTHCARE INC	799.01	Asphyxia
15887221610	10/13/2005	$445.00	$160.00	1105	APRIA HEALTHCARE INC	799.01	Asphyxia
15012931463	4/24/2005	$185.00	$167.16	1205	HERBERT, TOM M. MD	250.82	Diabetes With Other Specified Ma
15012935992	4/24/2005	($185.00)	($153.00)	1205	HERBERT, TOM M. MD	250.82	Diabetes With Other Specified Ma
15171502875	6/11/2005	$16,863.00	$4,076.00	1205	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15171507177	6/11/2005	($16,863.00)	$0.00	1205	WMC SOUTH MEADOWS	250.80	Diabetes With Other Specified Ma
15444360007	7/29/2005	$353.00	$314.20	1205	HERBERT, TOM M. MD	250.82	Diabetes With Other Specified Ma
15444364429	7/29/2005	($353.00)	($257.00)	1205	HERBERT, TOM M. MD	250.82	Diabetes With Other Specified Ma
16001507365	11/16/2005	$121.00	$94.86	1205	SWANSON, ANDREW DO	707.15	Ulcer Of Other Part Of Foot
16002935862	11/10/2005	$54.00	$36.40	1205	TEW, JOEL MD	729.5	Pain In Limb
16007221717	11/21/2005	$108.00	$80.89	1205	KRASNER, CHARLES MD	730.17	Chronic Osteomyelitis Involving A
16007221717	11/21/2005	$20.00	$20.00	1205	KRASNER, CHARLES MD	V04.81	Need For Prophylactic Vaccination
16008650022	11/21/2005	$172.00	$36.73	1205	LABORATORY CORP OF AMERICA	730.17	Chronic Osteomyelitis Involving A
16008650200	11/30/2005	$1,051.75	$862.44	1205	WMC REHAB HOSPITAL	250.82	Diabetes With Other Specified Ma
16010078881	11/23/2005	$83.00	$60.62	1205	SWANSON, ANDREW DO	250.03	Diabetes Mellitus Without Mention
16012935877	11/28/2005	$1,828.00	$1,232.07	1205	KENYHERZ, GREGORY E. MD	998.83	Non-healing Surgical Wound
16012936104	12/1/2005	$60.00	$30.00	1205	KIECKBUSCH, TRAVIS D. MD	730.27	Unspecified Osteomyelitis Involvin
16022935995	12/5/2005	$108.00	$80.89	1205	KRASNER, CHARLES MD	730.17	Chronic Osteomyelitis Involving A
16030078745	12/14/2005	$415.50	$340.71	1205	WMC REHAB HOSPITAL	250.82	Diabetes With Other Specified Ma
	TPA Subtotal:	$230,646.57	$71,946.87				
	Mbr Subtotal:	$230,646.57	$71,946.87				
	Sample Employer Group Large Case Subtotal:	$4,432,339.26	$2,381,485.12				

Claims by Place of Service and Provider Type

Hometown Health

Employer Group Claims - Place of Service and Provider Type

For Claims paid in the month of January 2006

Location	Provider Type	Billed Amount	CoPay	Coins	Paid Amount
Sample Employer Group					
PPO					
Dental					
Professional					
OFFICE VISIT					
	DENTAL	$2,804.00	$0.00	$0.00	$0.00
	OFFICE VISIT Subtotal:	**$2,804.00**	**$0.00**	**$0.00**	**$0.00**
	Professional Subtotal:	**$2,804.00**	**$0.00**	**$0.00**	**$0.00**
	Dental Subtotal:	**$2,804.00**	**$0.00**	**$0.00**	**$0.00**
	PPO Subtotal:	**$2,804.00**	**$0.00**	**$0.00**	**$0.00**
TPA					
Medical					
Institutional					
EMERGENCY ROOM VISIT					
	HOSPITAL	$143,292.80	$5,465.00	$0.00	$112,049.96
	EMERGENCY ROOM VISIT Subtotal:	**$143,292.80**	**$5,465.00**	**$0.00**	**$112,049.96**
INPATIENT HOSPITAL STAY					
	HOSPITAL	$1,014,224.72	$42,552.30	$0.00	$341,579.47
	INPATIENT HOSPITAL STAY Subtotal:	**$1,014,224.72**	**$42,552.30**	**$0.00**	**$341,579.47**
INPATIENT PSYCHIATRIC FACILITY STAY					
	PSYCHIATRIC FACILITY	$5,004.00	$1,250.00	$0.00	$2,632.40

Location	Provider Type	Billed Amount	CoPay	Coins	Paid Amount
	INPATIENT PSYCHIATRIC FACILITY STAY Subtotal:	**$5,004.00**	**$1,250.00**	**$0.00**	**$2,632.40**
OUTPATIENT HOSPITAL					
	HOSPITAL	$1,549.75	$0.00	$0.00	$44.64
	OUTPATIENT HOSPITAL Subtotal:	**$1,549.75**	**$0.00**	**$0.00**	**$44.64**
OUTPATIENT HOSPITAL STAY					
	HOSPITAL	$229,732.78	$6,990.00	$0.00	$160,773.04
	OUTPATIENT HOSPITAL STAY Subtotal:	**$229,732.78**	**$6,990.00**	**$0.00**	**$160,773.04**
SAME DAY SURGERY CENTER VISIT					
	HOSPITAL	$176,273.99	$6,625.00	$0.00	$102,134.51
	SAME DAY SURGERY	$20,708.48	$1,375.00	$0.00	$10,738.40
	SAME DAY SURGERY CENTER VISIT Subtotal:	**$196,982.47**	**$8,000.00**	**$0.00**	**$112,872.91**
SKILLED NURSING FACILITY STAY					
	SKILLED NURSING FACILITY	$7,055.73	$541.01	$0.00	$2,758.99
	SKILLED NURSING FACILITY STAY Subtotal:	**$7,055.73**	**$541.01**	**$0.00**	**$2,758.99**
URGENT CARE VISIT					
	HOSPITAL	$1,169.85	$30.00	$0.00	$964.37
	URGENT CARE VISIT Subtotal:	**$1,169.85**	**$30.00**	**$0.00**	**$964.37**
	Institutional Subtotal:	**$1,599,012.10**	**$64,828.31**	**$0.00**	**$733,675.78**

Professional

AMBULANCE					
	ANCILLARY PROVIDER	$8,545.50	$400.00	$0.00	$6,581.86
	PRIMARY CARE PROVIDER	$8.00	$0.00	$0.00	$0.00
	AMBULANCE Subtotal:	**$8,553.50**	**$400.00**	**$0.00**	**$6,581.86**
EMERGENCY ROOM VISIT					
	ANCILLARY PROVIDER	$8,026.20	$0.00	$0.00	$4,047.77
	PRIMARY CARE PROVIDER	$1,000.00	$0.00	$0.00	$747.00
	SPECIALTY CARE PROVIDER	$17,493.00	$0.00	$0.00	$12,468.90
	EMERGENCY ROOM VISIT Subtotal:	**$26,519.20**	**$0.00**	**$0.00**	**$17,263.67**
END STAGE RENAL DISEASE TREATMENT					
	SPECIALTY CARE PROVIDER	$460.00	$0.00	$0.00	$436.43

Location	Provider Type	Billed Amount	CoPay	Coins	Paid Amount
	END STAGE RENAL DISEASE TREATMENT FACILITY STAY Subtotal:	**$460.00**	**$0.00**	**$0.00**	**$436.43**
HOME VISIT					
	ANCILLARY PROVIDER	$2,544.82	$25.00	$0.00	$1,120.17
	HOME HEALTH CARE	$1,126.85	$0.00	$0.00	$926.48
	SPECIALTY CARE PROVIDER	$35,338.52	$50.00	$0.00	$14,593.55
	HOME VISIT Subtotal:	**$39,010.19**	**$75.00**	**$0.00**	**$16,640.20**
INDEPENDENT LABORATORY VISIT					
	ANCILLARY PROVIDER	$113,858.05	$10,579.37	$0.00	$19,515.13
	PRIMARY CARE PROVIDER	$18.00	$0.00	$0.00	$16.76
	SPECIALTY CARE PROVIDER	$2,015.00	$100.00	$0.00	$1,704.22
	INDEPENDENT LABORATORY VISIT Subtotal:	**$115,891.05**	**$10,679.37**	**$0.00**	**$21,236.11**
INPATIENT HOSPITAL STAY					
	ANCILLARY PROVIDER	$8,331.90	$0.00	$0.00	$4,221.44
	ANESTHESIOLOGY	$22,575.00	$0.00	$0.00	$14,754.00
	OBGYN	$51,280.00	$0.00	$0.00	$27,758.46
	PRIMARY CARE PROVIDER	$7,325.00	$0.00	$0.00	$4,608.94
	SPECIALTY CARE PROVIDER	$102,713.00	$0.00	$0.00	$44,415.11
	INPATIENT HOSPITAL STAY Subtotal:	**$192,224.90**	**$0.00**	**$0.00**	**$95,757.95**
INPATIENT PSYCHIATRIC FACILITY STAY					
	SPECIALTY CARE PROVIDER	$625.00	$0.00	$0.00	$439.77
	INPATIENT PSYCHIATRIC FACILITY STAY Subtotal:	**$625.00**	**$0.00**	**$0.00**	**$439.77**
OFFICE VISIT					
	ALTERNATIVE MEDICINE	$2,398.71	$569.00	$0.00	$1,405.86
	ANCILLARY PROVIDER	$70,864.25	$3,630.00	$0.00	$42,357.42
	ANESTHESIOLOGY	$150.00	$30.00	$0.00	$84.00
	CONVERSION PROVIDER	($216.84)	($30.00)	$0.00	($138.40)
	DENTAL	$894.00	$0.00	$148.75	$383.25
	DOCTOR OF CHIROPRACTIC MEDICIN	$6,279.00	$1,747.19	$0.00	$1,785.26
	MOUNTAIN EAP PROVIDERS	$1,800.00	$270.00	$0.00	$780.08
	OBGYN	$38,430.54	$3,572.35	$0.00	$17,189.05
	PRIMARY CARE PROVIDER	$105,581.68	$20,250.09	$0.00	$50,511.57
	SPECIALTY CARE PROVIDER	$211,596.80	$15,914.15	$0.00	$91,474.67
	OFFICE VISIT Subtotal:	**$437,778.14**	**$45,952.78**	**$148.75**	**$205,832.76**
OTHER UNLISTED FACILITY STAY					
	SPECIALTY CARE PROVIDER	$1,583.00	$0.00	$0.00	$0.00

Location	Provider Type	Billed Amount	CoPay	Coins	Paid Amount
	OTHER UNLISTED FACILITY STAY Subtotal:	**$1,583.00**	**$0.00**	**$0.00**	**$0.00**
OUTPATIENT HOSPITAL STAY					
	ANCILLARY PROVIDER	$18,960.75	$75.00	$0.00	$10,525.21
	ANESTHESIOLOGY	$30,425.00	$0.00	$0.00	$20,607.00
	OBGYN	$12,097.63	$0.00	$0.00	$5,128.62
	PRIMARY CARE PROVIDER	$197.00	$0.00	$0.00	$146.22
	SPECIALTY CARE PROVIDER	$81,656.99	$25.00	$0.00	$36,158.64
	OUTPATIENT HOSPITAL STAY Subtotal:	**$143,337.37**	**$100.00**	**$0.00**	**$72,565.69**
SAME DAY SURGERY CENTER VISIT					
	SPECIALTY CARE PROVIDER	$31,202.25	$375.00	$0.00	$12,452.82
	SAME DAY SURGERY CENTER VISIT Subtotal:	**$31,202.25**	**$375.00**	**$0.00**	**$12,452.82**
SKILLED NURSING FACILITY STAY					
	PRIMARY CARE PROVIDER	$3,700.77	$0.00	$0.00	$565.90
	SPECIALTY CARE PROVIDER	$110.00	$0.00	$0.00	$0.00
	SKILLED NURSING FACILITY STAY Subtotal:	**$3,810.77**	**$0.00**	**$0.00**	**$565.90**
URGENT CARE VISIT					
	ANCILLARY PROVIDER	$3,590.00	$330.00	$0.00	$2,089.66
	PRIMARY CARE PROVIDER	$6,152.79	$1,530.00	$0.00	$3,244.54
	SPECIALTY CARE PROVIDER	$8,441.00	$2,070.00	$0.00	$4,720.98
	URGENT CARE VISIT Subtotal:	**$18,183.79**	**$3,930.00**	**$0.00**	**$10,055.18**
	Professional Subtotal:	**$1,019,179.16**	**$61,512.15**	**$148.75**	**$459,828.34**
	Medical Subtotal:	**$2,618,191.26**	**$126,340.46**	**$148.75**	**$1,193,504.12**
	TPA Subtotal:	**$2,618,191.26**	**$126,340.46**	**$148.75**	**$1,193,504.12**
	Sample Employer Group Subtotal:	**$2,620,995.26**	**$126,340.46**	**$148.75**	**$1,193,504.12**

Inpatient Claim Utilization

Hometown Health

Hometown Health

Employer Group Claims - Inpatient Utilization*

For Claims paid in the month of January 2006

HIPAA Mbr #	Claim #	Service From Date	Service To Date	Billed Amt	Paid Amt	Approved Days	Provider	Location
Sample Employer Group								
TPA								
Medical								
1663541.67	14452950315	3/12/2004	3/15/2004	$24,695.14	$2,725.00	3	WMC SOUTH MEADOW	INPATIENT HOSPI
680158.33	14452950330	3/20/2004	3/22/2004	$10,767.10	$720.00	2	WMC SOUTH MEADOW	INPATIENT HOSPI
913866.67	14452950315	4/10/2004	4/22/2004	$25,731.21	$15,900.00	12	WMC REHAB HOSPITAL	INPATIENT HOSPI
2051650.00	14441521495	6/8/2005	6/10/2005	$6,119.75	$1,038.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
137941.67	14441514572	12/2/2005	12/5/2005	$30,280.45	$19,682.29	3	CALIFORNIA PACIFIC M	INPATIENT HOSPI
2166841.67	14441514573	12/5/2005	12/8/2005	$8,555.50	$6,022.18	3	CARSON TAHOE REGIO	INPATIENT HOSPI
913816.67	14442943072	12/7/2005	12/8/2005	$47,760.46	$33,221.23	1	ST MARYS MEDICAL CE	INPATIENT HOSPI
2075916.67	14441521495	12/11/2005	1/3/2006	$231,172.25	$150,261.96	23	WASHOE MEDICAL CEN	INPATIENT HOSPI
2008400.00	16030078721	12/12/2005	12/14/2005	$26,875.00	$3,018.25	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
662358.33	16032935819	12/13/2005	12/16/2005	$9,967.00	$4,183.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
1986283.33	16032935816	12/14/2005	12/16/2005	$17,202.75	$2,729.50	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
1379783.42	16040078661	12/15/2005	12/23/2005	$27,274.20	$8,152.00	8	WASHOE MEDICAL CEN	INPATIENT HOSPI
1975225.00	16032935820	12/15/2005	12/16/2005	$32,333.00	$7,696.17	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
1815691.67	16038650158	12/15/2005	12/21/2005	$56,532.50	$15,378.08	6	WASHOE MEDICAL CEN	INPATIENT HOSPI
694591.67	16038650178	12/16/2005	12/17/2005	$17,451.00	$121.00	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
2535116.67	16038650172	12/17/2005	12/19/2005	$4,626.00	$1,038.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
2075833.33	16038650179	12/18/2005	12/20/2005	$6,405.75	$1,038.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
2163750.00	16038650177	12/19/2005	12/20/2005	$11,098.50	$561.00	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
2164891.67	14432950247	12/19/2005	12/22/2005	$27,998.75	$3,840.63	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
2519691.67	16038650168	12/19/2005	12/22/2005	$20,356.00	$2,863.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
159275.00	16038650188	12/20/2005	12/23/2005	$17,423.50	$2,863.00	3	WMC SOUTH MEADOW	INPATIENT HOSPI

HIPAA Mbr #	Claim #	Service From Date	Service To Date	Billed Amt	Paid Amt	Approved Days	Provider	Location
1996375.00	16042935836	12/21/2005	12/24/2005	$20,007.00	$2,863.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
586491.67	16038650197	12/21/2005	12/23/2005	$9,995.75	$1,580.00	2	WMC SOUTH MEADOW	INPATIENT HOSPI
103891.67	16042935829	12/22/2005	12/24/2005	$12,658.25	$1,038.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
2165383.33	14432950262	12/27/2005	12/29/2005	$6,054.50	$1,038.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
2512483.33	14434378636	12/28/2005	12/31/2005	$6,082.25	$2,531.58	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
1658733.33	14434378639	12/28/2005	12/31/2005	$11,186.25	$3,057.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
785600.00	14435807330	12/29/2005	1/1/2006	$6,792.00	$2,182.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
1686100.00	14435807334	12/29/2005	1/1/2006	$23,318.50	$3,303.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
1379783.42	14441521509	1/2/2006	1/3/2006	$31,067.00	$670.00	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
31733.33	14442950143	1/2/2006	1/5/2006	$12,092.75	$2,389.00	3	WASHOE MEDICAL CEN	INPATIENT HOSPI
1366325.00	14441521491	1/3/2006	1/3/2006	$18,839.25	$203.00	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
2581150.00	14447235820	1/6/2006	1/7/2006	$16,027.00	$203.00	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
1422383.33	14451521466	1/10/2006	1/12/2006	$4,531.50	$1,176.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
2175500.00	14454378692	1/10/2006	1/14/2006	$48,246.12	$16,815.10	4	WASHOE MEDICAL CEN	INPATIENT HOSPI
1658733.33	14455807267	1/13/2006	1/15/2006	$5,245.75	$910.00	2	WMC SOUTH MEADOW	INPATIENT HOSPI
2164308.33	14455807265	1/13/2006	1/15/2006	$33,044.50	$9,559.50	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
1865000.00	14457235793	1/13/2006	1/13/2006	$27,369.25	$7,353.00	1	WASHOE MEDICAL CEN	INPATIENT HOSPI
2146250.00	14461521491	1/17/2006	1/19/2006	$21,027.25	$1,656.00	2	WASHOE MEDICAL CEN	INPATIENT HOSPI
		Medical Subtotal:		**$974,210.68**	**$341,579.47**			
		TPA Subtotal:		**$974,210.68**	**$341,579.47**			
		Sample Employer Group Subtotal:		**$974,210.68**	**$341,579.47**			

Claim Summary by Month

Hometown Health
Employer Group Paid Claim Summary
for January 2006
Sample Employer Group

Product	ClaimType	2005-07	2005-08	2005-09	2005-10	2005-11	2005-12	2006-01	Totals
Product: TPA									
TPA	Medical	1,367,241	1,374,582	933,770	1,072,611	1,509,603	1,129,967	1,193,504	8,581,278
TPA:		1,367,241	1,374,582	933,770	1,072,611	1,509,603	1,129,967	1,193,504	8,581,278
Totals:		1,367,241	1,374,582	933,770	1,072,611	1,509,603	1,129,967	1,193,504	8,581,278

Trigger Diagnosis Report

Hometown Health

ALL Groups Trigger Dx Claims with Service Dates between August-2009and August-2009

All Products All Category/ies

ClaimNbr	Mbr Nbr	Mbr Name	Mbr Age	Emp Group	Date of Svc	Dx	Dx Description	Bft Mall Disc Grp	Proc Code Proc Name	Billed	Paid
1	1	MemberOne	46.16	GroupOne	08/08/2009	340	MULTIPLE SCLEROSIS	Neuromuscular		$50	$36
2	2	MemberTwo	47.09	GroupTwo	08/26/2009	042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	AIDS		$797	$558
3	3	MemberThree	48.99	GroupThree	08/10/2009	042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	AIDS		$127	$18
4	4	MemberFour	48.99	GroupFour	08/25/2009	042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	AIDS		$310	$218
5	5	MemberFive	44.15	GroupFive	08/13/2009	174.9	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE	Malignant Neoplasms - Any Site		$54	$22
6	6	MemberSix	51.56	GroupSix	08/11/2009	340	MULTIPLE SCLEROSIS	Neuromuscular		$160	$71

**SAMPLE

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