



ADDENDUM # 3

RFP # FY 2016-2017-003 FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

1. Please ensure you check the City's website for the latest addendum released for this project. Below find the link to the City's website: www.cohb.org/solicitations.
2. Firm must provide this form signed by an authorized officer of your firm to acknowledge receipt of ADDENDUM # 3 and provide with your firm's response.
3. Please note – Revised Reference Form is attached. Ensure your firm uses this form to obtain the references and provide with your firm's response.

ANSWERS TO QUESTIONS RECEIVED BEFORE DEADLINE OF APRIL 28, 2017 AT 11AM:

QUESTION #1:

Is Exhibit I - Scope of Work intended to be informational only, or is it the expectation of the City that carriers provide point by point responses to each requirement (i.e. noted, or deviations / clarifications as applicable).

ANSWER #1:

All information requested throughout all Exhibits of this RFP must be addressed within your proposal.

QUESTION #2:

Please clarify if the carrier's proposal should include a response to Exhibit A, Exhibits B1 and B2, Exhibit II and Exhibit C only.

ANSWER #2:

Please see pages 30-35 of Exhibit I for proposal format.

QUESTION #3:

Page 4 - can you please elaborate on the Local Vendor Preference? There is no section dedicated to Local Vendor Preference.

ANSWER #3:

Please be advised that there is no Local Vendor Preference for this Request for Proposals (RFP). Any reference to Local Vendor Preference is not valid. Exhibit III was eliminated from this RFP through Addendum #1.

QUESTION #4:

Page 17 - #22. *Provide COBRA and HIPAA administration and pay COBRA beneficiary claims* - If the carrier does not administer COBRA, will the City consider using an outside vendor to administer their COBRA services?

ANSWER #4:

COBRA and HIPAA services must be included. If there is a separate proposal or service provider for either service, please note that any sub-contracted services to be provided must be identified in the proposal.

QUESTION #5:

Page 30 - Instructions provided on Page 30 of Exhibit I indicate not to provide a password on the thumb drive. Cigna's company policy requires the flash drive to be password protected. Would it be acceptable to provide a password protected flash drive? Otherwise, we can provide proposal response on CD without password protection. Please advise which option is acceptable.

ANSWER #5:

Firms must submit in accordance with instructions set forth on page 30 of Exhibit I.

QUESTION #6:

Page 34 - #9. Customer Service - *Proposers must present their administration capabilities and experience (including HSA administration)*. Was the HSA a typo? Because the RFP only referenced HRA administration, please confirm.

ANSWER #6:

Page 34 of Exhibit I, under Customer Service, the City is requesting HRA administration services along with a High Deductible Health Plan, not HSA administration.

QUESTION #7:

Page 4 - Within Exhibit II, Section I #3 it states - *Proposals shall be signed in INK; all forms shall be typewritten or printed with pen and ink*. Given the RFP requirements call for electronic proposal only, would it be acceptable to provide electronic signature?

ANSWER #7:

Original signatures must be provided. Forms completed in ink can be scanned and submitted electronically.

QUESTION #8:

Page 22 – the RFP requested 4 references but noted “Your firm must include the completed five (5) Reference Check Forms within your firm’s thumb drive”. Please confirm carriers should not *provide more or less than four (4) references*.

ANSWER #8:

Through this Addendum #3, please find attached Revised Reference Check Form, deleting the incorrect number of references requested. Only Four (4) references are requested.

QUESTION #9:

Whether companies from Outside USA can apply for this? (like, from India or Canada)

ANSWER #9:

No.

QUESTION #10:

Whether we need to come over there for meetings?

ANSWER #10:

Yes. Please see Exhibit I pages 7, 15, 34-35.

QUESTION #11:

Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

ANSWER #11:

No.

QUESTION #12:

Can we submit the proposals via email?

ANSWER #12:

Proposals must be submitted in accordance with instructions listed in Exhibit I, pages 30 and 37.

QUESTION #13:

Will the City consider alternate HDHP options? Said differently, can we present multiple single option plans with alternate deductibles and coinsurance, or are we to match the current HMO benefits with an HRA?

ANSWER #13:

The City is interested in one (1) HDHP option that the insurer will present. It is the City's intent to maximize savings while maintaining the best benefits possible for employees. As is stated in Exhibit I of the RFP, the City reserves the right to negotiate with proposer finalist(s) on alternative plan designs.

QUESTION #14:

Does the City have a specific HDHP plan design in mind or should UHC create the plan design from scratch?

ANSWER #14:

Please see the answer to question #13.

QUESTION #15:

Does the city currently have any onsite support from Cigna? Are we being asked to provide as response to the RFP?

ANSWER #15:

Yes, once per month. Please see page 7 and 23 of Exhibit I in reference to on-site support.

QUESTION #16:

Please confirm if Billed Premium includes or excludes any Broker Service Fees

ANSWER #16:

As stated in Exhibit I page4, under Agent/Broker Services:

Proposals are requested, but not required, to be submitted net of any agent or broker commissions. The City does not currently have an agent of record on the medical insurance. Proposals will be evaluated as a whole, whether agent/broker services are submitted or not.

Agents/Brokers shall recognize that the City will be scrutinizing the amount of remuneration in relation to the expected level of service to be received. The City wants to avoid payment of remuneration that may appear to be excessive. The City may be interested in negotiating such remuneration, especially when two or more agents have similar or identical lowest cost proposals. Proposing agents/brokers shall state if they are willing to negotiate such remuneration.

Please note that such agents making proposals must be designated by their choice of insurer(s) in their proposal. Whether an insurer is proposing with one such agent or multiple agents, all must be shown in the proposal submitted by such insurer, as these are the only agents that will be considered.

QUESTION #17:

For pooling purposes, can we get large claims broken out for the 03/2016-02/2017 period and for the 03/2015-02-2016 period?

ANSWER #17:

Please see the attached reports.

QUESTION #18:

Were any claims pooled out of the experience?

ANSWER #18:

Please see the attached reports.

QUESTION #19:

Do we have to use a \$175,000 pool point?

ANSWER #19:

If a different pooling point is used, please elaborate using the proposal forms where pooling point information is requested.

QUESTION #20:

Please clarify current funding - conventional fully insured, level premium, minimum premium, etc.?

ANSWER #20:

The City currently has a conventional fully insured contract.

QUESTION #21:

Confirm that the city is not looking for Performance Guarantees? Typically PG's are not offered on a fully insured basis.

ANSWER #21:

Performance Guarantees are discussed on page 24 of Exhibit I. The City has requested Performance Guarantees and if a proposer is not able to provide them, please explain.

QUESTION #22:

Is it possible to obtain the Exhibit 2 document in Word format? When converted from the current PDF the formatting is off and will make executing the forms a challenge.

ANSWER #22:

No.

QUESTION #23:

How will the City evaluate the inclusion of an agent/ broker as part of the scoring process?

ANSWER #23:

Proposals will be evaluated in its entirety as it is submitted in accordance with the grid seen on page 36 of Exhibit I.

QUESTION #24:

Can the City provide an employee census to include all eligible?

ANSWER #24:

Please see Addendum #1.

QUESTION #25:

Please provide update claims experience for calendar year 2016.

ANSWER #25:

The 2016 claims experience was provided in Exhibit F.

QUESTION #26:

Please provide claims experience and high dollar claims for a rolling 12 months through claims paid 3/2017.

ANSWER #26:

Please see the attached reports.

QUESTION #27:

Please identify if any of the high dollar claimants are no longer active?

ANSWER #27:

This information is not available.

QUESTION #28:

Please clarify what the pooling level used during the 2017 renewal period.

ANSWER #28:

\$175,000

QUESTION #29:

Please provide a workup of the current 2017 renewal.

ANSWER #29:

This information is not available.

QUESTION #30:

What was the final renewal increase accepted by the City for 2017? Please also provide the final accepted rates.

ANSWER #30:

This information is not available.

QUESTION #31:

Are COBRA services included in the current Cigna premiums?

ANSWER #31:

COBRA services are administered by Conexis. The admin fee is not included in the Cigna rates but payment for COBRA services is included in the annual renewal.

QUESTION #32:

Is the current enrollment system set up for automated two-way data exchange with Munis Payroll, or do they utilize manual import and export functionality for changes that impact contributions?

ANSWER #32:

Manual import/export.

QUESTION #33:

HMO Plan: The Schedule of Benefits included in Exhibit B1 does not match either of the "Open Access Plus IN" SBCs that are included in Exhibit E – Medical Rates. Please clarify that the benefits shown in Exhibit B1 are those which the City of Hallandale Beach wishes to mirror.

ANSWER #33:

Exhibit E includes a historical review of the City's plans and premiums and starts with plan year 2013-2014 and goes through current 2016-2017. Exhibit B.1 is for the current HMO plan offered in 2016-2017 and is accurate.

QUESTION #34:

HMO Plan: The Schedule of Benefits included in Exhibit B1 does not appear to include habilitative PT/OT/ST for treatment of autism spectrum disorder as required by FS 641.31098 / 627.6686; however, the Certificate of Coverage included in Exhibit E (3337286 – HMO 1 OPEN ACCESS PLUS IN-NETWORK MEDICAL BENEFITS), reflects the following conflicting statement on page 21:

- *coverage for diagnosis and treatment of autism spectrum disorder to include autistic disorder, Asperger's Syndrome and pervasive developmental disorder not otherwise specified, when prescribed by a treating Physician in accordance with a treatment plan for individuals diagnosed at age 8 or younger. Coverage is provided for Dependents to age 18, or older if attending High School. Treatment includes well-baby and well-child screening for diagnosis and treatment through speech therapy, occupational therapy, physical therapy and applied behavior analysis. Day or visit maximums applied to such treatment for other causes will not apply to treatment of autism spectrum disorder.*

ANSWER #34:

The full schedule of benefits and the full Certificate of Coverage is included in Exhibit E. This includes a history of the plans and benefits from the 2013-2014 plan year to current.

The 2015 Certificate of Coverage has not changed and therefore is still applicable for the current plan year. The Benefits Match-up Exhibit included in Exhibit B1 is a summary of what benefits are included but does not include every detailed benefit.

The 2015 Certificate of Coverage in Exhibit E page 96, clearly states:

Note:

The Short-Term Rehabilitative Therapy maximum does not apply to the treatment of autism.

Therefore, the statement in the Certificate of Coverage included in Exhibit E is correct.

QUESTION #35:

HMO Plan: Short term rehabilitative limitations reflect that cognitive therapy is combined with pulmonary rehab, PT/OT/ST and spinal manipulation for a "Contract Year" maximum of 60 days; however, the Certificate of Coverage included in Exhibit E (3337286 – HMO 1 OPEN ACCESS PLUS IN-NETWORK MEDICAL BENEFITS), reflects the following conflicting statement on page 9:

Visit Limits:

Any health care service billed with a Mental Health or Substance Abuse diagnosis, will not incur a visit limit, including but not limited to genetic counseling and nutritional evaluation/counseling.

ANSWER #35:

The reference to page 9 is language for the Mental Health Parity and Addiction Equity Act which starts on page 8 of the Certificate of Coverage. The Visit Limits quoted above are accurate to be in compliance with the Mental Health Parity and Addiction Equity Act.

QUESTION #36:

HMO Plan: The Schedule of Benefits included in Exhibit B1, reflects the following charges for inpatient hospitalization:

Ded + \$150 per day copay (\$750 or 5 day annual maximum), then your plan pays 100%.

Please confirm that the deductible must be met before the member copay of \$150 per day, and the maximum copay amount of \$750, apply. The \$750 is stated as an annual limit. Please confirm if this is combined with the Inpatient Mental Health.

ANSWER #36:

For all inpatient hospital services, the deductible must be met before the member copay of \$150/day up to 5 day annual maximum. There is only one (1) maximum annual copay amount of up to \$750 applicable for all types of inpatient hospital stays.

QUESTION #37:

Does the City of Hallandale Beach provide coverage to surviving spouses and children pursuant to FS 112.19 (officers killed in the line of duty)?

ANSWER #37:

Yes.

QUESTION #38:

Exhibit II, page 4, item 2, requires that City of Hallandale Beach Contractors “provide equal benefits for domestic partners”. If the City provides coverage to surviving spouses and children pursuant to FS 112.19 (officers killed in the line of duty), is such coverage extended to covered Domestic Partners?

ANSWER #38:

Yes.

QUESTION #39:

HMO Plan: Advance Radiology. Please clarify definition of per type of scan. Please see Exhibit E page 154.

ANSWER #39:

Advanced Radiology includes MRIs, MRAs, CAT Scans and PET Scans. Please see Exhibit E- Page 153.

QUESTION #40:

Describe the criteria of your current enrollment online system.

ANSWER #40:

Cigna Guided Solutions (formerly Choicelinx) provides the same online system requirements as noted in the RFP Exhibit 1 page 21.

QUESTION #41:

Please provide a new census at the employee level that contains the following: Tier, Cobra Participants and Retirees

ANSWER #41:

Please see Addendum #1.

QUESTION #42:

Scope of Services: PG section, Pages 23-24 please clarify what is meant by Wellness Program Health Guarantees?

ANSWER #42:

If your proposal includes any program guarantees tied to wellness and/or health, please describe.

QUESTION #43:

Is the City proposing carving in or carving out pharmacy benefits?

ANSWER #43:

The City is fully insured. The prescription benefits are not carved out.

QUESTION #44:

Will the City be considering contracting with more than one carrier for medical and pharmacy benefits, or will coverage be offered on an exclusive contract?

ANSWER #44:

Exclusive contract.

QUESTION #45:

If available, please provide renewal rates for the 10/1/17 effective date from the current carrier.

ANSWER #45:

This information is not available.

QUESTION #46:

How is your current claims payment process completed? Please outline the claims payment process.

ANSWER #46:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to provide detailed information on the HRA claims payment process. The City does not currently offer an HRA.

QUESTION #47:

How will the funding be transmitted?

ANSWER #47:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to describe any required funding process.

QUESTION #48:

Have you provided details about your plan to educate participation in the City's health reimbursement account?

ANSWER #48:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to describe how they will assist with the HRA education process.

QUESTION #49:

Can you provide samples of the type of communications /enrollment system to be used?

ANSWER #49:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to describe the type of communications /enrollment system that would be provided and utilized.

QUESTION #50:

Which financial institution do you use for debit card management? Please provide detailed information on how a debit card or how you coordinate reimbursement for medical and prescription claims.

ANSWER #50:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to provide detailed information on how a debit card or how reimbursement coordinates for medical and prescription claims. The City does not currently offer an HRA.

QUESTION #51:

What hours will your service be available to employees by telephone?

ANSWER #51:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to provide detailed information on the hours HRA customer services are available to employees by telephone.

QUESTION #52:

Will participants have on-line access to information about their accounts? How do they establish an account?

ANSWER #52:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to provide information on how participants will have on-line access to information about their accounts and how they establish an account

QUESTION #53:

Explain the full range of services available to the City and your experience, expertise and data processing capability relative to the solicited services.

ANSWER #53:

As part of the HRA administration services, proposers are asked in Exhibit A, Proposal Forms, to provide information on the full range of services available to the City and your experience, expertise and data processing capability relative to the solicited services.

QUESTION #54:

Exhibit I, Non-Mandatory Pre-proposal Conference references Exhibit III. Please supply this Exhibit

ANSWER #54:

Please see Addendum #1.

QUESTION #55:

Exhibit A, Medical Provider/Managed Care Info #11d- do you want data for only Miami-Dade, Broward and Palm Beach counties?

ANSWER #55:

Yes.

QUESTION #56:

Exhibit A - Medical Provider/Managed Care Info #12- can Proposer add additional response lines under each county?

ANSWER #56:

Yes.

QUESTION #57:

Exhibit I - Instructions for Submittal Responses states "Firms are to submit responses only on a thumb drive." Is a CD also acceptable?

ANSWER #57:

No.

QUESTION #58:

Exhibit I - Instructions for Submittal Responses states "Firms must submit 1 complete proposal in Adobe format". Is it acceptable to the City for Proposers to submit clearly labeled separate documents in Adobe format in addition to the Word and Excel documents required?

ANSWER #58:

Yes.

QUESTION #59

Exhibit I - Proposal Format- is it the City's expectation that Proposers are to extract pages into each section #1-12, where Exhibit A - Proposal Forms are referenced (i.e. #6-11)?

ANSWER #59:

The City expects that proposers will adhere to providing all information as requested in this RFP in the format requested on pages 30-35 of Exhibit I.

QUESTION #60:

In Exhibit A - MEDICAL AND PRESCRIPTION SERVICE INFORMATION #28 please confirm what your definition of Managed Care networks is or what you are referring to?

ANSWER #60:

Proposers are asked to explain their definition of a Managed Care Network and how they coordinate and integrate care in the delivery of their services to City employees. The City is looking for an integrated approach to medical and prescription care to maximize cost savings and proper utilization of services available to members.

REVISED REFERENCE CHECK FORM

References will be required as a component of due diligence to determine the capability of firms to be able to perform the requirements of the project. Your firm must send the Reference Check Form provided below to the number of references requested and submit with your firm's response.

Each firm responding to this RFP must provide four (4) verifiable references of current clients with similar size and/or industry as the City. Your firm must send and obtain a completed Reference Check Form as found below to each of your firm's four (4) references. Your firm must include the completed four (4) Reference Check Forms within your firm's thumb drive.

Do not provide more or less than four (4) references.

The City will send the references provided a request for verification via email within no later than two (2) business days from receipt of proposal. If verification of references is not available or unable to respond within two (2) business days from email request, the reference shall not be considered valid.

Please make sure that the references listed in your firm's response are aware they will be receiving a verification of reference email from the City of Hallandale Beach to confirm the references which were submitted with the firm's response.

Each firm must also list the following information for each of the references provided.

- Name of firm-company for which work was provided.
- Name of Reference (Project Manager) charged with managing said project.
- Type of project. Year project started and was completed.
- Dollar amount of project, including change orders.
- Phone # for Reference (Project Manager).
- Updated email address for Project Manager.

REVISED REFERENCE CHECK FORM

RFP # FY 2016-2017-003 FULLY INSURED GROUP MEDICAL AND PRESCRIPTION BENEFITS

PROPOSING FIRM'S NAME :

Name of Person providing reference information:	
Telephone Number of Person providing reference:	
E-mail Address	
Please list name of project and detailed services:	

Please answer the following questions regarding services provided by the proposer.

QUESTIONS:

Please Indicate the line(s) of coverage the above named carrier has provided on your group's behalf:

Group Health _____ Group Dental _____ Group Vision _____

Group Life _____ Group Supplemental Life _____

Group Long-term Disability _____ Group EAP _____

PLEASE RATE BELOW FOR ITEMS 1 THROUGH 14, A SCORE FROM 1 TO 5, (1 BEING LOWEST, AND 5 BEING HIGHEST), FOR THE SERVICES RENDERED.

1. Rate the level of overall satisfaction you have had with the carrier named above in providing the benefits program(s) you indicated.

1 Lowest	2	3	4	5 Highest

REVISED REFERENCE CHECK FORM

2. Rate your satisfaction with the overall experience of customer service through this carrier. Include competency and accessibility of the service personnel you have interacted with.

1 Lowest	2	3	4	5 Highest

3. Rate your satisfaction with the performance of the carrier in keeping you informed of the status of your employee benefits program(s) and advising you of issues. Evaluate the timeliness and effectiveness of the interaction.

1 Lowest	2	3	4	5 Highest

4. Rate your satisfaction with the carrier’s implementation of the employee benefits program(s). Was the implementation smoothly completed?

1 Lowest	2	3	4	5 Highest

If issues with implementation were encountered, were they resolved to your satisfaction?

YES	NO
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If no, please elaborate: _____

5. Rate your satisfaction with the carrier’s timeliness in responding to Claims issues.

1 Lowest	2	3	4	5 Highest

REVISED REFERENCE CHECK FORM

6. Rate your satisfaction with the carrier's timeliness in responding to Claims issues.

1 Lowest	2	3	4	5 Highest

7. Rate your satisfaction with the carrier's timeliness in responding to Renewal Offers.

1 Lowest	2	3	4	5 Highest

8. Rate your satisfaction with the carrier's timeliness in responding to Requests for Plan Data.

1 Lowest	2	3	4	5 Highest

9. Rate your satisfaction with the carrier's pricing of the employee benefits program(s).

1 Lowest	2	3	4	5 Highest

10. Please share any comments you would like to offer regarding your perception of the strengths of this carrier.

REVISED REFERENCE CHECK FORM

11. Please share any comments you would like to offer regarding your perception of the weaknesses of this carrier.

12. If you had the opportunity to select this carrier again, with the experiences you have had with them, would you select them as your carrier again?

YES	NO
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ADDITIONAL COMMENTS:

PERSON PROVIDING REFERENCE PLEASE PRINT NAME:	
PLEASE PRINT TITLE:	

SIGNATURE: _____ **Date:** _____

PLEASE NOTE RECEIPT OF ADDENDUM # 3 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM # 3:

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department

City of Hallandale Beach
Tier Report

Count of SSN		Tier				
Branch	Benopt	Emp+Child(ren)	Emp+Family	Emp+Spouse	Employee Only	Grand Total
'CHACT	HMO1	60	136	47	200	443
'CHACT Total		60	136	47	200	443
'CHCOB	HMO1				2	2
'CHCOB Total					2	2
'CHO65	HMO1	1			3	4
'CHO65 Total		1			3	4
'CHU65	HMO1		4	10	24	38
'CHU65 Total			4	10	24	38
Grand Total		61	140	57	229	487

This report contains proprietary and/or confidential information. Disclosure is strictly prohibited except to the extent required by law.

CITY OF HALLANDALE BEACH
MONTHLY HEALTHCARE DETAIL EXPERIENCE REPORT

April 2016 thru March 2017

RAT : RETROSPECTIVELY RATED - PARTICIPATING

Reported Premium: Billed Premium with fees, Billed Pooled Premium

Reported Claims: All Claims

Note: Paid claim dollars include amounts deducted from your account and paid to vendors for cost containment services.

YTD/MONTH	PRODUCT TYPE	FIXED CHARGES	IN NETWORK	OUT OF NETWORK	DRUG	GROSS CLAIMS	STOP LOSS	NET CLAIMS	BILLED PREMIUM	POOLED PREMIUM	TOTAL LOSS RATIO	TOTAL SUBS	TOTAL MBRS
Apr-16	OAPIN	\$25,405	\$324,537	\$5,957	\$163,981	\$519,880	(\$79,180)	\$440,700	\$449,931	\$59,523	97.9%	486	1,101
Apr-2016 Total		\$25,405	\$324,537	\$5,957	\$163,981	\$519,880	(\$79,180)	\$440,700	\$449,931	\$59,523	97.9%	486	1,101
May-16	OAPIN	\$26,776	\$391,651	\$3,287	\$121,735	\$543,449	(\$49,753)	\$493,696	\$449,477	\$59,463	109.8%	486	1,099
May-2016 Total		\$26,776	\$391,651	\$3,287	\$121,735	\$543,449	(\$49,753)	\$493,696	\$449,477	\$59,463	109.8%	486	1,099
Jun-16	OAPIN	\$44,896	\$235,304	\$2,944	\$172,272	\$455,416	(\$94,194)	\$361,221	\$448,483	\$59,332	80.5%	485	1,097
Jun-2016 Total		\$44,896	\$235,304	\$2,944	\$172,272	\$455,416	(\$94,194)	\$361,221	\$448,483	\$59,332	80.5%	485	1,097
Jul-16	OAPIN	\$25,706	\$408,088	\$1,763	\$140,142	\$575,699	(\$176,256)	\$399,444	\$446,466	\$59,065	89.5%	481	1,091
Jul-2016 Total		\$25,706	\$408,088	\$1,763	\$140,142	\$575,699	(\$176,256)	\$399,444	\$446,466	\$59,065	89.5%	481	1,091
Aug-16	OAPIN	\$25,817	\$326,749	\$1,272	\$158,089	\$511,927	(\$18,240)	\$493,686	\$449,393	\$59,452	109.9%	484	1,098
Aug-2016 Total		\$25,817	\$326,749	\$1,272	\$158,089	\$511,927	(\$18,240)	\$493,686	\$449,393	\$59,452	109.9%	484	1,098
Sep-16	OAPIN	\$22,473	\$229,169	\$3,599	\$146,736	\$401,977	(\$18,891)	\$383,086	\$452,776	\$59,901	84.6%	493	1,106
Sep-2016 Total		\$22,473	\$229,169	\$3,599	\$146,736	\$401,977	(\$18,891)	\$383,086	\$452,776	\$59,901	84.6%	493	1,106
Oct-16	OAPIN	\$23,185	\$329,422	\$3,306	\$168,519	\$524,432	(\$12,530)	\$511,903	\$509,437	\$70,217	100.5%	491	1,088
Oct-2016 Total		\$23,185	\$329,422	\$3,306	\$168,519	\$524,432	(\$12,530)	\$511,903	\$509,437	\$70,217	100.5%	491	1,088
Nov-16	OAPIN	\$23,367	\$285,038	\$401	\$175,056	\$483,863	\$0	\$483,863	\$509,377	\$70,208	95.0%	491	1,093
Nov-2016 Total		\$23,367	\$285,038	\$401	\$175,056	\$483,863	\$0	\$483,863	\$509,377	\$70,208	95.0%	491	1,093
Dec-16	OAPIN	\$22,965	\$314,266	\$2,801	\$100,171	\$440,202	\$0	\$440,202	\$513,219	\$70,738	85.8%	495	1,099
Dec-2016 Total		\$22,965	\$314,266	\$2,801	\$100,171	\$440,202	\$0	\$440,202	\$513,219	\$70,738	85.8%	495	1,099
Jan-17	OAPIN	\$24,925	\$397,600	\$0	\$191,636	\$614,161	(\$28,143)	\$586,018	\$504,927	\$69,596	116.1%	487	1,073
Jan-2017 Total		\$24,925	\$397,600	\$0	\$191,636	\$614,161	(\$28,143)	\$586,018	\$504,927	\$69,596	116.1%	487	1,073
Feb-17	OAPIN	\$24,581	\$333,161	\$150	\$195,376	\$553,269	(\$627)	\$552,642	\$499,889	\$68,901	110.6%	482	1,065
Feb-2017 Total		\$24,581	\$333,161	\$150	\$195,376	\$553,269	(\$627)	\$552,642	\$499,889	\$68,901	110.6%	482	1,065
Mar-17	OAPIN	\$23,764	\$431,264	\$2,299	\$112,705	\$570,032	\$0	\$570,032	\$498,786	\$68,750	114.3%	482	1,065
Mar-2017 Total		\$23,764	\$431,264	\$2,299	\$112,705	\$570,032	\$0	\$570,032	\$498,786	\$68,750	114.3%	482	1,065
PRODUCT TYPE Totals	OAPIN	\$313,861	\$4,006,249	\$27,778	\$1,846,418	\$6,194,305	(\$477,813)	\$5,716,492	\$5,732,161	\$775,146	99.7%	5,843	13,075
Grand Total		\$313,861	\$4,006,249	\$27,778	\$1,846,418	\$6,194,305	(\$477,813)	\$5,716,492	\$5,732,161	\$775,146	99.7%	5,843	13,075

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CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

March 2015 thru February 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATING

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL	
OAPIN	1	M	1	EE	M	50-59	*	UNSPECIFIED	*	\$0	\$314,708	\$314,708	
OAPIN	1	R	1	EE	M	50-59	V5811	ANTINEO CHEMO ENCOUNTER	9	\$109,733	(\$4,398)	\$105,335	
MEMBER ID Total											\$109,733	\$310,310	\$420,043
OAPIN	1	M	2	CH	M	18-29	*	UNSPECIFIED	*	\$0	\$223,909	\$223,909	
OAPIN	1	R	2	CH	M	18-29	1708	LOWER LIMB SHORT BONE CA	9	\$1,395	\$82,507	\$83,903	
MEMBER ID Total											\$1,395	\$306,416	\$307,811
OAPIN	1	R	3	EE	F	30-39	64241	MILD/NOS PRE-ECLAM-DEL	9	\$5,145	\$28,966	\$34,111	
OAPIN	1	R	3	EE	F	30-39	25003	DM1 UNCOMP UNC	9	\$3,220	\$8,772	\$11,991	
MEMBER ID Total											\$8,364	\$37,738	\$46,102
OAPIN	1	R	4	EE	M	18-29	042	HIV DISEASE	9	\$0	\$61	\$61	
OAPIN	1	R	4	EE	M	30-39	042	HIV DISEASE	9	\$30,254	\$405	\$30,659	
MEMBER ID Total											\$30,254	\$465	\$30,720
OAPIN	1	R	5	EE	M	40-49	5761	CHOLANGITIS	9	\$0	\$25,452	\$25,452	
OAPIN	1	R	6	EE	M	50-59	4168	CHR PULMON HEART DIS NEC	9	\$0	\$191	\$191	
OAPIN	1	R	6	EE	M	60-64	25002	DM2/NOS UNCOMP UNC	9	\$8,551	\$30,314	\$38,865	
MEMBER ID Total											\$8,551	\$30,506	\$39,057
OAPIN	1	R	7	CH	M	<-1	V3000	SINGLE LB-HOSP W/O CD	9	\$0	\$33,049	\$33,049	
OAPIN	1	R	8	EE	F	50-59	41401	COR AS- NATIVE VESSEL	9	\$6,424	\$32,942	\$39,366	
OAPIN	1	R	9	EE	M	50-59	38910	SENSORINEURAL HL NOS	9	\$11	\$51,830	\$51,841	
OAPIN	1	R	10	SP	M	50-59	5856	ESRD	9	\$10,780	\$41,029	\$51,810	
OAPIN	1	R	11	EE	F	40-49	42731	ATRIAL FIBRILLATION	9	\$814	\$26,289	\$27,103	
OAPIN	1	R	12	EE	F	40-49	1959	HYPOTENSION, UNSPECIFIED	10	\$224	\$22,313	\$22,537	
OAPIN	1	R	12	EE	F	30-39	56400	CONSTIPATION NOS	9	\$257	\$3,930	\$4,187	
OAPIN	1	R	12	EE	F	40-49	56400	CONSTIPATION NOS	9	\$0	\$2,273	\$2,273	
MEMBER ID Total											\$481	\$28,516	\$28,997
OAPIN	1	R	13	EE	F	18-29	G834	CAUDA EQUINA SYNDROME	10	\$0	\$45,048	\$45,048	
OAPIN	1	R	14	EE	M	50-59	M5116	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	10	\$187	\$36,767	\$36,954	
OAPIN	1	R	15	CH	M	18-29	E849	CYSTIC FIBROSIS, UNSPECIFIED	10	\$33,518	\$8,280	\$41,798	
OAPIN	1	R	16	EE	M	50-59	25002	DM2/NOS UNCOMP UNC	9	\$28,668	\$7,101	\$35,769	
OAPIN	1	M	17	EE	M	50-59	*	UNSPECIFIED	*	\$0	\$75,391	\$75,391	
OAPIN	1	R	17	EE	M	50-59	28419	PANCYTOPENIA NEC	9	\$36,318	\$122,375	\$158,693	
MEMBER ID Total											\$36,318	\$197,766	\$234,084
OAPIN	1	R	18	EE	M	40-49	85011	CONCUSSION W LOC <31 MIN	9	\$103	\$64,579	\$64,682	

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CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

March 2015 thru February 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATING

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
OAPIN	1	R	19	EE	F	50-59	34680	MIGRAINE NEC W/O SM	9	(\$606)	\$28,684	\$28,078
OAPIN	1	R	20	SP	M	50-59	32723	OBSTRUCTIVE SLEEP APNEA	9	\$35,627	\$524	\$36,151
OAPIN	1	R	21	EE	F	18-29	O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	10	\$24	\$27,709	\$27,734
OAPIN	1	R	22	EE	M	50-59	3570	AC INFECT POLYNEURITIS	9	\$370	\$186,080	\$186,449
OAPIN	1	R	23	SP	M	30-39	5921	URETERAL CALCULUS	9	\$47	\$36,623	\$36,670
OAPIN	1	R	24	CH	F	18-29	65281	MALPOSITION NEC-DEL	9	\$81	\$29,630	\$29,711
OAPIN	1	R	25	EE	M	50-59	36614	POST SUBCAP SENILE CATAR	9	\$4,192	\$23,903	\$28,095
OAPIN	1	R	26	EE	F	50-59	2390	DIGESTIVE NEOPLASM NOS	9	\$27	\$38,877	\$38,904
OAPIN	1	R	27	CH	F	18-29	25013	DM1 W KETOACIDOSIS UNC	9	\$4,723	\$38,294	\$43,017
OAPIN	1	R	28	EE	M	30-39	I639	CEREBRAL INFARCTION, UNSPECIFIED	10	\$16,591	\$21,345	\$37,936
OAPIN	1	R	29	CH	F	1-17	3384	CHRONIC PAIN SYNDROME	9	\$2,600	\$61,786	\$64,385
OAPIN	1	R	30	EE	M	60-64	4439	PERIPH VASCULAR DIS NOS	9	\$11,024	\$28,927	\$39,951
OAPIN	1	R	31	CH	M	1-17	5409	ACUTE APPENDICITIS NOS	9	\$10	\$28,153	\$28,163
OAPIN	1	R	32	EE	M	50-59	41401	COR AS- NATIVE VESSEL	9	\$28,686	\$111,657	\$140,343
OAPIN	1	R	33	SP	F	50-59	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	10	\$22,459	\$2,727	\$25,186
OAPIN	1	R	34	CH	F	18-29	62210	CERVICAL DYSPLASIA NOS	9	\$318	\$33,875	\$34,192
OAPIN	1	M	35	EE	M	65+	*	UNSPECIFIED	*	\$0	\$351,568	\$351,568
OAPIN	1	R	35	EE	M	65+	V5812	IMMUNOTX ENCOUNT NEOPL	9	\$79,115	\$251,109	\$330,224
MEMBER ID Total										\$79,115	\$602,677	\$681,792
OAPIN	1	R	36	SP	F	40-49	5920	KIDNEY CALCULUS	9	\$63,354	\$11,303	\$74,658
OAPIN	1	R	37	EE	M	50-59	99859	POSTOP INFECTION NEC	9	\$1,728	\$48,482	\$50,211
OAPIN	1	R	38	SP	M	50-59	1721	EYELID MAL MELANOMA	9	\$0	\$32,428	\$32,428
OAPIN	1	R	38	SP	M	60-64	H3581	RETINAL EDEMA	10	\$657	\$2,053	\$2,710
MEMBER ID Total										\$657	\$34,480	\$35,138
OAPIN	1	R	39	EE	M	30-39	6960	PSORIATIC ARTHROPATHY	9	\$41,013	\$129	\$41,142
OAPIN	1	R	40	SP	F	50-59	B20	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	10	\$17,901	\$472	\$18,373
OAPIN	1	R	40	SP	F	60-64	G44209	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	10	\$8,481	\$237	\$8,718
MEMBER ID Total										\$26,383	\$709	\$27,092

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CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

March 2015 thru February 2016

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL	
OAPIN	1	R	41	SP	F	50-59	5589	NONINF GASTROENT NEC&NOS	9	\$12	\$26,838	\$26,851	
OAPIN	1	R	42	EE	M	40-49	43491	CEREB ART OCCL W INFARCT	9	\$967	\$92,675	\$93,641	
OAPIN	1	R	43	EE	M	40-49	78659	CHEST PAIN NEC	9	\$427	\$29,312	\$29,739	
OAPIN	1	R	44	EE	M	40-49	185	PROSTATE CA	9	\$65	\$40,670	\$40,735	
OAPIN	1	M	45	SP	F	60-64	*	UNSPECIFIED	*	\$0	\$31,567	\$31,567	
OAPIN	1	R	45	SP	F	60-64	V5812	IMMUNOTX ENCOUNT NEOPL	9	\$118,494	\$194,191	\$312,685	
			MEMBER ID Total								\$118,494	\$225,758	\$344,252
OAPIN	1	R	46	SP	F	50-59	L718	OTHER ROSACEA	10	\$41,782	\$581	\$42,363	
OAPIN	1	R	46	SP	F	60-64	PH	PHARMACY	*	\$11,886	\$0	\$11,886	
			MEMBER ID Total								\$53,668	\$581	\$54,250
OAPIN	1	R	47	EE	M	40-49	042	HIV DISEASE	9	\$33,444	\$870	\$34,314	
OAPIN	1	R	48	SP	F	1-17	042	HIV DISEASE	9	\$0	\$304	\$304	
OAPIN	1	R	48	SP	F	18-29	S63502A	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	10	\$25,938	\$2,226	\$28,165	
			MEMBER ID Total								\$25,938	\$2,531	\$28,469
OAPIN	1	R	49	EE	M	50-59	42823	AC & CHR SYSTOLIC HF	9	\$6,502	\$45,604	\$52,107	
OAPIN	1	R	50	CH	F	<-1	V3000	SINGLE LB-HOSP W/O CD	9	\$0	\$108,670	\$108,670	
OAPIN	1	R	51	EE	M	50-59	042	HIV DISEASE	9	\$0	\$177	\$177	
OAPIN	1	R	51	EE	M	60-64	PH	PHARMACY	*	\$28,616	\$0	\$28,616	
			MEMBER ID Total								\$28,616	\$177	\$28,793
OAPIN	1	R	52	SP	F	60-64	N179	ACUTE KIDNEY FAILURE, UNSPECIFIED	10	\$11,828	\$57,996	\$69,824	
OAPIN	1	R	53	EE	M	60-64	25060	DM2/NOS W NEUR MANIF NSU	9	\$235,703	\$3,361	\$239,064	
OAPIN	1	R	54	CH	M	18-29	2353	LIVER UNC BEHAV NEOPL	9	\$714	\$119,084	\$119,798	
OAPIN	1	R	55	CH	M	18-29	0389	SEPTICEMIA NOS	9	\$0	\$29,908	\$29,908	
OAPIN	1	R	56	SP	F	60-64	K1120	SIALOADENITIS, UNSPECIFIED	10	\$1,043	\$32,231	\$33,273	
Grand Total										\$1,131,447	\$3,496,922	\$4,628,369	

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CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

March 2016 thru February 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATING

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
OAPIN	1	R	1	EE	M	50-59	C880	WALDENSTROM MACROGLOBULINEMIA	10	\$122,948	\$1,245	\$124,193
OAPIN	1	M	2	CH	M	30-39	*	UNSPECIFIED	*	\$0	\$28,770	\$28,770
OAPIN	1	R	2	CH	M	30-39	S11023A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF TRACHEA, INIT ENCNT	10	\$0	\$176,987	\$176,987
			MEMBER ID Total							\$0	\$205,757	\$205,757
OAPIN	1	R	3	EE	M	30-39	S51811A	LACERATION W/O FOREIGN BODY OF RIGHT FOREARM, INIT ENCNT	10	\$29,754	\$442	\$30,195
OAPIN	1	R	4	EE	M	60-64	R42	DIZZINESS AND GIDDINESS	10	\$7,614	\$24,087	\$31,701
OAPIN	1	R	5	CH	M	1-17	K5150	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	10	\$7,951	\$20,888	\$28,839
OAPIN	1	R	6	SP	F	50-59	C50211	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	10	\$216	\$62,413	\$62,629
OAPIN	1	R	7	EE	F	40-49	K811	CHRONIC CHOLECYSTITIS	10	\$367	\$36,826	\$37,193
OAPIN	1	R	8	EE	F	40-49	L509	URTICARIA, UNSPECIFIED	10	\$25,248	\$3,725	\$28,974
OAPIN	1	R	9	EE	M	50-59	I4891	UNSPECIFIED ATRIAL FIBRILLATION	10	\$1,612	\$25,851	\$27,463
OAPIN	1	R	10	CH	M	18-29	J471	BRONCHIECTASIS WITH (ACUTE) EXACERBATION	10	\$32,982	\$27,720	\$60,702
OAPIN	1	R	11	EE	M	50-59	E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	10	\$10,405	\$2,362	\$12,767
OAPIN	1	R	11	EE	M	60-64	K4090	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	10	\$18,005	\$29,261	\$47,266
			MEMBER ID Total							\$28,410	\$31,623	\$60,033
OAPIN	1	M	12	EE	M	50-59	*	UNSPECIFIED	*	\$0	\$325,930	\$325,930
OAPIN	1	R	12	EE	M	50-59	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	10	\$271	\$30,937	\$31,209
			MEMBER ID Total							\$271	\$356,867	\$357,139
OAPIN	1	R	13	SP	M	50-59	N201	CALCULUS OF URETER	10	\$65,455	\$21,696	\$87,151
OAPIN	1	R	14	EE	F	50-59	N8110	CYSTOCELE, UNSPECIFIED	10	\$2,351	\$27,514	\$29,866
OAPIN	1	R	15	SP	F	18-29	Z36	ENCOUNTER FOR ANTENATAL SCREENING OF MOTHER	10	\$176	\$1,779	\$1,955
OAPIN	1	R	15	SP	F	30-39	O34211	MATERN CARE FOR LOW TRANSVERSE SCAR FROM PREV CESAREAN DEL	10	\$341	\$23,783	\$24,125
			MEMBER ID Total							\$517	\$25,563	\$26,080
OAPIN	1	R	16	SP	F	30-39	67520	MASTITIS IN PREG-NOS	9	\$0	\$166	\$166
OAPIN	1	R	16	SP	F	40-49	O3421	MATERNAL CARE FOR SCAR FROM PREVIOUS CESAREAN DELIVERY	10	\$7,241	\$28,060	\$35,302
			MEMBER ID Total							\$7,241	\$28,226	\$35,467
OAPIN	1	R	17	EE	M	30-39	H66001	ACUTE SUPPR OTITIS MEDIA W/O SPON RUPT EAR DRUM, RIGHT EAR	10	\$62,631	\$72	\$62,703
OAPIN	1	R	18	EE	F	40-49	D259	LEIOMYOMA OF UTERUS, UNSPECIFIED	10	\$1,681	\$26,276	\$27,957
OAPIN	1	R	19	CH	F	1-17	K602	ANAL FISSURE, UNSPECIFIED	10	\$71	\$48,042	\$48,113
OAPIN	1	R	20	CH	M	18-29	I472	VENTRICULAR TACHYCARDIA	10	\$6	\$51,755	\$51,761
OAPIN	1	R	21	EE	M	60-64	I871	COMPRESSION OF VEIN	10	\$9,333	\$49,853	\$59,186

CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

March 2016 thru February 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL	
OAPIN	1	R	22	EE	M	40-49	I25110	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	10	\$1,240	\$74,185	\$75,425	
OAPIN	1	R	23	CH	M	1-17	S52592B	OTH FX OF LOWER END OF LEFT RADIUS, INIT FOR OPN FX TYPE I/2	10	\$12	\$29,253	\$29,265	
OAPIN	1	R	24	EE	M	60-64	I483	TYPICAL ATRIAL FLUTTER	10	\$2,501	\$35,659	\$38,160	
OAPIN	1	R	25	EE	M	50-59	M1612	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	10	\$1,456	\$38,200	\$39,656	
OAPIN	1	R	26	EE	M	60-64	K219	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	10	\$1,307	\$29,543	\$30,850	
OAPIN	1	R	27	EE	M	50-59	C320	MALIGNANT NEOPLASM OF GLOTTIS	10	\$2,103	\$26,678	\$28,781	
OAPIN	1	R	28	EE	M	50-59	E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	10	\$13,356	\$11,892	\$25,247	
OAPIN	1	R	29	EE	M	50-59	I480	PAROXYSMAL ATRIAL FIBRILLATION	10	\$2,494	\$24,902	\$27,396	
OAPIN	1	R	30	SP	M	40-49	K51311	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	10	\$6,522	\$24,894	\$31,416	
OAPIN	1	R	31	SP	F	50-59	J3801	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	10	\$65,105	\$1,712	\$66,817	
OAPIN	1	R	32	CH	F	18-29	O200	THREATENED ABORTION	10	\$110	\$25,960	\$26,070	
OAPIN	1	M	33	EE	M	65+	*	UNSPECIFIED	*	\$0	\$128,096	\$128,096	
OAPIN	1	R	33	EE	M	65+	C61	MALIGNANT NEOPLASM OF PROSTATE	10	\$134,236	(\$51,779)	\$82,457	
			MEMBER ID Total								\$134,236	\$76,318	\$210,553
OAPIN	1	R	34	SP	F	40-49	N8320	UNSPECIFIED OVARIAN CYSTS	10	\$74,641	\$2,312	\$76,953	
OAPIN	1	R	35	SP	F	40-49	J321	CHRONIC FRONTAL SINUSITIS	10	\$38,986	\$30,930	\$69,916	
OAPIN	1	R	36	EE	M	30-39	PH	PHARMACY	*	\$8,020	\$0	\$8,020	
OAPIN	1	R	36	EE	M	40-49	L4053	PSORIATIC SPONDYLITIS	10	\$78,102	\$68	\$78,170	
			MEMBER ID Total								\$86,121	\$68	\$86,189
OAPIN	1	R	37	EE	F	40-49	R51	HEADACHE	10	\$28,159	\$5,965	\$34,124	
OAPIN	1	R	38	SP	F	60-64	R079	CHEST PAIN, UNSPECIFIED	10	\$33,817	\$5,072	\$38,889	
OAPIN	1	R	39	EE	M	40-49	M75101	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	10	\$541	\$38,134	\$38,675	
OAPIN	1	R	40	CH	F	1-17	S83511A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	10	\$2	\$27,965	\$27,967	
OAPIN	1	R	40	CH	F	18-29	S83511A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	10	\$0	\$3,264	\$3,264	
			MEMBER ID Total								\$2	\$31,229	\$31,231
OAPIN	1	M	41	SP	F	60-64	*	UNSPECIFIED	*	\$0	\$124,673	\$124,673	
OAPIN	1	R	41	SP	F	60-64	C9000	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	10	\$62,806	\$1,961	\$64,767	
OAPIN	1	R	41	SP	F	65+	PH	PHARMACY	*	\$13,471	\$0	\$13,471	
			MEMBER ID Total								\$76,277	\$126,634	\$202,911
OAPIN	1	R	42	EE	M	60-64	I483	TYPICAL ATRIAL FLUTTER	10	\$8,406	\$105,573	\$113,979	

CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

March 2016 thru February 2017

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PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL	
OAPIN	1	R	43		SP	F	60-64	M0689	OTHER SPECIFIED RHEUMATOID ARTHRITIS, MULTIPLE SITES	10	\$39,548	\$705	\$40,253
OAPIN	1	R	44		EE	M	40-49	Z0001	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAM W ABNORMAL FINDINGS	10	\$35,150	\$259	\$35,409
OAPIN	1	R	45		EE	M	50-59	I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	10	\$7,233	\$30,145	\$37,378
OAPIN	1	R	46		EE	M	60-64	Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	10	\$33,430	\$129	\$33,559
OAPIN	1	R	47		SP	F	60-64	I639	CEREBRAL INFARCTION, UNSPECIFIED	10	\$21,353	\$127,201	\$148,555
OAPIN	1	R	48		EE	M	40-49	L4059	OTHER PSORIATIC ARTHROPATHY	10	\$40,157	\$700	\$40,857
OAPIN	1	R	49		CH	M	18-29	G40814	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	10	\$17,027	\$68,489	\$85,516
OAPIN	1	R	49		CH	M	18-29	G4730	SLEEP APNEA, UNSPECIFIED	10	\$9,965	\$2,070	\$12,035
			MEMBER ID Total								\$26,992	\$70,559	\$97,551
OAPIN	1	R	50		EE	M	60-64	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	10	\$52,425	\$6,667	\$59,091
OAPIN	1	M	51		CH	M	18-29	*	UNSPECIFIED	*	\$0	\$29,802	\$29,802
OAPIN	1	R	51		CH	M	18-29	D376	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GB & BILE DUCT	10	\$203	\$158,124	\$158,327
			MEMBER ID Total								\$203	\$187,927	\$188,129
OAPIN	1	R	52		EE	M	50-59	I25119	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	10	\$238	\$33,688	\$33,927
Grand Total										\$1,240,779	\$2,279,535	\$3,520,314	

CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

April 2016 thru March 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATING

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
OAPIN	1	R	1	EE	M	50-59	C880	WALDENSTROM MACROGLOBULINEMIA	10	\$111,993	\$904	\$112,896
OAPIN	1	M	2	CH	M	30-39	*	UNSPECIFIED	*	\$0	\$28,770	\$28,770
OAPIN	1	R	2	CH	M	30-39	S11023A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF TRACHEA, INIT ENCNTN	10	\$0	\$176,987	\$176,987
MEMBER ID Total										\$0	\$205,757	\$205,757
OAPIN	1	R	3	EE	F	30-39	E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	10	\$7,539	\$19,055	\$26,594
OAPIN	1	R	4	EE	M	30-39	S51811A	LACERATION W/O FOREIGN BODY OF RIGHT FOREARM, INIT ENCNTN	10	\$32,547	\$442	\$32,988
OAPIN	1	R	5	EE	M	60-64	R42	DIZZINESS AND GIDDINESS	10	\$6,745	\$24,129	\$30,875
OAPIN	1	R	6	CH	M	1-17	K5150	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	10	\$6,385	\$23,212	\$29,597
OAPIN	1	R	7	SP	F	50-59	C50211	MALIG NEOPLM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	10	\$216	\$62,413	\$62,629
OAPIN	1	R	8	EE	F	40-49	K811	CHRONIC CHOLECYSTITIS	10	\$419	\$32,740	\$33,159
OAPIN	1	R	9	CH	M	18-29	S72301A	UNSP FRACTURE OF SHAFT OF RIGHT FEMUR, INIT FOR CLOS FX	10	\$10	\$37,936	\$37,946
OAPIN	1	R	10	EE	F	40-49	R002	PALPITATIONS	10	\$25,203	\$3,763	\$28,966
OAPIN	1	R	11	EE	M	50-59	I4891	UNSPECIFIED ATRIAL FIBRILLATION	10	\$1,657	\$25,591	\$27,248
OAPIN	1	R	12	CH	M	18-29	J471	BRONCHIECTASIS WITH (ACUTE) EXACERBATION	10	\$71,886	\$27,697	\$99,583
OAPIN	1	R	13	EE	M	50-59	E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	10	\$10,704	\$2,362	\$13,066
OAPIN	1	R	13	EE	M	60-64	K4090	UNIL INGUINAL HERNIA, W/O OBST OR GANGR, NOT SPCF AS RECUR	10	\$18,349	\$29,844	\$48,193
MEMBER ID Total										\$29,052	\$32,206	\$61,259
OAPIN	1	M	14	EE	M	50-59	*	UNSPECIFIED	*	\$0	\$188,841	\$188,841
OAPIN	1	R	14	EE	M	50-59	Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	10	\$250	\$9	\$259
MEMBER ID Total										\$250	\$188,850	\$189,100
OAPIN	1	R	15	SP	M	50-59	N201	CALCULUS OF URETER	10	\$61,369	\$23,984	\$85,353
OAPIN	1	R	16	EE	F	50-59	N8110	CYSTOCELE, UNSPECIFIED	10	\$2,351	\$26,924	\$29,276
OAPIN	1	R	17	SP	M	60-64	R200	ANESTHESIA OF SKIN	10	\$2,210	\$29,943	\$32,153
OAPIN	1	R	17	SP	M	50-59	Z86010	PERSONAL HISTORY OF COLONIC POLYPS	10	\$2,095	\$2,956	\$5,051
MEMBER ID Total										\$4,305	\$32,899	\$37,204
OAPIN	1	R	18	SP	F	18-29	Z36	ENCOUNTER FOR ANTENATAL SCREENING OF MOTHER	10	\$176	\$1,651	\$1,827
OAPIN	1	R	18	SP	F	30-39	O34211	MATERN CARE FOR LOW TRANSVERSE SCAR FROM PREV CESAREAN DEL	10	\$341	\$24,051	\$24,392
MEMBER ID Total										\$517	\$25,702	\$26,219
OAPIN	1	R	19	SP	F	40-49	O3421	MATERNAL CARE FOR SCAR FROM PREVIOUS CESAREAN DELIVERY	10	\$5,041	\$22,826	\$27,867
OAPIN	1	R	20	EE	M	30-39	J0180	OTHER ACUTE SINUSITIS	10	\$63,389	\$72	\$63,461
OAPIN	1	R	21	CH	F	1-17	K602	ANAL FISSURE, UNSPECIFIED	10	\$71	\$48,007	\$48,077

CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

April 2016 thru March 2017

RAT : POOLED, RETROSPECTIVELY RATED - PARTICIPATNG

Claims Exceeding : \$25,000.00

Reported Claims: InNet, OutNet, Drug

Note: Diagnosis is based on the largest medical claim amount

PRODUCT TYPE	FAT	RAT	MEMBER ID	REL	GENDER	AGE BAND	ICD CODE	ICD DESCRIPTION	ICD VERSION	DRUG CLAIMS	PAID CLAIMS	CLAIMANT TOTAL
OAPIN	1	R	22		CH M	18-29	I472	VENTRICULAR TACHYCARDIA	10	\$0	\$46,998	\$46,998
OAPIN	1	R	23		EE M	40-49	I25110	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSTABLE ANG PCTRS	10	\$1,232	\$73,993	\$75,225
OAPIN	1	R	24		EE M	60-64	I483	TYPICAL ATRIAL FLUTTER	10	\$2,506	\$35,972	\$38,477
OAPIN	1	R	25		SP F	30-39	O329XX0	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSP, UNSP	10	\$343	\$25,741	\$26,083
OAPIN	1	R	26		EE M	50-59	M1612	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	10	\$1,087	\$38,361	\$39,447
OAPIN	1	R	27		EE M	60-64	K219	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	10	\$673	\$29,429	\$30,103
OAPIN	1	R	28		EE M	50-59	C320	MALIGNANT NEOPLASM OF GLOTTIS	10	\$2,447	\$24,796	\$27,243
OAPIN	1	R	29		EE M	50-59	E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	10	\$20,528	\$11,796	\$32,324
OAPIN	1	R	30		EE M	50-59	I480	PAROXYSMAL ATRIAL FIBRILLATION	10	\$2,732	\$24,777	\$27,510
OAPIN	1	R	31		SP M	40-49	K51311	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING	10	\$6,531	\$24,842	\$31,373
OAPIN	1	R	32		EE M	50-59	M5116	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	10	\$2,453	\$29,790	\$32,244
OAPIN	1	R	33		SP F	50-59	K449	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	10	\$57,354	\$2,358	\$59,712
OAPIN	1	M	34		EE M	65+	*	UNSPECIFIED	*	\$0	\$128,096	\$128,096
OAPIN	1	R	34		EE M	65+	C61	MALIGNANT NEOPLASM OF PROSTATE	10	\$123,914	(\$55,166)	\$68,747
			MEMBER ID Total							\$123,914	\$72,930	\$196,844
OAPIN	1	R	35		SP F	40-49	N8320	UNSPECIFIED OVARIAN CYSTS	10	\$89,533	\$2,312	\$91,845
OAPIN	1	R	36		SP F	40-49	T510X1A	TOXIC EFFECT OF ETHANOL, ACCIDENTAL (UNINTENTIONAL), INIT	10	\$38,741	\$10,178	\$48,919
OAPIN	1	R	37		EE M	40-49	L4053	PSORIATIC SPONDYLITIS	10	\$68,713	\$68	\$68,781
OAPIN	1	R	38		EE F	40-49	R51	HEADACHE	10	\$33,089	\$6,791	\$39,881
OAPIN	1	R	39		SP F	60-64	R079	CHEST PAIN, UNSPECIFIED	10	\$33,184	\$5,164	\$38,348
OAPIN	1	R	40		EE M	40-49	M75101	UNSP ROTATR-CUFF TEAR/RUPTR OF RIGHT SHOULDER, NOT TRAUMA	10	\$525	\$34,270	\$34,795
OAPIN	1	R	41		CH F	1-17	S83511A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	10	\$2	\$27,965	\$27,967
OAPIN	1	R	41		CH F	18-29	S83511A	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INIT	10	\$0	\$4,224	\$4,224
			MEMBER ID Total							\$2	\$32,189	\$32,191
OAPIN	1	M	42		SP F	60-64	*	UNSPECIFIED	*	\$0	\$124,673	\$124,673
OAPIN	1	R	42		SP F	60-64	C9000	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	10	\$62,652	(\$1,621)	\$61,030
OAPIN	1	R	42		SP F	65+	PH	PHARMACY	*	\$26,942	\$0	\$26,942
			MEMBER ID Total							\$89,594	\$123,052	\$212,646
OAPIN	1	R	43		EE M	60-64	I483	TYPICAL ATRIAL FLUTTER	10	\$8,954	\$105,768	\$114,723

CITY OF HALLANDALE BEACH

DE-IDENTIFIED CLAIMS EXCEEDING REPORT

April 2016 thru March 2017

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OAPIN	1	R	44	SP	F	60-64	Z1231	ENCNTR SCREEN MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	10	\$39,557	\$747	\$40,304
OAPIN	1	R	45	EE	M	40-49	Z0001	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAM W ABNORMAL FINDINGS	10	\$35,708	\$408	\$36,116
OAPIN	1	R	46	SP	F	18-29	Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	10	\$8,145	\$505	\$8,651
OAPIN	1	R	46	SP	F	40-49	Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS INFECTION STATUS	10	\$16,491	\$402	\$16,892
			MEMBER ID Total							\$24,636	\$907	\$25,543
OAPIN	1	R	47	EE	M	60-64	Z0000	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	10	\$34,853	\$329	\$35,182
OAPIN	1	R	48	SP	F	60-64	I639	CEREBRAL INFARCTION, UNSPECIFIED	10	\$21,213	\$127,143	\$148,356
OAPIN	1	R	49	EE	M	40-49	L4059	OTHER PSORIATIC ARTHROPATHY	10	\$44,826	\$871	\$45,697
OAPIN	1	R	50	CH	M	18-29	G40814	LENNOX-GASTAUT SYNDROME, INTRACTABLE, W/O STATUS EPILEPTICUS	10	\$21,220	\$105,015	\$126,235
OAPIN	1	R	50	CH	M	18-29	G4730	SLEEP APNEA, UNSPECIFIED	10	\$8,236	\$2,070	\$10,306
			MEMBER ID Total							\$29,457	\$107,084	\$136,541
OAPIN	1	R	51	CH	M	1-17	G062	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	10	\$18	\$54,792	\$54,810
OAPIN	1	R	52	EE	M	60-64	Z1211	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	10	\$41,422	\$6,836	\$48,258
OAPIN	1	R	53	CH	F	<-1	J210	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS	10	\$69	\$38,136	\$38,206
OAPIN	1	M	54	CH	M	18-29	*	UNSPECIFIED	*	\$0	\$7,433	\$7,433
OAPIN	1	R	54	CH	M	18-29	D376	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GB & BILE DUCT	10	\$95	\$80,444	\$80,539
			MEMBER ID Total							\$95	\$87,877	\$87,971
OAPIN	1	R	55	EE	M	50-59	I25119	ATHSCL HEART DISEASE OF NATIVE COR ART W UNSP ANG PCTRS	10	\$238	\$30,992	\$31,230
Grand Total										\$1,287,171	\$2,082,807	\$3,369,978