



Travis County Commissioners Court Agenda Request

Meeting Date: February 25, 2014

Prepared By/Phone Number: C.W. Bruner, 512-854-9760

Elected/Appointed Official/Dept. Head: Cyd Grimes

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Approve contract award for Medical Bill Audit and Case Management Services, RFS # 1401-008-CW, to the sole proposer, Forté, Inc.

- **Purchasing Recommendation and Comments:** Purchasing recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes.

The contract will provide Medical Bill Audit and Case Management Services for HRMD Risk Management.

RFS No. 1401-008-CW was issued January 21, 2014 and closed on February 10, 2014. A total of sixty-seven (67) vendors were solicited and one (1) proposal was received. After the evaluation process, the evaluation committee and HRMD Risk Management recommend contract award to the sole Proposer. The evaluation committee and Travis County HRMD recommend contract award to Forté, Inc. For Bill Review for workers' compensation claims, the fee of \$52,000 per year will be invoiced in arrears in 12 equal monthly installments. For Telephonic Case Management, Pre-Authorization Review and Peer Review for the first 400 claims each contract year, the fee of \$242,000 per year will be invoiced in arrears in 12 equal monthly installments. For cases in excess of the first 400 claims each year, a fee of \$560 per claim will be invoiced in the month after the month of the occurrence.

- **Contract-Related Information:**

Award Amount: \$294,000

Contract Type: Annual, Bilateral

Contract Period: March 1, 2014 through March 1, 2015

- **Solicitation-Related Information:**

Solicitations Sent:	67	Responses Received:	1
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HUB Information:	N/A	% HUB Subcontractor:	N/A
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- **Funding Information: N/A**

SAP Shopping Cart / Funds Reservation #: 300001057

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.



Human Resources Management Department

1010 Lavaca St. 2nd Floor

● P.O. Box 1748

● Austin, Texas 78767

● (512) 854-9165 / FAX(512) 854-4203

Memorandum

February 11, 2014

To: Cyd Grimes, County Purchasing Agent

From: William Paterson, Risk Manager, HRMD

Re: Medical Bill Audit & Case Management RFS Proposal Review

After reviewing the proposal from the sole respondent Forte':

It is the recommendation of Risk Management that the contract be awarded to Forte'. The recommendation is based on Forte' being the sole respondent and also the current incumbent. The annual fee schedule for Bill review of \$52,000, Telephonic Case Management of \$ 242,000 and ancillary services billed \$89.00 per hour and mileage when requested by Risk Manager is within budgeted expectations. The fees will be paid from GL # 516700 and cost center # 1110048955. If you have any questions please call me at 854-9650. Thank you.

CC: Leslie Browder, County Executive PBO
Debbie Maynor, Director, HRMD
C.W Bruner/Purchasing

Funds Reservation 300001057

General Data			
Document type	FC	Document type	030
Company code	1000	Document date	02/11/2014
FM area	1000	Posting date	02/11/2014
Controlling area	1000	Currency	USD/ 1.00000
Statistics			
Entered by	SOLANOM	Created on	02/11/2014
Last changed by		Last changed	
More Data			
Text	Forte contract renewal # 4400000001 - 03-01-2014		
Reference			
Overall Amount	294,000.00 USD		

Document Item 001			
Text			
Commitment item	516700	Funds center	1110048955
Fund	8955	G/L account	516700
Cost center	1110048955	Due on	
Vendor	1000002659	Customer	
Amount	294,000.00 USD		



Evaluation Matrix for RFS #1401-008-CW
 Medical Bill Audit
 and
 Case Management Services

Forté, Inc

Evaluation Factors	Possible Points	Final Score
1 Service Approach: Quality and timeliness of services provided. The manner in which minimum standards listed in Part II - Specific Requirements are met and the extent, if any, to which these standards are exceeded.	30	26.5
2 Experience of Firm: Financial condition, reputation and experience with public entities. Demonstrated experience of the firm in providing the services requested in this RFS and previous similar projects.	30	27.5
3 Fee Proposal: Cost, with a preference for flat rate costs	20	20
4 Expertise of Personnel: Demonstrated training, expertise and experience of key personnel to provide the services proposed. Adequacy of proposer's current full-time staff, both registered professionals in an applicable field and technical and administrative support staff to competently and efficiently perform the work.	10	9.5
5 Contract Enhancements: Any contract enhancements as presented by proposer	10	2.5
TOTAL	100	86

MEDICAL BILL AUDIT AND CASE MANAGEMENT SERVICES CONTRACT

This Contract is between the following parties:

Travis County, Texas ("County"), and

Forté, Inc., a Texas corporation, ("Contractor").

PART I - RECITALS

County has advertised its need for professional services related to medical audit services for its workers' compensation claims and distributed RFS # 1401-008-CW for these services. Contractor has responded to this request for services.

County desires to engage the services of a medical audit firm to provide medical audit services for workers' compensation and coordinated Management Information System services in connection with its self-insured workers' compensation programs, upon the terms and conditions described in this Contract.

Contractor is willing to act on behalf of County to provide medical audit and reporting services for County's self-insured workers' compensation programs, upon the terms and conditions described in this Contract.

Contractor will provide personal and professional services.

Commissioners Court of County may exempt personal and professional services from complying with the competitive procurement process under Tex. Loc. Gov't Code Ann., § 262 et seq.

PART II - SPECIFIC REQUIREMENTS

1.0 RETENTION OF SERVICES:

County retains Contractor to provide Services described in Attachment A in connection with County's self-funded Risk Management Resolution on the terms and conditions of this Contract, and Contractor accepts that retention and shall render the Services described in this Contract. Contractor shall perform its services for County under this Contract, solely in the interest of County and in compliance with the County philosophy stated below, and shall exercise at least the degree of care, prudence, caution and judgment that Contractor exercises in the conduct of its own affairs.

1.1 Comprehensive Services:

County strives to contract for the most comprehensive medical audit services possible and believes that controlling workers' compensation claim files through medical audit, pre-authorization, and peer review is the true key to the effective handling of escalating claim costs. The minimum standards describe the system of checks and balances which have been established. They are not meant to be static. They continue to evolve to meet the demands of a changing environment.

1.2 Claim Payment Philosophy:

County's philosophy on medical payments for claims is to pay what is owed; however, when medical audit or pre-authorization indicates that billings associated with a claim should not be paid, either partially or in total, based upon the fee guidelines or applicable local reasonable and necessary guidelines, TPA will only pay those amounts approved by the Contractor.

2.0 CONTRACT OF HONORABLE UNDERTAKING:

The purposes of this Contract are not to be defeated by a narrow, technical construction of its provisions. This Contract shall be considered as an honorable undertaking and shall be subject to a liberal construction for the purpose of giving effect to the intentions of the parties to it. As such, if any services, functions or responsibilities not specifically described in this Contract are required for the proper performance and provision of the Services, they shall be deemed to be implied by and included within the scope of the Services to the same extent and in the same manner as if specifically and fully described in this Contract. Except as otherwise expressly provided in the Contract, Contractor shall be responsible for providing the facilities, personnel and other resources as necessary to provide the Services.

3.0 TPA SERVICES:

Contractor acknowledges that County is retaining third party administration services from JI Specialty Services, Inc. at or about the time of execution of this contract and may retain other entities to provide third party administration, claims handling, and RMI system services in connection with County's self-insured workers' compensation programs during the term of this Contract. The Contractor agrees to work cooperatively with any entity engaged by County to provide third party administration, claims handling, and RMI system services. A division of the responsibilities between Telephonic Case Management and the Adjuster is provided in Attachment F. Contractor's primary contact is TPA. When Contractor requires information that must be provided by County, Contractor may contact the Risk Manager or his designee.

4.0 STANDARDS:

4.1 Standardized Claim Forms:

CMS-1500, UB04, DWC 66 or J400 will be the only accepted billing formats to be used by the Contractor.

4.2 Labor Code/DWC Rules:

All actions taken by the Contractor shall be made in compliance with applicable Labor Code and DWC rules. Any administrative fines levied as the result of violations by the Contractor shall be paid by the Contractor. County agrees not to waive any rights it may have to contest allegations of violation and shall procedurally assist the Contractor in defending its conduct. If County has the opportunity to settle any claim for a lesser amount and wants to accept the settlement, Contractor shall be responsible for any amount in excess of the settlement offered by DWC. As new developments occur in medical audit services, the Labor Code or DWC rules, the Contractor shall advise the County of changes or amendments that should be made to the processes.

4.3 Medical Direction:

The medical audit program shall be under the direction of a Medical Director and staff physicians who are all physicians licensed in the State of Texas. The medical director and staff physicians shall be responsible for the following functions:

4.3.1 signing all peer reviews;

4.3.2 reviewing, approving and issuing all pre-authorization denials;

- 4.3.3 when necessary, direct contact with treating physicians about any review that the treating physician disputes and to obtain necessary additional information to make determinations;
- 4.3.4 development and maintenance of the treatment protocols against which treatment is reviewed; and
- 4.3.5 development of protocols for opining on causation based on mechanism of injury and diagnoses attributed to the incident by treating physician.

4.4 Scope Of Review Of Claims

Contractor is involved on all Medical Only Claims and Indemnity Claims. The program is based on the services outlined in this Contract with the following clarifications about the degree of activity on specific accounts:

- 4.4.1 Contractor has no activity on Incident Report Only Claims.
- 4.4.2 Activities on needle stick and other exposure claims will be limited to an initial contact with the injured workers only and two follow up letters reminding them to get follow-up lab work done. If one of these cases develops complications, full telephonic case management will be implemented.
- 4.4.3 Contractor's physicians will not review Impairment Ratings of 3% or less unless requested by Risk management or there are red flags to indicate such a review would be of value. Impairment ratings less than 3% are seldom disputed.
- 4.4.4 On Medical Only Claims with a compliant claimant, Contractor shall keep in touch with the provider after each appointment and contact with the claimant will be minimal after initial contacts unless:
 - 4.4.4.1 medical problems arise, such as not progressing towards recovery;
 - 4.4.4.2 problems arise at work; and
 - 4.4.4.3 problems of not getting information from the provider as needed arise.
- 4.4.5 Case Managers will assist in the process of returning the employee to work in accordance with the return to work policy of Travis County.
- 4.4.6 Certified Rehabilitation Counselor (CRC) services shall be available for claimants with a demonstrated need of these services.

4.5 Receipt of Billings:

All billings are submitted to the Contractor directly from TPA. If a billing is submitted directly to the Risk Management Office, it will be forwarded to TPA for submission to the Contractor. All billings are date and time stamped by TPA and submitted to the Contractor within 24 hours of receipt. All billings shall be date and time stamped by the Contractor when received from TPA. Timely verification of receipt will be one of the items reviewed by the County's auditors. All Contractor billings are to use the same claim number assigned by TPA for identification and reporting purposes.

4.6 Factors For Review of Medical Bills:

All reviews of medical billings shall be based upon the following factors:

- 4.6.1 comparison of the diagnostic codes (ICD9) and treatment codes(CPT) to ensure billing is appropriate to the diagnosis;
- 4.6.2 comparison of the billing amount for each procedure to ensure compliance with DWC and reasonable and necessary fee guidelines;
- 4.6.3 An error rate not to exceed 3%, when applied to the reviews outlined in Section 4.0 is within acceptable limits.

4.7 Audit of Bills:

Contractor shall review all billings to determine compliance with DWC fee guidelines and applicable local reasonable and customary guidelines. Contractor shall review all billings applying DWC fee guidelines first, then reasonable and necessary guidelines for the local area. Any reductions in billing amounts as the result of DWC fee guidelines shall not be counted as savings generated by the medical audit process.

4.8 Duplicate Billings:

Duplicate billings will not be invoiced for payment, even if reviewed by the Contractor. Any billings submitted for re-review, which involve additional documentation supporting charges, will not be considered duplicate billings for the purpose of this section.

4.9 Data Entry:

Contractor shall enter all data on a prompt and timely basis. Contractor shall be responsible for the transmittal of hard copy or electronic transfer to DWC within five (5) Working Days of receipt of billing or such shorter time as may be required by the rules and regulations. The Contractor, TPA and the Risk Manager shall develop mutually satisfactory data entry procedures.

4.10 Minimum Contents of Reports:

The Contractor shall provide required reports in the format shown in the samples in Attachment D. These reports shall contain at least the following information:

- 4.10.1 claimant name;
- 4.10.2 claim number;
- 4.10.3 number of bills reviewed, broken down by type;
- 4.10.4 turnaround time for review; and
- 4.10.5 determination on approval or denial;

4.11 Standard Types of Reports:

Reports shall be provided as required by the Risk Manager. Data included in all reports shall be sorted and reported by the TPA assigned claim number. Reporting formats shall include at least the following reports:

4.11.1 monthly report of pre-authorizations submitted;

4.11.2 monthly report of billings submitted;

4.11.3 monthly report of adjustments based on DWC fee guidelines and reasonable and necessary guidelines;

4.11.4 semi-annual report of adjustments based on reasonable and necessary guidelines;

4.11.5 monthly report of overpayments to provider and results of collection activities; and

4.11.6 as needed written reports regarding peer reviews completed at the request of either TPA or Risk Manager.

4.12 Quality Control and Supervision:

4.12.1 Contractor shall provide the services under this contract with the staff members named in Attachment C or other staff that have experience and qualifications comparable to these named staff members. Before additions or replacements are made, Contractor shall provide County with resumes and information about the proposed staff member and obtain County's approval, which shall not be unreasonably withheld. Contractor shall designate by name the persons who will review medical billings on behalf of County. Each designated person must have a minimum of four (4) years of experience as a medical audit bill reviewer/auditor or four (4) years health provider experience in workers' compensation claims. The persons responsible for pre-authorization reviews must be a Registered Nurse licensed in the State of Texas and have a minimum of four (4) years of experience in pre-authorization or case management. If County is dissatisfied with the performance of the reviewer regularly assigned to work for County, County will notify Contractor of that fact and state in writing the reasons why performance is unsatisfactory. If deficiencies are not corrected to County's satisfaction (which shall not be unreasonable withheld) within 30 days, Contractor shall replace this reviewer with one acceptable to County.

4.12.2 Contractor shall assign billing and pre-authorization requests to a reviewer on the same day that the requests are date stamped, unless received after 4:00 PM and then the requests shall be assigned early the following morning. Evidence of supervisory direction and involvement, such as an internal claim audit process of randomly selected bills, must be available for all billing reviews. Each pre-authorization denial must be reviewed, approved and issued by a licensed physician employed or contracted by the Contractor for direction and assistance on medical matters consistent with DWC rules governing pre-authorization, as they may be amended.

4.12.3 Contractor shall ensure that each medical, hospital and pharmacy billing is completed within five (5) Working Days after the date that the billing is date stamped. The Contractor shall return improperly completed bills to the provider within the statutory time limits. Processed and audited billings shall be submitted to TPA within twenty-four (24) hours after the date that the billing is audited. Pre-authorizations for medical procedures requiring same shall be completed in compliance within the time frames established by the DWC.

4.13 Telephonic Case Management:

4.13.1 Contractor shall provide telephonic case management on all claims and provide face-to-face services of field case managers (medical and vocational) whenever requested by the Risk Manager or whenever the Contractor believes these services are necessary to supplement the work of telephonic case managers.

4.13.2 Contractor shall utilize the ODG and MDA for medical management and return to work, or ACOEM for instances where the situation is not addressed by either the ODG or MDA. Contractor shall modify these criteria as necessary to comply with DWC treatment guidelines. Contractor's staff physicians shall develop screening questions to assist telephonic case managers in the application of these criteria and to indicate when referral to a physician for decision is necessary. Contractor shall make all criteria and screening questions available to the Risk Manager for inspection.

4.13.3 Telephonic case management will not be activated on sick building claims unless, in an interview with the adjuster or in subsequent communications, it is revealed that there are residual medical effects from the exposure.

4.14 Consulting Physician(s):

All peer reviews must be conducted by and signed by a licensed physician. All appeal reviews must be conducted by a physician of the specialty that normally treats patients with the condition at issue.

4.15 Recovery of Overpayments to Vendors:

Contractor shall recover any overpayments made to providers as the result of medical, hospital or pharmacy bill audits, improper application of the fee guideline and/or reasonable and customary guidelines. The Contractor shall provide a monthly report of any overpayments to both the Risk Manager and TPA. County agrees that Contractor may recover overpayments from a provider on any claim against the County to the extent permitted by DWC rules. Recovery not obtained from any provider within ninety (90) days of the first notice of overpayment being sent shall be reimbursed directly to the County by the Contractor. For any provider payment which the Contractor reimburses the County, the County shall assign to the Contractor all its legal right of recovery from the provider and shall support the Contractor's further efforts to recoup the overpayment.

4.16 Reserves for Claims Management:

Contractor shall assist in the setting of reserves for workers' compensation claims to provide more accurate predictions of future medical care and indemnity payments. Contractor shall provide information about the treatment planning documented by the telephonic case management nurses so that TPA can develop cost estimates to predict future medical costs and the information gathered by the telephonic case management nurses to identify early return-to-work options can be used by the adjuster to estimate the length of lost time, potential impairment rating, and indemnity dollars to be added to the reserve equation.

5.0 OCCURRENCE DATES OF COVERED CLAIMS:

The claims covered include all self-insured claims incurred during the primary term of this contract and periods for which options are exercised by the County and the administration of all on-going claims incurred prior to March 1, 2014.

6.0 SCOPE OF CONTRACTOR'S AUTHORITY RE: WORKERS' COMPENSATION CLAIMS:

Contractor shall have all of the following responsibilities and the commensurate authority as agent for County on matters involving medical audit and case management services for workers' compensation claims under the self-insured programs under which County handles these claims:

- 6.1 To conduct medical bill audits to determine appropriateness of charges and to ensure that providers are billing in accordance with DWC fee guidelines.
- 6.2 To conduct hospital bill audits to determine appropriateness of charges and to ensure that providers are billing in accordance with DWC fee guidelines.
- 6.3 To conduct pharmacy bill audits to determine appropriateness of charges and to ensure that providers are billing in accordance with DWC fee guidelines.
- 6.4 To provide pre-authorization reviews of medical procedures required to be approved by the DWC.
- 6.5 To provide peer review services by a qualified physician licensed in Texas for those workers' compensation claims requiring review.
- 6.6 To provide reports identified by County as required for administration of the self-insured workers' compensation and liability programs.
- 6.7 To provide telephonic and field case management as set out in section 4.0 and Attachment A if this service is addressed in the proposal.

7.0 MEDICAL AUDIT SERVICES FOR LIABILITY CLAIMS:

Contractor shall provide medical management services for general, automobile and property liability claims upon the request of the Risk Manager at the rate in Attachment B.

8.0 CLAIMS ADMINISTRATION:

Contractor shall provide County with medical audit administration for workers' compensation claims. These services shall be provided in compliance with Attachments A, B, C, D, and E and each description, recommended approach, and estimated time listed in these attachments is a required performance under this contract. These services include:

- 8.1.1 Medical audit of all medical, hospital and pharmacy bills received relating to the County's workers' compensation claims;
- 8.1.2 Pre-authorization reviews of medical procedures, as required by the DWC;
- 8.1.3 Telephonic and field case management;
- 8.1.4 Peer review signed by reviewing physician of workers' compensation and liability claims identified by either County or TPA, by physicians who have contracted with Contractor to testify in hearings and trials about their decisions;
- 8.1.5 Reporting to County's risk management department and to County's department heads upon reasonable requests of Risk Manager;

- 8.1.6 Reporting to County monthly, quarterly and annually, the results of all medical, hospital and pharmacy bill audits, peer reviews and pre-authorizations in the format in Attachment D;
- 8.1.7 Providing causation opinions based on mechanism of injury, diagnostics, and diagnoses attributed to the incident by the treating physician; and
- 8.1.8 Bi-monthly claim review meeting with TPA and Travis County.

9.0 MINIMUM DUTIES:

In order to meet and fulfill its responsibilities under the Contract, Contractor shall:

- 9.1.1 Cooperate to the fullest extent possible with County,
- 9.1.2 Perform all reasonable administrative and clerical work necessary to the performance of its duties and responsibilities under this Contract,
- 9.1.3 Provide phone consultations to County on an as-needed basis
- 9.1.4 Provide a local Account manager to supervise the account and provide one point of contact for County,
- 9.1.5 Promptly provide County and its agents and employees with all information requested pertaining to any matter within the terms and scope of this Contract,
- 9.1.6 Provide County or its designated legal representative copies of all materials requested pertaining to any matters encompassed by the terms and scope of this Contract (cost to be borne by County), and
- 9.1.7 Be available to discuss services provided on medical audit, pre-authorization or peer review, or meet with representatives of County at mutually agreeable times and places.

10.0 RMIS SYSTEMS:

- 10.1 Contractor shall provide a fully automated RMIS System designed for use in a medical audit and pre-authorization environment. On the statistical side, the system shall track bills reviewed, produce required reports on a paid or billed basis, and other similar information. The system must have the following capabilities:
 - 10.1.1 Highly interactive,
 - 10.1.2 Real time “view only” access to medical audit information about County's workers' compensation claims at any time, if requested by County
 - 10.1.3 Comprehensive state-of-the-art tracking and reporting ability
 - 10.1.4 Capable of generating all reports and calculations required by County, TPA or DWC rules monthly
 - 10.1.5 Ability to tailor all reports to focus on providing concise, meaningful support information based on County defined specifications and requirements.

10.1.6 Contractor shall ensure that all data in the entire system is adequately backed up with at least daily back-ups on site by at least two (2) machine readable formats and weekly back-ups stored offsite.

10.1.7 Contractor accepts full responsibility for ensuring that the automated RMIS System maintains all billing data on behalf of County: renders to County claim reports monthly and management reports, interim administrative reports on operating results, and any other specialized reports that are necessary and agreed upon by Contractor and County.

11.0 MEDICAL RESOURCE:

Contractor shall provide a medical resource for County by making available its Medical Directors for information and research on medical issues. Contractor's access to online medical information from the National Library of Medicine and other large medical libraries shall be provided as a resource for adjusters in researching new or different medical treatments. Contractor's physicians are available to discuss medical issues with adjusters and, when necessary, provide supporting literature from recent medical publications to assist the adjuster in addressing the medical issues in question and to assist them in understanding the medical treatment occurring with injured workers, new treatment procedures, and provide information needed to assist in reserve setting. Consultations will be provided for the following purposes:

11.1 to assist medical providers in understanding workers compensation rules regarding documentation and treatment guidelines,

11.2 to discuss alternative treatment plans,

11.3 to encourage the most appropriate treatment for the injured workers,

11.4 to obtain a mutually agreed upon action plan and

11.5 to discuss return-to-work issues.

12.0 EXPERT TESTIMONY:

Contractor agrees to provide nurses or physicians at benefit review conferences and contested case hearings to discuss handling of the case at no additional cost. Contractor can participate in the preparation for hearings by providing a detailed review of the case. Both doctors and nurses must be available to allow County the flexibility of selecting the right level of expertise for the representation. Contractor's staff who provide this service must be experienced in giving testimony and work closely with County and its counsel in the preparation of the case.

Contractor's Directors, nurses, and contract physicians must also be available to assist County at trials. Contractor can participate in the preparation for trial by providing a detailed review of the case or by testifying in trials or depositions. This service and pricing for it will be negotiated and this Contract must be amended before the service is performed.

13.0 DELIVERY OF DATA ON TERMINATION:

Contractor shall deliver all computerized information and hard copy back-up documentation to County in a machine-readable format at no expense to County within 60 days after the termination of this Contract, or at a subsequent time agreed to by County.

PART III - SPECIAL PROVISIONS

1.0 TERM OF CONTRACT:

This contract commences as of 12:00 a.m. Central Time on March 1, 2014. Contractor shall begin providing all Services under this Contract effective March 1, 2014 even if Contractor must take some actions prior to that date to be prepared to start Services on March 1, 2014.

The term of this contract ends 12:00 a.m., Central Time on March 1, 2015, unless terminated pursuant to the terms of Part IV, Section 14.0 of this Contract and unless County exercises any of its option to extend the Contract.

2.0 OPTION TO EXTEND:

Unless terminated sooner, County may unilaterally extend this Contract by written modification for additional one (1) year periods (individually, an "Option to Extend" and collectively, the "Options to Extend"). Contractor shall provide notice of any renewal increase at least 90 days before the end of each current term. Unless otherwise provided in the modification, all provisions of this contract remain unchanged. County must not exercise an Option to Extend sooner than ninety (90) days before the end of that term. Changes in rates shall not occur more than once annually on the anniversary of the commencement of the contract.

3.0 FEES FOR SERVICES, ATTACHMENT B

If there are no fees listed in Attachment B for a particular Service, Contractor shall not charge County any fee for that service.

4.0 DELIVERY POINT:

Delivery of all services under this contract shall be FREE ON BOARD to final destination at the address shown below:

Travis County Human Resources Management Department
Attn: William Paterson, ARM
HRMD Risk Manager
700 Lavaca Street, Suite 420
Austin, Texas 78701

5.0 CONTRACT ADMINISTRATOR:

5.1 The Purchasing Agent is the chief procurement officer and acts as the overall contract administrator.

5.2 The Project Manager has been designated as County's primary representative on the contract and acts on behalf of the County, and has the authority to interpret and define in writing policies and make decisions about Contractor performance. The Project Manager may designate representatives to transmit instructions and receive information. The Project Manager oversees day to day work and reviews, inspects and examines Contractor's performance of Services under this Contract on behalf of the County. Contractor may communicate all requests for direction and factual or statistical information related to Services to the Project Manager and may rely on all factual or statistical information supplied by the Project Manager in response to these

requests. Whenever Contractor is required to obtain the approval of County or report to County, Contractor shall seek approval from and shall deliver the report to the Project Manager, or any other person that the parties may from time to time direct in writing. The Project Manager establishes requirements, approves and coordinates schedules, users, and equipment. The Project Manager for this Contract is county department named below:

Travis County Human Resources Management Department
Attn: William Paterson, HRMD Risk Manager
700 Lavaca Street, Suite 420
Austin, Texas 78701

6.0 MINIMUM COVERAGE FOR INSURANCE:

6.1 Minimum Coverage:

Minimum insurance coverage may be written as combined single limits or structured using primary and excess or umbrella coverage that follows the form of the primary policy. Contractor acknowledges and shall maintain the following standard minimum insurance coverage applicable to Contractor and any subcontractor performing work related to Services all in compliance with Part IV, sections 5.4 and 5.5:

6.1.1 Workers' compensation and employers' liability insurance that meets the following requirements:

6.1.1.1 Coverage that is consistent with statutory benefits outlined in the Texas Workers' Compensation Act,

6.1.1.2 Employers' liability limits of:

\$500,000 bodily injury each accident,
\$500,000 bodily injury by disease, and
\$500,000 policy limit.

6.1.1.3 Policies that are subject to the laws of the State of Texas and include the following endorsements in favor of Travis County:

Waiver of Subrogation (Form 420304), and
Thirty (30) day Notice of Cancellation (Form 420601).

6.1.2 Commercial general liability insurance that meets the following requirements:

6.1.2.1 Minimum limits for coverage:

\$500,000 per occurrence for coverage A for Bodily Injury and Property Damage,
\$500,000 per occurrence for coverage B Personal Injury and Advertisement, and
\$1,000,000 policy aggregate.

6.1.2.2 Policy that is subject to the laws of the State of Texas and contains the following coverage or is endorsed in favor of Travis County as follows:

Blanket contractual liability for this Contract,
Independent Contractor Coverage,

Waiver of Subrogation (Form CG 2404),
Thirty (30) day Notice of Cancellation (Form CG 0205), and
Travis County named as additional insured (Form CG 2010).

6.1.3 Business automobile liability insurance that meets the following requirements:

6.1.3.1 If any form of transportation for county personnel or clients is provided, minimum coverage for all owned, non-owned, and hired vehicles with a combined single limit of \$300,000 per occurrence.

6.1.3.2 Policy that is subject to the laws of the State of Texas and include the following endorsements in favor of Travis County:

Waiver of Subrogation (Form TE 2046A),
Thirty (30) day Notice of Cancellation (Form TE 0202A), and
Travis County named as additional insured (Form TE 9901B).

6.1.3.3 Alternative Insurance Requirement. If no transportation services of any type are provided, and use of motor vehicles is strictly limited to travel to and from work or work sites, evidence of Personal Auto Policy coverage with limits of \$100,000 / \$300,000 / \$50,000 may be provided in lieu of Business Automobile Liability Insurance in sections 5.1.3.1 and 5.1.3.2.

6.1.3.4 Any Policy under section 5.1.3.3 must be subject to the laws of the State of Texas and include the following endorsements in favor of Travis County:

Waiver of Subrogation (Form TE 2046A), and
Travis County named as additional insured (Form TE 9901B).

6.1.4 Professional liability / E & O insurance that meets the following requirements:

6.1.4.1 Minimum limit for coverage for malpractice, negligent acts, errors, or omissions and sexual harassment:

6.1.4.1.1 \$1,000,000 per claim, and

6.1.4.1.2 \$3,000,000 aggregate.

6.1.4.2 Policy that is subject to the laws of the State of Texas and include the following endorsements in favor of Travis County:

6.1.4.2.1 Waiver of Subrogation (if including in Commercial General insurance, Form CG 2404 or its equivalent, and

6.1.4.2.2 Thirty (30) day Notice of Cancellation (if including in Commercial General Insurance, Form CG 2404 or its equivalent.

6.1.4.3 If coverage is written on a claims made basis, the retroactive date must be prior to the earlier of the date this Contract is signed or effective and include a three (3) year extended reporting period from the date this Contract ends. The Certificate of Insurance must state whether the coverage is claims made and contain both the retroactive date of coverage and the extended reporting date.

6.1.4.4 Any subcontractor who is not covered under Contractor's professional liability insurance shall provide Contractor with current certificates of insurance annually on the renewal date of their insurance policy.

6.2 Contractor must mail the Certificate of Insurance, and updates, submitted in compliance with Part IV to the following address:

Cyd Grimes
Travis County Purchasing Agent
Contract # 440001893
P.O. Box 1748
Austin, Texas 78767

PART IV - GENERAL PROVISIONS

1. GENERAL DEFINITIONS:

- 1.1. "Auditor" means the Travis County Auditor or her designee.
- 1.2. "Claim" means an incident or occurrence and may include more than 1 person.
- 1.3. "Commissioners Court" means Travis County Commissioners Court.
- 1.4. "County" means Travis County, Texas, a political subdivision of the State of Texas.
- 1.5. "County Building" means any County owned buildings and does not include buildings leased by County.
- 1.6. "Day" means calendar day.
- 1.7. "DWC" means Department of Workers' Compensation.
- 1.8. "Historically Underutilized Business" or "HUB" means any entity or association formed to make a profit in which one (1) or more persons who are educationally or economically disadvantaged because of their identification as members of one of the following groups: African Americans, Hispanic Americans, Asian Pacific Americans, Native Americans or Women of any ethnicity have the following rights:
 - 1.8.1. own at least fifty-one percent (51%) of all classes of shares or other equitable securities and have incidents of ownership, including an interest in profit and loss, equivalent to the percentage of capital, equipment or expertise contributed to the business where ownership is measured as though the community property interest of a spouse is the separate property of that spouse, if both spouses certify in writing that the non-participating spouse relinquishes control over his or her spouse, and his or her community property, and not as if it is subject to the community property interest of the other spouse; and
 - 1.8.2. have a proportionate interest and demonstrated active participation in the control, operation and management of the business's affairs; where control means having recognized ultimate control over all day-to-day decisions affecting the business, and is be known to, and at least tacitly acknowledged in day-to-day operations by employees of the business and by those with whom

business is conducted, and holding a title commensurate with that control.

- 1.9. "Incident Report Only" means general liability, automobile liability, property loss, or workers' compensation claims that are reported for record keeping purposes only in which there are no payments for medical treatment, lost time, or personal injury. However, claims will be maintained on the Contractor's RMIS System for the purpose of accurate loss reporting.
- 1.10. "Indemnity Claims" include claims where there are payment for medical treatment and loss of wages or disability.
- 1.11. "Project Manager" means the Human Resources Management Department or its designee.
- 1.12. "Purchasing Agent" means the Travis County Purchasing Agent.
- 1.13. "Risk Manager" means County's Risk Manager.
- 1.14. "RMI System" means risk management information system.
- 1.15. "Service" means the activities, obligations, and deliverables described in Parts II, III, and IV and the Scope of Services in Attachment A.
- 1.16. "TPA" means Third Party Administrator.
- 1.17. "Working Day" means Monday through Friday except for days that County has designed as holidays.

2. CONTRACTOR RESPONSIBILITIES:

2.1. Timeliness of Services:

Contractor shall perform the Services in a timely manner.

2.2. Cooperation and Coordination:

Contractor shall cooperate and coordinate with County staff and other entities as reasonable and necessary and as required by the Project Manager.

2.3. Personnel Used:

Contractor expressly acknowledges that, in entering into this Contract, County has relied on the representations of Contractor about the persons who will be performing the Services and their qualifications. Contractor shall ensure that all work done is done by the employees or members of Contractor that are presented as performing the Services in Contractor's proposal. Contractor shall not use any other person to provide Services unless, before providing Services, the Purchasing Agent approves the person at the request of Project Manager.

2.4. Professional Qualifications:

At all times during Contract, Contractor shall maintain in good standing its professional license and accreditations applicable to Services. Contractor shall perform all acts reasonably necessary to maintain and improve its professional competence and training. Contractor shall Notify County within 2 Work Days if any adverse action related to its professional license and accreditations occurs.

2.5. Right to Contractual Material:

All work products created or produced by Contractor as a result of Services, including programming, reports, charts, schedules, or other appended documentation to any responses, inquiries, correspondence, and related material are the property of the County at the time of creation. Any intellectual property rights granted to the County survive the termination of this Contract and endure for the useful life of the contractual material and other intellectual property rights provided.

2.6. Rights to Contractor's Work Products:

Upon full payment, Contractor assigns to County any and all rights, title and interest, including, without limitation, copyrights, trade secrets and proprietary rights to the work products developed or prepared specifically for County under this Contract. The work products exclude all third party works and products whether or not included or embedded in the Contractor's work products. The work products are deemed to be "works made for hire" under the federal copyright laws. Contractor shall give County reasonable assistance, at County's expense, to perfect this assignment of these rights, title and interest. However, if the work products include intellectual property owned or developed by Contractor before and independent from, its obligations under this Contract, Contractor retains all rights to that previous and independent product. In addition, Contractor retains the right to use its knowledge, experience, and know-how, including processes, ideas, concepts and techniques developed in the course of performing the Services.

2.7. Standard of Care:

Despite anything to the contrary in this Contract, Contractor shall perform all Services using at least the standard of care that a reasonably prudent person in that profession in Travis County, Texas would use in similar circumstances. This Contract shall not be construed to relieve Contractor of this duty.

2.8. Ethical Standards:

Contractor shall perform the Services and exercise all discretionary powers in a manner consistent with applicable standards of professional conduct and ethics and Contractor's best professional judgment.

2.9. Civil Rights/ADA Compliance:

In relation to performing the Services, Contractor shall not discriminate against any applicant, employee, patient or other person on the basis of race, color, religion, sex, age, national origin or disability and provide all accommodations for disability required by the Americans with Disabilities Act.

2.10. Records:

2.10.1. Maintenance and Retention:

Contractor shall create and maintain all necessary and appropriate information and documentation (including accounting records) related to the Services for at least three (3) years after providing the Services, or until any litigation concerning any Services has been satisfactorily resolved, whichever occurs later.

2.10.2. Access:

At reasonable times and on reasonable notice, Contractor shall make available to County or its

duly authorized representatives any information and documentation in Contractor's possession or control, which directly pertains to Services for audits, examinations, excerpts, and transcriptions for as long as Contractor has access to the information and documentation.

2.10.3. Duplication of information and documentation:

Contractor shall provide copies of information and documentation to County upon written request to Contractor at a cost based on the rates applicable to copies provided pursuant to the Texas Public Information Act.

2.11. Return of County Equipment and Access Keys:

At the end of this Contract, Contractor shall return property of any kind, including all keys, access cards and other means of access to county buildings and other property that have been provided to it or its staff. Contractor shall not permit its employees to take or retain any County property or any property of County employees.

2.12. Legal Compliance:

Contractor shall comply with all federal, state, and local laws, rules, regulations, and ordinances applicable to the performance of all Services.

2.13. Conflict of Interest Questionnaire:

If required, Contractor shall complete, file and update a Conflict of Interest Questionnaire in compliance with Chapter 176 of the Texas Local Government Code. Contractor acknowledges that the law requires the County to provide access to this questionnaire on the official Travis County website.

2.14. Certification Regarding Debarment:

Contractor shall complete and update a Certification Regarding Debarment on the form in Contract Attachment C-For TPA and PBM whenever there is a change in status.

3. CONTRACTOR CERTIFICATIONS, WARRANTIES AND ACKNOWLEDGMENTS:

3.1. Limit of Authority of County Representatives:

Contractor acknowledges that no officer, agent, employee, or representative of County has any authority to change this Contract, to approve assignment of any part of it, or to waive any provision of it unless expressly granted that specific authority by Commissioners Court.

3.2. Truth of Proposal:

Contractor warrants that all of the information provided in its proposal is true and correct and that Contractor will use its best efforts to provide quality service to County.

3.3. Compliance with Licensure Requirements:

Contractor warrants that Contractor is current in payment and in good standing under all licensure

requirements applicable to its business and the Services to be provided under this contract pursuant to all federal and state statutes, rules and regulations.

3.4. Copyrights, Patents, and Licenses:

Contractor represents that all applicable copyrights, patents, licenses, and other proprietary or intellectual property rights which may exist on materials used in this Contract have been adhered to, and warrants that the County is not liable for any infringement of those rights.

3.5. Payment of Property Taxes:

Contractor warrants that Contractor is not currently delinquent in payment of property taxes to the Travis County Tax Assessor-Collector.

3.6. Independent Contractor:

Contractor acknowledges that Contractor is an independent contractor, operating solely in that capacity, and assumes all of the rights, obligations and liabilities applicable to it as an independent contractor. Contractor acknowledges that neither it nor its employees are an employee of County, and Contractor and its employees do not gain any rights against County pursuant to the County personnel policies and procedures.

3.7. No Agency Relationship Except as Specifically Described in Part II:

Contractor acknowledges that it does not have the authority to enter into any contract in the name of County or otherwise bind County in any way without the express written consent of County. County acknowledges that Part II, section gives Contractor limited authority to bind County in relation to medical issues involved with workers' compensation claims. County does not have the authority to enter into any contract in the name of Contractor or otherwise bind Contractor in any way without the express written consent of Contractor.

3.8. Understanding of Requirements:

Contractor represents that it has thoroughly examined the technical requirements, performance parameters, instructions and all other contract documents. Contractor has made all investigations necessary to be thoroughly informed regarding technical requirements, performance parameters for delivery of material, equipment and/or services as required by this contract.

3.9. Financial Status:

Contractor certifies that it is a duly qualified, capable, and otherwise bondable business entity, that it is not in receivership or contemplates same, and has not filed for bankruptcy. It further certifies that the company, corporation or partnership is not currently delinquent with respect to payment of property taxes within County.

3.10. Commissions:

Contractor warrants that no persons or selling agency has been retained to solicit this Contract upon an understanding for a commission, percentage, brokerage, or contingent fee income, supplemental income, excepting bona fide employees or bona fide established commercial selling agencies maintained by the Contractor to secure business. If Contractor violates this warranty, Contractor is subject to termination of this Contract without recourse or compensating County for the full amount of

such commission, percentage, brokerage, or contingent fee at County's discretion.

3.11. Gratuities:

Contractor warrants that Contractor and any one acting on behalf of Contractor has not offered or given any gratuities of any kind including entertainment, or gifts to any County official or employee with a view toward securing favorable treatment with respect of this Contract.

3.12. Lobbying with Federal Funds:

Contractor warrants that Contractor has not paid and will not pay, and no one else has paid or will pay on behalf of Contractor, any federally appropriated funds to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

4. COMPENSATION AND PAYMENT:

4.1. Taxpayer Identification Number:

Contractor shall provide County with an Internal Revenue Form W-9 Request for Taxpayer Identification Number and Certification that is completed in compliance with the Internal Revenue Code, its rules and regulations before any Contract funds are payable.

4.2. Fees and Invoicing:

In consideration of the satisfactory performance of the Services by Contractor and Contractor's compliance with this Contract, County shall pay Contractor in accordance with the Fee Rates and Payment Schedule in Attachment B based on invoices prepared by Contractor in compliance with Attachment B. County is not liable for any advance payments.

4.3. Acceptance of Services:

County is not responsible for the cost of any Services until County has accepted the Services. County shall accept Services when County determines, in its sole discretion, that the Services have been performed and completed in a good and timely manner to County's satisfaction and at a standard acceptable in Contractor's profession. County shall not unreasonably withhold acceptance.

4.4. Delayed Payment to Contractor Due to Outstanding Debt:

4.4.1. In section 3.4, "Debt" includes delinquent taxes, fines, fees owing to the state or the County, and indebtedness arising from written agreements with Texas or County for which a notice with evidence has been filed with the Auditor or Travis County Treasurer.

4.4.2. Section 154.045 of the Texas Local Government Code authorizes County not to draw a check on any County fund in favor of the Contractor, or its agent or assignee until the Debt is paid after the Travis County Treasurer notifies Contractor in writing that the Debt is outstanding.

4.4.3. If the Treasurer's notice states that any amount owed by the County to Contractor may be applied to reduce the outstanding Debt, County may apply any amount County owes Contractor

to the outstanding balance of the Debt.

4.5. Timely Payment:

County pays Contractor within thirty (30) Days after County accepts the Services and County receives a complete and accurate invoice, whichever is later. County pays interest on overdue payments in compliance with Chapter 2251 of the Texas Government Code.

4.6. Unauthorized Invoicing:

County is not liable for any of the following:

4.6.1. costs incurred or performances rendered by Contractor before or after the Contract term,

4.6.2. expenses not billed to County within the applicable time limits in this Contract, or

4.6.3. any costs for activities not included as Services.

4.7. Return of Overpayment:

Contractor is liable to County if and when County determines that a payment has resulted in overpayment. Contractor shall repay the overpayment to County within thirty (30) Days after County requests a repayment. If Contractor does not repay the overpayment within thirty (30) Days, County may offset the amount of any overpayment against the next amount payable to Contractor under this or any other contract.

5. RISK ALLOCATION:

5.1. Definition of Claim:

In section 4.0, "Third Party Claim" means any negligence, cause of action, suit, proceeding before any administrative agency, loss, damages, or liability of any kind, including all expenses of litigation, court costs and attorney's fees.

5.2. Indemnification:

5.2.1. Contractor shall indemnify and hold harmless County, its officers, agents, and employees, from all Third Party Claims for injury to or death of any person, for any act or omission by Contractor, or for damage to any property, arising out of or in connection with the Services.

5.2.2. Contractor shall indemnify and hold harmless the County, its officers, agents, and employees from all Third Party Claims for damages to any person or property arising in connection with any alleged or actual infringement of existing patents, licenses, copyrights or other intellectual property rights applicable to materials used in and work products arising from this Contract.

5.3. Claims Notification:

If Contractor receives notice or becomes aware of any Third Party Claim against Contractor or County,

without regard to who brought it, Contractor shall give County Notice within three (3) Working Days after Contractor becomes aware of the Claim or threat of Claim. Unless otherwise directed, Contractor shall furnish County copies of all pertinent papers received by Contractor regarding the Claim. Contractor's Notice shall include:

5.3.1. a written description of the Third Party Claim;

5.3.2. the name and address of whoever made or threatened to make the Third Party Claim;

5.3.3. the basis of the Third Party Claim;

5.3.4. the court or administrative tribunal, if any, where the Third Party Claim was instituted; and

5.3.5. the name of any other persons against whom this Third Party Claim is being made or threatened.

5.4. Requirement for Insurance:

Contractor shall have and maintain at least the minimum types of insurance listed in Part III throughout the term of this Contract. Contractor's insurance must be sufficient to cover the needs of Contractor pursuant to applicable generally accepted business standards related to the risks associated with providing the Services, but not less than the minimum coverage limits listed in Part III. Depending on Services provided by Contractor, supplemental insurance requirements or alternate insurance options may apply in addition to those listed in Part III. If County authorizes Contractor to subcontract Services under this Contract, Contractor shall either maintain insurance that covers all subcontractors and complies with Part IV, section 5.5 and Part III throughout the term of the Contract or ensure that all subcontractors have and maintain insurance for the work related to the Services that is performed by them and that their insurance complies with sections Part IV, sections 5.4 and 5.5 and Part III while performing work related to the Services.

5.5. General Insurance Requirements:

Contractor shall comply with the following requirements related to insurance:

5.5.1. Contractor shall obtain insurance written by companies licensed in Texas that have an A.M. Best rating of B+ VIII or higher. If Contractor wants to use surplus carriers, these carriers are subject to County approval.

5.5.2. Insurance that names Travis County as an additional insured is primary for all claims under it.

5.5.3. Insurance coverage specified in this Contract is not intended and will not be interpreted to limit the responsibility or liability of the Contractor.

5.5.4. Before Contractor begins Services, Contractor shall have at least the required insurance in force. Contractor shall not allow any insurance to be cancelled or lapse and shall not permit the minimum limits of coverage to erode or otherwise be reduced during this Contract. Contractor is responsible for all premiums, deductibles, and self-insured retention.

5.5.5. Contractor shall submit a Certificate of Insurance written on the state-approved form and signed by the writing agent or the carrier to the Purchasing Agent within ten (10) Working Days after the earlier of execution of the Contract by both parties, or the effective date of the Contract. The Certificates of Insurance must include the Travis County contract number, all deductibles and self-insured retention, and the following endorsements, if applicable:

- 5.5.5.1. an endorsement that names Travis County as additional insured where County's interest may lie,
- 5.5.5.2. an endorsement which makes the insurance primary for all claims,
- 5.5.5.3. a Waiver of Subrogation endorsement
- 5.5.5.4. a Thirty (30) Day Notice of Cancellation endorsement
- 5.5.6. Contractor shall provide replacement Certificates of Insurance to the Purchasing Agent within ten (10) days of the each renewal of insurance during the term of this contract in compliance with Part III, section 6.3.
- 5.5.7. On its request, County is entitled to receive certified copies of policies and endorsements at no additional expense to County.
- 5.5.8. Contractor acknowledges that County has the right to review insurance requirements during any term of the Contract and to require that Contractor make reasonable adjustments when the Services have changed or expanded.

6. CHANGES TO CONTRACTOR'S RIGHTS AND OBLIGATIONS:

6.1. Assignment:

The parties may not assign any rights or duties in this Contract without the prior written approval of the other party. Contractor may submit a written request for an assignment to the Purchasing Agent with a copy to Project Manager. The Purchasing Agent shall submit requests to the Commissioners Court for appropriate action. If Contractor fails to obtain approval, County may delay payment or exercise other legal or equitable rights. If Contractor assigns this Contract in compliance with this section, all aspects of this Contract are binding upon and inure to the benefit of its successors in interest and assigns. If County assigns this Contract in compliance with this section, all aspects of this Contract are binding upon and inure to the benefit of its successors in interest and assigns.

6.2. Subcontracting:

Except as otherwise specifically provided in this Contract, Contractor may not subcontract with any other person to perform any of the Services or other obligations under this Contract. If subcontracting is allowed, Contractor must provide for insurance for subcontracts as stated in section 4.4, 4.5 and Part III and require subcontractors to complete and update a Certification Regarding Debarment on the form in Attachment C whenever there is a change in status and provide the Purchasing Agent with copies of these certifications.

6.3. General:

Unless specifically provided otherwise in this Contract, any change to this Contract must be in writing and signed by each party.

6.4. Requests for Changes:

Contractor shall submit requests for changes to this Contract to the Purchasing Agent with a

copy to the Project Manager.

6.5. Purchasing Agent Authority:

The Purchasing Agent has certain limited authority to approve changes subject to Chapter 262 of the Texas Local Government Code and County policy approved by the Commissioners Court. Within that authority, the Purchasing Agent may approve certain requests to change this Contract. At any time, the Purchasing Agent may submit any request to the Commissioners Court for approval, regardless of the authority of the Purchasing Agent to approve the change.

6.6. Change of Name:

If Contractor's actions require County to recognize a change of Contractor's name, Contractor must notify the Purchasing Agent immediately. County does not recognize any change in its Contractor's obligations until Purchasing Agent approves the change.

7. DISPUTE RESOLUTION:

7.1. Procedure.

7.1.1. In this section 7.1, "Correspondence" means any notice, document, letter, email, or other tangible transfer of information related to an issue and "Dispute Manager" means the Purchasing Agent or other representative authorized by Commissioners Court.

7.1.2. Notice of Dispute:

If the Contractor and the Project Manager have been unable to resolve any issue related to this Contract, Contractor may submit a Notice of the dispute to the Dispute Manager. The Notice should contain specific details about the issues and Contractor's preferred resolution of the dispute, including mediation, if desired. The Contractor may include any other relevant information.

7.1.3. Flow of Information:

After the Dispute Manager receives the Contractor's Notice, the Dispute Manager represents the County in the administration of the dispute. After this Notice, any additional Correspondence is not effective unless it is directed to or sent by the Dispute Manager. If Contractor disagrees with any Correspondence issued by the Dispute Manager, Contractor shall submit a written response detailing its reasons for disagreement with the Correspondence to the Dispute Resolver and the Project Manager within ten (10) Days after receipt of the Correspondence.

7.1.4. Proposed Resolution:

Within thirty (30) Days after the Dispute Manager receives Contractor's response, the Dispute Manager must send a final written proposal for resolution of the dispute to Contractor.

7.1.5. Appeal:

If the final written proposal does not resolve the dispute to Contractor's satisfaction, Contractor may submit a written appeal to the Commissioners Court through the Dispute

Manager within ten (10) Days after receipt of the unsatisfactory proposal. The Dispute Manager forwards a copy of the appeal to the Project Manager for it to be placed on the Commissioners Court agenda. The Commissioners Court hears the appeal. Contractor may make a presentation at that hearing.

7.2. Mediation:

When mediation is acceptable to both parties, the parties may use a mutually acceptable mediator, or a mediator appointed by a court of competent jurisdiction. Mediation is conducted in compliance with Chapter 154 of the Texas Civil Practice and Remedies Code. Unless both parties are satisfied with the mediated resolution, the mediation is not a final and binding resolution of the dispute. All communications within the scope of the mediation must remain confidential in compliance with section 154.073 of the Texas Civil Practice and Remedies Code, unless both parties agree in writing to waive confidentiality.

7.3. Suspension:

After Notice to Contractor, County may suspend this Contract in whole or in part and withhold further payments to Contractor until County and Contractor resolve the issues causing the suspension. Contractor shall not incur additional obligations of Contract funds after receipt of a Notice of suspension until Contractor receives a Notice from County that the issues supporting suspension are resolved to County's satisfaction.

7.4. Non-Waiver of Default:

County expressly reserves all its rights under this Contract. Any action that County takes to exercise any right or remedy shall not be interpreted as a waiver of any other rights or remedies or preclude the exercise of any other right or remedy under this Contract or under any law. A payment, act, or omission by County shall not impair or prejudice any of its rights or remedies.

8. TERMINATION:

8.1. Termination for Convenience:

County may terminate this Contract at any time by giving Contractor notice of termination at least sixty (60) Days before the effective date of the termination. If County terminates this Contract, County is not liable for any loss of profits anticipated by Contractor. Contractor may terminate this Contract on the anniversary of the Contract with a by giving the County notice of termination at least one hundred and eighty (180) Days before the effective date of the termination.

8.2. Termination for Default:

Either party may terminate this Contract for the failure of the other party to perform any material provision of this Contract by delivering Notice of termination for default. A party may not terminate for default if the party was a contributing cause of the failure to perform. The Contract terminates immediately when the defaulting party receives that Notice. If County terminates this Contract, County is not liable for any loss of profits anticipated by Contractor.

8.3. Funding Out:

Despite anything to the contrary in this Contract, if the Commissioners Court fails to provide funding for this Contract during the budget planning and adoption process for the next County

fiscal year, County may terminate this Contract after giving Contractor twenty (20) Days' Notice that this Contract is terminated due to the failure to fund it.

9. FORFEITURE OF CONTRACT BENEFITS:

9.1. In section 9.3 and the Ethics Affidavit, "Is doing business" and "has done business" mean:

9.1.1. paying or receiving in any calendar year any money or valuable thing with a value of more than \$250 in the aggregate in exchange for personal services or for the purchase of any property or property interest, either real or personal, either legal or equitable; or

9.1.2. loaning or receiving a loan of money or goods, or otherwise creating or having in existence any legal obligation or debt with a value of more than \$250 in the aggregate in a calendar year;

9.1.3. but do not include:

9.1.3.1. any retail transaction for goods or services sold to a Key Contracting Person at a posted, published, or marked price available to the public,

9.1.3.2. any financial services product sold to a Key Contracting Person for personal, family, or household purposes in accordance with pricing guidelines applicable to similarly situated individuals with similar risks as determined by Contractor in the ordinary course of its business; and

9.1.3.3. if Contractor is a national or multinational corporation, any transaction for a financial service or insurance coverage made on behalf of Contractor by its agent, employee, or other representative who does not know and is not in a position that he or she should have known about the Contract.

9.2. In section 9.3 and the Ethics Affidavit, "Key Contracting Person" means any person or business listed in Exhibit 1 to the Ethics Affidavit attached to this Contract as Attachment D.

9.3. Contractor shall forfeit all benefits of this Contract and County shall retain all performance by Contractor and recover all considerations, or the value of all consideration, paid to Contractor pursuant to this Contract if Contractor

9.3.1. was doing business with a Key Contracting Person when this Contract was executed,

9.3.2. had done business with a Key Contracting Person during the year immediately before execution of this Contract,

9.3.3. or does business with any Key Contracting Person at any time after execution of this Contract and before full performance of it.

9.4. Contractor shall give County notice if the Contractor does business with any Key Contracting Person at any time after execution of this Contract and before full performance of it within twenty (20) Days Contractor begins doing business.

10. NOTICE:

10.1. Written Notice:

All notices between the parties and related to this Contract shall be given to the other party in writing. If a notice is delivered in person to the address in this section 10.0 for the party to whom the notice is given, that notice is deemed to have been given immediately. If a notice is placed in the United States mail, postage prepaid, by registered or certified mail with return receipt requested, addressed to the address in this section 10.0 for the party to whom the notice is given, that notice is deemed to have been given on the third Working Day following mailing.

10.2. County Address:

The address of County for all purposes and notices under this Contract is:

Purchasing Agent:
Cyd Grimes, C.P.M. (or her successor)
Travis County Purchasing Agent
P.O. Box 1748
Austin, Texas 78767

With copies to (registered or certified mail, not required):

Project Manager:
Human Resources Management Department
William Patterson
Risk Manager
P.O. Box 1748
Austin, Texas 78767

10.3. Contractor Address:

The address of Contractor for all purposes and notices under this Contract is the address stated on the award of contract.

10.4. Change of Address:

Each party may change its address for notice by giving Notice of the new address. County and Contractor shall give Notice to each other of any change in its address, including a change in the person to whom attention is directed, within fifteen (15) Days of the change.

11. GENERAL PROVISIONS:

11.1. Time is of the Essence:

Timing of performance of the Services and of delivery of all deliverables is of the essence. If delivery or completion dates cannot be met, Contractor must inform the Project Manager immediately. Providing this information does not change the delivery or completion dates unless this Contract is amended.

11.2. Retained Right of Management:

Nothing in this Contract is intended to or may operate as a bar to County's continuing right to oversee the performance delegated in this Contract in order to protect its interests in these matters. This paragraph shall not reduce the compensation received by Contractor under this Contract.

11.3. Non-Exclusivity:

As a part of this Contract, the parties understand that Contractor may provide services outside this Contract as it sees fit at those times when Contractor is not obligated to County and there is no conflict with County interests. The parties also understand that County is free to have more than one contractor providing the type of services included in this Contract.

11.4. Execution of Other Documents:

All parties shall promptly and duly execute and deliver to the other further documents and assurances and take actions that a party may reasonably request to more fully carry out the intent and purpose of this Contract.

11.5. Force Majeure:

“Force Majeure” means any cause generally recognized under Texas law as constituting impossible conditions. Neither party is financially liable to the other party for delays or failures in Contract performance caused by Force Majeure. These delays or failures to perform extend the period of performance for a period of time equal to the subsistence of the impossible conditions. If Force Majeure conditions exist, the party affected by them shall give the other party Notice within five (5) Working Days after the conditions begin. If timely Notice is impractical due to the Force Majeure conditions, then the party must provide Notice in as timely a manner as practicable. If Notice is not provided timely, the party experiencing Force Majeure waives it as a defense.

11.6. Entire Agreement:

This Contract which is composed of Parts I, II, III, and IV and the Attachments listed in this subsection contains the entire agreement between County and Contractor related to the subject matter of this Contract. If County and Contractor made any prior agreements, promises, negotiations, or representations that County and Contractor have not expressly stated in this Contract, those prior agreements, promises, negotiations, or representations are of null and void. The attachments listed in this subsection are hereby made a part of this Contract and constitute promised performances by Contractor throughout this Contract:

11.6.1. Attachment A Detailed Proposal from Response to RFS

11.6.2. Attachment B Fee Rates

11.6.3. Attachment C Sample RIMS Reports from Proposal

11.6.4. Attachment D Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts

11.6.5. Attachment E Ethics Affidavit

11.6.6. Attachment F Division of Responsibility between TPA and Contractor for Telephonic Case Management

11.7. Order of Priority of Attachments and Parts:

If there is a conflict between the parts or the attachments or both, the conflict is resolved as follows:

11.7.1. Attachment A overrides Attachments B, C, D, E, F, and all Parts.

11.7.2. Attachment B overrides Attachment C, D, E, F, and all Parts.

11.7.3. Attachment F overrides Attachment C, D, E, and all Parts.

11.7.4. Part II overrides Parts III and IV.

11.7.5. Part III overrides Part IV.

11.8. Law and Venue:

This Contract is governed by the laws of the State of Texas and all obligations under this Contract are performable in Travis County, Texas.

11.9. Binding Contract:

Despite any other provision in this Contract, this Contract is binding upon County and Contractor and their respective successors, executors, administrators, and assigns.

11.10. Survival of Provisions:

Conditions and covenants of this Contract which by their terms are performable after the termination of this Contract shall survive such termination and remain fully performable.

11.11. Interpretational Guidelines:

11.11.1. Sovereign Immunity and Affirmative Defenses:

This Contract shall not be interpreted to include anything that is effective as a waiver of sovereign immunity or any affirmative defenses available to County.

11.11.2. Severability:

If any portion of this Contract is ruled invalid by a court of competent jurisdiction, the remainder of the Contract shall remain valid and binding.

11.11.3. Computation of Time:

In computing a time period under this Contract, exclude the first Day and include the last Day. If the last Day does not occur on a Working Day, the period is extended until the next Working Day after the last Day. Commissioners Court usually designates the following as holidays:

New Year's Day (January 1st or Monday after if it falls on a weekend)

Martin Luther King, Jr. Day (3rd Monday in January)

President's Day (3rd Monday in February)

Memorial Day (4th Monday in May)

Independence Day (July 4th or Monday after if it falls on a weekend)

Labor Day (1st Monday in September)

Veteran's Day (November 11th or Monday after, if it falls on a weekend)

Thanksgiving Day (4th Thursday AND Friday in November)

Christmas Season (December 25th AND either day before or day after whichever allows a four day weekend, if possible)

11.11.4. Number and Gender:

Unless the context clearly requires otherwise, words of any gender are construed to include the other two genders and words in singular and plural are construed to include the other.

11.11.5. Headings:

The headings and titles throughout this Contract are included only to make it easier to locate the subject matter covered by that section or subsection and are not to be used in construing this Contract.

11.12. Exemption from County Purchasing Act:

Pursuant to Section 262.024 of the Texas Local Government Code, the Commissioners Court hereby orders this Contract exempt from the requirements established by Section 262.023 of the Texas Local Government Code because it is a contract for the purchase of personal or professional services.

11.13. Duplicate Originals:

This Contract will be executed in duplicate originals and be effective when executed by both parties.

CONTRACTOR:

FORTÉ, INC.

By: Mundy Hebert
Mundy Hebert, Senior Vice President
Its Duly Authorized Agent

Date: 2-14-2014

TRAVIS COUNTY:

By: _____
Samuel T. Biscoe, Travis County Judge

Date: _____

APPROVED AS TO FORM:

Barbara Wilson, Travis County Attorney

Date: _____

AVAILABILITY OF FUNDS CONFIRMED:

Nicki Riley, CPA, Travis County Auditor

Date: _____

COMPLIANCE WITH LAW AND POLICY CONFIRMED AND APPROVED:

Cyd V. Grimes, CPM, CPPO, Travis County Purchasing Agent

Date: _____

ATTACHMENT A

DETAILED PROPOSAL

The detailed proposal must address the ability to provide services for each requirement as set forth in Parts II through IV of this RFS. See especially Part I, Section C, Evaluation and Award Criteria for information required.

Service Approach

Forté has provided managed care services to the County since 1998. At that time we implemented our CompKey program. CompKey has provided a comprehensive solution for Travis County to the management of injured worker claims. We propose to continue that program for Travis County.

Through this program, we have and will continue to provide comprehensive telephonic case management services which address each Travis County claim. By providing this early intervention program we have assisted Travis County in significantly reducing the number of lost time cases, and managing workers' compensation costs. We have worked in partnership with Travis County to hone the program through the years. This has resulted in a partnership with County and the County's TPA in the management of claims. In 2011, both Forté and JI Companies, the Travis County TPA, joined the York Risk Services family of companies. This has further enhanced the partnership we have with all stake holders in the program.

We will continue to maintain a close watch on utilization and pricing issues through our case management, utilization review and medical bill review services. Our case managers proactively manage claims, taking action to assure the injured worker's recovery stays on track. Our physician review panel provides peer reviews and peer-to-peer conversations with treating physicians. Additionally our bill review services adjust bills to assure our clients are paying only what is legally owed, and only for services that are medically necessary and related to the compensable injury.

Service Overview

Case Management

Forté's current model, under the CompKey program, is to provide telephonic case management on all injuries regardless of the medical only or lost time status. The proactive approach to case management assures that minor claims remain just that – minor. Case managers are able to identify potential issues and address them early in the claim, before they become an issue. For more complex claims, Forté case managers are able to assess issues and put action plans in place from the very start.

Our service offering complies with Travis County requirements related to report only claims and other minor claims. We worked with the County to develop the case management/adjuster roles and are actively providing services in that manner today and will do so going forward in the new contract period.



Forté case management services are largely telephonic in nature. Rarely, a case may require face to face contact. In those situations, Forté will deploy a field case manager to assist with that issue.

Our case managers assist with the initial contact with the injured worker and medical provider. This provides an opportunity to establish a rapport with the injured worker, help them understand the recovery process and assist with identifying and resolving barriers to recovery. From the first conversations with the injured worker our case managers help to set a return to work expectation with the injured worker.

Additionally, case managers work with various Travis County departments to assist with expedited return to work and coordination of communication to injured workers. This rapport, which has been built up over the many years, greatly facilitates communication and resolution of any challenges or issues faced by the department leaders or the injured worker.

Case managers also work closely with York Risk Services (JI Companies) adjusters to develop and communicate a cohesive management plan for the claim. Through regular meetings, phone call, emails and reports the adjusters are kept informed of the progress on the case and provide input to the case manager regarding developments on the file. Because Forté and York are one company all case management and utilization review personnel have access to the claim system notes and documentation. This provides an efficient claim management process for all parties.

Forté, York Adjusters and Travis County meet every other month to review key cases and develop comprehensive action plans for these claims. These meetings are important opportunities to discuss multiple cases in a broader light than one on one case manager/adjusters discussions. Through these meetings the team has been able to identify positive and negative trends and develop plans around those findings. It also allows for more "brain-storming" on more difficult cases, bringing in a broader conversation from multiple viewpoints.

Case managers complete initial reports within two weeks of the assignment, documenting results to date, any case obstacles and the case management action plan to address those issues. Close coordination with the adjuster is maintained to assure optimal case handling. Forté's case managers work closely with injured workers to help them through the recovery process. They also focus on obtaining maximum medical improvement certification from the physician and returning the injured workers to productive employment.

The nurse also begins discussions of return to work in either limited or full capacity when appropriate. This keeps the injured worker focused on returning to work. Case managers continue monitoring the care provided and refer services to utilization review when treatment requested requires preauthorization. Case managers work with adjusters to determine the need for peer review or independent medical examinations for services that cannot, by law, be addressed by Texas preauthorization process. Additionally, the nurse coordinates care between the treating doctor and any referral physicians, assuring timely care is provided. When necessary, nurses can employ the use of our staff physicians for peer to peer conversations in an effort to refocus treatment plans that have stalled or are unproductive.



Preauthorization

Forté provides comprehensive preauthorization in compliance with Texas Workers' Compensation requirements. These services are provided under our URAC accreditation which requires stringent adherence to high standards in the utilization review. Our network uses a refined list of preauthorization requirements. This approach provides the right level of utilization oversight to facilitate the recovery of the injured worker. Preauthorization is one of the most effective tools available to ensure patients receive medically necessary and appropriate care. We believe that our pre-authorization review decisions improve the quality of medical care and control medical costs. Our panel of board-certified physicians is a major reason our preauthorization review services produce significantly better results than our competitors.

Our physicians on staff review over 70% of the preauthorization requests received. This approach better identifies the over-utilization of medical services known to exist in workers' compensation. It is the main reason that we identify more than twice as much over-utilization through preauthorization as the average utilization review company.

Peer Review

Forté's Retrospective Utilization Review department provides comprehensive reviews by our review physicians to assist with determining medical necessity and causal relatedness issues from a more global standpoint than preauthorization. All determinations will take into consideration the specific unique aspects of each case including co-morbid factors of the claimant.

Forté works with the Travis County adjusters to determine which cases need referral as well as to define the specific issues to be addressed in the case. Cases in which reviews are to be used for determining medical necessity of billed charges also have a peer to peer discussion attempt with the treating physician. All reviews clearly address the questions posed, provide case history summaries, determinations and rationale.

Forté provides monthly detail and summary information regarding the savings generated by the utilization review services. Savings are calculated based on the difference of the value of the services requested compared to the value of the services approved.

Medical Bill Review and Auditing Services

Forté's rigorous bill review process combines advanced technology with the expertise of our seasoned audit and clinical staff to ensure correct payments, quick turn-around and maximum savings for our clients. Our staff of professional analysts and nurses—supported by our sophisticated rules-based technology and proven processes—ensures that you only pay what you are responsible for.

In today's complex medical billing environment, the need for medical coding, clinical expertise, and sophisticated technology is more important than ever. That is why our dedicated staff of professionals has extensive experience and maintains certifications in medical coding, and our technology utilizes an advanced rules engine to apply a re-pricing matrix that includes fee



schedules, UCR, state rules, AMA coding edits, ODG / ICD-9 validation, utilization review decisions, and identifies billing discrepancies that require professional and/or clinical review.

Identifying and applying the appropriate level of review for complex bills, including surgical, hospital, trauma, and ambulatory surgical center bills can save payers thousands of dollars in overpayments. Forté's process ensures these high dollar bills are subject to professional and clinical review for medical appropriateness, relatedness, supporting medical documentation, DRG validation, reasonableness of charges, and that trauma bills meet trauma requirements. By applying our proven process and technology, Forte has delivered significant savings to our clients.

The thoroughness of our review in no way affects the efficiency of our bill review process. Fast payment for approved charges supports our goal of facilitating the best possible outcome for both the injured worker and the claim.

Process

Our process begins with the imaging of all medical bills. Once the bill is imaged, we ensure that the medical bill data that is provided by the medical provider is complete and accurately captured. Information is entered directly into system by a MBR Data Entry professional from the HCFA/CMS, UB92, or non-standard medical invoice. Bills are entered according to bill type (inpatient, outpatient, pharmacy, physician, etc.)

Bills that are considered incomplete are automatically returned to the provider with a request for additional information. All bills are reviewed for duplication. Our system automatically identifies duplicate charges by comparing the provider's tax ID number, dates of service and billing codes. If all three match for a given claimant, the charge is automatically denied as a duplicate charge. If two out of three of those items match, the bill is flagged as a possible duplicate. An auditor will then review the claimant's bill history and take the appropriate action.

Following the duplicate review, the system automatically applies fee schedule or in the absence of the fee schedule the Fair Health UCR and bills are subject to code review and review against *Evidence Based Medicine (EBM)* guidelines based on a sophisticated rule set. The bill is then promoted to the assigned adjuster via our online bill approval portal (Zebra) (pre PPO and Code Review) for approval or denial. The adjuster is provided a maximum allowable recommended allowance prior to PPO/OON, Nurse Audit, or code review, and of review of facility charges for fair & reasonable reimbursement.

Bills that are marked for denial by the adjuster are automatically adjudicated to \$0, and an EOR is generated with the denial reason. Approved bills are subject to additional code review, nurse audit, or physician bill review depending on the bill type, total charges, or based on any customized rules that have been established per internal processing guidelines or based on the special account instructions. Upon completion of all appropriate actions, bills for professional services such as general office visits, physical therapy, diagnostic, and surgery are sent to our selected PPO's electronically, and the contracted rate is applied. Bills without a PPO contract may be subject to further review including but not limited to out-of-network negotiation.



Fee Schedule & Usual and Customary Reductions

All facility, professional, and ancillary services are re-priced according to the applicable fee schedule or usual and customary rates based on state rules and regulations, and correct coding edits are systemically applied to insure that the payment value is within the state's guidelines and nationally accepted correct coding procedures based on correct coding edits. Fee schedule data is constantly reviewed and monitored for updates. Updates to fee schedules are completed within 30 days from the date the data is available.

National Correct Coding Initiatives (NCCI) Edits

To identify and project against up-coding and unbundling of services and to ensure proper coding, CCI edits are automatically applied during the re-pricing process.

Nurse & Desk Audits

In fee schedule states, all bills are subject to state fee schedule limits. Fee schedule and non-fee schedule facility bills are subject to nurse audit, and based on the complexity of services provided may be subject to physician review. Our staff of nurse auditors and professional analyst will review and conduct in-depth audit of complex, facility, and surgical bill. The audit includes:

- **Correct Coding / Right Coding**— Services billed are probably coded.
- **Charges that exceed pre-operative approvals**- Any charges that exceed or that are different from pre-approved charges.
- **DRG appropriateness** - Verify hospital billing reflects the appropriate classification of Diagnosis Related Group (DRG) based on medical records and billed primary procedure coding.
- **Medical necessity based on state mandated guidelines**- Services or procedures that a physician would provide to a patient in order to prevent, diagnose, or treat an illness or injury in accordance with general accepted standards of medical practice that are clinically appropriate in terms of frequency, type, extent, site and duration.
- **Pharmacy charges** – quantity of medications dispensed vs. administered.
- **Relatedness, non-industrial diagnosis and procedure coding**- Identification of billing of non- industrial coding and determine if related to injury.
- **Undocumented charges** - Verification of itemization and bill charges to medical records.
- **Unbundled charges**- When procedures, services and supplies are listed with their own separate, distinct codes, these codes must be identified and regrouped.
- **Verify professional vs. technical charges**- Determine if modifiers being billed by provider correctly based on submitted documentation.
- **Trauma verification** – verification that trauma charges meet state trauma criteria.

Treatment of Injury Relationship & Evidence Based Medicine (EBM) Guidelines

Forté reviews all high dollar bills to insure that medical services provided and billed are related to the certified conditions. In addition, Forté provides tools to the adjuster through our Zebra portal to identify that treatments provided are within Evidence Based Medicine (EBM) guidelines. Adjusters also have the ability to apply EBM guidelines to current and past bills to help understand treatment patterns and develop future action plans.



Texas HCN & 504

Forté offers public entity clients in Texas, such as Travis County, the option to participate in a 504 program, similar to a Texas Healthcare network program. However, the 504 program provides some advantages over the HCN option.

- Ability to choose the doctors producing the best patient outcomes without TDI mandates.
- Fewer regulatory restrictions enable 504 programs structure efficient and successful operational policies.
- Access to 504 programs have proven to be less costly than HCN options providing better results for the public entity.
- No requirement to contract with acute care hospitals, which have used their regulatory leverage with HCNs to negotiate higher fees than those allowed under the Texas WC fee schedule.
- Better results as has been demonstrated over the years by the multiple public entities using 504 programs
- Fewer reporting requirements resulting in lower operating costs
- No lengthy TDI filing or fee payment required
- Interlocal agreements allow public entities to create a customized program at lower costs and avoid having to separately go out to RFP for the services

Forté and York Risk Services, through our corporate affiliate, JI Companies, have extensive experience in establishing and administering 504 programs in Texas. We are currently working to consolidate a number of public entity clients into one interlocal program across the state. This 504 program will provide better coverage and results for members at a lower cost than any one member can obtain alone.

We would be interested in discussing this program in more depth with Travis County either as part of this contracting process or a separate discussion. We believe this program can provide significant savings to the County and further assist injured workers in their recovery process.

Forté also offers a HCN program. The CompKey Plus certified network provides coverage to over 90% the population in the state of Texas. The physicians on our CompKey Plus panel are skilled at healing work-related injuries. By contract, these physicians have agreed to abide by the treatment protocols, cooperate with telephonic case management, work with all parties to coordinate care, and return the injured worker to productive employment whenever it is medically feasible. The panel includes all specialties necessary for the treatment of injured workers.

The CompKey Plus network utilizes evidence-based treatment guidelines as a basis for evaluating the appropriateness of treatment. We utilize the Official Disability Guidelines (ODG) as the primary treatment guidelines, and American College of Occupational and Environmental Medicine (ACOEM) and other evidence-based guidelines for treatments not addressed in ODG.

In addition to the panel of physicians that CompKey Plus offers access to, the program provides for integrated case management and utilization review, which is focused on care coordination, return-to-work and treatment plan monitoring. Through this function, we monitor treatment



plans, facilitate peer-to-peer conversations, when needed, and address any barriers to recovery in a timely manner. The CompKey Plus network uses a refined list of preauthorization requirements. This approach provides the right level of utilization oversight to facilitate the recovery of the injured worker. Forte offers customized case management services to match the specific needs of each client. Because not all claims require the same level of intervention, we provide a variety of solutions to coordinate care — from early assessment to case closure.

Quality Assurance

Forté quality assurance process involves three levels, including concurrent review; retrospective review; and bi-annual internal review. Every bill is subject to quality assurance review to ensure data and re-pricing integrity. Concurrent supervisor reviews are also conducted on a daily basis and are incorporated into Forte's daily workflow process and technology rule set. Supervisors are required to review all bills in excess of \$5,000. Managers are required to review all bills in excess of \$10,000, and bills in excess of \$20,000 are subject to review by a Quality Assurance manager.

Provider Inquiries & Complaints

Dispute resolution is a top priority for Forté. Medical providers can submit a request for reconsideration by mail, email, facsimile, or by telephone. We maintain a dedicated telephone, facsimile line and email address for the County's account to manage provider inquiries and disputes. All telephone calls are returned within one (1) business day and reconsiderations are turned around within fourteen (14) days. For disputes that arise out of the PPO contracts, we will forward the dispute to the applicable PPO for renew and final decision regarding the validity of the contract. If the request is valid, the bill is reconsidered and the additional payment recommendation is sent to the client to issue payment. If the request is not valid, the provider will be notified that their request is denied with an explanation of the denial. If the provider needs additional explanation, a medical bill review analyst will be available to discuss the review with the medical provider. In the event that the provider does not agree with the final decision, we will support the County in any administration proceedings by providing supporting documentation for the recommendation.

Prevention of Overpayment

Our people, process, and technology are key to helping to protect against overpayments. In addition to robust duplicate detection rules, quality assurance measures are in place to verify that re-pricing recommendations are accurate and in accordance with state rules and regulations, and/or fair and reasonable reimbursement for non-fee schedule items. In the event that an overpayment is made, upon identification, we will obtain recovery of the overpayment from the medical provider. Upon receipt of the overpayment, the overpayment is credited to the applicable claim and the monies are returned promptly to the County. All associated medical bill review fees are also credited to the applicable claim. In the event that a payment was paid to the wrong medical provider, payment will be issued to the correct provider immediately.



Reporting Capabilities

Forté's reporting capabilities are very robust as well as flexible. Reports can be automatically generated and sent via email to specified individuals and within defined parameters.

We provide monthly cost savings reports demonstrating the savings for bill review services including savings from billed charges, categorizing savings as fee schedule, audit reductions and if applicable, network reductions. In addition to our standard reports, we can produce ad hoc reports for our clients using any of the data captured in the system. These include reports to identify the most frequently used and/or highest dollar reimbursed physicians and facilities in each geographic area, average cost per CPT or Revenue Code, treatment duration, frequency, network penetration, etc. We provide summary and detail savings reports to clients on a monthly basis, which include a year-to-date summary. Ad hoc reports can be customized to unique client needs. Reports can be produced on a one time basis, or scheduled to be delivered to the County daily, weekly, or monthly.

Quality Assurance

Forté maintains a quality management program for each specific service area. The manager of each service area is responsible for overseeing the process, assuring timely completion/evaluation of results, and addressing quality issues identified in the process. Our Quality Assurance committee meets quarterly to review and resolve any quality issue. In addition, our Corporate Quality Review program evaluates our regional and national performance through a formal quality audit of utilization review, telephonic and field case management files to assess timeliness, case planning, adherence to documentation standards, case outcomes, and cost benefits of our service.

Our quality assurance components ensure that injured workers received the highest quality of care focusing on returning to productive employment. All quality issues are thoroughly investigated and resolved in a timely manner.

Technology

Medical Bill Review

Forté's Technology, ScheduleLink+™ (SLP). SLP is an internet-based ASP application written in Java utilizing a MySQL database. The system uses highly flexible technologies as the basis for an extremely powerful and robust pricing engine, carefully balancing the efficiency of automated pricing functions with the opportunity for intervention, control, and customization as required to meet the diverse needs of the industry.

User-defined bill processing alerts or "rules" represent one of the most powerful and flexible features available in the SLP system, enabling exception-based processing for any segment of business. These rules can be used to alert the bill review analyst to a wide range of criteria related to a bill from simple criteria as the use of specific Tax ID or claim numbers on a bill, to complex criteria such as claim caps or CPT frequency combinations.



Rules are a critical component in our technology and process to ensure that medical providers are paid timely and accurately and that the County's special account instructions are consistently followed. . Our rules base is flexible allowing rules to be set on a number of different criteria including but not limited to:

- Evidence Based Medicine (EBM) rules, allows adjuster to review EBM guidelines and identify services that exceed guidelines.
- Bill Type Rules can be set by bill type to assure specified categories of bills, such as inpatient hospital bills, receive a higher level of audit.
- Client - we can customize rules by our clients' individual requirements.
- Claim and Claimant - Specified claims and/or claimants can be identified in the system for specialized audit.
- Provider (Individual or Group) - Specific providers can be identified in the system for customized review.
- Diagnosis code (ICD-9), service code (CPT) - Specified diagnosis and service codes or groups of codes can be identified in the system for a customized audit process. This includes not only making rules for specific codes or a range of codes, but also establishing rules for the span of days within which the specified occurrence appears.
- Per bill and per claim maximum - Maximum thresholds on specified claims or bills can be set to trigger a customized review process.
- Minimum and maximum dates of service - The dates of service can also be utilized to trigger points of interest.

Case Management and Utilization Review

Forté's case management and utilization review software employs the WebOPUS® program, which includes a comprehensive document management process. This method allows all authorized users to gather extensive medical documentation and notes associated with each case into a single, accessible platform. Forté's unique process and technology platform, which facilitates the sharing of information between all service providers, provides our clients with a level of communication unparalleled in the industry today and further enhances the results Forté brings to our clients. The program includes treatment and disability guidelines, which are utilized in conjunction with other evidence-based guidelines and materials.

Designed and continually enhanced by users, clinicians, claims adjusters, risk managers, employers and consultants, WebOPUS® helps maximize data capture, manage workflow, guide clinical decision making and create customized reports. Features include:

- Comprehensive data collection screens
- Intuitive data entry interface, including pop-up menus and scrolling lists
- Automated ad-hoc "tickler" system allows efficient diary management
- Flexibility to assign teams to specific clients, locations or departments
- Prospective identification of cases that are approaching accepted limits for disability duration and physical medicine guidelines
- Email alerts notify claims adjuster of a new injury or any case management event
- Extensive web browser capabilities allow users to view real-time status of claims and case management notes



- Web-based search engine for identifying approved providers
- System flexibility allows for the creation of client-specific data fields to customize reporting.

The system provides access to ensure that each party has full access to information. All utilization review and bill review decisions are transmitted into the claim system for the adjuster to view. Adjusters have access to our UR/CM system to view and clarify any information that may have occurred that day. Adjusters can download any document in our system related to their claim, to include medical reports obtained during the utilization review process that may not have been received by the adjuster.

Experience of Firm

Forté's parent company, York Risk Services Group, has provided greater strength for Forté in terms of information systems infrastructure, human resources and facilities management.

Over the years, York has made a number of strategic acquisitions designed to increase our presence in markets we serve, enhance or offer new services, and bring in additional expertise. As a result of this strategy, York is now the third largest national third party claims administrator for property, casualty and workers' compensation.

The York family of companies now includes:

York Risk Services Group, Inc. - National provider of insurance, risk management, alternative risk, pool administration and claims management with offices across the U.S.

Frank Gates - National TPA offering workers' compensation and liability claims management, medical managed care, alternative risk options and RMIS technology offices across the nation.

WellComp/Forté - National Managed Care offering a full suite of medical cost containment services in offices located throughout the U.S.

Ji Companies - Texas based provider of TPA and operational services for all types of risk programs with offices throughout the state.

F.A. Richard (FARA) - Mandeville, LA based provider of insurance and risk control services offices located strategically across the US. FARA also specializes in USL&H and MEL claim administration.

Rockport Health Group - TX based network(s) provider offering PPO networks, HCNs and MPNs to insurers, TPAs and clients nationally.

ADIN - A premier diagnostic imaging network and scheduling services that provides diagnostic facilities within a comfortable driving distance for over 80% of the U.S. population.

Growing through strategic acquisitions allows us to continually expand and improve product and service offerings and expertise to our customers, and provides a best-in-class suite of risk



management and insurance solutions backed by outstanding service and the ability to deliver to measurable results. The combined strengths has well positioned us to meet the industry's ever changing requirements and our clientele's evolving risk management, insurance and medical cost containment needs. As a result we are able to provide a more focused approach, achieve greater control of overall costs, provide value-add to our services and manage overall risk more effectively.

As a result, Forté works with over 2,000 public entity clients including over 50 counties. Forté enjoys a solid reputation within the business community for honesty, integrity and dedication to providing superior service to its clients. Forté has also worked with the County on their medical management program for over 15 years. Through that time we have worked in partnership with the County to develop a strong and successful program that not only meets the needs of the Risk Management Department, but is supports all departments within the County.

To the County we bring a powerful combination of experience, expertise and resources to fulfill and exceed your performance standards. Our staff of professionals are highly skilled with workers' compensation issues in the state of Texas, and particularly as they relate to medical cost containment. Our network of medical providers also specialize in workers' compensation coverage and issues and they know and understand early intervention, return-to-work guidelines and other industry-specific treatment protocols. Coupled with our robust, integrated systems, we believe we can provide the County with a higher quality program designed to deliver maximum efficiency and enhanced program savings.

As we have demonstrated over the years, we offer customized case management services to match the specific needs of each client. Our proactive case management services help improve recovery and get injured workers back on the job faster. Forté's case managers work closely with the injured worker and treating physician to select the best medical options, and expedite all services to reduce costs – ultimately setting the stage for a positive outcome. Our early intervention services are key to preventing injured employees from forming a disability mindset and help control claim costs.

Contract Enhancements

Forté is working closely with JI Companies to develop an offering to establish a state-wide 504 program for public entities. This program, described earlier in the proposal, could bring additional savings to Travis County by allowing better control over which doctors can treat injured workers and better cost controls through provider contracting and more control. We would be pleased to discuss this offering with Travis County in the near future.

Forté also offers a full HCN product called CompKey Plus. This is a certified network which has been established and in effect for many years. Though we believe the 504 option may provide better results for the County, we stand ready to provide this option as well. All pricing related to these two options are not included in the pricing proposed. Fees will be established and negotiated after further discussion with the County.



Expertise of Personnel

Forté has demonstrated the expertise and knowledge of our staff throughout the past 15 years. We require all case managers to have experience in managing industrial injuries and to hold a Certified Case Manager (CCM) or similar designation. Vocational case managers must meet individual state licensing requirements and have a Bachelor of Science degree in vocational rehabilitation or related field. All case managers will have a minimum of three years of case management or related experience.

Jennifer Lupul and Melissa Leos will remain on the program providing case management services.

Jennifer Lupul, M.Ed., CRC is a *Case Manager* with Forté. Jennifer joined the Forté case management team in Texas in 2007. She has 17 years of experience as a case manager. Jennifer received her Bachelor's Degree from the University of Wisconsin-Stevens Point and her Master's Degree in Rehabilitation Counseling from the University of Texas-Austin. Prior to joining Forté, Jennifer worked as a field case manager for Cascade Disability Management and a vocational rehabilitation counselor with the Texas Rehabilitation Commission

Melissa Leos, BA, MBA, CDMS is a *Telephonic Case Manager* for Forté based in Austin, Texas. Melissa joined the Forté case management team in Texas in 2003. She has a Bachelor's Degree in Psychology from the University of Nevada Las Vegas and a Master's Degree in Business Administration/Healthcare Management from the University of Phoenix. Additionally, Ms. Leos is a Certified Disability Management Specialist and a Certified Case Manager. She has 10 years of experience in workers compensation telephonic case management. She specializes in medical case management and return to work programs.

Forté provides experienced personnel in our bill review department as well. Alethea Skews will continue to manage the medical bill review process for Travis County.

Alethea Skews is the Medical Bill Review Manager in Austin, Texas. Ms. Skews has extensive experience and knowledge about medical bill review. She has managed workers' compensation medical bill review services for more than ten years. She owned her own company for over two years before selling it. After the sale, she was retained by the new owners to manage the bill review department. Alethea joined Forté as manager of medical bill review in February of 2004. She has an Associate's Degree in Psychology & Sociology from Eastern Oklahoma State College.

Dr. Chenault will continue as our Medical Director, providing direction in all clinical matters.

Christopher S. Chenault, M.D. is the Forté *Senior Medical Director*. He is a board certified Orthopedic Surgeon with extensive clinical and surgical experience. Dr. Chenault received his medical degree from the Baylor University College of Medicine. He completed his internship in California as well as his surgical residency. Upon specialization in orthopedic surgery he attended and was graduated from the University of Iowa Hospitals & Clinics Orthopedic Residency. He has over 35 years of clinical experience as a Board Certified Orthopedic Surgeon. In addition to his private clinical practice, Dr. Chenault has served as Chief of



Medicine at Brackenridge Hospital in Austin, Texas as well as being honored by local medical societies for his works.

Dr. Chenault has worked with Forté for over 13 years performing physician review services. Dr. Chenault is an active, voting member of the Forté URAC Quality Assurance Committee as well as a number of other quality committees within the Forté operation. He provides input and oversight to the utilization review process and assists with quality review activities.

New to the Team is our Utilization Review Manager, Brad Loomis.

Brad Loomis, LPC, LCDC is the Utilization Review Manager in Austin, Texas. Brad has extensive experience in managing large groups of clinical staff working within call center environments. He has put his experience in workflow management and quality assurance to work at Forté since joining the team in June of 2013. Brad holds a Bachelor's Degree in Psychology from the University of North Texas and holds a Master's Degree in Counselor Education from the same university.



ATTACHMENT B

FEE RATES AND INVOICING

1.0 WORKERS' COMPENSATION

1.1 The following fees apply to workers' compensation claims:

Bill Review for MBR only: \$52,000 per year, invoiced in arrears in 12 equal monthly installments.

Telephonic Case Management, Preauthorization Review and Peer Review for the first 400 claims each contract year:

\$242,000 per year, invoiced in arrears in 12 equal monthly installments.

Telephonic Case Management, Preauthorization Review and Peer Review for cases in excess of the first 400 claims each contract year:

\$560 per claim, invoiced in the month after the month of occurrence

Field Medical/Vocational Case Management:

\$89 per hour, plus expenses, invoiced in the month after the month incurred.

Mileage at the Internal Revenue Service rate for business travel that is in effect on the date of travel if travel is incurred outside of Travis County on any claim and no charge if travel limited to County boundaries, invoiced in the month after the month incurred.

1.2 There is no additional charge for handling current run-off claims. The services are "life of the contract" and all services will continue as long as there is a contract between Travis County and Forté, Inc. No additional RMI System fees are applicable for the standard reports and transmissions outlined in this contract.

2.0 AUTOMOBILE LIABILITY

2.1 The following fees apply to automobile liability claims during the first year of this contract:

Case Management Services—Field or Telephonic:

\$89 per hour, plus expenses, invoiced in the month after the month incurred.

Mileage at the Internal Revenue Service rate for business travel that is in effect on the date of travel if travel is incurred outside of Travis County on any claim and no charge if travel limited to County boundaries, invoiced in the month after the month incurred.

Peer Review Services:

Fees per hour for depend on the physician's specialty and are shown in the following list:

Acupuncture	\$195.00	Occupational Medicine	\$275.00
Chiropractic	\$195.00	Anesthesiology	\$295.00

Psychology	\$195.00	Pain Management	\$295.00
Pharmacology	\$195.00	Nephrology	\$295.00
Dentistry	\$250.00	Ophthalmology	\$295.00
Dermatology	\$250.00	Orthopedic Surgery	\$295.00
Family Practice	\$250.00	Otolaryngology	\$295.00
Internal Medicine	\$250.00	Physical Medicine and Rehabilitation	\$295.00
Podiatry	\$250.00	Plastic Surgery	\$295.00
Physiatry	\$250.00	Cariology	\$390.00
Toxicology	\$250.00	Neuro-Surgery	\$390.00
Gastroenterology	\$275.00	Pulmonary Medicine	\$390.00
General Surgery	\$275.00	Physician Testimony - Any specialty	\$400.00

- 2.2 There is no additional charge for handling current run-off claims. The services are "life of the contract" and all services will continue as long as there is a contract between Travis County and Forté, Inc. No additional RMI System fees are applicable for the standard reports and transmissions outlined in this contract.

3.0 GENERAL LIABILITY

- 3.1 The following fees apply to general liability claims during the first year of this contract:

Case Management Services - Field or Telephonic:

\$89 per hour, plus expenses, invoiced in the month after the month incurred.

Mileage at the Internal Revenue Service rate for business travel that is in effect on the date of travel if travel is incurred outside of Travis County on any claim and no charge if travel limited to County boundaries, invoiced in the month after the month incurred.

Peer Review Services:

Fees per hour for depend on the physician's specialty and are shown in the following list:

Acupuncture	\$195.00	Occupational Medicine	\$275.00
Chiropractic	\$195.00	Anesthesiology	\$295.00
Psychology	\$195.00	Pain Management	\$295.00
Pharmacology	\$195.00	Nephrology	\$295.00
Dentistry	\$250.00	Ophthalmology	\$295.00
Dermatology	\$250.00	Orthopedic Surgery	\$295.00
Family Practice	\$250.00	Otolaryngology	\$295.00
Internal Medicine	\$250.00	Physical Medicine and Rehabilitation	\$295.00
Podiatry	\$250.00	Plastic Surgery	\$295.00
Physiatry	\$250.00	Cariology	\$390.00
Toxicology	\$250.00	Neuro-Surgery	\$390.00
Gastroenterology	\$275.00	Pulmonary Medicine	\$390.00
General Surgery	\$275.00	Physician Testimony - Any specialty	\$400.00

- 3.2 There is no additional charge for handling current run-off claims. The services are "life of the contract" and all services will continue as long as there is a contract between Travis County and Forté, Inc. No additional RMI System fees are applicable for the standard reports and transmissions outlined in this contract.

4.0 INCREASES FOR SERVICES IN OPTION YEARS

- 4.1 In each option year the fees payable equal 103% of the rates payable in the previous contract year. This increase in fees does not apply to expense reimbursement which remains equal to the actual amount of the expense incurred. This increase in fees does not apply to mileage which remains equal to the Internal Revenue Service rate for business travel that is in effect on the date of travel.

5.0 INVOICE REQUIRED

- 5.1 Contractor shall prepare separate monthly invoices and submit them directly to the Risk Manager at the address below.

Travis County Risk Manager
P.O. Box 1748
Austin, Texas 78767

- 5.2 Invoices shall include at least the following information:

- 5.2.1 Name, address, and telephone number of Contractor paid and similar information if payment is to be made to a different address,
- 5.2.2 County Contract or Purchase Order number,
- 5.2.3 Identification of services and amounts due for each as outlined in the contract,
- 5.2.4 Total amount due for each fee rate, and total amount due on the entire invoice,
- 5.2.5 Copies of receipts for expenses for which reimbursement is requested.
- 5.2.6 Any additional payment information which may be called for by the contract.

6.0 PAYMENT

County specifically approves payment of fees and expenses on a monthly basis. County pays after invoices have been received at the address in 5.1 and reconciled with the appropriate purchase order. Any discrepancies between the invoice, purchase order and contract provisions will result in a delay in payment. County does not make partial payments.

7.0 PAYMENT ON TERMINATION

If this Contract is terminated, Contractor Auditor is entitled to fees based on the portion of the year during which the services are performed and the annual fee stated in this Attachment to the date of termination. Not later than 6 months after the termination of this Contract, County and Contractor shall perform a final accounting to determine the amount due to either party based on the actual number of claims handled under it. The amount determined shall be payable not later than 30 days after receipt of the report issued upon completion of the accounting.

ATTACHMENT C

SAMPLE REPORTS

Forté's system has comprehensive reporting capabilities to assist our clients in reviewing the results of our services. These reports include our standard monthly, quarterly and annual savings reports. Forté is also capable of producing custom letters, standard reports and ad hoc reports using information we gather in the review process.

- **Quarterly Summary Report.** The quarterly report summarizes the savings from all services provided by Forté. It shows the volume for medical bill review and preauthorization review, the results of the services and the Forté costs. A calculation of gross and net savings is presented for each service and for all services combined.
- **Medical Bill Review Savings Report.** This report provides details of the savings for all bills audited during the month. It includes a summary page of all the savings, a savings breakdown by type of bill, a listing of each bill reviewed, the results of the review, a bill review summary and PPO charges by the claimant.
- **Preauthorization Review Savings Report.** This report lists each of the preauthorization reviews completed during the period. The claimant name and number are shown along with the type of service requested, the value of the services requested, the services approved (based on the Texas fee schedule amounts), and Forté's fees and the net savings. A summary at the bottom of the report shows the savings and preauthorization referral counts for the current period and year-to-date.
- **Ad Hoc Reports.** Forté can produce ad hoc reports for our clients using any of the data captured in the system. These include reports to identify the most frequently used and/or highest dollar reimbursed physicians and facilities in each geographic area. This list can be used to identify frequently used providers who are not in the network. Forté can work with the PPO network provider to recruit these providers into the network.

Sample reports have been included as part of our response.



FORTÉ

March 11, 1974
S. J. P. L. C. O. S. T. R. O. N. G. E. R.
Savings

SAMPLE REPORTS

Sample Reports

Summary Savings Analysis / Bill Review Summary (BRS)2
This is the "flagship" report of the system, showing summary savings, fees, return on investment, and other processing statistics.

State Summary3
Processing statistics, including savings and fees on a state-by-state basis.

Individual Summary Sheet.....5
Bill detail for an individual claimant, with invoice information. This is useful for insurers or TPAs who like to have an individual "invoice" to drop into the claim file each month.

Summary Invoice6
For clients who want a "formal invoice", this rolls everything up onto a single page with a single number for each category.

Claimant Detail Report7
Claimant detail with all claimants on a consolidated report.

Provider Summary Reports9
May be used to analyze provider usage and treatment trends. Reports include standard provider summary, summary by provider type, and summary by diagnosis.

PPO Penetration Reports12
These reports allow clients to manage the effectiveness of PPO networks in detail. Reports include penetration reports by bill type and penetration by jurisdiction.

Non-Network Provider Summary14
Provides a view of those bills and providers that have not taken PPO discounts.

In addition to system-generated reports, SLP provides raw data reports from which almost any report can be produced using tools like Microsoft Excel and Microsoft Access.

All reports can be run at any level of the client hierarchy, from the individual employer, all the way up to the aggregated insurer or TPA, rolling many individual locations or units into a single report.

Savings

<u>Review Type</u>	<u>Bills</u>	<u>PPO Bills</u>	<u>Lines</u>	<u>Billed Charges</u>	<u>PPO Billed Charges</u>	<u>F/S Reductions</u>	<u>Audit Reductions</u>	<u>PPO Reductions</u>	<u>Total Reductions</u>	<u>Total Paid</u>
In-Patient Hospital	37	10	723	\$1,484,510.31	\$228,572.88	\$521,348.13	\$73,018.24	\$21,488.57	\$615,863.94	\$848,648.37
Out-Patient Hospital	877	425	4,980	\$1,838,815.38	\$772,513.50	\$804,430.99	\$38,043.55	\$104,844.33	\$745,118.87	\$891,698.51
Provider	7,998	3,198	28,353	\$3,783,909.04	\$1,460,484.81	\$748,331.08	\$241,171.63	\$367,028.13	\$1,347,528.85	\$2,154,211.70
Total	8,912	3,633	32,068	\$6,805,234.73	\$2,481,581.17	\$1,875,108.21	\$350,233.42	\$483,170.03	\$2,708,511.68	\$3,694,554.58

Fees

<u>Review Type</u>	<u>Line Fees</u>	<u>Audit Fees</u>	<u>PPO Fees</u>	<u>Total Fees</u>
In-Patient Hospital	\$733.85	\$12,243.51	\$6,127.07	\$18,104.33
Out-Patient Hospital	\$5,480.41	\$22.87	\$25,888.07	\$31,171.15
Provider	\$25,180.47	\$7,751.19	\$87,854.40	\$120,788.08
Total	\$31,394.83	\$20,017.17	\$118,848.54	\$170,081.54

PPO Penetration

<u>Review Type</u>	<u>Bills</u>	<u>Charges</u>
In-Patient Hospital	27%	18%
Out-Patient Hospital	48%	47%
Provider	40%	38%
Total	41%	38%

Gross/Net Savings %

<u>Review Type</u>	<u>Gross Savings</u>	<u>Net Savings</u>
In-Patient Hospital	42%	41%
Out-Patient Hospital	46%	44%
Provider	36%	32%
Total	39%	37%

Return on Investment %

<u>Review Type</u>	<u>ROI</u>
In-Patient Hospital	34:1
Out-Patient Hospital	24:1
Provider	11:1
Total	18:1

State	Bills	PPO Bills	Lines	Billed Charges		Reductions		Fees		ROI	
				Bill Review	Audit	Network	Total	Bill Review	Audit		Network
AR	144	107	386	\$64,669.61	\$12,843.27	\$1,738.17	\$5,517.42	\$78.33	\$1,378.51	\$1,842.09	11:1
AZ	1	0	1	\$103.00	\$19.34	\$0.00	\$0.00	\$0.00	\$0.00	\$1.05	18:1
CA	12	8	18	\$78,414.77	\$62,572.55	\$0.00	\$253.73	\$0.00	\$63.43	\$82.33	64:1
CO	9	0	29	\$1,738.44	\$403.76	\$0.00	\$0.00	\$0.00	\$0.00	\$30.45	13:1
CT	14	0	23	\$3,530.15	\$408.38	\$0.00	\$0.00	\$0.00	\$0.00	\$24.15	17:1
FL	7	0	17	\$1,437.84	\$581.84	\$0.00	\$0.00	\$0.00	\$0.00	\$17.85	33:1
IA	36	20	83	\$7,880.28	\$140.04	\$87.88	\$577.82	\$0.00	\$144.48	\$231.81	3:1
ID	25	18	146	\$30,374.02	\$109.00	\$0.00	\$7,038.88	\$0.00	\$0.00	\$27.25	4:1
IL	1,128	648	4,224	\$783,503.55	\$4,288.16	\$4,087.85	\$168,781.83	\$11.33	\$1,780.01	\$43,040.84	4:1
IN	11	6	30	\$12,301.25	\$1,338.45	\$0.00	\$1,874.07	\$0.00	\$468.53	\$702.85	5:1
KS	3	3	5	\$3,884.00	\$888.90	\$0.00	\$302.51	\$0.00	\$75.64	\$80.89	14:1
LA	2	0	28	\$18,755.00	\$1,872.50	\$0.00	\$0.00	\$0.00	\$0.00	\$28.40	84:1
MA	6	2	31	\$4,158.66	\$1,107.35	\$0.00	\$107.72	\$0.00	\$28.93	\$59.48	20:1
MI	3,228	1,248	11,562	\$2,488,825.82	\$612,387.20	\$48,272.22	\$107,315.02	\$12,400.81	\$24,883.08	\$49,458.46	15:1
MIN	12	4	36	\$10,814.50	\$1,910.88	\$0.00	\$166.41	\$0.00	\$41.38	\$78.18	28:1
MO	787	574	2,831	\$827,599.81	\$24,823.55	\$32,058.73	\$171,889.82	\$610.04	\$42,825.69	\$46,513.18	5:1
MS	29	7	91	\$9,834.92	\$1,898.13	\$68.46	\$64.73	\$0.00	\$16.20	\$111.75	18:1
MT	1	0	2	\$103.09	\$3.92	\$0.00	\$0.00	\$0.00	\$0.00	\$2.10	2:1
NE	5	3	11	\$789.00	\$10.33	\$0.00	\$72.47	\$0.00	\$18.12	\$28.87	3:1
NY	75	0	188	\$25,533.14	\$2,438.90	\$0.00	\$0.00	\$0.00	\$0.00	\$185.30	12:1
OK	8	6	42	\$2,561.90	\$1,143.48	\$0.00	\$81.57	\$0.00	\$16.40	\$69.50	20:1
PA	31	0	122	\$83,148.80	\$27,148.26	\$77.24	\$0.00	\$0.00	\$0.00	\$244.45	11:1
SC	1	0	2	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.10	0:1
SD	6	0	13	\$1,041.32	\$460.81	\$0.00	\$0.00	\$0.00	\$0.00	\$13.85	34:1
TN	318	91	829	\$422,844.90	\$136,294.32	\$387.88	\$2,839.80	\$0.88	\$710.00	\$1,871.13	83:1
TX	2,954	844	11,104	\$2,208,322.38	\$980,329.08	\$288,478.81	\$18,858.57	\$6,924.98	\$4,240.02	\$23,167.08	58:1
VT	3	0	4	\$459.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.20	0:1

State	Bills	PPO Bills	Lines	Billed		Reductions		Fees		Total	ROI	
				Charges	Bill Review	Audit	Network	Audit	Network			
WI	57	42	131	\$24,384.88	\$810.00	\$0.00	\$1,588.78	\$0.00	\$208.78	\$394.88	\$591.76	4:1
Report Totals:	6,912	3,633	32,068	\$8,885,234.73	\$1,575,108.21	\$350,233.42	\$483,170.03	\$20,017.17	\$31,394.83	\$118,848.54	\$170,081.54	18:1

Employer: STACK-ON PRODUCTS COMPANY

Carrier Location: ABC INSURANCE COMPANY - CHICAGO

Invoice Number: 525569

Patient Name: GUTIERREZ, MARIO **SSN:**
Claim Number: 1031322 **DOL:** 5/16/2005
Employer: STACK-ON PRODUCTS COMPANY

<u>State</u>	<u>Review Number</u>	<u>Lines</u>	<u>Dates Of Service</u>	<u>Provider TIN</u>	<u>Provider Name</u>	<u>Invoice Date</u>
IL	525569	4	8/02/2005 - 8/02/2005	621796152	MACNEAL OCC HEALTH SERVICE	9/02/2005
IL	532852	1	5/27/2005 - 5/27/2005	510458988	MN ANESTHESIA LLC	9/13/2005
IL	540261	5	8/04/2005 - 8/04/2005	621796152	MACNEAL OCC HEALTH SERVICE	9/21/2005
IL	540705	1	5/01/2005 - 5/01/2005	383573724	BERWYN EMER PHYSICIANS LLP	9/22/2005

Totals:

Invoice

Bills Reviewed:	4
Lines Reviewed:	11
Billed Charges:	\$2,960.00
Bill Review Reductions:	\$222.00
Audit Reductions:	\$0.00
Network Reductions:	\$595.10
Total Reductions:	\$817.10
Recommended Payment:	\$2,142.90
Bill Review Fees:	\$55.50
Audit Fees:	\$0.00
Network Fees:	\$148.78
Tax Fees:	\$0.00
Total Fees:	\$204.28

Lockbox remittance address:
 MCMC LLC
 P.O. Box 83140
 Woburn, MA 01813-3140
 14-1847542

Please reference invoice number with remittance of payment.

Employer: STACK-ON PRODUCTS COMPANY

Totals:

Invoice

Bills Reviewed:	22
Lines Reviewed:	69
Billed Charges:	\$14,096.77
Bill Review Reductions:	\$228.36
Audit Reductions:	\$36.64
Network Reductions:	\$3,578.54
Total Reductions:	\$3,839.54
Recommended Payment:	\$10,257.23
Bill Review Fees:	\$56.59
Audit Fees:	\$0.00
Network Fees:	\$894.14
Tax Fees:	\$0.00
Total Fees:	\$950.73

Lockbox remittance address:
MCMC LLC
P.O. Box 83140
Woburn, MA 01813-3140
14-1847542

Please reference invoice number with remittance of payment.

Provider	Bill ID	Lines	Billed Charges	Reductions		Fees		Total	Network	Total	Paid
				Bill Review	Audit	Bill Review	Audit				
ABC INSURANCE COMPANY - CHICAGO											
GUTIERREZ, MARIO											
	1031322										
	5255689	4	\$841.00	\$0.00	\$168.20	\$0.00	\$0.00	\$168.20	\$42.05	\$42.05	\$672.80
	532862	1	\$950.00	\$0.00	\$237.50	\$0.00	\$0.00	\$237.50	\$58.38	\$58.38	\$712.50
	540261	5	\$947.00	\$0.00	\$188.40	\$0.00	\$0.00	\$188.40	\$47.35	\$47.35	\$757.60
	540705	1	\$222.00	\$0.00	\$0.00	\$0.00	\$55.50	\$222.00	\$0.00	\$55.50	\$0.00
Claimant Totals:		4 11	\$2,960.00	\$0.00	\$595.10	\$0.00	\$55.50	\$817.10	\$148.78	\$204.28	\$2,142.90
HERNANDEZ, RICHARD											
	1038484										
	540397	2	\$477.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$477.00
	540398	1	\$187.00	\$0.00	\$37.40	\$0.00	\$0.00	\$37.40	\$9.35	\$9.35	\$148.60
Claimant Totals:		2 3	\$664.00	\$0.00	\$37.40	\$0.00	\$0.00	\$37.40	\$9.35	\$9.35	\$626.60
JUAREZ, GERARDO											
	1036264										
	537816	3	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00
	537817	6	\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220.00
	537818	3	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00
	537819	3	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00
	537820	4	\$190.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$190.00
	540817	6	\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$220.00
Claimant Totals:		6 25	\$960.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$960.00
NUNEZ, SANDRA											
	1040015										
	544155	1	\$122.00	\$0.00	\$24.40	\$0.00	\$0.00	\$24.40	\$6.10	\$6.10	\$97.80
	544158	4	\$648.00	\$0.00	\$129.60	\$0.00	\$0.00	\$129.60	\$32.40	\$32.40	\$518.40
	544160	3	\$248.00	\$0.00	\$49.60	\$0.00	\$0.00	\$49.60	\$12.40	\$12.40	\$188.40
Claimant Totals:		3 8	\$1,018.00	\$0.00	\$203.60	\$0.00	\$0.00	\$203.60	\$50.90	\$50.90	\$814.40
RODRIGUEZ, JAPHET											
	1040872										
	8/22/2005										

Provider	Bill ID Lines	Billed Charges	Reductions		Total	Network	Fees		Total	Paid
			Bill Review	Audit			Bill Review	Audit		
ABC INSURANCE COMPANY - CHICAGO										
RODRIGUEZ, JAPHET										
	1040872		8/22/2005							
	528226 1	\$350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$350.00
	542192 8	\$6,703.17	\$0.00	\$2,346.11	\$2,346.11	\$586.53	\$0.00	\$586.53	\$4,357.06	\$4,357.06
	545820 3	\$358.00	\$0.00	\$89.00	\$89.00	\$22.25	\$0.00	\$22.25	\$287.00	\$287.00
	550249 1	\$80.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.00	\$80.00
Claimant Totals:	4 13	\$7,489.17	\$0.00	\$2,435.11	\$2,435.11	\$608.78	\$0.00	\$608.78	\$5,064.06	\$5,064.06
VILLANUEVA, MARIA										
	1037738		7/23/2005							
	546221 1	\$34.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34.00	\$34.00
	550080 2	\$120.00	\$4.36	\$36.64	\$83.85	\$13.21	\$0.00	\$13.21	\$28.15	\$28.15
	550089 6	\$841.80	\$0.00	\$252.48	\$252.48	\$63.12	\$0.00	\$63.12	\$588.12	\$588.12
Claimant Totals:	3 9	\$985.80	\$4.36	\$38.64	\$346.33	\$76.33	\$0.00	\$76.33	\$649.27	\$649.27
Location Totals:	22 69	\$14,086.77	\$226.36	\$38.64	\$3,839.54	\$894.14	\$0.00	\$894.14	\$10,257.23	\$10,257.23
Report Totals:	22 69	\$14,086.77	\$226.36	\$38.64	\$3,839.54	\$894.14	\$0.00	\$894.14	\$10,257.23	\$10,257.23

Provider Summary by Client
ABC INSURANCE COMPANY
09/01/05 - 09/30/05
Review Type: ALL
State: ALL

Provider Name	Provider TIN	Bills Reviewed	Charges	Bill Review Savings	PPO Savings	Specialty Savings	Bill Review Fees	PPO Fees	Specialty Fees	Bill Lines Reviewed	Allowance
A. ROGER WIGLE, MD LTD	251403435	1	60.00	21.75	5.74	0.00	2.65	1.55	0.00	1	32.51
ABINGTON MEMORIAL HOSPITAL	251362162	2	1,258.36	637.27	29.62	0.00	12.97	7.97	0.00	5	591.66
ABSOLUTE PRIMARY CARE, P.C.	233077113	1	77.00	14.80	9.33	0.00	3.62	2.62	0.00	1	62.87
ACADEMY ORTHOPAEDICS PA	221979412	1	75.00	0.00	33.00	0.00	9.91	8.91	0.00	1	42.00
ACCELERATED HAND THERAPY AND REH	223447345	1	689.00	104.92	278.06	30.00	68.54	74.54	0.00	14	278.00
ADVANCED INTEGRATED MEDICAL	251859471	1	65.00	0.00	9.75	0.00	3.63	2.63	0.00	1	55.25
ADVANCED PAIN MEDICINE	251879664	1	87.00	32.39	0.00	0.00	1.00	0.00	0.00	1	64.61
ADVANCED REHABILITATION	582334957	1	305.00	85.34	0.00	0.00	7.00	0.00	0.00	7	219.66
ASH ELECTROPHYSIOLOGY	251898468	11	972.00	265.10	35.32	0.00	23.54	9.54	0.00	14	671.68
ALAN CATANZARITI, DPM	251784829	1	740.00	215.05	105.00	0.00	36.35	26.35	0.00	8	419.65
ALBERT JANERICH, M.D.	232727820	1	50.00	13.63	0.00	0.00	1.00	0.00	0.00	1	36.37
ALBERT LATRONICA DC	232761137	1	195.00	88.82	21.38	0.00	6.77	5.77	0.00	3	84.00
ALICQUIPA COM HOSP	251031911	2	410.40	207.63	0.00	0.00	2.00	0.00	0.00	2	202.77
ALLE-KISKI MEDICAL CENTER	251876178	14	9,170.86	3,362.60	0.00	0.00	70.00	0.00	0.00	70	5,818.26
ALLEGHENY GENERAL HOSPITAL	251322828	18	45,163.00	31,022.29	1,360.69	533.61	483.38	387.38	0.00	48	12,248.41
ALLEGHENY MED PRI NETWORK	251838467	1	80.00	25.39	0.00	0.00	1.00	0.00	0.00	1	64.61
ALLEGHENY NEUROSURGERY	232933811	5	8,065.00	4,340.37	211.89	1,488.78	88.88	67.21	21.87	10	2,026.96
ALLEGHENY ORTHO ASC	251838458	6	8,462.00	5,291.39	87.89	1,400.96	89.93	23.76	64.17	12	1,671.67
ALLEGHENY ORTHOTICS & PROSTH	251824853	1	1,125.50	171.63	143.08	0.00	38.63	38.63	0.00	1	810.79
ALLEGHENY RADIOLOGY ASSOC.	251388271	8	1,425.00	976.00	84.68	0.00	28.51	17.51	0.00	11	384.14
ALLENTOWN ANESTHESIA ASSOCIATES	232040588	1	920.00	631.24	0.00	0.00	5.00	0.00	0.00	6	288.76
ALLERG. DIS. & ASTHMA ASSO	251614916	1	380.50	66.91	80.24	0.00	26.68	21.68	0.00	5	233.36
ALLIED ORTH AND PROST MTL	223071140	1	1,591.00	120.89	680.00	0.00	239.80	237.80	0.00	2	690.01
ALMAR RADIOLOGISTS INC.	251246873	2	177.00	21.87	23.27	0.00	8.28	6.28	0.00	2	131.88
ALTOONA HOSPITAL	231362155	6	7,749.04	3,608.63	0.00	98.50	42.00	0.00	0.00	42	4,044.01
ANALGESIC HEALTHCARE	583497891	2	238.80	0.00	0.00	0.00	2.00	0.00	0.00	2	238.80
ANDERSON PHYSICAL THERAPY ETC	251763998	4	3,693.30	1,333.18	0.00	0.00	73.00	0.00	0.00	73	2,660.11
ANDORRA RADIOLOGY ASSOC	233018413	1	80.00	0.00	0.00	0.00	2.00	0.00	0.00	2	80.00
ANESTHESIA CONSULTANTS OF MEADVI	251576168	1	540.00	206.80	0.00	0.00	1.00	0.00	0.00	1	333.40
ANESTHETICS ANESTHESIA	202221052	1	520.00	118.50	0.00	0.00	1.00	0.00	0.00	1	401.50
ANN G. SMITH	030410279	1	82.00	11.31	0.00	0.00	1.00	0.00	0.00	1	50.89
ANTHRACITE EMERG PHYSICIANS	200482105	3	910.00	583.18	0.00	0.00	4.00	0.00	0.00	4	326.82
ANTHRACITE IMAGING ASSOC, PC	201683106	16	1,370.00	715.92	0.00	0.00	21.00	0.00	0.00	21	654.08
ANTHONY HILL SURGICAL CENTER	232489452	1	917.63	292.50	0.00	0.00	1.00	0.00	0.00	1	625.33
ANTHONY HILL UROLOGY	232840587	2	686.00	234.23	0.00	0.00	3.00	0.00	0.00	3	360.77
AQUA MOBILE MEDICAL INC	251801003	3	285.00	43.29	0.00	0.00	3.00	0.00	0.00	3	241.71
AQUAHAB DBA: THE CENTER FOR AQUA	232869800	2	1,274.00	230.11	521.47	0.00	163.80	140.80	0.00	13	622.42
ARMS CARE, INC.	251496891	1	38.00	0.00	0.00	0.00	1.00	0.00	0.00	1	36.00
ARNOLD B WEINBERG DC	148462682	3	620.00	108.18	180.82	0.00	70.52	51.52	0.00	19	321.00
ARTHUR ANDROKITES, M.D.	251673422	1	85.00	10.39	0.00	0.00	1.00	0.00	0.00	1	64.61
ARTHUR P FINE MD	251687494	1	1,200.00	635.18	112.97	0.00	31.50	30.50	0.00	1	461.87
ASC-TRICOUNTY OP SURG	232877410	1	1,079.00	429.31	0.00	0.00	1.00	0.00	0.00	1	643.69
ASHOK JAIN, M.D.	251881601	1	200.00	13.22	0.00	0.00	1.00	0.00	0.00	1	188.78
ASSOC IN PHYSICAL MED & REHAB	251848142	8	395.00	42.23	15.03	0.00	10.05	4.05	0.00	8	337.74
ASSOCIATES IN CLINICAL PSYCHIATR	251887019	3	475.00	45.94	0.00	0.00	3.00	0.00	0.00	3	429.06
ASSOCIATES IN DIAGNOSTIC INT MED	251533826	1	80.00	4.74	0.00	0.00	1.00	0.00	0.00	1	68.26
ATLANTIC CITY MEDICAL CENTER	210634549	1	1,389.00	0.00	0.00	1,389.00	2.00	0.00	0.00	2	0.00
ATLANTIC MEDICAL IMAGING	222222602	1	102.00	0.00	0.00	0.00	1.00	0.00	0.00	1	102.00
ATLANTIC RADIOLOGISTS	221883112	2	143.00	20.39	63.61	0.00	26.27	25.27	0.00	3	29.00
ATLANTICARE REGIONAL MEDI	210634549	2	8,427.18	0.00	2,628.15	0.00	691.80	682.60	0.00	9	5,899.03
AV MEDICAL IMAGING	251842988	8	218.00	61.98	30.89	0.00	17.32	8.32	0.00	9	123.22
BAY CITY ORTHOCARE LLC	043728892	1	59.00	0.00	0.00	0.00	1.00	0.00	0.00	1	58.00
BAYSIDE PHARMACY SERVICES	251401396	1	20.90	8.01	0.00	0.00	1.00	0.00	0.00	1	12.69
BB & L CHIROPRACTIC	201067239	1	4,235.00	700.50	0.00	0.00	115.00	0.00	0.00	115	3,534.50
BENSALEM FAMILY HEALTH CTR	232233578	1	90.00	35.39	8.61	0.00	3.32	2.32	0.00	1	48.00
BLAIR COUNTY ANESTHESIA, P.C.	400001810	2	2,825.00	1,953.74	0.00	0.00	4.00	0.00	0.00	4	671.26
BLAIR ORTHOPEDIC ASSOC.	251408841	11	4,418.00	2,123.43	0.00	0.00	15.00	0.00	0.00	15	2,294.57
BONG S. LEE, M.D.	232035779	1	275.00	55.00	0.00	0.00	1.00	0.00	0.00	1	220.00
BRADY	232878471	1	70.00	0.00	0.00	0.00	1.00	0.00	0.00	1	70.00
BRENT WEINERMAN DO PC	232770725	1	190.00	58.55	0.00	0.00	8.00	0.00	0.00	8	131.45
BRIAN F. BOYLE, M.D.	251642020	1	52.00	0.00	7.90	0.00	3.11	2.11	0.00	1	44.20
BRIGHTON RADIOLOGY ASSOCIATES	251343987	9	173.00	34.28	27.72	0.00	16.47	7.47	0.00	9	111.00
BROOKVILLE HOSPITAL	250984595	3	1,125.00	350.63	25.65	0.00	17.93	6.93	0.00	11	748.62
BROWNSVILLE GENERAL HOSPITAL	250865272	12	2,218.00	811.82	140.59	0.00	67.97	37.97	0.00	30	1,285.59
BRUCE GROSSINGER, DO	232772572	1	200.00	116.27	0.00	0.00	1.00	0.00	0.00	1	83.73
BRYN MAWR REHABILITATION	232110812	1	4,841.00	2,528.57	0.00	0.00	17.00	0.00	0.00	17	2,112.43
BRYN MAWR TERRACE	231888325	2	11,503.29	7,329.18	179.07	0.00	98.35	48.35	0.00	2	3,995.04
BUCKS, NEUROLOGICAL GROUP PC	232636066	1	125.00	0.00	17.00	0.00	5.59	4.59	0.00	1	106.00
BUSINESS HEALTH SERVICES	232868487	2	590.00	138.34	18.65	0.00	11.31	5.31	0.00	8	431.01
BUTLER FAMILY PRACTICE & MED	232868384	9	5,549.00	2,290.91	0.00	0.00	58.00	0.00	0.00	58	3,258.09
BUTLER EMERGENCY PHYS	251643812	2	384.00	183.48	0.00	0.00	2.00	0.00	0.00	2	170.52
BUTLER MEDICAL PROVIDERS	251441961	2	189.00	56.22	0.00	0.00	2.00	0.00	0.00	2	132.78

09/01/05-09/30/05

Review Type: ALL

State: ALL

Provider Type	Description	Bills Reviewed	No. Of Visits	Charges	Savings	Allowance	Change Per Bill	Savings Per Bill	Allowance Per Bill
000000002	ANESTHESIOLOGY	7	7	3,794.01	1,480.58	2,313.46	542.00	2.66	330.49
000000008	CHIROPRACTIC	8	180	6,360.00	1,146.58	5,234.12	797.50	5.57	664.27
000000016	DENTIST	2	6	601.00	110.80	490.20	300.50	5.42	248.10
000000025	HOSPITAL	448	1,981	329,151.94	198,441.79	190,710.16	739.01	2.38	427.80
000000001	MEDICAL DOCTOR	2,191	6,490	824,338.14	442,800.46	481,538.68	428.72	2.09	229.57
000000008	OPHTHALMOLOGY	1	3	278.00	48.78	229.22	278.00	5.70	228.22
000000007	OPTOMETRY	1	1	90.00	3.86	86.06	90.00	22.78	86.06
000000027	ORTHOPEDIC SURGERY (CERTIFIED)	20	28	5,494.40	2,334.27	3,160.13	274.22	2.35	197.51
000000006	OSTEOPATHY	1	1	75.00	20.39	54.61	75.00	3.69	64.61
000000024	PHARMACIST	7	21	1,339.90	163.38	1,176.52	191.41	6.20	180.07
000000003	PHYSICAL THERAPY	38	382	20,803.91	8,000.01	12,803.90	980.72	2.61	368.50
000000018	PODIATRY	1	4	215.00	67.52	147.48	215.00	3.18	147.48
000000011	PSYCHOLOGY (INDEPENDENT BILLING)	3	3	475.00	45.94	429.08	183.33	10.34	143.02
000000014	RADIOLOGY	34	171	7,439.68	2,133.38	5,306.28	219.81	3.49	188.07
000000063	Site Of Service Provider (MA)	1	1	128.00	48.78	79.24	128.00	2.67	79.24
Report Totals		2,719	9,218	1,300,680.98	588,643.57	703,947.99	479.37	2.18	288.86

Primary Diagnosis Code	Description	Provider TIN	Provider Name	Number of Patients	Number of Visits	Total Charges	Average Visits Per Patient	Average Charges Per Patient
07054	CHRIC RPT C W/ HPAT COMA	250665480	UPMC, PRESSBY SHADYSIDE	1	11	448.50	11	448.50
2113	BENIGN NEOPLASIA LG BOWEL	232919472	UNIV OF PITTSBURGH PHYSICIANS	1	1	328.00	1	328.00
26000	DMII W/ CAMP NT ST UNCTR	231396796	UPMC BEDFORD MEMORIAL	1	6	198.00	6	198.00
2748	GOUT NOS	231382213	ST. LUKES HOSPITAL	1	1	22.90	1	22.90
29822	DEPRESSIVE PSYCHOSIS-MOD	246766283	MARY LOU MURRAY PHD	1	1	110.00	1	110.00
29832	RECURR DEPR PSYCHOSIS-MOD	261788490	RAVI KANT, M.D.	1	2	265.00	2	265.00
30000	ANXIETY STATE NOS	261867019	ASSOCIATES IN CLINICAL PSYCHIATRY	3	3	473.00	3	157.66
30681	PROLONG POSTTRAUM STRESS	261861278	WORKWELL PHYSICIANS, PC	2	2	167.48	2	83.74
311	DEPRESSIVE DISORDER NEC	261727271	UPMC COMMUNITY MEDICINE, INC.	1	1	77.00	1	77.00
33720	UNBP RFLX SYMPH DYSTRPH	311211708	THREE RIVERS INFUSION & PHARM	1	12	4,328.90	12	360.74
33721	RFLX SYM DYSTRPH UP LIMB	232919472	UNIV OF PITTSBURGH PHYSICIANS	1	1	238.00	1	238.00
33722	RFLX SYM DYSTRPH LWR LIMB	261855178	WESTMORELAND EMERG MED SPEC	1	1	115.00	1	115.00
33722	RFLX SYM DYSTRPH LWR LIMB	260886414	LATROBE AREA HOSPITAL	1	7	450.18	7	64.31
33722	RFLX SYM DYSTRPH LWR LIMB	261403435	WESTERN PENN ANES ASSOC. LTD	2	4	1,360.00	2	680.00
33722	RFLX SYM DYSTRPH LWR LIMB	261866178	A. ROGER WIGLE, MD LTD	1	1	80.00	1	80.00
34621	VNRT MGRN W NTRC MGR STD	541707322	WESTMORELAND EMERG MED SPEC	1	1	115.00	1	115.00
3480	LUMBAR PUNCTURE REACTION	251100387	CARE REHAB & ORTHOPAEDIC	1	8	2,438.00	8	304.75
3480	LUMBAR PUNCTURE REACTION	232687898	NEUROLOGICAL NEURODIAGNOSTIC	1	1	55.00	1	55.00
3602	ATYPICAL FACE PAIN	240785461	KEVIN G MADDEN & SETH M JONES	1	1	172.00	1	172.00
3602	ATYPICAL FACE PAIN	232466368	MT EMERGENCY ASSOC.	2	18	2,142.50	9	238.06
3602	ATYPICAL FACE PAIN	232466368	PETER SCHATZBERG DC	4	24	1,012.00	6	263.00
3632	CERVICAL ROOT LESION NEC	232466368	LAWRENCE COUNTY RADIOLOGY	1	5	410.00	5	82.00
3634	LUMBSACRAL ROOT LES NEC	231382985	HOSP OF UNIV OF PA	1	1	126.00	1	126.00
3640	CARPAL TUNNEL SYNDROME	232353086	BUCKS, NEUROLOGICAL GROUP PC	1	1	80.00	1	80.00
3640	CARPAL TUNNEL SYNDROME	189424295	RICHARD D LIEBKE MD	1	4	188.00	2	94.00
3640	CARPAL TUNNEL SYNDROME	231382213	ST. LUKES HOSPITAL	2	4	325.00	2	162.50
3640	CARPAL TUNNEL SYNDROME	231875847	OSL DSA ORTH INSTITUTE OF PA	1	1	1,391.00	1	1,391.00
3640	CARPAL TUNNEL SYNDROME	232236326	PERRY A EAGLE MD	1	1	1,018.00	1	1,018.00
3640	CARPAL TUNNEL SYNDROME	232498462	APPLE HILL SURGICAL CENTER	1	1	917.83	1	917.83
3640	CARPAL TUNNEL SYNDROME	232543924	QUAKERTOWN REHAB CENTER	2	12	1,073.00	6	394.50
3640	CARPAL TUNNEL SYNDROME	232877410	ASC-TRICOUNTY OP SURG	1	1	244.00	1	244.00
3640	CARPAL TUNNEL SYNDROME	232886769	LANCASTER ORTHOPEDIC GROUP	1	3	808.00	3	269.33
3640	CARPAL TUNNEL SYNDROME	261209956	STANFORD FENBERG, MD PC	1	8	237.00	8	29.62
3640	CARPAL TUNNEL SYNDROME	261308888	ORTHOPEDIC ASSOC. OF PGH INC.	1	4	237.00	4	59.25
3640	CARPAL TUNNEL SYNDROME	261408841	DELATORRE ORTHOTICS AND PRO	1	1	86.47	1	86.47
3640	CARPAL TUNNEL SYNDROME	261418217	BLAIR ORTHOPEDICS & SPORTS MEDIC	2	2	1,706.00	1	853.00
3640	CARPAL TUNNEL SYNDROME	261460493	FALCON	1	1	940.00	1	940.00
3640	CARPAL TUNNEL SYNDROME	261486834	HAND & ARTHRITIS REHAB CTR	2	1	1,298.00	1	1,298.00
3640	CARPAL TUNNEL SYNDROME	261480707	DUBOIS REGIONAL MEDICAL CENTER	2	11	381.00	6	190.50
3640	CARPAL TUNNEL SYNDROME	261861321	HAND MICROSURGERY & RECONSTRUCT	2	2	125.00	2	62.50
3640	CARPAL TUNNEL SYNDROME	470988286	SUMMIT REHABILITATION	2	4	870.00	2	435.00
3642	ULNAR NERVE LESION	732014828	Occupational Health Centers Of	1	7	708.00	7	101.14
3642	ULNAR NERVE LESION	232120287	RIVERSIDE ANESTHESIA ASSOC	1	1	420.00	1	420.00
3644	CAUSALGIA UPPER LIMB	232798944	UNIV OF PENN - ORTHOPEDIC SURGER	1	1	117.00	1	117.00
3659	MONONEURITIS NOS	261842882	PAINMED PC	1	1	250.00	1	250.00
3659	MONONEURITIS NOS	232354987	KIRIT KOTHARI, M.D.	1	1	90.00	1	90.00
360	DISORDERS OF THE GLOBE*	731694448	WESTERN PA NEUROLOGY	1	1	71.00	1	71.00
37203	MUCOPUR CONJUNCTIVIT NEC	261857036	HERSHEY SPORTS MEDICINE	1	2	924.00	2	462.00
37230	CONJUNCTIVITIS NOS	732014828	Occupational Health Centers Of	2	3	188.91	2	94.45
37891	PAIN IN OR AROUND EYE	261852491	OSBYRON EYE ASSOC., L.L.C.	1	1	40.00	1	40.00
		231382222	YORK HOSPITAL	1	4	240.35	4	60.08

Bill Category	Bills Reviewed	Charges	Allowances	Bill Review Savings	PPO Savings	Specialty Savings	Savings	Bill Review Fees	PPO Fees	Specialty Fees	Total Fees	Net PPO Savings %
PPO Name: Aetna/AWCA												
Ambulance	1	820.80	408.81	248.38	182.83	0.00	411.19	5.00	43.98	0.00	48.98	28.44
ASC	3	5,883.83	4,788.77	1,096.06	0.00	0.00	1,096.06	4.00	0.00	0.00	4.00	0.00
Chiropractic	2	4,428.00	3,885.86	789.08	0.00	0.00	789.08	121.00	0.00	0.00	121.00	0.00
Clinical Laboratory	2	218.00	88.84	43.86	108.30	0.00	149.18	2.00	28.43	0.00	30.43	60.47
Durable Medical Equipment	3	2,124.00	946.16	287.84	880.00	0.00	1,177.84	5.00	237.80	0.00	242.80	48.19
Inpatient	3	88,888.28	81,187.04	7,328.18	178.07	0.00	7,808.25	784.33	48.35	0.00	123.38	0.35
Office Visit	259	61,831.01	49,086.86	23,948.30	8,828.06	0.00	32,874.36	784.33	10.87	0.00	3,123.88	14.88
Other	2	1,400.00	1,004.58	389.27	38.15	0.00	388.42	28.67	10.87	0.00	40.24	3.78
Outpatient	127	118,368.15	49,884.23	68,881.49	9,572.43	0.00	68,423.82	867.00	2,884.88	0.00	3,241.88	18.08
Pharmacy	1	17.84	17.84	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00
Physical Therapy	121	40,121.31	28,331.01	8,902.82	4,887.48	0.00	13,780.30	788.00	1,318.80	0.00	2,107.80	15.88
Radiology	42	16,168.00	7,878.17	6,844.13	1,342.70	0.00	7,186.83	87.00	382.84	0.00	419.84	14.41
Surgery	1	14,328.00	4,280.47	6,808.83	1,270.70	0.00	10,077.83	4.00	343.08	0.00	347.08	23.02
PPO Totals:	567	340,188.03	199,818.13	113,481.19	27,087.71	0.00	140,548.80	2,543.00	7,308.27	0.00	9,851.27	11.84

PPO Name: No PPO												
Ambulance	5	2,806.08	1,782.73	712.38	0.00	0.00	712.38	11.00	0.00	0.00	11.00	0.00
Anesthesia	17	11,480.18	4,817.83	8,642.28	0.00	0.00	8,642.28	27.00	0.00	0.00	27.00	0.00
ASC	4	5,823.00	4,828.22	883.78	0.00	0.00	883.78	3.00	0.00	0.00	3.00	0.00
Chiropractic	25	9,870.40	7,187.74	2,812.88	0.00	0.00	2,812.88	248.80	0.00	0.00	248.80	0.00
Clinical Laboratory	3	808.27	386.20	280.07	0.00	0.00	280.07	9.00	0.00	0.00	9.00	0.00
Durable Medical Equipment	86	26,183.11	17,418.26	2,773.88	0.00	0.00	2,773.88	131.00	0.00	0.00	131.00	0.00
Inpatient	2	83,311.90	24,883.21	38,348.88	0.00	0.00	38,348.88	60.00	0.00	0.00	60.00	0.00
Office Visit	488	81,830.79	61,888.42	28,888.32	0.05	0.00	28,838.37	947.87	0.01	0.00	947.88	0.00
Other	15	8,830.78	8,840.85	889.81	0.00	0.00	888.81	28.00	0.00	0.00	28.00	0.00
Outpatient	460	306,328.88	146,178.88	180,151.18	0.00	0.00	180,151.18	2,187.00	0.00	0.00	2,187.00	0.00
Pharmacy	180	20,887.80	18,721.81	1,875.89	0.00	0.00	1,878.89	288.00	0.00	0.00	288.00	0.00
Physical Therapy	70	40,238.40	28,923.18	14,318.24	0.00	0.00	14,318.24	788.00	0.00	0.00	788.00	0.00
Radiology	121	22,888.82	14,718.40	8,813.38	1,888.18	0.00	8,281.52	184.00	480.40	0.00	804.40	16.18
RFI - Information Required	7	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00	0.00
Surgery	28	28,288.41	14,308.88	13,848.46	0.00	0.00	13,848.46	182.00	0.00	0.00	182.00	0.00
PPO Totals:	1,458	632,180.67	380,880.78	278,881.88	1,888.21	0.00	281,228.88	5,048.17	480.41	0.00	5,498.88	0.47

PPO Name: Rockport												
Anesthesia	4	4,143.00	1,182.82	2,810.87	48.81	0.00	2,880.48	8.00	13.40	0.00	19.40	4.03
ASC	2	4,880.50	878.12	3,881.80	243.78	0.00	3,906.38	36.00	88.82	0.00	100.82	20.00
Chiropractic	16	4,888.00	3,577.02	417.10	803.88	0.00	1,020.88	148.00	183.03	0.00	308.03	14.44
Clinical Laboratory	2	801.00	217.42	278.13	7.45	0.00	283.58	2.00	2.01	0.00	4.01	3.31
Durable Medical Equipment	8	1,388.10	1,047.88	102.00	248.22	0.00	347.22	16.00	0.00	0.00	81.21	18.88
Inpatient	3	84,484.21	19,478.14	42,814.08	2,184.01	0.00	44,878.07	78.00	584.28	0.00	669.28	10.00
Office Visit	302	44,187.28	30,728.88	10,718.88	2,718.88	0.00	13,437.88	83.03	788.91	0.00	1,412.80	6.13
Other	4	3,048.88	1,827.43	878.83	344.80	0.00	1,221.23	19.00	0.00	0.00	112.03	15.87
Outpatient	227	144,884.08	70,084.02	88,089.87	6,820.88	0.00	74,810.08	1,113.00	1,780.47	0.00	2,873.47	8.51
Physical Therapy	32	8,488.43	6,480.80	617.48	377.18	0.00	984.88	88.00	101.88	0.00	190.88	8.48
Radiology	72	13,887.02	7,182.28	5,202.78	1,281.88	0.00	6,484.77	108.00	348.83	0.00	484.83	18.23
Surgery	23	38,378.00	11,887.00	23,788.27	1,028.73	0.00	24,811.00	141.51	278.88	0.00	418.47	8.18
PPO Totals:	884	328,372.28	183,307.18	158,472.88	18,882.10	0.00	178,088.08	2,428.50	4,288.81	0.00	6,688.31	8.23

Report Totals:	2,718	1,300,880.88	703,847.08	582,818.88	44,328.02	0.00	588,843.87	10,014.87	11,888.48	0.00	21,888.18	5.82
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Jurisdiction	Bills Reviewed	Changes	Allowances	Bill Review Savings	PPO Savings	Specialty Savings	Savings	Bill Review Fees	PPO Fees	Specialty Fees	Total Fees	Net PPO Savings %
PPO Name: Astma/AWCA												
NJ	50	39,484.91	22,820.86	4,848.19	10,996.78	0.00	15,844.96	188.86	2,988.86	0.00	3,186.61	32.82
PA	617	301,702.12	178,786.17	106,892.00	16,071.86	0.00	124,903.98	2,369.34	4,399.42	0.00	6,868.76	8.33
PPO Totals:												
	667	340,186.03	199,619.19	111,461.19	27,067.71	0.00	140,848.90	2,443.00	7,308.27	0.00	9,851.27	11.94
PPO Name: No PPO												
NJ	33	15,389.13	11,671.03	2,073.10	1,826.00	0.00	3,898.10	98.00	438.76	0.00	894.76	12.22
PA	1,425	619,781.54	339,248.75	277,488.68	43.21	0.00	277,831.79	4,960.17	11.88	0.00	4,981.83	0.01
PPO Totals:												
	1,458	632,160.67	350,920.78	279,561.68	1,869.21	0.00	281,229.89	5,048.17	460.41	0.00	5,498.68	0.47
PPO Name: Rockport												
PA	694	328,372.26	183,307.16	189,472.98	16,582.10	0.00	176,085.08	2,425.60	4,208.61	0.00	6,638.31	8.23
PPO Totals:												
	694	328,372.26	183,307.16	189,472.98	16,582.10	0.00	176,085.08	2,425.60	4,208.61	0.00	6,638.31	8.23
Report Totals:												
	2,719	1,300,690.98	703,647.09	692,618.85	44,329.02	0.00	695,843.87	10,014.67	11,988.49	0.00	21,983.16	5.82

Provider Name	Provider TIN	Bills Reviewed	Charges	Total Savings	PPO Savings	Specialty Savings	Bill Review Fees	PPO Fees	Specialty Fees	Bill Lines Reviewed	Allowance
ABINGTON MEMORIAL HOSPITAL	291362152	1	169.00	138.63	0.00	0.00	1.00	0.00	0.00	1	30.47
ADVANCED REHABILITATION	562334967	1	306.00	86.34	0.00	0.00	7.00	0.00	0.00	7	219.68
ALBERT JANERICH, M.D.	292727620	1	50.00	13.83	0.00	0.00	1.00	0.00	0.00	1	36.37
ALTIQUIPPA COM HOSP	261031911	2	410.40	207.63	0.00	0.00	2.00	0.00	0.00	2	202.77
ALLE-KOSKI MEDICAL CENTER	261876176	14	9,170.86	3,362.60	0.00	0.00	70.00	0.00	0.00	70	5,818.26
ALLEGHENY MED PRI NETWORK	261838467	1	80.00	26.39	0.00	0.00	1.00	0.00	0.00	1	64.61
ALLEGHENY RADIOLOGY ASSOC.	261388271	2	587.00	282.67	43.18	0.00	16.85	11.85	0.00	5	281.17
ALLENTOWN ANESTHESIA ASSOCIATES	232040588	1	820.00	631.24	0.00	0.00	5.00	0.00	0.00	5	288.76
ALTOONA HOSPITAL	291362156	8	7,748.04	3,808.63	0.00	98.50	42.00	0.00	0.00	42	4,044.01
ANALGESIC HEALTHCARE	563497891	2	238.80	0.00	0.00	0.00	2.00	0.00	0.00	2	236.80
ANDERSON PHYSICAL THERAPY ETC	261763898	4	3,893.30	1,333.19	0.00	0.00	73.00	0.00	0.00	73	2,680.11
ANDORRA RADIOLOGY ASSOC	233016413	1	80.00	0.00	0.00	0.00	2.00	0.00	0.00	2	80.00
ANESTHESIA CONSULTANTS OF MEADVI	261676166	1	540.00	208.60	0.00	0.00	1.00	0.00	0.00	1	333.40
ANESTHESIA ANESTHESIA	202221062	1	520.00	118.50	0.00	0.00	1.00	0.00	0.00	1	401.50
ANN G. SMITH	030410279	1	82.00	11.31	0.00	0.00	1.00	0.00	0.00	1	50.69
ANTHRACITE EMERG PHYSICIANS	200482106	1	478.00	291.12	0.00	0.00	2.00	0.00	0.00	2	186.88
ANTHRACITE IMAGING ASSOC, PC	201663106	6	538.00	268.43	0.00	0.00	10.00	0.00	0.00	10	269.57
APPLE MOBILE MEDICAL INC	261801003	3	285.00	43.29	0.00	0.00	3.00	0.00	0.00	3	241.71
AQUAHAB DBA: THE CENTER FOR AQUA	232869800	1	336.00	67.00	0.00	0.00	4.00	0.00	0.00	4	288.00
ARMS CARE, INC.	261486891	1	38.00	0.00	0.00	0.00	1.00	0.00	0.00	1	38.00
ARTHUR ANDRONIKES, M.D.	261873422	1	65.00	10.39	0.00	0.00	1.00	0.00	0.00	1	54.61
ASC-TRICOUNTY OP SURG	232877410	1	1,073.00	429.31	0.00	0.00	1.00	0.00	0.00	1	643.69
ASHOK JAIN, M.D.	261881801	1	200.00	13.22	0.00	0.00	1.00	0.00	0.00	1	186.78
ASSOCIATES IN CLINICAL PSYCHIATR	261897019	3	475.00	45.94	0.00	0.00	3.00	0.00	0.00	3	429.06
ASSOCIATES IN DIAGNOSTIC INT MED	261633626	1	80.00	4.74	0.00	0.00	1.00	0.00	0.00	1	55.26
ATLANTIC CITY MEDICAL CENTER	210634849	1	1,389.00	0.00	0.00	1,388.00	2.00	0.00	0.00	2	0.00
ATLANTIC MEDICAL IMAGING	222222502	1	102.00	0.00	0.00	0.00	1.00	0.00	0.00	1	102.00
BAY CITY ORTHOCARE LLC	043728892	1	58.00	0.00	0.00	0.00	1.00	0.00	0.00	1	58.00
BAYSIDE PHARMACY SERVICES	261401388	1	20.60	8.01	0.00	0.00	1.00	0.00	0.00	1	12.59
BLAIR COUNTY ANESTHESIA, P.C.	400001810	2	2,625.00	1,963.74	0.00	0.00	4.00	0.00	0.00	4	671.26
BLAIR ORTHOPEDIC ASSOC.	261408841	11	4,418.00	2,123.43	0.00	0.00	15.00	0.00	0.00	15	2,294.57
BROOKVILLE HOSPITAL	260684696	2	846.00	341.83	0.00	0.00	8.00	0.00	0.00	9	803.17
BUTLER EMERGENCY PHYS	261843812	2	364.00	193.48	0.00	0.00	2.00	0.00	0.00	2	170.52
BUTLER MEDICAL PROVIDERS	261441861	2	188.00	98.22	0.00	0.00	2.00	0.00	0.00	2	132.78
BUTLER MEMORIAL HOSP	260886274	4	12,508.31	6,431.09	0.00	40.71	50.00	0.00	0.00	50	6,037.51
BUTLER RADIOLOGISTS PC	201186613	2	139.00	2.88	0.00	0.00	2.00	0.00	0.00	2	136.36
C.P.T.S., L.L.C.	261826088	4	2,278.00	770.50	0.00	0.00	20.00	0.00	0.00	20	1,504.50
CAMBRIA SOMERSET RADIOLOGY	261384748	3	229.00	81.44	0.00	0.00	3.00	0.00	0.00	3	147.56
CARBONDALE CHIROPRACTIC CENTER	232827630	1	100.00	28.73	0.00	0.00	2.00	0.00	0.00	2	70.27
CARE REHAB & ORTHOPAEDIC	641707322	1	2,438.00	540.26	0.00	21.04	8.00	0.00	0.00	8	1,873.68
CAREWORKS-ADMINISTRATION	232867235	4	428.94	25.34	0.00	0.00	8.00	0.00	0.00	8	403.50
CARLISLE REGIONAL MED CENT	261887148	1	800.52	248.86	0.00	0.00	2.00	0.00	0.00	2	363.87
CASTEEL CHIROPRACTIC CENTER	261842361	1	375.00	62.80	0.00	0.00	8.00	0.00	0.00	9	322.20
CENTERS FOR REHAB SERVICES	261788209	4	2,834.70	77.81	0.00	0.00	53.00	0.00	0.00	53	2,757.09
CENTRAL MONTGOMERY	233098487	2	1,038.40	227.78	0.00	618.90	3.00	0.00	0.00	3	294.72
CENTRAL PA EMERG PHYSICIANS	421584220	1	204.00	128.76	0.00	0.00	1.00	0.00	0.00	1	74.22
CENTRAL PENNSYLVANIA IMAGING	030486804	2	70.00	31.88	0.00	0.00	3.00	0.00	0.00	3	38.14
CHAMBERSBURG HOSPITAL	230466970	1	59.00	7.02	0.00	0.00	1.00	0.00	0.00	1	51.98
CHAMBERSBURG IMAGING ASSOC.	232192005	1	84.00	42.18	0.00	0.00	2.00	0.00	0.00	2	41.82
CHARU CHANDRA, D.M.D	261821172	1	750.00	0.00	0.00	0.00	3.00	0.00	0.00	3	750.00
CHESTNUT HILL HOSPITAL	231382184	1	431.20	361.82	0.00	0.00	4.00	0.00	0.00	4	69.38
CHOICECARE PHYSICIANS PC	232891210	3	428.00	151.85	0.00	0.00	8.00	0.00	0.00	6	273.05
CHS PROFESSIONAL PRACTICE PC	232677934	13	3,103.00	1,106.17	0.00	228.00	71.33	0.00	43.33	28	1,769.83
CHS SURGERY CENTER	232902313	1	960.00	484.47	0.00	0.00	1.00	0.00	0.00	1	485.53
CIRCLE REHABILITATION INC.	261784243	5	2,668.00	1,288.28	0.00	0.00	41.00	0.00	0.00	41	1,378.72
COLLEGE FIELDS MRI LLC	412037841	1	470.00	243.49	0.00	0.00	1.00	0.00	0.00	1	226.51
COMMUNITY MEDICAL ASSOCIATES	232021075	1	95.00	18.81	0.00	0.00	1.00	0.00	0.00	1	75.39
COMP BILLING & FUNDING INC.	721587081	2	118.18	18.88	0.00	0.83	2.00	0.00	0.00	2	100.69
CONEMAUGH-MEMORIAL HOSP	260865307	9	2,818.00	477.94	0.00	0.00	35.00	0.00	0.00	35	2,340.16
CONRAD T FRAIDER, DO	218501818	1	75.00	20.39	0.00	0.00	1.00	0.00	0.00	1	54.61
CONSULT AMB ANESTHESIA	223841122	1	890.00	0.00	0.00	0.00	1.00	0.00	0.00	1	890.00
CORRY MEMORIAL HOSPITAL	260987222	4	825.00	308.46	0.00	0.00	7.00	0.00	0.00	7	518.54
CRAIG A WEIMER DC, CCSP	261783806	1	850.00	74.30	0.00	0.00	20.00	0.00	0.00	20	575.70
CROSSROADS AT NEW CASTLE	522321518	4	1,525.00	322.03	0.00	0.00	15.00	0.00	0.00	15	1,202.97
CRUZ, NATASHA MD	261230876	1	61.00	6.39	0.00	0.00	1.00	0.00	0.00	1	54.61
CUMBERLAND VALLEY MEDICAL SVCS	261716306	4	363.00	130.06	0.00	0.00	5.00	0.00	0.00	5	232.94
CVS PHARMACY	821770824	2	278.55	82.51	0.00	0.00	7.00	0.00	0.00	7	216.04
DANIEL R MASON, PAC	201408985	1	70.00	17.79	0.00	0.00	1.00	0.00	0.00	1	52.21
DAVID R HOME, DC	261410182	1	850.00	35.10	0.00	0.00	40.00	0.00	0.00	40	914.90
DAVID R SHEBA DO	201231417	3	185.00	50.08	0.00	0.00	3.00	0.00	0.00	3	134.94
DEAN NAVALGUND ASSOC	141908382	2	420.00	188.94	0.00	0.00	2.00	0.00	0.00	2	230.06
DELA TORRE O&P INC.	261308986	6	458.04	0.00	0.00	0.00	7.00	0.00	0.00	7	458.04

FORTÉ™

Medical Bill Review Savings Report
Client Name

Current Period:
04/01/2004 - 04/30/2004

	Hospital	Physician	Physical Medicine	DME/Diagnostic	Pharmacy	Total
Bills Reviewed	879	4,266	1,264	207	3,367	9,984
Duplicate Bills	119	346	119	49	405	1,037
Original Charges	\$1,741,033.70	\$1,292,483.27	\$654,092.33	\$40,543.06	\$592,787.36	\$4,320,939.73
Duplicate Charges	\$330,860.99	\$114,821.98	\$58,108.43	\$3,601.78	\$57,761.15	\$565,154.31
Adjusted Gross Charges	\$1,410,172.71	\$1,177,661.30	\$595,983.90	\$36,941.29	\$555,026.22	\$3,755,785.41
Fee Schedule and other Audit Reductions	\$1,088,076.88	\$715,446.81	\$269,401.95	\$6,847.23	\$57,035.53	\$2,136,808.39
PPO Reductions	\$22,601.21	\$13,193.40	\$3,440.75	\$831.67	-	\$40,067.02
Total Gross Savings	\$1,110,678.08	\$728,640.21	\$272,842.70	\$7,678.90	\$57,035.53	\$2,176,875.42
Recommended Payments	\$299,494.63	\$449,021.09	\$323,141.21	\$29,262.39	\$477,990.69	\$1,578,910.00
Total Forté Fees	\$12,369.72	\$19,414.05	\$9,381.05	\$975.95	\$11,996.74	\$54,137.52
Audit Fees	\$6,719.44	\$16,114.62	\$8,520.84	\$767.98	\$11,996.74	\$44,119.62
PPO Fees	\$5,650.28	\$3,299.44	\$860.21	\$207.97	-	\$10,017.89
Net Savings	\$1,098,308.36	\$709,226.15	\$263,461.64	\$6,702.95	\$45,038.79	\$2,122,737.90
Net Savings Percentage	78%	60%	44%	18%	8%	57%

FORTÉ

Medical Bill Review Savings Report (Cont'd)
Client Name

Year to Date

	Hospital	Physician	Physical Medicine	DME/Diagnostic	Pharmacy	Total
Bills Reviewed	3,603	17,491	5,182	850	13,806	40,933
Duplicate Bills	486	1,417	486	202	1,660	4,251
Original Charges	\$7,138,238.16	\$5,299,181.41	\$2,681,778.55	\$166,226.56	\$2,430,428.19	\$17,715,852.88
Duplicate Charges	\$1,356,530.04	\$470,770.10	\$238,244.56	\$14,767.28	\$236,820.70	\$2,317,132.69
Adjusted Gross Charges	\$5,781,708.12	\$4,828,411.31	\$2,443,533.99	\$151,459.28	\$2,193,607.49	\$15,398,720.19
Fee Schedule and other Audit Reductions	\$4,461,115.19	\$2,933,331.93	\$1,104,547.99	\$28,073.63	\$233,845.68	\$8,760,914.41
PPO Reductions	\$92,664.96	\$54,092.92	\$14,107.06	\$3,409.86	-	\$164,274.79
Total Gross Savings	\$4,553,780.14	\$2,987,424.85	\$1,118,655.05	\$31,483.48	\$233,845.68	\$8,925,189.20
Recommended Payments	\$1,227,927.98	\$1,840,986.46	\$1,324,878.94	\$119,975.80	\$1,959,761.81	\$6,473,530.99
Total Forté Fees	\$50,715.86	\$79,597.62	\$38,462.32	\$4,001.38	\$49,186.64	\$221,963.81
Audit Fees	\$27,549.72	\$66,069.93	\$34,935.45	\$3,148.71	\$49,186.64	\$180,890.46
PPO Fees	\$23,166.14	\$13,527.68	\$3,526.87	\$852.67	-	\$41,073.35
Net Savings	\$4,503,064.29	\$2,907,827.23	\$1,080,192.73	\$27,482.11	\$184,659.03	\$8,703,225.39
Net Savings Percentage	78%	60%	44%	18%	8%	57%

Initial Evaluation Report**CLAIMANT NAME:** Janice Taylor**DOI:** 01/10/2011**REPORT DATE:** 2/10/2011**ATTORNEY INVOLVEMENT:** No**INITIAL IW CONTACT:** 2/9/10/ Initial phone call to IW for initial interview.**CURRENT MEDICAL STATUS:****Diagnosis:** 354.0 Carpal tunnel syndrome/ right**Diagnostic Test:** EMG/NVC: 2/7/10; positive for CTS**Medication:** Celebrex 1 every day**Treating Physician:** Dr. Joseph Watts (Non-Network)**Specialty/Referral Providers:** Orthopedic referral 2/7/10 due to continued complaints of wrist pain after conservative measures of splinting and Medications and a Positive EMG.**Summary:** IW reported pain in right wrist on 1/10/11, no specific event. IW works in carpet manufacturing plant operating a sewing machine. IW was sent to the plant doctor where she was treated with an anti inflammatory med and placed in a brace. She was returned to work. On follow up visit she continued pain complaints with new complaints of numbness in fingers. MD ordered EMG/NVC testing, this was positive for CTS on the right, she has been referred to an orthopedic.**PERTINENT MEDICAL HISTORY:** IW is 28 year old female who has recently returned from maternity leave, she is 12 weeks post partum. No other significant past medical history. She states her wrist have not bothered her in the past. She had been back to work 10 days.**EBM RECOMMENDATIONS:****Office visits:** Maximum of 6 OV in a six week period**Diagnostic/Imaging:** Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary.**Therapy:** 1-2 sessions to teach HEP. Therapy is not generally ordered for CTS.**Injection:** A single corticosteroid injection as an option after failure of initial conservative treatment (i.e. splinting, NSAID & activity modification).**Surgery:** None recommended at this time.**Medications:** Over the counter (OTC) medications for pain management.**DME:** Cock-up wrist splint (i.e. night splint) is recommended**Other:** EBM also relates CTS to pregnancy usually subsiding after 12 weeks of delivery, but can last up to a year post delivery, workplace demands appear to bear an uncertain relationship to CTS.

Comparison of Current Treatment to EBM Guidelines: The claimant is currently within EBM guidelines with the exception of the Celebrex medication prescribed by the treating physician. This is due to continued complaints of pain after conservative care, and is expected as the next level of treatment.

ANTICIPATED MMI DATE:

WORK STATUS

EBM Disability Duration:

Return to medium work within 1 week (often with splint).

Current Work Status: Full Duty with Splint

RTW Date: No lost time to date

Comparison of Current Work Status to Disability Duration EBM: This case is within guidelines.

CASE MANAGEMENT ACTION PLAN:

Barriers: Unclear cause of CTS, likely the specialist MD will request modified duty or potentially take IW off work to assist in getting the IW back to baseline, unknown Modified Duty availability. Celebrex is not within the first line of treatment for this injury.

Action Plans:

Discuss with MD if the CTS could be due to post pregnancy and if hormone testing can assist in the diagnosis. Provide MD with a job description of IW work to assist in determining cause. If MD relates the CTS to work activity discuss best medical approach within the ODG to implement in order to return IW back to baseline and MMI. Consider Peer Review for causation. Address need for continued prescription medication as opposed to OTC medications.

Determine from employer/adjuster if modified duty available. Obtain job descriptions for both modified/light and full duty. Provide to MD. If no MOD duty available, assure work status remains within ODG and assure IW complying with treatment plan by maintaining contact and assisting with medical care and coordination as needed.

ADDITIONAL COMMENTS: none

NEXT OFFICE VISIT: Feb 20, 2011 @ 3pm. Dr. Smith/orthopedic group. Coordinated by CM.

REPORT COMPLETED BY: Melanie Brown, RN, BSN, CCM

PROGRESS REPORT**CLAIMANT NAME:** Janice Taylor**DOI:** 01/10/2011**REPORT DATE:** 03/04/2011**ATTORNEY INVOLVEMENT:** No**IW CONTACT:** 2/19; 2/22; 3/2; 3/4**CURRENT MEDICAL STATUS:****Diagnosis:** 354.0 Carpal tunnel syndrome/ right**Diagnostic Tests:** EMG/NVC: 2/7/10; positive for CTS**Medication:** None/ OTC Motrin as needed**Treating Physician:** Dr. Joseph Watts (Non-Network)**Specialty/Referral Providers:** Orthopedic referral 2/7/10 due to continued complaints of wrist pain after conservative measures of splinting, medications and a positive EMG.**Summary:**

A Major Contributing Cause letter was sent to specialist. Receipt of letter from Dr. Watts stated that the work activities contributed to her current symptoms. Since returning to work with the splint her symptoms have not been alleviated. At the February 20, 2011 visit with Dr. Watts, he suggested a short period of rest. He placed her off duty for two weeks with continued use of the splint. Dr. Watts continued to prescribe Celebrex to alleviate the inflammation and referred her to physical therapy for one visit to develop a Home Exercise Program.

Ms. Taylor was seen again on March 3, 2011. Prior to that appointment, CM contacted MD office and requested the MD review the necessity for Celebrex versus an over the counter (OTC) anti-inflammatory. MD reported the IW's symptoms had been relieved with conservative treatment. The prescription for Celebrex was not renewed and he stated she could use OTC meds as needed. Dr. Watts returned Ms. Taylor to work with no restrictions. She was placed at MMI with 0% Permanency Rating. It was suggested that she wear the splint as needed.

COMPARISON OF CURRENT TREATMENT TO EBM: The claimant continues to be within EBM guidelines.**ANTICIPATED MMI DATE:** March 3, 2011**WORK STATUS****EBM Disability Duration:** Return to medium work within 1 week (often with splint).**Current Work Status:** Full Duty and no restrictions. To wear Splint as needed.**RTW Date:** March 3, 2011**Comparison of Current Work Status to Disability Duration EBM:** This case is two weeks beyond the Disability Duration EBM.

CASE MANAGEMENT ACTION PLAN

Barriers: None

Action Plan: Ms. Taylor has been released to RTW with no restrictions. Placed at MMI.

Recommendation is to close case per adjuster's approval.

ADDITIONAL COMMENTS: None

NEXT OFFICE VISIT: As needed

REPORT COMPLETED BY: Melanie Brown, RN, BSN, CCM



CLOSURE REPORT

CLAIMANT NAME: Janice Taylor
REPORT DATE: 03/31/2011

DOI: 01/10/2011

REASON FOR CLOSURE: IW has completed treatment and is back at baseline and non symptomatic at present. She has returned to work and had reached MMI.

FINAL OUTCOMES:

Work Status: Full Duty/ use splint as needed

MMI : 3/3/2011

PPI/PIR: 0%

EBM Update: Treatment plan remained within the EBM guidelines which included rest, splinting, and PT. EBM for disability duration was exceeded by 2 weeks, however this lack of work activity allowed the IW to return to baseline.

Case Management Value: After the initial medical evaluation by the CM, the MD was questioned on the relationship of CTS to post pregnancy. Reported injury was found only to be a contributing factor and assisted MD in focusing treatment plan to bring the IW back to baseline verses potential surgery and post complications. Medication assessed with MD, placed IW on OTC meds verses Celebrex.

CM monitored all medical activity to remain within the EBM Guidelines.

COMMENTS: IW will return to MD on a prn basis. She has been instructed on a home exercise program and on splint use.

Melanie Brown, RN, BSN, CCM

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED

ATTACHMENT D

Federal Executive Order 12549 requires Travis County to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification, the contractor/potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government or Travis County may pursue available remedies, including suspension and/or debarment.
2. The potential contractor shall provide immediate written notice to the person to whom this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract," "debarred," "suspended," "ineligible," "participant," "person," "principle," "proposal," and "voluntarily excluded," as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by a federal department or agency, and/or Travis County, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

YES NO

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts; and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, any federal agency and/or Travis County may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate box which statement applies to the covered contractor/potential contractor:



The contractor/potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency, the State of Texas, or Travis County.



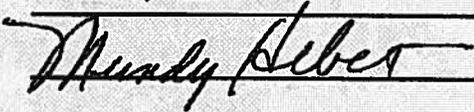
The contractor/potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the contractor/potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor

Forte, Inc.

Vendor I.D. or Social Security No.

74-2760720



2/5/14 Mundy Hebert, Senior Vice President

Signature of Authorized Representative

Date Printed/Typed Name & Title of Authorized Representative

STATE OF TEXAS}
COUNTY OF TRAVIS}

ETHICS AFFIDAVIT

ATTACHMENT E

Date: February 5, 2014
Name of Affiant: Mundy Hebert
Title of Affiant: Senior Vice President
Business Name of Proposer: Forte, Inc.
County of Proposer: Travis

Affiant on oath swears that the following statements are true:

1. Affiant is authorized by Proposer to make this affidavit for Proposer.
2. Affiant is fully aware of the facts stated in this affidavit.
3. Affiant can read the English language.
4. Proposer has received the list of Key Contracting Persons associated with this solicitation which is attached to this affidavit as Exhibit "A."
5. Affiant has personally read Exhibit "A" to this Affidavit.
6. Affiant has no knowledge of any Key Contracting Person on Exhibit "A" with whom Proposer is doing business or has done business during the 365 day period immediately before the date of this affidavit whose name is not disclosed in the solicitation.

Mundy Hebert
Signature of Affiant
7600 Chevy Chase Drive, Austin, TX 78752
Address

SUBSCRIBED AND SWORN TO before me by Mundy Hebert on Feb. 5, 2014

Linda Kay King
Notary Public, State of Texas
LINDA KAY KING
Typed or printed name of notary



My commission expires: 9/12/2016

RFS # 1401-008-CW

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Proposer acknowledges that Proposer is doing business or has done business during the 365-day period immediately prior to the date on which this proposal is due with the following Key Contracting Persons and warrants that these are the only such Key Contracting Persons:

If no one is listed above, Proposer warrants that Proposer is not doing business and has not done business during the 365-day period immediately prior to the date on which this proposal is due with any Key Contracting Person.

EXHIBIT A
LIST OF KEY CONTRACTING PERSONS
January 21, 2014

CURRENT

Position Held	Name of Individual Holding Office/Position	Name of Business Individual is Associated
County Judge.....	Samuel T. Biscoe	
County Judge (Spouse)	Donalyn Thompson-Biscoe	
Executive Assistant	Cheryl Brown	
Executive Assistant.....	Melissa Velasquez	
Executive Assistant.....	Joie Z. Zavala	
Executive Assistant.....	David Salazar	
Commissioner, Precinct 1	Ron Davis	
Commissioner, Precinct 1 (Spouse).....	Annie Davis	Seton Hospital
Executive Assistant.....	Deone Wilhite	
Executive Assistant.....	Felicitas Chavez	
Executive Assistant.....	Sue Spears	
Commissioner, Precinct 2	Bruce Todd*	
Commissioner, Precinct 2 (Spouse).....	Elizabeth Christian	Consultant
Executive Assistant	Sara Krause*	
Executive Assistant	Joe Hon	
Executive Assistant	Peter Einhorn	
Commissioner, Precinct 3	Gerald Daugherty*	
Commissioner, Precinct 3 (Spouse).....	Charyn Daugherty	Consultant
Executive Assistant.....	Bob Moore*	
Executive Assistant.....	Martin Zamzow*	
Executive Assistant.....	Madison A. Gessner*	
Commissioner, Precinct 4	Margaret Gomez	
Executive Assistant.....	Edith Moreida	
Executive Assistant.....	Norma Guerra	
County Treasurer	Dolores Ortega-Carter	
County Auditor	Nicki Riley	
County Executive, Administrative	Vacant	
County Executive, Planning & Budget.....	Leslie Browder	
County Executive, Emergency Services	Danny Hobby	
County Executive, Health/Human Services	Sherri E. Fleming	
County Executive, TNR	Steven M. Manilla, P.E.	
County Executive, Justice & Public Safety	Roger Jefferies	
Director, Facilities Management	Roger El Khoury, M.S., P.E.	
Chief Information Officer	Tanya Acevedo	
Director, Records Mgmt & Comms.	Steven Broberg	
Travis County Attorney	David Escamilla	
First Assistant County Attorney	Steve Capelle	
Executive Assistant, County Attorney.....	James Collins	
Director, Land Use Division	Tom Nuckols	
Attorney, Land Use Division	Julie Joe	
Attorney, Land Use Division	Christopher Gilmore	
Director, Transactions Division	John Hille	
Attorney, Transactions Division.....	Daniel Bradford	

Attorney, Transactions Division..... Elizabeth Wimm
 Attorney, Transactions Division..... Mary Etta Gerhardt
 Attorney, Transactions Division..... Barbara Wilson
 Attorney, Transactions Division..... Jim Connolly
 Attorney, Transactions Division..... Tenley Aldredge
 Director, Health Services Division..... Beth Devery
 Attorney, Health Services Division..... Prema Gregarson
 Purchasing Agent Cyd Grimes, C.P.M., CPPO
 Assistant Purchasing Agent Marvin Brice, CPPB
 Assistant Purchasing Agent..... Bonnie Floyd, CPPO, CPPB, CTPM
 Purchasing Agent Assistant IV..... Michael C.W. Bruner, CTP
 Purchasing Agent Assistant IV..... Leo Perry
 Purchasing Agent Assistant IV..... Jason Walker
 Purchasing Agent Assistant IV..... Richard Villareal
 Purchasing Agent Assistant IV..... Patrick Strittmatter
 Purchasing Agent Assistant IV..... Lori Clyde, CPPO, CPPB
 Purchasing Agent Assistant IV..... Scott Wilson, CPPB
 Purchasing Agent Assistant IV..... Jorge Talavera, CPPO, CPPB
 Purchasing Agent Assistant IV..... Loren Breland, CPPB
 Purchasing Agent Assistant IV..... John B. Pena, CTPM
 Purchasing Agent Assistant IV..... Rosalinda Garcia
 Purchasing Agent Assistant IV..... Angel Gomez
 Purchasing Agent Assistant IV..... Jesse Herrera, CTP, CTPM, CTCM
 Purchasing Agent Assistant III..... Shamon Pleasant, CTPM
 Purchasing Agent Assistant III..... David Walch
 Purchasing Agent Assistant III..... Michael Long, CPPB
 Purchasing Agent Assistant III..... Sydney Ceder
 Purchasing Agent Assistant III..... Ruena Victorino*
 Purchasing Agent Assistant III..... Rachel Fishback*
 Purchasing Agent Assistant II..... Vacant
 Purchasing Agent Assistant II..... L. Wade Laursen
 Purchasing Agent Assistant II..... Sam Francis
 HUB Coordinator Sylvia Lopez
 HUB Specialist Betty Chapa
 HUB Specialist Jerome Guerrero
 Purchasing Business Analyst Scott Worthington
 Purchasing Business Analyst Vacant
 HRMD Director Debbie Maynor
 HRMD, Risk Manager William (Bill) Paterson
 HRMD..... James Alvarez
 HRMD..... John Brady

FORMER EMPLOYEES

<u>Position Held</u>	<u>Name of Individual</u> <u>Holding Office/Position</u>	<u>Date of Expiration</u>
Commissioner, Precinct 2	Sarah Eckhardt	05/ 31/14
Purchasing Agent Assistant III.....	Nancy Barchus, CPPB.....	06/28/14
Purchasing Business Analyst	Jennifer Francis	11/29/14
Executive Assistant....	Barbara Smith	01/15/15

* - Identifies employees who have been in that position less than a year.

ATTACHMENT F

DIVISION OF RESPONSIBILITY BETWEEN TPA AND CONTRACTOR FOR TELEPHONIC CASE MANAGEMENT

Activity	CM Role	Adjuster Role
DWC 1	Receives from the adjuster	Receives from the risk manager and sends to CM the same day
Initial IW Contact	1) Contact with IW within 24 hrs. of receipt of DWC-1; 2) Assists with scheduling provider appt. if needed; 3) Contacts provider to determine medical & vocational status, treatment plan and recommendations; 4) Contact with the supervisor to determine light duty availability.	1) Takes recorded statement & files any DWC required documents; 2) Starts TIBS if appropriate.
Subsequent IW Contacts	1) Follow up with IW after appts., diagnostic testing, surgery or any change of medical or vocational status; 2) Minimum of bi-weekly contact with IW if off work or during the initial phase of RTW; 3) Notify adjuster whenever there is updated information or a change of status	Contact only when there is an issue regarding payment of benefits or questions regarding claim/administrative issues.
Provider Contacts	1) Contact after each appt., diagnostic testing, surgery or treatment to obtain current medical reports, status and follow up appt. date; 2) Confirms treatment compliance and any change in treatment plan or status of the IW; 3) Assists provider with any RTW questions and provides light duty info; 4) Confirms and/or reviews any new diagnosis or extent of injury info; 5) Assists with any preauthorization requests; 6) Maintains info identifying treating and referral providers for MBR purposes.	1) Forwards all medical reports or calls from the provider to the CM unless it is a bill payment issue; 2) Pays medical bills once audited; 3) Maintains records of the DWC-53 and provides copy to CM when received approved.

DWC-73	<ol style="list-style-type: none"> 1) Requests after each appt. as appropriate; 2) Monitors for timely receipt; 3) Reviews for completeness and returns to provider if incomplete; 4) Notifies MBR if form remains incomplete as no payment required; 5) Sends form to adjuster. 	<ol style="list-style-type: none"> 1) Forwards to the CM same day of receipt; 2) Adjust TTBS as necessary.
TIBS	<ol style="list-style-type: none"> 1) Notifies adjuster whenever there is a change in work status; 2) Obtains copy of off work status and restrictions; 3) Notifies risk manager of off work status; 4) Coordinates RTW and notifies both the adjuster and the risk manager. 	Makes TIBS payment per DWC rules.
Bona Fide Offer	<ol style="list-style-type: none"> 1) Notifies adjuster of RTW release and provides a copy of the DWC-73; 2) Identifies appropriate job duties and provides to the adjuster. 	<ol style="list-style-type: none"> 1) Coordinates writing of BOE letter with the employer; 2) Verified offer letter sent to IW.
RTW	<ol style="list-style-type: none"> 1) Works with employer, IW and provider to coordinate early RTW; 2) Coordinates the completion of job descriptions, job analysis, identification of light duty tasks in the same or in a different department; 3) Obtains IW restrictions; 4) Keeps all parties informed of work status; 5) Maintains frequent contact with IW during initial RTW phase. 	<ol style="list-style-type: none"> 1) Receives work status info from CM and makes appropriate adjustments to TIBS when applicable; 2) Forwards any work status or medical reports received to the CM for further handling.
Disputes	<ol style="list-style-type: none"> 1) Provides medical records to adjuster to assist with the investigation of compensability; 2) Involves the medical director as needed to address causal relatedness issues in dispute; 3) Reviews all medical when received to determine any issues with extent of injury or a new diagnosis. Info is sent to the adjuster for timely dispute filing. 	<ol style="list-style-type: none"> 1) Files disputes as required by the DWC rules; 2) Notifies CM of decision to dispute and forwards a copy of the PLN to the CM; 3) Adjuster notifies the risk manager of any disputes.

RME	<ol style="list-style-type: none"> 1) Determines need for RME based on medical status, progress toward recovery and work status; 2) Notifies adjuster of the need for an RME; 3) Determines appropriate specialty for RMB and selects a provider; 4) Schedules RME and notifies adjuster of date and time; 5) Notifies IW of date, time and location of RME; 6) Sends RME letter to physician with specific questions to be addressed and the pertinent medical records. Adjuster is copied on the letter; 7) Reviews the RME report and forwards a copy to the adjuster. 	<ol style="list-style-type: none"> 1) Upon notification from CM, adjuster initiates the RME process thru DWC; 2) Notifies CM when the IW has agreed to the exam or when the commission approves; 3) Provides input to the CM as to the questions addressed to the RME provider.
Designated Doctor	<ol style="list-style-type: none"> 1) Provides any additional medical information needed to the adjuster. 	<ol style="list-style-type: none"> 1) Forwards medical records and letter to designated doctor; 2) Faxes copy of DD report to CM; 3) Sends any requests for administrative review or DD to the commission.
DWC-69	<ol style="list-style-type: none"> 1) Pursues DWC-69 and impairment rating; 2) Review by CM and medical director on medical only cases that are questionable as to the need for a 69; 3) Discusses questionable cases with the risk manager and adjuster; 4) Forwards completed 69 and impairment rating to medical director for review on all IR that are >3%; 5) Faxes copy of all to adjuster and IR is noted in the CM notes. 	<ol style="list-style-type: none"> 1) Forwards a copy of the DWC-69 and impairment rating to the CM the same day of receipt; 2) After review of the medical director's review, decides whether to accept or dispute the impairment rating; 3) If disputed, forwards notice to IW and DWC; 4) Notifies IW and CM of DD appointment time and date; 5) If accepting impairment rating, monitor to determine if IW disputes or when the rating becomes final; 6) Notify CM when the IR is final.
Preauth Requests	<ol style="list-style-type: none"> 1) Receives and completes all preauth requests; 2) All parties including the provider, adjuster and IW are notified of the decision; 3) Adjuster and risk manager are notified if preauth decision will result in lost time or surgery. 	<ol style="list-style-type: none"> 1) Forwards all preauth requests to the CM as soon as received; 2) Confirms compensability.

Peer Review	<ol style="list-style-type: none"> 1) Determines need for formal or informal peer review; 2) Informal peer discussion is included in the notes; 3) Formal peer review report is sent to the adjuster. 	Advises CM of any questions to include to the peer reviewer.
Employer Contact	<ol style="list-style-type: none"> 1) Contacts employer to obtain job duties, light duty availability, work status, lost time days; 2) Contacts employer to determine if IW is compliant with work restrictions and job duties. 	Contacts supervisor to obtain initial statement regarding the claim.
Field Case Mgr.	<ol style="list-style-type: none"> 1) Assess need for FCM and makes assignment; 2) Close contact with FCM to monitor activity, progress and billing; 3) Copies adjuster on all FCM reports. 	Contact with FCM not needed unless adjuster has specific questions.
Private Investigator	CM is not involved with this process.	Adjuster determines need for P.I. based on info received from CM in conjunction with risk manager.