

**AGREEMENT FOR
EMPLOYEE HEALTH CENTER / CLINIC ADMINISTRATION**

THIS AGREEMENT, made this 5th day of DECEMBER 2012, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Marathon Health, Inc., a Delaware corporation authorized to transact business in the State of Florida, ("Contractor" or "Company"), whose address and phone number are 20 Winooski Falls Way, Suite 400, Winooski, VT 05404, Phone: 802-857-0400, Fax: 802-857-0498, Email: jshea@marathon-health.com, for the term specified herein,

NOW THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

WITNESSETH:

I. DOCUMENTS

The following documents (collectively "Contract Documents") are hereby incorporated into and made part of this Agreement:

- (1) Request for Proposal No. 725-11022, Employee Health Center/Clinic Administration, including any and all addenda, prepared by the City of Fort Lauderdale, ("RFP" or "Exhibit A").
- (2) The Contractor's response to the RFP, dated July 23, 2012 ("Exhibit B").
- (3) The Contractor's Best and Final dated August 20, 2012 ("Exhibit C").

All Contract Documents may also be collectively referred to as the "Documents." In the event of any conflict between or among the Documents or any ambiguity or missing specifications or instruction, the following priority is established:

- A. First, specific direction from the City Manager (or designee)
- B. Second, this Agreement dated _____, 2012, and any attachments.
- C. Third, Exhibit A
- D. Fourth, Exhibit C
- E. Fifth, Exhibit B

II. SCOPE

The Contractor shall perform the Work under the general direction of the City as set forth in the Contract Documents. City agrees to waive Section 5.10 of the General Conditions during the first sixteen (16) months of the contract only, after which Section 5.10 of the General Conditions shall be in full force and effect.

Unless otherwise specified herein, the Contractor shall perform all Work identified in this Agreement. The parties agree that the scope of services is a description of Contractor's obligations and responsibilities, and is deemed to include preliminary considerations and

prerequisites, and all labor, materials, equipment, and tasks which are such an inseparable part of the work described that exclusion would render performance by Contractor impractical, illogical, or unconscionable.

Contractor acknowledges and agrees that the City's Contract Administrator has no authority to make changes that would increase, decrease, or otherwise modify the Scope of Services to be provided under this Agreement.

By signing this Agreement, the Contractor represents that it thoroughly reviewed the documents incorporated into this Agreement by reference and that it accepts the description of the Work and the conditions under which the Work is to be performed.

III. TERM OF AGREEMENT

The initial contract period shall commence on December 4, 2012, and shall end on April 3, 2015. In the event the term of this Agreement extends beyond the end of any fiscal year of City, to wit, September 30, the continuation of this Agreement beyond the end of such fiscal year shall be subject to both the appropriation and the availability of funds.

IV. COMPENSATION

The Contractor agrees to provide the services and/or materials as specified in the Contract Documents at the cost specified in Exhibit C. It is acknowledged and agreed by Contractor that this amount is the maximum payable and constitutes a limitation upon City's obligation to compensate Contractor for Contractor's services related to this Agreement. This maximum amount, however, does not constitute a limitation of any sort upon Contractor's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services. Except as otherwise provided in the solicitation, no amount shall be paid to Contractor to reimburse Contractor's expenses.

V. METHOD OF BILLING AND PAYMENT

Contractor may submit invoices for compensation no more often than monthly, but only after the services for which the invoices are submitted have been completed. An original invoice plus one copy are due within fifteen (15) days of the end of the month except the final invoice which must be received no later than sixty (60) days after this Agreement expires. Invoices shall designate the nature of the services performed and/or the goods provided.

The set-up fee of \$37,100 is payable in two installments, to wit: \$18,550 after the Contractor provides to the City a project implementation plan, staffing and build-out models, and staff training and communications programs, and \$18,550 following Contractor's staff recruitment and Contractor's provision of a technical data system, medical furnishings, and a limited pharmacy.

Once the Health Center is fully operational, the City will pay the Contractor as follows: \$684,084 divided in equal monthly installments for the fifth through the sixteenth month of this Agreement and \$862,661 divided in equal monthly installments for the seventeenth through the twenty-eighth month of this Agreement.

City shall pay Contractor within forty-five (45) days of receipt of Contractor's proper invoice, as provided in the Florida Local Government Prompt Payment Act.

To be deemed proper, all invoices must comply with the requirements set forth in this Agreement and must be submitted on the form and pursuant to instructions prescribed by the City's Contract Administrator. Payment may be withheld for failure of Contractor to comply with a term, condition, or requirement of this Agreement.

Notwithstanding any provision of this Agreement to the contrary, City may withhold, in whole or in part, payment to the extent necessary to protect itself from loss on account of inadequate or defective work that has not been remedied or resolved in a manner satisfactory to the City's Contract Administrator or failure to comply with this Agreement. The amount withheld shall not be subject to payment of interest by City.

VI. GENERAL CONDITIONS

A. Indemnification

Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City and the City's officers, employees, volunteers, and agents from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any act or omission by the Contractor or by any officer, employee, agent, invitee, subcontractor, or sublicensee of the Contractor. The provisions and obligations of this section shall survive the expiration or earlier termination of this Agreement. To the extent considered necessary by the City Manager, any sums due Contractor under this Agreement may be retained by City until all of City's claims for indemnification pursuant to this Agreement have been settled or otherwise resolved, and any amount withheld shall not be subject to payment of interest by City.

B. Intellectual Property

Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, royalties, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any infringement or allegation of infringement of any patent, copyright, or other intellectual property right in connection with the Contractor's or the City's use of any copyrighted, patented or un-patented invention, process, article, material, or device that is manufactured, provided, or used pursuant to this Agreement. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.

C. Termination for Cause

The aggrieved party may terminate this Agreement for cause if the party in breach has not corrected the breach within ten (10) days after written notice from the aggrieved party identifying the breach. The City Manager may also terminate this Agreement upon such notice as the City Manager deems appropriate under the circumstances in the event the City Manager determines that termination is necessary to protect the public health or safety. The parties agree that if the City erroneously, improperly or unjustifiably terminates

for cause, such termination shall be deemed a termination for convenience, which shall be effective thirty (30) days after such notice of termination for cause is provided.

This Agreement may be terminated for cause for reasons including, but not limited to, Contractor's repeated (whether negligent or intentional) submission for payment of false or incorrect bills or invoices, failure to perform the Work to the City's satisfaction; or failure to continuously perform the work in a manner calculated to meet or accomplish the objectives as set forth in this Agreement.

D. Termination for Convenience

After the sixteenth month of this Agreement the City may, in its best interest as determined by the City, cancel this contract for convenience by giving written notice to the Contractor at least thirty (30) days prior to the effective date of such cancellation. In the event this Agreement is terminated for convenience, Contractor shall be paid for any services performed to the City's satisfaction pursuant to the Agreement through the termination date specified in the written notice of termination. Contractor acknowledges and agrees that he/she/it has received good, valuable and sufficient consideration from City, the receipt and adequacy of which are hereby acknowledged by Contractor, for City's right to terminate this Agreement for convenience.

E. Cancellation for Unappropriated Funds

The City reserves the right, in its best interest as determined by the City, to cancel this contract for unappropriated funds or unavailability of funds by giving written notice to the Contractor at least thirty (30) days prior to the effective date of such cancellation. The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise provided by law.

F. Insurance

The Contractor shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The commercial general liability insurance policy shall name the City of Fort Lauderdale, a Florida municipality, as an "additional insured." This MUST be written in the description section of the insurance certificate, even if there is a check-off box on the insurance certificate. Any costs for adding the City as "additional insured" shall be at the Contractor's expense.

The City of Fort Lauderdale shall be given notice 10 days prior to cancellation or modification of any required insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Division.

The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this

Agreement shall be deemed unacceptable, and shall be considered breach of contract.

Workers' Compensation and Employers' Liability Insurance

Limits: Workers' Compensation – Per Chapter 440, Florida Statutes
Employers' Liability - \$500,000

Any firm performing work for or on behalf of the City of Fort Lauderdale must provide Workers' Compensation insurance. Exceptions and exemptions will be allowed, by the City's Risk Manager, if they are in accordance with Florida Statutes.

Commercial General Liability Insurance

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage \$1,000,000.

This coverage must include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Contractors

Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily injury	\$250,000 each person, \$500,000 each occurrence
Property damage	\$100,000 each occurrence

Professional Liability (Errors & Omissions)

Consultants

Limits: \$2,000,000 per occurrence

Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement Services Division
100 N. Andrews Avenue, Room 619
Fort Lauderdale, FL 33301

G. Environmental, Health and Safety

Contractor shall place the highest priority on health and safety and shall maintain a safe working environment during performance of the Work. Contractor shall comply, and shall secure compliance by its employees, agents, and subcontractors, with all applicable environmental, health, safety and security laws and regulations, and performance conditions in this Agreement. Compliance with such requirements shall represent the minimum standard required of Contractor. Contractor shall be responsible for examining all requirements and determine whether additional or more stringent environmental, health, safety and security provisions are required for the Work. Contractor agrees to utilize protective devices as required by applicable laws, regulations, and any industry or Contractor's health and safety plans and regulations, and to pay the costs and expenses thereof, and warrants that all such persons shall be fit and qualified to carry out the Work.

H. Standard of Care

Contractor represents that he/she/it is qualified to perform the Work, that Contractor and his/her/its subcontractors possess current, valid state and/or local licenses to perform the Work, and that their services shall be performed in a manner consistent with that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

I. Rights in Documents and Work

Any and all reports, photographs, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of City; and Contractor disclaims any copyright in such materials. In the event of and upon termination of this Agreement, any reports, photographs, surveys, and other data and documents prepared by Contractor, whether finished or unfinished, shall become the property of City and shall be delivered by Contractor to the City's Contract Administrator within seven (7) days of termination of this Agreement by either party. Any compensation due to Contractor shall be withheld until Contractor delivers all documents to the City as provided herein.

J. Audit Right and Retention of Records

City shall have the right to audit the books, records, and accounts of Contractor and Contractor's subcontractors that are related to this Agreement. Contractor shall keep, and Contractor shall cause Contractor's subcontractors to keep, such books, records, and accounts as may be necessary in order to record complete and correct entries related to this Agreement. All books, records, and accounts of Contractor and Contractor's subcontractors shall be kept in written form, or in a form capable of conversion into written form within a reasonable time, and upon request to do so, Contractor or Contractor's subcontractor, as applicable, shall make same available at no cost to City in written form.

Contractor and Contractor's subcontractors shall preserve and make available, at reasonable times for examination and audit by City in Broward County, Florida, all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for the required retention period of the Florida public records law, Chapter 119, Florida Statutes, as may be amended from time to time, if applicable, or, if the Florida Public Records Act is not applicable, for a minimum period of three (3) years after termination of this Agreement. If any audit has been initiated and audit findings have not been resolved at the end of the retention period or three (3) years,

whichever is longer, the books, records, and accounts shall be retained until resolution of the audit findings. If the Florida public records law is determined by City to be applicable to Contractor and Contractor's subcontractors' records, Contractor and Contractor's subcontractors shall comply with all requirements thereof; however, Contractor and Contractor's subcontractors shall violate no confidentiality or non-disclosure requirement of either federal or state law. Any incomplete or incorrect entry in such books, records, and accounts shall be a basis for City's disallowance and recovery of any payment upon such entry.

Contractor shall, by written contract, require Contractor's subcontractors to agree to the requirements and obligations of this Section.

The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract.

K. Public Entity Crime Act

Contractor represents that the execution of this Agreement will not violate the Public Entity Crime Act, Section 287.133, Florida Statutes, as may be amended from time to time, which essentially provides that a person or affiliate who is a contractor, consultant, or other provider and who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to City, may not submit a bid on a contract with City for the construction or repair of a public building or public work, may not submit bids on leases of real property to City, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with City, and may not transact any business with City in excess of the threshold amount provided in Section 287.017, Florida Statutes, as may be amended from time to time, for category two purchases for a period of 36 months from the date of being placed on the convicted vendor list. Violation of this section shall result in termination of this Agreement and recovery of all monies paid by City pursuant to this Agreement, and may result in debarment from City's competitive procurement activities.

L. Independent Contractor

Contractor is an independent contractor under this Agreement. Services provided by Contractor pursuant to this Agreement shall be subject to the supervision of the Contractor. In providing such services, neither Contractor nor Contractor's agents shall act as officers, employees, or agents of City. No partnership, joint venture, or other joint relationship is created hereby. City does not extend to Contractor or Contractor's agents any authority of any kind to bind City in any respect whatsoever.

M. Inspection and Non-Waiver

Contractor shall permit the representatives of CITY to inspect and observe the Work at all times.

The failure of the City to insist upon strict performance of any other terms of this Agreement or to exercise any rights conferred by this Agreement shall not be construed by

Contractor as a waiver of the City's right to assert or rely on any such terms or rights on any future occasion or as a waiver of any other terms or rights.

N. Assignment and Performance

Neither this Agreement nor any right or interest herein shall be assigned, transferred, or encumbered without the written consent of the other party. In addition, Contractor shall not subcontract any portion of the work required by this Agreement, except as provided in the Schedule of Subcontractor Participation. City may terminate this Agreement, effective immediately, if there is any assignment, or attempted assignment, transfer, or encumbrance, by Contractor of this Agreement or any right or interest herein without City's written consent.

Contractor represents that each person who will render services pursuant to this Agreement is duly qualified to perform such services by all appropriate governmental authorities, where required, and that each such person is reasonably experienced and skilled in the area(s) for which he or she will render his or her services.

Contractor shall perform Contractor's duties, obligations, and services under this Agreement in a skillful and respectable manner. The quality of Contractor's performance and all interim and final product(s) provided to or on behalf of City shall be comparable to the best local and national standards.

In the event Contractor engages any subcontractor in the performance of this Agreement, Contractor shall ensure that all of Contractor's subcontractors perform in accordance with the terms and conditions of this Agreement. Contractor shall be fully responsible for all of Contractor's subcontractors' performance, and liable for any of Contractor's subcontractors' non-performance and all of Contractor's subcontractors' acts and omissions. Contractor shall defend at Contractor's expense, counsel being subject to City's approval or disapproval, and indemnify and hold City and City's officers, employees, and agents harmless from and against any claim, lawsuit, third party action, fine, penalty, settlement, or judgment, including any award of attorney fees and any award of costs, by or in favor of any of Contractor's subcontractors for payment for work performed for City by any of such subcontractors, and from and against any claim, lawsuit, third party action, fine, penalty, settlement, or judgment, including any award of attorney fees and any award of costs, occasioned by or arising out of any act or omission by any of Contractor's subcontractors or by any of Contractor's subcontractors' officers, agents, or employees. Contractor's use of subcontractors in connection with this Agreement shall be subject to City's prior written approval, which approval City may revoke at any time.

O. Conflicts

Neither Contractor nor any of Contractor's employees shall have or hold any continuing or frequently recurring employment or contractual relationship that is substantially antagonistic or incompatible with Contractor's loyal and conscientious exercise of judgment and care related to Contractor's performance under this Agreement.

Contractor further agrees that none of Contractor's officers or employees shall, during the term of this Agreement, serve as an expert witness against City in any legal or administrative proceeding in which he, she, or Contractor is not a party, unless compelled by court process. Further, Contractor agrees that such persons shall not give sworn

testimony or issue a report or writing, as an expression of his or her expert opinion, which is adverse or prejudicial to the interests of City in connection with any such pending or threatened legal or administrative proceeding unless compelled by court process. The limitations of this section shall not preclude Contractor or any persons in any way from representing themselves, including giving expert testimony in support thereof, in any action or in any administrative or legal proceeding.

In the event Contractor is permitted pursuant to this Agreement to utilize subcontractors to perform any services required by this Agreement, Contractor agrees to require such subcontractors, by written contract, to comply with the provisions of this section to the same extent as Contractor.

P. Schedule and Delays

Time is of the essence in this Agreement. By signing, Contractor affirms that it believes the schedule to be reasonable; provided, however, the parties acknowledge that the schedule might be modified as the City directs.

Q. Materiality and Waiver of Breach

City and Contractor agree that each requirement, duty, and obligation set forth herein was bargained for at arm's-length and is agreed to by the parties in exchange for *quid pro quo*, that each is substantial and important to the formation of this Agreement and that each is, therefore, a material term hereof.

City's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

R. Compliance With Laws

Contractor shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing Contractor's duties, responsibilities, and obligations pursuant to this Agreement.

S. Severance

In the event a portion of this Agreement is found by a court of competent jurisdiction to be invalid or unenforceable, the provisions not having been found by a court of competent jurisdiction to be invalid or unenforceable shall continue to be effective.

T. Limitation of Liability

The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action for money damages due to an alleged breach by the City of this Agreement, so that its liability for any such breach never exceeds the sum of \$1,000. Contractor hereby expresses its willingness to enter into this Agreement with Contractor's recovery from the City for any damage action for breach of contract or for any action or claim arising from this Agreement to be limited to a maximum amount of \$1,000 less the amount of all funds actually paid by the City to Contractor pursuant to this Agreement.

Accordingly, and notwithstanding any other term or condition of this Agreement, Contractor hereby agrees that the City shall not be liable to Contractor for damages in an amount in excess of \$1,000 which amount shall be reduced by the amount actually paid by the City to Contractor pursuant to this Agreement, for any action for breach of contract or for any action or claim arising out of this Agreement. Nothing contained in this paragraph or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon City's liability as set forth in Article 768.28, Florida Statutes.

U. Jurisdiction, Venue, Waiver, Waiver of Jury Trial

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Venue for any lawsuit by either party against the other party or otherwise arising out of this Agreement, and for any other legal proceeding, shall be in the Seventeenth Judicial Circuit in and for Broward County, Florida, or in the event of federal jurisdiction, in the Southern District of Florida, Fort Lauderdale Division.

In the event Contractor is a corporation organized under the laws of any province of Canada or is a Canadian federal corporation, the City may enforce in the United States of America or in Canada or in both countries a judgment entered against the Contractor. The Contractor waives any and all defenses to the City's enforcement in Canada of a judgment entered by a court in the United States of America.

V. Amendments

No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by the Mayor-Commissioner and/or City Manager, as determined by City Charter and Ordinances, and Contractor or others delegated authority to or otherwise authorized to execute same on their behalf.

W. Prior Agreements

This document represents the final and complete understanding of the parties and incorporates or supersedes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein. The parties agree that there is no commitment, agreement, or understanding concerning the subject matter of this Agreement that is not contained in this written document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representation or agreement, whether oral or written.

X. Payable Interest

Except as required and provided for by the Florida Local Government Prompt Payment Act, City shall not be liable for interest for any reason, whether as prejudgment interest or for any other purpose, and in furtherance thereof Contractor waives, rejects, disclaims and surrenders any and all entitlement it has or may have to receive interest in connection with a dispute or claim based on or related to this Agreement.

Y. Representation of Authority

Each individual executing this Agreement on behalf of a party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly

authorized by all necessary and appropriate action to execute this Agreement on behalf of such party and does so with full legal authority.

AA. Uncontrollable Circumstances ("Force Majeure")

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

A. The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;

B. The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;

C. No obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and

D. The non-performing party uses its best efforts to remedy its inability to perform. Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Contractor will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

BB. Scrutinized Companies

This Section applies to any contract for goods or services of \$1 million or more:

The Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it does not have business operations in Cuba or Syria as provided in section 287.135, Florida Statutes (2012), as may be amended or revised. The City may terminate this Contract at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2012), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or has been engaged in business operations in Cuba or Syria, as defined in Section 287.135, Florida Statutes (2012) , as may be amended or revised.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: [Signature]
City Manager

Approved as to form:

[Signature]
Senior Assistant City Attorney

ATTEST:

By: [Signature]
Print Name: SCOTT LAPLANT
Secretary

CONTRACTOR

By: [Signature]
Print Name: JERRY M FORD
Chairman
CEO

(CORPORATE SEAL)

STATE OF _____:
COUNTY OF _____:

The foregoing instrument was acknowledged before me this 5 day of December, 2012, by Jerry Ford as CEO chairman for Marathon Health, Inc., a Delaware corporation authorized to transact business in the State of Florida.

(SEAL)

[Signature]
Notary Public, State of Vermont
(Signature of Notary Public)

[Signature]

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____
Type of Identification Produced _____

Solicitation 725-11022
Employee Health Center/Clinic Administration



CITY OF FORT LAUDERDALE

City of Fort Lauderdale

Bid 725-11022 Employee Health Center/Clinic Administration

Bid Number 725-11022
Bid Title Employee Health Center/Clinic Administration
Bid Start Date Jun 25, 2012 11:37:54 AM EDT
Bid End Date Jul 24, 2012 2:00:00 PM EDT
Question & Answer End Date Jul 12, 2012 8:00:00 PM EDT
Bid Contact Richard Ewell
 Procurement Specialist II
 Procurement Services

Changes made on Jun 26, 2012 6:54:44 AM EDT

Previous End Date	Jul 12, 2012 2:00:00 PM EDT	New End Date	Jul 24, 2012 2:00:00 PM EDT
Previous Q & A End Date	Jun 28, 2012 8:00:00 PM EDT	New Q & A End Date	Jul 12, 2012 8:00:00 PM EDT

Description

The City of Fort Lauderdale, Florida is seeking proposals from qualified firms for the administration of an Employee Health Center/Clinic, in accordance with the terms, conditions, and specifications contained in this Request for Proposal. For a copy of the RFP, go to www.bidsync.com.

RFP #725-11022**TITLE: Employee Health Center/Clinic Administration****PART I – INTRODUCTION/INFORMATION**

01. **PURPOSE**
The City of Fort Lauderdale, Florida (City) is seeking proposals from qualified proposers, hereinafter referred to as the Contractor, for the administration of an employee health center/clinic for the City's Human Resources Department, in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).
02. **INFORMATION OR CLARIFICATION**
For information concerning technical specifications, please utilize the question / answer feature provided by BidSync at www.bidsync.com. Questions of a material nature must be received prior to the cut-off date specified in the RFP Schedule. Material changes, if any, to the scope of services or bidding procedures will only be transmitted by written addendum. (See addendum section of BidSync Site). Contractor's please note: Proposals shall be submitted as stated in PART VI – Requirements of the Proposal. No part of your proposal can be submitted via FAX. No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Contractor has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required. The entire proposal must be submitted in accordance with all specifications contained in this solicitation.
03. **TRANSACTION FEES**
The City of Fort Lauderdale uses BidSync (www.bidsync.com) to distribute and receive bids and proposals. There is no charge to vendors/contractors to register and participate in the solicitation process, nor will any fees be charged to the awarded vendor.
04. **ELIGIBILITY**
To be eligible for award of a contract in response to this solicitation, the Contractor must demonstrate that they have successfully completed services, as specified in the Technical Specifications / Scope of Services section of this solicitation are normally and routinely engaged in performing such services, and are properly and legally licensed to perform such work. In addition, the Contractor must have no conflict of interest with regard to any other work performed by the Contractor for the City of Fort Lauderdale.
05. **PRICING/DELIVERY**
All pricing should be identified in PART VII - PROPOSAL PAGES – COST PROPOSAL. No additional costs may be accepted, other than the costs stated on the Proposal pages.
06. **RFP DOCUMENTS**
The Contractor shall examine this RFP carefully. Ignorance of the requirements will not relieve the Contractor from liability and obligation under the Contract.
07. **AWARD**
The City reserves the right to award to that proposer who will best serve the interests of the City, for the product/service that will best serve the needs of the City of Fort Lauderdale.

The City also reserves the right to waive minor variations in the specifications and in the bidding process. The City further reserves the right to accept or reject any and/or all

proposals and to award or not award a contract based on this bid solicitation.

08. **PRICE VALIDITY**

Prices provided in this Request for Proposal (RFP) are valid for 120 days from time of RFP opening. The City shall award contract within this time period or shall request to the recommended awarded vendor an extension to hold pricing, until products/services have been awarded.

PART II - RFP SCHEDULE

EVENT	DATE/TIME
Release of RFP	6/25/12
Deadline for Questions/Request for Clarifications	7/12/12
Proposal Due Date/Time (Deadline)	7/24/12 2:00 pm

PART III - SPECIAL CONDITIONS**01. GENERAL CONDITIONS**

RFP General Conditions Form G-107 Rev. 04/12 (GC) are included and made a part of this RFP.

02. NEWS RELEASES/PUBLICITY

News releases, publicity releases, or advertisements relating to this contract or the tasks or projects associated with the project shall not be made without prior City approval.

03. RFP DOCUMENTS

The Contractor shall examine this RFP carefully. Ignorance of the requirements will not relieve the Contractor from liability and obligations under the Contract.

04. CONTRACTORS' COSTS

The City shall not be liable for any costs incurred by Contractor in responding to this RFP.

05. RULES AND PROPOSALS

The signer of the proposal must declare that the only person(s), company or parties interested in the proposal as principals are named therein; that the proposal is made without collusion with any other person(s), company or parties submitting a proposal; that it is in all respects fair and in good faith, without collusion or fraud; and that the signer of the proposal has full authority to bind the principal Contractor.

06. CONTRACT PERIOD

The initial contract term shall commence upon date of award by the City or September 1, 2012, whichever is later, and shall expire 28 months from that date. The City reserves the right to extend the contract for two additional one year terms, providing all terms conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City.

In the event services are scheduled to end because of the expiration of this contract, the Contractor shall continue the service upon the request of the City as authorized by the awarding authority. The extension period shall not extend for more than ninety (90) days beyond the expiration date of the existing contract. The Contractor shall be compensated for the service at the rate in effect when this extension clause is invoked by the City.

07. COST ADJUSTMENTS

Prices quoted shall be firm for the initial contract term. No cost increases shall be accepted in this initial contract term. Please consider this when providing your pricing for this request for proposal.

Thereafter, any extensions which may be approved by the City shall be subject to the following: Costs for any extension terms shall be subject to an adjustment only if increases or decreases occur in the industry. Such adjustment shall be based on the latest yearly percentage increase in the All Urban Consumers Price Index (CPI-U) as published by the Bureau of Labor Statistics, U.S. Dep't. of Labor, and shall not exceed five percent (5%).

The yearly increase or decrease in the CPI shall be that latest Index published and available for the calendar year ending 12/31, prior to the end of the contract year then in effect, as compared to the index for the comparable month, one-year prior.

Any requested adjustment shall be fully documented and submitted to the City at least ninety (90) days prior to the contract anniversary date. Any approved cost adjustments shall become effective on the beginning date of the approved contract extension.

The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, or considered to be excessive, or if decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the Contract will be considered cancelled on the scheduled expiration date.

08. SERVICE TEST PERIOD

If the Contractor has not previously performed the services to the city, the City reserves the right to require a test period to determine if the Contractor can perform in accordance with the requirements of the contract, and to the City's satisfaction. Such test period can be from thirty to ninety days, and will be conducted under all specifications, terms and conditions contained in the contract. This trial period will then become part of the initial contract period.

A performance evaluation will be conducted prior to the end of the test period and that evaluation will be the basis for the City's decision to continue with the Contractor or to select another Contractor (if applicable).

09. CONTRACT COORDINATOR

The City may designate a Contract Coordinator whose principal duties shall be:

- Liaison with Contractor.
- Coordinate and approve all work under the contract.
- Resolve any disputes.
- Assure consistency and quality of Contractor's performance.
- Schedule and conduct Contractor performance evaluations and document findings.
- Review and approve for payment all invoices for work performed or items delivered.

10. CONTRACTOR PERFORMANCE REVIEWS AND RATINGS

The City Contract Coordinator may develop a Contractor performance evaluation report. This report shall be used to periodically review and rate the Contractor's performance under the contract with performance rating as follows:

Excellent	Far exceeds requirements.
Good	Exceeds requirements
Fair	Just meets requirements.
Poor	Does not meet all requirements and contractor is subject to penalty provisions under the contract.
Non-compliance	Either continued poor performance after notice or a performance level that does not meet a significant portion of the requirements. This rating makes the Contractor subject to the default or cancellation for cause provisions of the contract.

The report shall also list all discrepancies found during the review period. The Contractor shall be provided with a copy of the report, and may respond in writing if he takes exception to the report or wishes to comment on the report. Contractor performance reviews and subsequent reports will be used in determining the suitability of contract extension.

11. NO EXCLUSIVE CONTRACT/ADDITIONAL SERVICES

While this contract is for services provided to the department referenced in this Request for Proposals, the City may require similar work for other City departments. Contractor agrees to take on such work unless such work would not be considered reasonable or become an undue burden to the Contractor.

Contractor agrees and understands that the contract shall not be construed as an exclusive arrangement and further agrees that the City may, at any time, secure similar or identical services from another vendor at the City's sole option.

The City may require additional items or services of a similar nature, but not specifically listed in the contract. The Contractor agrees to provide such items or services, and shall provide the City prices on such additional items or services based upon a formula or method, which is the same or similar to that used in establishing the prices in his proposal. If the price(s) offered are not acceptable to the City, and the situation cannot be resolved to the satisfaction of the City, the City reserves the right to procure those items or services from other vendors, or to cancel the contract upon giving the Contractor thirty (30) days written notice.

12. DELETION OR MODIFICATION OF SERVICES

The City reserves the right to delete any portion of the Contract at any time without cause, and if such right is exercised by the City, the total fee shall be reduced in the same ratio as the estimated cost of the work deleted bears to the estimated cost of the work originally planned. If work has already been accomplished on the portion of the Contract to be deleted, the Contractor shall be paid for the deleted portion on the basis of the estimated percentage of completion of such portion.

If the Contractor and the City agree on modifications or revisions to the task elements, after the City has approved work to begin on a particular task or project, and a budget has been established for that task or project, the Contractor will submit a revised budget to the City for approval prior to proceeding with the work.

13. SUBSTITUTION OF PERSONNEL

It is the intention of the City that the Contractor's personnel proposed for the contract will be available for the initial contract term. In the event the Contractor wishes to substitute personnel, he shall propose personnel of equal or higher qualifications and all replacement personnel are subject to City approval. In the event substitute personnel are not satisfactory to the City and the matter cannot be resolved to the satisfaction of the City, the City reserves the right to cancel the Contract for cause. See Section 5.09 General Conditions.

14. INSURANCE

The Contractor shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The City is to be added as an "additional insured" with relation to General Liability Insurance. This MUST be written in the description section of the insurance certificate, even if you have a check-off box on your insurance certificate. Any costs for adding the City as "additional insured" will be at the contractor's expense.

The City of Fort Lauderdale shall be given notice 10 days prior to cancellation or modification of any stipulated insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall

be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Division.

The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that precludes coverage for work contemplated in this RFP shall be deemed unacceptable, and shall be considered breach of contract.

Workers' Compensation and Employers' Liability Insurance

Limits: Workers' Compensation – Per Florida Statute 440
Employers' Liability - \$500,000

Any firm performing work on behalf of the City of Fort Lauderdale must provide Workers' Compensation insurance. Exceptions and exemptions will be allowed by the City's Risk Manager, if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Workers' Compensation Division at (850) 413-1601 or on the web at www.fldfs.com.

Commercial General Liability Insurance

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage \$1,000,000.

This coverage must include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Contractors

Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily injury	\$250,000 each person, \$500,000 each occurrence
Property damage	\$100,000 each occurrence

Professional Liability (Errors & Omissions)

Consultants

Limits: \$2,000,000 per occurrence

A copy of **ANY** current Certificate of Insurance should be included with your proposal.

In the event that you are the successful bidder, you will be required to provide a certificate naming the City as an "additional insured" for General Liability.

Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement Services Division
100 N. Andrews Avenue, Room 619
Fort Lauderdale, FL 33301

15. **SUBCONTRACTORS**

If the Contractor proposes to use subcontractors in the course of providing these services to the City, this information shall be a part of the bid response. Such information shall be subject to review, acceptance and approval of the City, prior to any contract award. The City reserves the right to approve or disapprove of any subcontractor candidate in its best interest and to require Contractor to replace subcontractor with one that meets City approval.

Contractor shall ensure that all of Contractor's subcontractors perform in accordance with the terms and conditions of this Contract. Contractor shall be fully responsible for all of Contractor's subcontractors' performance, and liable for any of Contractor's subcontractors' non-performance and all of Contractor's subcontractors' acts and omissions. Contractor shall defend, at Contractor's expense, counsel being subject to the City's approval or disapproval, and indemnify and hold harmless the City and the City's officers, employees, and agents from and against any claim, lawsuit, third-party action, or judgment, including any award of attorney fees and any award of costs, by or in favor of any Contractor's subcontractors for payment for work performed for the City.

16. **INSURANCE – SUBCONTRACTORS**

Contractor shall require all of its subcontractors to provide the aforementioned coverage as well as any other coverage that the contractor may consider necessary, and any deficiency in the coverage or policy limits of said subcontractors will be the sole responsibility of the contractor.

17. **INSURANCE FOR COLLECTION OF CREDIT CARD PAYMENTS**

The successful contractor will need to provide proof that they maintain insurance coverage in an amount of not less than \$1,000,000 specifically for cyber related crimes relating to the transmission of credit card information over their website that can include but are not limited to criminal activity involving the information technology infrastructure, including illegal access (unauthorized access), illegal interception (by technical means of non-public transmissions of computer data to, from or within a computer system), data interference (unauthorized damaging, deletion, deterioration, alteration or suppression of computer data), systems interference (interfering with the functioning of a computer system by inputting, transmitting, damaging, deleting, deteriorating, altering or suppressing computer data), misuse of devices, forgery (ID theft), and electronic fraud.

18. **UNCONTROLLABLE CIRCUMSTANCES ("Force Majeure")**

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage,

act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

A. The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;

B. The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;

C. No obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and

D. The non performing party uses its best efforts to remedy its inability to perform. Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Contractor will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

19. PUBLIC ENTITY CRIMES

NOTE: Contractor, by submitting a proposal attests she/he/it has not been placed on the convicted vendor list.

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

20. CANADIAN COMPANIES

The City may enforce in the United States of America or in Canada or in both countries a judgment entered against the Contractor. The Contractor waives any and all defenses to the City's enforcement in Canada, of a judgment entered by a court in the United States of America. All monetary amounts set forth in this Contract are in United States dollars.

21. LOBBYING ACTIVITIES

ALL CONTRACTORS PLEASE NOTE: Any contractor submitting a response to this solicitation must comply, if applicable, with City of Fort Lauderdale Ordinance No. C-00-27 & Resolution No. 07-101, Lobbying Activities. Copies of Ordinance No. C-00-27 and Resolution No. 07-101 may be obtained from the City Clerk's Office on the 7th Floor of City Hall, 100 N. Andrews Avenue, Fort Lauderdale, Florida. The ordinance may also be viewed on the City's website at:

<http://www.fortlauderdale.gov/clerk/LobbyistDocs/lobbyistord1009.pdf> .

22. **BID TABULATIONS/INTENT TO AWARD**

(Notice of Intent to Award Contract/Bid, resulting from the City's Formal solicitation process, requiring City Commission action, may be found at http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm. Tabulations of receipt of those parties responding to a formal solicitation may be found at <http://www.fortlauderdale.gov/purchasing/bidresults.htm>, or any interested party may call the Procurement Office at 954-828-5933.

23. **SAMPLE CONTRACT AGREEMENT**

A sample of the formal agreement template, which may be required to be executed by the awarded vendor can be found at our website <http://fortlauderdale.gov/purchasing/general/contractsample021412.pdf>

24. **LOCAL BUSINESS PREFERENCE**

Section 2-199.2, Code of Ordinances of the City of Fort Lauderdale, (Ordinance No. C-12-04), provides for a local business preference.

In order to be considered for a local business preference, a proposer must include the Local Business Preference Certification Statement, Attachment "A" of this RFP, as applicable to the local business preference class claimed **at the time of proposal submittal**:

Upon formal request of the City, based on the application of a local Business Preference the Proposer shall within ten (10) calendar days submit the following documentation to the Local Business Preference Class claimed:

A) Copy of City of Fort Lauderdale current year business tax receipt, or Broward County current year business tax receipt, and

B) List of the names of all employees of the proposer and evidence of employees' residence within the geographic bounds of the City of Fort Lauderdale or Broward County, as the case may be, such as current Florida driver license, residential utility bill (water, electric, telephone, cable television), or other type of similar documentation acceptable to the City.

Failure to comply at time of proposal submittal shall result in the Proposer being found ineligible for the local business preference.

THE COMPLETE LOCAL BUSINESS PREFERENCE ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK:
<http://www.fortlauderdale.gov/purchasing/index.htm>

Definitions: The term "Business" shall mean a person, firm, corporation or other business entity which is duly licensed and authorized to engage in a particular work in the State of Florida. Business shall be broken down into four (4) types of classes:

1. Class A Business – shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City and shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
2. Class B Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time

employees within the limits of the City or shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.

3. Class C Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone **and** staffed with full-time employees within the limits of Broward County.
4. Class D Business – shall mean any Business that does not qualify as either a Class A, Class B, or Class C business.

25. SERVICE ORGANIZATION CONTROLS

The Contractor shall provide a current SSAE 16, SOC 2, Type I report within six months of contract award. Awarded contractor will be required to provide an SSAE 16, SOC 2, Type II report annually during the term of this contract.

26. LIST OF ATTACHMENTS

- A. Local Vendor Preference Statement
- B. Cigna Utilization
- C. Specialist Procedure Detail
- D. Urgent Care Procedure Detail

PART IV - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

01. Background & Overview

The City of Fort Lauderdale (City) is seeking proposals from qualified firms to set-up, operate and manage an employee health center/clinic for the City.

- The City's benefit plans have been self-funded since 2000 (approximately \$3.5mm in Rx claims and another \$14mm in medical claims).
- The City has utilized the TPA and PBM services of Cigna since January of 2011 (AvMed TPA from 2003 – 2011 and ESI PBM from 2010-2011). The current network copays will be waived at the clinic of \$30 for network primary care visits, \$40 for specialist and urgent care visits, and for pharmacy copays (\$10 generic, \$30 formulary, and \$45 non-formulary).
- There are currently 1,520 active employees and 340 retirees/COBRA participants with a total of 4,480 participants, including spouses (825) and children (1,800), covered under the City's self-funded health plan.
- Cigna currently provides a fulltime onsite health and wellness coordinator who runs a formal wellness plan for 400 management employees that provides a \$500 incentive for completion of specified annual activities and provides the 1,220 general employees with \$25.00 incentives for completing biometric screenings, Health Assessments and many other monthly wellness activities.

02. Objectives

Select a qualified firm capable of the meeting the following objectives for setting up and administering an employee health center/clinic.

1. Provide the services for the set-up, build-out and management of the employee health center/clinic.
2. Reduce health plan claim costs through utilization of the clinic by replacing the City's primary care, specialist, urgent care visits and increasing the utilization of generic drugs.
3. Enhance Cigna's current wellness program by moving it within the employee health center/clinic including biometric screenings, HRAs, and coaching activities.
4. Move a portion of the City's disease management activities within the clinic.
5. Integrate the clinic's utilization and information with the City's healthcare TPA (Cigna)

It is the City's goal to measure the impact of the clinic in hard-dollar healthcare savings without factoring in soft ROI productivity savings from work-loss or absenteeism. The clinic will not initially cover occupational health issues, workers compensation, or new hire physicals and/or employee drug testing which are currently contracted to an outside vendor.

03. Scope of Services

The selected firm must provide the following services.

Employee Health Center/Clinic Model**City of Fort Lauderdale**

- Offsite Location:** Considerations may be for a leased storefront or City location (vacant fire-training facility at 16th & Federal Highway) within a triangle of large City work-locations:
1. City Hall
 2. Police Headquarters
 3. Sistrunk (Building Services)
 4. Fiveash
- Clinic Size:** Facility: 3,000 square feet, reception area, clerical area, 2-treatment rooms, lab area, Rx dispensing area, physician office, wellness coordinator office
Grounds: safe neighborhood, well-lit exterior, easy access, and adjacent free parking spaces
- Clinic Staff:** Physician is proposed initially as part-time (50%) becoming full-time after 6 months, full-time nurse practitioner/physician assistant, full-time medical assistant/office manager, and Cigna Wellness Coordinator (funded by Cigna)
- Health Management:** Medical services to be provided cover such areas as preventive screenings, health coaching, disease management, urgent care, flu and cold treatment, vaccinations, immunizations, educational healthcare information, chronic disease management, acute care, preventive care, etc.
- Data System:** Secure data system accessible to clinic's medical staff who would be able to access patient wellness activities (biometric screenings, HRA, and 1-on-1 sessions); disease management (risk profiles), and Cigna physician claims records. Provide regular monthly reports to the City to illustrate how the clinic is offsetting current primary care, specialist and urgent care visits as well as the disease management success of the clinic.
- Pharmacy:** Limited formulary designed to encourage movement from non-brand to brand and to generic utilization and to encourage compliance for key maintenance diagnoses
- Hours:** 7am-4pm Monday thru Friday
- Diagnostic Tests:** Includes simple on-site testing (biometric screenings, glucose, etc.). Tests will continue to be done at Quest and Cigna network sites for X-rays and MRIs
- Eligibility:** Active employees, spouses and dependents over age 14 years old.

Occupational Therapy will not be initially covered by the Clinic.

04. Estimated Utilization Report

The following chart is to be used by proposers to estimate what impact you will have on moving 35% or more of the City's primary care, specialist, and urgent care visits to the clinic:

City of Fort Lauderdale	
Self-Funded Health Plan	
Estimated Utilization Report	
Average Plan Members During 2011	4,507
PCP Paid Per Claim (2012)	\$72.00
Number of Annual Claims (2011)	9,574
Specialists Paid Per Claim (2012)	\$ 109.00
Number of Annual Claims (2011)	23,188
Urgent Care Paid Per Claim (2012)	\$ 104.00
Number of Annual Claims (2011)	639
TOTAL ANNUAL CLAIMS (2011)	33,401
<p>Claims paid per office visit represent the City's net cost (net of member copays or lab charges). To compile this data we have used Cigna's 2012 costs for PCP, Specialist and UC visits and based the annual volume of visits on AvMed's 2011 experience.</p>	

PART V – PROPOSAL EVALUATION CRITERIA

The award of the contract will be based on certain objective and subjective considerations listed below:

Criteria	Weight Factor
Set-Up...Ability to advise on location, hiring and maintaining a professional staff, assistance in build-out of the facility and setting up all supplies necessary	20 %
Data System...Ability to integrate claims data with Cigna in addition to wellness initiatives (biometrics, HRA, 1-on-1's) and disease management (high risk individuals)	30 %
Cost...Overall cost of operating and managing as well as performance guarantees based on the movement of at least 50% of the City's primary care, urgent care and specialist visits to the clinic.	30 %
References...Evaluation of the performance of at least three other clinics of similar size and specifications.	20 %

TOTAL PERCENT AVAILABLE:

100%

An evaluation committee of qualified City Staff or other persons selected by the City will conduct evaluations of proposals. It may be a two-step process. In step one, the committee will evaluate all responsive proposals based upon the information and references contained in the proposals as submitted. The committee shall review each proposal and rank each proposer's evaluation criteria as stated in this RFP (i.e. criteria 1, 2, 3, 4), and determine a minimum of three (3), if more than three (3) proposals are responsive, to be finalists for further consideration. In the event there are less than three (3) responsive proposals, the committee will give further consideration to all responsive proposals received. In step two, the committee may conduct discussions (oral presentations), for clarification purposes only, with the finalists and re-score and re-rank the finalists' proposals. The evaluation committee may then make a recommendation, resulting from this process, to the City Manager for award of a contract.

The City may require visits to customer installations or demonstrations of product by Contractor's, as part of the evaluation process.

The City of Fort Lauderdale reserves the right, before awarding the contract, to require a Proposer to submit any evidence of its qualifications as the City may deem necessary, and to consider any evidence available of financial, technical and other qualifications and capabilities, including performance experience with past and present users.

The City of Fort Lauderdale reserves the right to request additional clarifying information and request an oral presentation from any and all Proposers prior to determination of award.

The City reserves the right to award the contract to that Proposer who will best serve the interest of the City. The City reserves the right based upon its deliberations and in its opinion, to accept or reject any or all proposals. The City also reserves the right to waive minor irregularities or variations to the specifications and in the bidding process.

The City uses a mathematical formula for determining allocation of evaluation criteria including cost points, to each responsive, responsible proposer. Each evaluation criteria stated in the RFP has an identified weighted factor. Each evaluation committee member will rank each criteria, from each proposer, giving their first ranked proposer as number 1, and second proposer as number 2 and so on. The City shall average the ranking for each criteria, for all evaluation committee members, and then multiply that average ranking by the weighted criteria identified in the RFP. The lowest average final ranking score will determine the recommendation by the evaluation committee to the City Manager.

PART VI - REQUIREMENTS OF THE PROPOSAL

All proposals must be submitted as specified on the proposal pages, which follow. Any attachments must be clearly identified. To be considered, the proposal must respond to all parts of the RFP. Any other information thought to be relevant, but not applicable to the enumerated categories, should be provided as an appendix to the proposal. If publications are supplied by a proposer to respond to a requirement, the response should include reference to the document number and page number. Proposals not providing this reference will be considered to have no reference material included in the additional documents. The City prefers all responses to this RFP to be less than 50 pages and that the Contractor utilize recyclable materials as much as possible. Expensive or fancy binders are not preferred.

All proposals must be submitted in a sealed package with the RFP number, due and open date, and RFP title clearly marked on the outside. If more than one package is submitted they should be marked 1 of 2, etc.

THIS IS A PAPER RFP WITH CD's. All proposals must be received by the City of Fort Lauderdale, in the Procurement Services Division, Room 619, City Hall, 100 North Andrews Avenue, Fort Lauderdale, Florida, 33301 prior to 2:00 pm on the date specified in PART II – RFP SCHEDULE. Submittal of response by fax or e-mail will NOT be acceptable.

PROPOSERS MUST SUBMIT AN IDENTIFIED ORIGINAL HARD COPY, PLUS (2) ADDITIONAL HARD COPIES OF THEIR PROPOSAL PAGES INCLUDING ANY ATTACHMENTS.

THE ABOVE REQUIREMENTS TOTAL (3) HARD COPIES OF YOUR PROPOSAL. CONTRACTORS SHOULD SUBMIT YOUR PROPOSAL ALSO ON A CD. CONTRACTOR SHOULD PROVIDE (5) CD COPIES OF YOUR PROPOSAL. CD COPIES MUST MATCH THE ORIGINAL HARDCOPY. IN CASE OF ANY DISCREPENCY BETWEEN THE ORIGINAL HARD COPIES AND THE CD, THE ORIGINAL HARD COPY PREVAILS. FAILURE TO PROVIDE PROPOSALS AS STATED ABOVE, MAY BE GROUNDS TO FIND CONTRACTOR NON-RESPONSIVE.

The proposer understands that the information contained in these Proposal Pages is to be relied upon by the City in awarding the proposed Agreement, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal, relating to the qualifications of the proposer, as may be required by the City.

A representative who is authorized to contractually bind the Contractor shall sign the Bid/Proposal Signature page. Omission of a signature on that page may result in rejection of your proposal.

PART VII - PROPOSAL PAGES – COST PROPOSAL

Cost to the City: Contractor must quote firm, fixed, annual rate for all services identified in this request for proposal. No other costs will be accepted.

Please provide a detailed cost quote, along with a suggested payment schedule, for all services requested to implement and administer your pricing model as well as considerations for support and maintenance. We are requesting your predicted hard-dollar ROI (no soft ROI factors) for the model quoted. Cost proposal must also include a suggested payment schedule.

Failure to use the City's COST PROPOSAL Page and provide costs as requested in this RFP, may deem your proposal non-responsive.

Total Annual Cost MUST include all expenses and travel.

TOTAL ANNUAL FIRM FIXED FEE \$ _____/ANNUALLY

PART VIII - PROPOSAL PAGES - TECHNICAL PROPOSAL

The following issues should be fully responded to in your proposal in concise narrative form. Additional sheets should be used, but they should reference each issue and be presented in the same order.

- Tab 1: Bid/Proposal Signature page
- Tab 2: Cost Proposal Page
- Tab 3: Required Documents:
Non-Collusion Statement
Local Vendor Preference Form
- Tab 4: Letter of Interest, The letter of interest may contain any other information not in the proposal but should not exceed two (2) pages.
- Tab 5: Statement of Proposed Services. Proposals should respond to scope of work and include a health center/clinic model, proposed savings and guarantees, and projected costs and savings. This should be no longer than twelve (12) pages (single sided).
- Tab 6: Response to Bidder Questionnaire
- Tab 7: Business Licenses. Evidence that your firm and/or persons performing the work are licensed to do business in the State of Florida including, licensing/NCQA.
- Tab 8: Evidence of Insurance. Certificate of Insurance showing coverage, forms, limits. Actual insurance certificates will be required from recommended contractor, prior to award.
- Tab 9: References
- Tab 10: Deviations to requested specifications.
- Tab 11: Any additional attachments to your proposal.

**RFP 725-11022
Proposer Questionnaire**

General Organization

Explain the ownership structure of your company and include the following information:

1. Type of entity (corporation, partnership, Limited Liability Company, sole proprietorship, etc.)
2. Full legal name of the entity
3. Full legal name of the parent, if the company is an affiliate of another company
4. State in which the company was incorporated or formed and when
5. Primary location (city and state)
6. Headquarters location of the parent, if the company is an affiliate of another company
7. State(s) in which the company is qualified to do business
8. Tax identification number
9. Number of full-time employees
10. Provide a copy of your company's organization chart for employer clinic services.
11. What is the status of your license to operate clinics in each state in the country? Are you compliant with Clinical Laboratory Improvement Amendment (CLIA) guidelines in each of these states?
12. Provide a brief overview of your company including the length of time in business, its history, strategy and markets.
13. Provide copies of the following financial statement for the last three (3) fiscal years:
 - Most current annual report
 - Most recent interim financial report
14. Submit a copy of your company's detailed Disaster and Business Recovery plans. Specify frequency of testing and date last tested.
15. Submit a copy of your company's detailed Data Security Policies and Procedures.
16. Provide profiles of staff within your company that would be assigned to the City account.
17. Describe how the City relationship would be managed if your firm were selected as the successful vendor.
18. How many employer clinics have you operated in the past twenty-four (24) months? How many that you managed have closed in the past twenty-four (24) months? Please list and provide the reason for closure.
In the past five (5) years, how many in-house managed employer clinics have you taken over?
Please note how many of these clinics are in Florida?
19. Please provide blinded samples of ALL standard reports that the City will be offered as part of the quoted fees. Your reporting package will be evaluated as part of the RFP response review and vendor selection process.
20. Please provide a list of government and public-sector clients and the length of time that you have served them.

21. Provide the current number of clinics managed by type:

- Retail/free-standing full-time _____
- Retail/free-standing part time _____
- Employer worksite full-time _____
- Employer worksite part-time _____

22. Please describe your partners and other third parties or subcontractors with whom you collaborate for provision of services outlined in this RFP. Along with your description, complete the table below to include the following information about your partners or subcontractors:

Company	Number of Years Providing Clinic Services to Employers	Number of Employees	Location of Headquarters

- 23. For lab testing that is outsourced, please identify and describe any business relationships, established protocols, and discounts.
- 24. For diagnostic imaging that is outsourced, please identify and describe any business relationships and established protocols.
- 25. How is the patient experience provided by your managed clinics different from the typical patient experience in at other community medical facilities?
- 26. What services do you recommend adding or removing from the proposed service model?

Data Integration

The City would like to understand the level of integration between the clinics and its other vendor partners.

Please indicate what level of integration will exist with Cigna, who is the City's medical and prescription drug vendor. Please describe any current clinic relationships with Cigna or other carriers. Include in your response:

- 1. Business process or process flows in place for referrals to specialists, for diagnostic services, and to hospital facilities
- 2. Business Associate Agreements established to allow manual & electronic exchange of data
- 3. Individual claim submission per encounter, established automated exchange of data
- 4. Format used for data exchange
- 5. Sending frequency of data exchange (daily, monthly, quarterly, annually)
- 6. Receive frequency of data exchange (daily, monthly, quarterly, annually)
- 7. Is clinic data collected in a data warehouse that you own or contract for?

8. Will all of the data from external vendors in the table from Question 1 be available to the clinician through the Electronic Medical Records (EMR) while they are with the patient?
9. Will all of the data from external vendors in the table from Question 1 be available to the patient through the patient portal (web based)?
10. With what other vendors in the marketplace do you have established AUTOMATED data exchanges in place, complete with comprehensive business rules, process flows, and signed business associate agreements?

Clinical Integration

1. Describe in detail how you plan to integrate and coordinate care with the City's health management programs with Cigna including, but not limited to, how you coordinate care with the patient's health/wellness coach/nurse, primary care physician, specialist and community referrals as well as what level of coaching your clinical staff provides.
2. Provide a detailed description of your specialist referral management process. Explain your approach to assessing referrals and choosing which physicians to refer. Detail how you identify referral resources and utilize published quality indicators. Referrals to Cigna network providers are preferred when possible.
3. Provide an example of client(s), with existing wellness and disease management programs, for which you provide referrals and integrate with the associated vendor(s). Please describe the processes and integration support you provide including the movement of data from biometric screenings, health assessments, and disease management activities.

Quality Management

1. Do you employ a full-time internal Medical Director for your clinics? If so, please provide their Curriculum Vitae (CV).
2. Describe your clinic Quality Assessment and Performance Improvement (QAPI) plan and program in detail.
3. How frequently will the City's on-site clinic facilities be audited (environment of care, life safety, safety, security, operations)?
 - a. What specific clinic elements are audited?
 - b. Who will perform the audits (internal, external audit)?
 - c. How will the City be notified of the results?
 - d. What industry standards do you use for facility audits?
4. Do you require that a post-implementation audit be conducted?
5. What other types of audits will you conduct on the City's clinic?
6. What is the expected time frame for initial response to complaints, resolution and ongoing patient communication?
7. Describe your compliance program relative to privacy and security of individually identifiable protected health information
8. How are your clinics audited for Health Insurance Portability and Accountability Act (HIPAA) privacy and security compliance? Who conducts the audit? Describe

- any HIPAA violations in the past five years.
9. Provide a copy of your HIPAA compliance, data security and protection, financial data security, and all other related privacy and data protection compliance and security policies and procedures.
 10. Is your firm currently accredited by NCQA or any other organization for the services proposed?

Health Management

1. Describe how you will engage (tools, programs, strategies) employees to become active participants in their own health and healthcare decision making. How do you measure that engagement?
2. Describe how your company will provide on-site health/lifestyle and disease/condition management to support the Clinic?
3. How would you integrate and share data with Cigna, such as disease/condition management, etc. to create a fully-integrated health management program and ensure an effective and seamless experience for participants?
4. Please provide all Key Performance Indicators (KPI) (clinical, operational) that you routinely track and monitor to assess program impact?
5. Are all of the following health screenings available and included in your projected pricing & services: height/weight, BMI, body fat, triglycerides, blood pressure, lipid panel, drug test, alcohol test, tobacco, glucose, well woman (pap, mammogram, Breast Self-Exam (BSE) training and male screening (Digital Rectal Exam (DRE), Prostate Specific Antigen (PSA))?
6. Describe the areas of health and wellness in which you are able to provide support and counseling and describe staff qualifications of those who would perform these services.
7. Do you have experience integrating with the Cigna Health Risk Assessment (HRA)? What percentage of your employer clients utilize an HRA that is not offered by your company?

Pharmacy

The City may offer a limited dispensary model. Please review the formulary and non-formulary drugs currently prescribed by the City and describe your pharmacy capabilities in your responses to the questions below.

1. Please provide a brief summary of physician, physician assistant, and nurse practitioner prescribing and dispensing regulations for the State of Florida in which the City might implement an on-site program.
2. Please provide a list of drugs normally stocked in your clinics including the total number of drugs offered and sample pricing.
3. Do your clinics provide starter unit doses or dose packs? Please provide a list of drug classes normally targeted for starter packs including the total number of drugs offered.
4. Please describe how your organization will integrate with existing Pharmacy Benefit Manager (Cigna). Please provide some examples of the PBM vendors

- with whom you have experience.
5. What quality control system do you have in place to prevent drug interactions with drugs dispensed at the clinic versus drugs that may be dispensed at Cigna retail pharmacies?
 6. Do you have e-prescribing capabilities? Is there a separate fee for setting up e-prescribing? Can you accommodate e-prescribing systems offered by other vendors (like a PBM)?
 7. Please provide a brief summary of your policies and procedures regarding security of prescription drugs on-site and describe any liability concerns regarding prescription drugs on-site.

Communications

The City recognizes the importance of proper communications in driving high utilization of clinic services. The City expects your engagement and communication tools and materials will be coordinated within the City's communications strategy and conform to City standards. Please answer the following questions regarding your approach.

1. Please describe your approach to communications.
2. Please provide a sample communications plan.
3. Please provide a complete list of ALL communications tools that are INCLUDED in the quoted fees.
4. Describe individual engagement and communications strategies to encourage City employees to maintain their health as an extension of the clinic services.

Staffing

You will be expected to staff the on-site clinic; please respond to the questions below assuming staffing as requested.

1. Please confirm that the City can conduct background checks on all on-site personnel.
2. What do you consider to be the optimal staffing ratio (clinician to eligible member AND clinician to Office Visit (OV) for a group of this size and projected activity?
3. Please describe staffing availability for peak times such as flu season and year-end conducting of biometric screenings and health assessments.
4. Please describe what role, if any, the City would play in the interviewing and/or selection of the on-site staff.
5. What percentage of your employer worksite full-time physicians turned over in the past twelve (12) months?
6. What percentage of your employer worksite full-time nurse practitioners turned over in the past twelve (12) months?
7. What resources do you use to recruit clinical staff (e.g. Career Builder, etc.)?
8. Who will be the account manager for the City and the primary point of contact?
9. What is your process to ensure timely orientation for staff inclusive of required training (e.g., OSHA) and validation of current competency (for clinical staff)?
10. Describe the process to ensure that clinical staff and providers receive (internal and external) continuing clinical education?

11. What resources do you offer to support the City in the event of a disease outbreak and pandemic and other disaster preparedness (e.g. H1N1)? Please provide a copy of a sample clinic disaster plan and business continuity plan (can be outline).
12. Would clinic employees follow the City's holiday schedule?
13. Describe your policies and staffing plans for absences (scheduled and unscheduled), vacations, and holidays?
14. How many clients will the City's account manager be assigned to (including the City)?

Technology

Data collection, reporting and program evaluation, outcomes and information systems are important to the City. A clear understanding of your systems and service capabilities in this area is essential. If the City tiered model approach impacts any of your answers, please clearly state why and your recommended approach.

1. Electronic Medical Record (EMR)/Practice Management (PM)?
 - A. What system do you offer/recommend?
 - B. Is it a proprietary system or provided through a preferred vendor partner?
 - C. Who is responsible for your upgrades, support, maintenance and back-up, and disaster recovery?
 - D. What standard integration does the EMR have with other vendors (including pharmacy)?
2. Does your EMR
 - A. Conduct predictive modeling (i.e. data mining to predict stratified health risk)?
 - B. Identify and report on gaps in care? If yes, discuss how data would be integrated into the City's QAPI programs.
 - C. Integrate patient data with evidence-based guidelines decision support inclusive of clinician alerts?
 - D. Does decision support functionality suggest treatment options or plans of care based on individual patient data?
 - E. Offer online employee appointment scheduling?
 - F. Track efficiency metrics (e.g., access to appointments, wait times, throughput, time to third appointment, etc.)?
 - G. Track referrals and referral follow-up vis-à-vis either an automated or manual process? If automated, describe the system utilized.
 - H. Track follow-up on ordered diagnostics (manual or online)?
3. Please describe your computer hardware and telecommunications requirements. Outline specifically all technology hardware that is required to be purchased. Please describe if your information system software is currently Office of the National Coordinator for Health Information Technology (ONC) and Certification of Healthcare Information Technology (CCHIT) certified.

4. Please describe the technology platform and interfaces that you propose to use to deliver your solution. Identify when the next anticipated upgrade of your platform is and what impact such upgrade would have on services delivered to the City. Please provide an estimate of the frequency of upgrades to your platform.
5. Please detail the name(s) of your technology providers and note any future plans/ changes to the extent that you are able.
6. Please describe the back-up processes you have in place and where back-up media will be retained.
7. Detail your process for system upgrades and enhancements including any near term plans (2012-2014) for platform upgrades. Are upgrades and updates tested in non-production databases prior to promotion into the production environment?
8. Describe the ownership of the technology you are using to support the processing of your clinic data.
9. How does your organization ensure that security risk assessments are routinely conducted? Describe the process for routine security audits and breach notification and the process and timeliness by which the City would be notified of any breach.

Data Protection, Security and Confidentiality

The following questions apply to your in-house systems and licensed products, as well as downstream vendor applications utilized by the clinic. Please be specific in your responses.

1. How do you handle secure transmission of sensitive data being used or transmitted by this application(s)? Will any data be transmitted across the Internet and is it protected during transmission (SSL, IPSec, VPN)?
2. Is any data sent to a third-party? If yes, briefly describe the process and how it is protected?
3. Who has access to the backups and servers and where will the data be stored and backed-up? Will it be backed-up and stored encrypted?
4. How do you ensure you keep current on all the latest security updates?
5. Have you ever had a third-party security audit of your site/tools? If yes, when, by whom and what was the outcome? What resources could you provide to support this effort?
6. Do you have documented and published Information Security Policies and Standards?
7. Do you have a Chief Information Security Officer?
8. Do you have a documented Security Incident Response Plan?
9. Do you have a security awareness program for new employees and existing employees?
10. Do you use a data center(s)? If yes, is the data center certified (e.g., SAS-70 II)? Where is the data center(s) located?
11. Are customer environments segregated (either logically or physically) from the corporate network?

Administration

The City is evaluating vendor approach, capabilities, and experience in the administration of clinic activity.

1. How will you ensure consistency in service delivery and quality?
2. Please provide samples of your policies and procedures for the following operational processes:
 - A. Medical record release
 - B. Patient scheduling
 - C. Referral to external specialist or primary care physician
 - D. Referral to on-site health/wellness coach
 - E. Incorporation of HRA data into the patient file (or policies regarding use of secured patient • portal to conduct a HRA if applicable).
 - F. Patient scheduling for same day/open access scheduling of appointments
 - G. Emergency response to security alarms
 - H. Management of clinical emergencies, transfer to a higher level of care
 - I. Evaluation of patient satisfaction
 - J. Management of complaints and grievances
 - K. Reporting of incidents and occurrences (risk management)
 - L. Documentation of informed consent for minor invasive procedures
 - M. Patient confidentiality privacy/security/confidentiality of medical records
 - N. Medication administration/safety/storage
3. Would you be willing to customize your operational policies and procedures for the City clinic?
4. Does your technology platform offer coding assistance to confirm coding accuracy and documentation of patient visits?
5. Can the technology platform verify a patient's eligibility and insurance coverage?
6. Is your system compatible with all major insurance payors and billing clearinghouse systems?
7. Do you have the capability of controlling access to the clinic to individuals who are eligible for services? Describe the process for vendor identification and access control. Describe the process to manage individuals who present to the clinic as walk-ins who are not eligible for services.
8. Do you have the capability of managing eligibility for individuals who are enrolled in the employer group health, or based on other criteria selected by the City?

Project Planning and Implementation

As this project advances, the City expects a team dedicated to overseeing and managing the implementation comprised of your representatives, its consultant(s), the City and its HR/benefits staff. If your approach for any of the questions below varies by service tier, please provide a separate response for each tier.

1. Please provide a sample implementation plan (existing in-house clinic to third party vendor management).
2. Please list the three most common problems encountered during implementations of this type that delay or add unexpected cost.

3. Please describe how your organization has avoided these common sources of delayed implementation.
 4. Please provide an overview of the process and participants necessary to ensure project success.
 5. What time commitments will be required of City team members during implementation and ongoing?
-

RFP #725-11022 Reference Form

Please provide three examples of the following case studies based on your employer clients. Also include references for three (3) clients who have terminated your services. This form is to be included in Tab 9 of your proposal.

Current Clients:

Large employer with clinic locations implemented by your company:

- Name of Employer
- Number of Full-Time Employees
- Year implementation occurred
- Overview of the employer
- Industry (public preferred)
- Location - (include onsite or near site)
- Number of employees (1,500 to 4,000 preferred)
- Definition of eligibility (active employees, spouses, children, retirees, participation in health plan required) ?
- Financial model (cost-plus or all inclusive fee-for-service)
- Objectives of the clinics
- Services offered
- Full-time staffing (physician, physician assistant, nurse practitioner, medical assistant)
- Number of hours per week and times available for appointments
- Key performance measures that were tracked
- Challenges faced
- Keys to success
- Most recent outcomes (clinical, financial, utilization) comparison of primary care office visits, specialist off visits and urgent care visits before and after clinic implementation
- Financial and performance guarantees provided
- Name of employer contact who is responsible for clinic oversight. Please include phone number and email.

Terminated Clients

Name of Company
 Total Number of Full-Time Employees
 Name & Title of Contact
 Email Address
 Telephone Number
 Services/Programs Delivered
 Number of Eligible Employees
 Duration of Service Relationship
 Employer Industry
 Reason for Termination

RFP NO. 725-11022

TITLE: Employee Health Center/Clinic Administration

ATTACHMENT " A "
LOCAL BUSINESS PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local BUSINESS preference classification as indicated herein, and further certifies and agrees that it will re-affirm it's local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this RFP. Violation of the foregoing provision may result in contract termination.

(1) Business Name is a Class A Business as defined in City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the City of Fort Lauderdale current year Business Tax Receipt and a complete list of full-time employees and their addresses shall be provided within 10 calendar days of a formal request by the City.

(2) Business Name is a Class B Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the Business Tax Receipt or a complete list of full-time employees and their addresses shall be provided within 10 calendar days of a formal request by the City.

(3) Business Name is a Class C Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

(4) Business Name requests a Conditional Class A classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

(5) Business Name requests a Conditional Class B classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

(6) Business Name is considered a Class D Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. and does not qualify for Local Preference consideration. (Notary not required for Class "D")

PROPOSER'S COMPANY:

AUTHORIZED COMPANY PERSON:

STATE OF
COUNTY OF
NAME SIGNATURE DATE

The foregoing instrument was acknowledged before me this day of 20, by and as and respectively, of identification. They are personally known to me or have produced as

(SEAL)

Notary Public, State of
(Signature of Notary taking Acknowledgment)

Name of Notary Typed, Printed or Stamped

My Commission Expires:

Commission Number

March 30, 2012

City of Fort Lauderdale
Attachment B

CITY OF FORT LAUDERDALE (0041688)

INPATIENT FACILITY TOTAL UTILIZATION AND COSTS*

Based on Processed Dates

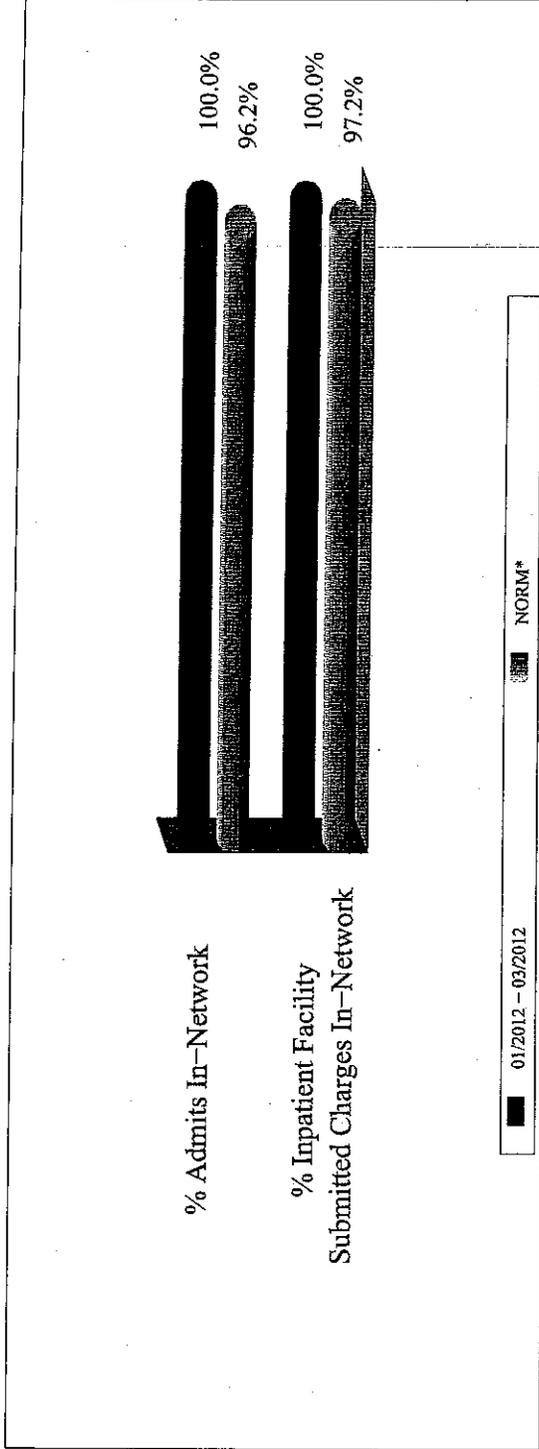
DESCRIPTION	
Average Number of Members	4,537
Number of Admissions	43
Number of Days	200
Average Length of Stay	4.7
Admissions per 1,000 Members	9.5
Bed Days per 1,000 Members	44.1
INPATIENT FACILITY SUBMITTED CHARGES	
Average Submitted Charge per Admission	\$1,939,786
Average Submitted Charge per Day	\$45,111
	\$35,049
	\$6,782
INPATIENT FACILITY COVERED CHARGES	
Average Covered Charge per Admission	\$677,186
Average Covered Charge per Day	\$15,749
	\$15,754
	\$3,049
INPATIENT FACILITY PAYMENTS	
Average Payment per Admission	\$614,319
Average Payment per Day	\$14,286
	\$14,195
	\$3,072
	\$2,747

*Includes only those services billed through the facility
**OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

PERCENTAGE OF INPATIENT FACILITY NETWORK UTILIZATION

Based on Processed Dates



Distribution of Inpatient Facility Charges and Admissions by In-Network and Out-of-Network

Category	In-Network	Out-of-Network	% of Admissions In-Network
NUMBER OF ADMISSIONS	4	4	
In-Network	4	0	100.0%
Out-of-Network	0	4	0%
INPATIENT FACILITY SUBMITTED CHARGES	\$455,458	\$0	100.0%
In-Network	\$455,458	\$0	100.0%
Out-of-Network	\$0	\$0	0%
% of Charges In-Network	100.0%	0%	100.0%

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

City of Fort Lauderdale
Attachment B

CITY OF FORT LAUDERDALE (0041688)

FACILITY OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY**

Based on Processed Dates

Service Category	Number of Patients	Cost
Surgery	18.1	\$921
Diagnostic Testing	411.7	\$181
Emergency Room	77.4	\$468
Other	159.6	\$214
TOTAL FACILITY OUTPATIENT	666.7	\$242

Service Category	Number of Patients	Cost
Surgery	82	\$75,510
Diagnostic Testing	1,868	\$338,558
Emergency Room	351	\$164,377
Other	724	\$155,106
TOTAL FACILITY OUTPATIENT	3,025	\$733,552

*Includes only those services billed through the facility

**OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

***A utilization count of one will apply to one episode of the same patient, service category, day, and provider.

****Please note that the dollars in this report may not match other reports due to the methodology used to build the events.

City of Fort Lauderdale
Attachment B

RFP 725-11022

CITY OF FORT LAUDERDALE (0041688)

TOP 10 PHYSICIAN SPECIALTIES RANKED BY TOTAL PAYMENTS

Based on Processed Dates

SPECIALTY	TOTAL PAYMENTS	PERCENTAGE	NUMBER OF CLAIMANTS	AVERAGE PAYMENT PER CLAIMANT	NUMBER OF VISITS	AVERAGE PAYMENT PER VISIT
INTERNAL MEDICINE	\$25,846	18.0%	637	\$41	466	\$55
FAMILY PRACTICE	\$22,549	15.7%	497	\$45	382	\$59
PEDIATRICS	\$21,458	14.9%	499	\$43	306	\$70
ORTHOPEDIC SURGERY	\$8,638	6.0%	180	\$48	137	\$63
OBSTETRICS	\$6,909	4.8%	125	\$55	105	\$66
DERMATOLOGY	\$6,482	4.5%	283	\$23	234	\$28
OTOLARYNGOLOGY	\$4,517	3.1%	77	\$59	63	\$72
CARDIOVASCULAR DISEASE	\$4,465	3.1%	86	\$52	68	\$66
NEUROLOGY	\$3,775	2.6%	58	\$65	41	\$92
UROLOGICAL SURGERY	\$3,614	2.5%	93	\$39	69	\$52
OTHER	\$35,539	24.7%	809	\$44	574	\$62
TOTAL	\$143,793	100.0%	3,344	\$43	2,445	\$59

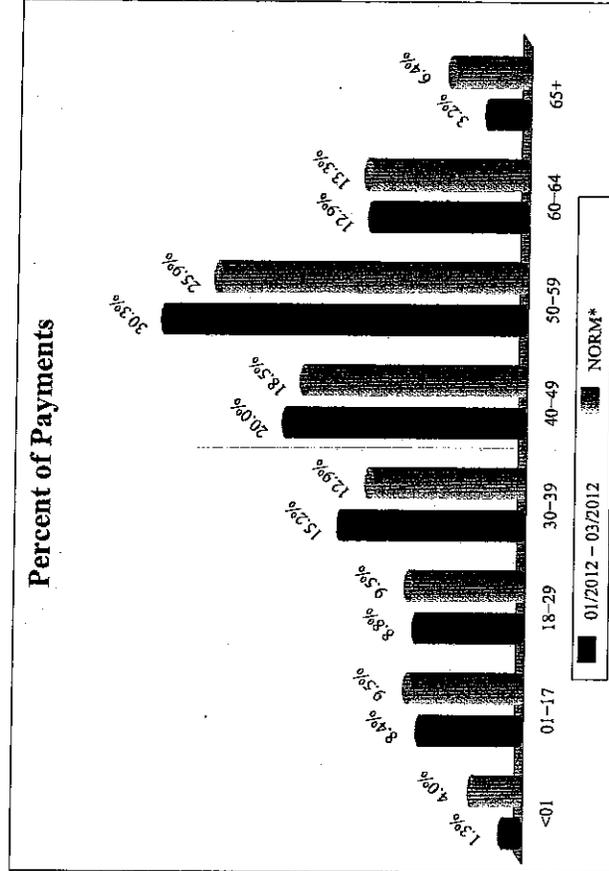
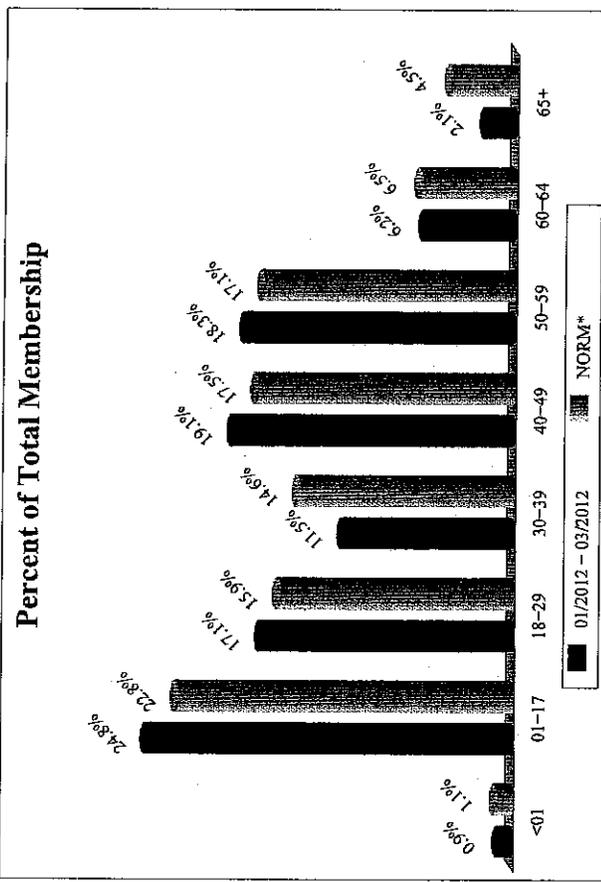
*Counts are based on unique counts of claimants for each specialty.

CITY OF FORT LAUDERDALE (0041688)

DEMOGRAPHICS BY AGE AND GENDER CATEGORIES

Based on Processed Dates

01/2012 - 03/2012



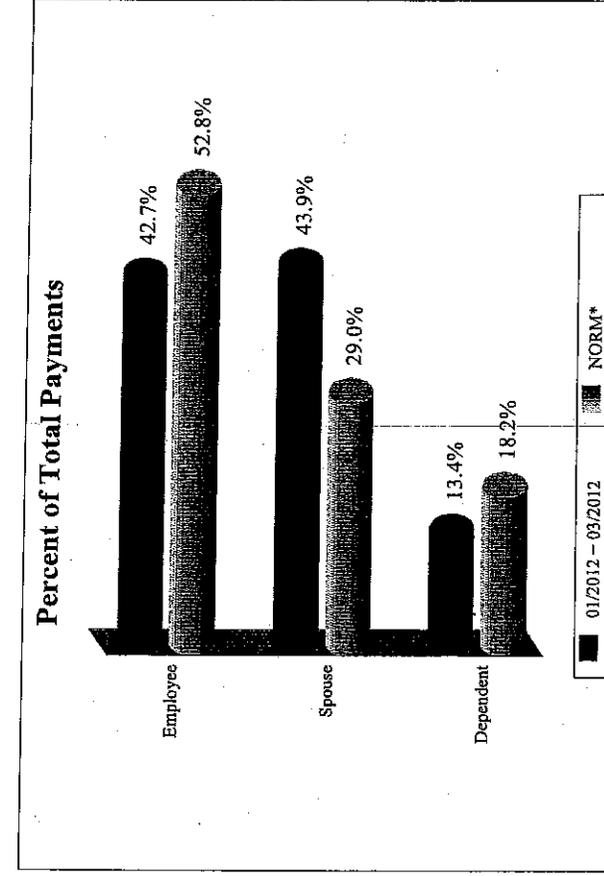
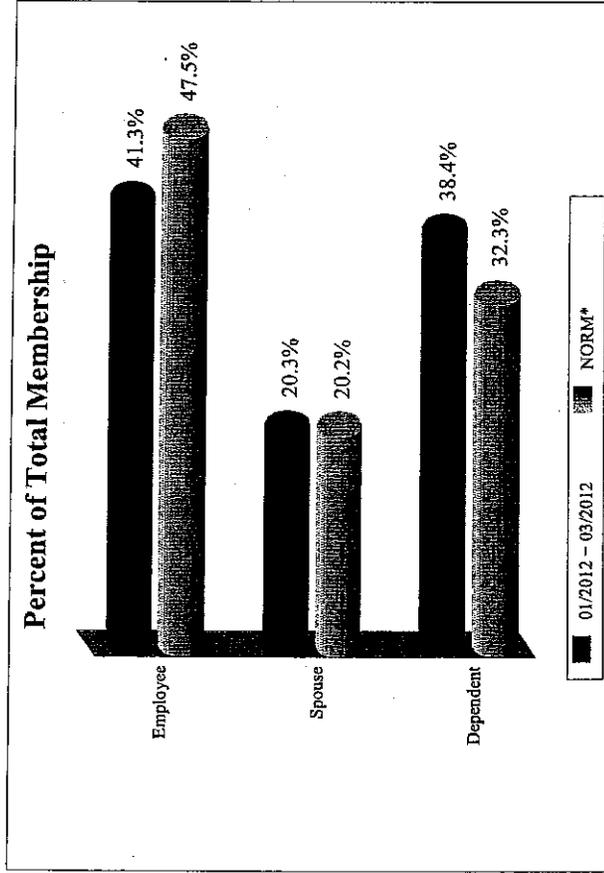
AGE GROUP	MEMBERS	CLAIMS	AVERAGE CLAIM VALUE	PERCENT OF TOTAL CLAIMS	PERCENT OF TOTAL MEMBERS
<01	39	0.3%	\$30,704	1.3%	1.3%
01-17	1,126	12.0%	\$205,109	8.4%	8.4%
18-29	776	7.7%	\$214,479	8.8%	8.8%
30-39	520	5.7%	\$370,681	15.2%	15.2%
40-49	868	9.7%	\$487,693	20.0%	20.0%
50-59	830	8.0%	\$738,476	30.3%	30.3%
60-64	281	2.7%	\$314,883	12.9%	12.9%
65+	96	0.7%	\$76,987	3.2%	3.2%
TOTAL	4,537	47.0%	\$2,439,012	100.0%	100.0%

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

**The average number of members on this report may be different than the overall average reported on other exhibits.

CITY OF FORT LAUDERDALE (0041688)

DEMOGRAPHICS BY MEMBER RELATIONSHIP
Based on Processed Dates



MEMBER RELATIONSHIP	NUMBER OF MEMBERS	TOTAL CLAIMS PAID	AVERAGE CLAIMS PER MEMBER	NORM*
Employee	1,872	\$1,040,968	\$556	\$3,385
Spouse	921	\$1,070,465	\$1,163	\$4,379
Dependent	1,744	\$327,578	\$188	\$1,710
Total	4,537	\$2,439,011	\$538	\$3,044

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

ANALYSIS OF CHARGES AND PAYMENTS

IN-NETWORK

Based on Processed Dates

	01/2012	02/2012	03/2012	04/2012	05/2012	06/2012	07/2012	08/2012	09/2012	10/2012	11/2012	12/2012	TOTAL
Average Number of Members													4,537
Total Unique Claimants													2,268
MEDICAL FFS* SUBMITTED CHARGES													\$8,576,273
Medical FFS* Charges Denied Due to Lack of Information													\$262,132
Denied as a % of Medical FFS* Submitted Charges													3.1%
MEDICAL FFS* NET CHARGES													\$8,314,141
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges													96.9%
Discounts													\$4,468,252
Plan Exclusions													\$113,420
Amounts above R & C													\$1,030
Pre_Existing Conditions													\$0
Ineligible Claimants													\$1,550
Plan Max Exceeded													\$0
Covered by Medicare													\$44,707
Other Reasons not Covered													\$918,711
Total Medical FFS* Amounts Not Covered													\$5,547,670
Medical FFS* Not Covered as a % of Medical FFS* Net Charges													66.7%
MEDICAL FFS* COVERED CHARGES													\$2,766,470
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges													32.3%
Medical FFS* Deductible/CoPay													\$269,192
Medical FFS* Deductible/CoPay as a % of Medical FFS* Covered Charges													9.7%
Avg. Medical FFS* Deductible/CoPay per Member													\$59
Medical FFS* Coinsurance													\$29,286
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges													1.1%
Avg. Medical FFS* Coinsurance per Member													\$6
Payments by Other Carriers													\$38,264
MEDICAL FFS* PAYMENTS													\$2,430,407
Medical FFS* Payments as a % of Medical FFS* Submitted Charges													28.3%
CAPITATION DOLLARS													\$127,256
PHARMACY PAYMENTS													\$838,607
OVERALL PAYMENTS													\$3,396,270

*Note: The financials in this report reflect Medical Fee for Service dollars only.
**OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

**ANALYSIS OF CHARGES AND PAYMENTS
OUT-OF-NETWORK
Based on Processed Dates**

Average Number of Members	4,537	
Total Unique Claimants	215	
MEDICAL FFS* SUBMITTED CHARGES	\$121,338	
Medical FFS* Charges Denied Due to Lack of Information	\$380	
Denied as a % of Medical FFS* Submitted Charges	0.3%	0.4%
MEDICAL FFS* NET CHARGES	\$121,958	
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	99.7%	99.6%
Discounts	\$5,009	
Plan Exclusions	\$335	6.6%
Amounts above R & C	\$0	2.1%
Pre-Existing Conditions	\$0	0.0%
Ineligible Claimants	\$0	1.6%
Plan Max Exceeded	\$0	0.9%
Covered by Medicare	\$0	11.8%
Other Reasons not Covered	\$102,672	12.0%
Total Medical FFS* Amounts Not Covered	\$108,016	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	88.6%	48.6%
MEDICAL FFS* COVERED CHARGES	\$13,942	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	11.4%	51.2%
Medical FFS* Deductible/CoPay	\$4,706	
Medical FFS* Deductible/CoPay as a % of Medical FFS* Covered Charges	33.8%	13.9%
Avg. Medical FFS* Deductible/CoPay per Member	\$1	
Medical FFS* Coinsurance	\$632	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	4.5%	14.1%
Avg. Medical FFS* Coinsurance per Member	\$0	
Payments by Other Carriers	\$0	
MEDICAL FFS* PAYMENTS	\$8,605	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	7.0%	31.0%

*Note: The financials in this report reflect Medical Fee for Service dollars only.
**OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

ANALYSIS OF CHARGES AND PAYMENTS

TOTAL

Based on Processed Dates

Average Number of Members	4,537
Total Unique Claimants	2,268
Plan Utilization	50.0%
MEDICAL FFS* SUBMITTED CHARGES	\$8,698,611
Medical FFS* Charges Denied Due to Lack of Information	\$262,512
Denied as a % of Medical FFS* Submitted Charges	3.0%
MEDICAL FFS* NET CHARGES	\$8,436,099
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	97.0%
Discounts	\$4,473,261
Plan Exclusions	\$113,755
Amounts above R & C	\$1,030
Pre-Existing Conditions	\$0
Ineligible Claimants	\$1,550
Plan Max Exceeded	\$0
Covered by Medicare	\$44,707
Other Reasons not Covered	\$1,021,383
Total Medical FFS* Amounts Not Covered	\$5,655,686
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	67.0%
MEDICAL FFS* COVERED CHARGES	\$2,780,412
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	32.0%
Medical FFS* Deductible/CoPay	\$273,898
Medical FFS* Deductible/CoPay as a % of Medical FFS* Covered Charges	9.9%
Avg. Medical FFS* Deductible/CoPay per Member	\$60
Medical FFS* Coinsurance	\$29,918
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	1.1%
Avg. Medical FFS* Coinsurance per Member	\$7
Payments by Other Carriers	\$38,264
MEDICAL FFS* PAYMENTS	\$2,439,011
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	28.0%
CAPITATION DOLLARS	\$127,256
PHARMACY PAYMENTS	\$838,607
OVERALL PAYMENTS	\$3,404,874

*Note: The financials in this report reflect Medical Fee for Service dollars only.
 **OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

City of Fort Lauderdale
 Attachment B
 RFP 725-11022

CITY OF FORT LAUDERDALE (0041688)

MEDICAL & PHARMACY PAYMENT AMOUNTS BY DOLLAR RANGE

Based on Processed Dates

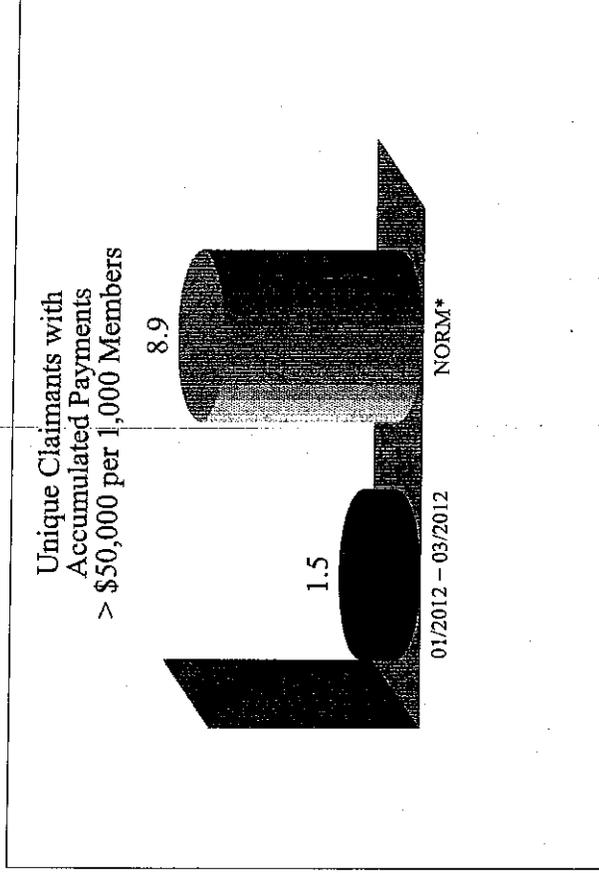
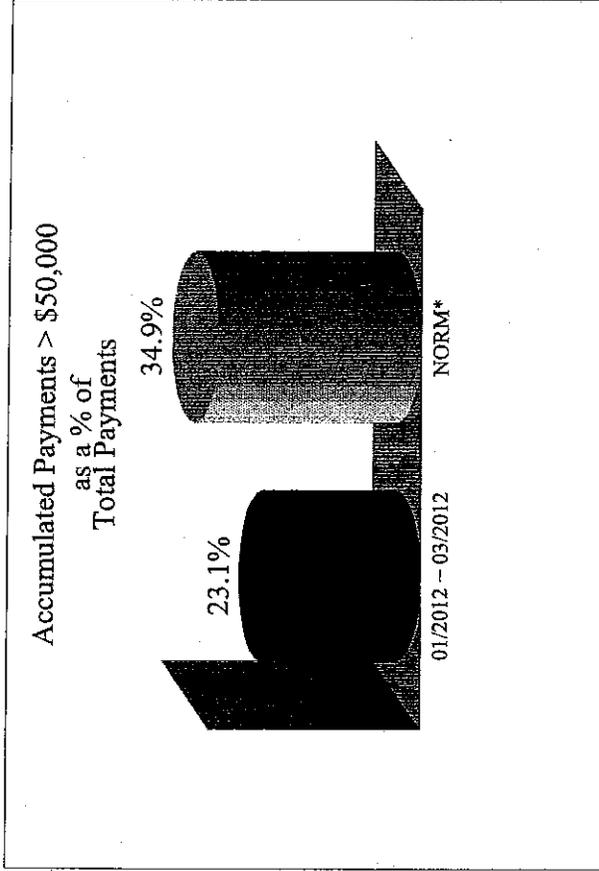
Dollar Range	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
\$0	65	0.0%	\$0	2.4%	\$0	0.0%	\$0	0.0%	\$0	6.6%
<=\$100	638	1.0%	\$31,212	23.3%	\$49	0.2%	\$51	11.3%	\$0	0.0%
>\$100 <=\$500	1,053	8.3%	\$270,419	38.4%	\$257	2.0%	\$266	28.0%	\$0	0.0%
>\$500 <=\$1,000	443	9.6%	\$314,255	16.2%	\$709	2.8%	\$718	14.4%	\$0	0.0%
>\$1,000 <=\$2,500	346	16.0%	\$522,900	12.6%	\$1,511	7.4%	\$1,612	16.6%	\$0	0.0%
>\$2,500 <=\$5,000	99	10.7%	\$349,675	3.6%	\$3,532	9.4%	\$3,539	9.7%	\$0	0.0%
>\$5,000 <=\$10,000	46	10.1%	\$330,374	1.7%	\$7,182	12.6%	\$7,029	6.5%	\$0	0.0%
>\$10,000 <=\$25,000	34	15.9%	\$522,506	1.2%	\$15,368	19.0%	\$15,249	4.5%	\$0	0.0%
>\$25,000 <=\$50,000	10	10.6%	\$345,950	0.4%	\$34,595	13.5%	\$34,594	1.4%	\$0	0.0%
>\$50,000 <=\$75,000	3	6.2%	\$202,228	0.1%	\$67,409	7.5%	\$60,613	0.4%	\$0	0.0%
>\$75,000 <=\$100,000	2	4.8%	\$157,947	0.1%	\$78,974	4.8%	\$86,082	0.2%	\$0	0.0%
>\$100,000	2	7.0%	\$230,153	0.1%	\$115,076	20.8%	\$202,639	0.4%	\$0	0.0%
TOTAL	2,741	100.0%	\$3,277,619	100.0%	\$1,196	100.0%	\$3,637	100.0%		
Negative Amounts Not Included**	0		\$0							
TOTAL	2,741		\$3,277,619							

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012
 **This number represents claim reprocessing at a unique claimant level that resulted in a refund.

CITY OF FORT LAUDERDALE (0041688)

CATASTROPHIC CLAIMS STATISTICS

Based on Processed Dates



CATASTROPHIC CLAIMS STATISTICS		01/2012 - 03/2012		NORM*	
Employee	2	\$112,456	4.6%	\$56,228	(51.0%)
Spouse	5	\$450,238	18.5%	\$90,048	(22.4%)
Dependent	0	\$0	0.0%	\$0	(100.0%)
Total Catastrophic	7	\$562,694	23.1%	\$80,385	(37.9%)

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

City of Fort Lauderdale
Attachment B
RF# 725-11022

CITY OF FORT LAUDERDALE (0041688)

DISTRIBUTION OF PAYMENTS BY SERVICE SETTING AND TYPE OF PROVIDER

Based on Processed Dates

Service Setting and Type of Provider	Amount	Percentage	Percentage
INPATIENT MEDICAL	\$794,597	24.2%	29.9%
Facility	\$623,125	19.0%	24.1%
Professional	\$161,092	4.9%	4.9%
Other	\$10,380	0.3%	0.9%
OUTPATIENT MEDICAL & PHARMACY	\$2,483,022	75.8%	70.1%
Facility	\$728,446	22.2%	26.2%
Professional	\$748,837	22.8%	23.3%
Pharmacy	\$838,607	25.6%	10.0%
Other	\$167,132	5.1%	10.6%
TOTAL MEDICAL & PHARMACY	\$3,277,619	100.0%	100.0%
Total Facility	\$1,351,571	41.2%	50.3%
Total Professional	\$909,929	27.8%	28.1%
Total Pharmacy	\$838,607	25.6%	10.0%
Total Other	\$177,512	5.4%	11.5%

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

**DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
TOTAL**

MAJOR DIAGNOSTIC CATEGORY	AMOUNT	PERCENTAGE
NERVOUS	\$212,841	8.7%
EYE	\$25,407	1.0%
EAR, NOSE, THROAT	\$112,924	4.6%
RESPIRATORY	\$163,405	6.7%
CIRCULATORY	\$254,821	10.4%
DIGESTIVE	\$237,195	9.7%
LIVER	\$9,867	0.4%
MUSCULOSKELETAL	\$296,283	12.1%
SKIN, BREAST	\$231,384	9.5%
METABOLIC	\$50,700	2.1%
KIDNEY	\$122,625	5.0%
MALE REPRODUCTIVE	\$12,095	0.5%
FEMALE REPRODUCTIVE	\$81,835	3.4%
PREGNANCIES	\$82,577	3.4%
NEWBORN	\$8,336	0.3%
BLOOD	\$148,365	6.1%
SPINE, BONE MARROW	\$65,001	2.7%
INFECTIONS	\$20,251	0.8%
MENTAL	\$8,292	0.3%
SUBSTANCE ABUSE	\$2,151	0.1%
INJURIES, POISONINGS	\$28,202	1.2%
BURNS	\$93	0.0%
HEALTH STATUS	\$251,720	10.3%
MULTI SIGNIF TRAUMA	\$0	0.0%
HIV INFECTIONS	\$1,506	0.1%
UNGROUPABLE	\$11,133	0.5%
TOTAL	\$2,439,009	100.0%

CITY OF FORT LAUDERDALE (0041688)

**DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
INPATIENT**

MAJOR DIAGNOSTIC CATEGORY	PAID AMOUNT	PERCENTAGE
NERVOUS	\$141,385	17.8%
EYE	\$0	0.0%
EAR, NOSE, THROAT	\$400	0.1%
RESPIRATORY	\$114,932	14.5%
CIRCULATORY	\$125,801	15.8%
DIGESTIVE	\$53,089	6.7%
LIVER	\$152	0.0%
MUSCULOSKELETAL	\$110,880	14.0%
SKIN, BREAST	\$44,937	5.7%
METABOLIC	\$10,694	1.3%
KIDNEY	\$17,504	2.2%
MALE REPRODUCTIVE	\$221	0.0%
FEMALE REPRODUCTIVE	\$17,970	2.3%
PREGNANCIES	\$59,480	7.5%
NEWBORN	\$3,632	0.5%
BLOOD	\$40,101	5.0%
SPINE, BONE MARROW	\$660	0.1%
INFECTIONS	\$7,507	0.9%
MENTAL	\$133	0.0%
SUBSTANCE ABUSE	\$0	0.0%
INJURIES, POISONINGS	\$11,107	1.4%
BURNS	\$0	0.0%
HEALTH STATUS	\$34,011	4.3%
MULTI SIGNIF TRAUMA	\$0	0.0%
HIV INFECTIONS	\$0	0.0%
UNGROUPABLE	\$0	0.0%
TOTAL	\$794,596	100.0%

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)
RFP 725-11022

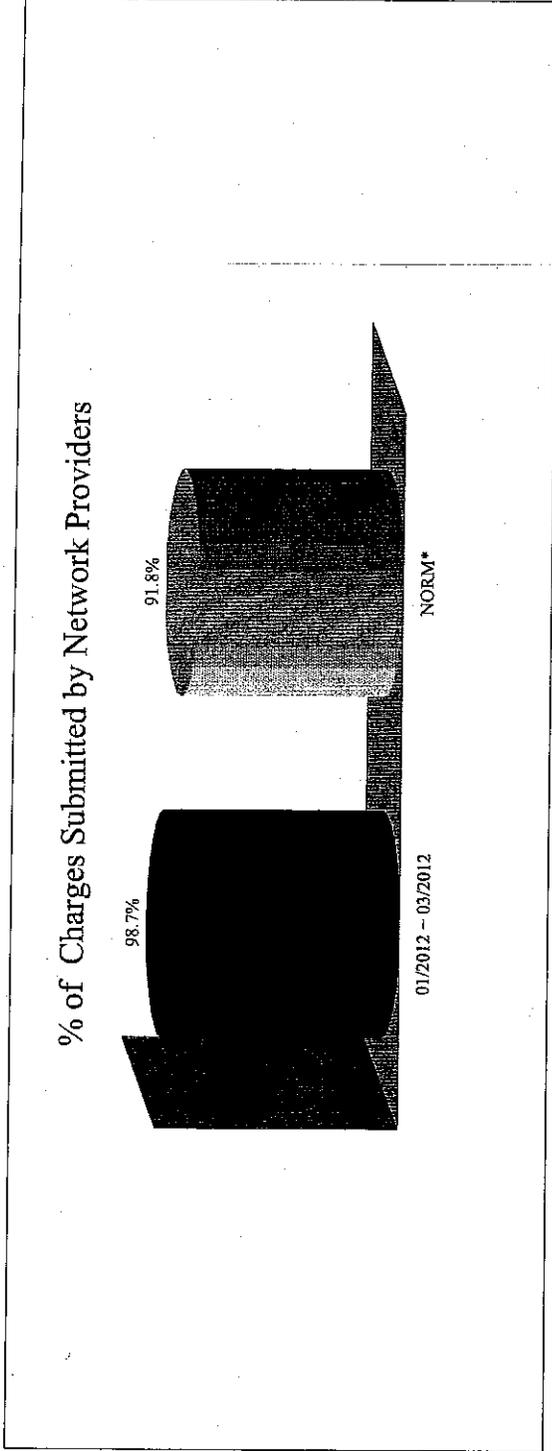
**DISTRIBUTION OF PAYMENTS BY MAJOR DIAGNOSTIC CATEGORY
OUTPATIENT**

MAJOR DIAGNOSTIC CATEGORY	AMOUNT	PERCENTAGE
NERVOUS	\$71,456	4.3%
EYE	\$25,407	1.5%
EAR, NOSE, THROAT	\$112,524	6.8%
RESPIRATORY	\$48,473	2.9%
CIRCULATORY	\$129,020	7.8%
DIGESTIVE	\$184,106	11.2%
LIVER	\$9,715	0.6%
MUSCULOSKELETAL	\$185,403	11.3%
SKIN, BREAST	\$186,447	11.3%
METABOLIC	\$40,006	2.4%
KIDNEY	\$105,121	6.4%
MALE REPRODUCTIVE	\$11,874	0.7%
FEMALE REPRODUCTIVE	\$63,865	3.9%
PREGNANCIES	\$23,097	1.4%
NEWBORN	\$4,704	0.3%
BLOOD	\$108,264	6.6%
SPINE, BONE MARROW	\$64,341	3.9%
INFECTIONS	\$12,744	0.8%
MENTAL	\$8,159	0.5%
SUBSTANCE ABUSE	\$2,151	0.1%
INJURIES, POISONINGS	\$17,095	1.0%
BURNS	\$93	0.0%
HEALTH STATUS	\$217,709	13.2%
MULT SIGNIF TRAUMA	\$0	0.0%
HIV INFECTIONS	\$1,506	0.1%
UNGROUPEABLE	\$11,133	0.7%
TOTAL	\$1,644,413	100.0%

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

City of Fort Lauderdale
 Attachment B
 RFP 725-11022
CITY OF FORT LAUDERDALE (0041688)

NETWORK PENETRATION STATISTICS
 Based on Processed Dates



CITY OF FORT LAUDERDALE - 03/2012			
PROVIDER PENETRATION STATISTICS - NETWORK			
PROVIDER TYPE	CHARGES	PERCENTAGE	PERCENTAGE
Facility	\$583,171	\$0	\$583,171
Professional	\$150,456	\$9,549	\$160,005
All Other	\$64,416	\$932	\$65,348
TOTAL	\$798,043	\$10,481	\$808,524
			98.7%

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

EXECUTIVE SUMMARY

Based on Processed Dates

OVERALL INFORMATION	
Average Number of Employees	1,872
Average Number of Members	4,537
Total Unique Claimants	2,268
OVERALL PAYMENT TRENDS	
Total Payments	\$2,439,011
% Payments/Net Charges	28.9%
Average Payment Per Employee	\$1,303
Average Payment Per Member	\$538
Average Payment Per Unique Claimant	\$1,075
CATASTROPHIC CLAIM TRENDS	
Unique Claimants with Accumulated Payments Greater than \$50,000	
Total Catastrophic Payments	\$562,694
Catastrophic as a % of Total Payments	23.1%
Average Paid Per Unique Catastrophic Claimant	\$80,385
MEDICAL PAYMENT TRENDS (EXCL. CATASTROPHIC)	
Average Payment Per Employee	\$1,002
Average Payment Per Member	\$414
Average Payment Per Unique Claimant	\$827
MEMBER DEMOGRAPHICS BY AGEBAND	
<01	0.9%
01-17	24.8%
18-29	17.1%
30-39	11.5%
40-49	19.1%
50-59	18.3%
60-64	6.2%
65+	2.1%
COST SHARING (MEDICAL Only)	
Deductible/Copay Applied	\$273,898
Coinsurance Applied	\$29,918
Total Cost Sharing	\$303,816
Average Cost Sharing Per Employee	\$162
Average Cost Sharing Per Member	\$67
Average Cost Sharing Per Claimant	\$134
COORDINATION OF BENEFITS (Including Medicare)	
Total Payments by Other Carriers	\$38,264

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

**Includes only those services billed through the facility

CITY OF FORT LAUDERDALE (0041688)

EXECUTIVE SUMMARY
 Based on Processed Dates

% COB/ Covered	1.4%	5.7%
PLAN UTILIZATION		
% Members Utilizing the Plan	50.0%	91.4%
% Members Receiving Payments	49.2%	85.1%
DISCOUNTS		
In-Network Discounts	\$4,468,252	
Out-of-Network Discounts	\$5,009	
Total Discounts	\$4,473,261	
Average Discount per Member	\$986	
INPATIENT TRENDS		
Total Inpatient Payments	\$794,596	
Inpatient as % of Total Payments	32.6%	33.2%
Average Inpatient Payment Per Member	\$175	\$1,011
Admissions	43	
Admissions Per 1,000 Members	9.5	62.0
Bed Days	200	
Bed Days Per 1,000 Members	44.1	320.3
Average Length of Stay	4.7	5.2
Average Payment Per Admission **	\$14,286	\$14,195
Average Payment Per Day **	\$3,072	\$2,747
OUTPATIENT TRENDS		
Total Outpatient Payments	\$1,644,413	
Outpatient Payments as a % of Total Payments	67.4%	66.8%
Average Outpatient Payment Per Member	\$362	\$2,034
Total Physician Office Visits	3,344	
Physician Office Visits Per Member	0.7	3.0
Physician Office Visits Per Claimant	1.5	3.3
Average Payment Per Office Visit	\$43	\$57
Total ER Visits	351	
ER Visits per 1,000 Members	77.4	304.9
Average Payment Per ER Visit	\$626	\$776
IN-NETWORK TRENDS		
In-Network Dollar Penetration	98.7%	91.8%
Total In-Network Hospital Admissions	4	
% In-Network Admissions/Total Admissions	100.0%	96.2%
Total In-Network Physician Office Visits	3,270	
% In-Network Office Visits/Total Office Visits	97.8%	93.8%

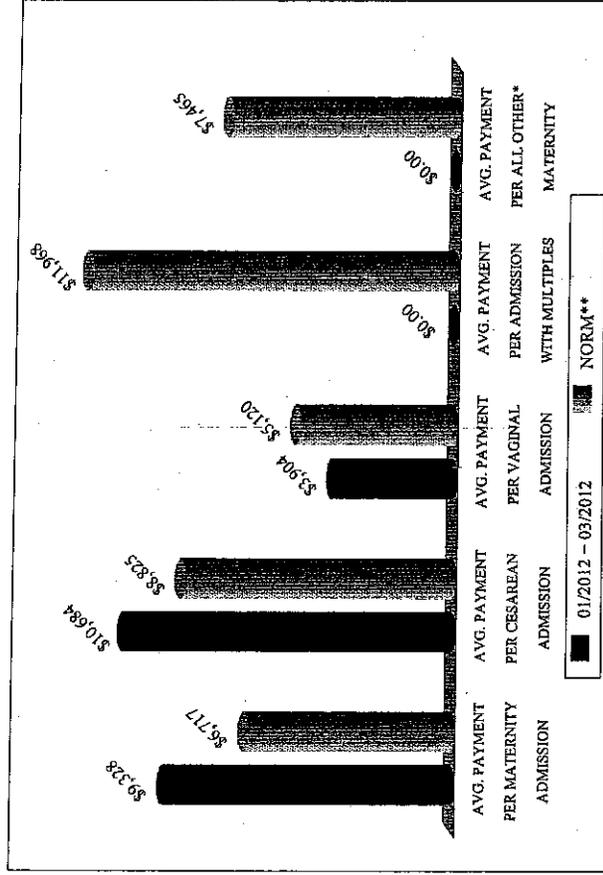
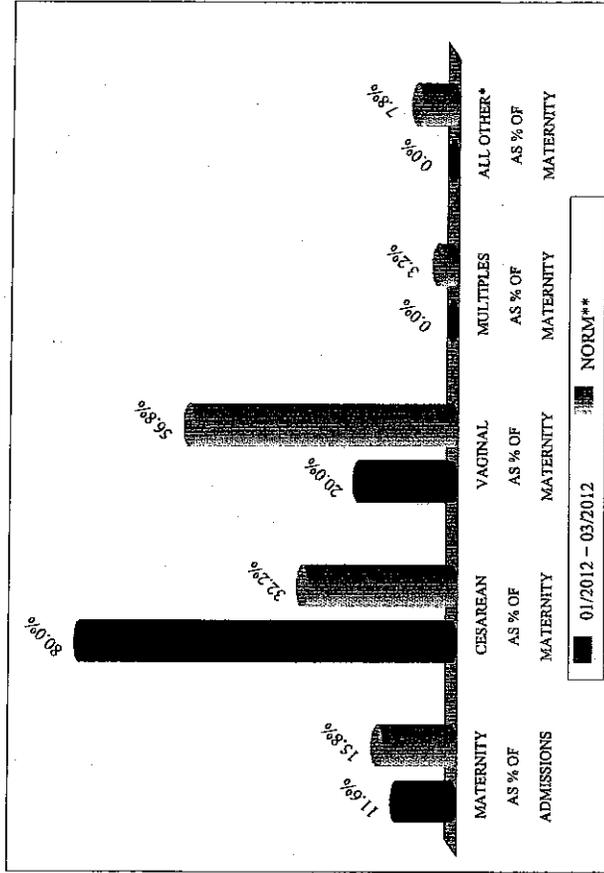
*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

**Includes only those services billed through the facility

CITY OF FORT LAUDERDALE (0041688)

MATERNITY ADMISSION STATISTICS

Based on Processed Dates

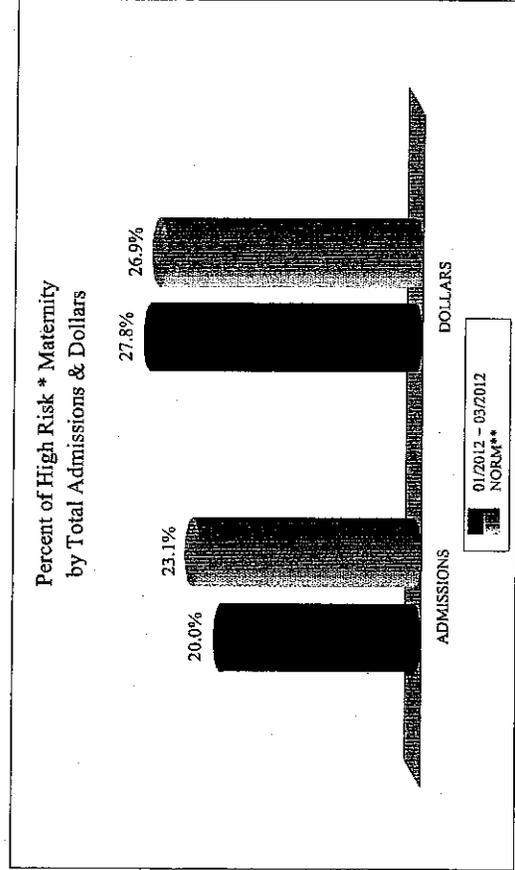
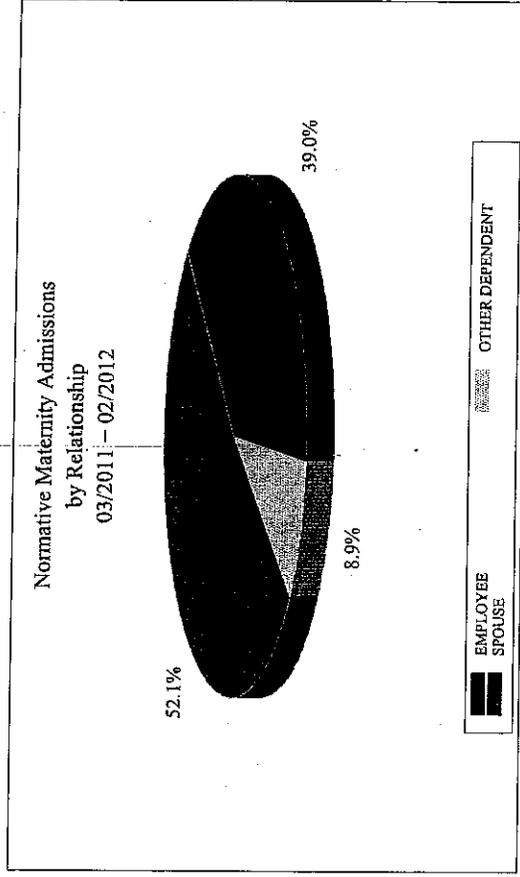
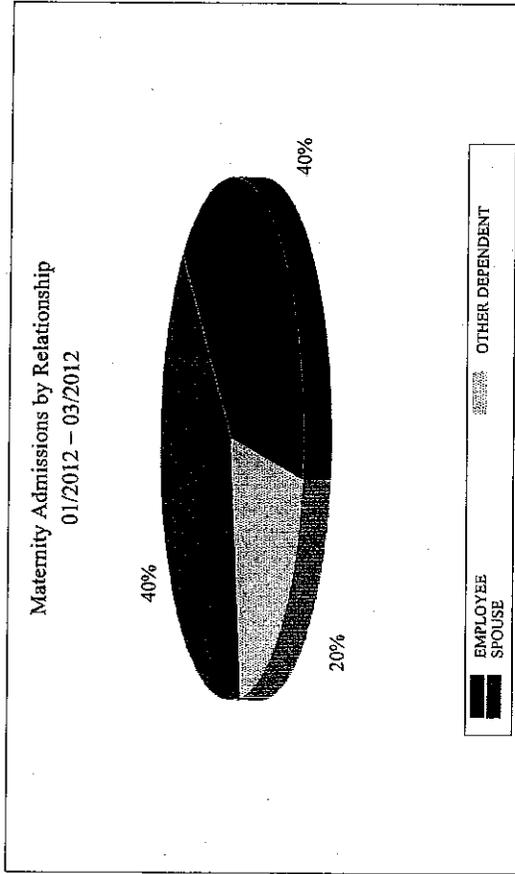


TYPE OF DELIVERY	NUMBER OF DELIVERIES	AVERAGE LENGTH OF STAY (LOS)	AVG. PAYMENT PER ADMISSION	TOTAL PAYMENT
CESAREAN	4	3.0	\$10,684	\$42,735
VAGINAL	1	2.0	\$3,904	\$3,904
MULTIPLE BIRTHS	0	0.0	\$0	\$0
ALL OTHER*	0	0.0	\$0	\$0
TOTAL	5	2.8	\$9,328	\$46,640

*Maternity without a delivery
**OPEN ACCESS PLUS NORMS for admissions paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

MATERNITY ADMISSIONS BY PATIENT RELATIONSHIP
Based on Processed Dates

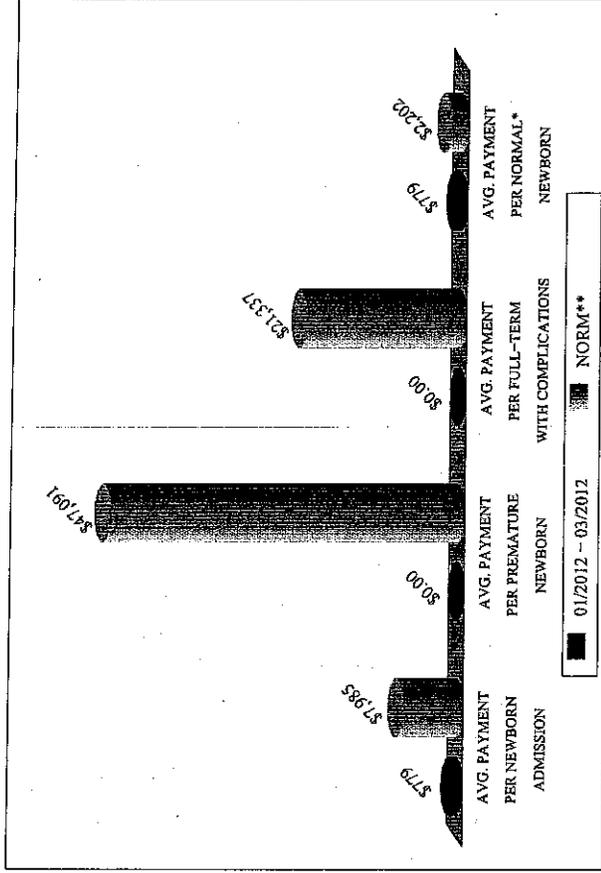
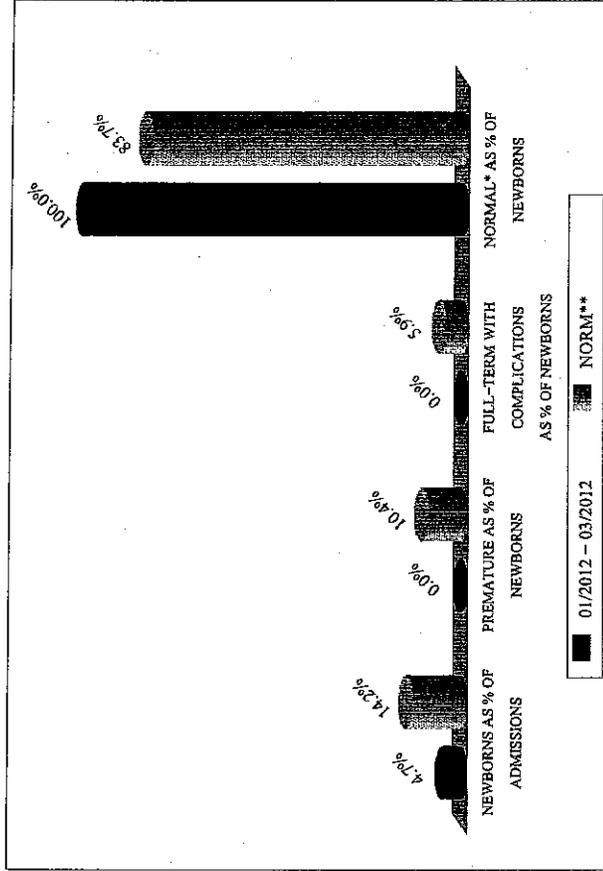


*High Risk is determined by the physician identifying the pregnancy with a ICD-9-CM V23 diagnosis code.
**OPEN ACCESS PLUS NORMS for admissions paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

NEWBORN ADMISSION STATISTICS

Based on Processed Dates



NEWBORN STATISTICS	01/2012 - 03/2012	01/2012 - 03/2012	01/2012 - 03/2012	01/2012 - 03/2012	01/2012 - 03/2012
PREMATURE	0	0.0	0	\$0	\$0
FULL-TERM COMPLICATIONS	0	0.0	0	\$0	\$0
NORMAL*	2	2.0	4	\$779	\$1,558
TOTAL	2	2.0	4	\$779	\$1,558

*Newborn Delivery Statistics may be understated due to possible combining of mother and newborn in a single claim
 **OPEN ACCESS PLUS NORMS for admissions paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

PHARMACY EXECUTIVE SUMMARY

Based on Processed Dates

Average Number of Employees	1,872
Average Number of Members	4,537
Total Unique Claimants	2,129
Total Member Months	13,611
TOTAL PAYMENTS	\$838,607
Average Payment Per Employee	\$448
Average Payment Per Member	\$185
TOTAL COPAY	\$175,273
Average Copay per Employee	\$94
Average Copay per Member	\$39
TOTAL PAYMENTS excluding Catastrophic*	\$601,293
Average Payment Per Employee	\$321
Average Payment Per Member	\$133
PLAN UTILIZATION	
% of Members Utilizing the Plan	46.9%
TOTAL PRESCRIPTIONS	10,230
Prescriptions per Member Month	0.8
New Prescriptions as a % of Total Prescriptions	61.8%
Refill Prescriptions as a % of Total Prescriptions	38.2%
Dispensed as Written Prescriptions as a % of Total Prescriptions	3.3%
Average days Supplied	29.2
Generic	7,282
Generic Prescriptions as a % of Total Prescriptions	71.2%
Brand**	2,948
Brand Prescriptions as a % of Total Prescriptions	28.8%
Preferred Brand	2,224
Non-Preferred Brand	724
UTILIZATION OF PRESCRIPTIONS BY TYPE	
Average Payment per Overall Prescriptions	\$82
Generic	\$79
Average Payment Per Generic Prescriptions	\$23
Average Copay Per Generic Prescriptions	\$10

*Catastrophic: Claimants with Accumulated Payments > \$5,000

**If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

***Direct Member Reimbursements - Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexcare Customers.

****OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

PHARMACY EXECUTIVE SUMMARY

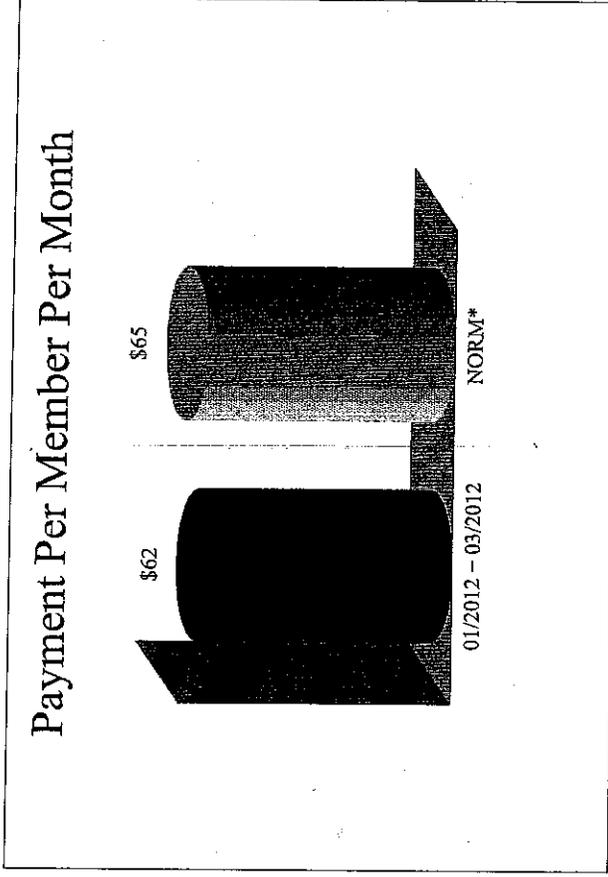
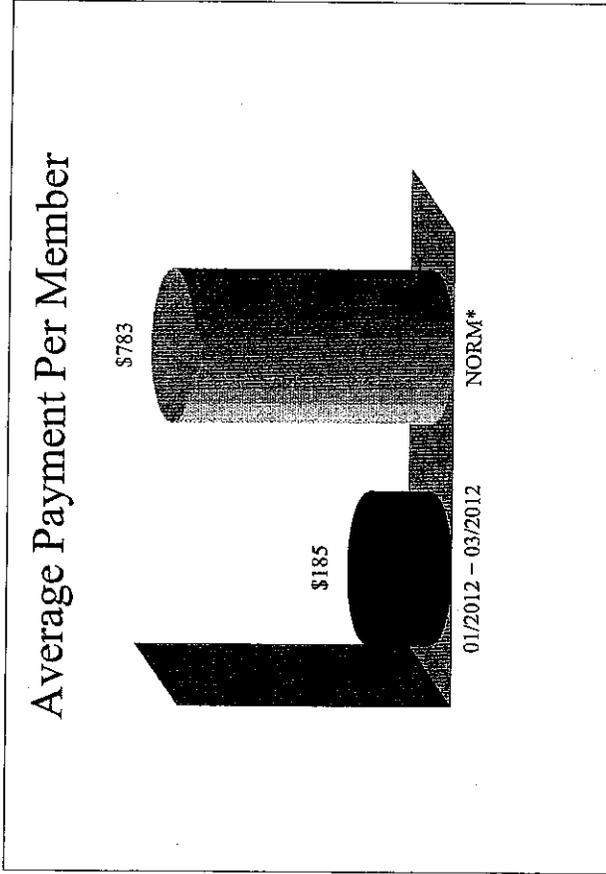
Based on Processed Dates

DESCRIPTION	03/2011	02/2012
Brand**		
Average Payment Per Preferred Brand Prescription	\$208	\$224
Average Copay Per Preferred Brand Prescription	\$32	
Average Payment Per Non-Preferred Brand Prescription	\$288	\$262
Average Copay Per Non-Preferred Brand Prescription	\$44	
AVERAGE PAYMENT BY SETTING		
Average Payment Per Retail Prescription	\$63	
Average Payment Per Mail Order Prescription	\$302	
Average Payment Per DMR** Prescription	\$67	
AVERAGE COPAY BY SETTING		
Average Copay Per Retail Prescription	\$16	
Average Copay Per Mail Order Prescription	\$36	
Average Copay Per DMR** Prescription	\$23	
FINANCIALS		
Ingredient Cost	\$999,622	
Average Ingredient Cost per Prescription	\$98	\$96
Dispensing Fee	\$14,258.00	
Average Dispensing Cost per Prescription	\$1.39	\$1.48
Sales Tax	\$0	

*Catastrophic: Claimants with Accumulated Payments > \$5,000
 **If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
 ***Direct Member Reimbursements - Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexicare Customers.
 ****OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

PHARMACY CLAIMS UTILIZATION STATISTICS
 Based on Processed Dates



DESCRIPTION	01/2012 - 03/2012	NORM*
Average Employees	1,872	
Average Members	4,537	
Total Unique Claimants	2,129	
% of Members Utilizing the Plan	46.9%	
TOTAL PAYMENTS	\$838,607	
Average Payment Per Employee	\$448	
Average Payment Per Member	\$185	\$783
Average Payment Per Member Per Month	\$62	\$65
Average Payment Per Claimant	\$394	

*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

City of Fort Lauderdale
Attachment B

RFP 725-11022

CITY OF FORT LAUDERDALE (0041688)

PHARMACY SAVINGS BY PRESCRIPTION TYPE

Based on Processed Dates

PRESCRIPTION TYPE	NUMBER OF PRESCRIPTIONS	WHOLESALE PRICE	SAVINGS	PERCENTAGE SAVINGS	SAVINGS PER PRESCRIPTION	PERCENTAGE SAVINGS PER PRESCRIPTION
Generic	7,282	\$71,500	\$168,222	\$781,057	\$229,395	70.6%
Multi-Source Brand	381	\$12,333	\$35,969	\$57,221	\$47,761	16.5%
Preferred Brand	1,873	\$60,883	\$430,300	\$572,263	\$488,690	14.6%
Non-Preferred Brand**	694	\$30,558	\$204,116	\$281,849	\$233,777	17.1%
Total Brand	2,948	\$103,774	\$670,385	\$911,333	\$770,228	15.5%
TOTAL	10,230	\$175,274	\$838,607	\$1,692,390	\$692,767	40.9%

*Average Wholesale Price (Prescriptions were processed in Massachusetts during the reporting period.)

**Claims subject to fee schedule reimbursement are nonstandardly reported.)

***If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

CITY OF FORT LAUDERDALE (0041688)

TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY TOTAL PAYMENTS

Based on Processed Dates

01/2012 - 03/2012

Therapeutic Class	Total Payments	Percentage	Quantity	Percentage	Total Payments
ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	\$47,733	5.7%	605	5.9%	\$79
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	\$41,379	4.9%	3	0.0%	\$13,793
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	\$36,259	4.3%	18	0.2%	\$2,014
PROTON-PUMP INHIBITORS	\$30,747	3.7%	349	3.4%	\$88
INSULINS	\$25,230	3.0%	104	1.0%	\$243
LIPOTROPICS	\$22,662	2.7%	172	1.7%	\$132
ANALGESICS, NARCOTICS	\$20,947	2.5%	451	4.4%	\$46
ALKYLATING AGENTS	\$20,202	2.4%	8	0.1%	\$2,525
PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	\$19,094	2.3%	3	0.0%	\$6,365
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	\$17,028	2.0%	16	0.2%	\$1,064
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	\$15,718	1.9%	11	0.1%	\$1,429
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	\$15,437	1.8%	184	1.8%	\$84
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	\$14,947	1.8%	293	2.9%	\$51
LEUKOTRIENE RECEPTOR ANTAGONISTS	\$14,730	1.8%	90	0.9%	\$164
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	\$14,178	1.7%	111	1.1%	\$128
CONTRACEPTIVES, ORAL	\$12,807	1.5%	324	3.2%	\$40
ARTV CMB NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE RTI	\$12,793	1.5%	7	0.1%	\$1,828
ANDROGENIC AGENTS	\$12,555	1.5%	57	0.6%	\$220
ANTIMIGRAINE PREPARATIONS	\$12,154	1.4%	45	0.4%	\$270
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)	\$11,878	1.4%	3	0.0%	\$3,959
ANTHYPERGLYCEMIC, DPP-4 INHIBITORS	\$11,702	1.4%	56	0.5%	\$209
TETRACYCLINES	\$11,582	1.4%	63	0.6%	\$178
ANTHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)	\$11,269	1.3%	39	0.4%	\$289
DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)	\$11,129	1.3%	119	1.2%	\$94
ANTHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	\$10,607	1.3%	174	1.7%	\$61
OTHER	\$363,840	43.4%	6,885	67.6%	\$53
TOTAL	\$838,607	100.0%	10,192	100.0%	\$82

CITY OF FORT LAUDERDALE (0041688)

TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY NUMBER OF PRESCRIPTIONS

Based on Processed Dates

01/2012 - 03/2012

Therapeutic Class	Number of Prescriptions	Percentage of Total Prescriptions	Total Prescriptions	Percentage of Total Prescriptions
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	605	5.9%	\$47,733	5.7%
ANALGESICS, NARCOTICS	451	4.4%	\$20,947	2.5%
PROTON-PUMP INHIBITORS	349	3.4%	\$30,747	3.7%
BETA-ADRENERGIC BLOCKING AGENTS	328	3.2%	\$4,776	0.6%
CONTRACEPTIVES, ORAL	324	3.2%	\$12,807	1.5%
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	293	2.9%	\$14,947	1.8%
MACROLIDES	285	2.8%	\$2,141	0.3%
NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	278	2.7%	\$6,879	0.8%
THYROID HORMONES	278	2.7%	\$393	0.0%
CALCIUM CHANNEL BLOCKING AGENTS	250	2.4%	\$3,685	0.4%
ANTIHYPERTENSIVES, ACE INHIBITORS	214	2.1%	\$721	0.1%
ANTI-ANXIETY DRUGS	208	2.0%	\$939	0.1%
PENICILLINS	204	2.0%	\$2,062	0.2%
GLUCOCORTICOIDS	203	2.0%	\$6,841	0.8%
ANTICONVULSANTS	197	1.9%	\$9,205	1.1%
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	184	1.8%	\$15,437	1.8%
SEDATIVE-HYPNOTICS, NON-BARBITURATE	180	1.8%	\$6,976	0.8%
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	174	1.7%	\$10,607	1.3%
LIPOTROPICS	172	1.7%	\$22,662	2.7%
BETA-ADRENERGIC AGENTS	147	1.4%	\$4,031	0.5%
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	144	1.4%	\$3,094	0.4%
SKELETAL MUSCLE RELAXANTS	142	1.4%	\$2,221	0.3%
NASAL ANTI-INFLAMMATORY STEROIDS	141	1.4%	\$7,892	0.9%
TOPICAL ANTI-INFLAMMATORY STEROIDAL	129	1.3%	\$7,648	0.9%
DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)	119	1.2%	\$11,129	1.3%
OTHER	4,231	41.4%	\$582,087	69.4%
TOTAL	10,230	100.0%	\$838,607	100.0%

CITY OF FORT LAUDERDALE (0041688)

TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS

Based on Processed Dates

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL PRICE	FORMULARY	FORMULARY PRICE	FORMULARY QUANTITY	FORMULARY TOTAL PRICE
ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS				\$47,733			605	\$79
ATORVASTATIN CALCIUM	generic		\$26,284	\$26,284			166	\$158
CRESTOR	non-preferred brand		\$15,730	\$15,730			104	\$151
LIPITOR	preferred brand		\$3,751	\$3,751			31	\$121
LIVALO	non-preferred brand		\$596	\$596			6	\$99
PRAVASTATIN SODIUM	generic		\$430	\$430			49	\$9
SIMVASTATIN	generic		\$369	\$369			214	\$2
PRAVACHOL	preferred brand		\$348	\$348			1	\$348
LOVASTATIN	generic		\$116	\$116			33	\$4
LESCOL XL	preferred brand		\$109	\$109			1	\$109
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS				\$41,379			3	\$13,793
ZELBORAF	non-preferred brand		\$37,208	\$37,208			2	\$18,604
TYKERB	non-preferred brand		\$4,171	\$4,171			1	\$4,171
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR				\$36,259			18	\$2,014
HUMIRA	preferred brand		\$26,279	\$26,279			13	\$2,021
ENBREL	preferred brand		\$9,980	\$9,980			5	\$1,996
PROTON-PUMP INHIBITORS				\$30,747			349	\$88
NEXIUM	non-preferred brand		\$15,615	\$15,615			73	\$214
ACIPHEX	non-preferred brand		\$4,108	\$4,108			13	\$316
DEXILANT	preferred brand		\$3,724	\$3,724			32	\$116
LANSOPRAZOLE	generic		\$3,174	\$3,174			34	\$93
PREVACID	non-preferred brand		\$1,234	\$1,234			5	\$247
PANTOPRAZOLE SODIUM	generic		\$956	\$956			64	\$15
OMEPRAZOLE	generic		\$846	\$846			124	\$7
ZEGERID	non-preferred brand		\$684	\$684			1	\$684
OMEPRAZOLE-SODIUM BICARBONATE	generic		\$406	\$406			3	\$135
INSULINS				\$25,230			104	\$243
NOVOLOG	preferred brand		\$7,379	\$7,379			27	\$273
NOVOLOG MIX 70-30	preferred brand		\$4,415	\$4,415			7	\$631
LANTUS SOLOSTAR	preferred brand		\$4,330	\$4,330			24	\$180
HUMALOG	preferred brand		\$2,819	\$2,819			10	\$282
HUMULIN 70-30	preferred brand		\$2,027	\$2,027			6	\$338
LEVEMIR	preferred brand		\$1,901	\$1,901			11	\$173
LANTUS	preferred brand		\$1,512	\$1,512			12	\$126
APIDRA	preferred brand		\$519	\$519			2	\$260

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

CITY OF FORT LAUDERDALE (0041688)

TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS

Based on Processed Dates

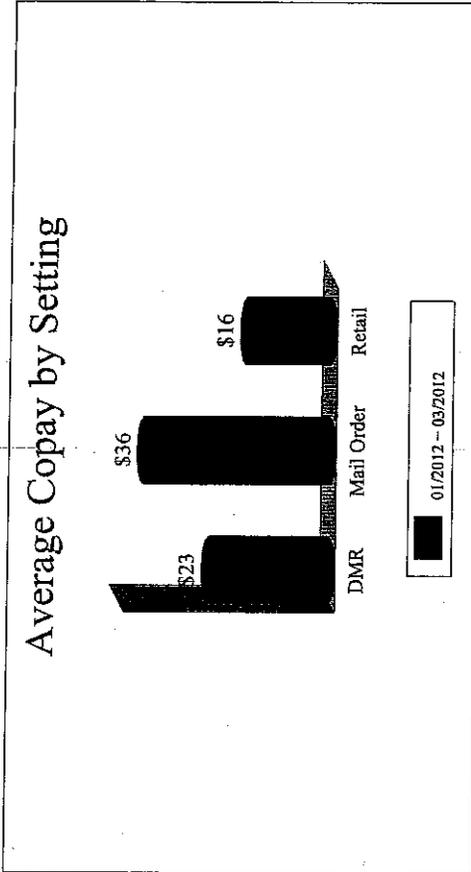
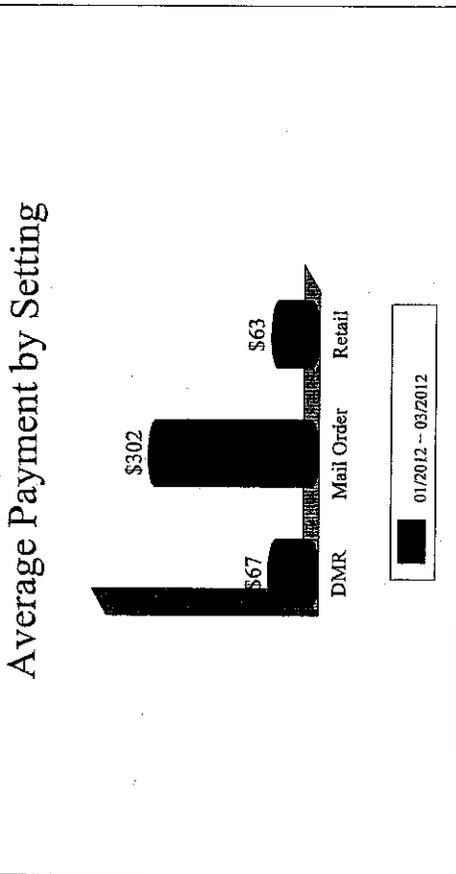
DESCRIPTION	DATE	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
NOVOLIN 70-30		preferred brand	2	\$211	\$105
HUMULIN R		preferred brand	2	\$78	\$39
OTHER			1	\$39	\$39
OVERALL TOTAL			1,079	\$181,347	\$168

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

CITY OF FORT LAUDERDALE (0041688)

MAIL ORDER AND RETAIL PAYMENTS

Based on Processed Dates



Setting	Quantity	Amount	Quantity	Amount
RETAIL				
Generic	6,772	\$61,421	\$9	\$134,189
Preferred	2,017	\$59,835	\$30	\$349,670
Non-Preferred	631	\$25,228	\$40	\$110,850
Total Retail	9,420	\$146,485	\$16	\$594,709
MAIL ORDER				
Generic	509	\$10,069	\$20	\$33,948
Preferred	205	\$11,945	\$58	\$112,188
Non-Preferred	93	\$6,705	\$72	\$97,562
Total Mail Order	807	\$28,719	\$36	\$243,698
DMR***				
Generic	1	\$10	\$10	\$86
Preferred	2	\$60	\$30	\$115
Non-Preferred	0	\$0	\$0	\$0
Total DMR	3	\$70	\$23	\$201

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
 **Direct Member Reimbursements - Out-of-Network pharmacy payments are processed
 ***through the medical claim system and will not be reflected in these numbers.

CITY OF FORT LAUDERDALE (0041688)

MAIL ORDER AND RETAIL UTILIZATION

Based on Processed Dates

DESCRIPTION	MAIL ORDER	RETAIL	TOTAL
Prescription Utilization			
Total Prescriptions	9,420	3	807
Prescriptions Per Member Month	3,140.0	1.0	269.0
Average Days Supplied	24.2	30.0	87.2
Dispensed as Written by Physician	3.0%	0.0%	6.7%
Percent of Preferred Brand Drugs	21.4%	66.7%	25.4%
Percent of Non-Preferred Brand Drugs	6.7%	0.0%	11.5%
Percent of Generic Brand Drugs	71.9%	33.3%	63.1%
Financials			
Ingredient Cost	\$726,935	\$271	\$272,416
Ingredient Cost per Prescription	\$77	\$90	\$338
Dispensing Fee	\$14,258.00	\$0.00	\$0.00
Dispensing Fee per Prescription	\$1.51	\$0.00	\$0.00
Sales Tax	\$0	\$0	\$0
Total Payments	\$594,709	\$201	\$243,698
Average Payment per Prescription	\$63	\$67	\$302
Average Payment per Preferred Brand Prescription	\$173	\$58	\$547
Average Payment per Non-Preferred Brand Prescription	\$176	\$0	\$1,049
Average Payment per Generic Brand Prescription	\$20	\$86	\$67

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.
 **Direct Member Reimbursements - Out-of-Network pharmacy payments are processed
 ***through the medical claim system and will not be reflected in these numbers.

CITY OF FORT LAUDERDALE (0041688)

TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates

DRUG NAME	FORMULARY STATUS	INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	TOTAL COST
ZELBORAF	Non-Preferred	\$37,343	3.7%	2	\$18,671.50
ATORVASTATIN CALCIUM	Generic	\$28,076	2.8%	166	\$169.13
HUMIRA	Preferred	\$26,669	2.7%	13	\$2,051.48
TEMODAR	Preferred	\$20,286	2.0%	4	\$5,071.52
CRESTOR	Non-Preferred	\$20,151	2.0%	104	\$193.76
LETAIRIS	Non-Preferred	\$19,229	1.9%	3	\$6,409.75
NEXIUM	Non-Preferred	\$18,548	1.9%	73	\$254.08
SINGULAIR	Preferred	\$17,675	1.8%	90	\$196.39
PREZISTA	Preferred	\$17,484	1.7%	16	\$1,092.75
TRUVADA	Preferred	\$16,063	1.6%	11	\$1,460.24
ATRIPLA	Non-Preferred	\$13,037	1.3%	7	\$1,862.47
OXYCONTIN	Preferred	\$12,433	1.2%	16	\$777.06
XOLAIR	Preferred	\$11,998	1.2%	3	\$3,999.31
JANUVIA	Preferred	\$11,491	1.1%	49	\$234.50
DIOVAN HCT	Preferred	\$10,923	1.1%	62	\$176.18
ENBREL	Preferred	\$10,190	1.0%	5	\$2,038.03
ACTOS	Preferred	\$9,792	1.0%	27	\$362.66
PLAVIX	Preferred	\$9,585	1.0%	38	\$252.24
LEXAPRO	Preferred	\$8,460	0.8%	62	\$136.45
SAIZEN	Preferred	\$8,273	0.8%	1	\$8,272.85
CYMBALTA	Preferred	\$8,246	0.8%	40	\$206.16
VYVANSE	Preferred	\$8,207	0.8%	50	\$164.14
NOVOLOG	Preferred	\$8,181	0.8%	27	\$303.00
DIOVAN	Preferred	\$7,929	0.8%	55	\$144.16
PEGINTRON REDIPEN	Preferred	\$7,595	0.8%	3	\$2,531.66
VIAGRA	Preferred	\$7,592	0.8%	58	\$130.89
ISENTRISS	Preferred	\$7,338	0.7%	7	\$1,048.31
AMLODIPINE BESYLATE-BENAZEPRIL	Generic	\$6,929	0.7%	105	\$65.99
VALACYCLOVIR	Generic	\$6,868	0.7%	77	\$89.20
ABILIFY	Non-Preferred	\$6,571	0.7%	10	\$657.12
CIALIS	Non-Preferred	\$6,446	0.6%	51	\$126.39
	Generic	\$6,419	0.6%	38	\$168.91
NORVIR	Preferred	\$6,353	0.6%	15	\$423.50

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

CITY OF FORT LAUDERDALE (0041688)

TOP 50 PRESCRIBED DRUGS BY INGREDIENT COST
Based on Processed Dates

DRUG NAME	FORM	INGREDIENT COST	PERCENTAGE	QUANTITY	TOTAL COST
TESTIM	Preferred	\$6,276	0.6%	16	\$392.27
CIMZIA	Non-Preferred	\$6,275	0.6%	3	\$2,091.67
TRILIPIX	Preferred	\$6,224	0.6%	29	\$214.62
CELEBREX	Preferred	\$6,179	0.6%	27	\$228.87
ADVAIR DISKUS	Preferred	\$5,970	0.6%	20	\$298.48
TRICOR	Non-Preferred	\$5,801	0.6%	28	\$207.19
IANUMET	Preferred	\$5,544	0.6%	26	\$213.21
METHYLPHENIDATE ER	Generic	\$5,520	0.6%	29	\$190.34
LOVAZA	Preferred	\$5,453	0.5%	29	\$188.02
LOESTRIN 24 FE	Preferred	\$5,344	0.5%	69	\$77.45
SOLODYN	Non-Preferred	\$5,175	0.5%	7	\$739.32
EPZICOM	Preferred	\$5,142	0.5%	5	\$1,028.46
LANTUS SOLOSTAR	Preferred	\$5,046	0.5%	24	\$210.24
LUNESTA	Non-Preferred	\$5,030	0.5%	20	\$251.52
LIPITOR	Preferred	\$4,984	0.5%	31	\$160.79
BENICAR HCT	Non-Preferred	\$4,966	0.5%	33	\$150.48
ANDROGEL	Preferred	\$4,864	0.5%	15	\$324.27

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

City of Fort Lauderdale
 Attachment 1
 RFP 725-11022

CITY OF FORT LAUDERDALE (0041688)

TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
 Based on Processed Dates

DRUG DESCRIPTION	GENERIC	NO. OF PRESCRIPTIONS	PERCENTAGE OF TOTAL PRESCRIPTIONS	TOTAL COST	AVERAGE COST PER PRESCRIPTION
AZITHROMYCIN	Generic	266	2.6%	\$3,448	0.3%
SIMVASTATIN	Generic	214	2.1%	\$2,476	0.2%
ATORVASTATIN CALCIUM	Generic	166	1.6%	\$28,076	2.8%
HYDROCODONE-ACETAMINOPHEN	Generic	164	1.6%	\$1,597	0.2%
AMLODIPINE BESYLATE	Generic	158	1.5%	\$1,797	0.2%
LEVOHYDROXINE SODIUM	Generic	139	1.4%	\$1,421	0.1%
LISINAPRIL	Generic	135	1.3%	\$1,410	0.1%
OMEPRAZOLE	Generic	124	1.2%	\$2,007	0.2%
HYDROCHLOROTHIAZIDE	Generic	108	1.1%	\$525	0.1%
AMLODIPINE BESYLATE-BENAZEPRIL	Generic	105	1.0%	\$6,929	0.7%
ZOLPIDEM TARTRATE	Generic	105	1.0%	\$836	0.1%
CRESTOR	Non-Preferred	104	1.0%	\$20,151	2.0%
AMOXICILLIN	Generic	104	1.0%	\$1,095	0.1%
METFORMIN HCL	Generic	103	1.0%	\$1,172	0.1%
ALPRAZOLAM	Generic	103	1.0%	\$761	0.1%
ATENOLOL	Generic	99	1.0%	\$802	0.1%
IBUPROFEN	Generic	92	0.9%	\$397	0.0%
AMOX TR-POTASSIUM CLAVULANATE	Generic	91	0.9%	\$2,490	0.2%
SYNTHROID	Preferred	91	0.9%	\$2,273	0.2%
SINGULAIR	Preferred	90	0.9%	\$17,675	1.8%
OXYCODONE-ACETAMINOPHEN	Generic	90	0.9%	\$710	0.1%
METOPROLOL TARTRATE	Generic	85	0.8%	\$619	0.1%
METHYLPREDNISOLONE	Generic	84	0.8%	\$2,226	0.2%
LOSARTAN POTASSIUM	Generic	82	0.8%	\$1,498	0.1%
VALACYCLOVIR	Generic	77	0.8%	\$6,868	0.7%
FLUTICASON PROPRIONATE	Generic	77	0.8%	\$2,026	0.2%
NEXIUM	Non-Preferred	73	0.7%	\$18,548	1.9%
CYCLOBENZAPRINE HCL	Generic	71	0.7%	\$489	0.0%
PREDNISONE	Generic	71	0.7%	\$222	0.0%
LOESTRIN 24 FE	Preferred	69	0.7%	\$5,344	0.5%
METOPROLOL SUCCINATE	Generic	67	0.7%	\$3,014	0.3%
LISINAPRIL-HYDROCHLOROTHIAZIDE	Generic	66	0.6%	\$904	0.1%
PANTOPRAZOLE SODIUM	Generic	64	0.6%	\$1,643	0.2%
DIOVAN HCT	Preferred	62	0.6%	\$10,923	1.1%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

CITY OF FORT LAUDERDALE (0041688)

TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS
Based on Processed Dates

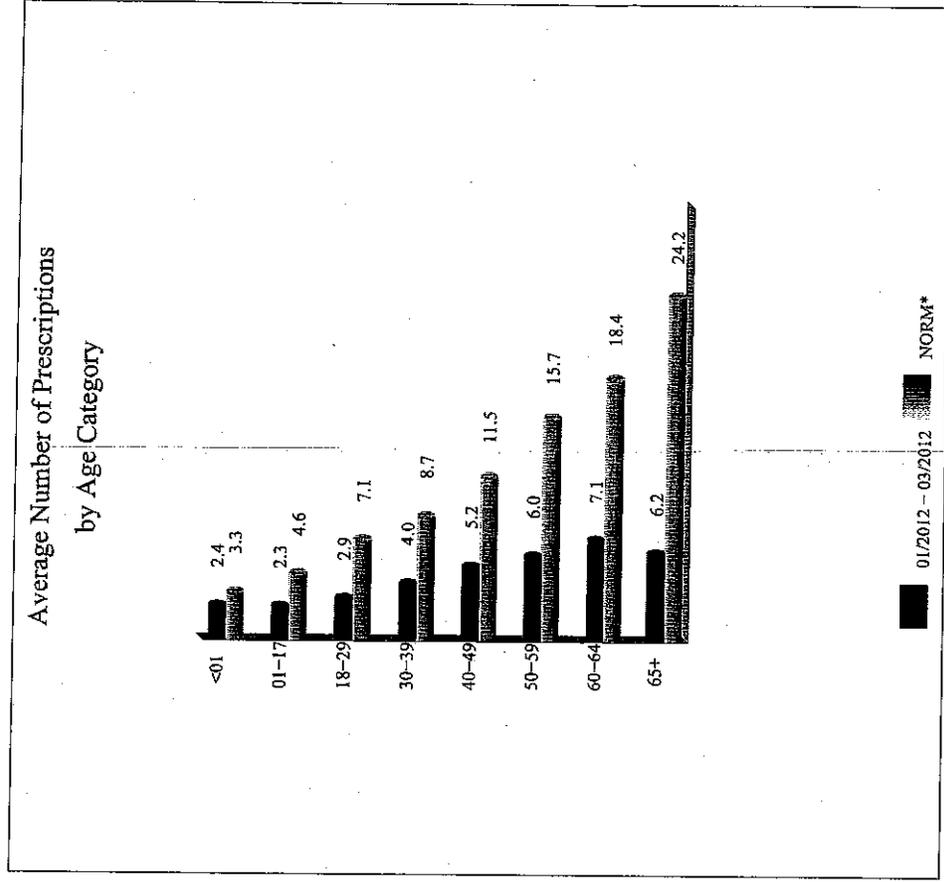
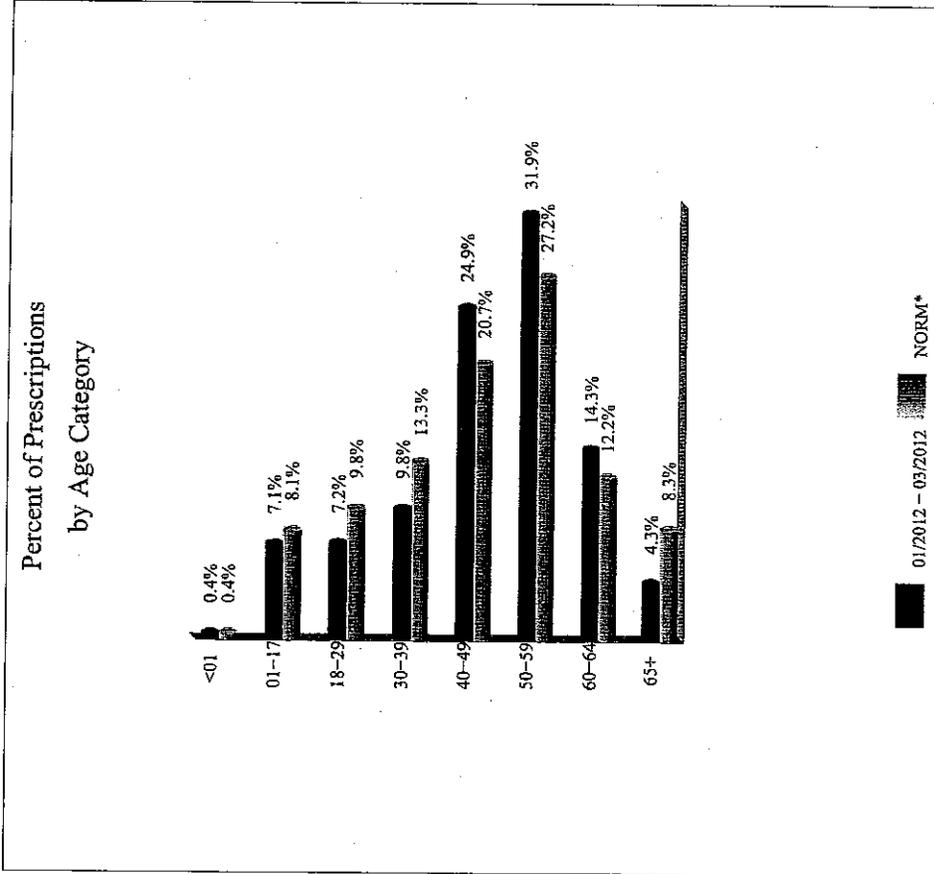
DRUG NAME	FORM	NUMBER OF PRESCRIPTIONS	PERCENTAGE OF TOTAL PRESCRIPTIONS	TOTAL COST	PERCENTAGE OF TOTAL COST
LEXAPRO	Preferred	62	0.6%	\$8,460	0.8%
LOSARTAN-HYDROCHLOROTHIAZIDE	Generic	61	0.6%	\$1,118	0.1%
BUPROPION XL	Generic	60	0.6%	\$2,094	0.2%
FLUCONAZOLE	Generic	59	0.6%	\$106	0.0%
VIAGRA	Preferred	58	0.6%	\$7,592	0.8%
CIPROFLOXACIN HCL	Generic	58	0.6%	\$503	0.1%
SERTRALINE HCL	Generic	57	0.6%	\$682	0.1%
DIOVAN	Preferred	55	0.5%	\$7,929	0.8%
FLUOXETINE HCL	Generic	53	0.5%	\$858	0.1%
MELOXICAM	Generic	53	0.5%	\$447	0.0%
TRAMADOL HCL	Generic	52	0.5%	\$952	0.1%
CIALIS	Non-Preferred	51	0.5%	\$6,446	0.6%
VYVANSE	Preferred	50	0.5%	\$8,207	0.8%
JANUVIA	Preferred	49	0.5%	\$11,491	1.1%
METRONIDAZOLE	Generic	49	0.5%	\$1,363	0.1%
PRAVASTATIN SODIUM	Generic	49	0.5%	\$942	0.1%

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

CITY OF FORT LAUDERDALE (0041688)

PHARMACY UTILIZATION BY AGE CATEGORY

Based on Processed Dates

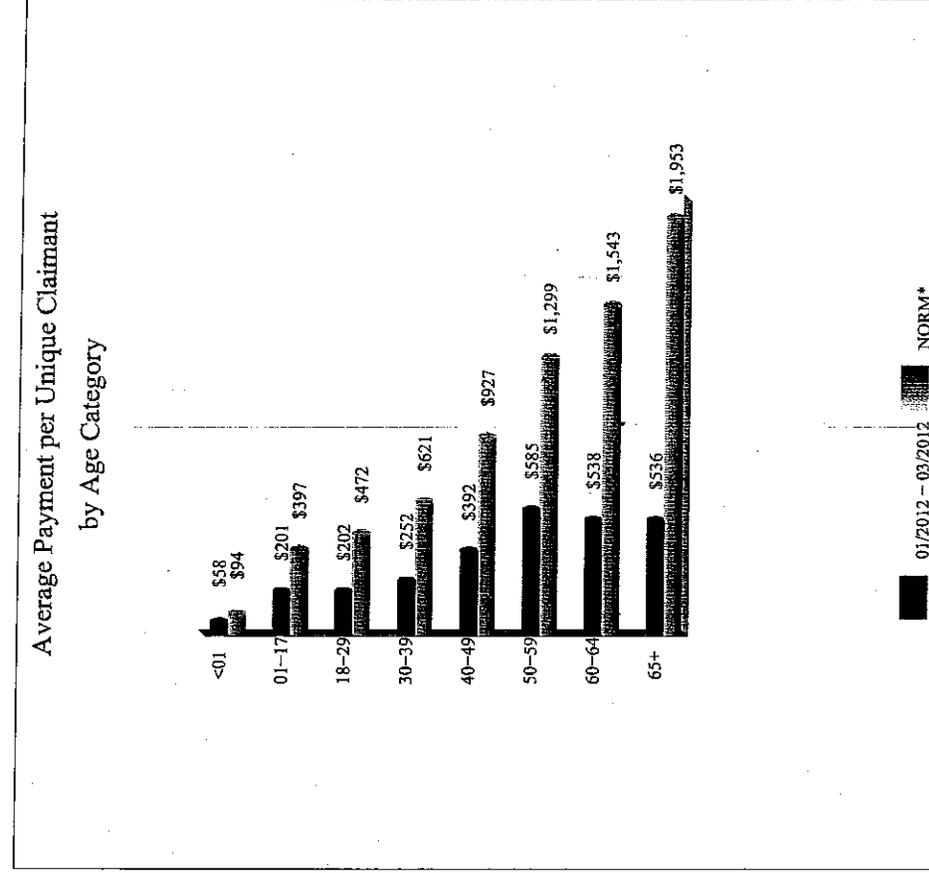
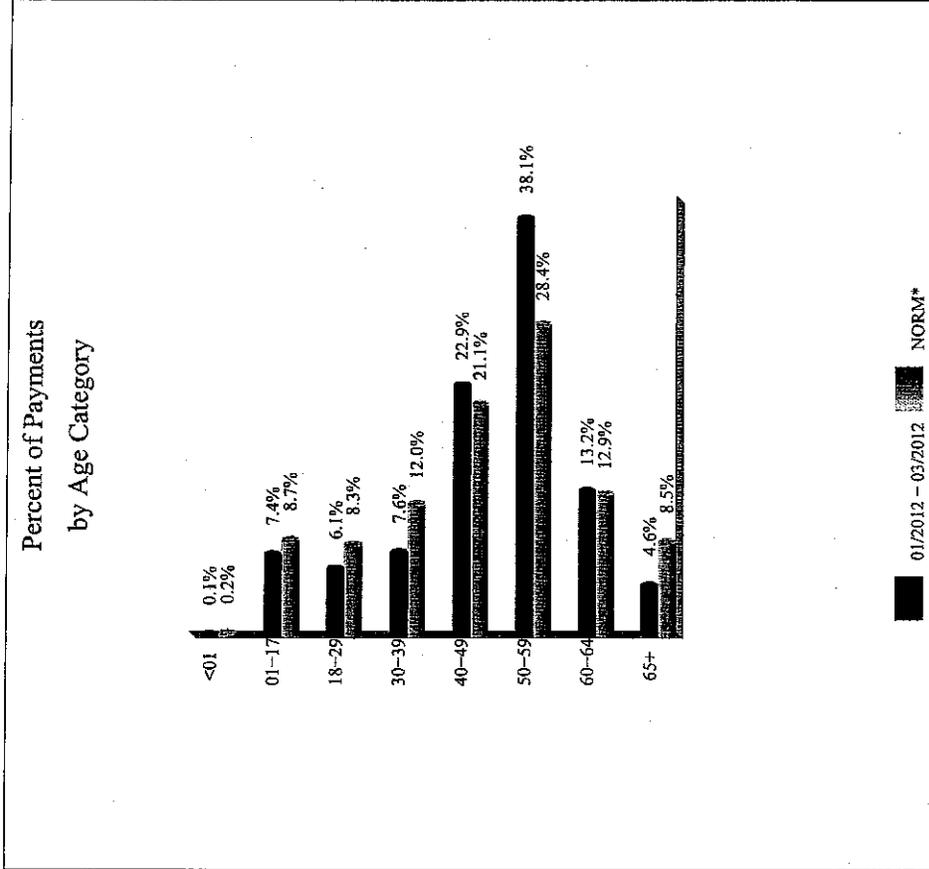


*OPEN ACCESS PLUS NORMS for claims paid 03/2011 thru 02/2012

CITY OF FORT LAUDERDALE (0041688)

PHARMACY PAYMENTS BY AGE CATEGORY

Based on Processed Dates

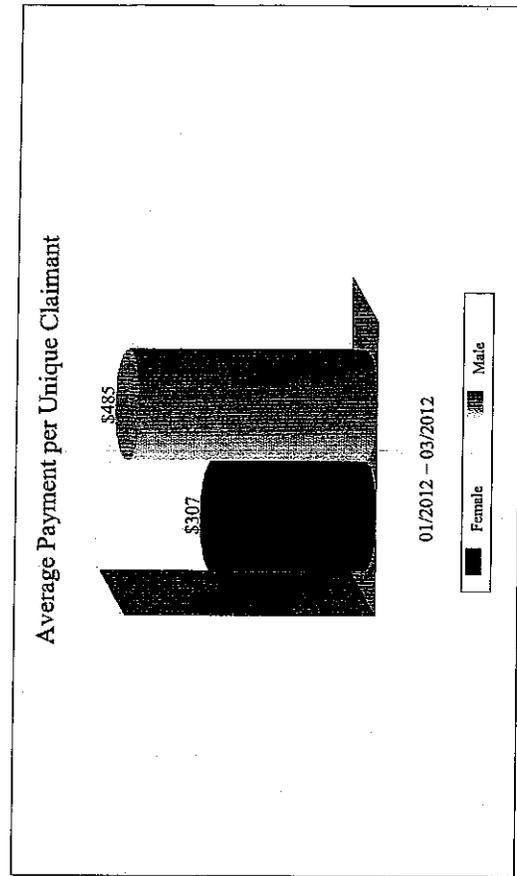
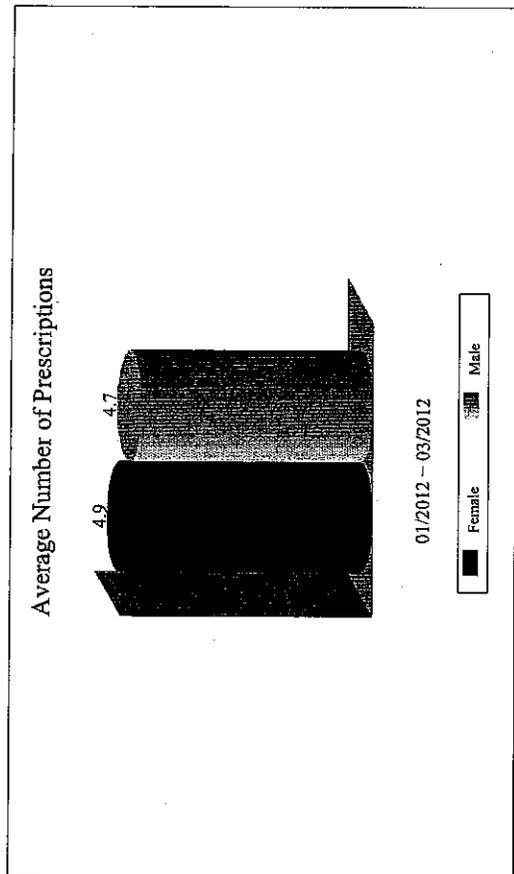
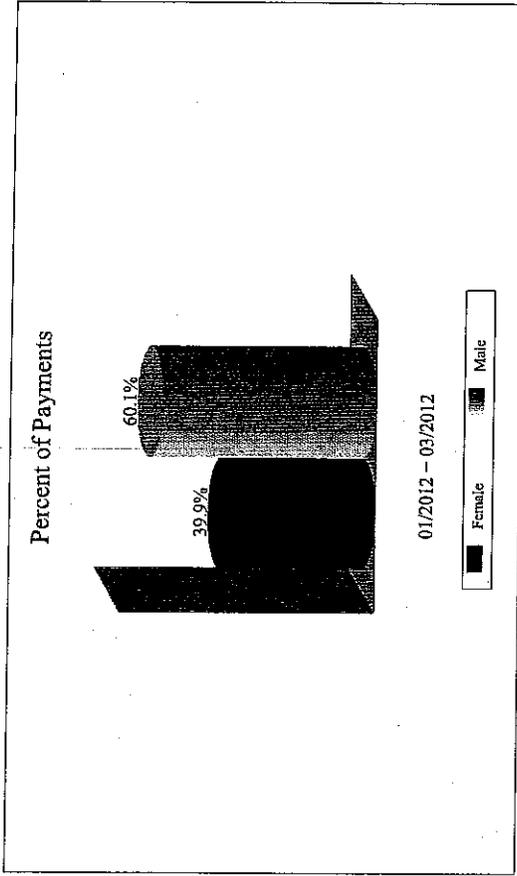
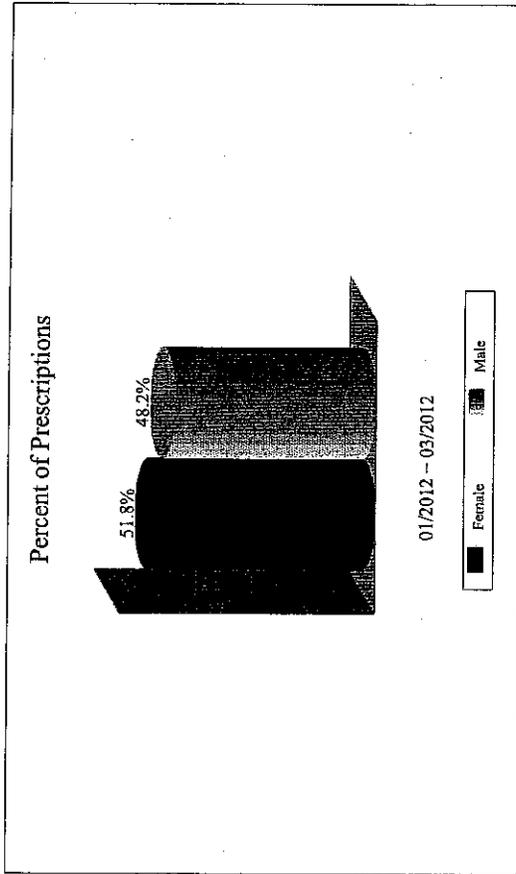


*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

CITY OF FORT LAUDERDALE (0041688)

PHARMACY UTILIZATION AND PAYMENTS BY GENDER

Based on Processed Dates



CITY OF FORT LAUDERDALE (0041688)

TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS

Based on Processed Dates

DRUG CLASSIFICATION	DRUG NAME	BRAND	NUMBER OF PRESCRIPTIONS	UNIT PRICE	TOTAL COST
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS					
	SIMVASTATIN	generic	605	\$47,733	\$79
	ATORVASTATIN CALCIUM	generic	214	\$369	\$2
	CRESTOR	non-preferred brand	166	\$26,284	\$158
	PRAVASTATIN SODIUM	generic	104	\$15,730	\$151
	LOVASTATIN	generic	49	\$430	\$9
	LIPITOR	preferred brand	33	\$116	\$4
	LIVALO	non-preferred brand	31	\$3,751	\$121
	PRAVACHOL	preferred brand	6	\$596	\$99
	LESCOL XL	preferred brand	1	\$348	\$348
		preferred brand	1	\$109	\$109
ANALGESICS, NARCOTICS					
	HYDROCODONE-ACETAMINOPHEN	generic	451	\$20,947	\$46
	OXYCODONE-ACETAMINOPHEN	generic	164	\$847	\$5
	TRAMADOL HCL	generic	90	\$201	\$2
		generic	52	\$640	\$12
	OXYCODONE HCL-ACETAMINOPHEN	generic	26	\$970	\$37
	OXYCODONE HCL	generic	25	\$1,388	\$56
	HYDROMORPHONE HCL	generic	24	\$1,329	\$55
	OXYCONTIN	preferred brand	16	\$11,976	\$749
	MORPHINE SULFATE	generic	10	\$57	\$6
	ENDOCET	generic	8	\$340	\$43
	ROXICET	preferred brand	7	\$13	\$2
	OTHER		29	\$3,186	\$110
PROTON-PUMP INHIBITORS					
	OMEPRAZOLE	generic	349	\$30,747	\$88
	NEXIUM	non-preferred brand	124	\$846	\$7
	PANTOPRAZOLE SODIUM	generic	73	\$15,615	\$214
	LANSOPRAZOLE	generic	64	\$956	\$15
	DEXILANT	generic	34	\$3,174	\$93
	ACIPHEX	preferred brand	32	\$3,724	\$116
	PREVACID	non-preferred brand	13	\$4,108	\$316
	OMEPRAZOLE-SODIUM BICARBONATE	non-preferred brand	5	\$1,234	\$247
	ZEGERID	generic	3	\$406	\$135
BETA-ADRENERGIC BLOCKING AGENTS					
	ATENOLOL	non-preferred brand	1	\$684	\$684
	METOPROLOL TARTRATE	generic	328	\$4,776	\$15
		generic	99	\$159	\$2
		generic	85	\$58	\$1

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

City of Fort Lauderdale
 Attachment B

RFP 725-11022

CITY OF FORT LAUDERDALE (0041688)

TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY NUMBER OF PRESCRIPTIONS
 Based on Processed Dates

DRUG NAME	DRUG CLASSIFICATION	NUMBER OF PRESCRIPTIONS	AMOUNT
METOPROLOL SUCCINATE	generic	67	\$2,356
BYSTOLIC	preferred brand	34	\$1,582
PROPRANOLOL HCL	generic	17	\$158
NADOLOL	generic	7	\$48
BISOPROLOL FUMARATE	generic	6	\$126
SOTALOL	generic	3	\$51
SOTALOL AF	generic	3	\$36
ACEBUTOLOL HCL	generic	3	\$32
OTHER		4	\$172
CONTRACEPTIVES,ORAL			
LOESTRIN 24 FE	preferred brand	324	\$12,807
ORTHO TRI-CYCLEN LO	preferred brand	69	\$3,315
TRINESSA	generic	30	\$1,936
LUTERA	generic	19	\$225
GIANVI	generic	15	\$312
TRI-SPRINTEC	generic	13	\$628
BEYAZ	generic	12	\$100
LORYNA	preferred brand	11	\$568
JOLIVETTE	generic	10	\$668
JUNEL FE	generic	10	\$221
OTHER	generic	9	\$164
OVERALL TOTAL		2,057	\$4,671
			\$117,009

*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

procedure

Attachment C
RFP #725-11022

PROC_CD	procedure_desc	number_of_visits
77057	MAMMOGRAM SCREENING-BILATERAL	2
99201	OFFICE/OP/NEW/PROBFOCUS	3
99202	OFFICE/OP/NEW/EXP/PROBFOCU	49
99203	OFFICE/OP/NEW/LOW COMPLEX	209
99204	OFFICE/OP/NEW/MODERCOMPLX	127
99205	OFFICE/OP/NEW/HIGHCOMPLEX	20
99211	OFFICE/OP/MINIMAL PROB/E/M	13
99212	OFFICE/OP/PROBLEM, FOCUS	90
99213	OFFICE/OP/LOW/COMPLEX	553
99214	OFFICE/OP/MODERATE/COMPLE	350
99215	OFFICE/OP/HIGH COMPLEXITY	47
99220	INIT/HOSP/OBSERV/HIGHCOMPLE	1
99354	PRQL/MDSERVICES/OP	2
99385	INIT PREVENT MED 18-39YR	12
99386	INIT PREVENT MED 40-64YR	19
99387	INIT PREVENT MED >64 YR	1
99395	PREVENT MED E/M-18-39YO	50
99396	PREVENT MED E/M-40-64YO	49
99397	PREVENT MED E/M-65YO>	1
99455	WORK/MED DISABILITY EX	1
G0245	INITIAL FOOT EXAM PT LOPS	1

dx detail

PROC_CD	procedure_desc	DIAG_CD	1number_of
77057	MAMMOGRAM SCREENING-BILATERAL	V7612	2
99201	OFFICE/OP/NEW/PROBFOCUS	7234	1
99201	OFFICE/OP/NEW/PROBFOCUS	7248	1
99201	OFFICE/OP/NEW/PROBFOCUS	7202	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7020	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	17331	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	2165	3
99202	OFFICE/OP/NEW/EXP/PROBFOCU	2169	2
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7234	3
99202	OFFICE/OP/NEW/EXP/PROBFOCU	6821	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	6923	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	69289	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	6929	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7220	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	72210	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	0791	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	9392	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	0539	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	38010	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	70211	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	4552	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	73710	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	34600	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7292	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7393	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7395	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	71596	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7061	3
99202	OFFICE/OP/NEW/EXP/PROBFOCU	73676	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	9597	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	6918	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	70219	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7048	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	6851	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	72871	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	68600	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	6953	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	8461	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	7062	3
99202	OFFICE/OP/NEW/EXP/PROBFOCU	69010	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	72885	2
99202	OFFICE/OP/NEW/EXP/PROBFOCU	V762	1
99202	OFFICE/OP/NEW/EXP/PROBFOCU	84200	1
99203	OFFICE/OP/NEW/LOW COMPLEX	72671	3
99203	OFFICE/OP/NEW/LOW COMPLEX	7020	2
99203	OFFICE/OP/NEW/LOW COMPLEX	37200	1
99203	OFFICE/OP/NEW/LOW COMPLEX	7080	1
99203	OFFICE/OP/NEW/LOW COMPLEX	7245	1
99203	OFFICE/OP/NEW/LOW COMPLEX	17351	1
99203	OFFICE/OP/NEW/LOW COMPLEX	2165	16

dx detail

99203	OFFICE/OP/NEW/LOW COMPLEX	2169	2
99203	OFFICE/OP/NEW/LOW COMPLEX	7234	2
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99203	OFFICE/OP/NEW/LOW COMPLEX	4732	1
99203	OFFICE/OP/NEW/LOW COMPLEX	2452	1
99203	OFFICE/OP/NEW/LOW COMPLEX	4720	1
99203	OFFICE/OP/NEW/LOW COMPLEX	38110	1
99203	OFFICE/OP/NEW/LOW COMPLEX	81500	1
99203	OFFICE/OP/NEW/LOW COMPLEX	81342	1
99203	OFFICE/OP/NEW/LOW COMPLEX	6929	2
99203	OFFICE/OP/NEW/LOW COMPLEX	71844	1
99203	OFFICE/OP/NEW/LOW COMPLEX	9243	1
99203	OFFICE/OP/NEW/LOW COMPLEX	9273	1
99203	OFFICE/OP/NEW/LOW COMPLEX	1104	1
99203	OFFICE/OP/NEW/LOW COMPLEX	1101	2
99203	OFFICE/OP/NEW/LOW COMPLEX	470	1
99203	OFFICE/OP/NEW/LOW COMPLEX	25060	1
99203	OFFICE/OP/NEW/LOW COMPLEX	72210	2
99203	OFFICE/OP/NEW/LOW COMPLEX	38181	1
99203	OFFICE/OP/NEW/LOW COMPLEX	37331	1
99203	OFFICE/OP/NEW/LOW COMPLEX	7856	1
99203	OFFICE/OP/NEW/LOW COMPLEX	72670	2
99203	OFFICE/OP/NEW/LOW COMPLEX	7265	1
99203	OFFICE/OP/NEW/LOW COMPLEX	72690	1
99203	OFFICE/OP/NEW/LOW COMPLEX	7847	1
99203	OFFICE/OP/NEW/LOW COMPLEX	6262	1
99203	OFFICE/OP/NEW/LOW COMPLEX	78060	1
99203	OFFICE/OP/NEW/LOW COMPLEX	82524	1
99203	OFFICE/OP/NEW/LOW COMPLEX	82525	1
99203	OFFICE/OP/NEW/LOW COMPLEX	78760	1
99203	OFFICE/OP/NEW/LOW COMPLEX	7352	1
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99203	OFFICE/OP/NEW/LOW COMPLEX	7840	2
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99203	OFFICE/OP/NEW/LOW COMPLEX	7030	1
99203	OFFICE/OP/NEW/LOW COMPLEX	0088	1
99203	OFFICE/OP/NEW/LOW COMPLEX	72632	2
99203	OFFICE/OP/NEW/LOW COMPLEX	6983	2
99203	OFFICE/OP/NEW/LOW COMPLEX	7242	3
99203	OFFICE/OP/NEW/LOW COMPLEX	61172	3
99203	OFFICE/OP/NEW/LOW COMPLEX	7361	1
99203	OFFICE/OP/NEW/LOW COMPLEX	0780	1
99203	OFFICE/OP/NEW/LOW COMPLEX	27801	1
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dx detail

99203	OFFICE/OP/NEW/LOW COMPLEX	2382	4
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99203	OFFICE/OP/NEW/LOW COMPLEX	78079	1
99203	OFFICE/OP/NEW/LOW COMPLEX	6961	4
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99203	OFFICE/OP/NEW/LOW COMPLEX	V745	1
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dx detail

99203	OFFICE/OP/NEW/LOW COMPLEX	72706	2
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99203	OFFICE/OP/NEW/LOW COMPLEX	07810	1
99204	OFFICE/OP/NEW/MODERCOMPLX	78906	4
99204	OFFICE/OP/NEW/MODERCOMPLX	78901	1
99204	OFFICE/OP/NEW/MODERCOMPLX	78900	6
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99204	OFFICE/OP/NEW/MODERCOMPLX	83101	1
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99204	OFFICE/OP/NEW/MODERCOMPLX	74721	1
99204	OFFICE/OP/NEW/MODERCOMPLX	72252	1
99204	OFFICE/OP/NEW/MODERCOMPLX	72251	1
99204	OFFICE/OP/NEW/MODERCOMPLX	470	1
99204	OFFICE/OP/NEW/MODERCOMPLX	25002	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6101	1
99204	OFFICE/OP/NEW/MODERCOMPLX	7220	2

dx detail

99204	OFFICE/OP/NEW/MODERCOMPLX	5368	1
99204	OFFICE/OP/NEW/MODERCOMPLX	79093	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6262	1
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99204	OFFICE/OP/NEW/MODERCOMPLX	40210	1
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99204	OFFICE/OP/NEW/MODERCOMPLX	60784	1
99204	OFFICE/OP/NEW/MODERCOMPLX	72271	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6264	1
99204	OFFICE/OP/NEW/MODERCOMPLX	38650	1
99204	OFFICE/OP/NEW/MODERCOMPLX	2141	1
99204	OFFICE/OP/NEW/MODERCOMPLX	7242	2
99204	OFFICE/OP/NEW/MODERCOMPLX	8472	1
99204	OFFICE/OP/NEW/MODERCOMPLX	61172	2
99204	OFFICE/OP/NEW/MODERCOMPLX	1518	1
99204	OFFICE/OP/NEW/MODERCOMPLX	185	1
99204	OFFICE/OP/NEW/MODERCOMPLX	27801	1
99204	OFFICE/OP/NEW/MODERCOMPLX	7291	1
99204	OFFICE/OP/NEW/MODERCOMPLX	2382	1
99204	OFFICE/OP/NEW/MODERCOMPLX	7292	1
99204	OFFICE/OP/NEW/MODERCOMPLX	28800	1
99204	OFFICE/OP/NEW/MODERCOMPLX	79431	2
99204	OFFICE/OP/NEW/MODERCOMPLX	2411	1
99204	OFFICE/OP/NEW/MODERCOMPLX	2410	1
99204	OFFICE/OP/NEW/MODERCOMPLX	36604	1
99204	OFFICE/OP/NEW/MODERCOMPLX	32723	2
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99204	OFFICE/OP/NEW/MODERCOMPLX	2869	1
99204	OFFICE/OP/NEW/MODERCOMPLX	72293	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6268	1
99204	OFFICE/OP/NEW/MODERCOMPLX	78079	1
99204	OFFICE/OP/NEW/MODERCOMPLX	71947	1
99204	OFFICE/OP/NEW/MODERCOMPLX	71943	1
99204	OFFICE/OP/NEW/MODERCOMPLX	71946	4
99204	OFFICE/OP/NEW/MODERCOMPLX	71941	2
99204	OFFICE/OP/NEW/MODERCOMPLX	7295	2
99204	OFFICE/OP/NEW/MODERCOMPLX	7851	1
99204	OFFICE/OP/NEW/MODERCOMPLX	V1272	1
99204	OFFICE/OP/NEW/MODERCOMPLX	72871	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6273	1
99204	OFFICE/OP/NEW/MODERCOMPLX	55091	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6081	1
99204	OFFICE/OP/NEW/MODERCOMPLX	72402	1
99204	OFFICE/OP/NEW/MODERCOMPLX	8442	3

dx detail

99204	OFFICE/OP/NEW/MODERCOMPLX	8409	1
99204	OFFICE/OP/NEW/MODERCOMPLX	V252	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6256	2
99204	OFFICE/OP/NEW/MODERCOMPLX	7802	1
99204	OFFICE/OP/NEW/MODERCOMPLX	8360	2
99204	OFFICE/OP/NEW/MODERCOMPLX	7244	2
99204	OFFICE/OP/NEW/MODERCOMPLX	78650	1
99204	OFFICE/OP/NEW/MODERCOMPLX	5939	1
99204	OFFICE/OP/NEW/MODERCOMPLX	6089	2
99204	OFFICE/OP/NEW/MODERCOMPLX	4019	1
99204	OFFICE/OP/NEW/MODERCOMPLX	2449	1
99204	OFFICE/OP/NEW/MODERCOMPLX	7179	1
99204	OFFICE/OP/NEW/MODERCOMPLX	3829	1
99204	OFFICE/OP/NEW/MODERCOMPLX	4359	1
99204	OFFICE/OP/NEW/MODERCOMPLX	78863	1
99204	OFFICE/OP/NEW/MODERCOMPLX	4548	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	6260	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	49390	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	49320	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	72210	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	7820	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	2189	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	1744	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	4240	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	2152	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	70909	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	78079	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	7851	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	V7231	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	3321	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	V7651	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	V221	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	24290	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	78650	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	5739	1
99205	OFFICE/OP/NEW/HIGHCOMPLEX	4739	1
99211	OFFICE/OP/MINIMAL PROB/E/M	64883	1
99211	OFFICE/OP/MINIMAL PROB/E/M	7231	1
99211	OFFICE/OP/MINIMAL PROB/E/M	72210	1
99211	OFFICE/OP/MINIMAL PROB/E/M	79582	1
99211	OFFICE/OP/MINIMAL PROB/E/M	V163	1
99211	OFFICE/OP/MINIMAL PROB/E/M	6111	1
99211	OFFICE/OP/MINIMAL PROB/E/M	99660	1
99211	OFFICE/OP/MINIMAL PROB/E/M	7242	2
99211	OFFICE/OP/MINIMAL PROB/E/M	1460	1
99211	OFFICE/OP/MINIMAL PROB/E/M	34601	1
99211	OFFICE/OP/MINIMAL PROB/E/M	V0489	1
99211	OFFICE/OP/MINIMAL PROB/E/M	2869	1
99212	OFFICE/OP/PROBLEM,FOCUS	65973	1
99212	OFFICE/OP/PROBLEM,FOCUS	7384	1
99212	OFFICE/OP/PROBLEM,FOCUS	7020	2

dx detail

99212	OFFICE/OP/PROBLEM,FOCUS	53510	2
99212	OFFICE/OP/PROBLEM,FOCUS	64203	1
99212	OFFICE/OP/PROBLEM,FOCUS	2161	1
99212	OFFICE/OP/PROBLEM,FOCUS	2164	1
99212	OFFICE/OP/PROBLEM,FOCUS	2165	1
99212	OFFICE/OP/PROBLEM,FOCUS	2169	1
99212	OFFICE/OP/PROBLEM,FOCUS	2212	1
99212	OFFICE/OP/PROBLEM,FOCUS	7234	2
99212	OFFICE/OP/PROBLEM,FOCUS	7231	1
99212	OFFICE/OP/PROBLEM,FOCUS	7233	1
99212	OFFICE/OP/PROBLEM,FOCUS	75263	1
99212	OFFICE/OP/PROBLEM,FOCUS	6929	1
99212	OFFICE/OP/PROBLEM,FOCUS	1101	1
99212	OFFICE/OP/PROBLEM,FOCUS	1105	2
99212	OFFICE/OP/PROBLEM,FOCUS	25060	1
99212	OFFICE/OP/PROBLEM,FOCUS	72210	1
99212	OFFICE/OP/PROBLEM,FOCUS	79093	1
99212	OFFICE/OP/PROBLEM,FOCUS	72690	2
99212	OFFICE/OP/PROBLEM,FOCUS	82525	1
99212	OFFICE/OP/PROBLEM,FOCUS	3804	1
99212	OFFICE/OP/PROBLEM,FOCUS	70211	1
99212	OFFICE/OP/PROBLEM,FOCUS	73710	1
99212	OFFICE/OP/PROBLEM,FOCUS	34550	1
99212	OFFICE/OP/PROBLEM,FOCUS	7242	1
99212	OFFICE/OP/PROBLEM,FOCUS	1460	1
99212	OFFICE/OP/PROBLEM,FOCUS	1744	1
99212	OFFICE/OP/PROBLEM,FOCUS	62211	1
99212	OFFICE/OP/PROBLEM,FOCUS	0780	1
99212	OFFICE/OP/PROBLEM,FOCUS	7391	2
99212	OFFICE/OP/PROBLEM,FOCUS	64913	1
99212	OFFICE/OP/PROBLEM,FOCUS	71516	4
99212	OFFICE/OP/PROBLEM,FOCUS	71596	2
99212	OFFICE/OP/PROBLEM,FOCUS	7906	1
99212	OFFICE/OP/PROBLEM,FOCUS	7061	2
99212	OFFICE/OP/PROBLEM,FOCUS	9599	1
99212	OFFICE/OP/PROBLEM,FOCUS	69274	1
99212	OFFICE/OP/PROBLEM,FOCUS	64893	1
99212	OFFICE/OP/PROBLEM,FOCUS	70909	1
99212	OFFICE/OP/PROBLEM,FOCUS	V2509	1
99212	OFFICE/OP/PROBLEM,FOCUS	27503	1
99212	OFFICE/OP/PROBLEM,FOCUS	66612	1
99212	OFFICE/OP/PROBLEM,FOCUS	70219	1
99212	OFFICE/OP/PROBLEM,FOCUS	2572	1
99212	OFFICE/OP/PROBLEM,FOCUS	71946	1
99212	OFFICE/OP/PROBLEM,FOCUS	7295	1
99212	OFFICE/OP/PROBLEM,FOCUS	7241	2
99212	OFFICE/OP/PROBLEM,FOCUS	79502	1
99212	OFFICE/OP/PROBLEM,FOCUS	V1272	1
99212	OFFICE/OP/PROBLEM,FOCUS	70441	1
99212	OFFICE/OP/PROBLEM,FOCUS	72871	2
99212	OFFICE/OP/PROBLEM,FOCUS	6271	1

dx detail

99212	OFFICE/OP/PROBLEM,FOCUS	V7242	1
99212	OFFICE/OP/PROBLEM,FOCUS	68600	1
99212	OFFICE/OP/PROBLEM,FOCUS	7821	1
99212	OFFICE/OP/PROBLEM,FOCUS	6953	1
99212	OFFICE/OP/PROBLEM,FOCUS	7202	1
99212	OFFICE/OP/PROBLEM,FOCUS	69010	1
99212	OFFICE/OP/PROBLEM,FOCUS	72885	1
99212	OFFICE/OP/PROBLEM,FOCUS	8442	1
99212	OFFICE/OP/PROBLEM,FOCUS	0340	1
99212	OFFICE/OP/PROBLEM,FOCUS	38830	1
99212	OFFICE/OP/PROBLEM,FOCUS	73681	1
99212	OFFICE/OP/PROBLEM,FOCUS	78650	1
99212	OFFICE/OP/PROBLEM,FOCUS	7069	1
99212	OFFICE/OP/PROBLEM,FOCUS	4739	2
99212	OFFICE/OP/PROBLEM,FOCUS	6259	1
99212	OFFICE/OP/PROBLEM,FOCUS	55320	1
99212	OFFICE/OP/PROBLEM,FOCUS	5990	1
99212	OFFICE/OP/PROBLEM,FOCUS	61610	4
99212	OFFICE/OP/PROBLEM,FOCUS	07810	1
99213	OFFICE/OP/LOW/COMPLEX	78906	1
99213	OFFICE/OP/LOW/COMPLEX	78901	1
99213	OFFICE/OP/LOW/COMPLEX	78900	1
99213	OFFICE/OP/LOW/COMPLEX	79500	1
99213	OFFICE/OP/LOW/COMPLEX	79510	1
99213	OFFICE/OP/LOW/COMPLEX	64883	2
99213	OFFICE/OP/LOW/COMPLEX	65973	1
99213	OFFICE/OP/LOW/COMPLEX	6260	4
99213	OFFICE/OP/LOW/COMPLEX	72671	2
99213	OFFICE/OP/LOW/COMPLEX	7384	1
99213	OFFICE/OP/LOW/COMPLEX	7020	14
99213	OFFICE/OP/LOW/COMPLEX	38601	1
99213	OFFICE/OP/LOW/COMPLEX	4660	1
99213	OFFICE/OP/LOW/COMPLEX	37200	1
99213	OFFICE/OP/LOW/COMPLEX	38302	1
99213	OFFICE/OP/LOW/COMPLEX	462	1
99213	OFFICE/OP/LOW/COMPLEX	V5481	1
99213	OFFICE/OP/LOW/COMPLEX	V5878	1
99213	OFFICE/OP/LOW/COMPLEX	4779	3
99213	OFFICE/OP/LOW/COMPLEX	4778	1
99213	OFFICE/OP/LOW/COMPLEX	5651	2
99213	OFFICE/OP/LOW/COMPLEX	64823	1
99213	OFFICE/OP/LOW/COMPLEX	2859	4
99213	OFFICE/OP/LOW/COMPLEX	2853	1
99213	OFFICE/OP/LOW/COMPLEX	4241	1
99213	OFFICE/OP/LOW/COMPLEX	1173	1
99213	OFFICE/OP/LOW/COMPLEX	42731	3
99213	OFFICE/OP/LOW/COMPLEX	31400	1
99213	OFFICE/OP/LOW/COMPLEX	53085	1
99213	OFFICE/OP/LOW/COMPLEX	4011	1
99213	OFFICE/OP/LOW/COMPLEX	217	1
99213	OFFICE/OP/LOW/COMPLEX	2164	1

dx detail

99213	OFFICE/OP/LOW/COMPLEX	2167	2
99213	OFFICE/OP/LOW/COMPLEX	2163	1
99213	OFFICE/OP/LOW/COMPLEX	2165	14
99213	OFFICE/OP/LOW/COMPLEX	2166	1
99213	OFFICE/OP/LOW/COMPLEX	2169	5
99213	OFFICE/OP/LOW/COMPLEX	38611	1
99213	OFFICE/OP/LOW/COMPLEX	5960	1
99213	OFFICE/OP/LOW/COMPLEX	7234	1
99213	OFFICE/OP/LOW/COMPLEX	5920	3
99213	OFFICE/OP/LOW/COMPLEX	1121	4
99213	OFFICE/OP/LOW/COMPLEX	2330	1
99213	OFFICE/OP/LOW/COMPLEX	3540	1
99213	OFFICE/OP/LOW/COMPLEX	6829	4
99213	OFFICE/OP/LOW/COMPLEX	7211	1
99213	OFFICE/OP/LOW/COMPLEX	7231	11
99213	OFFICE/OP/LOW/COMPLEX	47401	1
99213	OFFICE/OP/LOW/COMPLEX	496	1
99213	OFFICE/OP/LOW/COMPLEX	4149	1
99213	OFFICE/OP/LOW/COMPLEX	20410	1
99213	OFFICE/OP/LOW/COMPLEX	3831	1
99213	OFFICE/OP/LOW/COMPLEX	3384	1
99213	OFFICE/OP/LOW/COMPLEX	07032	1
99213	OFFICE/OP/LOW/COMPLEX	81601	1
99213	OFFICE/OP/LOW/COMPLEX	81342	2
99213	OFFICE/OP/LOW/COMPLEX	33900	1
99213	OFFICE/OP/LOW/COMPLEX	38901	1
99213	OFFICE/OP/LOW/COMPLEX	07811	2
99213	OFFICE/OP/LOW/COMPLEX	69289	2
99213	OFFICE/OP/LOW/COMPLEX	6929	6
99213	OFFICE/OP/LOW/COMPLEX	V2540	1
99213	OFFICE/OP/LOW/COMPLEX	9243	3
99213	OFFICE/OP/LOW/COMPLEX	41405	1
99213	OFFICE/OP/LOW/COMPLEX	41400	2
99213	OFFICE/OP/LOW/COMPLEX	9283	1
99213	OFFICE/OP/LOW/COMPLEX	79981	2
99213	OFFICE/OP/LOW/COMPLEX	7175	1
99213	OFFICE/OP/LOW/COMPLEX	1101	2
99213	OFFICE/OP/LOW/COMPLEX	470	2
99213	OFFICE/OP/LOW/COMPLEX	25001	1
99213	OFFICE/OP/LOW/COMPLEX	25060	3
99213	OFFICE/OP/LOW/COMPLEX	25070	1
99213	OFFICE/OP/LOW/COMPLEX	5533	1
99213	OFFICE/OP/LOW/COMPLEX	6101	1
99213	OFFICE/OP/LOW/COMPLEX	72610	2
99213	OFFICE/OP/LOW/COMPLEX	7220	2
99213	OFFICE/OP/LOW/COMPLEX	7222	1
99213	OFFICE/OP/LOW/COMPLEX	72210	3
99213	OFFICE/OP/LOW/COMPLEX	7820	1
99213	OFFICE/OP/LOW/COMPLEX	56210	1
99213	OFFICE/OP/LOW/COMPLEX	7804	1
99213	OFFICE/OP/LOW/COMPLEX	70900	2

dx detail

99213	OFFICE/OP/LOW/COMPLEX	38181	4
99213	OFFICE/OP/LOW/COMPLEX	6253	1
99213	OFFICE/OP/LOW/COMPLEX	6250	1
99213	OFFICE/OP/LOW/COMPLEX	5368	1
99213	OFFICE/OP/LOW/COMPLEX	62210	1
99213	OFFICE/OP/LOW/COMPLEX	37331	1
99213	OFFICE/OP/LOW/COMPLEX	71906	1
99213	OFFICE/OP/LOW/COMPLEX	79093	3
99213	OFFICE/OP/LOW/COMPLEX	7265	1
99213	OFFICE/OP/LOW/COMPLEX	72690	3
99213	OFFICE/OP/LOW/COMPLEX	7847	1
99213	OFFICE/OP/LOW/COMPLEX	53081	4
99213	OFFICE/OP/LOW/COMPLEX	6262	1
99213	OFFICE/OP/LOW/COMPLEX	82525	8
99213	OFFICE/OP/LOW/COMPLEX	V2501	1
99213	OFFICE/OP/LOW/COMPLEX	7352	1
99213	OFFICE/OP/LOW/COMPLEX	7350	2
99213	OFFICE/OP/LOW/COMPLEX	7840	1
99213	OFFICE/OP/LOW/COMPLEX	22801	2
99213	OFFICE/OP/LOW/COMPLEX	5693	2
99213	OFFICE/OP/LOW/COMPLEX	4480	1
99213	OFFICE/OP/LOW/COMPLEX	042	1
99213	OFFICE/OP/LOW/COMPLEX	591	1
99213	OFFICE/OP/LOW/COMPLEX	60000	3
99213	OFFICE/OP/LOW/COMPLEX	3804	1
99213	OFFICE/OP/LOW/COMPLEX	60784	1
99213	OFFICE/OP/LOW/COMPLEX	38010	2
99213	OFFICE/OP/LOW/COMPLEX	70211	1
99213	OFFICE/OP/LOW/COMPLEX	72271	1
99213	OFFICE/OP/LOW/COMPLEX	72273	1
99213	OFFICE/OP/LOW/COMPLEX	6264	4
99213	OFFICE/OP/LOW/COMPLEX	7014	4
99213	OFFICE/OP/LOW/COMPLEX	V4365	1
99213	OFFICE/OP/LOW/COMPLEX	72632	2
99213	OFFICE/OP/LOW/COMPLEX	2189	5
99213	OFFICE/OP/LOW/COMPLEX	3542	1
99213	OFFICE/OP/LOW/COMPLEX	6235	1
99213	OFFICE/OP/LOW/COMPLEX	V5869	1
99213	OFFICE/OP/LOW/COMPLEX	7242	7
99213	OFFICE/OP/LOW/COMPLEX	8460	1
99213	OFFICE/OP/LOW/COMPLEX	4010	2
99213	OFFICE/OP/LOW/COMPLEX	1749	1
99213	OFFICE/OP/LOW/COMPLEX	1629	1
99213	OFFICE/OP/LOW/COMPLEX	1539	1
99213	OFFICE/OP/LOW/COMPLEX	1890	1
99213	OFFICE/OP/LOW/COMPLEX	1748	1
99213	OFFICE/OP/LOW/COMPLEX	185	4
99213	OFFICE/OP/LOW/COMPLEX	1519	2
99213	OFFICE/OP/LOW/COMPLEX	1460	1
99213	OFFICE/OP/LOW/COMPLEX	61171	1
99213	OFFICE/OP/LOW/COMPLEX	99632	1

dx detail

99213	OFFICE/OP/LOW/COMPLEX	75453	1
99213	OFFICE/OP/LOW/COMPLEX	34600	1
99213	OFFICE/OP/LOW/COMPLEX	34610	2
99213	OFFICE/OP/LOW/COMPLEX	4240	2
99213	OFFICE/OP/LOW/COMPLEX	0780	1
99213	OFFICE/OP/LOW/COMPLEX	7291	2
99213	OFFICE/OP/LOW/COMPLEX	8470	3
99213	OFFICE/OP/LOW/COMPLEX	2383	1
99213	OFFICE/OP/LOW/COMPLEX	2382	8
99213	OFFICE/OP/LOW/COMPLEX	2396	1
99213	OFFICE/OP/LOW/COMPLEX	60010	1
99213	OFFICE/OP/LOW/COMPLEX	7394	1
99213	OFFICE/OP/LOW/COMPLEX	79431	3
99213	OFFICE/OP/LOW/COMPLEX	2411	1
99213	OFFICE/OP/LOW/COMPLEX	2410	2
99213	OFFICE/OP/LOW/COMPLEX	36504	1
99213	OFFICE/OP/LOW/COMPLEX	68111	1
99213	OFFICE/OP/LOW/COMPLEX	36501	1
99213	OFFICE/OP/LOW/COMPLEX	71517	1
99213	OFFICE/OP/LOW/COMPLEX	71516	2
99213	OFFICE/OP/LOW/COMPLEX	71515	1
99213	OFFICE/OP/LOW/COMPLEX	71591	2
99213	OFFICE/OP/LOW/COMPLEX	71596	3
99213	OFFICE/OP/LOW/COMPLEX	38870	1
99213	OFFICE/OP/LOW/COMPLEX	7061	15
99213	OFFICE/OP/LOW/COMPLEX	4139	1
99213	OFFICE/OP/LOW/COMPLEX	85181	1
99213	OFFICE/OP/LOW/COMPLEX	2869	2
99213	OFFICE/OP/LOW/COMPLEX	6202	2
99213	OFFICE/OP/LOW/COMPLEX	6918	3
99213	OFFICE/OP/LOW/COMPLEX	2662	1
99213	OFFICE/OP/LOW/COMPLEX	7273	2
99213	OFFICE/OP/LOW/COMPLEX	69274	1
99213	OFFICE/OP/LOW/COMPLEX	99677	1
99213	OFFICE/OP/LOW/COMPLEX	99678	1
99213	OFFICE/OP/LOW/COMPLEX	67430	1
99213	OFFICE/OP/LOW/COMPLEX	78039	2
99213	OFFICE/OP/LOW/COMPLEX	69279	1
99213	OFFICE/OP/LOW/COMPLEX	47819	1
99213	OFFICE/OP/LOW/COMPLEX	6268	3
99213	OFFICE/OP/LOW/COMPLEX	70909	7
99213	OFFICE/OP/LOW/COMPLEX	V2509	2
99213	OFFICE/OP/LOW/COMPLEX	73739	1
99213	OFFICE/OP/LOW/COMPLEX	78079	2
99213	OFFICE/OP/LOW/COMPLEX	7905	1
99213	OFFICE/OP/LOW/COMPLEX	2441	1
99213	OFFICE/OP/LOW/COMPLEX	6961	13
99213	OFFICE/OP/LOW/COMPLEX	70219	6
99213	OFFICE/OP/LOW/COMPLEX	2448	1
99213	OFFICE/OP/LOW/COMPLEX	64683	1
99213	OFFICE/OP/LOW/COMPLEX	2808	1

dx detail

99213	OFFICE/OP/LOW/COMPLEX	7248	2
99213	OFFICE/OP/LOW/COMPLEX	2572	3
99213	OFFICE/OP/LOW/COMPLEX	78449	1
99213	OFFICE/OP/LOW/COMPLEX	84209	3
99213	OFFICE/OP/LOW/COMPLEX	3879	1
99213	OFFICE/OP/LOW/COMPLEX	71947	3
99213	OFFICE/OP/LOW/COMPLEX	71943	3
99213	OFFICE/OP/LOW/COMPLEX	71946	6
99213	OFFICE/OP/LOW/COMPLEX	71941	5
99213	OFFICE/OP/LOW/COMPLEX	71942	1
99213	OFFICE/OP/LOW/COMPLEX	7851	1
99213	OFFICE/OP/LOW/COMPLEX	79511	2
99213	OFFICE/OP/LOW/COMPLEX	79513	1
99213	OFFICE/OP/LOW/COMPLEX	6944	3
99213	OFFICE/OP/LOW/COMPLEX	4439	1
99213	OFFICE/OP/LOW/COMPLEX	V1272	1
99213	OFFICE/OP/LOW/COMPLEX	V1083	1
99213	OFFICE/OP/LOW/COMPLEX	72871	11
99213	OFFICE/OP/LOW/COMPLEX	2564	1
99213	OFFICE/OP/LOW/COMPLEX	72281	1
99213	OFFICE/OP/LOW/COMPLEX	6273	1
99213	OFFICE/OP/LOW/COMPLEX	6271	1
99213	OFFICE/OP/LOW/COMPLEX	2440	1
99213	OFFICE/OP/LOW/COMPLEX	V7284	1
99213	OFFICE/OP/LOW/COMPLEX	V222	1
99213	OFFICE/OP/LOW/COMPLEX	6254	1
99213	OFFICE/OP/LOW/COMPLEX	72665	1
99213	OFFICE/OP/LOW/COMPLEX	6960	1
99213	OFFICE/OP/LOW/COMPLEX	2720	1
99213	OFFICE/OP/LOW/COMPLEX	7821	3
99213	OFFICE/OP/LOW/COMPLEX	53011	1
99213	OFFICE/OP/LOW/COMPLEX	7140	2
99213	OFFICE/OP/LOW/COMPLEX	6953	3
99213	OFFICE/OP/LOW/COMPLEX	V7231	1
99213	OFFICE/OP/LOW/COMPLEX	7202	1
99213	OFFICE/OP/LOW/COMPLEX	135	2
99213	OFFICE/OP/LOW/COMPLEX	7243	1
99213	OFFICE/OP/LOW/COMPLEX	73730	1
99213	OFFICE/OP/LOW/COMPLEX	4564	1
99213	OFFICE/OP/LOW/COMPLEX	7062	6
99213	OFFICE/OP/LOW/COMPLEX	69010	4
99213	OFFICE/OP/LOW/COMPLEX	28260	1
99213	OFFICE/OP/LOW/COMPLEX	6100	1
99213	OFFICE/OP/LOW/COMPLEX	V7651	1
99213	OFFICE/OP/LOW/COMPLEX	6081	1
99213	OFFICE/OP/LOW/COMPLEX	63490	1
99213	OFFICE/OP/LOW/COMPLEX	8442	1
99213	OFFICE/OP/LOW/COMPLEX	8440	1
99213	OFFICE/OP/LOW/COMPLEX	8408	1
99213	OFFICE/OP/LOW/COMPLEX	17342	1
99213	OFFICE/OP/LOW/COMPLEX	17372	1

dx detail

99213	OFFICE/OP/LOW/COMPLEX	17362	3
99213	OFFICE/OP/LOW/COMPLEX	6256	2
99213	OFFICE/OP/LOW/COMPLEX	65543	1
99213	OFFICE/OP/LOW/COMPLEX	7842	1
99213	OFFICE/OP/LOW/COMPLEX	6272	2
99213	OFFICE/OP/LOW/COMPLEX	7802	1
99213	OFFICE/OP/LOW/COMPLEX	37515	1
99213	OFFICE/OP/LOW/COMPLEX	30781	1
99213	OFFICE/OP/LOW/COMPLEX	7244	3
99213	OFFICE/OP/LOW/COMPLEX	8471	1
99213	OFFICE/OP/LOW/COMPLEX	24290	1
99213	OFFICE/OP/LOW/COMPLEX	72672	1
99213	OFFICE/OP/LOW/COMPLEX	30720	1
99213	OFFICE/OP/LOW/COMPLEX	7235	1
99213	OFFICE/OP/LOW/COMPLEX	24200	1
99213	OFFICE/OP/LOW/COMPLEX	24220	1
99213	OFFICE/OP/LOW/COMPLEX	72703	1
99213	OFFICE/OP/LOW/COMPLEX	70715	1
99213	OFFICE/OP/LOW/COMPLEX	5531	1
99213	OFFICE/OP/LOW/COMPLEX	79380	1
99213	OFFICE/OP/LOW/COMPLEX	78650	3
99213	OFFICE/OP/LOW/COMPLEX	56400	2
99213	OFFICE/OP/LOW/COMPLEX	73670	1
99213	OFFICE/OP/LOW/COMPLEX	7039	1
99213	OFFICE/OP/LOW/COMPLEX	6089	1
99213	OFFICE/OP/LOW/COMPLEX	7099	3
99213	OFFICE/OP/LOW/COMPLEX	4019	4
99213	OFFICE/OP/LOW/COMPLEX	7019	2
99213	OFFICE/OP/LOW/COMPLEX	2449	1
99213	OFFICE/OP/LOW/COMPLEX	65593	2
99213	OFFICE/OP/LOW/COMPLEX	6869	1
99213	OFFICE/OP/LOW/COMPLEX	3829	4
99213	OFFICE/OP/LOW/COMPLEX	4739	3
99213	OFFICE/OP/LOW/COMPLEX	84500	1
99213	OFFICE/OP/LOW/COMPLEX	84510	1
99213	OFFICE/OP/LOW/COMPLEX	78057	1
99213	OFFICE/OP/LOW/COMPLEX	6259	3
99213	OFFICE/OP/LOW/COMPLEX	66393	1
99213	OFFICE/OP/LOW/COMPLEX	55320	1
99213	OFFICE/OP/LOW/COMPLEX	78841	6
99213	OFFICE/OP/LOW/COMPLEX	5990	2
99213	OFFICE/OP/LOW/COMPLEX	7089	1
99213	OFFICE/OP/LOW/COMPLEX	61611	1
99213	OFFICE/OP/LOW/COMPLEX	61610	4
99213	OFFICE/OP/LOW/COMPLEX	7454	1
99213	OFFICE/OP/LOW/COMPLEX	07810	1
99214	OFFICE/OP/MODERATE/COMPLE	78906	1
99214	OFFICE/OP/MODERATE/COMPLE	78905	1
99214	OFFICE/OP/MODERATE/COMPLE	78900	3
99214	OFFICE/OP/MODERATE/COMPLE	79500	4
99214	OFFICE/OP/MODERATE/COMPLE	6260	1

dx detail

99214	OFFICE/OP/MODERATE/COMPLE	7020	3
99214	OFFICE/OP/MODERATE/COMPLE	4612	1
99214	OFFICE/OP/MODERATE/COMPLE	07051	1
99214	OFFICE/OP/MODERATE/COMPLE	462	1
99214	OFFICE/OP/MODERATE/COMPLE	7260	3
99214	OFFICE/OP/MODERATE/COMPLE	4779	2
99214	OFFICE/OP/MODERATE/COMPLE	4778	2
99214	OFFICE/OP/MODERATE/COMPLE	4770	1
99214	OFFICE/OP/MODERATE/COMPLE	9953	1
99214	OFFICE/OP/MODERATE/COMPLE	2859	3
99214	OFFICE/OP/MODERATE/COMPLE	49390	6
99214	OFFICE/OP/MODERATE/COMPLE	V4586	2
99214	OFFICE/OP/MODERATE/COMPLE	1361	1
99214	OFFICE/OP/MODERATE/COMPLE	2113	1
99214	OFFICE/OP/MODERATE/COMPLE	2273	2
99214	OFFICE/OP/MODERATE/COMPLE	2167	1
99214	OFFICE/OP/MODERATE/COMPLE	7234	1
99214	OFFICE/OP/MODERATE/COMPLE	490	1
99214	OFFICE/OP/MODERATE/COMPLE	5920	1
99214	OFFICE/OP/MODERATE/COMPLE	4279	1
99214	OFFICE/OP/MODERATE/COMPLE	3540	1
99214	OFFICE/OP/MODERATE/COMPLE	7211	1
99214	OFFICE/OP/MODERATE/COMPLE	7210	1
99214	OFFICE/OP/MODERATE/COMPLE	7177	1
99214	OFFICE/OP/MODERATE/COMPLE	496	1
99214	OFFICE/OP/MODERATE/COMPLE	4732	2
99214	OFFICE/OP/MODERATE/COMPLE	07054	3
99214	OFFICE/OP/MODERATE/COMPLE	5853	1
99214	OFFICE/OP/MODERATE/COMPLE	2452	1
99214	OFFICE/OP/MODERATE/COMPLE	4721	1
99214	OFFICE/OP/MODERATE/COMPLE	4720	1
99214	OFFICE/OP/MODERATE/COMPLE	82300	2
99214	OFFICE/OP/MODERATE/COMPLE	33900	1
99214	OFFICE/OP/MODERATE/COMPLE	75321	1
99214	OFFICE/OP/MODERATE/COMPLE	75311	1
99214	OFFICE/OP/MODERATE/COMPLE	41401	1
99214	OFFICE/OP/MODERATE/COMPLE	41400	2
99214	OFFICE/OP/MODERATE/COMPLE	7862	2
99214	OFFICE/OP/MODERATE/COMPLE	61801	1
99214	OFFICE/OP/MODERATE/COMPLE	25000	6
99214	OFFICE/OP/MODERATE/COMPLE	25002	7
99214	OFFICE/OP/MODERATE/COMPLE	25060	1
99214	OFFICE/OP/MODERATE/COMPLE	25051	1
99214	OFFICE/OP/MODERATE/COMPLE	72210	3
99214	OFFICE/OP/MODERATE/COMPLE	7804	1
99214	OFFICE/OP/MODERATE/COMPLE	38181	2
99214	OFFICE/OP/MODERATE/COMPLE	6253	2
99214	OFFICE/OP/MODERATE/COMPLE	78442	1
99214	OFFICE/OP/MODERATE/COMPLE	62210	1
99214	OFFICE/OP/MODERATE/COMPLE	71907	2
99214	OFFICE/OP/MODERATE/COMPLE	79093	1

dx detail

99214	OFFICE/OP/MODERATE/COMPLE	53081	3
99214	OFFICE/OP/MODERATE/COMPLE	23871	1
99214	OFFICE/OP/MODERATE/COMPLE	6262	2
99214	OFFICE/OP/MODERATE/COMPLE	7833	1
99214	OFFICE/OP/MODERATE/COMPLE	7873	1
99214	OFFICE/OP/MODERATE/COMPLE	7094	1
99214	OFFICE/OP/MODERATE/COMPLE	34510	1
99214	OFFICE/OP/MODERATE/COMPLE	7840	1
99214	OFFICE/OP/MODERATE/COMPLE	22801	1
99214	OFFICE/OP/MODERATE/COMPLE	5693	2
99214	OFFICE/OP/MODERATE/COMPLE	27501	1
99214	OFFICE/OP/MODERATE/COMPLE	042	1
99214	OFFICE/OP/MODERATE/COMPLE	591	1
99214	OFFICE/OP/MODERATE/COMPLE	40400	2
99214	OFFICE/OP/MODERATE/COMPLE	60001	1
99214	OFFICE/OP/MODERATE/COMPLE	60000	2
99214	OFFICE/OP/MODERATE/COMPLE	79021	1
99214	OFFICE/OP/MODERATE/COMPLE	60784	1
99214	OFFICE/OP/MODERATE/COMPLE	78761	1
99214	OFFICE/OP/MODERATE/COMPLE	99660	2
99214	OFFICE/OP/MODERATE/COMPLE	72271	2
99214	OFFICE/OP/MODERATE/COMPLE	72632	1
99214	OFFICE/OP/MODERATE/COMPLE	2189	2
99214	OFFICE/OP/MODERATE/COMPLE	28850	1
99214	OFFICE/OP/MODERATE/COMPLE	V5869	1
99214	OFFICE/OP/MODERATE/COMPLE	7176	1
99214	OFFICE/OP/MODERATE/COMPLE	7242	6
99214	OFFICE/OP/MODERATE/COMPLE	61172	3
99214	OFFICE/OP/MODERATE/COMPLE	1749	2
99214	OFFICE/OP/MODERATE/COMPLE	1629	4
99214	OFFICE/OP/MODERATE/COMPLE	1741	10
99214	OFFICE/OP/MODERATE/COMPLE	1619	1
99214	OFFICE/OP/MODERATE/COMPLE	185	5
99214	OFFICE/OP/MODERATE/COMPLE	193	2
99214	OFFICE/OP/MODERATE/COMPLE	61171	1
99214	OFFICE/OP/MODERATE/COMPLE	59972	7
99214	OFFICE/OP/MODERATE/COMPLE	34600	2
99214	OFFICE/OP/MODERATE/COMPLE	34610	1
99214	OFFICE/OP/MODERATE/COMPLE	34690	1
99214	OFFICE/OP/MODERATE/COMPLE	4240	2
99214	OFFICE/OP/MODERATE/COMPLE	2722	1
99214	OFFICE/OP/MODERATE/COMPLE	7291	1
99214	OFFICE/OP/MODERATE/COMPLE	35800	1
99214	OFFICE/OP/MODERATE/COMPLE	2363	1
99214	OFFICE/OP/MODERATE/COMPLE	2382	2
99214	OFFICE/OP/MODERATE/COMPLE	7292	1
99214	OFFICE/OP/MODERATE/COMPLE	78843	2
99214	OFFICE/OP/MODERATE/COMPLE	20200	1
99214	OFFICE/OP/MODERATE/COMPLE	7391	1
99214	OFFICE/OP/MODERATE/COMPLE	7931	1
99214	OFFICE/OP/MODERATE/COMPLE	79431	3

dx detail

99214	OFFICE/OP/MODERATE/COMPLE	79430	1
99214	OFFICE/OP/MODERATE/COMPLE	7945	1
99214	OFFICE/OP/MODERATE/COMPLE	2410	1
99214	OFFICE/OP/MODERATE/COMPLE	49120	1
99214	OFFICE/OP/MODERATE/COMPLE	32723	6
99214	OFFICE/OP/MODERATE/COMPLE	43310	2
99214	OFFICE/OP/MODERATE/COMPLE	71509	1
99214	OFFICE/OP/MODERATE/COMPLE	71516	2
99214	OFFICE/OP/MODERATE/COMPLE	71515	2
99214	OFFICE/OP/MODERATE/COMPLE	71591	1
99214	OFFICE/OP/MODERATE/COMPLE	71590	1
99214	OFFICE/OP/MODERATE/COMPLE	71596	1
99214	OFFICE/OP/MODERATE/COMPLE	73300	1
99214	OFFICE/OP/MODERATE/COMPLE	4139	1
99214	OFFICE/OP/MODERATE/COMPLE	2869	2
99214	OFFICE/OP/MODERATE/COMPLE	2724	3
99214	OFFICE/OP/MODERATE/COMPLE	5589	1
99214	OFFICE/OP/MODERATE/COMPLE	6202	2
99214	OFFICE/OP/MODERATE/COMPLE	2662	2
99214	OFFICE/OP/MODERATE/COMPLE	78659	1
99214	OFFICE/OP/MODERATE/COMPLE	69274	2
99214	OFFICE/OP/MODERATE/COMPLE	5718	1
99214	OFFICE/OP/MODERATE/COMPLE	4738	1
99214	OFFICE/OP/MODERATE/COMPLE	99677	1
99214	OFFICE/OP/MODERATE/COMPLE	78039	2
99214	OFFICE/OP/MODERATE/COMPLE	3330	3
99214	OFFICE/OP/MODERATE/COMPLE	6268	2
99214	OFFICE/OP/MODERATE/COMPLE	4928	1
99214	OFFICE/OP/MODERATE/COMPLE	V2509	1
99214	OFFICE/OP/MODERATE/COMPLE	73739	1
99214	OFFICE/OP/MODERATE/COMPLE	20280	2
99214	OFFICE/OP/MODERATE/COMPLE	4254	6
99214	OFFICE/OP/MODERATE/COMPLE	07819	1
99214	OFFICE/OP/MODERATE/COMPLE	03819	1
99214	OFFICE/OP/MODERATE/COMPLE	71967	1
99214	OFFICE/OP/MODERATE/COMPLE	2572	3
99214	OFFICE/OP/MODERATE/COMPLE	64413	1
99214	OFFICE/OP/MODERATE/COMPLE	71947	5
99214	OFFICE/OP/MODERATE/COMPLE	71944	1
99214	OFFICE/OP/MODERATE/COMPLE	71946	4
99214	OFFICE/OP/MODERATE/COMPLE	71945	2
99214	OFFICE/OP/MODERATE/COMPLE	71941	2
99214	OFFICE/OP/MODERATE/COMPLE	71940	1
99214	OFFICE/OP/MODERATE/COMPLE	71942	1
99214	OFFICE/OP/MODERATE/COMPLE	7851	1
99214	OFFICE/OP/MODERATE/COMPLE	3320	2
99214	OFFICE/OP/MODERATE/COMPLE	4439	1
99214	OFFICE/OP/MODERATE/COMPLE	V1082	1
99214	OFFICE/OP/MODERATE/COMPLE	2384	1
99214	OFFICE/OP/MODERATE/COMPLE	V7242	1
99214	OFFICE/OP/MODERATE/COMPLE	V7240	1

dx detail

99214	OFFICE/OP/MODERATE/COMPLE	V222	1
99214	OFFICE/OP/MODERATE/COMPLE	6270	1
99214	OFFICE/OP/MODERATE/COMPLE	7910	1
99214	OFFICE/OP/MODERATE/COMPLE	71831	1
99214	OFFICE/OP/MODERATE/COMPLE	5559	1
99214	OFFICE/OP/MODERATE/COMPLE	7880	1
99214	OFFICE/OP/MODERATE/COMPLE	7290	1
99214	OFFICE/OP/MODERATE/COMPLE	7140	8
99214	OFFICE/OP/MODERATE/COMPLE	V7231	1
99214	OFFICE/OP/MODERATE/COMPLE	7202	1
99214	OFFICE/OP/MODERATE/COMPLE	135	1
99214	OFFICE/OP/MODERATE/COMPLE	1985	2
99214	OFFICE/OP/MODERATE/COMPLE	2900	2
99214	OFFICE/OP/MODERATE/COMPLE	5272	1
99214	OFFICE/OP/MODERATE/COMPLE	V741	1
99214	OFFICE/OP/MODERATE/COMPLE	8442	1
99214	OFFICE/OP/MODERATE/COMPLE	8449	2
99214	OFFICE/OP/MODERATE/COMPLE	78832	1
99214	OFFICE/OP/MODERATE/COMPLE	5303	1
99214	OFFICE/OP/MODERATE/COMPLE	7802	4
99214	OFFICE/OP/MODERATE/COMPLE	0979	1
99214	OFFICE/OP/MODERATE/COMPLE	7100	1
99214	OFFICE/OP/MODERATE/COMPLE	8360	1
99214	OFFICE/OP/MODERATE/COMPLE	72706	1
99214	OFFICE/OP/MODERATE/COMPLE	7244	2
99214	OFFICE/OP/MODERATE/COMPLE	8471	1
99214	OFFICE/OP/MODERATE/COMPLE	24290	1
99214	OFFICE/OP/MODERATE/COMPLE	24200	1
99214	OFFICE/OP/MODERATE/COMPLE	78650	2
99214	OFFICE/OP/MODERATE/COMPLE	4019	3
99214	OFFICE/OP/MODERATE/COMPLE	2449	1
99214	OFFICE/OP/MODERATE/COMPLE	6249	1
99214	OFFICE/OP/MODERATE/COMPLE	3829	1
99214	OFFICE/OP/MODERATE/COMPLE	71659	3
99214	OFFICE/OP/MODERATE/COMPLE	84500	4
99214	OFFICE/OP/MODERATE/COMPLE	78057	1
99214	OFFICE/OP/MODERATE/COMPLE	6259	1
99214	OFFICE/OP/MODERATE/COMPLE	78863	4
99214	OFFICE/OP/MODERATE/COMPLE	78841	2
99214	OFFICE/OP/MODERATE/COMPLE	5990	1
99214	OFFICE/OP/MODERATE/COMPLE	61610	1
99214	OFFICE/OP/MODERATE/COMPLE	7454	1
99215	OFFICE/OP/HIGH COMPLEXITY	78900	1
99215	OFFICE/OP/HIGH COMPLEXITY	64883	1
99215	OFFICE/OP/HIGH COMPLEXITY	2859	1
99215	OFFICE/OP/HIGH COMPLEXITY	4011	1
99215	OFFICE/OP/HIGH COMPLEXITY	2166	1
99215	OFFICE/OP/HIGH COMPLEXITY	38611	1
99215	OFFICE/OP/HIGH COMPLEXITY	7234	1
99215	OFFICE/OP/HIGH COMPLEXITY	41401	1
99215	OFFICE/OP/HIGH COMPLEXITY	25003	1

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99215	OFFICE/OP/HIGH COMPLEXITY	25000	1
99215	OFFICE/OP/HIGH COMPLEXITY	72210	1
99215	OFFICE/OP/HIGH COMPLEXITY	7820	2
99215	OFFICE/OP/HIGH COMPLEXITY	65963	1
99215	OFFICE/OP/HIGH COMPLEXITY	34510	1
99215	OFFICE/OP/HIGH COMPLEXITY	5693	1
99215	OFFICE/OP/HIGH COMPLEXITY	042	1
99215	OFFICE/OP/HIGH COMPLEXITY	1749	1
99215	OFFICE/OP/HIGH COMPLEXITY	1741	1
99215	OFFICE/OP/HIGH COMPLEXITY	1717	1
99215	OFFICE/OP/HIGH COMPLEXITY	1519	1
99215	OFFICE/OP/HIGH COMPLEXITY	78079	7
99215	OFFICE/OP/HIGH COMPLEXITY	71946	1
99215	OFFICE/OP/HIGH COMPLEXITY	V7242	1
99215	OFFICE/OP/HIGH COMPLEXITY	7910	3
99215	OFFICE/OP/HIGH COMPLEXITY	72402	1
99215	OFFICE/OP/HIGH COMPLEXITY	65543	1
99215	OFFICE/OP/HIGH COMPLEXITY	7802	1
99215	OFFICE/OP/HIGH COMPLEXITY	4019	2
99215	OFFICE/OP/HIGH COMPLEXITY	4739	8
99215	OFFICE/OP/HIGH COMPLEXITY	5990	1
99220	INIT/HOSP/OBSERV/HIGHCOMPLE	2859	1
99354	PROL/MDSERVICES/OP	4272	1
99354	PROL/MDSERVICES/OP	4271	1
99385	INIT PREVENT MED 18-39YR	V7231	12
99386	INIT PREVENT MED 40-64YR	V7231	19
99387	INIT PREVENT MED >64 YR	V7647	1
99395	PREVENT MED E/M-18-39YO	V7231	50
99396	PREVENT MED E/M-40-64YO	V7231	49
99397	PREVENT MED E/M-65YO>	V7231	1
99455	WORK/MED DISABILITY EX	84500	1
G0245	INITIAL FOOT EXAM PT LOPS	7354	1

dx detail

dx_desc

OTHER SPECIAL SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST
 BRACHIAL NEURITIS OR RADICULITIS NOS
 OTHER SYMPTOMS REFERABLE TO BACK
 SACROILIITIS, NOT ELSEWHERE CLASSIFIED
 ACTINIC KERATOSIS
 BASAL CELL CARCINOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
 BENIGN NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM
 BENIGN NEOPLASM OF SKIN, SITE UNSPECIFIED
 BRACHIAL NEURITIS OR RADICULITIS NOS
 CELLULITIS AND ABSCESS OF NECK
 CONTACT DERMATITIS AND OTHER ECZEMA DUE TO DRUGS AND MEDICINES IN CONTACT WITH SKIN
 CONTACT DERMATITIS AND OTHER ECZEMA DUE TO OTHER SPECIFIED AGENTS
 CONTACT DERMATITIS AND OTHER ECZEMA, UNSPECIFIED CAUSE
 DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 ECHO VIRUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
 FOREIGN BODY IN VULVA AND VAGINA
 HERPES ZOSTER WITHOUT MENTION OF COMPLICATION
 INFECTIVE OTITIS EXTERNA, UNSPECIFIED
 INFLAMED SEBORRHEIC KERATOSIS
 INTERNAL HEMORRHOIDS WITH OTHER COMPLICATION
 KYPHOSIS (ACQUIRED) (POSTURAL)
 MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS EPILEPTICUS
 NEURALGIA, NEURITIS, AND RADICULITIS, UNSPECIFIED
 NONALLOPATHIC LESIONS OF LUMBAR REGION, NOT ELSEWHERE CLASSIFIED
 NONALLOPATHIC LESIONS OF PELVIC REGION, NOT ELSEWHERE CLASSIFIED
 OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG
 OTHER ACNE
 OTHER ACQUIRED CALCANEUS DEFORMITY
 OTHER AND UNSPECIFIED INJURY TO KNEE, LEG, ANKLE, AND FOOT
 OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
 OTHER SEBORRHEIC KERATOSIS
 OTHER SPECIFIED DISEASES OF HAIR AND HAIR FOLLICLES
 PILONIDAL CYST WITHOUT MENTION OF ABSCESS
 PLANTAR FASCIAL FIBROMATOSIS
 PYODERMA, UNSPECIFIED
 ROSACEA
 SACROILIAC (LIGAMENT) SPRAIN AND STRAIN
 SEBACEOUS CYST
 SEBORRHEIC DERMATITIS, UNSPECIFIED
 SPASM OF MUSCLE
 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS OF THE CERVIX
 SPRAIN AND STRAIN OF UNSPECIFIED SITE OF WRIST
 ACHILLES BURSITIS OR TENDINITIS
 ACTINIC KERATOSIS
 ACUTE CONJUNCTIVITIS, UNSPECIFIED
 ALLERGIC URTICARIA
 BACKACHE, UNSPECIFIED
 BASAL CELL CARCINOMA OF SKIN OF TRUNK, EXCEPT SCROTUM
 BENIGN NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM

dx detail

BENIGN NEOPLASM OF SKIN, SITE UNSPECIFIED
 BRACHIAL NEURITIS OR RADICULITIS NOS
 BUNION
 CALCIFYING TENDINITIS OF SHOULDER
 CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS, WITHOUT MENTION OF OBSTF
 CELLULITIS AND ABSCESS OF TOE, UNSPECIFIED
 CERVICALGIA
 CHOLANGITIS
 CHRONIC ETHMOIDAL SINUSITIS
 CHRONIC LYMPHOCYTIC THYROIDITIS
 CHRONIC RHINITIS
 CHRONIC SEROUS OTITIS MEDIA, SIMPLE OR UNSPECIFIED
 CLOSED FRACTURE OF METACARPAL BONE(S), SITE UNSPECIFIED
 CLOSED FRACTURES OF OTHER PART OF DISTAL END OF RADIUS (ALONE)
 CONTACT DERMATITIS AND OTHER ECZEMA, UNSPECIFIED CAUSE
 CONTRACTURE OF HAND JOINT
 CONTUSION OF TOE
 CRUSHING INJURY OF FINGER(S)
 DERMATOPHYTOSIS OF FOOT
 DERMATOPHYTOSIS OF NAIL
 DEVIATED NASAL SEPTUM
 DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 DYSFUNCTION OF EUSTACHIAN TUBE
 ECZEMATOUS DERMATITIS OF EYELID
 ENLARGEMENT OF LYMPH NODES
 ENTHESOPATHY OF ANKLE AND TARSUS, UNSPECIFIED
 ENTHESOPATHY OF HIP REGION
 ENTHESOPATHY OF UNSPECIFIED SITE
 EPISTAXIS
 EXCESSIVE OR FREQUENT MENSTRUATION
 FEVER, UNSPECIFIED
 FRACTURE OF CUNEIFORM BONE OF FOOT, CLOSED
 FRACTURE OF METATARSAL BONE(S), CLOSED
 FULL INCONTINENCE OF FECES
 HALLUX RIGIDUS
 HALLUX VALGUS (ACQUIRED)
 HEADACHE
 HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE
 HYPERTROPHY OF NASAL TURBINATES
 HYPERTROPHY OF TONSILS ALONE
 INGROWING NAIL
 INTESTINAL INFECTION DUE TO OTHER ORGANISM, NOT ELSEWHERE CLASSIFIED
 LATERAL EPICONDYLITIS
 LICHENIFICATION AND LICHEN SIMPLEX CHRONICUS
 LUMBAGO
 LUMP OR MASS IN BREAST
 Mallet Finger
 MOLLUSCUM CONTAGIOSUM
 MORBID OBESITY
 MUCOUS POLYP OF CERVIX

dx detail

NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
 NEURALGIA, NEURITIS, AND RADICULITIS, UNSPECIFIED
 NONALLOPATHIC LESIONS OF LUMBAR REGION, NOT ELSEWHERE CLASSIFIED
 NONALLOPATHIC LESIONS OF SACRAL REGION, NOT ELSEWHERE CLASSIFIED
 NONTRAUMATIC RUPTURE OF TENDONS OF BICEPS (LONG HEAD)
 OSTEOARTHRISIS, LOCALIZED, PRIMARY, LOWER LEG
 OSTEOARTHRISIS, LOCALIZED, PRIMARY, PELVIC REGION AND THIGH
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SHOULDER REGION
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG
 OTHER ACNE
 OTHER ACQUIRED DEFORMITIES OF TOE
 OTHER ANKLE SPRAIN AND STRAIN
 OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
 OTHER CHRONIC DERMATITIS DUE TO SOLAR RADIATION
 OTHER CHRONIC PULMONARY HEART DISEASES
 OTHER DYSCHROMIA
 OTHER ENTHESOPATHY OF ANKLE AND TARSUS
 OTHER HAMMER TOE (ACQUIRED)
 OTHER MALAISE AND FATIGUE
 OTHER PSORIASIS
 OTHER SEBORRHEIC KERATOSIS
 OTHER SIGNS AND SYMPTOMS IN BREAST
 OTHER SPECIFIED CONGENITAL ANOMALIES OF SKIN
 OTHER SPECIFIED PRURITIC CONDITIONS
 OTHER TENOSYNOVITIS OF HAND AND WRIST
 OTHER VENTRAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE
 PAIN IN JOINT, ANKLE AND FOOT
 PAIN IN JOINT, LOWER LEG
 PAIN IN LIMB
 PAIN IN THORACIC SPINE
 PAPANICOLAOU SMEAR OF CERVIX WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION
 PERSONAL HISTORY OF COLONIC POLYPS
 PILAR CYST
 PITYRIASIS VERSICOLOR
 PLANTAR FASCIAL FIBROMATOSIS
 POLYP OF VOCAL CORD OR LARYNX
 POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
 PUNCTATE KERATITIS
 REDUNDANT PREPUCE AND PHIMOSIS
 ROTATOR CUFF (CAPSULE) SPRAIN AND STRAIN
 SCIATICA
 SEBACEOUS CYST
 SEBORRHEIC DERMATITIS, UNSPECIFIED
 SPECIAL SCREENING EXAMINATION FOR VENEREAL DISEASE
 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS OF THE COLON
 SPINAL STENOSIS OF LUMBAR REGION
 SPONDYLOLISTHESIS, CONGENITAL
 SPRAIN AND STRAIN OF CRUCIATE LIGAMENT OF KNEE
 SPRAIN AND STRAIN OF UNSPECIFIED SITE OF ELBOW AND FOREARM
 SPRAIN AND STRAIN OF UNSPECIFIED SITE OF WRIST
 TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE, CURRENT

dx detail

TENOSYNOVITIS OF FOOT AND ANKLE
TENSION HEADACHE
THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED
THROAT PAIN
TIBIALIS TENDINITIS
UNEQUAL LEG LENGTH (ACQUIRED)
UNSPECIFIED ABNORMAL MAMMOGRAM
UNSPECIFIED CHEST PAIN
UNSPECIFIED CURVATURE OF SPINE ASSOCIATED WITH OTHER CONDITIONS
UNSPECIFIED DISORDER OF MALE GENITAL ORGANS
UNSPECIFIED DISORDER OF SKIN AND SUBCUTANEOUS TISSUE
UNSPECIFIED INTERNAL DERANGEMENT OF KNEE
UNSPECIFIED OTITIS MEDIA
UNSPECIFIED PRURITIC DISORDER
UNSPECIFIED SINUSITIS (CHRONIC)
UNSPECIFIED SITE OF FOOT SPRAIN AND STRAIN
VAGINITIS AND VULVOVAGINITIS, UNSPECIFIED
VIRAL WARTS, UNSPECIFIED
ABDOMINAL PAIN, EPIGASTRIC
ABDOMINAL PAIN, RIGHT UPPER QUADRANT
ABDOMINAL PAIN, UNSPECIFIED SITE
ACTINIC KERATOSIS
ACUTE CONJUNCTIVITIS, UNSPECIFIED
ACUTE TONSILLITIS
ALLERGIC RHINITIS CAUSE UNSPECIFIED
ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
ANEMIA, UNSPECIFIED
ANGINA DECUBITUS
ARTHROPATHY UNSPECIFIED, HAND
ARTHROPATHY UNSPECIFIED, MULTIPLE SITES
ASEPTIC NECROSIS OF TALUS
BENIGN ESSENTIAL HYPERTENSION
BENIGN LOCALIZED HYPERPLASIA OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER
BENIGN NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM
CALCULUS OF KIDNEY
CERVICAL HIGH RISK HUMAN PAPILLOMAVIRUS [HPV] DNA TEST POSITIVE
CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY
CERVICALGIA
CHONDROMALACIA OF PATELLA
CHRONIC MAXILLARY SINUSITIS
CHRONIC RHINITIS
CLOSED ANTERIOR DISLOCATION OF HUMERUS
CLOSED DISLOCATION OF ACROMIOCLAVICULAR (JOINT)
CLOSED FRACTURES OF OTHER PART OF DISTAL END OF RADIUS (ALONE)
CONGENITAL ANOMALIES OF AORTIC ARCH
DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
DEGENERATION OF THORACIC OR THORACOLUMBAR INTERVERTEBRAL DISC
DEVIATED NASAL SEPTUM
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCO
DIFFUSE CYSTIC MASTOPATHY
DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY

dx detail

DYSPEPSIA AND OTHER SPECIFIED DISORDERS OF FUNCTION OF STOMACH
 ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]
 EXCESSIVE OR FREQUENT MENSTRUATION
 GENERALIZED CONVULSIVE EPILEPSY, WITHOUT MENTION OF INTRACTABLE EPILEPSY
 GENERALIZED PAIN
 HALLUX VALGUS (ACQUIRED)
 HYPERTENSIVE HEART DISEASE, BENIGN, WITHOUT HEART FAILURE
 HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT URINARY OBSTRUCTION AND OTHER LOWER UR
 IMPOTENCE OF ORGANIC ORIGIN
 INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY, CERVICAL REGION
 IRREGULAR MENSTRUAL CYCLE
 LABYRINTHINE DYSFUNCTION, UNSPECIFIED
 LIPOMA OF OTHER SKIN AND SUBCUTANEOUS TISSUE
 LUMBAGO
 LUMBAR SPRAIN AND STRAIN
 LUMP OR MASS IN BREAST
 MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF STOMACH
 MALIGNANT NEOPLASM OF PROSTATE
 MORBID OBESITY
 MYALGIA AND MYOSITIS, UNSPECIFIED
 NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
 NEURALGIA, NEURITIS, AND RADICULITIS, UNSPECIFIED
 NEUTROPENIA, UNSPECIFIED
 NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]
 NONTOXIC MULTINODULAR GOITER
 NONTOXIC UNINODULAR GOITER
 NUCLEAR NONSENILE CATARACT
 OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, FOREARM
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SHOULDER REGION
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, HAND
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG
 OTHER ACQUIRED DEFORMITIES OF ANKLE AND FOOT
 OTHER AND UNSPECIFIED ANGINA PECTORIS
 OTHER AND UNSPECIFIED COAGULATION DEFECTS
 OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION
 OTHER DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENIT
 OTHER MALAISE AND FATIGUE
 PAIN IN JOINT, ANKLE AND FOOT
 PAIN IN JOINT, FOREARM
 PAIN IN JOINT, LOWER LEG
 PAIN IN JOINT, SHOULDER REGION
 PAIN IN LIMB
 PALPITATIONS
 PERSONAL HISTORY OF COLONIC POLYPS
 PLANTAR FASCIAL FIBROMATOSIS
 POSTMENOPAUSAL ATROPHIC VAGINITIS
 RECURRENT UNILATERAL OR UNSPECIFIED INGUINAL HERNIA, WITHOUT MENTION OF OBSTI
 SPERMATOCELE
 SPINAL STENOSIS OF LUMBAR REGION
 SPRAIN AND STRAIN OF CRUCIATE LIGAMENT OF KNEE

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SPRAIN AND STRAIN OF UNSPECIFIED SITE OF SHOULDER AND UPPER ARM
 STERILIZATION
 STRESS INCONTINENCE, FEMALE
 SYNCOPE AND COLLAPSE
 TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE, CURRENT
 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED
 UNSPECIFIED CHEST PAIN
 UNSPECIFIED DISORDER OF KIDNEY AND URETER
 UNSPECIFIED DISORDER OF MALE GENITAL ORGANS
 UNSPECIFIED ESSENTIAL HYPERTENSION
 UNSPECIFIED HYPOTHYROIDISM
 UNSPECIFIED INTERNAL DERANGEMENT OF KNEE
 UNSPECIFIED OTITIS MEDIA
 UNSPECIFIED TRANSIENT CEREBRAL ISCHEMIA
 URGENCY OF URINATION
 VARICOSE VEINS OF THE LOWER EXTREMITIES, WITH OTHER COMPLICATIONS
 ABSENCE OF MENSTRUATION
 ASTHMA, UNSPECIFIED, UNSPECIFIED
 CHRONIC OBSTRUCTIVE ASTHMA, UNSPECIFIED
 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 DISTURBANCE OF SKIN SENSATION
 LEIOMYOMA OF UTERUS, UNSPECIFIED
 MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
 MITRAL VALVE DISORDERS
 OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF UPPER LIMB, INCLUDING
 OTHER DYSCHROMIA
 OTHER MALAISE AND FATIGUE
 PALPITATIONS
 ROUTINE GYNECOLOGICAL EXAMINATION
 SECONDARY PARKINSONISM
 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS OF THE COLON
 SUPERVISION OF OTHER NORMAL PREGNANCY
 THYROTOXICOSIS WITHOUT MENTION OF GOITER OR OTHER CAUSE, AND WITHOUT MENTION
 UNSPECIFIED CHEST PAIN
 UNSPECIFIED DISORDER OF LIVER
 UNSPECIFIED SINUSITIS (CHRONIC)
 ABNORMAL GLUCOSE TOLERANCE OF MOTHER, COMPLICATING PREGNANCY, CHILDBIRTH, OR TH
 CERVICALGIA
 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 ELEVATED CANCER ANTIGEN 125 [CA 125]
 FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST
 HYPERTROPHY OF BREAST
 INFECTION AND INFLAMMATORY REACTION DUE TO UNSPECIFIED DEVICE, IMPLANT, AND GRAFT
 LUMBAGO
 MALIGNANT NEOPLASM OF TONSIL
 MIGRAINE WITH AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS I
 NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST OTHER VIRAL DISEASES
 OTHER AND UNSPECIFIED COAGULATION DEFECTS
 ABNORMALITY IN FETAL HEART RATE/RHYTHM, ANTEPARTUM CONDITION OR COMPLICATION
 ACQUIRED SPONDYLOLISTHESIS
 ACTINIC KERATOSIS

dx detail

ATROPHIC GASTRITIS, WITHOUT MENTION OF HEMORRHAGE
BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERII
BENIGN NEOPLASM OF EYELID, INCLUDING CANTHUS
BENIGN NEOPLASM OF SCALP AND SKIN OF NECK
BENIGN NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM
BENIGN NEOPLASM OF SKIN, SITE UNSPECIFIED
BENIGN NEOPLASM OF VULVA
BRACHIAL NEURITIS OR RADICULITIS NOS
CERVICALGIA
CERVICOBACHIAL SYNDROME (DIFFUSE)
CONGENITAL CHORDEE
CONTACT DERMATITIS AND OTHER ECZEMA, UNSPECIFIED CAUSE
DERMATOPHYTOSIS OF NAIL
DERMATOPHYTOSIS OF THE BODY
DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]
ENTHESOPATHY OF UNSPECIFIED SITE
FRACTURE OF METATARSAL BONE(S), CLOSED
IMPACTED CERUMEN
INFLAMED SEBORRHEIC KERATOSIS
KYPHOSIS (ACQUIRED) (POSTURAL)
LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE
LUMBAGO
MALIGNANT NEOPLASM OF TONSIL
MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
MILD DYSPLASIA OF CERVIX
MOLLUSCUM CONTAGIOSUM
NONALLOPATHIC LESIONS OF CERVICAL REGION, NOT ELSEWHERE CLASSIFIED
OBESITY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITI
OSTEOARTHRISIS, LOCALIZED, PRIMARY, LOWER LEG
OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG
OTHER ABNORMAL BLOOD CHEMISTRY
OTHER ACNE
OTHER AND UNSPECIFIED INJURY TO UNSPECIFIED SITE
OTHER CHRONIC DERMATITIS DUE TO SOLAR RADIATION
OTHER CURRENT CONDITIONS CLASSIFIABLE ELSEWHERE COMPLICATING PREGNANCY, CHILDB
OTHER DYSCHROMIA
OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTIVE MANAGEMENT
OTHER HEMOCHROMATOSIS
OTHER IMMEDIATE POSTPARTUM HEMORRHAGE, DELIVERED, WITH MENTION OF POSTPARTUM COI
OTHER SEBORRHEIC KERATOSIS
OTHER TESTICULAR HYPOFUNCTION
PAIN IN JOINT, LOWER LEG
PAIN IN LIMB
PAIN IN THORACIC SPINE
PAPANICOLAOU SMEAR OF CERVIX WITH ATYPICAL SQUAMOUS CELLS CANNOT EXCLUDE HIGH GR
PERSONAL HISTORY OF COLONIC POLYPS
PILAR CYST
PLANTAR FASCIAL FIBROMATOSIS
POSTMENOPAUSAL BLEEDING

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PREGNANCY EXAMINATION OR TEST, POSITIVE RESULT
 PYODERMA, UNSPECIFIED
 RASH AND OTHER NONSPECIFIC SKIN ERUPTION
 ROSACEA
 SACROILIITIS, NOT ELSEWHERE CLASSIFIED
 SEBORRHEIC DERMATITIS, UNSPECIFIED
 SPASM OF MUSCLE
 SPRAIN AND STRAIN OF CRUCIATE LIGAMENT OF KNEE
 STREPTOCOCCAL SORE THROAT
 TINNITUS, UNSPECIFIED
 UNEQUAL LEG LENGTH (ACQUIRED)
 UNSPECIFIED CHEST PAIN
 UNSPECIFIED DISEASE OF SEBACEOUS GLANDS
 UNSPECIFIED SINUSITIS (CHRONIC)
 UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS
 UNSPECIFIED VENTRAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE
 URINARY TRACT INFECTION, SITE NOT SPECIFIED
 VAGINITIS AND VULVOVAGINITIS, UNSPECIFIED
 VIRAL WARTS, UNSPECIFIED
 ABDOMINAL PAIN, EPIGASTRIC
 ABDOMINAL PAIN, RIGHT UPPER QUADRANT
 ABDOMINAL PAIN, UNSPECIFIED SITE
 ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF CERVIX
 ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF VAGINA
 ABNORMAL GLUCOSE TOLERANCE OF MOTHER, COMPLICATING PREGNANCY, CHILDBIRTH, OR TH
 ABNORMALITY IN FETAL HEART RATE/RHYTHM, ANTEPARTUM CONDITION OR COMPLICATION
 ABSENCE OF MENSTRUATION
 ACHILLES BURSITIS OR TENDINITIS
 ACQUIRED SPONDYLOLISTHESIS
 ACTINIC KERATOSIS
 ACTIVE MENIERE'S DISEASE, COCHLEOVESTIBULAR
 ACUTE BRONCHITIS
 ACUTE CONJUNCTIVITIS, UNSPECIFIED
 ACUTE MASTOIDITIS WITH OTHER COMPLICATIONS
 ACUTE PHARYNGITIS
 AFTERCARE FOLLOWING JOINT REPLACEMENT
 AFTERCARE FOLLOWING SURGERY OF THE MUSCULOSKELETAL SYSTEM, NEC
 ALLERGIC RHINITIS CAUSE UNSPECIFIED
 ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
 ANAL FISTULA
 ANEMIA COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITI
 ANEMIA, UNSPECIFIED
 ANTINEOPLASTIC CHEMOTHERAPY INDUCED ANEMIA
 AORTIC VALVE DISORDERS
 ASPERGILLOSIS
 ATRIAL FIBRILLATION
 ATTENTION DEFICIT DISORDER WITHOUT MENTION OF HYPERACTIVITY
 BARRETT'S ESOPHAGUS
 BENIGN ESSENTIAL HYPERTENSION
 BENIGN NEOPLASM OF BREAST
 BENIGN NEOPLASM OF SCALP AND SKIN OF NECK

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BENIGN NEOPLASM OF SKIN OF LOWER LIMB, INCLUDING HIP
 BENIGN NEOPLASM OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
 BENIGN NEOPLASM OF SKIN OF TRUNK, EXCEPT SCROTUM
 BENIGN NEOPLASM OF SKIN OF UPPER LIMB, INCLUDING SHOULDER
 BENIGN NEOPLASM OF SKIN, SITE UNSPECIFIED
 BENIGN PAROXYSMAL POSITIONAL VERTIGO
 BLADDER NECK OBSTRUCTION
 BRACHIAL NEURITIS OR RADICULITIS NOS
 CALCULUS OF KIDNEY
 CANDIDIASIS OF VULVA AND VAGINA
 CARCINOMA IN SITU OF BREAST
 CARPAL TUNNEL SYNDROME
 CELLULITIS AND ABSCESS OF UNSPECIFIED SITES
 CERVICAL SPONDYLOSIS WITH MYELOPATHY
 CERVICALGIA
 CHRONIC ADENOIDITIS
 CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED
 CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED
 CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
 CHRONIC MASTOIDITIS
 CHRONIC PAIN SYNDROME
 CHRONIC VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA WITHOUT MENTION OF HEPATIT
 CLOSED FRACTURE OF MIDDLE OR PROXIMAL PHALANX OR PHALANGES OF HAND
 CLOSED FRACTURES OF OTHER PART OF DISTAL END OF RADIUS (ALONE)
 CLUSTER HEADACHE SYNDROME, UNSPECIFIED
 CONDUCTIVE HEARING LOSS, EXTERNAL EAR
 CONDYLOMA ACUMINATUM
 CONTACT DERMATITIS AND OTHER ECZEMA DUE TO OTHER SPECIFIED AGENTS
 CONTACT DERMATITIS AND OTHER ECZEMA, UNSPECIFIED CAUSE
 CONTRACEPTIVE SURVEILLANCE, UNSPECIFIED
 CONTUSION OF TOE
 CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT
 CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT
 CRUSHING INJURY OF TOE(S)
 DECREASED LIBIDO
 DERANGEMENT OF MENISCUS, NOT ELSEWHERE CLASSIFIED
 DERMATOPHYTOSIS OF NAIL
 DEVIATED NASAL SEPTUM
 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS
 DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
 DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT S
 DIAPHRAGMATIC HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE
 DIFFUSE CYSTIC MASTOPATHY
 DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION, UNSPECIFIED
 DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 DISPLACEMENT OF INTERVERTEBRAL DISC, SITE UNSPECIFIED, WITHOUT MYELOPATHY
 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 DISTURBANCE OF SKIN SENSATION
 DIVERTICULOSIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)
 DIZZINESS AND GIDDINESS
 DYSCHROMIA, UNSPECIFIED

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DYSFUNCTION OF EUSTACHIAN TUBE
DYSMENORRHEA
DYSpareunia
DYSPEPSIA AND OTHER SPECIFIED DISORDERS OF FUNCTION OF STOMACH
DYSPLASIA OF CERVIX, UNSPECIFIED
ECZEMATOUS DERMATITIS OF EYELID
EFFUSION OF LOWER LEG JOINT
ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]
ENTHESOPATHY OF HIP REGION
ENTHESOPATHY OF UNSPECIFIED SITE
EPISTAXIS
ESOPHAGEAL REFLUX
EXCESSIVE OR FREQUENT MENSTRUATION
FRACTURE OF METATARSAL BONE(S), CLOSED
GENERAL COUNSELING ON PRESCRIPTION OF ORAL CONTRACEPTIVES
HALLUX RIGIDUS
HALLUX VALGUS (ACQUIRED)
HEADACHE
HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE
HEMORRHAGE OF RECTUM AND ANUS
HEREDITARY HEMORRHAGIC TELANGIECTASIA
HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE
HYDRONEPHROSIS
HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT URINARY OBSTRUCTION AND OTHER LOWER UR
IMPACTED CERUMEN
IMPOTENCE OF ORGANIC ORIGIN
INFECTIVE OTITIS EXTERNA, UNSPECIFIED
INFLAMED SEBORRHEIC KERATOSIS
INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY, CERVICAL REGION
INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY, LUMBAR REGION
IRREGULAR MENSTRUAL CYCLE
KELOID SCAR
KNEE JOINT REPLACED BY OTHER MEANS
LATERAL EPICONDYLITIS
LEIOMYOMA OF UTERUS, UNSPECIFIED
LESION OF ULNAR NERVE
LEUKORRHEA, NOT SPECIFIED AS INFECTIVE
LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
LUMBAGO
LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN AND STRAIN
MALIGNANT ESSENTIAL HYPERTENSION
MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED
MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED
MALIGNANT NEOPLASM OF COLON, UNSPECIFIED
MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS
MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST
MALIGNANT NEOPLASM OF PROSTATE
MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED
MALIGNANT NEOPLASM OF TONSIL
MASTODYNIA
MECHANICAL COMPLICATION DUE TO INTRAUTERINE CONTRACEPTIVE DEVICE

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METATARSUS VARUS, CONGENITAL
 MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATI
 MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF
 MITRAL VALVE DISORDERS
 MOLLUSCUM CONTAGIOSUM
 MYALGIA AND MYOSITIS, UNSPECIFIED
 NECK SPRAIN AND STRAIN
 NEOPLASM OF UNCERTAIN BEHAVIOR OF BREAST
 NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
 NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
 NODULAR PROSTATE WITHOUT URINARY OBSTRUCTION
 NONALLOPATHIC LESIONS OF SACRAL REGION, NOT ELSEWHERE CLASSIFIED
 NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]
 NONTOXIC MULTINODULAR GOITER
 NONTOXIC UNINODULAR GOITER
 OCULAR HYPERTENSION
 ONYCHIA AND PARONYCHIA OF TOE
 OPEN ANGLE WITH BORDERLINE GLAUCOMA FINDINGS
 OSTEOARTHRISIS, LOCALIZED, PRIMARY, ANKLE AND FOOT
 OSTEOARTHRISIS, LOCALIZED, PRIMARY, LOWER LEG
 OSTEOARTHRISIS, LOCALIZED, PRIMARY, PELVIC REGION AND THIGH
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SHOULDER REGION
 OSTEOARTHRISIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG
 OTALGIA, UNSPECIFIED
 OTHER ACNE
 OTHER AND UNSPECIFIED ANGINA PECTORIS
 OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION, WITHOUT MENTION OF O
 OTHER AND UNSPECIFIED COAGULATION DEFECTS
 OTHER AND UNSPECIFIED OVARIAN CYST
 OTHER ATOPIC DERMATITIS AND RELATED CONDITIONS
 OTHER B-COMPLEX DEFICIENCIES
 OTHER BURSTITIS
 OTHER CHRONIC DERMATITIS DUE TO SOLAR RADIATION
 OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS
 OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE, IMPLANT, AND GRAFT
 OTHER COMPLICATIONS OF OBSTETRICAL SURGICAL WOUNDS, UNSPECIFIED AS TO EPISODE OF C/
 OTHER CONVULSIONS
 OTHER DERMATITIS DUE TO SOLAR RADIATION
 OTHER DISEASE OF NASAL CAVITY AND SINUSES
 OTHER DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENIT
 OTHER DYSCHROMIA
 OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTIVE MANAGEMENT
 OTHER KYPHOSCOLIOSIS AND SCOLIOSIS
 OTHER MALAISE AND FATIGUE
 OTHER NONSPECIFIC ABNORMAL SERUM ENZYME LEVELS
 OTHER POSTABLATIVE HYPOTHYROIDISM
 OTHER PSORIASIS
 OTHER SEBORRHEIC KERATOSIS
 OTHER SPECIFIED ACQUIRED HYPOTHYROIDISM
 OTHER SPECIFIED COMPLICATIONS OF PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION
 OTHER SPECIFIED IRON DEFICIENCY ANEMIAS

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OTHER SYMPTOMS REFERABLE TO BACK
 OTHER TESTICULAR HYPOFUNCTION
 OTHER VOICE AND RESONANCE DISORDERS
 OTHER WRIST SPRAIN AND STRAIN
 OTOSCLEROSIS, UNSPECIFIED
 PAIN IN JOINT, ANKLE AND FOOT
 PAIN IN JOINT, FOREARM
 PAIN IN JOINT, LOWER LEG
 PAIN IN JOINT, SHOULDER REGION
 PAIN IN JOINT, UPPER ARM
 PALPITATIONS
 PAPANICOLAOU SMEAR OF VAGINA WITH ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNI
 PAPANICOLAOU SMEAR OF VAGINA WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION
 PEMPHIGUS
 PERIPHERAL VASCULAR DISEASE, UNSPECIFIED
 PERSONAL HISTORY OF COLONIC POLYPS
 PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN
 PLANTAR FASCIAL FIBROMATOSIS
 POLYCYSTIC OVARIES
 POSTLAMINECTOMY SYNDROME OF CERVICAL REGION
 POSTMENOPAUSAL ATROPHIC VAGINITIS
 POSTMENOPAUSAL BLEEDING
 POSTSURGICAL HYPOTHYROIDISM
 PRE-OPERATIVE EXAMINATION, UNSPECIFIED
 PREGNANT STATE, INCIDENTAL
 PREMENSTRUAL TENSION SYNDROMES
 PREPATELLAR BURISITIS
 PSORIATIC ARTHROPATHY
 PURE HYPERCHOLESTEROLEMIA
 RASH AND OTHER NONSPECIFIC SKIN ERUPTION
 REFLUX ESOPHAGITIS
 RHEUMATOID ARTHRITIS
 ROSACEA
 ROUTINE GYNECOLOGICAL EXAMINATION
 SACROILIITIS, NOT ELSEWHERE CLASSIFIED
 SARCOIDOSIS
 SCIATICA
 SCOLIOSIS [AND KYPHOSCOLIOSIS], IDIOPATHIC
 SCROTAL VARICES
 SEBACEOUS CYST
 SEBORRHEIC DERMATITIS, UNSPECIFIED
 SICKLE-CELL DISEASE, UNSPECIFIED
 SOLITARY CYST OF BREAST
 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS OF THE COLON
 SPERMATOCELE
 SPONTANEOUS ABORTION, UNSPECIFIED, WITHOUT MENTION OF COMPLICATION
 SPRAIN AND STRAIN OF CRUCIATE LIGAMENT OF KNEE
 SPRAIN AND STRAIN OF LATERAL COLLATERAL LIGAMENT OF KNEE
 SPRAIN AND STRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM
 SQUAMOUS CELL CARCINOMA OF SCALP AND SKIN OF NECK
 SQUAMOUS CELL CARCINOMA OF SKIN OF LOWER LIMB, INCLUDING HIP

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SQUAMOUS CELL CARCINOMA OF SKIN OF UPPER LIMB, INCLUDING SHOULDER
 STRESS INCONTINENCE, FEMALE
 SUSPECTED DAMAGE TO FETUS FROM OTHER DISEASE IN THE MOTHER AFFECTING MANAGEMI
 SWELLING, MASS, OR LUMP IN HEAD AND NECK
 SYMPTOMATIC MENOPAUSAL OR FEMALE CLIMACTERIC STATES
 SYNCOPE AND COLLAPSE
 TEAR FILM INSUFFICIENCY, UNSPECIFIED
 TENSION HEADACHE
 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED
 THORACIC SPRAIN AND STRAIN
 THYROTOXICOSIS WITHOUT MENTION OF GOITER OR OTHER CAUSE, AND WITHOUT MENTION
 TIBIALIS TENDINITIS
 TIC DISORDER, UNSPECIFIED
 TORTICOLLIS, UNSPECIFIED
 TOXIC DIFFUSE GOITER WITHOUT MENTION OF THYROTOXIC CRISIS OR STORM
 TOXIC MULTINODULAR GOITER WITHOUT MENTION OF THYROTOXIC CRISIS OR STORM
 TRIGGER FINGER (ACQUIRED)
 ULCER OF OTHER PART OF FOOT
 UMBILICAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE
 UNSPECIFIED ABNORMAL MAMMOGRAM
 UNSPECIFIED CHEST PAIN
 UNSPECIFIED CONSTIPATION
 UNSPECIFIED DEFORMITY OF ANKLE AND FOOT, ACQUIRED
 UNSPECIFIED DISEASE OF NAIL
 UNSPECIFIED DISORDER OF MALE GENITAL ORGANS
 UNSPECIFIED DISORDER OF SKIN AND SUBCUTANEOUS TISSUE
 UNSPECIFIED ESSENTIAL HYPERTENSION
 UNSPECIFIED HYPERTROPHIC AND ATROPHIC CONDITIONS OF SKIN
 UNSPECIFIED HYPOTHYROIDISM
 UNSPECIFIED KNOWN OR SUSPECTED FETAL ABNORMALITY AFFECTING MANAGEMENT OF MOT
 UNSPECIFIED LOCAL INFECTION OF SKIN AND SUBCUTANEOUS TISSUE
 UNSPECIFIED OTITIS MEDIA
 UNSPECIFIED SINUSITIS (CHRONIC)
 UNSPECIFIED SITE OF ANKLE SPRAIN AND STRAIN
 UNSPECIFIED SITE OF FOOT SPRAIN AND STRAIN
 UNSPECIFIED SLEEP APNEA
 UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS
 UNSPECIFIED UMBILICAL CORD COMPLICATION, ANTEPARTUM CONDITION OR COMPLICATION
 UNSPECIFIED VENTRAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE
 URINARY FREQUENCY
 URINARY TRACT INFECTION, SITE NOT SPECIFIED
 URTICARIA, UNSPECIFIED
 VAGINITIS AND VULVOVAGINITIS IN DISEASES CLASSIFIED ELSEWHERE
 VAGINITIS AND VULVOVAGINITIS, UNSPECIFIED
 VENTRICULAR SEPTAL DEFECT
 VIRAL WARTS, UNSPECIFIED
 ABDOMINAL PAIN, EPIGASTRIC
 ABDOMINAL PAIN, PERIUMBILIC
 ABDOMINAL PAIN, UNSPECIFIED SITE
 ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF CERVIX
 ABSENCE OF MENSTRUATION

dx detail

ACTINIC KERATOSIS
ACUTE ETHMOIDAL SINUSITIS
ACUTE HEPATITIS C WITHOUT MENTION OF HEPATIC COMA
ACUTE PHARYNGITIS
ADHESIVE CAPSULITIS OF SHOULDER
ALLERGIC RHINITIS CAUSE UNSPECIFIED
ALLERGIC RHINITIS DUE TO OTHER ALLERGEN
ALLERGIC RHINITIS DUE TO POLLEN
ALLERGY, UNSPECIFIED
ANEMIA, UNSPECIFIED
ASTHMA, UNSPECIFIED, UNSPECIFIED
BARIATRIC SURGERY STATUS
BEHCET'S SYNDROME
BENIGN NEOPLASM OF COLON
BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT (POUCH)
BENIGN NEOPLASM OF SKIN OF LOWER LIMB, INCLUDING HIP
BRACHIAL NEURITIS OR RADICULITIS NOS
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC
CALCULUS OF KIDNEY
CARDIAC DYSRHYTHMIA, UNSPECIFIED
CARPAL TUNNEL SYNDROME
CERVICAL SPONDYLOSIS WITH MYELOPATHY
CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY
CHONDROMALACIA OF PATELLA
CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED
CHRONIC ETHMOIDAL SINUSITIS
CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA
CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
CHRONIC LYMPHOCYTIC THYROIDITIS
CHRONIC PHARYNGITIS
CHRONIC RHINITIS
CLOSED FRACTURE OF UPPER END OF TIBIA ALONE
CLUSTER HEADACHE SYNDROME, UNSPECIFIED
CONGENITAL OBSTRUCTION OF URETEROPELVIC JUNCTION
CONGENITAL SINGLE RENAL CYST
CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY VESSEL
CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT
COUGH
CYSTOCELE, MIDLINE
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNC
DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS
DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONT
DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
DIZZINESS AND GIDDINESS
DYSFUNCTION OF EUSTACHIAN TUBE
DYSMENORRHEA
DYSPHONIA
DYSPLASIA OF CERVIX, UNSPECIFIED
EFFUSION OF ANKLE AND FOOT JOINT
ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]

dx detail

ESOPHAGEAL REFLUX
 ESSENTIAL THROMBOCYTHEMIA
 EXCESSIVE OR FREQUENT MENSTRUATION
 FEEDING DIFFICULTIES AND MISMANAGEMENT
 FLATULENCE, ERUCTATION, AND GAS PAIN
 FOREIGN BODY GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
 GENERALIZED CONVULSIVE EPILEPSY, WITHOUT MENTION OF INTRACTABLE EPILEPSY
 HEADACHE
 HEMANGIOMA OF SKIN AND SUBCUTANEOUS TISSUE
 HEMORRHAGE OF RECTUM AND ANUS
 HEREDITARY HEMOCHROMATOSIS
 HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE
 HYDRONEPHROSIS
 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND
 HYPERTROPHY (BENIGN) OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY
 HYPERTROPHY (BENIGN) OF PROSTATE WITHOUT URINARY OBSTRUCTION AND OTHER LOWER UR
 IMPAIRED FASTING GLUCOSE
 IMPOTENCE OF ORGANIC ORIGIN
 INCOMPLETE DEFECATION
 INFECTION AND INFLAMMATORY REACTION DUE TO UNSPECIFIED DEVICE, IMPLANT, AND GRAFT
 INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY, CERVICAL REGION
 LATERAL EPICONDYLITIS
 LEIOMYOMA OF UTERUS, UNSPECIFIED
 LEUKOCYTOPENIA, UNSPECIFIED
 LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
 LOOSE BODY IN KNEE
 LUMBAGO
 LUMP OR MASS IN BREAST
 MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED
 MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED
 MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
 MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED
 MALIGNANT NEOPLASM OF PROSTATE
 MALIGNANT NEOPLASM OF THYROID GLAND
 MASTODYNIA
 MICROSCOPIC HEMATURIA
 MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATI
 MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF
 MIGRAINE, UNSPECIFIED, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF
 MITRAL VALVE DISORDERS
 MIXED HYPERLIPIDEMIA
 MYALGIA AND MYOSITIS, UNSPECIFIED
 MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION
 NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGAN
 NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN
 NEURALGIA, NEURITIS, AND RADICULITIS, UNSPECIFIED
 NOCTURIA
 NODULAR LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
 NONALLOPATHIC LESIONS OF CERVICAL REGION, NOT ELSEWHERE CLASSIFIED
 NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF LUNG F
 NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]

dx detail

NONSPECIFIC ABNORMAL FUNCTION STUDY, CARDIOVASCULAR, UNSPECIFIED
 NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF THYROID
 NONTOXIC UNINODULAR GOITER
 OBSTRUCTIVE CHRONIC BRONCHITIS, WITHOUT EXACERBATION
 OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
 OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT MENTION OF CEREBRAL INFARCTIOI
 OSTEOARTHROSIS, GENERALIZED, MULTIPLE SITES
 OSTEOARTHROSIS, LOCALIZED, PRIMARY, LOWER LEG
 OSTEOARTHROSIS, LOCALIZED, PRIMARY, PELVIC REGION AND THIGH
 OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SHOULDER REGION
 OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, UNSPECIFIED SITE
 OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG
 OSTEOPOROSIS, UNSPECIFIED
 OTHER AND UNSPECIFIED ANGINA PECTORIS
 OTHER AND UNSPECIFIED COAGULATION DEFECTS
 OTHER AND UNSPECIFIED HYPERLIPIDEMIA
 OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
 OTHER AND UNSPECIFIED OVARIAN CYST
 OTHER B-COMPLEX DEFICIENCIES
 OTHER CHEST PAIN
 OTHER CHRONIC DERMATITIS DUE TO SOLAR RADIATION
 OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
 OTHER CHRONIC SINUSITIS
 OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS
 OTHER CONVULSIONS
 OTHER DEGENERATIVE DISEASES OF THE BASAL GANGLIA
 OTHER DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENIT
 OTHER EMPHYSEMA
 OTHER GENERAL COUNSELING AND ADVICE ON CONTRACEPTIVE MANAGEMENT
 OTHER KYPHOSCOLIOSIS AND SCOLIOSIS
 OTHER MALIGNANT LYMPHOMAS, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
 OTHER PRIMARY CARDIOMYOPATHIES
 OTHER SPECIFIED VIRAL WARTS
 OTHER STAPHYLOCOCCAL SEPTICEMIA
 OTHER SYMPTOMS REFERABLE TO ANKLE AND FOOT JOINT
 OTHER TESTICULAR HYPOFUNCTION
 OTHER THREATENED LABOR, ANTEPARTUM CONDITION OR COMPLICATION
 PAIN IN JOINT, ANKLE AND FOOT
 PAIN IN JOINT, HAND
 PAIN IN JOINT, LOWER LEG
 PAIN IN JOINT, PELVIC REGION AND THIGH
 PAIN IN JOINT, SHOULDER REGION
 PAIN IN JOINT, SITE UNSPECIFIED
 PAIN IN JOINT, UPPER ARM
 PALPITATIONS
 PARALYSIS AGITANS
 PERIPHERAL VASCULAR DISEASE, UNSPECIFIED
 PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN
 POLYCYTHEMIA VERA
 PREGNANCY EXAMINATION OR TEST, POSITIVE RESULT
 PREGNANCY EXAMINATION OR TEST, PREGNANCY UNCONFIRMED

dx detail

PREGNANT STATE, INCIDENTAL
 PREMENOPAUSAL MENORRHAGIA
 PROTEINURIA
 RECURRENT DISLOCATION OF JOINT OF SHOULDER REGION
 REGIONAL ENTERITIS OF UNSPECIFIED SITE
 RENAL COLIC
 RHEUMATISM, UNSPECIFIED AND FIBROSITIS
 RHEUMATOID ARTHRITIS
 ROUTINE GYNECOLOGICAL EXAMINATION
 SACROILIITIS, NOT ELSEWHERE CLASSIFIED
 SARCOIDOSIS
 SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW
 SENILE DEMENTIA, UNCOMPLICATED
 SIALOADENITIS
 SPECIAL SCREENING EXAMINATION FOR PULMONARY TUBERCULOSIS
 SPRAIN AND STRAIN OF CRUCIATE LIGAMENT OF KNEE
 SPRAIN AND STRAIN OF UNSPECIFIED SITE OF KNEE AND LEG
 STRESS INCONTINENCE, MALE
 STRICTURE AND STENOSIS OF ESOPHAGUS
 SYNCOPE AND COLLAPSE
 SYPHILIS, UNSPECIFIED
 SYSTEMIC LUPUS ERYTHEMATOSUS
 TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE, CURRENT
 TENOSYNOVITIS OF FOOT AND ANKLE
 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED
 THORACIC SPRAIN AND STRAIN
 THYROTOXICOSIS WITHOUT MENTION OF GOITER OR OTHER CAUSE, AND WITHOUT MENTION
 TOXIC DIFFUSE GOITER WITHOUT MENTION OF THYROTOXIC CRISIS OR STORM
 UNSPECIFIED CHEST PAIN
 UNSPECIFIED ESSENTIAL HYPERTENSION
 UNSPECIFIED HYPOTHYROIDISM
 UNSPECIFIED NONINFLAMMATORY DISORDER OF VULVA AND PERINEUM
 UNSPECIFIED OTITIS MEDIA
 UNSPECIFIED POLYARTHROPATHY OR POLYARTHRITIS, MULTIPLE SITES
 UNSPECIFIED SITE OF ANKLE SPRAIN AND STRAIN
 UNSPECIFIED SLEEP APNEA
 UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS
 URGENCY OF URINATION
 URINARY FREQUENCY
 URINARY TRACT INFECTION, SITE NOT SPECIFIED
 VAGINITIS AND VULVOVAGINITIS, UNSPECIFIED
 VENTRICULAR SEPTAL DEFECT
 ABDOMINAL PAIN, UNSPECIFIED SITE
 ABNORMAL GLUCOSE TOLERANCE OF MOTHER, COMPLICATING PREGNANCY, CHILDBIRTH, OR TH
 ANEMIA, UNSPECIFIED
 BENIGN ESSENTIAL HYPERTENSION
 BENIGN NEOPLASM OF SKIN OF UPPER LIMB, INCLUDING SHOULDER
 BENIGN PAROXYSMAL POSITIONAL VERTIGO
 BRACHIAL NEURITIS OR RADICULITIS NOS
 CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY VESSEL
 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLE

dx detail

DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT
 DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
 DISTURBANCE OF SKIN SENSATION
 ELDERLY MULTIGRAVIDA, ANTEPARTUM CONDITION OR COMPLICATION
 GENERALIZED CONVULSIVE EPILEPSY, WITHOUT MENTION OF INTRACTABLE EPILEPSY
 HEMORRHAGE OF RECTUM AND ANUS
 HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE
 MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED
 MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
 MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF TRUNK, UNSPECIFIED
 MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED
 OTHER MALAISE AND FATIGUE
 PAIN IN JOINT, LOWER LEG
 PREGNANCY EXAMINATION OR TEST, POSITIVE RESULT
 PROTEINURIA
 SPINAL STENOSIS OF LUMBAR REGION
 SUSPECTED DAMAGE TO FETUS FROM OTHER DISEASE IN THE MOTHER AFFECTING MANAGEMI
 SYNCOPE AND COLLAPSE
 UNSPECIFIED ESSENTIAL HYPERTENSION
 UNSPECIFIED SINUSITIS (CHRONIC)
 URINARY TRACT INFECTION, SITE NOT SPECIFIED
 ANEMIA, UNSPECIFIED
 PAROXYSMAL TACHYCARDIA, UNSPECIFIED
 PAROXYSMAL VENTRICULAR TACHYCARDIA
 ROUTINE GYNECOLOGICAL EXAMINATION
 ROUTINE GYNECOLOGICAL EXAMINATION
 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS OF THE VAGINA
 ROUTINE GYNECOLOGICAL EXAMINATION
 ROUTINE GYNECOLOGICAL EXAMINATION
 ROUTINE GYNECOLOGICAL EXAMINATION
 UNSPECIFIED SITE OF ANKLE SPRAIN AND STRAIN
 OTHER HAMMER TOE (ACQUIRED)

dx detail

<IN

JS MIGRAINOSUS

dx detail

RUCTION

; UNCONTROLLED

dx detail

I [LGSIL]

dx detail

R URINARY TRACT SYMPTOMS [LUTS]

ONTROLLED

dx detail

INARY TRACT SYMPTOMS [LUTS]

TAL TRACT

RUCTION OR GANGRENE

dx detail

NG SHOULDER

OF THYROTOXIC CRISIS OR STORM

IE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION

MIGRAINOSUS

dx detail

UM, ANTEPARTUM CONDITION OR COMPLICATION

UNCONTROLLED

PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY

ION OR COMPLICATION

IRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION

MPLICATION

ADE SQUAMOUS INTRAEPITHELIAL LESION [ASC-H]

dx detail

IE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION

ON OR COMPLICATION

dx detail

IS DELTA

S UNCONTROLLED
; UNCONTROLLED
STATED AS UNCONTROLLED

dx detail

INARY TRACT SYMPTOMS [LUTS]

dx detail

JS MIGRAINOSUS
F STATUS MIGRAINOSUS

OPEN INTRACRANIAL WOUND, WITH NO LOSS OF CONSCIOUSNESS

ARE OR NOT APPLICABLE

FAL TRACT

dx detail

IFICANCE (ASC-US)
↓ (LGSIL)

dx detail

ENT OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION

OF THYROTOXIC CRISIS OR STORM

HER, ANTEPARTUM CONDITION OR COMPLICATION

dx detail

STATED AS UNCONTROLLED
ONTROLLED
; UNCONTROLLED
ROLLED

dx detail

) WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
' TRACT SYMPTOMS [LUTS]
INARY TRACT SYMPTOMS [LUTS]

JS MIGRAINOSUS
F STATUS MIGRAINOSUS
STATUS MIGRAINOSUS

S

IELD

dx detail

N

TAL TRACT

dx detail

OF THYROTOXIC CRISIS OR STORM

THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION

:D

dx detail

STATED AS UNCONTROLLED

ENT OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION

procedures

PROC_CD	procedure_desc	visits
0250	PHARMACY-GENERAL CLASS	4
0306	LAB-BACTERIAL & MICRO	8
0307	LAB-UROLOGY	10
0320	RAD DIAG-GENERAL CLASS	10
0324	RAD DIAG-CHEST XRAY	20
0410	RESP SER-GEN CLASS	4
0456	ER URGENT CARE	42
0516	CLINIC-URGENT CARE	48
0610	MAGNETIC RES IMAG-GEN	1
0636	DRUG	4
73130	XRAY HAND >2 VIEWS	1
87430	STREP A ANTIGEN BY EIA	1
96372	THER/PROPHY/DIAG INJ, SC/IM	1
99203	OFFICE/OP/NEW/LOW COMPLEX	7
99204	OFFICE/OP/NEW/MODERCOMPLX	1
99213	OFFICE/OP/LOW/COMPLEX	1
J2930	METHYLPREDNISOLONE INJECTION	1
L3908	WRIST COCK-UP NON-MOLDED	1
S9083	URGENT CARE CENTER GLOBAL	240
S9088	SERVICES PROVIDED IN URGENT	156

dx detail

PROC_CD	procedure_desc	DIAG_CD1
0250	PHARMACY-GENERAL CLASS	4829
0250	PHARMACY-GENERAL CLASS	490
0306	LAB-BACTERIAL & MICRO	5990
0307	LAB-UROLOGY	5990
0307	LAB-UROLOGY	7245
0320	RAD DIAG-GENERAL CLASS	6824
0320	RAD DIAG-GENERAL CLASS	7245
0320	RAD DIAG-GENERAL CLASS	82382
0320	RAD DIAG-GENERAL CLASS	84510
0320	RAD DIAG-GENERAL CLASS	8472
0324	RAD DIAG-CHEST XRAY	4660
0324	RAD DIAG-CHEST XRAY	4829
0324	RAD DIAG-CHEST XRAY	490
0324	RAD DIAG-CHEST XRAY	V7283
0410	RESP SER-GEN CLASS	4829
0410	RESP SER-GEN CLASS	490
0456	ER URGENT CARE	4659
0456	ER URGENT CARE	4660
0456	ER URGENT CARE	4871
0456	ER URGENT CARE	5990
0456	ER URGENT CARE	73390
0456	ER URGENT CARE	82525
0456	ER URGENT CARE	84500
0516	CLINIC-URGENT CARE	3829
0516	CLINIC-URGENT CARE	4660
0516	CLINIC-URGENT CARE	4829
0516	CLINIC-URGENT CARE	490
0516	CLINIC-URGENT CARE	5990
0516	CLINIC-URGENT CARE	6824
0516	CLINIC-URGENT CARE	7245
0516	CLINIC-URGENT CARE	82382
0516	CLINIC-URGENT CARE	84510
0516	CLINIC-URGENT CARE	8472
0610	MAGNETIC RES IMAG-GEN	71945
0636	DRUG	7245
0636	DRUG	8472
73130	XRAY HAND >2 VIEWS	84200
87430	STREP A ANTIGEN BY EIA	0340
96372	THER/PROPHY/DIAG INJ, SC/IM	4619
99203	OFFICE/OP/NEW/LOW COMPLEX	5990
99203	OFFICE/OP/NEW/LOW COMPLEX	6826
99203	OFFICE/OP/NEW/LOW COMPLEX	78650
99203	OFFICE/OP/NEW/LOW COMPLEX	84200
99203	OFFICE/OP/NEW/LOW COMPLEX	V708
99204	OFFICE/OP/NEW/MODERCOMPLX	4619
99213	OFFICE/OP/LOW/COMPLEX	0340
J2930	METHYLPREDNISOLONE INJECTION	4619
L3908	WRIST COCK-UP NON-MOLDED	84200
S9083	URGENT CARE CENTER GLOBAL	00869

dx detail

S9083	URGENT CARE CENTER GLOBAL	0340
S9083	URGENT CARE CENTER GLOBAL	0549
S9083	URGENT CARE CENTER GLOBAL	07999
S9083	URGENT CARE CENTER GLOBAL	36570
S9083	URGENT CARE CENTER GLOBAL	37200
S9083	URGENT CARE CENTER GLOBAL	37230
S9083	URGENT CARE CENTER GLOBAL	37991
S9083	URGENT CARE CENTER GLOBAL	3804
S9083	URGENT CARE CENTER GLOBAL	460
S9083	URGENT CARE CENTER GLOBAL	4619
S9083	URGENT CARE CENTER GLOBAL	462
S9083	URGENT CARE CENTER GLOBAL	463
S9083	URGENT CARE CENTER GLOBAL	4658
S9083	URGENT CARE CENTER GLOBAL	4659
S9083	URGENT CARE CENTER GLOBAL	4660
S9083	URGENT CARE CENTER GLOBAL	4779
S9083	URGENT CARE CENTER GLOBAL	4871
S9083	URGENT CARE CENTER GLOBAL	4878
S9083	URGENT CARE CENTER GLOBAL	49390
S9083	URGENT CARE CENTER GLOBAL	53081
S9083	URGENT CARE CENTER GLOBAL	57420
S9083	URGENT CARE CENTER GLOBAL	5920
S9083	URGENT CARE CENTER GLOBAL	5990
S9083	URGENT CARE CENTER GLOBAL	6019
S9083	URGENT CARE CENTER GLOBAL	6266
S9083	URGENT CARE CENTER GLOBAL	68100
S9083	URGENT CARE CENTER GLOBAL	68102
S9083	URGENT CARE CENTER GLOBAL	6822
S9083	URGENT CARE CENTER GLOBAL	6823
S9083	URGENT CARE CENTER GLOBAL	6826
S9083	URGENT CARE CENTER GLOBAL	6929
S9083	URGENT CARE CENTER GLOBAL	71947
S9083	URGENT CARE CENTER GLOBAL	7231
S9083	URGENT CARE CENTER GLOBAL	7242
S9083	URGENT CARE CENTER GLOBAL	7245
S9083	URGENT CARE CENTER GLOBAL	7295
S9083	URGENT CARE CENTER GLOBAL	72981
S9083	URGENT CARE CENTER GLOBAL	73313
S9083	URGENT CARE CENTER GLOBAL	7804
S9083	URGENT CARE CENTER GLOBAL	7821
S9083	URGENT CARE CENTER GLOBAL	7840
S9083	URGENT CARE CENTER GLOBAL	7841
S9083	URGENT CARE CENTER GLOBAL	7862
S9083	URGENT CARE CENTER GLOBAL	78650
S9083	URGENT CARE CENTER GLOBAL	78701
S9083	URGENT CARE CENTER GLOBAL	78909
S9083	URGENT CARE CENTER GLOBAL	8260
S9083	URGENT CARE CENTER GLOBAL	83800
S9083	URGENT CARE CENTER GLOBAL	8409
S9083	URGENT CARE CENTER GLOBAL	84200
S9083	URGENT CARE CENTER GLOBAL	8449
S9083	URGENT CARE CENTER GLOBAL	84500

dx detail

S9083	URGENT CARE CENTER GLOBAL	84510
S9083	URGENT CARE CENTER GLOBAL	8830
S9083	URGENT CARE CENTER GLOBAL	9196
S9083	URGENT CARE CENTER GLOBAL	92311
S9083	URGENT CARE CENTER GLOBAL	92320
S9083	URGENT CARE CENTER GLOBAL	92321
S9083	URGENT CARE CENTER GLOBAL	9233
S9083	URGENT CARE CENTER GLOBAL	92410
S9083	URGENT CARE CENTER GLOBAL	94410
S9088	SERVICES PROVIDED IN URGENT	07999
S9088	SERVICES PROVIDED IN URGENT	38200
S9088	SERVICES PROVIDED IN URGENT	3829
S9088	SERVICES PROVIDED IN URGENT	38630
S9088	SERVICES PROVIDED IN URGENT	460
S9088	SERVICES PROVIDED IN URGENT	4619
S9088	SERVICES PROVIDED IN URGENT	462
S9088	SERVICES PROVIDED IN URGENT	463
S9088	SERVICES PROVIDED IN URGENT	4659
S9088	SERVICES PROVIDED IN URGENT	4829
S9088	SERVICES PROVIDED IN URGENT	490
S9088	SERVICES PROVIDED IN URGENT	49390
S9088	SERVICES PROVIDED IN URGENT	5990
S9088	SERVICES PROVIDED IN URGENT	70581
S9088	SERVICES PROVIDED IN URGENT	7099
S9088	SERVICES PROVIDED IN URGENT	7242
S9088	SERVICES PROVIDED IN URGENT	7248
S9088	SERVICES PROVIDED IN URGENT	78060
S9088	SERVICES PROVIDED IN URGENT	7862
S9088	SERVICES PROVIDED IN URGENT	78659
S9088	SERVICES PROVIDED IN URGENT	78900
S9088	SERVICES PROVIDED IN URGENT	81342
S9088	SERVICES PROVIDED IN URGENT	82381
S9088	SERVICES PROVIDED IN URGENT	84512
S9088	SERVICES PROVIDED IN URGENT	8472
S9088	SERVICES PROVIDED IN URGENT	92420
S9088	SERVICES PROVIDED IN URGENT	9243
S9088	SERVICES PROVIDED IN URGENT	932
S9088	SERVICES PROVIDED IN URGENT	V655
S9088	SERVICES PROVIDED IN URGENT	V7189

dx detail

Attachment D
RFP #725-11022

dx_desc	visits
BACTERIAL PNEUMONIA, UNSPECIFIED	2
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	2
URINARY TRACT INFECTION, SITE NOT SPECIFIED	8
URINARY TRACT INFECTION, SITE NOT SPECIFIED	8
BACKACHE, UNSPECIFIED	2
CELLULITIS AND ABSCESS OF HAND, EXCEPT FINGERS AND THUMB	2
BACKACHE, UNSPECIFIED	2
CLOSED FRACTURE OF UNSPECIFIED PART OF FIBULA WITH TIBIA	2
UNSPECIFIED SITE OF FOOT SPRAIN AND STRAIN	2
LUMBAR SPRAIN AND STRAIN	2
ACUTE BRONCHITIS	13
BACTERIAL PNEUMONIA, UNSPECIFIED	2
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	2
OTHER SPECIFIED PRE-OPERATIVE EXAMINATION	3
BACTERIAL PNEUMONIA, UNSPECIFIED	2
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	2
ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	13
ACUTE BRONCHITIS	13
INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS	2
URINARY TRACT INFECTION, SITE NOT SPECIFIED	8
DISORDER OF BONE AND CARTILAGE, UNSPECIFIED	2
FRACTURE OF METATARSAL BONE(S), CLOSED	2
UNSPECIFIED SITE OF ANKLE SPRAIN AND STRAIN	2
UNSPECIFIED OTITIS MEDIA	13
ACUTE BRONCHITIS	13
BACTERIAL PNEUMONIA, UNSPECIFIED	2
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	2
URINARY TRACT INFECTION, SITE NOT SPECIFIED	8
CELLULITIS AND ABSCESS OF HAND, EXCEPT FINGERS AND THUMB	2
BACKACHE, UNSPECIFIED	2
CLOSED FRACTURE OF UNSPECIFIED PART OF FIBULA WITH TIBIA	2
UNSPECIFIED SITE OF FOOT SPRAIN AND STRAIN	2
LUMBAR SPRAIN AND STRAIN	2
PAIN IN JOINT, PELVIC REGION AND THIGH	1
BACKACHE, UNSPECIFIED	2
LUMBAR SPRAIN AND STRAIN	2
SPRAIN AND STRAIN OF UNSPECIFIED SITE OF WRIST	1
STREPTOCOCCAL SORE THROAT	1
ACUTE SINUSITIS, UNSPECIFIED	1
URINARY TRACT INFECTION, SITE NOT SPECIFIED	1
CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT	1
UNSPECIFIED CHEST PAIN	1
SPRAIN AND STRAIN OF UNSPECIFIED SITE OF WRIST	1
OTHER SPECIFIED GENERAL MEDICAL EXAMINATIONS	3
ACUTE SINUSITIS, UNSPECIFIED	1
STREPTOCOCCAL SORE THROAT	1
ACUTE SINUSITIS, UNSPECIFIED	1
SPRAIN AND STRAIN OF UNSPECIFIED SITE OF WRIST	1
OTHER VIRAL ENTERITIS	1

dx detail

STREPTOCOCCAL SORE THROAT	1
HERPES SIMPLEX WITHOUT MENTION OF COMPLICATION	1
UNSPECIFIED VIRAL INFECTION	1
GLAUCOMA STAGE, UNSPECIFIED	1
ACUTE CONJUNCTIVITIS, UNSPECIFIED	3
CONJUNCTIVITIS, UNSPECIFIED	2
PAIN IN OR AROUND EYE	2
IMPACTED CERUMEN	3
ACUTE NASOPHARYNGITIS [COMMON COLD]	13
ACUTE SINUSITIS, UNSPECIFIED	18
ACUTE PHARYNGITIS	16
ACUTE TONSILLITIS	13
ACUTE UPPER RESPIRATORY INFECTIONS OF OTHER MULTIPLE SITES	3
ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	17
ACUTE BRONCHITIS	16
ALLERGIC RHINITIS CAUSE UNSPECIFIED	2
INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS	2
INFLUENZA WITH OTHER MANIFESTATIONS	1
ASTHMA, UNSPECIFIED, UNSPECIFIED	2
ESOPHAGEAL REFLUX	1
CALCULUS OF GALLBLADDER WITHOUT MENTION OF CHOLECYSTITIS, WIT	1
CALCULUS OF KIDNEY	8
URINARY TRACT INFECTION, SITE NOT SPECIFIED	10
PROSTATITIS, UNSPECIFIED	1
METRORRHAGIA	1
CELLULITIS AND ABSCESS OF FINGER, UNSPECIFIED	2
ONYCHIA AND PARONYCHIA OF FINGER	1
CELLULITIS AND ABSCESS OF TRUNK	2
CELLULITIS AND ABSCESS OF UPPER ARM AND FOREARM	2
CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT	1
CONTACT DERMATITIS AND OTHER ECZEMA, UNSPECIFIED CAUSE	2
PAIN IN JOINT, ANKLE AND FOOT	1
CERVICALGIA	3
LUMBAGO	2
BACKACHE, UNSPECIFIED	2
PAIN IN LIMB	2
SWELLING OF LIMB	2
PATHOLOGIC FRACTURE OF VERTEBRAE	2
DIZZINESS AND GIDDINESS	13
RASH AND OTHER NONSPECIFIC SKIN ERUPTION	2
HEADACHE	1
THROAT PAIN	13
COUGH	16
UNSPECIFIED CHEST PAIN	2
NAUSEA WITH VOMITING	1
ABDOMINAL PAIN, OTHER SPECIFIED SITE	1
CLOSED FRACTURE OF ONE OR MORE PHALANGES OF FOOT	2
CLOSED DISLOCATION OF FOOT, UNSPECIFIED	1
SPRAIN AND STRAIN OF UNSPECIFIED SITE OF SHOULDER AND UPPER ARM	1
SPRAIN AND STRAIN OF UNSPECIFIED SITE OF WRIST	3
SPRAIN AND STRAIN OF UNSPECIFIED SITE OF KNEE AND LEG	2
UNSPECIFIED SITE OF ANKLE SPRAIN AND STRAIN	1

dx detail

UNSPECIFIED SITE OF FOOT SPRAIN AND STRAIN	2
OPEN WOUND OF FINGER(S), WITHOUT MENTION OF COMPLICATION	2
SUPERFICIAL FOREIGN BODY (SPLINTER) OF OTHER, MULTIPLE, AND UNSPI	1
CONTUSION OF ELBOW	2
CONTUSION OF HAND(S)	2
CONTUSION OF WRIST	2
CONTUSION OF FINGER	2
CONTUSION OF LOWER LEG	2
ERYTHEMA DUE TO BURN [FIRST DEGREE] OF UNSPECIFIED SITE OF HAND	2
UNSPECIFIED VIRAL INFECTION	1
ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF	13
UNSPECIFIED OTITIS MEDIA	16
LABYRINTHITIS, UNSPECIFIED	13
ACUTE NASOPHARYNGITIS [COMMON COLD]	3
ACUTE SINUSITIS, UNSPECIFIED	16
ACUTE PHARYNGITIS	16
ACUTE TONSILLITIS	16
ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	3
BACTERIAL PNEUMONIA, UNSPECIFIED	1
BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1
ASTHMA, UNSPECIFIED, UNSPECIFIED	1
URINARY TRACT INFECTION, SITE NOT SPECIFIED	1
DYSHIDROSIS	2
UNSPECIFIED DISORDER OF SKIN AND SUBCUTANEOUS TISSUE	2
LUMBAGO	1
OTHER SYMPTOMS REFERABLE TO BACK	2
FEVER, UNSPECIFIED	3
COUGH	16
OTHER CHEST PAIN	1
ABDOMINAL PAIN, UNSPECIFIED SITE	1
CLOSED FRACTURES OF OTHER PART OF DISTAL END OF RADIUS (ALONE)	1
CLOSED FRACTURE OF UNSPECIFIED PART OF FIBULA ALONE	1
METATARSOPHALANGEAL (JOINT) SPRAIN AND STRAIN	1
LUMBAR SPRAIN AND STRAIN	2
CONTUSION OF FOOT	2
CONTUSION OF TOE	1
FOREIGN BODY IN NOSE	13
PERSON WITH FEARED COMPLAINT IN WHOM NO DIAGNOSIS WAS MADE	3
OBSERVATION AND EVALUATION FOR OTHER SPECIFIED SUSPECTED CONDITIC	3

**CITY OF FORT LAUDERDALE
GENERAL CONDITIONS**

These instructions are standard for all contracts for commodities or services issued through the City of Fort Lauderdale Procurement Services Division. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement. In this general conditions document, Invitation to Bid (ITB) and Request for Proposal (RFP) are interchangeable.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

- 1.01 BIDDER ADDRESS:** The City maintains automated vendor address lists that have been generated for each specific Commodity Class item through our bid issuing service, BidSync. Notices of Invitations to Bid (ITB'S) are sent by e-mail to the selection of bidders who have fully registered with BidSync or faxed (if applicable) to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with BidSync in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact BidSync. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.
- 1.02 DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. ~~The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.~~
- 1.03 PACKING SLIPS:** It will be the responsibility of the awarded Contractor, to attach all packing slips to the OUTSIDE of each shipment. Packing slips must provide a detailed description of what is to be received and reference the City of Fort Lauderdale purchase order number that is associated with the shipment. Failure to provide a detailed packing slip attached to the outside of shipment may result in refusal of shipment at Contractor's expense.
- 1.04 PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 45 days after the date of satisfactory delivery at the place of acceptance and receipt of correct invoice at the office specified, whichever occurs last. Bidder may offer cash discounts for prompt payment but they will not be considered in determination of award. If a Bidder offers a discount, it is understood that the discount time will be computed from the date of satisfactory delivery, at the place of acceptance, and receipt of correct invoice, at the office specified, whichever occurs last.
- 1.05 TOTAL BID DISCOUNT:** If Bidder offers a discount for award of all items listed in the bid, such discount shall be deducted from the total of the firm net unit prices bid and shall be considered in tabulation and award of bid.
- 1.06 BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that the bid and the prices quoted in the bid will be firm for acceptance by the City for a period of ninety (90) days from the date of bid opening unless otherwise stated in the ITB.
- 1.07 VARIANCES:** For purposes of bid evaluation, Bidder's must indicate any variances, no matter how slight, from ITB General Conditions, Special Conditions, Specifications or Addenda in the space provided in the ITB. No variations or exceptions by a Bidder will be considered or deemed a part of the bid submitted unless such variances or exceptions are listed in the bid and referenced in the space provided on the bidder proposal pages. If variances are not stated, or referenced as required, it will be assumed that the product or service fully complies with the City's terms, conditions, and specifications.
- By receiving a bid, City does not necessarily accept any variances contained in the bid. All variances submitted are subject to review and approval by the City. If any bid contains material variances that, in the City's sole opinion, make that bid conditional in nature, the City reserves the right to reject the bid or part of the bid that is declared, by the City as conditional.
- 1.08 NO BIDS:** If you do not intend to bid please indicate the reason, such as insufficient time to respond, do not offer product or service, unable to meet specifications, schedule would not permit, or any other reason, in the space provided in this ITB. Failure to bid or return no bid comments prior to the bid due and opening date and time, indicated in this ITB, may result in your firm being deleted from our Bidder's registration list for the Commodity Class Item requested in this ITB.
- 1.09 MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION AND BUSINESS DEFINITIONS:** The City of Fort Lauderdale wants to increase the participation of Minority Business Enterprises (MBE), Women Business Enterprises (WBE), and Small Business Enterprises (SBE) in its procurement activities. If your firm qualifies in accordance with the below definitions please indicate in the space provided in this ITB.

Minority Business Enterprise (MBE) "A Minority Business" is a business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

The term "Minority Business Enterprise" means a business at least 51 percent of which is owned by minority group members or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by minority group members. For the purpose of the preceding sentence, minority group members are citizens of the United States who include, but are not limited to: Blacks, Hispanics, Asian Americans, and Native Americans.

Women Business Enterprise (WBE) a "Women Owned or Controlled Business" is a business enterprise at least 51 percent of which is owned by females or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by females.

Small Business Enterprise (SBE) "Small Business" means a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than \$1,000,000 in annual gross receipts.

BLACK, which includes persons having origins in any of the Black racial groups of Africa.

WHITE, which includes persons whose origins are Anglo-Saxon and Europeans and persons of Indo-European decent including Pakistani and East Indian.

HISPANIC, which includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN, which includes persons whose origins are American Indians, Eskimos, Aleuts, or Native Hawaiians.

ASIAN AMERICAN, which includes persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

1.10 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION

It is the desire of the City of Fort Lauderdale to increase the participation of minority (MBE) and women-owned (WBE) businesses in its contracting and procurement programs. While the City does not have any preference or set aside programs in place, it is committed to a policy of equitable participation for these firms. Proposers are requested to include in their proposals a narrative describing their past accomplishments and intended actions in this area. If proposers are considering minority or women owned enterprise participation in their proposal, those firms, and their specific duties have to be identified in the proposal. If a proposer is considered for award, he or she will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

1.11 SCRUTINIZED COMPANIES

This Section applies to any contract for goods or services of \$1 million or more:

The Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List as provided in section 287.135, Florida Statutes (2011), as may be amended or revised. The City may terminate this Contract at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2011), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

1.12 DEBARRED OR SUSPENDED BIDDERS OR PROPOSERS

The bidder or proposer certifies, by submission of a response to this solicitation, that neither it nor its principals are presently debarred or suspended by any Federal department or agency.

Part II. DEFINITIONS/ORDER OF PRECEDENCE:

2.01 BIDDING DEFINITIONS

The City will use the following definitions in its general conditions, special conditions, technical specifications, instructions to bidders, addenda and any other document used in the bidding process:

INVITATION TO BID (ITB) when the City is requesting bids from qualified Bidders.

REQUEST FOR PROPOSALS (RFP) when the City is requesting proposals from qualified Proposers.

BID – a price and terms quote received in response to an ITB.

PROPOSAL – a proposal received in response to an RFP.

BIDDER – Person or firm submitting a Bid.

PROPOSER – Person or firm submitting a Proposal.

RESPONSIVE BIDDER – A person whose bid conforms in all material respects to the terms and conditions included in the ITB.

RESPONSIBLE BIDDER – A person who has the capability in all respects to perform in full the contract requirements, as stated in the ITB, and the integrity and reliability that will assure good faith performance.

FIRST RANKED PROPOSER – That Proposer, responding to a City RFP, whose Proposal is deemed by the City, the most advantageous to the City after applying the evaluation criteria contained in the RFP.

SELLER – Successful Bidder or Proposer who is awarded a Purchase Order or Contract to provide goods or services to the City.

CONTRACTOR – Successful Bidder or Proposer who is awarded a Purchase Order, award Contract, Blanket Purchase Order agreement, or Term Contract to provide goods or services to the City.

CONTRACT – A deliberate verbal or written agreement between two or more competent parties to perform or not to perform a certain act or acts, including all types of agreements, regardless of what they may be called, for the procurement or disposal of equipment, materials, supplies, services or construction.

CONSULTANT – Successful Bidder or Proposer who is awarded a contract to provide professional services to the City.

The following terms may be used interchangeably by the City: ITB and/or RFP; Bid or Proposal; Bidder, Proposer, or Seller; Contractor or Consultant; Contract, Award, Agreement or Purchase Order.

2.02 SPECIAL CONDITIONS:

Any and all Special Conditions contained in this ITB that may be in variance or conflict with these General Conditions shall have precedence over these General Conditions. If no changes or deletions to General Conditions are made in the Special Conditions, then the General Conditions shall prevail in their entirety,

PART III. BIDDING AND AWARD PROCEDURES:

3.01 SUBMISSION AND RECEIPT OF BIDS:

To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidders should use the proposal forms provided by the City. These forms may be duplicated, but failure to use the forms may cause the bid to be rejected. Any erasures or corrections on the bid must be made in ink and initialed by Bidder in ink. All information submitted by the Bidder shall be printed, typewritten or filled in with pen and ink. Bids shall be signed in ink. Separate bids must be submitted for each ITB issued by the City in separate sealed envelopes properly marked. When a particular ITB or RFP requires multiple copies of bids or proposals they may be included in a single envelope or package properly sealed and identified. Only send bids via facsimile transmission (FAX) if the ITB specifically states that bids sent via FAX will be considered. If such a statement is not included in the ITB, bids sent via FAX will be rejected. Bids will be publicly opened in the Procurement Office, or other designated area, in the presence of Bidders, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.

3.02 MODEL NUMBER CORRECTIONS:

If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.

- 3.03 PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.
- 3.04 TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption number for EIN is 59-6000319, and State Sales tax exemption number is 85-8013875578C-1.
- 3.05 WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.
- 3.06 APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in the bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in the bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.
- 3.07 MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet or exceed these items, and feels that the technical specifications are overly restrictive, the bidder must notify the Procurement Services Division immediately. Such notification must be received by the Procurement Services Division prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.
- 3.08 MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle the bidder to any relief from the conditions imposed in the contract.
- 3.09 SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.
- 3.10 LIFE CYCLE COSTING:** If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact, and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.
- 3.11 BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically stated in the ITB, the City may give preference to bids containing items manufactured with recycled material or packaging that is able to be recycled.
- 3.12 USE OF OTHER GOVERNMENTAL CONTRACTS:** The City reserves the right to reject any part or all of any bids received and utilize other available governmental contracts, if such action is in its best interest.
- 3.13 QUALIFICATIONS/INSPECTION:** Bids will only be considered from firms normally engaged in providing the types of commodities/services specified herein. The City reserves the right to inspect the Bidder's facilities, equipment, personnel, and organization at any time, or to take any other action necessary to determine Bidder's ability to perform. The Procurement Director reserves the right to reject bids where evidence or evaluation is determined to indicate inability to perform.
- 3.14 BID SURETY:** If Special Conditions require a bid security, it shall be submitted in the amount stated. A bid security can be in the form of a bid bond or cashiers check. Bid security will be returned to the unsuccessful bidders as soon as practicable after opening of bids. Bid security will be returned to the successful bidder after acceptance of the performance bond, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions.
- 3.15 PUBLIC RECORDS/TRADE SECRETS/COPYRIGHT:** The Proposer's response to the RFP is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes.

Any language contained in the Proposer's response to the RFP purporting to require confidentiality of any portion of the Proposer's response to the RFP, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the RFP constitutes a Trade Secret. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records. Proposals purporting to be subject to copyright protection in full or in part will be rejected.

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EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE RFP AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE RFP OR ANY PART THEREOF AS COPYRIGHTED.

3.16 PROHIBITION OF INTEREST: No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City.

3.17 RESERVATIONS FOR AWARD AND REJECTION OF BIDS: The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid.

If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.

3.18 LEGAL REQUIREMENTS: Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof.

3.19 BID PROTEST PROCEDURE: ANY PROPOSER OR BIDDER WHO IS NOT RECOMMENDED FOR AWARD OF A CONTRACT AND WHO ALLEGES A FAILURE BY THE CITY TO FOLLOW THE CITY'S PROCUREMENT ORDINANCE OR ANY APPLICABLE LAW MAY PROTEST TO THE DIRECTOR OF PROCUREMENT SERVICES DIVISION (DIRECTOR), BY DELIVERING A LETTER OF PROTEST TO THE DIRECTOR WITHIN FIVE (5) DAYS AFTER A NOTICE OF INTENT TO AWARD IS POSTED ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm

THE COMPLETE PROTEST ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: <http://www.fortlauderdale.gov/purchasing/protestordinance.pdf>

PART IV BONDS AND INSURANCE

4.01 PERFORMANCE BOND: If a performance bond is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond, payable to the City of Fort Lauderdale, Florida, in the face amount specified in Special Conditions as surety for faithful performance under the terms and conditions of the contract. If the bond is on an annual coverage basis, renewal for each succeeding year shall be submitted to the City thirty (30) days prior to the termination date of the existing Performance Bond. The Performance Bond must be executed by a surety company of recognized standing, authorized to do business in the State of Florida and having a resident agent.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond is not intended to be nor shall be deemed to be in the nature of liquidated damages nor is it intended to limit the liability of the Contractor to the City in the event of a material breach of this Agreement by the Contractor.

4.02 INSURANCE: If the Contractor is required to go on to City property to perform work or services as a result of ITB award, the Contractor shall assume full responsibility and expense to obtain all necessary insurance as required by City or specified in Special Conditions.

The Contractor shall provide to the Procurement Services Division original certificates of coverage and receive notification of approval of those certificates by the City's Risk Manager prior to engaging in any activities under this contract. The Contractor's insurance is subject to the approval of the City's Risk Manager. The certificates must list the City as an ADDITIONAL INSURED for General Liability Insurance, and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting the bid, agrees to abide by such modifications.

PART V PURCHASE ORDER AND CONTRACT TERMS:

5.01 COMPLIANCE TO SPECIFICATIONS, LATE DELIVERIES/PENALTIES: Items offered may be tested for compliance to bid specifications. Items delivered which do not conform to bid specifications may be rejected and returned at Contractor's expense. Any violation resulting in contract termination for cause or delivery of items not conforming to specifications, or late delivery may also result in:

- Bidders name being removed from the City's bidder's mailing list for a specified period and Bidder will not be recommended for any award during that period.
- All City Departments being advised to refrain from doing business with the Bidder.
- All other remedies in law or equity.

- 5.02 ACCEPTANCE, CONDITION, AND PACKAGING:** The material delivered in response to ITB award shall remain the property of the Seller until a physical inspection is made and the material accepted to the satisfaction of the City. The material must comply fully with the terms of the ITB, be of the required quality, new, and the latest model. All containers shall be suitable for storage and shipment by common carrier, and all prices shall include standard commercial packaging. The City will not accept substitutes of any kind. Any substitutes or material not meeting specifications will be returned at the Bidder's expense. Payment will be made only after City receipt and acceptance of materials or services.
- 5.03 SAFETY STANDARDS:** All manufactured items and fabricated assemblies shall comply with applicable requirements of the Occupation Safety and Health Act of 1970 as amended, and be in compliance with Chapter 442, Florida Statutes. Any toxic substance listed in Section 38F-41.03 of the Florida Administrative Code delivered as a result of this order must be accompanied by a completed Material Safety Data Sheet (MSDS).
- 5.04 ASBESTOS STATEMENT:** All material supplied must be 100% asbestos free. Bidder, by virtue of bidding, certifies that if awarded any portion of the ITB the bidder will supply only material or equipment that is 100% asbestos free.
- 5.05 OTHER GOVERNMENTAL ENTITIES:** If the Bidder is awarded a contract as a result of this ITB, the bidder may, if the bidder has sufficient capacity or quantities available, provide to other governmental agencies, so requesting, the products or services awarded in accordance with the terms and conditions of the ITB and resulting contract. Prices shall be F.O.B. delivered to the requesting agency.
- 5.06 VERBAL INSTRUCTIONS PROCEDURE:** No negotiations, decisions, or actions shall be initiated or executed by the Contractor as a result of any discussions with any City employee. Only those communications which are in writing from an authorized City representative may be considered. Only written communications from Contractors, which are assigned by a person designated as authorized to bind the Contractor, will be recognized by the City as duly authorized expressions on behalf of Contractors.
- 5.07 INDEPENDENT CONTRACTOR:** The Contractor is an independent contractor under this Agreement. Personal services provided by the Proposer shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personnel policies, tax responsibilities, social security, health insurance, employee benefits, procurement policies unless otherwise stated in this ITB, and other similar administrative procedures applicable to services rendered under this contract shall be those of the Contractor.
- 5.08 INDEMNITY/HOLD HARMLESS AGREEMENT:** The Contractor agrees to protect, defend, indemnify, and hold harmless the City of Fort Lauderdale and its officers, employees and agents from and against any and all losses, penalties, damages, settlements, claims, costs, charges for other expenses, or liabilities of every and any kind including attorneys fees, in connection with or arising directly or indirectly out of the work agreed to or performed by Contractor under the terms of any agreement that may arise due to the bidding process. Without limiting the foregoing, any and all such claims, suits, or other actions relating to personal injury, death, damage to property, defects in materials or workmanship, actual or alleged violations of any applicable Statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.
- 5.09 TERMINATION FOR CAUSE:** If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if the Contractor shall violate any of the provisions of this Agreement, the City may upon written notice to the Contractor terminate the right of the Contractor to proceed under this Agreement, or with such part or parts of the Agreement as to which there has been default, and may hold the Contractor liable for any damages caused to the City by reason of such default and termination. In the event of such termination, any completed services performed by the Contractor under this Agreement shall, at the option of the City, become the City's property and the Contractor shall be entitled to receive equitable compensation for any work completed to the satisfaction of the City. The Contractor, however, shall not be relieved of liability to the City for damages sustained by the City by reason of any breach of the Agreement by the Contractor, and the City may withhold any payments to the Contractor for the purpose of setoff until such time as the amount of damages due to the City from the Contractor can be determined.
- 5.10 TERMINATION FOR CONVENIENCE:** The City reserves the right, in its best interest as determined by the City, to cancel contract by giving written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.
- 5.11 CANCELLATION FOR UNAPPROPRIATED FUNDS:** The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise authorized by law.
- 5.12 RECORDS/AUDIT:** The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract. The Contractor agrees to make available to the City Auditor or designee, during normal business hours and in Broward, Miami-Dade or Palm Beach Counties, all books of account, reports and records relating to this contract should be retained for the duration of the contract and for three years after the final payment under this Agreement, or until all pending audits, investigations or litigation matters relating to the contract are closed, whichever is later.
- 5.13 PERMITS, TAXES, LICENSES:** The successful Contractor shall, at their own expense, obtain all necessary permits, pay all licenses, fees and taxes, required to comply with all local ordinances, state and federal laws, rules and regulations applicable to business to be carried out under this contract.
- 5.14 LAWS/ORDINANCES:** The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.
- 5.15 NON-DISCRIMINATION:** There shall be no discrimination as to race, sex, color, creed, age or national origin in the operations conducted under this contract.
- 5.16 UNUSUAL CIRCUMSTANCES:** If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party of the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required prior items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not Form G-107 Rev. 4/12

properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:

1. The contract can be canceled by the City upon giving thirty (30) days written notice to the Contractor with no penalty to the City or Contractor. The Contractor shall fill all City requirements submitted to the Contractor until the termination date contained in the notice.
2. The City requires the Contractor to continue to provide the items and services at the firm fixed (non-adjusted) cost until the termination of the contract term then in effect.
3. If the City, in its interest and in its sole opinion, determines that the Contractor in a capricious manner attempted to use this section of the contract to relieve themselves of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a stated period of time.

If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.

- 5.17 ELIGIBILITY:** If applicable, the Contractor must first register with the Department of State of the State of Florida, in accordance with Florida State Statutes, prior to entering into a contract with the City.
- 5.18 PATENTS AND ROYALTIES:** The Contractor, without exception, shall indemnify and save harmless the City and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.
- 5.19 ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Commission or the City Manager or City Manager's designee, depending on original award approval.
- 5.20 LITIGATION VENUE:** The parties waive the privilege of venue and agree that all litigation between them in the state courts shall take place in Broward County, Florida and that all litigation between them in the federal courts shall take place in the Southern District in and for the State of Florida.

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: Proposals must be submitted by hard copy only. It will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Services Division, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: _____
(signature) (date)

Name (printed) _____ Title: _____

Company: (Legal Registration) _____

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: _____

City _____ State: _____ Zip _____

Telephone No. _____ FAX No. _____ Email: _____

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): _____

Payment Terms (section 1.04): _____ Total Bid Discount (section 1.05): _____

Does your firm qualify for MBE or WBE status (section 1.09): MBE _____ WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No. _____ Date Issued _____

P-CARDS: Will your firm accept the City's Credit Card as payment for goods/services?

YES _____ NO _____

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. **HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.** If this section does not apply to your bid, simply mark N/A in the section below.

Variances: _____

Question and Answers for Bid #725-11022 - Employee Health Center/Clinic Administration

OVERALL BID QUESTIONS

Question 1

Please clarify the due date of the proposal. The systems states the the "time end" date is July 12 at 1 PM. In Part II - RFP Schedule, the proposal due date is July 24 at 2 PM.
Please clarify the date when questions are due. The system says July 28 at 7 PM. In Part II - RFP Schedule, the questions are due July 12.

A prompt response is appreciated! (Submitted: Jun 25, 2012 6:16:13 PM EDT)

Answer

- Dates have been corrected. (Answered: Jun 26, 2012 6:55:20 AM EDT)

Question 2

1. Please provide a job description/roles and responsibilities of the Cigna health and wellness coordinator.
2. Is the wellness coordinator an employee of the City or Cigna?
3. Is the wellness coordinator onsite?
4. Are you seeking to replace the wellness coordinator and utilize the clinic vendor to manage the wellness program?
5. Is the health and wellness coordinator a certified health coach?
6. Is the coordinator currently providing health coaching to employees?
7. If the wellness coordinator is delivering health coaching, please define how the coaching is delivered.
8. Please describe the formal wellness plan currently in place. Please list all services being provided.
9. Is Cigna the only vendor you work with for wellness? If not, please list other vendors and what they provide.
10. What types of wellness incentives are currently in place and what is required of the participant to earn the incentive?
11. What role do you want the clinic vendor to play in your wellness plan?
12. Are you seeking a proposal that includes a comprehensive wellness solution?
13. What is the participation level in the current wellness programs?
14. Are you currently providing biometric screenings to all employees? If so, are these conducted on an individual basis in the clinic or via group screening events?
15. Is your goal to conduct biometric screenings to all employees at one time (i.e. annual event) or individually as part of a clinic visit with the physician?
16. Please provide your definition of HRA. Are you seeking an HRA questionnaire for employees to complete as part of a total health assessment, or are you referring to a questionnaire PLUS a physical exam and biometric screening as a total health risk assessment package?
17. For health coaching, are you looking for a coaching program delivered by a certified health coach or are you looking for the clinic's provider to provide coaching as part of a patient's appointment?
18. What is your preferred health coaching model? (i.e. face-to-face, telephonic)
19. What are your goals of moving the current wellness program into the clinic? (i.e. lower costs, higher utilization).
20. What will our role be in the City's wellness program?
21. What current disease management activities are in place and who delivers to program(s)?
22. What portion of the disease management activities would you like performed in the clinic?
23. What is the current utilization in the disease management programs?
24. We typically stock the pharmacy with the top 50-100 drugs that are most used by your eligible population. Are you seeking something more limited? If so, please define.
25. Is it your preference that the clinic be open to non-enrolled employees on a cash pay basis?
26. Has a budget been established? If so, what has been budgeted?
27. Has the onsite clinic project already been approved by the City/City Manager?
28. What are your anticipated outcomes or ROI by putting a clinic onsite?
29. Please list the top 3 things that are most important to you as it relates to this initiative.
30. Do you offer an Health Savings Account (HSA) as part of a high deductible health plan? If so, what is the total number of clinic-eligible employees on the HSA?
31. Do you offer an Health Reimbursement Account (HRA) as part of a high deductible health plan? If so, what is the total number of clinic-eligible employees on the HRA?
32. Are employees located in more than one location? If so, please provide an employee count by location (please provide address).
33. Is there an expectation that the vendor will bill your insurance for visits to the clinic?
34. Is your goal to encourage employees to consider the onsite provider as their primary care physician?
35. What role do you want the vendor to play in the build-out of the clinic?
36. What incentives, besides waived co-pays, will your offer for clinic usage? (Submitted: Jun 28, 2012 11:38:26 AM EDT)

Answer

- Question 2 on Overall Bids

1. Please provide a job description/roles and responsibilities of the Cigna health and wellness coordinator.

A: The current Cigna Wellness Coordinator performs the following duties:

- ¿ Provide customer support for Cigna claims, benefits, and general inquiries from plan participants
- ¿ Provide one-on-one coaching to help employees achieve individual health milestones

- ¿ Collaborate in the development and delivery of health promotion campaigns
- ¿ Develop, organize and implement diverse wellness events (i.e. lunch & learns, health screenings, fitness challenges, etc.)
- ¿ Create and distribute various wellness communications (i.e. emails, posters, calendars, etc)

2. Is the wellness coordinator an employee of the City or Cigna?

A: The coordinator is a full time employee of Cigna who is provided as part of Cigna's contract with the City.

3. Is the wellness coordinator onsite?

A: The coordinator is currently onsite at the City. We provide the office space and telephone while Cigna provides the computer, printer, shredder and Cigna network access.

4. Are you seeking to replace the wellness coordinator and utilize the clinic vendor to manage the wellness program?

A: No, the coordinator will continue their wellness activities under the same relationship they currently have with the City but they will be housed in the Clinic.

5. Is the health and wellness coordinator a certified health coach?

A: The coordinator has their Bachelor's Degree from Florida State University in nutrition and physiology.

6. Is the coordinator currently providing health coaching to employees?

A: Yes.

7. If the wellness coordinator is delivering health coaching, please define how the coaching is delivered.

A: 1-on-1 sessions between the employee and the wellness coordinator.

8. Please describe the formal wellness plan currently in place. Please list all services being provided.

A: As described in the RFP there are two levels of participation.

1. The Management Wellness Program currently requires participants to take biometric screenings and an HRA at the beginning of the program. Then they must complete 100 points of activities each quarter for the next four quarters of the year to earn their \$500 annual incentive.

2. The Teamsters and Firefighters are not eligible for the \$500 incentive, but they do get \$25 gift cards for obtaining their annual biometric screenings and Health Risk Appraisals as well as gift certificates and other free merchandise for participating in City wellness activities.

9. Is Cigna the only vendor you work with for wellness? If not, please list other vendors and what they provide.

A: There are two other vendors that are subcontracted with Cigna:

1. Virgin Miles...contract for the use of their pedometers and data engine to measure participant exercise activities

2. Florida Heart/Concentra...contract for biometric screenings (cholesterol, glucose, BMI, blood pressure, etc.)

10. What types of wellness incentives are currently in place and what is required of the participant to earn the incentive?

A: As indicated in question #8, there is a \$500 annual incentive for Management participants as well as \$25 incentives for Teamster and Firefighter participants who participate in wellness activities.

11. What role do you want the clinic vendor to play in your wellness plan?

A: We would like the Clinic vendor to help enhance our current wellness program with your own programs as well as incorporating existing programs. This could include things like incorporating biometric results from both the clinic and other vendors within your data system. The 1-on-1 sessions would be divided between the Clinic staff and Cigna wellness coordinator depending who can best deal with the individual's risk factors.

12. Are you seeking a proposal that includes a comprehensive wellness solution?

A: Yes, the Clinic will be the focal point for delivering the City's wellness program, which will encompass your standalone activities, Cigna programs, Virgin Miles pedometers, and biometric screenings (which may or may not be conducted at the Clinic).

13. What is the participation level in the current wellness programs?

A: A total of 1,100 employees have participated in at least one event in the current plan year. Of this group, 300 are management employees who participate in a special Management Wellness Program, which has a special \$500 annual incentive.

14. Are you currently providing biometric screenings to all employees? If so, are these conducted on an individual basis in the clinic or via group screening events?

A: Yes, we have conducted 1,100 biometric screenings this past fall at employee worksites (8 key locations) along with allowing employees to use two local Concentra Urgent Care facilities and to use their physicians.

15. Is your goal to conduct biometric screenings to all employees at one time (i.e. annual event) or individually as part of a clinic visit with the physician?

A: We will continue to go "onsite" to give biometric screenings at various employee locations but will also push to have employees use the Clinic.

16. Please provide your definition of HRA. Are you seeking an HRA questionnaire for employees to complete as part of a total health assessment, or are you referring to a questionnaire PLUS a physical exam and biometric screening as a total health risk assessment package?

A: The Health Risk Appraisal is a written document (Cigna coordinates with Dr. Eddington at the University of Michigan) that an employee fills out and receives a report on their condition. Any physical and/or biometric screening is done separately but we would like these results to automatically interface with the HRA report.

17. For health coaching, are you looking for a coaching program delivered by a certified health coach or are you looking for the clinic's provider to provide coaching as part of a patient's appointment?

A: We already have a Cigna coach so are looking for additional coaching from the Clinic's physician and/or nurse practitioner.

18. What is your preferred health-coaching model? (i.e. face-to-face, telephonic)

A: Face-to-face.

19. What are your goals of moving the current wellness program into the clinic? (i.e. lower costs, higher utilization).

A: The wellness program will help market the clinic and make the Clinic the focal point for an aggressive wellness program

that's interlinked with the City's disease management program.

20. What will our role be in the City's wellness program?

A: As indicated in previous answers, we hope to have the Clinic become the "one-on-one" focal point of our wellness and disease management program through a coordinated effort with Cigna.

21. What current disease management activities are in place and who delivers the program(s)?

A: Cigna currently administers the City's disease management program through proactive telephonic, email and print interfaces with plan participants.

22. What portion of the disease management activities would you like performed in the clinic?

A: Wellness activities are the first step in the disease management program, which will hopefully become a focal point of the Clinic. Patient visits to the Clinic will result in an active participation in disease management activities, which will need to be coordinated closely with Cigna. Over time we fully expect the Clinic to become the focal point of a more active disease management program.

23. What is the current utilization in the disease management programs?

A: The City's disease management program is still in the initial stages of transitioning from AvMed to Cigna (January 1, 2012) so utilization reports are not available.

24. We typically stock the pharmacy with the top 50-100 drugs that are most used by your eligible population. Are you seeking something more limited? If so, please define.

A: No, if anything we would want it to be more robust. Our initial thought was the top 100 drugs. We are open to the proposers providing the pros and cons of a larger or smaller pharmacy. Our desire is to increase the dispensing of generic drugs, which is now at about 70%.

25. Is it your preference that the clinic be open to non-enrolled employees on a cash pay basis?

A: No, but we do have a few dozen City employees who are not Cigna participants and our police are under a separate United Healthcare plan administered by the FOP. We would be open to let these individuals use the clinic (for a price) and would ask you to propose how this could be administered?

26. Has a budget been established? If so, what has been budgeted?

A: The Clinic will be funded out of the City's self-funded health plan reserves. We are well aware of the various funding scenarios and will ask each bidder for a projected cost for each year of the contract based on the projected vendor charges as well as the pass-through costs associated with the City's suggested Clinic model.

27. Has the onsite clinic project already been approved by the City/City Manager?

A: The City Manager and City Commission and Mayor have all reviewed and approved for distribution the RFP for a City Clinic for distribution. It is the intent of the City to have a City Clinic up and running early in 2013.

28. What are your anticipated outcomes or ROI by putting a clinic onsite?

A: The City projects that we will need to move 35% to 50% of our primary care, urgent care, and specialist visits to the Clinic in the first year to make a "hard-dollar savings" dent in the City's 6% trend. We have provided data on our visits.

29. Please list the top 3 things that are most important to you as it relates to this initiative.

A: It is critical that we cut into the health plan's 6% trend by moving visits (primary, urgent care, specialist) to the Clinic, put an added focus on the City's wellness initiatives, and use the clinic to put a personalized one-on-one focus on our disease management program.

30. Do you offer an Health Savings Account (HSA) as part of a high deductible health plan? If so, what is the total number of clinic-eligible employees on the HSA?

A: The City does not have an HSA but we do have FSA accounts with a 20% participation. The City is considering a voluntary consumer-driven health plan alternative for 2013 that would feature both an HSA (employee-only contribution) and HRA (City contribution). The high deductible options for the City's current plans have 8% participation.

31. Do you offer an Health Reimbursement Account (HRA) as part of a high deductible health plan? If so, what is the total number of clinic-eligible employees on the HRA?

A: The City does not have an HRA but we do have FSA accounts with 20% of our population participating. The City is considering a voluntary consumer-driven health plan alternative for 2013 that would feature both an HSA and HRA. The high deductible options for the City's current plans have 8% participation.

32. Are employees located in more than one location? If so, please provide an employee count by location (please provide address).

A: Yes, there are six key City locations that each have more than 200 employees.

1. City Hall...100 N. Andrews, FT. Lauderdale, FL 33301

2. Sanitation and Parks & Recreation (behind Police Headquarters)...220 SW 14 Avenue, building 4B, Ft. Lauderdale, FL 33312

3. Fiveash Water Plant...949 NW 38th Street, Fort Lauderdale, FL 33309

4. Building Services Center...700 NW 19th Avenue, Fort Lauderdale, FL 33311-7834 (off of Sistrunk Boulevard/NW 6th Street)

5. Fire Rescue Hdqtrs (9 substations throughout the City)...528 NW 2nd Street, Fort Lauderdale, FL 33301

6. Police Department...1300 W. Broward Boulevard, Fort Lauderdale, Florida 33312

33. Is there an expectation that the vendor will bill your insurance for visits to the clinic?

A: We assume that the Clinic will be a Cigna-contracted vendor with \$0 billing passed from the Clinic to Cigna so all procedures can be tracked?

34. Is your goal to encourage employees to consider the onsite provider as their primary care physician?

A: Yes. We anticipate at least a 35% to 50% movement of visits (with a lesser movement of specialist visits) to the Clinic's physician and nurse practitioner.

35. What role do you want the vendor to play in the build-out of the clinic?

A: While the City has the ultimate responsibility for the build-out, we would anticipate the vendor playing a very proactive

role in the location, design, build-out, choice of furniture and supplies, needed to ensure that the City ends up with a user-friendly facility.

36. What incentives, besides waived co-pays, will your offer for clinic usage? (Submitted: Jun 28, 2012 11:38:26 AM EDT)
 A: The City will help ensure use of the Clinic by waiving copays (which will be raised in 2013 for primary care, urgent care and specialists). We also want to ensure that it is in a good location, has convenient hours, provides a no-wait policy, and is a bright and friendly environment for employees and their families to frequent. (Answered: Jul 2, 2012 2:20:41 PM EDT)

Question 3

The City prefers all responses to this RFP be less than 50 pages. Does this include exhibits or just the questionnaire? Is the preference to be just single-sided? (Submitted: Jul 6, 2012 11:12:54 AM EDT)

Answer

- Questionnaire. Double sided is fine. (Answered: Jul 6, 2012 11:16:20 AM EDT)

Question 4

Does pricing need to include the structural build out of the clinic? (Submitted: Jul 6, 2012 11:13:29 AM EDT)

Answer

- The pricing for each of the vendors will not be ranked on the cost of the structural build out of the clinic. However, we would like your proposal to include some general estimates for what you anticipate the cost for the structural build out to be and expect the selected vendor to be heavily involved in consulting and supervising the build out process. (Answered: Jul 10, 2012 11:42:02 AM EDT)

Question 5

Does the City want to bring Health Coaching onsite? (Submitted: Jul 6, 2012 11:14:08 AM EDT)

Answer

- The City currently has an onsite Cigna wellness coordinator who conducts Health Coaching. As explained in the RFP specifications, this individual will continue to be a Cigna employee and conduct Health Coaching, but will be housed in the Employee Health Center/Clinic. We would fully expect the Clinic staff (physician & nurse practitioner) to also be involved in Health Coaching for employees with high-risk levels or who are in the disease management program. (Answered: Jul 10, 2012 1:11:31 PM EDT)

Question 6

Is the City's preferred staffing model a part-time MD (to go full-time in 6 months), a full-time NP/PA and full time Medical Assistant? Are prospective responders able to also propose their recommended staffing model? (Submitted: Jul 6, 2012 11:15:46 AM EDT)

Answer

- In order to provide a consistent staffing model for all proposers to be put on equal footing for evaluating your costs we have asked for a part-time MD (to go full-time in 6 months), a full-time NP/PA and full time Medical Assistant. However, please feel free to recommend a second staff model you think is more appropriate for the City along with associated costs. (Answered: Jul 10, 2012 1:12:22 PM EDT)

Question 7

In the clinic design, would the City prefer a separate entry for Law Enforcement (for safety reasons)? (Submitted: Jul 6, 2012 11:16:44 AM EDT)

Answer

- The City's sworn police are not covered under the City's Cigna Health Plan. They have their own United Healthcare plan which is administered by the Fraternal Order of Police Union and are not anticipated to frequent the City's Health Center/Clinic. We do have a 200 civilian police employees along with about 400 firefighters covered under our Health Plan who will be frequenting the Health Center/Clinic. If you feel that these 600 individuals need a separate entry please provide us with documentation on the reasons and costs associated with such a special entry. (Answered: Jul 10, 2012 1:13:17 PM EDT)

Question 8

Is the City of Fort Lauderdale open to a "Cost Plus" model vs. a fixed pricing model? (Submitted: Jul 6, 2012 11:17:28 AM EDT)

Answer

- No (Answered: Jul 6, 2012 11:19:09 AM EDT)

Question 9

Will there be a "Bid Opening" date? If so, when will it be and will RFP responders be able to attend? (Submitted: Jul 6, 2012 11:18:14 AM EDT)

Answer

- Bid Opening date is found in Part II - RFP Schedule. All bid openings are open to the public. (Answered: Jul 6, 2012 11:20:31 AM EDT)

Question 10

What is the expected "Go Live" date for the City of Fort Lauderdale's clinic? (Submitted: Jul 6, 2012 11:19:00 AM EDT)

Answer

- Original projections have been for the Health Center/Clinic to go live January of 2013. However, we understand for a multitude of reasons this date might have to be pushed back. (Answered: Jul 10, 2012 1:13:59 PM EDT)

Question 11

1. Will biometrics will be included in the proposal? If so,
 - a. How many total employees are eligible for the screening?

- b. Will you offer an incentive for your employees to participate?
- c. Will you include an HRA?
- d. Have you done a screening program previously, and if so, who have you used?
- e. Will you need options to serve remote employees?
- f. Can you provide the zip codes with number of employees in each?
- g. Will you require a data feed to an HRA?
- h. If you have done a previous screening program:
- i. What was your percent participation?
- ii. Was there an incentive offered? What was the incentive?
- iii. Was the program paired with an HRA?
- i. What biometric screening measures are you interested in:
- i. Lipid (cholesterol)
- ii. Glucose
- iii. Blood Pressure
- iv. Height, Weight, BMI
- v. Waist Circumference
- j. Are you interested in any additional testing such as a HA1c, CardioCRP, Cotinine or other laboratory testing?
- k. Do you have a preference for venipuncture vs fingerstick method of screening (**Submitted: Jul 10, 2012 10:19:26 AM EDT**)

Answer

- 1. Will biometrics will be included in the proposal? If so,

A: Yes

a. How many total employees are eligible for the screening?

A: We have 1,850 eligible employees but anticipate about 1,200 to get screenings annually. These screenings will be conducted at job locations (by a subcontractor the City contracts with) but we will encourage employees to visit the Health Center/Clinic to get their screenings.

b. Will you offer an incentive for your employees to participate?

A: Yes. Management employees (400) get an annual incentive of \$500 to be part of the wellness program which requires a screening, HRA and one-on-one coaching session. Teamsters (1,000) and firefighters (400) get \$25 for their screening and HRA.

c. Will you include an HRA?

A: Yes, we use Cigna's HRA which is online.

d. Have you done a screening program previously, and if so, who have you used?

A: Yes, we have used Cigna along with local lab providers i.e. Florida Heart and HCA.

e. Will you need options to serve remote employees?

A: No, they can also access their local physician.

f. Can you provide the zip codes with number of employees in each?

A: Not for the RFP process but we will provide this to the winning vendor.

g. Will you require a data feed to an HRA?

A: No, since we're using Cigna's HRA.

h. If you have done a previous screening program:

i. What was your percent participation?

A: 1,100 employees this past year.

ii. Was there an incentive offered? What was the incentive?

A: \$500 for the total wellness program for management employees and \$25 for Teamsters and firefighters.

iii. Was the program paired with an HRA?

A: Yes, but participation in the HRA was about 25% of those getting the screening.

i. What biometric screening measures are you interested in:

i. Lipid (cholesterol)

A: Yes

ii. Glucose

A: Yes

iii. Blood Pressure

A: Yes

iv. Height, Weight, BMI

A: Yes

v. Waist Circumference

A: Yes

j. Are you interested in any additional testing such as a HA1c, CardioCRP, Cotinine or other laboratory testing?

A: Not unless you can make a good case for other tests?

k. Do you have a preference for venipuncture vs fingerstick method of screening (Submitted: Jul 10, 2012 10:19:26 AM EDT)

A: Yes, a "fingerstick" machine so the results can be given immediately to the employee. (**Answered: Jul 10, 2012 1:15:23 PM EDT**)

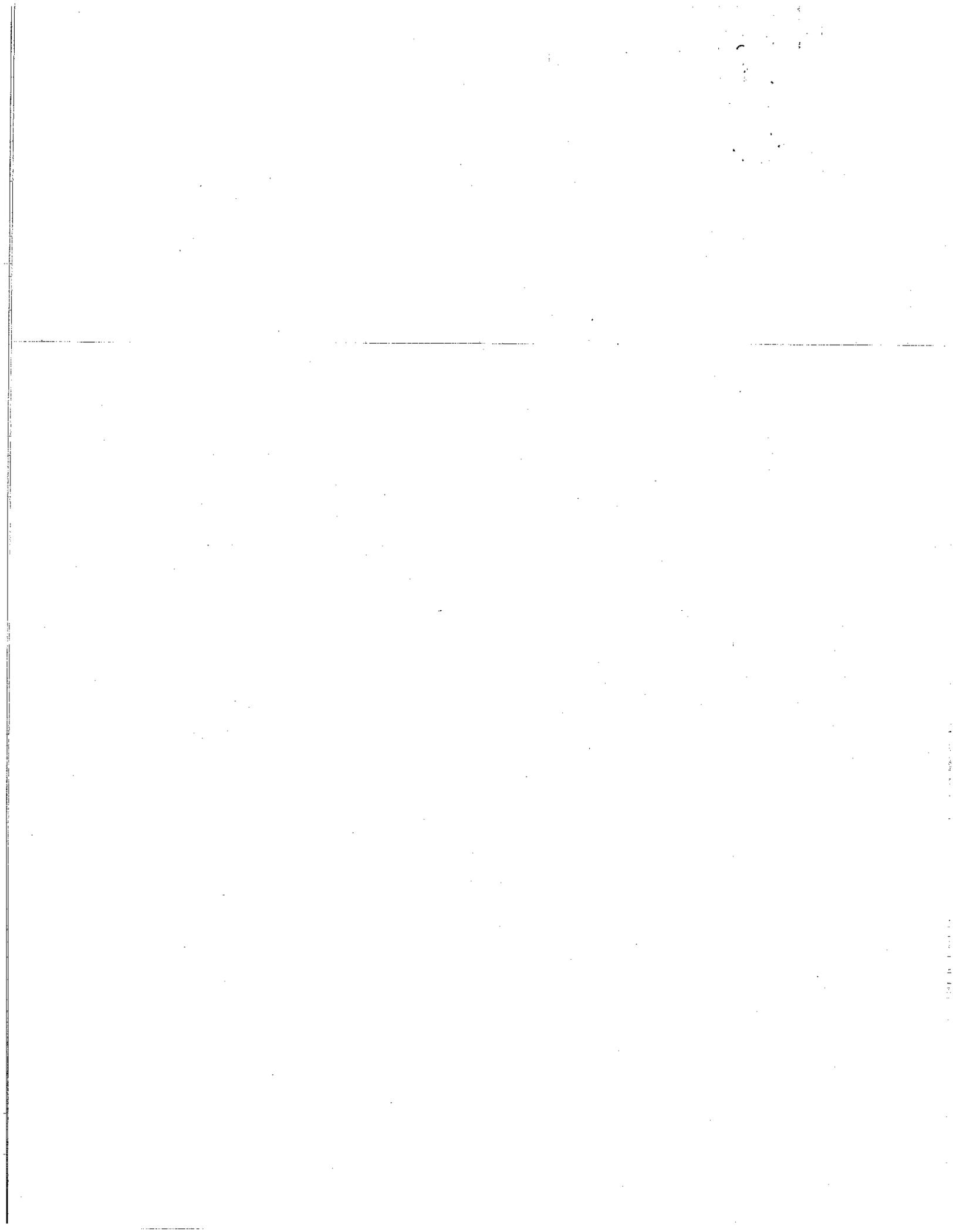
Question 12

1. It was stated in the RFP that all active employees, spouses and dependents over age 14 will be eligible to use the clinic. Can you provide a total number of eligible lives above the age of 14 that will be eligible for clinic use? (**Submitted: Jul**

10, 2012 10:21:52 AM EDT)

Answer

- No. We have approximately 1,850 employees and 4,550 total members. You can make an assumption that there are most likely 800 under the age of 14. **(Answered: Jul 10, 2012 1:18:34 PM EDT)**





Marathon Health
Response

to

Request for Proposal

for

Employee Health
Center/Clinic
Administration

City of Fort Lauderdale
RFP # 725-11022



PROPOSAL TO
CITY OF FORT LAUDERDALE
**FOR EMPLOYEE HEALTH
CENTER/CLINIC
ADMINISTRATION**



Marathon Health signing authority:
Scott Laplant, CFO
20 Winooski Falls Way, Suite 400
Winooski, VT 05404
Ph: 802-857-0400
slaplant@marathon-health.com



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Exhibits - Table of Contents:

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 - Client Reporting Package
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- Exhibit 5
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- Exhibit 6
 - Data Security Policy
- Exhibit 7
 - Marathon Health Medication List
- Exhibit 8



- Sample Communication Plan
- **Exhibit 9**
 - Training Process Description
- **Exhibit 10**
 - Notice of Privacy Practices
- **Exhibit 11**
 - Fort Lauderdale Implementation Plan
- **Exhibit 12**
 - Responsibilities for Client Members

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: Proposals must be submitted by hard copy only. It will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Services Division, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: All fields below must be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: [Signature] (signature) 7/23/12 (date)

Name (printed) Scott Laplant Title: CFO

Company: (Legal Registration) Marathon Health

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit http://www.dos.state.fl.us/).

Address: 20 Windoski Falls Way, Suite 400

City: Windoski State: VT Zip: 05404

Telephone No: 802-857-0400 FAX No: 802-857-0498 Email: jshea@marathon-health.com

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): 90-120

Payment Terms (section 1.04): NET 45 DAYS Total Bid Discount (section 1.05): N/A

Does your firm qualify for MBE or WBE status (section 1.09): MBE N/A WBE N/A

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No. Date Issued

P-CARDS: Will your firm accept the City's Credit Card as payment for goods/services?

YES [X] NO

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS. If this section does not apply to your bid, simply mark N/A in the section below.

Variations: VARIATION TO SECTION 5.10 OF GENERAL CONDITIONS

PART VII - PROPOSAL PAGES – COST PROPOSAL

Cost to the City: Contractor must quote firm, fixed, annual rate for all services identified in this request for proposal. No other costs will be accepted.

Please provide a detailed cost quote, along with a suggested payment schedule, for all services requested to implement and administer your pricing model as well as considerations for support and maintenance. We are requesting your predicted hard-dollar ROI (no soft ROI factors) for the model quoted. Cost proposal must also include a suggested payment schedule.

Failure to use the City's COST PROPOSAL Page and provide costs as requested in this RFP, may deem your proposal non-responsive.

Total Annual Cost MUST include all expenses and travel.

TOTAL ANNUAL FIRM FIXED FEE \$ 710,040.00 ANNUALLY

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

<u>NAME</u>	<u>RELATIONSHIPS</u>
_____	_____
_____	_____
_____	_____
_____	_____

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

RFP NO. 725-11022

TITLE: Employee Health Center/Clinic Administration

ATTACHMENT " A "
LOCAL BUSINESS PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local BUSINESS preference classification as indicated herein, and further certifies and agrees that it will re-affirm it's local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this RFP. Violation of the foregoing provision may result in contract termination.

is a Class A Business as defined in City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the City of Fort Lauderdale current year Business Tax Receipt and a complete list of full-time employees and their addresses shall be provided within 10 calendar days of a formal request by the City.

(1) Business Name

is a Class B Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the Business Tax Receipt or a complete list of full-time employees and their addresses shall be provided within 10 calendar days of a formal request by the City.

(2) MARATHON HEALTH, INC. Business Name

is a Class C Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

(3) Business Name

requests a Conditional Class A classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

(4) Business Name

requests a Conditional Class B classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

(5) Business Name

is considered a Class D Business as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. and does not qualify for Local Preference consideration. (Notary not required for Class "D")

(6) Business Name

PROPOSER'S COMPANY: MARATHON HEALTH, INC.

AUTHORIZED COMPANY PERSON: Scott LaPlant NAME Signature Date 7/23/12

STATE OF Vermont COUNTY OF Chittenden

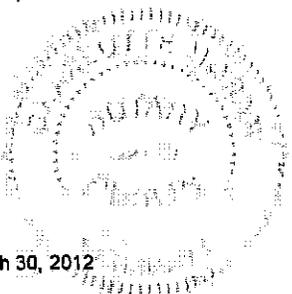
The foregoing instrument was acknowledged before me this 23 day of July, 2012 by Scott LaPlant and as CEO and respectively, of Marathon Health, Inc. They are personally known to me or have produced identification. (SEAL)

Charlotte T Moran Notary Public, State of (Signature of Notary taking Acknowledgment)

Charlotte T Moran Name of Notary Typed, Printed or Stamped

My Commission Expires: 2-10-15

Commission Number



March 30, 2012



July 23, 2012

City of Fort Lauderdale
Procurement Services Division, Room 619
100 North Andrews Ave.
Fort Lauderdale, FL 33301

Re: Letter of Interest for City of Fort Lauderdale RFP

Dear Sir or Madam,

On behalf of Marathon Health, I would like to express our appreciation for the opportunity to participate in this bid process. Marathon Health is the nation's leading provider of onsite Population Health Risk Management solutions. Our programs uniquely couple the onsite delivery of primary and occupational health care with personalized, face-to-face disease, condition and lifestyle management services. Our methodology is proven to result in improved productivity, greater adherence to evidence-based medical guidelines, significant reductions in overall costs, and sustainable clinical risk reductions amongst the populations we serve.

As the City of Fort Lauderdale is aware, more than 75% of health expenditures are directly attributable to diseases of lifestyle and chronic illness. Our comprehensive population health management solution addresses these very conditions and lifestyle behaviors and works to effectively and sustainably mitigate the impact these risks have on your healthcare costs.

Again, I thank you for the opportunity to participate in this bid process. Please do not hesitate to contact me if I can answer any questions or be of any other assistance.

Sincerely,

Jeff Shea
Executive Vice President, Sales
Marathon Health, Inc.
20 Winooski Falls Way
Winooski, VT 05404
(615) 591-0198
jshea@marathon-health.com



Executive Summary

Marathon Health appreciates the opportunity to submit this proposal to manage the City of Fort Lauderdale onsite health center. We thank you for including us in your evaluation and look forward to discussing our proposal with you in greater detail.

Supporting Fort Lauderdale's Core Values

In addition to supporting the specific cost containment and health improvement objectives listed in the RFP, our mission is much more fundamental. Simply put, our goal as a company is to help you achieve yours. This starts with providing support for your most important asset -- your people. We want to help you attract and retain the **"world class people"** you seek who embody your most important values:

- Putting the customer first
- Integrity in everything you do
- Total Associate engagement
- Continuous improvement, and
- A culture of winning

By empowering your employees and their families to address one of life's most important challenges -- sustained physical, mental and emotional health -- we help you develop the **Fort Lauderdale Heroes** who are responsible for achieving your most important corporate goals. Our business model is not focused on products but is centered on helping people live better, more productive lives. We create value for our customers by enabling their people to do great things.

The Marathon Health Difference

Marathon Health is a different kind of healthcare company. Our health centers are an important part of being healthy instead of just another option for when you are sick. To support this vision of health, our mission is to **inspire people** to lead healthier lives. In turn, we help employers stabilize healthcare costs. It's a simple equation that yields powerful results.

- We focus on creating **trusting relationships** between the Marathon Health clinicians and the employees they serve. This starts with how we recruit, train, and manage our clinical team to ensure they have the right mix of medical and coaching skills to inspire people to make dramatic, long-term health changes in their lives. We also slow down the care process, allowing clinicians to take the time they need to treat the whole person, not just a list of symptoms. Whether we are seeing someone for a sore throat, seasonal allergies, or smoking cessation, we approach each person holistically and recognize that all aspects of life—physical, emotional, financial security, overall stability—come together to influence health habits and lifestyles.
- Our **population health management** approach includes health coaching and wellness programs to ensure the healthy population stay healthy and that programs are available to help everyone maintain or improve their health. We provide the **system, tools, and support** to help people take responsibility for their own health and healthcare. We believe when people understand their health and the choices that impact their health, they get a new perspective on health—one that isn't about being sick, but rather about achieving their best possible health. The support of a knowledgeable, compassionate clinician, access to convenient high-quality care at work, and technology tools to track progress and document healthcare are key ingredients of the Marathon Health difference.



To address the health needs outlined in the RFP, as well as the services outlined as desirable in the future, Marathon Health is proposing a fully integrated suite of services and tools, as listed here.

- Primary & Preventive Care
- Limited Onsite Pharmacy
- Population Risk Identification and Outreach
- Service Integration, Referrals and Advocacy
- Health Maintenance & Personal Health Coaching
- Health Promotion
- Health Engagement Employee Portal
- Employee Communication and Incentive Management
- Comprehensive, Management Reporting
- Occupational Health Management



- We **demonstrate value** by decreasing the prevalence rates of costly risk factors such as high body mass index (BMI), blood sugar, cholesterol, and blood pressure; by helping people with chronic conditions achieve and maintain the standard of care for their condition; by decreasing utilization of emergency rooms and urgent care centers, and by decreasing the use of specialist care and inpatient hospital stays. Our proprietary technology platform helps us achieve results through identification and outreach to the medium and high risk population for early intervention. Our experience shows a 3:1 return on investment for hard dollar savings (care and medication) and 6:1 return for soft dollar measures (absenteeism, presenteeism, saved time away from work). We continually strive to improve the overall health status of your employees and, as a result, to reduce your healthcare costs.

Who Chooses Marathon Health – and Why

We are often asked if we have clients in a certain region, specific industry, particular size, or with a certain type of employee profile (white collar, blue collar, etc). The answer is that we have clients large and small, urban and rural, all over the country, and in diverse businesses from financial services and technology, to heavy manufacturing, defense contracting, and the public sector. Regardless of client type or characteristics, our model generates powerful health improvements and savings. The factors that determine success for our brand of onsite healthcare are more about a shared vision for health and a passion for influencing change on an organizational and individual level. The attributes and values that characterize the Marathon Health client base, include:

- Management, operations, and culture are aligned around health as an important business driver
- Leadership actively demonstrates support of innovative health programs
- The company displays long-term interest in the health of their employees and their families
- A desire to become or maintain a status as an “employer of choice” in the community
- A fundamental belief that the current healthcare system is broken and that new, innovative solutions are needed

At Marathon Health, we are dedicated to improving health outcomes through a more compassionate, satisfying, and patient-focused healthcare experience. Employers choose Marathon Health because they believe our shared success rests more on our ability to deliver on this promise than on where the client is located, their line of business, or the number of people they employ.

Given the core values Fort Lauderdale outlined above, we’re confident we already have the foundation for a mutually beneficial, long-term partnership. We thank you again for including us in this process and invite Fort Lauderdale to evaluate Marathon Health in this light.

Proposal Overview

We have provided pricing and savings projections that are based on our recommended staffing levels. Specifically, we are proposing a staff of .5 FTE Physician in Year 1 and 1 FTE Physician in Year 2, 1 FTE Mid-level clinician (Nurse Practitioner or Physician Assistant), and 1 FTE Certified Medical Assistant.

Service Delivery Model

Marathon Health - Scope of Services

Primary Care Case & Referrals Management	
• Preventive and Primary Care Services	Included in Fixed Fee
• Vendor & Provider Coordination and Referral Management	Included in Fixed Fee
<i>Referrals to Network Care Providers: Primary Care, Specialist, Lab, Imaging</i>	Included in Fixed Fee
<i>Protocol Directed Referrals to EAP, Telephonic Coaching, Telephonic DM, Nurse Line, Carrier, Etc</i>	Included in Fixed Fee
<i>PCP & Specialist Care Coordination / Co-Monitoring and Data Share (Telephonic, EMR / PHR)</i>	Included in Fixed Fee
<i>Community Provider and Health Services Integration</i>	Included in Fixed Fee
• Follow Up & Continuing Care	Included in Fixed Fee
• Patient Education & Counseling	Included in Fixed Fee
• Medication Compliance Counseling	Included in Fixed Fee
• High Risk Patient Tracking	Included in Fixed Fee
• Care Gap Analysis	Included in Fixed Fee
Primary / Acute Care Services	
• Assessment / Triage in Urgent and Emergency Situations	Included in Fixed Fee
• Basic Life Support (CPR)	Included in Fixed Fee
• Primary Care	Included in Fixed Fee
• Urgent Care	Included in Fixed Fee
<i>Infections</i>	Included in Fixed Fee
<i>Sprains</i>	Included in Fixed Fee
<i>Strains</i>	Included in Fixed Fee
<i>Sore Throat</i>	Included in Fixed Fee
<i>Headache</i>	Included in Fixed Fee
<i>Rashes</i>	Included in Fixed Fee
<i>Gastrointestinal Symptoms</i>	Included in Fixed Fee
• Monitoring Patient Condition	Included in Fixed Fee
• Referral to Physical Therapy	Included in Fixed Fee
• Prescription Management: Prescribing / ePrescribing / Single-Dose OTCs	Included in Fixed Fee
• Annual Exams and Screenings, including lab draws (excludes external lab processing)	Included in Fixed Fee
• Ear Canal Lavage	Included in Fixed Fee
• Pulse Oximetry	Included in Fixed Fee
• Well Care (Female / Male), including lab draws (excludes external lab processing)	Included in Fixed Fee
• Pregnancy Support & Education	Included in Fixed Fee
• Administration of Vaccinations, Immunizations & Allergy Shots	Included in Fixed Fee
• Vaccines	Separate charge at Pass Through Cost
• Flu Shots	Separate charge
• Blood Pressure Checks	Included in Fixed Fee
• Lab Draws	Included in Fixed Fee
• Primary Care Chronic Disease / Condition Management	Included in Fixed Fee
• Preventive Care / Wellness Services	Included in Fixed Fee
• Patient Education	Included in Fixed Fee
• Self-Monitoring Program Assistance	Included in Fixed Fee
• Injury Prevention Counseling	Included in Fixed Fee

Marathon Health - Scope of Services

• Lifestyle Modification Advice & Counseling	Included in Fixed Fee
• Nutritional Consultations	Included in Fixed Fee
• Medical Consultation Services	Included in Fixed Fee
• Vendor & Provider Coordination and Referral Management	Included in Fixed Fee
• Arrange Transportation for Ill or Injured Employees	Included in Fixed Fee
• Bio-Hazardous Waste Management & Removal	Included in Fixed Fee
• Patient Satisfaction Surveys	Included in Fixed Fee
Onsite Standard Labs (CPT Waived)	
• Glucose (excludes mass population testing)	Included in Fixed Fee
• Cholesterol / Lipid Panel (excludes mass population testing)	Included in Fixed Fee
• Rapid Strep Test	Included in Fixed Fee
• Urinalysis, Dipstick Test	Included in Fixed Fee
• Pregnancy Test, Urine	Included in Fixed Fee
• Occult Blood, Fecal for Stool Guaiac Test	Included in Fixed Fee
• Hemoglobin A1C	Included in Fixed Fee
Population Risk Stratification of 3rd Party Data	
• Mapping HRA (Can Map Carrier / 3rd Party HRA Data to EMR / PHR Systems)	Included in Fixed Fee.
• Mapping Biometric Testing (Can Map Carrier / 3rd Party Biometric Data to EMR / PHR Systems)	Included in Fixed Fee.
• Detailed Claims Analysis	Included in Fixed Fee.
Protocol Directed & Evidence Based Clinical Disease Management (Face to Face Delivery)	
• Coronary Artery Disease	Included in Fixed Fee.
• Diabetes	Included in Fixed Fee.
• Asthma	Included in Fixed Fee.
• Hypertension	Included in Fixed Fee.
• Congestive Heart Failure	Included in Fixed Fee.
• Obesity	Included in Fixed Fee.
• Back Pain	Included in Fixed Fee.
• Allergies	Included in Fixed Fee.
• Stress & Depression	Included in Fixed Fee.
• Peripheral Artery Disease	Included in Fixed Fee.
• CVA (Stroke)	Included in Fixed Fee.
• Migraines	Included in Fixed Fee.
• GERD	Included in Fixed Fee.
• Peptic Ulcer Disorder	Included in Fixed Fee.
• Inflammatory Bowel Disease	Included in Fixed Fee.
• Osteopenia	Included in Fixed Fee.
• Rheumatoid Arthritis	Included in Fixed Fee.
• Osteo arthritis	Included in Fixed Fee.
• Chronic Kidney	Included in Fixed Fee.
• Stress & Depression	Included in Fixed Fee.
• Protocol Directed Referral to 3rd Party / Carrier Based Disease & Condition Management Programs	Included in Fixed Fee.
Onsite Lifestyle Management (LIM), Wellness and Health Promotion	
• HRA: Online (Health History, Medications, Family Medical History, Health Practices, Exercise, Diet & Nutrition, Readiness)	Included in Fixed Fee.

Marathon Health - Scope of Services	
• HRA: Paper (Health History, Medications, Family Medical History, Health Practices, Exercise, Diet & Nutrition, Readiness)	Included in Fixed Fee.
• Biometric Testing: Mass Population	Separate charge
• Biometric Testing: Individual	Included in Fixed Fee.
• Stage of Change Assessment (Transtheoretical Model)	Included in Fixed Fee.
• Employ Motivational Interviewing Techniques Through Coaching Process	Included in Fixed Fee.
• Employ Mindfulness Through Coaching Process	Included in Fixed Fee.
• Comprehensive Health Review & Exams	Included in Fixed Fee.
• Risk Reduction Goal Setting and Follow Up	Included in Fixed Fee.
• Face to Face Individual Lifestyle Management Coaching & Counseling	Included in Fixed Fee.
<i>Weight Management, Fitness & Nutrition</i>	Included in Fixed Fee.
<i>Cholesterol</i>	Included in Fixed Fee.
<i>Stress & Depression</i>	Included in Fixed Fee.
<i>Tobacco Cessation</i>	Included in Fixed Fee.
<i>Pre-Diabetes</i>	Included in Fixed Fee.
<i>Pre-Hypertension</i>	Included in Fixed Fee.
• Protocol Directed Referral to 3rd Party / Carrier Based Telephonic & Web Based Lifestyle Management Programs	Included in Fixed Fee.
• Group Lifestyle Management Classes, Support & Challenges	Included in Fixed Fee.
<i>Weight Management, Fitness & Nutrition</i>	Included in Fixed Fee.
<i>Cholesterol</i>	Included in Fixed Fee.
<i>Stress & Depression</i>	Included in Fixed Fee.
<i>Tobacco Cessation</i>	Included in Fixed Fee.
<i>Pre-Diabetes</i>	Included in Fixed Fee.
<i>Pre-Hypertension</i>	Included in Fixed Fee.
• Protocol Directed Referral to 3rd Party / Carrier Based Telephonic & Web Based Lifestyle Management Programs	Included in Fixed Fee.
• Blood Pressure Screening Events	Included in Fixed Fee.
• Pre-Packaged Annual Health Promotions (Calendar of Events)	Included in Fixed Fee.
<i>Weight Loss / Biggest Loser Contest</i>	Included in Fixed Fee.
<i>Heart Health Lunch & Learn</i>	Included in Fixed Fee.
<i>High Blood Pressure Lunch & Learn</i>	Included in Fixed Fee.
<i>Cancer Control Lunch & Learn</i>	Included in Fixed Fee.
<i>Arthritis Lunch & Learn</i>	Included in Fixed Fee.
<i>Diabetes Lunch & Learn</i>	Included in Fixed Fee.
<i>Sun Care / Summer Safety Lunch & Learn</i>	Included in Fixed Fee.
<i>Back Health Lunch & Learn</i>	Included in Fixed Fee.
<i>Cholesterol Lunch & Learn</i>	Included in Fixed Fee.
• Group Walking Programs & Challenges	Included in Fixed Fee.
• Fitness Center Coordination (Where Available)	Included in Fixed Fee.
• Patient / Member Health Education	Included in Fixed Fee.
<i>Cold and Flu</i>	Included in Fixed Fee.
<i>Understanding carbohydrates</i>	Included in Fixed Fee.
<i>Healthy Living 101</i>	Included in Fixed Fee.
<i>Fad Diets</i>	Included in Fixed Fee.
<i>Nutrition facts and label reading</i>	Included in Fixed Fee.

Marathon Health - Scope of Services	
<i>Cholesterol</i>	Included in Fixed Fee.
<i>Diabetes</i>	Included in Fixed Fee.
<i>Stress workshops</i>	Included in Fixed Fee.
<i>Exercise</i>	Included in Fixed Fee.
Web-Based Lifestyle Management (LIM), Wellness and Health Promotion (See: DHR)	
• Multi-Week Self Directed Wellness Workshops	Included in Fixed Fee.
<i>Diabetes Prevention</i>	Included in Fixed Fee.
<i>Cardiovascular Disease Prevention</i>	Included in Fixed Fee.
<i>Nutrition</i>	Included in Fixed Fee.
<i>Exercise</i>	Included in Fixed Fee.
• Interactive Diet & Nutrition Tools	Included in Fixed Fee.
<i>Progress To Goal</i>	Included in Fixed Fee.
<i>Weight Tracking</i>	Included in Fixed Fee.
<i>Health Log</i>	Included in Fixed Fee.
<i>Food Log</i>	Included in Fixed Fee.
<i>Recipes</i>	Included in Fixed Fee.
<i>Meal Planning</i>	Included in Fixed Fee.
<i>Diet Analysis</i>	Included in Fixed Fee.
<i>Nutritional Needs Calculator</i>	Included in Fixed Fee.
• Interactive Fitness & Exercise Tools	Included in Fixed Fee.
<i>Personalized Exercise Plans</i>	Included in Fixed Fee.
<i>Cardio Log</i>	Included in Fixed Fee.
<i>Strength Training Log</i>	Included in Fixed Fee.
<i>Pedometer Tracker</i>	Included in Fixed Fee.
<i>Exercise Sample & Instructional Videos</i>	Included in Fixed Fee.
<i>Body Measurements</i>	Included in Fixed Fee.
• Interactive Fitness & Exercise Tools (Healthwise Knowledgebase)	Included in Fixed Fee.
• Interactive Lifestyle Checkup Tools (Healthwise Knowledgebase)	Included in Fixed Fee.
• Pregnancy Tools (Healthwise Knowledgebase)	Included in Fixed Fee.
• Searchable Health Topics (Healthwise Knowledgebase)	Included in Fixed Fee.
• Categorical Health Learning Center (Healthwise Knowledgebase)	Included in Fixed Fee.
• Featured Monthly Health Articles	Included in Fixed Fee.
• Wellness Library Articles	Included in Fixed Fee.
<i>Fitness</i>	Included in Fixed Fee.
<i>Nutrition</i>	Included in Fixed Fee.
<i>Preventive</i>	Included in Fixed Fee.
Occupational Health & Medicine	
• First Treatment of Work Related Injuries	Included in Fixed Fee.
• Orthopedic Injuries (Sprains & Strains)	Included in Fixed Fee.
• Travel Medicine	Included in Fixed Fee.
• Work Related Exams and Physicals (DOT) (excludes external lab processing)	Included in Fixed Fee if Service is Requested.
• Medical Surveillance (excludes external lab processing)	Included in Fixed Fee if Service is Requested.
• Return to Work & Fitness for Duty Exams (excludes external lab processing)	Included in Fixed Fee if Service is Requested.

Marathon Health - Scope of Services	
• Urine Collection for Drug Screening	Included in Fixed Fee if Service is Requested.
• Breath Alcohol Testing	Included in Fixed Fee if Service is Requested.
• Audiometric Testing	Included in Fixed Fee if Service is Requested.
• Respiratory Physicals (qualitative)	Included in Fixed Fee if Service is Requested.
Medication	
• Onsite prepackaged pharmaceutical dispensing	Included in Fixed Fee if Service is Requested.
• Prepackaged pharmaceuticals	Separate charge at Pass Through Cost
• Facilitate Concierge Rx Services	Included in Fixed Fee.
• OTC Medications (Single-Dose)	Included in Fixed Fee.
• Medication Management	Included in Fixed Fee.
• First Fill Adherence / Compliance Counseling	Included in Fixed Fee.
• Drug Utilization Review	Included in Fixed Fee.
• ePrescribing / PBM Data Integration	Included in Fixed Fee.
Technology	
Electronic Medical Record	
• Proprietary EMR for Clinicians	Included in Fixed Fee.
• Claims Data Integration	Included in Fixed Fee.
• Biometric Data Integration	Included in Fixed Fee.
• HRA Data Integration	Included in Fixed Fee.
• Risk Stratified Patient Lists for Proactive Outreach to At Risk / Chronic Members	Included in Fixed Fee.
• Ability to Capture and Track Member Clinical Results Over Time	Included in Fixed Fee.
• Provider Schedules	Included in Fixed Fee.
• Workflow Support with "To Do" Lists for Clinicians	Included in Fixed Fee.
• Clinical Note Documentation	Included in Fixed Fee.
• Encounter Completion (ICD-9 and CPT Codes)	Included in Fixed Fee.
• Disease Management Protocols	Included in Fixed Fee.
• Evidence Based Decision Support Tools & Logic (PKC)	Included in Fixed Fee.
• Reporting to Stratify Employee Population and Documentation of Follow Up Care	Included in Fixed Fee.
• Fully Integrated with Personal Health Record	Included in Fixed Fee.
• Secure Web Messaging to Members / Patients	Included in Fixed Fee.
• Scanned Document Storage (Labs, XRay, Etc)	Included in Fixed Fee.
Personal Health Record (See Web Based LM)	
• Proprietary PHR for Members	Included in Fixed Fee.
• Wellness Profile & Scorecard	Included in Fixed Fee.
• Personalized Health Improvement Plans	Included in Fixed Fee.
• Fitness & Nutrition Trackers	Included in Fixed Fee.
• Registered Dieticians and Fitness Trainers	Included in Fixed Fee.
• Personalized Wellness Initiatives and Instructions	Included in Fixed Fee.
• Secure Web Messaging to Onsite Clinicians	Included in Fixed Fee.
• Integrated Decision Support Tools (PKC)	Included in Fixed Fee.

Marathon Health - Scope of Services

• Searchable Consumer Health Information (Healthwise Knowledgebase)	Included in Fixed Fee.
• Electronic Appointment Scheduling (Acute, Primary, Occ, Coaching, DM)	Included in Fixed Fee.
• Customized Links to Client Partners (Carrier, EAP, Wellness, HR)	Included in Fixed Fee.
• Customized Content Based Upon Client Needs (Newsletter, Carrier, Etc)	Included in Fixed Fee.
Evidence Based Decision Support Tools & Logic (Integrated Problem Knowledge Couplers)	
• Abdominal Pain Diagnosis	Included in Fixed Fee.
• Abnormal Vaginal Bleeding Diagnosis	Included in Fixed Fee.
• Acid Reflux Disease Management	Included in Fixed Fee.
• Acne Management	Included in Fixed Fee.
• Acute Low Back Pain Triage	Included in Fixed Fee.
• Adolescent Wellness Visit: 11 to 17 Years	Included in Fixed Fee.
• Advance Directives: Living Will and Healthcare Proxy	Included in Fixed Fee.
• Angina and Stable Coronary Heart Disease Management	Included in Fixed Fee.
• Asthma Management	Included in Fixed Fee.
• Birth Control Choices	Included in Fixed Fee.
• Blood in Urine Diagnosis	Included in Fixed Fee.
• Carpal Tunnel Syndrome Management	Included in Fixed Fee.
• Chest Pain Diagnosis	Included in Fixed Fee.
• Cholesterol and Triglycerides Management	Included in Fixed Fee.
• Computer Workstation Ergonomics	Included in Fixed Fee.
• Constipation Diagnosis	Included in Fixed Fee.
• COPD Management	Included in Fixed Fee.
• Cough Diagnosis	Included in Fixed Fee.
• Current Problem Profile	Included in Fixed Fee.
• Depression / Anxiety Diagnosis	Included in Fixed Fee.
• Diabetes Management	Included in Fixed Fee.
• Diarrhea Diagnosis	Included in Fixed Fee.
• Dizziness or Vertigo Diagnosis	Included in Fixed Fee.
• Ear Problem Diagnosis	Included in Fixed Fee.
• Elbow Problem Diagnosis	Included in Fixed Fee.
• Enlarged Prostate (BPH) Management	Included in Fixed Fee.
• Erectile Dysfunction Diagnosis	Included in Fixed Fee.
• Erectile Dysfunction Management	Included in Fixed Fee.
• Exercise for Health	Included in Fixed Fee.
• Eye Problem Profile	Included in Fixed Fee.
• Failure to Thrive Diagnosis in Children Aged 2 to 5	Included in Fixed Fee.
• Fainting Diagnosis	Included in Fixed Fee.
• Fatigue Problem Profile	Included in Fixed Fee.
• Female Infertility Diagnosis	Included in Fixed Fee.
• Female Urinary Problems Diagnosis	Included in Fixed Fee.
• Foot and Ankle Problem Diagnosis	Included in Fixed Fee.
• Hand or Wrist Problem Diagnosis	Included in Fixed Fee.
• Headache Diagnosis	Included in Fixed Fee.
• Health History Screening	Included in Fixed Fee.
• Healthy Eating	Included in Fixed Fee.
• Heart Failure Diagnosis	Included in Fixed Fee.

Marathon Health - Scope of Services

• Heart Failure Management	Included in Fixed Fee.
• High Blood Pressure Diagnosis	Included in Fixed Fee.
• High Blood Pressure Management	Included in Fixed Fee.
• Hip, Groin or Buttock Problem Diagnosis	Included in Fixed Fee.
• Hives Diagnosis	Included in Fixed Fee.
• International Travel Health	Included in Fixed Fee.
• Itching Diagnosis	Included in Fixed Fee.
• Joint Pain Diagnosis	Included in Fixed Fee.
• Knee Arthritis Management	Included in Fixed Fee.
• Knee Problem Diagnosis	Included in Fixed Fee.
• Low Back Pain Diagnosis	Included in Fixed Fee.
• Memory Problem or Confusion Diagnosis	Included in Fixed Fee.
• Menopause Management	Included in Fixed Fee.
• Mental Health Screening	Included in Fixed Fee.
• Migraine Management	Included in Fixed Fee.
• Mouth Problem Profile	Included in Fixed Fee.
• Multiple Sclerosis Management	Included in Fixed Fee.
• Muskuloskeletal Screening: Strength, Flexibility, Posture	Included in Fixed Fee.
• Nasal Allergies Management	Included in Fixed Fee.
• Neck Problem Profile	Included in Fixed Fee.
• Older Adult Wellness and Health Review	Included in Fixed Fee.
• Palpitations Problem Profile	Included in Fixed Fee.
• Pediatric Back Pain Diagnosis	Included in Fixed Fee.
• Pediatric Chronic Cough Diagnosis	Included in Fixed Fee.
• Pediatric Enlarged Lymph Node Diagnosis	Included in Fixed Fee.
• Pediatric Joint Pain Diagnosis	Included in Fixed Fee.
• Pediatric Overweight Diagnosis	Included in Fixed Fee.
• Pediatric Weight Management	Included in Fixed Fee.
• Periodic Health Evaluation Screening	Included in Fixed Fee.
• Physical Exam Screening	Included in Fixed Fee.
• Preconception Guidance	Included in Fixed Fee.
• Preparing for Your Operation	Included in Fixed Fee.
• Ringing in the Ear or Other Sound Sensation Diagnosis	Included in Fixed Fee.
• Risk Assessment for Breast Cancer	Included in Fixed Fee.
• Risk Assessment for Colorectal Cancer	Included in Fixed Fee.
• Risk Assessment for Diabetes	Included in Fixed Fee.
• Risk Assessment for Heart Disease	Included in Fixed Fee.
• Runny or Stuffy Nose Diagnosis	Included in Fixed Fee.
• Shortness of Breath Diagnosis	Included in Fixed Fee.
• Shoulder Problem Diagnosis	Included in Fixed Fee.
• Sleep Problem Diagnosis	Included in Fixed Fee.
• Snoring Diagnosis	Included in Fixed Fee.
• Sore Throat or Other Throat Pain Diagnosis	Included in Fixed Fee.
• State Required Newborn Screening Tests	Included in Fixed Fee.
• Stress Management	Included in Fixed Fee.
• Swallowing Problem Diagnosis	Included in Fixed Fee.

Marathon Health - Scope of Services	
• Tobacco: How to Quit	Included in Fixed Fee.
• Tremor of Shaking Diagnosis	Included in Fixed Fee.
• Upper Respiratory Symptoms Profile	Included in Fixed Fee.
• Urinary Incontinence Diagnosis	Included in Fixed Fee.
• VA HRAI Prototype	Included in Fixed Fee.
• Vaginal Vulvar Problem Diagnosis	Included in Fixed Fee.
• Vomiting Diagnosis	Included in Fixed Fee.
• Weight Management	Included in Fixed Fee.
• Well Child Visit: 1 Week to 10 Years	Included in Fixed Fee.
• Wellness and Health Review	Included in Fixed Fee.
Primary Care & DM/UM Reporting	
• Clinic Utilization	Included in Fixed Fee.
• Unique patients seen	Included in Fixed Fee.
• Number of encounters	Included in Fixed Fee.
• Top reasons for clinic visit	Included in Fixed Fee.
• Top diagnoses	Included in Fixed Fee.
• Participation levels	Included in Fixed Fee.
• Clinic encounters	Included in Fixed Fee.
• Diagnoses	Included in Fixed Fee.
• Prescriptions written	Included in Fixed Fee.
• Medication dispensed	Included in Fixed Fee.
• Value of Primary Care delivered	Included in Fixed Fee.
• Employees with chronic condition at standard of care	Included in Fixed Fee.
• Employees with health risk and / or pre-disease	Included in Fixed Fee.
• Employees making progress toward health goals	Included in Fixed Fee.
• Excess cost associated with risk profile	Included in Fixed Fee.
• Savings associated with change to risk profile	Included in Fixed Fee.
• Population risk profile	Included in Fixed Fee.
• Risk prevalence vs. targets	Included in Fixed Fee.
• Patient satisfaction	Included in Fixed Fee.
• Client satisfaction	Included in Fixed Fee.
• Incidence and prevalence of disease in population	Included in Fixed Fee.
• Population based penetration rates	Included in Fixed Fee.
• Projected savings for risk reduction and mitigation	Included in Fixed Fee.
• Key indicators vs Group Health Norm	Included in Fixed Fee.
Clinic Medical Equipment	
• Exam Tables, Centrifuges, Colestech Machines, etc.	Included in Fixed Fee.
Supplies	
• All Marathon Health standard medical office supplies (bandages, gauze, tape, q-tips, etc)	Included in Fixed Fee.
• Administrative Supplies (pens, paper, prescription pads, etc)	Included in Fixed Fee.
Member Communications	
• Printing costs for all standard marketing materials	Included in Fixed Fee.
• Co-branding of materials	Included in Fixed Fee.
• Custom Communications	Separate charge
Clinic Management	

Marathon Health - Scope of Services

- All clinic management, account management, etc

Included in Fixed Fee.

RFP 725-11022
Proposer Questionnaire

General Organization

Explain the ownership structure of your company and include the following information:

1. Type of entity (corporation, partnership, Limited Liability Company, sole proprietorship, etc.)

Marathon Health, Inc. was founded in 2005 by Richard E. Tarrant. With his partner Robert Hoehl, Mr. Tarrant founded IDX Systems Corporation, one of the nation's largest healthcare IT solution providers, which sold in 2005 to GE Healthcare for \$1.2 billion. Mr. Tarrant and a number of long-term IDX management personnel joined forces at Marathon Health to continue the tradition of building successful companies.

Marathon Health is privately-held with the majority of equity interest maintained by Tarrant, the Robert Hoehl Family Trust, and members of the executive management team. At Marathon Health, the focus is on responsible growth through superior customer service and product excellence.

Marathon Health, headquartered in Winooski, VT, has 150 total employees and maintains regional sales/account management offices in Chattanooga, Chicago, Denver, Nashville and Naples, Fla. We operate 99 facilities across 30 states. Our clients are in urban, suburban and rural locations, and employ both white and blue collar populations.

2. Full legal name of the entity

Marathon Health, Inc.
20 Winooski Falls Way, Suite 400
Winooski, VT 05404

3. Full legal name of the parent, if the company is an affiliate of another company

We are a private corporation and have no parent company.

4. State in which the company was incorporated or formed and when

Marathon Health was incorporated in 2005 in Delaware.

5. Primary location (city and state)

Winooski, Vermont

6. Headquarters location of the parent, if the company is an affiliate of another company

N/A

7. State(s) in which the company is qualified to do business

We are a national provider of onsite health service, currently operating in 30 states, including California, Alabama, Michigan, Minnesota, Tennessee, Vermont, New Hampshire, Maine, Utah, New York, New Jersey, North Carolina, South Carolina, Florida, Georgia, Maryland, Pennsylvania, Virginia, Illinois, Massachusetts, Colorado, Texas, Ohio, Nevada, Kentucky, Nebraska, New Mexico, Oklahoma, Louisiana and Washington, DC, and continue expansion into other geographic markets.

8. Tax identification number

Our tax identification number is 26-0103977

9. Number of full-time employees

We have 150 employees

10. Provide a copy of your company's organization chart for employer clinic services.

Please reference Exhibit 1: Account Management Bios and Org Chart

11. What is the status of your license to operate clinics in each state in the country? Are you compliant with Clinical Laboratory Improvement Amendment (CLIA) guidelines in each of these states?

We are licensed to operate clinics in every state in which we do business, including Florida. Yes, we are compliant with CLIA guidelines in each state. Marathon Health clinicians perform CLIA-waived tests.

12. Provide a brief overview of your company including the length of time in business, its history, strategy and markets.

As stated previously, Marathon Health incorporated in 2005, though we didn't actively begin selling our programs until early 2007. All revenue generated by Marathon Health is derived exclusively and directly from our clients in the form of fees for implementing and operating onsite health centers. Our customers currently range in size from as small as 150 to 76,000 employees, spanning various industries such as athletic shoes and apparel, hair care/retail products, medical devices, technology, construction, government, finance, defense contractors and other health services providers. Our primary business is the provision of onsite primary/acute care services, as well as risk identification, health coaching, onsite Rx and lifestyle risk reduction programs.

13. Provide copies of the following financial statement for the last three (3) fiscal years:

- Most current annual report
- Most recent interim financial report

Marathon Health, Inc. is a stand-alone operating company, which has no parent or subsidiaries and a strong capital structure. We are privately-held with the majority of equity interests maintained by our founders, Richard Tarrant and Robert Hoehl, and several members of our executive management team. There are no private equity investors in Marathon Health, which we view as a significant competitive advantage enabling us to focus on the needs of our clients and make the appropriate short and long term investments based on our clients' needs and objectives. We typically do not release financial information during the RFP process; however, we would be open to discussing our financial viability upon selection as a finalist.

14. Submit a copy of your company's detailed Disaster and Business Recovery plans. Specify frequency of testing and date last tested.

Marathon Health performs system backups on a daily basis. Backup media is sent off site through a national third party offsite storage vendor. All data sent offsite is stored in an encrypted format. Weekly tests are conducted to confirm the restorability of the offsite media. Disaster recovery is performed on an annual basis. The disaster recovery process is tested when any significant changes occur within the Marathon Health technology environment. Marathon Health employs a third party consultant to conduct external penetration tests against the environment. The last disaster recovery test was performed in December 2011. No vulnerabilities or security issues have been identified and no remediation has been recommended or required.

Marathon Health has an incident response procedure as required by the HIPAA security ruling. The procedure ensures that the incident is properly identified, contained, mitigated and that services are restored as quickly as possible. A post-mortem analysis is conducted on each incident to ensure that the problem has been understood and steps put in place to prevent a future occurrence.

15. Submit a copy of your company's detailed Data Security Policies and Procedures.

The Risk Analysis process for Marathon Health is modeled after the methodology and guidelines published by the National Institute of Standards and Technology (NIST) in the Special Publication 800-30 "Risk Management Guide for Information Technology Systems." This standard framework follows generally-accepted best practices upon which the HIPAA standards are based. All Marathon Health employees are required to complete HIPAA privacy and security training upon initial employment and annually thereafter.

The Marathon Health Privacy Policy includes:

- Requiring a Business Associate Agreement with any third party that requires identifiable health information
- Disclosing only the minimum amount of PHI with other healthcare providers or business associates as is necessary to perform treatment or healthcare operations
- Maintaining a paperless record system. Our electronic medical record is data encrypted and contained behind a Secure socket Layer (SSL)
- Using only a secure messaging system to communicate with clinic participants

Specific controls include:

- Device encryption for mobile and desktop computing
- PGP encryption of files transferred between vendors/partners

- AES encryption for data at rest including off-site backup storage
- Routine security awareness training and reminders
- Rigorous account lock out policies
- Daily security vulnerability scans
- Role based security
- Strict patch management for all systems

16. Provide profiles of staff within your company that would be assigned to the City account.

Please reference Exhibit 1: Account Management Bios and Org Chart

17. Describe how the City relationship would be managed if your firm were selected as the successful vendor.

Marathon Health will finalize both an implementation team and ongoing account management team as soon as we are named vendor of choice. The implementation team will consist of unit leaders in various internal positions (Director of IT, Communications, Recruiting/Training, etc), and will have an overall project manager. Jeff Shea, Executive Sales VP, will remain heavily involved both during implementation and after the account goes live. The account manager, who sometimes also serves as the initial project manager, will also be involved from the outset. We will have a formal kick-off meeting at the City of Fort Lauderdale site, then set up weekly conference calls throughout the implementation and for a month following clinic launch.

The account manager will present monthly reports to the client and conduct face-to-face meetings as needed throughout the year. We will usually have at least 3-4 in the first year. The client will retain access to department heads and Marathon Health senior management. We will periodically brief The City of Fort Lauderdale's internal team regarding health center metrics such as utilization, savings, clinical trends, patient satisfaction, etc. We believe in passionate support of our clients and their employees/members. We are caring, flexible and responsive.

18. How many employer clinics have you operated in the past twenty-four (24) months? How many that you managed have closed in the past twenty-four (24) months? Please list and provide the reason for closure. In the past five (5) years, how many in-house managed employer clinics have you taken over?

We currently provide onsite clinic services including primary care, health coaching, disease management, and pharmacy at 99 employer sites.

We have had two one-year pilot projects close. They did not renew beyond the one-year term due to budgetary reasons. One was with Healthways in Nashville. Healthways is the largest global provider of telephonic disease management solutions. They remain a strategic national partner and are a willing reference on our behalf. The other was a pilot with the Federal Government's Office of Personnel Management, GSA and Dept. of Interior. A reference letter is available upon request.

We have taken over numerous health center operations from other vendors in the past 2 years. We greatly value the privacy and confidentiality of our customers and do not feel it is appropriate to disclose for

which clients this applies. We will be happy to discuss the "scenarios" under which this took place upon selection as a finalist. As mentioned previously, we have never lost a client to a competitor.

Please note how many of these clinics are in Florida?

We have six clinics in Florida.

19. Please provide blinded samples of ALL standard reports that the City will be offered as part of the quoted fees. Your reporting package will be evaluated as part of the RFP response review and vendor selection process.

Please reference Exhibit 2: Client Reporting Package.

20. Please provide a list of government and public-sector clients and the length of time that you have served them.

Our customers currently range in size from as small as 150 to 76,000 employees, spanning various industries such as government, retail, manufacturing, technology, construction, finance, defense contractors and other health services providers. We would be happy more details about our public-sector clients up selection as vendor of choice.

21. Provide the current number of clinics managed by type:

Retail/free-standing full-time	NA
Retail/free-standing part time	NA
Employer worksite full-time	26
Employer worksite part-time	73

22. Please describe your partners and other third parties or subcontractors with whom you collaborate for provision of services outlined in this RFP. Along with your description, complete the table below to include the following information about your partners or subcontractors:

Company	Number of Years Providing Clinic Services to Employers	Number of Employees	Location of Headquarters
US Wellness	12		Germantown, MD
A-S Medications	20+		Libertyville, IL

23. For lab testing that is outsourced, please identify and describe any business relationships, established protocols, and discounts.

For non-CLIA waived tests or ancillary lab work Marathon Health has established relationships with third party service providers including Lab Corp. and Quest, though we have the ability to work with any vendor of your choice.

24. For diagnostic imaging that is outsourced, please identify and describe any business relationships and established protocols.

We typically work with a designated diagnostic imaging lab within the community that is in-network under the carrier's plan. We are able to scan images and/or notes into the medical record for permanent keeping. The firms we do business with vary depending on the local community resources.

25. How is the patient experience provided by your managed clinics different from the typical patient experience in at other community medical facilities?

The entire patient experience is different at Marathon Health. We have sophisticated tools that allow us to identify the patients within the population who have either chronic diseases, underlying health risks, or both. We are proactive in our patient outreach and experts in engaging employees/dependents on a long-term path toward health improvement and behavior change. We have convenient web-based tools that allow patients to send secure email to their provider, schedule an appointment online, view/print their Personal Health Record, access evidence-based medical information and review consumer content.

Our health centers themselves typically do not resemble more cold/sterile provider offices often found in the community. Colors are warm and inviting, the spaces are bright and pleasant, and the entire flow of the health center is focused on the patient experience. The furniture often more closely resembles the look and feel of the rest of the employer's office space, rather than a "medical facility."

Finally, the WAY we deliver care is different. First, the staff we hire will all be formally approved by The City of Fort Lauderdale to ensure they match the culture and values most important to your organization. Beyond having the necessary training and skill set, the clinician needs to work well in your environment and be able to engage patients in a path toward health improvements. The patient population in a New York law firm would likely be very different than that of a Midwest manufacturer. The clinical team needs to be proactive, entrepreneurial and compassionate. We allow The City of Fort Lauderdale the opportunity to match the skills of the clinician to the needs of your employees and their families. The importance of selecting the right clinical staff for The City of Fort Lauderdale cannot be underestimated.

We also heavily utilize the concept of Motivational Interviewing as a compassionate and empathetic way of understanding each individual and their particular concerns. We listen, provide feedback and guidance, and jointly develop health improvement plans with our patients. We deliberately slow down the health care encounter process so that we can fully dedicate ourselves to the needs and concerns of the individual (our ideal visit volume is 12 per clinician per day). Even during a routine primary or acute care visit, we use every encounter as a listening and teaching opportunity. We gain buy-in for sustainable, meaningful health improvement and empower members to take control of their own health. We focus on the whole person, not just on their presenting symptoms. This is how we ensure patient satisfaction with the experience.

26. What services do you recommend adding or removing from the proposed service model?

It's difficult for us to provide recommendations for adding or removing proposed services without an opportunity to better understand your goals and objectives. Our business model is not focused on products but is centered on helping people live better, more productive lives. We create value for our customers by enabling their people to do great things. Above all, the value that characterizes the Marathon Health client base is an employment culture that recognizes health as an important business driver. Once we perform a cultural assessment of your organization and its benefits policies, we can propose a service model that will best fit your needs. Progressive thought leading organizations easily gravitate to our Medical Home@Work solution and understand the value of population health management.

Data Integration

The City would like to understand the level of integration between the clinics and its other vendor partners.

Please indicate what level of integration will exist with Cigna, who is the City's medical and prescription drug vendor. Please describe any current clinic relationships with Cigna or other carriers. Include in your response:

1. Business process or process flows in place for referrals to specialists, for diagnostic services, and to hospital facilities
2. Business Associate Agreements established to allow manual & electronic exchange of data
3. Individual claim submission per encounter, established automated exchange of data
4. Format used for data exchange
5. Sending frequency of data exchange (daily, monthly, quarterly, annually)
6. Receive frequency of data exchange (daily, monthly, quarterly, annually)

Because of our proprietary technology platform, we are able to have business process flows and business associate agreements established to allow manual exchange of data with virtually any of the city's vendor partners. This includes the ability to send and receive information on a monthly basis. All data is AES encrypted prior to transport.

The benefit of our integration system is that it is based on the relationship our client has with their carrier. The majority of health plans have zero integration to begin with. We built our application to be compatible with any system. Once the carrier gives us their preferred format, we can provide integration.

Given the fact that Cigna and other carriers nationally have not fully integrated their own offerings and platforms the strongest indicator is the relationship of the consultant/ broker with the Health Plan. If the consultant has a strong relationship with the carrier and the carrier's account management team is client and patient focused, we can integrate fully on all levels.

7. Is clinic data collected in a data warehouse that you own or contract for?

Yes, Marathon Health has our own data warehouse capabilities and multiple standard extracts are included in our pricing.

8. Will all of the data from external vendors in the table from Question 1 be available to the clinician through the Electronic Medical Records (EMR) while they are with the patient?

Yes, Claims data from the medical carrier and PBM are imported into the system monthly, if available. Also, we are able to "flag" individuals in the system who may be enrolled in Disease Management programs from external vendors and coordinate that care with your onsite nurse provided by Cigna. We are also able to accept feeds from biometric vendors and external Health Risk Appraisals if outside vendors are used (and this data is auto-populated in the EMR and PHR).

9. Will all of the data from external vendors in the table from Question 1 be available to the patient through the patient portal (web based)?

Yes.

10. With what other vendors in the marketplace do you have established AUTOMATED data exchanges in place, complete with comprehensive business rules, process flows, and signed business associate agreements?

Marathon Health has data exchange interfaces with Anthem, Aetna, Allscripts, CIGNA, Luminous, Caremark, US Wellness, United, Healthways, multiple Blue Cross Blue Shield plans, and Humana, just to name a few.

Clinical Integration

1. Describe in detail how you plan to integrate and coordinate care with the City's health management programs with Cigna including, but not limited to, how you coordinate care with the patient's health/wellness coach/nurse, primary care physician, specialist and community referrals as well as what level of coaching your clinical staff provides.

The Marathon Health approach toward integration and coordination of other health resources is based on the concept that the clinic is the "hub" for all health-related services. These services may include coordinating with Cigna DM programs, the PBM, EAP, disability management and RTW team, wellness coordinator and other providers. Our integrated PHR/EMR provides a platform to coordinate care and share health information, subject to patient consent. The use of our technology and knowledge of all providers in the system improves the coordination of care and eliminates fragmentation in delivery.

The service integration is based on the ability to exchange data with health plans, PBMs, disability services providers, occupational health providers, hospitals and health systems, physician practices, and EAPs. For virtually every existing client, we establish processes and

protocols with their DM (and other) vendors to ensure proper messaging and treatment of every identified patient. We have vast experience managing coordinated onsite/telephonic DM programs on behalf of our client base and their employees.

Further, we automatically transmit data into the PHR/EMR that is captured in the Health Risk Assessment, biometric screenings, and encounter information. The encounter information sent to health plans includes CPT and ICD-9 data captured during the visit by the clinician. The Marathon Health clinical system captures all CPT and ICD-9 codes for services rendered, which can easily be submitted to a clinical billing system via a standard interface; thus providing the ability to submit a HCFA 1500 claim form to health plans.

Marathon Health provides lifestyle coaching for risk factors such as obesity, high cholesterol, hypertension, diabetes, stress, and tobacco cessation. At the core of our coaching model is our focus on behavioral change utilizing Motivational Interview techniques, rapid cycle action plans, and recognition of the participants "readiness to change" based on the Prochaska Model, widely considered the predominant model of health behavior change. By customizing the coaching program to each of the distinct readiness phases, we are able to achieve superior rates of employee engagement, compliance, and completion of coaching programs. The improvements achieved through health coaching translate to reductions in risk prevalence and the total cost of the health risks. The success of this approach is measured by the 75% engagement rate of the individuals we target for health intervention and the results we achieve in reducing health risks.

2. Provide a detailed description of your specialist referral management process. Explain your approach to assessing referrals and choosing which physicians to refer. Detail how you identify referral resources and utilize published quality indicators. Referrals to Cigna network providers are preferred when possible.

There are many health care quality guidance tools that can be made part of the technology platform and our onsite model as well. Our clinicians are trained on the provider look-up and quality tools published by the underlying health plan. Most plans, including Cigna, publish cost and quality data on the providers within their network. Our first goal would always be to try to refer to the top performing providers within the health plan network. Additionally, there are other excellent cost and quality resources from which our nurses can draw for referrals. These would include such quality scoring organizations as HealthGrades, Healthcare Blue Book, Best Doctors, Leapfrog, Bridges to Excellence and others. Depending on your preferences, we can tailor our specialist, hospital and other provider channeling and referrals based on a wide range of sources, depending on your needs and objectives. Any technology applications required would be identified in advance and billed as an additional cost.

Further, under the Marathon Health technology platform, each patient can authorize access to their EMR/PHR to any and all of their health care providers and care givers including hospital systems and physicians to view the impact of our services and related activities. The technology platform is intended to provide evidence-based guidance and improve coordination of care, eliminate gaps in care and enhance the patient experience as well as quality outcomes by presenting a more holistic view of the real-time patient profile to caregivers. In addition, because not all providers, provider offices and patients are technology savvy, our onsite clinicians often triage and communicate directly with the patient's providers and caregivers, particularly those at moderate to high risk, in helping them navigate the health system and understand the nature of treatment recommendations.

Community health resource integration is an integral component of our model. This typically

includes physical therapy, chiropractic services, vision, dental, etc. which can often be built into the onsite health program on either a full time, part time, or rotational basis depending on client objectives, utilization patterns and cost objectives. Our clinicians and their assigned physician preceptor are charged with the responsibility for building high performing networks around the clinic site to fulfill each client's objectives for integrating local community health resources and services. The fact that both the onsite clinician and the physician preceptor are recruited specifically from the local market leverages their significant local community knowledge versus our competitors who tend to utilize far removed and remote corporate office physicians.

3. Provide an example of client(s), with existing wellness and disease management programs, for which you provide referrals and integrate with the associated vendor(s). Please describe the processes and integration support you provide including the movement of data from biometric screenings, health assessments, and disease management activities.

We consider vendor interface on behalf of our clients to be both a core competency and important competitive advantage. We have extensive experience interfacing with wellness and disease management vendors on behalf of our clients. We have built sophisticated DM protocols and workflows that ensure we identify and manage patients consistently across programs. We routinely share information so that no patient is contacted by both vendors or receives information that might be contradictory.

Please reference Exhibit 3: MH Onsite Process Flows collaboration Partnership.

The Marathon Health proprietary reporting system includes a disease management report, which can be provided to other vendors as authorized by the client. This DM report provides a referral mechanism for asthma, emphysema, chronic bronchitis, coronary artery, congestive heart failure, diabetes mellitus and hypertension, among other conditions. Additionally, Marathon Health can provide lab, encounter and HHRA information via a file extraction. The case management/disease management vendor would be required to facilitate the import into their respective systems.

Quality Management

1. Do you employ a full-time internal Medical Director for your clinics? If so, please provide their Curriculum Vitae (CV).

Yes, we employ regional full-time Medical Directors. *Please reference Exhibit 4: Medical Director CV.*

2. Describe your clinic Quality Assessment and Performance Improvement (QAPI) plan and program in detail.

Marathon Health's quality assurance and measurement processes are multi-faceted. Provisions are listed below.

A) Ongoing Credentialing

Annually, Marathon Health verifies that each Nurse/PA/NP/Physician has a current license and national certification status (if applicable) to practice in the State where they are providing services.

The Director of Clinical Operations is responsible for the maintenance of these records and confirms that any legally required annual training has been met by each clinician.

Specific actions include annual:

- Verification of professional license and certification status - confirmed with the designated medical/nursing boards.
- Onsite evaluation of clinicians.
- Mandatory OSHA (blood borne pathogens) and HIPAA training for all clinical employees.

B) Clinical Guidelines and Decision Support

We provide our clinicians an online decision support tool called Problem-Knowledge Couplers®. The Coupler medical database is maintained by a 30-member medical research staff that reviews the latest medical literature and updates the database every six months. Couplers are used to gather health information and develop individualized solutions for program participants. The clinician selects the Coupler that addresses the health concern and has the employee answer a series of questions online. Based on the participant's answers, the Coupler electronically locates the medical information that is most pertinent and identifies all possible treatment options. All content in the database is evidence-based and the review process for what information is included in the database includes board certified physicians.

Clinical Reference Material - Our clinicians receive an online subscription to UpToDate, an evidence-based clinical information resource available on the Web, desktop, and PDA. UpToDate provides concise, practical answers at the point-of-care specific to their specialty. More than 3,600 clinicians serve as authors for UpToDate. The content goes through an extensive peer review process to ensure that the information and recommendations accessed are accurate and reliable. UpToDate also offers AMA PRA Category 1 Continuing Medical Education (CME) Credit™, AAFP Prescribed credit, AAP credit, AOA credit, AAPA equivalent credit, and AANP contact hours while clinicians work.

Training Manuals - Policy, procedure, and protocol documentation exists for the Marathon Health clinicians for each of the following:

- Life Style Risk Reduction Protocols and Clinical Guidelines
- Electronic Health Portal
- Policies and Procedures
- OSHA Guidelines
- Disease Management Protocols and Clinical Guidelines

Weekly Clinical Meetings - All the Marathon Health clinicians meet weekly via audio-conference to review clinical workflows, case studies, guidelines and policies, and share best practices and address questions and concerns.

Annual Review of National Clinical Guidelines - The clinical management team at Marathon Health annually reviews national clinical guideline documents for each of our core programs and adjusts program protocols accordingly.

National Certification and Continuing Education - Clinicians receive an annual allowance and paid time off to meet their national certification continuing education requirements.

C) Quality Review Process

Chart Audits - Each month the precepting physician assigned to the mid level provider reviews a portion of the provider's progress notes. The precepting physician utilizes a specific evaluation tool that was created specifically to assure that the chart audit is comprehensive and includes all of the components of evaluation that are deemed important.

Onsite Evaluation - Clinicians are evaluated onsite every six months.

Audio Tape Evaluation - Each month the clinicians submit a tape-recorded coaching session (with the consent of the participant) that is reviewed by trainers at the corporate office. The trainer who evaluates the sessions provides feedback to the clinician regarding their motivational interviewing and coaching skills and offers suggestions for improvement.

3. How frequently will the City's on-site clinic facilities be audited (environment of care, life safety, safety, security, operations)?

Onsite facilities are audited twice per year.

a. What specific clinic elements are audited?

In addition to environment of care, safety, security and operations, clinicians are subject to chart audits and core competency evaluations. *Please reference Exhibit 5: Quality Assurance Outline.*

b. Who will perform the audits (internal, external audit)?

Evaluators are both internal (Medical Director, Vice President of Clinical Services) and external (HIPAA) where applicable.

c. How will the City be notified of the results?

We'd be happy to discuss contractual agreements and trigger points related to performance measures.

d. What industry standards do you use for facility audits?

Marathon Health follows the safety guidelines as outlined in the fourth addition of Uphold and Graham's *Clinical Guidelines in Family Practice*, in addition to the Joint Commission's audit standards.

4. Do you require that a post-implementation audit be conducted?

Yes, we will perform a post-implementation audit at the client's request. During a negotiation process, we will determine success criteria for this project, mutually agreed upon by the City and Marathon Health. We will track data based upon those measurements.

5. What other types of audits will you conduct on the City's clinic?

Marathon Health clinicians are evaluated onsite every six months. In addition, each month the clinicians submit a tape-recorded coaching session (with the consent of the participant) that is reviewed by trainers at the corporate office. The trainer who evaluates the sessions provides feedback to the clinician regarding their motivational interviewing and coaching skills and offers suggestions for improvement.

6. What is the expected time frame for initial response to complaints, resolution and

ongoing patient communication?

The goal is to respond to or resolve a written complaint within 14 days and resolved within 30 days.

7. Describe your compliance program relative to privacy and security of individually identifiable protected health information.

Marathon Health is fully compliant with the data and security requirements of HIPAA, ADA, state laws and all other statutes impacting our services. Marathon Health has the necessary controls, policies and procedures in place to ensure the confidentiality, integrity and availability of its information systems containing employee personal health information (EPHI). Marathon Health implements security measures that reduce the risks to its information systems containing EPHI to reasonable and appropriate levels. Selection and implementation of such security measures are based on a formal, documented risk management process. Marathon Health conducts risk management on a continuous basis and all selected and implemented security measures must ensure the confidentiality, integrity and availability of Marathon Health information systems containing EPHI and be commensurate with the risks to such systems.

The Risk Analysis process for Marathon Health is modeled after the methodology and guidelines published by the National Institute of Standards and Technology (NIST) in the Special Publication 800-30 'Risk Management Guide for Information Technology Systems'. This provides a standard framework for consistency and follows generally-accepted best practices upon which the HIPAA standards are based.

All Marathon Health employees are required to complete HIPAA privacy and security training upon initial employment and annually thereafter. Some key components of our Privacy Policy include:

- Obtaining a business associate agreement with any third party with whom we share identifiable health information to assure that they agree to and follow Marathon Health privacy practices.
- Disclosing only the minimum amount of PHI with other health care providers or business associates as is necessary in order to perform treatment or health care operations.
- Maintaining an almost entirely paperless record system. Our electronic medical record is data encrypted and contained behind a Secure socket Layer (SSL).
- All email communication of PHI is sent utilizing our secure messaging system.

8. How are your clinics audited for Health Insurance Portability and Accountability Act (HIPAA) privacy and security compliance? Who conducts the audit? Describe any HIPAA violations in the past five years.

We follow privacy and security standards and guidelines as outlined in the Health Insurance Portability and Accountability Act (HIPAA). We have a designated Privacy Officer to ensure compliance and respond to issues that may arise. All Marathon Health employees are required to complete HIPAA privacy and security training upon initial employment and annually thereafter. Marathon Health underwent a HIPAA audit in July of 2009. No vulnerabilities or security issues were identified and no remediation was recommended or required. We have never had HIPAA violation since our inception.

9. Provide a copy of your HIPAA compliance, data security and protection, financial data security, and all other related privacy and data protection compliance and security policies and procedures.

Please reference Exhibit 6: Data Security Policy.

10. Is your firm currently accredited by NCQA or any other organization for the services proposed?

We follow the rules and regulations of NCQA and other accrediting agencies but have not formally applied for accreditation.

Health Management

1. Describe how you will engage (tools, programs, strategies) employees to become active participants in their own health and healthcare decision making. How do you measure that engagement?

We begin by engaging the population using claims, biometric screening, and Health History and Risk Assessment data. The population is stratified by three risk levels: high, medium, and low. As part of the initial stratification, we track how many individuals outside normal range have made progress on key measures of health status such as blood pressure, lipids, body-mass index, blood sugar, tobacco and alcohol use, and stress. We also measure how many individuals with chronic disease are at the standard of care for their conditions (e.g. diabetes, asthma, heart disease, COPD). We use a proprietary 100-point risk quantification methodology to stratify the population and provide the participant with a "Wellness Scorecard."

Upon identification, medium to high-risk participants are contacted within 24 hours through phone, secure e-mail message, or mail. Outreach protocol includes two phone calls, automated secure messaging, and a mailing to the participant's home.

Once we have made contact with a participant, our clinicians provide lifestyle coaching and disease management. At the core of our coaching model is our focus on behavioral change utilizing Motivational Interview techniques, rapid cycle action plans, and recognition of the participants "readiness to change" based on the Prochaska Model, widely considered the predominant model of health behavior change. By customizing the coaching program to each of the distinct readiness phases, we are able to achieve superior rates of employee engagement, compliance, and completion of coaching programs. The improvements achieved through health coaching translate to reductions in risk prevalence and the total cost of the health risks. The success of this approach is measured by the 75% engagement rate of the individuals we target for health intervention and the results we achieve in reducing health risks.

Our clinicians also have the added benefit of creating patient lists and tasking functionality through our proprietary technology platform. Patient lists are automatically populated once any of a number of different data sets are completed, including HRAs, questionnaires, biometrics and other screenings, and claims data. Though outreach is prioritized based upon risk severity, our clinicians engage with all participants, including low-risk members. The Marathon Health technology platform offers a unique tracking system allowing our clinicians to track each contact made, how many attempts at contact, and other functions.

2. Describe how your company will provide on-site health/lifestyle and disease/condition management to support the Clinic?

Marathon Health provides lifestyle coaching for risk factors such as obesity, high cholesterol, hypertension, diabetes, stress, and tobacco cessation. At the core of our coaching model is our focus on behavioral change utilizing Motivational Interview techniques, rapid cycle action plans, and recognition of the participants "readiness to change" based on the Prochaska Model, widely considered the predominant model of health behavior change. By customizing the coaching program to each of the distinct readiness phases, we are able to achieve superior rates of employee engagement, compliance, and completion of coaching programs. The improvements achieved through health coaching translate to reductions in risk prevalence and the total cost of the health risks. The success of this approach is measured by the 75% engagement rate of the individuals we target for health intervention and the results we achieve in reducing health risks.

We provide protocol-driven Disease Management for all individuals with chronic conditions using face-to-face, telephonic and secure messaging interventions. The Marathon Health Disease Management program focuses on minimizing a condition's every day effects and preventing the condition from getting worse through extensive education and close monitoring. Some of the most common conditions include diabetes, asthma, COPD, depression, low back pain, hypertension, congestive heart failure, and coronary artery disease, PAD, CVA, Migraines, GERD, Peptic Ulcer Disease, IBD, Osteopenia, Osteoporosis, Osteoarthritis, RA, Chronic Kidney Disease.

Participants receive:

- Customized management options generated by Problem-Knowledge Couplers® developed for the employee's specific condition.
- Detailed Healthwise® information about symptoms, self-care options, medications, and lifestyle affects.
- Disease-specific management protocols documented in the EMR
- Continual medical supervision and support from the Marathon Health clinician/coach.
- Support for adherence to national treatment guidelines established for a specific condition.
- Identification of gaps in of care for the particular condition
- Fewer complications, missed workdays, and emergency room visits that result from chronic conditions.
- The ability to become experts in effectively managing their illness.

3. How would you integrate and share data with Cigna, such as disease/condition management, etc. to create a fully-integrated health management program and ensure an effective and seamless experience for participants?

The Marathon Health approach toward integration and coordination of other health resources is based on the concept that the clinic is the "hub" for all health-related services. These services may include coordinating with Cigna DM programs, the PBM, EAP, disability management and RTW team, wellness coordinator and other providers. Our integrated PHR/EMR provides a platform to coordinate care and share health information, subject to patient consent. The use of our technology and knowledge of all providers in the system improves the coordination of care and eliminates fragmentation in delivery.

For our clients, we establish processes and protocols with their DM (and other) vendors to ensure proper messaging and treatment of every identified patient. We have vast experience managing coordinated onsite/telephonic DM programs on behalf of our client base and their employees.

4. Please provide all Key Performance Indicators (KPI) (clinical, operational) that you routinely track and monitor to assess program impact?

Performance metrics include implementation process, account management, reporting, utilization, outcomes, and employee/customer satisfaction. We also measure performance by measuring the change in the health status of the population. This is achieved by documenting how many individuals outside normal range have made progress on key measures of health risk such as blood pressure, lipids, body-mass index, blood sugar, and tobacco and alcohol use.

5. Are all of the following health screenings available and included in your projected pricing & services: height/weight, BMI, body fat, triglycerides, blood pressure, lipid panel, drug test, alcohol test, tobacco, glucose, well woman (pap, mammogram, Breast Self-Exam (BSE) training and male screening (Digital Rectal Exam (DRE), Prostate Specific Antigen (PSA))?

Yes.

6. Describe the areas of health and wellness in which you are able to provide support and counseling and describe staff qualifications of those who would perform these services.

Embedded within our clinical health portal (where the EMR/PHR resides) is the Problem-Knowledge Coupler (PKC) evidence-based clinical decision support tool. The PKC database combines all data elements we know about a patient (from their HRA results, biometric screenings, clinic encounters, and claims data) and "couples" it with the latest evidence-based medical guidelines. The output is presented as guidance for the patient and for the clinician. A significant portion of the PKC data is focused on behavioral health and its impact on other conditions, as well as on quality of life, in general. Should a combination of symptoms, encounter data and family history point to a possible behavioral health issue, the PKC system will produce guidance for the patient and clinician that is specific to that person's health status.

Further, we have an entire disease management module that focuses specifically on behavioral health and depression. Our clinicians performing these services have a minimum of 5 years experience and are licensed in their respective fields.

7. Do you have experience integrating with the Cigna Health Risk Assessment (HRA)? What percentage of your employer clients utilize an HRA that is not offered by your company?

We are familiar with the Cigna HRA, but do not have experience integrating with it. Because of our open platform, we have the ability to map it to our system. Approximately 20 percent of our clients utilize a separate HRA.

Pharmacy

The City may offer a limited dispensary model. Please review the formulary and non-

formulary drugs currently prescribed by the City and describe your pharmacy capabilities in your responses to the questions below.

1. Please provide a brief summary of physician, physician assistant, and nurse practitioner prescribing and dispensing regulations for the State of Florida in which the City might implement an on-site program.

Physicians just need to register with the Board as a dispensing physician. The physician then needs to follow all of the rules and regulations Florida has regarding dispensing. Essentially, it is the same as for pharmacies.

Dispensing practitioners, including PAs and NPs, are practitioners authorized by law to prescribe drugs and therefore, may dispense such drugs to his or her patients in the regular course of his or her practice. Dispensing practitioners must comply with all laws and rules applicable to pharmacists and pharmacies including undergoing inspections. If the practitioner is dispensing complimentary packages of medicinal drugs, the practitioner is not required to register. However, there are requirements for dispensing complimentary packages.

2. Please provide a list of drugs normally stocked in your clinics including the total number of drugs offered and sample pricing.

Please reference Exhibit 7: Marathon Health Medications List.

3. Do your clinics provide starter unit doses or dose packs? Please provide a list of drug classes normally targeted for starter packs including the total number of drugs offered.

Marathon Health is including a pre-packaged medication dispensing system in which Marathon Health onsite clinicians dispense your top 30-60 most frequently prescribed medications, as allowed by Florida State law. No Narcotics will be dispensed.

4. Please describe how your organization will integrate with existing Pharmacy Benefit Manager (Cigna). Please provide some examples of the PBM vendors with whom you have experience.

Marathon Health has integrated an ePrescribing application within our EMR for electronic data entry of prescriptions and reported medications. Since the application is integrated with RxHub, Sure Scripts and most PBMs, the prescription entered by the clinician is electronically linked to the PBM ensuring full drug utilization review (DUR) checking for contraindications and allergies, and formulary compliance including maximizing use of generics.

5. What quality control system do you have in place to prevent drug interactions with drugs dispensed at the clinic versus drugs that may be dispensed at Cigna retail pharmacies?

Through our e-prescribing application, the prescription entered by the clinician is electronically linked to the PBM ensuring full drug utilization review (DUR) checking for contraindications and allergies, and formulary compliance including maximizing use of generics.

The onsite clinician is able to electronically receive the patient's up-to-date medication history, including fulfillment, and PBM information, which reduces the risk and occurrence of medication errors as well as adverse drug events (ADEs). Most importantly, medication compliance is enhanced with the clinician's knowledge of the fulfillment of prescribed medications. The alerts received by the clinician on medication fulfillment, or lack thereof, can greatly decrease the risk of chronic diseases and ongoing illnesses and increase medication compliance for the patient through ongoing health coaching utilizing Motivational Interviewing techniques.

6. Do you have e-prescribing capabilities? Is there a separate fee for setting up e-prescribing? Can you accommodate e-prescribing systems offered by other vendors (like a PBM)?

Yes. All costs are included in our fixed service fee.

7. Please provide a brief summary of your policies and procedures regarding security of prescription drugs on-site and describe any liability concerns regarding prescription drugs on-site.

All prescription drugs are kept in a locked cabinet. In addition, we require the clinic to be locked at all times when clinicians are not present. Inventories are used to keep track of all stocked prescription drugs. Please note to date we have never experienced any security issues involving prescription drugs. We provide comprehensive liability coverage through our various policies, including professional liability coverage, general liability coverage, and technology-related errors and omissions liability coverage.

Communications

The City recognizes the importance of proper communications in driving high utilization of clinic services. The City expects your engagement and communication tools and materials will be coordinated within the City's communications strategy and conform to City standards. Please answer the following questions regarding your approach.

1. Please describe your approach to communications.

A successful onsite health initiative begins with a thoughtful and well-timed communication strategy that encourages participation in health risk assessments, biometric screenings and ongoing health education and health promotion programs, as well as utilization of the clinic for primary care. We work with the Human Resources or Communications Department to perform a communications audit to understand your requirements and expectations about employee communication. We create a program that:

- Reflects this understanding
- Complements the communications methods and process used by your organization
- Integrates with your overall benefits communication program
- Is presented in the appropriate medium(s) for your organization

We recognize that each organization is unique and our recommendations take into consideration the culture, values, mission, benefits structure, and objectives of the health services offering. Based on

this thorough review, our communication program is customized to the needs of your organization and we begin with templates for a welcome package that includes an introductory letter, program brochure, and site posters, as well as a program overview presentation, web pages, emails, and flyers. The material is customized to reflect the specifics of the program you are offering as well as a program brand or logo. The cost for the first year standard communication rollout is built into the base fees.

2. Please provide a sample communications plan.

Please reference Exhibit 8: Sample Communication Plan

3. Please provide a complete list of ALL communications tools that are INCLUDED in the quoted fees.

Ongoing promotion of clinic services occurs throughout the engagement with Marathon Health. We have preprinted, co-branded, and pre-templated employee communication material available.

We provide the following tools and support:

- Bimonthly e-newsletter
- Phone and mail outreach to at-risk participants
- Health fairs
- Lunch and Learns
- Group workshop promotions
- Health awareness topics on eHealth Portal Homepage
- Posters, flyers, payroll stuffers

4. Describe individual engagement and communications strategies to encourage City employees to maintain their health as an extension of the clinic services.

We are engagement specialists. Our onsite health centers yield a 75% engagement rate, as compared to the 10%-15% rate that is typical of most telephonic or web-based health and wellness, coaching, and disease management programs. Engagement is defined as a participant who screens positive for a risk and/or who has a chronic condition who completes:

- An initial face-to-face session to review their health data and set goal
- A minimum of one face-to-face follow-up session in the first six months

Additionally, we meet in a most appealing, face-to-face setting with at-risk employees to help them more effectively manage their condition. The two thirds of the workforce typically at-risk, and often chronically ill, will account for more than 80% of an organization's annual healthcare spend. Our integrated online tools, proactive outreach, and guidance services will engage the "well" employees (typically the 40% of any population without substantive risk factors) to help them maintain a healthy lifestyle.

Upon identification, medium to high-risk participants are contacted within 24 hours through phone, secure e-mail message, or mail for possible interventions. Outreach protocol includes two phone calls, automated secure messaging, and a mailing to the participant's home. The purpose of the outreach is to set an appointment for a face-to-face Comprehensive Health Review, follow-up intervention, and ongoing health coaching.

Staffing

You will be expected to staff the on-site clinic; please respond to the questions below assuming staffing as requested.

1. Please confirm that the City can conduct background checks on all on-site personnel.

Confirmed.

2. What do you consider to be the optimal staffing ratio (clinician to eligible member AND clinician to Office Visit (OV) for a group of this size and projected activity?

Based on the scope of services provided onsite, our model assumes 1,500-2,000 members per each FTE clinician.

3. Please describe staffing availability for peak times such as flu season and year-end conducting of biometric screenings and health assessments.

We will work with The City of Fort Lauderdale to develop a back-up schedule that will involve ensuring coverage during peak times of clinic usage. These details are typically resolved in the implementation process. We find that these solutions vary greatly depending on client needs.

4. Please describe what role, if any, the City would play in the interviewing and/or selection of the on-site staff.

The City would have final say on any clinician we recruit, as we believe you have the best ability to determine if a prospective clinician fits within your work culture.

5. What percentage of your employer worksite full-time physicians turned over in the past twelve (12) months?

3.3 percent

6. What percentage of your employer worksite full-time nurse practitioners turned over in the past twelve (12) months?

3.3 percent

7. What resources do you use to recruit clinical staff (e.g. Career Builder, etc.)?

Staff recruitment is an ongoing process. We maintain a database of qualified candidates in geographic areas to facilitate our candidate search process. We have a continual advertising campaign designed to create a pipeline of qualified candidates. We utilize multiple advertising media which includes the internet, local nursing organizations, and our existing network of providers.

8. Who will be the account manager for the City and the primary point of contact?

Please reference Exhibit 1: Account Management Bios.

9. What is your process to ensure timely orientation for staff inclusive of required training (e.g., OSHA) and validation of current competency (for clinical staff)?

Our training program is a minimum of 4 weeks prior to clinic opening and it includes one week at the corporate headquarters, one week at a client site, one week of home study, and one week at the clinic site. Our training is conducted by the training coordinator and various subject matter experts on staff at Marathon Health. *Please reference Exhibit 9: Training Process Description.*

10. Describe the process to ensure that clinical staff and providers receive (internal and external) continuing clinical education?

Clinicians receive an annual allowance and paid time off to meet their national certification continuing education requirements. Annually, Marathon Health verifies that each Nurse/PA/NP/Physician has a current license and has met their requirements.

11. What resources do you offer to support the City in the event of a disease outbreak and pandemic and other disaster preparedness (e.g. H1N1)? Please provide a copy of a sample clinic disaster plan and business continuity plan (can be outline).

We would work with the city to provide employees the necessary resources, including vaccines, in the event of an outbreak.

In terms of our disaster plan, weekly tests are conducted to confirm the restorability of the offsite media. Disaster recovery is performed on an annual basis. The disaster recovery process is tested when any significant changes occur within the Marathon Health technology environment. Marathon Health employs a third party consultant to conduct external penetration tests against the environment. No vulnerabilities or security issues have been identified and no remediation has been recommended or required.

Marathon Health has an incident response procedure as required by the HIPAA security ruling. The procedure ensures that the incident is properly identified, contained, mitigated and that services are restored as quickly as possible. A post-mortem analysis is conducted on each incident to ensure that the problem has been understood and steps put in place to prevent a future occurrence.

Specifics of our business continuity plan cannot be provided due to confidential nature of information.

12. Would clinic employees follow the City's holiday schedule?

Yes. We would set up a holiday schedule in accordance with the City's in order to provide optimal coverage.

13. Describe your policies and staffing plans for absences (scheduled and

unscheduled), vacations, and holidays?

Marathon Health typically addresses the issue of short and long-term clinician staff absences based on individual customer preferences and requirements. Typically, we would dispatch one of our own available clinicians because they are trained in the use of our technology, our tools and coaching methodologies and can therefore address the full spectrum of coaching as well as primary care services with minimal or no disruption. We can inexpensively deploy one of our headquarters based clinicians hired specifically for travel with the purpose of backfilling vacations, illness and leave times. Additionally, we have readily available Service Level Agreement options nationally with several locum tenens agencies to supplement our own internal traveling staff with clinicians from independent nursing organizations specifically designed for the purpose of temporary or intermittent staffing. During our implementation process, we will walk the Client through the relative advantages and disadvantages of each and collaborate on the solution that will work best to meet your objectives.

14. How many clients will the City's account manager be assigned to (including the City)?

No more than 5 but typically the account manager has 2 to 3 accounts assigned in the same geographic area.

Technology

Data collection, reporting and program evaluation, outcomes and information systems are important to the City. A clear understanding of your systems and service capabilities in this area is essential. If the City tiered model approach impacts any of your answers, please clearly state why and your recommended approach.

1. Electronic Medical Record (EMR)/Practice Management (PM)?

A. What system do you offer/recommend?

The proprietary technology developed by Marathon Health is a secure and efficient platform for maintaining the medical records at the onsite health centers. We call our technology solution a Health Engagement System™ and it is designed to support all aspects of the care process from primary care and health assessments to care documentation and clinical decision support. These tools enable the clinician/coach and the participant to create customized plans for reaching health goals, track individual progress, and learn more about better health. The Health Engagement System includes the eHealth Portal, Electronic Medical Record and Personal Health Record (EMR/PHR), Problem Knowledge Couplers, and Executive Dashboard for real-time online access to reports.

Electronic Medical Record / Personal Health Record: The HIPAA compliant electronic EMR/PHR organizes and stores the employee's health information, including test results, treatment and management plans, health history, clinical notes, claims data, and biometric data, in one complete longitudinal Personal Health Record for the employee, and an Electronic Medical Record for the practitioner. This clinical health record provides employees (and their clinician/coach) with access to:

- A complete Personal Health Record
- Wellness Profile and Scorecard
- Personalized health improvement plans
- Fitness and nutrition trackers

- Registered dieticians and fitness trainers.
- Personalized wellness initiatives and instructions.
- Secure web messaging
- Proprietary Problem-Knowledge Couplers®,
- Searchable Healthwise® consumer health information.
- Appointment scheduling

This clinical health record provides clinicians with access to all the above features and the following additional functionality:

- Provider schedules
- Patient lists for outreach and follow up
- Workflow support with “To Do” lists for the clinicians
- Reports that stratify the employee population and documentation of follow-up for individuals identified as at-risk or diseased.
- The ability to enter and track results over time
- Clinical note documentation
- Disease management protocols
- Encounter completion to capture ICD9 and CPT codes
- Full aggregate reporting capabilities available on the “Executive Dashboard” to the employer, such as clinic services performed, progress towards goals, ROI, etc.

B. Is it a proprietary system or provided through a preferred vendor partner?

Proprietary

C. Who is responsible for your upgrades, support, maintenance and back-up, and disaster recovery?

Marathon health is responsible for upgrades, support, maintenance and back up.

D. What standard integration does the EMR have with other vendors (including pharmacy)?

The Marathon Health approach toward integration and coordination of other health resources is based on the concept that the clinic is the “hub” for all health-related services. These services may include the health plan, PBM, EAP, disability management and RTW team, wellness coordinator and other providers. Our integrated PHR/EMR provides a platform to coordinate care and share health information, subject to patient consent. The use of our technology and knowledge of all providers in the system improves the coordination of care and eliminates fragmentation in delivery.

The services integration is based on the ability to exchange data with health plans, PBMs, disability services providers, occupational health providers, hospitals and health systems, physician practices, and EAPs. We automatically transmit data into the PHR/EMR that is captured in the Health Risk Assessment, biometric screenings, and encounter information. The encounter information sent to health plans includes CPT and ICD-9 data captured during the visit by the clinician. The Marathon Health clinical system captures all CPT and ICD-9 codes for services rendered, which can easily be submitted to a clinical billing system via a standard interface; thus providing the ability to submit a HCFA 1500 claim form to health plans.

Health resource integration, including chiropractic services, vision, dental, and physical therapy, can be offered on a full time, part time, or rotational basis depending on client objectives, utilization patterns and cost objectives.

2. Does your EMR

A. Conduct predictive modeling (i.e. data mining to predict stratified health risk)?

Yes. Marathon Health has a proprietary tool for risk stratifying managed populations. We use claims data, biometric data and data from health risk assessments to risk stratify the population served based upon risk factors and/or care gaps. This information is used to create a dynamic "patient task list" that prompts provider and patient alike for preventive care, follow-up care, risk reduction and disease management.

B. Identify and report on gaps in care? If yes, discuss how data would be integrated into the City's QAPI programs.

Yes. We identify gaps in care in several ways:

- We mine third party claims data and our own encounter data to identify patients with chronic conditions
- Our EMR system automatically matches the care protocols for the condition against the evidence in the claims data and in the EMR
- The system generates a patient list for proactive outreach to patients with chronic conditions
- The patient is seen for a Comprehensive Health Review and enrolled in our disease management programs.
- Through the course of intervention, we create a plan to help patients receive the care necessary for their condition and address any gaps in care, either at the onsite clinic or through a provider in the community.

C. Integrate patient data with evidence-based guidelines decision support inclusive of clinician alerts?

Yes, through our use of Problem Knowledge Couplers. We provide our clinicians an online decision support tool called Problem-Knowledge Couplers®. The Coupler medical database is maintained by a 30-member medical research staff that reviews the latest medical literature and updates the database every six months. Couplers are used to gather health information and develop individualized solutions for program participants. The clinician selects the Coupler that addresses the health concern and has the employee answer a series of questions online. Based on the participant's answers, the Coupler electronically locates the medical information that is most pertinent and identifies all possible treatment options. All content in the database is evidence-based and the review process for what information is included in the database includes board certified physicians.

D. Does decision support functionality suggest treatment options or plans of care based on individual patient data?

Yes, through the Problem-Knowledge Coupler integration described immediately above.

E. Offer online employee appointment scheduling?

Yes.

F. Track efficiency metrics (e.g., access to appointments, wait times, throughput, time to third appointment, etc.)?

Yes. Our process for appointment scheduling and our method for holding appointments for walk-ins each day results in little or no wait time for patients. The Medical Assistant logs the patient in on the system at the time of arrival and that begins the tracking process.

G. Track referrals and referral follow-up vis-à-vis either an automated or manual process? If automated, describe the system utilized.

Yes. The clinician enters all scheduled follow-up items into the calendar within the clinical record. These entries create automated reminders that are sent either to the clinician or patient (via secure email) for the suggested follow-up item (test, procedure, repeat visit, etc)

H. Track follow-up on ordered diagnostics (manual or online)?

As with other items described immediately above, our clinicians can enter reminders into the system that will prompt follow-up on requested tests, diagnostic images, etc. Again, reminders will be generated either to the clinician or the member, or both.

3. Please describe your computer hardware and telecommunications requirements. Outline specifically all technology hardware that is required to be purchased. Please describe if your information system software is currently Office of the National Coordinator for Health Information Technology (ONC) and Certification of Healthcare Information Technology (CCHIT) certified.

Marathon Health supplies all computers/IT equipment. We require only a separate, dedicated high-speed internet connection and that we be included within the City of Fort Lauderdale phone system. Our record and system are built around ONC and CCHIT requirements, though we have not applied for formal certification.

4. Please describe the technology platform and interfaces that you propose to use to deliver your solution. Identify when the next anticipated upgrade of your platform is and what impact such upgrade would have on services delivered to the City. Please provide an estimate of the frequency of upgrades to your platform.

The proprietary technology developed by Marathon Health is a secure and efficient platform for maintaining the medical records at the onsite health centers. We call our technology solution a *Health Engagement System™* and it is designed to support all aspects of the care process from primary care and health assessments to care documentation and clinical decision support. These tools enable the clinician/coach and the participant to create customized plans for reaching health goals, track

individual progress, and learn more about better health. The *Health Engagement System* includes the eHealth Portal, Electronic Medical Record and Personal Health Record (EMR/PHR), Problem Knowledge Couplers, and Executive Dashboard for real-time online access to reports.

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- The ability to enter and track results over time
- Clinical note documentation
- Disease management protocols
- Encounter completion to capture ICD9 and CPT codes
- Full aggregate reporting capabilities available on the "Executive Dashboard" to the employer, such as clinic services performed, progress towards goals, ROI, etc.

We are continuously developing ways to share information with other healthcare providers such as hospitals or physician practices. As such, we continually evaluate and implement technologies that facilitate this information sharing. We will be working to be in compliance with the meaningful use definitions - interoperability being one the primary focuses - as we place a high value on improving information exchanges. This is a core tenet that we will continue to pursue throughout 2012, 2013 and beyond.

5. Please detail the name(s) of your technology providers and note any future plans/ changes to the extent that you are able.

Our evidence-based content provider is PKC Corp., which was recently purchased by Sharecare®, the health and wellness social network co-founded by two-time Emmy® Award-winning television host, Dr. Mehmet Oz. PKC Corporation, a leading developer of healthcare decision support

software that empowers patients and providers with individualized medical knowledge, populates its medical database with the information necessary to draw real-time and accurate connections between symptoms, conditions and treatments can potentially transform the physician-patient encounter.

6. Please describe the back-up processes you have in place and where back-up media will be retained.

We perform full system backups on a daily basis. Backup media is sent off site through a national third party offsite storage vendor. All data sent offsite is stored in an encrypted format. Weekly tests are conducted to confirm the restorability of the offsite media.

7. Detail your process for system upgrades and enhancements including any near term plans (2012-2014) for platform upgrades. Are upgrades and updates tested in non-production databases prior to promotion into the production environment?

We are continuously developing ways to share information with other healthcare providers such as hospitals or physician practices. As such, we continually evaluate and implement technologies that facilitate this information sharing. We will be working to be in compliance with the meaningful use definitions - interoperability being one the primary focuses - as we place a high value on improving information exchanges. This is a core tenet that we will continue to pursue throughout 2012, 2013 and beyond.

Yes, upgrades are first tested in non-production databases.

8. Describe the ownership of the technology you are using to support the processing of your clinic data.

All of our technology is proprietary.

9. How does your organization ensure that security risk assessments are routinely conducted? Describe the process for routine security audits and breach notification and the process and timeliness by which the City would be notified of any breach.

We have an incident response procedure as required by the HIPAA security ruling. The procedure ensures that the incident is properly identified, contained, mitigated and that services are restored as quickly as possible. A post-mortem analysis is conducted on each incident to ensure that the problem has been understood and steps put in place to prevent a future occurrence. The City would be notified immediately of any breach.

Data Protection, Security and Confidentiality

The following questions apply to your in-house systems and licensed products, as well as downstream vendor applications utilized by the clinic. Please be specific in your responses.

1. How do you handle secure transmission of sensitive data being used or

transmitted by this application(s)? Will any data be transmitted across the Internet and is it protected during transmission (SSL, IPsec, VPN)?

Marathon Health follows privacy and security standards and guidelines as outlined in the Health Insurance Portability and Accountability Act (HIPAA). During the initial engagement with Marathon Health, all participants are provided with a notice of our privacy practices. This notice provides the participant with information regarding how we use and safeguard their medical information and advises them on their rights in regards to their personal health information. Marathon Health has a designated Privacy Officer to ensure compliance and respond to issues that may arise. All Marathon Health employees are required to complete HIPAA privacy and security training upon initial employment and annually thereafter.

Marathon Health clinics operate in a paperless environment and we maintain all patient records in an electronic format that is fully compliant with the data and security requirements of HIPAA and state laws. Marathon Health has the necessary controls, policies, and procedures in place to ensure the confidentiality, integrity, and availability of its information systems containing employee personal health information (EPHI).

Specific controls include:

- Device encryption for mobile and desktop computing
- PGP encryption of files transferred between vendors/partners
- AES encryption for data at rest including off-site backup storage
- Routine security awareness training and reminders
- Rigorous account lock out policies
- Daily security vulnerability scans
- Role based security
- Strict patch management for all systems

2. Is any data sent to a third-party? If yes, briefly describe the process and how it is protected?

Yes, we typically send a monthly flat file to the health plan for integration into their utilization reports. Flat file interfaces are transported over an encrypted connection such as http, sftp or ftps. All flat files are to be PGP encrypted prior to transport.

3. Who has access to the backups and servers and where will the data be stored and backed-up? Will it be backed-up and stored encrypted?

We perform full system backups on a daily basis. Backup media is sent off site through a national third party offsite storage vendor. All data sent offsite is stored in an encrypted format. Weekly tests are conducted to confirm the restorability of the offsite media.

4. How do you ensure you keep current on all the latest security updates?

All security updates are patched through within 24 hours of release.

5. Have you ever had a third-party security audit of your site/tools? If yes, when, by whom and what was the outcome? What resources could you provide to support this effort?

Marathon Health underwent a HIPAA audit in July of 2010. No vulnerabilities or security issues were identified and no remediation was recommended or required.

6. Do you have documented and published Information Security Policies and Standards?

Yes.

7. Do you have a Chief Information Security Officer?

We have a designated Privacy and Security Officer to ensure compliance and respond to issues that may arise. All Marathon Health employees are required to complete security training upon initial employment and annually thereafter. Our specific security controls include: rigorous account lock out policies, role-based security and daily security vulnerability scans.

8. Do you have a documented Security Incident Response Plan?

Yes.

9. Do you have a security awareness program for new employees and existing employees?

Yes.

10. Do you use a data center(s)? If yes, is the data center certified (e.g., SAS-70 II)? Where is the data center(s) located?

Yes, and yes, the data center is certified. The data center is located in a co-location facility in South Burlington, Vermont.

11. Are customer environments segregated (either logically or physically) from the corporate network?

Yes.

Administration

The City is evaluating vendor approach, capabilities, and experience in the administration of clinic activity.

1. How will you ensure consistency in service delivery and quality?

Please reference Exhibit 5: Quality Assurance Outline.

2. Please provide samples of your policies and procedures for the following operational processes:

A. Medical record release

Please reference Exhibit 10: Privacy Practices.

B. Patient scheduling

Employees and dependents can make appointments by calling the clinic or scheduling appointments online. The online appointment scheduling system is a core component of our eHealth Portal solution. While we encourage individuals to schedule appointments in advance, the scheduling system accommodates time for “walk in” visits and same-day appointments. Because our scheduling system is available online, patients can easily book appointments, view provider schedules, and communicate with clinic staff. By managing appointments through an online system, we are able to minimize wait times and maintain efficiencies in the health center workflow.

C. Referral to external specialist or primary care physician

We work closely with primary care physicians, specialists, and all healthcare providers to ensure the highest quality, most appropriate care is delivered. Our integrated, web-based technology platform allows us share information with a patient's primary care physician (upon receipt of consent) and encourages better coordination of care across all providers. Outreach activities include direct communication with the patient's physicians via written correspondence, secure messaging, or telephone. We send a letter of explanation of services to the specialty physician for individuals who participate in our disease management programs.

D. Referral to on-site health/wellness coach

E. Incorporation of HRA data into the patient file (or policies regarding use of secured patient portal to conduct a HRA if applicable).

F. Patient scheduling for same day/open access scheduling of appointments

Employees and dependents can make appointments by calling the clinic or scheduling appointments online. The online appointment scheduling system is a core component of our eHealth Portal solution. While we encourage individuals to schedule appointments in advance, the scheduling system accommodates time for “walk in” visits and same-day appointments. Because our scheduling system is available online, patients can easily book appointments, view provider schedules, and communicate with clinic staff. By managing appointments through an online system, we are able to minimize wait times and maintain efficiencies in the health center workflow.

G. Emergency response to security alarms

H. Management of clinical emergencies, transfer to a higher level of care

I. Evaluation of patient satisfaction

Marathon Health actively seeks feedback from employees and dependents. We have comment cards available for patient satisfaction data at the point of care. We also survey program participants through an online and/or paper survey six months post-live and annually thereafter.

J. Management of complaints and grievances

Once an employee contacts Marathon Health, staff in the office will take immediate action to resolve the complaint. We will respond within a 24 hour period, and resolve issue(s) as soon as possible. A staff person will investigate the complaint by gathering information and conducting whatever research is necessary. The complaint may be handled over the phone, or by the Marathon Health Coach in person. All complaints received by Marathon Health are treated as legitimate and worthy of a response. Complaints may relate to an individual staff member, to the treatment received, or to any number of issues related to the employee's interaction with Marathon Health.

If a complaint is not able to be resolved, it becomes a grievance and is forwarded to the Grievance Committee. More often than not, Marathon Health is able to resolve a complaint before it reaches this stage. All complaints forwarded up to the grievance committee must be resolved within 30 days, absent exceptional circumstances.

- K. Reporting of incidents and occurrences (risk management)
- L. Documentation of informed consent for minor invasive procedures
- M. Patient confidentiality privacy/security/confidentiality of medical records

Please reference Exhibit 10: Privacy Practices.

N. Medication administration/safety/storage

Where applicable, we have provided copies of our policies and descriptions of our procedures for the above operational processes. Please note that we have not provided process, policy, and protocol information for some that could potentially result in less than secure operations and inappropriate disclosure. Marathon Health complies with the data and security requirements of HIPAA, ADA, state laws and all other statutes affecting our services. We have the necessary controls, policies, and procedures in place to ensure the confidentiality, integrity, and availability of its information systems containing employee personal health information (EPHI). Marathon Health implements security measures that reduce the risks to its information systems containing EPHI to reasonable and appropriate levels. Marathon Health will not release specific information on processes and procedures in compliance with security policies adopted by the company.

3. Would you be willing to customize your operational policies and procedures for the City clinic?

We are generally considered a very flexible service organization. Without more detail on the processes The City of Fort Lauderdale would like customized, it is difficult to commit to any specific items at this time. That said, we will entertain a wide variety of custom options.

4. Does your technology platform offer coding assistance to confirm coding accuracy and documentation of patient visits?

Yes.

5. Can the technology platform verify a patient's eligibility and insurance coverage?

We are able to determine if a patient is eligible, what type of plan they have and if a copayment is

due.

6. Is your system compatible with all major insurance payors and billing clearinghouse systems?

Yes. We do not have any specific recommendations for clearinghouses since we are essentially compatible with them all.

7. Do you have the capability of controlling access to the clinic to individuals who are eligible for services? Describe the process for vendor identification and access control. Describe the process to manage individuals who present to the clinic as walk-ins who are not eligible for services.

At the City's request, we can restrict access to only those people who are included in the eligibility file we receive from the client. The first step in patient eligibility process is for the office staff to access our system and verify that the individual is on the file at the time the patient presents. If the person is not on the file, we can contact an HR representative to determine if the patient is a new hire (or dependent of a new hire) who is not yet on the file. If not, we can create a policy for politely communicating that the presenting individual is not eligible to use the health center.

8. Do you have the capability of managing eligibility for individuals who are enrolled in the employer group health, or based on other criteria selected by the City?

Yes.

Project Planning and Implementation

As this project advances, the City expects a team dedicated to overseeing and managing the implementation comprised of your representatives, its consultant(s), the City and its HR/benefits staff. If your approach for any of the questions below varies by service tier, please provide a separate response for each tier.

1. Please provide a sample implementation plan (existing in-house clinic to third party vendor management).

Please reference Exhibit 11: Fort Lauderdale Implementation Plan.

2. Please list the three most common problems encountered during implementations of this type that delay or add unexpected cost.

With the exception of go-live dates postponed at the request of the client, Marathon Health has never missed a target go-live date. That being said, the three most common reasons implementations could be delayed are, 1). Difficulty finding a qualified candidate(s) for clinic staff, 2). Fit-up and/or construction delays, and, 3). Delays in obtaining eligibility files and/or claims data from third parties. Given the relatively lengthy time period between vendor selection and clinic launch, we don't see these issues as a cause of concern.

3. Please describe how your organization has avoided these common sources of delayed implementation.

We have has several best practices and procedures in place to ensure a flawless implementation process that also addresses the three potential reasons for delays listed above. They include the following: 1) we utilize multiple sources for advertising as well as our existing network of clinicians and clients nationwide in order to avoid delays in finding qualified candidates for clinic staff. We offer a highly desirable position emphasizing quality and outcomes over volume. This emphasis and the preventive nature of our care model is attractive to many clinicians who are increasingly discouraged by the volume-driven fee-for-service acute care delivery model. 2) We work closely with the client's architects and general contractor through each stage of schematic design, design development and construction in order to avoid delays in fit-up of the space. We are experienced at all aspects of design and fit-up. We supply floor plans and guidance at every step of the way. 3) We provide detailed file formats and work closely with third parties on data transfer in order to prevent delays. We are flexible and can work with different data formats where required. 4) A detailed implementation plan is shared among our internal and client project implementation teams with established weekly conference calls and/or meetings to ensure adherence and timely achievement of milestone implementation specifications.

4. Please provide an overview of the process and participants necessary to ensure project success.

Please reference *Exhibit 1: Management Bios*. The elements we believe are necessary for project success are:

- Strong senior management support
- Meaningful financial incentives
- Frequency and quality of communications materials
- Coordinated benefit plan design that supports clinic use and health status improvement
- Environmental factors such as healthy choices in vending machines and cafeteria, smoke-free campus, opportunities for physical activity

5. What time commitments will be required of City team members during implementation and ongoing?

Please see *Exhibit 12: Responsibilities for Client Members*.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

SCOTT LAPLANT
MARATHON HEALTH
354 MOUNTAIN VIEW DRIVE STE 300
COLCHESTER, VT 05446

Qualification documents for MARATHON HEALTH, INC. were filed on April 16, 2007 and assigned document number F07000002055. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Dale White
Document Specialist
New Filing Section
Division of Corporations

Letter Number: 007A00025752



CERTIFICATE OF LIABILITY INSURANCE

CJB

DATE (MM/DD/YYYY)

1/30/2012

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

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

PRODUCER Hickok & Boardman, Inc. 346 Shelburne Road PO Box 1064 Burlington, VT 05402-1064		(802) 658-3500	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MARAINC-01	FAX (A/C, No):
INSURED Marathon Health, Inc. 354 Mountain View Drive Suite 300 Colchester, VT 05446		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Columbia Casualty Co		
		INSURER B : Hartford Casualty Ins Co		
		INSURER C : EastGUARD Insurance Company		
		INSURER D : Underwriters at Lloyds		
		INSURER E : Chubb		
		INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY		HMA10643901646	1/19/2012	1/19/2013	EACH OCCURRENCE	\$ 5,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000		
						PERSONAL & ADV INJURY	\$ 5,000,000		
						GENERAL AGGREGATE	\$ 5,000,000		
						PRODUCTS - COMP/OP AGG	\$ 5,000,000		
GENL AGGREGATE LIMIT APPLIES PER:									
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								
B	AUTOMOBILE LIABILITY		04SBAUK8133	1/19/2012	1/19/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS						\$		
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$		
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$		
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$		
	DEDUCTIBLE						\$		
	RETENTION \$						\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		MAWC341593	1/19/2012	1/19/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N						E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					N/A		E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liability		HMA10643901646	1/19/2012	1/19/2013	CLAIMS MADE COVERAGE	\$500,000		
D	Errors & Omissions		USUCS261718911	1/19/2012	1/19/2013	Cyber Errors & Omissions	\$5,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 E. Employee Dishonesty Coverage 82238388 1/19/12 1/19/13 Coverage Limit 100,000

CERTIFICATE HOLDER**CANCELLATION**

BLANK CERTIFICATE FOR BID PROPOSAL

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

AUTHORIZED REPRESENTATIVE

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RFP #725-11022
Reference Form

Please provide three examples of the following case studies based on your employer clients. Also include references for three (3) clients who have terminated your services. This form is to be included in Tab 9 of your proposal.

Current Clients:

Large employer with clinic locations implemented by your company:

- Name of Employer
City of Plantation, Fla.
- Number of Full-Time Employees
864
- Year implementation occurred
2010
- Overview of the employer
Municipality
- Industry (public preferred)
Government
- Location - (include onsite or near site)
Onsite
- Number of employees (1,500 to 4,000 preferred)
1,657 including dependents
- Definition of eligibility (active employees, spouses, children, retirees, participation in health plan required)
Employees, spouses, children, retirees.
- Financial model (cost-plus or all inclusive fee-for-service)
All inclusive fixed service fee
- Objectives of the clinics
Lower prevalence rates of chronic and high-risk population. Reduce healthcare costs/claims spend. Empower population to live a healthier lifestyle.
- Services offered
Primary care, health coaching, disease management, pharmaceutical dispensing, occupational health

- Full-time staffing (physician, physician assistant, nurse practitioner, medical assistant)
1.5 FTE nurse practitioners, .5 FTE registered nurse, 1 FTE medical assistant
- Number of hours per week and times available for appointments
45 hours per week. M-F 7:30-4:30. Th 11-8.
- Key performance measures that were tracked
Utilization, outcomes, prevalence rates, claims reduction, cost savings, reporting and employee/customer satisfaction.
- Challenges faced
- Keys to success
Strong senior management support; meaningful financial incentives; frequency and quality of communications materials; coordinated benefit plan design that supports clinic use and health status improvement
- Most recent outcomes (clinical, financial, utilization) comparison of primary care office visits, specialist off visits and urgent care visits before and after clinic implementation
This information can be reviewed directly with the reference.
- Financial and performance guarantees provided
This information can be reviewed directly with the reference.
- Name of employer contact who is responsible for clinic oversight. Please include phone number and email.
Margie Moale, Human Resource Director
Per our clients' request, please pre-schedule all reference calls with Marathon Health Marketing Specialist Phil Davidson at pdavidson@marathon-health.com or at 802.857.0443 and he will set up the calls for you.

Current Clients:

Large employer with clinic locations implemented by your company:

- Name of Employer
City of Chattanooga, Tenn.
- Number of Full-Time Employees
2,175
- Year implementation occurred
2011

- Overview of the employer
Municipality
- Industry (public preferred)
Government
- Location - (include onsite or near site)
Near site
- Number of employees (1,500 to 4,000 preferred)
7,000 including retirees and dependents
- Definition of eligibility (active employees, spouses, children, retirees, participation in health plan required)
Employees, spouses, children, retirees.
- Financial model (cost-plus or all inclusive fee-for-service)
All inclusive fixed service fee
- Objectives of the clinics
Lower prevalence rates of chronic and high-risk population. Reduce healthcare costs/claims spend. Empower population to live a healthier lifestyle.
- Services offered
Primary care, health coaching, disease management, full time pharmacy, full time occupational health
- Full-time staffing (physician, physician assistant, nurse practitioner, medical assistant)
2 FTE MDs, 3 FTE nurse practitioners, 2 FTE RNs, 3 FTE medical assistants
- Number of hours per week and times available for appointments
55 hours per week. M,W, F 8-5. Tu,Th 8-8. Sat 8-12.
- Key performance measures that were tracked
Utilization, outcomes, prevalence rates, claims reduction, cost savings, reporting and employee/customer satisfaction.
- Challenges faced
Generally speaking, we will see lower rates of engagement for employee health centers located offsite.
- Keys to success

Strong senior management support; meaningful financial incentives; frequency and quality of communications materials; coordinated benefit plan design that supports clinic use and health status improvement

- Most recent outcomes (clinical, financial, utilization) comparison of primary care office visits, specialist off visits and urgent care visits before and after clinic implementation
This information can be reviewed directly with the reference.
- Financial and performance guarantees provided
This information can be reviewed directly with the reference.
- Name of employer contact who is responsible for clinic oversight. Please include phone number and email.
Jonathan Woodard, Buyer
Per our clients' request, please pre-schedule all reference calls with Marathon Health Marketing Specialist Phil Davidson at pdavidson@marathon-health.com or at 802.857.0443 and he will set up the calls for you.

Current Clients:

Large employer with clinic locations implemented by your company:

- Name of Employer
Lexington-Fayette Urban County Government
- Number of Full-Time Employees
2,300
- Year implementation occurred
2012
- Overview of the employer
Municipality
- Industry (public preferred)
Government
- Location - (include onsite or near site)
Near site
- Number of employees (1,500 to 4,000 preferred)
6,400 including retirees and dependents
- Definition of eligibility (active employees, spouses, children, retirees, participation in health plan required)
Employees, spouses, children, retirees.

- Financial model (cost-plus or all inclusive fee-for-service)
All inclusive fixed service fee
- Objectives of the clinics
Lower prevalence rates of chronic and high-risk population. Reduce healthcare costs/claims spend. Empower population to live a healthier lifestyle.
- Services offered
Primary care, health coaching, disease management, pharmaceutical dispensing, occupational health
- Full-time staffing (physician, physician assistant, nurse practitioner, medical assistant)
1 FTE MD, 2 FTE nurse practitioners, 1 FTE RN, 2 FTE medical assistants, 1 FTE receptionist
- Number of hours per week and times available for appointments
53 hours per week. M,W, F 8-5. Tu,Th 8-7. Sat 8-12.
- Key performance measures that were tracked
Utilization, outcomes, prevalence rates, claims reduction, cost savings, reporting and employee/customer satisfaction.
- Challenges faced
Generally speaking, we will see lower rates of engagement for employee health centers located offsite.
- Keys to success
Strong senior management support; meaningful financial incentives; frequency and quality of communications materials; coordinated benefit plan design that supports clinic use and health status improvement
- Most recent outcomes (clinical, financial, utilization) comparison of primary care office visits, specialist off visits and urgent care visits before and after clinic implementation
This information can be reviewed directly with the reference.
- Financial and performance guarantees provided
This information can be reviewed directly with the reference.
- Name of employer contact who is responsible for clinic oversight. Please include phone number and email.
Melissa Lueker, Special Assistant to the CAO
Per our clients' request, please pre-schedule all reference calls with

Marathon Health Marketing Specialist Phil Davidson at pdavidson@marathon-health.com or at 802.857.0443 and he will set up the calls for you.

Terminated Clients

Name of Company
Total Number of Full-Time Employees
Name & Title of Contact
Email Address
Telephone Number
Services/Programs Delivered
Number of Eligible Employees
Duration of Service Relationship
Employer Industry
Reason for Termination

We have had two one-year pilot projects close. They did not renew beyond the one- year term due to budgetary reasons. One was with Healthways in Nashville. Healthways is the largest global provider of telephonic disease management solutions. They remain a strategic national partner and are a willing reference on our behalf. The other was a pilot with the Federal Government's Office of Personnel Management, GSA and Dept. of Interior. A reference letter is available upon request.



Exhibits - Table of Contents:

- **Exhibit 1**
 - Account Management Bios & Organizational Chart
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- **Exhibit 10**
 - Notice of Privacy Practices
- **Exhibit 11**
 - Fort Lauderdale Implementation Plan
- **Exhibit 12**
 - Responsibilities for Client Members



Account Management and Executive Leadership

The following individuals will have the responsibility and authority to respond to issues or problems for all areas concerning Marathon Health services.

Martha Brace

Vice President of Account Management

Martha will serve as the day-to-day account manager and will have overall responsibility for the account. She will work closely with your leadership team to ensure the Marathon Health program meets your objectives and exceeds all expectations. Martha joined Marathon Health with more than 12 years experience managing the operations and finances of complex physician practices and health centers. Most recently, Martha was the regional director of 11 health centers and 19 programs across New England. Responsibilities included budget management, facilities (capital improvements and renovations), recruitment and training, and all day-to-day operations. Prior to this, Martha held the position of practice administrator at Fletcher Allen Health Care (FAHC), a Level 1 Trauma Center including specialty and sub-specialty care. Martha was responsible for all operations, finance, and human resource processes for Neurology Health Services of FAHC. Martha is currently completing her MBA in Health Practice Management at Franklin Pierce University.

Jeff Shea

Executive Vice President of Sales

Jeff Shea is our Vice President of Sales with over 14 years of experience selling strategic products and solutions to employers. He also has in depth experience in strategic account management with employers, Health Plans and TPAs on a national basis. He brings strong insights into wellness and population health strategies and telephonic/web based intervention models. Jeff has a solid understanding of the changing dynamics of health care in the United States. He sees the current emphasis on total population risk management, disease management and case management as vital to improving the health status of covered employees and dependents. This emphasis is helping to reduce the burden of illness on a national basis. He is a graduate of the University of Florida.

Marathon Health is led by a team of experienced health and business professionals who are committed to improving overall workplace health and wellbeing.

Jerry Ford

Chief Executive Officer

Jerry Ford is the chief executive officer at Marathon Health and is responsible for overall business performance, corporate culture, and customer care. Ford is passionate about fostering organizational excellence, the innovative use of technology for measurement and process and improvement, and the continual development of a corporate culture that is dedicated to providing an exceptional customer experience. At Marathon Health, Ford is dedicated to redefining the delivery of healthcare at employer sites nationwide.



Ford brings to Marathon Health an extensive senior management background in healthcare information technology, process improvement, and customer experience management. Prior to joining Marathon Health, Ford was CEO and president of an Accel-KKR owned company (Systems & Software) where he guided the senior leadership team to apply operational efficiencies and core values that led to improved customer satisfaction and overall business performance. Prior to Systems & Software, Ford spent 15 years at IDX Systems Corporation where he most recently served as vice president of operations responsible for more than 300 large complex healthcare delivery system customers.

Scott T. LaPlant, CPA

Chief Financial Officer

Scott is responsible for financial management and human resource operations at Marathon Health. Prior to Marathon Health, Scott was a CPA in public practice for 12 years where he assisted clients in multiple areas, including financial modeling and analysis, management accounting functions, systems review and improvement, due diligence services in support of merger and acquisition transactions, auditing and other accounting functions. Scott also oversaw quality control and staff development for the firm's audit department. Scott earned a bachelor's degree in business administration from the University of Vermont and is a member of the American Institute of Certified Public Accountants and the Vermont Society of Certified Public Accountants.

Barbara Swan, NP-C

Chief Medical Information Officer

Barbara is responsible for Marathon Health's product and services, with a strong focus on the workflow design and integration of the eHealth Portal. With more than 25 years in the healthcare industry with a concentration in primary care settings, Barbara brings an in-depth understanding of ambulatory care. Prior to joining Marathon Health, Barbara served as product manager of the Electronic Medical Record at Allscripts and as a clinical consultant at IDX. She has worked in sales and marketing, product management, and clinical content development at these software companies. She served as an adjunct professor at the University of Vermont's Department of Nursing and prior to IDX; she worked as a Nurse Practitioner with a focus on well woman's health care and pediatrics. Barbara has a master's degree in nursing and is accredited as a Family Nurse Practitioner.

Beverly Raymond, NP

Vice President of Clinical Services

Bev has worked in the healthcare industry for the past 20 years in various nursing roles and settings including critical care, home health care, and academia. At Marathon Health, Bev is responsible for clinical practice oversight and protocols. Prior to Marathon Health, Bev developed and operated a primary care clinic for PKC Corporation utilizing the Coupler system as the foundation for the practice. The Coupler software is the evidence-based decision support tool currently in use at all Marathon Health sites.

David Demers, MPH

Vice President of Business Intelligence

David Demers is the director of strategic planning and product development for Marathon Health. David brings 25+ years experience in healthcare and human service organizations. His areas of expertise include strategic planning, product development, data analytics and quantitative development of onsite performance results. Prior to Marathon Health, David was Director of Medical Informatics at IDX where he developed and launched a management scorecard for medical practice plans and health systems currently in



use at medical centers across the United States. A Master of Public Health, David was trained at California State University Northridge and the University of Vermont. He is a certified Six Sigma Green Belt.

Tracey Moran

Vice President of Marketing

Tracey's expertise comes from more than 20 years of marketing and corporate communication experience responsible for internal communication and change management strategies, creating and implementing brand strategies, directing new product launches, and designing creative prospect and customer communication strategies to drive awareness. Tracey is responsible for developing and managing communications for all Marathon Health services, including initial promotion and ongoing health awareness campaigns and program communication.

William Campbell

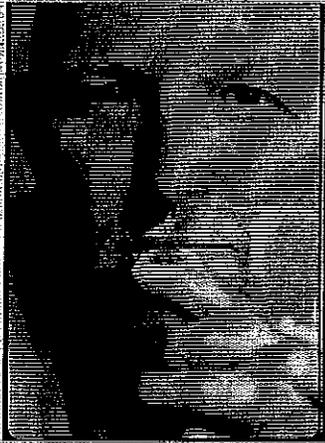
Vice President of Information Technology

Bill has more than 15 years of experience in healthcare technology in designing, managing, and implementing information systems. Most recently, Bill was at Allscripts, a leading provider of electronic medical software, where he was responsible for the WAN, LAN, Wireless, 100+server farm, security, and support of a high availability hosting center. Prior to Allscripts, Bill was with IDX where he managed, designed, and deployed a complex server environment in a public company.

Lisa Murphy, RN, BSN, MBA

Director of Clinical Education and Training

Lisa is the Director of Clinical Education and Training for Marathon Health and is responsible for organizing and managing the Training Department. This includes overseeing new hire training for all new providers, as well as developing and delivering ongoing training for all clinicians nationwide. As part of her role, she will work closely with Marathon Health clinicians in providing educational support to onsite clinical staff in many different capacities. Lisa received her Bachelor of Science in Nursing degree from the University of Vermont and a Master of Business Administration in HealthCare Management degree from the University of Phoenix. Her hospital clinical career included various hospital specialties working for multiple institutes such as the Mayo Hospital and Massachusetts General Hospital along with "Travel Nursing" for over 6 years. She was also a Wellness Nurse for employees at a large grocery-store chain in the Burlington area covering 2 locations. She has experience as a Clinical Educator and Clinical Consultant for a large, global medical device company along with Sales Training experience and Sales experience selling for a global research distributor.



CLIENT
REPORTING
PACKAGE

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MARATHON HEALTH CLIENT REPORTS

PG NO.	REPORT NAME	INDIVIDUAL	CLINICIAN	COMPANY	FREQUENCY	DESCRIPTION
3	Individual Screening Results	x	x		On Demand	Individual results relative to healthy ranges on 20 key factors
4	Individual Wellness Score	x	x		On Demand	Health scorecard predicting the individual's overall risk of disease
5	Clinical Disease Management Stratification		x		On Demand	This report lists active disease management patients
6	Clinical Risk Stratification		x		On Demand	This report lists active lifestyle risk patients
7	Progress Towards Goals Individual		x		On Demand	Graph of changes to biometrics overtime
8	Excess Costs Tied to Risk Profile		x	x	Annual	Excess cost due to chronic conditions and identified risks
9	High Risk Employees		x	x	Annual	Count of high risk employees and associated excess cost
10	Population Risk Profile		x	x	Annual	Prevalence rates vs. US average for all chronic conditions and risk factors
11	Risk Prevalence vs. Targets		x	x	Annual	Targeted modification to company risk profile and estimated savings
12	Risk Profile Executive Summary		x	x	Annual	Executive summary of risk profile and excess cost associated with profile
13	Change in Prevalence Rates		x	x	Semi-Annual	This chart shows change in prevalence rates for biometric measures
14	Progress Toward Biometric Goals		x	x	Semi-Annual	The chart shows progress toward biometric goals
15	Clinic Activity Report		x	x	Monthly	Onsite clinic visit volume by procedure and diagnosis
19	Impact on Paid Claims Total Spend		x	x	Semi-Annual	This graph shows changes to paid claims total spend
21	System Performance Measures		x	x	Annual	Total system performance key metrics

INDIVIDUAL SCREENING RESULTS

Marathon *health* For Life. Personal Health Record for: Flores, Maria

Home | My Health Record | Manage My Health | Wellness | Advice | Mail | Appointments | Change Password | Logout | Help

Goals | Summary | History | Results/Guidelines | Profile | Personal Info | Documents | Print

View: HHRA Go: Clinical Guidelines Risk Level: In-Target Range Low Moderate High Show All Show Graph Print

Screening Name	11/24/2010	02/02/10	04/01/09	Risk/Ranges	Frequency	Next Due	Why it's important to you
Systolic Blood Pressure	120	132	120	High: 140 or more Mod: 130-139 Low: 121-129 Target: 120 or less	Yearly	11/24/2011	Your blood pressure consists of two numbers: systolic and diastolic. The systolic number shows how hard the blood pushes when the heart is pumping. Elevated blood pressure can cause damage to your arteries, heart, and kidneys and lead to heart disease or stroke.
Diastolic Blood Pressure	80	94	78	High: 90 or more Mod: 81-89 Target: 80 or less	Yearly	11/24/2011	Your blood pressure consists of two numbers: systolic and diastolic. The diastolic number shows how hard the blood is being between heartbeats when the heart is relaxed and filling with blood.
Height (in.)	63	63	63	Not applicable	Once		
Weight (lbs.)	149	156	154	Not applicable	Yearly	11/24/2011	Being at a healthy weight can reduce your risk of weight-related diseases, such as heart disease, sleep apnea, diabetes, high blood pressure, and stroke.
Body Mass Index (BMI)	26.4	28.1	27.5	High: 30 or more Moderate: 25 - 29.9 Target: 24.9 or less	Yearly	11/24/2011	BMI is an estimate of body fat. The higher the BMI, the greater the risk of some diseases, including high blood pressure, heart disease, stroke, osteoarthritis, and diabetes.
Fasting Blood Glucose	84	84	82	High: 125 or more Mod: 110-125 Low: 101-109 Target: 100 or less	Every 6 yrs	11/24/2015	Blood glucose levels that remain high over time can damage your eyes, kidneys, nerves, and blood vessels.
Total Cholesterol	178	198	188	High: 240 or more Mod: 201 - 239 Target: 200 or less	Every 5 yrs	11/24/2015	Too much cholesterol can build up along the inside of blood vessel walls, forming what is known as plaque, which can increase your chances of heart disease or stroke.
LDL Cholesterol	135	148	144	High: 190 or more Mod: 160-189 Low: 130-159 Target: 129 or less	Every 5 yrs	11/24/2015	Sometimes called "bad cholesterol." A high LDL cholesterol level may increase your chances of developing heart disease.
HDL Cholesterol	35	42	40	High: 35 or less Mod: 26-34 Target: 40 or more	Every 5 yrs	11/24/2015	Sometimes called "good cholesterol." A high level of HDL cholesterol may lower your chances of developing heart disease or stroke.
TC/HDL Ratio		4.7	4.4	High: 7.0 or more	Every 5 yrs	02/12/2015	The total cholesterol (TC) to HDL cholesterol

This report tells the individual the results of their health screening, where they need to focus and why.

INDIVIDUAL WELLNESS SCORE

Marathon For Life		Personal Health Record for: Flores, Maria		My Health Record	
Home		My Health Record		Manage My Health	
Goals		Summary		History	
Results/Guidelines		Profile		Personal Info	
Documents		Print		Number of High Risks: 2	
View For: 03/02/2011		Update		Wellness Score: 71	
Health Risk Category	Result	Risk	Great (2)	Good (3)	Fair (4)
Blood Pressure		<input type="radio"/>	16 (16)		
Systolic	120				
Diastolic	80				
Smoking tobacco	Smokes cigarettes in certain situations (social occasions)	<input checked="" type="radio"/>	0 (8)		
Alcohol Use		<input checked="" type="radio"/>	10 (12)		
Alcohol Use Disorder Identification Test (AUDIT) score	3				
AUDIT-C: drinking in past year: 2 to 3 times a week (3)					
AUDIT-C: 1 to 2 drinks on typical day when drinking (0)					
AUDIT-C: 6+ drinks on one occasion past year: never (0)					
Cut down, Annoy, Guilty, and Eye opener (CAGE) Alcohol score	0 positive responses				
Glucose	84	<input type="radio"/>	8 (8)		
Cholesterol		<input checked="" type="radio"/>	16 (18)		
Total Cholesterol	178				
LDL Cholesterol	155				
HDL Cholesterol	35				
Body Mass Index (BMI)	26.4	<input checked="" type="radio"/>	4 (8)		
Presence of High Risk Medical Condition(s)	No high risk medical condition	<input type="radio"/>	1 (1)		
Stress	Stress level is low	<input type="radio"/>	6 (9)		
Copes Well with Stress	Yes	<input type="radio"/>	2 (2)		
Number of days of exercise in a typical week	1-2	<input checked="" type="radio"/>	3 (8)		
Safety Belt	Always wear's seat belt	<input type="radio"/>	2 (2)		
Perception of Health	Very Good	<input type="radio"/>	3 (3)		
Satisfaction with Life	In general, satisfied with life	<input type="radio"/>	2 (2)		
Satisfaction with Job	Yes	<input type="radio"/>	2 (2)		
Work days missed due to illness in past year	4 or less	<input type="radio"/>	2 (2)		
Sleep 7-8 hours a night	No	<input checked="" type="radio"/>	0 (2)		

This report provides the individual with an overall health score.

Wellness Score Key	
Excellent	92 to 100
Very Good	80 to 91
Good	70 to 79
Fair	51 to 69
Poor	50 or less

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CLINICAL DISEASE MANAGEMENT STRATIFICATION

Name: Allergies: MHP: E-mail:
Emp/Loc: Gender: PCP: User Name:
Phone: Language: DOB: FYI:

Schedule To Do Lists Record PKC Wellness Med Content Preferences | Logout | Help

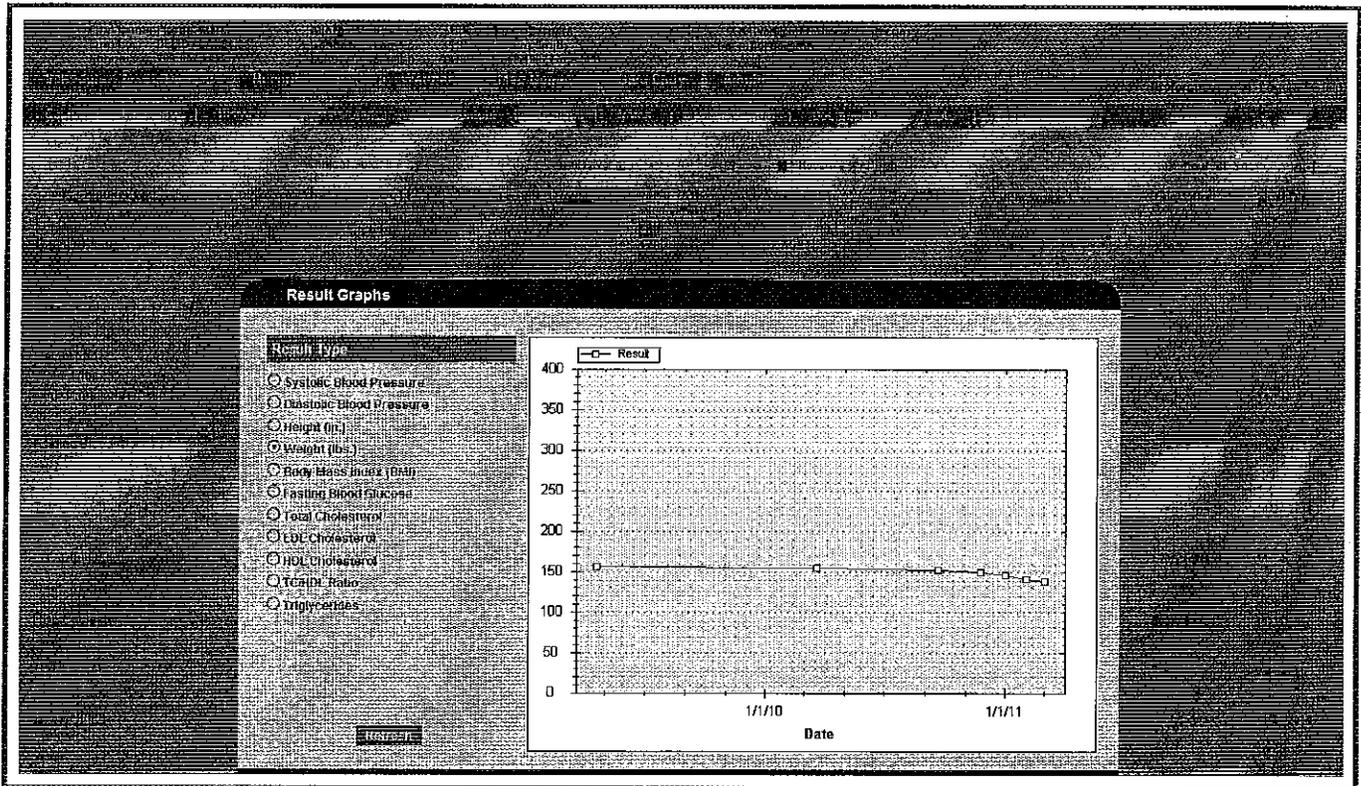
Mail Box Triage Mail Box Tasks Patient Lists

Life Style Risk Reduction Disease Management Filter: Customer: MH Location: All MHP: All
View: Active DM Patients Now Last Name: First Name: Filter: Clear

Patient	Hypertension	Diabetes	HR	ESIC	Chronic	Asthma	CCAI	IM	HN	GOB	Chronic	Case	Activity	Status	
CHANCEY, Dylan	F	09/02/09	0	1	2		X	X				10/23/09	View	Active	
BAER, LINDA	F		0	3	1			X					View	Active	
DIAZ, Laura	F		0	4	1			X				10/21/09	View	Active	
Harshbarger, SARAH	F		0	0	1	X							View	Active	
LIDDLE, Evette	F	09/10/09	1	1	1	X						10/28/09	View	Active	
Minor, ASHLEY	F		0	0	1			X				10/28/09	View	Active	
WHEATLEY, MICHAEL	F		2	0	1		X					02/09/10	View	Active	
ALLEN, DENISE	F		0	0	0								View	Active	
Arnold, Rochelle	F		0	0	0								View	Active	
Atchley, MICHELLE	F		0	0	0								View	Active	
Bristol, JOHN	F	09/02/09	1	0	0								View	Active	
BRODERIC, Robert	F	01/21/10	2	2	0								View	Active	
Brown, Kerila	F		0	0	0								View	Active	
CAPRA, GERALD	F		0	0	0								View	Active	

This report lists active disease management patients.

PROGRESS TOWARD GOALS: INDIVIDUAL



This report shows the individual how they are doing on their goals:

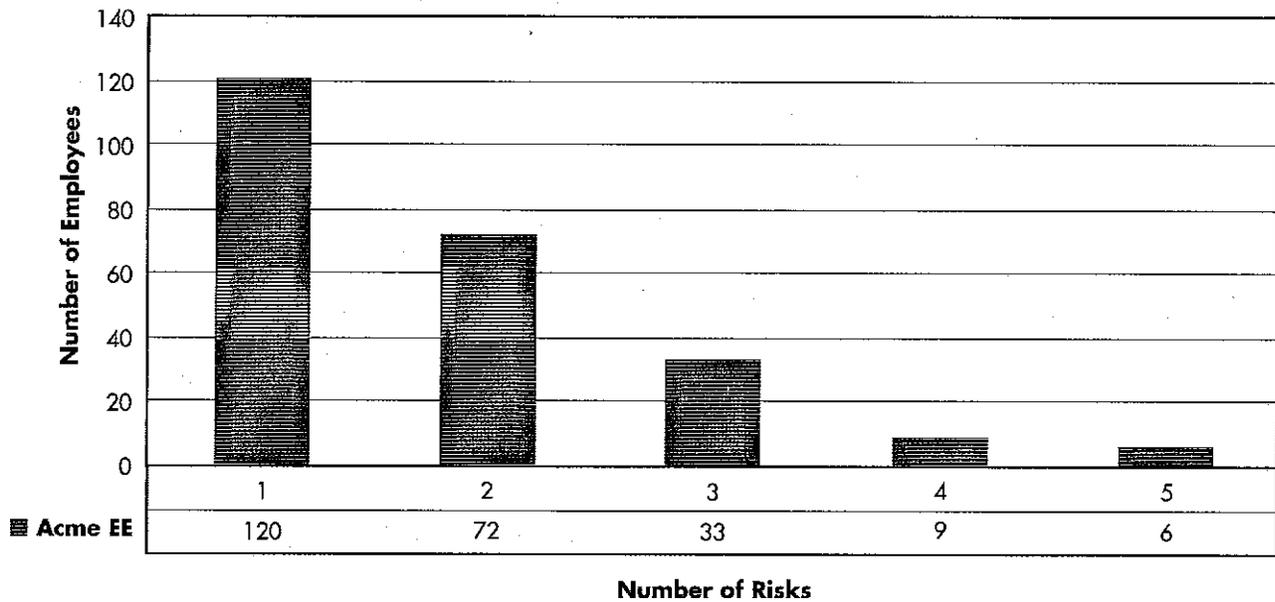
EXCESS COSTS TIED TO RISK PROFILE

POPULATION 1,166							
RISK FACTOR/ DISEASE STATE	PREVALENCE RATE	PREDICTED CASES	CONDITION-SPECIFIC (excess cost per year)		SAVINGS (percent of reduction)		
			EDINGTON	ICH515/ SYMMETRY	5%	7.5%	10%
Hypertension	30.7%	358	\$3,732	\$3,864	\$66,796	\$100,194	\$133,591
Hyperlipidemia	16.6%	194	\$2,276	\$3,259	\$22,027	\$33,040	\$44,058
Obesity	31.3%	365	\$2,633	n/a	\$48,047	\$72,070	\$96,098
Diabetes	10.2%	119	\$4,669	\$5,400	\$27,765	\$41,647	\$55,529
Coronary Artery Disease	6.2%	72	\$8,299	\$7,404	\$29,998	\$44,996	\$59,995
Asthma	6.8%	79	n/a	\$2,964	\$11,750	\$17,626	\$23,501
COPD	5.2%	61	n/a	\$5,076	\$15,388	\$23,083	\$30,777
Smoking	20.8%	243	\$2,290	n/a	\$27,769	\$41,654	\$55,539
Stress (anxiety, depression)	24.9%	290	\$2,571	n/a	\$37,322	\$55,984	\$74,645
TOTAL SAVINGS					\$286,862	\$430,293	\$573,724

This report calculates the excess cost associated with preventable claims.

HIGH RISK EMPLOYEES

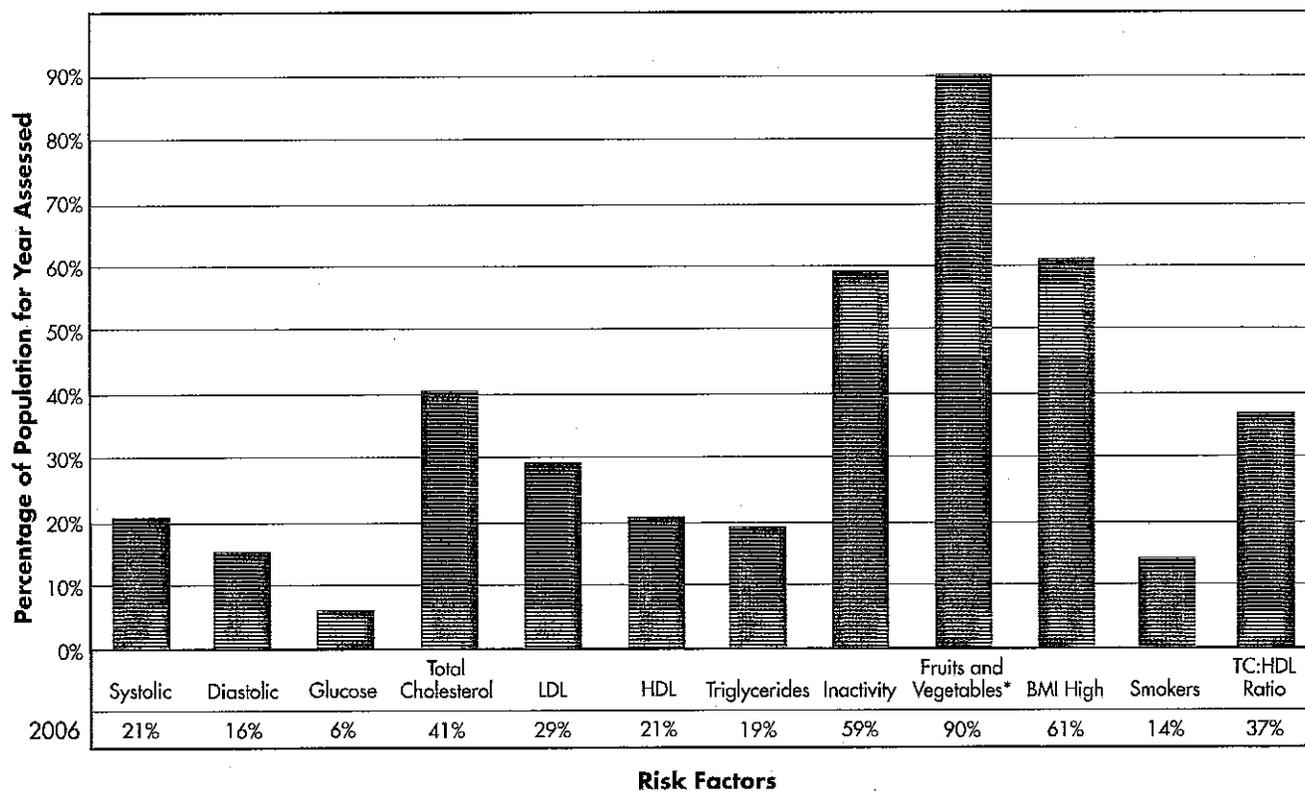
Acme Corporation High Risk Employees by Number of Risk Factors
(of those screened as of 3/31/2010)



This report tells the company how many employees are at risk.

POPULATION RISK PROFILE

2010 Normalized Data Based on Outside Recommended Range Report for Total Assessed Population

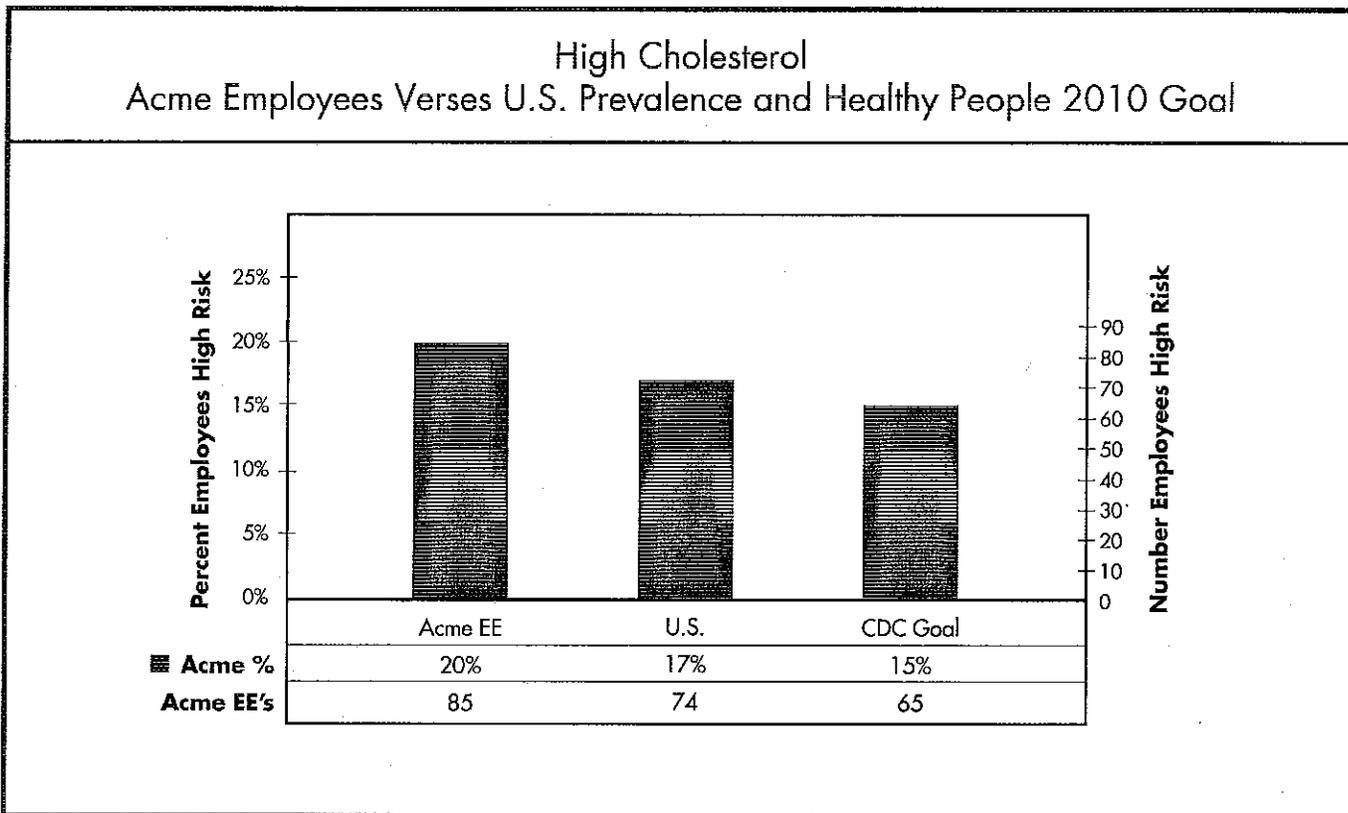


This report tells the company the prevalence rate for each risk factor.

*Reflects percentage of population that does not consume five or more servings of fruits and vegetables per day.



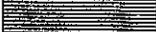
RISK PREVALENCE VS. TARGETS



This report compares company prevalence with the norm and CDC goals.



RISK PROFILE EXECUTIVE SUMMARY

RISK FACTOR	ACME	BENCHMARK	STATUS
High Blood Pressure	21%	31%	
Tobacco Use	13%	21%	
Alcohol Abuse	4%	7%	
High Cholesterol	22%	17%	
High Blood Sugar/Pre-Diabetes	5%	7%	
Obesity	36%	31%	
Physical Inactivity	24%	22%	
High Stress	17%	26%	
Job Dissatisfaction	3%	50%	
Life Dissatisfaction	3%	42%	
Work-Loss Days	9%	20%	
Inadequate Sleep	44%	33%	
Perception of Health	1%	10%	
Health Care Flags	12%	n/a	n/a

This report provides an executive summary of the companies risk profile.

Status Key	
	Highest Concern
	Medium Concern
	Least Concern

CHANGE IN PREVALENCE RATES

SCREENING PERIOD 1 (OCTOBER 2009–APRIL 2010)			
	Obesity BMI>30	Hypertension High BP 140/90	Cholesterol TC>200
Matched Cohort	372	384	381
Employees No.	132	103	159
Employees %	35%	27%	42%
SCREENING PERIOD 1 (JANUARY 2009–MARCH 2010)			
	Obesity BMI>30	Hypertension High BP 140/90	Cholesterol TC>200
Matched Cohort	372	384	381
Employees No.	115	97	99
Employees %	31%	25%	26%
REDUCTION FROM BASELINE			
	Obesity BMI>30	Hypertension High BP 140/90	Cholesterol TC>200
Matched Cohort	372	384	381
Employees No.	17	6	60
Employees %	5%	2%	16%

PROGRESS TOWARD BIOMETRIC GOALS

Customer: ABC

Location: All

Members: Employees Only

Cutoff Date 1: 12/31/2009

Cutoff Date 2: 5/15/2010

Biometric Category	Initial Patients Outside of Normal Range	Patients Who Made Progress Toward Normal Range	Percent of Patients Who Made Progress Toward Normal Range
Body Mass Index	466	130	27.90%
Systolic Blood Pressure	333	132	39.64%
Diastolic Blood Pressure	229	90	39.30%
Glucose	126	40	31.75%
Total Cholesterol	217	100	46.08%
LDL Cholesterol	228	99	44.39%
HDL Cholesterol	307	122	39.74%

CLINIC ACTIVITY REPORT FOR JUNE 2010

The tables in this report summarize the clinic activity for June 2009 at the ACME Clinics. The report includes the following:

- Clinic activity by type of visit (CPT-4 codes) and the value of savings from the redirected care
- Projected vs. actual encounters
- Encounters/ month trended over time
- Reasons for visits (ICD-9 codes)
- Prescriptions written

Table 1: Patient Encounters and Savings from Redirected Care				
CPT-4 Code	Description	Encounters	Cost/Encounter	Total Savings
99214	Office Visit, Est. – L4 (25 min)	60	\$89.31	\$5,358.60
99213	Office Visit, Est. – L3 (15 min)	34	\$58.98	\$2,005.32
99412	Preventive Med Group Counseling (60 min)	34	\$16.83	\$572.22
99402	Preventive Med Counseling – L2 (30 min)	26	\$63.01	\$1,638.26
87430	Rapid Strep	16	\$5.00	\$80.00
99211	Office Visit, Est. – L1 (5 min)	16	\$19.94	\$319.04
99203	Office Visit, New – L3 (30 min)	10	\$90.32	\$903.20
82947	Glucose	6	\$15.00	\$90.00
36416	Fingerstick (Capillary Blood Collection)	5	\$15.00	\$75.00
99371	Telephone call – L1	5	\$19.00	\$95.00
99202	Office Visit, New – L2 (20 min)	5	\$61.20	\$306.00
99403	Preventive Med Counseling – L3 (45 min)	4	\$86.86	\$347.44
99212	Office Visit, Est. – L2 (10 min)	4	\$36.21	\$144.84
83721	LDL Cholesterol	4	\$15.00	\$60.00
80061	Cholesterol(s)	4	\$20.00	\$80.00
81002	Urinalysis, Dipstick	3	\$5.00	\$15.00
99215	Office Visit, Est. – L5 (40 min)	3	\$120.53	\$361.59
99404	Preventive Med Counseling – L4 (60 min)	3	\$111.69	\$335.07
99372	Telephone call – L2	2	\$30.00	\$60.00
99401	Preventive Med Counseling – L1 (15 min)	1	\$37.80	\$37.80
*Fingerstick encounters are excluded from total encounter count.		207		\$12,884.38

Table 2: Projected Vs. Actual Encounters		
	Projected	Actual
Days Available	21	21
Encounters	200	207
Population	1367	1367
Rate (PP/Yr)	1.76	1.82
Per Day	9.55	9.86

CLINIC ACTIVITY REPORT FOR JUNE 2010 (CONTINUED)

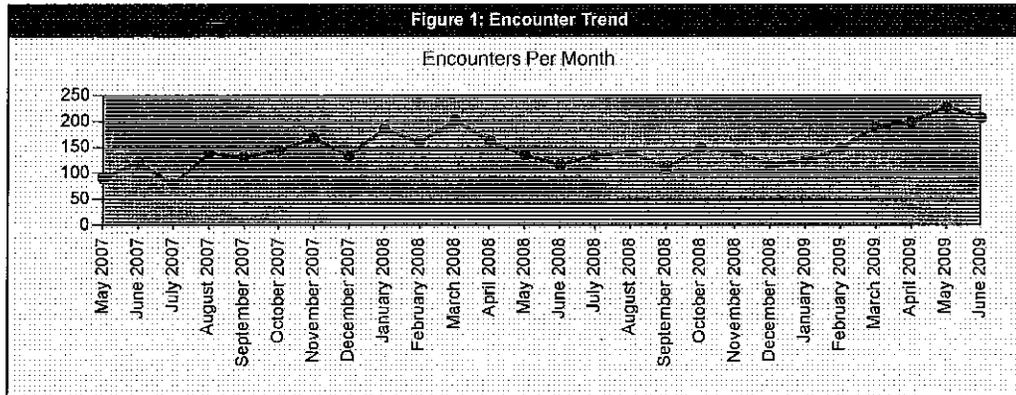


Table 3: Patient Diagnoses

ICD9 Code	Description	Total
V65.3	Diet and exercise counseling	55
461.9	Sinusitis, acute	15
462	Pharyngitis, acute	14
401.9	Hypertension	14
465.9	Upper respiratory infections	12
V58.3	Wound check or dressing change	9
796.2	Elevated blood pressure without hypertension	9
278.02	Overweight	8
786.2	Cough	7
466.0	Bronchitis, acute	7
372.0	Conjunctivitis, acute	6
V65.3	Dietary surveillance & counseling	5
	No Condition Applies	5
599.0	Urinary tract infection	5
782.1	Rash, skin	4
054.9	Herpes simplex	4
380.4	Cerumen impaction	4
272.4	Cholesterol or triglycerides elevated	3
477.9	Allergic rhinitis	3
493.90	Asthma	3
790.21	Glucose, fasting, impaired	3
346.90	Migraines	3
724.3	Sciatica	3
309	Stress	3
463	Tonsillitis	3
V65.42	Smoking cessation counseling	2
272.4	Hyperlipidemia	2

CLINIC ACTIVITY REPORT FOR JUNE 2010 (CONTINUED)

Table 3: Patient Diagnoses

ICD9 Code	Description	Total
723.1	Neck Pain	2
842	Hand sprain	2
682.9	Cellulitis, unspecified	2
V65.40	Counseling NOS	2
704.8	Folliculitis	2
89.7	General physical examination	2
790.29	Glucose, elevated	1
692.9	Dermatitis, eczema	1
562.10	Diverticulosis	1
724.2	Back pain, lower	1
372.30	Conjunctivitis	1
924.10	Confusion of lower leg	1
784.0	Headache	1
272.0	Hypercholesterolemia	1
214	Lipoma	1
V22	Normal pregnancy	1
782.0	Numbness	1
278.0	Obesity	1
873.43	Open wound of lip, uncomplicated	1
893.0	Open wound of toe(s), without mention of complication	1
388.70	Otalgia	1
374.84	Other disorders of eyelids; other disorders of eyelid; cysts of eyelid	1
382.9	Otitis media / ear infection	1
473	Sinusitis, persistent	1
709.9	Skin lesion	1
719.41	Shoulder pain	1
848.9	Unspecified site of sprain and strain	1
784.1	Throat pain	1
305.1	Tobacco use	1

Table 4: Prescriptions

Date	Medication	Dosage	Condition
6/26/2006	Azithromycin	250 mg	Sinusitis, acute
6/26/2006	Cephalexin	250 mg	Cellulitis, unspecified
6/26/2006	Tobramycin ophthalmic solution		Conjunctivitis, acute
6/1/2009	Amoxicillin	500 mg	Otalgia
6/1/2009	Amoxicillin	500 mg	Bronchitis, acute
6/2/2009	Cephalexin	250 mg	Cellulitis, unspecified
6/2/2009	Tobramycin ophthalmic solution		Conjunctivitis, acute
6/2/2009	Nitrofurantoin	100 mg	UTI
6/2/2009	Flovent HFA with spacer	110mcg/act	Asthma

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CLINIC ACTIVITY REPORT FOR JUNE 2010 (CONTINUED)

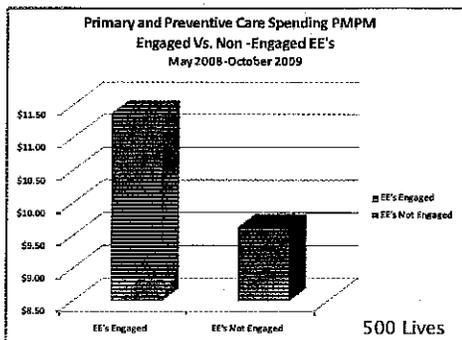
Table 4: Prescriptions

Date	Medication	Dosage	Condition
6/3/2009	Azithromycin	250 mg	Tonsillitis
6/3/2009	Amoxicillin/Clavulanate	400 mg	Cellulitis, unspecified
6/4/2009	Cephalexin	250 mg	Folliculitis
6/4/2009	Triamcinolone acetonide cream		Folliculitis
6/4/2009	Cortisporin Otic Solution	10 ml	Cerumen impaction
6/5/2009	Azithromycin	250 mg	Upper respiratory infection
6/8/2009	Fluticasone nasal spray	50mcg/spray	Allergic rhinitis
6/8/2009	Triamcinolone acetonide cream		Rash, skin
6/9/2009	Azithromycin	250 mg	Bronchitis, acute
6/9/2009	Advair	250/50	Asthma
6/9/2009	Albuterol HFA Inhaler		Asthma
6/9/2009	Amoxicillin	500 mg	Bronchitis, acute
6/12/2009	Chantix (starter)		Tobacco Use
6/15/2009	Amoxicillin	500 mg	bronchitis, acute
6/15/2009	Keflex	500 mg	Wound check or dressing change
6/16/2009	Azithromycin	250 mg	Sinusitis, acute
6/16/2009	Amoxicillin	500 mg	Pharyngitis, acute
6/16/2009	Amoxicillin	500 mg	Pharyngitis, acute
6/16/2009	Amoxicillin	500 mg	Sinusitis, acute
6/16/2009	Amoxicillin	500 mg	Sinusitis, acute
6/16/2009	Fluticasone nasal spray	50mcg/spray	Sinusitis, acute
6/17/2009	Acyclovir	400 mg	Herpes simplex
6/18/2009	Azithromycin	250 mg	Pharyngitis
6/18/2009	Nitrofurantoin	100 mg	UTI
6/18/2009	Amoxicillin	500 mg	Sinusitis, acute
6/18/2009	Amoxicillin	500 mg	Otitis media, ear infection
6/22/2009	Amoxicillin	875 mg	Sinusitis, acute
6/22/2009	Amoxicillin	875 mg	Sinusitis, acute
6/23/2009	Albuterol HFA c spacer		Cough
6/25/2009	Allegra	180 mg	Allergic rhinitis
6/25/2009	Nitrofurantoin	100 mg	UTI
6/25/2009	Diflucan	150 mg	UTI
6/25/2009	Tobramycin ophthalmic solution		Conjunctivitis, acute
6/29/2009	Macrobid	100 mg	UTI
6/29/2009	Fluocinnide ointment		Dermatitis, eczema
6/30/2009	Amoxicillin susp	400 mg/5 cc	Sinusitis, acute
6/30/2009	Valtrex	1 gm	Herpes simplex

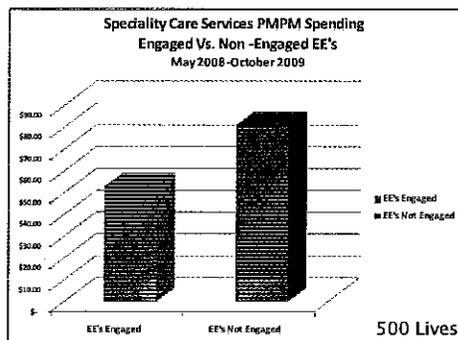
IMPACT ON PAID CLAIMS: TOTAL SPEND

Small Client

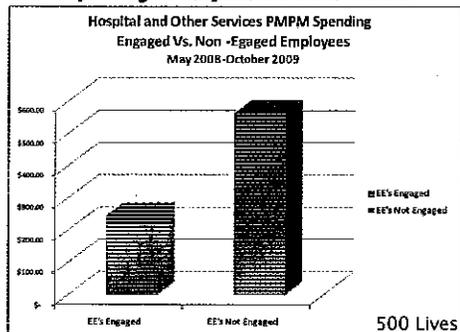
Higher spending on primary and preventive care...



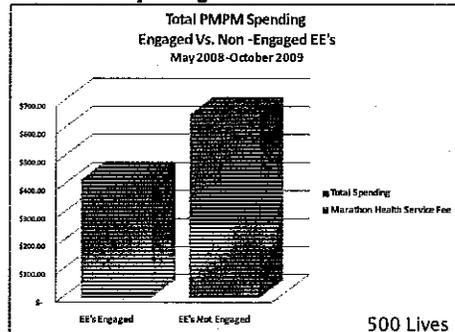
Lower spending on specialty care...



Lower spending on hospital and other care...

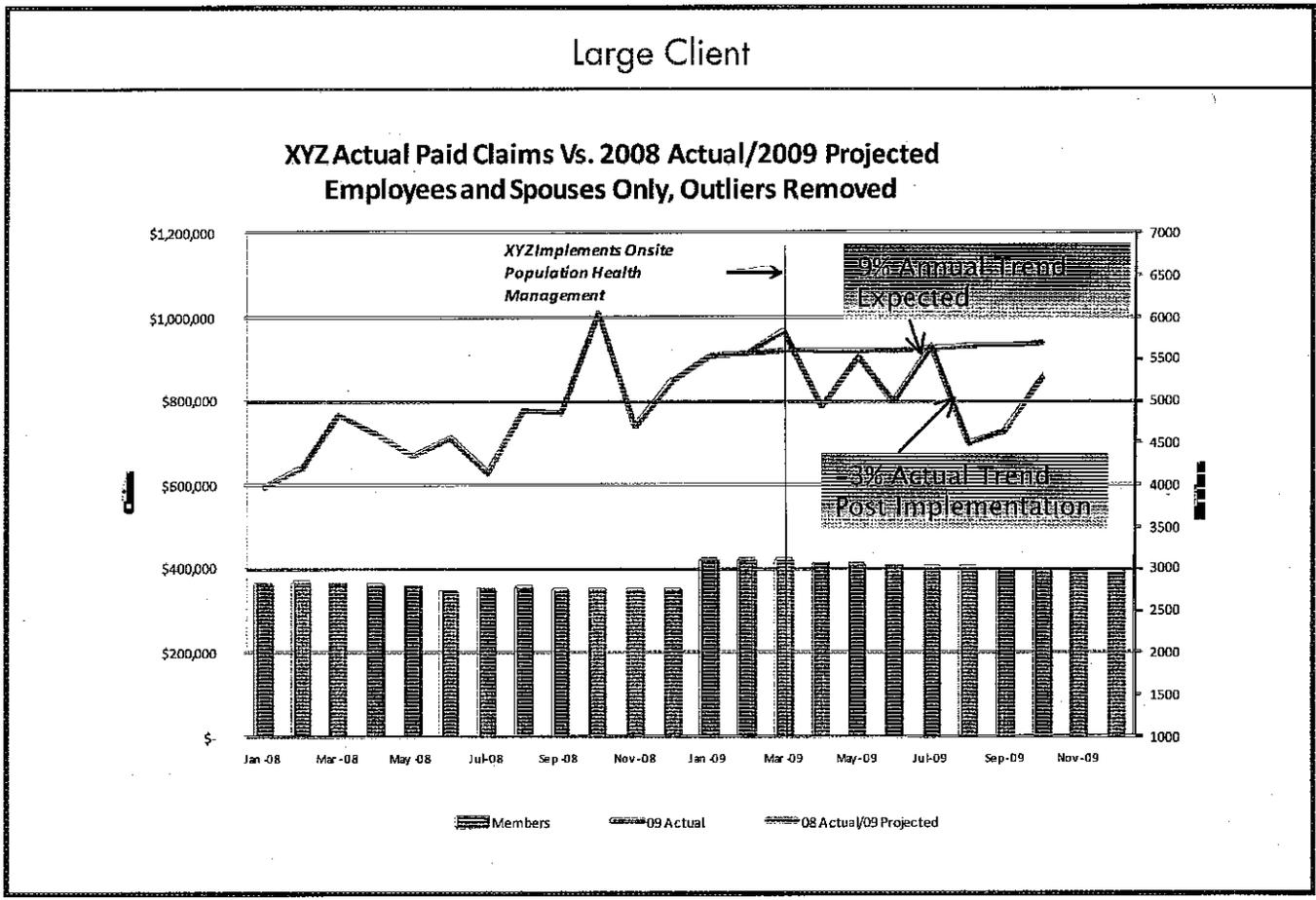


Lower total spending overall...



This graph shows changes to paid claims: total spend.
*Requires claims data from carrier.

IMPACT ON PAID CLAIMS: TOTAL SPEND (CONTINUED)



This graph shows changes to paid claims: total spend.
 * Requires claims data from carrier.

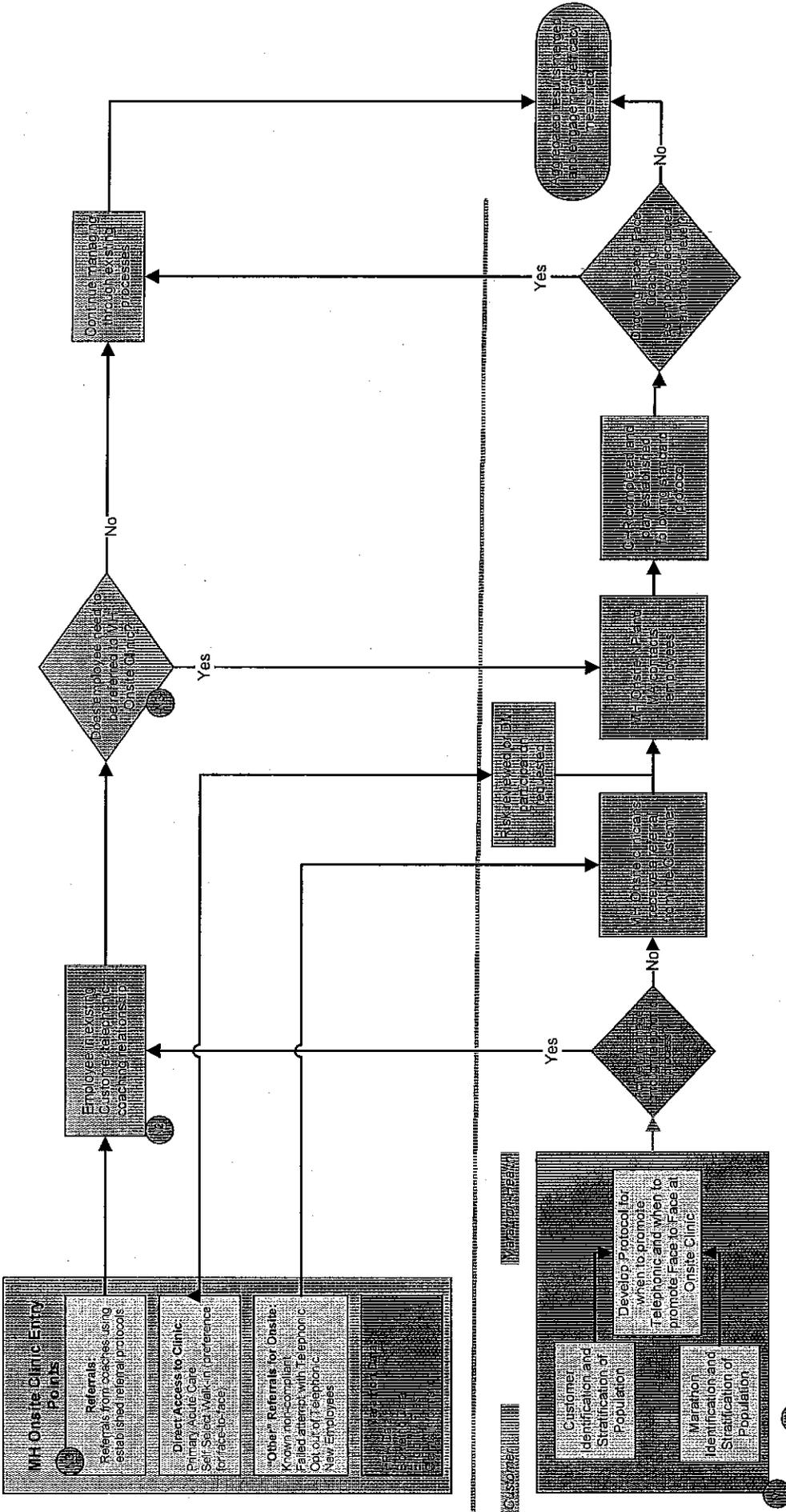
SYSTEM PERFORMANCE MEASURES

Category	Measure	Loosely Managed	Moderately Managed	Well Managed
Risk Management	HRA completion rate	< 20%	40%	60%
	Biometric screening rate	< 20%	40%	60%
	Percent at risk engaged	< 20%	40%	60%
	Diabetics at standard of care	< 20%	40%	60%
	Asthmatics at standard of care	< 20%	40%	60%
	CHD at standard of care	< 20%	40%	60%
Utilization	Office visits PMPY primary	1.0	1.8	2.5
	Office visits PMPY specialty	2.0	1.5	1.0
	Hospital adms per 1,000 pop	90	70	50
	ED visits per 1,000 pop	250	200	150
	Lab services PMPY	8	6.5	5
	Rx scripts PMPY	11.5	9.6	7.5
	Unit Cost	Primary care	\$150	\$101
Specialty care		\$225	\$175	\$125
Hospital admission cost		\$11,500	\$7,500	\$5,000
ER visit cost		\$11,761	\$750	\$500
Rx cost		\$75	\$50	\$30
Total Spend	Lab cost	\$50	\$35	\$25
	PMPM Medical & Rx	\$326.63	\$263.97	\$201.30
			\$240.08	

Healthcare Price, Cost and Utilization Benchmarks, Vol. 5, HCPro, Inc., October, 2008
 Milliman Healthcare Management Guidelines, 2007
 Agency for Healthcare Research on Quality, Medical Expenditure Panel-Survey (MEPS) data, August, 2006
 Kaiser Family Foundation, National Healthcare Spending Data at <http://www.kff.org/insurance/7031/ti2004-1-2.cfm>
 Marathon Health internal book of business data

Total system performance key metrics.
 *Requires claims data from carrier.

MH Onsite Clinic Flow with collaborative LM/DM Telephonic Coaching



Notes:

1. Populations should be run through Marathon Health and Customer (if available) identification processes and compared. Those identified through Marathon's process not identified by Customers will be the responsibility for Marathon to contact.
2. Employees already participating in LM or DM Telephonic programs can remain unless they are either referred by a coach or express a preference for face-to-face coaching.
3. Referral protocol recommendations into MH onsite include:
 - Top 20 - 40 % highest risk population for LM
 - Employees with co-morbidities and/or chronic disease poorly managed based upon predictive modeling analysis
 - Direct access to clinic
 - "Other" as noted above
4. Referral protocol recommendations into Customer telephonic LM and DM programs
 - Least high risk population (60%) or single chronic disease
 - Employee has reached "maintenance" level of face to face health coaching
 - Existing or prefers to remain in telephonic health coaching

Acronyms
 MH: Marathon Health
 DM: Disease Management
 LM: Lifestyle Management
 CHR: Comprehensive face to face Health Review

David R. French M.D.
Diplomate of Internal Medicine
140 Kingston Drive
Georgetown, Ky 40324
Home Phone: 502 863 6532
Cell: 502 542 0056
Email: drfmd@yahoo.com

PROFESSIONAL EXPERIENCE

Regional Medical Director
Marathon Health
2011-Present
Lexington, Ky

Director of Primary Care
Take Care Health First at Toyota Motor Manufacturing Kentucky
2006-11
Georgetown, Ky

Chief of Staff
Harrison Memorial Hospital, A Regional Medical Center
2004-2006
Cynthiana, Ky

Medical Director
Hospice of the Bluegrass, Nursing Home Care Division
2004-2006
Cynthiana, Ky

Vice Chief of Staff
Harrison Memorial Hospital
2002-2004
Cynthiana, Ky

Staff Physician
Harrison Memorial Hospital
2000-2006
Cynthiana, Ky

Locum Tenens, Emergency Room Physician
Garrard County Hospital
1998-2000
Lancaster, Ky

Locum Tenens, Emergency Room Physician

Marcum and Wallace Hospital
1998-2000
Irvine, Ky

Education

University of Kentucky College of Medicine
Residency, Internal Medicine
1997-2000
Lexington, Ky

University of Louisville School of Medicine
Doctor of Medicine
1993-1997
Louisville, Ky

Morehead State University
Bachelor of Science, Biology
Magna Sum Laude
1988-1993

Board Certification

American Board of Internal Medicine

Medical Licensure

Kentucky Board of Medical Licensure

Other Experience

Professional Representative, Cephalon Pharmaceuticals
Diagnosis and Management of Shift Work Sleep Disorder and Acute Muscle Spasm
2006-Present

Professional Representative, Novartis Pharmaceuticals
Diagnosis and Management of Hypertension
2001-2006

Professional Representative, Pfizer Pharmaceuticals
Diagnosis and Management of Hypertension and Hyperlipidemia
2002-2004

Professional Representative, Glaxo-Smithkline Pharmaceuticals
Diagnosis and Management of Non-Insulin Dependent Diabetes Mellitus

2003

University of Kentucky, Volunteer Faculty
2003-2006

Professional Statement and Goals

During my tenure as Chief of Staff at Harrison Memorial Hospital, the hospital underwent a \$15 million expansion and grew from a designation of a Community Hospital to that of a Regional Medical Center. As Director of Primary Care Medicine at Toyota Motor Manufacturing Kentucky (Toyota's largest plant outside of Japan with a daily workforce of approximately 9,000), I oversaw the development of a Primary Care practice in an industrial setting with a growth of greater than 400% in three years. I am interested in using my leadership, communication, and professional skills to tackle new challenges.

Quality Assurance Outline

Clinical Advisory Board: All clinical protocols, practices and processes are reviewed and updated by our clinical advisory board that is comprised of top medical experts in the field of onsite health. The members of this board include experts in quality assurance, motivational interviewing, Problem-Knowledge Couplers, behavioral change, nutrition, exercise, and primary care.

These board members include:

Barbara Swan, NP-C, Chief Clinical Officer, Marathon Health
Beverly Raymond, MSN, NP, Director of Clinical Services, Marathon Health
Charles MacLean, MD, Given Health Care, Burlington VT
Chris Stuart, MD, Northwest Family Physicians, Rogers MN
Dean Lea, PharmD, Director of Organizational Development, Marathon Health
Jean Harvey-Berino, PhD, RD University of Vermont
Jerry Ford, Chief Executive Officer, Marathon Health
Richard Pinckney, MD, Given Health Care, Burlington VT

Ongoing Credentialing: Annually, Marathon Health verifies that each clinician has a current license to practice in the state in which they are providing services and that they have maintained their national certification status (if applicable). The Director of Nurse Education and Recruitment is responsible for the maintenance of these records. The individual in this role also annually confirms that any legally required annual training has been met by each individual clinician. Specific actions include:

- Annually all clinical employees receive mandatory training around OSHA (blood borne pathogens) and HIPAA.
- Annual verification of professional license and certification status – confirmed with the designated medical/nursing boards.
- State rules and regulations for credentialing and licensing are identified and followed for each state in which we operate, most particularly in the state where the onsite health center is located for the client.
- An on-site personal evaluation of clinicians is performed onsite at least once annually.

Clinical Best Practices: Marathon Health employs a variety of tactics to ensure our clinicians have the latest medical knowledge available to them at the point of care.

Clinical Guidelines and Decision Support: All our clinicians have access to and make use of an online decision support tool called Problem Knowledge Couplers. This innovative tool, encompassing a 20+ year historical medical database, is continually updated and managed by a staff of 30 full-time medical researchers including physicians who review the latest medical literature to provide the most up-to-date medical information on an expanding list of conditions; currently comprised of 130 medical conditions. We use these tools to gather health information and develop solutions for our program participants. The Marathon Health clinician selects the

Coupler that addresses the health concern at hand and has the employee answer a series of questions online. Based on the participant's answers, the Coupler will electronically locate the medical information that is most pertinent to his or her unique situation and identify all possible treatment options. The dedicated research team makes updates to the database and releases a revised version for each condition every six months. All content is evidence-based and the review process includes board certified physicians. This Problem-Knowledge Coupler technology is deployed by the Department of Defense for our nation's 9+million armed services personnel and their family members as their core engine in determining evidence-based medical guidelines.

Clinical Reference Material: Our primary care providers receive an online subscription to UpToDate. UpToDate is a comprehensive evidence-based clinical information resource available to clinicians on the Web, desktop, and PDA. UpToDate is designed to get clinicians the concise, practical answers they need when they need them the most - at the point-of-care -- specific to their specialty. Topics are written exclusively for UpToDate by clinicians for clinicians - more than 3,600 clinicians serve as authors. The content is comprehensive yet concise and it's fully referenced. It goes through an extensive peer review process to ensure that the information and recommendations accessed are accurate and reliable. UpToDate also offers AMA PRA Category 1 Continuing Medical Education (CME) Credit™, AAFP Prescribed credit, AAP credit, AOA credit, AAPA equivalent credit, and AANP contact hours while clinicians work. The credits can be automatically tracked both on their desktop and in their online versions.

Training Manuals: Comprehensive training manuals and documentation exists for the Marathon Health Clinicians for each of the following:

- Disease Management Protocols and Clinical Guidelines
- Life Style Risk Reduction Protocols and Clinical Guidelines
- Electronic Health Portal
- Policies and Procedures
- OSHA Guidelines

Weekly Clinical Meetings: All the Marathon Health Clinicians meet weekly via audioconference, which is organized by the Chief Nursing Officer, to review clinical workflows, case studies, guidelines and polices, and address questions and concerns.

Annual Review of National Clinical Guidelines: The clinical management team at Marathon Health annually reviews national clinical guideline documents for each of our core programs and adjusts program protocols accordingly.

National Certification and Continuing Education: Our clinicians are provided with an annual allowance and paid time off to meet their national certification continuing education requirements.

Quality Review Process:

Chart Audits – Each month the Medical Director assigned to each mid level provider reviews 10% of that provider's progress notes. The Medical Director (who will be a locally contracted



Training Process Description

Your training will take place over a couple of weeks' time with the exposure to different styles of trainings and experiences to help guide and support you into your new role. Depending on the clinic circumstances and timeframe of your hire, you may participate in all or some of the training sessions outlined below.

Overview:

Online Training:

- Prior to your start date you will need to complete the required HIPAA, OSHA and HIPAA IT security training modules online through our training website MediaLab. You will receive a link with your username & password from the training department once you have signed the offer letter and a background check has been completed. Once you receive the link, this should be completed as soon as possible.
- You will also need to review the Marathon Health Employee Handbook that will be assigned with the above assignments. At the end of the handbook you will need to acknowledge that you understand and read the material.

VT Corporate Training:

- This is an intense 5 day comprehensive, hands on classroom style training. This week will provide you with a better understanding of Marathon Health as a company and provide you with the exposure and hands on practice with our electronic medical record system to be confident and successful in your clinic.

Home Study:

- Home study is dedicated time spent reviewing Marathon Health policies, procedures, and clinical workflows while mastering the EMR content using the training portal, reading assignments, training videos and Webex based sessions.

Onsite &/or Shadow Clinic Visit:

- The opportunity for onsite training allows clinicians to shadow other Marathon Health Providers to understand the workflow of a clinic that is up and running. If the clinic already exists, you will be training at your onsite location; however, if you are joining a newly built clinic you will travel to an existing clinic for this exposure. Typically, this type of training is for 4 days.

Clinic Set Up/Pre Go-Live Week:

- The clinic set-up week includes unpacking boxes, receiving inventory and physically setting up your exam and office areas. You will be setting up the clinic from scratch and making sure that you have all the supplies you need to get started. This week may also include Webex and follow up training sessions as you and your trainer coordinate your schedule.

Clinic Go-Live Week:

- Go-Live is when you will actually start seeing patients. This week is tailored to your site and is managed by your account manager. You may have an open house or some other type of activity scheduled to allow the employees to meet you and see the clinic. You will also start seeing patients this week and will have the support of a site visit clinical team to assist you this first week.

Post Go-Live Week+:

- You will be paired with a MOA or Clinical Coordinator depending on your role after your "official" Go-Live week. This person will act as a resource for you and will be responsible for identifying training needs. Weekly calls to touch base and discuss clinical questions, concerns and address any other items are typical. It is important to understand that you are still managed by the Marathon Health Account Manager.

2- 6 Month Site Visit:

- A follow up site visit is used as an ongoing Training tool. These may be conducted by a variety of people such as your Coordinator, Training Department or other clinical staff that has been designated for this visit. The ongoing Competency Checklist is used to address and review areas of competency and used as a tool to identify further areas of training needs.

#	Delivery Date and Status	Communication Item (\$)	Target Audience	Messages	Responsible Party	Interim Deadlines
13.	• September TBD	Open House	• All New York-based employees	<ul style="list-style-type: none"> • Come see the Center • Meet the staff • Take a look at the portal • Eat good food! 	•	•
14.	• October TBD	Health Fair Table \$	• All New York-based employees	<ul style="list-style-type: none"> • Raffle • MH services brochure • Blood pressure or body fat testing 	•	•
15.	• December 7	E-mail: Announce bio screens and link to Pick-a-Time screening scheduler	• All New York-based employees	<ul style="list-style-type: none"> • Health screening announcement • Time and place • How to schedule an appointment 	•	•
16.	• December 7	Bio Screening Posters \$	• All New York-based employees	<ul style="list-style-type: none"> • Health screening announcement • Time and place • How to schedule an appointment 	•	•
17.	• April 10	Postcard: mid-year program booster \$	• All New York-based employees	<ul style="list-style-type: none"> • Get involved, get healthy, get your rewards! 	•	•

#	Delivery Date and Status	Communication Item (\$)	Target Audience	Messages	Responsible Party	Interim Deadlines
6.	September 7	Welcome Package – Brochure \$	All New York-based employees	<ul style="list-style-type: none"> Program services 	•	•
7.	September 7	Welcome Package - Envelope \$	All New York-based employees	<ul style="list-style-type: none"> DO NOT DISCARD: Important Health Information Enclosed 	•	•
8.	July 20	“Coming Soon” Poster \$	All New York-based employees	<ul style="list-style-type: none"> Visual announcement of the Center, opening date, services offered 	•	•
9.	September 7 – 11	Meet & Greet – Brown Bag Series with the clinician	New York – Based	<ul style="list-style-type: none"> See # 11 above 	•	•
10.	August 17	FAQ – post on Intranet	All New York-based employees	<ul style="list-style-type: none"> All program details from FAQ in the Handbook 	•	•
11.	September 3	Email: invitation to the Open House	All New York-based employees	<ul style="list-style-type: none"> Come see the Center Meet the staff Take a look at the portal Eat good food! 	•	•
12.	September 11	Banner \$	All New York-based employees	<ul style="list-style-type: none"> Now Open Hours of Operation 	•	•

- Messages – The proposed content of the communication
- Responsible Party – The person(s) responsible for developing the communication
- Interim Deadlines – Key interim due dates to be met prior to distribution

Completed Activities are Shaded

#	Delivery Date and Status	Communication Item (\$)	Target Audience	Messages	Responsible Party	Interim Deadlines
		Communications Audit/Checklist	Internal communications team	N/A		N/A
2.	June 17	Communication Plan	Internal communications team	N/A		N/A
3.	July 9 Not Started	Email: Announce the Onsite Center	All U.S. employees	Wellness program expansion What is The COMPANY ABC Onsite Wellness Health Center? Why just in NY?		
4.	June 26	Communications Handbook: Key Messages / FAQ Document	All New York-based employees Internal use only	Develop a comprehensive single source of information about the Center Center communications will be "mined" from the Handbook		N/A
5.	September 7	Welcome Package – Letter \$	All New York-based employees	Program introduction UN and PS for health portal		

IV. TARGET AUDIENCES

Understanding the various audiences and their expected reactions to the Center will better enable COMPANY ABC to plan communications that are tailored to meet the needs of each target audience. The communications should address the Anticipated Reactions identified in the Target Audience Assessment below.

Target Audience	Impact	Anticipated Reaction
1. All U.S. Employees	Medium	<ul style="list-style-type: none"> • Why is COMPANY ABC opening the Center? • Will this benefit extend beyond the NY office?
2. New York-Based Employees (1,345):	High	<ul style="list-style-type: none"> • Why is COMPANY ABC opening the Center? • Where will Center be located? • Who qualifies? • What are the hours of operation? • What services are provided? • Questions about service fees / co-pays / lab fees • RX questions • What is the fit with my PCP? • Concerns about data confidentiality • Questions about relationship to health insurance benefits • How to schedule appointments? • Concern about confidentiality of NP / PA

V. COMMUNICATION PLAN

The Communication Plan outlines the following details:

- **Delivery Date and Status** – The date or timeframe for the communication and stage of the activity (e.g. Not Started, In Process, Completed)
- **Communication Item (\$)** – What the communication is, the method / vehicle for delivery, and if budget dollars are required
- **Target Audience** – Stakeholders targeted to receive or participate in the communication

COMPANY ABC Health Center

Communication Plan

I. INTRODUCTION AND BACKGROUND INFORMATION

The Communication Plan outlines a planned set of communications developed to launch the onsite health services offered by Marathon Health. The intent of the communications is to generate excitement for new possibilities in health and wellness, drive participation in the center services, and educate employees about how the business benefits by improving health and well-being of its workforce.

For the communications to be successfully executed, the following items require additional consideration:

- Communications in a law firm will require extensive review and inclusion of all appropriate liability waivers and disclaimers
- The Communication Plan is a living tool. As progress toward the opening date is made and feedback is received, communication items can be added or modified to reflect the ongoing communication needs of the audiences.
- Effective communications transmit relevant information to the right audience at the optimal time. Communication drafts must travel rapidly through the following chain of approval to ensure relevancy and mitigate confusion:

II. COMMUNICATION PROGRAM GOALS

Goals include:

- Drive participation in services
- Educate employees on services available
- Educate about the business drivers for offering onsite health and wellness services
- Promote a culture of health and wellness

III. CURRENT TACTICS

Information for this section is based on communications audit that is performed as part of the implementation process.

4700-2	Plavix	Clopidogrel		Lipotropics	TABS 75MG	90	B	Rx	\$ 529.48	Requires specialty care of cardiologist	
5261-1	Niaspan	Vitamin B3 (Niacin)		Lipotropics	TBCR 1000MG	30	B	Rx	\$ 136.59		
5262-1	Niaspan	Vitamin B3 (Niacin)		Lipotropics	TBCR 500MG	30	B	Rx	\$ 81.10		
5750-0	TrCor	Fenofibrate		Lipotropics	TABS 145MG	30	B	Rx	\$ 139.80		
5750-1	TrCor	Fenofibrate		Lipotropics	TABS 145MG	90	B	Rx	\$ 411.97		
5766-0	Vytorn	Ezetimibe and simvastatin		Lipotropics	TABS 10mg/20mg	30	B	Rx	\$ 127.77		
5648-0	Vytorn	Ezetimibe and simvastatin		Lipotropics	TABS 10mg/40mg	30	B	Rx	\$ 127.60	Med dispensing vendor does not carry the med due to the expense & infrequent utilization	
	TriLipix	Fenofibric acid		Lipotropics				Rx			
5947-2	Lovaza	Omega-3-acid ethyl esters		Lipotropics	CAPS 1GM	120	B	Rx	\$ 136.84	We do not dispense heparin derivatives	
5947-0	Lovaza	Omega-3-acid ethyl esters		Lipotropics				Rx			
5937-0	Loirel	Amlodipine Besylate/Benzazepril HCl		Other hypotensives	CAPS 5/10 mg	30	G	Rx	\$ 52.94		
5359-0	Loirel	Amlodipine Besylate/Benzazepril HCl		Other hypotensives	CAPS 5/20 mg	30	G	Rx	\$ 45.92		
5968-0	Benicar HCT	Olmesartan and hydrochlorothiazide		Other hypotensives	TABS 40/12.5 mg	30	B	Rx	\$ 119.86		
5903-0	Benicar HCT	Olmesartan and hydrochlorothiazide		Other hypotensives	TABS 40/25 mg	30	B	Rx	\$ 113.54		
5606-0	Benicar	Olmesartan		Other hypotensives	TABS 20MG	30	B	Rx	\$ 89.64		
4767-0	Cleван HCT	Valsartan and hydrochlorothiazide		Other hypotensives	TABS 160/12.5mg	30	B	Rx	\$ 106.37		
9667-0	Cleван HCT	Valsartan and hydrochlorothiazide		Other hypotensives	TABS 160/25 mg	30	B	Rx	\$ 111.60		
4768-0	Cleван HCT	Valsartan and hydrochlorothiazide		Diabetic Therapy	TABS 15MG	30	B	Rx	\$ 91.17		
4880-0	Actos	pioglitazone HCl		Diabetic Therapy	TABS 30MG	30	B	Rx	\$ 166.66		
4881-0	Actos	pioglitazone HCl		Diabetic Therapy	TABS 45MG	30	B	Rx	\$ 262.65		
4882-0	Actos	pioglitazone HCl		Diabetic Therapy	TABS 45MG	30	B	Rx	\$ 273.73		
5605-0	Lantus	Insulin glargine		Diabetic Therapy	SC SOLN 100u/ML	1	Vial 10 ML	B	Rx	\$ 115.52	We do not dispense insulin/Venor does not med due to the expense & infrequent utilization
	Actoplus Met	Pioglitazone and metformin		Diabetic Therapy							
5925-0	Byetta	Exenatide		Diabetic Therapy	MG						
5925-0	Januvia	Sitagliptin		Diabetic Therapy	TABS 100MG	30	B	Rx	\$ 216.44	We do not dispense insulin/Venor does not med due to the expense & infrequent utilization	
	Humalog	Insulin Lispro		Diabetic Therapy							
	Lantus Solostar	Insulin glargine		Diabetic Therapy							
	Janumet	Sitagliptin and metformin		Diabetic Therapy							
	Levemir	Insulin detemir		Diabetic Therapy							
6179-2	Valtrex	valacyclovir HCl		Antivirals	TABS 1GM	30	G	Rx	\$ 158.72	Med dispensing vendor does not carry the med due to the expense & infrequent utilization	
6179-1	Valtrex	valacyclovir HCl		Antivirals	TABS 1GM	21	G	Rx	\$ 109.26	We do not dispense insulin/Venor does not med due to the expense & infrequent utilization	
	Viread	Tenofovir		Antivirals						We do not dispense HIV, Chronic Hepatitis meds	
	Atypia	Efavirenz, emtricitabine, and tenofovir		Antivirals						We do not dispense HIV meds	
	Kaletra	Lozanavir and ritonavir		Antivirals						We do not dispense HIV meds	
	Valecyte	Valganciclovir		Antivirals						We do not dispense HIV meds	
4671-2	Celebrex	Celecoxib		Antiarthritics	CAPS 100MG	30	B	Rx	\$ 82.18		
4671-0	Celebrex	Celecoxib		Antiarthritics	100MG	60	B	Rx	\$ 156.07		
4672-0	Celebrex	Celecoxib		Antiarthritics	200MG	30	B	Rx	\$ 139.91		
4672-4	Celebrex	Celecoxib		Antiarthritics	200MG	60	B	Rx	\$ 259.60		
	Humira	Adalimumab		Antiarthritics						Requires specialty care of rheumatologist	
	Enbrel	Etanercept		Antiarthritics						Requires specialty care of rheumatologist	
4605-0	Singulair	montelukast sodium		Bronchial Dilators	TABS 10MG	30	B	Rx	\$ 140.87		
4605-1	Singulair	montelukast sodium		Bronchial Dilators	TABS 10MG	90	B	Rx	\$ 415.17		
4735-0	Singulair	montelukast sodium		Bronchial Dilators	CHEW 5MG	30	B	Rx	\$ 140.89		
5242-0	Advair Diskus	fluticasone propionate/salmeterol		Bronchial Dilators	MISC 250/50 mcg 1	1	B	Rx	\$ 242.43	Med dispensing vendor does not carry the med due to the expense & infrequent utilization	
	Spiriva	Tiotropium		Bronchial Dilators						Med dispensing vendor does not carry the med due to the expense & infrequent utilization	
5471-0	Symbicort	Budesonide and formoterol		Bronchial Dilators						Med dispensing vendor does not carry the med due to the expense & infrequent utilization	
	Augmentin	amoxicillin/clavulanate potassium			TABS 875/125MG	20	G	Rx	\$ 28.66		

5471-1	Augmentin	amoxicillin/clavulanate potassium	TABS	875/125MG	10	10	G	Rx	\$ 16.93	
5471-2	Augmentin	amoxicillin/clavulanate potassium	TABS	875/125MG	14	14	G	Rx	\$ 15.50	
5471-3	Augmentin	amoxicillin/clavulanate potassium	TABS	875/125MG	28	28	G	Rx	\$ 35.42	
5695-0	Lunesta	Eszopiclone	TABS	2MG	30	30	B	Rx	\$ 175.62	
5760-0	Ambien CR	zolpidem tartrate/extended release	TBCR	12.5MG	30	30	B	Rx	\$ 195.58	
5760-1	Ambien CR	zolpidem tartrate/extended release	TBCR	12.5MG	20	20	B	Rx	\$ 131.62	
5482-0	Prilosec	omeprazole	CPDR	20MG	30	30	G	Rx	\$ 5.56	
5482-2	Prilosec	omeprazole	CPDR	20MG	15	15	G	Rx	\$ 6.19	
5482-3	Prilosec	omeprazole	CPDR	20MG	60	60	G	Rx	\$ 12.56	
5682-0	Prilosec OTC	omeprazole	TBEC	20MG	14	14	B	OTC	\$ 16.13	
5118-0	Pantoprazole Sodium	Protonix	TBEC	40MG	30	30	B	Rx	\$ 168.95	
4981-0	AcipHex	rabeprazole sodium	TBEC	20MG	30	30	B	Rx	\$ 220.58	
5483-0	Lexapro	escitalopram oxalate	TABS	10MG	30	30	B	Rx	\$ 111.80	
5484-0	Lexapro	escitalopram oxalate	TABS	20MG	30	30	B	Rx	\$ 116.56	
5675-0	Cymbalta	duloxetine HCl	CP24	60MG	30	30	B	Rx	\$ 147.93	
4655-0	Eflexor XR	venlafaxine HCl	CP24	75MG	30	30	B	Rx	\$ 148.14	
5231-0	Eflexor XR	venlafaxine HCl	CP24	150MG	30	30	B	Rx	\$ 161.19	
Xyrem		Gamma hydroxybutyrate								Med dispensing vendor does not carry the med - controlled substance
Previgil										Med dispensing vendor does not carry the med - controlled substance
Nuvigil										Med dispensing vendor does not carry the med - controlled substance
Zegerid		Omeprazole and sodium bicarbonate								Med dispensing vendor does not carry the med due to the expense & infrequent utilization
Prograf		tacrolimus								Med dispensing vendor does not carry the med - specialty drug for organ transplant patients
Copaxone		glatiramer acetate injection								Med dispensing vendor does not carry the med - specialty drug for multiple sclerosis patients
Rebif		Interferon beta-1a								Med dispensing vendor does not carry the med - specialty drug for multiple sclerosis patients
Avonex		Interferon beta-1a								Med dispensing vendor does not carry the med - specialty drug for multiple sclerosis patients
Pulmozyme		dnase alfa								Med dispensing vendor does not carry the med - specialty drug for cystic fibrosis patients
Xolair		Omalizumab								Med dispensing vendor does not carry the med - injectable drug used to treat asthma
Avanes Administration		Interferon beta-1a								Med dispensing vendor does not carry the med - specialty drug for multiple sclerosis patients
Thalomid		Thalidomide								Med dispensing vendor does not carry the med - specialty drug for multiple myeloma
Exjade		Deferasirox								Med dispensing vendor does not carry the med - specialty drug for patients undergoing multiple blood transfusions
Betaseron		interferon beta-1b								Med dispensing vendor does not carry the med - specialty drug for multiple sclerosis patients
OTHER MEDS TYPICALLY DISPENSED IN AN ONSITE CLINIC NOT LISTED ABOVE INCLUDE:										
4091-2	Benzonatate		PERLE	100mg		30	G	Rx	\$ 6.84	
5921-1	Cefdinir		CAP	300 mg		20	G	Rx	\$ 32.17	
0304-3	Cephalexin		CAP	250 mg		28	G	Rx	\$ 7.21	

Code	Generic Name	Brand Name	Strength	Quantity	Unit	Form	Price
0305-0	Cephalexin	Cephalexin	500 mg	20	20 G	Rx	\$ 7.35
5574-0	Ciprofloxacin	Ciprofloxacin	500mg	20	20 G	Rx	\$ 10.64
5584-2	Ciprofloxacin	Ciprofloxacin	250mg	10	10 G	Rx	\$ 5.21
0118-3	Doxycycline	Doxycycline	100 mg	20	20 G	Rx	\$ 4.95
5585-0	Fluconazole	Fluconazole	150mg	1	1 G	Rx	\$ 4.25
3341-0	Hydrocortisone/Neomycin	Hydrocortisone/Neomycin/Polymyxin B olic sol	3.5/10000/1	1	10 mL	G	\$ 22.59
0289-4	Ibuprofen	Ibuprofen	800mg	60	60 G	Rx	\$ 6.43
0843-3	Methocarbamol	Methocarbamol	750mg	30	30 G	Rx	\$ 5.62
5576-0	Macrobid	Nitrofurantoin monohydrate (Macrobid)	100 mg	14	14 G	Rx	\$ 9.40
2710-5	Penicillin V	Penicillin V	500mg	30	30 G	Rx	\$ 8.37
1038-0	Prednisone	MethylPREDNISolone (Pak) Oral Tablet	4 mg	21	21 G	Rx	\$ 5.53
5777-0	ProAir HFA	albuterol sulfate	108 mcg/act	1	1 G	Rx	\$ 46.61
4507-1	Ranitidine	Ranitidine	150mg	60	60 G	Rx	\$ 5.24
5202-0	Silver sulfadiazine cream	Silver sulfadiazine cream	1.00%	1	50 gm	G	\$ 10.14
0075-0	Sulfamethoxazole-TMP DS	Sulfamethoxazole-TMP DS	800/160 mg	10	10 G	Rx	\$ 4.59
3781-0	Tobramycin sulfate oph s	Tobramycin sulfate oph soln	0.30%	1	5mL	G	\$ 6.23
1084-0	Triamcinolone acetonide	Triamcinolone acetonide cream	0.10%	1	15 GM	G	\$ 4.55
0547-0	HydroDiuril	hydrochlorothiazide(HCTZ)	25MG	30	30 G	Rx	\$ 4.57
0547-1	HydroDiuril	hydrochlorothiazide(HCTZ)	25MG	100	100 G	Rx	\$ 5.34
0547-8	HydroDiuril	hydrochlorothiazide(HCTZ)	25MG	200	200 G	Rx	\$ 6.57
5566-0	Glucophage	metformin HCl	500MG	60	60 G	Rx	\$ 5.46
5560-3	Glucophage	metformin HCl	500MG	100	100 G	Rx	\$ 6.54
5954-0	Toprol XL 50mg tablet	metoprolol succinate	50MG ER	30	30 G	Rx	\$ 25.60
3760-0	Naprosyn	naproxen	500MG	15	15 G	Rx	\$ 4.65
3760-1	Naprosyn	naproxen	500MG	20	20 G	Rx	\$ 4.61
3760-2	Naprosyn	naproxen	500MG	30	30 G	Rx	\$ 5.07
3760-5	Naprosyn	naproxen	500MG	40	40 G	Rx	\$ 5.73
3760-7	Naprosyn	naproxen	500MG	60	60 G	Rx	\$ 6.32
1754-1	Phenergan	promethazine HCl	25MG	10	10 G	Rx	\$ 4.80
1754-6	Phenergan	promethazine HCl	25MG	20	20 G	Rx	\$ 4.97
1754-8	Phenergan	promethazine HCl	25MG	30	30 G	Rx	\$ 5.40
5618-0	Zolift 50mg tablets	sertraline HCl	50MG	30	30 G	Rx	\$ 5.12
3967-1	Dyazide	frameterene/hydrochlorothiazide	37.5-25	30	30 G	Rx	\$ 6.65
5780-0	Fiorass 50mcg/spray	Nefopidine propionate	37.5-25	30	30 G	Rx	\$ 5.11
5555-0	Amoxicillin peds	Amoxicillin	500MG	100	100 G	Rx	\$ 7.81
5819-0	Azithromycin peds	Azithromycin	400 mg/ 5 ml	15	15 G	Rx	\$ 12.25
1025-0	Cephalexin peds	Cephalexin	250 mg/ 5 ml	30	30 G	Rx	\$ 9.49
6162-0	nicotine lozenge	nicotine lozenge	2 mg	72	72 G	OTC	\$ 14.59
6163-0	nicotine lozenge	nicotine lozenge	4 mg	72	72 G	OTC	\$ 33.74
5832-0	Chantix Starting Month	varenicline	0.5mg/1mg	53	53 B	Rx	\$ 189.36
5833-0	Chantix Continuing Month	varenicline	1 mg	56	56 B	Rx	\$ 188.35
6160-0	Zyban	Bupropion HCl (Generic Zyban)	150mg	60	60 G	Rx	\$ 33.74



Training Process Description

Your training will take place over a couple of weeks' time with the exposure to different styles of trainings and experiences to help guide and support you into your new role. Depending on the clinic circumstances and timeframe of your hire, you may participate in all or some of the training sessions outlined below.

Overview:

Online Training:

- Prior to your start date you will need to complete the required HIPAA, OSHA and HIPAA IT security training modules online through our training website MediaLab. You will receive a link with your username & password from the training department once you have signed the offer letter and a background check has been completed. Once you receive the link, this should be completed as soon as possible.
- You will also need to review the Marathon Health Employee Handbook that will be assigned with the above assignments. At the end of the handbook you will need to acknowledge that you understand and read the material.

VT Corporate Training:

- This is an intense 5 day comprehensive, hands on classroom style training. This week will provide you with a better understanding of Marathon Health as a company and provide you with the exposure and hands on practice with our electronic medical record system to be confident and successful in your clinic.

Home Study:

- Home study is dedicated time spent reviewing Marathon Health policies, procedures, and clinical workflows while mastering the EMR content using the training portal, reading assignments, training videos and Webex based sessions.

Onsite &/or Shadow Clinic Visit:

- The opportunity for onsite training allows clinicians to shadow other Marathon Health Providers to understand the workflow of a clinic that is up and running. If the clinic already exists, you will be training at your onsite location; however, if you are joining a newly built clinic you will travel to an existing clinic for this exposure. Typically, this type of training is for 4 days.

Clinic Set Up/Pre Go-Live Week:

- The clinic set-up week includes unpacking boxes, receiving inventory and physically setting up your exam and office areas. You will be setting up the clinic from scratch and making sure that you have all the supplies you need to get started. This week may also include Webex and follow up training sessions as you and your trainer coordinate your schedule.

Clinic Go-Live Week:

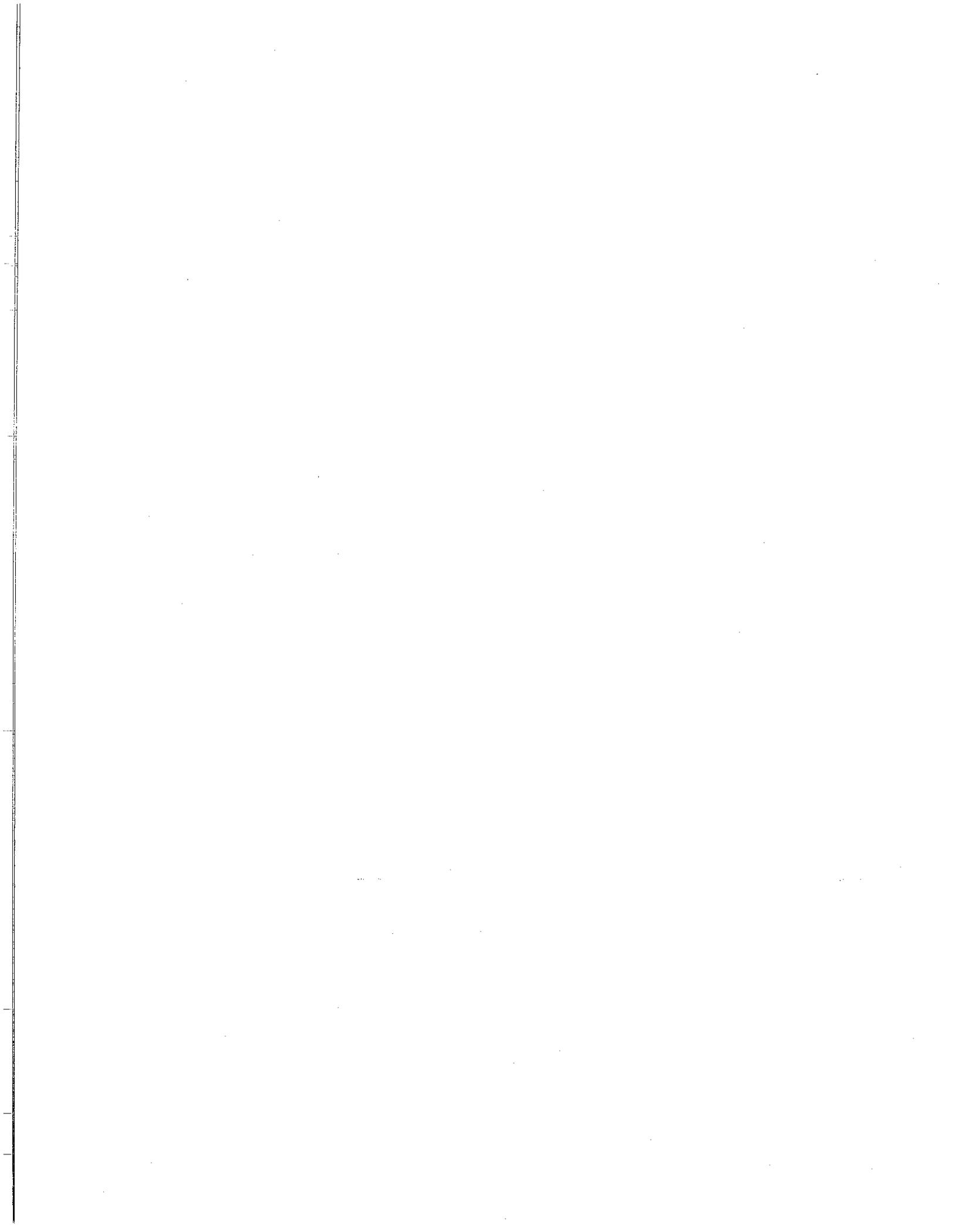
- Go-Live is when you will actually start seeing patients. This week is tailored to your site and is managed by your account manager. You may have an open house or some other type of activity scheduled to allow the employees to meet you and see the clinic. You will also start seeing patients this week and will have the support of a site visit clinical team to assist you this first week.

Post Go-Live Week+:

- You will be paired with a MOA or Clinical Coordinator depending on your role after your "official" Go-Live week. This person will act as a resource for you and will be responsible for identifying training needs. Weekly calls to touch base and discuss clinical questions, concerns and address any other items are typical. It is important to understand that you are still managed by the Marathon Health Account Manager.

2- 6 Month Site Visit:

- A follow up site visit is used as an ongoing Training tool. These may be conducted by a variety of people such as your Coordinator, Training Department or other clinical staff that has been designated for this visit. The ongoing Competency Checklist is used to address and review areas of competency and used as a tool to identify further areas of training needs.





Effective February 17, 2010

MARATHON HEALTH NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Marathon Health uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Marathon Health.

How Marathon Health May Use or Disclose Your Health Information

For Treatment. Marathon Health may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment.

For Payment. Marathon Health may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. Marathon Health may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Required by Law. Marathon Health may use and disclose information about you as required by law. For example, Marathon Health may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research. Marathon Health may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other Uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Marathon Health has taken action in reliance on such authorization.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, Marathon Health is not required to agree to a requested restriction unless the requested restriction (i) relates to disclosures to a health plan for payment and/or health care operations, and (ii) the PHI relates to a health care service or product for which you have paid in full and out of your own pocket.
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- Amend your health record, as provided in 45 CFR §164.526, by submitting a written request;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- Receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528 and the HITECH Act.

Complaints

You may complain to Marathon Health and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Marathon Health

Marathon Health is required by law to:

- Maintain the privacy of protected health information and notify you in the event of a breach if the breach poses a significant risk of financial, reputation, or other harm to you;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Appointment Reminders

We may call you to remind you of an appointment at our facility. Please let us know if you do not wish to be called.

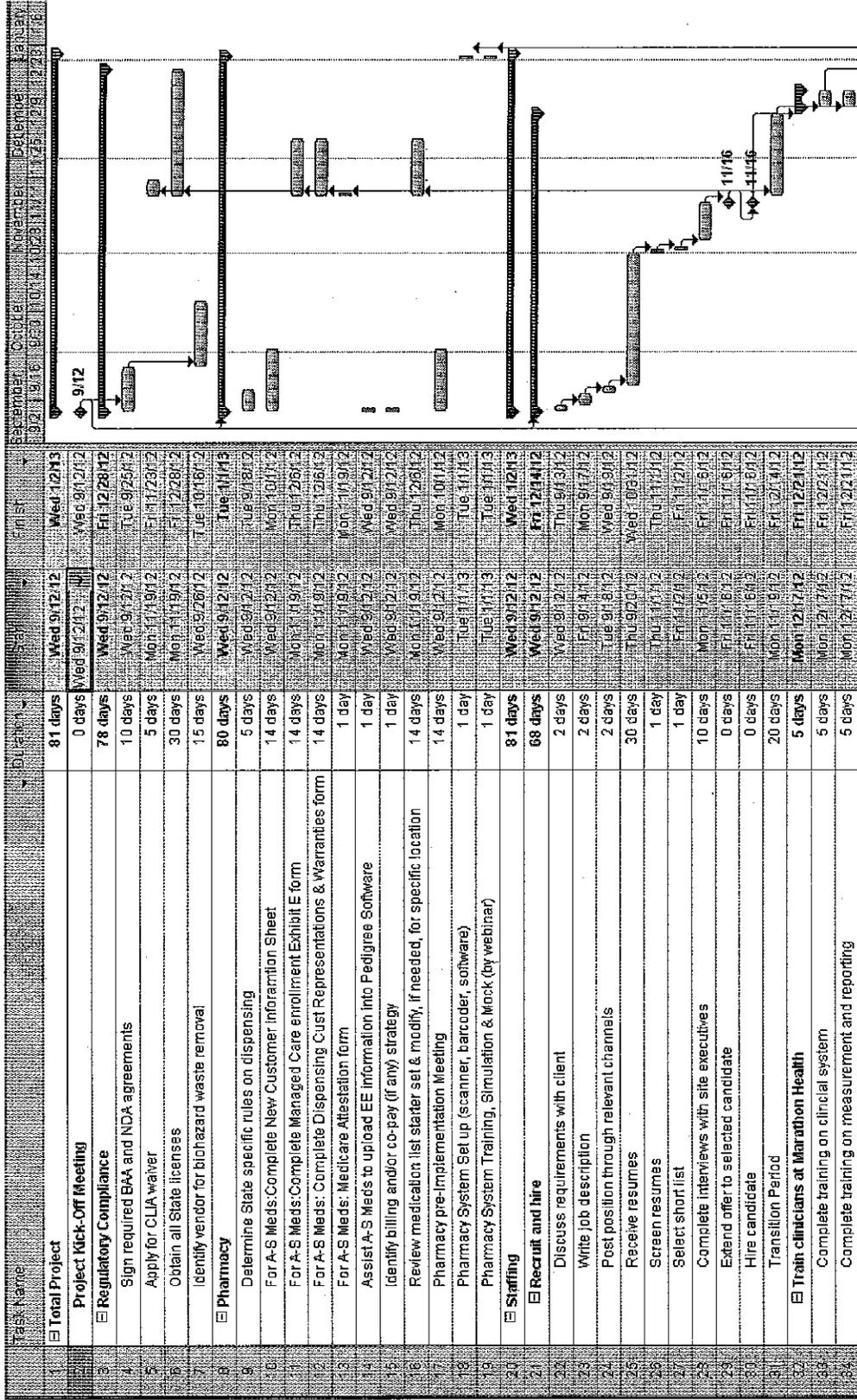
Contact Information

If you have any questions or complaints, please contact:

Marathon Health
Privacy Officer
Marathon Health
354 Mountain View Drive, Suite 300
Colchester, VT 05446
1-802-857-0400

Marathon Health reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you at Marathon Health's website:

www.Marathon-Health.com



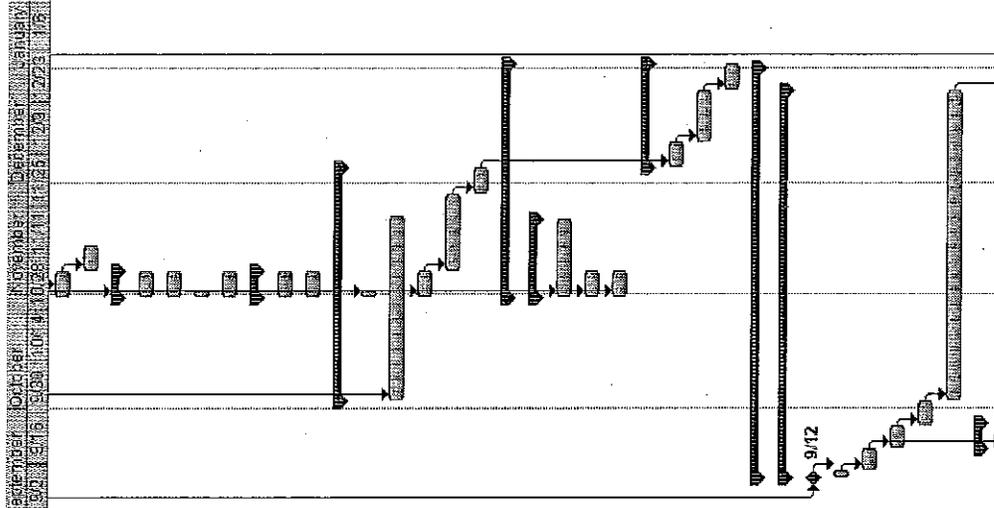
Fort Lauderdale Implementation Plan

2012-2013

Task Name	Quantity	Start	Finish	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Complete training on administrative systems	5 days	Mon 12/17/12	Fri 12/21/12				
<input type="checkbox"/> Train clinicians at existing MH client	5 days	Mon 12/24/12	Fri 12/28/12				
Shadow a seasoned clinician	5 days	Mon 12/24/12	Fri 12/28/12				
Complete case studies	5 days	Mon 12/24/12	Fri 12/28/12				
<input type="checkbox"/> Train clinicians onsite at Client Locations	3 days	Mon 12/31/12	Wed 1/2/13				
Use scheduling and communications systems for a visit	3 days	Mon 12/31/12	Wed 1/2/13				
Diagnose using a coupler	3 days	Mon 12/31/12	Wed 1/2/13				
Enter progress notes using a coupler	3 days	Mon 12/31/12	Wed 1/2/13				
Generate reports and set-up scheduling for patients	3 days	Mon 12/31/12	Wed 1/2/13				
<input type="checkbox"/> Information Technology	30 days	Wed 9/12/12	Tue 10/23/12				
<input type="checkbox"/> Scope IT Effort	0 days	Wed 9/12/12	Wed 9/12/12				
Confirm locations and clinicians	0 days	Wed 9/12/12	Wed 9/12/12				
Obtain client IT contact info and make contact	0 days	Wed 9/12/12	Wed 9/12/12				
<input type="checkbox"/> Notify third parties of number of seats required	0 days	Wed 9/12/12	Wed 9/12/12				
PKC	0 days	Wed 9/12/12	Wed 9/12/12				
PureWellness	0 days	Wed 9/12/12	Wed 9/12/12				
Healthwise	0 days	Wed 9/12/12	Wed 9/12/12				
<input type="checkbox"/> Distribute IT requirements at kick-off meeting	1 day	Wed 9/12/12	Wed 9/12/12				
Internet requirements	1 day	Wed 9/12/12	Wed 9/12/12				
Telephony requirements	1 day	Wed 9/12/12	Wed 9/12/12				
Physical requirements	1 day	Wed 9/12/12	Wed 9/12/12				
File requirements	1 day	Wed 9/12/12	Wed 9/12/12				
<input type="checkbox"/> Load data on eligible population	16 days	Wed 9/12/12	Wed 10/3/12				
<input type="checkbox"/> Complete Pre-load work	16 days	Wed 9/12/12	Wed 10/3/12				
Send out load layout for PHR	1 day	Wed 9/12/12	Wed 9/12/12				
Conduct meeting to review/discuss load layout specs	5 days	Thu 9/13/12	Wed 9/19/12				
Complete gap analysis	10 days	Thu 9/20/12	Wed 10/3/12				
<input type="checkbox"/> Load client data	15 days	Wed 9/12/12	Tue 10/2/12				
<input type="checkbox"/> Establish FTP account for transmission of data	15 days	Wed 9/12/12	Tue 10/2/12				
Provide instructions to client	1 day	Wed 9/12/12	Wed 9/12/12				
Setup notification (internal) for file deposit	1 day	Wed 9/12/12	Wed 9/12/12				
Set switch date for YOY bios/HRA data	1 day	Wed 9/12/12	Wed 9/12/12				
Determine location codes for load file	1 day	Wed 9/12/12	Wed 9/12/12				
Receive and load test file into test environment	5 days	Wed 9/12/12	Tue 9/18/12				

Task Name	Duration	Start	End	Files
83 Complete QA for accuracy	5 days	Wed 9/19/12	Tue 9/25/12	
84 Load file into production	5 days	Wed 9/26/12	Tue 10/2/12	
85 <input type="checkbox"/> Deliver standard IT package	5 days	Wed 9/12/12	Tue 9/18/12	
86 Order hardware based on scope phase	5 days	Wed 9/12/12	Tue 9/18/12	
87 Determine need for credit card machine/capabilities	2 days	Wed 9/12/12	Thu 9/13/12	
88 <input type="checkbox"/> Ensure customer provides required connectivity	1 day	Wed 9/12/12	Wed 9/12/12	
89 Provide requirements for internet connectivity	1 day	Wed 9/12/12	Wed 9/12/12	
90 Establish deadline dates for circuit installation	1 day	Wed 9/12/12	Wed 9/12/12	
91 Confirm internet access circuits are in place/delivered	1 day	Wed 9/12/12	Wed 9/12/12	
92 Confirm telephones in place	1 day	Wed 9/12/12	Wed 9/12/12	
93 <input type="checkbox"/> Customize Portal for Client	10 days	Wed 10/3/12	Tue 10/16/12	
94 Create customer organization	10 days	Wed 10/3/12	Tue 10/16/12	
95 Create customer locations	5 days	Wed 10/3/12	Tue 10/9/12	
96 Assign content to customer	5 days	Wed 10/3/12	Tue 10/9/12	
97 Obtain logo and install into directory	2 days	Wed 10/3/12	Thu 10/4/12	
98 Install coupler set	5 days	Wed 10/3/12	Tue 10/9/12	
99 <input type="checkbox"/> Test PHR	1 day	Wed 10/10/12	Wed 10/10/12	
100 Ensure login works	1 day	Wed 10/10/12	Wed 10/10/12	
101 Ensure third party integration works	1 day	Wed 10/10/12	Wed 10/10/12	
102 <input type="checkbox"/> Identify patients with chronic disease through claims analysis	30 days	Wed 9/12/12	Tue 10/23/12	
103 <input type="checkbox"/> Obtain claims data through carrier	5 days	Wed 9/12/12	Tue 9/18/12	
104 Request claim dump and data dictionary	5 days	Wed 9/12/12	Tue 9/18/12	
105 Provide standard transmittal procedures	5 days	Wed 9/12/12	Tue 9/18/12	
106 <input type="checkbox"/> Transform into SQL	30 days	Wed 9/12/12	Tue 10/23/12	
107 Map file to claims mining table	10 days	Wed 9/12/12	Tue 9/25/12	
108 Import data (ETL)	10 days	Wed 9/26/12	Tue 10/9/12	
109 Run report and provide to onsite clinicians	10 days	Wed 9/10/12	Tue 9/26/12	
110 <input type="checkbox"/> Marketing and Communications	80 days	Wed 9/12/12	Tue 11/13/12	
111 <input type="checkbox"/> Host communications kick-off meeting	35 days	Wed 9/12/12	Tue 10/30/12	
112 Translate client incentive plan to communications plan	10 days	Wed 9/12/12	Tue 9/25/12	
113 Draft master communications plan	15 days	Wed 9/26/12	Tue 10/16/12	
114 Provide plan with deadlines and client responsibilities	10 days	Wed 10/17/12	Tue 10/30/12	
115 Obtain client approval	0 days	Tue 10/30/12	Tue 10/30/12	
116 <input type="checkbox"/> Write talking points/FAQ	10 days	Wed 10/31/12	Tue 11/13/12	

Task Name	Duration	Start	Finish
103 Develop initial draft of talking points/FAQ	5 days	Wed 10/31/12	Tue 11/6/12
104 Revise/finalize talking points/FAQ	5 days	Wed 11/7/12	Tue 11/13/12
105 <input type="checkbox"/> Develop roll out materials	5 days	Wed 10/31/12	Tue 11/6/12
106 Develop copy for announcement memorandum	5 days	Wed 10/31/12	Tue 11/6/12
107 Create slides for supervisors/managers meetings	5 days	Wed 10/31/12	Tue 11/6/12
108 Create intro slides for "all employee" announcement	2 days	Wed 10/31/12	Thu 11/1/12
109 Write announcement article for newsletter	5 days	Wed 10/31/12	Tue 11/6/12
110 <input type="checkbox"/> Produce site posters	5 days	Wed 10/31/12	Tue 11/6/12
111 "Coming soon" posters	5 days	Wed 10/31/12	Tue 11/6/12
112 "Free Health Assessment" posters	5 days	Wed 10/31/12	Tue 11/6/12
113 <input type="checkbox"/> Develop customized welcome packages	45 days	Wed 10/31/12	Tue 12/11/12
114 Write welcome letter	2 days	Wed 10/31/12	Thu 11/1/12
115 Obtain portal usernames and passwords	36 days	Wed 10/31/12	Wed 11/21/12
116 Develop materials for welcome kit	5 days	Wed 10/31/12	Tue 11/6/12
117 Produce welcome kits	15 days	Wed 11/7/12	Tue 11/27/12
118 Distribute welcome kits to all eligibles	5 days	Wed 11/28/12	Tue 12/4/12
119 <input type="checkbox"/> Create Go-Live and Screening materials	45 days	Wed 10/31/12	Tue 11/13
120 <input type="checkbox"/> Go-Live Materials	15 days	Wed 10/31/12	Tue 11/20/12
121 Produce banners	15 days	Wed 10/31/12	Tue 11/20/12
122 Produce posters, flyers, brochures as required	5 days	Wed 10/31/12	Tue 11/6/12
123 Distribute all materials	5 days	Wed 10/31/12	Tue 11/6/12
124 <input type="checkbox"/> Screening Materials	20 days	Wed 12/5/12	Tue 1/1/13
125 Confirm dates and locations	5 days	Wed 12/5/12	Tue 12/11/12
126 Set up pick-a-time or produce sign-up posters	10 days	Wed 12/12/12	Tue 12/25/12
127 Distribute all materials or e-mail pick-a-time URL	5 days	Wed 12/26/12	Tue 1/1/13
128 <input type="checkbox"/> Facilities, Equipment and Supplies	79 days	Wed 9/12/12	Mon 12/31/12
129 <input type="checkbox"/> Fit-up clinic space	75 days	Wed 9/12/12	Tue 12/25/12
130 Provide mock up of clinic space to client	0 days	Wed 9/12/12	Wed 9/12/12
131 Client provides floor plan based on mock up	2 days	Wed 9/12/12	Thu 9/13/12
132 MH completes schematic design	4 days	Fri 9/14/12	Wed 9/19/12
133 Client completes design development	4 days	Thu 9/20/12	Tue 9/25/12
134 Client completes construction drawings and permits	5 days	Wed 9/26/12	Tue 10/2/12
135 Fit up or construct facilities	60 days	Wed 10/31/12	Tue 12/25/12
136 <input type="checkbox"/> Order medical equipment, pharmacy equipment and clinic & office supplies	5 days	Tue 9/20/12	Wed 9/26/12



Fort Lauderdale Implementation Plan

2012-2013

Task Name	Duration	Start	End	Precedence	October	November	December	January
137 Review facility and program with MH clinical services	5 days	Thu 9/20/12	Wed 9/26/12					
138 Order furniture and office supplies	5 days	Thu 9/20/12	Wed 9/26/12					
139 Order Health Education & Promotion Material	5 days	Thu 9/20/12	Wed 9/26/12					
140 Stock and test all equipment	3 days	Wed 9/26/12	Fri 9/28/12					
141 <input type="checkbox"/> Test Onsite Equipment and Connectivity	1 day	Mon 12/31/12	Mon 12/31/12					
142 Ensure fax works	1 day	Mon 12/31/12	Mon 12/31/12					
143 Ensure internet works	1 day	Mon 12/31/12	Mon 12/31/12					
144 Test all phone (in/out)	1 day	Mon 12/31/12	Mon 12/31/12					
145 Facilities ready for Go-Live	0 days	Mon 12/31/12	Mon 12/31/12					
146								
147 <input type="checkbox"/> PROGRAM LAUNCH	31 days	Mon 12/31/12	Mon 2/1/13					
148 Simulation Go Live	5 days	Mon 12/31/12	Fri 1/4/13					
149 Begin Onsite Primary Care	1 day	Mon 1/7/13	Mon 1/7/13					
50 Conduct/collect biometric screening	15 days	Tue 1/8/13	Mon 1/28/13					
51 Stratify population	10 days	Tue 1/29/13	Mon 2/11/13					
52 Begin working 1:1 with High Risk employees	0 days	Mon 2/11/13	Mon 2/11/13					

Roles and Responsibilities for Client Members of the Implementation Team

Project Manager

The Project Manager coordinates and leads the implementation on the client's end. They are the go-to individual working day-to-day with the Marathon Health Project Manager to make sure each individual member of the internal implementation team is getting their work done. They also work with the Marathon Health Project Manager to trouble shoot and to assure that the project is moving forward on schedule. They need to be detail oriented, accessible by telephone, and have the necessary "juice" to get things done through the efforts of others within the company. During the 3-4 months it will take to complete the implementation process, the client Project Manager can expect to spend as much as 25% of their time working on the project.

Information Technology Representative

The internal IT representative to the team will work with the Marathon Health IT director to get client HR data transferred in the correct file format so that the Marathon e-Health portal can be set up for all eligible individuals. They will also work to set up the facilities so that internet connections and telephone connections are established and secure.

Communications Representative

The internal communications representative will work with the Marathon Health communications director to coordinate communications about the onsite health center, how to access the online e-health portal, how to schedule appointments, the nature of the services available, etc. Marathon Health has standard welcome letters, brochures, posters and other collateral that the internal communications director may use or revise as necessary.

Facilities Representative

The internal facilities representative will be the point person for the fit-up of the required space to Marathon Health specifications. They will work directly with the Marathon Health Project Manager to assure that all facility planning and execution work is completed on time including schematic design, design development, permits, and construction. The work may involve the use of third party architect and general contractor, whose activity will be controlled by the client facilities representative.

physician from your community) utilizes an evaluation tool that was created specifically to assure that the chart audit is comprehensive and includes all of the components of evaluation that are deemed important.

Onsite evaluation – Clinicians are evaluated onsite minimally annually. Typically this onsite evaluation occurs every 6 months.

Audio tape evaluation – Every year, the clinicians submit a tape recorded coaching session that is then reviewed by trainers at the corporate office. (Coaching sessions are not recorded without first obtaining consent from the employee who is participating in the coaching session.) The trainer who evaluates the sessions provides feedback to the clinician regarding their motivational interviewing and coaching skills and offers suggestions for improvement. Marathon Health is in the process for NCQA Certification of the following Disease Management Programs, which include Diabetes, Asthma, Hypertension, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and Coronary Artery Disease. Importantly, because of the Problem Knowledge Coupler capability, our software automatically provides our clinicians with the latest, up-to-date clinical literature relating to the specific participants condition.

In addition to the above evaluations, the Marathon Health Quality Assurance Committee annually selects two quality measures for each of our disease management programs as well as two overall performance measures to evaluate. The clinical team also annually determines performance improvement objectives and identifies and implements interventions to improve selected measures. As an example, this year for our Diabetes Disease Management Program we have selected two measures:

1. Percentage of identified diabetics within a clinic population who have completed a Diabetic Coupler Questionnaire.
2. Percentage of identified diabetics who have a documented Hemoglobin A1C.

Marathon Health follows the safety guidelines as outlined in the fourth addition of Uphold and Grahams *Clinical Guidelines in Family Practice*.



Data Security Policy

- Policy Summary:** Marathon Health must establish and maintain organizational policies and procedures to address all requirements of the final HIPAA Security Rule. The Marathon Health's policies and procedures for security must be designed to ensure the confidentiality, integrity, and availability of the organization's EPHI. Marathon Health's workforce members must be informed of all policies and procedures that apply to them in their individual roles. The policies and procedures should incorporate the organization's own specific characteristics related to size and complexity of the organization, technical infrastructure, cost of implementing security measures, and risks to EPHI. Marathon Health's policies and procedures for organizational security must be established and implemented in accordance with Marathon Health's organizational process for policy development and review. Marathon Health must annually review the organizational security policies and procedures and update them it as necessary.
- Purpose:** This policy reflects Marathon Health's commitment to appropriately maintain, distribute and review the security policies and procedures it implements to comply with the HIPAA Security Rule.
- Policy:**
1. Marathon Health must establish and maintain organizational policies and procedures to address all requirements of the final HIPAA Security Rule.
 2. Marathon Health must establish and maintain organizational policies and procedures to ensure and support the confidentiality, integrity, and availability of the organization's EPHI.
 3. Marathon Health's workforce members must be informed of all policies and procedures that apply to them in their individual roles.
 4. Marathon Health must establish policies and procedures for organizational security that incorporate the specific characteristics of Marathon Health with respect to:
 - the size, complexity, and capabilities of the organization,
 - the organization's technical infrastructure, hardware, and software capabilities,
 - the cost of implementing security measures, and
 - the probability and criticality of potential risks to the organization's EPHI.
 5. Marathon Health must ensure that its policies and procedures for security are compatible with the organization's culture and strategic



planning objectives.

6. Marathon Health must conduct an annual formal review of the policies and procedures for security and update them as necessary.

Scope/Applicability: This policy is applicable to all departments that use, create or disclose electronic protected health information for any purposes.

This policy's scope includes all electronic protected health information, as described in Definitions below.

Regulatory Category: Organizational Requirements

Regulatory Type: Standard

Regulatory Reference: 45 CFR 164.316(a)

Definitions: *Electronic protected health information* means individually identifiable health information that is:

- Transmitted by electronic media
- Maintained in electronic media

Electronic media means:

(1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or

(2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

Workforce member means employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates,



associates, students, volunteers, and staff from third party entities who provide service to the covered entity.

Availability means the property that data or information is accessible and useable upon demand by an authorized person.

Confidentiality means the property that data or information is not made available or disclosed to unauthorized persons or processes.

Integrity means the property that data or information have not been altered or destroyed in an unauthorized manner.



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EXHIBIT C

**BEST AND FINAL – RFP #725-11022
CITY OF FORT LAUDERDALE
EMPLOYEE HEALTH CENTER/CLINIC ADMINISTRATION
COST PROPOSAL - REVISED**

Provide an annual fee to encompass all of the items listed under the Scope of Services in Request for Proposals #725-11022.

Contractor must quote firm, fixed, annual rate for all services identified in the request for proposal. No other costs will be accepted.

Please provide a detailed cost quote, along with a suggested payment schedule, for all services requested to implement and administer your pricing model as well as considerations for support and maintenance. Total Annual Cost MUST include all expenses and travel.

Failure to use the City's COST PROPOSAL Page and provide costs as requested in this RFP, may deem your proposal non-responsive.

TOTAL FIRM FIXED SET-UP FEE \$ 37,100 /MONTHS 1 - 4
According to the City's proposed model, this fee should include set-up fees and possible staffing fees (please identify back-up staffing costs by category)

TOTAL ANNUAL FIRM FIXED FEE \$ 684,084 /MONTHS 5 - 16
According to the City's proposed model, this fee includes a doctor for 50% of the time for the first 6 months and a full-time doctor for the last 6 months of the year

TOTAL ANNUAL FIRM FIXED FEE \$ 862,661 /MONTHS 17 - 28
According to the City's proposed model, this fee includes a full-time doctor for the entire year

GRAND TOTAL \$ 1,583,845

Contractor/Proposer/ Bidder Company Name: Marathon Heath, Inc.

Authorized Company Person's Signature:

Authorized Company Person's Title: CFO

Date: 8/20/12



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BEST AND FINAL – RFP #725-11022
CITY OF FORT LAUDERDALE
EMPLOYEE HEALTH CENTER/CLINIC ADMINISTRATION

QUESTIONNAIRE

1. As part of the Best and Final process, please confirm that your proposal included a first and second year firm fixed cost. Maintaining the same scope of services requested in your proposal, is your firm willing to reduce the firm fixed fees being proposed?

Yes.

If so, please state new costs.

**We have reduced them to \$684,084 and to \$862,661 respectively.
We have also placed 10% of our entire annual fee at risk.**

2. Are these firm fixed fees a not-to-exceed amount that could be reduced if the actual costs are less?

No. Our model is a fixed annual fee that covers up to 110% of the eligible population outlined in your rfp.

3. What are the set up/implementation fees and when are they payable. Are they included in the firm fixed fees quoted above?

They are separate from the total annual fixed fee. Payment of the implementation fee coincides with the execution of the agreement of service. We have reduced the implementation fee to \$37,100.

4. Please list the specific services included in your proposal including the detailed startup costs, staffing including hours and staff qualifications required, supplies both initial and ongoing.

Please also see the attachment in the RFP titled Statement of Proposed Services, Marathon Health Detailed Scope of Services.

Our fixed fee proposal includes all of the following services, which is detailed further in the Detailed Scope of Services document that we provided in Tab 5 of the proposal:



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Primary care:

- Urgent care (Infections, gastrointestinal symptoms, rashes, common illnesses)
- Annual exams and screenings
- Lab draws
- Immunizations
- Allergies
- Pregnancy support & education
- Prescription management

Occupational Health Services:

- Work-related injuries – First treatment
- Orthopedic injury treatment – sprains, strains
- Pre-employment physicals
- DOT physicals
- EKG testing

Onsite Pre-Packaged Pharmaceutical Dispensing

Health Maintenance and Prevention:

- Biometric Screening (individual screenings only; see optional mass population screenings below)
 - Finger-stick blood test for lipids (HDL cholesterol, LDL cholesterol and triglycerides) and glucose
 - Blood pressure, height, weight, body mass index and body fat composition.
- Health Risk Assessment - Administered online or in paper version screens for:
 - General health and well-being
 - Health history including symptoms, conditions and family history
 - Tobacco use, alcohol use and stress levels
- Comprehensive Health Review (CHR) - For high risk individuals and individuals with chronic disease a CHR utilizing:
 - Online access to complete the Problem Knowledge Coupler (PKC) Health History and Risk Assessment (HHRA) – a computerized clinical decision support system
 - 1:1 consultation with the onsite clinician to review assessment results, health history and risk appraisal, set goals and recommend strategies to achieve goals



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- Lifestyle Risk Reduction - For high risk individuals agreeing to follow-up with the Marathon Health Care provider as their personal health coach:
 - Work 1:1 with individuals to change behaviors putting them at risk for certain conditions, addressing lifestyle habits such as physical activity, smoking, diet, stress, weight control, cholesterol and blood pressure.
 - Marathon Health Providers incorporate Transtheoretical Model, Model for Improvement and Motivational Interviewing behavioral change methodologies
 - Individualized change management plans
 - Proactive support

Disease Management – For individuals with chronic diseases (Diabetes, COPD, Asthma, CHF, CAD, HTN, Depression, Low Back Pain):

- Work 1:1 with individuals to empower and educate them to improve their health and quality of life through self-management practices and adherence to a treatment plan that aligns with national clinical guidelines for their disease.
- Coaching, symptom monitoring, and disease education
- Use of Problem Knowledge Couplers

Integrated Health Engagement Technology Platform -- For up to 110% of the employees and spouses eligible to participate:

- Personal Health Record with risk profile, wellness score, interactive nutrition and activity trackers, and medical content
- Online scheduling system and secure messaging
- Electronic Medical Record

Management Reporting and Analysis:

- Population stratification
- Monthly, quarterly & annual reports on clinic activity, population health status and return on investment
- Health data warehouse

Participant Communications and Promotions:

- Pre-launch communication program
 - Multi-media campaign with site posters, events, digital communication, and mailings to the home



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- Annual Health Promotions Calendar
 - Monthly health promotion programs, both group and individual, including program materials (presentations, educational hand outs, email promotions) as well as communication materials such as posters, postcards and website awareness.

Our fees also cover all of the following start-up costs necessary to begin these services:

- Exam tables
- Blood analyzers
- Other medical equipment
- Computers, basic software and printers
- A participant eligibility file interface
- Firewall
- Technology user setup
- Copier and fax machine
- Initial roll-out communications
- Home/field office implementation support
- Travel costs for onsite visits by project manager(s)
- Recruitment advertising & travel
- Training period salaries
- Training period travel expenses

Our fees also cover all of the following ongoing costs necessary to delivery these services:

- All labor costs (salaries, benefits, employment taxes, etc. for the clinical staff).
- Temporary replacement staff costs
- Clinician and clinic licensing
- Staff training
- Professional liability, general liability and workers' compensation insurances
- Medical supplies (except prescribed medicines and vaccinations)
- Pharmaceutical dispensing system costs
- Equipment maintenance and replacement
- Office supplies & uniforms
- Medical waste removal
- Participant communications materials
- Technology costs
- CLIA-waiver laboratory test costs
- Reporting costs
- Administrative and management service costs



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Our proposal includes the following staffing. The clinic operating hours have some flexibility, provided the staff remains within 40 hours for each full-time position:

Physicians	.5 FTE Year 1 / 1 FTE Starting Year 2
Mid-level practitioners	1 FTE
Medical office assistants	1 FTE

We require the following staff qualifications:

- Physician - Board certified in specialty, licensed in applicable state
- Mid-level practitioner - Masters prepared, minimum of three years of experience, nationally certified in specialty, licensed in applicable state
- Medical assistant - Ideal candidate will be certified in phlebotomy and nationally certified as an MA, graduate of a MA school

5. Please list the specific assumptions included in the first year firm fixed fee cost proposed. If this includes a specific number of office visits, please provide a schedule of anticipated visits for each month of the first year of operation.

In the Marathon Health solution, our focus is on Population Health Risk Management and as such every visit to the health center is a teachable moment. Our clinicians spend 20-45 minutes with each patient so we can treat them in a holistic manner and not just treat their acute systems. We would anticipate roughly 4500 visits annually to the health center which translates into 375 visits per month. We will provide very detailed monthly reporting to show the progress of the health center and to clearly demonstrate the ROI.

6. Is your firm capable of providing a ROI illustration without soft costs given the backup data provided in the RFP? If so please provide. This illustration should be based on your final firm proposal and include the number of visits required to attain break even.

YES, this was provided in the RFP response. We have included that illustration, per the request of this question, below.

City of Fort Lauderdale
 Projected Savings & ROI

Primary & Acute Care, Risk Reduction, Disease Mgmt., Onsite Dispensing, Basic Gcc Health
 Staffing - 3 FTE MD (increasing to 4.0 FTE), 1.0 Mid-level, 1.0 Medical Assistant



	Year 1	Year 2	Year 3	Total
Service fees	\$ 684,084	\$ 862,661	\$ 905,794	\$ 2,452,539
Projected Savings & ROI				
Redirected Care:				
Primary care	\$ 126,929	\$ 150,559	\$ 168,081	\$ 445,569
Work-related injury treatment	17,763	18,829	19,959	56,552
Occupational health	18,247	19,342	20,502	58,091
Prescription drug dispensing (net)	112,957	159,646	211,532	484,135
	<u>275,897</u>	<u>348,377</u>	<u>420,074</u>	<u>1,044,347</u>
Utilization Reduction :				
Specialty care	130,142	306,556	324,949	761,647
Emergency services	92,993	182,541	193,494	469,028
Hospital inpatient	69,683	164,142	289,984	523,809
Hospital outpatient	85,470	172,567	304,869	562,906
Prescription drug savings from risk mitigation	58,943	198,349	210,250	467,541
Radiology	18,251	61,415	65,100	144,766
Physical therapy	16,523	19,460	20,627	56,610
Direct work injury medical cost (DART injuries)	64,416	75,867	80,419	220,703
	<u>536,419</u>	<u>1,180,897</u>	<u>1,489,692</u>	<u>3,207,009</u>
Payroll & Benefits:				
Indirect work injury costs for DART (wages paid, training, admin, etc.)	66,844	83,451	88,458	238,754
Saved time away from work - primary care visits	69,043	86,917	97,664	253,624
Saved time away from work - occupational health visits	45,755	47,127	48,541	141,423
Disability savings	35,129	80,407	138,031	253,567
	<u>216,771</u>	<u>297,903</u>	<u>372,694</u>	<u>887,368</u>
Total projected hard savings	<u>1,029,087</u>	<u>1,827,177</u>	<u>2,282,460</u>	<u>5,138,724</u>
Net projected hard savings	<u>\$ 345,003</u>	<u>\$ 964,516</u>	<u>\$ 1,376,666</u>	<u>\$ 2,686,185</u>
Net PMPM equivalent	<u>\$ 6.41</u>	<u>\$ 17.92</u>	<u>\$ 25.58</u>	
Projected hard ROI	<u>1.5</u>	<u>2.1</u>	<u>2.5</u>	
Projected Savings & ROI with Soft Savings				
Presenteeism improvement	\$ -	-	-	-
Turnover reduction	-	-	-	-
Total projected soft savings	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total projected hard & soft savings	<u>1,029,087</u>	<u>1,827,177</u>	<u>2,282,460</u>	<u>5,138,724</u>
Net projected hard & soft savings	<u>\$ 345,003</u>	<u>\$ 964,516</u>	<u>\$ 1,376,666</u>	<u>\$ 2,686,185</u>
Net PMPM equivalent	<u>\$ 6.41</u>	<u>\$ 17.92</u>	<u>\$ 25.58</u>	
Projected hard & soft ROI	<u>1.5</u>	<u>2.1</u>	<u>2.5</u>	



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7. Does your clinic model allow for walk in appointments?

YES. While we encourage individuals to schedule appointments in advance, the scheduling system accommodates time for "walk in" visits and same-day appointments. Employees and dependents can make appointments by calling the health center or scheduling appointments online. The online appointment scheduling system is a core component of our eHealth Portal solution. Because our scheduling system is available online, patients can easily book appointments, view provider schedules, and communicate with clinic staff. By managing appointments through an online system, we are able to virtually eliminate wait times and maintain efficiencies in the health center workflow.

8. If you do not allow for walk in appointments, do you have a system to allow for expedited appointments when necessary?

Please see our response to question 7 above.

9. Do your clinic services provide for after hour telephonic services? If so please describe these services.

As part of our local community integration strategy, Marathon Health can provide additional staffing or develop a relationship with a local provider, hospital, or clinic to provide after hours and/or emergency coverage for 24/7 availability. Further dialogue with the City would be needed to understand the goals and expectations around the afterhours telephonic support.

10. Does your system have the ability to accept and integrate CIGNA HRA results into a patient's EMR?

YES

11. Does your system have the ability to incorporate biometric results into a patient's EMR?

YES



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12. Does your firm actually have a current relationship with CIGNA to exchange medical and pharmacy information?

YES

13. In reference to staffing, what is your back up plan when staff members call in sick or are on vacation?

Marathon Health addresses short and long-term absences with our corporate-based clinicians hired specifically for backfilling vacations, illness, and leave times, including travelling health coaches specifically trained as fill-in clinicians. We base these clinicians in strategic locations throughout the country. One of those clinicians resides in South Florida and covers Naples/FT Myers as well as Plantation and Fort Lauderdale. We also have Service Level Agreements with several locum tenens agencies to supplement our own internal staff and to fill intermittent staffing needs nationally.

14. If your firm is accredited please provide the agency name. If your firm is not accredited, are you in the process of requesting certification and, if so, with whom?

While our company is not accredited, we follow all NCQA guidelines for our disease management programs. Additionally, we adhere to evidence based medicine and provide our clinicians with clinical decision support tools, including Up-to-Date and Problem Knowledge Couplers at the point of care. If there is a specific accreditation that the City would like to obtain we would be open to discussing the process for obtaining that accreditation.

15. Will the City be given the ability to approve new hires selected by your firm?

YES, this is a critical component of our hiring approach and methodology; we wouldn't have it any other way. Marathon Health will narrow the candidate field down to the top 2-3 for each position and then the City will interview those top candidates to ensure a great cultural fit.



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954-828-5933 Fax 954-828-5576
www.fortlauderdale.gov/purchasing

Contractor/Proposer/ Bidder Company Name:

Marathon Health

Authorized Company Person's Signature:

[Handwritten Signature]

Authorized Company Person's Title:

CEO

Date: 8/20/12

BUSINESS ASSOCIATE AGREEMENT

This Agreement is made and entered into this 5th day of December, 2012, by and between the City of Fort Lauderdale, a Florida municipality (hereinafter referred to as the "Covered Entity" or "City"), and Marathon Health, Inc., a Delaware corporation authorized to transact business in the State of Florida (hereinafter referred to as "Business Associate").

WHEREAS, the Covered Entity and the Business Associate have established a business relationship in which Business Associate, acting for or on behalf of Covered Entity, receives Protected Health Information as defined by the Health Insurance Portability and Accountability Act of 1996 ("Act"); and

WHEREAS, the Covered Entity and the Business Associate desire to comply with the requirements of the Act's Privacy Rule as further set out below,

NOW, THEREFORE, in consideration of the mutual covenants, promises and agreements set forth herein, the Covered Entity and the Business Associate agree as follows:

1. Definitions

a. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy and Security Rules ("Privacy Rule"), as codified in 45 Code of Federal Regulations Parts 160 through 164, as may be amended.

2. Obligations and Activities of Business Associate

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

e. Business Associate agrees to ensure that any agent or subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of Covered Entity, and in a reasonable time and manner, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524, if the Business Associate has Protected Health Information in a Designated Record Set.

g. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity or an Individual, in a reasonable time and manner, if Business Associate has Protected Health Information in a Designated Record Set.

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a reasonable time and manner or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

j. Business Associate agrees to provide to Covered Entity or an Individual, within thirty (30) days of receipt of a written request from the Covered Entity or an Individual, information collected in accordance with Section 2.i of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

k. Sections 164.308, 164.310, 164.312, and 164.316 of Title 45, Code of Federal Regulations, shall apply to Business Associate in the same manner as such sections apply to Covered Entity.

l. Business Associate shall comply with the privacy, security, and security breach notification provisions applicable to a business associate pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act which is Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), 42 U.S.C.A. §17921 *et seq.* (2012), as may be amended or revised, ("HITECH"), any regulations promulgated thereunder, and any amendments to the Privacy Rule, all of which are hereby incorporated herein by reference.

m. Business Associate, in its capacity as a covered entity, shall comply with the Privacy Rule and HITECH.

3. Permitted Uses and Disclosures by Business Associate

a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement for Employee Health Center / Clinic Administration, No. 725-11022, between the City of Fort Lauderdale and the Business Associate ("Original Contract"), provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. Specific Use and Disclosure Provisions

a. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

5. Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

6. Permissible Requests by Covered Entity

a. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity, except that Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate if required by the terms of the Original Contract.

7. Term and Termination

a. The Term of this Agreement shall be effective as of the effective date of the Original Contract, and shall terminate when the Original Contract terminates. Upon termination, all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, shall be destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, or if it is illegal to destroy Protected Health Information, the protections are extended to such information, in accordance with the termination provisions in this Section.

b. Upon either party's knowledge of a material breach by the other party, the nonbreaching party shall either:

1. Provide an opportunity of at least thirty (30) days for the breaching party to cure the breach or end the violation and terminate this Agreement and the Original Contract if the breaching party does not cure the breach or end the violation within the time specified by the nonbreaching party;

2. Immediately terminate this Agreement and the Original Contract if the breaching party has breached a material term of this Agreement and cure is not possible; or

3. If neither termination nor cure is feasible, the nonbreaching party shall report the violation to the Secretary.

c. Effect of Termination

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return, or destroy, except as prohibited by the Florida public records law, all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that Business Associate's return or destruction of the Protected Health Information would be infeasible or illegal, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible or illegal, for so long as Business Associate maintains such Protected Health Information. Upon written request from the Covered Entity, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible or illegal. At all times Business Associate shall comply with the Florida public records law and exemptions therefrom, and applicable Florida records retention requirements.

8. Miscellaneous

a. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended or revised.

b. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. If the parties are unable to reach agreement regarding an amendment to this Agreement, either Business Associate or

Covered Entity may terminate this Agreement upon ninety (90) days written notice to the other party.

c. The respective rights and obligations of Business Associate under Sections 7(c)(1) and 7(c)(2) of this Agreement shall survive the termination of this Agreement.

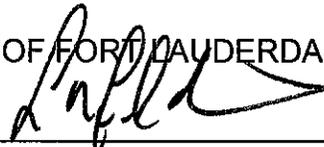
d. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

e. Business Associate shall indemnify, hold harmless, and defend at Business Associate's expense, counsel being subject to Covered Entity's approval, the Covered Entity, and the Covered Entity's officers employees, and agents (collectively "indemnitees"), against any and all claims, actions, lawsuits, damages, losses, liabilities, judgments, fines, penalties, costs, and expenses incurred by any of the indemnitees arising out of or in connection with Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or any act or omission by Business Associate or by any of Business Associate's officers, employees, agents, or subcontractors, including Business Associate's failure to perform any of its obligations under the Privacy Rule. Business Associate shall pay any and all expenses, fines, judgments, and penalties, including court costs and attorney fees, which may be imposed upon any of the indemnitees resulting from or arising out of Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or other act or omission.

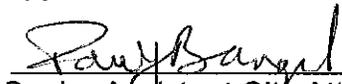
f. Venue for any lawsuit brought by either party against the other party or otherwise arising out of this Agreement, and for any other legal proceeding, shall be in Broward County, Florida, or, in the event of federal jurisdiction, in the United States District Court for the Southern District of Florida, Fort Lauderdale Division.

IN WITNESS WHEREOF, the City of Fort Lauderdale and Marathon Health, Inc., execute this Business Associate Agreement as follows:

CITY OF FORT LAUDERDALE

By: 
City Manager

Approved as to form:


Senior Assistant City Attorney

Marathon Health, Inc.

WITNESSES:

Heather Way
(Signature)

Print Name: Heather Way

David M. Demers
(Signature)

Print Name: DAVID M. DEMERS

(CORPORATE SEAL)

By: [Signature]
Chairman
CEO

ATTEST:
[Signature]
Secretary

STATE OF Vermont:
COUNTY OF Chittenden:

The foregoing Business Associate Agreement was acknowledged before me this 11 day of December, 2012, by JERRY M FORN as CEO chairman for Marathon Health, Inc., a Delaware corporation authorized to transact business in the State of Florida.

(SEAL)

Charlotte T Mason
Notary Public, State of ~~Florida~~ Vermont
(Signature of Notary Public - State of Vermont)

Charlotte T Mason
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

