

## **Solicitation 725-11022**

### **Employee Health Center/Clinic Administration**

**Bid designation: Public**



**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**

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

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

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#### 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](http://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](http://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](http://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](http://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](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 16<sup>th</sup> & 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
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.	

## 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) \_\_\_\_\_ 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.

Business Name

(2) \_\_\_\_\_ 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.

Business Name

(3) \_\_\_\_\_ 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.

Business Name

(4) \_\_\_\_\_ 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.

Business Name

(5) \_\_\_\_\_ 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.

Business Name

(6) \_\_\_\_\_ 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")

Business Name

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 \_\_\_\_\_ . They are [ ] personally known to me or [ ] have produced \_\_\_\_\_ as identification.

(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 (0041688)**

**INPATIENT FACILITY TOTAL UTILIZATION AND COSTS\***  
**Based on Processed Dates**

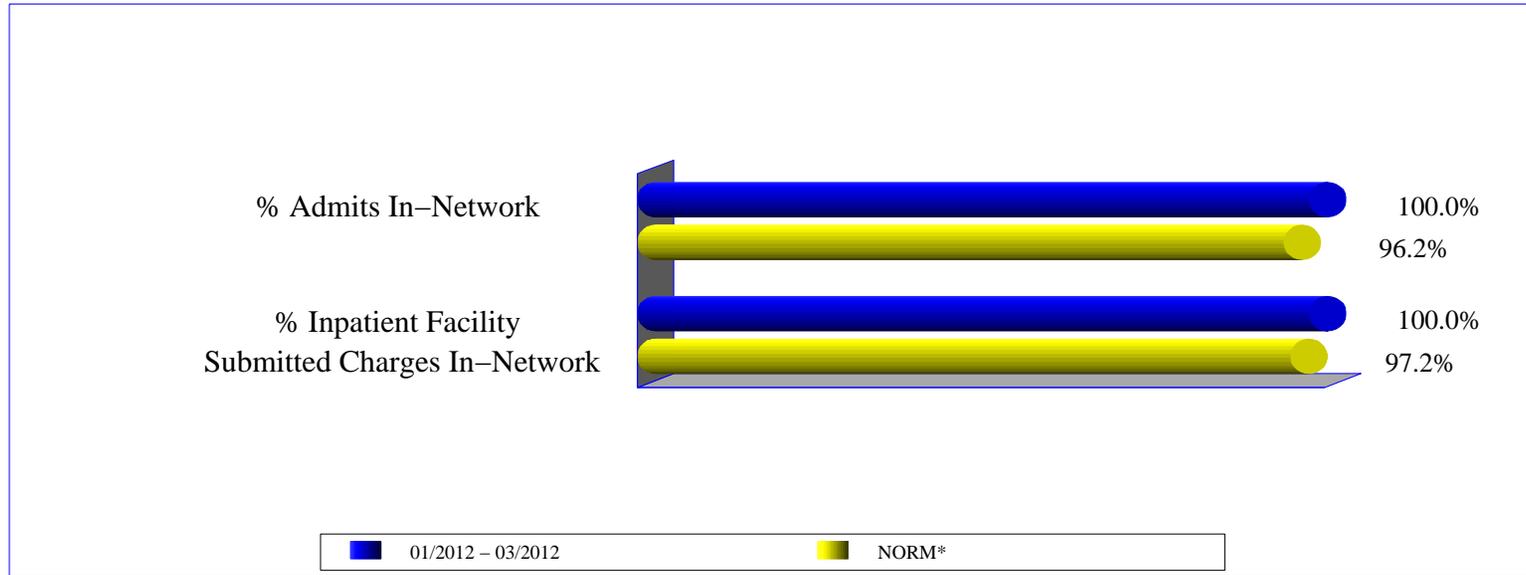
<b>DESCRIPTION</b>	<b>01/2012 – 03/2012</b>	<b>NORM**</b>
Average Number of Members	4,537	
Number of Admissions	43	
Number of Days	200	
Average Length of Stay	4.7	5.2
Admissions per 1,000 Members	9.5	62.0
Bed Days per 1,000 Members	44.1	320.3
<b>INPATIENT FACILITY SUBMITTED CHARGES</b>	<b>\$1,939,786</b>	
Average Submitted Charge per Admission	\$45,111	\$35,049
Average Submitted Charge per Day	\$9,699	\$6,782
<b>INPATIENT FACILITY COVERED CHARGES</b>	<b>\$677,186</b>	
Average Covered Charge per Admission	\$15,749	\$15,754
Average Covered Charge per Day	\$3,386	\$3,049
<b>INPATIENT FACILITY PAYMENTS</b>	<b>\$614,319</b>	
Average Payment per Admission	\$14,286	\$14,195
Average Payment per Day	\$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**

DESCRIPTION	01/2012 – 03/2012	NORM*
<b>NUMBER OF ADMISSIONS</b>		
In–Network	4	
Out–of–Network	0	
% of Admissions In–Network	100.0%	96.2%
<b>INPATIENT FACILITY SUBMITTED CHARGES</b>		
In–Network	\$455,458	
Out–of–Network	\$0	
% of Charges In–Network	100.0%	97.2%

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

**CITY OF FORT LAUDERDALE (0041688)**

**FACILITY OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY\***  
**Based on Processed Dates**

FACILITY OUTPATIENT:	Utilization Per 1,000 Members		Average Payment Per Service Category	
	01/2012 – 03/2012	NORM**	01/2012 – 03/2012	NORM**
Surgery	18.1	136.1	\$921	\$1,758
Diagnostic Testing	411.7	1,637.7	\$181	\$209
Emergency Room	77.4	304.9	\$468	\$650
Other	159.6	1,115.9	\$214	\$138
<b>TOTAL FACILITY OUTPATIENT</b>	<b>666.7</b>	<b>3,194.6</b>	<b>\$242</b>	<b>\$292</b>

FACILITY OUTPATIENT:	Total Utilization ****		Total Payments Per Service Category	
	01/2012 – 03/2012		01/2012 – 03/2012	
Surgery	82		\$75,510	
Diagnostic Testing	1,868		\$338,558	
Emergency Room	351		\$164,377	
Other	724		\$155,106	
<b>TOTAL FACILITY OUTPATIENT</b>	<b>3,025</b>		<b>\$733,552</b>	

\*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 (0041688)**

**PROFESSIONAL INPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY**  
**Based on Processed Dates**

PROFESSIONAL INPATIENT:	Utilization Per 1,000 Members		Average Payment Per Service Category	
	01/2012 – 03/2012	NORM*	01/2012 – 03/2012	NORM*
Surgery	7.5	47.6	\$1,160	\$1,214
Anesthesia	5.3	30.6	\$1,647	\$1,039
Maternity – Deliveries	1.5	12.5	\$1,560	\$1,598
Maternity – Non Deliveries	0.0	0.3	\$0	\$213
Newborn Care	1.5	29.7	\$195	\$362
Hospital Visits	49.6	246.3	\$103	\$83
Radiology	16.8	87.5	\$75	\$61
Pathology/Laboratory	34.8	95.9	\$93	\$74
Diagnostic Testing	6.8	43.3	\$236	\$101
Other	11.9	76.5	\$350	\$188
<b>TOTAL PROFESSIONAL INPATIENT</b>	<b>135.8</b>	<b>670.2</b>	<b>\$262</b>	<b>\$256</b>

PROFESSIONAL INPATIENT:	Total Utilization**		Total Payment Per Service Category	
	01/2012 – 03/2012		01/2012 – 03/2012	
Surgery	34		\$39,439	
Anesthesia	24		\$39,535	
Maternity – Deliveries	7		\$10,923	
Maternity – Non Deliveries	0		\$0	
Newborn Care	7		\$1,366	
Hospital Visits	225		\$23,162	
Radiology	76		\$5,693	
Pathology/Laboratory	158		\$14,768	
Diagnostic Testing	31		\$7,305	
Other	54		\$18,900	
<b>TOTAL PROFESSIONAL INPATIENT</b>	<b>616</b>		<b>\$161,092</b>	

\*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.

**CITY OF FORT LAUDERDALE (0041688)**

**PROFESSIONAL OUTPATIENT UTILIZATION AND COSTS BY SERVICE CATEGORY**  
Based on Processed Dates

PROFESSIONAL OUTPATIENT:	UTILIZATION PER 1000 MEMBERS		AVERAGE PAYMENT PER SERVICE CATEGORY	
	01/2012 – 03/2012	NORM*	01/2012 – 03/2012	NORM*
Surgery	140.4	538.3	\$222	\$283
Anesthesia	18.7	108.2	\$673	\$518
Office Visits	737.1	3,030.9	\$43	\$57
Consultations	27.3	145.6	\$142	\$155
Newborn Care	1.8	6.4	\$264	\$258
Radiology	187.1	857.2	\$108	\$103
Pathology/Laboratory	206.3	1,122.9	\$44	\$49
Diagnostic Testing	110.9	433.5	\$93	\$97
Vision, Hearing and Speech Exam	49.8	222.5	\$59	\$56
Emergency Room	27.3	168.0	\$446	\$217
Physical Therapy	194.0	935.9	\$33	\$47
Other	402.9	2,320.8	\$60	\$52
<b>TOTAL PROFESSIONAL OUTPATIENT</b>	<b>2,103.6</b>	<b>9,890.3</b>	<b>\$78</b>	<b>\$81</b>

PROFESSIONAL OUTPATIENT:	TOTAL UTILIZATION**		TOTAL PAYMENTS PER SERVICE CATEGORY	
	01/2012 – 03/2012		01/2012 – 03/2012	
Surgery	637		\$141,218	
Anesthesia	85		\$57,188	
Office Visits	3,344		\$143,793	
Consultations	124		\$17,616	
Newborn Care	8		\$2,109	
Radiology	849		\$91,873	
Pathology/Laboratory	936		\$41,154	
Diagnostic Testing	503		\$46,742	
Vision, Hearing and Speech Exam	226		\$13,326	
Emergency Room	124		\$55,350	
Physical Therapy	880		\$29,410	
Other	1,828		\$109,058	
<b>TOTAL PROFESSIONAL OUTPATIENT</b>	<b>9,544</b>		<b>\$748,837</b>	

\*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.

**CITY OF FORT LAUDERDALE (0041688)**

**TOP 10 PHYSICIAN SPECIALTIES RANKED BY TOTAL PAYMENTS**  
**Based on Processed Dates**

01/2012 – 03/2012							
PHYSICIAN SPECIALTY	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	VISITS	CLAIMANTS*	AVG PAYMENT PER VISIT	AVG PAYMENT PER CLAIMANT	VISITS PER CLAIMANT
INTERNAL MEDICINE	\$25,846	18.0%	637	466	\$41	\$55	1.4
FAMILY PRACTICE	\$22,549	15.7%	497	382	\$45	\$59	1.3
PEDIATRICS	\$21,458	14.9%	499	306	\$43	\$70	1.6
ORTHOPEDIC SURGERY	\$8,638	6.0%	180	137	\$48	\$63	1.3
OBSTETRICS	\$6,909	4.8%	125	105	\$55	\$66	1.2
DERMATOLOGY	\$6,482	4.5%	283	234	\$23	\$28	1.2
OTOLARYNGOLOGY	\$4,517	3.1%	77	63	\$59	\$72	1.2
CARDIOVASCULAR DISEA	\$4,465	3.1%	86	68	\$52	\$66	1.3
NEUROLOGY	\$3,775	2.6%	58	41	\$65	\$92	1.4
UROLOGICAL SURGERY	\$3,614	2.5%	93	69	\$39	\$52	1.3
OTHER	\$35,539	24.7%	809	574	\$44	\$62	1.4
<b>TOTAL</b>	<b>\$143,793</b>	<b>100.0%</b>	<b>3,344</b>	<b>2,445</b>	<b>\$43</b>	<b>\$59</b>	<b>1.4</b>

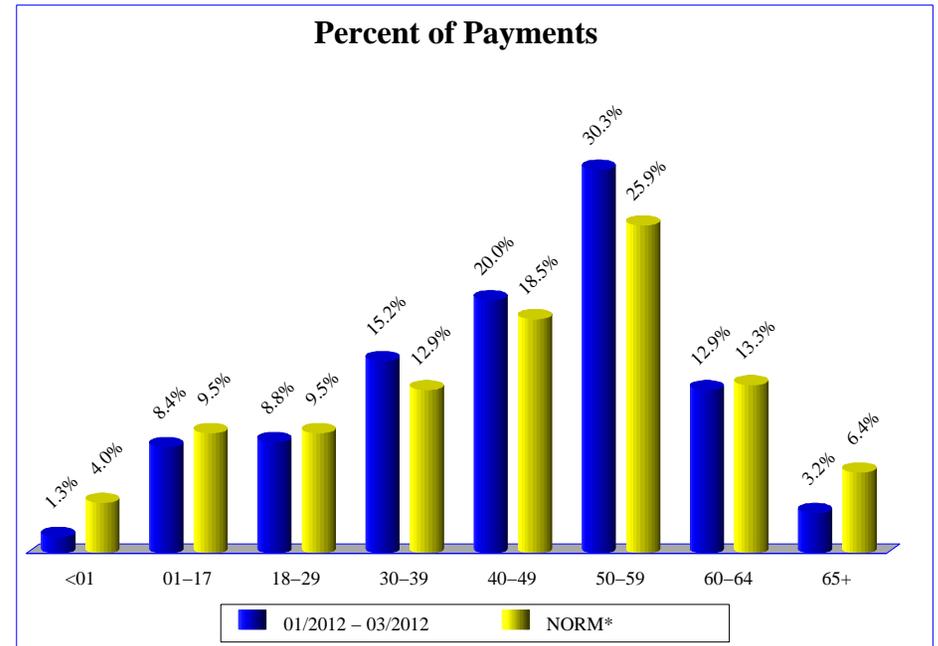
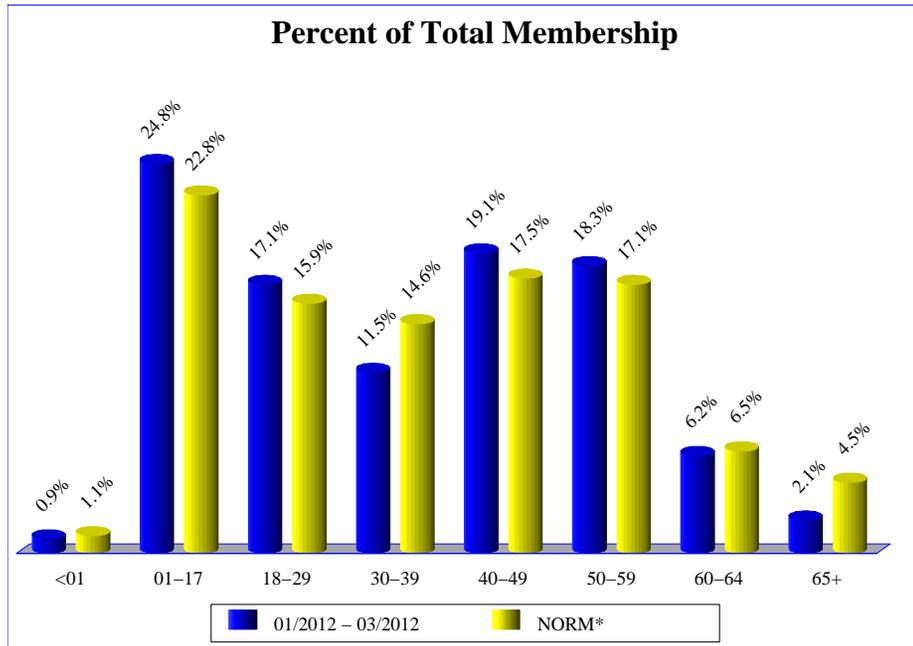
\*Counts are based on unique counts of claimants for each specialty.

**CITY OF FORT LAUDERDALE (0041688)**

**DEMOGRAPHICS BY AGE AND GENDER CATEGORIES**

Based on Processed Dates

**01/2012 – 03/2012**



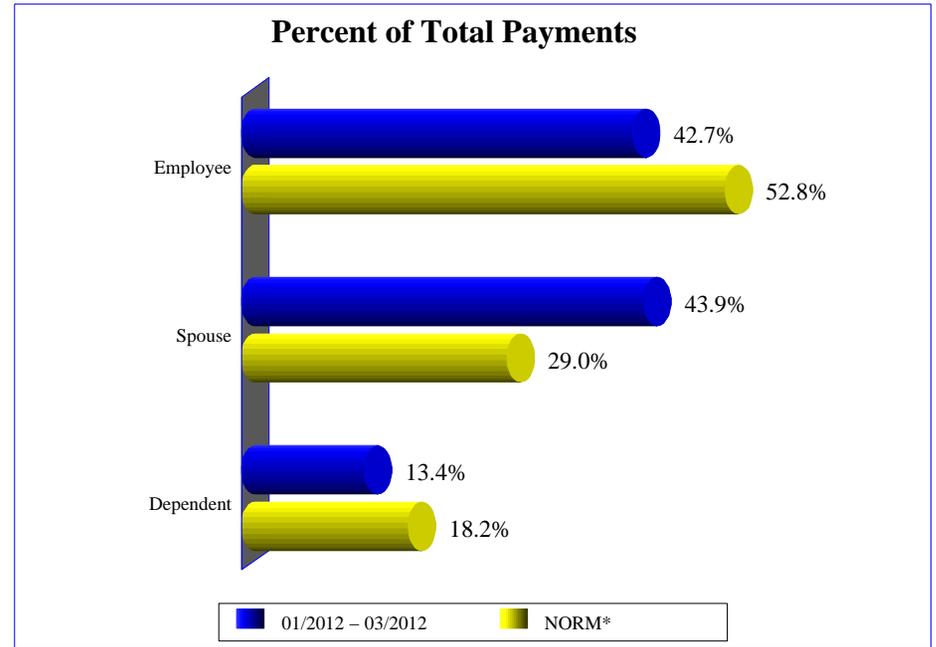
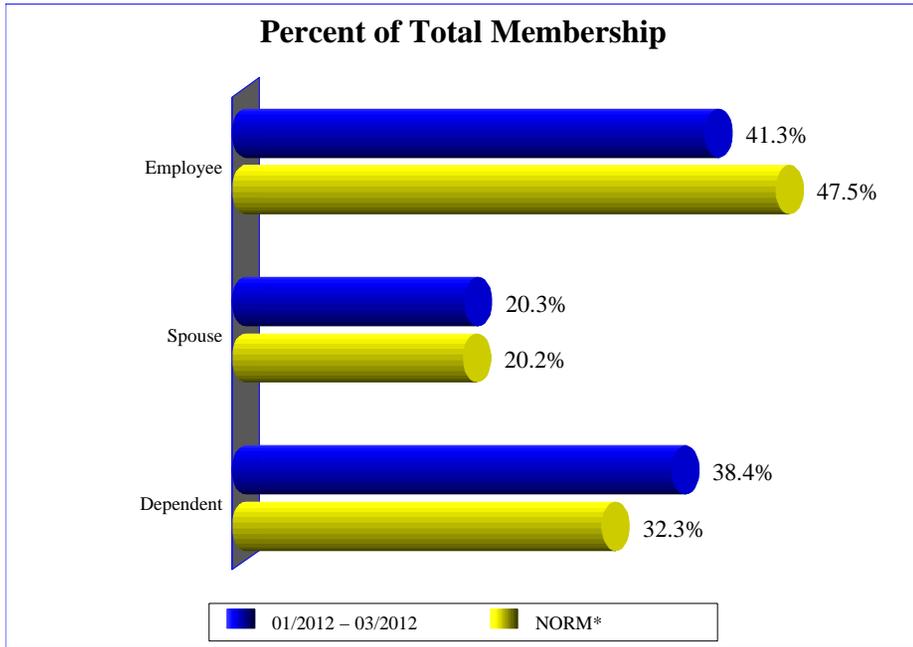
AGE BAND	01/2012 – 03/2012					NORM*				
	NUMBER OF MEMBERS**	% FEMALE	% MALE	MEDICAL PAYMENTS	% OF PAYMENTS	AVERAGE PAYMENTS PER MEMBER	% FEMALE	% MALE	% OF PAYMENTS	AVERAGE PAYMENTS PER MEMBER
<01	39	0.3%	0.5%	\$30,704	1.3%	\$787	0.5%	0.6%	4.0%	\$11,274
01-17	1,126	12.0%	12.8%	\$205,109	8.4%	\$182	11.2%	11.7%	9.5%	\$1,261
18-29	776	7.7%	9.4%	\$214,479	8.8%	\$276	8.0%	7.9%	9.5%	\$1,827
30-39	520	5.7%	5.8%	\$370,681	15.2%	\$713	7.5%	7.1%	12.9%	\$2,685
40-49	868	9.7%	9.4%	\$487,693	20.0%	\$562	8.9%	8.6%	18.5%	\$3,209
50-59	830	8.0%	10.3%	\$738,476	30.3%	\$889	8.7%	8.4%	25.9%	\$4,616
60-64	281	2.7%	3.5%	\$314,883	12.9%	\$1,121	3.3%	3.2%	13.3%	\$6,263
65+	96	0.7%	1.4%	\$76,987	3.2%	\$805	2.3%	2.1%	6.4%	\$4,355
<b>TOTAL</b>	<b>4,537</b>	<b>47.0%</b>	<b>53.0%</b>	<b>\$2,439,012</b>	<b>100.0%</b>	<b>\$538</b>	<b>50.5%</b>	<b>49.5%</b>	<b>100.0%</b>	<b>\$3,045</b>

\*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	01/2012 - 03/2012			NORM*
	NUMBER OF MEMBERS	TOTAL PAYMENTS	AVERAGE PAYMENTS PER MEMBER	AVERAGE PAYMENTS PER MEMBER
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
<b>Total</b>	<b>4,537</b>	<b>\$2,439,011</b>	<b>\$538</b>	<b>\$3,044</b>

\*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**

<b>Description</b>	<b>01/2012 – 03/2012</b>	<b>NORM**</b>
Average Number of Members	4,537	
Total Unique Claimants	2,268	
<b>MEDICAL FFS* SUBMITTED CHARGES</b>	<b>\$8,576,273</b>	
Medical FFS* Charges Denied Due to Lack of Information	\$262,132	
Denied as a % of Medical FFS* Submitted Charges	3.1%	0.1%
<b>MEDICAL FFS* NET CHARGES</b>	<b>\$8,314,141</b>	
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	96.9%	99.9%
Discounts	\$4,468,252	
Plan Exclusions	\$113,420	1.0%
Amounts above R & C	\$1,030	0.1%
Pre_Existing Conditions	\$0	0.0%
Ineligible Claimants	\$1,550	0.4%
Plan Max Exceeded	\$0	0.1%
Covered by Medicare	\$44,707	6.7%
Other Reasons not Covered	\$918,711	4.2%
Total Medical FFS* Amounts Not Covered	\$5,547,670	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	66.7%	54.0%
<b>MEDICAL FFS* COVERED CHARGES</b>	<b>\$2,766,470</b>	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	32.3%	46.0%
Medical FFS* Deductible/CoPay	\$269,192	
Medical FFS* Deductible/CoPay as a % of Medical FFS* Covered Charges	9.7%	6.9%
Avg. Medical FFS* Deductible/CoPay per Member	\$59	\$235
Medical FFS* Coinsurance	\$29,286	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	1.1%	4.3%
Avg. Medical FFS* Coinsurance per Member	\$6	\$145
Payments by Other Carriers	\$38,264	
<b>MEDICAL FFS* PAYMENTS</b>	<b>\$2,430,407</b>	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	28.3%	38.5%
<b>CAPITATION DOLLARS</b>	<b>\$127,256</b>	
<b>PHARMACY PAYMENTS</b>	<b>\$838,607</b>	
<b>OVERALL PAYMENTS</b>	<b>\$3,396,270</b>	

\*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**

<b>Description</b>	<b>01/2012 – 03/2012</b>	<b>NORM**</b>
Average Number of Members	4,537	
Total Unique Claimants	215	
<b>MEDICAL FFS* SUBMITTED CHARGES</b>	<b>\$122,338</b>	
Medical FFS* Charges Denied Due to Lack of Information	\$380	
Denied as a % of Medical FFS* Submitted Charges	0.3%	0.4%
<b>MEDICAL FFS* NET CHARGES</b>	<b>\$121,958</b>	
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%
<b>MEDICAL FFS* COVERED CHARGES</b>	<b>\$13,942</b>	
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	\$47
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	\$48
Payments by Other Carriers	\$0	
<b>MEDICAL FFS* PAYMENTS</b>	<b>\$8,605</b>	
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**

<b>Description</b>	<b>01/2012 – 03/2012</b>	<b>NORM**</b>
Average Number of Members	4,537	
Total Unique Claimants	2,268	
Plan Utilization	50.0%	
<b>MEDICAL FFS* SUBMITTED CHARGES</b>	<b>\$8,698,611</b>	
Medical FFS* Charges Denied Due to Lack of Information	\$262,512	
Denied as a % of Medical FFS* Submitted Charges	3.0%	0.1%
<b>MEDICAL FFS* NET CHARGES</b>	<b>\$8,436,099</b>	
Medical FFS* Net Charges as a % of Medical FFS* Submitted Charges	97.0%	99.9%
Discounts	\$4,473,261	
Plan Exclusions	\$113,755	1.5%
Amounts above R & C	\$1,030	0.2%
Pre_Existing Conditions	\$0	0.0%
Ineligible Claimants	\$1,550	0.5%
Plan Max Exceeded	\$0	0.2%
Covered by Medicare	\$44,707	7.1%
Other Reasons not Covered	\$1,021,383	4.8%
Total Medical FFS* Amounts Not Covered	\$5,655,686	
Medical FFS* Not Covered as a % of Medical FFS* Net Charges	67.0%	53.5%
<b>MEDICAL FFS* COVERED CHARGES</b>	<b>\$2,780,412</b>	
Medical FFS* Covered Charges as a % of Medical FFS* Submitted Charges	32.0%	46.4%
Medical FFS* Deductible/CoPay	\$273,898	
Medical FFS* Deductible/CoPay as a % of Medical FFS* Covered Charges	9.9%	7.6%
Avg. Medical FFS* Deductible/CoPay per Member	\$60	\$282
Medical FFS* Coinsurance	\$29,918	
Medical FFS* Coinsurance as a % of Medical FFS* Covered Charges	1.1%	5.2%
Avg. Medical FFS* Coinsurance per Member	\$7	\$193
Payments by Other Carriers	\$38,264	
<b>MEDICAL FFS* PAYMENTS</b>	<b>\$2,439,011</b>	
Medical FFS* Payments as a % of Medical FFS* Submitted Charges	28.0%	37.9%
<b>CAPITATION DOLLARS</b>	<b>\$127,256</b>	
<b>PHARMACY PAYMENTS</b>	<b>\$838,607</b>	
<b>OVERALL PAYMENTS</b>	<b>\$3,404,874</b>	

\*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)**

**MEDICAL PAYMENT AMOUNTS BY DOLLAR RANGE**  
Based on Processed Dates

01/2012 – 03/2012					NORM*			
RANGE	MEDICAL PAYMENTS	% OF TOTAL MEDICAL PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT	% OF TOTAL MEDICAL PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL PAYMENT PER UNIQUE CLAIMANT
\$0	\$0	0.0%	38	1.7%	\$0	0.0%	7.0%	\$0
<=\$100	\$36,473	1.5%	684	30.2%	\$53	0.2%	11.5%	\$55
>\$100 <= \$500	\$226,202	9.3%	960	42.3%	\$236	2.4%	30.8%	\$264
>\$500 <= \$1,000	\$184,405	7.6%	259	11.4%	\$712	3.1%	14.6%	\$714
>\$1,000 <= \$2,500	\$278,260	11.4%	186	8.2%	\$1,496	7.3%	15.4%	\$1,604
>\$2,500 <= \$5,000	\$251,691	10.3%	70	3.1%	\$3,596	8.9%	8.6%	\$3,533
>\$5,000 <= \$10,000	\$198,026	8.1%	29	1.3%	\$6,828	12.0%	5.8%	\$7,037
>\$10,000 <= \$25,000	\$405,386	16.6%	26	1.1%	\$15,592	18.3%	4.1%	\$15,235
>\$25,000 <= \$50,000	\$295,872	12.1%	9	0.4%	\$32,875	13.3%	1.3%	\$34,671
>\$50,000 <= \$75,000	\$250,318	10.3%	4	0.2%	\$62,580	7.5%	0.4%	\$60,708
>\$75,000 <= \$100,000	\$82,569	3.4%	1	0.0%	\$82,569	4.9%	0.2%	\$86,151
>\$100,000	\$229,807	9.4%	2	0.1%	\$114,904	22.2%	0.4%	\$203,993
<b>TOTAL</b>	<b>\$2,439,011</b>	<b>100.0%</b>	<b>2,268</b>	<b>100.0%</b>	<b>\$1,075</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$3,396</b>
Negative Amounts Not Included**	\$0		0					
<b>TOTAL</b>	<b>\$2,439,011</b>		<b>2,268</b>					

\*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)**

**MEDICAL & PHARMACY PAYMENT AMOUNTS BY DOLLAR RANGE**  
Based on Processed Dates

01/2012 – 03/2012						NORM*		
RANGE	MEDICAL & PHARMACY PAYMENTS	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	NUMBER UNIQUE CLAIMANTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT	% OF TOTAL MEDICAL & PHARMACY PAYMENTS	% OF UNIQUE CLAIMANTS	AVERAGE MEDICAL & PHARMACY PAYMENT PER UNIQUE CLAIMANT
\$0	\$0	0.0%	65	2.4%	\$0	0.0%	6.6%	\$0
<=\$100	\$31,212	1.0%	638	23.3%	\$49	0.2%	11.3%	\$51
>\$100 <= \$500	\$270,419	8.3%	1,053	38.4%	\$257	2.0%	28.0%	\$266
>\$500 <= \$1,000	\$314,255	9.6%	443	16.2%	\$709	2.8%	14.4%	\$718
>\$1,000 <= \$2,500	\$522,900	16.0%	346	12.6%	\$1,511	7.4%	16.6%	\$1,612
>\$2,500 <= \$5,000	\$349,675	10.7%	99	3.6%	\$3,532	9.4%	9.7%	\$3,539
>\$5,000 <= \$10,000	\$330,374	10.1%	46	1.7%	\$7,182	12.6%	6.5%	\$7,029
>\$10,000 <= \$25,000	\$522,506	15.9%	34	1.2%	\$15,368	19.0%	4.5%	\$15,249
>\$25,000 <= \$50,000	\$345,950	10.6%	10	0.4%	\$34,595	13.5%	1.4%	\$34,594
>\$50,000 <= \$75,000	\$202,228	6.2%	3	0.1%	\$67,409	7.5%	0.4%	\$60,613
>\$75,000 <= \$100,000	\$157,947	4.8%	2	0.1%	\$78,974	4.8%	0.2%	\$86,082
>\$100,000	\$230,153	7.0%	2	0.1%	\$115,076	20.8%	0.4%	\$202,639
<b>TOTAL</b>	<b>\$3,277,619</b>	<b>100.0%</b>	<b>2,741</b>	<b>100.0%</b>	<b>\$1,196</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$3,637</b>
Negative Amounts Not Included**	\$0		0					
<b>TOTAL</b>	<b>\$3,277,619</b>		<b>2,741</b>					

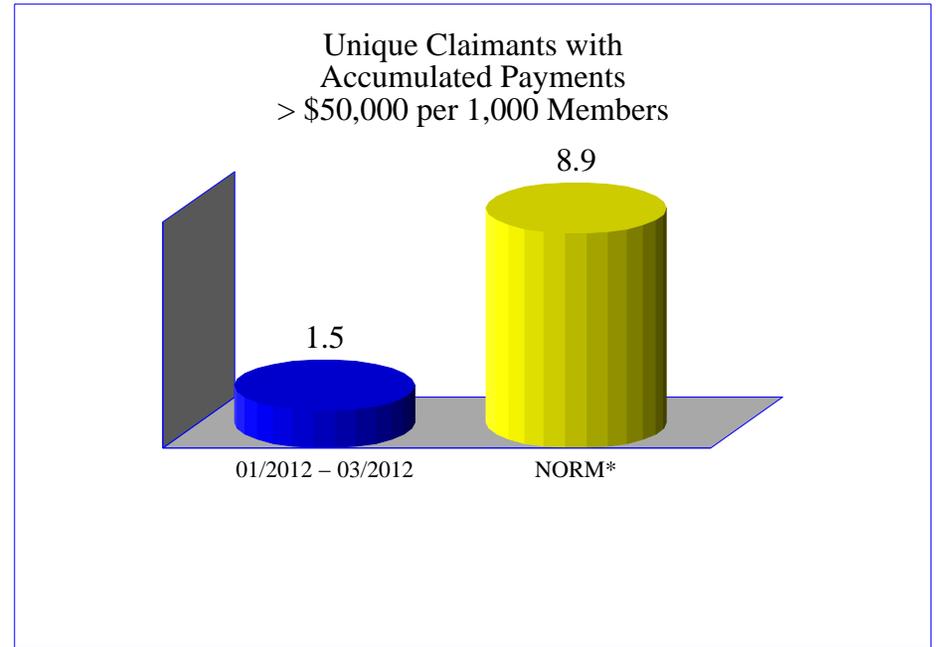
\*OPEN ACCESS PLUS NORMS for claims paid 03/2011 through 02/2012

\*\*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



01/2012 - 03/2012						
CATASTROPHIC CLAIMANTS	NUMBER OF CLAIMANTS	% OF TOTAL MEMBERSHIP	TOTAL PAYMENTS	% OF TOTAL PAYMENTS	AVERAGE PAYMENT PER CLAIMANT	VARIANCE FROM NORM*
Employee	2	0.04%	\$112,456	4.6%	\$56,228	( 51.0%)
Spouse	5	0.11%	\$450,238	18.5%	\$90,048	( 22.4%)
Dependent	0	0.00%	\$0	0.0%	\$0	( 100.0%)
<b>Total Catastrophic</b>	<b>7</b>	<b>0.15%</b>	<b>\$562,694</b>	<b>23.1%</b>	<b>\$80,385</b>	<b>( 32.9%)</b>

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

**CITY OF FORT LAUDERDALE (0041688)**

**DISTRIBUTION OF PAYMENTS BY SERVICE SETTING AND TYPE OF PROVIDER**  
Based on Processed Dates

DESCRIPTION:	01/2012 – 03/2012		
	PAYMENTS	% OF TOTAL PAYMENTS	NORM* % OF TOTAL
<b>INPATIENT MEDICAL</b>	<b>\$794,597</b>	<b>24.2%</b>	<b>29.9%</b>
Facility	\$623,125	19.0%	24.1%
Professional	\$161,092	4.9%	4.9%
Other	\$10,380	0.3%	0.9%
<b>OUTPATIENT MEDICAL &amp; PHARMACY</b>	<b>\$2,483,022</b>	<b>75.8%</b>	<b>70.1%</b>
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%
<b>TOTAL MEDICAL &amp; PHARMACY</b>	<b>\$3,277,619</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Total Facility</b>	<b>\$1,351,571</b>	<b>41.2%</b>	<b>50.3%</b>
<b>Total Professional</b>	<b>\$909,929</b>	<b>27.8%</b>	<b>28.1%</b>
<b>Total Pharmacy</b>	<b>\$838,607</b>	<b>25.6%</b>	<b>10.0%</b>
<b>Total Other</b>	<b>\$177,512</b>	<b>5.4%</b>	<b>11.5%</b>

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

CIGNA HealthCare® ARRT Report: 80\_15 (04/23/2012 10:40 am)

**CITY OF FORT LAUDERDALE (0041688)**

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

MAJOR DIAGNOSTIC CATEGORY	01/2012 – 03/2012		
	MEDICAL PAYMENTS	% OF TOTAL	NORM*
NERVOUS	\$212,841	8.7%	5.9%
EYE	\$25,407	1.0%	1.5%
EAR, NOSE, THROAT	\$112,924	4.6%	4.9%
RESPIRATORY	\$163,405	6.7%	4.6%
CIRCULATORY	\$254,821	10.4%	10.4%
DIGESTIVE	\$237,195	9.7%	9.4%
LIVER	\$9,867	0.4%	2.3%
MUSCULOSKELETAL	\$296,283	12.1%	17.2%
SKIN, BREAST	\$231,384	9.5%	5.6%
METABOLIC	\$50,700	2.1%	3.3%
KIDNEY	\$122,625	5.0%	4.7%
MALE REPRODUCTIVE	\$12,095	0.5%	1.0%
FEMALE REPRODUCTIVE	\$81,835	3.4%	3.4%
PREGNANCIES	\$82,577	3.4%	4.2%
NEWBORN	\$8,336	0.3%	2.5%
BLOOD	\$148,365	6.1%	1.6%
SPINE, BONE MARROW	\$65,001	2.7%	3.7%
INFECTIONS	\$20,251	0.8%	1.5%
MENTAL	\$8,292	0.3%	1.7%
SUBSTANCE ABUSE	\$2,151	0.1%	0.6%
INJURIES, POISONINGS	\$28,202	1.2%	1.2%
BURNS	\$93	0.0%	0.1%
HEALTH STATUS	\$251,720	10.3%	8.5%
MULT SIGNIF TRAUMA	\$0	0.0%	0.0%
HIV INFECTIONS	\$1,506	0.1%	0.1%
UNGROUPABLE	\$11,133	0.5%	0.3%
<b>TOTAL</b>	<b>\$2,439,009</b>	<b>100.0%</b>	<b>100.0%</b>

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

CIGNA HealthCare® ARRT Report: 80\_16 (04/23/2012 10:40 am)

**CITY OF FORT LAUDERDALE (0041688)**

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

MAJOR DIAGNOSTIC CATEGORY	01/2012 – 03/2012		
	MEDICAL PAYMENTS	% OF TOTAL	NORM*
NERVOUS	\$141,385	17.8%	7.1%
EYE	\$0	0.0%	0.1%
EAR, NOSE, THROAT	\$400	0.1%	1.0%
RESPIRATORY	\$114,932	14.5%	7.3%
CIRCULATORY	\$125,801	15.8%	14.4%
DIGESTIVE	\$53,089	6.7%	9.2%
LIVER	\$152	0.0%	3.4%
MUSCULOSKELETAL	\$110,880	14.0%	16.9%
SKIN, BREAST	\$44,937	5.7%	2.1%
METABOLIC	\$10,694	1.3%	2.5%
KIDNEY	\$17,504	2.2%	2.8%
MALE REPRODUCTIVE	\$221	0.0%	0.7%
FEMALE REPRODUCTIVE	\$17,970	2.3%	2.2%
PREGNANCIES	\$59,480	7.5%	9.7%
NEWBORN	\$3,632	0.5%	7.1%
BLOOD	\$40,101	5.0%	1.3%
SPINE, BONE MARROW	\$660	0.1%	2.8%
INFECTIONS	\$7,507	0.9%	3.3%
MENTAL	\$133	0.0%	1.1%
SUBSTANCE ABUSE	\$0	0.0%	0.6%
INJURIES, POISONINGS	\$11,107	1.4%	1.4%
BURNS	\$0	0.0%	0.2%
HEALTH STATUS	\$34,011	4.3%	2.3%
MULT SIGNIF TRAUMA	\$0	0.0%	0.0%
HIV INFECTIONS	\$0	0.0%	0.2%
UNGROUPABLE	\$0	0.0%	0.1%
<b>TOTAL</b>	<b>\$794,596</b>	<b>100.0%</b>	<b>100.0%</b>

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

CIGNA HealthCare® ARRT Report: 80\_16 (04/23/2012 10:40 am)

**CITY OF FORT LAUDERDALE (0041688)**

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

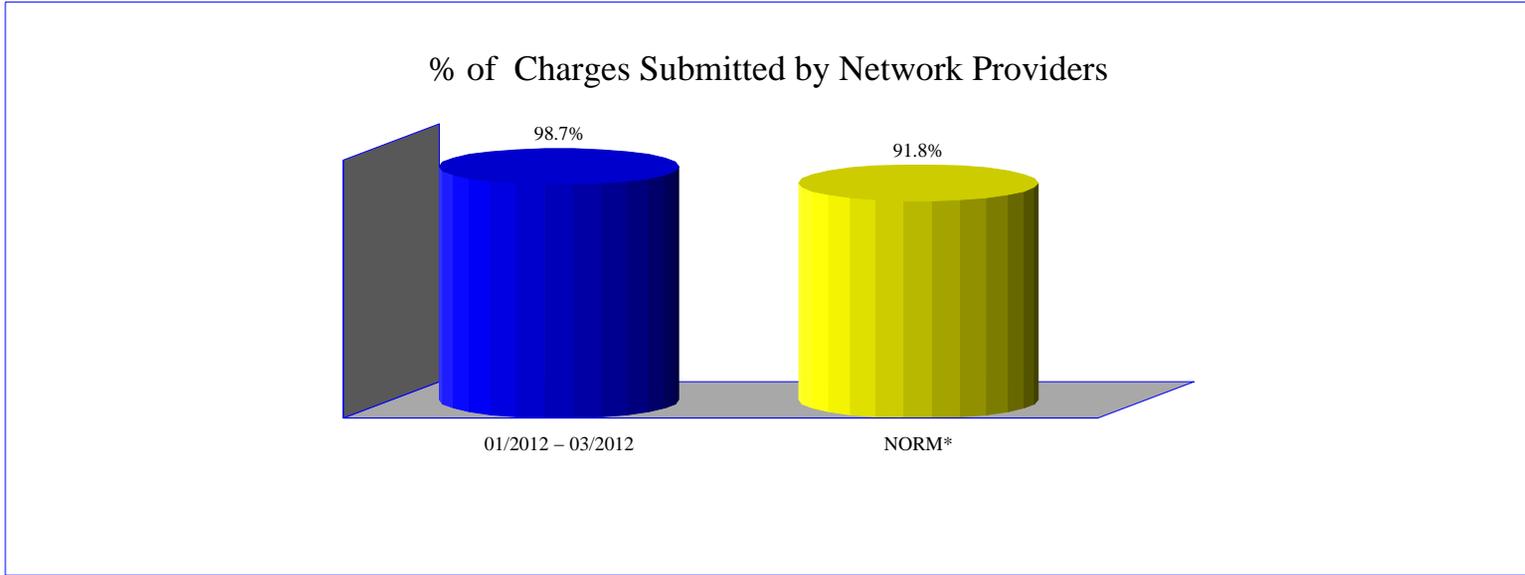
MAJOR DIAGNOSTIC CATEGORY	01/2012 – 03/2012		
	MEDICAL PAYMENTS	% OF TOTAL	NORM*
NERVOUS	\$71,456	4.3%	5.3%
EYE	\$25,407	1.5%	2.1%
EAR, NOSE, THROAT	\$112,524	6.8%	6.9%
RESPIRATORY	\$48,473	2.9%	3.2%
CIRCULATORY	\$129,020	7.8%	8.4%
DIGESTIVE	\$184,106	11.2%	9.4%
LIVER	\$9,715	0.6%	1.7%
MUSCULOSKELETAL	\$185,403	11.3%	17.4%
SKIN, BREAST	\$186,447	11.3%	7.4%
METABOLIC	\$40,006	2.4%	3.8%
KIDNEY	\$105,121	6.4%	5.6%
MALE REPRODUCTIVE	\$11,874	0.7%	1.2%
FEMALE REPRODUCTIVE	\$63,865	3.9%	4.0%
PREGNANCIES	\$23,097	1.4%	1.4%
NEWBORN	\$4,704	0.3%	0.2%
BLOOD	\$108,264	6.6%	1.7%
SPINE, BONE MARROW	\$64,341	3.9%	4.1%
INFECTIONS	\$12,744	0.8%	0.5%
MENTAL	\$8,159	0.5%	2.0%
SUBSTANCE ABUSE	\$2,151	0.1%	0.6%
INJURIES, POISONINGS	\$17,095	1.0%	1.0%
BURNS	\$93	0.0%	0.0%
HEALTH STATUS	\$217,709	13.2%	11.5%
MULT SIGNIF TRAUMA	\$0	0.0%	0.0%
HIV INFECTIONS	\$1,506	0.1%	0.1%
UNGROUPABLE	\$11,133	0.7%	0.4%
<b>TOTAL</b>	<b>\$1,644,413</b>	<b>100.0%</b>	<b>100.0%</b>

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

**CITY OF FORT LAUDERDALE (0041688)**

**NETWORK PENETRATION STATISTICS**

Based on Processed Dates



PROVIDER TYPES	01/2012 - 03/2012			
	IN-NETWORK MEDICAL CHARGES	OUT-OF-NETWORK MEDICAL CHARGES	TOTAL MEDICAL CHARGES	IN-NETWORK DOLLAR PENETRATION
Facility	\$583,171	\$0	\$583,171	100.0%
Professional	\$150,456	\$9,549	\$160,005	94.0%
All Other	\$64,416	\$932	\$65,348	98.6%
<b>TOTAL</b>	<b>\$798,043</b>	<b>\$10,481</b>	<b>\$808,524</b>	<b>98.7%</b>

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

**CITY OF FORT LAUDERDALE (0041688)**

**EXECUTIVE SUMMARY**  
**Based on Processed Dates**

	01/2012 – 03/2012	NORM*
<b>OVERALL INFORMATION</b>		
Average Number of Employees	1,872	
Average Number of Members	4,537	
Total Unique Claimants	2,268	
<b>OVERALL PAYMENT TRENDS</b>		
<b>Total Payments</b>	<b>\$2,439,011</b>	
% Payments/Net Charges	28.9%	38.0%
Average Payment Per Employee	\$1,303	\$6,419
Average Payment Per Member	\$538	\$3,045
Average Payment Per Unique Claimant	\$1,075	\$3,330
<b>CATASTROPHIC CLAIM TRENDS</b>		
<b>Unique Claimants with Accumulated Payments Greater than \$50,000</b>		
Total Catastrophic Payments	\$562,694	
Catastrophic as a % of Total Payments	23.1%	34.9%
Average Paid Per Unique Catastrophic Claimant	\$80,385	\$119,745
<b>MEDICAL PAYMENT TRENDS (EXCL. CATASTROPHIC)</b>		
Average Payment Per Employee	\$1,002	\$4,177
Average Payment Per Member	\$414	\$1,981
Average Payment Per Unique Claimant	\$827	\$2,167
<b>MEMBER DEMOGRAPHICS BY AGE BAND</b>		
<01	0.9%	1.1%
01–17	24.8%	22.8%
18–29	17.1%	15.9%
30–39	11.5%	14.6%
40–49	19.1%	17.5%
50–59	18.3%	17.1%
60–64	6.2%	6.5%
65+	2.1%	4.5%
<b>COST SHARING (MEDICAL Only)</b>		
Deductible/Copay Applied	\$273,898	
Coinsurance Applied	\$29,918	
Total Cost Sharing	\$303,816	
Average Cost Sharing Per Employee	\$162	\$1,001
Average Cost Sharing Per Member	\$67	\$475
Average Cost Sharing Per Claimant	\$134	\$519
<b>COORDINATION OF BENEFITS (Including Medicare)</b>		
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**

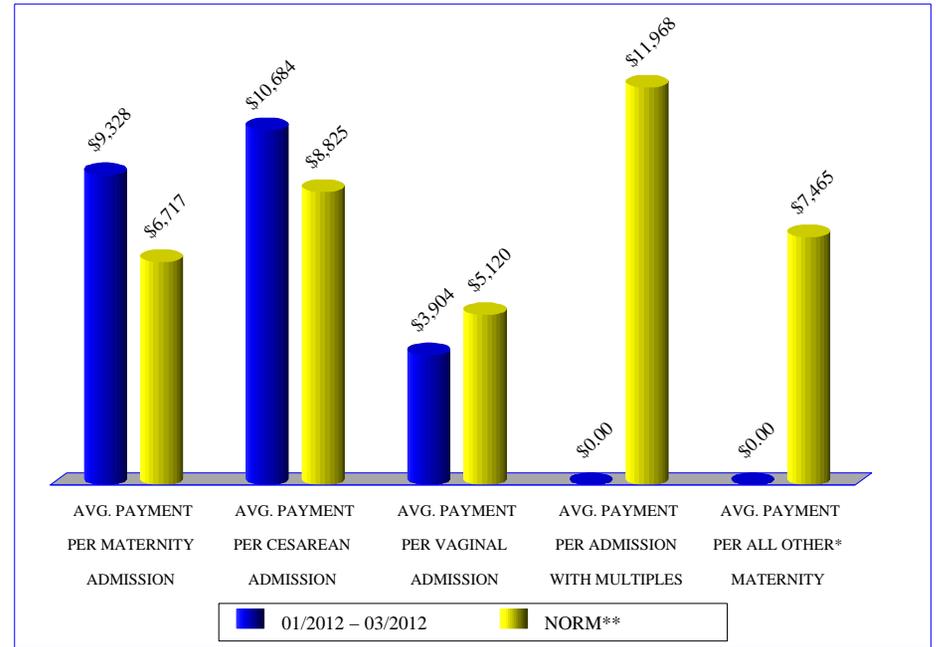
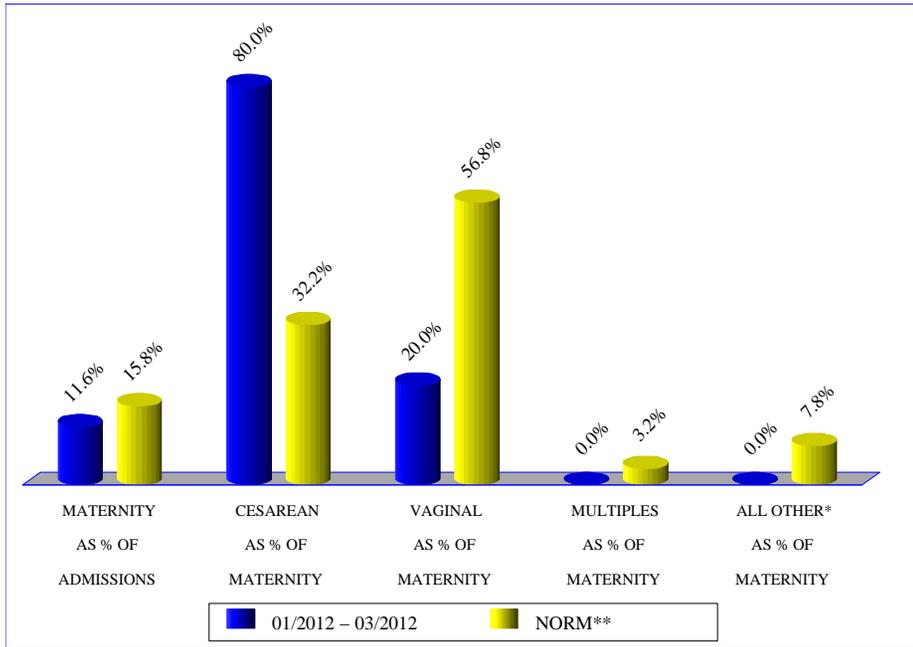
	01/2012 – 03/2012	NORM*
% COB/ Covered	1.4%	5.7%
<b>PLAN UTILIZATION</b>		
% Members Utilizing the Plan	50.0%	91.4%
% Members Receiving Payments	49.2%	85.1%
<b>DISCOUNTS</b>		
In–Network Discounts	\$4,468,252	
Out–of–Network Discounts	\$5,009	
Total Discounts	\$4,473,261	
Average Discount per Member	\$986	
<b>INPATIENT TRENDS</b>		
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
<b>OUTPATIENT TRENDS</b>		
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
<b>IN–NETWORK TRENDS</b>		
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



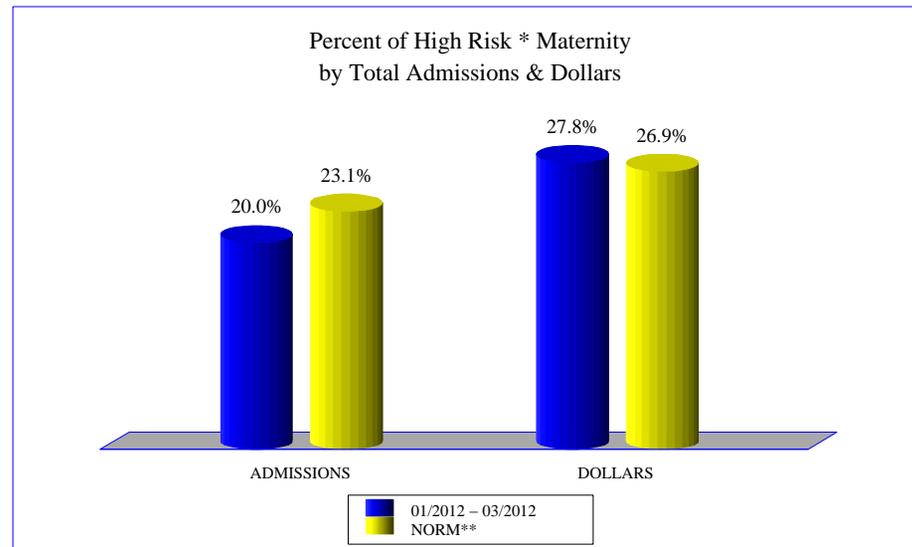
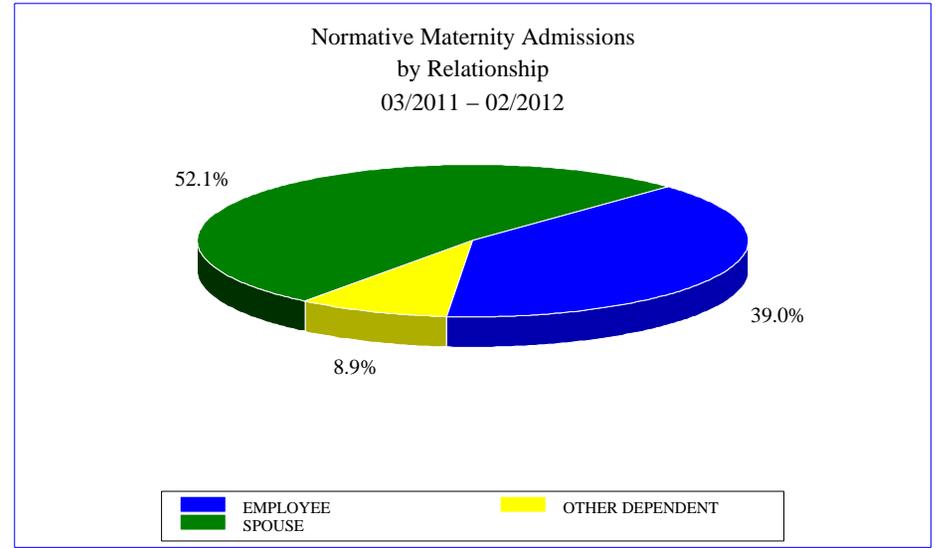
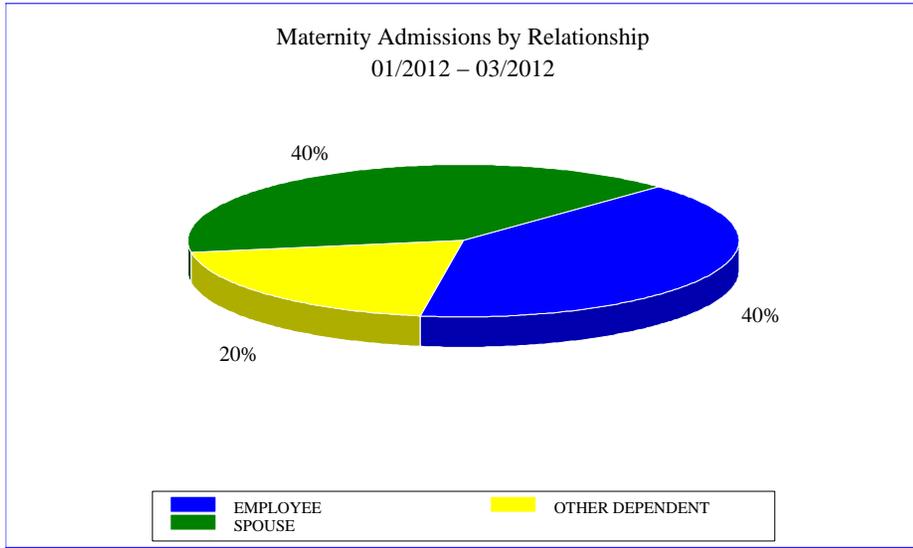
TYPE OF DELIVERY	01/2012 – 03/2012					
	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID
CESAREAN	4	3.0	12	\$10,684	\$3,561	\$42,735
VAGINAL	1	2.0	2	\$3,904	\$1,952	\$3,904
MULTIPLE BIRTHS	0	0.0	0	\$0	\$0	\$0
ALL OTHER *	0	0.0	0	\$0	\$0	\$0
<b>TOTAL</b>	<b>5</b>	<b>2.8</b>	<b>14</b>	<b>\$9,328</b>	<b>\$3,331</b>	<b>\$46,640</b>

\*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

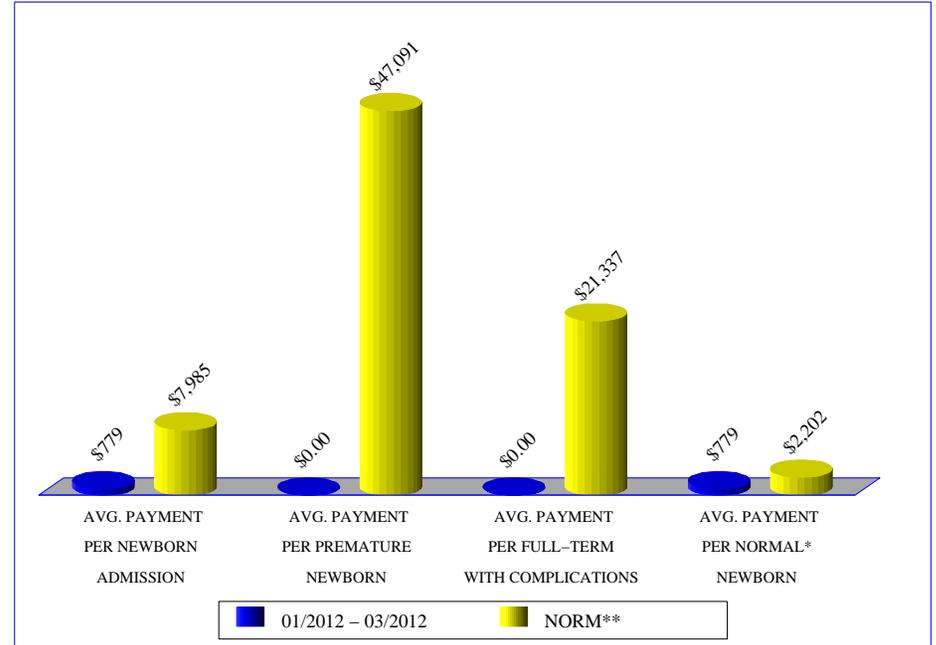
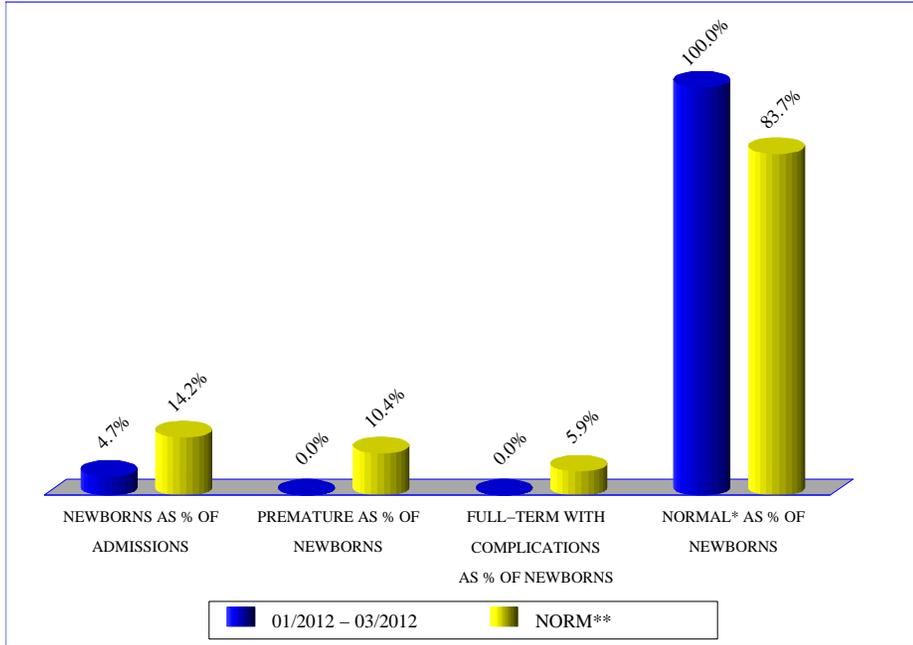


\*High Risk is determined by the physician identifying the pregnancy with a ICD-9-CM V23 diagnosis code.

\*\*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 STATUS	01/2012 - 03/2012					
	TOTAL ADMITS	AVERAGE LENGTH OF STAY	TOTAL BED DAYS	PAYMENT PER ADMIT	PAYMENT PER BED DAY	TOTAL PAID
PREMATURE	0	0.0	0	\$0	\$0	\$0
FULL-TERM COMPLICATIONS	0	0.0	0	\$0	\$0	\$0
NORMAL *	2	2.0	4	\$779	\$390	\$1,558
<b>TOTAL</b>	<b>2</b>	<b>2.0</b>	<b>4</b>	<b>\$779</b>	<b>\$390</b>	<b>\$1,558</b>

\*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**

DESCRIPTION	01/2012 – 03/2012	NORM****
Average Number of Employees	1,872	
Average Number of Members	4,537	
Total Unique Claimants	2,129	
Total Member Months	13,611	
<b>TOTAL PAYMENTS</b>	<b>\$838,607</b>	
Average Payment Per Employee	\$448	
Average Payment Per Member	\$185	
<b>TOTAL COPAY</b>	<b>\$175,273</b>	
Average Copay per Employee	\$94	
Average Copay per Member	\$39	
<b>TOTAL PAYMENTS excluding Catastrophic*</b>	<b>\$601,293</b>	
Average Payment Per Employee	\$321	
Average Payment Per Member	\$133	
<b>PLAN UTILIZATION</b>		
% of Members Utilizing the Plan	46.9%	
<b>TOTAL PRESCRIPTIONS</b>	<b>10,230</b>	
Prescriptions per Member Month	0.8	
New Prescriptions as a % of Total Prescriptions	61.8%	55.3%
Refill Prescriptions as a % of Total Prescriptions	38.2%	44.7%
Dispensed as Written Prescriptions as a % of Total Prescriptions	3.3%	4.3%
Average days Supplied	29.2	31.7
<b>Generic</b>	7,282	
Generic Prescriptions as a % of Total Prescriptions	71.2%	73.2%
<b>Brand**</b>	2,948	
Brand Prescriptions as a % of Total Prescriptions	28.8%	26.8%
Preferred Brand	2,224	
Non-Preferred Brand	724	
<b>UTILIZATION OF PRESCRIPTIONS BY TYPE</b>		
Average Payment per Overall Prescriptions	\$82	\$79
<b>Generic</b>		
Average Payment Per Generic Prescriptions	\$23	\$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	01/2012 – 03/2012	NORM****
<b>Brand**</b>		
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	
<b>AVERAGE PAYMENT BY SETTING</b>		
Average Payment Per Retail Prescription	\$63	
Average Payment Per Mail Order Prescription	\$302	
Average Payment Per DMR** Prescription	\$67	
<b>AVERAGE COPAY BY SETTING</b>		
Average Copay Per Retail Prescription	\$16	
Average Copay Per Mail Order Prescription	\$36	
Average Copay Per DMR** Prescription	\$23	
<b>FINANCIALS</b>		
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

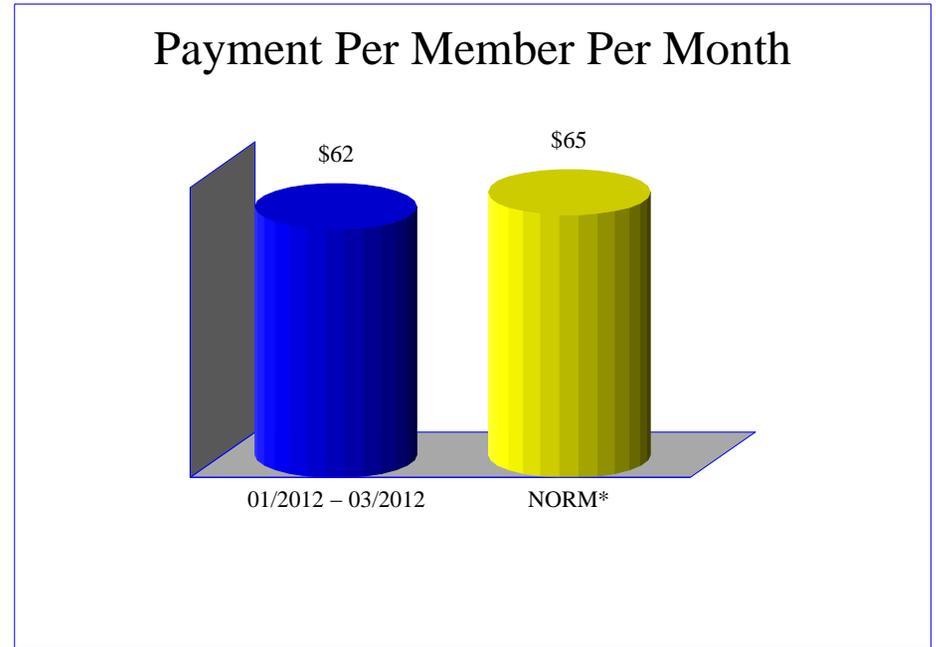
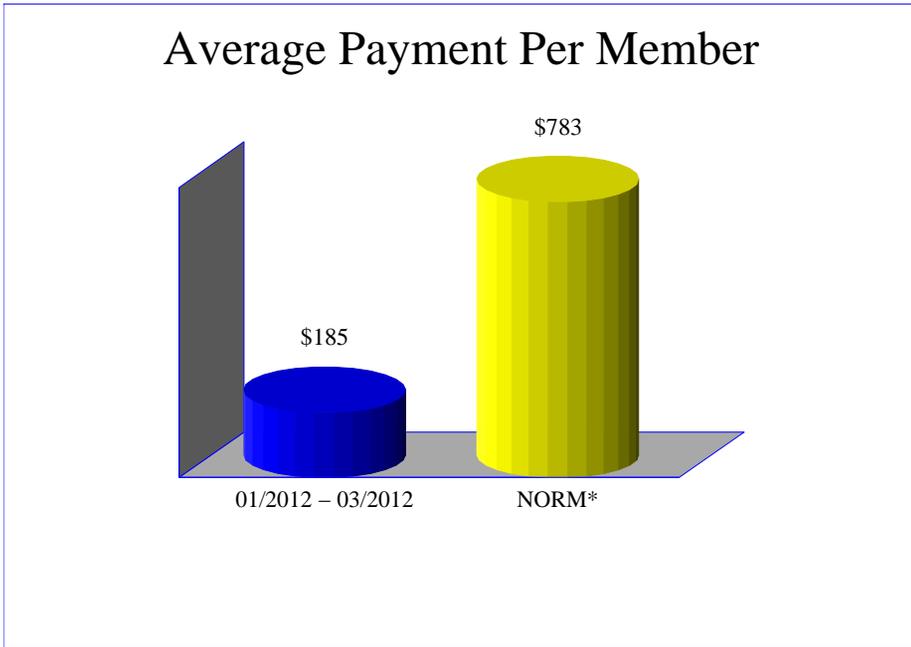
\*\*If account only has a two-tier plan then non-preferred drugs = non-formulary drugs.

\*\*\*Direct Member Reimbursements – Please note that Out-of-Network prescriptions are reflected in the medical utilization reports for our Flexcare 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%	
<b>TOTAL PAYMENTS</b>	<b>\$838,607</b>	
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 (0041688)**

**PHARMACY SAVINGS BY PRESCRIPTION TYPE**  
Based on Processed Dates

01/2012 – 03/2012									
PRESCRIPTION TYPE	TOTAL NUMBER OF PRESCRIPTIONS	TOTAL COPAY	TOTAL PAYMENTS	TOTAL AWP* COST	TOTAL INGREDIENT COST	TOTAL SAVINGS	SAVINGS AS A % OF AWP*	AVERAGE SAVINGS PER PRESCRIPTION	AVERAGE SAVINGS PER MEMBER
Generic	7,282	\$71,500	\$168,222	\$781,057	\$229,395	\$551,662	70.6%	\$76	\$122
Multi Source Brand	381	\$12,333	\$35,969	\$57,221	\$47,761	\$9,460	16.5%	\$25	\$2
Preferred Brand	1,873	\$60,883	\$430,300	\$572,263	\$488,690	\$83,573	14.6%	\$45	\$18
Non-Preferred Brand**	694	\$30,558	\$204,116	\$281,849	\$233,777	\$48,072	17.1%	\$69	\$11
Total Brand	2,948	\$103,774	\$670,385	\$911,333	\$770,228	\$141,105	15.5%	\$48	\$31
<b>TOTAL</b>	<b>10,230</b>	<b>\$175,274</b>	<b>\$838,607</b>	<b>\$1,692,390</b>	<b>\$999,623</b>	<b>\$692,767</b>	<b>40.9%</b>	<b>\$68</b>	<b>\$153</b>

\*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**

<b>THERAPEUTIC CLASS</b>	<b>TOTAL PAYMENTS</b>	<b>% OF TOTAL PAYMENTS</b>	<b>NUMBER OF SCRIPTS</b>	<b>% OF TOTAL SCRIPTS</b>	<b>AVERAGE PAYMENT PER SCRIPT</b>
ANTIHYPERLIPIDEMIC – 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
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	\$11,702	1.4%	56	0.5%	\$209
TETRACYCLINES	\$11,582	1.4%	65	0.6%	\$178
ANTIHYPERGLYCEMIC, 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
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	\$10,607	1.3%	174	1.7%	\$61
OTHER	\$363,840	43.4%	6,885	67.6%	\$53
<b>TOTAL</b>	<b>\$838,607</b>	<b>100.0%</b>	<b>10,192</b>	<b>100.0%</b>	<b>\$82</b>

**CITY OF FORT LAUDERDALE (0041688)**

**TOP 25 SPECIFIC DRUG THERAPEUTIC CLASSES RANKED BY NUMBER OF PRESCRIPTIONS**

Based on Processed Dates

**01/2012 – 03/2012**

<b>THERAPEUTIC CLASS</b>	<b>NUMBER OF SCRIPTS</b>	<b>% OF TOTAL SCRIPTS</b>	<b>TOTAL PAYMENTS</b>	<b>% OF TOTAL PAYMENTS</b>	<b>AVERAGE PAYMENT PER SCRIPT</b>
ANTIHYPERTENSIVES – HMG COA REDUCTASE INHIBITORS	605	5.9%	\$47,733	5.7%	\$79
ANALGESICS, NARCOTICS	451	4.4%	\$20,947	2.5%	\$46
PROTON-PUMP INHIBITORS	349	3.4%	\$30,747	3.7%	\$88
BETA-ADRENERGIC BLOCKING AGENTS	328	3.2%	\$4,776	0.6%	\$15
CONTRACEPTIVES, ORAL	324	3.2%	\$12,807	1.5%	\$40
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	293	2.9%	\$14,947	1.8%	\$51
MACROLIDES	285	2.8%	\$2,141	0.3%	\$8
NSAIDS, CYCLOOXYGENASE INHIBITOR – TYPE	278	2.7%	\$6,879	0.8%	\$25
THYROID HORMONES	278	2.7%	\$393	0.0%	\$1
CALCIUM CHANNEL BLOCKING AGENTS	250	2.4%	\$3,685	0.4%	\$15
ANTIHYPERTENSIVES, ACE INHIBITORS	214	2.1%	\$721	0.1%	\$3
ANTI-ANXIETY DRUGS	208	2.0%	\$939	0.1%	\$5
PENICILLINS	204	2.0%	\$2,062	0.2%	\$10
GLUCOCORTICOIDS	203	2.0%	\$6,841	0.8%	\$34
ANTICONVULSANTS	197	1.9%	\$9,205	1.1%	\$47
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	184	1.8%	\$15,437	1.8%	\$84
SEDATIVE-HYPNOTICS, NON-BARBITURATE	180	1.8%	\$6,976	0.8%	\$39
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	174	1.7%	\$10,607	1.3%	\$61
LIPOTROPICS	172	1.7%	\$22,662	2.7%	\$132
BETA-ADRENERGIC AGENTS	147	1.4%	\$4,031	0.5%	\$27
ANTIHYPERTENSIVES, BIGUANIDE TYPE	144	1.4%	\$3,094	0.4%	\$21
SKELETAL MUSCLE RELAXANTS	142	1.4%	\$2,221	0.3%	\$16
NASAL ANTI-INFLAMMATORY STEROIDS	141	1.4%	\$7,892	0.9%	\$56
TOPICAL ANTI-INFLAMMATORY STEROIDAL	129	1.3%	\$7,648	0.9%	\$59
DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)	119	1.2%	\$11,129	1.3%	\$94
OTHER	4,231	41.4%	\$582,087	69.4%	\$138
<b>TOTAL</b>	<b>10,230</b>	<b>100.0%</b>	<b>\$838,607</b>	<b>100.0%</b>	<b>\$82</b>

**CITY OF FORT LAUDERDALE (0041688)**

**TOP 10 DRUGS FOR TOP 5 THERAPEUTIC CLASSES BY PAYMENTS**  
Based on Processed Dates

01/2012 – 03/2012				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
<b>ANTHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS</b>		<b>\$47,733</b>	<b>605</b>	<b>\$79</b>
ATORVASTATIN CALCIUM	generic	\$26,284	166	\$158
CRESTOR	non-preferred brand	\$15,730	104	\$151
LIPITOR	preferred brand	\$3,751	31	\$121
LIVALO	non-preferred brand	\$596	6	\$99
PRAVASTATIN SODIUM	generic	\$430	49	\$9
SIMVASTATIN	generic	\$369	214	\$2
PRAVACHOL	preferred brand	\$348	1	\$348
LOVASTATIN	generic	\$116	33	\$4
LESCOL XL	preferred brand	\$109	1	\$109
<b>ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS</b>		<b>\$41,379</b>	<b>3</b>	<b>\$13,793</b>
ZELBORAF	non-preferred brand	\$37,208	2	\$18,604
TYKERB	non-preferred brand	\$4,171	1	\$4,171
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR</b>		<b>\$36,259</b>	<b>18</b>	<b>\$2,014</b>
HUMIRA	preferred brand	\$26,279	13	\$2,021
ENBREL	preferred brand	\$9,980	5	\$1,996
<b>PROTON-PUMP INHIBITORS</b>		<b>\$30,747</b>	<b>349</b>	<b>\$88</b>
NEXIUM	non-preferred brand	\$15,615	73	\$214
ACIPHEX	non-preferred brand	\$4,108	13	\$316
DEXILANT	preferred brand	\$3,724	32	\$116
LANSOPRAZOLE	generic	\$3,174	34	\$93
PREVACID	non-preferred brand	\$1,234	5	\$247
PANTOPRAZOLE SODIUM	generic	\$956	64	\$15
OMEPRAZOLE	generic	\$846	124	\$7
ZEGERID	non-preferred brand	\$684	1	\$684
OMEPRAZOLE-SODIUM BICARBONATE	generic	\$406	3	\$135
<b>INSULINS</b>		<b>\$25,230</b>	<b>104</b>	<b>\$243</b>
NOVOLOG	preferred brand	\$7,379	27	\$273
NOVOLOG MIX 70-30	preferred brand	\$4,415	7	\$631
LANTUS SOLOSTAR	preferred brand	\$4,330	24	\$180
HUMALOG	preferred brand	\$2,819	10	\$282
HUMULIN 70-30	preferred brand	\$2,027	6	\$338
LEVEMIR	preferred brand	\$1,901	11	\$173
LANTUS	preferred brand	\$1,512	12	\$126
APIDRA	preferred brand	\$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**

01/2012 – 03/2012				
DESCRIPTION	PRESCRIPTION TYPE*	PHARMACY PAYMENTS	NUMBER OF PRESCRIPTIONS	AVERAGE PAYMENT PER PRESCRIPTION
NOVOLIN 70-30	preferred brand	\$211	2	\$105
HUMULIN R	preferred brand	\$78	2	\$39
OTHER		\$39	1	\$39
<b>OVERALL TOTAL</b>		<b>\$181,347</b>	<b>1,079</b>	<b>\$168</b>

\*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

**Average Payment by Setting**



**Average Copay by Setting**



01/2012 - 03/2012					
PRESCRIPTION TYPE*	TOTAL NUMBER OF SCRIPTS	TOTAL COPAY	AVERAGE COPAY PER SCRIPT	TOTAL PAYMENTS	AVERAGE PAYMENT PER SCRIPT
<b>RETAIL</b>					
Generic	6,772	\$61,421	\$9	\$134,189	\$20
Preferred	2,017	\$59,835	\$30	\$349,670	\$173
Non-Preferred	631	\$25,228	\$40	\$110,850	\$176
<b>Total Retail</b>	<b>9,420</b>	<b>\$146,485</b>	<b>\$16</b>	<b>\$594,709</b>	<b>\$63</b>
<b>MAIL ORDER</b>					
Generic	509	\$10,069	\$20	\$33,948	\$67
Preferred	205	\$11,945	\$58	\$112,188	\$547
Non-Preferred	93	\$6,705	\$72	\$97,562	\$1,049
<b>Total Mail Order</b>	<b>807</b>	<b>\$28,719</b>	<b>\$36</b>	<b>\$243,698</b>	<b>\$302</b>
<b>DMR***</b>					
Generic	1	\$10	\$10	\$86	\$86
Preferred	2	\$60	\$30	\$115	\$58
Non-Preferred	0	\$0	\$0	\$0	\$0
<b>Total DMR</b>	<b>3</b>	<b>\$70</b>	<b>\$23</b>	<b>\$201</b>	<b>\$67</b>

\*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

PRESCRIPTION TYPE	01/2012 – 03/2012		
	IN-NETWORK RETAIL SCRIPTS	DMR*** SCRIPTS	MAIL ORDER SCRIPTS
<b>Prescription Utilization</b>			
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%
<b>Financials</b>			
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

01/2012 – 03/2012					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
ZELBORAF	Non-Preferred	\$37,343	3.7%	2	\$18,671.56
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

01/2012 – 03/2012					
PRESCRIPTION	SCRIPT TYPE*	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST	TOTAL SCRIPTS	AVERAGE INGREDIENT COST PER SCRIPT
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
JANUMET	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 (0041688)**

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

01/2012 – 03/2012					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT COST
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%
LEVOTHYROXINE 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%
FLUTICASONE PROPIONATE	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)**

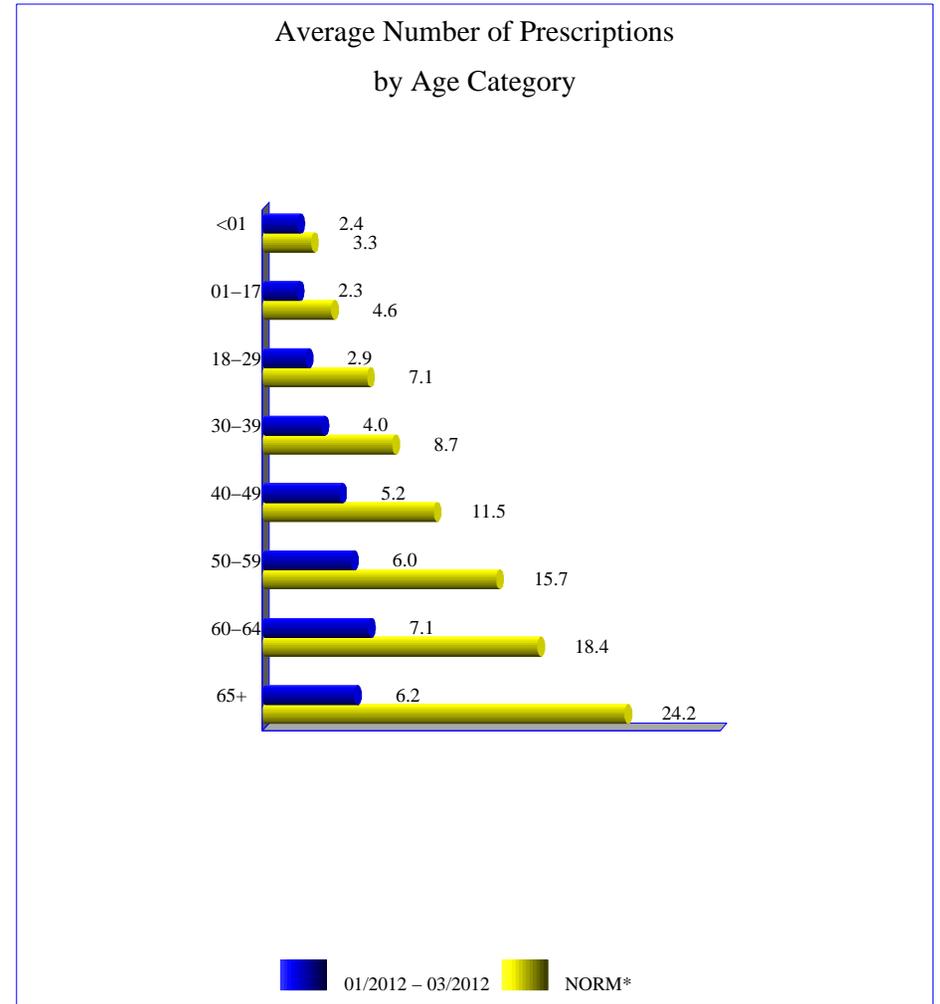
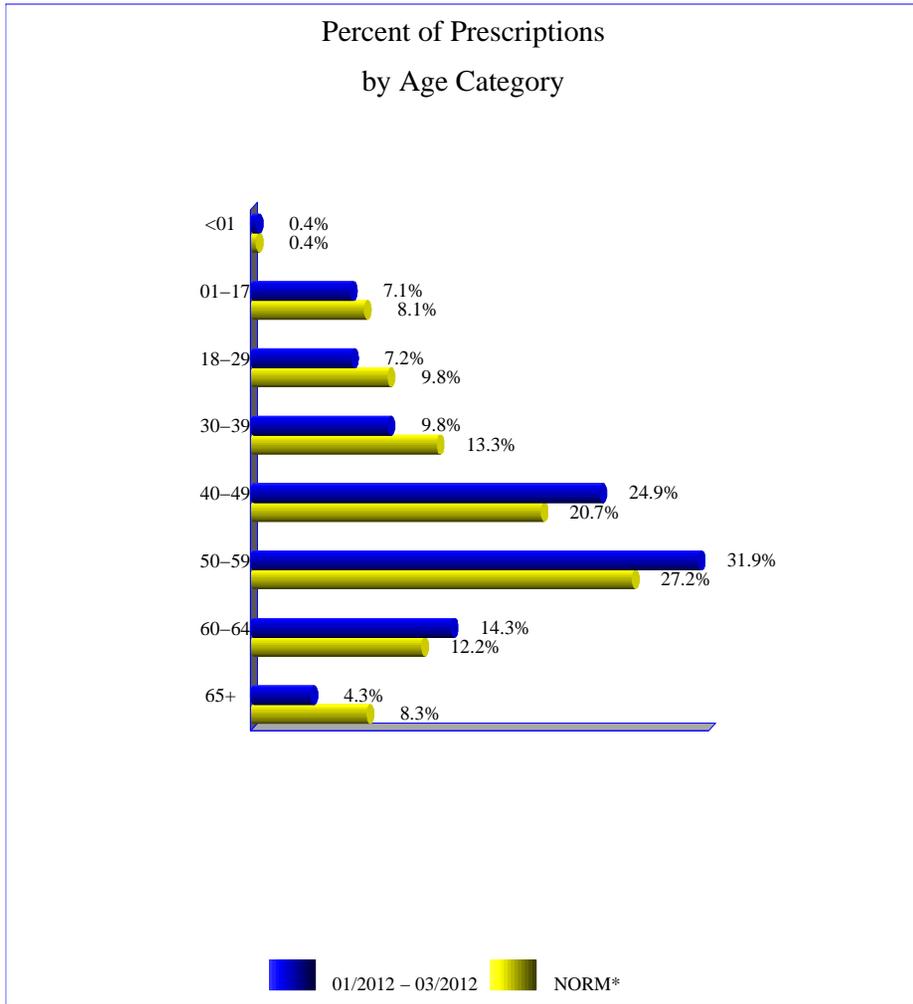
**TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS**  
**Based on Processed Dates**

01/2012 – 03/2012					
PRESCRIPTION	SCRIPT TYPE*	TOTAL SCRIPTS	PERCENT OF TOTAL SCRIPTS	TOTAL INGREDIENT COST	PERCENT OF TOTAL INGREDIENT 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)**

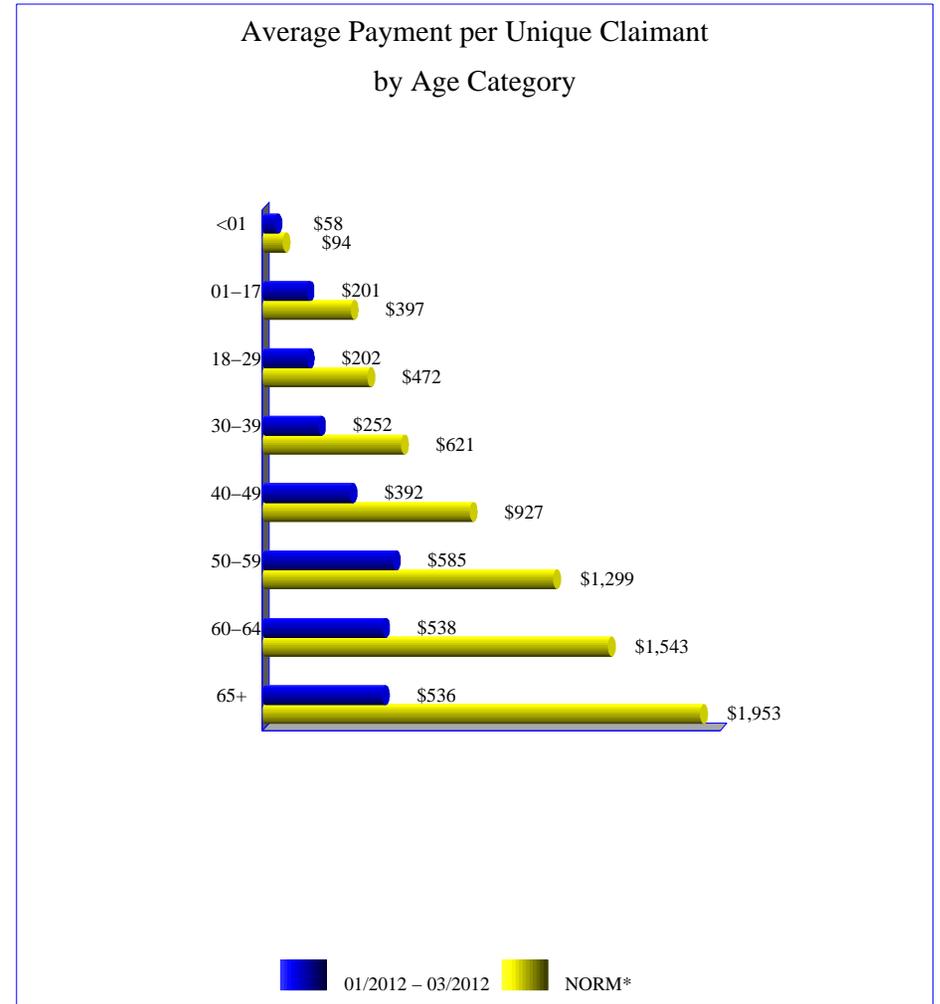
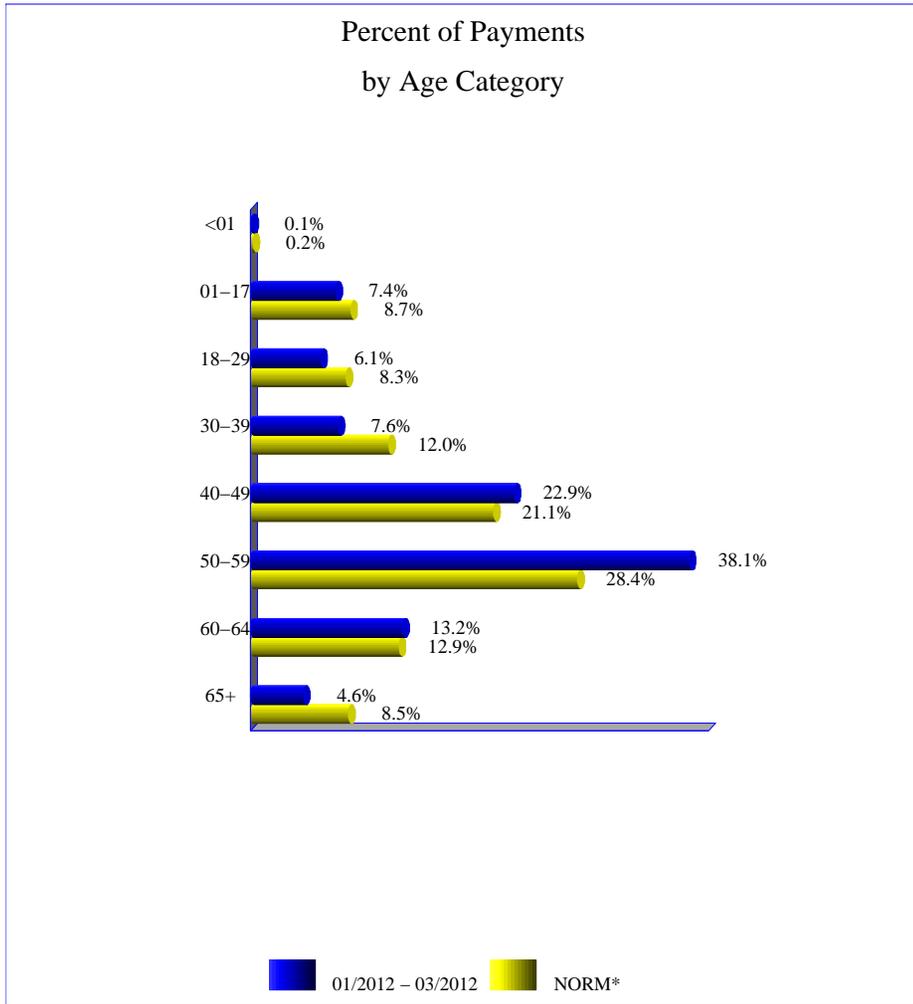
**PHARMACY UTILIZATION BY AGE CATEGORY**  
Based on Processed Dates



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

**CITY OF FORT LAUDERDALE (0041688)**

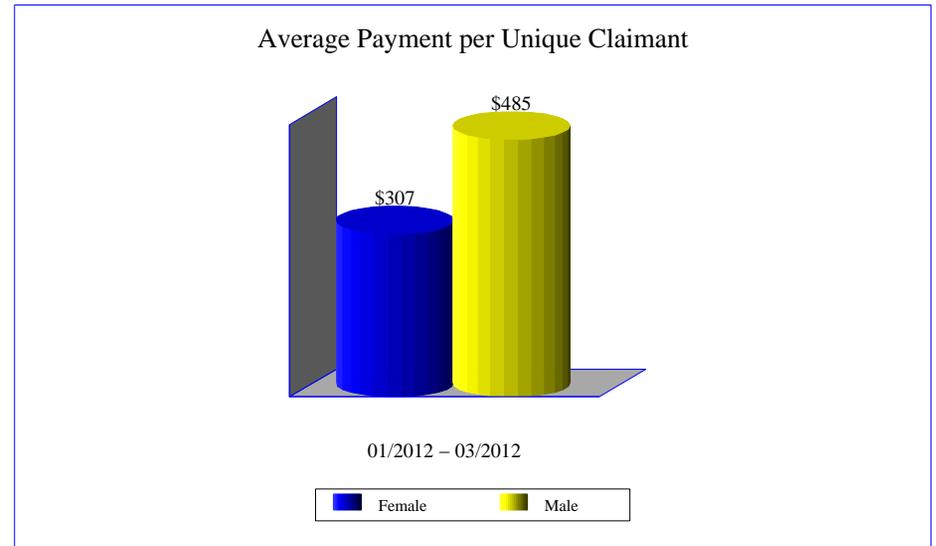
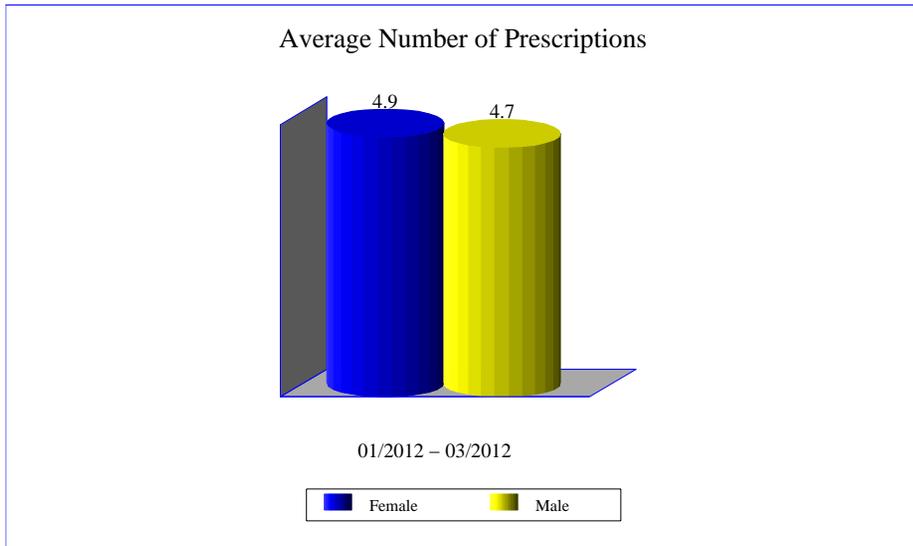
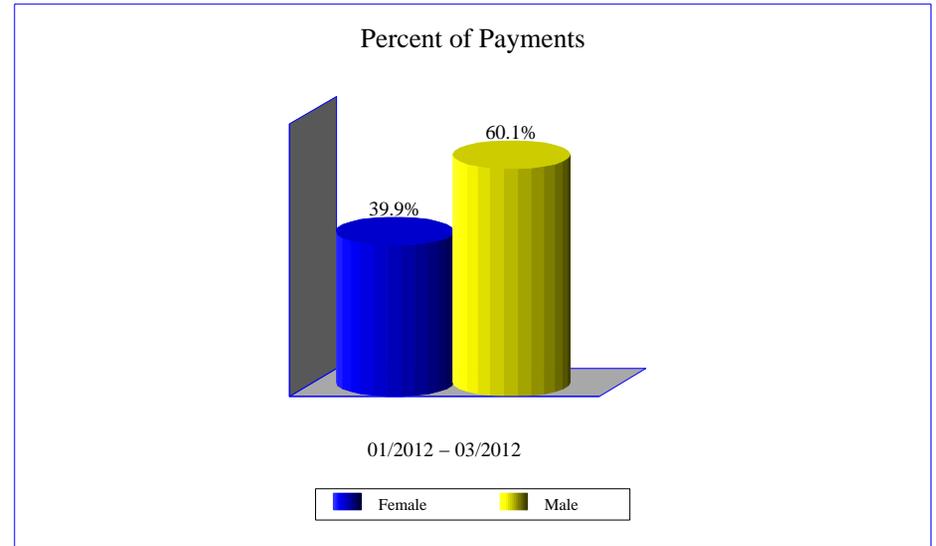
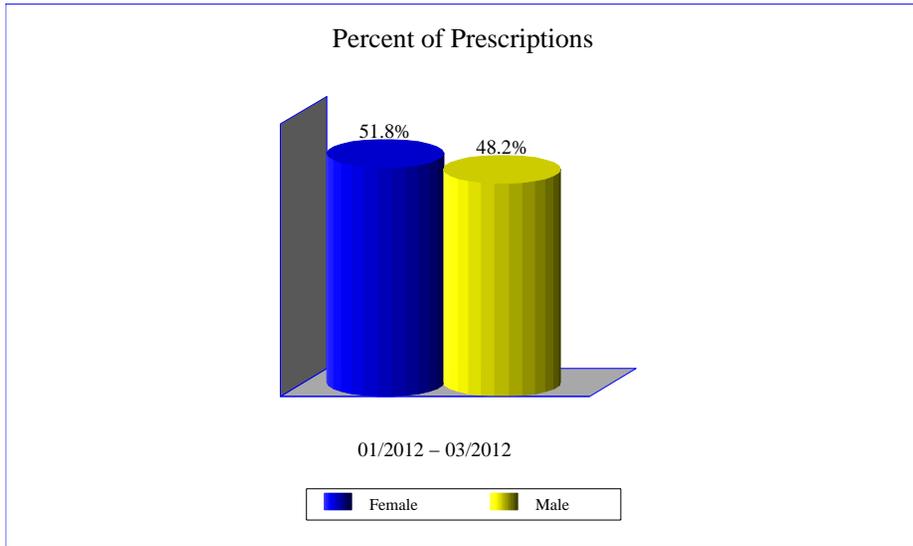
**PHARMACY PAYMENTS BY AGE CATEGORY**  
Based on Processed Dates



\*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

01/2012 – 03/2012				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
<b>ANTHYPERLIPIDEMIC – HMG COA REDUCTASE INHIBITORS</b>		<b>605</b>	<b>\$47,733</b>	<b>\$79</b>
SIMVASTATIN	generic	214	\$369	\$2
ATORVASTATIN CALCIUM	generic	166	\$26,284	\$158
CRESTOR	non-preferred brand	104	\$15,730	\$151
PRAVASTATIN SODIUM	generic	49	\$430	\$9
LOVASTATIN	generic	33	\$116	\$4
LIPITOR	preferred brand	31	\$3,751	\$121
LIVALO	non-preferred brand	6	\$596	\$99
PRAVACHOL	preferred brand	1	\$348	\$348
LESCOL XL	preferred brand	1	\$109	\$109
<b>ANALGESICS, NARCOTICS</b>		<b>451</b>	<b>\$20,947</b>	<b>\$46</b>
HYDROCODONE-ACETAMINOPHEN	generic	164	\$847	\$5
OXYCODONE-ACETAMINOPHEN	generic	90	\$201	\$2
TRAMADOL HCL	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
<b>PROTON-PUMP INHIBITORS</b>		<b>349</b>	<b>\$30,747</b>	<b>\$88</b>
OMEPRAZOLE	generic	124	\$846	\$7
NEXIUM	non-preferred brand	73	\$15,615	\$214
PANTOPRAZOLE SODIUM	generic	64	\$956	\$15
LANSOPRAZOLE	generic	34	\$3,174	\$93
DEXILANT	preferred brand	32	\$3,724	\$116
ACIPHEX	non-preferred brand	13	\$4,108	\$316
PREVACID	non-preferred brand	5	\$1,234	\$247
OMEPRAZOLE-SODIUM BICARBONATE	generic	3	\$406	\$135
ZEGERID	non-preferred brand	1	\$684	\$684
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		<b>328</b>	<b>\$4,776</b>	<b>\$15</b>
ATENOLOL	generic	99	\$159	\$2
METOPROLOL TARTRATE	generic	85	\$58	\$1

\*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 NUMBER OF PRESCRIPTIONS**  
**Based on Processed Dates**

01/2012 – 03/2012				
DESCRIPTION	PRESCRIPTION TYPE*	NUMBER OF PRESCRIPTIONS	PHARMACY PAYMENTS	AVERAGE PAYMENT PER PRESCRIPTION
METOPROLOL SUCCINATE	generic	67	\$2,356	\$35
BYSTOLIC	preferred brand	34	\$1,582	\$47
PROPRANOLOL HCL	generic	17	\$158	\$9
NADOLOL	generic	7	\$48	\$7
BISOPROLOL FUMARATE	generic	6	\$126	\$21
SOTALOL	generic	3	\$51	\$17
SOTALOL AF	generic	3	\$36	\$12
ACEBUTOLOL HCL	generic	3	\$32	\$11
OTHER		4	\$172	\$43
<b>CONTRACEPTIVES,ORAL</b>		<b>324</b>	<b>\$12,807</b>	<b>\$40</b>
LOESTRIN 24 FE	preferred brand	69	\$3,315	\$48
ORTHO TRI-CYCLEN LO	preferred brand	30	\$1,936	\$65
TRINESSA	generic	19	\$225	\$12
LUTERA	generic	15	\$312	\$21
GIANVI	generic	13	\$628	\$48
TRI-SPRINTEC	generic	12	\$100	\$8
BEYAZ	preferred brand	11	\$568	\$52
LORYNA	generic	10	\$668	\$67
JOLIVETTE	generic	10	\$221	\$22
JUNEL FE	generic	9	\$164	\$18
OTHER		126	\$4,671	\$37
<b>OVERALL TOTAL</b>		<b>2,057</b>	<b>\$117,009</b>	<b>\$57</b>

\*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	PROL/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_CD1	number_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
99203	OFFICE/OP/NEW/LOW	COMPLEX	7271	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	72611	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	57410	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	68110	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7231	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	5761	1
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
99203	OFFICE/OP/NEW/LOW	COMPLEX	7350	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	7840	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	042	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	4780	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	47411	1
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
99203	OFFICE/OP/NEW/LOW	COMPLEX	6227	1

## dx detail

99203	OFFICE/OP/NEW/LOW	COMPLEX	2382	4
99203	OFFICE/OP/NEW/LOW	COMPLEX	7292	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7393	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7394	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	72762	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	71516	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	71515	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	71591	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	71596	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7061	7
99203	OFFICE/OP/NEW/LOW	COMPLEX	7358	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	84509	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	6918	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	69274	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	4168	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	70909	4
99203	OFFICE/OP/NEW/LOW	COMPLEX	72679	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7354	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	78079	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	6961	4
99203	OFFICE/OP/NEW/LOW	COMPLEX	70219	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	61179	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	75739	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	6988	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	72705	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	55329	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	71947	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	71946	6
99203	OFFICE/OP/NEW/LOW	COMPLEX	7295	5
99203	OFFICE/OP/NEW/LOW	COMPLEX	7241	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	79503	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	V1272	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	70441	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	1110	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	72871	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	4784	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	72283	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	37021	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	605	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	8404	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7243	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	7062	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	69010	4
99203	OFFICE/OP/NEW/LOW	COMPLEX	V745	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	V7651	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	72402	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	75612	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	8442	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	8419	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	84200	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	8360	1

## dx detail

99203	OFFICE/OP/NEW/LOW	COMPLEX	72706	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	30781	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7244	3
99203	OFFICE/OP/NEW/LOW	COMPLEX	7841	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	72672	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	73681	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	79380	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	78650	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7379	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	6089	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7099	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	7179	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	3829	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	6989	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	4739	2
99203	OFFICE/OP/NEW/LOW	COMPLEX	84510	1
99203	OFFICE/OP/NEW/LOW	COMPLEX	61610	1
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
99204	OFFICE/OP/NEW/MODERCOMPLX		7020	2
99204	OFFICE/OP/NEW/MODERCOMPLX		37200	1
99204	OFFICE/OP/NEW/MODERCOMPLX		463	1
99204	OFFICE/OP/NEW/MODERCOMPLX		4779	1
99204	OFFICE/OP/NEW/MODERCOMPLX		4778	2
99204	OFFICE/OP/NEW/MODERCOMPLX		2859	1
99204	OFFICE/OP/NEW/MODERCOMPLX		4130	1
99204	OFFICE/OP/NEW/MODERCOMPLX		71694	1
99204	OFFICE/OP/NEW/MODERCOMPLX		71699	1
99204	OFFICE/OP/NEW/MODERCOMPLX		73344	1
99204	OFFICE/OP/NEW/MODERCOMPLX		4011	1
99204	OFFICE/OP/NEW/MODERCOMPLX		60021	1
99204	OFFICE/OP/NEW/MODERCOMPLX		2165	1
99204	OFFICE/OP/NEW/MODERCOMPLX		5920	1
99204	OFFICE/OP/NEW/MODERCOMPLX		79505	1
99204	OFFICE/OP/NEW/MODERCOMPLX		7210	1
99204	OFFICE/OP/NEW/MODERCOMPLX		7231	2
99204	OFFICE/OP/NEW/MODERCOMPLX		7177	1
99204	OFFICE/OP/NEW/MODERCOMPLX		4730	1
99204	OFFICE/OP/NEW/MODERCOMPLX		4720	1
99204	OFFICE/OP/NEW/MODERCOMPLX		83101	1
99204	OFFICE/OP/NEW/MODERCOMPLX		83104	1
99204	OFFICE/OP/NEW/MODERCOMPLX		81342	1
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
99204	OFFICE/OP/NEW/MODERCOMPLX	34510	1
99204	OFFICE/OP/NEW/MODERCOMPLX	78096	1
99204	OFFICE/OP/NEW/MODERCOMPLX	7350	1
99204	OFFICE/OP/NEW/MODERCOMPLX	40210	1
99204	OFFICE/OP/NEW/MODERCOMPLX	60000	1
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
99204	OFFICE/OP/NEW/MODERCOMPLX	71593	1
99204	OFFICE/OP/NEW/MODERCOMPLX	71591	1
99204	OFFICE/OP/NEW/MODERCOMPLX	71594	1
99204	OFFICE/OP/NEW/MODERCOMPLX	71596	1
99204	OFFICE/OP/NEW/MODERCOMPLX	73679	1
99204	OFFICE/OP/NEW/MODERCOMPLX	4139	1
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

## dx detail

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 S  
 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 STATI  
 NEURALGIA, NEURITIS, AND RADICULITIS, UNSPECIFIED  
 NONALLOPATHIC LESIONS OF LUMBAR REGION, NOT ELSEWHERE CLASSIFIED  
 NONALLOPATHIC LESIONS OF PELVIC REGION, NOT ELSEWHERE CLASSIFIED  
 OSTEOARTHRISIS, 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)  
 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, 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 LOWEF  
 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, UNCI  
 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)  
 OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, FOREARM  
 OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, SHOULDER REGION  
 OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, HAND  
 OSTEOARTHRITIS, 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

## dx detail

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

## dx detail

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

## dx detail

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 HEPATITIS  
 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 STATED AS  
 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

## dx detail

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

## dx detail

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  
 OSTEOARTHROSIS, LOCALIZED, PRIMARY, ANKLE AND FOOT  
 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, 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

## dx detail

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 BURSITIS  
 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

## dx detail

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, UNCL  
 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 POLYARTHROSIS, 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 MANAGEMEN  
 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

URINARY TRACT SYMPTOMS [LUTS]

CONTROLLED

dx detail

INARY TRACT SYMPTOMS [LUTS]

TAL TRACT

RUCTION OR GANGRENE

dx detail

ING 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**

THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION

ON OR COMPLICATION

dx detail

IS DELTA

S UNCONTROLLED  
; UNCONTROLLED  
;TATED 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

TAL 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,	W11	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.

Form G-107 Rev. 4/12

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](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 Hdqtrrs (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)