



Date of Issuance:	March 29, 2021	Solicitation No.	0900000478
Requisition No.	0900014910	Amendment No.	3

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

Sign and return a copy of this amendment with the solicitation response being submitted; or,

If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email.

ISSUED FROM:

Stephanie Beshears	405-517-6769	Stephanie.Beshears@omes.ok.gov
Contracting Officer	Phone Number	E-Mail Address

RETURN TO: OMESCPeBID@omes.ok.gov

Description of Amendment:

a. This is to incorporate the following:

1. **Can you please provide a census for Oklahoma Solicitation #0900000478?**
 There were multiple questions with considerable overlap regarding enrollment/census. Since some questions requested distinct metrics, all census reports are referred to and explained here. Census data containing PII will not be released.
 - i. Attachment 1 - EGID Health and Dental Census.pdf contains the census for HealthChoice plans and HMO plans as of February 28, 2021. HMO plan data is included as these members represent potential future enrollment if they had chosen a HealthChoice plan.
 - ii. Attachment 2 - HealthChoice Health & Dental Census by Month.pdf contains monthly enrollment for HealthChoice plans only beginning with 2018 and is provided to accommodate questions regarding claim volume per EE.
 - iii. Attachment 3 - HealthChoice Life Billing Units.pdf is the Life enrollment as of February 28, 2021.
 - iv. Attachment 4 - HealthChoice Health Billing Units.pdf contains billing units for HealthChoice Health plans only by Tier and total lives as of February 28, 2021.
 - v. Attachment 8 - DOC and DRS Claims and Census
2. **Are medical, dental, and life claims submitted on one file feed or separate file feeds?**
 N/A
3. **What is the total medical claims incurred and paid for 2019 and 2020? What is the total dental claims incurred and paid for 2019 and 2020?**

Refer to Attachment 5 - HealthChoice Claim Summary and Attachment 8 - DOC and DRS Census and Claims.

4. Will EGID consider a vendor providing claims administration, customer service, reporting, and other professional services for the dental portion only?
No
5. Under H.3 Minimum Requirements, is there any concession of the annual paid claims volume of at least one billion dollars if EGID does consider a vendor for the dental portion only?
EGID will not consider vendors for the dental portion only; Bidders must provide all required services. Please refer to Section H.8.4 for instructions on how to submit exception requests to the State of Oklahoma's terms.
6. Section I Submission of Bid I.2 - states this is an email only bid. If due to supporting documentation the file size exceeds external delivery limits via email, can bidders submit response via secure file location (ECG QuickConnect) or is it acceptable to send multiple emails?
We will accept links or multiple emails.
7. With regard to 090000478 Attachment D Section 6 Compliance with Technology Policies 6.1: Supplier's employees and subcontractors shall adhere to the applicable State IT Standard Methodologies and Templates including but not limited to Project Management, Business Analysis, System Analysis, Enterprise and IT Architecture, Quality, Application and Security Methodologies and Templates as set forth at <http://eclipse.omes.ok.gov>. We have attempted to access the data found in the link provided and receive an error message. Can you provide an updated link shown to allow bidders the ability to review the standards required?
Eclipse has been decommissioned. ISD is currently working with Legal to determine what documents will be public facing in the future. In the meantime, OMES Standards, as well as project management documents can be found at: <https://oklahoma.gov/omes/services/information-services/policy-standards-publications.html>
8. Will the state agree to allow vendor to use our own information security policies in place of State's policies? While the vendor's policies differ from the state's, vendor's policies have complimentary scope and controls in place and fully meet the state's intent of ensuring the security of the state's data and the availability of our services. Vendor will partner with the state, including providing discussions with our information security professionals to identify mutually satisfactory approaches, support our claim that our policy is able to ensure the state's sensitive data is secure. Vendor must manage to our own policies as we support many different customers (including federal, state, local government, higher education, K-12 and private clients) in our multi-tenant environment using a 'common support' approach using a single industry standard security policy across the enterprise.
Please refer to the Bidder Instructions Section H.8.5. – Additional Bidder Terms.
9. Please provide current eligibility for which the TPA will be providing claims administration, customer service, reporting and other professional services on behalf of the Employees Group Insurance Division (EGID) for the health, dental, and life insurance plans offered by and through EGID. Please also provide this information for the Department of Rehabilitation Services (DRS) and Department of Corrections (DOC). Please include current plan enrollment and tier election. A census eligibility file with personal identifying information removed would suffice.
There were multiple questions with considerable overlap regarding enrollment/census. Since some questions requested distinct metrics, all census reports are referred to and explained here. Census data containing PII will not be released.
 - i. Attachment 1 - EGID Health and Dental Census.pdf contains the census for HealthChoice plans and HMO plans as of February 28, 2021. HMO plan data is included as these members represent potential future enrollment if they had chosen a HealthChoice plan.
 - ii. Attachment 2 - HealthChoice Health & Dental Census by Month.pdf contains monthly enrollment for HealthChoice plans only beginning with 2018 and is provided to accommodate questions regarding claim volume per EE.
 - iii. Attachment 3 - HealthChoice Life Billing Units.pdf is the Life enrollment as of February 28, 2021.
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 - v. Attachment 8 - DOC and DRS Claims and Census

10. **Can you provide the list of services provided by the current administrator and the fees for those services?**
Refer to current State contract and amendment (Attachment 10 and 11) and prior RFP (Attachment 12).
11. **How many providers, physicians and hospitals are within the State's proprietary networks?**
There are approximately 27,400 medical and dental providers in-network with HealthChoice, 4,500 medical and dental providers in-network with the Department of Corrections, and 4,400 medical and dental providers in-network with the Department of Rehabilitation Services.
12. **Are we required to bid on all three services: Health, Dental and Life; or would we have the opportunity to bid only on the health TPA services, or possible only the health and dental TPA services?**
Bid is required for all. Health, Dental and Life services are required.
13. **What specific services are you requesting from vendors for the Life administration?**
Please refer to the HealthChoice Life Handbook for more details at <https://oklahoma.gov/content/dam/ok/en/omes/documents/2021HCLIFEHandbook.pdf>
14. **For claim administration, is there a preferred claim file format or does the plan use a clearinghouse?**
EGID requires providers and clearinghouses to use HIPAA-compliant ASC X12 EDI format for all electronic transactions. Please refer to Attachment C Section C.5.6 for additional details on claim submission requirements.
15. **For administration of the network, are you able to provide an example of the provider export file used to update the TPA on provider network status and reimbursement rates?**
The file format is contained in Exhibit 2, which includes column headings. The actual data is protected by privacy laws and cannot be provided during the public bidding process. Reimbursement rates are standard across provider types. The provider export file does not contain reimbursement rates.
16. **For administration of bundled payment programs, are you able to provide documentation which shows how many and the type of services covered by bundled payments and the applicable providers?**
Specific details about HealthChoice Select can be found at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx> and includes which services are available under Select, who the contracted providers are offering each bundle of services, and what specific procedures are included in each bundle.
17. **Should bidders' price for COBRA administration (or is COBRA administered by a third party)? If bidders should price, please provide a listing of desired services.**
No. COBRA benefits are administered by EGID.
18. **Please provide the list of services and corresponding current pricing for each service falling under this RFP.**
Refer to current State contract and amendment (Attachment 10 and 11) and prior RFP (Attachment 12).
19. **What was the number of claims and the underlying average discount percentage realized per medical payments for non-network out-of-state providers in 2019 and 2020?**
Typically, less than 4% of medical payments are to non-network out-of-state providers. The average discount percentage from billed charges is 60%. Due to the low volume, further breakouts will not be provided.
20. **Please provide the current administrative fee (percentage of savings or PEPM) for fee negotiation services.**
22% of savings.
21. **Please provide enrollment counts for 2019 and 2020 to assist us in developing pricing. Please break out by HealthChoice vs. DOC vs. DRS. Please break out by Health vs. Dental vs. Life.**
There were multiple questions with considerable overlap regarding enrollment/census. Since some questions requested distinct metrics, all census reports are referred to and explained here. Census data containing PII will not be released.
 - i. Attachment 1 - EGID Health and Dental Census.pdf contains the census for HealthChoice plans and HMO plans as of February 28, 2021. HMO plan data is included as these members represent potential future enrollment if they had chosen a HealthChoice plan.

- ii. Attachment 2 - HealthChoice Health & Dental Census by Month.pdf contains monthly enrollment for HealthChoice plans only beginning with 2018 and is provided to accommodate questions regarding claim volume per EE.
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22. Please provide the number of covered employees and pre-65 retirees residing inside of Oklahoma vs. outside of Oklahoma.

There are 810 HealthChoice members and 367 dependents living outside of Oklahoma, primarily in Arkansas, Texas and Kansas.

23. Please provide claims volume in 2019 and 2020 for the following both aggregated and unaggregated and broken out by HealthChoice vs. DOC vs. DRS as well as HCFA vs. UB:

- a. Health claims Refer to Attachment 5 - HealthChoice Claim Summary and Attachment 8 - DOC and DRS Census and Claims
- b. Dental claims Refer to Attachment 5 - HealthChoice Claim Summary and Attachment 8 - DOC and DRS Census and Claims
- c. Life claims Refer to Attachment 5 - HealthChoice Claim Summary and Attachment 8 - DOC and DRS Census and Claims

24. Please provide customer service phone statistics for 2019 and 2020 (e.g., total number of calls, daily call volume, average handle time, etc.).

- a. Please provide both monthly and annual statistics for 2019 and 2020. See charts below.

HealthChoice	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2019 – Avg. Per Day	1,313	1,108	1,035	1,003	954	1,038	1,048	966	1,053	1,062	1,083	935
2019 - Total/Month	27,563	22,155	21,740	22,073	20,987	20,753	23,048	21,262	21,052	24,431	19,495	18,703
2020 – Avg. Per Day	1,091	1,088	838	639	772	883	855	829	862	911	937	810
2020 - Total/Month	22,903	20,669	18,439	14,064	15,430	19,416	18,816	17,417	18,108	20,036	16,864	17,817

DOC	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2020 – Avg/Day	9	4	6	6	7	6	6	6	6	6	6	4
2020 -Total/Month	180	76	134	140	135	131	123	120	126	126	116	86

DRS	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2020 – Avg/Day	4	2	3	2	3	3	4	4	3	4	3	2
2020 -Total/Month	78	36	56	51	50	76	96	78	65	80	57	37

- b. If possible, please differentiate provider vs. member calls. Not Available.
- c. Describe concierge customer service capabilities and tools in place currently.

EGID define concierge customer service as a white-glove level of service designed to elicit next-level customer loyalty and enhance the overall customer experience. We expect concierge assistance to include services like assisting member’s with finding the lowest cost providers or facilities and setting up appointments, coordinating with facilities to ensure records are properly transferred when a member is changing doctor’s or facilities, providing advocacy services with out-of-network providers, etc. Today member advocacy concierge services are offered by the TPA through the Care Connect program, which is fully integrated with the Care Management program. Members are able to receive both clinical and claims related assistance through on a dedicated contact. The Care Connect Program is a healthcare advocacy program designed to offer additional assistance to all HealthChoice participants through targeted member outreach. When members are experiencing serious, and often expensive health issues, they deal with a barrage of provider bills and Explanations of Benefits, and understanding the bottom line can be confusing and stressful.

The Care Connect coordinators are available to assist any HealthChoice member who requests it, but will also proactively analyze claims data to identify members who could be in need of assistance with understanding claim expenses or multiple billings, and/or who may benefit from a better understanding of the additional cost saving opportunities available to them, such as Select. The Care Connect coordinators will reach out to members to offer assistance with understanding their claims, while also educating them on additional programs and benefits that are offered through HealthChoice. Additionally, EGID has a direct contract with Medefy Health LLC for member navigation and mobile app services. Members have the ability to chat with a live care guide within the HealthChoice Benefits mobile application. Care guides assist members with finding a network or Select provider, finding the lowest cost facilities/providers for a service, setting up appointments and/or transferring records, answer benefit and plan questions, etc.

25. **C.6.4.1.2 in Attachment C states: “Supplier shall provide case management services in collaboration with the HCMU for transplant patients.” How many transplant case management cases were there in 2019 and 2020?**

Case Type	2019	2020
Transplant	66	64
Continuing Care Coordination	50	40
Total	116	104

26. **Please provide a list of the healthcare procedures that currently require pre-certification for HealthChoice, DOC and DRS. For which of these procedures are pre-certification services provided by the current Supplier and which are provided by the EGID Health Care Management Unit?**

For HealthChoice, please refer to https://healthchoiceconnect.com/certification_portal_new.html.
Supplier will not provide any pre-certification services for DOC or DRS.

27. **Please provide a list of the healthcare procedures that Supplier will be required to pre-certify for HealthChoice, DOC, and DRS beginning 1/1/23.**

For HealthChoice, please refer to https://healthchoiceconnect.com/certification_portal_new.html.
Supplier will not provide any pre-certification services for DOC or DRS.

28. **Understanding the Supplier will follow URAC policies and procedures in accordance with URAC accreditation, will the pre-certification services provided by the EGID Health Care Management Unit follow URAC policies and procedures?**

Refer to Attachment C Section C.6. for Supplier requirements. In accordance with 36 O.S. § 6553, EGID Health Care Management Unit is exempt from URAC, but is licensed by the State of Oklahoma and generally utilizes URAC policies and procedures.

29. **How many pre-certifications were completed in 2019 and 2020 for inpatient services? How many pre-certifications were completed in 2019 and 2020 for outpatient services?**

Total cases reviewed by year Note: OP totals are reported cases and not reflective of total procedures reviewed.

Inpatient Cases	HCMU	AHH	Total
2019	65	8,527	8,592
2020	71	7,598	7,669
Outpatient Cases	HCMU	AHH	Total
2019	9,815	7,943	17,758
2020	9,238	3,442	12,680

30. **What were the top ten diagnosis groups by inpatient admissions for 2019 and 2020?**

Refer to Attachment 6 - HealthChoice Inpatient Admissions by MS-DRG

31. **What were the top ten facilities for inpatient admissions for 2019 and 2020?**

Refer to Attachment 7 - HealthChoice Inpatient Admissions by Facility

32. **Please provide all reports that are currently provided to EGID by the current administrator.**

Refer to Attachment C Section C.9 and Exhibit 8 for reporting requirements.

33. **33. What was the percentage paper vs. electronic claims in 2019 and 2020?**

Percentage of Claims: Paper vs. Electronic:

HealthChoice	2019	2020
Paper	8%	7%
Electronic	92%	93%
DOC	2019	2020
Paper	24%	20%
Electronic	76%	80%
DRS	2019	2020
Paper	64%	63%
Electronic	36%	37%

34. **Please provide a list of current vendors utilized, vendors we will be expected to integrate with in 2023, and the service(s) performed by each vendor.**

Below are existing vendors with which the TPA must integrate and with which EGID holds a direct contract to provide services outside of those supplied by the current TPA. While these are current vendors and services, EGID may change vendors or services at any time These therefore may not reflect the vendors that will be in place as of 2023. Bidders are allowed to include value added services for EGID's consideration, even for services currently contracted by EGID and not offered through the TPA.

- i. Medefy Health LLC –HealthChoice member navigation and mobile app services
- ii. CVS Pharmacy Inc – HealthChoice Pharmacy Benefits Manager; pharmacy benefits administration services
- iii. McAfee & Taft – HealthChoice subrogation services
- iv. SwiftMD – HealthChoice telemedicine services

35. **Does pricing need to be the same for all 5 years of the contract?**

No.

36. **For pricing purposes should a bidder's pricing for Health, Dental, and Life claims administration be broken out by these three types of claims vs. rolled up into a single administrative rate?**

Pricing can be combined or separated at a Per Member (employee) Per Month (PMPM) rate. Historically, this fee has been rolled up into a single fee for all claim types.

37. **How many physicians, hospitals and other providers are within the State's HealthChoice network?**

There are approximately 27,400 HealthChoice medical and dental Network providers.

38. **What types of pricing methodologies are used for the State's HealthChoice network (e.g., DRGs – MS-DRG or APRDRG, per diems, case rates, etc.)? What is the number of unique fee schedules currently in place?**

HealthChoice network pricing methodologies include MS-DRGs, MS-LTC-DRGs, per diems, APCs for certain outpatient facility claims, bundled rates, fee schedule allowables, and percent discount from billed. There are 16 total unique fee schedule files currently in place across all provider types.

39. **How do you define a bundled payment? Is it inclusive of all services (prof, facility and ancillary) for a defined time period?**

The Select bundled payment is inclusive of all related charges from affiliated providers on the same date(s) of service as the Select procedure.

40. **What are the time periods for each bundled payment service and what codes are included within each service line? Please specify each bundle and the codes within the bundle.**

Select bundled payments are for all related charges from affiliated providers performed on the same date(s) of service as the Select procedure. Specific details about HealthChoice Select can be found at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx> and includes which services are available under Select, who the contracted providers are offering each bundle of services, and what specific procedures are included in each bundle.

41. **Please list the providers whom the bundled payment is with and service lines by provider for which the bundle applies?**

Specific details about HealthChoice Select can be found at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx> and includes which services are available under Select, who the contracted providers are offering each bundle of services, and what specific procedures are included in each bundle.

42. **Please provide the volume (claim count) and dollars paid out in 2019 and 2020 for bundled payments.**
In 2019 there were 17,000 claims for \$38 million and in 2020 there were 14,000 claims for \$24 million.

43. **What specific services are you requesting from vendors for the Life administration? What are the administrative duties involved in the Life Insurance Program?**

Benefits and services shall be administered in accordance with plan guidelines. Please refer to the HealthChoice Life Handbook for more details at <https://oklahoma.gov/content/dam/ok/en/omes/documents/2021HCLIFEHandbook.pdf>

44. **44. H.4.4.7 in Bidder Instructions states: "Provide details of Bidder's Wellness program(s) and initiatives, and/or Bidder's experience integrating with third-party Wellness program(s) and initiatives." Will you please provide details regarding what wellness program(s) and wellness initiatives are currently in place?**

EGID does not have any active wellness programs in place at this time.

45. **45. 11.6 in Attachment B states: "The Supplier shall immediately forward to the State Purchasing Director, and any other applicable person listed in the Notices section(s) of the Contract, any request by a third party for data or records in the possession of the Supplier or any subcontractor or to which the Supplier or subcontractor has access and Supplier shall fully cooperate with all efforts to protect the security and confidentiality of such data or records in response to a third party request." Would any and all requests for claims information from providers, attorneys, etc. be subject to this?**

This applies to providers, attorneys, etc. There is no exception for certain types of requestors. A third-party requestor is any person or group besides the primaries involved in this scenario.

46. **46. Is subrogation administered as pay and pursue vs. pursue and pay methodology?**

EGID utilizes a hybrid model for subrogation administration.

47. **Will you please provide the 2021 Summary Plan Descriptions?**

Please refer to <https://oklahoma.gov/omes/services/employees-group-insurance-division/summary-benefits-and-coverage.html>

48. **H.4.18.2.2 in Bidder Instructions states "Provide your process for building and validating the Client Profile." Will you please provide additional details regarding "the Client Profile?" Is there a template that EGID is asking us to follow?**

For this purpose, Client Profile means the master document Bidder will use to manage the plan buildouts in their eligibility and claims processing systems - identify and define all plans, coverage names and descriptions, coverage levels, eligibility parameters, groups/subgroups, plan code naming schemes, etc. with appropriate notes and acknowledgement of review and sign off by client.

49. **H.8.12 in Bidder Instructions states "Any required business references and associated information shall be inserted in this section." Will you please clarify what is meant by "business references?" Is this different than the client references requested in H.3.1.5?**

Business references aren't required for this solicitation. Section H.8.12. is only applicable if business references were requested in the Required Bid Structure.

50. H.8.2.4 in Bidder Instructions states "Certificate of Insurance and Workers' Compensation form." Which insurance and workers' compensation forms are needed?

A Certificate of Insurance issued by the provider, which shows the vendor has Workers' Compensation coverage will suffice.

51. C.16.1.2 in Attachment C states "Supplier shall be responsible for processing eligible Health, Dental, and Life claims incurred prior to the contract effective date ("Run-In Claims")." Will you please provide an IBNR by claim count for 2019 and 2020?

There were approximately 305,000 claims processed in 2019 with dates of service prior to 2019. There were approximately 270,000 claims processed in 2020 with dates of service prior to 2020.

52. 2.1 in Attachment B states "Unless specifically agreed in writing otherwise, the Contract is effective upon the date last signed by the parties. Supplier shall not commence work, commit funds, incur costs, or in any way act to obligate the State until the Contract is effective." Does this mean the contract must be executed before the implementation process is able to begin?

Yes. The Contract will be executed when signed by all parties. The intent is to execute this Contract in or around July 2021; at that time, the implementation process may begin. The initial contract term begins on January 1, 2023 and runs through December 31, 2023.

53. C.4.1 in Attachment C mentions "...including, but not limited to, wellness program initiatives, drug benefit management, disease management, site of care alignment, new system/technology services, etc." Are any of these not currently in place? If so, will you please provide the anticipated timeline relative to each product or service not currently in place? Please outline required integration needs (e.g., API, SSO, data file, etc.).

EGID does not have these programs in place at this time and cannot determine integration requirements that would be needed if implemented.

54. Regarding the Diabetes Prevention Program mentioned in C.4.6 in Attachment C, will you please provide the name of the company that administers the program along with additional details regarding the program?

There is no vendor that manages the Diabetes Prevention Program (DPP). Network facilities that are fully recognized by the CDC as Diabetes Prevention Program (as determined by EGID Network Management) can sign an addendum to their contract to offer these services to all HealthChoice members and dependents that meet CDC guidelines as determined by the DPP facility. It is tied to a specific fee schedule that has limited codes and frequency limits. There are no out-of-network DPP providers. Currently, the plan has 7 DPP providers.

55. Regarding the Bariatric Program mentioned in C.4.7 in Attachment C, will you please provide the name of the company that administers the program along with additional details regarding the program?

Network facilities that meet criteria as established by EGID Network Management can sign an addendum to their contract to offer specific bundled bariatric procedures. The bundle includes all services performed on the date(s) of service as the procedure including surgeon, anesthesia, labs, pathology, etc. All pre-operative and post-operative (not included in the procedure's global days) are subject to standard benefits. Certification is required through the certification vendor using guidelines as determined by EGID. Bundled services are tied to specific fee schedules with limited codes. There are no out-of-network bariatric providers. Currently, the plan has 6 bariatric facilities.

56. Regarding Editing, Bundling, and Grouping in C.5.10 in Attachment C, what claims editing system is currently utilized? Please also provide a savings reports listing number of claims identified and dollar saved by each editing rule.

Ace, Optum and EnThrive. A savings report will not be provided.

57. Regarding C.6.3 in Attachment C, will you please provide the following for 2020 and 2021?

The following totals represent appeal cases reviewed by the TPA Certification Administrator, and not by EGID's internal unit. Because we cannot calculate totals for 2021, the below totals are for 2019 and 2020.

HealthChoice	2019	2020
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Total UM Appeals	96	91
Level 1 Appeals	88	81
Level 2 Appeals	8	11
IROs	1	8

- a. How many clinical/certification appeals were received? See above for available information.
- b. How many appeals were subject to Medical Director review? See above for available information.
- c. How many appeals were subject to peer-to-peer review? See above for available information.
- d. How many appeals were reviewed by an Independent Review Organization? See above for available information.

58. **C.5.1.5 in Attachment C states “Supplier shall mail ID cards to the member’s address on file, as provided within the V3 Eligibility Export.” Please clarify the specifications of the “V3 Eligibility Export.”**
V3 is the current EGID Member Eligibility system. Refer to Attachment C Section C.1 for more information on referenced eligibility exports.

59. **C.10.4.3 in Attachment C states “Supplier shall utilize the EGID Global Ticket Tracking log and/or provide system or software to support the functions and criteria of that process, as approved by EGID.” Please clarify what is meant by “the EGID Global Ticket Tracking log.”**
The Global log is a change management process that allows EGID to open a ticket with the TPA for tracking and resolution. Tickets could be related to claim issues, audit findings, benefit or policy changes, fee schedule updates, etc.

60. **Regarding the Medical Drug Management program in H.4.4.4 in Bidder Instructions –**
a. Please describe the current PBM’s (CVS Caremark) delegation status and underlying process for managing EGID’s Medical Pharmacy program. Drugs billed under the medical benefit are currently reviewed and authorized internally by the EGID Health Care Management Unit. Rebates for drugs processed under the medical benefit are obtained through the TPA. The PBM (CVS Caremark) handles all drugs and rebates administered under the pharmacy benefit, including specialty drugs. Supplier drug management program or system under the medical benefit would be considered.
b. Please provide the volume of Medical Pharmacy claims for 2019 and 2020. There are approximately 15,000 claims and a \$46 million spend annually for Medical Pharmacy claims.

61. **Regarding the Exhibit 5 layout, there appears to be the same type of information included in the standard file spec for receipt of eligibility. Please advise how the Exhibit 5 layout and fil spec coordinates with each other (and which will be the “record of truth”).**
At one time EGID captured COB information and passed the information to our TPAs via the eligibility file. However, the process was changed several years ago to allow the TPA to capture and maintain COB information and pass that information back to EGID in the Exhibit 5 file layout. The fields remain within the member eligibility file layout today because EGID has, or may have, a need to pass that information along to other vendors. These fields will not be populated in the member eligibility file that EGID sends to the TPA, unless there is a change in process(es).

62. **H.8.8.4 in Bidder Instructions states “If service level agreements are required, the proposed service level agreements shall be inserted in this section at a Bid Packet page referencing the proposed Service Level Agreements.” Please confirm that it is acceptable to reference other areas of the proposal (e.g., required exhibits) in response to each item listed in section 8. For example, are bidders being asked to insert their pricing in both Section Eight (Response to Specifications and Requirements) and Section 9 (Pricing)? Or within Section 8 are bidders allowed to include a sentence referencing the pricing within Section 9?**
Proposals should follow the structure outlined in Section H – Required Bid Structure. Unless otherwise noted, most everything requested should be inserted in Section H.8.8. – Section Eight: Response to Specifications and Requirements. For example, everything required for a pricing proposal is specifically outlined in Section H.2 for bidders. When preparing proposals, bidders should label their pricing section

as "Section Nine" as stated in Section H.8.9. It is okay to reference other sections if the response is numbered as described in Section H.8.

63. **Is the State requesting that we only provide Case Management for Transplant?**
The only Case Management requirement is for transplants. Care management services are required for members with multiple chronic diseases as part of the Care Management program.
64. **Is Behavioral Health managed by a third party TPA?**
Please refer to https://healthchoiceconnect.com/certification_portal_new.html.
65. **65. Due to time constraints, are bidders able to provide a Standard Administrative Services Agreement with the solicitation response with the understanding that this document would be customized according to the requirements once negotiations are complete?**
No. Proposals should be prepared according to instructions provided in the Bidder Instructions. Any exceptions to terms or additional terms proposed should be provided with a bidder's proposal, not after a bidder's proposal is submitted.
66. **66. Several sections refer to a requirement that the Supplier comply with "EGID policies." Is it possible to obtain a copy, so that we may evaluate our responses in light of those additional requirements?**
General policies and guidelines can be found within the HealthChoice plan handbooks at <https://oklahoma.gov/omes/services/healthchoice/handbooks.html>, the HealthChoice Provider Manual at <https://oklahoma.gov/omes/services/healthchoice/providers/provider-manual.html> and/or the EGID Administrative Rules at <https://oklahoma.gov/omes/services/employees-group-insurance-division.html> ("About EGID"). EGID policy and procedure documents will be provided for the implementation of services with the selected vendor. EGID will work with the vendor during implementation to review and update as needed.
67. **67. For question H.4.5.7.1. Describe your integrated imaging platform; include details around integration with Bidder's claims system and other systems in support Contract requirements and any known limitations. Is the State looking for a response on integration with their own claims processing system?**
No. The State is asking how Bidder's imaging system is integrated with the Bidder's claim system.
68. **68. For question, H.4.3.1.7. Describe Bidder's experience and abilities to offer a customer survey to all callers and the ability to report results to EGID in support contract requirements; provide standard reporting and metrics; if available provide example survey questions utilized and ability for customization. What are the 'contract' requirements that the State is asking us to support?**
Please refer to Attachment C Section C.3.1.1.
69. **Approximately how many providers/facilities are in the Health Choice and Health Choice Select network?**
There are approximately 27,400 HealthChoice Medical and Dental providers and approximately 57 HealthChoice Select providers.
70. **How often are in-network providers updated via the Health Choice and Health Choice Select network?**
HealthChoice and HealthChoice Select providers are updated real time on the Find-A-Provider website. An export with the day's changes are transmitted to the TPA daily.
71. **Would Bidder's ability to include a Provider Finder tool for the Health Choice network meet the requirement for system access as noted in C.7.5.1 in Attachment C.**
No.
72. **Please provide the preferred frequency of billing.**
Monthly. Refer to Attachment C Section C.14 "Compensation" for more details.
73. **Please provide clarification on what Question 7.1 F. in Attachment B is asking: "Supplier shall have no right of setoff".**
Setoff is defined as a reduction or discharge of a debt (in this case one owed by the vendor) by an assertion of another claim.
74. **Are we required to include a TPA response for all lines (Medical, Dental & Life) or can we provide a response for medical and dental only?**

A response for medical and dental only is acceptable where appropriate and not applicable to Life administration.

75. Will you accept a bid for an alternate proposal only?
No.
76. Please confirm if customer service through a dedicated service center is being requested with our bid response, or if customer service will be handled by Health Choice.
Through the Bid response.
77. For our alternate bid, will you provide at least 12 months of medical claims (see attached requested parameters) so that a claims repricing analysis can be completed?
No. We are not looking for claims repricing services.
78. Can you provide the current admin fees? Please clarify if they are billed on a PEPM or PMPM basis. Current pricing is PEPM. Refer to current State contract and amendment (Attachment 10 and 11) and prior RFP (Attachment 12)
79. Due to the complexity of this solicitation and the requirement of the RFP becoming the final contract, we request that an extension on the due date be provided to at least April 20, 2021 to allow us sufficient time to review/address all requirements of the solicitation.
The close date has been extended until April 13, 2021.
80. Will there be a requirement to provide a separate customer service number from the existing number we have established for the HMO plans?
Separate, dedicated number for this contract. Please refer to Attachment C Section C.3.1.1.
81. Can we use the current custom website we have setup for the HMO population, or would there be a requirement for this to be a separate page?
Please refer to Attachment C Section C.3.1.1.
82. If we have the capability to provide a mobile app with the same features would there still be a need to integrate with your existing mobile app? EGID is not able to make that determination at this time.
a. What type of integration will be required with the existing EGID mobile technology? EGID continues to review functionality and services available through the HealthChoice mobile app. New functionality could be in place prior to the effective date of this contract. At a minimum, integration requirements include claims/EOB information and member accumulator information.
83. Select Program:
a. What are the qualifying services and what is the incentive amount for each? Specific details about HealthChoice Select can be found at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx> and includes which services are available under Select, who the contracted providers are offering each bundle of services, and what specific procedures are included in each bundle. It also documents which services are eligible for an incentive payment to members.
b. Is the TPA responsible for sending the incentive payments to the members, or is this the responsibility of Health Choice? The TPA is responsible for issuing Select incentive payments directly to members.
c. Please provide a list of the participating Select network providers. Specific details about HealthChoice Select can be found at <https://gateway.sib.ok.gov/providersearch/SelectProgram.aspx> and includes which services are available under Select, who the contracted providers are offering each bundle of services, and what specific procedures are included in each bundle.
84. C.4.4.1.5. lists Medication Support – since Rx is carved out, is this intended for drugs administered under the Medical benefit?
Yes.
85. C.4.5.1 We currently use MDLIVE as our preferred Telemedicine vendor.
a. Please advise which vendor is currently utilized. SwiftMD. Refer to <https://oklahoma.gov/omes/services/healthchoice/telemedicine.html>

- b. Is there a requirement to use the current vendor? **EGID holds a direct contract with the current HealthChoice Telemedicine vendor. While this is the current vendor, EGID may change vendors or services at any time. Bidders are allowed to include value added services for EGID's consideration, even for services currently contracted by EGID and not offered through the TPA.**
- c. Please confirm what services are covered under Telemedicine (medical, behavioral health, etc.) **Refer to <https://oklahoma.gov/omes/services/healthchoice/telemedicine.html>**
86. **C.5.1.1 Is it a requirement that the medical and dental cards be combined, or can a separate dental card be provided? Currently required to be combined. Subject to change.**
- a. What type of characters and how many characters make up the Health Choice member ID to be included on ID card? **Currently, 8 numeric digits.**
- b. Can the BCBS logo be included on the ID card along with the Health Choice branding? **No.**
87. **In reference to sections noted below, please confirm if run-in claims administration is required, or if run-out claims can be administered by the current TPA. The ability to provide run-in claims administration is required.**
- a. Bidder Instructions: H.4.18.5 Describe in detail Bidder's experience and ability to handle "run-in" services, in which services outlined within the Contract were required for claims incurred prior to the Contract effective date.
- b. Contract Terms: C.16.1.2 Supplier shall be responsible for processing eligible Health, Dental, and Life claims incurred prior to the contract effective date ("Run-In Claims"). C.17.2 Termination of this Contract by either party shall not be construed as fully discharging Supplier of all obligations. Supplier shall cooperate with EGID and its business partners in good faith to ensure accurate, timely and complete transfer of all data and information to ensure continuity of services for EGID and its business partners. Upon termination, Supplier shall continue to provide needed services outlined in this Contract for a period of up to twelve (12) months ("Run-Out Period"), as determined by EGID. All services and terms outlined in this Contract shall remain available until the expiration of this run-out period or approved by EGID for earlier resolution. Services during the run-out period shall be provided for all claims incurred during the term of this Contract. Performance Guarantees will apply to services during the run-out period. C.17.2.1 Upon notice of termination and as part of the transition to a new Supplier or as part of terms for the run-out period, Supplier shall, at no cost to EGID, coordinate with EGID or its business partners to:...
88. **Please provide clarification on the Site of Care Alignment program.**
- a. Are we required to include this program in our administration? **HealthChoice does not currently have a Site of Care program.**
- b. If so, please provide details on what is required.
89. **Will McAfee and Taft remain the subrogation vendor or are we required to provide subrogation services with our proposal?**
EGID holds a direct contract with McAfee and Taft for subrogation services. While this is the current vendor, EGID may change vendors or services at any time. Bidders are allowed to include value added services for EGID's consideration, even for services currently contracted by EGID and not offered through the TPA.
90. **Please confirm that a "Primary Member" is referring to an employee?**
Members are all persons covered by one or more of the HealthChoice insurance plans offered by EGID including eligible current and qualified former employees of participating entities and their eligible covered dependents. The primary member is the account holder.
91. **Please advise who the current FSA vendor is and confirm administration services are not being requested through this TPA solicitation.**
Please refer to <https://oklahoma.gov/omes/content/health-care.html> for more information. Confirmed - administration services are not required under this contract.
92. **Please provide a census file based on Subscriber (primary member) with the minimum of the following information: Date of Birth, Gender, 5 digit Zip, Name of currently enrolled medical plan, medical tier (single, single + sps, single + children, family).**
This request is for PII and will not be provided. Refer to Attachments 1, 2, 3 and 8 for available census information.
93. **Please provide 24 months of paid claims experience by medical plan and corresponding subscriber and member counts.**

Refer to Attachment 5 - HealthChoice Claim Summary and to Attachment 8 - DOC and DRS Census and Claims

94. **Attachment B pages 1-2 states the following. How many 90-day periods can the State extend the contract for in total?**
There is no limit. Each 90-day extension must be agreed to by both parties at the same terms and conditions, and it is ultimately up to the State Purchasing Director to approve based on the circumstances.
95. **Attachment B pg 8: Define "Purchase Card"**
A State Purchase Card (P-Card) is a form of credit card issued to designated state employees. The P-Card is used by the cardholder to make purchases of most types of goods and services necessary for official use of the State.
96. **Attachment C pg 9: Please define levels of integration required with wellness programs, drug benefit management, disease management, site of care alignment, new system/technology services**
EGID does not have these programs in place at this time and cannot determine integration requirements that would be needed if implemented.
97. **Attachment C pg 43: Please define "% of the total value of this Contract" as stated in this section. As PGs are required to be reportedly quarterly it is Supplier's assumption that administrative fees remitted from State of Supplier in that quarter would be the at risk amount for that quarter. Please confirm.**
Bidder shall provide the State with the percent of each month's Administrative fee they are will to put 'at risk' if the performance guarantee is not met.
98. **There is no field for specialty on Exhibit 2; how will the state communicate specialty information?**
Columns 25 and 26 are "specialty1" and "specialty2" and are populated with a provider's primary and secondary specialties.
99. **For question C.2.1 in Attachment C, Does the rank mean that a provider could have multiple specialties and the first one listed on the file drives reimbursement?**
Yes. A provider can have a primary specialty, listed as "specialty1" in Exhibit 2 which would be used to derive reimbursement. A secondary specialty can be listed (if appropriate) in "specialty2" column in Exhibit 2. There are a very limited set of providers where "specialty2" can also be used to derive reimbursement schedules.
100. **For question C.2.1.1 in Attachment C, "EGID shall supply all Network Provider demographics data needed by the Supplier's software and shall be the sole source of that information unless agreed upon by EGID." Are additional data elements added to Exhibit 2?**
Additional data elements can be added to Exhibit 2, if needed, and if collected and maintained by EGID Network Management.
101. **Can additional fields required by the Supplier and agreed to under C.2.1.1 be added to this Exhibit 2?**
If additional fields are needed on Exhibit 2 and if EGID Network Management collects and maintains that data, it can be added. If additional data elements are needed to adjudicate claims other than TIN and NPI, Supplier and EGID would need to agree on the elements needed.
102. **For question C.2.1.5 in Attachment C, would this file be in the same format as the daily incremental file? Yes.**
It will be in the same format.
103. **For question C.2.1.6 in Attachment C, "Providers who are ineligible to contract with Health Choice, or who do not meet otherwise approved criteria set by EGID, are ineligible for reimbursement." What is this criteria?**
Criteria for each Network's eligibility (HealthChoice, DRS, and DOC) are detailed in each of the provider contracts, available online at <https://oklahoma.gov/omes/services/healthchoice/providers/provider-forms0.html>, <https://gateway.sib.ok.gov/doc/Contracts.aspx> and <https://gateway.sib.ok.gov/drs/>
104. **Dental only: In the event OMES decides to remain with the current vendor for TPA services, would OMES entertain offering the Bidder's proprietary dental network in conjunction with the Health Choice dental network?**
No.
105. **Dental only: For our alternate bid, will you provide at least 12 months of dental claims (see attached requested parameters) so that a claims repricing analysis can be completed?**

No.

106. **Dental only:** Please provide 24 months of paid claims experience by dental plan and corresponding subscriber and member counts.
Refer to Attachment 5 - HealthChoice Claim Summary
107. **Dental only:** Please provide a census file based on Subscriber (primary member) with the minimum of the following information: Date of Birth, Gender, 5 digit Zip, Name of currently enrolled dental plan, dental tier (single, single + sps, single + children, family).
This request is for PII and will not be provided. Refer to Attachment 1 and 2 for available information.
108. **Dental only:** Are all or part of the dedicated employees required to be housed in Oklahoma?
There is no requirement for employees/staff supporting this contract to reside in Oklahoma.
109. **Dental only:** C.3.1.1.2 – It mentions dedicated paths for both member and provider. Can we confirm the State is asking that providers servicing EGID's members also have a dedicated line and/or resources?
No. Supplier shall provide a separate dedicated path for members and providers through the integrated IVR system when calling the customer service phone line.
110. **Dental only:** C.3.1.1.6 – Do the materials and changes to materials need to be approved by State of Oklahoma prior to use?
Yes.
111. **Dental only:** Are the mobile app requirements specifically for medical or for dental as well?
Medical only is required.
112. **109. Dental only:** D.1.2.1.1 – DOC gets a separate call tree for their providers? Can the State confirm this, and do they also need a dedicated staff?
DOC Providers should have a separate call tree option, but do not necessarily need dedicated staff so long as the staff answering the call are specifically trained to respond to DOC Provider inquiries.
113. **Dental only:** Can we receive more information related to the State Certification and Accreditation Review process that is referenced in Attachment D, Appendix 1 C.1?
Please refer to Section H.8.8.3. of the Bidder Instructions to view the Security Certification and Accreditation Assessment.
114. **Dental only:** Is the State expecting a custom EOB for the dental Plan?
Supplier should provide the ability for customization to the Dental EOB, if needed.
115. **Life insurance only:** Can a census be provided for life eligible employees to include date of birth, gender, election amounts (basic, supplemental, dependent)?
This request is for PII and will not be provided. Refer to Attachment 3 for available information.
116. **Life insurance only:** Can the current Life Plan Document be provided?
Please refer to the HealthChoice Life Handbook for more details:
<https://oklahoma.gov/content/dam/ok/en/omes/documents/2021HCLIFEHandbook.pdf>
117. **Life insurance only:** Can detailed claims listings for the last three to five years broken out by month & paid amounts be provided?
Refer to Attachment 5 - HealthChoice Claim Summary
118. **Life insurance only:** Can Individual claims listings for the last three to five years be provided?
No.
119. **Life insurance only:** How many claims are COVID related?
This information is not available.
120. **Life insurance only:** What are the annual enrollment rules for the plan participants?
Please refer to the HealthChoice Life Handbook for more details:
<https://oklahoma.gov/content/dam/ok/en/omes/documents/2021HCLIFEHandbook.pdf>
121. **Does the scope of the RFP cover only Department of Corrections Employees or are the inmates covered too?**

The DOC Network of Providers is to provide medical services for inmates who have been judged and sentenced into the Oklahoma Department of Corrections custody and when there are not appropriate medical staff within the prison. HealthChoice is a series of plan options that employees of the DOC, and other state employees and educators, can elect each year.

122. Please share the enrollment count by Product/Plan as of 2021 for primary and dependent participants across: EGID, DRS, DOC

Refer to Attachment 4 'HealthChoice Health Billing Units' and Attachment 8 - DOC and DRS Census and Claims for available information.

123. Are there any inactive pre Medicare or Medicare eligible retirees outside the State of Oklahoma? If yes, then please list number of retirees/ employees by state?

There are 810 HealthChoice members and 367 dependents living outside of Oklahoma, primarily in Arkansas, Texas and Kansas.

124. Please share call volumes (per EE per month) from 2018, 2019, 2020 across the 3 participant groups: EGID, DRS, DOC

Customer Service Phone Statistics by year:

HealthChoice	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2019 – Avg. Per Day	1,313	1,108	1,035	1,003	954	1,038	1,048	966	1,053	1,062	1,083	935
2019 - Total/Month	27,563	22,155	21,740	22,073	20,987	20,753	23,048	21,262	21,052	24,431	19,495	18,703
2020 – Avg. Per Day	1,091	1,088	838	639	772	883	855	829	862	911	937	810
2020 - Total/Month	22,903	20,669	18,439	14,064	15,430	19,416	18,816	17,417	18,108	20,036	16,864	17,817

DOC	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2020 – Avg/Day	9	4	6	6	7	6	6	6	6	6	6	4
2020 -Total/Month	180	76	134	140	135	131	123	120	126	126	116	86

DRS	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2020 – Avg/Day	4	2	3	2	3	3	4	4	3	4	3	2
2020 -Total/Month	78	36	56	51	50	76	96	78	65	80	57	37

125. Please share Claim volumes (per EE per month) from 2018, 2019, 2020 across the 3 lines of business and participant groups: EGID, DRS, DOC

Refer to Attachment 5 - HealthChoice Claim Summary and Attachment 8 Census and Claims

126. Please share the percentage of IN Network vs Out Of Network Medical Claims processed for 2018, 2019, 2020.

Typically, less than 5% of medical payments are to non-network providers. Due to the low volume, further breakouts will not be provided.

127. Please identify challenges and pain points in current process (vendor issues, service issues, quality issues, pricing issues etc.). Please identify top process improvement initiatives.

EGID does not believe this information is required for bid submissions.

128. How would you like us to provide our comments, if any, to the State of Oklahoma's contractual terms? Shall we submit it to you as redlines?

Please refer to Section H.8.4. – Requested Exceptions to Terms in the Bidder Instructions regarding submitting exceptions to the State of Oklahoma's terms.

Attachment 1

**EGID Health Census
February 28, 2021**

	HealthChoice			HMO			Total		
	Primary	Dependent Lives	Total Lives	Primary	Dependent Lives	Total Lives	Primary	Dependent Lives	Total Lives
Active	85,312	52,681	137,993	24,412	14,117	38,529	109,724	66,798	176,522
Pre-Medicare	4,674	1,335	6,009	839	180	1,019	5,513	1,515	7,028
Total Active & Pre-Medicare	89,986	54,016	144,002	25,251	14,297	39,548	115,237	68,313	183,550
Medicare	29,257	3,555	32,812	3,917	462	4,379	33,174	4,017	37,191
Total	119,243	57,571	176,814	29,168	14,759	43,927	148,411	72,330	220,741

**EGID Dental Census
February 28, 2021**

	HealthChoice			HMO			Total		
	Primary	Dependent Lives	Total Lives	Primary	Dependent Lives	Total Lives	Primary	Dependent Lives	Total Lives
Total	89,933	52,489	142,422	49,140	35,868	85,008	139,073	88,357	227,430

HealthChoice Health Census

Month	Dependent		Total Lives
	Primary	Lives	
1/31/2018	125,504	62,437	187,941
2/28/2018	125,550	62,405	187,955
3/31/2018	125,337	62,216	187,553
4/30/2018	124,895	61,734	186,629
5/31/2018	124,753	61,558	186,311
6/30/2018	124,439	61,360	185,799
7/31/2018	123,994	61,122	185,116
8/31/2018	123,177	60,736	183,913
9/30/2018	125,101	60,880	185,981
10/31/2018	125,285	60,862	186,147
11/30/2018	125,372	60,889	186,261
12/31/2018	125,452	60,957	186,409
1/31/2019	124,697	60,183	184,880
2/28/2019	124,705	60,174	184,879
3/31/2019	124,574	60,179	184,753
4/30/2019	124,417	60,155	184,572
5/31/2019	124,234	60,079	184,313
6/30/2019	123,958	59,982	183,940
7/31/2019	123,622	59,888	183,510
8/31/2019	123,072	59,751	182,823
9/30/2019	124,835	59,994	184,829
10/31/2019	124,939	59,896	184,835
11/30/2019	124,906	59,795	184,701
12/31/2019	124,760	59,753	184,513
1/31/2020	122,727	57,987	180,714
2/29/2020	122,570	57,918	180,488
3/31/2020	122,448	57,927	180,375
4/30/2020	122,218	57,956	180,174
5/31/2020	122,059	57,955	180,014
6/30/2020	121,754	57,925	179,679
7/31/2020	121,290	57,726	179,016
8/31/2020	120,652	57,596	178,248
9/30/2020	120,787	57,563	178,350
10/31/2020	120,668	57,529	178,197
11/30/2020	120,346	57,366	177,712
12/31/2020	120,109	57,295	177,404
1/31/2021	119,565	57,792	177,357
2/28/2021	119,243	57,571	176,814

HealthChoice Dental Census

Month	Dependent		Total Lives
	Primary	Lives	
1/31/2018	91,812	55,916	147,728
2/28/2018	91,727	55,785	147,512
3/31/2018	91,525	55,638	147,163
4/30/2018	91,181	55,179	146,360
5/31/2018	90,994	54,955	145,949
6/30/2018	90,782	54,736	145,518
7/31/2018	90,454	54,401	144,855
8/31/2018	89,889	53,779	143,668
9/30/2018	90,370	53,576	143,946
10/31/2018	90,376	53,382	143,758
11/30/2018	90,322	53,267	143,589
12/31/2018	90,254	53,115	143,369
1/31/2019	93,479	55,730	149,209
2/28/2019	93,421	55,649	149,070
3/31/2019	93,278	55,532	148,810
4/30/2019	93,121	55,368	148,489
5/31/2019	92,987	55,238	148,225
6/30/2019	92,819	55,067	147,886
7/31/2019	92,553	54,815	147,368
8/31/2019	92,116	54,442	146,558
9/30/2019	92,695	54,438	147,133
10/31/2019	92,674	54,238	146,912
11/30/2019	92,521	53,984	146,505
12/31/2019	92,354	53,864	146,218
1/31/2020	92,526	53,937	146,463
2/29/2020	92,367	53,781	146,148
3/31/2020	92,262	53,730	145,992
4/30/2020	92,090	53,575	145,665
5/31/2020	91,954	53,489	145,443
6/30/2020	91,743	53,330	145,073
7/31/2020	91,439	53,139	144,578
8/31/2020	91,020	52,878	143,898
9/30/2020	91,017	52,608	143,625
10/31/2020	90,885	52,461	143,346
11/30/2020	90,648	52,286	142,934
12/31/2020	90,457	52,126	142,583
1/31/2021	90,202	52,730	142,932
2/28/2021	89,933	52,489	142,422

HealthChoice
Life Billing Units
as of February 28, 2021

	Primary	Spouse	Child	Total
Basic Life	98,434	-	-	98,434
Dependent Life	-	31,068	42,707	73,775
Supplemental Life Age-Rated	36,841	-	-	36,841
Supplemental Life	53,061	-	-	53,061
Survivor Life	850	-	-	850
Survivor Dependent Life	-	-	37	37
	<hr/>	<hr/>	<hr/>	<hr/>
	189,186	31,068	42,744	262,998

**HealthChoice Health Billing Units
By Plan and Tier
February 28, 2021**

	Billing Units				Total Lives
	Primary	Spouse	One Child	Two + Children	
HealthChoice High	57,885	7,433	5,219	5,413	84,033
HealthChoice Basic	20,411	5,435	2,815	4,073	39,061
HealthChoice High Deductible	11,689	2,699	1,144	2,128	20,907
Medicare Supplement	29,258	3,508	47	-	32,813
Total	119,243	19,075	9,225	11,614	176,814

Attachment 5

Processed Claims by Type and Month Processed

Includes Zero Paid Claims

	Medical HCFA		Medical UB		Medical Total		Dental		Life		Total Medical, Dental & Life	
	Count	Plan Paid	Count	Plan Paid	Count	Plan Paid	Count	Plan Paid	Count	Plan Paid	Count	Plan Paid
1/31/2018	147,364	\$18,504,819	20,081	\$31,302,309	167,445	\$49,807,128	13,893	\$2,951,876	132	\$2,517,000	181,470	\$55,276,004
2/28/2018	201,860	\$14,241,121	31,587	\$18,018,226	233,447	\$32,259,347	30,127	\$5,871,423	226	\$3,460,618	263,800	\$41,591,388
3/31/2018	198,090	\$16,167,670	32,289	\$27,400,329	230,379	\$43,567,999	23,619	\$4,907,338	229	\$3,232,425	254,227	\$51,707,761
4/30/2018	226,385	\$18,481,125	39,830	\$34,469,012	266,215	\$52,950,137	22,152	\$4,227,270	245	\$2,804,573	288,612	\$59,981,980
5/31/2018	261,228	\$19,070,833	43,747	\$33,196,656	304,975	\$52,267,489	26,667	\$5,579,214	200	\$3,352,896	331,842	\$61,199,599
6/30/2018	263,398	\$23,574,403	53,990	\$53,720,100	317,388	\$77,294,503	30,427	\$6,836,051	240	\$3,902,464	348,055	\$88,033,018
7/31/2018	205,910	\$19,072,764	36,662	\$31,769,469	242,572	\$50,842,233	25,857	\$5,331,402	221	\$2,586,027	268,650	\$58,759,662
8/31/2018	239,330	\$23,394,727	53,430	\$42,642,606	292,760	\$66,037,333	30,150	\$6,353,717	197	\$2,655,452	323,107	\$75,046,502
9/30/2018	207,729	\$19,884,977	43,612	\$39,913,748	251,341	\$59,798,725	21,715	\$4,384,689	180	\$2,518,033	273,236	\$66,701,447
10/31/2018	251,728	\$24,042,273	46,409	\$41,371,808	298,137	\$65,414,081	25,301	\$5,167,872	207	\$3,452,291	323,645	\$74,034,244
11/30/2018	232,671	\$21,232,247	36,873	\$39,609,282	269,544	\$60,841,529	24,470	\$4,984,942	160	\$2,535,995	294,174	\$68,362,466
12/31/2018	215,061	\$20,977,845	41,235	\$42,194,801	256,296	\$63,172,646	23,110	\$4,693,755	176	\$2,153,954	279,582	\$70,020,355
2018 Total	2,650,754	\$238,644,804	479,745	\$435,608,346	3,130,499	\$674,253,150	297,488	\$61,289,549	2,413	\$35,171,728	3,430,400	\$770,714,427
1/31/2019	241,733	\$22,885,494	40,738	\$48,345,934	282,471	\$71,231,428	29,437	\$6,252,797	177	\$2,937,405	312,085	\$80,421,630
2/28/2019	220,256	\$18,670,641	33,138	\$34,063,267	253,394	\$52,733,908	25,496	\$5,661,205	208	\$2,926,285	279,098	\$61,321,398
3/31/2019	217,509	\$19,183,297	47,704	\$39,874,389	265,213	\$59,057,686	25,736	\$5,605,242	228	\$2,413,954	291,177	\$67,076,882
4/30/2019	228,959	\$19,897,753	41,046	\$40,285,387	270,005	\$60,183,140	30,103	\$5,718,718	232	\$2,586,459	300,340	\$68,488,317
5/31/2019	217,904	\$19,004,668	41,909	\$36,904,595	259,813	\$55,909,263	25,551	\$5,284,309	201	\$2,558,375	285,565	\$63,751,947
6/30/2019	213,138	\$20,144,190	39,251	\$42,449,865	252,389	\$62,594,055	27,835	\$5,881,316	111	\$1,545,168	280,335	\$70,020,539
7/31/2019	237,980	\$21,581,379	43,582	\$41,036,317	281,562	\$62,617,696	29,763	\$6,359,803	223	\$2,533,032	311,548	\$71,510,531
8/31/2019	257,847	\$28,202,425	48,235	\$41,368,765	306,082	\$69,571,190	30,001	\$6,139,940	184	\$2,769,191	336,267	\$78,480,321
9/30/2019	221,525	\$22,751,634	42,288	\$37,490,217	263,813	\$60,241,851	24,271	\$5,097,018	204	\$2,391,017	288,288	\$67,729,886
10/31/2019	243,859	\$23,967,330	47,393	\$42,513,137	291,252	\$66,480,467	27,880	\$5,906,418	193	\$3,187,009	319,325	\$75,573,894
11/30/2019	223,605	\$22,147,511	41,246	\$37,915,481	264,851	\$60,062,992	24,709	\$5,106,140	177	\$2,434,542	289,737	\$67,603,674
12/31/2019	213,556	\$21,631,366	40,616	\$36,240,190	254,172	\$57,871,556	23,203	\$4,818,562	207	\$2,674,311	277,582	\$65,364,429
2019 Total	2,737,871	\$260,067,688	507,146	\$478,487,544	3,245,017	\$738,555,232	323,985	\$67,831,468	2,345	\$30,956,748	3,571,347	\$837,343,448
1/31/2020	243,771	\$20,053,604	34,101	\$40,294,588	277,872	\$60,348,192	29,324	\$6,769,678	230	\$3,393,248	307,426	\$70,511,118
2/29/2020	219,494	\$18,316,379	44,925	\$30,542,156	264,419	\$48,858,535	24,799	\$5,477,625	254	\$3,173,101	289,472	\$57,509,261
3/31/2020	228,364	\$20,000,518	48,172	\$42,223,749	276,536	\$62,224,267	21,850	\$5,218,142	237	\$3,360,019	298,623	\$70,802,428
4/30/2020	151,732	\$15,550,584	31,365	\$32,231,593	183,097	\$47,782,177	7,398	\$1,861,748	211	\$3,501,311	190,706	\$53,145,236
5/31/2020	155,445	\$15,270,228	23,004	\$27,816,129	178,449	\$43,086,357	17,900	\$4,016,420	221	\$2,429,185	196,570	\$49,531,962
6/30/2020	209,881	\$22,507,958	40,016	\$48,224,210	249,897	\$70,732,168	30,078	\$6,802,157	220	\$2,929,172	280,195	\$80,463,497
7/31/2020	202,496	\$19,314,147	37,310	\$26,826,446	239,806	\$46,140,593	29,105	\$6,585,206	215	\$3,351,603	269,126	\$56,077,402
8/31/2020	223,380	\$23,375,204	53,647	\$49,286,079	277,027	\$72,661,283	24,141	\$5,496,208	192	\$2,668,151	301,360	\$80,825,642
9/30/2020	205,605	\$21,328,570	41,979	\$33,908,402	247,584	\$55,236,972	25,462	\$5,595,556	268	\$3,589,410	273,314	\$64,421,938
10/31/2020	221,818	\$22,860,672	44,369	\$36,844,994	266,187	\$59,705,666	21,839	\$4,962,993	299	\$3,914,734	288,325	\$68,583,393
11/30/2020	215,524	\$21,915,870	40,812	\$36,989,934	256,336	\$58,905,804	19,170	\$4,542,188	199	\$2,036,445	275,705	\$65,484,437
12/31/2020	226,471	\$24,518,935	44,047	\$40,531,416	270,518	\$65,050,351	25,172	\$5,559,501	284	\$4,728,942	295,974	\$75,338,794
2020 Total	2,503,981	\$245,012,669	483,747	\$445,719,696	2,987,728	\$690,732,365	276,238	\$62,887,422	2,830	\$39,075,321	3,266,796	\$792,695,108

Inpatient Admissions

Top Ten by MS-DRG

2019

795 NORMAL NEWBORN
807 VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC
470 MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC
788 CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC
621 O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC
794 NEONATE WITH OTHER SIGNIFICANT PROBLEMS
871 SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
392 ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC
806 VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC
620 O.R. PROCEDURES FOR OBESITY WITH CC

2020

807 VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC
795 NORMAL NEWBORN
470 MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC
177 RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC
788 CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC
621 O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC
871 SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC
794 NEONATE WITH OTHER SIGNIFICANT PROBLEMS
806 VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC
620 O.R. PROCEDURES FOR OBESITY WITH CC

Inpatient Admissions

Top Ten by Facility

2019

OU MEDICAL CENTER
INTEGRIS BAPTIST MEDICAL CENTER
SAINT FRANCIS HOSPITAL
MERCY HOSPITAL OKLAHOMA CITY
NORMAN REGIONAL HOSPITAL
ST JOHN MEDICAL CENTER
SSM HEALTH ST ANTHONY HOSPITAL - OKLAHOMA CITY
COMANCHE COUNTY MEMORIAL HOSPITAL
HILLCREST MEDICAL CENTER
MCBRIDE ORTHOPEDIC HOSPITAL

2020

OU MEDICAL CENTER
SAINT FRANCIS HOSPITAL
INTEGRIS BAPTIST MEDICAL CENTER
MERCY HOSPITAL OKLAHOMA CITY
NORMAN REG HOSP AUTH
ST JOHN MEDICAL CENTER
SSM HEALTH ST ANTHONY HOSPITAL - OKLAHOMA CITY
MCBRIDE ORTHOPEDIC HOSPITAL
COMANCHE COUNTY MEMORIAL HOSPITAL
BAILEY MEDICAL CENTER

Monthly Eligibility and Claims for DOC and DRS

DOC 2019	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Total Lives (Inmates)	22,088	21,822	21,754	21,592	21,505	21,341	21,266	21,200	20,960	21,024	20,717	20,485	21,313
Claims Processed	5,055	4,223	3,965	4,946	4,163	4,653	4,529	4,560	4,590	4,722	4,503	4,790	54,699

DOC 2020	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Total Lives (Inmates)	20,435	20,300	19,936	19,127	18,471	18,219	18,137	18,690	18,316	18,180	18,156	18,244	18,851
Claims Processed	3,516	4,005	4,084	3,394	2,207	5,787	4,064	3,077	3,841	3,343	3,312	3,742	44,372

DRS 2019	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Total Lives (Inmates)	1,261	1,228	1,174	1,204	1,154	1,138	1,080	1,055	1,067	1,048	1,039	1,048	1,125
Claims Processed	718	540	786	795	526	639	804	640	758	943	562	771	8,482

DRS 2020	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Total Lives (Clients)	1,053	1,020	1,003	898	827	772	796	809	816	821	820	802	870
Claims Processed	696	783	844	583	409	453	496	533	620	466	435	699	7,017



CONTRACT

State of Oklahoma

Dispatch via Print

Supplier 0000432717
 HEALTHSCOPE BENEFITS
 27 CORPORATE HILL DRIVE
 LITTLE ROCK AR 72205
 USA

Contract ID		Page	
0000000000000000000000004818		1 of 1	
Contract Dates	Currency	Rate Type	Rate Date
01/01/2018 to 12/31/2018	USD	CRRNT	PO Date
Description:		Contract Maximum	
Req ID - 0900008599 Health TPA		0.00	
TYPE: AGENCY(S) - 09000			

Tax Exempt? Y Tax Exempt ID: 736017987

Contract Lines:

Line #	Cat CD / Item ID / Item Desc	UOM	Minimum Order Qty	Amt	Maximum / Open Qty	Amt
1	84131608 / CY18 Contract for claims processing, customer service, utilization mgmt, reporting, a national provider network in addition to the existing statewide HealthChoice network, fee negotiation for Non-Network providers and facilities out of the State of OK Contract for Health Third Party Administrator	YR	0.00	0.01	1.00 1.00	0.00
	All Services (Administration/Utilization/Redirection) (Per Primary Per Month) HealthChoice, DRS, and DOC					
	Year 1: January 1, 2018 through December 31, 2018			\$12.95		
	Year 2: January 1, 2019 through December 31, 2019			\$12.95		
	Year 3: January 1, 2020 through December 31, 2020			\$12.95		
	Year 4: January 1, 2021 through December 31, 2021			\$12.95		
	Year 5: January 1, 2022 through December 31, 2022			\$12.95		
	Contract Base Pricing		0.01000	YR		0001

COMMENTS:

Contract Period: January 1, 2018 through December 31, 2018
 Agreement Period: January 1, 2018 through December 31, 2022

Vendor Contact:
 Mary Person
 Phone: (501) 218-7513
 Email: mary.person@healthscopebenefits.com

OMES EGID Contact:
 Gary Beebe
 Phone: (405) 717-8724
 Email: Gary.Beebe@omes.ok.gov

Send all invoices to: EGIDAccounts.Payable@omes.ok.gov.

Pursuant to 74 O.S. §85.44(B), invoices will be paid in arrears after products have been delivered or services provided.

All invoices must include the Purchase Order number to be considered a proper invoice.

Final = The price is final after adjustments
 Hard = Apply adjustments regardless of other adjustments
 Skip = Skip adjustments if any other adjustments have been applied

Authorized Signature

CONTRACT AMENDMENT

Whereas, HealthSCOPE Benefits (HSB) and the State of Oklahoma's Office of Management and Enterprise Services Employees Group Insurance Division (EGID) have entered into a contract wherein HSB is to provide claims processing and related services on behalf of EGID. Said contract Solicitation No. 0900000252 is for the period of time from January 1, 2018 through December 31, 2018, with the option to renew for four successive one year contract terms.

Whereas, as part of its bid response HSB offered to provide Care Management services for an additional fee charged per employee per month (PEPM). The proposed fees for the potential five year term of the contract and contract renewals were:

2018	-	\$2.29 (PEPM)
2019	-	\$2.29 (PEPM)
2020	-	\$2.40 (PEPM)
2021	-	\$2.40 (PEPM)
2022	-	\$2.40 (PEPM)

Whereas, the parties have mutually agreed to amend the contract to include the Care Management services to be offered by HSB.

NOW, THEREFORE, in consideration of the mutual considerations set out above and in the original contract, the parties agree as follows:

1. HSB will provide Care Management to all HealthChoice members (employees and dependents) associated with the HealthChoice medical benefit plans as designated by EGID.
2. EGID will pay for said services at the cost set forth above.
3. The HSB Care Management program will have a targeted effort to focus resources on those members with chronic conditions, but the program will support any and all members who need assistance in navigating the HealthChoice programs with the goal of improving the member experience as well as collaborating with the provider community. Affectable chronic conditions are defined as diabetes, asthma, chronic obstructive pulmonary disease, obesity, heart disease, hypertension, kidney disease, and hyperlipidemia.

4. Care Management will include, but not be limited to the following:

-Focus on clinical initiatives to enhance the quality of care, delivery of services, and cost effectiveness of treatment for members with a clinical history of three or more chronic conditions;

-Education and guidance regarding the use of Primary Care Physicians (PCP's) and the HealthChoice network of providers;

-Member assistance in identifying the most cost-effective place of services for care based on EGID unique provider contracts;

-Education regarding the proper use of emergency rooms and other hospital based services.

5. HSB Care Management staff will utilize EGID specific medical, prescription and utilization management claim data for identification of cost drivers and care gaps. This data will be used to identify targeted members as well as used in collaboration with the HealthChoice network of providers.

6. EGID will provide an eligibility file that includes patient demographic information including address, phone number, and email (if available) and will assist HSB in identifying phone numbers and emails where they are not housed on the eligibility data.

7. HSB will guarantee documented savings that will provide a return on investment to EGID. All EGID healthcare spending for engaged HealthChoice members with three or more chronic conditions during the 2018 calendar year is guaranteed to be less on a per engaged HealthChoice member per year basis as compared to non-engaged HealthChoice member costs with three or more chronic conditions for the same calendar year; such savings guarantee shall also apply to the HealthChoice 2019, 2020, 2021, and 2022 calendar years. An "engaged HealthChoice member" is defined as a member accepting the program and having two or more conversations per year with a care manager during the applicable calendar year. For each year of the five year terms set out above, the savings shall be calculated as the total reduction in medical and pharmacy claims costs of engaged HealthChoice members as compared to non-engaged HealthChoice members during the applicable calendar year. HSB anticipates that the total savings from such members will be greater than the total annual PEPM Care Management administrative fees set forth in this contract amendment. HSB agrees to reimburse EGID up to fifty percent (50%) of annual Care Management administrative fees that exceed the total savings by June 30th of the year following the calendar year to which the savings guarantee applies.

For example, if EGID pays \$2,000,000.00 in administrative fees to HSB in 2018 and the total reduction in medical and pharmacy claims costs of engaged HealthChoice members is \$1,300,000.00, HSB will reimburse EGID the sum of \$700,000.00. If EGID pays \$2,000,000.00 in administrative fees to HSB in 2018 and the total reduction in medical and pharmacy claims costs of engaged HealthChoice members is \$800,000.00, HSB will reimburse EGID the sum of \$1,000,000.00. This guaranteed reimbursement applies only to Care Management administrative fees and not to any other fees being paid by EGID to HSB.

8. The calculation of the savings set forth above will remove all claims over \$100,000 to eliminate variation due to high dollar catastrophic claimants. Members who have had bariatric procedures in the past or are scheduled for bariatric procedures in the future will also be excluded from the calculation of this benchmark calculation.

9. HSB will track the above described data for each month of 2018 providing updates on a regular basis but at no less than within a commercially reasonable period following the close of each 2018 calendar quarter. Upon receipt of the paid claims and paid prescription data on the total population for 2017, and each successive year thereafter, HSB will provide EGID a list of the "targeted" population. This list will be updated and provided to EGID on a quarterly basis for comparative purposes. Upon receipt of the final claims file for calendar year 2018, and each subsequent year thereafter, HSB will provide EGID a comparison to the prior year by March 31st of the following year.

10. HSB may subcontract with a vendor for the provision of these Care Management services but shall comply with the subcontracting provisions set in Section B.2 of contract Solicitation No. 0900000252.

11. EGID may choose to utilize a vendor to measure the success of the HSB Care Management program. Should EGID make the request, HSB will cooperate and support the vendor in their measurement of outcomes and success of the program.

12. This contract amendment is subject to the contract term, renewal and extension options set out in Section B.2 of contract Solicitation No. 0900000252. This contract amendment may be terminated for cause or convenience as provided in Sections A.24 and A.25 of contract Solicitation No. 0900000252, without affecting the continued validity of contract Solicitation No. 0900000252.

13. All other terms of contract Solicitation No.0900000252 remain unchanged.

This contract amendment is valid upon execution by both parties and effective on January 1, 2018 at 12:01 a.m.

Signed:

HealthSCOPE Benefits



Mary Catherine Person, President

11.3.17
Date

**Employees Group Insurance Division of the
State of Oklahoma's Office of Management
and Enterprise Services**



Frank Wilson, Administrator

11/3/17
Date



Ferris Barger
State Purchasing Director

11/6/17
Date



Responding Bidder Information

"Certification for Competitive Bid and Contract" **MUST** be submitted along with the response to the Solicitation.

1. RE: Solicitation # _____

2. Bidder General Information:

FEI / SSN : _____ Supplier ID: _____

Company Name: _____

3. Bidder Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Contact Title: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

4. Oklahoma Sales Tax Permit¹:

YES – Permit #: _____

NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an explanation of exemption

5. Registration with the Oklahoma Secretary of State:

YES - Filing Number: _____

NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming (www.sos.ok.gov or 405-521-3911).

6. Workers' Compensation Insurance Coverage:

Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act.

YES – Include a certificate of insurance with the bid

NO - Attach a signed statement that provides specific details supporting the exemption you are claiming from the Workers' Compensation Act (Note: Pursuant to Attorney General Opinion #07-8, the exemption from 85 O.S. 2011, § 311 applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations, partnerships and limited liability companies.)²

Authorized Signature

Date

Printed Name

Title

¹ For frequently asked questions concerning Oklahoma Sales Tax Permit, see <http://www.tax.ok.gov/faq/faqbussales.html>

² For frequently asked questions concerning workers' compensation insurance, see <http://www.ok.gov/oid/faqs.html#c221>



Certification for Competitive Bid and/or Contract (Non-Collusion Certification)

NOTE: A certification shall be included with any competitive bid and/or contract exceeding \$5,000.00 submitted to the State for goods or services.

Agency Name: Office of Management & Enterprise Services Agency Number: 090

Solicitation or Purchase Order #: 0900000252

Supplier Legal Name: _____

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
 - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
 - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor
 - d. to any collusion with any state agency or political subdivision official or employee as to create a sole-source acquisition in contradiction to Section 85.45j.1. of this title.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

the competitive bid attached herewith and contract, if awarded to said supplier;

OR

the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature

Certified This Date

Printed Name

Title

Phone Number

Email

Fax Number

A. GENERAL PROVISIONS

A.1. Definitions

As used herein, the following terms shall have the following meaning unless the context clearly indicates otherwise:

- A.1.1. "Acquisition" means items, products, materials, supplies, services, and equipment a state agency acquires by purchase, lease purchase, lease with option to purchase, or rental pursuant to the Oklahoma Central Purchasing Act;
- A.1.2. "Addendum" means a written restatement of or modification to a Contract Document executed by the Supplier and State.
- A.1.3. "Bid" means an offer in the form of a bid, proposal, or quote a bidder submits in response to a solicitation;
- A.1.4. "Bidder" means an individual or business entity that submits a bid in response to a solicitation;
- A.1.5. "Solicitation" means a request or invitation by the State Purchasing Director or a state agency for a supplier to submit a priced offer to sell acquisitions to the state. A solicitation may be an invitation to bid, request for proposal, or a request for quotation;
- A.1.6. "State" means the state of Oklahoma by and through the Office of Management and Enterprise Services; and
- A.1.7. "Supplier" or "vendor" means an individual or business entity that sells or desires to sell acquisitions to state agencies.

A.2. Bid Submission

- A.2.1. Submitted bids shall be in strict conformity with the instructions to bidders and shall be submitted with a completed Responding Bidder Information, OMES-FORM-CP-076, and any other forms required by the solicitation.
- A.2.2. Bids shall be submitted to the Central Purchasing Division in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.
- A.2.3. The required certification statement, "Certification for Competitive Bid and/or Contract (Non-Collusion Certification)", OMES-FORM-CP-004, must be made out in the name of the bidder and must be properly executed by an authorized person, with full knowledge and acceptance of all its provisions.
- A.2.4. All bids shall be legible and completed in ink or with electronic printer or other similar office equipment. Any corrections to bids shall be identified and initialed in ink by the bidder. Pencil bids and penciled corrections shall NOT be accepted and will be rejected as non-responsive. In addition to a hard copy submittal, the bidder will also be required to submit an electronic copy. Electronic responses must be submitted in the identical format contained in the solicitation (for example Microsoft Word, Microsoft Excel, but not Adobe PDF). In the event the hard copy of the price worksheets and electronic copy of the price worksheets do not agree, the electronic copy will prevail.
- A.2.5. All bids submitted shall be subject to the Oklahoma Central Purchasing Act, Central Purchasing Rules, and other statutory regulations as applicable, these General Provisions, any Special Provisions, solicitation specifications, required certification statement, and all other terms and conditions listed or attached herein—all of which are made part of this solicitation.

A.3. Solicitation Amendments

- A.3.1. If an "Amendment of Solicitation", OMES-FORM-CP-011, is issued, the bidder shall acknowledge receipt of any/all amendment(s) to solicitations by signing and returning the solicitation amendment(s). Amendment acknowledgement(s) may be submitted with the bid or may be

forwarded separately. If forwarded separately, amendment acknowledgement(s) must contain the solicitation number and response due date and time on the front of the envelope. The Central Purchasing Division must receive the amendment acknowledgement(s) by the response due date and time specified for receipt of bids for the bid to be deemed responsive. Failure to acknowledge solicitation amendments may be grounds for rejection.

- A.3.2. No oral statement of any person shall modify or otherwise affect the terms, conditions, or specifications stated in the solicitation. All amendments to the solicitation shall be made in writing by the Central Purchasing Division.
- A.3.3. It is the bidder's responsibility to check the OMES/Central Purchasing Division website frequently for any possible amendments that may be issued. The Central Purchasing Division is not responsible for a bidder's failure to download any amendment documents required to complete a solicitation.

A.4. Bid Change

If the bidder needs to change a bid prior to the solicitation response due date, a new bid shall be submitted to the Central Purchasing Division with the following statement "This bid supersedes the bid previously submitted" in a single envelope, package, or container and shall be sealed, unless otherwise detailed in the solicitation. The name and address of the bidder shall be inserted in the upper left corner of the single envelope, package, or container. SOLICITATION NUMBER AND SOLICITATION RESPONSE DUE DATE AND TIME MUST APPEAR ON THE FACE OF THE SINGLE ENVELOPE, PACKAGE, OR CONTAINER.

A.5. Certification Regarding Debarment, Suspension, and Other Responsibility Matters

By submitting a response to this solicitation:

- A.5.1. The prospective primary participant and any subcontractor certifies to the best of their knowledge and belief, that they and their principals or participants:
 - A.5.1.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal, State or local department or agency;
 - A.5.1.2. Have not within a three-year period preceding this proposal been convicted of or pled guilty or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) contract; or for violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - A.5.1.3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph A.5.1.2. of this certification; and
 - A.5.1.4. Have not within a three-year period preceding this application/proposal had one or more public (Federal, State, or local) contracts terminated for cause or default.
- A.5.2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to its solicitation response.

A.6. Bid Opening

Sealed bids shall be opened by the Central Purchasing Division at 5005 N. Lincoln Blvd. Suite 300, Oklahoma City, Oklahoma, 73105 at the time and date specified in the solicitation as Response Due Date and Time.

A.7. Open Bid / Open Record

Pursuant to the Oklahoma Public Open Records Act, a public bid opening does not make the bid(s) immediately accessible to the public. The procurement or contracting agency shall keep the bid(s) confidential, and provide prompt and reasonable access to the records only after a contract is awarded or the solicitation is cancelled. This practice protects the integrity of the competitive bid process and prevents excessive disruption to the procurement process. The interest of achieving the best value for the State of Oklahoma outweighs the interest of vendors immediately knowing the contents of competitor's bids. [51 O.S. § 24A.5(5)]

Additionally, financial or proprietary information submitted by a bidder may be designated by the Purchasing Director as confidential and the procurement entity may reject all requests to disclose information designated as

confidential pursuant to 62 O.S. (2012) § 34.11.1(H)(2) and 74 O.S. (2011) § 85.10. Bidders claiming any portion of their bid as proprietary or confidential must specifically identify what documents or portions of documents they consider confidential and identify applicable law supporting their claim of confidentiality. The State Purchasing Director shall make the final decision as to whether the documentation or information is confidential pursuant to 74 O.S. § 85.10. Otherwise, documents and information a bidder submits as part of or in connection with a bid are public records and subject to disclosure after contract award or the solicitation is cancelled.

A.8. Late Bids

Bids received by the Central Purchasing Division after the response due date and time shall be deemed non-responsive and shall NOT be considered for any resultant award.

A.9. Legal Contract

- A.9.1. Submitted bids are rendered as a legal offer and any bid, when accepted by the Central Purchasing Division, shall constitute a contract.
- A.9.2. The Contract resulting from this solicitation may consist of the following documents in the following order of precedence:
 - A.9.2.1. Any Addendum to the Contract;
 - A.9.2.2. Purchase order, as amended by Change Order (if applicable);
 - A.9.2.3. Solicitation, as amended (if applicable); and
 - A.9.2.4. Successful bid (including required certifications), to the extent the bid does not conflict with the requirements of the solicitation or applicable law.
- A.9.3. Any contract(s) awarded pursuant to the solicitation shall be legibly written or typed.

A.10. Pricing

- A.10.1. Bids shall remain firm for a minimum of sixty (60) days from the solicitation closing date.
- A.10.2. Bidders guarantee unit prices to be correct.
- A.10.3. In accordance with 74 O.S. §85.40, ALL travel expenses to be incurred by the supplier in performance of the Contract shall be included in the total bid price/contract amount.

A.11. Manufacturers' Name and Approved Equivalents

Unless otherwise specified in the solicitation, manufacturers' names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition. Bidder may offer any brand for which they are an authorized representative, and which meets or exceeds the specification for any item(s). However, if bids are based on equivalent products, indicate on the bid form the manufacturer's name and number. Bidder shall submit sketches, descriptive literature, and/or complete specifications with their bid. Reference to literature submitted with a previous bid will not satisfy this provision. The bidder shall also explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. Bids that do not comply with these requirements are subject to rejection.

A.12. Clarification of Solicitation

- A.12.1. Clarification pertaining to the contents of this solicitation shall be directed in writing to the Central Purchasing Contracting Officer specified in the solicitation, and must be prior to the closing date of the solicitation.
- A.12.2. If a bidder fails to notify the State of an error, ambiguity, conflict, discrepancy, omission or other error in the SOLICITATION, known to the bidder, or that reasonably should have been known by the bidder, the bidder shall submit a bid at its own risk; and if awarded the contract, the bidder shall not be entitled to additional compensation, relief, or time, by reason of the error or its later correction. If a bidder takes exception to any requirement or specification contained in the SOLICITATION, these exceptions must be clearly and prominently stated in their response.

- A.12.3. Bidders who believe proposal requirements or specifications are unnecessarily restrictive or limit competition may submit a written request for administrative review to the contracting officer listed on the solicitation. This request must be made prior to the closing date of the solicitation.

A.13 Negotiations

- A.13.1. In accordance with Title 74 §85.5, the State of Oklahoma reserves the right to negotiate with one, selected, all or none of the vendors responding to this solicitation to obtain the best value for the State. Negotiations could entail discussions on products, services, pricing, contract terminology or any other issue that may mitigate the State's risks. The State shall consider all issues negotiable and not artificially constrained by internal corporate policies. Negotiation may be with one or more vendors, for any and all items in the vendor's offer.
- A.13.2. Firms that contend that they lack flexibility because of their corporate policy on a particular negotiation item shall face a significant disadvantage and may not be considered. If such negotiations are conducted, the following conditions shall apply:
- A.13.3. Negotiations may be conducted in person, in writing, or by telephone.
- A.13.4. Negotiations shall only be conducted with potentially acceptable offers. The State reserves the right to limit negotiations to those offers that received the highest rankings during the initial evaluation phase.
- A.13.5. Terms, conditions, prices, methodology, or other features of the bidders offer may be subject to negotiations and subsequent revision. As part of the negotiations, the bidder may be required to submit supporting financial, pricing, and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the offer.
- A.13.6. The requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the State determines that a change in such requirements is in the best interest of the State Of Oklahoma.

A.14. Rejection of Bid

The State reserves the right to reject any bids that do not comply with the requirements and specifications of the solicitation. A bid may be rejected when the bidder imposes terms or conditions that would modify requirements of the solicitation or limit the bidder's liability to the State. Other possible reasons for rejection of bids are listed in OAC 260:115-7-32.

A.15. Award of Contract

- A.15.1. The State Purchasing Director may award the Contract to more than one bidder by awarding the Contract(s) by item or groups of items, or may award the Contract on an ALL OR NONE basis, whichever is deemed by the State Purchasing Director to be in the best interest of the State of Oklahoma.
- A.15.2. Contract awards will be made to the lowest and best bidder(s) unless the solicitation specifies that best value criteria is being used.
- A.15.3. In order to receive an award or payments from the State of Oklahoma, suppliers must be registered. The vendor registration process can be completed electronically through the OMES website at the following link: <https://www.ok.gov/dcs/vendors/index.php>.

A.16. Contract Modification

- A.16.1. The Contract is issued under the authority of the State Purchasing Director who signs the Contract. The Contract may be modified only through a written Addendum, signed by the State Purchasing Director and the supplier.
- A.16.2. Any change to the Contract, including but not limited to the addition of work or materials, the revision of payment terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the Central Purchasing Division in writing, or made unilaterally by the supplier, is a breach of the Contract. Unless otherwise specified by applicable law or rules, such changes, including unauthorized written Addendums, shall be void and without effect, and the supplier shall not be entitled to any claim under this Contract based on those changes. No oral statement of any person shall modify or otherwise

affect the terms, conditions, or specifications stated in the resultant Contract.

A.17. Delivery, Inspection and Acceptance

- A.17.1. Unless otherwise specified in the solicitation or awarding documents, all deliveries shall be F.O.B. Destination. The supplier(s) awarded the Contract shall prepay all packaging, handling, shipping and delivery charges and firm prices quoted in the bid shall include all such charges. All products and/or services to be delivered pursuant to the Contract shall be subject to final inspection and acceptance by the State at destination. "Destination" shall mean delivered to the receiving dock or other point specified in the purchase order. The State assumes no responsibility for goods until accepted by the State at the receiving point in good condition. Title and risk of loss or damage to all items shall be the responsibility of the supplier until accepted by the receiving agency. The supplier(s) awarded the Contract shall be responsible for filing, processing, and collecting any and all damage claims accruing prior to acceptance.
- A.17.2. Supplier(s) awarded the Contract shall be required to deliver products and services as bid on or before the required date. Deviations, substitutions or changes in products and services shall not be made unless expressly authorized in writing by the Central Purchasing Division.

A.18. Invoicing and Payment

- A.18.1. Pursuant to 74 O.S. §85.44(B), invoices will be paid in arrears after products have been delivered or services provided.
- A.18.2. Payment terms will net 45.
- A.18.3. Additional terms which provide discounts for earlier payment will be evaluated when making an award. Additional terms shall be no less than ten (10) days increasing in five (5) day increments up to thirty (30) days. The date from which the discount time is calculated shall be the date of a valid invoice. An invoice is considered valid if sent to the proper recipient and goods or services have been received.

A.19. Tax Exemption

State agency acquisitions are exempt from sales taxes and federal excise taxes. Bidders shall not include these taxes in price quotes.

A.20. Audit and Records Clause

- A.20.1. As used in this clause, "records" includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form. In accepting any Contract with the State, the successful bidder(s) agree any pertinent State or Federal agency will have the right to examine and audit all records relevant to execution and performance of the resultant Contract.
- A.20.2. The successful supplier(s) awarded the Contract(s) is required to retain records relative to the Contract for the duration of the Contract and for a period of seven (7) years following completion and/or termination of the Contract. If an audit, litigation, or other action involving such records is started before the end of the seven (7) year period, the records are required to be maintained for two (2) years from the date that all issues arising out of the action are resolved, or until the end of the seven (7) year retention period, whichever is later.

A.21. Non-Appropriation Clause

The terms of any Contract resulting from the solicitation and any Purchase Order issued for multiple years under the Contract are contingent upon sufficient appropriations being made by the Legislature or the receipt of funding from other third party intended funding source. Notwithstanding any language to the contrary in the solicitation, purchase order, or any other Contract document, the State may terminate its obligations under the Contract if sufficient funding is not received and available to pay amounts due for multiple year agreements. The State's decision as to whether sufficient funding is available shall be accepted by the Supplier and shall be final and binding.

A.22. Choice of Law

Any claims, disputes, or litigation relating to the solicitation, or the execution, interpretation, performance, or enforcement of the Contract shall be governed by the laws of the State of Oklahoma.

A.23. Choice of Venue

Venue for any action, claim, dispute or litigation relating in any way to the Contract shall be in Oklahoma County, Oklahoma.

A.24. Termination for Cause

- A.24.1. The supplier may terminate the Contract for default or other just cause with a 30-day written request and upon written approval from the Central Purchasing Division. The State may terminate the Contract for default or any other just cause upon a 30-day written notification to the supplier.
- A.24.2. The State may terminate the Contract immediately, without a 30-day written notice to the supplier, when violations are found to be an impediment to the function of an agency and detrimental to its cause, when conditions preclude the 30-day notice, or when the State Purchasing Director determines that an administrative error occurred prior to Contract performance.
- A.24.3. If the Contract is terminated, the State shall be liable only for payment for products and/or services delivered and accepted.

A.25. Termination for Convenience

- A.25.1. The State may terminate the Contract, in whole or in part, for convenience if the State Purchasing Director determines that termination is in the State's best interest. The State Purchasing Director shall terminate the Contract by delivering to the supplier a Notice of Termination for Convenience specifying the terms and effective date of Contract termination. The Contract termination date shall be a minimum of 60 days from the date the Notice of Termination for Convenience is issued by the State Purchasing Director.
- A.25.2. If the Contract is terminated, the State shall be liable only for products and/or services delivered and accepted, and for costs and expenses (exclusive of profit) reasonably incurred prior to the date upon which the Notice of Termination for Convenience was received by the supplier.

A.26. Insurance

The successful supplier(s) awarded the Contract shall obtain and retain insurance, including workers' compensation, automobile insurance, medical malpractice, and general liability, as applicable, or as required by State or Federal law, prior to commencement of any work in connection with the Contract. The supplier awarded the Contract shall timely renew the policies to be carried pursuant to this section throughout the term of the Contract and shall provide the Central Purchasing Division and the procuring agency with evidence of such insurance and renewals.

A.27. Employment Relationship

The Contract does not create an employment relationship. Individuals performing services required by this Contract are not employees of the State of Oklahoma or the procuring agency. The supplier's employees shall not be considered employees of the State of Oklahoma nor of the procuring agency for any purpose, and accordingly shall not be eligible for rights or benefits accruing to state employees.

A.28. Compliance with the Oklahoma Taxpayer and Citizen Protection Act of 2007

By submitting a bid for services, the bidder certifies that they, and any proposed subcontractors, are in compliance with 25 O.S.

§1313 and participate in the Status Verification System. The Status Verification System is defined in 25 O.S. §1312 and includes but is not limited to the free Employment Verification Program (E-Verify) through the Department of Homeland Security and available at www.dhs.gov/E-Verify.

A.29. Compliance with Applicable Laws

The products and services supplied under the Contract shall comply with all applicable Federal, State, and local laws, and the supplier shall maintain all applicable licenses and permit requirements.

A.30. Special Provisions

Special Provisions set forth in SECTION B apply with the same force and effect as these General Provisions. However, conflicts or inconsistencies shall be resolved in favor of the Special Provisions.

BUSINESS ASSOCIATE AGREEMENT BETWEEN THE OFFICE OF MANAGEMENT AND ENTERPRISE SERVICES EMPLOYEES GROUP INSURANCE DIVISION (COVERED ENTITY) AND [REDACTED] (BUSINESS ASSOCIATE)

Definitions

Catch-all definitions:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

(a) Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean [REDACTED].

(b) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the Oklahoma **Office of Management and Enterprise Services Employees Group Insurance Division**.

(c) HIPAA Rules. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

Obligations and Activities of Business Associate

Business Associate agrees to:

(a) Not use or disclose protected health information other than as permitted or required by this Agreement or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by this Agreement;

(c) Report to Covered Entity any use or disclosure of protected health information not provided for by this Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware, provided however that Business Associate shall not be required to report any routine unsuccessful attempts to access, modify or destroy electronic data, or to interfere with an electronic data system, such as “pings” or other broadcast attacks on a firewall, port scans, routine unsuccessful log-on attempts, or denial of service attacks; breaches involving 100 or more affected individuals shall be reported within ten (10) days of discovery, and breaches involving less than 100 affected individuals shall be reported within thirty (30) days of discovery; Business Associate shall provide Covered Entity with information regarding the nature and extent of the improper use or disclosure and any additional information Covered Entity may reasonably request;

(d) Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement;

(e) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information;

(f) In accordance with 45 CFR 164.514(d)(3), only request, use and disclose the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure;

(g) Make available protected health information in a designated record set to the individual or the individual's designee as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;

(h) Provide access, at the request of Covered Entity and during normal business hours, to Protected Health Information in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR §164.524, provided that Covered Entity delivers to Business Associate a written notice at least five (5) business days in advance of requesting such access. This provision does not apply if Business Associate and its employees, subcontractors and agents have no Protected Health Information in a Designated Record Set of Covered Entity;

(i) Make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526, at the request of Covered Entity or an Individual. This provision does not apply if Business Associate and its employees, subcontractors and agents have no Protected Health Information from a Designated Record Set of Covered Entity;

(j) Maintain and make available the information required to provide an accounting of disclosures to the individual as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;

(k) Unless otherwise protected or prohibited from discovery or disclosure by law, Business Associate agrees to make internal practices, books, and records, including policies and procedures, relating to the use or disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity, available to the Covered Entity or to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule or Security Rule. Business Associate shall have a reasonable time within which to comply with requests for such access and in no case shall access be required in less than five (5) business days after Business Associate's receipt of such request, unless otherwise designated by the Secretary;

(l) To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and

(m) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

Permitted Uses and Disclosures by Business Associate

(a) Except as otherwise limited by this Agreement, Business Associate may make any uses and disclosures of Protected Health Information necessary to perform its services to Covered Entity and otherwise meet its obligations under this Agreement, if such use or disclosure would not violate the

Privacy Rule if done by Covered Entity. All other uses or disclosures by Business Associate not authorized by this Agreement or by specific instruction of Covered Entity are prohibited.

(b) Business Associate may use or disclose protected health information as required by law.

(c) Business Associate agrees to make uses and disclosures and requests for protected health information consistent with the minimum necessary policies and procedures of the HIPAA Rules.

(d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity.

(e) Business Associate may disclose protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(f) Business Associate may provide data aggregation services relating to the health care operations of the Covered Entity.

Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

(a) Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.

(c) Covered Entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

Indemnification

Business Associate will indemnify, defend and hold harmless Covered Entity and its respective employees, directors, officers, subcontractors, agents and affiliates from and against all claims, actions, damages, losses, liabilities, fines, penalties, costs or expenses (including without limitation reasonable attorneys' fees) suffered by Covered Entity arising from or in connection with any breach of this Agreement, or any negligent or wrongful acts or omissions in connection with this Agreement, by Business Associate or by its employees, directors, officers, subcontractors, or agents. Notwithstanding the foregoing, the Business Associate shall not be responsible or liable for following Covered Entity's instructions with regard to the protected health and/or confidential information or from and to the extent of any breach of contract or negligent actions or omissions by the Covered Entity. No person or entity is to be considered a third-party beneficiary under the agreement, nor shall any third party have any rights as a result of the agreement.

Term and Termination

(a) Term. This agreement shall be effective upon execution by both parties and will continue until terminated by either party for any reason with a written notice of 30 days, or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner.

(b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall give Business Associate written notice of such breach and provide reasonable opportunity for Business Associate to cure the breach or end the violation. Covered Entity may terminate this Agreement, and Business Associate agrees to such termination, if Business Associate has breached a material term of this Agreement and does not cure the breach or cure is not possible.

(c) Obligations of Business Associate Upon Termination.

Upon termination of this Agreement for any reason, at the option of Covered Entity, Business Associate shall do one or more of the following: 1) return all protected health information to Covered Entity, 2) transmit the protected health information to another business associate of the Covered Entity, and/or, 3) destroy all protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity. Business Associate and its subcontractors shall retain no copies of the protected health information.

Miscellaneous

(a) Assignment. The Parties will not sublicense or assign this Agreement or any right or interest hereunder without prior written consent, and any attempted sublicense or assignment without such consent will be void. Subject to the foregoing restriction, this Agreement will bind and benefit the parties and their respective successors and assigns.

(b) Governing law; Severability. Except as preempted by federal law, this Agreement will be interpreted, construed and enforced in all respects in accordance with the laws of the State of Oklahoma, without giving effect to its principles of conflict of laws. If any provision of this Agreement is determined to be invalid to any extent or in any context, such provision will be enforced to the extent and in the contexts in which it is valid, and the remaining provisions are severable and will not be affected by any such determination of invalidity.

(c) Entire Agreement. This Agreement sets forth the entire agreement, and supersedes any and all prior agreements, of the Parties with respect to the subject matter hereof. No amendment of this Agreement will be valid unless set forth in a writing signed by both Parties. No waiver will be binding unless signed by the party to be bound.

(d) Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(e) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(f) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

(g) No Third-Party Beneficiaries. Nothing express or implied in the PBM Agreement or in this Business Associate Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or assigns of the parties, any rights, remedies, obligations or liabilities whatsoever.

(h) Notices. Any notices pertaining to this Agreement shall be given in writing and shall be deemed duly given when personally delivered to a Party or a Party's authorized representative as listed below or sent by means of a reputable overnight carrier, or sent by means of certified mail, return receipt requested, postage prepaid. A notice sent by certified mail shall be deemed given on the date of receipt or refusal of receipt. All notices shall be addressed to the appropriate Party as follows:

If to Covered Entity:

First Point of Contact:

Title: OMES Privacy Officer/HealthChoice Chief Compliance Officer
Name: Paul King
Address: 3545 N.W.58th Street, Suite 110
Oklahoma City, OK 73112
Telephone: 405-717-8880
Fax: 405-717-8609
Email: Paul.King@omes.ok.gov

Second Point of Contact:

Title: HealthChoice Deputy Compliance Officer
Name: Lori Baer
Address: 3545 N.W.58th Street, Suite 110
Oklahoma City, OK 73112
Telephone: 405-717-8809
Fax: 405-717-8609
Email: Lori.Baer@omes.ok.gov

Website URL <https://www.ok.gov/sib>

If to Business Associate:

First Point of Contact:

Title:

Name:

Address:

Telephone:

Fax:

Email:

Second Point of Contact:

Title: _____
Name: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

Website URL _____

Agreed and Accepted

COVERED ENTITY - The Office of Management
and Enterprise Services Employees Group
Insurance Division

BUSINESS ASSOCIATE - _____

By: _____

By: _____

Printed Name: Frank Wilson

Printed Name: _____

Title: Administrator

Title: _____

Date Signed: _____

Date Signed: _____

Attachment 2 - Statement of Compliance

Certain conditions may preclude the TPA's strict compliance with a term specified in this RFP. The TPA shall describe its method of compliance to accomplish the requirements of the specific term and EGID reserves its unrestricted discretion to determine, whether an alternative method offered by the TPA is acceptable to EGID.

Any alternative method or exceptions to terms, conditions or other requirements in any part of the RFP must be clearly described in both the appropriate section of the solicitation and listed as an attachment to the Statement of Compliance and shall be made a part of this RFP. Otherwise, EGID shall consider that all items offered are in strict compliance with the RFP and the TPA shall be responsible for compliance. EGID shall specify at the time of the awarding of the contract what, if any, optional, alternative methods are accepted.

Notwithstanding anything to the contrary, EGID maintains the unrestricted discretion to make any decision as to suitability, competency, ability to perform, conflicts of interest or the appearance thereof, responsiveness of the TPA's proposal, acceptability of such proposal, or other decisions concerning qualifications.,

Each TPA shall be required to submit a response to this Request for Proposal as it is written. Any TPA who wishes to propose exceptions or alternatives to any term, condition, or requirement of this RFP must specify the exception and/or alternative and submit a response for each deviation. If a Statement of Compliance is not returned to EGID with the TPA's original bid, the response shall be excluded from further consideration. If a Statement of Compliance is submitted with deviations, EGID will consider such exceptions and/or alternatives in the evaluation process or such exception and/or alternative may constitute grounds for rejection of the proposal.

The solicitation submitted to EGID is in strict compliance with this RFP, and if selected as a TPA, the TPA will be responsible for meeting all requirements of this RFP.

The solicitation submitted to EGID contains deviations from the specifications of this RFP. The deviations are attached.

Name: _____ Company: _____

Signature: _____ Address: _____

Title: _____

Phone: _____ Fax: _____

Attachment 3 - Price and Cost

	2018	2019	2020	2021	2022
Administrative Fee (Per Primary Per Month)					
HealthChoice					
DRS					
DOC					
HC/DRS/DOC					

Utilization Management (Per Primary Per Month excluding Medicare)					
HealthChoice					
DRS					
DOC					
HC/DRS/DOC					

Redirection (Per Primary Per Month excluding Medicare)					
HealthChoice					

All Services (Administration/Utilization/Redirection) (Per Primary Per Month)					
HealthChoice					
DRS					
DOC					
HC/DRS/DOC					

Additional Services (Per Primary Per Month)					
HealthChoice					
DRS					
DOC					
HC/DRS/DOC					

Run-Out after contract termination

- Months of administrative fees**
- Option 1**
 - Option 2**
 - Option 3**

Months of run-out

HEALTH CENSUS AS OF JANUARY 31, 2017

		HealthChoice					HMO					Total				
		Primary	Spouse	Child	Children	Total Children	Primary	Spouse	Child	Children	Total Children	Primary	Spouse	Child	Children	Total Children
Active																
	Public School	50,575	2,596	3,763	4,762	15,690	8,892	189	651	742	2,528	59,467	2,785	4,414	5,504	18,218
	Higher Ed	635	43	53	47	178	34	0	3	5	19	669	43	56	52	197
	Career Tech	<u>2,872</u>	<u>276</u>	<u>300</u>	<u>325</u>	<u>1,127</u>	<u>544</u>	<u>35</u>	<u>44</u>	<u>61</u>	<u>187</u>	<u>3,416</u>	<u>311</u>	<u>344</u>	<u>386</u>	<u>1,314</u>
	Total Education	54,082	2,915	4,116	5,134	16,995	9,470	224	698	808	2,734	63,552	3,139	4,814	5,942	19,729
	Percentages	85%	93%	86%	86%	86%	15%	7%	14%	14%	14%					
	Local Government	8,617	624	437	416	1,472	631	65	64	53	209	9,248	689	501	469	1,681
	State	<u>24,249</u>	<u>12,217</u>	<u>4,636</u>	<u>6,638</u>	<u>21,645</u>	<u>9,379</u>	<u>3,480</u>	<u>1,803</u>	<u>2,187</u>	<u>7,491</u>	<u>33,628</u>	<u>15,697</u>	<u>6,439</u>	<u>8,825</u>	<u>29,136</u>
	Total Non Education	32,866	12,841	5,073	7,054	23,117	10,010	3,545	1,867	2,240	7,700	42,876	16,386	6,940	9,294	30,817
	Percentages	77%	78%	73%	76%	75%	23%	22%	27%	24%	25%					
	Total Active	86,948	15,756	9,189	12,188	40,112	19,480	3,769	2,565	3,048	10,434	106,428	19,525	11,754	15,236	50,546
	Percentages	82%	81%	78%	80%	79%	18%	19%	22%	20%	21%					
Pre-Medicare																
	Education	4,543	529	176	67	327	494	33	23	7	40	5,037	562	199	74	367
	Local Government	35	6	2	0	2	7	0	1	0	1	42	6	3	0	3
	State	<u>2,431</u>	<u>540</u>	<u>157</u>	<u>62</u>	<u>305</u>	<u>727</u>	<u>77</u>	<u>36</u>	<u>13</u>	<u>68</u>	<u>3,158</u>	<u>617</u>	<u>193</u>	<u>75</u>	<u>373</u>
	Total Pre-Medicare	7,009	1,075	335	129	634	1,228	110	60	20	109	8,237	1,185	395	149	743
	Percentages	85%	91%	85%	87%	85%	15%	9%	15%	13%	15%					
Medicare																
	Education	19,135	2,268	27	0	27	1,727	206	4	0	4	20,862	2,474	31	0	31
	Local Government	126	12	0	0	0	2	0	0	0	0	128	12	0	0	0
	State	<u>12,146</u>	<u>1,909</u>	<u>23</u>	<u>0</u>	<u>23</u>	<u>1,296</u>	<u>204</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>13,442</u>	<u>2,113</u>	<u>24</u>	<u>0</u>	<u>24</u>
	Total Medicare	31,407	4,189	50	0	50	3,025	410	5	0	5	34,432	4,599	55	0	55
	Percentages	91%	91%	91%	0%	91%	9%	9%	9%	0%	9%					
Grand Total		125,364	21,020	9,574	12,317	40,796	23,733	4,289	2,630	3,068	10,548	149,097	25,309	12,204	15,385	51,344
		84%	83%	78%	80%	79%	16%	17%	22%	20%	21%					

Exhibit B - Paid Claims History

	HeathChoice Medical Paid Claims							
	Inpatient Facility		Outpatient Facility		Professional		Total	
	Claim #	Paid \$	Claim #	Paid \$	Claim #	Paid \$	Claim #	Paid \$
Jan-15	2,950	15,181,339	34,472	17,560,458	234,069	18,883,932	271,491	51,625,729
Feb-15	2,824	15,722,256	35,386	14,698,919	221,449	15,857,423	259,659	46,278,598
Mar-15	3,322	21,375,076	37,779	20,116,284	234,130	19,307,153	275,231	60,798,513
Apr-15	2,977	15,766,252	34,029	17,213,295	219,066	17,647,631	256,072	50,627,178
May-15	2,482	11,215,866	35,017	15,025,900	222,049	17,241,480	259,548	43,483,246
Jun-15	2,885	15,433,849	37,599	21,110,209	231,548	18,853,627	272,032	55,397,685
Jul-15	2,759	14,384,482	39,309	20,284,197	243,966	20,554,036	286,034	55,222,714
Aug-15	2,878	15,778,692	37,436	21,075,717	225,441	19,495,344	265,755	56,349,753
Sep-15	2,772	15,017,456	40,167	20,585,268	234,033	21,190,903	276,972	56,793,627
Oct-15	2,341	13,889,990	36,801	20,231,246	238,907	20,361,984	278,049	54,483,220
Nov-15	2,388	9,553,853	35,544	20,787,039	235,163	20,583,603	273,095	50,924,495
Dec-15	3,012	12,847,795	40,971	20,367,809	254,069	23,248,967	298,052	56,464,571
	33,590	176,166,906	444,510	229,056,340	2,793,890	233,226,083	3,271,990	638,449,330

Claim count includes all processed claims including denied claims

	Dental		Life		DOC		DRS	
	Claim #	Paid \$	Claim #	Paid \$	Claim #	Paid \$	Claim #	Paid \$
Jan-15	28,495	5,796,316	98	2,222,811	3,839	1,178,822	631	232,183
Feb-15	24,882	5,028,469	83	2,154,166	3,443	884,912	699	232,514
Mar-15	27,412	5,535,507	127	3,435,000	3,617	907,242	736	321,524
Apr-15	26,870	5,308,026	124	3,085,924	3,919	893,455	691	379,951
May-15	22,589	4,393,998	66	1,770,321	3,520	996,489	558	261,600
Jun-15	30,331	5,978,549	119	3,196,254	3,893	978,623	682	416,649
Jul-15	25,169	6,688,798	101	2,615,514	3,679	1,076,605	587	372,067
Aug-15	29,174	5,957,267	97	2,213,755	3,890	1,314,422	566	325,747
Sep-15	25,863	5,079,169	97	1,950,034	3,329	1,090,115	608	319,384
Oct-15	29,220	5,684,683		1,927,845	3,268	936,145	588	315,816
Nov-15	23,707	4,693,914	80	1,967,723	2,639	691,057	507	213,077
Dec-15	27,061	5,148,102	96	2,467,751	3,013	818,590	523	302,854
	320,773	65,292,798	1,088	29,007,098	42,049	11,766,478	7,376	3,693,365

Export Overview

I. Business Overview

This export file will contain enrollment eligibility records for member and dependent enrolled in Health and Dental funds for Healthchoice plans. A daily incremental file will be sent to TPA for claims processing. A reconciliation full file will be sent quarterly

File layout:	Fixed length 650
Save as options:	Text File
# Of Files Generated:	1 File for each parameter
# of records per member:	Multiple
Data formatting:	Alphanumeric: Left justified and padded with trailing spaces
	Dates: YYYYMMDD format
	Numeric fields: Should be right justified and padded with leading spaces
General:	Fields without values must be left blank and space filled, should not contain zeroes

II. Export Sections and Sequence

Sort Order

Records must be sorted in ascending order by SSN, then by Person code and then by record type, and then by effective date (opt-out records are listed first).

Seq #	Record Type	Description/Selection Logic	Optional / Required
1	Header	Uniquely identifies the export	R
2	Detail	Person eligibility data	R
3	Trailer	Tracking and verification information for the Export	R

III. Export Parameters

Variables	Type	Description (include default value)	Format
File Name	Text	File name	
As of Date	Date	Time stamp when the export is run. Default to current date and time for incremental file	MM/DD/YYYY
File Type	Text	Values = I for 'Incremental', A for 'Active', and F for 'Full'	

IV. Selection Criteria:

1. Each eligible member and dependent will have his or her own record. Fields with demographic information should be specific to the member or dependent i.e. the dependent record will contain the dependent name, address, date of birth and gender.
2. The Members/Dependents should be selected for following Fund/Plan combination in

Fund	Plan
Health	Healthchoice
Dental	Healthchoice

3. The member and their elected dependents for each file type must be selected as follows

- File Type: Active File

The file must include all ACTIVE members and their ELECTED dependents as of the date of the export. ACTIVE is defined as Members and ELECTED dependents whose Enrollment Termination date is > the export As of Date OR Blank. (The full file will contain future enrollment. For example, if member is enrolled 1/1/2016-12/31/2016 and 1/1/2017 – open. On the export file of 6/1/2016, both the records will be included)

- File Type: Full File

The file must include all members and their ELECTED dependents as of the date of the export. Full is defined as Members and ELECTED dependents who have termed coverage, current coverage, or future coverage.

- For type of file = Incremental

Eligibility is being tracked at a benefit level for each covered person. The benefit being tracked includes the coverage, the level of coverage, the tier code and the start and stop dates of the coverage. Any change, creation, or term of an TPA eligible benefit (HealthChoice Health/Dental) will be communicated on the effected individuals.

The incremental export will send current and future coverage, (if no current or future coverage exists, send the last coverage that was in effect) for an individual who has or did have HealthChoice coverage, if a change is made to any of the following:

Indicative changes or Custom field changes made to: SSN(*dependent only*), First Name, Last Name, Middle Name, Sex, Birth Date, Marital Status, Student, Disabled, Apply Pre-Existing, Dental Limitation Date, HICN, Alternate Insurance Indicator, Person Code, Alternate Id Code, Alternate Id Number, Converted Original Effective Date, Override Alternate Insurance Indicator, Pend Claim (*member only*), Request Pharmacy



Card(*member only*), Alternate Effective Date(*member only*), Alternate Termination Date(*member only*), OK Health Initiative Plan Year(*member only*).

Address changes made to the Correspondence address of an individual, or if no correspondence address exists, an address change made to the residential address.

The incremental export will send eligibility changes to changed coverage only. I.e., it will not send a term record and new start record if the benefit didn't change. Additionally, if a health benefit terms, but a new one is starting with either a different coverage level or different tier code, we will only send the new record with the new tier code or benefit level, since TPA would intuitively know that the old benefit is stopping if new is starting.

Due to a recent application upgrade if the change occurs on a record in which the member is a direct pay member, the initial change will trigger additional history to be sent. After the initial change all future changes will be sent as normal as described in this document.

We will continue to send opt-out records if we had coverage that was entered in error and must be deleted - except for life amounts as noted below.

- a) Inserts: Select all NEW member and NEW dependents that have been added since the last export date (time stamp). This would also include members who enroll in the above listed plan for the first time.

For example, a Member changes plan from Health PacifiCare to Health Healthchoice, this member should be identified as new member.

- b) Updates: Select all covered persons whose information has been updated. For each change identified, send only the covered persons that were affected by the change.

For example, if a member +spouse + child are covered under Healthchoice high as of 1/1/2016. Dependent name is changed/corrected on 3/31/2016. On the incremental file of 3/31/2016 the file will include only the dependent whose name changed.

- c) Life Amounts: If a life amount is updated in the same period and no new period was created – the export will show the period with the changed/corrected amount.

4. Identify the record type

Record Type 2

If this is the first time the member/dependent has been communicated, then Record type = 2.

Record Type 3

If the member/dependent has been communicated previously then Record type = 3



Record type 4.

For record type 4 only the following fields will be populated

- i. Carrier
- ii. Account
- iii. Group
- iv. Member ID
- v. From Account
- vi. From Group
- vii. From Member ID+ prior person code
- viii. Effective Date
- ix. Person Code

Record Type 4 is created for following events:

- i. *When a dependent becomes a primary member:*
The Carrier, Account, Group, Division, Member ID, Person code will contain the Dependents data and From group, from Account and From Member ID, person code will contain primary member's data under whom this person was a dependent
 - ii. *Primary member becomes dependent:*
The Carrier, Account, Group, Division, Member ID, person code will contain the new member's data under whom this person has become dependent and From group, from Account and From Member ID, person code will contain primary member's data
 - iii. *When the SSN of member or dependent is changed:*
The Carrier, Account, Group, Member ID will contain the new Account, Group and Member ID information and From Account, From Group, From Member ID will indicate the old Account, Group and member ID from which they moved. Effective date should contain the effective date of change. All the other fields for the record type 4 should be blank.
 - iv. *Group to Group Transfer:*
The Carrier, Account, Group, Member ID will contain the new Account, Group and Member ID information and From Account, From Group, From Member ID will indicate the old Account, Group and member ID from which they moved. Effective date should contain the effective date of change. All the other fields for the record type 4 should be blank.
5. Deletes: When a Dependent is opted-out of benefit or a benefit or enrollment period is deleted for the Member, the records will be moved to enrollment history. These records should be identified as a change and sent over on the file. On these records the termination date should be populated with Effective date -1. That is, the termination date must be one day less than the effective date.



6. Calculate Tier Code

For each Member SSN, find out the relationship of the dependents covered under that member and accordingly populate following values based on the dependents covered for the given enrollment period. These tier codes cover 'Active' and 'Inactive' benefit records:

- M = Member Only
- M1 = Member & Spouse
- M2 = Member, Spouse & Child
- M3 = Member, Spouse & Children (More than one child)
- M4 = Member & Child
- M5 = Member & Children (More than one child)
- S = Spouse Only
- S1 = Spouse & Child
- S2 = Spouse & Children (more than one child)
- C = Child Only
- C1 = Children (More than one child)

For deletes, the tier code prior to the delete or opt-out should be populated on the record.

For example: **Inactive dependent life:** a member is covering a spouse and 2 children on dependent life, all of those dependents will have an export line for dependent life with a tier code of "S2."

V. Record Layouts

Header

Field	Start Position	Stop Position	Field Name	Length	Data Type	Required	Format	Value/Default	Description
1	1	1	Record type		A/N	Y		1	Indicates header file
2	2	10	Carrier		A/N	Y			Number assigned by TPA.
3	11	35	Address1		A/N	N			3545 NW 58 th Street
4	36	60	Address2		A/N	N			Suite 110
5	61	80	City		A/N				Oklahoma City
6	81	82	State		A/N	N			OK
7	83	92	Zip		A/N	N			73112
8	93	102	Phone		A/N	N			405-717-8888
9	103	110	Creation Date		N	Y	YYYYMMDD		Creation date of this file.
10	111	650	Filler						



Detail

Field	Start Position	Stop Position	Field Name	Vitech Length	Data Type	Required	Format	Value/ Default	Description
1	1	1	Record type	1	A/N	Y		2, 3, 4 or F for full file	Indicate if the record type is an Add record or a change record or a move record.
2	2	10	Carrier	9	A/N	Y			Number assigned by TPA.
3	11	20	Account	10	A/N	Y		ST = State ED = Education LG = Local Government	Indicates Group Association.
4	21	30	Group	10	A/N	Y			Member's employer code
5	31	39	Member_SSN	9	A/N	Y			If SSN is less than 9 digits, left justify and pad leading zeroes
6	40	41	Person Code	2	A/N	Y			Unique identifier for this person record as he/she relates to the member. Member or Dependent Custom field
7	42	43	Relationship	2	A/N	Y			Relationship code of this person to the member. Ex: S-spouse, C-child
8	44	93	Last Name	50	A/N	N			The last name of this person record.
9	94	143	First Name	50	A/N	N			The first name of this person record.
10	144	144	Middle Initial	1	A/N	N			The middle initial of this person record.
11	145	145	Sex	1	A/N	Y			The sex of this person record.
12	146	153	Date of Birth	8	N	Y	YYYYMMDD		The birth date of this person record.
13	154	161	Effective Date	8	N	Y	YYYYMMDD		The Enrollment Start date for this person's coverage
14	162	169	Termination Date	8	N	Y	YYYYMMDD		The Enrollment Stop date for this person's coverage
15	170	229	Address1	60	A/N	N			Correspondence Address_Line1 of this person record, if it doesn't exist then use the Member Address_Line1.
16	230	259	Address2	30	A/N	N			Correspondence Address_Line2 of this person record, if it doesn't exist then use the Member



								Address_Line2.
17	260	309	City	50	A/N	N		City of this person record, if it doesn't exist then use the Member City
18	310	311	State	2	A/N	N		State of this person record, if it doesn't exist then use the Member State
19	312	321	Zip	10	A/N	N		Zip of this person record, if it doesn't exist then use the Member Zip. The first character should be a space. If zip code is less than 9 than pad trailing zeroes. If Country Not= 'US' then use Postal_code
20	322	331	Home Phone	10	A/N	N		Home Phone of this person record, if it doesn't exist then use the Member phone. If not available leave blank or use '00000000'
21	332	332	Alt Ins Indicator	1	A/N	N		Identifies whether member has alternate insurance. "Y" or "N" or <blank>, used for coordination of benefits. Member or Dependent Custom field
22	333	342	Alt Ins Code	10	A/N	N		Name of alternate insurance responsible for payment of products dispensed. Member or dependent Custom Field
23	343	360	Alt Ins ID	18	A/N	N		This would be the member_id that this person has for the alternate insurance. Member or dependent Custom Field
24	361	369	Alt physician Id					Member Custom Primary Care Provider- Not used. Leave Blank
25	370	379	Status	10	A/N	N		Member or dependents rate status code. For example, Active, medicare, cobra etc.
26	380	389	Plan	10	A/N	N		Selected benefit level, elected by the member. Examples Healthchoice High option, Healthchoice Low option etc. (Enrollment_type_id)



27	390	397	Plan Eff Date	8	N	N		Not Used.
28	398	398	New card Flag	1	A/N	Y		Indicates whether new prescription card should be sent to this person, Member Custom field. This field should be reset to blank after the export file has been generated. (NOT USED)
29	399	400	Marital Status	2	A/N	Y		The marital status of this person record.
30	401	410	Work Phone	10	A/N	N		The work phone of this person. If not available leave blank or use '000000000'.
31	411	418	Hire Date	8	N	N	YYYYMMDD	Not Used
32	419	427	Dependent Social	9	A/N	Y		For member record leave blank, For dependent record put dependents SSN. If dependent SSN is not available leave blank or use '000000000'. DO NOT PUT MEMBER SSN
33	428	428	ID Handicap Code	1	A/N	N		If dependent is handicapped, just a Y or N or blank, Only applies to dependents. (Disabled Child Indicator)
34	429	429	Student Code	1	A/N	N		If dependent is a student, the value should YES else NO or Blank. Applies to dependents only. Blank for member
35	430	439	Tier code	10	A/N	Y		Indicates who is covered. For example member only, member and spouse, spouse and children etc. (Coverage Level) (Refer to note for populating tier code)
36	440	449	Division	10	A/N	Y		Member's employer-division code.(Billing_entity_code)
37	450	457	Alt Ins From Date	8	N	N		Should be populated with the alternate insurance effective date, if alternate insurance used. Can be equal to or different from the member's effective date. Member or dependent custom field



38	458	465	Alt Ins Thru Date	8	N	N			Should be populated with the alternate insurance termination date, if alternate insurance used. Can be equal to or different from the member's effective date. Member or dependent Custom field
39	466	466	Pend Claim	1	A/N	N		Y, N or Null	Claims pending. Member custom field
40	467	467	Pre Ex	1	A/N	N		Y or N	Not Used
41	468	478	HICN	11	A/N	N			HCIN Number, SSN+ 1 or 2 special code to ID Medicare person. Member/Dependent Custom
42	479	488	From Group	10	A/N	N			Moved from group-
43	489	498	From Account	10	A/N	N			Moved from account
44	499	509	From Member_ID	11	A/N	N			SSN + Person code concatenated.
45	510	517	Original Eff Date	8	N	N	YYYYMMDD		Original health effective date with no lapse in coverage. Member custom field
46	518	525	Dental Penalty	8	N	N	YYYYMMDD		Late dental enrollee – Member Custom Field
47	526	533	Life Insurance Amt	8	N	N	999999.99		Elected Amount Of Life Insurance
48	534	548	Country	15	A/N	N			Country Code of the Address
49	549	551	Change_ Type	3	A/N	N			1 st Position-Eligibility 2 nd Position-Address 3 rd Position-Indicative
50	552	561	Member_ Code	10	N	N	Right-Justified		System Generated member_codes
51	562	563	OK Health Plan Yr	2	N	N	YY (Ex. 09, 10)		OK Health Initiative Coverage Plan Year
52	564	572	EBC Debit Card	9	A/N	N	YYYYMMDD (Ex. A20100401)	A=Active I=Inactive Blank	EBC Debit Card Indicator and Start/Stop Date
53	573	581	WW Debit Card	9	A/N	N	XYYYYMMD D (Ex. A20120901)	A=Active I=Inactive Blank	WW Debit Card Indicator and Start/Stop Date
54	582	650	Filler	69					For future Additions.



Trailer

Field	Start Position	Stop Position	Field Name	Length	Vitech Length	Data Type	Required	Format	Value/ Default	Description
1	1	1	Record Type	1	1	A/N			9	Indicates trailer record
2	2	10	Carrier	9	9	A/N				Assigned by TPA
3	11	19	Total records	9	9	N				Do NOT include header and trailer = Adds+ Changes+ History+ Accums+Replace – Total count of records on the file
4	20	28	Total Adds	9	9	N				Total Number of Add Records. Total count of record type 2
5	29	37	Total Changes	9	9	N				Total Number of Change Records. Total count of record type 3
6	38	46	Total Move History	9	9	N				Number of Records performing a History Move. Total Count of record type 4
7	47	650	Filler							

VI. Contact Information

Name	Phone	E-Mail
OMES ISD Service Desk	405-521-2444 or 866-521-2444	ServiceDesk@omes.ok.gov

**Do not send PHI/PII or other sensitive information electronically to the Service Desk. Thank you!*

VII. Open Issues

#	Author	Date Opened	Issue	Resolution	Date Closed

VIII. Assumptions

#	Author	Assumptions

DRS Eligibility File Layout

Source	Source_Field	Source Type	Source Length	Source_Description	Destination Field Name		Destination Type	Dest Length	RP Start	RP End
buParticipant	SSN	char	11	SSN (No dashes) of participant associated with Case	Member_SSN	Required	A	9	1	9
Literal	"M"			Literal "M"	Relation_Code	Required	A	1	10	10
buParticipant	First_Name	varchar	20	Send First 15 characters of First_Name	First_Name	Required	A	15	11	25
buParticipant	Middle_Name	char	1	Send first character of Middle_Name	Middle_Initial		A	1	26	26
buParticipant	Last_Name	varchar	30	Send first 15 characters of Last_Name	Last_Name	Required	A	15	27	41
buParticipant	Honorific	varchar	6	Send first 5 characters of Honorific	Title	Left justify and blank fill (typical of all 'A' Destination Types)	A	5	42	46
buParticipant	Address_Line_1	varchar	32	Send first 30 characters of Address_Line_1	Address_Line_1	Required	A	30	47	76
buParticipant	Address_Line_2	varchar	32	Send first 30 characters of Address_Line_2	Address_Line_2		A	30	77	106
buParticipant	City_Name	varchar	30	Send first 19 characters of City_Name	City_Name	Required	A	19	107	125
buParticipant	State_Abbrev	char	2		State	Required	A	2	126	127
buParticipant	Zip_Code Zip_Code_Ext	char char	5 4	Concatenate Zip_Code + Zip_Code_Ext	Zip_Code	Zip Required, right zero fill if no Zip_Code_Ext	N	9	128	136
buParticipant	Phone_Number	char	14	Send Area Code from Phone_Number	Area Code	Blank fill if phone_number is null	A	3	137	139
buParticipant	Phone_Number	char	14	Send Exchange Number from Phone_Number	Exchange	Blank fill if phone_number is null	A	3	140	142
buParticipant	Phone_Number	char	14	Send last four digits of the phone number	Phone_Number	Blank fill if phone_number is null	A	4	143	146
buParticipant	Gender	varchar	50	Map Gender to luGender.Gender_Description and send Gender_State_Code	Gender	Required, 'M' or 'F'	A	1	147	147
buParticipant	Birth_Date	datetime		Send Birth_Date Month (MM)	Birth_Month	Required	N	2	148	149

DRS Eligibility File Layout

Source	Source_Field	Source Type	Source Length	Source_Description	Destination Field Name		Destination Type	Dest Length	RP Start	RP End
buParticipant	Birth_Date	datetime		Send Birth_Date Day (DD)	Birth_Day	Required	N	2	150	151
buParticipant	Birth_Date	datetime		Send Birth_Date Year (YY)	Birth_Year	Required	N	2	152	153
buParticipant	Birth_Date	datetime		Send Birth_Date Century (CC) i.e. "19" or "20"	Birth_Century	Required	N	2	154	155
N/A				Blank Fill	Dependent_SSN		A	9	156	164
Literal	"C1" or "O"			IF Eligibility Record, set this field = "C1" IF Termination Record, set this field = "O" + blank	Event_Plan	Required	A	2	165	166
Literal	"DRS001"			Literal "DRS001"	Plan_Code		A	6	167	172
Literal	"10"			Literal "10"	Coverage_Code		A	2	173	174
buAuth_Head er	Auth_Begin_Da te			Format (MMDDYY) If Event_Plan = "C1" THEN Use 1st non-covered day of the month associated with the Auth_Begin_Date If Event_Plan = "O" "THEN - Use the system date.	Effective_Date	If an eligibility record, then use date computed with eligibility logic. If a termination record, then use system date.	N	6	175	180
N/A				Blank Fill	Fill01A		A	10	181	190
N/A				Zero Fill	Fill02A		N	6	191	196
N/A				Blank Fill	Fill03A		A	10	197	206
N/A				Zero Fill	Fill04A		N	6	207	212
N/A				Format (MMDDYY) If Event_Plan = "O", then set this field equal to system date else zero fill	Termination_Date	If a eligibilty record, then zero fill. If a termination record, then use the system date	N	6	213	218
N/A				Blank Fill	Fill05A		A	13	219	231
Literal	"P3"			Literal "P3"	Site		A	2	232	233
N/A				Blank Fill	Fill06A		A	67	234	300

DEPARTMENT OF CORRECTIONS ELIGIBILITY FILE LAYOUT 2016

Eligibility Conversion Record

DOC-PZ-ID:	Eligibility Conversion product id. Value will be provided.
DOC-CI-ID:	Eligibility Conversion client id.
DOC-REC-ID:	Eligibility Conversion record id. 'ME' - for member record. 'PA' - for patient record.
DOC-ID:	Eligibility Conversion member id.
DOC-REL:	Eligibility Conversion relationship. 'M' - Member. 'H' - Husband (spouse). 'W' - Wife (spouse). 'S' - Son. 'D' - Daughter. 'O' - Other.
DOC-SORT-DATE-X:	Eligibility Conversion input date (CCYYMMDD format).
DOC-FUNC-CODE:	Eligibility Conversion function code. 'A' - ADD. Adds records for non-existing keys. 'C' - CHANGE. Changes records for existing keys. If eligibility event(s) inputted, it will cause all occurrences in the existing record to be overlaid by inputted eligibility event(s). 'R' - REPLACE. Adds records for non-existing keys or changes records for existing keys. When used as a 'CHANGE' it will have the same effect on eligibility events as function='C'. 'S' - GF-UPD-REP. This function is a combination of 'UPDATE' and 'REPLACE'. It will create records if they do not exist and modify them if they do exist.

'T' - GF-UPDATE.

Changes records for existing keys. If eligibility event(s) inputted, they will be inserted in sequence based on eligibility dates. If all occurrences of the existing record are filled or become filled as the result of inputted events, the event with the lowest eligibility date will be bumped and the new event will then be inserted.

'U' - UPDATE.

Changes records for existing keys. If eligibility event(s) inputted, they will be inserted in sequence based on eligibility dates. If all occurrences of the existing record are filled or become filled as the result of inputted events, the event with the lowest eligibility date will be bumped and the new event will then be inserted.

'W' - UPD-REP.

This function is a combination of 'UPDATE' and 'REPLACE'. It will create records if they do not exist and modify them if they do exist.

DOC-OPTIONS: Eligibility Conversion options.

DOC-OPT1: Eligibility event options.
'E' - Replace exact event.
'R' - Replace like event.
'P' - Replace P event.
'T' - Replace exact P event.

Where:

'LIKE' Event looks for a match on event code and pointer.

'EXACT' Event looks for a match on event code, pointer, plan and coverage code.

DOC-OPT2: Report option.
'S' will suppress the 5ME or 5PA report.

DOC-OPT5: Generic id option.
'A' - Alternate.
'G' - Generate.

DOC-SEX: Eligibility Conversion sex.
'M' - Male.
'F' - Female.

DOC-BIRTH-DT-CYMD-X: Eligibility Conversion birth date.
In CCYYMMDD format.

DOC-NAME:	Eligibility Conversion name. Up to 30 characters.
DOC-ELIG-G:	Occurs 20 times for ME (only 12 used for PA). Contains the following four fields.
DOC-ELIG-TYPE:	Eligibility Conversion eligibility type. Explains the event associated with eligibility data.
DOC-ELIG-PLAN:	Eligibility Conversion eligibility plan.
DOC-ELIG-COV:	Eligibility Conversion eligibility coverage. Eligibility coverage code for the eligibility type.
DOC-ELIG-DT-CYMD-X:	Eligibility Conversion eligibility date. Date associated with eligibility type. In CCYYMMDD format.
DOC-ADDR1:	Eligibility Conversion address 1. First line of address (up to 30 characters).
DOC-ADDR2:	Eligibility Conversion address 2. Second line of address (up to 30 characters). (Optional).
DOC-ADDR3:	Eligibility Conversion address 3 Third line of address (up to 30 characters). (Optional).
DOC-CITY:	Eligibility Conversion city (up to 19 characters).
DOC-STATE:	Eligibility Conversion state. 2 character state code (must be valid).
DOC-ZIP15:	Eligibility Conversion zip code, bytes 1-5.
DOC-ZIP69:	Eligibility Conversion zip code, bytes 6-9.
DOC-ZIP1011:	Eligibility Conversion zip code, bytes 10-11.
DOC-ME-TYPE-G:	Eligibility Conversion member type group. Occurs 3 times.
DOC-ME-TYPE:	Eligibility Conversion type. Type from member record or override during claim processing.

DOC-ME-TYPE-DT-CYMD-X: Eligibility Conversion type date.
In CCYYMMDD format.

DOC-ME-LOC-G: Eligibility Conversion member location group.
Occurs 3 times.

DOC-ME-LOC: Eligibility Conversion member location.
Work location code.

DOC-ME-LOC-DT-CYMD-X: Eligibility Conversion member location date.
In CCYYMMDD format.

Eligibility Conversion Required Fields

The following information indicates which fields are required, not required, or optional when adding or updating the member or patient information.

If the data is supplied, it must be supplied in the proper format. Failure to supply data in proper format and contents will cause that record to be bypassed and produced as an error on the error report.

Abbreviations are as follows:

- 'R' - Required field
- 'N' - Optional field, not edited if entered
- 'E' - Optional field, edited if entered

FIELD NAME	MEMBER ADD UPDATE	PATIENT ADD UPDATE
DOC-PZ-ID	R R	R R
DOC-CI-ID	R R	R R
DOC-REC-ID	R R	R R
DOC-GROUP	R R	R R
DOC-ID	R R	R R
DOC-REL	R R (Must = M)	R R
DOC-ID-NAME	R R (Must = Space)	R R (Must = Space if DOC-REL = M)
DOC-FUNC-CODE	R R	R R
DOC-SORT-DATE	N N	N N
DOC-SEX	R E	R E
DOC-BIRTH-DT	R E	R E
DOC-SSN	N N	N N
DOC-ELIG-G	N N	N N
DOC-ELIG-TYPE	E E	E E

DOC-ELIG-PLAN`	N	N	N	N
DOC-ELIG-COV	N	N	N	N
DOC-ELIG-DT	E	E	E	E
DOC-NAME	R	N	R	N
DOC-ADDR1	N	N	N	N
DOC-ADDR2	N	N	N	N
DOC-ADDR3	N	N	N	N
DOC-CITY	N	N	N	N
DOC-STATE	E	E	E	E
DOC-ZIP15	E	E	E	E
DOC-ZIP69	E	E	E	E
DOC-FB-ID	N	N	N	N
DOC-EMP-ID	N	N	N	N
DOC-ME-TYPE	N	N	N	N
DOC-ME-TYPE-DT	E	E	E	E
	(Required if DOC-ME-TYPE is used)		(Required if DOC-ME-TYPE is used)	
DOC-ME-LOC	N	N	N	N
DOC-ME-LOC-DT	E	E	E	E
	(Required if DOC-ME-LOC used)		(Required if DOC-ME-LOC used)	
DOC-ME-DEPT	N	N	N	N
DOC-ME-DEPT-DT	E	E	E	E
	(Required if DOC-ME-DEPT is used)		(Required if DOC-ME-DEPT is used)	

FIELD NAME	MEMBER ADD UPDATE		PATIENT ADD UPDATE	
DOC-ME-GF-GROUP	N	N	N	N
DOC-ME-GF-DIV	N	N	N	N
DOC-PHONE	N	N	N	N
DOC-ME-ORIGINAL-DT	E	E	E	E
DOC-ME-WARNING-DT	E	E	E	E
DOC-TYPE	N	N	N	N
DOC-GEN-ID	N	N	N	N
DOC-US-FIELD	N	N	N	N
DOC-MEMO	N	N	N	N
DOC-OPTIONS	N	N	N	N
DOC-OPT1	E	E	E	E
DOC-OPT2	E	E	E	E
DOC-OPT3	E	E	E	E
DOC-OPT4	E	E	E	E
DOC-OPT5/12	N	N	N	N
DOC-MISC-AMT-TYPE	N	N	N	N
DOC-MISC-AMT-EFF-DT	E	E	E	E
DOC-MISC-AMT	N	N	N	N
DOC-PA-COB-CODE	N	N	N	N
DOC-PA-COB-CARRIER-ID	N	N	N	N
DOC-PA-COB-GRP-POL	N	N	N	N
DOC-PA-COB-EFF-DT	E	E	E	E
DOC-PA-COB-TERM-DT	E	E	E	E
DOC-PA-COB-LAST-INV-DT	E	E	E	E
DOC-DELETE-GF-DT	E	E	E	E
DOC-ME-PA-OPTION-G	E	E	E	E
DOC-ME-OCC-CODE	N	N	N	N
DOC-ME-GF-ME-ID	N	N	N	N
DOC-PA-TYPE	N	N	N	N
DOC-PA-ORIGINAL-DT	E	E	E	E
DOC-PA-WARNING-DT	E	E	E	E

001340					1590	
001350			Start	End	Length	
001240	15 DOC-PZ-ID	PIC X(02).	0000000	#NAME?	#NAME?	2
001250	15 DOC-CI-ID	PIC X(02).	0000002	#NAME?	#NAME?	2
001260	15 DOC-REC-ID	PIC X(02).	0000004	#NAME?	#NAME?	2
001310	20 Filler	PIC X(08).	0000006	#NAME?	#NAME?	8
001320	20 DOC-ID	PIC X(09).	000000E	#NAME?	#NAME?	9
001330	20 DOC-REL	PIC X(01).	0000017	#NAME?	#NAME?	1
001360	20 Filler	PIC X(06).	0000018	#NAME?	#NAME?	6
001370	15 Filler	PIC X(10).	000001E	#NAME?	#NAME?	10

001390	10 DOC-SORT-DT-CYMD-X.	0000028	#NAME?	#NAME?	8
001400	15 DOC-SORT-CC PIC X(02).	0000028	#NAME?	#NAME?	2
001410	15 DOC-SORT-DT-YMD-X.	000002A	#NAME?	#NAME?	6
001420	20 DOC-SORT-YY PIC X(02).	000002A	#NAME?	#NAME?	2
001430	20 DOC-SORT-MM PIC X(02).	000002C	#NAME?	#NAME?	2
001440	20 DOC-SORT-DD PIC X(02).	000002E	#NAME?	#NAME?	2
001510	10 DOC-FUNC-CODE PIC X(01).	0000030	#NAME?	#NAME?	1
001630	15 DOC-OPT1 PIC X(01).	0000031	#NAME?	#NAME?	1
001710	15 DOC-OPT2 PIC X(01).	0000032	#NAME?	#NAME?	1
001750	15 Filler PIC X(02).	0000033	#NAME?	#NAME?	2
001850	15 DOC-OPT5 PIC X(01).	0000035	#NAME?	#NAME?	1
001900	15 Filler PIC X(01).	0000036	#NAME?	#NAME?	38
002170	10 DOC-SEX PIC X(01).	000005C	#NAME?	#NAME?	1
002230	15 DOC-B-CC PIC X(02).	000005D	#NAME?	#NAME?	2
002240	15 DOC-BIRTH-DT-YMD-X.	000005F	#NAME?	#NAME?	6
002250	20 DOC-B-YY PIC X(02).	000005F	#NAME?	#NAME?	2
002260	20 DOC-B-MM PIC X(02).	0000061	#NAME?	#NAME?	2
002270	20 DOC-B-DD PIC X(02).	0000063	#NAME?	#NAME?	2
002340	10 Filler PIC X(09).	0000065	#NAME?	#NAME?	9
002350	10 DOC-NAME PIC X(30).	000006E	#NAME?	#NAME?	30
002360	10 Filler PIC X(160).	000008C	#NAME?	#NAME?	160
002820	10 DOC-ELIG occurs 20 times. Pic 301 360 a	000012C	#NAME?	#NAME?	1
002820	25 DOC-ELIG-EVENT-CODE PIC X(01).	000012C	#NAME?	#NAME?	1
002850	25 DOC-ELIG-PLAN-PTR PIC X(01).	000012D	#NAME?	#NAME?	1
002860	20 DOC-ELIG-PLAN PIC X(06).	000012E	#NAME?	#NAME?	6
002870	20 DOC-ELIG-COV PIC X(02).	0000134	#NAME?	#NAME?	2
002890	25 DOC-ELIG-CC PIC X(02).	0000136	#NAME?	#NAME?	2
002910	30 DOC-ELIG-YY PIC X(02).	0000138	#NAME?	#NAME?	2
002920	30 DOC-ELIG-MM PIC X(02).	000013A	#NAME?	#NAME?	2
002930	30 DOC-ELIG-DD PIC X(02).	000013C	#NAME?	#NAME?	2
003000	05 Filler PIC X(40).	0000294	#NAME?	#NAME?	40
003070	05 DOC-ME-ONLY-FIELDS.	00002BC	#NAME?	#NAME?	478
003080	10 DOC-ADDRESS.	00002BC	#NAME?	#NAME?	122
003090	15 DOC-ADDR1 PIC X(30).	00002BC	#NAME?	#NAME?	30
003100	15 DOC-ADDR2 PIC X(30).	00002DA	#NAME?	#NAME?	30
003110	15 Filler PIC X(30).	00002F8	#NAME?	#NAME?	30
003130	20 DOC-CITY PIC X(19).	0000316	#NAME?	#NAME?	19
003140	20 DOC-STATE PIC X(02).	0000329	#NAME?	#NAME?	2
003150	20 DOC-ZIP.	000032B	#NAME?	#NAME?	11
003160	25 DOC-ZIP15 PIC X(05).	000032B	#NAME?	#NAME?	5
003170	25 DOC-ZIP69 PIC X(04).	0000330	#NAME?	#NAME?	4
003180	25 DOC-ZIP1011 PIC X(02).	0000334	#NAME?	#NAME?	2
003190	10 FILLER PIC X(03).	0000336	#NAME?	#NAME?	3
003200	10 Filler PIC X(09).	0000339	#NAME?	#NAME?	9
003210	10 Filler PIC X(10).	0000342	#NAME?	#NAME?	10
003230	10 DOC-ME-TYPE-G OCCURS 3 TIMES.	000034C	#NAME?	#NAME?	12

003240	15 DOC-ME-TYPE PIC X(04).	000034C	#NAME?	#NAME?	4
003260	20 DOC-ME-TYPE-CC PIC X(02).	0000350	#NAME?	#NAME?	2
003280	25 DOC-ME-TYPE-YY PIC X(02).	0000352	#NAME?	#NAME?	2
003290	25 DOC-ME-TYPE-MM PIC X(02).	0000354	#NAME?	#NAME?	2
003300	25 DOC-ME-TYPE-DD PIC X(02).	0000356	#NAME?	#NAME?	2
003370	10 DOC-ME-LOC-G OCCURS 3 TIMES.	0000370	#NAME?	#NAME?	16
003380	15 DOC-ME-LOC PIC X(08).	0000370	#NAME?	#NAME?	8
003400	15 DOC-ME-LOC-DATE PIC X(08).	0000378	#NAME?	#NAME?	8
003420	20 Filler PIC X(700).	000037A	897	1590	694

Exhibit D – Network Provider Export File Layout

Employees Group Insurance Division Information Technology Department

Network Provider Export File Layout

For

Business Associates



Prepared by:
EGID Information Technology

Purpose

The purpose of the data exchange with a third party administrator (“TPA”) is to provide data based on current changes to networked providers that service HealthChoice members. This information allows for nightly updating of provider records so consistency is maintained between the TPA and EGID. This interaction helps support the fee schedule for provider payments.

Data Origin

Employees Group Insurance Division (EGID) provides an incremental nightly file to our TPA. This file encompasses all the daily changes to provider records that need to be updated in the TPA’s system. Current data is retrieved from an Oracle Database.

Selection Criteria:

The file must include all adds/changes/terminations made to the provider record since the last export was transmitted unless predefined termination codes are applied. Currently we do not send terminations records for the following codes:

1. CL - Closed branch
2. DR - Duplicate Record
3. NA - Never Activated
4. P - Pending
5. SO - EGID Only – Svc Location Term

Standard Provider Feed

Fixed Width Layout

The current export contains one record per line per provider with a fixed width of 1801 characters. Each record is composed of 71 fixed width columns which include filler columns.

File naming convention

Production naming convention: SibProvider#yyyymmddhhmm#.txt.pgp where #yyyymmddhhmm# represents the current date/time of the export being produced. All incremental nightly exports will follow this naming convention. If a full file provided, then the format changes to SibProviderFull#yyyymmdd# where #yyyymmdd# represent the current date of the export.

EGID prefers that all files be PGP encrypted and delivered to HP via SFTP. If the file is encrypted, the file extension will be .pgp, otherwise it should be transferred as a simple fixed width file with a .txt extension.

Sample File Name with encryption:

SibProvider201103010845.txt.pgp

Platform Specific Considerations

MetaVance requires a carriage return/line feed at the end of each record in the file. Please note that clients transferring from a non-Windows platform (specifically Unix/Linux) may need to institute scripting for automated file transfers to insert line feeds. (UNIX2DOS conversion utility)

Quality Assurance

Quality Assurance with regard to provider data is a two-step process. Initial testing will verify the layout and basic data format rules as described below. Once initial testing is complete and the data is loaded, all interfacing systems will be tested. Please note that this process may take up to three weeks or more based on the availability and quality of test data.

Provider Feed Layout

Header Record

No header record is sent

Detail Record

FIELD NAME	FIELD TYPE	SAMPLE DATA	DESCRIPTION	FIELD #	LEN
Customer ID	A	OKLA	"OKLA" is required	1	4
Network ID	A	OK, P3, P4	Network association -> OK = HealthChoice; P3 = DRS; P4 = DOC	5	2
TINSSN	N	SSN or Tax ID #	If no TAX ID # use SSN. Must be 9 digits	7	14
Filler		Blank Space	Used for readability	21	3
Unique Identifier	N	PID + BID	EGID Provider ID concatenated with billing address ID	24	20
Sort Date	N	Date	Last updated date for record. Format is CCYYMMDD	44	8
Sort Time	N	Time	Last updated time for record. Format =HHMMSS	52	6
FHH Indicator	A	R	"R" is required ***OBSOLETE – was used for FHH clearinghouse***	58	1
Filler		Blank Space	Used for readability	59	21
SSN	N	Provider SSN	Provider SSN. If no SSN use Tax ID	80	9
Filler		Blank Space	Blank Space	89	5
TIN	N	Provider Tax ID #	Provider Tax ID number. If no Tax Id use SSN	94	9
Filler		Blank Space	Used for readability	103	5
Provider Full Name	A	Provider name	First name, Middle Initial, Last name, Suffix, Degree	108	65
		***This is a breakdown of the Provider Full Name	First Name Characters 1 - 16 Middle Name Characters 17-28 Last Name Characters 29-49 Suffix Characters 50-55 Degree Characters 56-65		
Provider Billing Address1	A	Address Line 1	Billing Address1	173	35

FIELD NAME	FIELD TYPE	SAMPLE DATA	DESCRIPTION	FIELD #	LEN
Provider Billing Address2	A	Address Line 2	A second billing address line can be submitted.	208	35
Provider Billing City	A	City	Billing City	243	19
Provider Billing State	A	State	Billing State	262	2
Provider Billing Zip	N	Zip code	1-5 numeric required, 6-9optional(numeric)	264	16
Provider Billing Phone	N	Phone number	Provider phone number	280	10
Filler		Blank Space	Used for readability	290	5
Provider Type	A	P, I	"P"=Individual Practitioner; "I"=Group or Facility	295	1
Filler		Blank Space	Used for readability	296	92
Provider ID	N	Provider ID	The unique id given to provider by database	388	10
Filler		Blank Space	Used for readability	398	86
Provider NPI	N	NPI	Provider NPI	484	10
Filler		Blank Space	Used for readability	494	2
FHH Flag	A	Y	"Y" is required ***OBSOLETE – was used for FHH clearinghouse***	496	1
Filler		Blank Space	Used for readability	497	6
Effective Date	N	Date	Contract Effective Date	502	8
Term Date	N	Date	Contract Term Date	510	8
Contract Name	A	HC, DRS, DOC	Network Association → HC = HealthChoice; DRS = Dept. of Rehab; DOC = Dept. of Corrections	518	3
ERA Type	A	A, C, V	ERA change type. Can be Add, Change or Void	521	1
Clearing House ID	A	Receiver ID	TPA assigned ERA Receiver ID	522	15
Filler		Blank Space		537	38
Bank Name	A	Bank Name	Name of bank	575	30
Routing Number	N	Routing #	Bank Routing Number	605	9
Account Number	N	Account #	Bank Account Number	614	17
Account Type	A	C, S	Determines account type. "C" = Checking; "S" = Savings	631	1
FHH EFT Flag	A	Y, N	Does the provider allow EFT	632	1
Filler		Blank Space	Used for readability	633	167
AP Load	A	Alternate Group	Specialty code to determine fee schedule for OU providers. Either "YY" or "NY"	800	174
Filler		Blank Space	Used for readability	974	84
Specialty 1	A	Specialty 1	Provider Specialty #1	1058	50
Specialty 2	A	Specialty 2	Provider Specialty #2	1108	50
Specialty 3	A	Specialty 3	Provider Specialty #3 ***OBSOLETE – Not used as of 1/1/2014***	1158	50
Specialty 4	A	Specialty 4	Provider Specialty #4 ***OBSOLETE – Not used as of 1/1/2014***	1208	50
Filler		Blank Space	Used for readability	1258	51
Tier 1 Code	A	Custom_1	Tier code pulled from pd_custom_1 table (Active Record)	1309	4
Tier 1 Start Date	N	Custom_9	Tier start date from pd_custom_1 table (Active Record)	1313	8
Tier 1 End Date	N	Custom_10	Tier stop date for pd_custom_1 table (Active Record)	1321	8
Tier 2 Code	A	Custom_1	Tier code pulled from pd_custom_1 table (History #1)	1329	4

FIELD NAME	FIELD TYPE	SAMPLE DATA	DESCRIPTION	FIELD #	LEN
Tier 2 Start Date	N	Custom_9	Tier start date from pd_custom_1 table (History #1)	1333	8
Tier 2 End Date	N	Custom_10	Tier stop date for pd_custom_1 table (History #1)	1341	8
Tier 3 Code	A	Custom_1	Tier code pulled from pd_custom_1 table (History #2)	1349	4
Tier 3 Start Date	N	Custom_9	Tier start date from pd_custom_1 table (History #2)	1353	8
Tier 3 End Date	N	Custom_10	Tier stop date for pd_custom_1 table (History #2)	1361	8
Filler		Blank Space	Used for readability	1369	29
Termination Code	N	Term Code	Contract Term Code	1398	2
Allow Combined Checking Flag	A	Y, N	Does the provider want combined checking	1400	1
Filler		Blank Space	Used for readability	1401	2
Mailing ID	N	Mailing ID#	Database generated ID number for mailing address	1403	10
Mailing Address1	A	Address 1	Address line 1 (Mailing)	1413	35
Mailing Address2	A	Address 2	Address line 2 (Mailing)	1448	35
Mailing City	A	City	City (Mailing)	1483	19
Mailing State	A	2-digit State code	State (Mailing)	1502	2
Mailing ZIP	N	99999-9999	ZIP (Mailing)	1504	16
Filler		Blank Space	Used for readability	1520	2
Physical ID	N	0123456789	Database generated ID number for physical address	1522	10
Filler		Blank Space	Used for readability	1532	2
Physical Address1	A	Address 1	Address line 1 (Physical)	1534	35
Physical Address2	A	Address 2	Address line 2 (Physical)	1569	35
Physical City	A	City	City (Physical)	1604	19
Physical State	A	State	State (Physical)	1623	2
Physical ZIP	N	Zip code	ZIP (Physical)	1625	16
Location ID	N	Numeric	Database location ID (PLN#)	1643	10
DBA Name	A	DBA	Doing Business As name for a given facility; if applicable	1653	65
Filler		Blank Space	Used for readability	1718	2
Facility Name	A	Facility Name	Business Name (ex: Deaconess Hospital)	1720	65
Filler		Blank Space	Used for readability	1785	2
DRS Unique Key	N	TIN + DRS Key ID	Tax ID # + the Unique DRS key value	1787	14
Bundle Indicator	A	2-digit alpha	Bundle code to indicate if a provider/facility is participating	1801	2
Bundle Start Date	N	YYYYMMDD	Bundle participation start date	1803	8
Bundle Stop Date	N	YYYYMMDD	Bundle participation stop date	1811	8

Footer Record

No footer record is sent

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
19357							BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	10/1/2016
22552							ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	4/1/2016
29826							ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	7/1/2016
33206	33207						INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL; ETC.	7/1/2016
33216	33217						INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB; ETC.	7/1/2016
35572							HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	4/1/2016
36200	75625	75710	75716				INTRODUCTION CATHETER AORTA; ETC.	7/1/2016
36470	36471	36475	36476	93971			NJX SCLEROSING SOLUTION SINGLE VEIN; ETC. SINGLE LEG	7/1/2016
36470	36471	36475	36476	93971			NJX SCLEROSING SOLUTION SINGLE VEIN; ETC. DUAL LEGS	7/1/2016
36479							ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	4/1/2016
37765	37766	37799					STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS; ETC. SINGLE LEG	7/1/2016
37765	37766	37799					STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS; ETC. DUAL LEGS	7/1/2016
78452	93017	93306	A9500	A9502			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	7/1/2016
78452	93017	93306	A9500	A9502	J2785		MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	7/1/2016
78452	93017	A9500	A9502				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	7/1/2016
78452	93017	A9500	A9502	J2785			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	7/1/2016
78452	93017						MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	7/1/2016
78452	A9500	A9502					MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	7/1/2016
92920	92921						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH; ETC.	7/1/2016
92920	93458	93460	93461				PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH; ETC.	7/1/2016
93321	93325	C8924					DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD; ETC.	7/1/2016
11426							EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	10/1/2016
11442							EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	10/1/2016
11760							REPAIR NAIL BED	10/1/2016
11770							EXCISION PILONIDAL CYST/SINUS SIMPLE	10/1/2016
11771							EXCISION PILONIDAL CYST/SINUS EXTENSIVE	10/1/2016
11772							EXCISION PILONIDAL CYST/SINUS COMPLICATED	10/1/2016
13101							REPAIR COMPLEX TRUNK 2.6-7.5 CM	10/1/2016
14060							ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	10/1/2016
15732							MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP HEAD&NC	10/1/2016
15820							BLEPHAROPLASTY LOWER EYELID	10/1/2016
15823							BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	10/1/2016
19000							PUNCTURE ASPIRATION CYST BREAST	10/1/2016
19081							BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	10/1/2016
19083							BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	10/1/2016
19085							BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	10/1/2016
19120							EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	10/1/2016
19281							PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	10/1/2016
19285							PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	10/1/2016
19287							PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	10/1/2016
19301							MASTECTOMY PARTIAL	10/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
19302							MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	10/1/2016
19318							REDUCTION MAMMAPLASTY	10/1/2016
19324							MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	10/1/2016
19325							MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	10/1/2016
19328							REMOVAL INTACT MAMMARY IMPLANT	10/1/2016
19330							REMOVAL MAMMARY IMPLANT MATERIAL	10/1/2016
19342							DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	10/1/2016
19350							NIPPLE/AREOLA RECONSTRUCTION	10/1/2016
19370							OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	10/1/2016
20552							INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	10/1/2016
20610							ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	10/1/2016
20680							REMOVAL IMPLANT DEEP	10/1/2016
21012	21552						EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>; ETC.	10/1/2016
21029							REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	10/1/2016
21121							GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	10/1/2016
21141							RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	10/1/2016
21142							RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	10/1/2016
21147							RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	10/1/2016
21196							RCNSTJ MNDBLR RAMI&/BDY SGT L SPLT W/INT RGD FI	10/1/2016
21198							OSTEOTOMY MANDIBLE SEGMENTAL	10/1/2016
21310							CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	10/1/2016
21320							CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	10/1/2016
21325							OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	10/1/2016
21451							CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	10/1/2016
21461							OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	10/1/2016
21462							OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	10/1/2016
21470							RCNSTJ MNDBLR RAMI&/BDY SGT L SPLT W/INT RGD FI	10/1/2016
21930							EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	10/1/2016
22551							ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	10/1/2016
22900							EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	10/1/2016
22903							EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	10/1/2016
23071							EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	10/1/2016
23120							CLAVICULECTOMY PARTIAL	10/1/2016
23170							SEQUESTRECTOMY CLAVICLE	10/1/2016
23400							SCAPULOPEXY	10/1/2016
23410	23412						OPEN REPAIR OF ROTATOR CUFF ACUTE; ETC.	10/1/2016
23410							OPEN REPAIR OF ROTATOR CUFF ACUTE	10/1/2016
23412							OPEN REPAIR OF ROTATOR CUFF CHRONIC	10/1/2016
23430							TENODESIS LONG TENDON BICEPS	10/1/2016
23455							CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	10/1/2016
23466							CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	10/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
23470							ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	10/1/2016
23472							ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	10/1/2016
23500							CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	10/1/2016
23515							OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	10/1/2016
23600							CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	10/1/2016
23615							OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	10/1/2016
23700							MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	10/1/2016
24071							EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	10/1/2016
24105							EXCISION OLECRANON BURSA	10/1/2016
24341							REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	10/1/2016
24342							RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	10/1/2016
24358							TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	10/1/2016
24359							TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	10/1/2016
24546							OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	10/1/2016
24650							CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	10/1/2016
24670							CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	10/1/2016
25000							INCISION EXTENSOR TENDON SHEATH WRIST	10/1/2016
25111							EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	10/1/2016
25447							ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	10/1/2016
25500							CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	10/1/2016
25530							CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	10/1/2016
25545							OPEN TREATMENT OF ULNAR SHAFT FRACTURE	10/1/2016
25560							CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	10/1/2016
25600							CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	10/1/2016
25605							CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	10/1/2016
25622							CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	10/1/2016
26055							TENDON SHEATH INCISION	10/1/2016
26123							FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	10/1/2016
26145							SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	10/1/2016
26160							EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	10/1/2016
26426							RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	10/1/2016
26600							CLTX METACARPAL FX W/O MANIPULATION EACH BONE	10/1/2016
26720							CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	10/1/2016
26727							PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	10/1/2016
26740							CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	10/1/2016
26750							CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	10/1/2016
26850							ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	10/1/2016
27096							INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	10/1/2016
27334							ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	10/1/2016
27385							SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	10/1/2016
27405							RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	10/1/2016

Exhibit E - Bundled Procedures

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
27407							REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	10/1/2016
27409							RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	10/1/2016
27420							RCNSTJ DISLOCATING PATELLA	10/1/2016
27437							ARTHROPLASTY PATELLA W/O PROSTHESIS	10/1/2016
27438							ARTHROPLASTY PATELLA W/PROSTHESIS	10/1/2016
27440							ARTHROPLASTY KNEE TIBIAL PLATEAU	10/1/2016
27441							ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVTCT	10/1/2016
27442							ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	10/1/2016
27443							ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	10/1/2016
27446							ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	10/1/2016
27447							ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	10/1/2016
27455							OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	10/1/2016
27520							CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	10/1/2016
27524							OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	10/1/2016
27570							MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	10/1/2016
27610							ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	10/1/2016
27650							REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	10/1/2016
27680							TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	10/1/2016
27687							GASTROCNEMIUS RESSION	10/1/2016
27698							REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	10/1/2016
27870							ARTHRODESIS ANKLE OPEN	10/1/2016
28043							EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	10/1/2016
28060							FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	10/1/2016
28080							EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	10/1/2016
28110							OSTECTOMY PRTL 5TH METAR HEAD SPX	10/1/2016
28238							RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	10/1/2016
28285							CORRECTION HAMMERTOES	10/1/2016
28289							HALLUX RIGIDUS CORRECT W/CHEILECTOMY 1ST MP JT	10/1/2016
28292							KELLER/MCBRIDE/MAYO PROCEDURE	10/1/2016
28296							CORRJ HALLUX VALGUS W/WO SESMDC W/METAR OSTEOT	10/1/2016
28297							CORRJ HALLUX VALGUS W/WO SESMDC LAPIDUS-TYP PX	10/1/2016
28306							OSTEOT W/WO LNPTH SHRT/CORRJ 1ST METAR	10/1/2016
28308							OSTEOT W/WO LNPTH SHRT/CORRJ METAR XCP 1ST EA	10/1/2016
28470							CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	10/1/2016
28490							CLTX FX GRT TOE PHLX/PHLG W/O MANJ	10/1/2016
28510							CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	10/1/2016
28750							ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	10/1/2016
28805							AMPUTATION FOOT TRANSMETARSAL	10/1/2016
28825							AMPUTATION TOE INTERPHALANGEAL JOINT	10/1/2016
29806							ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	10/1/2016
29807							ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	10/1/2016

Exhibit E - Bundled Procedures

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
29822							ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	10/1/2016
29823							ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	10/1/2016
29824							ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	10/1/2016
29826	29822						ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE; ETC	10/1/2016
29827	29826						ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	10/1/2016
29827							ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	10/1/2016
29830							ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	10/1/2016
29840							ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	10/1/2016
29860	29861	29862	29863				ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX; ETC.	10/1/2016
29860							ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	10/1/2016
29862							ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	10/1/2016
29870							ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	10/1/2016
29871							ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	10/1/2016
29873							ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	10/1/2016
29874							ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	10/1/2016
29875							ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	10/1/2016
29876							ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	10/1/2016
29877							ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	10/1/2016
29879							ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	10/1/2016
29880							ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	10/1/2016
29881							ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	10/1/2016
29888							ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	10/1/2016
29891							ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	10/1/2016
29894							ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	10/1/2016
29914	29916						ARTHROSCOPY HIP W/FEMOROPLASTY; ETC	10/1/2016
29916							ARTHROSCOPY HIP W/LABRAL REPAIR	10/1/2016
30124							EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	10/1/2016
30125							EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	10/1/2016
30140	30520	31254	31256	31287			SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC. BILATERAL COMPLEX	10/1/2016
30140	30520	31254	31256	31287			SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC. UNILATERAL SIMPLE	10/1/2016
30140	30520	31254	31256				SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC. BILATERAL SIMPLE	10/1/2016
30140	30520	31254	31256				SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC. UNILATERAL SIMPLE	10/1/2016
30140	30520						SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC.	10/1/2016
30140	30256	30520	31240	31255			SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC.	10/1/2016
30140	30520	31240	42826				SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL; ETC.	10/1/2016
30140							SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	10/1/2016
30520							SEPTOPLASTY/SUBMUCOUS RESE CJ W/WO CARTILAGE GRF	10/1/2016
30802							ABL TJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	10/1/2016
31237	31276						NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX; ETC.	10/1/2016
31238							NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	10/1/2016
31240							NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	10/1/2016

Exhibit E - Bundled Procedures

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
31255							NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	10/1/2016
31295	31296						NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS; ETC.	10/1/2016
31500							INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	10/1/2016
31510							LARYNGOSCOPY INDIRECT W/BIOPSY	10/1/2016
31541							LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	10/1/2016
31571							LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	10/1/2016
31630							BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	10/1/2016
32554							THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	10/1/2016
32555							THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	10/1/2016
32556							PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	10/1/2016
32557							PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	10/1/2016
33010							PERICARDIOCENTESIS INITIAL	10/1/2016
33206							INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	10/1/2016
33207							INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	10/1/2016
33208							INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	10/1/2016
33210							INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	10/1/2016
33211							INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	10/1/2016
33212							INS PM PLS GEN W/EXIST SINGLE LEAD	10/1/2016
33213							INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	10/1/2016
33214							UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	10/1/2016
33216							INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	10/1/2016
33217							INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	10/1/2016
33218							RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	10/1/2016
33220							RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	10/1/2016
33221							INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	10/1/2016
33222							RELOCATION OF SKIN POCKET FOR PACEMAKER	10/1/2016
33223							RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	10/1/2016
33224							INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	10/1/2016
33226							RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	10/1/2016
33227							OP PACEMAKER REPLACEMENT - SINGLE	10/1/2016
33228							OP PACEMAKER REPLACEMENT - DUAL	10/1/2016
33229							RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	10/1/2016
33230							INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	10/1/2016
33231							INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	10/1/2016
33233							REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	10/1/2016
33234							RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	10/1/2016
33235							RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	10/1/2016
33240							INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	10/1/2016
33241							REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	10/1/2016
33244							RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	10/1/2016
33249							INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	10/1/2016

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33262							RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	10/1/2016
33263							RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	10/1/2016
33264							RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	10/1/2016
33270							INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	10/1/2016
33271							INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	10/1/2016
33272							RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	10/1/2016
33273							REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	10/1/2016
33282							IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER	10/1/2016
33284							RMVL IMPLANTABLE PT-ACTIVATED CAR EVENT RECORDER	10/1/2016
34421							THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	10/1/2016
34451							THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	10/1/2016
35471							TRLUML BALLOON ANGIOP PRQ RENAL/VISCERAL ART	10/1/2016
35472							TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS AORTIC	10/1/2016
35475							TRLUML BALO ANGIOP PRQ BRCH/CPHLC TRNK/BRNCH EA	10/1/2016
35476							TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS VENOUS	10/1/2016
35556							BYPASS W/VEIN FEMORAL-POPLITEAL	10/1/2016
35656							BYP OTH/THN VEIN FEMORAL-POPLITEAL	10/1/2016
36002							INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	10/1/2016
36147							INTRO ND/L/CATH AV SHUNT IST ACCESS W/ RAD EVAL	10/1/2016
36221							NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	10/1/2016
36222							SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	10/1/2016
36223							SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	10/1/2016
36224							SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	10/1/2016
36225							SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	10/1/2016
36226							SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	10/1/2016
36251							SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	10/1/2016
36252							SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	10/1/2016
36253							SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	10/1/2016
36254							SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	10/1/2016
36470	36471						NJX SCLEROSING SOLUTION SINGLE VEIN; ETC. SINGLE LEG	10/1/2016
36470	36471						NJX SCLEROSING SOLUTION SINGLE VEIN; ETC. DUAL LEGS	10/1/2016
36475	36470	36476	93971				ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	36470	36476					ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	36470						ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	36471	36476	93971				ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	36471	36476					ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	36471						ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	36476						ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475	93971						ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36475							ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	10/1/2016
36478	36479						ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN; ETC. SINGLE LEG	10/1/2016

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36478	36479						ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN; ETC. DUAL LEGS	10/1/2016
36478							ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	10/1/2016
36556							INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	10/1/2016
36558							INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	10/1/2016
36561							INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	10/1/2016
36569							INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	10/1/2016
36571							INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	10/1/2016
36575							RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	10/1/2016
36576							RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	10/1/2016
36578							RPLCMT CATH CTR VAD SUBQ PORT/PMP	10/1/2016
36580							RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	10/1/2016
36581							RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	10/1/2016
36582							RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	10/1/2016
36584							RPLCMT COMPL PRPH CVC W/O SUBQ PORT/PMP	10/1/2016
36585							RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	10/1/2016
36589							RMVL TUN CVC W/O SUBQ PORT/PMP	10/1/2016
36590							RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	10/1/2016
36593							DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	10/1/2016
36595							MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	10/1/2016
36597							RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	10/1/2016
36598							CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	10/1/2016
36815							INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	10/1/2016
36870							THRMBC PRQ ARVEN FSTL AUTOG/NONAUTOG GRF	10/1/2016
37182							INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	10/1/2016
37183							REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	10/1/2016
37184							PRIM PRQ TRLUML MCHNL THRMBC 1ST VSL	10/1/2016
37187							PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	10/1/2016
37188							PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	10/1/2016
37191							INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&	10/1/2016
37192							REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	10/1/2016
37193							RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	10/1/2016
37197							PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	10/1/2016
37200							TRANSCATHETER BIOPSY	10/1/2016
37211							THROMBOLYSIS ARTERIAL INFUSION W/IMAGING INIT TX	10/1/2016
37212							THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	10/1/2016
37213							THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	10/1/2016
37214							CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	10/1/2016
37220							REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	10/1/2016
37221							REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	10/1/2016
37224							REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	10/1/2016
37225							REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	10/1/2016

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37226							REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	10/1/2016
37227							REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	10/1/2016
37228							REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	10/1/2016
37229							REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	10/1/2016
37230							REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	10/1/2016
37231							REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	10/1/2016
37236	36251						OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	10/1/2016
37236	36252						OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	10/1/2016
37236							OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	10/1/2016
37238							OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	10/1/2016
37241							VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	10/1/2016
37242							VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	10/1/2016
37243							VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	10/1/2016
37244							VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	10/1/2016
37718							LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	10/1/2016
37765							STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS; ETC. DUAL LEGS	10/1/2016
37766							STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	10/1/2016
37785							LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	10/1/2016
37799							UNLISTED PROCEDURE VASCULAR SURGERY	10/1/2016
38500							BX/EXC LYMPH NODE OPEN SUPERFICIAL	10/1/2016
38510							BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	10/1/2016
38525							BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	10/1/2016
38542							DISSECTION DEEP JUGULAR NODE	10/1/2016
38724							CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	10/1/2016
38792	78195						INJ RADIOACTIVE TRACER SENTINEL NODE	10/1/2016
38792							INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	10/1/2016
39402							MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	10/1/2016
40819							EXC FRENUM LABIAL/BUCCAL	10/1/2016
41899							UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	10/1/2016
42145							PALATOPHARYNGOPLASTY	10/1/2016
42415							EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	10/1/2016
42820	69436						TONSILLECTOMY & ADENOIDECTOMY <AGE 12	10/1/2016
42820							TONSILLECTOMY & ADENOIDECTOMY <AGE 12	10/1/2016
42821							TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	10/1/2016
42825	69436						TONSILLECTOMY ONE-HALF <AGE 12	10/1/2016
42825							TONSILLECTOMY ONE-HALF <AGE 12	10/1/2016
42826							TONSILLECTOMY ONE-HALF AGE 12/>	10/1/2016
42830	69436						ADENOIDECTOMY PRIMARY <AGE 12	10/1/2016
42830							ADENOIDECTOMY PRIMARY <AGE 12	10/1/2016
43200							ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	10/1/2016
43202							ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
43210							EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	10/1/2016
43220							ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	10/1/2016
43233							EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	10/1/2016
43235	43248	43249	43450	45378			ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC; ETC.	10/1/2016
43235	45378						ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC; ETC.	10/1/2016
43235	45385						ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC; ETC.	10/1/2016
43235							ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	10/1/2016
43236							ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	10/1/2016
43237							ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	10/1/2016
43238							EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	10/1/2016
43239	43248	43249	43450	45378			EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	43248	43249	43450	45380			EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	43248	43249	43450	45385			EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	43248	43249	43450				EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	45378						EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	45380	45385					EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	45380						EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239	45385						EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43239							EGD TRANSORAL BIOPSY SINGLE/MULTIPLE; ETC.	10/1/2016
43240							EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	10/1/2016
43241							EGD INTRALUMINAL TUBE/CATHETER INSERTION	10/1/2016
43242							EGD INTRMURAL NEEDLE ASPIR/BIOPI ALTERED ANATOMY	10/1/2016
43243							EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	10/1/2016
43244							EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	10/1/2016
43245							EGD DILATION GASTRIC/DUODENAL STRICTURE	10/1/2016
43246							EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	10/1/2016
43247							EGD FLEXIBLE FOREIGN BODY REMOVAL	10/1/2016
43248							EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	10/1/2016
43249							EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	10/1/2016
43250							EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	10/1/2016
43252							EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	10/1/2016
43253							EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	10/1/2016
43254							EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	10/1/2016
43255							EGD TRANSORAL CONTROL BLEEDING ANY METHOD	10/1/2016
43257							EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	10/1/2016
43259							EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	10/1/2016
43450							DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	10/1/2016
45300							PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	10/1/2016
45303							PROCTOSGMDSC RIGID W/DILATION	10/1/2016
45305							PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	10/1/2016
45307							PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
45308							PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	10/1/2016
45309							PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	10/1/2016
45315							PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	10/1/2016
45317							PROCTOSGMDSC RIGID CONTROL BLEEDING	10/1/2016
45320							PROCTOSGMDSC RIGID ABLATION LESION	10/1/2016
45321							PROCTOSGMDSC RIGID DCMPRN VOLVULUS	10/1/2016
45327							PROCTOSGMDSC RIGID TNDSC STENT PLMT	10/1/2016
45330							SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	10/1/2016
45331							SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	10/1/2016
45332							SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	10/1/2016
45333							SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	10/1/2016
45334							SIGMOIDOSCOPY FLX CONTROL BLEEDING	10/1/2016
45335							SGMDSC FLX Dired SBMCSL NJX ANY SBST	10/1/2016
45337							SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	10/1/2016
45338							SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	10/1/2016
45340							SIGMOIDOSCOPY FLX TNDSC BALO DILAT	10/1/2016
45341							SIGMOIDOSCOPY FLX NDSC US XM	10/1/2016
45342							SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	10/1/2016
45346							SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	10/1/2016
45347							SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	10/1/2016
45349							SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	10/1/2016
45350							SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	10/1/2016
45378							COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	10/1/2016
45379							COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	10/1/2016
45380							COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	10/1/2016
45381							COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	10/1/2016
45382							COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	10/1/2016
45384							COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	10/1/2016
45385							COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	10/1/2016
45386							COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	10/1/2016
45388							COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	10/1/2016
45389							COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	10/1/2016
45390							COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	10/1/2016
45391							COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	10/1/2016
45392							COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	10/1/2016
45393							COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	10/1/2016
45398							COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	10/1/2016
45560							REPAIR RECTOCELE SEPARATE PROCEDURE	10/1/2016
46221							HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	10/1/2016
46250							HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	10/1/2016
47370							LAPS SURG ABLTJ 1/> LVR TUM RF	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
47382							ABLTJ 1/> LVR TUM PRQ RF	10/1/2016
47556							BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	10/1/2016
47562							LAPAROSCOPY SURG CHOLECYSTECTOMY	10/1/2016
47563							LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	10/1/2016
49320	57513	58120					LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX; ETC.	10/1/2016
49320							LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	10/1/2016
49402							REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	10/1/2016
49418							INSJ INTRAPERITONEAL CATHETER W/IMG GUID	10/1/2016
49419							INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	10/1/2016
49421							INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	10/1/2016
49423							EXCHNG ABSC/CST DRG CATH RAD GID SPX	10/1/2016
49505							RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	10/1/2016
49520							RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	10/1/2016
49560							REPAIR FIRST ABDOMINAL WALL HERNIA	10/1/2016
49565							RPR RECRT INCAL/VNT HERNIA REDUCIBLE	10/1/2016
49570							RPR EPIGASTRIC HERNIA REDUCIBLE SPX	10/1/2016
49585							RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	10/1/2016
49652							LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	10/1/2016
50590	52005	52332	52352				LITHOTRIPSY XTRCORP SHOCK WAVE; ETC.	10/1/2016
50590	52353	52356					LITHOTRIPSY XTRCORP SHOCK WAVE; ETC.	10/1/2016
50590							LITHOTRIPSY XTRCORP SHOCK WAVE	10/1/2016
52005							CYSTO BLADDER W/URETERAL CATHETERIZATION	10/1/2016
52234							CYSTO W/REMOVAL OF TUMORS SMALL	10/1/2016
52332							CYSTO W/INSERT URETERAL STENT	10/1/2016
52351							CYSTO W/URTROSOPY&/PYELOSOPY DX	10/1/2016
52352							CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	10/1/2016
52353	52356						CYSTO W/URETEROSCOPY W/LITHOTRIPSY; ETC.	10/1/2016
52356							CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	10/1/2016
52500							TRANSURETHRAL RESECTION PROSTATE	10/1/2016
52601							TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	10/1/2016
52648							LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	10/1/2016
54160							CIRCUMCISION NEONATE	10/1/2016
54161							CIRCUMCISION AGE >28 DAYS	10/1/2016
54400							INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	10/1/2016
54401							INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	10/1/2016
54500							BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	10/1/2016
54860							EPIDIDYMECTOMY UNILATERAL	10/1/2016
54861							EPIDIDYMECTOMY BILATERAL	10/1/2016
55040							EXCISION HYDROCELE UNILATERAL	10/1/2016
55400							VASOVASOSTOMY VASOVASORRHAPHY	10/1/2016
55700							PROSTATE NEEDLE BIOPSY ANY APPROACH	10/1/2016

Exhibit E - Bundled Procedures

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
57240							ANT COLPORRHAPHY CYSTOCELE W/WO RPR URETHROCELE	10/1/2016
57250							POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	10/1/2016
57288							SLING OPERATION STRESS INCONTINENCE	10/1/2016
57425							LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	10/1/2016
57454							COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	10/1/2016
57522							CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	10/1/2016
58120							DILATION & CURETTAGE DX&/THER NONOBSTETRIC	10/1/2016
58260							VAGINAL HYSTERECTOMY UTERUS 250 GM/<	10/1/2016
58353							ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	10/1/2016
58541							LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	10/1/2016
58550							LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	10/1/2016
58552							LAPS W/VAG HYSTERECT 250 GM/&RMLV TUBE&/OVARIES	10/1/2016
58555							HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	10/1/2016
58558							HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	10/1/2016
58563							HYSTEROSCOPY ENDOMETRIAL ABLATION	10/1/2016
58573							LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	10/1/2016
58660							LAPAROSCOPY W/LYSIS OF ADHESIONS	10/1/2016
58661							LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	10/1/2016
58662							LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	10/1/2016
58925							OVARIAN CYSTECTOMY UNI/BI	10/1/2016
59409							VAGINAL DELIVERY ONLY	10/1/2016
59414							DELIVERY PLACENTA SEPARATE PROCEDURE	10/1/2016
60000							I&D THYROGLOSSAL DUCT CYST INFECTED	10/1/2016
60100							BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	10/1/2016
60210							PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	10/1/2016
60220							TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	10/1/2016
60225							TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	10/1/2016
60240							THYROIDECTOMY TOTAL/COMPLETE	10/1/2016
60252							THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	10/1/2016
60280							EXCISION THYROGLOSSAL DUCT CYST/SINUS	10/1/2016
60281							EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	10/1/2016
60500							PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	10/1/2016
61623							EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	10/1/2016
62273							INJECTION EPIDURAL BLOOD/CLOT PATCH	10/1/2016
62281							INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	10/1/2016
62282							INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	10/1/2016
62310	77003						NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC; ETC	10/1/2016
62310							NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC	10/1/2016
62311							NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL	10/1/2016
62319							NJX INFUS/BOLUS DX/SBST EDRL/SUBARACH LUM/SACRAL	10/1/2016
63005							LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
63020							LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	10/1/2016
63030							LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	10/1/2016
63047							LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	10/1/2016
63075							DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	10/1/2016
63650	95972						PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL (1 UNIT)	10/1/2016
63650	95972						PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL (2 UNITS)	10/1/2016
63655	63685						LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL; ETC.	10/1/2016
63662	63688						RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR; ETC.	10/1/2016
63685							INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	10/1/2016
63685							INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING; REDO	10/1/2016
64415							SINGLE NERVE BLOCK INJECTION ARM NERVE	10/1/2016
64445							INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	10/1/2016
64447							INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	10/1/2016
64483							NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	10/1/2016
64490	77003						NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	10/1/2016
64490							NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	10/1/2016
64491	77003						NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL; ETC	10/1/2016
64492	77003						NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL; ETC.	10/1/2016
64493	77003						NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL; ETC.	10/1/2016
64493							NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	10/1/2016
64494	77003						NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL; ETC	10/1/2016
64495	77003						NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL; ETC.	10/1/2016
64510	77003						NJX ANES STELLATE GANGLION CRV SYMPATHETIC; ETC.	10/1/2016
64510							NJX ANES STELLATE GANGLION CRV SYMPATHETIC	10/1/2016
64520							INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC	10/1/2016
64633							DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	10/1/2016
64635							DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	10/1/2016
64718							NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	10/1/2016
64721							NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	10/1/2016
64831							SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	10/1/2016
65400							EXCISION LESION CORNEA XCP PTERYGIUM	10/1/2016
65420							EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	10/1/2016
65855							TRABECULOPLASTY LASER SURG 1/> SESSIONS	10/1/2016
66761							IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	10/1/2016
66820							DISCISSION SECONDARY MEMBRANOUS CATARACT	10/1/2016
66821							POST-CATARACT LASER SURGERY	10/1/2016
66825							REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	10/1/2016
66982							XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	10/1/2016
66984							CATARACT REMOVAL INSERTION OF LENS	10/1/2016
66985							INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	10/1/2016
66986							EXCHANGE INTRAOCULAR LENS	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
67036							VITRECTOMY MECHANICAL PARS PLANA	10/1/2016
67040							VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	10/1/2016
67041							VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	10/1/2016
67042							VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	10/1/2016
67108							RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	10/1/2016
67311							STRABISMUS RECESSIION/RESCJ 1 HRZNTL MUSC	10/1/2016
67312							STRABISMUS RECESSIION/RESCJ 2 HRZNTL MUSC	10/1/2016
67318							STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	10/1/2016
67400							ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	10/1/2016
67808							EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	10/1/2016
67840							EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	10/1/2016
67900							REPAIR BROW PTOSIS	10/1/2016
67904							RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	10/1/2016
67917							REPAIR ECTROPION EXTENSIVE	10/1/2016
67924							REPAIR ENTROPION EXTENSIVE	10/1/2016
68520							EXCISION LACRIMAL SAC	10/1/2016
68720							DACRYOCSTORHINOSTOMY	10/1/2016
68815							PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	10/1/2016
69421							MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	10/1/2016
69436							TYMPANOSTOMY GENERAL ANESTHESIA	10/1/2016
69610							TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	10/1/2016
69620							MYRINGOPLASTY	10/1/2016
69631							TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	10/1/2016
69635							TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	10/1/2016
69641							TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	10/1/2016
69645							TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	10/1/2016
69660							STAPEDECTOMY/STAPEDOTOMY	10/1/2016
69661							STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	10/1/2016
69666							REPAIR OVAL WINDOW FISTULA	10/1/2016
69667							REPAIR ROUND WINDOW FISTULA	10/1/2016
69714							IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	10/1/2016
69715							IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	10/1/2016
69930							COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	10/1/2016
70336							MRI TEMPOROMANDIBULAR JOINT	10/1/2016
70450							CT HEAD/BRAIN W/O CONTRAST MATERIAL	10/1/2016
70460							CT HEAD/BRAIN W/CONTRAST MATERIAL	10/1/2016
70470							CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	10/1/2016
70480							CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	10/1/2016
70481							CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	10/1/2016
70482							CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	10/1/2016
70486							CT MAXILLOFACIAL W/O CONTRAST MATERIAL	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
70487							CT MAXILLOFACIAL W/CONTRAST MATERIAL	10/1/2016
70488							CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	10/1/2016
70490							CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	10/1/2016
70491							CT SOFT TISSUE NECK W/CONTRAST MATERIAL	10/1/2016
70492							CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	10/1/2016
70496							CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	10/1/2016
70498							CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	10/1/2016
70540							MRI ORBIT FACE &/NECK W/O CONTRAST	10/1/2016
70542							MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	10/1/2016
70543							MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	10/1/2016
70544							MRA HEAD W/O CONTRST MATERIAL	10/1/2016
70545							MRA HEAD W/CONTRAST MATERIAL	10/1/2016
70546							MRA HEAD W/O & W/CONTRAST MATERIAL	10/1/2016
70547							MRA NECK W/O CONTRST MATERIAL	10/1/2016
70548							MRA NECK W/CONTRAST MATERIAL	10/1/2016
70549							MRA NECK W/O &W/CONTRAST MATERIAL	10/1/2016
70551							MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	10/1/2016
70552							MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	10/1/2016
70553							MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	10/1/2016
71250							CT THORAX W/O CONTRAST MATERIAL	10/1/2016
71260							CT THORAX W/CONTRAST MATERIAL	10/1/2016
71270							CT THORAX W/O & W/CONTRAST MATERIAL	10/1/2016
71275							CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	10/1/2016
71550							MRI CHEST W/O CONTRAST MATERIAL	10/1/2016
71551							MRI CHEST W/CONTRAST MATERIAL	10/1/2016
71552							MRI CHEST W/O & W/CONTRAST MATERIAL	10/1/2016
71555							MRA CHEST W/O & W/CONTRAST MATERIAL	10/1/2016
72125							CT CERVICAL SPINE W/O CONTRAST MATERIAL	10/1/2016
72126							CT CERVICAL SPINE W/CONTRAST MATERIAL	10/1/2016
72127							CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	10/1/2016
72128							CT THORACIC SPINE W/O CONTRAST MATERIAL	10/1/2016
72129							CT THORACIC SPINE W/CONTRAST MATERIAL	10/1/2016
72130							CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	10/1/2016
72131							CT LUMBAR SPINE W/O CONTRAST MATERIAL	10/1/2016
72132							CT LUMBAR SPINE W/CONTRAST MATERIAL	10/1/2016
72133							CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	10/1/2016
72141							MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	10/1/2016
72142							MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	10/1/2016
72146							MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	10/1/2016
72147							MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	10/1/2016
72148							MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
72149							MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	10/1/2016
72156							MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	10/1/2016
72157							MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	10/1/2016
72158							MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	10/1/2016
72159							MRA SPINAL CANAL W/WO CONTRAST MATERIAL	10/1/2016
72191							CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	10/1/2016
72192							CT PELVIS W/O CONTRAST MATERIAL	10/1/2016
72193							CT PELVIS W/CONTRAST MATERIAL	10/1/2016
72194							CT PELVIS W/O & W/CONTRAST MATERIAL	10/1/2016
72195							MRI PELVIS W/O CONTRAST MATERIAL	10/1/2016
72196							MRI PELVIS W/CONTRAST MATERIAL	10/1/2016
72197							MRI PELVIS W/O & W/CONTRAST MATERIAL	10/1/2016
72198							MRA PELVIS W/WO CONTRAST MATERIAL	10/1/2016
72295	62290						DISKOGRAPHY LUMBAR RS&I	10/1/2016
73040	23350						RADEX SHOULDER ARTHROGRAPHY RS&I	10/1/2016
73085	24220						RADEX ELBOW ARTHROGRAPHY RS&I	10/1/2016
73115	25246						RADEX WRIST ARTHROGRAPHY RS&I	10/1/2016
73200							CT UPPER EXTREMITY W/O CONTRAST MATERIAL	10/1/2016
73201							CT UPPER EXTREMITY W/CONTRAST MATERIAL	10/1/2016
73202							CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	10/1/2016
73206							CT ANGIOGRAPHY UPPER EXTREMITY	10/1/2016
73218							MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	10/1/2016
73219							MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	10/1/2016
73220							MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	10/1/2016
73221							MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	10/1/2016
73222							MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	10/1/2016
73223							MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	10/1/2016
73225							MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	10/1/2016
73525	27093						RADEXH IP ARTHROGRAPHY RS&I	10/1/2016
73700							CT LOWER EXTREMITY W/O CONTRAST MATERIAL	10/1/2016
73701							CT LOWER EXTREMITY W/CONTRAST MATERIAL	10/1/2016
73702							CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	10/1/2016
73706							CT ANGIOGRAPHY LOWER EXTREMITY	10/1/2016
73718							MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	10/1/2016
73719							MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	10/1/2016
73720							MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	10/1/2016
73721							MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	10/1/2016
73722							MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	10/1/2016
73723							MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	10/1/2016
73725							MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	10/1/2016
74150							CT ABDOMEN W/O CONTRAST MATERIAL	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
74160							CT ABDOMEN W/CONTRAST MATERIAL	10/1/2016
74170							CT ABDOMEN W/O & W/CONTRAST MATERIAL	10/1/2016
74174							CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	10/1/2016
74175							CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	10/1/2016
74176							CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	10/1/2016
74177							CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	10/1/2016
74178							CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	10/1/2016
74181							MRI ABDOMEN W/O CONTRAST MATERIAL	10/1/2016
74182							MRI ABDOMEN W/CONTRAST MATERIAL	10/1/2016
74183							MRI ABDOMEN W/O & W/CONTRAST MATERIAL	10/1/2016
74185							MRA ABDOMEN W/WO CONTRAST MATERIAL	10/1/2016
74261							CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	10/1/2016
74262							CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	10/1/2016
74263							CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	10/1/2016
75557							CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	10/1/2016
75559							CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	10/1/2016
75561							CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	10/1/2016
75563							CARDIAC MRI W/W/O CONTRAST W/STRESS	10/1/2016
75565							CARDIAC MRI FOR VELOCITY FLOW MAPPING	10/1/2016
75573							CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	10/1/2016
75574							CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	10/1/2016
75600							AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	10/1/2016
75605							AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	10/1/2016
75625	36200	75710					AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	10/1/2016
75625	36200	75716					AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	10/1/2016
75625	36200						AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	10/1/2016
75625							AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	10/1/2016
75630							AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	10/1/2016
75635							CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	10/1/2016
75658							ANIOGRAPHY BRACHIAL RETROGRADE RS&I	10/1/2016
75705							ANGIOGRAPHY SPINAL SELECTIVE RS&I	10/1/2016
75710	36245						ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	10/1/2016
75710							ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	10/1/2016
75716	36245						ANGIOGRAPHY EXTREMITY BILATERAL RS&I	10/1/2016
75716							ANGIOGRAPHY EXTREMITY BILATERAL RS&I	10/1/2016
75726							ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	10/1/2016
75731							ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	10/1/2016
75733							ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	10/1/2016
75736							ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	10/1/2016
75741							ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	10/1/2016
75743							ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
75746							ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	10/1/2016
75756							ANGIOGRAPHY INTERNAL MAMMARY RS&I	10/1/2016
75774							ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	10/1/2016
75791							ANGIOGRPHY AV SHUNT COMPLETE EVAL FLUOR RS&I	10/1/2016
75820							VENOGRAPHY EXTREMITY UNILATERAL RS&I	10/1/2016
75822							VENOGRAPHY EXTREMITY BILATERAL RS&I	10/1/2016
75825							VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	10/1/2016
75827							VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	10/1/2016
75831							VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	10/1/2016
75833							VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	10/1/2016
75840							VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	10/1/2016
75842							VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	10/1/2016
75860							VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	10/1/2016
75870							VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	10/1/2016
75880							VENOGRAPHY ORBITAL RS&I	10/1/2016
75893							VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	10/1/2016
75894							TRANSCATHETER EMBOLIZATION ANY METH RS&I	10/1/2016
75898							ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	10/1/2016
75978							TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RS&I	10/1/2016
75984							CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	10/1/2016
76000							FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME	10/1/2016
76497							UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	10/1/2016
76499							UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	10/1/2016
76536							US SOFT TISSUE HEAD & NECK REAL TIME IMG E DOCM	10/1/2016
76604							US CHEST REAL TIME W/IMAGE DOCUMENTATION	10/1/2016
76641							US BREAST UNI REAL TIME WITH IMAGE COMPLETE	10/1/2016
76642							US BREAST UNI REAL TIME WITH IMAGE LIMITED	10/1/2016
76700							US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	10/1/2016
76705							US ABDOMINAL REAL TIME W/IMAGE LIMITED	10/1/2016
76770							US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	10/1/2016
76775							US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	10/1/2016
76801							US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	10/1/2016
76805	76810						US PREG UTERUS > 1ST TRIMESTER AB DL EA GESTATIO	10/1/2016
76805							US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	10/1/2016
76815							US PREGNANT UTERUS LIMITED 1/> FETUSES	10/1/2016
76816							US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	10/1/2016
76817							US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	10/1/2016
76819							FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	10/1/2016
76830							US TRANSVAGINAL	10/1/2016
76856							US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	10/1/2016
76857							US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	10/1/2016

Exhibit E - Bundled Procedures

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
76870							US SCROTUM & CONTENTS	10/1/2016
76881							US EXTREMITY NON-VASC REAL-TIME IMG COMPL	10/1/2016
76882							US EXTREMITY NON-VASC REAL-TIME IMG LMTD	10/1/2016
76940							US & MNTR PARENCHYMAL TISSUE ABLATION	10/1/2016
76942							US GUIDANCE NEEDLE PLACEMENT IMG S&I	10/1/2016
77012							CT GUIDANCE NEEDLE PLACEMENT	10/1/2016
77021							MR GUIDANCE NEEDLE PLACEMENT	10/1/2016
77051	G0204	G0279					COMPUTER-AIDED DETECTION DX MAMMOGRAPHY; ETC.	10/1/2016
77051	G0206	G0279					COMPUTER-AIDED DETECTION DX MAMMOGRAPHY; ETC.	10/1/2016
77052	77063	G0202					COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY; ETC.	10/1/2016
77058							MRI BREAST UNILATERAL	10/1/2016
77059							MRI BREAST BILATERAL	10/1/2016
77078							CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	10/1/2016
77080							DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	10/1/2016
78195							LYMPHATICS & LYMPH NODES IMAGING	10/1/2016
78452	93017	93306	93880	A9500	J2785		MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	93880	A9500			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	93880	A9502	J2785		MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	93880	A9502			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	A9500	J2785			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	A9500				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	A9502	J2785			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93306	A9502				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93880	A9500	J2785			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93880	A9500				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93880	A9502	J2785			MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	93880	A9502				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	A9500	J2785				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	A9500					MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	A9502	J2785				MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	93017	A9502					MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	A9500						MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452	A9502						MYOCARDIAL SPECT MULTIPLE STUDIES; ETC.	10/1/2016
78452							MYOCARDIAL SPECT MULTIPLE STUDIES	10/1/2016
78459							MYOCARDIAL IMAGING PET METABOLIC EVALUATION	10/1/2016
78608							BRAIN IMAGING PET METABOLIC EVALUATION	10/1/2016
78609							BRAIN IMAGING PET PERFUSION EVALUATION	10/1/2016
78811							PET IMAGING LIMITED AREA CHEST HEAD/NECK	10/1/2016
78812							PET IMAGING SKULL BASE TO MID-THIGH	10/1/2016
78813							PET IMAGING WHOLE BODY	10/1/2016
78814							PET IMAGING CT FOR ATTENUATION LIMITED AREA	10/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
78815							PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	10/1/2016
78816							PET IMAGING FOR CT ATTENUATION WHOLE BODY	10/1/2016
92920	92920	92920					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	92921					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93452					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93453					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93454					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93455					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93456					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93457					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93458					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93459					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93460					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920	93461					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92920						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93452					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93453					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93454					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93455					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93456					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93457					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93458					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93459					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93460					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	92921	93461					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93452						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93453						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93454						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93455						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93456						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93457						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93458						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93459						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93460						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920	93461						PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92920							PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	10/1/2016
92924	92920						PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	10/1/2016
92924	92921						PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	10/1/2016
92924							PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	10/1/2016
92928							PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	10/1/2016
92933							PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	10/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
92937							PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	10/1/2016
92941							PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	10/1/2016
92943							PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	10/1/2016
92950							CARDIOPULMONARY RESUSCITATION	10/1/2016
92960							CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	10/1/2016
92961							CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	10/1/2016
92973							PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	10/1/2016
92977							THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	10/1/2016
92986							PRQ BALLOON VALVULOPLASTY AORTIC VALVE	10/1/2016
92987							PRQ BALLOON VALVULOPLASTY MITRAL VALVE	10/1/2016
92990							PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	10/1/2016
93260							PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	10/1/2016
93261							INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	10/1/2016
93280							PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	10/1/2016
93281							PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	10/1/2016
93282							PRGRMG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	10/1/2016
93283							PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	10/1/2016
93284							PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	10/1/2016
93285							PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	10/1/2016
93286							PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	10/1/2016
93287							PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	10/1/2016
93288							INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	10/1/2016
93289							INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	10/1/2016
93290							INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	10/1/2016
93291							INTERROGATION EVALUATION IN PERSON ILR SYSTEM	10/1/2016
93292							INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	10/1/2016
93293							TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	10/1/2016
93294							INTERROGATION EVAL REMOTE </90 D 1/2/MLT LEAD PM	10/1/2016
93295							INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	10/1/2016
93296							INTERROGATION REMOTE </90 D TECHNICIAN REVIEW	10/1/2016
93297							INTERROGATION EVAL REMOTE </30 D CV MNTR SYS	10/1/2016
93298							INTERROGATION EVALUATION REMOTE </30 D ILR SYS	10/1/2016
93299							INTERROGATION EVAL REMOTE </30 D TECH REVIEW	10/1/2016
93306							ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	10/1/2016
93312	93320	93325					ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R; TEC.	10/1/2016
93312	93320						ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R; TEC.	10/1/2016
93312	93325						ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R; TEC.	10/1/2016
93312							ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R; TEC.	10/1/2016
93451							RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	10/1/2016
93452							L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	10/1/2016
93453							R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	10/1/2016

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
93454							CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	10/1/2016
93455							CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	10/1/2016
93456							CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	10/1/2016
93457							CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	10/1/2016
93458							CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	10/1/2016
93459							CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	10/1/2016
93460							R & L HRT CATH WINJX HRT ART& L VENTR IMG	10/1/2016
93461							R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	10/1/2016
93505							ENDOMYOCARDIAL BIOPSY	10/1/2016
93530							R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY	10/1/2016
93531							CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA	10/1/2016
93532							CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	10/1/2016
93533							CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	10/1/2016
93600							BUNDLE OF HIS RECORDING	10/1/2016
93602							INTRA-ATRIAL RECORDING	10/1/2016
93603							RIGHT VENTRICULAR RECORDING	10/1/2016
93610							INTRA-ATRIAL PACING	10/1/2016
93612							INTRAVENTRICULAR PACING	10/1/2016
93615							ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	10/1/2016
93616							ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	10/1/2016
93618							INDUCTION ARRHYTHMIA ELECTRICAL PACING	10/1/2016
93619							COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	10/1/2016
93620	93613						COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	10/1/2016
93620							COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	10/1/2016
93624							ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	10/1/2016
93642							EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	10/1/2016
93650							ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	10/1/2016
93653							EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	10/1/2016
93654							EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	10/1/2016
93656							EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	10/1/2016
93660							CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	10/1/2016
93797							OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	10/1/2016
93798							OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	10/1/2016
93880							DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	10/1/2016
93922							NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	10/1/2016
93923							NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	10/1/2016
93925							DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	10/1/2016
93926							DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	10/1/2016
93970							DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	10/1/2016
93971							DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	10/1/2016
93975							DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	10/1/2016

Exhibit E - Bundled Procedures

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Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
93976							DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	10/1/2016
0230T							NJX ANES/STEROID TFRML EDRL W/US LUM/SAC 1 LVL	10/1/2016
0231T							NJX ANES/STEROID TFRML EDRL W/US LUM/SAC EA ADDL	10/1/2016
0234T							TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	10/1/2016
0236T							TRLUML PERIPH ATHRC W/RS&I ABDOM AORTA	10/1/2016
0237T							TRLUML PERIPH ATHRC W/RS&I BRCHIOCPHL EA VSL	10/1/2016
0238T							TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	10/1/2016
0302T							INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS COMPL	10/1/2016
0303T							INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS ELTRD	10/1/2016
0304T							INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS DEVICE	10/1/2016
0307T							RMVL INTRACARDIAC ISCHEMIA MONITORING DEVICE	10/1/2016
C8900							MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	10/1/2016
C8902							MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD	10/1/2016
C8903							MR IMAGING WITH CONTRAST BREAST; UNILATERAL	10/1/2016
C8904							MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL	10/1/2016
C8905							MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI	10/1/2016
C8906							MR IMAGING WITH CONTRAST BREAST; BILATERAL	10/1/2016
C8907							MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL	10/1/2016
C8908							MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL	10/1/2016
C8909							MR ANGIOGRAPHY WITH CONTRAST CHEST	10/1/2016
C8911							MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST	10/1/2016
C8912							MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	10/1/2016
C8913							MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	10/1/2016
C8914							MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM	10/1/2016
C8918							MR ANGIOGRAPHY WITH CONTRAST PELVIS	10/1/2016
C8920							MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS	10/1/2016
C8921	93320	93325					TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE	10/1/2016
C8921	93320						TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE	10/1/2016
C8921	93325						TTE W/CONTRAST OR W/O FLW W/CONTRAST; COMPLETE	10/1/2016
C8922	93320	93325					TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD	10/1/2016
C8922	93320						TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD	10/1/2016
C8922	93325						TTE W/CONTRAST OR W/O FLW W/CONTRAST; F/U OR LTD	10/1/2016
C8923							TTE FLW W/CNTRST R-T DOC 2D INCL M-MODE REC CMPL	10/1/2016
C8924	93325						TTE FLW W/CNTRST R-T 2D INCL M-MODE REC FU/LTD	10/1/2016
C8925	93320	93325					TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R	10/1/2016
C8925	93320						TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R	10/1/2016
C8925	93325						TEE W OR W/O FLW W/CNTRST REAL TIME 2D; ACQ I&R	10/1/2016
C8926	93235						TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R	10/1/2016
C8926	93320	93325					TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R	10/1/2016
C8926	93320						TEE W OR W/O FLW W/CNTRST; PROBE PLCMT ACQ I&R	10/1/2016
C8927							TEE ASSESS CARD PUMP FUNCT&TX MSR IMMED TM BASIS	10/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
C8928	93320	93325					TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R	10/1/2016
C8928	93320						TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R	10/1/2016
C8928	93325						TTE W/CNTRST INCL M-MODE REC REST & CV ST W/I&R	10/1/2016
C8929							TTE CMPL SPEC DOPPLER & COLOR FLOW DOPPLER ECHO	10/1/2016
C8930	93320	93325					TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP	10/1/2016
C8930	93320						TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP	10/1/2016
C8930	93325						TTE CMPL DUR REST & CVST W/I&R W/PHYS SUP	10/1/2016
C9600							PC TRNSCTH PLCMT RX ELUT IC STENTS; 1 MAJ CA/BR	10/1/2016
C9602							PC TL COR ATHERECT W/RX ELUT IC STENT; 1 MCA/BR	10/1/2016
C9604							PC TL REV OF/THRU CABG COMB DE IC STNT; 1 VES	10/1/2016
C9606							PERQ TL REV AC TOTAL/SUBTOTAL OCCLUSION 1 VES	10/1/2016
C9607							PC TL REV CHR N TOT OCCL CA CA BR/CABG; 1 VES	10/1/2016
G0105							COLORECTAL CANCER SCREENING; COLONOSCOPY INDIVIDUAL AT HIGH RISK	10/1/2016
G0121							COLORECTAL CANCER SCREENING; COLONOSCOPY INDIVIDUAL NOT HIGH RISK	10/1/2016
G0219							PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	10/1/2016
G0235							PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	10/1/2016
G0269							PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC	10/1/2016
G0422							INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER	10/1/2016
G0423							INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER	10/1/2016
S8032							LOW-DOSE COMPUTED TOMOGRAPHY LUNG CANCER SCRNG	10/1/2016
S8092							ELECTRON BEAM COMPUTED TOMOGRAPHY	10/1/2016
	92920	92921					PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH; ETC.	7/1/2016
	92920	92921	93458	93460	93461		PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH; ETC.	7/1/2016
						030	SPINAL PROCEDURES W/O CC/MCC	7/1/2016
						034	CAROTID ARTERY STENT PROCEDURE W MCC	7/1/2016
						035	CAROTID ARTERY STENT PROCEDURE W CC	7/1/2016
						036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	7/1/2016
						216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	7/1/2016
						217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	7/1/2016
						218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	7/1/2016
						219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	7/1/2016
						220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	7/1/2016
						221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	7/1/2016
						222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	7/1/2016
						223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	7/1/2016
						224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	7/1/2016
						225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	7/1/2016
						226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	7/1/2016
						227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	7/1/2016
						228	OTHER CARDIOTHORACIC PROCEDURES W MCC	7/1/2016
						229	OTHER CARDIOTHORACIC PROCEDURES W CC	7/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
						230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	7/1/2016
						231	CORONARY BYPASS W PTCA W MCC	7/1/2016
						232	CORONARY BYPASS W PTCA W/O MCC	7/1/2016
						233	CORONARY BYPASS W CARDIAC CATH W MCC	7/1/2016
						234	CORONARY BYPASS W CARDIAC CATH W/O MCC	7/1/2016
						235	CORONARY BYPASS W/O CARDIAC CATH W MCC	7/1/2016
						236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	7/1/2016
						242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	7/1/2016
						243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	7/1/2016
						244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	7/1/2016
						246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	7/1/2016
						247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	7/1/2016
						248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	7/1/2016
						249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	7/1/2016
						250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	7/1/2016
						251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	7/1/2016
						252	OTHER VASCULAR PROCEDURES W MCC	7/1/2016
						253	OTHER VASCULAR PROCEDURES W CC	7/1/2016
						254	OTHER VASCULAR PROCEDURES W/O CC/MCC	7/1/2016
						258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	7/1/2016
						259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	7/1/2016
						260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	7/1/2016
						261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	7/1/2016
						262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	7/1/2016
						266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	7/1/2016
						267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	7/1/2016
						268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	7/1/2016
						269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	7/1/2016
						270	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	7/1/2016
						271	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	7/1/2016
						272	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	7/1/2016
						273	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	7/1/2016
						274	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	7/1/2016
						454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	7/1/2016
						455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	7/1/2016
						460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	7/1/2016
						462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	7/1/2016
						467	REVISION OF HIP OR KNEE REPLACEMENT W CC	7/1/2016
						468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	7/1/2016
						469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	7/1/2016
						470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	7/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
						471	CERVICAL SPINAL FUSION W MCC	7/1/2016
						472	CERVICAL SPINAL FUSION W CC	7/1/2016
						473	CERVICAL SPINAL FUSION W/O CC/MCC	7/1/2016
						481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	7/1/2016
						483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	7/1/2016
						488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	7/1/2016
						493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	7/1/2016
						494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	7/1/2016
						496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	7/1/2016
						497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	7/1/2016
						501	SOFT TISSUE PROCEDURES W CC	7/1/2016
						502	SOFT TISSUE PROCEDURES W/O CC/MCC	7/1/2016
						505	FOOT PROCEDURES W/O CC/MCC	7/1/2016
						518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	7/1/2016
						519	BACK & NECK PROC EXC SPINAL FUSION W CC	7/1/2016
						520	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	7/1/2016
							(includes physician charges, 2 months pre natal care and delivery), 2 ultrasounds, anesthesia, newborn inpatient (neonate not included but priced at \$10,381 for 3 days NICU), hearing test.) 3 Days Single Birth 4 Days Single Birth 3 Days Single Birth with Tubal Ligation 4 Days Single Birth with Tubal Ligation 3 Days twins 4 Days twins 3 Days twins with Tubal Ligation 4 Days twins with Tubal Ligation	
						765	(includes physician charges, 2 months pre natal care and delivery), 2 ultrasounds, anesthesia, newborn inpatient (neonate not included but priced at \$10,381 for 3 days NICU), hearing test.) 3 Days Single Birth 4 Days Single Birth 3 Days Single Birth with Tubal Ligation 4 Days Single Birth with Tubal Ligation 3 Days twins 4 Days twins 3 Days twins with Tubal Ligation 4 Days twins with Tubal Ligation	7/1/2016
						766	4 Days twins with Tubal Ligation	7/1/2016

Exhibit E - Bundled Procedures

As of December 20, 2016

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	MS-DRG	Description	Effective Date
						767	VAGINAL DELIVERY W STERILIZATION &/OR D&C (Global physician charges, (9 months pre-natal care and delivery), 2 ultrasounds, anesthesia, newborn inpatient (neonate not included but priced at \$10,381 for 3 days NICU), hearing test.) 2 day stay 3 day stay 2 day stay with Tubal Ligation 3 day stay with Tubal Ligation	7/1/2016
						768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C (Global physician charges, (9 months pre-natal care and delivery), 2 ultrasounds, anesthesia, newborn inpatient (neonate not included but priced at \$10,381 for 3 days NICU), hearing test.) 2 day stay 3 day stay 2 day stay with Tubal Ligation 3 day stay with Tubal Ligation	7/1/2016
						774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES (Global physician charges, (9 months pre-natal care and delivery), 2 ultrasounds, anesthesia, newborn inpatient (neonate not included but priced at \$10,381 for 3 days NICU), hearing test.) 2 day stay 3 day stay 2 day stay with Tubal Ligation 3 day stay with Tubal Ligation	7/1/2016
						775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES (Global physician charges, (9 months pre-natal care and delivery), 2 ultrasounds, anesthesia, newborn inpatient (neonate not included but priced at \$10,381 for 3 days NICU), hearing test.) 2 day stay 3 day stay 2 day stay with Tubal Ligation 3 day stay with Tubal Ligation	7/1/2016

HealthChoice Health and/or Dental Identification Card

Dear HealthChoice Member:

Attached below is your new HealthChoice health and/or dental ID card(s). HealthChoice uses a unique 8-digit number (not your Social Security number) to protect your privacy. Please review the ID card(s) to verify the information is correct.

Please present your ID card(s) to your provider when obtaining services.

PHARMACY BENEFITS

Pharmacies require an ID card issued by the pharmacy benefit manager which will be mailed separately to you.

QUESTIONS

If you have any questions regarding your benefits or your new ID card(s), or if you would like to request additional ID cards, please contact *HealthChoice* at 1-405-416-1800, or toll-free at 1-800-782-5218. TDD users call 1-405-416-1525 or 1-800-941-2160. Customer service representatives are available Monday through Friday from 7:30 a.m. to 6:00 p.m. Central Time. Claim status and other information is available 24 hours a day, seven days a week at www.healthchoicook.com.

Thank you for choosing HealthChoice for your coverage needs.

Sincerely,
HealthChoice

HealthChoice
www.healthchoicook.com

Issuer: HealthChoice
ID No.:
Name:
Dependent(s):

Pharmacy requires a card issued by pharmacy benefit manager

This card does not guarantee coverage

Health, Dental, Life Claims and Eligibility Confirmation
P.O. Box 24870, Oklahoma City, OK 73124-0870
1-405-416-1800 or toll-free 1-800-782-5218
TDD 1-405-416-1525 or toll-free 1-800-941-2160
Payer ID Number: 22521

Certification
1-800-848-8121/TDD Line 1-877-267-6367

Member Services/Provider Directory
1-405-717-8780 or toll-free 1-800-752-9475
TDD 1-405-949-2281 or 1-866-447-0436

Member ClaimLink at www.healthchoicook.com

HealthChoice
P.O. Box 24110
Oklahoma City, OK 73124

000001

Exhibit G – Detailed Check Register File Layout

Office of Management and Enterprise Services Employees Group Insurance Division

Detailed Check Register File Layout

For

Business Associates



Prepared by:
The Information Technology Group
March 2, 2011

Purpose

EGID's Third Party Administrator provides daily Health, Life and Dental claims information to OMES-EGID for analysis and reporting purposes.

Data Origin

The TPA provides this file on a daily basis - Tuesday through Saturday. This is a pgp-encrypted, fixed-length and fixed-width file. The file contains a combination of the Check and Disbursement Registers, breaking down by member the claim information associated with each check issued.

Field Name	Field Type	Position	Length	Notes
Account Number	Numeric	1-7	7	
Warrant Number	Numeric	8-16	9	Right Justify, left padded with zeros
Issue Date	Numeric	17-24	8	YYYYMMDD
Claim Number	Alpha	25-39	15	
Member ID	Alpha	40-49	10	
Member SSN	Alpha	50-58	9	
Member Name	Alpha	59-88	30	
Patient First Name	Alpha	89-103	15	
Relation Code	Alpha	104-105	2	CH-contract holder; S-Spouse; C-Child; C1-One Child; C2- Two Plus Children
Payee Name	Alpha	106-135	30	
Payee Pin	Numeric	136-150	15	Provider Pin Number. Right Justify, left padded with zeros
Paid Amount	Numeric	151-161	11	Right Justify, left padded with zeros
Fund Type	Alpha	162-171	10	Dental, Life, Medical
Effective Date	Numeric	172-179	8	Date of Warrant/EFT that matches the Issue File.
Pay Type	Text	180	1	Same field in Issue File, A=EFT, W=Paper

This will need to be a fixed length and fixed width .txt file. Should be placed on OMES-EGID's FTP server as 'EDSDetailRegistryyyymmdd.txt.pgp'.

EXHIBIT H – Treasury Issue File Record Layout

Employees Group Insurance Department

Treasury Issue File Record Layout

For

Business Associates



Prepared by:
The Information Technology Group
March 2, 2011

Purpose

Oklahoma State Treasury uses this standard 250 byte file layout to send daily issue files to EGID

Data Origin

Oklahoma State Treasury sends daily files, Tuesday through Saturday, on all EGID issue records via the mainframe. This is a fixed-length, fixed-width file.

A.C.E.S. ISSUE FILE RECORD LAYOUT

AGENCY A.C.E.S. ISSUE FILE - 250 Bytes (FILE SENT TO OST FROM EACH AGENCY) RECORD NUMBER ONE SEE POSITION NUMBER 250				
DESCRIPTION	TYPE	POSITION	LENGTH	VALUE
1. Key				
a. Account number	Numeric	1 - 7	7	Right justify
b. Effective date	Numeric	8 - 13	6	YYMMDD
c. Warrant number	Numeric	14 - 22	9	Right justify
2. Amount	Numeric	23 - 33	11	Right justify
3. Claim number	Alpha	34 - 48	15	Optional
4. Payee name	Alpha	49 - 78	30	Required
5. Payee address line 1	Alpha	79 - 108	30	Optional
6. Payee city	Alpha	109 - 128	20	Optional
7. Payee state	Alpha	129 - 130	2	Optional
8. Payee zip	Alpha	131 - 141	11	Optional
9. Payee address line 2 or Description field	Alpha	142 - 171	30	Optional
10. Reserved	Alpha	172 - 181	10	
11. Pay type	Alpha	182 - 182	1	See Table 1
12. Participant ID	Alpha	183 - 197	15	For Pay Type A,E,S
13. Class ID	Alpha	198 - 200	3	For Pay Type A,E,S
14. Transit Number	Numeric	201 - 209	9	For Pay Type A
15. Bank Account number	Alpha	210 - 226	17	For Pay Type A
16. Checking/Savings Flag	Alpha	227 - 227	1	„C" or „S"
17. CFDA Number	Alpha	228 - 236	9	Optional
18. Revenue Code	Apha	237 - 241	5	For Pay Type S
19. Revenue Code Extension	Alpha	242 - 243	2	For Pay Type S
20. OSF-Budget-Acct	Alpha	244 - 249	6	Optional
21. Record ID	Alpha	250 - 250	1	SPACE or „1'

NOTE: WHEN THE CLASS CODE IS 'IRS' RECORD NUMBER TWO IS REQUIRED.

TABLE 1 - PAY TYPE

A = Create Auto EFT
 E = Create EFT
 P = Create Paper Warrant
 S = Create ON-US Transfer
 T = Create Wire Transfer
 C = Create Wire Transfer
 W = Create Issue Record

AGENCY ACES ISSUE FILE

RECORD NUMBER TWO SEE POSITION NUMBER 250 OPTIONAL RECORD – TAX DEPOSITS FOR CLASS CODE “IRS” OR AN EIGHTY BYTE FREE FLOW BEGINNING IN POSITION 23.
 IF FREEFLOW BEGIN POSITION 23 WITH “TXP*”

DESCRIPTION	TYPE	POSITION	LENGTH	VALUE
1. Key (Must Equal Key In Record 1)	Numeric	1 - 7	7	Right Justify
A. Account Number	Numeric	8 - 13	6	YYMMDD
B. Effective Date	Numeric	14 - 22	9	Right Justify
C. Warrant Number				
2. Tax ID	Alpha	23 - 31	9	For Tax Deposit
3. Tax Type	Alpha	32 - 36	5	For Tax Deposit
4. Period End Date	Numeric	37 - 42	6	For Tax Deposit
5. Sub 1 Tax Type	Alpha	43 - 47	5	For Tax Deposit
6. Sub 1 Amount	Numeric	48 - 58	11, 9(9)V99	For Tax Deposit
7. Sub2 Tax Type	Numeric	59 - 63	3	For Tax Deposit
8. Sub 2 Amount	Numeric	64 - 74	11, 9(9)V99	For Tax Deposit
9. Sub 3 Tax Type	Alpha	75 - 79	3	For Tax Deposit
10. Sub 3 Tax Amount	Numeric	80 - 90	10, 9(8)V99	For Tax Deposit
11. Filler	Alpha	91 - 249	166	Blank Fill
12. Record ID	Numeric	250 - 250	1	Numeral “2”

A.C.E.S INPUT ISSUE FILE TRAILER RECORD

AGENCY A.C.E.S ISSUE FILE - 250 Bytes (Trailer Record On The Issue File Sent To OST)				
DESCRIPTION	TYPE	POSITION	LENGTH	VALUE
1. Account Number	Numeric 9(7)	1 - 7	7	9999999
2. Effective Date	Numeric 9(6)	8 - 13	6	Right Justify
3. Total Number Records	Numeric 9(9)	14 - 22	9	Right Justify
4. Total Dollar Amount	Numeric 9(9)V99	23 - 33	11	Right Justify 2 Dec.
5. Filler	Alpha X(248)	34 - 181	148	Filler
6. Record Type	Alpha X(1)	182 - 182	1	„T“
7. Reserved	Alpha X(68)	183 - 250	68	Filler

Exhibit I Debit Card File Format

HealthCare Transaction File Layout

Description: Standard File layout for HealthCare transaction data

Format: ASCII; Carriage return and line feed terminations

Record Length: 250 bytes

HEADER

Minimum Occurrences = 1; Maximum Occurrences = 1

Field Name	Start Pos	End Pos	Required	Format	Description
Record Type	1	1	Yes	X(1)	Always equal to "H"
File Date	2	9	Yes	9(8) CCYYMMDD	File Transmission Date
File Time	10	15	Yes	9(6) HHMMSS	Time File created (military clock)
TPA ID	16	21	Yes	X(6)	EB TPA ID - Provided by Evolution Benefits
Filler	22	250	No	X(229)	Space Filler

DETAIL

Minimum Occurrences = 0; Maximum Occurrences = Many

Field Name	Start Pos	End Pos	Required	Format	Description
Record Type	1	1	Yes	X(1)	Always equal to "D"
Participant ID	2	31	Yes	X(30)	Contract Holder Member ID (left justify)
Client ID	32	56	Yes	X(25)	EB Client Identifier – Provided by Evolution Benefits (left justify)
Carrier Claim Number	57	81	Yes	X(25)	The Carrier Claim Number of the original transaction (left justify)
Patient Responsibility CoPay Amount	82	91	Yes	9(10)	Original Transaction Patient copay Responsibility Amount or (*Adjustment Amount that will be added to the original amount) (right justify, zero filled, two implied decimals)
Transaction Code	92	94	Yes	X(3)	"MED", "DEN", "PHA", "VIS"
Process Date	95	102	Yes	9(8) CCYYMMDD	Payment Adjudication date
Carrier ID	103	112	Yes	9(10)	EB Carrier ID - Provided by Evolution Benefits (right justify)
*Adjustment Flag	113	113	No	X(1)	'Y' – Adjustment to a previous transaction 'N' – Original transaction
Patient Responsibility Deductible Amount	114	123	No	9(10)	Original Transaction Patient Deductible Responsibility Amount or (*Adjustment Amount that will be added to the original amount) (right justify, zero filled, two implied decimals)
Patient Responsibility	124	133	No	9(10)	Original Transaction Patient

Coinsurance Amount					Coinsurance Responsibility Amount or (*Adjustment Amount that will be added to the original amount) (right justify, zero filled, two implied decimals)
Date of Service	134	141	No	9(8) CCYYMMDD	The Date service was provided
Filler	142	250	No	X(107)	Space filler

TRAILER

Minimum Occurrences = 1; Maximum Occurrences = 1

Field Name	Start Pos	End Pos	Required	Format	Description
Record Type	1	1	Yes	X(1)	Always equal to "T"
Total Record	2	21	Yes	9(20)	Total number of service lines on file (right justify, zero filled)
Filler	22	250	No	X(229)	Space Filler

NOTES

***Adjustments**

The adjustment flag indicates the type of transaction per a record. If there is to be an adjustment, two records are expected which are identical, with the exception of the Patient Responsibility Amounts and the Adjustment Flag. All original (non-adjustment) records will have the value of 'N' for the Adjustment Flag; Adjustments will have the value of 'Y'. If no value is found in the Adjustment flag field the implied default value is 'N'.

If the adjustment flag value = 'Y' then the Patient Responsibility Amounts within that record will be added to the Patient Responsibility Amounts associated to the original Carrier Claim Number. If the adjustment is to reduce the original transactions Patient Responsibility Amounts, a negative(-) amount should be sent in the adjustment records Patient Responsibility Amount fields. If the adjustment is to increase the original transaction Patient Responsibility Amounts, a positive amount should be sent in the adjustment records Patient Responsibility Amount fields. The carrier claim number field is used to associate an adjustment record to an original transaction record.

DRS Medical Authorization Export File Layout

AWARE Source	Source_Field	Source_Type	Source_Length	Source Description	Destination Field Name		Dest Type	Dest Length	RP Start	RP End
				SEND AUTHORIZATION RECORD ON ISSUANCE OF AN AUTHORIZATION AND EACH TIME IT IS AMENDED						
				SEND A RECORD FOR EACH LINE ITEM ON THE AUTHORIZATION						
Literal	"CF"			Literal "CF"	Product_Indicator		A	2	1	2
Literal	"P3"			Literal "P3"	Client_Indicator		A	2	3	4
Literal	"XA"			Literal "XA"	Record_Indicator		A	2	5	6
N/A				Blank fill	Patient_Group		A	8	7	14
buParticipant	SSN	Char	11	SSN of the participant associated to the case linked to the authorization - Remove hyphens	Member_SSN		A	9	15	23
Literal	"M"			Literal "M"	Patient_Relation		A	1	24	24
N/A				Blank fill	Patient_Name		A	6	25	30
buAuth_Header	Auth_ID	Int		Pad Auth_ID with zeros	Auth_Number	Required Right justify and zero fill	N	9	31	39
buAuth_Detail_Line	Auth_Detail_Line_Num	Int		Line Number - pad with zero This is not a unique identifier	Line_Number	Required Right justify and zero fill	N	2	40	41
N/A				Blank fill	Fill01A		A	57	42	98
Literal	"R"			Literal "R"	Function_Code		A	1	99	99
N/A				Blank fill	Fill02A		A	31	100	130
Literal	"N"			Literal "N"	Auth_Type_1		A	1	131	131
Literal	"M"			Literal "M"	Auth_Type_2		A	1	132	132
N/A				Blank fill	Fill03A		A	6	133	138
Literal	"A"			Literal "A"	Initial Caller		A	1	139	139
N/A				Blank fill	Fill04A		A	12	140	151
buVendor_Business	Vendor_Number	varchar	12	Send as is	Provider_Number	Required	A	9	152	160
N/A	blank fill			Send as is Blank Fill	Fill04A2		A	3	161	163

DRS Medical Authorization Export File Layout

AWARE Source	Source_Field	Source_Type	Source_Length	Source Description	Destination Field Name		Dest Type	Dest Length	RP Start	RP End
buAuth_Detail_Line	Auth_Detail_Line_ID	Int		Key field for AWARE's auth line numbers. This is the unique identifier for a line - Send as is	Auth_Line_ID	Required	A	9	164	172
N/A				Zero Fill	Fill05A		A	3	173	175
N/A				Blank fill	Fill06A		A	1	176	176
Literal	"Y"			Literal "Y"	Pur_Ind		A	1	177	177
N/A				Blank fill	Fill07A		A	7	178	184
Literal	"99"			Literal "99"	Aut_Exp_Year		N	2	185	186
	Today	smalldate time		(YYYYMMDD)	Auth_Rec_Date	Required	N	8	187	194
	Today	smalldate time		(YYYYMMDD)	Auth_Approved_Date	Required	N	8	195	202
buAuth_Header	Auth_End_Date Default is the next 0630.	smalldate time		(YYYYMMDD)	Auth_End_Date	Required	N	8	203	210
Literal	"999999"			Literal "999999"	Diag_Code_1		A	6	211	216
buVendor_Business	Vendor_Suffix_Number	Varchar	5	Concatenate '0' to beginning to make it 6	Provider_Suffix_6	Required	A	6	217	222
Literal	"999999"			Literal "999999"	Diag_Code_3		A	6	223	228
Literal	"R"			Literal "R"	Author_Facility		A	1	229	229
N/A				Blank fill	Fill08A		A	44	230	273
Literal	"51"			Literal "51"	Authorization_Stat		A	2	274	275
N/A				Blank fill	Fill09A		A	4	276	279
buAuth_Detail_Line	Auth_Detail_Line_Begin_Date	smalldate time		Service Year (YYYY) based on Auth Item Begin Date Left justified	Service_Year	Required	A	49	280	328
buAuth_Detail_Line	Auth_Detail_Line_Begin_Date	smalldate time		Auth Item begin date MMDD	Line_Item_From_Date	Required	N	4	329	332
Literal	"1231"			Literal '1231'	Fill09A2	Required	N	4	333	336
luProcedure_Code	Procedure_Category_Desc	Varchar	50	The first three characters of Procedure_Category_Desc	Line_Item_Service_ID	Required	A	3	337	339
N/A				Blank fill	Fill10A		A	3	340	342
buAuth_Detail_Line	Procedure_Code_ID	Char	10	First 7 characters Procedure_Code_ID	Line_Item_CPT_Code	Required	A	7	343	349

DRS Medical Authorization Export File Layout

AWARE Source	Source_Field	Source_Type	Source_Length	Source Description	Destination Field Name		Dest Type	Dest Length	RP Start	RP End
buAuth_Detail_Line	Procedure_Code_ID	Char	10	First 7 characters Procedure_Code_ID	Line_Item_Req_CPT	Required	A	7	350	356
N/A				Blank fill	Fill11A		A	3	357	359
buAuth_Detail_Line	Auth_Detail_Curr_Amt	Money		Line Item Amount with two decimal places, no decimal point sent - If line item was previously sent and then it is cancelled, send the cancelled line item with amount = 0	Line_Item_Req_Amt	Required Right justify and zero fill	N	9	360	368
buAuth_Detail_Line	Auth_Detail_Unit_Qty_Amt	numeric	10.2	Line Item Quantity (whole number only) Do not truncate number. If line number is greater than three then error out the authorization	Line_Item_Req_Qty	Required Right justify and zero fill	N	3	369	371
Literal	"01"			Literal "01"	Line_Item_POS		A	2	372	373
buAuth_Detail_Line	Auth_Detail_Curr_Amt	money		Line Item Total Amount, two decimal places, no decimal point - If line item was previously sent and then it was cancelled, send the cancelled line item with amount = 0	Line_Item_Auth_Amt	Required Right justify and zero fill	N	9	374	382
buAuth_Detail_Line	Auth_Detail_Unit_Qty_Amt	numeric	10.2	Line Item Quantity (whole number only)	Line_Item_Auth_Qty	Required Right justify and zero fill	N	3	383	385
Literal	"01"			Literal "01"	Line_Item_Auth_POS		A	2	386	387
N/A				Literal Zero fill	Fill12A		N	33	388	420
N/A				Blank fill	Fill13A		A	1980	421	2400

Exhibit K - Performance Guarantees

Claims Administration				Penalty Amount
Guarantee	Description	TPA Agree/Disagree	at Risk	
Turnaround Time - Tier 1	The claim turnaround time will not exceed ten (10) business days for ninety-two percent (92%) of the processed claims on a cumulative basis each month. Turnaround time is based on all medical claims received. It includes both manual and auto adjudicated medical claims	The turnaround time will be measured from the date the claim is received in the service center to the date that it is processed (paid, denied or pending). Weekends and holidays are excluded in the turnaround time.		
Turnaround Time - Tier 2	The claim turnaround time will not exceed twenty-two (22) business days for ninety-nine percent (99%) of the processed claims on a cumulative basis each quarter. Turnaround time is based on all medical claims received. It includes both manual and auto adjudicated medical claims	The turnaround time will be measured from the date the claim is received in the service center to the date that it is processed (paid, denied or pending). Weekends and holidays are excluded in the turnaround time.		
Financial Accuracy - Health Claims	The dollar accuracy of the claim payment dollars will be ninety-nine point three percent (99.3%) or higher	The ratio of benefit dollars paid accurately to all benefit dollars paid. The financial accuracy shall be measured using a financially stratified and statistically valid sampling methodology. The sample size will be a minimum of 200 claims per month including both manual and auto adjudicated health claims. Accuracy in each stratum (a subset of the claim population) is calculated by dividing the benefit dollars paid correctly by the total number of dollars paid and extrapolating the results based on the size of the population in that stratum. The results are then combined with the extrapolated results of the other strata. Each overpayment and underpayment is considered an error; they do not offset each other.		
Financial Accuracy - Dental Claims	The dollar accuracy of the claim payment dollars will be ninety-nine point six percent (99.6%) or higher	The ratio of benefit dollars paid accurately to all benefit dollars paid. The financial accuracy shall be measured using a financially stratified and statistically valid sampling methodology. The sample size will be a minimum of 100 claims per month including both manual and auto adjudicated health claims. Accuracy in each stratum (a subset of the claim population) is calculated by dividing the benefit dollars paid correctly by the total number of dollars paid and extrapolating the results based on the size of the population in that stratum. The results are then combined with the extrapolated results of the other strata. Each overpayment and underpayment is considered an error; they do not offset each other.		
Payment Incidence Accuracy - Health Claims	The payment incidence accuracy will be ninety-eight percent (98%) or higher	The ratio of number of claims paid with the correct benefit dollars to the number of all claims paid. The payment incidence accuracy shall be measured using a financially stratified and statistically valid sampling methodology. The sample size will be a minimum of 200 claims per month including both manual and auto adjudicated health claims. Accuracy in each stratum (a subset of the claim population) is calculated by dividing the benefit dollars paid correctly by the total number of dollars paid and extrapolating the results based on the size of the population in that stratum. The results are then combined with the extrapolated results of the other strata. Each overpayment and underpayment is considered an error; they do not offset each other.		

Payment Incidence Accuracy - Dental Claims	The payment incidence accuracy will be ninety-eight point five percent (98.5%) or higher	The ratio of number of claims paid with the correct benefit dollars to the number of all claims paid. The payment incidence accuracy shall be measured using a financially stratified and statistically valid sampling methodology. The sample size will be a minimum of 100 claims per month including both manual and auto adjudicated health claims. Accuracy in each stratum (a subset of the claim population) is calculated by dividing the benefit dollars paid correctly by the total number of dollars paid and extrapolating the results based on the size of the population in that stratum. The results are then combined with the extrapolated results of the other strata. Each overpayment and underpayment is considered an error; they do not offset each other.		
Returned Checks and Life Claims	All returned checks and life claims with all supportive documentation will be handled to completion within ten (10) business days from receipt.	All returned checks and life claims with all supportive documentation will be handled to completion within ten (10) business days from receipt.		

Member Services				Penalty Amount
Guarantee	Description	TPA Agree/Disagree	at Risk	
Telephone Call Quality	The average telephone quality score will be ninety-seven point five percent (97.5%) or higher	Call quality measures the score assigned for each call audited. Calls will be selected for review either by silent monitoring live calls or listening to previously recorded calls. The calls will be evaluated to determine if the customer service professional handled the inquiry promptly, courteously, and accurately. A minimum of ten (10) calls per month for each customer service representative will be selected for review.		
Telephone Response Time	The hold-time for ninety percent (90%) of calls routed to a representative will not exceed thirty (30) seconds	The calculation of the telephone response time is the number of calls answered by a representative within thirty (30) seconds excluding Interactive Voice Response (IVR), DRS and DOC calls. This number is then divided by the total number of calls routed to a representative.		
Abandonment Rate	The rate of telephone abandonment for all calls received by member services will not exceed two percent (2%)	The total number of calls abandoned divided by the number of calls accepted into the phone system.		
Phone Inquiry Timeliness	Ninety-five percent (95%) of telephone inquiries that require follow up should be resolved within the first two (2) business days of contact	The TPA agrees that 95% of telephone inquiries requiring follow up will be resolved within the first two (2) business days of the contact.		
Written Inquiry Timeliness	Ninety-five percent (95%) of written inquiries are resolved within five (5) business days	The TPA agrees that 95% of all written inquiries will be resolved within five (5) business days of the contact and in accordance with the Affordable Care Act (ACA).		
Member Satisfaction Survey	The average score for each question responded to will be no less than four (4)	Using a survey instrument that is mutually agreed upon, achieve an average score of 4 where each question responded to has a scale of 1 to 5 (1 being totally dissatisfied and 5 being excellent).		

Eligibility Performance				Penalty Amount
Guarantee	Description	TPA Agree/Disagree	at Risk	
Timeliness of Eligibility Updates	Eligibility update files will be loaded the day of receipt	The TPA agrees that 100% of all eligibility updates will be performed the day of receipt of the eligibility file from EGID except during scheduled down time as approved by EGID.		
Eligibility Reconciliation	100% accuracy	The TPA shall compare and reconcile on a quarterly basis the full EGID eligibility file and provide a detailed report which identifies all differences between EGID and the TPA's system.		
Unprocessed Eligibility Transactions	100% of all unprocessed transactions will be resolved in coordination with EGID within 24 hours	The TPA agrees that 100% of all unprocessed transactions will be resolved in coordination with EGID within twenty-four (24) hours.		

Network Provider Performance				Penalty Amount
	Guarantee	Description	TPA Agree/Disagree	at Risk
Timeliness of Network Provider Updates	100% of network provider updates will be loaded the day of receipt	The TPA agrees that 100% of all additions, deletions and changes will be performed the day of receipt of the provider file from EGID.		
Network Provider Reconciliation	100% accuracy	The TPA shall compare and reconcile on a quarterly basis the full EGID provider file and provide a detailed report which identifies all differences between EGID and the TPA's system		
Unprocessed Network Provider Transactions	100% of all unprocessed transactions will be resolved in coordination with EGID within twenty-four (24) hours	The TPA agrees that 100% of all unprocessed transactions will be resolved in coordination with EGID within twenty-four (24) hours		

Quality				Penalty Amount
	Guarantee	Description	TPA Agree/Disagree	at Risk
Plan Design/Benefit Changes	Thirty (30) calendar days prior to effective date	Plan design and benefit changes are made thirty (30) calendar days prior to effective date and measured by the TPA's ability to set up and test new or revised plan design changes after receipt of signed documentation from EGID. For each day late, the TPA will be assessed a penalty amount to be determined based on total amount at risk. Any change considered non-standard (requiring system coding) would be per mutually agreed upon timeline		
Focused Audits	99% accuracy of focused audits	The focused audits shall be mutually agreed upon between EGID and the TPA for the number and category of claims. The claims shall have a ninety- nine percent (99%) accuracy for all aspects of the claim including payment amount, member amount due, correct exception codes, network indicators, etc.		

Information Technology Standards				Penalty Amount
	Guarantee	Description	TPA Agree/Disagree	at Risk
System Availability for TPA and EGID	The claims processing, certification, call center and imaging systems shall be available ninety-nine percent (99%) of the specified time	Monday-Friday 6:00 a.m. – 6:00 p.m. CST excluding State of Oklahoma government observed holidays, division closure due to other reasons, and scheduled maintenance.		
System Availability for Self Service	The claims history, certification history and requests and other Member and Provider self-service systems shall be available ninety-nine percent (99%) of the specified time	Sunday-Saturday twenty-four (24) hours per day; Hours for scheduled maintenance are Saturday-Sunday 8:00 p.m. – 8:00 a.m. and require EGID's approval.		

Identification Card Standard				Penalty Amount
	Guarantee	Description	TPA Agree/Disagree	at Risk
ID Card Production	All ID cards must be mailed within two (2) business days of receipt of eligibility	All ID cards must be mailed within two (2) business days of receipt of eligibility.		

Reporting				Penalty Amount
	Guarantee	Description	TPA Agree/Disagree	at Risk
Standard Management Reports	Section C.19	The TPA agrees to deliver all reports listed in Section C.19 within the turnaround times requested. Failure to provide such requested reports will result in a penalty amount for each delinquent day.		

Implementation	Guarantee	Description	TPA Agree/Disagree	Penalty Amount at Risk
NOTE: Implementation Guarantees are separate and are not part of ongoing performance guarantees				
Implementation Plan	Within thirty (30) days of the award of this contract, the TPA shall provide an implementation plan with deliverable dates	Within thirty (30) days of the award of this contract, the TPA shall provide separate and detailed business plans containing time-commitments for each objective and task, specific to the current status of EGID, DRS and DOC. The business plan shall include identification of all steps that the TPA considers necessary to commence claims administration on January 1, 2018.		
Enrollment Accuracy	100% of initial eligibility data will be loaded and tested as accurate according to the implementation deliverable dates	Enrollment will have 100% accuracy. Results will be measured by the documented completion dates in the project plan and EGID sign-off of the audit results		
Network Provider Accuracy	100% of initial network provider data will be loaded, accurately mapped from the provider database to the claim and through adjudication, and tested as accurate according to the implementation deliverable dates	Network Provider will have 100% accuracy. Results will be measured by the documented completion dates in the project plan and EGID sign-off of the audit results.		
Benefit Plan Design and Fee Schedules	100% of benefit plans, plan designs and fee schedules must be implemented, tested and signed off by EGID as accurate according to the implementation deliverable dates	Benefit Plan set-up will have 100% accuracy. Results will be measured by the documented completion dates in the project plan and EGID sign-off of the audit results.		
ID Card	Required ID cards will be 100% accurate and mailed to all participants in December, 2017	ID cards will have 100% accuracy. Results will be measured by the documented completion dates in the project plan and EGID sign off on card design and mailing details.		
Implementation Satisfaction	100% responses of satisfied or very satisfied	Implementation satisfaction will be 100%. Results will be based on overall results of all EGID contacts surveyed. Contacts must be those with direct contact with the vendor implementation team. Results are measured based on responses to the following question: "Overall, how satisfied are you with the management and results of your implementation? Responses can included Very Satisfied, Satisfied, Neutral, Dissatisfied, and Very Dissatisfied."		

Exhibit L – EGID Required Reports

DAILY REPORTS (Due Each Business Day)

1. Disbursement Register
2. Check Register
3. Issue File
4. Detail Check Register
5. New Day Claims Entered
6. Third Party Information for COB

WEEKLY REPORTS (Due Each Monday)

1. Select program claims billed for unbundled providers
2. Pending Claims
3. Backlog report identifying outstanding clean claims, pended claims, adjustments, overpayments, correspondence with claim aging and phone results for # of calls answered, answer speed and abandonment rate. Opening/Patch, Scan, Keying, and Outgoing Mail
4. Detailed Phone Statistic Report
5. Subrogation Backlog of All Claims at EGID
6. Subrogation Claims to EGID's subrogation administrator
7. EGID's Certification Error Report
8. Detail claims file
 - a. NOTE: An additional file will be due the day after the end of the month for any claims paid from the last detail paid claims file to month end. For example, the month ends on a Tuesday. A detailed claims file will be due on Wednesday for all claims paid on Monday and Tuesday.

MONTHLY REPORTS (Due 5 Calendar Days Following the End of the Month)

1. Life Pending
2. Pending Subrogation Claim Status
3. End Stage Renal Disease
4. Outstanding Overpayment without Balance
5. Void Check Listing
6. Performance Standard Reports (C.18.3)
7. National Fee Negotiation Savings
8. Federal Exclusion List

QUARTERLY REPORTS (Due 30 Calendar Days Following the End of the Quarter)

1. Reconciliation of all applicable files (C.8.2, C.8.3, C.8.4 for Eligibility and C.8.5 and C.8.6 for Network Providers)
2. Flagged Provider Report
3. Flagged Member Report
4. Subrogation Overpayment
5. User Access for Systems Security
6. Fraud Waste Abuse Phone Calls

QUARTERLY REPORTS (Due 60 Calendar Days Following the End of the Quarter)

1. Management Reports
 - a. Quarterly Claims Summary
 - i. Statistical Summary
 - ii. Quality Assurance Report
 - iii. Telephone Response
 - iv. Analysis of Calls
 - v. Performance Summary
 - vi. Inetico Savings Report
 - vii. Quarterly Summary
 - viii. Key Statistics Report
 - ix. Utilization Management Statistics
 - x. Claim Receipts by Month
 - xi. Correspondence Receipts by Month
 - xii. Inpatient Utilization - Top Ten Diagnosis Groups by Admissions
 - xiii. Inpatient Utilization - Top Ten Diagnosis Groups by Days
 - xiv. Inpatient Utilization - Top Ten Facilities by Admissions
 - xv. Inpatient Utilization - Top Ten Facilities by Days
 - xvi. Inpatient Utilization - Top Ten Physicians by Admissions
 - xvii. Inpatient Utilization - Top Ten Physicians by Days
 - xviii. Outpatient Procedures by Sub-Organization and Event Type Procedure
2. Summary of Performance Standards reported on a quarterly basis (C.19)

ANNUAL REPORTS (Due 30 Calendar Days Following the End of the Year)

1. Performance Report (C.19)
2. Health Insurance Portability and Accountability Act Training
3. Fraud Waste Abuse Training (B.23)

ANNUAL REPORTS (Due 45 Calendar Days Following the End of the Year)

1. SSAE 16 SOC1 (C.13.3)

ANNUAL REPORTS (Due 60 Calendar Days Following the End of the Year)

1. Management Report
 - a. Statistical Summary
 - b. Quality Assurance Report
 - i. Telephone Response
 - ii. Analysis of Calls
 - iii. Performance Summary
 - iv. Inetico Savings Report
 - v. Annual Summary
 - vi. Key Statistics Report
 - vii. Utilization Management Statistics
 - viii. Claim Receipts by Month
 - ix. Correspondence Receipts by Month
 - x. Inpatient Utilization - Top Ten Diagnosis Groups by Admissions
 - xi. Inpatient Utilization - Top Ten Diagnosis Groups by Days
 - xii. Inpatient Utilization - Top Ten Facilities by Admissions
 - xiii. Inpatient Utilization - Top Ten Facilities by Days
 - xiv. Inpatient Utilization - Top Ten Physicians by Admissions
 - xv. Inpatient Utilization - Top Ten Physicians by Days
 - xvi. Outpatient Procedures by Sub-Organization and Event Type
Procedure
2. Financial Report (E.1.1)

ADHOC REPORTS (As Requested) (Due within 5 Business Days) (C.19.1.2)