ATTACHMENT C - ASO WORKSHEETS

Willis

Bid Deadline **Monday, March 11, 2013**

CURRENT MEDICAL INFORMATION							
	THE ESCAMBIA COUNTY SCHOOL DISTRICT						
Plan Effective Date	January 1, 2014						
Funding	Self Insured						
Current Employer Contributions by Plan - Employee / Dependent	See "ECSD Funding Rates and Contributions" Attachment						
Participation	See Census						
Current Administrator, Network & Stop Loss Provider	ASO: United Healthcare Stop Loss: Sun Life						
Administrator, Network & Stop Loss Provider History	ASO: 2009 - current: United Healthcare; Stop Loss: 2009 - 2012: United Healthcare, 2013: Sun Life						
Current Plan(s)	2 HRA (Base & Choice), HSA, & PPO						
Current Stop Loss Program	Specific Only: $350,000 deductible, Paid/12						
Grandfathered Status	Not Grandfathered						
Plan History	Addition of a second HRA plan. Eliminated the Choice EPO plan. Added HSA plan.						
Deductibles	Cross-Accumulate / Calendar Year / Copayments do not accumulate towards the Deductible						
Out of Pocket Maximum	Cross-Accumulate / Calendar Year / Does not include Annual Deductible or Copayments						
HSA / HRA funding	District contribution to Choice HRA $500 per employee only (no family) including dual spouse. No District contribution to Base HRA or to HSA.						
Current Broker Commissions	Net of Commissions						
PROPOSAL INSTRUCTIONS							
Requested Medical Plans	Match current plan designs						
Requested Stop Loss Program	**Specific Stop Loss Only**	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	Deductible	$350,000	$350,000	$375,000	$375,000	$400,000	$400,000
	Contract Type	Paid	Paid	Paid	Paid	Paid	Paid
	Coverages Included (Medical and Rx)	Medical	Medical & Rx	Medical	Medical & Rx	Medical	Medical & Rx
	Annual Max Reimbursement	N/A	N/A	N/A	N/A	N/A	N/A
	Lifetime Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
	Other plan features:						
Requested Stop Loss Broker Commissions	Net of Commissions						
Specific Rate Tiers	Composite						
Aggregate Rate Tier	N/A						
Requested Administrative Services Program	Please include the following services in the fee and provide them on an itemized basis: Please provide details on each program. Please confirm that all access fees are included or identified in the premiums and fees quoted. Confirm that no additional fees will flow through the claim account.						

ATTACHMENT C - ASO WORKSHEETS

Bid Deadline **Monday, March 11, 2013**

Administrative Services	
Utilization Review	
Disease Management	
Maternity Management	
Claims Fiduciary	
Stop Loss Integration	
Rx Integration	
Clinic Integration	
Standard and Ad Hoc Reporting	
Quarterly Data Extract to WillisMed, Monthly Data Extracts to other Third Party Vendors	
Run-out Claim Procession	
SPD Draft Prep and Printing	
Employee Communication Materials	
On-site Attendance at Open Enrollment Meetings	
Subrogation	
Case Management,	
Rate Guarantees/Rate Caps	Please provide rate guarantee and/or rate cap.
Wellness Budget	Please indicate if a wellness budget is included in your proposal and any requirements or rules for using the budget. Also, how and when it is distributed to the client? Complete the "Wellness Questionnaire Tab" and include as part of your proposal.
Communications Budget	Please indicate if a communication budget (used for Enrollment Guide development and Print, Videos, etc.) is included in your proposal and any requirements or rules for using the budget. Also, how and when it is distributed to the client?
Requested ASO Broker Commissions	Net of Commissions
Special Notes	Please complete red tab spreadsheets and submit as part of your proposal.
ADDITIONAL INFORMATION	
Required Exhibits	**Please include the following with your response:**
Network Access Report	Please provide a GeoAccess report for all employees list on the census for the following: - 2 PCP within 10 miles (ob/gyn and pediatricians should be shown separately) - 2 Specialists within 10 miles - 1 Hospital within 10 miles Please Note: GeoAccess report should only include unique providers count and not locations
CPT Code Analysis	Please include completed CPT Code worksheet with proposal
Network Discount Analysis	Please include completed Medical Network Discount worksheet with proposal
Banking Info	Please provide detailed information on banking arrangement, fee schedules, etc for i.e. Claim Payments

THE ESCAMBIA COUNTY SCHOOL DISTRICT

2014 PY Medical Marketing

	UNITED HEALTHCARE								<INSERT CARRIER NAME>					
	HSA Plan		*CHOICE HRA PLAN*		*BASE HRA PLAN*		*PPO PLAN*		*Plan 1*		*Plan 2*		*Plan 3*	
Benefits Highlights	*In Network Only*		*In Network Only*		*In Network Only*		*In Network*	*Out of Network*	*In Network*	*Out of Network*	*In Network*	*Out of Network*	*In Network*	*Out of Network*
HRA/ H S A Funding														
Single	$0		$500		$0		$0							
Family	$0		N/A		$0		$0							
Deductible														
Single	$3,000		$2,300		$2,500		$500	$1,000						
Family	$6,000		$5,400		$7,500		$1,500	$3,000						
Coinsurance	20%		20%		20%		20%	40%						
Out-of-Pocket Limit														
Single	$6,000		$4,000		$5,000		$3,000	$5,000						
Family	$12,000		$12,000		$15,000		$9,000	$15,000						
Out-of-Pocket Includes	Includes Coinsurance & Ded; excludes Copays		Includes Coinsurance; excludes Ded & Copays		Includes Coinsurance; excludes Ded & Copays		Includes Coinsurance; excludes Ded & Copays							
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited							
Physician Services														
PCP Office Visits	20% after Deductible		100% after $35 copay		20% after $40 copay		20% after Ded.	40% after Ded.						
Specialist Visits	20% after Deductible		100% after $50 copay		20% after $60 copay		20% after Ded.	40% after Ded.						
Preventive Care														
Well Child Care	No Charge; Ded waived		No Charge; Ded waived		No Charge; Ded waived		100%-Ded Waived	Not Covered						
Routine Adult Physical Exam	No Charge; Ded waived		No Charge; Ded waived		No Charge; Ded waived		100%-Ded Waived	Not Covered						
Well Woman/GYN Exam	No Charge; Ded waived		No Charge; Ded waived		No Charge; Ded waived		100%-Ded Waived	Not Covered						
Mammograms	No Charge; Ded waived		No Charge; Ded waived		No Charge; Ded waived		100%-Ded Waived	Not Covered						
Hospital Services														
Inpatient	20% after Ded.		20% after Ded.		20% after Ded.		20% after Ded.	40% after Ded.						
Outpatient	20% after Ded.		20% after Ded.		20% after Ded.		20% after Ded.	40% after Ded.						
Emergency Services														
Emergency Room	20% after Ded.		20% after $300 copay		20% after $300 copay		20% after Ded.	20% after Ded.						
Urgent Care Center	20% after Ded.		20% after $50 copay		20% after $60 copay		20% after Ded.	40% after Ded.						
Diagnostic X-ray/Lab														
Diagnostic Lab Facility	20% after Ded.		20% after Ded.		20% after Ded.		20% after Ded.	40% after Ded.						
Diagnostic X-ray Facility	20% after Ded.		20% after Ded.		20% after Ded.		20% after Ded.	40% after Ded.						
Major Services - PET Scans, MRI, CT Scans	20% after Ded		20% after Ded.		20% after Ded.		20% after Ded.	40% after Ded.						
Mental Health & Substance Abuse	*Pre-authorization required*		*Pre-authorization required*		*Pre-authorization required*		*Pre-authorization required*							
Inpatient	20% after Ded.		20% after Ded.		20% after Ded.		20% after Ded.	40% after Ded.						
Outpatient	20% after Ded.		20% after $35 copay		20% after $40 copay		20% after Ded.	40% after Ded.	*Pre-authorization required*		*Pre-authorization required*		*Pre-authorization required*	
Outpatient Therapy														
Physical, Occupational, Speech Therapy	20% after Ded Max. 20 visits per CY		20% after $50 copay Max. 20 visits per CY		20% after $50 copay Max. 20 visits per CY		20% after Ded. Max. 20 visits per CY	40% after Ded.						
Spinal Manipulation	20% after Ded Max. 20 visits per CY		20% after $50 copay Max. 20 visits per CY		20% after $50 copay Max. 20 visits per CY		20% after Ded. Max. 20 visits per CY	40% after Ded.						
Vision Benefit	*1 exam every 2 years*		*1 exam every 2 years*		*1 exam every 2 years*				*1 exam every 2 years*		*1 exam every 2 years*		*1 exam every 2 years*	
Exam	20% after Ded.		No Charge; Ded waived		20% after $60 copay		Not Covered							
Miscellaneous Services														
Home Health Care	20% after Ded. No Limit		20% after Ded. No Limit		20% after Ded. No Limit		20% after Ded. No Limit	40% after Ded.						
Hospice	20% after Ded. $7,500 Lifetime Max.		20% after Ded. $7,500 Lifetime Max.		20% after Ded. $7,500 Lifetime Max.		20% after Ded. $7,500 Lifetime Max.	40% after Ded.						
Skilled Nursing	20% after Ded. Max. 120 days per CY		20% after Ded. Max. 120 days per CY		20% after Ded. Max. 120 days per CY		20% after Ded. Max. 120 days per CY	40% after Ded.						
Durable Medical Equipment	20% after Ded. Single Purchase $2,000 CY Max.		20% after Ded. Single Purchase $2,000 CY Max.		20% after Ded. Single Purchase $2,000 CY Max.		20% after Ded. Single Purchase $2,000 CY Max.	40% after Ded.						
Prescription Drugs														
Retail - 30 day supply			Rx Ded: $150 per person (max $450 family) per CY then applicable copay		Rx Ded: $200 per person (max $600 family) per CY then applicable copay		Prescription Drug Ded: $150 per person (max $450 family) per CY then applicable copay							
Tier 1	20% after Deductible	Not Covered	$7 Copay	Not Covered	$10 Copay	Not Covered	$10 Copay	Not Covered						
Tier 2	20% after Deductible	Not Covered	$25 copay	Not Covered	$30 copay	Not Covered	$30 copay	Not Covered						
Tier 3	20% after Deductible	Not Covered	$40 copay	Not Covered	$70 copay	Not Covered	$50 copay	Not Covered						
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A						
Mail Order - 90 day supply	3 x retail	Not Covered	3 x retail	Not Covered	3 x retail	Not Covered	3 x retail	Not Covered						
Notes:														

Actual rates will be based on final enrollment
THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY.
This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance.
The provisions of the actual policy will prevail.
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THE ESCAMBIA COUNTY SCHOOL DISTRICT

2014 PY Administrative Services Only Marketing

		UNITED HEALTHCARE						<ENTER NAME>		
	ENROLLED	HSA		HRA		PPO		PROPOSED	PROPOSED	PROPOSED
Administration Fee		*Current*	*Renewal*	*Current*	*Renewal*	*Current*	*Renewal*			
Medical Fee		$34.96	$36.01	$37.02	$38.13	$32.38	$38.13	$0.00	$0.00	$0.00
Pharmacy Fee		Included	Included	Included	Included	Included	Included	$0.00	$0.00	$0.00
Network Fee										
Network Access		Included	Included	Included	Included	Included	Included	$0.00	$0.00	$0.00
Additional Fees										
Utilization Review		Included	Included	Included	Included	Included	Included	$0.00	$0.00	$0.00
Disease Management		Included	Included	Included	Included	Included	Included	$0.00	$0.00	$0.00
Wellness Management		N/A	N/A	N/A	N/A	N/A	N/A	$0.00	$0.00	$0.00
Claim Fiduciary		Included	Included	Included	Included	Included	Included	$0.00	$0.00	$0.00
Broker Fees		None	None	None	None	None	None	$0.00	$0.00	$0.00
Monthly Fee	4762	**$34.96**	**$36.01**	**$37.02**	**$38.13**	**$32.38**	**$38.13**	**$0.00**	**$0.00**	**$0.00**
Total Monthly Admin		**$166,480**	**$171,480**	**$176,289**	**$181,575**	**$154,194**	**$181,575**	**$0**	**$0**	**$0**
Annual Administration Cost		**$1,997,754**	**$2,057,755**	**$2,115,471**	**$2,178,901**	**$1,850,323**	**$2,178,901**	**$0**	**$0**	**$0**
Combined Monthly Total						**$496,962**	**$534,630**			
Combined Annual Total						**$5,963,547.84**	**$6,415,556.88**	**$0**		
Increase over Current ($)							$452,009	($5,963,548)	($5,963,548)	($5,963,548)
Increase over Current (%)							8%	-100%	-100%	-100%
Administration Fee Guarantee										
Disease Management Services										
Stop Loss Integration Fee										
Rx Integration Fee										
Wellness/Communication Budget:		$30,000 Wellness								
Notes:		Rates include HSA Administration fee								

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THE ESCAMBIA COUNTY SCHOOL DISTRICT

2014 PY Stop Loss Marketing

		SUN LIFE	<ENTER NAME>					
	ENROLLED	CURRENT	PROPOSED OPTION 1	PROPOSED OPTION 2	PROPOSED OPTION 3	PROPOSED OPTION 4	PROPOSED OPTION 5	PROPOSED OPTION 6
Reinsurance Contract Provisions:								
Maximum Reimbursement								
ISL - Lifetime		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
ISL - Annual		Unlimited						
Aggregate - Annual		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Covered Benefits								
ISL -		Medical & Rx	Medical	Medical & Rx	Medical	Medical & Rx	Medical	Medical & Rx
Aggregate -		N/A	N/A	N/A	N/A	N/A	N/A	N/A
ISL Contract								
Deductible		$350,000	$350,000	$350,000	$375,000	$375,000	$400,000	$400,000
Aggregating Specific Liability		$0	$0	$0	$0	$0	$0	$0
Contract Type		24/12						
Rates								
Composite	4,762	$14.35	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Estimated Annual Premium		**$820,016**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Annual SL Insurance Premium (including Aggregating Specific Liability)		**$820,016**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
% Change		**N/A**	**-100.0%**	**-100.0%**	**-100.0%**	**-100.0%**	**-100.0%**	**-100.0%**
Commission		Net of Commission						
Participation								
Run-In Limit		N/A						
Contingencies Apply		Yes						
Notes:		Retiree Coverage Included						

Actual rates will be based on final underwriting/enrollment

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THE ESCAMBIA COUNTY SCHOOL DISTRICT

Average Medical Network Discounts

Medical	<ENTER NETWORK NAME>				
ZIP CODE: 325xx Pensacola, FL					
Physician/Professional Discount					
Inpatient Hospital Discount					
Outpatient Facility Discount					
Average Overall Discount					

Medical	<ENTER NETWORK NAME>				
ZIP CODE: 366xx Mobile, AL					
Physician/Professional Discount					
Inpatient Hospital Discount					
Outpatient Facility Discount					
Average Overall Discount					

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THE ESCAMBIA COUNTY SCHOOL DISTRICT

CPT Code Analysis

Zip Code 325xx

			Average Negotiated Allowable Fee			
CPT Code	**Procedure Code Description**	**Procedure Chapter**	H S A	H R A	P P O	R & C Please list source and percentile used
0050	IMPL CARD RESYNC PACEMKR W/O DEFIB	OPER CARDIOVASCULAR SYS				
0051	IMPL CARD RESYNC DEFIB TOTAL SYSTEM	OPER CARDIOVASCULAR SYS				
0066	PTCA/CORONARY ATHERECTOMY	OPER CARDIOVASCULAR SYS				
0081	REV KNEE REPLACEMENT TIBIAL CMPNT	OPER MUSCULOSKELETAL SYS				
0084	REV TOTAL KNEE REPL TIBIAL INSERT	OPER MUSCULOSKELETAL SYS				
0159	OTH EXC/DESTRUC LESION/TISSUE BRAIN	OPERATIONS NERVOUS SYS				
00630	ANESTH, SPINE, CORD SURGERY	MISC DIAG THERAPEUTIC				
00740	ANESTH, UPPER GI VISUALIZE	MISC DIAG THERAPEUTIC				
741	LOW CERVICAL CESAREAN SECTION	OBSTETRICAL PROCEDURES				
00790	ANESTH, SURG UPPER ABDOMEN	MISC DIAG THERAPEUTIC				
00810	ANESTH, LOW INTESTINE SCOPE	MISC DIAG THERAPEUTIC				
00840	ANESTH, SURG LOWER ABDOMEN	MISC DIAG THERAPEUTIC				
01630	ANESTH, SURGERY OF SHOULDER	MISC DIAG THERAPEUTIC				
01967	ANESTH/ANALG, VAG DELIVERY	MISC DIAG THERAPEUTIC				
3129	OTHER PERMANENT TRACHEOSTOMY	OPER RESPIRATORY SYS				
3491	THORACENTESIS	OPER RESPIRATORY SYS				
3522	OTHER REPLACEMENT OF AORTIC VALVE	OPER CARDIOVASCULAR SYS				
3571	OTH&UNSPEC REPR ATRIAL SEPTAL DEFEC	OPER CARDIOVASCULAR SYS				
3611	(AORTO)COR BYPASS 1 CORONARY ARTERY	OPER CARDIOVASCULAR SYS				
3613	(AORTO)COR BYPASS 3 COR ARTERIES	OPER CARDIOVASCULAR SYS				
3722	LEFT HEART CARDIAC CATHETERIZATION	OPER CARDIOVASCULAR SYS				
3893	VENOUS CATHETERIZATION NEC	OPER CARDIOVASCULAR SYS				
3897	CVC PLACEMENT WITH GUIDANCE	OPER CARDIOVASCULAR SYS				
3927	ARTERIOVENOSTOMY FOR RENAL DIALYSIS	OPER CARDIOVASCULAR SYS				
3950	ANGPLSTY/ATHERECT OTH NON-COR VES	OPER CARDIOVASCULAR SYS				
3979	OTH ENDOVASCULAR PROC OTH VESSELS	OPER CARDIOVASCULAR SYS				
3995	HEMODIALYSIS	OPER CARDIOVASCULAR SYS				
4104	AUTO HEMAT ST CELL TRNSPLT W/O PURG	OPER HEMIC LYMPHATIC SYS				
4516	EGD W/CLOS BX	OPER DIGESTIVE SYS				
4572	OPEN AND OTHER CECECTOMY	OPER DIGESTIVE SYS				
4573	OPEN AND OTHER RIGHT HEMICOLECTOMY	OPER DIGESTIVE SYS				
4620	ILEOSTOMY NOT OTHERWISE SPECIFIED	OPER DIGESTIVE SYS				
5123	LAPAROSCOPIC CHOLECYSTECTOMY	OPER DIGESTIVE SYS				
5149	INCISION OTH BDS RELIEF OBSTRUCTION	OPER DIGESTIVE SYS				
5491	PERCUTANEOUS ABDOMINAL DRAINAGE	OPER DIGESTIVE SYS				
6849	OTHER & UNSPEC TOTAL ABDOMINAL HYST	OPER FEMALE GENITAL ORGANS				
7109	OTHER INCISION OF VULVA&PERINEUM	OPER FEMALE GENITAL ORGANS				
7359	OTHER MANUALLY ASSISTED DELIVERY	OBSTETRICAL PROCEDURES				
7935	OPEN RDUC FRACTURE FEM W/INTRL FIX	OPER MUSCULOSKELETAL SYS				
8099	OTH EXCISION JOINT OTH SPEC SITE	OPER MUSCULOSKELETAL SYS				
8102	CERV FUSION ANT COLM ANT TECHNIQUE	OPER MUSCULOSKELETAL SYS				
8107	LUMB LUMBOSACRAL FUS POST COLM TECH	OPER MUSCULOSKELETAL SYS				
8108	LUMB LUMBOSAC FUS ANT COL POST TECH	OPER MUSCULOSKELETAL SYS				
8151	TOTAL HIP REPLACEMENT	OPER MUSCULOSKELETAL SYS				
8152	PARTIAL HIP REPLACEMENT	OPER MUSCULOSKELETAL SYS				
8154	TOTAL KNEE REPLACEMENT	OPER MUSCULOSKELETAL SYS				
8415	OTHER AMPUTATION BELOW KNEE	OPER MUSCULOSKELETAL SYS				
9390	NON-INVASIVE MECHANICAL VENTILATION	MISC DIAG THERAPEUTIC				
9604	INSERTION OF ENDOTRACHEAL TUBE	MISC DIAG THERAPEUTIC				
9672	CONT INVASV MECH VENT 96 CONSEC HR>	MISC DIAG THERAPEUTIC				
9723	REPLACEMENT OF TRACHEOSTOMY TUBE	OPER RESPIRATORY SYS				
9904	TRANSFUSION OF PACKED CELLS	MISC DIAG THERAPEUTIC				
9907	TRANSFUSION OF OTHER SERUM	MISC DIAG THERAPEUTIC				
9925	INJ/INFUS CANCER CHEMO SUBSTANCE	MISC DIAG THERAPEUTIC				
19103	BX BREAST PERCUT W/DEVICE	OPER INTEGUMENTARY SYS				
20610	DRAIN/INJECT, JOINT/BURSA	OPER MUSCULOSKELETAL SYS				

THE ESCAMBIA COUNTY SCHOOL DISTRICT

CPT Code Analysis

Zip Code 325xx

			Average Negotiated Allowable Fee			
CPT Code	**Procedure Code Description**	**Procedure Chapter**	H S A	H R A	P P O	R & C Please list source and percentile used
29826	SHOULDER ARTHROSCOPY/SURGERY	OPER MUSCULOSKELETAL SYS				
35476	REPAIR VENOUS BLOCKAGE	OPER CARDIOVASCULAR SYS				
36561	INSERT TUNNELED CV CATH	OPER CARDIOVASCULAR SYS				
43239	UPPER GI ENDOSCOPY, BIOPSY	OPER DIGESTIVE SYS				
45378	DIAGNOSTIC COLONOSCOPY	OPER DIGESTIVE SYS				
45380	COLONOSCOPY AND BIOPSY	OPER DIGESTIVE SYS				
45384	LESION REMOVE COLONOSCOPY	OPER DIGESTIVE SYS				
45385	LESION REMOVAL COLONOSCOPY	OPER DIGESTIVE SYS				
47562	LAPAROSCOPIC CHOLECYSTECTOMY	OPER DIGESTIVE SYS				
50590	FRAGMENTING OF KIDNEY STONE	OPER URINARY SYS				
59400	OBSTETRICAL CARE	OBSTETRICAL PROCEDURES				
66984	CATARACT SURG W/IOL, 1 STAGE	OPERATIONS EYE				
76499	RADIOGRAPHIC PROCEDURE	MISC DIAG THERAPEUTIC				
77418	RADIATION TX DELIVERY, IMRT	MISC DIAG THERAPEUTIC				
77799	RADIUM/RADIOISOTOPE THERAPY	MISC DIAG THERAPEUTIC				
78000	THYROID, SINGLE UPTAKE	MISC DIAG THERAPEUTIC				
78815	PET IMAGE W/CT, SKULL-THIGH	MISC DIAG THERAPEUTIC				
88305	TISSUE EXAM BY PATHOLOGIST	MISC DIAG THERAPEUTIC				
89240	UNLISTED MISC PATHOLOGY TEST	MISC DIAG THERAPEUTIC				
90935	HEMODIALYSIS, ONE EVALUATION	OPER CARDIOVASCULAR SYS				
91000	ESOPHAGEAL INTUBATION	MISC DIAG THERAPEUTIC				
92014	EYE EXAM & TREATMENT	MISC DIAG THERAPEUTIC				
93458	L HRT ARTERY/VENTRICLE ANGIO	OPER CARDIOVASCULAR SYS				
97100	PHYSICAL THERAPY TREAT	MISC DIAG THERAPEUTIC				
99203	OFFICE/OUTPATIENT VISIT, NEW	MISC DIAG THERAPEUTIC				
99204	OFFICE/OUTPATIENT VISIT, NEW	MISC DIAG THERAPEUTIC				
99212	OFFICE/OUTPATIENT VISIT, EST	MISC DIAG THERAPEUTIC				
99213	OFFICE/OUTPATIENT VISIT, EST	MISC DIAG THERAPEUTIC				
99214	OFFICE/OUTPATIENT VISIT, EST	MISC DIAG THERAPEUTIC				
99215	OFFICE/OUTPATIENT VISIT, EST	MISC DIAG THERAPEUTIC				
99223	INITIAL HOSPITAL CARE	MISC DIAG THERAPEUTIC				
99232	SUBSEQUENT HOSPITAL CARE	MISC DIAG THERAPEUTIC				
99233	SUBSEQUENT HOSPITAL CARE	MISC DIAG THERAPEUTIC				
99244	OFFICE CONSULTATION	MISC DIAG THERAPEUTIC				
99283	EMERGENCY DEPT VISIT	MISC DIAG THERAPEUTIC				
99284	EMERGENCY DEPT VISIT	MISC DIAG THERAPEUTIC				
99285	EMERGENCY DEPT VISIT	MISC DIAG THERAPEUTIC				
99291	CRITICAL CARE, FIRST HOUR	MISC DIAG THERAPEUTIC				
99396	PREV VISIT, EST, AGE 40-64	MISC DIAG THERAPEUTIC				
99999	UNKNOWN PROCEDURE	MISC DIAG THERAPEUTIC				
A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	MISC DIAG THERAPEUTIC				
A0428	AMB SERVICE BLS NONEMERG TRANSPORT	MISC DIAG THERAPEUTIC				
G0202	SCR MAMMO PRODUC DIR DIGTL IMAG BIL	MISC DIAG THERAPEUTIC				
J0129	INJECTION ABATACEPT 10 MG	MISC DIAG THERAPEUTIC				

THE ESCAMBIA COUNTY SCHOOL DISTRICT

2013 Performance Guarantees

	CARRIER	
Guarantee Area	**Standard**	**Penalty / $ Amount**
Communication Budget		
Communication Allowance		
Wellness Allowance		
Performance Guarantee		
Implementation		
Implementation Survey		
ID Card Distribution		
Claim Readiness		
Call Center Readiness		
SPDs		
Account Management		
Overall Management		
Claims Administration		
Turnaround Time		
Financial Accuracy		
Payment Accuracy		
Total Claim Accuracy		
Member Satisfaction		
Member Services		
Average Speed of Answer		
Abandonment Rate		
First Call Resolution		
Quality resolution		
Eligibility/Ongoing Service		
Eligibility updates		
Maintenance ID Cards		
Other Guarantees		
DISCOUNT GUARANTEE		
CLAIM TARGET GUARANTEE		
DISEASE MANAGEMENT		

Total at Risk		

THE ESCAMBIA COUNTY SCHOOL DISTRICT
MEDICAL GEO ACCESS - CARRIER RESPONSE NEEDED

<Enter Your Company Name Here>

This sheet is designed for you to answer specific questions regarding the geographic access you are proposing. Please respond to these summary questions and provide a complete GEO ACCESS Report for the defined standards in the RFP. Thank you for your cooperation and assistance.

Please provide information on the count of providers in your network.

PPO Medical Network Count	Nationally	Situs State	Pensacola, FL 3-digit zip: 325	Mobile, AL 3-digit zip: 365	Montgomery, AL 3-digit zip: 364	Mobile, AL 3-digit zip: 366	Pensacola, FL 3-digit zip: 324
Number of PCPs							
Number of OB/GYNs							
Number of Pediatricians							
Number of Other Specialists							
Number of Hospitals							
% of All Licensed Providers Contracted with Your Network							

A census of employee eligibility, enrollment and home zip codes is included with this RFP. We are requesting a network match based upon the residential zip code of all eligible and enrolled employees.

	Number of Employees	General Physicians- 2 in 10 miles		
		Employees Matched	% Match	Employees Not Matched
Total Enrolled	4,762			
Total Eligible	6,089			

	Number of Employees	OB/GYN - 2 in 10 miles		
		Employees Matched	% Match	Employees Not Matched
Total Enrolled in PPO	4,762			
Total Eligible	6,089			

	Number of Employees	Pediatricians - 2 in 10 miles		
		Employees Matched	% Match	Employees Not Matched
Total Enrolled	4,762			
Total Eligible	6,089			

	Number of Employees	Hospitals - 1 in 10 miles		
		Employees Matched	% Match	Employees Not Matched
Total Enrolled	4,762			
Total Eligible	6,089			