

MANAGED CARE SAVINGS REPORT

(Active) (197)

Paid from 01/01/2009 thru 12/11/2009

Code	COVERAGE Description	PPO					NON PPO				
		Charges	Ineligible	Discounts	Coordination Of Benefits	Net Paid	Charges	Ineligible	Discounts	Coordination Of Benefits	Net Paid
HMHA	HOME HEALTH CARE AGENCY	\$1,364.78	\$0.00	\$704.78	\$0.00	\$660.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSP	HOME HEALTH CARE SUPPLY	\$263.45	\$0.00	\$105.38	\$0.00	\$158.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HSER	EMERGENCY ROOM HOSPITAL	\$25,503.82	\$0.00	\$17,551.65	\$0.00	\$7,952.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HSIP	HOSP INPT (R&B, MISC)	\$365,378.93	\$0.00	\$105,969.31	\$0.00	\$259,409.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HSOP	HOSPITAL OUTPATIENT	\$23,315.95	\$4,417.76	\$6,449.78	\$0.00	\$12,448.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IPAN	INPATIENT ANESTHESIA	\$5,868.00	\$0.00	\$997.80	\$0.00	\$4,870.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IPAS	INPATIENT ASST SURGEON	\$5,450.90	\$0.00	\$545.09	\$0.00	\$4,905.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IPMD	INPT MEDICAL VISITS	\$6,904.00	\$0.00	\$2,141.30	\$0.00	\$4,762.70	\$315.00	\$0.00	\$81.72	\$0.00	\$233.28
IPSU	INPATIENT SURGERY	\$47,492.00	\$0.00	\$9,953.40	\$0.00	\$37,538.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
RN	NURSING VISIT	\$264.00	\$0.00	\$0.00	\$0.00	\$264.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IMMU	IMMUNIZATIONS	\$382.00	\$0.00	\$65.35	\$0.00	\$316.65	\$144.00	\$10.45	\$25.00	\$0.00	\$108.55
OFSU	OFFICE SURGERY	\$6,437.00	\$0.00	\$2,538.24	\$0.00	\$3,898.76	\$929.00	\$0.00	\$136.78	\$0.00	\$792.22
OPAN	OUTPT ANESTHESIA	\$12,113.00	\$0.00	\$3,587.50	\$0.00	\$8,525.50	\$1,092.00	\$0.00	\$884.10	\$0.00	\$207.90
OPDG	OUTPT DRUG ABUSE VISITS	\$375.00	\$0.00	\$92.10	\$0.00	\$282.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OPMD	OUTPT MEDICAL VISITS	\$1,479.00	\$0.00	\$458.49	\$0.00	\$1,020.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OPMN	OUTPT PSYCHIATRIC VISITS	\$1,555.00	\$0.00	\$588.40	\$0.00	\$966.60	\$320.00	\$0.00	\$115.20	\$0.00	\$204.80
OPSF	OUTPT SURGICAL FACILITY	\$81,406.86	\$0.00	\$24,479.69	\$0.00	\$56,927.17	\$3,738.28	\$0.00	\$924.45	\$0.00	\$2,813.83
OPSU	OUTPT SURGEON	\$25,784.00	(\$166.28)	\$11,562.73	\$0.00	\$14,387.55	\$6,117.68	\$53.70	\$2,174.77	\$0.00	\$3,889.21
DME	DURABLE MEDICAL EQUIP	\$4,777.12	\$19.04	\$2,060.86	\$0.00	\$2,697.22	\$2,940.79	\$0.00	\$712.04	\$0.00	\$2,228.75
CHEM	CHEMOTHERAPY	\$67,685.64	\$0.00	\$36,229.94	\$0.00	\$31,455.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHYT	PHYSICAL THERAPY	\$56,387.00	\$485.96	\$31,614.62	\$0.00	\$24,286.42	\$528.00	\$0.00	\$100.88	\$0.00	\$427.12
DXL	XRAY/LAB	\$35,182.55	\$0.00	\$11,565.35	\$0.00	\$23,617.20	\$1,051.50	\$0.00	\$210.30	\$0.00	\$841.20
CHIR	CHIROPRACTIC VISITS	\$7,897.00	\$13.95	\$2,359.30	\$0.00	\$5,523.75	\$1,782.00	\$0.00	\$520.53	\$0.00	\$1,261.47
DUPL	DUPLICATE CHARGE	\$3,281.00	\$1,212.75	\$2,068.25	\$0.00	\$0.00	\$90.00	\$90.00	\$0.00	\$0.00	\$0.00
AMBL	AMBULANCE	\$4,716.60	\$0.00	\$0.00	\$0.00	\$4,716.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SNF	SKILLED NURSING FACILITY	\$4,440.00	\$0.00	\$888.00	\$0.00	\$3,552.00	\$132.00	\$0.00	\$26.40	\$0.00	\$105.60
ANNL	ROUTINE YEARLY VISIT	\$554.25	\$0.00	\$73.91	\$0.00	\$480.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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RX	PRESCRIPTION DRUGS	\$231.50	\$0.00	\$0.00	\$0.00	\$231.50	\$112.75	\$0.00	\$0.00	\$0.00	\$112.75
SUPL	SUPPLIES	\$6,945.38	\$96.00	\$1,515.97	\$0.00	\$5,333.41	\$560.99	\$0.00	\$4.91	\$0.00	\$556.08
NCOV	NON COVERED EXPENSE	\$5,540.00	\$2,430.29	\$3,109.71	\$0.00	\$0.00	\$227.25	\$227.25	\$0.00	\$0.00	\$0.00
REF	REFUNDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$6.25)	\$0.00	\$0.00	\$0.00	(\$6.25)
REIN	INSURANCE REIMBURSEMENT	(\$251,426.24)	\$0.00	\$0.00	\$0.00	(\$251,426.24)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ERMD	EMERG ROOM PHYSICIAN	\$3,052.95	\$0.00	\$1,402.88	\$0.00	\$1,650.07	\$624.00	\$0.00	\$0.00	\$0.00	\$624.00
ERXL	EMERG ROOM DIAG TESTING	\$1,815.52	\$0.00	\$583.28	\$0.00	\$1,232.24	\$380.00	\$0.00	\$232.54	\$0.00	\$147.46
OVMD	PHYSICIAN OFFICE VISIT	\$15,992.18	\$0.00	\$5,183.94	\$0.00	\$10,808.24	\$1,487.75	\$0.00	\$337.30	\$0.00	\$1,150.45
DFEE	DISCOUNT REPRICING FEE	\$3,507.70	\$0.00	\$0.00	\$0.00	\$3,507.70	\$1,804.76	\$51.89	\$0.00	\$0.00	\$1,752.87
LAB	LABORATORY TEST	\$3,723.68	\$0.00	\$2,085.86	\$0.00	\$1,637.82	\$435.03	\$0.00	\$107.66	\$0.00	\$327.37
XRAY	X-RAY TEST	\$3,572.00	\$0.00	\$1,116.27	\$0.00	\$2,455.73	\$300.00	\$0.00	\$180.37	\$0.00	\$119.63
RAD	RADIOLOGIST	\$7,624.75	\$0.00	\$2,238.04	\$0.00	\$5,386.71	\$817.00	\$0.00	\$443.19	\$0.00	\$373.81
MRI	MRI/CT, PET SCAN/EEG	\$30,470.00	\$0.00	\$9,080.75	\$0.00	\$21,389.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LABP	LAB PROFESSIONAL INTERP	\$8,123.00	\$0.00	\$652.20	\$0.00	\$7,470.80	\$685.00	\$0.00	\$465.67	\$0.00	\$219.33
INFU	INFUSION	\$4,621.91	\$0.00	\$1,393.65	\$0.00	\$3,228.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ALER	ALLERGY/IMMUNOLOGY	\$5,225.00	\$0.00	\$2,097.00	\$0.00	\$3,128.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OPHTH	OPHTHALMOLOGY	\$4,931.00	\$0.00	\$1,211.37	\$0.00	\$3,719.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ENT	OTORHINOLARYNGOLOGY	\$310.00	\$0.00	\$30.38	\$0.00	\$279.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ECHO	ECHOCARDIOGRAPHY	\$456.00	\$0.00	\$126.25	\$0.00	\$329.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CATH	CARDIAC CATHETERIZATION	\$715.00	\$0.00	\$178.75	\$0.00	\$536.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VASC	DIAGNOSTIC VASCULAR	\$588.00	\$0.00	\$380.81	\$0.00	\$207.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PULM	PULMONARY	\$977.00	\$0.00	\$568.59	\$0.00	\$408.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NEUR	NEUROLOGY	\$1,335.00	\$0.00	\$403.90	\$0.00	\$931.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CRIT	CRITICAL CARE	\$1,326.00	\$0.00	\$132.60	\$0.00	\$1,193.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
INJ	INJECTIONS	\$3,504.35	\$0.00	\$1,792.79	\$0.00	\$1,711.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UCF	URGENT CARE FACILITY	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PSA	PROSTATE SPECIFIC ANTIGE	\$83.00	\$0.00	\$44.45	\$0.00	\$38.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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ECG	ELECTROCARDIOGRAPHY	\$1,307.00	\$0.00	\$505.62	\$0.00	\$801.38	\$137.00	\$0.00	\$62.97	\$0.00	\$74.03
PEND	PENDING INFO REQUESTED	\$30,794.22	\$10,715.81	\$20,078.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CARD	RETAIL PRESCRIPTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64,542.53	\$0.00	\$0.00	\$0.00	\$64,542.53
MAIL	MAIL ORDER PRESCRIPTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$129,202.80	\$0.00	\$0.00	\$0.00	\$129,202.80
EX21	Discount Repricing Fee	\$1,552.87	\$0.00	\$0.00	\$0.00	\$1,552.87	\$154.44	\$0.00	\$0.00	\$0.00	\$154.44
EX26	Disease Management Fees	\$1,007.58	\$0.00	\$0.00	\$0.00	\$1,007.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EX30	Claim Refund	\$13,000.00	\$0.00	\$0.00	\$0.00	\$13,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:		\$707,290.20	\$19,225.28	\$330,564.69	\$0.00	\$357,500.23	\$220,645.30	433.29	\$7,746.78	\$0.00	\$212,465.23
RECAP OF SAVINGS		<u>PPO</u>		<u>NON PPO</u>							
	Ineligible	\$19,225.28		433.29							
	Coordination Of Benefits	\$0.00		\$0.00							
	Discounts	\$330,564.69		\$7,746.78							
		<u>DOLLAR</u>		<u>PERCENTAGE</u>							
	Total PPO Savings	\$330,564.69		46.74							
	Total Non-PPO Savings	\$7,746.78		3.51							
	Total Savings	\$338,311.47		36.46							

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		Charges	Ineligible	Discounts	Coordination Of Benefits	Net Paid	Charges	Ineligible	Discounts	Coordination Of Benefits	Net Paid
CARD	RETAIL PRESCRIPTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$338.80	\$0.00	\$0.00	\$0.00	\$338.80
MAIL	MAIL ORDER PRESCRIPTIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$255.36	\$0.00	\$0.00	\$0.00	\$255.36
Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$594.16	0.00	\$0.00	\$0.00	\$594.16
RECAP OF SAVINGS		<u>PPO</u>					<u>NON PPO</u>				
Ineligible		\$0.00	0.00								
Coordination Of Benefits		\$0.00	\$0.00								
Discounts		\$0.00	\$0.00								
		<u>DOLLAR</u>	<u>PERCENTAGE</u>								
Total PPO Savings		\$0.00	0.00								
Total Non-PPO Savings		\$0.00	0.00								
Total Savings		\$0.00	0.00								

END OF REPORT