FY19 BridgeHealth Savings Report

Procedure Area	Regionally Adjusted Average	BH Case Rate	Case Management Fee	Travel Expenses	Total MI&G	Case Total Cost	Savings
Orthopedic	\$72,224.43	\$23,000.00	\$4,600.00	\$2,725.29	\$1,471.44	\$31,796.73	\$40,427.70
Spinal Surgery	\$90,539.07	\$35,454.00	\$7,090.80	\$4,282.11	\$800.00	\$47,626.91	\$42,912.16
Orthopedic	\$72,819.59	\$23,950.00	\$4,790.00	\$4,786.48	\$1,000.00	\$34,526.48	\$38,293.11
Orthopedic	\$20,521.69	\$9,200.00	\$1,840.00	\$6,009.50	\$1,542.88	\$18,592.38	\$1,929.31
General Surgery	\$29,083.32	\$5,175.00	\$1,035.00	\$1,867.40	\$500.00	\$8,577.40	\$20,505.92
Orthopedic	\$26,287.08	\$8,500.00	\$1,700.00	\$2,112.38	\$1,542.88	\$13,855.26	\$12,431.82
General Surgery	\$56,320.83	\$17,000.00	\$3,400.00	\$2,917.02	\$900.00	\$24,217.02	\$32,103.81
Orthopedic	\$49,465.54	\$17,250.00	\$3,450.00	\$3,106.40	\$1,100.00	\$24,906.40	\$24,559.14
Orthopedic Orthopedic	\$23,892.37 \$72,658.67	\$10,815.00 \$23,950.00	\$2,163.00 \$4,790.00			\$18,132.96 \$32,681.32	\$5,759.41 \$39,977.35
Total:			\$34,858.80	\$35,302.86	\$10,457.20	\$254,912.86	\$258,899.73

KPBSD FY20 Rates Estimates 4/4/2019

1. KPBSD Cap Related Information

	KPBSD Cap Amount <u>Traditional</u>		KPBSD Cap Amount <u>HDHP</u>	
District (85% Traditional - 90% HDHP)	\$	1,731.45	\$	1,645.61
Employee (15% Traditional - 10% HDHP)	\$	305.55	\$	182.85
Monthly Total	\$	2,037.00	\$	1,828.46
2. FY20 Healthcare Rate Estimate - Claims Through Feb 2019		FY20		FV20

2. FY20 Healthcare Rate Estimate - Claims Through Feb 2019	FY20 Estimated Contributions <u>Traditional</u>		FY20 Estimated Contributions <u>HDHP</u>	
FY20 Broker Recommended Amount Monthly	\$	3,054.91	\$	2,023.71
Amount above/below Cap	\$	1,017.91	\$	195.25
50% of Excess/Reduction	\$	508.96	\$	97.63
District	\$	2,240.41	\$	1,743.24
Employee	\$	814.51	\$	280.47
Total FY20 Amounts Per Broker Rec	\$	3,054.91	\$	2,023.71

^{*}Based on Broker Recommended Rates

Kenai Peninsula Borough School District Projected Self-Funded Costs

nn		

Ailidal Cost						
July 2018 - June 2019 Projected Rates	Traditional Plan	HDHP	Total			
Average Monthly Enrollment	547	577	1,124			
Net Claims	\$14,243,359	\$12,134,159	\$26,377,519			
Administration (Rehn)	\$93,444	\$99,774	\$193,218			
Administration (Rx)	\$4,033	\$4,334	\$8,367			
Specific Stop Loss Premium	\$1,476,054	\$1,610,024	\$3,086,078			
Aggregate Stop Loss Premium	\$17,649	\$18,932	\$36,580			
Broker Fees	\$28,831	\$30,369	\$59,200			
HRA Administration Fee	SO SO	\$24,185	\$24,185			
HRA Fund	\$0	\$432,688	\$432,688			
Variable Costs	\$31,041	\$32,733	\$63,774			
Total	\$15,894,411	\$14,387,198	530,281,609			

PEPM

Traditional Plan	HDHP	Total
547	577	1,124
\$2,169.59	\$1,752.73	\$1,955.63
\$14.23	\$14.41	\$14.33
\$0.61	\$0.63	\$0.62
\$224.84	\$232.56	\$228.80
\$2.69	\$2.73	\$2.71
\$4.39	\$4.39	\$4.39
\$0.00	\$3.49	\$1.79
\$0.00	\$62.50	\$32.08
\$4.73	\$4.73	\$4.73
\$2,421.08	\$2.078.17	\$2,245.08

Annual Cost

March 2018 - February 2019 Actual Costs	Traditional Plan	HDHP	Total	
Average Monthly Enrollment	755	343	1,097	
Net Claims	\$21,590,124	\$2,992,042	\$24,582,165	
Administration (Rehn)	\$128,672	\$58,403	\$187.075	
Administration (Rx)	\$5,689	\$2,335	\$8.023	
Aetna / Coalition Fees	\$184,903	\$83,926	\$268,829	
Specific Stop Loss Premium	\$1,826,575	\$884.572	\$2,711,146	
Aggregate Stop Loss Premium	\$25,005	\$12,250	\$37.254	
Broker Fees	\$42,656	\$18,810	\$61,467	
HRA Administration Fee	\$0	\$14,385	\$14,385	
HRA Fund	\$0	\$256,875	\$256.875	
Variable Costs	\$35,185	\$15,970	\$51,155	
Total	\$23,838,808	\$4,339,568	\$28,178,375	

Traditional Plan	HDHP	Total
755	343	1,097
\$2,384.33	\$727.99	\$1,822.52
\$14.21	\$14.21	\$13.87
\$0.63	\$0.57	\$0.59
\$20.42	\$20.42	\$19.93
\$201.72	\$215.22	\$201.00
\$2.76	\$2.98	\$2.76
\$4.71	\$4.58	\$4.56
\$0.00	\$3.50	\$1.07
\$0.00	\$62.50	\$19.51
\$3.89	\$3.89	\$3.79
\$2,632.67	\$1,055.86	\$2,089.61

Annual Cost

July 2019 - June 2020 Projected Costs	Traditional Plan	HDHP	Total
Average Monthly Enrollment	521	560	1,081
Net Claims	\$16,894,841	\$10,786,323	\$27,681,164
Administration (Rehn)	\$94,679	\$101,766	\$196,445
Administration (Rx)	\$3,785	\$4,069	\$7,854
Aetna / Coalition Fees	\$138,846	\$149,239	\$288,085
Specific Stop Loss Premium	\$1,912,343	\$2.055.493	\$3,967,836
Aggregate Stop Loss Premium	\$26,258	\$28,224	\$54,482
Broker Fees	\$28,532	\$30,668	\$59,200
HRA Administration Fee	\$0	\$23,520	\$23,520
HRA Fund	so	\$420,000	\$420,000
Variable Costs	\$0	\$0	\$0
Total	\$19,099,285	\$13,599,302	\$32,698,587

PEPM

Traditional Plan	HDHP	Total
521	560	1,081
\$2,702.31	\$1,605.11	\$2,133.92
\$15.14	\$15.14	\$15.14
\$0.61	\$0.61	\$0.61
\$22.21	\$22.21	\$22.21
\$305.88	\$305.88	\$305.88
\$4.20	\$4.20	\$4.20
\$4.56	\$4.56	\$4.56
\$0.00	\$3.50	\$1.81
\$0.00	\$62.50	\$32.38
\$0.00	\$0.00	\$0.00
\$3.054.91	\$2,023.71	\$2,520.71

- Assumptions:

 1. Projected enrollment based on Februar 2019 counts.
- 2. Net Claims are based on 10% weight on January December 2017 claims, 70% weight on January December 2018 claims, and 20% weight on January Februa 4. 2019/20 Fixed costs are estimated based on 6 months of the 2019 rates and 6 months of projected 2020 rate increases.
- 5. HRA fund of \$750 per year
- 6. Variable costs by plan are based on total variable costs pro-rated based on enrollment.
- 7. Projections assume no changes to the current plans.

Kenai Peninsula Borough School District 2019/20 Self-Funded Projected Rates

MEDICAL/RX	Enrollment	FY19 Rates	FY20 Projected Rates
Traditional Plan			
Employee Only Monthly Total Annual Total PEPM % Increase	<u>521</u> 521	\$2,421.49 \$1,261,596 \$15,139,155 \$2,421.49	\$3,054.91 \$1,591,607 \$19,099,285 \$3,054.91
HDHP			26.2%
Employee Only Monthly Total Annual Total PEPM % Increase	<u>560</u> 560	\$2,078.47 \$1,163,943 \$13,967,318 \$2,078.47	\$2,023.71 \$1,133,275 \$13,599,302 \$2,023.71 -2.6%
Monthly Total Annual Total PEPM % Increase	1,081	\$2,425,539 \$29,106,474 \$2,243.79	\$2,724,882 \$32,698,587 \$2,520.71 12.3%

Kenai Peninsula Borough School District	Reserve Account	As of 6-30-17	As of 6-30-18	FY19 Monthly Contribution	on - Traditional
	Employee Share	701,399.69	471,065.27	Employee Share *	498.00
Health Care Committee Monthly recap	Employer Share	1,353,713.48	1,572,408.17	Employer Share	1,923.49
as of March 31, 2019					2,421.49

 FY19 Monthly Contribution - HDHP

 Employee Share *
 308.00

 Employer Share 4
 1,770.47

 2,078.47
 2,078.47

This document is provided to the Health Care Committee as a work paper to recap the contributions to and expenditures from the Health Care Plan each month. It is to be used primarily as an aid in estimating costs of the plan to determine if changes should be made in employee contribution amounts. Every effort is made to provide current and accurate information, but this information is not audited until after the end of the fiscal year.

Fandanas	Number of Employees	YTD Employees		Current Month Obligations	YTD Obligations	Contributions Current Month Collected	Contributions YTD Collected
Employees	201	2 4 4 0		110 000 00	4 550 000 00		
KPEA Employees	301	3,149		149,898.00	1,568,202.00	197,165.62	1,403,573.74
KPEA Employees - HDHP	302	2,280		93,016.00	702,240.00	133,945.81	927,983.95
KPEA Repay EE Reserve						16,651.29	117,649.23
KPESA Employees	186	2,019		92,628.00	1,005,462.00	118,421.28	884,463.86
KPESA Employees - HDHP	203	1,504		62,524.00	463,232.00	87,351.20	602,702.25
KPESA Repay EE Reserve						10,608.30	75,438.00
Administrators	20	246		9,960.00	122,508.00	12,831.57	101,981.60
Administrators - HDHP	38	273		11,704.00	84,084.00	16,171.31	108,577.61
Admin Repay EE Reserve						1,600.80	11,205.60
Board Members	1	16		498.00	7,968.00	275.00	5,620.48
Board Members - HDHP	3	25		924.00	7,700.00	825.00	8,164.39
Board Repay EE Reserve							476.10
Exempt Employees	11	104		5,478.00	51,792.00	5,656.46	48,879.36
Exempt Employees - HDHP	15	120		4,620.00	36,960.00	5,089.38	38,244.07
Exempt Repay EE Reserve						717.60	4,830.00
Affordable Care Act **				0.00	0.00		
ACA Empl Repay EE Reserve			-	-			
Total Employees on Payroll	1,080	9,736		431,250.00	4,050,148.00	607,310.62	4,339,790.24
COBRA Payers (FY19 = \$2215.88)	1	15		2,215.88	33,238.20	2	32,295.12
COBRA HD Payers (FY19 = \$1960.28)		6	s=		11,761.68	<u> </u>	11,687.46
Total Employees	1,081	9,757	Total	433,465.88 *	4,095,147.88	607,310.62	4,383,772.82

^{*} Current month employee obligations are a calculation of "Number of Employees" eligible for health care coverage during that month times the "Employee Share" (shown in the upper right corner of the sheet).

^{**} Affordable Care Act (ACA) coverage is offered to employees once eligibility is determined. Eligiblity is based on number of hours worked during the measurement period.

Employer						
Employer share	520	5,549	1,000,214.80	10,673,446.01	1,302,506.32	9,444,075.67
Employer share - HDHP	561	4,208	993,233.67	7,450,137.76	1,300,146.13	9,172,483.62
Total			2,426,914.35	22,218,731.65	3,209,963.07	23,000,332.11
+ Employee Share Split	FY19 Contribution Trac	ditional	498.00	Subtotal	334,349.93	2,444,519.04
	Cobra		2,215.88	Subtotal	\$2.000 Well W-26.00.0	32,295.12
					334,349.93	2,476,814.16
	FY19 Contribution HDF	IP	308.00	Subtotal	243,382.70	1,685,672.27
	Cobra HD		1,960.28	Subtotal	-	11,687.46
				-	243,382.70	1,697,359.73
	Prior Year Reserve Rep	ayment	20.70	Subtotal	29,577.99	209,598.93

Expenditures

Since the health care plan is self-funded, both employee and employer contributions are collected and bills are paid from the accumulated funds.

	TRADIT	IONAL	HDHP	
Claims	Current Month	Year-To-Date	Current Month	Year-To-Date
Health Care Claims paid by TPA (Rehn)	1,262,346.25	13,108,609.28	661,877.69	3,076,777.53
Prescription Claims paid by Caremark	384,592.44	3,760,742.18	70,236.01	530,382.40
HRA			20,235.17	177,398.93
Total Claims Paid	1,646,938.69	16,869,351.46	752,348.87	3,784,558.86
Administration				
TPA (Rehn) fees and costs	17,239.65	168,568.41		
TPA (Rehn) HRA fees and costs		· ·	13,896.27	108,891.27
Aetna Administration Fees	11,356.55	108,230.41	12,251.97	83,666.58
Consultant Fees	2,373.11	21,216.11	2,560.22	23,183.86
Stop Loss Premiums	146,676.40	1,206,769.88	158,241.27	969,589.04
Affordable Care Act Fee	12,245.05	58,936.37	13,210.52	33,477.03
Total Administration	189,890.76	1,563,721.18	200,160.25	1,218,807.78
Total Claims plus Administration	1,836,829.45	18,433,072.64	952,509.12	5,003,366.64
Adjustments				
Stop Loss reimbursements	(111,130.37)	(2,977,494.19)	2	
Prescription Rebates		(408,732.37)		(99,992.00)
Health Care Claims refund	€	40 O (2 1550)	2	
Claims reimbursements	(150.00)	(500.00)	-	
Other adjustments	ŷ 	(25.00)	· · · · · ·	
Total Adjustments	(111,280.37)	(3,386,751.56)		(99,992.00)
Total Expenditures	1,725,549.08	15,046,321.08	952,509.12	4,903,374.64

TRADITIONAL

unun

Obligations/Contributions

Health care obligations and contributions provide employee and employer amounts of health care contributions using different calculation methods.

Obligations are estimates of funds that employees and the district will be obligated to contribute, based on the plan year (July through June).

Returning employees are covered by the health care plan for the entire plan year, meaning the 12 month period July through June; both employee and employer are obligated to pay for 12 months of coverage. New employees pay for coverage from date of hire through June, the end of the plan year. If an employee works at all during a month, both employee and employer pay for the entire month of coverage.

Actual Contributions made by employees and benefits paid by the employer during the payroll process are shown on the sheet in the columns labeled "Collected." The division of payments is governed by the Collective Bargaining Agreements and Memorandums of Understanding between the district and the employee groups.

Employee-paid contributions are deductions from payroll checks. Employees who work 12 months make contributions each pay period. Many school district employees do not work 12 months, so contributions are collected for those employees during the 9 month period from September through May.

For this reason, contributions are generally larger than obligations for September through May and contributions are generally smaller than obligations for June, July and August.

The "Collected" columns show what is actually available for paying health care costs. The "Obligations" show what is estimated to be available by month, based on number of employees at the current rate of contributions.

Kenai Peninsula Borough School District Healthcare Expenditures Split as of March 31, 2019

т	raditional Plan				HDHP		
YTD Participants	5,549			YTD Participants	4,208		
Net Expenditures	15,046,321.08			Net Expenditures	4,903,374.64		
ER - Employer Cap \$1731.45	9,607,816.05			ER - Employer Cap \$1645.61	6,924,726.88		
EE - Employee Cap \$305.55	1,695,496.95			EE - Employee Cap \$182.85	769,432.80		
Total Cap Expenditure EE/ER	11,303,313.00			Total Cap Expenditure EE/ER	7,694,159.68		
Expenditures over Cap	3,743,008.08			Expenditures over Cap	9		
50/50 Split of Expenditures over Cap	1,871,504.04			50/50 Split of Expenditures over Cap	2		
ER Expenditures Up To Cap	9,607,816.05			ER Expenditures Up To Cap	4,413,037.18		
ER Expenditures Above Cap	1,871,504.04			ER Expenditures Above Cap			
Total ER Expenditures	11,479,320.09			Total ER Expenditures	4,413,037.18		
EE Expenditures Up To Cap	1,695,496.95			EE Expenditures Up To Cap	490,337.46		
EE Expenditures Above Cap	1,871,504.04			EE Expenditures Above Cap			
Total EE Expenditures	3,567,000.99			Total EE Expenditures	490,337.46		
Total ER & EE Expenditures	15,046,321.08			Total ER & EE Expenditures	4,903,374.64		
Trad	itional Summary			н	OHP Summary		
Through	YTD	YTD	REV Less	Through	YTD	YTD	REV Less
January 2019	EXP	REV	EXP	January 2019	EXP	REV	EXP
Employer	11,479,320.09	9,444,075.67	(2,035,244.42)	Employer	4,413,037.18	9,172,483.62	4,759,446.44
Employee	3,567,000.99	2,476,814.16	(1,090,186.83)	Employee	490,337.46	1,697,359.73	1,207,022.27
Totals	15,046,321.08	11,920,889.83	(3,125,431.25)	Totals	4,903,374.64	10,869,843.35	5,966,468.71
Obligation per Employee FY19	64 <u>-</u>	Year-to-date		Obligation per Employee FY19		Year-to-date	
498.00 EE/1923.49 ER Split	2,421.49	2,421.49		308.00 EE/1770.47 ER Split	2,078.47	2,078.47	
Monthly Cost per Employee - ER		2068.72		Monthly Cost per Employee - ER		1048.73	
Monthly Cost per Employee - EE + Cobra		642.82		Monthly Cost per Employee - EE + Cobra		116.53	
	×-	2711.54		1000	-	1165.25	
	Current Variance	(290.05)			Current Variance	913.22	

Obligations indicate the funds that will be accumulated per employee per month. Expenditures are amounts that have been paid through the plan.

A positive number for "current variance" represents the amount per employee per month that is estimated to be collected above the amount spent year-to-date. A negative number represents the amount of expenditures (per employee per month) that are more than what is estimated to be collected for payment of those expenditures.



Step 1: Select your screening tests



Screening is the foundation for health improvement. Providing your employees and dependents the opportunity to know their numbers allows them to take charge of their health. Quest Diagnostics Health & Wellness offers a wide array of testing options that give participants the measures they need to be knowledgeable about their health risks and make positive change.

Comprehensive panel

This fasting panel includes 30 tests: total cholesterol, LDL cholesterol, cholesterol/HDL ratio, triglycerides, high-sensitivity CRP, glucose, hemoglobin A1c, alk phos, total bilirubin, GGT, AST, ALT, total protein, albumin, globulin, creatinine/eGFR, calcium, uric acid, TSH with reflex to Free T4, iron, iron binding, and ferritin. *This panel requires the venipuncture collection method and fasting panel. It is not available with the My 5 to Health report.*

□ Personal Health Snapshot™

This fasting panel includes 18 tests: total cholesterol, HDL cholesterol, LDL cholesterol, cholesterol/HDL ratio, triglycerides, glucose, hemoglobin A1c, alk phos, total bilirubin, direct bilirubin, GGT, AST, ALT, total protein, albumin, globulin, and creatinine/eGFR. This panel requires the venipuncture collection method and fasting panel. It is not available with the My 5 to Health report.

Heart and diabetes panel

This fasting panel includes 5 tests: total cholesterol, HDL cholesterol, LDL cholesterol, cholesterol/HDL ratio, triglycerides, and glucose. *This panel is available with the all reports, but fasting is required for this panel. This panel can be implemented using the venipuncture or Qcard collection methods.*

Non-fasting panel

This non-fasting panel includes 5 tests: direct LDL cholesterol, total cholesterol, cholesterol/HDL ratio (calculated), HDL cholesterol, and hemoglobin A1c. *This panel is available with all reports. This panel requires the venipuncture collection method.*

Fasting fingerstick panel

This fasting panel includes 5 tests: total cholesterol, HDL cholesterol, LDL cholesterol, cholesterol/HDL ratio, triglycerides, and glucose. *This panel is available with all reports.* Fasting is required for this panel. This panel requires the fingerstick collection method and is only available for onsite events.

Non-fasting fingerstick panel

This non-fasting panel includes 4 tests: total cholesterol, HDL cholesterol, LDL cholesterol, cholesterol/HDL ratio, and non-fasting glucose. *This panel is available with*



all reports. This panel requires the fingerstick collection method and is only available for onsite events.

Additional tests

Quest Diagnostics Health & Wellness also offers additional tests to enhance health insights. These include:

Hemoglobin A1c
eGFR
Prostate-specific antigen (PSA)
Thyroid-stimulating hormone (TSH)
Cotinine (serum or oral swab)
Vitamin D
High-sensitivity CRP

All additional tests are available for any venipuncture collection method. Cotinine via an oral swab is only available in conjunction with fingerstick onsite events.

Biometrics

Height
Weight
Calculated body mass index (BMI) – requires height and weight measurements for calculations
Blood pressure
Waist circumference
Waist-to-hip ratio

Step 2: Choose your collection methods



The next step in designing your organization's Blueprint for Wellness is to determine how your employees can complete their screenings. Convenience is key when getting employees engaged in their health, which is why Quest Diagnostics Health & Wellness offers multiple screening options that you can mix and match to create the perfect program for your population.

Quest Diagnostics Patient Service Centers (PSCs)

Participants can complete their screening according to their schedules by screening at one of our 2,200 nationwide PSCs. PSCs offer the ease of electronic requisitions, sameday appointments, and a quick turnaround on test results. Many locations also offer evening and Saturday hours. PSCs are a great option if you have a large remote population, employees that travel frequently, or if spouses are eligible to participate in your program. Some PSCs are conveniently located in select Wal-Mart® and Safeway® stores.



Pricing overview

What is provided below represents a summary of pricing for the selected solutions. Please see the "Additional Terms" section that follows for additional details regarding other terms and fees that may apply. These terms are also reflected in a Master Service Agreement (MSA). Terms and conditions are subject to change.

Fee per participant for venipuncture or Fingerstick onsite event	\$44.00
Fee per participant for onsite venipuncture intermediate panel	\$65.00
Fee per participant for onsite venipuncture comprehensive wellness panel	\$80.00
Fee per participant for offsite PSC screening	Same as elected above
Additional Program	
Physician Form	\$12.00
Home biometrics screening kit (lipid/glucose)	\$6.00 upfront mailing charge for kit
Completed kit w lipid glucose testing and participant reporting	\$49.00 once kit is competed and results are provided
Reach - Participant Marketing Services	
Basic Reach Package	Complimentary/No-Charge

Additional terms of service

For your review, additional terms of service are provided below.

Biometric wellness screenings

- a. Online participant registration and scheduling
- b. Onsite venipuncture collections at client-designated locations nationwide (minimum of 20 participants required per event)
- Onsite fingerstick collections at client-designated locations nationwide (minimum of 30 participants required per event)
 - Results review with participant immediately following blood draw to capitalize on "teachable moment"
- d. Offsite venipuncture collections at Quest Diagnostics Patient Service Centers (PSCs) nationwide with easy electronic orders and online test confirmations (no participant minimum)
- e. Biometric measurements height, weight, waist circumference, Blood Pressure and BMI calculations or waist circumference for all participants
- f. Customized laboratory test solution (defined below)
- g. Physician/medical oversight, including outbound calls to employees with medically actionable values
- OurCompany Profile and data analytics to share aggregated, population-level results

Fingerstick onsite events additional Terms of Service

KPBSD - Top 50 Procedure Codes

		Avg Billed per	Avg Allowed per
Procedure	Proc. Description	Service Count	Service Count
250	General (PHARMACY)	1352.54	425.99
300	General (LABORATORY OR (LAB))	46.42	13.10
301	Chemistry (LAB/CHEMISTRY)	180.39	47.33
302	Immunology (LAB/IMMUNOLOGY)	252.80	70.57
320	General (DX X-RAY)	1318.71	485.07
324	Chest x-ray (DX X-RAY/CHEST)	552.96	104.56
360	General (OR SERVICES)	9575.76	2567.61
370	General (ANESTHESIA)	3859.24	1252.48
402	Ultrasound (ULTRASOUND)	1254.67	485.56
430	General (OCCUPATION THER)	386.68	151.95
450	General (EMERG ROOM)	1434.02	334.76
636	Drugs requiring detailed coding (DR	466.97	152.29
710	General (RECOVERY ROOM)	4059.84	1327.78
730	General (EKG/ECG)	848.77	289.49
112	Obstetrics (OB) (OB/PVT)	2759.50	0.00
121	Medical/surgical/GYN (MED-SUR-G)	6409.33	1810.62
206	Intermediate intensive care unit (ICI	5491.00	565.83
250	General (PHARMACY)	1352.54	425.99
251	Generic drugs (DRUGS/GENERIC)	181.75	70.34
258	IV solutions (IV SOLUTIONS)	118.99	41.92
270	General (MED-SUR SUPPLIES)	585.29	231.17
272	Sterile supply (STERILE SUPPLY)	8751.26	2858.76
274	Prosthetic/orthotProsthetic/orthoti	962.67	241.39
275	Pacemaker (PACE MAKER)	37520.00	1933.13
278	Other implant (SUPPLY/IMPLANTS)	19525.01	6909.37
300	General (LABORATORY OR (LAB))	46.42	13.10
301	Chemistry (LAB/CHEMISTRY)	180.39	47.33
302	Immunology (LAB/IMMUNOLOGY)	252.80	70.57
305	Hematology (LAB/HEMATOLOGY)	124.33	32.21
306	Bacteriology and microbiology (LAB,	760.98	38.31
307	Urology (LAB/UROLOGY)	123.40	28.73
310	General (PATHOLOGY LAB OR (PATH	360.50	139.51
320	General (DX X-RAY)	1318.71	485.07
324	Chest x-ray (DX X-RAY/CHEST)	552.96	104.56
341	Diagnostic procedures (NUC MED/D	2000.91	774.36
351	Head scan (CT SCAN/HEAD)	2809.16	383.06
352	Body scan (CT SCAN/BODY)	5862.10	601.67
360	General (OR SERVICES)	9575.76	2567.61
361	Minor surgery (OR/MINOR)	7398.25	3116.49
370	General (ANESTHESIA)	3859.24	1252.48
401	Diagnostic mammography (DIAG M.	431.84	280,64
402	Ultrasound (ULTRASOUND)	1254.67	485.56
403	Screening mammography (SCRN M/	356.83	124.32
420	General (PHYSICAL THERP)	917.73	268.40
424	Evaluation or reevaluation (PHYS TH	575.78	188.72
430	General (OCCUPATION THER)	386.68	151.95
434	Evaluation or reevaluation (OCCUP	517.72	184.62
440	General (SPEECH PATHOL)	2237.76	1118.21
444	Evaluation or reevaluation (SPEECH	2646.86	520.00
450	General (EMERG ROOM)	1434.02	334.70
480	General (CARDIOLOGY)	14021.39	2651.2
481	Cardiac cath lab (CARDIAC CATH LAI	15754.00	6096.80
483	Echocardiology (ECHOCARDIOLOGY	2466.18	743.3
514	OB/GYN clinic (OB-GYN CLINIC)	2458.66	0.00
610	General (MRT)	4716.86	1109.86
611	MRI-Brain (including brain stem) (M	4920.62	930.43
612	MRI-Spinal cord (including spine) (N	4981.75	1212.00
636	Drugs requiring detailed coding (DR	466.97	152.29
710	General (RECOVERY ROOM)	4059.84	1327.7
720	General (DELIVEROOM/LABOR)	3503.32	0.0
730	General (EKG/ECG)	848.77	289.49
750	General (GASTR-INST SVS)	3010.94	889.8
762	Observation room (OBSERVATION R	3311.36	425.8

		Avg Billed per	Avg Allowed per
Procedure 250	Proc. Description General (PHARMACY)	Service Count 588.88	Service Count 951.46
300	General (LABORATORY OR (L)	46.42	13.10
301	Chemistry (LAB/CHEMISTRY)	206.80	99.74
302	Immunology (LAB/IMMUNOL	58.44	39.37
320	General (DX X-RAY)	788.00	721.02
324	Chest x-ray (DX X-RAY/CHEST	1013.67	818.78
360	General (OR SERVICES)	9530.00	12033.40
370	General (ANESTHESIA)	1193.13	285.14
402	Ultrasound (ULTRASOUND)	1342.50	469.40
430	General (OCCUPATION THER)	2552.00	0.00
450	General (EMERG ROOM)	2057.00	1727.39
636	Drugs requiring detailed codi	395.98	234.71
710	General (RECOVERY ROOM)	1785.25	194.90
730	General (EKG/ECG)	548.80	270.47
120	General (ROOM-BOARD/SEM	16082.00	14715.03
124	Psychiatric (PSTAY/2BED)	53784.00	0.00
171	Newborn-Level I (NURSERY/L	4602.00	4210.83
173	Newborn-Level III (NURSERY/	65880.00	60280.20
174	Newborn-Level IV (NURSERY)	26424.00	24177.96
200	General (INTENSIVE CARE (OF	29718.00	27191.97
206	Intermediate intensive care L General (PHARMACY)	15116.00 588.88	13831.14 951.46
250 258	IV solutions (IV SOLUTIONS)	3924.91	3591.29
270	General (MED-SUR SUPPLIES)	2060.00	1619.78
278	Other implant (SUPPLY/IMPL	20097.59	0.00
300	General (LABORATORY OR (L/	457.09	209.38
301	Chemistry (LAB/CHEMISTRY)	206.80	99.74
302	Immunology (LAB/IMMUNOL	58.44	39.37
310	General (PATHOLOGY LAB OF	402.88	128.25
311	Cytology (PATHOL/CYTOLOG)	326.00	132.68
320	General (DX X-RAY)	788.00	721.02
324	Chest x-ray (DX X-RAY/CHEST	1013.67	818.78
350	General (CT SCAN)	4116.50	3766.60
360	General (OR SERVICES)	9530.00	12033.40
361	Minor surgery (OR/MINOR)	1995.00	2771.40
370	General (ANESTHESIA)	1193.13	285.14
402	Ultrasound (ULTRASOUND)	1342.50	469.40
410	General (RESPIRATORY SVC)	28356.00	25945.74
412	Inhalation services (INHALAT	454.00	415.41
430	General (OCCUPATION THER)	2552.00	0.00
450	General (EMERG ROOM)	2057.00	1727.39
481	Cardiac cath lab (CARDIAC CA	40225.00	76304.81
483	Echocardiology (ECHOCARDIC	4066.00	3720.40
610	General (MRT)	5494.00 5265.00	5027.01 4817.48
611 636	MRI-Brain (including brain ste Drugs requiring detailed codi	395.98	234.71
710	General (RECOVERY ROOM)	1785.25	194.90
730	General (EKG/ECG)	548.80	270.47
740	General (EEG)	1480.00	0.00
750	General (GASTR-INST SVS)	3187.33	2228.80
761	Treatment room (TREATMEN	341.00	312.02
771	Vaccine administration (VACC	65.00	59.48
921	Peripheral vascular lab (PERI	1159.50	1060.95
93010	ECG ROUTINE ECG W/LEAST :	69.00	65.55
93306	ECHO TTHRC R-T 2D W/WON	470.00	446.50
99213	OFFICE OUTPATIENT VISIT 15	271.00	257.45
99214	OFFICE OUTPATIENT VISIT 25	408.00	342.10

Procedure	Proc. Description	Avg Billed per Service Count	Avg Allowed per Service Count
250	General (PHARMACY)	128.74	86.91
300	General (LABORATORY OR (LAB)	159.50	105.75
301	Chemistry (LAB/CHEMISTRY)	151.43	98.31
302	Immunology (LAB/IMMUNOLOG	169.61	116.30
320	General (DX X-RAY)	619.13	427.67
324	Chest x-ray (DX X-RAY/CHEST)	617.73	445.78
360	General (OR SERVICES)	7387.83	4847.93
370	General (ANESTHESIA)	281.64	191.88
402	Ultrasound (ULTRASOUND)	651.32	434.03
430	General (OCCUPATION THER)	150.41	112.81
450	General (EMERG ROOM)	1327.76	850.50
636	Drugs requiring detailed coding (395.98	234.71
710	General (RECOVERY ROOM)	1227.32	838.51
730	General (EKG/ECG)	446.92	304.48
250	General (PHARMACY)	128.74	86.91
260	General (IV THERAPY)	358.52	249.45
270	General (MED-SUR SUPPLIES)	958.92	650.52
272	Sterile supply (STERILE SUPPLY)	218.91	151.68
278	Other implant (SUPPLY/IMPLAN	18159.51	12701.52
300	General (LABORATORY OR (LAB)	159.50	105.75
301	Chemistry (LAB/CHEMISTRY)	151.43	98.31
302	Immunology (LAB/IMMUNOLOG	169.61	116.30
320	General (DX X-RAY)	619.13	427.67
324	Chest x-ray (DX X-RAY/CHEST)	617.73	445.78
350	General (CT SCAN)	3679.66	2661.11
360	General (OR SERVICES)	7387.83	4847.93
370	General (ANESTHESIA)	281.64	191.88
401	Diagnostic mammography (DIAC	206.06	133.32
402	Ultrasound (ULTRASOUND)	651.32	434.03
403	Screening mammography (SCRN	227.41	161.89
420	General (PHYSICAL THERP)	329.06	209.35
424	Evaluation or reevaluation (PHYS	367.65	235.49
430	General (OCCUPATION THER)	150.41	112.81
450	General (EMERG ROOM)	1327.76	850.50
614	MRI-Other (MRI-OTHER)	3455.34	2113.96
636	Drugs requiring detailed coding	356.16	249.60
710	General (RECOVERY ROOM)	1227.32	838.51
730	General (EKG/ECG)	446.92	304.48
750	General (GASTR-INST SVS)	2351.58	1486.49
762	Observation room (OBSERVATIO	1715.56	1239.30
921	Peripheral vascular lab (PERI VA:	1090.69	727.68
940	General (OTHER RX SVS)	188.38	138.30
942	Education/training (includes dial	219.60	100.48
36415	COLLECTION VENOUS BLOOD VE	23.68	19.90
80053	COMPREHENSIVE METABOLIC P.	20.00	19.5
80061	LIPID PANEL	10.00	9.7
81003	URNLS DIP STICK/TABLET RGNT	24.94	21.4
82306	25 HYDROXY INCLUDES FRACTIC	35.00	34.1
83036	HEMOGLOBIN GLYCOSYLATED A	35.00	34.1
84153	PROSTATE SPECIFIC ANTIGEN TO	35.00	32.7
84443	THYROID STIMULATING HORMC	30.00	29.2
85027	BLOOD COUNT COMPLETE AUTC	10.00	9.7
90471	IMADM PRQ ID SUBQ/IM NJXS 1	27.00	23.3
90472	IMADM PRQ ID SUBQ/IM NJXS E	40.26	36.2
90686	INFLUENZA VIRUS VACCINE, QUI	9.96	8.8
90715	TDAP VACCINE 7/> YR IM	46.23	42.1
93010	ECG ROUTINE ECG W/LEAST 12 I	108.41	74.4
99203	OFFICE OUTPATIENT NEW 30 MI	253.71	217.1
99212	OFFICE OUTPATIENT VISIT 10 MI		146.9
99213	OFFICE OUTPATIENT VISIT 15 MI	212.93	178.3
99214	OFFICE OUTPATIENT VISIT 25 MI	254.95	218.0
99283	EMERGENCY DEPARTMENT VISIT	576.45	337.8
99284	EMERGENCY DEPARTMENT VISIT	710.61	456.4

= 8		Avg Billed per	Avg Allowed per Service
Procedure	Proc. Description	Service Count	Count
250	General (PHARMACY)	116.36	79.64
300	General (LABORATORY OR (LAB))	43.44	33.58
301	Chemistry (LAB/CHEMISTRY)	113.83	84.43
302	Immunology (LAB/IMMUNOLOGY	103.76	81.54
320	General (DX X-RAY)	472.57	330.32
324	Chest x-ray (DX X-RAY/CHEST)	617.73	445.78
360	General (OR SERVICES)	7387.83	4847.93
370	General (ANESTHESIA)	1282.76	949.66
402	Ultrasound (ULTRASOUND)	487.92	371.38
430	General (OCCUPATION THER)	131.01	91.61
450	General (EMERG ROOM)	939.63	646.25
			672.94
636	Drugs requiring detailed coding (E	919.18	
710	General (RECOVERY ROOM)	1213.33	982.00
730	General (EKG/ECG)	272.12	202.26
250	General (PHARMACY)	116.36	79.64
258	IV solutions (IV SOLUTIONS)	63.68	48.75
260	General (IV THERAPY)	378.02	284.56
272	Sterile supply (STERILE SUPPLY)	501.55	347.29
300	General (LABORATORY OR (LAB))	43.44	33.58
301	Chemistry (LAB/CHEMISTRY)	113.83	84.43
302	Immunology (LAB/IMMUNOLOGY	103.76	81.54
305	Hematology (LAB/HEMATOLOGY)	106.84	79.32
306	Bacteriology and microbiology (LA	143.25	109.87
		73.36	56.14
307	Urology (LAB/UROLOGY)		
320	General (DX X-RAY)	472.57	330.32
324	Chest x-ray (DX X-RAY/CHEST)	427.46	312.42
352	Body scan (CT SCAN/BODY)	2683.21	2011.30
360	General (OR SERVICES)	9082.72	6979.86
370	General (ANESTHESIA)	1282.76	949.66
402	Ultrasound (ULTRASOUND)	487.92	371.38
403	Screening mammography (SCRN f	325.05	229.34
420	General (PHYSICAL THERP)	170.69	139.97
424	Evaluation or reevaluation (PHYS	322.05	234.75
430	General (OCCUPATION THER)	131.01	91.61
450	General (EMERG ROOM)	939.63	646.25
610	General (MRT)	2656.35	1975.49
636	Drugs requiring detailed coding (C	919.18	672.94
710	General (RECOVERY ROOM)	1213.33	982.00
730	General (EKG/ECG)	272.12	202.26
940	General (OTHER RX SVS)	349.80	228.25
972	Radiology-Diagnostic (PRO FEE/RA	215.84	177.23
81001	URNLS DIP STICK/TABLET REAGEN	21.69	18.24
83036	HEMOGLOBIN GLYCOSYLATED A1	83.00	67.94
90460	IM ADM THRU 18YR ANY RTE 1ST,	27.00	19.77
90461	IM ADM THRU 18YR ANY RTE ADE	45.20	33.12
90471	IMADM PRQ ID SUBQ/IM NJXS 1 \	27.00	21.25
90670	PNEUMOCOCCAL CONJ VACCINE	29.72	20.06
90680	ROTAVIRUS VACCINE PENTAVALE	0.01	0.01
90686	INFLUENZA VIRUS VACCINE, QUAI	0.87	0.78
90715	TDAP VACCINE 7/> YR IM	1.12	1.12
	20 7 (19 3) C. G.		
90723	DTAP-HEPB-IPV VACCINE INTRAM	0.01	0.01
96372	THERAPEUTIC PROPHYLACTIC/DX	96.00	78.72
99203	OFFICE OUTPATIENT NEW 30 MIN	330.34	261.57
99212	OFFICE OUTPATIENT VISIT 10 MIN	158.57	126.37
99213	OFFICE OUTPATIENT VISIT 15 MIN	201.78	160.23
99214	OFFICE OUTPATIENT VISIT 25 MIN	303.41	248.46
99215	OFFICE OUTPATIENT VISIT 40 MIN	455.85	404.26
99282	EMERGENCY DEPARTMENT VISIT	181.00	120.37
99283	EMERGENCY DEPARTMENT VISIT	307.36	214.06
99284	EMERGENCY DEPARTMENT VISIT	495.00	361.9
99391	PERIODIC PREVENTIVE MED ESTA	203.00	132.46
99391			183.6
9939/	PERIODIC PREVENTIVE MED EST P	215.00	183.6
99395	PERIODIC PREVENTIVE MED EST P	345.74	264.69

Provider: Surgery Center of Kenai					
1		Avg Billed per	Avg Allowed per		
Procedure	Proc. Description	Service Count	Service Count		
490	General (AMBUL SURG)	11555.03	2482.01		
278	Other implant (SUPPLY/IMPLANTS)	5658.55	0.00		