



AMERIHEALTH CARITAS OF LOUISIANA, INC.

Bayou Health Agreed-Upon Procedures Report

December 31, 2012



KPMG LLP
1601 Market Street
Philadelphia, PA 19103-2499

**Independent Accountants' Report
on Applying Agreed Upon Procedures**

The Board of Directors
AmeriHealth Caritas of Louisiana, Inc.:

We have performed the procedures enumerated in the attached Schedule of Procedures and Findings (Exhibit I), which were agreed to by management of AmeriHealth Caritas of Louisiana, Inc. (the Company or Contractor) and the State of Louisiana Department of Health & Hospitals (Louisiana DHH), solely to assist the parties in evaluating the Company's compliance with the reporting requirements of the contract between the Company and Louisiana DHH (the Contract) in connection with the Company's reporting of Schedule A – Income Statement and Schedule O-R: Lag Reports for the year ended December 31, 2012 (Exhibit II). Management of the Company is responsible for the Schedule A – Income Statement and Schedule O-R: Lag Reports and for maintaining records in support of the compliance requirements of the Contract. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the Company and Louisiana DHH. Consequently, we make no representation regarding the sufficiency of the procedures described in the attached Exhibit I either for the purpose for which this report has been requested or for any other purpose.

The procedures performed and the findings are included in the attached Exhibit I.

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the Company's compliance with the requirements of the Contract for the year ended December 31, 2012. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

The Company's responses to the findings identified in our agreed-upon procedures are included in Exhibit I. We did not perform any procedures related to the Company's responses, and, accordingly, express no opinion on these responses.

This report is intended solely for the information and use of the Board of Directors and management of AmeriHealth Caritas of Louisiana, Inc. and the State of Louisiana Department of Health & Hospitals, and is not intended to be and should not be used by anyone other than these specified parties.

KPMG LLP

June 28, 2013

Schedule of Procedures and Findings

Schedule A – Income Statement

Unless otherwise noted below, all agreed upon procedures for this section were performed on the YTD 12/31/2012 column of Schedule A – Income Statement.

Step 1: Trace and agree reported Member Months.

- a. Trace and agree the membership reports, received and/or accrued for the 12-month period ending December 31st received from the DHH to the membership amounts reported in the YTD 12/31/2012 column of Schedule A – Income Statement. Provide contractor’s explanation for any discrepancies.

Results: KPMG LLP (KPMG) traced and agreed the total member months from the DHH membership report to the amount reported on the YTD 12/31/2012 column of Schedule A – Income Statement noting a discrepancy of 1 member.

Per YTD 12/31/2012 column of Schedule A – Income Statement, Line 1	1,371,018
Per DHH Membership Report	<u>1,371,017</u>
Discrepancy	<u><u>1</u></u>

Management Response: Management has noted that the member month difference of 1 is due to a member month that was sent by DHH with a missing service date. The member month is not counted until the service date is provided.

- b. Trace and agree the membership reports, received and/or accrued for the 12-month period ending December 31st from the contractor’s internal enrollment reports to the membership amounts reported in the YTD 12/31/2012 column of Schedule A – Income Statement (Exhibit II). Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the total member months from the Contractor’s internal membership enrollment reports to the amount reported on the YTD 12/31/2012 column of Schedule A – Income statement. No discrepancies were noted.

Step 2: Trace and agree reported Maternity Delivery Payment Count.

- a. Trace and agree the maternity delivery payment count, received and/or accrued for the 12-month period ending December 31st received from the DHH to the maternity counts reported in the YTD 12/31/2012 column of Schedule A – Income Statement. Provide contractor’s explanation for any discrepancies.

Exhibit I

Results: KPMG traced and agreed the total maternity delivery payment count from the DHH reports to the amount reported on the YTD 12/31/2012 column of Schedule A – Income Statement noting a discrepancy of 1,040. DHH had 1,040 fewer maternity delivery payment counts than the maternity delivery payment counts reported on YTD 12/31/2012 column of Schedule A – Income Statement.

Per YTD 12/31/2012 column of Schedule A – Income Statement, Line 2	5,023
Per DHH Membership Report	<u>3,983</u>
Discrepancy	<u><u>1,040</u></u>

Management Response: Management attributes the difference to a comparison of uncompleted counts reported by DHH (as of December 31, 2012), and estimated completed counts (with a count IBNR) from the Contractor, which is further modified due to the allocation of estimated counts required by DHH.

- b. Trace and agree the maternity delivery payment count, received and/or accrued for the 12-month period ending December 31st from the contractor’s internal maternity count reports to the maternity delivery counts reported in the YTD 12/31/2012 column of Schedule A – Income Statement. Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the total maternity delivery payment count from the Contractor’s internal membership enrollment reports to the amount reported on the YTD 12/31/2012 column of Schedule A – Income Statement noting a discrepancy of 22. The internal report had 22 fewer maternity delivery payment counts than reported on Schedule A – Income Statement.

Per YTD 12/31/2012 column of Schedule A – Income Statement Maternity Count, Line 2	5,023
Per Contractor’s Internal Membership Enrollment Reports	<u>5,045</u>
Discrepancy	<u><u>(22)</u></u>

Management Response: Management attributes the difference to the allocation of estimated counts required by DHH as compared to the estimated counts originally calculated in total by the Contractor. This difference is due to the rounding that occurs when the Contractor split the original count, and then round each resulting sub-group count to the nearest whole number.

Step 3: Trace and agree the dollar amounts reported as Capitation.

- a. Trace and agree each of the monthly capitation files received from DHH during the year to the proper posting in the contractor’s general ledger. Obtain representation from the contractor’s management that the contractor is reporting on an accrual or cash basis as prescribed in the Bayou Health Financial Reporting Guide (“the Guide”). Provide contractor’s explanation for any discrepancies.

Results: KPMG obtained written representation from management that the Contractor reports on an accrual basis as prescribed in the Guide. Additionally, KPMG traced and agreed the total capitation included in the monthly capitation files from DHH to the Contractor’s general ledger noting a

Exhibit I

discrepancy of \$1,053,445. The total of the monthly capitation files from DHH is \$1,053,445 greater than the Contractor’s general ledger.

Per General Ledger Balance	\$ 246,458,951
Per DHH Monthly Capitation Files	<u>247,512,396</u>
Discrepancy	<u><u>\$ (1,053,445)</u></u>

Management Response: Management has noted that the difference is due to using an estimate for reporting at year-end and the difference is primarily due to newborn members who were not originally recognized as members by the State of Louisiana.

- b. Trace and agree that the total general ledger postings of capitation files during the year (plus/minus accruals for under/over-payments as necessary for proper accrual-based reporting) to the YTD 12/31/2012 column of Schedule A – Income Statement. Obtain and provide reconciliation for any differences other than adjustments for accrual-based reporting and a contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the total capitation from the amount reported on the YTD 12/31/2012 column of Schedule A – Income Statement to the Contractor’s general ledger noting a discrepancy of \$7 was identified. KPMG notes the amount reported on the YTD 12/31/2012 column of Schedule A – Income Statement was \$7 greater than the Contractor’s general ledger postings.

Per General Ledger Postings	\$ 246,458,951
Per YTD 12/31/2012 column of Schedule A – Income Statement, Line 3	<u>246,458,958</u>
Discrepancy	<u><u>\$ (7)</u></u>

Management Response: Management attributes this discrepancy to rounding.

Step 4: Trace and agree the dollar amounts reported as Maternity Delivery Payments

- a. Trace and agree each of the monthly payment files received from DHH during the year to the proper posting in the contractor’s general ledger. Obtain representation from the contractor’s management that the contractor is reporting on an accrual or cash basis as prescribed in the Guide. Provide contractor’s explanation for any discrepancies.

Results: KPMG obtained written representation from management that the Contractor reports on an accrual basis as prescribed in the Guide. Additionally, KPMG traced and agreed the total maternity delivery payments included in the monthly files from DHH to the Contractor’s general ledger noting a discrepancy of \$1,030,290.

Per General Ledger Balance	\$ 27,085,600
Per DHH Monthly Files	<u>26,055,310</u>
Discrepancy	<u><u>\$ 1,030,290</u></u>

Management Response: Management attributes the difference to the long lag between actual delivery date liability and reporting to the State of Louisiana by Hospitals of the maternity detail necessary for the State of Louisiana to recognize the liability incurred.

Exhibit I

- b. Trace and agree that the total general ledger postings of payment files during the year (plus/minus accruals for under/over-payments as necessary for proper accrual-based reporting) to the YTD 12/31/2012 column of Schedule A – Income Statement. Obtain a reconciliation for any differences other than adjustments for accrual-based reporting and a contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the total maternity delivery payments from the Contractor’s general ledger to the YTD 12/31/2012 column of Schedule A – Income Statement, Line 4. No discrepancies were noted.

Step 5: Trace and agree the amounts reported as Medical Expenses

- a. Select total hospitalization (Line 15), total outpatient services (Line 22), total physician compensation (Line 40) and total other medical expenses (Line 56) from each of the income statement categories and the three largest (greatest dollar amount) sub category expense line items within each total category (hospitalization, outpatient, physician and other medical).

Results: KPMG selected the following sample items from the YTD 12/31/2012 column of Schedule A – Income Statement:

<i>Sample Items Selected from Hospitalization Expenses</i>	
Inpatient Medical	\$ 30,892,528
Inpatient Surgical	30,125,864
Inpatient NICU	10,483,091
Total Hospitalization	88,156,634

<i>Sample Items Selected from Outpatient Expenses</i>	
Outpatient ER	\$ 23,403,291
Outpatient surgery/anesthesia	3,555,591
Outpatient other	5,846,154
Total Outpatient Services	35,724,040

<i>Sample Items Selected from Physician Compensation Expenses</i>	
Primary Care Provider	\$ 30,082,478
Physician Visits home/other	10,349,991
Other Physician Visits-maternity	11,602,705
Total Physician Compensation	85,709,084

<i>Sample Items Selected from Other Medical Expenses</i>	
Lab and pathology	\$ 6,151,939
Radiology	6,008,123
Pharmaceuticals	20,179,317
Total Other Medical Expenses	46,029,363

- b. For the total categories (hospitalization, outpatient, physician and other medical) and for the sample of sub categories selected in Step 5a, trace and agree selected cells to the supporting documentation used by the contractor to complete the report for the YTD 12/31/2012 column of Schedule A – Income Statement amounts. Provide contractor’s explanation for any discrepancies.

Exhibit I

Results: KPMG traced and agreed the amounts for the sample items selected to the Contractor’s paid claims and IBNR reconciliation by quarter. The following discrepancies were identified:

Account	Per YTD 12/31 2012 column of Schedule A – Income Statement	Per Contractor’s Paid Claims and IBNR Reconciliation	Discrepancy
Hospitalization medical expenses	\$ 88,156,634	\$ 88,156,627	\$ 7
Outpatient service’s medical expenses	35,724,040	35,724,025	15
Physician compensation medical expenses	85,709,084	85,709,092	(8)
Other medical expenses	46,029,363	46,029,374	(11)

Management’s response: Management attributes these discrepancies to rounding.

- c. For the total categories (hospitalization, outpatient, physician and other medical) and for the sample of sub categories selected in Step 5a, trace and agree amount reported in each cell to actual claims paid and an allocation of expenses incurred but not reported. Provide Contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the amounts for each category of expense listed above by agreeing the paid claims to claim level detail and recalculating the allocation of IBNR using the Contractor’s stated methodology. Refer to Exhibit III for the Contractor’s stated methodology. KPMG agreed the amount in each cell for each expense category to the Contractor’s schedule of paid claims and IBNR allocations by quarter. The following discrepancies were identified:

Expense Line Item	Per YTD 12/31/2012 column of Schedule A – Income Statement	Per Contractor’s Schedule of Paid Claims and IBNR Allocations	Discrepancy
Total Inpatient Medical	\$ 30,892,528	\$ 30,892,521	\$ 7
Total Inpatient Surgical	30,125,864	30,125,863	1
Total Inpatient NICU	10,483,091	10,483,092	(1)
Total Hospitalization	88,156,634	88,156,647	(13)
Total Outpatient ER	23,403,291	23,403,283	8
Total Outpatient Surgery/Anesthesia.	3,555,591	3,555,590	1
Total Outpatient Other	5,846,154	5,846,137	17
Total Outpatient Services	35,724,040	35,724,021	19
Total Primary Care Provider	30,082,478	30,082,483	(5)
Total Physician Visits-Home/Other	10,349,991	10,349,995	(4)
Total Other Physician Visits-Maternity	11,602,705	11,602,706	(1)

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Expense Line Item	Per YTD 12/31/2012 column of Schedule A – Income Statement	Per Contractor’s Schedule of Paid Claims and IBNR Allocations	Discrepancy
Total Physician Compensation	85,709,084	85,709,113	(29)
Total Radiology	6,008,123	6,008,120	3
Total Pharmaceuticals	20,179,317	20,179,322	(5)
Total Other Medical	46,029,363	46,029,404	(41)

- d. For the total categories (hospitalization, outpatient, physician and other medical) and for the sample of sub categories selected in Step 5a, recalculate the allocation of IBNR expenses to each income statement to determine if they are in the same proportional amounts as received (and allowed) and/or paid claims. If they are not in the same proportion, describe the methodology used by the contractor to allocate IBNR expenses for the completion of the report and recalculate the allocation based upon the contractor’s methodology. Provide contractor’s explanation for any discrepancies.

Results: The Company allocation is performed quarterly. KPMG reviewed the IBNR allocation for all four quarters and recalculated two quarters to ensure consistency. KPMG notes IBNR expenses appear to be allocated proportionately to paid claims for all expense categories selected. No discrepancies were noted. Refer to Exhibit III for the Contractor’s stated methodology.

- e. For the total categories (hospitalization, outpatient, physician and other medical) and for the sample of sub categories selected in Step 5a, select two paid claims from each group.

Categories	Claim ID	Classification per the Contractor’s paid claims populations that support the YTD 12/31/2012 column of Schedule A – Income Statement
Inpatient Medical	140795785700	Medical/Surgical
Inpatient Medical	140941313200	Medical/Surgical
Inpatient Surgical	140902900100	Medical/Surgical
Inpatient Surgical	140877625100	Medical/Surgical
Inpatient NICU	140815428200	NICU
Inpatient NICU	140756456103	NICU
Total Hospitalization	140747365800	IP
Total Hospitalization	140944231000	IP
Outpatient ER	140761144000	ER
Outpatient ER	12205F311100	ER
Outpatient Surgery/Anesthesia	140902933900	OP-Surg./Anes.
Outpatient Surgery/Anesthesia	140870948600	OP-Surg./Anes.
Outpatient Other	140847845600	OP-Other
Outpatient Other	140921517500	OP-Other
Total Outpatient Services	140767018202	OP
Total Outpatient Services	140879465600	OP

Exhibit I

Primary Care Providers	140961323500	PCP
Primary Care Providers	140962788000	PCP
Physician Visits Home/Other	12081D672700	Phys. Visits Home
Physician Visits Home/Other	140867658300	Phys. Visits Home
Physician – Visits – Maternity	140929657500	Phys. Visits Mat.
Physician – Visits – Maternity	140891257100	Phys. Visits Mat.
Total Physician Compensation	140881124100	PHY
Total Physician Compensation	140742991901	PHY
Lab and Pathology	140742863702	Lab and Pathology
Lab and Pathology	140807227800	Lab and Pathology
Radiology	140749632400	Radiology
Radiology	140914004300	Radiology
Pharmaceuticals	140727062001	Pharm.
Pharmaceuticals	140751900301	Pharm.
Total Other Medical Expenses	140857353900	OME
Total Other Medical Expenses	140927715700	OME

- f. For the sample selected in Step 5e, trace and agree the classification of the medical expense to the classification reported within the Income Statement. Determine the claims selected from Step 5e are included in an appropriate Income Statement medical expenses category. Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the classification of the medical expenses selected in Step 5e to the contractor’s Schedule A – Income Statement mapping in Exhibit VII. No discrepancies noted.

Step 6: Trace and agree the amounts reported as Medical Expense Adjustments.

- a. Trace and agree the YTD 12/31/2012 column of Schedule A – Income Statement totals for Reinsurance Premiums, Reinsurance Recoveries, Third Party Liability Subrogation, Fraud and Abuse Recoveries and Other Recoveries to the supporting documentation and files of the contractor. Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the YTD 12/31/2012 column of Schedule A – Income Statement totals for reinsurance premiums, fraud and abuse recoveries, and third party liability subrogation to the Contractor’s general ledger summary fraud and subrogation reconciliations. The below discrepancies were identified. KPMG notes Reinsurance Recoveries and Other Recoveries did not have balances in the YTD 12/31/2012 column of Schedule A – Income Statement; therefore, this test is not applicable for these items.

Account	Per YTD 12/31/2012 column of Schedule A – Income Statement	Per Contractor’s general ledger summary fraud and subrogation reconciliations	Discrepancy
Third party liability subrogation	\$ 20,186	\$ 20,191	\$(5)

Fraud and abuse recoveries	607,522	607,527	(5)
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Management’s response: Management attributes these discrepancies to rounding.

- b. For Reinsurance Premiums, recalculate the annual premium based upon the contractor’s reinsurance agreement and agree to the amount reported in the YTD 12/31/2012 column of Schedule A – Income Statement value. Provide contractor’s explanation for any discrepancies.

Results: KPMG recalculated the Contractor’s reinsurance premiums for the year by multiplying the Contractor’s premiums for the year by the ceded percentage in the Contractor’s Reinsurance agreement and agreed to the amount reported in the YTD 12/31/2012 column of Schedule A – Income Statement. No discrepancies were noted.

- c. For Reinsurance Recoveries, select four individual cases (an individual case is defined as a member that met the threshold of the reinsurance agreement and that resulted in a recovery from the reinsurance provider) that resulted in a reinsurance recovery.

Results: This step is not applicable as the Contractor has no reinsurance recoveries.

- d. For the sample items selected in Step 6c, review the individual members’ claim payment history and recalculate and agree that the amount reported as reinsurance recovery is consistent with the terms of the contractor’s reinsurance agreement and the individual members’ paid claims. Provide contractor’s explanation for any discrepancies.

Results: This step is not applicable as the Contractor has no reinsurance recoveries.

Step 7: Trace and agree the amounts reported as Administrative Services Expenses.

- a. Read the BAYOU HEALTH Prepaid Health Plan Financial Reporting Guide Instructions for guidance on administrative expenses that are “allowable” and “excludable” from Health Care Quality Improvement (HCQI) expenses.

Results: See Exhibit IV.

- b. Obtain and review the contractor’s definition of HCQI “allowable” and “excludable” expenses policy and compare to item(s) from Step 7a. Report the discrepancies and provide contractor’s explanation for any discrepancies.

Results: See Exhibit IV.

- c. Read the BAYOU HEALTH Prepaid Health Plan Financial Reporting Guide Instructions for guidance on “methods used to allocate expenses”.

Results: See Exhibit V.

- d. Obtain and review the contractor’s allocation methodologies and compare to item(s) from Step 7c. Report the discrepancies and provide contractor’s explanation for any discrepancies.

Results: See Exhibit V.

- e. Obtain and review the contractor’s summarized general ledger and agree to total administrative expenses (line 90). Provide reconciliation for any differences and a contractor’s explanation for any discrepancies.

Exhibit I

Results: KPMG traced and agreed the contractor’s administrative expense per the summarized general ledger to the total administrative expenses (line 90) on the YTD 12/31/2012 column of Schedule A – Income Statement. No discrepancies were noted.

- f. Trace and agree supporting documentation to the dollar amounts reported in lines 65 – 74 and lines 76 – 88. Provide reconciliation for any differences and a contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the administrative expenses from the Contractor’s expense mapping schedules to the YTD 12/31/2012 column of Schedule A – Income Statement (Lines 65-74; Lines 76-88). No discrepancies were noted.

- g. Select the three largest (greatest dollar amount) and one other subcategories reported as HCQI expenses (lines 65 – 74) and obtain and provide representations from the contractor’s management that the expenses are appropriately classified as HCQI expenses consistent with Step 7a and Step 7b.

Results: KPMG selected the following sample line items of HCQI Expenses:

Case Management	\$ 777,103
Care Coordination	912,623
Quality Reporting and Documentation	454,359
Clinical Practice Improvement Oversight	773,919

KPMG obtained written representation from the contractor that the expenses are appropriately classified at HCQI expenses consistent with Step 7a and Step 7b.

- Step 8: Trace and agree the amounts reported as Nonoperating Income (Loss), Income Taxes, Premium Tax Assessments and Other.

- a. Trace and agree the YTD 12/31/2012 column of Schedule A – Income Statement totals for Non-Operating Income (Loss), Income Taxes, Premium Tax Assessments and Other to the supporting documentation and files of the contractor. Provide contractor’s explanation for any discrepancies.

Results: The contractor did not report Non-Operating Income (Loss) and Other Expense Accounts; therefore those balances are not applicable. KPMG notes the following discrepancies were identified in Income Taxes and Premium Tax Assessments balances: The Contractor’s Premium Tax Assessment supporting documentation has a \$6 greater balance than the amount reported in the YTD 12/31/2012 column of Schedule A – Income Statement. The Income Taxes balance per the Contractor’s general ledger has a \$5,556,600 tax benefit balance while the amount reported in the YTD 12/31/2012 column of Schedule A – Income Statement has a zero dollar balance.

Per Supporting Premium Tax Assessments Documentation	\$ 6,154,178
Per YTD 12/31/2012 column of Schedule A – Income Statement, Line 96	<u>6,154,172</u>
Discrepancy	<u><u>6</u></u>

Exhibit I

Management Response: Management attributes this discrepancy to rounding.

Per Supporting Income Taxes Documentation (tax benefit)	\$ (5,556,600)
Per YTD 12/31/2012 column of Schedule A – Income Statement, Line 95	<u>—</u>
Discrepancy	<u>\$ (5,556,600)</u>

Management Response: The YTD 12/31/2012 column of Schedule A – Income Statement was prepared on a statutory basis rather than a Generally Accepted Accounting Principles (GAAP) basis. The aforementioned was the basis for the discrepancy. Future reports will be prepared on a GAAP basis.

- b. Obtain representation from the contractor’s management that line 95 (Income Taxes) includes all State, Federal, and Local Income Taxes and that these taxes are not reported as an administrative expense within lines 65 – 90. Review the general ledger account descriptions for administrative expenses within lines 65 – 90 and confirm that no descriptions are labeled State, Federal and Local Income Taxes. Provide contractor’s explanation for any discrepancies.

Results: As discussed in Step 8a, the Income Taxes balance per the Contractor’s general ledger has a \$5,556,600 tax benefit balance while the amount reported in the YTD 12/31/2012 column of Schedule A – Income Statement has a zero dollar balance. KPMG reviewed the general ledger and confirmed that there were no descriptions labeled State, Federal, and Local Income Taxes and received written representation from the Contractor stating that there are no State, Federal, or Local Income Taxes reported within lines 65-90 in the YTD 12/31/2012 column of Schedule A – Income Taxes.

Management’s Response: YTD 12/31/2012 column of Schedule A – Income Statement was prepared on a statutory basis rather than a GAAP basis. As such, line 95 of YTD 12/31/2012 column of Schedule A – Income Taxes excludes a total federal and state income tax benefit of \$5,556,600 recognized for GAAP reporting purposes. Future reporting will include all federal and state income taxes on line 95 of YTD 12/31/2012 column of Schedule A – Income Taxes. There were no local income taxes incurred during 2012.

- c. Obtain representation from the contractor’s management that line 96 (Premium Tax Assessments) includes all State Premium Tax Assessments and that these taxes are not reported as an administrative expense within lines 65 – 90. The contractor should calculate the 2.25% premium tax and the auditor should confirm the accuracy of this calculation in accordance with contract requirements and agree the amount calculated to Line 96 (Premium Tax Assessments). Provide contractor’s explanation for any discrepancies.

Exhibit I

Results: KPMG obtained written representation from the Contractor that line 96 (Premium Tax Assessments) includes all State Premium Tax Assessments and that these taxes are not reported as an administrative expense within lines 65-90. KPMG obtained the Contractor’s calculation of the 2.25% premium tax and confirmed the accuracy by recalculating it and agreeing to the amount reported on line 96 (Premium Tax Assessments). The Contractor’s calculation noted a discrepancy between the recalculated balance and the amount reported on the YTD 12/31/2012 column of Schedule A – Income Statement balance.

Calculated Premium Tax (273,544,551 X 2.25%)	\$ 6,154,752
Reported Premium Tax Assessments per YTD 12/31/2012 column of Schedule A, Line 96:	<u>6,154,172</u>
Discrepancy	<u><u>580</u></u>

Management Response: Management attributes this discrepancy to rounding.

Step 9: Identify and trace and agree the amount and payment methodology for **related party transactions** reported within Schedule A – Income Statement. The term **related party** refers to any entity(ies) that is (are) associated with the contractor by any form of common, privately held ownership, control, or investment.

- a. Obtain and provide a list of transactions between the contractor and any related party reported within Schedule A – Income Statement. The list of transactions must include the name of related party, relationship to contractor, description of transaction (a series of transactions for the same purpose can be listed as one transaction), total dollar amount reported within YTD 12/31/2012 column of Schedule A – Income Statement and payment/contract terms.

Results: KPMG obtained the following list of transactions between the Contractor and its related parties noting the transactional detail includes the name of the related party, the relationship to the Contractor, and a description of the transaction. KPMG agreed the total dollar amount per the supporting schedule to the total dollar amount reported within YTD 12/31/2012 column of Schedule A – Income Statement.

Name of Related Party	Relationship to Contractor	Description of Transaction	Total Dollar Amount Reported within YTD 12/31/2012 column of Schedule A)	Payment / Contract Terms
AmeriHealth Caritas Health Plan (ACHP)	Parent	Administrative Service Fees	14,735,121	Payment is based on a per-member per-month rate
PerformRx, LLC	Affiliate Under Common Control	Drug Therapy Management	635,288	Payment is based on a per-member

Exhibit I

		Program		per-month rate plus additional fees for prior authorizations processed
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- b. For related party administrative service expenses, identify those expenses that are allocated to the Contractor. For all allocated administrative service expenses, report whether the allocation is based on cost or cost plus. If cost plus, report the percentage above cost.

Results: KPMG identified that all related party administrative expenses identified in Step 9a expenses are allocated to the Contractor. Furthermore, KPMG obtained written representation from the Company that all allocated administrative service expenses are based on cost.

- c. From the list of transactions in Step 9a, select the three highest dollar amount transactions and one other random transaction. Note: include a series of transactions as one transaction for this selection.

Name of the related party	Relationship to contractor	Description of transaction	Total dollar amount
ACHP	Parent	April/May Administrative Service (ASA) Fee	\$ 1,318,678
ACHP	Parent	August ASA Fee	1,270,990
ACHP	Parent	October ASA Fee	1,272,739
ACHP	Parent	November ASA Fee	1,268,588

Results: KPMG selected the following sample items from the detailed listing of related party transactions that comprise the above summary:

- d. For the sample of transactions selected in Step 9c, recalculate the total dollar amount reported within Schedule A – Income Statement based upon the payment/contract terms of the agreement between the contractor and related party. List discrepancies and provide contractor’s explanation for such discrepancies.

Results: For the sample of transactions selected in Step 9c, KPMG recalculated the total dollar amount reported within Schedule A-Income Statement based upon the specified rate in the respective administrative service agreement times membership. No discrepancies noted.

Schedule O – R: Lag Reports

Step 1: Trace and agree the amounts paid for each month (Total Paid by Month Column) for the most recent 12 month period ending December 31st.

- a. Trace and agree each monthly amount to the supporting documentation used by the contractor to complete each lag report. Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed each monthly amount from the paid claims summary reconciliations used by the Contractor to complete the lag reports to total paid by month columns of Lag Reports O-R. No discrepancies were noted.

Exhibit I

- b. Trace and agree each monthly amount to the monthly check register or claims system monthly summary. Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed each monthly amount from the paid claims summary reconciliations used by the Contractor to complete the lag reports to claim level detail in the claims system. No discrepancies were noted.

- c. Obtain representation from the contractor’s management that medical cost is reported net of third party liability (TPL) and coordination of benefits (COB). Provide contractor’s explanation for any discrepancies.

Results: KPMG received written representation from the Contractor’s management that medical cost is reported net of third party liability and coordination of benefits. No discrepancies were noted.

Step 2: Trace and agree the amounts paid in the individual cells for the most recent 12-month incurral period ending December 31st.

- a. For the claims paid and incurred on Schedules O-R, trace and agree 4 cells from each lag report (a total of 16 cells) to the supporting documentation used by the Contractor to complete the lag report. Provide contractor’s explanation for any discrepancies.

Results: KPMG selected the following sample items:

<i>Sample selected from Schedule O</i>		
<i>Incurred Month</i>	<i>Paid Month</i>	<i>Total Paid Claims</i>
September 2012	October 2012	\$ 5,067,859
June 2012	October 2012	594,526
April 2012	November 2012	299,629
March 2012	May 2012	628,812

<i>Sample selected from Schedule P</i>		
<i>Incurred Month</i>	<i>Paid Month</i>	<i>Total Paid Claims</i>
September 2012	November 2012	\$ 341,117
July 2012	August 2012	1,718,049
May 2012	June 2012	1,058,741
March 2012	May 2012	290,817

<i>Sample selected from Schedule Q</i>		
<i>Incurred Month</i>	<i>Paid Month</i>	<i>Total Paid Claims</i>
September 2012	October 2012	\$ 4,615,141
July 2012	August 2012	4,146,342
May 2012	August 2012	332,872
March 2012	June 2012	116,289

<i>Sample selected from Schedule R</i>		
<i>Incurred Month</i>	<i>Paid Month</i>	<i>Total Paid Claims</i>
August 2012	September 2012	\$ 879,189

Exhibit I

June 2012	July 2012	1,461,561
April 2012	May 2012	914,429
March 2012	August 2012	19,750

- b. Validate that the amounts within the 4th Quarter lag report has not changed from the prior quarter. Specifically, trace and agree amounts reported in lines 4 through 37 to the corresponding paid and incurred months within the 3rd quarter lag reports. Provide contractor’s explanation for any discrepancies.

Results: KPMG traced and agreed the amounts within the third quarter lag reports for corresponding paid and incurred months in lines 4 through 37 to amounts within the fourth quarter lag report. No discrepancies were noted.

Step 3: Trace and agree the amounts that comprise the individual cells.

- a. From the sample selected in Step 2a, select 3 claims from each cell (a total of 48 claims).

Results: KPMG selected the following sample items:

<i>Claims selected from Report O: September 2012 Incurred Month / October 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
1	12264F228000	01-Sep-12	01-Oct-12	\$ 0.00
2	12264F988300	08-Sep-12	01-Oct-12	720.80
3	12268C290800	09-Sep-12	03-Oct-12	0.00
<i>Claims selected from Report O: June 2012 Incurred Month / October 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
4	12263A882300	18-Jun-12	10-Oct-12	\$ 8,560.00
5	12263A943900	29-Jun-12	1-Oct-12	1,744.74
6	12269A573600	4-Jun-12	8-Oct-12	2,976.12
<i>Claims selected from Report O: April 2012 Incurred Month / November 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
7	12307D420400	19-Apr-12	14-Nov-12	\$ 0.00
8	140912577700	29-Apr-12	12-Nov-12	0.00
9	140912578000	24-Apr-12	12-Nov-12	0.00
<i>Claims selected from Report O: March 2012 Incurred Month / May 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
10	140758399900	19-Mar-12	09-May-12	\$ 1,455.44
11	140758428300	29-Mar-12	09-May-12	7,694.70
12	140758431200	23-Mar-12	16-May-12	800.94

Exhibit I

<i>Claims selected from Report P: September 2012 Incurred Month / November 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
13	140934709900	25-Sep-12	21-Nov-12	\$ 26.70
14	140905699600	17-Sep-12	5-Nov-12	2.43
15	12313D564300	6-Sep-12	14-Nov-12	26.46
<i>Claims selected from Report P: July 2012 Incurred Month / August 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
16	140832948600	14-Jul-12	08-Aug-12	\$ 6.84
17	140833067400	24-Jul-12	08-Aug-12	34.43
18	140826875200	18-Jul-12	06-Aug-12	5.47
<i>Claims selected from Report P: May 2012 Incurred Month / June 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
19	140783439600	08-May-12	06-Jun-12	\$ 95.32
20	140786370800	08-May-12	11-Jun-12	26.70
21	140790280800	25-May-12	17-Jun-12	26.70
<i>Claims selected from Report P: March 2012 Incurred Month / May 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
22	12096E552401	19-Mar-12	23-May-12	\$ 77.27
23	12146B605400	8-Mar-12	30-May-12	81.61
24	140736892501	1-Mar-12	23-May-12	23.65
<i>Claims selected from Report Q: September 2012 Incurred Month / October 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
25	140874065100	18-Sep-12	08-Oct-12	\$ 4.06
26	140885283900	26-Sep-12	08-Oct-12	65.51
27	140879797900	25-Sep-12	01-Oct-12	43.43
<i>Claims selected from Report Q: July 2012 Incurred Month / August 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
28	140833598200	31-Jul-12	08-Aug-12	\$ 127.76
29	140840828700	16-Jul-12	20-Aug-12	13.63
30	140835688900	29-Jul-12	13-Aug-12	39.61

Exhibit I

<i>Claims selected from Report Q: May 2012 Incurred Month / August 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
31	140842015800	10-May-12	22-Aug-12	\$ 103.75
32	12219C540700	3-May-12	15-Aug-12	690.86
33	140823948800	30-May-12	6-Aug-12	12.01
<i>Claims selected from Report Q: March 2012 Incurred Month / June 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
34	140791633300	12-Mar-12	17-Jun-12	83.91
35	140786824500	7-Mar-12	13-Jun-12	69.69
36	140789656300	2-Mar-12	17-Jun-12	24.17
<i>Claims selected from Report R: August 2012 Incurred Month / September 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
37	140858540700	16-Aug-12	10-Sep-12	11.91
38	140861089500	14-Aug-12	12-Sep-12	51.38
39	140852870900	18-Aug-12	3-Sep-12	28.12
<i>Claims selected from Report R: June 2012 Incurred Month / July 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
40	140807227800	26-Jun-12	09-Jul-12	10.94
41	140821060400	28-Jun-12	25-Jul-12	94.11
42	140807882200	4-Jun-12	09-Jul-12	2.43
<i>Claims selected from Report R: April 2012 Incurred Month / May 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
43	140760304500	23-Apr-12	02-May-12	3.30
44	140754693901	5-Apr-12	23-May-12	6.03
45	140766071000	30-Apr-12	09-May-12	157.63
<i>Claims selected from Report R: March 2012 Incurred Month / August 2012 Paid Month</i>				
#	Claim Number	Incurred Date	Paid Date	Amount
46	140755066901	29-Mar-12	01-Aug-12	34.81
47	140841545100	24-Mar-12	20-Aug-12	22.19
48	12213D310100	2-Mar-12	06-Aug-12	100.28

Exhibit I

- b. For the sample items selected in Step 3a, verify the claim is reported in the correct month of service by tracing and agreeing to the underlying support. Provide contractor's explanation for any discrepancies.

Results: For the sample items selected in Step 3a, KPMG verified each claim was reported in the correct month of service by tracing and agreeing to the date of service in the FACETS claim system. No discrepancies noted.

- c. For the sample items selected in Step 3a, verify the claim is reported in the correct month of payment by tracing and agreeing to the claim payment system or underlying check register. Provide contractor's explanation for any discrepancies.

Results: For the sample items selected in Step 3a, KPMG verified each claim was reported in the correct month of payment by tracing and agreeing to the date of payment in the FACETS claim system. No discrepancies noted.

- d. For the sample items selected in Step 3a, verify the claim is reported in the appropriate lag report (hospital, outpatient, physician or other) by tracing and agreeing type of service to the hard/electronic copy of the claim. Provide contractor's explanation for any discrepancies.

Results: For the sample items selected in Step 3a, KPMG verified the claim was reported in the appropriate lag report by tracing and agreeing the type of service listed in the contractors claim system to the contractor's lag report mapping in Exhibit VI.

- e. For the sample items selected in Step 3a, verify the claim is related to a BAYOU HEALTH Prepaid Medicaid beneficiary by tracing and agreeing to the Contractor's member eligibility system. Provide contractor's explanation for any discrepancies.

Results: For the sample items selected in Step 3a, KPMG obtained claim information and noted each claim was related to a BAYOU Health Prepaid Medicaid beneficiary by tracing and agreeing member information from the claim to the Contractor's member system. No discrepancies noted.

- f. For the sample items selected in Step 3a, verify the claim was paid in accordance with the terms of the applicable provider contract in effect at the date of service. Provide contractor's explanation for any discrepancies.

Results: For the sample items selected in Step 3a, KPMG verified each claim was paid at the rate specified in the respective provider contracts in effect at the date of service. No discrepancies noted.

Step 4: Trace and agree the Global/Subcapitation Payments (Line 39-Global/Subcapitation Payments) for the most recent 12 month incurral period ending December 31st. This step is not applicable if the lag report does not contain subcapitation payments.

- a. Trace and agree each monthly amount to the supporting documentation used by the contractor to complete the lag report. Provide contractor's explanation for any discrepancies.

Exhibit I

Results: KPMG traced and agreed each monthly amount in Schedule R to the Contractor’s detailed general ledger and noted the following discrepancies:

Subcapitation Payments Date Range	Per Schedule R – Lag Reports: Line 39 (Global / Subcapitation Payments)	Per Contractor’s Detailed General Ledger	Discrepancy
February 2012	\$ 0	\$ 236,862	\$ (236,862)
March 2012	0	45,141	(45,141)
April 2012	0	345,673	(345,673)
May 2012	0	428,471	(428,471)
June 2012	0	879,357	(879,357)
July 2012	0	616,439	(616,439)
August 2012	236,862	299,981	(63,119)
September 2012	45,141	727,020	(681,879)
Total	\$ 282,003	\$ 3,578,944	\$ (3,296,941)

Management Response: Management attributed the discrepancies to an oversight in recording the entries to the final workbook for submission. An additional step to the validation process has been implemented to prevent this type of error going forward.

- b. Trace and agree each monthly amount to the general ledger. Provide contractor’s explanation for any discrepancies.

Results: See results in Step 4a above as the general ledger serves as supporting documentation used by the Contractor.

- c. In the event that there are no subcapitation payments, obtain representations from the contractor confirming that the contractor did not have payments of this nature during the reporting period.

Results: This is not applicable as the Company had subcapitation payments during the reporting period. KPMG obtained written representation that no amounts were reported on Line 39 of Schedule O (Hospitalization Services Lag Report), Line 39 of Schedule P (Outpatient Facility Services Lag Report), or Line 39 of Schedule Q (Physician Services Lag Report) for the year ended December 31, 2012, because the Company did not have payments of this nature during the reporting period.

Step 5: Trace and agree the amounts that comprise global/subcapitation payments. This step is not applicable if the lag report does not contain subcapitation payments.

- a. From each lag report select 2 cells. From each cell, select 2 (a total of 4 subcapitation payments per lag report) subcapitation payments.

Results: KPMG selected the following sample items from Schedule R:

Months	Payments
October 2012	\$ 100,869
October 2012	373,658
August 2012	371,628
August 2012	46,452

There were no subcapitation payments in Reports O, P, or Q during the reporting period.

- b. For the sample items selected in Step 5a, recalculate the monthly payment based upon the provider contract in effect during the month of payment. Provide contractor’s explanation for any discrepancies.

Results: For the sample items selected in Step 5a, KPMG recalculated the monthly payments based upon the rates in the provider contracts in effect during the month of payment. No discrepancies noted.

- c. For the sample items selected in Step 5a, verify that the transaction is recorded in the correct month of service by tracing and agreeing to the invoice or check request that substantiates the check. Provide contractor’s explanation for any discrepancies.

Results: For the sample items selected in Step 5a, KPMG verified that each of the four transactions were recorded in the correct month of service by tracing and agreeing to invoice support that substantiates the checks. No discrepancies noted.

- d. For the sample items selected in Step 5a, verify that the check has cleared the bank by tracing and agreeing to the bank statement. Provide contractor’s explanation for any discrepancies.

Results: For the sample items selected in Step 5a, KPMG verified that the check for each of the four transactions has cleared the bank by tracing and agreeing to the corresponding bank statement. No discrepancies noted.

- e. For the sample items selected in Step 5a, verify the transaction is reported in the appropriate lag report by tracing and agreeing to the contract provider type and covered services. Provide contractor’s explanation for any discrepancies.

Results: For the sample items selected in Step 5a, KPMG verified that each of the subcapitation payments was reported in the appropriate lag report (Other Medical Services) by tracing and agreeing the type of transaction to the contractor’s lag report Mapping in Exhibit VI. No discrepancies noted.

Exhibit I

Step 6: Trace and agree the amounts reported as settlements (Line 40-Settlements) of the most recent 12 month incurral period ending December 31st. This step is not applicable if the lag report does not contain settlements.

- a. Trace and agree all settlement amounts to the supporting documentation used by the contractor to complete the report. Provide contractor's explanation for any discrepancies.

Results: This step is not applicable as the Contractor reported no settlement amounts.

- b. For the reported settlement amounts, verify the transaction is reported in the appropriate lag report by tracing and agreeing to the supporting documentation. Provide contractor's explanation for any discrepancies.

Results: This step is not applicable as the Contractor reported no settlement amounts.

- c. In the event that there are no settlements reported, obtain representations from the contractor confirming that the contractor did not have settlements during the reporting period.

Results: KPMG received written representation from the Contractor's management that the contractor did not have settlements during the reporting period.

Step 7: Report on the contractor's total IBNRs (Line 42 –Current Estimate of Remaining Liability – Claims Incurred But Not Reported).

- a. Obtain and read the contractor's policy, procedures and methodologies for calculating IBNR medical claim liability.

Results: See Exhibit III

- b. If the IBNR estimation includes a premium deficiency reserve and/or built-in cushion/reserve obtain and provide the amount for each and the methodology for calculation.

Results: The IBNR estimation includes \$2,895,000 of built-in cushion/reserve. See Exhibit III for discussion of the methodology to determine built-in cushion/reserve. The contractor's IBNR estimation does not include premium deficiency reserve.

- c. Include the item(s) obtained in 7a and 7b as an attachment to the AUP report.

Results: See Exhibit III

Step 8: Trace and agree the allocation of IBNRs (Line 42 –Current Estimate of Remaining Liability – Claims Incurred But Not Reported) by month of service.

- a. Trace and agree the IBNR reported by month for the lag triangles to the supporting documentation used by the contractor to complete the report. Provide contractor's explanation for any discrepancies.

Results: KPMG traced and agreed the IBNR reported by month for the lag triangles to the Contractor's schedule of IBNR allocations by region used by the contractor to complete the report for FY12. No discrepancies were noted.

State of Louisiana

BAYOU HEALTH - AmeriHealth Mercy of Louisiana, Inc.

Schedule A

12/31/12 Statement

#####

		Year end:				2012
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
		03/31/2012	06/30/2012	09/30/2012	12/31/2012	12/31/2012
Line #	REVENUE & EXPENSES					
1	Member Months	83,154.00	356,434.00	464,934.00	466,496.00	1,371,018.00
2	Maternity Delivery Payment Count	310.00	1,328.00	1,676.00	1,709.00	5,023.00
	REVENUES					
3	Capitation	\$ 13,833,861	\$ 56,188,572	\$ 71,708,949	\$ 104,727,576	\$ 246,458,958
4	Maternity delivery payments	\$ 1,846,019	\$ 7,051,165	\$ 9,066,211	\$ 9,122,205	\$ 27,085,600
5	Investment income	\$ 211	\$ 306	\$ 309	\$ 22,243	\$ 23,069
6	Other income	\$ -	\$ -	\$ -	\$ -	\$ -
7	TOTAL REVENUES	\$ 15,680,091	\$ 63,240,043	\$ 80,775,469	\$ 113,872,024	\$ 273,567,627
	EXPENSES					
	Hospitalization					
8	Inpatient medical	\$ 1,839,565	\$ 6,965,403	\$ 9,752,815	\$ 12,334,745	\$ 30,892,528
9	Inpatient surgical	\$ 1,666,534	\$ 6,371,770	\$ 9,752,815	\$ 12,334,745	\$ 30,125,864
10	Inpatient ICU/CCU	\$ 79,872	\$ 309,919	\$ 2,564,412	\$ 3,346,741	\$ 6,300,944
11	Inpatient maternity and nursery	\$ 1,098,242	\$ 4,444,978	\$ 1,936,211	\$ 2,216,891	\$ 9,696,322
12	Inpatient NICU	\$ 498,132	\$ 2,025,191	\$ 3,178,180	\$ 4,781,588	\$ 10,483,091
13	Inpatient rehab	\$ 6,009	\$ 23,385	\$ 66,283	\$ 53,670	\$ 149,347
14	Inpatient psych/detox	\$ 101,293	\$ 383,943	\$ 11,381	\$ 11,921	\$ 508,538
15	Total Hospitalization	\$ 5,289,647	\$ 20,524,589	\$ 27,262,097	\$ 35,080,301	\$ 88,156,634
	Outpatient Services					
16	Outpatient ER	\$ 857,897	\$ 3,568,997	\$ 8,081,411	\$ 10,894,986	\$ 23,403,291
17	Outpatient surgery/anesthesia	\$ 518,442	\$ 2,159,662	\$ 451,925	\$ 425,562	\$ 3,555,591
18	Ambulatory surgical centers	\$ 131	\$ 561	\$ 1,169,991	\$ 1,605,166	\$ 2,775,849
19	Outpatient maternity	\$ 23,790	\$ 99,535	\$ 1,112	\$ 2,488	\$ 126,925
20	Outpatient ☐ family planning/sterilization	\$ 198	\$ 840	\$ 7,662	\$ 7,530	\$ 16,230
21	Outpatient other (eg., observation, recovery, card cath, cardio pulm func, EKG, ECG, EEG, IV therapy, etc.)	\$ 375,166	\$ 1,566,743	\$ 1,694,571	\$ 2,209,674	\$ 5,846,154
22	Total Outpatient Services	\$ 1,775,624	\$ 7,396,338	\$ 11,406,672	\$ 15,145,406	\$ 35,724,040
	Physician Compensation					
23	Primary Care Provider	\$ 1,447,166	\$ 6,019,796	\$ 9,729,289	\$ 12,886,227	\$ 30,082,478
24	Physician ESPDT	\$ 19,292	\$ 77,936	\$ 407,788	\$ 471,222	\$ 976,238
25	Physician visits ☐ inpatient	\$ 437,523	\$ 1,825,464	\$ 2,746,480	\$ 3,760,614	\$ 8,770,081
26	Physician visits - outpatient	\$ -	\$ -	\$ 1,491,956	\$ 1,903,522	\$ 3,395,478
27	Physician visits ☐ emergency room	\$ 309,558	\$ 1,288,407	\$ 2,957,951	\$ 3,934,126	\$ 8,490,042
28	Physician visits ☐ home/other	\$ 698,137	\$ 2,917,197	\$ 2,563,752	\$ 4,170,905	\$ 10,349,991
29	Physician visits ☐ consults	\$ 47,578	\$ 197,698	\$ 181,528	\$ 174,198	\$ 601,002
30	Physician surgery ☐ inpatient	\$ 80,447	\$ 336,263	\$ 262,492	\$ 383,389	\$ 1,062,591
31	Physician surgery ☐ outpatient	\$ 333,685	\$ 1,391,611	\$ 632,803	\$ 809,536	\$ 3,167,635
32	Physician surgery ☐ office/other	\$ 40,267	\$ 168,005	\$ 140,541	\$ 178,236	\$ 527,049
33	Surgical anesthesia	\$ 204,398	\$ 854,605	\$ 864,931	\$ 1,158,944	\$ 3,082,878
34	Other physician visits ☐ maternity	\$ 1,058,226	\$ 4,427,241	\$ 2,644,071	\$ 3,473,167	\$ 11,602,705
35	Other physician visits ☐ behavioral health basic services	\$ 2,221	\$ 9,291	\$ 5,301	\$ 5,315	\$ 22,128
36	Other physician visits ☐ ENT/audiology	\$ -	\$ -	\$ -	\$ -	\$ -
37	Other physician visits ☐ family planning	\$ 37	\$ 169	\$ 20,395	\$ 19,848	\$ 40,449
38	Other physician visits - miscellaneous	\$ 152,330	\$ 636,084	\$ 1,237,646	\$ 1,506,813	\$ 3,532,873
39	Physician - office based procedures	\$ -	\$ -	\$ 3,079	\$ 2,387	\$ 5,466
40	Total Physician Compensation	\$ 4,830,865	\$ 20,149,767	\$ 25,890,003	\$ 34,838,449	\$ 85,709,084

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule A
Income Statement
#####

Line #	REVENUE & EXPENSES	Year end:				2012
		1st Qtr 03/31/2012	2nd Qtr 06/30/2012	3rd Qtr 09/30/2012	4th Qtr 12/31/2012	YTD 12/31/2012
	Other Medical Expenses					
41	Home health care	\$ -	\$ -	\$ 98,427	\$ 152,225	\$ 250,652
42	Extended Home Health	\$ -	\$ -	\$ -	\$ -	\$ -
43	Foster care assessments	\$ -	\$ -	\$ -	\$ -	\$ -
44	Chemotherapy	\$ 115,487	\$ 483,453	\$ 1,620,414	\$ 2,054,026	\$ 4,273,380
45	Dialysis	\$ 7,773	\$ 32,561	\$ 198,391	\$ 272,387	\$ 511,112
46	Family planning	\$ -	\$ -	\$ -	\$ -	\$ -
47	Prosthetics/orthotics	\$ 6,429	\$ 26,833	\$ 108,003	\$ 105,573	\$ 246,838
48	Lab and pathology	\$ 313,050	\$ 1,307,776	\$ 1,949,232	\$ 2,581,881	\$ 6,151,939
49	Radiology	\$ 434,936	\$ 1,817,329	\$ 1,603,777	\$ 2,152,081	\$ 6,008,123
50	Pharmaceuticals	\$ 36,305	\$ 151,660	\$ 358,872	\$ 19,632,480	\$ 20,179,317
51	Transportation - Emergency	\$ -	\$ -	\$ 28	\$ 22	\$ 50
52	Transportation - Non-Emergency	\$ 24,975	\$ 570,811	\$ 212,600	\$ 856,597	\$ 1,664,983
53	Therapies (Physical, Speech, Occupational)	\$ 129,011	\$ 538,381	\$ 109,575	\$ 152,993	\$ 929,960
54	Other professional services/supplies	\$ -	\$ -	\$ -	\$ -	\$ -
55	Other medical expenses	\$ 319,346	\$ 1,337,070	\$ 1,999,255	\$ 2,157,338	\$ 5,813,009
56	Total Other Medical Expenses	\$ 1,387,312	\$ 6,265,874	\$ 8,258,574	\$ 30,117,603	\$ 46,029,363
57	TOTAL MEDICAL EXPENSES	\$ 13,283,448	\$ 54,336,568	\$ 72,817,346	\$ 115,181,759	\$ 255,619,121
	Medical Expense Adjustments					
58	Reinsurance premiums	\$ -	\$ (317,229)	\$ (413,079)	\$ (415,743)	\$ (1,146,051)
59	Reinsurance recoveries	\$ -	\$ -	\$ -	\$ -	\$ -
60	Cost of Reinsurance net of recoveries	\$ -	\$ (317,229)	\$ (413,079)	\$ (415,743)	\$ (1,146,051)
61	Third party liability subrogation	\$ -	\$ -	\$ 756	\$ 19,430	\$ 20,186
62	Fraud and abuse recoveries	\$ -	\$ -	\$ 607,522	\$ -	\$ 607,522
63	Other Recoveries	\$ -	\$ -	\$ -	\$ -	\$ -
64	TOTAL NET MEDICAL EXPENSES	\$ 13,283,448	\$ 54,653,797	\$ 72,622,147	\$ 115,578,072	\$ 256,137,464
	ADMINISTRATIVE SERVICE EXPENSES					
	Health Care Quality Improvement (HCQI)					
65	Case management	\$ 38,751	\$ 43,241	\$ 443,590	\$ 251,521	\$ 777,103
66	Care coordination	\$ 610,808	\$ 247,829	\$ 878,145	\$ (824,159)	\$ 912,623
67	Chronic disease management	\$ 11,100	\$ 15,638	\$ 145,703	\$ 64,394	\$ 236,835
68	Racial disparity prevention efforts	\$ 9,365	\$ 10,049	\$ 11,408	\$ 8,960	\$ 39,782
69	Quality reporting and documentation	\$ 173,795	\$ 173,564	\$ 84,443	\$ 22,557	\$ 454,359
70	HIT quality and outcome improvements	\$ 129,922	\$ 154,801	\$ 132,612	\$ (48,120)	\$ 369,215
71	Patient-centered education and counseling	\$ 19,116	\$ 6,215	\$ 23,025	\$ (48,356)	\$ -
72	Clinical practice improvement oversight	\$ 169,826	\$ 202,850	\$ 12,199	\$ 389,044	\$ 773,919
73	Public health education	\$ 10,642	\$ 10,796	\$ 11,910	\$ 11,628	\$ -
74	Other HCQI adjustments defined in Appendix B	\$ -	\$ -	\$ -	\$ 31,834	\$ 31,834
75	Total Health Care Quality Improvement Expenses	\$ 1,173,325	\$ 864,983	\$ 1,743,035	\$ (140,697)	\$ 3,640,646
	Other Administrative Costs					
76	Utilization management and concurrent review	\$ 84,359	\$ 33,278	\$ 104,287	\$ 767,517	\$ 989,441
77	Network development and credentialing costs	\$ 292,593	\$ 230,121	\$ 361,309	\$ 497,675	\$ 1,381,698
78	Marketing	\$ 352,381	\$ 648,540	\$ 380,326	\$ 310,413	\$ 1,691,660
79	Member services	\$ 83,900	\$ 345,349	\$ 454,000	\$ 495,632	\$ 1,378,881
80	General and operational management	\$ 685,692	\$ 781,851	\$ 861,540	\$ 773,199	\$ 3,102,282
81	Accounting and finance	\$ 115,699	\$ 398,416	\$ 506,685	\$ 635,507	\$ 1,656,307
82	Claims and referral/authorization processing	\$ 342,795	\$ 1,481,680	\$ 1,909,077	\$ 2,384,883	\$ 6,118,435
83	Information systems	\$ 206,858	\$ 680,663	\$ 732,227	\$ 615,068	\$ 2,234,816
84	Administrative services only (ASO) Cost	\$ -	\$ -	\$ -	\$ -	\$ -
85	Other direct costs	\$ 1,304,678	\$ 1,326,708	\$ 1,087,686	\$ 666,188	\$ 4,385,260
86	Indirect costs - corporate overhead allocations	\$ -	\$ -	\$ -	\$ -	\$ -
87	Sanctions and late payment interest penalties	\$ -	\$ -	\$ -	\$ -	\$ -
88	Other administrative costs	\$ -	\$ -	\$ -	\$ -	\$ -
89	Total Other Administrative Costs	\$ 3,468,955	\$ 5,926,606	\$ 6,397,137	\$ 7,146,082	\$ 22,938,780
90	TOTAL ADMINISTRATIVE EXPENSES	\$ 4,642,280	\$ 6,791,589	\$ 8,140,172	\$ 7,005,385	\$ 26,579,426
91	TOTAL EXPENSES	\$ 17,925,728	\$ 61,445,386	\$ 80,762,319	\$ 122,583,457	\$ 282,716,890

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule A
Income Statement
#####

		Year end:				2012
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD
		03/31/2012	06/30/2012	09/30/2012	12/31/2012	12/31/2012
Line #	REVENUE & EXPENSES					
92	Income (loss) from operations	\$ (2,245,637)	\$ 1,794,657	\$ 13,150	\$ (8,711,433)	\$ (9,149,263)
93	Non-operating income (loss)	\$ -	\$ -	\$ -	\$ -	\$ -
94	Income (loss) before taxes/other	\$ (2,245,637)	\$ 1,794,657	\$ 13,150	\$ (8,711,433)	\$ (9,149,263)
95	Income taxes	\$ -	\$ -	\$ -	\$ -	\$ -
96	Premium tax assessments	\$ 352,797	\$ 1,422,888	\$ 1,812,462	\$ 2,566,025	\$ 6,154,172
97	Other (Describe)	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -
98	NET INCOME (LOSS)	\$ (2,598,434)	\$ 371,769	\$ (1,799,312)	\$ (11,277,458)	\$ (15,303,435)

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule O
Hospitalization services lag report
For the period ending 12/31/12

Line	Month of payment	. . . Month in Which Service Provided . . .									
		Dec-12	Nov-12	Oct-12	Sep-12	Aug-12	Jul-12	Jun-12	May-12	Apr-12	Mar-12
1	December-12	\$ 30,175	\$ 3,800,623	\$ 1,996,498	\$ 988,354	\$ 860,656	\$ 423,179	\$ 270,461	\$ 275,965	\$ 25,291	\$ (41,663)
2	November-12		\$ 366,979	\$ 4,462,077	\$ 2,023,432	\$ 952,267	\$ 344,415	\$ 462,990	\$ 236,013	\$ 299,629	\$ (77,748)
3	October-12			\$ 887,315	\$ 5,067,859	\$ 2,278,675	\$ 1,337,898	\$ 594,526	\$ 130,871	\$ 219,750	\$ 183,766
4	September-12				\$ 294,799	\$ 3,805,816	\$ 1,264,014	\$ 1,037,133	\$ 308,804	\$ 260,339	\$ 136,032
5	August-12					\$ 1,795,699	\$ 3,793,372	\$ 1,939,357	\$ 256,935	\$ 256,034	\$ 123,751
6	July-12						\$ 1,442,155	\$ 4,476,647	\$ 1,119,268	\$ 667,494	\$ 31,695
7	June-12							\$ 733,095	\$ 2,156,754	\$ 507,204	\$ 459,908
8	May-12								\$ 1,078,362	\$ 3,150,266	\$ 628,812
9	April-12									\$ 454,906	\$ 970,294
10	March-12										\$ 189,928
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 30,175	\$ 4,167,602	\$ 7,345,890	\$ 8,374,444	\$ 9,693,113	\$ 8,605,033	\$ 9,514,209	\$ 5,562,972	\$ 5,840,913	\$ 2,604,775
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 30,175	\$ 4,167,602	\$ 7,345,890	\$ 8,374,444	\$ 9,693,113	\$ 8,605,033	\$ 9,514,209	\$ 5,562,972	\$ 5,840,913	\$ 2,604,775
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 10,021,890	\$ 6,486,520	\$ 2,694,219	\$ 1,695,028	\$ 1,184,598	\$ 887,979	\$ 515,382	\$ 82,522	\$ 57,308	\$ 12,705
43	Total Incurred Claims (lines 41+42)	\$ 10,052,065	\$ 10,654,122	\$ 10,040,109	\$ 10,069,472	\$ 10,877,711	\$ 9,493,012	\$ 10,029,591	\$ 5,645,494	\$ 5,898,221	\$ 2,617,480

* Settlements that could not be reflected in the paid claims above.

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule O
Hospitalization services lag report
For the period ending 12/31/12

Line	Month of payment	. . . Month in Which Service Provided . . .									
		Feb-12	Jan-12	Dec-11	Nov-11	Oct-11	Sep-11	Aug-11	Jul-11	Jun-11	May-11
1	December-12	\$ (32,621)									
2	November-12	\$ 59,217									
3	October-12	\$ 25,553									
4	September-12	\$ 342,375									
5	August-12	\$ 1,124									
6	July-12	\$ 246,324									
7	June-12	\$ 108,992									
8	May-12	\$ 439,660									
9	April-12	\$ 490,528									
10	March-12	\$ 1,016,846									
11	February-12	\$ 74,611									
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 2,772,609	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 2,772,609	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 6,741	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ 2,779,350	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims at

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule O
Hospitalization services lag report
For the period ending 12/31/12

Line	Month of payment	Apr-11	Mar-11	Feb-11	Jan-11	Dec-10	Nov-10	Oct-10	Sep-10	Aug-10	Jul-10
1	December-12										
2	November-12										
3	October-12										
4	September-12										
5	August-12										
6	July-12										
7	June-12										
8	May-12										
9	April-12										
10	March-12										
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims at

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule O
 Hospitalization services lag report
 For the period ending 12/31/12

n Which Service Provided . . .									
Line	Month of payment	Jun-10	May-10	Apr-10	Mar-10	Feb-10	Jan-10	Months Before 35th Prior Month	Total Paid by Month
1	December-12								\$ 8,596,918
2	November-12								\$ 9,129,271
3	October-12								\$ 10,726,213
4	September-12								\$ 7,449,312
5	August-12								\$ 8,166,272
6	July-12								\$ 7,983,583
7	June-12								\$ 3,965,953
8	May-12								\$ 5,297,100
9	April-12								\$ 1,915,728
10	March-12								\$ 1,206,774
11	February-12								\$ 74,611
12	January-12								\$ -
13	December-11								\$ -
14	November-11								\$ -
15	October-11								\$ -
16	September-11								\$ -
17	August-11								\$ -
18	July-11								\$ -
19	June-11								\$ -
20	May-11								\$ -
21	April-11								\$ -
22	March-11								\$ -
23	February-11								\$ -
24	January-11								\$ -
25	December-10								\$ -
26	November-10								\$ -
27	October-10								\$ -
28	September-10								\$ -
29	August-10								\$ -
30	July-10								\$ -
31	June-10								\$ -
32	May-10								\$ -
33	April-10								\$ -
34	March-10								\$ -
35	February-10								\$ -
36	January-10								\$ -
37	Months Before 35th Prior Month								\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 64,511,735
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 64,511,735
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 23,644,892
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 88,156,627

* Settlements that could not be reflected in the paid claims at

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule P
Outpatient Facility Services lag report
For the period ending 12/31/12

... Month in Which Service Provided ...											
Line	Month of payment	Dec-12	Nov-12	Oct-12	Sep-12	Aug-12	Jul-12	Jun-12	May-12	Apr-12	Mar-12
1	December-12	\$ 1,041,667	\$ 1,715,855	\$ 240,484	\$ 140,962	\$ 135,373	\$ 133,486	\$ 79,294	\$ 29,765	\$ 9,498	\$ 27,613
2	November-12		\$ 1,460,126	\$ 1,578,813	\$ 341,117	\$ 231,446	\$ 242,275	\$ 67,925	\$ 58,781	\$ 45,392	\$ 73,632
3	October-12			\$ 1,963,634	\$ 1,980,827	\$ 376,941	\$ 240,972	\$ 171,579	\$ 56,693	\$ 57,265	\$ 11,342
4	September-12				\$ 1,334,536	\$ 1,585,492	\$ 281,040	\$ 367,368	\$ 39,493	\$ (43,252)	\$ (87,245)
5	August-12					\$ 1,903,711	\$ 1,718,049	\$ 343,984	\$ 116,903	\$ 85,162	\$ 12,991
6	July-12						\$ 1,515,848	\$ 2,283,609	\$ 262,946	\$ 105,372	\$ 94,333
7	June-12							\$ 1,142,882	\$ 1,058,741	\$ 212,029	\$ 44,677
8	May-12								\$ 1,013,394	\$ 1,616,964	\$ 290,817
9	April-12									\$ 436,804	\$ 401,323
10	March-12										\$ 107,282
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 1,041,667	\$ 3,175,981	\$ 3,782,931	\$ 3,797,442	\$ 4,232,963	\$ 4,131,670	\$ 4,456,641	\$ 2,636,716	\$ 2,525,234	\$ 976,765
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 1,041,667	\$ 3,175,981	\$ 3,782,931	\$ 3,797,442	\$ 4,232,963	\$ 4,131,670	\$ 4,456,641	\$ 2,636,716	\$ 2,525,234	\$ 976,765
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 2,320,301	\$ 601,987	\$ 451,705	\$ 300,689	\$ 196,915	\$ 144,150	\$ 110,772	\$ 44,880	\$ 32,643	\$ 9,399
43	Total Incurred Claims (lines 41+42)	\$ 3,361,968	\$ 3,777,968	\$ 4,234,636	\$ 4,098,131	\$ 4,429,878	\$ 4,275,820	\$ 4,567,413	\$ 2,681,596	\$ 2,557,877	\$ 986,164

* Settlements that could not be reflected in the paid claims above.

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule P
 Outpatient Facility Services lag report
 For the period ending 12/31/12

Line	Month of payment	... Month in Which Service Provided ...										
		Feb-12	Jan-12	Dec-11	Nov-11	Oct-11	Sep-11	Aug-11	Jul-11	Jun-11	May-11	
1	December-12	\$ 21,536										
2	November-12	\$ 66,999										
3	October-12	\$ 12,611										
4	September-12	\$ (285,335)										
5	August-12	\$ 21,941										
6	July-12	\$ 35,689										
7	June-12	\$ 39,873										
8	May-12	\$ 194,135										
9	April-12	\$ 203,283										
10	March-12	\$ 355,548										
11	February-12	\$ 80,975										
12	January-12											
13	December-11											
14	November-11											
15	October-11											
16	September-11											
17	August-11											
18	July-11											
19	June-11											
20	May-11											
21	April-11											
22	March-11											
23	February-11											
24	January-11											
25	December-10											
26	November-10											
27	October-10											
28	September-10											
29	August-10											
30	July-10											
31	June-10											
32	May-10											
33	April-10											
34	March-10											
35	February-10											
36	January-10											
37	Months Before 35th Prior Month											
38	Total Claim Payments (Total lines 1 through 37)	\$ 747,255	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 747,255	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 5,319	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ 752,574	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claim

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.

Schedule P

Outpatient Facility Services lag report

For the period ending 12/31/12

Line	Month of payment	... Month										
		Apr-11	Mar-11	Feb-11	Jan-11	Dec-10	Nov-10	Oct-10	Sep-10	Aug-10	Jul-10	
1	December-12											
2	November-12											
3	October-12											
4	September-12											
5	August-12											
6	July-12											
7	June-12											
8	May-12											
9	April-12											
10	March-12											
11	February-12											
12	January-12											
13	December-11											
14	November-11											
15	October-11											
16	September-11											
17	August-11											
18	July-11											
19	June-11											
20	May-11											
21	April-11											
22	March-11											
23	February-11											
24	January-11											
25	December-10											
26	November-10											
27	October-10											
28	September-10											
29	August-10											
30	July-10											
31	June-10											
32	May-10											
33	April-10											
34	March-10											
35	February-10											
36	January-10											
37	Months Before 35th Prior Month											
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claim

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule P
 Outpatient Facility Services lag report
 For the period ending 12/31/12

		h Which Service Provided . . .								
Line	Month of payment	Jun-10	May-10	Apr-10	Mar-10	Feb-10	Jan-10	Months Before 35th Prior Month	Total Paid by Month	
1	December-12								\$ 3,575,533	
2	November-12								\$ 4,166,506	
3	October-12								\$ 4,871,864	
4	September-12								\$ 3,192,097	
5	August-12								\$ 4,202,741	
6	July-12								\$ 4,297,797	
7	June-12								\$ 2,498,202	
8	May-12								\$ 3,115,310	
9	April-12								\$ 1,041,410	
10	March-12								\$ 462,830	
11	February-12								\$ 80,975	
12	January-12								\$ -	
13	December-11								\$ -	
14	November-11								\$ -	
15	October-11								\$ -	
16	September-11								\$ -	
17	August-11								\$ -	
18	July-11								\$ -	
19	June-11								\$ -	
20	May-11								\$ -	
21	April-11								\$ -	
22	March-11								\$ -	
23	February-11								\$ -	
24	January-11								\$ -	
25	December-10								\$ -	
26	November-10								\$ -	
27	October-10								\$ -	
28	September-10								\$ -	
29	August-10								\$ -	
30	July-10								\$ -	
31	June-10								\$ -	
32	May-10								\$ -	
33	April-10								\$ -	
34	March-10								\$ -	
35	February-10								\$ -	
36	January-10								\$ -	
37	Months Before 35th Prior Month								\$ -	
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,505,265	
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,505,265	
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,218,760	
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,724,025	

* Settlements that could not be reflected in the paid claim

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule Q
Physician Services lag report
For the period ending 12/31/12

Line	Month of payment	... Month in Which Service Provided ...									
		Dec-12	Nov-12	Oct-12	Sep-12	Aug-12	Jul-12	Jun-12	May-12	Apr-12	Mar-12
1	December-12	\$ 2,791,025	\$ 4,072,150	\$ 577,694	\$ 199,926	\$ 153,189	\$ 103,401	\$ 45,201	\$ 10,783	\$ 3,737	\$ 6,589
2	November-12		\$ 3,482,177	\$ 3,576,607	\$ 468,398	\$ 240,335	\$ 139,693	\$ 34,452	\$ 13,609	\$ 11,170	\$ 13,294
3	October-12			\$ 5,001,540	\$ 4,615,141	\$ 1,129,791	\$ 472,039	\$ 253,836	\$ 85,151	\$ 77,066	\$ 9,241
4	September-12				\$ 2,562,233	\$ 3,013,426	\$ 687,927	\$ 906,940	\$ (83,111)	\$ (177,121)	\$ (39,440)
5	August-12					\$ 4,155,476	\$ 4,146,342	\$ 885,610	\$ 332,872	\$ 276,176	\$ 71,196
6	July-12						\$ 3,628,117	\$ 4,208,510	\$ 640,653	\$ 308,342	\$ 107,811
7	June-12							\$ 2,386,240	\$ 2,470,485	\$ 570,350	\$ 116,289
8	May-12								\$ 2,665,190	\$ 2,576,556	\$ 210,310
9	April-12									\$ 2,229,882	\$ 1,775,417
10	March-12										\$ 475,893
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 2,791,025	\$ 7,554,327	\$ 9,155,841	\$ 7,845,698	\$ 8,692,217	\$ 9,177,519	\$ 8,720,789	\$ 6,135,632	\$ 5,876,158	\$ 2,746,600
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 2,791,025	\$ 7,554,327	\$ 9,155,841	\$ 7,845,698	\$ 8,692,217	\$ 9,177,519	\$ 8,720,789	\$ 6,135,632	\$ 5,876,158	\$ 2,746,600
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 7,874,815	\$ 2,043,071	\$ 1,533,031	\$ 1,020,502	\$ 668,306	\$ 489,228	\$ 375,948	\$ 152,319	\$ 110,787	\$ 31,901
43	Total Incurred Claims (lines 41+42)	\$ 10,665,840	\$ 9,597,398	\$ 10,688,872	\$ 8,866,200	\$ 9,360,523	\$ 9,666,747	\$ 9,096,737	\$ 6,287,951	\$ 5,986,945	\$ 2,778,501

* Settlements that could not be reflected in the paid claims above.

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule Q
Physician Services lag report
For the period ending 12/31/12

Line	Month of payment	. . . Month in Which Service Provided . . .									
		Feb-12	Jan-12	Dec-11	Nov-11	Oct-11	Sep-11	Aug-11	Jul-11	Jun-11	May-11
1	December-12	\$ 9,246									
2	November-12	\$ 19,033									
3	October-12	\$ 19,835									
4	September-12	\$ 197,318									
5	August-12	\$ 58,334									
6	July-12	\$ 80,286									
7	June-12	\$ 126,382									
8	May-12	\$ 93,527									
9	April-12	\$ 748,608									
10	March-12	\$ 1,023,961									
11	February-12	\$ 318,794									
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 2,695,324	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 2,695,324	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 18,054	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ 2,713,378	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims :

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule Q
 Physician Services lag report
 For the period ending 12/31/12

Line	Month of payment	Apr-11	Mar-11	Feb-11	Jan-11	Dec-10	Nov-10	Oct-10	Sep-10	Aug-10	Jul-10
1	December-12										
2	November-12										
3	October-12										
4	September-12										
5	August-12										
6	July-12										
7	June-12										
8	May-12										
9	April-12										
10	March-12										
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims :

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule Q
Physician Services lag report
For the period ending 12/31/12

n Which Service Provided . . .									
Line	Month of payment	Jun-10	May-10	Apr-10	Mar-10	Feb-10	Jan-10	Months Before 35th Prior Month	Total Paid by Month
1	December-12								\$ 7,972,941
2	November-12								\$ 7,998,768
3	October-12								\$ 11,663,640
4	September-12								\$ 7,068,172
5	August-12								\$ 9,926,006
6	July-12								\$ 8,973,719
7	June-12								\$ 5,669,746
8	May-12								\$ 5,545,583
9	April-12								\$ 4,753,907
10	March-12								\$ 1,499,854
11	February-12								\$ 318,794
12	January-12								\$ -
13	December-11								\$ -
14	November-11								\$ -
15	October-11								\$ -
16	September-11								\$ -
17	August-11								\$ -
18	July-11								\$ -
19	June-11								\$ -
20	May-11								\$ -
21	April-11								\$ -
22	March-11								\$ -
23	February-11								\$ -
24	January-11								\$ -
25	December-10								\$ -
26	November-10								\$ -
27	October-10								\$ -
28	September-10								\$ -
29	August-10								\$ -
30	July-10								\$ -
31	June-10								\$ -
32	May-10								\$ -
33	April-10								\$ -
34	March-10								\$ -
35	February-10								\$ -
36	January-10								\$ -
37	Months Before 35th Prior Month								\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 71,391,130
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 71,391,130
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,317,962
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 85,709,092

* Settlements that could not be reflected in the paid claims :

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
Schedule R
Other Medical Services lag report
For the period ending 12/31/12

... Month in Which Service Provided ...											
Line	Month of payment	Dec-12	Nov-12	Oct-12	Sep-12	Aug-12	Jul-12	Jun-12	May-12	Apr-12	Mar-12
1	December-12	\$ 9,195,045	\$ 877,517	\$ 149,775	\$ 99,675	\$ 70,834	\$ 88,005	\$ 46,931	\$ 9,881	\$ 7,453	\$ 3,369
2	November-12		\$ 11,208,751	\$ 1,107,616	\$ 160,445	\$ 140,848	\$ 100,316	\$ 34,646	\$ 12,822	\$ 7,057	\$ 10,035
3	October-12			\$ 879,491	\$ 1,176,464	\$ 278,016	\$ 188,228	\$ 136,637	\$ 174,921	\$ 164,035	\$ 25,100
4	September-12				\$ 560,045	\$ 879,189	\$ 207,702	\$ 190,098	\$ 6,092	\$ (10,282)	\$ (19,062)
5	August-12					\$ 954,727	\$ 1,303,933	\$ 141,799	\$ 48,149	\$ 103,894	\$ 19,750
6	July-12						\$ 729,314	\$ 1,461,561	\$ 122,961	\$ 106,818	\$ 25,528
7	June-12							\$ 501,615	\$ 937,399	\$ 149,183	\$ 35,005
8	May-12								\$ 497,974	\$ 914,429	\$ 111,631
9	April-12									\$ 225,133	\$ 185,642
10	March-12										\$ 92,604
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 9,195,045	\$ 12,086,268	\$ 2,136,882	\$ 1,996,629	\$ 2,323,614	\$ 2,617,498	\$ 2,513,287	\$ 1,810,199	\$ 1,667,720	\$ 489,602
39	Global/Subcapitation Payments	\$ 764,940	\$ 764,940	\$ 764,940	\$ 45,141	\$ 236,862	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 9,959,985	\$ 12,851,208	\$ 2,901,822	\$ 2,041,770	\$ 2,560,476	\$ 2,617,498	\$ 2,513,287	\$ 1,810,199	\$ 1,667,720	\$ 489,602
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 1,977,674	\$ 58,563	\$ (109,281)	\$ 335,827	\$ 219,926	\$ 160,995	\$ 123,717	\$ 50,125	\$ 36,458	\$ 10,498
43	Total Incurred Claims (lines 41+42)	\$ 11,937,659	\$ 12,909,771	\$ 2,792,541	\$ 2,377,597	\$ 2,780,402	\$ 2,778,493	\$ 2,637,004	\$ 1,860,324	\$ 1,704,178	\$ 500,100

* Settlements that could not be reflected in the paid claims above.

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule R
 Other Medical Services lag report
 For the period ending 12/31/12

Line	Month of payment	... Month in Which Service Provided ...									
		Feb-12	Jan-12	Dec-11	Nov-11	Oct-11	Sep-11	Aug-11	Jul-11	Jun-11	May-11
1	December-12	\$ 7,301									
2	November-12	\$ 7,601									
3	October-12	\$ 26,694									
4	September-12	\$ (78,203)									
5	August-12	\$ 20,548									
6	July-12	\$ 23,486									
7	June-12	\$ 26,841									
8	May-12	\$ 91,165									
9	April-12	\$ 85,188									
10	March-12	\$ 195,099									
11	February-12	\$ 42,703									
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ 448,423	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ 448,423	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ 5,941	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ 454,364	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims a

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule R
 Other Medical Services lag report
 For the period ending 12/31/12

Line	Month of payment	Apr-11	Mar-11	Feb-11	Jan-11	Dec-10	Nov-10	Oct-10	Sep-10	Aug-10	Jul-10
1	December-12										
2	November-12										
3	October-12										
4	September-12										
5	August-12										
6	July-12										
7	June-12										
8	May-12										
9	April-12										
10	March-12										
11	February-12										
12	January-12										
13	December-11										
14	November-11										
15	October-11										
16	September-11										
17	August-11										
18	July-11										
19	June-11										
20	May-11										
21	April-11										
22	March-11										
23	February-11										
24	January-11										
25	December-10										
26	November-10										
27	October-10										
28	September-10										
29	August-10										
30	July-10										
31	June-10										
32	May-10										
33	April-10										
34	March-10										
35	February-10										
36	January-10										
37	Months Before 35th Prior Month										
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

* Settlements that could not be reflected in the paid claims a

BAYOU HEALTH - AmeriHealth Caritas of Louisiana, Inc.
 Schedule R
 Other Medical Services lag report
 For the period ending 12/31/12

Which Service Provided . . .									
Line	Month of payment	Jun-10	May-10	Apr-10	Mar-10	Feb-10	Jan-10	Months Before 35th Prior Month	Total Paid by Month
1	December-12								\$ 10,555,786
2	November-12								\$ 12,790,137
3	October-12								\$ 3,049,586
4	September-12								\$ 1,735,579
5	August-12								\$ 2,592,800
6	July-12								\$ 2,469,668
7	June-12								\$ 1,650,043
8	May-12								\$ 1,615,199
9	April-12								\$ 495,963
10	March-12								\$ 287,703
11	February-12								\$ 42,703
12	January-12								\$ -
13	December-11								\$ -
14	November-11								\$ -
15	October-11								\$ -
16	September-11								\$ -
17	August-11								\$ -
18	July-11								\$ -
19	June-11								\$ -
20	May-11								\$ -
21	April-11								\$ -
22	March-11								\$ -
23	February-11								\$ -
24	January-11								\$ -
25	December-10								\$ -
26	November-10								\$ -
27	October-10								\$ -
28	September-10								\$ -
29	August-10								\$ -
30	July-10								\$ -
31	June-10								\$ -
32	May-10								\$ -
33	April-10								\$ -
34	March-10								\$ -
35	February-10								\$ -
36	January-10								\$ -
37	Months Before 35th Prior Month								\$ -
38	Total Claim Payments (Total lines 1 through 37)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,285,167
39	Global/Subcapitation Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,576,823
40	Settlements*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
41	Sum of Claims, Capitation Payments and Settlements (lines 38+39+40)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,861,990
42	Current Estimate of Remaining Liability (Claims Incurred But Not Reported)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,870,443
43	Total Incurred Claims (lines 41+42)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 42,732,433

* Settlements that could not be reflected in the paid claims e

**Contractor's Policy, Procedures and Methodologies for Calculating IBNR
Medical Claim Liability (and Margin)**

As part of the monthly financial close process an analysis of the outstanding Incurred But Not Reported (IBNR) claims is performed by the appointed actuary. The Company maintains cash reserves and recognizes expenses sufficient to meet the projected outstanding claim liability.

IBNR claims are calculated using the "completion factor" method. Under this method, historical paid claim data is tracked by date of incurral and date of payment. This paid claim data is validated by reconciling against total payments reported in the Health Care System, FACETS. From this data, historical "completion factors" are calculated.

Completion factors represent the portion of estimated incurred claims attributable to an incurred month that have been paid through a specific duration. For each incomplete incurral month, claims paid to date are divided by the corresponding estimated completion factor, to derive the ultimate incurred claims for that incurral month. The sum of these ultimate incurred claims, less claims paid to date for such months, produces the IBNR payable. Estimated completion factors are derived from recent averages of historical completion factors with appropriate adjustments for changes in claim processing speed, or other significant factors.

Completion factor averages are the primary approach used to determine estimated completion factors. For recent months of incurral, typically ranging from the current month to two months prior, the completion factor history can be more volatile. As a result, to determine incurred claims estimates (and IBNRs) for these months, trended incurred (per member per month) costs from historical data, and reported authorized days (for inpatient hospital estimates) are considered in the calculation.

In addition to the above standard methodology, for this first "start-up" year, the impact of several material changes were considered in adjusting reserve amounts. These changes included: (1) Significant membership increases by region segment that occurred effective February 1, 2012; April 1, 2012; and June 1, 2012. (2) State required provider fee schedule decreases that occurred effective July 1, 2012 and August 1 2012. (3) Addition of a pharmacy benefit effective November 1, 2012.

For this report's purposes, the above IBNR reflected in the Financial Statement, is allocated to different service groups and service months, based on the following factors: paid claims history by month and service groups, membership and provider liabilities.

The IBNR estimation at December 31, 2012 includes \$2,895,000 of built-in cushion/reserve. At year-end, the restated IBNR history is reviewed along with all other available data/information about existing issues that could impact IBNR estimates. Finance Management makes a determination as to how much margin is reasonable to reflect possible volatility in the IBNR results. This margin amount is then added to the "best estimate" IBNR.

BAYOU HEALTH Prepaid Health Plan Financial Reporting Guide Guidance on Administrative Expenses that are “allowable” and “excludable” from Health Care Quality Improvement (HCQI) Expenses and Contractor’s Definition of HCQI “Allowable” and “Excludable” Expenses Policy

BAYOU HEALTH Prepaid Health Plan Financial Reporting Guide Guidance on Administrative Expenses that are “allowable” and “excludable” from Health Care Quality Improvement (HCQI) Expenses:

Activity requirements

Activities conducted by the Contractor to improve quality must meet the following requirements. The activity must be designed to:

- Improve health quality.
- Increase the likelihood of desired health outcomes in ways that are capable of being objectively measured and producing verifiable results and achievements.
- Be directed toward individual enrollees, or incurred for the benefit of specified segments of enrollees, or provide health improvements to the population beyond those enrolled in coverage as long as no additional costs are incurred due to the nonenrollees.
- Be grounded in evidence-based medicine, widely accepted best clinical practice or criteria issued by recognized professional medical associations, accreditation bodies, government agencies or other nationally recognized health care quality organizations.
- Improve health outcomes, including increasing the likelihood of desired outcomes compared to a baseline and reduce health disparities among specified populations.

Examples include the direct interaction of the Contractor (including those services delegated by subcontract for which the Contractor retains ultimate responsibility under the terms of the contract with DHH) with providers and the enrollee or the enrollee’s representative (for example, face-to-face, telephonic, web-based interactions or other means of communication) to improve health outcomes, including activities such as:

- Effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical homes model as defined in the RFP and contract
- Identifying and addressing ethnic, cultural or racial disparities in effectiveness of identified best clinical practices and evidence-based medicine
- Quality reporting and documentation of care in nonelectronic format
- Health information technology to support these activities
- Accreditation fees directly related to quality of care activities

Prevent hospital readmissions through a comprehensive program for hospital discharge –

Examples include:

- Comprehensive discharge planning (for example, arranging and managing transitions from one setting to another, such as hospital discharge to home or to a rehabilitation center) in order to help assure appropriate care that will, in all likelihood, avoid readmission to the hospital
- Patient-centered education and counseling

Exhibit IV

- Personalized post-discharge reinforcement and counseling by an appropriate health care professional
- Any quality reporting and related documentation in nonelectronic form for activities to prevent hospital readmission
- Health information technology to support these activities
- Improve patient safety, reduce medical errors and lower infection and mortality rates –
Examples of activities primarily designed to improve patient safety, reduce medical errors and lower infection and mortality rates include:
 - The appropriate identification and use of best clinical practices to avoid harm
 - Activities to identify and encourage evidence-based medicine in addressing independently identified and documented clinical errors or safety concerns
 - Activities to lower the risk of facility-acquired infections
 - Prospective prescription drug utilization review aimed at identifying potential adverse drug interactions
 - Any quality reporting and related documentation in nonelectronic form for activities that improve patient safety and reduce medical errors
 - Health information technology to support these activities
- Implement, promote, and increase wellness and health activities –
Examples of activities primarily designed to implement, promote and increase wellness and health activities include:
 - Wellness assessments
 - Wellness/lifestyle coaching programs designed to achieve specific and measurable improvements
 - Coaching programs designed to educate individuals on clinically effective methods for dealing with a specific chronic disease or condition
 - Public health education campaigns that are performed in conjunction with the LA DPH
 - Actual rewards, incentives, bonuses, reductions in copayments (excluding administration of such programs) that are not already reflected in payments or claims
 - Any quality reporting and related documentation in nonelectronic form for wellness and health promotion activities
 - Coaching or education programs and health promotion activities designed to change member behavior and conditions (for example, smoking or obesity) Health information technology to support these activities
 - Enhancing the use of health care data to improve quality, transparency and outcomes, and support meaningful use of health information technology

Exclusions

Expenditures and activities that must not be included in quality improving activities are:

- Those that are designed primarily to control or contain costs.

Exhibit IV

- The pro rata share of expenses that are for lines of business or products other than LA Medicaid.
- Those which otherwise meet the definitions for quality improvement activities, but which were paid for with grant money or other funding separate from DHH capitation payments.
- Those activities that can be billed or allocated by a provider for care delivery and which are, therefore, reimbursed as clinical services.
- Establishing or maintaining a claims adjudication system, including costs directly related to upgrades in health information technology that are designed primarily or solely to improve claims payment capabilities or to meet regulatory requirements for processing claims [for example, costs of implementing new administrative simplification standards and code sets adopted pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 42 USC 132Dd-2, as amended, including the new ICD-10 requirements].
- That portion of the activities of health care professional hotlines that does not meet the definition of activities that improve health quality.
- All retrospective and concurrent utilization review.
- Fraud prevention activities, other than fraud detection/recovery expenses up to the amount recovered that reduces incurred claims.
- The cost of developing and executing provider contracts and fees associated with establishing or managing a provider network, including fees paid to a vendor for the same reason.
- Provider credentialing.
- Marketing expenses.
- Costs associated with calculating and administering individual enrollee or employee incentives.
- That portion of prospective utilization that does not meet the definition of activities that improve health quality.
- State and federal taxes and regulatory fees.
- Any function or activity not expressly included in paragraph (c) of this section, unless otherwise approved by and within the discretion of DHH, upon adequate showing by the BAYOU Health Contractor that the activity's costs support the definitions and purposes described above or otherwise support monitoring, measuring or reporting health care quality improvement.

Contractor's Definition of HCQI "Allowable" and "Excludable" Expenses Policy:

Local plan expenses were identified as HCQI "allowable" and "excludable" expenses in accordance with the guidance set forth in Section 2.01 Schedule A: Income Statement of the Bayou Health Reporting Guide.

Exhibit IV

Departments at the corporate and regional office whose functions meets the criteria for HCQI are reported as HCQI expenses. The following regional and corporate departments are mapped as HCQI expenses

Department *Schedule A Line Mapping*

Regional

Appeals Line 65

Rapid Response Line 66

Informatics Line 69

Medical Affairs Line 72

Pharmacy Line 74

Corporate

Recovery Line 70

BAYOU HEALTH Prepaid Health Plan Financial Reporting Guide Guidance on “Methods Used to Allocate Expenses” and the Contractor’s allocation methodologies

BAYOU HEALTH Prepaid Health Plan Financial Reporting Guide Guidance on “Methods Used to Allocate Expenses”:

Per the quarterly report specifications outlined in section 2.01 Schedule A: Income Statement of the Bayou Health Financial Reporting Guide, the general requirements for allocation of expenses are as follows:

Each expense must be reported under only one type of expense unless a portion of the expense fits under the definition of, or criteria for, one type of expense and the remainder fits into a different type of expense, in which case the expense must be prorated between types of expenses. Expenditures that benefit lines of business other than LA Medicaid must be reported on a pro rata share.

- Allocation to each category should be based on a generally accepted accounting method that is expected to yield the most accurate results. Specific identification of an expense with an activity that is represented by one of the categories above generally will be the most accurate method. If a specific identification is not feasible, the Contractor must provide an explanation of why it believes the more accurate result will be gained from allocation of expenses based upon pertinent factors or ratios such as studies of employee activities, salary ratios or similar analyses.
- Many entities operate within a group where personnel and facilities are shared. Shared expenses, including expenses under the terms of a management contract, must be apportioned pro rata to the entities incurring the expense.
- Any basis adopted to apportion expenses must be that which is expected to yield the most accurate results and may result from special studies of employee activities, salary ratios, capitation payment ratios or similar analyses. Expenses that relate solely to the operations of a reporting entity, such as personnel costs associated with the adjusting and paying of claims, must be borne solely by the reporting entity and are not to be apportioned to other entities within a group.

Contractor’s allocation methodologies:

Local plan expenses were specifically identified and allocated in accordance with the Bayou Health Reporting Guide, Section 2.01 Schedule A: Income Statement, without exception. Total expense for the year is allocated to service groups based on paid claims for the same time period paid claims are run based on state guidelines on service group buckets and industry standards. This methodology applies to Schedule A expenses and Schedule O – R claim and IBNR adjustments.

Corporate Management Fee

The allocation of the corporate management fee into the G&A and ML lines of the Schedule A – Income Statement is derived from activity-based cost accounting methodology managed by the Corporate Financial Planning & Analysis Department at the corporate office of AmeriHealth Caritas Family of Companies (formerly AmeriHealth Mercy Family of Companies). The activity-based cost accounting methodology is reviewed each year to reflect changes in the company’s structure and services. The LaCare local Finance Department meets annually with the Corporate Financial Planning and Analysis Department to review the guidelines set forth by the Reporting Guide.

Regional Management Fee

The allocation of the regional management fee into the G&A and ML lines of the Schedule A – Income Statement is derived from a review of the departments at the South Regional Office located in South Carolina that provide services to LaCare. Regional departments’ staffing and nonstaffing G&A expenses are allocated to LaCare based on FTEs dedicated to the LaCare business. A review is conducted annually with the Regional Accounting Department and the Corporate Financial Analysis and Planning Department for accuracy. The mapping of the South Region departments to HCQI and nonHCQI expenses is shown in the chart below.

Schedule O-R Lag Table Mapping

This exhibit is a detailed mapping of the service codes from the Contractor's claims system to Reports O-R - Lag Tables

Schedule	Lags	Coding
Schedule O Schedule P	Hospitalization	Claim Type H and Bill Type 11 & 12 and associated Inpatient DRG/Rev code
	Outpatient	Claim Type H and Bill Type not 11 & 12 and All ER/UC Revenue Codes, and Rev Code 36*, 37*, 49, 72, 90, 91 or Prov_Entity = "F"
		Bill Type not 11 & 12 and Revenue Codes 36*-37* All Claims lines
		Bill Type 11 & 12 and Revenue Codes 49* All Claims lines
		Bill Type not 11 & 12 and Revenue Codes 72* All Claims lines
		Bill Type not 11 & 12 and Revenue Codes 90* and 91* All Claims lines
		Proc Code '58150; 58285;58152; 58290-58294;58180; 58541-58544;58200; 58548;58210; 58550;58240; 58552-58554;58260; 58565;58262; 58570- 58573;58263; 59840-59841;58267; 59850-59852;58270; 59855-59857;58275; 55970;58280; 55980
Schedule Q Schedule R	Physician Services	Claim Type M and not "Other Medical"
	Other Medical	Bill Type 2* and Rev Code 190; BETOS: M4B
		Place of Service="12" And TYPE_OF_SERVICE <>"DM*" And PROCEDURE_CODE<>("A4*", "E*", "J*", "K*", "L*", "V52*", "Y4*", "7*", "8*", "9*", "Q 9**")
		PROV_ENTITY="F" And REVENUE_CODE =("55*", "640-669", "570-604") And PROCEDURE_CODE<>("A4*", "E*", "J*", "K*", "L*", "V52*", "Y4*", "7*", "8*", "9*", "Q 9**")
		Prov_Entity = "F" And TYPE_OF_SERVICE=("HC*", "HH*", "HOS*", "COU2") And PROCEDURE_CODE<>("A4*", "E*", "J*", "K*", "L*", "V52*", "Y4*", "7*", "8*", "9*", "Q 9**")
		PROV_ENTITY="F" And TYPE_OF_SERVICE=("SNO**")
		BILL_TYPE=("320"."349") or REVENUE_CODE="023" or Proc Code="G0154 BETOS: M4A
		Bill Type 11 & 12 and associated Inpatient DRG/Rev code for inpatient and Facility, PROV_ENTITY = "F" And REVENUE_CODE= "65**"
		List of chemo Jcodes from pharmacist: BETOS P7B and O1D
		PROV_ENTITY = "F" And REVENUE_CODE= "820-89" or "633" or "634"
		PROV_ENTITY = "F" And Procedure = "Q9900" to "Q9940"
		BETOS: P9A - P9B
		58150; 58285;58152; 58290-58294;58180; 58541-58544;58200; 58548;58210; 58550;58240; 58552-58554;58260; 58565;58262; 58570-58573;58263; 59840- 59841;58267; 59850-59852;58270; 59855-59857;58275; 55970;58280; 55980 Prov_Entity = "F" and REVENUE_CODE = "29**" And PROCEDURE_CODE<>("A42*", "E*", "J*", "7*", "8*", "9*", "Q9**")
		Prov_Entity = "F" and REVENUE_CODE <> "51**" And TYPE_OF_SERVICE="AU**" Or "DM**"
		Prov_Entity = "F" and REVENUE_CODE - ("27*", "29**") And TYPE_OF_SERVICE="AU**" Or "DM**"
		REVENUE_CODE = "Is Null" and PROCEDURE_CODE = ("E**or"K**or"L**or"V52**or"Y4**")
		BETOS: D1A - D1F
	REVENUE_CODE - ("30**", "31**). CPTs 80048 - 89356. BETOS: T1A to T1H REVENUE_CODE - ("32**", "34**", "35**", "40**). Radiology CPTs 70010 - 79999 also consider BETOS: I1A - I4B	
	Rev Code 63* and 25*. BETOS: D1G and O1E, O1G Prov_Entity = "F" And TYPE_OF_SERVICE=("AM**", "TOA") And Procedure= "A03*- A04**" or "Y9**"	
	PROV_ENTITY = "F" And PLACE_OF_SERVICE = ("41", "42")	
	PROV_ENTITY = "F" And REVENUE_CODE = "54**"	
	PROV_ENTITY = "F" And PLACE_OF_SERVICE <> ("12", "00") And PROCEDURE_CODE =("A03**", "A04**", "Y9**")	
	BETOS: O1A	
	PROV_ENTITY = "F" And REVENUE_CODE = "42**", "43**", "44**"	

Inpatient DRG or Rev Code

DRG or Modified Rev Code	Revenue Code	IP_Cat	IP_Category	DESCRIPTION
000		Medical/Surgical	Delete	
001		Medical/Surgical	Surgical	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA.
002		Medical/Surgical	Surgical	CRANIOTOMY FOR TRAUMA AGE >17
003		Medical/Surgical	Pediatric - Surgical	CRANIOTOMY AGE 0-17
004		Medical/Surgical	Surgical	SPINAL PROCEDURES
005		Medical/Surgical	Surgical	EXTRACRANIAL VASCULAR PROCEDURES.
006		Medical/Surgical	Surgical	CARPAL TUNNEL RELEASE
007		Medical/Surgical	Surgical	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
008		Medical/Surgical	Surgical	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O
009		Medical/Surgical	Medical	SPINAL DISORDERS & INJURIES
010		Medical/Surgical	Medical	NERVOUS SYSTEM NEOPLASMS W CC
011		Medical/Surgical	Medical	NERVOUS SYSTEM NEOPLASMS W/O CC
012		Medical/Surgical	Medical	DEGENERATIVE NERVOUS SYSTEM DISORDERS
013		Medical/Surgical	Medical	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA.
014		Medical/Surgical	Medical	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA.
015		Medical/Surgical	Medical	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS
016		Medical/Surgical	Medical	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC.
017		Medical/Surgical	Medical	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC.
018		Medical/Surgical	Medical	CRANIAL & PERIPHERAL NERVE DISORDERS W CC.
019		Medical/Surgical	Medical	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC.
020		Medical/Surgical	Medical	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS.
021		Medical/Surgical	Medical	VIRAL MENINGITIS
022		Medical/Surgical	Medical	HYPERTENSIVE ENCEPHALOPATHY
023		Medical/Surgical	Medical	NONTRAUMATIC STUPOR & COMA.
024		Medical/Surgical	Medical	SEIZURE & HEADACHE AGE >17 W/O CC
025		Medical/Surgical	Medical	SEIZURE & HEADACHE AGE >17 W/O CC
026		Pediatrics	Pediatric - Medical	SEIZURE & HEADACHE AGE 0-17
027		Medical/Surgical	Medical	TRAUMATIC STUPOR & COMA, COMA >1 HR.
028		Medical/Surgical	Medical	TRAUMATIC STUPOR & COMA, COMA 1 HR AGE >17 W CC.
029		Medical/Surgical	Medical	TRAUMATIC STUPOR & COMA, COMA 1 HR AGE >17 W/O CC.
030		Pediatrics	Pediatric - Medical	TRAUMATIC STUPOR & COMA, COMA 1 HR AGE 0-17.
031		Medical/Surgical	Medical	CONCUSSION AGE >17 W CC
032		Medical/Surgical	Medical	CONCUSSION AGE >17 W/O CC
033		Pediatrics	Pediatric - Medical	CONCUSSION AGE 0-17
034		Medical/Surgical	Medical	OTHER DISORDERS OF NERVOUS SYSTEM W CC.
035		Medical/Surgical	Medical	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC.
036		Medical/Surgical	Surgical	RETINAL PROCEDURES
037		Medical/Surgical	Surgical	ORBITAL PROCEDURES
038		Medical/Surgical	Surgical	PRIMARY IRIS PROCEDURES
039		Medical/Surgical	Surgical	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY.
040		Medical/Surgical	Surgical	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17.
041		Medical/Surgical	Pediatric - Surgical	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17.
042		Medical/Surgical	Surgical	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
043		Medical/Surgical	Medical	HYPHEMA
044		Medical/Surgical	Medical	ACUTE MAJOR EYE INFECTIONS.
045		Medical/Surgical	Medical	NEUROLOGICAL EYE DISORDERS.
046		Medical/Surgical	Medical	OTHER DISORDERS OF THE EYE AGE >17 W CC.
047		Medical/Surgical	Medical	OTHER DISORDERS OF THE EYE AGE >17 W/O CC.
048		Pediatrics	Pediatric - Medical	OTHER DISORDERS OF THE EYE AGE 0-17.
049		Medical/Surgical	Surgical	MAJOR HEAD & NECK PROCEDURES.
050		Medical/Surgical	Surgical	SIALADENECTOMY
051		Medical/Surgical	Surgical	SALIVARY GLAND PROCEDURES EXCEPT SIALADENECTOMY.
052		Medical/Surgical	Surgical	CLEFT LIP & PALATE REPAIR...
053		Medical/Surgical	Surgical	SINUS & MASTOID PROCEDURES AGE >17.
054		Medical/Surgical	Pediatric - Surgical	SINUS & MASTOID PROCEDURES AGE 0-17.
055		Medical/Surgical	Surgical	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURE
056		Medical/Surgical	Surgical	RHINOPLASTY
057		Medical/Surgical	Surgical	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY
058		Pediatrics	Pediatric - Surgical	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY
059		Medical/Surgical	Surgical	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
060		Pediatrics	Pediatric - Surgical	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
061		Medical/Surgical	Surgical	MYRINGOTOMY W TUBE INSERTION AGE >17.
062		Pediatrics	Pediatric - Surgical	MYRINGOTOMY W TUBE INSERTION AGE 0-17.
063		Medical/Surgical	Surgical	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
064		Medical/Surgical	Medical	EAR, NOSE, MOUTH & THROAT MALIGNANCY.
065		Medical/Surgical	Medical	DYSEQUILIBRIUM
066		Medical/Surgical	Medical	EPISTAXIS
067		Pediatrics	Medical	EPIGLOTTITIS
068		Medical/Surgical	Medical	OTITIS MEDIA & URI AGE >17 W CC
069		Medical/Surgical	Medical	OTITIS MEDIA & URI AGE >17 W/O CC
070		Pediatrics	Pediatric - Medical	OTITIS MEDIA & URI AGE 0-17
071		Medical/Surgical	Medical	LARYNGOTRACHEITIS
072		Medical/Surgical	Medical	NASAL TRAUMA & DEFORMITY...
073		Medical/Surgical	Medical	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17.
074		Pediatrics	Pediatric - Medical	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
075		Medical/Surgical	Surgical	MAJOR CHEST PROCEDURES.....

Inpatient DRG or Rev Code

076		Medical/Surgical	Surgical	OTHER RESP SYSTEM O.R. PROCEDURES W CC.
077		Medical/Surgical	Surgical	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC.
078		Medical/Surgical	Medical	PULMONARY EMBOLISM
079		Medical/Surgical	Medical	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W C
080		Medical/Surgical	Medical	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O
081		Pediatrics	Pediatric - Medical	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17.
082		Medical/Surgical	Medical	RESPIRATORY NEOPLASMS
083		Medical/Surgical	Medical	MAJOR CHEST TRAUMA W CC
084		Medical/Surgical	Medical	MAJOR CHEST TRAUMA W/O CC
085		Medical/Surgical	Medical	PLEURAL EFFUSION W CC
086		Medical/Surgical	Medical	PLEURAL EFFUSION W/O CC
087		Medical/Surgical	Medical	PULMONARY EDEMA & RESPIRATORY FAILURE.
088		Medical/Surgical	Medical	CHRONIC OBSTRUCTIVE PULMONARY DISEASE.
089		Medical/Surgical	Medical	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC.
090		Medical/Surgical	Medical	SIMPLE PNEUMONIA & PLEURISYAGE >17 W/O CC.
091		Pediatrics	Pediatric - Medical	SIMPLE PNEUMONIA & PLEURISY AGE 0 -17
092		Medical/Surgical	Medical	INTERSTITIAL LUNG DISEASE W CC
093		Medical/Surgical	Medical	INTERSTITIAL LUNG DISEASE W/O CC
094		Medical/Surgical	Medical	PNEUMOTHORAX W CC
095		Medical/Surgical	Medical	PNEUMOTHORAX W/O CC
096		Medical/Surgical	Medical	BRONCHITIS & ASTHMA AGE >17 W CC
097		Medical/Surgical	Medical	BRONCHITIS & ASTHMA AGE >17 W/O CC
098		Pediatrics	Pediatric - Medical	BRONCHITIS & ASTHMA AGE 0-17
099		Medical/Surgical	Medical	RESPIRATORY SIGNS & SYMPTOMS W CC.
100		Medical/Surgical	Medical	RESPIRATORY SIGNS & SYMPTOMS W/O CC.
101		Medical/Surgical	Medical	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC.
102		Medical/Surgical	Medical	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC.
103		Medical/Surgical	Transplant	HEART TRANSPLANT
104		Medical/Surgical	Surgical	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CA
105		Medical/Surgical	Surgical	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O
106		Medical/Surgical	Surgical	CORONARY BYPASS W PTCA.
107		Medical/Surgical	Surgical	CORONARY BYPASS W CARDIAC CATH
108		Medical/Surgical	Surgical	OTHER CARDIOTHORACIC PROCEDURES.
109		Medical/Surgical	Surgical	CORONARY BYPASS W/O PTCA OR CARDIAC CATH.
110		Medical/Surgical	Surgical	MAJOR CARDIOVASCULAR PROCEDURES W CC.
111		Medical/Surgical	Surgical	MAJOR CARDIOVASCULAR PROCEDURES W/O CC.
112		Medical/Surgical	Surgical	NO LONGER VALID
113		Medical/Surgical	Surgical	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER
114		Medical/Surgical	Surgical	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORD
115		Medical/Surgical	Surgical	PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD
116		Medical/Surgical	Surgical	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT
117		Medical/Surgical	Surgical	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEME
118		Medical/Surgical	Surgical	SURG REPLACEMENT.
119		Medical/Surgical	Surgical	VEIN LIGATION & STRIPPING
120		Medical/Surgical	Surgical	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES.
121		Medical/Surgical	Medical	CIRCULATORY DISORDERS W AMI & MAJOR COMP. DISCHARG
122		Medical/Surgical	Medical	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP. DISCHA
123		Medical/Surgical	Medical	CIRCULATORY DISORDERS W AMI, EXPIRED.
124		Medical/Surgical	Medical	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & CO
125		Medical/Surgical	Medical	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/
126		Medical/Surgical	Medical	ACUTE & SUBACUTE ENDOCARDITIS.
127		Medical/Surgical	Medical	HEART FAILURE & SHOCK
128		Medical/Surgical	Medical	DEEP VEIN THROMBOPHLEBITIS.
129		Medical/Surgical	Medical	CARDIAC ARREST, UNEXPLAINED
130		Medical/Surgical	Medical	PERIPHERAL VASCULAR DISORDERS W CC.
131		Medical/Surgical	Medical	PERIPHERAL VASCULAR DISORDERS W/O CC.
132		Medical/Surgical	Medical	ATHEROSCLEROSIS W CC
133		Medical/Surgical	Medical	ATHEROSCLEROSIS W/O CC
134		Medical/Surgical	Medical	HYPERTENSION
135		Medical/Surgical	Medical	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W
136		Medical/Surgical	Medical	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/
137		Pediatrics	Pediatric - Medical	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
138		Medical/Surgical	Medical	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC.
139		Medical/Surgical	Medical	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
140		Medical/Surgical	Medical	ANGINA PECTORIS
141		Medical/Surgical	Medical	SYNCOPE & COLLAPSE W CC
142		Medical/Surgical	Medical	SYNCOPE & COLLAPSE W/O CC
143		Medical/Surgical	Medical	CHEST PAIN
144		Medical/Surgical	Medical	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC.
145		Medical/Surgical	Medical	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC.
146		Medical/Surgical	Surgical	RECTAL RESECTION W CC
147		Medical/Surgical	Surgical	RECTAL RESECTION W/O CC
148		Medical/Surgical	Surgical	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC.
149		Medical/Surgical	Surgical	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC.
150		Medical/Surgical	Surgical	PERITONEAL ADHESIOLYSIS W CC
151		Medical/Surgical	Surgical	PERITONEAL ADHESIOLYSIS W/O CC
152		Medical/Surgical	Surgical	MINOR SMALL & LARGE BOWEL PROCEDURES W CC.
153		Medical/Surgical	Surgical	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC.
154		Medical/Surgical	Surgical	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >1

Inpatient DRG or Rev Code

155		Medical/Surgical	Surgical	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17
156		Pediatrics	Pediatric - Surgical	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157		Medical/Surgical	Surgical	ANAL & STOMAL PROCEDURES W CC
158		Medical/Surgical	Surgical	ANAL & STOMAL PROCEDURES W/O CC
159		Medical/Surgical	Surgical	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >1
160		Medical/Surgical	Surgical	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >1
161		Medical/Surgical	Surgical	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC.
162		Medical/Surgical	Surgical	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O C
163		Pediatrics	Pediatric - Surgical	INGUINAL & FEMORAL HERNIA PROCEDURES AGE 0 - 17
164		Medical/Surgical	Surgical	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC.
165		Medical/Surgical	Surgical	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC.
166		Medical/Surgical	Surgical	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
167		Medical/Surgical	Surgical	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC
168		Medical/Surgical	Surgical	MOUTH PROCEDURES W CC
169		Medical/Surgical	Surgical	MOUTH PROCEDURES W/O CC
170		Medical/Surgical	Surgical	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC.
171		Medical/Surgical	Surgical	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC.
172		Medical/Surgical	Medical	DIGESTIVE MALIGNANCY W CC..
173		Medical/Surgical	Medical	DIGESTIVE MALIGNANCY W/O CC
174		Medical/Surgical	Medical	G.I. HEMORRHAGE W CC
175		Medical/Surgical	Medical	G.I. HEMORRHAGE W/O CC
176		Medical/Surgical	Medical	COMPLICATED PEPTIC ULCER
177		Medical/Surgical	Medical	UNCOMPLICATED PEPTIC ULCER W CC
178		Medical/Surgical	Medical	UNCOMPLICATED PEPTIC ULCER W/O CC
179		Medical/Surgical	Medical	INFLAMMATORY BOWEL DISEASE.
180		Medical/Surgical	Medical	G.I. OBSTRUCTION W CC
181		Medical/Surgical	Medical	G.I. OBSTRUCTION W/O CC
182		Medical/Surgical	Medical	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE
183		Medical/Surgical	Medical	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE
184		Pediatrics	Pediatric - Medical	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE
185		Medical/Surgical	Medical	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIO
186		Medical/Surgical	Pediatric - Medical	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIO
187		Medical/Surgical	Medical	DENTAL EXTRACTIONS & RESTORATIONS.
188		Medical/Surgical	Medical	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC.
189		Medical/Surgical	Medical	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC.
190		Pediatrics	Pediatric - Medical	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0 - 17 W CC.
191		Medical/Surgical	Surgical	PANCREAS, LIVER & SHUNT PROCEDURES W CC.
192		Medical/Surgical	Surgical	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC.
193		Medical/Surgical	Surgical	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O
194		Medical/Surgical	Surgical	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O
195		Medical/Surgical	Surgical	CHOLECYSTECTOMY W C.D.E. W CC
196		Medical/Surgical	Surgical	CHOLECYSTECTOMY W C.D.E. W/O CC
197		Medical/Surgical	Surgical	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E.
198		Medical/Surgical	Surgical	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E.
199		Medical/Surgical	Surgical	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200		Medical/Surgical	Surgical	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGN
201		Medical/Surgical	Surgical	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES.
202		Medical/Surgical	Medical	CIRRHOSIS & ALCOHOLIC HEPATITIS.
203		Medical/Surgical	Medical	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS.
204		Medical/Surgical	Medical	DISORDERS OF PANCREAS EXCEPT MALIGNANCY.
205		Medical/Surgical	Medical	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W C
206		Medical/Surgical	Medical	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O
207		Medical/Surgical	Medical	DISORDERS OF THE BILIARY TRACT W CC.
208		Medical/Surgical	Medical	DISORDERS OF THE BILIARY TRACT W/O CC.
209		Medical/Surgical	Surgical	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWE
210		Medical/Surgical	Surgical	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17
211		Medical/Surgical	Surgical	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17
212		Pediatrics	Pediatric - Surgical	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0 -1
213		Medical/Surgical	Surgical	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISS
214		Medical/Surgical	Surgical	NO LONGER VALID
215		Medical/Surgical	Surgical	NO LONGER VALID
216		Medical/Surgical	Surgical	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TI
217		Medical/Surgical	Surgical	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET
218		Medical/Surgical	Surgical	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AG
219		Medical/Surgical	Surgical	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AG
220		Pediatrics	Pediatric - Surgical	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AG
221		Medical/Surgical	Surgical	NO LONGER VALID
222		Medical/Surgical	Surgical	NO LONGER VALID
223		Medical/Surgical	Surgical	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMIT
224		Medical/Surgical	Surgical	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PR
225		Medical/Surgical	Surgical	FOOT PROCEDURES.
226		Medical/Surgical	Surgical	SOFT TISSUE PROCEDURES W CC
227		Medical/Surgical	Surgical	SOFT TISSUE PROCEDURES W/O CC
228		Medical/Surgical	Surgical	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PRO
229		Medical/Surgical	Surgical	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PRO
230		Medical/Surgical	Surgical	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HI
231		Medical/Surgical	Surgical	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEP
232		Medical/Surgical	Surgical	ARTHROSCOPY
233		Medical/Surgical	Surgical	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W C

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234		Medical/Surgical	Surgical	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O
235		Medical/Surgical	Medical	FRACTURES OF FEMUR
236		Medical/Surgical	Medical	FRACTURES OF HIP & PELVIS
237		Medical/Surgical	Medical	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS
238		Medical/Surgical	Medical	OSTEOMYELITIS
239		Medical/Surgical	Medical	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TI
240		Medical/Surgical	Medical	CONNECTIVE TISSUE DISORDERS W CC
241		Medical/Surgical	Medical	CONNECTIVE TISSUE DISORDERS W/O CC
242		Medical/Surgical	Medical	SEPTIC ARTHRITIS
243		Medical/Surgical	Medical	MEDICAL BACK PROBLEMS
244		Medical/Surgical	Medical	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC.
245		Medical/Surgical	Medical	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC.
246		Medical/Surgical	Medical	NON-SPECIFIC ARTHROPATHIES.
247		Medical/Surgical	Medical	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN
248		Medical/Surgical	Medical	TENDONITIS, MYOSITIS & BURSITIS.
249		Medical/Surgical	Medical	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TI
250		Medical/Surgical	Medical	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE
251		Medical/Surgical	Medical	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE
252		Pediatrics	Pediatric - Medical	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE
253		Medical/Surgical	Medical	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE
254		Medical/Surgical	Medical	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE
255		Pediatrics	Pediatric - Medical	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE
256		Medical/Surgical	Medical	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
257		Medical/Surgical	Surgical	TOTAL MASTECTOMY FOR MALIGNANCY W CC.
258		Medical/Surgical	Surgical	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC.
259		Medical/Surgical	Surgical	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC.
260		Medical/Surgical	Surgical	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC.
261		Medical/Surgical	Surgical	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOC
262		Medical/Surgical	Surgical	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263		Medical/Surgical	Surgical	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITI
264		Medical/Surgical	Surgical	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITI
265		Medical/Surgical	Surgical	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CE
266		Medical/Surgical	Surgical	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CE
267		Medical/Surgical	Surgical	PERIANAL & PILONIDAL PROCEDURES.
268		Medical/Surgical	Surgical	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCED
269		Medical/Surgical	Surgical	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC.
270		Medical/Surgical	Surgical	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC.
271		Medical/Surgical	Medical	SKIN ULCERS.
272		Medical/Surgical	Medical	MAJOR SKIN DISORDERS W CC..
273		Medical/Surgical	Medical	MAJOR SKIN DISORDERS W/O CC
274		Medical/Surgical	Medical	MALIGNANT BREAST DISORDERS W CC
275		Medical/Surgical	Medical	MALIGNANT BREAST DISORDERS W/O CC
276		Medical/Surgical	Medical	NON-MALIGNANT BREAST DISORDERS.
277		Medical/Surgical	Medical	CELLULITIS AGE >17 W CC
278		Medical/Surgical	Medical	CELLULITIS AGE >17 W/O CC
279		Pediatrics	Pediatric - Medical	CELLULITIS AGE 0-17
280		Medical/Surgical	Medical	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W
281		Medical/Surgical	Medical	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W
282		Pediatrics	Pediatric - Medical	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17
283		Medical/Surgical	Medical	MINOR SKIN DISORDERS W CC
284		Medical/Surgical	Medical	MINOR SKIN DISORDERS W/O CC
285		Medical/Surgical	Surgical	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METAB
286		Medical/Surgical	Surgical	ADRENAL & PITUITARY PROCEDURES.
287		Medical/Surgical	Surgical	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & MET
288		Medical/Surgical	Surgical	O.R. PROCEDURES FOR OBESITY
289		Medical/Surgical	Surgical	PARATHYROID PROCEDURES.....
290		Medical/Surgical	Surgical	THYROID PROCEDURES.
291		Medical/Surgical	Surgical	THYROIDECTOMY PROCEDURES.
292		Medical/Surgical	Surgical	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
293		Medical/Surgical	Surgical	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC.
294		Medical/Surgical	Medical	DIABETES AGE >35.
295		Medical/Surgical	Medical	DIABETES AGE 0-35.
296		Medical/Surgical	Medical	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W C
297		Medical/Surgical	Medical	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O
298		Pediatrics	Pediatric - Medical	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0 - 17
299		Pediatrics	Medical	INBORN ERRORS OF METABOLISM
300		Medical/Surgical	Medical	ENDOCRINE DISORDERS W CC...
301		Medical/Surgical	Medical	ENDOCRINE DISORDERS W/O CC.
302		Medical/Surgical	Transplant	KIDNEY TRANSPLANT
303		Medical/Surgical	Surgical	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPL
304		Medical/Surgical	Surgical	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL
305		Medical/Surgical	Surgical	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL
306		Medical/Surgical	Surgical	PROSTATECTOMY W CC
307		Medical/Surgical	Surgical	PROSTATECTOMY W/O CC
308		Medical/Surgical	Surgical	MINOR BLADDER PROCEDURES W CC
309		Medical/Surgical	Surgical	MINOR BLADDER PROCEDURES W/O CC
310		Medical/Surgical	Surgical	TRANSURETHRAL PROCEDURES W CC
311		Medical/Surgical	Surgical	TRANSURETHRAL PROCEDURES W/O CC
312		Medical/Surgical	Surgical	URETHRAL PROCEDURES, AGE >17 W CC.

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313		Medical/Surgical	Surgical	URETHRAL PROCEDURES, AGE >17 W/O CC.
314		Pediatrics	Pediatric - Surgical	URETHRAL PROCEDURES, AGE 0 -17 .
315		Medical/Surgical	Surgical	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES.
316		Medical/Surgical	Medical	RENAL FAILURE
317		Medical/Surgical	Medical	ADMIT FOR RENAL DIALYSIS
318		Medical/Surgical	Medical	KIDNEY & URINARY TRACT NEOPLASMS W CC.
319		Medical/Surgical	Medical	KIDNEY & URINARY TRACT NEOPLASMS W/O CC.
320		Medical/Surgical	Medical	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
321		Medical/Surgical	Medical	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
322		Pediatrics	Pediatric - Medical	KIDNEY & URINARY TRACT INFECTIONS AGE 0 -17
323		Medical/Surgical	Medical	URINARY STONES W CC, &/OR ESW LITHOTRIPSY.
324		Medical/Surgical	Medical	URINARY STONES W/O CC &/OR ESW LITHOTRIPSY
325		Medical/Surgical	Medical	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W
326		Medical/Surgical	Medical	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/
327		Pediatrics	Pediatric - Medical	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0 -17
328		Medical/Surgical	Medical	URETHRAL STRICTURE AGE >17 W CC
329		Medical/Surgical	Medical	URETHRAL STRICTURE AGE >17 W/O CC
330		Pediatrics	Pediatric - Medical	URETHRAL STRICTURE AGE 0 -17
331		Medical/Surgical	Medical	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W C
332		Medical/Surgical	Medical	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O
333		Pediatrics	Pediatric - Medical	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0 -17
334		Medical/Surgical	Surgical	MAJOR MALE PELVIC PROCEDURES W CC
335		Medical/Surgical	Surgical	MAJOR MALE PELVIC PROCEDURES W/O CC
336		Medical/Surgical	Surgical	TRANSURETHRAL PROSTATECTOMY W CC
337		Medical/Surgical	Surgical	TRANSURETHRAL PROSTATECTOMY W/O CC
338		Medical/Surgical	Surgical	TESTES PROCEDURES, FOR MALIGNANCY.
339		Medical/Surgical	Surgical	TESTES PROCEDURES, NON-MALIGNANCY AGE >17.
340		Pediatrics	Pediatric - Surgical	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17.
341		Medical/Surgical	Surgical	PENIS PROCEDURES
342		Medical/Surgical	Surgical	CIRCUMCISION AGE >17
343		Pediatrics	Pediatric - Surgical	CIRCUMCISION AGE 0-17
344		Medical/Surgical	Surgical	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR
345		Medical/Surgical	Surgical	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FO
346		Medical/Surgical	Medical	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC.
347		Medical/Surgical	Medical	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC.
348		Medical/Surgical	Medical	BENIGN PROSTATIC HYPERTROPHY W CC.
349		Medical/Surgical	Medical	BENIGN PROSTATIC HYPERTROPHY W/O CC.
350		Medical/Surgical	Medical	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM.
351		Medical/Surgical	Medical	STERILIZATION, MALE
352		Medical/Surgical	Medical	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES.
353		Medical/Surgical	GYN - Surgical	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICA
354		Medical/Surgical	GYN - Surgical	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG
355		Medical/Surgical	GYN - Surgical	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG
356		Medical/Surgical	GYN - Surgical	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDUR
357		Medical/Surgical	GYN - Surgical	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIG
358		Medical/Surgical	GYN - Surgical	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC.
359		Medical/Surgical	GYN - Surgical	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC.
360		Medical/Surgical	GYN - Surgical	VAGINA, CERVIX & VULVA PROCEDURES.
361		Medical/Surgical	GYN - Surgical	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362		Medical/Surgical	GYN - Surgical	ENDOSCOPIC TUBAL INTERRUPTION.
363		Medical/Surgical	GYN - Surgical	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY.
364		Medical/Surgical	GYN - Surgical	D&C, CONIZATION EXCEPT FOR MALIGNANCY.
365		Medical/Surgical	GYN - Surgical	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES.
366		Medical/Surgical	GYN - Medical	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC.
367		Medical/Surgical	GYN - Medical	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC.
368		Medical/Surgical	GYN - Medical	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM.
369		Medical/Surgical	GYN - Medical	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISOR
370		Cesarean Section	Cesarean Section	CESAREAN SECTION W CC
371		Cesarean Section	Cesarean Section	CESAREAN SECTION W/O CC
372		OB/GYN	OB - Delivered	VAGINAL DELIVERY W COMPLICATING DIAGNOSES.
373		OB/GYN	OB - Delivered	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES.
374		OB/GYN	OB - Delivered	VAGINAL DELIVERY W STERILIZATION &/OR D&C.
375		OB/GYN	OB - Delivered	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D
376		Non-Delivery	OB - Non-Delivered	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROC
377		Non-Delivery	OB - Non-Delivered	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCE
378		Non-Delivery	OB - Non-Delivered	ECTOPIC PREGNANCY
379		Non-Delivery	OB - Non-Delivered	THREATENED ABORTION
380		Non-Delivery	OB - Non-Delivered	ABORTION W/O D&C
381		Non-Delivery	OB - Non-Delivered	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTO
382		Non-Delivery	OB - Non-Delivered	FALSE LABOR
383		Medical/Surgical	OB - Non-Delivered	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
384		Medical/Surgical	OB - Non-Delivered	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIO
385		Newborn	NICU/Detained Baby	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CA
385.1		Newborn	NICU/Detained Baby	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CA
386		Newborn	NICU/Detained Baby	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDRO
386.1		Newborn	NICU/Detained Baby	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDRO
387		Newborn	NICU/Detained Baby	PREMATURITY W MAJOR PROBLEMS
387.1		Newborn	NICU/Detained Baby	PREMATURITY W MAJOR PROBLEMS
388		Newborn	NICU/Detained Baby	PREMATURITY W/O MAJOR PROBLEMS

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388.1		Newborn	NICU/Detained Baby	PREMATURITY W/O MAJOR PROBLEMS
389		Newborn	NICU/Detained Baby	FULL TERM NEONATE W MAJOR PROBLEMS
389.1		Newborn	NICU/Detained Baby	FULL TERM NEONATE W MAJOR PROBLEMS
390		Newborn	NICU/Detained Baby	NEONATE W OTHER SIGNIFICANT PROBLEMS
390.1		Newborn	NICU/Detained Baby	NEONATE W OTHER SIGNIFICANT PROBLEMS
391		Newborn	Normal Newborn	NORMAL NEWBORN
392		Medical/Surgical	Surgical	SPLENECTOMY AGE >17
393		Pediatrics	Pediatric - Surgical	SPLENECTOMY AGE 0-17
394		Medical/Surgical	Surgical	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD PRODU
395		Medical/Surgical	Medical	RED BLOOD CELL DISORDERS AGE > 17
396		Pediatrics	Pediatric - Medical	RED BLOOD CELL DISORDERS AGE 0 - 17
397		Medical/Surgical	Medical	COAGULATION DISORDERS
398		Medical/Surgical	Medical	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC.
399		Medical/Surgical	Medical	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC.
400		Medical/Surgical	Surgical	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE.
401		Medical/Surgical	Surgical	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W
402		Medical/Surgical	Surgical	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/
403		Medical/Surgical	Medical	LYMPHOMA & NON-ACUTE LEUKEMIA W CC.
404		Medical/Surgical	Medical	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC.
405		Pediatrics	Pediatric - Medical	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17.
406		Medical/Surgical	Surgical	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.
407		Medical/Surgical	Surgical	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.
408		Medical/Surgical	Surgical	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O
409		Medical/Surgical	Medical	RADIOTHERAPY
410		Medical/Surgical	Medical	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGN
411		Medical/Surgical	Medical	HISTORY OF MALIGNANCY W/O ENDOSCOPY.
412		Medical/Surgical	Medical	HISTORY OF MALIGNANCY W ENDOSCOPY.
413		Medical/Surgical	Medical	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W
414		Medical/Surgical	Medical	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/
415		Medical/Surgical	Surgical	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES
416		Medical/Surgical	Medical	SEPTICEMIA AGE >17
417		Pediatrics	Pediatric - Medical	SEPTICEMIA AGE 0-17
418		Medical/Surgical	Medical	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS.
419		Medical/Surgical	Medical	FEVER OF UNKNOWN ORIGIN AGE >17 W CC.
420		Medical/Surgical	Medical	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC.
421		Medical/Surgical	Medical	VIRAL ILLNESS AGE >17
422		Pediatrics	Pediatric - Medical	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
423		Medical/Surgical	Medical	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
424		Psychiatric	Psychiatric	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL IL
425		Psychiatric	Psychiatric	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTI
426		Psychiatric	Psychiatric	DEPRESSIVE NEUROSES
427		Psychiatric	Psychiatric	NEUROSES EXCEPT DEPRESSIVE.
428		Psychiatric	Psychiatric	DISORDERS OF PERSONALITY & IMPULSE CONTROL.
429		Psychiatric	Psychiatric	ORGANIC DISTURBANCES & MENTAL RETARDATION.
430		Psychiatric	Psychiatric	PSYCHOSES
431		Psychiatric	Psychiatric	CHILDHOOD MENTAL DISORDERS.
432		Psychiatric	Psychiatric	OTHER MENTAL DISORDER DIAGNOSES.
433		Substance Abuse	Substance Abuse	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA.
434		Substance Abuse	Substance Abuse	NO LONGER VALID
435		Substance Abuse	Substance Abuse	NO LONGER VALID
436		Substance Abuse	Substance Abuse	NO LONGER VALID
437		Substance Abuse	Substance Abuse	NO LONGER VALID
438		Medical/Surgical	Surgical	NO LONGER VALID
439		Medical/Surgical	Surgical	SKIN GRAFTS FOR INJURIES
440		Medical/Surgical	Surgical	WOUND DEBRIDEMENTS FOR INJURIES
441		Medical/Surgical	Surgical	HAND PROCEDURES FOR INJURIES.
442		Medical/Surgical	Surgical	OTHER O.R. PROCEDURES FOR INJURIES W CC
443		Medical/Surgical	Surgical	OTHER O.R. PROCEDURES FOR INJURIES W/O CC
444		Medical/Surgical	Medical	TRAUMATIC INJURY AGE >17 W CC
445		Medical/Surgical	Medical	TRAUMATIC INJURY AGE >17 W/O CC
446		Pediatrics	Pediatric - Medical	TRAUMATIC INJURY AGE 0-17
447		Medical/Surgical	Medical	ALLERGIC REACTIONS AGE >17
448		Pediatrics	Pediatric - Medical	ALLERGIC REACTIONS AGE 0-17
449		Medical/Surgical	Medical	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
450		Medical/Surgical	Medical	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
451		Pediatrics	Pediatric - Medical	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
452		Medical/Surgical	Medical	COMPLICATIONS OF TREATMENT W/O CC
453		Medical/Surgical	Medical	COMPLICATIONS OF TREATMENT W/O CC
454		Medical/Surgical	Medical	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC
455		Medical/Surgical	Medical	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC
456		Medical/Surgical	Medical	NO LONGER VALID
457		Medical/Surgical	Medical	NO LONGER VALID
458		Medical/Surgical	Surgical	NO LONGER VALID
459		Medical/Surgical	Surgical	NO LONGER VALID
460		Medical/Surgical	Medical	NO LONGER VALID
461		Medical/Surgical	Surgical	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SE
462		Rehabilitation	Rehabilitation	REHABILITATION
463		Medical/Surgical	Medical	SIGNS & SYMPTOMS W CC
464		Medical/Surgical	Medical	SIGNS & SYMPTOMS W/O CC

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465		Medical/Surgical	Medical	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIA
466		Medical/Surgical	Medical	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY D
467		Medical/Surgical	Medical	OTHER FACTORS INFLUENCING HEALTH STATUS
468		Medical/Surgical	Surgical	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DI
469		Medical/Surgical	OB - Unclassified	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
470		Medical/Surgical	Border Baby	UNGROUPABLE
471		Medical/Surgical	Surgical	JOINT PROCS OF LOWER EXTREMITY
472		Medical/Surgical	Surgical	NO LONGER VALID
473		Medical/Surgical	Surgical	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17
474		Medical/Surgical	Surgical	NO LONGER VALID
475		Medical/Surgical	Medical	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPO
476		Medical/Surgical	Surgical	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DI
477		Medical/Surgical	Surgical	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPA
478		Medical/Surgical	Surgical	OTHER VASCULAR PROCEDURES W CC
479		Medical/Surgical	Surgical	OTHER VASCULAR PROCEDURES W/O CC
480		Medical/Surgical	Transplant	LIVER TRANSPLANT
481		Medical/Surgical	Transplant	BONE MARROW TRANSPLANT
482		Medical/Surgical	Surgical	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
483		Medical/Surgical	Surgical	TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSE
484		Medical/Surgical	Surgical	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485		Medical/Surgical	Surgical	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE
486		Medical/Surgical	Surgical	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRA
487		Medical/Surgical	Medical	OTHER MULTIPLE SIGNIFICANT TRAUMA
488		Medical/Surgical	Surgical	HIV W EXTENSIVE O.R. PROCEDURE
489		Medical/Surgical	Medical	HIV W MAJOR RELATED CONDITION
490		Medical/Surgical	Medical	HIV W OR W/O OTHER RELATED CONDITION
491		Medical/Surgical	Surgical	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPP
492		Medical/Surgical	Medical	CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOS
493		Medical/Surgical	Surgical	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
494		Medical/Surgical	Surgical	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC
495		Medical/Surgical	Transplant	LUNG TRANSPLANT
496		Medical/Surgical	Surgical	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497		Medical/Surgical	Surgical	SPINAL FUSION EXCEPT CERVICAL W CC
498		Medical/Surgical	Surgical	SPINAL FUSION EXCEPT CERVICAL W/O CC
499		Medical/Surgical	Surgical	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC
500		Medical/Surgical	Surgical	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC
501		Medical/Surgical	Surgical	KNEE PROCEDURES W PDX OF INFECTION W CC
502		Medical/Surgical	Surgical	KNEE PROCEDURES W PDX OF INFECTION W/O CC
503		Medical/Surgical	Surgical	KNEE PROCEDURES W/O PDX OF INFECTION
504		Medical/Surgical	Surgical	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT
505		Medical/Surgical	Surgical	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT
506		Medical/Surgical	Surgical	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC
507		Medical/Surgical	Surgical	FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O C
508		Medical/Surgical	Medical	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W C
509		Medical/Surgical	Medical	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O C
510		Medical/Surgical	Medical	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA
511		Medical/Surgical	Medical	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA
512		Medical/Surgical	Transplant	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
513		Medical/Surgical	Transplant	PANCREAS TRANSPLANT
514		Medical/Surgical	Surgical	CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH
515		Medical/Surgical	Surgical	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH
516		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W AMI
517		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASC PROC W CORONARY ARTERY STENT W/O AMI
518		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASC PROC W/O CORONARY ARTERY STENT OR AMI
519		Medical/Surgical	Surgical	CERVICAL SPINAL FUSION W CC
520		Medical/Surgical	Surgical	CERVICAL SPINAL FUSION W/O CC
521		Substance Abuse	Substance Abuse	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
522		Substance Abuse	Substance Abuse	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHAB THERAPY W/O CC
523		Substance Abuse	Substance Abuse	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHAB THERAPY W/O CC
524		Medical/Surgical	Medical	TRANSIENT ISCHEMIA
525		Medical/Surgical	Transplant	HEART ASSIST SYSTEM IMPLANT
526		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W AMI
527		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O AMI
528		Medical/Surgical	Surgical	INTRACRANIAL VASCULAR PROCEDURES WITH PDX HEMORRHAGE
529		Medical/Surgical	Surgical	VENTRICULAR SHUNT PROCEDURES WITH CC
530		Medical/Surgical	Surgical	VENTRICULAR SHUNT PROCEDURES WITHOUT CC
531		Medical/Surgical	Surgical	SPINAL PROCEDURES WITH CC
532		Medical/Surgical	Surgical	SPINAL PROCEDURES WITHOUT CC
533		Medical/Surgical	Surgical	EXTRACRANIAL VASCULAR PROCEDURES WITH CC
534		Medical/Surgical	Surgical	EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC
535		Medical/Surgical	Surgical	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK
536		Medical/Surgical	Surgical	CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK
537		Medical/Surgical	Surgical	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC
538		Medical/Surgical	Surgical	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC
539		Medical/Surgical	Surgical	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC
540		Medical/Surgical	Surgical	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC
541		Medical/Surgical	Surgical	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK DIAG W MAJ O.R.
542		Medical/Surgical	Surgical	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK DIAG W/O MAJ O.R.
543		Medical/Surgical	Surgical	CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX

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544		Medical/Surgical	Surgical	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY
545		Medical/Surgical	Surgical	REVISION OF HIP OR KNEE REPLACEMENT
546		Medical/Surgical	Surgical	SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG
547		Medical/Surgical	Surgical	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX
548		Medical/Surgical	Surgical	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX
549		Medical/Surgical	Surgical	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX
550		Medical/Surgical	Surgical	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX
551		Medical/Surgical	Surgical	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR
552		Medical/Surgical	Surgical	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX
553		Medical/Surgical	Surgical	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX
554		Medical/Surgical	Surgical	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX
555		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX
556		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX
557		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX
558		Medical/Surgical	Surgical	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX
559		Medical/Surgical	Surgical	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT
560		Medical/Surgical	Medical	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM
561		Medical/Surgical	Medical	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS
562		Medical/Surgical	Medical	SEIZURE, AGE GREATER THAN 17 WITH CC
563		Medical/Surgical	Medical	SEIZURE, AGE GREATER THAN 17 WITHOUT CC
564		Medical/Surgical	Medical	HEADACHES, AGE GREATER THAN 17
565		Medical/Surgical	Medical	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS
566		Medical/Surgical	Medical	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT < 96 HOURS
567		Medical/Surgical	Surgical	STOMACH, ESOPHAGEL ABD DUODENAL PROCEDURES, AGE GREATER THAN 17 WITH CC WITH MAJOR GASTROINTESTINAL DIAGNOSIS
568		Medical/Surgical	Surgical	STOMACH, ESOPHAGEL ABD DUODENAL PROCEDURES, AGE GREATER THAN 17 WITH CC WITHOUT MAJOR GASTROINTESTINAL DIAGNOSIS
569		Medical/Surgical	Surgical	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC WITH MAJOR GASTROINTESTINAL DIAGNOSIS
570		Medical/Surgical	Surgical	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC WITH MAJOR GASTROINTESTINAL DIAGNOSIS
571		Medical/Surgical	Medical	MAJOR ESOPHAGEAL DISORDERS
572		Medical/Surgical	Medical	MAJOR ESOPHAGEAL DISORDERS AND PERITONEAL INFECTIONS
573		Medical/Surgical	Surgical	MAJOR BLADDER PROCEDURES
574		Medical/Surgical	Medical	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAGNOSIS EXCEPT SICKLE CELL CRISIS AND COAGULATION DISORDERS
575		Medical/Surgical	Medical	SEPTICEMIA WITH VENTILATOR SUPPORT 96+ HOURS, AGE GREATER THAN 17
576		Medical/Surgical	Medical	SEPTICEMIA WITHOUT VENTILATOR SUPPORT 96+ HOURS, AGE GREATER THAN 17
577		Medical/Surgical	Surgical	CAROTID ARTERY STENT PROCEDURE
578		Medical/Surgical	Surgical	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE
579		Medical/Surgical	Surgical	POSTOPERATIVE OR POST-TRAUMATIC INFECTION WITH O.R. PROCEDURE
R100	100	All - Inclusive	Medical	
R101	101	All - Inclusive	Medical	
R110	110	Medical/Surgical	Medical	
R111	111	Medical/Surgical	Medical	
R112	112	OB/GYN	OB - Unclassified	
R113	113	Pediatrics	Pediatric - Medical	
R114	114	Psychiatric	Psychiatric	
R115	115	Hospice	Hospice	
R116	116	Substance Abuse	Substance Abuse	
R117	117	Medical/Surgical	Medical	
R118	118	Rehabilitation	Rehabilitation	
R119	119	Medical/Surgical	Medical	
R120	120	Medical/Surgical	Medical	
R121	121	Medical/Surgical	Medical	
R122	122	OB/GYN	OB - Unclassified	
R123	123	Pediatrics	Pediatric - Medical	
R124	124	Psychiatric	Psychiatric	
R125	125	Hospice	Hospice	
R126	126	Substance Abuse	Substance Abuse	
R127	127	Medical/Surgical	Medical	
R128	128	Rehabilitation	Rehabilitation	
R129	129	Medical/Surgical	Medical	
R130	130	Medical/Surgical	Medical	
R131	131	Medical/Surgical	Medical	
R132	132	OB/GYN	OB - Unclassified	
R133	133	Pediatrics	Pediatric - Medical	
R134	134	Psychiatric	Psychiatric	
R135	135	Hospice	Hospice	
R136	136	Substance Abuse	Substance Abuse	
R137	137	Medical/Surgical	Medical	
R138	138	Rehabilitation	Rehabilitation	
R139	139	Medical/Surgical	Medical	
R140	140	Medical/Surgical	Medical	
R141	141	Medical/Surgical	Medical	
R142	142	OB/GYN	OB - Unclassified	
R143	143	Pediatrics	Pediatric - Medical	
R144	144	Psychiatric	Psychiatric	
R145	145	Hospice	Hospice	
R146	146	Substance Abuse	Substance Abuse	
R147	147	Medical/Surgical	Medical	
R148	148	Rehabilitation	Rehabilitation	
R149	149	Medical/Surgical	Medical	
R150	150	Medical/Surgical	Medical	

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R151	151	Medical/Surgical	Medical
R152	152	OB/GYN	OB - Unclassified
R153	153	Pediatrics	Pediatric - Medical
R154	154	Psychiatric	Psychiatric
R155	155	Hospice	Hospice
R156	156	Substance Abuse	Substance Abuse
R157	157	Medical/Surgical	Medical
R158	158	Rehabilitation	Rehabilitation
R159	159	Medical/Surgical	Medical
R160	160	Medical/Surgical	Medical
R164	164	Medical/Surgical	Medical
R167	167	Medical/Surgical	Medical
R169	169	Administrative Days	
R170	170	Newborn	Normal Newborn
R171	171	Newborn	Normal Newborn
R172	172	Newborn	Border Baby
R173	173	Newborn	Border Baby
R174	174	Newborn	Border Baby
R175	175	Newborn	Border Baby
R179	179	Newborn	Normal Newborn
R185	185	Unknown	
R190	190	Unknown	
R191	191	Unknown	
R193	193	Unknown	
R200	200	Medical/Surgical	Medical
R201	201	Medical/Surgical	Medical
R202	202	Medical/Surgical	Medical
R203	203	Pediatrics	Pediatric - Medical
R204	204	Psychiatric	Psychiatric
R205	205	Hospice	Hospice
R206	206	Medical/Surgical	Medical
R207	207	Medical/Surgical	Medical
R208	208	Medical/Surgical	Medical
R209	209	Medical/Surgical	Medical
R210	210	Medical/Surgical	Medical
R211	211	Medical/Surgical	Medical
R212	212	Medical/Surgical	Medical
R213	213	Medical/Surgical	Medical
R214	214	Medical/Surgical	Medical
R219	219	Medical/Surgical	Medical
R800	800	Medical/Surgical	Medical
R801	801	Medical/Surgical	Medical
R802	802	Medical/Surgical	Medical
R803	803	Medical/Surgical	Medical
R804	804	Medical/Surgical	Medical
R805	805	Medical/Surgical	Medical
R806	806	Medical/Surgical	Medical
R807	807	Medical/Surgical	Medical
R808	808	Medical/Surgical	Medical
R809	809	Medical/Surgical	Medical

Revenue Codes - Accommodations

Code(s)	DESCR	
100	010X	010X - All Inclusive Rate
110	011X	011X - Room & Board - Private (Medical or General)
120	012X	012X - Room & Board - Semi-private Two Beds (Medical or General)
130	013X	013X - Semi-private - three and Four Beds (Medical or General)
140	014X	014X - Private - (Deluxe) (Medical or General)
150	015X	015X - Room & Board - Ward (Medical or General)
160	016X	016X - Other Room & Board (Medical or General)
170	017X	017X - Nursery
180	018X	018X - Leave of Absence
190	019X	019X - Sub-acute Care
200	020X	020X - Intensive Care Unit
210	021X	021X - Coronary Care Unit

Revenue Codes - Ancillary

220	- 022X	022X - Special Charges
230	- 023X	023X - Incremental Nursing Care Charges
240	- 024X	024X - All Inclusive Ancillary
250	- 025X	025X - Pharmacy (Also see 063X, an extension of 025X)
260	- 026X	026X - IV Therapy
270	- 027X	027X - Medical/Surgical Supplies (Also see 062X, an extension of 027X)
280	- 028X	028X - Oncology
290	- 029X	029X - Durable Medical Equipment (DME) (Other Than Rental)
300	- 030X	030X - Laboratory
310	- 031X	031X - Laboratory Pathological
320	- 032X	032X - Radiology - Diagnostic
330	- 033X	033X - Radiology ? Therapeutic and/or Chemotherapy Administration
340	- 034X	034X - Nuclear Medicine
350	- 035X	035X - Computed Tomographic (CT) Scan
360	- 036X	036X - Operating Room Services
370	- 037X	037X - Anesthesia
380	- 038X	038X - Blood and Blood Components
	-	
390	039X	039X - Administration, Processing, and Storage of Blood and Blood Components
400	- 040X	040X - Other Imaging Services
410	- 041X	041X - Respiratory Services
420	- 042X	042X - Physical Therapy
430	- 043X	043X - Occupational Therapy
440	- 044X	044X - Speech Therapy
450	- 045X	045X - Emergency Room
460	- 046X	046X - Pulmonary Function
470	- 047X	047X - Audiology

Rev Codes

480	- 048X	048X - Cardiology
490	- 049X	049X - Ambulatory Surgical Care
500	- 050X	050X - Outpatient Services
510	- 051X	051X - Clinic
520	- 052X	052X - Free-Standing Clinic
530	- 053X	053X - Osteopathic Services
540	- 054X	054X - Ambulance
550	- 055X	055X - Skilled Nursing
560	- 056X	056X - Medical Social Services
570	- 057X	057X - Home Health Aide (Home Health)
580	- 058X	058X - Other Visits (Home Health)
590	- 059X	059X - Units of Service (Home Health)
600	- 060X	060X - Oxygen (Home Health)
610	- 061X	061X - O2/STAT EQUIP/PORT ADD-ON
621	- 062X	062X - Medical/Surgical Supplies - Extension of 027X
630	- 063X	063X - Pharmacy - Extension of 025X
640	- 064X	064X - Home IV Therapy Services
650	- 065X	065X - Hospice Services
660	- 066X	066X - Respite Care (HHA Only)
670	- 067X	067X - Outpatient Special Residence Charges
680	- 068X	068X - Trauma Response
069X	- 069X	069X - Not Assigned
700	- 070X	070X - Cast Room
710	- 071X	071X - Recovery Room
720	- 072X	072X - Labor Room/Delivery
730	- 073X	073X - Electrocardiogram (EKG/ECG)
740	- 074X	074X - Electroencephalogram (EEG)
750	- 075X	075X - Gastro-Intestinal Services
760	- 076X	076X - Specialty Services
770	- 077X	077X - Preventative Care Services
	-	078X - Telemedicine - Future use to be announced - Medicare Demonstration Project
780	078X	
790	- 079X	079X - Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)
800	- 080X	080X - Inpatient Renal Dialysis
810	- 081X	081X - Organ Acquisition
820	- 082X	082X - Hemodialysis - Outpatient or Home Dialysis
830	- 083X	083X - Peritoneal Dialysis - Outpatient or Home
	-	
840	084X	084X - Continuous Ambulatory Peritoneal Dialysis (CAPD) ? Outpatient or Home
850	- 085X	085X - Continuous Cycling Peritoneal Dialysis (CCPD) ? Outpatient
086X	- 086X	086X - Magnetoencephalography (MEG) - General Classification
087X	- 087X	087X - Reserved for Dialysis (National Assignment)
880	- 088X	088X - Miscellaneous Dialysis
089X	- 089X	089X - Reserved for National Assignment
	-	090X - Behavior Health Treatments/Services (Also see 091X, an extension of 090X)
900	090X	
910	- 091X	091X - Behavioral Health Treatment/Services-Extension of 090X
920	- 092X	092X - Other Diagnostic Services
931	- 093X	093X - Medical Rehabilitation Day Program
940	- 094X	094X - Other Therapeutic Services (also See 095X, an extension of 094X)
950	- 095X	095X - Other Therapeutic Services-Extension of 094X
960	- 096X	096X - Professional Fees
971	- 097X	097X - Professional Fees - Extension of 096X
981	- 098X	098X - Professional Fees - Extension of 096X & 097X
990	- 099X	099X - Patient Convenience Items

Rev Codes

Nursery

Code(s)	Description
0170	Nursery: Classification
0171	Nursery: Newborn - Level I
0172	Nursery: Newborn - Level II
0173	Nursery: Newborn - Level III
0174	Nursery: Newborn - Level IV
0179	Nursery: Other
017X	Nursery

ICU

Code(s)	Description
0200	Intensive Care Unit: General Classification
0201	Intensive Care Unit: Surgical
0202	Intensive Care Unit: Medical
0203	Intensive Care Unit: Pediatric
0204	Intensive Care Unit: Psychiatric
0206	Intensive Care Unit: Intermediate ICU
0207	Intensive Care Unit: Burn Care
0208	Intensive Care Unit: Trauma
0209	Intensive Care Unit: Other Sub-acute Care
020X	Intensive Care Unit

CCU

Code(s)	Description
0210	Coronary Care Unit: General Classification
0211	Coronary Care Unit: Myocardial Infarction
0212	Coronary Care Unit: Pulmonary Care
0213	Coronary Care Unit: CCU/PULMONARY
0214	Coronary Care Unit: Intermediate CCU
0219	Coronary Care Unit: Other Coronary Care
021X	Coronary Care Unit

Emergency Room

Code(s)	Description
0450	Emergency Room: General Classification
0451	Emergency Room: EMTALA Emergency Medical screening services
0452	Emergency Room: ER Beyond EMTALA Screening
0456	Emergency Room: Urgent Care
0459	Emergency Room: Other Emergency Room
045X	Emergency Room

Rev Codes

<u>Code(s)</u>	<u>Description</u>
<u>0720</u>	Labor Room/Delivery: General Classification
<u>0721</u>	Labor Room/Delivery: Labor
<u>0722</u>	Labor Room/Delivery: Delivery
<u>0723</u>	Labor Room/Delivery: Circumcision
<u>0724</u>	Labor Room/Delivery: Birthing Center
<u>0729</u>	Labor Room/Delivery: Other Labor Room/Delivery
<u>072X</u>	Labor Room/Delivery

Place of Service Codes

Place of Service Codes		
Code(s)	Place of Service Name	Place of Service Description
1	Pharmacy**	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (effective 10/1/05)
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. (effective 10/1/03)
14	Group Home *	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. (effective 4/1/08)
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (effective 10/1/03)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (effective 10/1/03)
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.

Place of Service Codes

65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
99	Other Place of Service	Other place of service not identified above.

https://www.cms.gov/HCPCSReleaseCodeSets/20_BETOS.asp

(1) EVALUATION AND MANAGEMENT

M1A	Office visits - new
M1B	Office visits - established
M2A	Hospital visit - initial
M2B	Hospital visit - subsequent
M2C	Hospital visit - critical care
M3	Emergency room visit
M4A	Home visit
M4B	Nursing home visit
M5A	Specialist - pathology (HCPCS moved to T1G in 2003)
M5B	Specialist - psychiatry
M5C	Specialist - ophthalmology
M5D	Specialist - other
M6	Consultations

(2) PROCEDURES

P0	Anesthesia
P1A	Major procedure - breast
P1B	Major procedure - colectomy
P1C	Major procedure - cholecystectomy
P1D	Major procedure - turp
P1E	Major procedure - hysterectomy
P1F	Major procedure - explor/decomp/excis disc
P1G	Major procedure - Other
P2A	Major procedure, cardiovascular-CABG
P2B	Major procedure, cardiovascular-Aneurysm repair
P2C	Major Procedure, cardiovascular- Thromboendarterectomy
P2D	Major procedure, cardiovascular-Coronary angioplasty (PTCA)
P2E	Major procedure, cardiovascular-Pacemaker insertion
P2F	Major procedure, cardiovascular-Other
P3A	Major procedure, orthopedic - Hip fracture repair
P3B	Major procedure, orthopedic - Hip replacement
P3C	Major procedure, orthopedic - Knee replacement
P3D	Major procedure, orthopedic - other
P4A	Eye procedure - corneal transplant
P4B	Eye procedure - cataract removal/lens insertion
P4C	Eye procedure - retinal detachment
P4D	Eye procedure - treatment of retinal lesions
P4E	Eye procedure - other
P5A	Ambulatory procedures - skin
P5B	Ambulatory procedures - musculoskeletal
P5C	Ambulatory procedures - groin hernia repair
P5D	Ambulatory procedures - lithotripsy
P5E	Ambulatory procedures - other
P6A	Minor procedures - skin
P6B	Minor procedures - musculoskeletal
P6C	Minor procedures - other (Medicare fee schedule)

BETOS

P6D Minor procedures - other (non-Medicare fee schedule)

P7A Oncology - radiation therapy

P7B Oncology - other

P8A Endoscopy - arthroscopy

P8B Endoscopy - upper gastrointestinal

P8C Endoscopy - sigmoidoscopy

P8D Endoscopy - colonoscopy

P8E Endoscopy - cystoscopy

P8F Endoscopy - bronchoscopy

P8G Endoscopy - laparoscopic cholecystectomy

P8H Endoscopy - laryngoscopy

P8I Endoscopy - other

P9A Dialysis services (Medicare Fee Schedule)

P9B Dialysis services (Non-Medicare Fee Schedule)

(3) IMAGING

I1A Standard imaging - chest

I1B Standard imaging - musculoskeletal

I1C Standard imaging - breast

I1D Standard imaging - contrast gastrointestinal

I1E Standard imaging - nuclear medicine

I1F Standard imaging - other

I2A Advanced imaging - CAT/CT/CTA: brain/head/neck

I2B Advanced imaging - CAT/CT/CTA: other

I2C Advanced imaging - MRI/MRA: brain/head/neck

I2D Advanced imaging - MRI/MRA: other

I3A Echography/ultrasonography - eye

I3B Echography/ultrasonography - abdomen/pelvis

I3C Echography/ultrasonography - heart

I3D Echography/ultrasonography - carotid arteries

I3E Echography/ultrasonography - prostate, transrectal

I3F Echography/ultrasonography - other

I4A Imaging/procedure - heart including cardiac catheter

I4B Imaging/procedure - other

(4) TESTS

T1A Lab tests - routine venipuncture (non Medicare fee schedule)

T1B Lab tests - automated general profiles

T1C Lab tests - urinalysis

T1D Lab tests - blood counts

T1E Lab tests - glucose

T1F Lab tests - bacterial cultures

T1G Lab tests - other (Medicare fee schedule)

T1H Lab tests - other (non-Medicare fee schedule)

T2A Other tests - electrocardiograms

T2B Other tests - cardiovascular stress tests

T2C Other tests - EKG monitoring

T2D Other tests - other

(5) DURABLE MEDICAL EQUIPMENT

D1A Medical/surgical supplies

D1B Hospital beds

D1C Oxygen and supplies

D1D Wheelchairs

BETOS

D1E	Other DME
D1F	Prosthetic/Orthotic devices
D1G	Drugs Administered through DME
(6) OTHER	
O1A	Ambulance
O1B	Chiropractic
O1C	Enteral and parenteral
O1D	Chemotherapy
O1E	Other drugs
O1F	Hearing and speech services
O1G	Immunizations/Vaccinations
(7) EXCEPTIONS/UNCLASSIFIED	
Y1	Other - Medicare fee schedule
Y2	Other - non-Medicare fee schedule
Z1	Local codes
Z2	Undefined codes

Schedule A - Income Statement Mapping

This exhibit is a detailed mapping of the service codes from the Contractor's claims system to Schedule O-R -Lab Tables and Schedule A - Income Statement

Schedule A Lines	Description	Schedule	Index	Lags	Coding
Hospitalization					
		Schedule O		Hospitalization	Claim Type H and Bill Type 11 & 12 and associated Inpatient DRG/Rev code
8	Inpatient medical		1		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
9	Inpatient surgical		2		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
10	Inpatient ICU/CCU		3		Bill Type 11 & 12 and ICU Revenue Codes (see RevCode Tab)
11	Inpatient maternity and nursery		4		No Entry - Calculated in spreadsheet
	C-section deliveries and nursery		4a		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
	Vaginal deliveries and nursery		4b		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
12	Inpatient NICU		5		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
13	Inpatient rehab		6		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
14	Inpatient psych/detox		7		Bill Type 11 & 12 and associated Inpatient DRG/Rev code
15	Total Hospitalization		9		
Outpatient Services					
		Schedule P		Outpatient	Claim Type H and
16	Outpatient ER		10		Bill Type not 11 & 12 and All ER/UC Revenue Codes
17	Outpatient surgery/anesthesia		11		Bill Type not 11 & 12 and Revenue Codes 36*-37* All Claims lines
18	Ambulatory surgical centers		12		Bill Type 11 & 12 and Revenue Codes 49* All Claims lines
19	Outpatient maternity		13		Bill Type not 11 & 12 and Revenue Codes 72* All Claims lines
20	Outpatient family planning/sterilization		15		Proc Code '58150; 58285;58152; 58290-58294;58180; 58541-58544;58200; 58548;58210; 58550;58240; 58552-58554;58260; 58565;58262; 58570-58573;58263; 59840-59841;58267; 59850-59852;58270; 59855-59857;58275; 55970;58280; 55980
21	Outpatient other (eg., observation, recovery, care)		16		Not any of the above nor Other Medical Expenses category.
22	Total Outpatient Services		17		Remainder outpatient facility claims.
Physician Services					
		Schedule Q		Physician Services	Claim Type M and not "Other Medical"
23	Primary Care Provider		18		POS 11, PCP Specialty Not Surgery (see below)
24	Physician ESPDT		18A		EPSDT/KidMed 99173EP S9470 99381-99385; 92551; 99211AJ; 99391-99395; T1001; 99173EP; S9470
25	Physician visits inpatient		19		POS 21, 61 Not Surgery (see below)
26	Physician visits - outpatient		19A		POS 22, 62 and 24
27	Physician visits emergency room		20		POS 20 and 23 and CPTs: 99281 - 99288
28	Physician visits home/other		21		POS 3,4 12, 13, 14, 15, 16, 17, 26, 31, 32, 33, 34, 41, 42, 49, 50, 62, 65, 71, 72
29	Physician visits consults		23		Consultation CPT Codes: 99241 - 99255; BETOS M6
30	Physician surgery inpatient		24		POS 21 and BETOS: P1A - P3D
31	Physician surgery outpatient		25		POS 24 or POS 22 and BETOS: P1A - P3D and P5A - P5E and P6A - P6D and P8A - P8I
32	Physician surgery office/other		26		POS 11 and BETOS: P1A - P3D and P6A - P6D and P8A - P8I
33	Surgical anesthesia		27		Specialty table and BETOS: P0
34	Other physician visits maternity		28		Specialty Code OB. OBG* or CNM
35	Other physician visits behavioral health basic service		29		POS 51, 52, 53, 54, 55, 56, 57 also BETOS: M5B
36	Other physician visits ENT/audiology		32		Specialty table and BETOS: O1F
37	Other physician visits family planning		30		Review PA Stat Report
38	Other physician visits - miscellaneous		31		Specialty table
39	Physician – office based procedures		35		See Other Medical Expense Other. POS 81, 99, 1
40	Total Physician Services		36		
Other Medical Expenses					
		Schedule R		Other Medical	
41	Home health care		37		Bill Type 2* and Rev Code 190; BETOS: M4B
			38		Place of Service="12" And TYPE_OF_SERVICE <>"DM" And PROCEDURE_CODE<>("A4*", "E*", "J*", "K*", "L*", "V52*", "Y4*", "7*", "8*", "9*", "Q9*")
					PROV_ENTITY="F" And REVENUE_CODE =("55*", "640-669", "570-604") And PROCEDURE_CODE<>("A4*", "E*", "J*", "K*", "L*", "V52*", "Y4*", "7*", "8*", "9*", "Q9*")
					PROV_ENTITY="F" And TYPE_OF_SERVICE=("HC*", "HH*", "HOS*", "COU2") And PROCEDURE_CODE<>("A4*", "E*", "J*", "K*", "L*", "V52*", "Y4*", "7*", "8*", "9*", "Q9*")
					PROV_ENTITY="F" And TYPE_OF_SERVICE=("SNO")

42	Extended Home Health
43	Foster care assessments
44	Chemotherapy
45	Dialysis
46	Family planning
47	Prosthetics/orthotics
48	Lab and pathology
49	Radiology
50	Pharmaceuticals
51	Transportation - Emergency
52	Transportation - Non-Emergency
53	Therapies (Physical, Speech, Occupational)
54	Other professional services/supplies
55	Other miscellaneous medical expenses
56	Total Other Medical Expenses

		BILL_TYPE=("320"- "349") or REVENUE_CODE="023" or Proc Code="G0154
		BETOS: M4A
42		List of chemo Jcodes from pharmacist: BETOS P7B and O1D
43		PROV_ENTITY = "F" And REVENUE_CODE= "820-89" or "633" or "634"
		PROV_ENTITY = "F" And Procedure = "Q9900" to "Q9940"
		BETOS: P9A - P9B
44		58150; 58285;58152; 58290-58294;58180; 58541-58544;58200; 58548;58210; 58550;58240; 58552-58554;58260; 58565;58262; 58570-58573;58263; 59840-59841;58267; 59850-59852;58270; 59855-59857;58275; 55970;58280; 55980
45		PROV_ENTITY = "F", REVENUE_CODE ="29*" And PROCEDURE_CODE <>("A42*", "E*", "J*", "7*", "8*", "9*", "Q9*")
		PROV_ENTITY = "F" And REVENUE_CODE <> "51*" And TYPE_OF_SERVICE="AU*" Or "DM*"
		PROV_ENTITY = "F" And REVENUE_CODE - ("27*", "29*") And TYPE_OF_SERVICE="AU*" Or "DM*"
		REVENUE_CODE = "Is Null" and PROCEDURE_CODE = ("E*"or"K*"or"L*"or"V52*"or"Y4*")
		BETOS: D1A - D1F
46		PROV_ENTITY = "F" And REVENUE_CODE - ("30*", "31*"). Review PA Stat Report. Lab and Path CPTs 80048 - 89356. BETOS: T1A to T1H
47		PROV_ENTITY = "F" And REVENUE_CODE - ("32*", "34*", "35*", "40*"). Does not include therapeutic radiology. Review PA Stat Report. Radiology CPTs 70010 - 79999 also consider BETOS: I1A - I4B
48		Not chemo Jcodes (Review PA Stat Report Pharmaceutical category), all other Jcodes and claims lines not otherwise classified for Rev Code 63*, 26* and 25*. BETOS: D1G and O1E, O1G
49		PROV_ENTITY = "F" And TYPE_OF_SERVICE=("AM*", "TOA") And Procedure= "A03*-AO4*" or "Y9*"
		PROV_ENTITY = "F" And PLACE_OF_SERVICE = ("41", "42")
		PROV_ENTITY = "F" And REVENUE_CODE = "54*"
		PROV_ENTITY = "F" And PLACE_OF_SERVICE <> ("12", "00") And PROCEDURE_CODE =("A03*", "A04*", "Y9*")
		BETOS: O1A
50		Subcon
50		PROV_ENTITY = "F" And REVENUE_CODE = "42*", "43*", "44*"
51		Other not Facility
52		Claims not fall into above categories