

**ATTACHMENT J.1.3
HISTORICAL DATA**

The data provided below is in response to questions received after the pre-solicitation conference.

1. Number of indemnity, medical only and record only claims that were received for each of the last 4 fiscal years.

Claims Reported by Fiscal Year				
	Claim Type			
Fiscal Year	IN	IO	MO	Grand Total
2004	616		240	856
2005	709	46	718	1473
2006	786	40	822	1648
2007	778	175	637	1590
Grand Total	2889	261	2417	5567

2. Number of indemnity, medical only and record only claims currently open.

Current Claim Count by Type	
Indemnity	1268
M/O	140
TOTAL	1408

3. Number of claims that remain open by accident fiscal year

	Claim Type		
Fiscal Year	IN	MO	Grand Total
1939	1		1
1954	1		1
1960	1		1
1961	1		1
1964	1		1
1966	1		1
1967	1		1
1969	4		4
1970	3		3
1971	1		1
1972	9		9
1973	3		3
1974	9		9
1975	4		4

	Claim Type		
Fiscal Year	IN	MO	Grand Total
1976	5		5
1977	11		11
1978	7		7
1979	14		14
1980	16		16
1981	11		11
1982	9		9
1983	9		9
1984	21		21
1985	20		20
1986	13	2	15
1987	15		15
1988	27		27
1989	14		14
1990	26		26
1991	16		16
1992	16		16
1993	21	1	22
1994	25		25
1995	25		25
1996	19		19
1997	29		29
1998	22	1	23
1999	23		23
2000	23		23
2001	35		35
2002	32	1	33
2003	42	3	45
2004	55	2	57
2005	93	3	96
2006	140		140
2007	453	204	657
Grand Total	1327	217	1544

4. Number of medical bills reviewed in the last 24 months and the gross savings percentage realized (not including duplicate reductions).

Medical Bills 1/1/06 to 12/31/07		
Client	Data	Total
DC Gov	Number of Bills	6834
	Total Amount Billed	\$7,011,730.17

	Total Amount Paid	\$1,877,483.83
	Total Vendor Fee	\$0.00
	Total PPO Fee	\$0.00
	Total Amount Saved	\$5,134,246.34

5. Number of WC hearings during the past 12 months.

During the past 12 months 150 hearings occurred.

6. Have all District WC files been “imaged” by the incumbent TPA? If not, what is the date ranges of imaged files? How many open workers’ compensation claims are not currently imaged?

Not all files are imaged. The TPA started imaging files in December of 2005.

7. Number of medical expenditures for the past four (4) fiscal years broken out by the following:

- Physician
- Hospital ► In-Patient ► Out-Patient
- Pharmacy
- Physical Therapy

DC Government Medical Expenditure FY 2005 to FY 2007

Pay Code Description	Fiscal Year		
	2005	2006	2007
Ambulance	\$ -	\$ 39,626.35	\$ 29,423.48
Anesthesiologist	\$ -	\$ 80,553.54	\$ 79,990.08
Chiropractor	\$ -	\$ 8,931.77	\$ 23,595.22
Dentist	\$ -	\$ 27,197.19	\$ 8,439.47
Doctor	\$ -	\$ 1,269,397.89	\$ 1,030,603.84
Field Case Management Fee	\$ -	\$ -	\$ 31,197.29
Freestanding Clinical Lab (Hosp)	\$ -	\$ -	\$ 4,641.07
Freestanding Clinical Lab (non-hosp)	\$ -	\$ -	\$ 2,000.72
Hospital	\$ -	\$ 139,802.60	\$ 75,612.95
Hospital-Outpatient	\$ -	\$ -	\$ 14,414.20
In-House Medical Fees	\$ -	\$ -	\$ 605.05
Lab Fees	\$ -	\$ 111,337.41	\$ 41,201.60
Lump Sum Settlement - Medical	\$ -	\$ -	\$ 196.00
Medical Appliance/Device	\$ -	\$ -	\$ 384.24
Medical Exam-Defense (Medical)	\$ -	\$ 36.00	\$ 28,732.40
Medical Exam-Independent/Agreed (Medical)	\$54,510.71	\$ 369,163.33	\$ 115,554.16
Medical Rehabilitation Center	\$ -	\$ -	\$ 2,940.82
Medical Reimbursement	\$417,530.65	\$ 31,641.20	\$ 22,175.37

DC Government Medical Expenditure FY 2005 to FY 2007

Pay Code Description	Fiscal Year		
	2005	2006	2007
Medical Report (Medical)	\$ -	\$ 1,273.74	\$ 11,265.10
Medical Supplies & Equipment	\$ -	\$ 645,615.25	\$ 518,817.29
Miscellaneous Medical	\$2,802,270.77	\$ 746,879.39	\$ 402,377.37
Nursing Care	\$ -	\$ 83,812.21	\$ 6,851.16
Occupational Therapy Work Hardening	\$ -	\$ -	\$ 5,676.55
Ophthalmologist/Optician	\$ -	\$ 3,554.78	\$ 930.81
Outpatient Surgical Center	\$ -	\$ -	\$ 8,120.40
Pharmacy	\$ -	\$ 1,033,890.09	\$ 554,093.87
Pharmacy Savings Charge (Medical)	\$ -	\$ -	\$ 4,630.82
Physical Therapy	\$ -	\$ 914,454.87	\$ 699,900.70
Psychiatrist	\$ -	\$ 28,305.43	\$ 18,310.77
Radiologist	\$ -	\$ 174,486.40	\$ 156,977.24
Second Injury Fund Assessment	\$ -	\$ -	\$ 3,089.16
Specialist NEC	\$ -	\$ 11,027.58	\$ 2,959.81
Surgeon	\$ -	\$ 964,605.03	\$ 740,527.99
Travel Expense-Medical	\$ 21,455.16	\$ 84,116.62	\$ 54,130.02
X-Ray/MRI/CT Scan/EMG	\$ -	\$ 384,185.21	\$ 215,967.20
Grand Total	\$ 3,297,772.29	\$ 7,155,899.88	\$ 4,918,341.22

8. Types of injuries (injury type/body part) experienced by the District's employees.

Target/Part of Body Description
Back (All Other)
Knee
Ankle
Finger(s)
Shoulder(s)
Hand
Head NEC
Multiple Neck Injury
Foot
Upper Leg
Arm, Multiple
Result/Nature Description
Sprain
Contusion (Bruise, Skin Surface)
Strain
Laceration
Fracture

Inflammation
 Foreign Body (Eye)
 Multiple Physical Injury Only
 Respiratory
 Disorders(Gases,Fumes,Chemicals,e
 No Physical Injury

9. Claims frequency and severity by Department

Top Ten (10) Agencies with the most claims	Total Number: Injuries
DC Public Schools	349
Department of Public Works	229
Department of Corrections	142
Department of Mental Health	106
Department of Youth Rehab Ser	74
FEMS	62
DDOT	53
CFSA	40
MPD	32
Parks & Recreation	24

10. Amount paid in descending order to the top 20 medical providers for the past fiscal year.

Payee Name	No. of Payments	Amount Paid
WASHINGTON HOSPITALC	505	\$ 365,688.25
GEORGE WASHINGTON UN	493	\$ 216,935.42
METRO WASHINGTON ORT	2,047	\$ 177,905.87
RAFAEL LOPEZ MD PA	2,388	\$ 176,793.53
PROVIDENCE HOSPITAL	791	\$ 134,135.48
NATIONAL REHABILITAT	1,785	\$ 109,441.37
CAPITAL ORTHOPAEDIC	1,249	\$ 79,387.67
GREATER METROPOLITAN	1,104	\$ 72,964.56
DAVIS REGIONAL MEDICAL CENTER	20	\$ 72,425.43
PREMIER SURGERY CENT	51	\$ 67,206.29
BAPTISTS EAST	62	\$ 66,161.35
LOUIS E LEVITT	838	\$ 64,934.97
GREENBELT SURGERY CT	319	\$ 53,837.50
INOVA HEALTH SYSTEM/FAIRFAX HOSP	35	\$ 50,043.95
PHYSIOTHERAPY ASSOC.	898	\$ 45,398.93
ALLIANCE REHAB INC L	958	\$ 42,366.15
CAM PHYSICAL THERAPY	673	\$ 41,667.35

Payee Name	No. of Payments	Amount Paid
HOWARD UNIVERSITY HO	85	\$ 40,655.75
ADVANCED NEUROMODULATION SYSTEMS	6	\$ 39,500.00
SIBLEY MEMORIAL HOSP	173	\$ 36,746.20
JACKSON J HAMPTON JR MD	233	\$ 35,573.96
HOWARD COUNTY GENERA	50	\$ 34,787.45
CENTER FOR AMBULATOR	51	\$ 33,360.63
EASTON L MANDERSON MD	190	\$ 33,338.46
CIVISTA SURGERY CENT	53	\$ 31,408.59
PT & Sports Assessme	805	\$ 31,258.10
MASSACHUSETTS AVENUE	38	\$ 30,041.77
METRO ORTHOPEDICS &	599	\$ 29,491.44
GREATER SE COMM DC	128	\$ 28,321.38
CAPITOL HILL ORTHOPE	197	\$ 26,942.17
WASHINGTON MEDICAL G	573	\$ 26,336.33
RAYTEL IMAGING NETWO	64	\$ 25,879.03
ALEXANDRIA HOSPITAL	36	\$ 25,206.01
NATIONAL ORTHOPEDICS	166	\$ 24,907.87

11. Medical bills received in the current and prior calendar or fiscal year(s):

Medical Bills 1/1/06 to 12/31/07		
Client	Data	Total
DC Gov	Number of Bills	6834

12. Total charges, payments and savings for medical bills processed in the current and prior calendar or fiscal year (s):

Client	Data	Total
DC Gov	Number of Bills	6834
	Total Amount Billed	\$7,011,730.17
	Total Amount Paid	\$1,877,483.83
	Total Vendor Fee	\$0.00
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	Total Amount Saved	\$5,134,246.34

13. Percentage of medical bills received from a preferred provider network (PPN):

The District received 85% of medical bills from a preferred provider.

14. Current PPN penetration rate on submitted bills and paid bills:

The current penetration rate is 90% on submitted bills and paid bills.

15. PPN(s) currently utilized:

The current PPO program is Occunet Preferred Provider and it is a single network.

16. Pharmacy Benefits Program (PBM) currently utilized and pharmacy program results:

The District is currently using Modern Medical Pharmacy Benefit Program

Modern Medical, Inc

	Your Cost	UCR Price	Savings	Percentage Saved
Pharmaceutical	\$309,249.52	\$415,101.17	\$105,851.65	25.50%
Durable Medical Equipment	\$30,132.28	\$36,034.10	\$5,901.82	16.37%
Orthopedic Products	\$2,300.25	\$2,711.00	\$410.75	15.15%
Electrotherapy	\$13,704.05	\$17,907.65	\$4,203.60	23.47%
Transportation/Translation	\$55,029.95	\$66,804.65	\$11,774.70	17.62%
Home Health Care	\$14,451.46	\$17,546.29	\$3,094.83	17.63%
Independent Pharmacy Eval. Tools	\$0.00	\$0.00	\$0.00	0.00%
Please note that by utilizing Modern Medical's cost savings programs your location saved \$131,237.35				

Modern Medical, Inc

Generic Utilization	Cost			Claimant Count	Claimant Utilization	Ave Cost/Script	Ave Cost/Claimant
	Total	Brand	Generic				
58.17%	\$72261.06	\$52656.54	\$19604.52	18	7.00%	\$347.41	\$4,014.50
63.00%	\$354026.96	\$210271.80	\$143755.16	239	93.00%	\$137.76	\$1,481.28
62.65%	\$426,288.02	\$262,928.34	\$163,359.68	257	100.00%	\$150.37	\$1,658.71

17. Current fee arrangement with Sedgwick/CMI including annual contract amount and all services included in the flat fee:

The annual contract amount for this contract has been based each year on a fixed fee amount, with a base year and two option years including performance incentives and disincentives. The District is currently paying Sedgwick/CMI equal monthly installments in the amount of \$272, 631.25. The contractor receives a monthly baseline payment equal to 1/12 of the annual total fixed price for the appropriate contract year. This baseline payment may increase or decrease, to the extent of the contractor merits a performance-based incentive or disincentive. To date Sedgwick has paid out \$435,707.18 in disincentive fees.

The services includes all fees associated as outlined in Section C, including medical bill review and PPO re-pricing, but excluding “allocated loss adjustment expenses”. Allocated loss adjustment expenses include all fees that are charged at actual cost and paid by the District directly to providers on a claim by claim basis such as private investigation fees, expert witness fees, court costs, copy fees, appraisers, cost of engaging experts, defense costs and additional medical exams.

The District will deduct the fees for the allocated loss adjustment expenses from each claim reserve.

18. Claims currently pursuing subrogation recovery and average annual amount of recovery:

The District currently has 123 subrogation claims. The average recovery is 6,718.76.

19. Number of claims that go to hearing monthly/yearly:

Approximately 12 to 13 claims go to hearing monthly.