



City of Carlsbad, New Mexico
RFP # 2017-04
Addendum #6

4/19/17

Addendum Notice – Third Party Administrator and Health Insurance Coverages

The City of Carlsbad is providing the attached claims history data in regards to RFP 2017-04 for Third Party Administrator and Health Insurance Coverages.

Documents for the following can be found as a separate link on the City of Carlsbad webpage:

- Trigger Diagnostic Detail Report
- Denied Claims Report
- UHSS Precerts Report

Please keep in mind that the due date has been extended until May 19, 2017 by 5:00 p.m. MDT

Matt Fletcher
Purchasing Manager
City of Carlsbad
575-234-7905

If you have any questions, please feel free to contact me at 575-234-7905 or email me at msfletcher@cityofcarlsbadnm.com.

Please return a signed copy of this addendum notice with your bid.

X _____
Name of Representative

Date: _____

VIPCareManagement

— ADVANCING HEALTHCARE

****PERSONAL & CONFIDENTIAL****
CASE MANAGEMENT REPORT

Date: 03/31/17

Reporting Period: 03/01-03/31 2017

Patient Name: ██████████

DOB: ██████████

Group Name: City of Carlsbad

Patient ID: U8100102011

Date file opened: March 31, 2017

History of Present Illness: Received request for preauthorization for CPAP for the following diagnoses.

Pertinent PMH: G47.33 – Obstructive Sleep Apnea
G47.36 – Sleep Related Hypoxemia (resolved on PAP therapy)
I11.9 – Essential Hypertension
F41.9 – Anxiety
G47.00 – Insomnia
G47.10 – Excessive Daytime Sleepiness

Current Activity: Member is a 40 year old male who was referred to the Carlsbad Sleep Center by his PCP Dr. Khadija Mamsa, MD for further evaluation of OSA symptoms via sleep study. The member reported excessive daytime sleepiness, loud snoring, and cessation of breathing during sleep which leads to air hunger. A sleep study was performed which was significant for hypoxemia as evidence by an AHI score of 36.4, an RDI of 39.3 events/hour and an oxygen saturation nadir of 84%. With CPAP at pressure support of 12 applied, member's AHI was lowered to 1.5.

CM completed preauthorization, notified provider of approval, and outreach to member for assessment of CM needs.

Medications: Unknown.

Allergies: KNDA.

Physicians: Dr. Khadija Mamsa, MD (PCP); Dr. Aaron Pierce, MD (Sleep Medicine)

Treatment Plan: Awaiting medical Records for updated plan of care

Interventions this reporting period:

Verified Eligibility

Outreach to member – not reached; CM Invitation Letter sent

Outreach to providers – requested records

Completed Preauthorization for CPAP

VIP Care Management

— ADVANCING HEALTHCARE

Identified Barriers to Care: Communication; Lack of knowledge

Anticipated Future Needs: Education on current diagnoses; Compliance monitoring

Recommendations: Keep file open.

[REDACTED]



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** PERSONAL AND CONFIDENTIAL **

Report Period: 11/08/2016 - 02/08/2017

Denise Daniel
Caprock Healthplans
11467 Huebner
Suite 300
San Antonio, TX 78230

RE: [REDACTED]

<u>Policy No</u>		<u>Claimant DOB</u>	[REDACTED]
<u>Group / Claim</u>	081001	<u>Claimant State</u>	NM
<u>Group</u>	U81001 City of Carlsbad	<u>Insured SSN</u>	[REDACTED]
<u>Insured Name</u>	[REDACTED]	<u>Policy Year</u>	
<u>Plan Year</u>		<u>Date Assigned</u>	02/24/2016
<u>Hines File No</u>	150325-0056		
<u>Insured ID</u>	081001-0453-1		
<u>OHI</u>	No		
<u>Medicaid</u>	No		
<u>Medicare</u>	Yes	MEDICARE-A&B, secondary,	

ICD/Diagnosis

G35 / MULTIPLE SCLEROSIS
R1310 / DYSPHAGIA UNSPECIFIED

History

This patient is a 57 year old female with a history of relapsing-remitting Multiple Sclerosis diagnosed in

1995. She has been successfully treated with Copaxone for the past 10 years. Previous failed therapies include Betaseron and Avonex. Other past medical history includes chronic migraine headaches, hypertension, dysphagia, muscle spasms, and insomnia.

CURRENT CLINICAL STATUS: Patient remains stable on her current MS therapy with no significant changes or break through symptoms. Botox therapy continues to be effective in preventing migraines overall, however she does note occasional headaches towards the end of the treatment period. This patient is the dependent spouse of the policy holder and she has secondary Medicare benefits through SSDI.

Prognosis

- Per Dr. Cometti, 1/17/17: "Patient here today to follow up on Botox treatment for migraines. Has been getting treatments since 2014. Last treatment done 3 months ago on 10/12/16. Prior to starting Botox therapy she was having chronic refractory migraines >15 days a month for several years. Had tried and failed numerous abortive and prophylactic medications. Ultimately was referred by neurologist for Botox treatments due to multiple treatment failures. With Botox treatments she has had significant reduction in severity and frequency of migraines, and is now getting them on average less than once a month. Has only had 1 migraine since last visit and it occurred last week as Botox has started to wear off, but was still not as severe as before. Here today for repeat treatment. She continues to see neurologist regularly, currently Dr. Simmons in Alamogordo, who has continued to recommend Botox treatments."

Treatment Plan

- Copaxone (J1595) 40 mg sq injection 3 times/weekly provided by Welldyne Rx
- Copaxone per FDA labeling to reduce the frequency of relapses in patients with relapsing-remitting MS
- Botox (J0586) injections every 3 months, up to 150 mg per treatment, for the prevention of migraine headaches
- Botox per FDA labeling for the prevention of headaches in patients with chronic migraines
- Botox injections provided 1/17/17 by Dr. Brandon Cometti, Family Practice
- Next Botox treatment scheduled 4/17/17
- Next follow up scheduled 4/26/17 with brain MRI to monitor treatment response; Dr. Paul Simmons, Neurology
- Education provided with an emphasis on reportable symptoms

PHYSICIANS:

- Dr. Peter Jewell, Family Practice; Dr. Brandon Cometti, Family Practice (All PPO)
- Dr. Paul Simmons, Neurology (Non-PPO)

MEDICATION

- Metoprolol ER, Pravastatin, Copaxone, Ambien, Baclofen, Botox

- Medications:

Botox,

Pravastatin, Botox, Allergies: Pencillin, Carisoprodol, Cyclobenzaprine, Tretinoin, Zolpidem,

Case Management Interventions

- Contact with the patient for updates on her condition, to provide support, encourage compliance and to monitor the progress towards case management goals.
- Contact with the providers for updates on the patient's status and to assist in the determination of the need for change in services.
- Reviewed/researched charges to determine cost-effectiveness of services.
- Evaluated quality of providers and options for consideration.
- Ensured that the patient's providers are aware of case management's role in coordinating medical services as necessary.
- Collaborated with the patient, her providers, and payer as needed to coordinate services.
- Verified that the patient remains eligible for benefits and continued case management is authorized.

Anticipated Future Needs

- Charges for Copaxone 40 mg, qty 12, per Welldyne Rx: \$5,513.73
- Average wholesale pricing for Copaxone 40 mg, qty 12: \$6,84.80
- Estimated charges for Botox injection and administration: \$2,402.00
- Potential for change in MS therapy

Recommendations

- Case management will continue to contact the patient every 3-4 weeks and communicate with her

physicians as appropriate for updates on her condition and treatment plans, to monitor for exacerbation of symptoms, provide education and support, and insure that new services are coordinated efficiently and cost effectively. Reports will be provided quarterly.

If you have any questions or requests regarding this case, please contact me at (563)927-1528

Submitted By:

[REDACTED]

Case Coordinator

cc:

[REDACTED]

[REDACTED]

VIP Care Management

ADVANCING HEALTHCARE

****PERSONAL & CONFIDENTIAL****

CASE MANAGEMENT REPORT

Date: 01/18/2017 **Reporting Period:** 01/01/2017 - 01/31/2017
Patient Name: [REDACTED] **DOB:** [REDACTED]
Group Name: City Of Carlsbad **Patient ID:** U8100100771
Date file opened: 09/12/2016

Current Diagnosis:

History of Present Illness: Respiratory

Pertinent PMH: E78.5 - Hyperlipidemia, Unspecified
 250.0 - Diabetes Mellitus Without Ment
 M10 - Gout
 G47.33 - Obstructive Sleep Apnea (Adult) (Pediatric)
 185 - Malign Neopl Prostate

Current Activity: This member was opened to CM for sleep apnea. Pt. has not contacted VIP CM in response to requests for call-in and letter. CM will close to Case management at this time CM cannot impact case. We will reopen should any new indications arise.

Medications:	METFORMIN TABLET	Active Date:
	SIMVASTATIN	Active Date:
	ALLOPURINOL	Active Date:
	GLIMEPIRIDE	Active Date:

Allergies: NKDA - No Known Drug Allergies

Physicians: -

Treatment Plan: File will be closed

Interventions: Verified eligibility
Contacted the member

Identified Barriers to Care: Lack of Knowledge

Barriers to Care Summary:

Anticipated Future Needs: maintain contact with patient to assure he is compliant with BIPAP

Recommendations:

Keep File Open -





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**** PERSONAL AND CONFIDENTIAL ****

Report Period: 10/06/2016 - 11/07/2016



RE: [REDACTED]

<u>Policy No</u>		<u>Claimant DOB</u>	[REDACTED]
<u>Group / Claim</u>	U81001	<u>Claimant State</u>	NM
<u>Group</u>	U81001 City of Carlsbad	<u>Insured SSN</u>	[REDACTED]
<u>Insured Name</u>	[REDACTED]	<u>Policy Year</u>	
<u>Plan Year</u>		<u>Date Assigned</u>	09/23/2016
<u>Hines File No</u>	130816-0012		
<u>Insured ID</u>	[REDACTED]		
<u>OHI</u>	No		
<u>Medicaid</u>	No		
<u>Medicare</u>	No		

ICD9/Diagnosis

I679 / CEREBROVASCULAR DISEASE UNSPECIFIED
M21371 / FOOT DROP RIGHT FOOT
M6281 / MUSCLE WEAKNESS GENERALIZED
R2689 / OTHER ABNORMALITIES GAIT & MOBILITY
Z736 / LIMITATION ACTIVITIES D/T DISABILITY

History

The patient is a 55 year old who suffered an acute stroke on 9/19/16 with right sided weakness and transitioned to acute rehab on 9/24/16. Prior medical history is significant for CVA without residual deficits, diet controlled diabetes with recent Hgb A1c 5.5 and hypertension.

Current Clinical Status: The patient started outpatient therapy and has transitioned to ambulating with a single point cane, 100ft with some difficulty due to reduced balance and right sided weakness. Stair negotiation requires use of one railing. Pain is reported in her right shoulder, affecting her ability to complete daily cares in a timely manner. Coordination is also impaired affecting daily cares. She is easily fatigued with moderate to maximal exertion. With continued visual perceptual deficits, she reports missing static objects on the right side. As the policy holder, she remains active.



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Prognosis

- Recurrent stroke is frequent; about 25 percent of people who recover from their first stroke will have another stroke within 5 years. Per National Institute of Health
- Per the acute rehab admission liaison on 9/23/16, overall through the use of the interdisciplinary team approach in the acute rehab, this patient has good potential for increased independence and for a return to home and in the community.
- Per the outpatient therapists on 10/11/16, the patient has a good to excellent rehabilitation potential to reach the established goals and maintain her prior level of functioning.

Treatment Plan

- Acute Rehabilitation confinement, 9/24/16-10/05/16, minimum of 3 hours of therapy daily including physical, occupational and speech therapy, anticipate discharge on 10/5/16, Carlsbad Medical Center, PPO
- Outpatient therapy, 10/11/16-current, physical and occupational therapy 2-3 times per week, Carlsbad Medical Center, PPO
- Education was provided to the patient with an emphasis on different levels of care available for rehabilitation and the importance of completing a home exercise program daily

- Physicians: Dr. Leonel Perez Limonte, Neurology, PPO

- Medications: ASA, HCTZ, Atorvastatin, Tylenol, Calcium Carbonate, Diphenhydramine, Colace, Lisinopril, Lorazepam

Case Management Interventions

- Contact with the patient/family for updates on the patient's condition, to provide support, encourage compliance and to monitor the progress towards case management goals.
- Contact with the providers for updates on the patient's status and to assist in the determination of the need for change in services.
- Reviewed/researched charges to determine cost-effectiveness of services.
- Ensured that the patient's providers are aware of case management's role in coordinating medical services as necessary.
- Collaborated with family, providers, and payer as needed to coordinate services.
- Verified that the patient remains eligible for benefits and continued case management is authorized.

Anticipated Future Needs

- Inpatient confinement list charges
9/24/16-10/05/16 \$56,138.84
- At risk for recurrent stroke
- Follow up with physicians on an outpatient basis as directed following discharge
- At risk for injury related to falls due to need for assistive device for mobility



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Recommendations

- Hines case management will close file per your direction with transition to VIP Cares to continue case management services.

If you have any questions or requests regarding this case, please contact me at (847)468-6255 ext. 3216

Submitted By:

[REDACTED]

Case Coordinator

cc:

[REDACTED]

[REDACTED]



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**** PERSONAL AND CONFIDENTIAL ****

Report Period: 03/01/2017 - 03/29/2017

[REDACTED]

RE:

<u>Policy No</u>		<u>Claimant DOB</u>	[REDACTED]
<u>Group / Claim</u>	U81001	<u>Claimant State</u>	NM
<u>Group</u>	U81001 City of Carlsbad	<u>Insured SSN</u>	[REDACTED]
<u>Insured Name</u>	[REDACTED]	<u>Policy Year</u>	
<u>Plan Year</u>		<u>Date Assigned</u>	12/20/2012
<u>Hines File No</u>	121218-0062		
<u>Insured ID</u>	[REDACTED]		
<u>OHI</u>	No		
<u>Medicaid</u>	No		
<u>Medicare</u>	No		

ICD/Diagnosis

C649 / MALIG NEO UNS KIDNEY NO RENAL PELV

History

Patient is a 48 year old male who saw his physician for a routine follow up and was found to have blood in his urine warranting further testing. CT scan of the abdomen and pelvis revealed a 6.5 cm right renal

mass consistent with clear cell renal cell carcinoma of the right kidney, Grade 1. Further recommendations from surgery were to have a right radical nephrectomy with regional lymphadenectomy. Patient underwent right laparoscopic radical nephrectomy and final pathology revealed T1bNOMO renal cell carcinoma. Further recommendations pending. Past medical history included above, shoulder surgery, knee surgery, and hypertension.

Current Clinical Status: Per patient he is home after surgery and doing well. Patient is the insured and remains eligible.

Prognosis

- Per Dr. Beck on 03/11/17, "The patient was admitted and underwent right laparoscopic radical nephrectomy. The patient tolerated the procedure well. Over several days, he was able to eat a regular diet, get his bowels to work, and was walking well by the time of discharge."
- Per National Cancer Institutes, the overall 5 year survival rate for those with kidney cancer: Stage I = 70%, Stage II = 55%, Stage III = 30%, Stage IV = 5%
- Per National Cancer Institutes, Renal cell cancer also called kidney cancer or renal adenocarcinoma) is a disease in which malignant (cancer) cells are found in the lining of tubules (very small tubes) in the kidney. There are 2 kidneys, one on each side of the backbone above the waist. Tiny tubules in the kidneys filter and clean the blood. They take out waste products and make urine The urine passes from each kidney through a long tube called a ureter into the bladder The bladder holds the urine until it passes through the urethra and leaves the body.

Treatment Plan

- Inpatient surgery, 03/07/17-03/11/17, right laparoscopic radical nephrectomy for diagnosis of renal cell carcinoma, Lubbock Heart Hospital (PPO)
- Per NCCN Best Practice Guidelines, radical nephrectomy is recognized as standard treatment for those with kidney cancer and is recognized as category 2A
- Follow up, as directed, after surgery for recommendations and needs, Dr. Beck (PPO)
- Oral medications obtained through the drug card
- Medications:
Lisinopril/Hydrochlorothiazide, Aleve, Testosterone Cypionate
- Patient education provided on emphasis on monitoring incision site for any signs of infection and following up with physician as directed

Physicians:

- Dr. Howard Beck, Urology (PPO)

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Case Management Interventions

- Contact with the patient/family for updates on the patient's condition, to provide support, encourage compliance and to monitor the progress towards case management goals.
- Contact with the providers for updates on the patient's status and to assist in the determination of the need for change in services.
- Reviewed/researched charges to determine cost-effectiveness of services.
- Ensured that the patient's providers are aware of case management's role in coordinating medical services as necessary.
- Verified that the patient remains eligible for benefits and continued case management is authorized.

Anticipated Future Needs

- Inpatient hospitalization billed charges: 03/7/17-3/11/17, \$50,856.54
- Per CM Research:
- Estimated paid charges for chemotherapy by non-Medicare payers for the geographical area is \$260,480
- Estimated paid charges for radiation,/limited use/palliative care by non-Medicare payers for the geographical area is \$31,738-\$38,419
- Estimated paid charges for lung mass resection by non-Medicare payers for the geographical area is \$52,896 - \$58,464
- Estimated paid charges for partial/complete nephrectomy by non-Medicare payers for the geographical area is \$30,067 - \$47,885
- Anticipated Future Charges Per U&C Charges: Physician Consultations, \$280.23/visit, CT Scans, \$1,442.88/each, PET Scans, \$1,565.89/each
- Probable ongoing need for routine physician follow up, diagnostic work up, and lab work to evaluate overall response and monitor for potential progressive disease
- Potential need for further supportive services such as DME, HHC, and/or Hospice secondary to potential complications from surgery and potential complications from potential progressive disease

Recommendations

- Case management will submit monthly reports and will continue to collaborate with patient and providers every 2-3 weeks, to assist in the coordination and implementation of a quality, cost effective, and efficient treatment plan

If you have any questions or requests regarding this case, please contact me at (319)332-1292

Submitted By:

[REDACTED]

Case Coordinator

cc:

[REDACTED]

[REDACTED]



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Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Group: City of Carlsbad

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Child	P769 ; INTESTINAL OBSTRUCTION NEWBORN	02/03/2017	02/06/2017	P170203-30201

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Neonatal		Lubbock County Hospital District 602 Indiana Ave Attn: UR Dept Lubbock, TX 79415 (806)775-8200 Tax Id: 751301362	3	0	170203-0040

[UR Clinical Notes](#) [Print Data](#)
 First Cert 02/06/2017

UR Clinical Notes



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Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	Z34 ; ENC SUPERVISION NORMAL PREGNAN	02/01/2017	02/04/2017	P170202-29928

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
OB-Normal	59400; OBSTETRICAL CARE	Carlsbad Medical Center Llc 2430 W Pierce St Attn:UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	3	0	170202-0021

UR Utilization History Print Date
 First Cert 02/03/2017

UR Clinical Notes



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Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	G4730 ; SLEEP APNEA UNSPECIFIED R5383 ; OTHER FATIGUE J309 ; ALLERGIC RHINITIS UNSPECIFIED R0981 ; NASAL CONGESTION R0982 ; POSTNASAL DRIP H938X9 ; OTHER SPECIFIED DISORDERS EAR U J3489 ; OTH SPEC D/O NOSE NASAL SINUSES J343 ; HYPERTROPHY OF NASAL TURBINATES	09/08/2016	09/08/2016	P160630-95318

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	30930; THER FX NASAL INF TURBINATE 42145; REPAIR PALATE PHARYNX/UVULA	Lovelace Regional Medical Center 117 E 19th Street Attn: UR Dept Roswell, NM 88201 (575)627-7000 Tax Id: 810657021	0	0	160630-0054

UR Letter History	Print Date
<u>2nd Denial of Non-Urgent Care</u>	07/08/2016
<u>OPS Cert No SSO</u>	07/08/2016

UR Clinical Notes



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Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	G4733 ; OBSTRUCTIVE SLEEP APNEA	08/31/2016	08/31/2016	P160822-02859

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Miscellaneous	95811; POLYSOM 6/>YRS CPAP 4/> PARM	Sleep Health Specialists 901 Pillipino Ave Alamogordo, NM 88310 (505)273-2793 Tax Id: 371663222	0	0	160630-0054

UR Utilization	Print Date
<u>Gatekeeper Approval</u>	08/31/2016
<u>Admin LOI Denial</u>	08/29/2016

UR Clinical Notes



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Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	G4733 ; OBSTRUCTIVE SLEEP APNEA	12/08/2016	12/08/2016	P161202-18926

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Miscellaneous	E0601; CONTINUOUS POSITIVE AIRWAY PRESSU	M E R Eddy County Inc 1004 W Pierce Attn: UR Dept Carlsbad, NM 88220 (575)885-4805 Tax Id: 742846400	0	0	160630-0054

<u>UR Effective Date</u>	<u>Print Date</u>
<u>Gatekeeper Approval</u>	03/09/2017
<u>Gatekeeper Approval</u>	12/06/2016

UR Clinical Notes



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Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Child	P599 ; NEONATAL JAUNDICE UNSPECIFIED	03/27/2017	03/28/2017	P170328-38008

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Neonatal		Roswell Hospital Corporation 405 W Country Club Rd Attn: UR Dept Roswell, NM 88201 (505)622-8170 Tax Id: 742870118	1	0	170328-0027

[UR Letter History](#) [Print Date](#)
 First Cert 03/29/2017

UR Clinical Notes

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	O639 ; LONG LABOR UNSPECIFIED	03/22/2017	03/24/2017	P170323-37488

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
OB-Normal	59400; OBSTETRICAL CARE	Lovelace Health System Inc 117 E 19th St Roswell, NM 88201 (575)625-3308	3	0	170323-0068

[UR Letter History](#) [Print Date](#)
 First Cert 04/03/2017

UR Clinical Notes



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	I679 ; CEREBROVASCULAR DISEASE UNSPECI	09/19/2016	09/24/2016	P160920-07179

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	5	0	130816-0012

<u>UR Action/Status</u>	<u>Print Date</u>
<u>Recertification</u>	09/26/2016
<u>Shockloss</u>	09/26/2016
<u>Recertification</u>	09/22/2016
<u>First Cert</u>	09/21/2016

UR Clinical Notes



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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	I679 ; CEREBROVASCULAR DISEASE UNSPECI	09/24/2016	10/05/2016	P160922-07693

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Rehab		Carlsbad Medical Center Llc 2430 W Pierce St Attn: UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	11	0	130816-0012

<u>UR Start History</u>	<u>Print Date</u>
<u>Recertification</u>	10/05/2016
<u>Recertification</u>	10/03/2016
<u>Recertification</u>	09/28/2016
<u>First Cert</u>	09/26/2016

UR Clinical Notes



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	I200 ; UNSTABLE ANGINA G459 ; TRANS CERBRAL ISCHEMIC ATTACK U I10 ; ESSENTIAL PRIMARY HYPERTENSION	02/20/2017	02/22/2017	P170221-32890

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Lubbock County Hospital District 602 Indiana Ave Attn: UR Dept Lubbock, TX 79415 (806)775-8200 Tax Id: 751301362	2	0	130816-0012

UR Report History	Print Date
<u>First Cert</u>	03/08/2017
<u>Shockloss</u>	03/08/2017

UR Clinical Notes



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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	R000 ; TACHYCARDIA UNSPECIFIED R079 ; CHEST PAIN UNSPECIFIED	02/14/2017	02/21/2017	P170217-32289

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Covenant Health System 3615 19th St Attn: UR Dept Lubbock, TX 79410 (806)725-1011 Tax Id: 752765566	7	0	170217-0004

UR Action/History	Print Date
<u>Recertification</u>	02/23/2017
<u>Shockloss</u>	02/23/2017
<u>Recertification</u>	02/22/2017
<u>Recertification</u>	02/21/2017
<u>First Cert</u>	02/20/2017

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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	E1010 ; TYP 1 DM W/KETOACIDOSIS W/O COM	03/14/2017	03/16/2017	P170315-36216

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical	93458; L HRT ARTERY/VENTRICLE ANGIO	Carlsbad Medical Center Llc 2430 W Pierce St Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	2	0	170315-0040

UR Letter/History	Print Date
<u>Shockloss</u>	03/17/2017
<u>First Cert</u>	03/16/2017

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for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	I2510 ; ASHD NATIVE CA W/O ANGINA PECTO	03/16/2017	03/22/2017	P170317-36570

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical	33512; CABG VEIN THREE	Lubbock County Hospital District 602 Indiana Ave Attn: UR Dept Lubbock, TX 79415 (806)775-8200 Tax Id: 751301362	6	0	170315-0040

UR Action History	Print Date
<u>Recertification</u>	03/23/2017
<u>First Cert</u>	03/20/2017
<u>Recertification</u>	03/20/2017
<u>Shockloss</u>	03/20/2017

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	K352 ; ACUTE APPENDICITIS W/GEN PERITO	12/14/2016	12/19/2016	P161215-21062

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical	44970; LAPAROSCOPY APPENDECTOMY	Roswell Hospital Corporation 405 W Country Club Rd Attn: UR Dept Roswell, NM 88201 (575)622-8170 Tax Id: 742870118	5	0	161215-0026

UR Certification	Print Date
<u>Shockloss</u>	01/09/2017
<u>Recertification</u>	01/06/2017
<u>Admin LOI Denial</u>	12/29/2016
<u>Recertification</u>	12/19/2016
<u>First Cert</u>	12/16/2016

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	A419 ; SEPSIS UNSPECIFIED ORGANISM	08/29/2016	08/31/2016	P160830-04027

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	2	0	151228-0015

UR Start/Stop	Print Date
First Cert	08/31/2016

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	J45901 ; UNS ASTHMA W/ACUTE EXACERBATION	10/18/2016	10/21/2016	P161019-12023

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center Llc 2430 W Pierce St Attn: UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	3	0	121015-0070

UR Letter History	Print Date
Recertification	10/21/2016
First Cert	10/20/2016

UR Clinical Notes

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	M5126 ; OTH IV DISC DISPLACEMENT LUMBAR	04/07/2017	04/07/2017	P170406-39466

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	64483; INJ FORAMEN EPIDURAL L/S	Dr. John Hirsch 3601 21st St Lubbock, TX 79410 (806)776-1634	0	0	170406-0042

UR Letter History	Print Date
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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	T391X1A; POISN 4-AMINOPHENOL DERIV ACC I	10/16/2016	10/17/2016	P161017-11485

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center Llc 2430 W Pierce St Attn: UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	150106-0148

UR Letter History Print Day
 First Cert 10/18/2016

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	T50901A; POISN UNS RX MEDS BIO SUBS ACC	12/05/2016	12/07/2016	P161206-19457

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Lubbock County Hospital District 602 Indiana Ave Attn: UR Dept Lubbock, TX 79415 (806)775-8200 Tax Id: 751301362	3	0	150106-0148

UR Utilization History Print Date
 First Cert 12/08/2016

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Utilization Review - Admission Date Range Report
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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	M5412 ; RADICULOPATHY CERVICAL REGION	11/22/2016	11/22/2016	P161121-17356

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	62310; INJECT SPINE CERV/THORACIC	Grace Medical Center 2412 50th St Attn: UR DEPT Lubbock, TX 79412 (806)788-4000 Tax Id: 264021016	0	0	131111-0113

[UR Letter History](#) [Print Date](#)
 OPS Cert No SSO 11/23/2016

UR Clinical Notes

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	M5126 ; OTH IV DISC DISPLACEMENT LUMBAR	10/27/2016	10/27/2016	P161024-12802

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	64483; INJ FORAMEN EPIDURAL L/S	Dr. Brian Delahoussaye 3530 Foothills Rd Ste. N Las Cruces, NM 88011 (575)532-6054	0	0	160411-0042

[UR Letter History](#) [Print Date](#)
 OPS Cert No SSO 10/25/2016

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	M5022 ; OTH CERV DISC DISPLACEMENT MID- M5012 ; CERV DISC D/O RADICULOPATH MID-	02/20/2017	02/20/2017	P170207-30635

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	20936; SP BONE AGRFT LOCAL ADD-ON 20930; SP BONE ALGRFT MORSEL ADD-ON 22853; INSJ BIOMECHANICAL DEVICE 22845; INSERT SPINE FIXATION DEVICE 22551; NECK SPINE FUSE&REMOV BEL C2	Grace Medical Center 2412 50th St Attn: UR DEPT Lubbock, TX 79412 (806)788-4000 Tax Id: 264021016	0	0	170207-0033

UR Letter History	Print Date
<u>OPS Cert No SSO</u>	02/17/2017
<u>Shockloss</u>	02/17/2017
<u>2nd Denial of Non-Urgent Care</u>	02/14/2017

UR Clinical Notes



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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	S13161A; DISLOC C5/C6 CERV VERTEBRAE INI	02/07/2017	02/09/2017	P170208-30894

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Lubbock Heritage Hospital, Llc. 2412 50th St Lubbock, TX 79412 (806)788-4000	2	0	170207-0033

[UR Letter History](#) [Print Date](#)

First Cert 02/09/2017

UR Clinical Notes

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	T8110XA; POSTPROCEDURAL SHOCK UNS INITIA E210 ; PRIMARY HYPERPARATHYROIDISM	04/05/2017		P170405-39225

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical		University of New Mexico Hospital 2211 Lomas Blvd., N.e. Attn: UR Dept Albuquerque, NM 87106 (505)272-2111 Tax Id: 856003005	0	0	170405-0038

[UR Letter History](#) [Print Date](#)

UR Clinical Notes



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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	R079 ; CHEST PAIN UNSPECIFIED I25110 ; ASHD NATIVE CA W/UNSTABLE AP E782 ; MIXED HYPERLIPIDEMIA I209 ; ANGINA PECTORIS UNSPECIFIED E119 ; TYPE 2 DM WITHOUT COMPLICATIONS	07/20/2016	07/22/2016	P160722-98369

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Covenant Medical Center 3615 19th Street Attn UR Dept Lubbock, TX 79410 (806)725-1011 Tax Id: 752765566	2	0	120612-0097

[UR Detail Report](#) [Print Date](#)
 First Cert 07/26/2016

[UR Clinical Notes](#)



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	C61 ; MALIGNANT NEOPLASM OF PROSTATE	04/03/2017		P170327-37893

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical	55845; EXTENSIVE PROSTATE SURGERY	Covenant Health System 3615 19th St Attn: UR Dept Lubbock, TX 79410 (806)725-1011 Tax Id: 752765566	2	0	131212-0031

UR Event History	Print Date
<u>Recertification</u>	04/06/2017
<u>Shockloss</u>	03/31/2017
<u>First Cert</u>	03/30/2017

UR Clinical Notes



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Child	D649 ; ANEMIA UNSPECIFIED	03/21/2017	03/24/2017	P170323-37368

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical	38220; BONE MARROW ASPIRATION	Covenant Children's Hospital 4015 22nd Place Attn: UR Dept Lubbock, TX 79410 (806)725-1011 Tax Id: 752428911	3	0	170323-0014

UR Action/History	Print Date
<u>Recertification</u>	03/28/2017
<u>First Cert</u>	03/24/2017

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	N170 ; ACUTE RENAL FAILURE TUBULR NECR E861 ; HYPOVOLEMIA	09/08/2016	09/10/2016	P160909-05562

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	3	0	160909-0008

UR Data History Print Date
First Cert 09/12/2016

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	G4733 ; OBSTRUCTIVE SLEEP APNEA	03/30/2017	03/30/2017	P170329-38213

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Notification Only	E0601; CONTINUOUS POSITIVE AIRWAY PRESSU	M E R Eddy County Inc 1004 W Pierce Attn: UR Dept Carlsbad, NM 88220 (575)885-4805 Tax Id: 742846400	0	0	170329-0027

[UR Letter History](#) [Print Data](#)

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Child	J351 ; HYPERTROPHY OF TONSILS	08/01/2016	08/01/2016	P160519-89085

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	42826; REMOVAL OF TONSILS	Artesia General Hospital 702 North 13th Street Attn: UR Department Artesia, NM 88210 (575)748-3333 Tax Id: 742851819	0	0	160519-0025

UR Letter History	Print Date
<u>OPS Cert No SSO</u>	06/09/2016
<u>OPS Cert No SSO</u>	05/24/2016

UR Clinical Notes

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	G43709 ; CHR MIGR W/O AURA NOT INTRCT W/	08/09/2016	08/09/2016	P160809-00971

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Notification Only	J0585; BOTULINUM TOXIN TYPE A PER UNIT	Dr. Brandon Cometti 300 W Country Club Ste 210 Roswell, NM 88201 (575)624-4818	0	0	151102-0107

UR Letter History	Print Date
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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	M5137 ; OTH IV DISC DEGEN LUMBOSACRAL R M5380 ; OTHER SPEC DORSOPATHIES SITE UN M5418 ; RADICULOPATHY SAC SACROCOCYGEA	10/19/2016	10/19/2016	P161014-11279

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	69990; MICROSURGERY ADD-ON 63035; SPINAL DISK SURGERY ADD-ON 63030; LOW BACK DISK SURGERY	Lubbock Heritage Hospital, Llc. 2412 50th St Lubbock, TX 79412 (806)788-4100 Tax Id: 264021016	0	0	140305-0091

IR Date/History	Print Date
<u>OPS Cert No SSO</u>	10/17/2016
<u>Shockloss</u>	10/17/2016

UR Clinical Notes



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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	R0602 ; SHORTNESS OF BREATH I472 ; VENTRICULAR TACHYCARDIA I50 ; HEART FAILURE	02/10/2017	02/13/2017	P170213-31456

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical	93453; R&L HRT CATH W/VENTRICLGRPHY	Carlsbad Medical Center Llc 2430 W Pierce St Attn: UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	3	0	170213-0024

UR Action History	Print Date
<u>Recertification</u>	02/15/2017
<u>Shockloss</u>	02/15/2017
<u>First Cert</u>	02/14/2017

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	I420 ; DILATED CARDIOMYOPATHY	02/12/2017		P170216-32220

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Miscellaneous	K0606; AUTO EXT DEFIB W/INTGR ECG ANALY	Zoll Services Llc 121 Gamma Drive Pittsburgh, PA 15238 (412)968-3333 Tax Id: 201121194	0	0	170213-0024

Gatekeeper Approval 02/17/2017

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Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Child	F1120 ; OPIOID DEPENDENCE UNCOMPLICATED	11/21/2016	11/28/2016	P161122-17509

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Substance Abuse		White Sands Rehabilitation Services, Llc. 1870 Colonial Blvd ATTN: UR Dept Fort Myers, FL 33907 (239)895-0610 Tax Id: 461540462	2	5	161122-0060

<u>UR Letter History</u>	<u>Print Date</u>
<u>2nd Denial of Urgent Care</u>	11/28/2016
<u>First Cert</u>	11/23/2016

UR Clinical Notes



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Utilization Review - Admission Date Range Report for Caprock Healthplans From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	Z34 ; ENC SUPERVISION NORMAL PREGNAN	11/15/2016	11/17/2016	P161027-13474

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
OB-Normal	59514; CESAREAN DELIVERY ONLY	Lovelace Health System Inc 117 E 19th St Attn: UR Dept Roswell, NM 88201 (575)627-7000 Tax Id: 850327237	4	0	140724-0108

UR Letter History Print Date
 First Cert 10/31/2016

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Child	P929 ; FEEDING PROBLEM OF NEWBORN UNS	07/20/2016	07/21/2016	P160726-98925

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Neonatal		Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	160726-0076

UR Letter History Print Date
 First Cert 08/01/2016

UR Clinical Notes

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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	Z34 ; ENC SUPERVISION NORMAL PREGNAN	07/19/2016	07/20/2016	P160719-97917

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
OB-Normal	59400; OBSTETRICAL CARE	Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	2	0	160719-0079

UR Letter History Print Date
First Cert 07/20/2016

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	M4806 ; SPINAL STENOSIS LUMBAR REGION	11/03/2016	11/03/2016	P161012-10943

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	62311; INJECT SPINE LUMBAR/SACRAL	Nor-lea General Hospital 922 W Avenue D Lovington, NM 88260 (505)396-6611	0	0	150527-0109

UR Letter History Print Date
2nd Denial of Non-Urgent Care 11/04/2016

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	M2021 ; HALLUX RIGIDUS RIGHT FOOT	01/06/2017	01/06/2017	P161219-21522

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	28293; CORRECTION OF BUNION	Artesia General Hospital 702 North 13th Street Attn UR Dept Artesia, NM 88210 (575)748-3333 Tax Id: 742851819	0	0	150527-0109

UR Letter History Print Date
 2nd Denial of Non-Urgent Care 01/04/2017

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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	G4733 ; OBSTRUCTIVE SLEEP APNEA	02/10/2017	02/10/2017	P170131-29475

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient	95811; POLYSOM 6/>YRS CPAP 4/> PARM	Sleep Health Specialists, Llc	0	0	170131-0017
Miscellaneous	95810; POLYSOM 6/> YRS 4/> PARAM	901 Filipino Ave Alamogordo, NM 88310 (505)891-3344			

Utilization History	Print Date
<u>Gatekeeper Approval</u>	02/13/2017
<u>Admin LOI Denial</u>	02/08/2017

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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	K5669 ; OTHER INTESTINAL OBSTRUCTION	03/24/2017	03/29/2017	P170327-37737

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical	44050; REDUCE BOWEL OBSTRUCTION 49000; EXPLORATION OF ABDOMEN	Carlsbad Medical Center Llc 2430 W Pierce St Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	5	0	160524-0022

<u>UR Date History</u>	<u>Print Date</u>
<u>Recertification</u>	03/31/2017
<u>Recertification</u>	03/28/2017
<u>Shockloss</u>	03/28/2017
<u>First Cert</u>	03/27/2017

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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	S20219A; CONTUS UNS FRONT WALL THORAX IN S22000A; WEDGE COMPRS FX UNS TV INIT CLO	07/19/2016	07/20/2016	P160719-97801

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	160217-0115

UR Letter History Print Date
 First Cert 07/20/2016

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	I200 ; UNSTABLE ANGINA	02/10/2017	02/11/2017	P170213-31459

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center Llc 2430 W Pierce St Attn: UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	131029-0069

[First Cert](#) [Print Date](#)
 02/20/2017

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Child	M6701 ; SHORT ACHILLES TENDON ACQ RT AN M6702 ; SHORT ACHILLES TENDON ACQ LT AN	08/24/2016	08/24/2016	P160816-01982

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Notification Only	64643; CHEMODENERV 1 EXTREM 1-4 EA 64642; CHEMODENERV 1 EXTREMITY 1-4	Artesia General Hospital 702 North 13th Street Attn: UR Department Artesia, NM 88210 (575)748-3333 Tax Id: 742851819	0	0	120411-0131

[UR Letter History](#) [Print Date](#)

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	N35011 ; POST-TRAUMAT BULBOUS URETH STRI	02/14/2017	02/14/2017	P170216-32102

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Admission Averted	53410; RECONSTRUCTION OF URETHRA	St John Medical Center Inc 1923 S Utica Ave ATTN: UR Dept Tulsa, OK 74104 (918)744-2345 Tax Id: 730579286	0	0	170216-0023

[UR Letter History](#) [Print Date](#)

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Child	P704 ; OTHER NEONATAL HYPOGLYCEMIA Z3801 ; SINGLE LIVEBORN INFANT DELIV C-	07/09/2016	07/10/2016	P160711-96560

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Neonatal		Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	160711-0052

UR Logo History Print Date
 First Cert 07/20/2016

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Utilization Review - Admission Date Range Report
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 From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	Z34 ; ENC SUPERVISION NORMAL PREGNAN	07/08/2016	07/09/2016	P160711-96556

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
OB-Normal	59514; CESAREAN DELIVERY ONLY	Carlsbad Medical Center 2430 W Pierce St Attn: UR dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	160711-0051

Order of History Print Date
 First Cert 07/13/2016

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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	N920 ; EXCESS FREQ MENSTRUATION W/REG R938 ; ABN FIND DX IMAG OTH SPEC BDY S E669 ; OBESITY UNSPECIFIED D500 ; IRON DEFIC ANEMIA SEC BLD LOSS R102 ; PELVIC AND PERINEAL PAIN N930 ; POSTCOITAL AND CONTACT BLEEDING N94 ; PAIN & OTH COND FE GEN ORGN & D8989 ; OTH SPEC D/O INVOLV IMMUNE MECH N912 ; AMENORRHEA UNSPECIFIED I10 ; ESSENTIAL PRIMARY HYPERTENSION	04/03/2017	04/05/2017	P170314-36098

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical	58150; TOTAL HYSTERECTOMY	Carlsbad Medical Center Llc 2430 W Pierce St Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	2	0	170314-0071

UR Letter History Print Date
 First Cert 03/16/2017

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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	C649 ; MALIG NEO UNS KIDNEY NO RENAL P	03/07/2017	03/11/2017	P170216-32126

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Surgical	50545; LAPARO RADICAL NEPHRECTOMY	Lubbock Heart Hospital 4810 N Loop 289 ATTN: UR Dept Lubbock, TX 79416 (806)687-7777 Tax Id: 510436196	4	0	121218-0062

<u>UR Letter History</u>	<u>Print Date</u>
<u>Recertification</u>	03/13/2017
<u>Recertification</u>	03/09/2017
<u>First Cert</u>	02/28/2017
<u>Shockloss</u>	02/28/2017
<u>Admin LOI Denial</u>	02/23/2017

UR Clinical Notes



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Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Spouse	M5116 ; IV DISC D/O W/RADICULOPATHY LUM	07/28/2016	07/28/2016	P160718-97636

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	99144; MOD SEDAT PHYS/QHP 5YRS/> 64484; INJ FORAMEN EPIDURAL ADD-ON 64483; INJ FORAMEN EPIDURAL L/S	Grace Medical Center 2412 50th St Attn: UR department Lubbock, TX 79412 (806)788-4000 Tax Id: 264021016	0	0	160222-0138

UR for History Print Date
 2nd Denial of Non-Urgent Care 07/21/2016

UR Clinical Notes



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Utilization Review - Admission Date Range Report
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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
[REDACTED]	[REDACTED]	[REDACTED]	Self	Z34 ; ENC SUPERVISION NORMAL PREGNAN	09/19/2016	09/21/2016	P160920-07167

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
OB-Normal	59400; OBSTETRICAL CARE	Lovelace Regional Hospital 117 East 19th Street ATTN UR Department Roswell, NM 88201 (575)627-7000 Tax Id: 810657021	2	0	160920-0016

First Cert	Print Date
09/20/2016	



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	R079 ; CHEST PAIN UNSPECIFIED I10 ; ESSENTIAL PRIMARY HYPERTENSION	07/16/2016	07/18/2016	P160718-97542

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Lovelace Regional Medical Center 117 E 19th Street Attn: UR Dept Roswell, NM 88201 (575)627-7000 Tax Id: 810657021	2	0	140428-0048

UR Utilization Report Print Date:
 First Cert 07/26/2016

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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	J342 ; DEVIATED NASAL SEPTUM J329 ; CHRONIC SINUSITIS UNSPECIFIED D1801 ; HEMANGIOMA SKIN SUBCUTANEOUS TI	09/01/2016	09/01/2016	P160406-81183

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Surgery	40510; PARTIAL EXCISION OF LIP 31255; REMOVAL OF ETHMOID SINUS 30520; REPAIR OF NASAL SEPTUM	Artesia General Hospital 702 North 13th Street Attn: UR Department Artesia, NM 88210 (575)748-3333 Tax Id: 742851819	0	0	120706-0070

<u>URL Modification</u>	<u>Print Date</u>
<u>OPS Cert No SSO</u>	07/28/2016
<u>3rd Denial of Standard Appeal</u>	04/21/2016
<u>2nd Denial of Non-Urgent Care</u>	04/19/2016
<u>OPS Cert No SSO</u>	04/19/2016

UR Clinical Notes



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Spouse	Z4789 ; ENC FOR OTHER ORTHOPEDIC AFTERC M1711 ; UNI PRIM OSTEOARTHRITIS RT KNEE E119 ; TYPE 2 DM WITHOUT COMPLICATIONS R269 ; UNS ABNORMALITIES GAIT & MOBILI	03/16/2017		P170320-36715

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Outpatient Miscellaneous	G0299; DIRECT SNS RN HOME HEALTH/HOSPICE	TLC Home Health Care, Llc 320 W Mermod St Attn: UR Dept Carlsbad, NM 88220 (575)885-9199	0	0	120706-0070



 Gatekeeper Approval 03/21/2017

UR Clinical Notes



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for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	D509 ; IRON DEFICIENCY ANEMIA UNSPECIF	07/13/2016	07/13/2016	P160712-96908

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Notification Only	96365; THER/PROPH/DIAG IV INF INIT J1439; INJECTION FERRIC CARBOXYMALTOSE 1 J7050; INFUSION NORMAL SALINE SOLUTION 2	Dr. Ajaz Bulbul 101 Canal St. Carlsbad, NM 88220 (575)234-1466	0	0	151012-0090

[UR Letter History](#) [Print Data](#)

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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	D509 ; IRON DEFICIENCY ANEMIA UNSPECIF K909 ; INTESTINAL MALABSORPTION UNS R4182 ; ALTERED MENTAL STATUS UNSPECIFI D72 ; OTHER DISORDERS WHITE BLOOD CE D649 ; ANEMIA UNSPECIFIED	07/13/2016	07/13/2016	P160713-97061

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Notification Only	88291; CYTO/MOLECULAR REPORT 88275; CYTOGENETICS 100-300	Dr. Ajaz Bulbul 101 Canal St. Carlsbad, NM 88220 (575)234-1466	0	0	151012-0090

[UR Letter History](#) [Print PDF](#)

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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	K2971 ; GASTRITIS UNSPECIFIED WITH BLEE N179 ; ACUTE KIDNEY FAILURE UNSPECIFIE D72829 ; ELEVATED WHITE BLOOD CELL COUNT	12/27/2016	12/30/2016	P161227-23468

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical	43235; EGD DIAGNOSTIC BRUSH WASH	Lubbock County Hospital District 602 Indiana Ave Attn: UR Dept Lubbock, TX 79415 (806)775-8200 Tax Id: 751301362	3	0	151012-0090

UR Action/History	Print Date
<u>Recertification</u>	01/03/2017
<u>First Cert</u>	12/29/2016

UR Clinical Notes



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Self	N179 ; ACUTE KIDNEY FAILURE UNSPECIFIE I959 ; HYPOTENSION UNSPECIFIED	02/09/2017	02/11/2017	P170210-31264

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Roswell Hospital Corporation 405 W Country Club Rd Attn: UR Dept Roswell, NM 88201 (505)622-8170 Tax Id: 742870118	2	0	151012-0090

UR Start/End	Print Date
<u>First Cert</u>	02/13/2017
<u>Shockloss</u>	02/13/2017

UR Clinical Notes



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From 07/01/2016 to 04/07/2017

Claimant Name	Insured ID	Date of Birth	Rel	Diagnosis	Admit	Discharge	Cert Number
			Child	E162 ; HYPOGLYCEMIA UNSPECIFIED E860 ; DEHYDRATION	12/19/2016	12/20/2016	P161220-21718

Type	Procedure	Facility	Certified Days	Denied Days	Hines File#
Medical		Carlsbad Medical Center Llc 2430 W Pierce St Attn: UR Dept Carlsbad, NM 88220 (575)887-4100 Tax Id: 621762526	1	0	151021-0099

[UR Report History](#) [Print Data](#)
First Cert 12/22/2016

UR Clinical Notes

Total Admissions for City of Carlsbad: 60



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for Caprock Healthplans
 From 07/01/2016 to 04/07/2017

Total Admissions for Caprock Healthplans: 60

KEY CODES

SERVICE CODES	
BCCN	BABE Critical Care - Nurse
BCCP	BABE Critical Care - Physician
CC	Continuing Care
CCM	Capitated Case Management
CDIS	Capitated Disability
CDM	Capitated Disease Management
CDM1	CDM Strat 1
CM	Case Management
D	Disability Case Management
DM	Disease Management
MB	Manual Bill
NEO	Neonatal Case Management
OBN	High Risk Obstetrical Case Management
ONS	Onsite
PCCM	Psych CCM
PR	Peer Review
PS	Prescreen
PSYC	Psych
SCM	Continuing Care - Hourly

Admission Date Information: An Admit Date of 01/01/1901 designates unscheduled procedures or admissions.

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Since 1987

Report Printed: 04/07/2017

Utilization Review - Admission Date Range Report
for Caprock Healthplans
From 07/01/2016 to 04/07/2017

Note: If you have any questions regarding this report, please contact reports@hinesassoc.com

REINSURANCE AGGREGATE REPORT
08/03/2015

Fund # : CARLS Description : 24/12 SPECIFIC-24/12 AGGREGATE
 Contract Period : 08/01/2014-07/31/2015 Reinsurance Policy#: 081001
 Incurred Run-in : 12 months Carrier Code : EXC
 Paid Run-out : 0 months Carrier Name : EXCESS REINSURANCE
 Contract Type : BENEFITCONTRACT Carrier Address : P.O. BOX 667
 Minimum Point : 438247.76 WOODBURY, NJ 08096
 Run-in Max : 99999999

Census:
 Month EMPLOYEE ONLY FAMILY
 1386.86 1386.86

Month	EMPLOYEE ONLY	FAMILY
AUG	110	206
SEP	110	201
OCT	116	202
NOV	117	202
DEC	113	205
JAN	118	207
FEB	121	207
MAR	122	207
APR	118	204
MAY	118	206
JUN	119	210
JUL	118	210

Aggregate:

Month	Aggreg. Atchmt. Point	Accum. Atchmt. Point	Total Claims Paid	Over Specific	Not Covered	Adjustment	Net Claims Paid	Accum. Net Claims Paid	--- Accommodation --- Payable by Reins.	Payable to Reins.	Accum. Aggreg. Payable
AUG	438248	438248	249595	0	-22	0	249617	249617	0	0	0
SEP	431313	869561	290153	0	0	0	290153	539770	0	0	0
OCT	441021	1310583	212937	0	-20	0	212957	752727	0	0	0
NOV	442408	1752991	273822	0	0	0	273822	1026549	0	0	0
DEC	441021	2194013	257533	0	0	0	257533	1284082	0	0	0
JAN	450730	2644742	370667	0	186	12576	357905	1641987	0	0	0
FEB	454890	3099632	253140	0	-80	3127	250092	1892080	0	0	0
MAR	456277	3555909	369286	0	34249	1712	333324	2225404	0	0	0
APR	446569	4002478	310952	0	0	250	310703	2536107	0	0	0
MAY	449343	4451821	311665	0	0	244	311421	2847528	0	0	0
JUN	456277	4908098	596925	0	0	40286	556639	3404167	0	0	0
JUL	454890	5362988	428109	0	0	57642	370467	3774634	0	0	0

08/03/2015

CSPEC - Specific Reinsurance Report

Fund	: CARLS	Description	: 24/12 SPECIFIC-24/12 AGGREGATE
Contract Period	: 08/01/2014-07/31/2015	Reinsurance Policy	: 081001
Incurred Run-In	: 12 months	Carrier Code	: EXC
Paid Run-Out	: 0 months	Carrier Name	: EXCESS REINSURANCE
Ind Specific Limit	: 100000	Carrier Address	: P.O. BOX 667
Ind Prenote Amount	: 50000		WOODBURY, NJ 08096
Corridor	: 150000.00 (Lasered included)		
Case	: 081001 CITY OF CARLSBAD		

Last	First	SS/Relation	***** Paid	Month 07/2015 Over	***** Reimb	***** Paid	Year to Date Over	***** Reimb	***** Balance
██████	██████	SELF	83.02	83.02	0.00	118691.23	18691.23	0.00	18691.23
██████	██████	SELF	48556.13	0.00	0.00	79571.77 80%	0.00	0.00	0.00
██████	██████	SPOUSE	1423.34	0.00	0.00	52262.38 52%	0.00	0.00	0.00
██████	██████	DAUGHTER	715.00	0.00	0.00	94635.92 95%	0.00	0.00	0.00
██████	██████	SELF	1490.68	0.00	0.00	70478.11 70%	0.00	0.00	0.00
██████	██████	SELF	57559.32	57559.32	0.00	197145.64	97145.64	0.00	97145.64
██████	██████	SELF	964.03	0.00	0.00	67561.08 68%	0.00	0.00	0.00
██████	██████	SELF	69.66	0.00	0.00	52756.11 53%	0.00	0.00	0.00
Total for fund CARLS			110861.18	57642.34	0.00	733102.24	115836.87	0.00	115836.87
Corridor Adjustment				-57642.34			-115836.87		-115836.87
Net Total for fund CARLS			110861.18	0.00	0.00	733102.24	0.00	0.00	0.00

REINSURANCE AGGREGATE REPORT
04-Aug-2016

Fund #	: CARLS	Description	: 24/12 SPECIFIC-24/12 AGGREGATE
Contract Period	: 08/01/2015-07/31/2016	Reinsurance Policy#	: 081001
Incurred Run-in	: 12 months	Carrier Code	: EXC
Paid Run-out	: 0 months	Carrier Name	: EXCESS REINSURANCE
Contract Type	: BENEFITCONTRACT	Carrier Address	: P.O. BOX 667
Minimum Point	: 434062.17		WOODBURY, NJ 08096
Run-in Max	: 99999999		

Census:

Month	EMPLOYEE ONLY	FAMILY
	1303.49	1303.49

AUG	117	216
SEP	116	213
OCT	119	217
NOV	120	217
DEC	122	217
JAN	122	217
FEB	126	220
MAR	127	221
APR	126	220
MAY	127	221
JUN	126	222
JUL	125	221

Aggregate:

Month	Aggreg. Atchmt. Point	Accum. Atchmt. Point	Total Claims Paid	Over Specific	Not Covered	Adjustment	Net Claims Paid	Accum. Net Claims Paid	--- Accommodation --- Payable by Reins.	Payable to Reins.	Accum. Aggreg. Payable
AUG	434062	434062	217322	0	0	0	217322	217322	0	0	0
SEP	428848	862910	463165	0	0	0	463165	680487	0	0	0
OCT	437973	1300883	561110	14074	0	150000	397036	1077523	0	0	0
NOV	439276	1740159	431892	24321	0	0	407571	1485095	0	0	0
DEC	441883	2182042	907800	448724	0	0	459076	1944171	0	0	0
JAN	441883	2623925	458416	5043	0	0	453372	2397543	0	0	0
FEB	451008	3074933	293253	4187	0	0	289066	2686609	0	0	0
MAR	453615	3528547	675078	175556	0	0	499522	3186131	0	0	0
APR	451008	3979555	263014	108112	-14781	0	169683	3355814	0	0	0
MAY	453615	4433169	923011	157313	81	0	765617	4121431	0	0	0
JUN	453615	4886784	449115	44560	0	0	404556	4525987	0	0	0
JUL	451008	5337792	464051	30952	0	0	433099	4959086	0	0	0

04-Aug-2016
09:07 AM

CSPEC - Specific Reinsurance Report
CAPROCK PRODUCTION ACCOUNT

Fund : CARLS
Contract Period : 08/01/2015-07/31/2016
Incurred Run-In : 12 months
Paid Run-Out : 0 months
Ind Specific Limit : 100000
Ind Prenote Amount : 50000
Corridor : 150000.00 (Lasered included)
Case : U81001 CITY OF CARLSBAD

Description : 24/12 SPECIFIC-24/12 AGGREGATE
Reinsurance Policy : 081001
Carrier Code : EXC
Carrier Name : EXCESS REINSURANCE
Carrier Address : P.O. BOX 667
WOODBURY, NJ 08096

Last	First	SS/Relation	***** Paid	Month 07/2016 Over	***** Reimb	***** Paid	Year to Date Over	***** Reimb	***** Balance	
		SELF	0.00	0.00	0.00	52075.19	52%	0.00	0.00	0.00
		WIFE	536.73	0.00	0.00	53603.39	54%	0.00	0.00	0.00
		WIFE	750.87	0.00	0.00	87121.84	87%	0.00	0.00	0.00
		WIFE	372.31	0.00	0.00	85982.70	86%	0.00	0.00	0.00
		SELF	22843.05	0.00	0.00	94352.43	94%	0.00	0.00	0.00
		SELF	1845.60	0.00	0.00	53320.20	53%	0.00	0.00	0.00
		WIFE	5015.15	0.00	0.00	76307.77	76%	0.00	0.00	0.00
		SELF	6604.97	0.00	0.00	60815.81	61%	0.00	0.00	0.00
		SELF	5641.25	5641.25	0.00	886765.73		786765.73	621388.45	165377.28
		CHILD	3531.38	0.00	0.00	57080.85	57%	0.00	0.00	0.00
		WIFE	171.32	171.32	37491.94 (R)	137713.30		37713.30	37491.94	221.36
		WIFE	7079.07	0.00	0.00	89156.60	89%	0.00	0.00	0.00
		SELF	1399.15	0.00	0.00	97971.12	98%	0.00	0.00	0.00
		SELF	25139.31	25139.31	12148.00 (R)	438363.34		338363.34	293134.85	45228.49
		CHILD	663.06	0.00	0.00	88544.11	89%	0.00	0.00	0.00
		SELF	1398.76	0.00	0.00	93705.12	94%	0.00	0.00	0.00
		SPOUSE	2312.07	0.00	0.00	75193.29	75%	0.00	0.00	0.00
Total for fund CARLS			85304.05	30951.88	49639.94	2528072.79		1162842.37	952015.24	210827.13
Corridor Adjustment				0.00				-150000.00		-150000.00
Net Total for fund CARLS			85304.05	30951.88	49639.94	2528072.79		1012842.37	952015.24	60827.13



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**** PERSONAL AND CONFIDENTIAL ****

Report Period: 12/09/2016 - 01/10/2017

██████████
Caprock Healthplans
11467 Huebner
Suite 300
San Antonio, TX 78230

RE: ██████████

<u>Policy No</u>		<u>Claimant DOB</u>	██████████
<u>Group / Claim</u>	081001	<u>Claimant State</u>	NM
<u>Group</u>	U81001 City of Carlsbad	<u>Insured SSN</u>	██████████
<u>Insured Name</u>	██████████	<u>Policy Year</u>	
<u>Plan Year</u>		<u>Date Assigned</u>	02/23/2016
<u>Hines File No</u>	160223-0023		
<u>Insured ID</u>	██████████		
<u>OHI</u>	No		
<u>Medicaid</u>	No		
<u>Medicare</u>	No		

ICD9/Diagnosis

C169 / MAL NEOPLASM OF STOMACH UNSPECIFIED

History

The patient is a 58 year old who began having upper gastric pain approximately two years ago. At that time he underwent work up with an esophagogastroduodenoscopy (EGD), which per reports, was essentially negative. The patient again began having same pain in December 2015. He went for evaluation and on 02/04/16, underwent another EGD. Pathology from this revealed adenocarcinoma of the stomach and at least intramucosal in depth from biopsy near the cardia. The patient drinks approximately a six pack of beer daily and smokes a pack and half of cigarettes daily. He also has a strong family history of gastric cancer in his mother and colon cancer in both his father and sister. He was referred onto oncology for consult and recommendations and recommendations were for PET scan for further staging; final pathology and staging from further work up confirmed stage IIA (T3N0) adenocarcinoma of the stomach. The patient was referred to surgeon for further recommendations and surgeon recommended total gastrectomy with Roux-n-Y and an open cholecystectomy, given cholecystitis and gall bladder sludge; final pathology confirmed stage IIIA (T3N2M0) adenocarcinoma of the stomach. Past medical history remarkable for appendectomy and right knee ligament repair.



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Current Clinical Status: The patient will now maintain routine follow up to monitor for any potential disease recurrence. Per the spouse reports, the patient is gaining weight and energy and is anxious to get back to work. The patient is the insured.

Prognosis

- No new physician prognosis statement available
- According to the National Cancer Institute, the five year overall survival rate for those with stomach cancer is, Stage I 50 - 70% for distal cancers; 10 - 15% for proximal cancers, Stage II > 25% for T1/T2 Node positive cases; < 25% for T3 cases, Stage III 15% for distal cancer, Stage IV < 5%

Treatment Plan

- Home Health, 05/06/16-12/13/16, skilled nurse visits to disconnect continuous chemotherapy infusion and monitor for any concerns/complications, TLC Home Health Care (PPO); HHC anticipates discharge from service following outpatient surgery as they want to ensure no issues post operative
- Follow up, as scheduled, office visit to monitor for any concerns of potential disease recurrence, Dr. Close (PPO)
- Oral medications obtained through the drug card
- Medications: Pantoprazole, Aleve, Probiotic, Zofran, Compazine, Vitamin B6
- Patient education provided through the spouse with emphasis on importance of compliance with follow up appointments

Physicians:

- Dr. Lakshmy Vythilingam, General Surgery (PPO); Dr. David Close, Medical Oncology (PPO); Dr. Charles Bayouth, General Surgery (PPO)

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Case Management Interventions

- Contact with the patient/family for updates on the patient's condition, to provide support, encourage compliance and to monitor the progress towards case management goals.
- Contact with the providers for updates on the patient's status and to assist in the determination of the need for change in services.
- Ensured that the patient's providers are aware of case management's role in coordinating medical services as necessary.
- Verified that the patient remained eligible for benefits during this report period.

Anticipated Future Needs

- Chemotherapy charges per national average for those with stomach cancer: \$85,000- 110,000



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(includes entire course of treatment); The reasonable price is calculated via a proprietary algorithm that considers Average Wholesale Price, Wholesale Acquisition Cost, Average Sale Price and National Average Drug Acquisition Cost (if available).

- Billed charges for chemotherapy: 5FU (J9190), \$645/infusion (includes for continuous infusion); Leucovorin (J0640), \$627.60/infusion; Oxaliplatin (J9263), \$3,925.30/infusion
- Probable ongoing need for routine physician work up, lab work, and diagnostic work up to evaluate overall response as well as monitor for any potential recurrent/progressive disease
- Potential need for further systemic and/or radiation therapy secondary to potential recurrent disease
- Ongoing medical management for other health history

Recommendations

- Case management will close this file as this client's care appears to be both appropriate and cost effective at this time. Case management will remain available, to reopen this file, upon your request, should this client's needs increase.

If you have any questions or requests regarding this case, please contact me at [REDACTED]

Submitted By:

[REDACTED]

Case Coordinator

cc:

[REDACTED]

[REDACTED]

VIP Care Management

— ADVANCING HEALTHCARE

****PERSONAL & CONFIDENTIAL****
CASE MANAGEMENT REPORT

Date: 03/21/2017

Reporting Period: 3/1 TO 3/31 2017

Patient Name: [REDACTED]

DOB: [REDACTED]

Group Name: City of Carlsbad

ID: U8100100572

Date file opened: February 23, 2017

Current Diagnosis: Inappropriate Sinus Tachycardia with unstable angina

Pertinent PMH: Member is a 33 y/o female admitted to UMC 02/17/17 under the care of Dr. Borno, MD for chest pain and tachycardia. Cardiac evaluation included heart catheterization, stress test, and echocardiogram performed by Dr. Borno. Echo revealed a Mitral Valve Prolapse and Heart Cath results were within normal range as well as cardiac enzymes. No ischemic changes noted by Dr. Borno. Member has a long history of tachycardia but has just recently noted chest pain radiating from chest to neck and left arm. Evaluations in the past have revealed sinus tachycardia. Member does report SOB, palpitation, diaphoresis and chest pain that radiates into neck and left arm when episodes occur. PMH is **negative** for HTN, hyperlipidemia or other diagnosis that would contribute to chest pain. Family history includes CAD (mother).

Current Activity:

February: Received request to open file for possible CM for diagnosis of inappropriate sinus tachycardia. CM has outreached to member for possible CM needs. Opened to CM and will continue to keep in touch with member for f/u of CM needs. Currently concerned about 2nd denial of medication (Corlanor) to treat condition. CM has outreached to three different providers for clinical records and current treatment plan. Records requested 2/28/17.

March: Eligibility verified [REDACTED], Records received from Dr. Borno, MD, Reviewed medical records and updated Acuity chart, Outreach to member for follow-up of medication approval/denial. Member reports that medication is undergoing 3rd level appeal with Welldyne. Will follow up with PBM and member.

Medications: Lopressor, Nitrostat, Potassium

Allergies: No Known Drug Allergies

VIP Care Management

— ADVANCING HEALTHCARE

Physicians: Dr. Cervera, MD (EP), Dr. Borno, MD (Cardiologist)

Treatment Plan: Follow up scheduled with Dr. Borno, MD 3/24/17; Follow up with Dr. Cervera, MD was scheduled for 3/8/17. CM still waiting for records from Dr. Cervera, MD (will follow up)

Interventions this reporting period: Contact with member, provider, and vendor regarding current diagnosis.

Identified Barriers to Care: Denial of medication for treatment

Anticipated Future Needs: Medication to control symptoms of unstable angina associated with inappropriate tachycardia.

Recommendations: Keep file open



REINSURANCE AGGREGATE REPORT
04/03/2017

Fund # : CARLS
 Contract Period : 08/01/2016-07/31/2017
 Incurred Run-in : 12 months
 Paid Run-out : 0 months
 Contract Type : BENEFITCONTRACT
 Minimum Point : 511949.76
 Run-in Max : 99999999

Description : 24/12 SPECIFIC-24/12 AGGREGATE
 Reinsurance Policy#: U81001
 Carrier Code : ORI
 Carrier Name : ORIENT RISK ANALYSTS
 Carrier Address :
 3279 VETERANS MEMORIAL HWY D-9
 RONKONKOMA, NY 11779

Census:
 Month EMPLOYEE ONLY FAMILY
 1471.12 1471.12

Month	EMPLOYEE ONLY	FAMILY
AUG	125	223
SEP	123	221
OCT	119	216
NOV	120	214
DEC	118	222
JAN	122	216
FEB	122	216
MAR	123	216

Aggregate:

Month	Aggreg. Atchmt. Point	Accum. Atchmt. Point	Total Claims Paid	Over Specific	Not Covered	Adjustment	Net Claims Paid	Accum. Net Claims Paid	--- Accommodation ---		Accum. Aggreg. Payable
									Payable by Reins.	Payable to Reins.	
AUG	511950	511950	283528	0	0	0	283528	283528	0	0	0
SEP	506065	1018015	63029	0	134	0	62895	346423	0	0	0
OCT	492825	1510840	664350	0	0	0	664350	1010773	0	0	0
NOV	491354	2002194	382366	0	-2683	0	385049	1395821	0	0	0
DEC	500181	2502375	389969	0	86	0	389883	1785704	0	0	0
JAN	497239	2999614	342378	0	0	1721	340658	2126362	0	0	0
FEB	497239	3496852	226646	0	0	0	226646	2353007	0	0	0
MAR	498710	3995562	690991	0	0	106	690885	3043892	0	0	0

04/03/2017

CSPEC - Specific Reinsurance Report

Fund	: CARLS	Description	: 24/12 SPECIFIC-24/12 AGGREGATE
Contract Period	: 08/01/2016-07/31/2017	Reinsurance Policy	: U81001
Incurred Run-In	: 12 months	Carrier Code	: ORI
Paid Run-Out	: 0 months	Carrier Name	: ORIEN RISK ANALYSTS
Ind Specific Limit	: 100000	Carrier Address	: 3279 VETERANS MEMORIAL HWY D-9
Ind Prenote Amount	: 50000		: RONKONKOMA, NY 11779
Corridor	: 150000.00 (Lasered included)		
Case	: U81001 CITY OF CARLSBAD		

Last	First	SS/Relation	***** Paid	Month 03/2017 Over	***** Reimb	***** Paid	Year to Date Over	***** Reimb	***** Balance
██████	██████	SELF	2188.69	0.00	0.00	93940.64 94%	0.00	0.00	0.00
██████	██████	WIFE	219.36	0.00	0.00	99698.44 99%	0.00	0.00	0.00
██████	██████	SELF	106.14	106.14	0.00	101826.91	1826.91	0.00	1826.91
██████	██████	HUSBAND	39600.11	0.00	0.00	60758.71 61%	0.00	0.00	0.00
██████	██████	SELF	756.51	0.00	0.00	54685.20 55%	0.00	0.00	0.00
██████	██████	STEPCHLD	8871.64	0.00	0.00	74480.63 74%	0.00	0.00	0.00
██████	██████	SELF	37653.78	0.00	0.00	67427.62 67%	0.00	0.00	0.00
██████	██████	CHILD	79879.42	0.00	0.00	79879.42 80%	0.00	0.00	0.00
Total for fund CARLS			169275.65	106.14	0.00	632697.57	1826.91	0.00	1826.91
Corridor Adjustment				-106.14			-1826.91		-1826.91
Net Total for fund CARLS			169275.65	0.00	0.00	632697.57	0.00	0.00	0.00