

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-26-16
Baltimore, Maryland 21244-1850



Center of Medicare

April 18, 2013

VIA:

EMAIL (Mpalmisano@actavis.com, Nleitch@Actavis.com)

Actavis Kadian, LLC
Mr. Mark Palmisano
Director Financial Operations & Gov't Reporting
60 Columbia Rd Bldng B
Morristown, NJ 07960

**RE: Notice of Determination to Impose a Civil Money Penalty for Pharmaceutical Manufacturer
Contract Number P1069**

Dear Mr. Mark Palmisano:

Pursuant to 42 CFR §423.2335(d), the Centers for Medicare & Medicaid Services (CMS) is providing notice to Actavis Kadian, LLC that CMS has made a determination to impose a civil money penalty (CMP) in the amount of \$116,702.56.

Basis for Civil Money Penalty

This action is based on your organization's failure to pay specified Part D sponsors within 38 calendar days of receipt of the quarterly invoice from the third party administrator, in violation of 42 CFR §423.2315(b)(3) and Section II(b) of the Medicare Coverage Gap Discount Program Agreement (Discount Agreement).

Based on the payment confirmation report provided by your organization and the payment confirmations provided by Part D sponsors, CMS has determined to impose a CMP of \$116,702.56 to Actavis Kadian, LLC due to untimely payments for the 2012 third quarter invoices. Specifically, the following Part D sponsors did not receive payments within the requisite 38-day time period:

- 255 Part D Sponsors \$466,810.24 (Breakdown on Attachment 2)

The CMP that your company owes is equal to:

- 25% on the amount paid late, \$116,702.56

The determination by CMS to impose a CMP will become final and due no later than June 17, 2013 if you do not request a hearing to appeal in the manner and timeframe described below. Please see the required payment method below under Method to Submit CMP Payments.

Please note that any further failures by Actavis Kadian, LLC to comply with these or any other CMS requirements may subject your organization to termination as described in 42 CFR §423.2345 and section VIII of the Discount Agreement.

Right to Request a Hearing

Your organization may request a hearing to appeal CMS' determination in accordance with Section VIII (c) of the Discount Agreement. You must send a written request for a hearing to the Departmental Appeals Board office listed below, and a copy to CMS at the address listed below, within 60 calendar days from receipt of this notice. Your request must be received no later than June 17, 2013. The request for a hearing must identify the specific issues, the findings of fact and conclusions of law with which you disagree, and specify the basis for each contention that the finding or conclusion of law is incorrect. Your request should be sent to:

Karen Robinson
Civil Remedies Division
Department of Health and Human Services
Departmental Appeals Board
Medicare Appeals Council, MS 6132
330 Independence Ave., S.W.
Cohen Building Room G-644
Washington, D.C. 20201

A copy of your hearing request should also be sent to CMS at the following address:

Craig Miner
Deputy Director, Division of Part D Policy
Centers for Medicare & Medicaid Services
7500 Security Boulevard
MAIL STOP: C1-26-16
Baltimore, MD 21244
Email: Craig.miner@cms.hhs.gov

Method to Submit CMP Payments

All CMP payments must be made using Pay.gov (See Attachment for instructions). Pay.gov provides a free service to Federal government agencies and to the entities that make online payments to a Federal government agency. The Pay.gov Collection Service collects and processes the Internet-authorized

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deductions from a checking or savings account via Automated Clearing House (ACH) debit entries processed at the Federal Reserve Bank of Cleveland (FRB-C). Your Pay.gov payment transaction will not require a Username and Password in Pay.gov.

Companies sometimes have blocks on their bank accounts that will only allow designating transactions to be processed. It may be necessary to provide your banking institute with the following two pieces of information to unblock the bank account:

- **Originating Depository Financial Institution (ODFI):** FRB-C is the payment processor for ACH payments made through Pay.gov and will appear as the ACH ODFI. FRB-C processes Pay.gov ACH transactions under the American Bankers Association (ABA) routing numbers 041036046 and 042736141.
- **Company ID:** Every ACH batch contains a company ID number in accordance with the National Automated Clearing House Association (NACHA) requirements. CMS' company ID number for Pay.gov payments is 7505008012.

For Pay.gov technical issues contact Pay.gov Customer Service at (800) 624-1373 *or* (216) 579-2112, Monday–Friday from 6:00 A.M. to 7:00 P.M. Eastern Time.

You will find it helpful to have the following information available when you complete your payment:

- P# (P#####)
- CMP payment demand letter from CMS
- Bank account and routing numbers
- Point of contact regarding the payment
- Business mailing address

Acknowledgement of this letter is required, please reply to CGDPandManufacturers@cms.hhs.gov. If you have any questions about this notice, please contact Sonia Eaddy at Sonia.eaddy@cms.hhs.gov.

Sincerely,

/s/

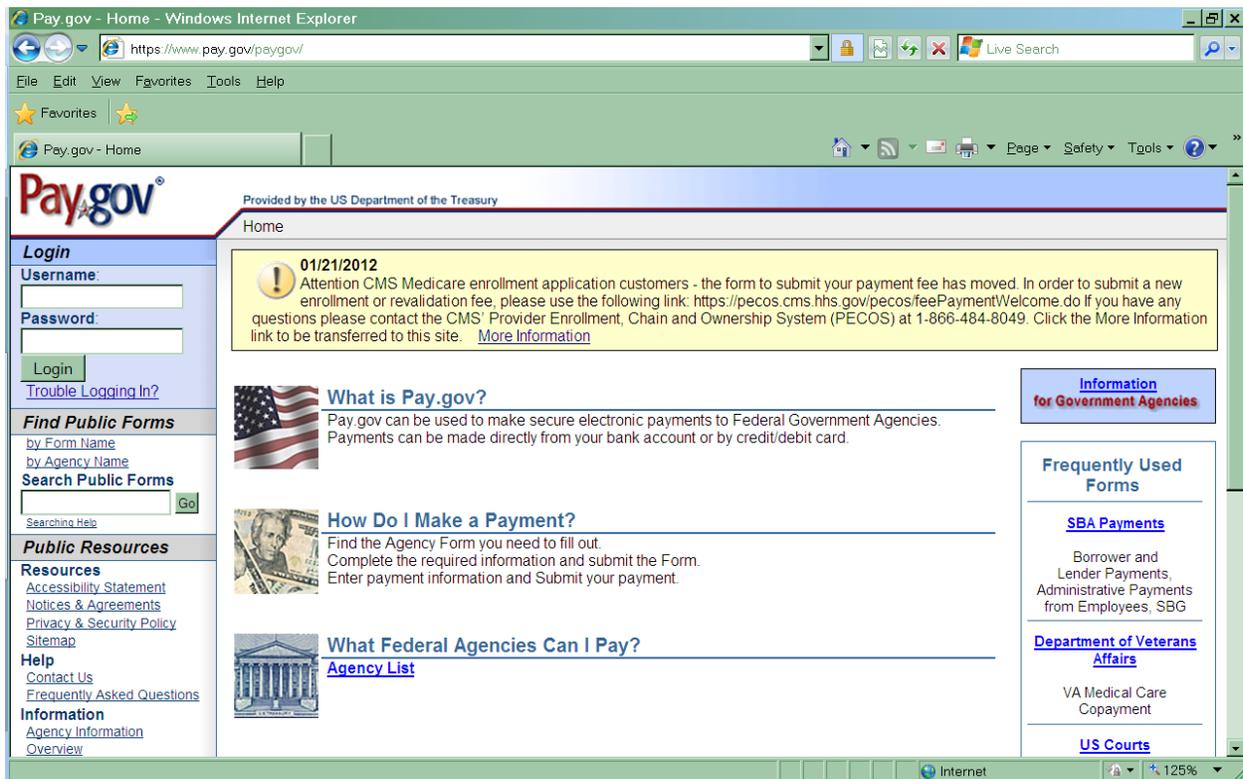
Cynthia G. Tudor, Ph.D.
Director, Medicare Drug Benefit and C & D Data Group

cc: Ms. Cheri Rice, CMS/CM/MPPG
Mr. John Scott, CMS/CM/MPPG
Mr. Brian Cook, CMS/OC
Mr. Greg Jones, CMS/OL
Ms. Jill Abrams, DHHS/OGC
Ms. Jennifer Garver, DHHS/OGC
Ms. Karen Robinson, DHHS/DAB

Attachment 1

Step 1

Access Pay.gov at <https://www.pay.gov>



Step 2

On the Pay.gov home page,

- In the **Search Public Forms** box (on the left side of the home page), Type: *Medicare Coverage Gap Discount (not case sensitive)*
- then click on Go

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The screenshot shows a Windows Internet Explorer browser window displaying the Pay.gov search results page. The address bar shows the URL: <https://qa.pay.gov/paygov/payments/keywordSearchForms.html?keyword=medicare+Coverage+gap+discount&f>. The search results indicate that the search for "medicare Coverage gap discount" returned 3 results. The results are sorted by Form Name. The first result is "CMS Data Payment Form" (Form Number: CMS Data Payment), followed by "CMS Medicare Application Fee" (Form Number: Medicare-app-fee-1), and "Medicare Coverage Gap Discount Program CMPs" (Form Number: Medicare CGDP CMPs). Each result includes a brief description and a "View PDF" link. The left sidebar contains navigation links for "Find Public Forms", "Search Public Forms", "Public Resources", "Resources", "Help", and "Information". The bottom of the page features the "fww" logo and the text "DEPARTMENT OF".

Step 3

Click on **Medicare Coverage Gap Discount Program CMPs** link. You will be taken to the civil money penalty collection form. Have available your payment demand letter from CMS.

The screenshot shows a web browser window displaying the Medicare Coverage Gap Discount Program form. The form is titled "Medicare Coverage Gap Discount Program" and "Civil Money Penalty Payment". It contains several required fields for data entry, including Manufacturer P Number, Manufacturer Name, Address, City, State, Zip Code, Point of Contact Name, Point of Contact Phone, Point of Contact Email, Date of Demand Letter, Invoice Quarter, and Payment Amount. There are also "Submit Data" and "PDF Preview" buttons at the bottom of the form.

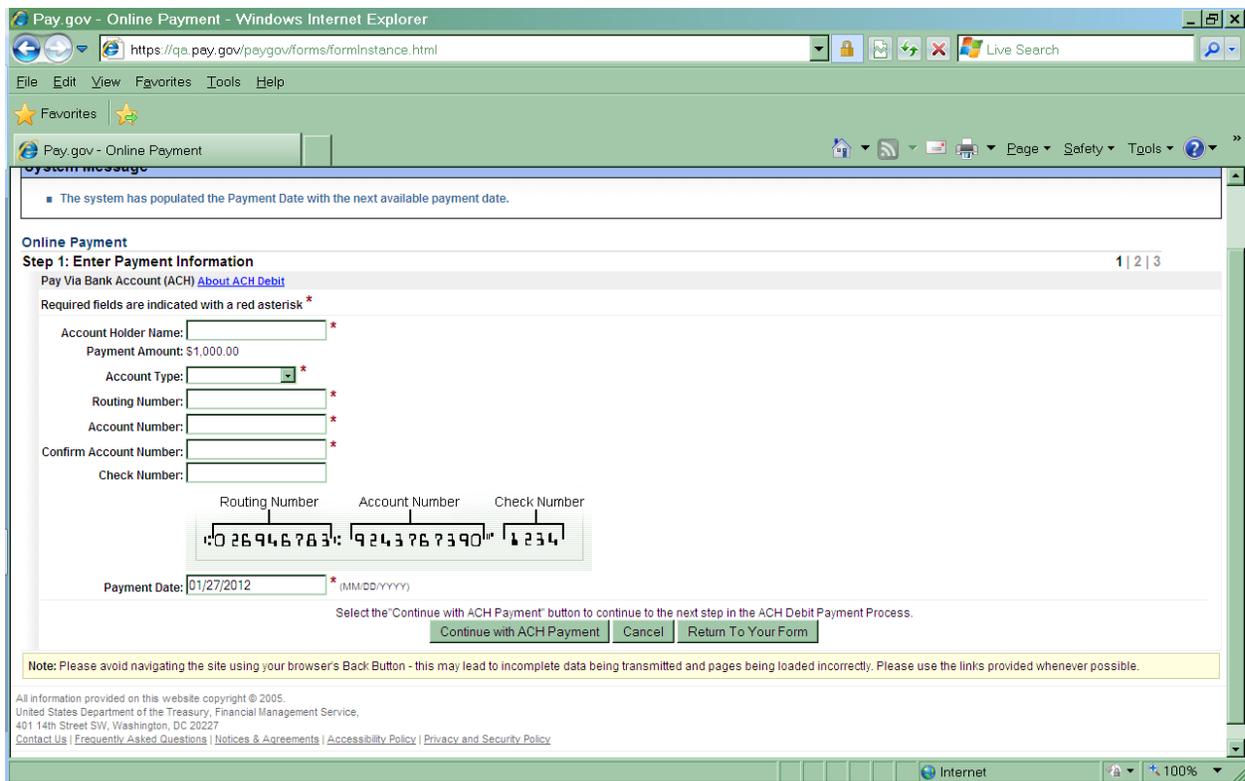
- Complete the required fields
 - **Manufacturer P Number:** (P####) must be a P followed by 4-digits
 - **Manufacturer Name:** manufacturer's complete name
 - **Point of Contact:** person authorized to make the payment
 - **Point of Contact Phone:** (***_**_*_****) telephone number must include dashes
 - **Point of Contact Email:** email address
 - **Mailing address:** Street, city, state, and zip code
 - **Date of Demand Letter:** (MM/DD/YEAR) typed date on the demand letter received from CMS
 - **Quarter:** (Q1, Q2, Q3, Q4) use the drop arrow to select the calendar year quarter in which the invoice payment was late or unpaid
 - **Year:** use the drop down arrow to select the calendar year in which the invoice payment was late or unpaid
 - **Payment Amount:** the total amount indicated on the demand letter from CMS
- Review
- Click on Submit Data

NOTE: You will immediately receive a message if **any** of the required information is missing on the payment form. Click OK, complete the missing information, and click on Submit Data.



Step 4

Have your banking information available to enter the payment information. Enter bank information, review, and print your payment confirmation to complete your Pay.gov payment.



- Enter Payment Information
 - **Account Holder Name:** name as it appears on the actual banking account

Notice the payment amount you entered on the previous screen has populated. Click on Return To Your Form to correct the payment amount.

- **Account Type:** (Personal Checking, Personal Savings, Business Checking, or Business Savings) use the drop down arrow to select account type
- **Routing Number:** bank routing number
- **Account Number:** bank account number
- **Confirm Account Number:** re-type your bank account number
- **Check Number:** check number used for this payment
- **Payment Date:** automatically populates the next available date in which the financial institutes can initiate the payment transaction

Continue with ACH Payment- will move you the next step of your payment

Cancel- will cancel all information entered during this session

Return To Your Form- will take you back to the Civil Money Penalty form

Note: You will be redirected to the Pay.gov home page to start a new session if you click on Continue with ACH Payment before the account information is entered.

- Review the payment summary,

Pay.gov - Online Payment - Windows Internet Explorer
https://qa.pay.gov/paygov/payments/enterACHDebitPaymentInformation.html

File Edit View Favorites Tools Help

Pay.gov - Online Payment

Step 2: Authorize Payment

Payment Summary [Edit this information](#)

Account Holder Name: manufacturer Inc
Payment Amount: \$1,000.00
Account Type: Business Checking
Routing Number: 041000124
Account Number: *****0424
Check Number: 0002
Payment Date: 01/27/2012

Email Confirmation Receipt
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:
Confirm Email Address:
CC: Separate multiple email addresses with a comma

Authorization and Disclosure
Required fields are indicated with a red asterisk *

I agree to the authorization and disclosure language *

The U.S. Treasury Department's Financial Management Service. As used in this document, "we" or "us" refers to the Financial Management Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.

I. Consumers

A. Authorization

You acknowledge that you have read and understand the consumer disclosure language and authorize the Federal Reserve financial institution of Cleveland to debit the named financial institution account. This authorization is to remain in full force and effect until we have received notification of its termination in such time and in such manner as to afford Pay.gov a reasonable opportunity to act on it, or unless otherwise terminated for any reason by Pay.gov.

B. Disclosure

In case of errors or questions about a transaction, immediately contact the Federal agency using the Pay.gov service or contact Pay.gov directly.

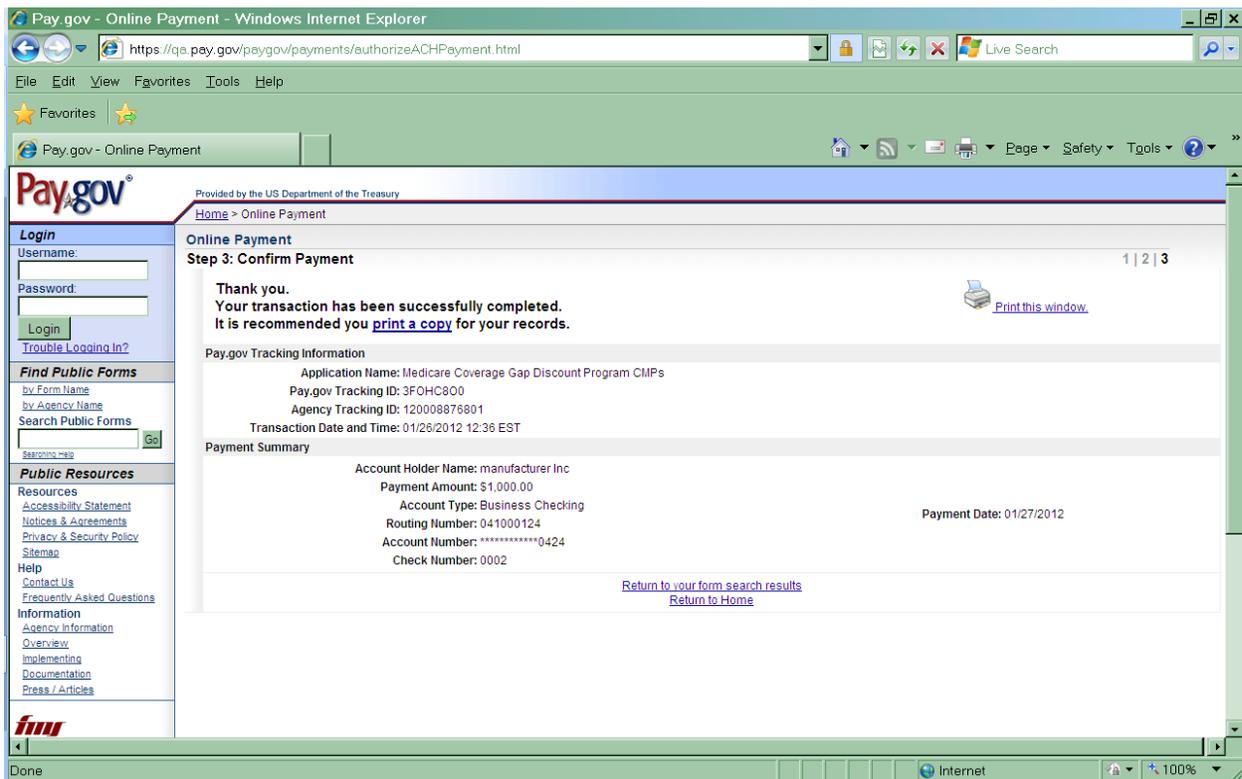
- Enter email address(es) to receive the payment confirmation
- Please add to the CC box: cgdp_manufacturers@cms.hhs.gov
- Read and/or print the Authorization and Disclosure. If you agree, Click, *I agree to the authorization and disclosure language*

Submit Payment- will submit your payment and move you to the final step of your payment

Cancel- will cancel all information entered during this session

Return To Your Form- will take you back to the Civil Money Penalty form

- Print the payment confirmation.



Attachment 2

2012 Q3 P1069		
Part D Sponsors		Invoiced Amount
1	IBT VOLUNTARY EMPLOYEE	\$ 45.28
2	CARPENTER'S HEALTH AND	\$ 10.03
3	PSERS HOP PROGRAM	\$ 1,181.73
4	MO DOT AND MSHP MEDICAL	\$ 49.64
5	KENTUCKY RETIREMENT SYS	\$ 470.00
6	OKLAHOMA STATE AND EDUC	\$ 1,749.98
7	BLUE CROSS AND BLUE SHI	\$ 209.58
8	HUMANA HEALTH PLAN OF C	\$ 326.44
9	HEALTHSPRING OF ALABAMA	\$ 6.00
10	PACIFICARE OF ARIZONA	\$ 852.50
11	HUMANA HEALTH PLAN INC	\$ 818.28
12	UNITEDHEALTHCARE OF ARI	\$ 1,194.74
13	HUMANA INSURANCE COMPAN	\$ 1,099.29
14	KS PLAN ADMINISTRATORS,	\$ 202.09
15	HEALTH NET OF ARIZONA	\$ 527.93
16	CIGNA HEALTHCARE OF ARI	\$ 323.36
17	CA PHYSICIANS SERV/DBA	\$ 975.35
18	KAISER FOUNDATION HP I	\$ 20.00
19	PACIFICARE OF CALIFORNI	\$ 3,255.23
20	CALIFORNIA HEALTH PLAN	\$ 132.50
21	HEALTH NET_OF CA	\$ 5,338.36
22	PACIFICARE OF COLORADO	\$ 2,317.29
23	HEALTH NET OF CONNECTIC	\$ 64.82
24	CAREONE HEALTH PLAN IN	\$ 728.39
25	WELL CARE OF FLORIDA I	\$ 75.23
26	HUMANA MEDICAL PLAN IN	\$ 487.57
27	UNITED HEALTHCARE OF FL	\$ 291.56
28	UNITED HEALTHCARE INSUR	\$ 255.15
29	BLUE CROSS OF IDAHO HEA	\$ 21.00
30	HUMANA HEALTH PLAN INC	\$ 10.00
31	HEALTH ALLIANCE MEDICAL	\$ 833.00
32	HUMANA INSURANCE COMPAN	\$ 1,052.74
33	UNITED HEALTHCARE INSUR	\$ 12,869.40
34	HUMANA INSURANCE COMPAN	\$ 1,459.30
35	HEALTHPLUS INSURANCE CO	\$ 134.14

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36	HUMANA INSURANCE COMPAN	\$	276.08
37	HUMANA INSURANCE COMPAN	\$	189.79
38	UNITED HEALTHCARE INSUR	\$	329.64
39	HUMANA HEALTH BENEFIT P	\$	630.81
40	TENET CHOICES INC. / P	\$	2.50
41	HUMANA HEALTH PLAN, INC	\$	1,442.74
42	KAISER FNDN HP OF THE M	\$	32.50
43	UNITED HEALTHCARE INSUR	\$	411.13
44	TUFTS ASSOCIATED HMO I	\$	126.18
45	BLUE CROSS & BLUE SHIEL	\$	5.00
46	HEALTH ALLIANCE PLAN OF	\$	127.30
47	PRIORITY HEALTH	\$	179.97
48	HEALTH PLUS OF MICHIGAN	\$	9.00
49	MEDICA INSURANCE COMPAN	\$	118.47
50	UCARE MINNESOTA	\$	838.31
51	HUMANA MEDICAL PLAN OF	\$	413.78
52	HUMANA INSURANCE COMPAN	\$	399.54
53	ESSENCE INC.	\$	101.43
54	HUMANA HEALTH PLAN INC	\$	52.35
55	UNITED HEALTHCARE OF TH	\$	414.12
56	GROUP HEALTH PLAN INC.	\$	83.53
57	MERCY HEALTH PLANS OF M	\$	5.00
58	COVENTRY HEALTH CARE OF	\$	565.06
59	NEW WEST HEALTH SERVICE	\$	28.69
60	AMERICAN PROGRESSIVE LI	\$	255.64
61	UNITED HEALTHCARE INSUR	\$	327.01
62	AMERICAN PROGRESSIVE LI	\$	77.10
63	HEALTH PLAN OF NEVADA	\$	10.00
64	HUMANA INSURANCE COMPAN	\$	1,479.21
65	PACIFICARE OF NEVADA I	\$	2.14
66	HOMETOWN HEALTH PLAN	\$	2.00
67	ROCKY MOUNTAIN HOSPITAL	\$	1,073.72
68	OXFORD HEALTH PLANS (NJ	\$	723.90
69	AETNA HEALTH INC.	\$	22.50
70	HORIZON HEALTHCARE OF N	\$	124.89
71	AMERIHEALTH HMO_INC	\$	828.27
72	LOVELACE HEALTH PLAN I	\$	2.50
73	PREFERRED CARE	\$	373.63
74	OXFORD HEALTH PLANS (NY	\$	786.26
75	HIP HEALTH PLAN OF NY	\$	782.00
76	EXCELLUS HEALTH PLAN I	\$	816.10

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77	EMPIRE HEALTHCHOICE ASS	\$	103.38
78	INDEPENDENT HEALTH BENE	\$	52.04
79	PREFERRED CARE	\$	767.37
80	EXCELLUS HEALTH PLAN I	\$	189.79
81	MANAGED HEALTH INC.	\$	3.59
82	INDEPENDENT HEALTH ASSO	\$	584.84
83	EMPIRE HEALTHCHOICE HMO	\$	10.06
84	HEALTHNOW NEW YORK INC	\$	2,425.24
85	CAPITAL DISTRICT PHYSIC	\$	62.00
86	PARTNERS NATIONAL HEALT	\$	229.69
87	PARTNERS NATIONAL HEALT	\$	312.17
88	UNITED HEALTHCARE OF NO	\$	334.88
89	CONNECTICARE, INC.	\$	15.00
90	HUMANA INSURANCE COMPAN	\$	2,103.28
91	COMMUNITY INSURANCE COM	\$	144.90
92	UNITED HEALTHCARE OF OH	\$	1,352.10
93	MCKINLEY LIFE INSURANCE	\$	56.72
94	PACIFICARE OF OKLAHOMA	\$	892.20
95	COMMUNITY CARE HMO INC	\$	433.52
96	PACIFICARE OF OREGON I	\$	361.92
97	UNITED HEALTHCARE INSUR	\$	739.04
98	REGENCE BLUECROSS BLUES	\$	766.88
99	UNITED HEALTHCARE INSUR	\$	455.46
100	UNIVERSITY OF PITTSBURG	\$	116.06
101	HIGHMARK INC.	\$	3,288.91
102	UNITED HEALTHCARE INSUR	\$	224.70
103	CAPITAL ADVANTAGE INSUR	\$	346.33
104	AETNA HEALTH INC	\$	261.19
105	KEYSTONE HEALTH PLAN EA	\$	688.48
106	KEYSTONE HEALTH PLAN WE	\$	964.10
107	HEALTHAMERICA PENNSYLV	\$	485.25
108	MMM HEALTHCARE INC.	\$	74.10
109	PREFERRED MEDICARE CHOI	\$	65.67
110	TRIPLE-S INC.	\$	2.50
111	MCS LIFE INSURANCE COMP	\$	16.00
112	HUMANA HEALTH PLANS OF	\$	19.98
113	ANTHEM INSURANCE COMPAN	\$	257.96
114	UNITED HEALTH PLANS OF	\$	1,243.83
115	HUMANA EMPLOYERS HEALTH	\$	142.10
116	BLUE CROSS SHIELD OF RI	\$	99.64
117	BLUE CROSS AND BLUE SHI	\$	339.98

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118	ARKANSAS BLUE CROSS AND	\$	48.04
119	HUMANA INSURANCE COMPAN	\$	557.00
120	HEALTHSPRING INC.	\$	6.00
121	JOHN DEERE HEALTH PLAN	\$	667.57
122	CARITEN HEALTH PLAN IN	\$	1,362.82
123	SELECTCARE OF TEXAS	\$	283.26
124	HUMANA HEALTH PLAN OF T	\$	709.92
125	TEXAS HEALTHSPRING I L	\$	2.00
126	EVERCARE OF TEXAS LLC	\$	161.23
127	HUMANA INSURANCE COMPAN	\$	300.50
128	PSO HEALTH SERVICES LL	\$	685.84
129	PACIFICARE OF TEXAS IN	\$	1,087.80
130	UNITEDHEALTHCARE OF UTA	\$	1,136.27
131	REGENCE BLUECROSS BLUES	\$	555.36
132	HUMANA INSURANCE COMPAN	\$	526.44
133	ANTHEM HEALTH PLANS OF	\$	270.24
134	HUMANA INSURANCE COMPAN	\$	413.42
135	PACIFICARE OF WASHINGTO	\$	2,625.08
136	REGENCE BLUESHIELD	\$	1,271.26
137	HUMANA INSURANCE COMPAN	\$	138.09
138	MOUNTAIN STATE BLUE CRO	\$	412.69
139	HEALTH PLAN OF THE UPPE	\$	16.00
140	SECURITY HEALTH PLAN OF	\$	633.95
141	HUMANA INSURANCE COMPAN	\$	1,261.73
142	HUMANA INSURANCE COMPAN	\$	555.14
143	UNITED HEALTHCARE OF WI	\$	1,899.92
144	COVENTRY HEALTH CARE OF	\$	72.48
145	UNIVERSAL HEALTH CARE	\$	178.07
146	HUMANA HEALTH INSURANCE	\$	388.65
147	ARCADIAN HEALTH PLAN	\$	434.67
148	SCAN HEALTH PLAN	\$	55.00
149	FREEDOM HEALTH INC.	\$	68.79
150	PACIFICARE LIFE AND HEA	\$	279.39
151	HEALTH NET LIFE INSURAN	\$	1,069.44
152	HUMANA INSURANCE COMPAN	\$	487.98
153	COVENTRY HEALTH AND LIF	\$	861.60
154	UNITED HEALTHCARE INS.	\$	132.93
155	HEALTH NET LIFE INSURAN	\$	1,209.02
156	AETNA LIFE INSURANCE CO	\$	518.32
157	HEALTH ASSURANCE PENNSY	\$	56.03
158	HEALTHNOW NEW YORK INC.	\$	202.03

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159	COMMUNITY INSURANCE COM	\$	136.37
160	ANTHEM HEALTH PLANS OF	\$	172.67
161	UPMC HEALTH NETWORK	\$	56.23
162	RED MEDICA DE PUERTO RI	\$	58.53
163	MARTINS POINT GENERATIO	\$	475.95
164	ANTHEM BC/BS OF COLORAD	\$	22.52
165	WINDSOR HEALTH PLAN OF	\$	352.90
166	AMERIGROUP TEXAS INC.	\$	17.88
167	UNIVERSAL HEALTH CARE I	\$	908.77
168	COMMUNITY HEALTH PLAN O	\$	35.64
169	SUMMIT HEALTH PLAN, INC	\$	439.17
170	BLUE CARE NETWORK OF MI	\$	40.68
171	THE PYRAMID LIFE INSURA	\$	285.23
172	HUMANA INSURANCE COMPAN	\$	549.24
173	CARE IMPROVEMENT PLUS S	\$	52.73
174	HUMANA INSURANCE COMPAN	\$	2,211.02
175	HUMANA INSURANCE COMPAN	\$	100.00
176	COVENTRY HEALTH CARE OF	\$	129.89
177	UNITED HEALTHCARE INSUR	\$	515.87
178	PERSONAL CARE INSURANCE	\$	286.54
179	BLUE CROSS BLUE SHIELD	\$	1,408.58
180	PACIFICARE/UHC OF NEVAD	\$	2.50
181	UNIVERSAL HEALTH CARE I	\$	344.10
182	HUMANA INSURANCE COMPAN	\$	5,136.31
183	COVENTRY HEALTH AND LIF	\$	273.90
184	ANTHEM BLUE CROSS LIFE	\$	64.33
185	HEALTH NEW ENGLAND, INC	\$	5.00
186	HUMANA INSURANCE COMPAN	\$	214.03
187	HUMANA INSURANCE COMPAN	\$	73.37
188	HUMANA HEALTH PLAN OF O	\$	3.00
189	COVENTRY HEALTH AND LIF	\$	955.70
190	FALLON COMMUNITY HEALTH	\$	13.72
191	UNITED HEALTHCARE OF FL	\$	52.69
192	PROVIDENCE HEALTH PLAN	\$	7.50
193	SCAN HEALTH PLAN	\$	8.00
194	BLUE CROSS BLUE SHIELD	\$	246.03
195	MVP HEALTH PLAN, INC.	\$	5.00
196	MVP HEALTH PLAN, INC,	\$	421.39
197	BLUE CROSS BLUE SHIELD	\$	100.00
198	BLUE CROSS AND BLUE SHI	\$	200.00
199	UNITED HEALTHCARE INSUR	\$	6,928.62

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200	UNITED HEALTHCARE INSUR	\$	2,136.38
201	BLUE CROSS BLUE SHIELD	\$	12.95
202	SIERRA HEALTH AND LIFE	\$	6.00
203	HUMANA INSURANCE COMPAN	\$	8,060.06
204	ANTHEM INSURANCE COMPAN	\$	900.85
205	HAWAII MEDICAL SERVICE	\$	592.32
206	BCBS OF ALABAMA AND BCB	\$	2,225.43
207	QCC INS CO D/B/A AMERIH	\$	10.00
208	CA PHYSICIANS SERVICE	\$	900.09
209	WINDSOR HEALTH PLAN, IN	\$	464.35
210	BLUE CROSS BLUE SHIELD	\$	975.04
211	UPMC HEALTH PLAN	\$	119.66
212	EXCELLUS HEALTH PLAN I	\$	242.07
213	HEALTH ALLIANCE MEDICAL	\$	78.50
214	STERLING LIFE INSURANCE	\$	11,147.01
215	BLUE CROSS AND BLUE SHI	\$	613.30
216	HUMANA INSURANCE COMPAN	\$	1,422.54
217	CAMBRIDGE LIFE INSURANC	\$	881.44
218	BLUE CROSS BLUE SHIELD	\$	675.99
219	HIGHMARK SENIOR RESOURC	\$	955.67
220	ANTHEM INSURANCE COMPAN	\$	5,922.61
221	SILVERSCRIPT INSURANCE	\$	23,264.45
222	ASURIS NORTHWEST HEALTH	\$	213.60
223	CONNECTICUT GENERAL LIF	\$	5,188.76
224	MEDCO HEALTH SOLUTIONS	\$	25,294.32
225	COVENTRY HEALTH AND LIF	\$	2,467.66
226	FIRST HEALTH LIFE AND H	\$	3,569.82
227	PENNSYLVANIA LIFE INSUR	\$	8,910.10
228	HCSC INSURANCE SERVICES	\$	2,802.43
229	BLUE CROSS BLUE SHIELD	\$	1,029.94
230	WISCONSIN PHYSICIAN SER	\$	1,471.90
231	UNITED AMERICAN INSURAN	\$	3,187.10
232	FIRST CARE INC.	\$	3,268.15
233	FIRST HEALTH LIFE & HEA	\$	18,118.92
234	ARKANSAS BCBS A MUTUAL	\$	323.30
235	MEMBERHEALTH INC.	\$	4,855.90
236	UNITED HEALTHCARE INSUR	\$	5,972.20
237	AETNA LIFE INSURANCE CO	\$	700.73
238	UNITED HEALTHCARE INSUR	\$	108,640.45
239	AMERICAN PROGRESSIVE LI	\$	418.62
240	HUMANA INSURANCE COMPAN	\$	32,182.91

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241	BLUE CROSS AND BLUE SHI	\$	569.07
242	PACIFICARE LIFE AND HEA	\$	22,555.18
243	HEALTHSPRING INC. HEALT	\$	38.61
244	LOUISIANA HEALTH SERVIC	\$	667.19
245	BLUE CROSS AND BLUE SHI	\$	284.08
246	UNICARE	\$	842.47
247	GROUP HEALTH INCORPORAT	\$	1,106.73
248	WELLCARE PRESCRIPTION I	\$	255.51
249	ODS HEALTH PLAN	\$	142.41
250	MEDCO HEALTH SOLUTIONS	\$	464.76
251	HORIZON HEALTHCARE SERV	\$	14.00
252	ENVISION INSURANCE COMP	\$	2,448.82
253	EXPRESS SCRIPTS INSURAN	\$	25,245.29
254	NMHC GROUP SOLUTION INS	\$	7.50
255	STONEBRIDGE LIFE INSURA	\$	140.99
	Total	\$	466,810.24