

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 27, 2017

VIA EMAIL: kimberly.bridgewater@parpharm.com jennifer.draudt@parpharm.com

Generics Bidco I, LLC. DbA Qualitest Pharmaceuticals
Atten: Kimberly Bridgewater
6 Ram Ridge Road
Chestnut Ridge, NY 10977

RE: Notice of Determination to Impose a Civil Money Penalty for Pharmaceutical Manufacturer Contract Number P1191

Dear Kimberly Bridgewater:

Pursuant to 42 CFR §423.2340 the Centers for Medicare & Medicaid Services (CMS) is providing notice to Generics Bidco I, LLC. DbA Qualitest Pharmaceuticals of a civil money penalty (CMP) assessment in the amount of \$322,998.00.

Basis for Civil Money Penalty

CMS is imposing a CMP of \$322,998.00 on Generics Bidco I, LLC. DbA Qualitest Pharmaceuticals based on a report provided by the Third Party Administrator (TPA) for the Coverage Gap Discount Program. The information which the TPA provided indicates that your organization failed to pay specified Part D sponsors for applicable discounts within 38 calendar days from receipt of the second quarter 2016 invoice. This is a violation of 42 CFR §423.2315(b)(3) and Section II(b) of the Medicare Coverage Gap Discount Program Agreement (Discount Agreement).

Specifically, the following Part D sponsors did not receive payments within the requisite 38-day time period:

- 334 Part D Sponsors: \$1,291,992.00 (Breakdown on Attachment 3)

The CMP that your company owes is equal to:

- The 25% penalty, \$322,998.00

The determination by CMS to impose a CMP will become final and due no later than June 25, 2017 if you do not request a hearing to appeal in the manner and timeframe described below under Right to Request a Hearing. Please see the required payment method below under Method to Submit CMP Payments.

Please note that any further failures by Generics Bidco I, LLC. Dba Qualitest Pharmaceuticals 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.

Method to Submit CMP Payments

All CMP payments must be made using Pay.gov (Instructions on Attachment 1). Pay.gov provides a free service to entities that make online payments to a Federal government agency. The Pay.gov Collection Service collects and processes the Internet-authorized 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.

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

Right to Request a Hearing

Your organization may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB) to appeal CMS' determination to impose a civil money penalty in accordance with Section IV(b) of the Discount Agreement. Procedures governing this process are set out in 42 C.F.R. § 423.2340.

You must:

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- file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter (Instructions on Attachment 2); and
- mail a copy of your hearing request to CMS:

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

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/

Amy K. Larrick Chavez-Valdez

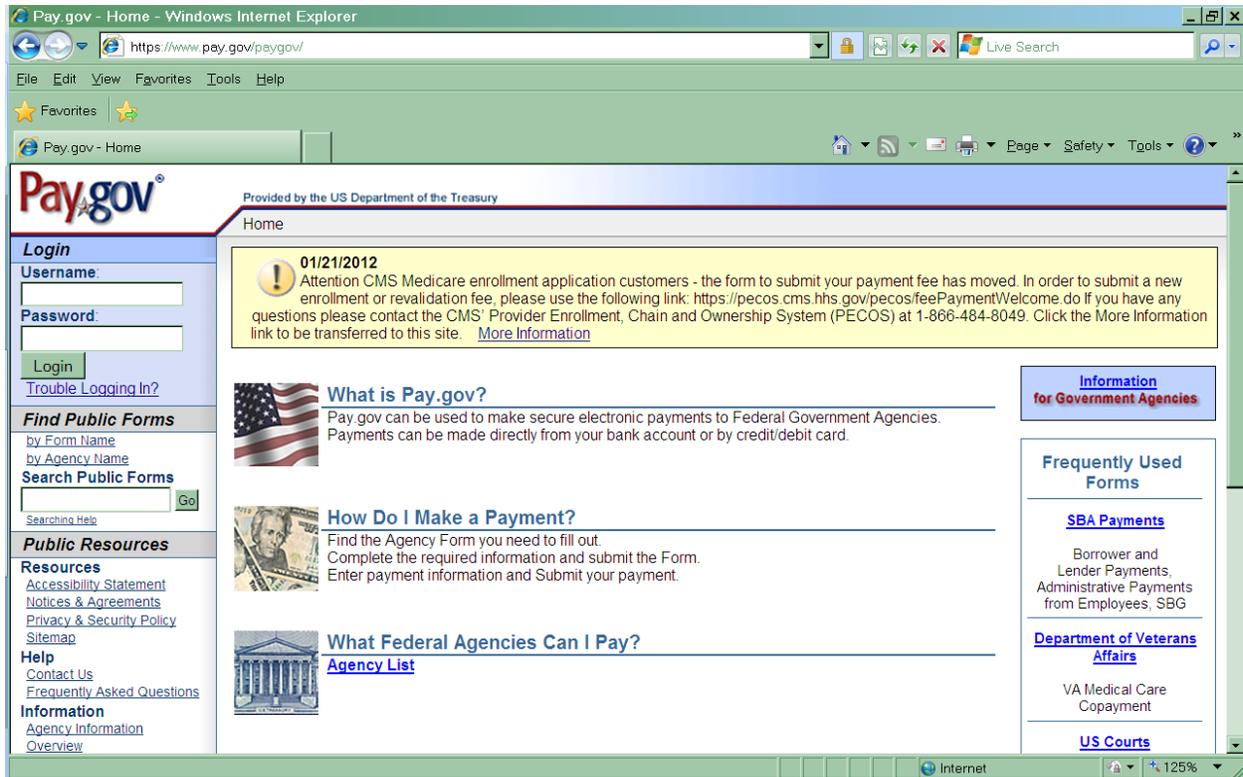
Director, Medicare Drug Benefit and C & D Data Group

cc: Mr. Craig Miner, CMS/CM/MDBG
Ms. Cheri Rice, CMS/CM/MPPG
Ms. Amanda Johnson, CMS/CM/MPPG
Ms. Whitney Hubbard, CMS/OL
Mr. Ray Thorn, CMS/OC
Ms. Jill Abrams, DHHS/OGC
Ms. Jennifer Garver, DHHS/OGC

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 search results on the pay.gov website. The search query is "medicare Coverage gap discount", which returned 3 results. The browser's address bar shows the URL: https://qa.pay.gov/paygov/payments/keywordSearchForms.html?keyword=medicare+Coverage+gap+discount&f. The search results are sorted by Form Name and include the following entries:

- CMS Data Payment Form** (Form Number: CMS Data Payment): Includes instructions for paying public use files and research identifiable files fees. A "View PDF" link is provided.
- CMS Medicare Application Fee** (Form Number: Medicare-app-fee-1): Includes instructions for paying the Medicare enrollment application fee. A "View PDF" link is provided.
- Medicare Coverage Gap Discount Program CMPs** (Form Number: Medicare CGDP CMPs): Includes instructions for paying Medicare Coverage Gap Discount Program Civil Monetary Penalties. A "View PDF" link is provided.

The left sidebar contains navigation links for "Password", "Login", "Find Public Forms", "Search Public Forms", "Public Resources", "Resources", "Help", and "Information". The bottom of the page features the logo for the Department of Health and Human Services.

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.

Pay.gov - Form Instance - Windows Internet Explorer

https://www.pay.gov/paygov/forms/formInstance.html?nc=1330705111240&agencyFormId=38616929&userForr

File Edit View Favorites Tools Help

Pay.gov - Form Instance

This website wants to run the following add-on: 'Microsoft Vector Graphics Rendering(VML)' from 'Microsoft Corporation'. If you trust the website and the add-on and want to allow it to run, click here...

Health & Human Services
CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Coverage Gap Discount Program
Civil Money Penalty Payment

*Required Fields

*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 for which Penalties are due:

*Quarter: *Year:

*Payment Amount: \$
(Note: This must be the total amount due)

Submit Data

PDF Preview

Done Internet 70%

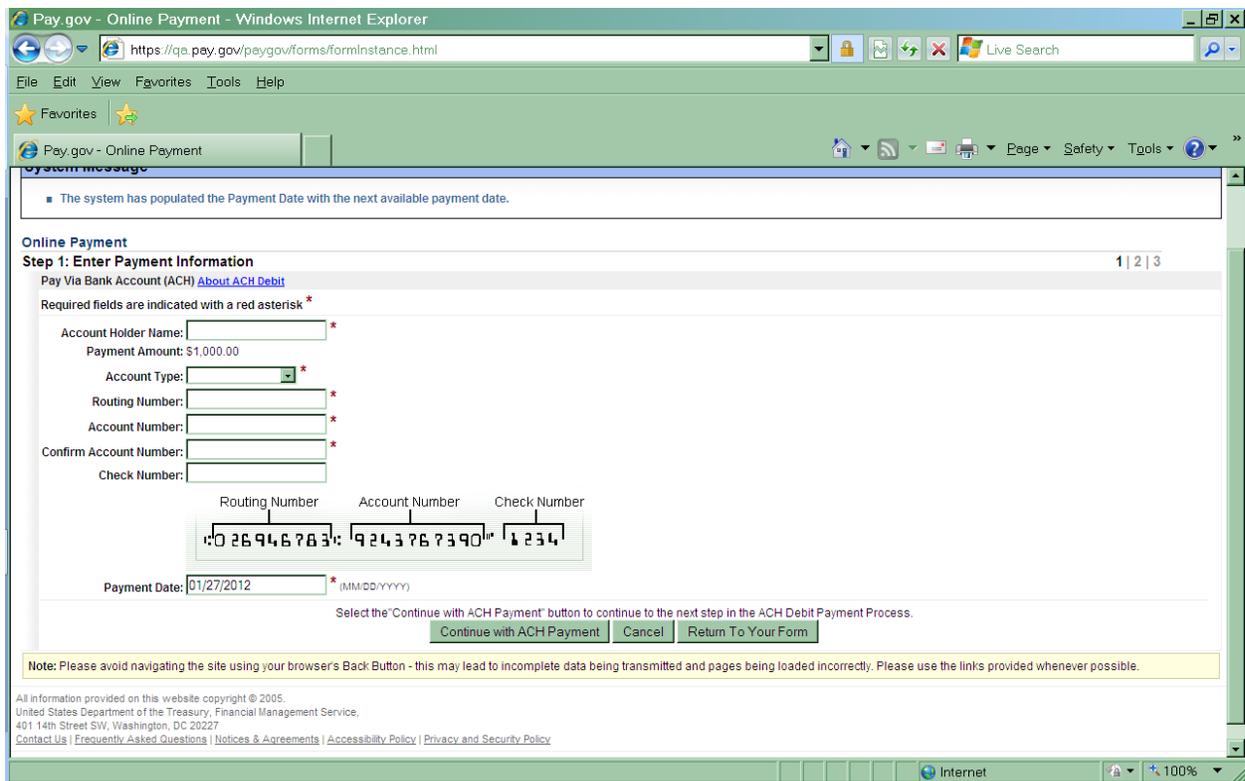
- Complete the required fields
 - **Manufacturer P Number:** (P####) must be a P followed by 4-digits
 - **Manufacturer Name:** manufacturer's complete name
 - **Point of Contact:** person authorized to make the payment
 - **Point of Contact Phone:** (***_**_****) telephone number must include dashes
 - **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,

The screenshot shows a web browser window titled "Pay.gov - Online Payment - Windows Internet Explorer". The address bar shows the URL "https://qa.pay.gov/paygov/payments/enterACHDebitPaymentInformation.html". The page content is titled "Step 2: Authorize Payment" and includes a "Payment Summary" section with the following details:

- 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

Below the summary is an "Email Confirmation Receipt" section with input fields for "Email Address:", "Confirm Email Address:", and "CC:". A note says "Separate multiple email addresses with a comma".

The "Authorization and Disclosure" section contains a checkbox for "I agree to the authorization and disclosure language." which is checked. Below this is a scrollable text area with the following text:

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.

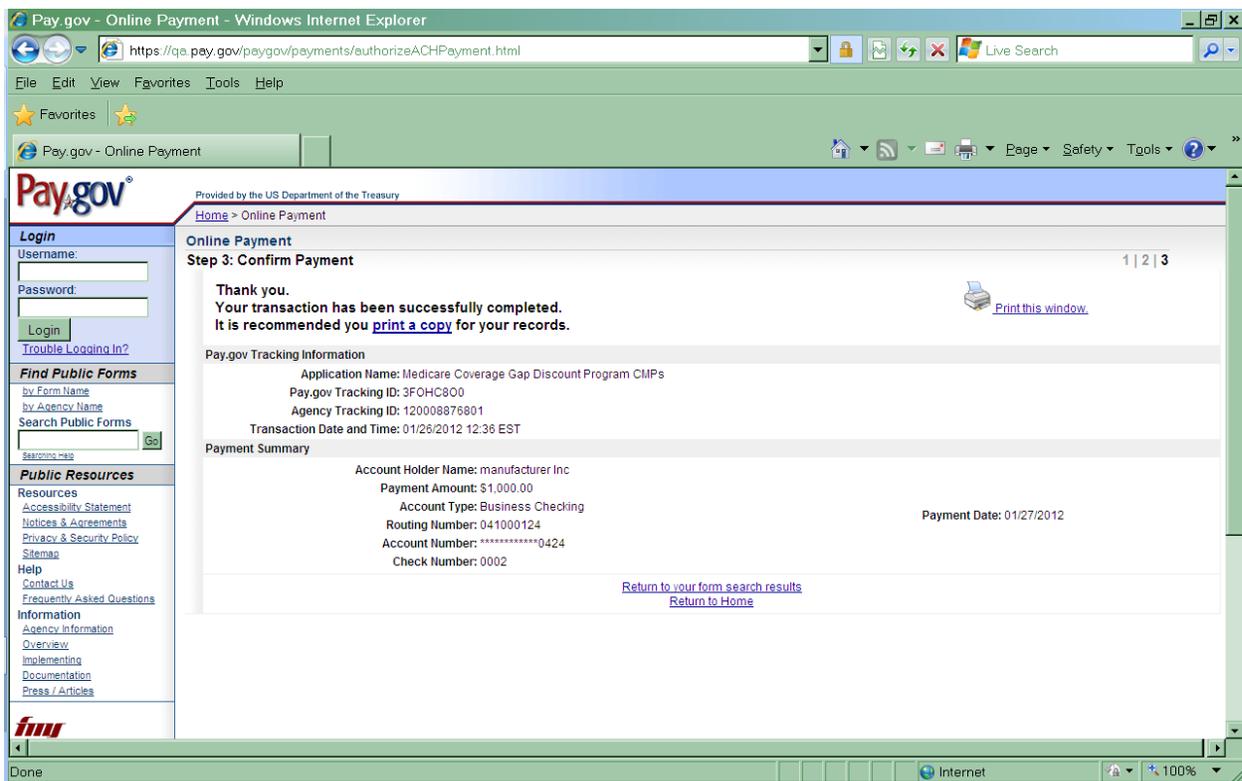
- Enter email address(es) to receive the payment confirmation
- Please add to the CC box: cgdp_manufacturers@cms.hhs.gov
- Read and/or print the Authorization and Disclosure. If you agree, Click, *I agree to the authorization and disclosure language*

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

Department of Health and Human Services, Departmental Appeals Board (DAB)

Registering to Use DAB E-File

To file a new appeal using DAB E-File, you first need to register a new account by:

- clicking “Register” on the DAB E-File home page;
- entering the information requested on the “Register New Account” form; and
- clicking “Register Account” at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB-File on your behalf.

Filing an Appeal through DAB E-File

The e-mail address and password provided during registration must be entered on the login screen at http://dab.efile.hhs.gov/user_sessions/new to access DAB E-File. A registered user’s access to DAB E-File is restricted to the appeals for which he is a party or authorized representative. Once registered, you may file your appeal by:

- clicking the “File New Appeal” link on the “Manage Existing Appeals” screen, then clicking “Civil Remedies Division” on the “File New Appeal” screen; and
- entering and uploading the requested information and documents on the “File New Appeal – Civil Remedies Division” form.

At a minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party’s appeal rights. All documents must be submitted in Portable Document Format (“PDF”). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E-File Procedures link on the File New Appeal Screen for CRD appeals.

The DAB no longer accepts requests for a hearing submitted by U.S. mail or commercial carrier, unless you do not have access to a computer or internet services. In those circumstances you may contact the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health and Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

The request for a hearing will contain a statement as to the specific issues or findings of fact and conclusions of law in the notice letter with which the petitioner or respondent disagrees, and the basis for his or her contention that the specific issues or findings and conclusions were incorrect. 42 C.F.R. § 423.1020(b).

Attachment 3

	Contract Number	Contract Name	Invoiced Amount
1	E0654	United American Insurance Company	\$7,085.48
2	E2630	C&O Employees Hospital Association	\$388.00
3	E3014	Public School Employees' Retirement System (PSERS)	\$6,876.92
4	E4744	Missouri State Highway Commission Insurance Plan	\$643.26
5	E7316	Union Pacific Railroad Employes Health Systems	\$908.66
6	E7848	OMES Employees Group Insurance Division	\$95.20
7	H0028	HUMANA INSURANCE COMPANY	\$332.60
8	H0104	Blue Cross and Blue Shield of Alabama	\$934.08
9	H0107	HCSC Insurance Services Company	\$2.98
10	H0150	HealthSpring Life & Health	\$2,122.10
11	H0151	UnitedHealth Group Inc	\$47.56
12	H0294	UnitedHealth Group Inc	\$137.71
13	H0302	Medisun Inc. DBA BCBS AZ Advantage	\$1,599.38
14	H0303	UnitedHealth Group Inc	\$732.33
15	H0332	KS PLAN ADMINISTRATORS, LLC	\$145.83
16	H0351	Health Net of California Inc	\$569.75
17	H0354	Cigna HealthCare of Arizona Inc	\$219.48
18	H0439	HealthSpring Life & Health	\$64.09
19	H0504	Blue Shield of California	\$2,577.97
20	H0523	Aetna Health Management	\$13.13
21	H0524	Kaiser Foundation Health Plan Inc	\$734.37
22	H0543	UnitedHealth Group Inc	\$10,415.77
23	H0544	CareMore, Inc.	\$87.29
24	H0545	Inter Valley Health Plan	\$21.39
25	H0562	Health Net of California Inc	\$3,114.09
26	H0564	Anthem, Inc.	\$1,026.23
27	H0571	Chinese Community Health Plan	\$35.99
28	H0602	Rocky Mountain Health Maintenance Organization Inc	\$360.10
29	H0609	UnitedHealth Group Inc	\$5,977.60
30	H0630	Kaiser Foundation Health Plan Inc	\$1,234.78
31	H0710	UnitedHealth Group Inc	\$58.47
32	H0712	WellCare Prescription Insurance, Inc.	\$220.41
33	H0755	UnitedHealth Group Inc	\$206.45
34	H0879	CrestPoint Health Insurance Company	\$23.66
35	H1016	AvMed, Inc.	\$1,488.07
36	H1019	HUMANA INSURANCE COMPANY	\$502.73

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37	H1026	Blue Cross and Blue Shield of FL - Health Options	\$304.17
38	H1032	WellCare Prescription Insurance, Inc.	\$215.94
39	H1035	Florida Health Care Plan, Inc.	\$26.15
40	H1036	HUMANA INSURANCE COMPANY	\$1,489.93
41	H1045	UnitedHealth Group Inc	\$482.90
42	H1099	Health First Health Plans	\$644.24
43	H1110	Aetna Health Management	\$6.16
44	H1112	WellCare Prescription Insurance, Inc.	\$119.86
45	H1170	Kaiser Foundation Health Plan Inc	\$379.53
46	H1230	Kaiser Foundation Health Plan Inc	\$99.00
47	H1264	WellCare Prescription Insurance, Inc.	\$443.26
48	H1286	UnitedHealth Group Inc	\$310.69
49	H1302	Blue Cross of Idaho Health Service, Inc.	\$32.08
50	H1303	UnitedHealth Group Inc	\$24.41
51	H1304	Regence BlueShield of Idaho	\$164.54
52	H1350	Blue Cross of Idaho Health Service, Inc.	\$32.08
53	H1352	Blue-Advantage Plus of Kansas City	\$11.12
54	H1406	HUMANA INSURANCE COMPANY	\$241.74
55	H1415	HealthSpring Life & Health	\$58.13
56	H1417	Health Alliance Medical Plans	\$399.53
57	H1418	HUMANA INSURANCE COMPANY	\$354.64
58	H1509	UnitedHealth Group Inc	\$2,495.89
59	H1510	HUMANA INSURANCE COMPANY	\$851.21
60	H1517	Anthem, Inc.	\$121.13
61	H1537	UnitedHealth Group Inc	\$445.02
62	H1608	Coventry Health and Life Insurance Company	\$1,141.18
63	H1609	Coventry Health and Life Insurance Company	\$64.06
64	H1660	Harvard Pilgrim Health Care, Inc.	\$14.97
65	H1666	HCSC Insurance Services Company	\$5.48
66	H1692	Coventry Health and Life Insurance Company	\$11.28
67	H1716	HUMANA INSURANCE COMPANY	\$145.13
68	H1849	Anthem, Inc.	\$30.55
69	H1944	UnitedHealth Group Inc	\$156.48
70	H1951	HUMANA INSURANCE COMPANY	\$4,276.00
71	H1961	Peoples Health, Inc	\$589.67
72	H1994	SelectHealth, Inc.	\$28.31
73	H2001	UnitedHealth Group Inc	\$66,003.79
74	H2012	HUMANA INSURANCE COMPANY	\$2,984.55
75	H2029	HUMANA INSURANCE COMPANY	\$26.00
76	H2108	HealthSpring Life & Health	\$115.13
77	H2150	Kaiser Foundation Health Plan Inc	\$1,012.30
78	H2228	UnitedHealth Group Inc	\$1,876.42
79	H2230	Blue Cross and Blue Shield of MA HMO Blue, Inc.	\$1,137.55
80	H2241	GOLDEN STATE MEDICARE HEALTH PLAN	\$32.80
81	H2256	Tufts Associated Health Maintenance Org., Inc.	\$6,957.36

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82	H2261	Blue Cross and Blue Shield of MA HMO Blue, Inc.	\$2,141.57
83	H2312	HEALTH ALLIANCE PLAN OF MICHIGAN	\$161.84
84	H2320	PRIORITY HELATH	\$1,241.95
85	H2450	Medica Insurance Company	\$3,249.07
86	H2459	UCare	\$472.30
87	H2461	Blue Plus	\$324.46
88	H2462	Group Health Plan, Inc.	\$5,295.28
89	H2563	Optima Health Plan	\$74.37
90	H2593	CareMore, Inc.	\$70.50
91	H2610	Essence Healthcare, Inc.	\$240.22
92	H2649	HUMANA INSURANCE COMPANY	\$2,437.08
93	H2654	UnitedHealth Group Inc	\$540.87
94	H2663	Coventry Health and Life Insurance Company	\$1,553.22
95	H2667	Coventry Health and Life Insurance Company	\$318.67
96	H2672	Coventry Health and Life Insurance Company	\$191.10
97	H2701	New West Health Services	\$256.95
98	H2775	CVS Health	\$699.24
99	H2802	UnitedHealth Group Inc	\$414.64
100	H2816	CVS Health	\$196.39
101	H2905	UnitedHealth Group Inc	\$502.13
102	H2931	UnitedHealth Group Inc	\$273.91
103	H2944	HUMANA INSURANCE COMPANY	\$269.90
104	H2949	HUMANA INSURANCE COMPANY	\$194.82
105	H2960	Home Town Health Plan Inc	\$9.22
106	H3054	Constellation Health, LLC	\$177.07
107	H3107	UnitedHealth Group Inc	\$1,313.24
108	H3152	Aetna Health Management	\$153.62
109	H3154	Horizon Healthcare Services, Inc.	\$410.43
110	H3156	Keystone Health Plan East, Inc.	\$1,564.41
111	H3204	Presbyterian Health Plan	\$1,130.32
112	H3206	Presbyterian Health Plan	\$260.21
113	H3251	HCSC Insurance Services Company	\$41.74
114	H3305	MVP Health Plan, Inc.	\$424.47
115	H3307	UnitedHealth Group Inc	\$1,746.08
116	H3312	Aetna Health Management	\$611.95
117	H3328	New York State Catholic Health Plan	\$379.38
118	H3330	Health Insurance Plan of Greater NY	\$2,381.14
119	H3335	Excellus Health Plan	\$1,747.88
120	H3337	Liberty Health Advantage, Inc.	\$4.94
121	H3342	Anthem, Inc.	\$385.54
122	H3344	Independent Health Association	\$161.28
123	H3351	Excellus Health Plan	\$2,171.56
124	H3359	MANAGED HEALTH, INC.	\$674.52
125	H3361	WellCare Prescription Insurance, Inc.	\$610.48
126	H3362	Independent Health Association	\$5,169.97

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127	H3370	Anthem, Inc.	\$630.94
128	H3379	UnitedHealth Group Inc	\$301.83
129	H3384	HEALTHNOW NEW YORK INC.	\$995.61
130	H3388	Capital District Physicians Health Plan, Inc.	\$3,618.68
131	H3404	Blue Cross and Blue Shield of North Carolina	\$973.17
132	H3449	Blue Cross and Blue Shield of North Carolina	\$106.57
133	H3456	UnitedHealth Group Inc	\$29.70
134	H3528	ConnectiCare, Inc.	\$133.34
135	H3533	HUMANA INSURANCE COMPANY	\$411.00
136	H3653	Paramount Health Care	\$968.46
137	H3655	Anthem, Inc.	\$1,504.11
138	H3660	Summacare, Inc.	\$887.21
139	H3664	PrimeTime Health Plan	\$475.70
140	H3668	MOUNT CARMEL HEALTH PLAN	\$1,128.23
141	H3672	The Health Plan of the Upper Ohio Valley	\$12.83
142	H3706	Generations Healthcare, Inc.	\$64.17
143	H3749	UnitedHealth Group Inc	\$619.75
144	H3755	CommunityCare HMO	\$393.42
145	H3805	UnitedHealth Group Inc	\$1,393.74
146	H3811	Samaritan Advantage Health Plan	\$13.50
147	H3813	Moda Health Plan, Inc.	\$958.81
148	H3817	Regence BlueShield of Idaho	\$2,153.45
149	H3818	FamilyCare Health Plans Inc	\$96.24
150	H3822	HCSC Insurance Services Company	\$9.00
151	H3832	HAWAII MEDICAL SERVICE ASSOCIATION	\$470.50
152	H3864	PacificSource Community Health Plans	\$172.84
153	H3907	UPMC Health Plan, Inc.	\$923.11
154	H3909	Keystone Health Plan East, Inc.	\$30.20
155	H3916	Highmark, Inc.	\$7,080.19
156	H3921	UnitedHealth Group Inc	\$28.90
157	H3923	Capital Advantage Insurance Company	\$595.89
158	H3924	Geisinger Health Plan	\$521.14
159	H3931	Aetna Health Management	\$627.87
160	H3949	HealthSpring Life & Health	\$204.88
161	H3952	Keystone Health Plan East, Inc.	\$1,240.79
162	H3954	Geisinger Health Plan	\$343.96
163	H3957	Highmark, Inc.	\$2,240.52
164	H3959	Coventry Health and Life Insurance Company	\$811.86
165	H3962	Capital Advantage Insurance Company	\$35.29
166	H4003	Innovacare Inc	\$2,043.01
167	H4004	Innovacare Inc	\$117.84
168	H4005	Triple S Advantage Inc	\$779.92
169	H4007	HUMANA INSURANCE COMPANY	\$327.43
170	H4036	Anthem, Inc.	\$1,762.40
171	H4141	HUMANA INSURANCE COMPANY	\$365.98

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172	H4145	HUMANA INSURANCE COMPANY	\$141.61
173	H4152	BLUE CROSS & BLUE SHIELD OF RHODE I	\$878.20
174	H4198	COMMUNITYCARE GOVERNMENT PROGRAMS, INC.	\$405.64
175	H4213	USABLE MUTUAL INSURANCE COMPANY	\$98.07
176	H4407	HealthSpring Life & Health	\$21.69
177	H4454	HealthSpring Life & Health	\$563.96
178	H4461	HUMANA INSURANCE COMPANY	\$1,820.12
179	H4497	Medical Mutual of Ohio	\$28.94
180	H4506	CVS Health	\$14.18
181	H4510	HUMANA INSURANCE COMPANY	\$87.74
182	H4513	HealthSpring Life & Health	\$54.78
183	H4514	UnitedHealth Group Inc	\$141.46
184	H4564	Scott & White Health Plan	\$340.29
185	H4590	UnitedHealth Group Inc	\$1,191.01
186	H4604	UnitedHealth Group Inc	\$2,124.23
187	H4605	Regence BlueShield of Idaho	\$1,231.21
188	H4754	PacificSource Community Health Plans	\$194.31
189	H4875	PRIORITY HELATH	\$100.03
190	H4922	AgeWell New York LLC	\$231.20
191	H5005	UnitedHealth Group Inc	\$31.35
192	H5008	UnitedHealth Group Inc	\$157.22
193	H5009	Regence BlueShield of Idaho	\$374.23
194	H5042	Capital District Physicians Health Plan, Inc.	\$224.91
195	H5050	Group Health Cooperative	\$136.76
196	H5087	Easy Choice Health Plan, Inc.	\$633.14
197	H5106	Highmark, Inc.	\$497.77
198	H5141	CAREPOINT INSURANCE COMPANY	\$3.62
199	H5211	Security Health Plan of Wisconsin, Inc.	\$349.06
200	H5215	NETWORK HEALTH INSURANCE CORPORATION	\$2,062.52
201	H5216	HUMANA INSURANCE COMPANY	\$1,104.44
202	H5253	UnitedHealth Group Inc	\$3,619.51
203	H5262	Gundersen Health Plan	\$20.44
204	H5410	HealthSpring Life & Health	\$33.73
205	H5414	Aetna Health Management	\$313.79
206	H5415	HUMANA INSURANCE COMPANY	\$808.44
207	H5425	SCAN Health Plan	\$566.03
208	H5427	Freedom Health, Inc.	\$29.00
209	H5434	Blue Cross and Blue Shield of FL - Health Options	\$47.51
210	H5435	UnitedHealth Group Inc	\$97.01
211	H5507	UnitedHealth Group Inc	\$75.54
212	H5508	ADVANTAGE Health Solution, Inc	\$7.78
213	H5520	Health Net of California Inc	\$599.08
214	H5521	Aetna Health Management	\$8,427.67
215	H5522	Coventry Health and Life Insurance Company	\$441.78
216	H5525	HUMANA INSURANCE COMPANY	\$5,024.52

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217	H5526	HEALTHNOW NEW YORK INC.	\$1,484.17
218	H5528	Health Insurance Plan of Greater NY	\$243.67
219	H5576	Vantage Health Plan, Inc.	\$236.42
220	H5577	MCS ADVANTAGE INC	\$2,974.46
221	H5591	Martin's Point Generations, LLC	\$649.51
222	H5594	Optimum HealthCare, Inc.	\$18.00
223	H5609	Blue Shield of California	\$150.00
224	H5619	HUMANA INSURANCE COMPANY	\$294.06
225	H5649	Central Health Plan of California	\$2.46
226	H5774	Triple S Advantage Inc	\$1,158.42
227	H5793	Aetna Health Management	\$3.28
228	H5883	Blue Care Network	\$881.11
229	H5928	CARE1ST HEALTH PLAN, INC.	\$16.73
230	H5938	Capital Health Plan, Inc.	\$1,108.48
231	H5970	HUMANA INSURANCE COMPANY	\$218.29
232	H5985	Phoenix Health Plans	\$125.16
233	H5991	AFFINITY HEALTH PLAN	\$41.72
234	H6237	Regence BlueShield of Idaho	\$57.37
235	H6306	FirstCarolinaCare Insurance Company	\$161.70
236	H6360	HealthSpan Integrated Care	\$170.29
237	H6528	UnitedHealth Group Inc	\$291.51
238	H6609	HUMANA INSURANCE COMPANY	\$35,139.47
239	H6622	HUMANA INSURANCE COMPANY	\$283.17
240	H6743	ATRIO HEALTH PLANS INC	\$103.30
241	H6815	Health Net of California Inc	\$539.00
242	H7115	Memorial Hermann Health Plan, Inc.	\$2.50
243	H7149	Coventry Health and Life Insurance Company	\$82.11
244	H7220	IU Health Plans, Inc	\$575.26
245	H7245	Premera Blue Cross	\$80.82
246	H7522	MMM healthcare, LLC	\$12.19
247	H7728	Anthem, Inc.	\$842.62
248	H7917	BlueCross BlueShield of Tennessee, Inc.	\$1,476.93
249	H8145	HUMANA INSURANCE COMPANY	\$1,665.93
250	H8266	Constellation Health, LLC	\$2.11
251	H8552	Anthem, Inc.	\$1,199.40
252	H8554	Allegian Advantage	\$69.11
253	H8578	Health New England Inc	\$111.71
254	H8604	The Health Plan of the Upper Ohio Valley	\$120.46
255	H8634	HCSC Insurance Services Company	\$8.94
256	H8684	Aetna Health Management	\$176.52
257	H8854	Univ. of MD Health Advantage, Inc.	\$196.02
258	H8953	HUMANA INSURANCE COMPANY	\$645.53
259	H9001	Fallon Community Health Plan, Inc.	\$533.33
260	H9003	Kaiser Foundation Health Plan Inc	\$628.02
261	H9047	PROVIDENCE HEALTH PLAN	\$626.87

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262	H9096	Dean Health Plan, Inc.	\$193.13
263	H9110	Regence BlueShield of Idaho	\$15.30
264	H9207	Health Partners Plans, Inc.	\$209.70
265	H9302	Soundpath Health	\$22.24
266	H9412	Geisinger Health Plan	\$410.46
267	H9525	Anthem, Inc.	\$347.50
268	H9572	Blue Cross Blue Shield of Michigan	\$3,290.87
269	H9615	MVP Health Plan, Inc.	\$2,188.79
270	H9859	MVP Health Plan, Inc.	\$680.42
271	H9947	Anthem, Inc.	\$80.25
272	R3332	Blue Cross and Blue Shield of FL - Health Options	\$1,859.97
273	R3444	UnitedHealth Group Inc	\$263.92
274	R5287	UnitedHealth Group Inc	\$2,924.73
275	R5342	UnitedHealth Group Inc	\$1,655.83
276	R5826	HUMANA INSURANCE COMPANY	\$9,535.41
277	R5941	Anthem, Inc.	\$3,299.24
278	R6801	UnitedHealth Group Inc	\$734.58
279	R7444	UnitedHealth Group Inc	\$281.61
280	R9896	UnitedHealth Group Inc	\$1,283.34
281	S0522	UnitedHealth Group Inc	\$4,139.86
282	S0655	Tufts Insurance Company, Inc.	\$3,036.25
283	S1030	Blue Cross and Blue Shield of Alabama	\$3,936.88
284	S1140	HEALTHNOW NEW YORK INC.	\$347.29
285	S2468	Blue Shield of California	\$6,395.71
286	S2505	Windsor Health Plan, Inc.	\$1.94
287	S2874	HUMANA INSURANCE COMPANY	\$432.57
288	S2893	CVS Health	\$10,193.86
289	S3474	Heartland Fidelity Insurance Company	\$2,788.80
290	S3521	Excellus Health Plan	\$1,157.88
291	S3875	GRANITE ALLIANCE	\$1,340.02
292	S4501	Independent Health Association	\$193.83
293	S4607	Merit Health Insurance Company	\$2,780.27
294	S4802	Windsor Health Plan, Inc.	\$106.84
295	S5540	Blue Cross and Blue Shield of North Carolina	\$1,585.32
296	S5552	HUMANA INSURANCE COMPANY	\$2,380.05
297	S5580	United American Insurance Company	\$75.04
298	S5584	Blue Cross Blue Shield of Michigan	\$2,607.76
299	S5593	Highmark, Inc.	\$2,943.68
300	S5596	Anthem, Inc.	\$25,661.18
301	S5601	CVS Health	\$285,715.97
302	S5609	Regence BlueShield of Idaho	\$542.48
303	S5617	Connecticut General Life Ins. Co.	\$20,409.53
304	S5660	Medco Containment Life Insurance Company	\$191,412.47
305	S5715	HCSC Insurance Services Company	\$2,742.21
306	S5726	Anthem, Inc.	\$845.18

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307	S5743	Northern Plains Alliance (BCBS MN, MT, NE, ND, WY,	\$17,728.06
308	S5753	Wisconsin Physicians Service Insurance Corporation	\$1,499.49
309	S5755	United American Insurance Company	\$15,193.20
310	S5768	Coventry Health and Life Insurance Company	\$2,390.60
311	S5795	USABLE MUTUAL INSURANCE COMPANY	\$101.90
312	S5805	UnitedHealth Group Inc	\$19,297.24
313	S5810	Aetna Health Management	\$13,135.07
314	S5820	UnitedHealth Group Inc	\$124,654.96
315	S5877	EDUCATORS MUTUAL INSURANCE ASSOCIAT	\$77.18
316	S5884	HUMANA INSURANCE COMPANY	\$57,177.54
317	S5904	Blue Cross and Blue Shield of FL - Health Options	\$1,172.54
318	S5916	Regence BlueShield of Idaho	\$344.45
319	S5921	UnitedHealth Group Inc	\$20,588.21
320	S5953	BlueCross BlueShield of South Carolina	\$483.09
321	S5960	Anthem, Inc.	\$283.45
322	S5966	Health Insurance Plan of Greater NY	\$3,684.79
323	S5967	WellCare Prescription Insurance, Inc.	\$25,004.44
324	S5975	Moda Health Plan, Inc.	\$2,208.24
325	S5983	Medco Containment Life Insurance Company	\$700.92
326	S5993	Horizon Healthcare Services, Inc.	\$2,252.12
327	S6506	Blue Cross and Blue Shield of Arizona	\$112.57
328	S6875	Keystone Health Plan East, Inc.	\$308.59
329	S7230	HEALTH PLAN OF MICHIGAN, INC.	\$232.65
330	S7694	Envision Insurance Company	\$10,330.68
331	S8067	Capital Advantage Insurance Company	\$1,452.48
332	S8841	Catamaran Insurance of Ohio, Inc.	\$22,906.03
333	S9579	STONEBRIDGE LIFE INSURANCE COMPANY	\$22,525.92
334	S9701	Dean Health Plan	\$3,711.60
		Total	\$1,291,992.00