## Request for Proposal #3120001437

to

Provide Group Vision Insurance

for

Mississippi Department of Public Safety Employees

Sonya Toaster Phone: 601-987-1305 Email: <u>stoaster@dps.ms.gov</u>

or

Contact: Betsy Toles Phone: 601-987-1467 Email: <u>btoles@dps.ms.gov</u>

#### MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

#### REQUEST FOR PROPOSAL "RFP" FOR GROUP VISION INSURANCE PLANS

The MS Department of Public Safety (MDPS) is requesting proposals for group vision insurance plans. The cost of insurance coverage is a monthly premium paid in entirety by the policyholder which is the employee. MDPS is not the purchaser of the vision policy and will not pay any cost towards this coverage. The group vision insurance plan will be available to approximately 1,100 employees. All employees are paid through a centralized payroll system. Our agency currently has 550 employees enrolled in vision insurance. An employee census, frame summary, member utilization report and provider report is provided at the end of this document. Current premium rates will not be released.

#### Proposals should be structured in accordance with the terms of this document.

#### A. GROUP VISION INSURANCE PLAN REQUIREMENTS

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- Provide a vision care plan to Participants employed by the Mississippi Department of Public Safety and their immediate family members. The Plan will offer care from a network of vision care professionals comprised of optometrists, opticians, and refractive surgeons. Additionally, the Plan will allow Participants to receive discounts on products and services including, but not limited to: eyeglass examinations; contact lens examinations; frames; lenses; contact lenses; and replacement contact lenses.
- Provide a fully-insured Vision Insurance option that includes these benefits: eye exam; lenses; frames; and contacts. The Vision Insurance should have four coverage tiers: employee only; employee and child(ren); employee and spouse; and family. Each tier must be covered through a High and Low Option.

High	Option	Frequency
0	Exam	12 months
0	Frames	12 months
0	Contact Lens Fitting	12 months
0	Lenses	12 months
0	Contact Lenses	12 months
Low Option		
Low (	Option	Frequency
Low (	<b>)ption</b> Exam	<b>Frequency</b> 12 months
Low ( 0	•	<b>1</b> V
Low ( 0 0	Exam	12 months
Low ( 0 0	Exam Frames	12 months 24 months
0 0 0	Exam Frames Contact Lens Fitting	12 months 24 months 12 months

- Provide a network of vision care professionals that are geographically accessible to Participants.
- Provide a designated representative who is knowledgeable about all aspects of the Plan and is always accessible by phone or email during regular working hours to address emergency and non-emergency issues posed by Mississippi Department of Public Safety's personnel.
- Provide services efficiently, accurately, and responsively to the Mississippi Department of Public Safety's personnel.
- Manage network providers and resolve provider-Participant issues within three (3) working days.
- Receive enrollment information monthly from the Mississippi Department of Public Safety via online enrollment.
- Provide monthly insurance billing to the Mississippi Department of Public Safety. Monthly premiums should be billed one month in advance.
  Payroll office staff should be able to access the bill and other billing information securely online.
- Provide Participants with a vision card which will identify the Participant as being eligible for discounts throughout a network of vision care professionals. Mail vision cards and Plan information to Participant's home addresses within ten (10) business days of receiving enrollment information.
- Enroll active employees during Open Enrollment with an effective date of January 1st to an annual membership; active employees starting throughout the year to a prorated annual membership beginning with the 1st of the month following their hire date, terminated employees the ability to enroll in policies through COBRA via direct bill.
- COBRA coverage for vision coverage is mandated through the Patient Protection and Affordable Care Act legislation. All COBRA maintenance (enrollment and receipt of premiums) will be handled through insurance company, not MDPS. All proposals submitted must include COBRA coverage maintained and administered by the insurance company and/or a third party representative of the insurance company.
- Provide excellent support services that help Vision Insurance Enrollees understand and use their vision benefits and resolve issues promptly. Provide a toll-free number that is available at least 10 hours per day to Vision Insurance Enrollees who want to speak with a thoroughly

knowledgeable customer service representative (not a recording) regarding specific details of the Vision Insurance plan, claims, or identification of network providers.

- Perform all claims processing functions including: verification of enrollment; determination of benefit coverage; application of appropriate provider reimbursement; creation and mailing of Explanation of Benefits for all paid and denied claims; timely payment; and storage of claims information for easy viewing access by customer service representatives.
- Offer well-defined complaint and appeal procedures to Vision Insurance Enrollees who are dissatisfied with a claim denial or have a complaint of any kind concerning the Vision Insurance.
- Prepare the Schedule of Vision Benefits for review and approval by the Mississippi Department of Public Safety. The Schedule of Vision Benefits is to include a list of exclusions and policy limitations.

Benefit	In-Network
Exam: Ophthalmologist	Covered In Full
Exam: Optometrist	Covered In Full
Frames	\$100 retail allowance
Contact Lens Fitting: Standard	Covered In Full
Contact Lens Fitting: Specialty	\$50 retail allowance
Standard Lenses per pair:	
Single Vision	Covered In Full
Bifocal	Covered In Full
Trifocal	Covered at lined trifocal level
Progressive	Covered In Full
Lenticular	Covered In Full
Polycarbonate: Children 19 and younger	Covered In Full
Factory Scratch Coat	Covered In Full
Contact Lenses (in lieu of frames/lenses)	\$120 retail allowance
Medically Necessary Contact Lenses	Covered In Full

• Low Plan Minimum Benefits for In-Network Providers

High Plan Minimum Benefits for In-Network Providers

Benefit	In-Network
Exam: Ophthalmologist	Covered In Full
Exam: Optometrist	Covered In Full
Frames	\$100 retail allowance

Contact Lens Fitting: Standard	Covered In Full
Contact Lens Fitting: Specialty	\$50 retail allowance
Standard Lenses per pair:	
Single Vision	Covered In Full
Bifocal	Covered In Full
Trifocal	Covered at lined trifocal level
Progressive	Covered In Full
Lenticular	Covered In Full
Polycarbonate: Children 19 and younger	Covered In Full
Factory Scratch Coat	Covered In Full
Contact Lenses (in lieu of frames/lenses)	\$120 retail allowance
Medically Necessary Contact Lenses	Covered In Full

#### **B. INQUIRIES PRIOR TO QUOTE**

Except as provided in this Section, no written or verbal inquiries or contacts of any nature from prospective vendors or anyone representing them will be entertained prior to awarding of a contract, other than requests for copies of this RFP or clarification regarding RFP.

Written questions or clarifications will be accepted by email from 8:00 a.m. local time, from Thursday, May 31, 2018 to Monday, June 11, 2018 until 5:00 p.m. local time to stoaster@dps.ms.gov or btoles@dps.ms.gov. No further inquiries will be accepted after that time. Answers to written questions or clarifications will be provided by email no later than 5:00 p.m. local time, Wednesday, June 13, 2018. If it is determined that an amendment to the RFP will be issued, it will be provided by email with sufficient time to respond to the RFP.

#### C. SUBMISSION OF PROPOSAL

Proposals for RFP #3120001437 will be accepted until 9:00 a.m. local time, Wednesday, June 20, 2018. Proposals should be received at MS Department of Public Safety, Procurement Department, Room 402, 1900 East Woodrow Wilson Boulevard, Jackson, MS 39216. Offerors shall submit all **signed** proposals in a **sealed envelope** or package to:

> MS Department of Public Safety, Procurement Department, Attn: Sonya Toaster or Betsy Toles 1900 East Woodrow Wilson Boulevard, Room 402, Jackson, MS 39216.

Timely submission of the proposal is the responsibility of the Offeror. Offers received after the specified time shall be rejected and returned to the Offeror unopened. Please note that no facsimile or electronic mail proposals will be accepted. The envelope or package shall be clearly marked "Sealed Proposal"

and show the proposal number in the lower left hand corner on the outside of the envelope or package. Each page of the proposal and all attachments shall be identified with the name of the Offeror. Proposers shall submit one (1) signed and dated original (marked original) proposal, one electronic copy on a compact disc or thumb drive in Word or PDF format, and twelve (12) paper copies.

#### **D. FORM OF RFP**

Responses must be submitted in the order that the items appear in the Request for Proposal. In addition, all appendixes and schedules should be submitted in the same order and format as those shown in the Request for Proposal. Each proposal must be submitted and signed by an officer of the company authorized to enter into a binding agreement in the name of the Company.

# E. EVALUATION PROCEDURES AND FACTORS TO BE CONSIDERED IN THE EVALUATION PROCESS:

A selection committee made up of qualified Mississippi Department of Public Safety staff shall review and evaluate all replies. The selection committee will have only the response to the solicitation to review for selection of finalists. It is therefore important that respondents emphasize specific information pertinent to the work.

**Step I:** Proposals will be reviewed to assure compliance with the minimum specifications. Proposals that do not comply with the minimum specifications will be rejected immediately, receiving no further consideration.

**Step II:** Proposals that satisfactorily complete Step I will be reviewed/analyzed to determine if the proposal adequately meets the needs of Mississippi Department of Public Safety. Factors to be considered are as follows:

- 1. The overall quality of the proposed plan for performing the required services to include the range of coverage and benefits. Also the claim processing degree of difficulty. **Critical (total points-25)**
- 2. Proposer's ability to provide the required services as reflected/evidenced by qualifications (prior experience, etc.) and ability to meet minimum specifications. **Critical (total points-25)**
- 3. A record of past performance of similar work with state government agencies in Mississippi. **Important (total points-10)**
- 4. The personnel, equipment and facilities to perform the services currently available or demonstrated to be made available at the time of the contacting. Very Important (total points-15)
- 5. Premium Rates. Critical (total points-25)

**Provide monthly premium rate for scenarios shown on Attachment 1.** *Premium Rates must be listed as a monthly rate and guaranteed for a period of 3 years to coincide with the duration of contract. Companies who submit premium rate guarantees of less than 3 years will be disqualified.* 

#### Premiums should be listed as follows:

Low Plan	Monthly Rate
Employee	
Employee & Child(ren)	
Employee & Spouse	
Employee & Family	

High Plan	Monthly Rate
Employee	
Employee & Child(ren)	
Employee & Spouse	
Employee & Family	

# Attachment 1 needs to be clearly identified with a tab divider within proposal.

**Step III:** Mississippi Department of Public Safety may contact the top Proposers via telephone or email to schedule an interview after the opening date of the proposal. Please include a daytime contact number and email address with proposal.

**Step IV:** Mississippi Department of Public Safety may contact the Vendor whose proposal best meets Mississippi Department of Public Safety's needs (based on factors evaluated in Step II) and attempt to negotiate an agreement that is deemed acceptable to both parties.

#### F. INTERVIEW MEETING

Interview meetings will be scheduled for Wednesday, June 20, 2018. Proposers may contact Sonia Brown via email at <u>sbrown@dps.ms.gov</u> by Monday, June 18, 2018 to schedule an appointment time. Appointments will be scheduled in order of request.

#### G. REPRESENTATION REGARDING CONTINGENT FEES

The offeror/contractor represents that it has not retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the offeror's RFP or proposal.

#### H. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

The Proposer certifies that the prices submitted in response to the solicitation have been arrived at independently and without- for the purpose of restricting competition – any consultation, communication, or agreement with any other proposal or competitor relating to those prices, the intention to submit a bid, or the methods or factors used to calculate the prices bid.

#### I. REPRESENTATION REGARDING GRATUITIES

It shall be a breach for any person to offer, give, or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request. It shall further be a breach for any person to influence the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or proposal therefore through the offering or giving of a gratuity.

In addition, the gratuity or offer of employment must be made in relation to any proceeding or application, request for a ruling, determination, claim or controversy, or other particular matter, and in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or a purchase request, action to influence the content of any specification or procurement standard, rendering of advice, investigation, auditing, or other advisory capacity to constitute a breach. This prohibition extends to the giving of gratuities to anyone on the state employee's or former state employee's behalf such as a member of that employee's immediate family.

#### J. ACKNOWLEDGMENT OF AMENDMENTS

Proposers shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal by identifying the amendment number and date in the space provided for this purpose on the proposal form or by letter. The acknowledgement must be received by the Mississippi Department of Public Safety by the time and at the place specified for receipt of proposals.

#### K. RIGHTS FOR CLARIFICATION OR NEGOTIATION

The Mississippi Department of Public Safety reserves the right to clarify RFPs submitted after RFPs are opened by contacting the vendors, if such is deemed

necessary at the discretion of the Mississippi Department of Public Safety. Upon completion of the evaluation of RFPs, the Mississippi Department of Public Safety reserves the right to negotiate with the vendors determined to have submitted the best proposals. From the time of opening of proposals until awarding of the contract, no vendor or agent of any vendor shall initiate any discussion of the contract or work to be done under the contract with any agent of the Mississippi Department of Public Safety mentioned in the note to Section B.

#### L. REJECTION OR ACCEPTANCE OF PROPOSAL

Proposals submitted shall impose no liability on the Mississippi Department of Public Safety and the Mississippi Department of Public Safety reserves the right to accept or reject any or all proposals and to negotiate or not to negotiate further with companies submitting proposals. Proposals shall be the minimum basis for any contract and should be presented in a format that can be incorporated easily into a contract between the Company and the Mississippi Department of Public Safety.

The Mississippi Department of Public Safety reserves the right to reject any and or all bids or proposals and to waive all informality.

The Agency will award the contract on or before September 1, 2018 with an effective contract date of January 1, 2019. Failure of the Company to successfully agree to the terms of the contract within the allotted time period may be grounds for the Mississippi Department of Public Safety to dismiss the Company and award the contract to another proposer.

#### M. MAINTENANCE OF RECORDS

The Company awarded the contract will be required to maintain, for a period of three (3) years, documentation for all charges against the Mississippi Department of Public Safety under the contract; and these records will be subject to audit. A report should be made available to the Mississippi Department of Public Safety no later than three (3) months after the close of each year during the contract period.

#### N. TERM OF CONTRACT

The term of contract will be for a period of three (3) years commencing on the date the plan year starts; however, the Mississippi Department of Public Safety reserves the right to extend the contract for up to two (2) additional years. Either party may terminate the contract with sixty (60) days written notice of intent to cancel.

#### O. AFFIRMATIVE ACTION

No person on the grounds of disability, age, race, color, religion, sex, national origin, veteran status or any other classification protected by Federal and/or Mississippi State

constitutional and/or statutory law shall be excluded from participation in, or be denied benefits, or be otherwise subjected to discrimination in the performance of this contract. The proposer shall, upon request, show proof of such nondiscrimination, and shall post in conspicuous places, available to all employees, notice of non-discrimination.

#### P. OTHER

The Mississippi Department of Public Safety has approximately 1,100 employees in the following locations:

New Albany, Starkville, Batesville, Greenwood, Meridian, Biloxi, Brookhaven, Hattiesburg, Pearl and Jackson

Sub-Agencies of Mississippi Department of Public Safety:

- 0107 DPS-DIVISION OF PUBLIC SAFETY PLANNING
- 0127 DPS-COUNCIL ON AGING
- 0141 DPS-JUVENILE FACILITY MONITORING UNIT
- 0711 DPS-DIVISION OF SAFETY PATROL
- 0712 DPS-DIVISION OF SUPPORT SERVICES
- 0713 DPS-DIVISION OF CRIME LABORATORIES
- 0714 DPS-DIVISION OF LAW ENF TRAINING ACADEMY
- 0740 DPS-DIVISION OF MEDICAL EXAMINER
- 0742 DPS-OFFICE OF LAW STANDARDS & TRAINING
- 0743 DPS-EMER TELECOMMUNICATIONS
- 0744 DPS-COUNTY JAIL STANDARDS & TRAINING
- 0757 DPS-HOMELAND SECURITY

Successful respondent will need to attend Open Enrollment and Benefits on the Move sessions at each location with a minimum of two (2) representatives. Open Enrollment is held annually during the month of October and employee participation is mandatory. Benefits on the Move Session are held twice a year and are considered a customer service tour. **All events are tobacco free**.

#### **Q. STATE LICENSE**

The Company and Insurance agent must be licensed to do business in the State of Mississippi and must be currently in a satisfactory regulatory status with the Department of Insurance, State of Mississippi. Provide copy of both company and insurance agent licenses in the proposal as Appendix A. The Company and Insurance agent must list how long they have operated in the State of Mississippi. **Please note:** License should not be expired. Licenses need to be clearly identified with a tab divider within proposal.

#### **R. E-VERIFY COMPLIANCE**

Vendor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act, Section 71-11-1, et seg of the Mississippi Code Annotated (Supp 2008), and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Vendor herein agrees to maintain records of such compliance and, upon request of the State and approval of the Social Security Administration or Department of Homeland Security, where required, to provide a copy of each such verification to the State. Vendor further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Vendor understands and agrees that any breach of these warranties may subject vendor to the following: (a) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (b) the loss of any license, permit, certification or other document granted to vendor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or (c) both. In the event of such termination/cancellation, vendor would also be liable for any additional costs incurred by the State due to contract cancellation or loss of license or permit.

#### S. DEBRIEFING REQUEST

A bidder, successful or unsuccessful, may request a post-award debriefing, in writing, by U.S. mail or electronic submission. The written request must be received by the Commissioner of Public Safety and a copy submitted to the Procurement Division of the MS Department of Public Safety within three business days of notification of the contract award. A post-award debriefing is a meeting and not a hearing; therefore, legal representation is not required. A debriefing typically occurs within five business days of receipt of the request. If a bidder prefers to have legal representation present, the bidder must notify the Commissioner of Public Safety in writing and identify its attorney by name, address, and telephone number. The MS Department of Public Safety will schedule and/or suspend and reschedule the meeting at a time when a Representative of the Office of the Mississippi Attorney General or a Representative of the MS Department of Public Safety's Legal Division can be present.

Unless good cause exists for delay, the debriefing should occur within five (5) business days after receipt of the vendor request and may be conducted during a face-

to-face meeting, by telephonic or video conference, or by any other method acceptable to MS Department of Public Safety.

#### THIS FORM MUST BE SIGNED AND RETURNED WITH PROPOSAL

#### **EMPLOYEES NOT TO BENEFIT**

I (we) hereby certify that if the contract is awarded to our firm, partnership, corporation, that no employee of the Mississippi Department of Public Safety or MSCL or members of his/her family, including spouse, parents or children has received or been promised directly or indirectly, any financial benefit by way of fee, commission, finder's fee, political contribution or any similar form of remuneration on account of the act of awarding and/or executing this contract.

#### **CONFLICTS OF INTEREST**

The Offeror [ ] is [ ] is not aware of any information bearing on the existence of any potential organizational conflict of interest.

#### COLLUSION

I (we) hereby certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same services, materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal laws and can result in fines, prison sentences, and civil damage awards.

I hereby certify that the responses to the above representations, certifications, and other statements are accurate and complete. I agree to abide by all conditions of the proposal and certify that I am authorized to sign for my company.

Signature

Date

Name (Printed)

Title

## MDPS Employee Census: County Code, DOB and Gender

COUNTY	DOB	GENDER
1	8/24/1960	Female
1	9/18/1953	Male
1	2/24/1965	Female
1	11/12/1962	Male
1	4/9/1975	Female
1	9/11/1993	Male
1	11/7/1955	Female
2	8/17/1981	Male
2	11/20/1971	Male
2	1/12/1979	Female
2	1/29/1988	Male
3	2/9/1969	Female
3 3	12/31/1965	Male
4	6/11/1955	Female
4	4/29/1981	Male
4	8/10/1979	Male
4	9/14/1986	Male
4	4/5/1974	Male
4	8/23/1985	Male
4	5/12/1966	Female
5	12/27/1961	Male
5	3/1/1960	Male
6	5/26/1963	Female
6	1/9/1968	Male
6	9/7/1995	Male
6	10/21/1970	Female
7	9/28/1988	Male
8	11/2/1971	Male
8	11/28/1969	Male
9	6/22/1990	Male
9	3/24/1975	Female
9	12/1/1989	Male
10	7/5/1977	Male
10	5/6/1982	Male
10	7/29/1990	Male
11	3/13/1973	Male
11	6/16/1968	Male
12	5/18/1986	Male
12	5/1/1974	Male
12	10/3/1959	Male
13	4/12/1991	Male
13	6/27/1964	Male

14	7/20/1962	Female
14	10/22/1988	Male
14	7/26/1993	Male
14	3/7/1972	Female
14	9/19/1975	Female
14	11/11/1977	Female
14	8/19/1991	Male
14	3/3/1982	Female
15	2/20/1978	Male
15	1/11/1990	Male
15	11/20/1975	Male
16	3/31/1970	Male
16	7/27/1983	Male
16	12/21/1982	Male
16	9/8/1993	Male
17	4/19/1958	Female
17	8/14/1991	Male
17	2/13/1971	Male
17	7/25/1982	Male
17	5/9/1973	Female
17	1/5/1962	Female
17	3/27/1960	Male
17	10/7/1965	Female
17	1/13/1988	Male
17	10/8/1993	Male
17	10/1/1983	Female
17	12/13/1968	Female
17	7/12/1977	Male
18	3/30/1975	Female
18	9/3/1973	Male
18	1/24/1985	Female
18	3/11/1971	Male
18	1/28/1980	Female
18	6/27/1985	Male
18	10/22/1983	Male
18	8/20/1985	Female
18	3/6/1982	Male
18	3/23/1986	Male
18	7/26/1958	Male
18	3/8/1992	Male
18	4/3/1963	Female
18	12/18/1965	Female
18	7/19/1958	Male
18	2/27/1965	Male
18	1/17/1973	Male
18	2/5/1966	Male
18	7/17/1955	Female

18	10/26/1962	Female
18	1/3/1978	Male
18	9/2/1988	Male
18	7/20/1962	Female
18	12/4/1985	Male
18	7/17/1989	Male
18	10/9/1986	Male
18	11/13/1983	Female
18	4/13/1979	Female
18	10/30/1970	Male
18	3/23/1963	Female
18	7/21/1991	Female
18	11/16/1966	Female
18	3/4/1971	Female
18	12/7/1968	Male
18	4/29/1974	Male
18	11/20/1951	Female
19	1/10/1992	Male
19	8/13/1967	Male
20	12/31/1960	Male
22	8/6/1981	Male
22	11/23/1987	Male
22	12/18/1989	Male
23	9/11/1992	Male
23	2/20/1973	Male
23	4/20/1991	Male
23	7/21/1985	Male
23	9/12/1980	Male
23	7/6/1984	Male
23	9/24/1973	Male
23	4/17/1985	Male
23	5/14/1995	Male
23	4/10/1991	Male
23	1/20/1990	Male
23	2/24/1980	Male
24	10/15/1986	Female
24	8/7/1971	Female
24	12/12/1981	Male
24	4/30/1970	Male
24	3/16/1985	Female
24	7/20/1969	Male
24	7/5/1969	Male
24	8/9/1990	Female
24	9/3/1971	Female
24	2/16/1971	Female
24	9/30/1982	Female
24	7/30/1956	Male

24	1/26/1983	Female
24	8/15/1968	Male
24	2/23/1965	Male
24	1/3/1994	Female
24	12/29/1973	Male
24	2/14/1987	Female
24	1/15/1963	Male
24	6/28/1967	Male
24	11/11/1952	Male
24	2/6/1981	Male
24	7/23/1974	Male
24	10/11/1974	Female
24	5/25/1969	Male
24	2/9/1978	Male
24	8/8/1980	Female
24	2/19/1968	Female
24	12/9/1968	Female
24	8/21/1969	Female
24	2/17/1977	Female
24	5/18/1968	Female
24	9/3/1970	Female
24	3/13/1975	Female
24	11/30/1966	Female
24	2/16/1982	Female
	3/2/1976	
25		Female
25 25	1/10/1975 10/14/1954	Female Female
25 25	3/7/1959	Female
25 25	4/21/1981	Male
	3/25/1969	Female
25	11/10/1968	
25	5/29/1984	Female
25		Female
25	4/4/1982	Female
25	2/28/1969	Female
25	6/8/1979	Female
25	3/18/1984	Female
25	8/12/1987	Female
25	4/2/1945	Male
25	8/16/1958	Female
25	7/6/1987	Male
25	9/10/1974	Female
25	8/10/1972	Male
25	9/14/1973	Female
25	5/31/1968	Female
25	3/13/1978	Male
25	11/1/1967	Female
25	10/19/1956	Male

25	6/7/1963	Female
25	10/22/1969	Female
25	6/29/1963	Female
25	1/21/1974	Female
25	11/12/1966	Female
25	12/6/1956	Female
25	5/28/1975	Male
25	4/20/1987	Male
25	11/1/1941	Female
25	1/11/1961	Male
25	11/8/1958	Male
25	12/23/1971	Male
25	11/29/1967	Male
25	1/23/1967	Male
25	7/15/1970	Male
25	2/7/1979	Female
25	2/23/1976	Male
25	8/12/1968	Male
25	2/25/1995	Female
25	6/14/1970	Female
25	12/7/1960	Male
25	1/25/1984	Male
25	6/19/1982	Male
25	8/25/1974	Male
25	6/21/1971	Female
25	1/26/1968	Male
25	10/18/1971	Male
25	8/1/1988	Female
25	1/2/1953	Female
25	2/8/1959	Male
25	8/19/1965	Male
25	7/31/1955	Female
25	4/7/1964	Female
25	7/25/1964	Female
25	11/9/1956	Male
25	7/8/1972	Male
25	2/16/1980	Male
25	8/26/1981	Male
25	11/11/1975	Female
25 25	3/5/1980	Female
25 25	8/21/1951	Male
25 25	8/15/1972	Male
25 25	2/19/1970	Male
25 25	6/20/1959	Male
25 25	2/6/1980	Male
	9/5/1958	Male
25		
25	12/24/1956	Female

25	1/11/1966	Male
25	11/28/1962	Male
25	11/10/1971	Male
25	11/20/1971	Male
25	7/2/1979	Male
25	11/30/1968	Male
25	3/9/1977	Female
25	3/1/1979	Male
25	2/15/1989	Female
25	12/1/1956	Female
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61	2/17/1955	Female
61	3/3/1968	Female
61	8/5/1948	Male
61	10/16/1953	Male
61	10/14/1949	Female
61	8/27/1992	Female

61	12/20/1983	Female
62	9/19/1954	Male
62	2/11/1980	Male
62	8/8/1987	Male
62	8/13/1963	Male
62	12/8/1968	Male
62	2/2/1985	Male
62	1/13/1971	Female
62	6/21/1985	Male
64	1/25/1977	Male
64	7/26/1989	Male
65	11/26/1971	Male
66	7/26/1963	Male
67	9/19/1980	Male
67	11/11/1974	Male
67 67	7/9/1962	Male
67	11/8/1978	Male
68	6/14/1978	Male
69	7/6/1980	Male
69 69	1/28/1972	Male
70	9/11/1970	Male
70		
	1/17/1958	Male
71	8/22/1983	Male
71	4/12/1977	Male
71	1/25/1986	Male
71	7/10/1974	Male
72	5/27/1961	Female
72	5/26/1993	Male
73	11/6/1965	Male
73	12/17/1981	Male
73	10/30/1949	Male
73	10/22/1953	Male
73	7/25/1973	Male
73	7/30/1968	Male
73	7/25/1978	Male
73	2/1/1958	Female
73	8/16/1963	Male
73	6/28/1998	Male
73	9/4/1971	Male
73	4/25/1986	Female
73	9/3/1969	Male
73	7/1/1970	Male
73	8/3/1978	Female
73	4/11/1967	Male
73	5/27/1984	Male
73	9/1/1977	Female
73	9/22/1982	Female

73	8/1/1967	Male
73	9/3/1973	Male
74	7/6/1996	Male
75	1/18/1964	Female
75	12/5/1977	Female
75	5/30/1970	Male
75	12/14/1983	Female
76	2/20/1986	Male
76	8/21/1968	Male
76	5/11/1965	Female
76	4/8/1992	Female
76	1/1/1965	Male
77	7/16/1964	Male
77	6/14/1965	Male
78	6/20/1978	Male
78	12/11/1981	Male
78	5/10/1978	Male
79	7/6/1975	Male
80	8/22/1962	Male
80	11/25/1972	Male
81	10/4/1987	Male
82	9/11/1974	Male
83	1/19/1981	Male
83	1/21/1976	Female
83	4/11/1970	Male
83	9/5/1986	Male
83	3/10/1982	Male
83	8/9/1968	Male
83	7/12/1985	Male
83	3/6/1982	Male
83	10/20/1978	Male
83	6/8/1977	Male
83	5/23/1980	Male
83	7/8/1979	Male
83	5/21/1975	Male
83	8/28/1973	Male
83	6/20/1982	Male
83	7/2/1980	Male
83	5/9/1975	Male
83	9/12/1974	Male
83	6/6/1978	Male
83	3/27/1980	Male
83	4/7/1970	Male
83	8/16/1972	Male
83	10/6/1972	Male
83	10/1/1976	Male
83	4/17/1968	Male

83	4/19/1981	Male
83	5/19/1976	Male
83	5/8/1966	Male
83	11/26/1974	Male
83	11/27/1969	Male
83	2/28/1982	Male
83	7/7/1988	Male

#### **County Code Legend**

02 Alcorn 23 Hancock 43 Lincoln 64 Simpson 03 Amite 24 Harrison 44 Lowndes 65 Smith 04 Attala 25 Hinds 45 Madison 66 Stone 05 Benton 26 Holmes 46 Marion 67 Sunflower 06 Bolivar 27 Humphreys 47 Marshall 68 Tallahatchie 07 Calhoun 28 Issaquena 48 Monroe 69 Tate 08 Carroll 29 Itawamba 49 Montgomery 70 Tippah 09 Chickasaw 30 Jackson 50 Neshoba 71 Tishomingo 10 Choctaw 31 Jasper 51 Newton 72 Tunica 11 Claiborne 32 Jefferson 52 Noxubee 73 Union 12 Clarke 33 Jefferson 53 Oktibbeha 74 Walthall 13 Clay Davis 54 Panola 75 Warren 14 Coahoma 34 Jones 55 Pearl River 76 Washington 15 Copiah 35 Kemper 56 Perry 77 Wayne 16 Covington 36 Lafayette 57 Pike 78 Webster 17 DeSoto 37 Lamar 58 Pontotoc 79 Wilkinson 18 Forrest 38 Lauderdale 59 Prentiss 80 Winston

19 Franklin 39 Lawrence 60 Quitman 81 Yalobusha

20 George 40 Leake 61 Rankin 82 Yazoo

21 Greene 41 Lee 62 Scott 83 Statewide

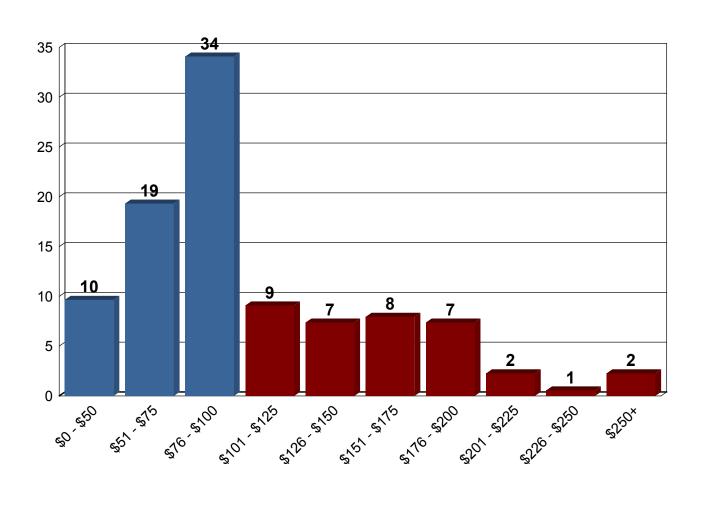
#### **MISSISSIPPI DEPT OF PUBLIC SAF - \$100.00 Allowance Plans**



#### Frame Summary - \$100.00

Defined Date Range: 1/1/2016 to 12/31/2016

		100.00
\$0 - \$5 <b>0</b>	# Frames % Frames Avg Billed Out of Pocket	17 10% \$37.63 \$0.00
\$51 - \$75	# Frames % Frames Avg Billed Out of Pocket	34 19% \$65.34 \$0.00
\$76 - \$100	# Frames % Frames Avg Billed Out of Pocket	60 34% \$91.80 \$0.00
\$101 - \$125	# Frames % Frames Avg Billed Out of Pocket	16 9% \$116.18 \$16.18
\$126 - \$150	# Frames % Frames Avg Billed Out of Pocket	13 7% \$141.24 \$41.24
\$151 - \$175	# Frames % Frames Avg Billed Out of Pocket	14 8% \$160.93 \$60.93
\$176 - \$200	# Frames % Frames Avg Billed Out of Pocket	13 7% \$183.92 \$83.92
\$201 - \$225	# Frames % Frames Avg Billed Out of Pocket	4 2% \$220.00 \$120.00
\$226 - \$250	# Frames % Frames Avg Billed Out of Pocket	1 1% \$250.00 \$150.00
\$250+	# Frames % Frames Avg Billed Out of Pocket	4 2% \$311.25 \$211.25
Total	# Frames % Frames Avg Billed Out of Pocket	176 100% \$108.43 \$23.94

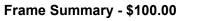


\$100.00 Billed = billed services paid as In-Network. Includes claims processed and paid January 2016 to December 2016.

Member Reimbursements are not included. 031160 Allowance

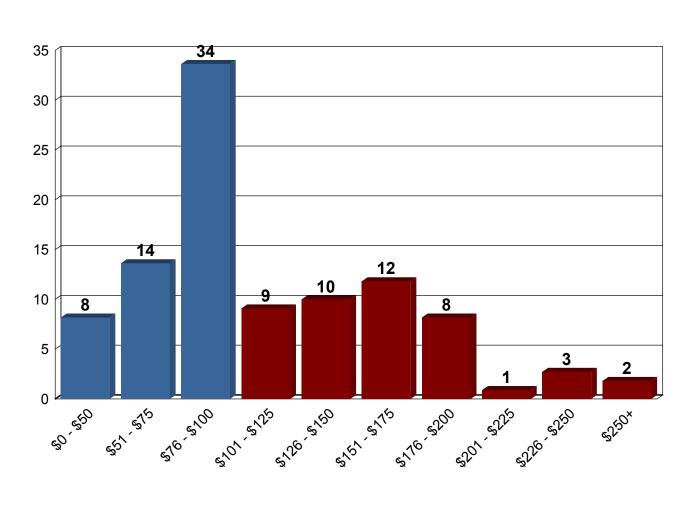
Please note that this report reflects claims for the specified group and time period. This is not an indicator of actual experience due to the timing of claim submissions, the application of contractual discounts, and applied administrative expenses. The data should not be used in assessing a specific loss ratio of a client.

#### **MISSISSIPPI DEPT OF PUBLIC SAF - \$100.00 Allowance Plans**



Defined Date Range: 1/1/2017 to 12/31/2017

		100.00
\$0 - \$ <b>5</b> 0	# Frames % Frames Avg Billed Out of Pocket	9 8% \$37.31 \$0.00
\$51 - \$75	# Frames % Frames Avg Billed Out of Pocket	15 14% \$66.59 \$0.00
\$76 - \$100	# Frames % Frames Avg Billed Out of Pocket	37 34% \$92.64 \$0.00
\$101 - \$125	# Frames % Frames Avg Billed Out of Pocket	10 9% \$111.59 \$11.59
\$126 - \$150	# Frames % Frames Avg Billed Out of Pocket	11 10% \$141.35 \$41.35
\$151 - \$175	# Frames % Frames Avg Billed Out of Pocket	13 12% \$162.26 \$62.26
\$176 - \$200	# Frames % Frames Avg Billed Out of Pocket	9 8% \$190.33 \$90.33
\$201 - \$225	# Frames % Frames Avg Billed Out of Pocket	1 1% \$225.00 \$125.00
\$226 - \$250	# Frames % Frames Avg Billed Out of Pocket	3 3% \$233.33 \$133.33
\$250+	# Frames % Frames Avg Billed Out of Pocket	2 2% \$295.00 \$195.00
Total	# Frames % Frames Avg Billed Out of Pocket	110 100% \$116.10 \$28.26



\$100.00 Billed = billed services paid as In-Network. Includes claims processed and paid January 2017 to August 2017.

Member Reimbursements are not included. 031160 Allowance

Please note that this report reflects claims for the specified group and time period. This is not an indicator of actual experience due to the timing of claim submissions, the application of contractual discounts, and applied administrative expenses. The data should not be used in assessing a specific loss ratio of a client.

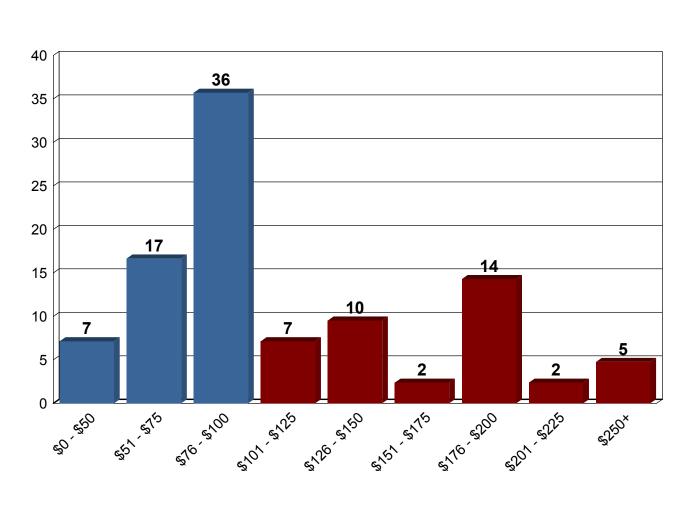


### **MISSISSIPPI DEPT OF PUBLIC SAF - \$100.00 Allowance Plans**

## Frame Summary - \$100.00

Defined Date Range: 1/1/2017 to 12/31/2017







\$100.00 Billed = billed services paid as In-Network. Includes claims processed and paid August 2017 to December 2017.

Member Reimbursements are not included. 031160 Allowance

Please note that this report reflects claims for the specified group and time period. This is not an indicator of actual experience due to the timing of claim submissions, the application of contractual discounts, and applied administrative expenses. The data should not be used in assessing a specific loss ratio of a client.

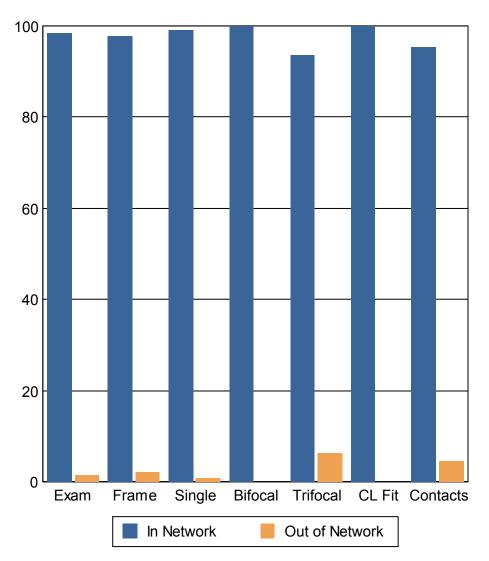
#### **MISSISSIPPI DEPT OF PUBLIC SAF - All Plans and Locations**

Member Utilization Report

Date Range: 1/1/2016 to 12/31/2016

		In Network	Out of Network	Total
Exam	# Claims	362	6	368
	# Members	351	6	356
	% Network	98%	2%	100%
	Avg Billed	\$121.95	\$99.00	\$121.61
	Avg Paid	\$36.90	\$42.35	\$36.98
Frame	# Claims	175	4	179
	# Members	167	3	170
	% Network	98%	2%	100%
	Avg Billed	\$108.21	\$164.50	\$109.45
	Avg Paid	\$28.92	\$43.31	\$29.24
Single	# Claims	105	1	106
	# Members	101	1	102
	% Network	99%	1%	100%
	Avg Billed	\$62.40	\$50.00	\$62.29
	Avg Paid	\$22.77	\$36.75	\$22.90
Bifocal	# Claims # Members % Network Avg Billed Avg Paid	34 32 100% \$97.19 \$36.80	0 0% \$0.00 \$0.00	34 32 100% \$97.19 \$36.80
Trifocal	# Claims	59	4	63
	# Members	57	3	60
	% Network	94%	6%	100%
	Avg Billed	\$143.72	\$315.75	\$154.31
	Avg Paid	\$60.22	\$55.13	\$59.90
CL Fit	# Claims	96	0	96
	# Members	94	0	94
	% Network	100%	0%	100%
	Avg Billed	\$49.48	\$0.00	\$49.48
	Avg Paid	\$4.85	\$0.00	\$4.85
Contacts	# Claims	101	5	106
	# Members	98	4	102
	% Network	95%	5%	100%
	Avg Billed	\$132.26	\$83.23	\$130.15
	Avg Paid	\$88.98	\$66.10	\$87.99
Total	# Claims	554	12	566
	# Members	389	10	396
	% Network	98%	2%	100%
	Avg Billed	\$107.61	\$149.06	\$108.43
	Avg Paid	\$38.09	\$50.75	\$38.34

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Billed = all billed services. Includes claims paid January 2016 to December 2016. Member Reimbursements are included.

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031160 Combined 031160TRI

Please note that this report reflects billed claims for the specified group and time period. This is not an indicator of actual experience due to the timing of claim submissions, the application of contractual discounts, and applied administrative expenses. The data should not be used in assessing a specific loss ratio of a client.

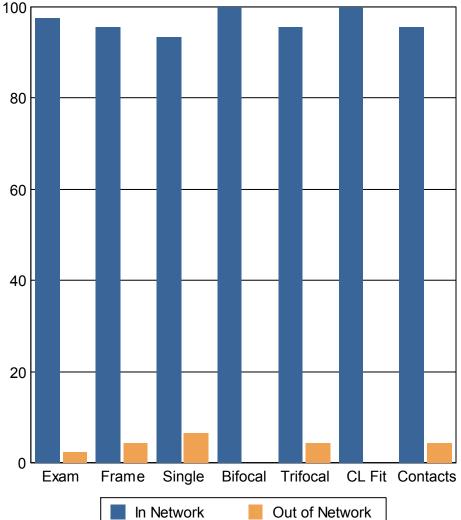
#### **MISSISSIPPI DEPT OF PUBLIC SAF - All Plans and Locations**

**Member Utilization Report** 

Date Range: 1/1/2017 to 12/31/2017

		In Network	Out of Network	Total
Exam	# Claims	234	6	240
Exam	# Members	227	6	233
	% Network	98%	3%	100%
	Avg Billed	\$113.57	\$110.00	\$113.50
	Avg Paid	\$32.35	\$50.75	\$32.7
Frame	# Claims	109	5	114
	# Members	107	5	11
	% Network	96%	4%	100%
	Avg Billed	\$116.10	\$136.60	\$116.9
	Avg Paid	\$28.42	\$34.65	\$28.6
Single	# Claims	56	4	6
	# Members	54	4	5
	% Network	93%	7%	100%
	Avg Billed	\$64.42	\$71.00	\$64.8
	Avg Paid	\$20.09	\$27.56	\$20.5
Bifocal	# Claims	16	0	1
2	# Members	16	0	1
	% Network	100%	0%	1009
	Avg Billed	\$76.47	\$0.00	\$76.4
	Avg Paid	\$38.72	\$0.00	\$38.7
Trifocal	# Claims	44	2	4
	# Members	44	2	4
	% Network	96%	4%	100%
	Avg Billed	\$160.73	\$141.33	\$159.4
	Avg Paid	\$61.06	\$49.00	\$60.2
CL Fit	# Claims	74	0	7
0LTR	# Members	72	0	7
	% Network	100%	0%	1009
	Avg Billed	\$56.31	\$0.00	\$56.3
	Avg Paid	\$4.97	\$0.00	\$4.9
Contacts	# Claims	87	4	g
	# Members	85	3	8
	% Network	96%	4%	100
	Avg Billed	\$132.58	\$65.50	\$129.1
	Avg Paid	\$91.67	\$50.66	\$89.6
Total	# Claims	376	14	39
	# Members	278	11	28
	% Network	96%	4%	1009
	Avg Billed	\$108.47	\$103.41	\$108.3
	Avg Paid	\$37.79	\$42.97	\$37.9

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Billed = all billed services. Includes claims paid January 2017 to August 2017. Member Reimbursements are included.

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031160 Combined 031160TRI

Please note that this report reflects billed claims for the specified group and time period. This is not an indicator of actual experience due to the timing of claim submissions, the application of contractual discounts, and applied administrative expenses. The data should not be used in assessing a specific loss ratio of a client.

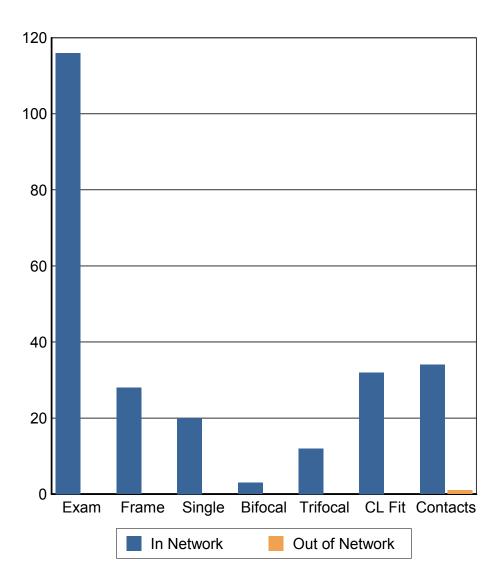
#### **MISSISSIPPI DEPT OF PUBLIC SAF - All Plans and Locations**



Member Utilization Report

Date Range: 1/1/2017 to 12/31/2017

		In Network	Out of Network	Total
Exam	# Claims # Members	116 116	0	116 116
	% Network Avg Billed Avg Paid	100% \$132.80 \$44.88	0% \$0.00 \$0.00	100% \$132.80 \$44.88
Frame	# Claims # Members	28 28	0	28 28
	% Network Avg Billed Avg Paid	100% \$145.94 \$50.10	0% \$0.00 \$0.00	100% \$145.94 \$50.10
Single	# Claims # Members	20 20	0	20 20
	% Network Avg Billed Avg Paid	100% \$72.81 \$10.75	0% \$0.00 \$0.00	100% \$72.81 \$10.75
Bifocal	# Claims # Members	3	0 0	3 3
	% Network Avg Billed Avg Paid	100% \$98.00 \$24.50	0% \$0.00 \$0.00	100% \$98.00 \$24.50
Trifocal	# Claims # Members	12 12	0	12 12
	% Network Avg Billed Avg Paid	100% \$222.92 \$48.48	0% \$0.00 \$0.00	100% \$222.92 \$48.48
CL Fit	# Claims # Members	32 32	0	32 32
	% Network Avg Billed Avg Paid	100% \$55.91 \$6.53	0% \$0.00 \$0.00	100% \$55.91 \$6.53
Contacts	# Claims # Members	34 34	1	35 35
	% Network Avg Billed Avg Paid	97% \$156.21 \$103.15	3% \$65.00 \$52.50	100% \$151.14 \$100.33
Total	# Claims # Members	153 132	1	154 133
	% Network Avg Billed Avg Paid	99% \$126.38 \$45.55	1% \$65.00 \$52.50	100% \$125.89 \$45.61



Billed = all billed services. Includes claims paid August 2017 to December 2017. Member Reimbursements are included.

Combined 031160TRI

Please note that this report reflects billed claims for the specified group and time period. This is not an indicator of actual experience due to the timing of claim submissions, the application of contractual discounts, and applied administrative expenses. The data should not be used in assessing a specific loss ratio of a client.

## **TOP 35 PROVIDER REPORT - MISSISSIPPI DEPT OF PUBLIC** SAF

Date of Service from 1/1/2016 to 12/31/2016



See yourself healthy.

<u>Provider NPI</u> 1992888796	Provider Name WALMART	<u>City &amp; State</u> VARIOUS	Billed Claims \$10,610.82	<u>Paid Claims</u> \$7,551.17	<u>% of Claims</u> 15.8%	<u># of Claims</u> 86	<u># of Mems</u> 63	<u>Network</u> IN NETWORK
1861801631	MARK ALLEN	FLOWOOD, MS	\$3,589.00	\$1,199.00	3.9%	21	8	IN NETWORK
1881884872	PROFESSIONAL EYECARE ASSOCIATES	RIDGELAND, MS	\$3,838.00	\$1,190.20	3.7%	20	13	IN NETWORK
1467423210	DAVID CHEATHAM	WEST POINT, MS	\$3,694.00	\$788.00	2.9%	16	8	IN NETWORK
1942206149	JACKSON EYE ASSOCIATES PLLC	JACKSON, MS	\$3,502.00	\$1,271.70	2.9%	16	11	IN NETWORK
1326320896	ENVISION EYE CARE	JACKSON, MS	\$3,787.00	\$1,007.00	2.8%	15	10	IN NETWORK
1629476684	EYEMART EXPRESS LLC	JACKSON, MS	\$2,513.61	\$955.08	2.8%	15	14	IN NETWORK
1992011506	MADISON PROFESSIONAL EYECARE ASSOCIATES	MADISON, MS	\$3,373.00	\$1,009.70	2.8%	15	9	IN NETWORK
1548692130	OPTICAL 2000 PA	CLINTON, MS	\$2,172.00	\$692.85	2.2%	12	5	IN NETWORK
1912112780	ANNA TAYLOR	BRANDON, MS	\$2,414.00	\$672.00	2.0%	11	8	IN NETWORK
1699843763	JEFFREY MINOR	FLOWOOD, MS	\$3,797.50	\$1,442.50	2.0%	11	6	IN NETWORK
1649525015	TED HARDEN OD PLLC	HATTIESBURG, MS	\$2,235.00	\$503.25	2.0%	11	7	IN NETWORK
1699921023	TRESSIE C HALL OD	BROOKHAVEN, MS	\$1,640.00	\$856.40	2.0%	11	6	IN NETWORK
1427346733	CRAWFORD EYE CARE	RIDGELAND, MS	\$2,060.00	\$644.50	1.7%	9	3	IN NETWORK
1871604207	MINH DUONG	MERIDIAN, MS	\$2,670.00	\$910.00	1.7%	9	7	IN NETWORK
1164457941	ODOMS EYE CARE PLLC	JACKSON, MS	\$2,845.00	\$822.00	1.7%	9	3	IN NETWORK
1881884872	BRANDON PROFESSIONAL EYECARE ASSOCIATES	BRANDON, MS	\$1,433.00	\$456.00	1.5%	8	4	IN NETWORK
1154412534	RAMONICA LEWIS OD	CLINTON, MS	\$565.00	\$280.00	1.5%	8	7	IN NETWORK
1275526105	TRI COUNTY EYE CLINIC PLLC	BILOXI, MS	\$1,637.00	\$603.00	1.5%	8	5	IN NETWORK
1215951314	20-20 EYE CARE OF GRENADA PA	GRENADA, MS	\$1,897.00	\$623.50	1.3%	7	7	IN NETWORK
1669535761	ANGELA M THOMAS OD INC	KOSCIUSKO, MS	\$1,020.75	\$387.75	1.3%	7	3	IN NETWORK
1083659684	INSIGHT EYECARE INC	BATESVILLE, MS	\$1,135.00	\$273.00	1.3%	7	5	IN NETWORK
1952455263	LENSCRAFTERS	VARIOUS	\$2,066.36	\$431.00	1.3%	7	7	IN NETWORK
1962509620	TONYA CANNON-STEWART	CLINTON, MS	\$1,700.00	\$624.00	1.3%	7	6	IN NETWORK
1962649657	HATTIESBURG EYE CLINIC P.A.	HATTIESBURG, MS	\$1,075.90	\$391.28	1.1%	6	2	IN NETWORK
1518111574	MAGARGEE OPTOMETRY INC	VICKSBURG, MS	\$572.00	\$150.00	1.1%	6	4	IN NETWORK
1912947144	DR KEVIN GRAFTON CLARK OD PA	FLOWOOD, MS	\$1,734.00	\$518.00	0.9%	5	2	IN NETWORK
1922312388	GLENN M COCHRAN OD, PLLC	QUITMAN, MS	\$1,082.50	\$589.00	0.9%	5	2	IN NETWORK
1222222222	GROUP HISTORY PROVIDER	RANCHO CORDOVA, CA	\$829.00	\$404.00	0.9%	5	2	IN NETWORK
1942406269	LEONARD MAIOLATESI OD	GULFPORT, MS	\$391.00	\$209.00	0.9%	5	4	IN NETWORK
1649327545	RIDGELAND EYECARE CENTER INC	RIDGELAND, MS	\$860.00	\$319.00	0.9%	5	4	IN NETWORK
1902998040	TINA SOREY	JACKSON, MS	\$1,279.20	\$277.00	0.9%	5	4	IN NETWORK
1033302765	ADAM HILL	BOONEVILLE, MS	\$1,230.00	\$445.00	0.7%	4	2	IN NETWORK
1326196684	DEWEY HANDY	JACKSON, MS	\$1,530.00	\$411.00	0.7%	4	4	IN NETWORK
1275630626	EYE CLINIC OF EUROPA, INC	EUPORA, MS	\$584.60	\$174.00	0.7%	4	3	IN NETWORK

## **TOP 35 PROVIDER REPORT - MISSISSIPPI DEPT OF PUBLIC** SAF

Date of Service from 1/1/2017 to 12/31/2017



See yourself healthy.

Provider NPI	Provider Name	City & State	Billed Claims	Paid Claims	% of Claims	# of Claims	# of Mems	Network
1992888796	WALMART	VARIOUS	\$10,943.24	\$7,968.95	14.9%	84	68	IN NETWORK
1467423210		WEST POINT, MS	\$5,393.00	\$1,501.80	3.6%	20	9	IN NETWORK
1992011506	MADISON PROFESSIONAL EYECARE ASSOCIATES	MADISON, MS	\$3,733.00	\$1,189.00	3.2%	18	9	IN NETWORK
1912112780	ANNA TAYLOR	BRANDON, MS	\$4,129.00	\$1,205.00	2.8%	16	8	IN NETWORK
1306244355	EYEMART EXPRESS LLC	JACKSON, MS	\$2,789.66	\$856.40	2.8%	16	13	IN NETWORK
1003170036	JACKSON EYE ASSOCIATES PLLC	JACKSON, MS	\$4,474.00	\$1,145.00	2.8%	16	14	IN NETWORK
1861801631	MARK ALLEN	FLOWOOD, MS	\$2,555.00	\$1,011.00	2.8%	16	3	IN NETWORK
1881884872	PROFESSIONAL EYECARE ASSOCIATES	RIDGELAND, MS	\$3,296.00	\$963.50	2.8%	16	8	IN NETWORK
1326320896	ENVISION EYE CARE	JACKSON, MS	\$5,402.50	\$1,176.00	2.3%	13	8	IN NETWORK
1275526105	TRI COUNTY EYE CLINIC PLLC	GULFPORT, MS	\$2,168.00	\$711.00	2.1%	12	8	IN NETWORK
1588110878	OPTICAL 2000 PA	CLINTON, MS	\$3,667.00	\$942.20	2.0%	11	6	IN NETWORK
1902998040	TINA SOREY	JACKSON, MS	\$1,788.00	\$585.00	2.0%	11	5	IN NETWORK
1881884872	BRANDON PROFESSIONAL EYECARE ASSOCIATES	BRANDON, MS	\$3,172.00	\$896.00	1.8%	10	5	IN NETWORK
1750571741	CRAWFORD EYE CARE	RIDGELAND, MS	\$2,692.00	\$853.50	1.8%	10	3	IN NETWORK
1790841393	HAL HILL JR	MADISON, MS	\$1,345.00	\$553.00	1.8%	10	6	IN NETWORK
1821274648	United States Treasury	BROOKHAVEN, MS	\$1,685.00	\$748.00	1.6%	9	5	IN NETWORK
1891797825	GREEN EYE INSTITUTE PA	HATTIESBURG, MS	\$1,335.00	\$635.00	1.4%	8	1	IN NETWORK
1222222222	GROUP HISTORY PROVIDER	RANCHO CORDOVA, CA	\$1,446.00	\$669.00	1.4%	8	4	IN NETWORK
1164457941	ODOMS EYE CARE PLLC	JACKSON, MS	\$2,132.00	\$571.00	1.4%	8	6	IN NETWORK
1073030763	SAM'S CLUB	MADISON, MS	\$1,253.28	\$714.09	1.4%	8	8	IN NETWORK
1093167157	20-20 EYE CARE OF GRENADA PA	GRENADA, MS	\$2,185.00	\$736.00	1.2%	7	6	IN NETWORK
1992839088	BRIAN S CALLAHAN OD INC	PEARL, MS	\$655.00	\$321.00	1.2%	7	6	IN NETWORK
1275630626	EYE CLINIC OF EUROPA, INC	EUPORA, MS	\$910.12	\$388.00	1.2%	7	3	IN NETWORK
1649525015	TED HARDEN OD PLLC	HATTIESBURG, MS	\$1,300.00	\$319.00	1.2%	7	3	IN NETWORK
1033302765	ADAM HILL	BOONEVILLE, MS	\$950.00	\$393.00	1.1%	6	2	IN NETWORK
1669535761	ANGELA M THOMAS OD INC	KOSCIUSKO, MS	\$1,132.50	\$456.00	1.1%	6	3	IN NETWORK
1326196684	DEWEY HANDY	JACKSON, MS	\$1,260.00	\$335.00	1.1%	6	5	IN NETWORK
1154412534	RAMONICA LEWIS OD	CLINTON, MS	\$540.00	\$240.00	1.1%	6	5	IN NETWORK
1497783864	THE EYECARE CENTER	SARDIS, MS	\$1,520.00	\$601.00	1.1%	6	3	IN NETWORK
1184797870	CFV INC	GULFPORT, MS	\$400.00	\$215.00	0.9%	5	5	IN NETWORK
1083659684	INSIGHT EYECARE INC	BATESVILLE, MS	\$870.00	\$200.00	0.9%	5	4	IN NETWORK
1518111574	MAGARGEE OPTOMETRY INC	VICKSBURG, MS	\$767.00	\$205.00	0.9%	5	5	IN NETWORK
1124048277	MUDDY WATER ENTERPRISES, LLC	STARKVILLE, MS	\$1,123.00	\$356.00	0.9%	5	3	IN NETWORK
1649327545	RIDGELAND EYECARE CENTER INC	RIDGELAND, MS	\$1,105.00	\$257.00	0.9%	5	3	IN NETWORK
1962649657	HATTIESBURG EYE CLINIC P.A.	HATTIESBURG, MS	\$693.00	\$195.00	0.7%	4	3	IN NETWORK
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