

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Number Work Sheet Message

0

1	Applied to Deductible
2	Co-Insurance Applied
3	Applied to Deduct & Co-Insurance
4	Expense Not Covered by Plan
7	Exceeds Maximum Plan Allowance
8	Charge Exceeds UCR
9	Exceeds Filing Time Limit
10	Exceeds Visit Limit
13	PPO Benefits Applied
15	Co-Pay Applied
22	Fund Limit Reached
24	Duplicate Charge
27	Claim Adjustment
37	COB APPLIED
47	EYE REFRACTION IS NOT COVERED
60	PATIENT NOT RESP. FOR MHN DISCOU
63	ACCIDENT DETAILS REQUEST FROM EE
64	ADDT'L INFO HAS BEEN REQUESTED
66	OTHER INSURANCE IS INDICATED
67	NEGOTIATED RATE
88	EVOLUTIONS DISC IS NOT PT RESP
105	PLEASE SUBMIT PRIMARY EOB
106	BUNDLED PROCEDURE
111	RECONSIDERED CLAIM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2011 - 12/31/2011

Number Of

Charges

Total Charges

407

44,357.33

68	3,239.08
29	2,841.88
6	2,859.10
16	793.00
2	257.00
7	645.00
1	100.00
2	165.00
3,117	942,901.96
154	13,622.43
32	14,535.38
169	118,144.04
56	0.00
1	153.00
2	65.00
4	0.00
45	41,292.25
1	1,490.06
2	185.00
116	140,327.00
48	6,373.97
3	545.00
35	2,196.95
12	14,617.87

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Clerk of the Court(655/2)

Paid: 1/ 1/2011 - 12/31/2011

Number Of

Number	Work Sheet Message	Charges	Total Charges
114	PLEASE RESUBMIT WITH VALID PROCED	1	105.00
121	PATIENT NOT ELIGIBLE	25	5,023.44
131	ANESTHESIA RATE PAID ON PRIOR CL	2	448.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	2	90.00
135	ITEM NOT IN PROVIDERS CONTRACT.	1	100.00
139	PLEASE BILL AUTO CARRIER PRIMARY	1	107.00
140	DME PURCHASE PRICE ALREADY PAID.	8	264.00
142	INCLUDED IN PER DIEM RATE	57	2,369.00
151	REFUND RECEIVED/POSTED	4	-219.72

Totals :

4,436 1,359,994.02

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Housing Authority(655/3)

Paid: 1/ 1/2011 - 12/31/2011

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		32	1,946.67
1	Applied to Deductible	6	208.65
7	Exceeds Maximum Plan Allowance	8	2,392.00
8	Charge Exceeds UCR	3	215.47
13	PPO Benefits Applied	138	49,102.62

15	Co-Pay Applied	6	240.00
22	Fund Limit Reached	1	595.00
24	Duplicate Charge	9	15,495.40
27	Claim Adjustment	13	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	4	815.25
66	OTHER INSURANCE IS INDICATED	1	350.00
88	EVOLUTIONS DISC IS NOT PT RESP	1	21.00
105	PLEASE SUBMIT PRIMARY EOB	10	2,425.00
106	BUNDLED PROCEDURE	2	20.00

Totals :

234 73,827.06

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Property Appraiser(655/4)

Paid: 1/ 1/2011 - 12/31/2011

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		159	8,790.45
1	Applied to Deductible	6	265.00
2	Co-Insurance Applied	3	695.41
4	Expense Not Covered by Plan	2	419.00
7	Exceeds Maximum Plan Allowance	20	2,158.00
8	Charge Exceeds UCR	7	968.00
10	Exceeds Visit Limit	4	293.00
13	PPO Benefits Applied	623	195,827.06
15	Co-Pay Applied	27	2,752.28
22	Fund Limit Reached	3	6,938.92
24	Duplicate Charge	34	4,594.50

27	Claim Adjustment	2	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	9	2,153.95
64	ADDT'L INFO HAS BEEN REQUESTED	1	-8.00
66	OTHER INSURANCE IS INDICATED	1	115.00
88	EVOLUTIONS DISC IS NOT PT RESP	2	105.00
105	PLEASE SUBMIT PRIMARY EOB	4	511.18
106	BUNDLED PROCEDURE	13	794.00
131	ANESTHESIA RATE PAID ON PRIOR CL	1	198.00
142	INCLUDED IN PER DIEM RATE	6	302.00

Totals :

927 227,872.75

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)

Paid: 1/ 1/2011 - 12/31/2011

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		2,415	251,092.32
1	Applied to Deductible	128	7,699.05
2	Co-Insurance Applied	179	50,177.91
3	Applied to Deduct & Co-Insurance	11	1,031.91
4	Expense Not Covered by Plan	110	7,726.78
7	Exceeds Maximum Plan Allowance	508	90,998.19
8	Charge Exceeds UCR	520	81,654.33
9	Exceeds Filing Time Limit	18	5,495.27
10	Exceeds Visit Limit	14	675.00
11	Employee/Provider Split Payment	8	2,140.92
13	PPO Benefits Applied	13,221	3,647,820.93
15	Co-Pay Applied	580	61,994.42
22	Fund Limit Reached	25	15,890.97
24	Duplicate Charge	938	261,519.55
27	Claim Adjustment	159	0.00
37	COB APPLIED	20	13,228.00
40	Work related injuries not coverd	14	6,310.96

47	EYE REFRACTION IS NOT COVERED	1	25.00
52	BENEFITS COORDINATED W/ MEDICARE	4	160.00
53	BENEFITS REDUCED-PRECERT REQD	11	6,631.00
60	PATIENT NOT RESP. FOR MHN DISCOU	8	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	264	77,756.94
64	ADDT'L INFO HAS BEEN REQUESTED	34	92,321.45
66	OTHER INSURANCE IS INDICATED	111	25,411.80
67	NEGOTIATED RATE	107	72,518.28

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Sheriff's Office(655/6)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
88	EVOLUTIONS DISC IS NOT PT RESP	500	92,626.11
105	PLEASE SUBMIT PRIMARY EOB	231	106,084.98
106	BUNDLED PROCEDURE	204	13,170.26
111	RECONSIDERED CLAIM	19	103,632.68
114	PLEASE RESUBMIT WITH VALID PROCED	1	105.00
121	PATIENT NOT ELIGIBLE	76	7,909.38
124	PLEASE RESUBMIT WITH TIME UNITS	2	2,400.00
131	ANESTHESIA RATE PAID ON PRIOR CL	10	1,765.00
139	PLEASE BILL AUTO CARRIER PRIMARY	4	290.41
140	DME PURCHASE PRICE ALREADY PAID.	11	363.00
142	INCLUDED IN PER DIEM RATE	156	7,426.54
151	REFUND RECEIVED/POSTED	13	-3,138.82

Totals :

20,635 5,112,915.52

Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Tax Collector(655/9)
Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		197	17,685.46
1	Applied to Deductible	11	640.89
2	Co-Insurance Applied	2	174.44
4	Expense Not Covered by Plan	3	63.00
7	Exceeds Maximum Plan Allowance	56	8,895.00
8	Charge Exceeds UCR	2	643.26
9	Exceeds Filing Time Limit	1	50.00
10	Exceeds Visit Limit	2	167.00
13	PPO Benefits Applied	896	311,277.73
15	Co-Pay Applied	17	2,084.60
16	Stop Loss Met This Line	1	600.00
22	Fund Limit Reached	10	3,419.31
24	Duplicate Charge	73	14,351.57
60	PATIENT NOT RESP. FOR MHN DISCOU	3	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	15	1,999.66
64	ADDT'L INFO HAS BEEN REQUESTED	1	1,800.00
66	OTHER INSURANCE IS INDICATED	4	1,727.00
88	EVOLUTIONS DISC IS NOT PT RESP	31	12,905.00
105	PLEASE SUBMIT PRIMARY EOB	3	328.00
106	BUNDLED PROCEDURE	10	377.00
111	RECONSIDERED CLAIM	1	270.94
121	PATIENT NOT ELIGIBLE	2	1,950.00
131	ANESTHESIA RATE PAID ON PRIOR CL	1	198.00
140	DME PURCHASE PRICE ALREADY PAID.	2	1,980.00
151	REFUND RECEIVED/POSTED	2	-411.00

Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Tax Collector(655/9)
Paid: 1/ 1/2011 - 12/31/2011
Number Of

Number Work Sheet Message

Charges Total Charges

Totals :

1,346

383,176.86

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

(655/99)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		94	1,277,613.14
27	Claim Adjustment	1	0.00
151	REFUND RECEIVED/POSTED	1	-500.00
Totals :		96	1,277,113.14

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		3,406	472,854.77
1	Applied to Deductible	311	18,211.28
2	Co-Insurance Applied	225	44,336.46
3	Applied to Deduct & Co-Insurance	33	11,863.87
4	Expense Not Covered by Plan	210	29,197.85
7	Exceeds Maximum Plan Allowance	824	197,427.13
8	Charge Exceeds UCR	406	186,943.54
9	Exceeds Filing Time Limit	22	2,019.93
10	Exceeds Visit Limit	34	1,782.24
11	Employee/Provider Split Payment	2	537.00
13	PPO Benefits Applied	19,887	6,541,651.82
15	Co-Pay Applied	947	103,405.23
16	Stop Loss Met This Line	3	10,549.25
21	Denied Amt Pending Addtl Fnding	1	930.00
22	Fund Limit Reached	109	56,516.15
24	Duplicate Charge	1,643	706,411.70
27	Claim Adjustment	197	0.00
37	COB APPLIED	33	9,114.37
40	Work related injuries not coverd	16	1,342.57
47	EYE REFRACTION IS NOT COVERED	2	80.00
52	BENEFITS COORDINATED W/ MEDICARE	1	97.00
53	BENEFITS REDUCED-PRECERT REQD	6	1,280.00
54	MEDICARE IS PRIMARY-PLEASE FILE	2	59.00
60	PATIENT NOT RESP. FOR MHN DISCOU	17	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	271	64,380.58

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Board of County Commissioners(655/100)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
64	ADDT'L INFO HAS BEEN REQUESTED	7	6,337.75

66	OTHER INSURANCE IS INDICATED	159	32,478.13
67	NEGOTIATED RATE	165	116,018.75
88	EVOLUTIONS DISC IS NOT PT RESP	511	296,073.56
105	PLEASE SUBMIT PRIMARY EOB	152	66,537.71
106	BUNDLED PROCEDURE	241	20,389.45
111	RECONSIDERED CLAIM	19	250,247.73
114	PLEASE RESUBMIT WITH VALID PROCED	2	210.00
121	PATIENT NOT ELIGIBLE	143	38,313.55
131	ANESTHESIA RATE PAID ON PRIOR CL	4	4,138.00
133	INCLUSIVE OF RATE PREVIOUSLY PD	1	41.00
139	PLEASE BILL AUTO CARRIER PRIMARY	20	8,412.56
140	DME PURCHASE PRICE ALREADY PAID.	8	5,835.11
142	INCLUDED IN PER DIEM RATE	223	12,067.31
147	CROWNS,BRIDGES DENTURE 12MO WAIT	6	3,842.00
151	REFUND RECEIVED/POSTED	68	-16,671.89

Totals :

30,337 9,305,262.46

Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

CCC - Retirees(655/51001)
Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message
0	
1	Applied to Deductible
2	Co-Insurance Applied
3	Applied to Deduct & Co-Insurance
4	Expense Not Covered by Plan
7	Exceeds Maximum Plan Allowance

Number Of Charges	Total Charges
75	70,974.22
1	90.00
4	495.92
1	-637.20
29	2,175.00
2	40.00

13	PPO Benefits Applied	302	176,925.65
15	Co-Pay Applied	18	1,258.07
24	Duplicate Charge	13	7,812.02
27	Claim Adjustment	3	0.00
52	BENEFITS COORDINATED W/ MEDICARE	52	18,575.69
54	MEDICARE IS PRIMARY-PLEASE FILE	6	572.56
88	EVOLUTIONS DISC IS NOT PT RESP	32	13,442.60
105	PLEASE SUBMIT PRIMARY EOB	9	1,147.24
106	BUNDLED PROCEDURE	1	85.00
121	PATIENT NOT ELIGIBLE	3	1,325.00
151	REFUND RECEIVED/POSTED	2	-10,160.00

Totals :

553 284,121.77

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

BCC - Retirees(655/51003)

Paid: 1/ 1/2011 - 12/31/2011

Number Of

Number	Work Sheet Message	Charges	Total Charges
0		451	261,978.55
1	Applied to Deductible	53	2,951.49
2	Co-Insurance Applied	45	39,612.87
3	Applied to Deduct & Co-Insurance	3	924.03
4	Expense Not Covered by Plan	17	508.87
7	Exceeds Maximum Plan Allowance	105	24,523.00
8	Charge Exceeds UCR	48	10,068.87
9	Exceeds Filing Time Limit	3	128.01
10	Exceeds Visit Limit	4	177.00
13	PPO Benefits Applied	1,729	888,621.95
15	Co-Pay Applied	64	4,945.62
24	Duplicate Charge	368	373,921.88

27	Claim Adjustment	18	0.00
37	COB APPLIED	21	11,041.60
47	EYE REFRACTION IS NOT COVERED	1	25.00
51	CHARGES IN EXCESS OF MAXIMUM ALL	4	4,910.00
52	BENEFITS COORDINATED W/ MEDICARE	982	245,432.28
53	BENEFITS REDUCED-PRECERT REQD	2	598.95
54	MEDICARE IS PRIMARY-PLEASE FILE	233	86,238.51
63	ACCIDENT DETAILS REQUEST FROM EE	23	6,326.26
64	ADDT'L INFO HAS BEEN REQUESTED	1	35.00
66	OTHER INSURANCE IS INDICATED	3	126.45
67	NEGOTIATED RATE	5	4,592.00
88	EVOLUTIONS DISC IS NOT PT RESP	42	10,877.78
105	PLEASE SUBMIT PRIMARY EOB	173	24,042.84

Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

BCC - Retirees(655/51003)
Paid: 1/ 1/2011 - 12/31/2011
Number Of

Number	Work Sheet Message	Charges	Total Charges
106	BUNDLED PROCEDURE	9	573.00
111	RECONSIDERED CLAIM	3	365.00
121	PATIENT NOT ELIGIBLE	33	7,807.55
142	INCLUDED IN PER DIEM RATE	16	613.00
151	REFUND RECEIVED/POSTED	6	-745.33

Totals :

4,465 2,011,222.03

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

PA - Retirees(655/51004)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		28	38,257.00
1	Applied to Deductible	1	70.00
7	Exceeds Maximum Plan Allowance	4	1,116.00
13	PPO Benefits Applied	15	1,392.00
24	Duplicate Charge	22	41,199.00
52	BENEFITS COORDINATED W/ MEDICARE	28	6,695.50
54	MEDICARE IS PRIMARY-PLEASE FILE	1	31.00
88	EVOLUTIONS DISC IS NOT PT RESP	1	100.00
105	PLEASE SUBMIT PRIMARY EOB	2	361.00
121	PATIENT NOT ELIGIBLE	1	261.00
Totals :		103	89,482.50

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

TCO - Retirees(655/51005)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		90	96,147.29
4	Expense Not Covered by Plan	3	111.00
7	Exceeds Maximum Plan Allowance	3	308.00
13	PPO Benefits Applied	115	26,385.28
15	Co-Pay Applied	2	202.00
24	Duplicate Charge	28	26,059.15
27	Claim Adjustment	1	0.00
37	COB APPLIED	1	471.00
52	BENEFITS COORDINATED W/ MEDICARE	206	71,573.38
54	MEDICARE IS PRIMARY-PLEASE FILE	4	672.00
88	EVOLUTIONS DISC IS NOT PT RESP	1	172.00
105	PLEASE SUBMIT PRIMARY EOB	48	37,428.00
Totals :		502	259,529.10

Manatee Choice Health Plan

Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

MSO - Retirees(655/51006)

Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		308	340,845.99
1	Applied to Deductible	15	415.25
2	Co-Insurance Applied	76	9,052.60
3	Applied to Deduct & Co-Insurance	1	2,100.00
4	Expense Not Covered by Plan	11	267.00
7	Exceeds Maximum Plan Allowance	83	19,271.00
8	Charge Exceeds UCR	35	9,474.00
10	Exceeds Visit Limit	3	205.00
13	PPO Benefits Applied	1,197	418,995.40
15	Co-Pay Applied	26	3,060.96
24	Duplicate Charge	180	144,310.48
27	Claim Adjustment	9	0.00
37	COB APPLIED	8	1,993.52
52	BENEFITS COORDINATED W/ MEDICARE	515	158,724.10
53	BENEFITS REDUCED-PRECERT REQD	4	926.00
54	MEDICARE IS PRIMARY-PLEASE FILE	91	38,409.06
63	ACCIDENT DETAILS REQUEST FROM EE	6	759.00
66	OTHER INSURANCE IS INDICATED	7	493.44
67	NEGOTIATED RATE	14	5,466.51
88	EVOLUTIONS DISC IS NOT PT RESP	85	23,899.24
105	PLEASE SUBMIT PRIMARY EOB	107	25,771.58
106	BUNDLED PROCEDURE	5	314.00
111	RECONSIDERED CLAIM	1	1,155.00
121	PATIENT NOT ELIGIBLE	17	1,747.56
142	INCLUDED IN PER DIEM RATE	3	152.10

Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Number	Work Sheet Message
151	REFUND RECEIVED/POSTED

Totals :

Explanation Code Ineligible Report

MSO - Retirees(655/51006)	
Paid: 1/ 1/2011 - 12/31/2011	
Number Of	Total Charges
Charges	
19	-1,694.29

2,826	1,206,114.50
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Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

HA - Retirees(655/51105)	
Paid: 1/ 1/2011 - 12/31/2011	

Number	Work Sheet Message	Number Of Charges	Total Charges
0		41	2,250.00
1	Applied to Deductible	1	400.00
13	PPO Benefits Applied	24	8,750.59
24	Duplicate Charge	47	1,545.00
27	Claim Adjustment	1	0.00
63	ACCIDENT DETAILS REQUEST FROM EE	4	3,792.00
88	EVOLUTIONS DISC IS NOT PT RESP	4	75.00
106	BUNDLED PROCEDURE	8	120.00
Totals :		130	16,932.59

Manatee Choice Health Plan
Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Manatee County COBRA Employees(655/60000)
Paid: 1/ 1/2011 - 12/31/2011

Number	Work Sheet Message	Number Of Charges	Total Charges
0		75	13,731.93
1	Applied to Deductible	8	647.00
2	Co-Insurance Applied	2	360.00
4	Expense Not Covered by Plan	3	65.00

7	Exceeds Maximum Plan Allowance	5	1,541.00
8	Charge Exceeds UCR	20	927.00
9	Exceeds Filing Time Limit	7	1,124.00
13	PPO Benefits Applied	1,098	587,571.54
15	Co-Pay Applied	17	1,564.49
24	Duplicate Charge	213	141,700.50
27	Claim Adjustment	4	0.00
37	COB APPLIED	6	277.00
40	Work related injuries not coverd	53	-2,289.00
63	ACCIDENT DETAILS REQUEST FROM EE	1	21.00
67	NEGOTIATED RATE	4	888.00
88	EVOLUTIONS DISC IS NOT PT RESP	10	4,419.00
106	BUNDLED PROCEDURE	4	271.00
121	PATIENT NOT ELIGIBLE	28	4,353.42
133	INCLUSIVE OF RATE PREVIOUSLY PD	1	41.00
139	PLEASE BILL AUTO CARRIER PRIMARY	55	2,473.00
142	INCLUDED IN PER DIEM RATE	9	425.00

Totals :

1,623 760,111.88
******End of Report******

Manatee Choice Health Plan
 Run: 04/06/2011 9:54 AM

Explanation Code Ineligible Report

Report Selection Criteria

Selection

All Groups
 Group No.
 Group Range

Master Group
 Group:
 Thru:

Individual Location

Individual Message:

Paid Date Range

From:

1/1/2011



Thru:

12/31/2011

Print

Total Ineligible	Total Benefit
70.00	44,287.33
3,239.08	0.00
936.12	1,905.76
1,435.98	1,423.12
793.00	0.00
67.00	190.00
501.87	143.13
0.00	100.00
165.00	0.00
34,703.20	903,227.76
3,508.49	10,113.94
8,730.21	5,805.17
0.00	118,144.04
-578.74	578.74
0.00	153.00
65.00	0.00
0.00	0.00
39,699.60	1,592.65
0.00	1,490.06
0.00	185.00
0.00	140,327.00
123.69	6,250.28
0.00	545.00
0.00	2,196.95
0.00	14,617.87

Total Ineligible	Total Benefit
0.00	105.00
5,023.44	0.00
0.00	448.00
0.00	90.00
0.00	100.00
0.00	107.00
0.00	264.00
0.00	2,369.00
-44.28	-175.44

98,438.66

1,256,584.36

WSMGRP Oper No:046

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Total Ineligible	Total Benefit
0.00	1,946.67
208.65	0.00
1,159.00	1,233.00
215.47	0.00
1,859.82	47,242.80

120.00	120.00
38.31	556.69
0.00	15,495.40
206.29	-206.29
764.12	51.13
0.00	350.00
1.34	19.66
0.00	2,425.00
0.00	20.00

4,573.00	69,254.06
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WSMGRP Oper No:046

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Total Ineligible	Total Benefit
0.00	8,790.45
265.00	0.00
173.85	521.56
419.00	0.00
937.00	1,221.00
510.30	457.70
293.00	0.00
7,690.42	188,096.64
665.00	2,087.28
2,138.92	4,800.00
0.00	4,594.50

13.23	-13.23
2,153.95	0.00
0.00	-8.00
0.00	115.00
0.00	105.00
0.00	511.18
0.00	794.00
0.00	198.00
0.00	302.00

15,259.67

212,573.08

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Total Ineligible
894.00

Total Benefit
250,198.32

7,357.62
11,983.30
439.74
7,464.78
41,473.79
58,210.47
0.00
675.00
0.00
140,539.67
14,117.18
6,229.93
939.01
449.11
144.63
432.00

341.43
38,194.61
592.17
262.00
49,524.40
23,443.86
5,495.27
0.00
2,140.92
3,491,430.34
47,623.30
9,661.04
260,580.54
-449.11
13,083.37
5,878.96

25.00	0.00
0.00	160.00
3,935.00	2,696.00
0.00	0.00
62,152.56	15,604.38
0.00	92,321.45
1,243.00	24,168.80
2,075.00	70,443.28

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Total Ineligible	Total Benefit
3,009.27	89,616.84
0.00	106,084.98
0.00	13,170.26
118.14	103,314.54
0.00	105.00
7,909.38	0.00
0.00	2,400.00
0.00	1,765.00
0.00	290.41
0.00	363.00
33.00	7,393.54
-75.00	-3,063.82

371,775.58

4,724,835.08

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Total Ineligible	Total Benefit
396.00	17,289.46
557.89	83.00
25.39	149.05
63.00	0.00
2,914.00	5,981.00
483.87	159.39
0.00	50.00
167.00	0.00
8,557.68	302,720.05
425.00	1,659.60
115.89	484.11
1,479.42	1,939.89
1,882.00	12,469.57
0.00	0.00
1,754.40	245.26
0.00	1,800.00
715.39	1,011.61
25.00	12,880.00
0.00	328.00
0.00	377.00
0.00	270.94
1,950.00	0.00
0.00	198.00
75.62	1,904.38
-25.00	-386.00

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Total Ineligible

Total Benefit

21,562.55

361,614.31

Total Ineligible	Total Benefit
0.00	1,277,613.14
0.00	0.00
0.00	-500.00
0.00	1,277,113.14

Total Ineligible	Total Benefit
6,059.27	466,556.47
17,557.54	653.74
10,658.85	33,677.61
6,544.54	5,319.33
29,197.85	0.00
82,836.93	114,590.20
132,935.52	54,008.02
0.00	2,019.93
1,782.24	0.00
0.00	537.00
257,264.99	6,271,573.55
25,395.45	77,908.50
1,284.91	9,264.34
96.68	833.32
25,289.56	31,226.59
1,665.13	704,536.57
-2,388.48	2,388.48
635.00	8,263.37
513.00	829.57
80.00	0.00
0.00	97.00
554.29	725.71
0.00	59.00
100.00	-100.00
44,375.06	20,005.52

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Total Ineligible	Total Benefit
162.00	6,175.75

0.00	32,478.13
2,804.75	110,679.25
4,536.35	290,981.21
0.00	66,537.71
0.00	20,389.45
68.46	249,463.27
0.00	210.00
38,313.55	0.00
0.00	4,138.00
0.00	41.00
1,101.00	7,311.56
168.65	5,666.46
0.00	12,067.31
3,842.00	0.00
-349.52	-16,322.37

693,085.57	8,594,790.55
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Total Ineligible	Total Benefit
1,950.00	69,024.22
90.00	0.00
51.97	443.95
0.00	-637.20
2,175.00	0.00
40.00	0.00

1,925.43	175,000.22
378.81	879.26
0.00	7,812.02
0.00	0.00
0.00	18,575.69
0.00	572.56
25.00	13,417.60
0.00	1,147.24
0.00	85.00
1,200.00	125.00
0.00	-10,160.00

7,836.21	276,285.56
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Total Ineligible	Total Benefit
1,631.91	260,346.64
2,951.49	0.00
398.69	39,214.18
301.37	622.66
508.87	0.00
11,174.00	13,349.00
7,529.16	2,539.71
0.00	128.01
177.00	0.00
19,658.79	868,963.16
1,465.75	3,479.87
608.95	373,312.93

-379.17	379.17
65.00	10,976.60
25.00	0.00
0.00	4,910.00
636.70	244,795.58
598.95	0.00
0.00	86,238.51
893.52	5,432.74
0.00	35.00
0.00	126.45
81.65	4,510.35
659.00	10,218.78
0.00	24,042.84

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Total Ineligible	Total Benefit
0.00	573.00
0.00	365.00
7,778.55	29.00
0.00	613.00
0.00	-745.33

56,765.18

1,954,456.85

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Total Ineligible	Total Benefit
0.00	38,257.00
50.00	20.00
361.00	755.00
21.00	1,371.00
0.00	41,199.00
0.00	6,695.50
0.00	31.00
0.00	100.00
0.00	361.00
261.00	0.00
693.00	88,789.50

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Total Ineligible	Total Benefit
0.00	96,147.29
111.00	0.00
224.00	84.00
213.98	26,171.30
50.00	152.00
0.00	26,059.15
0.00	0.00
0.00	471.00
41.00	71,532.38
0.00	672.00
0.00	172.00
0.00	37,428.00
639.98	258,889.12

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Total Ineligible	Total Benefit
1,041.16	339,804.83
415.25	0.00
1,380.31	7,672.29
743.62	1,356.38
0.00	267.00
9,741.25	9,529.75
6,084.09	3,389.91
205.00	0.00
10,502.82	403,047.58
650.00	2,410.96
0.00	144,310.48
-1,206.69	1,206.69
325.00	1,668.52
242.99	158,253.30
926.00	0.00
0.00	38,409.06
365.70	393.30
0.00	493.44
197.66	5,268.85
574.71	23,324.53
0.00	25,771.58
0.00	314.00
0.00	1,155.00
1,747.56	0.00
0.00	152.10

Total Ineligible
-183.58

Total Benefit
-1,510.71

33,752.85

1,166,688.84

Total Ineligible	Total Benefit
0.00	2,250.00
400.00	0.00
229.11	8,521.48
0.00	1,545.00
0.00	0.00
3,717.00	75.00
125.00	-50.00
0.00	120.00
4,471.11	12,461.48

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Total Ineligible	Total Benefit
182.00	13,549.93
647.00	0.00
90.00	270.00
65.00	0.00

488.00	1,053.00
780.43	146.57
0.00	1,124.00
3,516.55	578,609.99
470.00	1,094.49
747.00	140,953.50
0.00	0.00
0.00	277.00
-2,046.00	-243.00
21.00	0.00
238.34	649.66
166.52	4,252.48
0.00	271.00
4,353.42	0.00
0.00	41.00
2,473.00	0.00
0.00	425.00

12,192.26

742,474.62



