

April 17, 2014

VIA ELECTRONIC MAIL
& U.S. MAIL

Honorable Carlos Gimenez
Mayor Miami Dade County
111 NW 1st Street
Miami, Florida 33128

Re: Public Records Request

Dear Mayor Gimenez:

The below signatory Unions, pursuant to Florida Statutes Chapters 119 and 447, hereby request all public records made or received by Miami Dade County ("MDC") and/or any of its departments, which concern the items described below. In addition, we request information that is relevant to the unions' ability to administer the collective bargaining agreement in accordance with Chapter 447 part II. For purposes of the public record request, the term "public records" is intended to refer to that term as it is used in Florida Statutes Chapter 119 and shall include all documents, papers, letters, memoranda, phone message slips, and handwritten notes, photographs, films, tapes, sound recordings, e-mail transmissions, or other material, regardless of physical form or characteristics, made or received in connection with subjects identified below.

As we prepare to embark on enormous task of addressing health care for employees of MDC, we cannot emphasize enough the need for transparency in the process. Because of the importance of achieving affordable health coverage for all employees, we need to make sure that efficiencies are in place and that we are getting the absolute maximum benefit for every healthcare dollar. What cannot happen is that the burden shift by greater proportion to the employee. We look forward to working with the County for mutually beneficial ways of addressing the health care coverage issues.

1. Contract between AvMed and Miami Dade County.
2. A listing of the top 10 providers (in terms of dollars paid) for 2013.
3. For inpatient services, a listing of the top 10 DRG's incurred for 2013.
4. For the top 10 providers identified in request #2, show the average amount paid to each provider for each of the top 10 DRG's as identified in request #3.

5. Any and all MDC communication concerning AvMed's fee structure and fees, their performance, considerations to bid the contract, or any other communication regarding AvMed for the period three years prior to this request.
6. For the top 20 providers in 2013 (in terms of dollars paid), indicate whether that provider has a direct contract with AvMed or is a part of a network being leased by AvMed.
7. AvMed quality reporting on the top 20 providers (in terms of dollars) for 2013.
8. Any and all MDC communication referencing the formation of and/or the ongoing activity of the Labor Healthcare Committee.
9. For the last 3 months of 2013, a report that shows the total number of claims and the dollar value of those claims actually processed. In addition, a report that shows that same population of claims "re-priced" at the prevailing Medicare payment levels. Note: if Medicare does not have a corresponding reimbursement value for a claim, please exclude it from the population to ensure comparability. This report will illustrate the relative premium or discount to Medicare rates of the portfolio for a 3 month time period.
10. For the last 3 months of 2013, a report that shows the number of claims and the dollar value of those claims for healthcare services that are provided at Jackson Health System regardless of where the services were actually provided. In addition, a report that "re-prices" these claims at the contractual rates in effect at Jackson for the same population of claims. This report will illustrate the relative premium or discount to Jackson rates for a 3 month time period.
11. Provide copies of all consulting reports from Gallagher for the plan years 2011 to present.
12. Provide reports submitted to the department of insurance in accordance with Florida Statute 112.08 for the plan years 2011 to present.
13. Any documentation reflecting confirmation of any cost savings promised by AvMed in its response to the RFP it was awarded, as well as all efforts to obtain confirmation of same.
14. For the period including plan years 2011 to present, identify any procedure used for performing hospital claims audits, include the threshold amount to trigger the audit; identify the entity which conducts the audit, if other than AvMed; and the savings obtained.
15. All documents which explain and/or identify the component parts which are included in the projected actuarial premiums.

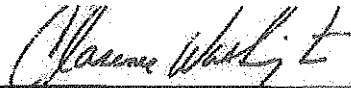
16. Reimbursement rates and contracts by each provider (where legally appropriate, a non-disclosure agreement would be executed).
17. Copies of any and all contracts covering the last three plan years between AvMed and the appointed Pharmacy Benefit Manager. In addition, the amount of rebates that the PBM has provided over each of the last 3 years and how much of these rebates have been remitted to MDC.
18. Copies of any and all Stop Loss insurance contracts (if any) covering the last three plan years between AvMed and the insurance carrier and/or MDA and the Stop Loss carrier.
19. Provide the attachment point of the stop loss insurance, the annual premiums over the last 3 years, the amount of commission paid for each of the last 3 years on the stop loss and the party to which it was paid.

Please provide this information within in 10 days from the date of this letter. If you have questions regarding any of the requests, please contact Martha Baker at 305-510-4275 and martha@seiu1991.org. If the cost of providing this information is anticipated to be greater than \$50, please contact Kathleen Phillips at 305-412-8322 to provide an estimate of the cost and to obtain authorization.

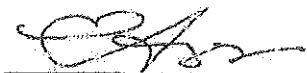
Sincerely,



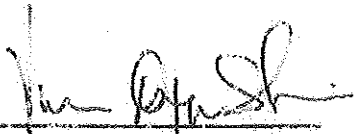
Martha Baker



Clarence Washington



Emilio Azoy



Vivienne Dixon-Shim



John Rivera



Greg Blackman



Andy Madtes



Joel Hernandez

Cc: Eric Rodriguez, Esquire
Ed Marquez