

# MidlandsChoice

## Provider Report Card

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Provider Name

TIN: 99-99999999

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September 05, 2008

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### In This Report

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Page 2	Executive Summary
Page 3-4	Lag Time Reports
Page 5-7	Claims Summary
Page 8	Claims Turn Around Time Report
Page 9	Delegated Claims Summary/Terms & Definitions

Dear Preferred Provider:

We are pleased to present you with this Provider Report Card. The report card shares information on your performance as a participating provider in the Midlands Choice network. Similarly, the report card also shows data on Midlands Choice performance.

Provider Report Cards are valuable, data-driven tools that Midlands Choice developed to help us proactively identify issues, plan outreach opportunities, recognize ways to improve, and support decisions. We hope it helps you in some of the same ways.

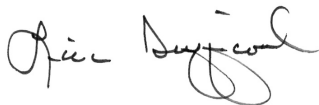
More specifically, information provided in this report includes:

- Volume of claims submitted to Midlands Choice
- Average turn around time from your office to Midlands and Midlands turn around time to payer
- Method of claims filing, i.e. paper or electronic
- Dollars billed
- Number of claims finalized first attempt, number pended and why, as well as the number and reason why claims were returned to your office
- Top payers for your claims
- Terms/Definitions

***Please note: the data in this report includes duplicate claims, which depending on the volume, could impact overall performance reported. Also, limited claim data submitted directly to delegated payers is included on page 9. Delegated payer data available at this time includes: Aetna, HDM and Principal.***

Upon request, your Provider Relations Representative will review this report in detail with you. We welcome your feedback on how we can enhance the reporting tool, improve performance and strengthen our partnership, please do not hesitate to enter into that discussion with your representative.

Sincerely,



Linda Sufficool  
VP of Client and Provider Relations

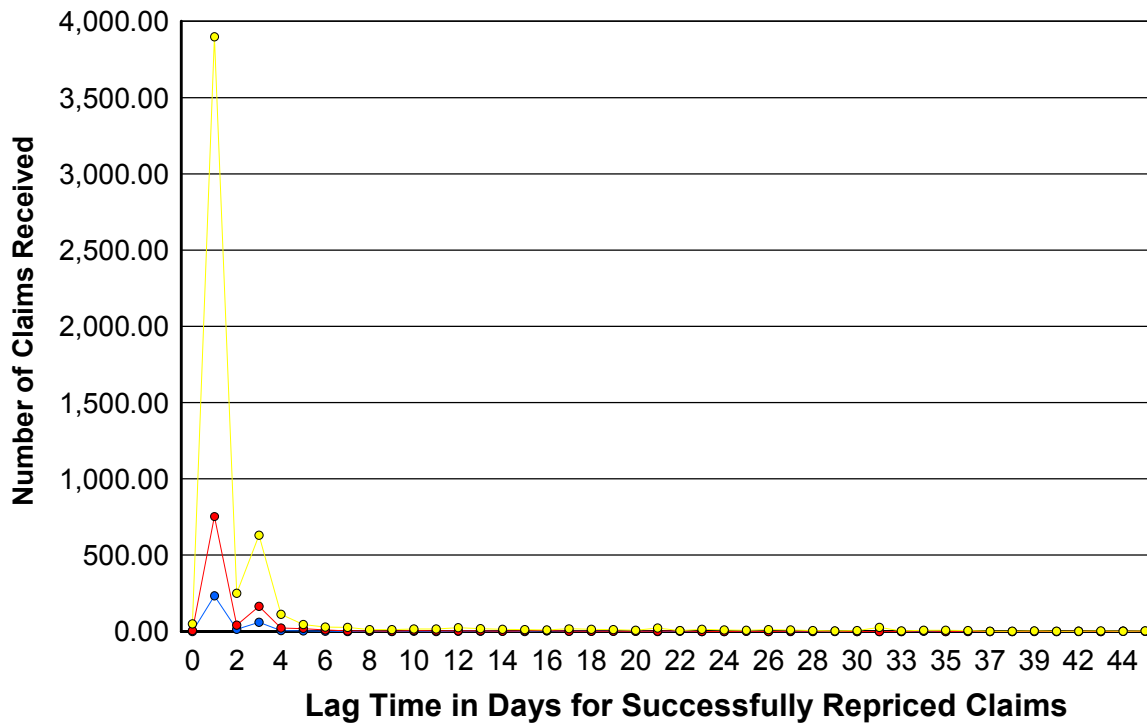
# Lag Time Report

Lag measures the amount of time between the final date of service and the date Midlands Choice receives the claim.

## Lag Time Comparison

—●— Current 12 Month Claim Count     
 —●— Current Quarter Claim Count     
 —●— August Claim Count

## Claims Received in 45 Days or Less



The average lag time for the current 12 months (September 1, 2007 - August 31, 2008) is 6 days.

During the last 12 months 4% or 213 claims were received with a lag time of greater than 45 days.

The longest lag time seen during the last 12 months was 822 days.

# Lag Time Report for Successfully Repriced Claims (Continued)

YYYY-MM

2008-08	2008-07	2008-06	2008-05	2008-04	2008-03	2008-02	2008-01	2007-12	2007-11	2007-10	2007-09	Total
0	5	0	13	0	0	0	7	0	12	0	12	49
233	220	300	297	334	399	461	373	354	345	318	265	3,899
14	19	9	26	24	5	13	29	69	20	18	4	250
60	60	44	57	74	75	81	53	44	37	38	8	631
6	11	5	6	6	11	32	7	6	12	8	3	113
3	1	15	6	1	1	1	2	3	1	8	3	45
5	10	9	5	6	6	5	6	2	4	31	4	93
4	5	7	3	2	8	3	2	4	7	36	1	82
9	2	1	6	8	7	0	6	5	2	9	4	59
2	1	3	1	1	3	2	1	3	3	38	2	60
0	4	0	0	1	2	2	1	0	3	20	2	35
12	9	9	4	10	22	9	15	16	13	34	18	171
9	10	4	1	5	7	6	6	9	6	1	9	73
5	2	2	3	1	6	2	2	2	3	6	5	39
362	359	408	428	473	552	617	510	517	468	565	340	5,599

**Total Claims Successfully Repriced per Month**

# Claims Summary

## Number of Claims Received to be Processed

	2006-09 to 2006-11	2006-12 to 2007-02	2007-03 to 2007-05	2007-06 to 2007-08	2007-09 to 2007-11	2007-12 to 2008-02	2008-03 to 2008-05	2008-06 to 2008-08
<b>Claims Received</b>	1,406	1,576	1,626	1,357	1,402	1,676	1,494	1,155

## Inbound % to Midlands Choice

**Midlands Choice 2008 Inbound EDI Network Goal: 78%**

	2006-09 to 2006-11	2006-12 to 2007-02	2007-03 to 2007-05	2007-06 to 2007-08	2007-09 to 2007-11	2007-12 to 2008-02	2008-03 to 2008-05	2008-06 to 2008-08
<b>Electronic</b>	94%	93%	92%	96%	90%	99%	97%	98%
<b>Paper</b>	6%	7%	8%	4%	10%	1%	3%	2%

During the last year, we received 29 claims for delegated payers that were submitted directly to us in error. Please send claims for our delegated payers directly to them.

## Outbound % to Payers

	2006-09 to 2006-11	2006-12 to 2007-02	2007-03 to 2007-05	2007-06 to 2007-08	2007-09 to 2007-11	2007-12 to 2008-02	2008-03 to 2008-05	2008-06 to 2008-08
<b>Electronic</b>	89%	90%	89%	89%	93%	92%	91%	92%
<b>Paper</b>	11%	10%	11%	11%	7%	8%	9%	8%

## Billed Charges (MTD/QTD/YTD)

For the month of August 2008, the total billed amount of the claims received was:

**HCFA (Total): \$43,418.00**

For the current quarter (June 1, 2008 through August 31, 2008), the total billed amount of the claims received was:

**HCFA (Total): \$129,969.00**

For the last year (September 1, 2007 - August 31, 2008), the total billed amount of the claims received was:

**HCFA (Total): \$607,355.00**

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## First Pass Success Rate

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### Midlands Choice 2008 First Pass Success Rate Network Goal: 85%

	2006-09 to 2006-11	2006-12 to 2007-02	2007-03 to 2007-05	2007-06 to 2007-08	2007-09 to 2007-11	2007-12 to 2008-02	2008-03 to 2008-05	2008-06 to 2008-08
<b>First Pass Success Rate</b>	52%	4%	44%	57%	60%	67%	69%	69%
<b>Pended Claim Totals</b>	48%	96%	56%	43%	40%	33%	31%	31%

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## Pended & Rejected Claims Summary

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During the last year (September 1, 2007 - August 31, 2008)

1,953 or 34% of your claims were pended.

1,787 or 31% of your claims were corrected and successfully repriced.

180 or 3% of your claims were rejected.

	2006-09 to 2006-11	2006-12 to 2007-02	2007-03 to 2007-05	2007-06 to 2007-08	2007-09 to 2007-11	2007-12 to 2008-02	2008-03 to 2008-05	2008-06 to 2008-08
<b>Claims Pended and then Corrected</b>	41%	91%	31%	39%	37%	30%	28%	29%
<b>Claims Pended and then Rejected</b>	7%	6%	25%	7%	4%	3%	3%	2%

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## Pended Claim Detail

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93.6% Valid patient/employer information not submitted. (1,860 claims)

6.3% Provider information missing/invalid. (118 claims)

0.0% Other. (1 claims)

0.1% Billing Error. (1 claims)

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### **\*Top 5 Payers**

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#### **Payer Name**

was responsible for 12% of your billed charges.

The top 2 groups for this payer based on total billed charges are:

Group Name  
Group Name

#### **Payer Name**

was responsible for 10% of your billed charges.

The top 2 groups for this payer based on total billed charges are:

Group Name  
Group Name

#### **Payer Name**

was responsible for 9% of your billed charges.

The top 2 groups for this payer based on total billed charges are:

Group Name  
Group Name

#### **Payer Name**

was responsible for 8% of your billed charges.

The top 2 groups for this payer based on total billed charges are:

Group Name  
Group Name

#### **Payer Name**

was responsible for 8% of your billed charges.

The top 2 groups for this payer based on total billed charges are:

Group Name  
Group Name

**\*Your top five payers as noted above have accounted for 46% of your billed charges submitted directly to Midlands Choice in the last 12 months.**

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### **Top Pended Groups**

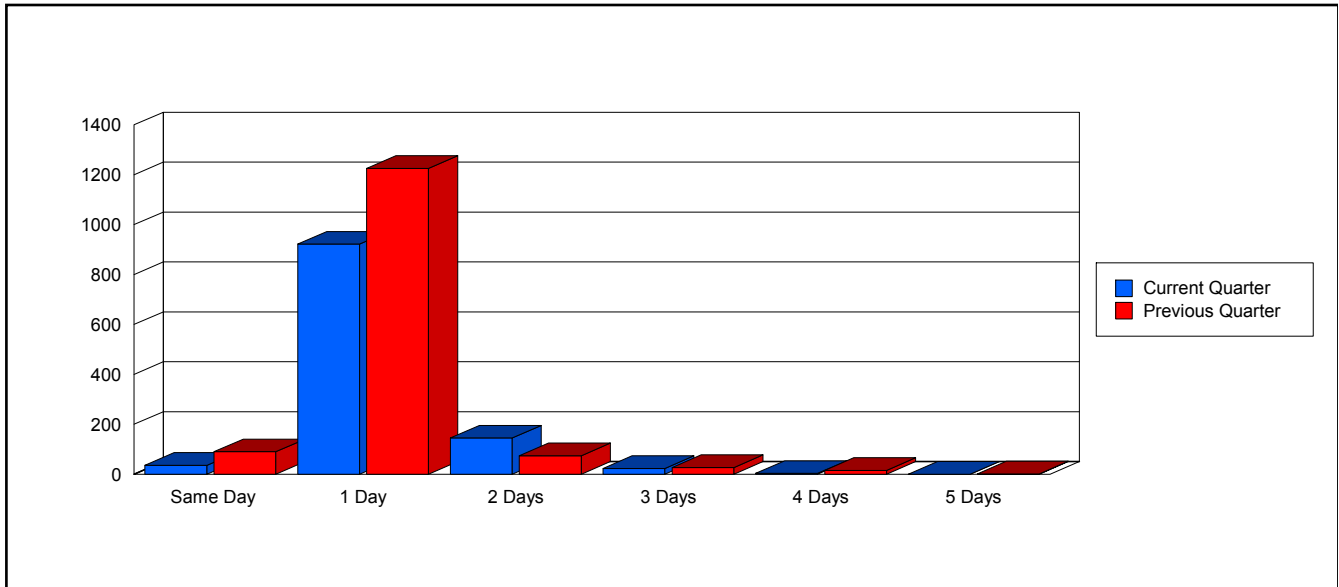
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For the current quarter (June 1, 2008 through August 31, 2008), the top pended groups were:

<u>Group Name</u>	<u>Number of Pended Claims</u>	
Group Name	49	Policy Number
Group Name	34	Policy Number
Group Name	19	Policy Number
Group Name	15	Policy Number
Group Name	13	Policy Number
Group Name	12	Policy Number
Group Name	11	Policy Number
Group Name	6	Policy Number
Group Name	6	Policy Number
Group Name	6	Policy Number

# Turn Around Time

## Midlands Choice received date versus print date



**Average Turn Around Time (June 1, 2008 - August 31, 2008): 1.1 day**

**Average Turn Around Time (March 1, 2008 - May 31, 2008): 1.1 day**

**Claims Printed on Same Day:**

Current Quarter: 3%  
Previous Quarter: 6%

**Claims Printed on Day 1:**

Current Quarter: 82%  
Previous Quarter: 86%

**Claims Printed on Day 2:**

Current Quarter: 13%  
Previous Quarter: 5%

**Claims Printed on Day 3:**

Current Quarter: 2%  
Previous Quarter: 2%

**Claims Printed on Day 4:**

Current Quarter: 0%  
Previous Quarter: 1%

**Claims Printed on Day 5:**

Current Quarter: 0%  
Previous Quarter: 0%

**Claims Printed after Day 5:**

Current Quarter: 0%  
Previous Quarter: 0%

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## Delegated Claims Summary

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During the last year (September 1, 2007 - August 31, 2008), the claims summary for delegated payers was:

Payer	Claim Count	Total Billed Amount
Aetna	1,064	\$81,859.51
HDM	19	\$1,264.00
Principal	1,914	\$136,964.68
Total:	2,997	\$220,088.19

**During the last year claims submitted to delegated payers on a limited basis accounted for 34% of your total claims submitted.**

Midlands Choice allows select payers (referred to as "delegated payers") to reprice their own claims, including : Aetna, CIGNA, HDM Corp., and Principal Financial Group. This report includes claims data received from all delegated payers, except CIGNA.

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## Terms and Definitions

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**First Pass Success Rate** - The percentage or number of claims that automatically reprice without any intervention by Midlands Choice.

**Pended/Corrected Claim** - A claim that requires a processor to review and determine if the claim can be repriced using the information presented on the claim.

**Rejected Claim** - A claim that cannot be repriced and is returned to the provider for additional information.

**Lag Time** - The measure of time between the final date of service on a claim compared to the date the claim is received by Midlands Choice.

**Turn Around Time** - The measure of time from when Midlands Choice receives the claim until the print date of the repriced or rejected claim.