

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
Claims Received	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
Electronic	94%	93%	92%	96%	90%	99%	97%	98%
Paper	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
Electronic	89%	90%	89%	89%	93%	92%	91%	92%
Paper	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

First Pass Success Rate

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
First Pass Success Rate	52%	4%	44%	57%	60%	67%	69%	69%
Pended Claim Totals	48%	96%	56%	43%	40%	33%	31%	31%

Pended & Rejected Claims Summary

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
Claims Pended and then Corrected	41%	91%	31%	39%	37%	30%	28%	29%
Claims Pended and then Rejected	7%	6%	25%	7%	4%	3%	3%	2%

Pended Claim Detail

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)

*Top 5 Payers

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.**

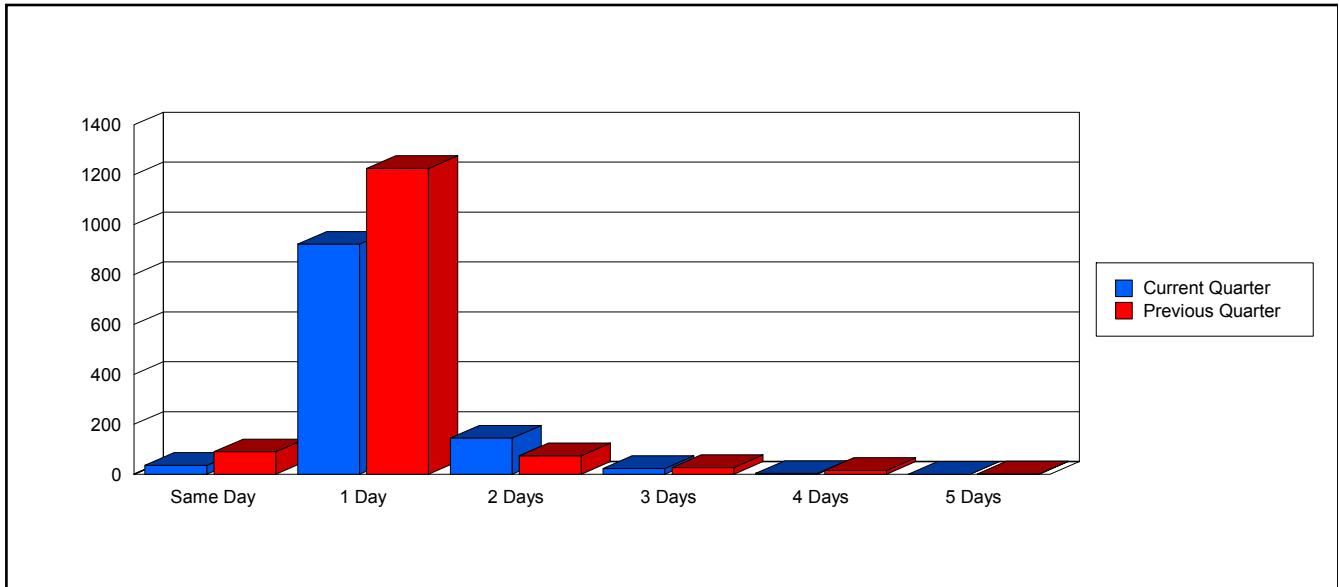
Top Pended Groups

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%

Delegated Claims Summary

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.

Terms and Definitions

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.

Contact payers for complaints related to:

- non-covered charges
- denied charges
- eligibility and benefits
- bundling of procedure codes

Deadlines for timely filing of complaints vary by payer. Refer to EOBs or payer websites for this information.

Contact Midlands Choice for complaints related to:

- fee schedules
- service you received from us
- appeals submitted to payers that have not been resolved in a timely manner

Submit Midlands Choice complaints and appeals in writing within 180 days of the payment date. Include the name, address and telephone number of the person to contact regarding the complaint or appeal, and copies of EOBs. A Midlands Choice representative will review the information that is submitted, request additional information if needed, and communicate the results of the investigation within 30 days.

The mailing address is:

Attn: Complaints and Appeals
Midlands Choice
8420 W. Dodge Rd, Suite 210
Omaha, NE 68114

We also accept complaints and appeals via e-mail.

If you do not agree with the outcome of an appeal, you may submit a second level appeal at the address shown above. The second level appeal will be forwarded to our vice president of operations or president for review and resolution. Results of the investigation will be communicated within 30 days to the person who submitted the appeal.