

Health Plan Analysis Reports

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

For:

Prepared by:



Location:	Paid From: 07/01/2013 To: 04/30/2014	Incurred From: To:	Claim Type:
Department:	Network Lvl: ,		Tran. Type:
Contract:			Include Denied Claims:
			Relationship:
			Dollar Limit:

Prepared by: Melissa Guenther

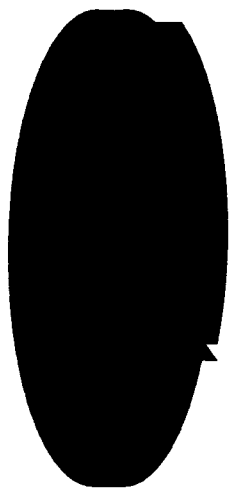
Created Date: 5/6/2014

Paid Amounts By Type

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Provider Claim Type	Processed Claims	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid Coinsurance	Member Paid Deductible	Member Paid Copay	Plan Paid Amount
FACILITY	651	\$5,402,842.98	\$643,386.89	\$4,759,053.34	\$4,202,934.94	\$0.00	\$0.00	\$0.00	\$556,118.40
PHYSICIAN	2,284	\$1,432,986.39	\$207,051.63	\$1,223,911.25	\$1,038,218.69	\$0.00	\$0.00	\$0.00	\$185,692.56
OME	38	\$55,163.67	\$16,368.00	\$38,795.67	\$38,126.03	\$0.00	\$0.00	\$0.00	\$669.64
TOTALS	2,964	\$6,890,993.04	\$866,806.52	\$6,021,760.26	\$5,279,279.66	\$0.00	\$0.00	\$0.00	\$742,480.60

Paid Amounts By Type



■ FACILITY	\$556,118.40	74.9%
■ PHYSICIAN	\$185,692.56	25.0%
■ OME	\$669.64	0.1%
Total:	\$742,480.60	100.0%

Location: Department: Contract:	Paid From: 07/01/2013 To: 04/30/2014 Network Lvl:
Incurred From: To:	Claim Type:
Prepared by: Melissa Guenther	Tran. Type:
Page 1 of 1	Include Denied Claims: Yes
Created Date: 5/8/2014	Relationship: Dollar Limit:

Physician Claims

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Provider Name	Provider Specialty	Network Status	Paid Network Status	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
FURMAN, ERIC	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	108	\$41,209.00	\$3,229.27	\$37,979.73	\$20,837.85	\$17,141.88
OSTRINSKY, YEVGENIY	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	29	\$120,260.50	\$547.63	\$119,712.87	\$111,549.07	\$8,163.80
WEBB III, CASPER	GENERAL SURGERY	OUT OF NETWORK	OUT OF NETWORK	16	\$25,529.00	\$739.87	\$24,789.13	\$16,877.27	\$7,911.86
MANSOOR, SHADAN	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	3	\$46,227.00	\$11,780.37	\$34,446.63	\$26,692.13	\$7,754.50
SURRATT, STEVE	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	17	\$17,862.92	\$0.00	\$17,862.92	\$10,443.92	\$7,419.00
MEHTA, DEVAL	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	21	\$30,286.00	\$901.40	\$29,384.60	\$22,068.38	\$7,316.22
VANZANT, GREG	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	27	\$57,450.00	\$4,399.98	\$53,050.02	\$46,547.94	\$6,502.08
WASKO, NICHOLAS	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	16	\$34,200.00	\$290.02	\$33,909.98	\$27,607.21	\$6,302.77
TURNER, MICHAEL	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$131,838.77	\$10,489.89	\$121,348.88	\$116,379.77	\$4,969.11
HARMAN, BRADLEY	ORTHOPEDICS	OUT OF NETWORK	OUT OF NETWORK	7	\$42,657.07	\$2,003.15	\$40,653.92	\$35,690.90	\$4,963.02
EKADI, K	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	6	\$15,154.92	\$4,833.70	\$10,321.22	\$6,171.50	\$4,149.72
FARZAM, STEVEN	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	12	\$18,003.00	\$2,355.21	\$15,647.79	\$11,576.58	\$4,071.21
ALAZAR, MAURICE	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	31	\$16,036.00	\$1,100.00	\$14,936.00	\$11,056.78	\$3,879.22
MIRZA, FAIZ	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	15	\$48,492.50	\$7,627.69	\$40,864.81	\$37,091.69	\$3,773.12
CLUBURNE IMAGING LLC,	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	10	\$18,080.00	\$0.00	\$18,080.00	\$14,372.21	\$3,707.79
LABCORP OF AMERICA HOLDINGS	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	46	\$26,816.54	\$2,651.58	\$24,164.96	\$20,572.40	\$3,592.56
ALEXANDER, RONALD	RADIOLOGY	OUT OF NETWORK	OUT OF NETWORK	70	\$28,998.17	\$6,147.09	\$22,851.08	\$19,299.46	\$3,551.62
MILLENNIUM LABORATORIES	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$6,320.53	\$0.00	\$6,320.53	\$3,659.49	\$2,661.04
BORKOWSKI, JOANNA	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	42	\$28,030.55	\$6,238.06	\$21,792.49	\$19,218.39	\$2,574.10
LEONARD, PETER	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$10,539.17	\$2,026.65	\$7,264.42	\$5,009.56	\$2,254.86
GHAABRIAL, NABIL	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	6	\$16,200.00	\$0.00	\$16,200.00	\$14,114.84	\$2,085.16
ANYADIENWU, ANDREW	PULMONARY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	4	\$6,450.00	\$495.11	\$5,954.89	\$4,113.38	\$1,841.51
RIOS, ALVARO	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	10	\$5,611.25	\$134.00	\$5,477.25	\$3,824.49	\$1,652.76
ABRAHAMS, HARRISON	UROLOGY	OUT OF NETWORK	OUT OF NETWORK	1	\$6,852.00	\$181.51	\$6,670.49	\$5,194.35	\$1,476.14
SHARMA, MEENU	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	4	\$7,172.00	\$863.28	\$5,996.72	\$4,552.01	\$1,444.71
MELHUYSSEN, DELBE	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	13	\$16,654.00	\$1,284.84	\$15,369.16	\$13,942.22	\$1,426.94
RONAGHAN, JOSEPH	ONCOLOGY	OUT OF NETWORK	OUT OF NETWORK	1	\$5,241.00	\$276.26	\$4,964.74	\$3,544.37	\$1,420.37
FLOYD, ERIC	FAMILY PRACTICE	OUT OF NETWORK	OUT OF NETWORK	14	\$15,188.00	\$2,580.00	\$12,608.00	\$11,204.41	\$1,403.59
ROSLUND, GREGORY	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	13	\$13,207.00	\$743.82	\$12,463.18	\$11,130.65	\$1,332.53
YALAMANCHILI, KIRANMAI	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	5	\$3,632.00	\$0.00	\$3,632.00	\$2,308.97	\$1,323.03
WILLIFORD, LISA	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	12	\$16,744.00	\$4,238.98	\$12,505.02	\$11,182.91	\$1,322.11
QUEST DIAGNOSTICS,	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	10	\$7,216.34	\$2,054.03	\$5,103.90	\$3,796.22	\$1,307.68
ASFOUR, MOHAMMAD	NEUROLOGY	OUT OF NETWORK	OUT OF NETWORK	3	\$2,510.00	\$46.73	\$2,463.27	\$1,223.17	\$1,240.10

Location: Paid From: 07/01/2013 To: 04/30/2014 Incurred From: To:

Department: Network Lvl: ,

Contract: Claim Type: Tran. Type: Relationship: Include Denied Claims: Yes Dollar Limit:

Physician Claims

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Provider Name	Provider Specialty	Network Status	Paid Network Status	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
LUCUS, DALE	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	12	\$15,915.00	\$3,048.80	\$12,866.20	\$11,628.98	\$1,237.22
STREET, REAGAN	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	1	\$11,843.00	\$6,074.29	\$5,768.71	\$4,537.14	\$1,231.57
FEZZELL, JILL	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	11	\$12,252.00	\$2,003.98	\$10,248.02	\$9,115.70	\$1,132.32
NIETO, DAVID	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$8,083.00	\$0.00	\$8,083.00	\$6,977.80	\$1,105.20
WOOD, MICHAEL	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$2,729.00	\$0.00	\$2,729.00	\$1,660.85	\$1,068.15
PRASAD, AMIT	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	2	\$3,383.00	\$0.00	\$3,383.00	\$2,337.48	\$1,045.52
MADDOX, BARNEY	UROLOGY	OUT OF NETWORK	OUT OF NETWORK	8	\$3,140.00	\$6.00	\$3,134.00	\$2,100.34	\$1,033.66
FORD, WILLIAM	OB/GYN	OUT OF NETWORK	OUT OF NETWORK	3	\$3,260.00	\$190.00	\$3,070.00	\$2,056.32	\$1,013.68
BANNA, MOUSTAFA	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	4	\$5,545.02	\$1,243.00	\$4,302.02	\$3,309.31	\$992.71
LUNOW, DAVID	EMERGENCY MEDICINE	OUT OF NETWORK	OUT OF NETWORK	9	\$15,263.00	\$4,952.96	\$10,310.04	\$9,349.12	\$960.92
LEE, SEONG	OPHTHALMOLOGY	OUT OF NETWORK	OUT OF NETWORK	1	\$4,900.00	\$300.00	\$4,600.00	\$3,645.71	\$954.29
BURGOS, ROBERT	GASTROENTEROLOGY	OUT OF NETWORK	OUT OF NETWORK	4	\$3,756.38	\$68.43	\$3,687.95	\$2,758.25	\$929.70
FENDERSON, PATRICIA	PATHOLOGY	OUT OF NETWORK	OUT OF NETWORK	4	\$2,300.00	\$147.11	\$2,152.89	\$1,251.37	\$901.52
WRIGHT, KEITH	ANESTHESIOLOGY	OUT OF NETWORK	OUT OF NETWORK	4	\$7,303.00	\$152.52	\$7,150.48	\$6,359.52	\$790.96
EWING, SCOTT	CARDIOLOGY	OUT OF NETWORK	OUT OF NETWORK	1	\$15,175.00	\$7,089.84	\$8,085.16	\$7,301.98	\$783.18
ADAMS, RICHARD	PODIATRY	OUT OF NETWORK	OUT OF NETWORK	2	\$3,665.00	\$702.30	\$2,867.70	\$2,100.17	\$767.53
CRISTOL, LOUIS	INTERNAL MEDICINE	OUT OF NETWORK	OUT OF NETWORK	7	\$2,975.00	\$337.72	\$2,227.28	\$1,581.14	\$746.14
OTHER PROVIDERS		OUT OF NETWORK	OUT OF NETWORK	142	\$424,829.76	\$100,474.56	\$324,355.20	\$287,293.02	\$37,062.18
TOTALS				204	\$1,432,986.39	\$207,051.63	\$1,223,911.25	\$1,038,218.69	\$185,692.56

Location:	Paid From: 07/01/2013 To: 04/30/2014	Incurred From: To:
Department:	Network Lvl: ,	
Contract:		
Claim Type:	Tran. Type:	Relationship:
	Include Denied Claims: Yes	Dollar Limit:

Prepared By: Melissa Guenther Page 2 of 2
Created Date: 5/6/2014

Facility Claim Utilization

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Provider Name	Provider Specialty	Network Status	Paid Network Status	Tax Id Number	Number of Claimants	Number of Claims	Submitted Charges	Plan Paid Amount
TX HEALTH CLEBURNE	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	751977850	139	454	\$2,969,363.12	\$290,986.13
HUGULEY MEMORIAL HOSPITAL	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	452694620	51	107	\$1,113,905.01	\$138,706.43
HARRIS METHODIST FORT WORTH	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	756001743	25	56	\$708,466.68	\$66,891.08
TEXAS HEALTH PLANO	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	752770738	2	6	\$270,572.33	\$19,694.52
GLEN ROSE MEDICAL CENTER,	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	271572132	5	5	\$54,588.84	\$19,234.06
USMD HOSPITAL ARLINGTON	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	731662763	1	2	\$59,596.45	\$11,597.39
TARRANT COUNTY HOSPITAL DIST	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	756000439	4	16	\$149,054.00	\$7,974.31
ABILENE SURGERY CENTER	DME/ANCILLARY	OUT OF NETWORK	OUT OF NETWORK	208816729	1	1	\$5,700.00	\$474.42
PLAZA MEDICAL CENTER OF FORT WORTH,	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	621682202	1	1	\$2,333.50	\$303.36
COOK CHILDRENS MEDICAL CTR	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	752051646	1	1	\$558.05	\$256.70
SINGING RIVER HOSPITAL SYSTEM	HOSPITAL	OUT OF NETWORK	OUT OF NETWORK	646000515	1	2	\$68,705.00	\$0.00
TOTALS					164	651	\$5,402,842.98	\$556,118.40

Location: Paid From: 07/01/2013 To: 04/30/2014 Incurred From: To:
 Department: Network Lvl: ,
 Contract:

Claim Type:
 Tran. Type:
 Include Denied Claims: Yes

Relationship:
 Dollar Limit:

Paid Amounts By Place of Service

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Place of Service	No. of Claimants	No. of Claims	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid		Plan Paid Amount	
							Coinurance	Deductible		Copay
21 / Inpatient Hospital	62	467	\$3,247,663.36	\$399,205.93	\$2,848,147.43	\$2,526,341.66	\$0.00	\$0.00	\$321,805.77	
23 / Emergency Room	122	733	\$1,177,306.52	\$213,231.40	\$964,075.12	\$843,510.38	\$0.00	\$0.00	\$120,564.74	
22 / Outpatient Hospital	137	613	\$996,954.65	\$81,203.73	\$915,348.17	\$805,876.70	\$0.00	\$0.00	\$109,471.47	
24 / Ambulatory Surgical Center	52	89	\$951,904.74	\$71,005.03	\$880,899.71	\$775,841.60	\$0.00	\$0.00	\$105,058.11	
11 / Office	161	853	\$386,724.24	\$46,655.47	\$338,413.67	\$260,838.52	\$0.00	\$0.00	\$77,575.15	
81 / Independent Laboratory	56	185	\$44,939.36	\$4,784.46	\$40,096.49	\$32,154.23	\$0.00	\$0.00	\$7,942.26	
01 / Pharmacy	1	1	\$63.10	\$0.00	\$63.10	\$0.00	\$0.00	\$0.00	\$63.10	
12 / Home	3	8	\$2,216.57	\$1,640.00	\$576.57	\$576.57	\$0.00	\$0.00	\$0.00	
41 / Ambulance (Land)	18	20	\$48,868.00	\$14,728.00	\$34,140.00	\$34,140.00	\$0.00	\$0.00	\$0.00	
99 / Other Unlisted Facility	1	1	\$34,352.50	\$34,352.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
TOTALS	219	2,964	\$6,890,993.04	\$866,806.52	\$6,021,760.26	\$5,279,279.66	\$0.00	\$0.00	\$0.00	\$742,480.60

Location:
Department:
Contract:

Paid From: 07/01/2013 To: 04/30/2014
Network Lvl: ,
Incurred From: To:

Claim Type:
Tran. Type:
Include Denied Claims: Yes

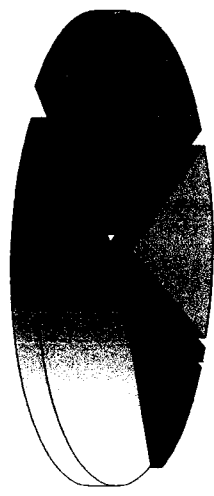
Relationship:
Dollar Limit:

Paid Amounts By Place of Service

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Place of Service	No. of Claimants	No. of Claims	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid	Plan Paid Amount				
							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Coinsurance</td> <td style="width: 50%;">Deductible</td> </tr> <tr> <td style="width: 50%;">Copoly</td> <td style="width: 50%;"></td> </tr> </table>	Coinsurance	Deductible	Copoly		
Coinsurance	Deductible											
Copoly												

Paid Amounts By POS



01	\$63.10	0.0%
11	\$7,575.15	10.4%
12	\$0.00	0.0%
21	\$321,905.77	43.3%
22	\$109,471.47	14.7%
23	\$120,564.74	16.2%
24	\$105,058.11	14.1%
41	\$0.00	0.0%
81	\$7,942.26	1.1%
99	\$0.00	0.0%
Total:	\$742,480.80	100.0%

Location: Department: Contract:	Paid From: 07/01/2013 To: 04/30/2014 Incurred From: To: Network Lvl: ,
Prepared by: Melissa Guenther	Claim Type: Tran. Type: Include Denied Claims: Yes
Page 2 of 2	Relationship: Dollar Limit:

Claim Lag Report by Dollar Amount

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

	Month Incurred												Total																			
	2013/07	2013/08	2013/09	2013/10	2013/11	2013/12	2014/01	2014/02	2014/03	2014/04	2014/05	2014/06																				
9/2011																																
1/2012																																
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2/2014																																
3/2014																																
4/2014																																
Total	\$289,240.51	\$56,380.65	\$53,915.47	\$91,387.50	\$26,960.40	\$36,414.84	\$42,042.35	\$31,345.71	\$80,388.42	\$34,404.95	\$742,480.60	\$2,498.53	(\$284.22)	(\$566.71)	(\$98.32)	(\$996.15)	\$3,087.46	\$13,609.86	\$31,885.46	\$70,911.75	\$111,739.75	\$39,709.14	\$82,517.94	\$61,341.17	\$43,235.72	\$38,857.48	\$28,153.44	\$93,275.82	\$43,624.17	\$43,173.83	\$20,605.19	\$2,185.87

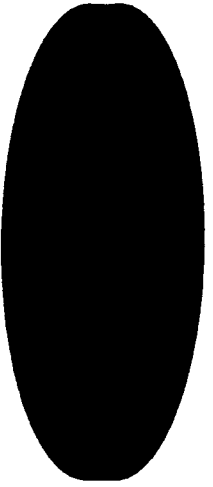
Location: _____ Paid From: 07/01/2013 To: 04/30/2014 Incurred From: To: _____ Claim Type: _____
 Department: _____ Network Lvl: _____ Relationship: _____
 Contract: _____ Include Denied Claims: Yes Dollar Limit: _____

Paid Amounts By Benefit Type

2011HCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Benefit Type	Number of Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Member Paid Coinsurance	Member Paid Deductible	Member Paid Copay	Plan Paid Amount
MEDICAL	197	\$6,433,919.51	\$412,159.25	\$6,021,760.26	\$5,279,279.66	\$0.00	\$0.00	\$0.00	\$742,480.60
UNDETERMINED	119	\$457,073.53	\$454,647.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	219	\$6,890,993.04	\$866,806.52	\$6,021,760.26	\$5,279,279.66	\$0.00	\$0.00	\$0.00	\$742,480.60

Paid Amount By Benefit



<input checked="" type="checkbox"/> MEDICAL	\$742,480.60	100.0%
<input type="checkbox"/> UNDETERMINED	\$0.00	0.0%
Total:	\$742,480.60	100.0%

Location:	Paid From: 07/01/2013 To: 04/30/2014	Incurred From: To:
Department:	Network Lvl: ,	
Contract:		
Prepared by: Melissa Guenther	Claim Type:	Relationship:
	Tran. Type:	Dollar Limit:
	Include Denied Claims: Yes	

Top Primary Diagnosis Codes by Paid Amount

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Diagnosis Code	Number Claims	Number Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
410.71 SUBENDOCARDIAL INFARCTION INITIAL E	6	2	\$235,059.83	\$1,012.84	\$234,046.99	\$196,200.91	\$37,846.08
493.22 CHR OBSTRUCT ASTHMA W EXAC	6	2	\$355,418.75	\$38,796.92	\$316,621.83	\$287,667.95	\$28,953.88
789.00 ABDOM PAIN UNSP SITE	114	42	\$233,667.02	\$29,779.74	\$203,887.28	\$179,735.62	\$24,151.66
510.9 EMPYEMA W/O FISTULA	2	1	\$91,095.90	\$0.00	\$91,095.90	\$71,071.20	\$20,024.70
414.01 CORONARY ATHEROSCLEROSIS OF NATIVE	25	11	\$160,520.17	\$5,017.75	\$155,502.42	\$135,896.04	\$19,606.38
786.59 OTHER CHEST PAIN	35	16	\$154,296.79	\$22,189.02	\$132,107.77	\$112,643.99	\$19,463.78
038.9 UNSPECIFIED SEPTICEMIA	4	3	\$123,221.41	\$9,297.67	\$113,923.74	\$95,526.36	\$18,397.38
786.50 UNSPECIFIED CHEST PAIN	123	44	\$161,704.39	\$27,509.59	\$134,194.80	\$118,815.06	\$15,379.74
592.0 CALCULUS OF KIDNEY	19	4	\$77,788.62	\$693.43	\$77,095.19	\$62,505.52	\$14,589.67
V76.51 SPECI SCREEN MAL NEO COLON	39	18	\$127,222.08	\$11,859.19	\$115,362.89	\$101,289.14	\$14,073.75
V55.3 ATTENTION TO COLOSTOMY	11	3	\$331,276.22	\$13,363.85	\$317,509.62	\$303,681.61	\$13,828.01
161.1 MALIGNANT NEOPLASM OF SUPRAGLOTTIS	8	1	\$153,120.35	\$45,081.11	\$108,039.24	\$96,461.78	\$11,577.46
486 PNEUMONIA ORGANISM UNSPEC	13	7	\$85,301.72	\$120.95	\$85,180.77	\$74,107.44	\$11,073.33
182.0 MALIGNANT NEOPLASM OF CORPUS UTERI,	5	1	\$54,021.34	\$6,074.29	\$47,947.05	\$37,014.46	\$10,932.59
148.9 UNS MALIGNANT NEOPLASM OF HYPOPHARY	82	1	\$64,294.90	\$10,815.42	\$53,479.48	\$43,024.89	\$10,454.59
626.2 EXCESSIVE OR FREQUENT MENSTRUATION	15	6	\$141,303.46	\$17,143.62	\$124,159.84	\$114,214.95	\$9,944.89
996.67 INFECTION ORTH DEVICE OT	5	1	\$156,828.89	\$13,869.14	\$142,959.75	\$133,409.71	\$9,550.04
996.69 INFECTION DUE TO DEVICE OT	1	1	\$52,250.93	\$0.00	\$52,250.93	\$42,708.40	\$9,542.53
574.10 CALCULUS-GALLBLADDER WOTH CHOLECYC	9	3	\$56,353.55	\$0.00	\$56,353.55	\$47,179.24	\$9,174.31
785.6 ENLARGEMENT OF LYMPH NODES	17	6	\$54,523.95	\$1,366.50	\$53,157.45	\$44,319.60	\$8,837.85
Others	2,459	212	\$4,021,722.77	\$612,815.49	\$3,406,883.77	\$2,981,805.79	\$425,077.98
TOTALS	2,964	219	\$6,890,993.04	\$866,806.52	\$6,021,760.26	\$5,279,279.66	\$742,480.60

Location: _____ Paid From: 07/01/2013 To: 04/30/2014 Incurred From: To: _____ Claim Type: _____
 Department: _____ Network Lvl: _____ Tran. Type: _____
 Contract: _____ Include Denied Claims: Yes Relationship: _____
 Prepared by: Melissa Guenther Page 1 of 1 Dollar Limit: _____ Created Date: 5/8/2014

Top Procedure Codes by Paid Amount

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Procedure Code	Number Claims	Number Claimants	Submitted Charges	Ineligible Charges	Eligible Charges	Plan Discount	Plan Paid Amount
R450 EMERGENCY ROOM	245	88	\$900,153.31	\$158,527.06	\$741,626.25	\$645,269.80	\$96,356.45
R360 OPERATING ROOM SERVICES	38	25	\$608,617.18	\$45,812.01	\$562,805.17	\$491,987.06	\$70,818.11
DR233 Coronary bypass w cardiac cath w MCC	1	1	\$135,713.58	\$0.00	\$135,713.58	\$110,161.77	\$25,551.81
R750 GASTROINTESTINAL SERVICES - GENERAL	29	26	\$170,416.84	\$11,585.80	\$158,831.04	\$134,576.94	\$24,254.10
R762 OBSERVATION ROOM - OBSERVATION	16	12	\$262,014.88	\$17,889.93	\$244,124.95	\$220,401.20	\$23,723.75
DR981 Extensive O.R. procedure unrelated to principal diagnosis w MCC	2	1	\$273,352.79	\$24,316.26	\$249,036.53	\$225,514.85	\$23,521.68
DR247 SIGNS + SYMPTMS OF MUSC S	2	2	\$161,380.43	\$0.00	\$161,380.43	\$139,948.69	\$21,431.74
R200 INTENSIVE CARE - GENERAL	2	2	\$124,907.32	\$34,352.50	\$90,554.82	\$70,632.76	\$19,922.06
DR871 DR871	3	2	\$122,274.41	\$9,198.69	\$113,075.72	\$94,678.34	\$18,397.38
DR743 DR743	7	5	\$187,326.30	\$7,268.34	\$180,057.96	\$161,850.59	\$18,207.37
R111 SURGICAL/MED/GYN PR ROOM	10	6	\$211,841.99	\$69,219.32	\$142,622.67	\$124,610.95	\$18,011.72
DR330 URETHRAL STRICTURE AGE 0-	2	1	\$314,291.92	\$12,243.35	\$302,048.57	\$289,805.22	\$12,243.35
R350 CT SCAN - GENERAL	17	14	\$101,646.45	\$4,114.52	\$97,531.93	\$85,383.03	\$12,148.90
DR603 DR603	4	4	\$97,982.01	\$0.00	\$97,982.01	\$86,982.01	\$11,000.00
99285 ER E&M HI SEVER IMMED SIGNIF THREAT	132	54	\$132,799.00	\$22,210.62	\$110,588.38	\$100,492.42	\$10,095.96
R301 CHEMISTRY	68	44	\$67,710.47	\$3,749.61	\$63,960.86	\$53,979.57	\$9,981.29
DR194 BIL TRACT PRO EX TOT CHO	3	3	\$80,308.90	\$0.00	\$80,308.90	\$70,716.46	\$9,592.44
DR908 DR908	1	1	\$52,250.93	\$0.00	\$52,250.93	\$42,708.40	\$9,542.53
99214 OFFICE/OUTPATIENT VISIT,	203	100	\$32,216.14	\$2,744.57	\$29,471.57	\$20,966.71	\$8,504.86
DR490 HIV W OR W/O OT REL CONDI	2	1	\$117,892.88	\$8,284.22	\$109,608.66	\$101,324.44	\$8,284.22
Others	2,299	204	\$2,735,895.31	\$435,289.72	\$2,298,179.33	\$2,007,288.45	\$290,890.88
TOTALS	2,964	219	\$6,890,993.04	\$866,806.52	\$6,021,760.26	\$5,279,279.66	\$742,480.60

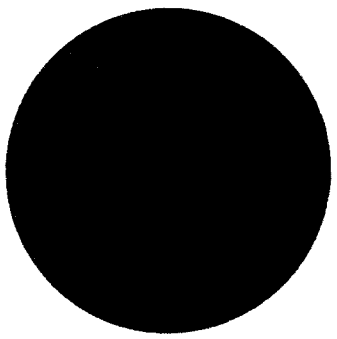
Location: Department: Contract: Paid From: 07/01/2013 To: 04/30/2014 Incurred From: To: Network Lvl: , Claim Type: Tran. Type: Include Denied Claims: Yes Relationship: Dollar Limit:

Claims Processing Timeliness & Auto-Adjudication Ratio

2011HCCC - JOHNSON COUNTY COMMUNITY CARE CORPORATION

Receipt Method	Auto Adj %	No. of Claims	Avg Days to Receive	Avg Days to Process	< 11 Days	11 to 21 Days	22 to 30 Days	> 30 Days	Total < 11 Days	Total < 22 Days	Total < 31 Days
Electronic	0.0%	1,428	14.9	4.6	88.0%	5.4%	3.9%	3.0%	88.0%	93.3%	97.3%
Paper	0.0%	692	21.5	4.1	93.4%	3.0%	2.5%	1.6%	93.4%	96.4%	98.8%
Totals	0.0%	2,120	17.1	4.4	89.7%	4.6%	3.4%	2.5%	89.7%	94.3%	97.8%

Claims Processing Timeliness



■ Less Than 11 Days	89.4%
■ 11 To 21 Days	4.6%
■ 22 To 30 Days	3.4%
■ Greater Than 30 Days	2.5%
Total:	100.0%

All claim processing measurements are calculated and displayed as business days.

Location: _____ Department: _____ Contract: _____	Pross From: 07/01/2013 To: 04/30/2014 Incurred From: To: _____ Network Lvl: _____
Claim Type: _____ Tran. Type: _____ Include Denied Claims: Yes	Relationship: _____ Dollar Limit: _____

Prepared by: Melissa Guenther Page 1 of 1

Created Date: 5/8/2014