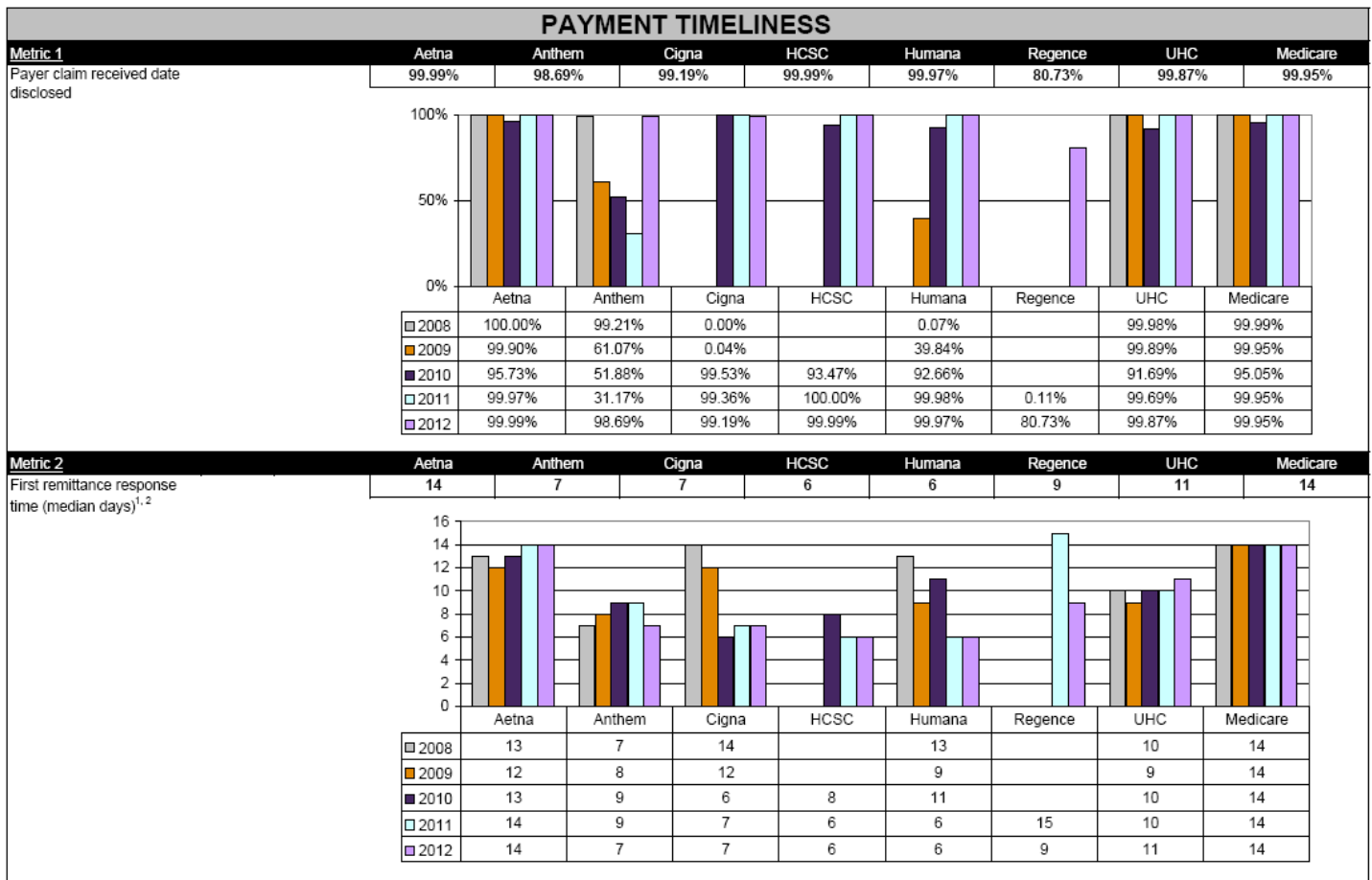


2012 National Health Insurer Report Card

The American Medical Association's (AMA) National Health Insurer Report Card (NHIRC) provides physicians and the general public a reliable and defensible source of critical metrics concerning the timeliness, transparency and accuracy of claims processing by health insurance companies. Billions of dollars in administrative waste would be eliminated each year if third-party payers sent a timely, accurate and specific response to each physician claim.

The NHIRC is for informational purposes only. Physicians and payers are encouraged to review the NHIRC results and support the AMA's "Heal the Claims Process"TM campaign, committing to the goal of reducing the cost of claims administration to one percent of collections. Visit www.ama-assn.org/go/reportcard for more information.



* = New metric reported in 2012 NHIRC

** = May not total 100% due to rounding error

Unused = Not reported in sample

HCSC = Health Care Service Corporation

DNR = Did not report

UHC = UnitedHealthcare

NR = Not reported

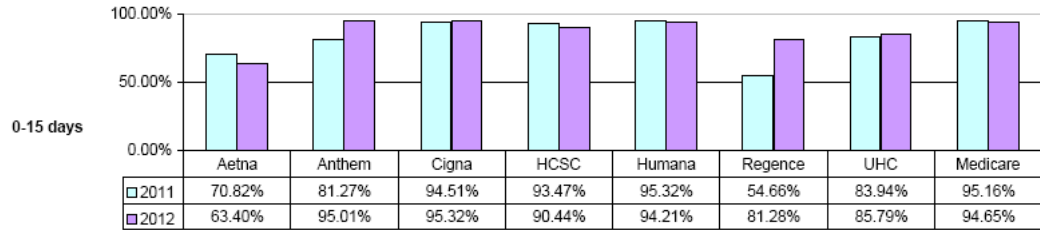
¹ If payer did not report the Payer Claim Received Date, the date of service from the matching 837 was used.

² Difference between payers in the reported metrics 2 and 2A may not represent actual differences in the time taken by physicians to receive payment. More detailed information on this can be found in the document "2012 National Health Insurer Report Card: Statement of methodology, including step-by-step guidance."

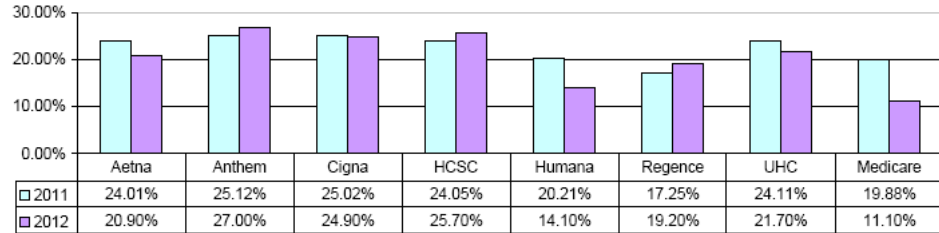
The NHIRC was developed in cooperation with NHXS and the Frank Cohen Group, LLC.

CASH FLOW

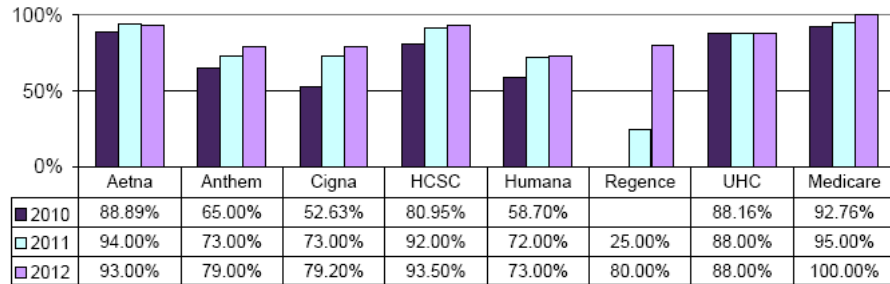
Metric 2A		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Cash flow analysis ²	0-15 days	63.40%	95.01%	95.32%	90.44%	94.21%	81.28%	85.79%	94.65%
	16-30 days	36.20%	3.89%	3.72%	7.35%	5.19%	14.50%	13.73%	4.87%
	31-45 days	0.23%	0.83%	0.57%	1.87%	0.42%	3.25%	0.38%	0.32%
	46-60 days	0.10%	0.22%	0.31%	0.28%	0.12%	0.78%	0.08%	0.14%
	Greater than 60 days	0.06%	0.06%	0.07%	0.07%	0.06%	0.19%	0.02%	0.03%



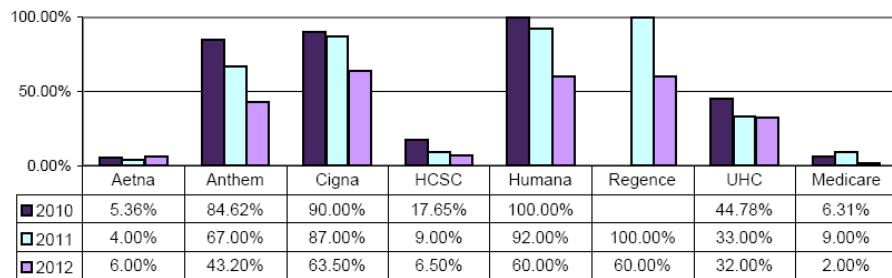
Metric 2B		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Percentage of claim lines paid \$0 ²		20.90%	27.00%	24.90%	25.70%	14.10%	19.20%	21.70%	11.10%



Metric 3		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Electronic funds transfer (EFT) adoption rate		93.00%	79.00%	79.20%	93.50%	73.00%	80.00%	88.00%	100.00%



Metric 3A		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
EFT adopters still receiving checks		6.00%	43.20%	63.50%	6.50%	60.00%	60.00%	32.00%	2.00%



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ACCURACY

Metric 4	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Allowed amount disclosed	100.00%	99.87%	99.10%	100.00%	100.00%	100.00%	100.00%	100.00%

	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
2008	97.77%	97.37%	19.25%		97.33%		93.40%	98.53%
2009	100.00%	81.02%	0.00%		100.00%		99.96%	100.00%
2010	100.00%	99.73%	99.58%	100.00%	99.94%		100.00%	100.00%
2011	99.99%	99.74%	99.44%	100.00%	100.00%	100.00%	100.00%	100.00%
2012	100.00%	99.87%	99.10%	100.00%	100.00%	100.00%	100.00%	100.00%

Metric 4A	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Class of contract disclosed*	92.04% of all relevant claims (17.69% of total claims)	42.08% of all relevant claims (21.66% of total claims)	95.29% of all relevant claims (8.75% of total claims)	55.07% of all relevant claims (7.00% of total claims)	99.97% of all relevant claims (6.32% of total claims)	80.67% of all relevant claims (52.08% of total claims)	99.96% of all relevant claims (5.19% of total claims)	NR

Metric 5	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare	
Contracted fee schedule match rate	Match Rate	96.22%	89.25%	91.71%	91.29%	88.07%	86.05%	98.79%	99.95%
	95% confidence half-width	0.11%	0.11%	0.28%	0.14%	0.21%	1.08%	0.06%	0.01%

	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
2008	70.78%	72.14%	66.23%		84.20%		61.55%	98.12%
2009	82.08%	87.94%	83.09%		93.37%		74.34%	97.53%
2010	87.51%	77.77%	90.61%	93.88%	88.63%		89.86%	98.26%
2011	86.27%	62.08%	86.37%	85.76%	88.51%	86.28%	92.26%	98.91%
2012	96.22%	89.25%	91.71%	91.29%	88.07%	86.05%	98.79%	99.95%

Metric 5A	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare		
Contracted fee schedule match rate by major CPT code categories ³	E & M	Match Rate	97.72%	90.18%	94.86%	91.30%	91.80%	90.46%	98.84%	99.99%
		95% confidence half-width	0.14%	0.17%	0.28%	0.25%	0.37%	1.17%	0.13%	0.01%
	Medicine	Match Rate	93.04%	83.59%	91.82%	88.33%	86.57%	71.43%	97.76%	99.92%
		95% confidence half-width	0.30%	0.30%	0.46%	0.40%	0.69%	3.28%	0.22%	0.05%
	Pathology & Laboratory	Match Rate	97.95%	95.87%	95.44%	95.95%	84.75%	NR	99.26%	99.81%
		95% confidence half-width	0.19%	0.18%	0.39%	0.18%	0.62%	NR	0.11%	0.07%
	Radiology & Imaging	Match Rate	95.86%	88.45%	86.40%	84.68%	86.82%	NR	99.07%	99.88%
		95% confidence half-width	0.27%	0.31%	0.48%	0.43%	0.34%	NR	0.10%	0.10%
	Surgical	Match Rate	95.15%	87.02%	89.42%	94.13%	92.42%	NR	98.15%	99.92%
		95% confidence half-width	0.42%	0.42%	0.83%	0.39%	0.69%	NR	0.30%	0.06%

* = New metric reported in 2012 NHIRC HCSC = Health Care Service Corporation UHC = UnitedHealthcare Unused = Not reported in sample
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³ Only states reported by commercial payers that met the minimum sample size of 500 were reported.

Metric 5B Contracted fee schedule match rate by state X= 95% confidence half- width ^{3**}	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare		
	State	%	X	%	X	%	X	%	X	%	X	%	X	%	X	%	X
AL														100.00%	0.00%	100.00%	0.00%
AR	93.03%	1.92%			93.96%	2.06%				98.21%	0.80%					99.79%	0.29%
AZ	99.73%	0.31%			94.83%	1.10%				75.40%	3.55%					99.89%	0.21%
CA	96.86%	0.15%	91.59%	0.13%	85.36%	1.09%								99.23%	0.75%		
CO			92.07%	1.76%										99.15%	0.88%		
CT	95.16%	0.53%	58.47%	1.41%												100.00%	0.00%
DC	96.40%	0.70%															
FL	98.91%	0.15%			93.13%	0.46%				95.86%	0.28%			99.32%	0.11%	99.97%	0.02%
GA	98.38%	0.34%	87.45%	0.33%	96.48%	0.42%				85.05%	0.89%			98.70%	0.17%	100.00%	0.00%
IA							48.01%	4.16%	86.85%	2.82%							
IL	95.87%	0.92%			97.75%	0.85%	92.12%	0.31%	94.71%	1.81%						100.00%	0.00%
IN			89.73%	0.53%			99.09%	0.73%									
KS			99.49%	0.31%	70.98%	2.88%				20.42%	1.73%						
KY			82.89%	0.42%						78.84%	0.63%						
LA	97.02%	1.23%			98.52%	0.59%				94.70%	0.56%			98.94%	0.32%	100.00%	0.00%
MA					78.14%	1.54%											
MD	94.05%	0.56%			95.03%	0.60%								99.54%	0.18%	99.88%	0.23%
ME					91.82%	2.29%											
MI										95.46%	1.59%					100.00%	0.00%
MN														98.85%	0.84%		
MO			86.13%	1.19%	83.98%	1.34%				88.97%	1.13%			97.33%	0.88%		
MS	96.22%	1.11%								89.80%	1.73%			98.74%	0.87%	99.89%	0.07%
NC	95.55%	0.56%			89.73%	0.82%				92.02%	0.71%			98.85%	0.29%	100.00%	0.00%
NE														97.62%	0.45%		
NV			86.33%	2.86%										99.44%	0.49%		
NY	95.49%	1.63%	51.75%	3.74%												100.00%	0.00%
OH	93.17%	1.06%	90.46%	0.39%	99.83%	0.32%				94.93%	0.85%			97.75%	0.41%	100.00%	0.00%
OK	93.00%	1.38%												98.36%	0.88%		
OR												84.48%	1.80%				
PA										99.23%	0.56%					100.00%	0.00%
SC					99.88%	0.45%										100.00%	0.00%
TN	99.06%	0.47%			93.36%	0.66%				91.89%	1.05%					99.89%	0.04%
TX	91.17%	0.50%			90.48%	0.48%	91.24%	0.16%	91.57%	0.51%				98.63%	0.12%		
UT										95.25%	1.72%			99.37%	0.28%		
VA	93.13%	1.96%			93.76%	1.39%										99.88%	0.09%
WA					100.00%	0.00%						86.29%	1.47%				
WI			91.94%	1.70%													

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ACCURACY

Metric 6	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
First electronic remittance advice (ERA) accuracy	95.39%	88.59%	90.62%	87.57%	87.36%	89.02%	98.32%	99.48%

	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
■ 2010	81.23%	73.98%	84.51%	87.83%	82.92%		85.99%	96.12%
□ 2011	81.08%	61.05%	83.02%	87.04%	81.99%	88.41%	90.23%	96.19%
■ 2012	95.39%	88.59%	90.62%	87.57%	87.36%	89.02%	98.32%	99.48%

ADMINISTRATIVE REQUIREMENTS - Prior Authorization

Metric 7	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Prior authorization frequency	4.68%	2.29%	7.17%	4.15%	13.95%	0.78%	6.70%	0.79%

	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
□ 2011	3.50%	3.10%	6.15%	1.68%	5.20%	0.04%	4.92%	3.28%
■ 2012	4.68%	2.29%	7.17%	4.15%	13.95%	0.78%	6.70%	0.79%

CLAIM EDIT SOURCES and FREQUENCY

Claim Edit Sources

Metric 8		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Source of payer disclosed claim edits ^{4**}	CPT	3.28%	2.16%	6.30%	6.66%	3.35%	7.84%	1.28%	3.16%
	ASA	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%
	NCCI	3.68%	4.23%	10.06%	13.78%	4.36%	5.23%	3.63%	4.08%
	CMS	4.35%	16.86%	63.30%	68.40%	38.70%	85.62%	53.86%	17.60%
	Payer-specific	88.69%	76.74%	20.31%	11.16%	53.59%	1.31%	41.23%	75.16%

Metric 8A		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Total number of available payer claim edits ⁵	CPT	36,266	36,796	36,509	36,796	36,796	36,815	31,135	36,568
	ASA	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070
	NCCI	860,694	860,765	860,765	860,765	860,765	860,765	860,765	860,765
	CMS	184,220	185,371	185,365	185,371	185,371	185,371	169,178	185,371
	Payer-specific	62,335	76,726	1,190	123	5,033	5,000	82,868	19,683,450

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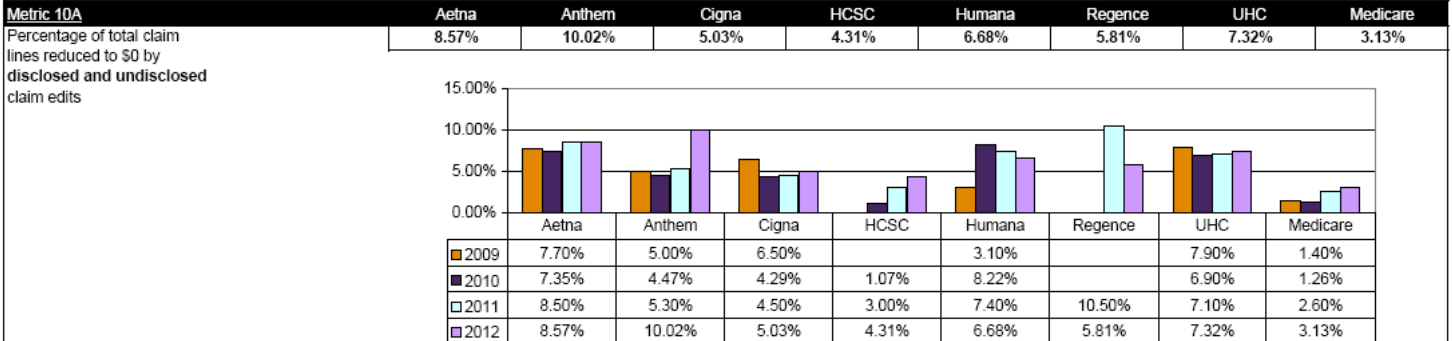
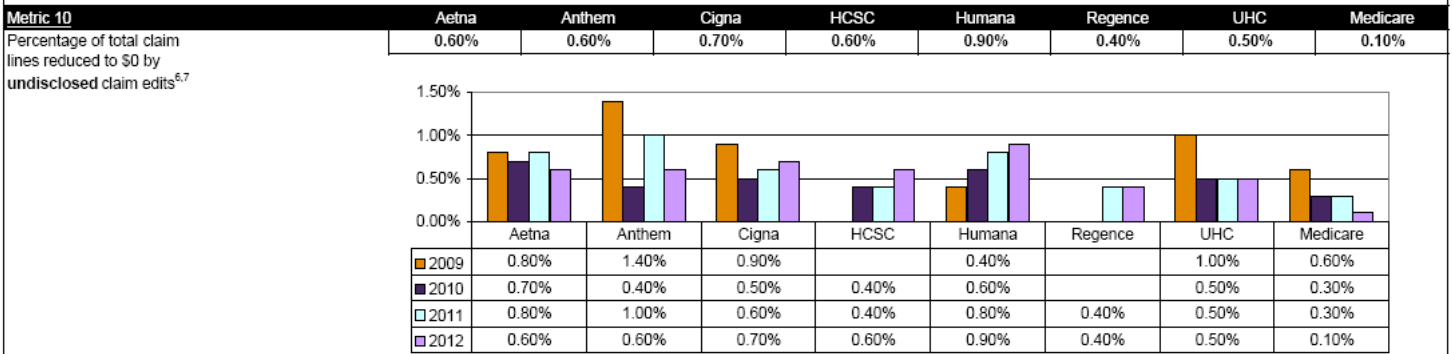
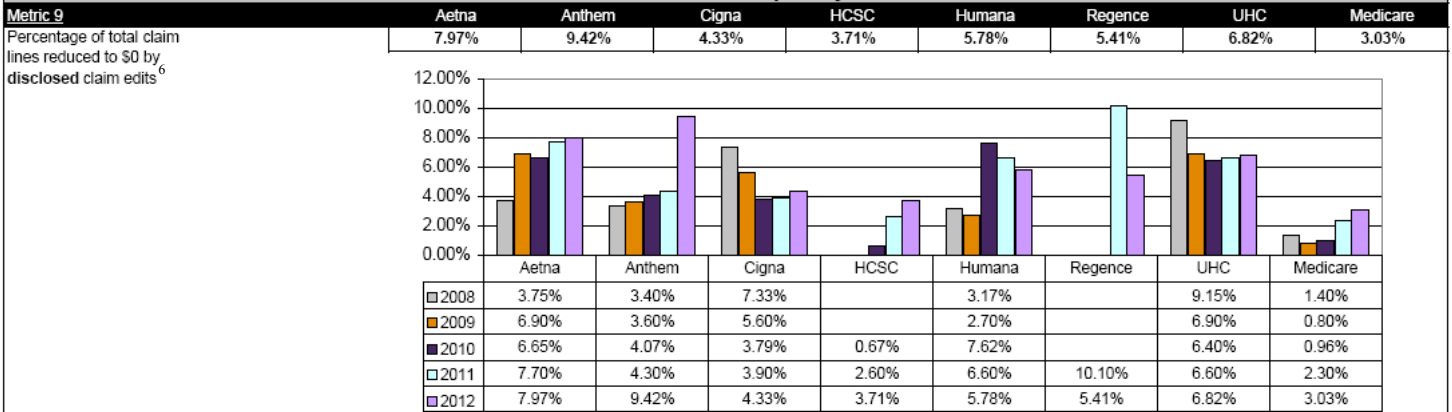
NR = Not reported

⁴ This metric is not intended to infer a payer's compliance with a claim edit source. This metric only identifies claim edit matches to publicly available and recognized sources based on the following claim edit match hierarchy: CPT, NCCI, CMS Publication 100-04 and ASA Relative Value Guide

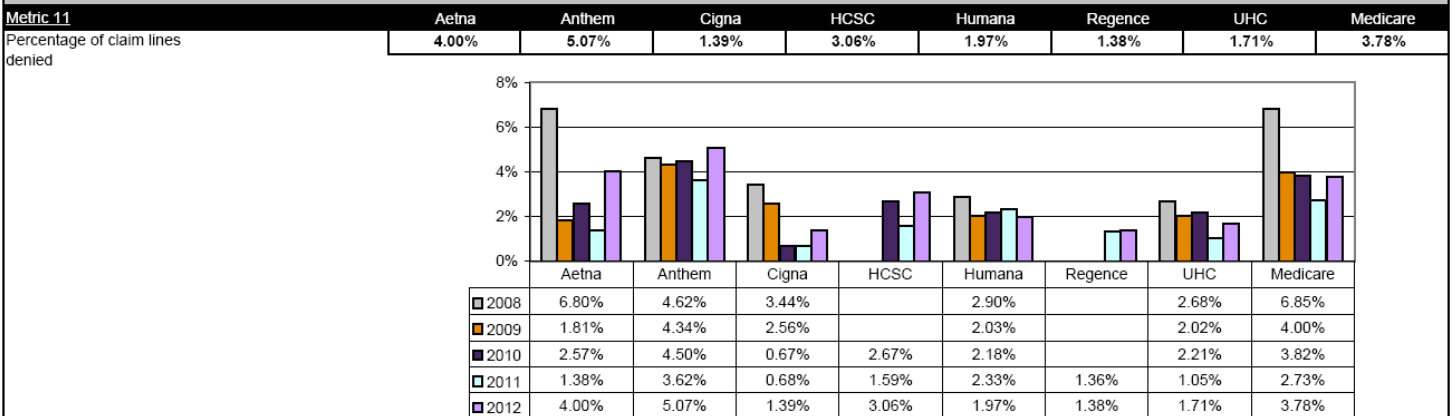
⁵ Increased transparency by payers in edit rules resulted in a general improvement in disclosed edits in Metric 9 and a decrease in the number of undisclosed edits in Metric 10.

CLAIM EDIT SOURCES and FREQUENCY

Claim Edit Frequency



DENIALS



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⁶Increased transparency by payers in edit rules resulted in a general improvement in disclosed edits in Metric 9 and a decrease in the number of undisclosed edits in Metric 10.

⁷To be considered a "disclosed edit" for the purposes of the NHIRC, the complete scope of an edit rule must be disclosed. More detailed information on this can be found in the document "2012 National Health Insurer Report Card: Statement of methodology, including the step-by-step guidance."

DENIALS																
Metric 12	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Reason codes (Claim Adjusted Reason Codes [CARC]) ^{8**}	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%
96	35.15%	204	23.84%	96	41.93%	16	39.77%	96	22.09%	16	33.33%	16	34.35%	16	24.57%	
55	13.84%	16	20.03%	95	23.03%	96	21.54%	165	20.22%	38	22.81%	56	15.42%	B9	14.18%	
197	7.10%	96	10.80%	197	8.41%	49	7.68%	16	16.44%	197	19.30%	96	12.05%	50	13.30%	
226	6.34%	45	8.74%	38	7.31%	B5	6.62%	197	15.31%	204	7.02%	49	8.55%	49	11.52%	
165	6.10%	38	7.28%	50	5.24%	179	6.11%	125	5.88%	227	5.26%	197	5.51%	204	9.44%	
49	5.86%	200	5.51%	51	4.00%	227	4.40%	204	5.73%	149	3.51%	B20	4.21%	140	7.32%	
227	5.83%	197	4.77%	49	3.31%	197	2.42%	B9	2.53%	51	3.51%	204	4.15%	96	5.34%	
56	5.43%	97	3.69%	other	6.77%	50	2.20%	198	2.34%	other	5.26%	100	3.95%	B7	4.28%	
119	4.37%	119	3.51%			other	9.26%	15	2.22%			15	3.05%	236	2.68%	
other	9.98%	other	11.83%					other	7.24%			other	8.76%	other	7.37%	
Metric 13	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Remark codes (Remittance Advice Remark Codes [RAR]) ^{9**}	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%
N130	41.82%	N179	19.05%	Unused		N130	30.62%	N130	15.54%	N29	33.33%	N386	19.58%	MA130	17.05%	
M41	11.32%	N193	11.23%			MA100	21.55%	N115	14.93%	M135	16.67%	MA130	19.27%	M25	14.14%	
N179	8.78%	MA92	7.47%			M127	15.49%	N489	14.31%	N179	16.67%	N174	15.42%	M80	8.41%	
N20	8.64%	N301	5.95%			N4	9.39%	MA130	9.16%	N517	16.67%	N429	9.79%	N115	5.95%	
N54	7.65%	N174	5.56%			N225	8.46%	N431	6.65%	M80	5.56%	N54	9.06%	M77	4.30%	
N56	6.49%	M127	5.41%			N366	4.12%	N427	5.64%	MA67	5.56%	M86	6.88%	MA61	3.55%	
N517	5.15%	N221	5.30%			M29	4.02%	M77	4.84%	N429	5.56%	N115	5.00%	N90	3.50%	
N204	2.29%	N30	4.09%			other	6.35%	N4	4.67%	other	-0.02%	M51	4.27%	N386	3.42%	
other	7.86%	N202	3.85%					N56	3.70%			N30	2.50%	N286	3.15%	
		N130	3.83%					M62	2.82%			N12	2.29%	M16	3.04%	
		N155	3.83%					M139	2.69%			other	5.94%	MA36	2.75%	
		other	24.43%					other	15.05%					other	30.74%	
Metric 14	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Percentage of reason codes (CARC) reported with a required remark code (RAR) ^{**}	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%
16	66.67%	16	86.55%	16	0.00%	16	77.95%	16	99.77%	16	31.58%	16	75.97%	16	100.00%	
96	93.88%	96	97.74%	96	0.00%	96	69.82%	125	100.00%	96	100.00%	96	98.92%	96	100.00%	
125	Unused	125	84.09%	125	Unused	125	Unused	96	100.00%	125	100.00%	125	Unused	125	100.00%	
129	Unused	129	33.33%	129	0.00%	129	Unused	129	Unused	129	Unused	129	100.00%	129	Unused	
148	Unused	148	100.00%	148	Unused	148	Unused	148	Unused	148	Unused	148	Unused	148	Unused	
226	100.00%	226	Unused	226	0.00%	226	Unused	226	Unused	226	Unused	226	100.00%	226	100.00%	
227	96.88%	227	100.00%	227	Unused	227	45.23%	227	Unused	227	100.00%	227	100.00%	227	Unused	
234	Unused	234	Unused	234	Unused	234	Unused	234	Unused	234	Unused	234	Unused	234	Unused	
237	Unused	237	Unused	237	Unused	237	Unused	237	Unused	237	Unused	237	Unused	237	Unused	
A1	Unused	A1	100.00%	A1	Unused	A1	Unused	A1	Unused	A1	Unused	A1	Unused	A1	Unused	

IMPROVEMENT OF CLAIMS CYCLE WORKFLOW																
Metric 15	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
CORE Certification	Phase 1	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	Phase 2	Yes	Yes	Committed	No	Committed	No	Committed	No	Yes	No	Yes	No	Yes	No	
Metric 16	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Prior authorization	Yes	DNR	Yes	DNR	Yes	DNR	DNR	Yes	Yes	DNR	Yes	Yes	Yes	Yes	NA	
Metric 17	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Claim acknowledgement	Yes	DNR	Yes	DNR	Yes	DNR	DNR	Yes	Yes	DNR	Yes	Yes	Yes	Yes	NA	

* = New metric reported in 2012 NHIRC HCSC = Health Care Service Corporation UHC = UnitedHealthcare Unused = Not reported in sample
 ** = May not total 100% due to rounding error DNR = Did not report NR = Not reported

⁸Source: Blue Cross and Blue Shield Association. Visit Washington Publishing Company at www.wpc-edi.com/codes to obtain a complete listing of the Claim Adjustment Reason Codes (CARC) and to propose new or request a revision to existing CARCs.
⁹Source: Centers for Medicare & Medicaid Services OIS/BSOG/DDIS. Visit Washington Publishing Company at www.wpc-edi.com/codes to obtain a complete listing of the Remittance Advice Remark Codes (RAR) and to propose new or request a revision to existing RARCs.

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic health care transactions. The technical references for these transactions are the electronic remittance advice (ERA) (HIPAA ASC X12 835 Health Care Claim Payment/Advice Transaction) submitted to a physician in response to the receipt of an electronic claim submission (HIPAA ASC X12 837 Health Care Claim -- professional transactions).