

MCO Pricing, Utilization and EOB Monitoring Report

Pricing Report - Current Rate Setting Period by Date of Service (DOS)

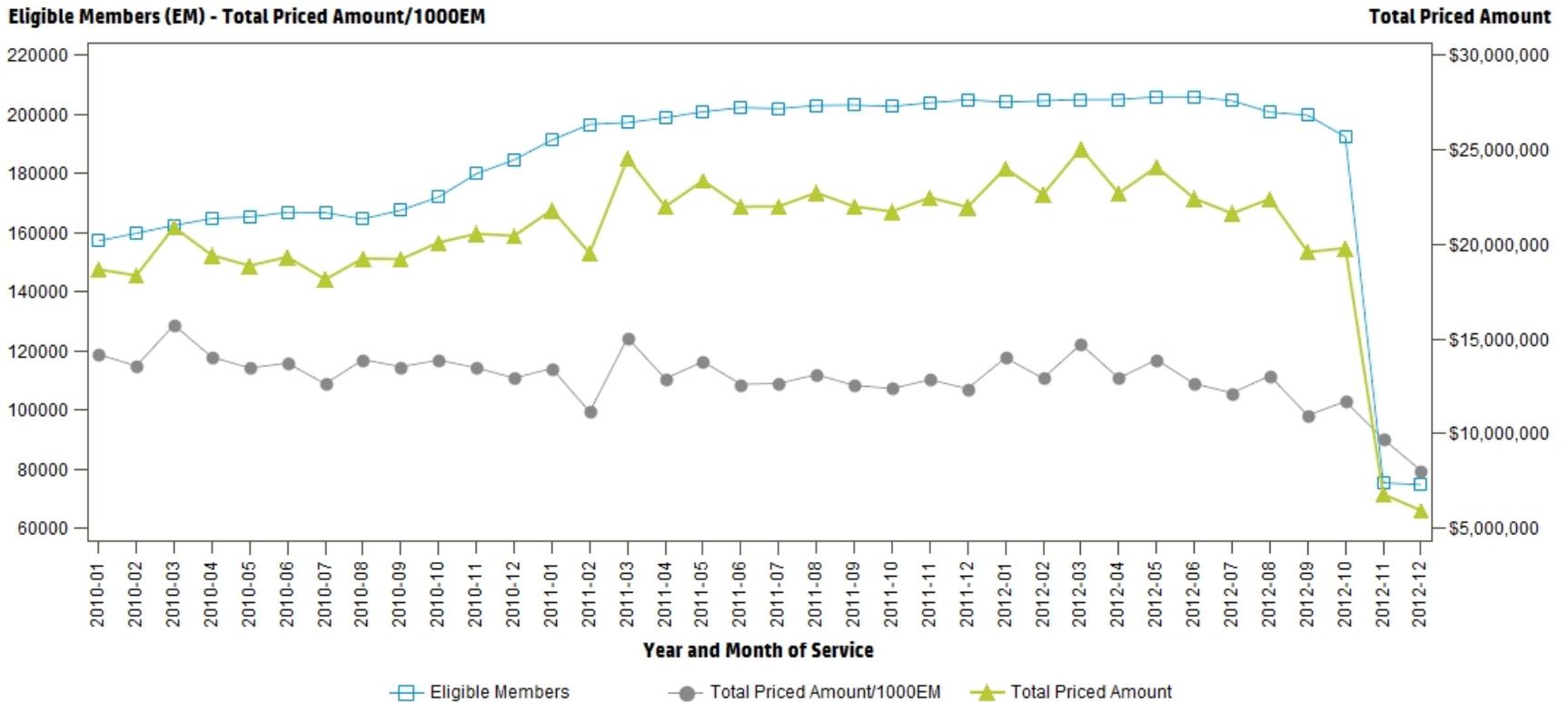
This report shows the trend of Priced Encounter Services by Month of Date of Service for CY 2010-2012 Per 1000 Eligible Members. The chart shows the Total Priced Encounters Services, Eligible Members and Total Priced Encounter Services in the Month of Service for CY 2010-2012 Per 1000 Eligible Members. The associated tables give the further break down of the data by Encounter Type. Only Encounters with a Claim Status Code of "P" and Detail Status Code of "P" after claims engine processing and with a Financial Indicator of 'Y' are included. Given that the criteria used to pull the below data varies from those used for the actuarial rate setting extract the two reports are not to be compared. Institutional Priced Services are counted at the header level (number of ICNs) while the Professional Priced Services are counted at the detail level (number of details). Data reported is through the end of the month prior to the month of report.

* Due to the transition into the HMO Encounter processing system beginning late November of 2012, there is a lag in Encounter data for the later part of 2012.

** This report is not used for Rate Setting

ABC - BC/CORE - Total Priced Amount by Month

Current Rate Setting Period by DOS



MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Total Priced Amount by Month

Current Rate Setting Period by DOS

Yr-Mon	Eligible Members (EM)	Total Priced Amount	Total Priced Amount/1000EM
2010-01	157,227	\$18,681,120	\$118,816
2010-02	159,784	\$18,360,964	\$114,911
2010-03	162,454	\$20,913,650	\$128,735
2010-04	164,777	\$19,429,410	\$117,913
2010-05	165,286	\$18,878,367	\$114,217
2010-06	166,876	\$19,339,950	\$115,894
2010-07	166,747	\$18,151,070	\$108,854
2010-08	164,616	\$19,266,103	\$117,037
2010-09	167,573	\$19,216,505	\$114,676
2010-10	172,035	\$20,102,677	\$116,852
2010-11	179,923	\$20,565,229	\$114,300
2010-12	184,601	\$20,455,089	\$110,807
2011-01	191,347	\$21,826,233	\$114,066
2011-02	196,618	\$19,537,274	\$99,366
2011-03	197,202	\$24,534,795	\$124,415
2011-04	198,876	\$21,998,428	\$110,614
2011-05	200,891	\$23,378,074	\$116,372
2011-06	202,271	\$21,994,240	\$108,737
2011-07	201,946	\$22,009,110	\$108,985
2011-08	203,027	\$22,737,583	\$111,993
2011-09	203,138	\$22,006,320	\$108,332
2011-10	202,697	\$21,746,027	\$107,284
2011-11	203,946	\$22,482,126	\$110,236
2011-12	204,913	\$21,975,678	\$107,244
2012-01	204,174	\$24,026,206	\$117,675
2012-02	204,608	\$22,656,194	\$110,730
2012-03	204,972	\$25,057,916	\$122,250
2012-04	205,057	\$22,712,405	\$110,761
2012-05	205,898	\$24,094,063	\$117,019
2012-06	205,920	\$22,429,263	\$108,922
2012-07	204,622	\$21,644,463	\$105,778
2012-08	200,762	\$22,407,843	\$111,614
2012-09	199,688	\$19,605,721	\$98,182
2012-10	192,405	\$19,806,535	\$102,942
2012-11	75,383	\$6,800,594	\$90,214
2012-12	74,727	\$5,942,207	\$79,519

MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Priced Amount by Month - Dental and Professional

Current Rate Setting Period by DOS

Yr-Mon	Eligible Members (EM)	Dental	Dental/1000EM	Professional	Professional/1000EM	Professional Xover	Professional Xover/1000EM
2010-01	157,227	\$474,185	\$3,016	\$9,049,123	\$57,554	\$0	\$0
2010-02	159,784	\$463,872	\$2,903	\$8,905,723	\$55,736	\$0	\$0
2010-03	162,454	\$545,992	\$3,361	\$10,126,808	\$62,336	\$0	\$0
2010-04	164,777	\$521,355	\$3,164	\$9,615,527	\$58,355	\$0	\$0
2010-05	165,286	\$493,766	\$2,987	\$8,984,415	\$54,357	\$0	\$0
2010-06	166,876	\$536,762	\$3,217	\$9,353,326	\$56,049	\$0	\$0
2010-07	166,747	\$486,423	\$2,917	\$8,902,422	\$53,389	\$0	\$0
2010-08	164,616	\$559,595	\$3,399	\$9,396,177	\$57,080	\$0	\$0
2010-09	167,573	\$578,825	\$3,454	\$9,442,610	\$56,349	\$0	\$0
2010-10	172,035	\$599,002	\$3,482	\$9,854,575	\$57,282	\$0	\$0
2010-11	179,923	\$633,921	\$3,523	\$10,165,024	\$56,497	\$0	\$0
2010-12	184,601	\$640,532	\$3,470	\$9,858,867	\$53,406	\$0	\$0
2011-01	191,347	\$678,845	\$3,548	\$10,959,694	\$57,277	\$0	\$0
2011-02	196,618	\$604,061	\$3,072	\$9,845,924	\$50,076	\$0	\$0
2011-03	197,202	\$783,353	\$3,972	\$12,155,515	\$61,640	\$0	\$0
2011-04	198,876	\$614,170	\$3,088	\$10,932,818	\$54,973	\$0	\$0
2011-05	200,891	\$645,309	\$3,212	\$11,040,955	\$54,960	\$0	\$0
2011-06	202,271	\$648,959	\$3,208	\$10,813,249	\$53,459	\$0	\$0
2011-07	201,946	\$553,278	\$2,740	\$9,805,605	\$48,556	\$0	\$0
2011-08	203,027	\$667,139	\$3,286	\$11,141,596	\$54,877	\$0	\$0
2011-09	203,138	\$655,742	\$3,228	\$10,603,324	\$52,198	\$0	\$0
2011-10	202,697	\$660,897	\$3,261	\$10,505,480	\$51,829	\$0	\$0
2011-11	203,946	\$646,776	\$3,171	\$10,688,559	\$52,409	\$0	\$0
2011-12	204,913	\$612,475	\$2,989	\$10,625,911	\$51,856	\$0	\$0
2012-01	204,174	\$664,828	\$3,256	\$11,775,558	\$57,674	\$0	\$0
2012-02	204,608	\$669,099	\$3,270	\$11,672,414	\$57,048	\$0	\$0
2012-03	204,972	\$739,536	\$3,608	\$12,421,626	\$60,602	\$0	\$0
2012-04	205,057	\$680,229	\$3,317	\$11,509,137	\$56,126	\$0	\$0
2012-05	205,898	\$691,103	\$3,357	\$12,151,097	\$59,015	\$0	\$0
2012-06	205,920	\$618,271	\$3,002	\$10,840,923	\$52,646	\$0	\$0
2012-07	204,622	\$631,545	\$3,086	\$10,640,837	\$52,002	\$0	\$0
2012-08	200,762	\$769,278	\$3,832	\$11,198,318	\$55,779	\$0	\$0
2012-09	199,688	\$597,119	\$2,990	\$9,708,104	\$48,616	\$0	\$0
2012-10	192,405	\$543,487	\$2,825	\$10,315,050	\$53,611	\$0	\$0
2012-11	75,383	\$2,071	\$27	\$3,177,434	\$42,151	\$0	\$0
2012-12	74,727	\$909	\$12	\$2,747,266	\$36,764	\$0	\$0

MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Priced Amount by Month - Institutional

Current Rate Setting Period by DOS

Yr-Mon	Eligible Members (EM)	Home Health	Home Health/1000EM	Inpatient	Inpatient/1000EM	Inpatient Xover	Inpatient Xover/1000EM	Long Term Care	Long Term Care/1000EM	Outpatient	Outpatient/1000EM	Outpatient Xover	Outpatient Xover/1000EM
2010-01	157,227	\$73,221	\$466	\$5,316,880	\$33,817	\$0	\$0	\$0	\$0	\$3,767,711	\$23,963	\$0	\$0
2010-02	159,784	\$74,408	\$466	\$5,297,910	\$33,157	\$0	\$0	\$4,826	\$30	\$3,614,225	\$22,619	\$0	\$0
2010-03	162,454	\$77,039	\$474	\$6,005,838	\$36,969	\$0	\$0	\$2,551	\$16	\$4,155,422	\$25,579	\$0	\$0
2010-04	164,777	\$76,542	\$465	\$5,311,673	\$32,235	\$0	\$0	\$1,390	\$8	\$3,902,923	\$23,686	\$0	\$0
2010-05	165,286	\$91,285	\$552	\$5,433,469	\$32,873	\$0	\$0	\$5,362	\$32	\$3,870,070	\$23,414	\$0	\$0
2010-06	166,876	\$83,445	\$500	\$5,427,791	\$32,526	\$0	\$0	\$3,609	\$22	\$3,935,017	\$23,580	\$0	\$0
2010-07	166,747	\$83,588	\$501	\$5,038,025	\$30,214	\$0	\$0	\$5,298	\$32	\$3,635,314	\$21,801	\$0	\$0
2010-08	164,616	\$78,198	\$475	\$5,570,231	\$33,838	\$0	\$0	\$6,011	\$37	\$3,655,891	\$22,209	\$0	\$0
2010-09	167,573	\$90,861	\$542	\$5,414,746	\$32,313	\$0	\$0	\$120	\$1	\$3,689,344	\$22,016	\$0	\$0
2010-10	172,035	\$114,272	\$664	\$5,623,786	\$32,690	\$0	\$0	\$2,047	\$12	\$3,908,994	\$22,722	\$0	\$0
2010-11	179,923	\$99,704	\$554	\$5,708,819	\$31,729	\$0	\$0	\$11,902	\$66	\$3,945,860	\$21,931	\$0	\$0
2010-12	184,601	\$116,958	\$634	\$5,871,990	\$31,809	\$0	\$0	\$9,940	\$54	\$3,956,801	\$21,434	\$0	\$0
2011-01	191,347	\$86,799	\$454	\$5,595,434	\$29,242	\$0	\$0	\$8,525	\$45	\$4,496,936	\$23,501	\$0	\$0
2011-02	196,618	\$70,881	\$361	\$4,911,365	\$24,979	\$0	\$0	\$6,502	\$33	\$4,098,541	\$20,845	\$0	\$0
2011-03	197,202	\$86,349	\$438	\$6,572,221	\$33,327	\$0	\$0	\$7,491	\$38	\$4,929,866	\$24,999	\$0	\$0
2011-04	198,876	\$94,350	\$474	\$5,901,040	\$29,672	\$0	\$0	\$4,093	\$21	\$4,451,958	\$22,386	\$0	\$0
2011-05	200,891	\$111,125	\$553	\$7,112,005	\$35,402	\$0	\$0	\$19,119	\$95	\$4,449,561	\$22,149	\$0	\$0
2011-06	202,271	\$93,882	\$464	\$6,080,327	\$30,060	\$0	\$0	\$13,256	\$66	\$4,344,567	\$21,479	\$0	\$0
2011-07	201,946	\$101,475	\$502	\$6,759,071	\$33,470	\$0	\$0	\$9,688	\$48	\$4,779,993	\$23,670	\$0	\$0
2011-08	203,027	\$90,627	\$446	\$5,842,641	\$28,778	\$0	\$0	\$26,659	\$131	\$4,968,921	\$24,474	\$0	\$0
2011-09	203,138	\$104,293	\$513	\$6,035,685	\$29,712	\$0	\$0	\$10,721	\$53	\$4,596,554	\$22,628	\$0	\$0
2011-10	202,697	\$126,619	\$625	\$5,777,124	\$28,501	\$0	\$0	\$10,384	\$51	\$4,665,523	\$23,017	\$0	\$0
2011-11	203,946	\$115,306	\$565	\$6,185,004	\$30,327	\$0	\$0	\$6,078	\$30	\$4,840,404	\$23,734	\$0	\$0
2011-12	204,913	\$114,278	\$558	\$5,833,846	\$28,470	\$0	\$0	\$5,224	\$25	\$4,783,943	\$23,346	\$0	\$0
2012-01	204,174	\$122,060	\$598	\$6,763,105	\$33,124	\$0	\$0	\$5,388	\$26	\$4,695,266	\$22,996	\$0	\$0
2012-02	204,608	\$112,688	\$551	\$5,580,263	\$27,273	\$0	\$0	\$3,591	\$18	\$4,618,139	\$22,571	\$0	\$0
2012-03	204,972	\$139,396	\$680	\$6,759,910	\$32,980	\$0	\$0	\$2,098	\$10	\$4,995,349	\$24,371	\$0	\$0
2012-04	205,057	\$140,194	\$684	\$5,773,609	\$28,156	\$0	\$0	\$4,265	\$21	\$4,604,972	\$22,457	\$0	\$0
2012-05	205,898	\$163,562	\$794	\$6,179,391	\$30,012	\$0	\$0	\$16,626	\$81	\$4,892,285	\$23,761	\$0	\$0
2012-06	205,920	\$144,625	\$702	\$6,366,600	\$30,918	\$0	\$0	\$21,797	\$106	\$4,437,046	\$21,547	\$0	\$0
2012-07	204,622	\$164,404	\$803	\$5,600,629	\$27,371	\$0	\$0	\$0	\$0	\$4,607,048	\$22,515	\$0	\$0
2012-08	200,762	\$158,414	\$789	\$5,734,668	\$28,565	\$0	\$0	\$1,277	\$6	\$4,545,888	\$22,643	\$0	\$0
2012-09	199,688	\$123,601	\$619	\$5,149,869	\$25,790	\$0	\$0	\$1,788	\$9	\$4,025,239	\$20,158	\$0	\$0
2012-10	192,405	\$108,260	\$563	\$4,913,499	\$25,537	\$0	\$0	\$3,156	\$16	\$3,923,085	\$20,390	\$0	\$0
2012-11	75,383	\$11,658	\$155	\$1,908,549	\$25,318	\$0	\$0	\$0	\$0	\$1,700,882	\$22,563	\$0	\$0
2012-12	74,727	\$10,983	\$147	\$1,410,713	\$18,878	\$0	\$0	\$2,586	\$35	\$1,769,750	\$23,683	\$0	\$0

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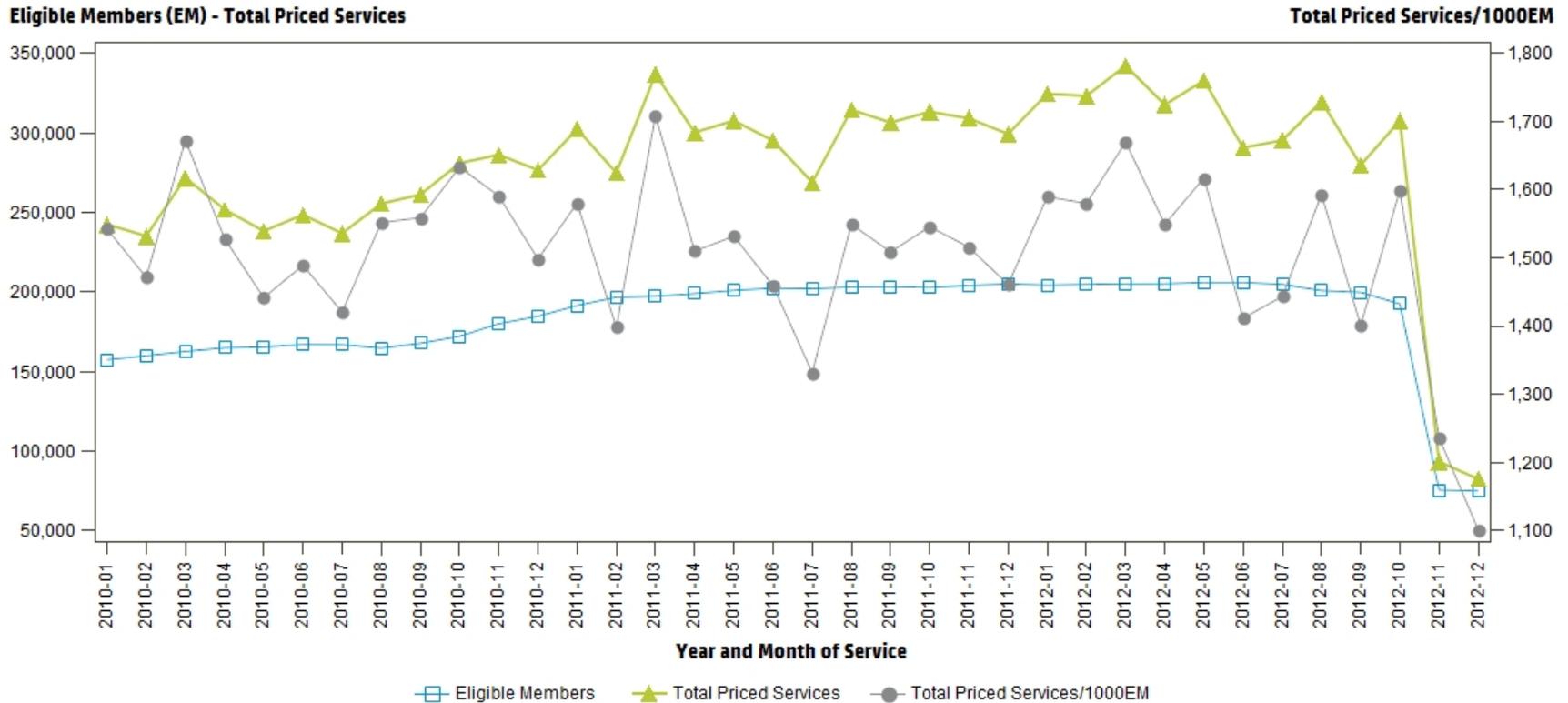
Utilization Report - Current Rate Setting Period by Date of Service (DOS)

This report shows the trend of Priced Services by Month of Date of Service for CY 2010-2012 Per 1000 Eligible Members. The chart shows the Total Priced Services, Eligible Members and Total Priced Services Per 1000 Eligible Members by Month of Service for CY 2010-2012. The associated table gives the further break down of the data by Encounter Type. Only Encounters with a Claim Status Code of "P" and Detail Status Code of "P" after claims engine processing and with a Financial Indicator of 'Y' are included. Institutional Priced Services are counted at the header level (number of ICNs) while the Professional Priced Services are counted at the detail level (number of details). Data reported is through the end of the month prior to the month of report.

* Due to the transition into the HMO Encounter processing system beginning late November of 2012, there is a lag in Encounter data for the later part of 2012.
 ** This report is not used for Rate Setting

ABC - BC/CORE - Total Utilization by Month

Current Rate Setting Period by DOS



MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Total Utilization by Month

Current Rate Setting Period by DOS

Yr-Mon	Eligible Members (EM)	Total Priced Service Count	Total Priced Services/1000EM
2010-01	157,227	242,439	1,542
2010-02	159,784	235,083	1,471
2010-03	162,454	271,771	1,673
2010-04	164,777	251,824	1,528
2010-05	165,286	238,221	1,441
2010-06	166,876	248,468	1,489
2010-07	166,747	236,823	1,420
2010-08	164,616	255,432	1,552
2010-09	167,573	261,196	1,559
2010-10	172,035	280,919	1,633
2010-11	179,923	286,188	1,591
2010-12	184,601	276,560	1,498
2011-01	191,347	302,375	1,580
2011-02	196,618	274,851	1,398
2011-03	197,202	336,832	1,708
2011-04	198,876	300,255	1,510
2011-05	200,891	307,662	1,531
2011-06	202,271	295,097	1,459
2011-07	201,946	268,832	1,331
2011-08	203,027	314,527	1,549
2011-09	203,138	306,461	1,509
2011-10	202,697	313,260	1,545
2011-11	203,946	309,069	1,515
2011-12	204,913	299,309	1,461
2012-01	204,174	324,533	1,589
2012-02	204,608	323,231	1,580
2012-03	204,972	342,235	1,670
2012-04	205,057	317,669	1,549
2012-05	205,898	332,926	1,617
2012-06	205,920	290,623	1,411
2012-07	204,622	295,292	1,443
2012-08	200,762	319,760	1,593
2012-09	199,688	279,727	1,401
2012-10	192,405	307,589	1,599
2012-11	75,383	93,167	1,236
2012-12	74,727	82,251	1,101

MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Utilization by Month - Dental and Professional

Current Rate Setting Period by DOS

Yr-Mon	Eligible Members (EM)	Dental	Dental/1000EM	Professional	Professional/1000EM	Professional Xover	Professional Xover/1000EM
2010-01	157,227	15,046	96	196,300	1,249	0	0
2010-02	159,784	15,188	95	190,152	1,190	0	0
2010-03	162,454	17,975	111	219,665	1,352	0	0
2010-04	164,777	17,036	103	202,708	1,230	0	0
2010-05	165,286	15,800	96	190,002	1,150	0	0
2010-06	166,876	17,489	105	198,521	1,190	0	0
2010-07	166,747	15,253	91	192,170	1,152	0	0
2010-08	164,616	18,192	111	207,826	1,262	0	0
2010-09	167,573	18,578	111	212,375	1,267	0	0
2010-10	172,035	19,960	116	227,916	1,325	0	0
2010-11	179,923	21,175	118	230,936	1,284	0	0
2010-12	184,601	21,380	116	221,069	1,198	0	0
2011-01	191,347	22,245	116	242,613	1,268	1	0
2011-02	196,618	19,994	102	220,958	1,124	0	0
2011-03	197,202	25,238	128	269,755	1,368	1	0
2011-04	198,876	20,810	105	241,609	1,215	1	0
2011-05	200,891	22,381	111	247,724	1,233	0	0
2011-06	202,271	21,532	106	237,054	1,172	1	0
2011-07	201,946	17,560	87	214,391	1,062	1	0
2011-08	203,027	21,757	107	253,985	1,251	1	0
2011-09	203,138	21,922	108	248,181	1,222	2	0
2011-10	202,697	22,782	112	253,326	1,250	9	0
2011-11	203,946	22,860	112	248,549	1,219	1	0
2011-12	204,913	20,973	102	240,550	1,174	3	0
2012-01	204,174	22,568	111	264,475	1,295	3	0
2012-02	204,608	22,668	111	264,022	1,290	1	0
2012-03	204,972	25,955	127	275,851	1,346	4	0
2012-04	205,057	23,268	113	257,009	1,253	4	0
2012-05	205,898	23,429	114	269,765	1,310	2	0
2012-06	205,920	20,081	98	234,410	1,138	1	0
2012-07	204,622	20,102	98	237,041	1,158	4	0
2012-08	200,762	26,295	131	254,909	1,270	1	0
2012-09	199,688	19,943	100	224,998	1,127	1	0
2012-10	192,405	19,310	100	242,121	1,258	5	0
2012-11	75,383	47	1	71,336	946	0	0
2012-12	74,727	35	0	59,652	798	0	0

MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Utilization by Month - Institutional

Current Rate Setting Period by DOS

Yr-Mon	Eligible Members (EM)	Home Health	Home Health/1000EM	Inpatient	Inpatient/1000EM	Inpatient Xover	Inpatient Xover/1000EM	Long Term Care	Long Term Care/1000EM	Outpatient	Outpatient/1000EM	Outpatient Xover	Outpatient Xover/1000EM
2010-01	157,227	1,214	8	1,667	11	0	0	0	0	28,213	179	0	0
2010-02	159,784	1,053	7	1,618	10	0	0	2	0	27,070	169	0	0
2010-03	162,454	1,227	8	1,653	10	0	0	2	0	31,250	192	0	0
2010-04	164,777	1,126	7	1,660	10	0	0	1	0	29,294	178	0	0
2010-05	165,286	1,359	8	1,674	10	0	0	3	0	29,383	178	0	0
2010-06	166,876	1,231	7	1,617	10	0	0	4	0	29,605	177	0	0
2010-07	166,747	1,139	7	1,685	10	0	0	4	0	26,573	159	0	0
2010-08	164,616	1,031	6	1,564	10	0	0	3	0	26,816	163	0	0
2010-09	167,573	1,171	7	1,617	10	0	0	1	0	27,454	164	0	0
2010-10	172,035	1,429	8	1,623	9	0	0	1	0	29,989	174	0	0
2010-11	179,923	1,565	9	1,628	9	0	0	5	0	30,878	172	0	0
2010-12	184,601	1,783	10	1,657	9	0	0	3	0	30,668	166	0	0
2011-01	191,347	1,461	8	1,758	9	0	0	3	0	34,293	179	1	0
2011-02	196,618	1,228	6	1,537	8	0	0	4	0	31,129	158	0	0
2011-03	197,202	1,578	8	1,868	9	0	0	2	0	38,388	195	1	0
2011-04	198,876	1,580	8	1,732	9	0	0	2	0	34,520	174	0	0
2011-05	200,891	1,745	9	1,672	8	0	0	7	0	34,131	170	0	0
2011-06	202,271	1,738	9	1,810	9	0	0	4	0	32,955	163	1	0
2011-07	201,946	1,745	9	1,911	9	0	0	4	0	33,219	164	0	0
2011-08	203,027	1,784	9	1,849	9	0	0	5	0	35,146	173	0	0
2011-09	203,138	1,988	10	1,796	9	0	0	5	0	32,565	160	1	0
2011-10	202,697	2,187	11	1,724	9	0	0	5	0	33,225	164	1	0
2011-11	203,946	2,038	10	1,742	9	0	0	4	0	33,875	166	0	0
2011-12	204,913	2,233	11	1,809	9	0	0	4	0	33,737	165	0	0
2012-01	204,174	2,238	11	1,767	9	0	0	4	0	33,474	164	4	0
2012-02	204,608	1,999	10	1,675	8	1	0	3	0	32,860	161	2	0
2012-03	204,972	2,747	13	1,841	9	0	0	1	0	35,834	175	0	0
2012-04	205,057	2,635	13	1,640	8	0	0	1	0	33,111	161	0	0
2012-05	205,898	3,026	15	1,785	9	0	0	4	0	34,915	170	0	0
2012-06	205,920	2,907	14	1,750	9	0	0	4	0	31,470	153	0	0
2012-07	204,622	3,105	15	1,762	9	0	0	3	0	33,274	163	1	0
2012-08	200,762	3,227	16	1,734	9	0	0	3	0	33,591	167	1	0
2012-09	199,688	2,571	13	1,591	8	0	0	3	0	30,617	153	2	0
2012-10	192,405	2,243	12	1,419	7	0	0	1	0	42,486	221	2	0
2012-11	75,383	197	3	559	7	0	0	0	0	21,028	279	0	0
2012-12	74,727	173	2	395	5	0	0	1	0	21,994	294	0	0

MCO Pricing, Utilization and EOB Monitoring Report

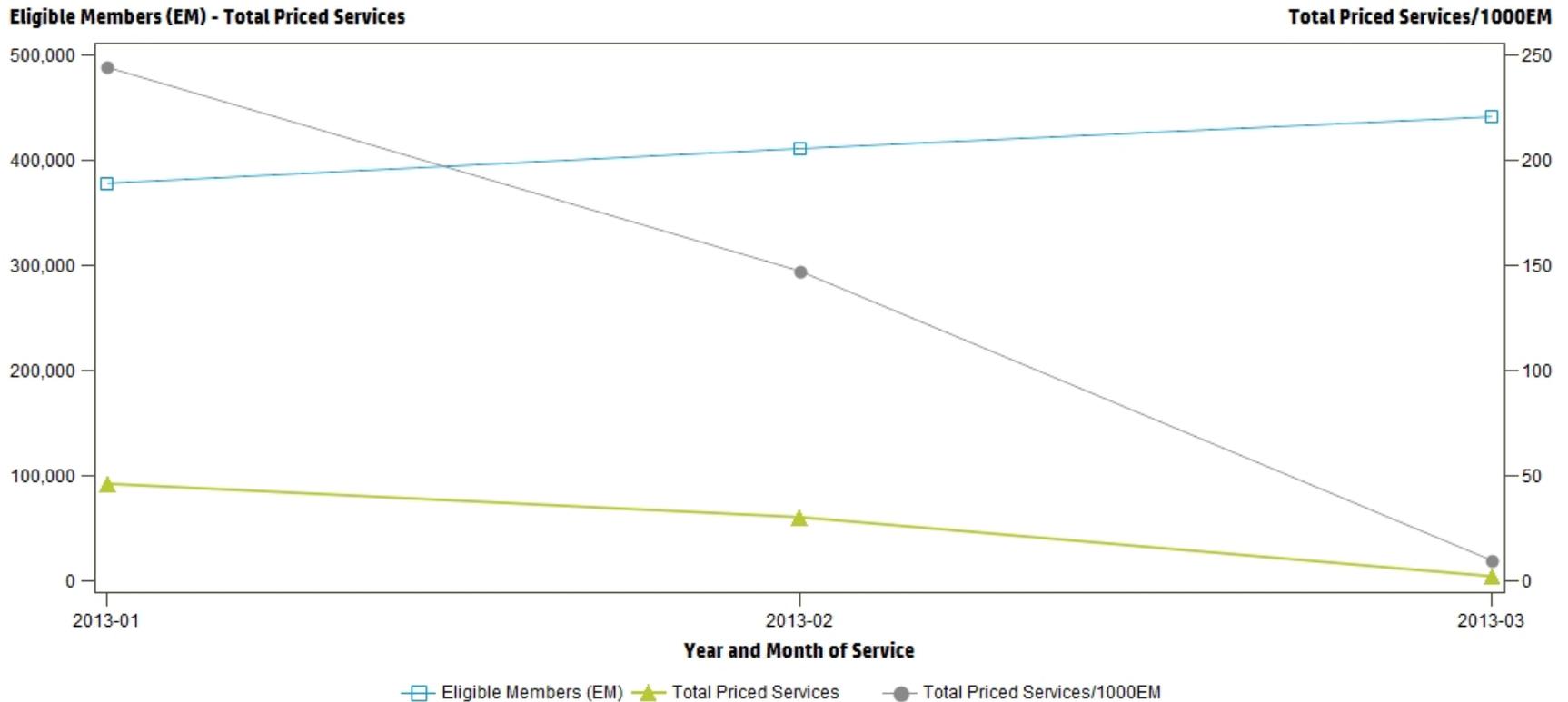
Statewide Utilization Report - 12 Month Rolling by Date of Process (DOP)

This report shows the trend of Priced Services by Month of Date of Process for the last Rolling 12 Month period Per 1000 Eligible Members. The chart shows the Total Priced Services, Eligible Members and Total Priced Services Per 1000 Eligible Members by Month of Service for that period. The associated table gives the further break down of the data by Encounter Type. Only Encounters with a Claim Status Code of "P" and Detail Status Code of "P" after claims engine processing and with a Financial Indicator of 'Y' are included. Institutional Priced Services are counted at the header level (number of ICNs) while the Professional Priced Services are counted at the detail level (number of details). Data reported is through the end of the month prior to the month of report.

* Due to the transition into the HMO Encounter processing system , the 12 month rolling period will start from January 2013 and build from that time forward

Total Statewide Utilization by Month - BC/CORE

12 Month Rolling by DOP



MCO Pricing, Utilization and EOB Monitoring Report

Total Statewide Utilization by Month - BC/CORE

12 Month Rolling by DOP

Yr - Mon	Eligible Members (EM)	Total Priced Services	Total Priced Services/1000EM
2013-01	377,818	92,202	244
2013-02	410,800	60,485	147
2013-03	441,052	4,266	10

MCO Pricing, Utilization and EOB Monitoring Report

Statewide Utilization by Month - BC/CORE - Dental and Professional

12 Month Rolling by DOP

Yr - Mon	Eligible Members (EM)	Dental	Dental/1000EM	Professional	Professional/1000EM	Professional Xover	Professional Xover/1000EM
2013-01	377,818	17	0	70,291	186	0	0
2013-02	410,800	0	0	48,195	117	0	0
2013-03	441,052	0	0	3,986	9	0	0

MCO Pricing, Utilization and EOB Monitoring Report

Statewide Utilization by Month - BC/CORE - Institutional

12 Month Rolling by DOP

Yr - Mon	Eligible Members (EM)	Home Health	Home Health/1000EM	Inpatient	Inpatient/1000EM	Inpatient Xover	Inpatient Xover/1000EM	Long Term Care	Long Term Care/1000EM	Outpatient	Outpatient/1000EM	Outpatient Xover
2013-01	377,818	158	0	77	0	0	0	0	0	21,659	57	0
2013-02	410,800	12	0	4	0	0	0	0	0	12,274	30	0
2013-03	441,052	0	0	0	0	0	0	0	0	281	1	0

MCO Pricing, Utilization and EOB Monitoring Report

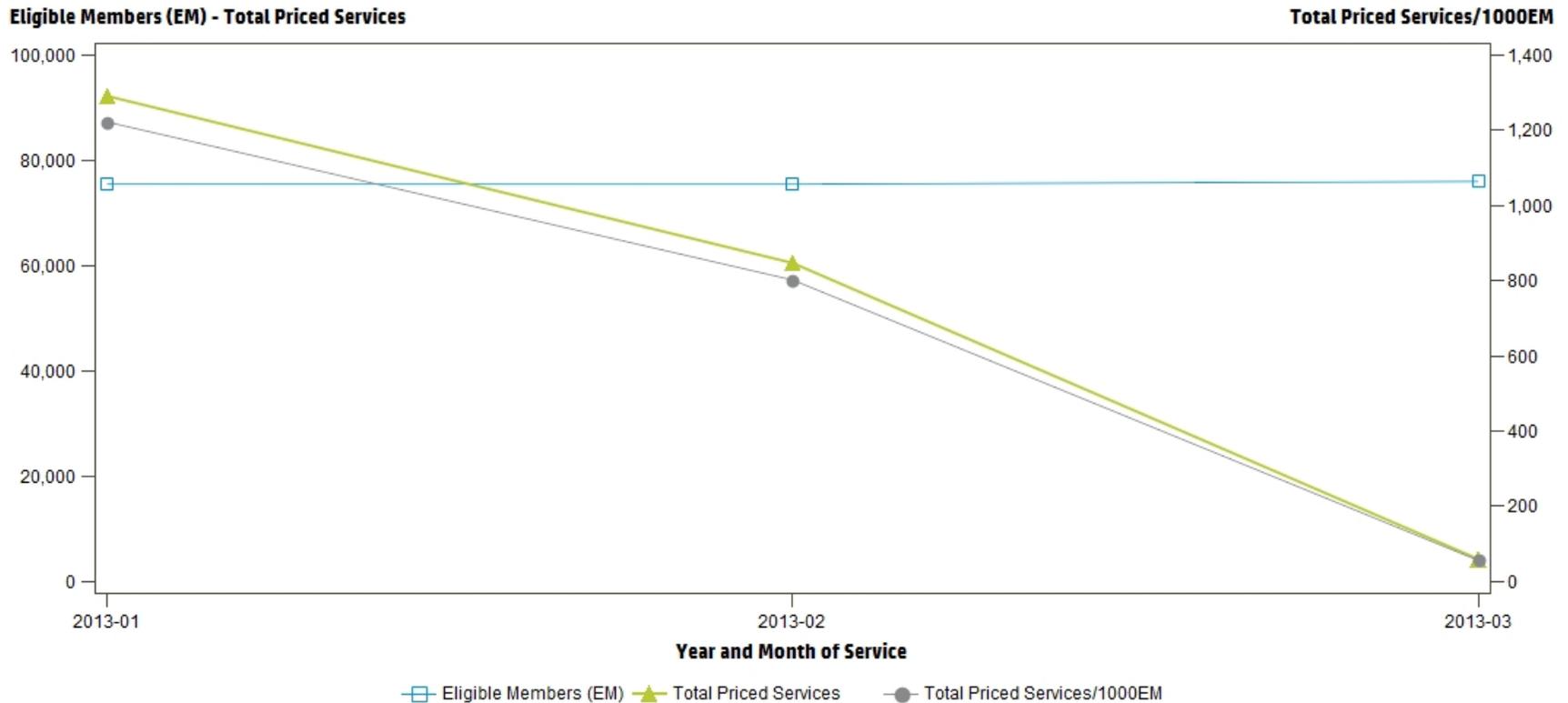
Utilization Report - 12 Month Rolling by Date of Process (DOP)

This report shows the trend of Priced Services by Month of Date of Process for the last Rolling 12 Month period Per 1000 Eligible Members. The chart shows the Total Priced Services, Eligible Members and Total Priced Services Per 1000 Eligible Members by Month of Service for that period. The associated table gives the further break down of the data by Encounter Type. Only Encounters with a Claim Status Code of "P" and Detail Status Code of "P" after claims engine processing and with a Financial Indicator of 'Y' are included. Institutional Priced Services are counted at the header level (number of ICNs) while the Professional Priced Services are counted at the detail level (number of details). Data reported is through the end of the month prior to the month of report.

* Due to the transition into the HMO Encounter processing system, the 12 month rolling period will start from January 2013 and build from that time forward

ABC - BC/CORE - Total Utilization by Month

12 Month Rolling by DOP



MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Total Utilization by Month

12 Month Rolling by DOP

Yr - Mon	Eligible Members (EM)	Total Priced Services	Total Priced Services/ 1000EM
2013-01	75,465	92,202	1,222
2013-02	75,446	60,485	802
2013-03	75,958	4,266	56

MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Utilization by Month - Dental and Professional

12 Month Rolling by DOP

Yr - Mon	Eligible Members (EM)	Dental	Dental/1000EM	Professional	Professional/1000EM	Professional Xover	Professional Xover/1000EM
2013-01	75,465	17	0	70,291	931	0	0
2013-02	75,446	0	0	48,195	639	0	0
2013-03	75,958	0	0	3,986	52	0	0

MCO Pricing, Utilization and EOB Monitoring Report

ABC - BC/CORE - Utilization by Month - Institutional

12 Month Rolling by DOP

Yr - Mon	Eligible Members (EM)	Home Health	Home Health/1000EM	Inpatient	Inpatient/1000EM	Inpatient Xover	Inpatient Xover/1000EM	Long Term Care	Long Term Care/1000EM	Outpatient	Outpatient/1000EM	Outpatient Xover	Outpatient Xover/1000EM
2013-01	75,465	158	2	77	1	0	0	0	0	21,659	287	0	0
2013-02	75,446	12	0	4	0	0	0	0	0	12,274	163	0	0
2013-03	75,958	0	0	0	0	0	0	0	0	281	4	0	0

MCO Pricing, Utilization and EOB Monitoring Report

Top 50* Header Level EOBs by Occurrence Count for the Month Prior to Report

This report shows the top 50 most commonly encountered EOBs at the header (ICN) level for Encounters with a Header Claim Status Code of "D" and a Status Error Code of "C" after claims engine processing. This report includes only those Encounters with a Date of Process (DOP) in the month prior to the report month.

* There may not be 50 distinct EOBs encountered in a given month

ABC - BC/CORE

Rank	EOB_CNT	EOB Code	Description
1	12,748	1679	Unable To Process Your Adjustment Request. Provider ID Number On The Claim And On The Adjustment Request Do Not Match.
2	2,439	0477	Billing Provider indicated is not certified as a billing provider.
3	1,331	1347	Billing provider number is not found or not valid for dates of service.
4	765	0424	Billing Provider ID is Not on File.
5	468	1290	Type of Bill is invalid for the claim type.
6	372	1673	Unable To Process Your Adjustment Request. Claim Has Already Been Adjusted.
7	265	1672	Unable To Process Your Adjustment Request. Original Claim ICN Not Found.
8	232	1671	Unable To Process Your Adjustment Request. Provider Not Found.
9	119	1668	Unable To Process Your Adjustment Request. Claim ICN Not Found.
10	88	1204	Billing Provider is not certified for the Date(s) of Service.
11	29	0025	Billing or Rendering Provider certification is cancelled for the From Date of Service.
12	18	1184	The Header and Detail Date(s) of Service conflict.
13	16	0051	The sum of the Accommodation Days is not equal to the sum of Covered plus Non-Covered Days, or the From and To Dates of Service cannot be the same.
14	14	1260	The sum of the Accommodation Days is not equal to the sum of Covered plus Non-Covered Days.
15	14	1137	Value Code is invalid.
16	11	1270	The header total billed amount is required and must be greater than zero.
17	9	1677	Unable To Process Your Adjustment Request. The Claim Type Of The Adjustment Does Not Match The Claim Type Of The Original Claim.
18	8	1166	Seventh Diagnosis Code is not on file.
19	7	0719	Admission Date does not match the Header From Date of Service.
20	7	1394	From Date of Service is before Admission Date.
21	4	1670	Unable To Process Your Adjustment Request. Member Not Found.
22	4	1399	The Primary Condition Code is invalid.
23	4	0810	A covered DRG cannot be assigned to the claim. The information on the claim is invalid or not specific enough to assign a DRG.
24	4	1161	Secondary Diagnosis Code is not on file.
25	3	3204	Denied. Service Is Not Covered For The Diagnosis Indicated.
26	2	1325	Other Procedure Code is invalid.
27	1	1271	The Total Billed Amount is missing or incorrect.
28	1	0808	Secondary Diagnosis Code(s) in positions 2-9 cannot duplicate the Primary Discharge Diagnosis.
29	1	1294	Header Bill Date is before the Header From Date of Service.
30	1	1106	Interim billing criteria not met.
31	1	0029	LAST NAME DOES NOT MATCH MEMBER ID.
32	1	1529	A more specific Diagnosis Code(s) is required.
33	1	1298	Member ID is not on file.
34	1	1160	Primary Diagnosis Code is not on file.
35	1	0987	Surgical Procedure Code is not related to Principal Diagnosis Code. DRG cannot be determined. Reimbursement determination has been made under DRG 981, 982, or 983. Recoding/adjusting claim may result in a different DRG code assignment and reimbursement.
36	1	1163	Fourth Diagnosis Code is not on file.
37	1	1457	Header To Date of Service is after the ICN Date.
38	1	1164	Fifth Diagnosis Code is not on file.

MCO Pricing, Utilization and EOB Monitoring Report

Rank	EOB_CNT	EOB Code	Description
39	1	1103	The Number of Covered Days is required.
40	1	0806	Etiology Diagnosis Code(s) (E-Codes) are invalid as the Admitting/Principal Diagnosis 1.

MCO Pricing, Utilization and EOB Monitoring Report

Top 50* Detail Level EOBs by Occurrence Count for the Month Prior to Report

This report shows the top 50 most commonly encountered EOBs at the detail level for Encounters with a Detail Status Code of "D" and a Status Error Code of "C" after claims engine processing. This report includes only those Encounters with a Date of Process (DOP) in the month prior to the report month.

* There may not be 50 distinct EOBs encountered in a given month

ABC - BC/CORE

Rank	Count	EOB Code	Description
1	34,517	0175	Rendering Provider indicated is not certified as a rendering provider.
2	12,123	1521	Procedure Code is not allowed on the claim form/transaction submitted.
3	12,029	0116	Procedure Code or Drug Code not a benefit on Date of Service.
4	11,802	0182	Billing Provider Type and/or Specialty is not allowable for the service billed.
5	10,544	1554	The claim type and diagnosis code submitted are not payable.
6	8,694	0794	Procedure not allowed for the CLIA Certification Type.
7	8,481	1280	Rendering Provider Type and/or Specialty is not allowable for the service billed.
8	7,856	0025	Billing or Rendering Provider certification is cancelled for the From Date of Service.
9	7,139	0859	Modifiers submitted are invalid for the Date of Service or are missing.
10	6,049	0278	Member is covered by a commercial health insurance on the Date(s) of Service.
11	4,726	0100	Denied as duplicate claim. Services on this claim were previously partially paid or paid in full.
12	3,388	0477	Billing Provider indicated is not certified as a billing provider.
13	3,289	0205	Detail Rendering Provider certification is cancelled for the Date of Service.
14	3,255	0770	The Revenue Code is not allowed for the Type of Bill indicated on the claim.
15	3,255	0229	The Type of Bill is invalid.
16	3,251	3020	Billing Provider Type and/or Specialty is not allowable for the revenue code billed.
17	3,174	1279	Procedure not payable for Place of Service.
18	1,873	1116	The Revenue Code requires an appropriate corresponding Procedure Code.
19	1,804	0184	Procedure Code is restricted by member age.
20	1,215	0558	The service requested is not allowable for the Diagnosis indicated.
21	1,208	1650	Provider is not eligible for reimbursement for this service. Member must receive this service from the state contractor if this is for incontinence or urological supplies. If not, the procedure code is not reimbursable.
22	1,105	9956	Services have been carved out of HMO encounter processing
23	471	9955	Member is not enrolled in managed care.
24	419	9020	Service paid in accordance with program requirements.
25	308	1522	Surgical Procedure Code is not allowed on the claim form/transaction submitted.
26	308	1511	The Surgical Procedure Code is not payable for the Date of Service.
27	270	1649	Revenue code requires submission of associated HCPCS code
28	174	1257	Member is enrolled in Medicare Part B on the Date(s) of Service.
29	153	1174	The procedure code is not reimbursable for a Family Planning Waiver member.
30	124	9957	This service is not reimbursable for the managed care encounter claim for the member's benefit plan.
31	120	1544	The service is not reimbursable for the members benefit plan.
32	105	1379	The services are not allowed on the claim type for the Member's Benefit Plan.
33	97	0221	The detail billed amount is required.
34	95	1519	The Primary Diagnosis Code is inappropriate for the Procedure Code.
35	81	0273	Resubmit charges for ForwardHealth covered service(s) denied by Medicare on a ForwardHealth claim.
36	80	7256	Modifier invalid for Procedure Code billed.
37	73	0172	Member is Not Enrolled for All Dates of Service Billed.
38	57	1256	Member is enrolled in Medicare Part A on the Date(s) of Service.
39	36	1547	No Rendering Provider Status Found for the From and To Date of Service.

MCO Pricing, Utilization and EOB Monitoring Report

Rank	Count	EOB Code	Description
40	27	1306	Add-on codes are not separately reimburseable when submitted as a stand-alone code.
41	21	0698	Member is not enrolled in ForwardHealth/BadgerCare Plus for the Date(s) of Service.
42	19	0080	Diagnosis Code submitted does not indicate medical necessity or is not appropriate for service billed.
43	14	1198	A National Drug Code (NDC) is required for this HCPCS code.
44	13	1190	One or more Diagnosis Code(s) is not payable for the Date of Service.
45	12	1377	The Procedure Code has Diagnosis restrictions.
46	9	1461	The detail From or To Date of Service is missing or incorrect.
47	9	1460	DETAIL FROM DATE OF SERVICE IS REQUIRED.
48	9	1178	Service is not reimbursable for Date(s) of Service.
49	9	0702	Member has commercial dental insurance for the Date(s) of Service.
50	8	1145	Area of the Oral Cavity is required for Procedure Code.