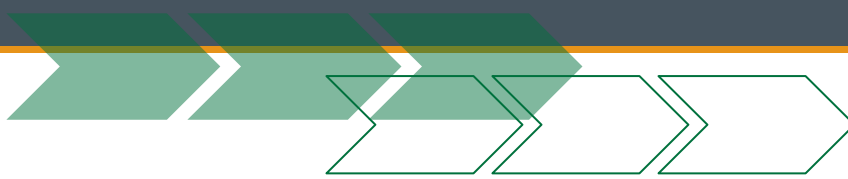


Healthcare

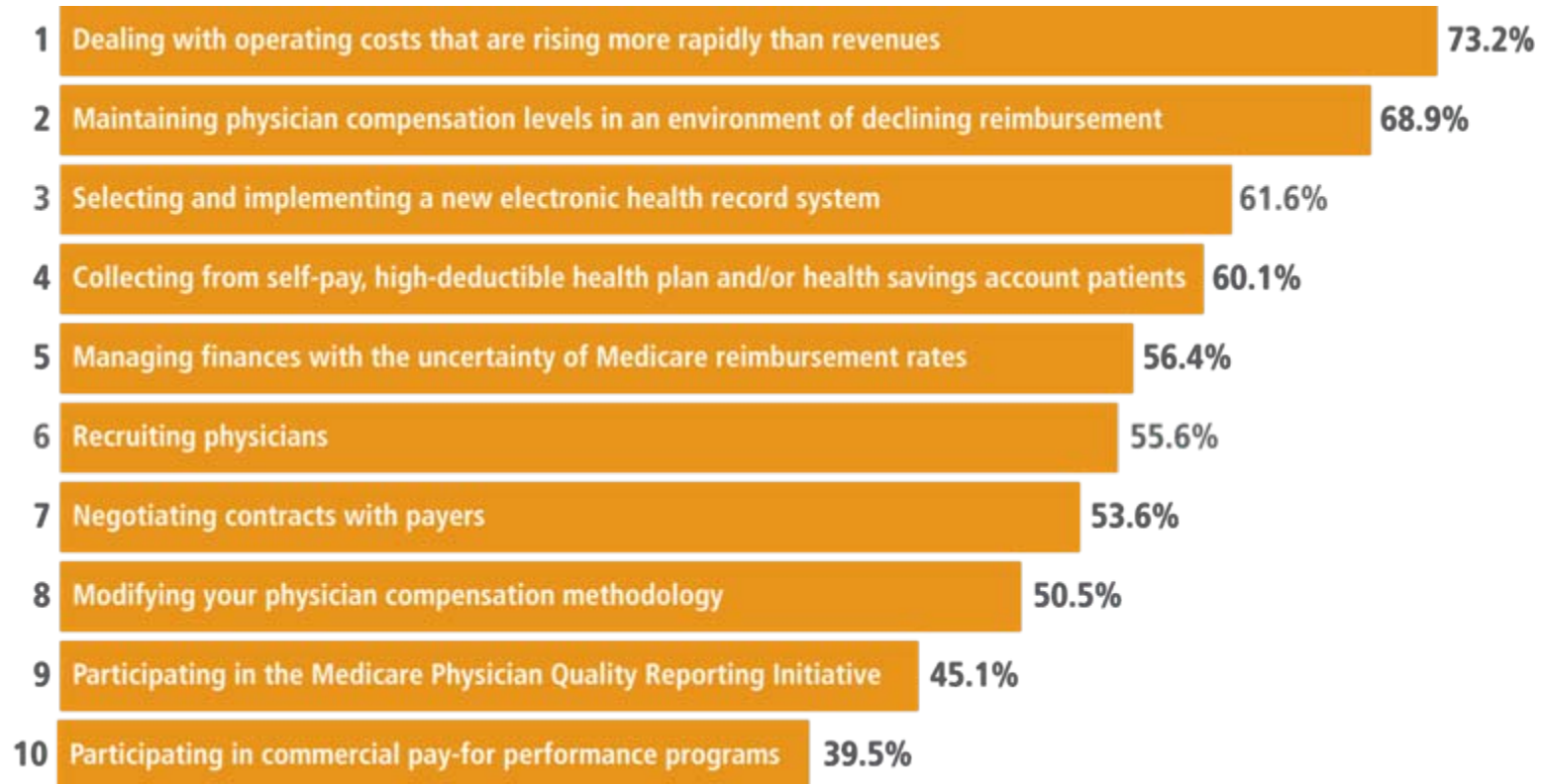
The only market
where you sign a contract
and do not know
what will be paid.

*James Rubin, M.D.
MPV Founder and President*

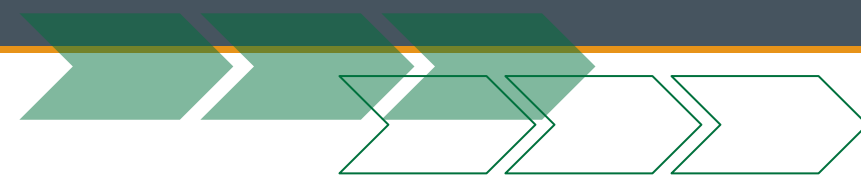


Top 10 Challenges Facing Medical Groups

Percent of respondents who rated each of these challenges as “considerable” or “extreme”



Source: MGMA 2009 “Medical Practice Today: What Members Have to Say” research.



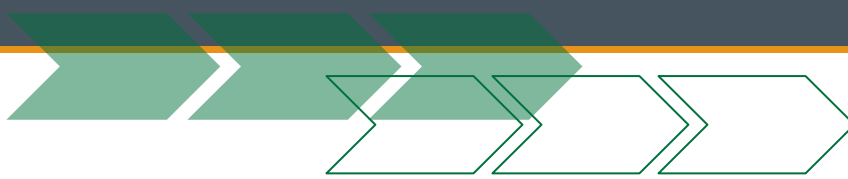
The Challenge

Payer contracts and patient eligibility determine reimbursement and drive practice revenue.

- Are you being paid properly?
- How to increase cash collections from the patients?
- How do you know current benefits and eligibility of your patients?
- How do you negotiate better contracts for the practice?

Do the payers seem to have all the leverage?



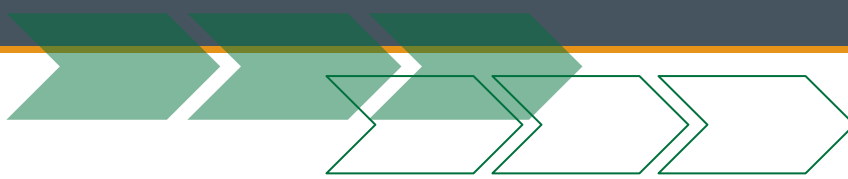


The Solution

Product Software and services Include:

- **Contract Management** - *Audits Claims and Payments*
- **Contract Analysis** - *“What If” Scenarios*
- **Patient Portion Pricer** - *Calculates Patient Portion*
- **Chargemaster Monitor** - *Shows Undercharging*
- **Eligibility-Front End Benefits Verification**
- **Payor Alerts-** *Payor website reimbursement changes*

- *A partner that can interpret, define and **maintain** your payor contracts, fee schedules, payment rules and payor adjudication system logic.*

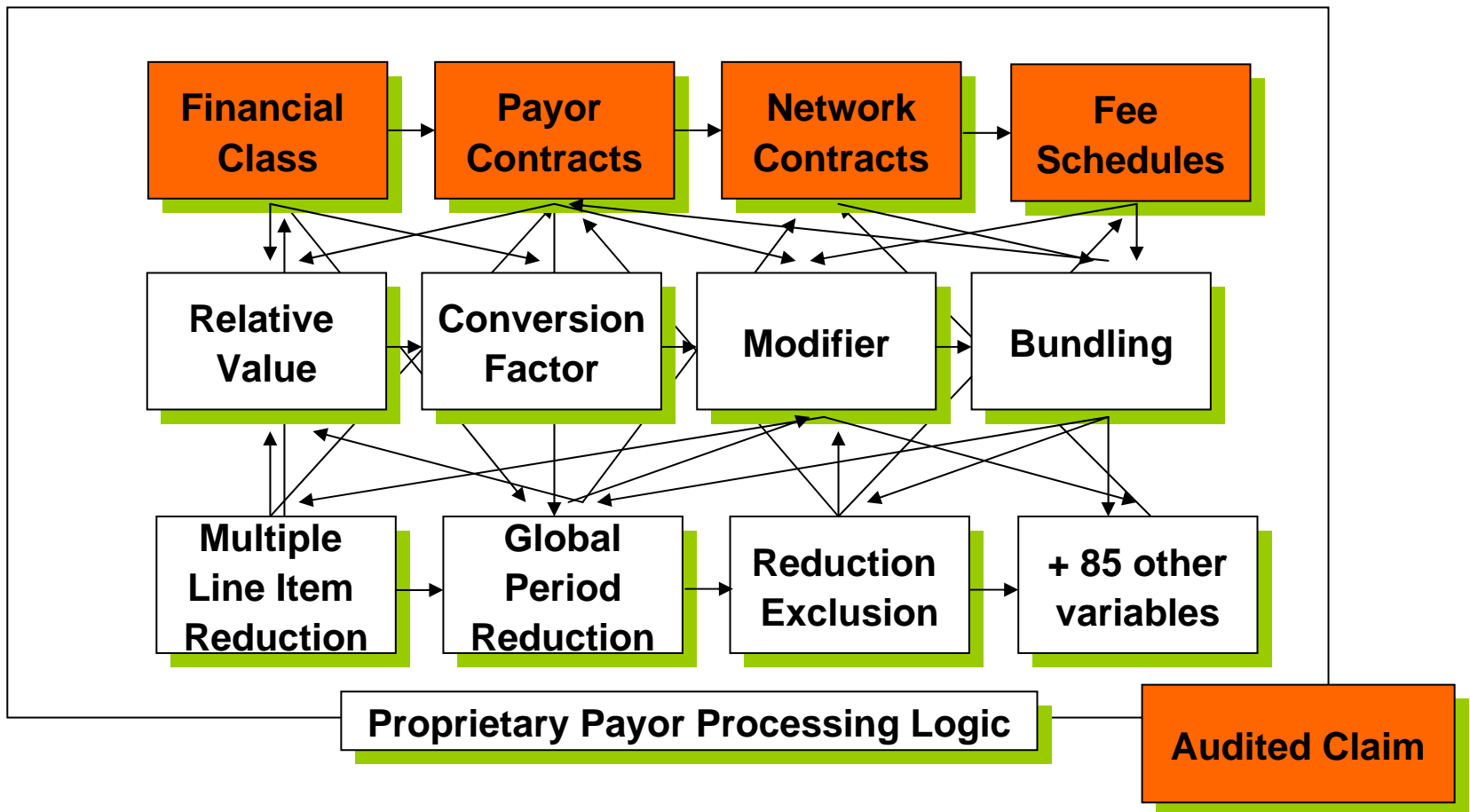


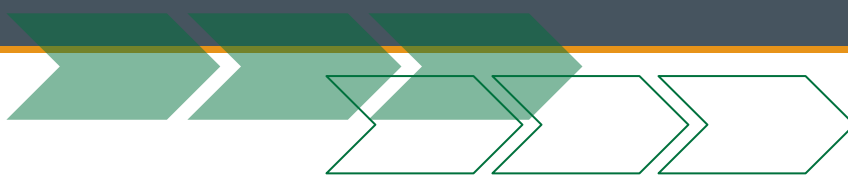
The Unique Difference

- Contract definition analysts
- Reimbursement specialists
- Models all your contracts
- Applies your complex rules such as: Bundling, Carveouts, Modifiers, Add-on procedure rules.
- Claims adjudication system that tracks your payor contract performance and compliance.
- Provides SERVICE to keep contracts updated

How a MPV values a claim

Adjudication Model





Average Variance by Dollars in \$ category

Average Dollar Variance	Count	Average	Grouping
\$0-\$5	210,973	31.46%	Biggest grouping of lost revenue not seen by groups are in small \$ underpayments 76.3%
\$5-\$10	87,014	12.97%	
\$10-\$20	97,725	14.57%	
\$20-\$50	116,251	17.33%	
\$50-\$100	63,340	9.44%	23.7%
\$100-\$500	74,739	11.14%	
\$500-\$1000	12,604	1.88%	
\$1000-\$5000	7,723	1.15%	
\$5000+	298	0.04%	
	670,667	100%	

mpv contract management

MEDG ▼

Friday 12-Feb-2010 | Dean Skonieczny | [Help](#) | [Logout](#)

- My Organization
- Operations
- Providers
- Claims
- Contracts
- Reports
- Dashboard
- Support
- SEARCH
- FILTER

Home | [List](#) | [Groups](#) | [Zero-Valued](#) | [Variances](#) | [Recoveries](#) | [Batch Requests](#) | [Appeals](#) | [Statistics](#)

Reference: SEARCH

Filter: ▼ REAPPLY

Focus: ▼ APPLY CLEAR

All | Owned | Assigned

Claims 1-10 of 10 Show Page 1 of 1 Number of Claims Checked: 0 Select an action: ▼

	S	W	BAR	Acct	Patient	DOS	Updated	Charge	Expected	Allowed	Variance	Code	
					Total (all claims)		12:15:32 PM CST	\$99,016.00	\$23,748.17	\$19,227.36	\$4,520.81		
▶	⊕			S445503	Vanwinkle, Emerson	01/23/2008	03/17/2008	\$8,914.00	\$3,550.16	\$2,474.03	\$1,076.13	1103	<input type="checkbox"/>
▶	⊕			M623368	Domigan, Joni	03/28/2008	05/05/2008	\$21,416.00	\$6,000.01	\$5,221.60	\$778.41	1103	<input type="checkbox"/>
▶	⊕			C475188	Deroo, Mickey	03/23/2008	04/22/2008	\$6,400.00	\$2,110.16	\$1,406.66	\$703.50	1114	<input type="checkbox"/>
▶	⊕			Q353557	Shadden, Brad	03/20/2008	05/11/2008	\$18,579.00	\$3,674.36	\$3,105.99	\$568.37	1103	<input type="checkbox"/>
▶	⊕			M689799	Simmington, Elise	04/28/2008	05/09/2008	\$12,574.00	\$1,862.07	\$1,398.72	\$463.35	1103	<input type="checkbox"/>
▶	⊕	A		S536886	Mclaurin, Cory	03/05/2008	03/24/2008	\$16,541.00	\$1,462.12	\$1,042.51	\$419.61	1124	<input type="checkbox"/>
▶	⊕			Z624042	Torstrick, Jade	03/11/2008	05/04/2008	\$5,500.00	\$2,444.04	\$2,036.70	\$407.34	1103	<input type="checkbox"/>
▶	⊕			Y220101	Rash, Michael	01/29/2008	03/21/2008	\$5,150.00	\$1,278.16	\$1,218.61	\$59.55	1114	<input type="checkbox"/>
▶	⊕	A		L231782	Laxson, Ellen	01/24/2008	02/20/2008	\$3,000.00	\$1,100.56	\$1,076.28	\$24.28	1114	<input type="checkbox"/>
▶	⊕	A		L194495	Batt, Celeste	06/16/2008	07/15/2008	\$942.00	\$266.53	\$246.26	\$20.27	1124	<input type="checkbox"/>
					Total (all claims)		12:15:32 PM CST	\$99,016.00	\$23,748.17	\$19,227.36	\$4,520.81		

Claims 1-10 of 10 Show Page 1 of 1 Number of Claims Checked: 0 Select an action: ▼

Arthroplasty procedures

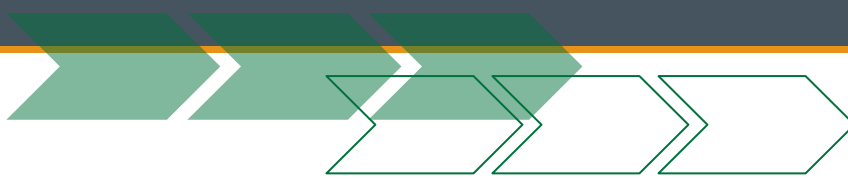
Bilateral error

Provider	Client	Contract Name	Reference1	Reference2	Member ID	Entered	Billed	EOB Posted	Follow Up
		1106 -	3680573			12/29/2006	12/29/2006	02/05/2007	

Status	From Date	To Date	POS	TOS	CPT Code	Mod	Mod	Mod	Mod	Diag	Units	Charge	Expected	Allowed	Variance
	12/20/2006	12/20/2006	21	2	22612					1	1	\$6,086.00	\$2,618.05	\$2,618.05	\$0.00
<ul style="list-style-type: none"> 1022 - Procedure code 22612 is identified in your contract with 1035 - Procedure code 22612 is valued at 100.0% in compliance with the multiple surgery reduction schedule. 															
	12/20/2006	12/20/2006	21	2	22842					1	1	\$5,486.00	\$1,441.34	\$1,441.34	\$0.00
<ul style="list-style-type: none"> 1022 - Procedure code 22842 is identified in your contract with 1068 - This procedure code is not subject to a multiple surgery reduction. 															
	12/20/2006	12/20/2006	21	2	63042	51	50			1	1	\$4,886.00	\$2,167.86	\$1,083.93	\$1,083.93
<ul style="list-style-type: none"> 5100 - Modifier -51, Multiple procedures 5100 - Modifier -50, Bilateral procedure 1160 - This procedure code has been valued as a bilateral service with an allowance for both the right and left sides (valued as two units). 1022 - Procedure code 63042 is identified in your contract with 1035 - Procedure code 63042 (2 units) is valued in compliance with the multiple surgery reduction schedule. 															
	12/20/2006	12/20/2006	21	2	22614					1	1	\$2,086.00	\$739.46	\$739.46	\$0.00
<ul style="list-style-type: none"> 1022 - Procedure code 22614 is identified in your contract with 1004 - Procedure code 22614 is an add-on procedure and is valued at 100%. 															
	12/20/2006	12/20/2006	21	2	22614					1	1	\$2,086.00	\$739.46	\$739.46	\$0.00
<ul style="list-style-type: none"> 1022 - Procedure code 22614 is identified in your contract with 1004 - Procedure code 22614 is an add-on procedure and is valued at 100%. 															
	12/20/2006	12/20/2006	21	2	20930					1	1	\$786.00	\$0.00	\$0.00	\$0.00
<ul style="list-style-type: none"> 1108 - This procedure code is valued at the facility rate. 1086 - The relative value units for this procedure code are equal to zero. 															
9999 - null - DENIAL TO MPV															
TOTAL:												\$21,416.00	\$7,706.17	\$6,622.24	\$1,083.93

Payor allowed 1 units @ 50%
Phynance expects 2 units @ 50%, 50%

- **MPV CM recognizes and calculates bilateral reimbursement for codes billed:**
 - **With modifier 50 and 1 or 2 units**
 - **With or without modifier 50 and billed on 2 lines**
 - **Billed with modifiers LT and RT**



Spinal procedures

Provider	Client	Contract Name	Reference1	Reference2	Member ID	Entered	Billed	EOB Posted	Follow Up
		2100 - HMO - Adult	22014817	04		12/19/2006	12/21/2006	01/05/2007	

Status	From Date	To Date	POS	TOS	CPT Code	Mod	Mod	Mod	Mod	Diag	Units	Charge	Expected	Allowed	Variance
	12/15/2006	12/15/2006	21	2	63075					1, 2	1	\$5,604.00	\$2,257.81	\$2,257.81	\$0.00
	<p>1022 - Procedure code 63075 is identified in your contract with - HMO - Adult.</p> <p>1168 - Procedure code 63075 is valued at 100.0% in compliance with the multiple surgery reduction schedule. (Total RVUs = 36.1200).</p> <p>IDX Batch Number: 1735207</p> <p>Internal Procedure Code: 63075</p>														
	12/15/2006	12/15/2006	21	2	22554					1, 2	1	\$7,384.00	\$1,080.61	\$1,080.61	\$0.00
	<p>1022 - Procedure code 22554 is identified in your contract with - HMO - Adult.</p> <p>1168 - Procedure code 22554 is valued at 50.0% in compliance with the multiple surgery reduction schedule. (Total RVUs = 35.4200).</p> <p>IDX Batch Number: 1735207</p> <p>Internal Procedure Code: 22554</p>														
	12/15/2006	12/15/2006	21	2	22845					1, 2	1	\$4,895.00	\$1,267.80	\$633.90	\$633.90
	<p>1022 - Procedure code 22845 is identified in your contract with - HMO - Adult.</p> <p>1068 This procedure code is not subject to a multiple surgery reduction.</p> <p>IDX Batch Number: 1735207</p> <p>Internal Procedure Code: 22845</p>														
	12/15/2006	12/15/2006	21	2	20931					1, 2	1	\$696.00	\$192.51	\$96.26	\$96.25
	<p>1022 - Procedure code 20931 is identified in your contract with - HMO - Adult.</p> <p>1068 This procedure code is not subject to a multiple surgery reduction.</p> <p>IDX Batch Number: 1735207</p> <p>Internal Procedure Code: 20931</p>														
TOTAL:												\$18,579.00	\$4,798.73	\$4,068.58	\$730.15

Payor reduced allowable by 50% with a multiple procedure calculation

- MPV CM calculates 100% of the fee schedule for each procedure. Both procedures are Modifier -51 (Multiple Procedures) exempt.

Regarding:

Patient Name: Hoops, Diane
Patient Date of Birth: 05/19/1945
Member ID:
Account Number:
Provider Name: Pagano MD, Jim
Date of Service: 12/29/2005

Sample Appeal Letter

Dear Sir/Madam:

According to our agreement with Magnus Health Solutions, the total allowable indicated on the Explanation of Benefits (EOB) for the above referenced claim is incorrect.


Total Expected Allowable:	\$ 408.37
Total Actual Allowable:	\$ 306.25
Remaining Allowable Due:	\$ 102.12

A Comparison of Allowables report is attached that provides additional detailed information regarding this claim, the services rendered, and information regarding expected reimbursement by line item.

Please review this information and process for appropriate disposition. If the information that I have provided regarding your obligations and reimbursement policies is in error, please provide applicable details to that effect. If it is not, please adjust the allowed amount and remit any additional monies owed. Your prompt attention is greatly appreciated.

Someone from our office will be contacting you shortly regarding the status of this appeal.

Patient Portion Pricer



PATIENT PORTION PRICER

New Estimate
Print Estimate
Procedure Sets
Log Out

Estimates: John B. Smith - 67890 (\$3516)

Today's Date: **11/11/2004**

1. Claim Info Clear

First Name	MI	Last Name	Account No.	Group No.	Member No.
John	B	Smith	67890	L42	580

Provider: Beck, Curt
 Contract: HP - Health Plan

2. Procedures Clear

Date	POS	TOS	Procedures	Units	Charge	Expected
11/10/2004	21	2	99254-57, 61312, 61210-59	1		
11/10/2004	21	2	99254 57	1	\$233.00	\$163.00
11/10/2004	21	2	61312	1	\$4,787.00	\$2,678.00
11/10/2004	21	2	61210 59	1	\$2,020.00	\$675.00
Total:					\$7,040.00	\$3,516.00

Save this procedure set with name: Save

3. Benefits Clear

Expected Value:	\$ 3,516.00
Remaining Deductible to be Met:	\$ 250.00
Patient's Co-Insurance:	20.0 %
Other Patient Responsibility:	\$ 0.00
Non Covered Charges:	\$ 0.00
Remaining out of Pocket Limit:	\$ 4,000.00
Patient Portion:	\$ 903.20

Calculate

4. Financial Arrangements Clear

Minimum Deposit Required:	25.0 %
Due Now:	\$ 225.80
Collected:	\$ 225.80
Remaining Patient Balance:	\$ 677.40

Calculate

5. Notes Clear

Benefit information obtained from insurance on 11/10/2004.

25% of patient portion estimate paid on 11/10/2004.

Calculate Patient Portion

Patient: John B. Smith		Contract: PHCS - Private Healthcare Systems	
Provider: Curt Beck		DOS: 11/10/2004	

Financial Arrangements	
Expected Value:	\$ 3,516.00
Remaining Deductible to be Met:	\$ 250.00
Co-Insurance:	20.0 %
Other Patient Responsibility:	\$ 0.00
Non Covered Charges:	\$ 0.00
Remaining out of Pocket Limit:	\$ 4,000.00
Patient Portion:	\$ 903.20

POS	TOS	CPT Code	Modifiers	Units	Charge	Expected
21	2	99254	57	1	\$ 233.00	\$ 163.00
21	2	61312		1	\$ 4,787.00	\$ 2,678.00
21	2	61210	59	1	\$ 2,020.00	\$ 675.00
Total:					\$ 7,040.00	\$ 3,516.00

Notes

Benefit information obtained from insurance on 11/10/2004.

25% of patient portion estimate paid on 11/10/2004. The remainder to be billed later.

Patient/Guarantor Signature

Date

This signature represents my acknowledgement that the above information is only an estimate based on benefit information provided by my insurance company for the anticipated procedures. I understand that there may be other charges for which I am liable if additional procedures are medically necessary as part of my care or if the insurance benefits information proves to be incorrect.

Print/Save Invoice



Medical Group Estimate - 12/15/2008

Claim Information

Patient:	Mark C. Davidson	Contract:	EL15 - Cigna PPO
Account No.:	22883399	Provider:	Greer, Herb
Group No.:	011837	DOS:	12/30/2008
Member No.:	ZHP730272022		

Benefits Information

Expected Value:	\$ 1,694.00
Remaining Deductible to be Met:	\$ 800.00
Patient's Co-Insurance:	40.0%
Other Patient Resp:	<N/A>
Non-Covered Charges:	<N/A>
Remaining Out-of-Pocket Limit:	\$ 5,000.00
Patient Portion:	\$ 1,037.80

Financial Arrangements

Minimum Deposit Required (%):	50.0%
Minimum Deposit Required (\$):	\$ 518.80
Due Now:	\$ 518.80
Collected:	\$ 518.80
Remaining Patient Balance:	\$ 518.80

Date	POS	TOS	Procedure	Modifiers	Units	Total Charge	Expected
12/30/2008	24	2	29888: KNEE ARTHROSCOPY/SURGERY		1	\$ 5,100.00	\$ 1,301.12
12/30/2008	24	2	29881: KNEE ARTHROSCOPY/SURGERY		1	\$ 2,900.00	\$ 392.88
Total:						\$ 8,000.00	\$ 1,694.00

Notes

\$518.80 collected on 12/15/08.

Patient/Guarantor Signature

Date

This signature represents my acknowledgement that the above information is only an estimate based on benefit information provided by my insurance company for the anticipated procedures. I understand that there may be other charges for which I am liable if additional procedures are medically necessary as part of my care or if the insurance benefits information proves to be incorrect. -H

“

Using Patient Portion Pricer to collect co-payments and deductibles from patients upfront has increased our average monthly cash collections by 45%.

”

**Twyla Fuertes,
Business Manager,
Texas Orthopedics**


Claim Re-Adjudication

mpv phynance

Monday 18-Dec-2006 | Allison Smith | [Help](#) | [Logout](#)

My Organization Providers Claims **Contracts** Reports Support

Home | List | Contract Codes | Contract Groups | HCOs | Analysis | Carveout Imports | Batch Requests

Select an action: 

UnitedHealthcare 2006 to 2007

GENERAL

Name: UnitedHealthcare 2006 to 2007
 Created By: User Twelve on 11/16/2006
 Claims Filter: 1139 Sep
 Detail Level: Results can be grouped by claim fields and procedure codes

STATUS



Started On: 11/16/2006 11:01 AM No. of Claims: 1,149
 Completed On: 11/16/2006 11:10 AM Claims Valued: 1,149
 Processing Time: 9 minutes % Claims Valued: 100.00

RESULTS SUMMARY

Code	Contract		% Diff
MC06 (1)	MC06 - null (01/01/2006 - 12/31/2006)	\$0.00	0.00%
MC07 (2)	MC07 - null (01/01/2007 - 12/31/2007)	-\$5,584.02	-5.36%

Compare 2 contracts:

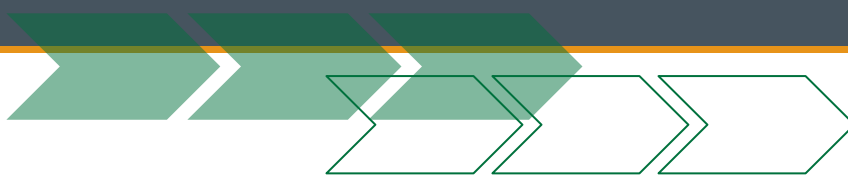
- *UnitedHealthcare 2009*
- *UnitedHealthcare 2010 (Proposed)*

Primary Grouping: (NONE)  Secondary Grouping: 

Groups 1-1 of 1 Show 10 

Count	Units	Charge	MC06 (1)	MC07 (2)	Diff	% Diff
1,494	1,574	\$381,724.66	\$104,215.86	\$98,631.84	-\$5,584.02	-5.36%

NOTES



MPV Payer Alerts

Location: You can specify which alerts go to whom when you register your subscribers.

Issuer: Name of the insurance company issuing the change

Title: Title of policy or information item

Change: Category of change or information item

Date: Date that the policy becomes effective

Description: Brief description of the change

Links: Link to information on insurer's web site



From: MPV Payer Alerts
Sent: Thursday, February 18, 2010
To: MPV_Alert_Scrubscriber
Subject: CIGNA Corporation – Outpatient Acute Rehabilitation

CIGNA Corporation

Title	Outpatient Acute Rehabilitation
Category	Clinical,Reimbursement
Effective Date	2/15/2010
Change Overview	CIGNA has updated this policy to include the following coverage information for plans formerly administered by Great West Healthcare: 1) Physical, occupational and speech therapy services are covered only when the services are expected to result in significant clinical improvement within two months. 2) Physical therapy is only covered when the services are performed to restore function and prevent disability following acute disease, injury or loss of body part. 3) Occupational therapy is only covered to attain the maximum level of physical and psycho-social independence following acute disease, injury, condition, or loss of body part. 4) Speech therapy is covered only for the restoration of speech due to impairment following acute injuries, disease or conditions. For complete details, please click on the link below.
Link(s)	http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0441_coveragepositioncriteria_intensive_outpatient_rehabilitation.pdf

Reporting with the MPV Data Engine



Executive Dashboards

Payer Score Card Analysis

Knowledge Based Reporting

Charge Master Monitoring

RVU Reporting

Prompt Payment Penalties Reporting

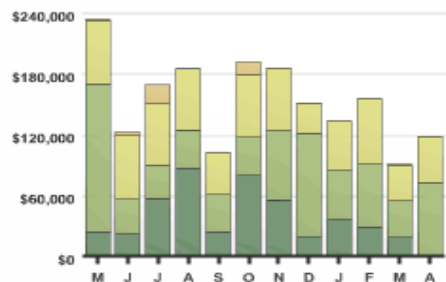
Misc Reports

3 Views per Line Daily Metrics

Claim Activity [Edit](#) [Delete](#)

Activity Types, showing Dollar Amount

Recoveries Appeals Variances
 Denials

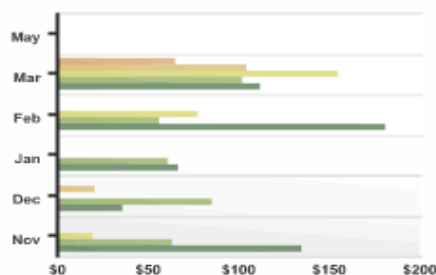


1-4 of 4 Updated: 04/23/2006

Undercharges [Edit](#) [Delete](#)

Contract Codes, showing Total Undercharge

ATNA ATNH MCRE UNHC HUMP

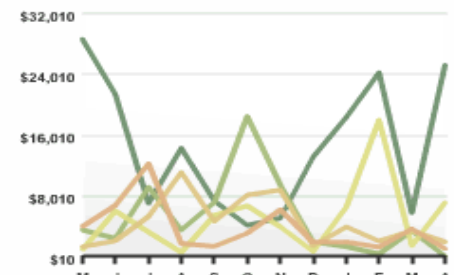


1-5 of 7 Prev | [Next](#) Updated: 04/30/2006

Variances [Edit](#) [Delete](#)

Contract Codes, showing Total Variance

COMM HUMP AFFD BCHP ATNA

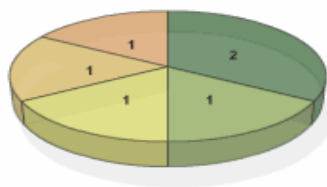


1-5 of 33 Prev | [Next](#) Updated: 04/23/2006

Denied Claims [Edit](#) [Delete](#)

Contract Codes, showing Claim Count

HMOB MCRE AFFW ATNH TWCC

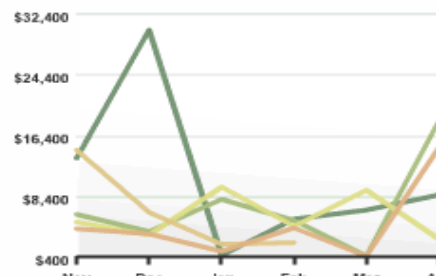


6-10 of 12 Prev | [Next](#) Updated: 04/30/2006

Appealed Claims [Edit](#) [Delete](#)

Contract Codes, showing Total Appealed

BCHP HUMP MCRE ATNA HUMH

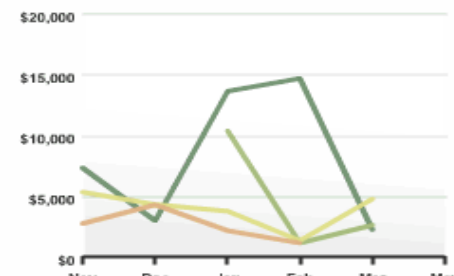


1-5 of 28 Prev | [Next](#) Updated: 04/23/2006

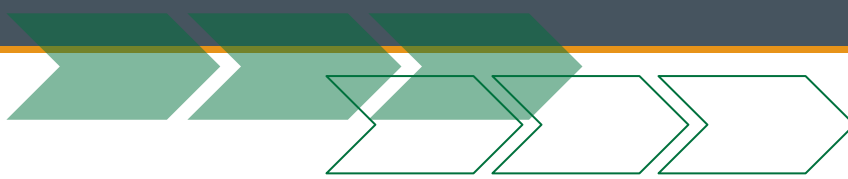
Recovered Claims [Edit](#) [Delete](#)

Contract Codes, showing Total Recovered

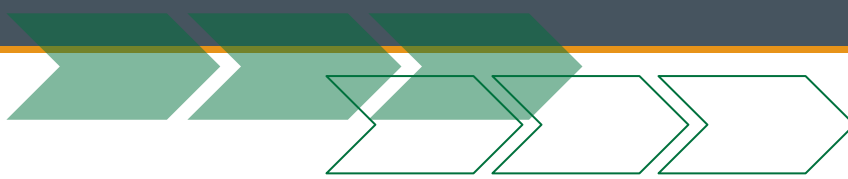
BCHP UNHC MCRE CM70 HUMP



1-5 of 24 Prev | [Next](#) Updated: 04/30/2006



-
- Questions and Answers
 - For more information, visit www.mpv.com or contact Sandra Frykman, Regional Director, Medical Present Value, Inc. (MPV), sfrykman@mpv.com or 415.215.8220



Credentials and Experience

Founded 1998
12 years experience

235+
Physician group clients

21,000+
Payer contracts defined

70,000+
Payer Web pages
monitored daily

192 million
Claims audited to date

60,000
Physicians for which
MPV audit claims

\$70 billion
Charges run through
system

39 states
Geography – valued
claims in

3.4%
National
underpayment rate

Sample Clients



VAIL • SUMMIT ORTHOPAEDICS



UC DAVIS HEALTH SYSTEM



UCLA

UC Irvine UNIVERSITY OF CALIFORNIA

SHARP

USC Care



CALIFORNIA PACIFIC ORTHOPAEDICS & SPORTS MEDICINE



DELAWARE ORTHOPAEDIC CENTER

