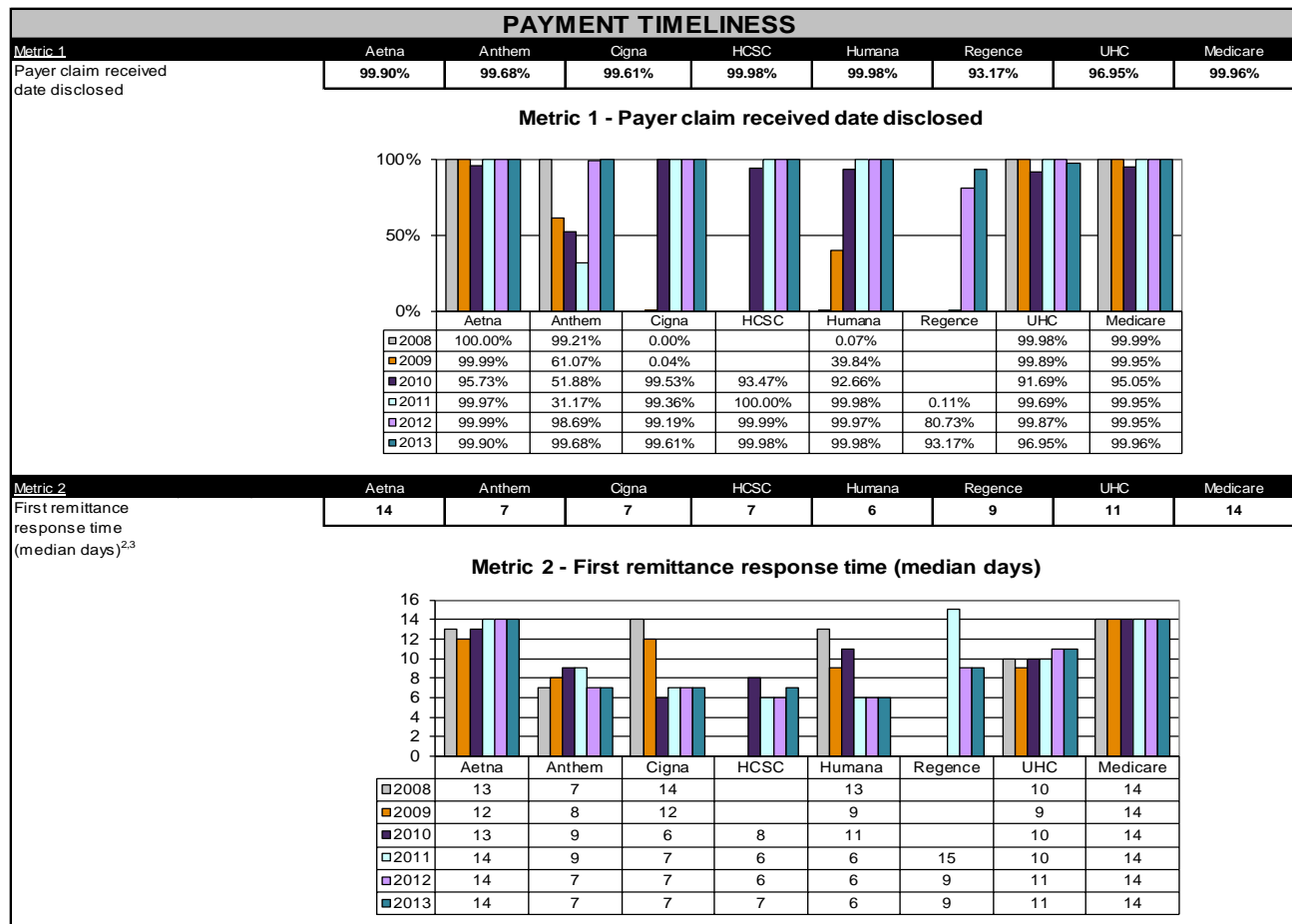




# 2013 National Health Insurer Report Card

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.<sup>1</sup> 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"<sup>TM</sup> campaign, committing to the goal of reducing the cost of claims administration to one percent of collections. Visit [www.ama-assn.org/go/reportcard](http://www.ama-assn.org/go/reportcard) for more information.



\* = New metric reported in 2013 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

<sup>1</sup> The NHIRC was developed in cooperation with NHXS and the Frank Cohen Group, LLC.

<sup>2</sup> 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 "2013 National Health Insurer Report Card: Statement of methodology, including step-by-step guidance."

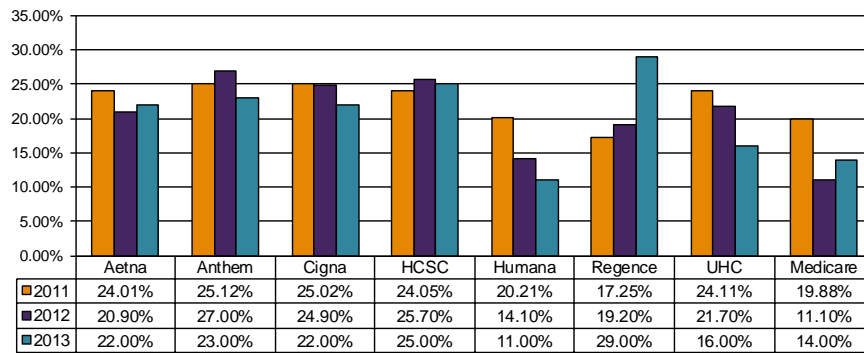
<sup>3</sup> If payer did not report the Payer Claim Received Date, the date of service from the matching 837 was used.

### CASH FLOW

Metric 2A		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Cash flow analysis <sup>4**</sup>	0-15 days	66.29%	92.98%	96.72%	89.95%	92.49%	89.58%	80.68%	95.80%
	16-30 days	32.76%	5.09%	2.55%	7.37%	6.28%	7.79%	18.02%	3.23%
	31-45 days	0.58%	1.45%	0.38%	2.00%	0.93%	1.97%	0.84%	0.52%
	46-60 days	0.23%	0.35%	0.22%	0.46%	0.24%	0.40%	0.31%	0.19%
	Greater than 60 days	0.14%	0.13%	0.13%	0.21%	0.31%	0.25%	0.15%	0.26%

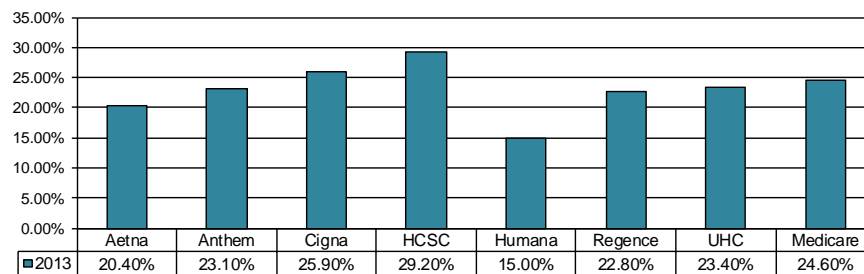
Metric 2B	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Percentage of claim lines paid \$0	22.00%	23.00%	22.00%	25.00%	11.00%	29.00%	16.00%	14.00%

**Metric 2B - Percentage of claim lines paid \$0**



Metric 2C	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Patient responsibility as a percentage of payer allowed amount	20.40%	23.10%	25.90%	29.20%	15.00%	22.80%	23.40%	24.60%

**Metric 2C - Patient responsibility as a percentage of payer allowed amount**

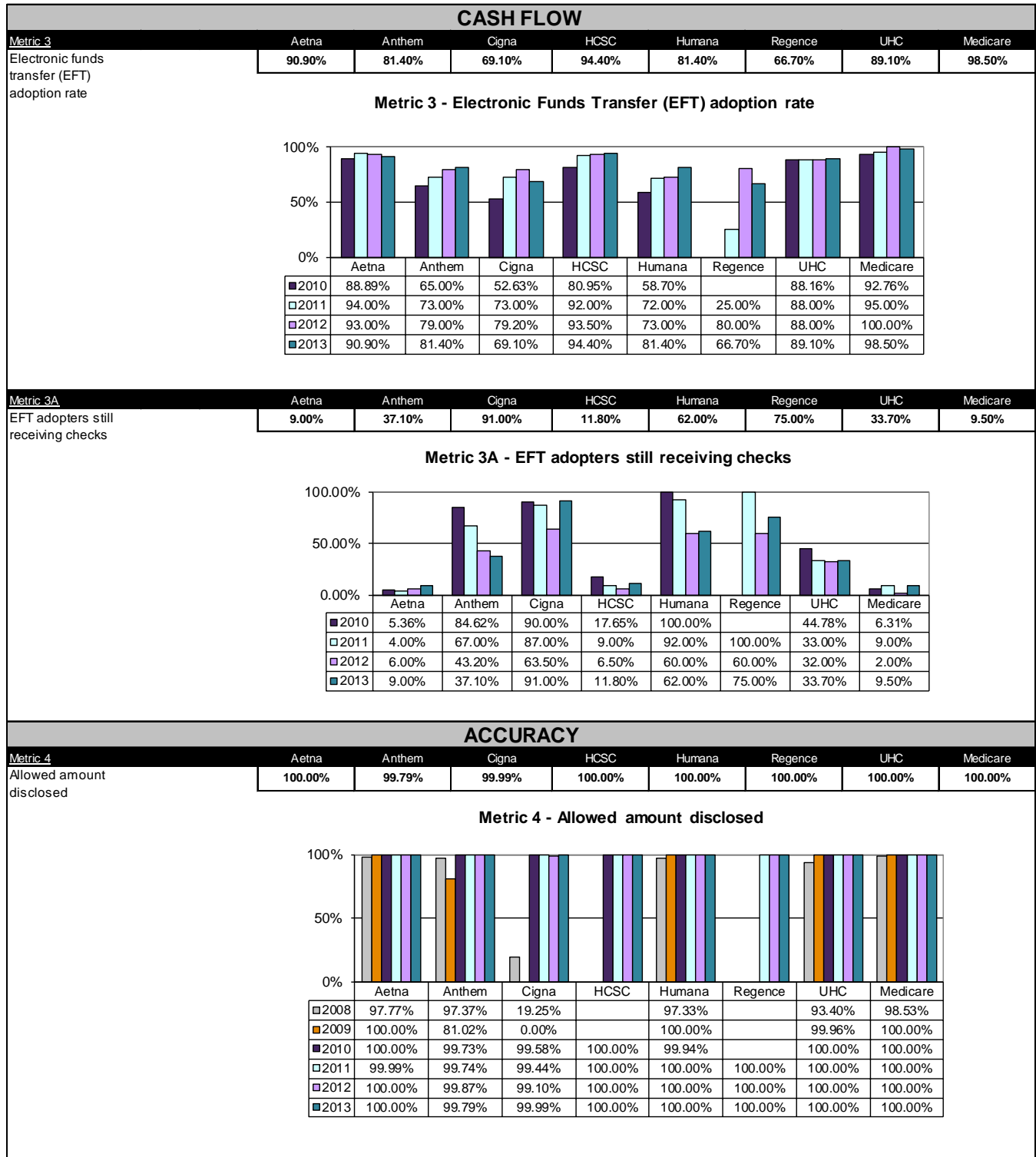


\* = New metric reported in 2013 NHIRC  
 \*\* = May not total 100% due to rounding error  
 Unused = Not reported in sample

HCSC = Health Care Service Corporation  
 DNR = Did not report

UHC = UnitedHealthcare  
 NR = Not reported

<sup>4</sup> 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 "2013 National Health Insurer Report Card: Statement of methodology, including step-by-step guidance."



\* = New metric reported in 2013 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

ACCURACY																																																																								
Metric 4A		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare																																																															
Class of contract disclosed	% of relevant claims	73.96%	35.64%	95.32%	93.17%	100.00%	96.04%	99.03%	NR																																																															
	% of total claims	20.38%	25.26%	5.87%	9.96%	5.79%	24.01%	6.45%	NR																																																															
<p style="text-align: center;"><b>Metric 4A - Class of contract disclosed</b></p> <table border="1"> <thead> <tr> <th></th> <th>Aetna</th> <th>Anthem</th> <th>Cigna</th> <th>HCSC</th> <th>Humana</th> <th>Regence</th> <th>UHC</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>92.04%</td> <td>42.08%</td> <td>95.29%</td> <td>55.07%</td> <td>99.97%</td> <td>80.67%</td> <td>99.96%</td> </tr> <tr> <td>2013</td> <td>73.96%</td> <td>35.64%</td> <td>95.32%</td> <td>93.17%</td> <td>100.00%</td> <td>96.04%</td> <td>99.03%</td> </tr> </tbody> </table>											Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	2012	92.04%	42.08%	95.29%	55.07%	99.97%	80.67%	99.96%	2013	73.96%	35.64%	95.32%	93.17%	100.00%	96.04%	99.03%																																							
	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC																																																																	
2012	92.04%	42.08%	95.29%	55.07%	99.97%	80.67%	99.96%																																																																	
2013	73.96%	35.64%	95.32%	93.17%	100.00%	96.04%	99.03%																																																																	
Metric 5		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare																																																															
Contracted fee schedule match rate	Match Rate	96.69%	91.64%	97.46%	92.60%	97.92%	85.21%	98.13%	99.66%																																																															
	95% confidence half-width	0.08%	0.08%	0.10%	0.14%	0.09%	0.39%	0.08%	0.01%																																																															
<p style="text-align: center;"><b>Metric 5 - Contracted fee schedule match rate</b></p> <table border="1"> <thead> <tr> <th></th> <th>Aetna</th> <th>Anthem</th> <th>Cigna</th> <th>HCSC</th> <th>Humana</th> <th>Regence</th> <th>UHC</th> <th>Medicare</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>70.78%</td> <td>72.14%</td> <td>66.23%</td> <td></td> <td>84.20%</td> <td></td> <td>61.55%</td> <td>98.12%</td> </tr> <tr> <td>2009</td> <td>82.08%</td> <td>87.94%</td> <td>83.09%</td> <td></td> <td>93.37%</td> <td></td> <td>74.34%</td> <td>97.53%</td> </tr> <tr> <td>2010</td> <td>87.51%</td> <td>77.77%</td> <td>90.61%</td> <td>93.88%</td> <td>88.63%</td> <td></td> <td>89.86%</td> <td>98.26%</td> </tr> <tr> <td>2011</td> <td>86.27%</td> <td>62.08%</td> <td>86.37%</td> <td>85.76%</td> <td>88.51%</td> <td>86.28%</td> <td>92.26%</td> <td>98.91%</td> </tr> <tr> <td>2012</td> <td>96.22%</td> <td>89.25%</td> <td>91.71%</td> <td>91.29%</td> <td>88.07%</td> <td>86.05%</td> <td>98.79%</td> <td>99.95%</td> </tr> <tr> <td>2013</td> <td>96.69%</td> <td>91.64%</td> <td>97.46%</td> <td>92.60%</td> <td>97.92%</td> <td>85.21%</td> <td>98.13%</td> <td>99.66%</td> </tr> </tbody> </table>											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%	2013	96.69%	91.64%	97.46%	92.60%	97.92%	85.21%	98.13%	99.66%
	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%																																																																
2013	96.69%	91.64%	97.46%	92.60%	97.92%	85.21%	98.13%	99.66%																																																																
Metric 5A <sup>5</sup>		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare																																																															
Contracted fee schedule match rate by major Current Procedural Terminology (CPT®) <sup>6</sup> code categories	E & M	Match Rate: 98.47%	Match Rate: 93.40%	Match Rate: 98.34%	Match Rate: 89.34%	Match Rate: 98.00%	Match Rate: 85.34%	Match Rate: 99.24%	Match Rate: 99.75%																																																															
		95% confidence half-width: 0.10%	95% confidence half-width: 0.11%	95% confidence half-width: 0.13%	95% confidence half-width: 0.33%	95% confidence half-width: 0.15%	95% confidence half-width: 0.67%	95% confidence half-width: 0.11%	95% confidence half-width: 0.02%																																																															
Medicine	Match Rate	93.93%	87.59%	95.98%	91.16%	97.90%	89.00%	96.58%	99.32%																																																															
	95% confidence half-width	0.23%	0.20%	0.27%	0.37%	0.23%	0.82%	0.27%	0.05%																																																															
Pathology & Laboratory	Match Rate	98.60%	97.14%	99.40%	97.79%	99.35%	78.19%	99.53%	99.83%																																																															
	95% confidence half-width	0.11%	0.11%	0.11%	0.19%	0.11%	0.76%	0.09%	0.02%																																																															
Radiology & Imaging	Match Rate	94.78%	85.57%	95.25%	92.70%	96.35%	97.42%	97.61%	99.65%																																																															
	95% confidence half-width	0.25%	0.32%	0.35%	0.24%	0.25%	0.70%	0.13%	0.02%																																																															
Surgical	Match Rate	95.92%	89.58%	96.81%	93.86%	98.06%	98.53%	98.10%	99.60%																																																															
	95% confidence half-width	0.33%	0.29%	0.37%	0.50%	0.28%	0.47%	0.30%	0.04%																																																															

\* = New metric reported in 2013 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

<sup>5</sup> Only states reported by commercial payers that met the minimal sample size of 500 were reported.

<sup>6</sup> Copyright 2013 American Medical Association. All Rights Reserved.

Copyright 2013 American Medical Association. All rights reserved.

Metric 5B	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare		
Contracted fee schedule match rate by state X= 95% confidence half-width <sup>7</sup>	State	%	X	%	X	%	X	%	X	%	X	%	X	%	X	%	X
	AL									97.35%	1.21%			96.88%	1.42%	99.82%	0.10%
	AR									97.37%	0.98%			99.66%	0.25%	99.66%	0.06%
	AZ													97.32%	0.56%	99.20%	0.29%
	CA	98.75%	0.07%	90.70%	0.11%	92.79%	0.47%							98.95%	0.46%	99.59%	0.02%
	CO	90.87%	2.51%	92.02%	1.27%	98.90%	0.68%			99.84%	0.32%			97.75%	1.16%	99.66%	0.16%
	CT	99.25%	0.15%	95.36%	0.35%	99.38%	0.13%										
	DC													95.84%	1.15%	98.23%	0.32%
	DE	99.11%	0.35%													100.00%	0.00%
	FL	98.57%	0.20%			98.19%	0.25%			96.53%	0.29%			97.93%	0.27%	99.63%	0.03%
	GA	95.86%	0.45%	93.45%	0.21%	97.30%	0.25%			99.03%	0.20%			97.73%	0.20%	99.74%	0.04%
	HI															99.81%	0.21%
	IA															99.88%	0.07%
	IL							90.23%	0.33%							99.75%	0.04%
	IN			92.27%	0.29%	99.72%	0.21%			96.70%	0.73%					99.69%	0.08%
	KS	94.47%	1.23%											98.59%	0.42%		
	KY	95.82%	1.25%	93.36%	0.19%	98.27%	0.36%			98.82%	0.17%			98.43%	0.49%	99.70%	0.04%
	LA									98.57%	0.33%			98.33%	0.90%	99.90%	0.04%
	MD	99.49%	0.58%			94.50%	0.60%							96.92%	0.51%	99.98%	0.02%
	MI	94.74%	1.61%							96.45%	0.93%					99.74%	0.06%
	MN															99.79%	0.24%
	MO	98.17%	0.68%	88.19%	0.93%	98.97%	0.54%			96.67%	1.31%			98.44%	0.31%	99.10%	0.17%
	MS									98.13%	0.74%					99.77%	0.07%
	NC	96.81%	0.72%			98.56%	0.43%							97.97%	0.26%	99.85%	0.05%
	NE	96.12%	1.36%													99.78%	0.12%
	NJ	93.09%	0.87%													98.74%	0.43%
	NV															99.60%	0.17%
	NY	94.09%	1.85%														
	OH	85.35%	0.55%	90.97%	0.28%	99.09%	0.48%			97.95%	0.26%			98.12%	0.33%	99.72%	0.07%
	OK	90.18%	2.20%							99.61%	0.55%			99.16%	0.73%	99.84%	0.06%
	OR											99.13%	0.44%			97.35%	0.62%
	PA	96.43%	1.43%			100.00%	0.00%										
	SC					100.00%	0.00%							99.10%	0.37%	100.00%	0.00%
	SD															99.73%	0.13%
	TN	96.90%	0.64%			98.13%	0.23%			98.19%	0.16%			98.64%	0.45%	99.71%	0.04%
	TX	93.75%	0.39%			98.10%	0.28%	93.34%	0.16%	96.41%	0.47%			98.39%	0.14%	99.87%	0.04%
	UT															99.75%	0.13%
	VA	98.09%	0.44%			98.21%	0.50%							98.80%	0.38%	99.64%	0.07%
	WA											84.39%	0.41%			99.80%	0.19%
	WI															100.00%	0.00%

\* = New metric reported in 2013 NHIRC

HCSC = Health Care Service Corporation

UHC = UnitedHealthcare

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

DNR = Did not report

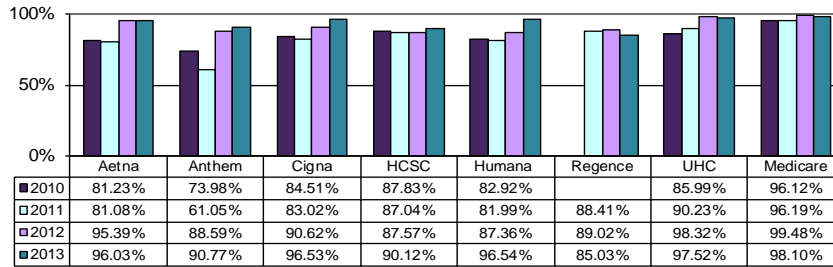
NR = Not reported

Unused = Not reported in sample

<sup>7</sup> Only states reported by commercial payers that met the minimal sample size of 500 were reported.

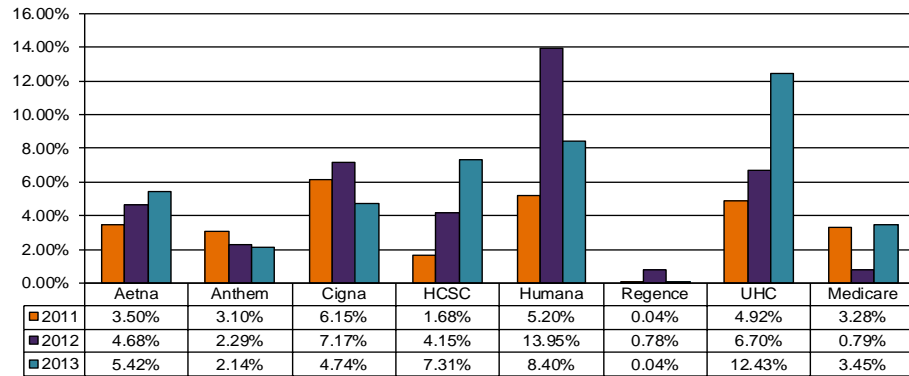
ACCURACY								
Metric 6	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
First electronic remittance advice (ERA) accuracy	96.03%	90.77%	96.53%	90.12%	96.54%	85.03%	97.52%	98.10%

Metric 6 - First ERA accuracy



ADMINISTRATIVE REQUIREMENTS - PRIOR AUTHORIZATION								
Metric 7	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Prior authorization frequency	5.42%	2.14%	4.74%	7.31%	8.40%	0.04%	12.43%	3.45%

Metric 7 - Prior authorization frequency



**CLAIM EDIT SOURCES and FREQUENCY**

Claim Edit Sources									
Metric 8		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Source of payer-disclosed claim edits <sup>8**</sup>	CPT	3.20%	25.20%	27.60%	9.10%	4.90%	93.90%	4.90%	8.90%
	ASA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	NCCI	4.90%	7.80%	7.90%	14.00%	4.40%	2.20%	6.60%	9.10%
	CMS	19.90%	37.70%	54.00%	51.20%	24.70%	3.80%	47.60%	35.10%
	Payer-specific	72.00%	29.40%	10.50%	25.70%	66.00%	0.20%	40.90%	46.80%

Metric 8A		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Total number of available payer claim edits <sup>9</sup>	CPT	404,518	404,820	404,533	404,820	404,820	404,839	404,819	404,820
	ASA	1,070	1,070	1,070	1,070	1,070	1,070	1,070	1,070
	NCCI	1,135,126	1,135,197	1,135,197	1,135,197	1,135,197	1,135,197	1,135,197	1,135,197
	CMS	110,215	112,091	110,639	110,548	110,548	110,548	103,466	110,548
	Payer-specific	142,329	157,337	81,183	80,453	86,404	85,187	148,920	3,009,536

\* = New metric reported in 2013 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

<sup>8</sup> 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.

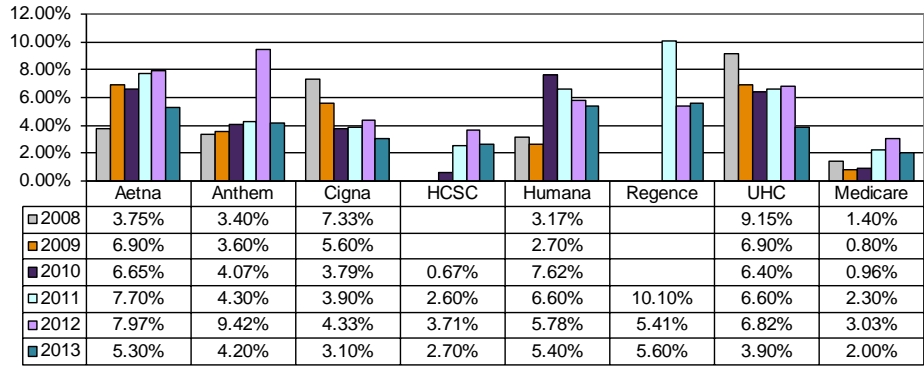
<sup>9</sup> Increased transparency by payers in edit rules resulted in a general improvement in disclosed edits in Metric 9 and a decrease in the number of undisclosed edits in Metric 10.

### CLAIM EDIT SOURCES and FREQUENCY

#### Claim edit frequency

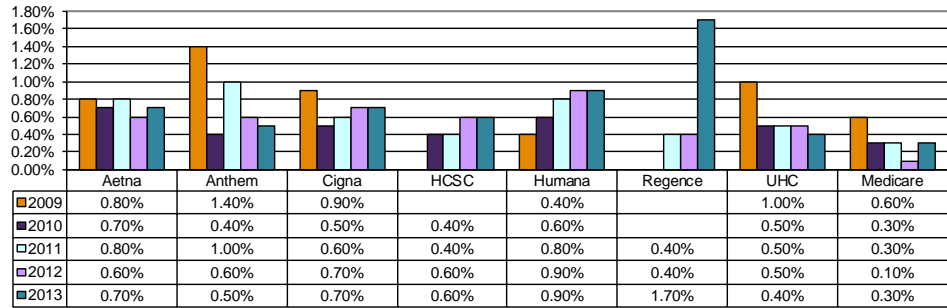
Metric 9	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Percentage of total claim lines reduced to \$0 by disclosed claim edits <sup>10</sup>	5.30%	4.20%	3.10%	2.70%	5.40%	5.60%	3.90%	2.00%

**Metric 9 - Percentage of total claim lines reduced to \$0 by disclosed claim edits**



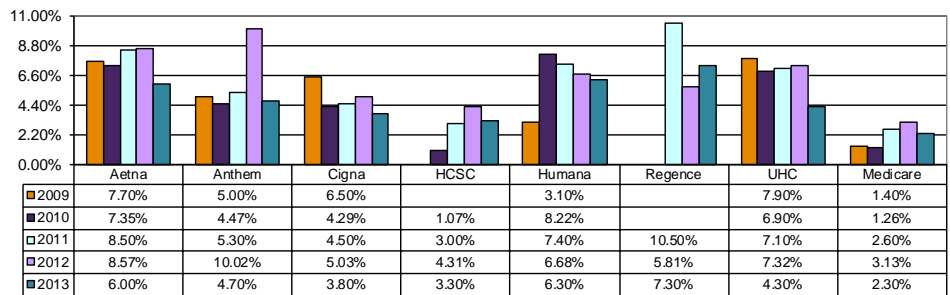
Metric 10	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Percentage of total claim lines reduced to \$0 by undisclosed claim edits <sup>10,11</sup>	0.70%	0.50%	0.70%	0.60%	0.90%	1.70%	0.40%	0.30%

**Metric 10 - Percentage of total claim lines reduced to \$0 by undisclosed claim edits**



Metric 10A	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Percentage of total claim lines reduced to \$0 by disclosed and undisclosed claim edits	6.00%	4.70%	3.80%	3.30%	6.30%	7.30%	4.30%	2.30%

**Metric 10A - Percentage of total claim lines reduced to \$0 by disclosed and undisclosed claim edits**



\* = New metric reported in 2013 NHIRC

HCSC = Health Care Service Corporation

UHC = UnitedHealthcare

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

DNR = Did not report

NR = Not reported

Unused = Not reported in sample

<sup>10</sup> 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.

<sup>11</sup> To 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 "2013 National Health Insurer Report Card: Statement of methodology, including the step-by-step guidance."

DENIALS																				
Metric 11	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare					
Percentage of claim lines denied	1.50%		2.64%		0.54%		1.70%		1.97%		1.18%		1.18%		4.92%					
<b>Metric 11 - Percentage of claim lines denied</b>																				
	2008	2009	2010	2011	2012	2013	Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare						
	6.80%	1.81%	2.57%	1.38%	4.00%	1.50%	6.80%	4.62%	3.44%	2.90%	2.03%	2.68%	6.85%	2.64%	0.54%	1.70%	1.97%	1.18%	1.18%	4.92%

Metric 12	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Reason codes (Claim Adjustment Reason Codes [CARC]) <sup>12**</sup>	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%
96	37.18%	204	29.40%	96	29.17%	16	40.37%	125	23.66%	16	29.41%	16	30.19%	16	33.49%	
49	10.12%	16	19.95%	197	22.77%	96	17.47%	96	21.86%	204	23.23%	96	23.43%	125	15.58%	
227	9.84%	96	10.46%	204	13.12%	227	11.21%	94	19.43%	50	9.79%	B20	8.46%	50	15.00%	
55	9.59%	45	9.10%	49	11.65%	B5	6.85%	16	12.88%	167	6.94%	38	5.58%	140	10.49%	
226	7.67%	38	4.79%	55	5.77%	179	5.94%	197	8.09%	51	5.98%	15	4.76%	B7	7.64%	
119	5.84%	227	4.32%	50	4.30%	49	5.64%	165	3.94%	226	4.61%	56	4.06%	49	4.69%	
197	5.56%	other	21.97%	51	3.78%	197	4.04%	204	3.36%	49	4.45%	197	3.88%	204	4.29%	
165	3.68%			other	9.44%	other	8.47%	other	6.78%	227	4.17%	227	3.23%	B9	3.31%	
other	10.52%									other	11.40%	49	3.23%	other	5.50%	
												204	3.10%			
												other	10.08%			

Metric 13	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Remark codes (Remittance Advice Remark Codes [RARC]) <sup>13**</sup>	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%	RARC	%
N130	33.89%	N29	13.22%	N130	58.23%	N130	22.45%	N22	24.83%	N29	33.81%	N115	31.06%	N257	29.13%	
N179	12.22%	N193	11.87%	N30	12.03%	MA100	20.50%	N115	21.74%	N429	10.60%	N174	14.57%	N290	12.61%	
M41	9.99%	N179	9.29%	M118	8.54%	N366	16.24%	N130	9.54%	N179	9.93%	M77	8.05%	M25	10.72%	
N56	8.72%	N221	7.66%	N175	6.65%	M127	10.38%	N4	5.92%	N517	9.46%	N54	7.86%	MA61	10.41%	
N20	7.51%	N155	6.45%	N216	4.11%	N4	9.29%	M77	4.65%	N130	7.45%	N429	6.14%	MA130	7.29%	
N54	7.16%	MA92	6.05%	other	10.44%	N225	7.44%	N489	4.55%	N102	6.69%	N386	5.75%	N198	7.25%	
N517	5.92%	N161	4.28%			N202	5.46%	MA130	3.36%	M135	4.49%	N179	5.27%	N115	6.38%	
N429	5.01%	N174	3.99%			M29	3.24%	M62	3.29%	N463	4.30%	M51	4.70%	N386	3.64%	
other	9.58%	N301	3.92%			other	4.99%	N386	3.13%	N30	3.63%	M86	4.22%	other	12.58%	
		N232	3.84%					M53	3.03%	other	9.65%	other	12.37%			
		M127	3.68%					other	15.96%							
		other	25.75%													

Metric 14	Aetna		Anthem		Cigna		HCSC		Humana		Regence		UHC		Medicare	
Percentage of reason codes (CARC) reported with a required remark code (RARC)**	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%	CARC	%
16	97.00%	16	92.71%	16	34.78%	16	100.00%	16	100.00%	16	52.91%	16	57.35%	16	99.97%	
96	99.28%	96	86.07%	96	96.89%	96	100.00%	96	100.00%	96	50.00%	96	60.77%	96	56.26%	
125	50.00%	125	50.00%	125	Unused	125	Unused	125	100.00%	125	100.00%	125	100.00%	125	99.99%	
129	Unused	129	10.71%	129	Unused	129	Unused	129	Unused	129	94.59%	129	100.00%	129	Unused	
148	Unused	148	100.00%	148	Unused	148	Unused	148	Unused	148	100.00%	148	Unused	148	Unused	
226	100.00%	226	100.00%	226	100.00%	226	Unused	226	100.00%	226	100.00%	226	100.00%	226	100.00%	
227	100.00%	227	98.63%	227	Unused	227	100.00%	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	
252	Unused	252	Unused	252	Unused	252	Unused	252	Unused	252	Unused	252	Unused	252	Unused	
A1	Unused	A1	100.00%	A1	Unused	A1	Unused	A1	Unused	A1	Unused	A1	Unused	A1	Unused	

\* = New metric reported in 2013 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

<sup>12</sup> Source: Blue Cross and Blue Shield Association. Visit Washington Publishing Company at [www.wpc-edi.com/codes](http://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.

<sup>13</sup> Centers for Medicare & Medicaid Services OIS/BSOG/DDIS. Visit Washington Publishing Company at [www.wpc-edi.com/codes](http://www.wpc-edi.com/codes) to obtain a complete listing of the Remittance Advice Remark Codes (RARC) and to propose new or request a revision to existing RARCs.



IMPROVEMENT OF CLAIMS CYCLE WORKFLOW									
Metric 15		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
CORE Certification <sup>14</sup>	Phase 1	Yes	Yes	Yes	Yes	Yes	No	Yes	No
	Phase 2	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Metric 16		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Prior authorization		Yes	Yes	Yes	DNR	Yes	No	Yes	NA
Metric 17		Aetna	Anthem	Cigna	HCSC	Humana	Regence	UHC	Medicare
Claim acknowledgement		Yes	Yes	Yes	DNR	Yes	Yes	Yes	NA

\* = New metric reported in 2013 NHIRC

HCSC = Health Care Service Corporation

UHC = UnitedHealthcare

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

DNR = Did not report

NR = Not reported

Unused = Not reported in sample

<sup>14</sup> Committee on Operating Rules for Information Exchange (CORE).

The AMA NHIRC results are based on data pulled from the nationally mandated Health Insurance Portability and Accountability Act of 1996 (HIPAA) electronic standard 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).