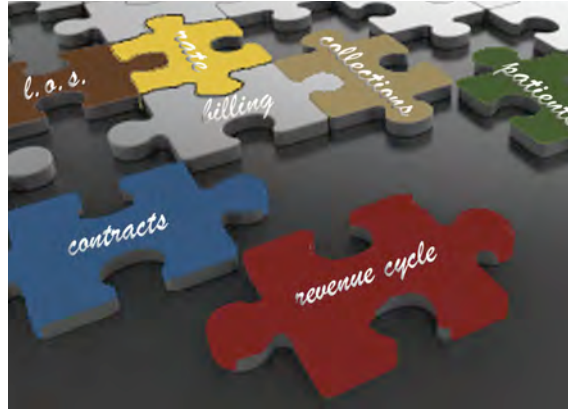


What Kinds of Questions and answers will MV Managed Care Help Me Address?

- Is my contract structured appropriately for my circumstances?
- Will the market bear my cost structure for this service?
- Are my rates within the market but my patient collections below my peers?
- What is my market position among the various payers?
- Why is my market position so much higher or lower with a particular payer than others?
- Do I have a collections problem preventing me from realizing my full contractual value?
- Is my length of stay impacting my reimbursement more or less than my peers?
- Are my charges affecting my collections?

MV Managed Care can provide you with a unique view of the market to help address issues within your entire revenue cycle, from strategy to negotiation to collections.



Helping You Put Together the Pieces of Managed Care

For more information:

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Providing you the market vision to understand your place in the managed care marketplace



An innovative project designed by hospitals through the Georgia Hospital Association

MV Managed Care

WHAT IS THE GOAL OF MV MANAGED CARE?

To obtain better information to help participating hospitals individually understand their positions in the managed care marketplace and independently develop long-term strategies for achieving financial goals within the parameters allowed under antitrust laws.

WHAT KIND OF REPORTS CAN I GET?

Reports are available by:

- Payer (primary, secondary, tertiary, patient, patient responsibility total payments allocated to the primary) Payers include commercial as well as Medicaid Managed Care.
- Product line and/or selected MS-DRG information
- Plan (HMO, PPO, POS, Indemnity, Medicare HMO)
- Case mix-adjusted payment on both per-diem and per-discharge basis
- 10th, 50th and 90th percentile for individual MS-DRGs

Over 5,000 different reports are available with space to expand. The current reports cover only inpatient encounters; however, expansion to outpatient data is in process.

WHAT IT IS

- MV Managed Care is a strategy tool.

WHAT IT IS NOT

- MV Managed Care is not a comparison of contracted rates.
- It is not a contract or negotiation modeling program.

WHAT DO I NEED TO DO?

Participation is easy:

- Data comes from two sources:
 - Submitted UB Data
 - Supplemental data submission of 21 data points for more detailed payer data and payment information
- There are no special hardware or software requirements because reports are delivered through a secure online service.

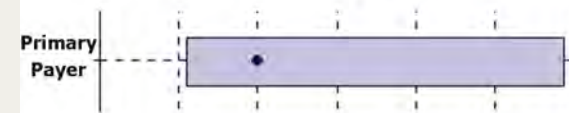
WHAT DOES IT COST?

This cost-effective program is based on the number of discharges. Therefore, pricing is scalable for the smallest and largest facilities.

System pricing is also available.

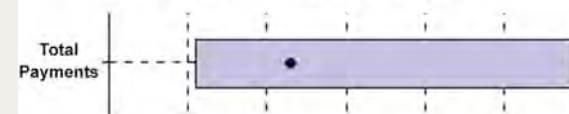
HOW DO I USE THE DIFFERENT REPORTS?

Case Mix Adjusted Per Day Reimbursement Analysis



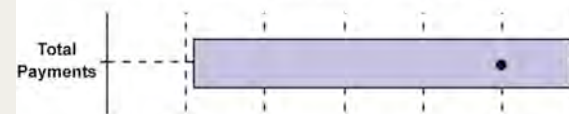
Collections from this primary payer appear low. Do I have a number of high deductible plans?

Case Mix Adjusted Per Day Reimbursement Analysis



When I look at all payments attributed to the primary payer, it appears that I'm doing better than my peers on patient collections.

Case Mix Adjusted Per Stay Reimbursement Analysis



Now when I look on a per-stay basis, I see that I'm significantly above the median. I need to explore my length of stay and evaluate its impact on my efficiency and quality.