## **Missouri Department of Insura**

Name of healthcare provider:	
Address (Street, City, ZIP):	
Contact Person:	
Contact Person's Title:	
Contact Person's Phone:	
Contact Person's Email:	

Please complete the form for your health care orgraniztion. Email completed forms to promptpaystudy

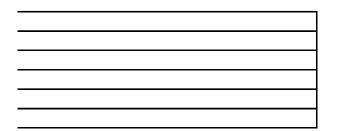
## For each insurer listed, please include all accounts if possible, including HMO, PP( Third Party Admistration for Self-Insured Plan, and all other business transacted v If comprehensive data cannot be provided, please provide details in the space fol

		Please	EXCLUDE in-house
			<u> </u>
NAIC Code	Insurer Name	Number of Accounts in A/R	Net Revenues in A/R
60305	American Community Mutual Insurance Company		
0001	Aetna Group	DO Not Fill	This Line
95810	Aetna Health Inc		
72052	Aetna Health Insurance Company		
60054	Aetna Life Insurance Company		
12913	Missouri Care Inc Incorporated		
0019	Assurant Inc Group	DO Not Fill	This Line
65080	John Alden Life Insurance Company		
69477	Time Insurance Company		
70408	Union Security Insurance Company		
0119	Humana Group	DO Not Fill	This Line
73288	Humana Insurance Company		
0332	Principal Fin Group	DO Not Fill	This Line
61271	Principal Life Insurance Company		
0537	Blue Cross & Blue Shield Of KC Group	DO Not Fill	This Line
47171	Blue Cross And Blue Shield Of Kansas City		
10753	Blue-Advantage Plus Of Kansas City Inc		
95315	Good Health Hmo Inc Dba Blue-Care Inc		
<mark>0671</mark>	Wellpoint Inc Group	DO Not Fill	This Line
20205			
28207	Anthem Insurance Companies Inc		

95358	HMO Missouri Inc Dba Anthem Blue Cross & Blue Shield	
80314	Unicare Life & Health Insurance Company	
0707	Unitedhealth Group	DO Not Fill This Line
97179	American Medical Security Life Insurance Company	
62286	Golden Rule Insurance Company	
71420	Sierra Health & Life Insurance Company Inc	
79413	United Healthcare Insurance Company	
96385	United Healthcare Of The Midwest Inc	
<mark>0901</mark>	Cigna Health Group	DO Not Fill This Line
95209	Cigna Healthcare Of Ohio Inc DBA Cigna Healthcare Of KS/MO	
95635	Cigna Healthcare Of St Louis Inc	
62308	Connecticut General Life Ins Co	
1137	Coventry Corp Group	DO Not Fill This Line
81973	Coventry Health And Life Insurance Company	
95489	Coventry Health Care Of Kansas Inc	
90328	First Health Life & Health Insurance Company	
96377	Group Health Plan Inc	
95318	Healthcare USA Of Missouri Llc	
1203	Cox Insurance Group	DO Not Fill This Line
95530	Cox Health Systems HMO Inc	
60040	Cox Health Systems Insurance Company	
3386	Mercy Health Plans Group	DO Not Fill This Line
11529	Mercy Health Plans	
95309	Mercy Health Plans Of Missouri Inc	
<mark>3486</mark>	Heartland Health Group	DO Not Fill This Line
95145	Community Health Plan	
92681	Community Health Plan Insurance Company	
3527	American Republic Mut Group	DO Not Fill This Line
60836	American Republic Insurance Company	

Please indicate any special accounting issues related to the data that would assist

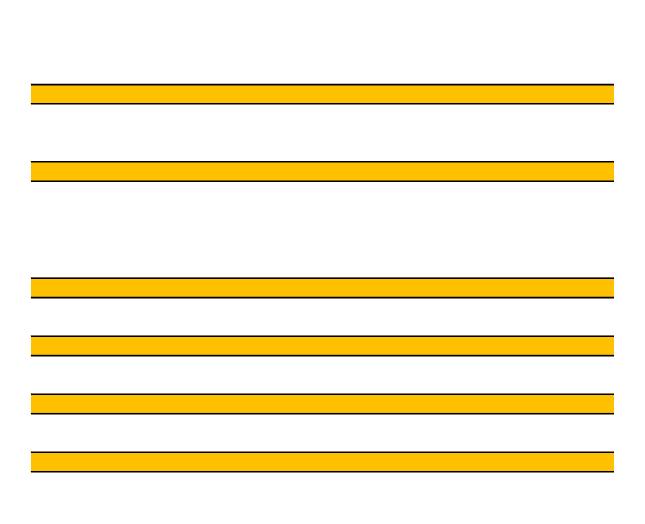
nce, Financial Institutions & Professional Registration



@insurance.mo.gov

## <u>).</u> with each insurer. lowing the insurer list.

	its	charge accruals and discharged not final billed amounts				
ount Denied and Witten Off amount if available,	Data as of July 31st, 2009					
	Net					
	enues in	Avg. Days F				
	enied or	Net	% A/R	% A/R	% A/R,	% A/R,
Lack of Not Medically	Appeal	Revenue	Over 90	61-90	31-60	0-30
ertification Necessary	Status	in A/R	Days	Days	Days	Days



t analysis:

During Second Quarter by Reason (Enter dollar
otherwise, just check all that apply)

	Not a	Not a Other -
Lack of PCP	Covered	<b>Covered Please</b>
Authorization	Member	Benefit Specify

