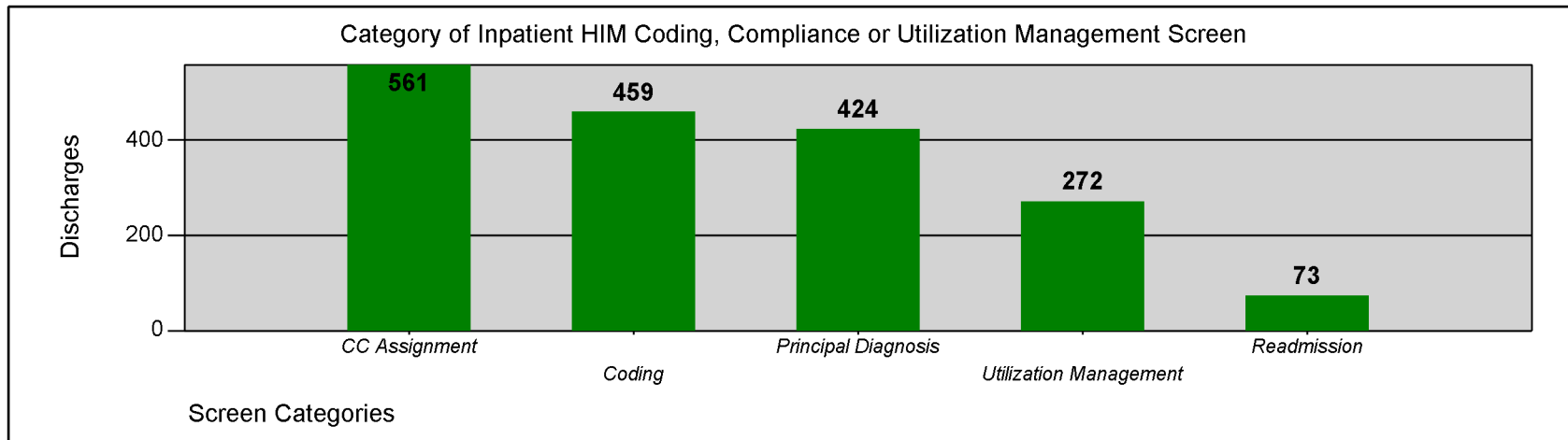


## SAMPLE HOSPITAL Medicare Profile by Month

Discharge Date Range    **10/1/2007**    —    **6/30/2008**

Year	Month	Disch Count	Avg LOS	Average Total Charge	CMI	Medical / Surgical %	Medical CMI	Surgical CMI	CC or MCC %	Patient Disch Home	Post Acute Care Disp*	HIM Coding, Compliance or UM Flagged	Flag Rate
2007	October	355	5.2	\$19,392	1.3889	73% / 27%	1.0104	2.3471	57%	44%	48%	141	40%
2007	November	328	5.3	\$17,819	1.2869	81% / 19%	1.0228	2.4217	59%	38%	50%	148	45%
2007	December	405	5.4	\$18,005	1.3526	81% / 19%	1.0315	2.8510	57%	45%	43%	174	43%
2008	January	393	5.2	\$18,439	1.3876	79% / 21%	1.0375	2.6926	59%	41%	47%	168	43%
2008	February	381	5.4	\$18,248	1.3368	80% / 20%	1.0661	2.3824	61%	45%	46%	153	40%
2008	March	415	5.4	\$18,360	1.3211	80% / 20%	1.0434	2.5069	59%	37%	52%	184	44%
2008	April	378	5.3	\$18,138	1.3084	80% / 20%	1.0682	2.4061	58%	37%	52%	188	50%
2008	May	328	4.6	\$17,993	1.3600	77% / 23%	1.1013	2.2979	59%	45%	44%	150	46%
2008	June	242	4.4	\$16,237	1.2705	75% / 25%	1.0684	1.8973	50%	43%	48%	112	46%
<b>Total</b>		<b>3225</b>	<b>5.1</b>	<b>\$18,148</b>	<b>1.3347</b>	<b>79% / 21%</b>	<b>1.0500</b>	<b>2.4226</b>	<b>58%</b>	<b>42%</b>	<b>48%</b>	<b>1418</b>	<b>44%</b>

State Norm	(pre MS DRGs)	6.4	\$38,673	1.4555	75% / 25%	1.0501	2.6521	81%	45%	40%
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\* Patient disposition of Skilled Nursing Facility, Other or Home Health Care (discharge disposition codes 3,5,6)

CMI excludes transfers to other acute hospitals, or discharges paid through the post-acute care transfer methodology.

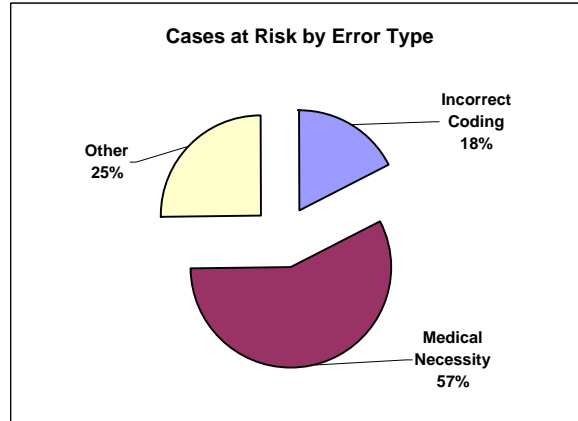


# Inpatient PPS Potential Risk Targets Based on Known RAC Edits

## 390228 - St Clair Memorial Hospital

Discharge Date Range: 10/1/2007 to 6/30/2008

Total Claims Analyzed: 3,225



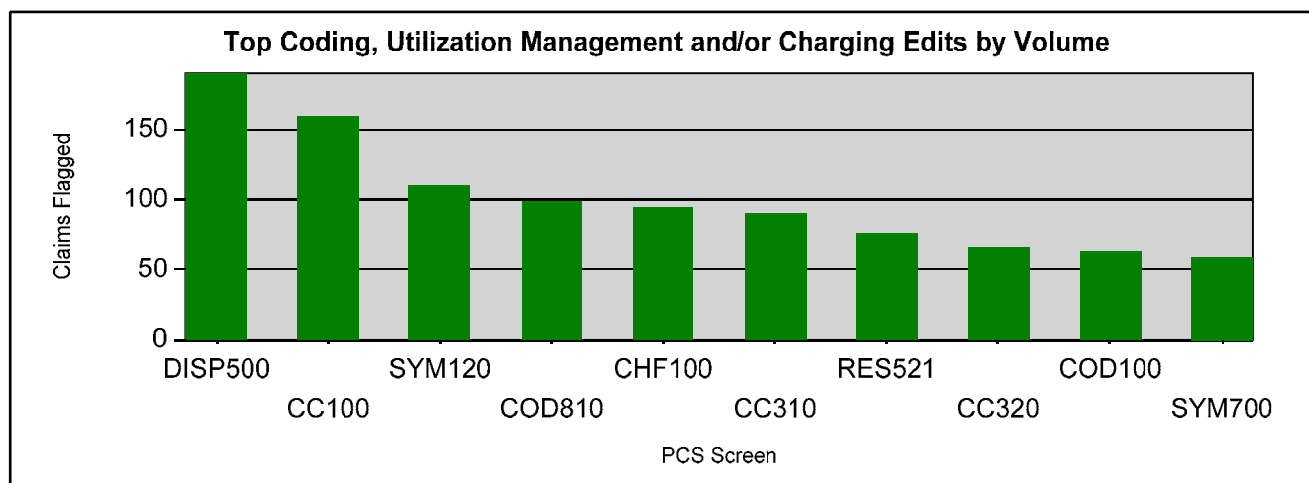
Medical Necessity			
Category	Count	CERT Targeted Area	PEPPER Targeted Area
Discharge to SNF (3 days or less)	190		
Surgical Short LOS (1 day)	76	✓	
Medical Short LOS (1 day)	64	✓	
Surgical (AICD/Pacemaker) Short LOS (1 day)	16	✓	✓
Incorrect Coding and Other			
Category	Count	CERT Targeted Area	PEPPER Targeted Area
Readmission (w/in 0-7 days)	73		
Respiratory/Ventilator Coding Verification	54		
Unrelated OR/Infection	43	✓	
Septicemia/UTI	34	✓	
Circulatory Disorder or GI Complication/Co-Morbidity Validation	32		
Payment vs Charge Verification	17		
Excisional Debridement Procedure	4		
Coagulation Disorders	2		

\* Specific RAC targeting criteria not available. Estimate only.

# ST CLAIR MEMORIAL HOSPITAL

## Medicare Screening Summary by Type of Edit

Discharge Date Range 10/1/2007 — 6/30/2008



### Top Screen Edits by Volume of Claims Flagged

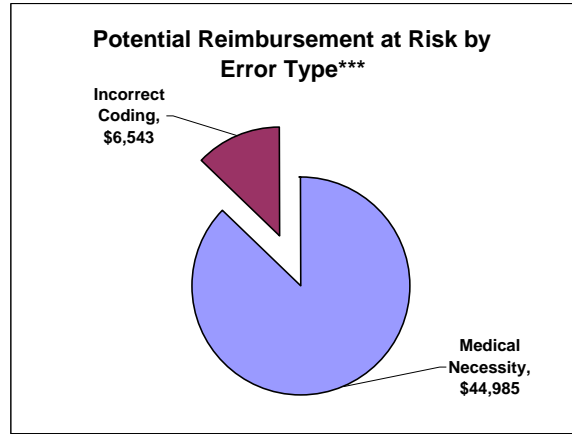
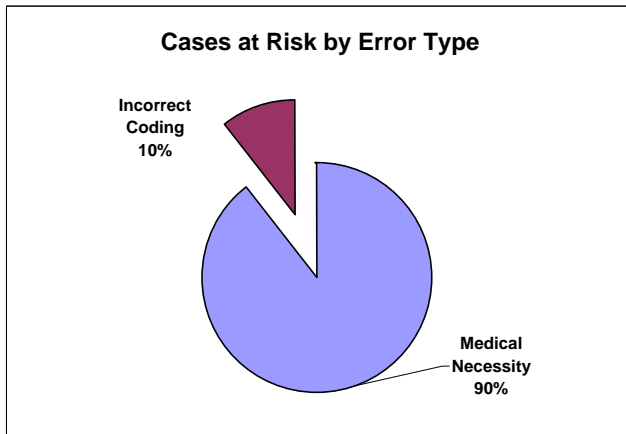
Description	PCS Screen	Count	% of Total
3-DAY STAY WITH TRANSFER TO SNF, AREA OF FOCUS FOR RAC	DISP500	190	8 %
LONG LOS WITHOUT MCCS AND/OR CCS	CC100	160	7 %
SYMPTOM FOLLOWED BY DX OTHER THAN SYMPTOM	SYM120	110	5 %
VALIDATE ACUTE VERSUS COMPENSATED CONGESTIVE HEART FAILURE	COD810	98	4 %
NON-SPECIFIC CHF LOOKING FOR SYSTOLIC OR DIASTOLIC CHF SPECIFICITY	CHF100	94	4 %
VERIFY SPECIFICITY OF CHRONIC KIDNEY DISEASE	CC310	90	4 %
VALIDATE RESPIRATORY DISEASE OR FAILURE SEQUENCING	RES521	76	3 %
POTENTIALLY MISSING DEMENTIA SPECIFICITY	CC320	66	3 %
SAME DAY READMIT	COD100	63	3 %
VERIFY SYMPTOM PDX WITH LONG LOS	SYM700	59	3 %

# Inpatient PPS Potential Risk Targets Based on CERT/HPMP

## 390184 - Highlands Hospital

Discharge Date Range: 10/1/2006 to 7/1/2007

Total Claims Analyzed: 642



### CERT/HPMP Risk Management Report Card

DRG	CERT Claims Error Rate (national benchmark)	Primary Error Type*	Hospital DRG Count	Hospital Cases at Risk	Potential RW Impact**	Potential Reimbursement Impact***	Known RAC Edit
Chest Pain	21%	MN	9	2	1.0552	\$3,760	✓
Medical Back Problems	19%	MN	7	1	1.0767	\$3,837	✓
Esophagitis, Gastroent & Misc Digest Disorders w/CC	13%	MN	27	3	2.6716	\$9,520	
Diabetes	12%	MN	7	1	0.5866	\$2,090	
Nutritional & Misc Metabolic Disorders w/CC	12%	MN	13	2	1.1405	\$4,064	
Cardiac Defibrillator Implant w/o Cardiac Cath	10%	MN	0	0	0.0000	\$0	✓
Other Digestive System DX	10%	MN	6	1	0.6231	\$2,220	
Perm Cardiac Pacer Impl w/Major CV DX/AICD Lead/Gntrr	9%	IC	1	0	0.2824	\$629	✓
Other Perm Cardiac Pacer Impl w/o Major CV DX	8%	MN	4	0	0.6675	\$2,379	✓
Cardiac Arrhythmia & Conduction Disorders	7%	MN	17	1	0.9243	\$3,294	
Septicemia w/o MV 96+ Hours	6%	IC	25	2	2.4477	\$5,452	✓
Kidney & Urinary Tract Infections	6%	MN	12	1	0.5852	\$2,085	✓
Renal Failure	6%	MN	9	1	0.5776	\$2,058	
Extensive OR Procedure Unrelated to Principal DX	5%	IC	1	0	0.2076	\$462	✓
G.I. Hemorrhage	4%	MN	10	0	0.4324	\$1,541	
Chronic Obstructive Pulmonary Disease	3%	MN	29	1	0.8754	\$3,119	
Percutaneous Cardiovascular Proc w/Drug-Elut Stent w/o Major CV DX	3%	MN	0	0	0.0000	\$0	
Heart Failure & Shock	3%	MN	42	1	1.1212	\$3,995	✓
ECMO/Trach w/MV 96+ Hours/PDX Exc Face, Mouth & Neck w/Major OR	2%	IC	0	0	0.0000	\$0	
Major Joint Replace/Reattach - Lower Extremity	1%	MN	12	0	0.2862	\$1,020	
<b>TOTAL</b>			<b>231</b>	<b>17</b>	<b>15.5613</b>	<b>\$51,528</b>	

\* MN=Medical Necessity, IC=Incorrect Coding

\*\*For modeling purposes, 80% risk is assumed for MN error types and 50% risk is assumed for IC error types.

\*\*\* Based on estimated blended MC rate of \$4,454 and the sum of the RW for identified cases factored against the national benchmark CERT error rate.