

# EXHIBIT A.1 - Sample Audits Completed w\_Error Rates



The Audit Completed Report with Error Rates is a global overview of a month, quarter, or any other measure of time. The report shows the aggregate totals of the dollar amounts associated with audit findings. The key numbers in this report are the ERROR RATES as they narrow the field of focus down to the percentage that equates to the potential gain/loss.

Report Header Definitions below define the columns directly beneath them. This is a SAMPLE DATA ONLY and contains no PHI.																	
Audit: Audit Number	Patient Account #	Payer	Audit Fee	Service Start Date	Service End Date	Audit Amount	Total Billed	Total Underbilled	Total Overbilled	Total Disallowed	Total Disputed	Total Adjustment	Percent Net Adjustment	Total Revised	Percent Total Error	% Overbill	% Underbill
A unique auto generated number created when an "audit" is added to the Healthcare Audit Tracker.	Pertains to patient account number. This field as with all fields can be removed for tighter HIPAA compliance.	Shows the client the payer associated to the audit. This can be very useful in terms of looking for trends by PAYER.	Tracks the fees collected and/or paid to do the audit. Audit fees generate income for the provider.	Useful to the client in terms of factors such as case management, approved, and denied days.	Useful to the client in terms of factors such as case management, approved, and denied days.	These are generally speaking your "at risk" dollars. This is further broken down at the bottom into the average claim size which is also helpful for trending.	Tracks the amount of the bill as represented on the UB	Shows the amount of "under billed" and or "unbilled items". These items were either not billed at all or billed in a too few quantity.	Shows the amount of "over billed" items. These items represent over charging due to lack of documentation/ orders/ or billing error.	These are disallowed items on a claim. Often contractual, these can also represent an error in National Billing and Coding Standards.	These represent the total amount of charges in dispute. This generally represents disputes between payer and providers respective auditors.	Represents the adjusted dollars after adjudication.	Defines the net adjustment which is a marker for error rate.	Represents the revised bill amount which is the amount after adjustments.	Equals the over billed PLUS the under billed as we consider every error to be a problem whether the client recovers or loses in the appeal process.	Represents the overbilled percentage which is formulating a provider's "error rate"	Represents the underbilled percentage which is formulating a provider's "error rate"
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Account Name: Kootenai Medical Center (12 records)																	
						\$4,750,188.44 avg \$395,849.04										2.48%	12.88%
A-120902216	1234567890	Medi-Cal	\$350	7/16/2010	7/24/2010	\$386,676.14	\$386,078.56	\$6,209.00	\$21,538.02	\$94.05	\$24,348.38	(\$41,580.97)	-10.77%	\$344,497.59	14.46%		
A-120902217	9876543210	Kaiser	\$500	7/7/2011	8/9/2011	\$2,154,292.29	\$2,154,292.29	\$11,567.46	\$356.56	\$0.00	\$306.85	(\$2,262.70)	-0.11%	\$2,152,029.59	0.76%		
A-130902908	10000006	Cigna	\$215	1/30/2012	2/7/2012	\$20,013.94	\$20,013.94	\$655.68	\$1,965.72	\$598.46	\$903.87	(\$3,604.33)	-18.01%	\$16,409.61	22.84%		
A-130902906	10000005	Medi-CAL	\$150	5/7/2012	5/27/2012	\$353,961.73	\$353,961.73	\$282.88	\$12,540.73	\$233.00	\$856.80	(\$13,603.52)	-3.84%	\$340,358.21	3.86%		
A-130902912	E1000009	Aetna	\$500	4/11/2012	4/22/2012	\$225,370.36	\$225,370.36	\$2,338.88	\$2,402.31	\$713.12	\$1,278.92	(\$3,589.38)	-1.59%	\$221,780.98	2.41%		
A-130902907	10000003	Aetna	\$350	5/19/2012	5/23/2012	\$413,190.88	\$413,190.88	\$1,879.55	\$1,313.92	\$125.40	\$9,316.36	(\$8,918.27)	-2.16%	\$404,272.61	2.61%		
A-150505458	10000004	BC	\$500	8/30/2012	9/6/2012	\$256,317.10	\$256,317.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$256,317.10	0.00%		
A-150505484	10000004	BC	\$500	8/30/2012	9/6/2012	\$281,007.76	\$59,532.36	\$0.00	\$1,261.73	\$0.00	\$0.00	(\$1,261.73)	-2.12%	\$58,270.63	2.12%		
A-150505485	10000004	BC	\$500	8/30/2012	9/6/2012	\$281,007.76	\$59,532.36	\$23,672.25	\$11,136.33	\$10,432.50	\$0.00	(\$21,568.83)	-36.23%	\$37,963.53	58.47%		
A-150605706	10000004	BC	\$500	8/30/2012	9/6/2012	\$281,007.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	0.00%		
A-171007725	MS92717001	Cigna PPO	\$500	3/24/2012	3/31/2012	\$48,671.36	\$48,671.36	\$175,465.40	\$14,633.35	\$0.00	\$0.00	(\$14,633.35)	-30.07%	\$34,038.01	390.58%		
A-171007729	MS92717005	Cigna PPO	\$500	3/24/2012	3/31/2012	\$48,671.36	\$48,671.36	\$284,734.00	\$998.34	\$0.00	\$0.00	(\$998.34)	-2.05%	\$47,673.02	587.06%		
<b>Grand Totals (12 records)</b>						\$4,750,188.44 avg \$395,849.04										2.48%	12.88%

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