



INSIGHT
REV IQ
REVENUE INTELLIGENCE

PAYER REPORT CARD

Payer Performance — Anesthesia Practice Sample
EXECUTIVE REVENUE INTELLIGENCE

COMMERCIAL CHARGES \$17.51M	ALLOWED \$5.03M	COLLECTED \$4.11M	BELOW CONTRACT \$1.01M	TOP PAYER Cigna · B	WEAKEST PAYER UHC · D
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Client / Practice	Anesthesia Practice (Legacy TIN)
Reporting Period	1 October 2025 – 31 March 2026 (seasoned)
Line of Business	Anesthesia — all lines of business
Prepared by	Insight Rev IQ
Executive Data Confidence	Moderate (see methodology)
Issued	25 September 2026

This report card grades payer performance against the measures a practice should hold every payer accountable to — reimbursement adequacy, cash realization, payment velocity, denials & disputes, and administrative burden. Every finding answers six questions: what happened, why, what it is costing, who owns it, what should happen next, and how success will be measured.

About this sample: Anesthesia uses units to measure services for reimbursement. For other specialties, Rev IQ selects appropriate measures, such as reimbursement per visit or procedure. The payer comparison and action-planning approach applies across specialties.

Every dollar has a story.

Public sample. Client name withheld.

HOW TO READ THIS REPORT CARD

Each payer is scored across five weighted pillars. Every KPI is flagged Green, Amber or Red against an anesthesia-appropriate benchmark; pillar scores roll up to a weighted composite (0–100) and an A–F grade.

Pillar	Weight	What it answers
Reimbursement Adequacy	25%	Is the payer paying the contracted rate for the work performed?
Cash Realization	25%	Are allowed dollars actually being collected, and how much is stuck in AR?
Payment Velocity	20%	How quickly does the payer turn a claim into cash?
Denials & Disputes	20%	How much recoverable money is held up in denials and takebacks?
Administrative Burden	10%	How much cost and friction does the payer create to get paid?

RATING LEGEND

GREEN	AMBER	RED	Grade: A ≥88 · B ≥78 · C ≥68 · D ≥60 · F <60
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EXECUTIVE DATA CONFIDENCE

High — complete, consistent, fully able to support executive decisions. **Moderate** — usable, with noted gaps that limit certain conclusions. **Limited** — material gaps; findings are directional and flagged as such.

Government and statutory payers (Medicare, Medicaid, TRICARE/VA, Workers' Compensation) are reported for reference only. Their rates are set by law rather than negotiated, so they are not assigned a competitive letter grade.

EXECUTIVE SUMMARY

Across the seasoned six-month window, The practice's Legacy TIN billed \$17,506,133 to commercial payers, was allowed \$5,026,586, and collected \$4,112,105. Roughly \$1,008,859 was allowed below contracted expected — the clearest recoverable opportunity in the book.

Best performer: Cigna (B) — strong rate, fast pay, low denials. **Weakest:** UnitedHealthcare (D) — slow, low collection, high AR.

Watch: Aetna pays to contract but is slow to first payment and holds heavy denial exposure; “Other Commercial” carries the largest single underpayment (\$529K) and the highest AR.

EXECUTIVE PAYER SCORECARD

Anesthesia Practice — Legacy TIN · commercial payers graded; government payers shown for reference.

Payer	Grade	Score	Allw \$/Unit	Yield	Underpay	Net Coll	Open AR	Med Days	≤30d	Act. Den.	EFT
Blue Cross Blue Shield	C	71	\$33.29	0.87	13.1%	81.5%	12.4%	21	65%	11.0%	92%
UnitedHealthcare	D	65.5	\$32.17	0.90	10.0%	78.0%	14.4%	34	40%	11.7%	95%
Aetna	C	75.5	\$35.00	1.03	-2.8%	79.7%	8.0%	41	11%	35.0%	92%
Cigna	B	80.5	\$34.90	1.09	-9.2%	76.5%	11.3%	29	53%	10.5%	71%
Other Commercial	C	71.5	\$41.81	0.66	33.6%	86.6%	21.6%	42	34%	4.0%	70%
Medicare	Ref	—	\$14.66	1.02	-2.1%	93.0%	3.4%	37	30%	5.8%	85%
Medicaid	Ref	—	\$25.54	1.14	-13.6%	96.1%	3.5%	34	42%	3.3%	62%
Tricare/VA	Ref	—	\$16.72	1.03	-2.9%	86.9%	12.4%	34	36%	2.6%	32%
Workers' Comp	Ref	—	\$28.47	0.67	33.0%	87.8%	47.6%	78	3%	0.0%	12%

Reading the grade colour: A/B green · C amber · D/F red. *Underpay* = allowed below contracted expected (lower is better). *Act. Den.* = actionable denial balance as a share of charges.

PAYER DETAIL — BLUE CROSS BLUE SHIELD

 Composite 71	Blue Cross Blue Shield <i>Graded commercial payer</i>	Reimb.: 50 Cash: 60 Velocity: 90 Denials: 85 Admin: 85
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Key performance indicators

Measure	Value	Benchmark	Flag	Pillar
Allowed \$ per ASA Unit	\$33.29	≥ \$34	AMBER	Reimbursement Adequacy
Yield vs Expected	0.87	≥ 0.98	RED	
Underpayment vs Expected	13.1% (\$438,452)	≤ 2%	RED	
Net Collection Rate	81.5%	≥ 92%	RED	Cash Realization
Open AR Rate	12.4% (\$1,319,831)	≤ 10%	AMBER	
Payment \$ per ASA Unit	\$27.12	≥ \$30	AMBER	
Median Days to Pay	21 days	≤ 30	GREEN	Payment Velocity
% Paid ≤ 30 days	65.3%	≥ 50%	GREEN	
% Paid ≤ 60 days	79.4%	≥ 85%	AMBER	
Actionable Denial Exposure	11.0% (\$1,165,025)	≤ 6%	AMBER	Denials & Disputes
Recoupment / Takeback	\$3,970	≤ 0.5%	GREEN	
Electronic Payment Rate	92.2%	≥ 90%	GREEN	Administrative Burden
Reason Codes per 100 Claims	142	≤ 80	AMBER	

Executive finding (Product Standard)

What happened	The practice's largest commercial payer (\$10.6M billed, 5,369 claims) pays quickly and cleanly, but allowed only 86.9% of contracted expected — roughly \$438K below contract in this six-month window — and holds \$1.17M in actionable denial balance.
Why it happened	Systematic below-contract allowances (CO45/PR45 fee-schedule reductions) combined with a large “not paid per contract, appeal needed” population that requires manual appeal to recover.
Financial impact	~\$438K underpaid vs contracted expected this window; \$1.17M outstanding in actionable denials; \$1.32M in open AR.
Who owns the response	Payer contracting lead + denials/appeals team.
What should happen next	Run a contracted-rate audit on the highest-volume ASA/CPT codes, batch-appeal the “not paid per contract” claims, and open a rate-compliance discussion ahead of renewal.
How success is measured	Yield vs expected ≥0.98 and actionable denial exposure ≤6% of charges within two quarters.

Data confidence for this payer: High

PAYER DETAIL — UNITEDHEALTHCARE
D

Composite 65.5

UnitedHealthcare
Graded commercial payer

 Reimb.: 50
 Cash: 60
 Velocity: 70
 Denials: 85
 Admin: 70

Key performance indicators

Measure	Value	Benchmark	Flag	Pillar
Allowed \$ per ASA Unit	\$32.17	≥ \$34	AMBER	Reimbursement Adequacy
Yield vs Expected	0.90	≥ 0.98	RED	
Underpayment vs Expected	10.0% (\$66,839)	≤ 2%	RED	
Net Collection Rate	78.0%	≥ 92%	RED	Cash Realization
Open AR Rate	14.4% (\$328,554)	≤ 10%	AMBER	
Payment \$ per ASA Unit	\$25.11	≥ \$30	AMBER	
Median Days to Pay	34 days	≤ 30	AMBER	Payment Velocity
% Paid ≤ 30 days	39.5%	≥ 50%	AMBER	
% Paid ≤ 60 days	84.0%	≥ 85%	AMBER	
Actionable Denial Exposure	11.7% (\$266,795)	≤ 6%	AMBER	Denials & Disputes
Recoupment / Takeback	\$1,565	≤ 0.5%	GREEN	
Electronic Payment Rate	95.0%	≥ 90%	GREEN	Administrative Burden
Reason Codes per 100 Claims	199	≤ 80	RED	

Executive finding (Product Standard)

What happened	The weakest commercial performer (grade D): net collection of allowed just 78%, open AR 14.4%, median 34 days with only 39.5% paid within 30 days, and ~\$67K allowed below contract.
Why it happened	Slow first-pass adjudication and the heaviest remittance friction of any payer (199 reason codes per 100 claims) delay and erode collections despite efficient EFT remittance.
Financial impact	\$329K in open AR, \$267K actionable denial balance, ~\$67K underpayment vs expected.
Who owns the response	RCM follow-up team + contracting.
What should happen next	Prioritize UHC AR aged >30 days, root-cause the top three reason codes, and escalate documented underpayments through the provider representative.
How success is measured	Net collection ≥92%, open AR ≤10%, and % paid ≤30 days ≥50% next quarter.

Data confidence for this payer: High

PAYER DETAIL — AETNA

 Composite 75.5	Aetna <i>Graded commercial payer</i>	Reimb.: 100 Cash: 70 Velocity: 60 Denials: 70 Admin: 70
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Key performance indicators

Measure	Value	Benchmark	Flag	Pillar
Allowed \$ per ASA Unit	\$35.00	≥ \$34	GREEN	Reimbursement Adequacy
Yield vs Expected	1.03	≥ 0.98	GREEN	
Underpayment vs Expected	-2.8% (\$-6,880)	≤ 2%	GREEN	
Net Collection Rate	79.7%	≥ 92%	RED	Cash Realization
Open AR Rate	8.0% (\$66,663)	≤ 10%	GREEN	
Payment \$ per ASA Unit	\$27.89	≥ \$30	AMBER	
Median Days to Pay	41 days	≤ 30	AMBER	Payment Velocity
% Paid ≤ 30 days	11.4%	≥ 50%	RED	
% Paid ≤ 60 days	82.7%	≥ 85%	AMBER	
Actionable Denial Exposure	35.0% (\$289,743)	≤ 6%	RED	Denials & Disputes
Recoupment / Takeback	\$0	≤ 0.5%	GREEN	
Electronic Payment Rate	91.6%	≥ 90%	GREEN	Administrative Burden
Reason Codes per 100 Claims	186	≤ 80	RED	

Executive finding (Product Standard)

What happened	Pays to contract (\$35.00 allowed per unit, 102.8% of expected) and clears AR fastest (8.0%), but is the slowest to first payment (median 41 days, only 11.4% within 30 days) and carries the highest actionable denial exposure among commercial payers (35% of charges, \$290K).
Why it happened	Front-loaded adjudication delays and documentation/appeal-driven denials precede ultimate payment.
Financial impact	\$290K held in actionable denials; material cash-timing drag from the 41-day median.
Who owns the response	Denials/appeals team + front-end (authorization & documentation).
What should happen next	Target Aetna's top actionable denial reasons, tighten pre-submission documentation, and track the 30-day pay rate weekly.
How success is measured	% paid ≤30 days ≥30% and actionable denial exposure ≤15% (then ≤6%) within two quarters.

Data confidence for this payer: High

PAYER DETAIL — CIGNA

B Composite 80.5	Cigna <i>Graded commercial payer</i>	Reimb.: 100 Cash: 60 Velocity: 90 Denials: 85 Admin: 55
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Key performance indicators

Measure	Value	Benchmark	Flag	Pillar
Allowed \$ per ASA Unit	\$34.90	≥ \$34	GREEN	Reimbursement Adequacy
Yield vs Expected	1.09	≥ 0.98	GREEN	
Underpayment vs Expected	-9.2% (\$-18,508)	≤ 2%	GREEN	
Net Collection Rate	76.5%	≥ 92%	RED	Cash Realization
Open AR Rate	11.3% (\$84,064)	≤ 10%	AMBER	
Payment \$ per ASA Unit	\$26.70	≥ \$30	AMBER	
Median Days to Pay	29 days	≤ 30	GREEN	Payment Velocity
% Paid ≤ 30 days	52.7%	≥ 50%	GREEN	
% Paid ≤ 60 days	82.5%	≥ 85%	AMBER	
Actionable Denial Exposure	10.5% (\$78,055)	≤ 6%	AMBER	Denials & Disputes
Recoupment / Takeback	\$282	≤ 0.5%	GREEN	
Electronic Payment Rate	70.6%	≥ 90%	RED	Administrative Burden
Reason Codes per 100 Claims	112	≤ 80	AMBER	

Executive finding (Product Standard)

What happened	The best-graded commercial payer (B, 80.5): strong contracted rate (\$34.90 per unit), pays above expected (109%), fast (median 29 days, 52.7% within 30), and low denial exposure (10.5%).
Why it happened	Favorable contract adherence and clean adjudication; the only meaningful drag is virtual-card remittance (19% of payments) and residual AR.
Financial impact	Minor — \$84K open AR and avoidable virtual-card processing fees on ~19% of payments.
Who owns the response	RCM (payment posting) + contracting (maintain terms).
What should happen next	Push Cigna to EFT enrollment to eliminate virtual-card fees; sustain contract terms at renewal.
How success is measured	Electronic payment rate ≥90% and grade held at B or better.

Data confidence for this payer: High

PAYER DETAIL — OTHER COMMERCIAL

 Composite 71.5	Other Commercial <i>Graded commercial payer</i>	Reimb.: 60 Cash: 70 Velocity: 60 Denials: 100 Admin: 70
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Key performance indicators

Measure	Value	Benchmark	Flag	Pillar
Allowed \$ per ASA Unit	\$41.81	≥ \$34	GREEN	Reimbursement Adequacy
Yield vs Expected	0.66	≥ 0.98	RED	
Underpayment vs Expected	33.6% (\$528,956)	≤ 2%	RED	
Net Collection Rate	86.6%	≥ 92%	AMBER	Cash Realization
Open AR Rate	21.6% (\$653,342)	≤ 10%	RED	
Payment \$ per ASA Unit	\$36.19	≥ \$30	GREEN	
Median Days to Pay	42 days	≤ 30	AMBER	Payment Velocity
% Paid ≤ 30 days	34.1%	≥ 50%	AMBER	
% Paid ≤ 60 days	65.8%	≥ 85%	RED	
Actionable Denial Exposure	4.0% (\$122,392)	≤ 6%	GREEN	Denials & Disputes
Recoupment / Takeback	\$2,731	≤ 0.5%	GREEN	
Electronic Payment Rate	70.1%	≥ 90%	RED	Administrative Burden
Reason Codes per 100 Claims	79	≤ 80	GREEN	

Executive finding (Product Standard)

What happened	A mix of general commercial, shared-savings and state plans with the highest realized rate (\$41.81 per unit) but the worst contract yield (66.4%) — a \$529K underpayment vs expected — and the highest open AR (21.6%).
Why it happened	Non-standard, out-of-network and shared-savings pricing paid well below contracted expected, worked through slower, fragmented follow-up across many small plans.
Financial impact	\$529K allowed below contracted expected; \$653K in open AR — the single largest underpayment population.
Who owns the response	Contracting + AR follow-up, segmented by individual plan.
What should happen next	Decompose this bucket by plan, pursue the largest underpayers, and convert high-volume plans to direct contracts.
How success is measured	Yield ≥0.90 on the top plans and open AR ≤18% within two quarters.

Data confidence for this payer: High

GOVERNMENT & STATUTORY PAYERS — REFERENCE

Rates are set by law rather than negotiated; shown for context and operational comparison only, not graded.

Payer	Allw \$/Unit	Net Coll	Open AR	Med Days	% ≤30d	EFT
Medicare	\$14.66	93.0%	3.4%	37	30%	85%
Medicaid	\$25.54	96.1%	3.5%	34	42%	62%
Tricare/VA	\$16.72	86.9%	12.4%	34	36%	32%
Workers' Comp	\$28.47	87.8%	47.6%	78	3%	12%

METHODOLOGY & DATA CONFIDENCE

Source. Anesthesia practice legacy TIN billing extract (Fees-Payments-Denials, Oct 2025–Apr 2026): 23,759 seasoned incidents (DOS 1 Oct 2025–31 Mar 2026), transaction-level financial activity, and insurance denial reason codes.

Seasoning. The window ends 31 March 2026 so claims have had time to adjudicate before the extract; April 2026 dates of service are excluded as under-seasoned.

Confidence: Moderate. An “Unknown/Unassigned” financial-class bucket (764 claims) carries unreliable expected amounts and is excluded from grading. Payment velocity uses date of service as the clock start (a proxy for claim submission). Denial reason codes are mapped to canonical categories with minor payer-name join imprecision. Humana (1 claim) is immaterial and omitted.

Valuation & vocabulary. All measures follow the Controlled Vocabulary Standard v1.5. Dollar figures are as-posted from the source system; no rates were imputed.

APPENDIX — KPI DEFINITIONS, THRESHOLDS & METHOD

Measure	Definition	Green	Red
Allowed \$ per ASA Unit	$\text{allowed} \div \text{ASA units}$	$\geq \$34$	$< \$30$
Yield vs Expected	$\text{allowed} \div \text{contracted expected}$	≥ 0.98	< 0.90
Underpayment vs Expected	$(\text{expected} - \text{allowed}) \div \text{expected}$	$\leq 2\%$	$> 10\%$
Net Collection Rate	$\text{payments} \div \text{allowed}$	$\geq 92\%$	$< 82\%$
Open AR Rate	$\text{balance} \div \text{charges}$	$\leq 10\%$	$> 18\%$
Payment \$ per ASA Unit	$\text{payments} \div \text{ASA units}$	$\geq \$30$	$< \$24$
Median Days to Pay	$\text{median}(\text{pay date} - \text{service date})$	≤ 30	> 45
% Paid ≤ 30 / ≤ 60 days	share of payments within window	$\geq 50\% / \geq 85\%$	$< 30\% / < 70\%$
Actionable Denial Exposure	$\text{actionable denial balance} \div \text{charges}$	$\leq 6\%$	$> 15\%$
Recoupment / Takeback	$\text{recoupment} \div \text{payments}$	$\leq 0.5\%$	$> 2\%$
Electronic Payment Rate	$\text{EFT} \div \text{all insurance payments}$	$\geq 90\%$	$< 75\%$
Reason Codes per 100 Claims	$\text{reason lines} \div \text{claims} \times 100$	≤ 80	> 150

Scoring. Each KPI scores Green 100 / Amber 70 / Red 40. A pillar is the average of its KPIs. Composite = 25% Reimbursement + 25% Cash + 20% Velocity + 20% Denials + 10% Administrative. Grade: A ≥ 88 , B ≥ 78 , C ≥ 68 , D ≥ 60 , F < 60 .

Vocabulary. All terms follow the Insight Rev IQ Controlled Vocabulary Standard v1.5 (Charge, Payment, Adjustment, Denial, Contract Rate, Allowed Amount, Reporting Period).