

Highlights

- Concentra Network Services officially transitions to Viant, Inc
- Viant network continues to grow with acquisition of ppoNEXT
- Network Happenings
- Client Spotlight: AvMed
- NPI update

Inside this issue:

Viant, Inc. Update: It's Official	1
The Viant Network Expands with Acquisition of ppoNEXT	1
Client F.A.Q's	2
What's New for Networks	2
A Look at Viant's Network Products	3
Client Spotlight: AvMed	4
National Provider Identifier Update	4

Viant, Inc. Update: It's Official

As of June 25th, Concentra Network Services officially became Viant, Inc., spinning off from its parent Concentra Inc. to form an independent entity. All clients were initially notified of the formal announcement in May; however, we wanted to ensure you had the most updated information on the transition to the new Viant brand, which will occur over the course of the next several months.

Background of why the change was made:

The main reason is that although Concentra is a healthcare company, the Health Services and Network Services business units each operate in different aspects of the healthcare arena. They have distinctive clients, strategies, and outcome measurements. Creating separate, stand-alone companies--each with a renewed strategic direction on its specific business, clients and markets--will allow each company to focus on its markets and core strengths, and continue innovation in support of its clientele.

What does this mean for our clients?

Apart from the new Viant name, you should experience little change and service levels will not be affected. Meeting the needs of our clients and their members remains our top priority and with the same executive leadership in place, including Chairman, Dr. Norm Payson, CEO, Dan Thomas and President, Tom Bartlett, we intend to make all necessary updates as quickly and seamlessly as possible.

The Viant Network Expands with Acquisition of ppoNEXT

Spinning off from corporate is not the only news we have this quarter. Effective June 1, 2007 we have expanded our Viant Network through the acquisition of ppoNEXT Inc., one of the nation's most respected PPO networks. This transaction is in direct response to our continued commitment to invest in our network asset, broadening our capabilities and maintaining 'best-in-class' health payment solutions for our clients and their members.



ppoNEXT was founded in 1999 offering services including primary network access, out-of-network cost management services, and healthcare management services to over 250 payers/administrators and 3,000 employers. The combination of ppoNEXT and Beech Street increases our overall network size by approximately 30%. Combined, the ppoNEXT and Beech Street networks will now yield access to over 475,500 healthcare providers nationally.

Viant's New Network

- ◆ 400,485 physicians
- ◆ 4,069 hospitals
- ◆ 70,963 ancillary providers

Our immediate focus in integrating our organizations is to keep this transition as transparent as possible for you. Watch for additional information to be coming your way soon.

F.A.Q's

Q. How will the EOB language differ moving forward?

A. For the remainder of 2007, network EOB language will remain Beech Street or ppoNEXT. Other cost management solutions (formerly CNS) will be rebranded as Viant Payment Solutions, and will transition from CNS/CPS EOB codes to Viant EOB codes between now and the end of the year.

Q. Do we need a new contract?

A. Generally, no. For a very small number of existing clients, contract wording may require attention as a result of a change in control. Our contracting team is conducting a review to determine if any changes are necessary and you will be notified accordingly.

Q. What about ID Cards?

A. The ppoNEXT network brand will be incorporated into the Beech Street Network. The network providers have been advised to recognize the various existing logos during an extended transition period. Your account team will work with you to determine the best approach for your organization to update existing ID card logos in a time frame and manner consistent with your business practices. Please discuss any special circumstances with your Viant Account Manager.

What's New for Networks

Enhanced Reimbursement Methodology to Increase Physician Claims Savings

Viant is committed to providing superior access, competitive discounts and claim expense predictability to our clients seeking primary and secondary product solutions. This initiative requires a disciplined approach to the evaluation and management of our network.

During the remainder of 2007, we will be implementing updates to our physician fee schedules. The updates will include implementation of specific reimbursement guidelines that will increase savings on physician claims. The enhanced reimbursement strategy will not require any changes to client or provider workflow.

Beech Street Network Enhances Proprietary Network in South Carolina

Over the past years, Beech Street has enjoyed a mutually beneficial relationship with an affiliate network in the state of South Carolina. However, significant changes in the marketplace over the past years have made it advantageous for Beech Street to pursue direct relationships with providers in South Carolina who had previously participated in the network through the affiliate arrangement. The goal of this change was to provide better coverage and service with fewer layers of administration for our clients.

The result of the expansion efforts has been the implementation of a statewide, proprietary network in the state of South Carolina, effective April 1, 2007. We have experienced success in maintaining access for our members and in maintaining or improving aggregate contract rates over the 2006 rates.

Physician participation has also improved in the areas of Anderson, Columbia and Conway. We have also added Barnwell County Hospital and Wallace Thompson Hospital.

Negotiations Result in Increased Savings in Memphis, Tennessee Market

The Methodist System in Memphis, Tennessee continues to work closely with Beech Street to support our members. Effective May 1, 2007 Methodist System's Health Choice has agreed to increase the savings offered to Beech Street clients. Inpatient rates are based on a per diem contract.

We hope you find this information useful. Please know that our organization is dedicated to the growth and development of our PPO Network and we appreciate you selecting us as one of your business partners. For additional information regarding our networks and state specific provider counts, please contact your Viant Account Manager.

A Look at Viant's Network Products

Viant offers a suite of network solutions that can be used alone, in different configurations, or in concert with our other cost containment solutions to help minimize a payer's exposure to full retail claim charges.

Primary Network

The Primary product, as suggested by its name, can be used as the primary network offering. It is also available as a wrap program, providing access to negotiated rates outside of a defined primary service area. Used in this manner, the network provides travel access to members in another primary network, and may serve as a primary network for retirees or members domiciled outside of the primary network.

Viant Complementary Network (formerly Beech Wrap Plus)

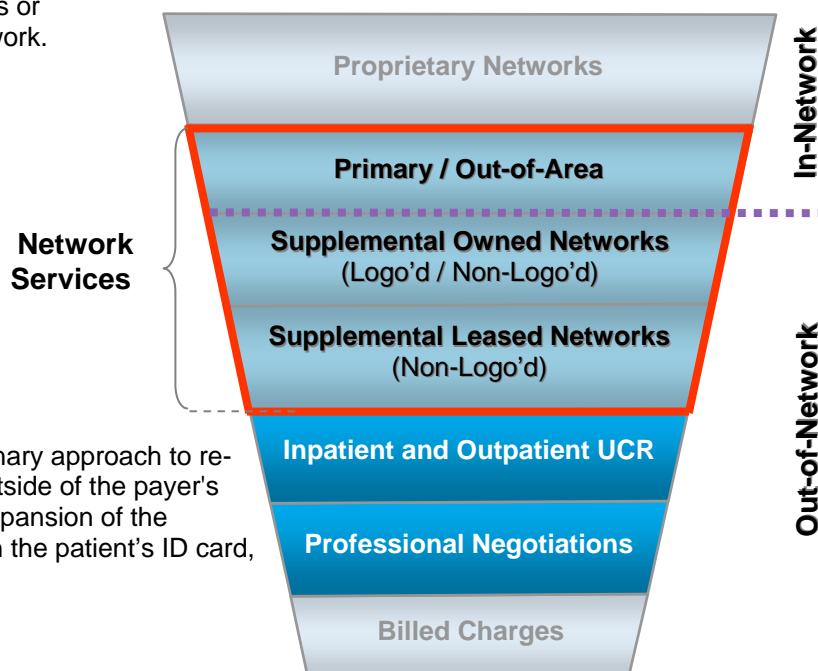
As a network-based solution for claims that fall outside of the primary network established by the payer, this wrap program is identified with a logo on the patient's ID card and can serve as an expansion of the primary network within the same geography.

Viant Supplemental Network

The Viant Supplemental Network is a revolutionary approach to reducing costs associated with claims that fall outside of the payer's primary network. This program serves as an expansion of the primary network, but does not require a logo on the patient's ID card, nor any benefit differential to the provider.

Supplemental Leased Networks

Through agreements with external PPO networks, Viant brings to our clients additional providers who have agreed to participate in our cost containment programs, but do not require identification of network participation at the time of service to the patient, nor any benefit differential.



In addition to its network offerings, Viant's enterprise of group health payment solutions also include:

- Network Management
- Pre-Payment Services—U&C Repricing and Professional Fee Negotiation Services
- Post-Payment Services— Hospital Bill Audit, DRG Audit, and Contract Compliance Audits

Individually, each service contains best-of-breed solutions for addressing healthcare costs. Combined, the savings opportunities for these services provided to payers are extraordinary, resulting in material improvement to medical and administrative loss ratios and client satisfaction. Look for features of these products and services in future editions of Viant View.



Quarterly, we would like to shine the spotlight on a client who has recently partnered with Viant to deliver a unique or, 'best in class,' solution to the market. This quarter we are taking a glimpse into AvMed.

View on a Client: AvMed and Viant Integrate Their Networks to Create Superior Offering

Company Background:	AvMed Health Plans has been providing Floridians access to healthcare for over 35 years. Through an extensive broker network, AvMed offers health care coverage solutions for large and small businesses around the state. Headquartered in Miami, Florida, AvMed serves approximately 220,000 members; 20,000 of which are Medicare members and 200,000 of which are Commercial members.
Challenge: Provide Competitive Network Solution to Large Government Prospect.	AvMed had been serving a large governmental client on a "slice" or option basis for many years. This client sent out an RFP requesting the consolidation of carriers and while this opportunity was attractive to AvMed, acting as the sole carrier for this client presented some challenges. AvMed's objective was to bolster their already strong presence throughout Florida in an effort to better compete with some of the national and regional health plans.
Data Analytics:	As part of the RFP process, AvMed received a data file of all claims from the prospect. The first component of the data analytic was performed by AvMed as they produced a savings and penetration report based on their own proprietary network solution. The "fall-out" from that analytic was then sent to Viant where a number of different analytics were performed to determine the optimal configuration of network solutions for this prospect. In this case, it was determined that a combination of the AvMed direct network, Beech Street Primary and Wrap Plus services would provide maximum savings and coverage (while minimizing disruption).
Solution: Utilization of Beech Wrap and Beech Wrap Plus	AvMed and Viant proposed to the prospect a single network offering which utilized Beech Wrap Plus within the existing AvMed coverage area behind the AvMed network and the Beech Street Primary Network outside of their coverage area. This approach allowed AvMed to bolster their own network offering while providing outstanding coverage and discounts outside of the area. The joint AvMed/Viant offering was presented as one single network solution to the customer, rather than a "quilt" of network offerings.
RFP Results:	In their RFP, AvMed ranked #1 overall of all the regional and national carriers which submitted proposals. The key categories for determining vendor ranking included: Disruption Data, Savings, Plan Design, Member Services and Account Management, Provider Reimbursement, and the Overall Network. Ultimately, in using the Beech Street Primary and Beech Wrap Plus services along with the AvMed network, AvMed was able to minimize disruption for this client both in and out of their service area and create a truly unique and highly competitive solution.

National Provider Identifier (NPI) Update:

The National Provider Identifier (NPI) has been adopted as the standard unique identifier for health care providers in compliance with a requirement in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NPI was created to establish a unique identifier for health care providers in standard transactions. Effective May 2007 we began sending additional demographic files containing the NPI for both facilities and physicians to our clients that receive demographic loads. While NPI data is not a required element to reprice a claim in our system, we will pass back all NPI data submitted on electronic claims. Please watch for updates in future editions of Viant View.