



Sightlines™ Medical Intelligence

EMPLOYEE PLAN - PAID

EMPLOYEE PLAN

January 2010 through December 2011

Full Cycle, Paid

Presented By:

Wells Fargo- State of Alaska



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Introduction

Financial metrics are calculated on a paid basis during the time frame January 2010 through December 2011. Utilization metrics are calculated from claims incurred from January 2010 to December 2011.

Period-over-period comparisons are performed on selected reports within this package. The two periods selected for financial measures are:

1. Paid basis
 - a. From January 2010 through December 2010
 - b. To January 2011 through December 2011

All reported analyses reflect the financial time frame unless otherwise specified on the graphic, reflecting the utilization time frame. The periods selected for utilization measures are:

1. Incurred basis
 - a. From January 2010 through December 2010
 - b. To January 2011 through December 2011

Please Note:

1. This report displays Plan Paid Amounts unless otherwise specified.
2. Medical Plan Paid amount does not include any Dental, Vision or Lab specific claims.
3. Many dollar values are rounded to the nearest dollar for increased readability. However, calculated values (such as total sums) are calculated precisely and then rounded afterwards. This produces more accurate results, but may occasionally cause calculated fields to appear inexact.
4. This report requires at least 24 months of data in order to display a good comparative analysis for the reported population. Not having claims experience in the first 12 months will result in an incomplete report.
5. Some sections in the Appendix are dependent on previous sections. If the underlying previous sections are not requested, then the corresponding sections in the Appendix will not be populated.
6. The information contained in report has been produced from data provided to Verisk Health, which has not been independently verified by Verisk Health for accuracy or completeness. Additional information, including, but not limited to, any claims that have been incurred but not paid as of the date of this report, or claims that were subject to subsequent adjustment, should be considered before any action is taken on the basis of the contents of this report. This report does not constitute the provision of medical or legal advice by Verisk Health to any party.

1. SUMMARY OF FINDINGS ¹

This report provides an analysis of the healthcare information for EMPLOYEE PLAN. The information is based on eligibility, medical claims, and pharmacy claims data for employees and their families during the reporting period January 2010 through December 2011 on a paid basis. The cost figures below reflect the time frame specified.

Summary of Expenses Paid by Plan

Commercial Norms

Medical Claims	\$151,859,993.64	
Pharmacy Claims	\$21,096,602.01	
Total Claims	\$172,956,595.65	
PMPM Medical Expenses	\$402.15	\$246.52
PMPM Pharmacy Expenses	\$55.87	\$50.69
Total PMPM Expenses	\$458.02	\$297.21

¹ Source: Sightlines Medical Intelligence : Executive Summary Module

2. POPULATION CHARACTERISTICS

This section explores the aggregate demographic, economic and clinical characteristics of this population.

Section 2.1 contains the population's demographic characteristics, including the change in total and current membership levels; and age and gender breakouts with associated economics.

Section 2.2 details the population's high-level economic characteristics. This includes an assessment of the drivers of cost growth, such as change in member volume, change in PMPM, and medical versus pharmaceutical PMPM. Trends in total and PMPM costs over time - both medical and pharmaceutical - are calculated. Finally, cost distribution by spending band is explored. Deeper economic analyses into the drivers of pharmaceutical and medical expenses are detailed in *Section 3: Economic Findings and Opportunities*.

Section 2.3 analyzes the population's high-level clinical characteristics. The first breakout shows the relationship between age and disease burden (as quantified by the Risk Index(RI)) and the related Care Gap Index (CGI). These are analyzed both relative to each other and relative to the Verisk Health book of business benchmark. The second relationship describes the distribution of diseases across the population - identifying what is large or growing rapidly from a prevalence standpoint. The prevalence of high-frequency diseases is then shown relative to benchmarks.

2.1 Demographics

Figure 2.1.1 presents total membership change, by relationship status, from period one to period two. The percentage changes are also provided so that period-over-period trends can be evaluated. Figure 2.1.2 presents the distribution of current members in that specific period. For both total and current members, average PMPM is provided, where dependents typically spend the least amount per month. Finally, Figure 2.1.3 and Table 2.1.1 show the total claims paid and membership profile by age group and gender; in absolute terms employees and spouses typically constitute proportionally more spend than dependents.

Figure 2.1.1 Total Member Count by relationship status ²

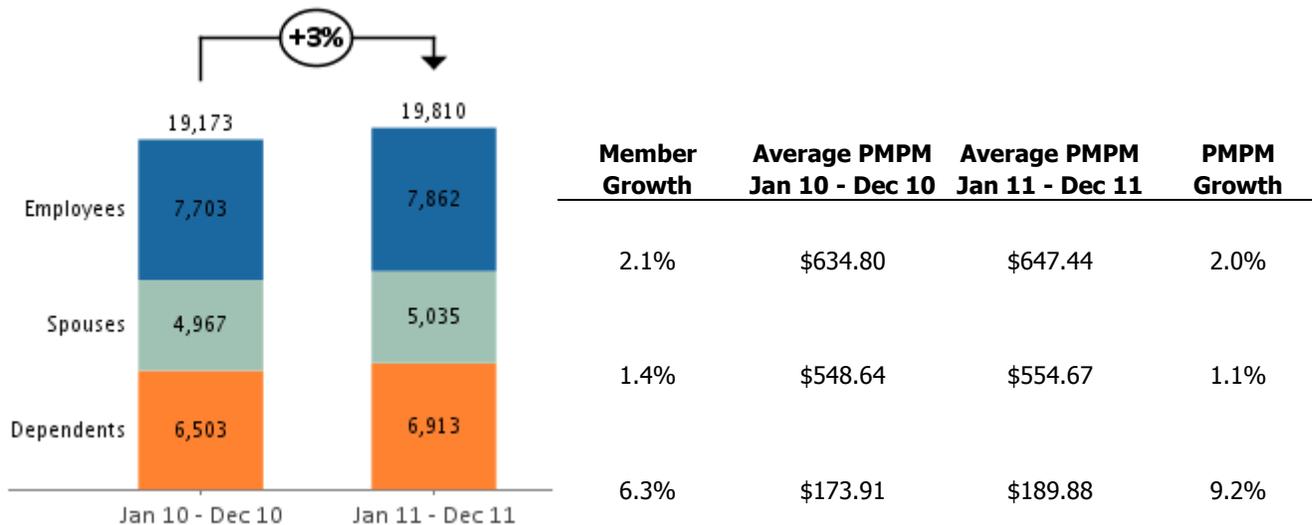
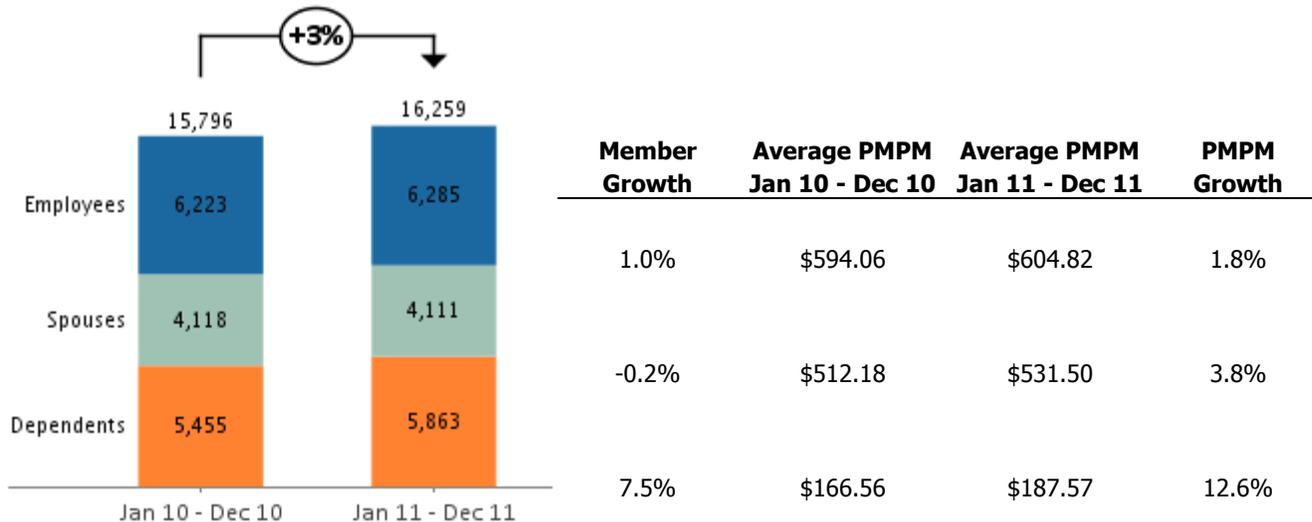


Figure 2.1.2 Current Members



² **Note:** Refer to Appendix 5.1 for more information on member expenses by relationship status. Source: Sightlines Medical Intelligence : Individuals Module. For Relationship, filter using Rel Flag (E = Employees, S=Spouses, D = Dependents). For Current Members, Current = 'Y'.

Figure 2.1.3 Claims Paid by Gender and Age ³

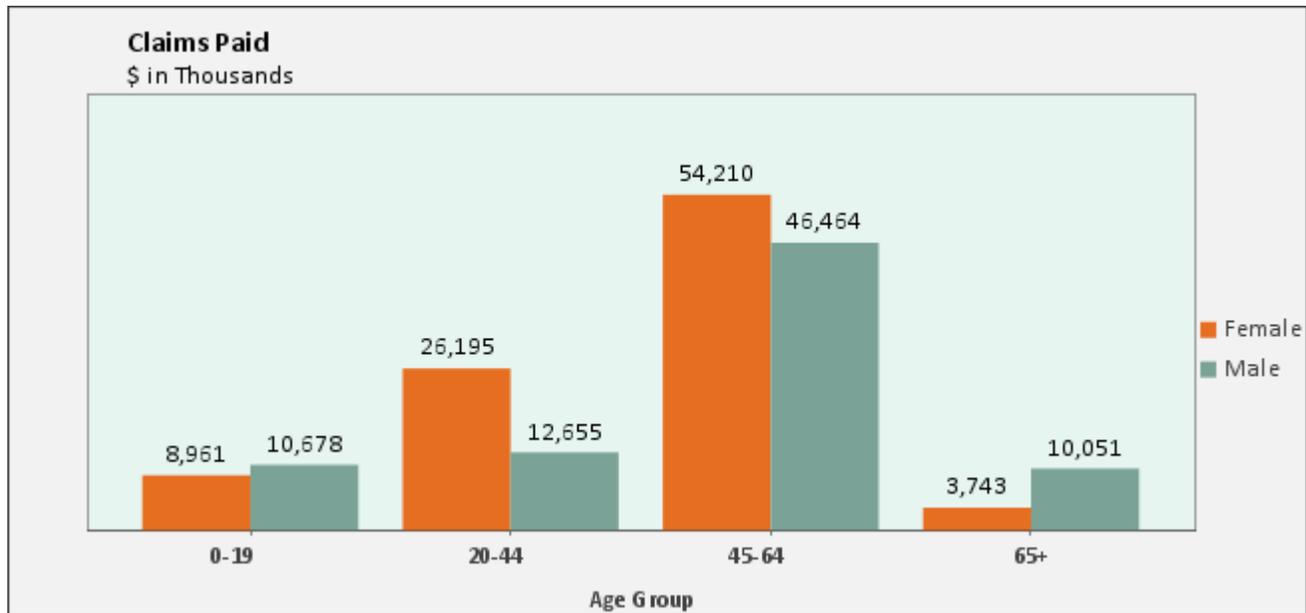


Table 2.1.1 Membership Profile ⁴

	Female Member		Male Member		Total Member	
	Count	Percent	Count	Percent	Count	Percent
Employee	4,334	19.9%	4,393	20.1%	8,727	40.0%
Spouse	3,078	14.1%	2,437	11.2%	5,515	25.3%
Dependent	3,741	17.2%	3,824	17.5%	7,565	34.7%
Total	11,153	51.1%	10,654	48.9%	21,807	100%

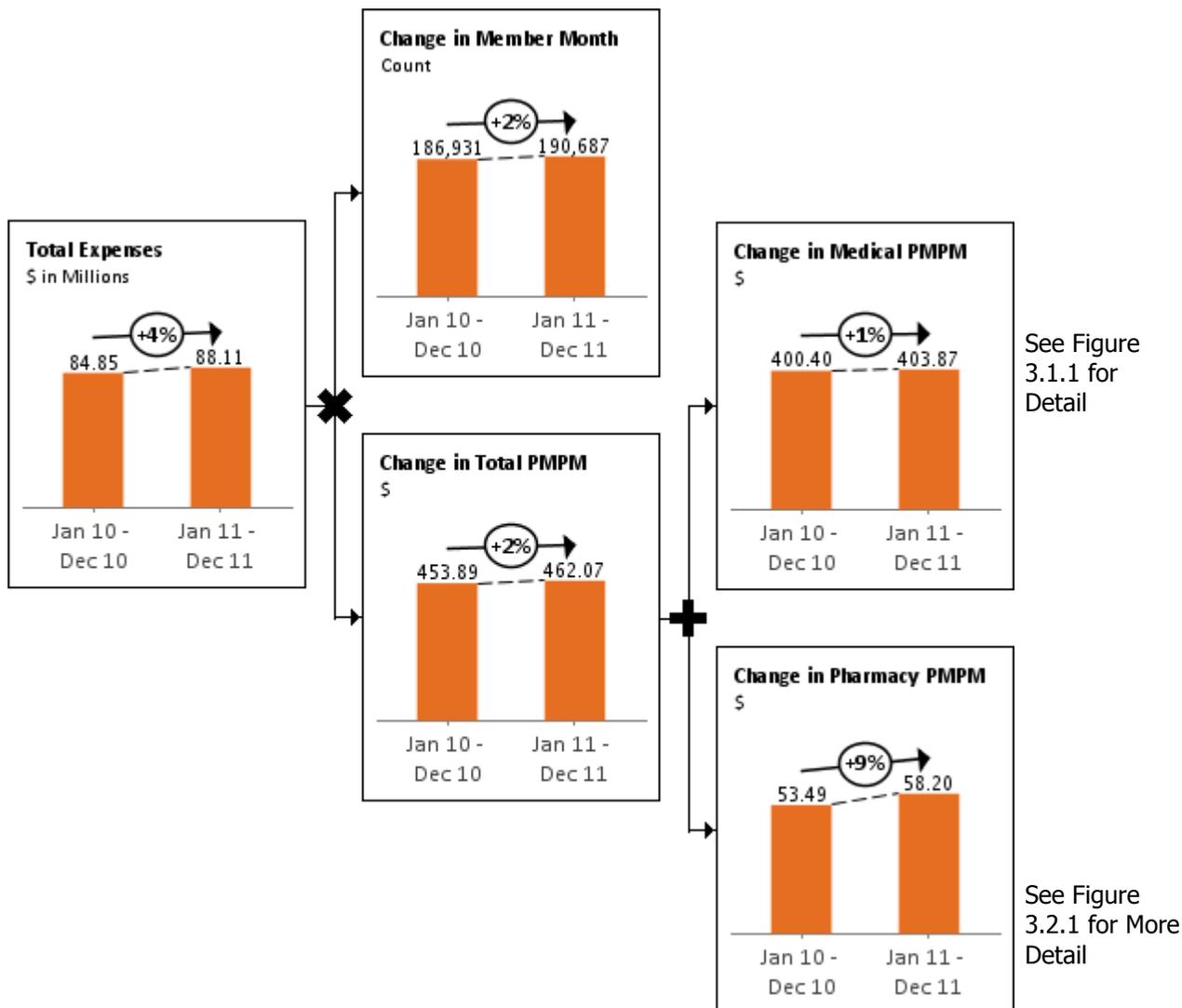
³ **Note:** Average age for males is 36.3. Average age for females is 36.
Source: Sightlines Medical Intelligence : Demography module / Age Group

⁴ Source: Sightlines Medical Intelligence : Individuals module / filter on Gender and Rel. Flag

2.2 Aggregate Economics

Figure 2.2.1 breaks out cost growth into discrete drivers, such as change in member volume, change in PMPM, and medical versus pharmaceutical PMPM. The change in Member Months will closely approximate the change in current members. This analysis help delineate whether absolute costs are growing because the population is growing, or the cost per member is growing. Further cost breakouts are present in *Section 3: Economic Findings and Opportunities*.

Figure 2.2.1 Distribution of Expenses ⁵



⁵ **Note:** Medical PMPM includes Non-PBM drug spend (J-Codes). The distribution by employee and plan is calculated by Verisk Health. Source: Sightlines Medical Intelligence : Claims Module / custom timeframes for medical and pharmacy expenses.

2.2.1 Monthly Comparison of Paid Claims

Figures 2.2.2 and 2.2.3 track monthly claim paid amounts for the most recent 24 months. Seasonality in claims paid (in terms of date incurred) is expected, with the highest monthly claims generally occurring in the winter. Claim volumes may also rise just before or after installation of a new health plan. Claims are presented both as total and PMPM calculations.

Figure 2.2.2 Medical and Pharmacy Claims- Total ⁶

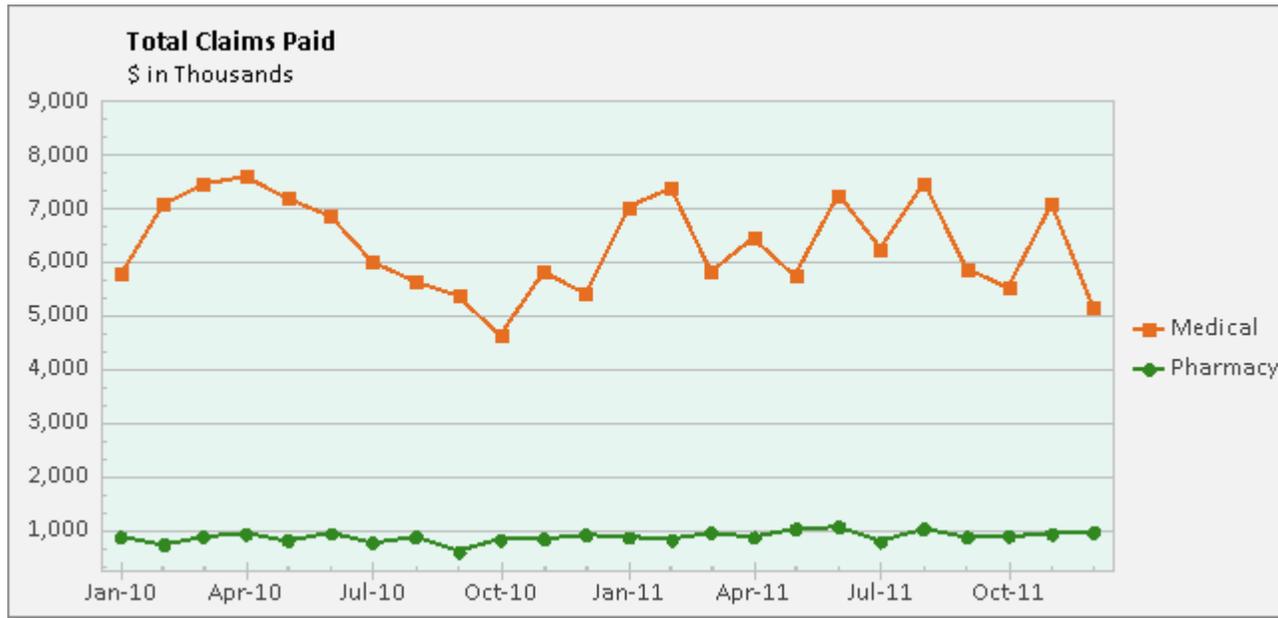
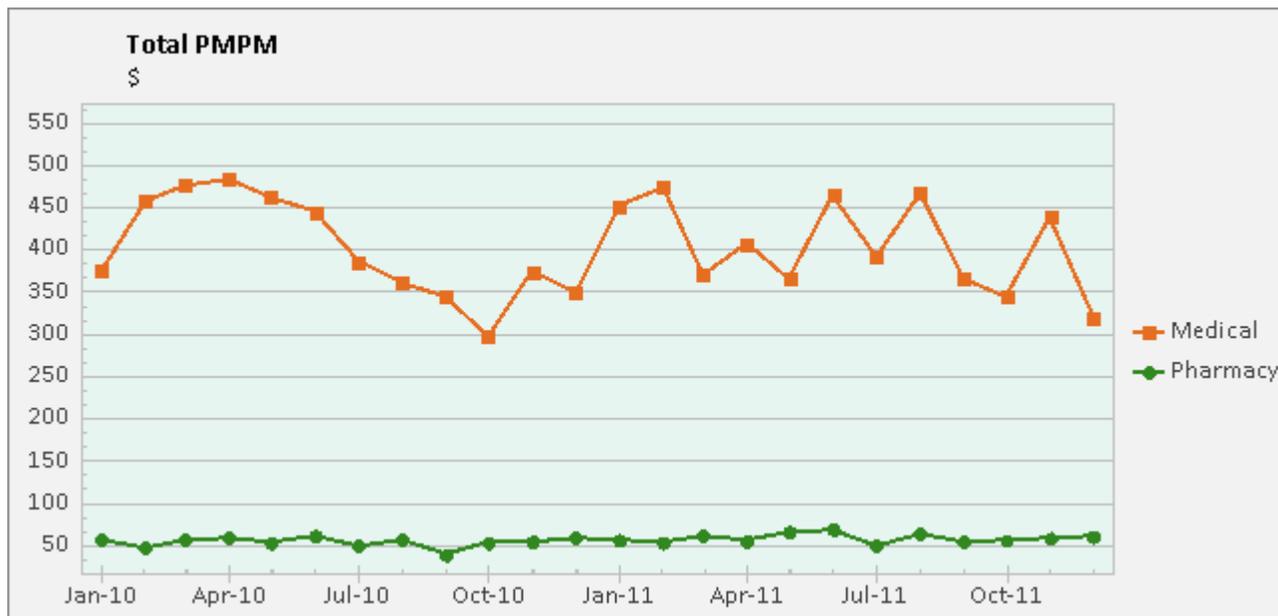


Figure 2.2.3 Medical and Pharmacy Claims-PMPM

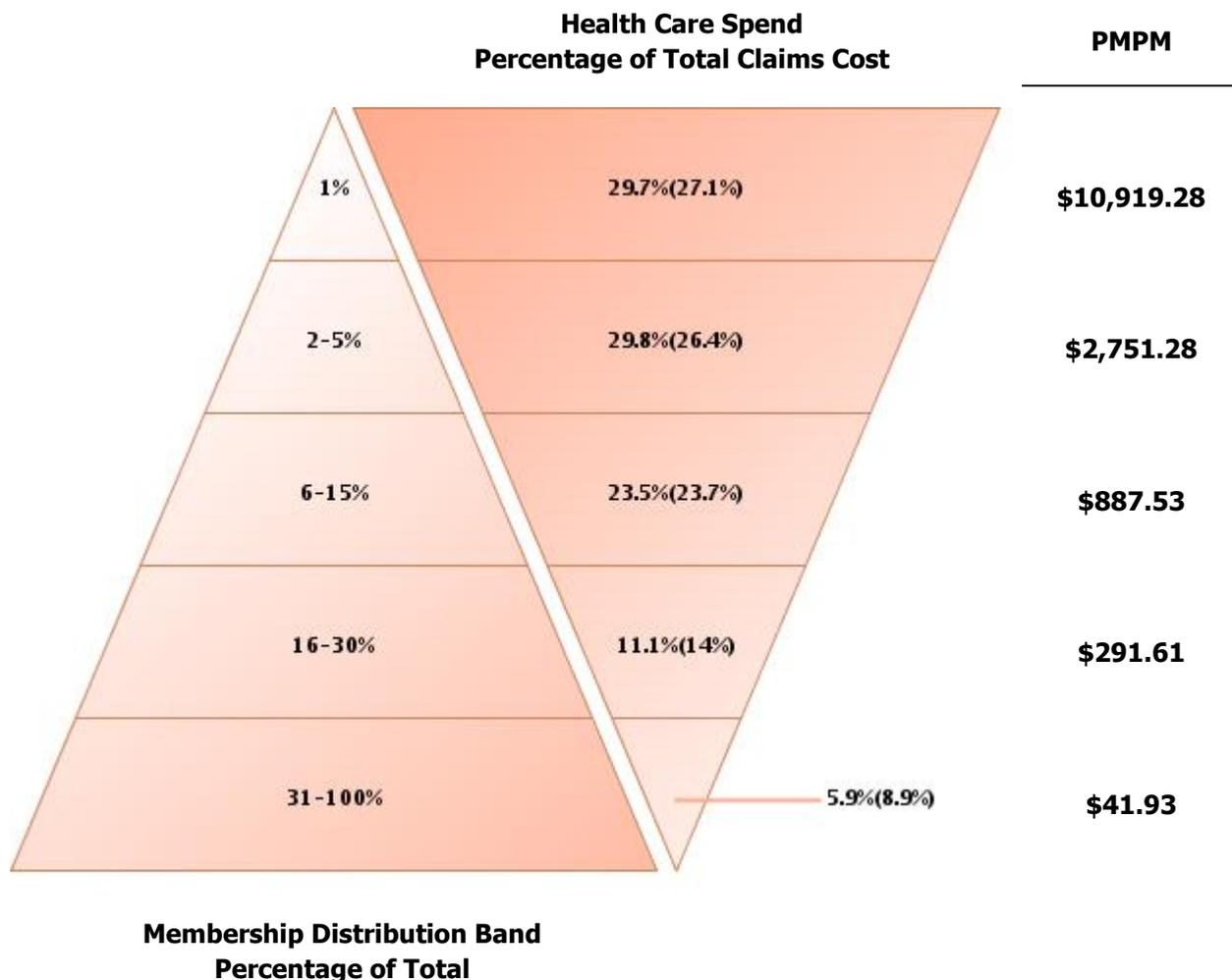


⁶ **Note:** Refer to Table 5.2.1 and 5.2.2 in Appendix 5.2 for supporting monthly detail.
Source: Sightlines Medical Intelligence : Claims Module / Medical or Pharmacy / Trend by Month.

2.2.2 Expense Distribution by Percent Spending Band

Figure 2.2.4 shows claim payments for 5 different population bands including both current and termed members. Members are ranked by total claims for purposes of creating the bands. For example, the band representing 1% of the population consists of the most expensive 1% of members; approximately one-third of the total claims expense is generally accounted for by this group. These members have extremely high claims expense and should be reviewed to verify their case management status. A significant number of members in the next two bands will be high risk members, often with multiple chronic conditions. The risk associated with these members, many of whom to date have not generated significant claims expense, can be further evaluated using the Sightlines Medical Intelligence Expense Distribution module.

Figure 2.2.4 Claims Expense Distribution ⁷



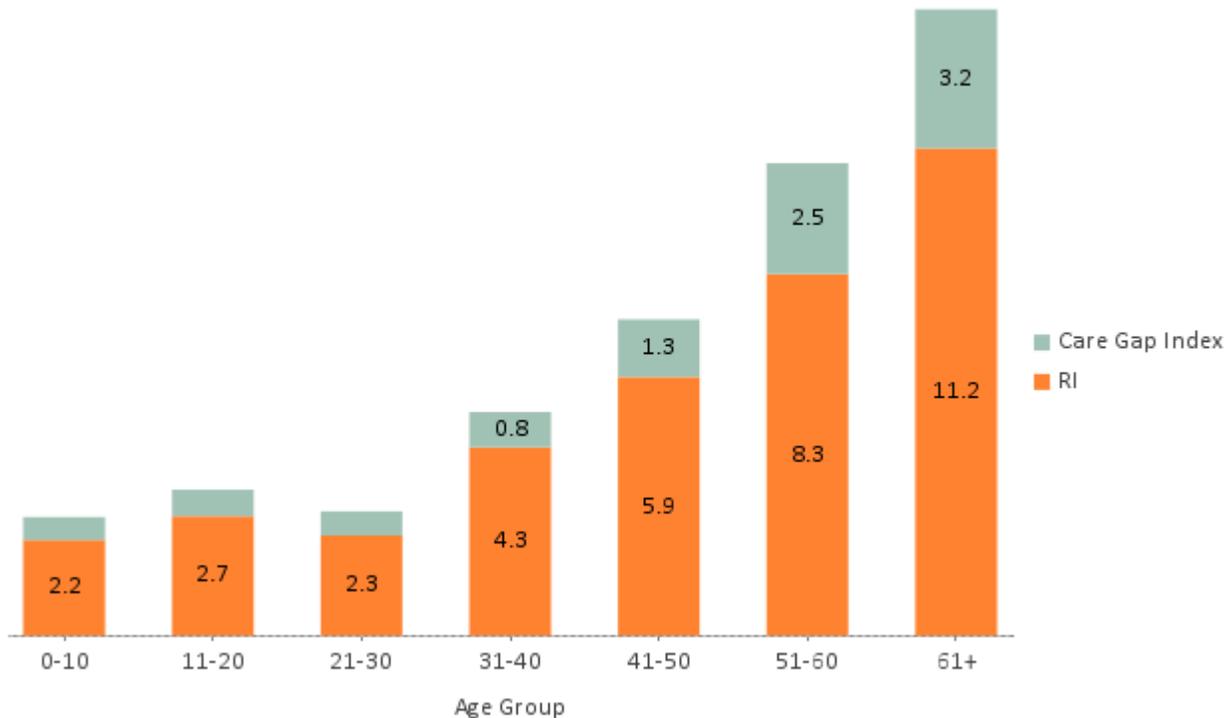
⁷ **Note:** Refer to Table 5.2.3 in Appendix 5.2 for further detail.
 Source: Sightlines Medical Intelligence : Expense Distribution Module.
 PMPM Source: Sightlines Medical Intelligence : Expense Distribution Module / Individual

2.3 Clinical Disease Fingerprint

The RI quantifies the disease burden of an individual member, while the Care Gap Index (CGI) quantifies the gaps in appropriate medical care that a member is receiving. Depending on the diseases that a member has, the extent of care gaps present serves as one assessment of the quality of care they receive.

Figures 2.3.1 show the relationship between the RI and the CGI. As age increases, RI and CGI usually increase proportionally. Figure 2.3.2 shows the RI and CGI relative to benchmark performance and discusses how to determine the extent to which your CGI is driven by high disease burden or poor quality care.

Figure 2.3.1 Average Care Gap and RI ⁸



⁸ Source: Sightlines Medical Intelligence : Average of RI and CGI fields, grouping members by age in the individuals module

Figure 2.3.2 shows the RI and CGI relative to the VH Norm. Four scenarios are possible:

1. The population has a **higher RI but a lower CGI** relative to the norm. This is a positive finding. The population has a higher disease burden, yet compliance with evidence-based medicine generates CGI lower than the norm.
2. The population has a **higher RI and a higher CGI** relative to the norm. This is a mixed finding. The population is sicker than the VH norm. Because it is sicker, we expect gaps in care to be more prevalent as well. This population presents an opportunity to reduce care gaps and claims cost through disease management.
3. The population has a **lower RI and a lower CGI** relative to the norm. This is a positive finding. The population is healthier than the VH norm and also enjoys correspondingly fewer gaps in care.
4. The population has a **lower RI but a higher CGI** relative to the norm. This is a negative finding. Although the illness burden is low for this population, there exist disproportionate gaps in compliance with evidence-based care guidelines - either through member non-compliance or poor provider quality.

Figure 2.3.2 Spread of disease burden and gaps in care by age groups.

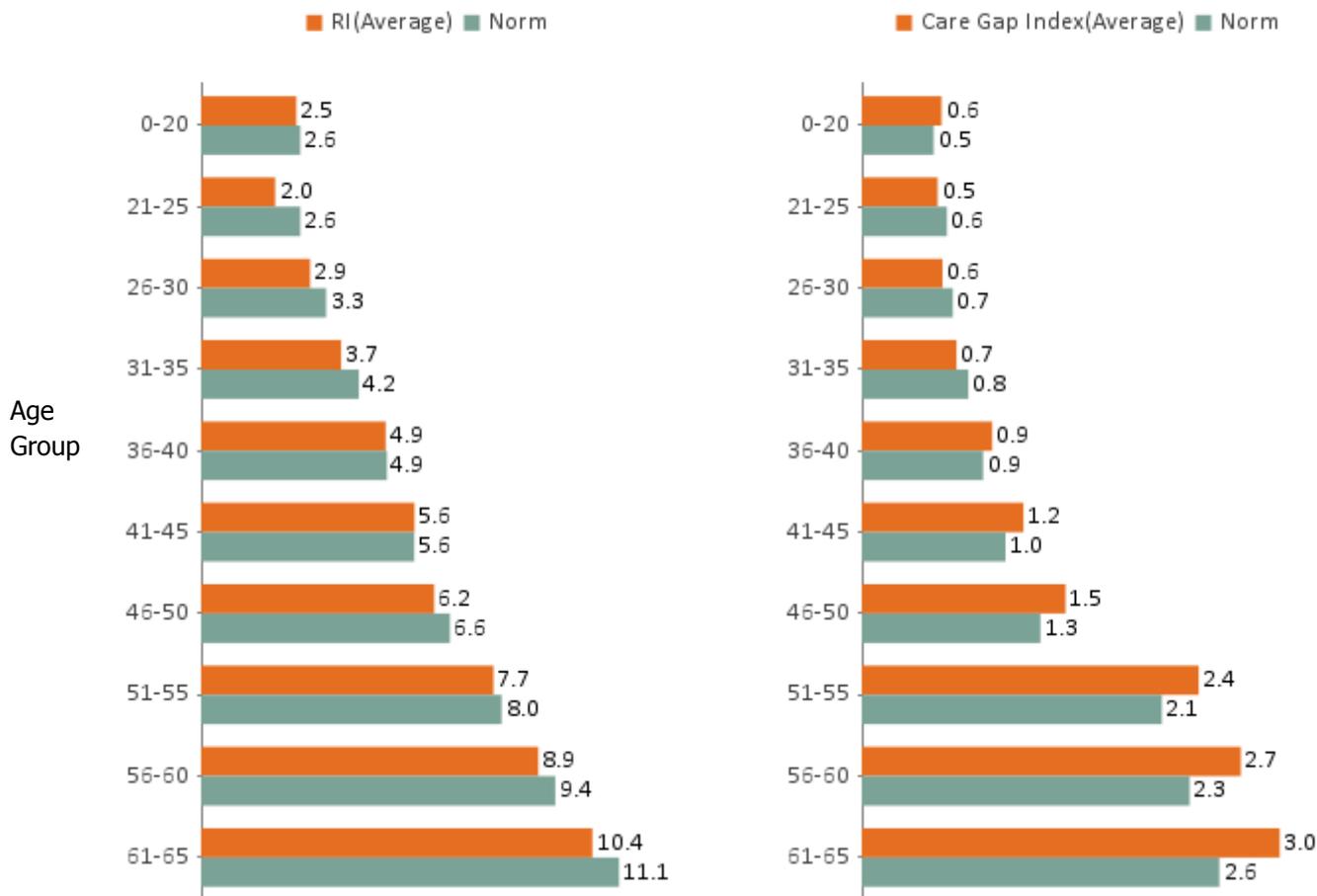
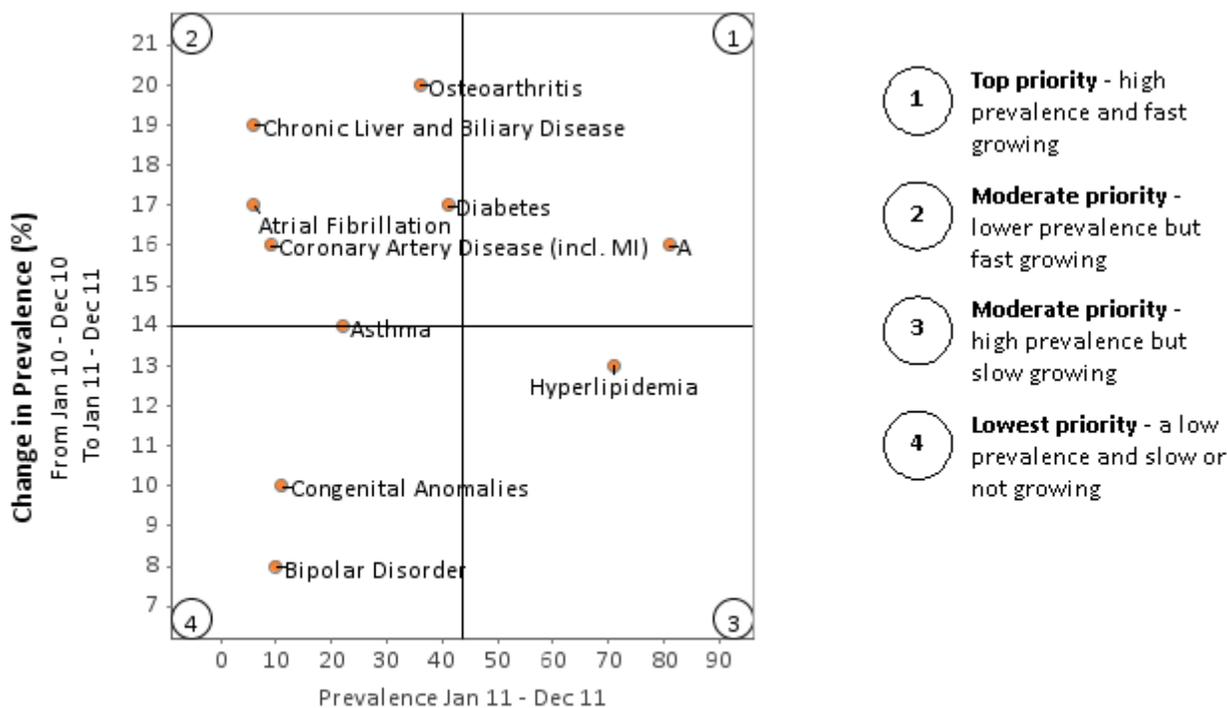


Figure 2.3.3 presents the top ten chronic diseases using the VH Disease classification scheme - this is the population's "disease fingerprint". Reducing the cost associated with these diseases is typically achieved with Disease Management programs; Disease management program typically reduce absolute utilization, and shift utilization from high cost setting to low cost settings.

Figure 2.3.3 Prevalence and Growth of Top 10 Chronic Diseases ⁹

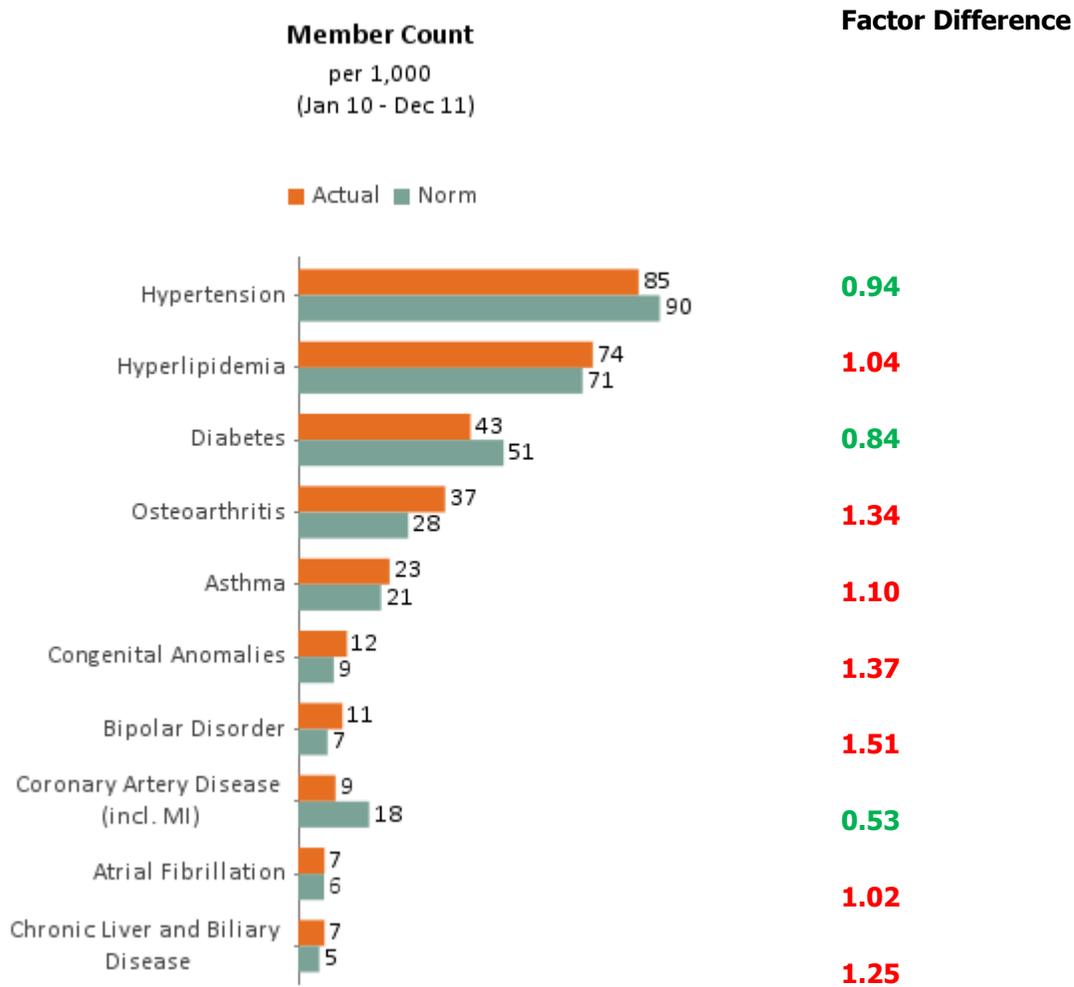


A Hypertension

⁹ **Note:** Figure 2.3.3 is based on members having a qualifying primary diagnosis (ICD9 diagnosis code).
 Source: Sightlines Medical Intelligence : Disease Registry Module / sort by Actual Members per 1000 / Top 10 records

Figure 2.3.4 shows the prevalence of the population's top 10 chronic diseases relative to the Verisk Health Commercial Norm benchmark values. Diseases with a factor difference less than 1, labeled in green, have lower prevalence than the VH norm, while diseases labeled in red have higher prevalence. A high prevalence relative to the norm means that the high cost in claims is in part driven by intrinsic population disease burden, which can be addressed by Disease and Wellness Management programs.

Figure 2.3.4 Prevalence View of top 10 Chronic Diseases. ¹⁰



¹⁰ **Note:** Factor Difference = Actual Members per 1000 / Norm Members per 1000
 Source: Sightlines Medical Intelligence : Disease Registry module / sort by Actual Members per 1000 / Top 10 records

3. ECONOMIC FINDINGS AND OPPORTUNITIES

Economic findings are broken out into Medical and Pharmaceutical subsections.

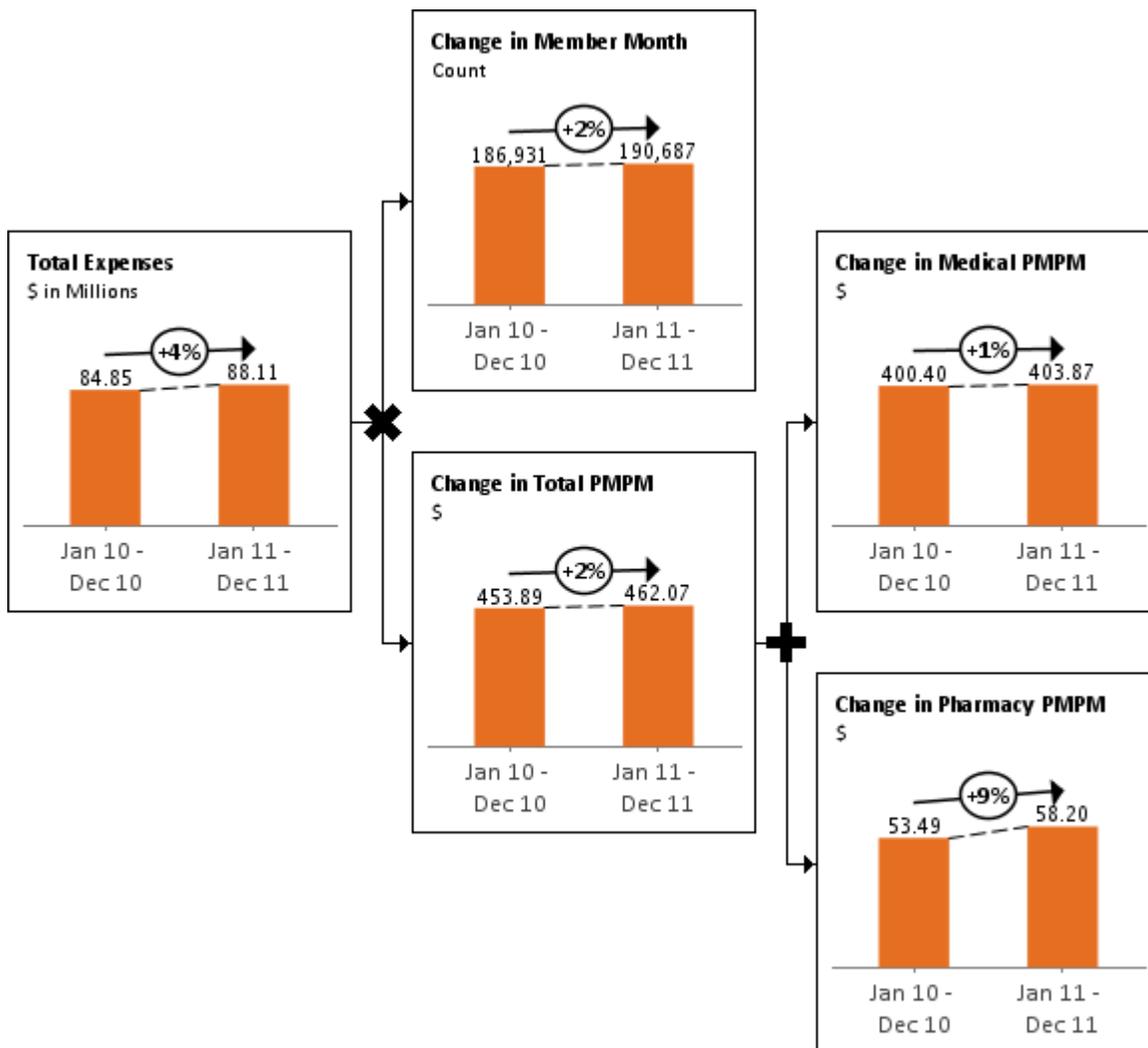
In section 3.1 - the Medical Economics subsection- this report examines:

- Factors that primarily impact *unit pricing*, including contract discount power and in versus out-of-network utilization rates. We also examine which geographic areas are associated with the most out-of-network spend.
- Factors that drive *utilization*, including specialty procedures and consultations, diagnostic testing, and the place of service. For these utilization-based drivers, we assess both changes in utilization and cost.

In section 3.2 - the Pharmaceutical section - this report examines:

- Drug classes that affect PBM drug spend, and whether the change in this spend is due to pricing growth or utilization growth. This section also details the highest cost drugs and opportunities for generic and branded switching.
- Overall Non-PBM drug spend: because this spend is a "medical" cost - not a PBM cost - the impact of these high-cost drugs is often hidden.

Figure 3.1 Expense Drivers ¹¹



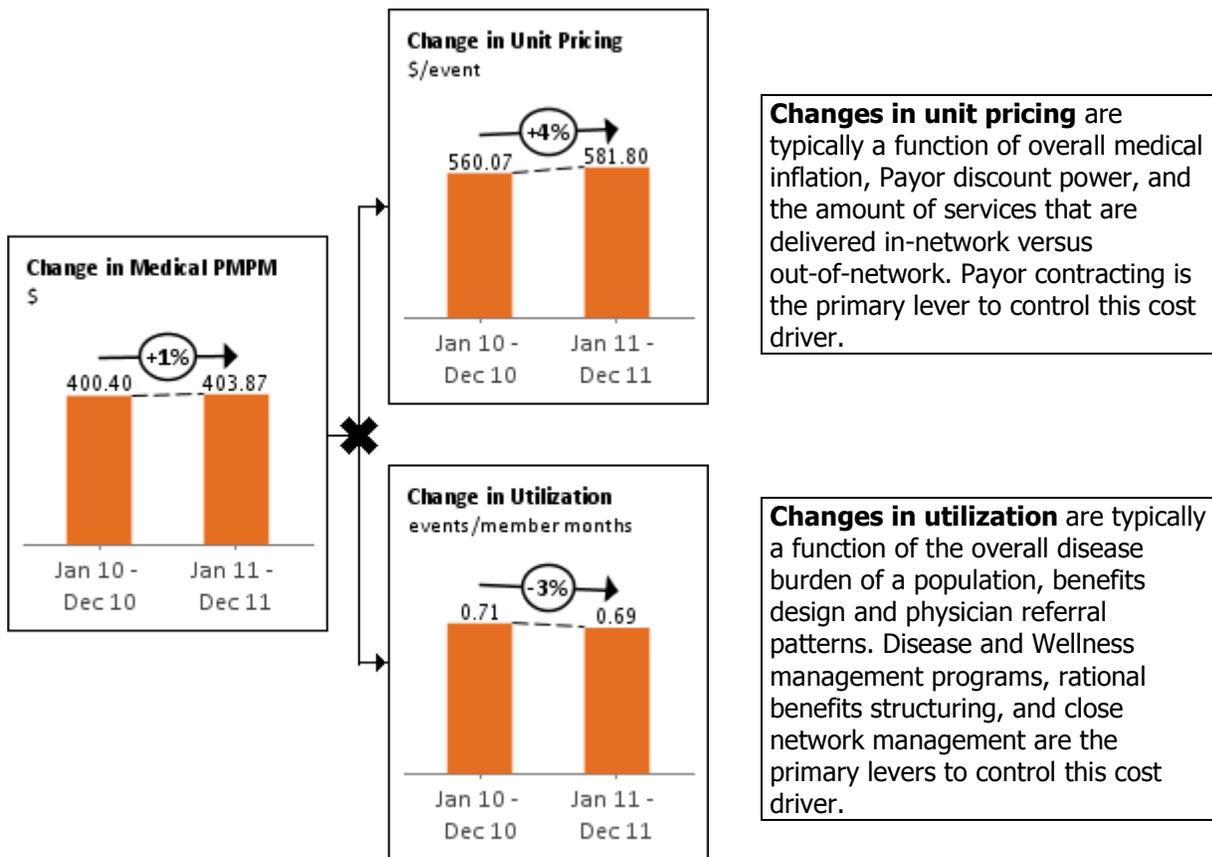
¹¹ **Note:** Medical PMPM includes Non-PBM drug spend (J-Codes). The distribution by employee and plan is calculated by Verisk Health. Source: Sightlines Medical Intelligence : Claims Module / Custom timeframes for medical and pharmacy expenses.

3.1 Medical Economics

Section 3.1 assesses medical economics - where cost increases are occurring, what is driving them, and how they can be controlled. While the areas and opportunities assessed are not additive, they are complementary. For example, managing Coronary Artery Disease more effectively can be expected to reduce the number of cardiac catheterizations, reduce the overall number of cardiology consultations, and move cardiology consultations from the inpatient setting to the lower-cost office setting.

Figure 3.1.1 shows the change in Medical expenses over time. This chart is related to chart 2.2.1 from our assessment of aggregate economics.

Figure 3.1.1 Medical Expense Growth over Time (Refer to Figure 3.1) ¹²



¹² **Note:** Events are a distinct count of Member ID and Date of Service for the reported population and reporting period. Source: Sightlines Medical Intelligence : Claims Module / Custom timeframes for medical expenses.

Section 3.1 will analyze the five areas listed directly below.

	What the analysis assesses	How excessive costs are incurred
Contract discount power	<ul style="list-style-type: none">• The percent discount that a payor is able to achieve from provider	<ul style="list-style-type: none">• Payors with weaker networks - and lower network discount rates - will pay higher per-unit costs
Network utilization	<ul style="list-style-type: none">• The percentage and location of out-of-network claims occurrences	<ul style="list-style-type: none">• On a per-unit basis, out-of-network costs are generally higher than in-network costs
Specialty procedures & consultations	<ul style="list-style-type: none">• Costs are prioritized by total amount and growth rate• Cost growth drivers are disaggregated into change-in-utilization and change-in-price drivers	<ul style="list-style-type: none">• High rates of utilization will drive excessive costs; utilization is typically driven by excessive specialty procedures or diagnostic testing• Excessive costs can also be driven by inappropriate location of care; for example, if a disease is treated in the ER instead of clinic
Diagnostic testing		
Place of service		

3.1.1 Network utilization and contract discounts

Table 3.1.1 details in-network (Par) and out-of-network (Non-Par) costs, ranked by plan paid, for the various networks used by your plan participants. This analysis also provides a comparison of discounts for the top ten participating networks. Most benefit plans utilize a provider network where providers have agreed to accept lower reimbursements in return for inclusion on a preferred provider list. Some out-of-network utilization is expected; examples are members seeing a provider while away from home (out-of-area claims), or seeing an out-of-network provider for an urgent or emergent healthcare condition. Out-of-network claims result in higher than expected claims expense for the service provided. A high incidence of out-of-network provider visits is usually an indication that there are access issues. These access issues can be impacted through network restructuring. Improved in-network usage can be accomplished by limiting coverage for out-of-network services.

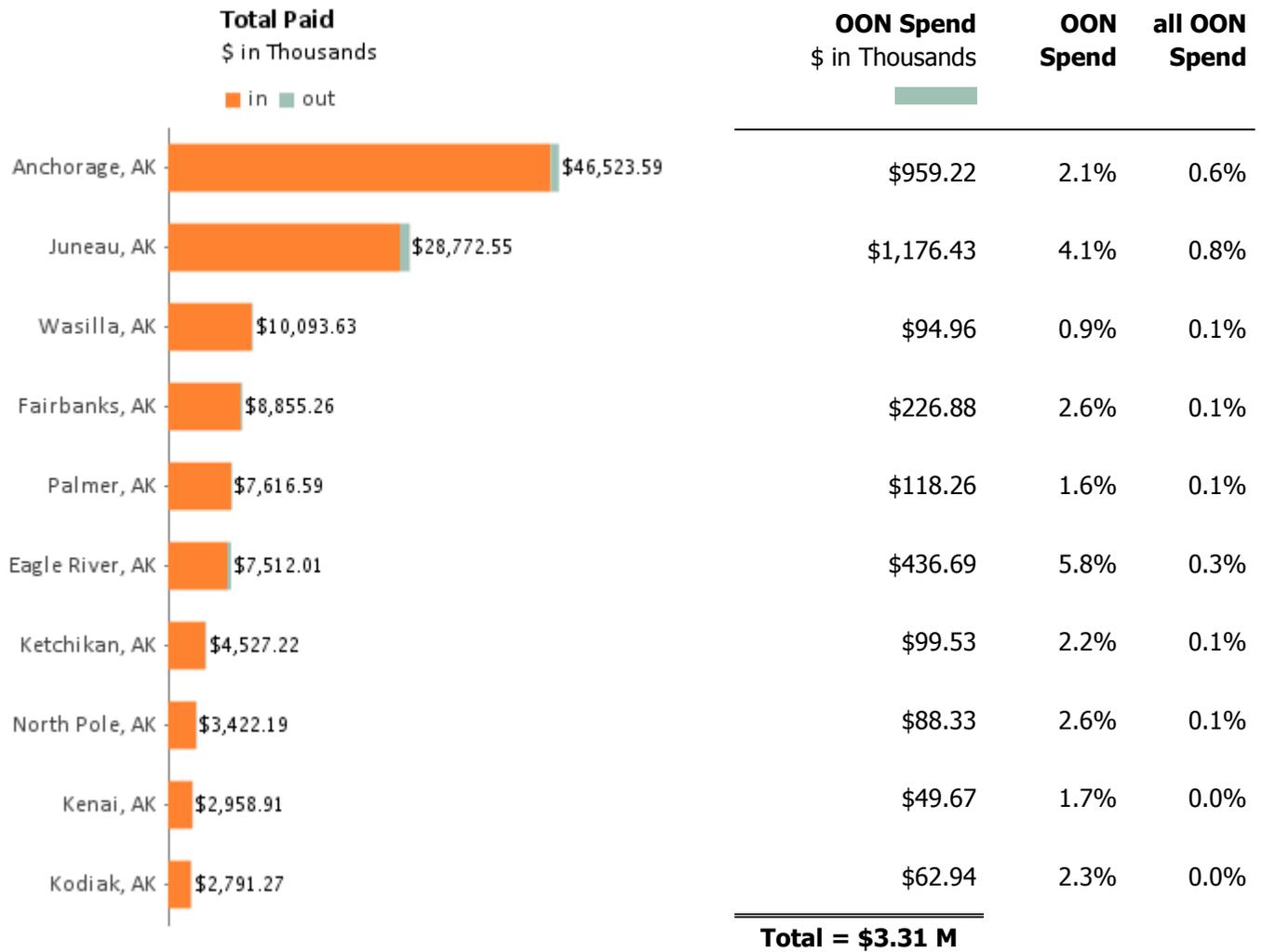
Table 3.1.1 Carrier Discounts and Network Utilization¹³

Network	Total					
	Claims Billed	Claims Allowed	Claims Paid	Employee Contribution	Network Discount	% Discount
AKPV	\$91,781,526	\$68,083,915	\$50,718,922	\$12,307,465	\$28,804	0.0%
BSCH	\$55,611,204	\$37,378,145	\$29,458,591	\$2,896,572	\$5,553,379	10.0%
NAAH	\$26,621,505	\$21,693,009	\$16,994,399	\$3,667,157	\$151,895	0.6%
AKRG	\$39,311,888	\$15,519,700	\$12,856,425	\$1,094,707	\$12,339,302	31.4%
BSCS	\$22,633,515	\$15,111,490	\$11,488,132	\$2,195,828	\$3,283,289	14.5%
BNON	\$19,337,652	\$13,080,686	\$9,922,136	\$1,744,313	\$2,182,671	11.3%
BSFF	\$11,980,013	\$6,359,794	\$5,312,693	\$364,310	\$2,282,073	19.0%
BSCP	\$7,663,102	\$5,943,372	\$3,782,596	\$1,722,299	\$806,855	10.5%
PAMC	\$8,125,834	\$4,167,174	\$3,454,458	\$195,780	\$1,171,079	14.4%
BSFS	\$2,664,786	\$1,502,555	\$1,176,892	\$177,009	\$796,127	29.9%
All Other Par (In Network)	\$4,256,877	\$2,655,841	\$2,054,981	\$422,306	\$600,888	14.1%
All Non-Par (Out Of Network)	\$13,704,744	\$7,588,986	\$4,639,769	\$2,346,248	\$118,993	0.9%
Total	\$303,692,645	\$199,084,666	\$151,859,994	\$29,133,994	\$29,315,355	9.7%

¹³ **Note:** Refer to Table 5.2.6 in Appendix 5.2 for network summary.
Source: Sightlines Medical Intelligence : Network Utilization Module / Discount

Figure 3.1.2 shows the cost distribution by city and state for the members utilizing out-of-network providers. Efforts to move utilization in-network should begin with an understanding of why members located in these cities are seeing out-of-network (OON) providers.

Figure 3.1.2 Top 10 Cities for Out-of-Network Claims Paid ¹⁴

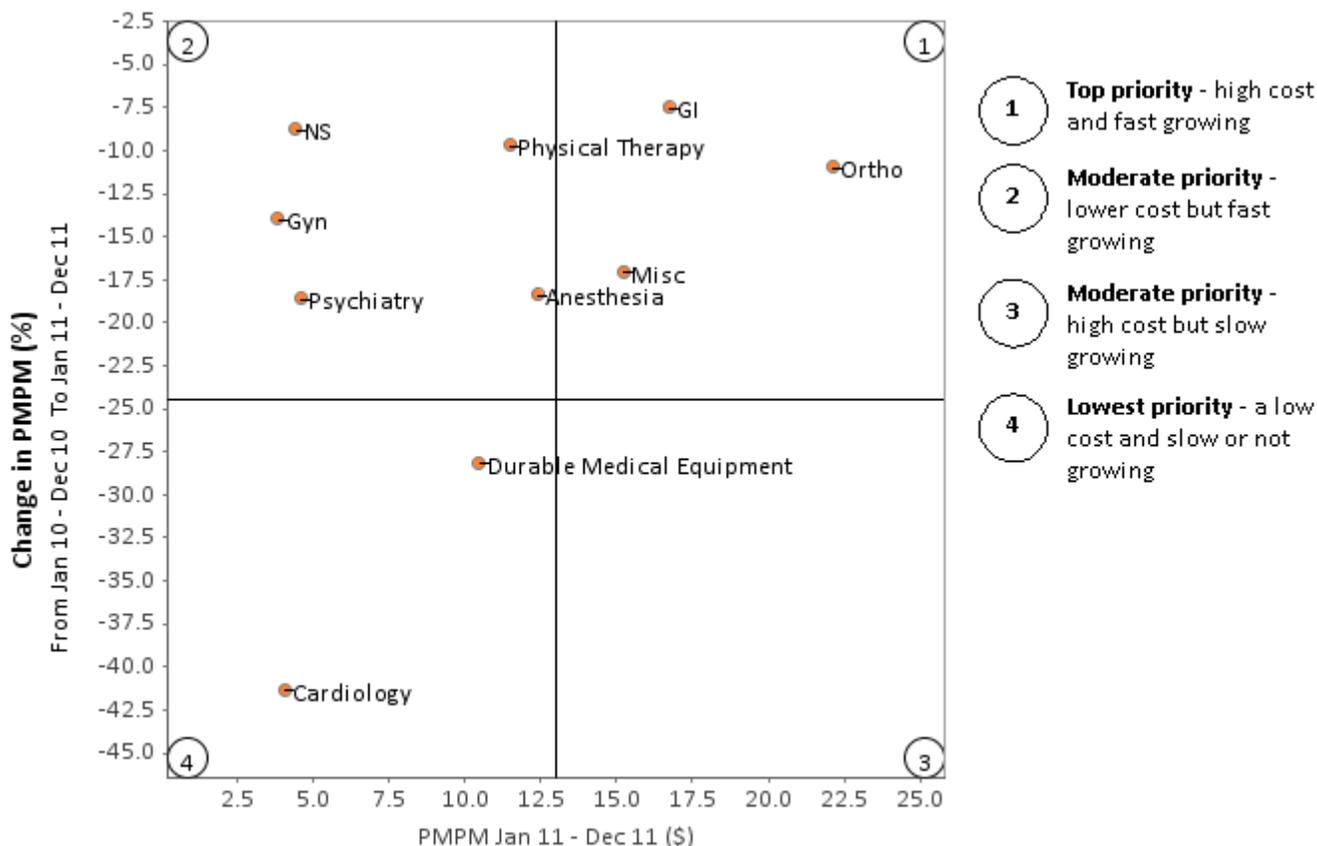


¹⁴ Source: Sightlines Medical Intelligence : Network Utilization Module / Drill by Zip / Top 10 Cities based on Total Paid

3.1.2 Specialty procedures/consultations

Specialty procedures, and the consultations that lead to those procedures, are a common driver of excess utilization. The chart below shows what procedures are large and are growing fast. Moving left to right on the horizontal axis, total costs incurred get larger. Moving bottom to top on the vertical axis, year-on-year growth in costs increases. Therefore, specialties in the upper right corner are both large and growing fast.

Figure 3.1.3 Cost drivers: Areas of cost and cost growth for specialty procedures and consultations ¹⁵



¹⁵ **Note:** Figure 3.1.3 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
 Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

The table below breaks down the cost driver for each category analyzed in the prior chart. This allows you to understand whether the changes in cost are driven by a change in pricing or a change in utilization. Also displayed is the average cost from the Verisk Health Normative Database, and the population's cost rank relative to the Norm.

Table 3.1.2 Cost drivers: Change in unit price and change in utilization breakout for specialty procedures and consultations ¹⁶

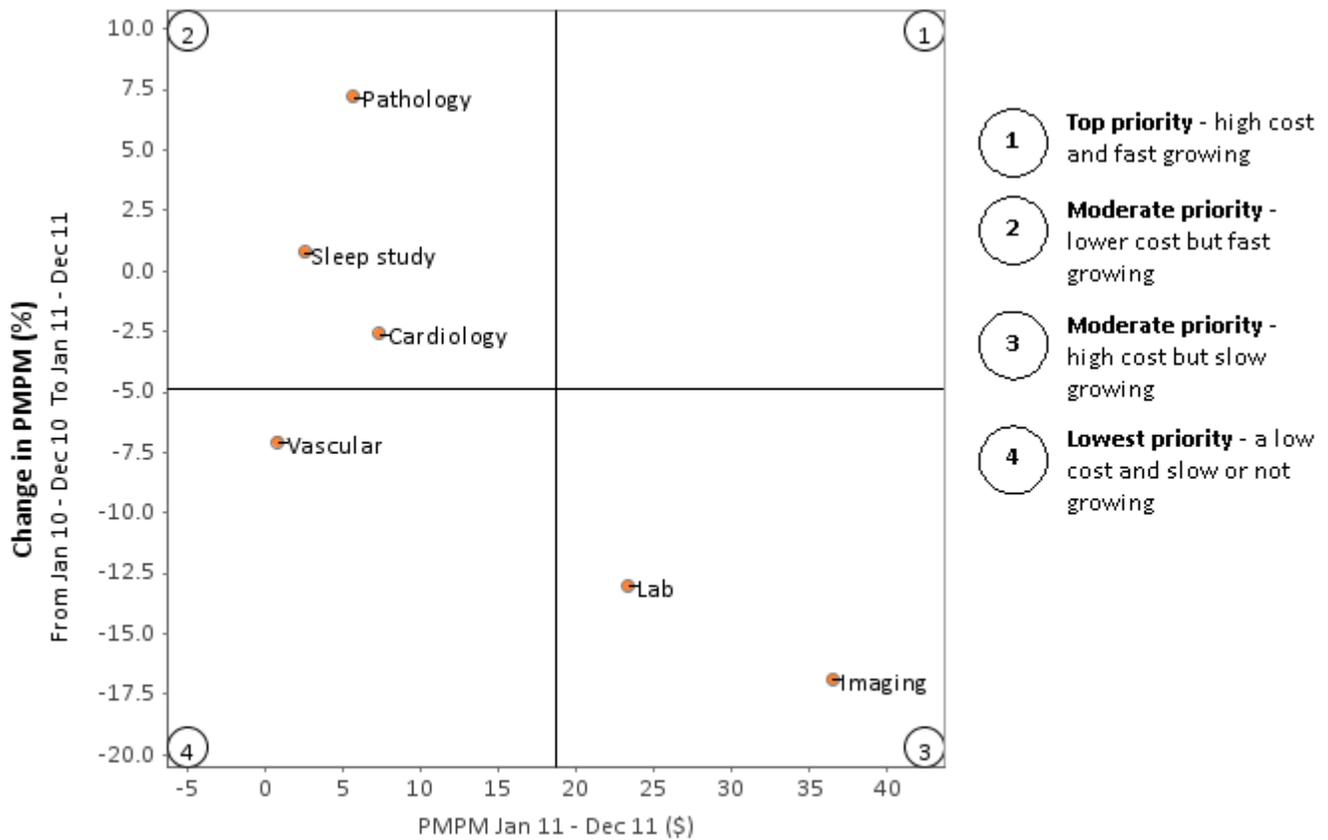
Specialty Procedures/ Consultations	Current PMPM	Change in PMPM	Change in Utilization per 1,000	Change in Unit Pricing	Norm value of PMPM	Percent Rank (Norm value = 50%)
Ortho	\$22.12	-10.9%	-16.2%	6.2%	\$8.69	-
GI	\$16.72	-7.5%	-14.9%	8.7%	\$10.17	-
Misc	\$15.24	-17.0%	-17.0%	-0.0%	\$9.08	-
Anesthesia	\$12.38	-18.4%	-21.2%	3.6%	\$9.17	-
Physical Therapy	\$11.49	-9.7%	-11.8%	2.4%	\$4.59	-
Durable Medical Equipment	\$10.46	-28.2%	-11.5%	-18.8%	\$6.34	-
Psychiatry	\$4.60	-18.6%	-14.9%	-4.3%	\$2.79	-
NS	\$4.41	-8.8%	-41.7%	56.5%	\$2.18	-
Cardiology	\$4.05	-41.3%	-27.5%	-19.1%	\$4.80	-
Gyn	\$3.84	-13.9%	-7.9%	-6.6%	\$2.82	-

¹⁶ **Note:** Table 3.1.2 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

3.1.3 Diagnostic Testing

The chart below shows what diagnostic tests are large and are growing fast. Moving left to right on the horizontal axis, total costs incurred get larger. Moving bottom to top on the vertical axis, year-on-year growth in costs increases. Therefore, tests in the upper right corner are both large and growing fast.

Figure 3.1.4 Cost drivers: Areas of cost and cost growth for diagnostic tests¹⁷



¹⁷ **Note:** Figure 3.1.4 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
 Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

The table below breaks down the cost driver for each category analyzed in the prior chart. This allows you to understand whether the changes in cost are driven by a change in pricing or changes in utilization. Also displayed is the average cost from the Verisk Health Normative Database, and the population's cost rank relative to the Norm.

Table 3.1.3 Cost drivers: Change in unit price and change in utilization breakout for diagnostic tests¹⁸

Testing Category	Subcategory	Current PMPM	Change in PMPM	Change in utilization per 1,000	Change in Unit pricing	Norm value of PMPM	Percent Rank(Norm value = 50%)
Cardiology	All	\$7.41	-2.6%	-17.6%	97.4%	\$3.82	-
	Electrophysiology	\$2.61	47.5%	-31.1%	114.1%	\$0.39	-
	Cardiography	\$2.49	-14.7%	-18.2%	4.4%	\$1.74	-
	Ultrasound/Doppler	\$2.31	-20.9%	-13.3%	-8.7%	\$1.69	-
Imaging	All	\$36.51	-16.9%	-13.8%	0.4%	\$24.95	-
	MRI	\$11.67	-8.9%	-10.4%	1.8%	\$6.18	-
	CT	\$9.14	-29.3%	-26.2%	-4.2%	\$7.86	-
	Plain film	\$5.83	-14.7%	-11.7%	-3.4%	\$2.89	-
	US	\$4.67	-13.4%	-11.7%	-2.0%	\$3.34	-
	Not classified	\$2.78	-14.3%	-16.5%	2.6%	\$2.24	-
	Radiology Diagnostic (incl. Cardiology)	\$2.41	-10.5%	-13.9%	4.0%	\$2.45	-
Lab	All	\$23.39	-13.0%	-10.9%	-2.4%	\$14.47	-
Pathology	All	\$5.70	7.2%	-11.9%	21.6%	\$3.35	-
Sleep study	All	\$2.59	0.8%	-15.7%	19.5%	\$0.98	-
Vascular	All	\$0.86	-7.1%	-21.7%	18.7%	\$0.64	-

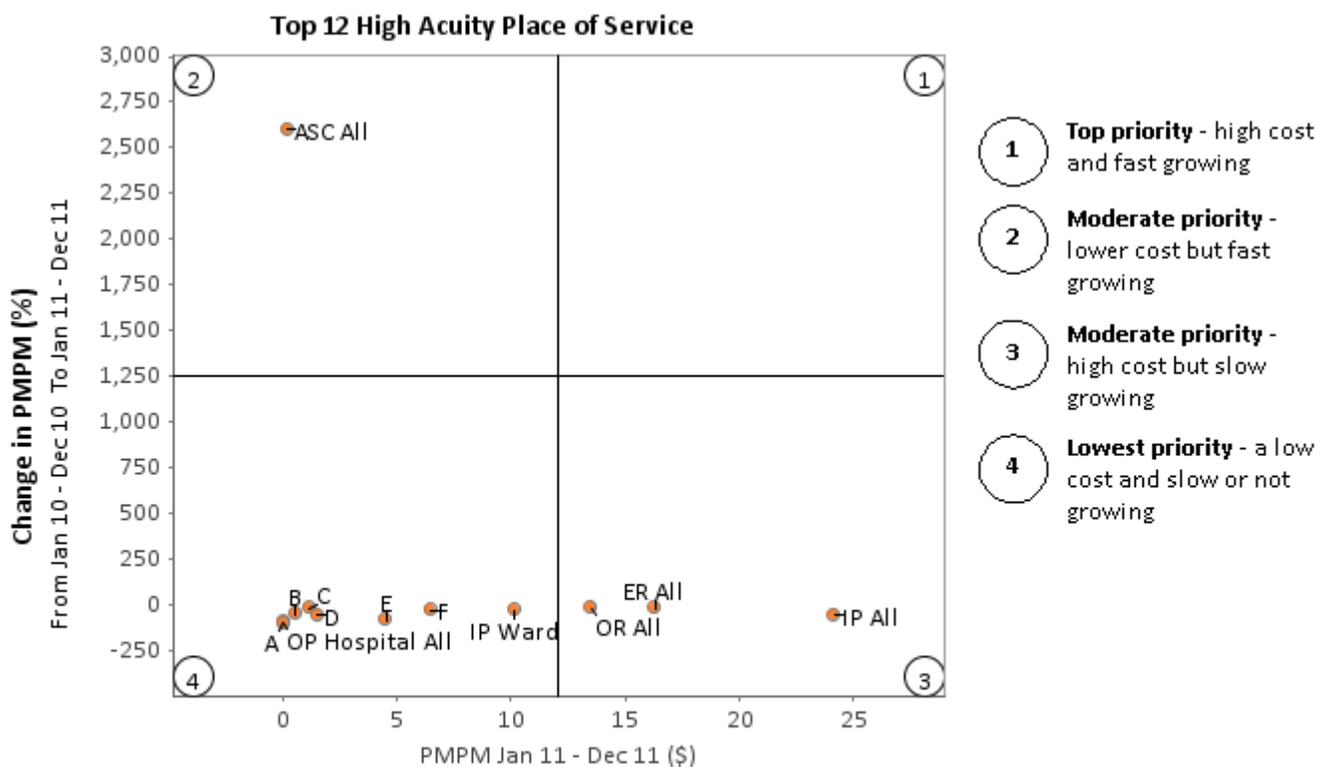
¹⁸ **Note:** Table 3.1.3 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

3.1.4 Place of service - Inpatient and high acuity

Monitoring the utilization patterns for chronic conditions offers valuable insight into benefit design and/or case and disease management program performance. In general, high utilization rates for such measures as inpatient admissions and emergency room services in these conditions bring into question the adequacy of outpatient care, plan design incentives to encourage outpatient care, and medical management performance.

The chart below shows which inpatient and high acuity places of service are large and are growing fast. Moving left to right on the horizontal axis, total costs incurred get larger. Moving bottom to top on the vertical axis, year-on-year growth in costs increases. Therefore, locations in the upper right corner are both large and growing fast.

Figure 3.1.5 Cost drivers: Areas of cost and cost growth for hospital and ASC based utilization ¹⁹



A. IP Homegrown B. IP Observation C. IP Subsequent Hospital Care
 D. IP Psychiatry E. IP Intensive care F. IP Mother/baby

¹⁹ **Note:** Figure 3.1.5 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
 Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

The table below breaks down the cost driver for each category analyzed in the prior chart. This allows you to understand whether the changes in cost are driven by a change in pricing or a change in utilization. Also displayed is the average cost from the VH Normative Database, and the population's cost rank relative to the Norm.

Table 3.1.4 Cost drivers: Change in unit price and change in utilization breakout for Inpatient and high acuity locations of care²⁰

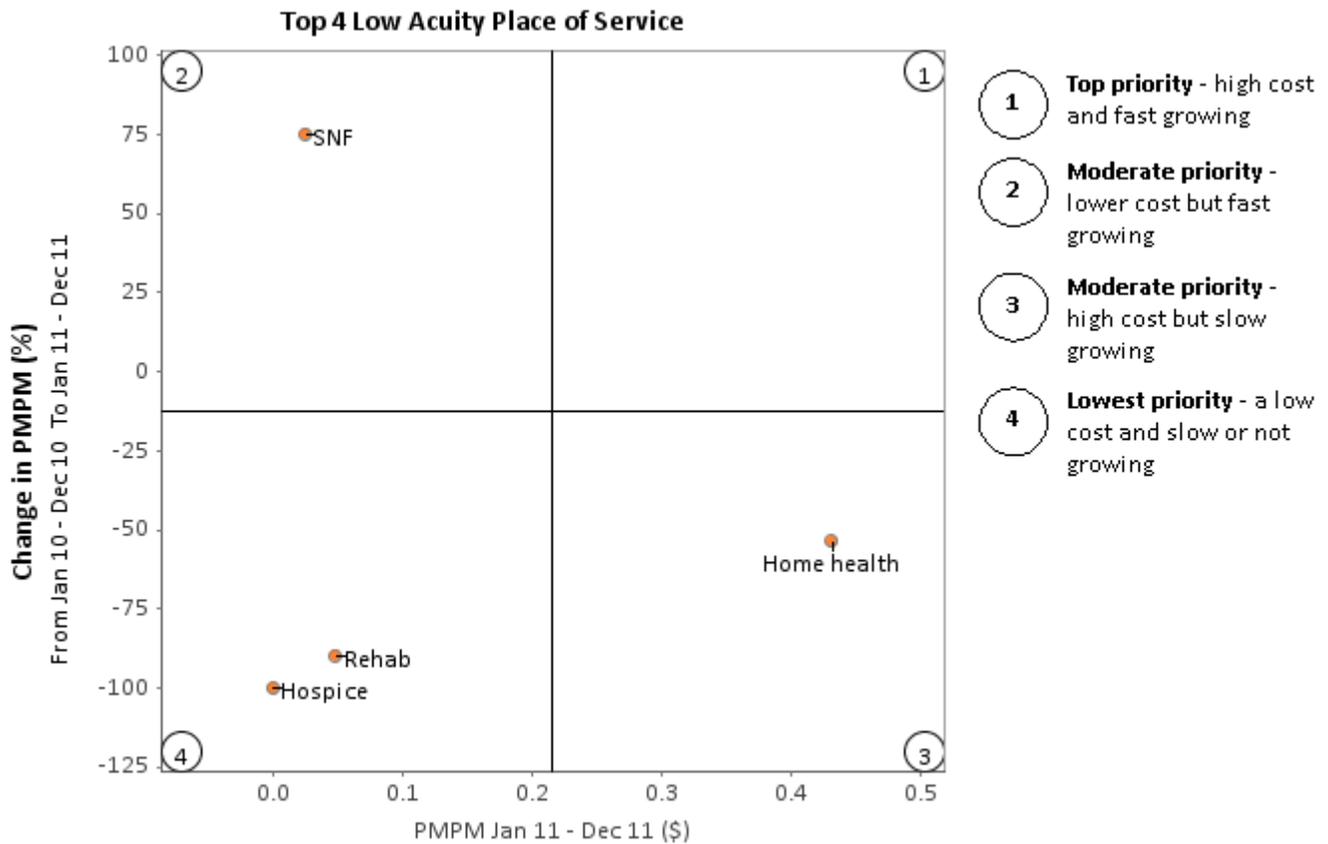
Category	Subcategory	Current PMPM	Change in PMPM	Change in utilization per 1,000	Change in Unit pricing	Norm value of PMPM	Percent Rank(Norm value = 50%)
ASC	All	\$0.16	2,603.2%	782.3%	206.4%	\$1.38	-
ER	All	\$16.26	-16.4%	-14.2%	-2.6%	\$9.92	-
IP	All	\$24.12	-50.2%	-24.1%	-54.3%	\$37.00	-
	Ward	\$10.11	-27.5%	-23.6%	-5.0%	\$12.11	-
	Mother/baby	\$6.42	-25.8%	-22.2%	-4.7%	\$6.66	-
	Intensive care	\$4.47	-78.1%	-50.3%	-56.1%	\$6.19	-
	Psychiatry	\$1.48	-52.0%	153.9%	-81.1%	\$0.96	-
	Subsequent Hospital Care	\$1.12	-15.9%	-20.8%	6.1%	\$1.10	-
	Observation	\$0.52	-44.0%	-43.3%	-1.2%	\$1.08	-
	Homegrown	\$0.00	-94.8%	-26.5%	-92.9%	\$8.91	-
OP Hospital	All	\$0.00	-90.4%	-65.4%	-72.3%	\$0.07	-
OR	All	\$13.47	-11.6%	-27.0%	21.1%	\$9.82	-

²⁰ **Note:** Table 3.1.4 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

3.1.5 Place of service - Outpatient and low acuity (excluding office visits)

The chart below shows which outpatient and low-acuity places of service are large and are growing fast. Moving left to right on the horizontal axis, costs incurred by location get larger. Moving bottom to top on the vertical axis, year-on-year growth in costs increases. Therefore, locations in the upper right corner are both large and growing fast.

Figure 3.1.6 Cost drivers: Areas of cost and cost growth for outpatient and community based utilization (excluding office visits)²¹



²¹ **Note:** Figure 3.1.6 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.
Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

The table below breaks down the cost driver for each category analyzed in the prior chart. This allows you to understand whether the change in cost seen in chart 3.1.1 is driven by a change in unit price or a change in utilization. Also displayed is the average cost from the VH Normative Database and the population's cost rank relative to the Norm.

Table 3.1.5 Cost drivers: Change in unit price and change in utilization breakout for Outpatient and low acuity care (excluding office visits) ²²

Category	Current PMPM	Change in PMPM	Change in Utilization per 1,000	Change in Unit Pricing	Norm value of PMPM	Percent Rank (Norm value = 50%)
Home health	\$0.43	-53.7%	-60.3%	16.7%	\$0.93	-
Rehab	\$0.05	-89.7%	10.3%	-90.6%	\$0.48	-
SNF	\$0.03	75.2%	104.6%	-14.3%	\$0.34	-
Hospice	\$0.00	-100.0%	-100.0%	-100.0%	\$0.11	-

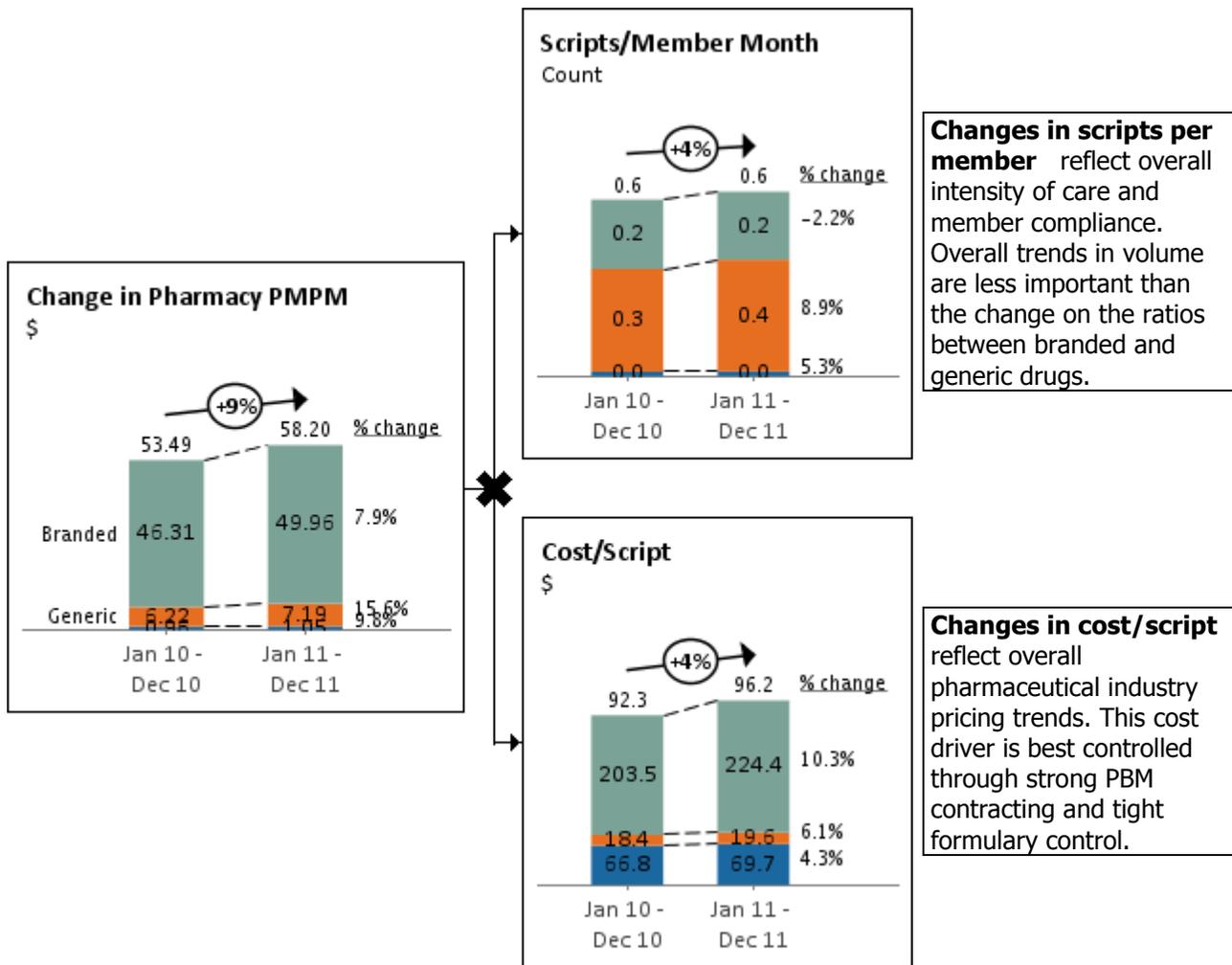
²² **Note:** Table 3.1.5 is based on select categories of VH Procedure Groups which utilize CPT4 procedure codes.
Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

3.2 Pharmacy Economics

Year-on-year growth in pharmacy expenses can be attributed to changes in Member Months and pharmacy PMPM cost, as shown in chart 2.2.1.

Increase or decrease of pharmacy PMPM is caused by changes in the number of prescriptions written per Member Month and changes in the cost per prescription.

Figure 3.2.1 Pharmacy Expenses (Refer to Figure 2.2.1)²³



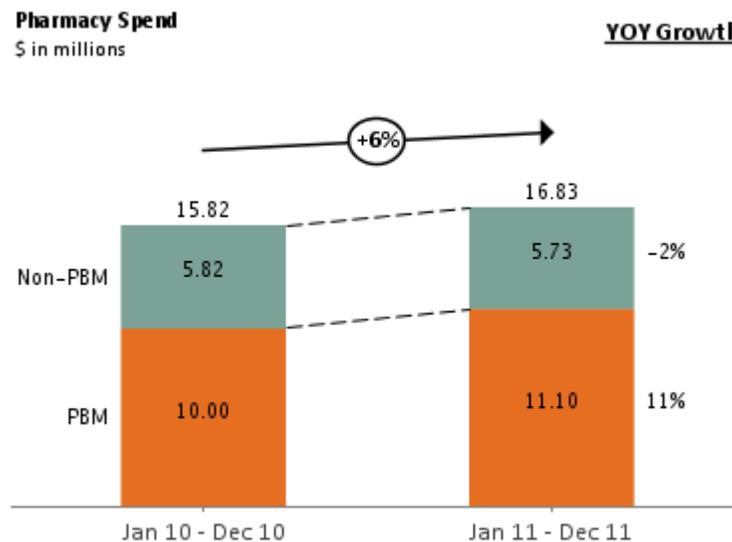
²³ **Note:** Pharmacy PMPM totals reflect branded, generic and non drug costs. Non drug costs include items like diabetic supplies and syringes which are generally negligible costs. Within the Medical Intelligence application, non- drug charges are located within the non-generic category.
 Source: Sightlines Medical Intelligence : Claims Module / Pharmacy / Plan Type

3.2.1 Non-PBM Drug Spend

Non-PBM spend on pharmaceuticals is paid by Health Plan, not the PBM. It is therefore included in medical expenses and usually includes the J-Codes. However, many non-PBM drugs are exceptionally expensive and deserve special attention. Non-PBM drug spend is often best controlled through the use of contracting Specialty Pharmacy networks.

Figure 3.2.2 shows the total pharmacy spend as seen in chart 3.2.1, now with the non-PBM spend added in.

Figure 3.2.2 Distribution of Pharmacy Spend (Refer to Figure 3.2.1)²⁴



The top 10 drugs driving non-PBM spend are listed in table 3.2.1, with unit price and utilization values broken out.

Table 3.2.1 Top 10 drugs driving non-PBM spend²⁵

Drug	Current PMPM	Change in PMPM	Change in # Scripts	Change in Unit Pricing	Norm value of PMPM	Percent Rank (Norm value = 50%)
Pharmacy - General	\$6.36	-16.2%	-27.4%	17.8%	-	-
Infliximab Injection	\$2.00	-5.6%	16.4%	-17.2%	\$1.01	-
Pharmacy - Extension of 025X - Drugs Requiring Detailed Coding	\$1.70	6.5%	-29.9%	55.0%	-	-
Pharmacy - IV Solutions	\$1.37	-18.1%	-40.8%	41.1%	\$0.74	-
Trastuzumab	\$1.10	-31.5%	-23.1%	-9.2%	\$0.46	-
Rituximab Cancer Treatment	\$0.84	-34.0%	-29.6%	-4.4%	\$0.50	-

²⁴ Source: Sightlines Medical Intelligence : PBM Cost: Claims Module / Pharmacy
Non PBM Cost: Claims Module / Medical / drill by Plan Type / Zoom Forward / drill by Procedure Group / Non-PBM Drug

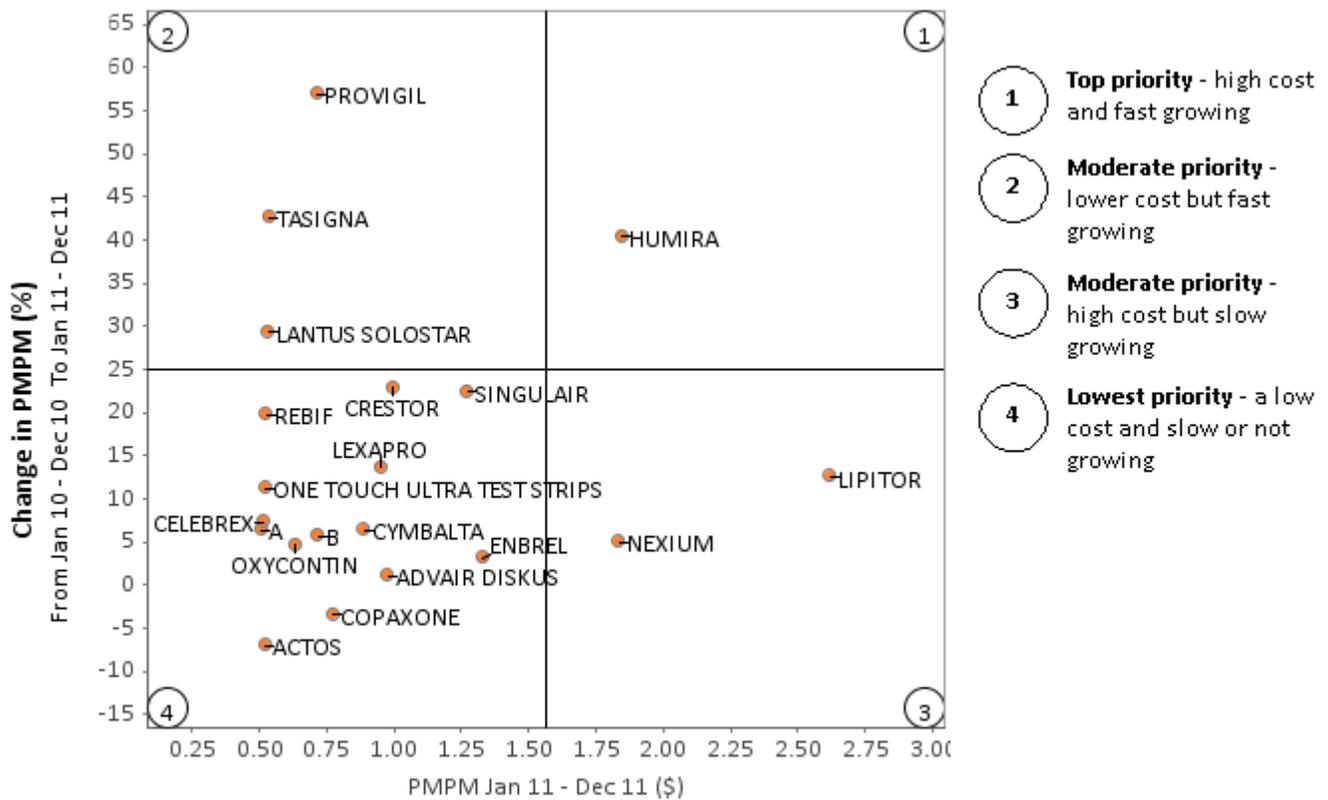
²⁵ Source: Sightlines Medical Intelligence : Claims module / Medical / Plan Type / Zoom Forward / drill by Procedure Group / Non-PBM Drug / Source

Drug	Current PMPM	Change in PMPM	Change in # Scripts	Change in Unit Pricing	Norm value of PMPM	Percent Rank (Norm value = 50%)
Cetuximab Injection	\$0.78	0.0%	0.0%	0.0%	\$0.15	-
Bortezomib Injection	\$0.72	622.4%	610.0%	3.8%	\$0.09	-
Injection, natalizumab, 1 mg	\$0.59	38.2%	3.6%	36.1%	\$0.21	-
Pharmacy - Other Pharmacy	\$0.57	52.5%	-20.2%	95.1%	-	-

3.2.2 PBM drug spend

The chart below shows which drugs are large and are growing fast. Moving left to right on the horizontal axis, total costs incurred by drug get larger. Moving bottom to top on the vertical axis, year-on-year growth in costs increases. Therefore, locations in the upper right corner are both large and growing fast. In general, drugs that do not have generic or branded substitutes will typically have the highest rates of cost inflation, but lower overall absolute costs.

Figure 3.2.3 Cost drivers: Areas of cost and cost growth by drug ²⁶



A. HUMALOG B. BETASERON

²⁶ Source: Sightlines Medical Intelligence : Claims module / Trend / Pharmacy / drill by Plan Type / Zoom Forward / drill by Rx Class / drill by Drug

Table 3.2.2 Top 20 Drugs ²⁷

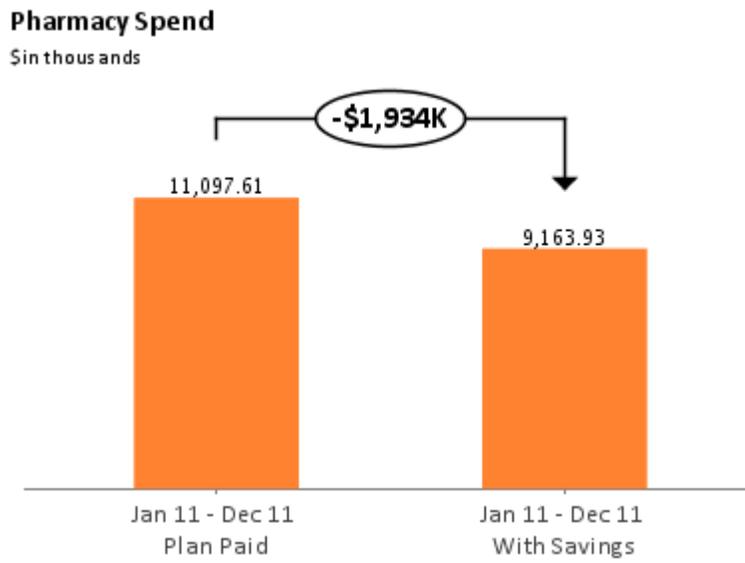
Drugs	Branded to Generic ratio	Current PMPM	Change in PMPM	Change in # Scripts	Change in Unit Pricing	Norm value of PMPM	Percent Rank (Norm value = 50%)
LIPITOR	0.00	\$2.62	12.7%	0.2%	14.6%	\$1.30	-
HUMIRA	0.00	\$1.84	40.5%	34.7%	6.4%	\$1.01	-
NEXIUM	0.00	\$1.83	5.1%	-1.0%	8.3%	\$1.34	-
ENBREL	0.00	\$1.33	3.2%	-16.7%	26.4%	\$1.17	-
SINGULAIR	0.00	\$1.27	22.5%	13.5%	10.1%	\$0.83	-
CRESTOR	0.00	\$0.99	23.0%	8.5%	15.6%	\$0.73	-
ADVAIR DISKUS	0.00	\$0.97	1.2%	-9.2%	13.7%	\$0.84	-
LEXAPRO	0.00	\$0.95	13.8%	8.8%	6.7%	\$0.59	-
CYMBALTA	0.00	\$0.89	6.5%	11.6%	-2.7%	\$0.64	-
COPAXONE	0.00	\$0.77	-3.3%	-36.4%	55.0%	\$0.73	-
BETASERON	0.00	\$0.72	5.8%	-20.8%	36.4%	\$0.25	-
PROVIGIL	0.00	\$0.71	57.1%	43.7%	11.5%	\$0.33	-
OXYCONTIN	0.44	\$0.63	4.8%	-2.0%	9.0%	\$0.38	-
TASIGNA	0.00	\$0.53	42.7%	66.7%	-12.6%	\$0.03	-
LANTUS SOLOSTAR	0.00	\$0.53	29.5%	10.9%	19.2%	\$0.25	-
REBIF	0.00	\$0.52	19.9%	28.6%	-4.9%	\$0.38	-
ACTOS	0.00	\$0.52	-6.9%	-22.5%	22.5%	\$0.66	-
ONE TOUCH ULTRA TEST STRIPS	0.00	\$0.52	11.3%	8.7%	4.5%	\$0.40	-
CELEBREX	0.00	\$0.51	7.4%	4.7%	4.7%	\$0.34	-
HUMALOG	0.00	\$0.51	6.5%	7.7%	0.9%	\$0.34	-

²⁷ Source: Sightlines Medical Intelligence : Claims module / Trend / Pharmacy / drill by Plan Type / Zoom Forward / drill by Rx Class / drill by Drug

3.2.3 Selected prescription cost avoidance opportunities

This cost avoidance analysis is a cost comparison between two therapeutically equivalent drugs. Substantial cost differences can exist between therapeutically equivalent drugs, regardless of whether they are brand or generic. In practice, physician prescribing patterns, consumer demand, and formulary benefit design drive drug utilization. If a less expensive alternative is identified, substitution or formulary design change should be approved by appropriate clinicians.

Figure 3.2.4 Pharmacy spend²⁸

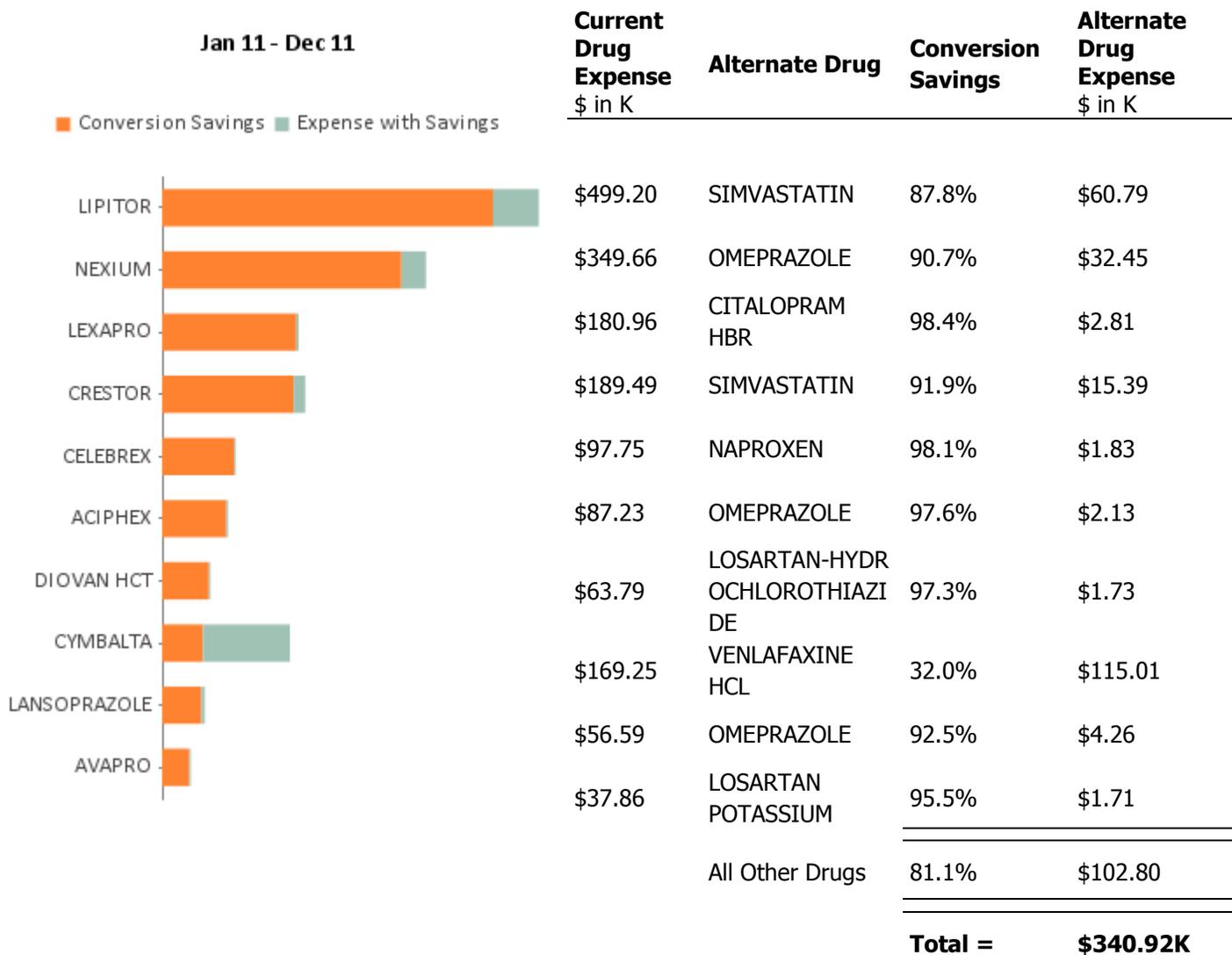


We estimate that savings of \$1,933,682 in pharmaceutical spend from Jan 11 - Dec 11 exist.

²⁸ Source: Sightlines Medical Intelligence : Conversion Analyzer module

Our drug Conversion Analyzer feature compares the cost that a company pays for a drug, at the company level, to the average cost of a clinically equivalent substitute, at the portfolio level. The conversion opportunities we assess are non-controversial, clinically acceptable substitutions.

Figure 3.2.5 Top 10 Savings opportunity through Conversion Analyzer ²⁹



²⁹ **Note:**

1. The Potential Savings are calculated by comparing the Current Drug average cost for EMPLOYEE PLAN to the average cost of the Alternate Drug derived from the selected group(s). This can occasionally lead to there being a cost avoidance opportunity from switching both to and from a drug and its substitute
2. Verisk Health does not take into consideration any pharmacy rebate information
3. Statin conversion opportunities account for differential drug potencies and dose sizes
4. Plavix and Celebrex opportunity calculations exclude members that meet standard prescribing indications for those drugs
5. Conversion savings refers to the percent of the plan paid pharmacy expense that can potentially be saved.

Source: Sightlines Medical Intelligence : Conversion Analyzer module

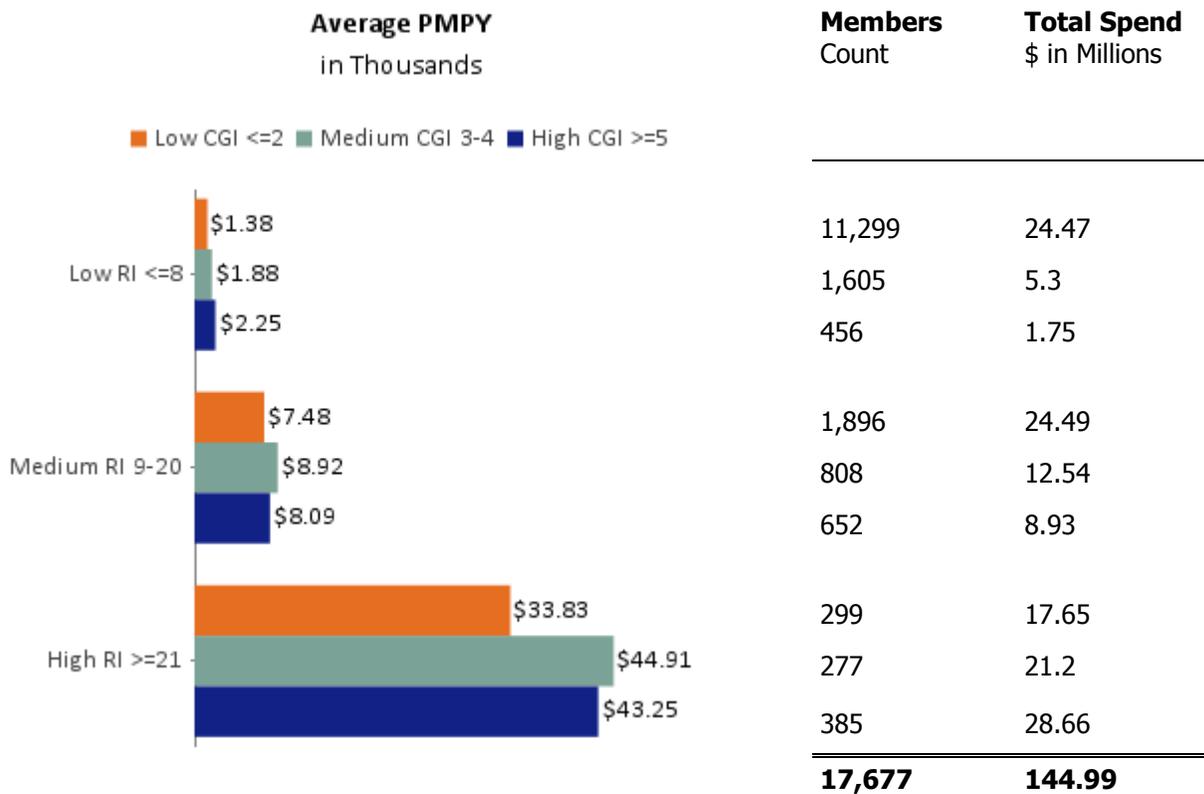
4 CLINICAL DEEP DIVES

4.1 General Clinical Quality Performance and Economic Opportunity

The RI is a quantitative assessment of disease and risk burden at a population level. The Care Gap Index (CGI) quantifies the gaps identified for a population. Verisk Health utilizes these two factors to understand the association between disease burden, quality, and cost.

In figure 4.1.1, members are grouped by RI, and then by CGI. Members with a high risk index generally incur higher costs and have more gaps in care. However, for each RI bucket, corresponding decreases in care gaps (and the CGI) are associated with decreases in the total medical spend.

Figure 4.1.1 Member costs by Risk and CGI buckets³⁰



³⁰ **Note:**
Refer to Table 5.5.1 in Appendix 5.5 for further detail about RI buckets.

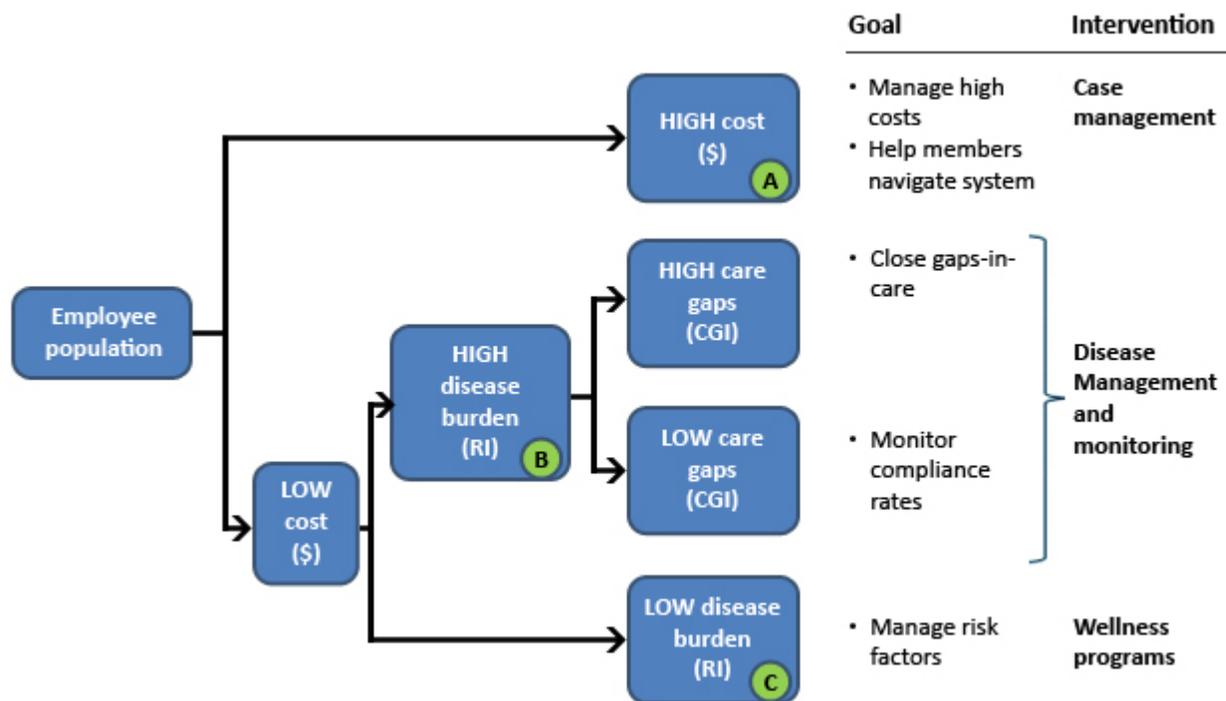
Gautam Ph.D., Shiva, and Surya Singh, M.D. "Predicting Overall and Impactable Future Cost with the Verisk Health Risk Modeling System".

The ranges for risk index/relative risk score and care gap index are calculated based on an approximate distribution of 80%, 15%, and 5% of members for low, medium, and high groups respectively from the Verisk Health Normative database.

Source: Sightlines Medical Intelligence : Individuals module / Filter on RI, CGI and Current = 'Y'

To stratify a total population for health management, we use the RI (disease burden), the Care Gap Index (gaps in clinical care), and cost. Using these factors, any population can be comprehensively categorized into the mutually exclusive categories, each with specific interventions. Below is a graphical representation of the Verisk Health recommended classification approach. Sections 4.2 through 4.4 correspond to the recommended category-based interventions.

Figure 4.1.2 Framework for Population based Health Management³¹



A: Case Management opportunities:

Members with annual total spend greater than \$25,000 are considered high cost and should be managed closely. The cut-off value of \$25,000 can be modified while doing stratification within Sightlines Medical Intelligence; we recommend choosing a cutoff point that is consistent with ones individual reinsurance threshold.

B: Disease Management opportunities:

Members with annual spending less than \$25,000 are considered low cost. Of the low cost members, those with a disease burden greater than 95% of the population are considered high disease burden, and should be addressed through Disease Management monitoring and intervention. (As with the total cost cutoff, the disease burden cutoff that is chosen can be modified in Sightlines Medical Intelligence).

Those with a high disease burden and numerous gaps in care (a high CGI) require disease management to reduce gaps and prevent high cost claims. On the other hand, members with high compliance rates - as manifest by a low care gap index should be monitored for continued compliance.

C: Wellness opportunities:

Members with low cost and low disease burden should be primarily addressed through Wellness Programs that reduce the risk factors for developing chronic diseases.

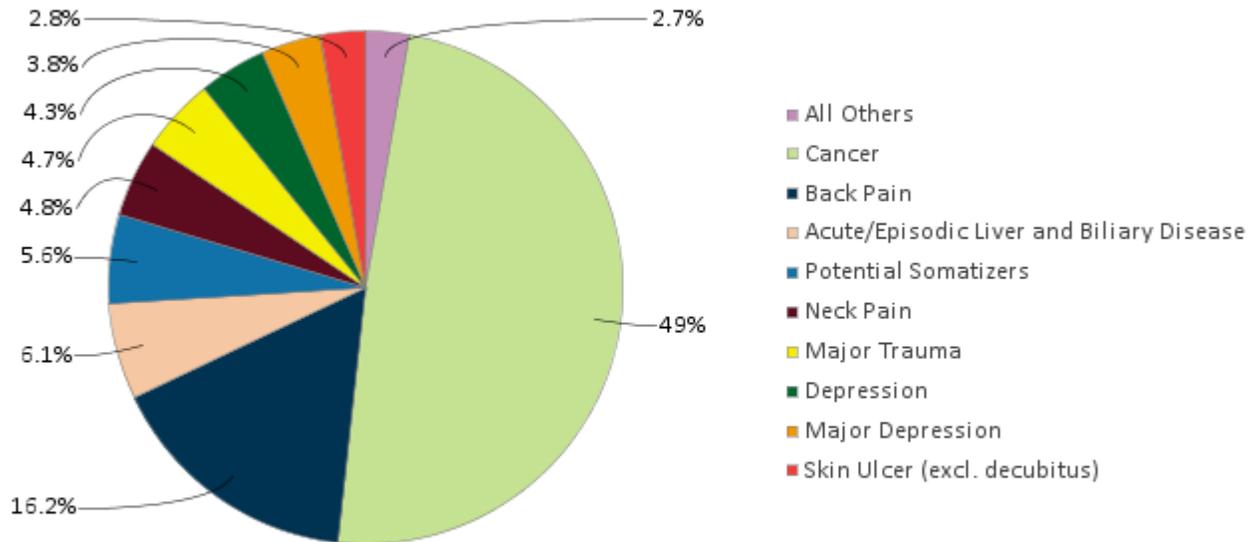
³¹ Source: Sightlines Medical Intelligence : Individuals module / filter on RI, CGI and Total Paid

4.2 Case Management Opportunities

As discussed in Figure 4.1.2, Verisk Health uses the RI, Care Gap Index (CGI) and total cost to stratify a population for Disease Management. Patients who have incurred a high total spend (>\$25,000 PMPY) will generally benefit from Case Management. This corresponds to Category "A" in Figure 4.1.2. If the data is sent to Verisk Health, Sightlines Medical Intelligence can be used to assess what proportion of high-cost members is currently enrolled in Case Management.

Figure 4.2.1 displays the highest paid diagnoses for members of this population.

Figure 4.2.1 Frequency of primary diagnosis of high cost members (>\$25,000 PMPY)



4.3 Disease Management Opportunities

As discussed in Figure 4.1.2, Verisk Health uses the RI, Care Gap Index (CGI) and total cost to stratify a population for Disease management. Patients who are low cost, have a high RI, and have a numerous addressable gaps in care (i.e., have a high CGI) will generally benefit from Disease Management. This corresponds to Category "B" in Figure 4.1.2.

Table 4.3.1 synthesizes the 'clinical condition'/disease severity and the associated Care Gap Index for the entire population across key 'clinical condition'/disease categories into a "heat map". Focused intervention (e.g. an initiative to increase compliance with ace-inhibitors and beta-blockers in patients with heart failure) based on this information can significantly improve health plan performance over time. These Quality & Risk Measures can become the basis for identification and stratification of plan participants for disease management and case management program participation.

Table 4.3.1 Verisk Health Quality & Risk Measures ³²

Clinical Condition	Disease Burden Summary	Care Gap Measure Performance Summary	Performance Relative to Verisk Health Norms	Disease Burden Ranges	Care Gap Ranges
Asthma	-20.8%	13.0%	<p> ■ Good ■ Average ■ Poor </p>	<p> <=-10% >-10% and <10% >=10% </p>	<p> <=-5% >-5% and <5% >=5% </p>
Behavioral Health	70.5%	-17.1%			
Cardiac	-33.6%	279.6%			
COPD	0.4%	-3.6%			
Diabetes	-26.5%	4.6%			
Geriatric	-13.2%	-40.5%			
Pediatric	-10.4%	18.1%			
Pregnancy	-4.6%	4.2%			
Renal Failure	-73.0%	-9.6%			

Please Note: If the underlying CPT codes for each laboratory test or panel are not submitted to Verisk Health in the medical claims then the compliance in the Quality and Risk Measures will appear lower than they actually are.

³² **Note:** Refer to Table 5.5.3 and 5.5.4 in Appendix 5.5 for further detail.

1. This analysis is based upon the full cycle period of data within Sightlines Medical Intelligence; this is typically a 24 month period.
2. The results displayed in this table are based on current members.
3. COPD: Chronic Obstructive Pulmonary Disease

4.4 Wellness Management Opportunities

As discussed in Figure 4.1.2, Verisk Health uses the RI, Care Gap Index (CGI) and total cost to stratify a population for Disease management. Patients who are well are most efficiently addressed through Wellness Programs. This corresponds to Category "C" in Figure 4.1.2.

Table 4.4.1 details screening and preventative tests - and the associated compliance with these tests - for the entire population. These data are benchmarked against the Verisk Health Commercial Norm. Wellness programs (e.g. an initiative to increase mammogram compliance rates) based on this information can significantly improve health plan performance on these measures.

Table 4.4.1 Preventative Measures ³³

Performance Relative to Verisk Health Norms

	Good	<=-5%
	Average	>-5% and <5%
	Poor	>=5%

Group	Condition	Screening/Preventive	Variation from Norm
Both	>=50 years old (E)	Patients without any colorectal cancer screening in the last 24 months.	1.9%
	>= 51 years old (E)	Patients without long office visit in the last 2 years.	0.5%
Male	Men >50 years old (E)	Men without PSA level in the last 2 years (controversial test).	-8.4%
Female	Women >20 y/o (E)	Women without pap smear in the last two years.	1.1%
	Women between 40 and 49 y/o (E)	Women without mammogram in the last 2 years.	0.4%
	Women between 21 and 65 y/o (E)	Women without pap smear in the last 24 months.	2.1%
	Women >=49 y/o (E)	Women without mammogram in last 12 months.	0.0%
	Women between 40 and 49 y/o (E)	Women without mammogram in the last 24 months.	0.4%
	Women between 49 and 69 y/o (E)	Women without mammogram in the last 18 months.	0.3%

Please Note: If the underlying CPT codes for each laboratory test or panel are not submitted to Verisk Health in the medical claims then the compliance in the Quality and Risk Measures will appear lower than they actually are.

*(E) = Enrollment criterion is applied to the Quality and Risk Measure and its Condition

³³ **Note:** Refer to Table 5.5.2 in Appendix 5.5 for further detail.

1. This analysis is based upon the full cycle period of data within Sightlines Medical Intelligence; this is typically a 24 month period.
2. The results displayed in this table are based on current members.

5 APPENDIX

5.1 Demographics

Table 5.1.1 Breakdown of membership by relationship

	Avg. Age	Members		Total Amount Billed	Employee Paid	Member Expenses	
		Total	Current			Total	% of Total
Employee	46.9	8,727	6,285	\$161,437,654	\$13,377,768	\$95,440,271	55.2%
Spouse	48.9	5,515	4,111	\$115,676,845	\$13,249,337	\$53,533,275	31.0%
Dependent	14.5	7,565	5,863	\$50,596,934	\$5,749,044	\$23,983,050	13.9%
Total	36.2	21,807	16,259	\$327,711,434	\$32,376,148	\$172,956,596	100.0%

5.2 Financial Analyses

Table 5.2.1 Medical and Pharmacy Claims by Month (Jan 10 - Dec 10)

Category	Paid Date												Total
	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	
Medical	\$5,775,617	\$7,080,680	\$7,442,585	\$7,607,601	\$7,191,992	\$6,869,401	\$6,006,827	\$5,643,075	\$5,382,205	\$4,621,365	\$5,805,671	\$5,419,610	\$74,846,629
Medical PMPM	\$374	\$457	\$476	\$483	\$462	\$444	\$385	\$361	\$344	\$296	\$373	\$348	\$4,804
Pharmacy	\$871,292	\$735,957	\$881,519	\$933,439	\$814,502	\$940,589	\$774,404	\$875,389	\$599,125	\$820,855	\$837,989	\$913,929	\$9,998,989
Pharmacy PMPM	\$56	\$47	\$56	\$59	\$52	\$61	\$50	\$56	\$38	\$53	\$54	\$59	\$642
Total	\$6,646,909	\$7,816,637	\$8,324,104	\$8,541,040	\$8,006,494	\$7,809,990	\$6,781,231	\$6,518,464	\$5,981,331	\$5,442,220	\$6,643,660	\$6,333,539	\$84,845,618
Total PMPM	\$431	\$504	\$532	\$542	\$515	\$505	\$435	\$417	\$383	\$349	\$427	\$407	\$5,446

Table 5.2.2 Medical and Pharmacy Claims by Month (Jan 11 - Dec 11)

Category	Paid Date												Total
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	
Medical	\$7,024,570	\$7,386,269	\$5,828,500	\$6,442,132	\$5,750,945	\$7,251,783	\$6,243,197	\$7,471,735	\$5,871,314	\$5,529,976	\$7,074,424	\$5,138,520	\$77,013,365
Medical PMPM	\$451	\$473	\$370	\$406	\$366	\$464	\$390	\$467	\$365	\$343	\$438	\$319	\$4,851
Pharmacy	\$865,979	\$825,623	\$958,937	\$868,412	\$1,031,706	\$1,069,389	\$789,933	\$1,022,799	\$875,584	\$892,874	\$932,560	\$963,817	\$11,097,613
Pharmacy PMPM	\$56	\$53	\$61	\$55	\$66	\$68	\$49	\$64	\$54	\$55	\$58	\$60	\$699
Total	\$7,890,549	\$8,211,892	\$6,787,437	\$7,310,544	\$6,782,651	\$8,321,172	\$7,033,130	\$8,494,534	\$6,746,898	\$6,422,850	\$8,006,984	\$6,102,338	\$88,110,978
Total PMPM	\$506	\$526	\$430	\$461	\$431	\$532	\$440	\$531	\$419	\$398	\$496	\$379	\$5,549

Table 5.2.3 Expense Distribution

Band	# Members	Total Member Expenses	Avg. Expense per Member	% Total Paid	
				Actual	Norm
1%	218	\$51,364,311	\$235,616	29.7%	27.1%
2-5%	872	\$51,548,003	\$59,115	29.8%	26.4%
6-15%	2,181	\$40,617,809	\$18,623	23.5%	23.7%
16-30%	3,271	\$19,265,137	\$5,890	11.1%	14.0%
31-60%	6,542	\$9,658,882	\$1,476	5.6%	8.1%
61-100%	8,723	\$502,454	\$58	0.3%	0.8%
Total	21,807	\$172,956,596	\$320,778	100.0%	100.0%

This table shows medical claim payments in relation to the date when the claims were incurred (date of service). The table is useful for developing completion factors which allow forward projections of monthly payments and for estimating incurred but not reported (IBNR) claims.

Table 5.2.4 Medical Claim Lag Report ³⁴

Paid Date	Service Date													Total	
	All Prior	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11		
Jan-11	\$6,576,745	\$447,825													\$7,024,570
Feb-11	\$4,432,682	\$2,526,745	\$426,841												\$7,386,269
Mar-11	\$1,533,674	\$1,722,592	\$2,192,787	\$379,447											\$5,828,500
Apr-11	\$914,207	\$642,273	\$1,637,696	\$2,952,125	\$295,830										\$6,442,132
May-11	\$248,229	\$328,328	\$574,080	\$1,906,616	\$2,376,726	\$316,966									\$5,750,945
Jun-11	\$220,998	\$185,539	\$165,629	\$841,549	\$2,713,628	\$2,711,020	\$413,421								\$7,251,783
Jul-11	\$324,516	\$139,975	\$181,104	\$329,965	\$591,053	\$2,104,375	\$2,464,770	\$107,439							\$6,243,197
Aug-11	\$216,876	\$156,723	\$130,588	\$284,980	\$315,056	\$1,382,235	\$2,446,263	\$2,121,743	\$417,269						\$7,471,735
Sep-11	\$99,350	\$39,981	\$65,683	\$132,262	\$170,494	\$185,138	\$617,657	\$1,465,250	\$2,609,386	\$486,114					\$5,871,314
Oct-11	\$72,161	\$47,796	\$85,761	\$26,322	\$54,545	\$48,367	\$160,454	\$321,236	\$1,628,945	\$2,563,913	\$520,476				\$5,529,976
Nov-11	\$45,380	\$40,798	\$82,545	\$26,369	\$35,209	\$87,435	\$80,947	\$279,971	\$434,287	\$1,849,332	\$3,163,589	\$948,560			\$7,074,424
Dec-11	\$1,473	\$11,799	\$57,291	\$3,610	\$12,587	\$18,670	\$29,638	\$96,440	\$168,157	\$319,335	\$1,242,141	\$2,422,969	\$754,410		\$5,138,520
Total Plan Paid Medical	\$14,686,292	\$6,290,373	\$5,600,005	\$6,883,246	\$6,565,129	\$6,854,206	\$6,213,150	\$4,392,079	\$5,258,045	\$5,218,695	\$4,926,207	\$3,371,529	\$754,410		\$77,013,365

³⁴ **Note:**

1. Utilization metrics are always calculated on an incurred basis.
2. The last two or three months of the year will show decreased values due to 'claims lag', and should be interpreted with caution.

Table 5.2.5: Medical Claim Lag Report and IBNR

Paid	Incurred													Monthly Paid			Lag	
	0Mths	1Mths	2Mths	3Mths	4Mths	5Mths	6Mths	7Mths	8Mths	9Mths	10Mths	11Mths	12+ Mths	Total	Current 12Mths	Prior 12Mths	Mthly	Qty
Jan-11	\$447,825	\$2,480,207	\$1,750,689	\$839,858	\$177,006	\$87,537	\$20,786	\$1,115,745	\$49,162	\$15,419	\$19,364	\$11,203	\$9,769	\$7,024,570	\$447,825	\$6,576,745	2.64	
Feb-11	\$426,841	\$2,526,745	\$1,768,734	\$676,359	\$393,731	\$112,213	\$46,446	\$1,378,080	\$10,853	\$24,317	\$31,037	\$5,974	(\$15,061)	\$7,386,269	\$2,953,587	\$4,432,682	2.80	
Mar-11	\$379,447	\$2,192,787	\$1,722,592	\$800,446	\$381,026	\$122,785	\$100,250	\$46,702	\$24,577	(\$5,305)	\$17,095	\$13,899	\$32,199	\$5,828,500	\$4,294,826	\$1,533,674	2.05	2.53
Apr-11	\$295,830	\$2,952,125	\$1,637,696	\$642,273	\$322,952	\$283,651	\$126,635	\$52,601	(\$5,960)	\$12,307	(\$1,382)	\$8,313	\$115,089	\$6,442,132	\$5,527,925	\$914,207	2.10	
May-11	\$316,966	\$2,376,726	\$1,906,616	\$574,080	\$328,328	\$115,157	\$75,213	\$37,335	\$13,751	(\$13,440)	\$5,878	(\$1,282)	\$15,617	\$5,750,945	\$5,502,716	\$248,229	1.87	
Jun-11	\$413,421	\$2,711,020	\$2,713,628	\$841,549	\$165,629	\$185,539	\$74,379	\$81,011	\$45,011	\$20,523	\$13,350	\$5,848	(\$19,124)	\$7,251,783	\$7,030,785	\$220,998	1.90	1.96
Jul-11	\$107,439	\$2,464,770	\$2,104,375	\$591,053	\$329,965	\$181,104	\$139,975	\$63,681	\$76,209	\$14,821	\$32,097	\$5,205	\$132,503	\$6,243,197	\$5,918,681	\$324,516	2.35	
Aug-11	\$417,269	\$2,121,743	\$2,446,263	\$1,382,235	\$315,056	\$284,980	\$130,588	\$156,723	\$121,874	\$28,755	\$40,401	\$6,822	\$19,025	\$7,471,735	\$7,254,859	\$216,876	2.36	
Sep-11	\$486,114	\$2,609,386	\$1,465,250	\$617,657	\$185,138	\$170,494	\$132,262	\$65,683	\$39,981	\$46,280	(\$361)	\$18,949	\$34,482	\$5,871,314	\$5,771,964	\$99,350	1.97	2.24
Oct-11	\$520,476	\$2,563,913	\$1,628,945	\$321,236	\$160,454	\$48,367	\$54,545	\$26,322	\$85,761	\$47,796	\$4,280	\$4,341	\$63,540	\$5,529,976	\$5,457,816	\$72,161	1.84	
Nov-11	\$948,560	\$3,163,589	\$1,849,332	\$434,287	\$279,971	\$80,947	\$87,435	\$35,209	\$26,369	\$82,545	\$40,798	(\$2,650)	\$48,030	\$7,074,424	\$7,029,044	\$45,380	1.75	
Dec-11	\$754,410	\$2,422,969	\$1,242,141	\$319,335	\$168,157	\$96,440	\$29,638	\$18,670	\$12,587	\$3,610	\$57,291	\$11,799	\$1,473	\$5,138,520	\$5,137,047	\$1,473	1.59	1.73
Total														\$77,013,365	\$62,327,073	\$14,686,292		
Average Monthly Paid														\$6,417,780				
IBNR in Months																	2.13	

	Projected IBNR Based on Last Month's Lag	Projected IBNR Based on Last Quarter's Lag	Projected IBNR Based on Last Year's Average Lag
Incurred and Paid in Current Period	\$62,327,073	\$62,327,073	\$62,327,073
Lag Factor	1.59	1.73	2.13
Incurred and Paid as a % of Total	0.87	0.86	0.82
Total Incurred	\$71,862,776	\$72,828,875	\$75,756,843
Projected IBNR	\$9,535,703	\$10,501,802	\$13,429,770

Table 5.2.6 Network Utilization and Contract Discount Summary

Network	Total					
	Claims Billed	Claims Allowed	Claims Paid	Employee Contribution	Network Discount	% Discount
All In Network	\$289,987,901	\$191,495,680	\$147,220,225	\$26,787,746	\$29,196,361	10.1%
All Out-of-Network	\$13,704,744	\$7,588,986	\$4,639,769	\$2,346,248	\$118,993	0.9%
Total	\$303,692,645	\$199,084,666	\$151,859,994	\$29,133,994	\$29,315,355	9.7%

5.3 Disease Fingerprint

Table 5.3.1 presents utilization patterns of members with chronic conditions, ranked by number of members, for total office visits, emergency room visits and hospital admissions.

Table 5.3.1 Chronic Conditions Utilization Summary

Chronic Condition	# of Members	Members per 1000	Office Visits per 1000	ER Visits per 1000	Admissions per 1000	PMPY
Hypertension	1,339	85.1	6,058.8	292.5	88.5	\$12,334.87
Hyperlipidemia	1,159	73.7	6,253.2	236.7	50.2	\$9,880.98
Diabetes	678	43.1	7,038.5	362.5	117.6	\$15,878.75
Osteoarthritis	578	36.7	8,568.4	399.2	168.3	\$21,779.38
Asthma	360	22.9	7,608.2	496.7	83.3	\$12,405.93
Congenital Anomalies	192	12.2	7,712.5	398.5	199.3	\$28,600.12
Bipolar Disorder	174	11.1	15,973.7	635.4	192.3	\$16,402.29
Coronary Artery Disease (incl. MI)	147	9.3	7,103.5	554.5	252.0	\$26,263.33
Chronic Liver and Biliary Disease	104	6.6	8,093.3	518.1	207.3	\$26,712.22
Atrial Fibrillation	104	6.6	8,668.1	781.8	388.3	\$36,127.87
Cerebrovascular Disease	81	5.1	9,994.2	799.5	441.8	\$43,243.82
Inflammatory Bowel Diseases	71	4.5	8,249.5	623.8	163.7	\$21,514.61
Rheumatoid Arthritis	68	4.3	9,132.0	349.4	154.4	\$23,191.92
Chronic Renal Failure	59	3.7	9,250.0	535.7	294.6	\$48,187.64
Osteoporosis	52	3.3	7,337.4	457.9	72.9	\$18,113.48
Chronic Obstructive Pulmonary Disease	46	2.9	9,974.3	888.5	485.7	\$78,915.10
Immune Disorders	42	2.7	16,439.7	444.0	393.2	\$58,212.40
Demyelinating Diseases	40	2.5	9,408.0	370.3	178.3	\$31,959.65
Ulcerative Colitis	38	2.4	8,670.5	402.3	83.2	\$19,065.83
Coagulopathy	35	2.2	10,502.0	467.1	289.9	\$33,758.82
Congestive Heart Failure	29	1.8	10,012.0	939.8	668.7	\$65,651.60
Major Organ Transplant	16	1.0	8,958.7	330.6	198.3	\$56,221.12
Cirrhosis	15	1.0	10,513.0	587.9	484.1	\$72,292.78
Chronic Pancreatitis	7	0.4	9,018.6	1,341.6	1,043.5	\$72,577.41
Schizophrenia	6	0.4	14,307.7	692.3	923.1	\$21,924.58
HIV/Aids	5	0.3	5,082.4	282.4	0.0	\$28,075.79
Hemophilia	3	0.2	11,265.3	734.7	489.8	\$45,172.42
Cystic Fibrosis	3	0.2	6,857.1	0.0	0.0	\$3,284.82
Parkinson's Disease	1	0.1	15,000.0	0.0	0.0	\$8,773.58

Note:

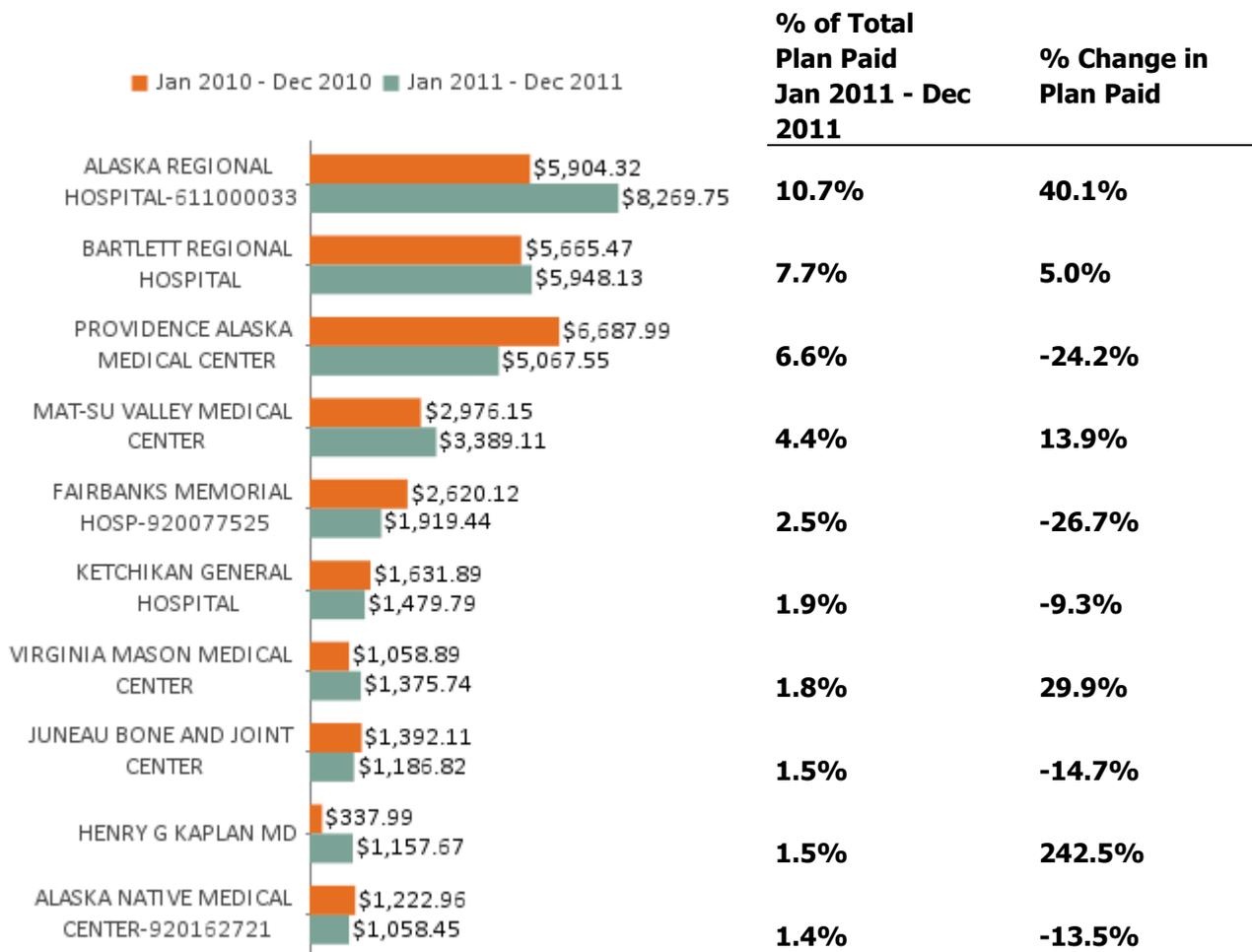
1. In this table a member can have multiple chronic conditions.
2. The results displayed in this table are based on claims incurred.

5.4 "Top 10" Analysis

5.4.1 Providers

Table 5.4.1 shows the top 10 providers, based on medical claim expenses, providing services to the members of your population. The providers generating the most claim expenses are usually institutional. Network changes or changes in provider reimbursement strategy may cause period-over-period percentage changes.

Table 5.4.1 Total Plan Paid (\$K) by Providers

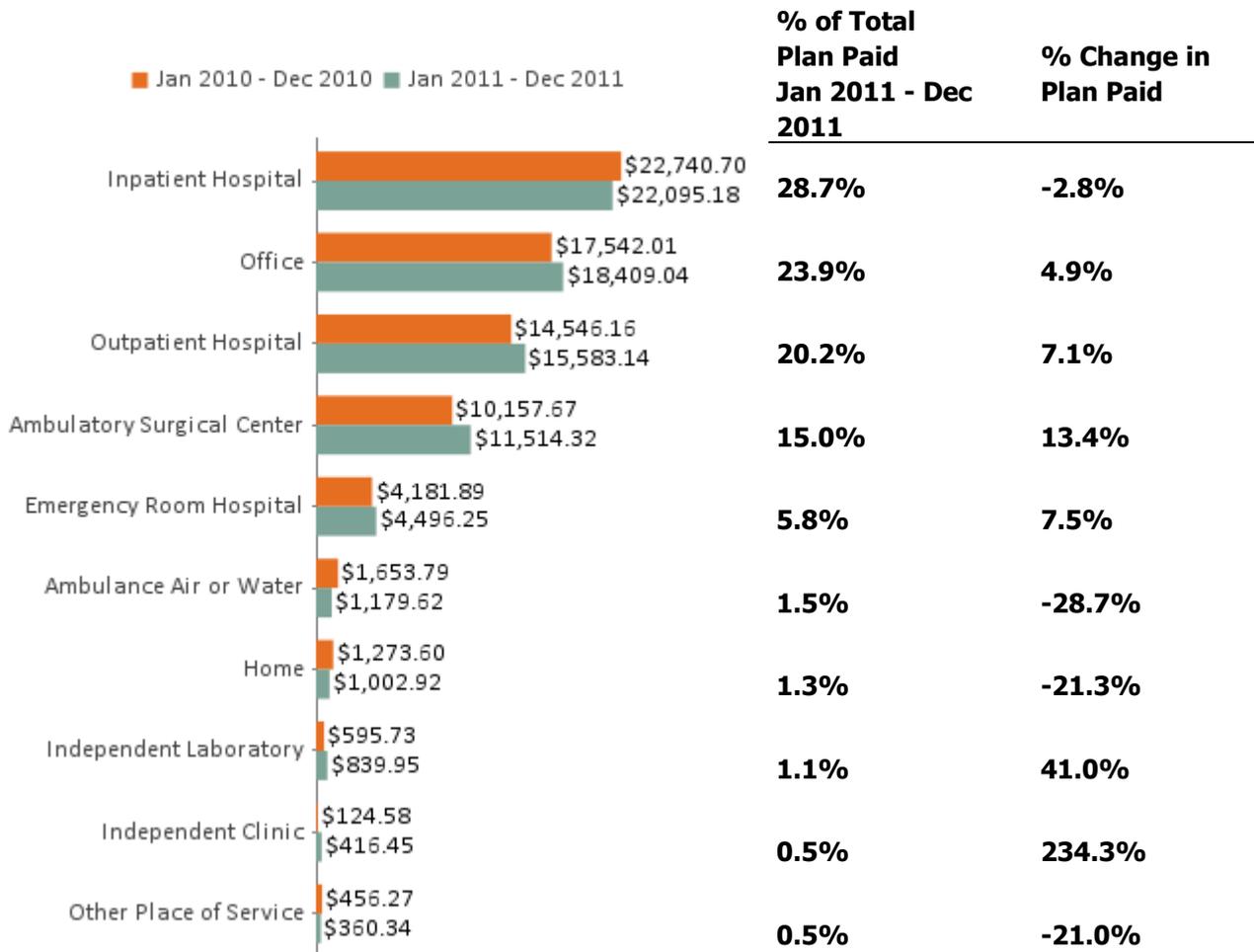


Provider	Jan 2010 - Dec 2010		Jan 2011 - Dec 2011		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$29,497,892	39.4%	\$30,852,446	40.1%	4.6%
All Others	\$45,348,737	60.6%	\$46,160,918	59.9%	1.8%
Total	\$74,846,629	100.0%	\$77,013,365	100.0%	2.9%

5.4.2 Places of Service

Table 5.4.2 shows places of service ranked according to medical claim expenses. Period-over-period percentage changes in Place of Service can be helpful when investigating changes in utilization patterns or when trying to understand the impact of plan design change. Increases in some categories may be appropriate. For example, outpatient hospital experience and office visits may increase as inpatient hospital services are more efficiently provided in the outpatient setting. Places of service experiencing large increases for many employers are Emergency Room, Outpatient Hospital, and Laboratory services.

Table 5.4.2 Total Plan Paid (\$K) by Place of Service

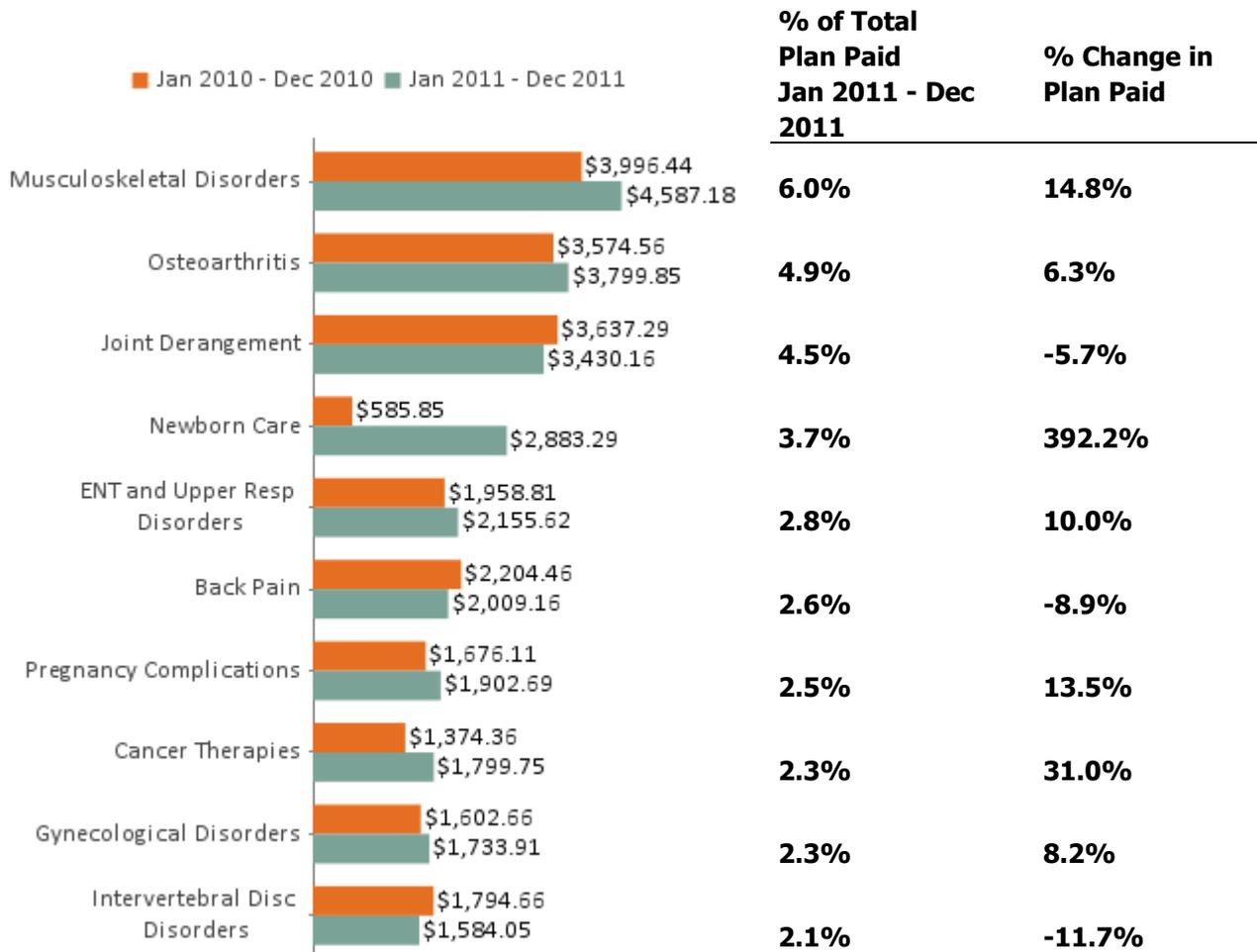


Service	Jan 2010 - Dec 2010		Jan 2011 - Dec 2011		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$73,272,408	97.9%	\$75,897,211	98.6%	3.6%
All Others	\$1,574,221	2.1%	\$1,116,154	1.4%	-29.1%
Total	\$74,846,629	100.0%	\$77,013,365	100.0%	2.9%

5.4.3 Diagnostic groups

Table 5.4.3 shows the top 10 diagnostic groups ranked according to medical claim expenses. Grouping of data into broad diagnostic categories assists in the identification of illness patterns that are unique to your population. Diagnostic groups with significant period-over-period increases should be examined in more detail. The distribution will be different depending on whether the group in question is Medicaid, Medicare or commercial. For a commercial population, diagnostic groups usually at or near the top of the list include ENT and upper respiratory disorders, gynecological disorders, and musculoskeletal conditions.

Table 5.4.3 Total Plan Paid (\$K) by Diagnostic Groups

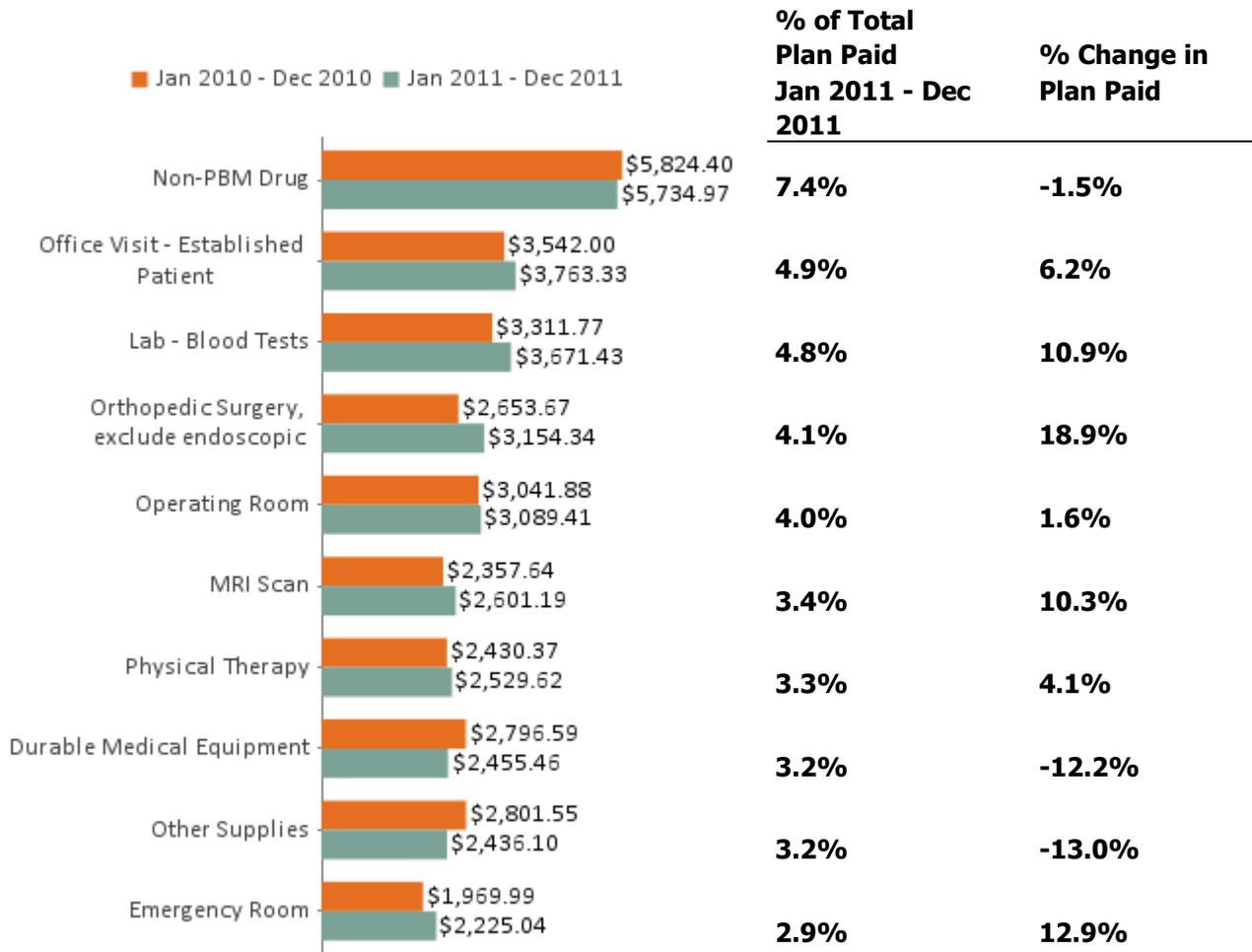


Diagnostic Group	Jan 2010 - Dec 2010		Jan 2011 - Dec 2011		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$22,405,194	29.9%	\$25,885,673	33.6%	15.5%
All Others	\$52,441,435	70.1%	\$51,127,692	66.4%	-2.5%
Total	\$74,846,629	100.0%	\$77,013,365	100.0%	2.9%

5.4.4 Procedure groups

Table 5.4.4 shows the top 10 procedures, ranked according to medical claim expenses. For purposes of health plan analysis, period-over-period percentage changes may be more important than absolute dollars. Changes in membership must be considered when any such analysis is performed. Many employers are considering contracting with free-standing lab/x-ray facilities to better manage the growth in these areas.

Table 5.4.4 Total Plan Paid (\$K) by Procedure Groups

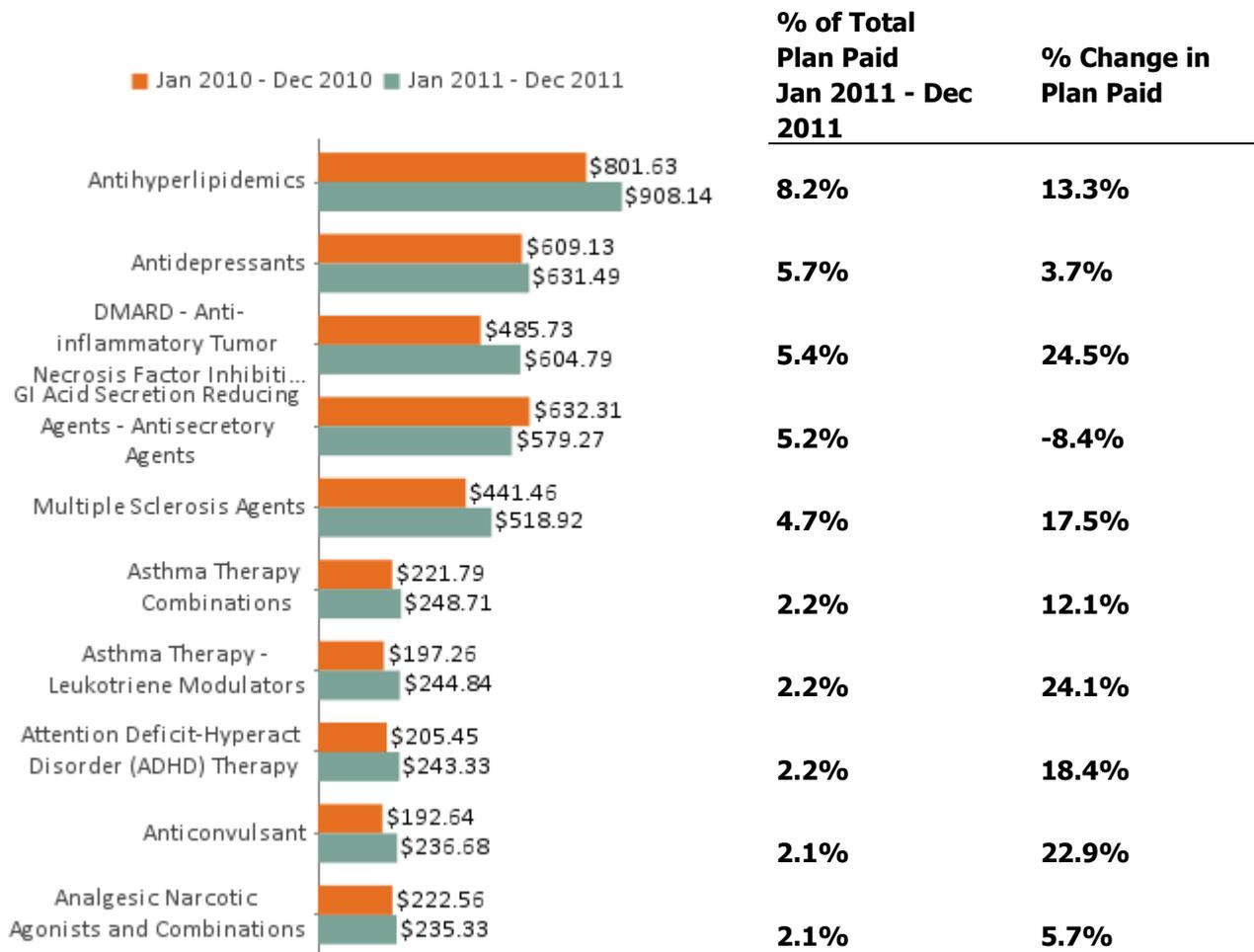


Procedure Group	Jan 2010 - Dec 2010		Jan 2011 - Dec 2011		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$30,729,867	41.1%	\$31,660,895	41.1%	3.0%
All Others	\$44,116,762	58.9%	\$45,352,470	58.9%	2.8%
Total	\$74,846,629	100.0%	\$77,013,365	100.0%	2.9%

5.4.5 Therapeutic classes

Table 5.4.5 shows the top 10 therapeutic drug classes ranked according to pharmacy claim expenses. For a commercial population, antihyperlipidemics, antidepressants, and gastrointestinal drugs are usually the three most expensive therapeutic classes. The anticonvulsants class is of particular interest because of the increasing use of certain anticonvulsants for pain control. If the anticonvulsants fall in the top 10, institution of a drug utilization review program should be considered.

Table 5.4.5 Total Plan Paid (\$K) by Therapeutic Class



Therapeutic Class	Jan 2010 - Dec 2010		Jan 2011 - Dec 2011		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$4,009,952	40.1%	\$4,451,498	40.1%	11.0%
All Others	\$5,989,037	59.9%	\$6,646,115	59.9%	11.0%
Total	\$9,998,989	100.0%	\$11,097,613	100.0%	11.0%

5.5 Clinical Quality Performance and Measures

Table 5.5.1 RI bucket characteristics

RI "Bucket"	RI Range	% of Individuals	Average Age	Characteristics of individuals and types of care gaps in each range
Low	<=8	75.6%	33.07	Need screening tests only
Medium	9-20	19.0%	47.48	May or has a chronic disease and needs screening or recommended diagnostic testing/therapy
High	>=21	5.4%	53.65	Have chronic disease with complications, may also have some acute issues, and need more recommended diagnostic testing and/or therapy

Please Note: If the underlying CPT codes for each laboratory test or panel are not submitted to Verisk Health in the medical claims then the compliance in the Quality and Risk Measures will appear lower than they actually are.

*(E) = Enrollment criterion is applied to the Quality and Risk Measure and its Condition

Table 5.5.2 Wellness Measures

Screening/Preventative				% of Individual with Gap/Risk	
Group	Condition	Members with Condition	Description	Actual	Norm
Both	>=50 years old (E)	3,993	Patients without any colorectal cancer screening in the last 24 months.	76.11%	73.46%
	>= 51 years old (E)	3,680	Patients without long office visit in the last 2 years.	23.89%	23.64%
Male	Men >50 years old (E)	1,886	Men without PSA level in the last 2 years (controversial test).	49.79%	54.37%
Female	Women between 40 and 49 y/o (E)	1,263	Women without mammogram in the last 24 months.	53.37%	50.73%
		1,263	Women without mammogram in the last 2 years.	53.37%	50.73%
	Women between 21 and 65 y/o (E)	4,287	Women without pap smear in the last 24 months.	50.71%	47.09%
	Women between 49 and 69 y/o (E)	2,121	Women without mammogram in the last 18 months.	47.81%	46.85%
	Women >20 y/o (E)	4,343	Women without pap smear in the last two years.	51.00%	49.12%
	Women >=49 y/o (E)	2,229	Women without mammogram in last 12 months.	58.68%	58.61%

Table 5.5.3 Gaps in Care

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
Asthma	Adolescents with emergency visit for asthma exacerbation and discharged on oral steroids	1	Adolescents not on controller medication near the time of the ER visit.	0.00%	11.54%
	Adolescents with emergency visit for asthma exacerbation and discharged on oral steroids (E)	1	Adolescents not on controller medication near the time of the ER visit.	0.00%	11.52%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
Asthma	312	Patients without spirometry test in the last 12 months.	76.60%	66.31%
Asthma (E)	303	Patients without flu vaccination in the last 12 months.	78.22%	70.06%
	303	Patients without inhaled corticosteroids or leukotriene inhibitors in the last 12 months.	40.59%	43.26%
	303	Patients without office visit in the last 12 months.	8.25%	5.91%
	303	Patients without spirometry test in the last 12 months.	76.24%	66.40%
	303	Patients without long office visit in the last 12 months.	27.39%	15.44%
	Asthma taking salmeterol	92	Patients without other inhalers in the analysis period.	4.35%
Asthma taking salmeterol in the last 12 months (E)	67	Patients without other inhalers in the last 12 months.	10.45%	20.35%
Asthma taking Xolair	2	Patients without oral or inhaled steroids in the analysis period.	0.00%	7.69%
Asthma taking Xolair in the last 12 months (E)	2	Patients without oral or inhaled steroids in the last 12 months.	0.00%	11.04%
Asthma-related admission	6	Patients without office visit in the analysis period.	0.00%	2.70%
Asthma-related admission in the last 12 months (E)	2	Patients without office visit in the last 12 months.	0.00%	4.18%
Asthma-related ER visit	52	Patients without office visit in the analysis period.	0.00%	5.76%
Asthma-related ER visit in the last 12 months (E)	22	Patients without office visit in the last 12 months.	9.09%	8.57%
Individuals with asthma taking omalizumab / Xolair in the last 12 months (E)	2	Patients without oral or inhaled steroids in the last 12 months.	0.00%	11.04%
Individuals with asthma taking omalizumab / xolair	2	Patients without oral or inhaled steroids in the analysis period.	0.00%	7.69%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
Omalizumab / Xolair (for asthma)	2	Patients without office visit after taking the drug in the analysis period.	0.00%	4.05%	
Patients with diagnosis of asthma, taking >1 fill of long-acting beta agonist or steroid inhaler in the last 12 months (E)	120	Patients without short-acting beta agonists in the last 12 months	16.67%	20.16%	
Taking omalizumab / Xolair (for asthma) in the last 12 months (E)	2	Patients without office visit(s) in the last 12 months	0.00%	3.98%	
Behavioral Health	Affective Disorder	137	Patients without office visit in the last 12 months.	8.03%	8.76%
	Affective Disorder (E)	130	Patients without office visit in the last 12 months.	8.46%	9.06%
	Affective Disorder-related admission	11	Patients without office visit in the analysis period.	0.00%	2.25%
	Affective Disorder-related admission in the last 12 months (E)	5	Patients without office visit in the last 12 months.	0.00%	2.92%
	Affective Disorder-related ER visit	10	Patients without office visit in the analysis period.	0.00%	3.07%
	Affective Disorder-related ER visit in the last 12 months (E)	6	Patients without office visit in the last 12 months.	0.00%	4.14%
	Behavioral health on atypical antipsychotics and clozapine	0	Patients without office visit in the last 3 months.	0.00%	28.97%
	Behavioral health on atypical antipsychotics	0	Patients without office visit in the last 3 months.	0.00%	28.97%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
and clozapine (E)				
Behavioral health-related admission in last 6 months	12	Patients without a behavioral health office visit during the last 6 months.	16.67%	25.90%
Behavioral health-related admission in last 6 months (E)	12	Patients without a behavioral health office visit during the last 6 months.	16.67%	26.01%
Currently taking clozapine (last 30 Days)	0	Patients without lab tests in the last 3 months.	0.00%	15.20%
Currently taking clozapine (last 30 Days) (E)	0	Patients without lab tests in the last 3 months.	0.00%	14.85%
Depakote / Depakene in the last 6 months (E)	16	Patients without valproic acid level in the last six months.	62.50%	73.81%
Depression	684	Patients without long office visit in the analysis period.	11.40%	10.54%
	684	Patients without office visit in analysis period.	0.00%	0.22%
Depression (E)	648	Patients without office visit in the last 12 months.	2.47%	7.44%
	579	Patients without long office visit in the last 24 months.	8.81%	8.87%
	648	Patients without office visit in last 12 months.	2.93%	8.31%
Depression on SSRI and bupropion	70	Patients without an office visit in the last six months.	7.14%	13.84%
Depression on SSRI and bupropion (E)	70	Patients without an office visit in the last six months.	7.14%	13.85%
Depression-related admission (E)	19	Patients without outpatient behavioral health office visit(s) during 12 months prior to the admission	15.79%	47.80%
	22	Patients without behavioral health office visit within 14 days of discharge.	18.18%	37.68%
Depression-related ER visit (E)	42	Patients without outpatient behavioral health office visit(s) during 12 months prior to the ER visit	47.62%	46.72%
Diabetes-related admission	8	Patients without diabetes-related office visit in the analysis period.	25.00%	12.79%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
Diabetes-related admission in the last 12 months (E)	4	Patients without diabetes-related office visit in the last 12 months.	50.00%	17.06%
Dilantin in the last 12 months (E)	10	Patients without dilantin level in the last 12 months.	40.00%	51.66%
Eating disorder-related admission	0	Patients without office visit in the analysis period.	0.00%	0.27%
Eating disorder-related admission in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	0.00%
Eating disorder-related ER visit	0	Patients without office visit in the analysis period.	0.00%	0.96%
Eating disorder-related ER visit in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	0.00%
Eating disorders	13	Patients without office visit in the last 12 months.	7.69%	6.98%
	13	Patients without office visit in the analysis period.	0.00%	0.26%
Eating disorders (E)	12	Patients without office visit in the last 12 months.	8.33%	7.17%
Lithium in the last 6 months (E)	16	Patients without serum creatinine test in the last 6 months.	62.50%	49.59%
	16	Patients without lithium level in the last 6 months.	68.75%	59.69%
Members with any two of these- claims for Pain_Syndrome, opiates, insomnia or sleep medications in the last 12 months (E)	1,260	Patients without any antidepressants in the last 12 months.	69.13%	66.98%
Members with any two of	2,167	Patients without any antidepressants in the analysis period.	69.08%	66.56%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
these- Pain_Syndrome, opiates, insomnia or sleep medications				
Patients >=18 with >=2 depression related admissions (E)	2	Patients without antidepressants in the last 12 months.	100.00%	24.65%
Patients >=18 y/o with at least one active substance abuse related visit in the last 24 months (E)	24	Patients with only one visit to a behavioral health professional in the last 12 months.	16.67%	17.41%
Patients >=18 y/o with bipolar disorder on SSRI	40	Patients without a mood stabilizer.	70.00%	64.08%
Patients >=18 y/o with bipolar disorder on SSRI in the last 12 months (E)	35	Patients without a mood stabilizer in the last 12 months.	85.71%	85.64%
Patients >=18 y/o with marijuana abuse (E)	2	Patients with fewer than two office visits in the last 12 months.	0.00%	25.64%
Patients >=18 y/o with methamphetamine abuse (E)	0	Patients with fewer than two office visits in the last 12 months.	0.00%	19.85%
Patients >=18 y/o with recent history of cocaine abuse (E)	0	Patients with fewer than two office visits in the last 12 months.	0.00%	23.23%
Patients >=18 y/o with recent history of opiate abuse (E)	21	Patients with fewer than two office visits in the last 12 months.	9.52%	15.84%
Patients started on ADHD	203	Patients without adequate monitoring of ADHD medications.	56.65%	59.91%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
medication	177	Patients who received strattera as first line ADHD treatment.	5.65%	2.87%
Patients started on ADHD medication (E)	198	Patients without adequate monitoring of ADHD medications.	55.56%	59.66%
Patients taking either SSRI/Bupropion/Effexor/Cymbalta and Neurontin in the last 6 months.	42	Patients without an office visit in the last 6 months.	2.38%	6.45%
Patients taking either SSRI/Bupropion/Effexor/Cymbalta and Neurontin in the last 6 months. (E)	39	Patients without an office visit in the last 6 months.	0.00%	6.14%
Patients with a bipolar or a schizophrenic disorder	140	Patients on stimulant medication.	20.00%	19.26%
Patients with depression-related ER visit in the analysis period, taking at least 2 prescriptions of antidepressants in the last 12 months (E)	18	MPR for antidepressants of < 80% in the last 12 months	44.44%	29.10%
Patients with depression-related hospitalization in the analysis period, taking at least 2 prescriptions of antidepressants in the last 12 months (E)	10	MPR for antidepressants of < 80% in the last 12 months	20.00%	30.89%
Schizophrenia	4	Patients without office visit in the analysis period.	0.00%	1.61%
	4	Patients not taking any behavioral	0.00%	16.27%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
		health drugs in the analysis period.			
	4	Patients without office visit in the last 12 months.	0.00%	10.04%	
	4	Patients not taking any behavioral health drugs in the last 12 months.	0.00%	25.31%	
	4	Patients without office visit in the last 12 months.	0.00%	10.16%	
	Schizophrenia (E)	1	Patients without office visit in the analysis period.	0.00%	4.14%
	Schizophrenia-related admission in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	3.86%
	Schizophrenia-related ER visit	1	Patients without office visit in the analysis period.	0.00%	6.06%
	Schizophrenia-related ER visit in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	5.73%
	Substance abuse-related admission in last 6 months	2	Patients without an office visit during the last six months.	50.00%	11.46%
	Substance abuse-related admission in last 6 months (E)	2	Patients without an office visit during the last six months.	50.00%	9.78%
Cardiac	Anti-Hyperlipidemic Agents (E)	1,380	Patients without laboratory tests in the last 12 months.	22.97%	23.32%
	Atrial Fibrillation	92	Patients without office visit in the last 12 months.	9.78%	8.16%
	Atrial Fibrillation (E)	90	Patients without office visit in the last 12 months.	10.00%	8.21%
		90	Patients without anticoagulant drugs in the last 12 months.	61.11%	54.74%
	Atrial Fibrillation on coumadin	39	Patients with more than sixty days between protimes.	17.95%	29.43%
		39	Patients with prescription refill gaps of more than six months.	5.13%	6.13%
	Atrial Fibrillation-related admission	15	Patients without office visit in the analysis period.	0.00%	1.44%
	Atrial Fibrillation-related admission in	7	Patients without office visit in the last 12 months.	0.00%	2.41%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
the last 12 months (E)				
Atrial Fibrillation-related ER visit	17	Patients without office visit in the analysis period.	0.00%	1.60%
Atrial Fibrillation-related ER visit in the last 12 months (E)	10	Patients without office visit in the last 12 months.	10.00%	2.41%
CAD (E)	134	Patients without flu vaccination in the last 12 months.	83.58%	78.89%
	134	Patients without lipid profile test in the last 12 months.	33.58%	38.71%
	134	Patients without long office visit in the last 12 months.	32.84%	13.15%
	134	Patients without ACE or ARB in the last 12 months.	44.03%	48.62%
	134	Patients without office visit in the last 12 months.	13.43%	6.51%
	134	Patients without diabetes screening in the last 12 months.	48.51%	46.44%
	134	Patients without antihyperlipidemic drugs in the last 12 months.	26.87%	30.65%
CAD and Hypertension (E)	52	Patients without antihypertensive drugs in the last 12 months.	21.15%	18.53%
CAD-related admission	24	Patients without office visit in the analysis period.	0.00%	1.21%
CAD-related admission in the last 12 months (E)	11	Patients without office visit in the last 12 months.	0.00%	2.00%
CAD-related ER visit	18	Patients without office visit in the analysis period.	0.00%	1.69%
CAD-related ER visit in the last 12 months (E)	10	Patients without office visit in the last 12 months.	0.00%	2.77%
CHF	28	Patients without flu vaccination in the last 12 months.	85.71%	77.24%
	28	Patients without office visit in the last 12 months.	14.29%	10.53%
CHF (E)	27	Patients without beta-blocker drugs in the last 12 months.	29.63%	40.92%
	27	Patients without flu vaccination in the last 12 months.	85.19%	77.11%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
	27	Patients without LDL-C or lipid profile test in the last 12 months.	29.63%	54.55%
	27	Patients without ACE inhibitors or ARBs or vasodilator drugs in the last 12 months.	25.93%	43.43%
	27	Patients without office visit in the last 12 months.	14.81%	10.60%
	27	Patients without long office visit in the last 12 months.	18.52%	15.78%
CHF and Hypertension (E)	8	Patients without echocardiogram in the last 24 months.	0.00%	14.67%
CHF taking Lasix >=60 mg per day and beta-blocker orally	3	Patients without ACE- or ARBs in the analysis period.	0.00%	18.32%
CHF taking Lasix >=60 mg per day and beta-blocker orally in the last 12 months (E)	3	Patients without ACE- or ARBs in the last 12 months.	33.33%	24.28%
CHF taking Lasix >=60 mg per day orally	4	Patients without beta-blocker in the analysis period (Stealth CHF).	25.00%	14.59%
CHF taking Lasix >=60 mg per day orally in the last 12 months (E)	4	Patients without beta-blocker in the last 12 months (Stealth CHF).	25.00%	18.50%
CHF-related admission	4	Patients without office visit in the analysis period.	0.00%	2.17%
	4	Patients with readmission within 30 days of CHF-related hospital discharge.	0.00%	5.94%
CHF-related admission in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	3.47%
CHF-related ER visit	3	Patients without office visit in the analysis period.	0.00%	2.29%
CHF-related ER visit in the last 12 months (E)	2	Patients without office visit in the last 12 months.	0.00%	3.83%
Digoxin in the last 12 months	24	Patients without digoxin level in the last 12 months.	58.33%	76.68%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
(E)				
Drug-eluting Coronary Stents	5	Patients without at least 3 months of antiplatelet medication at any point after the procedure.	20.00%	41.44%
Drug-eluting Coronary Stents (E)	5	Patients without at least 3 months of antiplatelet medication during 6 months after the procedure.	40.00%	45.01%
Hypertension	1,208	Patients without office visit in the analysis period.	5.05%	0.39%
Hypertension (E)	1,144	Patients without thiazide diuretic in the last 24 months.	73.86%	74.03%
	1,191	Patients without office visit in the last 12 months.	10.75%	6.11%
	1,144	Patients without office visit in the last 24 months.	5.16%	0.35%
	1,144	Patients without diuretics in the last 24 months.	70.37%	69.89%
	1,191	Patients without flu vaccination in the last 12 months.	86.40%	81.58%
Hypertension-related admission	3	Patients without office visit in the analysis period.	0.00%	3.10%
Hypertension-related admission in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	4.72%
Hypertension-related ER visit	22	Patients without office visit in the analysis period.	0.00%	4.06%
Hypertension-related ER visit in the last 12 months (E)	11	Patients without office visit in the last 12 months.	0.00%	6.66%
MI (E)	28	Patients without statin drugs in the last 12 months.	28.57%	29.17%
	28	Patients without beta-blocker drugs in the last 12 months.	28.57%	29.89%
Patients with CAD (E)	134	Patients who are taking only two of these agents: Beta-blockers, ACE/ARB, or Statins in the last 12 months.	21.64%	28.70%
	134	Patients who are not taking Beta-blockers, ACE/ARB, or Statins in the last 12 months.	21.64%	22.39%
	134	Patients who are taking only one of these agents: Beta-blockers, ACE/ARB, or Statins in the last 12 months.	12.69%	15.46%
Patients with	33	Patients without ACE or ARB in the last	33.33%	37.25%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
CAD and either diabetes or ventricular systolic dysfunction (E)		12 months.			
	27	Patients who are not taking Beta-blockers, ACE/ARB, or diuretics in the last 12 months.	18.52%	25.74%	
	27	Patients who are taking only two of these agents: Beta-blockers, ACE/ARB, or diuretics in the last 12 months.	22.22%	25.32%	
	27	Patients who are taking only one of these agents: Beta-blockers, ACE/ARB, or diuretics in the last 12 months.	3.70%	13.52%	
Patients with Hypertension with at least one additional cardiovascular risk factor	468	Patients not receiving medications from at least 2 different antihypertensive drug classes	40.38%	36.47%	
COPD	COPD	41	Patients without flu vaccination in the last 12 months.	85.37%	74.39%
		41	Patients without spirometry testing in the last 12 months.	75.61%	66.71%
		41	Patients without Spiriva or Atrovent in the analysis period.	51.22%	57.40%
	COPD (E)	40	Patients without office visit in the last 12 months.	5.00%	8.61%
		35	Patients without pneumococcal assessment or PPV vaccine in the last 24 months.	97.14%	88.70%
		40	Patients without COPD-related long office visit in the last 12 months.	72.50%	64.76%
		40	Patients without Spiriva or Atrovent in the last 12 months.	55.00%	66.62%
		40	Patients without flu vaccination in the last 12 months.	85.00%	74.20%
		40	Patients without spirometry testing in the last 12 months.	75.00%	66.75%
		15	Patients without pulmonary visits in the analysis period.	100.00%	40.79%
	COPD taking Advair Diskus 250/50 or Advair Diskus 500/50	14	Patients without pulmonary visits in the last 12 months.	100.00%	55.69%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
250/50 or Advair Diskus 500/50 in the last 24 months (E)					
	17	Patients not taking other nebulizers.	5.88%	17.91%	
	13	Patients not taking other nebulizers in the last 12 months.	7.69%	20.38%	
	5	Patients without office visit in the analysis period.	0.00%	1.91%	
		5	Patients with readmission within 30 days of COPD-related hospital discharge.	0.00%	4.42%
	4	Patients without office visit in the last 12 months.	0.00%	3.15%	
	11	Patients without office visit in the analysis period.	0.00%	3.03%	
Diabetes	584	Patients with hospitalization related to short term complications of diabetes in the analysis period.	0.17%	0.51%	
	604	Patients taking insulin and sulfonylureas at the same time.	3.81%	5.21%	
	Diabetes (E)	589	Patients without flu vaccination in the last 12 months.	83.87%	77.57%
		589	Patients without HbA1c test in the last 12 months.	29.03%	28.77%
		589	Patients without retinal eye exam in the last 12 months.	82.00%	69.79%
		589	Patients without lipid profile test in the last 12 months.	36.33%	35.51%
		569	Patients without semiannual HbA1c test in the last 24 months.	83.66%	78.64%
		589	Patients without office visit in the last 12 months.	11.38%	8.37%
		589	Patients without ACE inhibitor or ARB drugs in the last 12 months.	51.95%	50.27%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
	589	Patients without claims for home glucose testing supplies in the last 12 months.	54.33%	48.54%	
	589	Patients without micro or macroalbumin screening test in the last 12 months.	45.67%	43.48%	
	589	Patients without statin drugs in the last 12 months.	57.56%	53.13%	
	589	Patients without long office visit in the last 12 months.	27.33%	16.74%	
	589	Patients without serum creatinine in the last 12 months.	34.97%	29.21%	
Diabetes + Hypertension + Obesity (E)	11	Patients without antihyperlipidemic drugs in the last 12 months.	45.45%	50.01%	
Diabetes taking insulin	127	Patients without home glucose measurement devices.	3.15%	5.19%	
Diabetes taking insulin in the last 12 months (E)	116	Patients without home glucose measurement devices in the last 12 months.	4.31%	8.22%	
Diabetes-related ER visit	16	Patients without office visit in the analysis period.	0.00%	2.99%	
Diabetes-related ER visit in the last 12 months (E)	10	Patients without office visit in the last 12 months.	0.00%	4.51%	
General	> \$1,000 in ambulatory cost (E)	7,002	Patients without office visit in the last 12 months.	7.47%	9.58%
	> 1 ER visit (E)	990	Patients without office visit in the last 12 months.	11.41%	12.11%
	> 3 visits for Pain in the last 24 months (E)	505	Patients without pain management consultation in the last 24 months.	0.40%	0.05%
	All individuals	16,149	Patients with >=2 ER visits for acute upper respiratory infection (URI), nasopharyngitis (common cold), pharyngitis, laryngopharyngitis, laryngitis, tracheitis, rhinitis (perennial, allergic), sinusitis (acute, chronic)	0.18%	0.07%
	All individuals (E)	13,985	Individuals without any claim in the last 12 months.	10.61%	25.57%
	All Patients with an emergency visit for anaphylaxis	3	Patients who did not fill a script for an epinephrine pen at any time during the analysis period.	66.67%	37.69%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
All patients with an emergency visit for anaphylaxis in the last 24 months (E)	2	Patients who did not fill a script for an epinephrine pen at any time during the last 24 months.	50.00%	37.75%	
Diuretic	688	Patients without serum potassium level in the last 12 months.	37.50%	40.81%	
Diuretic (E)	662	Patients without serum potassium level in the last 12 months.	36.10%	40.19%	
Hospitalization (E)	1,033	Patients without office visit within 7 days after discharge.	53.82%	61.39%	
Medical Cost > \$1000	9,689	Patients with pharmacy costs >50% of their medical cost.	11.57%	18.02%	
Narcotic use	3,470	Patients taking > 2 different and overlapping narcotic preparations in the analysis period.	0.43%	0.48%	
Pain Syndrome related ER visit in the last 12 months (E)	200	Patients without office visit(s) in the last 12 months	56.00%	50.35%	
Patients with inflammatory bowel disease, with prior treatment for IBD, who are maintained on systemic oral steroids (E)	0	Patients without IBD-specific therapy in the last 90 days	0.00%	24.75%	
Geriatric	>= 65 years old (E)	253	Patients without long office visit in the last 12 months.	39.13%	43.62%
	>= 65 years old on anticholinergic antipsychotics and beta-blockers	0	Patients without an EKG in the analysis period.	0.00%	15.12%
	>= 65 years old on anticholinergic antipsychotics and beta-blockers in the last 24	0	Patients without an EKG in the last 24 months.	0.00%	15.48%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
months (E)				
>= 65 years old taking ACE inhibitors	55	Patients also taking potassium supplements in the analysis period.	3.64%	11.10%
	55	Patients also taking spironolactone in the analysis period.	7.27%	3.14%
>= 65 years old taking Digoxin	6	Patients also taking amiodarone in the analysis period.	0.00%	10.21%
	6	Patients also taking verapamil in the analysis period.	0.00%	4.12%
>= 65 years old taking Theophylline	0	Patients also taking quinolones in the analysis period.	0.00%	45.44%
>= 65 years old taking warfarin	18	Patients also taking phenytoin in the analysis period.	0.00%	0.87%
	18	Patients also taking sulfa drugs in the analysis period.	16.67%	12.22%
	18	Patients also taking macrolides in the analysis period.	27.78%	26.81%
	18	Patients also taking NSAIDs in the analysis period.	5.56%	14.77%
	18	Patients also taking quinolones in the analysis period.	16.67%	31.24%
>= 65 years old with admission	50	Patients with readmission within 30 days of discharge from inpatient facility in the analysis period.	10.00%	16.38%
	50	Patients with readmission within 7 days of discharge from inpatient facility in the analysis period.	4.00%	9.21%
>= 65 years old with behavioral health diagnosis or on psychotropic drugs	82	Patients taking more than one prescription of anticholinergic anti-depressant drugs in the analysis period.	0.00%	0.02%
>= 65 years old with CHF	6	Patients without ACE-inhibitors or ARBs in the analysis period.	0.00%	35.06%
	6	Patients without beta-blocker drugs in the analysis period.	16.67%	29.84%
>= 65 years old with CHF (E)	6	Patients without ACE-inhibitors or ARBs in the last 12 months.	16.67%	48.07%
	6	Patients without beta-blocker drugs in the last 12 months.	16.67%	41.27%
>= 65 years old with dementia,	2	Patients without lab tests in the last 12 months.	0.00%	42.49%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
or taking drugs for dementia	2	Patients without TSH/B-12 performed in the analysis period.	50.00%	67.20%
	2	Patients without office visit in the last 12 months.	0.00%	22.90%
>= 65 years old with dementia, or taking drugs for dementia (E)	2	Patients without office visit in the last 12 months.	0.00%	22.71%
	2	Patients without lab tests in the last 12 months.	0.00%	42.39%
>= 65 years old with dementia, or taking drugs for dementia in the last 24 months (E)	1	Patients without TSH/B-12 performed in the last 24 months.	0.00%	67.11%
>= 65 years old with diabetes and depression	4	Patients without anti-depressants in the analysis period.	25.00%	25.32%
>= 65 years old with diabetes and depression (E)	4	Patients without anti-depressants in the last 12 months.	25.00%	35.87%
>= 65 years old with osteoporosis	6	Patients not taking medications for osteoporosis in the last 12 months.	50.00%	57.31%
>= 65 years old with osteoporosis (E)	6	Patients not taking medications for osteoporosis in the last 12 months.	50.00%	57.28%
>= 65 years old with osteoporosis on medication for osteoporosis and chronic steroids	0	Patients without bone density scan in the analysis period.	0.00%	24.39%
>= 65 years old with osteoporosis on medication for osteoporosis and chronic steroids (E)	0	Patients without bone density scan in the last 24 months.	0.00%	25.00%
>= 65 years old with osteoporosis, or on medication for osteoporosis	14	Patients without bone density scan in the analysis period.	28.57%	47.30%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
>= 65 years old with osteoporosis, or on medication for osteoporosis (E)	14	Patients without bone density scan in the last 24 months.	28.57%	45.72%	
	>=65 years old	270	Patients taking aricept in the analysis period.	0.37%	1.26%
	>=65 years old with a behavioral health diagnosis	20	Patients taking anticholinergic anti-depressant drugs for more than 60 days in the analysis period.	0.00%	2.93%
Misc.	Back Pain-related admission	15	Patients without office visit in the analysis period.	0.00%	0.64%
	Back Pain-related admission in the last 24 months (E)	15	Patients without office visit in the last 24 months.	0.00%	0.50%
	Back Pain-related ER visit	141	Patients without office visit in the analysis period.	4.96%	6.89%
	Back Pain-related ER visit in the last 24 months (E)	130	Patients without office visit in the last 24 months.	4.62%	5.59%
	Chest pain-related ER visit	220	Patients without a follow-up office visit within 2 weeks of the ER visit.	43.64%	42.72%
	Chest pain-related ER visit (E)	216	Patients without a follow-up office visit within 2 weeks of the ER visit.	43.06%	42.64%
	Demyelinating Disease (E)	36	Patients without flu vaccination in the last 12 months.	80.56%	83.77%
		36	Patients without office visit in the last 12 months.	11.11%	6.54%
	Demyelinating Disease-related admission	1	Patients without office visit in the analysis period.	0.00%	1.41%
	Demyelinating Disease-related admission in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	2.26%
	Demyelinating	2	Patients without office visit in the	0.00%	2.27%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
Disease-related ER visit		analysis period.		
Demyelinating Disease-related ER visit in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	4.00%
Demyelinating Diseases	37	Patients without long office visit in analysis period.	10.81%	2.81%
Demyelinating Diseases (E)	36	Patients without long office visit in last 12 months.	19.44%	11.63%
Epilepsy	48	Patients without office visit in the analysis period.	0.00%	0.70%
	48	Patients without office visit in the last 12 months.	4.17%	7.34%
Epilepsy (E)	47	Patients without office visit in the last 12 months.	4.26%	7.44%
Epilepsy-related admission	6	Patients without office visit in the analysis period.	0.00%	1.55%
Epilepsy-related admission in the last 12 months (E)	5	Patients without office visit in the last 12 months.	0.00%	2.42%
Epilepsy-related ER visit	17	Patients without office visit in the analysis period.	0.00%	3.02%
Epilepsy-related ER visit in the last 12 months (E)	12	Patients without office visit in the last 12 months.	8.33%	4.46%
GI bleed-related admission	4	Patients without CBC or hematocrit within 6 weeks of discharge from GI bleed hospitalization.	0.00%	53.43%
GI bleed-related admission (E)	3	Patients without CBC or hematocrit within 6 weeks of discharge from GI bleed hospitalization.	0.00%	53.20%
Hepatitis C	43	Patients without office visit in the analysis period.	2.33%	0.56%
	43	Patients without office visit in the last 12 months.	9.30%	8.81%
Hepatitis C (E)	42	Patients without office visit in the last 12 months.	9.52%	8.97%
Hepatitis C-related admission	0	Patients without office visit in the analysis period.	0.00%	1.28%
Hepatitis	0	Patients without office visit in the last	0.00%	1.28%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
C-related admission in the last 12 months (E)		12 months.		
Hepatitis C-related ER visit	0	Patients without office visit in the analysis period.	0.00%	0.00%
Hepatitis C-related ER visit in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	1.19%
HIV/AIDS	3	Patients without long office visit in the analysis period.	0.00%	6.20%
	3	Patients without office visit in the analysis period.	0.00%	1.23%
	3	Patients without office visit in the last 12 months.	0.00%	9.92%
HIV/AIDS (E)	3	Patients without office visit in the last 12 months.	0.00%	10.17%
	3	Patients without long office visit in the last 12 months.	33.33%	18.67%
HIV/AIDS-related admission	0	Patients without office visit in the analysis period.	0.00%	2.82%
HIV/AIDS-related admission in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	1.23%
HIV/AIDS-related ER visit	0	Patients without office visit in the analysis period.	0.00%	4.31%
HIV/AIDS-related ER visit in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	2.70%
Inflammatory Bowel Disease (E)	59	Patients without Flu Vaccination in the last 12 months.	84.75%	81.54%
Inflammatory Bowel Disease-related admission	2	Patients without office visit in the analysis period.	0.00%	1.42%
Inflammatory Bowel Disease-related admission in the last 12 months (E)	2	Patients without office visit in the last 12 months.	0.00%	2.19%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
Inflammatory Bowel Disease-related ER visit	3	Patients without office visit in the analysis period.	0.00%	2.00%
Inflammatory Bowel Disease-related ER visit in the last 12 months (E)	2	Patients without office visit in the last 12 months.	0.00%	2.89%
Inflammatory Bowel Diseases	60	Patients without office visit in the last 12 months.	13.33%	7.78%
	60	Patients without office visit in the analysis period.	5.00%	0.82%
Inflammatory Bowel Diseases (E)	59	Patients without office visit in the last 12 months.	13.56%	7.89%
Low back pain(new diagnosis) (E)	775	Patients with lumbar spine surgery within 3 months of initial diagnosis of low back pain	0.39%	1.56%
	780	Patients with CT or MRI within 6 weeks of initial diagnosis of low back pain	7.69%	15.82%
Migraine Headache-related admission	1	Patients without office visit in the analysis period.	0.00%	1.35%
Migraine Headache-related admission in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	1.23%
Migraine Headache-related ER visit	40	Patients without office visit in the analysis period.	0.00%	3.26%
Migraine Headache-related ER visit in the last 12 months (E)	23	Patients without office visit in the last 12 months.	4.35%	5.14%
Migraine/ Headache (E)	102	Patients without office visit in the last 12 months.	0.98%	5.51%
Neck Pain-related admission	5	Patients without office visit in the analysis period.	0.00%	0.78%
Neck Pain-related	5	Patients without office visit in the last 24 months.	0.00%	0.67%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
admission in the last 24 months (E)				
Neck Pain-related ER visit	59	Patients without office visit in the analysis period.	5.08%	7.21%
Neck Pain-related ER visit in the last 24 months (E)	55	Patients without office visit in the last 24 months.	3.64%	6.01%
Patients taking Arava in the last 12 months (E)	7	Patients without liver function in the last 12 months	14.29%	17.32%
Patients taking Methotrexate in the last 12 months (E)	32	Patients without liver function in the last 12 months	15.62%	17.23%
Patients with 2 or more outpatient visits for intervertebral disc disorder, back pain or neck pain in any 90 day period	2,745	Patients with durable medical equipment charges of >\$2000	5.10%	4.13%
Patients with >= 6 events of otitis media in the last 12 months	8	Patients not receiving a tympanostomy tube in the last 12 months.	62.50%	43.11%
Patients with >= 6 events of otitis media in the last 12 months (E)	8	Patients not receiving a tympanostomy tube in the last 12 months.	62.50%	43.21%
Patients with IBD-related ER visit in the analysis period, taking at least 2 prescriptions of IBD-medication in the last 12 months (E)	1	MPR for IBD-medication of < 80% in the last 12 months	0.00%	30.66%
Patients with IBD-related hospitalization	1	MPR for IBD-medication of < 80% in the last 12 months	0.00%	29.39%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
visit in the analysis period, taking at least 2 prescriptions of IBD-medication in the last 12 months (E)				
Patients with Intervertebral disc disorder or back pain or neck pain, with seizure medication, muscle relaxants, benzodiazepines or opiates	175	Patients with more than 5 prescribing providers for the mentioned drugs	34.86%	22.04%
Patients with intervertebral disc disorder, back pain or neck pain	2,571	Patients with continuous use of opiates for more than 12 months	2.33%	3.16%
Patients with intervertebral disc disorder, back pain, neck pain or osteoarthritis	2,909	Patients with >2 CT scans of the same body part, limited to spine, neck, hip, knee and shoulder	0.31%	0.95%
	2,909	Patients with >2 MRI of the same body part, limited to spine, neck, hip, knee and shoulder	0.52%	0.66%
Patients with otitis media	311	Patients who filled scripts for systemic corticosteroids, antihistamines, or decongestants within 7 days of an encounter for otitis media.	6.11%	13.66%
Patients with Rheumatoid arthritis taking NSAIDs for >=30 days	24	Patients without gastric protection while taking NSAIDs	70.83%	71.12%
PVD	11	Patients without long office visit in the analysis period.	18.18%	3.03%
	11	Patients without office visit in the last 12 months.	18.18%	6.81%
	11	Patients without office visit in the analysis period.	0.00%	1.01%
PVD (E)	11	Patients without long office visit in the	27.27%	12.82%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
		last 12 months.		
	11	Patients without office visit in the last 12 months.	18.18%	6.86%
PVD-related admission	0	Patients without office visit in the analysis period.	0.00%	1.45%
PVD-related admission in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	2.02%
PVD-related ER visit	0	Patients without office visit in the analysis period.	0.00%	1.77%
PVD-related ER visit in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	3.93%
Rheumatoid Arthritis	62	Patients without office visit in the analysis period.	3.23%	0.26%
Rheumatoid Arthritis (E)	60	Patients without flu vaccination in the last 12 months.	80.00%	77.48%
	60	Patients without assessment of renal function in the last 12 months	30.00%	25.74%
	60	Patients without assessment of CBC in the last 12 months	28.33%	21.59%
	60	Patients without assessment of liver function in the last 12 months	36.67%	26.32%
	60	Patients without office visit in the last 12 months.	8.33%	6.20%
	60	Patients without measurement of ESR or CRP in the last 12 months	45.00%	40.22%
	60	Patients not on DMARDs in the last 12 months.	56.67%	50.57%
	60	Patients without lab test in the last 12 months.	15.00%	13.05%
Rheumatoid arthritis on hydroxychloroquine in the last 12 months (E)	20	Patients without retinal eye exam in the last 12 months.	70.00%	60.24%
Rheumatoid Arthritis-related admission	0	Patients without office visit in the analysis period.	0.00%	0.63%
Rheumatoid Arthritis-related admission in the last 12 months (E)	0	Patients without office visit in the last 12 months.	0.00%	1.75%

Gaps in Care				% of Individual with Gap/Risk	
Clinical Condition		Members with Condition	Description	Actual	Norm
Rheumatoid Arthritis-related ER visit		2	Patients without office visit in the analysis period.	0.00%	1.75%
		1	Patients without office visit in the last 12 months.	0.00%	2.87%
	Stroke/TIA	57	Patients without office visit in the analysis period.	5.26%	1.75%
		57	Patients without office visit in the last 12 months.	10.53%	8.36%
		57	Patients without long office visit in the analysis period.	8.77%	4.30%
	Stroke/TIA (E)	56	Patients without long office visit in the last 12 months.	23.21%	14.44%
		56	Patients without office visit in the last 12 months.	10.71%	8.35%
	Stroke/TIA-related admission	12	Patients without office visit in the analysis period.	0.00%	2.62%
	Stroke/TIA-related admission in the last 12 months (E)	4	Patients without office visit in the last 12 months.	0.00%	3.95%
	Stroke/TIA-related ER visit	9	Patients without office visit in the analysis period.	0.00%	2.69%
Stroke/TIA-related ER visit in the last 12 months (E)	4	Patients without office visit in the last 12 months.	0.00%	4.08%	
Osteoarthritis	Osteoarthritis	524	Patients without office visit in the analysis period.	5.34%	0.51%
	Osteoarthritis (E)	496	Patients without office visit in the last 24 months.	5.24%	0.44%
	Osteoarthritis-related admission	68	Patients without office visit in the analysis period.	1.47%	0.48%
	Osteoarthritis-related admission in the last 12 months (E)	33	Patients without office visit in the last 12 months.	0.00%	0.90%
	Osteoarthritis-related ER visit	4	Patients without office visit in the analysis period.	0.00%	4.10%
	Osteoarthritis-related ER visit in the last 12 months	0	Patients without office visit in the last 12 months.	0.00%	6.35%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
	months (E)				
Pediatric	Children <= 12 y/o with emergency visit for asthma exacerbation and discharged on oral steroids	8	Children not on controller medication near the time of the ER visit.	25.00%	12.18%
	Children <= 12 y/o with emergency visit for asthma exacerbation and discharged on oral steroids (E)	8	Children not on controller medication near the time of the ER visit.	25.00%	12.03%
	Children <=17 y/o taking growth hormone in the last 12 months	2	Patients without a thyroid function test in the last 6 months.	50.00%	65.26%
	Children <=17 y/o taking growth hormone in the last 12 months (E)	2	Patients without a thyroid function test in the last 6 months.	50.00%	64.54%
	Children <=17 y/o with otitis media and a tube insertion	34	Patients without a hearing test performed within 6 months prior to first tube insertion	76.47%	52.69%
	Children <=17 y/o with otitis media and a tube insertion (E)	34	Patients without a hearing test performed within 6 months prior to first tube insertion	76.47%	52.22%
	Children <=5 y/o with episode(s) of febrile seizure	6	Children who are prescribed >=60 days of anticonvulsant medication following febrile seizure episode(s).	0.00%	0.31%
	Children <=5 y/o with episode(s) of febrile seizure (E)	6	Children who are prescribed >=60 days of anticonvulsant medication during 12 months following the febrile seizure episode	0.00%	0.32%
	Pediatric patients with depression	13	Patients who did not receive a psychiatrist referral near the time of	23.08%	15.22%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
started on non-SSRI therapy		starting non-SSRI therapy.			
Pediatric patients with depression started on non-SSRI therapy (E)	12	Patients who did not receive a psychiatrist referral near the time of starting non-SSRI therapy.	25.00%	15.05%	
Pediatric patients with depression started on SSRI therapy	26	Patients who did not have at least two office visits within 45 days after starting SSRI therapy.	19.23%	27.48%	
Pediatric patients with depression started on SSRI therapy (E)	26	Patients who did not have at least two office visits within 45 days after starting SSRI therapy.	19.23%	27.31%	
Pediatric patients with depression taking drug therapy for depression in the last 6 months	23	Patients without physician office visit in the last 6 months.	21.74%	18.04%	
Pediatric patients with depression taking drug therapy for depression in the last 6 months (E)	23	Patients without physician office visit in the last 6 months.	21.74%	17.54%	
Pediatric patients with depression, on more complex antidepressant therapy	11	Patients who did not have a visit with a psychiatrist or psychologist near the time of starting complex antidepressant therapy.	9.09%	8.15%	
Pediatric patients with depression, on more complex antidepressant therapy (E)	10	Patients who did not have a visit with a psychiatrist or psychologist near the time of starting complex antidepressant therapy.	10.00%	7.75%	
Pediatric patients with diagnosis of or suspected eating disorder	4	Patients taking inappropriate stimulant medication.	0.00%	2.43%	
Pregnancy	Gestational	18	Patients without a follow up diabetes	77.78%	70.46%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
Diabetes		screening test within 3 months of delivery.			
	Gestational Diabetes (E)	16	Patients without a follow up diabetes screening test within 3 months of delivery.	81.25%	78.49%
	Pregnancy	305	Pregnant women delivered with fewer than six prenatal visits.	70.82%	34.03%
		305	Pregnant women delivered with more than 15 prenatal visits.	0.00%	0.35%
Renal Failure	Renal Failure/ESRD	56	Patients without office visit in the analysis period.	3.57%	1.96%
		56	Patients without long office visit in the analysis period.	3.57%	4.32%
	Renal Failure/ESRD (E)	54	Patients without office visit in the last 12 months.	9.26%	9.91%
		54	Patients without lipid profile test in the last 12 months.	40.74%	51.00%
		54	Patients without long office visit in the last 12 months.	9.26%	14.99%
		54	Patients without urinalysis in the last 12 months.	42.59%	47.14%
		54	Patients without serum creatinine test in the last 12 months.	11.11%	27.61%
		54	Patients without flu vaccination in the last 12 months.	77.78%	77.15%
	Renal Failure/ESRD-not on Dialysis (E)	48	Patients without serum albumin test every three months in the last 24 months.	100.00%	96.05%
	Renal Failure/ESRD-on Dialysis (E)	6	Patients without serum albumin test in the last 12 months.	0.00%	40.09%
	Renal Failure/ESRD-related admission	4	Patients without office visit in the analysis period.	0.00%	2.61%
	Renal Failure/ESRD-related admission in the last 12 months (E)	2	Patients without office visit in the last 12 months.	0.00%	4.85%
	Renal Failure/ESRD-related ER visit	2	Patients without office visit in the analysis period.	0.00%	2.53%
	Renal Failure/ESRD-related ER visit in	0	Patients without office visit in the last 12 months.	0.00%	4.31%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
the last 12 months (E)				

Table 5.5.4 Risk Measures

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
Asthma	>60 years old with ER visits	205	Patients with asthma-related ER visit in the analysis period.	1.46%	0.95%
	Asthma	312	Patients with more than one hospitalization in the analysis period.	3.53%	5.52%
		312	Patients with depression in the analysis period.	24.04%	17.41%
		312	Patients with more than two chest x-rays in a month in the analysis period.	1.92%	2.88%
		312	Patients with more than one asthma-related hospitalization in the analysis period.	0.00%	0.41%
		312	Patients with more than one asthma-related ER visit in the analysis period.	2.24%	3.58%
		312	Patients with more than four asthma-related office visits.	7.05%	13.14%
		312	Patients with bronchoscopy in the analysis period.	0.32%	1.06%
		312	Patients with more than five spirometry tests in the last 12 months.	0.32%	0.97%
		312	Patients with more than two prednisone courses in each year of the analysis period.	0.64%	1.47%
		312	Patients >= 60 years old.	5.77%	11.44%
		312	Patients with any claim for tobacco use disorder in the analysis period.	0.32%	1.21%
		312	Patients with more than two spirometry tests in the last 90 days.	0.00%	0.65%
		312	Patients taking ascending dose of prednisone in the analysis period.	2.88%	2.21%
		312	Patients with more than three asthma-related specialty care visits in the analysis period.	0.32%	0.00%
312	Patients with more than twenty	13.14%	12.08%		

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
		prescriptions for asthma medication in the analysis period.			
	312	Patients with more than three prescriptions for albuterol in the analysis period.	30.45%	27.61%	
	312	Patients with more than two nebulizers in the analysis period.	58.97%	58.36%	
	312	Patients taking omalizumab (Xolair) in the last 90 days.	0.64%	0.26%	
	312	Patients taking more than four inhalers in the analysis period.	45.19%	41.69%	
	312	Patients with asthma-related ER visit in the analysis period.	12.18%	14.34%	
	312	Patients with asthma-related hospitalization in the analysis period.	1.92%	3.70%	
Asthma-related ICU stay	14	Patients with intubation in the analysis period.	7.14%	5.72%	
Behavioral Health	Behavioral Health	1,192	Patients taking atypical antipsychotics and clozapine during the analysis period.	0.00%	0.07%
	Depression	684	Patients taking SSRI and bupropion in the analysis period.	10.23%	9.80%
		684	Patients with depression-related hospitalization in the analysis period.	2.92%	5.49%
		684	Patients with depression-related ER visit in the analysis period.	5.12%	4.59%
		684	Patients with more than one hospitalization in the analysis period.	3.07%	5.99%
		684	Patients taking either SSRIs/bupropion/effexor/cymbalta and gabapentin (neurontin) during the analysis period.	2.92%	4.03%
	Depression (or on antidepressants)	1,510	Patients with any two of these: new pain codes (joint pain, backpain, neck pain, abdominal pain, headache), opiates, insomnia or sleep medications.	39.21%	37.53%
	Individuals >=18 y/o	12,279	Patients with co-morbid psychiatric and substance abuse disorder.	0.32%	0.21%
	Individuals aged >=18 to <=39 years	4,646	Patients with intermittent atrial fibrillation in the analysis Period.	0.06%	0.05%
	Patients >=18 y/o	12,279	Patients with Hepatitis C.	0.35%	0.13%
Patients >=18 y/o with active	56	Patients with traumatic injury-related ER visit or admission in the analysis	14.29%	20.06%	

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
alcohol abuse Patients >=18 y/o with active substance abuse Patients >=18 y/o with bipolar disorder Schizophrenia SSRI monotherapy for depression for >= 60 days		period.			
	31	Patients with traumatic injury-related ER visit or hospitalization in the analysis period.	19.35%	20.55%	
	118	Patients taking lithium.	10.17%	14.82%	
	4	Patients with more than 3 ER visits or more than 2 hospitalizations in the analysis period.	0.00%	20.18%	
	79	Patients taking additional anti-depressants after 60 days of monotherapy.	22.78%	26.98%	
Cancer	Cancer	253	Patients with miscellaneous cancer.	20.16%	12.62%
		253	Patients with infusions for oncology and hematology in the analysis period.	17.39%	16.74%
		253	Patients with skin cancer (excludes melanoma).	17.79%	24.06%
		253	Patients with cancer therapies in the last 12 months.	11.07%	11.93%
		253	Patients with melanoma.	2.37%	3.73%
		253	Patients with breast cancer.	20.55%	22.33%
		253	Patients with liver or biliary cancers.	0.40%	0.73%
		253	Patients with pancreatic cancer.	0.40%	0.74%
		253	Patients with upper GI cancer.	1.19%	1.54%
		253	Patients with ENT cancer.	0.79%	2.22%
		253	Patients with urinary tract cancer.	4.35%	5.00%
		253	Patients with leukemia.	5.14%	2.83%
		253	Patients with secondary malignancy.	5.14%	5.45%
		253	Patients with lymphoma or lymphosarcoma	4.35%	5.45%
		253	Patients with colorectal cancer.	4.74%	5.19%
253	Patients with lung cancer.	1.58%	3.65%		
Cardiac	All individuals	16,149	Patients with chest pain-related ER visit in the analysis period.	1.36%	1.76%
		16,149	Patients with chest pain-related hospitalization in the analysis period.	0.12%	0.26%
	CAD	138	Patients with antidepressants in the analysis period.	15.94%	23.53%
		138	Patients with CAD-related hospitalization in the analysis period.	17.39%	19.26%
		138	Patients with CAD-related ER visit in the analysis period.	11.59%	14.18%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
	138	Patients with MI-related hospitalization in the analysis period.	2.90%	4.78%	
	138	Patients with more than one hospitalization in the analysis period.	8.70%	17.14%	
	138	Patients with antiplatelet or anticoagulants in the analysis period.	44.20%	43.07%	
	138	Patients with complicated lipid disorders.	27.54%	28.49%	
	138	Patients with obesity.	2.17%	1.55%	
	138	Patients with hypertension or taking antihypertensive drugs.	82.61%	84.88%	
	138	Patients with erythropoietin in the analysis period.	0.72%	1.62%	
	138	Patients on both antiarrhythmic and antiplatelet agents in the analysis period.	0.00%	1.79%	
	138	Patients with peripheral vascular disease (PVD).	0.72%	5.80%	
	138	Patients with cerebrovascular disease (CVD).	5.07%	8.38%	
	138	Patients with cardiac stenting in the analysis period.	15.22%	14.92%	
	138	Patients with cardiac catheterization in the analysis period.	25.36%	37.11%	
	138	Patients with CABG in the analysis period.	3.62%	4.70%	
	138	Patients with depression.	5.80%	4.88%	
	138	Patients with hyperlipidemia.	36.96%	36.60%	
	138	Patients with nitrate class drugs in the analysis period.	31.88%	26.96%	
	CHF	28	Patients with more than one hospitalization in the analysis period.	25.00%	44.03%
		28	Patients with renal failure.	21.43%	23.06%
		28	Patients taking drugs that affect prostaglandin to cause fluid retention in the analysis period.	14.29%	20.54%
		28	Patients with CHF or pulmonary edema-related ER visit in the analysis period.	10.71%	22.65%
28		Patients taking drugs that cause fluid retention (without affecting prostaglandins) in the analysis period.	28.57%	39.83%	
28		Patients with CHF or pulmonary edema-related hospitalization in the	14.29%	22.07%	

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
		analysis period.			
Females < 55 years old	6,932	Women with diagnosis of CAD or MI who should be a candidate for genetic testing to evaluate for the LDLR (low density lipoprotein receptor) genetic variant.	0.09%	0.25%	
Hypertension on 2 or more agents in the last 12 months (E)	583	Patients without thiazide diuretic in the last 24 months.	57.80%	61.98%	
Males < 45 years old	4,795	Men with diagnosis of CAD or MI who should be a candidate for genetic testing to evaluate for the LDLR (low density lipoprotein receptor) genetic variant.	0.19%	0.14%	
MI	29	Patients with subsequent cardiac-related hospitalization in the analysis period.	10.34%	13.42%	
COPD	<50 years old with COPD	11	Patients with alpha-1 antitrypsin deficiency in the analysis period.	0.00%	0.13%
	COPD	41	Patients taking Spiriva in the analysis period.	21.95%	27.36%
		41	Patients with durable medical equipment cost greater than \$1,000 in the last 90 days.	4.88%	2.15%
		41	Patients with CAD and CHF in the analysis period.	7.32%	5.01%
		41	Patients with COPD-related ER visit in the analysis period.	19.51%	14.90%
		41	Patients with COPD-related hospitalization in the analysis period.	9.76%	11.67%
		41	Patients with home oxygen in the analysis period.	31.71%	25.67%
		41	Patients with more than one hospitalization in the analysis period.	14.63%	23.05%
		41	Patients with more than two chest x-rays in the analysis period.	31.71%	39.31%
		41	Patients with more than one COPD-related ER visit in the analysis period.	4.88%	4.11%
		41	Patients with more than three COPD-related ER visits in the last 12 months.	0.00%	0.28%
		41	Patients with more than two prescriptions of anticholinergics or	60.98%	44.05%

		Risk Measures		% of Individual with Gap/Risk	
Clinical Condition		Members with Condition	Description	Actual	Norm
			beta-agonists in the analysis period.		
		41	Patients with more than one prescription of oral steroids and antibiotics in the analysis period.	34.15%	28.45%
		41	Patients with more than three pulmonary function tests in the last 12 months.	4.88%	3.99%
		41	Patients <50 years old.	26.83%	14.82%
		41	Patients >=65 years old.	14.63%	35.23%
		41	Patients with echocardiography and right heart catheterization in the analysis period.	4.88%	3.11%
		41	Patients with ABG in the analysis period.	9.76%	7.85%
		41	Patients with CPAP in the analysis period.	17.07%	13.43%
		41	Patients with BiPAP or CPAP in the analysis period.	17.07%	13.56%
		41	Patients with sleep apnea in the analysis period.	17.07%	13.49%
		41	Patients with pulmonary rehabilitation in the analysis period.	0.00%	1.61%
		41	Patients with more than four prescriptions for inhaled corticosteroids in the analysis period.	39.02%	23.15%
		41	Patients taking oral steroids in the analysis period.	51.22%	51.17%
		41	Patients with bronchoscopy or thoracoscopy in the analysis period.	0.00%	5.96%
		41	Patients with any claim for tobacco use disorder in the analysis period.	2.44%	6.92%
		41	Patients with tobacco use disorder.	0.00%	2.34%
	COPD on Advair	16	Patients taking ascending dose of Advair in the analysis period.	12.50%	8.93%
Diabetes	Diabetes	604	Patients with diabetes-related ER visit in the analysis period.	2.48%	4.05%
		604	Patients with insulin in the analysis period .	21.03%	24.51%
		604	Patients with complicated lipid disorders.	14.40%	18.54%
		604	Patients with more than one hospitalization in the analysis period.	3.31%	7.06%
		604	Patients with retinopathy.	1.99%	2.83%
		604	Patients with test for creatinine	0.50%	1.18%

Risk Measures			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
		clearance in the analysis period.		
	604	Patients with diabetes-related hospitalization in the analysis period.	1.16%	1.94%
	604	Patients with oral antidiabetic agents in the analysis period.	52.15%	62.88%
	604	Patients with insulin and oral antidiabetic agents in the analysis period.	9.60%	13.60%
	604	Patients with antiplatelet agent in the analysis period.	2.15%	6.20%
	604	Patients with drug augmented stress test in the analysis period.	2.15%	1.81%
	604	Patients with peripheral vascular disease (PVD).	0.00%	2.02%
	604	Patients with renal failure.	3.15%	4.35%
	604	Patients with amputation in the analysis period.	0.33%	0.42%
	604	Patients with ulcer or open wound.	5.30%	7.14%
	604	Patients with drugs for a serious, or potentially very high risk, cardiac condition in the analysis period.	5.13%	5.78%
	604	Patients with hyperlipidemia.	17.38%	22.91%
	604	Patients with CAD.	4.97%	10.04%
	604	Patients with depression.	5.30%	4.64%
	604	Patients with dialysis in the analysis period.	0.50%	1.70%
	604	Patients with erythropoietin in the analysis period.	1.16%	1.04%
	604	Patients with hypertension or taking antihypertensive drugs.	62.25%	70.61%
	604	Patients with obesity.	3.64%	2.40%
Members with >1 diagnosed episodes of cellulitis	33	Patients who also have a diagnosis of diabetes mellitus	12.12%	21.78%
Members with a diagnosis of lower extremity cellulitis	53	Patients who also have a diagnosis of diabetes mellitus	15.09%	22.28%
Men > 60 years old	512	Patients with diabetes.	13.28%	16.08%
Women with >=3 episodes of UTI	77	Patients with Diabetes mellitus	7.79%	10.34%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
General	<10 years old with ER visits	381	Patients with two or more ER visits in the last 12 months.	12.60%	12.96%
	>10 years old with ER visits	2,770	Patients with two or more ER visits in the last 12 months.	14.22%	15.04%
	All individuals	16,149	Patients with prescriptions for more than 15 drug classes in the analysis period.	2.81%	3.04%
		16,149	Patients with >= 2 UTI-related ER visits	0.09%	0.05%
		16,149	Patients with hospice care claims in the analysis period.	0.00%	0.03%
	ER Visits	3,195	Patients with ER visits on Saturday and/or Sunday.	42.50%	41.05%
	Home Health	76	Patients with home health cost of at least \$10K in the analysis period.	7.89%	2.67%
	Home infusion	29	Patients with more than \$5,000 paid in home infusion claims in the analysis period.	27.59%	15.89%
	Hypertension	1,208	Patients with more than one hospitalization in the analysis period.	3.06%	6.16%
	Individuals 16 to 50 y/o with \$5,000 to \$25,000 spend in the last 12 months	801	Patients identified as potential somatizers.	10.11%	6.42%
	Low back pain	1,404	Patients taking >=3 narcotic prescriptions in a month	7.91%	9.84%
	Migraine/ Headache	108	Patients with migraine/ headache-related ER visit in the analysis period.	14.81%	18.59%
	Multiple Hospitalizations	148	Patients with more than two hospitalizations in the last six months.	2.70%	4.77%
	Office Visits	12,388	Patients with office visits to more than two types of specialists every three months.	0.09%	0.08%
	Opiates	3,470	Patients with more than six Oxycontin prescriptions in the analysis period.	2.62%	1.77%
Patients on multiple medications for allergy and asthma: >2 agents from inhaled steroids, antihistamines,	114	Patients with >2 events: antibiotic Rx for sinusitis, pneumonia, cough, bronchitis, URI- each course filled within 2 days of diagnosis (trigger event) in the last 12 months	3.51%	7.50%	

Risk Measures			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
nasal steroids, leukotriene modifiers, long-acting beta agonists, Xolair in the last 12 months				
Patients with ENT, Allergy, inflammatory or infectious diagnosis (sinusitis, rhinitis, URI, etc) in the last 12 months	3,065	Patients with >2 sinus imaging procedures (x-ray, CT, MRI) in any 3-month period in last 12 months	0.07%	0.01%
Patients with intervertebral disc disorder, back pain, neck pain or osteoarthritis	2,909	Patients with >2 x-rays of the same body part, limited to spine, neck, hip, knee, shoulder	3.61%	6.47%
Patients with non-UTI-related hospitalization	1,039	Patients with UTI diagnosis beginning the day after hospital discharge to one month post-discharge	1.35%	2.41%
Peripheral vascular disease (PVD)	11	Patients with lower extremity gangrene	0.00%	3.05%
	11	Patients with lower extremity cellulitis	0.00%	7.70%
Potential Somatizers	3	Patients with disease-related ER visit in the analysis period.	0.00%	4.70%
Geriatric >= 65 years old	270	Patients taking > 8 different classes of drugs in the analysis period.	31.48%	33.24%
	270	Patients with trauma-related ER visits in the analysis period.	7.41%	6.43%
	270	Patients with history of fall in the analysis period.	0.00%	0.02%
	270	Patients with an ER visit in the last 12 months.	17.04%	14.45%
	270	Patients with antidepressants in the analysis period.	14.81%	14.87%
	270	Patients with more than 1 hospitalization for pneumonia in the analysis period.	0.00%	0.08%
	270	Patients with more than 1 hospitalization in the analysis period.	5.19%	5.42%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
	270	Patients taking coumadin in the analysis period.	6.67%	5.50%	
	270	Patients with a fracture of hip, spine or radius in the analysis period.	1.11%	0.88%	
	>= 65 years old with h/o fall	0	Patients with osteoporosis in the analysis period.	0.00%	13.64%
		0	Patients with gait disturbance in the analysis period.	0.00%	38.64%
	Men >=65 years old	178	Patients with > 1 UTI in the analysis period.	1.12%	0.77%
	Women >=65 years old	92	Patients with more than 3 UTIs in the analysis period.	0.00%	0.28%
	Women >=65 years old with incontinence	0	Patients taking more than 3 different prescription drugs for incontinence in the analysis period.	0.00%	0.61%
Misc.	All individuals	16,149	Patients with gastric stapling, bypass, or banding procedures in the analysis period.	0.15%	0.18%
		16,149	Patients with Gaucher disease, with injections for the disease in the analysis period.	0.00%	0.00%
	Demyelinating Disease	37	Patients with more than one hospitalization in the analysis period.	5.41%	6.57%
	Female with cancer	128	Patients with female genital organ cancer.	18.75%	11.60%
	Inflammatory Bowel Disease	60	Patients with more than one hospitalization in the analysis period.	5.00%	10.49%
	Patients with anti-TNF drug therapy for >=60 days	47	Patients with > 1 serious infectious complications while on TNF agents	6.38%	3.94%
	Patients with claims for > 1 serious infectious complication	40	Patients started on anti-TNF drug therapy after the infectious complications	0.00%	0.25%
	Rheumatoid Arthritis	62	Patients with TNF drugs in the analysis period.	22.58%	23.83%
	Sleep Apnea	293	Patients with polysomnography study and CPAP in the analysis period.	46.42%	45.06%
	Women <40 y/o	4,375	Women with menopause before age 40.	0.11%	0.08%
Osteoarthritis	Osteoarthritis	524	Patients with hylan injections in the analysis period.	8.40%	13.14%
		524	Patients with continuous use of opiates across the last 12 months.	9.35%	8.46%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
Pediatric	Children <=12 y/o	2,472	Patients with 6 or more diagnoses claims for bronchiloitis or croup.	0.00%	0.11%
	Children <=17 y/o	3,870	Children with occult (likely) obesity.	1.58%	2.27%
		3,870	Children with diagnosis of obesity.	0.21%	0.14%
	Pediatric patients aged >=1 and <18 years	3,743	Patients with codes for nonspecific family disruption or school failure.	0.03%	0.02%
	Pediatric patients with ENT or Upper Respiratory infectious disorders	656	Patients with Immune Disorders	0.15%	0.18%
Pregnancy	All live birth	163	Live born with low birth weight.	11.66%	7.02%
	Pregnancy	305	Patients with active cocaine abuse during or after pregnancy in the analysis period.	0.00%	0.01%
		305	Women with hospitalization for pregnancy-related diagnosis other than delivery.	5.57%	4.82%
		305	Women with pregnancy or delivery complications.	75.41%	75.20%
		305	Women with pregnancy-related ER visit in the analysis period.	22.30%	16.28%
		305	Women with high-risk pregnancy.	22.95%	19.22%
		305	Women with oral antidiabetic agents in the analysis period.	1.97%	3.15%
Renal Failure	Renal Failure/ESRD	56	Patients with renal failure/ESRD-related hospitalization in the analysis period.	7.14%	13.24%
		56	Patients with renal failure/ESRD-related ER visit in the last 12 months.	0.00%	6.20%