



Sightlines™ Medical Intelligence

State of Alaska - Retirees - Paid

**RETIREE PLAN**

July 2010 through June 2012

**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 July 2010 through June 2012. Utilization metrics are calculated from claims incurred from July 2010 to June 2012.

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 July 2010 through June 2011
  - b. To July 2011 through June 2012

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 July 2010 through June 2011
  - b. To July 2011 through June 2012

**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 <sup>1</sup>

This report provides an analysis of the healthcare information for RETIREE PLAN. The information is based on eligibility, medical claims, and pharmacy claims data for employees and their families during the reporting period July 2010 through June 2012 on a paid basis. The cost figures below reflect the time frame specified.

## Summary of Expenses Paid by Plan

### Commercial Norms <sup>2</sup>

Medical Claims	\$578,339,140.92	
Pharmacy Claims	\$277,810,174.59	
<b>Total Claims</b>	<b>\$856,149,315.51</b>	
PMPM Medical Expenses	\$386.08	\$246.52
PMPM Pharmacy Expenses	\$185.46	\$50.69
<b>Total PMPM Expenses</b>	<b>\$571.54</b>	<b>\$297.21</b>

<sup>1</sup> Source: Sightlines Medical Intelligence : Executive Summary Module

<sup>2</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

## 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.

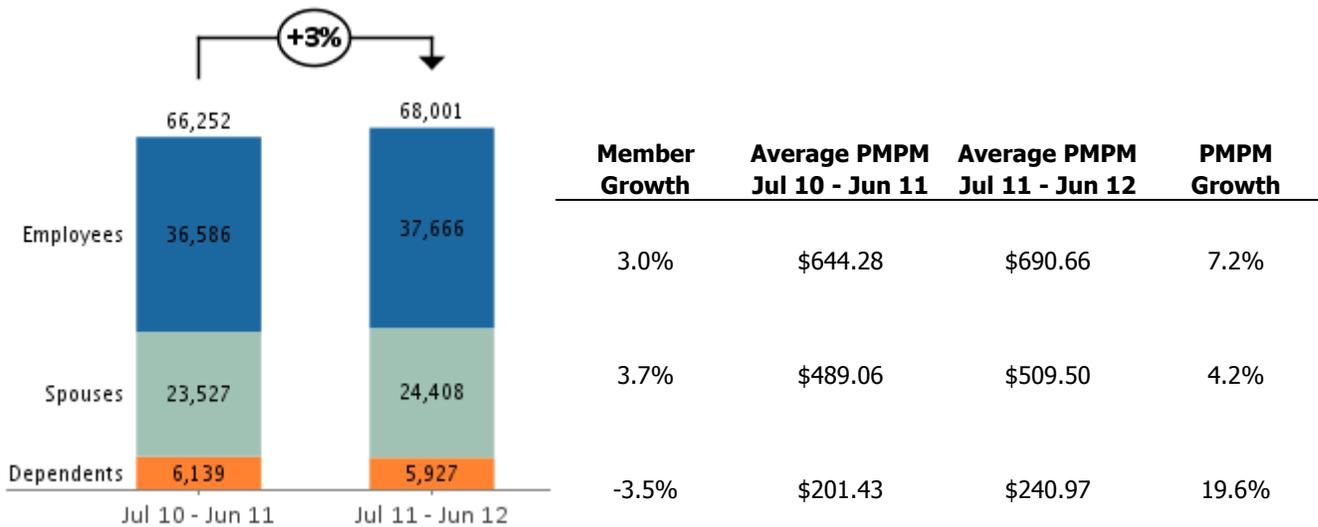
Section 2.2 details the population's high-level economic characteristics. This includes an assessment of the drivers of cost growth, such as change in member volume, change in PMPM, and medical versus pharmaceutical PMPM. Trends in total and PMPM costs over time - both medical and pharmaceutical - are 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.

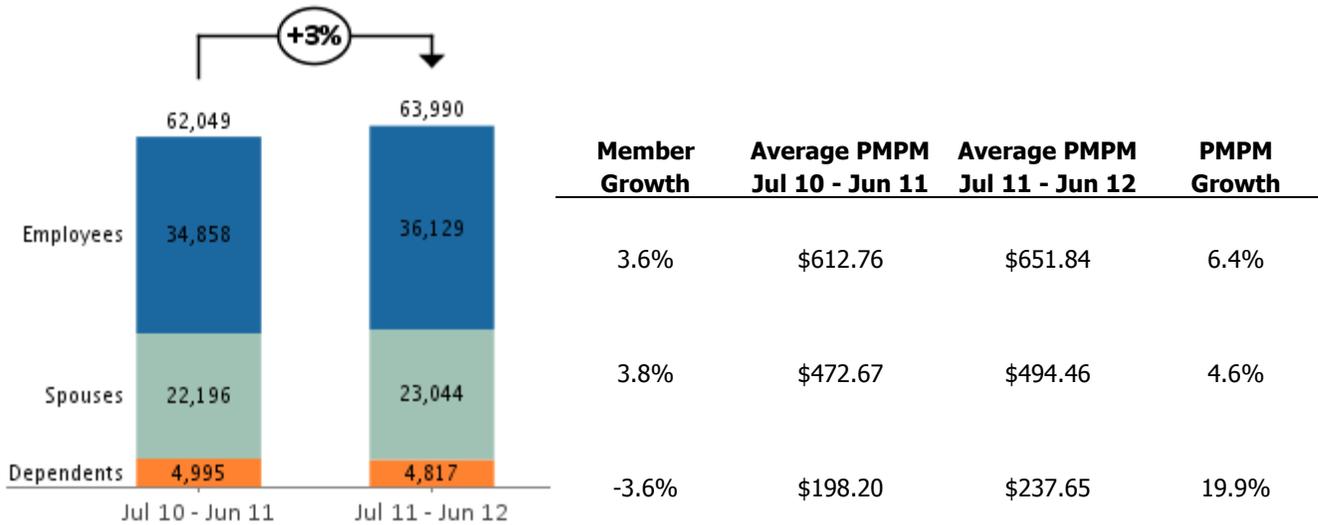
## 2.1 Demographics

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 <sup>3</sup>**



**Figure 2.1.2 Current Members**



<sup>3</sup> **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 <sup>4</sup>

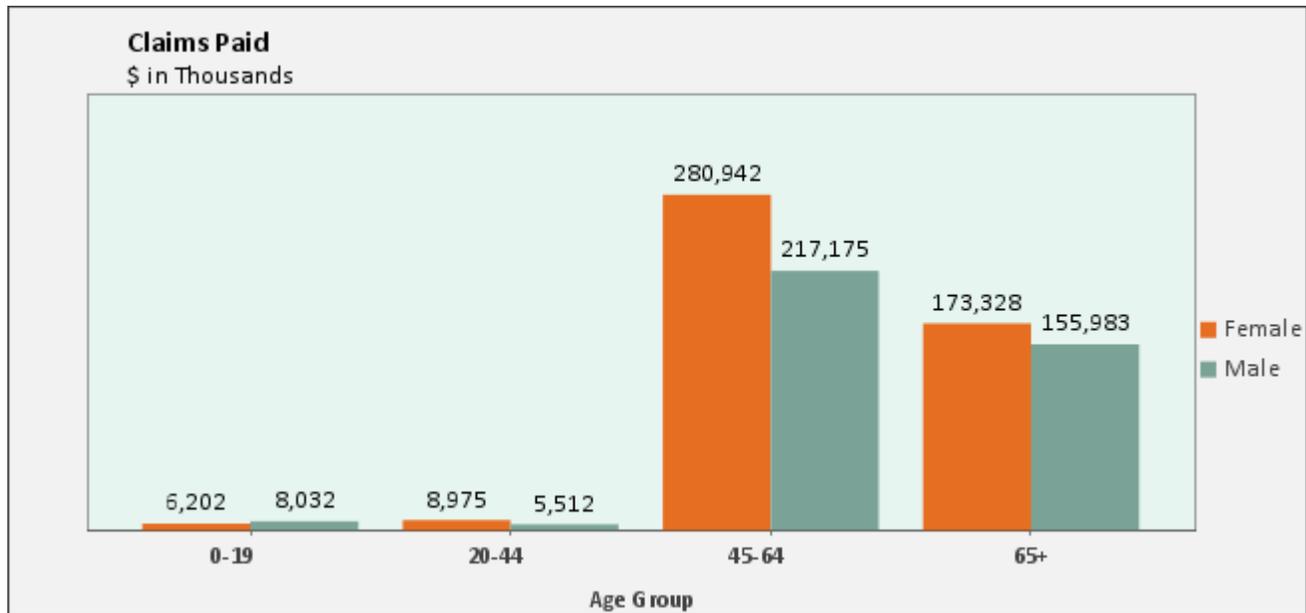


Table 2.1.1 Membership Profile <sup>5</sup>

	Female Member		Male Member		Total Member	
	Count	Percent	Count	Percent	Count	Percent
Employee	20,896	29.8%	17,559	25.1%	38,455	54.9%
Spouse	13,384	19.1%	11,460	16.4%	24,844	35.4%
Dependent	3,439	4.9%	3,344	4.8%	6,783	9.7%
<b>Total</b>	<b>37,719</b>	<b>53.8%</b>	<b>32,363</b>	<b>46.2%</b>	<b>70,082</b>	<b>100%</b>

<sup>4</sup> **Note:** Average age for males is 63. Average age for females is 62.3.

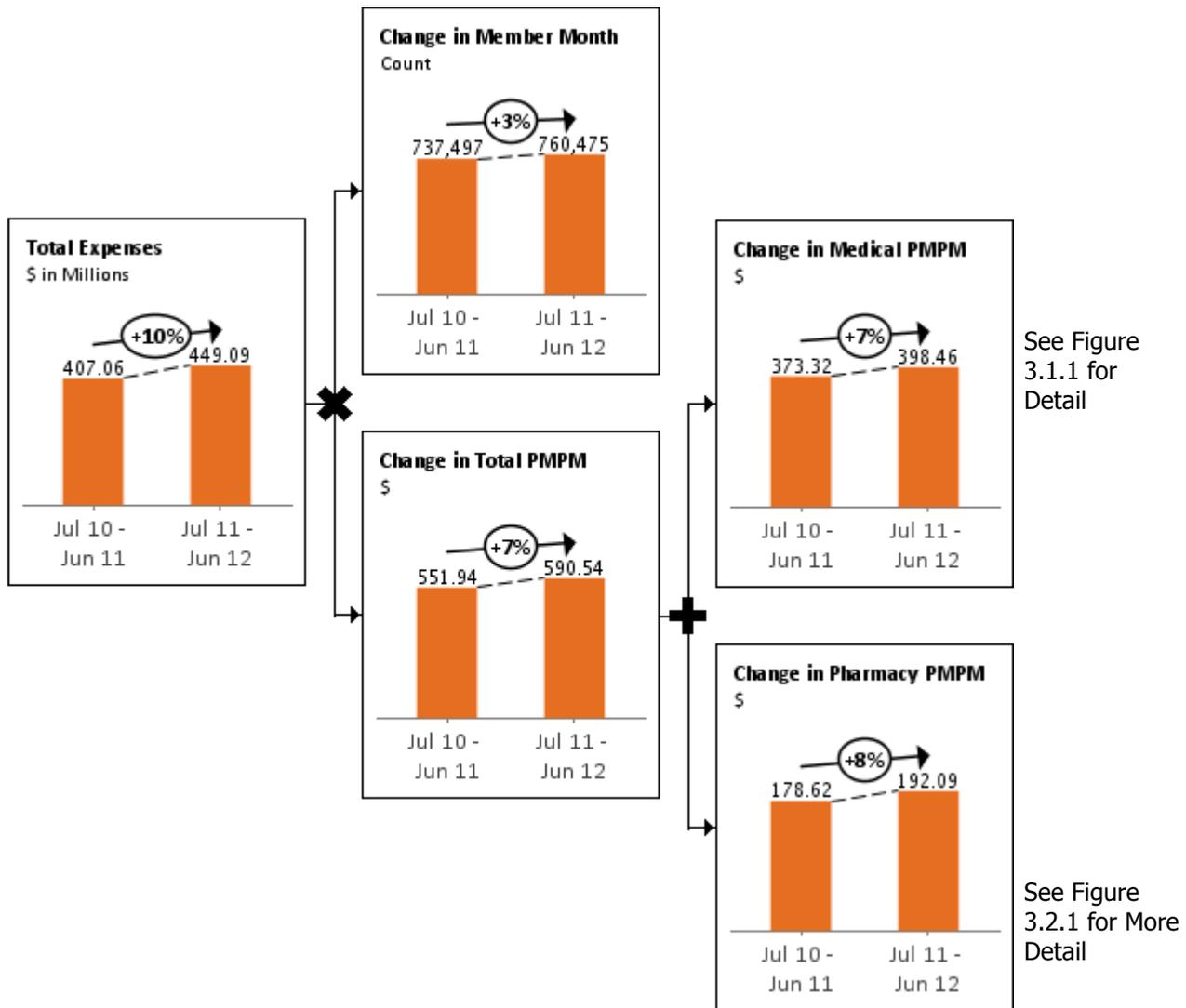
Source: Sightlines Medical Intelligence : Demography module / Age Group

<sup>5</sup> 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**<sup>6</sup>

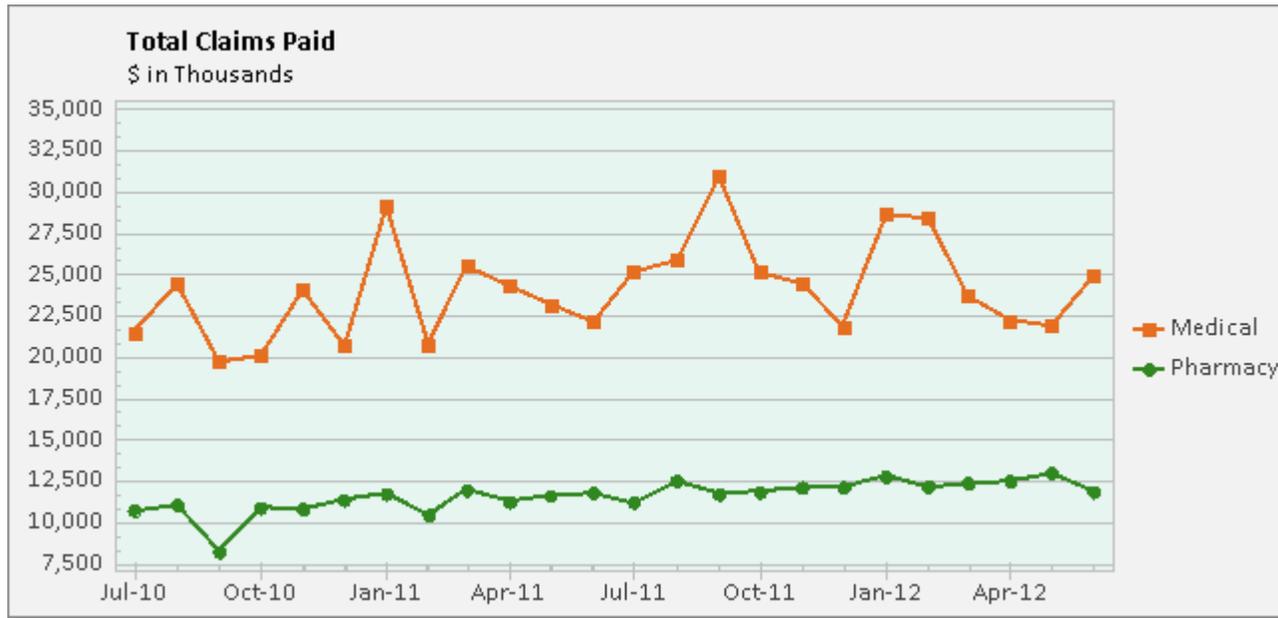


<sup>6</sup> **Note:** Medical PMPM includes Non-PBM drug spend (J-Codes). The distribution by employee and plan is calculated by Verisk Health. Source: Sightlines Medical Intelligence : Claims Module / custom timeframes for medical and pharmacy expenses.

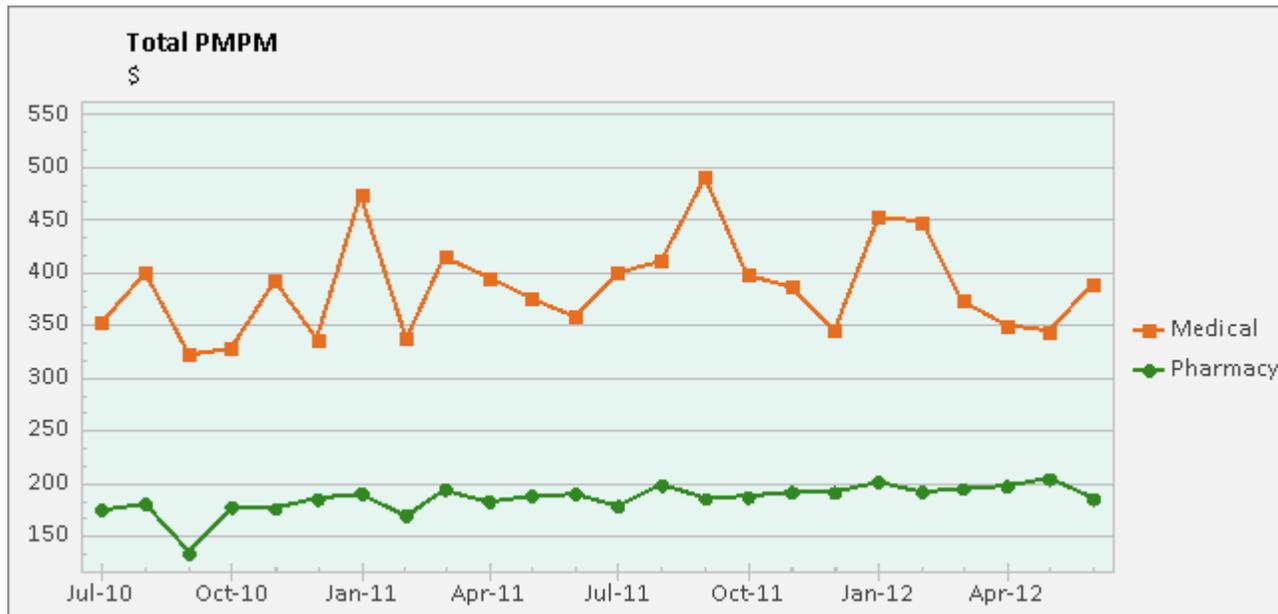
### 2.2.1 Monthly Comparison of Paid Claims

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 <sup>7</sup>**



**Figure 2.2.3 Medical and Pharmacy Claims-PMPM**

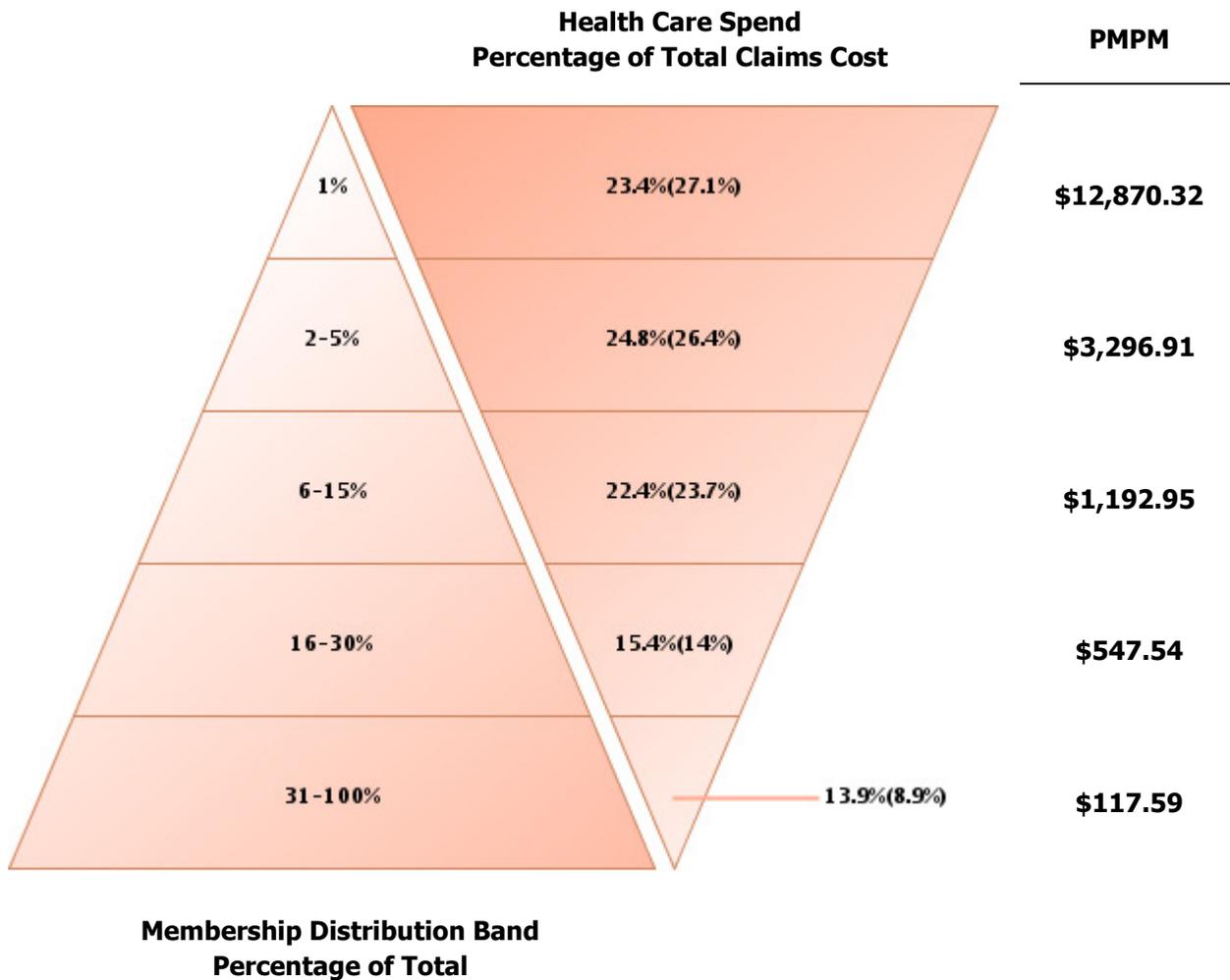


<sup>7</sup> **Note:** Refer to Table 5.2.1 and 5.2.2 in Appendix 5.2 for supporting monthly detail.  
 Source: Sightlines Medical Intelligence : Claims Module / Medical or Pharmacy / Trend by Month.

### 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**<sup>8</sup>



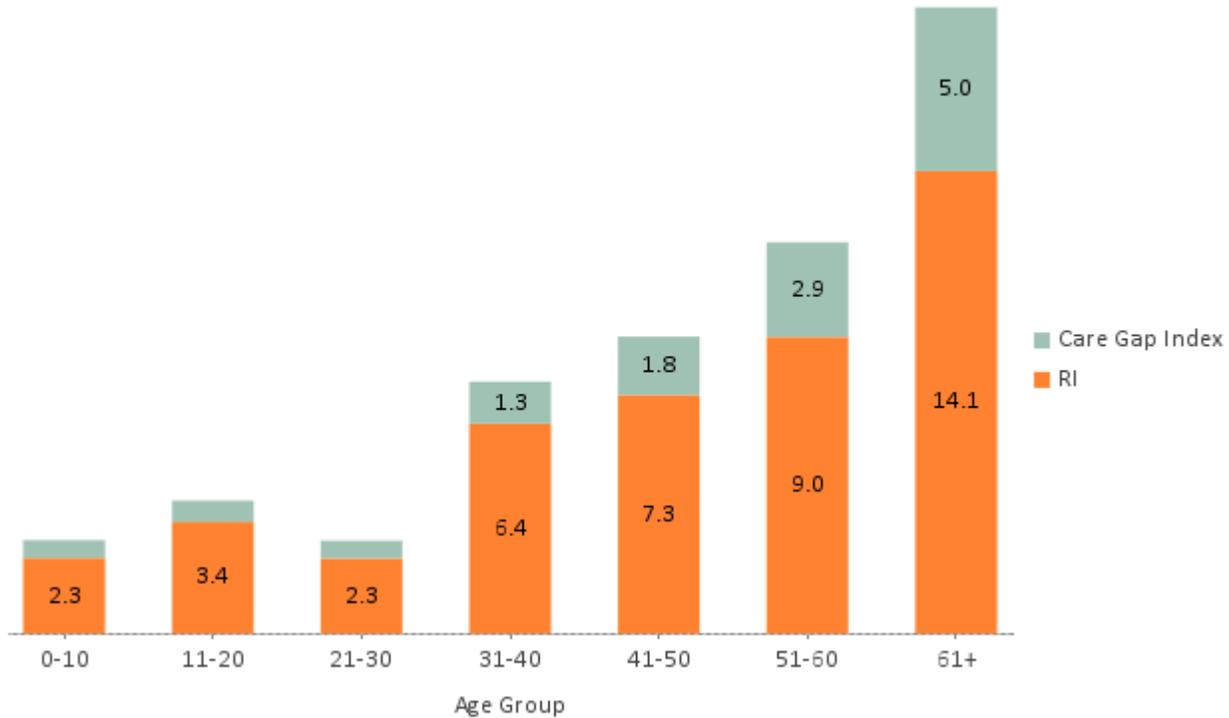
<sup>8</sup> **Note:** Refer to Table 5.2.3 in Appendix 5.2 for further detail.  
 Source: Sightlines Medical Intelligence : Expense Distribution Module.  
 PMPM Source: Sightlines Medical Intelligence : Expense Distribution Module / Individual

## 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 <sup>9</sup>**

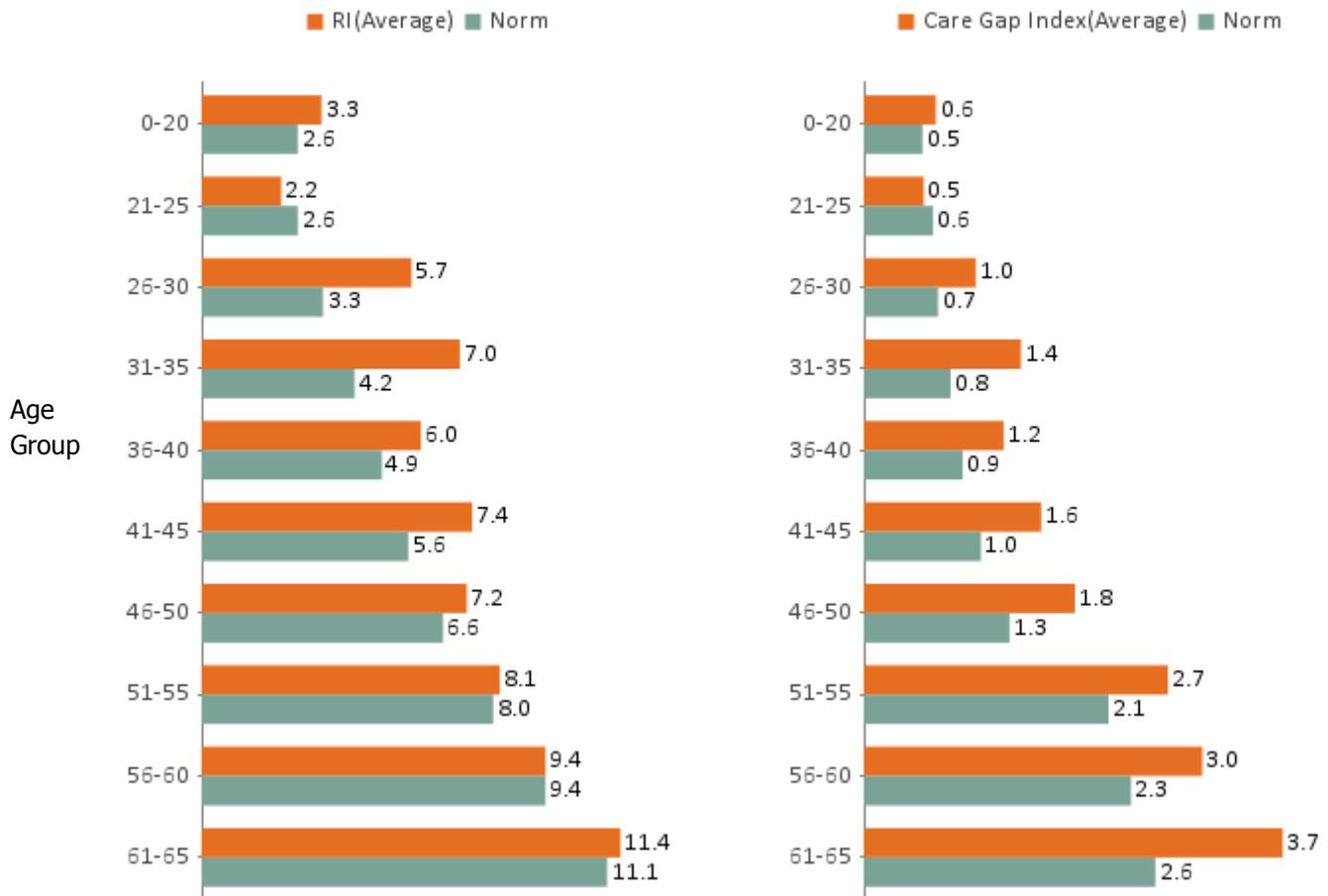


<sup>9</sup> Source: Sightlines Medical Intelligence : Average of RI and CGI fields, grouping members by age in the individuals module

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.

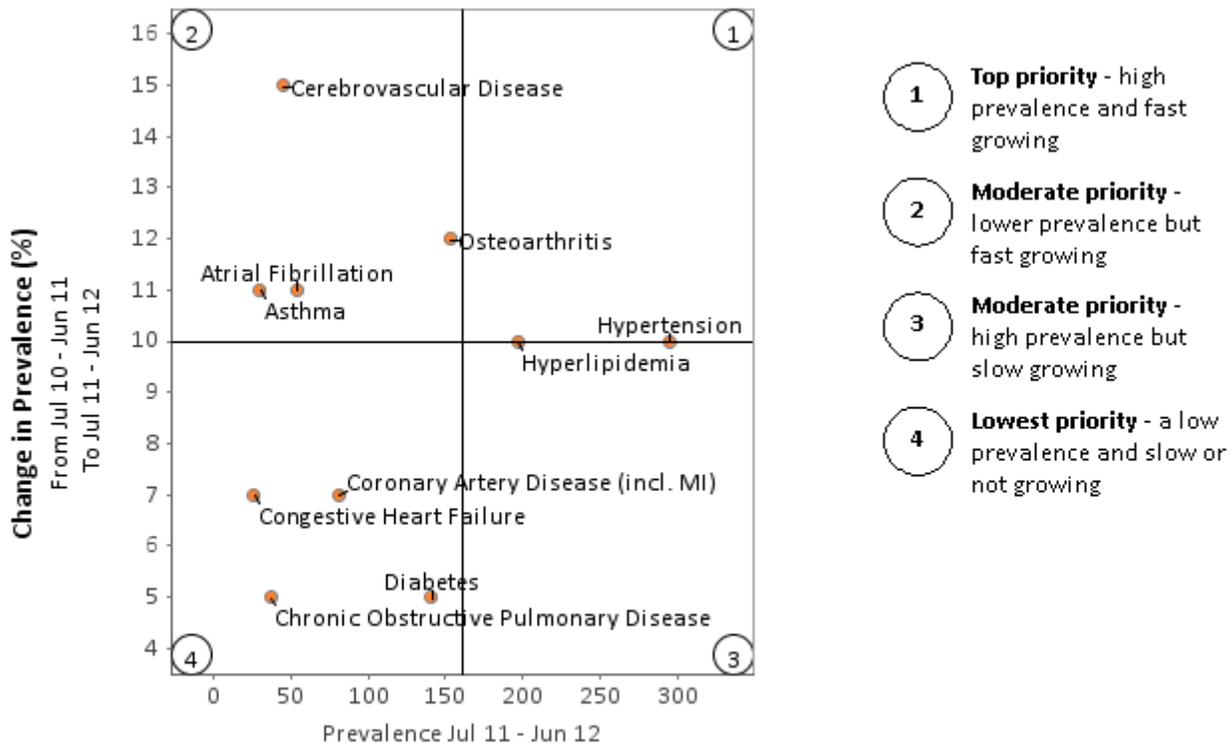
**Figure 2.3.2 Spread of disease burden and gaps in care by age groups.** <sup>10</sup>



<sup>10</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

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.

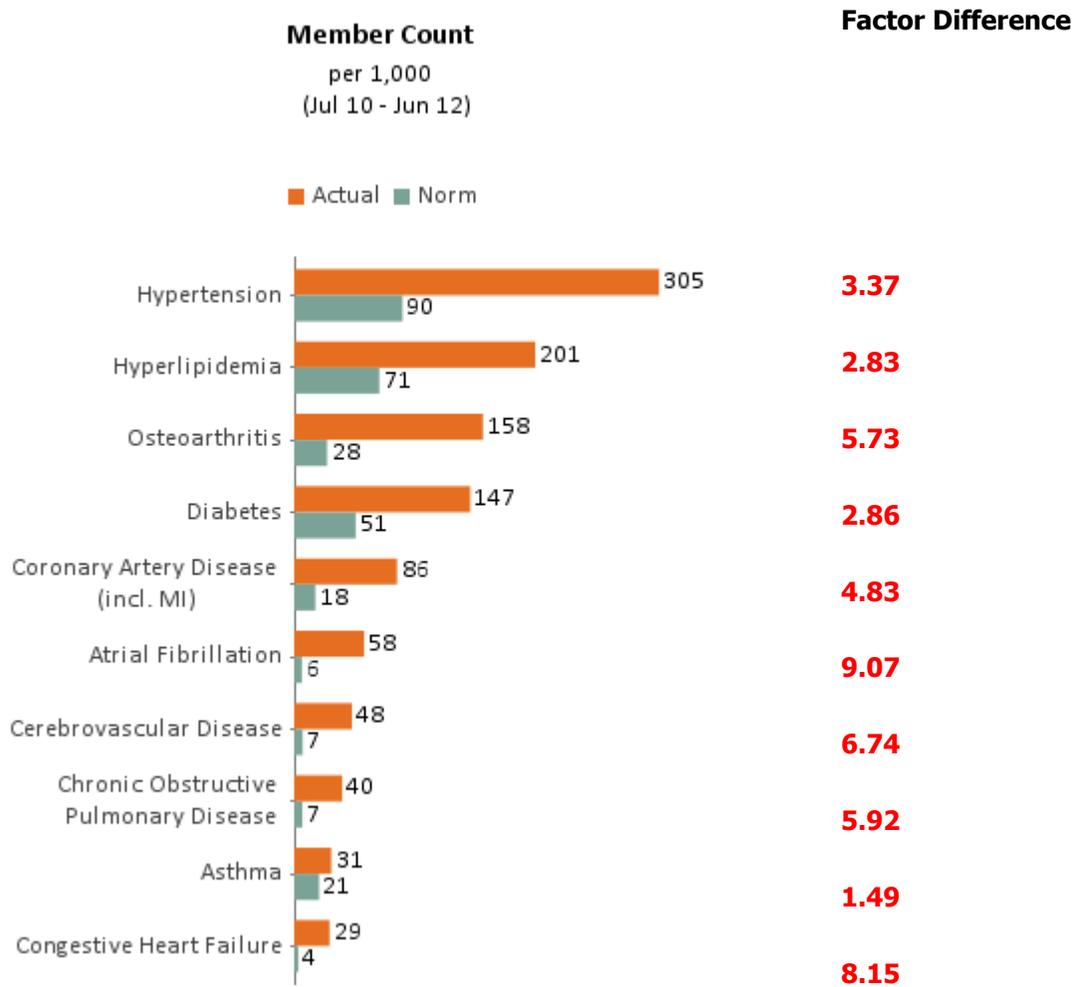
**Figure 2.3.3 Prevalence and Growth of Top 10 Chronic Diseases** <sup>11</sup>



<sup>11</sup> **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.** <sup>12, 13</sup>



<sup>12</sup> **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  
<sup>13</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

### 3. ECONOMIC FINDINGS AND OPPORTUNITIES

Economic findings are broken out into Medical and Pharmaceutical subsections.

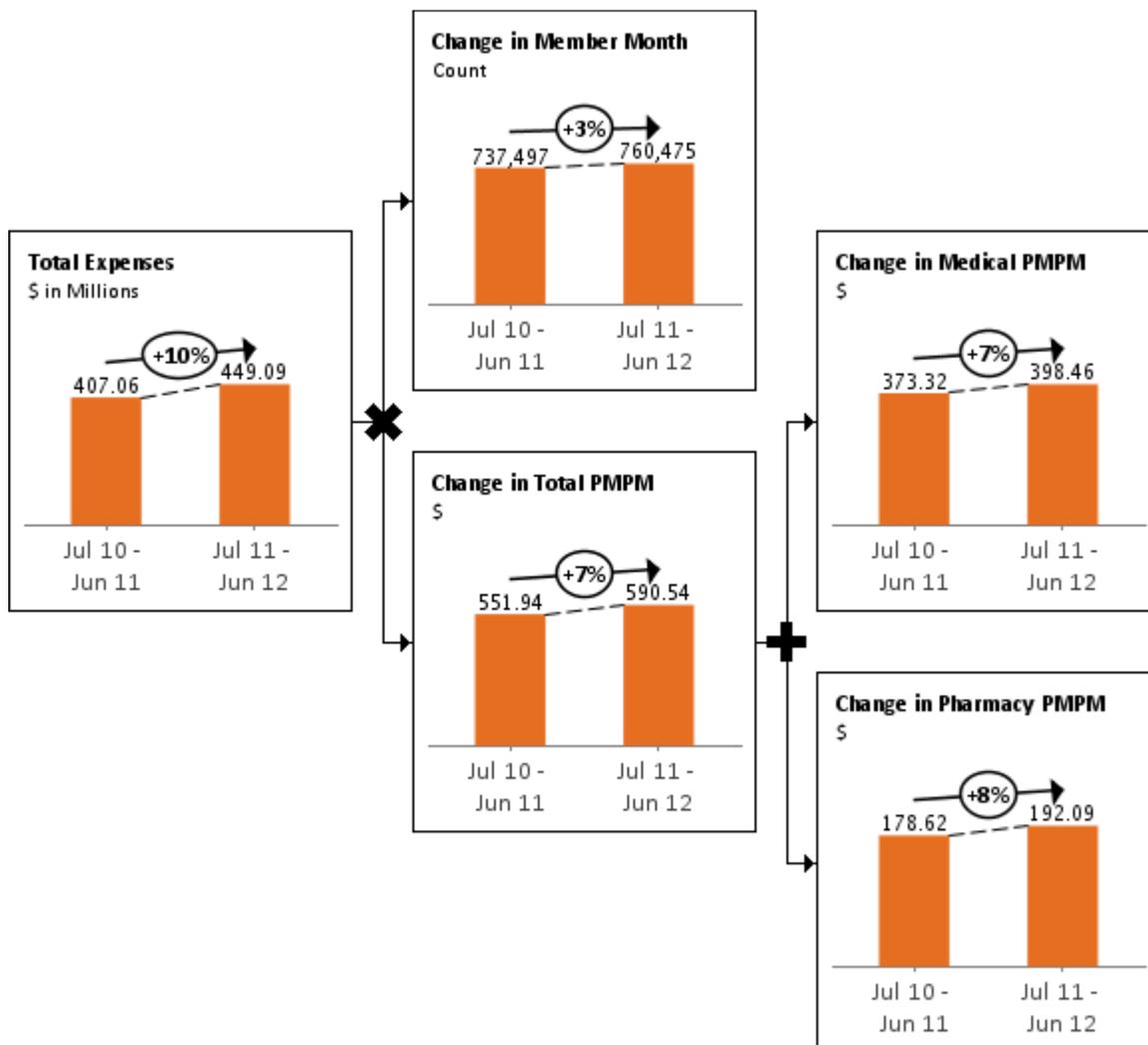
**In section 3.1 - the Medical Economics subsection- this report examines:**

- 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** <sup>14</sup>



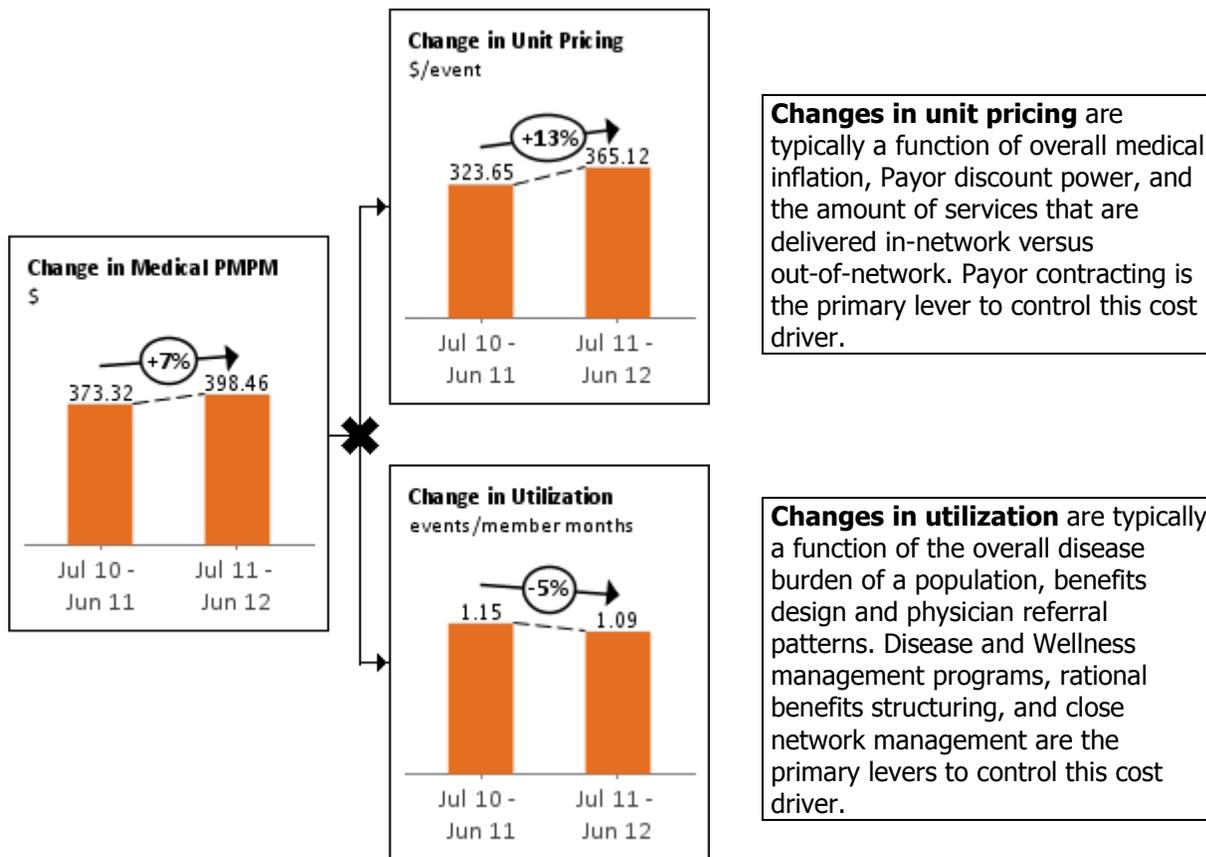
<sup>14</sup> **Note:** Medical PMPM includes Non-PBM drug spend (J-Codes). The distribution by employee and plan is calculated by Verisk Health. Source: Sightlines Medical Intelligence : Claims Module / Custom timeframes for medical and pharmacy expenses.

### 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) <sup>15</sup>



<sup>15</sup> **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.

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

### 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.

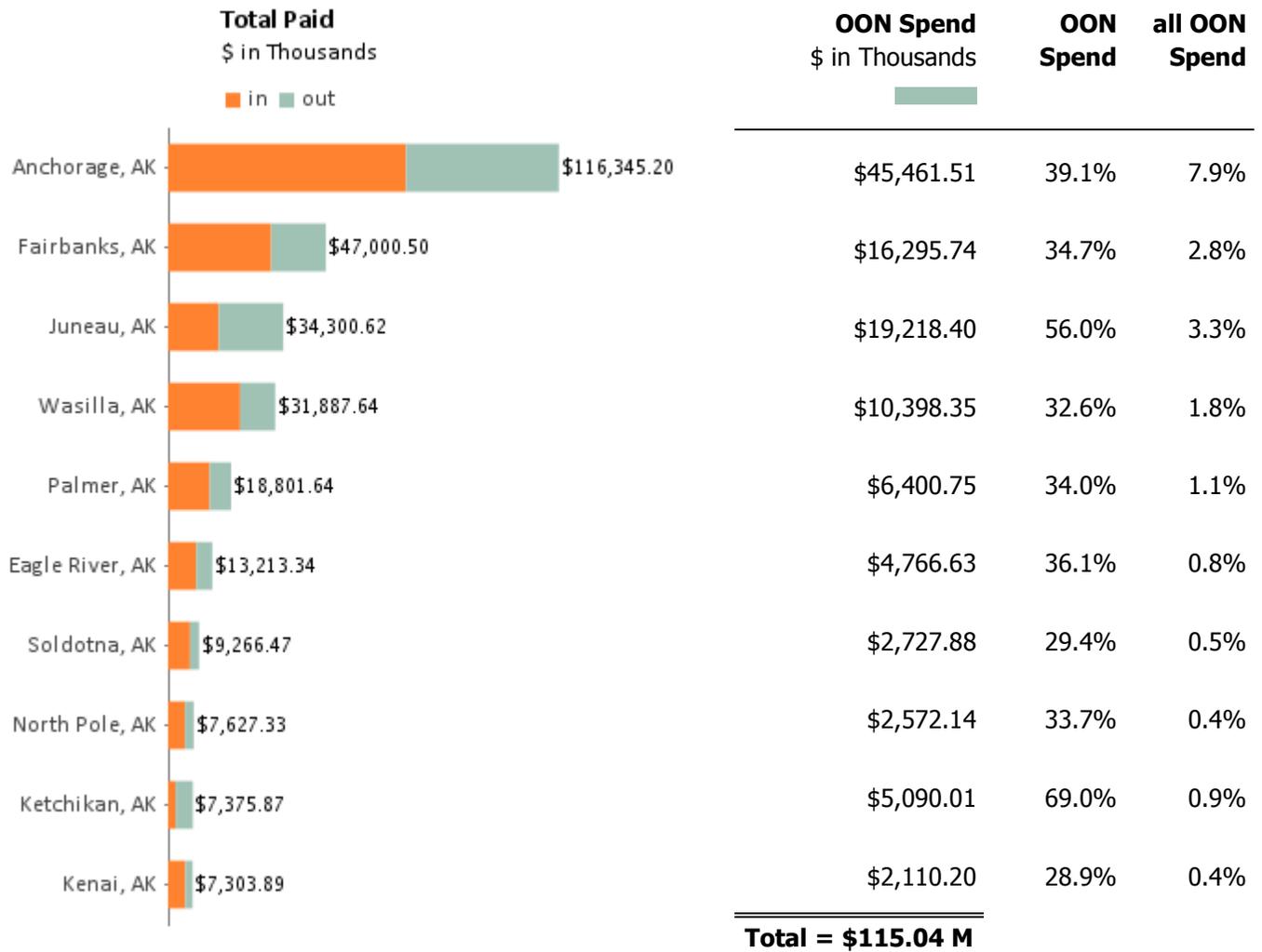
**Table 3.1.1 Carrier Discounts and Network Utilization**<sup>16</sup>

Network	Total					
	Claims Billed	Claims Allowed	Claims Paid	Employee Contribution	Network Discount	% Discount
BSCH	\$1,019,857,824	\$761,419,733	\$207,971,056	\$72,230,082	\$40,625,630	4.0%
BSCS	\$219,927,940	\$165,814,056	\$60,569,034	\$12,176,918	\$20,737,776	9.4%
BSFF	\$157,796,416	\$109,581,190	\$33,515,127	\$11,732,912	\$12,345,750	7.8%
AKRG	\$170,832,289	\$107,002,323	\$26,760,389	\$11,316,240	\$21,431,205	12.5%
BSCP	\$48,693,863	\$36,242,169	\$13,445,630	\$4,546,336	\$3,709,049	7.6%
BSFS	\$30,498,459	\$20,902,965	\$8,460,869	\$1,518,190	\$4,759,770	15.6%
BSNS	\$19,615,294	\$13,776,066	\$6,561,804	\$796,761	\$2,550,737	13.0%
BAZF	\$41,868,996	\$26,742,438	\$5,711,712	\$2,208,074	\$1,826,217	4.4%
BSNF	\$13,809,117	\$8,783,207	\$3,884,176	\$1,115,988	\$904,536	6.6%
BVNH	\$6,514,616	\$4,116,549	\$2,681,570	\$608,686	\$805,010	12.4%
<b>All Other Par (In Network)</b>	<b>\$34,718,831</b>	<b>\$21,658,054</b>	<b>\$8,516,699</b>	<b>\$2,693,245</b>	<b>\$3,519,042</b>	<b>10.1%</b>
<b>All Non-Par (Out Of Network)</b>	<b>\$947,997,576</b>	<b>\$769,214,593</b>	<b>\$200,261,074</b>	<b>\$93,732,671</b>	<b>\$3,121,144</b>	<b>0.3%</b>
<b>Total</b>	<b>\$2,712,131,220</b>	<b>\$2,045,253,343</b>	<b>\$578,339,141</b>	<b>\$214,676,102</b>	<b>\$116,335,866</b>	<b>4.3%</b>

<sup>16</sup> **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 <sup>17</sup>

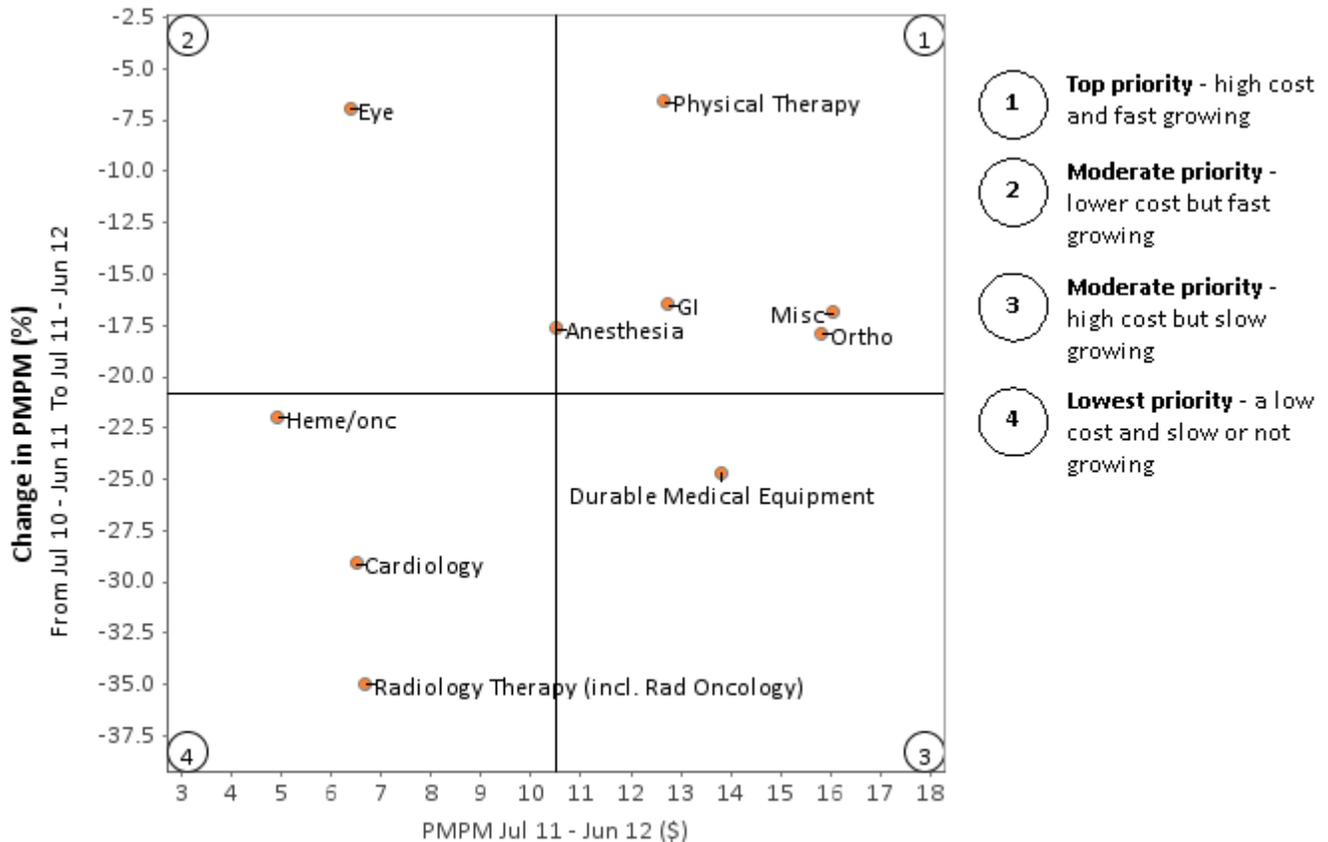


<sup>17</sup> Source: Sightlines Medical Intelligence : Network Utilization Module / Drill by Zip / Top 10 Cities based on Total Paid

### 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**<sup>18</sup>



<sup>18</sup> **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**<sup>19, 20</sup>

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%)
Misc	\$16.05	-16.8%	-13.4%	-4.0%	\$9.08	-
Ortho	\$15.83	-17.9%	-11.2%	-7.5%	\$8.69	-
Durable Medical Equipment	\$13.80	-24.7%	-16.0%	-10.4%	\$6.34	-
GI	\$12.74	-16.5%	-11.8%	-5.2%	\$10.17	-
Physical Therapy	\$12.68	-6.6%	-11.1%	5.1%	\$4.59	-
Anesthesia	\$10.52	-17.7%	-14.2%	-4.1%	\$9.17	-
Radiology Therapy (incl. Rad Oncology)	\$6.68	-35.0%	-28.0%	-9.7%	\$3.22	-
Cardiology	\$6.50	-29.1%	-15.1%	-16.4%	\$4.80	-
Eye	\$6.38	-6.9%	-6.0%	-1.0%	\$2.49	-
Heme/onc	\$4.92	-22.0%	-12.7%	-10.6%	\$3.48	-

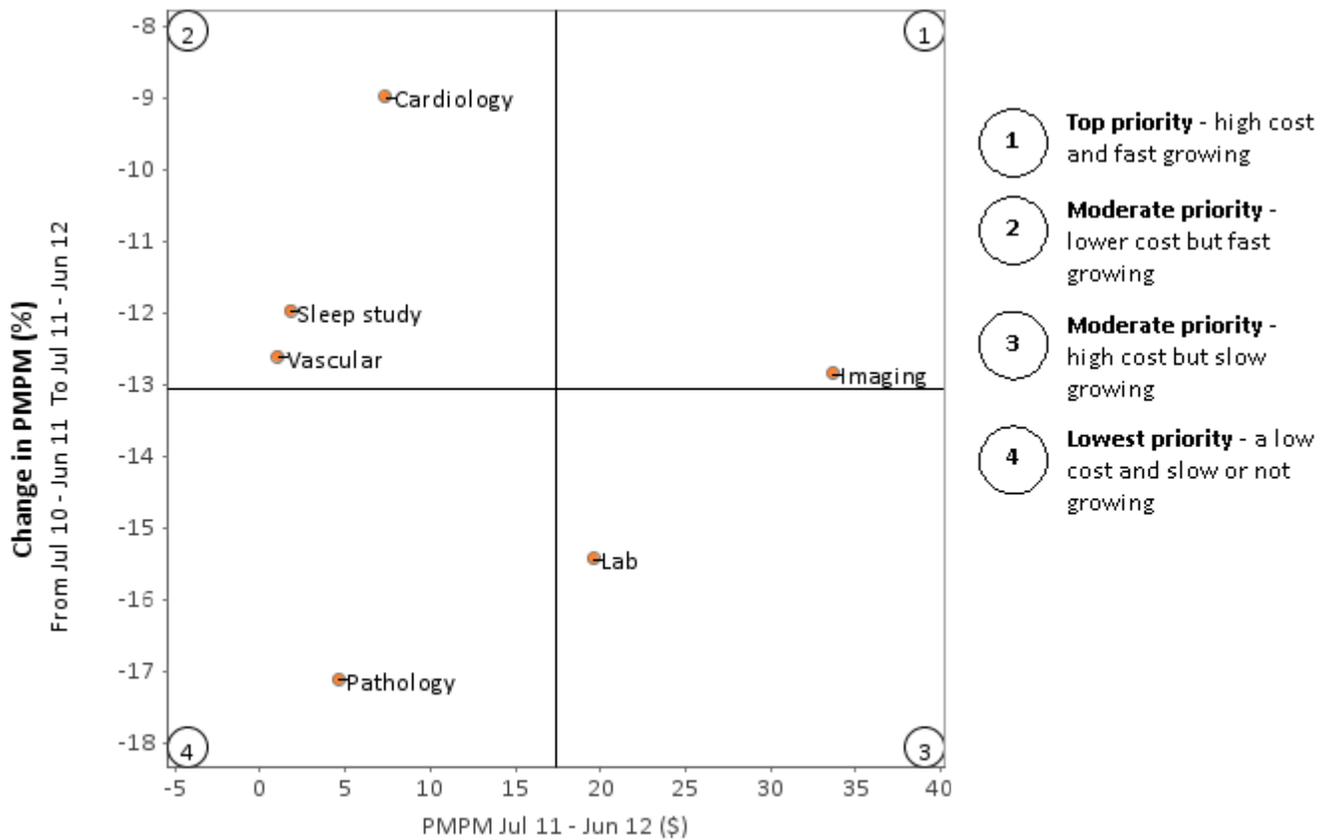
<sup>19</sup> **Note:** Table 3.1.2 is based on select categories of VHProcedure Groups which utilize CPT4 procedure codes.  
Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

<sup>20</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

### 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 tests**<sup>21</sup>



<sup>21</sup> **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 tests** <sup>22, 23</sup>

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%)
<b>Cardiology</b>	All	\$7.35	-9.0%	-12.5%	19.0%	\$3.82	-
	Ultrasound/Doppler	\$2.94	-10.3%	-10.7%	0.4%	\$1.69	-
	Cardiography	\$2.86	-10.2%	-12.6%	2.8%	\$1.74	-
	Electrophysiology	\$1.55	-4.0%	-23.4%	25.4%	\$0.39	-
<b>Imaging</b>	All	\$33.66	-12.8%	-12.5%	-3.1%	\$24.95	-
	CT	\$11.09	-11.2%	-6.9%	-4.5%	\$7.86	-
	MRI	\$8.75	-9.0%	-8.6%	-0.5%	\$6.18	-
	Plain film	\$5.17	-15.6%	-13.0%	-3.0%	\$2.89	-
	Radiology Diagnostic (incl. Cardiology)	\$3.27	-17.6%	-12.3%	-6.1%	\$2.45	-
	Not classified	\$2.79	-20.8%	-19.7%	-1.4%	\$2.24	-
	US	\$2.58	-10.6%	-9.1%	-1.6%	\$3.34	-
<b>Lab</b>	All	\$19.57	-15.4%	-14.3%	-1.3%	\$14.47	-
<b>Pathology</b>	All	\$4.59	-17.1%	-13.3%	-4.4%	\$3.35	-
<b>Sleep study</b>	All	\$1.77	-12.0%	-17.1%	6.3%	\$0.98	-
<b>Vascular</b>	All	\$1.04	-12.6%	-13.3%	0.8%	\$0.64	-

<sup>22</sup> **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

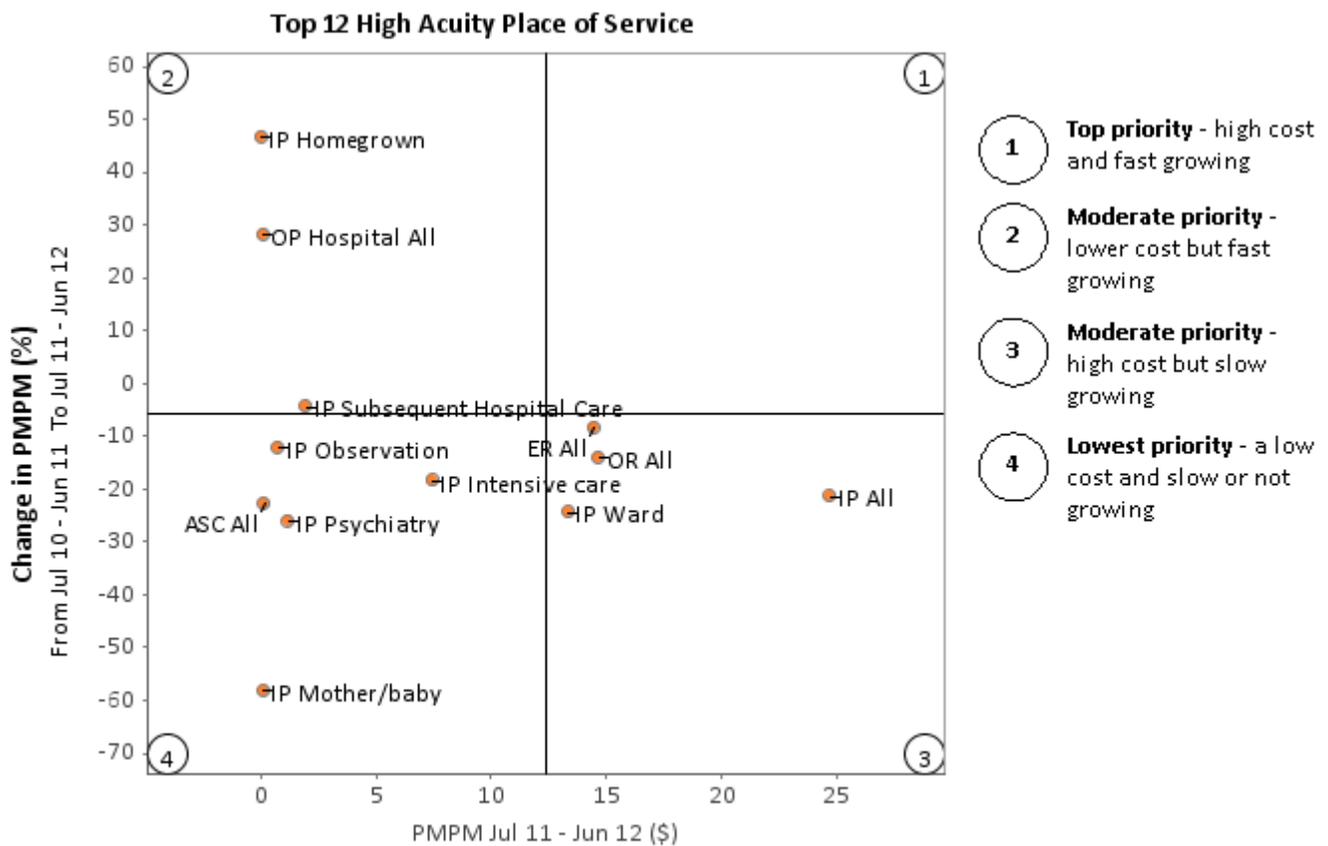
<sup>23</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

### 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** <sup>24</sup>



<sup>24</sup> **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 care**<sup>25, 26</sup>

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	\$0.13	-22.6%	-34.6%	18.2%	\$1.38	-
ER	All	\$14.42	-8.3%	-7.5%	-0.9%	\$9.92	-
IP	All	\$24.70	-21.3%	-17.9%	4.1%	\$37.00	-
	Ward	\$13.33	-24.3%	-25.8%	2.0%	\$12.11	-
	Intensive care	\$7.43	-18.4%	-20.5%	2.7%	\$6.19	-
	Subsequent Hospital Care	\$1.93	-4.3%	-9.8%	6.1%	\$1.10	-
	Psychiatry	\$1.18	-25.9%	-33.7%	11.8%	\$0.96	-
	Observation	\$0.74	-12.1%	-12.7%	0.8%	\$1.08	-
	Mother/baby	\$0.09	-58.1%	-35.5%	-35.0%	\$6.66	-
	Homegrown	\$0.00	46.8%	-26.7%	100.4%	\$8.91	-
OP Hospital	All	\$0.08	28.3%	-3.0%	32.3%	\$0.07	-
OR	All	\$14.64	-13.9%	-16.4%	2.9%	\$9.82	-

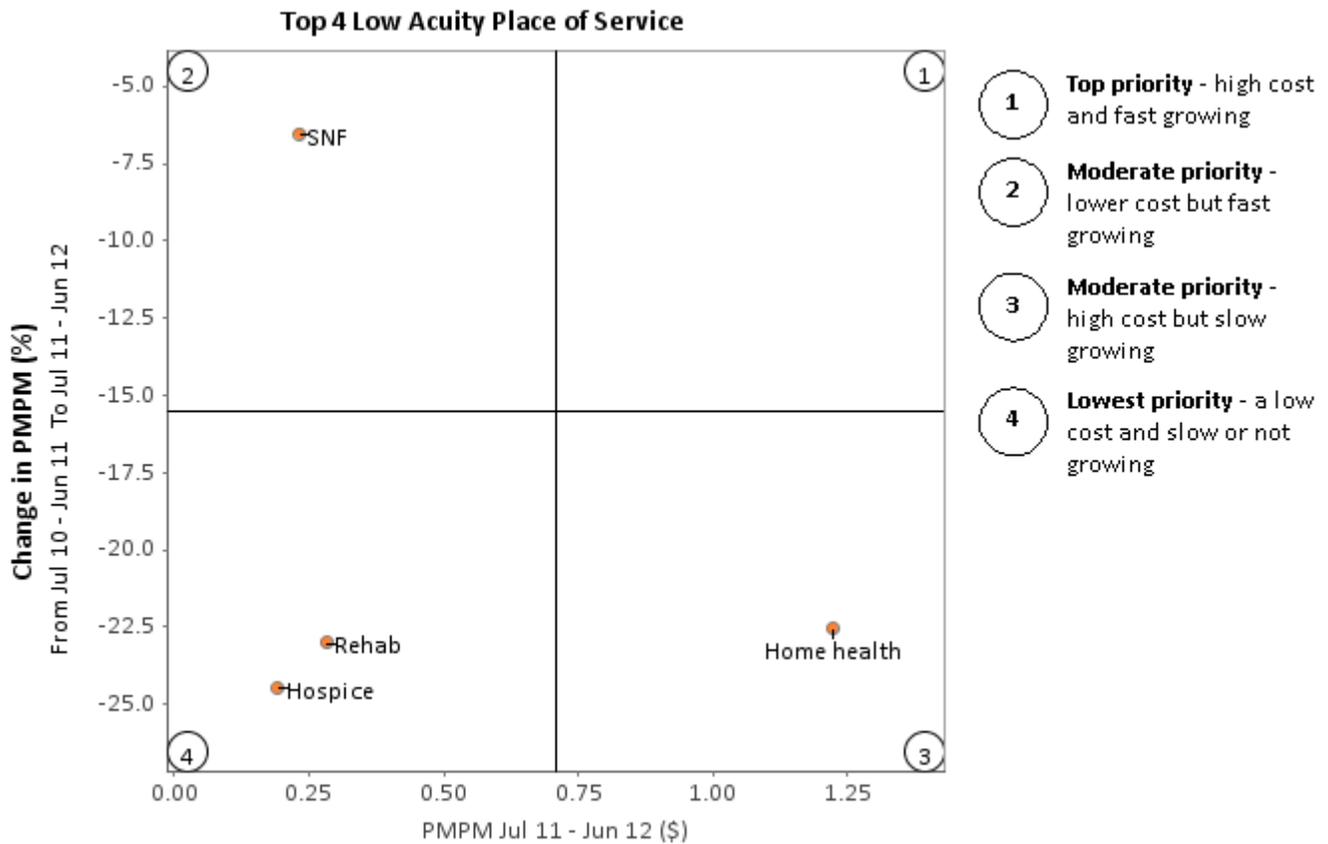
<sup>25</sup> **Note:** Table 3.1.4 is based on select categories of VH Procedure Groups which utilize CPT4 procedure codes. Source: Sightlines Medical Intelligence : Claims Module / Trend / Medical / drill by Plan Type / Zoom Fwd / drill by Procedure Group

<sup>26</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

### 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)**<sup>27</sup>



<sup>27</sup> **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)**<sup>28, 29</sup>

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	\$1.22	-22.5%	-20.0%	-3.2%	\$0.93	-
Rehab	\$0.28	-23.0%	75.0%	-56.0%	\$0.48	-
SNF	\$0.23	-6.5%	-11.1%	5.2%	\$0.34	-
Hospice	\$0.19	-24.5%	-20.1%	-5.5%	\$0.11	-

<sup>28</sup> **Note:** Table 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

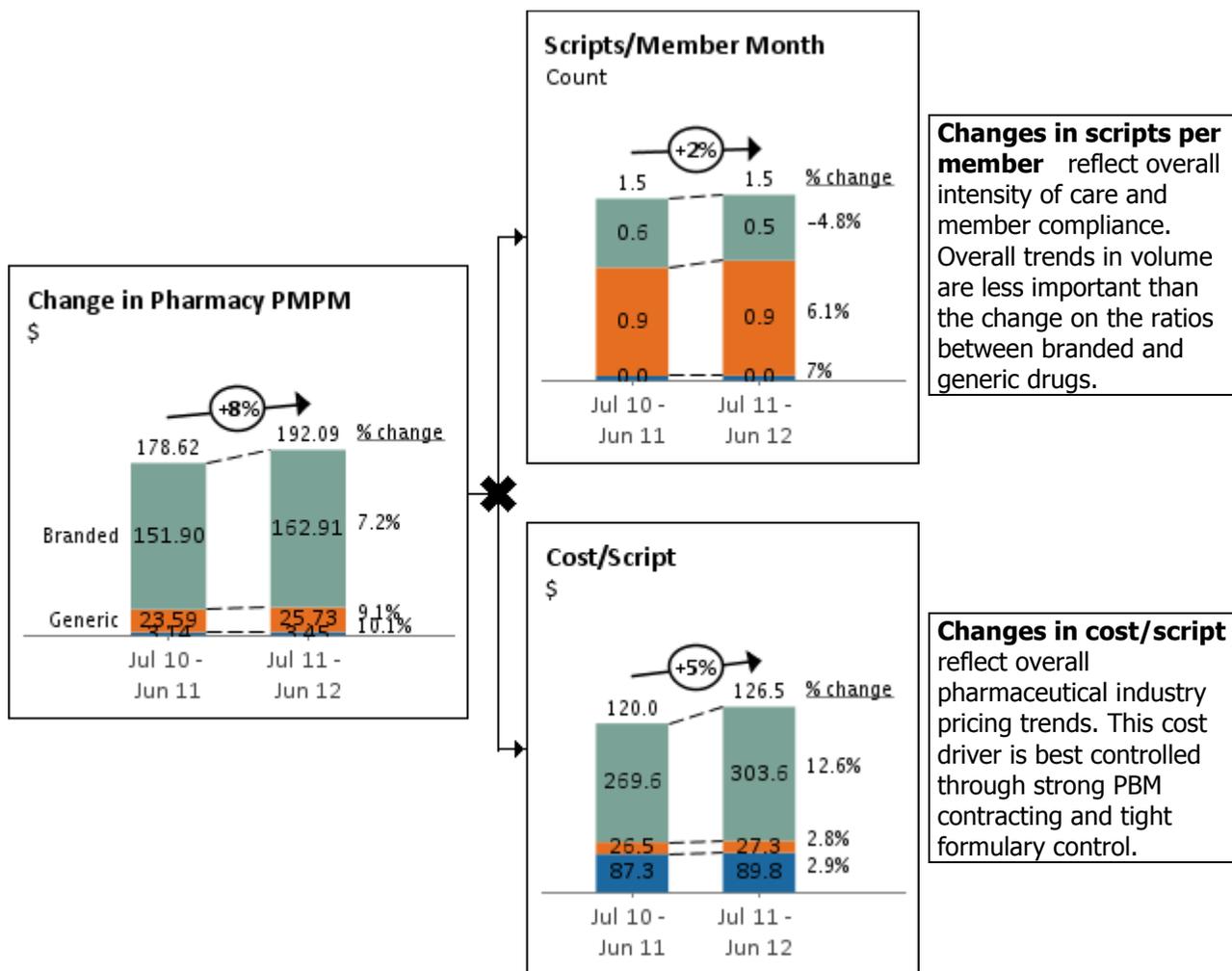
<sup>29</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

### 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)<sup>30</sup>



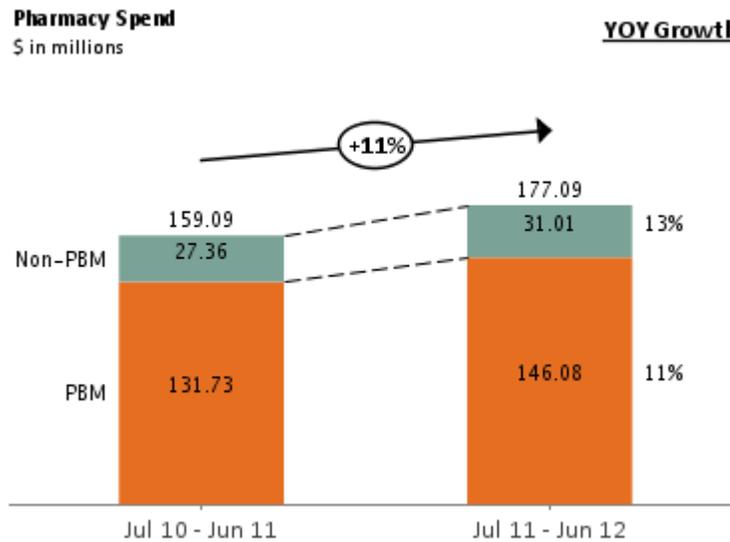
<sup>30</sup> **Note:** Pharmacy PMPM totals reflect branded, generic and non drug costs. Non drug costs include items like diabetic supplies and syringes which are generally negligible costs. Within the Medical Intelligence application, non- drug charges are located within the non-generic category.  
 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)<sup>31</sup>



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 spend**<sup>32, 33</sup>

Drug	Current PMPM	Change in PMPM	Change in # Scripts	Change in Unit Pricing	Norm value of PMPM	Percent Rank (Norm value = 50%)
Pharmacy - General	\$7.56	-10.3%	-17.9%	12.7%	-	-
Pharmacy - Extension of 025X - Drugs Requiring Detailed Coding	\$1.68	-38.7%	-29.9%	-9.9%	\$2.47	-
Bevacizumab Injection	\$1.57	3.0%	-4.5%	11.3%	\$0.77	-
Injection, Pegfilgrastim, 6 Mg	\$1.40	15.9%	-4.6%	25.3%	\$0.00	-
Prescription Drug, brand Name	\$1.29	-31.8%	-42.7%	22.8%	\$0.02	-

<sup>31</sup> 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

<sup>32</sup> Source: Sightlines Medical Intelligence : Claims module / Medical / Plan Type / Zoom Forward / drill by Procedure Group / Non-PBM Drug / Source

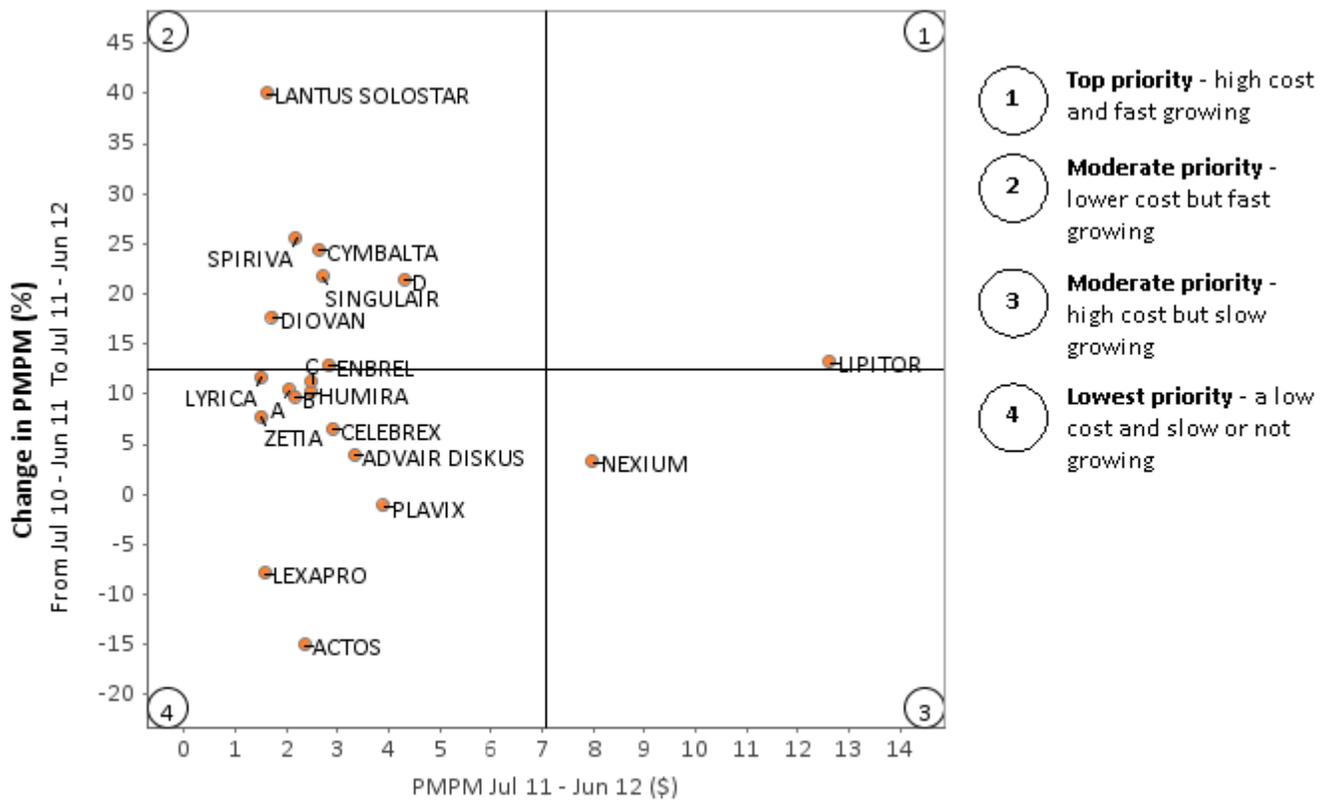
<sup>33</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

<b>Drug</b>	<b>Current PMPM</b>	<b>Change in PMPM</b>	<b>Change in # Scripts</b>	<b>Change in Unit Pricing</b>	<b>Norm value of PMPM</b>	<b>Percent Rank (Norm value = 50%)</b>
Infliximab Injection	\$1.16	-6.8%	-15.2%	13.3%	\$1.01	-
Rituximab Cancer Treatment	\$1.14	18.1%	-5.7%	29.2%	\$0.50	-
Pharmacy - IV Solutions	\$1.04	-25.9%	-30.0%	9.2%	\$0.74	-
Trastuzumab	\$0.72	-33.4%	-6.9%	-26.2%	\$0.46	-
Injection, natalizumab, 1 mg	\$0.71	17.9%	-3.9%	26.6%	\$0.21	-

### 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** <sup>34</sup>



A. JANUVIA B. COPAXONE C. ACIPHEX D. CRESTOR

<sup>34</sup> 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 <sup>35, 36</sup>

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	26.88	\$12.63	13.3%	3.6%	12.8%	\$1.30	-
NEXIUM	0.00	\$7.98	3.3%	1.3%	5.1%	\$1.34	-
CRESTOR	0.00	\$4.31	21.5%	15.6%	8.3%	\$0.73	-
PLAVIX	96.15	\$3.90	-1.1%	-6.8%	9.3%	\$0.69	-
ADVAIR DISKUS	0.00	\$3.33	3.9%	-0.1%	7.3%	\$0.84	-
CELEBREX	0.00	\$2.90	6.6%	-0.3%	10.3%	\$0.34	-
ENBREL	0.00	\$2.82	12.9%	1.2%	15.1%	\$1.17	-
SINGULAIR	0.00	\$2.70	21.7%	2.5%	22.4%	\$0.83	-
CYMBALTA	0.00	\$2.63	24.4%	16.4%	10.3%	\$0.64	-
ACIPHEX	0.00	\$2.48	11.3%	-1.6%	16.5%	\$0.26	-
HUMIRA	0.00	\$2.47	10.2%	4.0%	9.2%	\$1.01	-
ACTOS	0.00	\$2.35	-15.0%	-22.5%	13.2%	\$0.66	-
SPIRIVA	0.00	\$2.18	25.6%	6.9%	21.2%	\$0.19	-
COPAXONE	0.00	\$2.16	9.8%	0.5%	12.7%	\$0.73	-
JANUVIA	0.00	\$2.04	10.5%	1.5%	12.2%	\$0.32	-
DIOVAN	0.00	\$1.72	17.7%	-0.8%	22.3%	\$0.23	-
LANTUS SOLOSTAR	0.00	\$1.61	40.1%	37.7%	4.9%	\$0.25	-
LEXAPRO	3.84	\$1.57	-7.8%	-19.1%	17.5%	\$0.59	-
ZETIA	0.00	\$1.50	7.8%	-3.1%	14.7%	\$0.23	-
LYRICA	0.00	\$1.50	11.7%	3.7%	11.1%	\$0.25	-

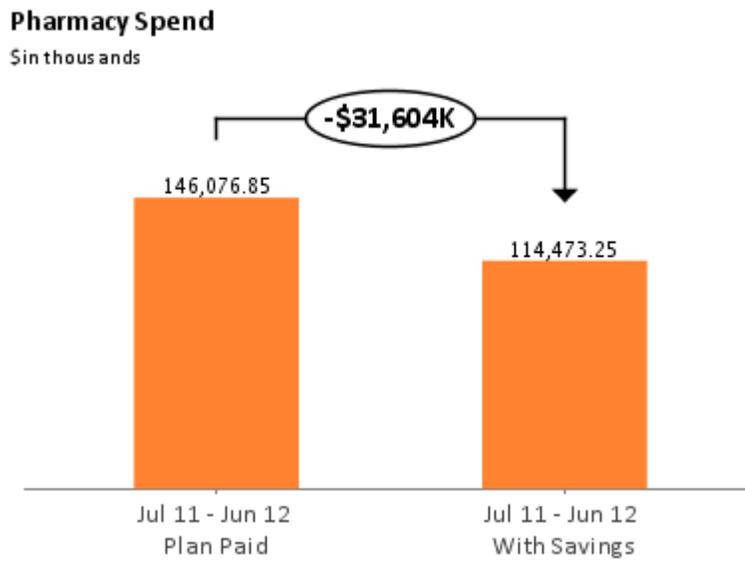
<sup>35</sup> Source: Sightlines Medical Intelligence : Claims module / Trend / Pharmacy / drill by Plan Type / Zoom Forward / drill by Rx Class / drill by Drug

<sup>36</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

### 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 spend**<sup>37</sup>

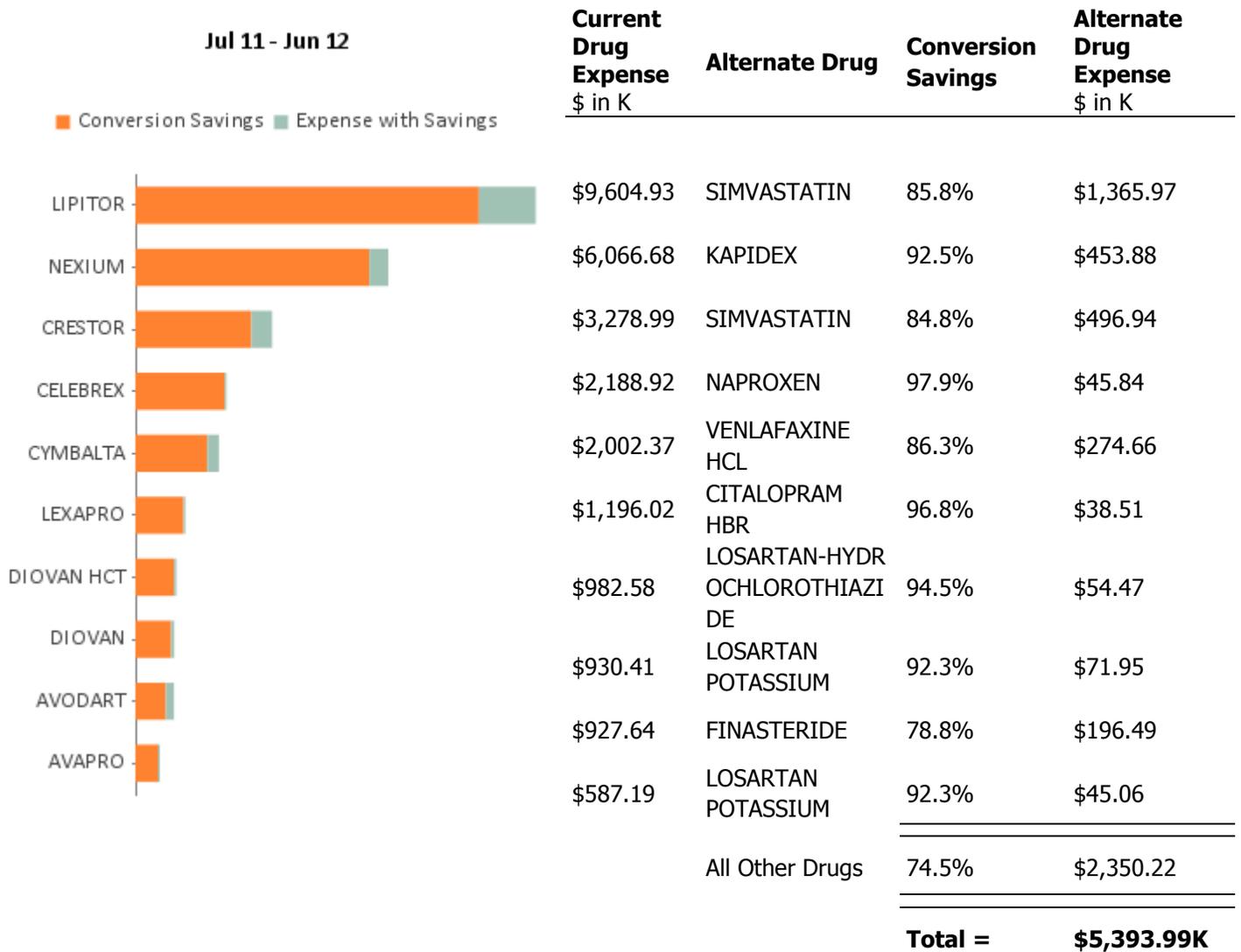


We estimate that savings of \$31,603,595 in pharmaceutical spend from Jul 11 - Jun 12 exist.

<sup>37</sup> 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 <sup>38</sup>



<sup>38</sup> **Note:**

1. The Potential Savings are calculated by comparing the Current Drug average cost for RETIREE 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

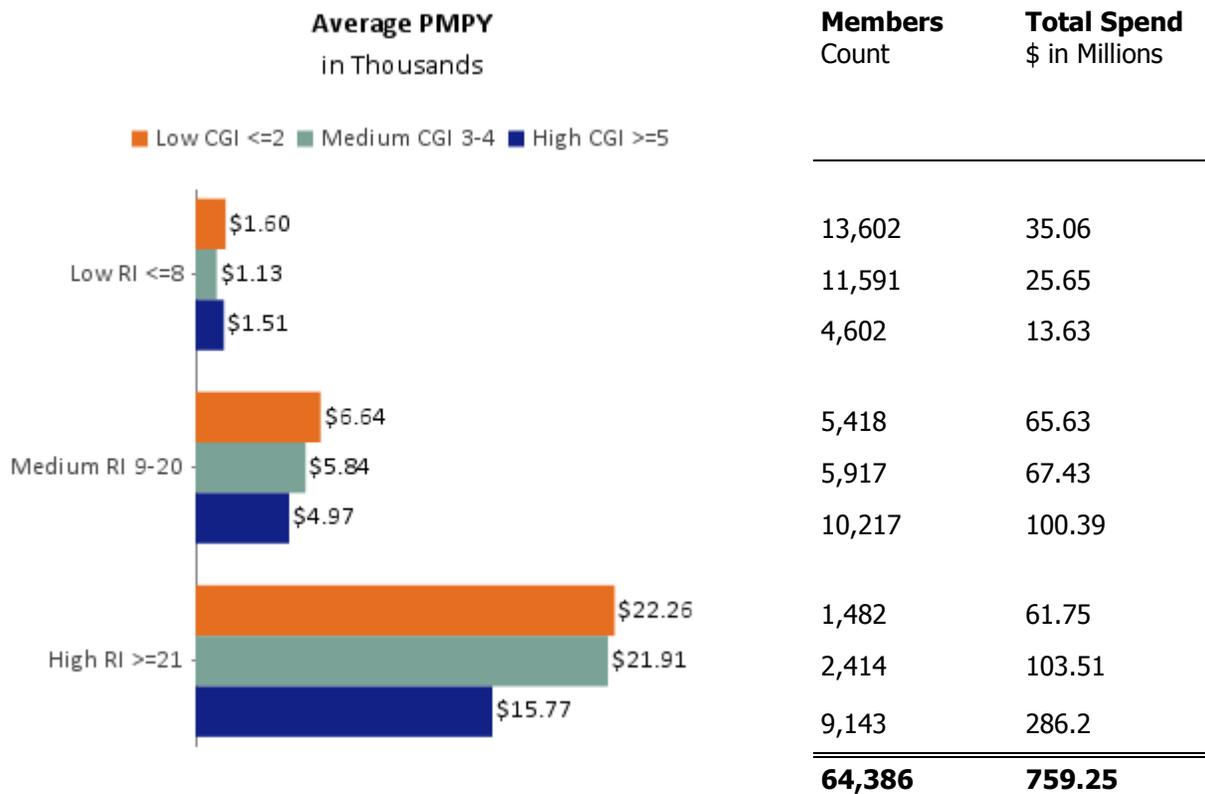
## 4 CLINICAL DEEP DIVES

### 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 buckets**<sup>39</sup>



<sup>39</sup> **Note:**  
Refer to Table 5.5.1 in Appendix 5.5 for further detail about RI buckets.

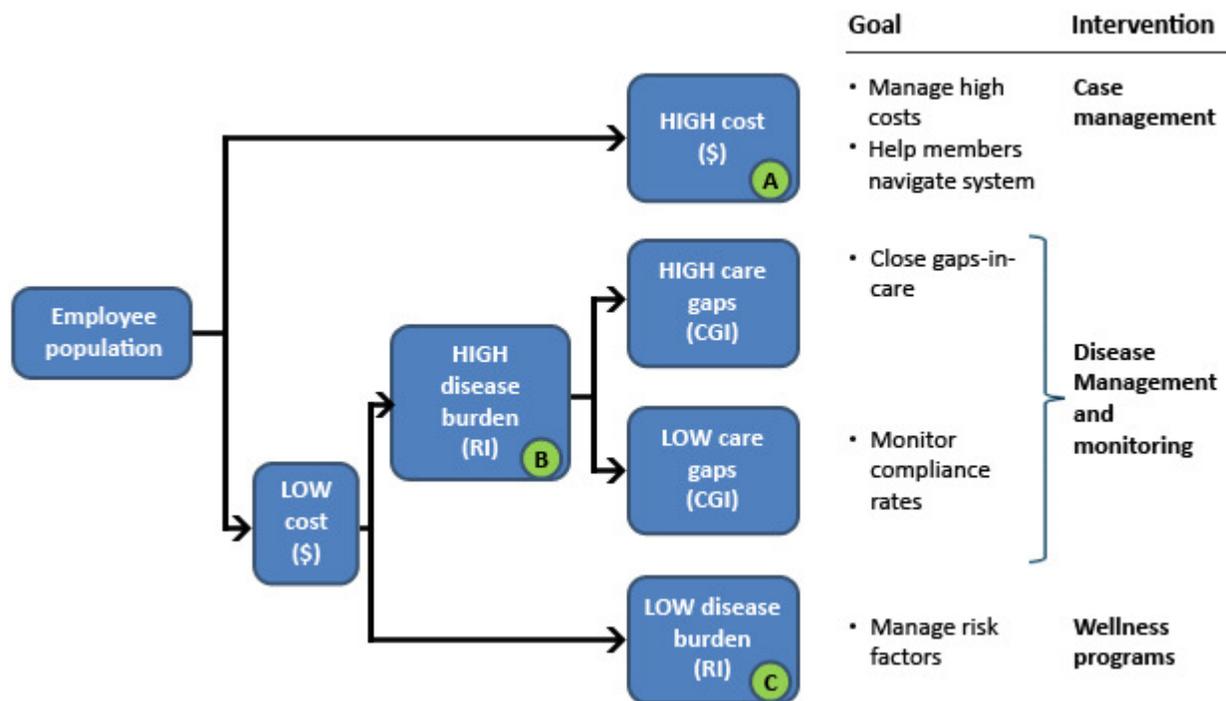
Gautam Ph.D., Shiva, and Surya Singh, M.D. "Predicting Overall and Impactable Future Cost with the Verisk Health Risk Modeling System".

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 Management**<sup>40</sup>



**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.

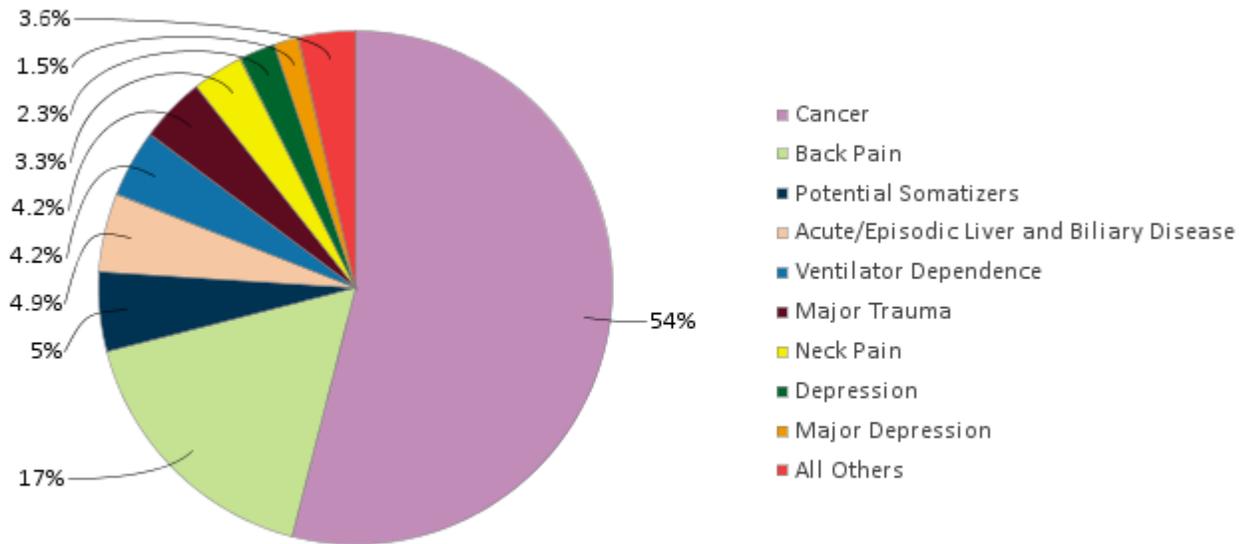
<sup>40</sup> Source: Sightlines Medical Intelligence : Individuals module / filter on RI, CGI and Total Paid

## 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** <sup>41, 42</sup>

Clinical Condition	Disease Burden Summary	Care Gap Measure Performance Summary	Performance Relative to Verisk Health Norms	Disease Burden Ranges	Care Gap Ranges
Asthma	22.9%	20.2%			
Behavioral Health	61.0%	-11.6%	Good	<=-10%	<=-5%
Cardiac	36.0%	467.0%	Average	>-10% and <10%	>-5% and <5%
COPD	-4.7%	10.3%	Poor	>=10%	>=5%
Diabetes	8.3%	24.9%			
Geriatric	12.1%	18.8%			
Pediatric	11.8%	-5.2%			
Pregnancy	-13.2%	26.4%			
Renal Failure	-19.1%	46.2%			

**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.

<sup>41</sup> **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

<sup>42</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

## 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** <sup>43, 44</sup>

**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.	4.9%
	>= 51 years old (E)	Patients without long office visit in the last 2 years.	5.7%
Male	Men >50 years old (E)	Men without PSA level in the last 2 years (controversial test).	25.7%
Female	Women >20 y/o (E)	Women without pap smear in the last two years.	16.9%
	Women between 40 and 49 y/o (E)	Women without mammogram in the last 2 years.	0.1%
	Women between 21 and 65 y/o (E)	Women without pap smear in the last 24 months.	5.8%
	Women >=49 y/o (E)	Women without mammogram in last 12 months.	9.0%
	Women between 40 and 49 y/o (E)	Women without mammogram in the last 24 months.	0.1%
	Women between 49 and 69 y/o (E)	Women without mammogram in the last 18 months.	5.5%

**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

<sup>43</sup> **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.

<sup>44</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

## 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	68.2	38,455	36,129	\$1,964,395,716	\$133,457,845	\$561,768,577	65.6%
Spouse	65.7	24,844	23,044	\$963,213,549	\$84,853,546	\$267,671,820	31.3%
Dependent	20.4	6,783	4,817	\$67,825,704	\$4,681,246	\$26,708,918	3.1%
<b>Total</b>	<b>62.7</b>	<b>70,082</b>	<b>63,990</b>	<b>\$2,995,434,969</b>	<b>\$222,992,637</b>	<b>\$856,149,316</b>	<b>100.0%</b>

## 5.2 Financial Analyses

**Table 5.2.1 Medical and Pharmacy Claims by Month ( Jul 10 - Jun 11 )**

Category	Paid Date												Total
	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	
Medical	\$21,481,632	\$24,380,165	\$19,693,450	\$20,092,268	\$24,026,083	\$20,649,328	\$29,088,802	\$20,749,926	\$25,542,100	\$24,277,198	\$23,167,601	\$22,174,881	\$275,323,435
Medical PMPM	\$352	\$399	\$322	\$328	\$392	\$336	\$473	\$337	\$415	\$395	\$375	\$358	\$4,479
Pharmacy	\$10,705,601	\$11,057,811	\$8,204,443	\$10,869,167	\$10,796,618	\$11,357,078	\$11,720,849	\$10,437,477	\$11,952,985	\$11,237,092	\$11,604,808	\$11,789,401	\$131,733,328
Pharmacy PMPM	\$175	\$181	\$134	\$177	\$176	\$185	\$190	\$170	\$194	\$183	\$188	\$190	\$2,143
Total	\$32,187,233	\$35,437,976	\$27,897,893	\$30,961,434	\$34,822,701	\$32,006,406	\$40,809,651	\$31,187,403	\$37,495,085	\$35,514,290	\$34,772,409	\$33,964,282	\$407,056,764
Total PMPM	\$527	\$580	\$456	\$505	\$567	\$521	\$663	\$507	\$609	\$577	\$563	\$548	\$6,623

**Table 5.2.2 Medical and Pharmacy Claims by Month ( Jul 11 - Jun 12 )**

Category	Paid Date												Total
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	
Medical	\$25,103,173	\$25,893,918	\$30,957,431	\$25,151,348	\$24,402,143	\$21,846,890	\$28,677,267	\$28,379,547	\$23,664,527	\$22,183,114	\$21,884,958	\$24,871,390	\$303,015,706
Medical PMPM	\$399	\$410	\$490	\$398	\$386	\$345	\$452	\$447	\$373	\$349	\$344	\$389	\$4,782
Pharmacy	\$11,208,827	\$12,514,428	\$11,700,077	\$11,820,635	\$12,103,405	\$12,101,901	\$12,778,641	\$12,163,158	\$12,358,800	\$12,495,469	\$12,994,734	\$11,836,771	\$146,076,846
Pharmacy PMPM	\$178	\$198	\$185	\$187	\$191	\$191	\$201	\$192	\$195	\$197	\$204	\$185	\$2,305
Total	\$36,312,000	\$38,408,346	\$42,657,508	\$36,971,983	\$36,505,548	\$33,948,791	\$41,455,908	\$40,542,705	\$36,023,327	\$34,678,583	\$34,879,692	\$36,708,161	\$449,092,552
Total PMPM	\$577	\$609	\$676	\$585	\$577	\$536	\$653	\$639	\$568	\$546	\$548	\$574	\$7,087

Table 5.2.3 Expense Distribution <sup>45</sup>

Band	# Members	Total Member Expenses	Avg. Expense per Member	% Total Paid	
				Actual	Norm
1%	701	\$200,184,989	\$285,571	23.4%	27.1%
2-5%	2,803	\$212,271,674	\$75,730	24.8%	26.4%
6-15%	7,008	\$192,041,616	\$27,403	22.4%	23.7%
16-30%	10,513	\$132,232,857	\$12,578	15.4%	14.0%
31-60%	21,024	\$102,882,057	\$4,894	12.0%	8.1%
61-100%	28,033	\$16,536,123	\$590	1.9%	0.8%
<b>Total</b>	<b>70,082</b>	<b>\$856,149,316</b>	<b>\$406,765</b>	<b>100.0%</b>	<b>100.0%</b>

<sup>45</sup> Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

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 <sup>46</sup>

Paid Date	Service Date													
	All Prior	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Total
Jul-11	\$24,371,445	\$731,728												\$25,103,173
Aug-11	\$14,070,905	\$9,699,847	\$2,123,165											\$25,893,918
Sep-11	\$8,461,817	\$7,882,296	\$11,904,033	\$2,709,285										\$30,957,431
Oct-11	\$2,080,138	\$1,688,087	\$6,324,711	\$12,215,707	\$2,842,705									\$25,151,348
Nov-11	\$2,189,735	\$1,521,228	\$1,711,917	\$6,100,474	\$10,508,331	\$2,370,458								\$24,402,143
Dec-11	\$719,077	\$406,589	\$727,990	\$1,471,504	\$6,662,589	\$10,294,293	\$1,564,848							\$21,846,890
Jan-12	\$1,617,558	\$451,527	\$575,768	\$1,269,464	\$1,981,288	\$7,659,384	\$13,817,183	\$1,305,095						\$28,677,267
Feb-12	\$510,551	\$252,742	\$539,191	\$666,970	\$848,718	\$3,173,105	\$7,161,215	\$12,588,244	\$2,638,812					\$28,379,547
Mar-12	\$360,702	(\$12,506)	\$89,926	\$383,183	\$530,597	\$906,447	\$2,603,127	\$5,357,679	\$10,645,265	\$2,800,107				\$23,664,527
Apr-12	\$107,512	\$43,250	\$162,426	\$127,986	\$278,795	\$440,765	\$901,707	\$2,541,666	\$6,328,611	\$9,221,932	\$2,028,463			\$22,183,114
May-12	\$16,992	\$128,767	\$86,736	\$155,643	\$174,479	\$486,474	\$726,275	\$792,845	\$1,873,033	\$6,245,220	\$9,257,949	\$1,940,544		\$21,884,958
Jun-12	\$21,207	\$36,952	\$54,651	\$106,489	\$142,466	\$82,202	\$244,430	\$1,165,379	\$868,516	\$2,569,354	\$7,038,193	\$10,180,779	\$2,360,772	\$24,871,390
<b>Total Plan Paid Medical</b>	<b>\$54,527,640</b>	<b>\$22,830,508</b>	<b>\$24,300,515</b>	<b>\$25,206,705</b>	<b>\$23,969,969</b>	<b>\$25,413,127</b>	<b>\$27,018,785</b>	<b>\$23,750,907</b>	<b>\$22,354,237</b>	<b>\$20,836,612</b>	<b>\$18,324,605</b>	<b>\$12,121,323</b>	<b>\$2,360,772</b>	<b>\$303,015,706</b>

<sup>46</sup> **Note:**

- Utilization metrics are always calculated on an incurred basis.
- 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
Jul-11	\$731,728	\$9,378,361	\$8,450,541	\$2,757,231	\$1,970,905	\$564,933	\$530,273	\$272,063	\$101,209	\$46,298	\$81,691	\$30,616	\$187,325	\$25,103,173	\$731,728	\$24,371,445	2.19	
Aug-11	\$2,123,165	\$9,699,847	\$8,178,740	\$2,444,679	\$1,234,991	\$754,153	\$378,382	\$506,011	\$197,668	\$130,897	\$77,629	\$92,537	\$75,219	\$25,893,918	\$11,823,013	\$14,070,905	2.06	
Sep-11	\$2,709,285	\$11,904,033	\$7,882,296	\$3,383,318	\$2,630,430	\$780,620	\$547,279	\$233,828	\$143,318	\$236,209	\$61,031	\$157,352	\$288,431	\$30,957,431	\$22,495,614	\$8,461,817	2.14	2.13
Oct-11	\$2,842,705	\$12,215,707	\$6,324,711	\$1,688,087	\$802,904	\$386,813	\$323,559	\$194,249	\$188,532	\$96,269	\$60,390	\$34,999	(\$7,576)	\$25,151,348	\$23,071,210	\$2,080,138	1.66	
Nov-11	\$2,370,458	\$10,508,331	\$6,100,474	\$1,711,917	\$1,521,228	\$749,320	\$309,300	\$407,670	\$348,012	\$67,029	\$61,031	\$57,509	\$189,864	\$24,402,143	\$22,212,408	\$2,189,735	2.02	
Dec-11	\$1,564,848	\$10,294,293	\$6,662,589	\$1,471,504	\$727,990	\$406,589	\$247,136	\$178,768	\$101,164	\$109,775	\$17,486	\$100,778	(\$36,030)	\$21,846,890	\$21,127,813	\$719,077	1.76	1.81
Jan-12	\$1,305,095	\$13,817,183	\$7,659,384	\$1,981,288	\$1,269,464	\$575,768	\$451,527	\$219,634	\$118,763	\$234,800	\$134,473	\$801,450	\$108,438	\$28,677,267	\$27,059,709	\$1,617,558	2.16	
Feb-12	\$2,638,812	\$12,588,244	\$7,161,215	\$3,173,105	\$848,718	\$666,970	\$539,191	\$252,742	\$78,562	\$199,612	\$97,696	\$52,611	\$82,068	\$28,379,547	\$27,868,996	\$510,551	1.87	
Mar-12	\$2,800,107	\$10,645,265	\$5,357,679	\$2,603,127	\$906,447	\$530,597	\$383,183	\$89,926	(\$12,506)	\$283,698	\$74,196	\$12,667	(\$9,859)	\$23,664,527	\$23,303,825	\$360,702	1.76	1.94
Apr-12	\$2,028,463	\$9,221,932	\$6,328,611	\$2,541,666	\$901,707	\$440,765	\$278,795	\$127,986	\$162,426	\$43,250	\$58,577	\$33,529	\$15,406	\$22,183,114	\$22,075,602	\$107,512	1.84	
May-12	\$1,940,544	\$9,257,949	\$6,245,220	\$1,873,033	\$792,845	\$726,275	\$486,474	\$174,479	\$155,643	\$86,736	\$128,767	\$67,313	(\$50,321)	\$21,884,958	\$21,867,966	\$16,992	1.91	
Jun-12	\$2,360,772	\$10,180,779	\$7,038,193	\$2,569,354	\$868,516	\$1,165,379	\$244,430	\$82,202	\$142,466	\$106,489	\$54,651	\$36,952	\$21,207	\$24,871,390	\$24,850,183	\$21,207	1.87	1.87
<b>Total</b>														<b>\$303,015,706</b>	<b>\$248,488,066</b>	<b>\$54,527,640</b>		
<b>Average Monthly Paid</b>														<b>\$25,251,309</b>				
<b>IBNR in Months</b>																	<b>1.95</b>	

	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
<b>Incurred and Paid in Current Period</b>	\$248,488,066	\$248,488,066	\$248,488,066
<b>Lag Factor</b>	1.87	1.87	1.95
<b>Incurred and Paid as a % of Total</b>	0.84	0.84	0.84
<b>Total Incurred</b>	\$294,480,889	\$294,430,287	\$296,568,207
<b>Projected IBNR</b>	\$45,992,823	\$45,942,221	\$48,080,141

**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	\$1,764,133,644	\$1,276,038,749	\$378,078,067	\$120,943,431	\$113,214,722	6.4%
All Out-of-Network	\$947,997,576	\$769,214,593	\$200,261,074	\$93,732,671	\$3,121,144	0.3%
<b>Total</b>	<b>\$2,712,131,220</b>	<b>\$2,045,253,343</b>	<b>\$578,339,141</b>	<b>\$214,676,102</b>	<b>\$116,335,866</b>	<b>4.3%</b>

## 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	19,009	304.6	7,493.2	459.0	200.3	\$8,772.27
Hyperlipidemia	12,568	201.4	6,792.4	288.8	120.0	\$8,349.31
Osteoarthritis	9,833	157.5	9,509.7	523.5	278.2	\$11,802.75
Diabetes	9,173	147.0	8,184.5	534.1	245.9	\$11,240.92
Coronary Artery Disease (incl. MI)	5,355	85.8	9,536.8	777.1	420.1	\$12,072.17
Atrial Fibrillation	3,650	58.5	10,736.5	918.8	487.6	\$11,395.27
Cerebrovascular Disease	3,011	48.2	10,675.9	1,077.0	563.1	\$13,769.75
Chronic Obstructive Pulmonary Disease	2,503	40.1	10,959.7	1,179.0	558.4	\$13,961.46
Asthma	1,931	30.9	10,082.7	686.4	249.5	\$11,730.56
Congestive Heart Failure	1,841	29.5	12,337.0	1,515.7	897.9	\$16,638.86
Osteoporosis	1,835	29.4	8,133.1	492.1	207.4	\$8,615.52
Chronic Renal Failure	1,471	23.6	12,778.6	1,039.0	605.2	\$19,286.98
Chronic Liver and Biliary Disease	1,036	16.6	10,463.9	923.8	479.0	\$21,414.54
Rheumatoid Arthritis	942	15.1	11,125.3	600.4	287.1	\$15,536.66
Congenital Anomalies	756	12.1	10,196.8	742.4	375.0	\$17,434.77
Bipolar Disorder	702	11.2	15,751.5	747.0	277.3	\$19,291.98
Coagulopathy	536	8.6	13,303.7	904.4	574.4	\$21,915.56
Inflammatory Bowel Diseases	402	6.4	9,068.9	567.1	260.0	\$16,954.23
Parkinson's Disease	392	6.3	9,613.2	862.2	336.1	\$8,570.50
Immune Disorders	345	5.5	14,508.5	837.2	635.3	\$29,090.41
Demyelinating Diseases	263	4.2	9,485.2	591.9	219.5	\$29,825.09
Cirrhosis	245	3.9	10,787.8	1,001.3	590.6	\$23,895.86
Ulcerative Colitis	235	3.8	8,355.3	480.4	245.8	\$14,249.69
Major Organ Transplant	172	2.8	14,140.2	982.2	712.3	\$40,878.78
Schizophrenia	83	1.3	15,909.8	1,056.4	463.8	\$17,353.15
Chronic Pancreatitis	77	1.2	12,110.7	1,660.9	595.2	\$32,556.97
HIV/Aids	23	0.4	11,553.9	669.1	334.6	\$38,366.24
Gaucher's Disease	13	0.2	6,520.0	160.0	0.0	\$22,239.44
Cystic Fibrosis	7	0.1	11,902.4	585.4	487.8	\$59,294.57
Hemophilia	6	0.1	15,416.7	833.3	416.7	\$12,043.37
Sickle Cell Anemia	5	0.1	8,100.0	2,700.0	1,600.0	\$17,707.07

**Note:**

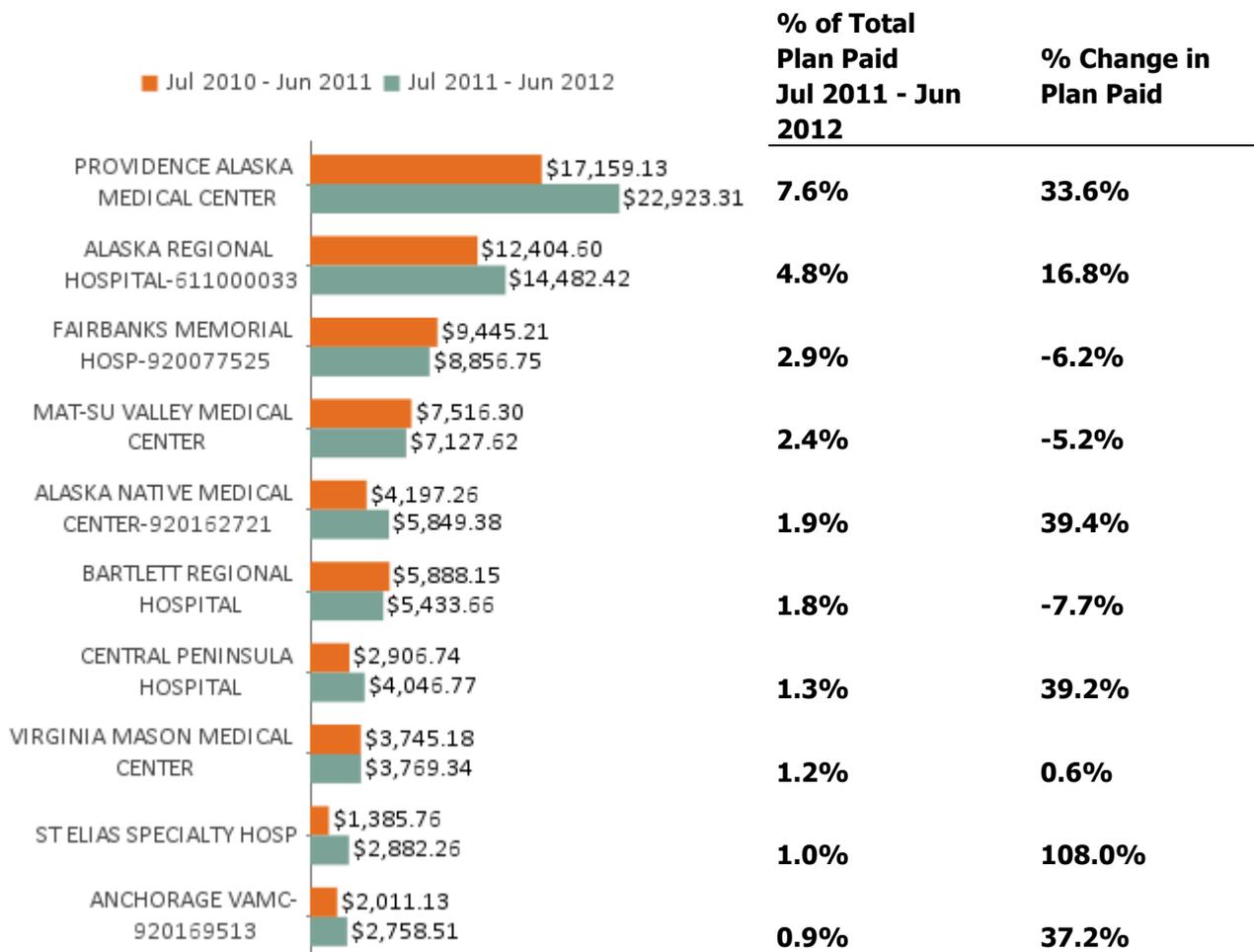
1. In this table a member can have multiple chronic conditions.
2. The results displayed in this table are based on claims incurred.

## 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**

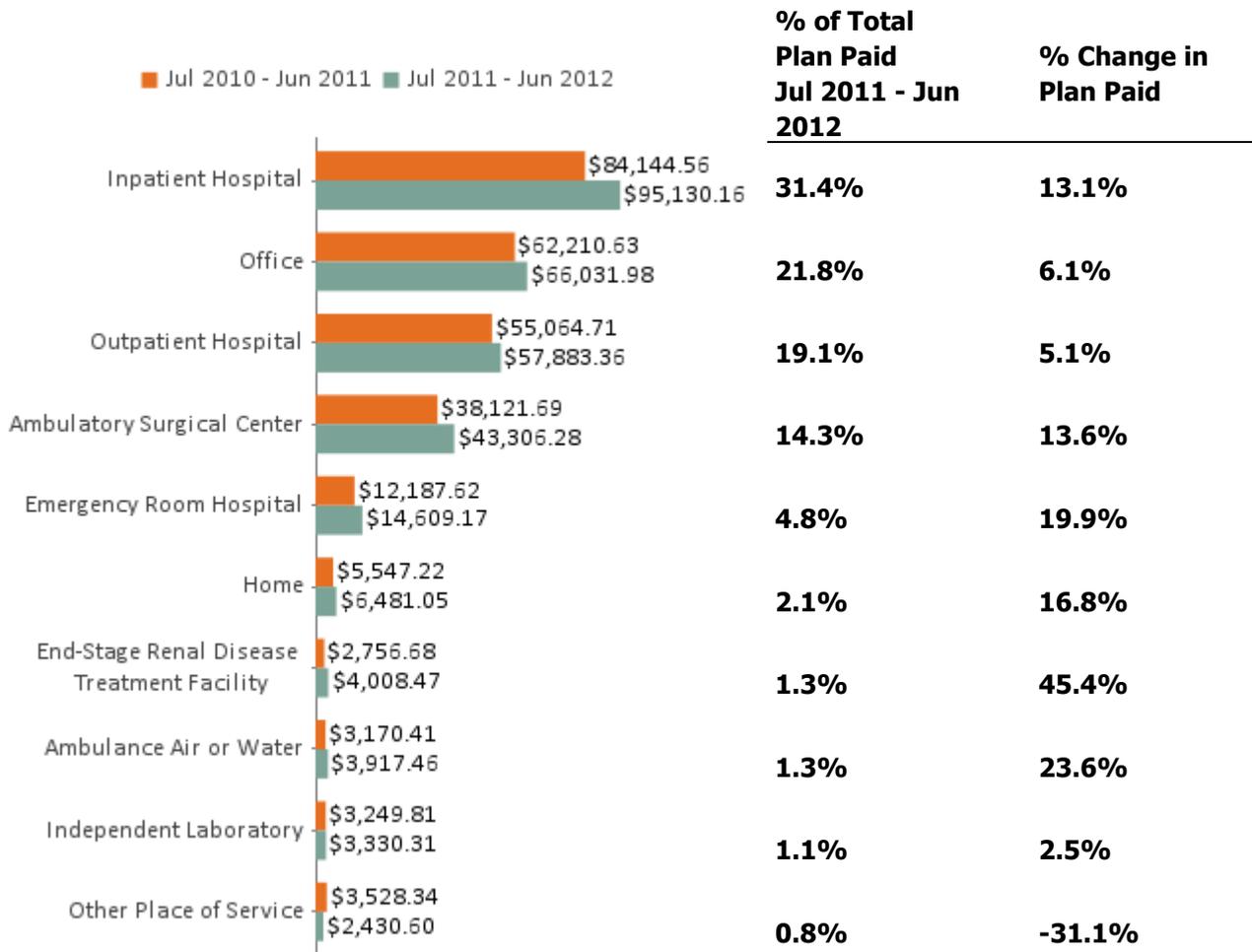


Provider	Jul 2010 - Jun 2011		Jul 2011 - Jun 2012		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$66,659,463	24.2%	\$78,130,017	25.8%	17.2%
All Others	\$208,663,972	75.8%	\$224,885,689	74.2%	7.8%
Total	\$275,323,435	100.0%	\$303,015,706	100.0%	10.1%

### 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**

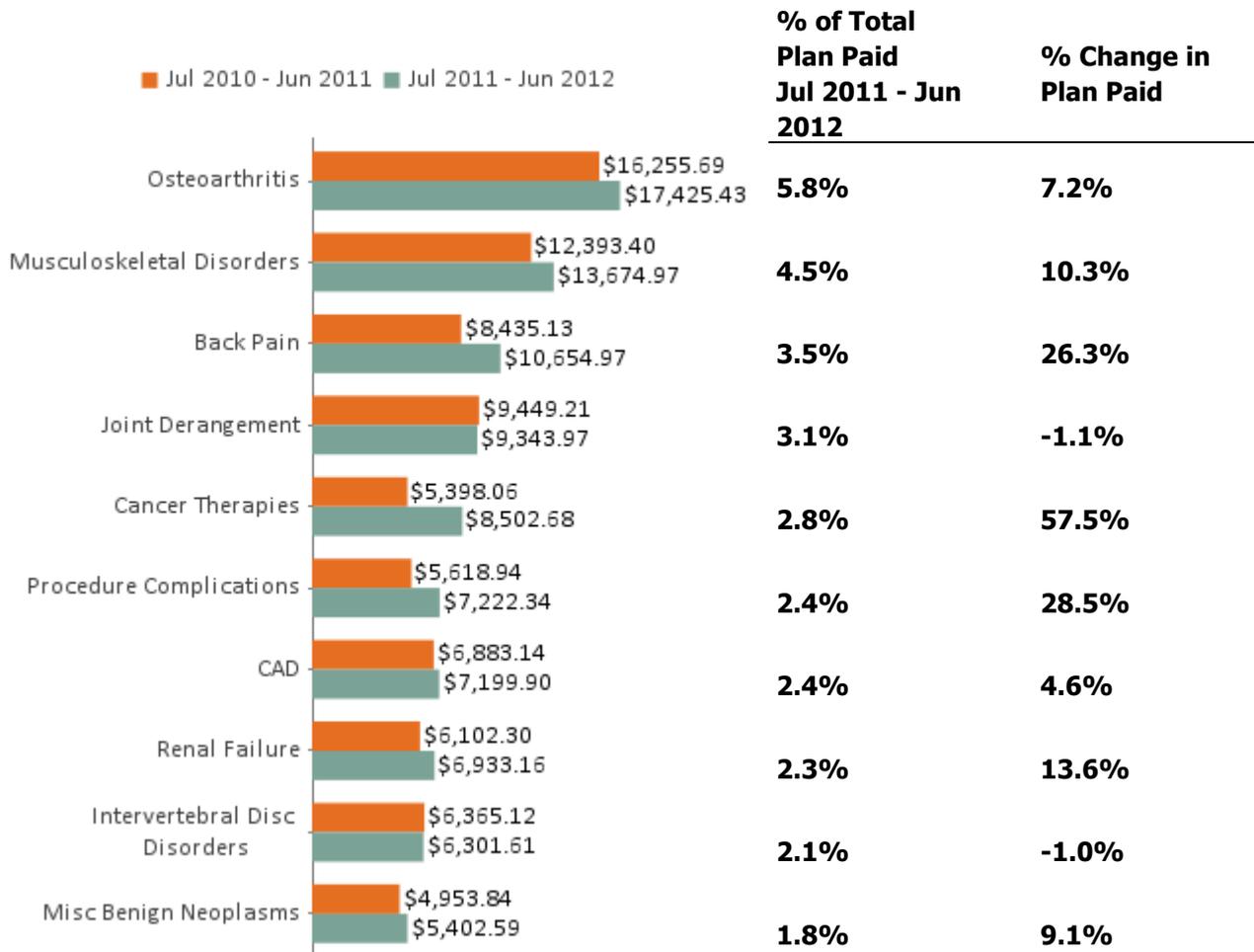


Service	Jul 2010 - Jun 2011		Jul 2011 - Jun 2012		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$269,981,685	98.1%	\$297,128,847	98.1%	10.1%
All Others	\$5,341,750	1.9%	\$5,886,858	1.9%	10.2%
Total	\$275,323,435	100.0%	\$303,015,706	100.0%	10.1%

### 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**

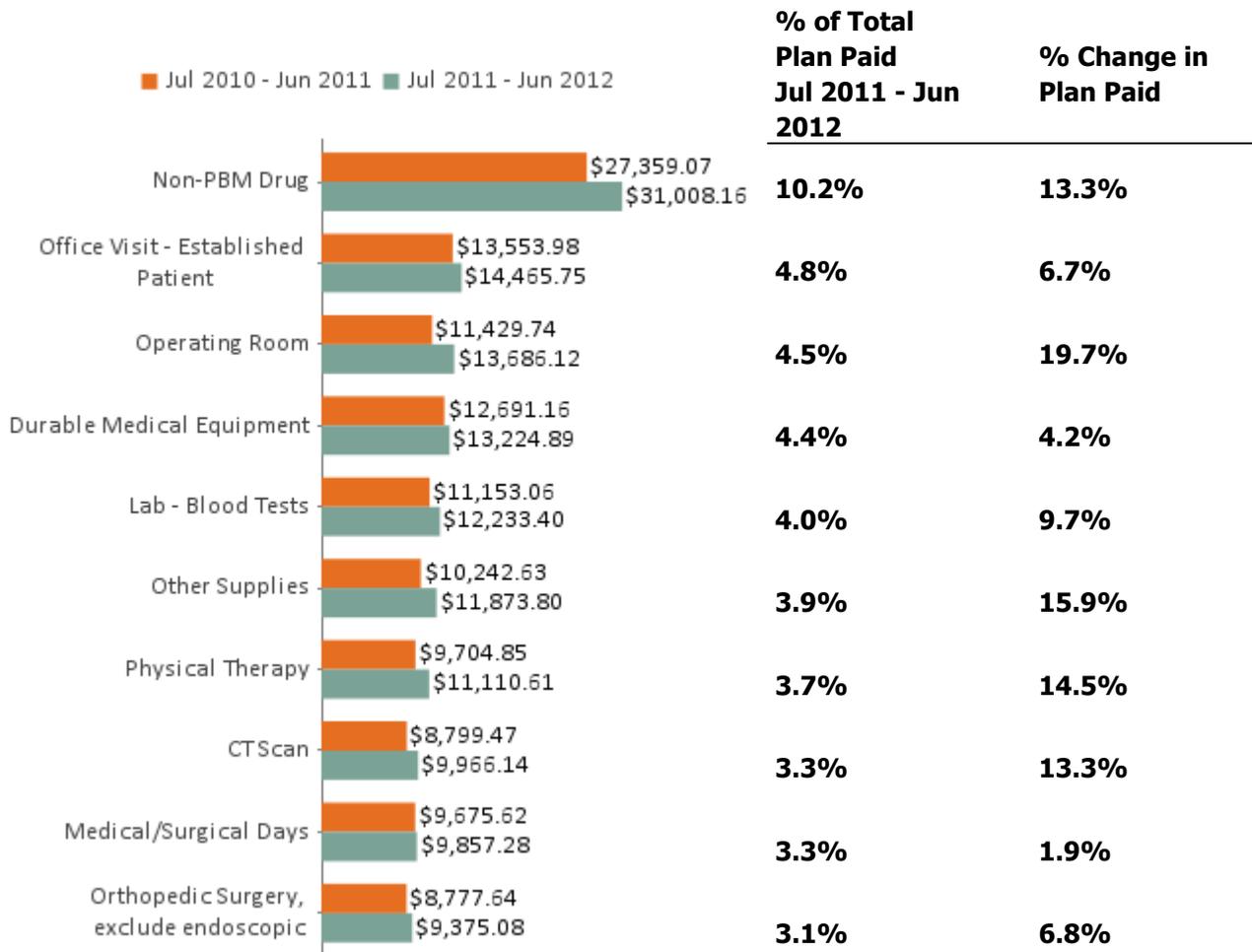


Diagnostic Group	Jul 2010 - Jun 2011		Jul 2011 - Jun 2012		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$81,854,818	29.7%	\$92,661,628	30.6%	13.2%
All Others	\$193,468,617	70.3%	\$210,354,078	69.4%	8.7%
Total	\$275,323,435	100.0%	\$303,015,706	100.0%	10.1%

### 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**

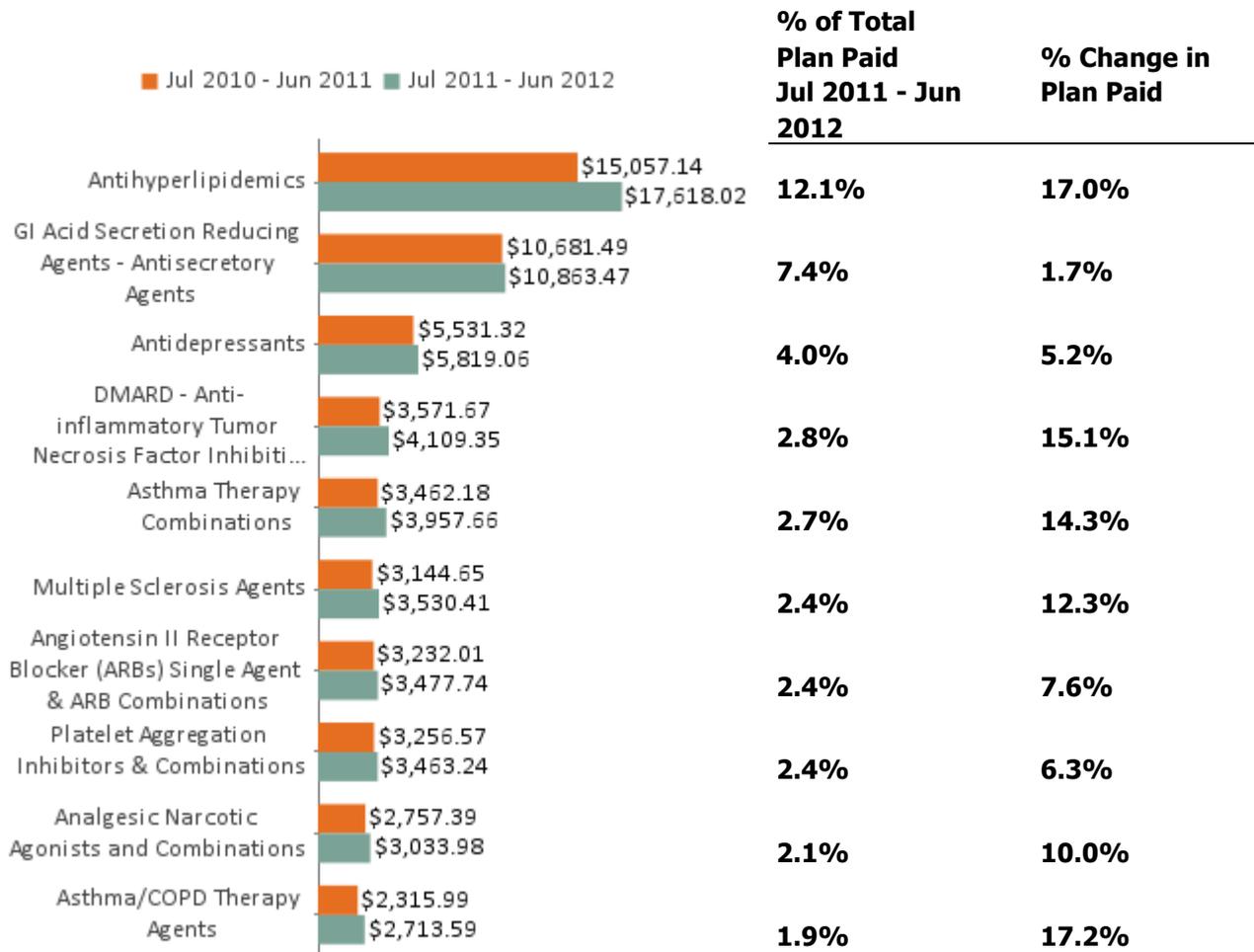


Procedure Group	Jul 2010 - Jun 2011		Jul 2011 - Jun 2012		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$123,387,221	44.8%	\$136,801,222	45.1%	10.9%
All Others	\$151,936,214	55.2%	\$166,214,484	54.9%	9.4%
Total	\$275,323,435	100.0%	\$303,015,706	100.0%	10.1%

### 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	Jul 2010 - Jun 2011		Jul 2011 - Jun 2012		% Change in Plan Paid
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid	
Subtotal	\$53,010,412	40.2%	\$58,586,524	40.1%	10.5%
All Others	\$78,722,916	59.8%	\$87,490,322	59.9%	11.1%
Total	\$131,733,328	100.0%	\$146,076,846	100.0%	10.9%

## 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	46.3%	57.86	Need screening tests only
Medium	9-20	33.5%	66.4	May or has a chronic disease and needs screening or recommended diagnostic testing/therapy
High	>=21	20.3%	70.1	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

Norm or VH Norm in this report refers to the values from Verisk Health's Commercial Normative database.

**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)	53,335	Patients without any colorectal cancer screening in the last 24 months.	80.62%	73.46%
	>= 51 years old (E)	53,401	Patients without long office visit in the last 2 years.	26.33%	23.64%
Male	Men >50 years old (E)	23,594	Men without PSA level in the last 2 years (controversial test).	68.34%	54.37%
Female	Women between 40 and 49 y/o (E)	528	Women without mammogram in the last 24 months.	60.04%	50.73%
		528	Women without mammogram in the last 2 years.	60.04%	50.73%
	Women between 21 and 65 y/o (E)	15,628	Women without pap smear in the last 24 months.	64.18%	47.09%
	Women between 49 and 69 y/o (E)	20,075	Women without mammogram in the last 18 months.	59.41%	46.85%
	Women >20 y/o (E)	29,861	Women without pap smear in the last two years.	76.19%	49.12%
	Women >=49 y/o (E)	30,480	Women without mammogram in last 12 months.	75.50%	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	2	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	2	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
oral steroids (E)				
Asthma	1,825	Patients without spirometry test in the last 12 months.	77.48%	66.31%
Asthma (E)	1,820	Patients without flu vaccination in the last 12 months.	85.60%	70.06%
	1,820	Patients without inhaled corticosteroids or leukotriene inhibitors in the last 12 months.	43.74%	43.26%
	1,820	Patients without office visit in the last 12 months.	11.32%	5.91%
	1,820	Patients without spirometry test in the last 12 months.	77.53%	66.40%
	1,820	Patients without long office visit in the last 12 months.	20.55%	15.44%
	Asthma taking salmeterol	588	Patients without other inhalers in the analysis period.	6.97%
Asthma taking salmeterol in the last 12 months (E)	499	Patients without other inhalers in the last 12 months.	15.63%	20.35%
Asthma taking Xolair	8	Patients without oral or inhaled steroids in the analysis period.	0.00%	7.69%
Asthma taking Xolair in the last 12 months (E)	5	Patients without oral or inhaled steroids in the last 12 months.	0.00%	11.04%
Asthma-related admission	23	Patients without office visit in the analysis period.	0.00%	2.70%
Asthma-related admission in the last 12 months (E)	9	Patients without office visit in the last 12 months.	0.00%	4.18%
Asthma-related ER visit	178	Patients without office visit in the analysis period.	0.56%	5.76%
Asthma-related ER visit in the last 12 months (E)	87	Patients without office visit in the last 12 months.	0.00%	8.57%
Individuals with asthma taking omalizumab / Xolair in the last 12 months (E)	5	Patients without oral or inhaled steroids in the last 12 months.	0.00%	11.04%
Individuals with asthma taking omalizumab /	8	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	
xolair					
Omalizumab / Xolair (for asthma)	8	Patients without office visit after taking the drug in the analysis period.	25.00%	4.05%	
Patients with diagnosis of asthma, taking >1 fill of long-acting beta agonist or steroid inhaler in the last 12 months (E)	738	Patients without short-acting beta agonists in the last 12 months	16.80%	20.16%	
Taking omalizumab / Xolair (for asthma) in the last 12 months (E)	5	Patients without office visit(s) in the last 12 months	20.00%	3.98%	
Behavioral Health	Affective Disorder	652	Patients without office visit in the last 12 months.	14.26%	8.76%
	Affective Disorder (E)	649	Patients without office visit in the last 12 months.	14.18%	9.06%
	Affective Disorder-related admission	38	Patients without office visit in the analysis period.	2.63%	2.25%
	Affective Disorder-related admission in the last 12 months (E)	21	Patients without office visit in the last 12 months.	4.76%	2.92%
	Affective Disorder-related ER visit	31	Patients without office visit in the analysis period.	3.23%	3.07%
	Affective Disorder-related ER visit in the last 12 months (E)	19	Patients without office visit in the last 12 months.	5.26%	4.14%
	Behavioral health on atypical antipsychotics and clozapine	3	Patients without office visit in the last 3 months.	66.67%	28.97%
Behavioral health on atypical	3	Patients without office visit in the last 3 months.	66.67%	28.97%	

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
antipsychotics and clozapine (E)				
Behavioral health-related admission in last 6 months	71	Patients without a behavioral health office visit during the last 6 months.	18.31%	25.90%
Behavioral health-related admission in last 6 months (E)	71	Patients without a behavioral health office visit during the last 6 months.	18.31%	26.01%
Currently taking clozapine (last 30 Days)	2	Patients without lab tests in the last 3 months.	50.00%	15.20%
Currently taking clozapine (last 30 Days) (E)	2	Patients without lab tests in the last 3 months.	50.00%	14.85%
Depakote / Depakene in the last 6 months (E)	128	Patients without valproic acid level in the last six months.	83.59%	73.81%
Depression	2,372	Patients without long office visit in the analysis period.	7.00%	10.54%
	2,372	Patients without office visit in analysis period.	0.08%	0.22%
Depression (E)	2,344	Patients without office visit in the last 12 months.	3.20%	7.44%
	2,238	Patients without long office visit in the last 24 months.	6.57%	8.87%
	2,344	Patients without office visit in last 12 months.	3.58%	8.31%
Depression on SSRI and bupropion	219	Patients without an office visit in the last six months.	7.76%	13.84%
Depression on SSRI and bupropion (E)	217	Patients without an office visit in the last six months.	7.83%	13.85%
Depression-related admission (E)	92	Patients without outpatient behavioral health office visit(s) during 12 months prior to the admission	39.13%	47.80%
	98	Patients without behavioral health office visit within 14 days of discharge.	20.41%	37.68%
Depression-related ER visit (E)	101	Patients without outpatient behavioral health office visit(s) during 12 months prior to the ER visit	34.65%	46.72%
Diabetes-related	74	Patients without diabetes-related office	10.81%	12.79%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
admission		visit in the analysis period.		
Diabetes-related admission in the last 12 months (E)	41	Patients without diabetes-related office visit in the last 12 months.	29.27%	17.06%
Dilantin in the last 12 months (E)	126	Patients without dilantin level in the last 12 months.	64.29%	51.66%
Eating disorder-related admission	3	Patients without office visit in the analysis period.	0.00%	0.27%
Eating disorder-related admission in the last 12 months (E)	3	Patients without office visit in the last 12 months.	0.00%	0.00%
Eating disorder-related ER visit	1	Patients without office visit in the analysis period.	0.00%	0.96%
Eating disorder-related ER visit in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	0.00%
Eating disorders	29	Patients without office visit in the last 12 months.	6.90%	6.98%
	29	Patients without office visit in the analysis period.	0.00%	0.26%
Eating disorders (E)	29	Patients without office visit in the last 12 months.	6.90%	7.17%
Lithium in the last 6 months (E)	74	Patients without serum creatinine test in the last 6 months.	68.92%	49.59%
	74	Patients without lithium level in the last 6 months.	78.38%	59.69%
Members with any two of these- claims for Pain_Syndrome, opiates, insomnia or sleep medications in the last 12 months (E)	8,484	Patients without any antidepressants in the last 12 months.	62.27%	66.98%
Members with	13,958	Patients without any antidepressants in	62.55%	66.56%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
any two of these- Pain_Syndrome, opiates, insomnia or sleep medications		the analysis period.		
Patients >=18 with >=2 depression related admissions (E)	20	Patients without antidepressants in the last 12 months.	15.00%	24.65%
Patients >=18 y/o with at least one active substance abuse related visit in the last 24 months (E)	37	Patients with only one visit to a behavioral health professional in the last 12 months.	21.62%	17.41%
Patients >=18 y/o with bipolar disorder on SSRI	232	Patients without a mood stabilizer.	63.36%	64.08%
Patients >=18 y/o with bipolar disorder on SSRI in the last 12 months (E)	188	Patients without a mood stabilizer in the last 12 months.	91.49%	85.64%
Patients >=18 y/o with marijuana abuse (E)	1	Patients with fewer than two office visits in the last 12 months.	100.00%	25.64%
Patients >=18 y/o with methamphetamine abuse (E)	3	Patients with fewer than two office visits in the last 12 months.	66.67%	19.85%
Patients >=18 y/o with recent history of cocaine abuse (E)	2	Patients with fewer than two office visits in the last 12 months.	50.00%	23.23%
Patients >=18 y/o with recent history of opiate abuse (E)	47	Patients with fewer than two office visits in the last 12 months.	8.51%	15.84%
Patients started	375	Patients without adequate monitoring	50.40%	59.91%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
on ADHD medication	283	of ADHD medications. Patients who received strattera as first line ADHD treatment.	2.83%	2.87%
Patients started on ADHD medication (E)	371	Patients without adequate monitoring of ADHD medications.	49.87%	59.66%
Patients taking either SSRI/Bupropion/Effexor/Cymbalta and Neurontin in the last 6 months.	551	Patients without an office visit in the last 6 months.	16.70%	6.45%
Patients taking either SSRI/Bupropion/Effexor/Cymbalta and Neurontin in the last 6 months. (E)	549	Patients without an office visit in the last 6 months.	16.39%	6.14%
Patients with a bipolar or a schizophrenic disorder	700	Patients on stimulant medication.	12.71%	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)	65	MPR for antidepressants of < 80% in the last 12 months	44.62%	29.10%
Patients with depression-related hospitalization in the analysis period, taking at least 2 prescriptions of antidepressants in the last 12 months (E)	58	MPR for antidepressants of < 80% in the last 12 months	46.55%	30.89%
Schizophrenia	73	Patients without office visit in the analysis period.	4.11%	1.61%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
	73	Patients not taking any behavioral health drugs in the analysis period.	23.29%	16.27%	
	73	Patients without office visit in the last 12 months.	10.96%	10.04%	
	Schizophrenia (E)	72	Patients not taking any behavioral health drugs in the last 12 months.	30.56%	25.31%
		72	Patients without office visit in the last 12 months.	11.11%	10.16%
	Schizophrenia-related admission	9	Patients without office visit in the analysis period.	0.00%	4.14%
	Schizophrenia-related admission in the last 12 months (E)	5	Patients without office visit in the last 12 months.	0.00%	3.86%
	Schizophrenia-related ER visit	11	Patients without office visit in the analysis period.	0.00%	6.06%
	Schizophrenia-related ER visit in the last 12 months (E)	5	Patients without office visit in the last 12 months.	0.00%	5.73%
	Substance abuse-related admission in last 6 months	5	Patients without an office visit during the last six months.	0.00%	11.46%
	Substance abuse-related admission in last 6 months (E)	5	Patients without an office visit during the last six months.	0.00%	9.78%
Cardiac	Anti-Hyperlipidemic Agents (E)	20,285	Patients without laboratory tests in the last 12 months.	46.41%	23.32%
	Atrial Fibrillation	3,222	Patients without office visit in the last 12 months.	13.63%	8.16%
	Atrial Fibrillation (E)	3,209	Patients without office visit in the last 12 months.	13.68%	8.21%
		3,209	Patients without anticoagulant drugs in the last 12 months.	61.51%	54.74%
	Atrial Fibrillation on coumadin	1,497	Patients with more than sixty days between protimes.	56.71%	29.43%
		1,497	Patients with prescription refill gaps of more than six months.	5.88%	6.13%
	Atrial Fibrillation-related admission	290	Patients without office visit in the analysis period.	0.34%	1.44%
	Atrial Fibrillation-related	156	Patients without office visit in the last 12 months.	0.64%	2.41%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
d admission in the last 12 months (E)				
Atrial Fibrillation-related ER visit	447	Patients without office visit in the analysis period.	0.22%	1.60%
Atrial Fibrillation-related ER visit in the last 12 months (E)	244	Patients without office visit in the last 12 months.	0.82%	2.41%
CAD (E)	4,916	Patients without flu vaccination in the last 12 months.	88.49%	78.89%
	4,916	Patients without lipid profile test in the last 12 months.	74.31%	38.71%
	4,916	Patients without long office visit in the last 12 months.	21.44%	13.15%
	4,916	Patients without ACE or ARB in the last 12 months.	45.38%	48.62%
	4,916	Patients without office visit in the last 12 months.	13.18%	6.51%
	4,916	Patients without diabetes screening in the last 12 months.	60.48%	46.44%
	4,916	Patients without antihyperlipidemic drugs in the last 12 months.	31.51%	30.65%
CAD and Hypertension (E)	2,341	Patients without antihypertensive drugs in the last 12 months.	21.32%	18.53%
CAD-related admission	613	Patients without office visit in the analysis period.	0.49%	1.21%
CAD-related admission in the last 12 months (E)	297	Patients without office visit in the last 12 months.	2.02%	2.00%
CAD-related ER visit	477	Patients without office visit in the analysis period.	0.63%	1.69%
CAD-related ER visit in the last 12 months (E)	242	Patients without office visit in the last 12 months.	2.07%	2.77%
CHF	1,444	Patients without flu vaccination in the last 12 months.	85.94%	77.24%
	1,444	Patients without office visit in the last 12 months.	10.66%	10.53%
CHF (E)	1,440	Patients without beta-blocker drugs in the last 12 months.	35.28%	40.92%
	1,440	Patients without flu vaccination in the	85.90%	77.11%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
		last 12 months.		
	1,440	Patients without LDL-C or lipid profile test in the last 12 months.	80.49%	54.55%
	1,440	Patients without ACE inhibitors or ARBs or vasodilator drugs in the last 12 months.	39.72%	43.43%
	1,440	Patients without office visit in the last 12 months.	10.69%	10.60%
	1,440	Patients without long office visit in the last 12 months.	17.78%	15.78%
CHF and Hypertension (E)	759	Patients without echocardiogram in the last 24 months.	30.43%	14.67%
CHF taking Lasix >=60 mg per day and beta-blocker orally	295	Patients without ACE- or ARBs in the analysis period.	17.97%	18.32%
CHF taking Lasix >=60 mg per day and beta-blocker orally in the last 12 months (E)	220	Patients without ACE- or ARBs in the last 12 months.	28.18%	24.28%
CHF taking Lasix >=60 mg per day orally	353	Patients without beta-blocker in the analysis period (Stealth CHF).	16.43%	14.59%
CHF taking Lasix >=60 mg per day orally in the last 12 months (E)	279	Patients without beta-blocker in the last 12 months (Stealth CHF).	21.15%	18.50%
CHF-related admission	234	Patients without office visit in the analysis period.	0.00%	2.17%
	234	Patients with readmission within 30 days of CHF-related hospital discharge.	5.13%	5.94%
CHF-related admission in the last 12 months (E)	115	Patients without office visit in the last 12 months.	0.00%	3.47%
CHF-related ER visit	312	Patients without office visit in the analysis period.	0.32%	2.29%
CHF-related ER visit in the last 12 months (E)	172	Patients without office visit in the last 12 months.	0.58%	3.83%
Digoxin in the	650	Patients without digoxin level in the last	85.85%	76.68%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
last 12 months (E)		12 months.		
Drug-eluting Coronary Stents	143	Patients without at least 3 months of antiplatelet medication at any point after the procedure.	44.06%	41.44%
Drug-eluting Coronary Stents (E)	143	Patients without at least 3 months of antiplatelet medication during 6 months after the procedure.	47.55%	45.01%
Hypertension	18,146	Patients without office visit in the analysis period.	10.55%	0.39%
Hypertension (E)	17,813	Patients without thiazide diuretic in the last 24 months.	75.05%	74.03%
	18,088	Patients without office visit in the last 12 months.	14.55%	6.11%
	17,813	Patients without office visit in the last 24 months.	10.62%	0.35%
	17,813	Patients without diuretics in the last 24 months.	66.88%	69.89%
	18,088	Patients without flu vaccination in the last 12 months.	89.13%	81.58%
Hypertension-related admission	78	Patients without office visit in the analysis period.	1.28%	3.10%
Hypertension-related admission in the last 12 months (E)	43	Patients without office visit in the last 12 months.	4.65%	4.72%
Hypertension-related ER visit	377	Patients without office visit in the analysis period.	0.80%	4.06%
Hypertension-related ER visit in the last 12 months (E)	194	Patients without office visit in the last 12 months.	2.58%	6.66%
MI (E)	661	Patients without statin drugs in the last 12 months.	31.62%	29.17%
	661	Patients without beta-blocker drugs in the last 12 months.	33.28%	29.89%
Patients with CAD (E)	4,916	Patients who are taking only two of these agents: Beta-blockers, ACE/ARB, or Statins in the last 12 months.	26.44%	28.70%
	4,916	Patients who are not taking Beta-blockers, ACE/ARB, or Statins in the last 12 months.	24.06%	22.39%
	4,916	Patients who are taking only one of these agents: Beta-blockers, ACE/ARB, or Statins in the last 12 months.	12.12%	15.46%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition		Members with Condition	Description	Actual	Norm
	Patients with CAD and either diabetes or ventricular systolic dysfunction (E)	1,601	Patients without ACE or ARB in the last 12 months.	36.35%	37.25%
	Patients with CHF (E)	1,440	Patients who are not taking Beta-blockers, ACE/ARB, or diuretics in the last 12 months.	20.62%	25.74%
		1,440	Patients who are taking only two of these agents: Beta-blockers, ACE/ARB, or diuretics in the last 12 months.	28.06%	25.32%
		1,440	Patients who are taking only one of these agents: Beta-blockers, ACE/ARB, or diuretics in the last 12 months.	11.11%	13.52%
	Patients with Hypertension with at least one additional cardiovascular risk factor	9,495	Patients not receiving medications from at least 2 different antihypertensive drug classes	38.04%	36.47%
COPD	COPD	2,133	Patients without flu vaccination in the last 12 months.	85.00%	74.39%
		2,133	Patients without spirometry testing in the last 12 months.	78.06%	66.71%
		2,133	Patients without Spiriva or Atrovent in the analysis period.	52.37%	57.40%
	COPD (E)	2,127	Patients without office visit in the last 12 months.	10.39%	8.61%
		2,107	Patients without pneumococcal assessment or PPV vaccine in the last 24 months.	93.55%	88.70%
		2,127	Patients without COPD-related long office visit in the last 12 months.	72.78%	64.76%
		2,127	Patients without Spiriva or Atrovent in the last 12 months.	58.44%	66.62%
		2,127	Patients without flu vaccination in the last 12 months.	84.96%	74.20%
		2,127	Patients without spirometry testing in the last 12 months.	78.04%	66.75%
		609	Patients without pulmonary visits in the analysis period.	100.00%	40.79%
	COPD taking Advair Diskus 250/50 or Advair Diskus 500/50	607	Patients without pulmonary visits in the	100.00%	55.69%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition		Members with Condition	Description	Actual	Norm
	Advair Diskus 250/50 or Advair Diskus 500/50 in the last 24 months (E)		last 12 months.		
	COPD taking albuterol and Prednisone	702	Patients not taking other nebulizers.	14.25%	17.91%
	COPD taking albuterol and Prednisone in the last 12 months (E)	459	Patients not taking other nebulizers in the last 12 months.	14.81%	20.38%
	COPD-related admission	169	Patients without office visit in the analysis period.	1.18%	1.91%
		169	Patients with readmission within 30 days of COPD-related hospital discharge.	3.55%	4.42%
	COPD-related admission in the last 12 months (E)	89	Patients without office visit in the last 12 months.	2.25%	3.15%
	COPD-related ER visit	354	Patients without office visit in the analysis period.	1.13%	3.03%
	COPD-related ER visit in the last 12 months (E)	188	Patients without office visit in the last 12 months.	1.06%	4.59%
Diabetes	Diabetes	8,616	Patients taking insulin and sulfonylureas at the same time.	6.04%	5.21%
	Diabetes (E)	8,552	Patients without office visit in the last 12 months.	14.96%	8.37%
		8,552	Patients without micro or macroalbumin screening test in the last 12 months.	63.34%	43.48%
		8,552	Patients without serum creatinine in the last 12 months.	53.36%	29.21%
		8,552	Patients without long office visit in the last 12 months.	24.82%	16.74%
		8,353	Patients without semiannual HbA1c test in the last 24 months.	91.66%	78.64%
		8,552	Patients without claims for home glucose testing supplies in the last 12 months.	48.46%	48.54%
		8,552	Patients without flu vaccination in the last 12 months.	87.63%	77.57%
		8,552	Patients without HbA1c test in the last	59.52%	28.77%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
		12 months.			
	8,552	Patients without retinal eye exam in the last 12 months.	62.09%	69.79%	
	8,552	Patients without lipid profile test in the last 12 months.	67.26%	35.51%	
	8,552	Patients without ACE inhibitor or ARB drugs in the last 12 months.	42.14%	50.27%	
	8,552	Patients without statin drugs in the last 12 months.	44.00%	53.13%	
Diabetes + Hypertension + Obesity (E)	57	Patients without antihyperlipidemic drugs in the last 12 months.	57.89%	50.01%	
Diabetes > 18 y/o	8,609	Patients with hospitalization related to short term complications of diabetes in the analysis period.	0.13%	0.51%	
Diabetes taking insulin	1,838	Patients without home glucose measurement devices.	3.26%	5.19%	
Diabetes taking insulin in the last 12 months (E)	1,705	Patients without home glucose measurement devices in the last 12 months.	5.69%	8.22%	
Diabetes-related ER visit	231	Patients without office visit in the analysis period.	0.43%	2.99%	
Diabetes-related ER visit in the last 12 months (E)	113	Patients without office visit in the last 12 months.	1.77%	4.51%	
General	> \$1,000 in ambulatory cost (E)	31,094	Patients without office visit in the last 12 months.	4.91%	9.58%
	> 1 ER visit (E)	7,044	Patients without office visit in the last 12 months.	5.01%	12.11%
	> 3 visits for Pain in the last 24 months (E)	3,500	Patients without pain management consultation in the last 24 months.	0.23%	0.05%
	All individuals	63,925	Patients with >=2 ER visits for acute upper respiratory infection (URI), nasopharyngitis (common cold), pharyngitis, laryngopharyngitis, laryngitis, tracheitis, rhinitis (perennial, allergic), sinusitis (acute, chronic)	0.06%	0.07%
	All individuals (E)	61,690	Individuals without any claim in the last 12 months.	6.87%	25.57%
	All Patients with an emergency visit for	10	Patients who did not fill a script for an epinephrine pen at any time during the analysis period.	50.00%	37.69%

Gaps in Care			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
anaphylaxis					
All patients with an emergency visit for anaphylaxis in the last 24 months (E)	10	Patients who did not fill a script for an epinephrine pen at any time during the last 24 months.	50.00%	37.75%	
Diuretic	10,526	Patients without serum potassium level in the last 12 months.	58.81%	40.81%	
Diuretic (E)	10,393	Patients without serum potassium level in the last 12 months.	58.63%	40.19%	
Hospitalization (E)	8,042	Patients without office visit within 7 days after discharge.	60.51%	61.39%	
Medical Cost > \$1000	41,703	Patients with pharmacy costs >50% of their medical cost.	37.86%	18.02%	
Narcotic use	20,742	Patients taking > 2 different and overlapping narcotic preparations in the analysis period.	0.90%	0.48%	
Pain Syndrome related ER visit in the last 12 months (E)	1,128	Patients without office visit(s) in the last 12 months	45.12%	50.35%	
Patients with inflammatory bowel disease, with prior treatment for IBD, who are maintained on systemic oral steroids (E)	14	Patients without IBD-specific therapy in the last 90 days	14.29%	24.75%	
Geriatric	>= 65 years old (E)	32,055	Patients without long office visit in the last 12 months.	38.61%	43.62%
	>= 65 years old on anticholinergic antipsychotics and beta-blockers	13	Patients without an EKG in the analysis period.	53.85%	15.12%
	>= 65 years old on anticholinergic antipsychotics and beta-blockers in	12	Patients without an EKG in the last 24 months.	50.00%	15.48%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
the last 24 months (E)				
>= 65 years old taking ACE inhibitors	8,099	Patients also taking potassium supplements in the analysis period.	12.87%	11.10%
	8,099	Patients also taking spironolactone in the analysis period.	4.73%	3.14%
>= 65 years old taking Digoxin	666	Patients also taking amiodarone in the analysis period.	7.81%	10.21%
	666	Patients also taking verapamil in the analysis period.	2.70%	4.12%
>= 65 years old taking Theophylline	53	Patients also taking quinolones in the analysis period.	58.49%	45.44%
>= 65 years old taking warfarin	2,213	Patients also taking phenytoin in the analysis period.	0.59%	0.87%
	2,213	Patients also taking sulfa drugs in the analysis period.	15.18%	12.22%
	2,213	Patients also taking macrolides in the analysis period.	27.97%	26.81%
	2,213	Patients also taking NSAIDs in the analysis period.	13.01%	14.77%
	2,213	Patients also taking quinolones in the analysis period.	31.90%	31.24%
>= 65 years old with admission	5,745	Patients with readmission within 30 days of discharge from inpatient facility in the analysis period.	13.18%	16.38%
	5,745	Patients with readmission within 7 days of discharge from inpatient facility in the analysis period.	7.59%	9.21%
>= 65 years old with behavioral health diagnosis or on psychotropic drugs	10,184	Patients taking more than one prescription of anticholinergic anti-depressant drugs in the analysis period.	0.03%	0.02%
>= 65 years old with CHF	1,287	Patients without ACE-inhibitors or ARBs in the analysis period.	34.73%	35.06%
	1,287	Patients without beta-blocker drugs in the analysis period.	31.78%	29.84%
>= 65 years old with CHF (E)	1,285	Patients without ACE-inhibitors or ARBs in the last 12 months.	40.70%	48.07%
	1,285	Patients without beta-blocker drugs in the last 12 months.	35.56%	41.27%
>= 65 years old with dementia,	1,221	Patients without lab tests in the last 12 months.	46.93%	42.49%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
or taking drugs for dementia	1,221	Patients without TSH/B-12 performed in the analysis period.	70.52%	67.20%
	1,221	Patients without office visit in the last 12 months.	19.90%	22.90%
>= 65 years old with dementia, or taking drugs for dementia (E)	1,213	Patients without office visit in the last 12 months.	19.70%	22.71%
	1,213	Patients without lab tests in the last 12 months.	46.74%	42.39%
>= 65 years old with dementia, or taking drugs for dementia in the last 24 months (E)	1,201	Patients without TSH/B-12 performed in the last 24 months.	70.52%	67.11%
>= 65 years old with diabetes and depression	199	Patients without anti-depressants in the analysis period.	26.13%	25.32%
>= 65 years old with diabetes and depression (E)	199	Patients without anti-depressants in the last 12 months.	29.15%	35.87%
>= 65 years old with osteoporosis	1,250	Patients not taking medications for osteoporosis in the last 12 months.	67.92%	57.31%
>= 65 years old with osteoporosis (E)	1,249	Patients not taking medications for osteoporosis in the last 12 months.	67.89%	57.28%
>= 65 years old with osteoporosis on medication for osteoporosis and chronic steroids	22	Patients without bone density scan in the analysis period.	54.55%	24.39%
>= 65 years old with osteoporosis on medication for osteoporosis and chronic steroids (E)	21	Patients without bone density scan in the last 24 months.	52.38%	25.00%
>= 65 years old with osteoporosis, or on medication for osteoporosis	3,434	Patients without bone density scan in the analysis period.	73.97%	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)	3,385	Patients without bone density scan in the last 24 months.	73.74%	45.72%
	>=65 years old	32,402	Patients taking aricept in the analysis period.	2.00%	1.26%
	>=65 years old with a behavioral health diagnosis	2,117	Patients taking anticholinergic anti-depressant drugs for more than 60 days in the analysis period.	2.93%	2.93%
Misc.	Back Pain-related admission	303	Patients without office visit in the analysis period.	0.00%	0.64%
	Back Pain-related admission in the last 24 months (E)	293	Patients without office visit in the last 24 months.	0.00%	0.50%
	Back Pain-related ER visit	883	Patients without office visit in the analysis period.	1.47%	6.89%
	Back Pain-related ER visit in the last 24 months (E)	853	Patients without office visit in the last 24 months.	1.29%	5.59%
	Chest pain-related ER visit	2,089	Patients without a follow-up office visit within 2 weeks of the ER visit.	38.49%	42.72%
	Chest pain-related ER visit (E)	2,080	Patients without a follow-up office visit within 2 weeks of the ER visit.	38.37%	42.64%
	Demyelinating Disease (E)	244	Patients without flu vaccination in the last 12 months.	89.75%	83.77%
		244	Patients without office visit in the last 12 months.	17.21%	6.54%
	Demyelinating Disease-related admission	6	Patients without office visit in the analysis period.	0.00%	1.41%
	Demyelinating Disease-related admission in the last 12 months (E)	3	Patients without office visit in the last 12 months.	0.00%	2.26%
	Demyelinating	12	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)	4	Patients without office visit in the last 12 months.	25.00%	4.00%
Demyelinating Diseases	247	Patients without long office visit in analysis period.	14.98%	2.81%
Demyelinating Diseases (E)	244	Patients without long office visit in last 12 months.	23.36%	11.63%
Epilepsy	222	Patients without office visit in the analysis period.	0.90%	0.70%
	222	Patients without office visit in the last 12 months.	3.60%	7.34%
Epilepsy (E)	221	Patients without office visit in the last 12 months.	3.62%	7.44%
Epilepsy-related admission	23	Patients without office visit in the analysis period.	8.70%	1.55%
Epilepsy-related admission in the last 12 months (E)	13	Patients without office visit in the last 12 months.	7.69%	2.42%
Epilepsy-related ER visit	58	Patients without office visit in the analysis period.	3.45%	3.02%
Epilepsy-related ER visit in the last 12 months (E)	30	Patients without office visit in the last 12 months.	6.67%	4.46%
GI bleed-related admission	232	Patients without CBC or hematocrit within 6 weeks of discharge from GI bleed hospitalization.	62.93%	53.43%
GI bleed-related admission (E)	232	Patients without CBC or hematocrit within 6 weeks of discharge from GI bleed hospitalization.	62.93%	53.20%
Hepatitis C	224	Patients without office visit in the analysis period.	5.80%	0.56%
	224	Patients without office visit in the last 12 months.	12.95%	8.81%
Hepatitis C (E)	222	Patients without office visit in the last 12 months.	13.06%	8.97%
Hepatitis C-related admission	3	Patients without office visit in the analysis period.	0.00%	1.28%
Hepatitis	1	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	4	Patients without office visit in the analysis period.	0.00%	0.00%
Hepatitis C-related ER visit in the last 12 months (E)	1	Patients without office visit in the last 12 months.	0.00%	1.19%
HIV/AIDS	22	Patients without long office visit in the analysis period.	0.00%	6.20%
	22	Patients without office visit in the analysis period.	0.00%	1.23%
	22	Patients without office visit in the last 12 months.	0.00%	9.92%
HIV/AIDS (E)	22	Patients without office visit in the last 12 months.	0.00%	10.17%
	22	Patients without long office visit in the last 12 months.	9.09%	18.67%
HIV/AIDS-related admission	1	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	1	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)	371	Patients without Flu Vaccination in the last 12 months.	85.98%	81.54%
Inflammatory Bowel Disease-related admission	18	Patients without office visit in the analysis period.	0.00%	1.42%
Inflammatory Bowel Disease-related admission in the last 12 months (E)	11	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	14	Patients without office visit in the analysis period.	0.00%	2.00%
Inflammatory Bowel Disease-related ER visit in the last 12 months (E)	8	Patients without office visit in the last 12 months.	12.50%	2.89%
Inflammatory Bowel Diseases	371	Patients without office visit in the last 12 months.	12.94%	7.78%
	371	Patients without office visit in the analysis period.	9.16%	0.82%
Inflammatory Bowel Diseases (E)	371	Patients without office visit in the last 12 months.	12.94%	7.89%
Low back pain(new diagnosis) (E)	3,141	Patients with lumbar spine surgery within 3 months of initial diagnosis of low back pain	1.24%	1.56%
	3,142	Patients with CT or MRI within 6 weeks of initial diagnosis of low back pain	11.97%	15.82%
Migraine Headache-related admission	6	Patients without office visit in the analysis period.	0.00%	1.35%
Migraine Headache-related admission in the last 12 months (E)	3	Patients without office visit in the last 12 months.	0.00%	1.23%
Migraine Headache-related ER visit	78	Patients without office visit in the analysis period.	0.00%	3.26%
Migraine Headache-related ER visit in the last 12 months (E)	40	Patients without office visit in the last 12 months.	5.00%	5.14%
Migraine/ Headache (E)	352	Patients without office visit in the last 12 months.	1.99%	5.51%
Neck Pain-related admission	45	Patients without office visit in the analysis period.	0.00%	0.78%
Neck Pain-related	39	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	267	Patients without office visit in the analysis period.	3.00%	7.21%
Neck Pain-related ER visit in the last 24 months (E)	254	Patients without office visit in the last 24 months.	2.76%	6.01%
Patients taking Arava in the last 12 months (E)	61	Patients without liver function in the last 12 months	40.98%	17.32%
Patients taking Methotrexate in the last 12 months (E)	467	Patients without liver function in the last 12 months	52.46%	17.23%
Patients with 2 or more outpatient visits for intervertebral disc disorder, back pain or neck pain in any 90 day period	13,885	Patients with durable medical equipment charges of >\$2000	5.63%	4.13%
Patients with >= 6 events of otitis media in the last 12 months	6	Patients not receiving a tympanostomy tube in the last 12 months.	50.00%	43.11%
Patients with >= 6 events of otitis media in the last 12 months (E)	6	Patients not receiving a tympanostomy tube in the last 12 months.	50.00%	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)	2	MPR for IBD-medication of < 80% in the last 12 months	50.00%	30.66%
Patients with IBD-related hospitalization	3	MPR for IBD-medication of < 80% in the last 12 months	66.67%	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	2,138	Patients with more than 5 prescribing providers for the mentioned drugs	31.90%	22.04%
Patients with intervertebral disc disorder, back pain or neck pain	12,193	Patients with continuous use of opiates for more than 12 months	5.33%	3.16%
Patients with intervertebral disc disorder, back pain, neck pain or osteoarthritis	19,180	Patients with >2 CT scans of the same body part, limited to spine, neck, hip, knee and shoulder	0.29%	0.95%
	19,180	Patients with >2 MRI of the same body part, limited to spine, neck, hip, knee and shoulder	0.58%	0.66%
Patients with otitis media	557	Patients who filled scripts for systemic corticosteroids, antihistamines, or decongestants within 7 days of an encounter for otitis media.	14.00%	13.66%
Patients with Rheumatoid arthritis taking NSAIDs for >=30 days	270	Patients without gastric protection while taking NSAIDs	52.96%	71.12%
PVD	573	Patients without long office visit in the analysis period.	2.27%	3.03%
	573	Patients without office visit in the last 12 months.	2.09%	6.81%
	573	Patients without office visit in the analysis period.	0.35%	1.01%
PVD (E)	572	Patients without long office visit in the	8.92%	12.82%

Gaps in Care			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
		last 12 months.		
	572	Patients without office visit in the last 12 months.	2.10%	6.86%
PVD-related admission	69	Patients without office visit in the analysis period.	0.00%	1.45%
PVD-related admission in the last 12 months (E)	37	Patients without office visit in the last 12 months.	0.00%	2.02%
PVD-related ER visit	20	Patients without office visit in the analysis period.	0.00%	1.77%
PVD-related ER visit in the last 12 months (E)	12	Patients without office visit in the last 12 months.	0.00%	3.93%
Rheumatoid Arthritis	879	Patients without office visit in the analysis period.	9.44%	0.26%
Rheumatoid Arthritis (E)	874	Patients without flu vaccination in the last 12 months.	83.41%	77.48%
	874	Patients without assessment of renal function in the last 12 months	47.14%	25.74%
	874	Patients without assessment of CBC in the last 12 months	44.39%	21.59%
	874	Patients without assessment of liver function in the last 12 months	51.14%	26.32%
	874	Patients without office visit in the last 12 months.	11.56%	6.20%
	874	Patients without measurement of ESR or CRP in the last 12 months	66.13%	40.22%
	874	Patients not on DMARDs in the last 12 months.	52.97%	50.57%
	874	Patients without lab test in the last 12 months.	34.21%	13.05%
Rheumatoid arthritis on hydroxychloroquine in the last 12 months (E)	206	Patients without retinal eye exam in the last 12 months.	60.19%	60.24%
Rheumatoid Arthritis-related admission	16	Patients without office visit in the analysis period.	0.00%	0.63%
Rheumatoid Arthritis-related admission in the last 12 months (E)	4	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	16	Patients without office visit in the analysis period.	0.00%	1.75%	
Rheumatoid Arthritis-related ER visit in the last 12 months (E)	7	Patients without office visit in the last 12 months.	0.00%	2.87%	
Stroke/TIA	2,496	Patients without office visit in the analysis period.	8.57%	1.75%	
	2,496	Patients without office visit in the last 12 months.	12.10%	8.36%	
	2,496	Patients without long office visit in the analysis period.	11.90%	4.30%	
Stroke/TIA (E)	2,484	Patients without long office visit in the last 12 months.	20.25%	14.44%	
	2,484	Patients without office visit in the last 12 months.	12.08%	8.35%	
Stroke/TIA-related admission	390	Patients without office visit in the analysis period.	1.03%	2.62%	
Stroke/TIA-related admission in the last 12 months (E)	209	Patients without office visit in the last 12 months.	2.87%	3.95%	
Stroke/TIA-related ER visit	505	Patients without office visit in the analysis period.	0.59%	2.69%	
Stroke/TIA-related ER visit in the last 12 months (E)	274	Patients without office visit in the last 12 months.	2.19%	4.08%	
Osteoarthritis	Osteoarthritis	9,533	Patients without office visit in the analysis period.	8.62%	0.51%
	Osteoarthritis (E)	9,323	Patients without office visit in the last 24 months.	8.69%	0.44%
	Osteoarthritis-related admission	1,272	Patients without office visit in the analysis period.	0.31%	0.48%
	Osteoarthritis-related admission in the last 12 months (E)	608	Patients without office visit in the last 12 months.	0.82%	0.90%
	Osteoarthritis-related ER visit	94	Patients without office visit in the analysis period.	0.00%	4.10%
	Osteoarthritis-related ER visit in the last 12 months	55	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)				
Children <= 12 y/o with emergency visit for asthma exacerbation and discharged on oral steroids	0	Children not on controller medication near the time of the ER visit.	0.00%	12.18%
Children <= 12 y/o with emergency visit for asthma exacerbation and discharged on oral steroids (E)	0	Children not on controller medication near the time of the ER visit.	0.00%	12.03%
Children <=17 y/o taking growth hormone in the last 12 months	5	Patients without a thyroid function test in the last 6 months.	40.00%	65.26%
Children <=17 y/o taking growth hormone in the last 12 months (E)	5	Patients without a thyroid function test in the last 6 months.	40.00%	64.54%
Children <=17 y/o with otitis media and a tube insertion	5	Patients without a hearing test performed within 6 months prior to first tube insertion	80.00%	52.69%
Children <=17 y/o with otitis media and a tube insertion (E)	4	Patients without a hearing test performed within 6 months prior to first tube insertion	100.00%	52.22%
Children <=5 y/o with episode(s) of febrile seizure	1	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)	1	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	9	Patients who did not receive a psychiatrist referral near the time of	11.11%	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)	9	Patients who did not receive a psychiatrist referral near the time of starting non-SSRI therapy.	11.11%	15.05%	
Pediatric patients with depression started on SSRI therapy	25	Patients who did not have at least two office visits within 45 days after starting SSRI therapy.	20.00%	27.48%	
Pediatric patients with depression started on SSRI therapy (E)	25	Patients who did not have at least two office visits within 45 days after starting SSRI therapy.	20.00%	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.	30.43%	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.	30.43%	17.54%	
Pediatric patients with depression, on more complex antidepressant therapy	7	Patients who did not have a visit with a psychiatrist or psychologist near the time of starting complex antidepressant therapy.	0.00%	8.15%	
Pediatric patients with depression, on more complex antidepressant therapy (E)	7	Patients who did not have a visit with a psychiatrist or psychologist near the time of starting complex antidepressant therapy.	0.00%	7.75%	
Pediatric patients with diagnosis of or suspected eating disorder	9	Patients taking inappropriate stimulant medication.	0.00%	2.43%	
Pregnancy	Gestational	3	Patients without a follow up diabetes	100.00%	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)	3	Patients without a follow up diabetes screening test within 3 months of delivery.	100.00%	78.49%
	Pregnancy	49	Pregnant women delivered with fewer than six prenatal visits.	85.71%	34.03%
		49	Pregnant women delivered with more than 15 prenatal visits.	0.00%	0.35%
Renal Failure	Renal Failure/ESRD	1,451	Patients without office visit in the analysis period.	6.48%	1.96%
		1,451	Patients without long office visit in the analysis period.	8.13%	4.32%
	Renal Failure/ESRD (E)	1,439	Patients without office visit in the last 12 months.	9.24%	9.91%
		1,439	Patients without lipid profile test in the last 12 months.	76.65%	51.00%
		1,439	Patients without long office visit in the last 12 months.	14.94%	14.99%
		1,439	Patients without urinalysis in the last 12 months.	59.35%	47.14%
		1,439	Patients without serum creatinine test in the last 12 months.	44.61%	27.61%
		1,439	Patients without flu vaccination in the last 12 months.	85.06%	77.15%
	Renal Failure/ESRD-not on Dialysis (E)	1,257	Patients without serum albumin test every three months in the last 24 months.	99.28%	96.05%
	Renal Failure/ESRD-on Dialysis (E)	160	Patients without serum albumin test in the last 12 months.	36.25%	40.09%
	Renal Failure/ESRD-related admission	171	Patients without office visit in the analysis period.	0.00%	2.61%
	Renal Failure/ESRD-related admission in the last 12 months (E)	103	Patients without office visit in the last 12 months.	1.94%	4.85%
	Renal Failure/ESRD-related ER visit	159	Patients without office visit in the analysis period.	0.00%	2.53%
	Renal Failure/ESRD-related ER visit in	85	Patients without office visit in the last 12 months.	1.18%	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	12,417	Patients with asthma-related ER visit in the analysis period.	1.09%	0.95%
	Asthma	1,825	Patients with more than one hospitalization in the analysis period.	8.71%	5.52%
		1,825	Patients with depression in the analysis period.	25.59%	17.41%
		1,825	Patients with more than two chest x-rays in a month in the analysis period.	5.75%	2.88%
		1,825	Patients with more than one asthma-related hospitalization in the analysis period.	0.16%	0.41%
		1,825	Patients with more than one asthma-related ER visit in the analysis period.	1.53%	3.58%
		1,825	Patients with more than four asthma-related office visits.	7.73%	13.14%
		1,825	Patients with bronchoscopy in the analysis period.	1.53%	1.06%
		1,825	Patients with more than five spirometry tests in the last 12 months.	0.33%	0.97%
		1,825	Patients with more than two prednisone courses in each year of the analysis period.	3.12%	1.47%
		1,825	Patients >= 60 years old.	79.40%	11.44%
		1,825	Patients with any claim for tobacco use disorder in the analysis period.	0.38%	1.21%
		1,825	Patients with more than two spirometry tests in the last 90 days.	0.16%	0.65%
		1,825	Patients taking ascending dose of prednisone in the analysis period.	2.03%	2.21%
		1,825	Patients with more than three asthma-related specialty care visits in the analysis period.	0.55%	0.00%
1,825	Patients with more than twenty	16.05%	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.			
	1,825	Patients with more than three prescriptions for albuterol in the analysis period.	30.58%	27.61%	
	1,825	Patients with more than two nebulizers in the analysis period.	58.85%	58.36%	
	1,825	Patients taking omalizumab (Xolair) in the last 90 days.	0.27%	0.26%	
	1,825	Patients taking more than four inhalers in the analysis period.	48.22%	41.69%	
	1,825	Patients with asthma-related ER visit in the analysis period.	6.96%	14.34%	
	1,825	Patients with asthma-related hospitalization in the analysis period.	1.26%	3.70%	
Asthma-related ICU stay	152	Patients with intubation in the analysis period.	10.53%	5.72%	
Behavioral Health	Behavioral Health	Patients taking atypical antipsychotics and clozapine during the analysis period.	0.06%	0.07%	
	Depression	2,372	Patients taking SSRI and bupropion in the analysis period.	9.23%	9.80%
		2,372	Patients with depression-related hospitalization in the analysis period.	3.88%	5.49%
		2,372	Patients with depression-related ER visit in the analysis period.	3.54%	4.59%
		2,372	Patients with more than one hospitalization in the analysis period.	9.61%	5.99%
		2,372	Patients taking either SSRIs/bupropion/effexor/cymbalta and gabapentin (neurontin) during the analysis period.	7.55%	4.03%
	Depression (or on antidepressants)	9,658	Patients with any two of these: new pain codes (joint pain, backpain, neck pain, abdominal pain, headache), opiates, insomnia or sleep medications.	47.29%	37.53%
	Individuals >=18 y/o	62,113	Patients with co-morbid psychiatric and substance abuse disorder.	0.16%	0.21%
	Individuals aged >=18 to <=39 years	2,989	Patients with intermittent atrial fibrillation in the analysis Period.	0.07%	0.05%
	Patients >=18 y/o	62,113	Patients with Hepatitis C.	0.36%	0.13%
Patients >=18 y/o with active	187	Patients with traumatic injury-related ER visit or admission in the analysis	20.86%	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.			
	86	Patients with traumatic injury-related ER visit or hospitalization in the analysis period.	30.23%	20.55%	
	626	Patients taking lithium.	9.58%	14.82%	
	73	Patients with more than 3 ER visits or more than 2 hospitalizations in the analysis period.	17.81%	20.18%	
	463	Patients taking additional anti-depressants after 60 days of monotherapy.	28.08%	26.98%	
Cancer	Cancer	4,745	Patients with miscellaneous cancer.	7.67%	12.62%
		4,745	Patients with infusions for oncology and hematology in the analysis period.	17.64%	16.74%
		4,745	Patients with skin cancer (excludes melanoma).	27.06%	24.06%
		4,745	Patients with cancer therapies in the last 12 months.	12.05%	11.93%
		4,745	Patients with melanoma.	2.87%	3.73%
		4,745	Patients with breast cancer.	21.20%	22.33%
		4,745	Patients with liver or biliary cancers.	0.95%	0.73%
		4,745	Patients with pancreatic cancer.	0.59%	0.74%
		4,745	Patients with upper GI cancer.	1.83%	1.54%
		4,745	Patients with ENT cancer.	1.56%	2.22%
		4,745	Patients with urinary tract cancer.	6.49%	5.00%
		4,745	Patients with leukemia.	2.85%	2.83%
		4,745	Patients with secondary malignancy.	4.03%	5.45%
		4,745	Patients with lymphoma or lymphosarcoma	4.55%	5.45%
		4,745	Patients with colorectal cancer.	4.87%	5.19%
4,745	Patients with lung cancer.	4.28%	3.65%		
Cardiac	All individuals	63,925	Patients with chest pain-related ER visit in the analysis period.	3.27%	1.76%
		63,925	Patients with chest pain-related hospitalization in the analysis period.	0.45%	0.26%
	CAD	4,933	Patients with antidepressants in the analysis period.	21.77%	23.53%
		4,933	Patients with CAD-related hospitalization in the analysis period.	12.24%	19.26%
		4,933	Patients with CAD-related ER visit in the analysis period.	8.88%	14.18%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
	4,933	Patients with MI-related hospitalization in the analysis period.	3.24%	4.78%	
	4,933	Patients with more than one hospitalization in the analysis period.	15.95%	17.14%	
	4,933	Patients with antiplatelet or anticoagulants in the analysis period.	39.06%	43.07%	
	4,933	Patients with complicated lipid disorders.	22.44%	28.49%	
	4,933	Patients with obesity.	0.63%	1.55%	
	4,933	Patients with hypertension or taking antihypertensive drugs.	84.47%	84.88%	
	4,933	Patients with erythropoietin in the analysis period.	1.50%	1.62%	
	4,933	Patients on both antiarrhythmic and antiplatelet agents in the analysis period.	1.95%	1.79%	
	4,933	Patients with peripheral vascular disease (PVD).	4.93%	5.80%	
	4,933	Patients with cerebrovascular disease (CVD).	15.20%	8.38%	
	4,933	Patients with cardiac stenting in the analysis period.	9.95%	14.92%	
	4,933	Patients with cardiac catheterization in the analysis period.	23.45%	37.11%	
	4,933	Patients with CABG in the analysis period.	3.63%	4.70%	
	4,933	Patients with depression.	3.63%	4.88%	
	4,933	Patients with hyperlipidemia.	30.89%	36.60%	
	4,933	Patients with nitrate class drugs in the analysis period.	29.84%	26.96%	
	CHF	1,444	Patients with more than one hospitalization in the analysis period.	35.60%	44.03%
		1,444	Patients with renal failure.	20.22%	23.06%
		1,444	Patients taking drugs that affect prostaglandin to cause fluid retention in the analysis period.	18.14%	20.54%
		1,444	Patients with CHF or pulmonary edema-related ER visit in the analysis period.	19.74%	22.65%
1,444		Patients taking drugs that cause fluid retention (without affecting prostaglandins) in the analysis period.	34.21%	39.83%	
1,444		Patients with CHF or pulmonary edema-related hospitalization in the	15.51%	22.07%	

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
		analysis period.			
Females < 55 years old	4,901	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.	0.29%	0.25%	
Hypertension on 2 or more agents in the last 12 months (E)	9,443	Patients without thiazide diuretic in the last 24 months.	60.40%	61.98%	
Males < 45 years old	2,368	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.	0.21%	0.14%	
MI	666	Patients with subsequent cardiac-related hospitalization in the analysis period.	10.96%	13.42%	
COPD	<50 years old with COPD	3	Patients with alpha-1 antitrypsin deficiency in the analysis period.	0.00%	0.13%
	COPD	2,133	Patients taking Spiriva in the analysis period.	32.35%	27.36%
		2,133	Patients with durable medical equipment cost greater than \$1,000 in the last 90 days.	0.61%	2.15%
		2,133	Patients with CAD and CHF in the analysis period.	8.20%	5.01%
		2,133	Patients with COPD-related ER visit in the analysis period.	14.49%	14.90%
		2,133	Patients with COPD-related hospitalization in the analysis period.	7.50%	11.67%
		2,133	Patients with home oxygen in the analysis period.	27.43%	25.67%
		2,133	Patients with more than one hospitalization in the analysis period.	20.35%	23.05%
		2,133	Patients with more than two chest x-rays in the analysis period.	36.01%	39.31%
		2,133	Patients with more than one COPD-related ER visit in the analysis period.	4.88%	4.11%
		2,133	Patients with more than three COPD-related ER visits in the last 12 months.	0.38%	0.28%
		2,133	Patients with more than two prescriptions of anticholinergics or	51.05%	44.05%

		Risk Measures		% of Individual with Gap/Risk	
Clinical Condition		Members with Condition	Description	Actual	Norm
			beta-agonists in the analysis period.		
		2,133	Patients with more than one prescription of oral steroids and antibiotics in the analysis period.	24.57%	28.45%
		2,133	Patients with more than three pulmonary function tests in the last 12 months.	1.41%	3.99%
		2,133	Patients <50 years old.	0.14%	14.82%
		2,133	Patients >=65 years old.	85.19%	35.23%
		2,133	Patients with echocardiography and right heart catheterization in the analysis period.	3.09%	3.11%
		2,133	Patients with ABG in the analysis period.	6.70%	7.85%
		2,133	Patients with CPAP in the analysis period.	14.53%	13.43%
		2,133	Patients with BiPAP or CPAP in the analysis period.	14.58%	13.56%
		2,133	Patients with sleep apnea in the analysis period.	14.39%	13.49%
		2,133	Patients with pulmonary rehabilitation in the analysis period.	2.44%	1.61%
		2,133	Patients with more than four prescriptions for inhaled corticosteroids in the analysis period.	31.55%	23.15%
		2,133	Patients taking oral steroids in the analysis period.	44.21%	51.17%
		2,133	Patients with bronchoscopy or thoracoscopy in the analysis period.	4.08%	5.96%
		2,133	Patients with any claim for tobacco use disorder in the analysis period.	1.73%	6.92%
				2,133	Patients with tobacco use disorder.
	COPD on Advair	701	Patients taking ascending dose of Advair in the analysis period.	10.41%	8.93%
Diabetes	Diabetes	8,616	Patients with diabetes-related ER visit in the analysis period.	2.67%	4.05%
		8,616	Patients with insulin in the analysis period .	21.33%	24.51%
		8,616	Patients with complicated lipid disorders.	18.36%	18.54%
		8,616	Patients with more than one hospitalization in the analysis period.	8.80%	7.06%
		8,616	Patients with retinopathy.	2.92%	2.83%
		8,616	Patients with test for creatinine	0.41%	1.18%

Risk Measures			% of Individual with Gap/Risk	
Clinical Condition	Members with Condition	Description	Actual	Norm
		clearance in the analysis period.		
	8,616	Patients with diabetes-related hospitalization in the analysis period.	0.86%	1.94%
	8,616	Patients with oral antidiabetic agents in the analysis period.	58.17%	62.88%
	8,616	Patients with insulin and oral antidiabetic agents in the analysis period.	14.12%	13.60%
	8,616	Patients with antiplatelet agent in the analysis period.	9.25%	6.20%
	8,616	Patients with drug augmented stress test in the analysis period.	2.72%	1.81%
	8,616	Patients with peripheral vascular disease (PVD).	2.18%	2.02%
	8,616	Patients with renal failure.	7.54%	4.35%
	8,616	Patients with amputation in the analysis period.	0.38%	0.42%
	8,616	Patients with ulcer or open wound.	7.32%	7.14%
	8,616	Patients with drugs for a serious, or potentially very high risk, cardiac condition in the analysis period.	8.25%	5.78%
	8,616	Patients with hyperlipidemia.	22.02%	22.91%
	8,616	Patients with CAD.	17.47%	10.04%
	8,616	Patients with depression.	4.04%	4.64%
	8,616	Patients with dialysis in the analysis period.	1.79%	1.70%
	8,616	Patients with erythropoietin in the analysis period.	1.57%	1.04%
	8,616	Patients with hypertension or taking antihypertensive drugs.	79.87%	70.61%
	8,616	Patients with obesity.	1.21%	2.40%
Members with >1 diagnosed episodes of cellulitis	355	Patients who also have a diagnosis of diabetes mellitus	40.00%	21.78%
Members with a diagnosis of lower extremity cellulitis	569	Patients who also have a diagnosis of diabetes mellitus	37.61%	22.28%
Men > 60 years old	21,430	Patients with diabetes.	19.12%	16.08%
Women with >=3 episodes of UTI	640	Patients with Diabetes mellitus	23.75%	10.34%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
General	<10 years old with ER visits	62	Patients with two or more ER visits in the last 12 months.	11.29%	12.96%
	>10 years old with ER visits	15,978	Patients with two or more ER visits in the last 12 months.	21.44%	15.04%
	All individuals	63,925	Patients with prescriptions for more than 15 drug classes in the analysis period.	11.41%	3.04%
		63,925	Patients with >= 2 UTI-related ER visits	0.19%	0.05%
		63,925	Patients with hospice care claims in the analysis period.	0.03%	0.03%
	ER Visits	16,054	Patients with ER visits on Saturday and/or Sunday.	44.31%	41.05%
	Home Health	734	Patients with home health cost of at least \$10K in the analysis period.	5.31%	2.67%
	Home infusion	224	Patients with more than \$5,000 paid in home infusion claims in the analysis period.	24.55%	15.89%
	Hypertension	18,146	Patients with more than one hospitalization in the analysis period.	7.22%	6.16%
	Individuals 16 to 50 y/o with \$5,000 to \$25,000 spend in the last 12 months	384	Patients identified as potential somatizers.	10.68%	6.42%
	Low back pain	8,166	Patients taking >=3 narcotic prescriptions in a month	9.12%	9.84%
	Migraine/ Headache	355	Patients with migraine/ headache-related ER visit in the analysis period.	11.83%	18.59%
	Multiple Hospitalizations	2,465	Patients with more than two hospitalizations in the last six months.	4.10%	4.77%
	Office Visits	50,175	Patients with office visits to more than two types of specialists every three months.	0.44%	0.08%
	Opiates	20,742	Patients with more than six Oxycontin prescriptions in the analysis period.	4.28%	1.77%
Patients on multiple medications for allergy and asthma: >2 agents from inhaled steroids, antihistamines,	700	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	4.14%	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	9,750	Patients with >2 sinus imaging procedures (x-ray, CT, MRI) in any 3-month period in last 12 months	0.02%	0.01%
	Patients with intervertebral disc disorder, back pain, neck pain or osteoarthritis	19,180	Patients with >2 x-rays of the same body part, limited to spine, neck, hip, knee, shoulder	9.45%	6.47%
	Patients with non-UTI-related hospitalization	8,023	Patients with UTI diagnosis beginning the day after hospital discharge to one month post-discharge	3.50%	2.41%
	Peripheral vascular disease (PVD)	573	Patients with lower extremity gangrene	1.75%	3.05%
		573	Patients with lower extremity cellulitis	7.16%	7.70%
	Potential Somatizers	1	Patients with disease-related ER visit in the analysis period.	0.00%	4.70%
Geriatric	>= 65 years old	32,402	Patients taking > 8 different classes of drugs in the analysis period.	42.32%	33.24%
		32,402	Patients with trauma-related ER visits in the analysis period.	8.18%	6.43%
		32,402	Patients with history of fall in the analysis period.	0.00%	0.02%
		32,402	Patients with an ER visit in the last 12 months.	18.86%	14.45%
		32,402	Patients with antidepressants in the analysis period.	17.63%	14.87%
		32,402	Patients with more than 1 hospitalization for pneumonia in the analysis period.	0.12%	0.08%
		32,402	Patients with more than 1 hospitalization in the analysis period.	5.91%	5.42%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition	Members with Condition	Description	Actual	Norm	
		32,402	Patients taking coumadin in the analysis period.	6.83%	5.50%
		32,402	Patients with a fracture of hip, spine or radius in the analysis period.	1.05%	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	15,914	Patients with > 1 UTI in the analysis period.	0.57%	0.77%
	Women >=65 years old	16,488	Patients with more than 3 UTIs in the analysis period.	0.39%	0.28%
	Women >=65 years old with incontinence	349	Patients taking more than 3 different prescription drugs for incontinence in the analysis period.	0.57%	0.61%
Misc.	All individuals	63,925	Patients with gastric stapling, bypass, or banding procedures in the analysis period.	0.15%	0.18%
		63,925	Patients with Gaucher disease, with injections for the disease in the analysis period.	0.00%	0.00%
	Demyelinating Disease	247	Patients with more than one hospitalization in the analysis period.	8.50%	6.57%
	Female with cancer	2,328	Patients with female genital organ cancer.	8.68%	11.60%
	Inflammatory Bowel Disease	371	Patients with more than one hospitalization in the analysis period.	8.36%	10.49%
	Patients with anti-TNF drug therapy for >=60 days	280	Patients with > 1 serious infectious complications while on TNF agents	5.36%	3.94%
	Patients with claims for > 1 serious infectious complication	437	Patients started on anti-TNF drug therapy after the infectious complications	0.46%	0.25%
	Rheumatoid Arthritis	879	Patients with TNF drugs in the analysis period.	19.00%	23.83%
	Sleep Apnea	3,033	Patients with polysomnography study and CPAP in the analysis period.	36.33%	45.06%
	Women <40 y/o	2,458	Women with menopause before age 40.	0.00%	0.08%
Osteoarthritis	Osteoarthritis	9,533	Patients with hylan injections in the analysis period.	8.20%	13.14%
		9,533	Patients with continuous use of opiates across the last 12 months.	6.95%	8.46%

Risk Measures			% of Individual with Gap/Risk		
Clinical Condition		Members with Condition	Description	Actual	Norm
Pediatric	Children <=12 y/o	665	Patients with 6 or more diagnoses claims for bronchiloitis or croup.	0.00%	0.11%
	Children <=17 y/o	1,812	Children with occult (likely) obesity.	3.75%	2.27%
		1,812	Children with diagnosis of obesity.	0.33%	0.14%
	Pediatric patients aged >=1 and <18 years	1,808	Patients with codes for nonspecific family disruption or school failure.	0.00%	0.02%
	Pediatric patients with ENT or Upper Respiratory infectious disorders	287	Patients with Immune Disorders	0.00%	0.18%
Pregnancy	All live birth	9	Live born with low birth weight.	22.22%	7.02%
	Pregnancy	49	Patients with active cocaine abuse during or after pregnancy in the analysis period.	0.00%	0.01%
		49	Women with hospitalization for pregnancy-related diagnosis other than delivery.	8.16%	4.82%
		49	Women with pregnancy or delivery complications.	69.39%	75.20%
		49	Women with pregnancy-related ER visit in the analysis period.	16.33%	16.28%
		49	Women with high-risk pregnancy.	22.45%	19.22%
		49	Women with oral antidiabetic agents in the analysis period.	0.00%	3.15%
Renal Failure	Renal Failure/ESRD	1,451	Patients with renal failure/ESRD-related hospitalization in the analysis period.	10.82%	13.24%
		1,451	Patients with renal failure/ESRD-related ER visit in the last 12 months.	4.96%	6.20%