

Dear Clinic Administrator or Medical Director,

Q Corp is pleased to release its second round of Clinic Comparison Reports. This report includes claims incurred from January 2014 to December 2014. As a reminder, the goal of the Clinic Comparison Report is to demonstrate clinic variation in cost and quality compared to a state average. The Clinic Comparison Report displays information based on claims data for commercial patients attributed to a primary care clinic. The report includes:

- Cost, resource utilization, and price index at the clinic level.
- Detail for inpatient, outpatient, professional and pharmacy claims.
- A statewide average for all measures.

Some key findings from ABC Clinic's report:

Risk Score



The Clinic Risk Score represents the morbidity burden of a subset of patients in your clinic. Q Corp uses the Johns Hopkins Adjusted Clinical Groups (ACG) System which measures morbidity burden based on disease patterns, age and gender using diagnoses found in claims data.

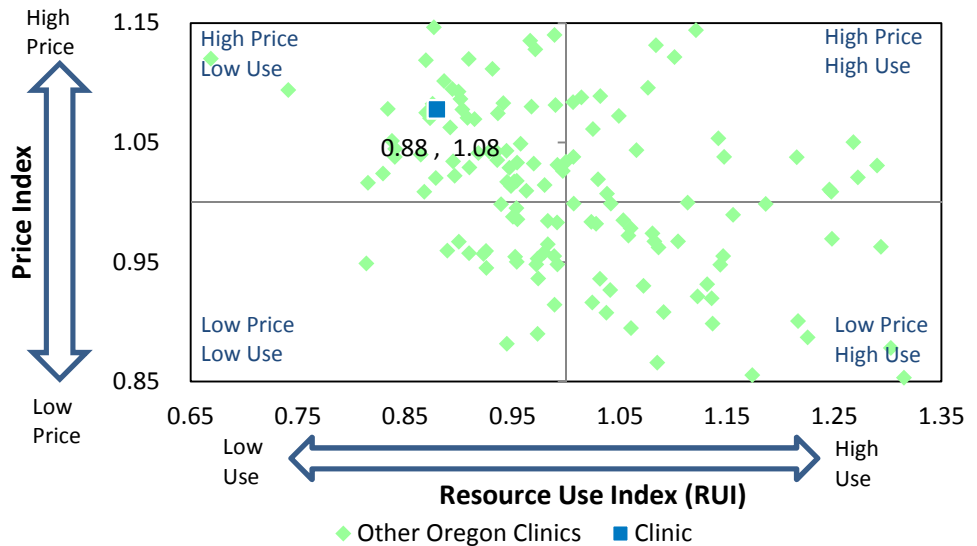
Summary by Service Category

| | TCI | = RUI | Price Index |
|---------------------|-------------|-------|-------------|
| Professional | 1.07 | 0.97 | 1.10 |
| Outpatient Facility | 0.71 | 0.72 | 1.00 |
| Inpatient Facility | 1.10 | 0.93 | 1.19 |
| Pharmacy | 0.88 | 0.87 | 1.01 |
| Overall | 0.95 | 0.88 | 1.08 |

A Total Cost Index, Price Index or Resource Use Index value greater than 1.00 means the clinic's score is higher than the Oregon average score for the measure.
 For more information see the Total Cost of Care Definitions page.

Price vs. Resource Use Comparison

This chart shows your clinic's price and resource use compared to other clinics across Oregon. Clinics that are lower in price and resource use appear in the lower left quadrant.



Additionally, we are including a page in this report that displays year over year changes in a clinic's scores from 2012, 2013, and 2014.

The Clinic Comparison Reports are based on HealthPartners' cost of care measures which have been endorsed by the National Quality Forum (NQF). These measures use various criteria to ensure that the populations are similar enough for comparisons to be made. The criteria used for these adult reports include:

- Clinics meet the minimum patient threshold of 600.†
- Patients are enrolled in a commercial plan for at least 9 months.
- Adults 18-64 (patients 65 years old and over are excluded).
- Costs over \$100,000 for any individual patient are excluded.

To ensure the reports are as useful as possible, Q Corp will continue to solicit input regarding the content and format from multiple stakeholders and partners. More information about Q Corp's Cost of Care work, can be found on our website at: <http://q-corp.org/our-work/costofcare>.

Questions? Please contact a member of the cost of care team at costofcare@q-corp.org or 503-241-3571.

Thank you,



Mylia Christensen
Executive Director

Attachments:

- [1. Total Cost of Care Definitions and Glossary, 2 pages](#)
- [2. Clinic Comparison Report, 9 pages](#)
- [3. Frequently Asked Questions \(FAQ\), 7 pages](#)

The Oregon Health Care Quality Corporation is an independent, nonprofit organization that leads community collaborations and produces unbiased information. We work with the members of our community—consumers, providers, employers, policymakers, and health insurers—to improve the health of all Oregonians.

† Clinics that received reports previously are receiving reports even if their number of patients falls below the minimum patient threshold.

Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Total Cost of Care Definitions & Glossary Page 1

About this report

This report shows clinic-specific data on cost, utilization, quality and resource use measures, comparing your clinic to others in Oregon.

Patient Population: Cost and utilization reports use Q Corp’s commercially insured adult (18-64) population for claims incurred January 1, 2014 – December 31, 2014 with 3 months run-out. Annual costs over \$100,000 for any individual patient are excluded. Other quality and resource use measures use Q Corp’s commercially insured population in its entirety for the same period.

Patient Attribution: Patients are assigned to a primary care provider (PCP) contained in the Q Corp provider directory based on having specific types of primary care visits with that PCP. PCPs and their patients are then assigned to a clinic. Attribution to a PCP is based on the following:

- A patient is attributed to the PCP the patient has seen the most across the two-year attribution period (January 1, 2013 – December 31, 2014).
- A patient is attributed to a single PCP. If there is a tie in the number of visits, the patient will be attributed to the most recently seen PCP.
- Patients who received care solely from specialists, urgent care clinics or other providers not included in the provider directory are not assigned a primary care provider (*unattributed*). In addition, if a patient did not have one of the specific types of visits based on CPT codes, the patient is not attributed.

Overall Summary by Service Category for ABC Clinic

See Definitions Page 2 for a description of Service Categories (Professional, Outpatient Facility, etc)

| | Clinic | | OR Average | | = | RUI | Price x Index |
|---------------------|-------------|-------------|------------|------|------|------|------------------|
| | Raw PMPM | Adj PMPM | PMPM | TCI | | | |
| Professional | \$234.52 | \$207.60 | \$194.45 | 1.07 | 0.97 | 1.10 | |
| Outpatient Facility | \$97.59 | \$86.39 | \$120.83 | 0.71 | 0.72 | 1.00 | |
| Inpatient Facility | \$89.62 | \$79.33 | \$71.94 | 1.10 | 0.93 | 1.19 | |
| Pharmacy | \$84.41 | \$74.72 | \$85.37 | 0.88 | 0.87 | 1.01 | |
| Overall | \$506.13 | \$448.05 | \$472.59 | 0.95 | 0.88 | 1.08 | |

Raw PMPM: Raw Per Member Per Month (PMPM) is the total allowed amount (payments from the health plan and the member combined) paid to the clinic for all attributed patients, divided by the number of member months. Annual per member costs are capped at \$100,000.

Adj PMPM: Adjusted PMPM is the clinic’s retrospective risk-adjusted PMPM allowed amount, normalized to the Oregon average. Q Corp uses the Johns Hopkins ACG System which groups patient populations by disease pattern, age and gender. The risk-adjusted amount allows comparison to other clinics regardless of a clinic’s illness burden. If the Adjusted PMPM is higher than the Raw PMPM, that indicates that the clinic has a panel with a lower illness burden than the Oregon average.
Risk Adjusted PMPM = Raw PMPM / Risk Score

OR Average: The Oregon average is the average of all patients in the peer group, in this case commercial patients in Oregon between the ages of 18 and 64 who have been attributed to a clinic receiving these reports. OR Average is shown in comparison to the clinic’s adjusted PMPM.

Price Index: Price Index is a risk-adjusted measure of the price component of managing patient health relative to the Oregon Average. The Price Index is affected by fee schedules, referral patterns and place of service.
Price Index = TCI / RUI

RUI: Resource Use Index (RUI) is a risk-adjusted measure of the frequency and intensity of the services used to manage patient health relative to a benchmark. RUIs are calculated based on standard weights for each service in a service category:
Inpatient: MS-DRG (Medicare Diagnosis-Related Group)
Outpatient: APC (Ambulatory Payment Classification)
Professional: RVU (Relative Value Units)
Pharmacy: NDC (National Drug Code) Average Wholesale Price

TCI: Total Cost Index (TCI) is a risk-adjusted measure of the overall cost effectiveness of managing patient health relative to the Oregon average. This measure includes both the frequency and price of services provided.

OR Average is the average for the patients attributed to clinics receiving these reports.

This work is based on the patented algorithm of HealthPartners, Inc. (Bloomington, MN) and is used with their permission

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Total Cost of Care Definitions & Glossary Page 2

Service Category Definitions

Professional: Includes all costs for professional services delivered in any setting; inpatient, outpatient, or in a clinic, lab, or imaging center. It also includes ancillary services (lab, radiology, DME, etc.) delivered outside a hospital facility.

Outpatient Facility: Includes only services billed by a hospital facility. Professional services for surgeons, hospitalists or other providers billed by a medical group are included in the Professional Service Category.

Inpatient Facility: Includes only services billed by a hospital facility. Professional services that are billed by a medical group are included in the Professional Service Category.

Pharmacy: Includes all drugs covered by the patient's pharmacy benefit.

PMPM: Per Member Per Month (PMPM) refers to the ratio of some services or cost divided into the number of members in a particular group on a monthly basis. For example, if an HMO has 10,000 members that spend \$20,000 on cardiovascular surgery in one month, the cost on a PMPM basis would be \$20,000 divided by 10,000 equaling \$2 per member per month.

Specialist Services: All services, including office visits and procedures, provided by a specialist.

TCI, RUI and Price Index: Oregon averages for TCI, Price Index and RUI are set at 1.0. The Oregon average is the average score for all patients attributed for clinics receiving these reports. A clinic's score indicates to what extent the attributed patients differ from the Oregon average. Values below 1.0 indicate the clinic's panel has lower cost or resource use than average; above 1.0 means the clinic's panel is higher than average.

MS-DRG: The Medicare Diagnosis Related Grouper (MS-DRG) is a statistical system of classifying any inpatient stay into groups for the purposes of payment. The DRG classification system divides possible diagnoses into more than 20 major body systems and subdivides them into almost 500 groups for the purpose of Medicare reimbursement.

APC: The Ambulatory Payment Classification (APC) is a system for reimbursing acute care facilities (hospitals) for outpatient services for Medicare patients.

RVU: Relative Value Units (RVUs) are units assigned to individual CPT codes which, when multiplied by a conversion factor and geographical adjustment, creates the compensation level for a particular service.

NDC: The National Drug Code (NDC) is a unique product identifier used in the United States for drugs intended for human use.

Clinic Comparison Report Glossary

| | |
|-----------------|--|
| AMI: | Acute Myocardial Infarction |
| APC: | Ambulatory Payment Classification |
| CC: | Complicating or Comorbid Condition |
| CDE: | Common Bile Duct Exploration |
| CT: | Computed Tomography |
| DNRI: | Dopamine & Norepinephrine Reuptake Inhibitor |
| ED: | Emergency Department |
| GI: | Gastrointestinal |
| HbA1c: | Hemoglobin A1c |
| LDL-C: | Low Density Lipoprotein Cholesterol |
| MCC: | Major Complicating or Comorbid Condition |
| MRI: | Magnetic Resonance Imaging |
| MS- DRG: | Medicare Diagnosis Related Grouper |
| MV: | Mechanical Ventilation |
| NDC: | National Drug Code |
| OP: | Outpatient |
| OR: | Operating Room |
| OT: | Occupational Therapy |
| PET: | Positron Emission Tomography |
| PMPM: | Per Member Per Month |
| PT: | Physical Therapy |
| RVU: | Relative Value Units |
| ST: | Speech Therapy |
| SSRI: | Selective Serotonin Reuptake Inhibitor |

OR Average is the average for the patients attributed to clinics receiving these reports.

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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Overview

Patient Demographics

| | Clinic | | Oregon Average Scaled to Clinic's size | |
|--|--------|---------|---|---------|
| | Number | Percent | Number | Percent |
| Attributed patients (Benchmark is average number per clinic) | 3,938 | | 3,938 | |
| Average Age (approximate) | 48.3 | | 46.2 | |
| % Male | 2,008 | 51.0% | 1,822 | 46.3% |
| % Female | 1,930 | 49.0% | 2,116 | 53.7% |
| No Chronic Condition Indicated | 1,621 | 41.2% | 2,328 | 59.1% |
| Chronic Condition | 2,317 | 58.8% | 1,610 | 40.9% |
| Major psychosis | 1 | | 3 | |
| Severe dementia | 1 | | 1 | |
| Active cancer | 158 | | 104 | |
| Renal failure - post transplant | 14 | | 15 | |
| Liver disease (Hepatitis, Cirrhosis) – post transplant | 32 | | 18 | |
| HIV | - | | 4 | |
| Severe rheumatic & other connective tissue disease | 44 | | 32 | |
| Severe heart failure/transplant/rheumatic heart disease | 33 | | 32 | |
| Hemophilia & sickle cell & chronic blood disorders | 5 | | 2 | |
| Both Coronary Artery Disease & diabetes | 13 | | 7 | |
| Coronary Artery Disease without diabetes | 146 | | 29 | |
| Diabetes without Coronary Artery Disease | 153 | | 184 | |
| Hypertension (Includes stroke & peripheral vascular disease) | 425 | | 268 | |
| Chronic obstructive pulmonary disease (COPD) | 10 | | 10 | |
| Asthma | 163 | | 145 | |
| Neurologic disorders | 154 | | 116 | |
| Mental retardation/disability congenita anomaly | 8 | | 6 | |
| Chronic musculoskeletal/osteo arthritis/osteporosis | 312 | | 163 | |
| Other mental health | 70 | | 105 | |
| Gastrointestinal disorders | 141 | | 93 | |
| Thyroid disorders | 116 | | 87 | |
| Dermatologic disorders | 12 | | 18 | |
| Other chronic conditions | 306 | | 169 | |

Overall Summary by Service Category

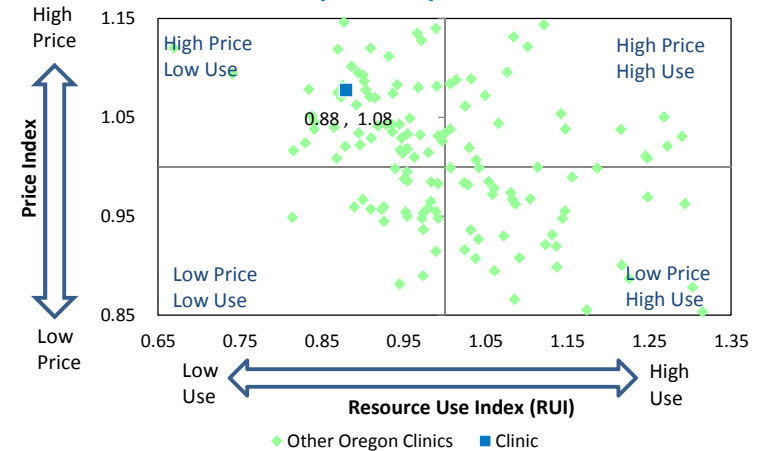
| | Clinic | | OR Average | | TCI = RUI | Price Index |
|---------------------|----------|----------|------------|------|-----------|-------------|
| | Raw PMPM | Adj PMPM | PMPM | PMPM | | |
| Professional | \$234.52 | \$207.60 | \$194.45 | 1.07 | 0.97 | 1.10 |
| Outpatient Facility | \$97.59 | \$86.39 | \$120.83 | 0.71 | 0.72 | 1.00 |
| Inpatient Facility | \$89.62 | \$79.33 | \$71.94 | 1.10 | 0.93 | 1.19 |
| Pharmacy | \$84.41 | \$74.72 | \$85.37 | 0.88 | 0.87 | 1.01 |
| Overall | \$506.13 | \$448.05 | \$472.59 | 0.95 | 0.88 | 1.08 |

Blue highlight indicates index values 10% or more above the Oregon Average.

A TCI, RUI or Price Index value greater than 1.00 means the clinic's score is higher than the Oregon adult average score for the measure.

Chronic Conditions: Q Corp uses Milliman's proprietary Chronic Condition Hierarchical Groups (CCHG) for chronic conditions. Each patient is assigned to one CCHG according to a hierarchical algorithm developed by Milliman. Patients with comorbidities will be reported under the CCHG that falls highest in the hierarchy. The CCHGs may represent an approximation of your clinic's risk, however, the actual risk adjustment in this report uses the Johns Hopkins ACG risk adjusters.

Price vs. Resource Use Comparison by Clinic



OR Average is the average for the patients attributed to clinics receiving these reports.

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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

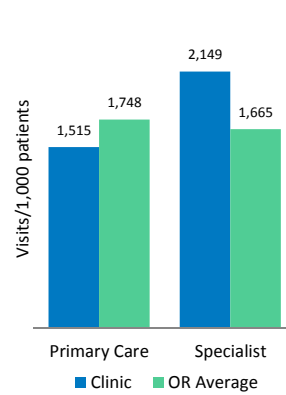
Professional Services

Professional PMPM by Service Category

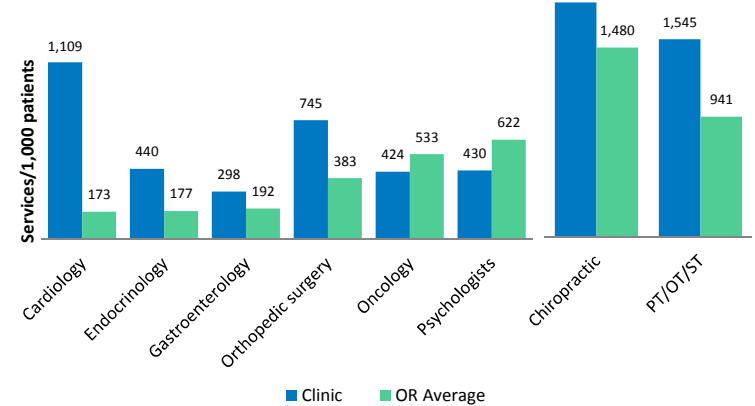
| | Clinic | | OR Average | | |
|-------------------------------------|-----------------|-----------------|-------------|-------------|---------------|
| | Adj PMPM | PMPM | TCI | = RUI | Price x Index |
| Surgery & Anesthesia | \$37.99 | \$34.57 | 1.10 | 1.03 | 1.07 |
| PCP Office/Home Visits | \$24.98 | \$28.31 | 0.88 | 0.75 | 1.18 |
| Specialist Office/Home Visits | \$25.27 | \$19.56 | 1.29 | 1.22 | 1.06 |
| Radiology Professional Services | \$22.40 | \$14.39 | 1.56 | 1.38 | 1.13 |
| Physical Therapy | \$14.94 | \$11.45 | 1.30 | 1.37 | 0.95 |
| Office Administered Drugs | \$6.85 | \$11.35 | 0.60 | 0.60 | 1.01 |
| Pathology/Lab Professional Services | \$14.62 | \$10.59 | 1.38 | 1.11 | 1.24 |
| Behavioral Health | \$5.78 | \$10.13 | 0.57 | 0.61 | 0.93 |
| DME & Home Health | \$6.80 | \$7.88 | 0.86 | 0.87 | 0.99 |
| Preventive Physical Exams | \$7.73 | \$7.77 | 0.99 | 0.92 | 1.08 |
| Preventive Labs & Tests | \$7.97 | \$6.70 | 1.19 | 1.17 | 1.02 |
| Maternity (Deliveries) | \$1.53 | \$3.91 | 0.39 | 0.39 | 1.00 |
| ED Visits and Observation Care | \$2.88 | \$3.29 | 0.88 | 0.62 | 1.42 |
| Chiropractor | \$2.92 | \$2.75 | 1.06 | 1.19 | 0.89 |
| Preventive Immunizations | \$1.73 | \$2.01 | 0.86 | 0.86 | 1.00 |
| Inpatient Visits | \$1.34 | \$1.87 | 0.72 | 0.62 | 1.16 |
| Urgent Care Visits | \$5.82 | \$1.69 | 3.44 | 2.89 | 1.19 |
| Cardiovascular Diagnostics | \$2.43 | \$1.69 | 1.44 | 1.23 | 1.17 |
| All Others | \$13.62 | \$14.56 | 0.94 | 0.91 | 1.03 |
| Total | \$207.60 | \$194.45 | 1.07 | 0.97 | 1.10 |

Primary and Specialty Care Utilization:

Evaluation & Management *

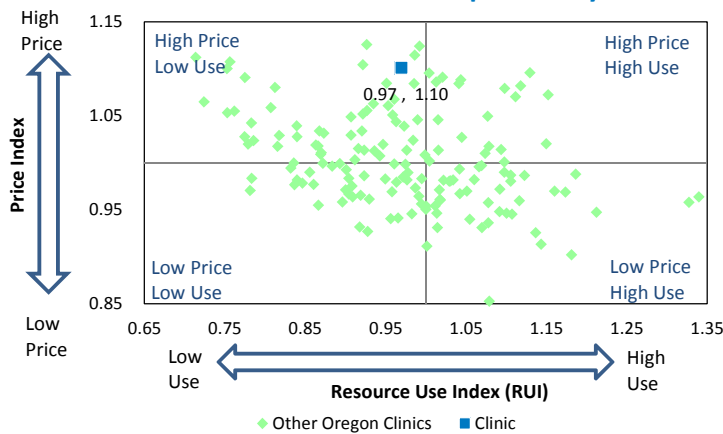


Specialist Services, Top Categories *



Note: Specialist utilization can be driven by a clinic's patient population. A higher risk score can drive higher utilization of specialists.

Professional Price vs. Resource Use Comparison by Clinic



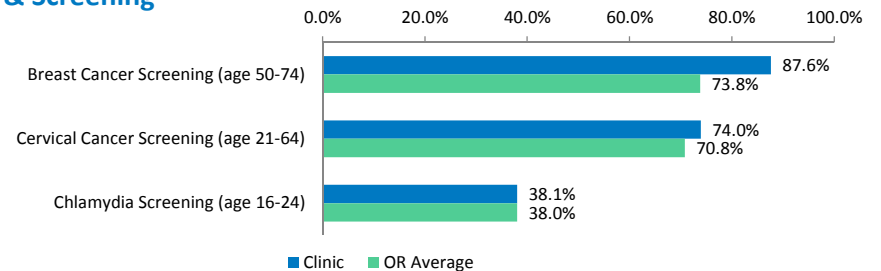
* Utilization and Quality measures are for commercial population only and are not risk adjusted.

OR Average is the average for the patients attributed to clinics receiving these reports.

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Prevention & Screening

(higher is better)



Professional Services includes all costs for professional services delivered in any setting: inpatient, outpatient, or in a clinic, lab, or imaging center. It also includes ancillary services (lab, radiology, DME, etc.) delivered outside of a hospital facility.

Segment: Commercially Insured Adults age 18-64

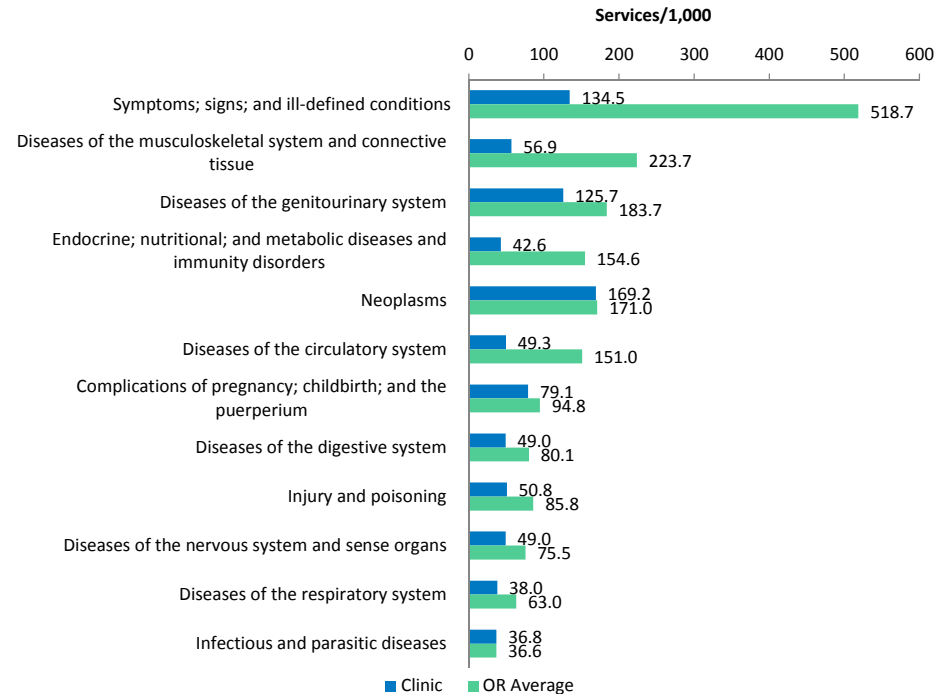
Reporting Period: Jan 2014 – Dec 2014

Outpatient Facility

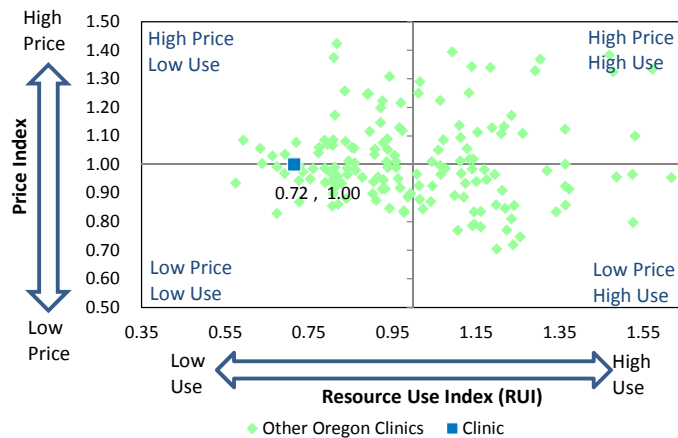
Outpatient Facility PMPM by Service Category

| | Clinic | | OR Average | | Price Index |
|----------------------------|----------------|-----------------|-------------|-------------|-------------|
| | Adj PMPM | PMPM | TCI | RUI | |
| Outpatient Surgery | \$56.54 | \$52.91 | 1.07 | 0.98 | 1.09 |
| Emergency Room | \$13.73 | \$19.53 | 0.70 | 0.60 | 1.18 |
| Preventive | \$4.12 | \$7.96 | 0.52 | 0.67 | 0.77 |
| Radiology General | \$1.45 | \$7.13 | 0.20 | 0.18 | 1.13 |
| Pathology/Lab | \$2.76 | \$6.67 | 0.41 | 0.33 | 1.26 |
| Radiology - CT/MRI/PET | \$0.87 | \$6.41 | 0.14 | 0.10 | 1.31 |
| Pharmacy | \$1.50 | \$6.23 | 0.24 | 0.17 | 1.41 |
| Other | \$3.67 | \$6.00 | 0.61 | 0.83 | 0.73 |
| PT/OT/ST | \$0.59 | \$4.14 | 0.14 | 0.16 | 0.91 |
| Cardiovascular Diagnostics | \$1.03 | \$3.07 | 0.33 | 0.33 | 1.02 |
| Behavioral Health | \$0.13 | \$0.78 | 0.16 | 0.01 | 26.61 |
| Total | \$86.39 | \$120.83 | 0.71 | 0.72 | 1.00 |

Outpatient Facility Visits: Clinical Classifications (CCS) *



Outpatient Price vs. Resource Use Comparison by Clinic



Outpatient Facility includes only services billed by a hospital facility. Professional services for surgeons, hospitalists or other providers billed by a medical group are included in the Professional Service Category.

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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Radiology & Emergency

Radiology (Outpatient Facility and Professional Services)

| | Clinic | | OR Average | | Price |
|--------------------------------|--------|---------|------------|-------|-------|
| | Adj | | TCI | = RUI | |
| | PMPM | PMPM | | | |
| Diagnostic | \$9.67 | \$11.15 | 0.87 | 1.01 | 0.86 |
| MRI | \$8.77 | \$7.90 | 1.11 | 1.19 | 0.93 |
| CT Scan | \$5.00 | \$4.86 | 1.03 | 1.12 | 0.92 |
| Therapeutic/Radiation Oncology | \$0.94 | \$3.58 | 0.26 | 0.24 | 1.11 |
| PET | \$0.33 | \$0.44 | 0.75 | 1.00 | 0.75 |

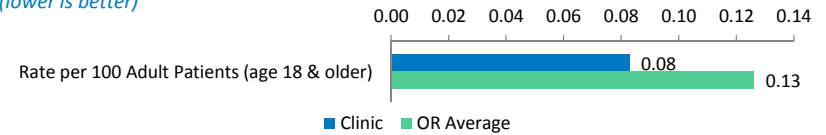
Emergency Department Utilization *

(lower is better)

| | Clinic | Benchmark |
|-------------------------|--------|-----------|
| ED Visits/1000 patients | 88.2 | 120.3 |

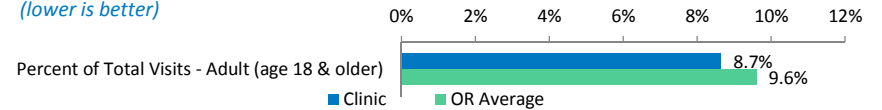
Rate per 100 of Potentially Avoidable ED Visits

(lower is better)



Potentially Avoidable ED Visits, % of Total ED Visits

(lower is better)



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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Inpatient Cost & Utilization

Inpatient PMPM by Service Category

| | Clinic | | OR Average | | Price |
|------------------|----------|---------|------------|------|-------|
| | Adj PMPM | PMPM | TCI | RUI | |
| Acute Admissions | \$79.33 | \$71.53 | 1.11 | 0.93 | 1.19 |
| Surgical | \$60.67 | \$46.88 | 1.29 | 1.09 | 1.18 |
| Medical | \$14.46 | \$15.85 | 0.91 | 0.75 | 1.22 |
| Maternity | \$3.77 | \$7.77 | 0.48 | 0.39 | 1.24 |
| Mental Health | \$0.44 | \$1.02 | 0.43 | 0.52 | 0.81 |
| Non-Acute | \$0.00 | \$0.41 | - | - | - |
| All Admissions | \$79.33 | \$71.94 | 1.10 | 0.93 | 1.19 |

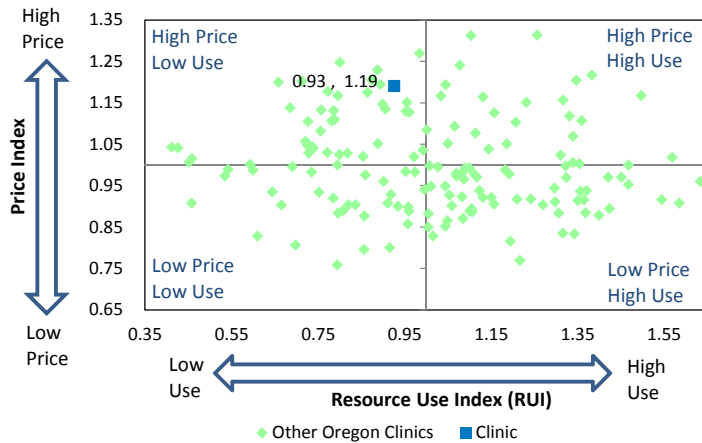
Inpatient Utilization *

(lower is better)

| | Clinic | OR Average |
|---|--------|------------|
| Admits/1,000 Patients (Acute & Non-Acute) | 42.9 | 50.7 |
| 30-day all cause readmissions, unadjusted | 4.4% | 9.5% |

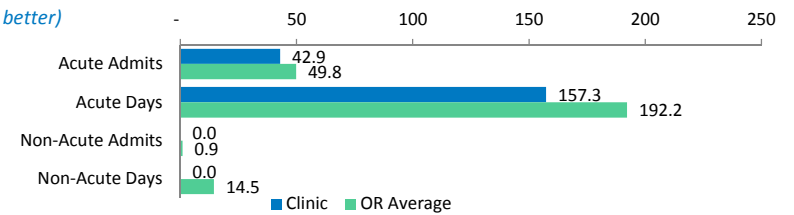
Note: Non-Acute Admissions are admission to and services provided in a Skilled Nursing, Subacute, or Rehabilitation Facility.

Inpatient Price vs. Resource Use Comparison by Clinic



Admissions & Inpatient Days per 1,000 Patients *

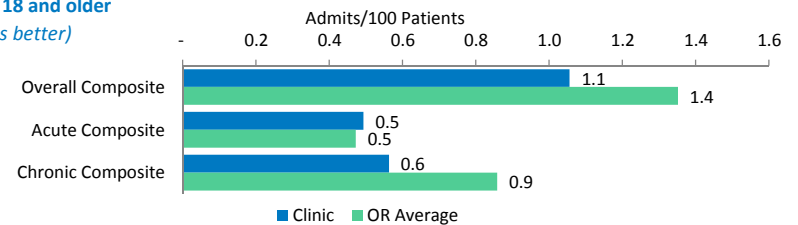
(lower is better)



Potentially Avoidable Hospital Admissions *

Age 18 and older

(lower is better)



Inpatient Facility includes only services billed by a hospital facility. Professional services that are billed by a medical group are included in the Professional Service Category.

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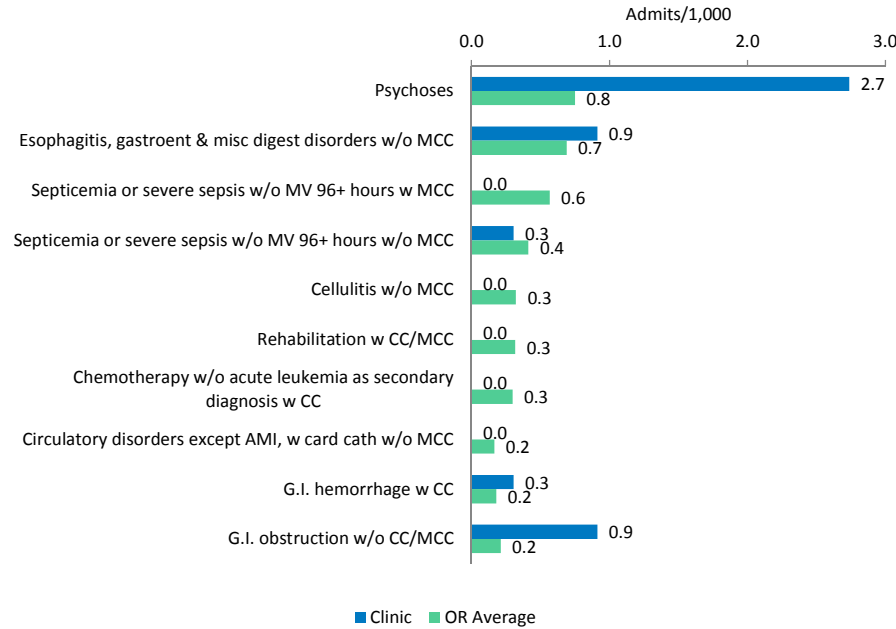
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Segment: Commercially Insured Adults age 18-64

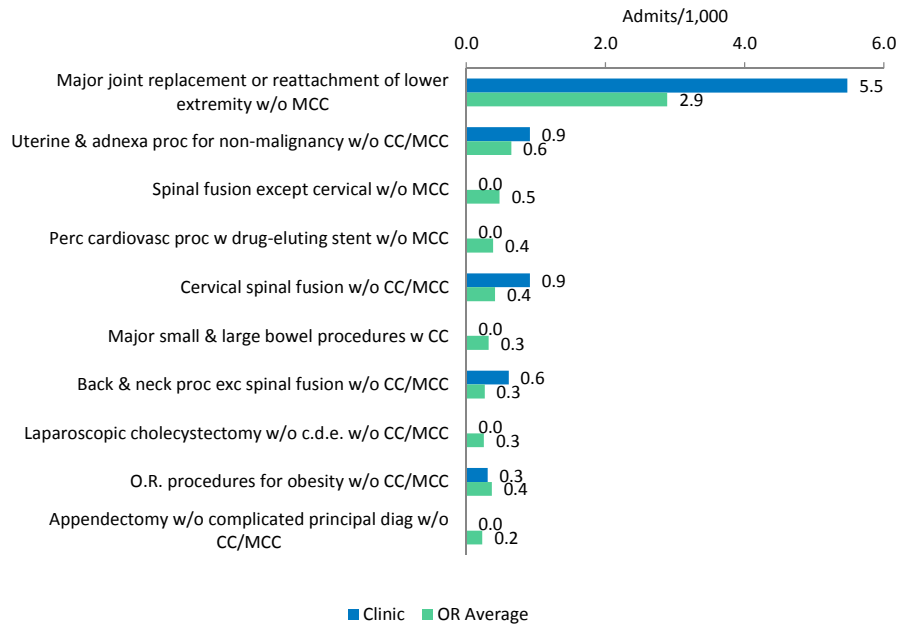
Reporting Period: Jan 2014 – Dec 2014

Inpatient Diagnoses

Non-Surgical Inpatient Admissions: Top 10 Most Frequent DRGs *

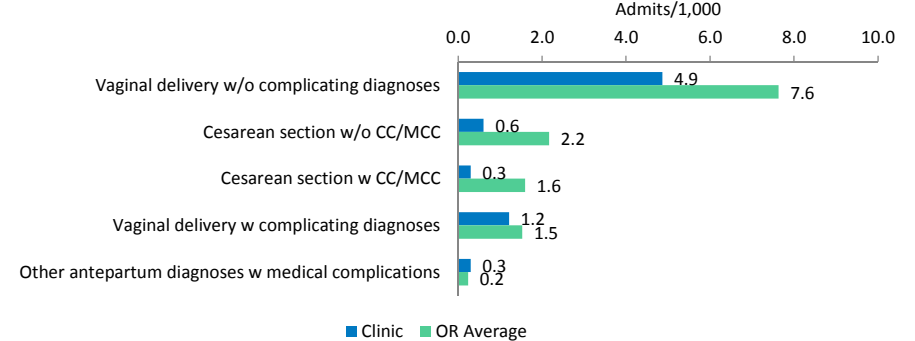


Surgical Inpatient Admissions: Top 10 Most Frequent DRGs *



CC - Complicating or comorbid condition
MCC - Major complicating or comorbid condition

Maternity Inpatient Admissions: Top 5 Most Frequent DRGs *



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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Chronic Conditions

Chronic Condition Patient Summary

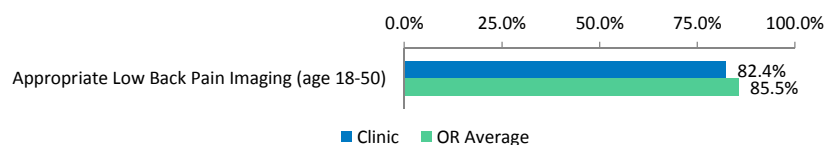
| | Clinic | | OR Average | | TCI | = RUI | Price x Index |
|--|----------|------------|------------|------|------|-------|---------------|
| | Patients | Adj PMPM | PMPM | | | | |
| Active cancer | 158 | \$1,228.56 | \$1,834.11 | 0.67 | 0.65 | 1.02 | |
| Liver disease (Hepatitis, Cirrhosis) – post transplant | 32 | \$619.30 | \$1,229.26 | 0.50 | 0.41 | 1.22 | |
| Severe rheumatic & other connective tissue disease | 44 | \$1,379.57 | \$1,534.82 | 0.90 | 0.73 | 1.23 | |
| Severe heart failure/transplant/rheumatic heart disease | 33 | \$1,459.52 | \$1,529.01 | 0.95 | 0.92 | 1.04 | |
| Coronary Artery Disease without diabetes | 146 | \$800.07 | \$1,184.04 | 0.68 | 0.70 | 0.97 | |
| Diabetes without Coronary Artery Disease | 153 | \$645.07 | \$725.18 | 0.89 | 0.78 | 1.14 | |
| Hypertension (Includes stroke & peripheral vascular disease) | 425 | \$529.15 | \$507.76 | 1.04 | 0.84 | 1.25 | |
| Asthma | 163 | \$474.91 | \$505.45 | 0.94 | 0.81 | 1.16 | |
| Neurologic disorders | 154 | \$777.31 | \$846.54 | 0.92 | 0.84 | 1.10 | |
| Chronic musculoskeletal/osteo arthritis/osteporosis | 312 | \$611.78 | \$798.70 | 0.77 | 0.69 | 1.12 | |

Note: The Chronic Condition Patient Summary is limited to conditions with 30 or more attributed patients.

Chronic Conditions: Q Corp uses Milliman's proprietary Chronic Condition Hierarchical Groups (CCHG) for chronic conditions. Each patient is assigned to one CCHG according to a hierarchical algorithm developed by Milliman. Patients with comorbidities will be reported under the CCHG that falls highest in the hierarchy.

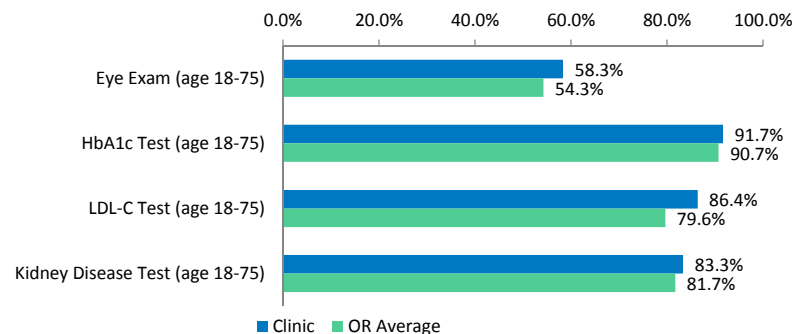
Musculoskeletal Conditions

(higher is better)



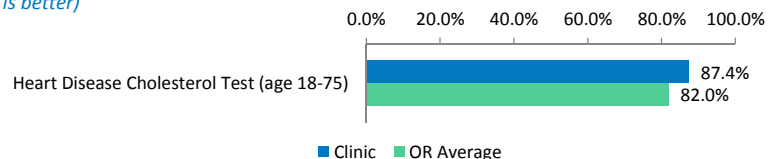
Comprehensive Diabetes Care

(higher is better)



Care for Cardiovascular Conditions

(higher is better)



* Utilization and Quality measures are for commercial population only and are not risk adjusted.

OR Average is the average for the patients attributed to clinics receiving these reports.

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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Pharmacy

Pharmacy by Category

| | Clinic | | OR Average | | | Price Index |
|---------------------|---------|---------|------------|-------|------|-------------|
| | Adj | | | | | |
| | PMPM | PMPM | TCI | = RUI | x | |
| Single Source Brand | \$47.29 | \$49.35 | 0.96 | 0.95 | 1.01 | |
| Generic | \$22.78 | \$27.68 | 0.82 | 0.86 | 0.96 | |
| Multi-Source Brand | \$4.65 | \$8.34 | 0.56 | 0.50 | 1.11 | |
| Total | \$74.72 | \$85.37 | 0.88 | 0.87 | 1.01 | |

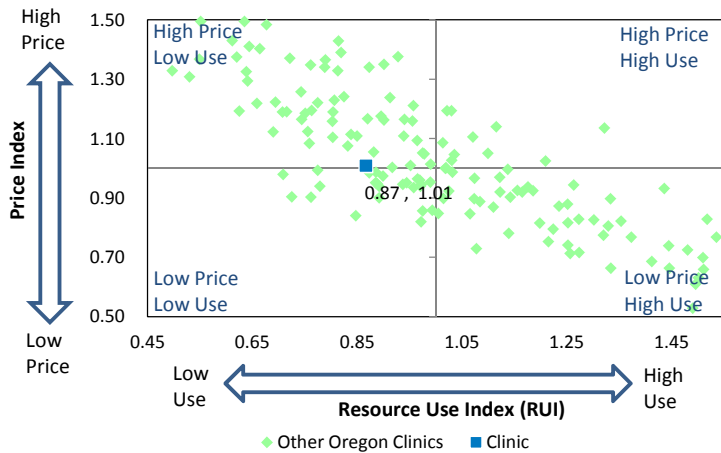
Single Source Brand: A prescription drug manufactured by only one company. No generic equivalent is available.

Multi-Source Brand: A prescription drug that is manufactured by more than one manufacturer. These drugs are available both as a brand-name and as a generic.

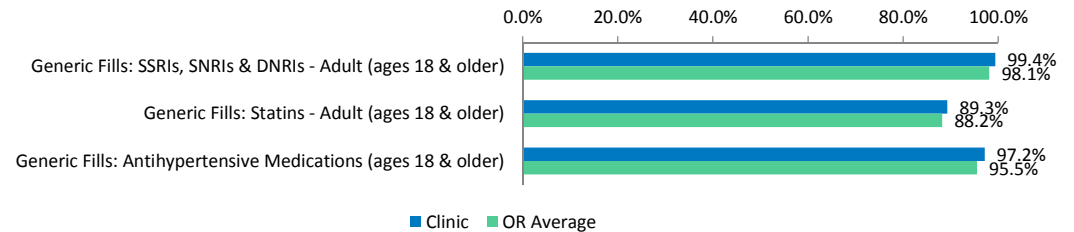
Top 10 Therapeutic Classes with % Generic Fills

| | Clinic | | OR Average | | TCI | = RUI | x | Price Index |
|---|---------|---------|------------|---------|------|-------|------|-------------|
| | Adj | % | | % | | | | |
| | PMPM | Generic | PMPM | Generic | | | | |
| Analgesics - Anti-Inflammatory | \$8.53 | 81% | \$9.70 | 80% | 0.88 | 0.87 | 1.02 | |
| Psychotherapeutic and Neurological Agents - Misc. | \$12.17 | 16% | \$8.41 | 11% | 1.45 | 1.19 | 1.21 | |
| Antidiabetics | \$4.75 | 65% | \$8.22 | 65% | 0.58 | 0.56 | 1.03 | |
| Antiasthmatic and Bronchodilator Agents | \$3.68 | 26% | \$5.13 | 28% | 0.72 | 0.71 | 1.02 | |
| Antidepressants | \$3.29 | 95% | \$4.34 | 93% | 0.76 | 0.79 | 0.96 | |
| Antivirals | \$0.50 | 89% | \$4.01 | 87% | 0.12 | 0.23 | 0.55 | |
| Dermatologicals | \$3.29 | 84% | \$3.27 | 77% | 1.01 | 1.07 | 0.94 | |
| Antihyperlipidemics | \$3.33 | 92% | \$3.06 | 82% | 1.09 | 1.12 | 0.97 | |
| ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant | \$2.26 | 95% | \$3.00 | 94% | 0.75 | 0.70 | 1.08 | |
| Analgesics - Opioid | \$2.19 | 82% | \$2.82 | 85% | 0.78 | 0.76 | 1.03 | |

Pharmacy Price vs. Resource Use Comparison by Clinic



Medication Management



Pharmacy includes all drugs covered by the patient's pharmacy benefit.

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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2014 – Dec 2014

Year over Year Change Summary 2012 - 2014

Clinic Risk Adjustment Summary

Risk adjustment factors and costs are shown below. Risk adjustment factors are most affected by patients with the highest illness burden. A small number of patients can have an effect on these factors.

| | 2012 | 2013 | 2012 to 2013 change | 2014 | 2013 to 2014 change |
|--|--------|--------|---------------------|--------|---------------------|
| ACG Risk Adjuster | | | | | |
| Clinic | 1.04 | 1.11 | 0.07 | 1.13 | 0.02 |
| OR Average | 1.00 | 1.00 | 0.00 | 1.00 | 0.00 |
| Risk-Adjusted Allowed Amount PMPM | | | | | |
| Clinic | 458.73 | 434.88 | -5.2% | 448.05 | 3.0% |
| OR Average | 468.75 | 465.13 | -0.8% | 472.59 | 1.6% |

Patient Characteristics

Below is the number of patients attributed to your organization that were used for the specified year to calculate the characteristics of your clinic. Also shown are the number of high cost patients for 2014. This detail was not available for 2012 or 2013 but will be included for each year going forward. This number can give you an idea of how patients with higher illness burden may be affecting the risk adjustment score.

| | 2012 | 2013 | 2012 to 2013 change | 2014 | 2013 to 2014 change |
|-------------------------------------|---------|---------|---------------------|---------|---------------------|
| Attributed Patients | | | | | |
| Clinic | 3,175 | 3,395 | 6.9% | 3,938 | 16.0% |
| OR Average | 159,233 | 177,049 | 11.2% | 178,136 | 0.6% |
| Number of High Cost Patients | | | | | |
| Annual costs over \$100k | NA | NA | NA | 24 | NA |

OR Average is the average for the patients attributed to clinics receiving these reports.
 OR Average for TCI, RUI and Price indices are 1.00.
 Per TCOC methodology, claims cost is capped at \$100,000 per individual per year.

Year over Year Change Summary

Total Cost, Resource Use and Price Indices are shown below along with their year over year change. These indices can be affected by a number of factors, for example: changes in clinic practice, patient characteristics and patient risk adjustment. Q Corp is working to understand these causes and intends to include mitigating adjustments for future reporting.

| | 2012 | 2013 | 2012 to 2013 change | 2014 | 2013 to 2014 change |
|--------------------------|------|------|---------------------|------|---------------------|
| Overall | | | | | |
| Total Cost Index (TCI) | 0.98 | 0.93 | -0.05 | 0.95 | 0.02 |
| Resource Use Index (RUI) | 0.97 | 0.90 | -0.07 | 0.88 | -0.02 |
| Price Index | 1.01 | 1.04 | 0.03 | 1.08 | 0.04 |

Year over Year Change Summary by Service Category

| | 2012 | 2013 | 2012 to 2013 change | 2014 | 2013 to 2014 change |
|----------------------------|------|------|---------------------|------|---------------------|
| Professional | | | | | |
| Total Cost Index (TCI) | 1.12 | 1.10 | -0.02 | 1.07 | -0.03 |
| Resource Use Index (RUI) | 1.03 | 0.99 | -0.04 | 0.97 | -0.02 |
| Price Index | 1.09 | 1.10 | 0.01 | 1.10 | 0.00 |
| Outpatient Facility | | | | | |
| Total Cost Index (TCI) | 0.71 | 0.66 | -0.05 | 0.71 | 0.05 |
| Resource Use Index (RUI) | 0.79 | 0.68 | -0.11 | 0.72 | 0.04 |
| Price Index | 0.90 | 0.96 | 0.06 | 1.00 | 0.04 |
| Inpatient Facility | | | | | |
| Total Cost Index (TCI) | 0.96 | 0.92 | -0.04 | 1.10 | 0.18 |
| Resource Use Index (RUI) | 0.90 | 0.76 | -0.14 | 0.93 | 0.17 |
| Price Index | 1.06 | 1.21 | 0.15 | 1.19 | -0.02 |
| Pharmacy | | | | | |
| Total Cost Index (TCI) | 1.12 | 1.03 | -0.09 | 0.88 | -0.15 |
| Resource Use Index (RUI) | 1.08 | 1.02 | -0.06 | 0.87 | -0.15 |
| Price Index | 1.04 | 1.01 | -0.03 | 1.01 | 0.00 |

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