

Dear Clinic Administrator or Medical Director,

QCorp is pleased to release its third round of Clinic Comparison Reports for the Medicare FFS Aged Non-Dual population. As a reminder, the goal of the Clinic Comparison Report is to demonstrate clinic variation in cost and quality compared to a state average. This report displays information based on claims data for the patients attributed to a primary care clinic. The report includes:

- Cost, resource utilization, and price index at the clinic level for the Medicare FFS Aged Non-Dual population during 2017.
- Detail for inpatient, outpatient and professional claims.
- A statewide average for all measures.

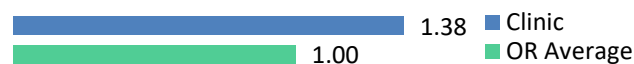
Due to CMS requirements, combined high-level results for the Commercial and Medicare FFS Aged Non-Dual populations of your clinic are below. These results are not indicative of your clinic's performance due to the differences in payment and billing between the insurance types.

Combined Commercial & Medicare FFS Aged Non-Dual Overall Results

	TCI	= RUI	Price x Index
Combined	0.88	0.86	1.02

Some key findings from ABC CLINIC's Medicare FFS Aged Non-Dual report:

Risk Score



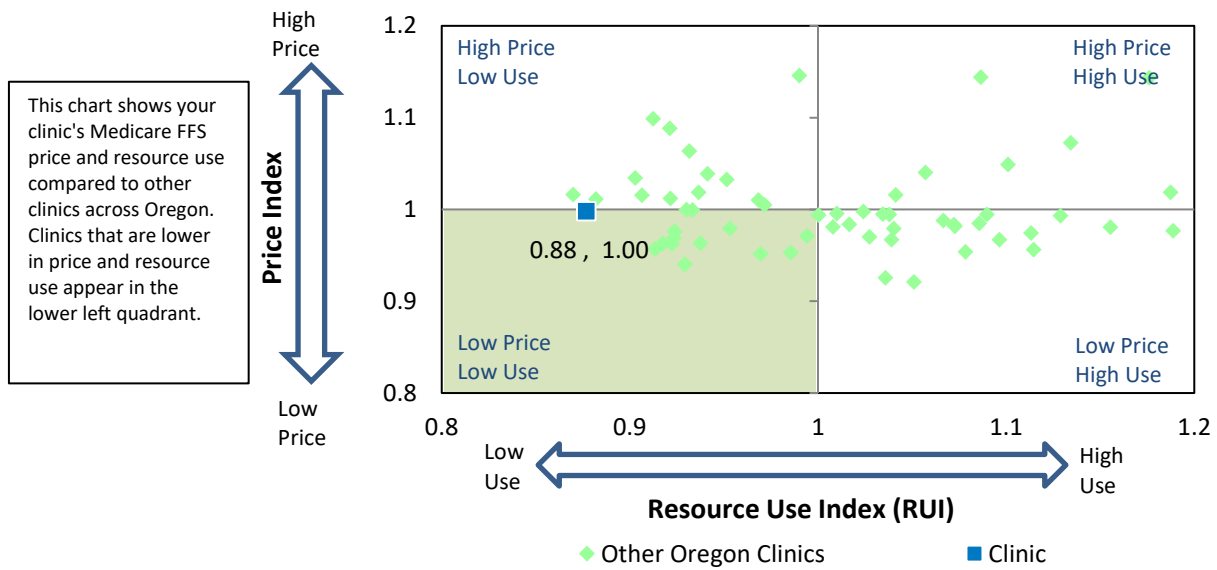
The Clinic Risk Score represents the morbidity burden of the attributed Medicare FFS patients in your clinic. Q Corp uses the Johns Hopkins Adjusted Clinical Groups (ACG) System which measures morbidity burden based on disease patterns, age and gender using diagnoses found in claims data.

Summary by Service Category Medicare FFS

	TCI	= RUI	Price x Index
Professional	1.16	1.16	1.00
Outpatient Facility	0.54	0.57	0.94
Inpatient Facility	0.78	0.80	0.97
Hospice & HH	0.77	0.56	1.37
Overall	0.88	0.88	1.00

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.

Price vs. Resource Use Comparison



This report is based on HealthPartners' cost of care measures which have been endorsed by the National Quality Forum (NQF) for commercial populations. For more information on the measure see the Definitions page and the Frequently Asked Questions.

To ensure the reports are as useful as possible, Q Corp will continue to solicit input regarding the content and format from 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.or@healthinsight.org or 503-241-3571.

Thank you,

Meredith Roberts Tomasi
Associate Executive Director

HealthInsight Oregon is a private, nonprofit, community-based organization working to improve health and health care. HealthInsight Oregon is affiliated with Utah-based HealthInsight, a recognized leader in quality improvement; transparency and public reporting; health information technology; patient and community engagement; and redesign of delivery and payment systems. Following a mid-2017 merger, HealthInsight Oregon encompasses operations of Q Corp.

Segment: Medicare FFS Aged Non-Dual

Reporting Period: Jan 2017 – Dec 2017

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 Medicare FFS Aged Non-Dual (65+) population for claims incurred January 1, 2017 – December 31, 2017 with 3 months run-out. Annual costs over \$125,000 for any individual patient are excluded. Other quality and resource use measures use Q Corp’s Medicare 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, 2016 – December 31, 2017).
- 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	TCI	= RUI	Price Index
	Raw PMPM	Adj PMPM	PMPM			
Professional	\$328.29	\$318.33	\$274.12	1.16	1.16	1.00
Outpatient Facility	\$80.32	\$77.88	\$144.47	0.54	0.57	0.94
Inpatient Facility	\$212.58	\$206.13	\$264.52	0.78	0.80	0.97
Hospice & HH	\$34.24	\$33.20	\$43.06	0.77	0.56	1.37
Overall	\$655.43	\$635.54	\$726.17	0.88	0.88	1.00

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 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 Medicare FFS Aged Non-Dual patients 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 Grouper)
Outpatient: APC (Ambulatory Payment Classification)
Professional: RVU (Relative Value Units)
Hospice and Home Health: CMS Payment System rules

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: Medicare FFS Aged Non-Dual

Reporting Period: Jan 2017 – Dec 2017

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.

Hospice & HH: Includes all services that CMS categorizes as Hospice or Home Health.

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.

Clinic Comparison Report Glossary

APC:	Ambulatory Payment Classification
CT:	Computed Tomography
DME:	Durable Medical Equipment
DNRI:	Dopamine & Norepinephrine Reuptake Inhibitor
ED:	Emergency Department
HbA1c:	Hemoglobin A1c
HH:	Home Health
MRI:	Magnetic Resonance Imaging
MS- DRG:	Medicare Diagnosis Related Grouper
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
SNRI:	Serotonin & Norepinephrine Reuptake Inhibitor

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

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Segment: Medicare FFS Aged Non-Dual

Reporting Period: Jan 2017 – Dec 2017

Overview

Patient Demographics

	Clinic		Oregon Average Scaled to Clinic's size	
	Number	Percent	Number	Percent
Attributed patients (Benchmark is average number per clinic)	5,332		5,332	
Average Age (approximate)	75		75	
% Male	2,656	49.8%	2,367	44.4%
% Female	2,676	50.2%	2,965	55.6%
No Chronic Condition Indicated	661	12.4%	654	12.3%
Chronic Condition - patients may have more than one	4,671	87.6%	4,678	87.7%
Acute Myocardial Infarction	47	0.9%	67	1.3%
Alzheimer's Disease and Related Disorders or Senile Dementia	287	5.4%	403	7.6%
Asthma	241	4.5%	395	7.4%
Atrial Fibrillation	427	8.0%	618	11.6%
Cancer	1,018	19.1%	905	17.0%
Chronic Kidney Disease	675	12.7%	1,013	19.0%
Chronic Obstructive Pulmonary Disease and Bronchiectasis	190	3.6%	344	6.4%
Depression	759	14.2%	789	14.8%
Diabetes	828	15.5%	1,127	21.1%
Heart Failure	340	6.4%	581	10.9%
Hyperlipidemia	2,999	56.2%	2,747	51.5%
Hypertension	3,111	58.3%	3,348	62.8%
Ischemic Heart Disease	1,804	33.8%	1,194	22.4%
Mental Illness	69	1.3%	111	2.1%
Osteoporosis	530	9.9%	510	9.6%
Rheumatoid Arthritis/ Osteoarthritis	1,340	25.1%	1,460	27.4%
Stroke / Transient Ischemic Attack	60	1.1%	106	2.0%

Overall Summary by Service Category

	Clinic		OR Average		Price Index
	Raw PMPM	Adj PMPM	PMPM	TCI = RUI x Index	
Professional	\$328.29	\$318.33	\$274.12	1.16	1.16
Outpatient Facility	\$80.32	\$77.88	\$144.47	0.54	0.57
Inpatient Facility	\$212.58	\$206.13	\$264.52	0.78	0.80
Hospice & HH	\$34.24	\$33.20	\$43.06	0.77	0.56
Overall	\$655.43	\$635.54	\$726.17	0.88	0.88

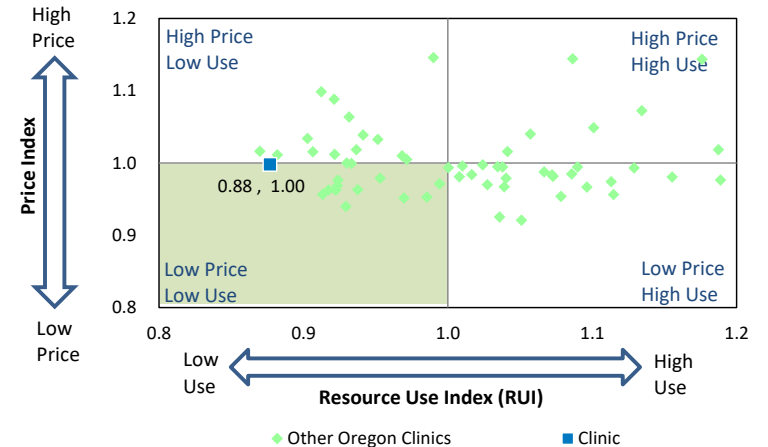
Blue highlight indicates index values 10% or more above the Oregon Average.

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.

Pharmacy is excluded from Medicare FFS due to the delay in availability of Medicare Part D pharmacy data.

Hospice & HH: Hospice and Home Health.

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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Segment: Medicare FFS Aged Non-Dual
 Reporting Period: Jan 2017 – Dec 2017

Professional Services

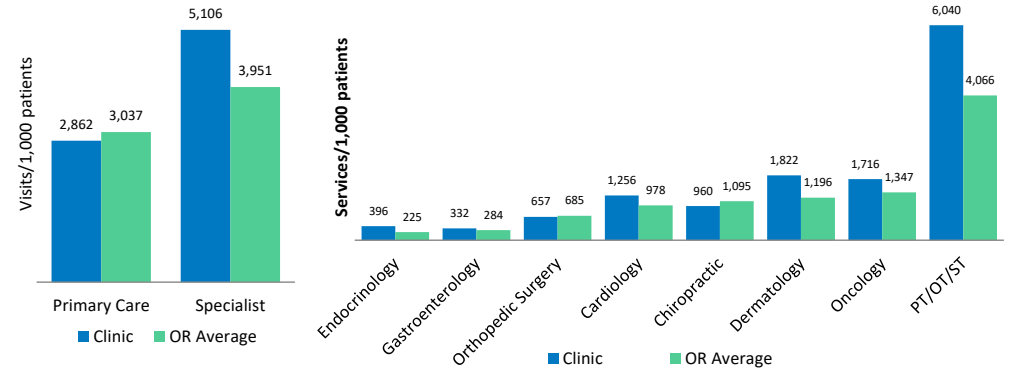
Professional PMPM by Service Category

	Clinic		OR Average		Price
	Adj PMPM	PMPM	TCI	RUI	
Evaluation & Management	\$66.27	\$59.16	1.12	1.10	1.02
Surgery & Anesthesia	\$58.00	\$50.09	1.16	1.16	1.00
Preventive Screenings	\$16.51	\$14.07	1.17	1.15	1.02
Lab & Pathology	\$14.41	\$12.10	1.19	1.22	0.98
Physical Therapy & Rehab	\$17.56	\$10.93	1.61	1.63	0.99
Oncology & Chemotherapy	\$14.06	\$9.63	1.46	1.45	1.01
Emergency Dept. Visits	\$4.93	\$6.54	0.75	0.78	0.96
Advanced Imaging	\$9.41	\$6.26	1.50	1.54	0.98
Durable Medical Equipment	\$3.94	\$5.78	0.68	0.66	1.04
Endoscopic Procedures	\$6.78	\$5.33	1.27	1.09	1.16
Standard Imaging	\$7.88	\$3.95	2.00	1.99	1.00
Preventive Vaccinations	\$3.59	\$3.79	0.95	0.95	1.00
Cardiac Imaging & Tests	\$4.09	\$2.67	1.53	1.55	0.99
Preventive Visits	\$0.46	\$2.26	0.20	0.21	0.95
Echography	\$3.11	\$2.20	1.41	1.42	1.00
Psychiatric Visits	\$1.31	\$1.85	0.71	0.73	0.97
Chiropractic Treatments	\$1.72	\$1.57	1.10	1.08	1.01
Dialysis	\$0.04	\$0.10	0.42	0.45	0.91
Other Professional Services	\$84.25	\$75.86	1.11	1.10	1.01
Total	\$318.33	\$274.12	1.16	1.16	1.00

Primary and Specialty Care Utilization:

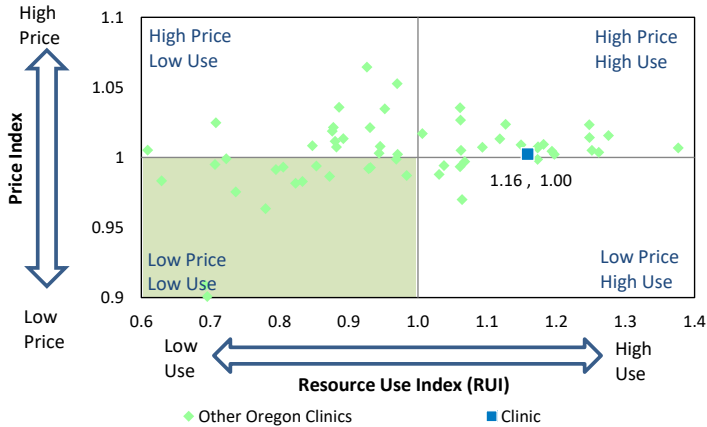
Evaluation & Management *

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



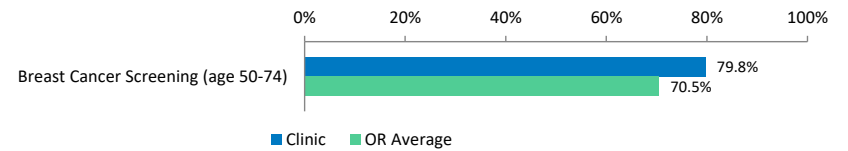
* Utilization and Quality measures are not risk adjusted.

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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.

Clinic Comparison Report: Quality, Utilization & Cost

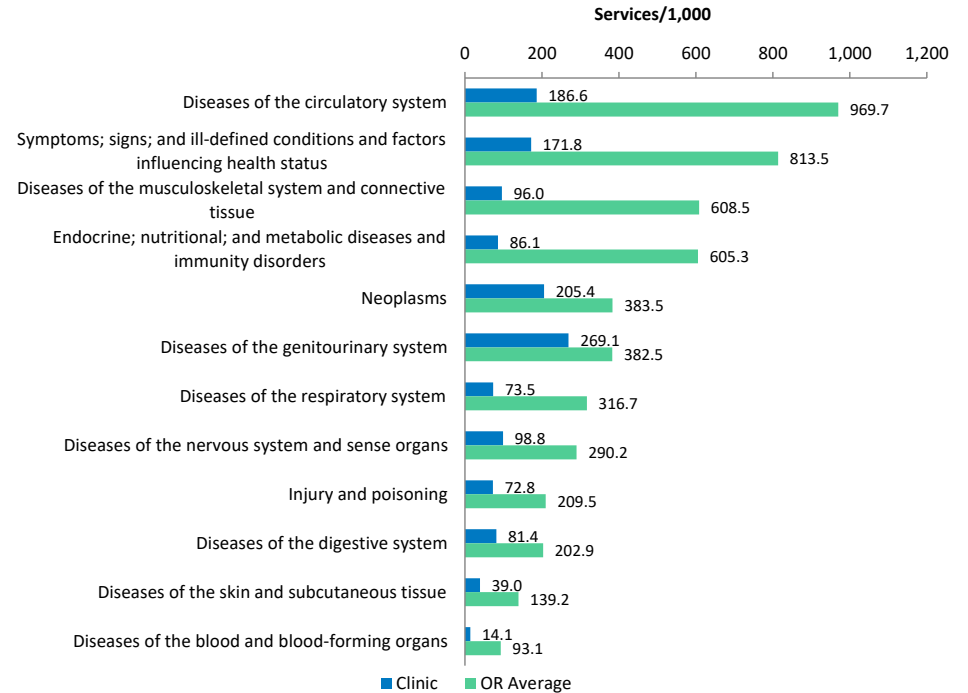
Segment: Medicare FFS Aged Non-Dual
Reporting Period: Jan 2017 – Dec 2017

Outpatient Facility

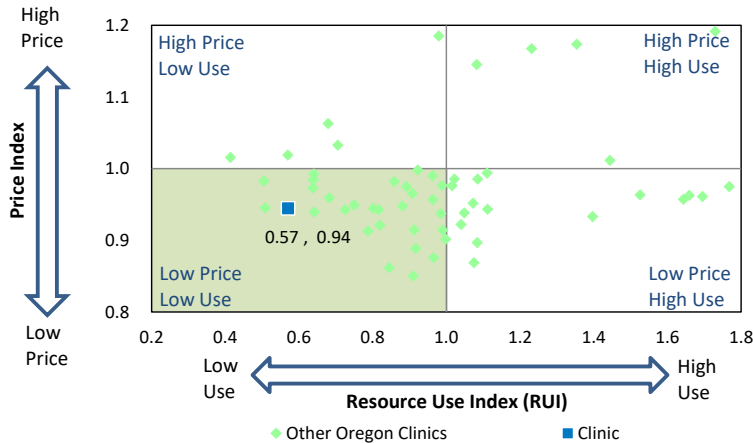
Outpatient Facility PMPM by Service Category

	Clinic		OR Average		TCI	= RUI	Price x Index
	Adj PMPM	PMPM	PMPM	PMPM			
Operating Room	\$15.17	\$18.15	\$18.15	\$18.15	0.84	0.89	0.94
Evaluation & Management	\$2.02	\$13.50	\$13.50	\$13.50	0.15	0.11	1.32
Lab & Pathology	\$5.38	\$11.88	\$11.88	\$11.88	0.45	0.44	1.04
Advanced Imaging	\$3.45	\$9.34	\$9.34	\$9.34	0.37	0.36	1.03
Oncology & Chemotherapy	\$7.91	\$8.28	\$8.28	\$8.28	0.96	1.03	0.93
Emergency Dept. Visits	\$3.66	\$8.09	\$8.09	\$8.09	0.45	0.57	0.79
Surgery & Anesthesia	\$2.42	\$7.33	\$7.33	\$7.33	0.33	0.37	0.90
Cardiac Imaging & Tests	\$2.86	\$7.22	\$7.22	\$7.22	0.40	0.40	0.99
Standard Imaging	\$1.19	\$4.52	\$4.52	\$4.52	0.26	0.22	1.18
Preventive Screenings	\$0.32	\$4.51	\$4.51	\$4.51	0.07	0.08	0.90
Physical Therapy & Rehab	\$2.01	\$4.22	\$4.22	\$4.22	0.48	0.51	0.93
Echography	\$0.25	\$1.52	\$1.52	\$1.52	0.17	0.16	1.07
Endoscopic Procedures	\$0.36	\$0.99	\$0.99	\$0.99	0.36	0.36	1.00
Dialysis	\$0.24	\$0.60	\$0.60	\$0.60	0.40	0.37	1.06
Preventive Vaccinations	\$0.02	\$0.45	\$0.45	\$0.45	0.04	0.04	1.14
Preventive Visits	\$0.00	\$0.27	\$0.27	\$0.27	-	-	-
Psychiatric Visits	\$0.01	\$0.13	\$0.13	\$0.13	0.07	0.11	0.60
Other Outpatient Facility	\$30.62	\$43.48	\$43.48	\$43.48	0.70	0.61	1.15
Total	\$77.88	\$144.47	\$144.47	\$144.47	0.54	0.57	0.94

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: Medicare FFS Aged Non-Dual

Reporting Period: Jan 2017 – Dec 2017

Radiology & Emergency

Radiology (Outpatient Facility and Professional Services)

	Clinic		OR Average		Price
	Adj				
	PMPM	PMPM	TCI	= RUI x Index	
Advanced Imaging (e.g., MRI, CT, PET)	\$12.86	\$15.60	0.82	1.03	0.80
Cardiac Imaging & Tests	\$6.95	\$9.89	0.70	0.74	0.94
Standard Imaging	\$9.06	\$8.47	1.07	1.41	0.76
Echography	\$3.36	\$3.71	0.90	1.03	0.88

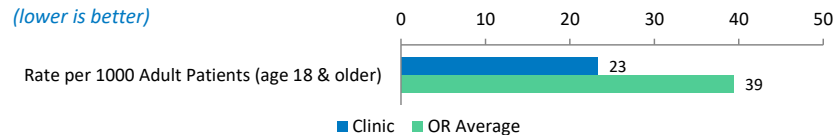
Emergency Department Utilization *

(lower is better)

	Clinic	Benchmark
ED Visits/1000 patients	666.9	946.2

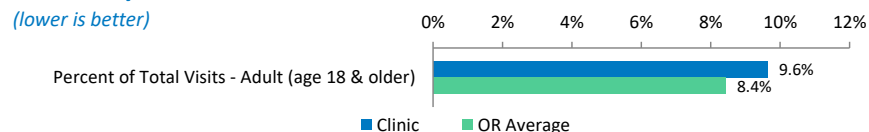
Rate per 1000 of Potentially Avoidable ED Visits

(lower is better)



Potentially Avoidable ED Visits, % of Total ED Visits

(lower is better)



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Segment: Medicare FFS Aged Non-Dual

Reporting Period: Jan 2017 – Dec 2017

Inpatient Cost & Utilization

Inpatient PMPM by Service Category

	Clinic		OR Average		TCI	= RUI	Price Index
	Adj		PMPM	PMPM			
	PMPM	PMPM					
Acute Admissions	\$187.75	\$222.92	0.84	0.87	0.97		
Surgical	\$148.93	\$160.69	0.93	0.94	0.98		
Medical	\$38.82	\$62.23	0.62	0.68	0.92		
Non-Acute	\$18.38	\$41.60	0.44	0.44	1.00		
All Admissions	\$206.13	\$264.52	0.78	0.80	0.97		

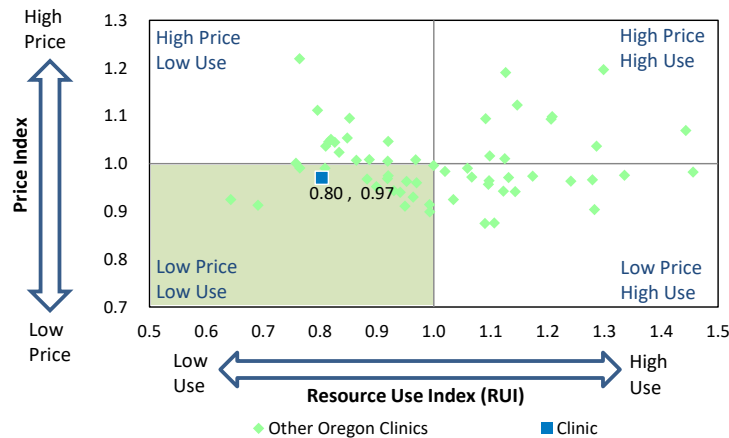
Inpatient Utilization *

(lower is better)

	Clinic	OR Average
Admits/1,000 Patients (Acute & Non-Acute)	179.9	232.1
30-day all cause readmissions, unadjusted	9.0%	10.8%

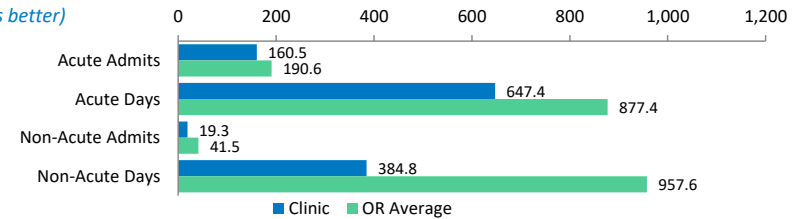
Note: Non-Acute Admissions are admission to and services provided in a Skilled Nursing, Subacute, or Rehabilitation Facility.

Inpatient Price vs. Resource Use Comparison by Clinic



Admissions & Inpatient Days per 1,000 Patients *

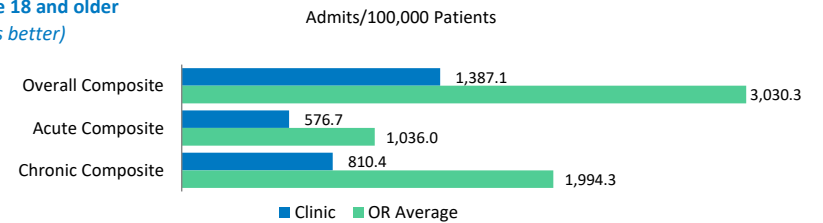
(lower is better)



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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Segment: Medicare FFS Aged Non-Dual

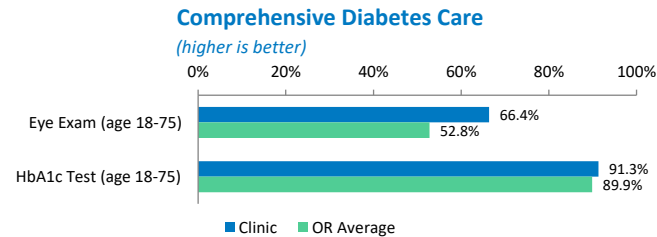
Reporting Period: Jan 2017 – Dec 2017

Chronic Conditions

Chronic Condition Patient Summary

	Clinic		OR Average		TCI	= RUI	x Price Index
	Patients	Adj PMPM	PMPM				
Acute Myocardial Infarction	47	\$2,318	\$3,394	0.68	0.70	0.97	
Alzheimer's Disease and Related Disorders or Senile Dementia	287	\$1,396	\$1,598	0.87	0.84	1.04	
Asthma	241	\$2,124	\$2,060	1.03	1.06	0.97	
Atrial Fibrillation	427	\$1,479	\$1,522	0.97	0.99	0.99	
Cancer	1018	\$1,094	\$1,361	0.80	0.80	1.00	
Chronic Kidney Disease	675	\$1,436	\$1,467	0.98	0.97	1.01	
Chronic Obstructive Pulmonary Disease and Bronchiectasis	190	\$2,326	\$2,045	1.14	1.17	0.97	
Depression	759	\$1,208	\$1,313	0.92	0.93	0.99	
Diabetes	828	\$955	\$1,021	0.94	0.97	0.96	
Heart Failure	340	\$2,069	\$1,900	1.09	1.08	1.01	
Hyperlipidemia	2999	\$784	\$876	0.89	0.91	0.99	
Hypertension	3111	\$816	\$912	0.90	0.90	0.99	
Ischemic Heart Disease	1804	\$867	\$1,302	0.67	0.68	0.98	
Mental Illness	69	\$1,108	\$1,190	0.93	0.90	1.03	
Osteoporosis	530	\$1,018	\$1,078	0.94	0.92	1.03	
Rheumatoid Arthritis/ Osteoarthritis	1340	\$1,031	\$1,111	0.93	0.94	0.98	
Stroke / Transient Ischemic Attack	60	\$2,345	\$2,327	1.01	1.03	0.98	

Note: The Chronic Condition Patient Summary is limited to conditions with 30 or more attributed patients. For conditions with less than 30 patients, cost information is suppressed.



* Utilization and Quality measures are not risk adjusted.

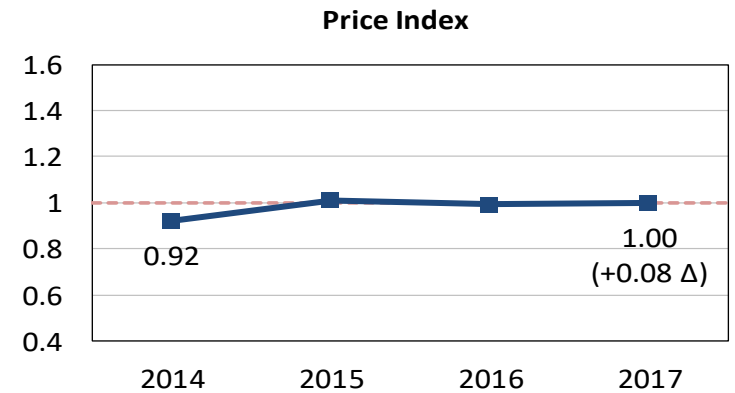
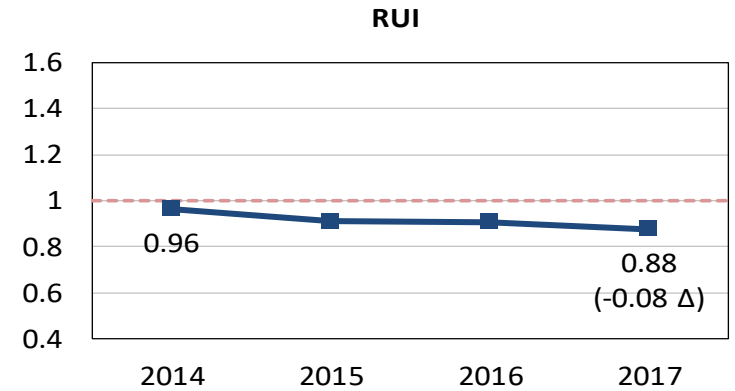
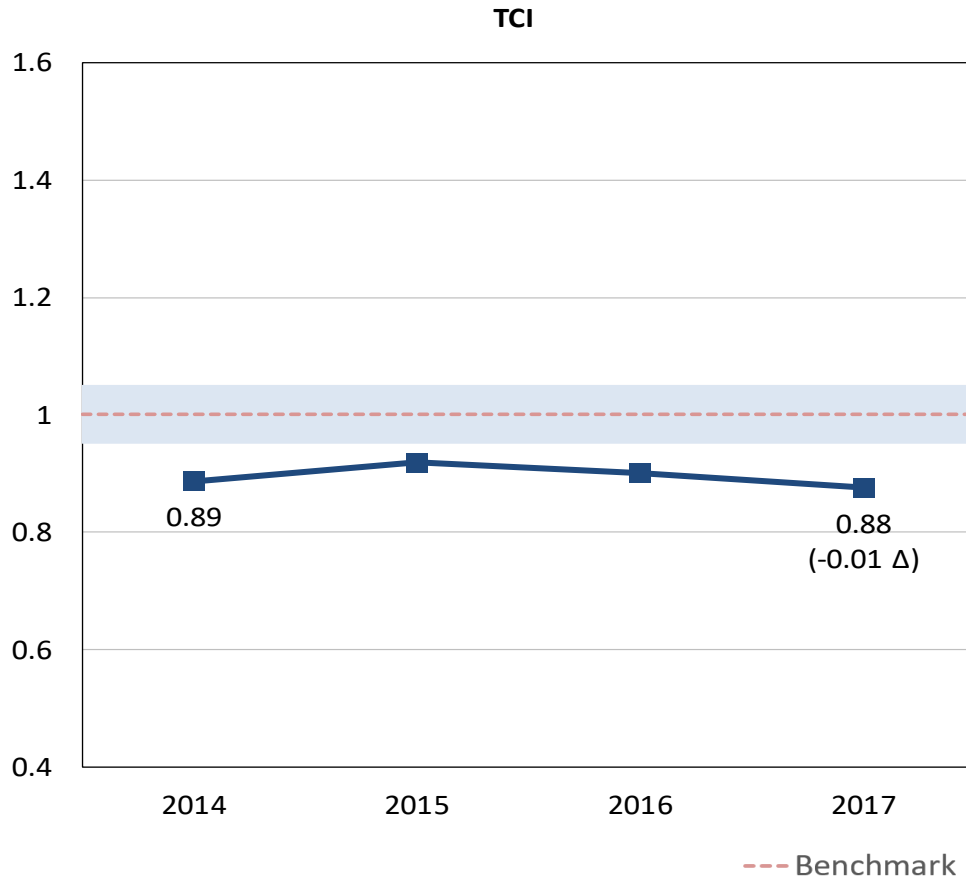
OR Average is the average for the patients attributed to clinics receiving these reports.

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

Segment: Medicare FFS Aged Non-Dual
 Reporting Period: Jan 2017 – Dec 2017

Trends Page 1

Overall



Year	Overall			Professional			Outpatient			Inpatient			Hospice & HH		
	TCI	RUI	Price Index	TCI	RUI	Price Index	TCI	RUI	Price Index	TCI	RUI	Price Index	TCI	RUI	Price Index
2014	0.89	0.96	0.92	1.14	1.17	0.98	0.55	0.72	0.76	0.85	0.88	0.97	-	-	-
2015	0.92	0.91	1.01	1.17	1.15	1.02	0.60	0.59	1.01	0.76	0.79	0.96	1.09	0.91	1.19
2016	0.90	0.91	0.99	1.19	1.19	1.01	0.55	0.56	0.97	0.79	0.83	0.95	0.82	0.69	1.19
2017	0.88	0.88	1.00	1.16	1.16	1.00	0.54	0.57	0.94	0.78	0.80	0.97	0.77	0.56	1.37

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

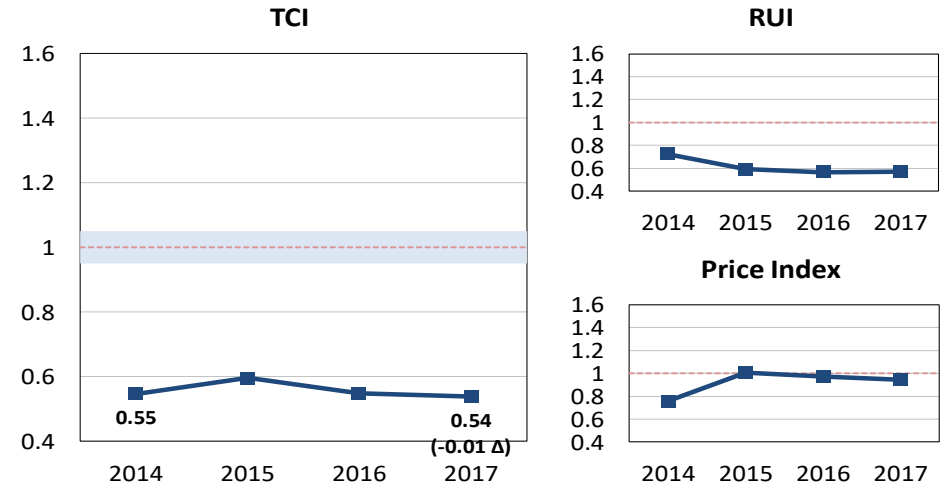
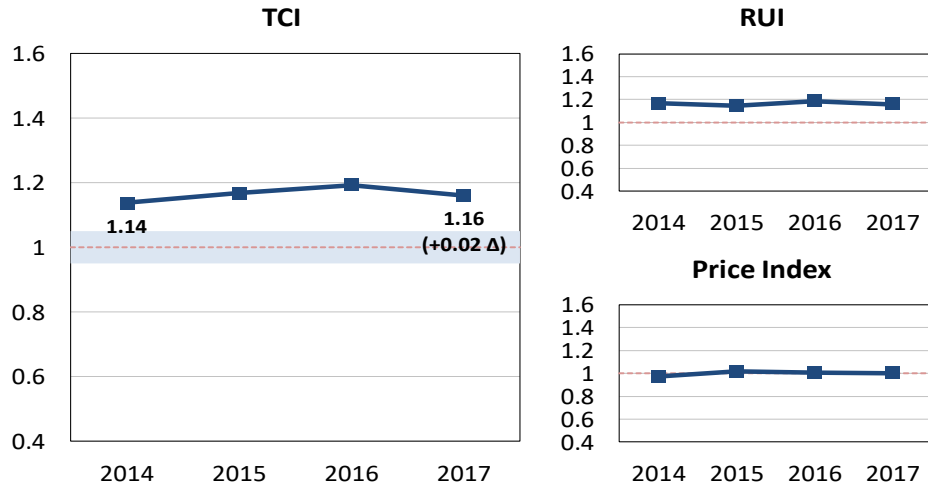
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Segment: Medicare FFS Aged Non-Dual
 Reporting Period: Jan 2017 – Dec 2017

Trends Page 2

Professional

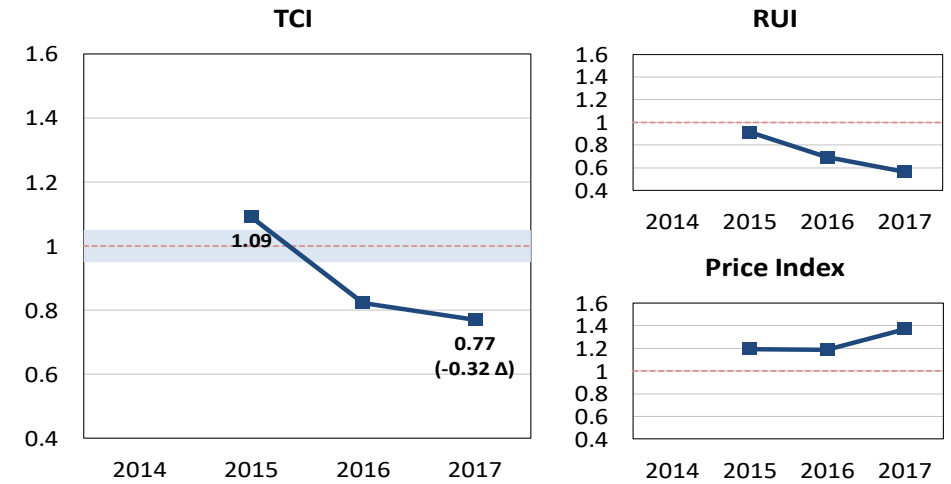
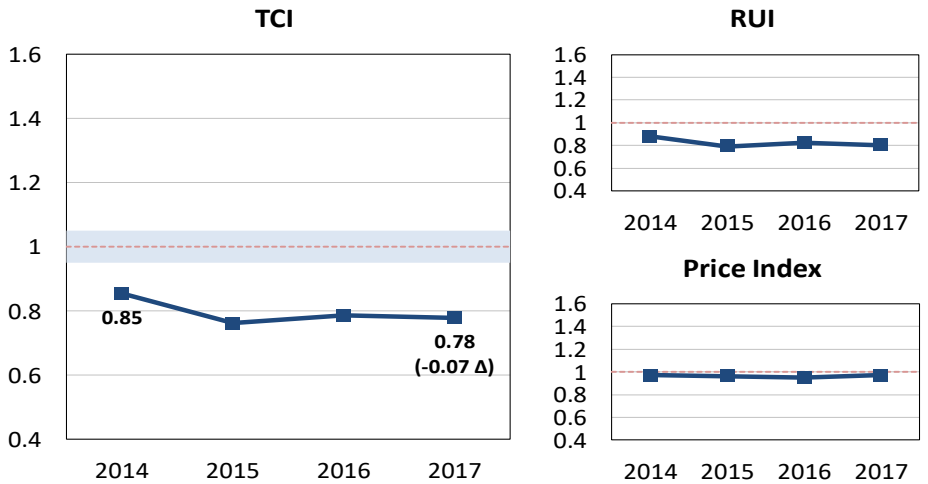
Outpatient



--- Benchmark ■ Clinic

Inpatient

Hospice & Home Health



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