

Dear Clinic Administrator or Medical Director,

Comagine Health is pleased to release its seventh round of Clinic Comparison Reports. 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 commercial patients attributed to a primary care clinic. The report includes:

- Cost, resource utilization, and Price Index at the clinic level for the 2019 commercial population.
- Detail for inpatient, outpatient, professional and pharmacy claims.
- A statewide average for all measures.

Some key findings from SAMPLE CLINIC ABC's report:

Risk Score



The Clinic Risk Score represents the morbidity burden of a subset of patients in your clinic. Comagine Health 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.

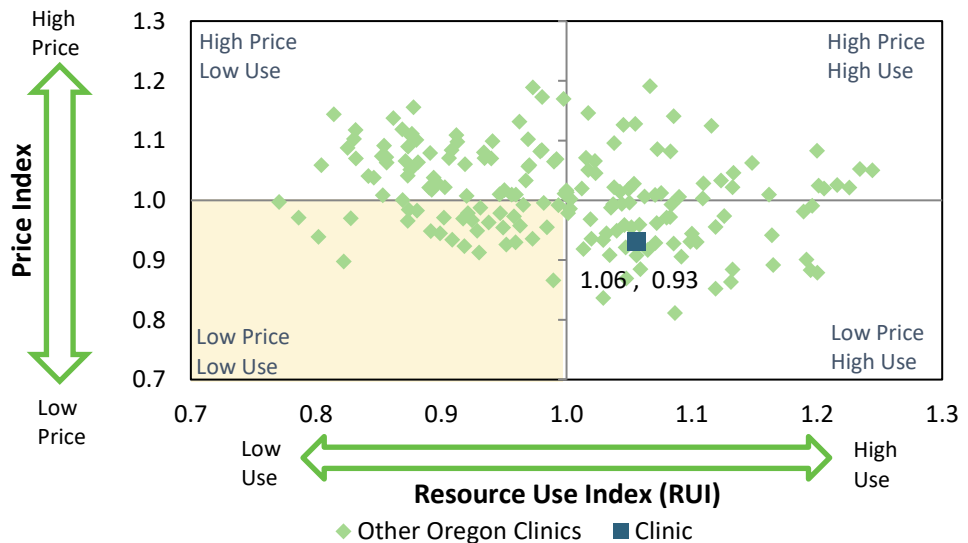
Summary by Service Category

	TCI	= RUI	x Price Index
Professional	0.91	0.96	0.96
Outpatient Facility	0.89	1.06	0.84
Inpatient Facility	1.19	1.27	0.94
Pharmacy	1.12	1.13	1.00
Overall	0.98	1.06	0.93

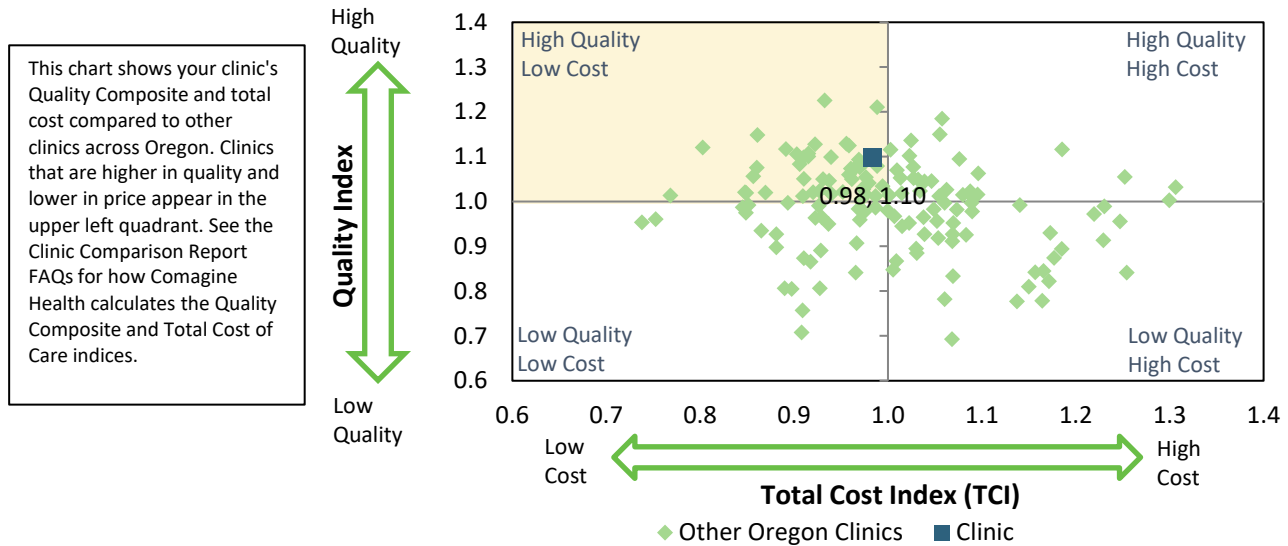
A Total Cost Index, Price Index or Resource Use Index value greater than 1.00 means the clinic's score is higher than the Oregon average score for the measure.
For more information see the Total Cost of Care Definitions page.

Price vs. Resource Use Comparison

This chart shows the two components of the Total Cost Index: the Resource Use Index (RUI) and the Price Index. Your clinic's price and resource use are compared to other clinics across Oregon. Clinics that are lower in price and resource use appear in the lower left quadrant.



Quality vs. Total Cost 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, Comagine Health will continue to solicit input regarding the content and format from stakeholders and partners. More information about Comagine Health'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 OregonData@comagine.org or 503-972-7843.

Thank you,

Meredith Roberts
Executive Director, Comagine Health Oregon

Comagine Health (formerly Q Corp and HealthInsight Oregon) is a national, nonprofit, health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system. As a trusted, neutral party, we work in our communities to address key, complex health and health care delivery problems.

Segment: Commercially Insured Adults Age 18-64

Reporting Period: Jan 2019 – Dec 2019

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 Comagine Health’s commercially insured adult (18-64) population for claims incurred January 1, 2019 – December 31, 2019 with 3 months run-out. Annual costs over \$125,000 for any individual patient are excluded. Other quality and resource use measures use Comagine Health’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 Comagine Health 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, 2018 – December 31, 2019).
- 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 SAMPLE CLINIC ABC

	Clinic		OR Average		= RUI	Price x Index
	Raw PMPM	Adj PMPM	PMPM	TCI		
Professional	\$208.14	\$222.66	\$243.65	0.91	0.96	0.96
Outpatient Facility	\$123.56	\$132.17	\$148.95	0.89	1.06	0.84
Inpatient Facility	\$75.16	\$80.40	\$67.39	1.19	1.27	0.94
Pharmacy	\$129.65	\$138.69	\$123.37	1.12	1.13	1.00
Overall	\$536.50	\$573.91	\$583.35	0.98	1.06	0.93

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

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 \$125,000.

Adj PMPM: Adjusted PMPM is the clinic’s retrospective risk-adjusted PMPM allowed amount, normalized to the Oregon average. Comagine Health 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 Grouper)
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 2019 – Dec 2019

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

APC: Ambulatory Payment Classification

CT: Computed Tomography

DME: Durable Medical Equipment

DNRI: Dopamine & Norepinephrine Reuptake Inhibitor

ED: Emergency Department

HbA1c: Hemoglobin A1c

MRI: Magnetic Resonance Imaging

MS- DRG: Medicare Diagnosis Related Grouper

NDC: National Drug Code

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

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Segment: Commercially Insured Adults Age 18-64

Reporting Period: Jan 2019 – Dec 2019

Overview

Patient Demographics

	Clinic		Oregon Average Scaled to Clinic's size	
	Number	Percent	Number	Percent
	Attributed patients (Benchmark is average number per clinic)	1,037		1,037
Average Age (approximate)	44		44	
% Male	459	44.3%	452	43.6%
% Female	578	55.7%	585	56.4%
No Chronic Condition Indicated	559	53.9%	532	51.3%
Chronic Condition - patients may have more than one	478	46.1%	505	48.7%
Acute Myocardial Infarction	2	0.2%	2	0.2%
Alzheimer's Disease and Related Disorders or Senile Dementia	2	0.2%	2	0.2%
Asthma	32	3.1%	33	3.2%
Atrial Fibrillation	6	0.6%	8	0.8%
Cancer	33	3.2%	30	2.9%
Chronic Kidney Disease	44	4.2%	46	4.4%
Chronic Obstructive Pulmonary Disease and Bronchiectasis	6	0.6%	7	0.7%
Depression	191	18.4%	188	18.1%
Diabetes	101	9.7%	68	6.5%
Heart Failure	3	0.3%	6	0.6%
Hyperlipidemia	174	16.8%	186	17.9%
Hypertension	173	16.7%	188	18.2%
Ischemic Heart Disease	11	1.1%	23	2.2%
Mental Illness	34	3.3%	43	4.1%
Osteoporosis	3	0.3%	10	0.9%
Rheumatoid Arthritis/ Osteoarthritis	66	6.4%	88	8.5%
Stroke / Transient Ischemic Attack	1	0.1%	3	0.3%

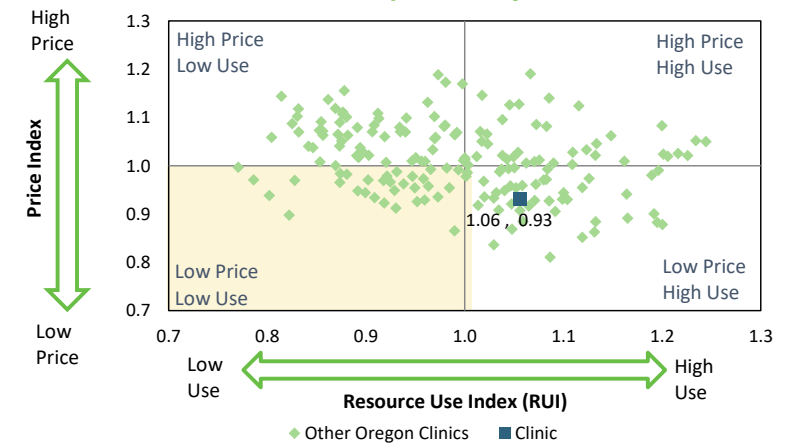
Overall Summary by Service Category

	Clinic		OR Average			
	Raw	Adj	PMPM	TCI	RUI	Price Index
	PMPM	PMPM	PMPM	=	=	x
Professional	\$208.14	\$222.66	\$243.65	0.91	0.96	0.96
Outpatient Facility	\$123.56	\$132.17	\$148.95	0.89	1.06	0.84
Inpatient Facility	\$75.16	\$80.40	\$67.39	1.19	1.27	0.94
Pharmacy	\$129.65	\$138.69	\$123.37	1.12	1.13	1.00
Overall	\$536.50	\$573.91	\$583.35	0.98	1.06	0.93

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.

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: Commercially Insured Adults Age 18-64

Reporting Period: Jan 2019 – Dec 2019

Professional Services

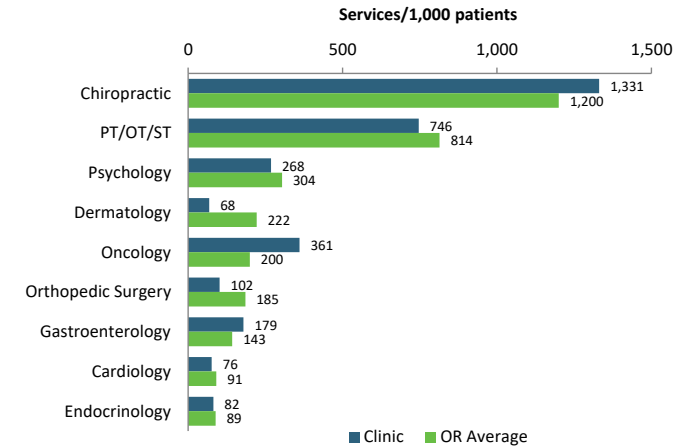
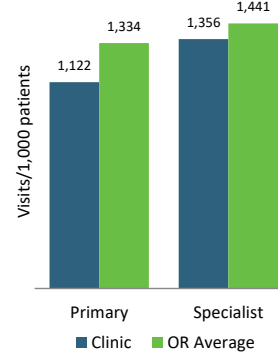
Professional PMPM by Service Category

	Clinic		OR Average		
	Adj PMPM	PMPM	TCI	= RUI	x Price Index
Evaluation & Management	\$42.90	\$53.37	0.80	0.86	0.93
Surgery & Anesthesia	\$27.78	\$37.36	0.74	0.76	0.97
Lab & Pathology	\$27.28	\$19.18	1.42	1.45	0.98
Physical Therapy & Rehab	\$12.10	\$13.73	0.88	0.80	1.10
Preventive Screenings	\$14.19	\$12.04	1.18	1.12	1.05
Psychiatric Visits	\$9.84	\$11.94	0.82	0.96	0.86
Preventive Visits	\$4.86	\$7.68	0.63	0.74	0.85
Endoscopic Procedures	\$4.20	\$6.08	0.69	0.70	0.99
Standard Imaging	\$4.54	\$5.59	0.81	0.91	0.90
Emergency Dept. Visits	\$4.24	\$4.97	0.85	0.87	0.98
Echography	\$4.00	\$4.87	0.82	0.79	1.04
Advanced Imaging	\$3.03	\$4.54	0.67	0.78	0.86
Oncology & Chemotherapy	\$1.54	\$3.62	0.43	0.39	1.10
Preventive Vaccinations	\$2.43	\$3.32	0.73	0.81	0.91
Chiropractic Treatments	\$2.65	\$2.90	0.91	0.95	0.97
Durable Medical Equipment	\$3.86	\$2.74	1.41	1.31	1.07
Cardiac Imaging & Tests	\$1.16	\$1.76	0.66	0.65	1.02
Consultations	\$0.03	\$0.20	0.17	0.24	0.71
Other Professional Services	\$52.01	\$47.76	1.09	1.14	0.95
Total	\$222.66	\$243.65	0.91	0.96	0.96

Primary and Specialty Care Utilization:

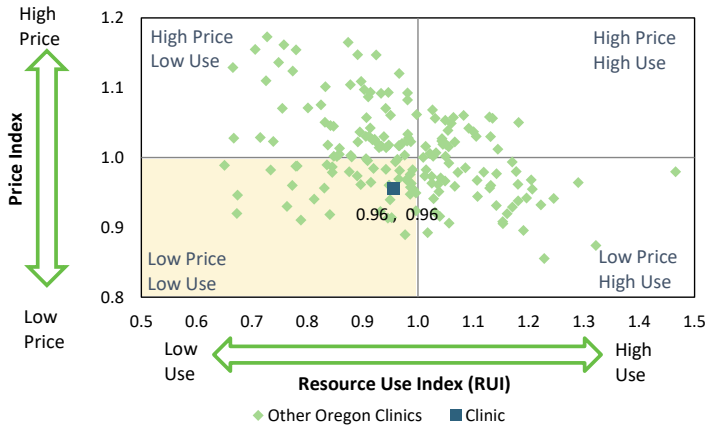
Evaluation & Management *

Specialist Services, Top Categories *



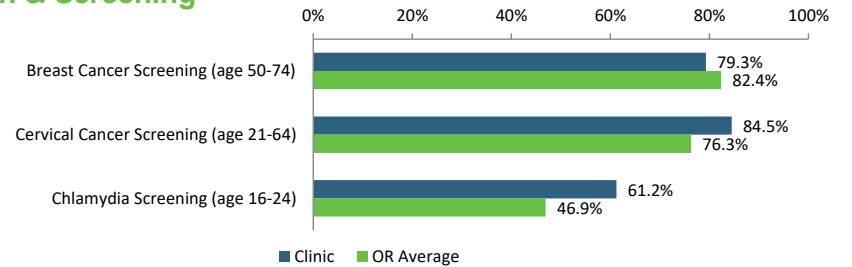
Note: Specialist utilization can be driven by a clinic's patient population. A higher risk score can drive higher utilization of specialists.

Professional Price vs. Resource Use Comparison by Clinic



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.

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Segment: Commercially Insured Adults Age 18-64

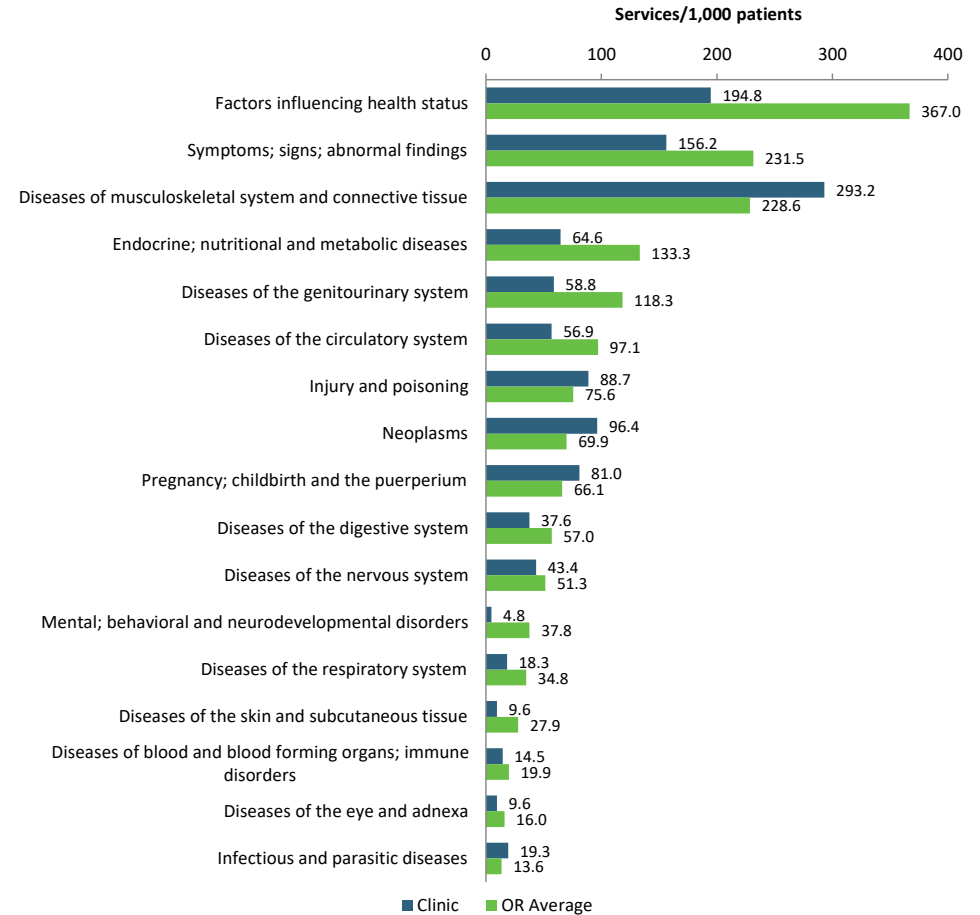
Reporting Period: Jan 2019 – Dec 2019

Outpatient Facility

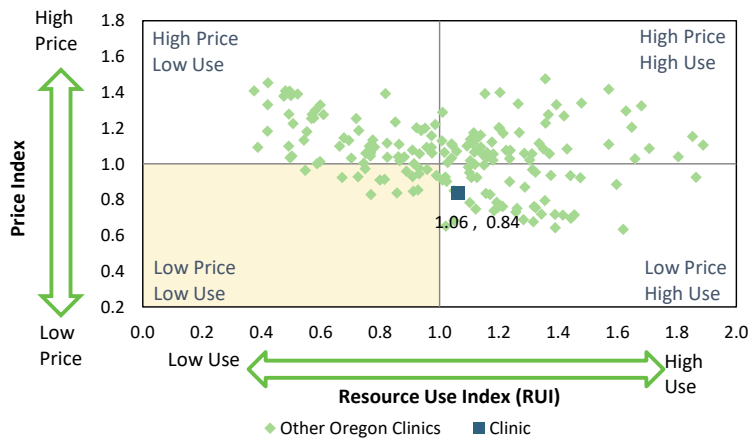
Outpatient Facility PMPM by Service Category

	Clinic		OR Average		Price Index
	Adj PMPM	PMPM	TCI	RUI	
Lab & Pathology	\$17.43	\$29.13	0.60	0.79	0.76
Emergency Dept. Visits	\$4.82	\$7.48	0.64	1.05	0.62
Standard Imaging	\$7.19	\$6.32	1.14	1.09	1.04
Operating Room	\$4.73	\$5.72	0.83	0.70	1.18
Advanced Imaging	\$3.70	\$5.68	0.65	1.15	0.57
Physical Therapy & Rehab	\$6.36	\$5.39	1.18	1.46	0.81
Cardiac Imaging & Tests	\$7.50	\$5.35	1.40	1.48	0.95
Oncology & Chemotherapy	\$7.21	\$5.24	1.38	2.80	0.49
Preventive Screenings	\$2.71	\$4.62	0.59	0.80	0.74
Echography	\$3.02	\$3.47	0.87	0.99	0.88
Surgery & Anesthesia	\$0.91	\$2.80	0.33	0.42	0.78
Evaluation & Management	\$1.67	\$1.13	1.48	2.46	0.60
Dialysis	\$0.00	\$0.91	-	-	-
Endoscopic Procedures	\$0.02	\$0.52	0.05	0.02	2.03
Psychiatric Visits	\$0.04	\$0.42	0.10	0.06	1.83
Preventive Vaccinations	\$0.06	\$0.17	0.36	0.38	0.96
Other Outpatient Facility	\$64.80	\$64.61	1.00	1.09	0.92
Total	\$132.17	\$148.95	0.89	1.06	0.84

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 2019 – Dec 2019

Radiology & Emergency

Radiology (Outpatient Facility and Professional Services)

	Clinic		OR Average		Price Index
	Adj PMPM	PMPM	TCI	= RUI	
				x	
Standard Imaging	\$11.73	\$11.91	0.98	0.97	1.01
Advanced Imaging (e.g., MRI, CT, PET)	\$6.73	\$10.21	0.66	0.92	0.72
Echography	\$7.02	\$8.34	0.84	0.85	0.99
Cardiac Imaging & Tests	\$8.66	\$7.11	1.22	1.23	0.99

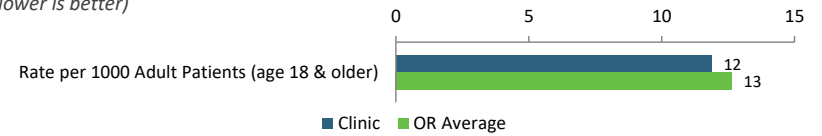
Emergency Department Utilization *

(lower is better)

	Clinic	OR Average
ED Visits/1000 patients	121.5	144.0

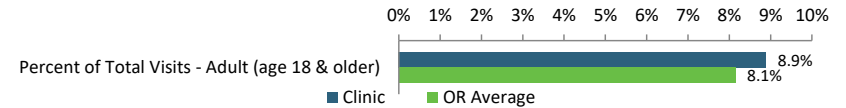
Rate per 1000 of Potentially Avoidable ED Visits

(lower is better)



Potentially Avoidable ED Visits, % of Total ED Visits

(lower is better)



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Segment: Commercially Insured Adults Age 18-64
Reporting Period: Jan 2019 – Dec 2019

Inpatient Cost & Utilization

Inpatient PMPM by Service Category

	Clinic		OR Average		Price Index
	Adj PMPM	PMPM	TCI	RUI	
Acute Admissions	\$80.40	\$66.65	1.21	1.29	0.94
Surgical	\$57.84	\$45.05	1.28	1.40	0.92
Medical	\$22.56	\$21.60	1.04	1.07	0.98
Non-Acute	\$0.00	\$0.74	-	-	-
All Admissions	\$80.40	\$67.39	1.19	1.27	0.94

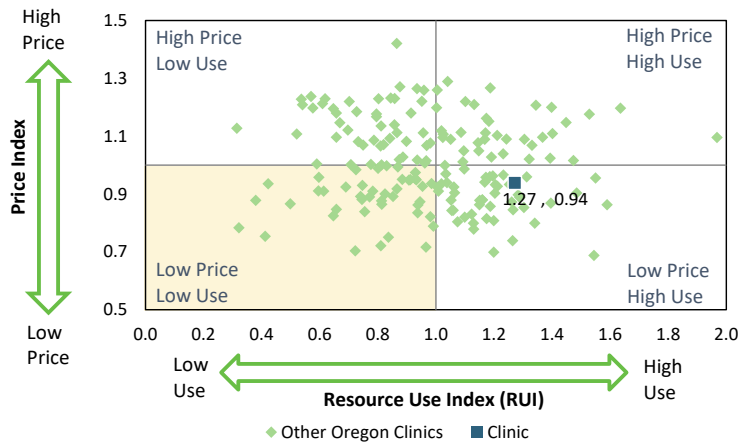
Inpatient Utilization *

(lower is better)

	Clinic	OR Average
Admits/1,000 Patients (Acute & Non-Acute)	31.8	34.4
30-day all cause readmissions, unadjusted	7.5%	7.2%

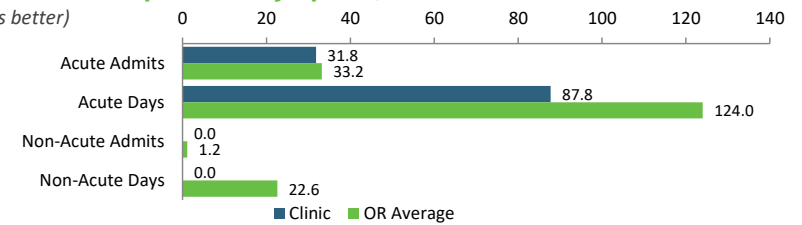
Note: Non-Acute Admissions are admission to and services provided in a Skilled Nursing, Subacute, or Rehabilitation Facility.

Inpatient Price vs. Resource Use Comparison by Clinic



Admissions & Inpatient Days per 1,000 Patients *

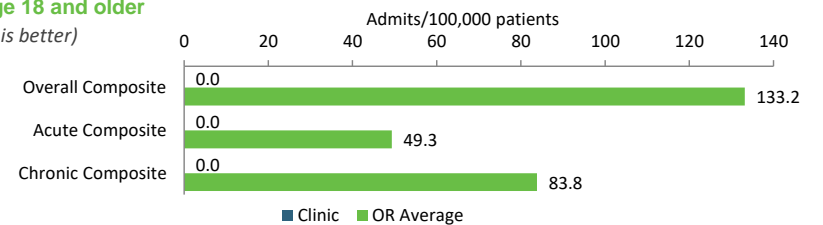
(lower is better)



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: Commercially Insured Adults Age 18-64

Reporting Period: Jan 2019 – Dec 2019

Chronic Conditions

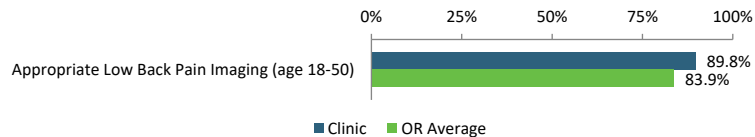
Chronic Condition Patient Summary

	Clinic		OR Average			
	Patients	Adj PMPM	PMPM	TCI	= RUI	Price x Index
Acute Myocardial Infarction	2	-	\$4,269	-	-	-
Alzheimer's Disease and Related Disorders or Senile Dementia	2	-	\$1,955	-	-	-
Asthma	32	\$1,837	\$1,530	1.20	2.60	0.46
Atrial Fibrillation	6	-	\$2,308	-	-	-
Cancer	33	\$1,653	\$1,897	0.87	2.07	0.42
Chronic Kidney Disease	44	\$1,839	\$1,762	1.04	1.47	0.71
Chronic Obstructive Pulmonary Disease and Bronchiectasis	6	-	\$2,074	-	-	-
Depression	191	\$796	\$913	0.87	1.45	0.60
Diabetes	101	\$1,184	\$1,303	0.91	1.27	0.71
Heart Failure	3	-	\$2,948	-	-	-
Hyperlipidemia	174	\$817	\$923	0.88	1.28	0.69
Hypertension	173	\$1,044	\$1,007	1.04	1.73	0.60
Ischemic Heart Disease	11	-	\$1,812	-	-	-
Mental Illness	34	\$1,246	\$1,034	1.21	1.98	0.61
Osteoporosis	3	-	\$1,293	-	-	-
Rheumatoid Arthritis/ Osteoarthritis	66	\$1,932	\$1,469	1.32	1.56	0.84
Stroke / Transient Ischemic Attack	1	-	\$3,090	-	-	-

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.

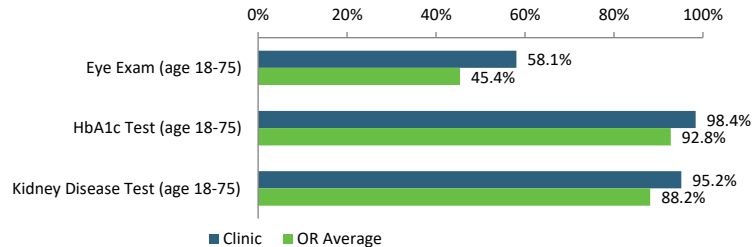
Musculoskeletal Conditions

(higher is better)



Comprehensive Diabetes Care

(higher is better)



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Segment: Commercially Insured Adults Age 18-64

Reporting Period: Jan 2019 – Dec 2019

Pharmacy

Pharmacy by Category

	Clinic		OR Average		
	Adj	PMPM	TCI	= RUI	Price
	PMPM	PMPM			x Index
Single-source Brand	\$110.22	\$91.63	1.20	1.18	1.02
Generic	\$18.77	\$19.87	0.94	1.10	0.86
Multi-source Brand	\$9.69	\$11.86	0.82	0.81	1.00
Total	\$138.69	\$123.37	1.12	1.13	1.00

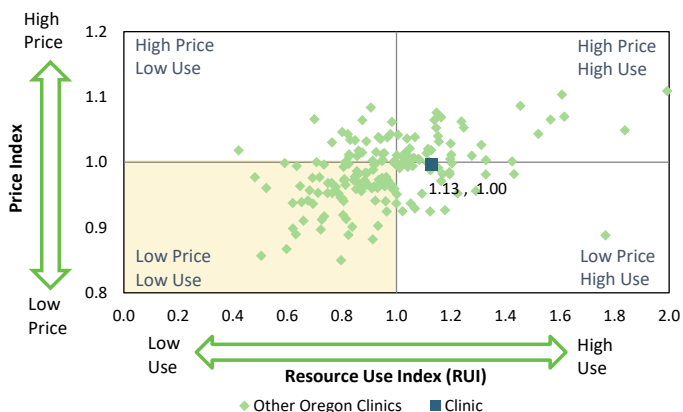
Single Source Brand: A prescription drug manufactured by only one company. No generic equivalent is available.

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.

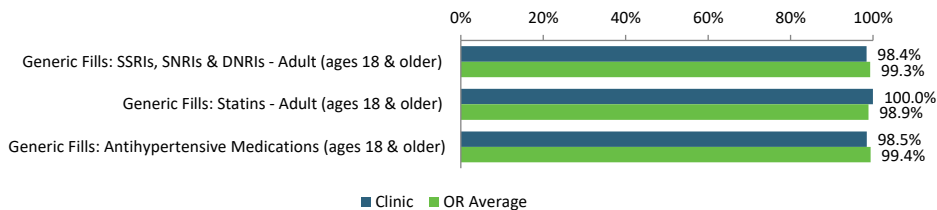
Top 10 Therapeutic Classes with % Generic Fills

	Clinic		OR Average		Price		
	Adj	%	PMPM	%	TCI	= RUI	x Index
	PMPM	Generic	PMPM	Generic			
Immunosuppressants	\$43.54	42%	\$33.95	29%	1.28	1.30	0.98
Hormones & Synthetic Subst.	\$36.25	57%	\$26.47	61%	1.37	1.42	0.97
Anti-Infective Agents	\$13.42	97%	\$12.30	95%	1.09	1.04	1.05
Central Nervous System Agents	\$9.06	98%	\$11.81	97%	0.77	0.97	0.79
Misc. Pharmacotherapy Agents	\$19.77	75%	\$10.30	83%	1.92	1.63	1.17
Cardiovascular Agents	\$2.60	100%	\$3.79	99%	0.69	1.05	0.66
Autonomic Drugs	\$2.94	81%	\$3.57	77%	0.82	0.89	0.93
Eye, Ear, Nose, & Throat Prep.	\$1.47	85%	\$1.73	87%	0.85	0.82	1.03
Diagnostic Agents	\$1.65	0%	\$1.27	0%	1.30	1.18	1.10
Enzyme Inhibitors	\$2.26	0%	\$0.88	0%	2.57	2.55	1.01

Pharmacy Price vs. Resource Use Comparison by Clinic



Medication Management



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

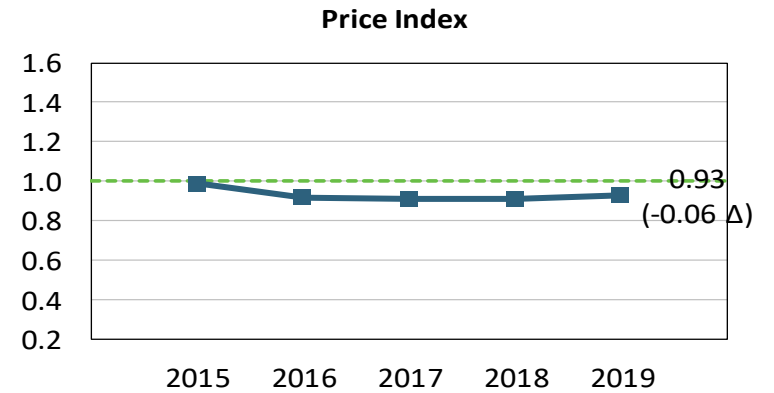
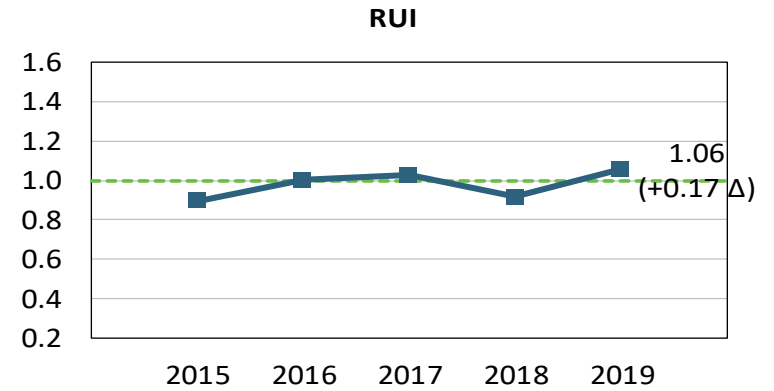
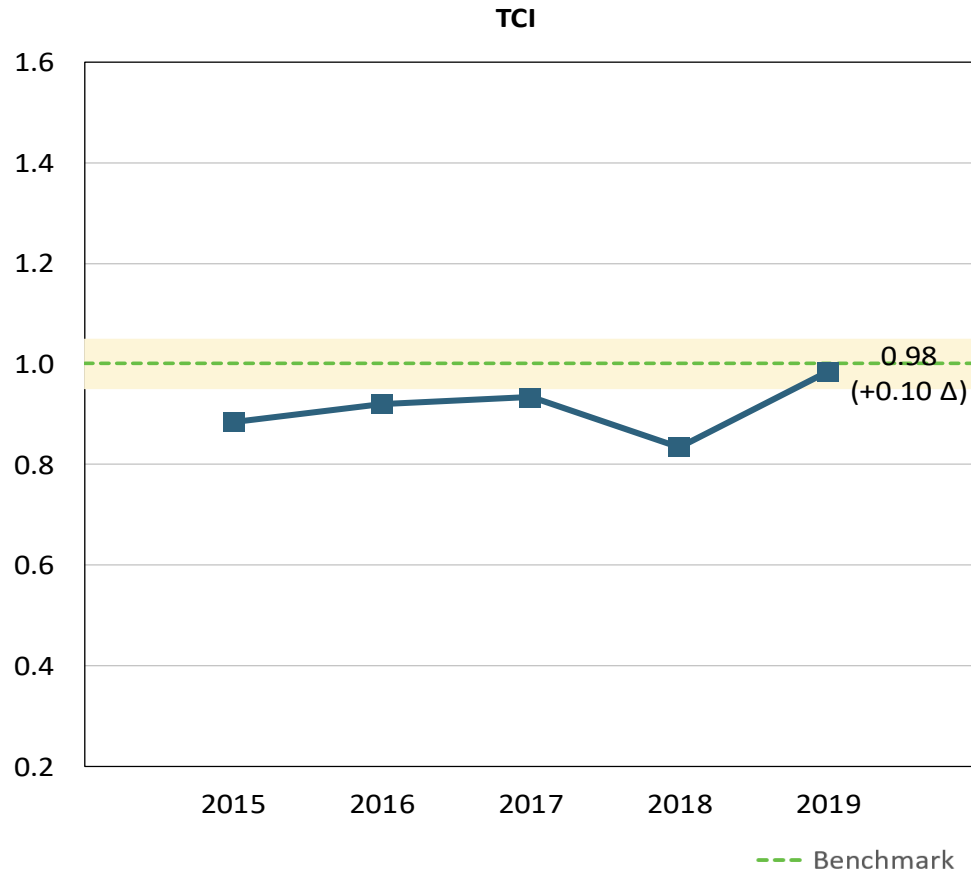
* Utilization and Quality measures are for commercial population only and are not risk adjusted.
 OR Average is the average for the patients attributed to clinics receiving these reports.
 This work is based on the patented algorithm of HealthPartners, Inc. (Bloomington, MN) and is used with their permission.

Segment: Commercially Insured Adults Age 18-64

Reporting Period: Jan 2019 – Dec 2019

Trends Page 1

Overall



--- Benchmark ■ Clinic

Year	Overall			Professional			Outpatient			Inpatient			Pharmacy		
	TCI	RUI	Price Index	TCI	RUI	Price Index	TCI	RUI	Price Index	TCI	RUI	Price Index	TCI	RUI	Price Index
2015	0.88	0.89	0.99	0.91	0.90	1.01	0.83	0.86	0.96	0.91	0.94	0.97	0.87	0.88	0.99
2016	0.92	1.00	0.92	0.85	0.90	0.95	0.77	0.91	0.85	1.17	1.31	0.89	1.05	1.10	0.96
2017	0.93	1.03	0.91	0.99	1.03	0.96	0.81	1.08	0.75	0.71	0.77	0.93	1.11	1.12	0.99
2018	0.83	0.92	0.91	0.94	1.02	0.92	0.75	0.87	0.86	0.45	0.56	0.82	1.00	1.04	0.96
2019	0.98	1.06	0.93	0.91	0.96	0.96	0.89	1.06	0.84	1.19	1.27	0.94	1.12	1.13	1.00

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

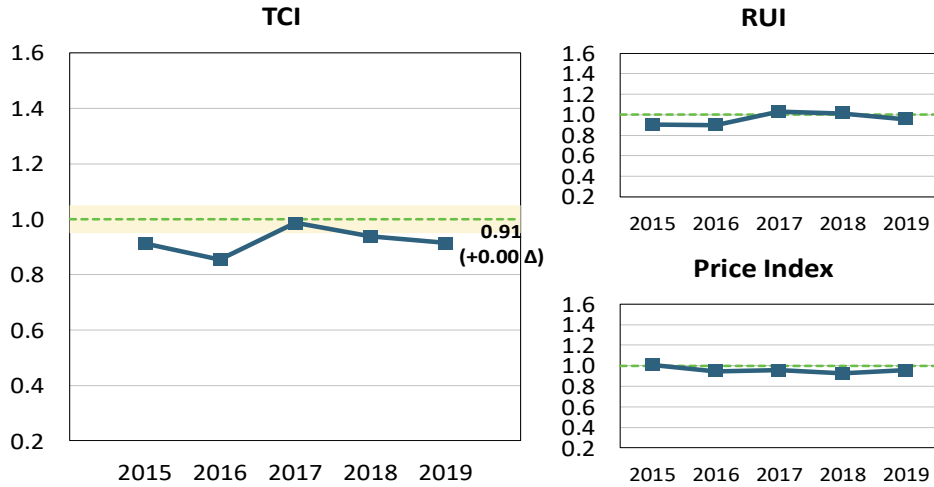
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Segment: Commercially Insured Adults Age 18-64

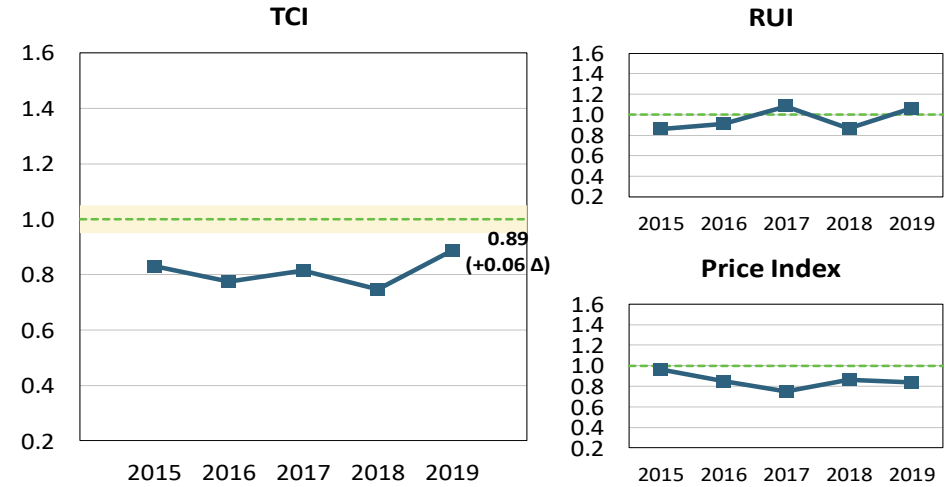
Reporting Period: Jan 2019 – Dec 2019

Trends Page 2

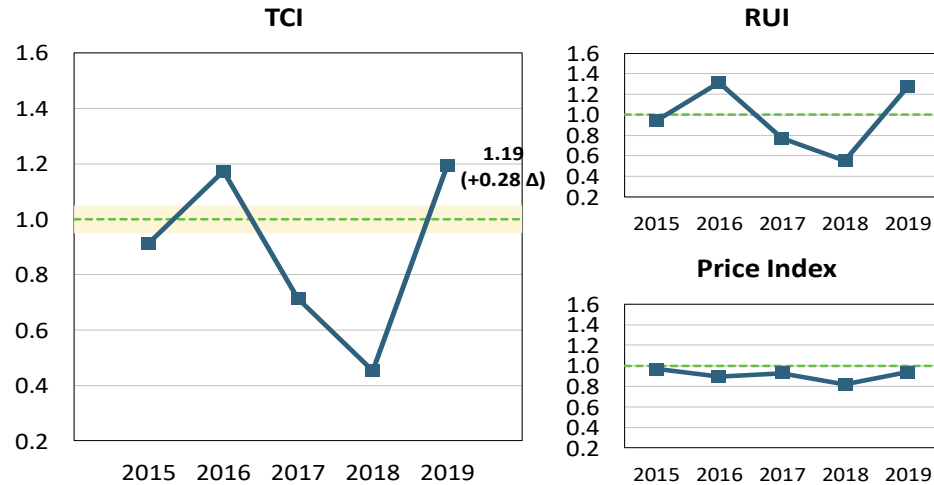
Professional



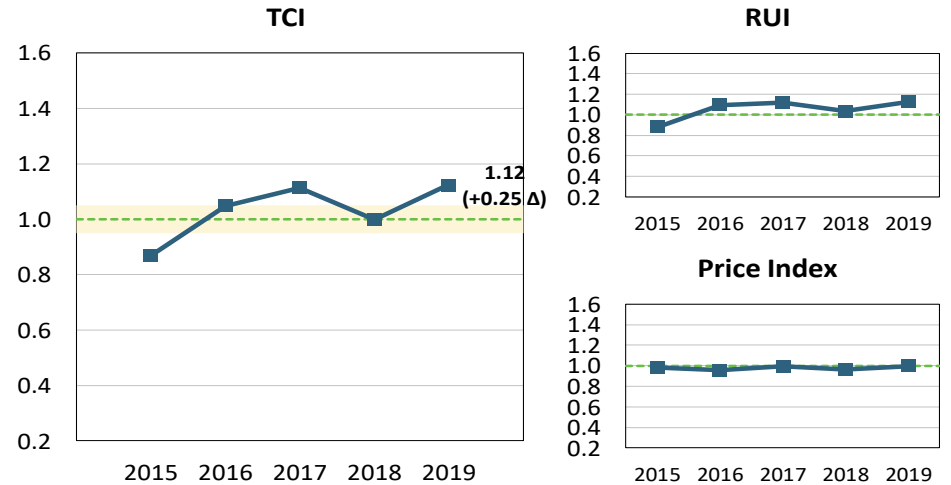
Outpatient



Inpatient



Pharmacy



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