



2016 Clinical Indicators Report

2015/2016 Results



The Clinical Indicators Report features comparative provider performance on measures of clinical quality, patient experience and affordability.



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November 2016

Dear friends and colleagues,

Welcome to the HealthPartners 2016 Clinical Indicators Report. This report continues our commitment to the Triple Aim of improving health, experience and cost and the transparent reporting of meaningful measures that reflect the quality of care delivered to our members and patients by our community of providers.

During the years this report has been distributed, we have seen consecutive year-over-year improvement in quality measures due to the impressive work by provider groups focused on quality and effectiveness of care. However, there is still much work to be done. In particular, in the last several years we have seen a national trend towards steady or declining rates on major preventive care screenings including chlamydia, as well as breast, cervical, and colorectal cancer. This trend serves as a call to action to find innovative ways to improve the health of our population and reverse this course. Your partnership and commitment to achieving the Triple Aim in the everyday care of your patients has a significant impact on our members, their families and our communities.

The goal of these measures is to align with and support efforts that are important to our community and the overall health of the population. In collaboration with Minnesota Community Measurement, our measures overlap with the Healthcare Effectiveness Data and Information Set (HEDIS). This combines local and national sources to create a broad list of quality measures that reflect better care for our members and patients and improved outcomes for the populations we serve.

This report would not be possible without the trust, engagement and partnership of all the provider groups that care for our members. Going forward we will continue to improve and innovate by partnering with these groups to strive for the best health and experience of care at the most affordable cost, which is the value our members deserve and expect.

On behalf of HealthPartners and our members, thank you for your ongoing dedication and proven ability to improve the health of our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Zinkel". The signature is fluid and cursive.

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2016 CLINICAL INDICATORS REPORT

2015/2016 Results

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2016 CLINICAL INDICATORS REPORT

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HEDIS Identification of measures, or elements of measures that are consistent with HEDIS measurement specifications

INTRODUCTION


Purpose

This annual Clinical Indicators Report features comparative provider performance on measures of clinical quality, patient experience and affordability. The Triple Aim approach improves the health of the population, enhances the patient experience of care and helps make care more affordable. Measurement results displayed relate to preventive and chronic care, behavioral health, pharmacy, specialty care, hospital care and total cost of care. The primary purpose is to provide valid and reliable information for providers to use in their efforts to improve patient care and outcomes.

Content

This year's Clinical Indicators Report includes comparative provider performance on 94 measures. Rates are reported by primary provider group, specialty provider group, pharmacy or hospital. The HealthPartners Partners in Excellence (PIE) program recognizes providers with consistent high performance in the areas of Care for Chronic Conditions, Staying Healthy and Care for Illness, and Patient Experience. This year 18 primary care provider groups, 37 specialty care provider groups and 18 pharmacies met one or more PIE targets.

The report includes:

- Measurement definitions and methodologies based on the following categories: chart review (may include data from electronic medical records), administrative data, hybrid (combination administrative and chart review), provider self-reported data, provider survey and member survey
- Graphs of provider rates with 95th percentile confidence intervals, where applicable
- HealthPartners rate: weighted population average for measures that are sampled
- Average group/hospital/pharmacy chain: an average provider group rate (the average of the reported provider groups) is displayed on the graph. The average provider group rate is highlighted to allow for easy comparison.
- Partners in Excellence goals, where applicable
- Identification of measures, or elements of measures, that are consistent with HEDIS measurement specifications 
- Index of provider groups, clinics, hospitals and pharmacy chains contributing data to this report

Risk Adjustment

Risk adjustment is considered when developing quality measures. The measurement methodology will describe when case-mix or severity adjustment is applied. Clinical measures are consistent with evidenced-based clinical guidelines. Case-mix and severity is only applied when the guideline specifically defines different treatment protocols or expected outcomes based on variations in the health of the population. For the purpose of comparing provider performance, using the same measurement criteria for all patients produces valid comparative provider results when there is no evidence to suggest there is significant variation in patient populations across our provider groups.

Key Impacts

The following clinical indicators statistically improved from the previous year:

- Body Mass Index (BMI) Assessment - Child and Adolescent
- Alcohol Assessment - Adult - OB/GYN Providers
- Optimal Lifestyle - Adult
- Generic Drug Use - Primary Care
- Generic Drug Use - OB/GYN
- Generic Drug Use - Orthopaedics
- Evidence-Based Cervical Cancer Screening – Primary Care
- Evidence-Based Cervical Cancer Screening – OB/GYN

New Measures

- Antidepressant Medication Management - Pharmacy: percentage of members ages 18 and older who were treated with an antidepressant medication, had a diagnosis of major depression and remained on the medication for 180 days (continuous phase).
- Patient Experience Medication - Coordination of Care (primary care survey measure): measures member satisfaction for those who saw a specialist for any reason in the last year to see if they are satisfied with how their care was coordinated with their primary care physician.
- Total Cost of Care - the following additional specialties are included in this year's report:
 - Allergy & Immunology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - Neurology
 - Podiatry
 - Pulmonary Medicine
 - Rheumatology
 - Surgery
 - Urology

Retired Measures

- Patient Experience Medication - Pharmacy (survey measure): measures member satisfaction for the following questions: 1) How satisfied are you with your pharmacy on the advice and explanation provided by your pharmacist about your medications? 2) How much has the pharmacist helped you think of ways to remember to take your medicine?

Measurement Changes

- ICD-10: code sets for all measures were updated to include ICD-10 diagnosis codes.
- Low Back Pain: an exclusion for prior significant use of narcotics was eliminated.

Participating Providers

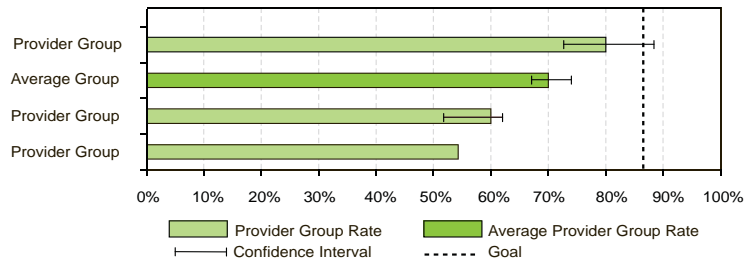
Rates are displayed for HealthPartners provider groups based on patient volume, Partners in Excellence program participation, geographic location and strategic relationship with HealthPartners. Primary care provider groups included in this year's Clinical Indicators Report serve over 90 percent of HealthPartners membership.

Data Display

Each graph displays provider group performance (lighter green bars) and average group performance (darker green bar). Comparative provider data are only made available for a sample size or population denominator of at least 30. If the measure is included in the Pharmacy Partners in Excellence program, target performance is indicated by the dashed black lines. While health plan rates provided on the measure description pages are weighted as described within the measure, the average medical group bar on the graphs represents the unweighted average performance of the displayed provider groups only.

The upper and lower confidence intervals represent the 95th percentile confidence intervals. In addition, for all hybrid measures (those that include chart review), a finite population correction factor is used to best account for the percentage of the total of a provider group's population that the sample represents. For example, when calculating the Optimal Health Management for Severe Mental Illness measure, a group whose sample collected approaches the entire HealthPartners measure eligible population at that group will have a very narrow confidence interval. If

the entire HealthPartners measure eligible population of that group is used, there will be no confidence interval. This reflects more confidence that the rate derived from the sample actually constitutes the true rate for their full population. Graphs using a finite population correction factor will include a footnote indicating this application.



The 2016 Clinical Indicators Report Technical Supplement is available online and includes measurement detail, optimal component rates and trended plan rates over time. The 2016 Clinical Indicators Report and Technical Supplement are both available at healthpartners.com/quality.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Follow-Up Visit after New Medication

January 1, 2015 – December 31, 2015

Description

The percentage of children ages six to 17 with an ambulatory prescription dispensed for ADHD medication between January 1, 2015 and December 1, 2015, that had a minimum of one follow-up visit with a practitioner with prescribing authority within 30 days of starting the medication.

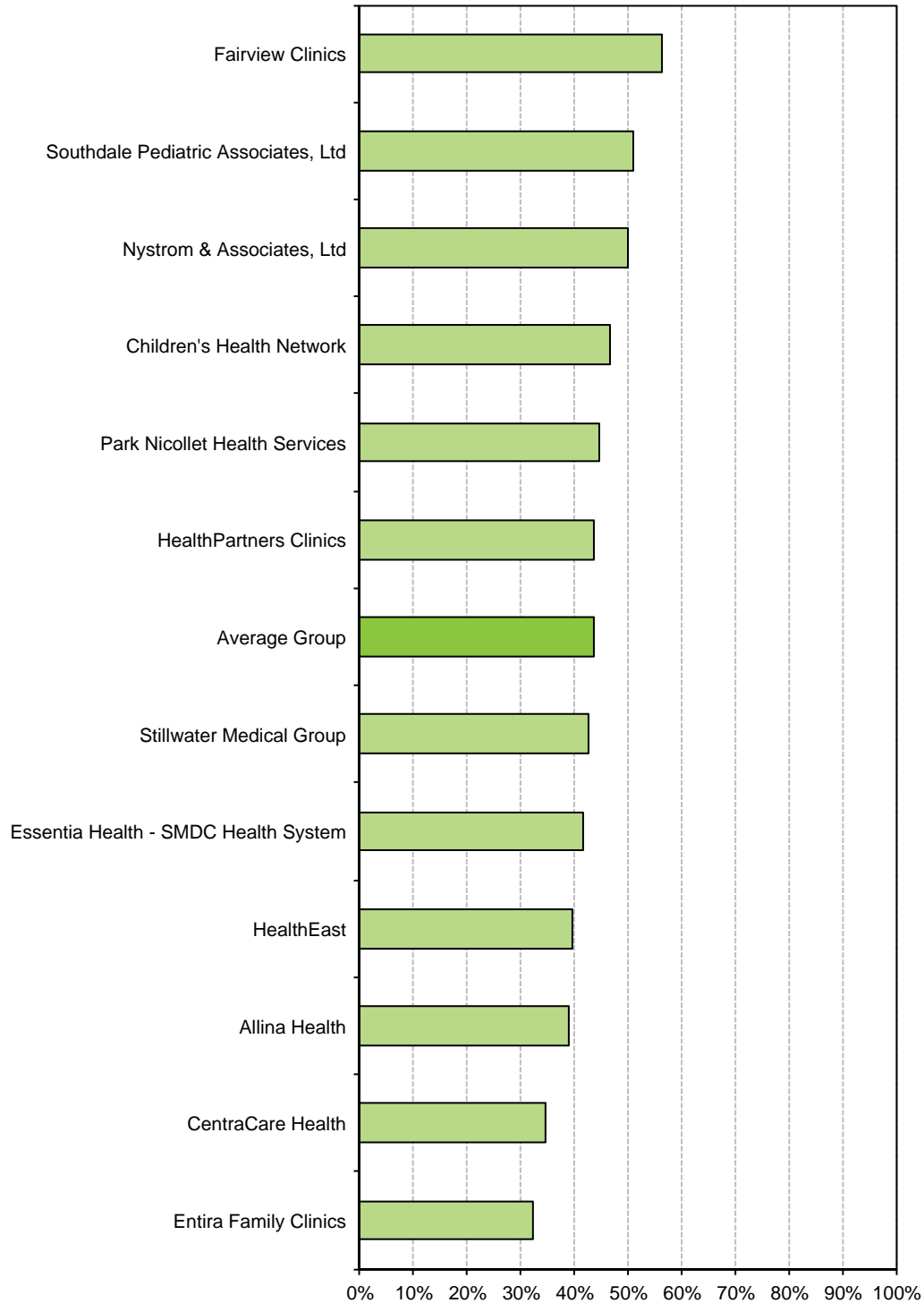
Methodology — Administrative

Elements of this measure are consistent with the HEDIS 2016 Follow-Up Care for Children Prescribed ADHD Medication measure and includes all members ages six to 17 years old as of prescription fill date, from Commercial and Medicaid products with a pharmacy benefit who were continuously enrolled for 120 days prior to starting ADHD medication through 30 days after. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group of the practitioner who prescribed the ADHD medication.

Results

Total eligible members	2,141
Members with follow-up visit(s)	924
ADHD Follow-Up Visit Rate	43.2%

ADHD Follow-up Visit after New Medication
1/1/2015-12/31/2015



Percent with Visits within 30 Days

ANTIDEPRESSANT MEDICATION MANAGEMENT

May 1, 2014 – December 31, 2015

Description

The percentage of members ages 18 and older who were treated with an antidepressant medication, had a diagnosis of major depression and remained on the medication for 90 days (acute phase) and 180 days (continuous phase).

This measure is consistent with the HEDIS 2016 Antidepressant Medication Management measurement specifications.

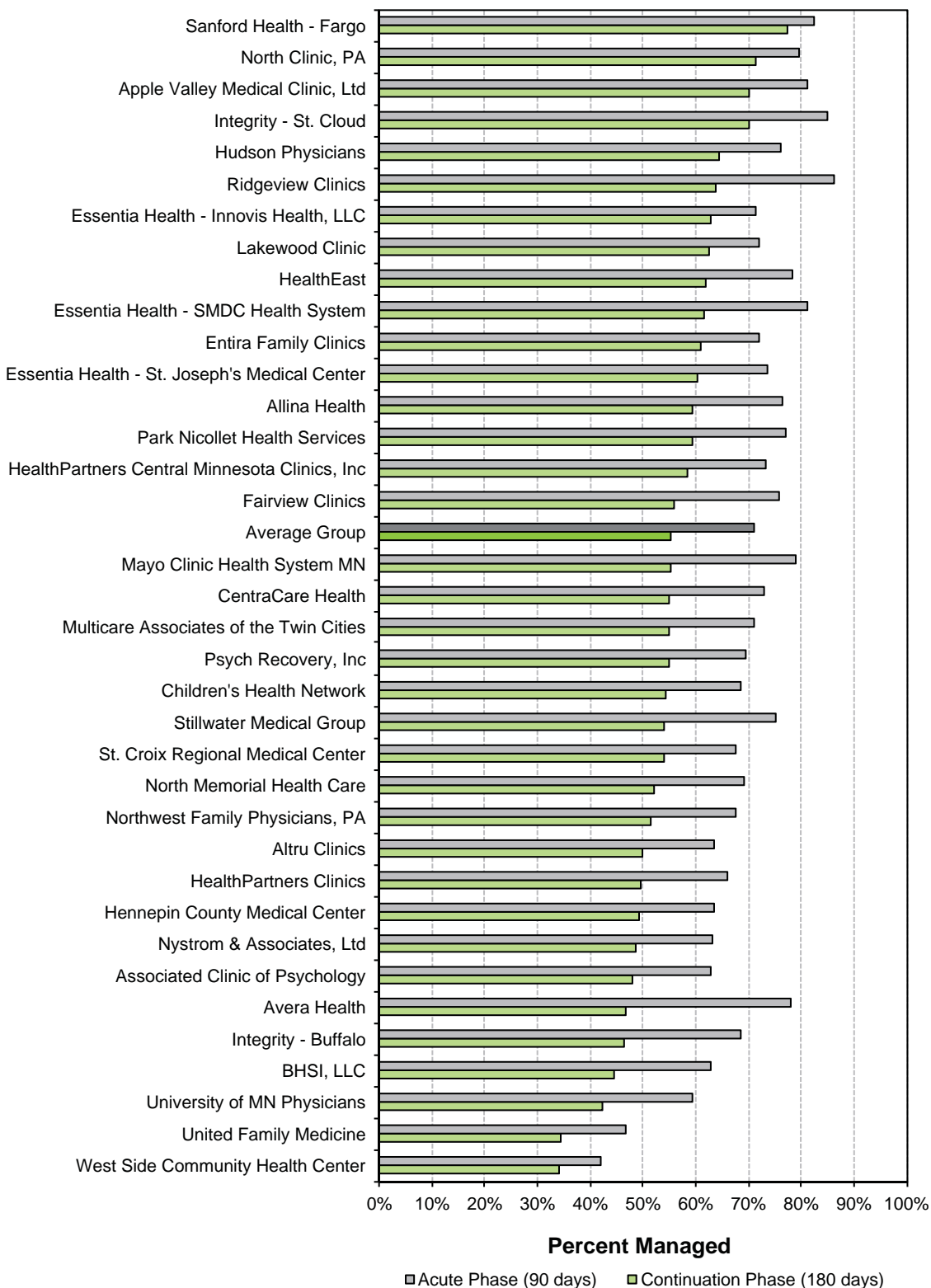
Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2015, from all products with a pharmacy benefit who were continuously enrolled for 105 days prior to the prescription start date through 231 days after. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group of the practitioner, regardless of specialty, who diagnosed the new episode of depression.

Results

Total eligible members	8,072
Members remaining on medication for 90 days (acute phase)	5,791
Members remaining on medication for 180 days (continuation phase)	4,442
Antidepressant Medication Management Rate - Acute Phase	71.7%
Antidepressant Medication Management Rate - Continuation Phase	55.0%

Antidepressant Medication Management
5/1/2014 - 12/31/2015



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

January 1, 2015 – December 31, 2015

Description

The percentage of members ages 13 and older who were diagnosed with a new episode of alcohol or other drug (AOD) dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis (initiation) and had two or more additional services with an alcohol or other drug dependence diagnosis within 30 days of the initiation visit (engagement).

Methodology — Administrative

This measure is consistent with the HEDIS 2016 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measurement specifications and includes all members ages 13 and older as of December 31, 2015, from all products who were continuously enrolled for 60 days prior to the new AOD diagnosis through 44 days after. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group or hospital of the practitioner who diagnosed the new episode of AOD dependence.

Results

Members Attributed to Provider Groups

Total eligible members	4,361
Members initiating treatment within 14 days of diagnosis	736
Members engaged in treatment within 30 days of initiation visit	343

Initiation of AOD Treatment Rate **16.9%**

Engagement of AOD Treatment Rate **7.9%**

Members Attributed to Chemical Dependency Programs

Total eligible members	671
Members initiating treatment within 14 days of diagnosis	305
Members engaged in treatment within 30 days of initiation visit	245

Initiation of AOD Treatment Rate **45.5%**

Engagement of AOD Treatment Rate **36.5%**

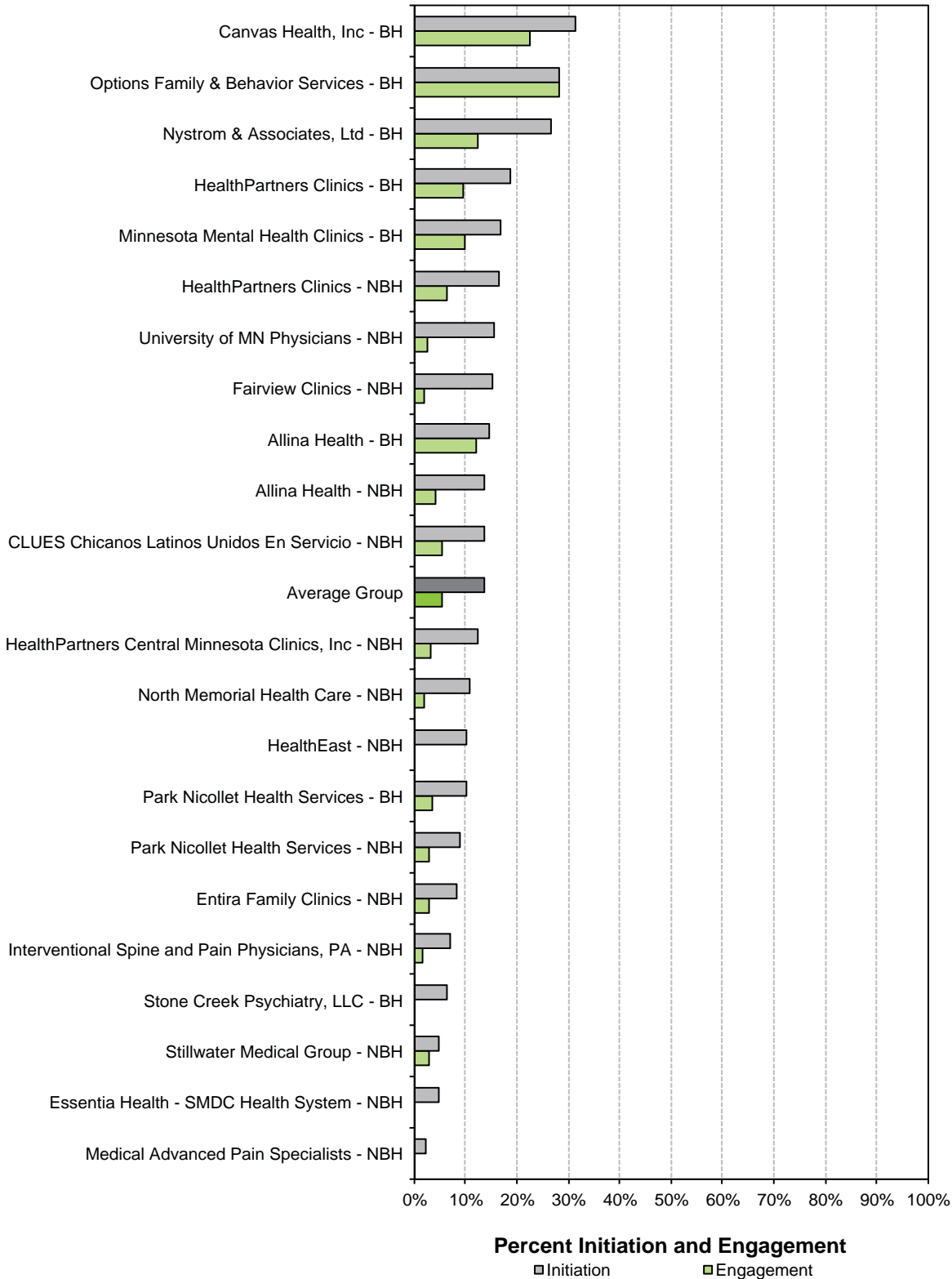
Members Attributed to Hospitals

Total eligible members	4,759
Members initiating treatment within 14 days of diagnosis	2,442
Members engaged in treatment within 30 days of initiation visit	846

Initiation of AOD Treatment Rate **51.3%**

Engagement of AOD Treatment Rate **17.8%**

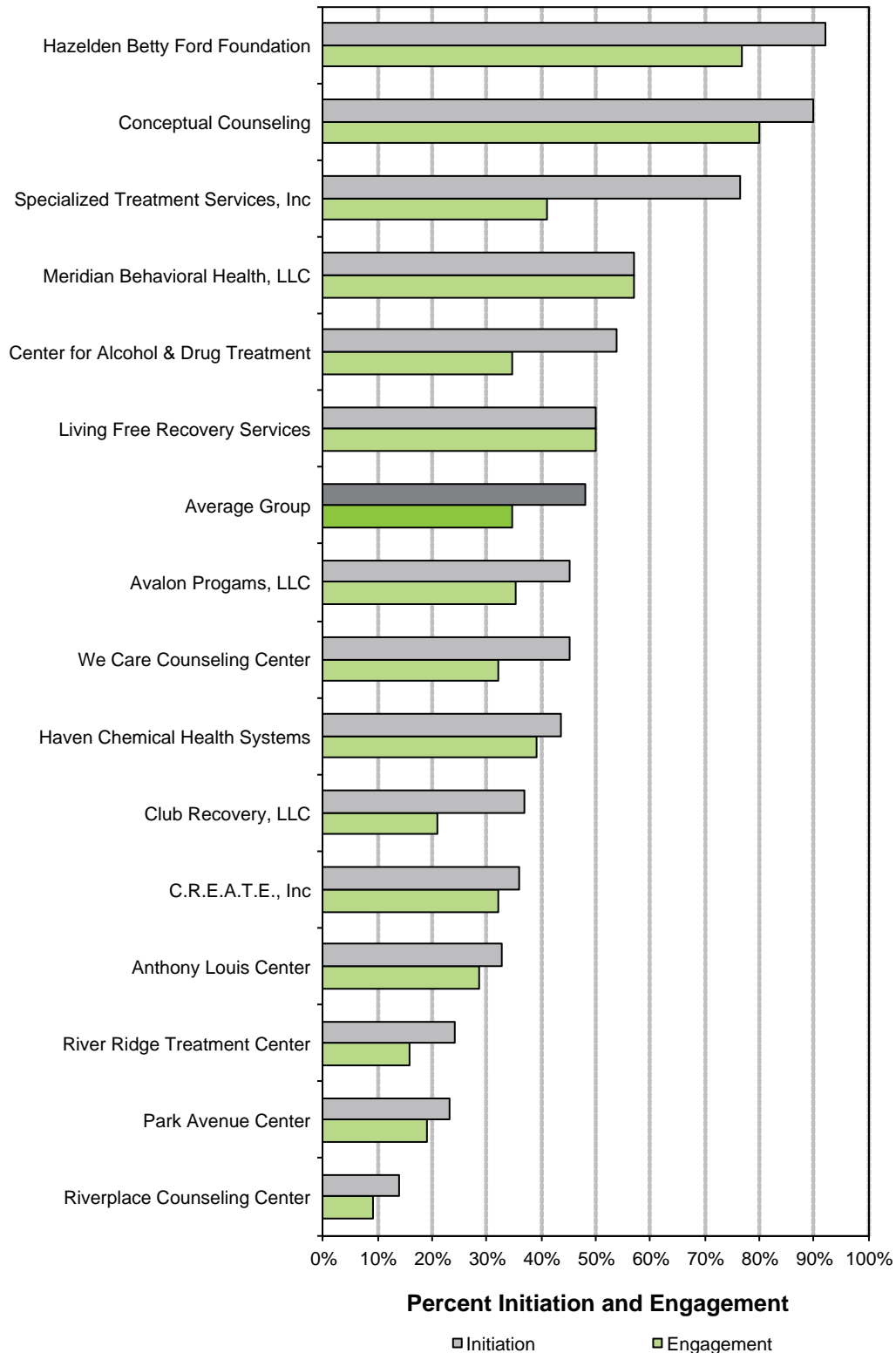
**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Primary Care and Behavioral Health Provider Groups
1/1/2015 - 12/31/2015**



Initiation - treatment initiated within 14 days of diagnosis
 Engagement - Initiation plus two additional follow-up visits within 30 days

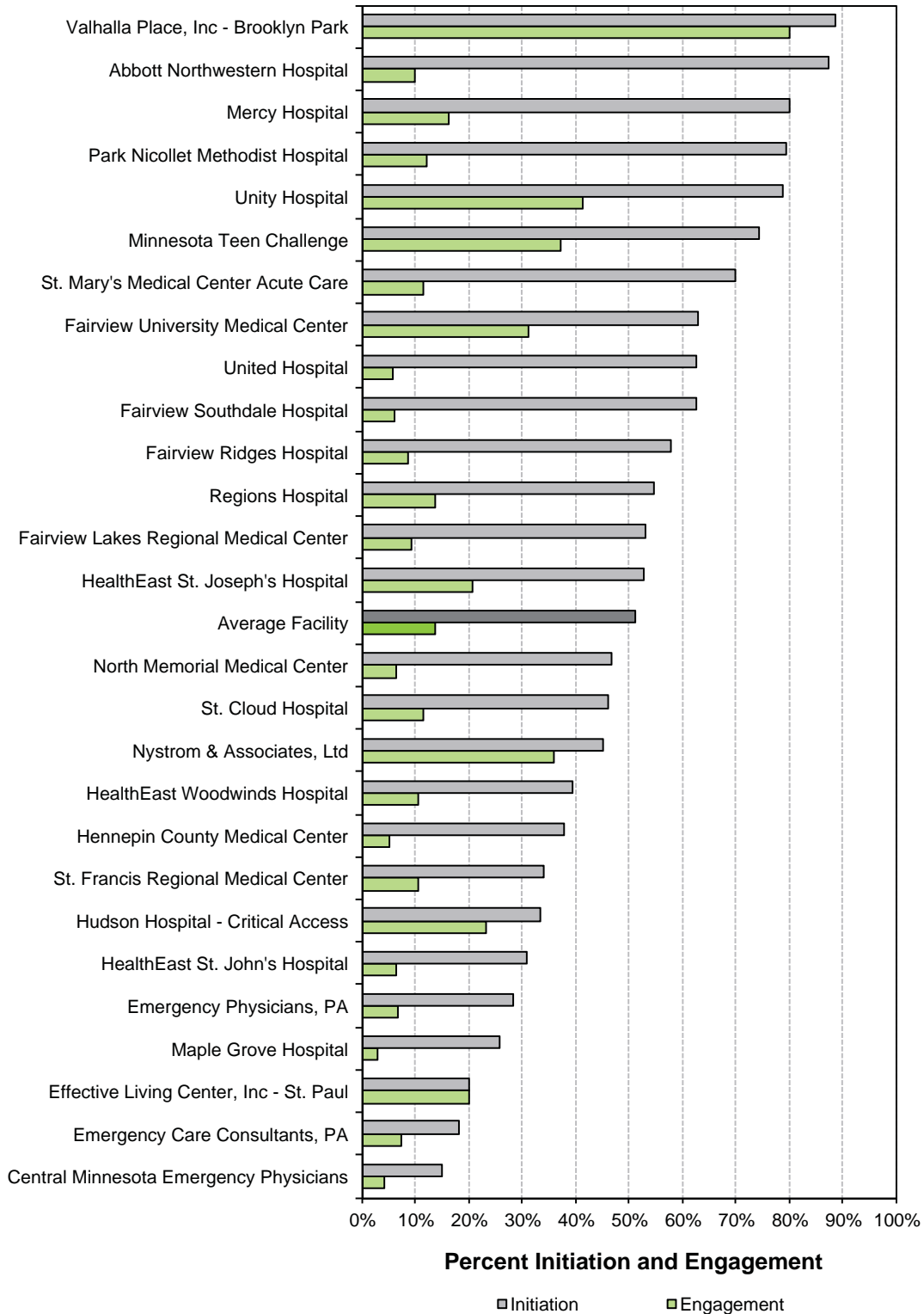
BH - Behavioral Health Provider Group
 NBH - Non-Behavioral Health Provider Group

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Chemical Dependency Programs
1/1/2015 - 12/31/2015**



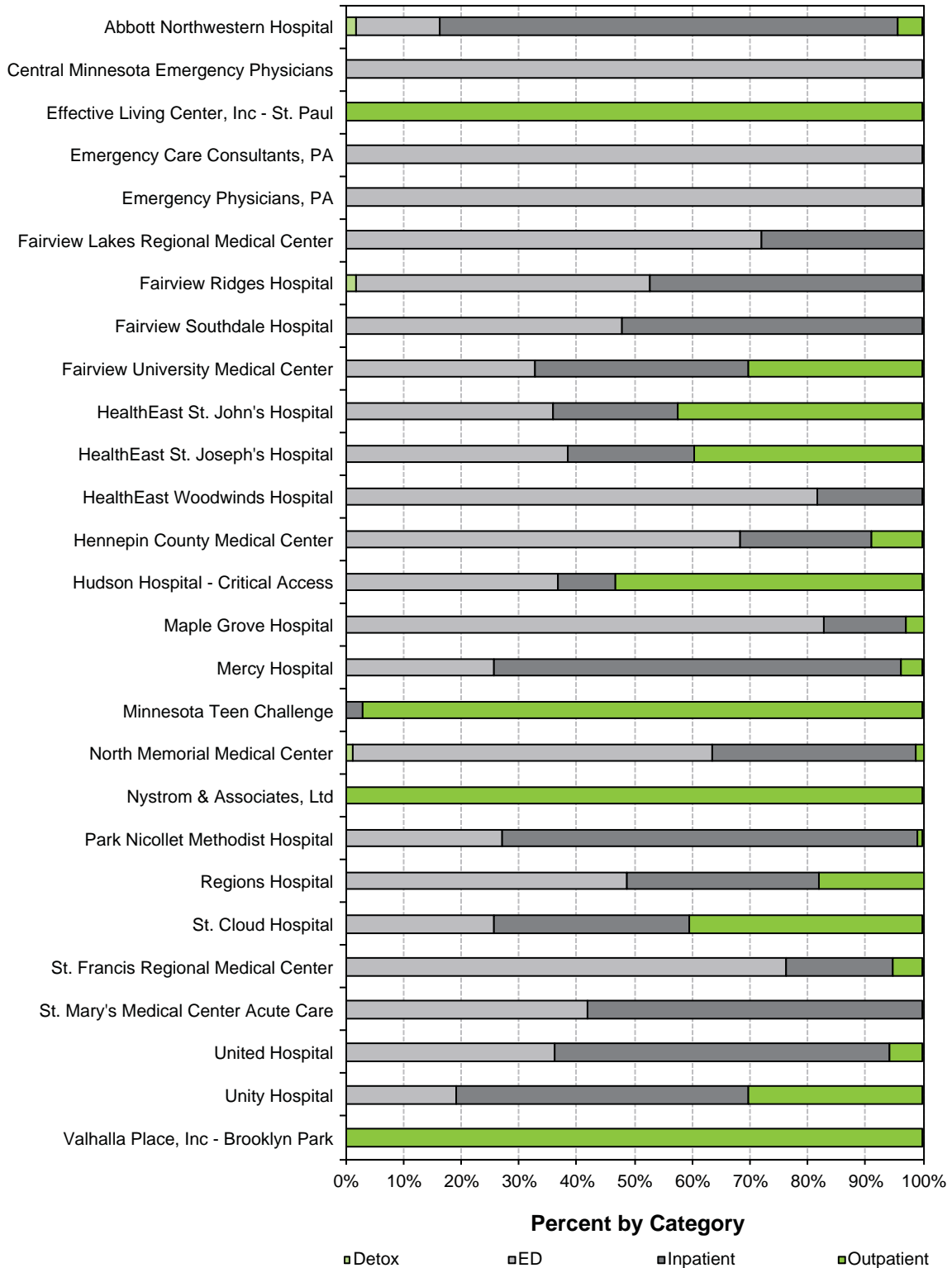
Initiation - treatment initiated within 14 days of diagnosis
 Engagement - Initiation plus two additional follow-up visits within 30 days

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Hospitals
1/1/2015 - 12/31/2015



Initiation - treatment initiated within 14 days of diagnosis
Engagement - Initiation plus two additional follow-up visits within 30 days

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Hospitals - Initial Diagnosis Location**
1/1/2015 - 12/31/2015



Groups sorted alphabetically

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

January 1, 2015 – December 31, 2015

Description

The percentage of members ages six and older who were hospitalized for treatment of selected mental health disorders in 2015, who were seen on an outpatient basis or were in intermediate treatment with a mental health provider within seven days of discharge.

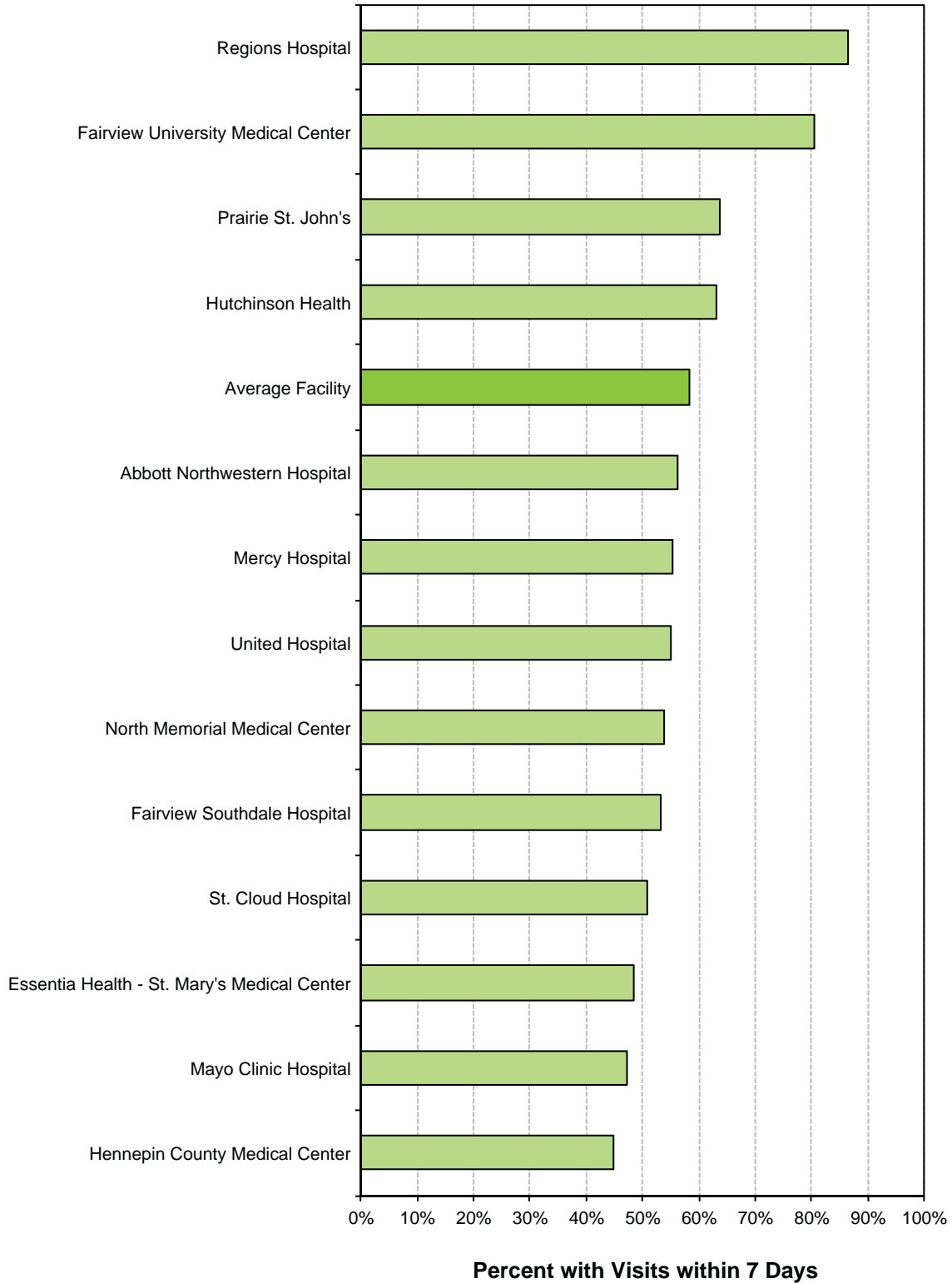
Methodology — Administrative

This measure is consistent with the HEDIS 2016 Follow-Up after Hospitalization for Mental Illness measurement specifications and includes all members ages six years and older as of discharge date from all products who were continuously enrolled for 30 days after hospital discharge date. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the hospital from which they were discharged.

Results

Total eligible members	1,917
Members with follow-up visit(s)	1,233
Follow-Up Visit Rate	64.3%

Follow-up after Hospitalization for Mental Illness
1/1/2015 - 12/31/2015



OPTIMAL HEALTH MANAGEMENT FOR SEVERE MENTAL ILLNESS

January 1, 2015 – December 31, 2015

Description

The percentage of members ages 18 to 65 by December 31, 2015, who have a diagnosis of schizophrenia or bipolar disorder and had at least one fill of an antipsychotic or mood stabilizer medication and have documentation of optimal care.

Methodology — Hybrid

This measure includes members from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015 and were prescribed an antipsychotic or mood stabilizer in 2015. Population identification is based on claim and membership databases. This measure includes a random sample of 66 members (60 + 10% oversample) per medical group. Members are attributed to the provider group with the most office visits during the measurement year. If no office visit, members are attributed to the provider group of the practitioner who prescribed the antipsychotic or mood stabilizer medication.

Results*

Total eligible members	1,338
Members sampled	693
Members optimally managed	250
Members Optimally Managed	38.8% (± 4.7)

Behavioral health provider groups

Total eligible members	585
Members sampled	429
Members optimally managed	132
Members Optimally Managed	31.0% (± 4.7)

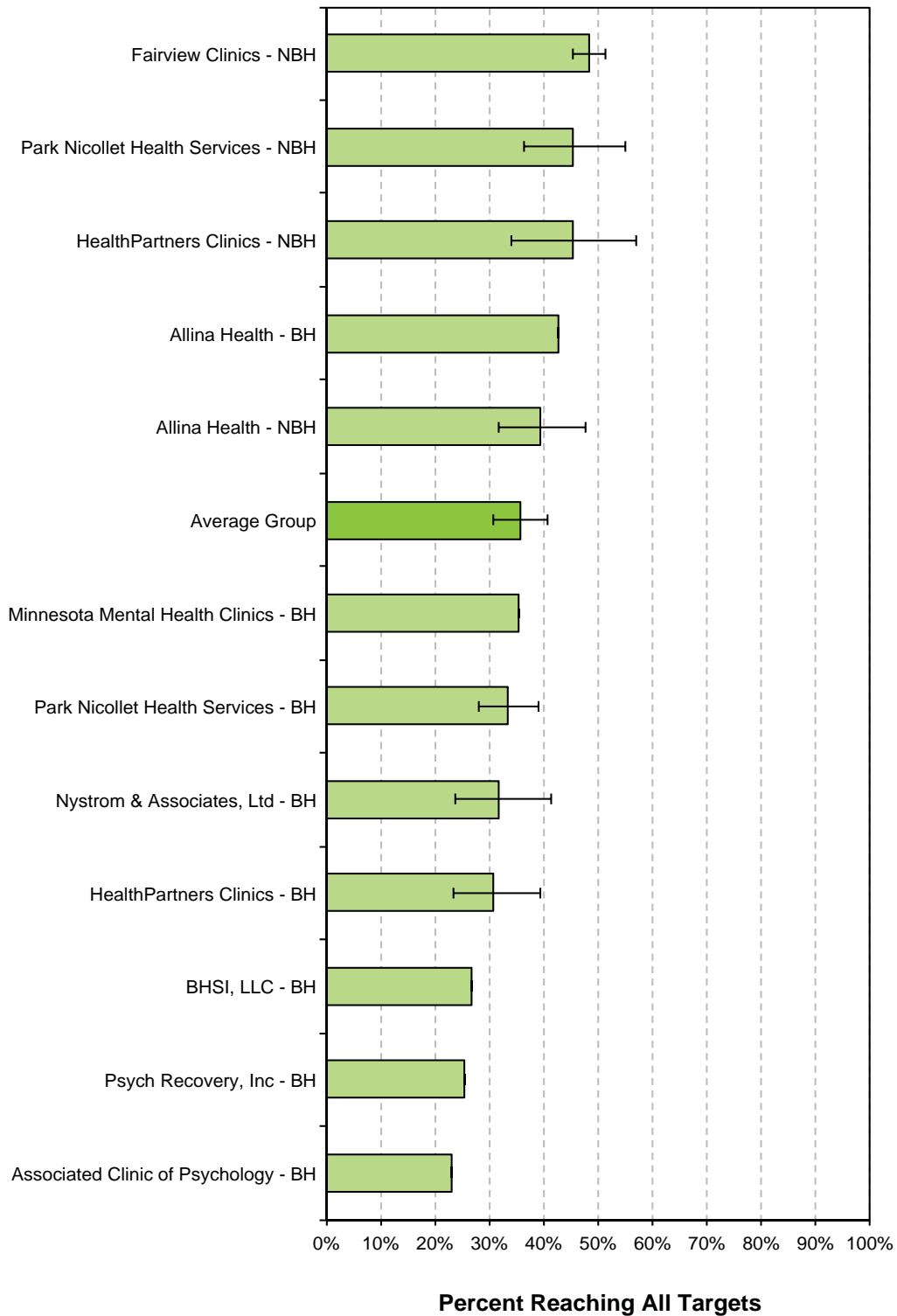
Non-behavioral health provider groups

Total eligible members	753
Members sampled	264
Members optimally managed	118
Members Optimally Managed	44.8% (± 7.6)

Completion Rate by Individual Component	Behavioral Health	Non-Behavioral Health	Total
Tobacco Assessment (<i>in 2015</i>)	94.7% (± 2.3)	99.3% (± 0.8)	97.3% (± 1.1)
BMI Assessment (<i>in 2015</i>)	80.6% (± 4.0)	94.6% (± 2.6)	88.4% (± 2.3)
Alcohol Assessment (<i>in 2015</i>)	79.1% (± 4.1)	85.0% (± 5.4)	82.4% (± 3.5)
Blood Pressure (<i>in 2015</i>)	85.8% (± 3.5)	99.6% (± 0.5)	93.6% (± 1.6)
LDL Screening (<i>in 2015</i>)	45.0% (± 5.1)	61.9% (± 7.3)	54.5% (± 4.7)
Fasting Glucose or HbA1c [if diabetes] (<i>in 2015</i>)	52.2% (± 5.1)	70.3% (± 7.0)	62.4% (± 4.5)

* All rates are weighted by the eligible population of the provider groups displayed.

Optimal Health Management for Severe Mental Illness
1/1/2015 - 12/31/2015



— Confidence Interval
Finite population correction factor applied

BH - Behavioral Health Provider Group
NBH - Non-Behavioral Health Provider Group

DIABETIC EYE EXAM

January 1, 2015 – December 31, 2015

Description

The rate represents the percentage of members with diabetes (Type 1 and Type 2) who had a retinal eye exam performed in the measurement year.

Methodology — Administrative

This measure is consistent with the HEDIS 2016 Comprehensive Diabetes Care measurement specifications and includes members ages 18 to 75 years as of December 31, 2015, from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, and who had during the measurement year or year prior:

- two or more encounters in an ambulatory, non-acute inpatient or emergency room setting, or
- one or more encounters in an acute inpatient setting with a diagnosis of diabetes, or
- who were dispensed insulin or oral hypoglycemic prescriptions.

Population identification is based on pharmacy, claim and membership databases. Members are attributed to the provider group with the most office visits for diabetic care in the measurement year.

Note: the health plan HEDIS rate reflects a sample population and includes chart review while this is an administrative measure that includes total eligible members.

Results

Total eligible members	25,871
Members with eye exam	13,952
Diabetic Eye Exam Rate	53.9%

Diabetic Eye Exam
1/1/2015-12/31/2015

Part 1 of a 2 Part Graph



Diabetic Eye Exam
1/1/2015-12/31/2015

Part 2 of a 2 Part Graph



BODY MASS INDEX (BMI)

January 1, 2015 – December 31, 2015

Description

The rate represents the percent of enrolled members with a documented BMI value in the medical record (BMI Assessment) in the measurement year.

Methodology — Hybrid

Elements of this measure are consistent with the HEDIS 2016 Adult BMI assessment specifications. This measure includes members from all products and all ages three and older who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015. Population identification is based on claim and membership databases. The sample includes members from the adult and child and adolescent preventive services measures.

BMI Assessment - Adult: the percentage of members ages 19 and older within the sample with a documented BMI value in the medical record.

BMI Percentile Rate - Child and Adolescent: the percentage of members ages three to 18 within the sample with a BMI percentile or BMI plotted in the medical record, or for members \geq age 16 with a documented BMI in the medical record.

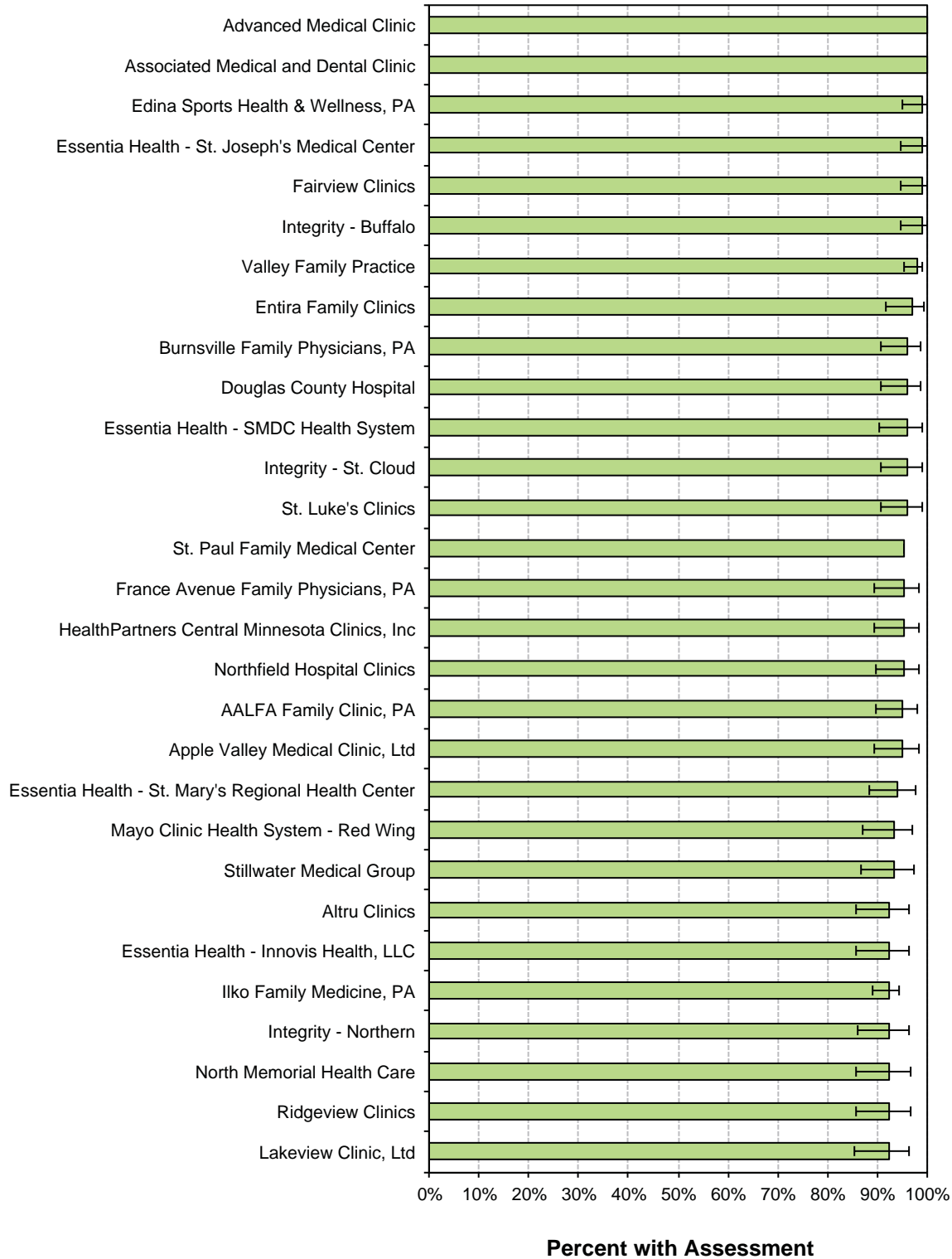
Results*

Total eligible members	371,456
Members sampled - adult	5,867
Members with documented BMI	5,304
BMI Assessment Rate - Adult	89.1% (\pm 2.1)
Total eligible members	127,473
Members sampled - child and adolescent	5,225
Members with BMI percentile or BMI plotted	4,315
BMI Percentile Rate - Child and Adolescent	85.6% (\pm 2.1)

* All rates are weighted by the eligible population of the provider groups displayed.

Body Mass Index (BMI) Assessment - Adult
1/1/2015 - 12/31/2015

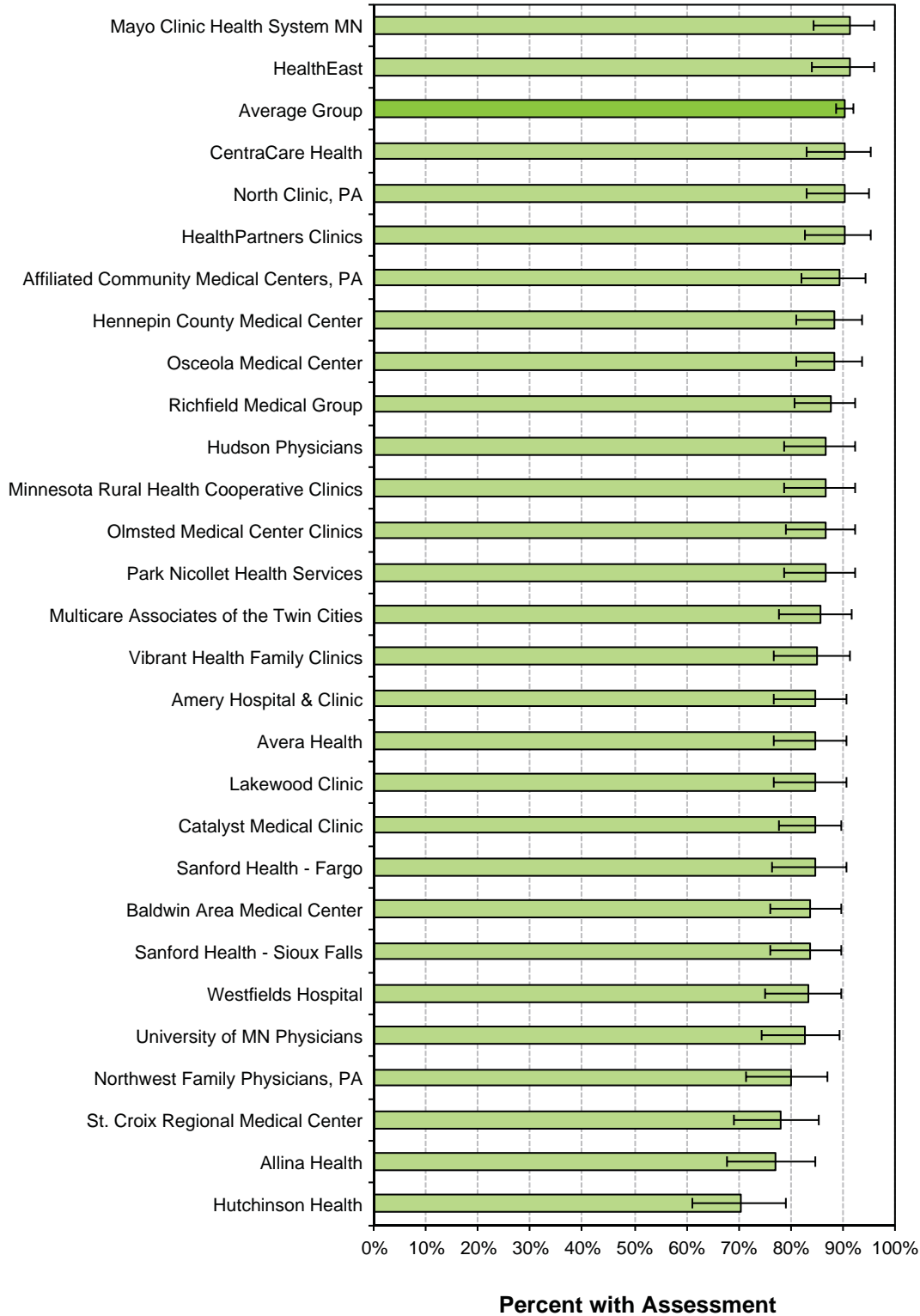
Part 1 of a 2 Part Graph



— Confidence Interval
Finite population correction factor applied

Body Mass Index (BMI) Assessment - Adult
1/1/2015 - 12/31/2015

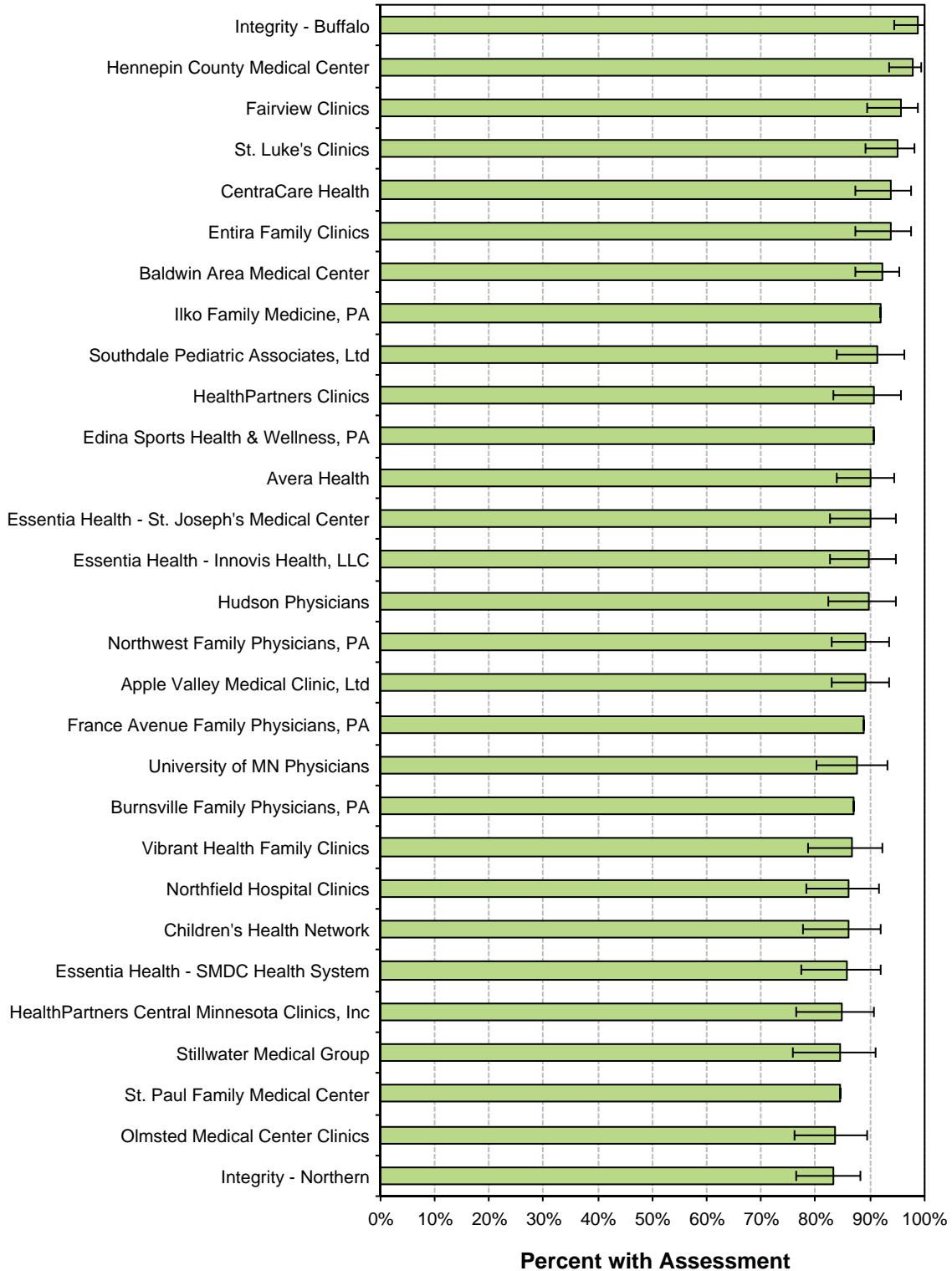
Part 2 of a 2 Part Graph



— Confidence Interval
Finite population correction factor applied

Body Mass Index (BMI) Assessment - Child and Adolescent
1/1/2015 - 12/31/2015

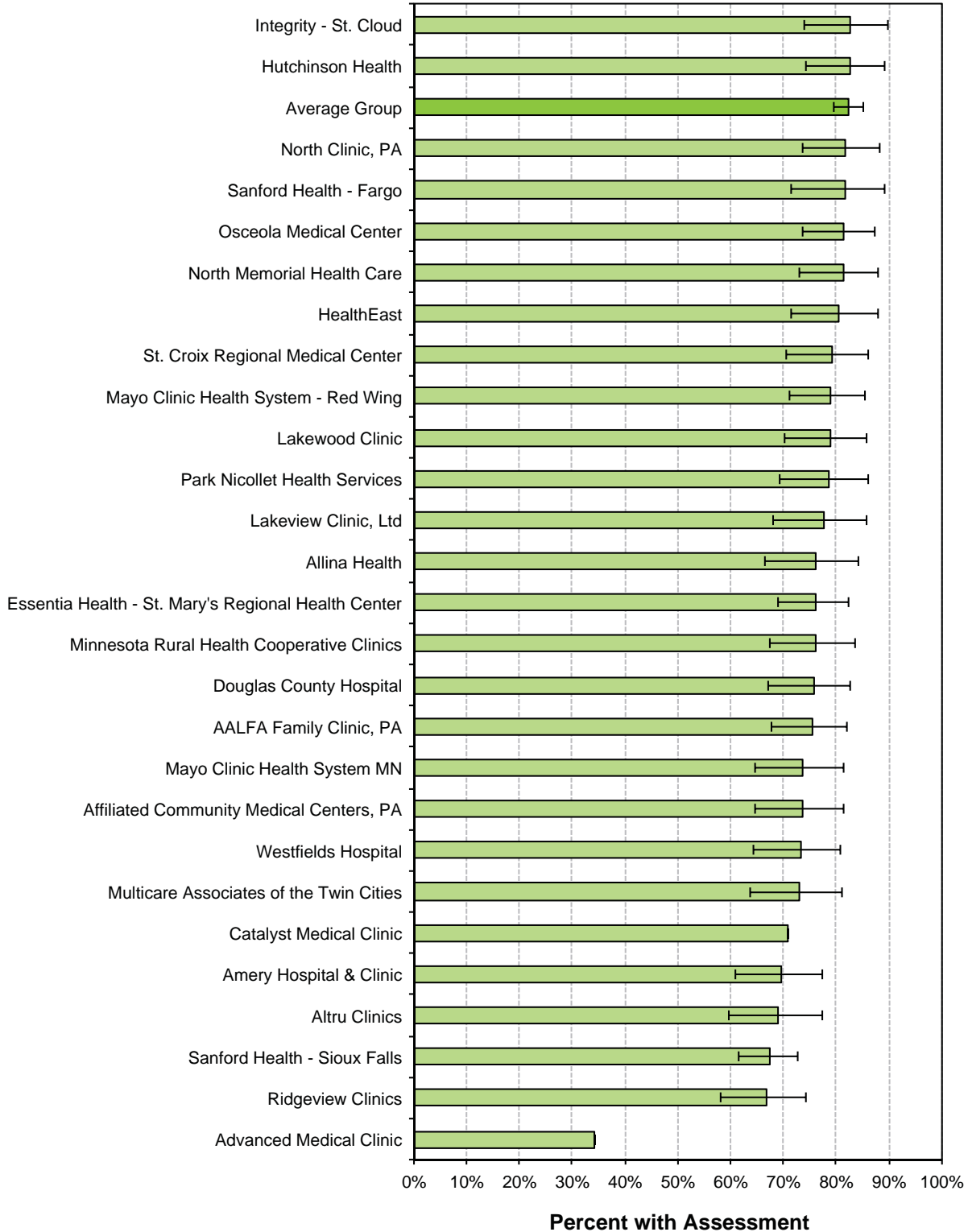
Part 1 of a 2 Part Graph



— Confidence Interval
Finite population correction factor applied

Body Mass Index (BMI) Assessment - Child and Adolescent
1/1/2015 - 12/31/2015

Part 2 of a 2 Part Graph



— Confidence Interval

Finite population correction factor applied

ALCOHOL ASSESSMENT — ADULT PRIMARY CARE

January 1, 2015 – December 31, 2015

Description

The rate represents the percentage of members ages 19 and older by December 31, 2015, whose alcohol use status is documented in the medical record in the measurement year. Documentation of alcohol assessment must be dated and include the amount and frequency of alcohol use.

Methodology — Chart Review

This measure includes members from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015. Population identification is based on claim and membership databases. The sample includes members from the adult preventive services measure.

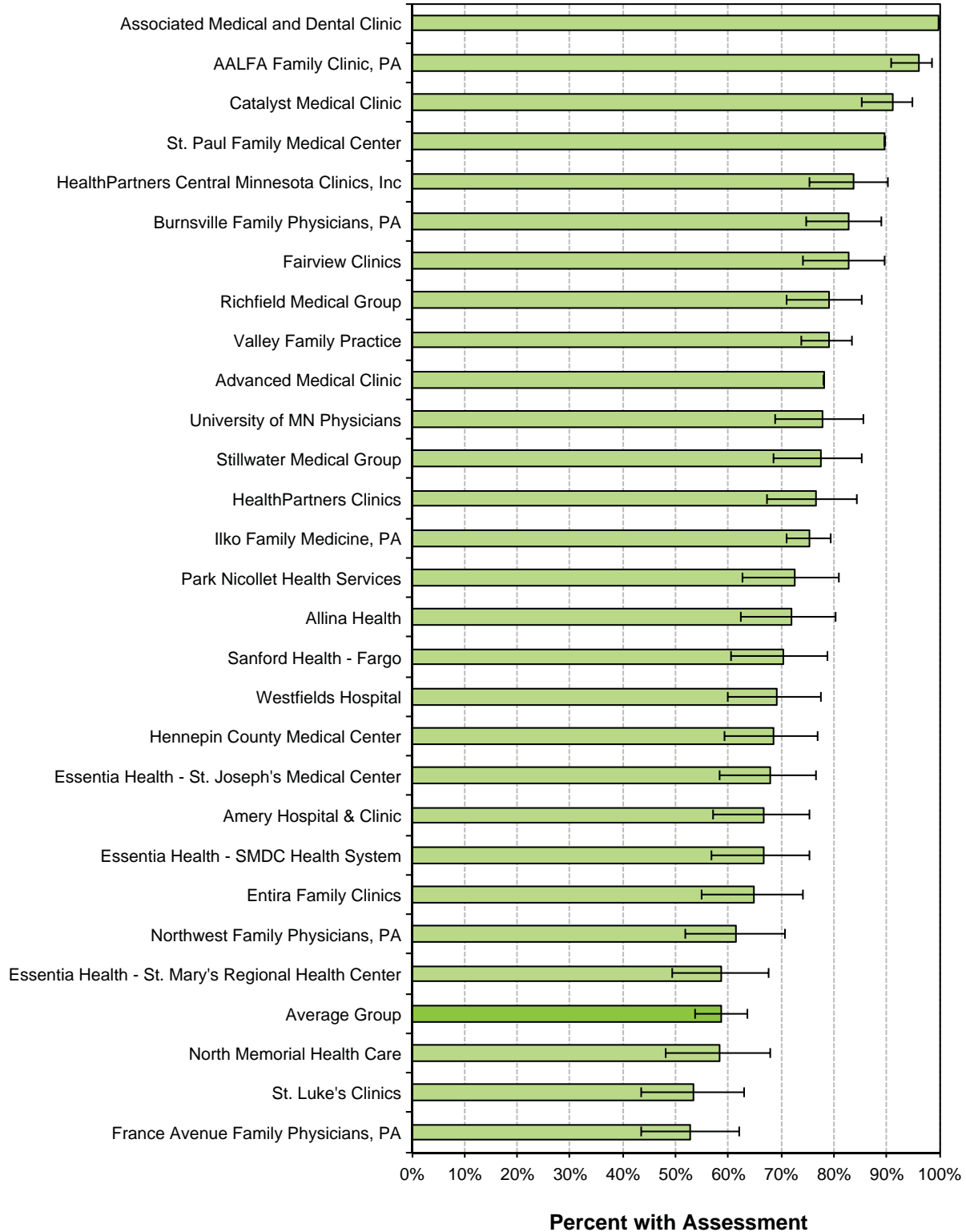
Results*

Total eligible members	365,860
Members sampled	5,785
Members with assessment	3,363
Alcohol Assessment Rate	67.6% (± 2.9)

* All rates are weighted by the eligible population of the provider groups displayed.

Alcohol Assessment - Adult - Primary Care
1/1/2015-12/31/2015

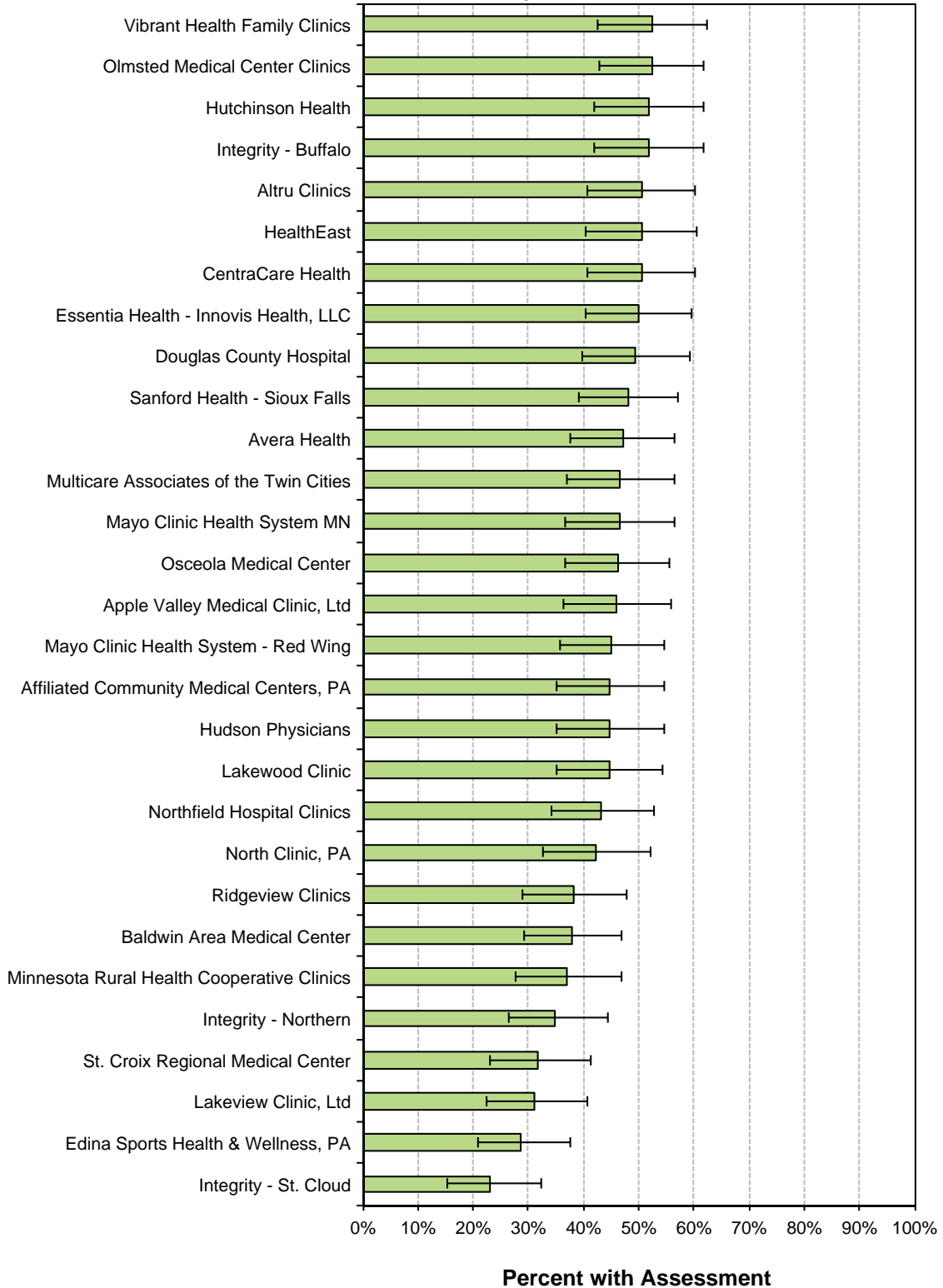
Part 1 of a 2 Part Graph



— Confidence Interval
Finite population correction factor applied

Alcohol Assessment - Adult - Primary Care
1/1/2015-12/31/2015

Part 2 of a 2 Part Graph



— Confidence Interval
Finite population correction factor applied

ALCOHOL ASSESSMENT — ADULT OB/GYN

January 1, 2015 – December 31, 2015

Description

The rate represents the percentage of women ages 19 and older by December 31, 2015, whose alcohol use status is documented in the medical record in the measurement year. Documentation of alcohol assessment must be dated and include the amount and frequency of alcohol use.

Methodology — Chart Review

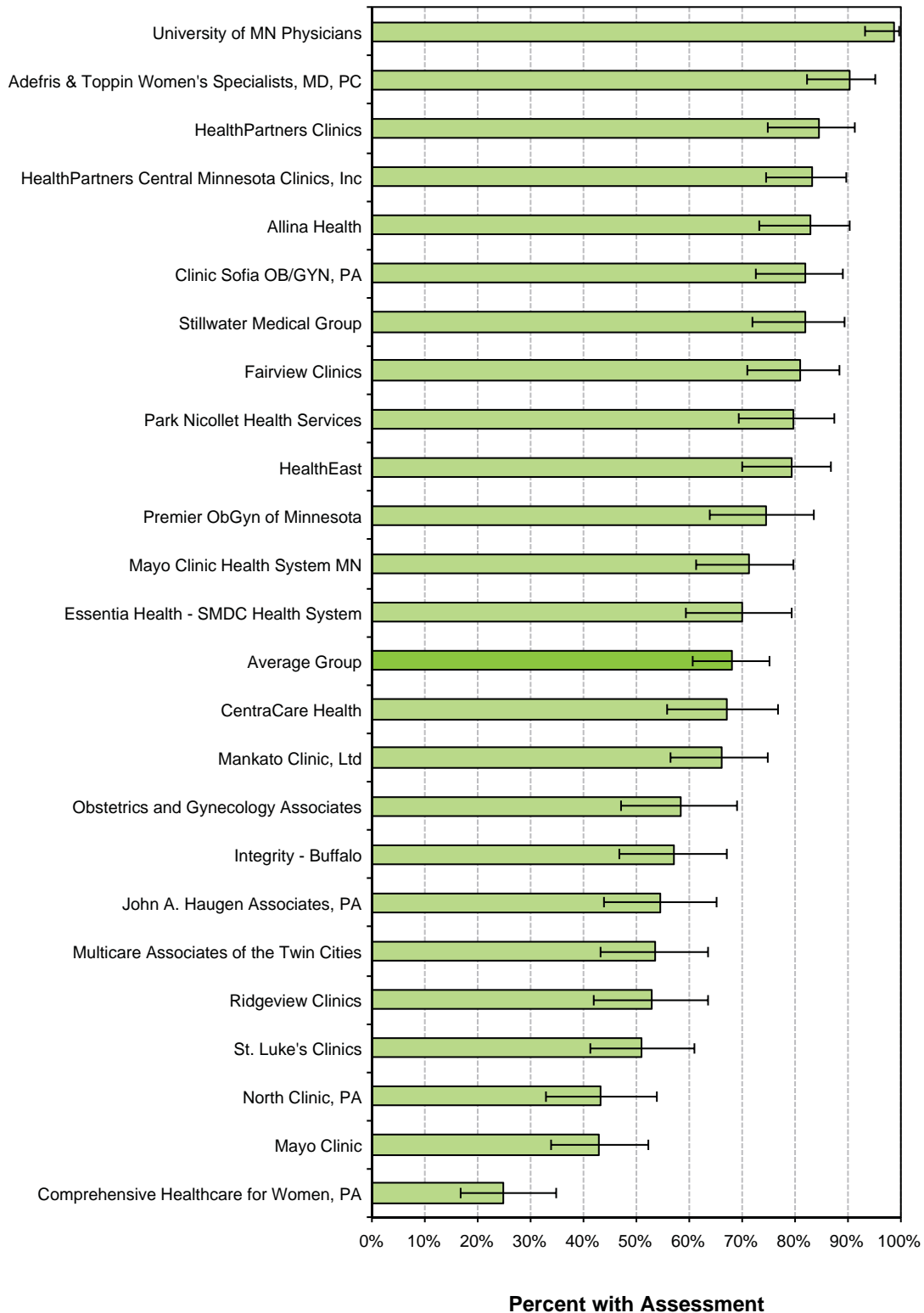
This measure includes women from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015. Population identification is based on claim and membership databases. The sample includes members from the OB/GYN preventive services measure.

Results*

Total eligible members	71,094
Members sampled	1,195
Members with assessment	1,357
Alcohol Assessment Rate	76.5% (± 3.0)

* All rates are weighted by the eligible population of the provider groups displayed.

Alcohol Assessment - Adult - OB/GYN Providers
1/1/2015-12/31/2015



—|— Confidence Interval
Finite population correction factor applied

OPTIMAL LIFESTYLE — ADULTS

2015 Member Survey

Description

The rate represents the percent of surveyed members who reported adherence with all components of an optimal lifestyle: physical activity, healthy eating, moderate alcohol consumption and non-tobacco use during the past year. Alcohol consumption is excluded from optimal lifestyle calculations for respondents < 21 years old.

Optimal lifestyle is defined as:

- Physical activity for a total of 30 minutes throughout the day for four or more days a week
- Healthy eating of five or more fruits and vegetables in a typical day
- Female respondents who reported consuming seven servings or less of alcohol per week; male respondents who reported consuming 14 servings or less of alcohol per week
- Non-tobacco use

Methodology — Member Survey

Optimal lifestyle status was determined through a mail survey conducted by HealthPartners from October through December 2015. Results were distributed to provider groups second quarter, 2016. The measures include a random sample of commercial members ages 18 years and older from 37 primary care medical groups. The data were weighted to equal sample sizes of 200 for adults and to control for self-reported health status. Members are attributed to the primary care provider group with the most office visits during the measurement year.

Survey Questions

1. Do you do physical activities such as brisk walking, bicycling or gardening for a total of 30 minutes throughout the day for four or more days a week?
2. How many servings of fruits and vegetables do you eat in a typical day?
3. On average, how many alcoholic beverages do you drink in a week?
4. During the past year, have you used tobacco products such as cigarettes, cigars, pipes, snuff or chewing tobacco?

Results*

Total members completing survey	6,693
Members with all optimal lifestyles	677
Optimal Lifestyle Rate	10.1% (± 0.7)

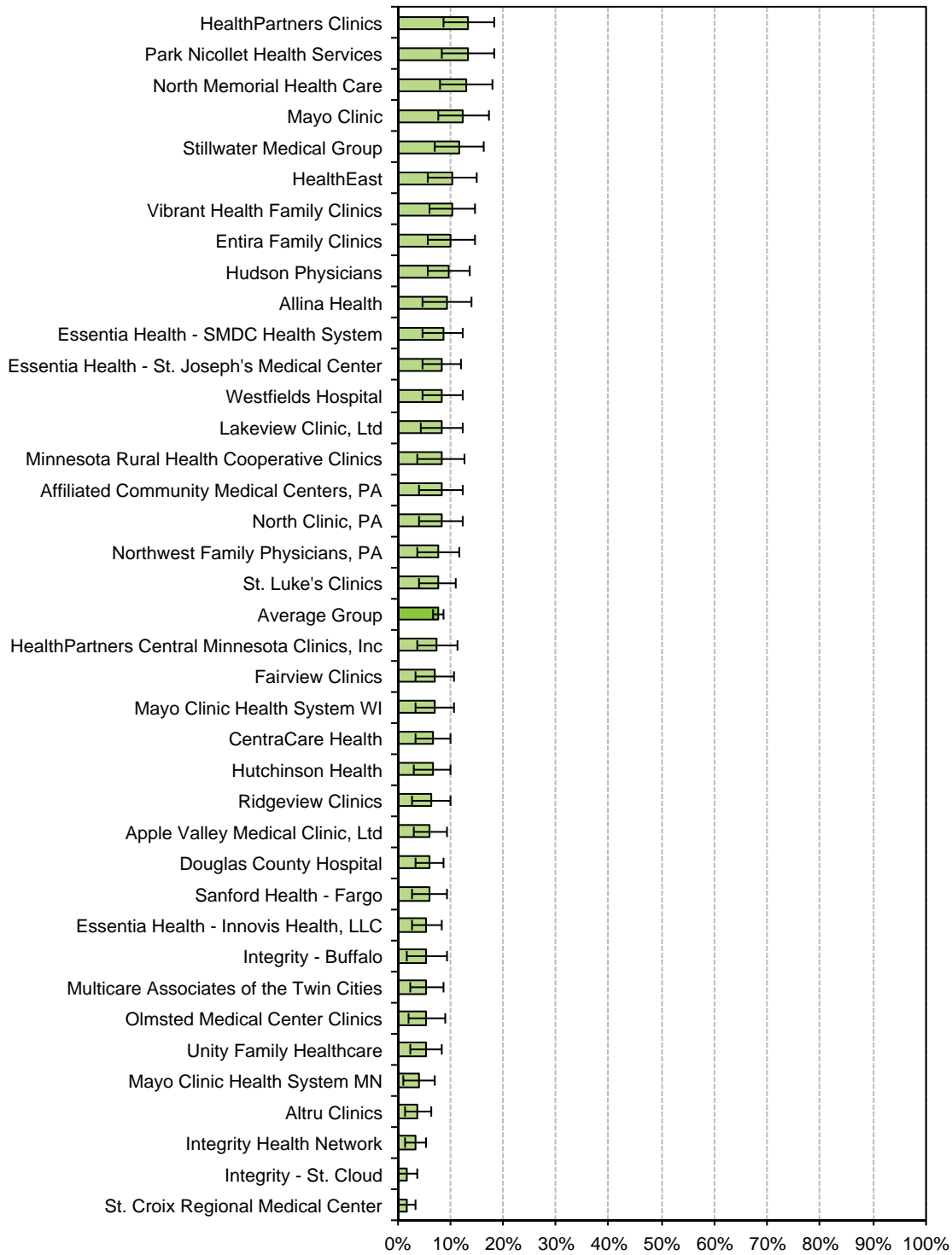
Rate by Component

Physical activity	74.7% (± 1.0)
Healthy eating	12.3% (± 0.8)
Moderate alcohol use	95.8% (± 0.5)
Non-tobacco use ¹	92.7% (± 0.6)

¹ Derived from tobacco prevalence member survey rates. Graphic display of medical group tobacco prevalence included in Tobacco Use and Cessation section.

* All rates are weighted using graphically displayed provider group populations.

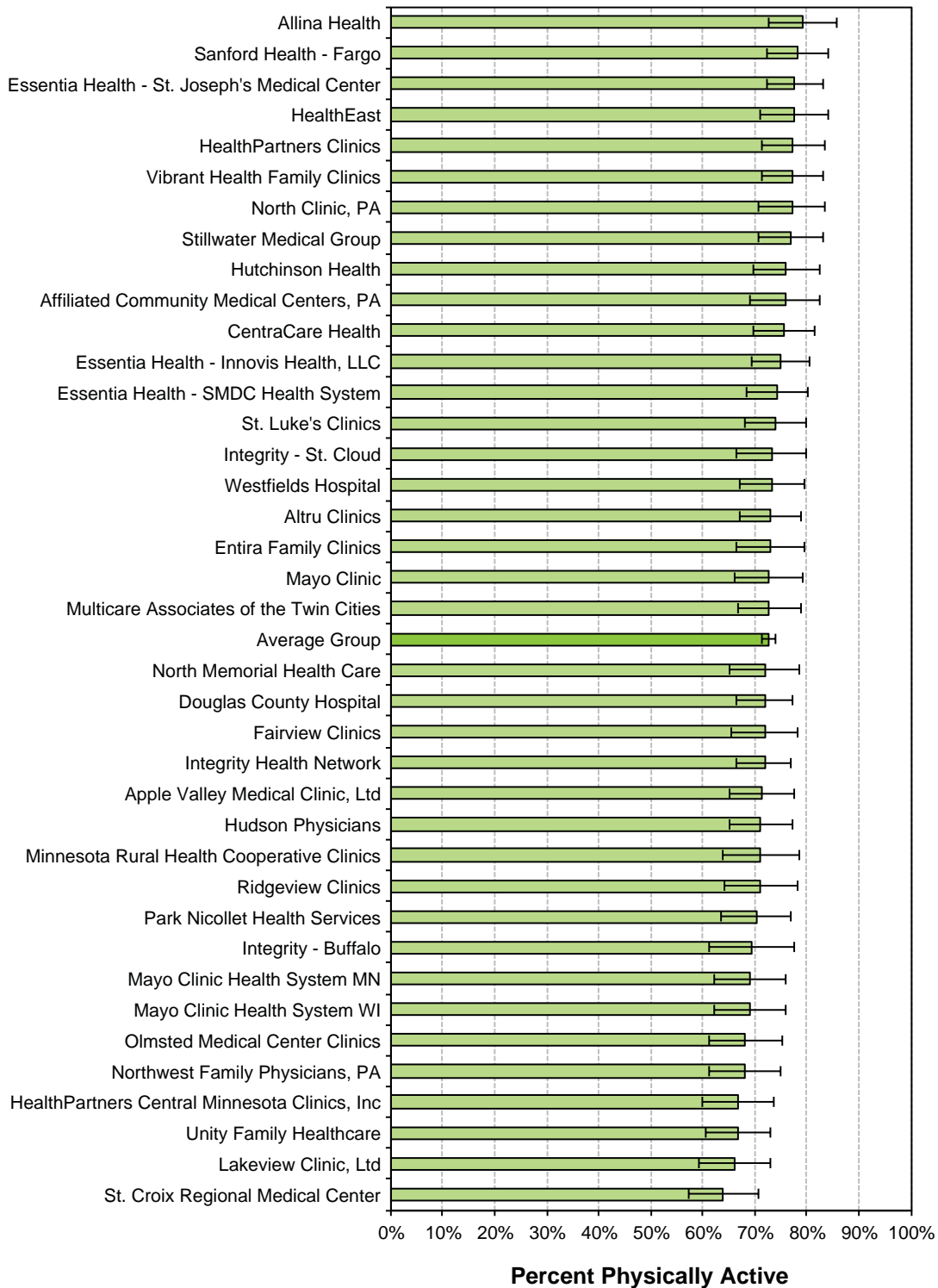
Optimal Lifestyle - Adult
2015 Member Survey



Percent Reaching All Targets

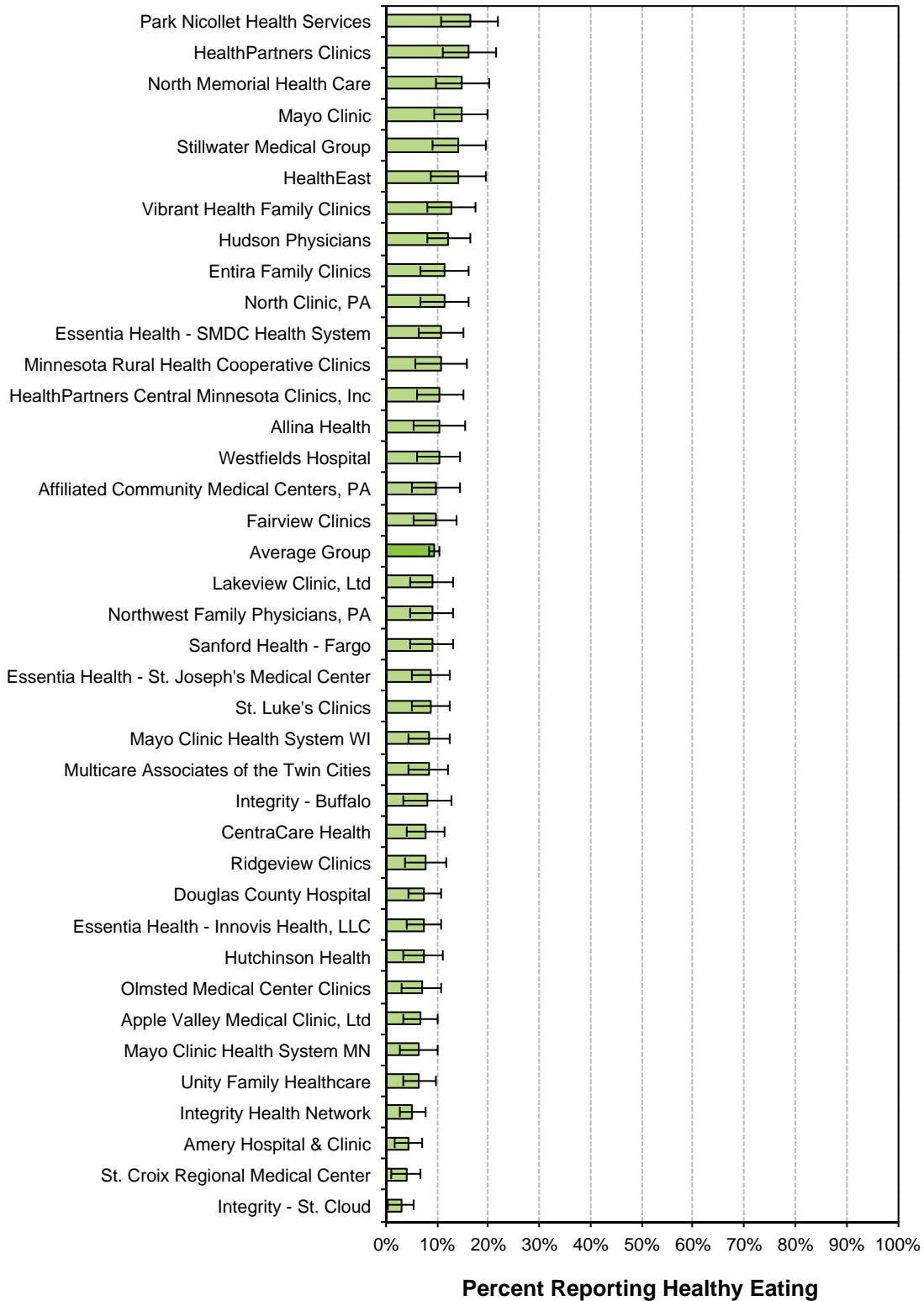
— Confidence Interval

Optimal Lifestyle - Adult - Physical Activity
2015 Member Survey



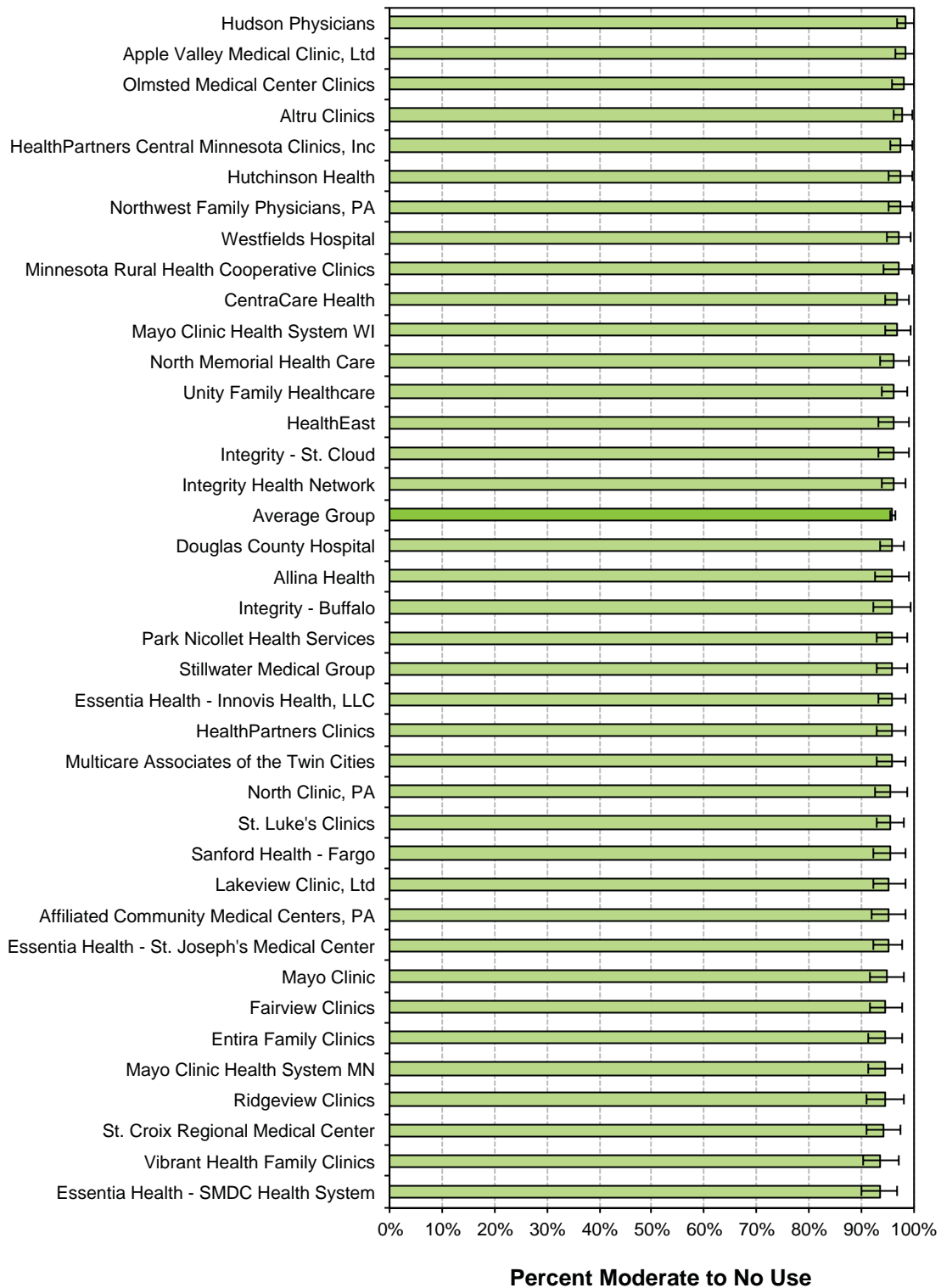
— Confidence Interval

Optimal Lifestyle - Adult - Healthy Eating
2015 Member Survey



— Confidence Interval

Optimal Lifestyle - Adult - Reporting Moderate to No Alcohol Use
2015 Member Survey



— Confidence Interval

OPTIMAL LIFESTYLE — CHILDREN

2015 Member Survey

Description

The rate represents the percent of surveyed members who reported adherence with all components of an optimal lifestyle: physical activity, healthy eating and secondhand tobacco exposure during the past year.

Optimal lifestyle is defined as:

- Physical activity for a total of 30 minutes throughout the day for four or more days a week
- Healthy eating of five or more fruits and vegetables in a typical day
- No exposure to secondhand smoke

Methodology — Member Survey

Optimal lifestyle status was determined through a mail survey conducted by HealthPartners from October through December 2015. Results were distributed to provider groups second quarter, 2016. The measures include a random sample of commercial members ages 17 years and younger from 20 primary care medical groups. For the children's survey, the adult most knowledgeable about the child's medical care was asked to complete the survey. The data were weighted to equal sample sizes of 100 for children and to control for self-reported health status. Members are attributed to the primary care provider group with the most office visits during the measurement year.

Survey Questions

1. Is your child physically active for a total of 30 minutes throughout the day for four or more days a week?
2. How many servings of fruits and vegetables does your child eat in a typical day?
3. During the past year, have any of your children been exposed to secondhand smoke at home or in day care?

Results*

Total members completing survey	1,845
Members with all optimal lifestyles	277
Optimal Lifestyle Rate	12.3% (± 1.5)

Rate by Service

Physical activity	95.7% (± 0.9)
Healthy eating	12.9% (± 1.5)
No exposure to secondhand smoke ¹	97.3% (± 0.7)

¹ Derived from secondhand smoke exposure member survey rates. Graphic display of medical group secondhand smoke exposure is included in Tobacco Use and Cessation section.

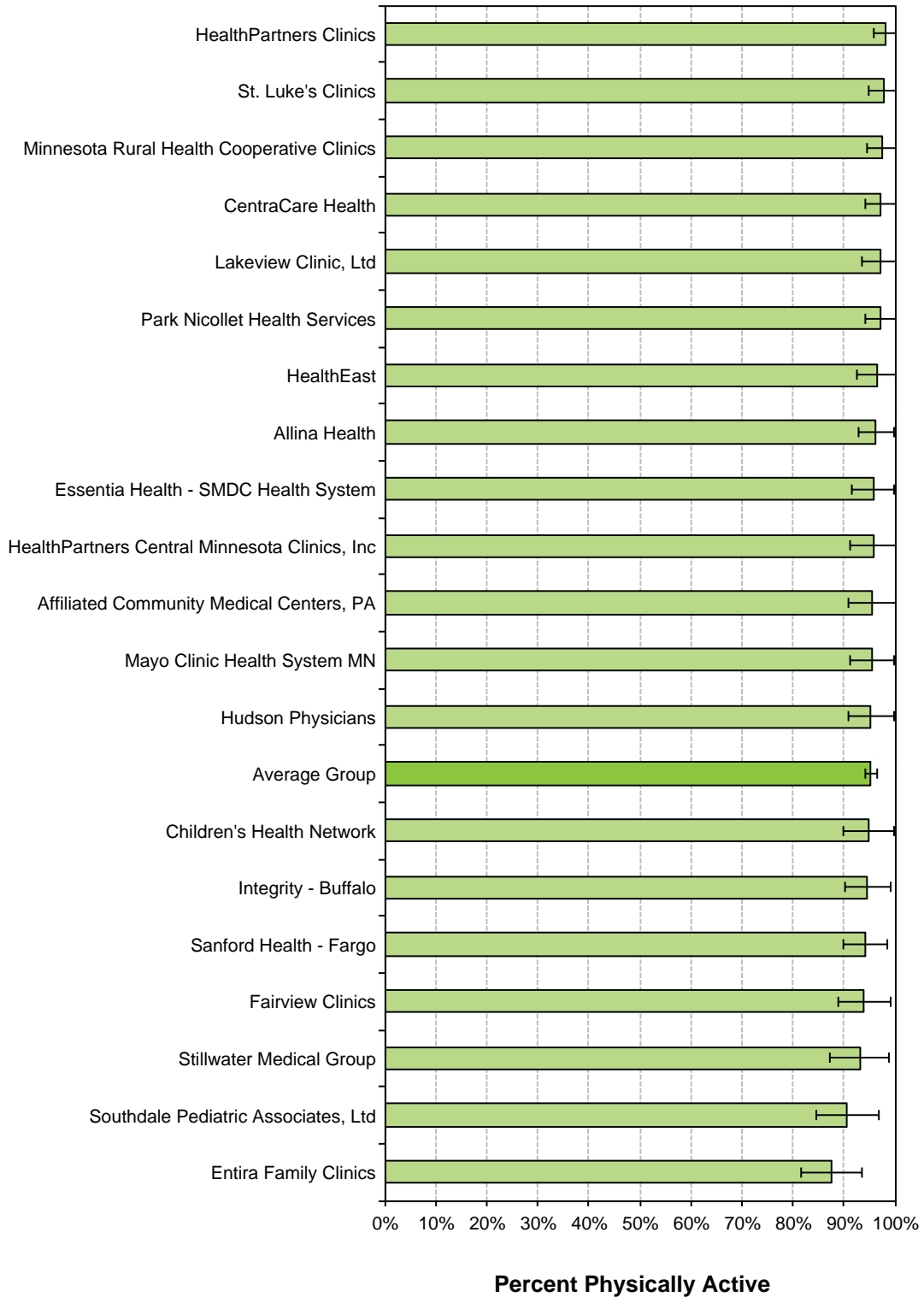
* All rates are weighted by the eligible population of the provider groups displayed.

Optimal Lifestyle - Children
2015 Member Survey



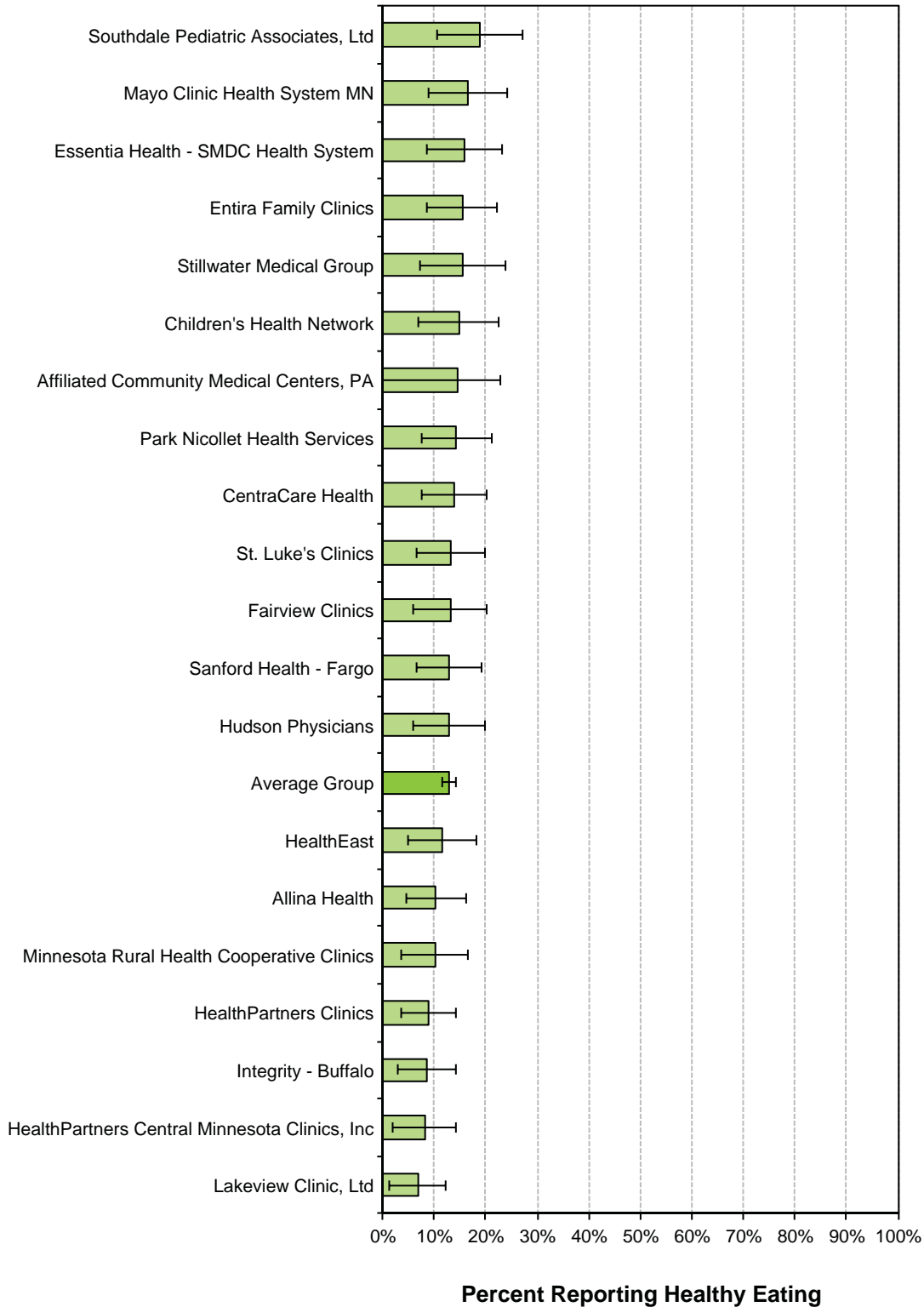
— Confidence Interval

Optimal Lifestyle - Children - Physical Activity
2015 Member Survey



— Confidence Interval

Optimal Lifestyle - Children - Healthy Eating
2015 Member Survey



— Confidence Interval

GENERIC DRUG USE — PRIMARY CARE

January 1, 2016 – June 30, 2016

Description

The rate represents the percentage of all prescriptions filled with generic drugs for HealthPartners members with a drug benefit.

Methodology — Administrative

This measure includes all prescriptions for members with a drug benefit filled between January 1, 2016 and June 30, 2016, whose prescription was filled with a generic drug. This rate is calculated with pharmacy claims data. Members are attributed to the primary provider group of the prescribing physician.

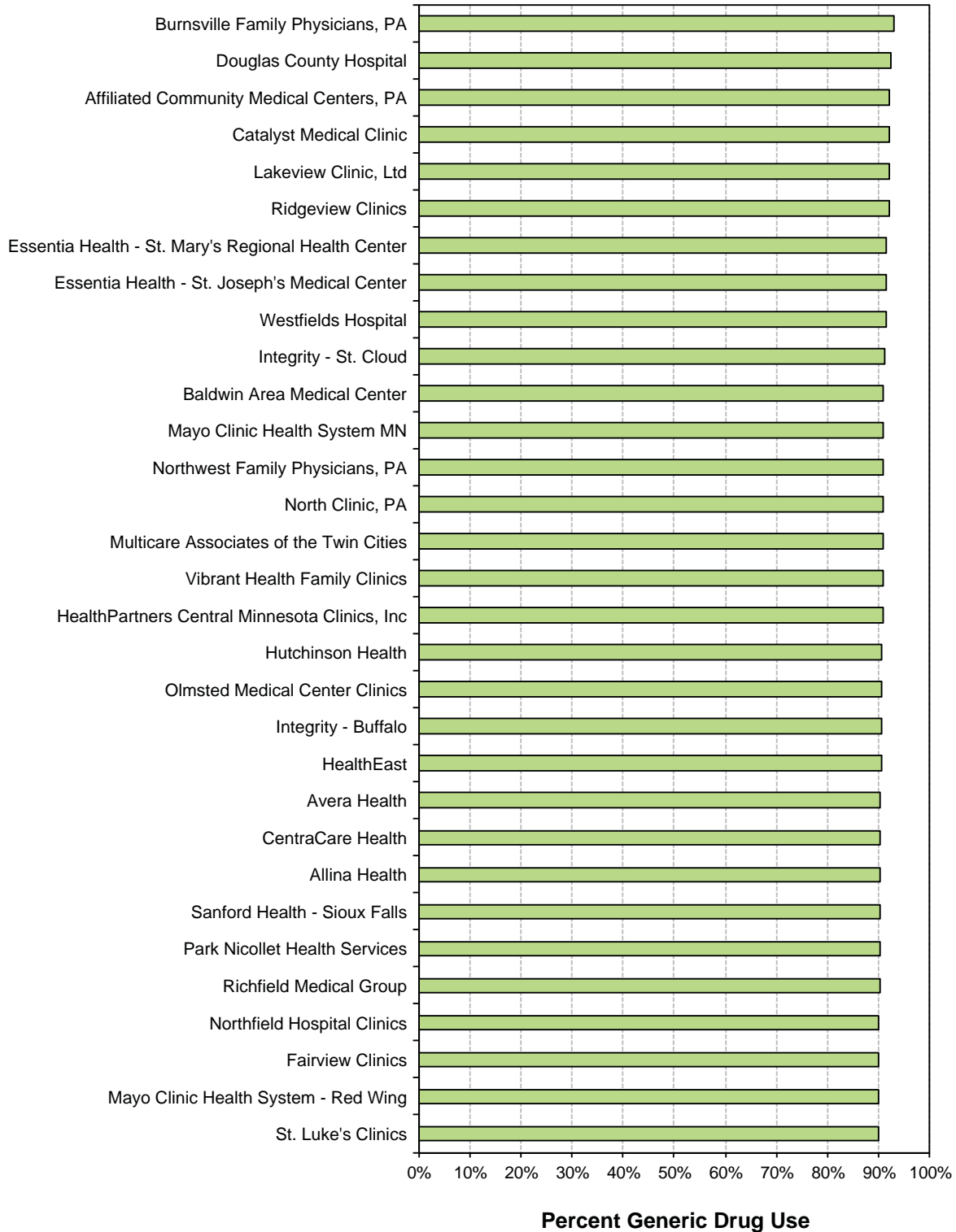
Results*

Total prescriptions	3,575,300
Generic drug prescriptions	3,219,426
Generic Drug Use Rate	90.0%

* Results include all prescriptions regardless of prescribing physician specialty. Results from medical groups who are current or anticipated HealthPartners Partners in Excellence (PIE) participants are graphically displayed.

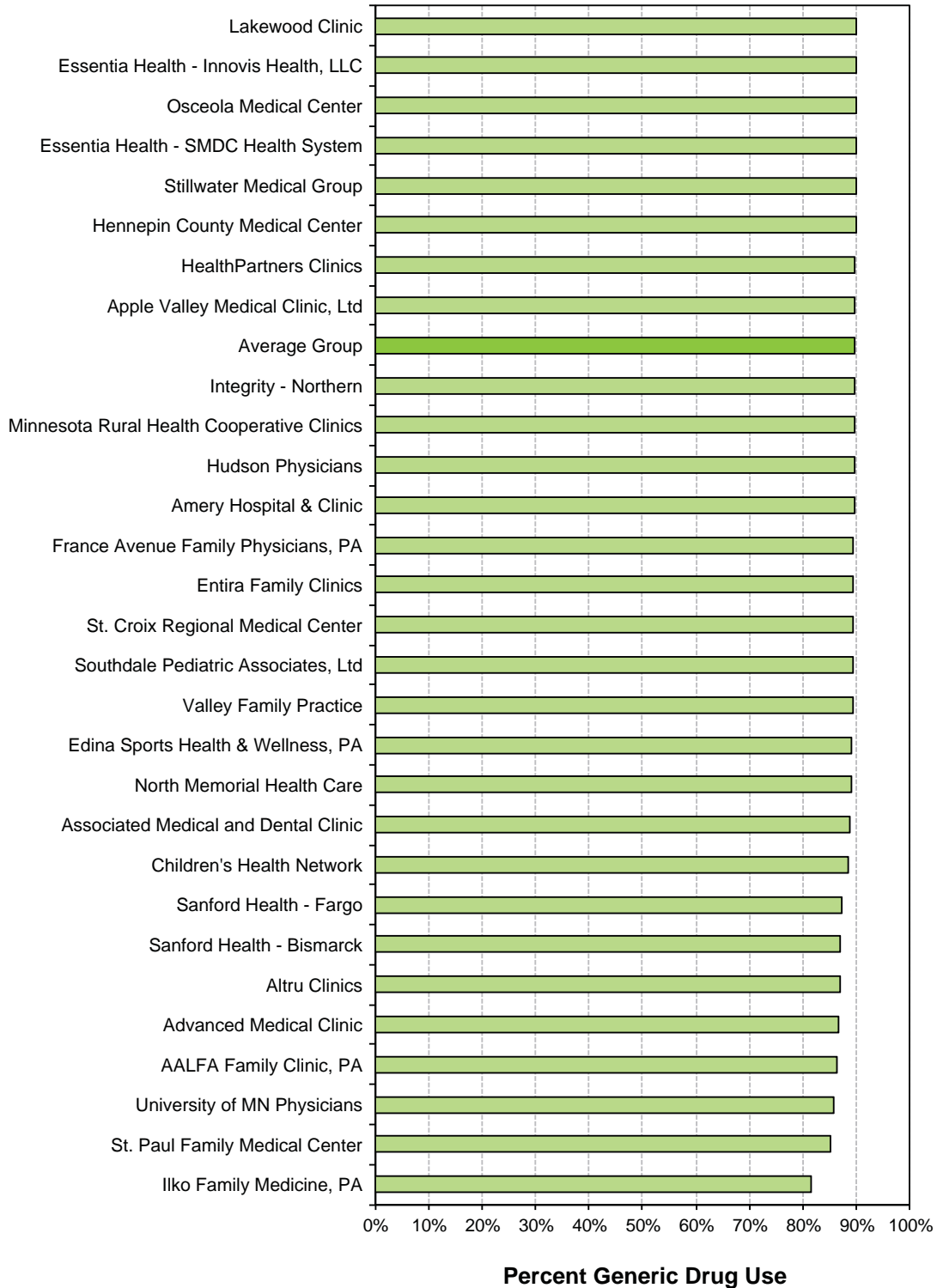
Generic Drug Use - Primary Care
1/1/2016 - 6/30/2016

Part 1 of a 2 Part Graph



Generic Drug Use - Primary Care
1/1/2016 - 6/30/2016

Part 2 of a 2 Part Graph



GENERIC DRUG USE — SPECIALTY CARE

January 1, 2016 – June 30, 2016

Description

The rate represents the percentage of all prescriptions filled with generic drugs for HealthPartners members with a drug benefit.

Methodology — Administrative

This measure includes all prescriptions for members with a drug benefit filled between January 1, 2016 and June 30, 2016, whose prescription was filled with a generic drug. This rate is calculated with pharmacy claims data. Members are attributed to the specialty provider group of the prescribing physician.

Results*

Behavioral Health

Total prescriptions	105,406
Generic drug prescriptions	102,673
Behavioral Health Generic Drug Use Rate	97.4%

Cardiology

Total prescriptions	142,310
Generic drug prescriptions	129,679
Cardiology Generic Drug Use Rate	91.1%

OB/GYN

Total prescriptions	246,133
Generic drug prescriptions	220,096
OB/GYN Generic Drug Use Rate	89.4%

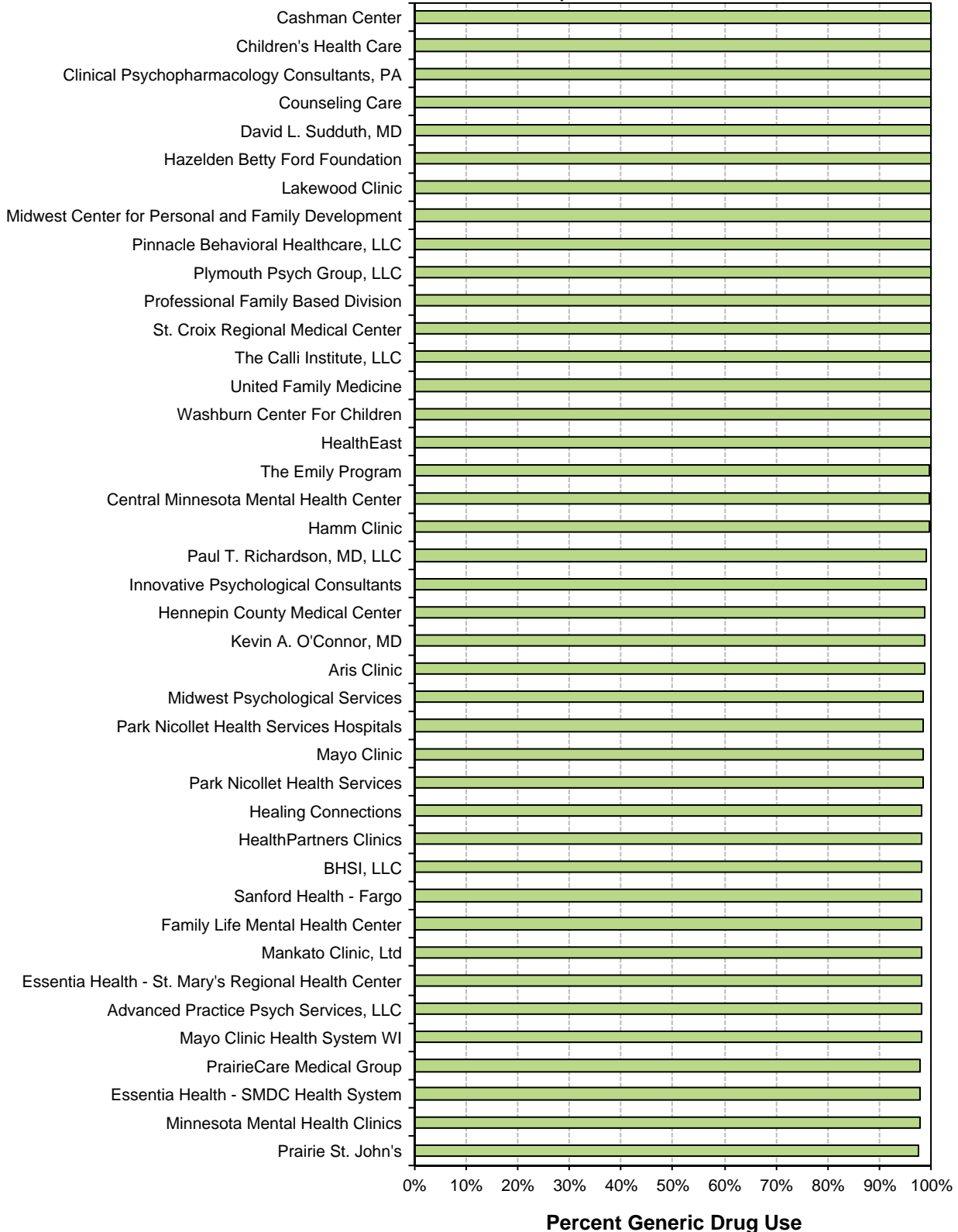
Orthopaedics

Total prescriptions	36,877
Generic drug prescriptions	35,856
Orthopaedics Generic Drug Use Rate	97.2%

* Results include all prescriptions from applicable provider specialties. Results from medical groups who are current or anticipated HealthPartners Partners in Excellence (PIE) participants are graphically displayed.

Generic Drug Use - Behavioral Health Providers
1/1/2016 - 6/30/2016

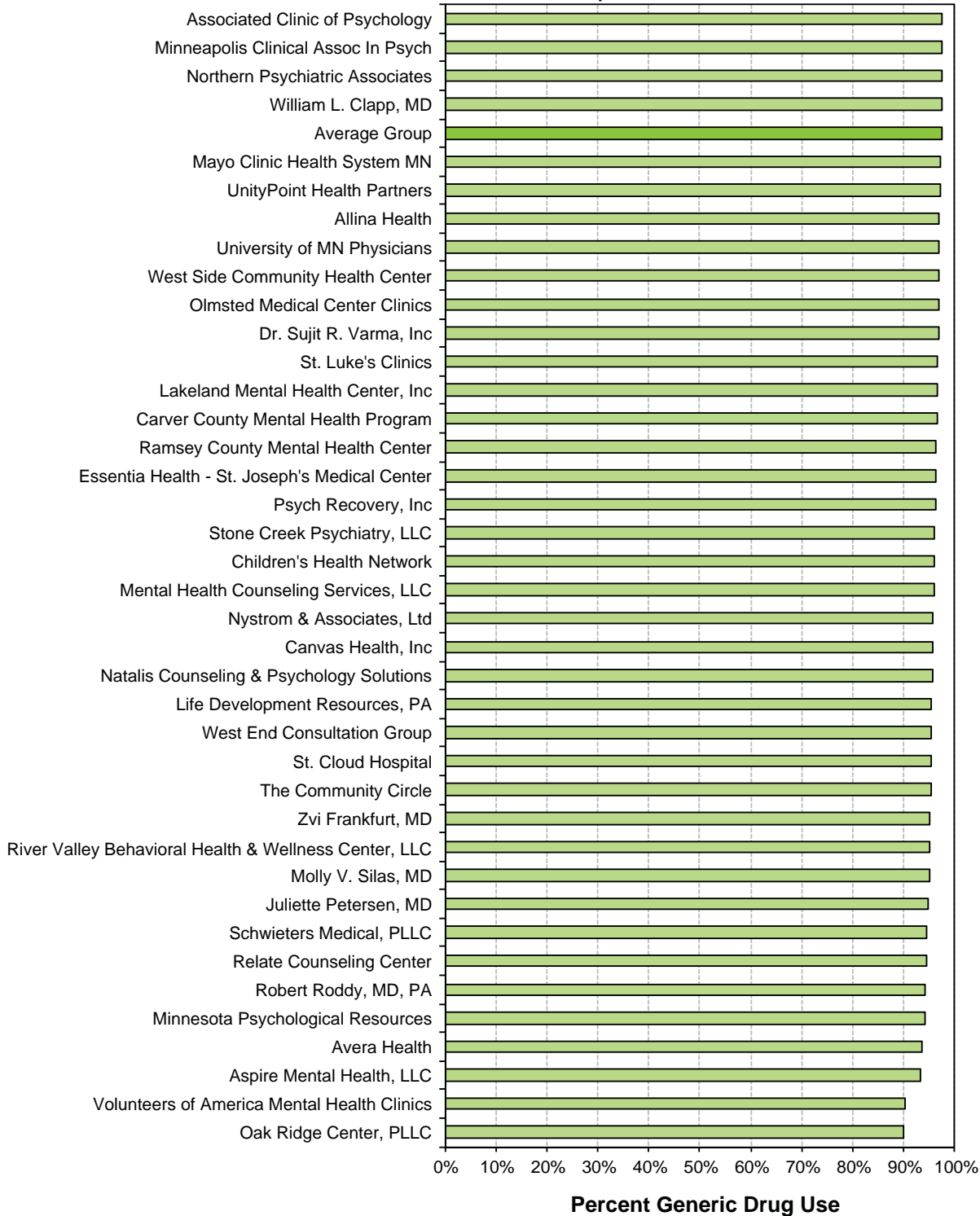
Part 1 of a 2 Part Graph



Medical Groups with <200 prescriptions are not displayed

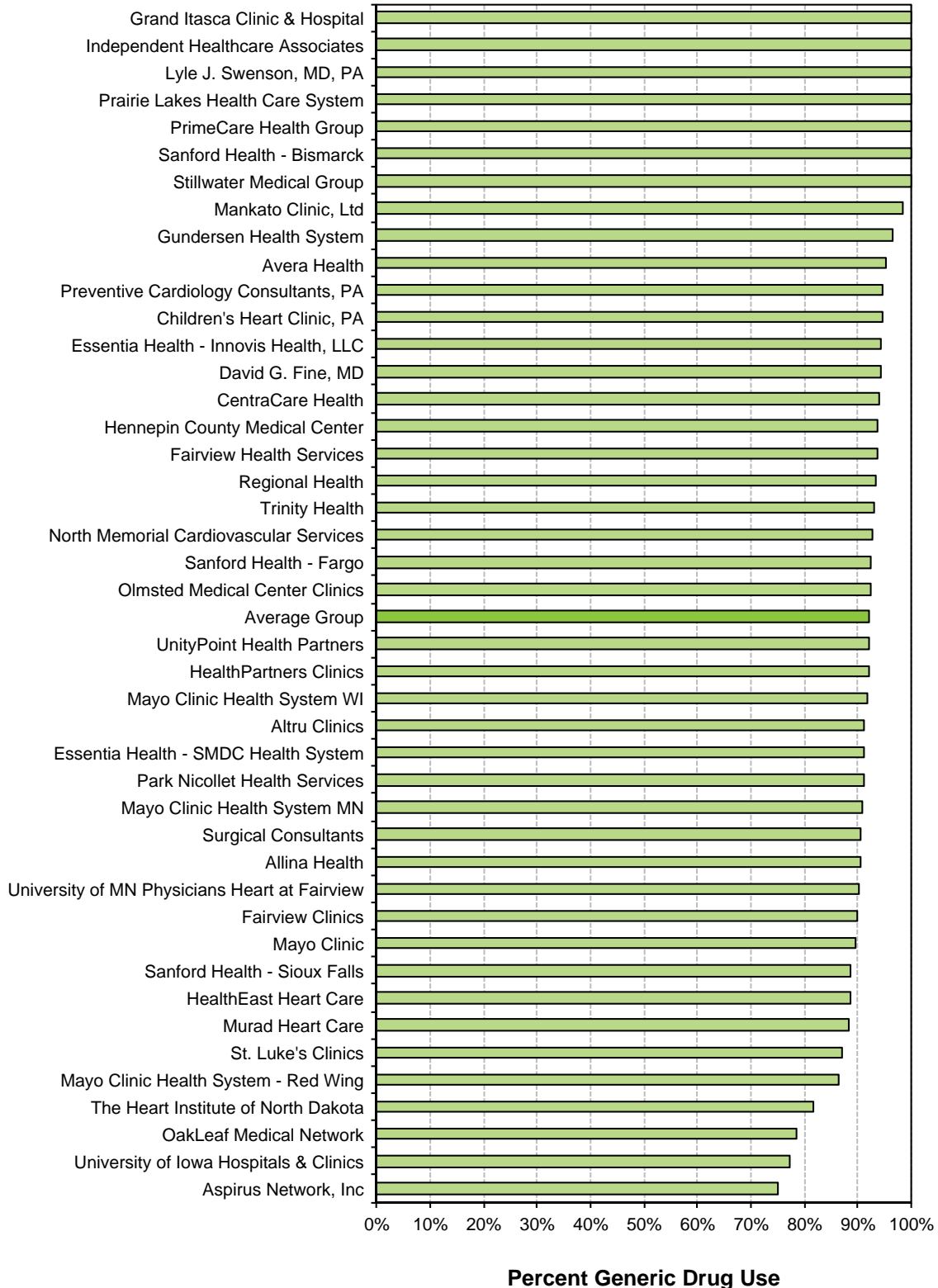
Generic Drug Use - Behavioral Health Providers
1/1/2016 - 6/30/2016

Part 2 of a 2 Part Graph



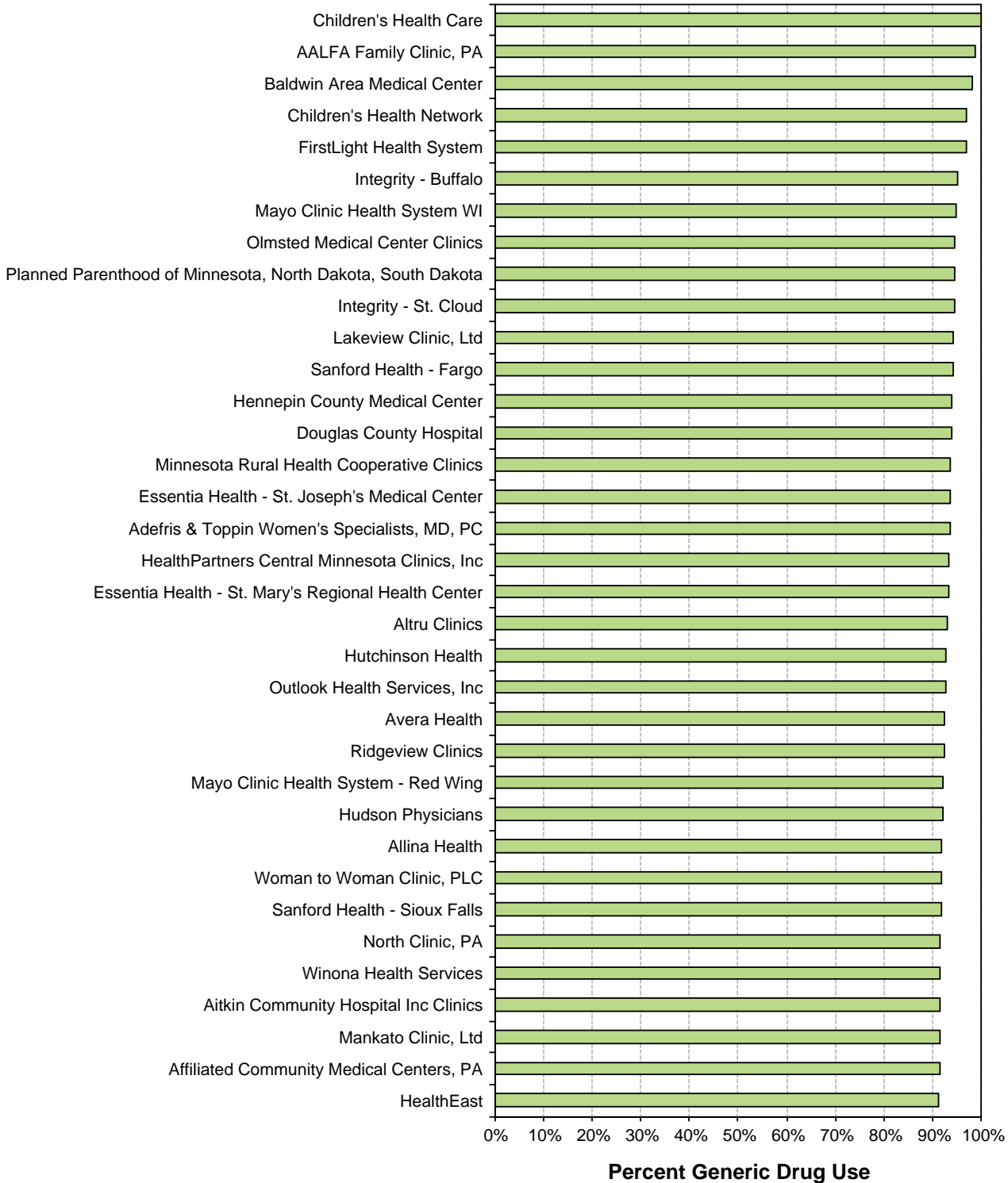
Medical Groups with <200 prescriptions are not displayed

Generic Drug Use - Cardiology Providers
1/1/2016 - 6/30/2016



Generic Drug Use - OB/GYN Providers
1/1/2016 - 6/30/2016

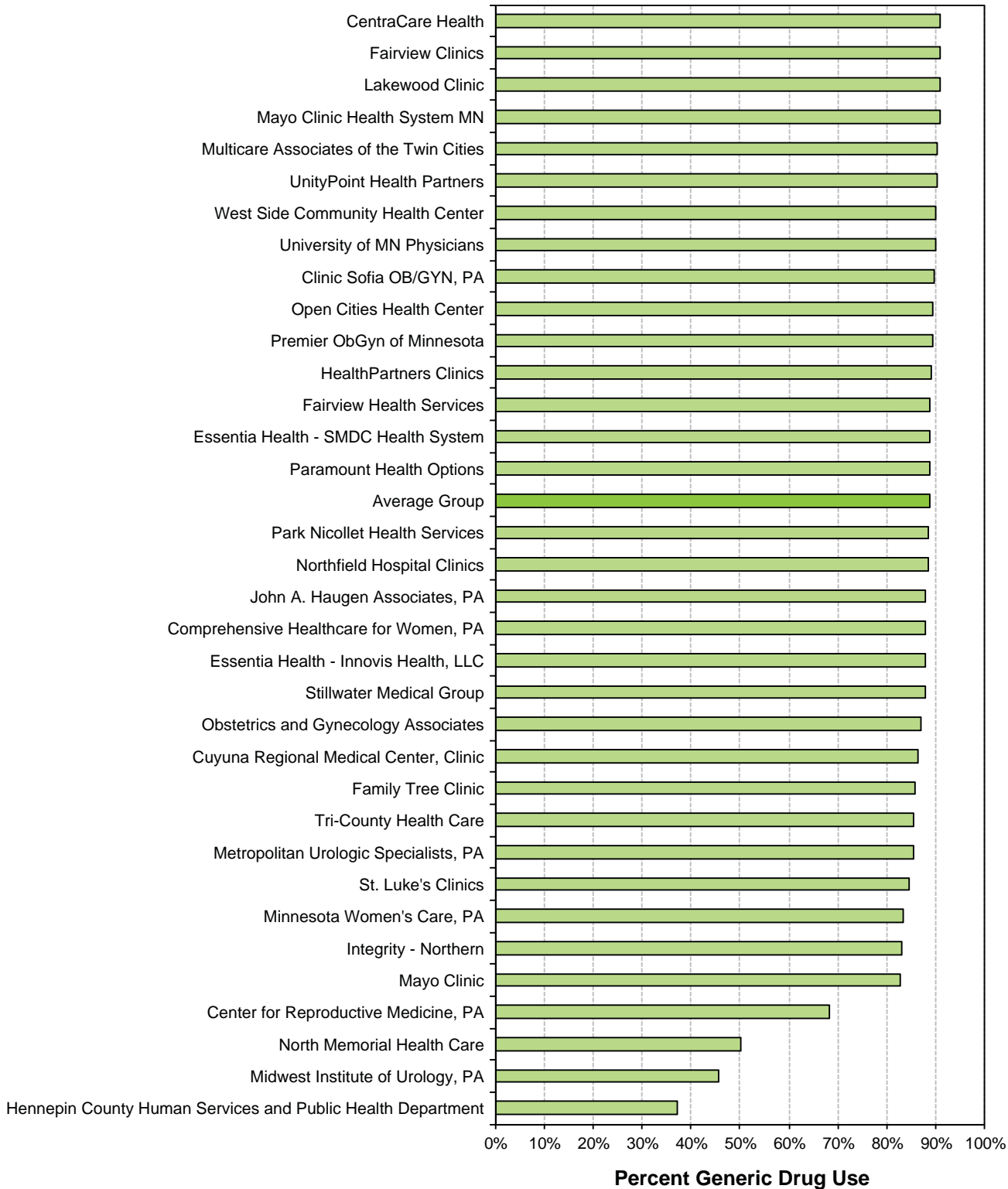
Part 1 of a 2 Part Graph



Medical Groups with <200 prescriptions are not displayed.

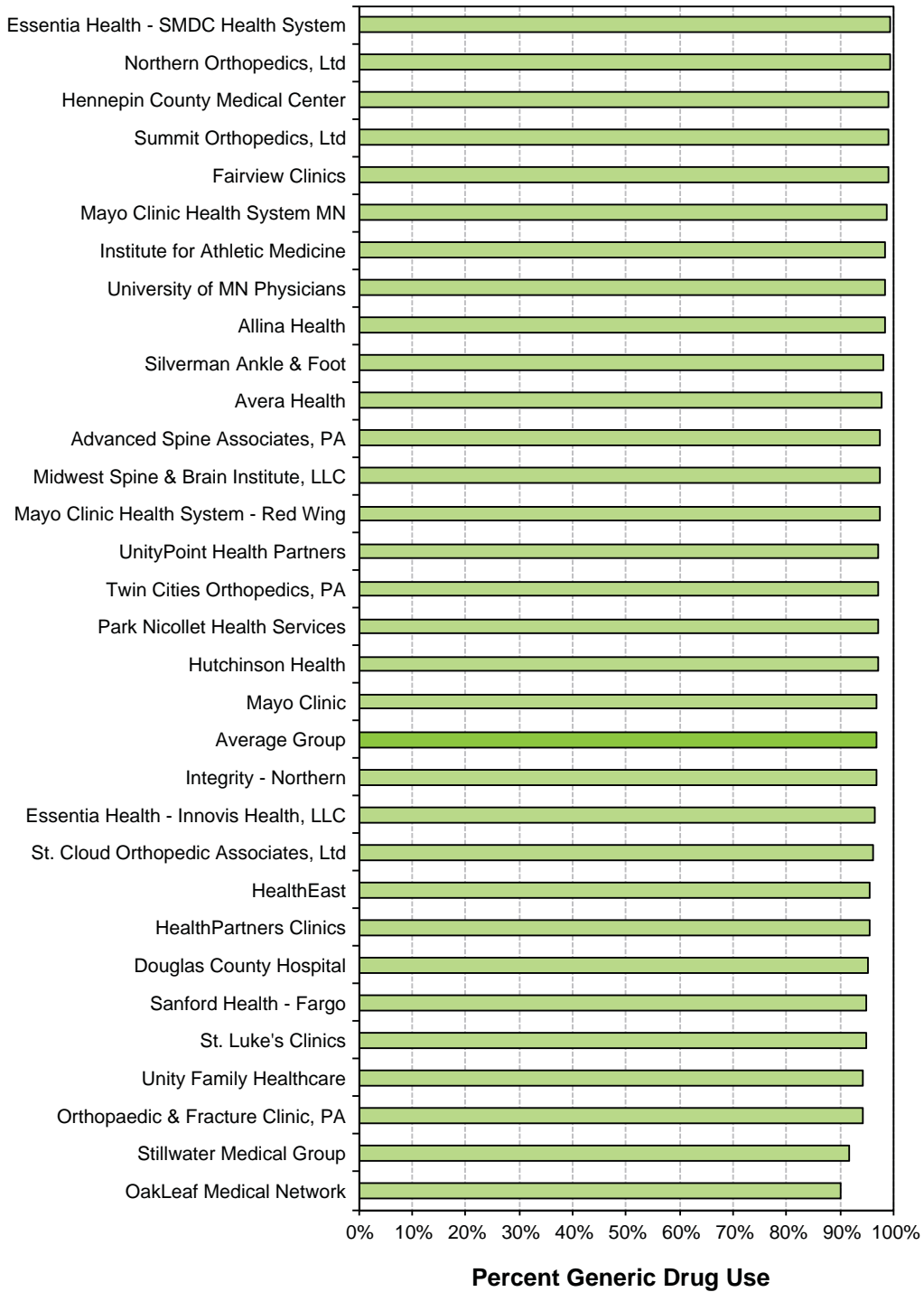
Generic Drug Use - OB/GYN Providers
1/1/2016 - 6/30/2016

Part 2 of a 2 Part Graph



Medical Groups with <200 prescriptions are not displayed.

Generic Drug Use - Orthopaedic Providers
1/1/2016 - 6/30/2016



Medical Groups with <100 prescriptions are not displayed.

ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS PRIMARY CARE

January 1, 2015 – December 31, 2015

Description

The percentage of members ages 18 and older who received at least a 180-day supply of ambulatory medication therapy for Angiotensin Converting Enzyme (ACE) inhibitors, Angiotensin Receptor Blockers (ARB) and/or diuretics during the measurement year and had at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

A therapeutic monitoring event is defined as:

- At least one serum potassium (K+) and a serum creatinine (SCr) for prescribed ACE inhibitors, ARBs and/or diuretics.

Methodology — Administrative

This measure is consistent with the HEDIS 2016 Annual Monitoring for Patients on Persistent Medications measurement specifications and includes all members ages 18 years and older as of December 31, 2015, from all products except Medicare Cost with a drug benefit who were continuously enrolled from January 1, 2015 to December 31, 2015. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the medical group of the prescribing provider's primary location of the most recent script that qualified the member for the denominator. Only scripts written by a provider with a primary care specialty are included; however, therapeutic monitoring claims from all providers are included.

Results

ACE/ARB monitoring

Total eligible members	26,008
Members with monitoring event	22,345
Annual Monitoring Rate	85.9%

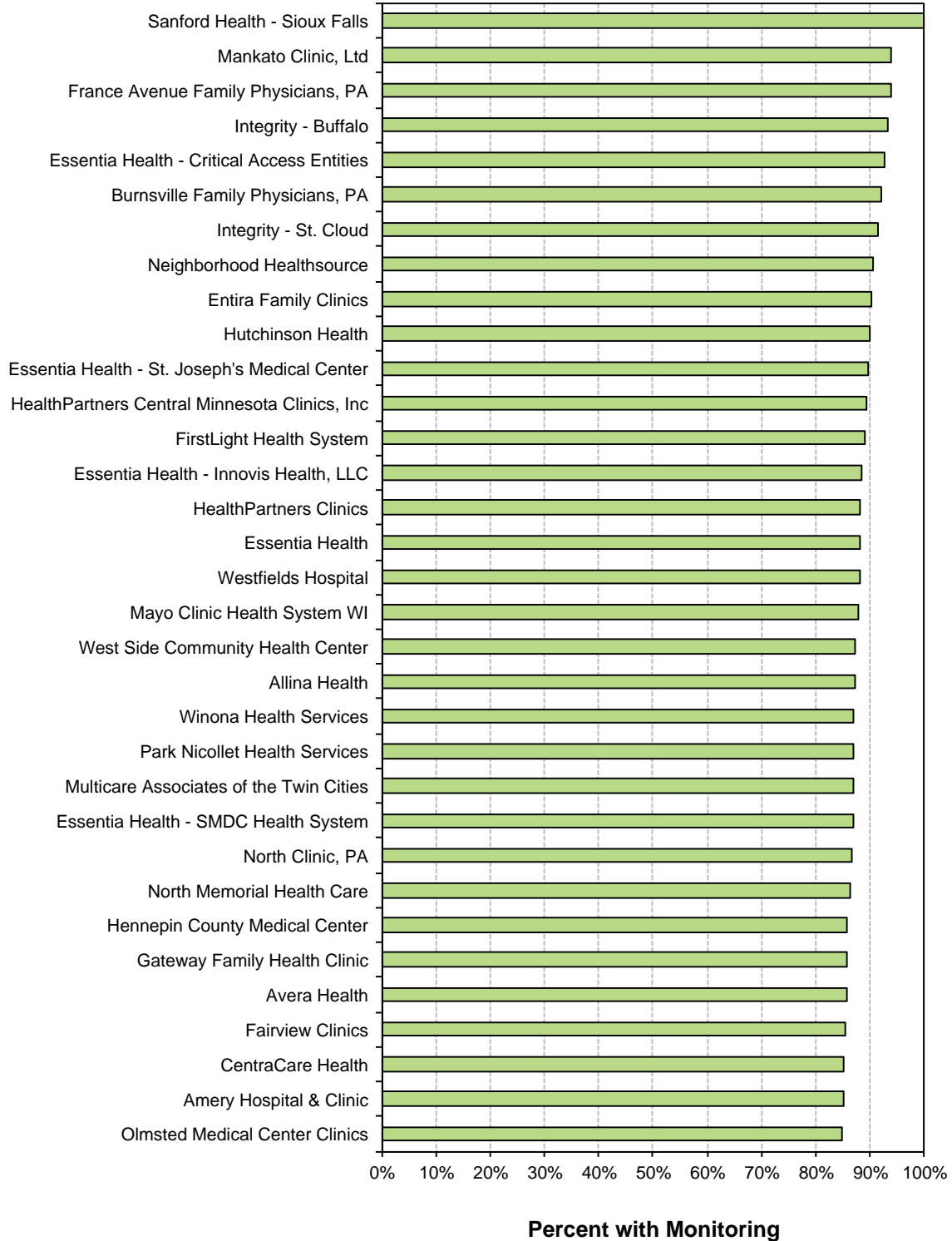
Diuretics monitoring

Total eligible members	19,451
Members with monitoring event	16,787
Annual Monitoring Rate	86.3%

**Annual Monitoring for Patients on Persistent Medications - Primary Care
ACE/ARB**

1/1/2015 - 12/31/2015

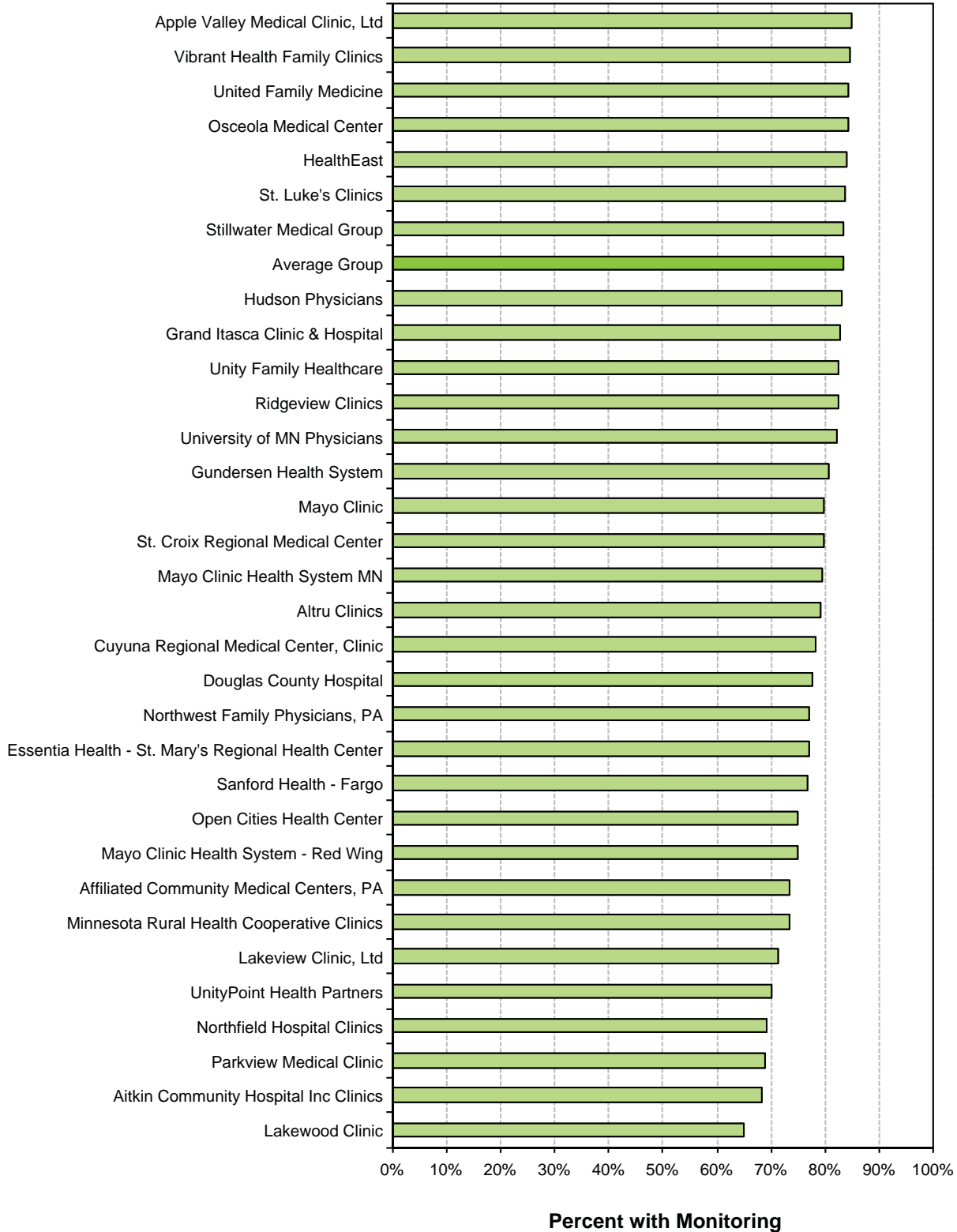
Part 1 of a 2 Part Graph



**Annual Monitoring for Patients on Persistent Medications - Primary Care
ACE/ARB**

1/1/2015 - 12/31/2015

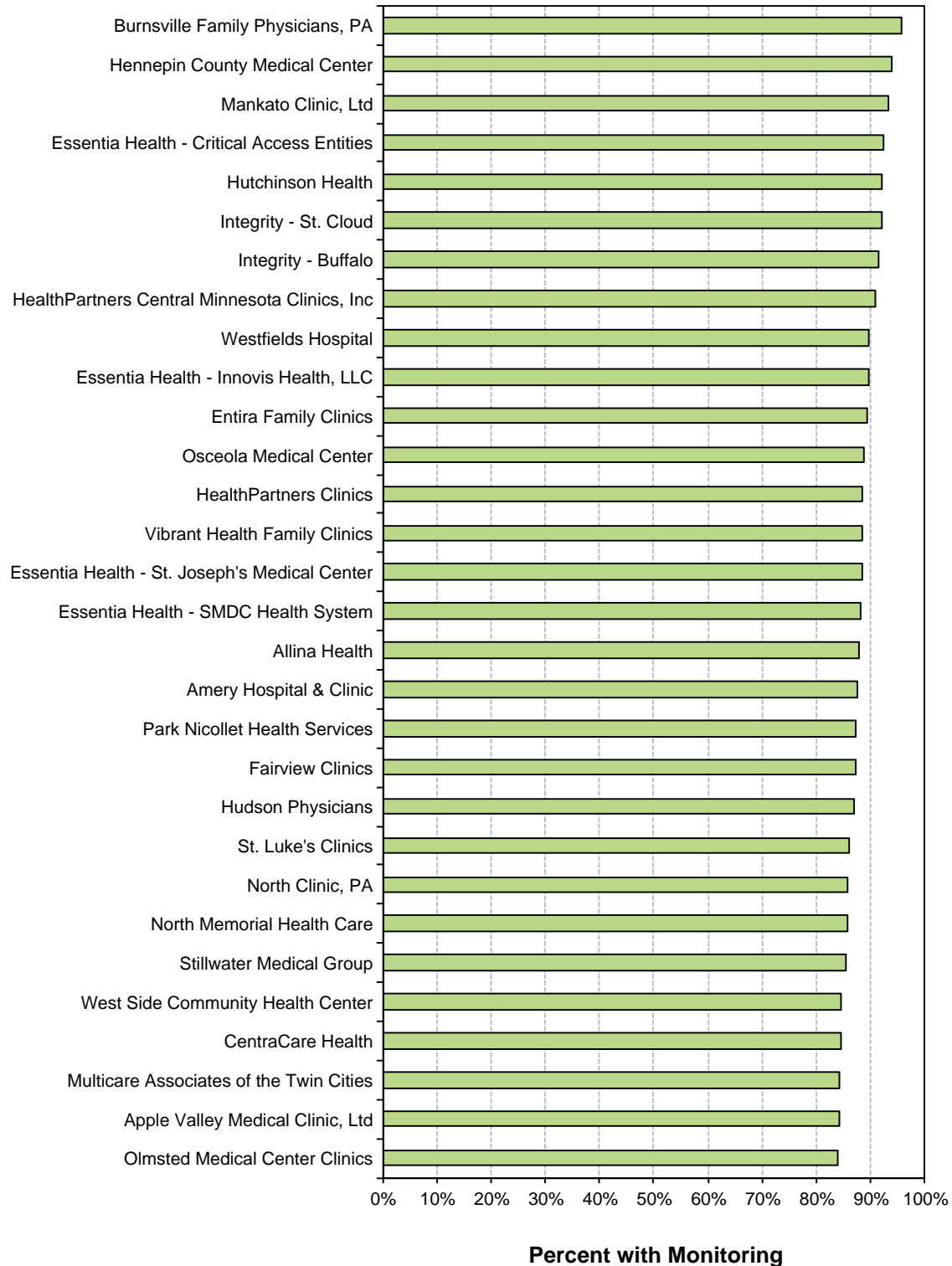
Part 2 of a 2 Part Graph



Annual Monitoring for Patients on Persistent Medications - Primary Care Diuretics

1/1/2015 - 12/31/2015

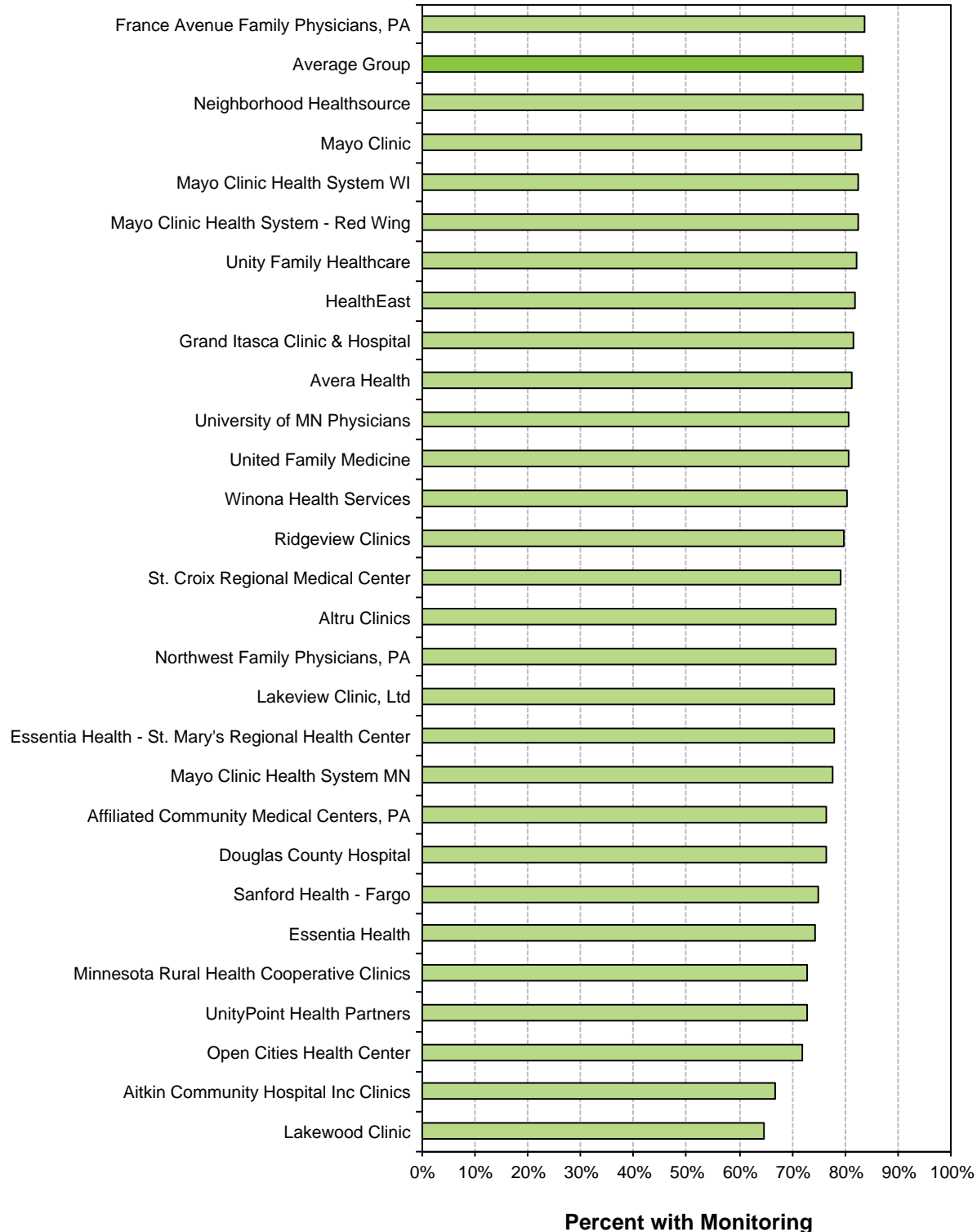
Part 1 of a 2 Part Graph



**Annual Monitoring for Patients on Persistent Medications - Primary Care
Diuretics**

1/1/2015 - 12/31/2015

Part 2 of a 2 Part Graph



ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS CARDIOLOGY

January 1, 2015 – December 31, 2015

Description

The percentage of members ages 18 and older who received at least a 180-day supply of ambulatory medication therapy for Angiotensin Converting Enzyme (ACE) inhibitors, Angiotensin Receptor Blockers (ARB) and/or diuretics during the measurement year and had at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

A therapeutic monitoring event is defined as:

- At least one serum potassium (K+) and a serum creatinine (SCr) for prescribed ACE inhibitors, ARBs and/or diuretics.

Methodology — Administrative

This measure is consistent with the HEDIS 2016 Annual Monitoring for Patients on Persistent Medications measurement specifications and includes all members ages 18 years and older as of December 31, 2015, from all products except Medicare Cost with a drug benefit who were continuously enrolled from January 1, 2015 to December 31, 2015. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the medical group of the prescribing provider's primary location of the most recent script that qualified the member for the denominator. Only scripts written by a provider with a cardiology specialty are included; however, therapeutic monitoring claims from all providers are included.

Results

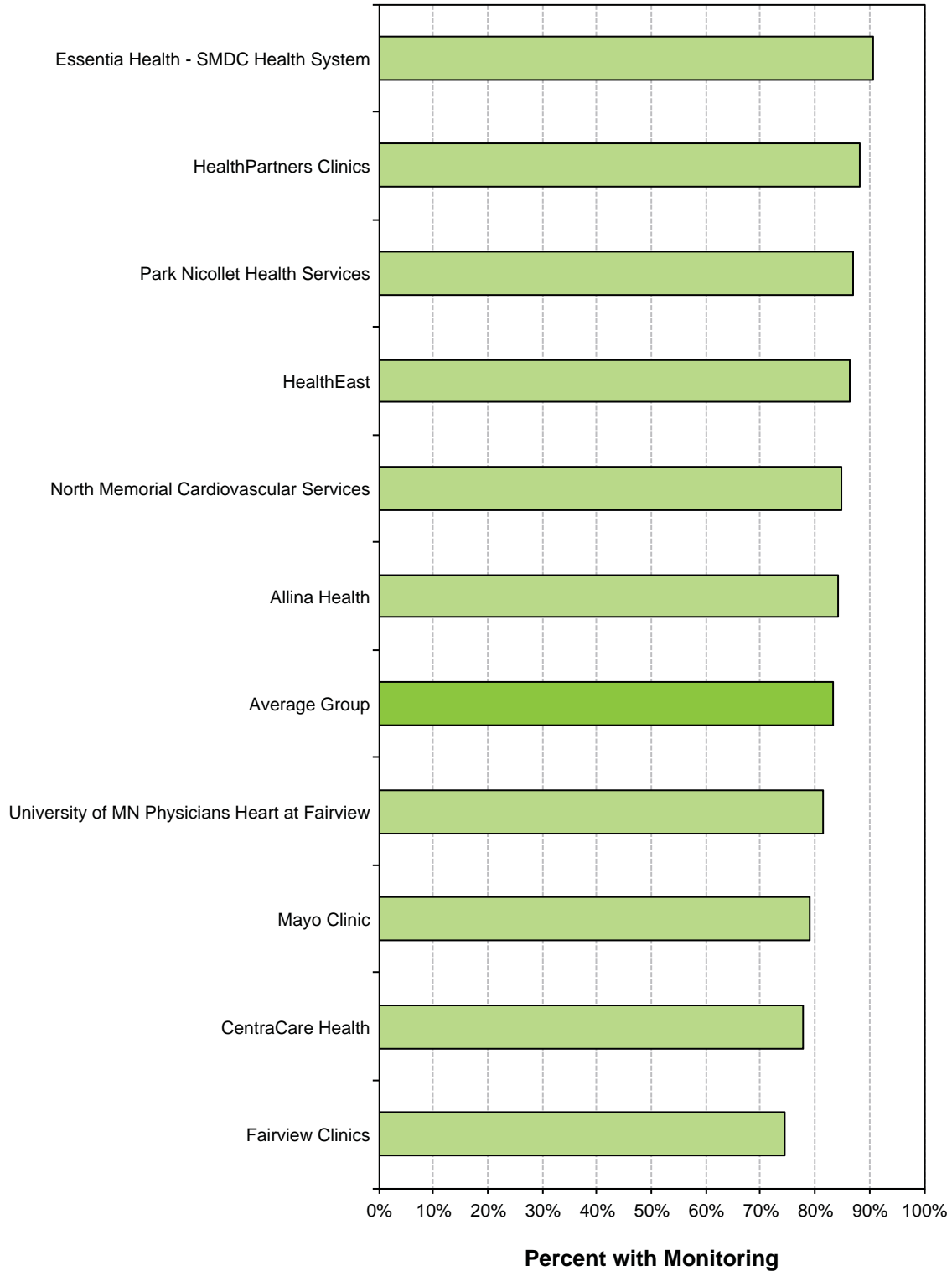
ACE/ARB monitoring

Total eligible members	1,762
Members with monitoring event	1,482
Annual Monitoring Rate	84.1%

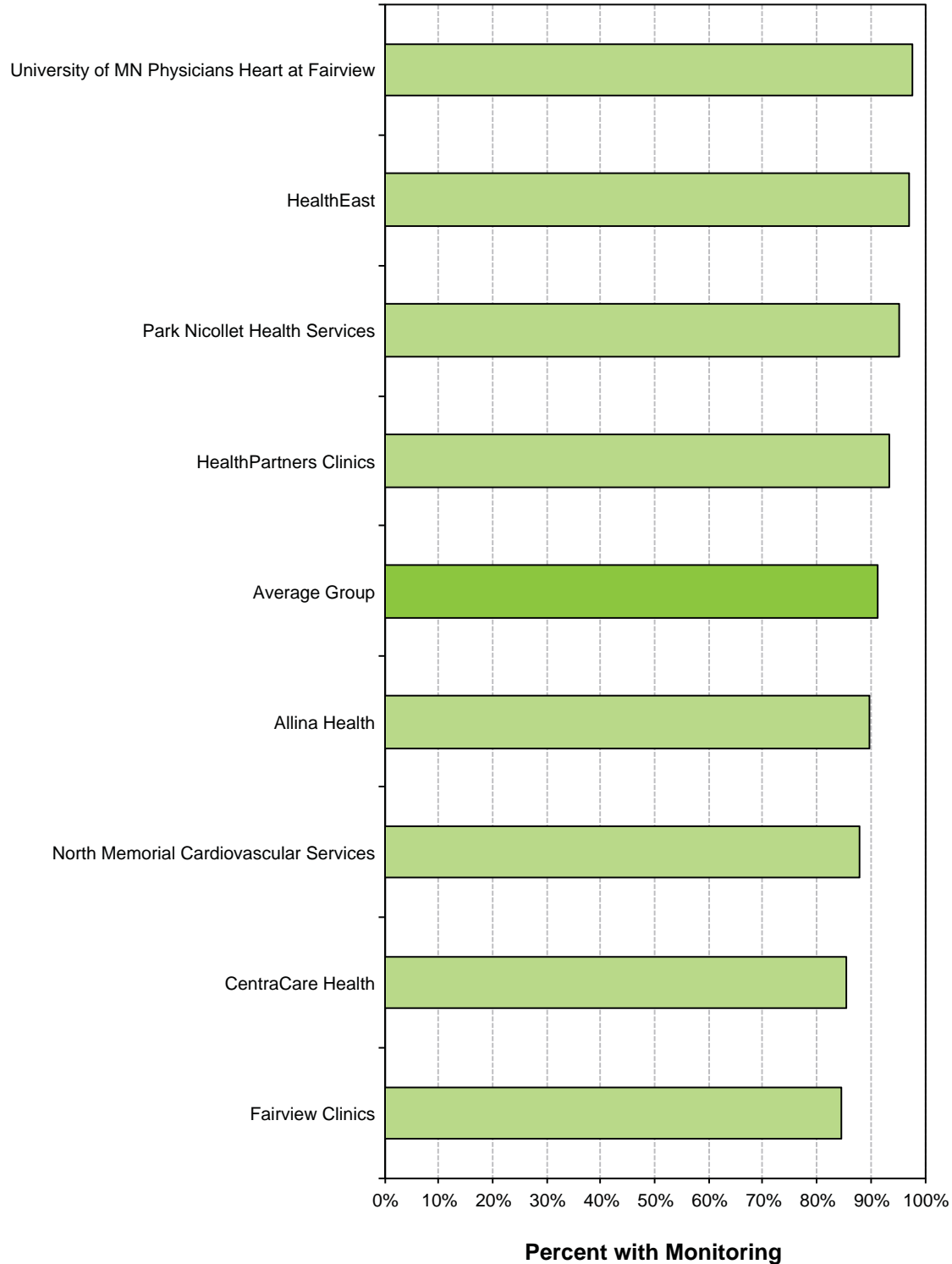
Diuretics monitoring

Total eligible members	891
Members with monitoring event	818
Annual Monitoring Rate	91.8%

**Annual Monitoring for Patients on Persistent Medications - Cardiology
ACE/ARB
1/1/2015 - 12/31/2015**



**Annual Monitoring for Patients on Persistent Medications - Cardiology
Diuretics
1/1/2015 - 12/31/2015**



MEDICATION ADHERENCE FOR ASTHMA – PHARMACY

January 1, 2015 – December 31, 2015

Description

The percentage of members with a diagnosis of asthma who remain on a controller medication¹ and meet an 80 percent portion of days covered (PDC) for the controller medication as measured by the days' supply filled divided by the number of days from the date of the first fill to the end of the measurement period.

Methodology — Administrative

This measure includes members age 5–64 years with a diagnosis of asthma from commercial products who were continuously enrolled from January 1, 2015 to December 31, 2015.

The eligible population for members with a diagnosis of asthma is defined as having had, within the previous 24 months:

- one or more inpatient or emergency department encounters with a discharge diagnosis of asthma, or
- two or more outpatient encounters with a diagnosis of asthma on different dates of service and two or more distinct claim dates for inhaled/oral anti-inflammatory or inhaled/oral bronchodilator medications, or
- three or more distinct claim dates for inhaled bronchodilator or anti-inflammatory medications and no diagnosis of COPD.

Rates are calculated administratively using outpatient claims. Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

Results

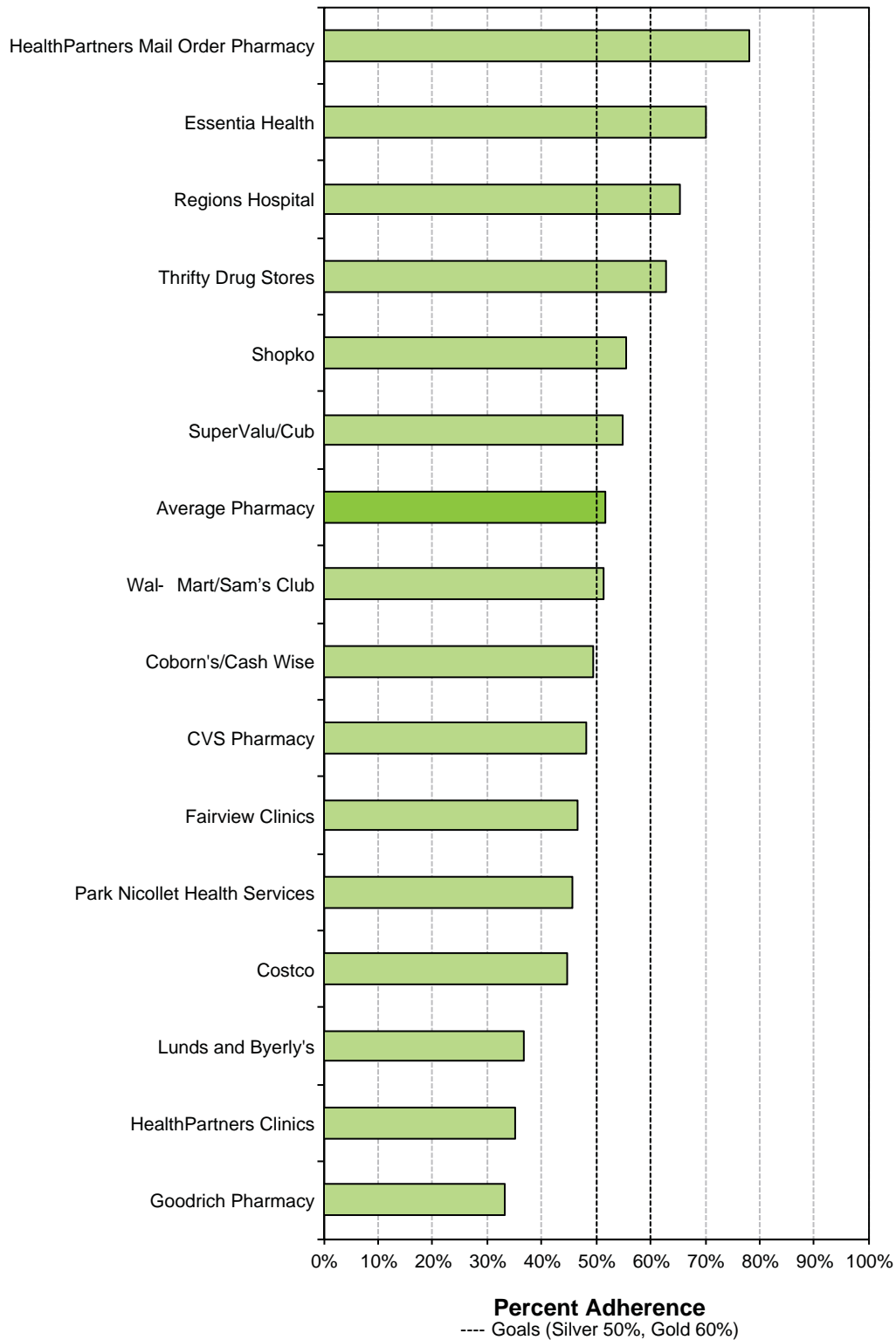
Commercial Members

Total treated members	6,345
Members with 80% portion of days covered	3,254
Medication Adherence Rate	51.3%

¹ *Antiasthmatic combinations, antibody inhibitor, inhaled corticosteroids, Leukotriene modifiers, mast cell stabilizers, bronchodilators, systemic corticosteroids*

Medication Adherence for Asthma Pharmacy

1/1/2015 - 12/31/2015



MEDICATION ADHERENCE FOR DIABETES – PHARMACY

January 1, 2015 – December 31, 2015

Description

The percentage of members with a diagnosis of diabetes who remain on oral hypoglycemic medication¹ and meet an 80 percent portion of days covered (PDC) for the medication as measured by the days' supply filled divided by the number of days from the date of the first fill to the end of the measurement period.

Methodology — Administrative

This measure includes members age 18 and older from commercial products and who were continuously enrolled from January 1, 2015 to December 31, 2015.

The eligible population for members with a diagnosis of diabetes is defined as having had, within the previous 15 months:

- one or more prescription fills of insulin or oral hypoglycemic/antihyperglycemic agents, or
- two or more outpatient or non-acute inpatient encounters with a diagnosis of diabetes on different dates of service, or
- one or more acute inpatient or ED encounters with a diagnosis of diabetes.

Rates are calculated administratively using outpatient pharmacy claims. Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

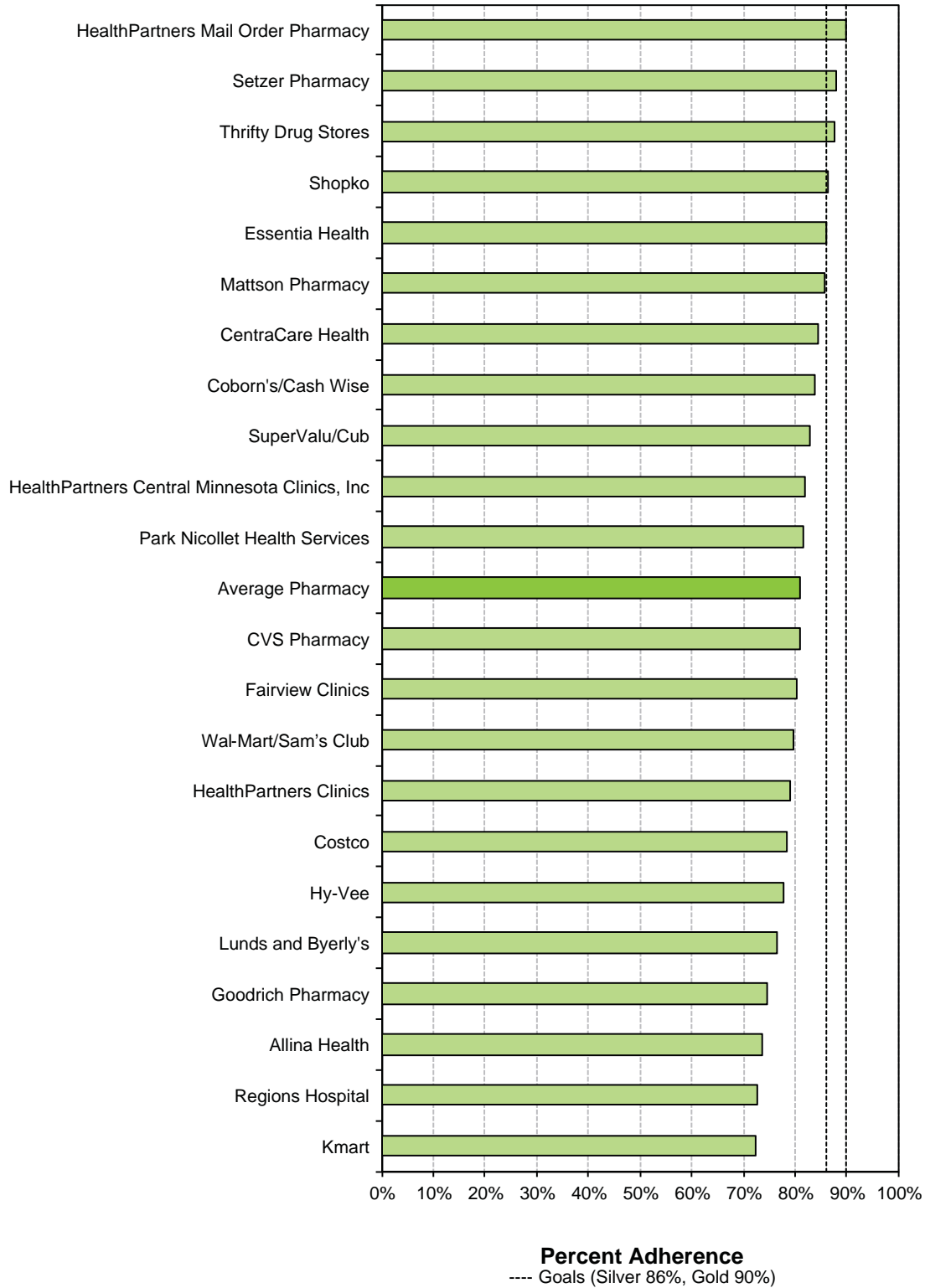
Results

Commercial Members

Total treated members	16,709
Members with 80% portion of days covered	13,632
Medication Adherence Rate	81.6%

¹ Oral Hypoglycemic drugs are defined using GPI code 27 and route of admin of Oral

**Medication Adherence for Diabetes
Pharmacy
1/1/2015 - 12/31/2015**



CHOLESTEROL PERSISTENCE — PHARMACY

January 1, 2015 – December 31, 2015

Description

The percentage of members of any age who started cholesterol medications and remained on those medications for 180 days from January 1, 2015 to December 31, 2015.

Methodology — Administrative

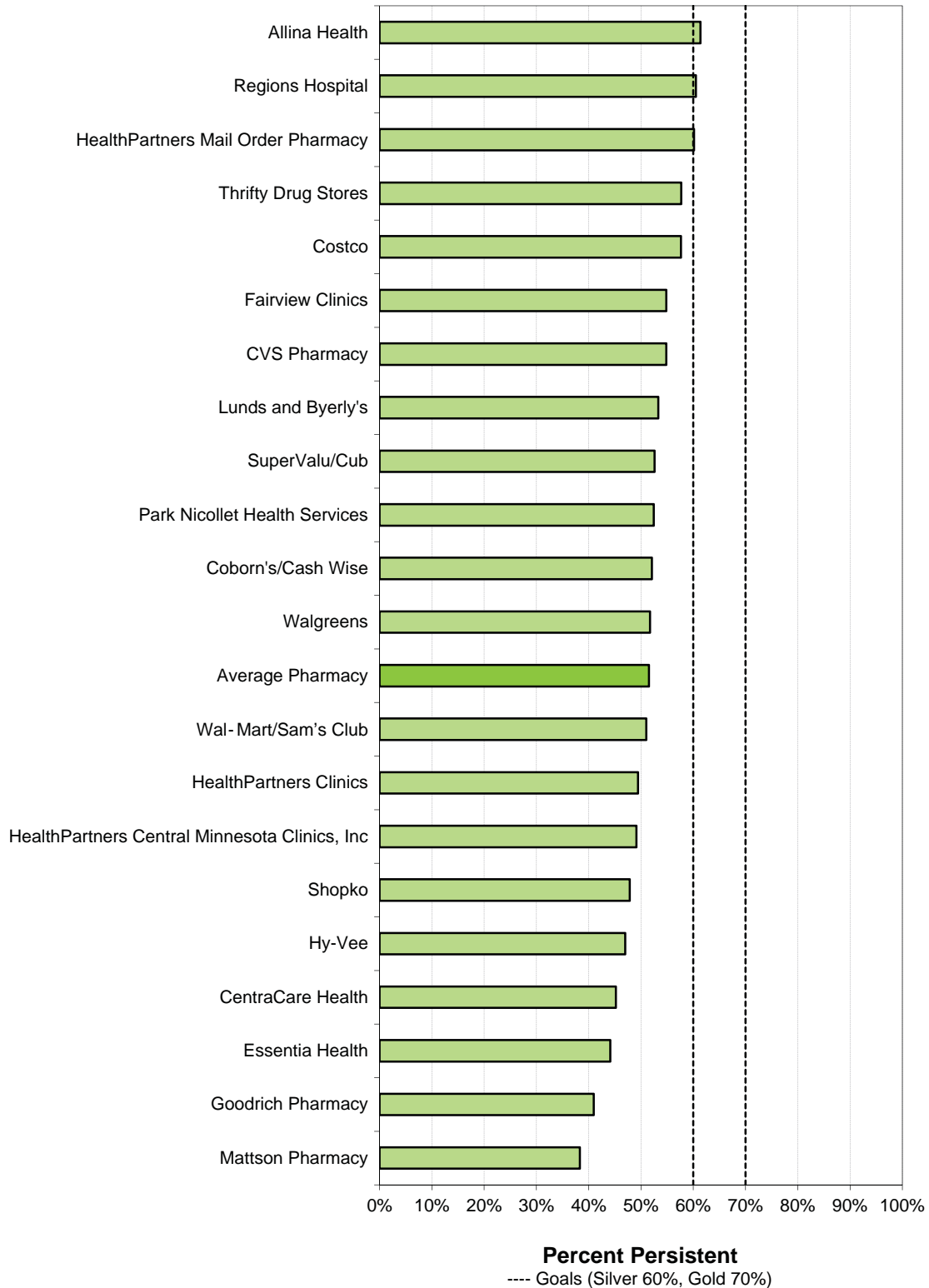
This measure includes members from all products with a new prescription for a statin medication in the measurement period of January 1, 2015 to December 31, 2015. Members must be continuously enrolled for the period of 180 days prior to the new prescription start through 216 days following the new prescription state. Population is identified using membership databases. Rates are calculated administratively using outpatient pharmacy claims. Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

Results

Total eligible members	14,430
Members with new statin prescription	7,575
Cholesterol Persistence Rate	52.5%

Cholesterol Persistence Pharmacy

1/1/2015 - 12/31/2015



HIGH RISK MEDICATIONS – PHARMACY

January 1, 2015 – December 31, 2015

Description

The percentage of members ages 65 and older who were taking more than one contraindicated (high-risk) medication from January 1, 2015 to December 31, 2015.

Methodology — Administrative

This measure includes members ages 65 and older as of December 31, 2015 from all products who were continuously enrolled from January 1, 2015 to December 31, 2015. Population is identified using membership databases. Rates are calculated administratively using outpatient pharmacy claims. Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

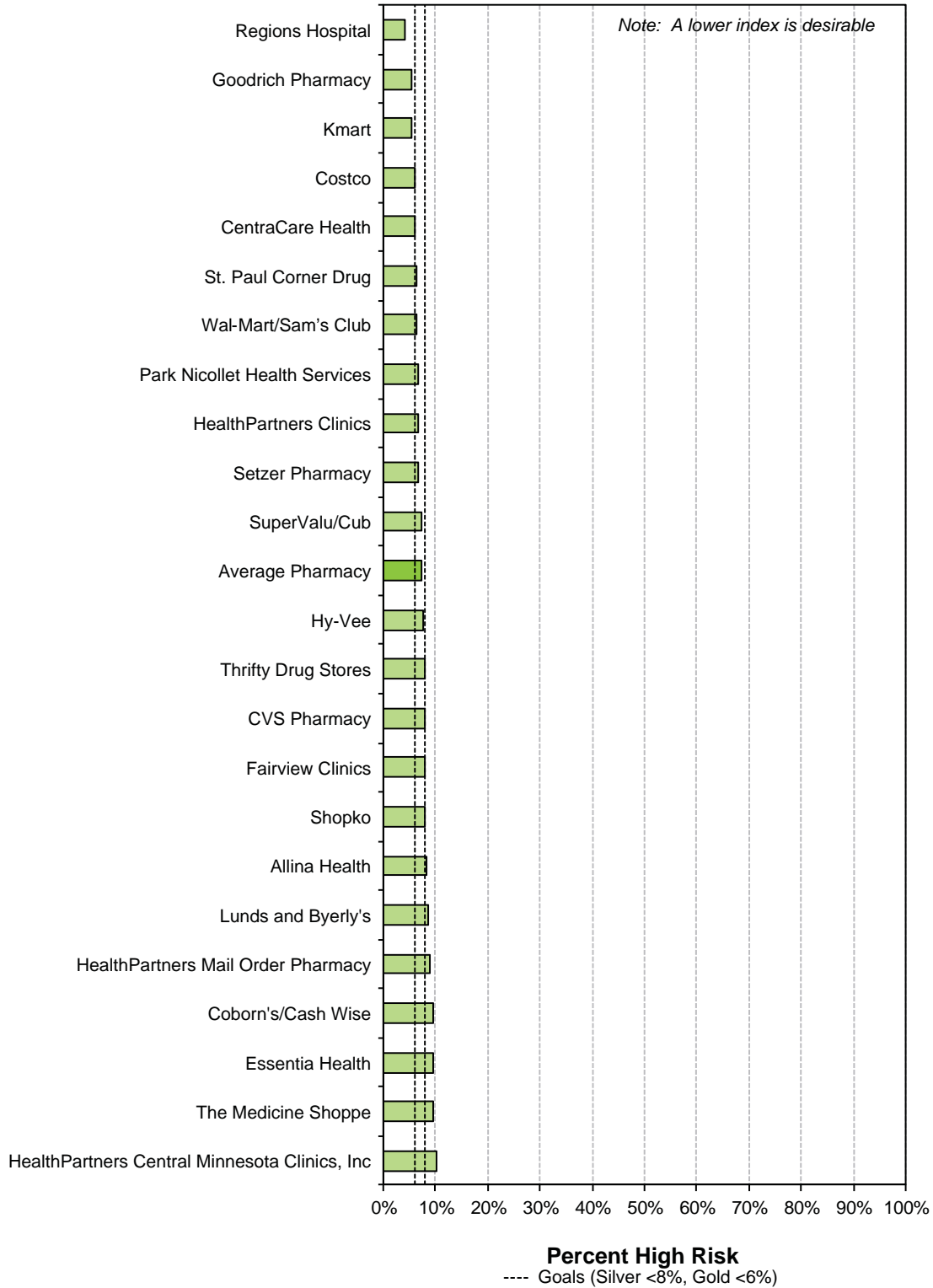
Results

Commercial Members

Total eligible members	51,836
Members with more than one contraindicated medication	4,089
High Risk Medications Rate¹	7.9%

¹ A lower percentage is desirable.

**High Risk Medications
Pharmacy
1/1/2015 - 12/31/2015**



ANTIDEPRESSANT MEDICATION MANAGEMENT – PHARMACY

May 1, 2014 – December 31, 2015

Description

The percentage of members ages 18 and older who were treated with an antidepressant medication, had a diagnosis of major depression and remained on the medication for 180 days (continuous phase).

This measure is consistent with the HEDIS 2016 Antidepressant Medication Management measurement specifications.

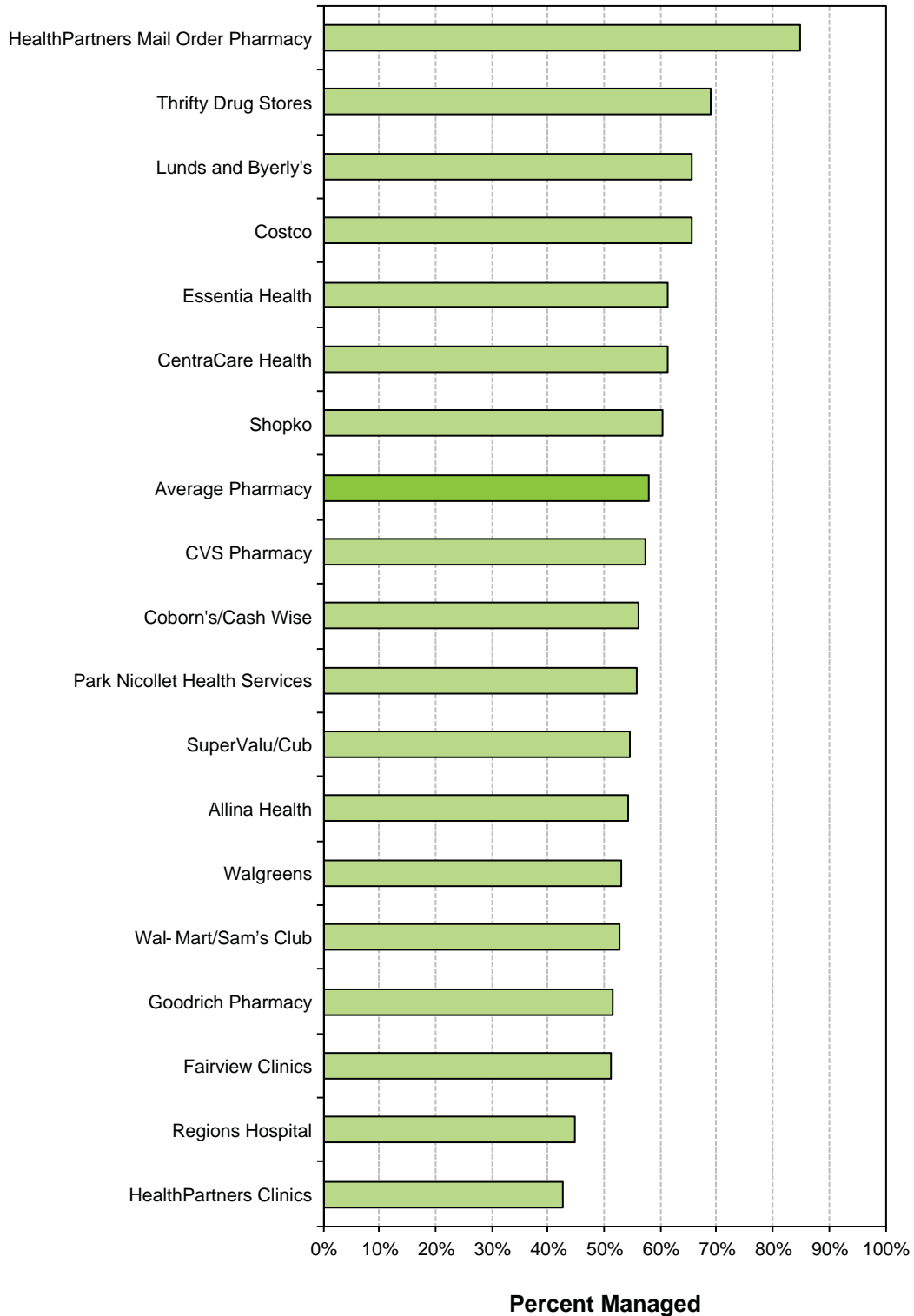
Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2015, from all products with a pharmacy benefit who were continuously enrolled for 105 days prior to the prescription start date through 231 days after. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the pharmacy where the antidepressant medication was filled.

Results

Total eligible members	8,072
Members remaining on medication for 180 days (continuation phase)	4,442
Antidepressant Medication Management Rate - Continuation Phase	55.0%

**Antidepressant Medication Management - Continuous Phase
Pharmacy
5/1/2014 - 12/31/2015**



OPTIMAL CARE FOR ACUTE LOW BACK PAIN

January 1, 2015 – December 31, 2015

Description

The rate represents the percentage of members ages 18 and older with newly diagnosed acute low back pain who received optimal care for acute low back pain.

Optimal care for acute low back pain is defined as an initial office visit for low back pain and does NOT include any of the following services in the first six weeks of care:

- Imaging
- Injection therapy referral
- Narcotic prescription
- Surgical consultation

Methodology — Administrative

This measure includes members ages 18 years and older as of December 31, 2015, from commercial and Medicaid products with a pharmacy benefit. A newly diagnosed episode of acute low back pain for a member is defined as having no non-pharmacy low back pain claims at any facility in the 180 days prior to the diagnosis visit. Members with cancer, trauma, neurological impairment, IV drug abuse or pregnancy diagnoses prior to the end of the first six weeks following diagnosis are excluded. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group of the diagnosing practitioner.

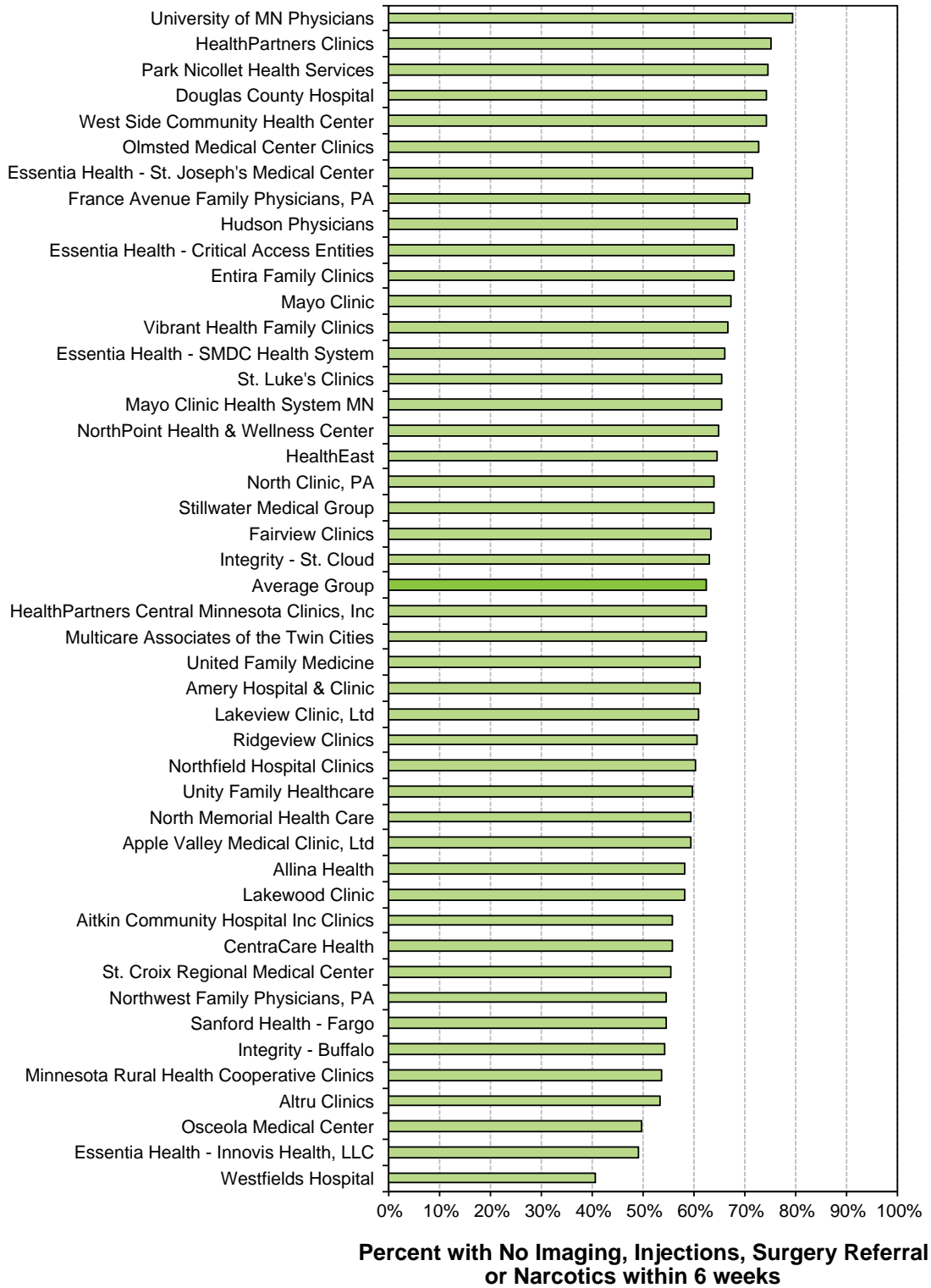
Results

Total eligible members	10,882
Members with appropriate care	7,289
Members Optimally Managed	67.0%

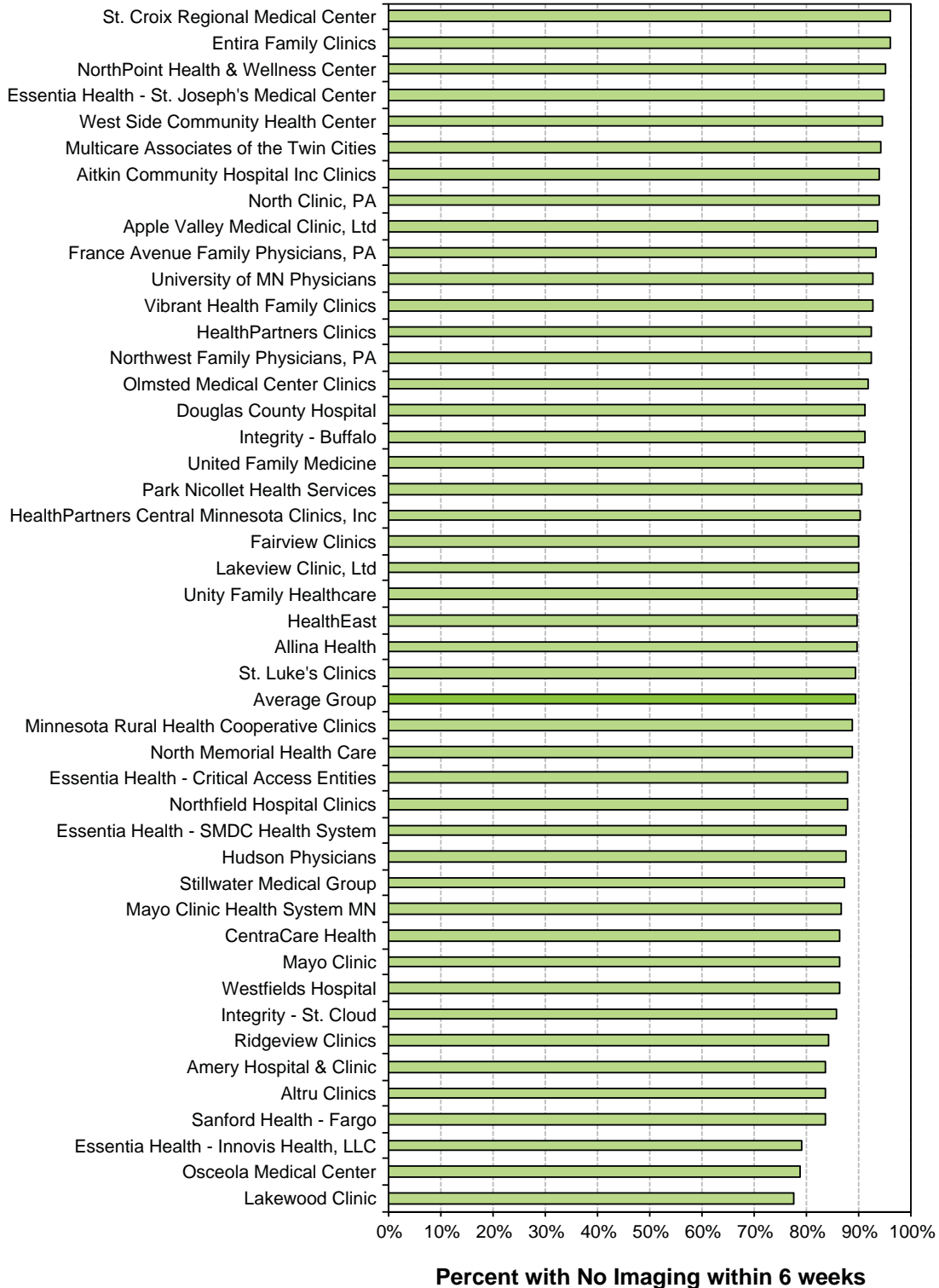
Rate by Service

No imaging in first six weeks	90.6%
No injection in first six weeks	97.9%
No narcotic prescription in first six weeks	74.9%
No surgical consultation in first six weeks	98.6%

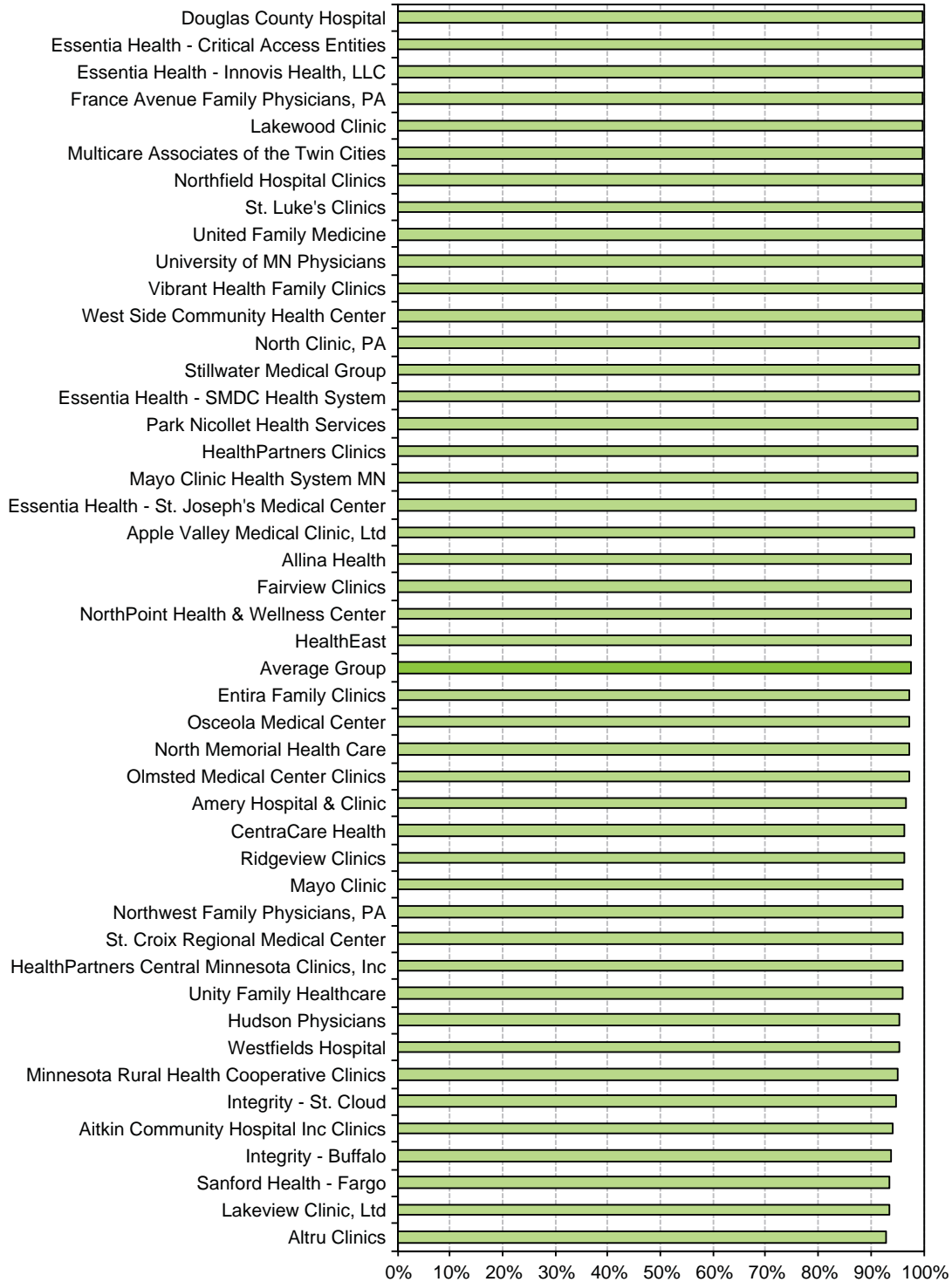
Optimal Care for Acute Low Back Pain
1/1/2015 - 12/31/2015



Low Back Pain - Imaging
1/1/2015 - 12/31/2015

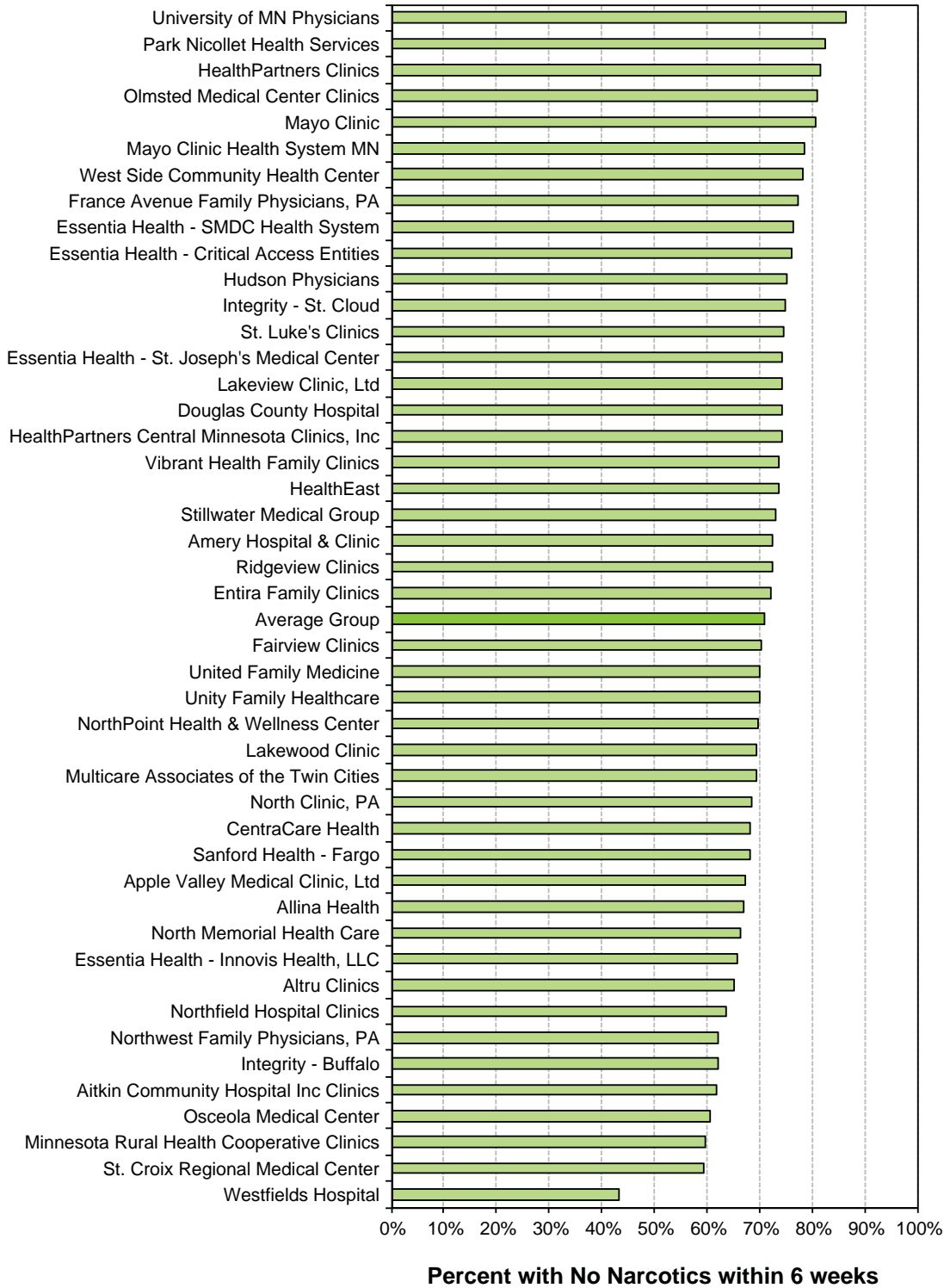


Low Back Pain - Injections
1/1/2015 - 12/31/2015

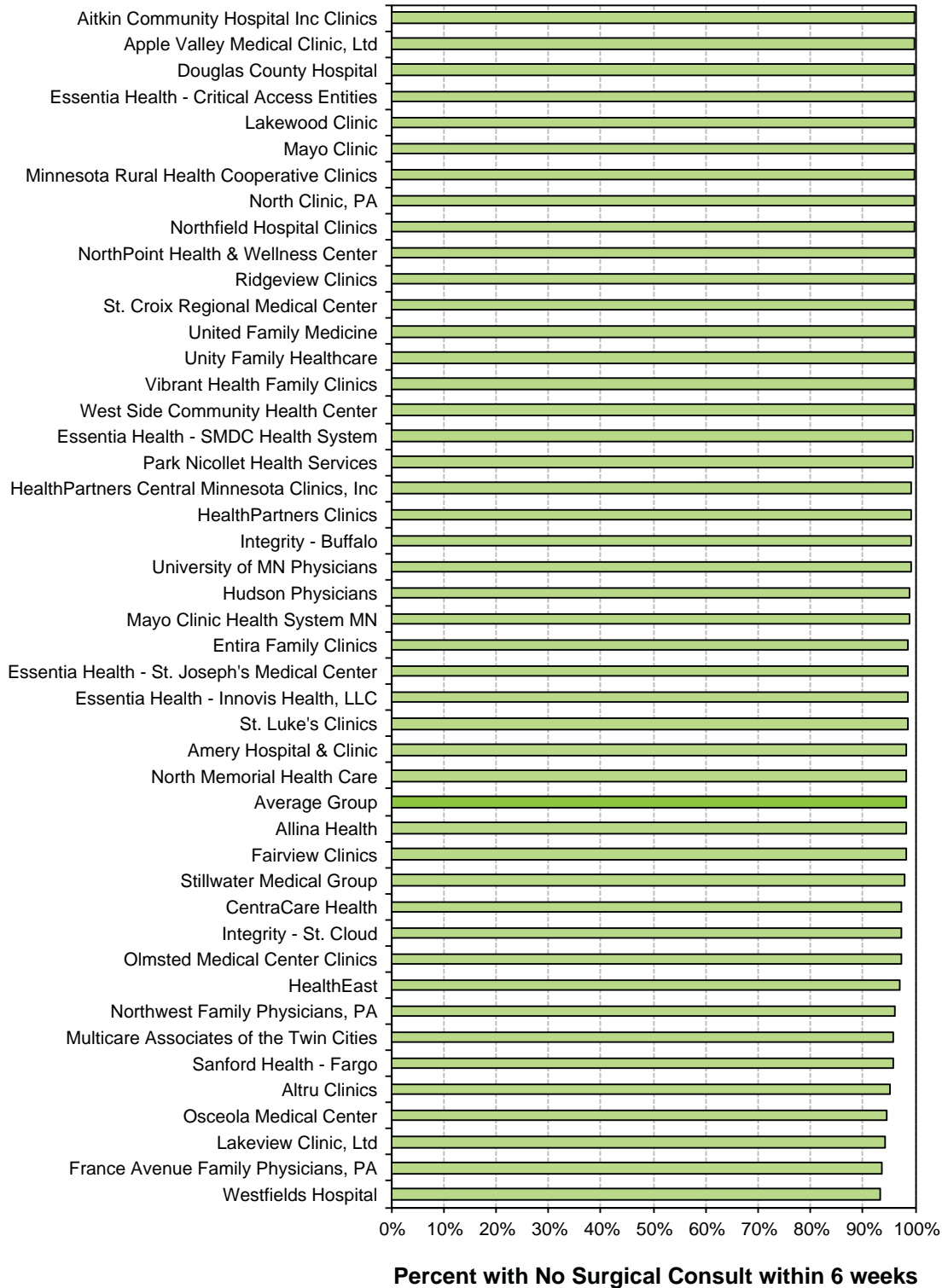


Percent with No Injection within 6 weeks

Low Back Pain - Narcotics Use
1/1/2015 - 12/31/2015



Low Back Pain - Surgical Consult
1/1/2015 - 12/31/2015



PREVENTIVE SERVICES — ADULT PRIMARY CARE

January 1, 2015 – December 31, 2015

Description

The rate represents the percent of enrolled members ages 19 and older by December 31, 2015, who are up-to-date (UTD) for all appropriate preventive services and the percent up-to-date rate by each service type. The measure includes preventive screening appropriate to each member's age and gender. (The Adult Preventive Services matrix of required services by age and gender is included in the 2016 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)





Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2016 measures. This measure includes members from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015. Population identification is based on claim and membership databases. This measure includes a random sample of 105 members (100 + 5% oversample) per medical group. The UTD rate reflects a combination of administrative and chart abstracted data. Members are attributed to the primary care provider group with the most office visits during the measurement year. In addition to the members UTD rate, also displayed is an UTD rate that includes a tobacco assessment component. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I Component.

Results*

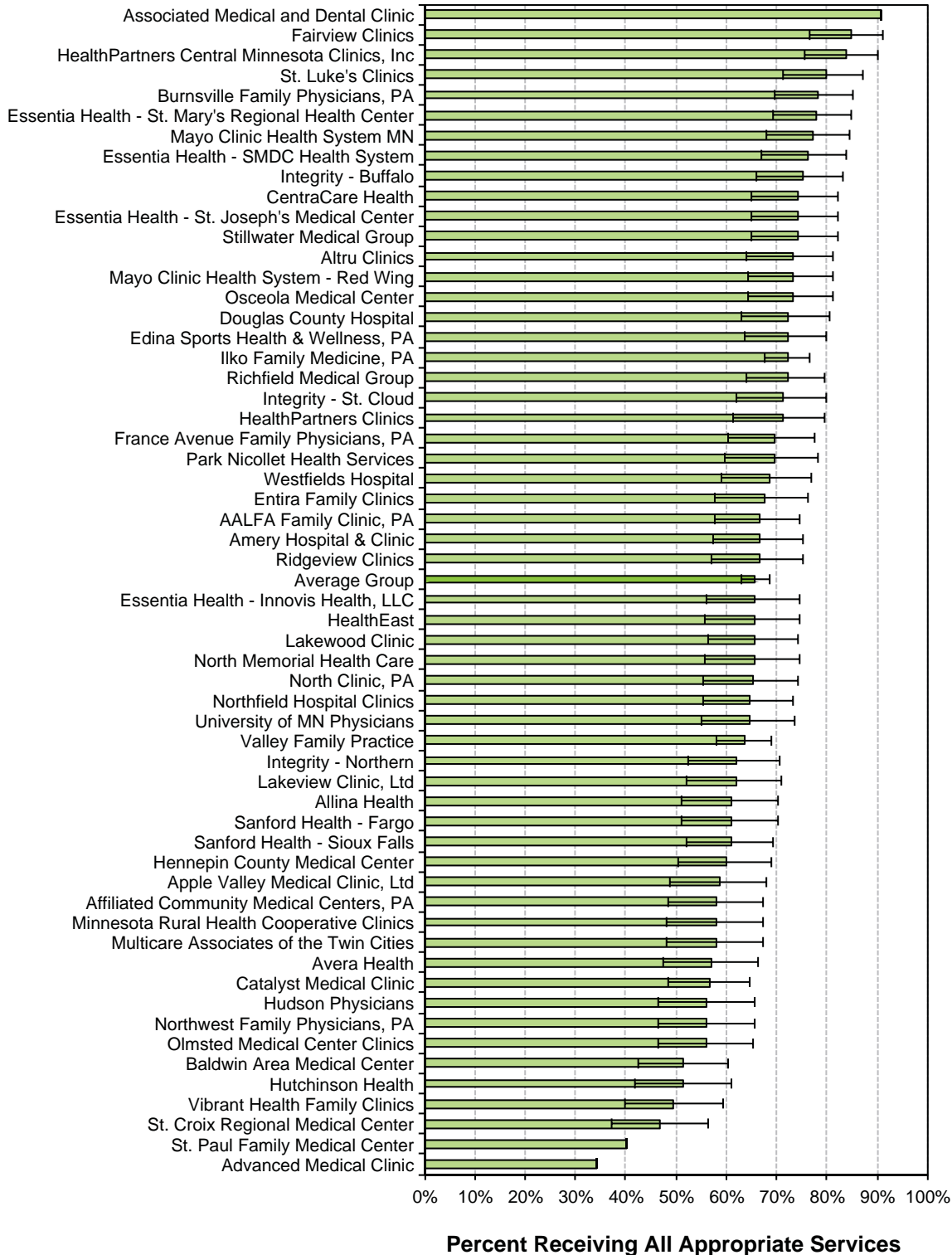
Total eligible members	371,456
Members sampled	5,881
Members up-to-date (<i>Combination 6</i>)	3,878
Members Up-to-Date - Primary Care (<i>Combination 6</i>)	69.1% (± 3.0)

Rate by Service

Cholesterol, total and HDL (<i>last five years</i>)	89.8% (± 2.5)
Colorectal cancer screening (<i>colonoscopy last ten years, flex sig last five years or FOBT in 2015</i>) 	77.3% (± 4.4)
Breast cancer screening (<i>last two years</i>) 	84.6% (± 4.6)
Cervical cancer screening (<i>last three years</i>) 	79.5% (± 4.0)
Pneumococcal vaccine (<i>≥ 65 yrs</i>) 	89.7% (± 4.5)
Blood pressure (<i>last two years</i>)	98.3% (± 0.7)
Tobacco assessment (<i>in 2015</i>)	98.0% (± 0.6)
BMI (<i>in 2015</i>)	89.1% (± 2.1)

* All rates are weighted by the eligible population of the provider groups displayed.

**Preventive Services - Adult - Primary Care
Members Up-to-Date, Combination 6
1/1/2015 - 12/31/2015**



— Confidence Interval
Finite population correction factor applied

PREVENTIVE SERVICES — ADULT OB/GYN

January 1, 2015 – December 31, 2015

Description

The rate represents the percent of enrolled female members ages 19 and older by December 31, 2015, who are up-to-date (UTD) for all appropriate preventive services and the percent up-to-date rate by each service type. The measure includes preventive screening appropriate to each member's age. (The Adult Preventive Services matrix of required services by age and gender is included in the 2016 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)

Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2016 measures. This measure includes members from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015. Population identification is based on claim and membership databases. This measure includes a random sample of 84 members (80 + 5% oversample) per medical group. The UTD rate reflects a combination of administrative and chart abstracted data. Members are attributed to the OB/GYN provider group with the most office visits during the measurement year. In addition to the members UTD rate, also displayed is an UTD rate that includes a tobacco assessment component. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I Component.

Results*

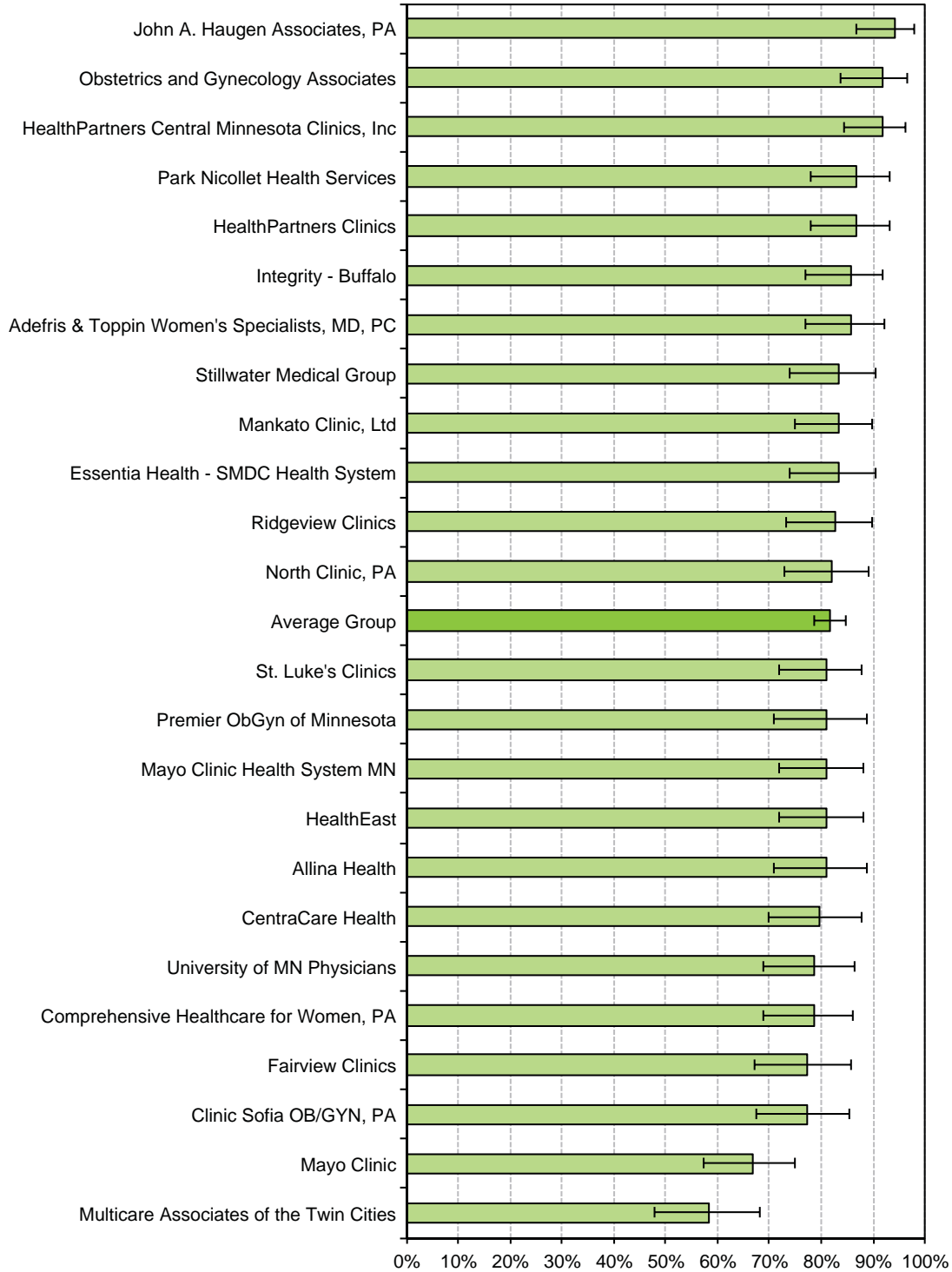
Total eligible members	71,923
Members sampled	2,013
Members up-to-date (<i>Combination 3</i>)	1,643
Members Up-to-Date - OB/GYN (<i>Combination 3</i>)	83.9% (± 2.7)

Rate by Service

Cholesterol, total and HDL (<i>last five years</i>)	91.3% (± 4.1)
Colorectal cancer screening (<i>colonoscopy last ten years, flex sig last five years or FOBT in 2015</i>) <small>HEDIS</small>	79.1% (± 6.4)
Breast cancer screening (<i>last two years</i>) <small>HEDIS</small>	95.8% (± 2.5)
Cervical cancer screening (<i>last three years</i>) <small>HEDIS</small>	92.9% (± 2.1)
Pneumococcal vaccine (<i>≥ 65 yrs</i>) <small>HEDIS</small>	81.7% (± 12.9)
Blood pressure (<i>last two years</i>)	99.3% (± 0.5)
Tobacco assessment (<i>in 2015</i>)	99.0% (± 0.7)

* All rates are weighted by the eligible population of the provider groups displayed.

Preventive Services - Adult - OB/GYN Providers
Members Up-to-Date, Combination 3
 1/1/2015 - 12/31/2015



Percent Receiving All Appropriate Services

— Confidence Interval
 Finite population correction factor applied

PREVENTIVE SERVICES — CHILD AND ADOLESCENT

January 1, 2015 – December 31, 2015

Description

The rate represents the percent of enrolled members ages 18 and younger on December 31, 2015, who are up-to-date (UTD) for all appropriate preventive services and the up-to-date rate by each service type. The measure includes preventive screening appropriate to each member’s age and gender. (The Child and Adolescent Preventive Services matrix of required services by age and gender is included in the 2016 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)

Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2016 measures. This measure includes members from all products who were continuously enrolled from January 1, 2015 to December 31, 2015, who had a clinic visit in 2015. Population identification is based on claim and membership databases. This measure includes a random sample of 105 members (100 + 5% oversample) per medical group. The UTD rate reflects a combination of administrative and chart abstracted data. Members are attributed to the primary care provider group with the most office visits during the measurement year. In addition to the members UTD rate, also displayed is an UTD rate that includes a tobacco assessment component. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I Component.

Results*

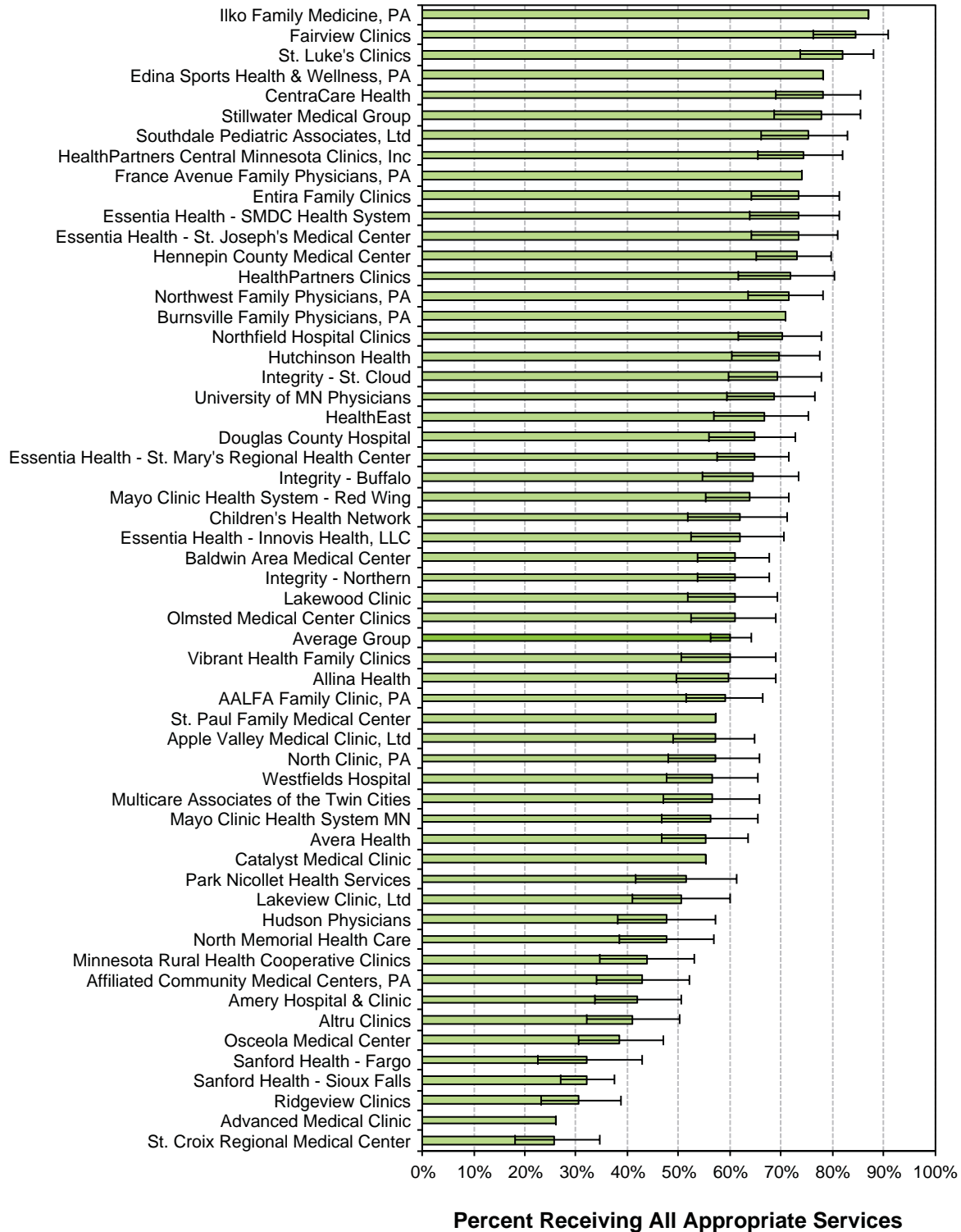
Total eligible members	136,189
Members sampled	5,557
Members up-to-date (<i>Combination 6</i>)	3,323
Members Up-to-Date - Child and Adolescent (<i>Combination 6</i>)	64.8% (± 2.9)

Rate by Service	
Vision screening (<i>by 12/31/2015</i>)	87.8% (± 5.0)
Tetanus, adolescent (<i>by age 13</i>) <small>HEDIS</small>	92.6% (± 3.4)
Meningococcol immunization (<i>by age 13</i>) <small>HEDIS</small>	94.1% (± 2.9)
HPV ages 13-18 (<i>UTD by 12/31/2015</i>) series of 3	40.0% (± 7.5)
Imm combination ages 2–4 (<i>UTD by 12/31/2015</i>) 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 Pneumococcal) <small>HEDIS</small>	87.2% (± 5.3)
Imm combination ages 2–4 (<i>UTD by 12/31/2015</i>) 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 Pneumococcal, 1 HepA, 2-3 Rotavirus, 2 Influenza) <small>HEDIS</small>	68.6% (± 7.1)
Imm combination ages 7–8 (<i>UTD by age 7</i>) DTaP #5, MMR #2, Polio #4, VZV #2	85.9% (± 4.5)
Tobacco assessment (<i>in 2015</i>)	86.3% (± 2.0)
BMI (<i>in 2015</i>)	85.7% (± 2.1)

¹ Ages 16–18 if member meets HEDIS criteria as sexually active.

* All rates are weighted by the eligible population of the provider groups displayed.

**Preventive Services - Child and Adolescent
Members Up-to-Date, Combination 6
1/1/2015 - 12/31/2015**



— Confidence Interval
Finite population correction factor applied

EVIDENCE-BASED CERVICAL CANCER SCREENING — PRIMARY CARE

Average Risk Asymptomatic Women

January 1, 2013 – December 31, 2015

Description

The rate represents the percentage of women ages 21 and older in the measurement year screened in accordance with evidence-based standards:

- One screening pap test in measurement year or two years prior for women ages 21 to 64 and no history of hysterectomy
- No screening pap test in the measurement year for women ages 65 and older or women ages 21 and older with history of hysterectomy

Not screened:

- No screening pap test in measurement year or two years prior for women ages 21 to 64 and no history of hysterectomy

Screened more frequently:

- Two or more screening pap tests in measurement year or two years prior for women ages 21 to 64 and no history of hysterectomy
- One or more screening pap tests in the measurement year for women ages 65 and older
- One or more screening pap tests for women ages 21 and older with history of hysterectomy

Methodology — Administrative

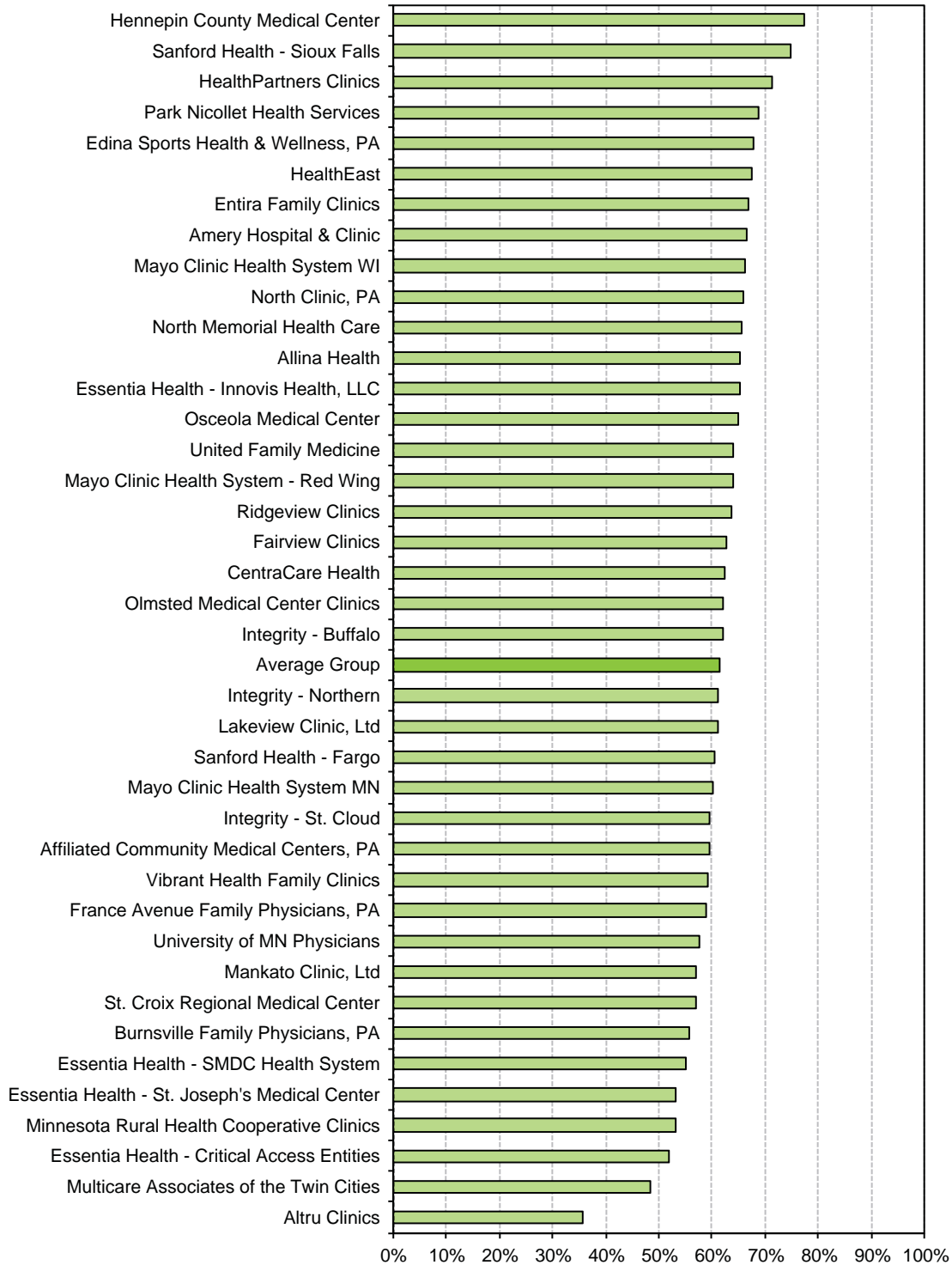
Due to a three year measurement period, this measure includes all women ages 24 and older as of December 31, 2015, from all products who were continuously enrolled for three years. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members with a history of any abnormal cervical cancer screening, including cervical HPV, within five years or with a history of cervical cancer are excluded. Each pap test is attributed to the provider's medical group who performed the service. Members who do not have a pap test are attributed to the medical group visited the most.

Results

Total eligible pap tests or members (those without a pap test)	99,405
Evidence-based screening	65,697
Evidence-Based Screening Rate	66.1%
Not screened¹	24.1%
Screened more frequently¹	9.8%

¹ Lower rates are better.

**Evidence-Based Cervical Cancer Screening-Primary Care
Pap Test Attribution
1/1/2013-12/31/2015**



Percent Evidence-Based Screening

Medical Groups with <200 records are not displayed.

EVIDENCE-BASED CERVICAL CANCER SCREENING — OB/GYN

Average Risk Asymptomatic Women

January 1, 2013 – December 31, 2015

Description

The rate represents the percentage of women ages 21 and older in the measurement year screened in accordance with evidence-based standards:

- One screening pap test in measurement year or two years prior for women ages 21 to 64 and no history of hysterectomy
- No screening pap test in the measurement year for women ages 65 and older or women ages 21 and older with history of hysterectomy

Not screened:

- No screening pap test in measurement year or two years prior for women ages 21 to 64 and no history of hysterectomy

Screened more frequently:

- Two or more screening pap tests in measurement year or two years prior for women ages 21 to 64 and no history of hysterectomy
- One or more screening pap tests in the measurement year for women ages 65 and older
- One or more screening pap tests for women ages 21 and older with history of hysterectomy

Methodology — Administrative

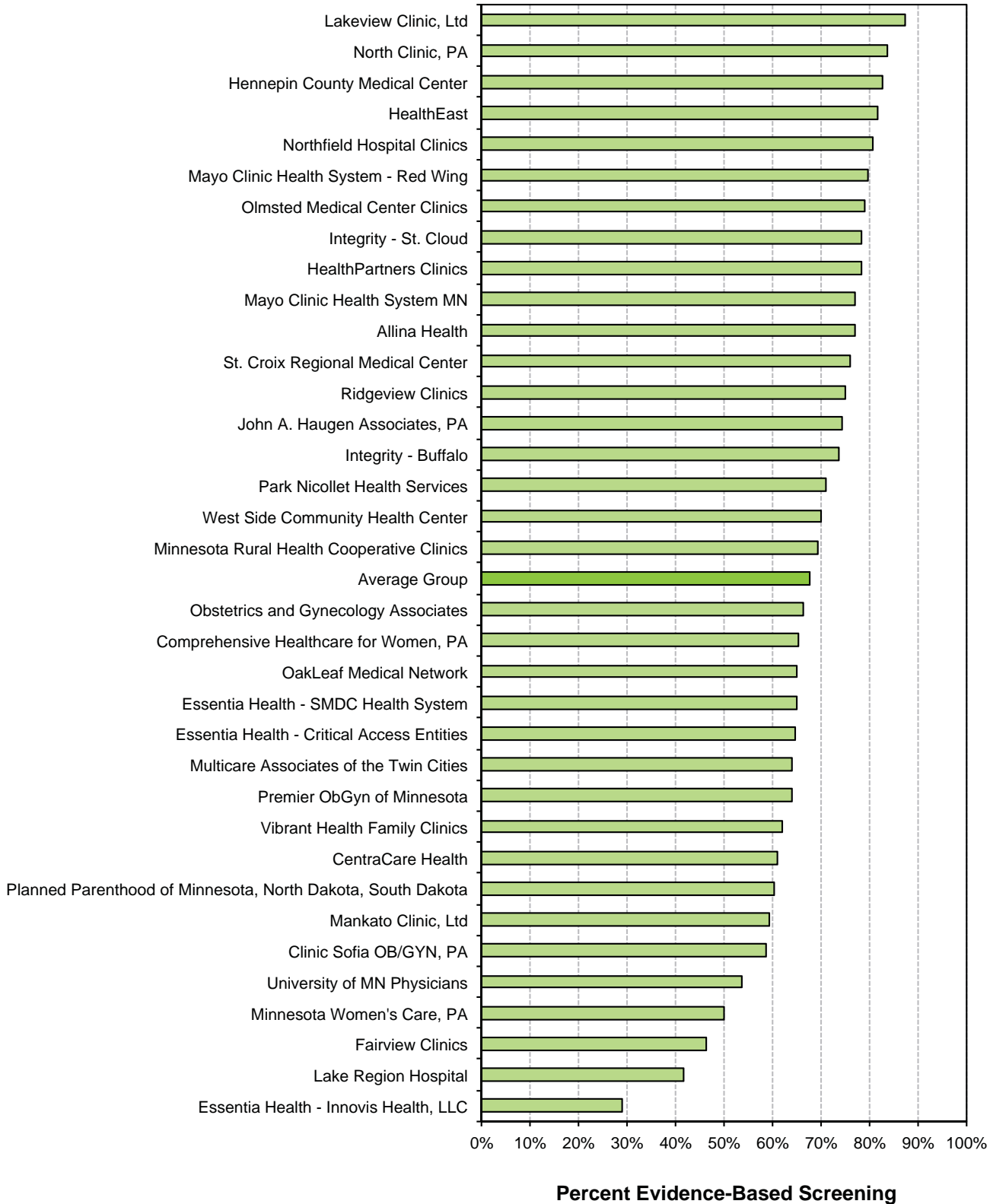
Due to a three year measurement period, this measure includes all women ages 24 and older as of December 31, 2015, from all products who were continuously enrolled for three years. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members with a history of any abnormal cervical cancer screening, including cervical HPV, within five years or with a history of cervical cancer are excluded. Each pap test is attributed to the OB/GYN group who performed the service. Members who do not have a pap test are attributed to the medical group visited the most.

Results

Total eligible pap tests or members (those without a pap test)	44,554
Evidence-based screening	31,492
Evidence-Based Screening Rate	70.7%
Not screened¹	5.7%
Screened more frequently¹	23.6%

¹ Lower rates are better.

**Evidence-Based Cervical Cancer Screening-OB/GYN Providers
Pap Test Attribution
1/1/2013-12/31/2015**



CHILD & TEEN CHECK-UPS

July 1, 2014 – June 30, 2016

Description

The rate represents the percentage of children ages six months to 20 years as of June 30, 2016, enrolled in Prepaid Medical Assistance Program (PMAP) or MinnesotaCare (MNCare) who had a preventive care visit within Child & Teen Check-Ups (C&TC) defined time periods:

- Last six months if age is six months through 17 months
- Last one year if age is 18 months through six years
- Last two years if age is seven years through 20 years

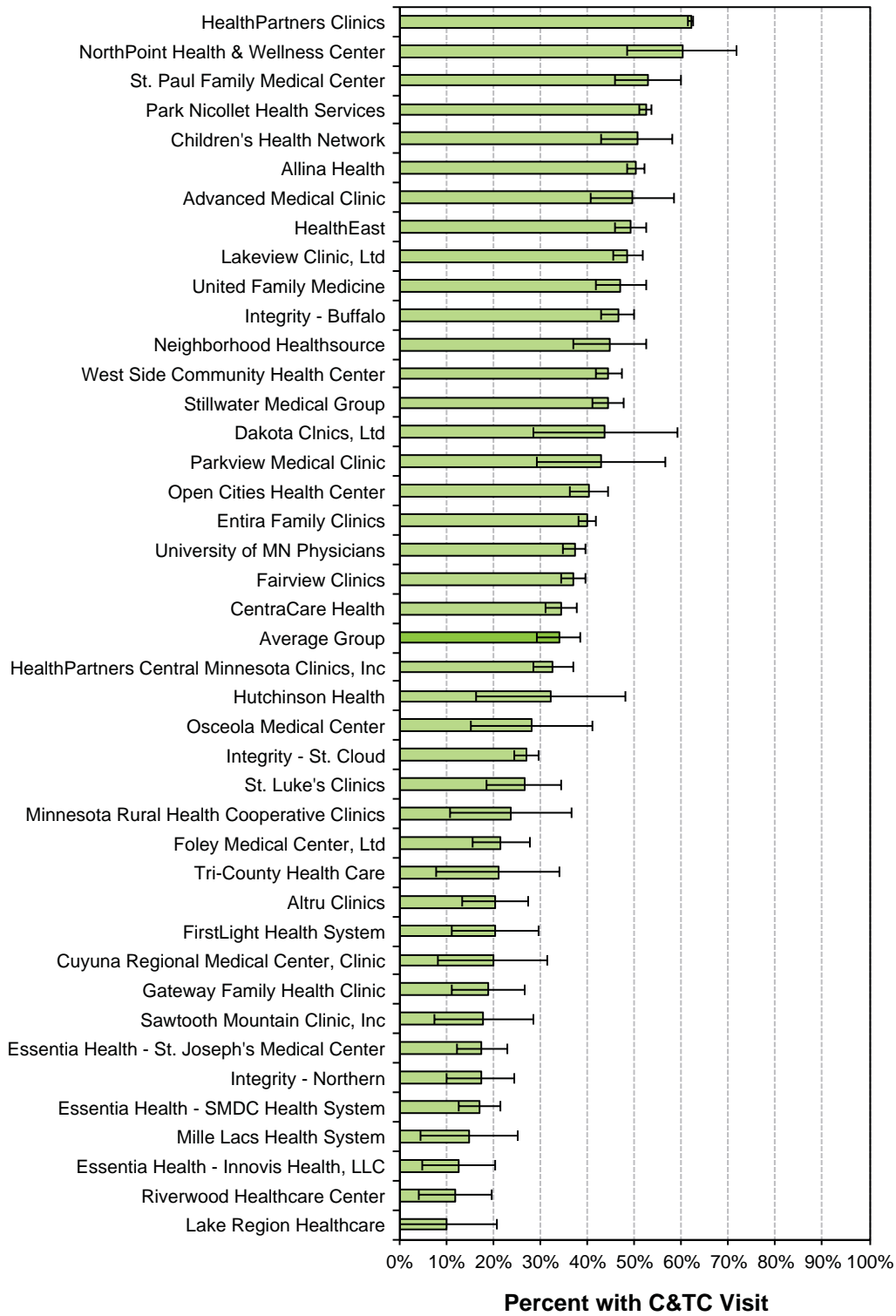
Methodology — Administrative

This measure includes all children ages six months to 20 years old from PMAP or MNCare products who were enrolled on June 30, 2016. Population identification is based on encounter, claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group they were enrolled with on June 30, 2016.

Results

Total eligible members	41,889
Preventive visits	21,224
C&TC Rate	50.7% (± 0.5)

Child & Teen Check-Ups (C&TC)
7/1/2014-6/30/2016



— Confidence Interval

LEAD SCREENING

July 1, 2015 – June 30, 2016

Description

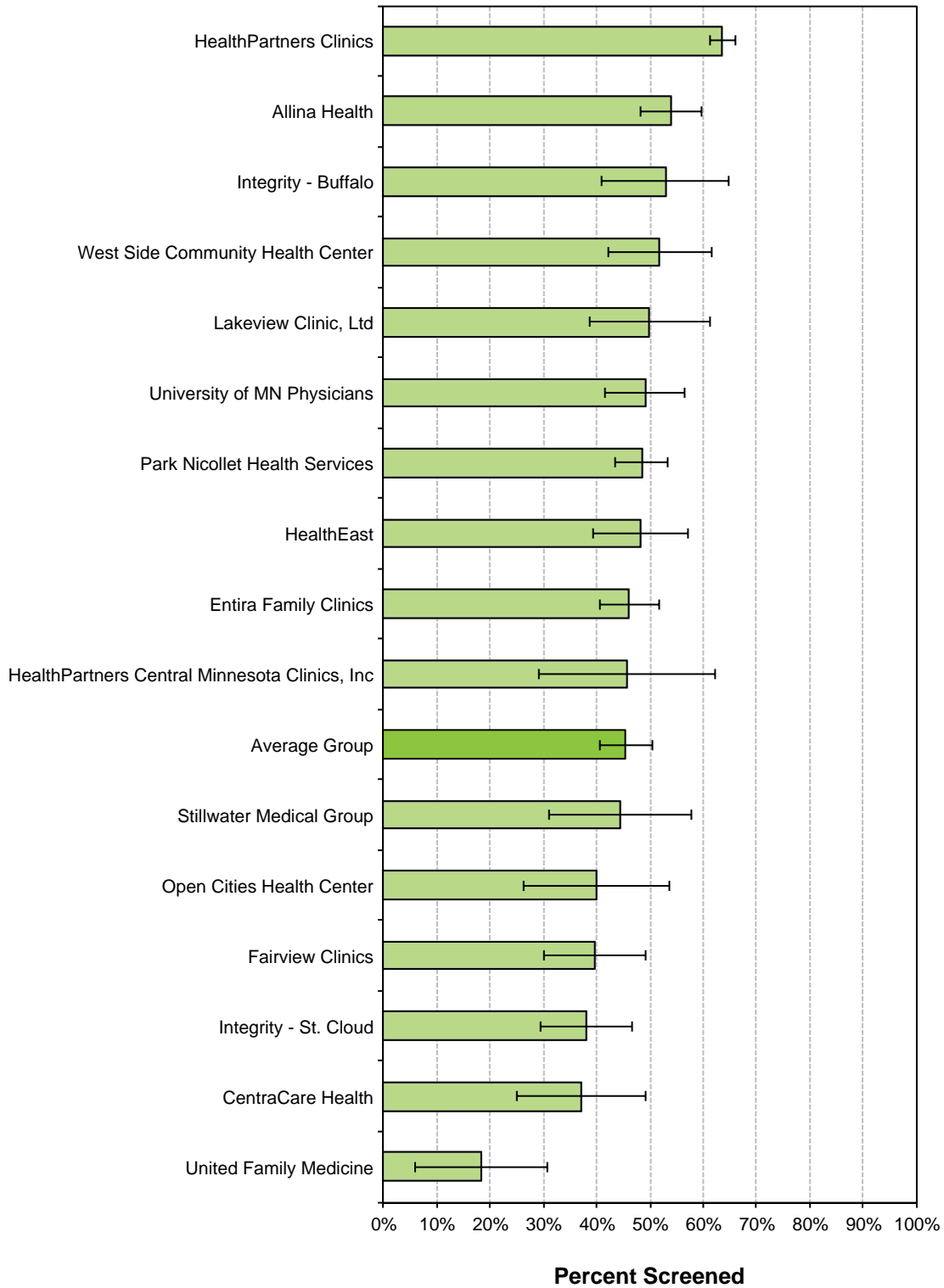
The rate represents the percentage of children ages 12 to 30 months as of June 30, 2016, enrolled in Prepaid Medical Assistance Program (PMAP) or MinnesotaCare (MNCare) who had at least one lead test between July 1, 2015 and June 30, 2016.

Methodology — Administrative

This measure includes all children ages 12 to 30 months from PMAP or MNCare products who were enrolled on June 30, 2016. Population identification is based on encounter, claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group they were enrolled with on June 30, 2016.

Results

Total eligible members	3,686
Lead screening test	1,928
Lead Screening Rate	52.3% (± 1.6)

Lead Screening
 7/1/2015 - 6/30/2016


— Confidence Interval

CLINIC SAFETY ASSESSMENT SURVEY 2016

Description

This measure displays current provider group efforts related to six ambulatory patient safety topics.

Methodology — Provider Group Survey

Primary care and specialty providers are surveyed on an annual basis. Results are self-reported. The six topics and related survey questions are:

1. Has your provider group developed and completed a Safety Culture Assessment Survey?

- No assessment Assessment completed; includes reporting system of incidents and near misses Assessment and implementation of action plan(s) based on analysis of reported incidents

2. Has your provider group established a protocol for dispensing sample medications?

- No protocol If samples are provided to patients, there is a protocol established and implemented at all clinic sites. Sampling eliminated at all clinic sites

3. Has your provider group established a protocol for members on chronic anticoagulation therapy?

- No protocol Protocol established and implemented at all clinic sites 100% of all patients on chronic anticoagulation therapy are managed by protocol; protocol compliance monitored and documented

NA = We do not manage patients on anticoagulation therapy.

4. Has your provider group established a protocol for safe use of abbreviations?

- No protocol Protocol established or EMR support implemented at all clinic sites Compliance monitored and documented

5. Has your provider group established a protocol for medication refills?


- No protocol Protocol established and implemented at all clinic sites Compliance monitored and documented

6. Has your provider group established a protocol for use of controlled substances?

- No protocol Protocol established and implemented at all clinic sites Compliance monitored and documented

Clinic Safety Assessment Survey Results
Self Reported as of June 2016

Part 1 of a 3 Part Graph

 Compliance with protocol monitored <hr/>  Protocol Established <hr/>  Skipped question, or no protocol or procedure <hr/> Chose not to participate <hr/> NA Not Applicable		Safety Clinic Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
Provider Group		#1	#2	#3	#4	#5	#6
3rd Opinion Co				NA			
AALFA Family Clinic, PA							
Advanced Medical Clinic							
Affiliated Community Medical Centers, PA							
Aitkin Community Hospital Inc Clinics							
Allina Health							
Altru Clinics							
Amery Hospital & Clinic							
Apple Valley Medical Clinic, Ltd							
Appleton Medical Clinic							
Associated Medical and Dental Clinic							
Avera Health							
Baldwin Area Medical Center							
Burnsville Family Physicians, PA							
Catalyst Medical Clinic							
CentraCare Health							
Children's Health Network				NA			
Clinic Sofia OB/GYN, PA				NA			
Cuyuna Regional Medical Center, Clinic							
Douglas County Hospital							
Duluth Family Medicine Clinic							
Edina Sports Health & Wellness, PA							
Entira Family Clinics							
Essentia Health - Innovis Health, LLC							
Essentia Health - SMDC Health System							
Essentia Health - St. Joseph's Medical Center							
Fairview Clinics							
Family Practice Medical Center of Willmar							

Clinic Safety Assessment Survey Results
Self Reported as of June 2016

Part 2 of a 3 Part Graph

 Compliance with protocol monitored  Protocol Established  Skipped question, or no protocol or procedure Chose not to participate NA Not Applicable		Safety Clinic Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
Provider Group		#1	#2	#3	#4	#5	#6
France Avenue Family Physicians, PA							
Gateway Family Health Clinic							
Gillette Children's Specialty Healthcare							
Glencoe Regional Health Services - Glencoe Clinic							
Grand Itasca Clinic & Hospital							
Gundersen Health System							
HealthEast							
HealthPartners Central Minnesota Clinics, Inc							
HealthPartners Clinics							
Hennepin County Medical Center							
Hudson Physicians							
Hutchinson Health							
Ilko Family Medicine, PA							
Integrity - Buffalo							
Integrity - Northern							
Integrity - St. Cloud							
John A. Haugen Associates, PA							
Lake Region Hospital							
Lakeview Clinic, Ltd							
Lakewood Clinic							
Mankato Clinic, Ltd							
Mayo Clinic							
Mayo Clinic Health System - Red Wing							
Mayo Clinic Health System MN							
Metropolitan Pediatric Specialists				NA			
Minnesota Rural Health Cooperative Clinics							
Multicare Associates of the Twin Cities							
North Clinic, PA							

Clinic Safety Assessment Survey Results
Self Reported as of June 2016

Part 3 of a 3 Part Graph

 Compliance with protocol monitored <hr/>  Protocol Established <hr/>  Skipped question, or no protocol or procedure <hr/> Chose not to participate <hr/> NA Not Applicable		Safety Clinic Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
Provider Group	#1	#2	#3	#4	#5	#6	
North Memorial Health Care							
Northfield Hospital Clinics							
Northwest Family Physicians, PA							
OakLeaf Medical Network							
Obstetrics and Gynecology Associates							
Olmsted Medical Center Clinics							
Ortonville Area Health Services							
Osceola Medical Center							
Park Nicollet Health Services							
Premier ObGyn of Minnesota							
Richfield Medical Group							
Ridgeview Clinics							
Sanford Health - Fargo							
Sanford Health - Sioux Falls							
Southdale Pediatric Associates, Ltd			NA				
St. Croix Regional Medical Center							
St. Luke's Clinics			NA				
St. Paul Family Medical Center							
Stillwater Medical Group							
Tri-County Health Care							
Unity Family Healthcare							
UnityPoint Health Partners							
University of MN Physicians							
Valley Family Practice							
Vibrant Health Family Clinics							
West Side Community Health Center							
Westfields Hospital							
Winona Health Services							

PATIENT EXPERIENCE — COORDINATION OF CARE

2015 Member Survey

Description

On an annual basis, members who saw a specialist for any reason in the last year are asked if they are satisfied with how their care was coordinated with their primary care physician. The rate represents the percent of surveyed members responding with “very satisfied” on questions related to coordination of care between their specialty and primary care physicians.

Methodology — Member Survey

Patient experience was determined through mail surveys conducted by HealthPartners from October through December 2015. Results were distributed to provider groups second quarter 2016. The measures include a random sample of members ages 18 years and older. Primary care results include commercial members only. The data were weighted to equal sample sizes of 200. The results were also weighted to control for self-reported health status. Results are reported for 37 primary care groups.

Survey Question - Primary Care

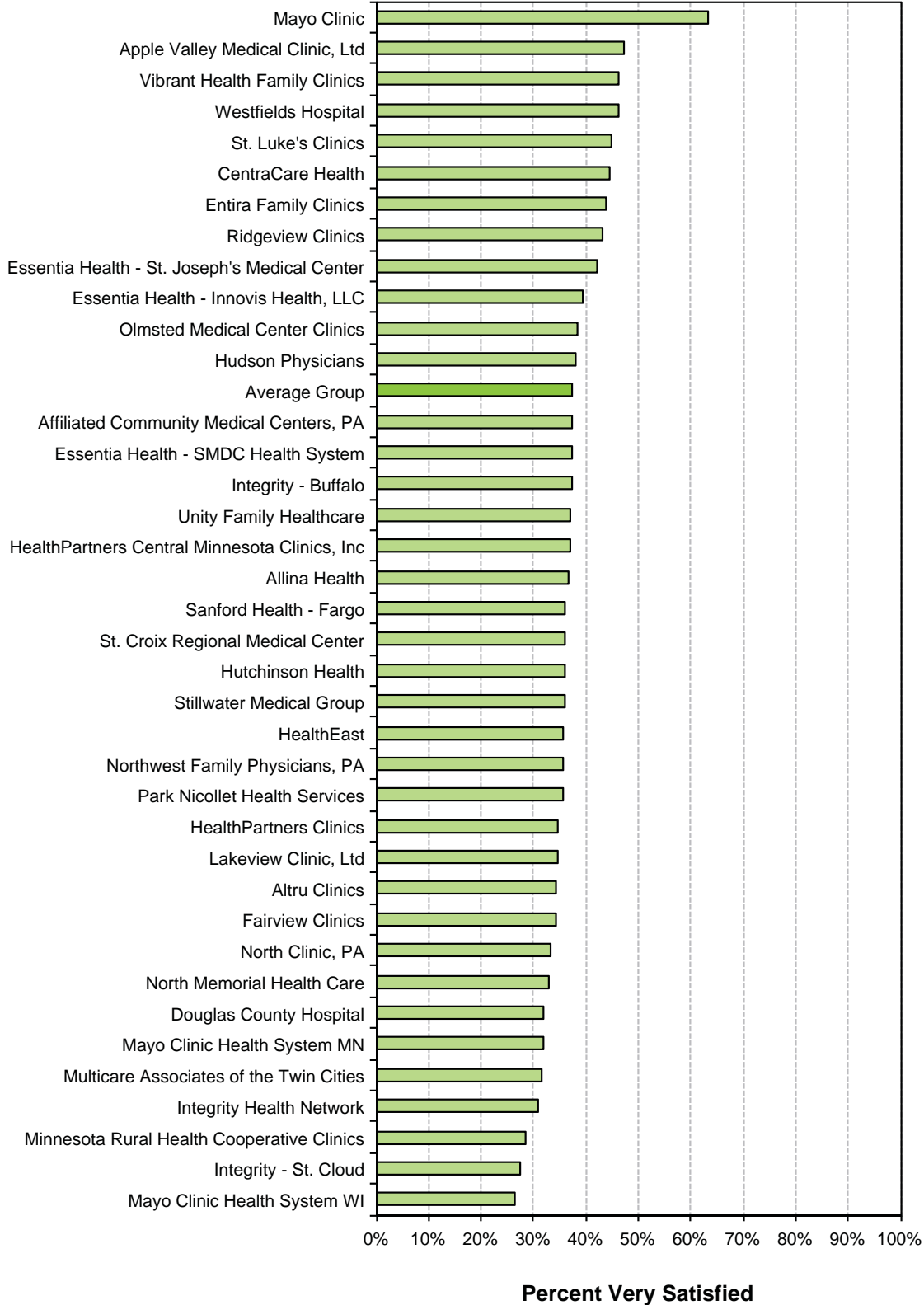
How satisfied were you with how well the specialist’s care was coordinated with your personal physician?

Results

Total members responding	2,996
Total members with coordinated care	1,103
Very satisfied	36.8%

Patient Experience Medication Safety - Primary Care
2015 Member Survey

How satisfied were you with how well the specialist's care was coordinated with your personal physician?



PATIENT EXPERIENCE — MEDICATION SAFETY — PRIMARY CARE

2015 Member Survey

Description

On an annual basis, members with medications prescribed by primary care physicians are asked if they are satisfied with the explanation provided by their clinic concerning the reasons for and side effects of the prescribed medication. The rate represents the percent of surveyed members responding with “very satisfied” on questions related to medication safety.

Methodology — Member Survey

Patient experience was determined through mail surveys conducted by HealthPartners from October through December 2015. Results were distributed to provider groups second quarter, 2016. The measures include a random sample of members ages 18 years and older. Primary care results include commercial members only. The data were weighted to equal sample sizes of 200. The results were also weighted to control for self-reported health status. Results are reported for 37 primary care groups.

Survey Questions - Primary Care

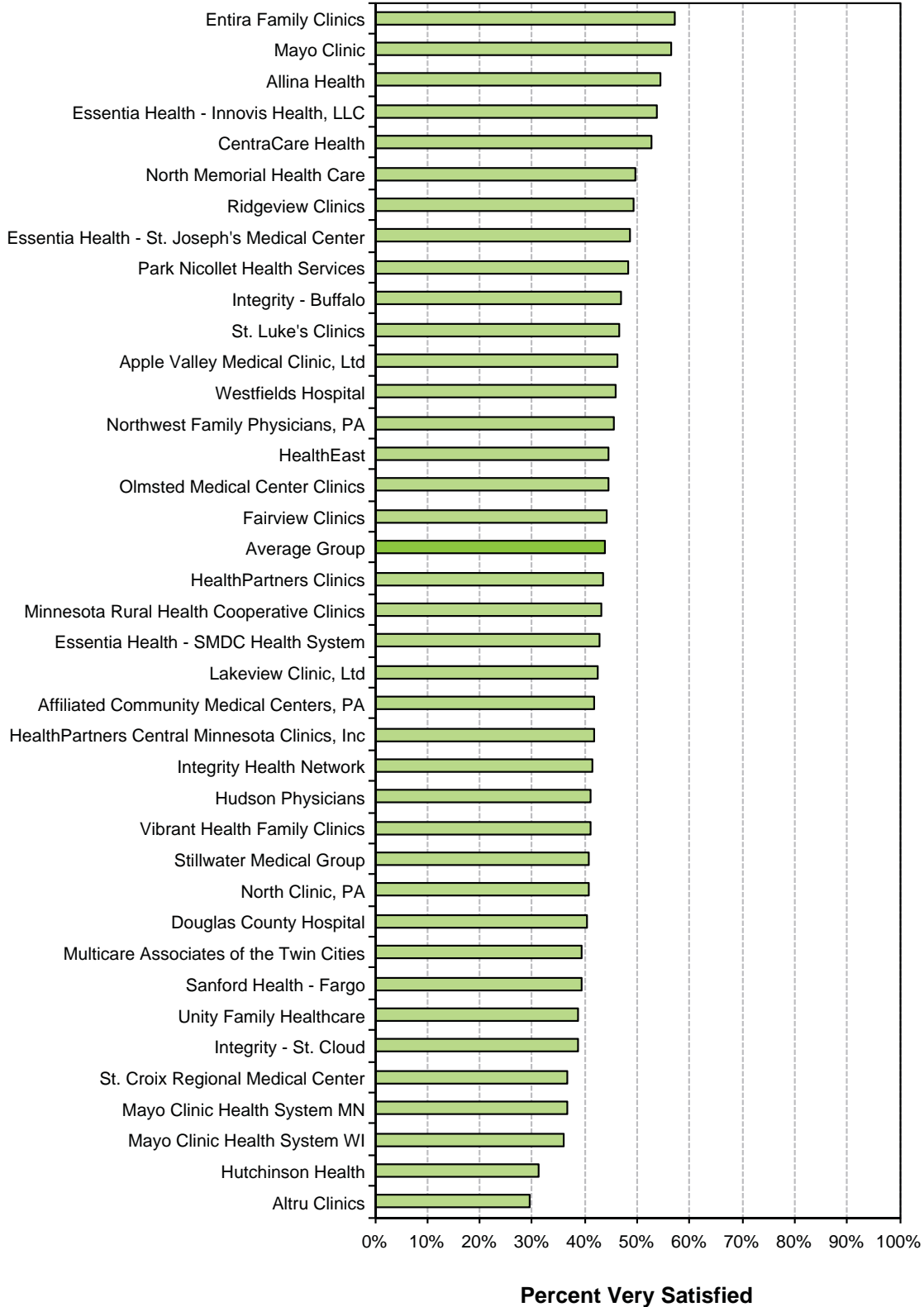
1. How satisfied were you with your clinic on explanations you received about the reason for any prescribed medicines?
2. How satisfied were you with your clinic on information you received about any side effects of your medicines?

Results

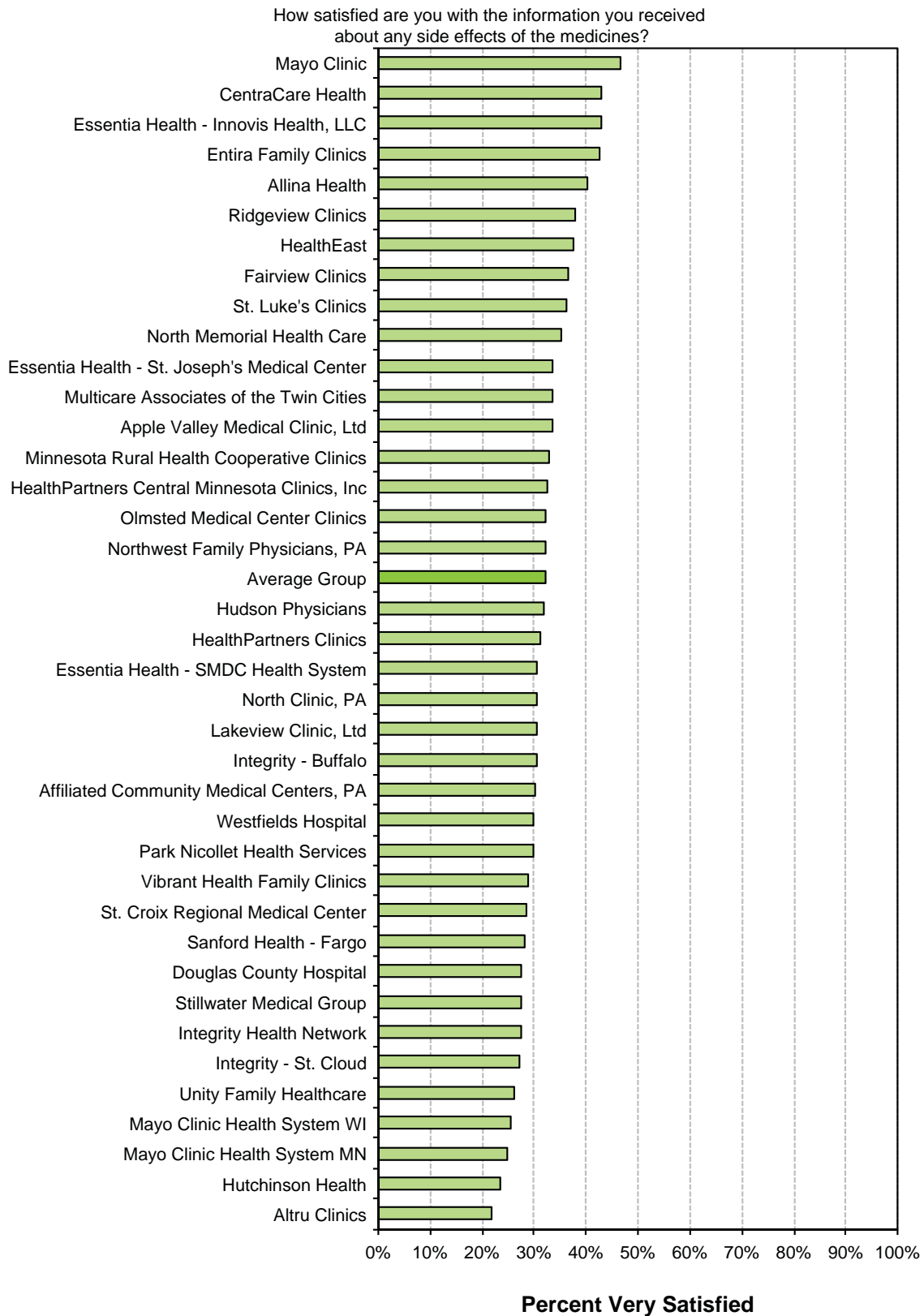
Primary Care - 2015	Explanation	Information
Total members responding	5,712	5,629
Total members with prescribed medications	2,696	1,942
Very satisfied	47.2%	34.5%

Patient Experience Medication Safety - Primary Care
2015 Member Survey

How satisfied are you with the explanations you received
about the reason for the medicines?



**Patient Experience Medication Safety - Primary Care
2015 Member Survey**



PATIENT EXPERIENCE — MEDICATION SAFETY — SPECIALTY CARE

2016 Member Survey

Description

On an annual basis, members with medications prescribed by specialty care physicians are asked if they are satisfied with the explanation provided by their clinic concerning the reasons for and side effects of the prescribed medication. The rate represents the percent of surveyed members responding with “very satisfied” on questions related to medication safety.

Methodology — Member Survey

Patient experience was determined through mail surveys conducted by HealthPartners in February and March 2016. Results were distributed to provider groups second quarter, 2016. OB/GYN includes a random sample of members ages 18 years and older. Cardiology, ENT and Orthopaedics include a random sample of members that includes both adults and children. Specialty care results include members enrolled in commercial, Medicare or Medicaid products. The data were weighted to equal sample sizes of 100. The results were also weighted to control for self-reported health status. Results are reported for 12 cardiology, 17 ENT, 17 OB/GYN and 18 orthopaedic groups.

Survey Questions - Specialty Care

1. How satisfied are you with the explanations you received about the reason for the medicines?
2. How satisfied are you with the information you received about any side effects of the medicines?

Results

Cardiology - 2016

Total members responding	1,160
Total members with prescribed medications	629
Very satisfied - explanation for prescribed medications	60%
Very satisfied - information received about side effects	54%

ENT - 2016

Total members responding	1,086
Total members with prescribed medications	522
Very satisfied - explanation for prescribed medications	57%
Very satisfied - information received about side effects	48%

OB/GYN - 2016

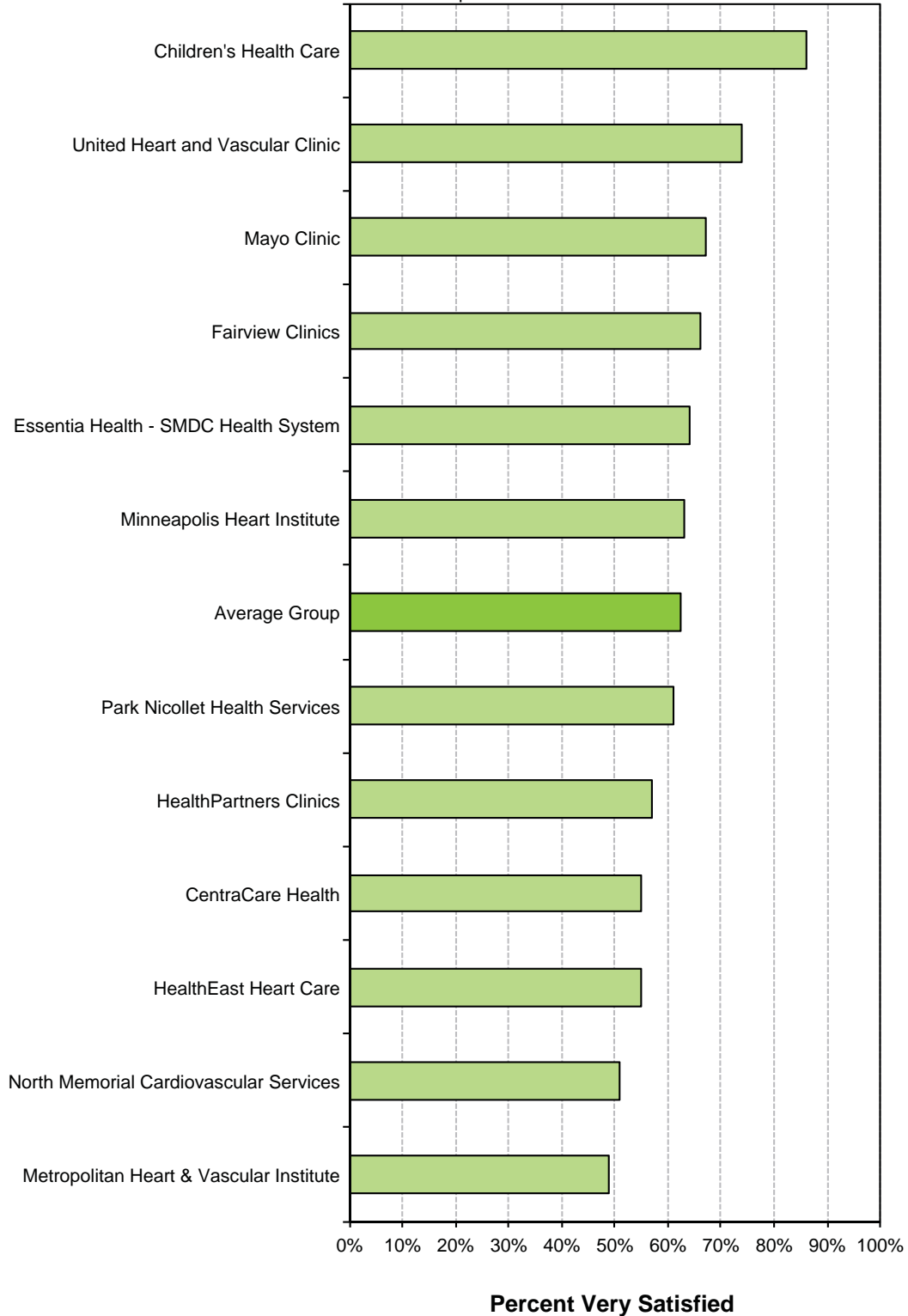
Total members responding	1,161
Total members with prescribed medications	653
Very satisfied - explanation for prescribed medications	70%
Very satisfied - information received about side effects	60%

Orthopaedics - 2016

Total members responding	1,598
Total members with prescribed medications	669
Very satisfied - explanation for prescribed medications	61%
Very satisfied - information received about side effects	56%

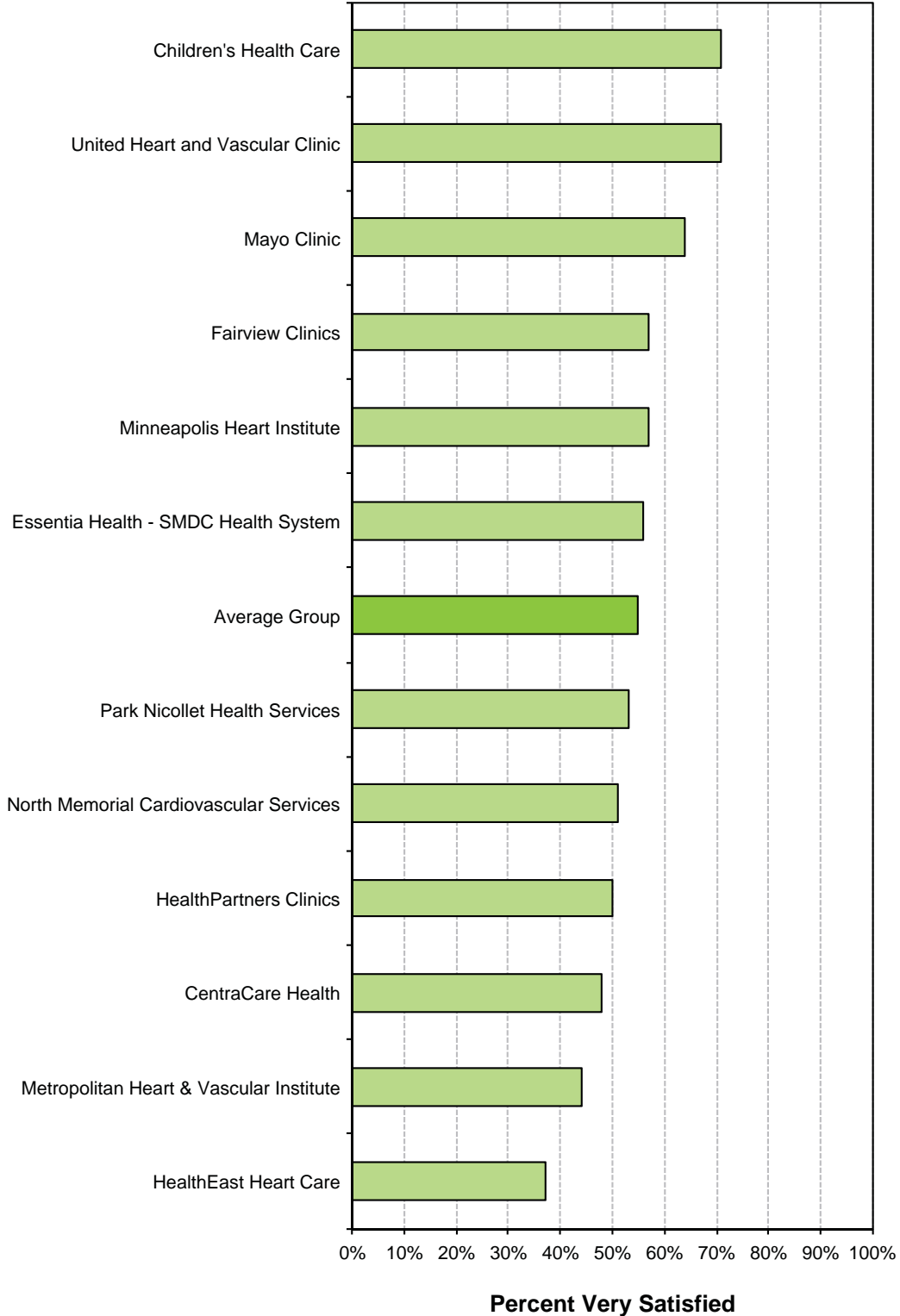
Patient Experience Medication Safety - Cardiology Providers
2016 Member Survey

How satisfied are you with the explanations you received
about the reason for the prescribed medicines?



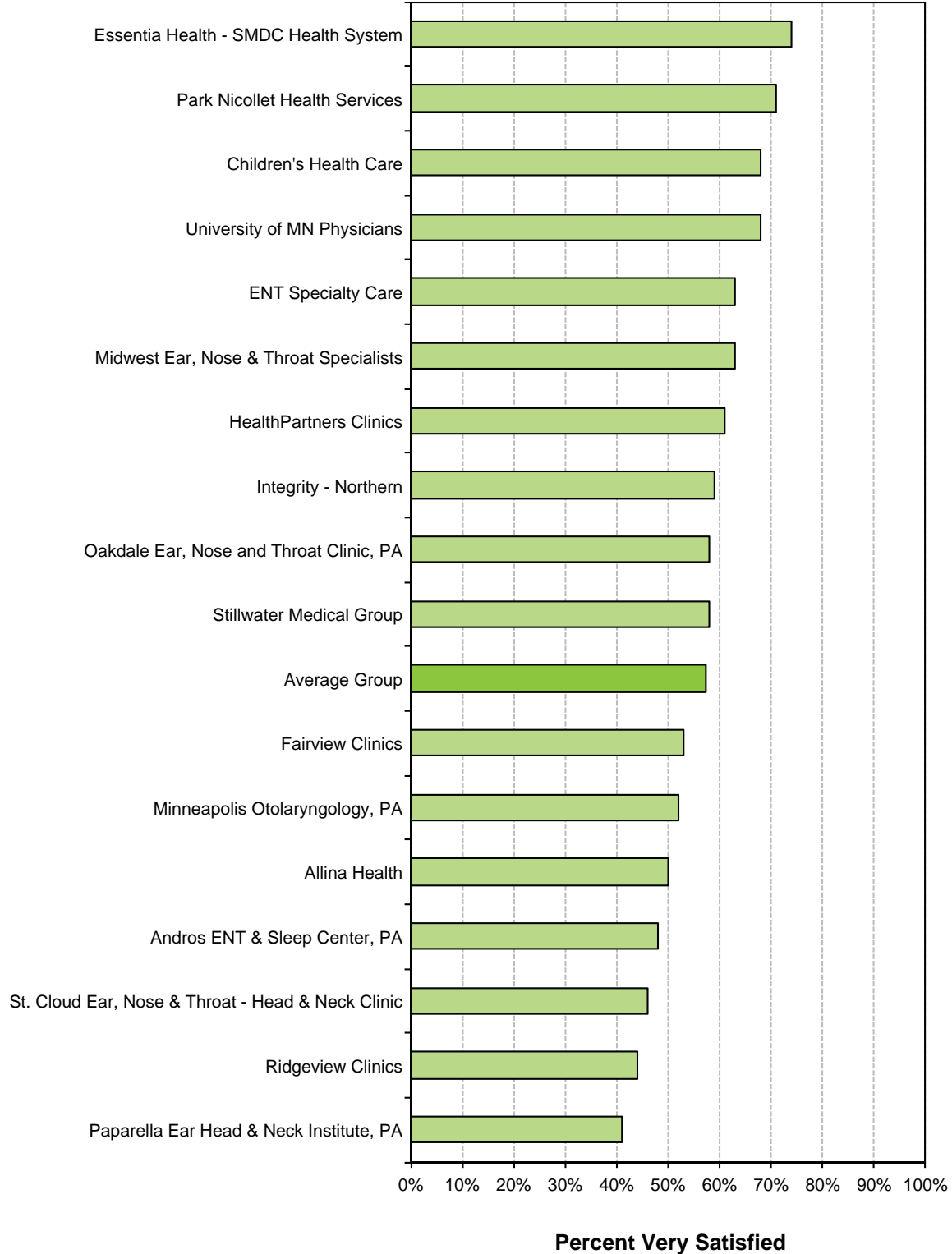
**Patient Experience Medication Safety - Cardiology Providers
2016 Member Survey**

How satisfied are you with the information you received
about any side effects of the medicines?



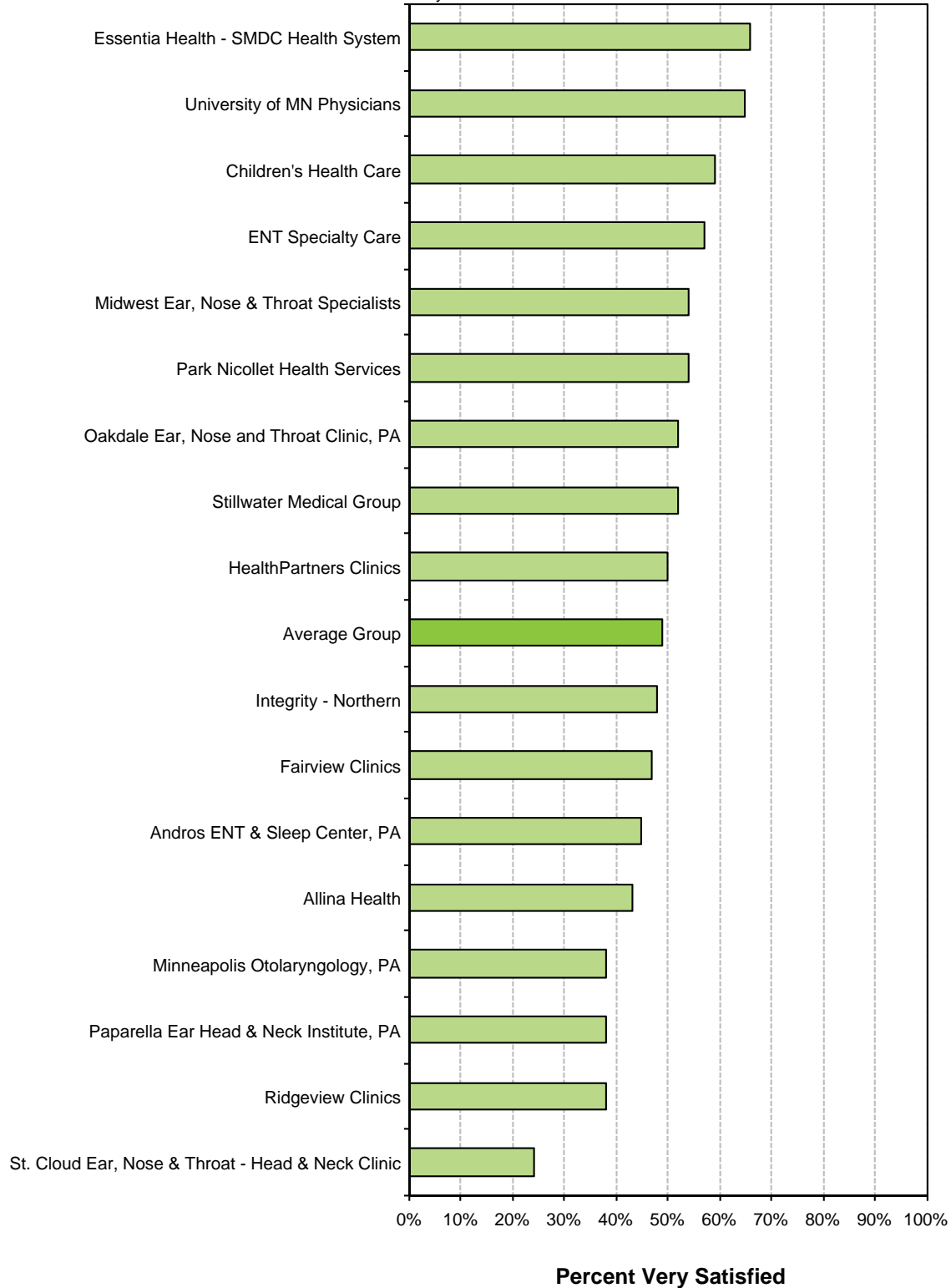
Patient Experience Medication Safety - ENT Providers
2016 Member Survey

How satisfied are you with the explanations you received
about the reason for the prescribed medicines?



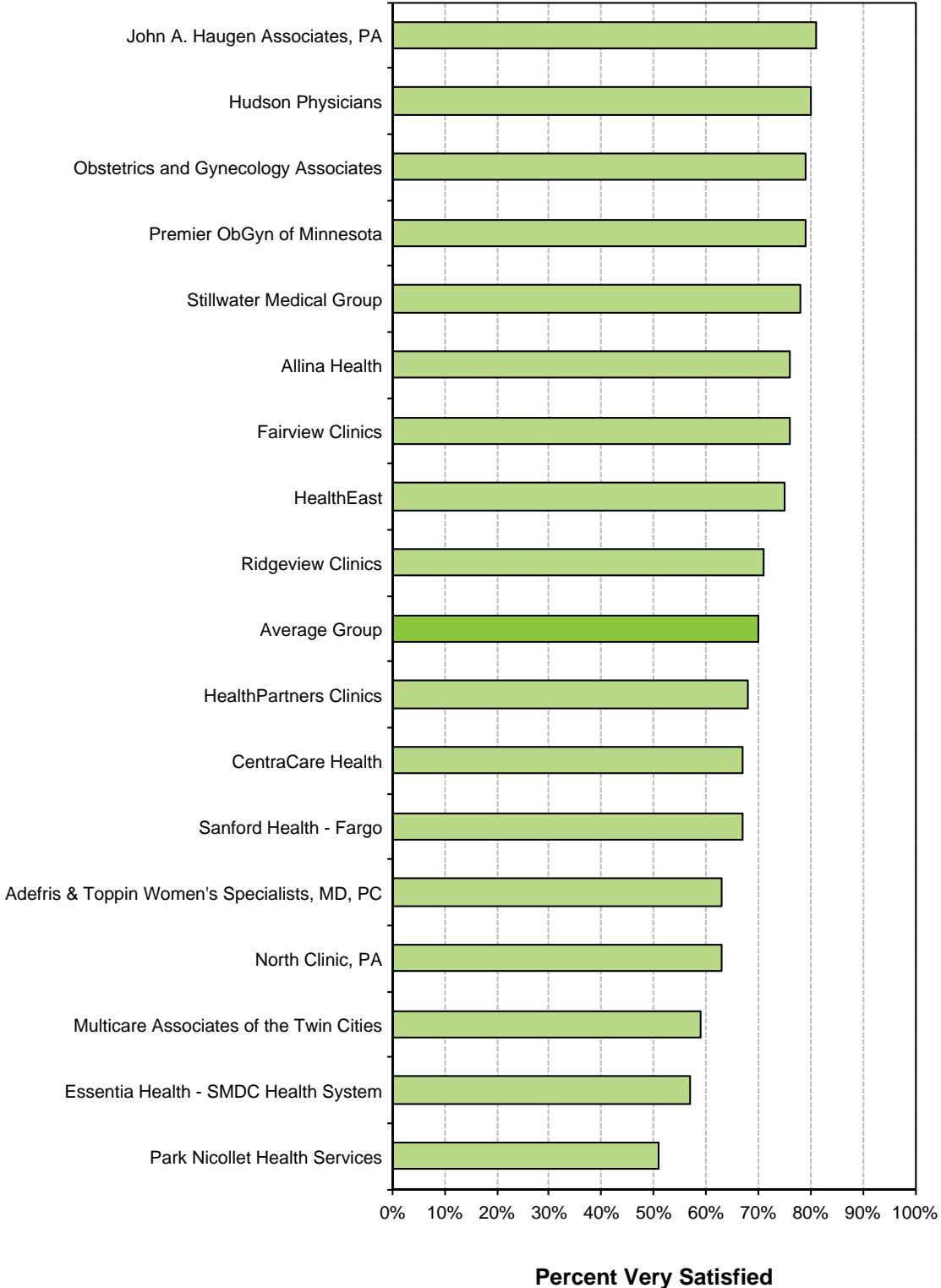
Patient Experience Medication Safety - ENT Providers
2016 Member Survey

How satisfied are you with the information you received
 about any side effects of the medicines?



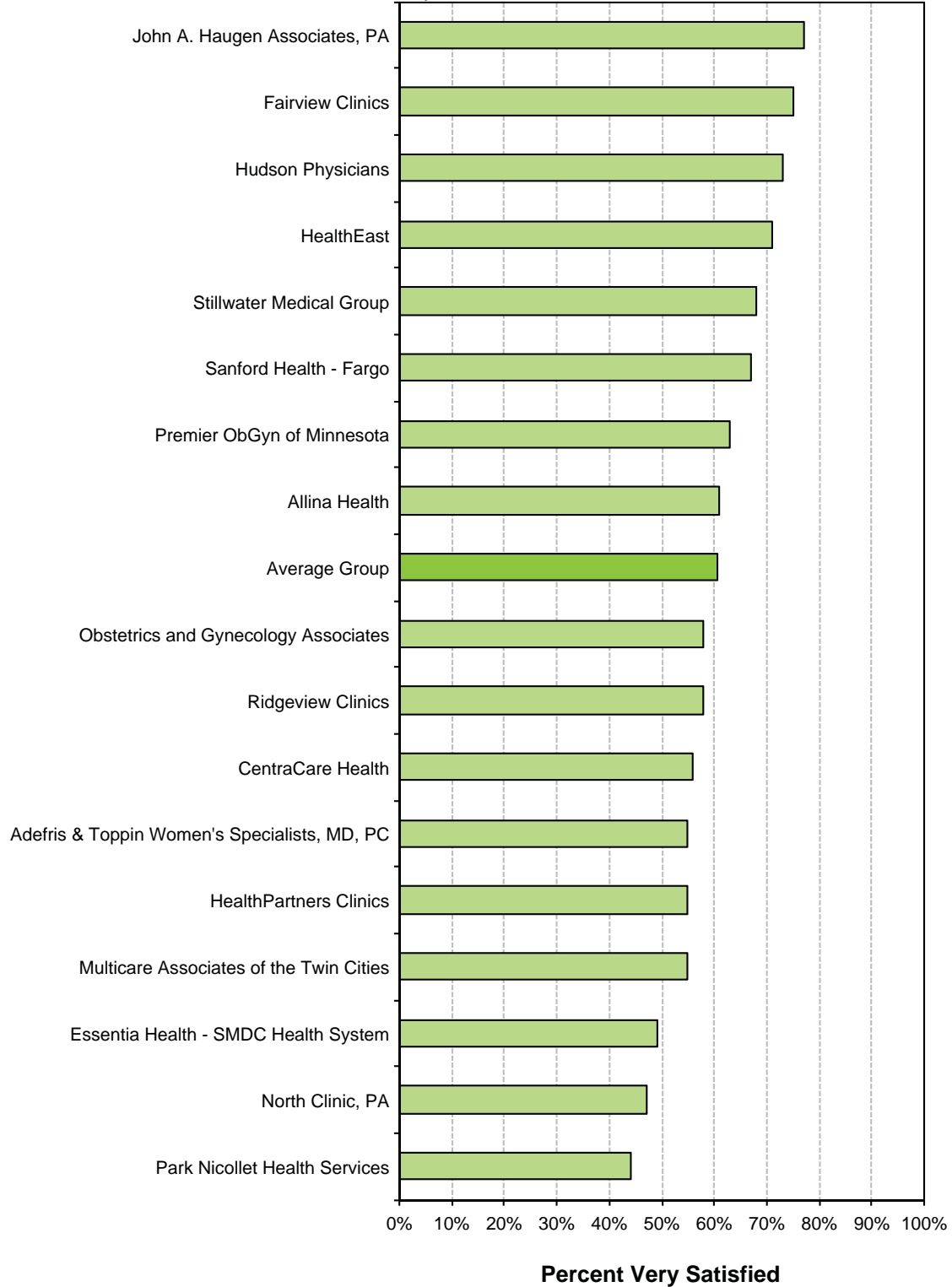
**Patient Experience Medication Safety - OB/GYN Providers
2016 Member Survey**

How satisfied are you with the explanations you received
about the reason for the prescribed medicines?

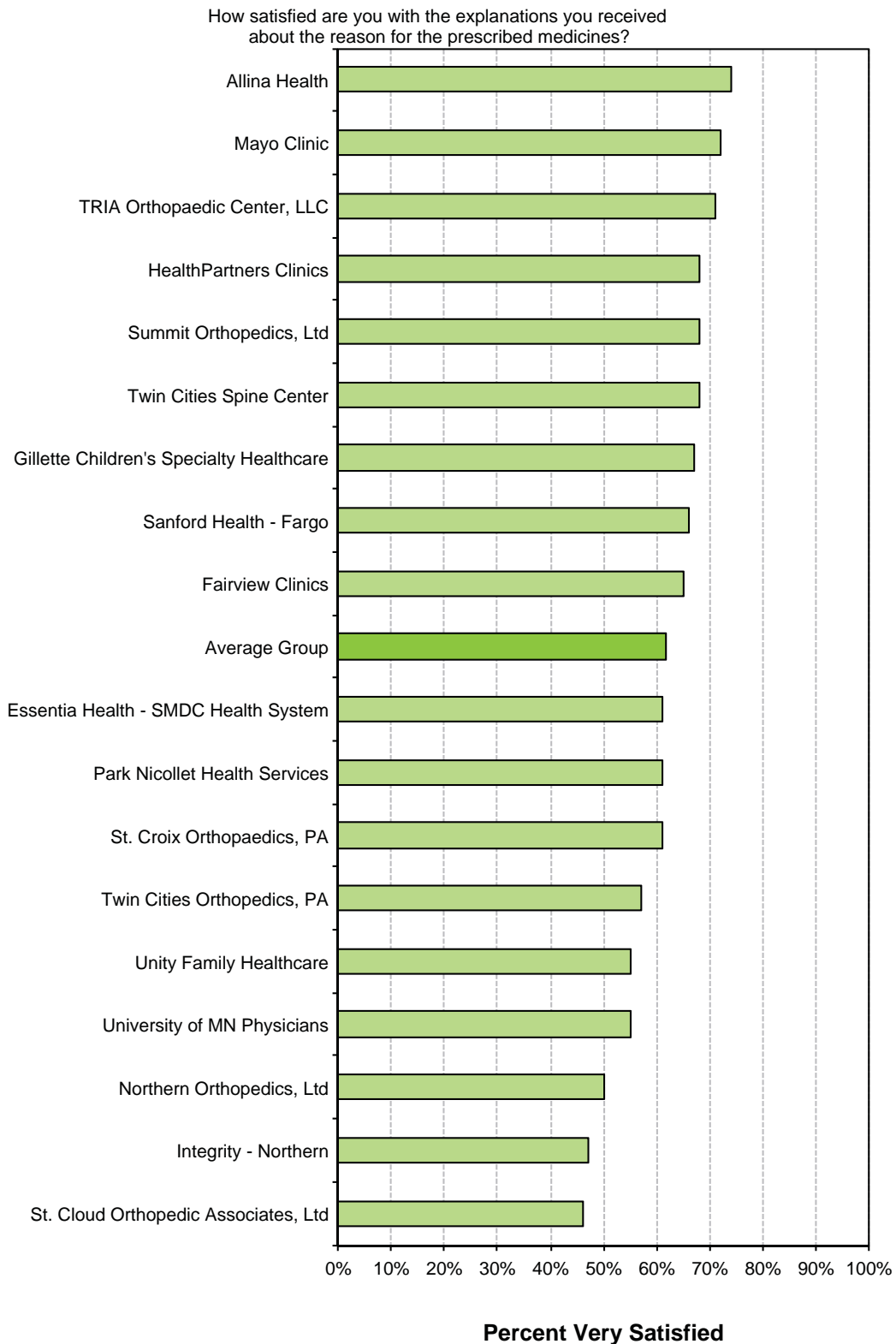


**Patient Experience Medication Safety - OB/GYN Providers
2016 Member Survey**

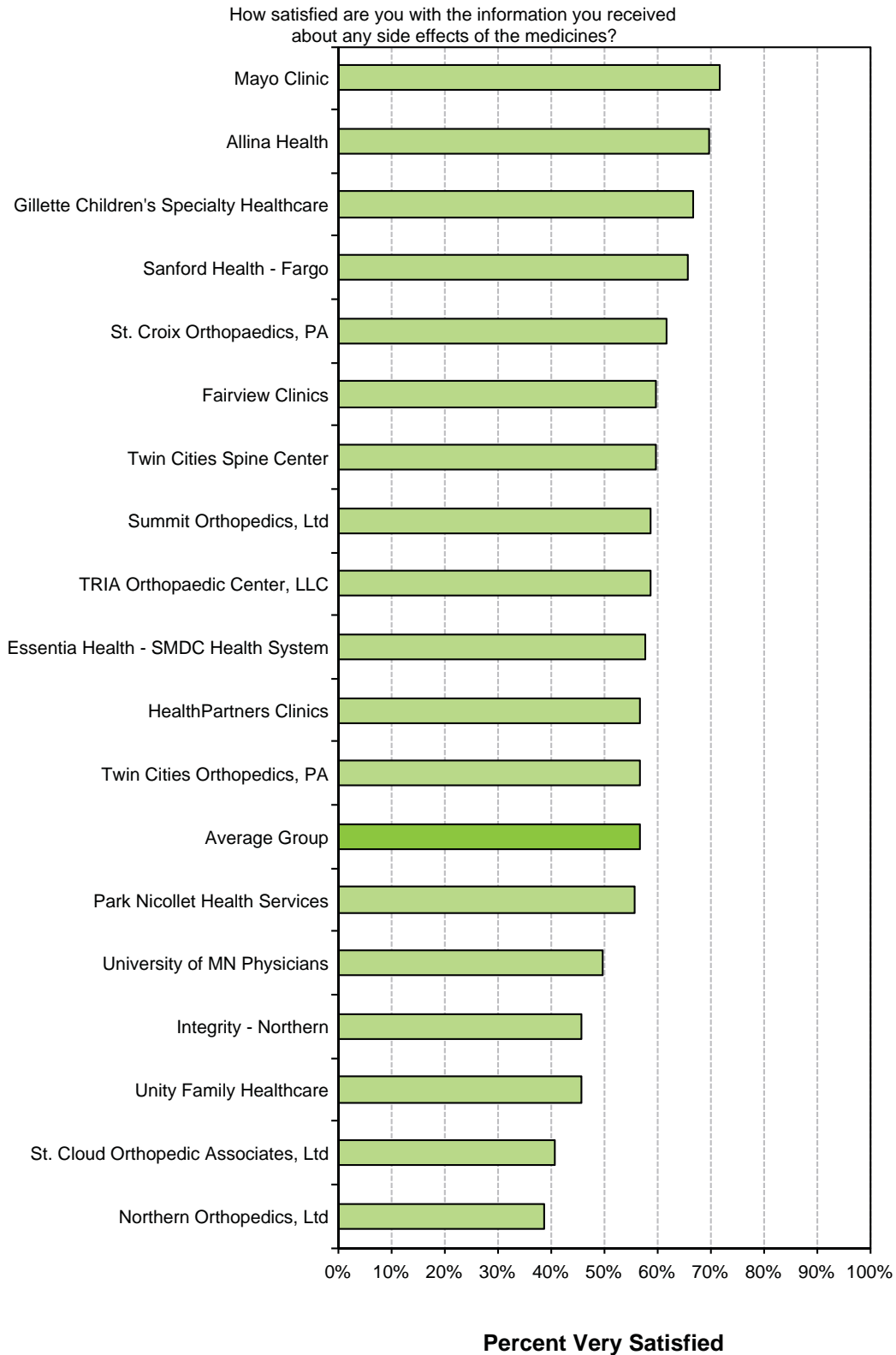
How satisfied are you with the information you received
about any side effects of the medicines?



**Patient Experience Medication Safety - Orthopaedic Providers
2016 Member Survey**



**Patient Experience Medication Safety - Orthopaedic Providers
2016 Member Survey**



TOBACCO USE AND CESSATION

2015 Member Survey

Description

The rate represents the percent of members who indicated they used tobacco products and recalled receiving tobacco cessation assistance or preventive advice related to tobacco use during the past year.

Methodology — Member Survey

Tobacco status was determined through a mail survey conducted by HealthPartners from October through December 2015. The measures include a random sample of commercial members ages 18 years and older from 37 primary care medical groups for the adult survey and 20 primary care medical groups for the children's survey. The data were weighted to equal sample sizes of 200 for adults and 100 for children and to control for self-reported health status. For the child's portion of the interview, the adult most knowledgeable about the child's medical care was asked to complete the survey.

Survey Questions

1. During the past year, have you used tobacco products such as cigarettes, cigars, pipes, snuff or chewing tobacco?
2. At your last appointment, were you offered assistance to help you stop using tobacco? Assistance could include the nicotine patch, Zyban, phone counseling, a follow-up appointment at your clinic or written materials.
3. During the past year, have any of your children been exposed to secondhand smoke at home or day care?

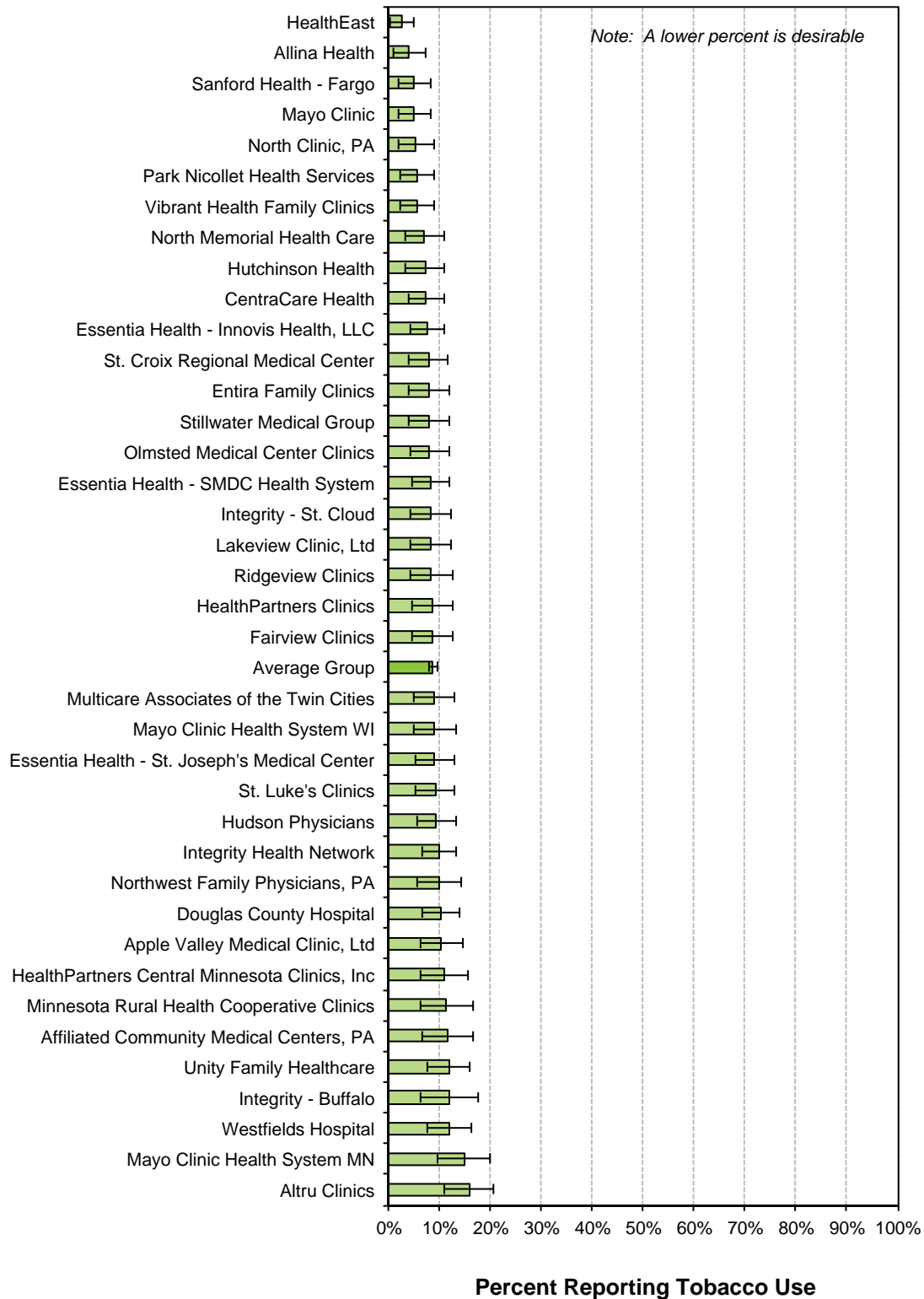
Results*

Adult Tobacco Prevalence Rate¹	7.3% (± 0.6)
Adult Tobacco Assist Rate	65.6% (± 4.1)
Secondhand Smoke Exposure Rate¹	2.7% (± 0.7)

¹ A lower percentage is desirable.

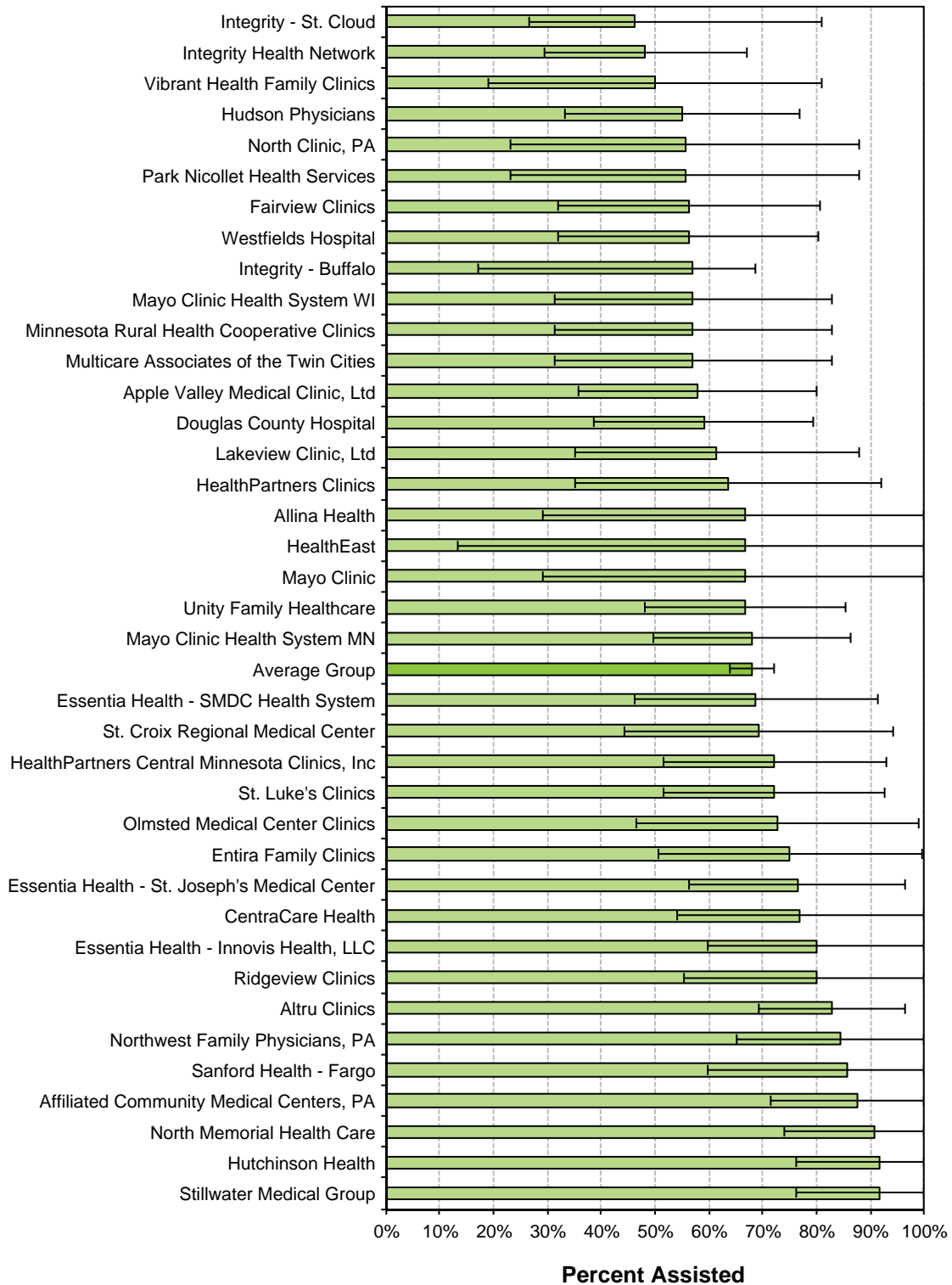
* All rates are weighted by the eligible population of the provider groups displayed.

Tobacco - Adult - Prevalence
2015 Member Survey



— Confidence Interval

Tobacco - Adult - Assist Rate
2015 Member Survey



— Confidence Interval

Tobacco - Children - Secondhand Smoke Exposure
2015 Member Survey



— Confidence Interval

TOTAL COST OF CARE AND RESOURCE USE — PRIMARY CARE

January 1, 2015 – December 31, 2015

Description

Medical groups risk adjusted cost and resource use effectiveness at managing their primary care attributed population. Total cost of care is a measure of efficiency, intensity and price of care delivered compared to the average for similar primary care providers while resource use is a measure of efficiency and intensity, removing the effects of price. The total cost and resource use measures include all services and procedures across all sectors of care (e.g. physician services, lab tests, x-rays, pharmacy, specialists, and hospitals). In 2015, this HealthPartners-developed measure became one of the first measures of resource use and cost to be endorsed by the National Quality Forum.

Methodology

These measures are based on commercial fully insured and self insured members ages 64 and under who are enrolled for a minimum of nine months. These members are attributed to the medical group that provides the majority of primary care office visits as determined by the specialty of the servicing physician. These include family practice, internal medicine, pediatrics, geriatrics and obstetrics and gynecology specialties. All care members receive are assigned a relative resource use value using HealthPartners' patented algorithm, Total Care Relative Resource Values or TCRRVs. These values quantify resource use for all procedures and services across all sectors of the health care system.

Attributed members are assigned Adjusted Clinical Groups (ACG) risk adjustment scores based on all diagnoses, age and gender and are aggregated to the provider group level. ACGs, developed by Johns Hopkins University, represent the illness burden of a population and allow comparisons between populations with varying illness burdens.

Medical costs, pharmacy costs and resources use for each attributed member are totaled with outliers being capped at \$100,000. Each provider group's attributed member costs, resource use and risk scores are aggregated to create risk adjusted per member per month values. Total cost of care and resource use indices are created by dividing each provider's risk adjusted per member per month value by the respective 13 county metro area risk adjusted per member per month value.

Results

HealthPartners 13 county Metro Network Average: 1.000

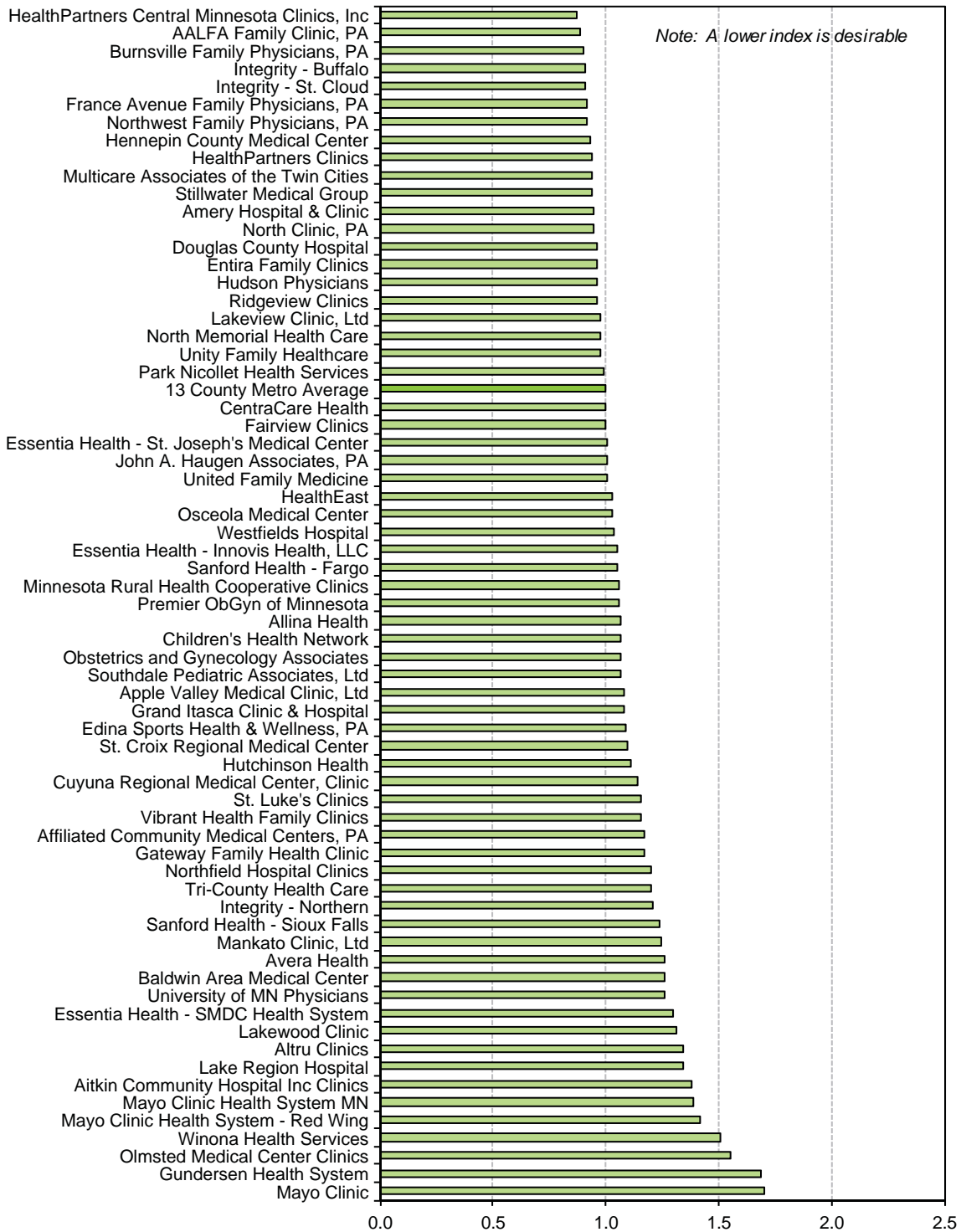
Total Cost Indices > 1.000 represent providers that are more expensive than average

Total Cost Indices < 1.000 represent providers that are less expensive than average

Resource Use Indices > 1.000 represent providers that have higher resource use than average

Resource Use Indices < 1.000 represent providers that have lower resource use than average

Total Cost of Care - Primary Care, Total Cost Index (TCI)
1/1/2015 - 12/31/2015



Total Cost Index (TCI)

Providers with <600 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost of Care - Primary Care, Resource Use Index (RUI)
1/1/2015 - 12/31/2015



Note: A lower index is desirable

Resource Use Index (RUI)

Providers with <600 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

TOTAL COST INDEX AND RESOURCE USE — SPECIALTY CARE

October 1, 2013 – September 30, 2015

Description

Medical group's case mix and risk adjusted cost and resource use effectiveness at managing their attributed patient's episodes of care.

The total cost index is a measure of the efficiency, intensity and price of care delivered compared to the same specialty average for the same case mix and risk profile of episodes. The resource use index is identical to the total cost index; however it removes the effects of price. Total cost and resource use measures include all care including: hospital, professional, ancillary and pharmacy costs.

Methodology

These measures are based on episodes treatment groups (ETGs) for commercial fully insured and self insured members where episodes are completed, non outliers and the member is continuously enrolled throughout the duration of the episode. ETGs group all care received related to a condition into a defined episode of care. All care members receive are assigned a relative resource use value using HealthPartners' patented algorithm, Total Care Relative Resource Values or TCRRVs. These values quantify resource use for all procedures and services across all sectors of the health care system. Providers are attributed to episodes where they represent at least 25% of management and surgery resources for the episode. The episodes included in the measures are case mix and severity adjusted by specialty and excludes all trauma and transplants. Total cost of care and resource use indices are created for each specialty by dividing each provider's risk actual cost or resource use by the 13 county metro expected values.

Results

HealthPartners 13 county Metro Network Average: 1.000

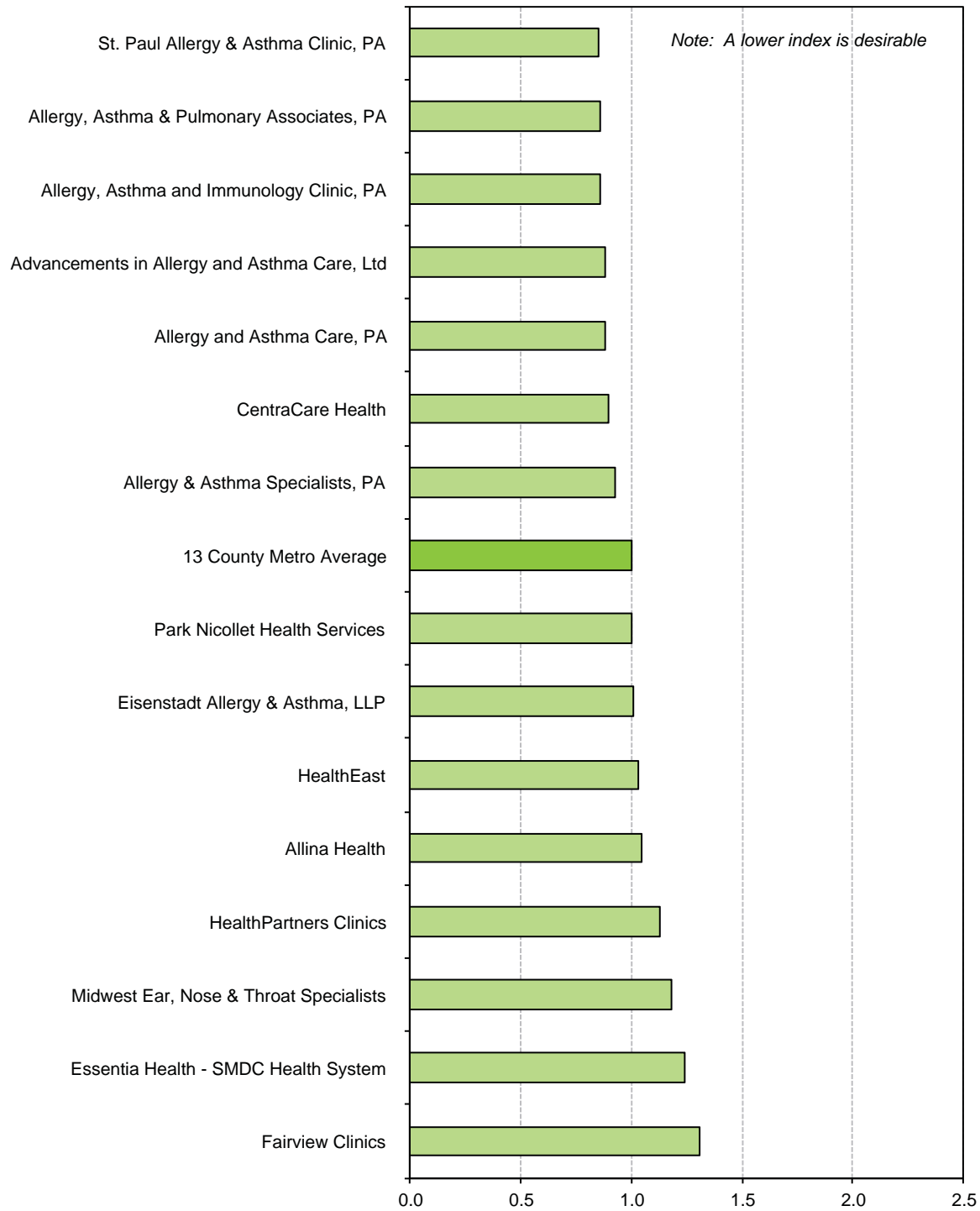
Total Cost Indices > 1.000 represent providers that are more expensive than average

Total Cost Indices < 1.000 represent providers that are less expensive than average

Resource Use Indices > 1.000 represent providers that have higher resource use than average

Resource Use Indices < 1.000 represent providers that have lower resource use than average

Total Cost Index (TCI) - Allergy & Immunology Providers
10/1/2013 - 9/30/2015

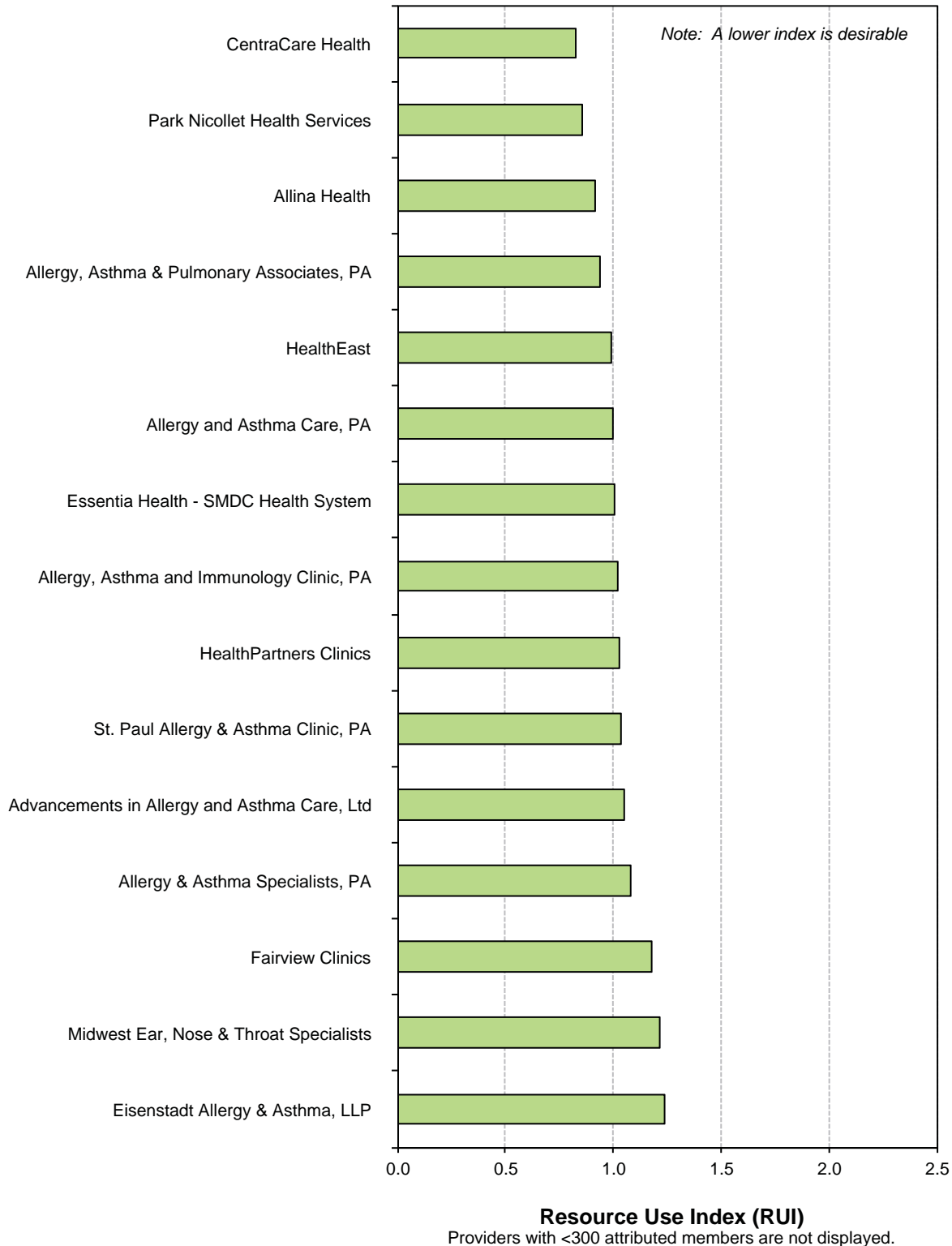


Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

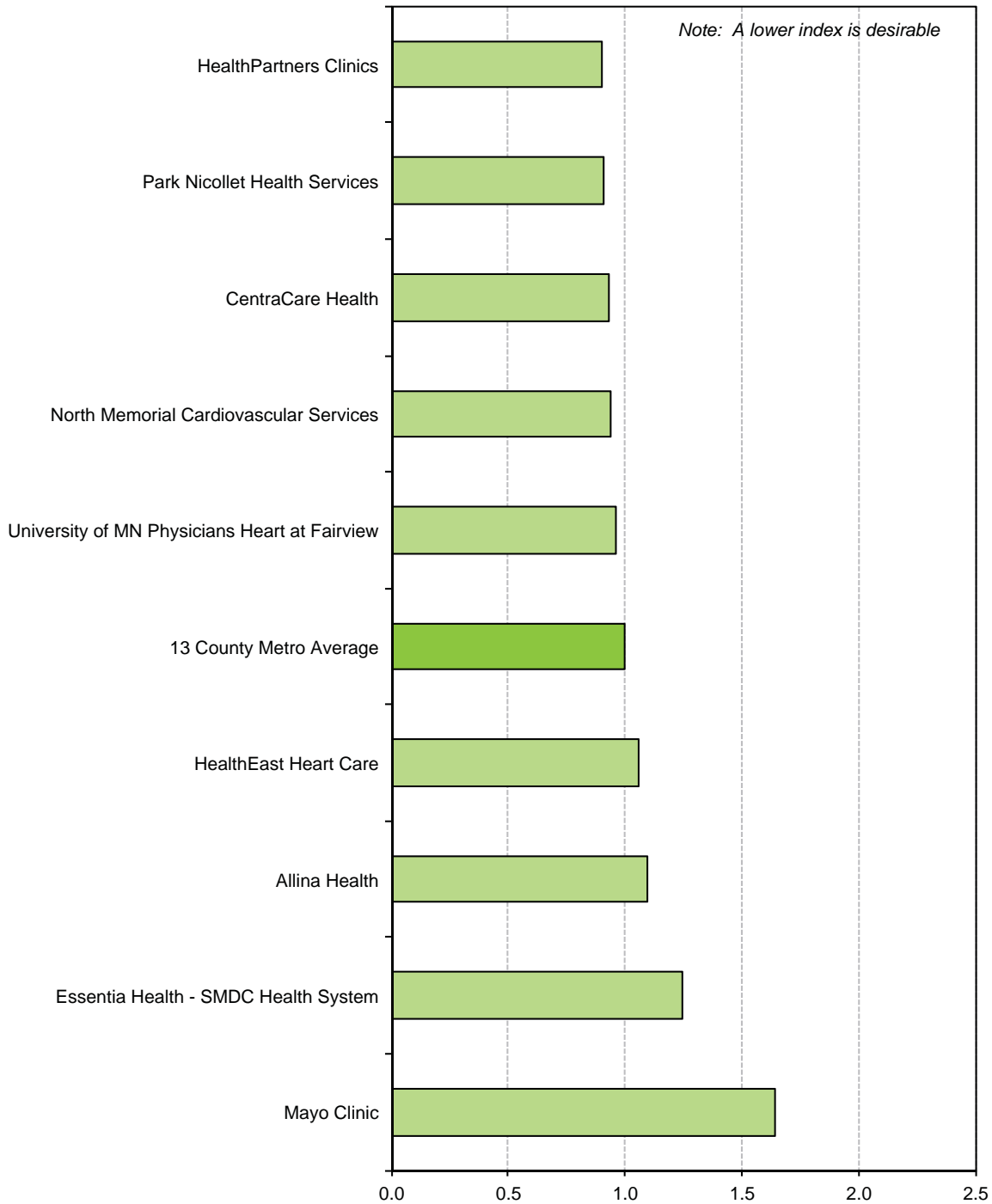
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Allergy & Immunology Providers
10/1/2013 - 9/30/2015



Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Cardiology Providers
10/1/2013 - 9/30/2015

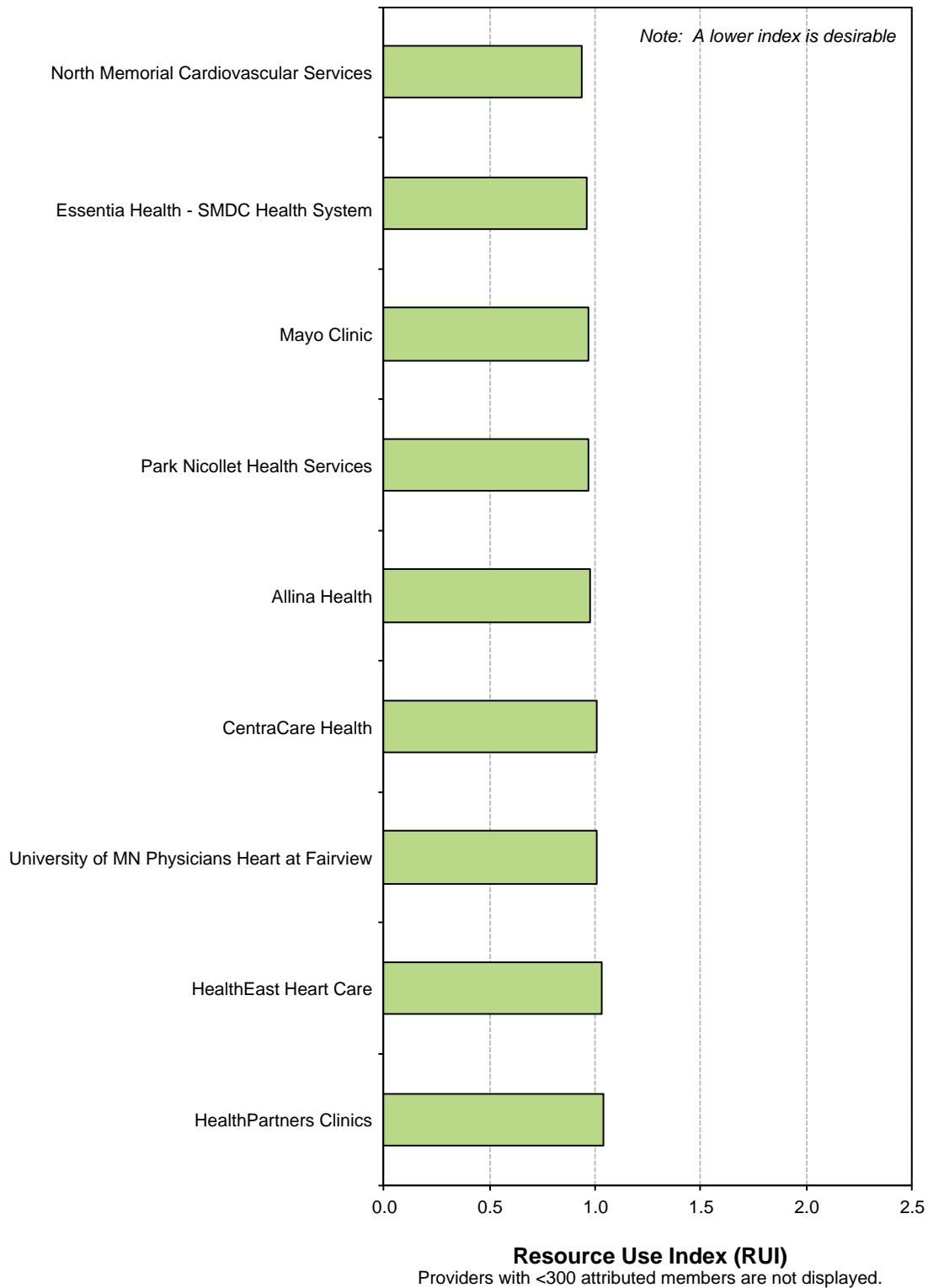


Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

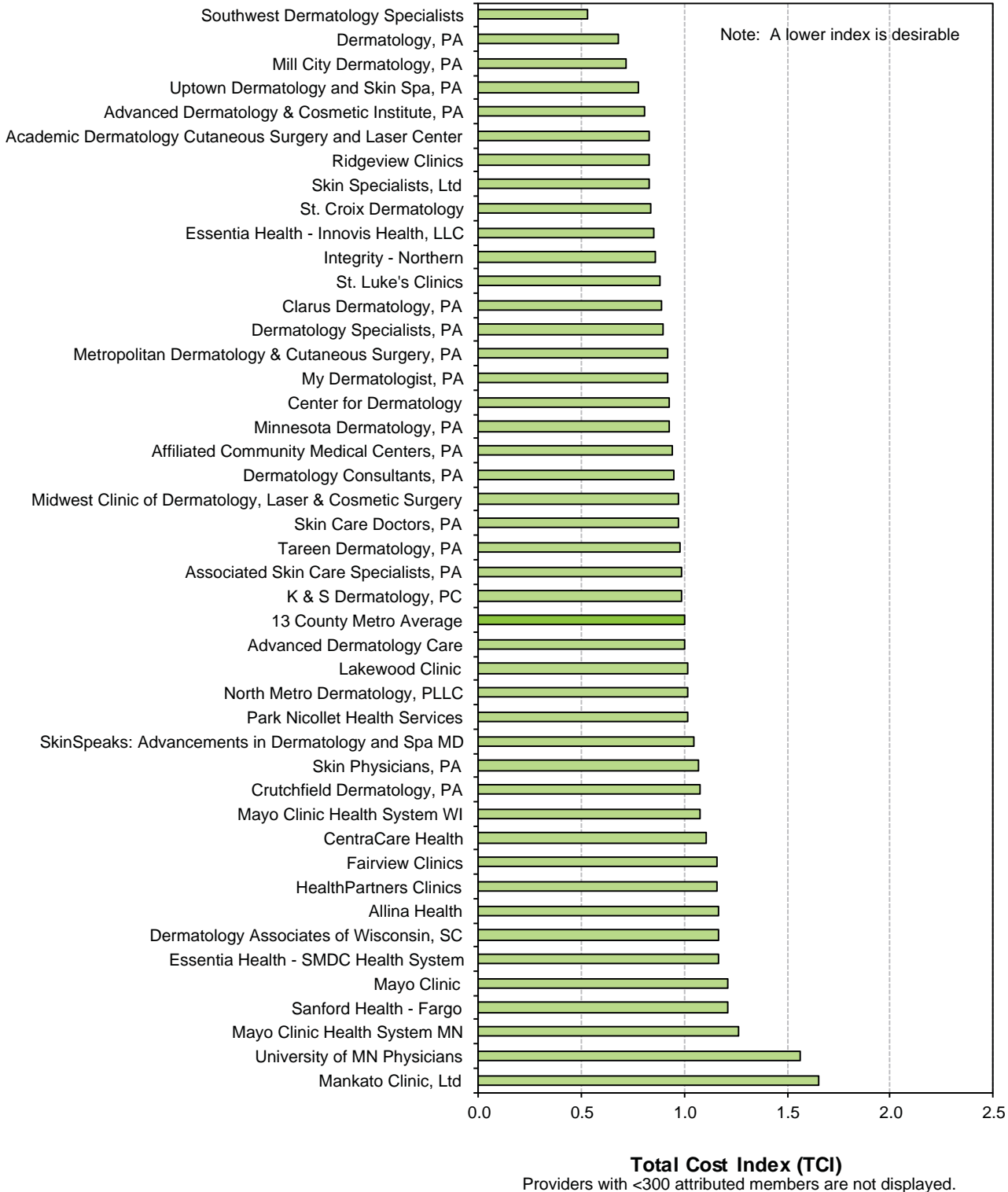
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Cardiology Providers
10/1/2013 - 9/30/2015



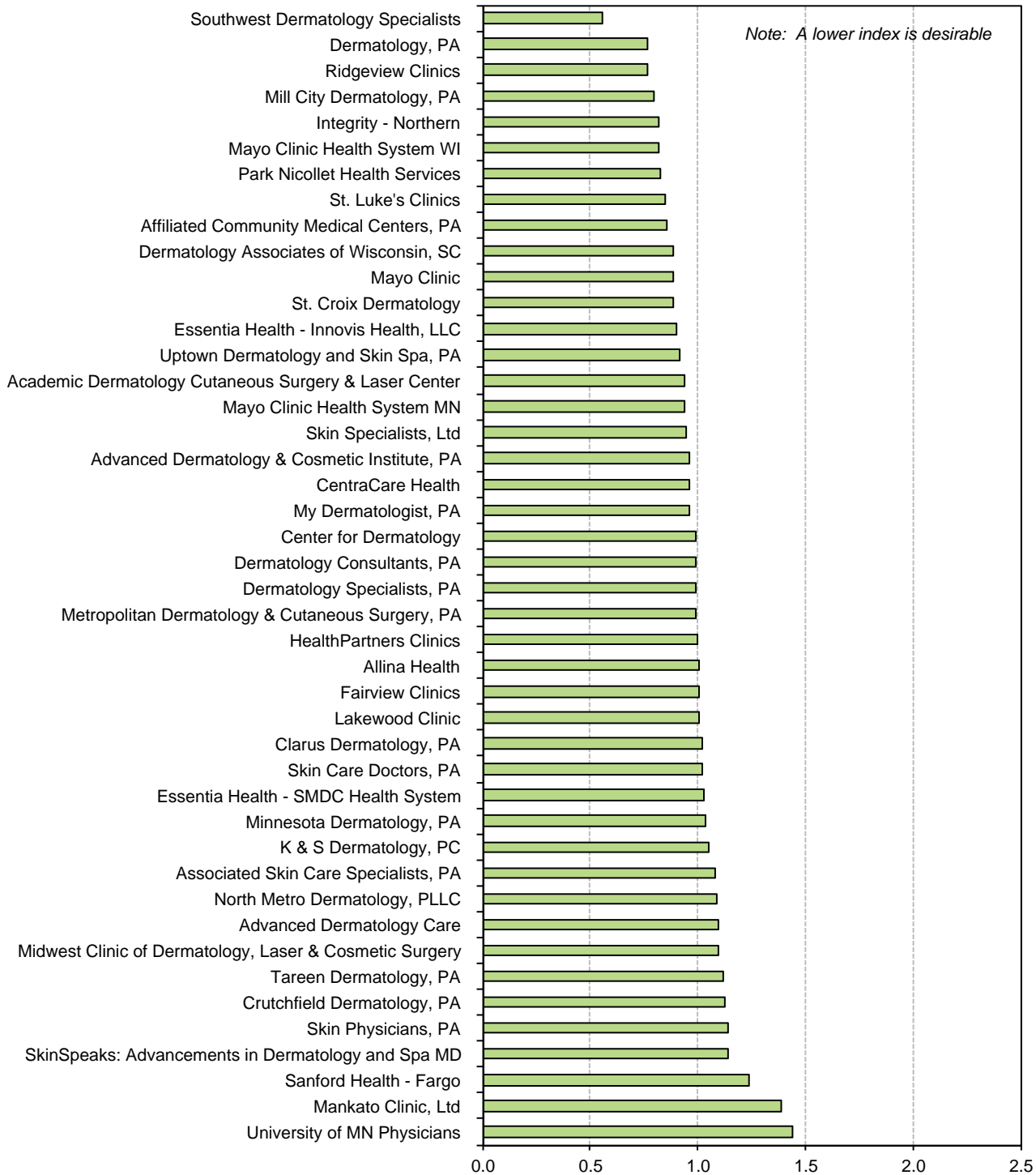
Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Dermatology Providers
10/1/2013-9/30/2015



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Dermatology Providers
10/1/2013 - 9/30/2015

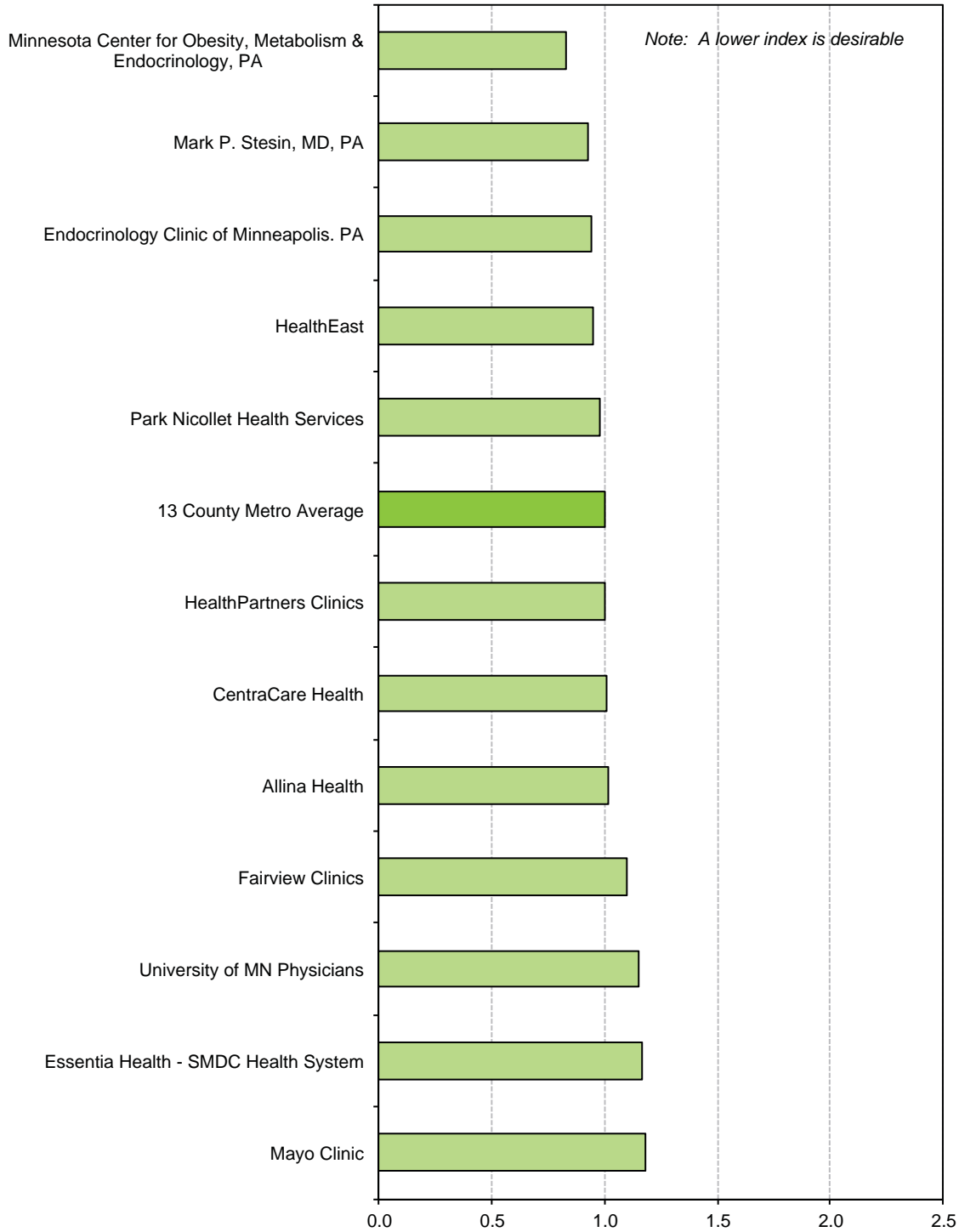


Resource Use Index (RUI)

Providers with <300 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Endocrinology Providers
10/1/2013 - 9/30/2015

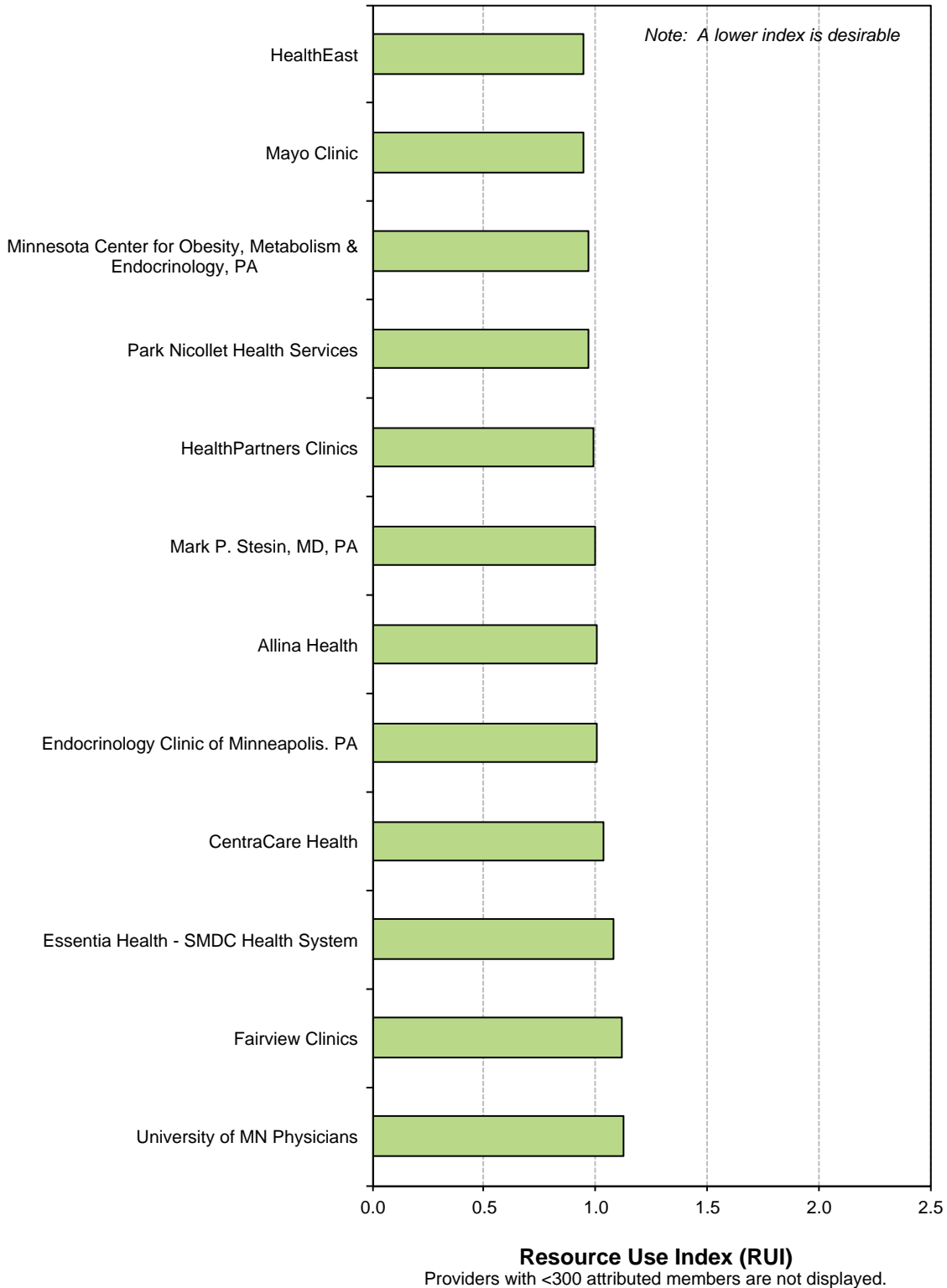


Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

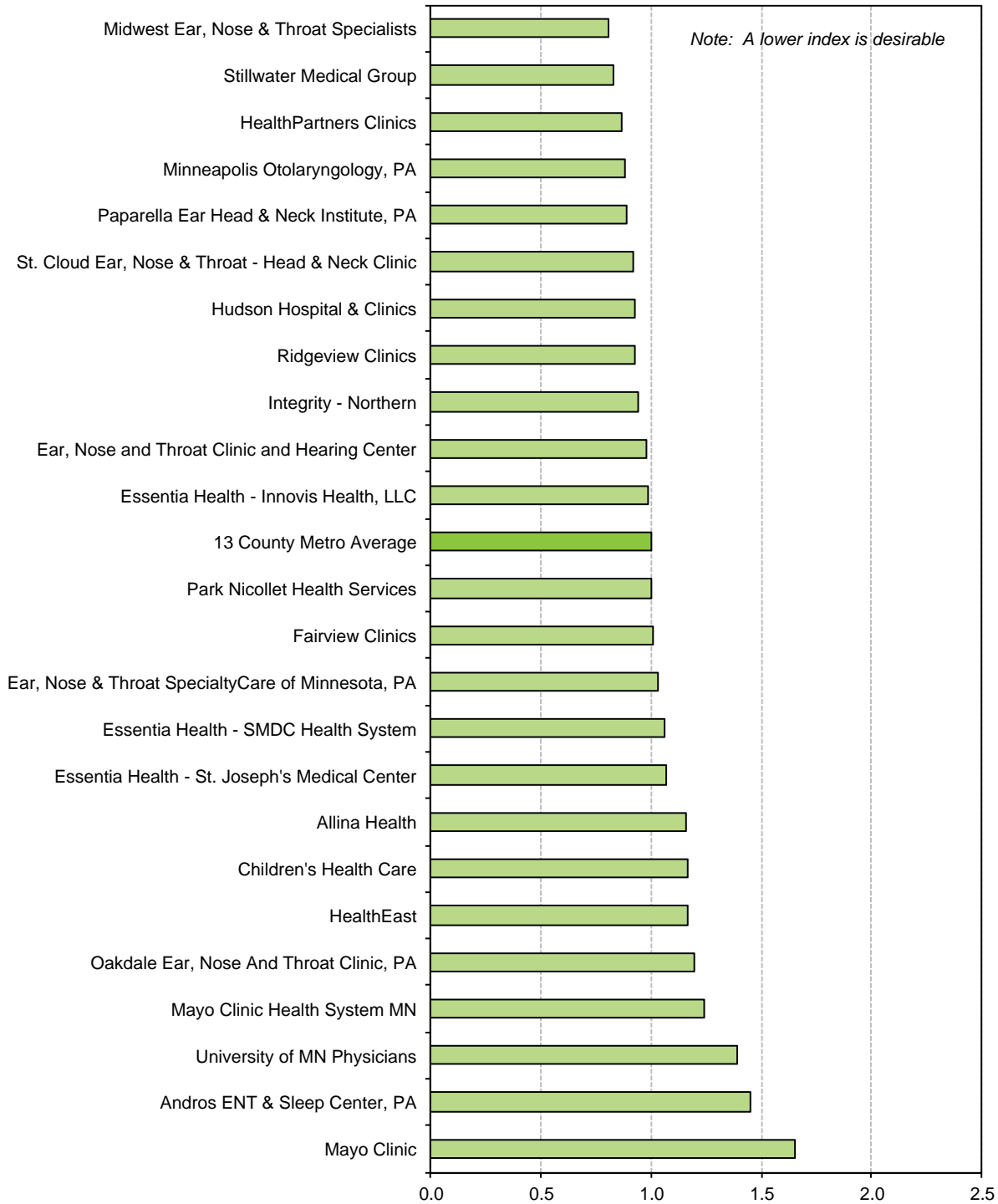
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Endocrinology Providers
10/1/2013 - 9/30/2015



Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - ENT Providers
10/1/2013 - 9/30/2015

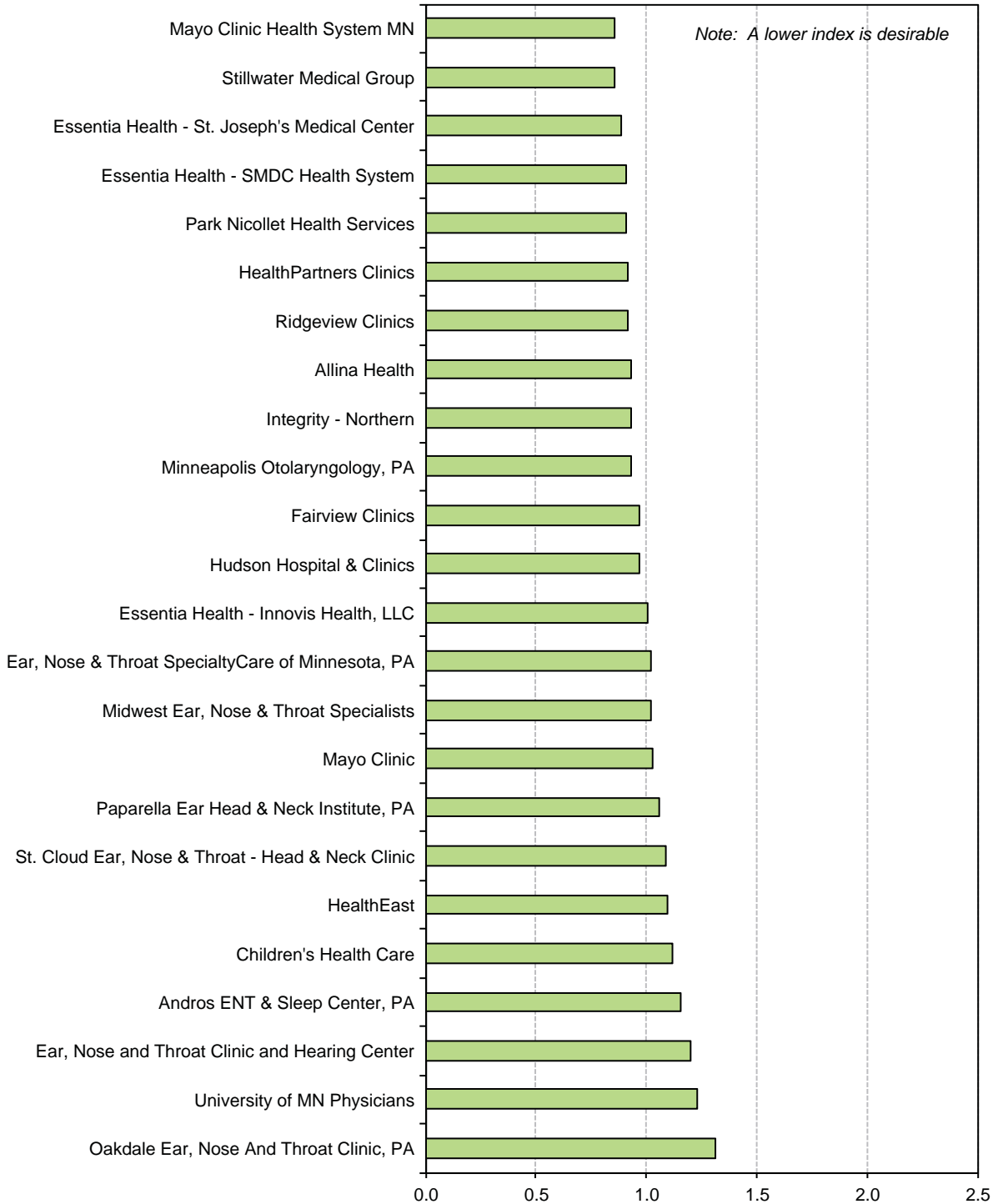


Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

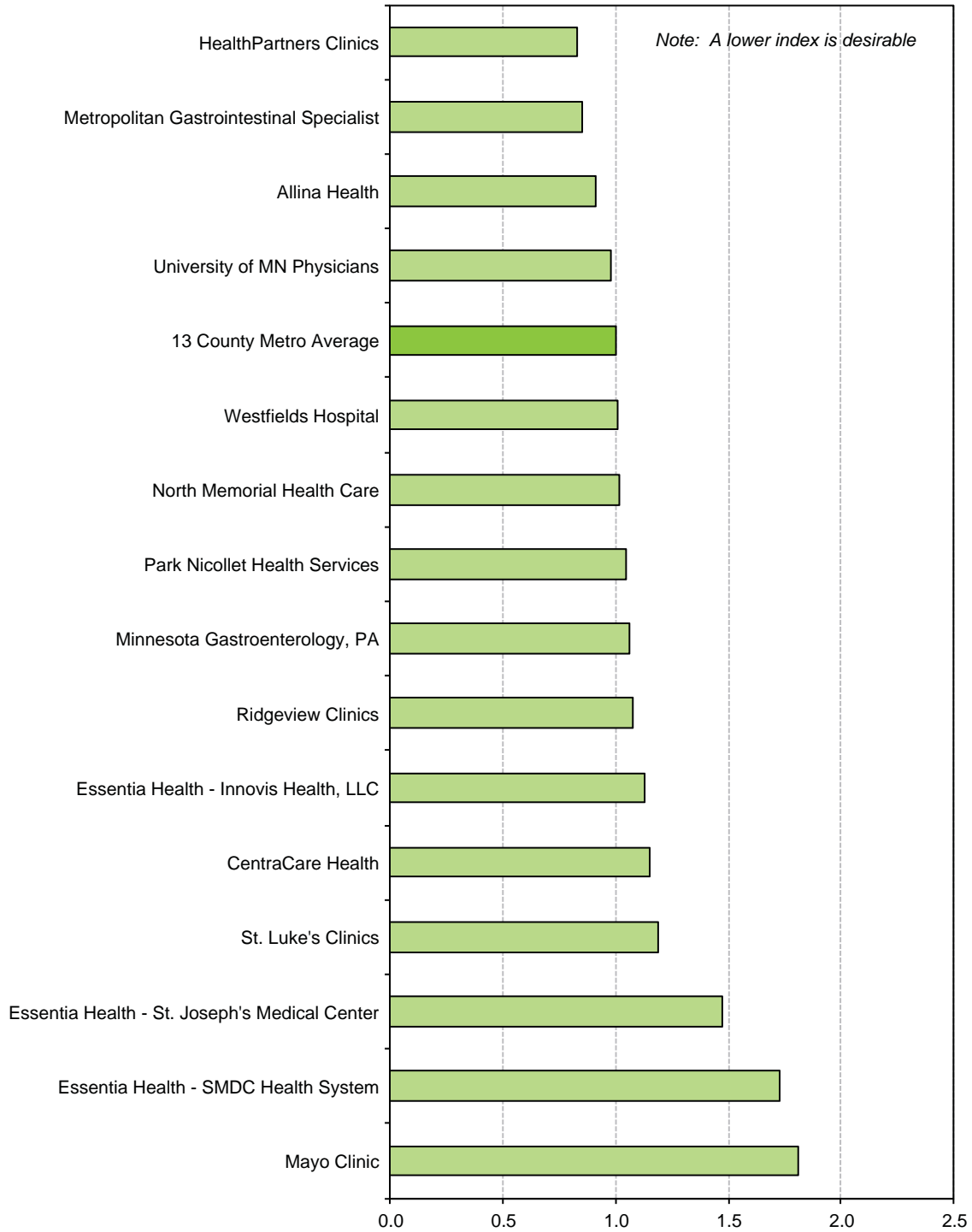
Resource Use Index (RUI) - ENT Providers
10/1/2013 - 9/30/2015



Resource Use Index (RUI)
Providers with <300 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Gastroenterology Providers
10/1/2013 - 9/30/2015

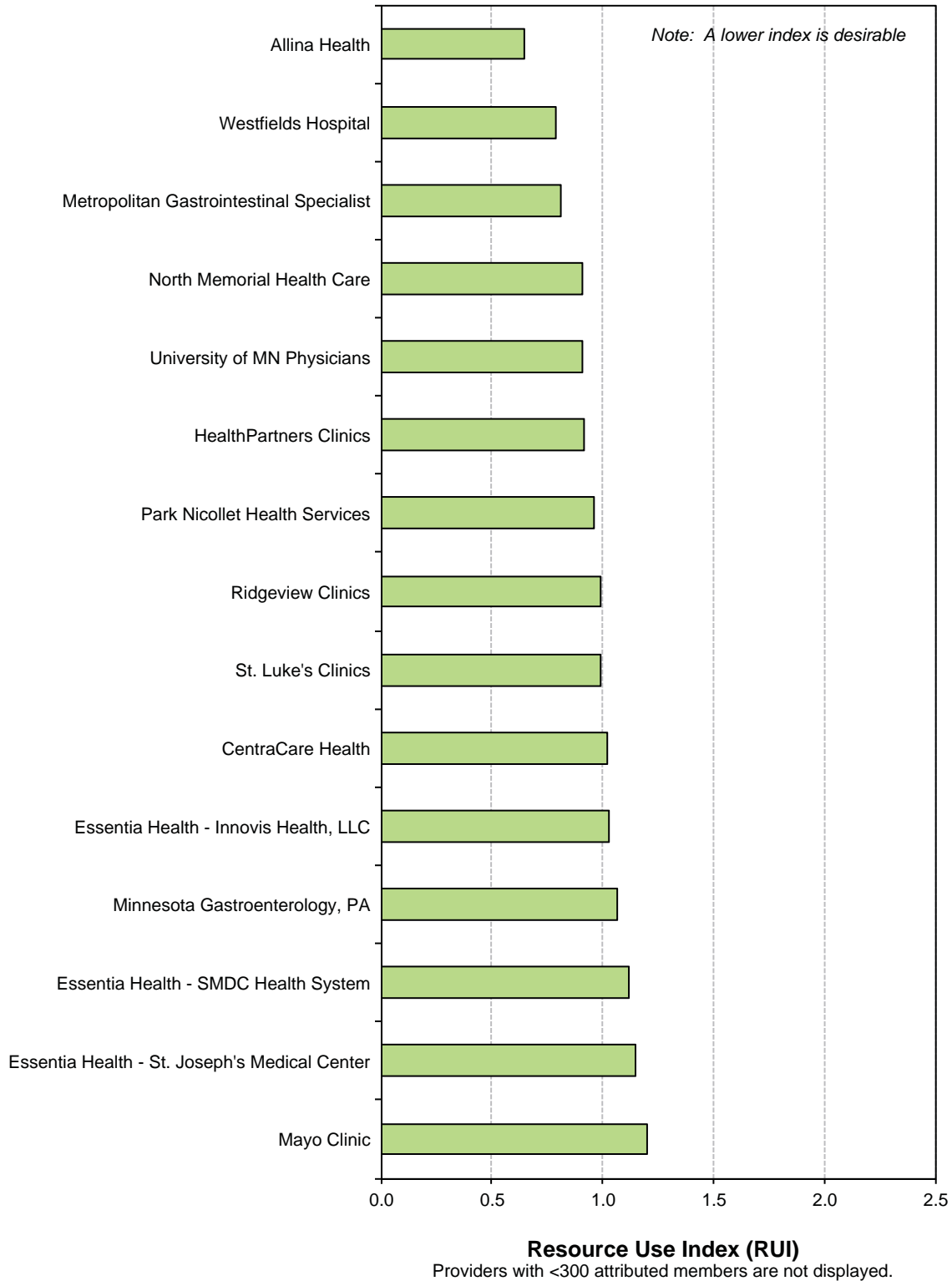


Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

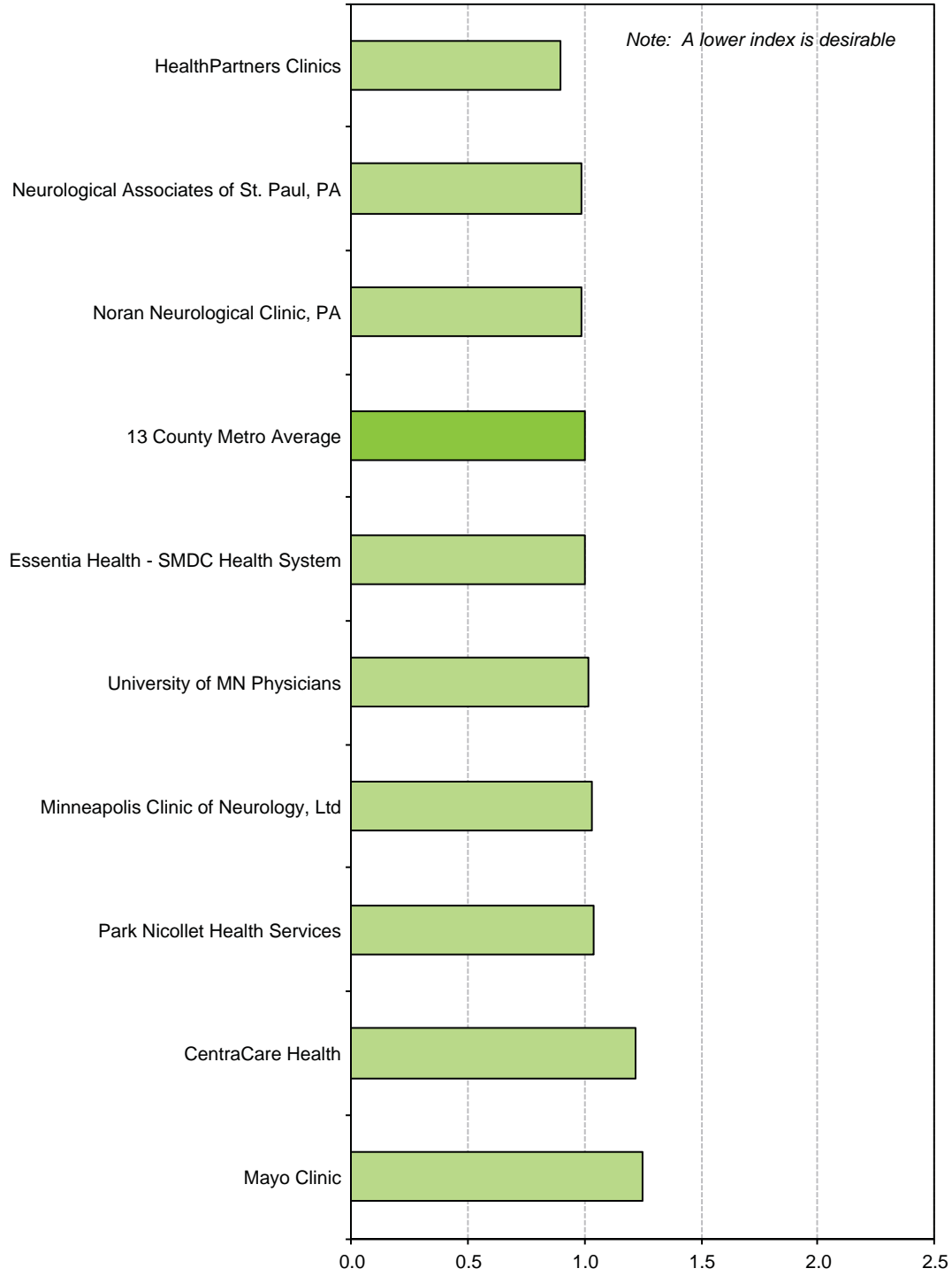
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Gastroenterology Providers
10/1/2013 - 9/30/2015



Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

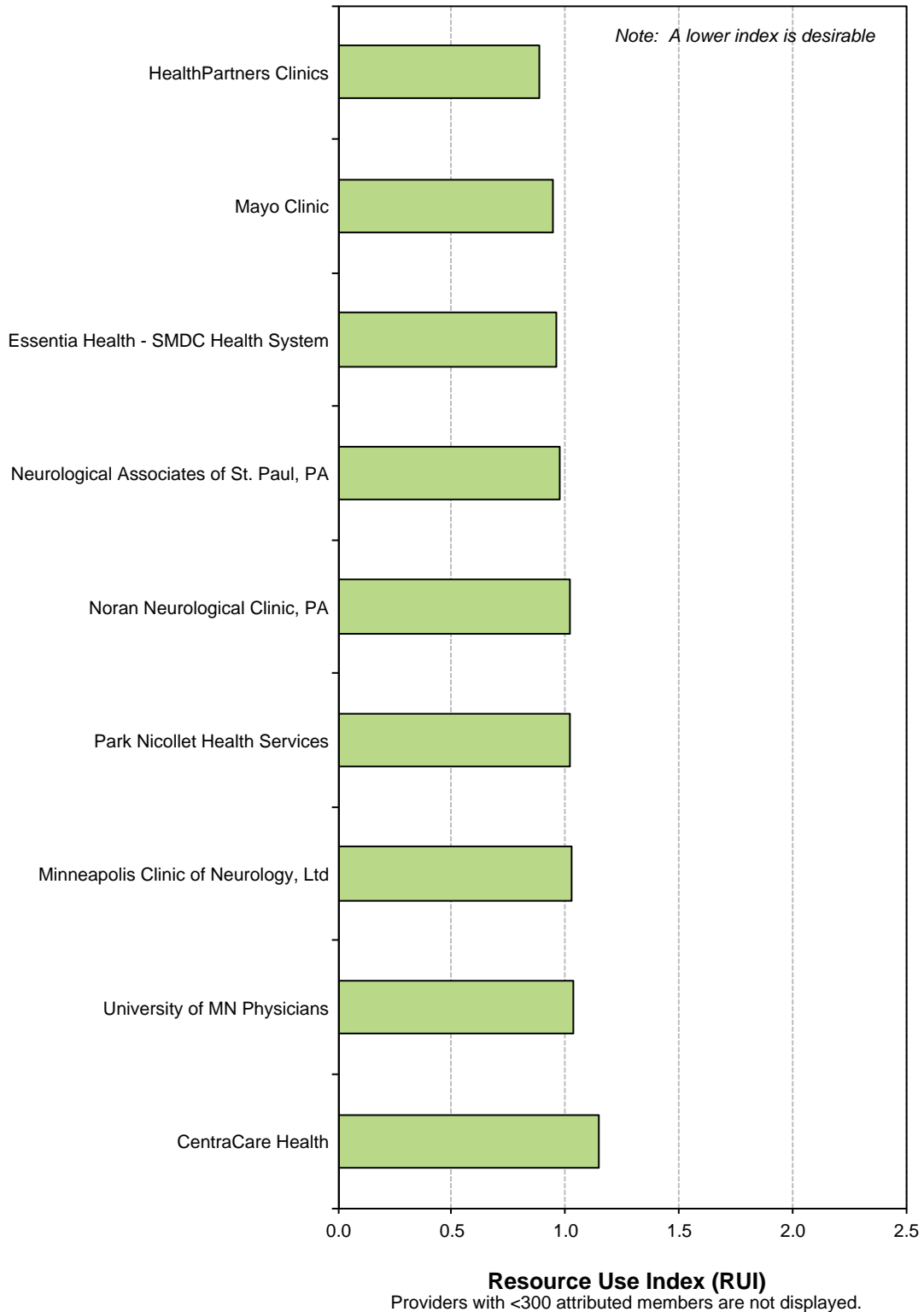
Total Cost Index (TCI) - Neurology Providers
10/1/2013 - 9/30/2015



Total Cost Index (TCI)
Providers with <300 attributed members are not displayed.

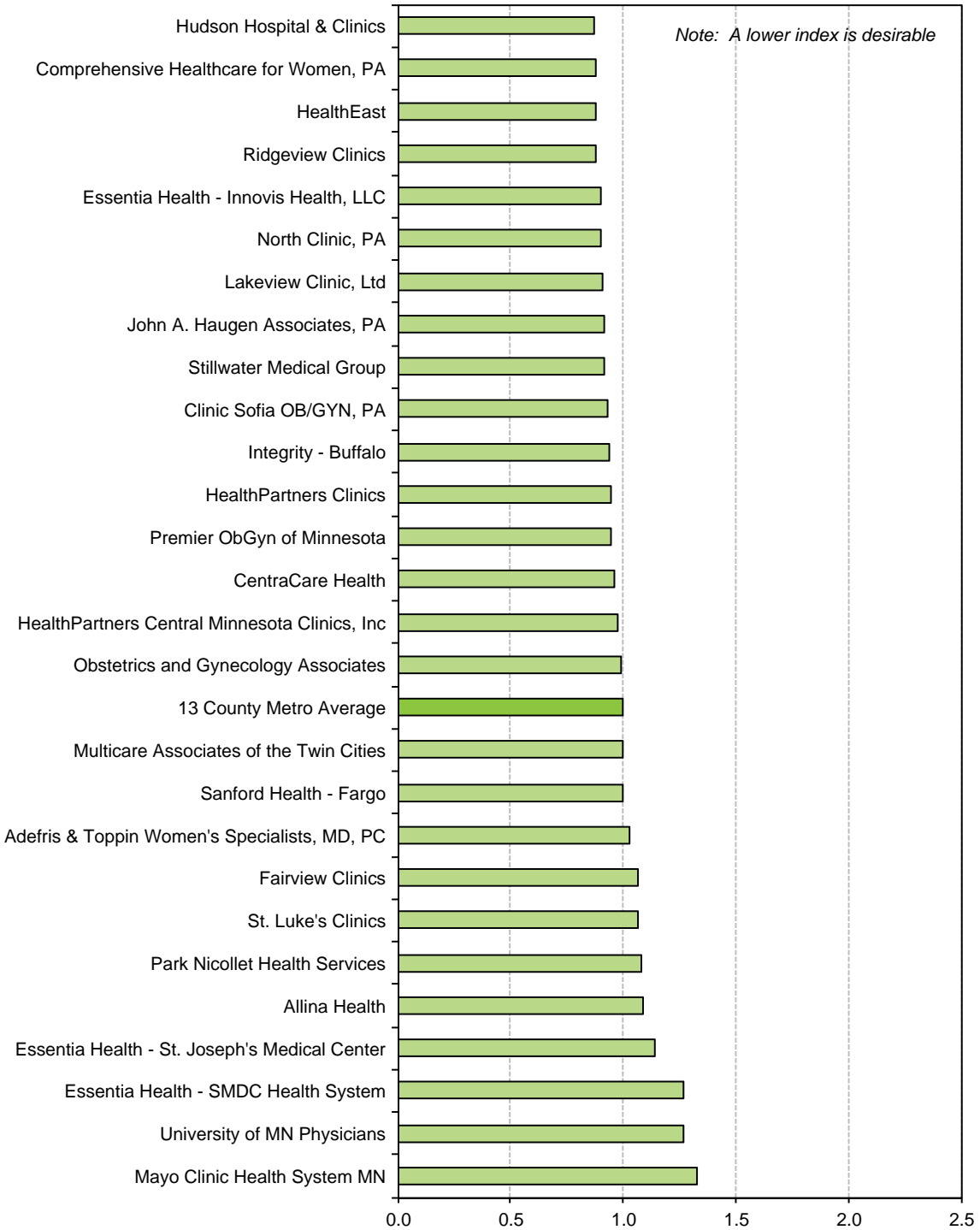
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Neurology Providers
10/1/2013 - 9/30/2015



Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

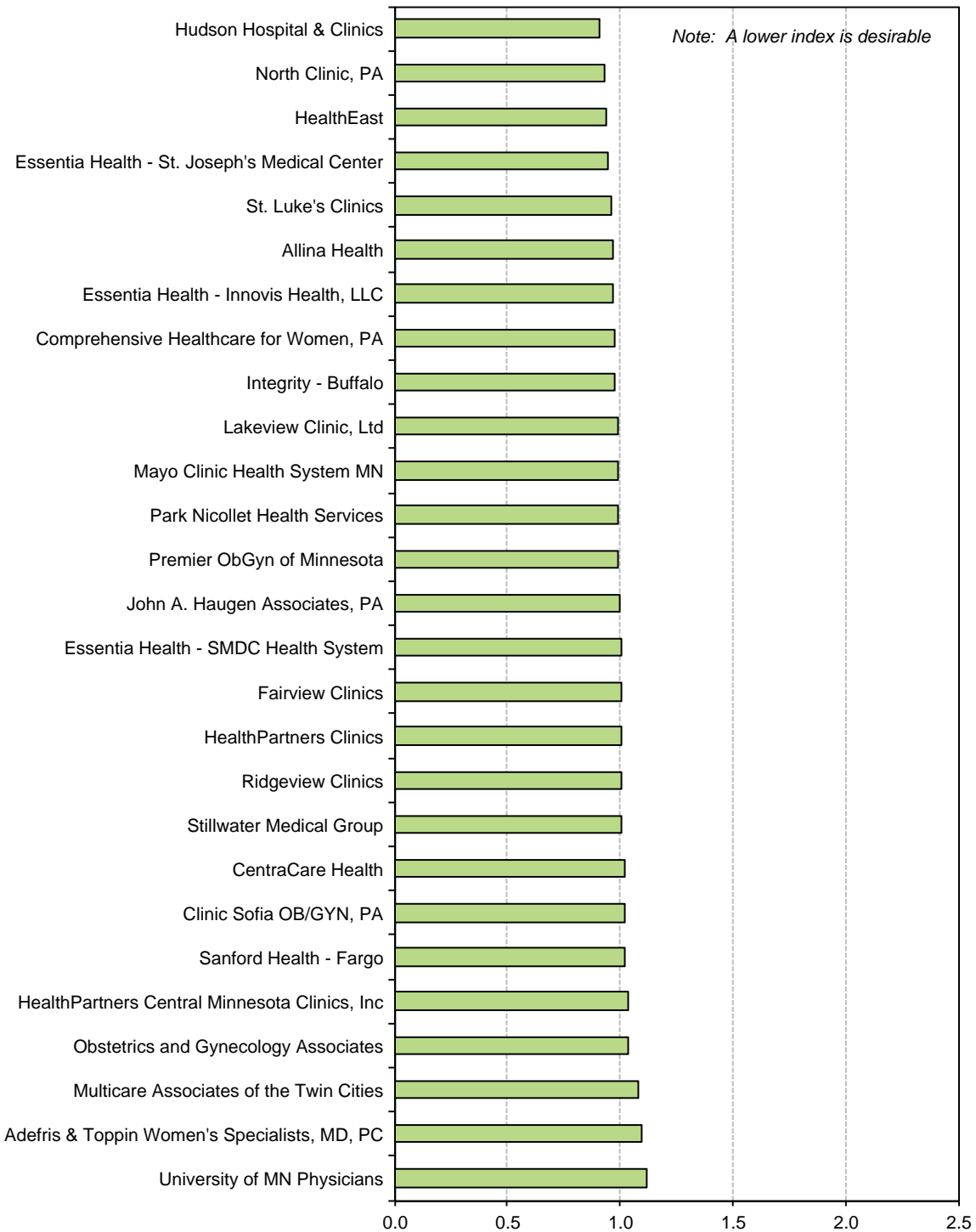
Total Cost Index (TCI) - OB/GYN Providers
10/1/2013 - 9/30/2015



Total Cost Index (TCI)
Providers with <600 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

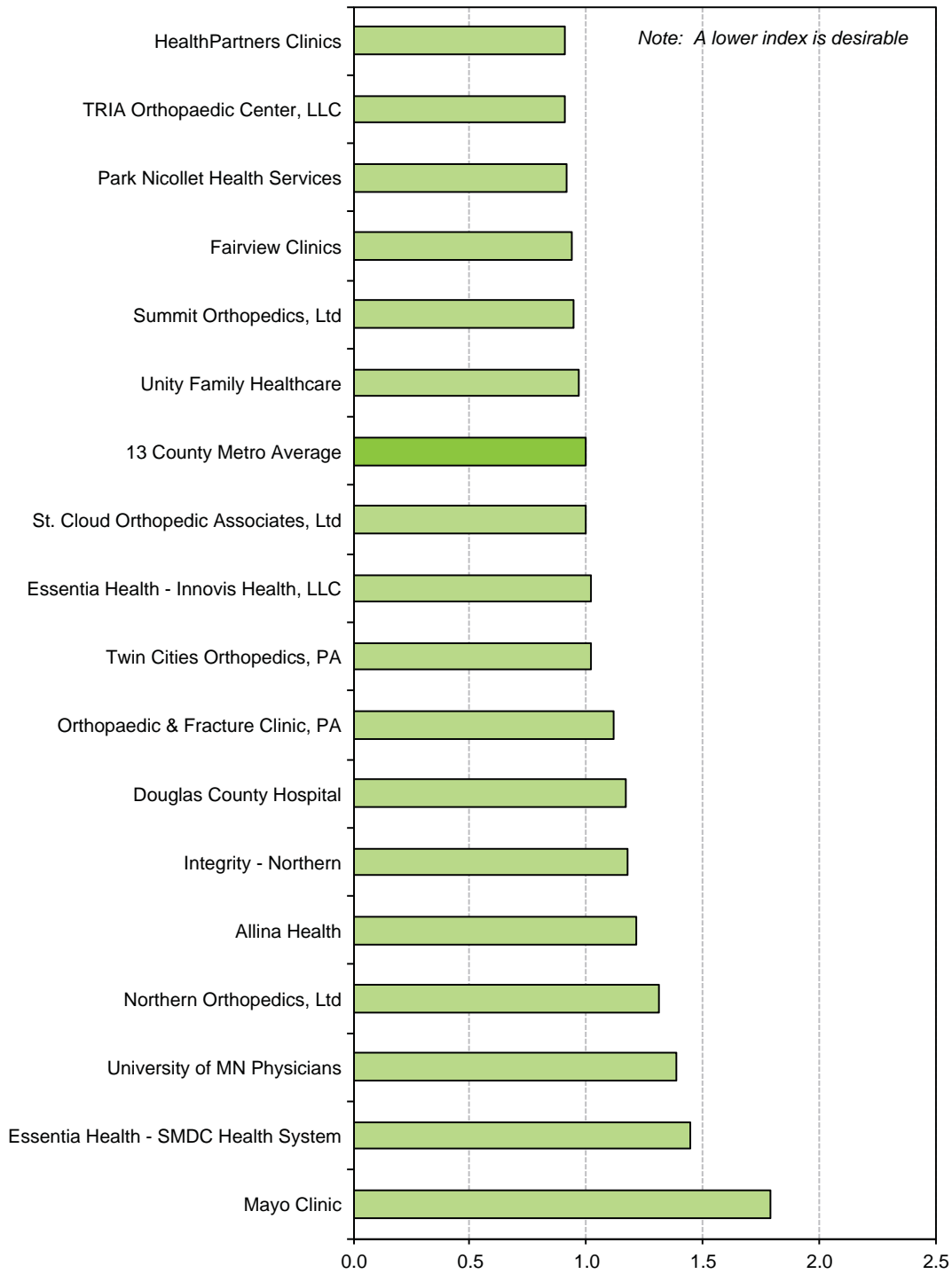
Resource Use Index (RUI) - OB/GYN Providers
10/1/2013 - 9/30/2015



Resource Use Index (RUI)
Providers with <600 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Orthopaedic Providers
10/1/2013 - 9/30/2015



Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

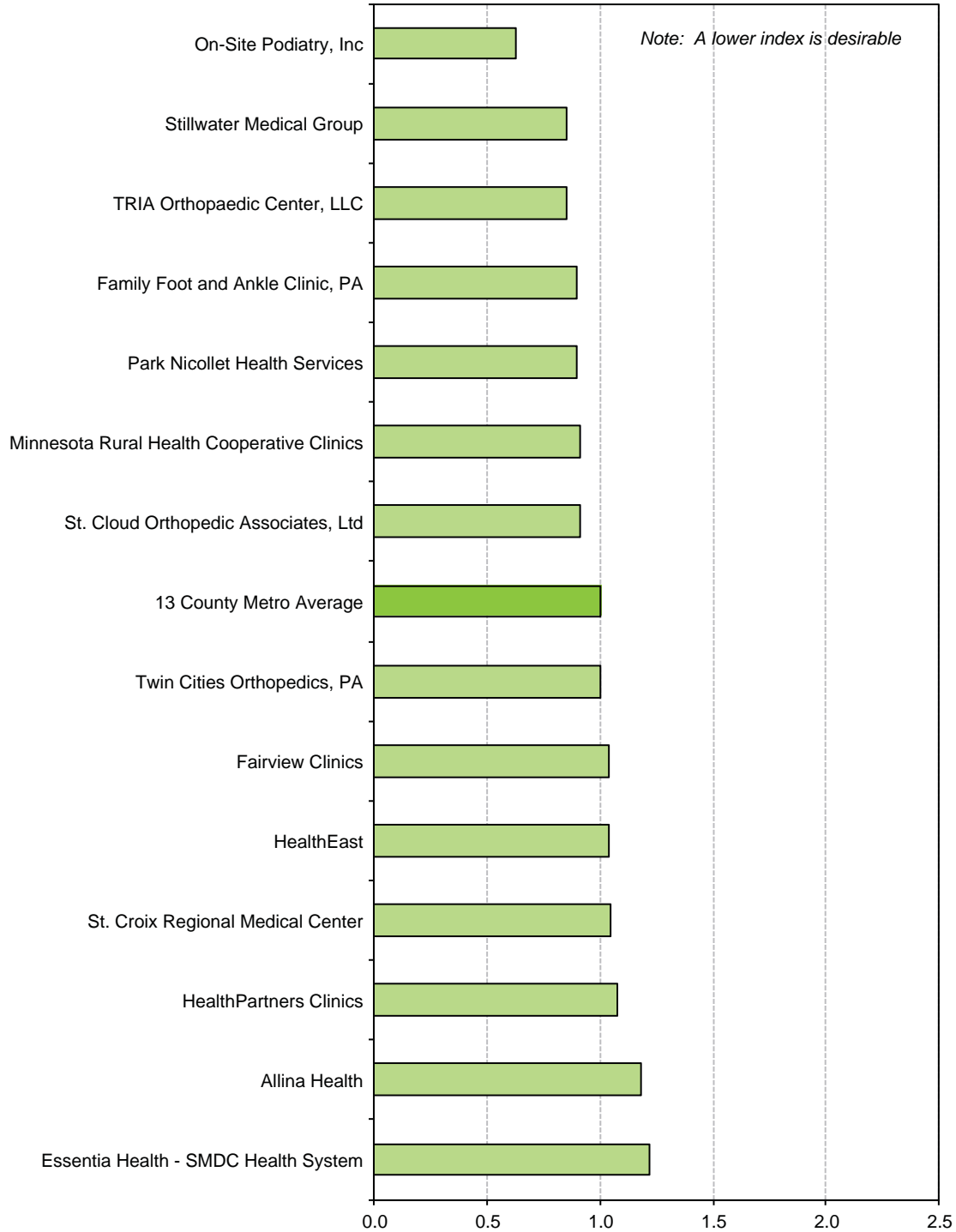
Resource Use Index (RUI) - Orthopaedic Providers
10/1/2013 - 9/30/2015



Resource Use Index (RUI)
Providers with <300 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Podiatry Providers
10/1/2013 - 9/30/2015

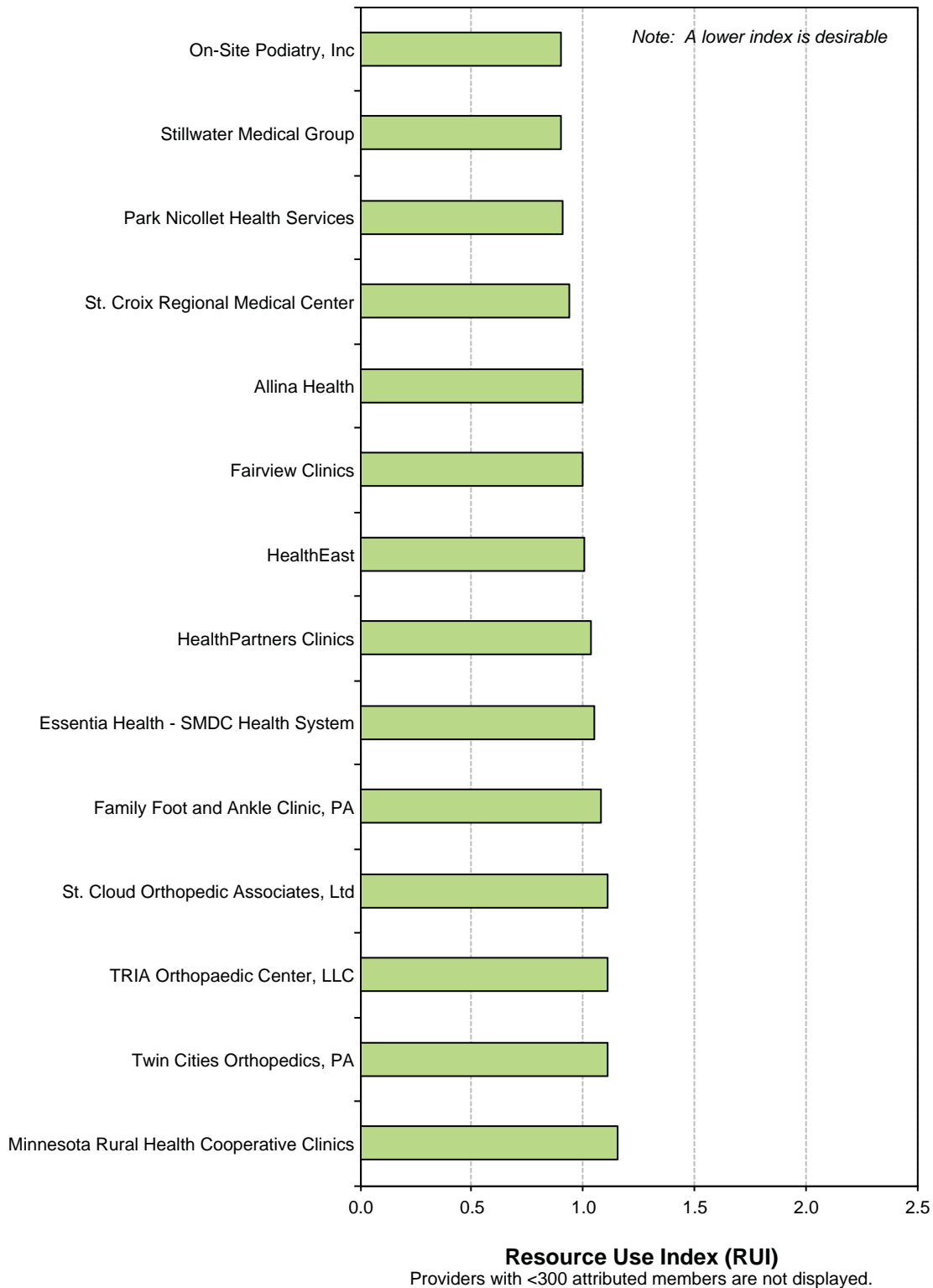


Total Cost Index (TCI)

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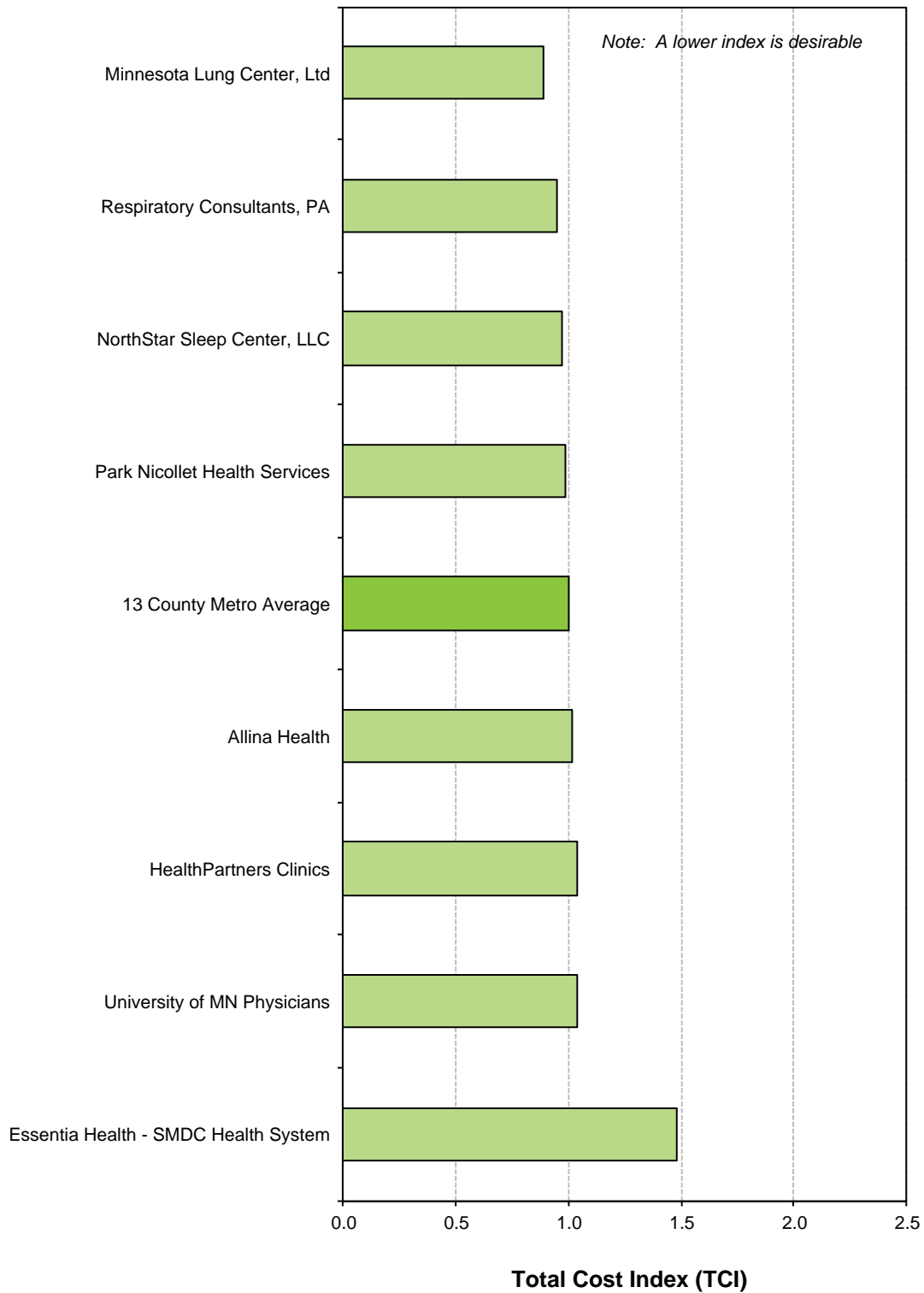
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Podiatry Providers
10/1/2013 - 9/30/2015



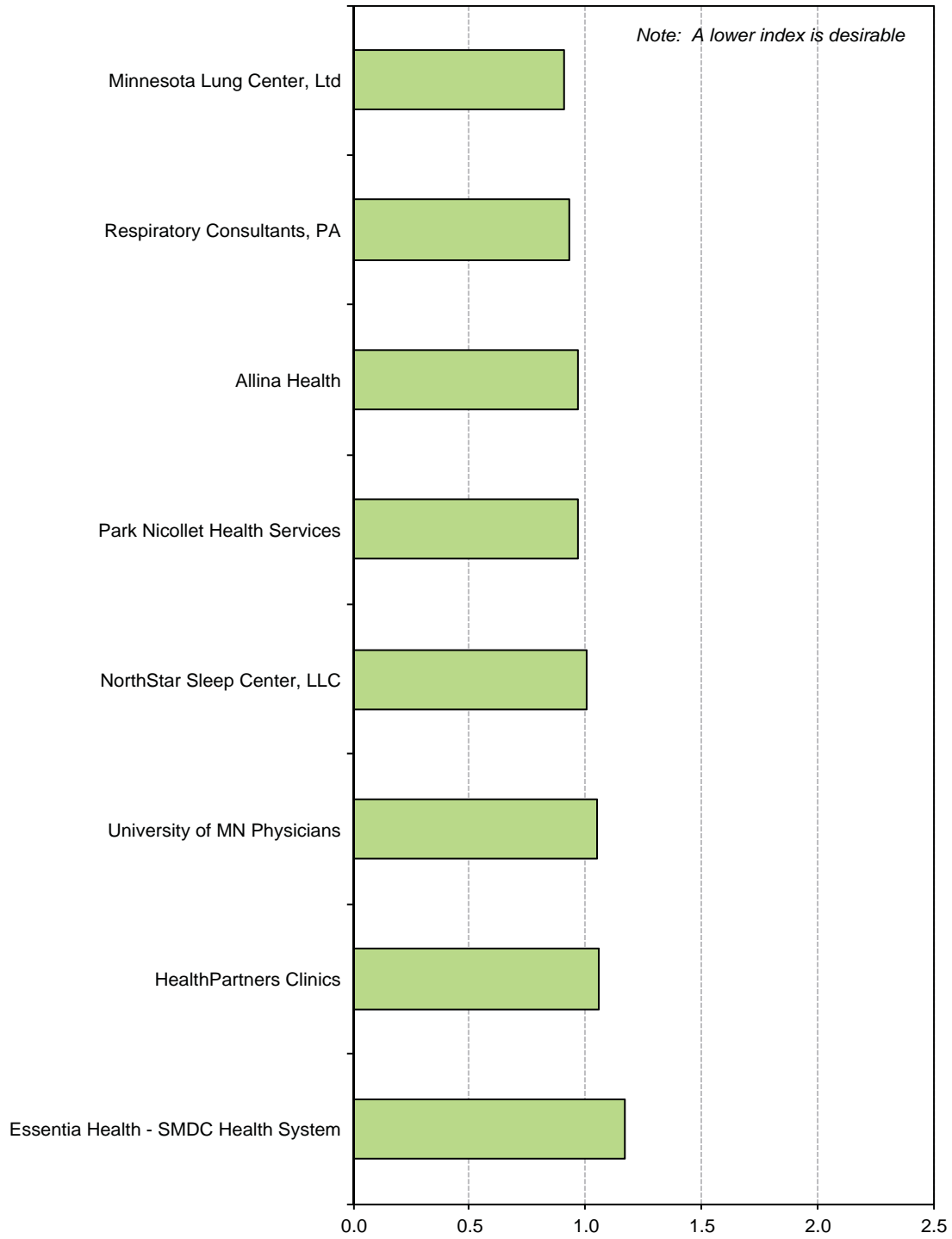
Indices > 1.000 represent providers that have higher than average resource use
 Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Pulmonary Medicine Providers
10/1/2013 - 9/30/2015



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

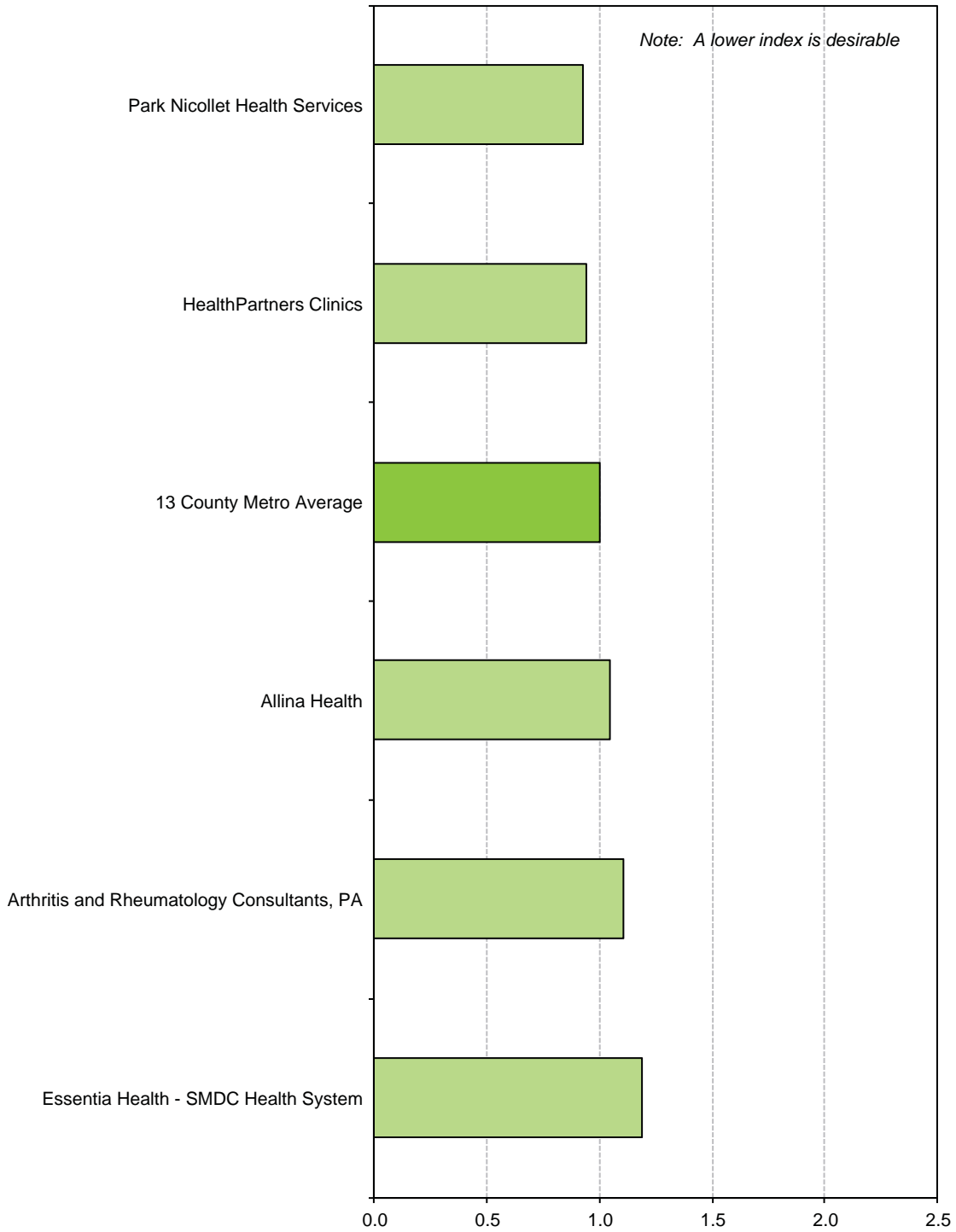
Resource Use Index (RUI) - Pulmonary Medicine Providers
 10/1/2013 - 9/30/2015



Resource Use Index (RUI)
 Providers with <300 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
 Indices < 1.000 represent providers that have lower than average resource use

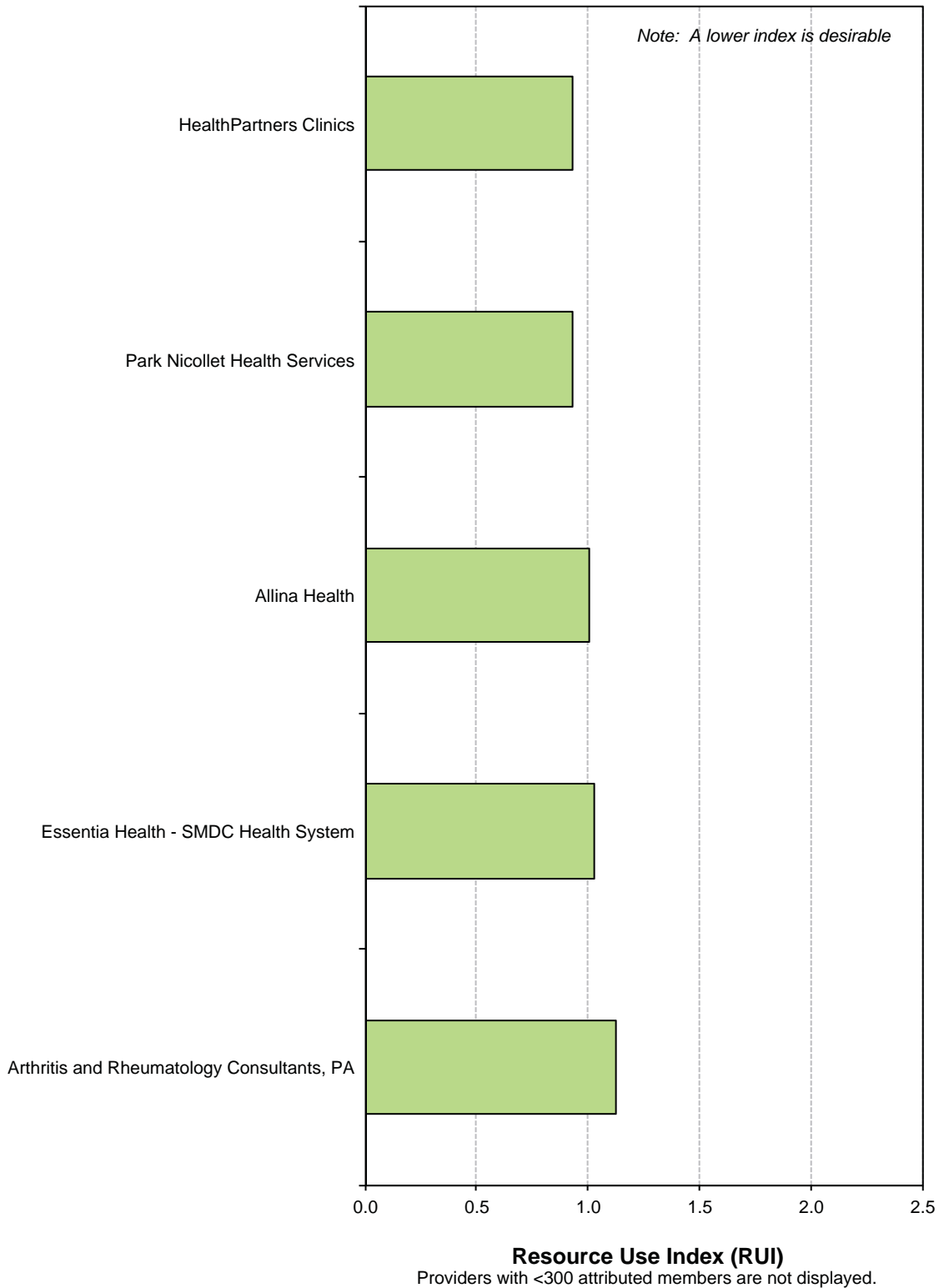
Total Cost Index (TCI) - Rheumatology Providers
10/1/2013 - 9/30/2015



Total Cost Index (TCI)
Providers with <300 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Rheumatology Providers
 10/1/2013 - 9/30/2015



Indices > 1.000 represent providers that have higher than average resource use
 Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Surgery Providers
10/1/2013 - 9/30/2015



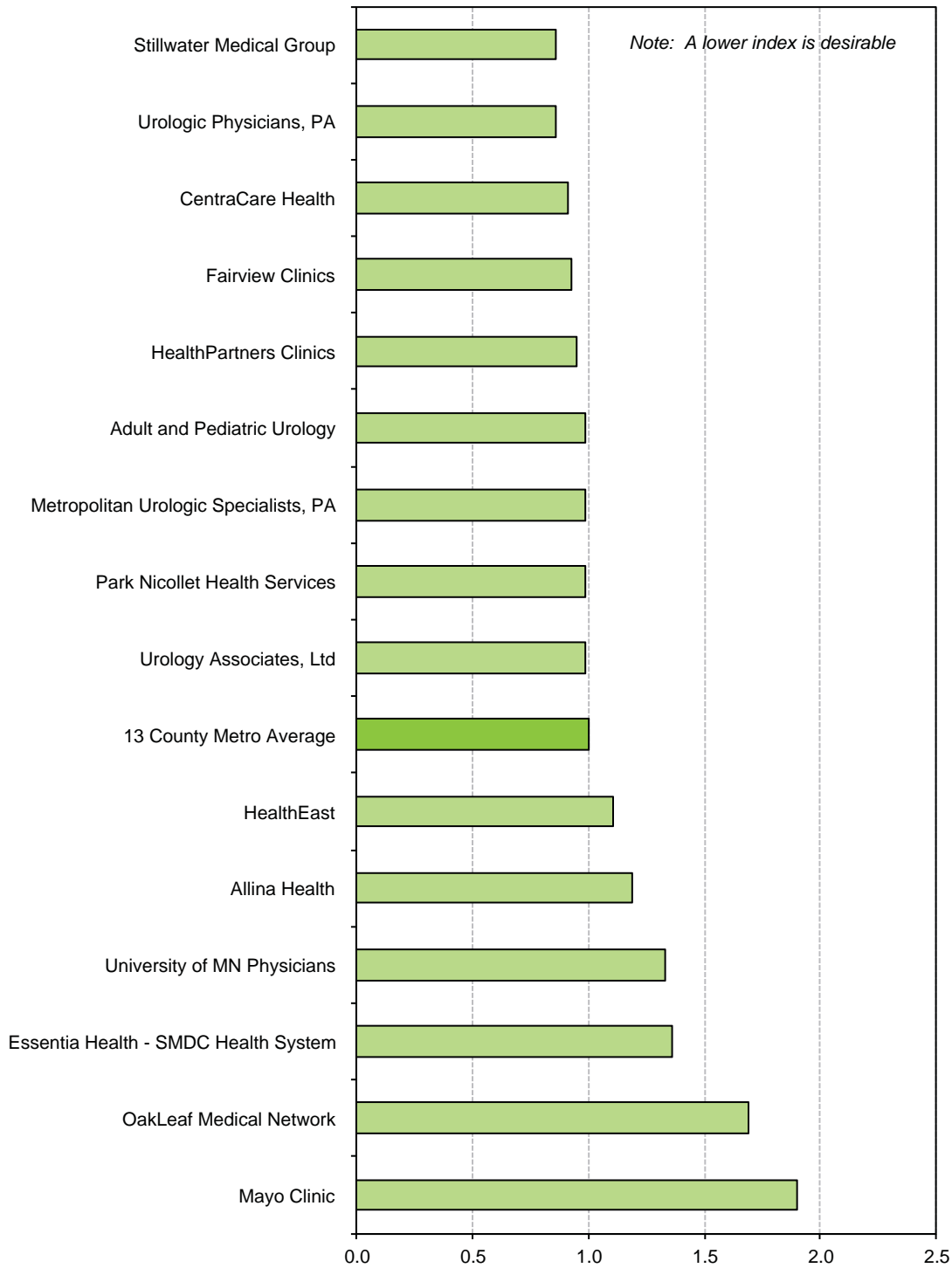
HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Surgery Providers
10/1/2013 - 9/30/2015



Indices > 1.000 represent providers that have higher than average resource use
 Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Urology Providers
10/1/2013 - 9/30/2015

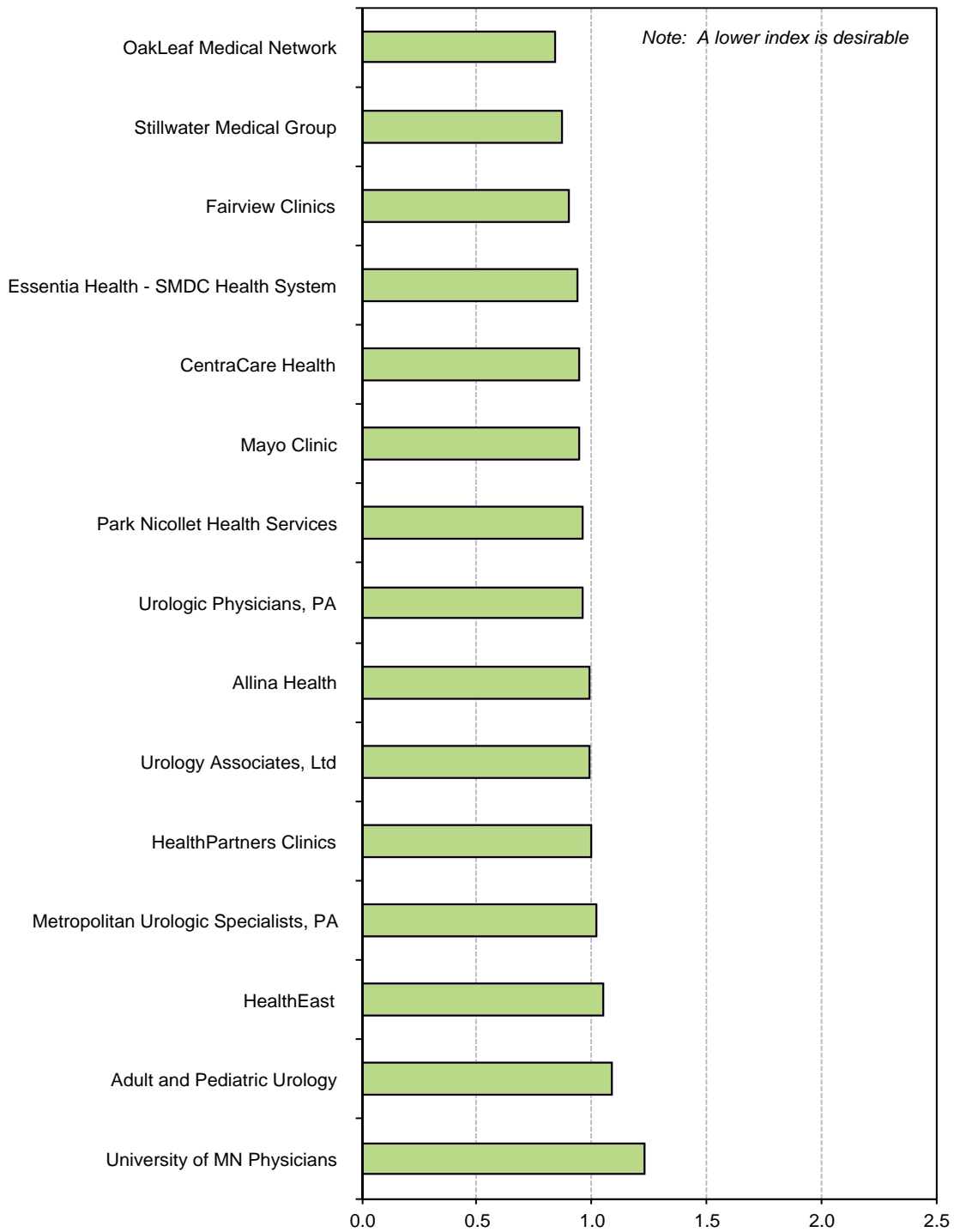


Total Cost Index (TCI)

Providers with <300 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - Urology Providers
10/1/2013 - 9/30/2015



Resource Use Index (RUI)

Providers with <300 attributed members are not displayed.

Indices > 1.000 represent providers that have higher than average resource use
Indices < 1.000 represent providers that have lower than average resource use

TOTAL COST INDEX — HOSPITALS AND SURGERY CENTERS

January 1, 2015 – December 31, 2015

Description

Hospitals and surgery centers case mix and place of service mix adjusted cost index. The cost index measures a facility's inpatient and outpatient total costs relative to all other facilities.

Methodology

This measure is based on inpatient and outpatient commercial fully insured and self insured non-outlier inpatient admissions and outpatient visits. Facility case mix is adjusted by DRG for inpatient admissions and APC and RVUs for outpatient visits. The inpatient/outpatient case mix is accounted for by weighting the percent of business in each component by facility. Total cost of care indices are created for each facility by dividing each facility's case and place of service risk actual costs by the 13 county metro expected values.

Results

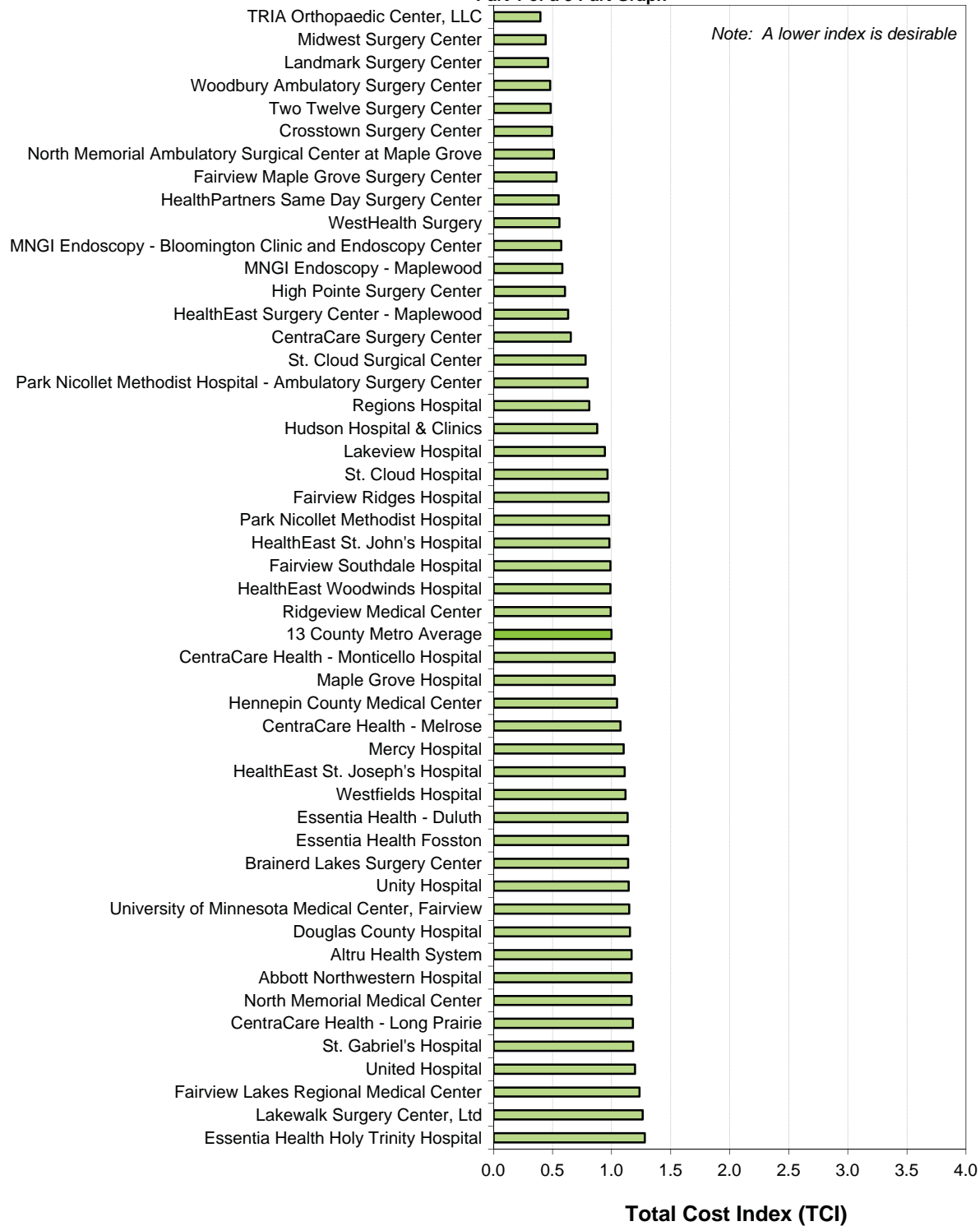
HealthPartners 13 county Metro Network Average: 1.000

Total Cost Indices > 1.000 represent hospitals and surgery centers that are more expensive than average

Total Cost Indices < 1.000 represent hospitals and surgery centers that are less expensive than average

Total Cost Index (TCI) - Hospitals and Surgery Centers
1/1/2015 - 12/31/2015

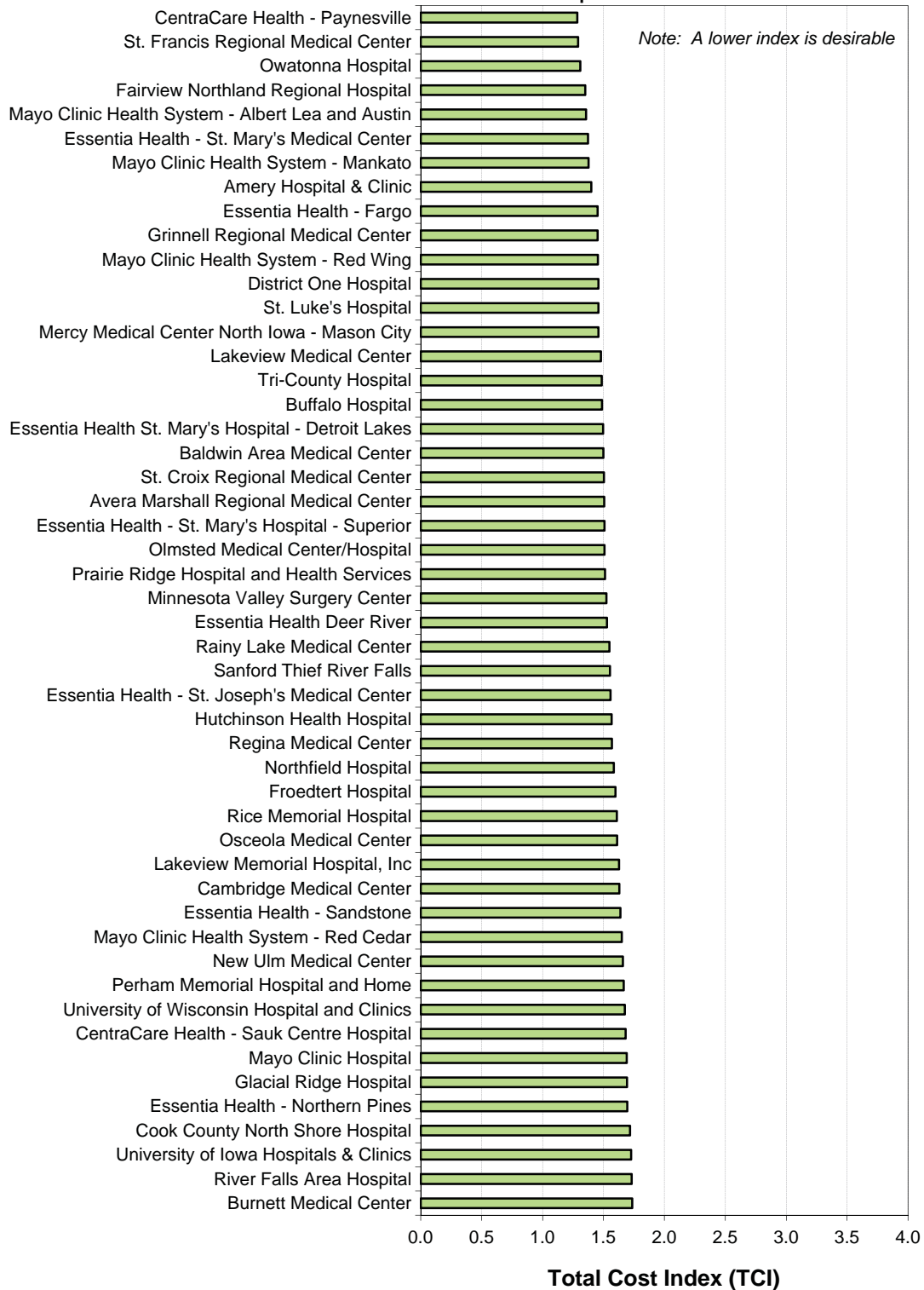
Part 1 of a 3 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Hospitals and Surgery Centers
1/1/2015 - 12/31/2015

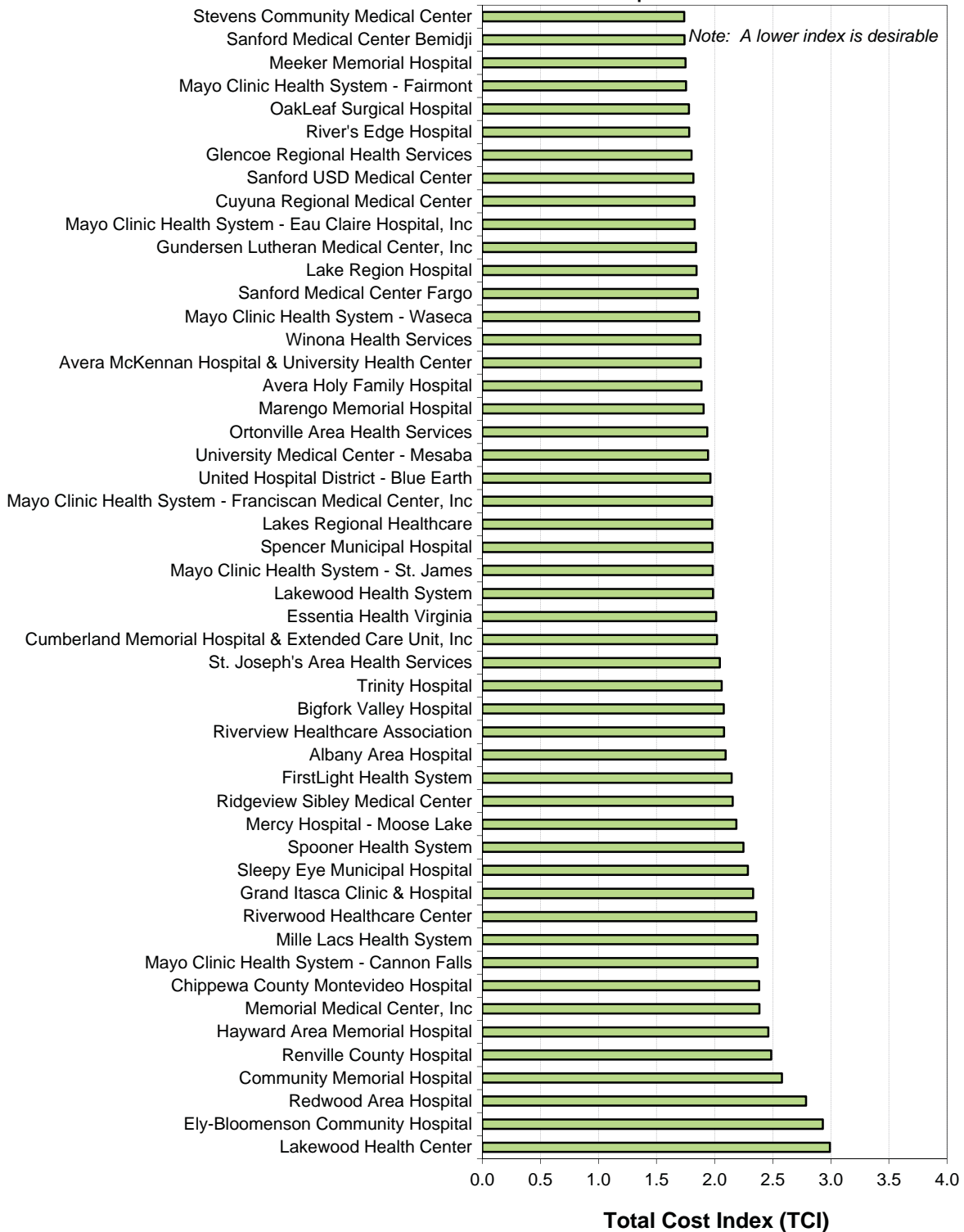
Part 2 of a 3 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Hospitals and Surgery Centers
1/1/2015 - 12/31/2015

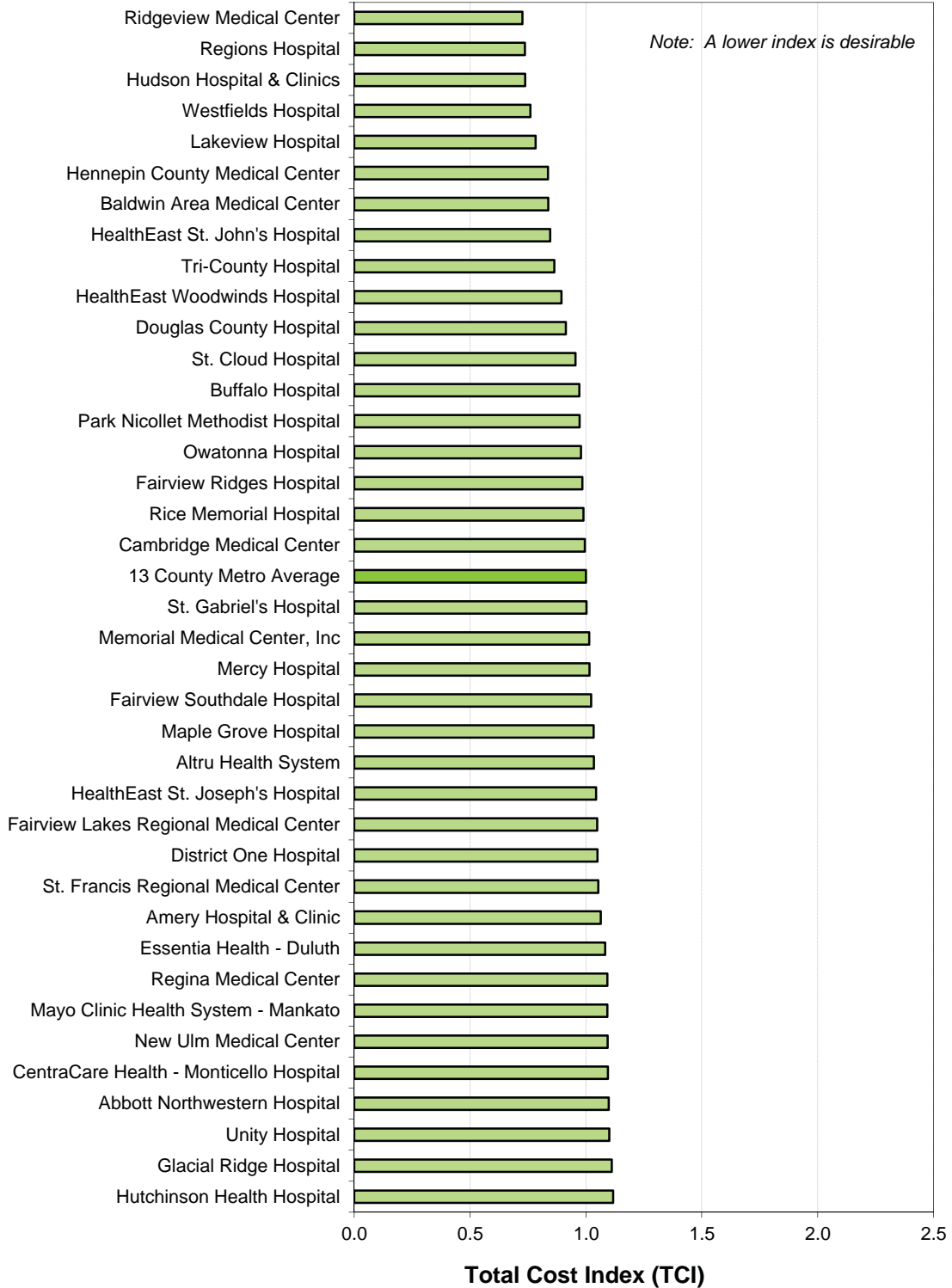
Part 3 of a 3 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Hospital Inpatient
1/1/2015 - 12/31/2015

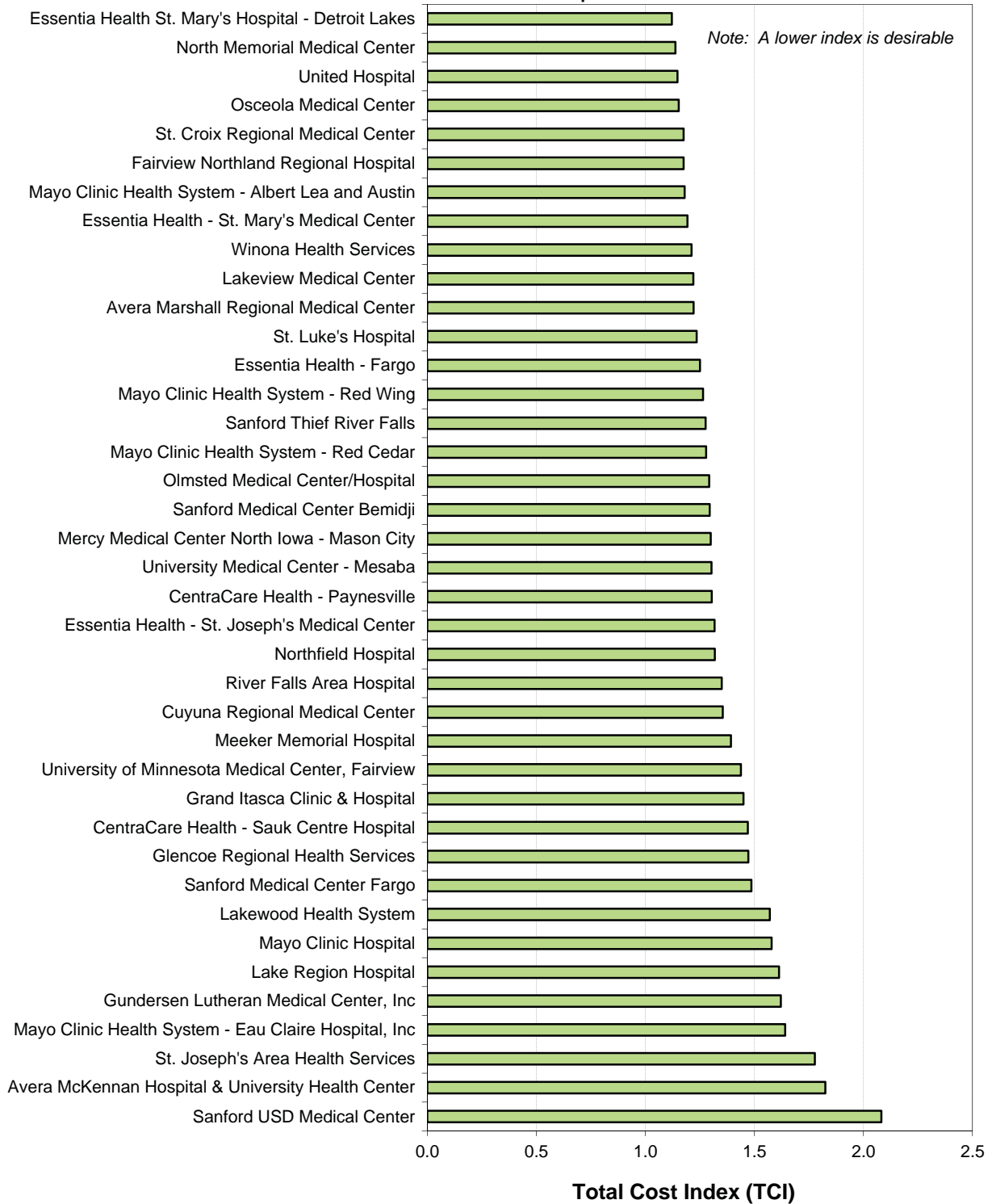
Part 1 of a 2 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Hospital Inpatient
1/1/2015 - 12/31/2015

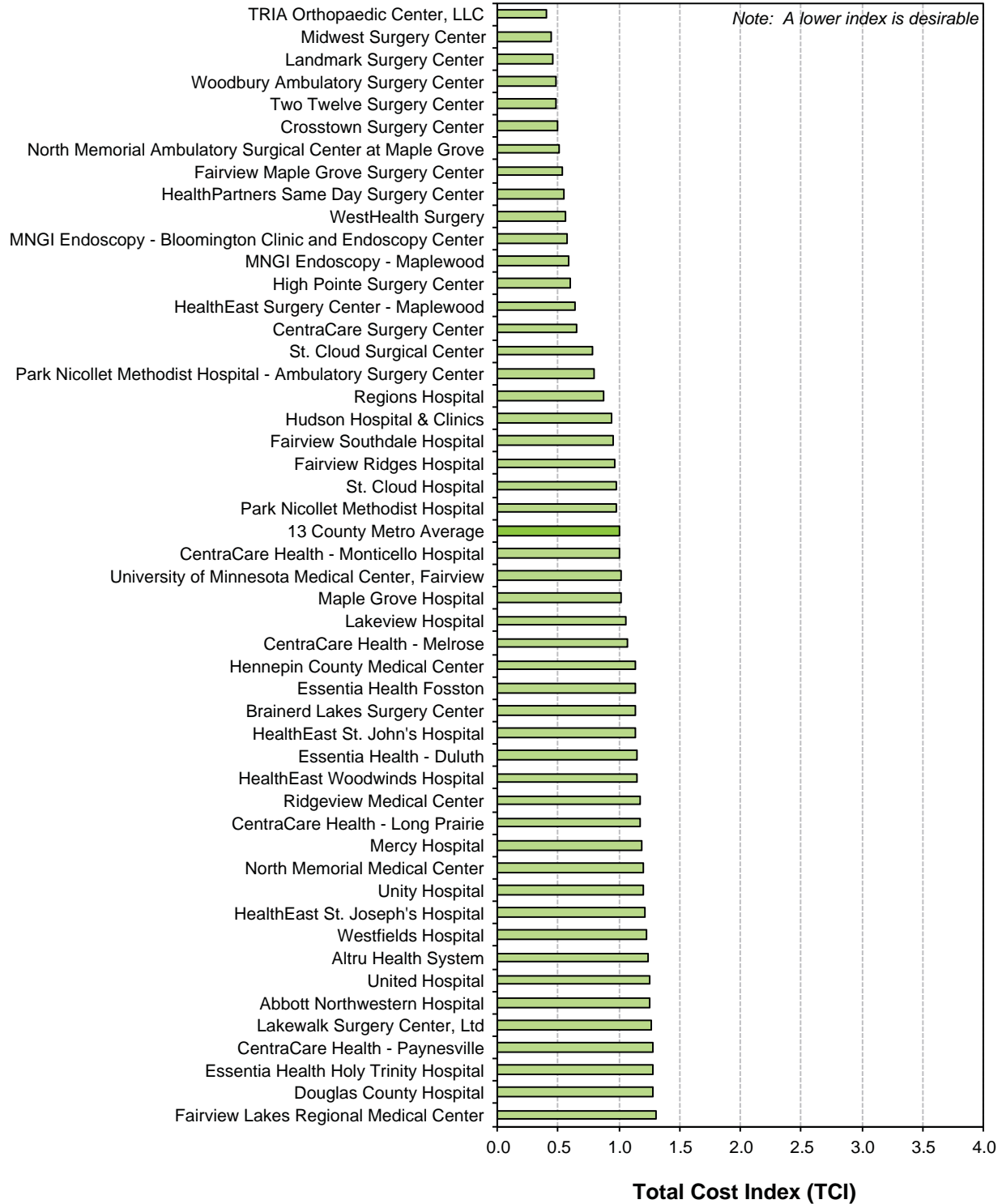
Part 2 of a 2 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers
1/1/2015 - 12/31/2015

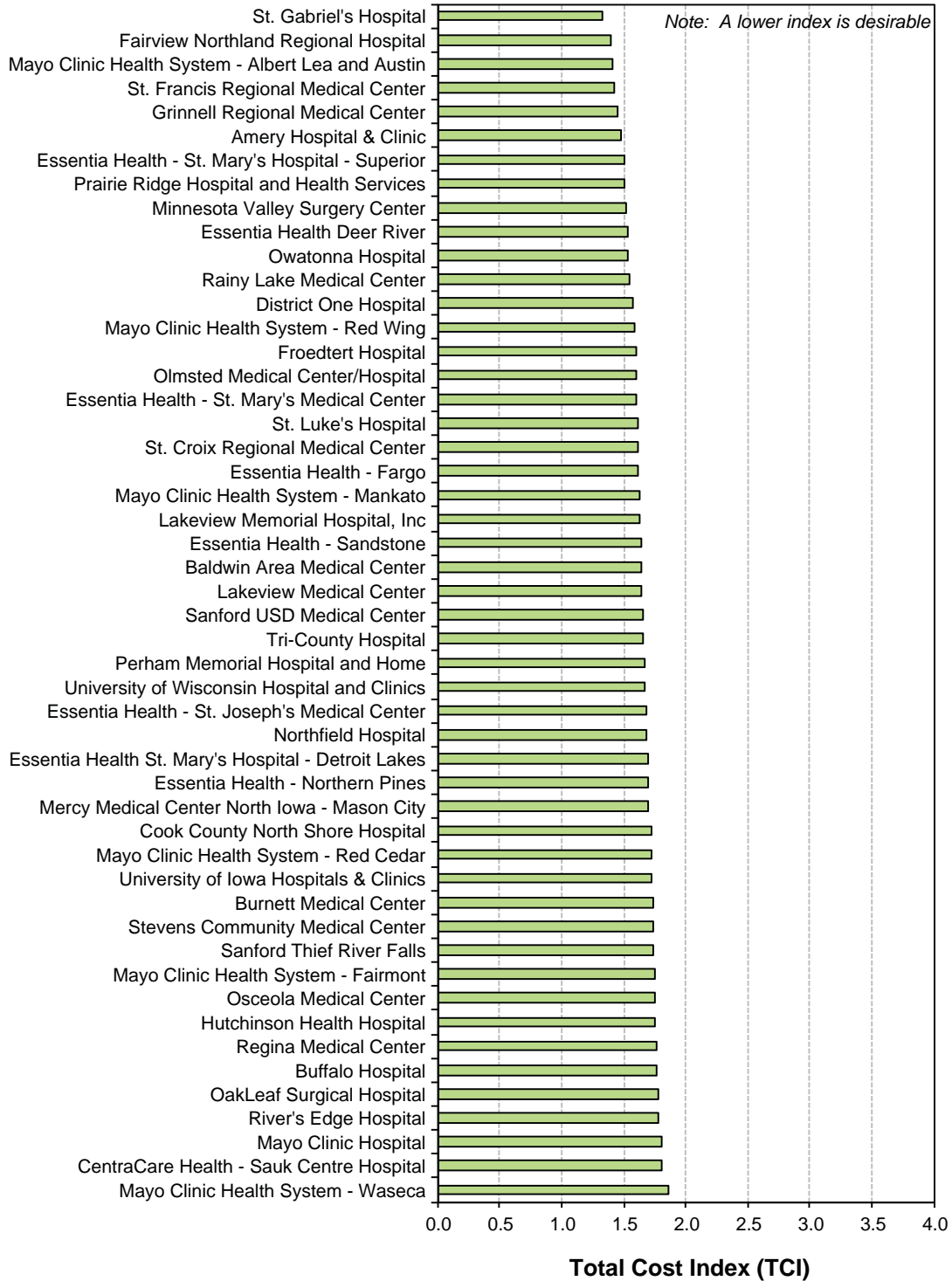
Part 1 of a 3 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers
1/1/2015 - 12/31/2015

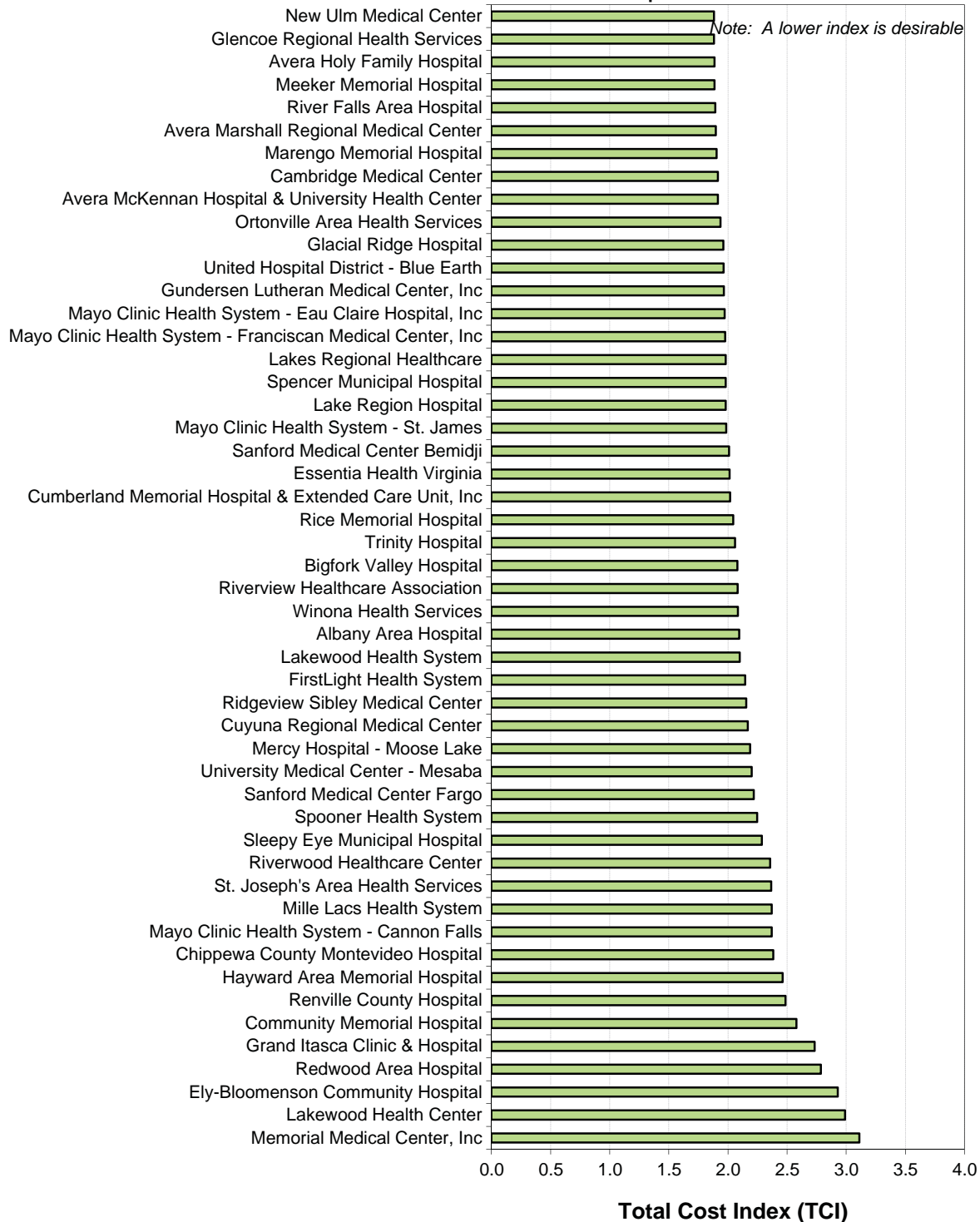
Part 2 of a 3 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers
1/1/2015 - 12/31/2015

Part 3 of a 3 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

PARTICIPATING PROVIDERS

Recognition must be extended to participating provider groups whose cooperation and support make this report possible and whose efforts to improve care are reflected in these results.

3rd Opinion Co (88)
AALFA Family Clinic, PA (21, 24, 26, 41, 46, 74, 78, 110, 111, 88)
Abbott Northwestern Hospital (11, 12, 14, 142, 145, 147)
Academic Dermatology Cutaneous Surgery and Laser Center (117, 118)
Adefris & Toppin Women's Specialists, MD, PC (29, 46, 76, 101, 102, 127, 128)
Adult and Pediatric Urology (139, 140)
Advanced Dermatology & Cosmetic Institute, PA (117, 118)
Advanced Dermatology Care (117, 118)
Advanced Medical Clinic (21, 24, 26, 41, 74, 78, 84, 88)
Advanced Practice Psych Services, LLC (43)
Advanced Spine Associates, PA (48)
Advancements in Allergy and Asthma Care, Ltd (113, 114)
Affiliated Community Medical Centers, PA (19, 22, 24, 27, 31, 32, 33, 34, 36, 37, 38, 40, 46, 51, 53, 74, 78, 80, 88, 92, 94, 95, 106, 107, 108, 110, 111, 117, 118)
Aitkin Community Hospital Inc Clinics (46, 51, 53, 68, 69, 70, 71, 72, 88, 110, 111)
Albany Area Hospital (144, 149)
Allergy & Asthma Specialists, PA (113, 114)
Allergy and Asthma Care, PA (113, 114)
Allergy, Asthma & Pulmonary Associates, PA (113, 114)
Allergy, Asthma and Immunology Clinic, PA (113, 114)
Allina Health (5, 7, 9, 16, 18, 22, 24, 26, 29, 31, 32, 33, 34, 36, 37, 38, 40, 44, 45, 46, 48, 50, 52, 55, 56, 60, 62, 64, 66, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 88, 92, 94, 95, 99, 100, 101, 102, 103, 104, 106, 107, 108, 110, 111, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140)
Altru Clinics (7, 19, 21, 24, 27, 31, 32, 34, 41, 45, 46, 51, 53, 68, 69, 70, 71, 72, 74, 78, 80, 84, 88, 92, 94, 95, 106, 107, 110, 111)
Altru Health System (142, 145, 147)
Amery Hospital & Clinic (19, 22, 24, 26, 33, 41, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 88, 110, 111, 143, 145, 148)
Andros ENT & Sleep Center, PA (99, 100, 121, 122)
Anthony Louis Center (10)
Apple Valley Medical Clinic, Ltd (7, 19, 21, 23, 27, 31, 32, 33, 34, 41, 51, 52, 68, 69, 70, 71, 72, 74, 78, 88, 92, 94, 95, 106, 107, 110, 111)
Appleton Medical Clinic (88)
Aris Clinic (43)
Arthritis and Rheumatology Consultants, PA (135, 136)
Aspire Mental Health, LLC (44)
Aspirus Network, Inc (45)
Associated Clinic of Psychology (7, 16, 44)
Associated Medical and Dental Clinic (21, 26, 41, 74, 88)
Associated Skin Care Specialists, PA (117, 118)
Avalon Programs, LLC (10)
Avera Health (7, 19, 22, 23, 27, 40, 44, 45, 46, 48, 50, 53, 74, 78, 88, 110, 111)
Avera Holy Family Hospital (144, 149)
Avera Marshall Regional Medical Center (143, 146, 149)
Avera McKennan Hospital & University Health Center (144, 146, 149)
Baldwin Area Medical Center (22, 23, 27, 40, 46, 74, 78, 88, 110, 111, 143, 145, 148)
BHSI, LLC (7, 16, 43)
Bigfork Valley Hospital (144, 149)
Brainerd Lakes Surgery Center (142, 147)
Buffalo Hospital (143, 145, 148)
Burnett Medical Center (143)
Burnsville Family Physicians, PA (18, 21, 23, 26, 40, 50, 52, 74, 78, 80, 88, 110, 111)
C.R.E.A.T.E., Inc (10)
Cambridge Medical Center (143, 145, 149)
Canvas Health, Inc (9, 44)
Carver County Mental Health Program (44)
Cashman Center (43)
Catalyst Medical Clinic (22, 24, 26, 40, 74, 78, 88)
Center for Alcohol & Drug Treatment (10)
Center for Dermatology (117, 118)
Center for Reproductive Medicine, PA (47)
CentraCare Health - Long Prairie (142, 147)
CentraCare Health - Melrose (142, 147)
CentraCare Health - Monticello Hospital (142, 145, 147)
CentraCare Health - Paynesville (143, 146, 147)
CentraCare Health - Sauk Centre Hospital (143, 146, 148)
CentraCare Health (5, 7, 18, 22, 23, 27, 29, 31, 32, 33, 34, 36, 37, 38, 40, 45, 47, 50, 52, 55, 56, 60, 62, 64, 66, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 88, 92, 94, 95, 97, 98, 101, 102, 106, 107, 108, 110, 111, 113, 114, 115, 116, 117, 118, 119, 120, 123, 124, 125, 126, 127, 128, 137, 138, 139, 140)
CentraCare Surgery Center (142, 147)
Central Minnesota Emergency Physicians (11, 12)
Central Minnesota Mental Health Center (43)
Children's Health Care (43, 46, 97, 98, 99, 100, 121, 122)
Children's Health Network (5, 7, 23, 36, 37, 38, 41, 44, 46, 78, 84, 88, 108, 110, 111)
Children's Heart Clinic, PA (45)
Chippewa County Montevideo Hospital (144, 149)
Clarus Dermatology, PA (117, 118)
Clinic Sofia OB/GYN, PA (29, 47, 76, 82, 88, 127, 128)
Clinical Psychopharmacology Consultants, PA (43)
Club Recovery, LLC (10)
CLUES Chicanos Latinos Unidos En Servicio (9)
Coborn's/Cash Wise (58, 60, 62, 64, 66)
Community Memorial Hospital (144, 149)
Comprehensive Healthcare for Women, PA (29, 47, 76, 82, 127, 128)
Conceptual Counseling (10)
Cook County North Shore Hospital (143, 148)
Costco (58, 60, 62, 64, 66)
Counseling Care (43, 142)
Crosstown Surgery Center (142, 147)
Crutchfield Dermatology, PA (117, 118)
Cumberland Memorial Hospital & Extended Care Unit, Inc (144, 149)
Cuyuna Regional Medical Center, Clinic (47, 51, 84, 88, 110, 111, 144, 146, 149)
CVS Pharmacy (58, 60, 62, 64, 66)
Dakota Clinics, Ltd (84)
David G. Fine, MD (45)
David L. Sudduth, MD (43)

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Dermatology Associates of Wisconsin, SC (117, 118)
Dermatology Consultants, PA (117, 118)
Dermatology Specialists, PA (117, 118)
Dermatology, PA (117, 118)
District One Hospital (143, 145, 148)
Douglas County Hospital (19, 21, 24, 27, 31, 32, 33, 34, 40, 46, 48, 51, 53, 68, 69, 70, 71, 72, 74, 78, 88, 92, 94, 95, 106, 107, 110, 111, 129, 130, 142, 145, 147)
Dr. Sujit R. Varma, Inc (44)
Duluth Family Medicine Clinic (88)
Ear, Nose & Throat SpecialtyCare of Minnesota, PA (121, 122)
Ear, Nose and Throat Clinic and Hearing Center (121, 122)
Edina Sports Health & Wellness, PA (21, 23, 27, 41, 74, 78, 80, 88, 110, 111)
Effective Living Center, Inc - St. Paul (11, 12)
Eisenstadt Allergy & Asthma, LLP (113, 114)
Ely-Bloomenson Community Hospital (144, 149)
Emergency Care Consultants, PA (11, 12)
Emergency Physicians, PA (11, 12)
Endocrinology Clinic of Minneapolis. PA (119, 120)
ENT Specialty Care (99, 100)
Entira Family Clinics (5, 7, 9, 18, 21, 23, 26, 31, 32, 33, 34, 36, 37, 38, 41, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 84, 86, 88, 92, 94, 95, 106, 107, 108, 110, 111)
Essentia Health - Critical Access Entities (50, 52, 68, 69, 70, 71, 72, 80, 82)
Essentia Health - Fargo (143, 146, 148)
Essentia Health - Innovis Health, LLC (7, 18, 21, 23, 27, 31, 32, 33, 34, 41, 45, 47, 48, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 82, 84, 88, 92, 94, 95, 106, 107, 110, 111, 117, 118, 121, 122, 123, 124, 127, 128, 129, 130, 137, 138)
Essentia Health - Northern Pines (143, 148)
Essentia Health - Sandstone (143, 148)
Essentia Health - SMDC Health System (5, 7, 9, 18, 21, 23, 26, 29, 31, 32, 33, 34, 36, 37, 38, 41, 43, 45, 47, 48, 50, 52, 55, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 88, 92, 94, 95, 97, 98, 99, 100, 101, 102, 103, 104, 106, 107, 108, 110, 111, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 142, 145, 148)
Essentia Health - St. Joseph's Medical Center (143, 146, 148)
Essentia Health - St. Joseph's Medical Center (7, 18, 21, 23, 26, 31, 32, 33, 34, 40, 44, 46, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 84, 88, 88, 92, 94, 95, 106, 107, 110, 111, 121, 122, 123, 124, 127, 128)
Essentia Health - St. Mary's Hospital - Superior (143, 148)
Essentia Health - St. Mary's Medical Center (14)
Essentia Health - St. Mary's Medical Center (143, 146)
Essentia Health - St. Mary's Medical Center (148)
Essentia Health - St. Mary's Regional Health Center (21, 24, 26, 40, 43, 46, 51, 53, 74, 78)
Essentia Health (50, 53, 62, 58, 60, 64, 66)
Essentia Health Deer River (143, 148)
Essentia Health Fosston (142, 147)
Essentia Health Holy Trinity Hospital (142, 147)
Essentia Health St. Mary's Hospital - Detroit Lakes (143, 146, 148)
Essentia Health Virginia (144, 149)
Fairview Clinics (5, 7, 9, 16, 19, 21, 23, 26, 29, 31, 32, 33, 34, 36, 37, 38, 40, 45, 47, 48, 50, 52, 55, 56, 58, 60, 62, 64, 66, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 92, 94, 95, 97, 98, 99, 100, 101, 102, 103, 104, 106, 107, 108, 110, 111, 113, 114, 117, 118, 119, 120, 121, 122, 127, 128, 129, 130, 131, 132, 137, 138, 139, 140)
Fairview Health Services (45, 47)
Fairview Lakes Regional Medical Center (11, 12, 142, 145, 147)
Fairview Maple Grove Surgery Center (142, 147)
Fairview Northland Regional Hospital (143, 146, 148)
Fairview Ridges Hospital (11, 12, 142, 145, 147)
Fairview Southdale Hospital (11, 12, 14, 142, 145, 147)
Fairview University Medical Center (11, 12, 14)
Family Foot and Ankle Clinic, PA (131, 132)
Family Life Mental Health Center (43)
Family Practice Medical Center of Willmar (88)
Family Tree Clinic (47)
FirstLight Health System (46, 50, 144, 149)
Foley Medical Center, Ltd (84)
France Avenue Family Physicians, PA (18, 21, 23, 26, 41, 50, 53, 68, 69, 70, 71, 72, 74, 78, 80, 89, 110, 111)
Froedtert Hospital (143, 148)
Gateway Family Health Clinic (50, 84, 89, 110, 111)
Gillette Children's Specialty Healthcare (89, 103, 104)
Glacial Ridge Hospital (143, 145, 149)
Glencoe Regional Health Services (89, 144, 146, 149)
Goodrich Pharmacy (58, 60, 62, 64, 66)
Grand Itasca Clinic & Hospital (18, 45, 51, 53, 89, 110, 111, 144, 146, 149)
Grinnell Regional Medical Center (143, 148)
Gundersen Health System (45, 51, 89, 110, 111, 144, 146, 149)
Hamm Clinic (43)
Haven Chemical Health Systems (10)
Hayward Area Memorial Hospital (144, 149)
Hazelden Betty Ford Foundation (10, 43)
Healing Connections (43)
HealthEast (5, 7, 9, 19, 22, 24, 27, 29, 31, 32, 33, 34, 36, 37, 38, 40, 43, 46, 48, 51, 53, 55, 56, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 89, 92, 94, 95, 101, 102, 106, 107, 108, 110, 111, 113, 114, 119, 120, 121, 122, 127, 128, 131, 132, 137, 138, 139, 140)
HealthEast Heart Care (45, 97, 98, 115, 116)
HealthEast St. John's Hospital (11, 12, 142, 145, 147)
HealthEast St. Joseph's Hospital (11, 12, 142, 145, 147)
HealthEast Surgery Center - Maplewood (142, 147)
HealthEast Woodwinds Hospital (11, 12, 142, 145, 147)
HealthPartners Central Minnesota Clinics, Inc (7, 9, 18, 21, 23, 26, 29, 31, 32, 33, 34, 36, 37, 38, 40, 46, 50, 52, 60, 62, 64, 68, 69, 70, 71, 72, 74, 76, 78, 84, 86, 89, 92, 94, 95, 106, 107, 108, 110, 111, 127, 128, 137, 138)
HealthPartners Clinics (5, 7, 9, 16, 18, 22, 23, 26, 29, 31, 32, 33, 34, 36, 37, 38, 41, 43, 45, 47, 48, 50, 52, 55, 56, 58, 60, 62, 64, 66, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 89, 92, 94, 95, 97, 98, 99, 100, 101, 102, 103, 104, 106, 107, 108, 110, 111, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140)
HealthPartners Mail Order Pharmacy (58, 60, 62, 64, 66)
HealthPartners Same Day Surgery Center (142, 147)

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Hennepin County Human Services and Public Health Department (47)

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High Pointe Surgery Center (142, 147)

Hudson Hospital - Critical Access (11, 12)

Hudson Hospital & Clinics (121, 122, 127, 128, 142, 145, 147)

Hudson Physicians (7, 19, 22, 23, 27, 31, 32, 33, 34, 36, 37, 38, 41, 46, 51, 52, 68, 69, 70, 71, 72, 74, 78, 89, 92, 94, 95, 101, 102, 106, 107, 108, 110, 111, 137, 138)

Hutchinson Health (14, 19, 22, 24, 27, 31, 32, 33, 34, 40, 46, 48, 50, 52, 74, 78, 84, 89, 92, 94, 95, 106, 107, 110, 111, 137, 138, 143, 145, 148)

Hy-Vee (60, 62, 64)

Ilko Family Medicine, PA (21, 23, 26, 41, 74, 78, 89)

Independent Healthcare Associates (45)

Innovative Psychological Consultants (43)

Institute for Athletic Medicine (48)

Integrity - Buffalo (7, 19, 21, 23, 27, 29, 31, 32, 33, 34, 36, 37, 38, 40, 46, 50, 52, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 89, 92, 94, 95, 106, 107, 108, 110, 111, 127, 128)

Integrity - Northern (21, 23, 27, 41, 47, 48, 74, 78, 80, 84, 89, 99, 100, 103, 104, 110, 111, 117, 118, 121, 122, 129, 130)

Integrity - St. Cloud (7, 18, 21, 24, 27, 31, 32, 33, 34, 40, 46, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 82, 84, 86, 89, 92, 94, 95, 106, 107, 110, 111, 137, 138)

Integrity Health Network (31, 32, 33, 34, 92, 94, 95, 106, 107)

Interventional Spine and Pain Physicians, PA (9)

John A. Haugen Associates, PA (29, 47, 76, 82, 89, 101, 102, 110, 111, 127, 128)

Juliette Petersen, MD (44)

K & S Dermatology, PC (117, 118)

Kevin A. O'Connor, MD (43)

Kmart (60, 64)

Lake Region Healthcare (84)

Lake Region Hospital (82, 89, 110, 111, 144, 146, 149)

Lakeland Mental Health Center, Inc (44)

Lakes Regional Healthcare (144, 149)

Lakeview Clinic, Ltd (19, 21, 24, 27, 31, 32, 33, 34, 36, 37, 38, 40, 46, 51, 53, 68, 69, 70, 71, 72, 74, 78, 80, 82, 84, 86, 89, 92, 94, 95, 106, 107, 108, 110, 111, 127, 128, 137, 138)

Lakeview Hospital (142, 145, 147)

Lakeview Medical Center (143, 146, 148)

Lakeview Memorial Hospital, Inc (143, 148)

Lakewalk Surgery Center, Ltd (142, 147)

Lakewood Clinic (7, 18, 22, 24, 27, 41, 43, 47, 51, 53, 68, 69, 70, 71, 72, 74, 78, 89, 110, 111, 117, 118)

Lakewood Health Center (144, 149)

Lakewood Health System (144, 146, 149)

Landmark Surgery Center (142, 147)

Life Development Resources, PA (44)

Living Free Recovery Services (10)

Lunds and Byerly's (58, 60, 62, 64, 66)

Lyle J. Swenson, MD, PA (45)

Mankato Clinic, Ltd (18, 29, 43, 45, 46, 50, 52, 76, 80, 82, 89, 110, 111, 117, 118)

Maple Grove Hospital (11, 12, 142, 145, 147)

Marengo Memorial Hospital (144, 149)

Mark P. Stesin, MD, PA (119, 120)

Mattson Pharmacy (60, 62)

Mayo Clinic (18, 29, 31, 32, 33, 34, 43, 45, 47, 48, 51, 53, 55, 68, 69, 70, 71, 72, 76, 89, 92, 94, 95, 97, 98, 103, 104, 106, 107, 110, 111, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 129, 130, 137, 138, 139, 140)

Mayo Clinic Health System - Cannon Falls (144, 149)

Mayo Clinic Health System - Eau Claire Hospital, Inc (144, 146, 149)

Mayo Clinic Health System - Fairmont (144, 148)

Mayo Clinic Health System - Franciscan Medical Center, Inc (144, 149)

Mayo Clinic Health System - Mankato (143, 145, 148)

Mayo Clinic Health System - Red Cedar (143, 146, 148)

Mayo Clinic Health System - Red Wing (18, 21, 24, 27, 40, 45, 46, 48, 51, 53, 74, 78, 80, 82, 89, 110, 111, 143, 146, 148)

Mayo Clinic Health System - St. James (144, 149)

Mayo Clinic Health System - Waseca (144, 148)

Mayo Clinic Health System Albert Lea and Austin (143, 146, 148)

Mayo Clinic Health System MN (7, 19, 22, 24, 27, 29, 31, 32, 33, 34, 36, 37, 38, 40, 44, 45, 47, 48, 51, 53, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 89, 92, 94, 95, 106, 107, 108, 110, 111, 117, 118, 121, 122, 127, 128)

Mayo Clinic Hospital (14, 143, 146, 148)

Medical Advanced Pain Specialists (9)

Meeker Memorial Hospital (144, 146, 149)

Memorial Medical Center, Inc (144, 145, 149)

Mental Health Counseling Services, LLC (44)

Mercy Hospital - Moose Lake (144, 149)

Mercy Hospital (11, 12, 14, 142, 145, 147)

Mercy Medical Center North Iowa - Mason City (143, 146, 148)

Meridian Behavioral Health, LLC (10)

Metropolitan Dermatology & Cutaneous Surgery, PA (117, 118)

Metropolitan Gastrointestinal Specialist (123, 124)

Metropolitan Heart & Vascular Institute (97, 98)

"Metropolitan Pediatric Specialists (89)"

Metropolitan Urologic Specialists, PA (47, 139, 140)

Midwest Center for Personal and Family Development (43)

Midwest Clinic of Dermatology, Laser & Cosmetic Surgery (117, 118)

Midwest Ear, Nose & Throat Specialists (99, 100, 113, 114, 121, 122)

Midwest Institute of Urology, PA (47)

Midwest Psychological Services (43)

Midwest Spine & Brain Institute, LLC (48)

Midwest Surgery Center (142, 147)

Mill City Dermatology, PA (117, 118)

Mille Lacs Health System (84, 144, 149)

Minneapolis Clinic of Neurology, Ltd (125, 126)

Minneapolis Clinical Assoc In Psych (44)

Minneapolis Heart Institute (97, 98)

Minneapolis Otolaryngology, PA (99, 100, 121, 122)

Minnesota Center for Obesity, Metabolism & Endocrinology, PA (119, 120)

Minnesota Dermatology, PA (117, 118)

Minnesota Gastroenterology, PA (123, 124)

Minnesota Lung Center, Ltd (133, 134)

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Minnesota Mental Health Clinics (9, 16, 43)
Minnesota Psychological Resources (44)
Minnesota Rural Health Cooperative Clinics (19, 22, 24, 27, 31, 32, 33, 34, 36, 37, 38, 41, 46, 51, 53, 68, 69, 70, 71, 72, 74, 78, 80, 82, 84, 89, 92, 94, 95, 106, 107, 108, 110, 111, 131, 132)
Minnesota Surgical Associates, PA (137, 138)
Minnesota Teen Challenge (11, 12)
Minnesota Valley Surgery Center (143, 148)
Minnesota Women's Care, PA (47, 82)
MNGI Endoscopy - Bloomington Clinic and Endoscopy Center (142, 147)
MNGI Endoscopy - Maplewood (142, 147)
Molly V. Silas, MD (44)
Multicare Associates of the Twin Cities (7, 19, 22, 24, 27, 29, 31, 32, 33, 34, 40, 47, 50, 52, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 89, 92, 94, 95, 101, 102, 106, 107, 110, 111, 127, 128)
Murad Heart Care (45)
My Dermatologist, PA (117, 118)
Natalis Counseling & Psychology Solutions (44)
Neighborhood Healthsource (50, 53, 84)
Neurological Associates of St. Paul, PA (125, 126)
New Ulm Medical Center (143, 145, 149)
Noran Neurological Clinic, PA (125, 126)
North Clinic, PA (7, 18, 22, 24, 27, 29, 31, 32, 33, 34, 40, 46, 50, 52, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 89, 92, 94, 95, 101, 102, 106, 107, 110, 111, 127, 128)
North Memorial Ambulatory Surgical Center at Maple Grove (142, 147)
North Memorial Cardiovascular Services (45, 55, 56, 97, 98, 115, 116)
North Memorial Health Care (7, 9, 18, 21, 24, 26, 31, 32, 33, 34, 41, 47, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 90, 92, 94, 95, 106, 107, 110, 111, 123, 124)
North Memorial Medical Center (11, 12, 14, 142, 146, 147)
North Metro Dermatology, PLLC (117, 118)
Northern Orthopedics, Ltd (48, 103, 104, 129, 130)
Northern Psychiatric Associates (44)
Northfield Hospital (143, 146, 148)
Northfield Hospital Clinics (21, 23, 27, 40, 47, 51, 68, 69, 70, 71, 72, 74, 78, 82, 90, 110, 111)
NorthPoint Health & Wellness Center (18, 68, 69, 70, 71, 72, 84)
NorthStar Sleep Center, LLC (133, 134)
Northwest Family Physicians, PA (7, 19, 22, 23, 26, 31, 32, 33, 34, 40, 51, 53, 68, 69, 70, 71, 72, 74, 78, 90, 92, 94, 95, 106, 107, 110, 111)
Nystrom & Associates, Ltd (5, 7, 9, 11, 12, 16, 44)
Oak Ridge Center, PLLC (44)
Oakdale Ear, Nose and Throat Clinic, PA (99, 100, 121, 122)
OakLeaf Medical Network (45, 48, 82, 139, 140, 90)
OakLeaf Surgical Hospital (144, 148)
Obstetrics and Gynecology Associates (29, 47, 76, 82, 90, 101, 102, 110, 111, 127, 128)
Olmsted Medical Center Clinics (19, 22, 23, 27, 31, 32, 33, 34, 40, 44, 45, 46, 50, 52, 68, 69, 70, 71, 72, 74, 78, 80, 82, 90, 92, 94, 95, 106, 107, 110, 111)
Olmsted Medical Center/Hospital (143, 146, 148)
On-Site Podiatry, Inc (131, 132)
Open Cities Health Center (19, 47, 51, 53, 84, 86)
Options Family & Behavior Services (9)
Orthopaedic & Fracture Clinic, PA (48, 129, 130)
Ortonville Area Health Services (90, 144, 149)
Osceola Medical Center (19, 22, 24, 27, 41, 51, 52, 68, 69, 70, 71, 72, 74, 78, 80, 84, 90, 110, 111, 143, 146, 148)
Outlook Health Services, Inc (46)
Owatonna Hospital (143, 145, 148)
Paparella Ear Head & Neck Institute, PA (99, 100, 121, 122)
Paramount Health Options (47)
Park Avenue Center (10)
Park Nicollet Health Services (5, 7, 9, 16, 18, 22, 24, 26, 29, 31, 32, 33, 34, 36, 37, 38, 40, 43, 45, 47, 48, 50, 52, 55, 56, 58, 60, 62, 64, 66, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 84, 86, 90, 92, 94, 95, 97, 98, 99, 100, 101, 102, 103, 104, 106, 107, 108, 110, 111, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140)
Park Nicollet Health Services Hospitals (43)
Park Nicollet Methodist Hospital - Ambulatory Surgery Center (142, 147)
Park Nicollet Methodist Hospital (11, 12, 142, 145, 147)
Parkview Medical Clinic (51, 84)
Paul T. Richardson, MD, LLC (43)
Perham Memorial Hospital and Home (143, 148)
Pinnacle Behavioral Healthcare, LLC (43)
Planned Parenthood of Minnesota, North Dakota, South Dakota (46, 82)
Plymouth Psych Group, LLC (43)
Prairie Lakes Health Care System (45)
Prairie Ridge Hospital and Health Services (143, 148)
Prairie St. John's (14, 43)
PrairieCare Medical Group (43)
Premier ObGyn of Minnesota (29, 47, 76, 82, 90, 101, 102, 110, 111, 127, 128)
Preventive Cardiology Consultants, PA (45)
PrimeCare Health Group (45)
Professional Family Based Division (43)
Psych Recovery, Inc (7, 16, 44)
Rainy Lake Medical Center (143, 148)
Ramsey County Mental Health Center (44)
Redwood Area Hospital (144, 149)
Regina Medical Center (143, 145, 148)
Regional Health (45)
Regions Hospital (11, 12, 14, 58, 60, 62, 64, 66, 142, 145, 147)
Relate Counseling Center (44)
Renville County Hospital (144, 149)
Respiratory Consultants, PA (133, 134)
Rice Memorial Hospital (143, 145, 149)
Richfield Medical Group (22, 26, 40, 74, 90)
Ridgeview Clinics (7, 19, 21, 24, 27, 29, 31, 32, 33, 34, 40, 46, 51, 53, 68, 69, 70, 71, 72, 74, 76, 78, 80, 82, 90, 92, 94, 95, 99, 100, 101, 102, 106, 107, 110, 111, 117, 118, 121, 122, 123, 124, 127, 128)
Ridgeview Medical Center (142, 145, 147)
Ridgeview Sibley Medical Center (144, 149)
River Falls Area Hospital (143, 146, 149)
River Ridge Treatment Center (10)
River Valley Behavioral Health & Wellness Center, LLC (44)
Riverplace Counseling Center (10)
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Riverview Healthcare Association (144, 149)
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Riverwood Healthcare Center (84)
Robert Roddy, MD, PA (44)
Sanford Health - Bismarck (41, 45)
Sanford Health - Fargo (7, 18, 22, 24, 26, 31, 32, 33, 34, 36, 37, 38, 41, 43, 45, 46, 48, 51, 53, 68, 69, 70, 71, 72, 74, 78, 80, 90, 92, 94, 95, 101, 102, 103, 104, 106, 107, 108, 110, 111, 117, 118, 127, 128, 137, 138)
Sanford Health - Sioux Falls (22, 24, 27, 40, 45, 46, 50, 74, 78, 80, 90, 110, 111)
Sanford Medical Center Bemidji (144, 146, 149)
Sanford Medical Center Fargo (144, 146, 149)
Sanford Thief River Falls (143, 146, 148)
Sanford USD Medical Center (144, 148, 148)
Sawtooth Mountain Clinic, Inc (84)
Schwieters Medical, PLLC (44)
Setzer Pharmacy (60, 64)
Shopko (58, 60, 62, 64, 66)
Silverman Ankle & Foot (48)
Skin Care Doctors, PA (117, 118)
Skin Physicians, PA (117, 118)
Skin Specialists, Ltd (117, 118)
SkinSpeaks: Advancements in Dermatology and Spa MD (117, 118)
Sleepy Eye Municipal Hospital (144, 149)
Southdale Pediatric Associates, Ltd (5, 23, 36, 37, 38, 41, 78, 90, 108, 110, 111)
Southwest Dermatology Specialists (117, 118)
Specialists In General Surgery, Ltd (137, 138)
Specialized Treatment Services, Inc (10)
Spencer Municipal Hospital (144, 149)
Spooner Health System (144, 149)
St. Cloud Ear, Nose & Throat - Head & Neck Clinic (99, 100, 121, 122)
St. Cloud Hospital (11, 12, 14, 44, 142, 145, 147)
St. Cloud Orthopedic Associates, Ltd (48, 103, 104, 129, 130, 131, 132)
St. Cloud Surgical Center (142, 147)
St. Croix Dermatology (117, 118)
St. Croix Orthopaedics, PA (103, 104)
St. Croix Regional Medical Center (7, 19, 22, 24, 27, 31, 32, 33, 34, 41, 43, 51, 53, 68, 69, 70, 71, 72, 74, 78, 80, 82, 90, 92, 94, 95, 106, 107, 110, 111, 131, 132, 143, 146, 148)
St. Francis Regional Medical Center (11, 12, 143, 145, 148)
St. Gabriel's Hospital (142, 145, 148)
St. Joseph's Area Health Services (144, 146, 149)
St. Luke's Clinics (18, 21, 23, 26, 29, 31, 32, 33, 34, 36, 37, 38, 40, 44, 45, 47, 48, 51, 52, 68, 69, 70, 71, 72, 74, 76, 78, 84, 90, 92, 94, 95, 106, 107, 108, 110, 111, 117, 118, 123, 124, 127, 128)
St. Luke's Hospital (143, 146, 148)
St. Mary's Medical Center Acute Care (11, 12)
St. Paul Allergy & Asthma Clinic, PA (113, 114)
St. Paul Corner Drug (64)
St. Paul Family Medical Center (21, 23, 26, 41, 74, 78, 84, 90)
Stevens Community Medical Center (144, 148)
Stillwater Medical Group (5, 7, 9, 18, 21, 23, 26, 29, 31, 32, 33, 34, 36, 37, 38, 41, 45, 47, 48, 51, 52, 68, 69, 70, 71, 72, 74, 76, 78, 84, 86, 90, 92, 94, 95, 99, 100, 101, 102, 106, 107, 108, 110, 111, 121, 122, 127, 128, 131, 132, 137, 138, 139, 140)
Stone Creek Psychiatry, LLC (9, 44)
Summit Orthopedics, Ltd (48, 103, 104, 129, 130)
SuperValu/Cub (58, 60, 62, 64, 66)
Surgical Consultants (45)
Surgical Specialists of Minnesota (137, 138)
Tareen Dermatology, PA (117, 118)
The Calli Institute, LLC (43)
The Community Circle (44)
The Emily Program (43)
The Heart Institute of North Dakota (45)
The Medicine Shoppe (64)
Thrifty Drug Stores (58, 60, 62, 64, 66)
TRIA Orthopaedic Center, LLC (103, 104, 129, 130, 131, 132, 142, 147)
Tri-County Health Care (47, 84, 90, 110, 111)
Tri-County Hospital (143, 145, 148)
Trinity Health (45)
Trinity Hospital (144, 149)
Twin Cities Orthopedics, PA (48, 103, 104, 129, 130, 131, 132)
Twin Cities Spine Center (103, 104)
Two Twelve Surgery Center (142, 147)
United Family Medicine (7, 18, 43, 51, 53, 68, 69, 70, 71, 72, 80, 84, 86, 110, 111)
United Heart and Vascular Clinic (97, 98)
United Hospital (11, 12, 14, 142, 146, 147)
United Hospital District - Blue Earth (144, 149)
Unity Family Healthcare (18, 31, 32, 33, 34, 48, 51, 53, 68, 69, 70, 71, 72, 90, 92, 94, 95, 103, 104, 106, 107, 110, 111, 129, 130)
Unity Hospital (11, 12, 142, 145, 147)
UnityPoint Health Partners (19, 44, 45, 47, 48, 51, 53, 90)
University Medical Center - Mesaba (144, 146, 149)
University of Iowa Hospitals & Clinics (45, 143, 148)
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University of MN Physicians Heart at Fairview (45, 55, 56, 115, 116)
University of Wisconsin Hospital and Clinics (143, 148)
Uptown Dermatology and Skin Spa, PA (117, 118)
Urologic Physicians, PA (139, 140)
Urology Associates, Ltd (139, 140)
Valhalla Place, Inc - Brooklyn Park (11, 12)
Valley Family Practice (21, 26, 41, 74, 90)
Vibrant Health Family Clinics (19, 22, 23, 27, 31, 32, 33, 34, 40, 51, 52, 68, 69, 70, 71, 72, 74, 78, 80, 82, 90, 92, 94, 95, 106, 107, 110, 111)
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2015

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