2019 Clinical Indicators Report

2018/2019 Results

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

HealthPartners®

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November 2019

Dear friends and colleagues,

Welcome to the HealthPartners 2019 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,

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2019 CLINICAL INDICATORS REPORT

2018/2019 Results

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2019 CLINICAL INDICATORS REPORT

Table of Contents

Introduction 1

Behavioral Health

ADHD Follow-Up Visit after New Medication HEDIS 4

Antidepressant Medication Management HEDIS 6

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment HEDIS 8

Follow-Up after Hospitalization for Mental Illness HEDIS 12

Optimal Health Management for Severe Mental Illness 14

Diabetes Care

Diabetes Eye Exam HEDIS 16

Healthy Behaviors

Body Mass Index (BMI) HEDIS 19

Alcohol Assessment - Adult Primary Care 24

Alcohol Assessment - Adult OB/GYN 27

Medication Management

Generic Drug Use - Primary Care 29

Generic Drug Use - Specialty Care 32

Annual Monitoring for Patients on Persistent Medications - Primary Care 39

Annual Monitoring for Patients on Persistent Medications - Cardiology 44

Medication Adherence for Asthma - Pharmacy HEDIS 47

Medication Adherence for Diabetes - Pharmacy HEDIS 49

Cholesterol Persistence - Pharmacy 51

Antidepressant Medication Management - Pharmacy HEDIS 53

Musculoskeletal

Optimal Care for Acute Low Back Pain 55

Preventive Services

Preventive Services Members Up-to-Date - Adult Primary Care HEDIS 61

Preventive Services Members Up-to-Date - Adult OB/GYN HEDIS 64

Preventive Services Members Up-to-Date - Child and Adolescent HEDIS 66

Child & Teen Check-Ups (Medicaid Population) 69

Lead Screening (Medicaid Population) 72

Safety

Clinic Safety Assessment Survey 74

Patient Experience - Medication Safety - Specialty Care 78

Total Cost of Care

Total Cost of Care and Resource Use - Primary Care 87

Total Cost Index and Resource Use - Specialty Care 92

Total Cost Index - Hospitals 127

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 83 measures. Rates are reported by primary care provider group, specialty care provider group, pharmacy chain or hospital.

The HealthPartners Partners in Excellence (PIE) program recognizes providers with consistent high performance in the Health & Patience Experience Quality Dimension quality clusters. This year 24 primary care provider groups, 36 specialty care provider groups and 15 pharmacy chains met the PIE targets.

The report includes:

- Measurement definitions and methodologies based on the following categories: chart review, 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
- Measures and components that contribute to the HealthPartners Partners in Excellence (PIE) program
- Identification of measures, or elements of measures, that are consistent with HEDIS measurement specifications HEDIS
- 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:

- Optimal Health Management for Severe Mental Illness - Behavioral Health Groups
- Optimal Health Management for Severe Mental Illness - Non-Behavioral Health Groups
- Diabetic Eye Exam
- Body Mass Index (BMI) Assessment - Adult
- Body Mass Index (BMI) Assessment - Child and Adolescent
- Generic Drug Use - Primary Care
- Generic Drug Use - Behavioral Health Providers
- Generic Drug Use - OB/GYN Providers
- Preventive Services - Adult - Primary Care
- Child & Teen Check-Ups (C&TC)
- Lead Screening

New Measures

- No new measures were added to the report this year.

Retired Measures

- No measures were retired from the report this year.

Measurement Changes

- No measurement changes in the report this year.

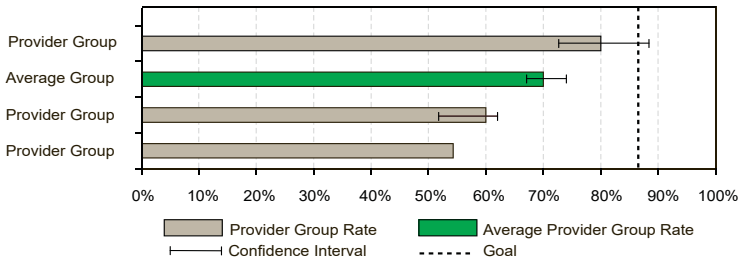
Participating Providers

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 (gray bars) and average group performance (green bar). Comparative provider data are only made available for a sample size or population denominator of at least 30. 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 2019 Clinical Indicators Report Technical Supplement is available online and includes measurement detail, optimal component rates and trended plan rates over time. The 2019 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, 2018 – December 31, 2018

Description

The percentage of children ages six to 17 with an ambulatory prescription dispensed for ADHD medication between January 1, 2018 and December 1, 2018, 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 2019 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	2,561
Members with follow-up visit(s)	1120
ADHD Follow-Up Visit Rate	**43.7%**

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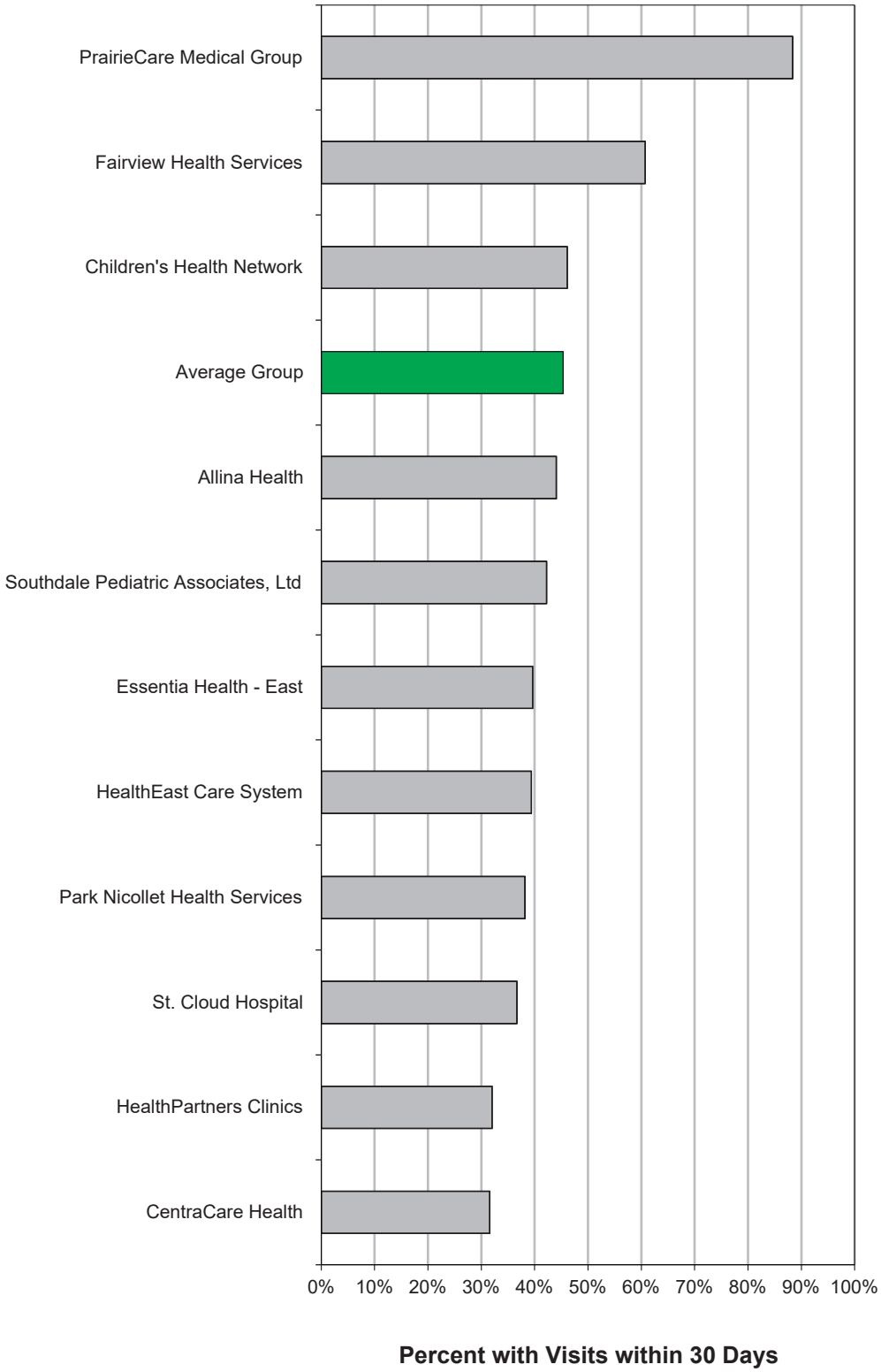
ADHD Follow-up Visit after New Medication

1/1/2018-12/31/2019



ANTIDEPRESSANT MEDICATION MANAGEMENT
May 1, 2017 – December 31, 2018

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 2019 Antidepressant Medication Management measurement specifications.

Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2018, 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	10,538
Members remaining on medication for 90 days	7,694
Antidepressant Medication Management Rate - Acute Phase	**73.0%**
Members remaining on medication for 180 days	5,960
Antidepressant Medication Management Rate - Continuation Phase	**56.6%**

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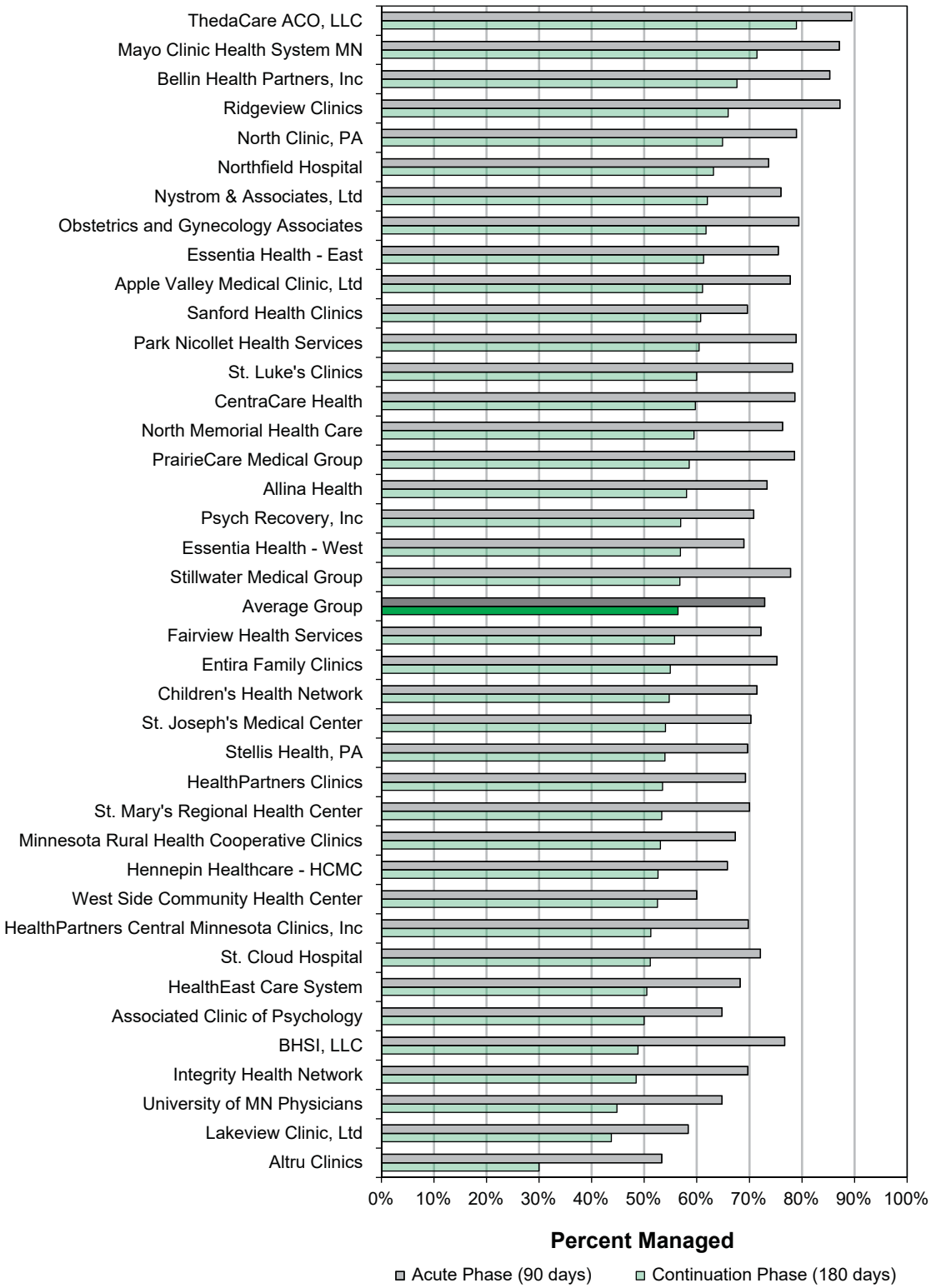
Antidepressant Medication Management

5/1/2017 - 12/31/2018



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

January 1, 2018 – December 31, 2018

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 2019 Initiation and Engagement of Alcohol and Other Drug Dependence Treament measurement specifications and includes all members ages 13 and older as of December 31, 2018, 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	4,459
Members initiating treatment within 14 days of diagnosis	848
Members engaged in treatment within 30 days of initiation visit	321
Initiation of AOD Treatment Rate	**19.0%**
Engagement of AOD Treatment Rate	**7.2%**
Members Attributed to Chemical Dependency Programs	
Total eligible members	652
Members initiating treatment within 14 days of diagnosis	251
Members engaged in treatment within 30 days of initiation visit	207
Initiation of AOD Treatment Rate	**38.5%**
Engagement of AOD Treatment Rate	**31.7%**
Members Attributed to Hospitals	
Total eligible members	3,944
Members initiating treatment within 14 days of diagnosis	2,054
Members engaged in treatment within 30 days of initiation visit	636
Initiation of AOD Treatment Rate	**52.1%**
Engagement of AOD Treatment Rate	**16.1%**

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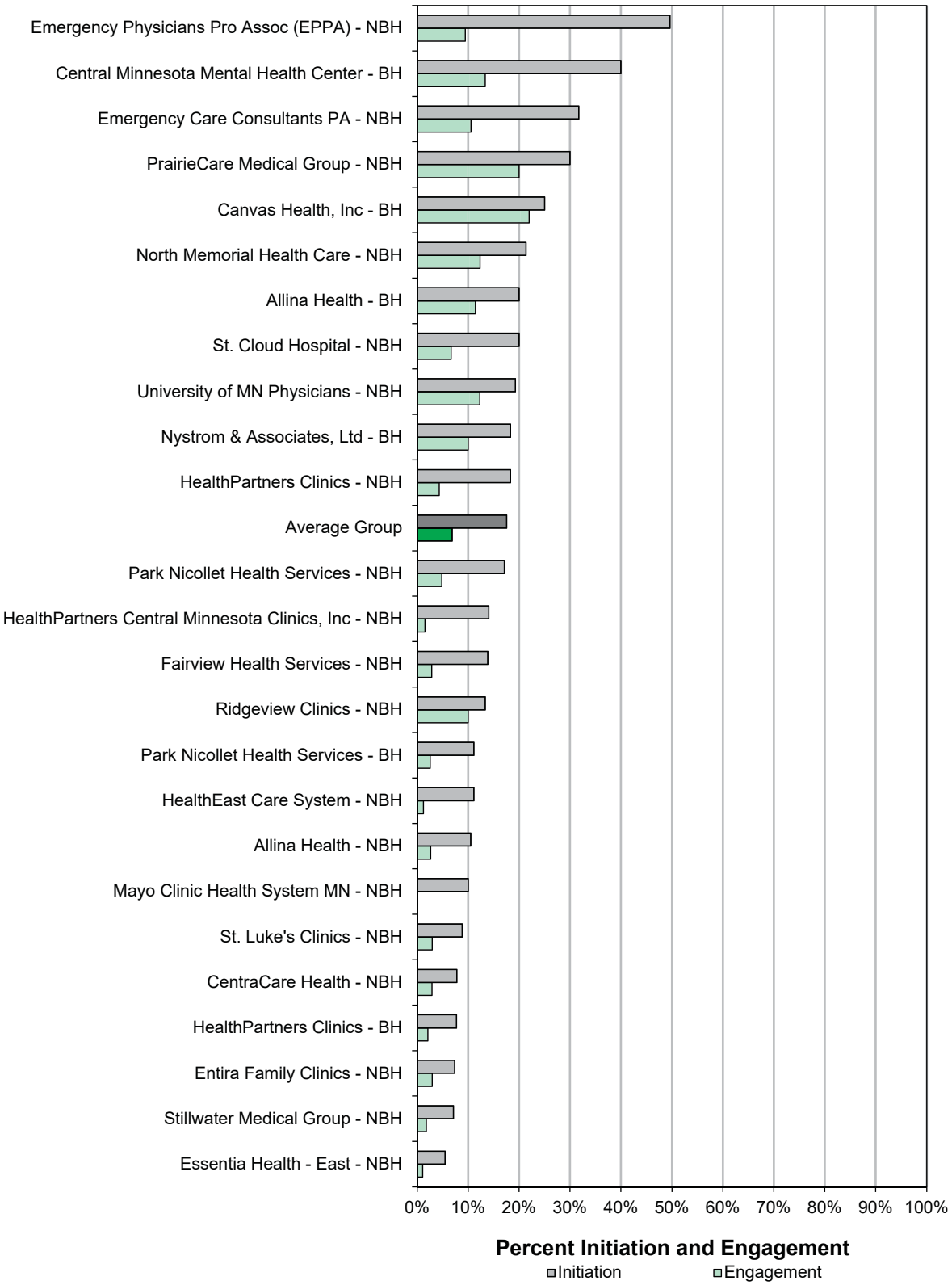
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Primary Care and Behavioral Health Provider Groups
1/1/2018 - 12/31/2018



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

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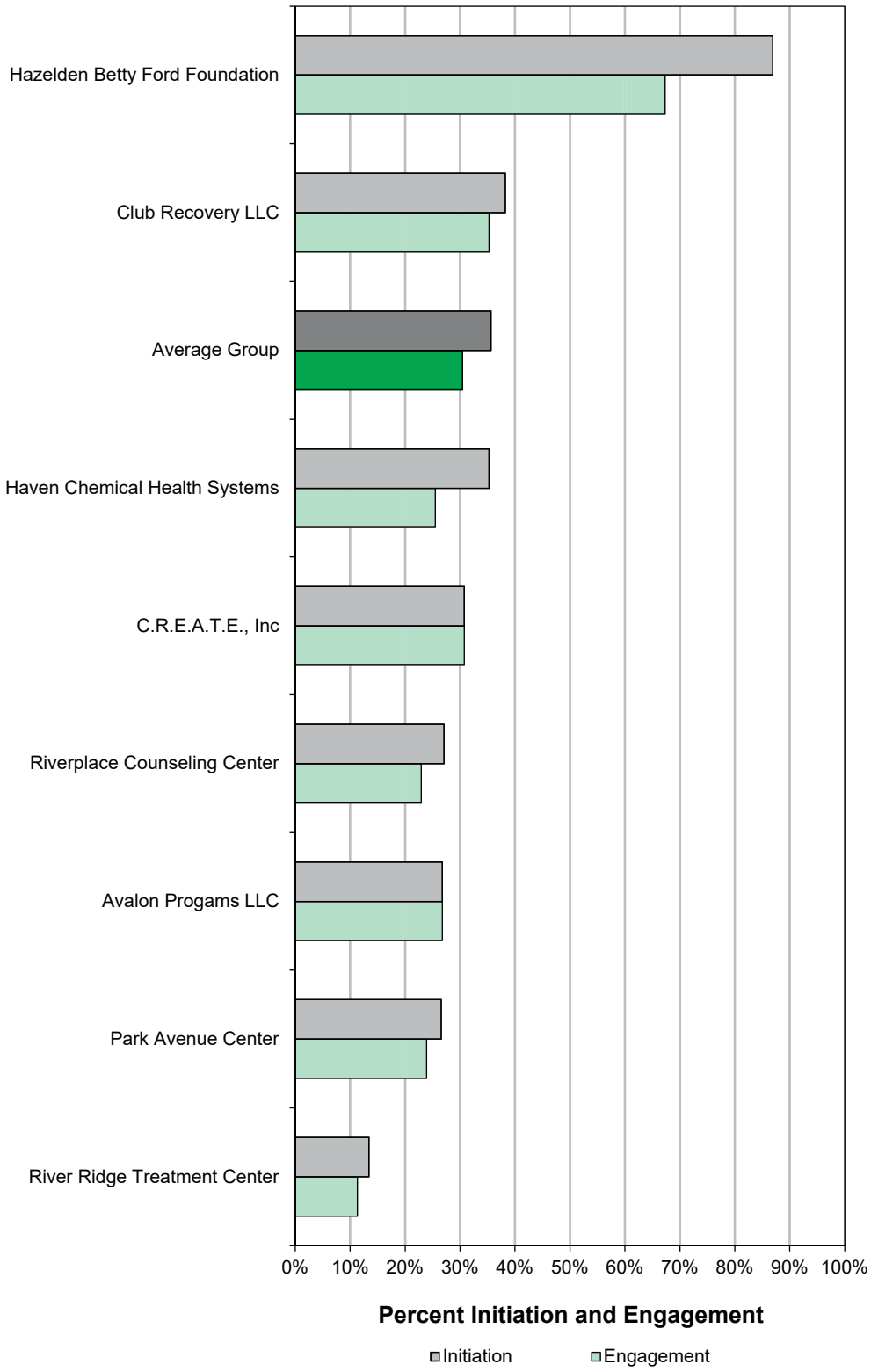
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Chemical Dependency Programs
1/1/2018 - 12/31/2018



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

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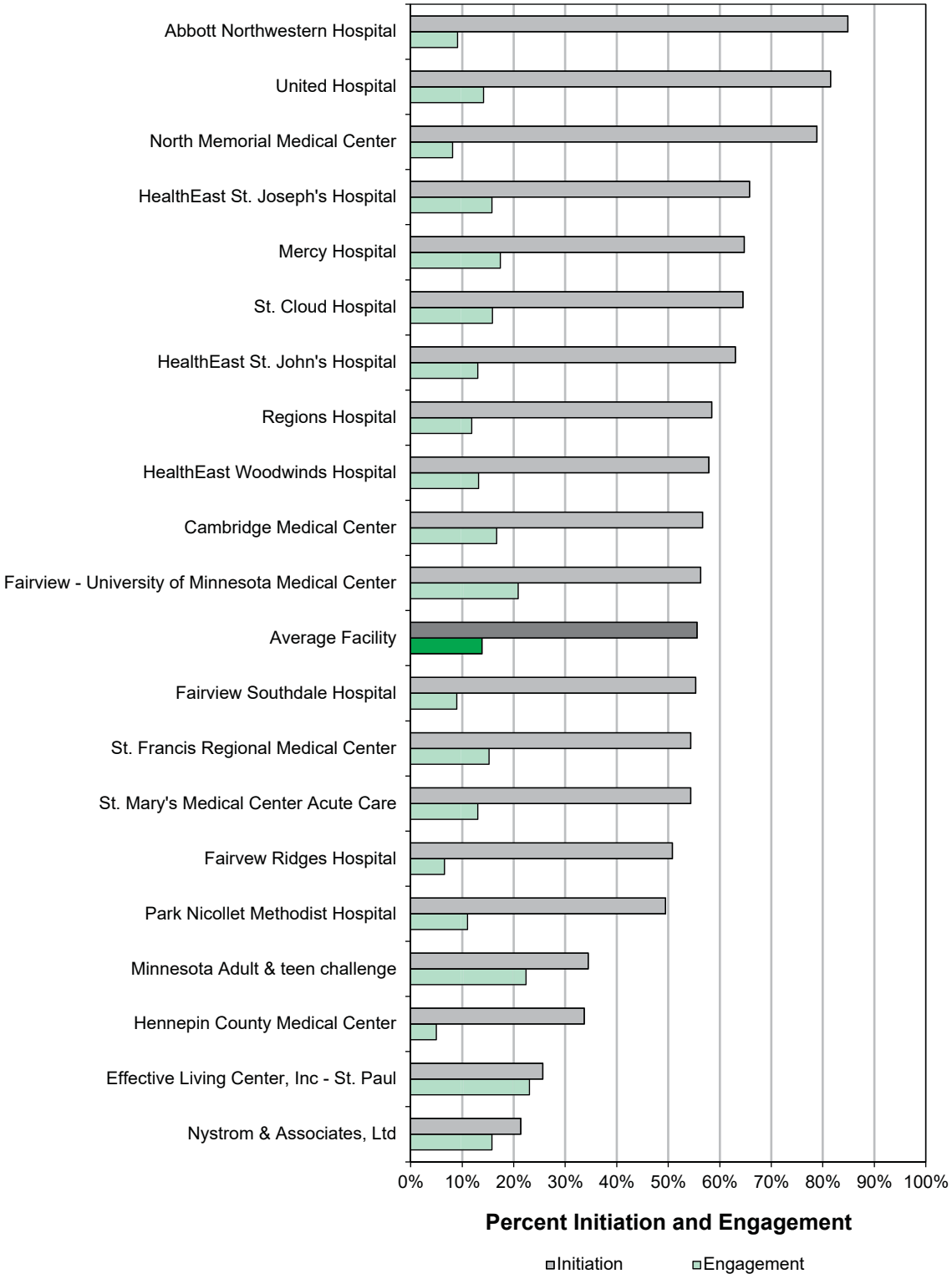
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Hospitals
1/1/2018 - 12/31/2018



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

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS
January 1, 2018 – December 31, 2018

Description

The percentage of members ages six and older who were hospitalized for treatment of selected mental health disorders in 2018, 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 2019 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	3,266
Members with follow-up visit(s)	1,586
Follow-Up Visit Rate	**48.6%**

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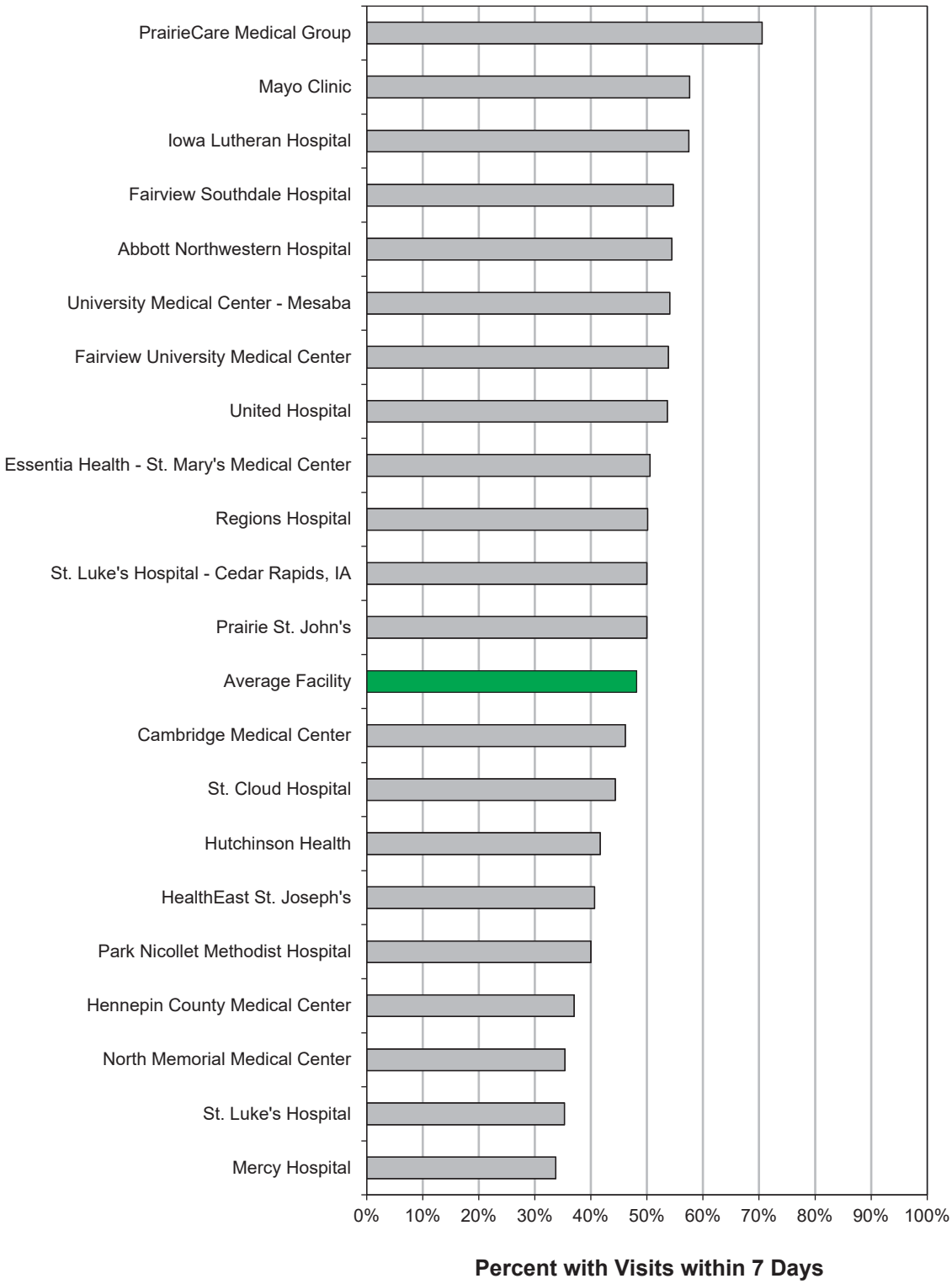
Follow-up after Hosptalization for Mental Illness

1/1/2018 - 12/31/2018



OPTIMAL HEALTH MANAGEMENT FOR SEVERE MENTAL ILLNESS
January 1, 2018 – December 31, 2018

Description

The percentage of members ages 18 to 65 by December 31, 2018, 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, 2018 to December 31, 2018, who had a clinic visit in 2018 and were prescribed an antipsychotic or mood stabilizer in 2018. 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	1,957
Members sampled	973
Members optimally managed	399
Members Optimally Managed	**44.7%** (± 3.8)
Behavioral health provider groups	
Total eligible members	994
Members sampled	563
Members optimally managed	195
Members Optimally Managed	**36.3%** (± 4.9)
Non-behavioral health provider groups	
Total eligible members	963
Members sampled	410
Members optimally managed	204
Members Optimally Managed	**53.5%** (± 6.0)

Completion Rate by Individual Component	Behavioral Health	Non-Behavioral Health	Total
Alcohol Assessment *(in 2018)*	**76.6%** (± 4.1)	**90.4%** (± 3.1)	**83.4%** (± 2.6)
Blood Pressure *(in 2018)*	**84.6%** (± 3.7)	**99.1%** (± 0.8)	**91.8%** (± 1.9)
BMI Assessment *(in 2018)*	**83.2%** (± 3.8)	**97.8%** (± 1.7)	**90.4%** (± 2.1)
Fasting Glucose or HbA1c [if diabetes] *(in 2018)*	**55.5%** (± 4.9)	**71.0%** (± 5.5)	**63.1%** (± 3.7)
LDL Screening *(in 2018)*	**48.5%** (± 5.0)	**61.3%** (± 5.9)	**54.8%** (± 3.9)
Tobacco Assessment *(in 2018)*	**92.8%** (± 2.6)	**99.2%** (± 0.7)	**96.0%** (± 1.4)

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

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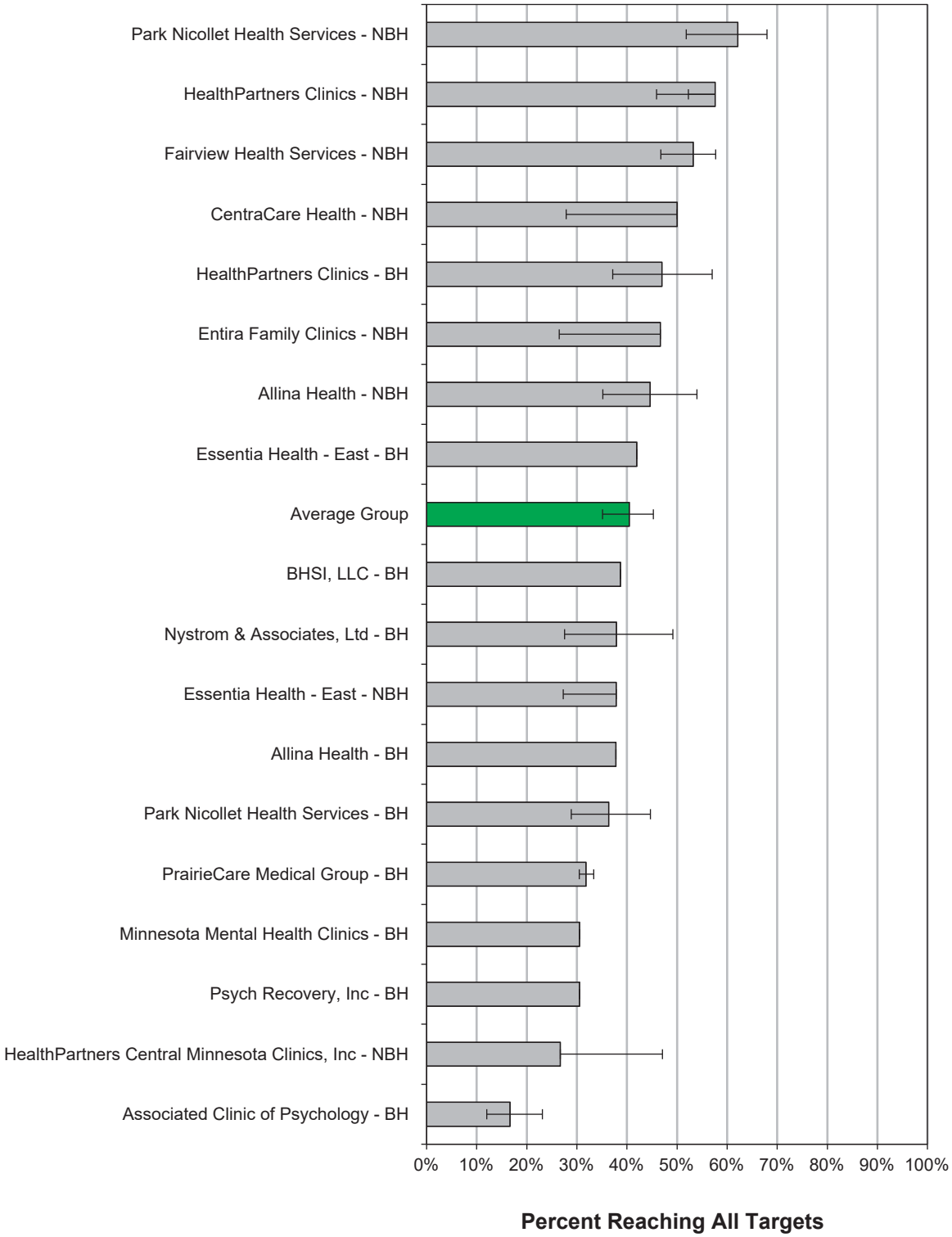
Optimal Health Management for Severe Mental Illness

1/1/2018 - 12/31/2018



Confidence Interval
Finite population correction factor applied

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

DIABETIC EYE EXAM
January 1, 2018 – December 31, 2018

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 2019 Comprehensive Diabetes Care measurement specifications and includes members ages 18 to 75 years as of December 31, 2018, from all products who were continuously enrolled from January 1, 2018 to December 31, 2018, 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	40,326
Members with eye exam	25,240
Diabetic Eye Exam Rate	**62.6%**

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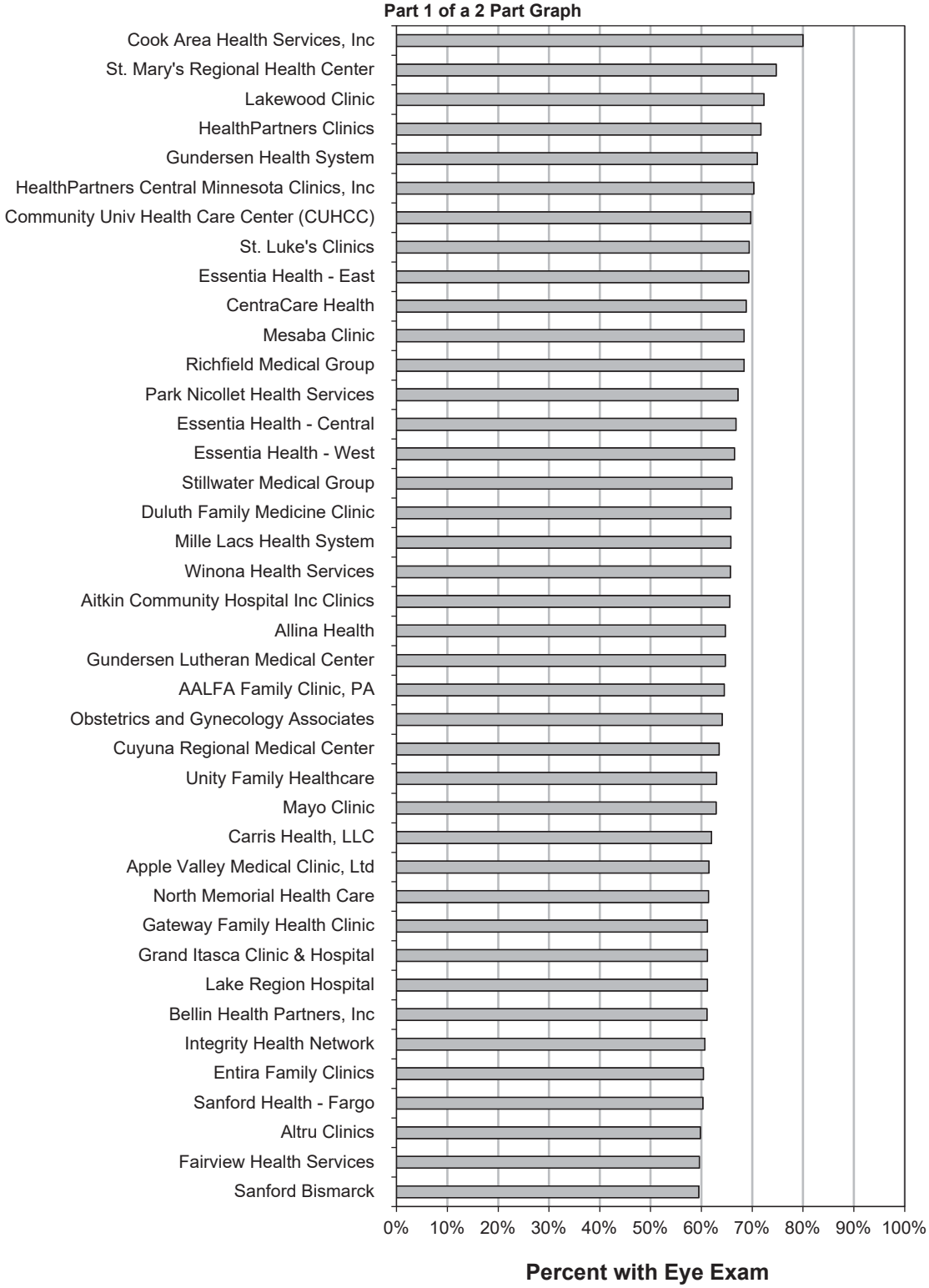
Diabetic Eye Exam
1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



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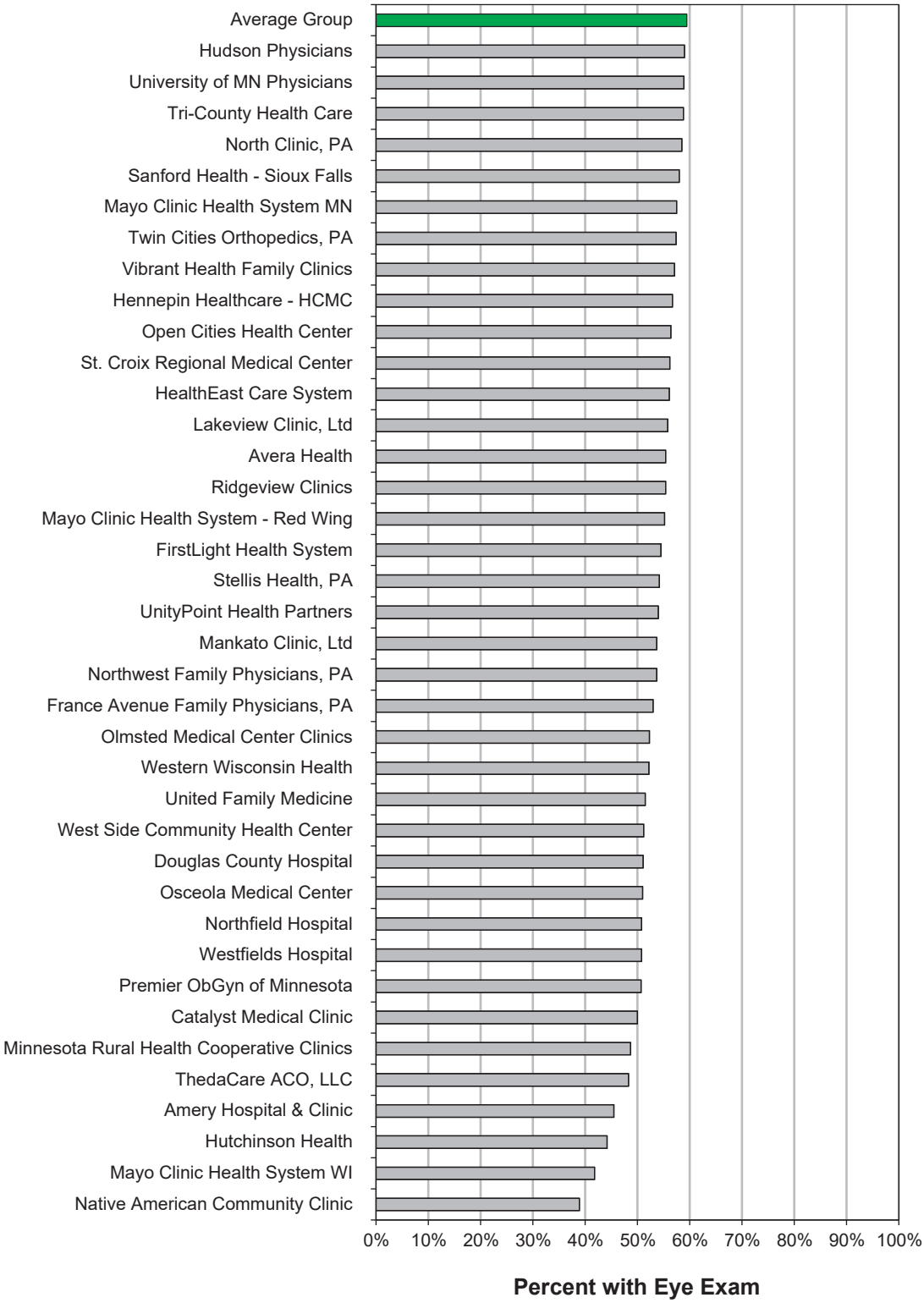
Diabetic Eye Exam
1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



BODY MASS INDEX (BMI)
January 1, 2018 – December 31, 2018

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 2019 Adult BMI assessment specifications. This measure includes members from all products and all ages three and older who were continuously enrolled from January 1, 2018 to December 31, 2018, who had a clinic visit in 2018. 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 ≥ age 16 with a documented BMI in the medical record.

Results*

BMI Assessment - Adult	
Total eligible memberst	407,250
Members sampled	6,194
Members with documented BMI	5,594
BMI Assessment Rate - Adult	**94.3%** (± 1.4)
BMI Percentile - Child and Adolescent	
Total eligible members	142,560
Members sampled	5,652
Members with BMI percentile or BMI plotted	4,566
BMI Percentile Rate - Child and Adolescent	**88.2%** (± 1.8)

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

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Body Mass Index (BMI) Assessment - Adult

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph

Confidence Interval

Finite population correction factor applied

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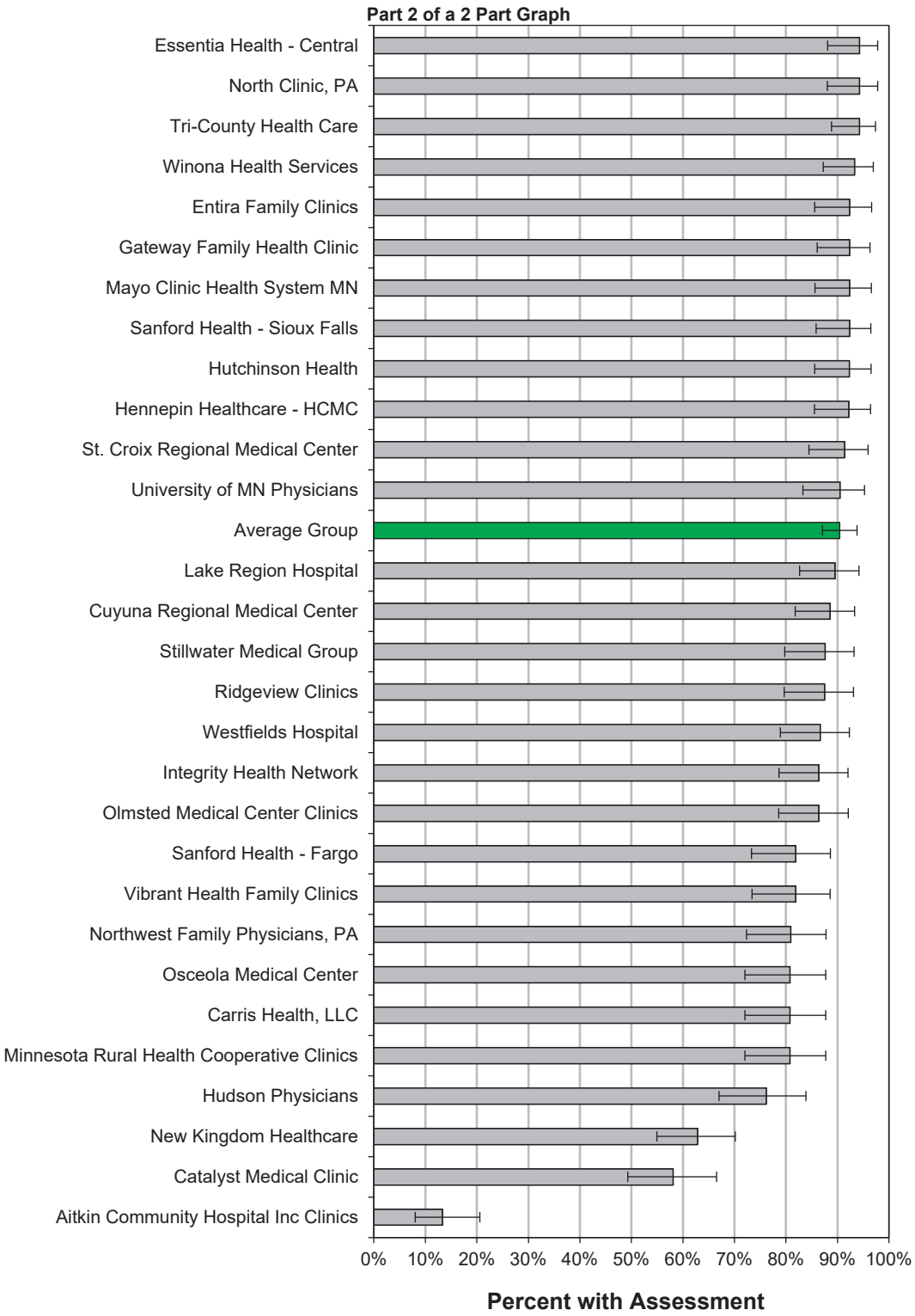
Body Mass Index (BMI) Assessment - Adult

1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



Confidence Interval

Finite population correction factor applied

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Body Mass Index (BMI) Assessment - Child and Adolescent

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph

Confidence Interval

Finite population correction factor applied

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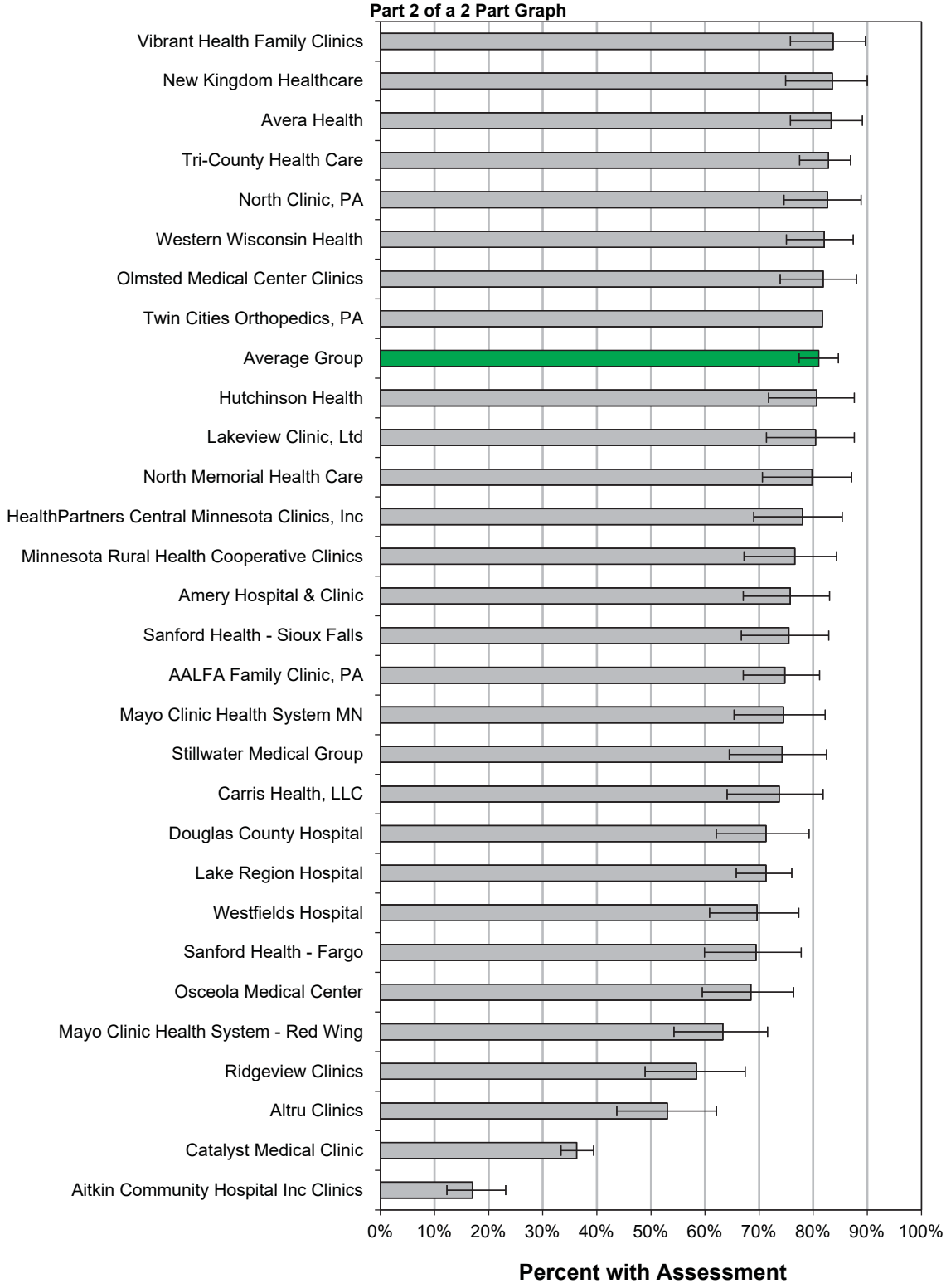
Body Mass Index (BMI) Assessment - Child and Adolescent

1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



Confidence Interval
Finite population correction factor applied

ALCOHOL ASSESSMENT — ADULT PRIMARY CARE
January 1, 2018 – December 31, 2018

Description

The rate represents the percentage of members ages 19 and older by December 31, 2018, 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, 2018 to December 31, 2018, who had a clinic visit in 2018. Population identification is based on claim and membership databases. The sample includes members from the adult preventive services measure.

Results*

Total eligible members	401,562
Members sampled	6,083
Members with assessment	3,563
Alcohol Assessment Rate	**65.5%** (± 2.9)

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

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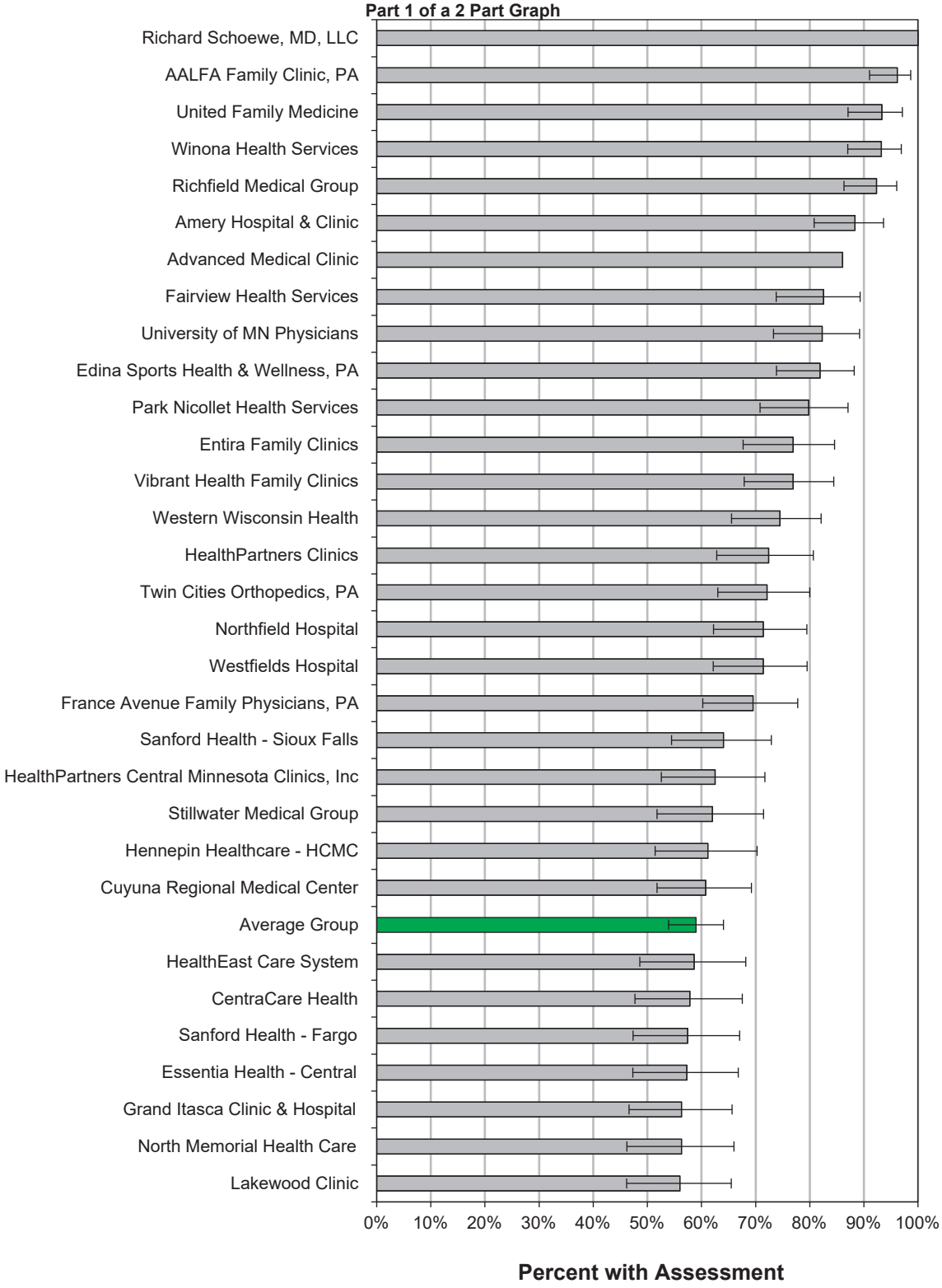
Alcohol Assessment - Adult - Primary Care

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



Confidence Interval

Finite population correction factor applied

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Alcohol Assessment - Adult - Primary Care

1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph

Confidence Interval

Finite population correction factor applied

ALCOHOL ASSESSMENT — ADULT OB/GYN
January 1, 2018 – December 31, 2018

Description

The rate represents the percentage of women ages 19 and older by December 31, 2018, 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, 2018 to December 31, 2018, who had a clinic visit in 2018. Population identification is based on claim and membership databases. The sample includes members from the OB/GYN preventive services measure.

Results*

Total eligible members	72,078
Members sampled	1,983
Members with assessment	1,349
Alcohol Assessment Rate	**75.0%** (± 3.2)

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

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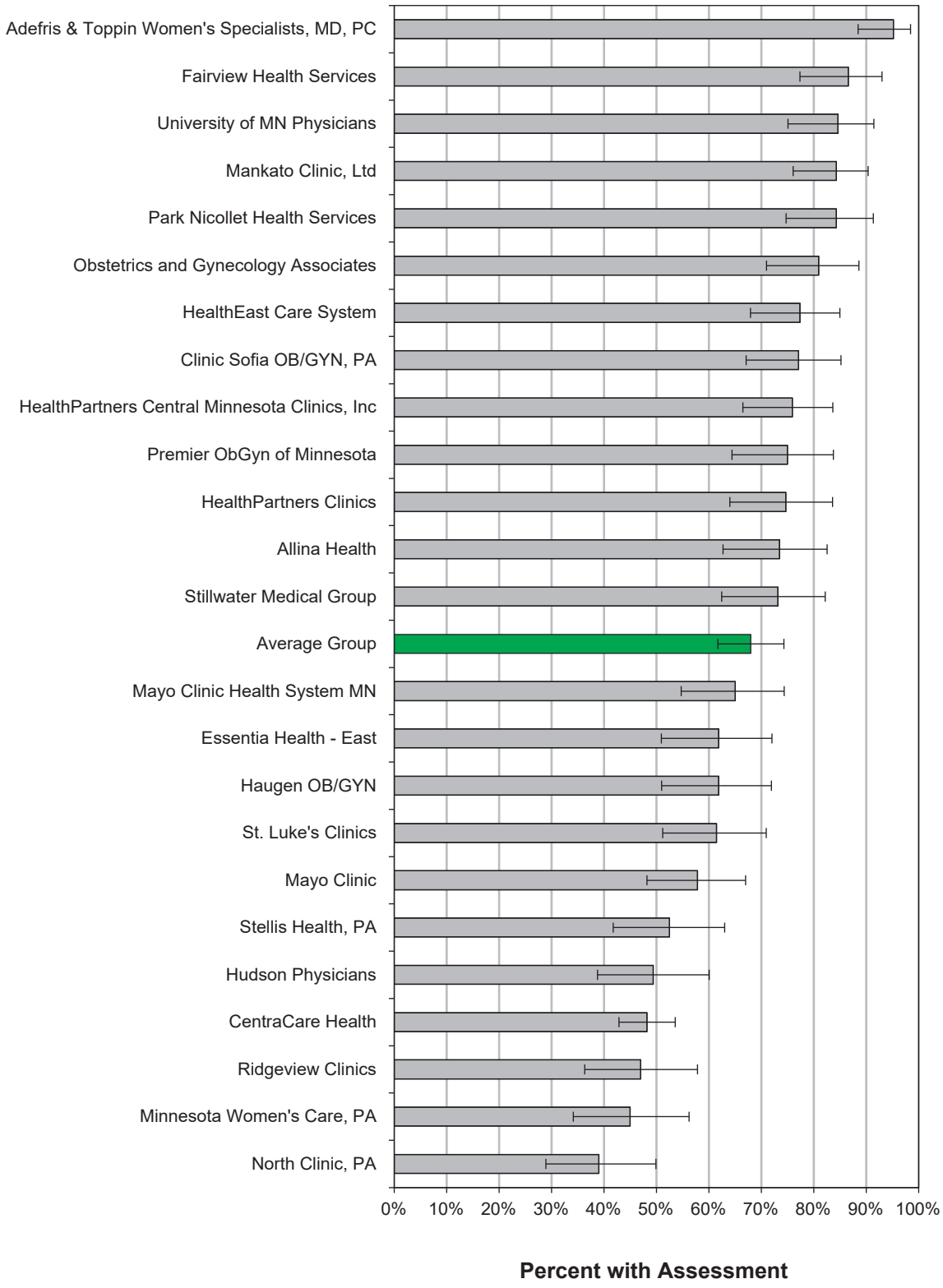
Alcohol Assessment - Adult - OB/GYN Providers

1/1/2018 - 12/31/2018



GENERIC DRUG USE — PRIMARY CARE
January 1, 2019 – June 30, 2019

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, 2019 and June 30, 2019, 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	3,674,286
Generic drug prescriptions	3,449,534
Generic Drug Use Rate	**93.9%**

** 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.*

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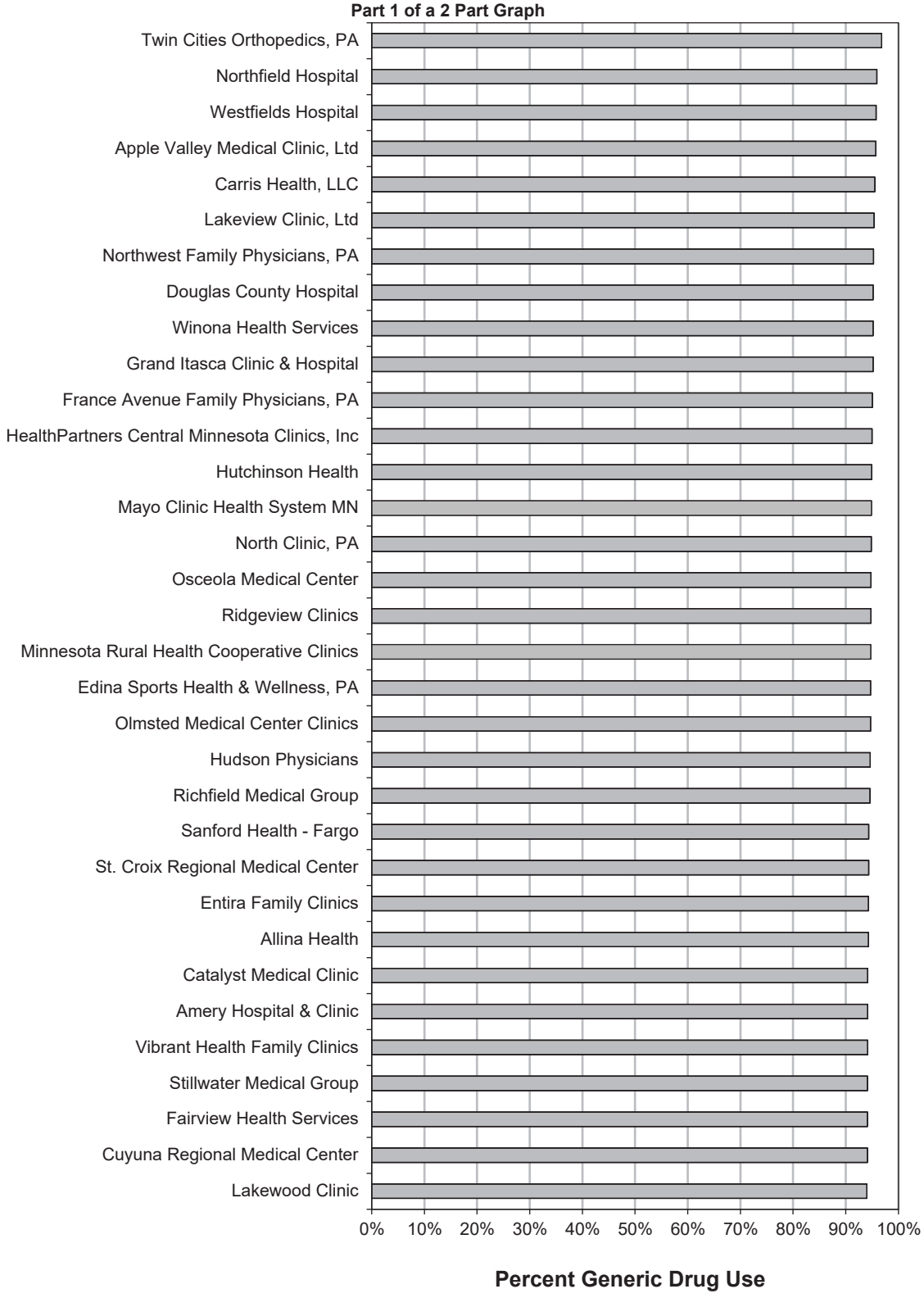
Generic Drug Use - Primary Care

1/1/2019 - 6/30/2019

Part 1 of a 2 Part Graph

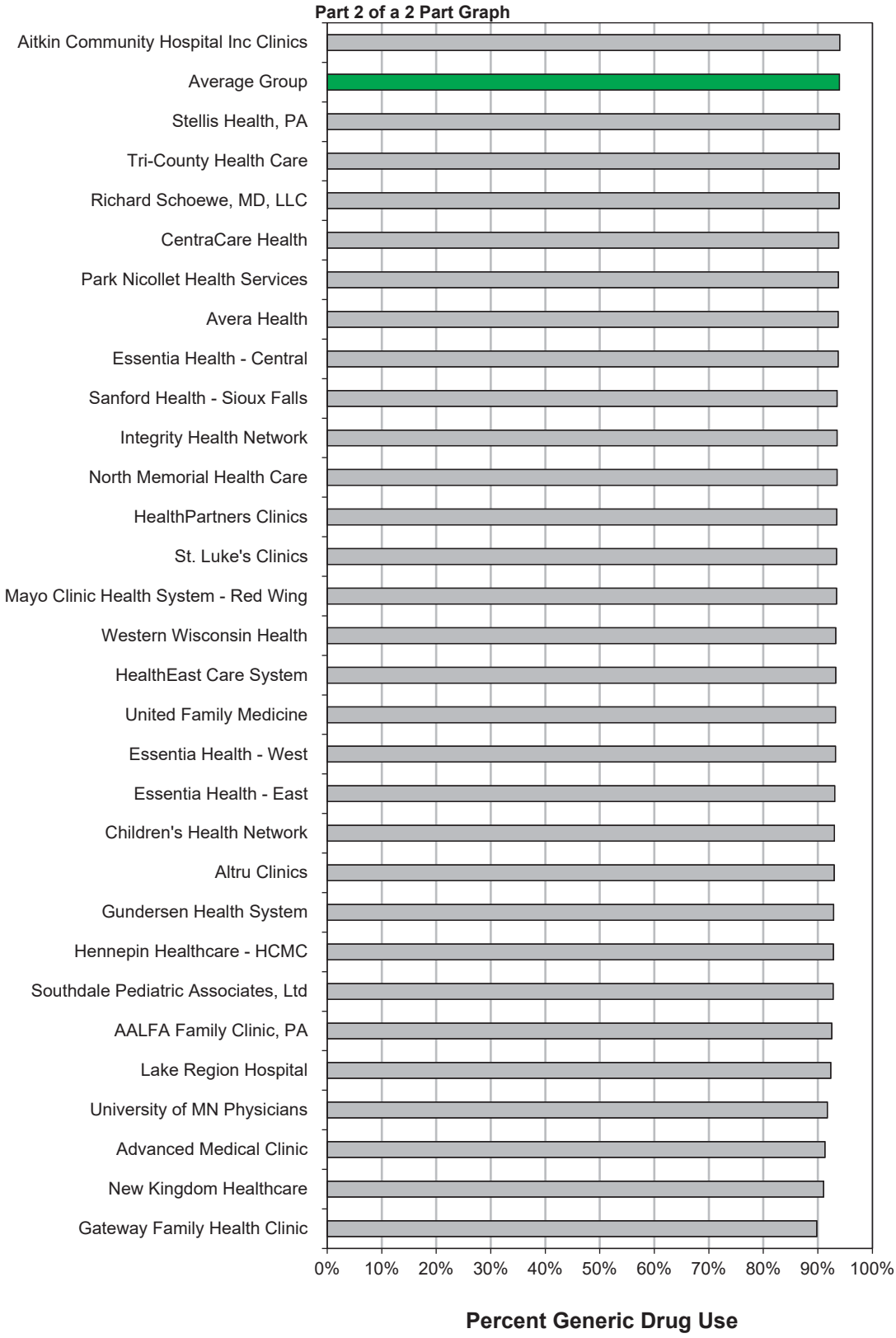


HealthPartners®

Generic Drug Use - Primary Care

1/1/2019 - 6/30/2019

Part 2 of a 2 Part Graph



GENERIC DRUG USE — SPECIALTY CARE
January 1, 2019 – June 30, 2019

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, 2019 and June 30, 2019, 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	132,451
Generic drug prescriptions	131,417
Behavioral Health Generic Drug Use Rate	**99.2%**
Cardiology	
Total prescriptions	152,112
Generic drug prescriptions	139,895
Cardiology Generic Drug Use Rate	**92.0%**
OB/GYN	
Total prescriptions	217,696
Generic drug prescriptions	203,263
OB/GYN Generic Drug Use Rate	**93.4%**
Orthopaedics	
Total prescriptions	34,947
Generic drug prescriptions	34,447
Orthopaedics Generic Drug Use Rate	**98.6%**

** 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.*

HealthPartners®

Generic Drug Use - Behavioral Health Providers

1/1/2019 - 6/30/2019

Part 1 of a 2 Part Graph

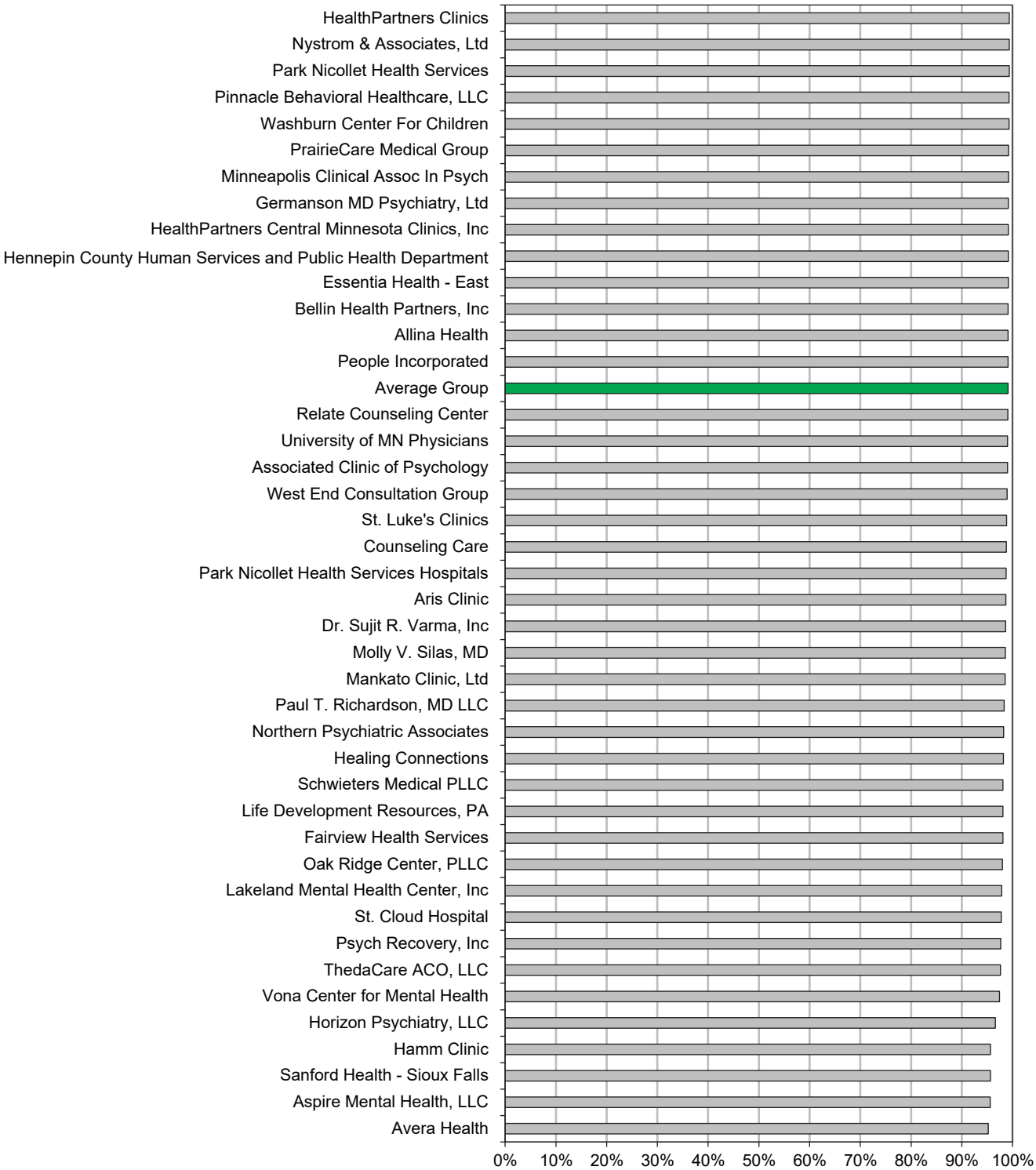
Medical Groups with <200 prescriptions are not displayed

HealthPartners®

Generic Drug Use - Behavioral Health Providers

1/1/2019 - 6/30/2019

Part 2 of a 2 Part Graph

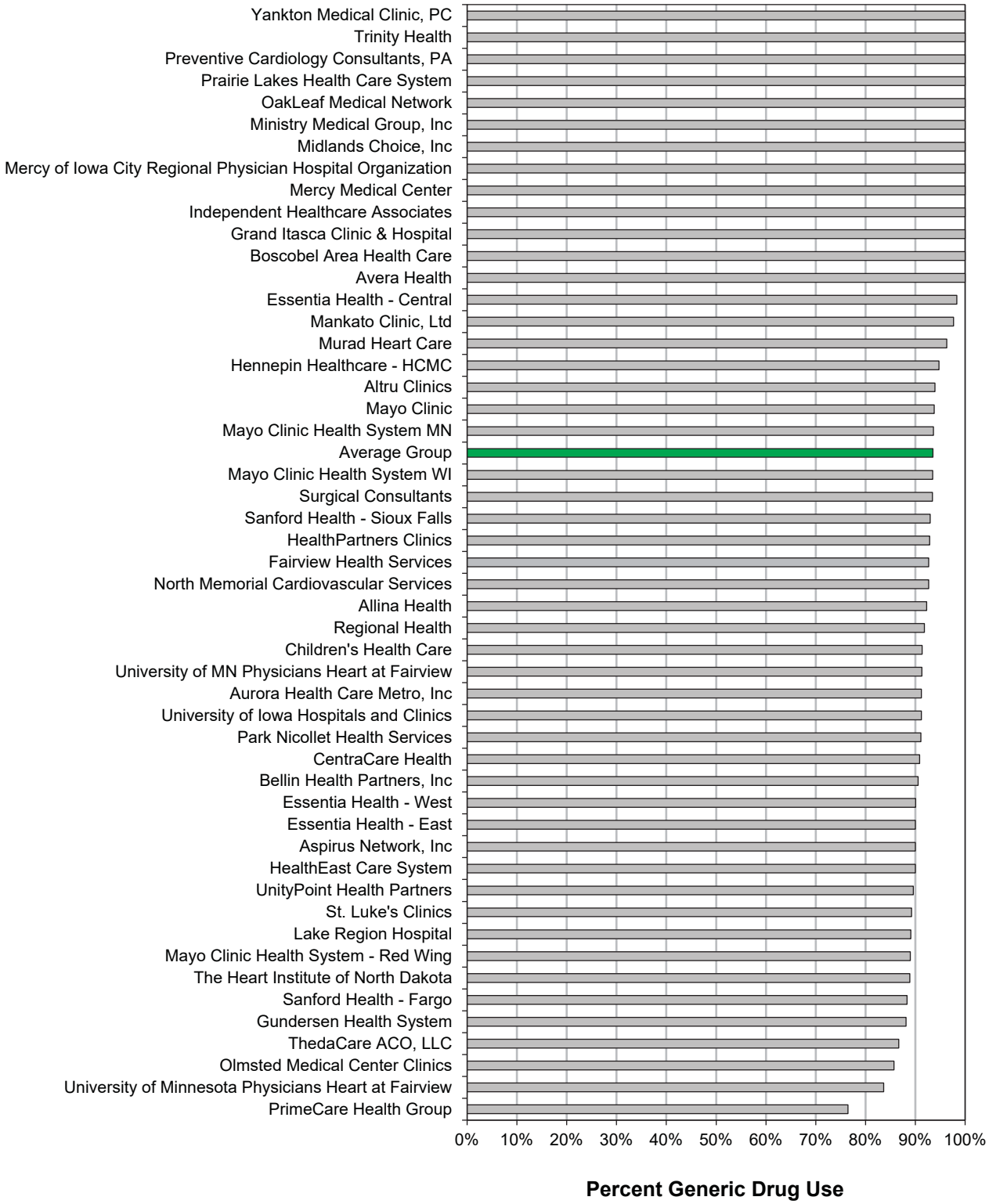


Medical Groups with <200 prescriptions are not displayed

HealthPartners®

Generic Drug Use - Cardiology Providers

1/1/2019 - 6/30/2019

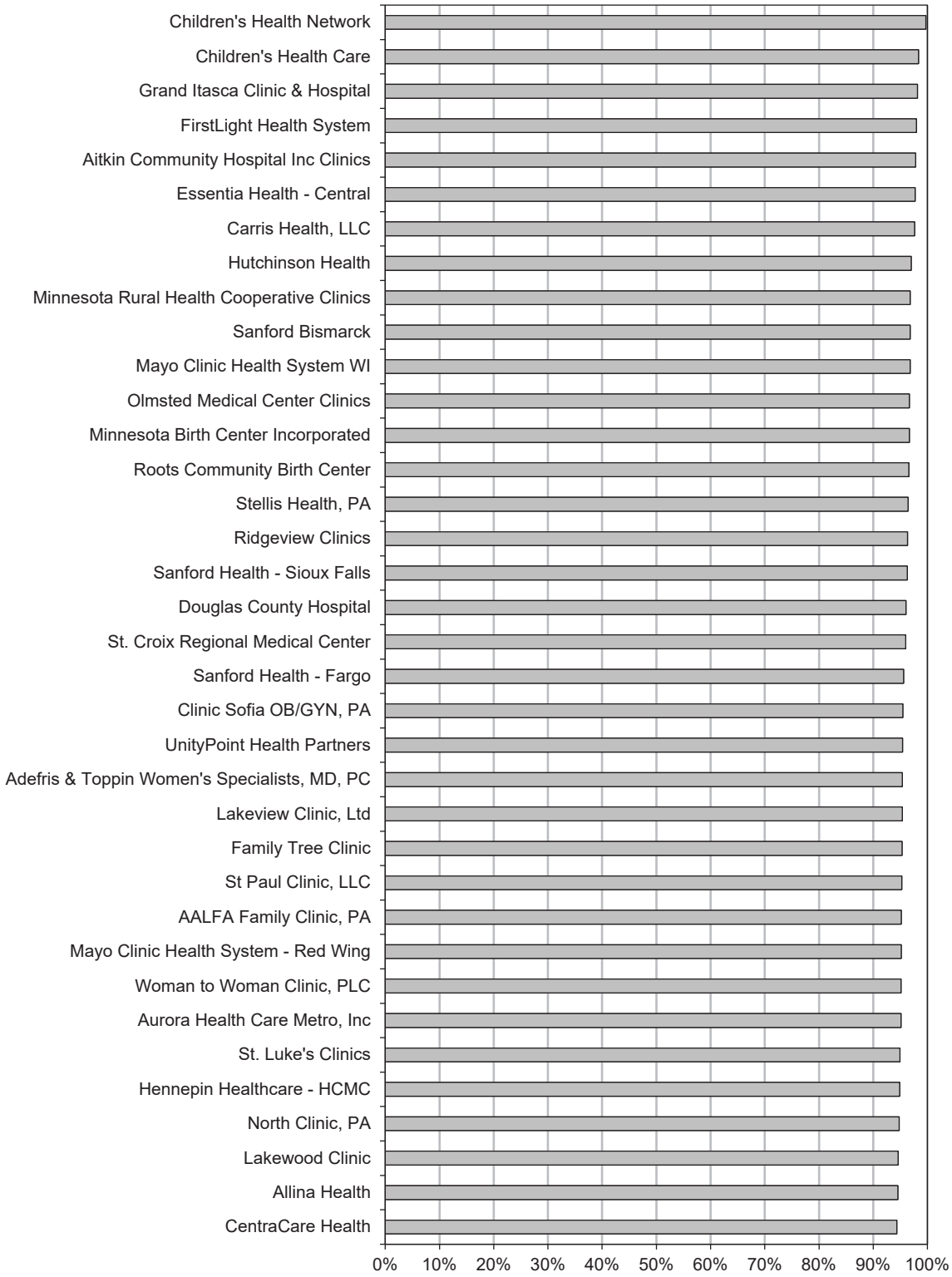


HealthPartners®

Generic Drug Use - OB/GYN Providers

1/1/2019 - 6/30/2019

Part 1 of a 2 Part Graph



Percent Generic Drug Use

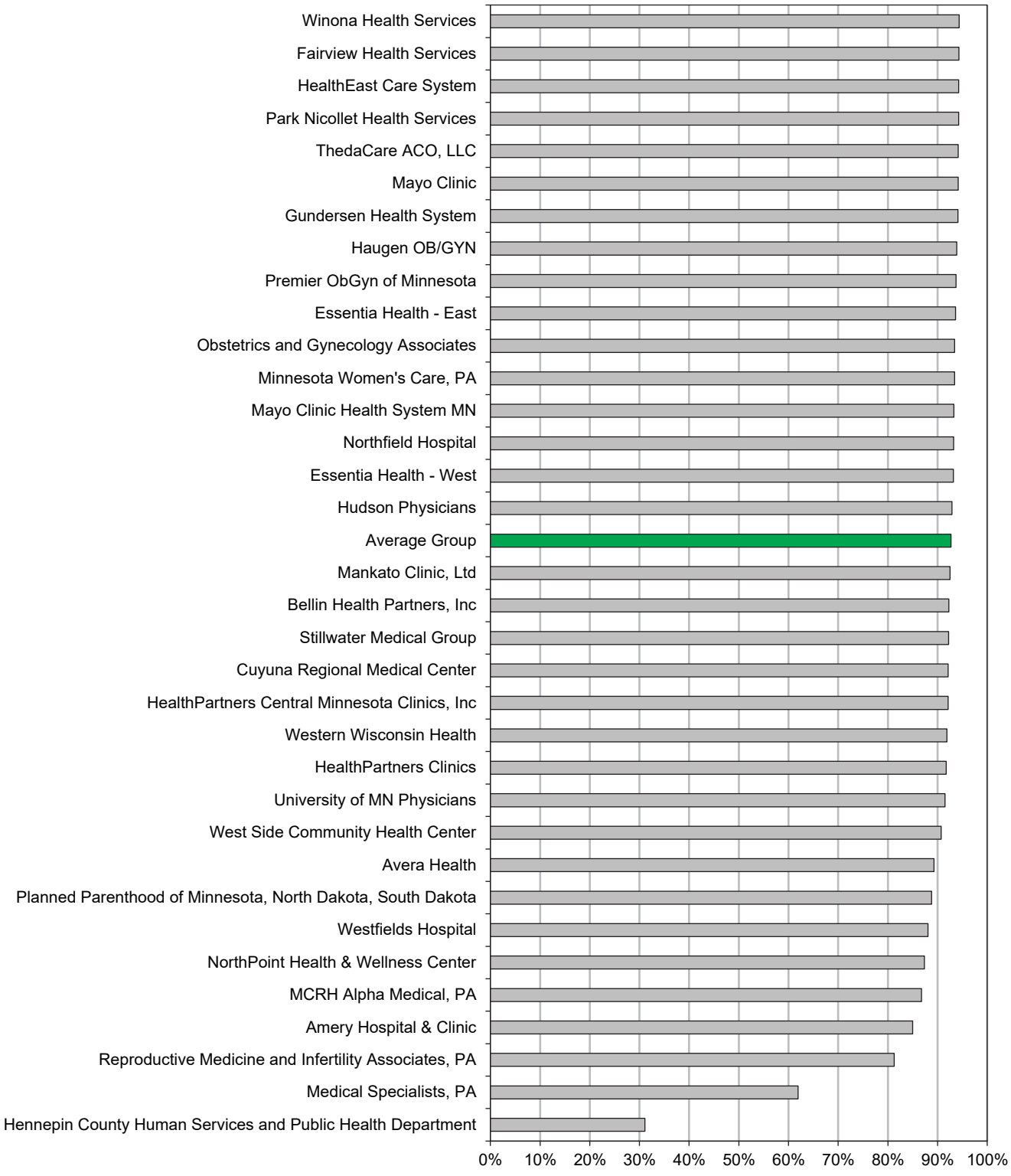
Medical Groups with <200 prescriptions are not displayed.

HealthPartners®

Generic Drug Use - OB/GYN Providers

1/1/2019 - 6/30/2019

Part 2 of a 2 Part Graph

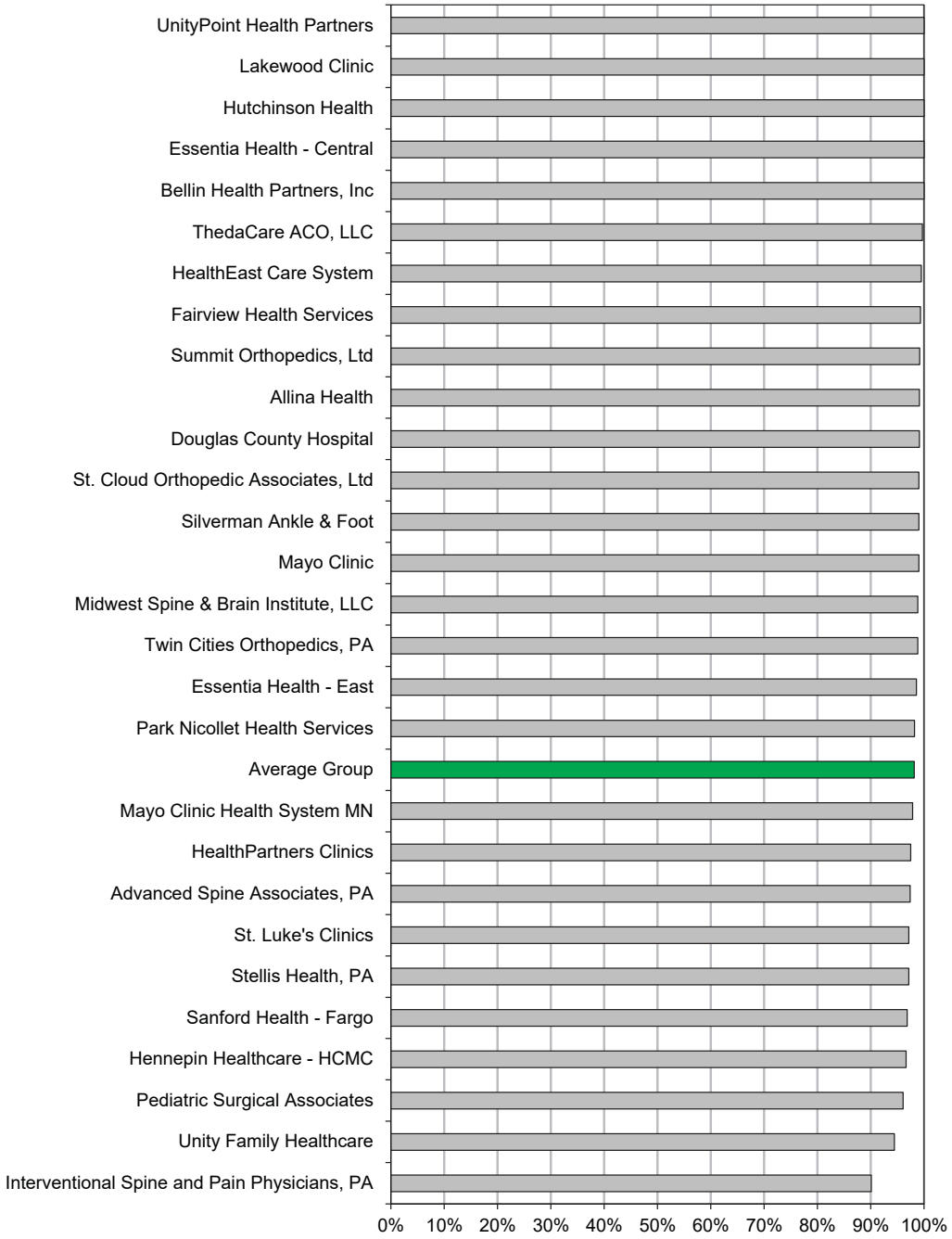


Medical Groups with <200 prescriptions are not displayed.

HealthPartners®

Generic Drug Use - Orthopaedic Providers

1/1/2019 - 6/30/2019



Medical Groups with <100 prescriptions are not displayed.

ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS PRIMARY CARE

January 1, 2018 – December 31, 2018

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 2019 Annual Monitoring for Patients on Persistent Medications measurement specifications and includes all members ages 18 years and older as of December 31, 2018, from all products except Medicare Cost with a drug benefit who were continuously enrolled from January 1, 2018 to December 31, 2018. 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	39,827
Members with monitoring event	33,977
Annual Monitoring Rate	**85.3%**
Diuretics monitoring	
Total eligible members	27,395
Members with monitoring event	23,022
Annual Monitoring Rate	**84.0%**

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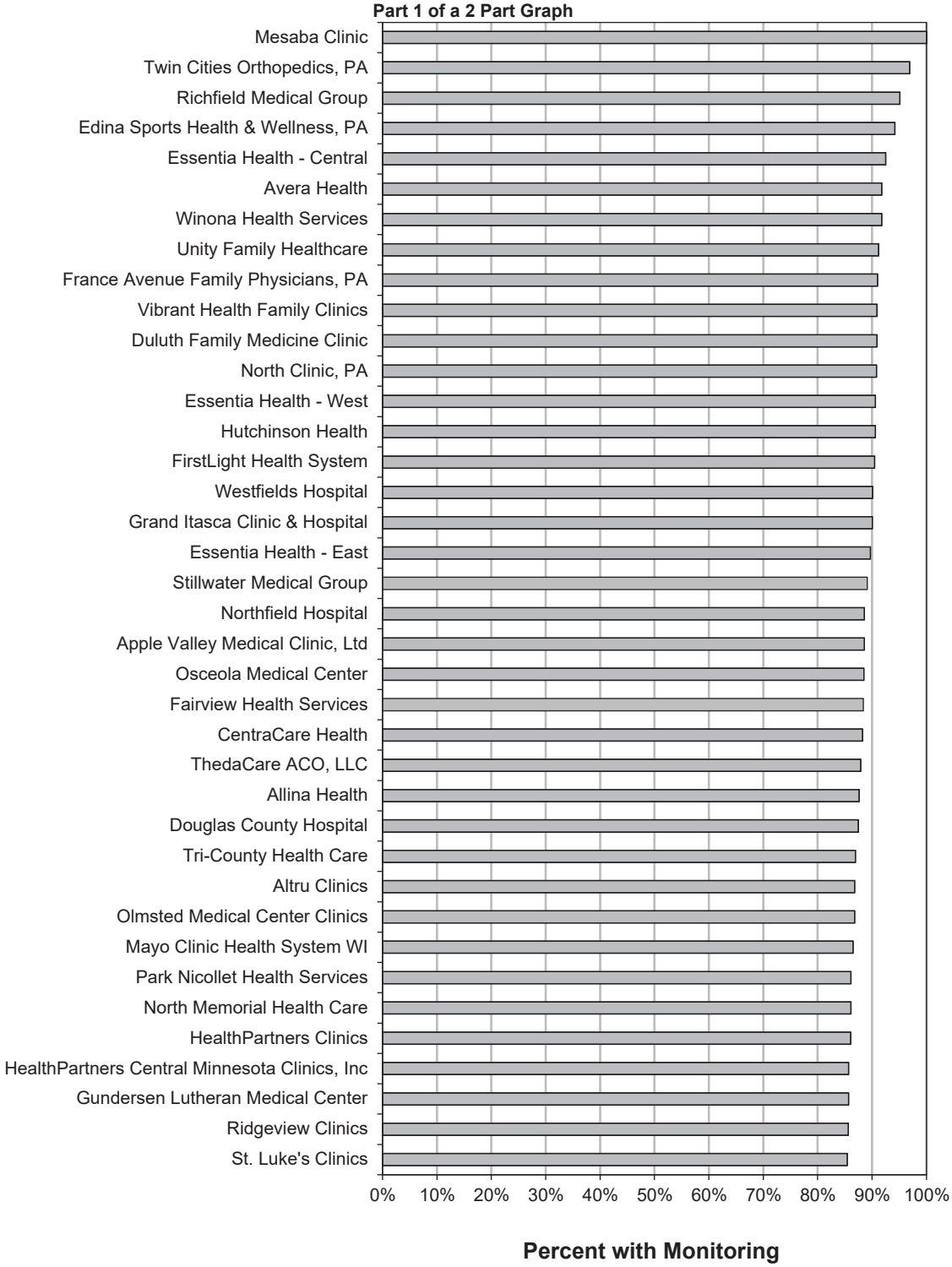
Annual Monitoring for Patients on Persistent Medications - Primary Care
ACE/ARB
1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



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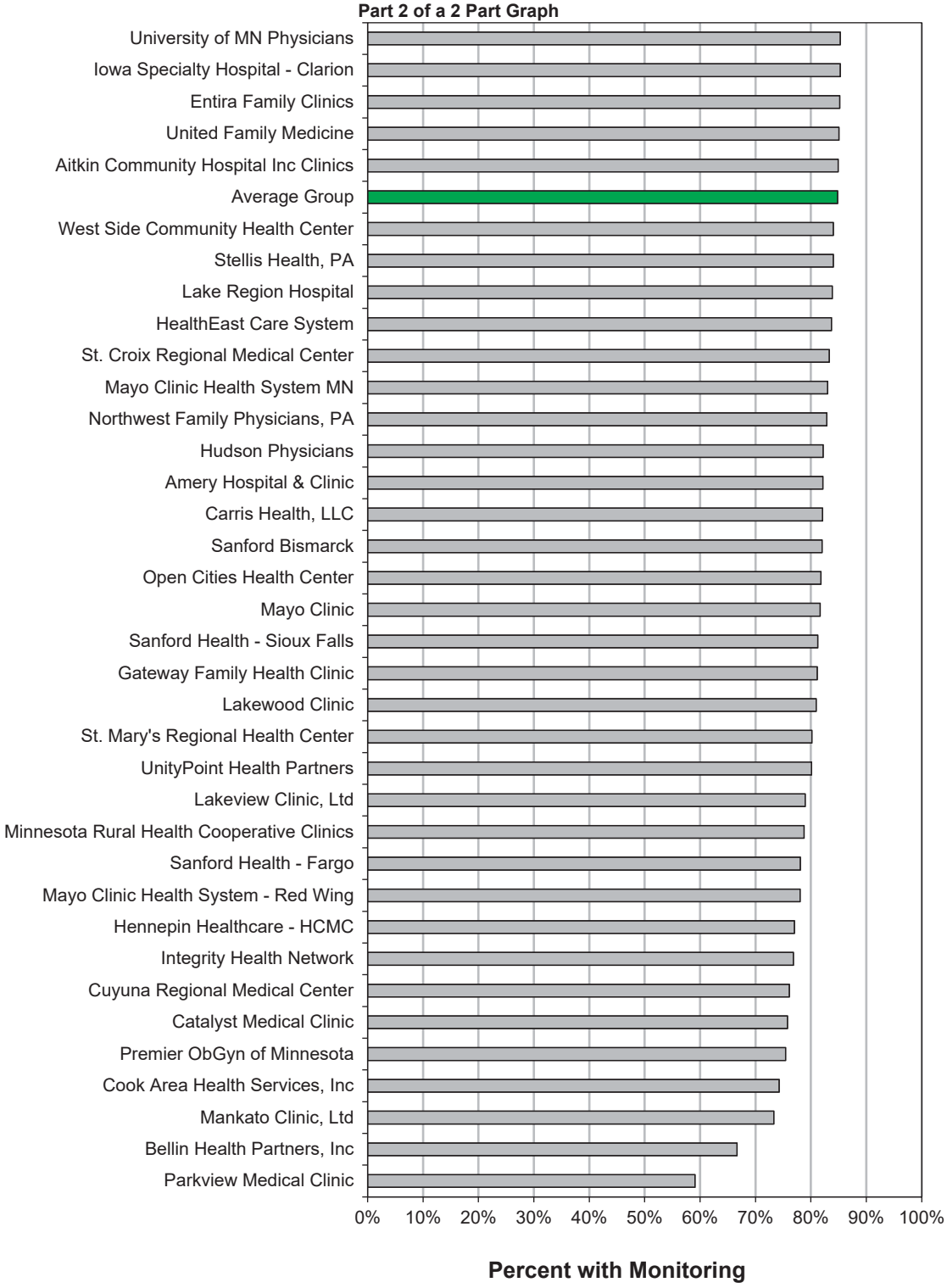
Annual Monitoring for Patients on Persistent Medications - Primary Care
ACE/ARB
1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



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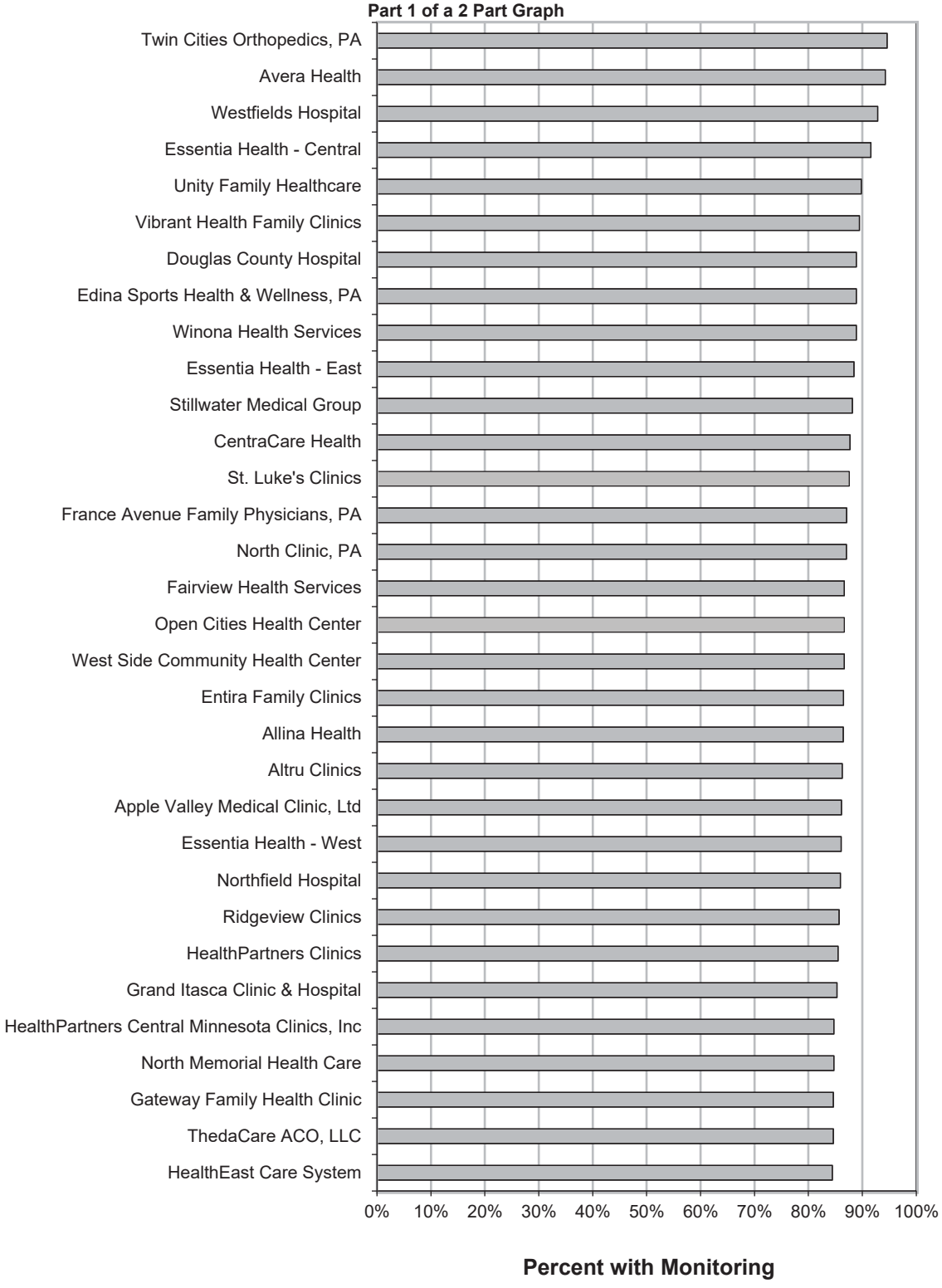
Annual Monitoring for Patients on Persistent Medications - Primary Care Diuretics

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



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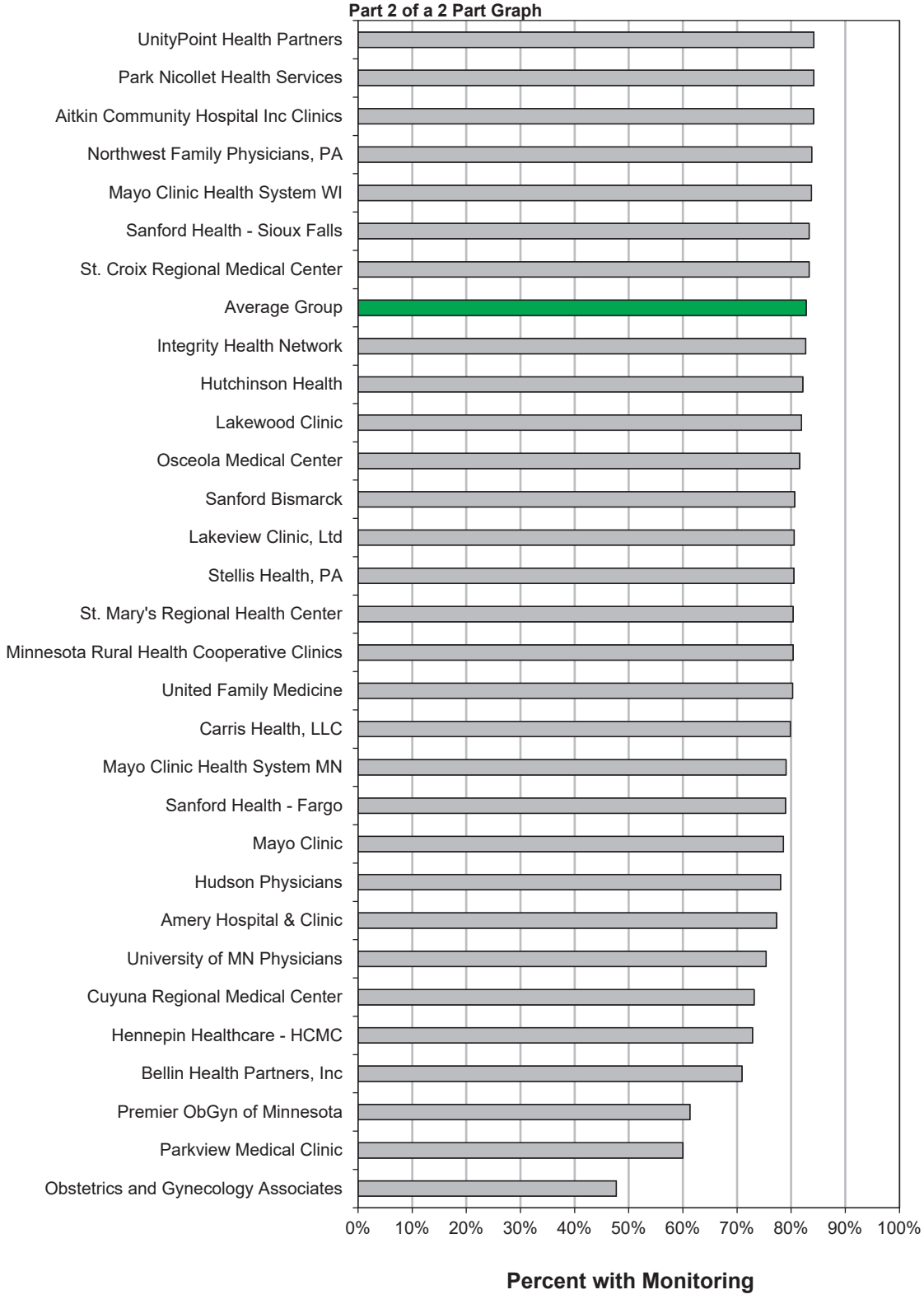
Annual Monitoring for Patients on Persistent Medications - Primary Care
Diuretics
1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS CARDIOLOGY

January 1, 2018 – December 31, 2018

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 2019 Annual Monitoring for Patients on Persistent Medications measurement specifications and includes all members ages 18 years and older as of December 31, 2018, from all products except Medicare Cost with a drug benefit who were continuously enrolled from January 1, 2018 to December 31, 2018. 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	2,537
Members with monitoring event	2,161
Annual Monitoring Rate	**85.2%**
Diuretics monitoring	
Total eligible members	1,268
Members with monitoring event	1,168
Annual Monitoring Rate	**92.1%**

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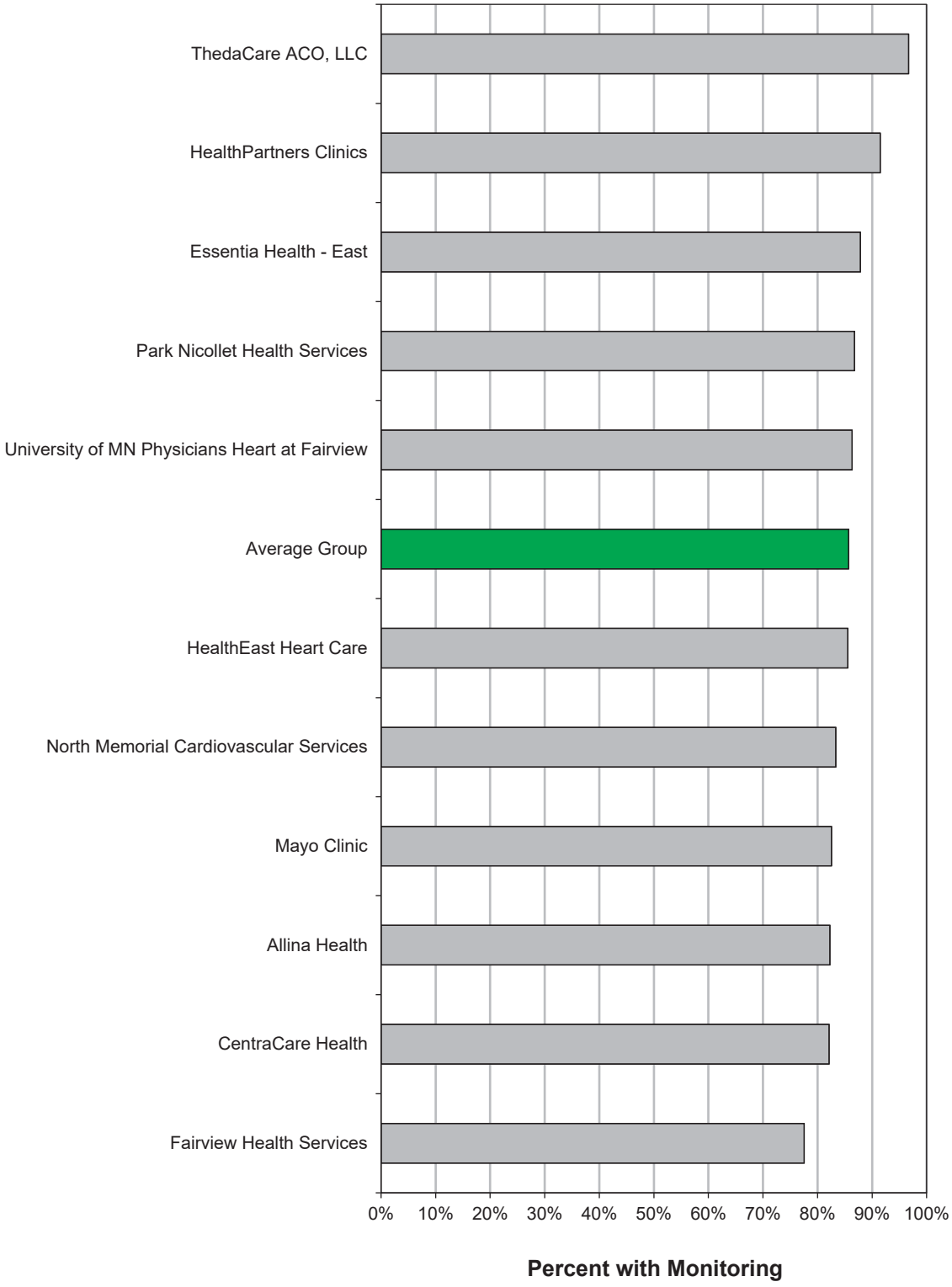
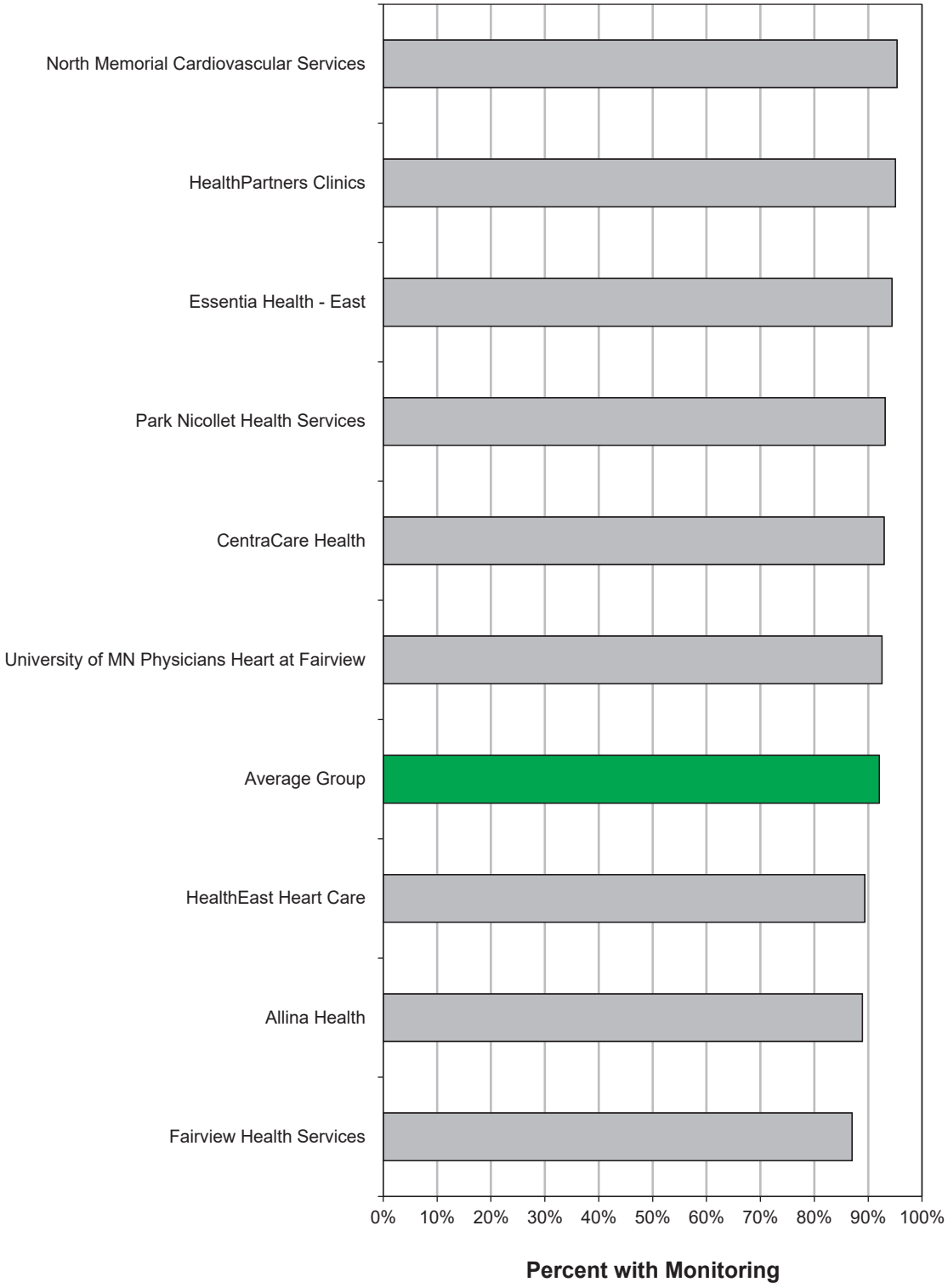
Annual Monitoring for Patients on Persistent Medications - Cardiology
ACE/ARB
1/1/2018 - 12/31/2018



HealthPartners®

Annual Monitoring for Patients on Persistent Medications - Cardiology
Diuretics
1/1/2018 - 12/31/2018



MEDICATION ADHERENCE FOR ASTHMA – PHARMACY
January 1, 2018 – December 31, 2018

Description

The percentage of members with a diagnosis of asthma who remain on a controller medication[1] and meet a 75% 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, 2018 to December 31, 2018.

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.

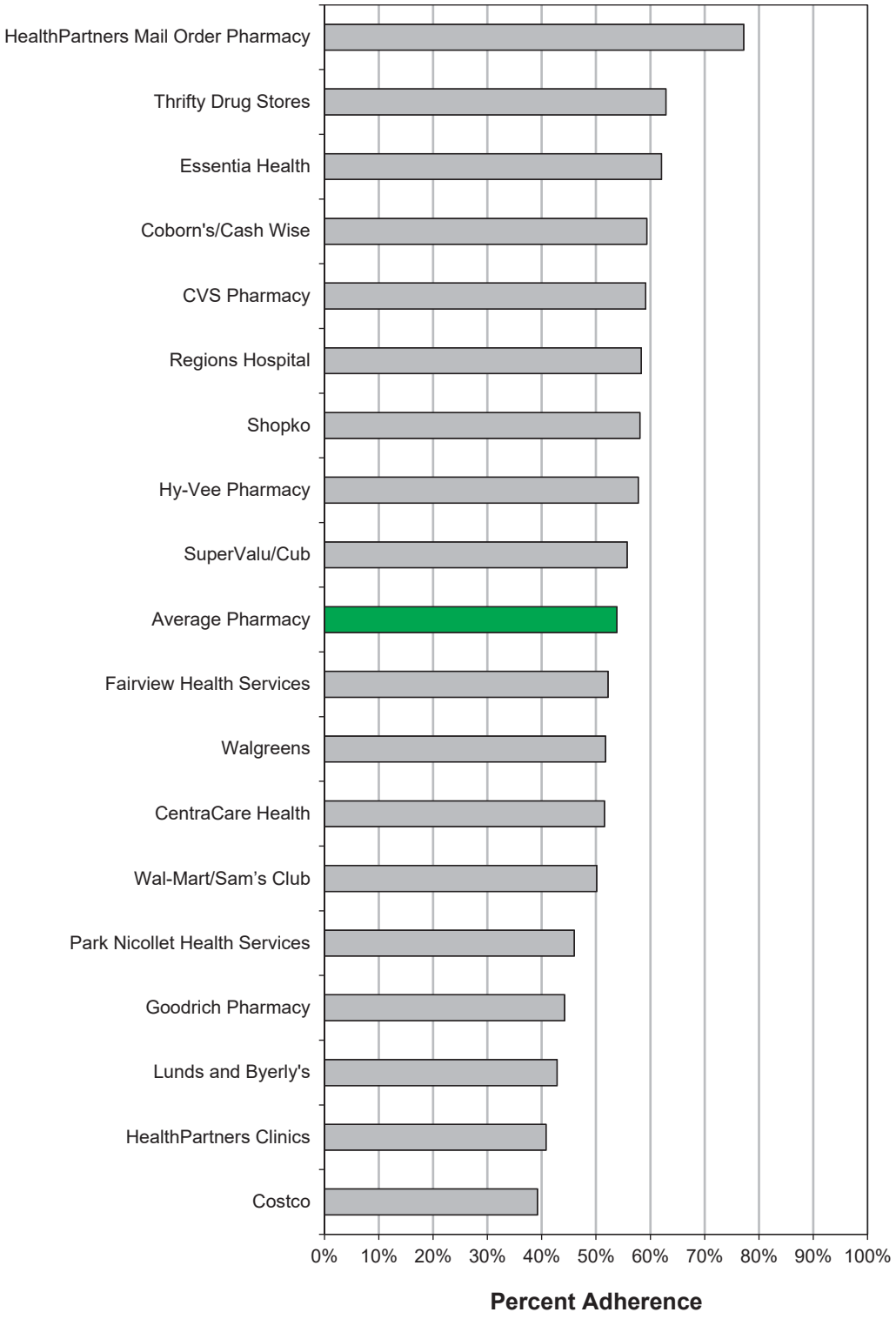
Results

Commercial Members

Total treated members	8,430
Members with 75% portion of days covered	4,621
Medication Adherence Rate	**54.8%**

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

Medication Adherence for Asthma
Pharmacy
1/1/2018 - 12/31/2018



MEDICATION ADHERENCE FOR DIABETES – PHARMACY
January 1, 2018 – December 31, 2018

Description

The percentage of members with a diagnosis of diabetes who remain on oral hypoglycemic medication[1] 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, 2018 to December 31, 2018.

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	20,436
Members with 80% portion of days covered	16,808
Medication Adherence Rate	**82.2%**

[1] Oral Hypogleycemic drugs are defined using GPI code 27 and route of admin of Oral

Medication Adherence for Diabetes
Pharmacy
1/1/2018 - 12/31/2018

CHOLESTEROL PERSISTENCE — PHARMACY
January 1, 2018 – December 31, 2018

Description

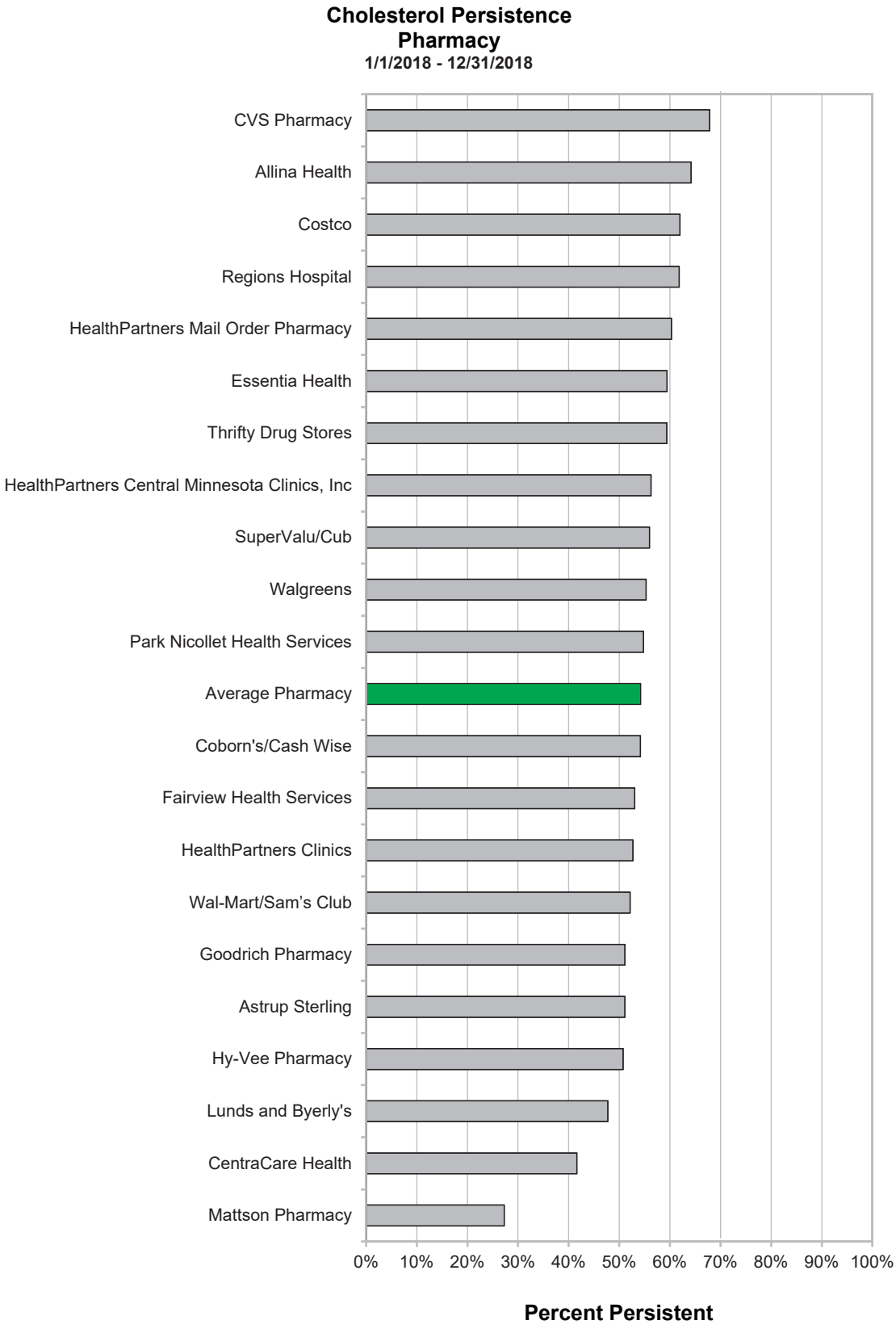
The percentage of members of any age who started cholesterol medications and remained on those medications for 180 days from January 1, 2018 to December 31, 2018.

Methodology — Administrative

This measure includes members from all products with a new prescription for a statin medication in the measurement period of January 1, 2018 to December 31, 2018. 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 the antidepressant medication was filled.

Results

Total eligible members	18,793
Members with new statin prescription	10,558
Cholesterol Persistence Rate	**56.2%**


Cholesterol Persistence
Pharmacy
1/1/2018 - 12/31/2018
CVS Pharmacy
Allina Health
Costco
Regions Hospital
HealthPartners Mail Order Pharmacy
Essentia Health
Thrifty Drug Stores
HealthPartners Central Minnesota Clinics, Inc
SuperValu/Cub
Walgreens
Park Nicollet Health Services
Average Pharmacy
Coborn's/Cash Wise
Fairview Health Services
HealthPartners Clinics
Wal-Mart/Sam's Club
Goodrich Pharmacy
Astrup Sterling
Hy-Vee Pharmacy
Lunds and Byerly's
CentraCare Health
Mattson Pharmacy
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent Persistent

ANTIDEPRESSANT MEDICATION MANAGEMENT – PHARMACY
May 1, 2017 – December 31, 2018

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 2019 Antidepressant Medication Management measurement specifications.

Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2018, 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	10,538
Members remaining on medication for 180 days (continuation phase)	5,960
Antidepressant Medication Management Rate - Continuation Phase	**56.6%**

Antidepressant Medication Management - Continuous Phase
Pharmacy
5/1/2017 - 12/31/2018
HealthPartners Mail Order Pharmacy
CVS Pharmacy
Hy-Vee Pharmacy
Essentia Health
Thrifty Drug Stores
Park Nicollet Health Services
CentraCare Health
Coborn's/Cash Wise
Lunds and Byerly's
Average Pharmacy
SuperValu/Cub
Costco
Walgreens
Goodrich Pharmacy
Fairview Health Services
Wal-Mart/Sam's Club
HealthPartners Clinics
HealthPartners Central Minnesota Clinics, Inc
Allina Health
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Percent Managed

OPTIMAL CARE FOR ACUTE LOW BACK PAIN
January 1, 2018 – December 31, 2018

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, 2018, 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	13,276
Members with appropriate care	10,021
Members Optimally Managed	**75.5%**
Rate by Service	
No imaging in first six weeks	**92.0%**
No injection in first six weeks	**98.2%**
No narcotic prescription in first six weeks	**83.4%**
No surgical consultation in first six weeks	**98.8%**

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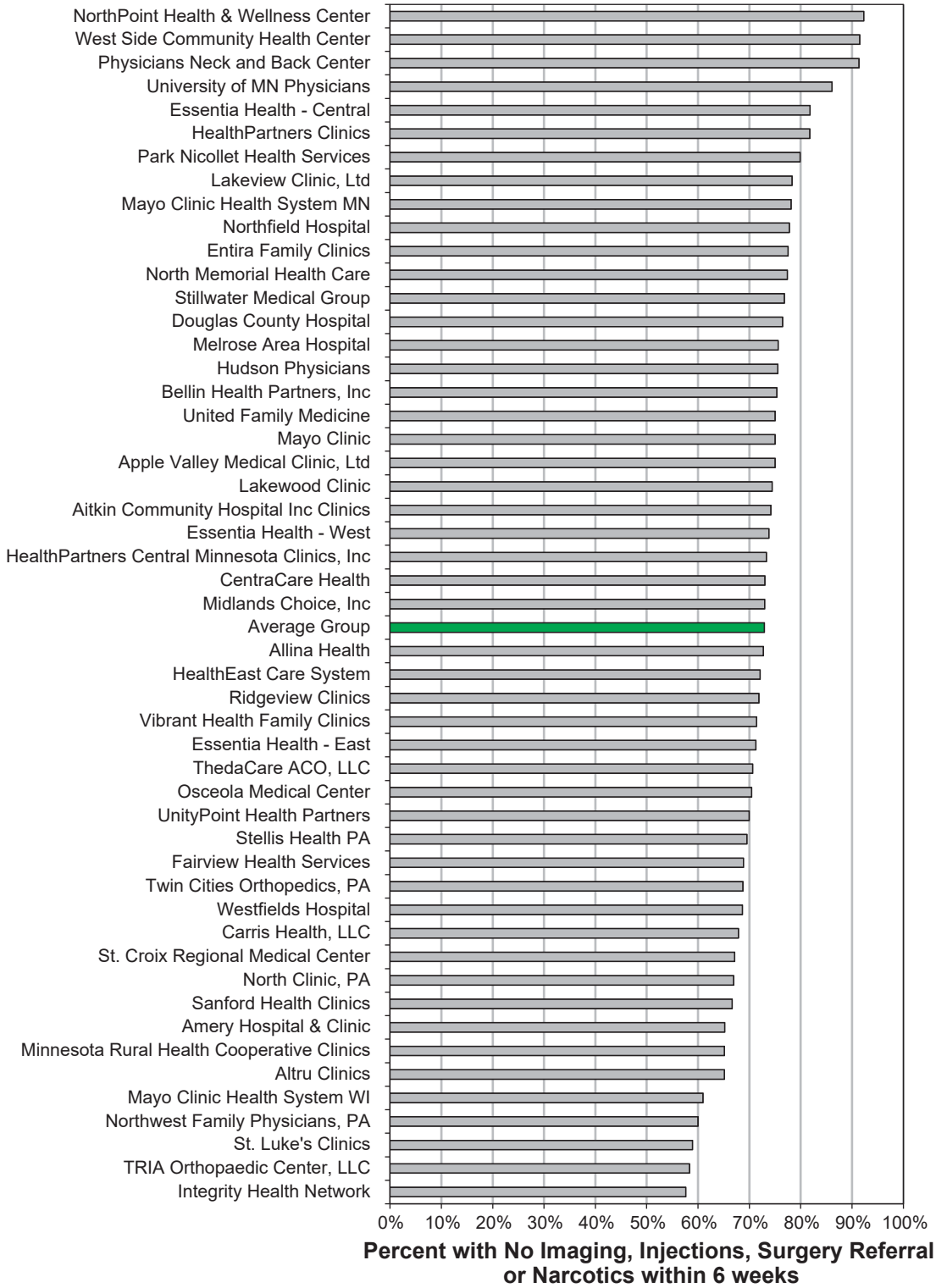
Optimal Care for Acute Low Back Pain
1/1/2018 - 12/31/2018



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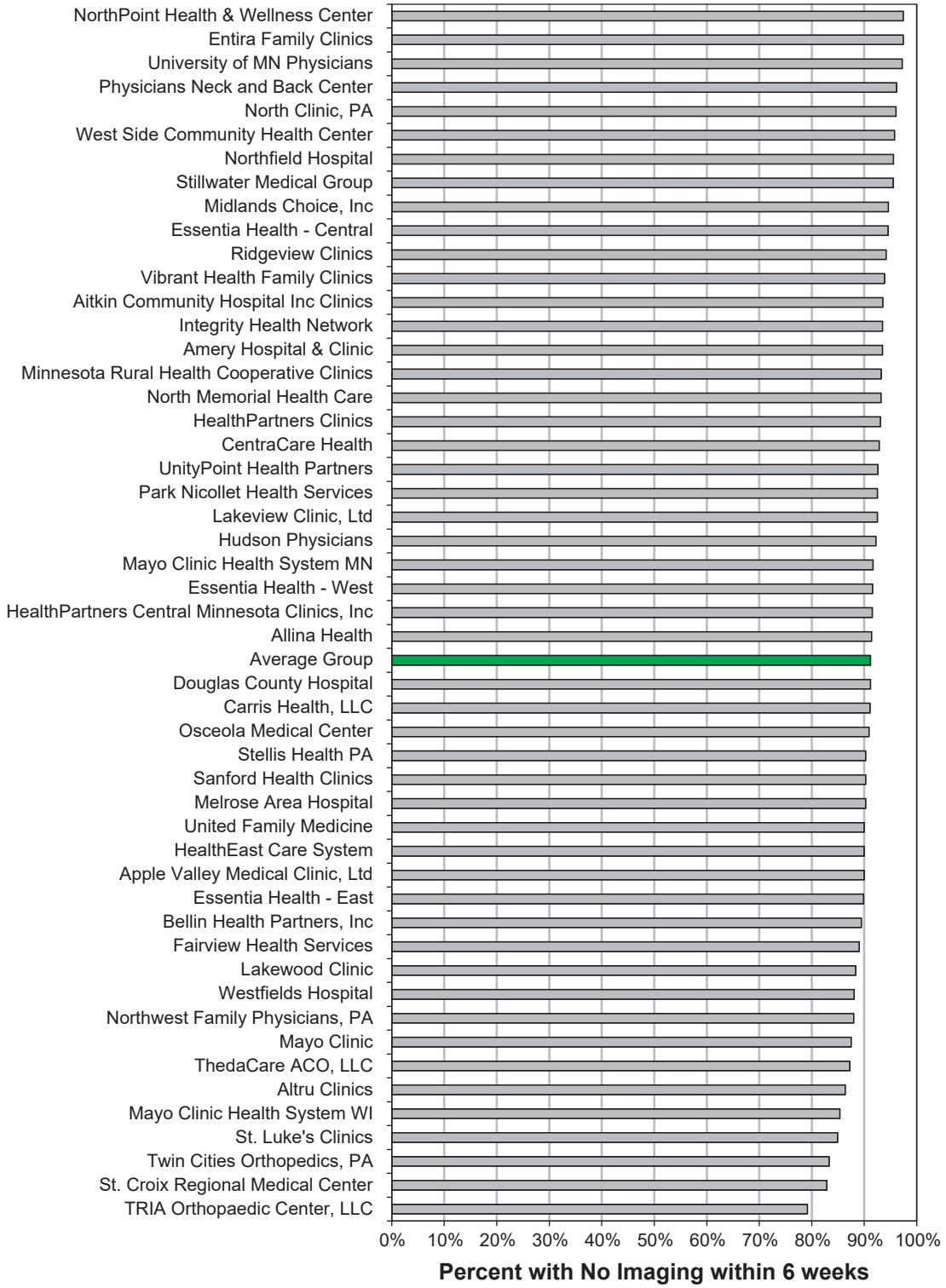
Low Back Pain - Imaging
1/1/2018 - 12/31/2018



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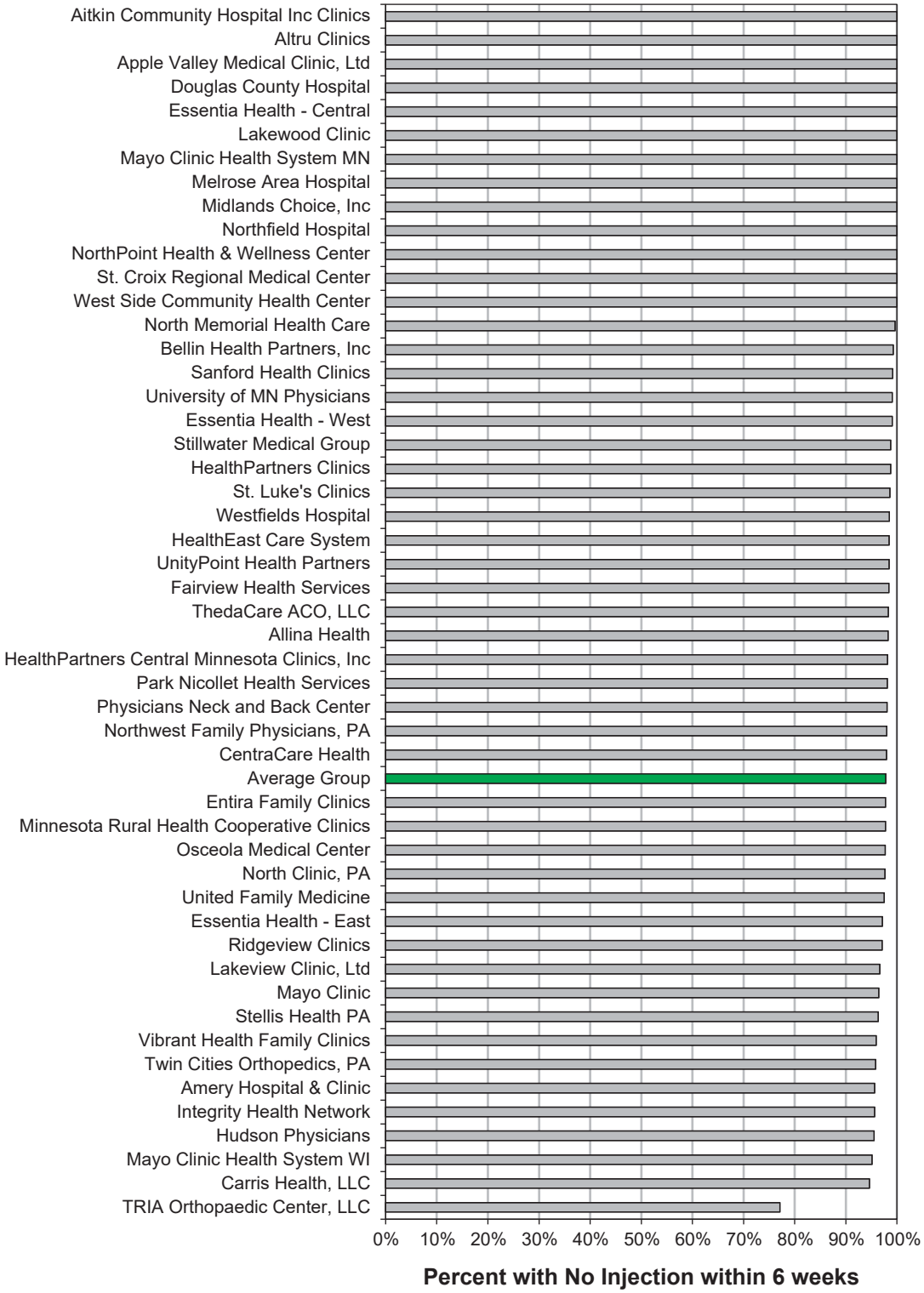
Low Back Pain - Injections

1/1/2018 - 12/31/2018



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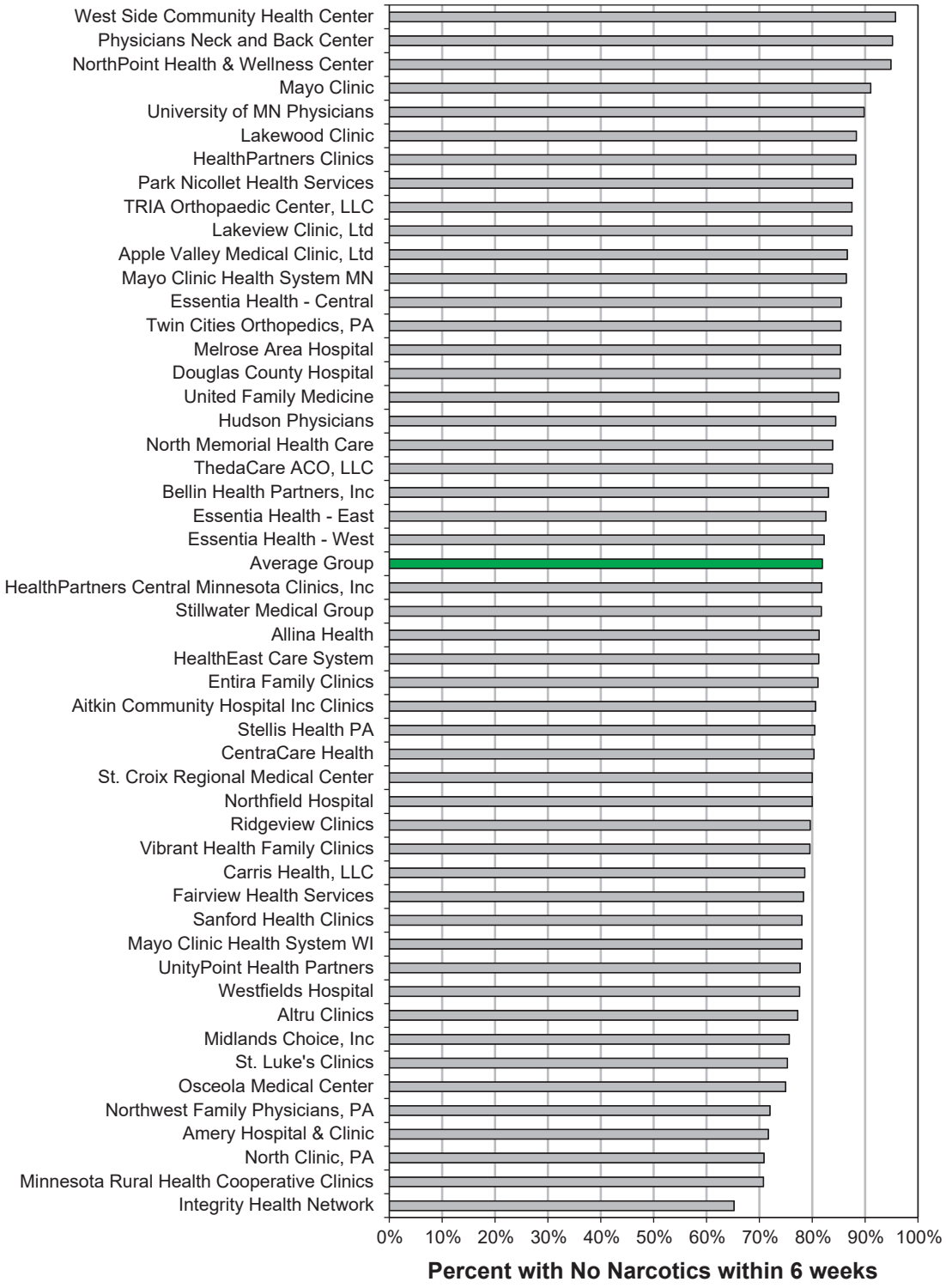
Low Back Pain - Narcotics Use
1/1/2018 - 12/31/2018



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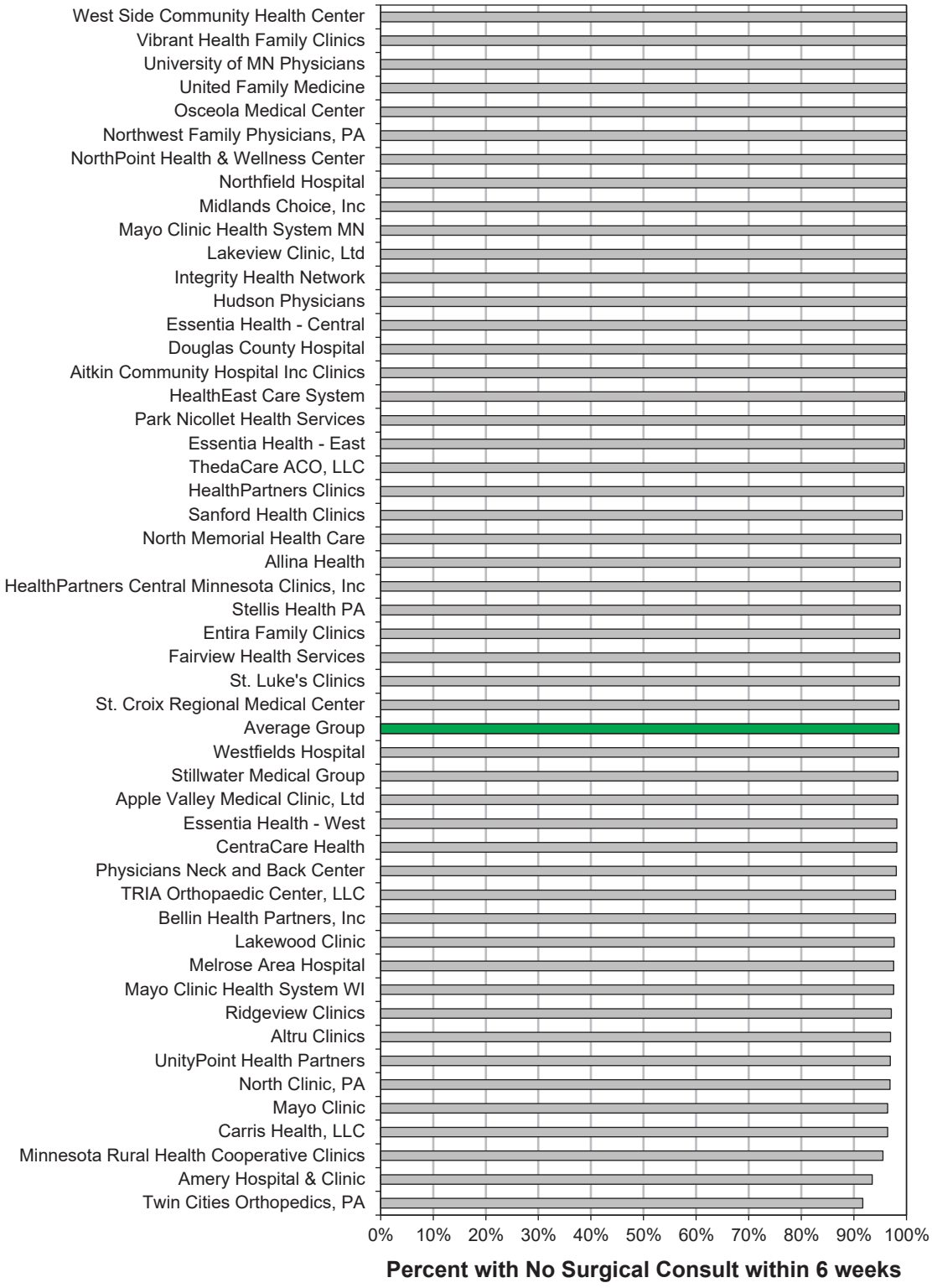
Low Back Pain - Surgical Consult

1/1/2018 - 12/31/2018



PREVENTIVE SERVICES — ADULT PRIMARY CARE
January 1, 2018 – December 31, 2018

Description

The rate represents the percent of enrolled members ages 19 and older by December 31, 2018, 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 2019 Clinical Indicators Report Technical Supplement at **healthpartners.com/quality**.)

Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2019 measures. This measure includes members from all products who were continuously enrolled from January 1, 2018 to December 31, 2018, who had a clinic visit in 2018. 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	407,250
Members sampled	6,195
Members up-to-date ***(Combination 6)***	4,127
Members Up-to-Date - Primary Care *(Combination 6)*	**74.4%** (± 2.6)
Rate by Service	
Blood pressure *(last two years)*	**98.4%** (± 0.5)
BMI *(in 2018)*	**94.3%** (± 1.4)
Breast cancer screening *(last two years)* HEDIS	**86.4%** (± 4.0)
Cervical cancer screening *(last three years)* HEDIS	**81.5%** (± 4.1)
Chlamydia *(in 2018)*	**77.7%** (± 5.3)
Cholesterol, total and HDL *(last five years)*	**90.1%** (± 2.2)
Colorectal cancer screening *(colonoscopy last ten years, flex sig last five years or FOBT in 2018)* HEDIS	**80.0%** (± 3.5)
Pneumococcal vaccine *(≥ 65 yrs)* HEDIS	**90.9%** (± 3.6)
Tobacco assessment *(in 2018)*	**97.2%** (± 0.7)

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

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Preventive Services - Adult - Primary Care
Members Up-to-Date, Combination 6
1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph

Confidence Interval
Finite population correction factor applied

HealthPartners®

Preventive Services - Adult - Primary Care
Members Up-to-Date, Combination 6
1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph

Confidence Interval
Finite population correction factor applied

PREVENTIVE SERVICES — ADULT OB/GYN
January 1, 2018 – December 31, 2018

Description

The rate represents the percent of enrolled female members ages 19 and older by December 31, 2018, 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 2019 Clinical Indicators Report Technical Supplement at **healthpartners.com/quality**.)

Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2019 measures. This measure includes members from all products who were continuously enrolled from January 1, 2018 to December 31, 2018, who had a clinic visit in 2018. 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.

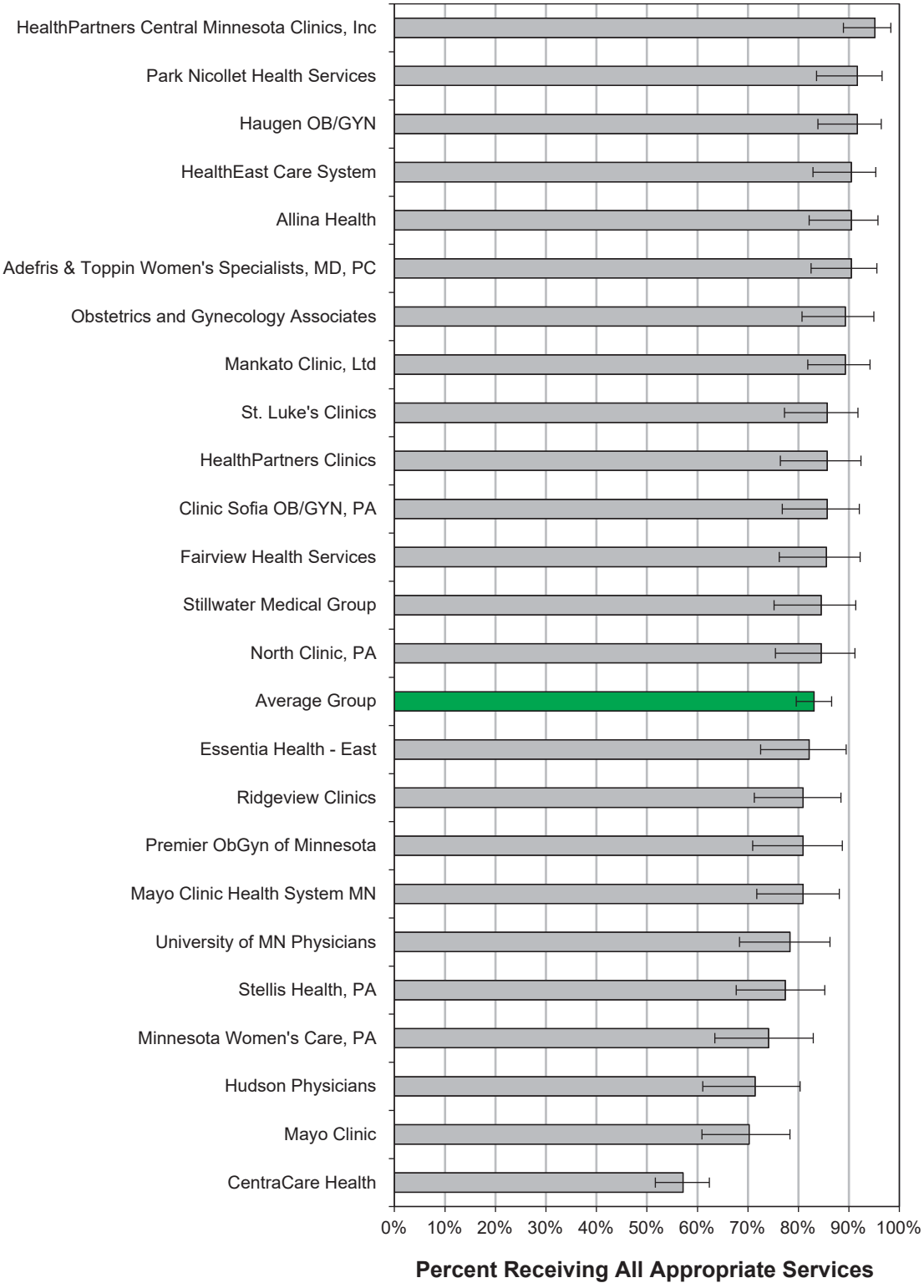
Results*

Total eligible members	72,961
Members sampled	2,010
Members up-to-date ***(Combination 3)***	1,670
Members Up-to-Date - OB/GYN *(Combination 3)*	**86.3%** (± 2.6)
Rate by Service	
Blood pressure *(last two years)*	**99.3%** (± 0.5)
Breast cancer screening *(last two years)* HEDIS	**90.6%** (± 4.8)
Cervical cancer screening *(last three years or last five years with HPV co-test)* HEDIS	**95.0%** (± 1.8)
Chlamydia *(in 2018)*	**57.5%** (± 15.2)
Cholesterol, total and HDL *(last five years)*	**91.7%** (± 3.7)
Colorectal cancer screening *(colonoscopy last ten years, flex sig last five years or FOBT in 2018)* HEDIS	**87.8%** (± 4.9)
Pneumococcal vaccine *(≥ 65 yrs)* HEDIS	**84.9%** (± 8.1)
Tobacco assessment *(in 2018)*	**99.0%** (± 0.6)

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

HealthPartners®

Preventive Services - Adult - OB/GYN Providers
Members Up-to-Date, Combination 3
1/1/2018 - 12/31/2018



Confidence Interval

Finite population correction factor applied

PREVENTIVE SERVICES — CHILD AND ADOLESCENT
January 1, 2018 – December 31, 2018

Description

The rate represents the percent of enrolled members ages 18 and younger on December 31, 2018, 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 2019 Clinical Indicators Report Technical Supplement at **healthpartners.com/quality**.)

Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2019 measures. This measure includes members from all products who were continuously enrolled from January 1, 2018 to December 31, 2018, who had a clinic visit in 2018. 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	152,522
Members sampled	6,050
Members up-to-date ***(Combination 6)***	2,935
Members Up-to-Date - Child and Adolescent *(Combination 6)*	**58.4%** (± 2.9)
Rate by Service	
BMI *(in 2018)*	**88.2%** (± 1.8)
Chlamydia *(in 2018)*	**47.6%** (± 11.5)
HPV ages 13-18 *(UTD by 12/31/2018) series of 3*	**36.1%** (± 5.6)
Imm combination ages 2–4 *(UTD by 12/31/2018) 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 Pneumococcal)* HEDIS	**87.7%** (± 4.3)
Imm combination ages 2–4 *(UTD by 12/31/2018) 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 Pneumococcal, 1 HepA, 2-3 Rotavirus, 2 Influenza)* HEDIS	**64.5%** (± 6.0)
Imm combination ages 7–8 *(UTD by age 7) DTaP #5, MMR #2, Polio #4, VZV #2*	**81.7%** (± 6.8)
Meningococcol immunization *(by age 13)* HEDIS	**94.4%** (± 3.2)
Tetanus, adolescent *(by age 13)* HEDIS	**94.8%** (± 3.2)
Tobacco assessment *(in 2018)*	**86.4%** (± 1.9)
Vision screening *(by 12/31/2018)*	**77.4%** (± 9.6)

[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.*

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Preventive Services - Child and Adolescent
Members Up-to-Date, Combination 6
1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph

Confidence Interval
Finite population correction factor applied

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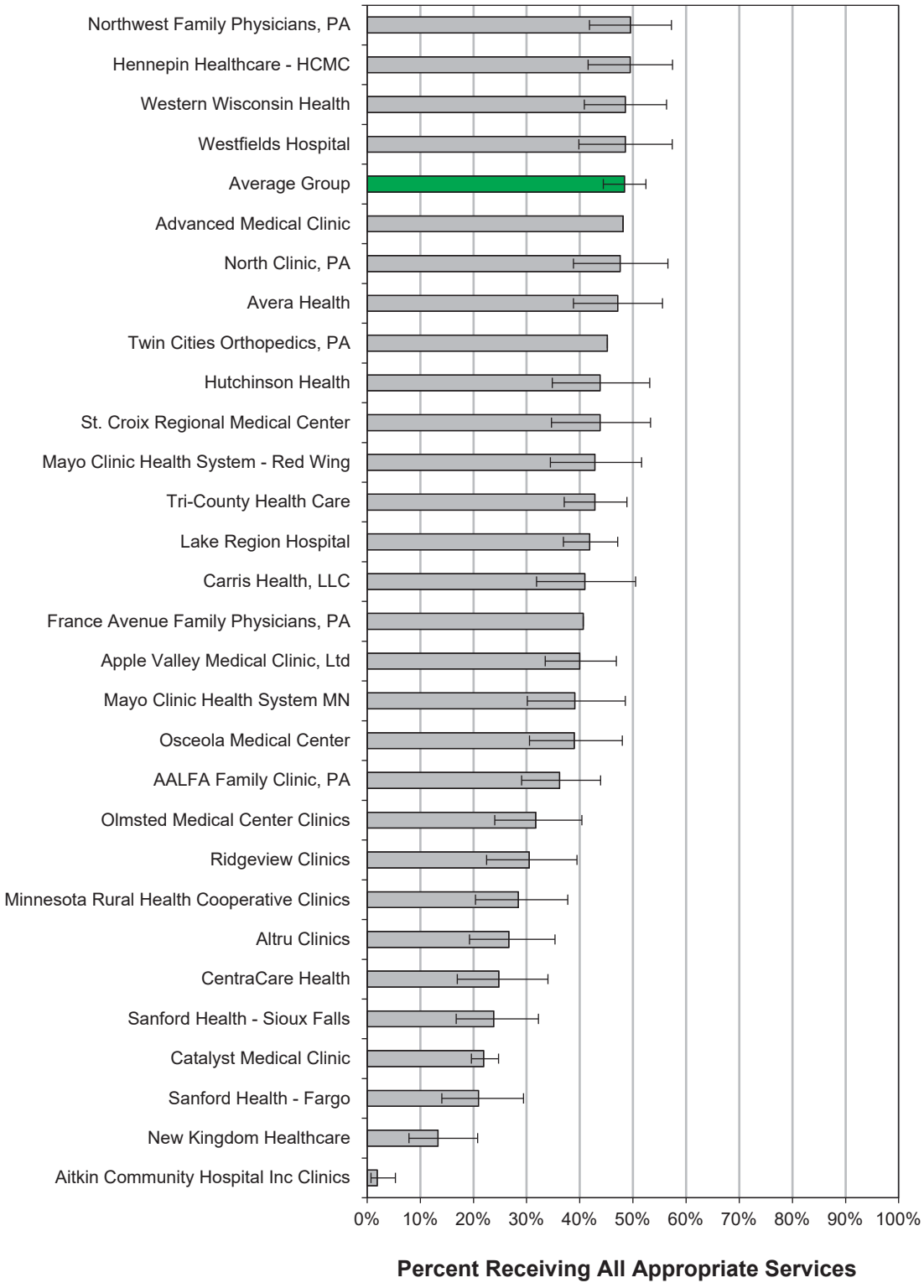
Preventive Services - Child and Adolescent
Members Up-to-Date, Combination 6
1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



Confidence Interval
Finite population correction factor applied

CHILD & TEEN CHECK-UPS
July 1, 2017 – June 30, 2019

Description

The rate represents the percentage of children ages six months to 20 years as of June 30, 2019, 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, 2019. Population identification is based on encounter, claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the primary care provider group with the most office visits during the measurement year.

Results

Total eligible members	71,943
Preventive visits	46,072
C&TC Rate	**64.0%** (± 0.4)

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Child & Teen Check-Ups (C&TC)

7/1/2017 - 6/30/2019

Part 1 of a 2 Part Graph

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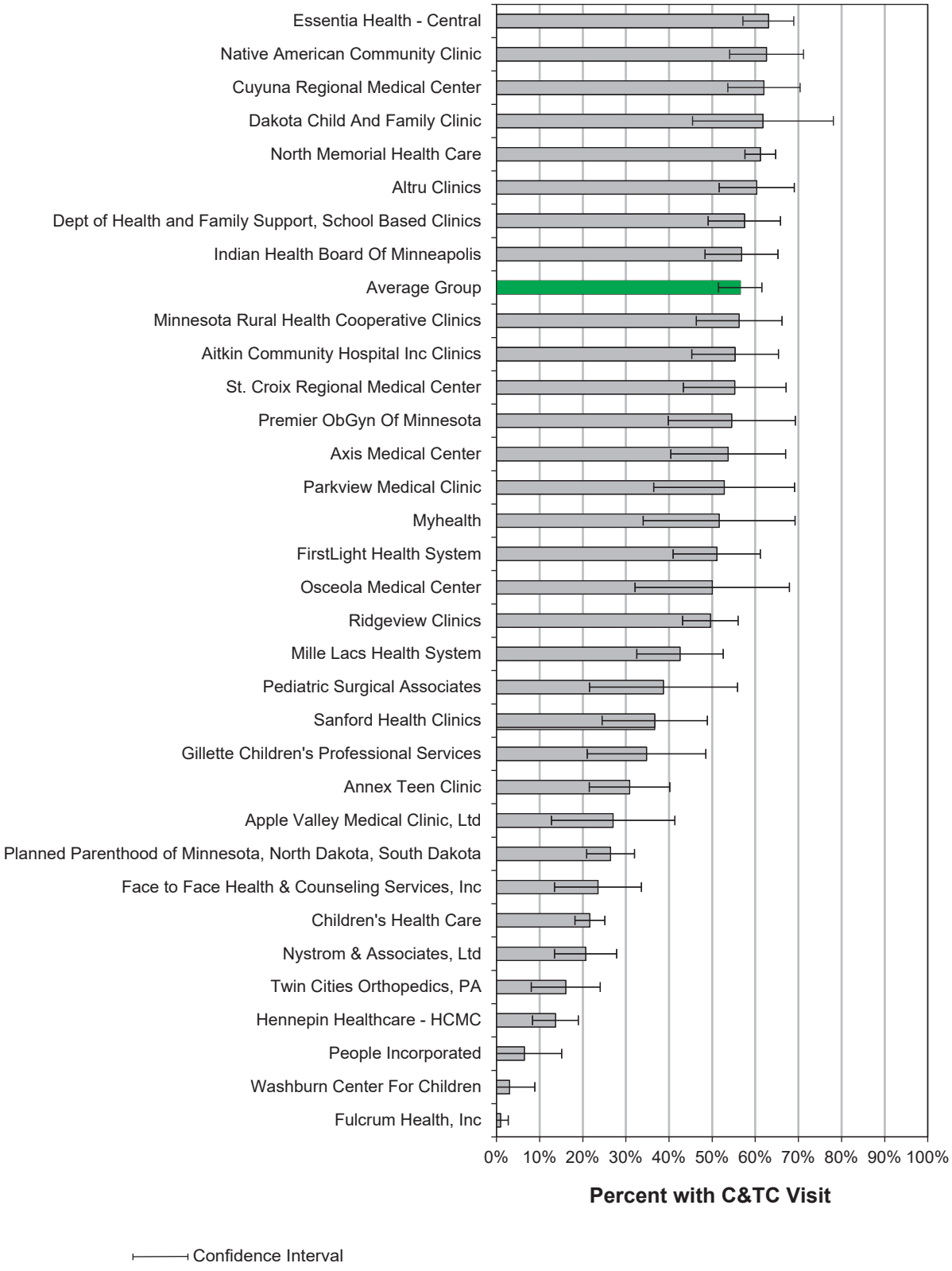
Child & Teen Check-Ups (C&TC)

7/1/2017 - 6/30/2019

Part 2 of a 2 Part Graph



Confidence Interval

LEAD SCREENING
July 1, 2018 – June 30, 2019

Description

The rate represents the percentage of children ages 12 to 30 months as of June 30, 2019, enrolled in Prepaid Medical Assistance Program (PMAP) or MinnesotaCare (MNCare) who had at least one lead test between July 1, 2018 and June 30, 2019.

Methodology — Administrative

This measure includes all children ages 12 to 30 months from PMAP or MNCare products who were enrolled on June 30, 2019. Population identification is based on encounter, claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the primary care provider group with the most office visits during the measurement year.

Results

Total eligible members	6,481
Lead screening test	3,750
Lead Screening Rate	**57.9%** (± 1.2)

Lead Screening
7/1/2018 - 6/30/2019

CLINIC SAFETY ASSESSMENT SURVEY
2019

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

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Clinic Safety Assessment Survey Results
Self Reported as of June, 2019

Part 1 of a 3 Part Graph

	Abbreviations	Anticoagulation Protocol	Controlled Substances	Medication Refills	Medication Sampling	Safety Clinic Assessment
● Compliance with protocol monitored ◐ Protocol Established ○ Skipped question, or no protocol or procedure Chose not to participate NA Not Applicable						
Provider Group	**#1**	**#2**	**#3**	**#4**	**#5**	**#6**
AALFA Family Clinic, PA						
Adefris & Toppin Women's Specialists, MD, PC	○	◐	○	◐	●	○
Aitkin Community Hospital Inc Clinics						
Allina Health	●	◐	●	●	●	●
Altru Clinics	●	●	●	●	●	●
Amery Hospital & Clinic						
Apple Valley Medical Clinic, Ltd	○	●	●	●	◐	◐
Avera Health	●	●	●	◐	◐	●
Carris Health, LLC						
CentraCare Health	◐	◐	◐	◐	◐	●
Children's Health Network	◐	NA	●	●	◐	◐
Clinic Sofia OB/GYN, PA	●	●	●	●	◐	◐
Douglas County Hospital	●	●	●	●	●	●
Edina Sports Health & Wellness, PA	◐	●	●	◐	◐	●
Entira Family Clinics	◐	◐	◐	◐	◐	●
Essentia Health - Central						
Essentia Health - East	●	●	●	●	●	●
Essentia Health - West						
Fairview Health Services	○	●	●	●	●	●
FirstLight Health System						
France Avenue Family Physicians, PA						
Gateway Family Health Clinic	○	◐	◐	◐	◐	○
Grand Itasca Clinic & Hospital						

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Clinic Safety Assessment Survey Results
Self Reported as of June, 2019

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

Provider Group	#1 Abbreviations	#2 Anticoagulation Protocol	#3 Controlled Substances	#4 Medication Refills	#5 Medication Sampling	#6 Safety Clinic Assessment
Gundersen Health System	◐	◐	●	●	◐	●
Haugen OB/GYN						
HealthEast Care System						
HealthPartners Central Minnesota Clinics, Inc	◐	●	●	◐	●	◐
HealthPartners Clinics	◐	●	●	◐	●	◐
Hennepin Healthcare - HCMC	●	◐	●	●	◐	●
Hudson Physicians	◐	●	●	●	●	●
Hutchinson Health						
Integrity Health Network	◐	◐	●	○	◐	●
Lake Region Hospital						
Lakeview Clinic, Ltd						
Lakewood Clinic	◐	○	●	●	●	●
Mankato Clinic, Ltd	◐	●	●	●	●	◐
Mayo Clinic						
Mayo Clinic Health System - Red Wing						
Mayo Clinic Health System MN						
Minnesota Rural Health Cooperative Clinics						
Minnesota Women's Care, PA						
New Kingdom Healthcare	◐	NA	◐	◐	●	○
North Clinic, PA						
North Memorial Health Care						
Northfield Hospital	◐	●	◐	◐	●	●
Northwest Family Physicians, PA	●	●	●	●	●	◐

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Clinic Safety Assessment Survey Results
Self Reported as of June, 2019

Part 3 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

Provider Group	#1 Abbreviations	#2 Anticoagulation Protocol	#3 Controlled Substances	#4 Medication Refills	#5 Medication Sampling	#6 Safety Clinic Assessment
Obstetrics and Gynecology Associates						
Olmsted Medical Center Clinics	●	◑	◑	●	●	◑
Osceola Medical Center						
Park Nicollet Health Services	●	●	●	●	●	●
Premier ObGyn of Minnesota	◑	NA	◑	●	◑	○
Ridgeview Clinics						
Sanford Health - Fargo						
Sanford Health - Sioux Falls						
Southdale Pediatric Associates, Ltd						
St. Croix Regional Medical Center	◑	◑	○	◑	●	○
St. Luke's Clinics	◑	◑	◑	◑	◑	◑
Stellis Health, PA	○	◑	◑	◑	◑	○
Stillwater Medical Group	◑	●	●	◑	●	◑
Twin Cities Orthopedics, PA	○	NA	●	◑	●	●
United Family Medicine	◑	◑	●	◑	●	◑
Unity Family Healthcare						
University of MN Physicians	●	◑	●	●	●	●
Vibrant Health Family Clinics	◑	◑	◑	●	◑	◑
West Side Community Health Center						
Western Wisconsin Health	●	●	●	○	◑	●
Westfields Hospital	●	●	●	●	●	●
Winona Health Services	◑	◑	◑	◑	●	◑

PATIENT EXPERIENCE — MEDICATION SAFETY — SPECIALTY CARE
2019 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 2019. Results were distributed to provider groups second quarter, 2019. 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, 16 ENT, 20 OB/GYN and 15 orthopaedic groups.

Survey Questions - Specialty Care

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

Results

Cardiology	
Total members responding	906
Total members with prescribed medications	510
Very satisfied - explanation for prescribed medications	**61.8%**
Very satisfied - information received about side effects	**55.7%**
ENT	
Total members responding	800
Total members with prescribed medications	377
Very satisfied - explanation for prescribed medications	**61.9**
Very satisfied - information received about side effects	**55.4%**
OB/GYN	
Total members responding	1,187
Total members with prescribed medications	636
Very satisfied - explanation for prescribed medications	**69.0%**
Very satisfied - information received about side effects	**62.7%**
Orthopaedics	
Total members responding	1,015
Total members with prescribed medications	464
Very satisfied - explanation for prescribed medications	**66.7%**
Very satisfied - information received about side effects	**63.1%**

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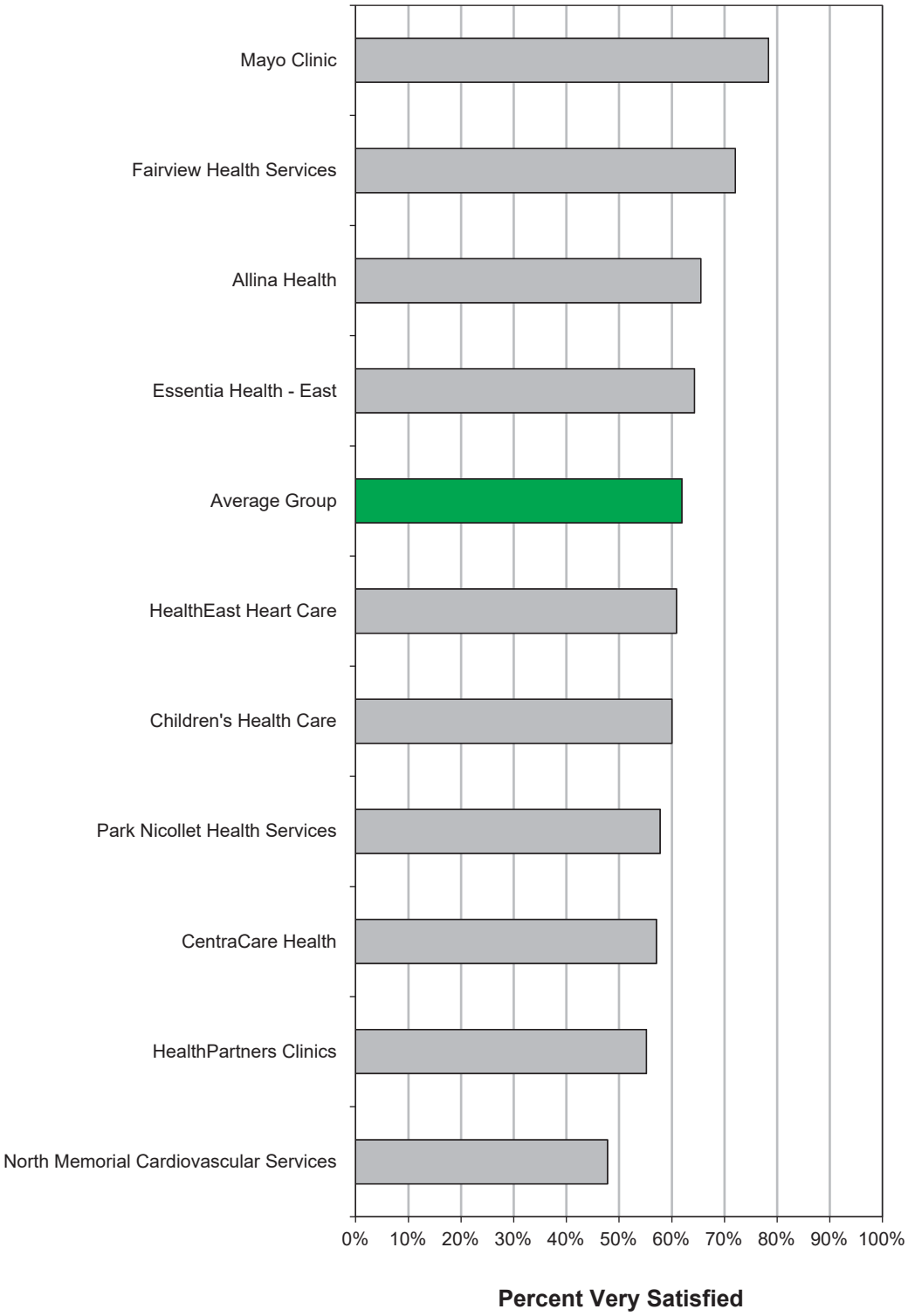
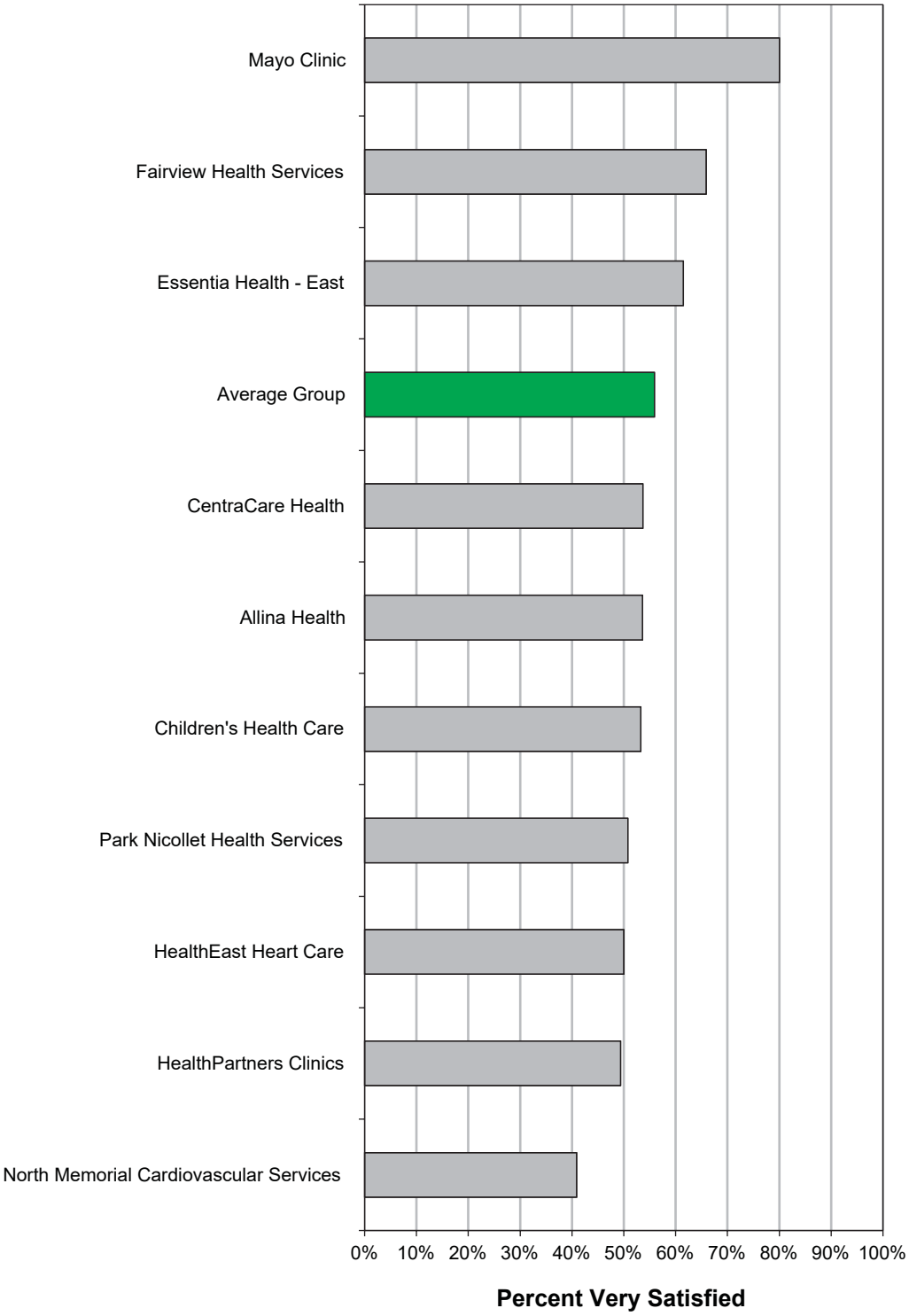
Patient Experience Medication Safety - Cardiology Providers
2019 Member Survey

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



Patient Experience Medication Safety - Cardiology Providers
2019 Member Survey

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



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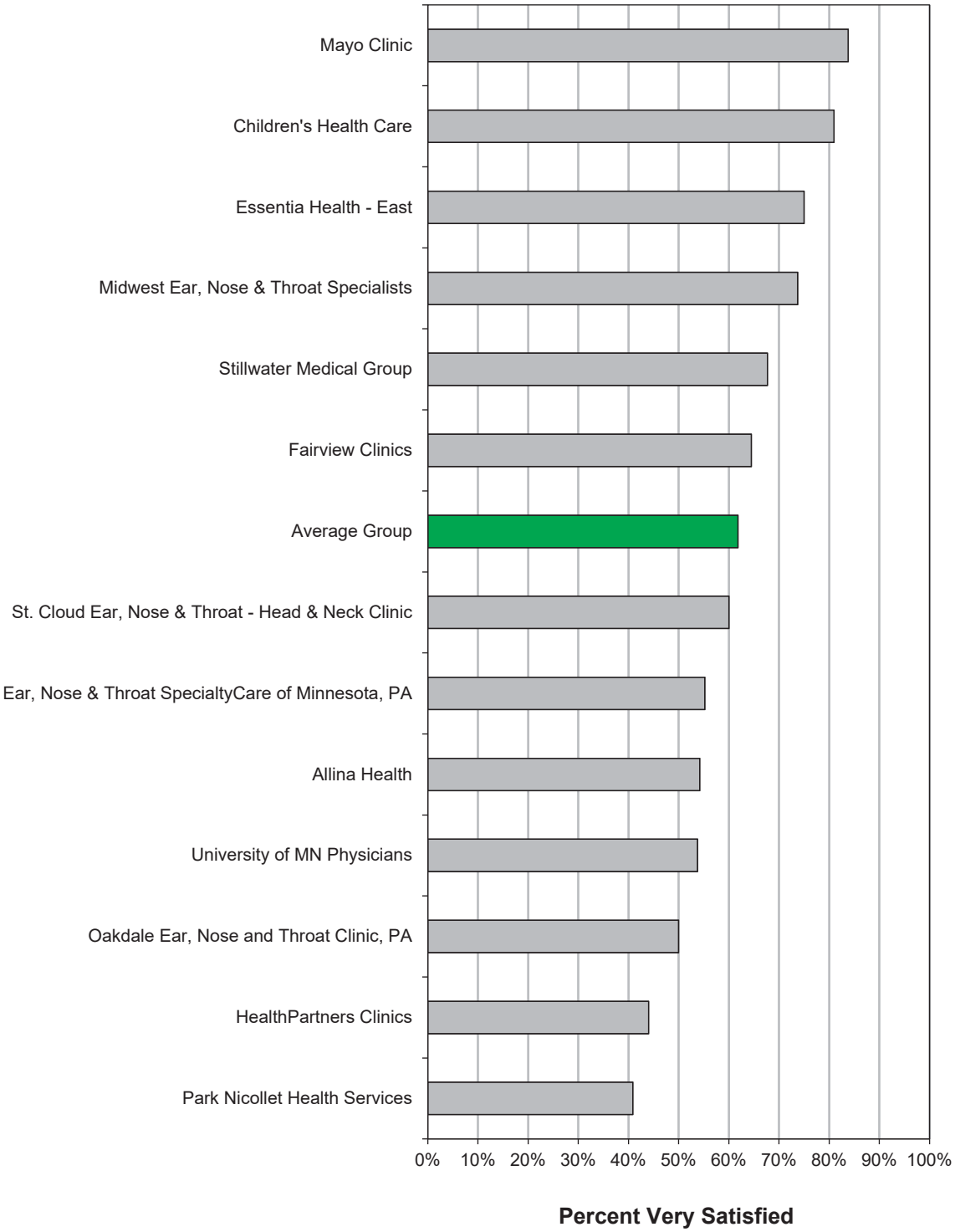
Patient Experience Medication Safety - ENT Providers
2019 Member Survey

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



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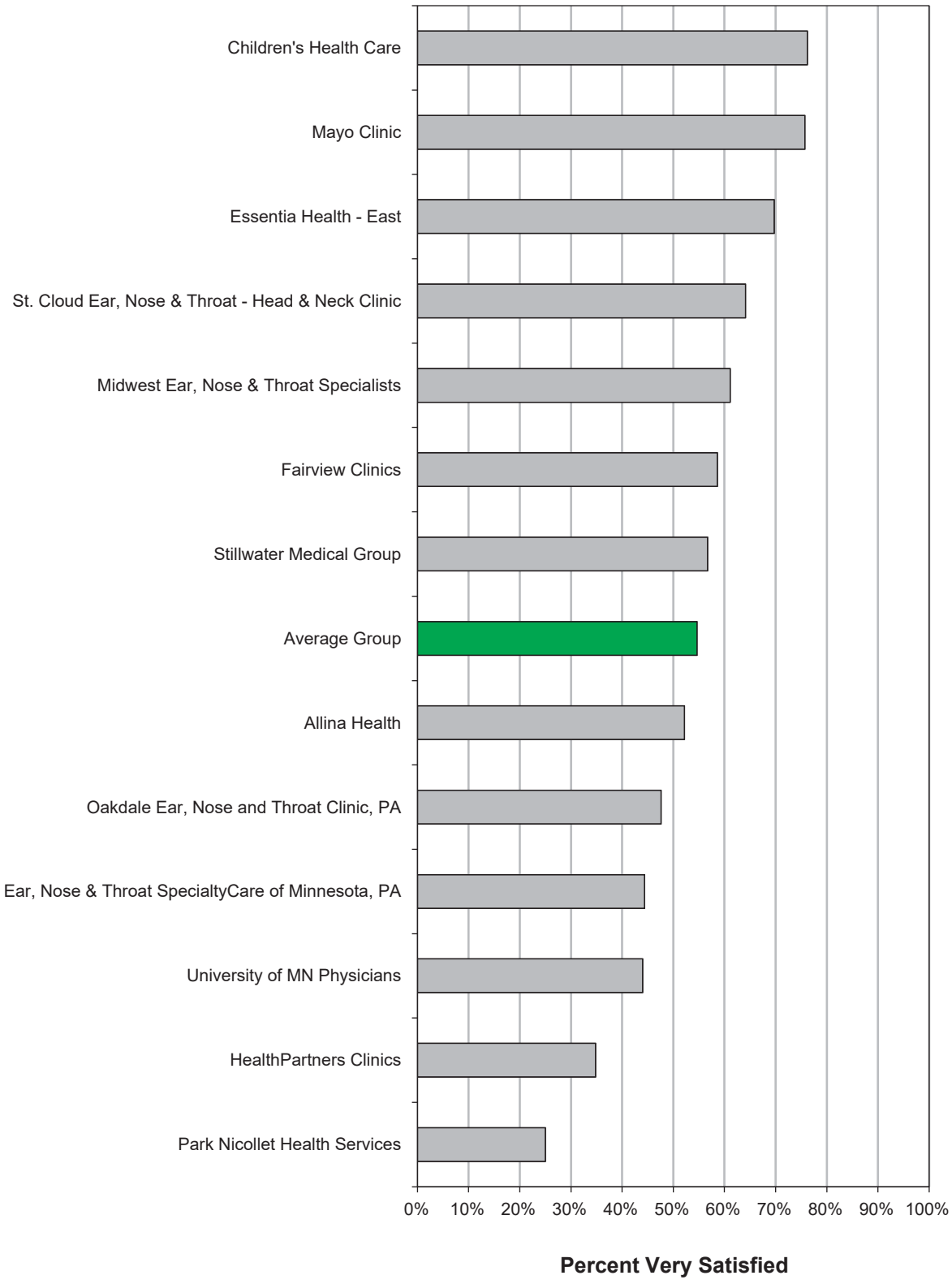
Patient Experience Medication Safety - ENT Providers

2019 Member Survey

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



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Patient Experience Medication Safety - OB/GYN Providers

2019 Member Survey

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

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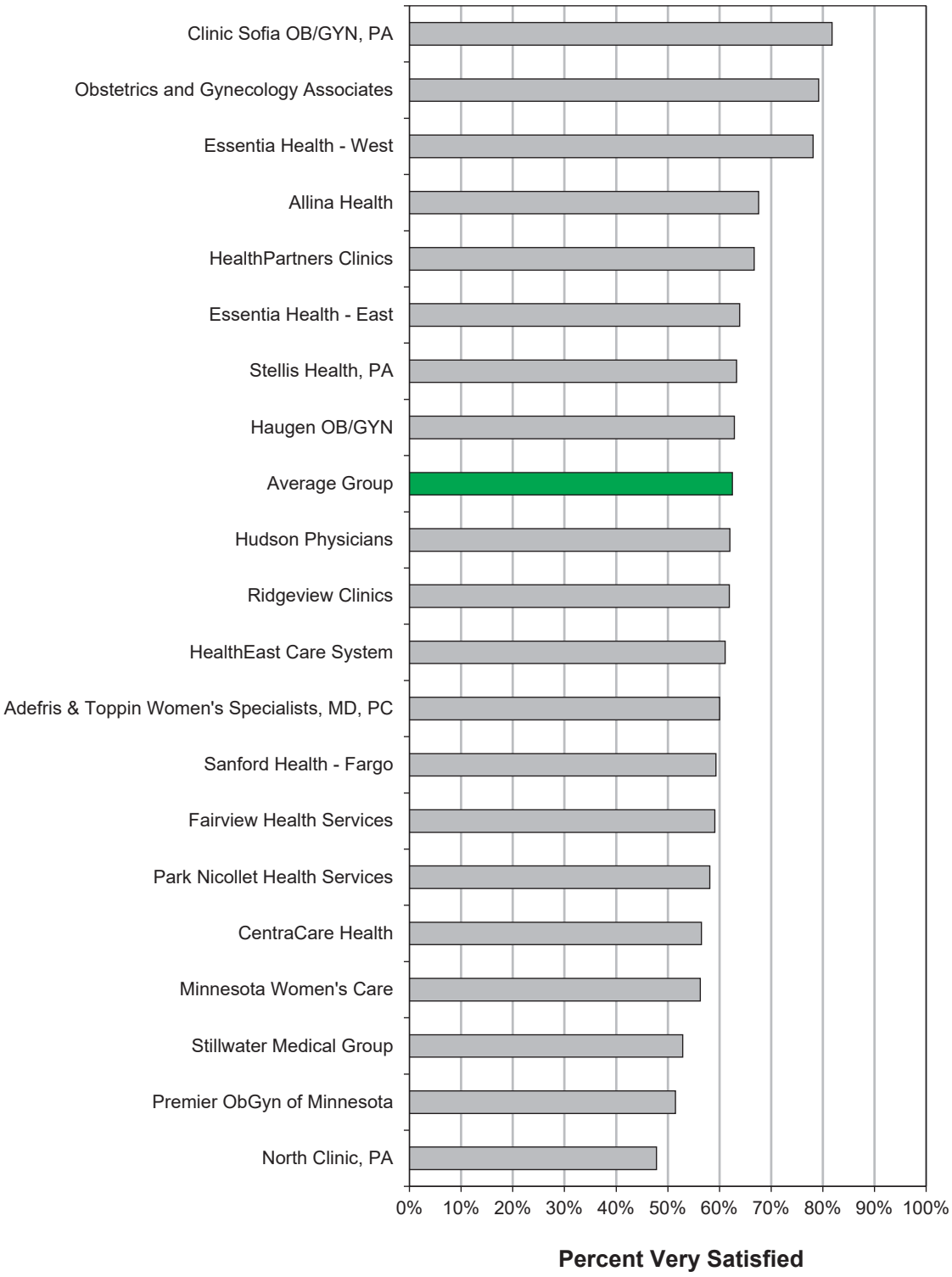
Patient Experience Medication Safety - OB/GYN Providers
2019 Member Survey

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



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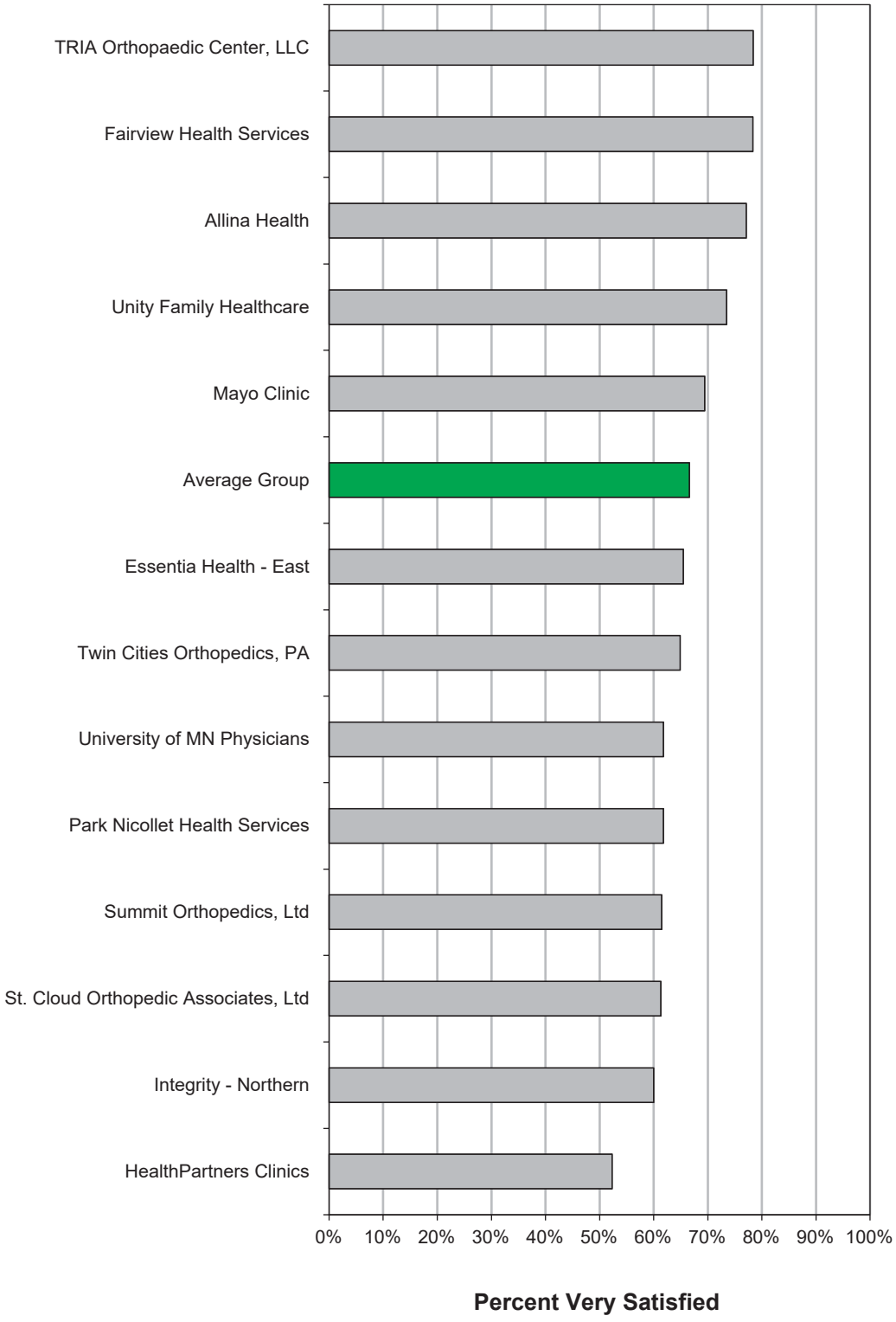
Patient Experience Medication Safety - Orthopaedic Providers

2019 Member Survey

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



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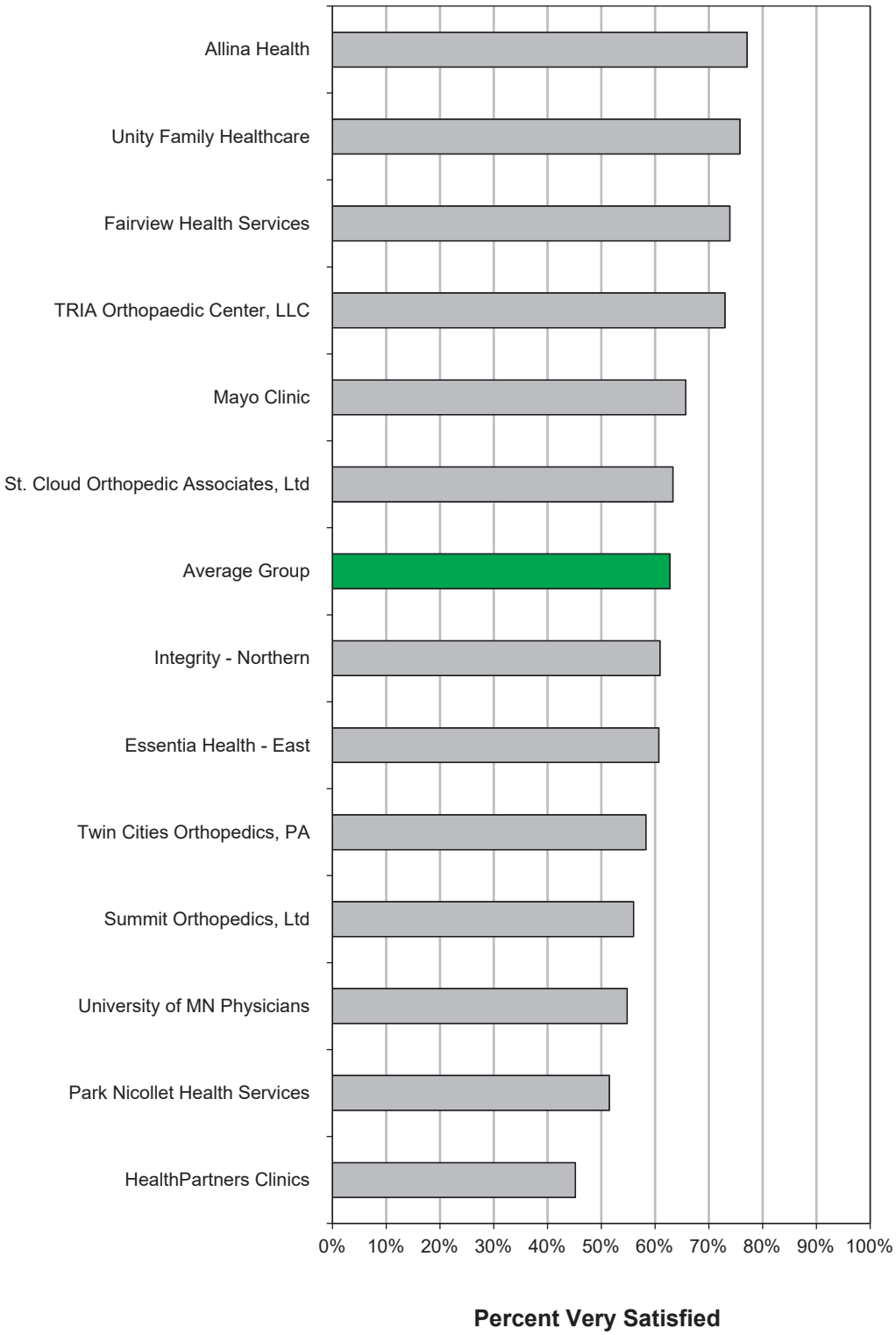
Patient Experience Medication Safety - Orthopaedic Providers

2019 Member Survey

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



TOTAL COST OF CARE AND RESOURCE USE — PRIMARY CARE
January 1, 2018 – December 31, 2018

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 2012, 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 is 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

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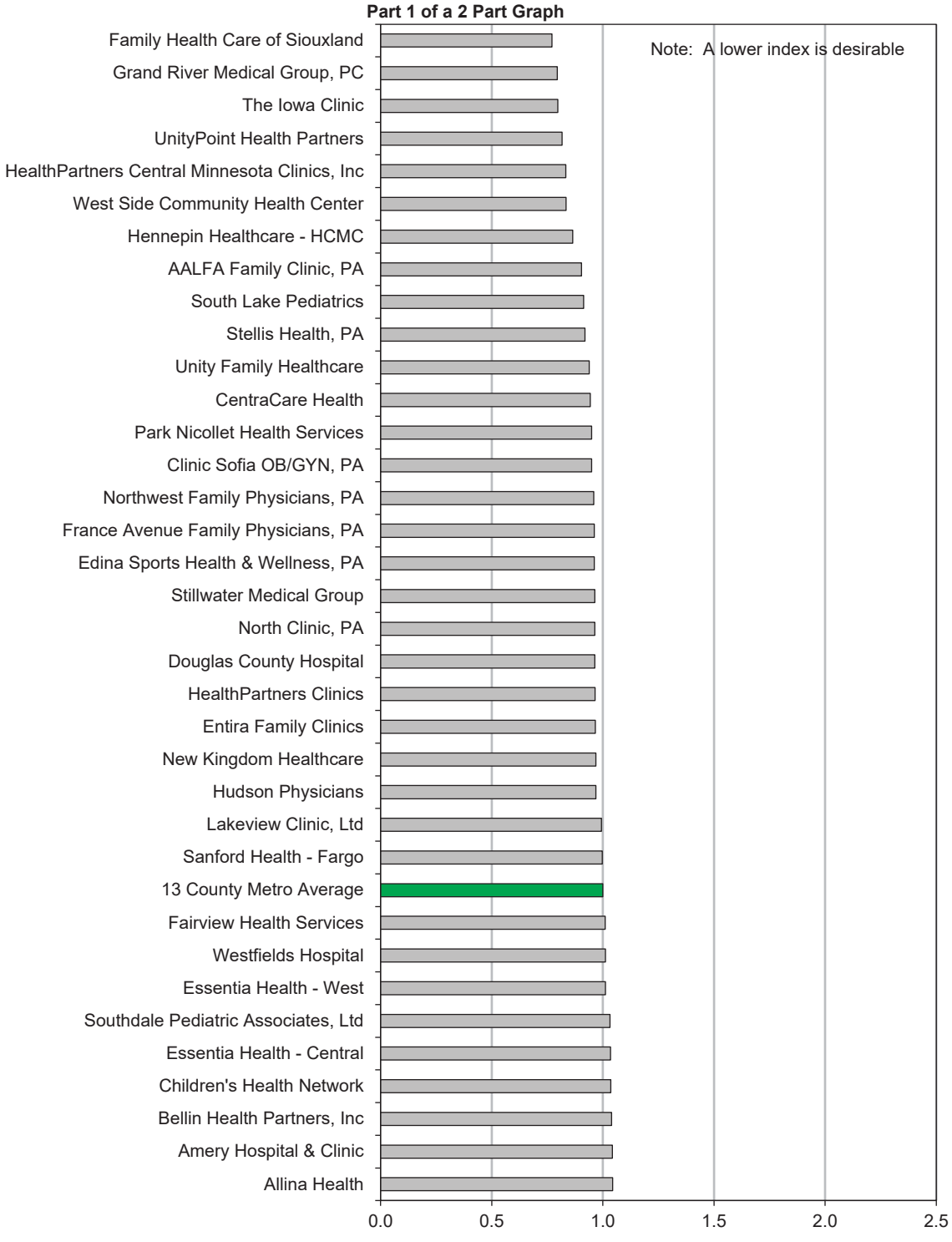
Total Cost of Care - Primary Care, Total Cost Index (TCI)

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



Providers with <600 attributed members are not displayed.

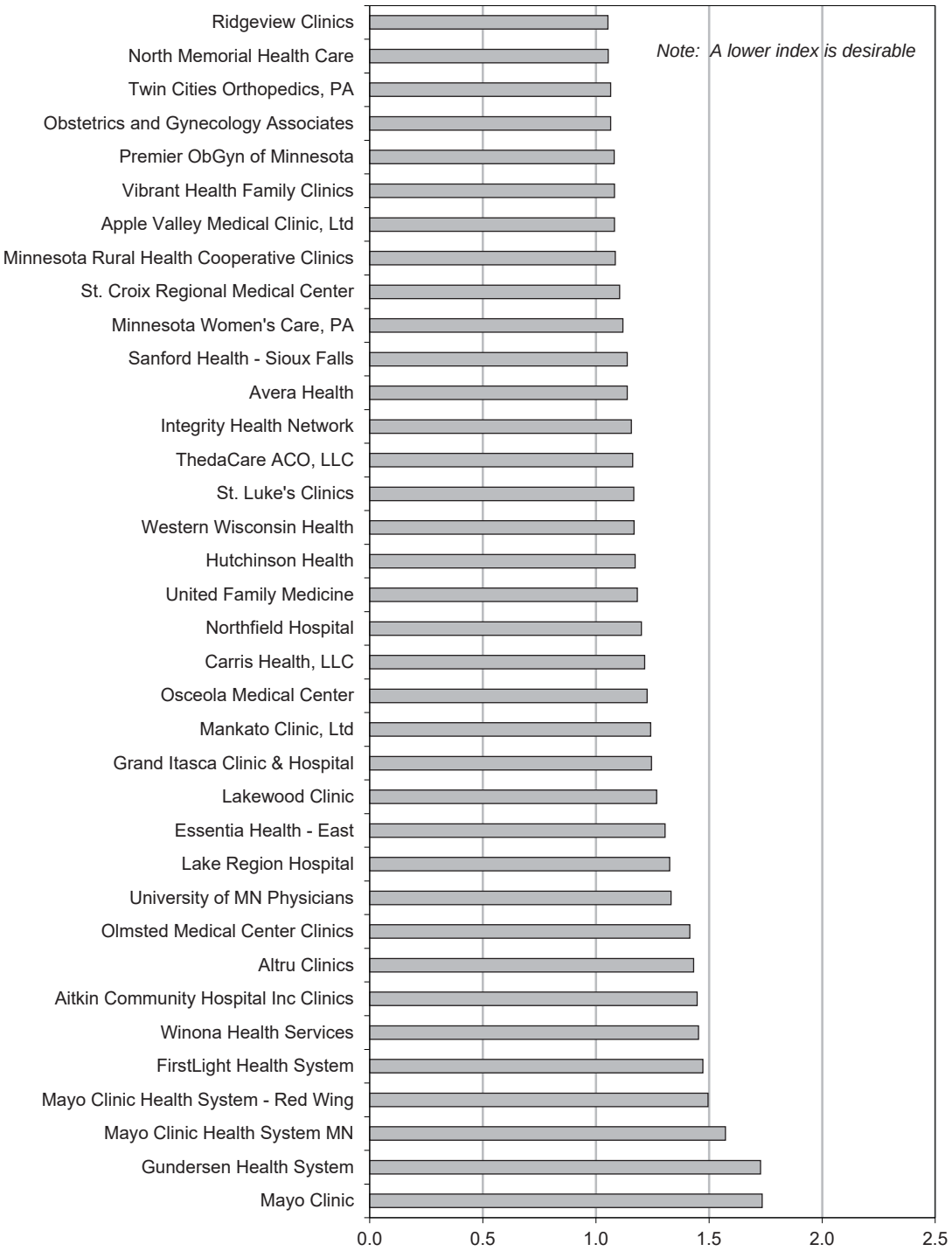
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost of Care - Primary Care, Total Cost Index (TCI)

1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



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

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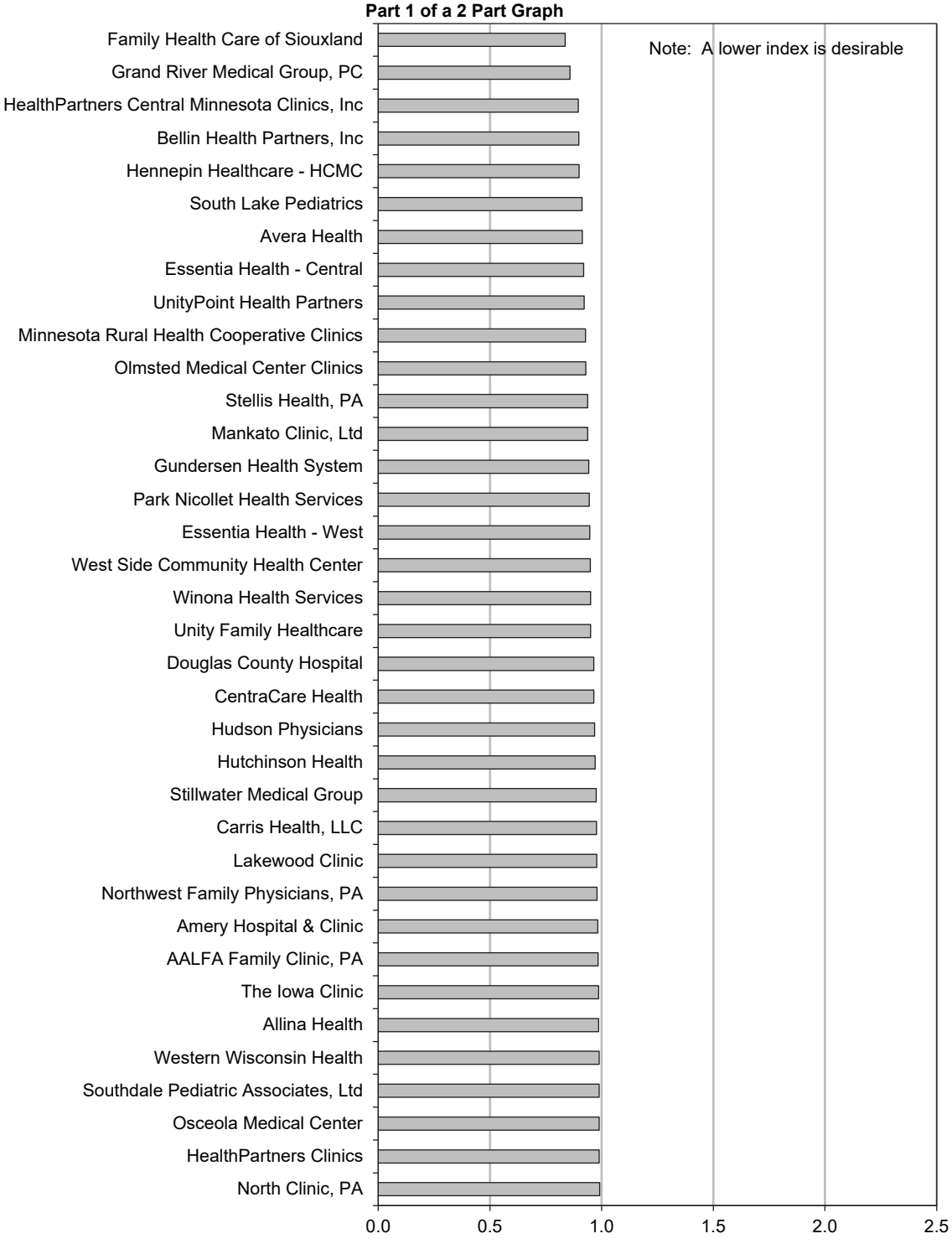
Total Cost of Care - Primary Care, Total Cost Index (RUI)

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



Total Cost Index (RUI)

Providers with <600 attributed members are not displayed.

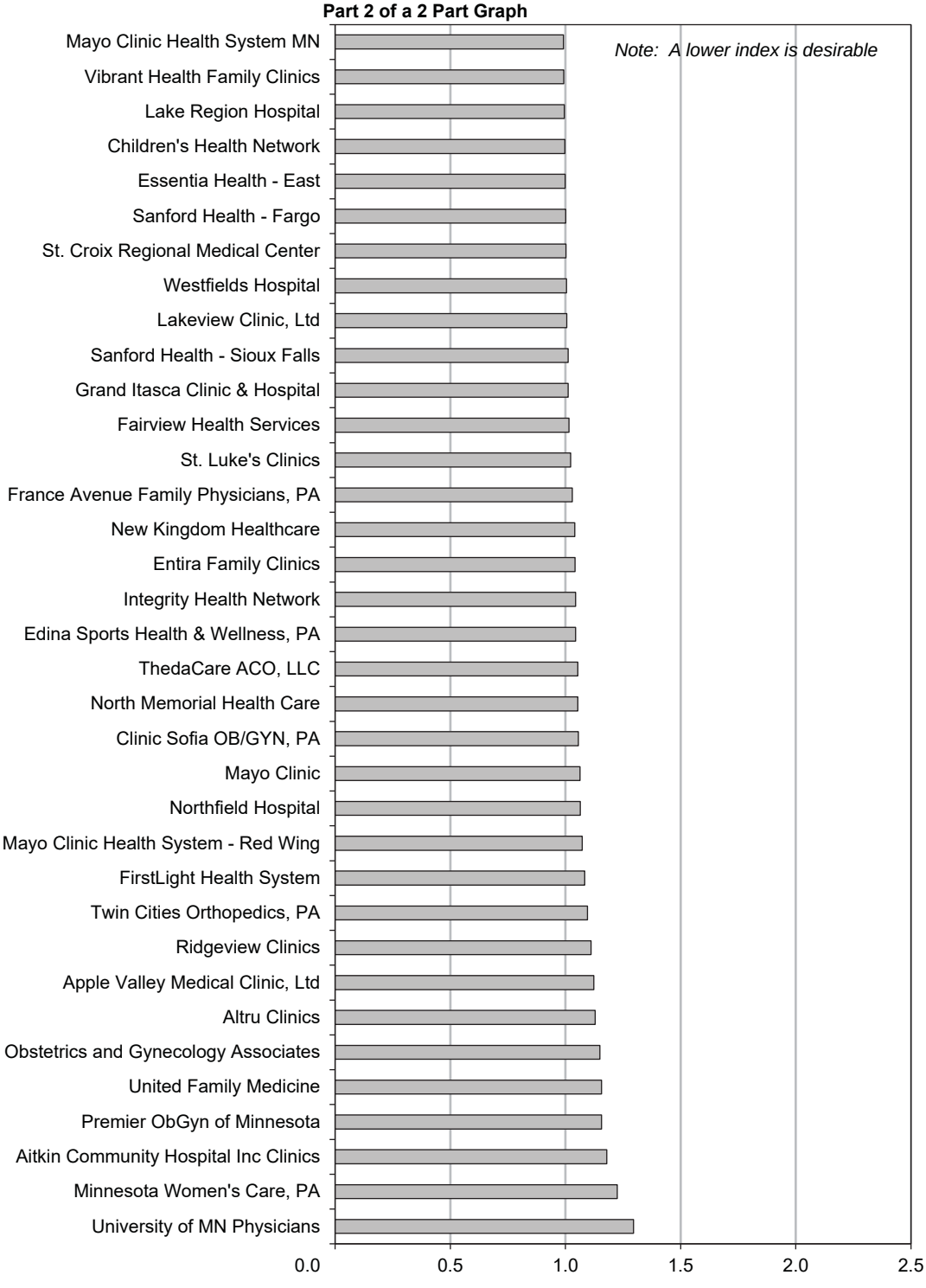
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost of Care - Primary Care, Total Cost Index (RUI)

1/1/2018 - 12/31/2018

Part 2 of a 2 Part Graph



Total Cost Index (RUI)

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 INDEX AND RESOURCE USE — SPECIALTY CARE
October 1, 2016 – September 30, 2018

Description

Medical group's case mix and risk adjusted cost and resource use effectiveness at managing their attributed patients' 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 is 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

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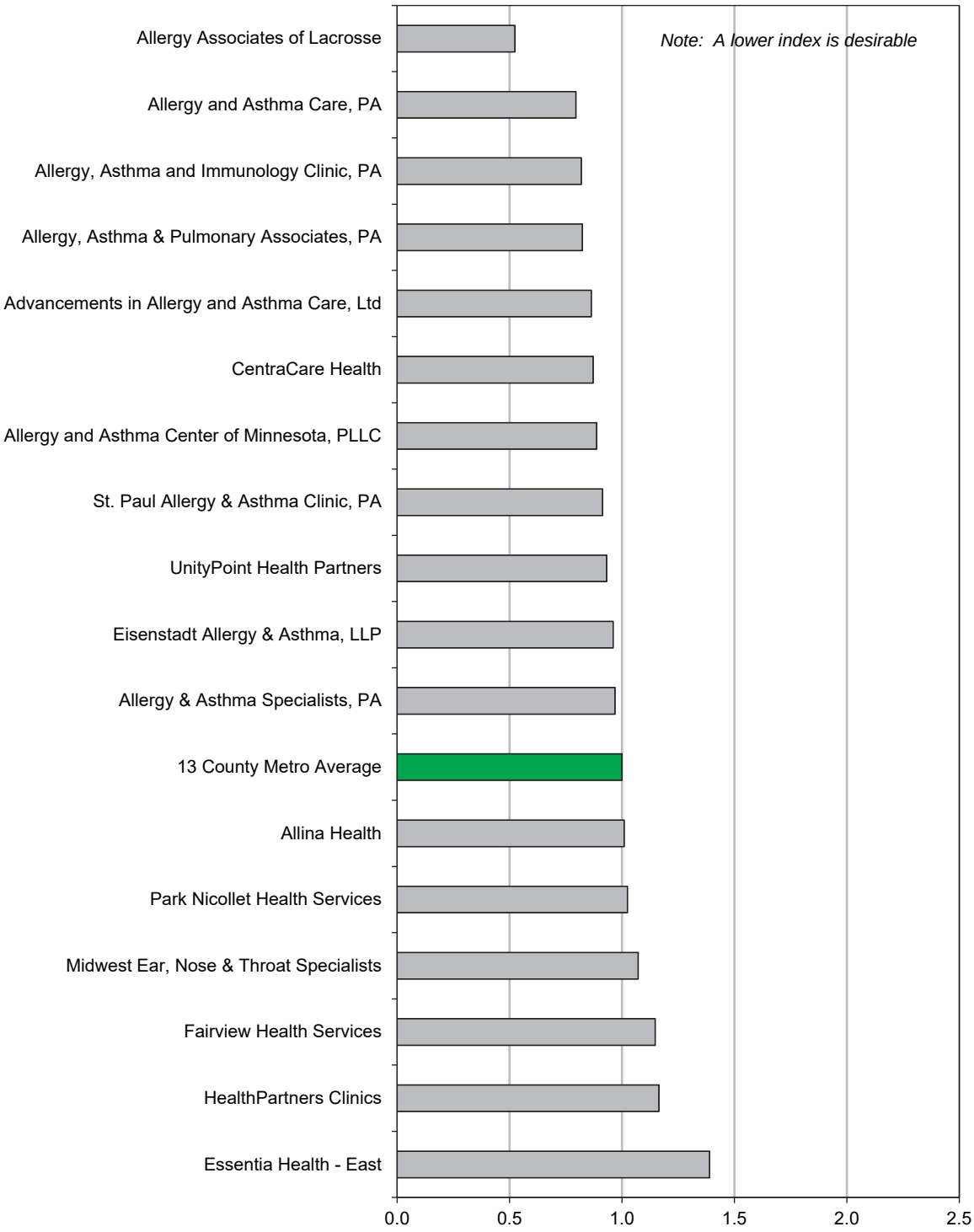
Total Cost Index (TCI) - Allergy & Immunology Providers

10/1/2016 - 9/30/2018



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

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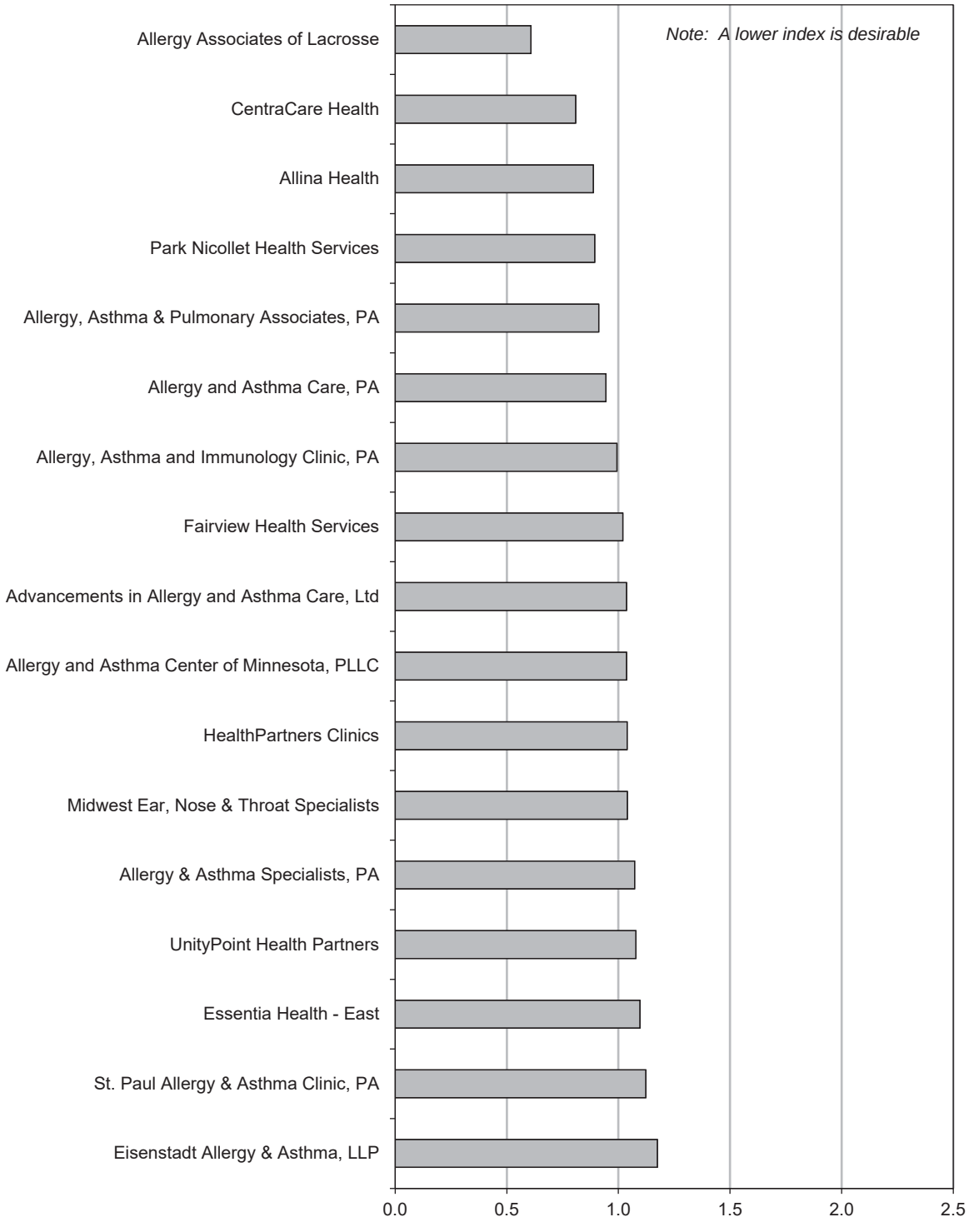
Resource Use Index (RUI) - Allergy & Immunology Providers

10/1/2016 - 9/30/2018



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

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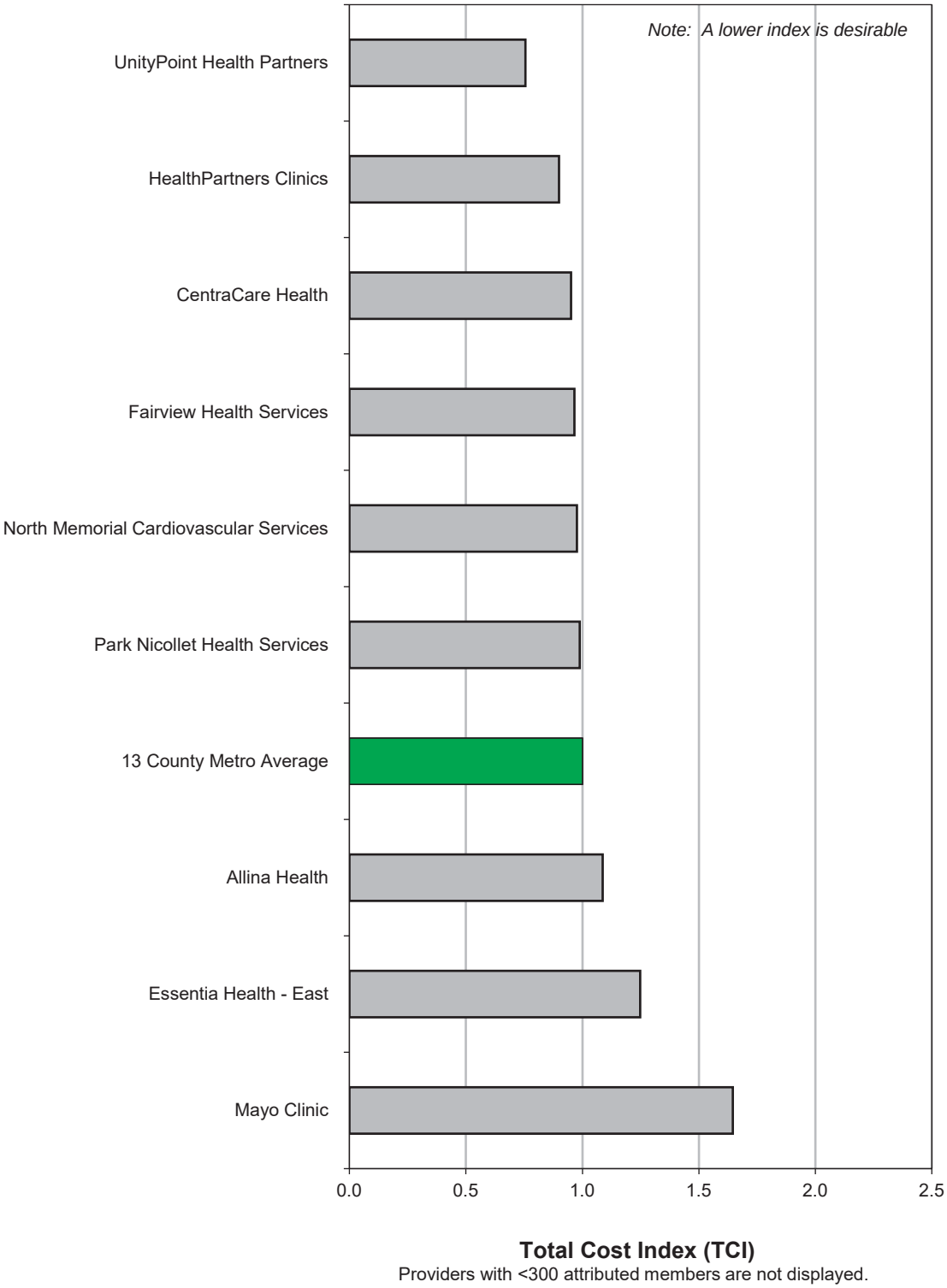
Total Cost Index (TCI) - Cardiology Providers
10/1/2016 - 9/30/2018



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

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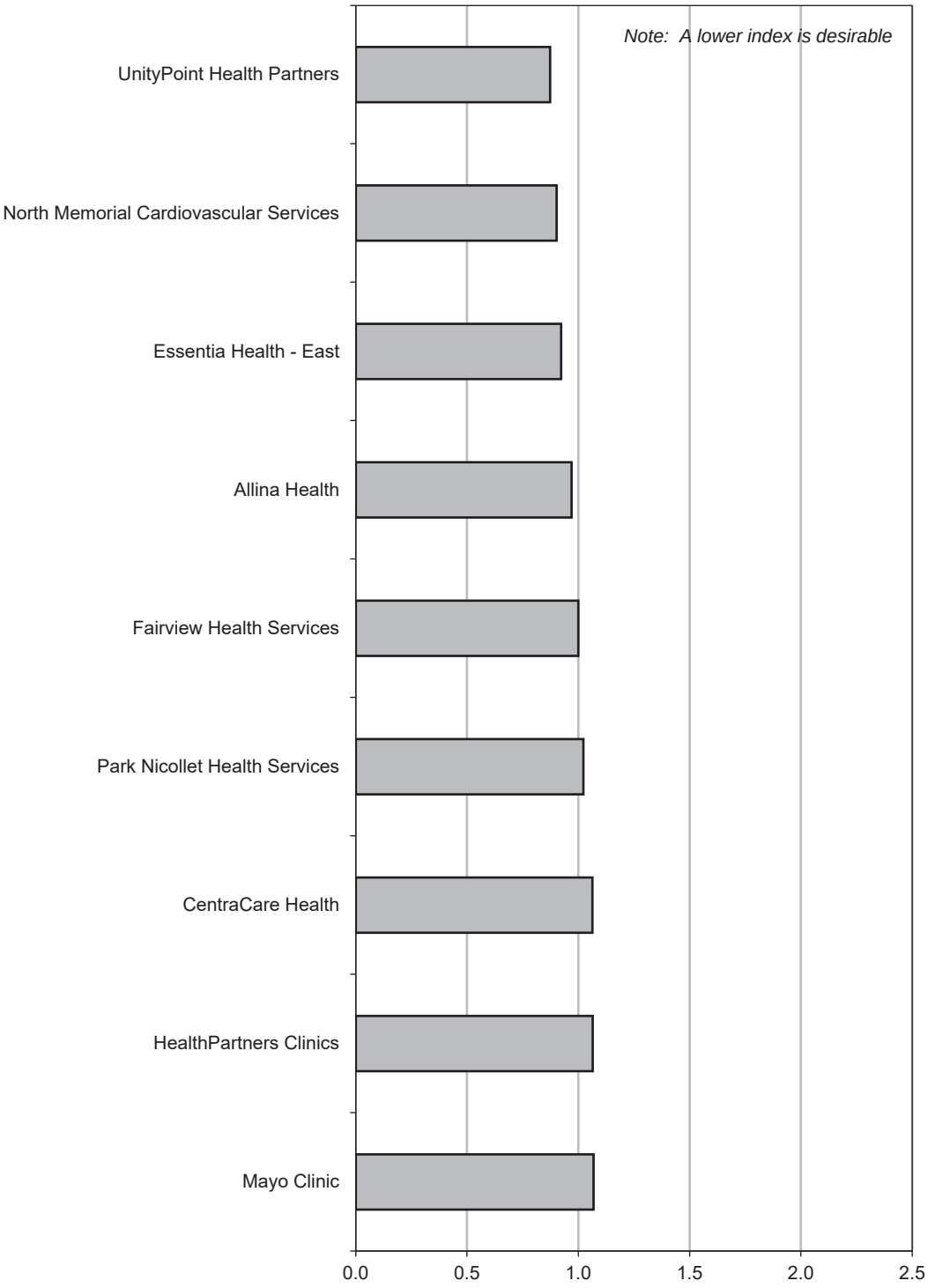
Resource Use Index (RUI) - Cardiology Providers
10/1/2016 - 9/30/2018



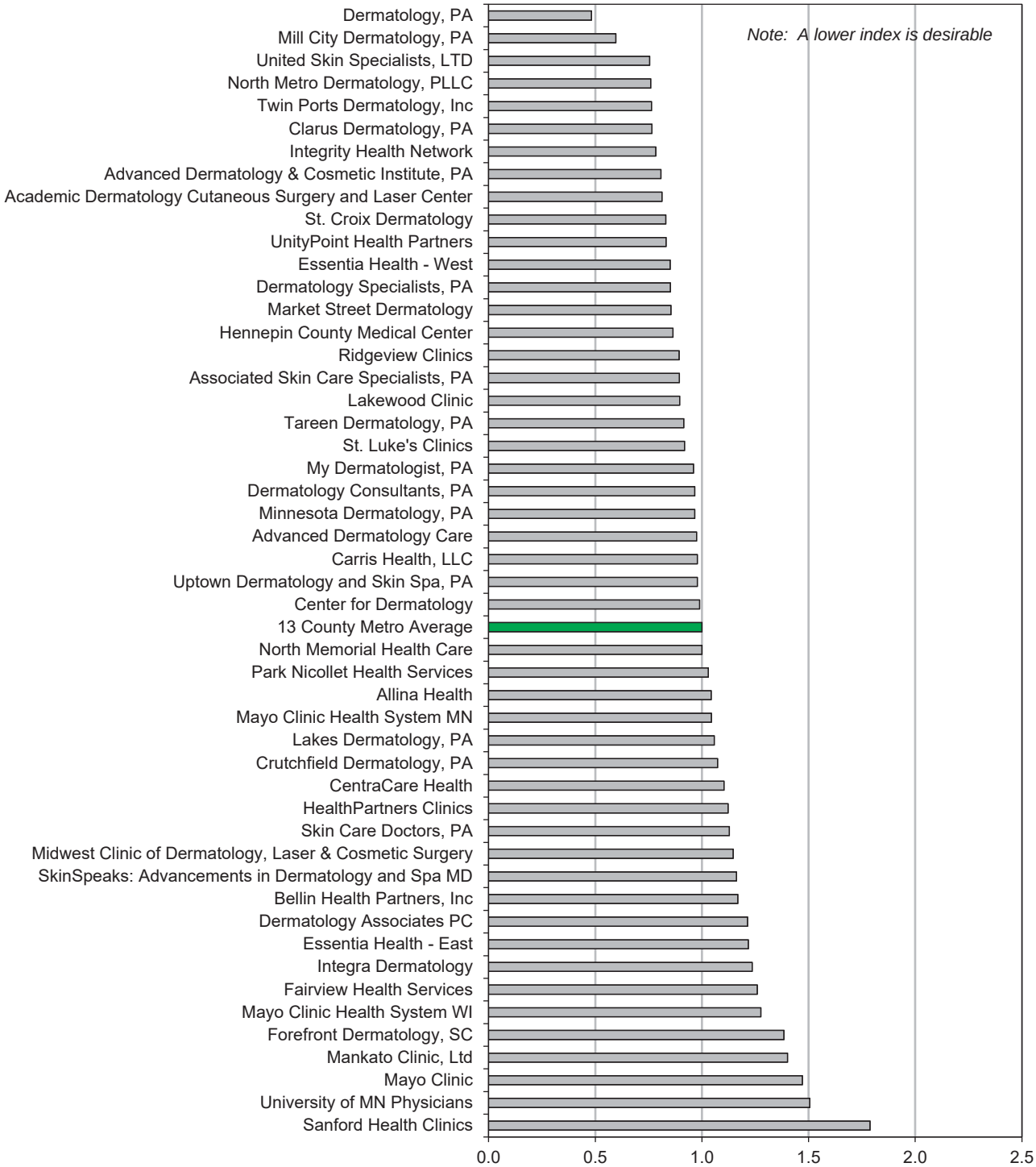
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Dematology Providers

10/1/2016 - 9/30/2018



Total Cost Index (TCI)

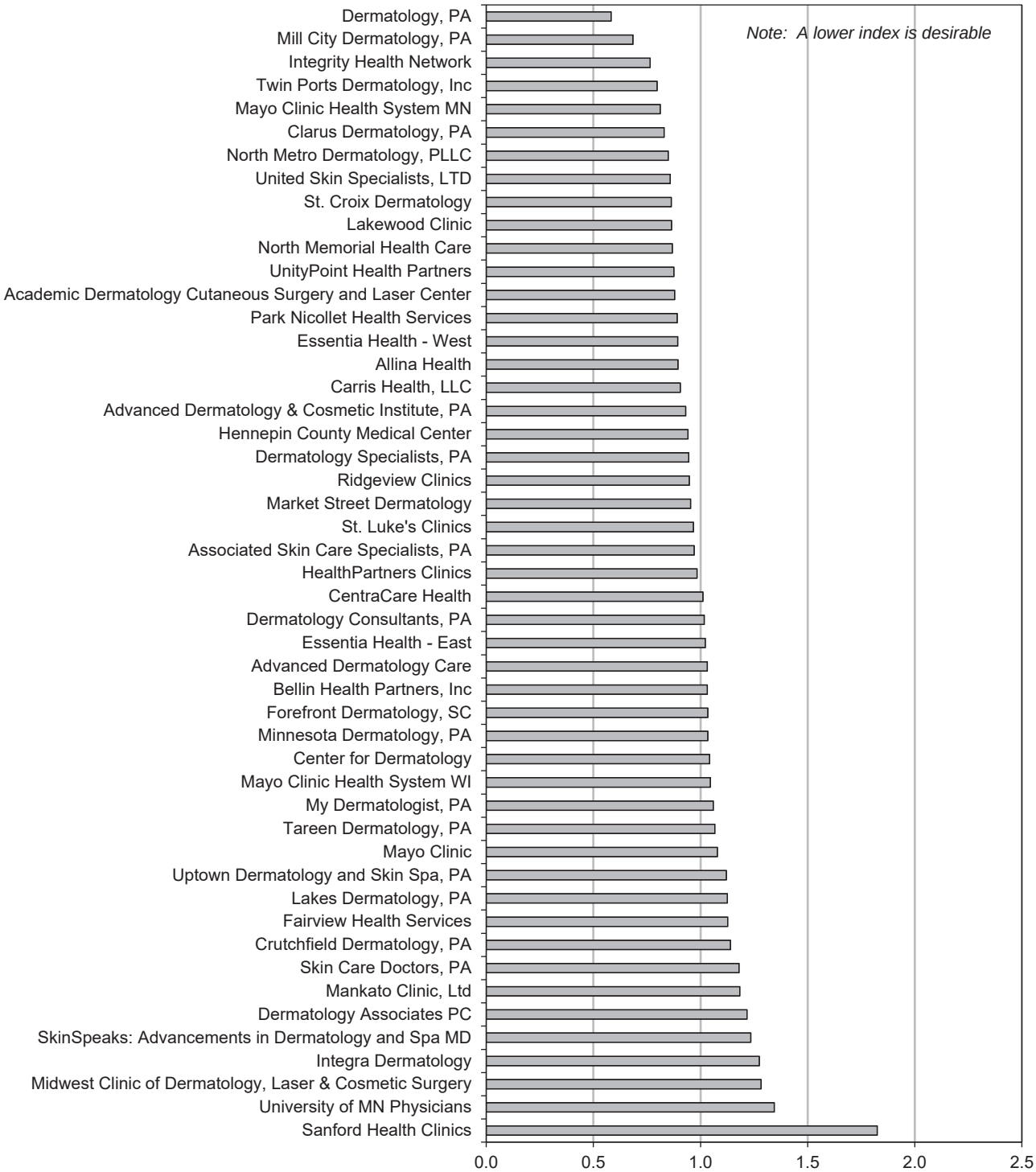
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Dermatology Providers

10/1/2016 - 9/30/2018



Resource Use Index (RUI)

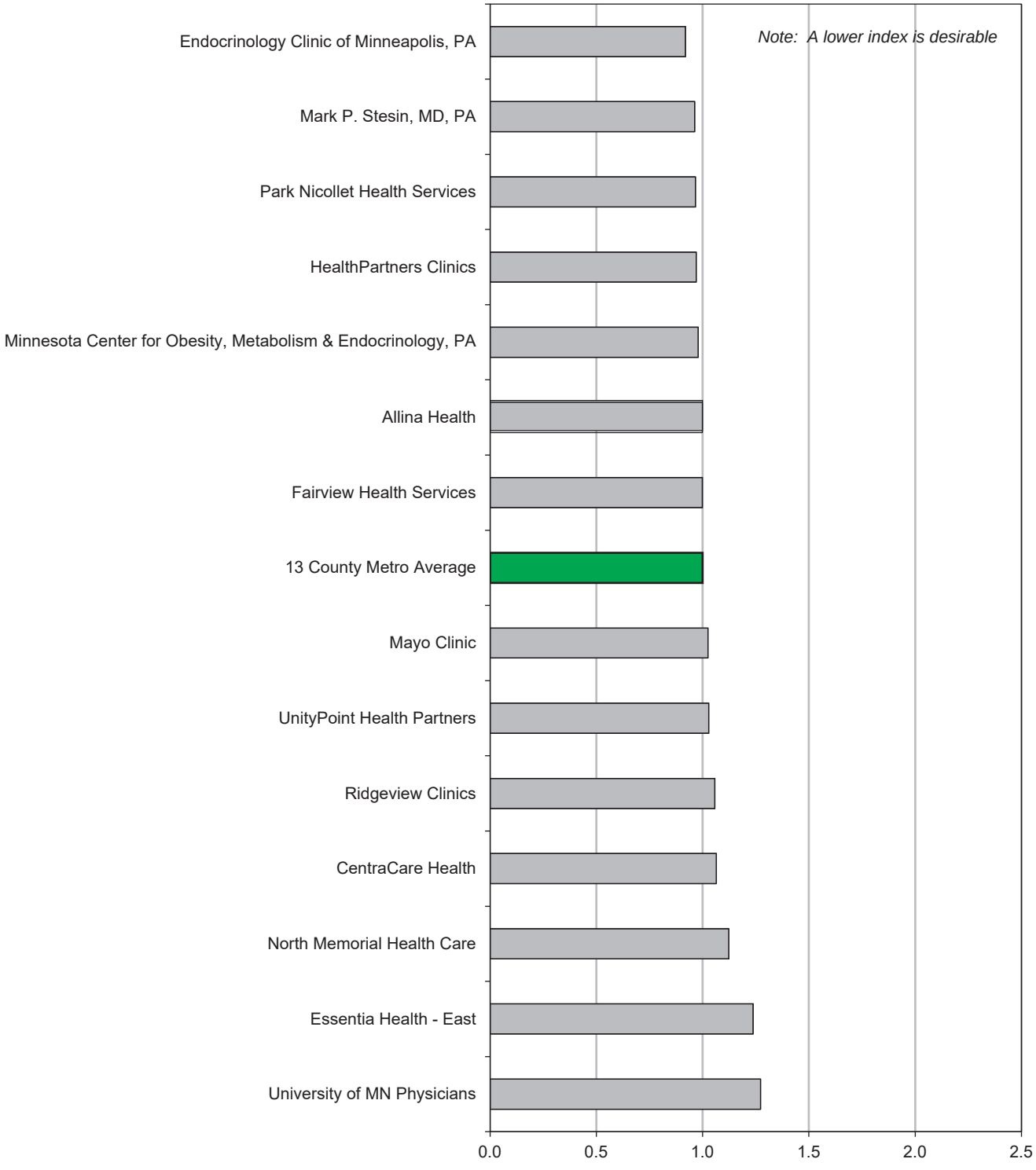
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Endocrinology Providers

10/1/2016 - 9/30/2018



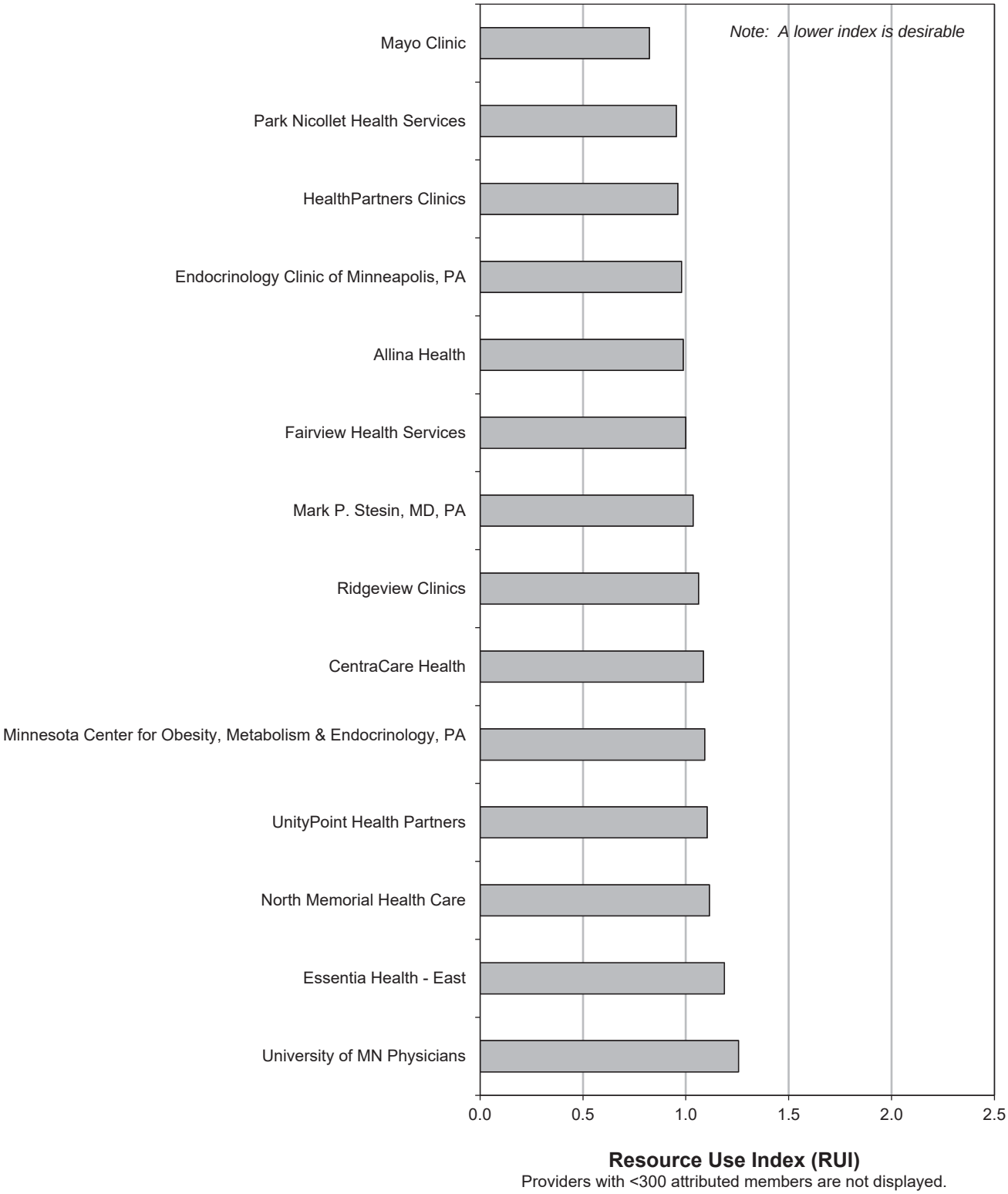
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Endocrinology Providers

10/1/2016 - 9/30/2018

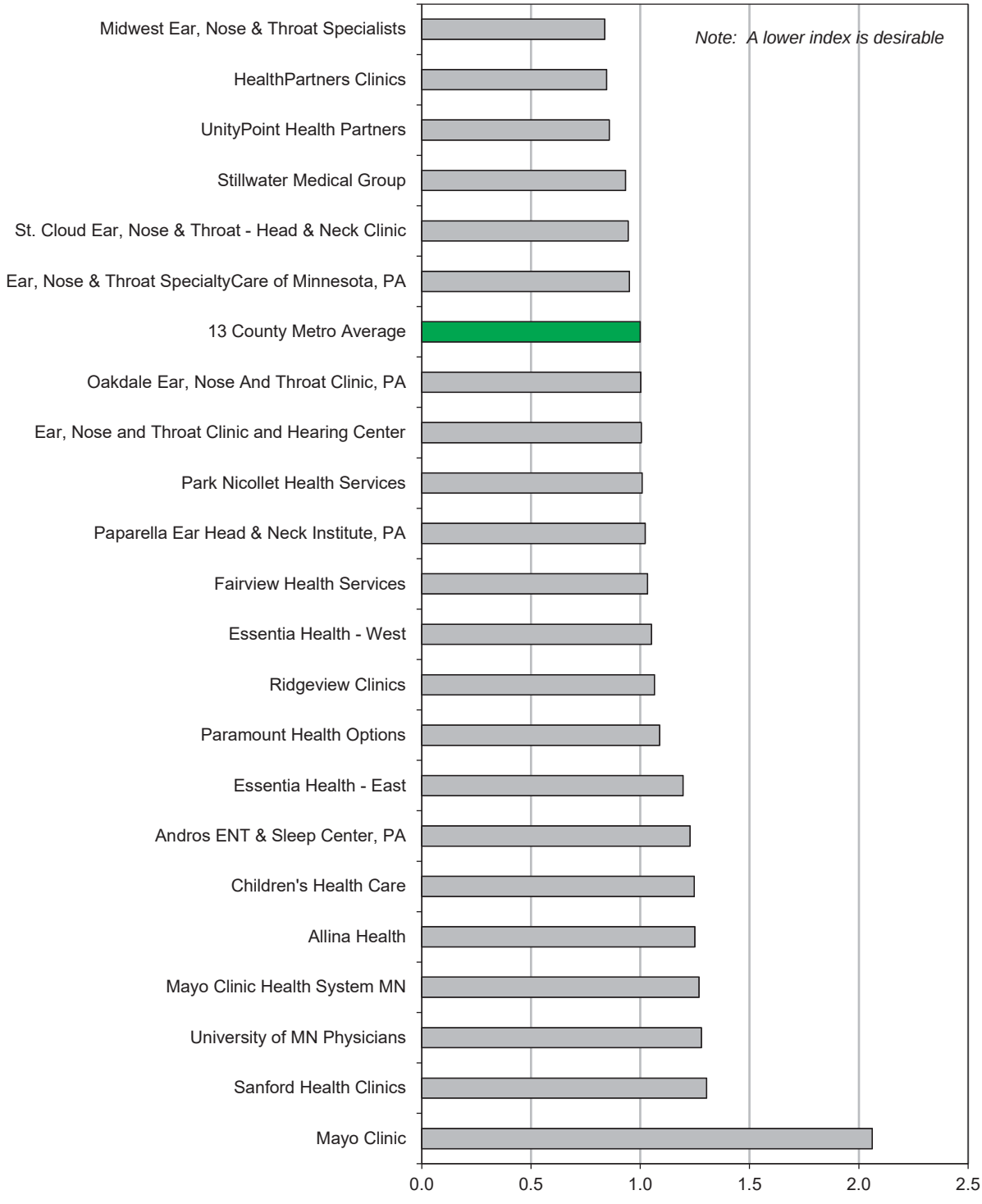


Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - ENT Providers
10/1/2016 - 9/30/2018



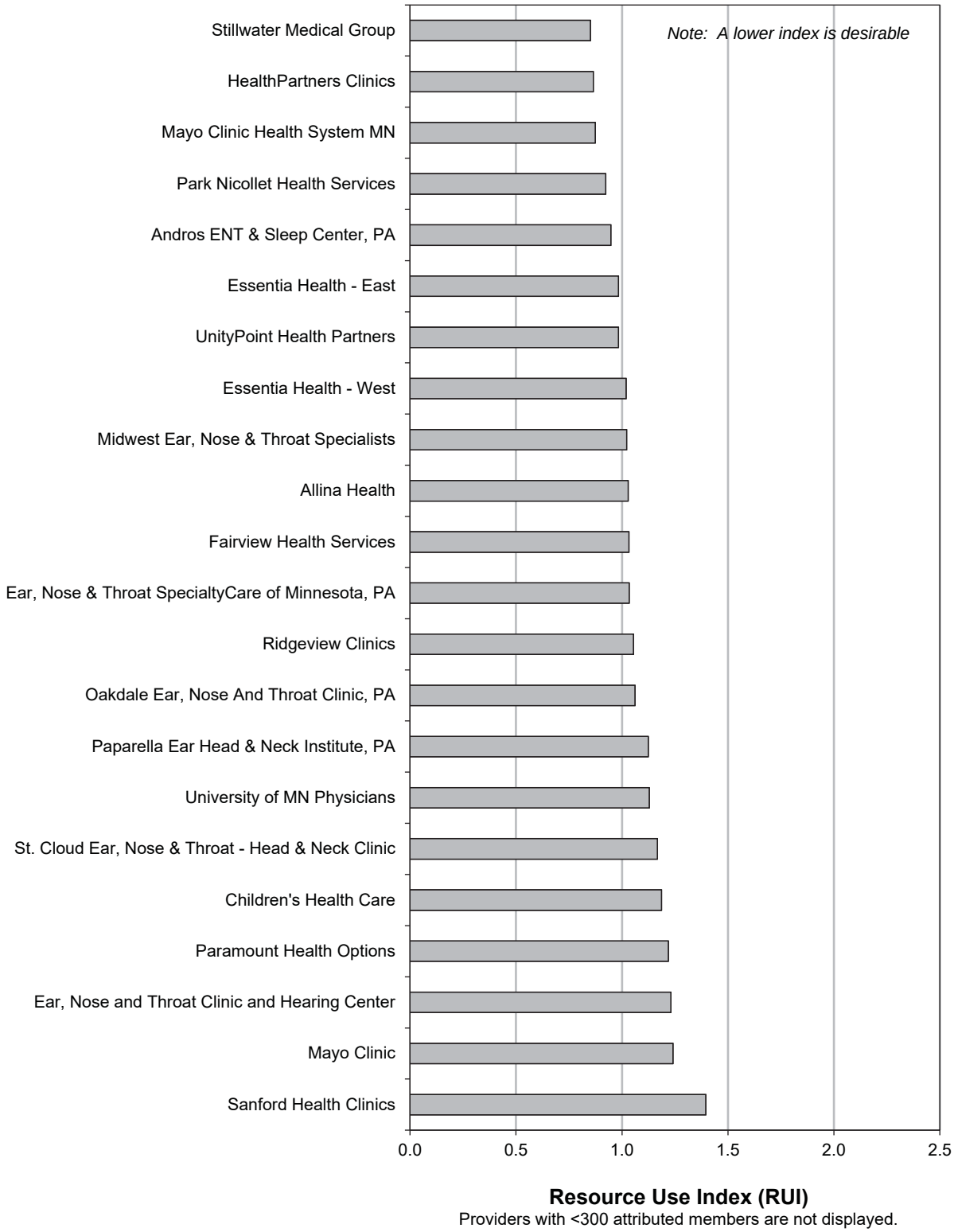
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - ENT Providers

10/1/2016 - 9/30/2018



Providers with <300 attributed members are not displayed.

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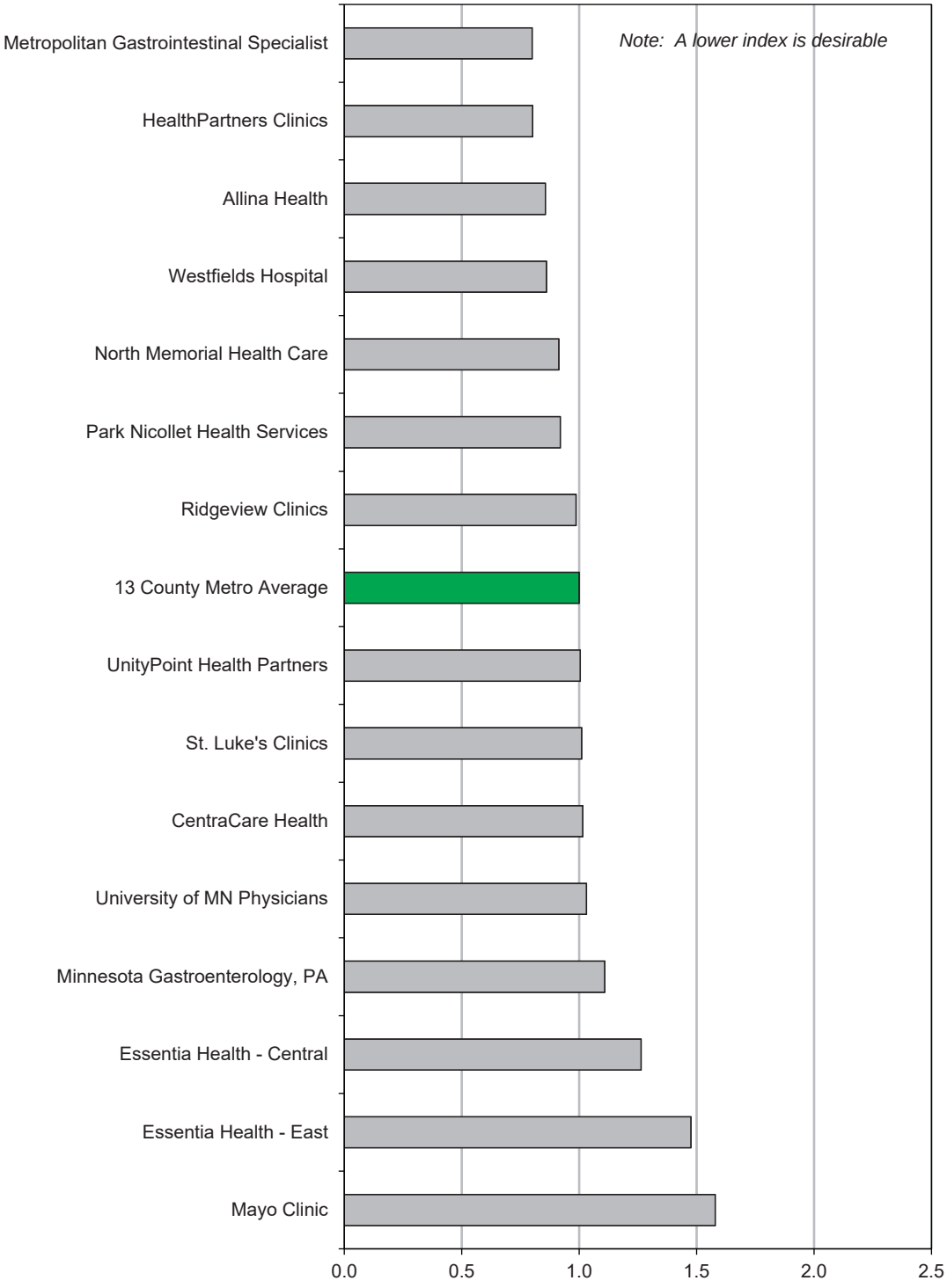
Indices < 1.000 represent providers that have lower than average resource use

HealthPartners®

Total Cost Index (TCI) - Gastroenterology Providers

10/1/2016 - 9/30/2018



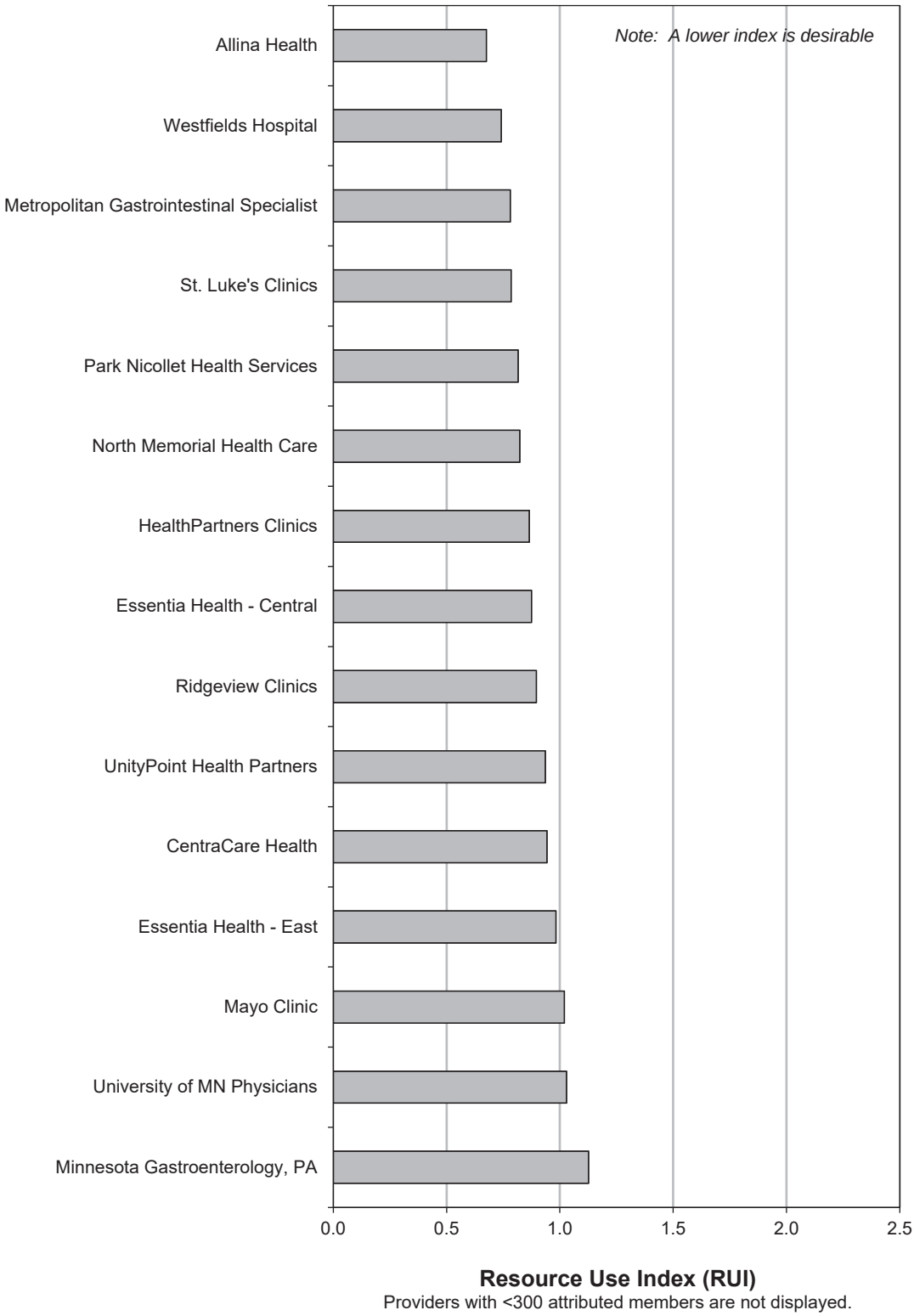
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Gastroenterology Providers

10/1/2016 - 9/30/2018



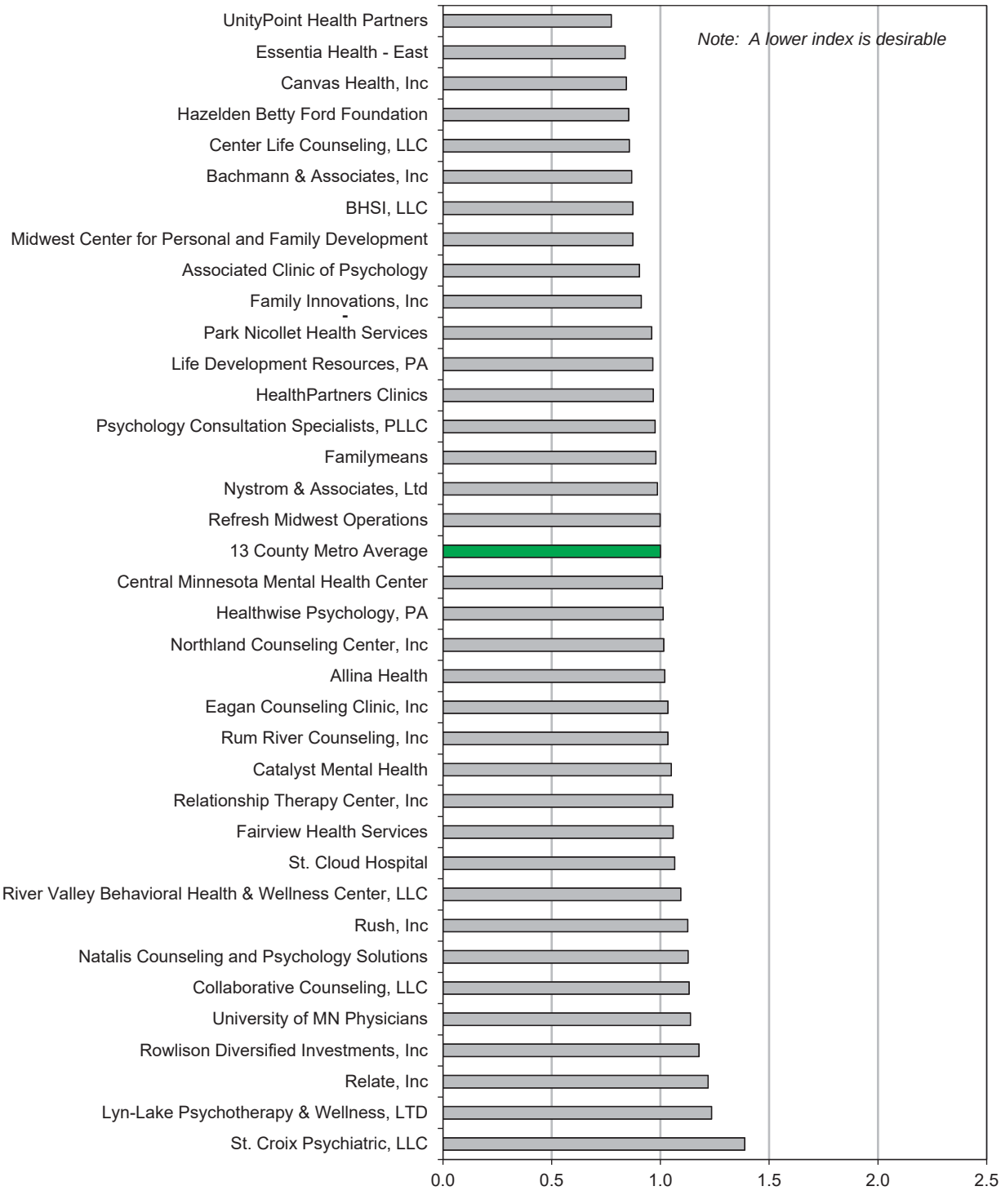
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Mental Health Providers

10/1/2016 - 9/30/2018



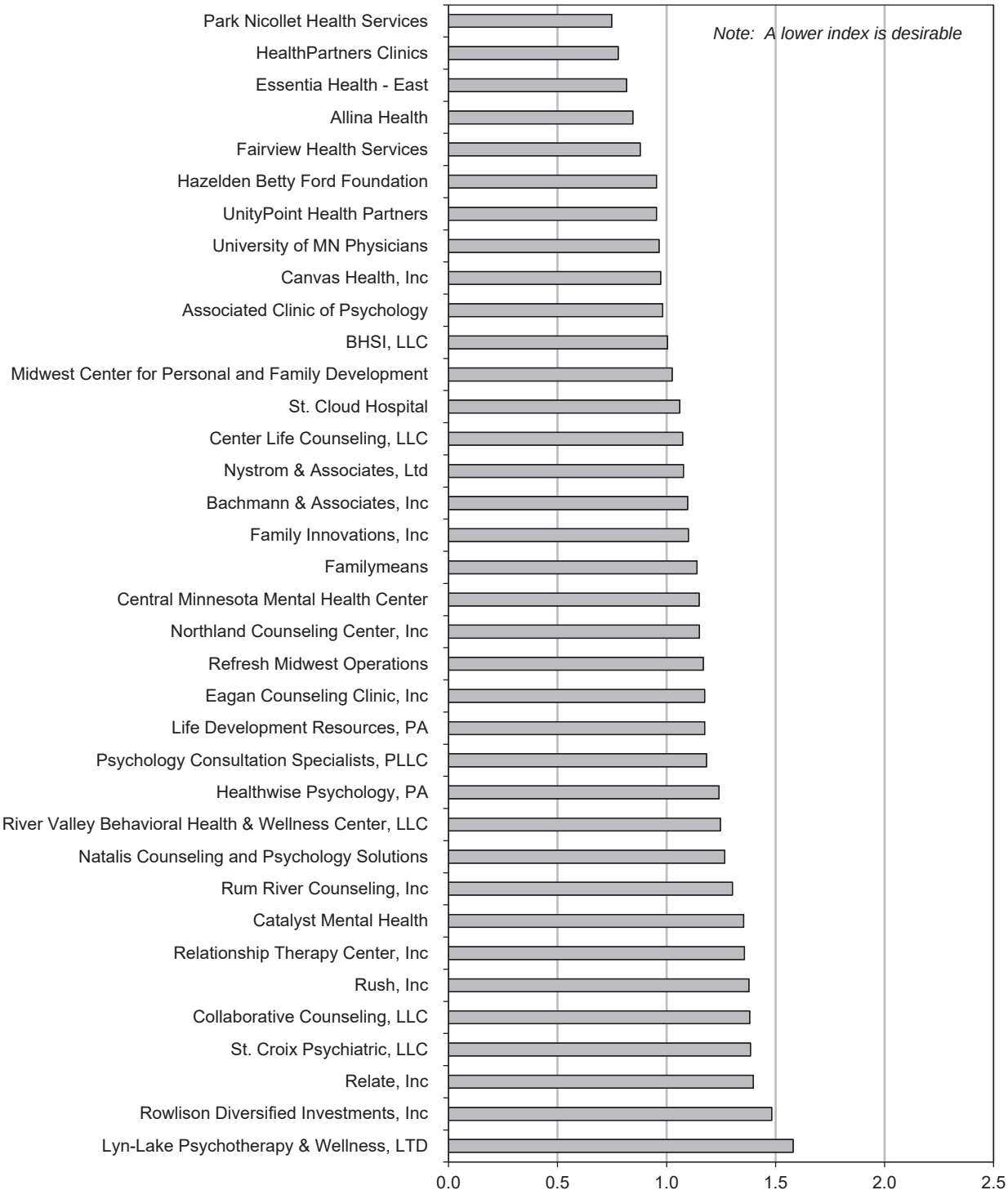
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Mental Health Providers

10/1/2016 - 9/30/2018



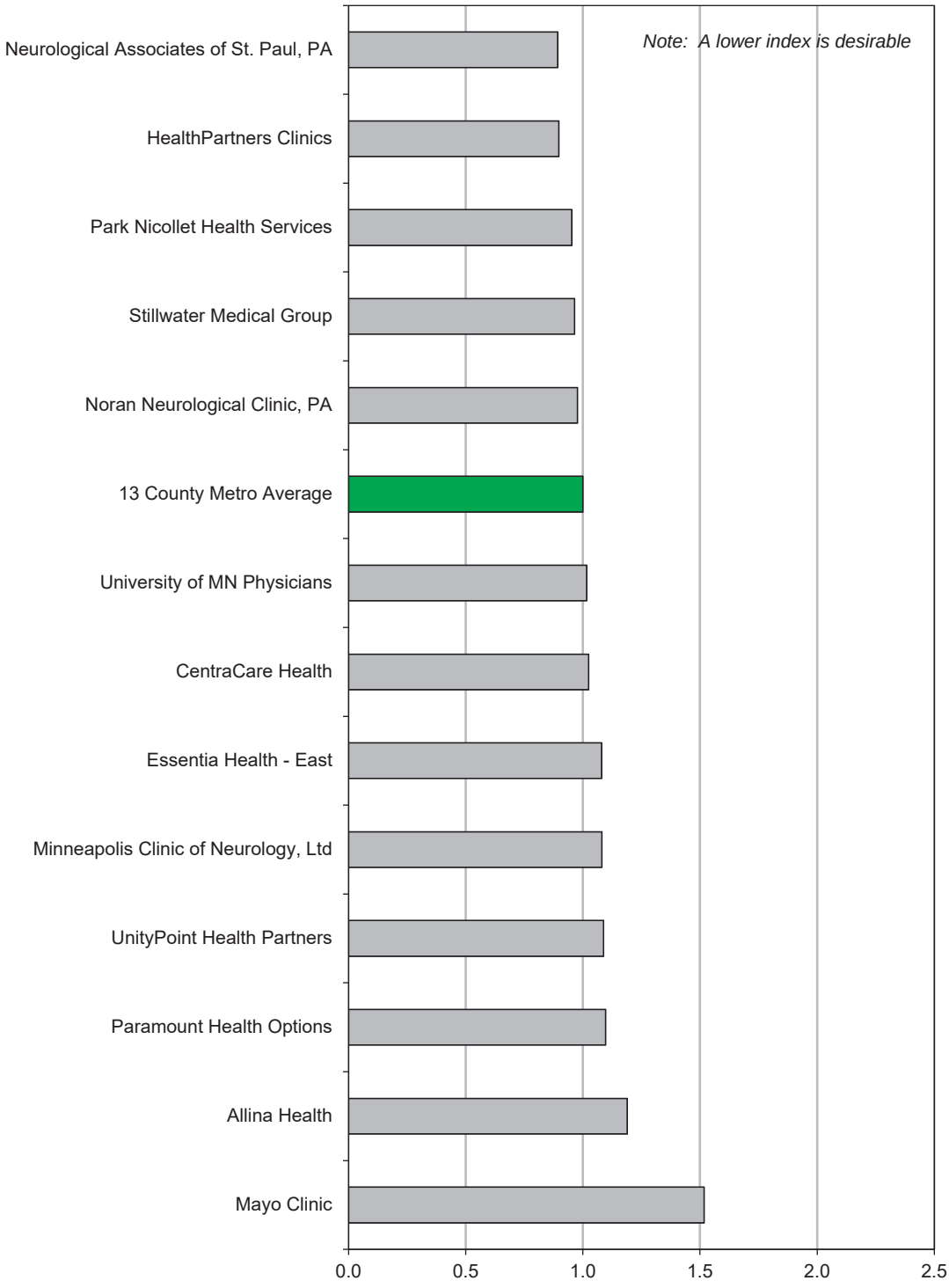
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Neurology Providers

10/1/2016 - 9/30/2018



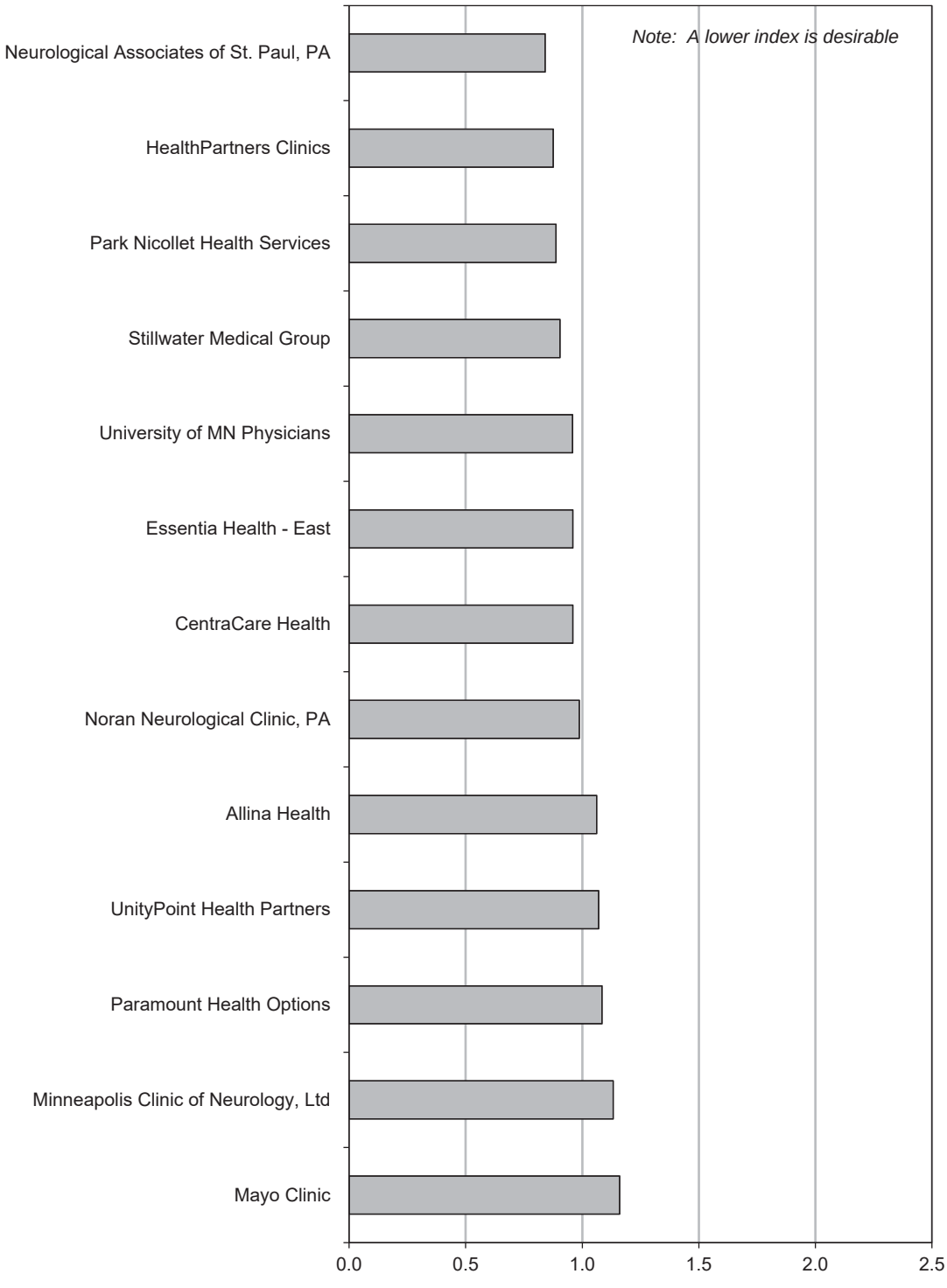
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Neurology Providers

10/1/2016 - 9/30/2018

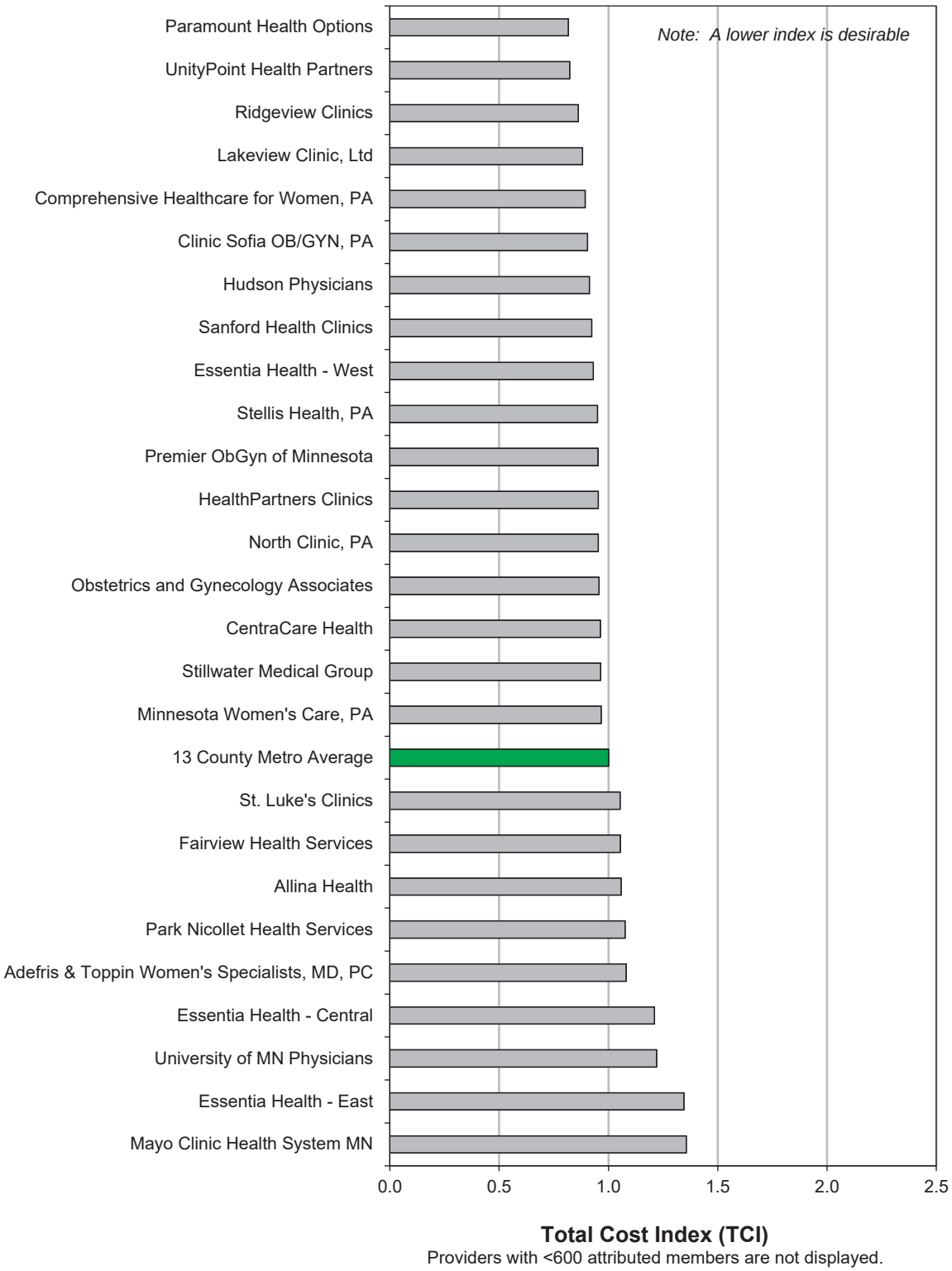


Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - OB/GYN Providers
10/1/2016 - 9/30/2018



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

HealthPartners®

Resource Use Index (RUI) - OB/GYN Providers

10/1/2016 - 9/30/2018

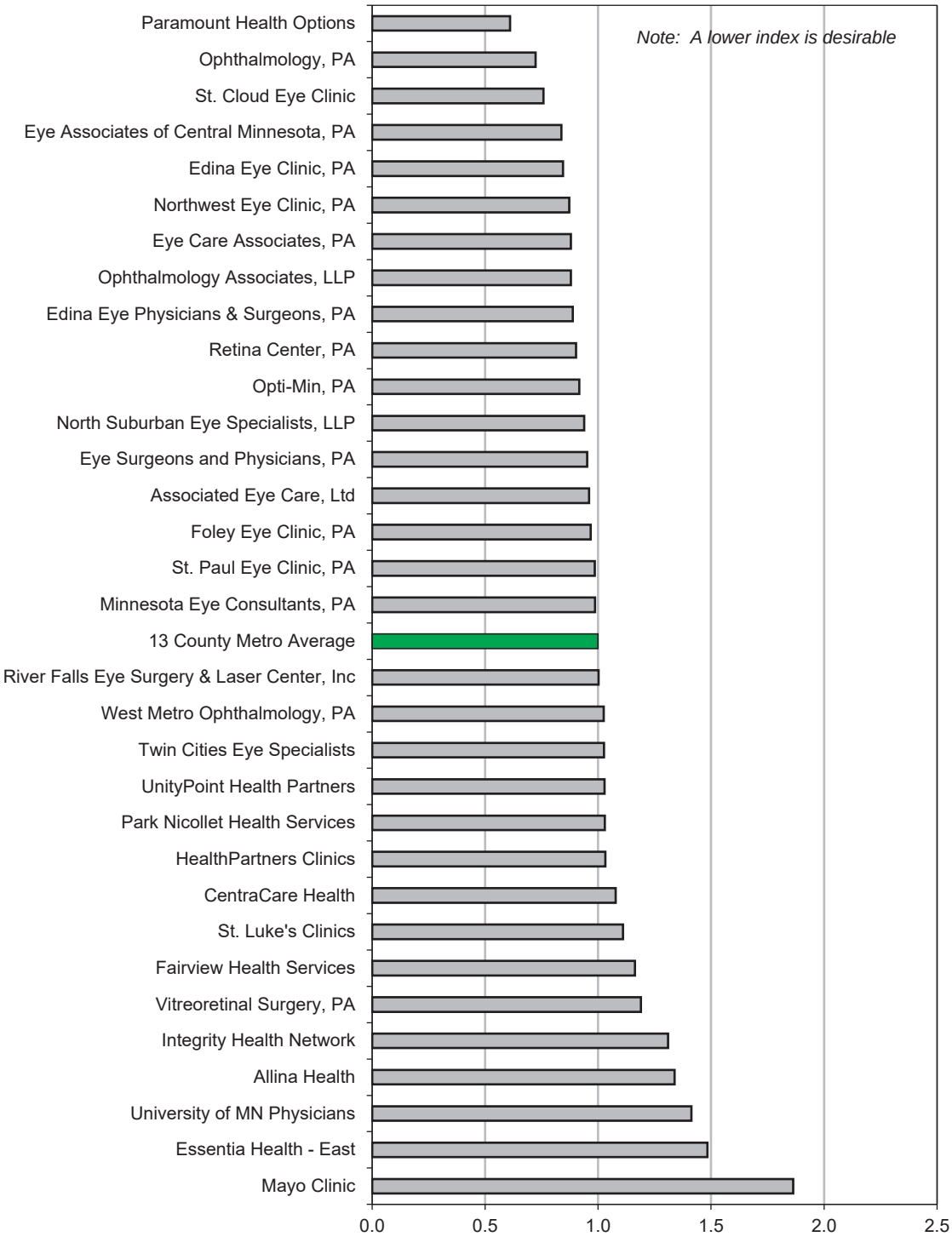
Providers with <600 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Ophthalmology & Ophthalmic Surgery Providers

10/1/2016 - 9/30/2018



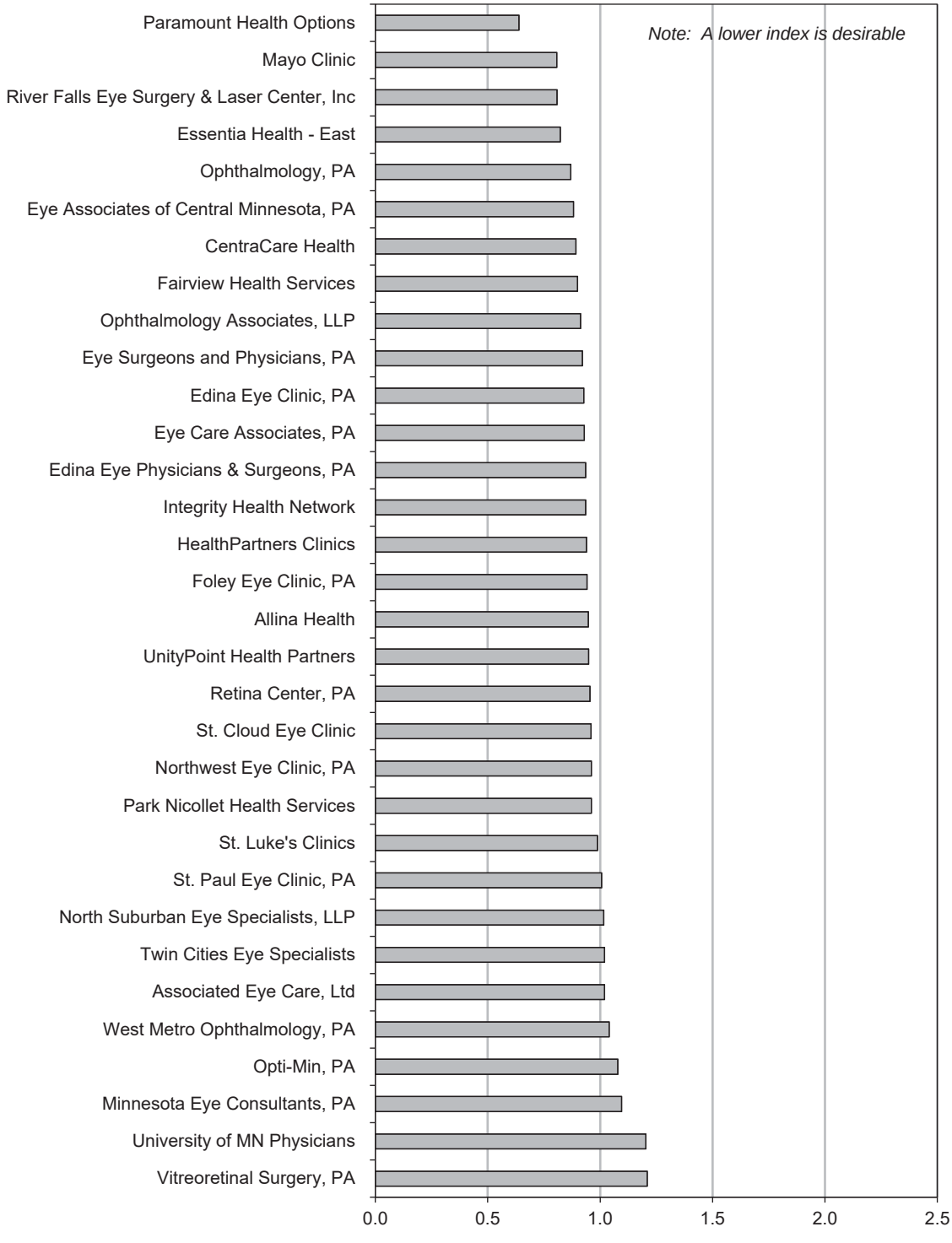
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Ophthalmology & Ophthalmic Surgery Providers

10/1/2016 - 9/30/2018

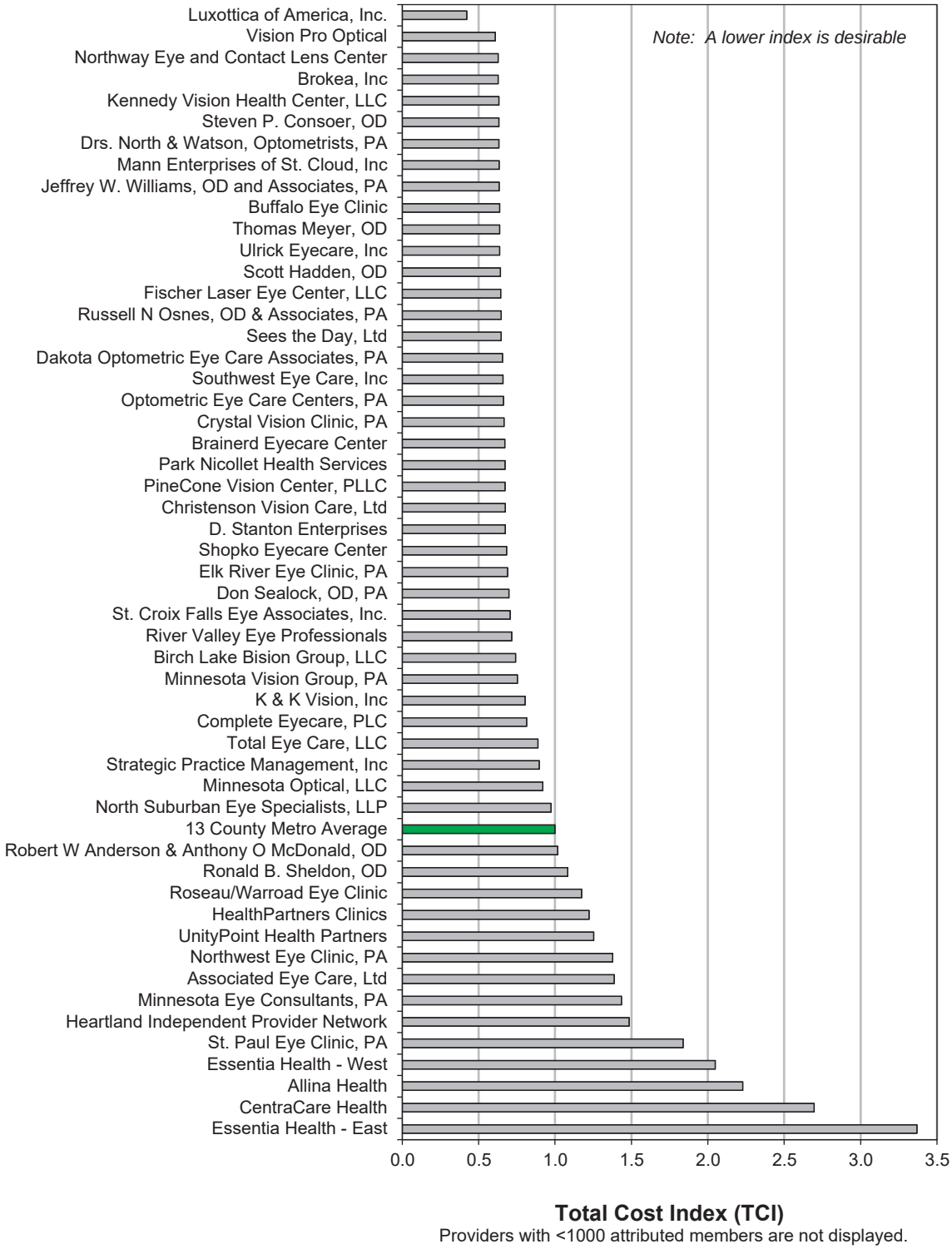


Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Optometry Providers
10/1/2016 - 9/30/2018



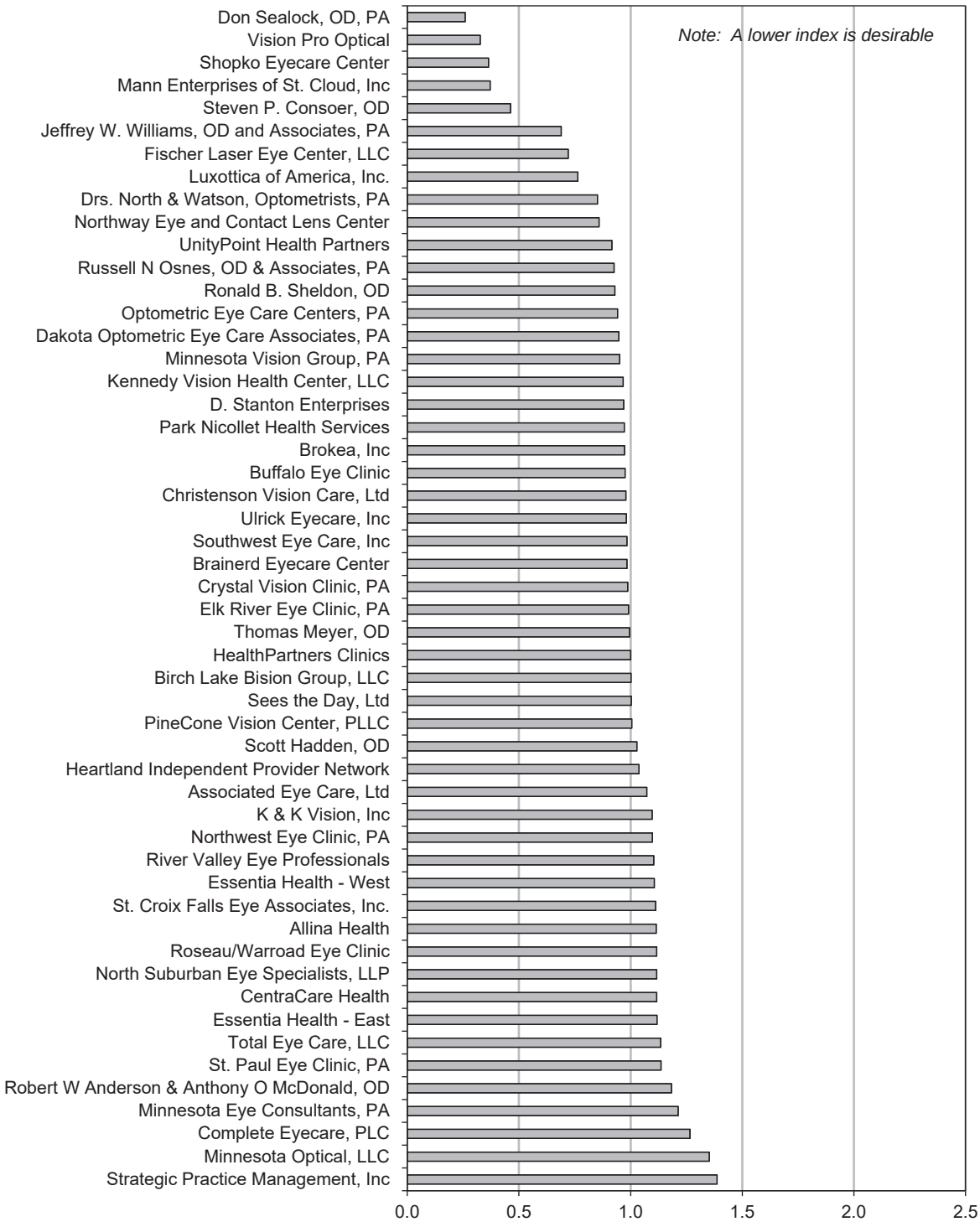
Providers with <1000 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Optometry Providers

10/1/2016 - 9/30/2018



Providers with <1000 attributed members are not displayed.

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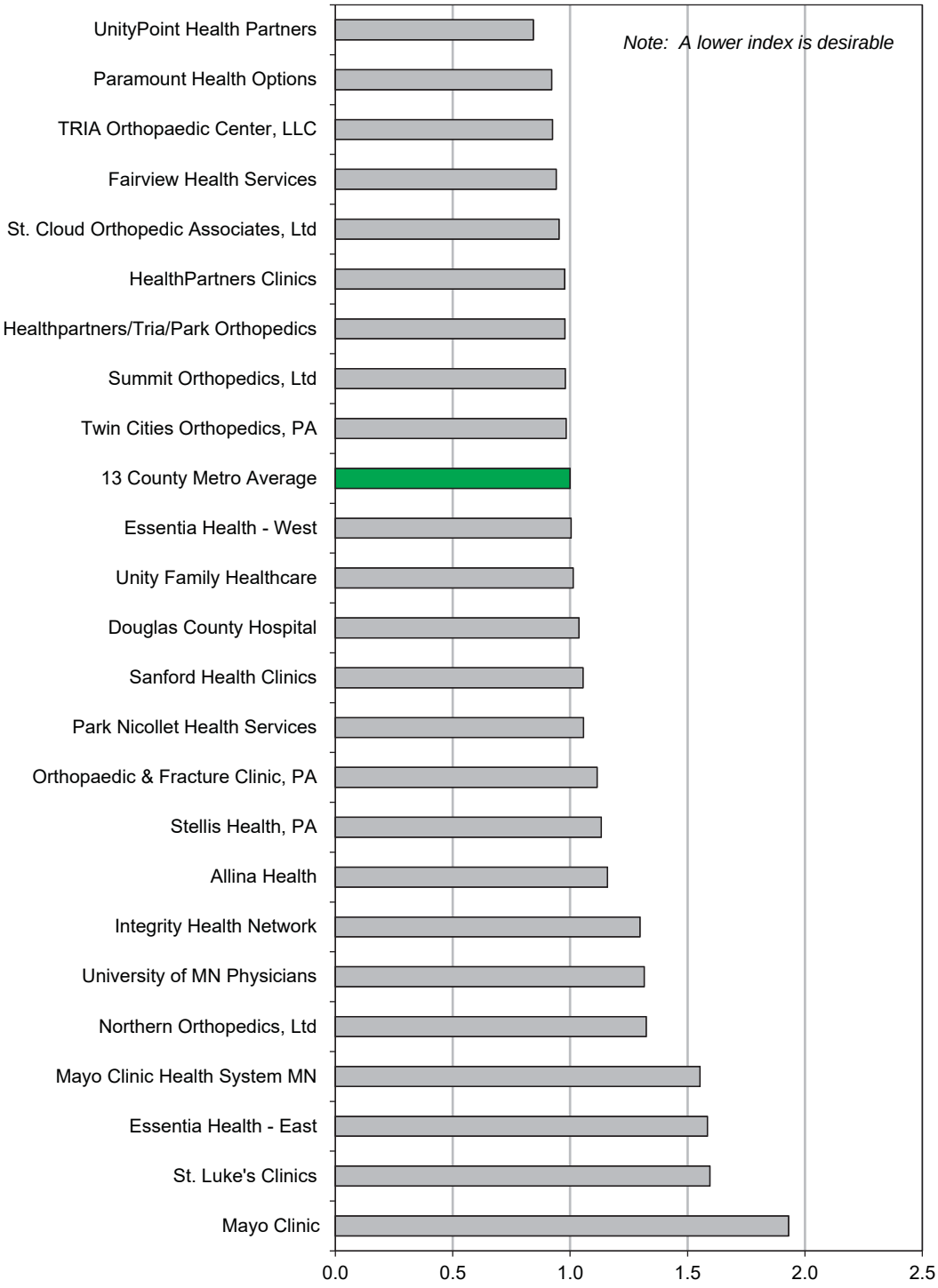
Indices < 1.000 represent providers that have lower than average resource use

HealthPartners®

Total Cost Index (TCI) - Orthopaedic Providers
10/1/2016 - 9/30/2018



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
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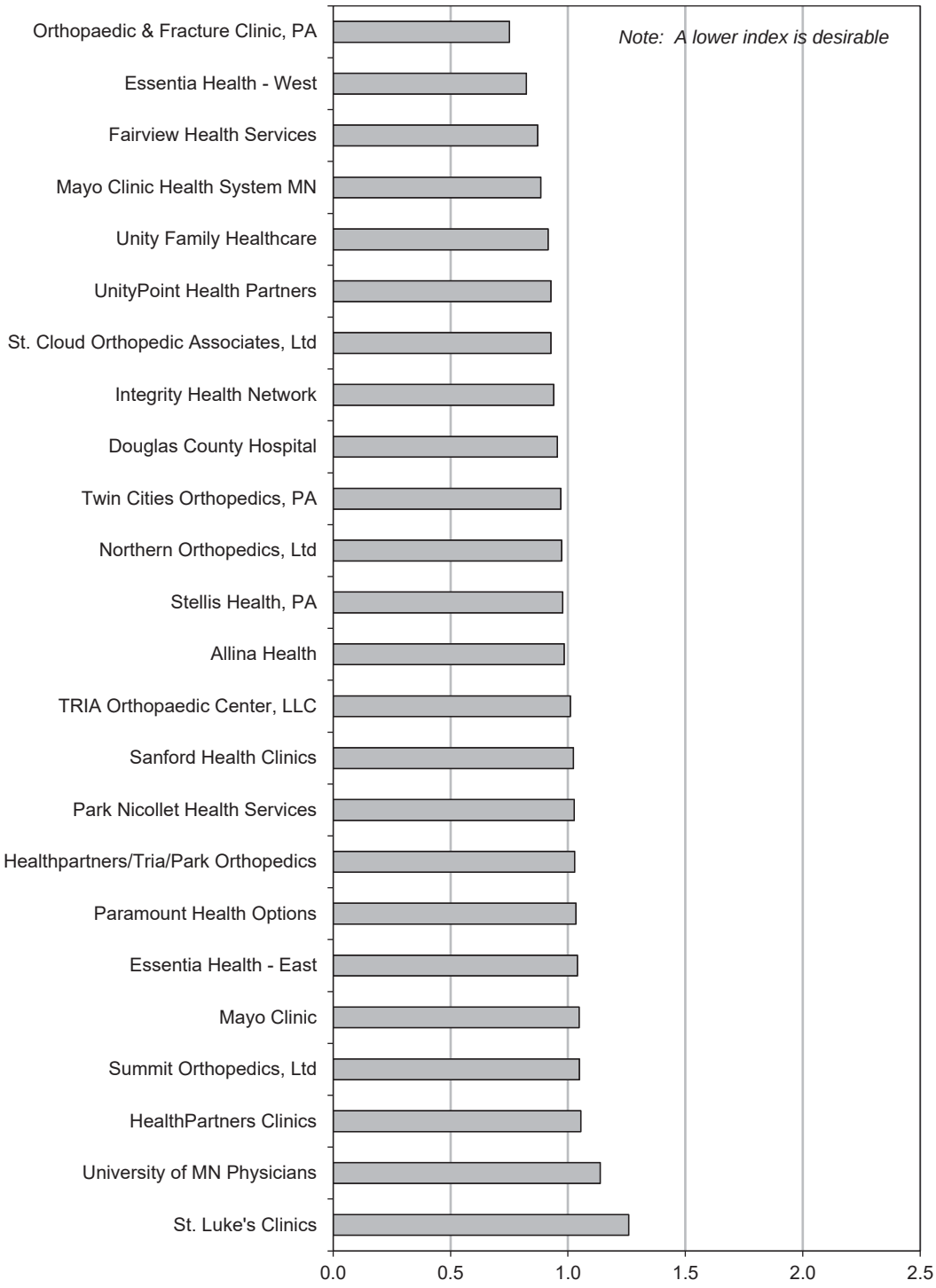
HealthPartners®

Resource Use Index (RUI) - Orthopaedic Providers

10/1/2016 - 9/30/2018



Providers with <300 attributed members are not displayed.

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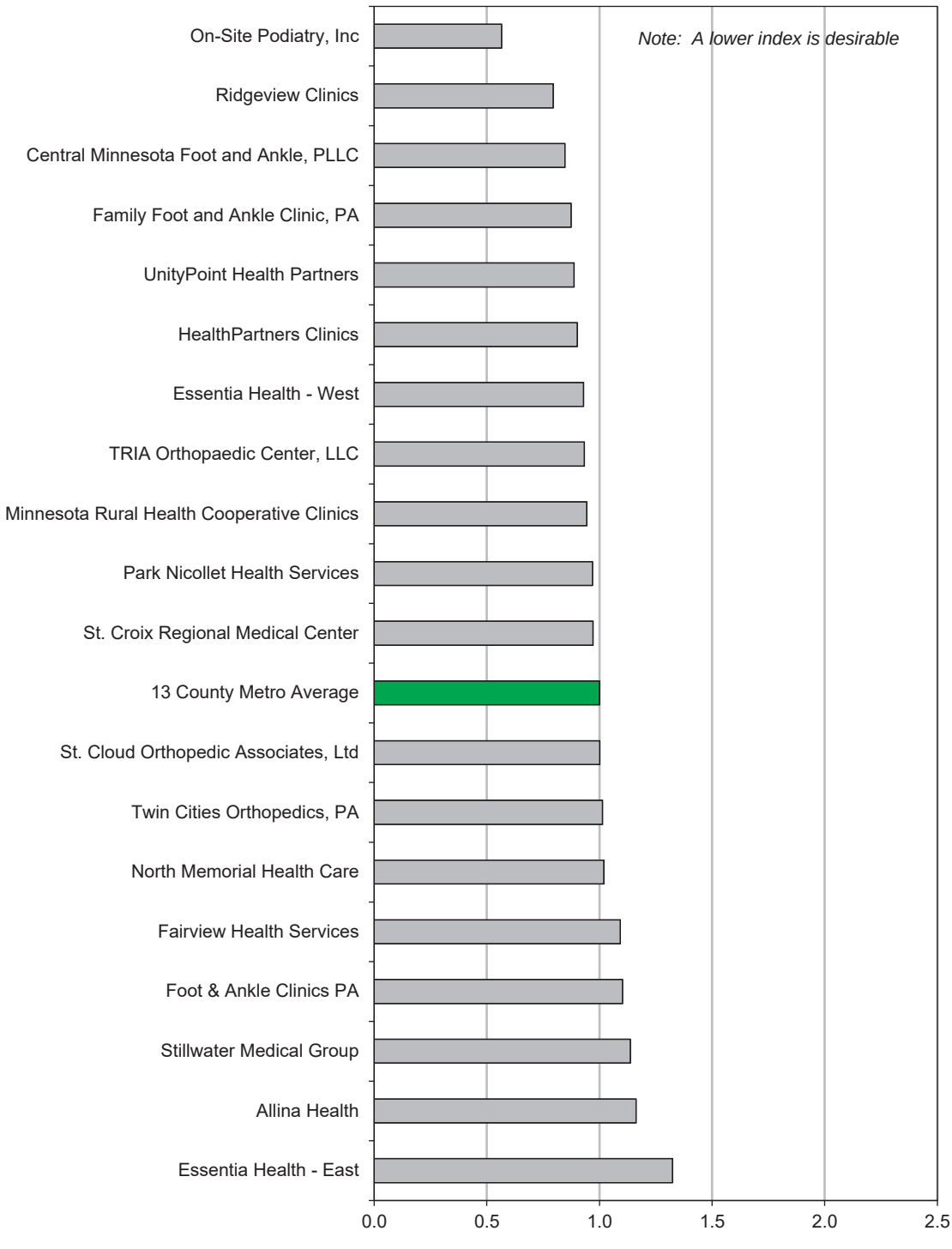
Indices < 1.000 represent providers that have lower than average resource use

HealthPartners®

Total Cost Index (TCI) - Podiatry Providers
10/1/2016 - 9/30/2018

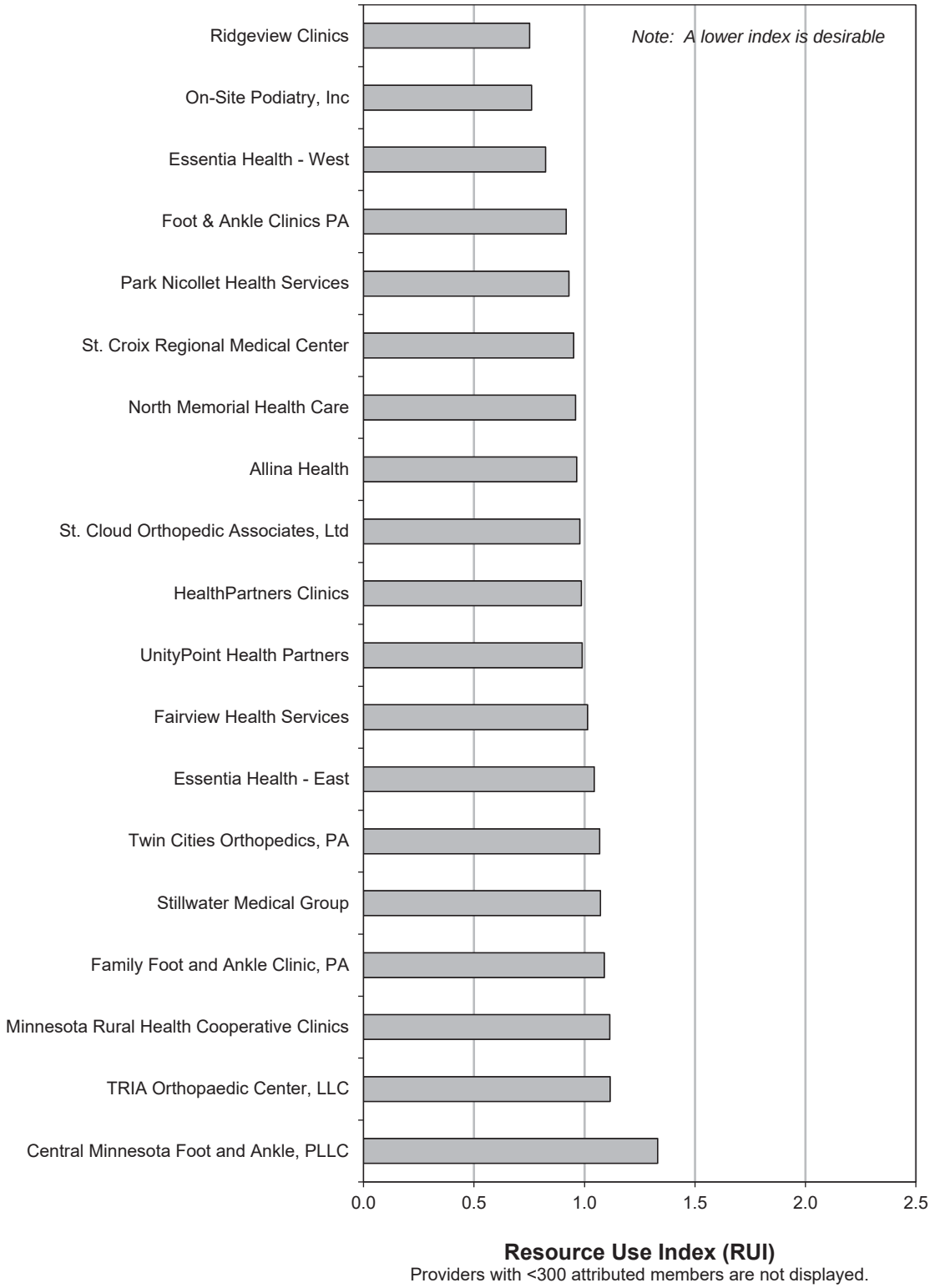


Providers with <300 attributed members are not displayed.

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) - Podiatry Providers

10/1/2016 - 9/30/2018



Providers with <300 attributed members are not displayed.

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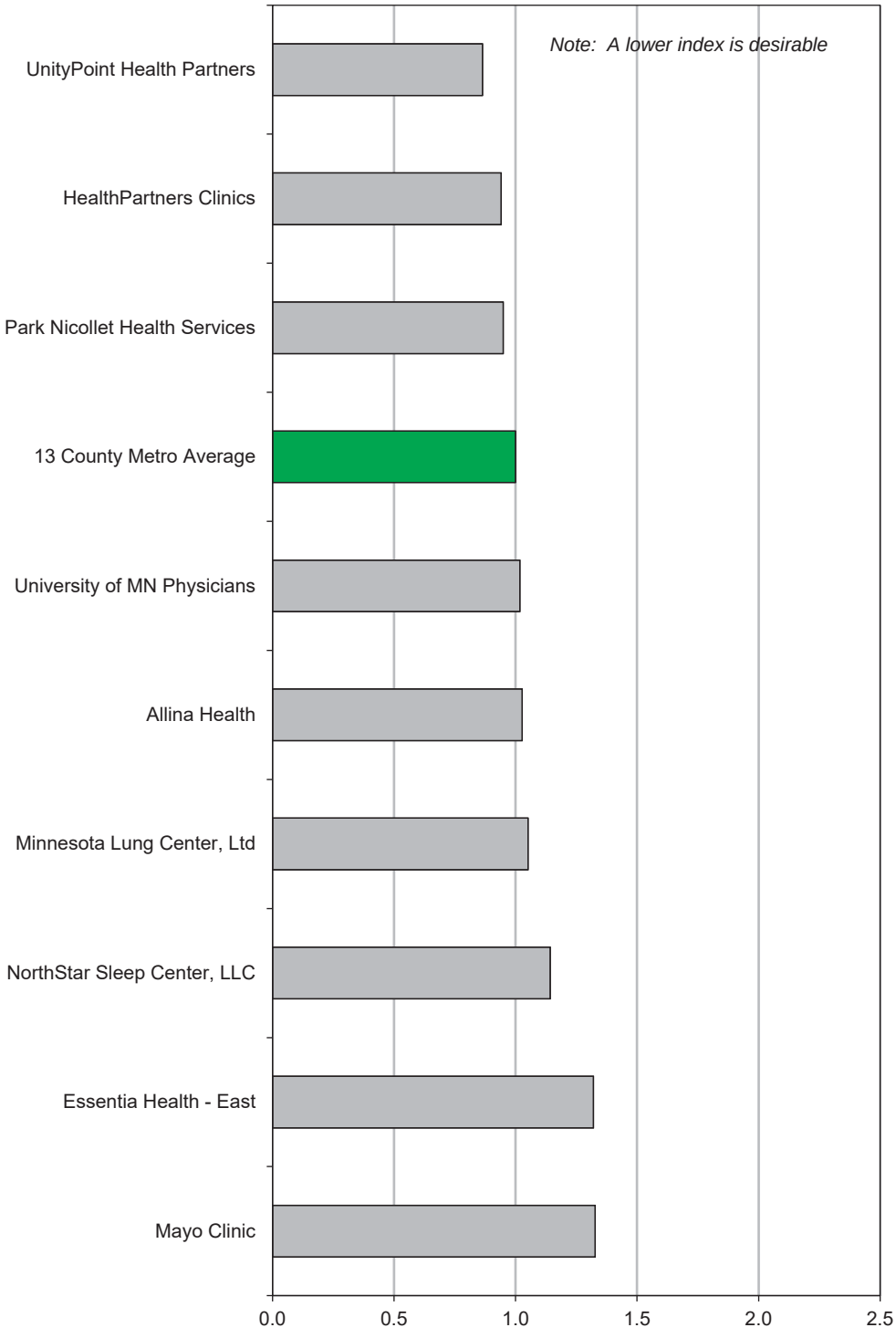
HealthPartners®

Total Cost Index (TCI) - Pulmonary Medicine Providers
10/1/2016 - 9/30/2018



Providers with <300 attributed members are not displayed.

HealthPartners 13 County Metro Network Average: 1.000

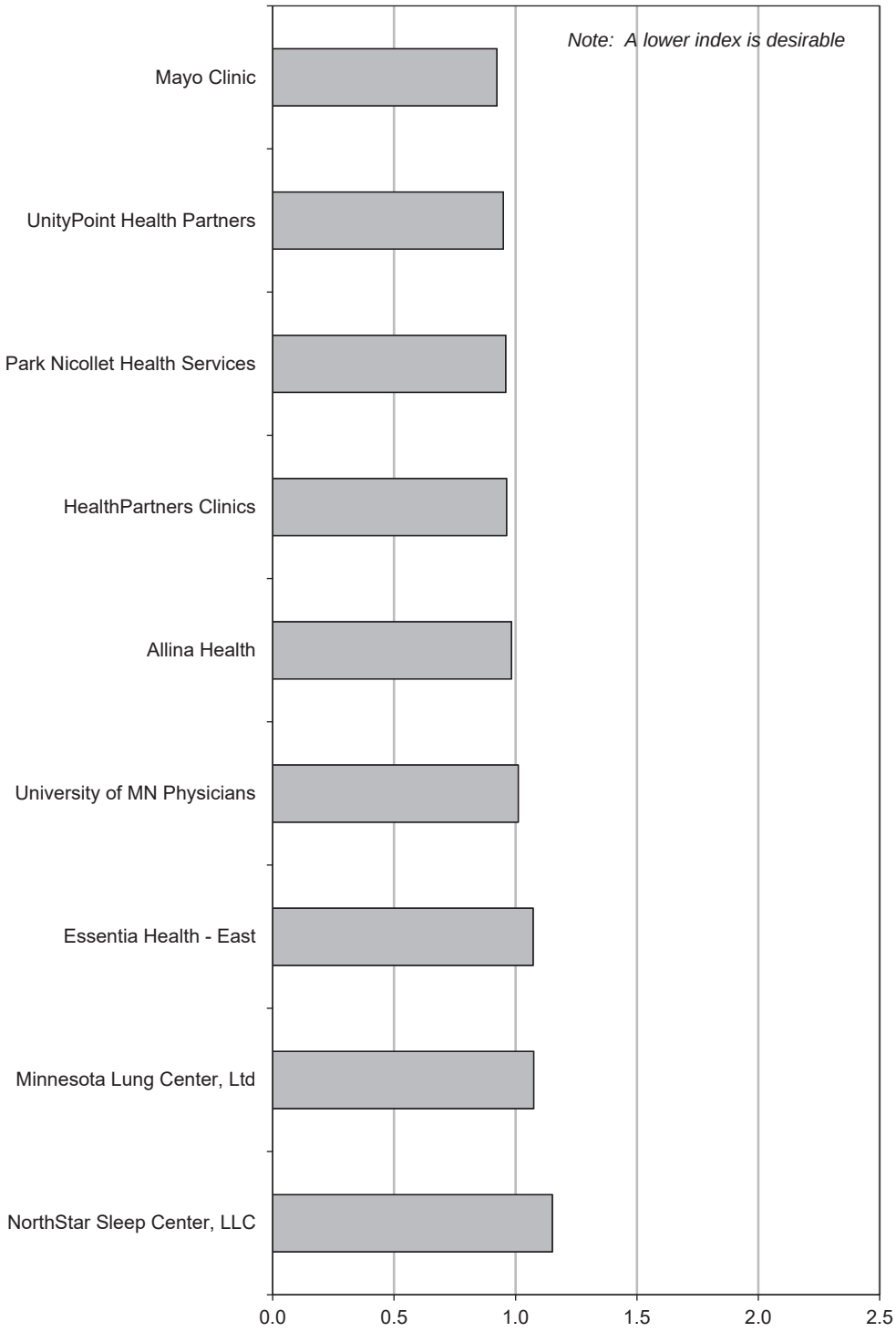
Indices > 1.000 represent providers that are more expensive than average

Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Resource Use Index (RUI) - Pulmonary Medicine Providers

10/1/2016 - 9/30/2018



Providers with <300 attributed members are not displayed.

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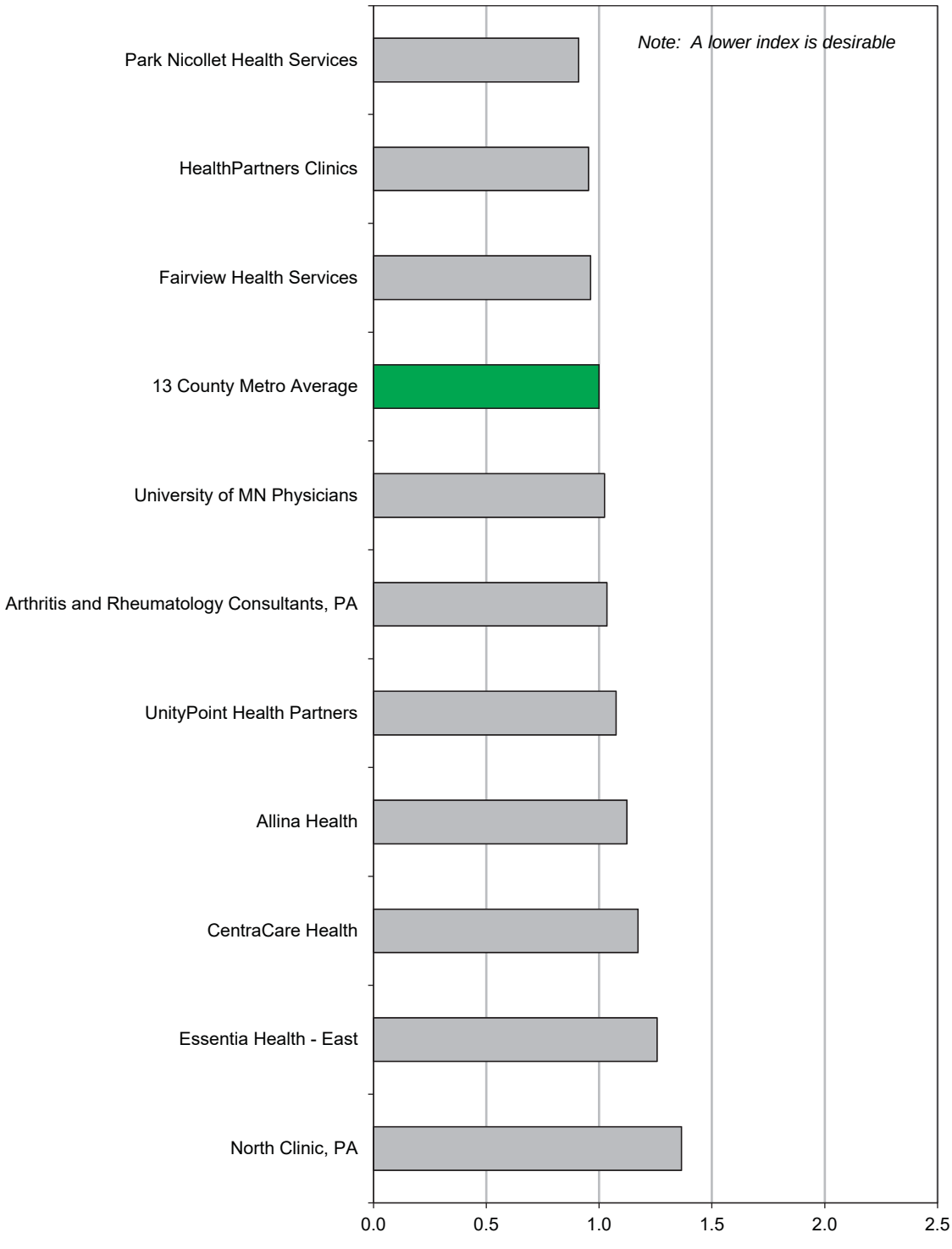
Total Cost Index (TCI) - Rheumatology Providers
10/1/2016 - 9/30/2018



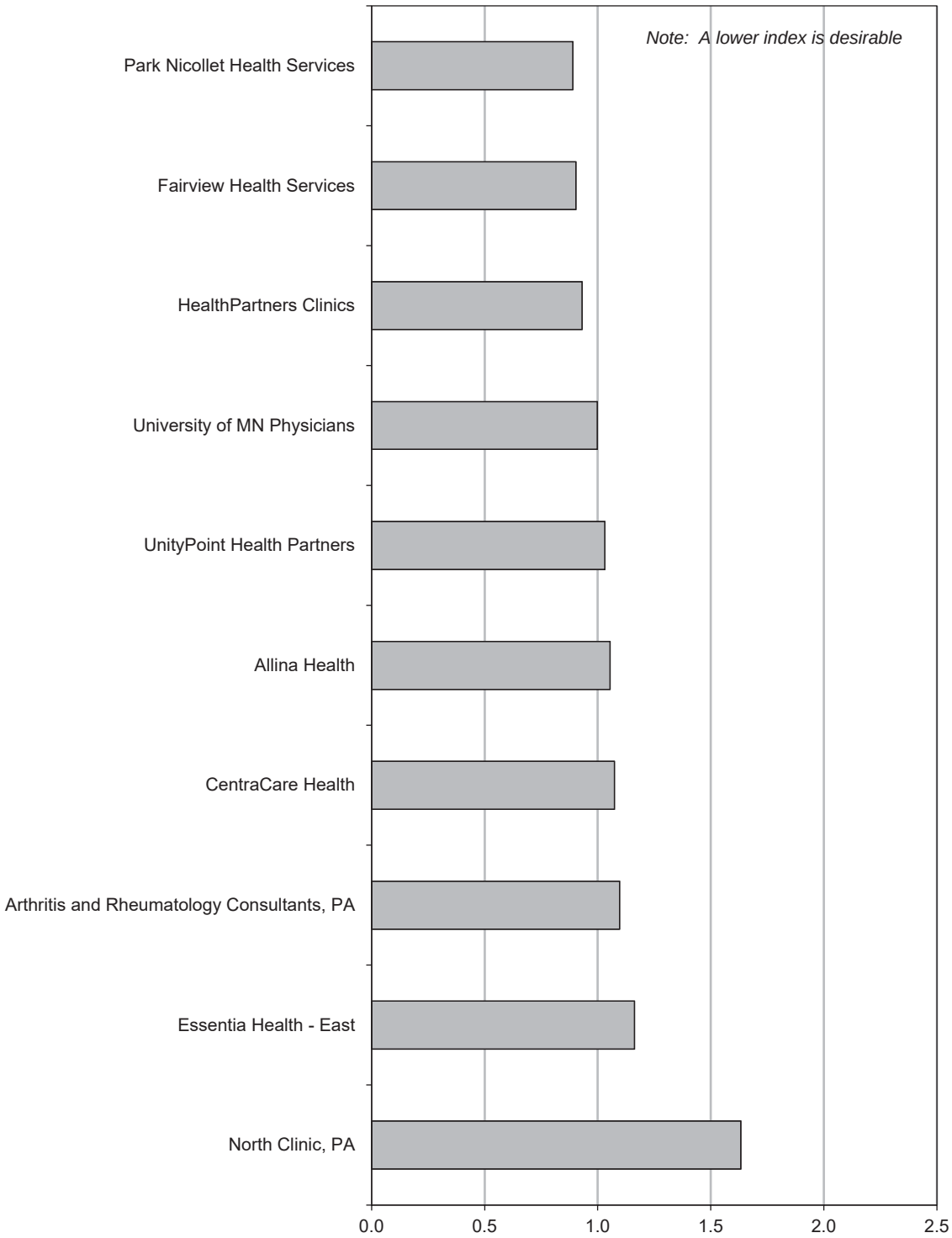
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Rheumatology Providers

10/1/2016 - 9/30/2018



Providers with <300 attributed members are not displayed.

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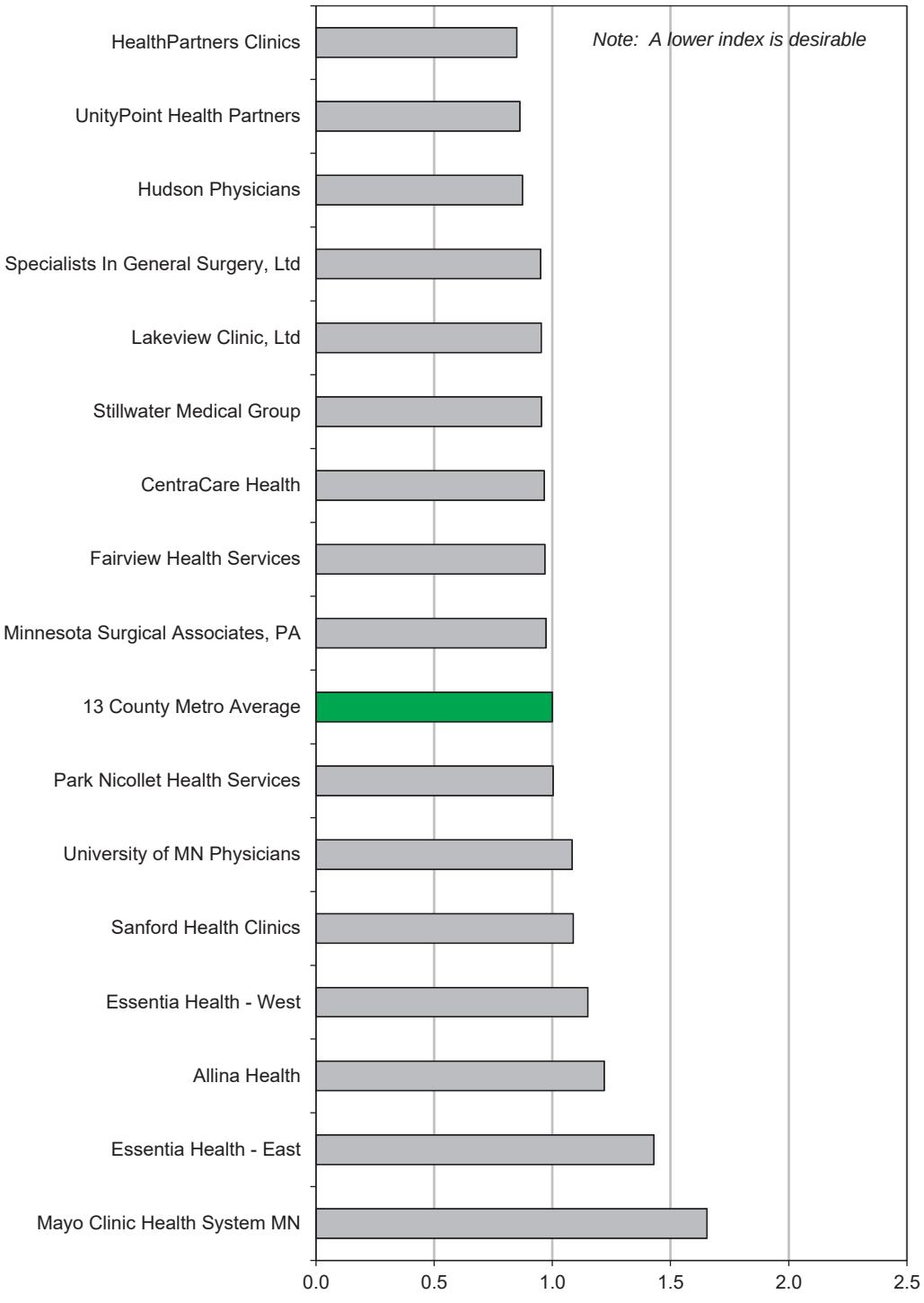
Indices < 1.000 represent providers that have lower than average resource use

HealthPartners®

Total Cost Index (TCI) - Surgery Providers
10/1/2016 - 9/30/2018



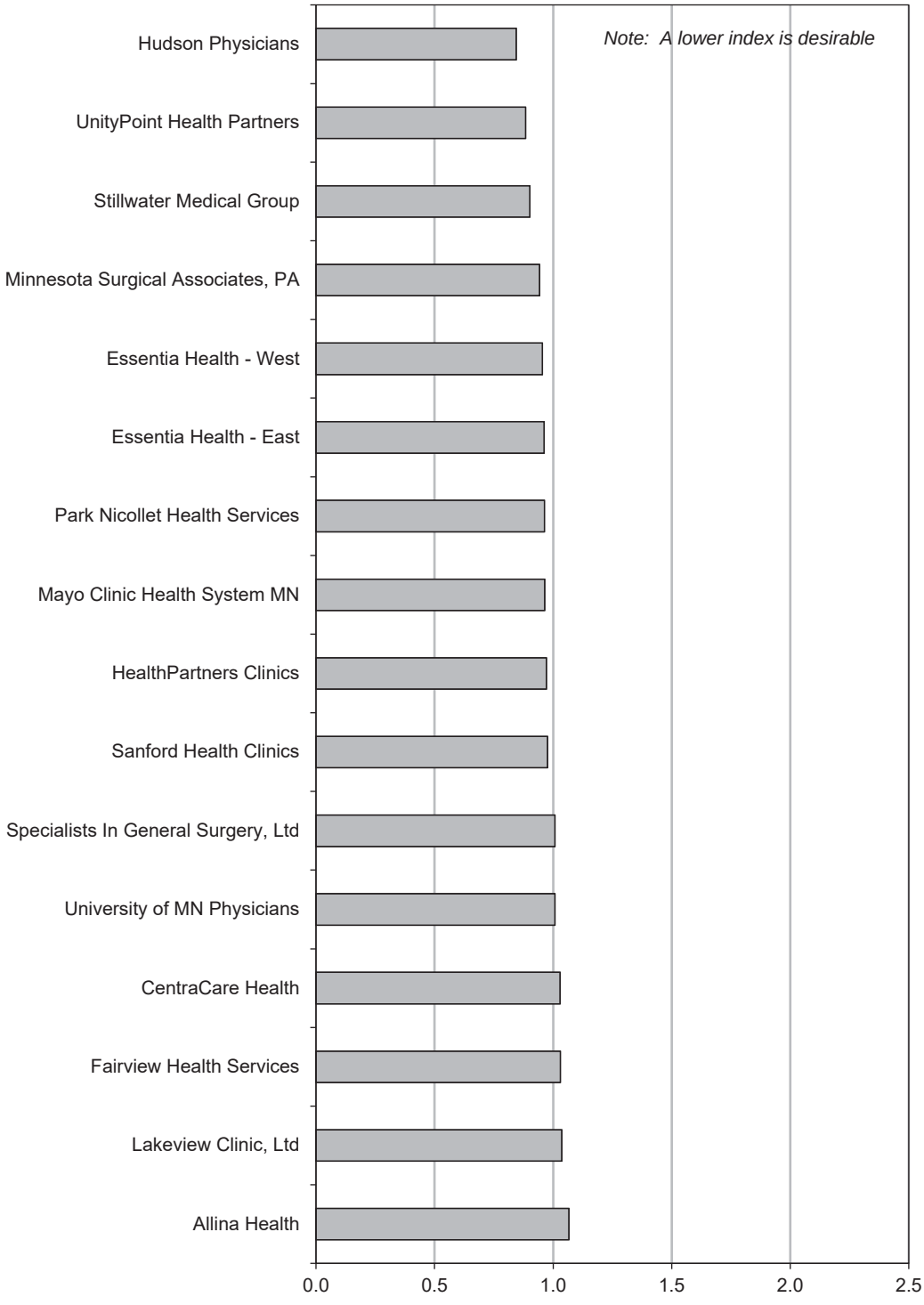
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Surgery Providers

10/1/2016 - 9/30/2018

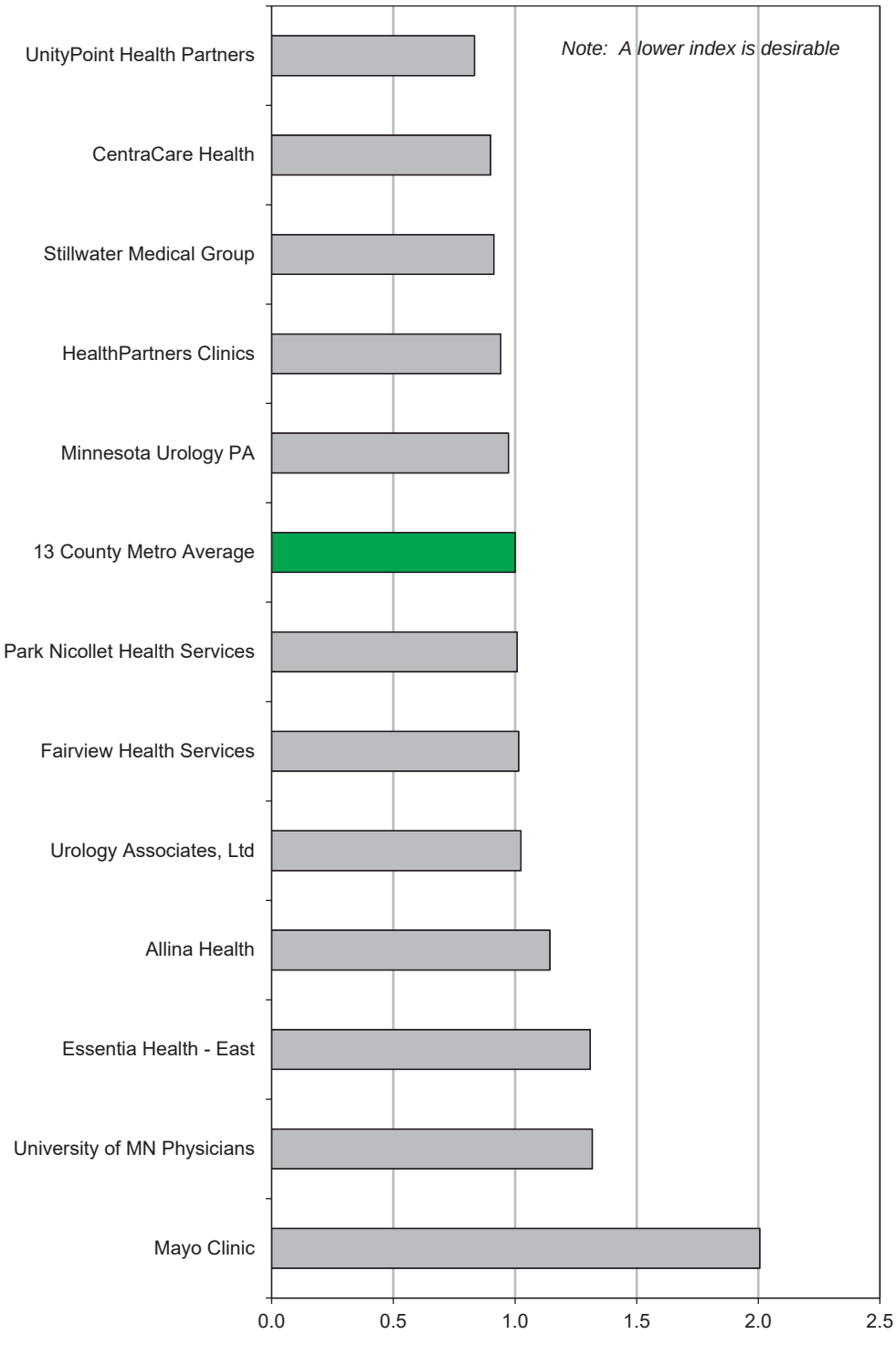


Providers with <300 attributed members are not displayed.

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

HealthPartners®

Total Cost Index (TCI) - Urology Providers
10/1/2016 - 9/30/2018



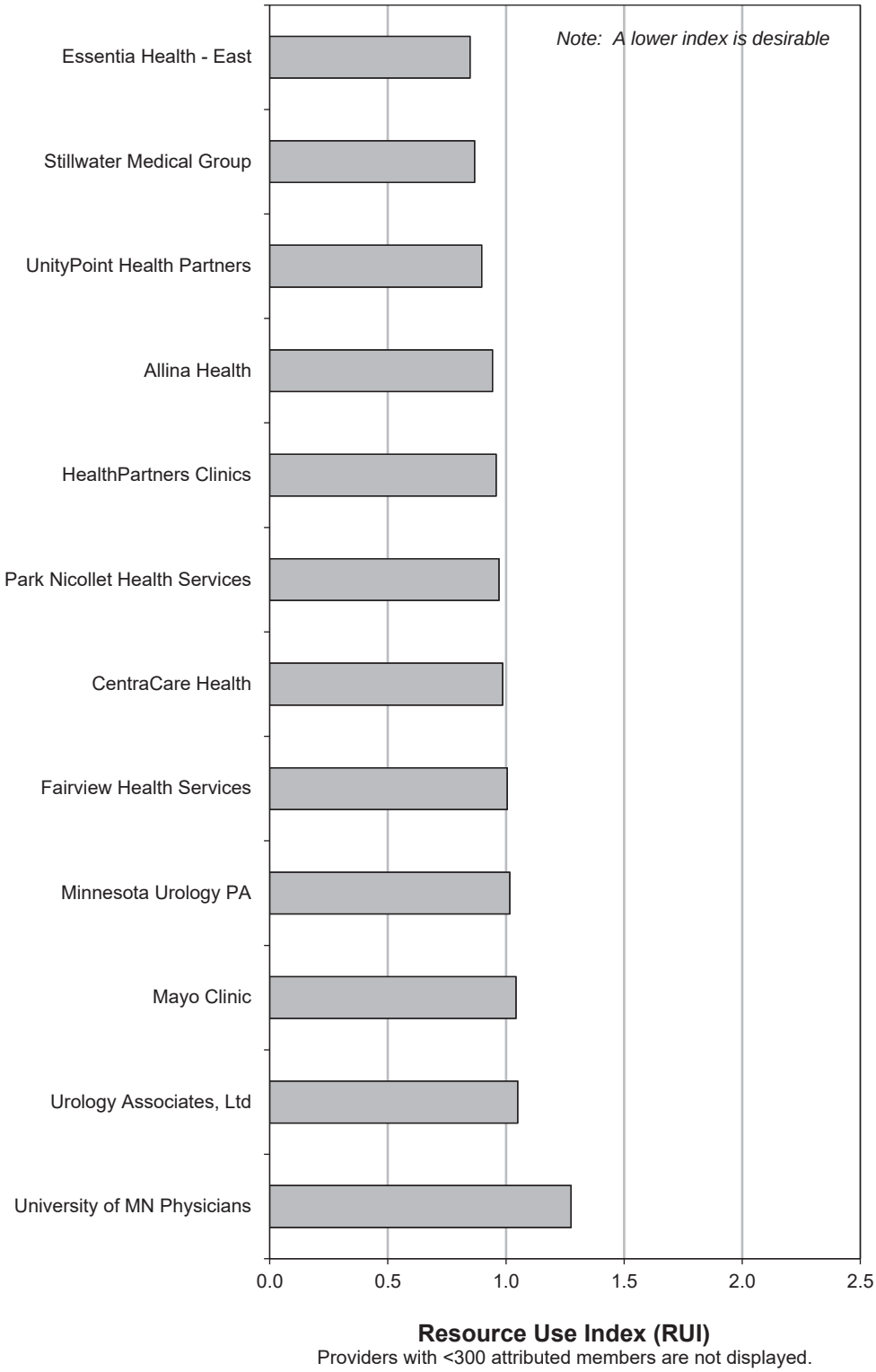
Providers with <300 attributed members are not displayed.

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

HealthPartners®

Resource Use Index (RUI) - Urology Providers

10/1/2016 - 9/30/2018



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TOTAL COST INDEX — HOSPITALS AND SURGERY CENTERS
January 1, 2018 – December 31, 2018

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

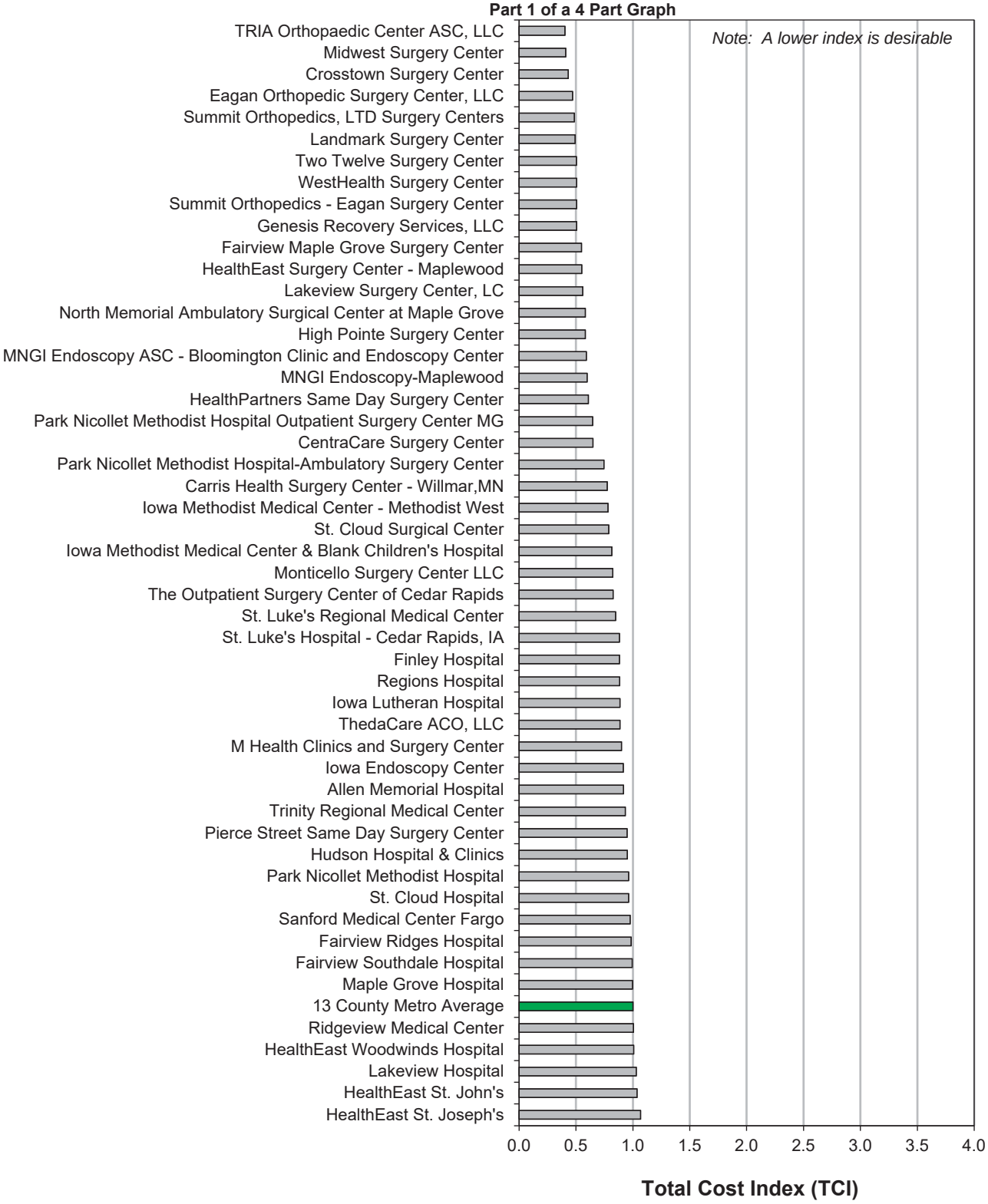
Total Cost Indices < 1.000 represent hospitals and surgery centers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 1 of a 4 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

HealthPartners®

Total Cost Index (TCI) - Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 2 of a 4 Part Graph

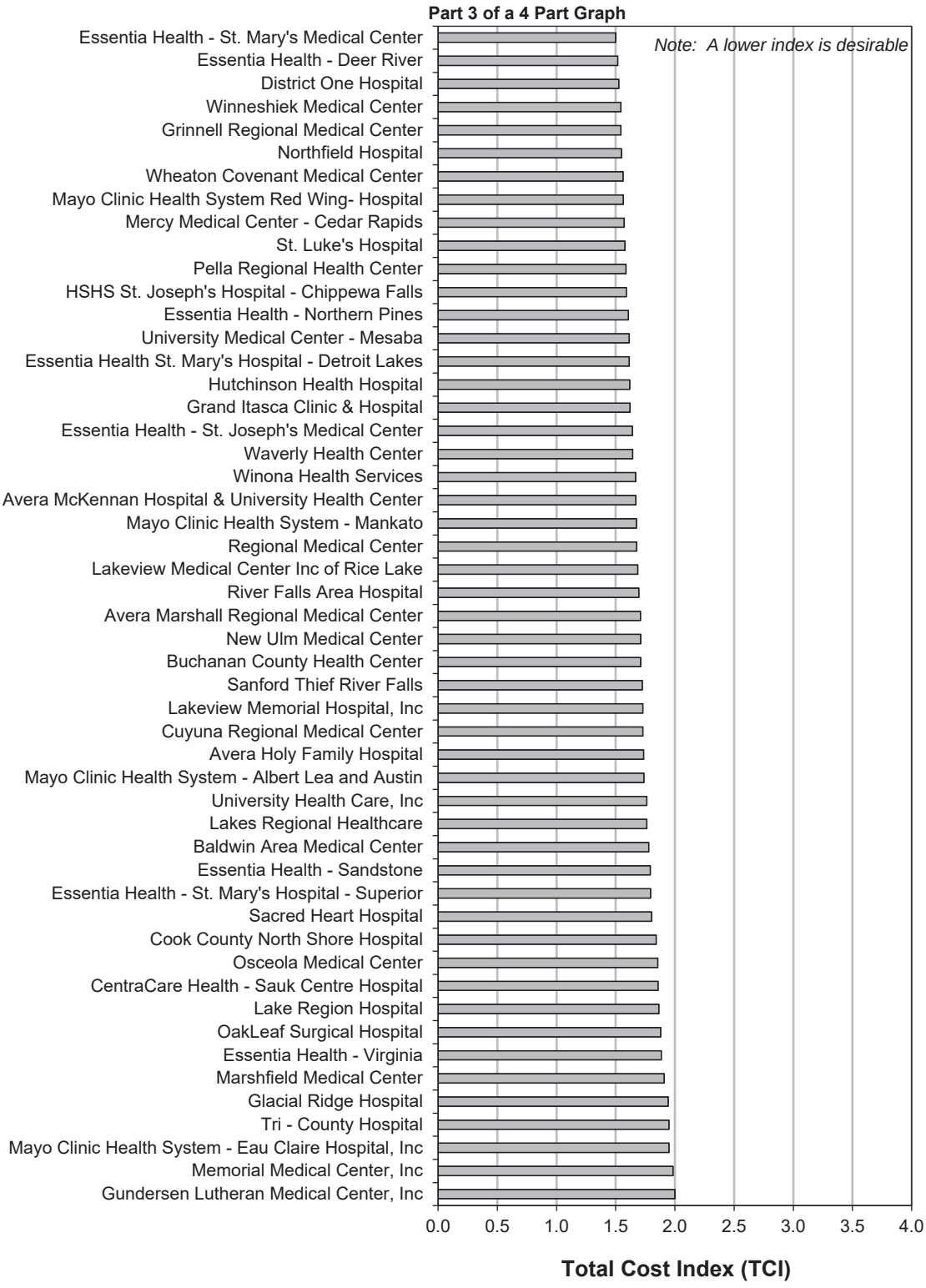
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 3 of a 4 Part Graph



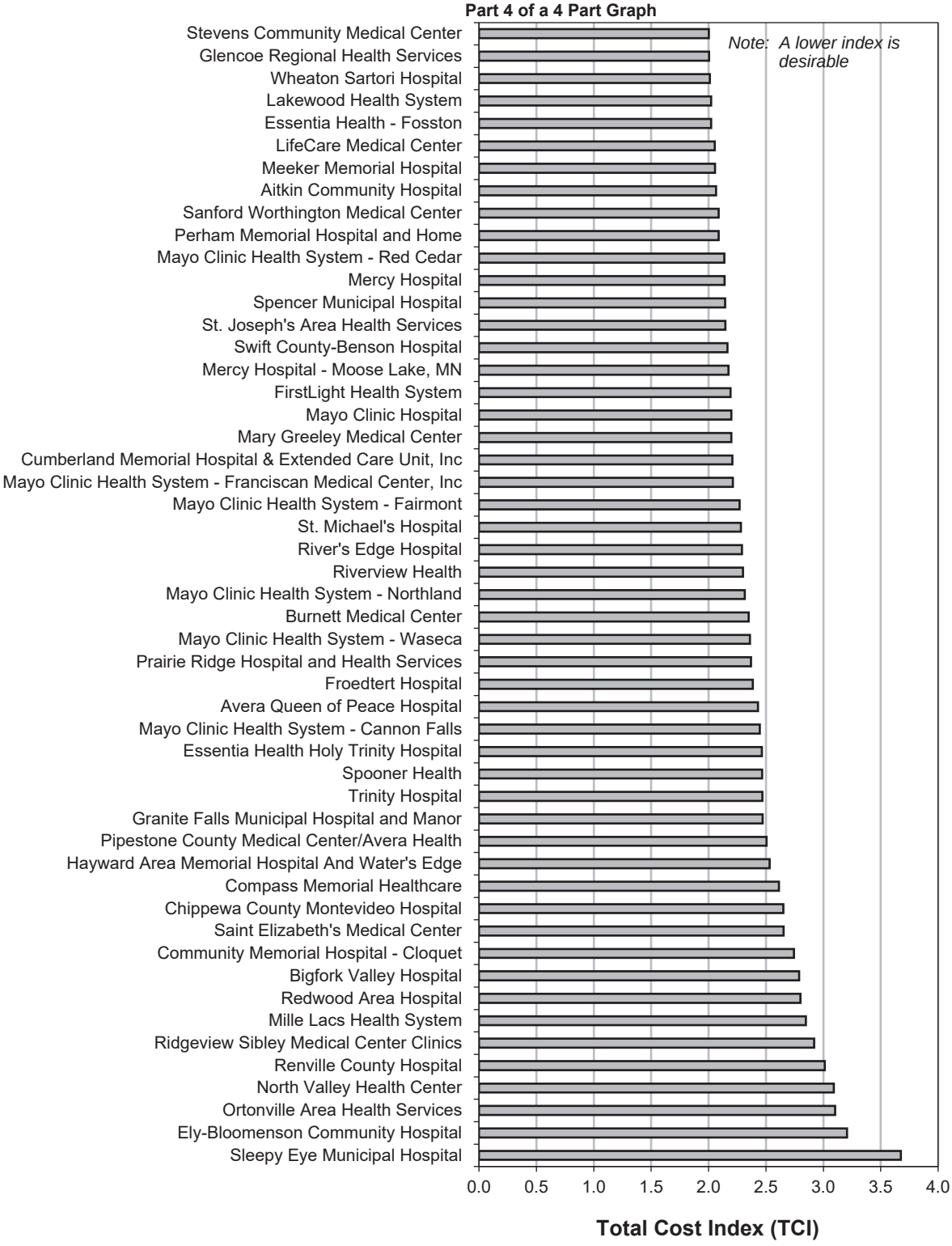
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 4 of a 4 Part Graph



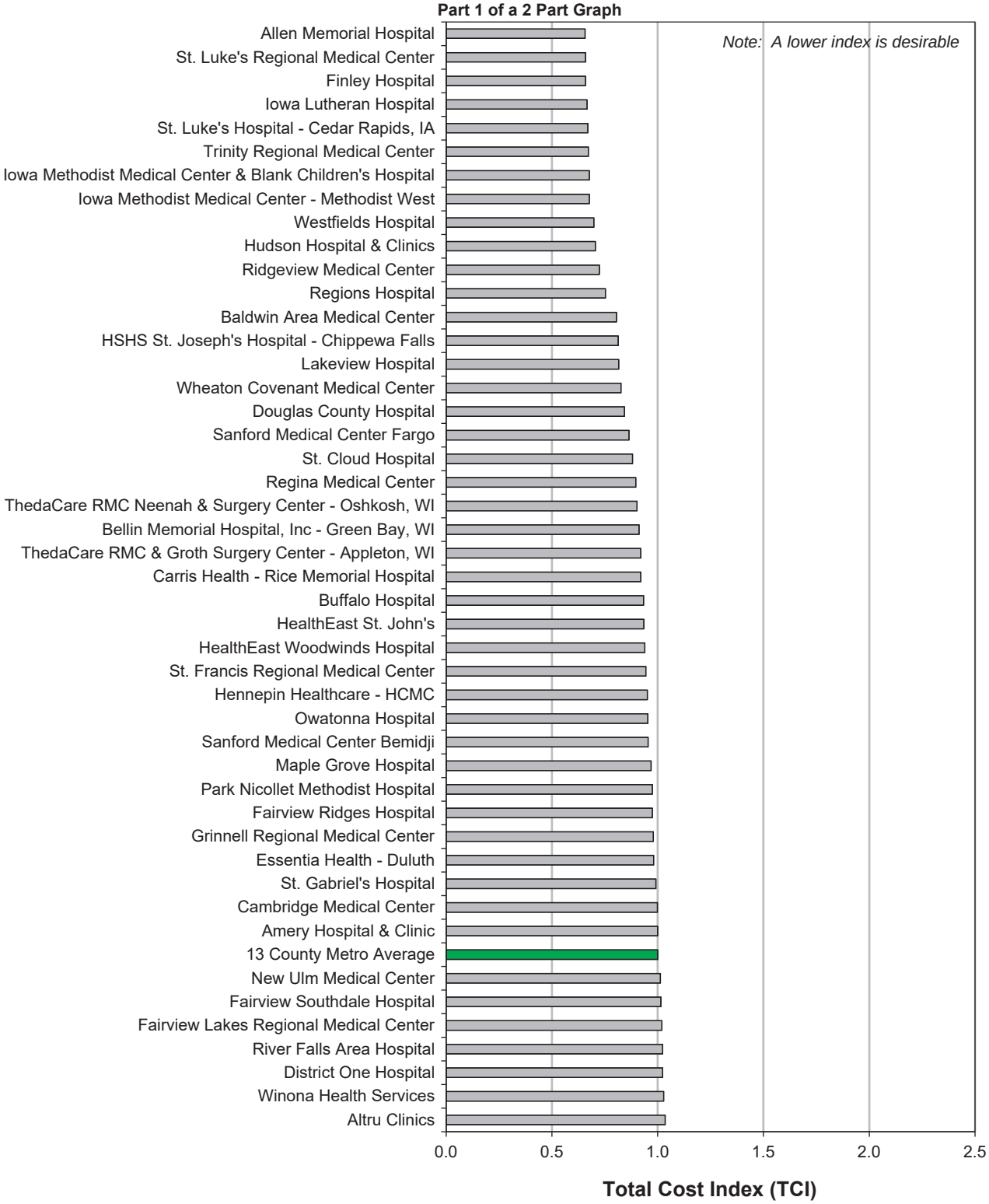
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Hospital Inpatient

1/1/2018 - 12/31/2018

Part 1 of a 2 Part Graph



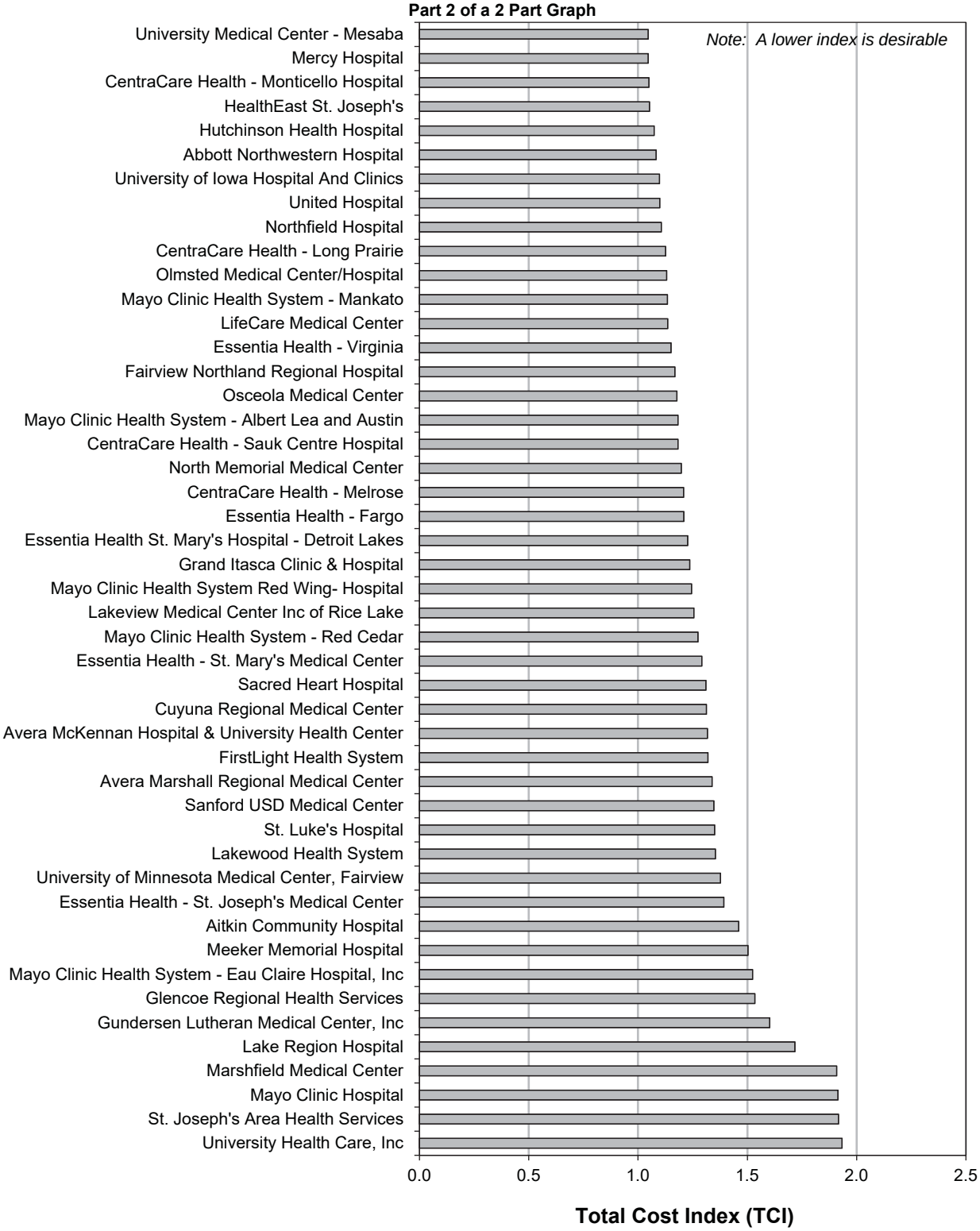
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Hospital Inpatient

1/1/2018 - 12/31/2018

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

HealthPartners®

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 1 of a 4 Part Graph

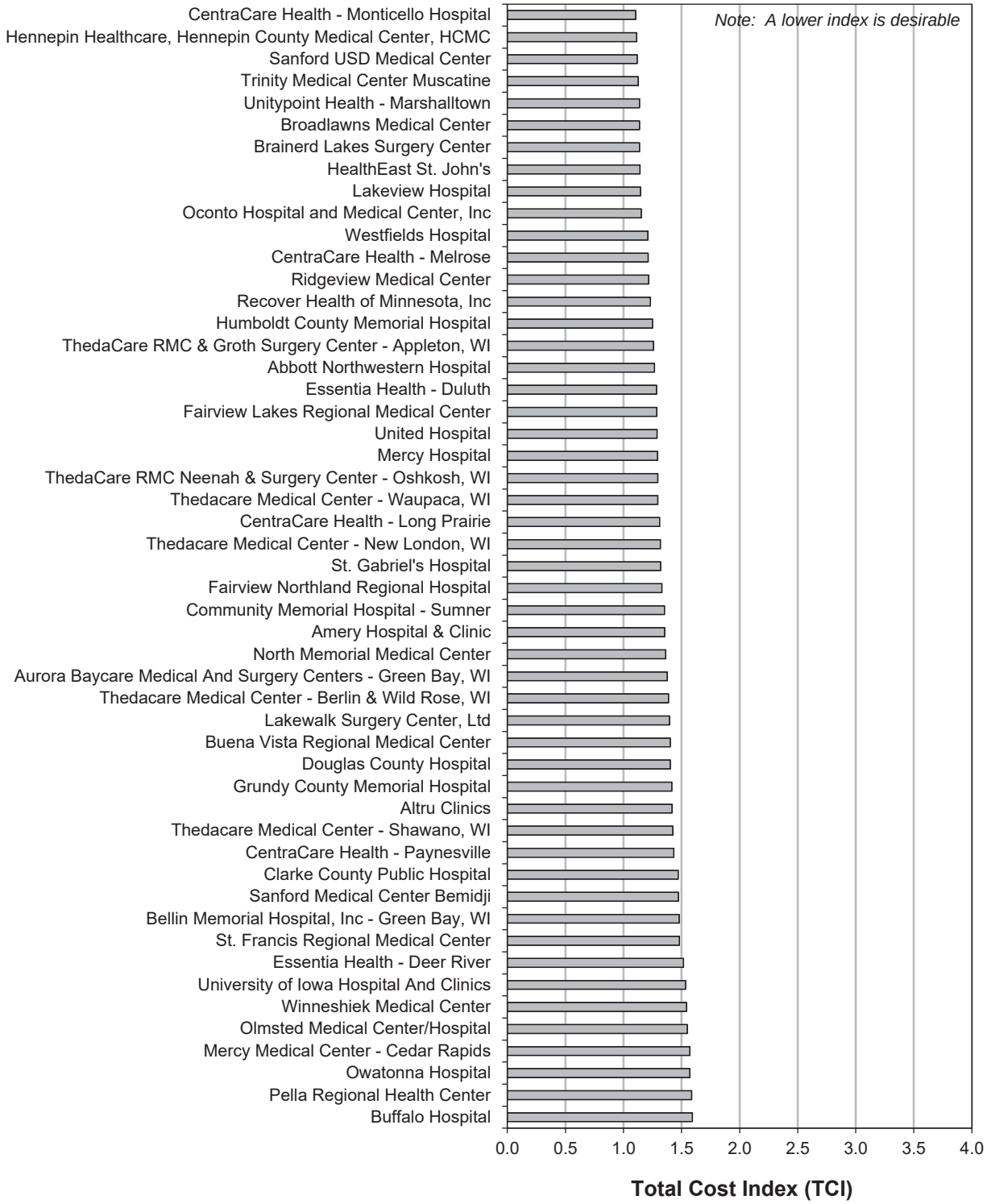
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 2 of a 4 Part Graph



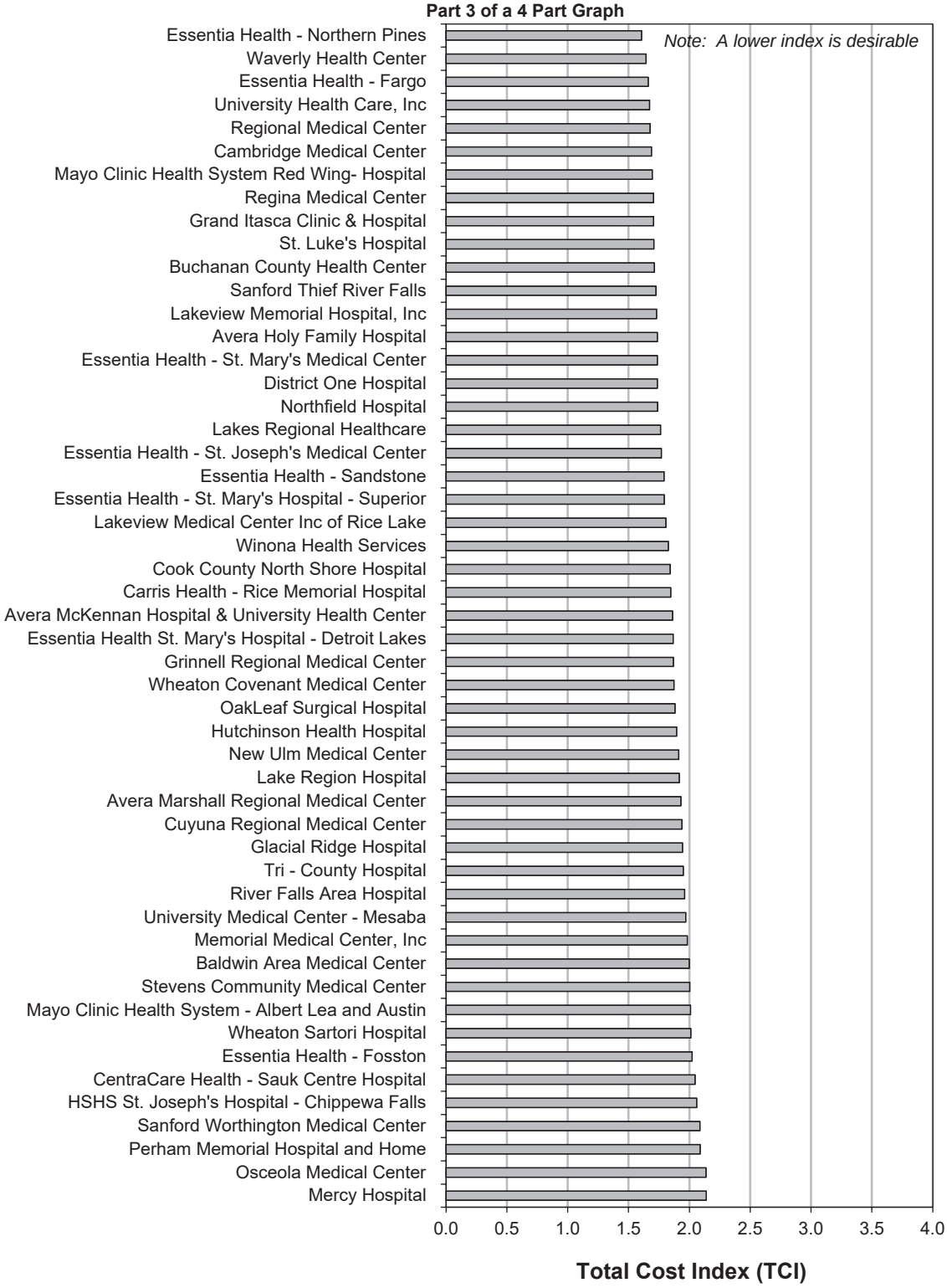
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 3 of a 4 Part Graph



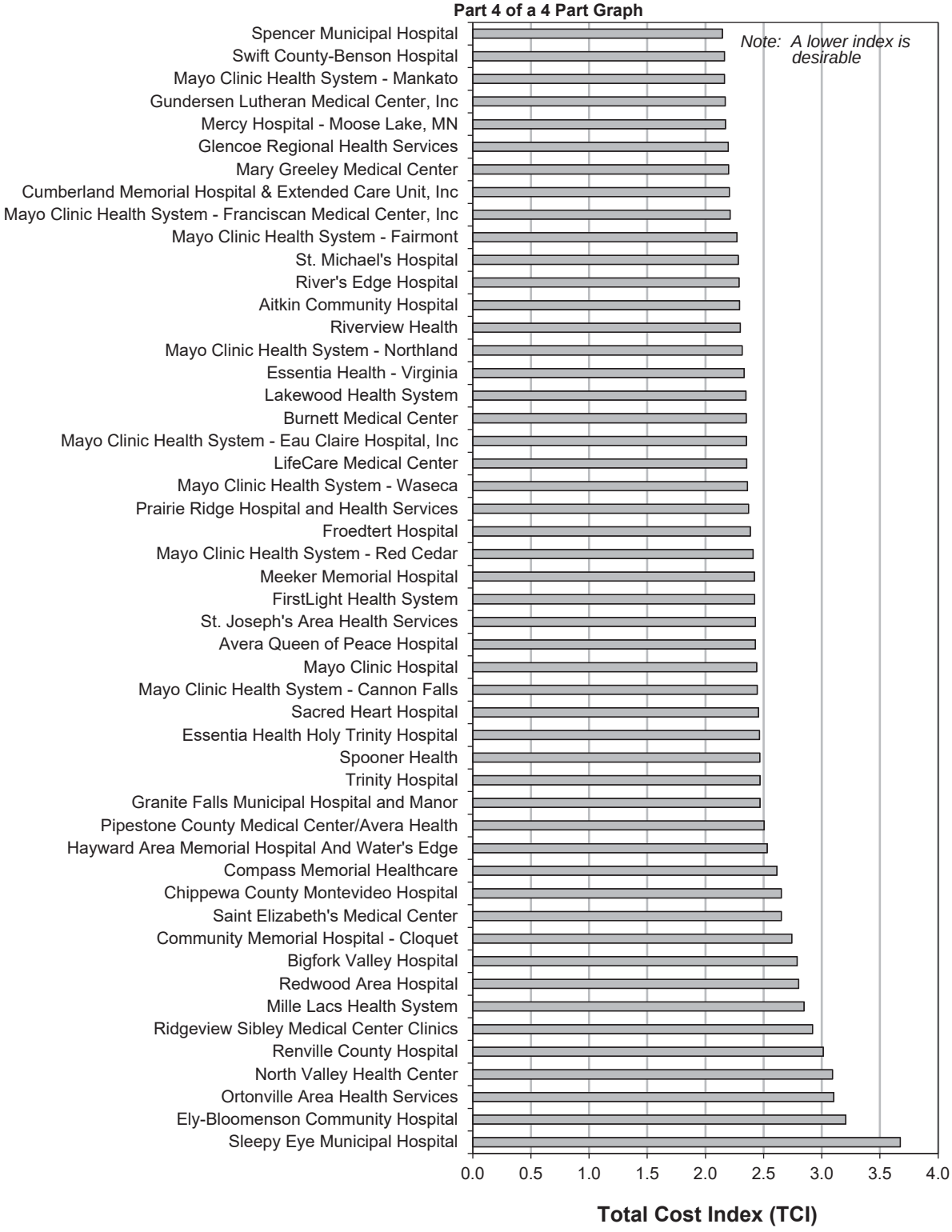
HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
Indices < 1.000 represent providers that are less expensive than average

HealthPartners®

Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers

1/1/2018 - 12/31/2018

Part 4 of a 4 Part Graph



HealthPartners 13 County Metro Network Average: 1.000
Indices > 1.000 represent providers that are more expensive than average
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Nationally rated, locally minded

HealthPartners has one of the top-rated private commercial plans in the nation. Is customer satisfaction a part of that score? You betcha.

Earning **4.5 out of 5** from the National Committee for Quality Assurance (NCQA)

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