



# 2020 Clinical Indicators Report

2019/2020 Results

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



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November 2020

Dear friends and colleagues,

Welcome to the HealthPartners 2020 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. 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. This year we have removed several measures that were either retired or are made publicly available through other organizations we collaborate with including Minnesota Community Measurement and the Healthcare Effectiveness Data and Information Set. The Clinical Indicators may be combined with other local and national sources to create a broad list of quality measures that reflect better care for our members and patients and improved outcomes for the populations we serve.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Zinkel".

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**HealthPartners®**

# **2020 CLINICAL INDICATORS REPORT**

## ***2019/2020 Results***

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## 2020 CLINICAL INDICATORS REPORT

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

# INTRODUCTION

## Purpose


This annual Clinical Indicators Report features comparative provider performance on measures of clinical quality 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 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 43 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 & Patient Experience Quality Dimension quality clusters.

The report includes:

- Measurement definitions and methodologies based on the following categories: administrative data, provider self-reported data and provider survey
- 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 

## 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:

- Generic Drug Use - Primary Care
- Generic Drug Use - Behavioral Health Providers
- Generic Drug Use - Cardiology Providers
- Generic Drug Use - OB/GYN Providers
- Generic Drug Use - Orthopaedic Providers

## New Measures

The following measures were added to the report this year:

- Asthma - Absence of Controller Therapy - Pharmacy
- Asthma - Suboptimal Control - Pharmacy

## Retired Measures

The following measures were retired from the report this year:

- Optimal Health Management for Severe Mental Illness
- Body Mass Index (BMI) Assessment - Adult
- Body Mass Index (BMI) Assessment - Child and Adolescent
- Alcohol Use Assessment – Adult - Primary Care
- Alcohol Assessment - Adult - OB/GYN
- Annual Monitoring for Patients on Persistent Medications - Primary Care - ACE/ARB
- Annual Monitoring for Patients on Persistent Medications - Primary Care - Diuretics
- Annual Monitoring for Patients on Persistent Medications - Cardiology - ACE/ARB
- Annual Monitoring for Patients on Persistent Medications - Cardiology - Diuretics
- Medication Adherence for Asthma - Pharmacy
- Medication Adherence for Diabetes - Pharmacy
- Optimal Care for Acute Low Back Pain
- Low Back Pain - Imaging
- Low Back Pain - Injections
- Low Back Pain - Narcotics Use
- Low Back Pain - Surgical Consult
- Preventive Services - Adult - Primary Care
- Preventive Services - Adult - OB/GYN Providers
- Preventive Services - Child and Adolescent
- Child & Teen Check-Ups (C&TC)
- Lead Screening
- Clinic Safety Assessment Survey
- Patient Experience Medication Safety - Cardiology Providers (satisfaction with Rx explanation)
- Patient Experience Medication Safety - Cardiology Providers (satisfaction with side effect information)
- Patient Experience Medication Safety - ENT Providers (satisfaction with Rx explanation)
- Patient Experience Medication Safety - ENT Providers (satisfaction with side effect information)
- Patient Experience Medication Safety - OB/GYN Providers (satisfaction with Rx explanation)
- Patient Experience Medication Safety - OB/GYN Providers (satisfaction with side effect information)
- Patient Experience Medication Safety - Orthopaedic Providers (satisfaction with Rx explanation)
- Patient Experience Medication Safety - Orthopaedic Providers (satisfaction with side effect information)

## Measurement Changes

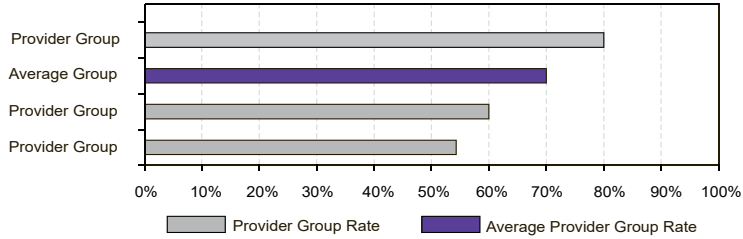
- No measurement changes in the report this year.

## 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 (purple 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 2020 Clinical Indicators Report Technical Supplement is available online and includes measurement detail, optimal component rates and trended plan rates over time. The 2020 Clinical Indicators Report and Technical Supplement are both available at [healthpartners.com/quality](https://healthpartners.com/quality).

# ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

## Follow-Up Visit after New Medication

January 1, 2019 – December 31, 2019

### Description

The percentage of children ages six to 17 with an ambulatory prescription dispensed for ADHD medication between January 1, 2019 and December 1, 2019, that had a minimum of one follow-up visit with a practitioner with prescribing authority within 30 days of starting the medication.

### Methodology — Administrative

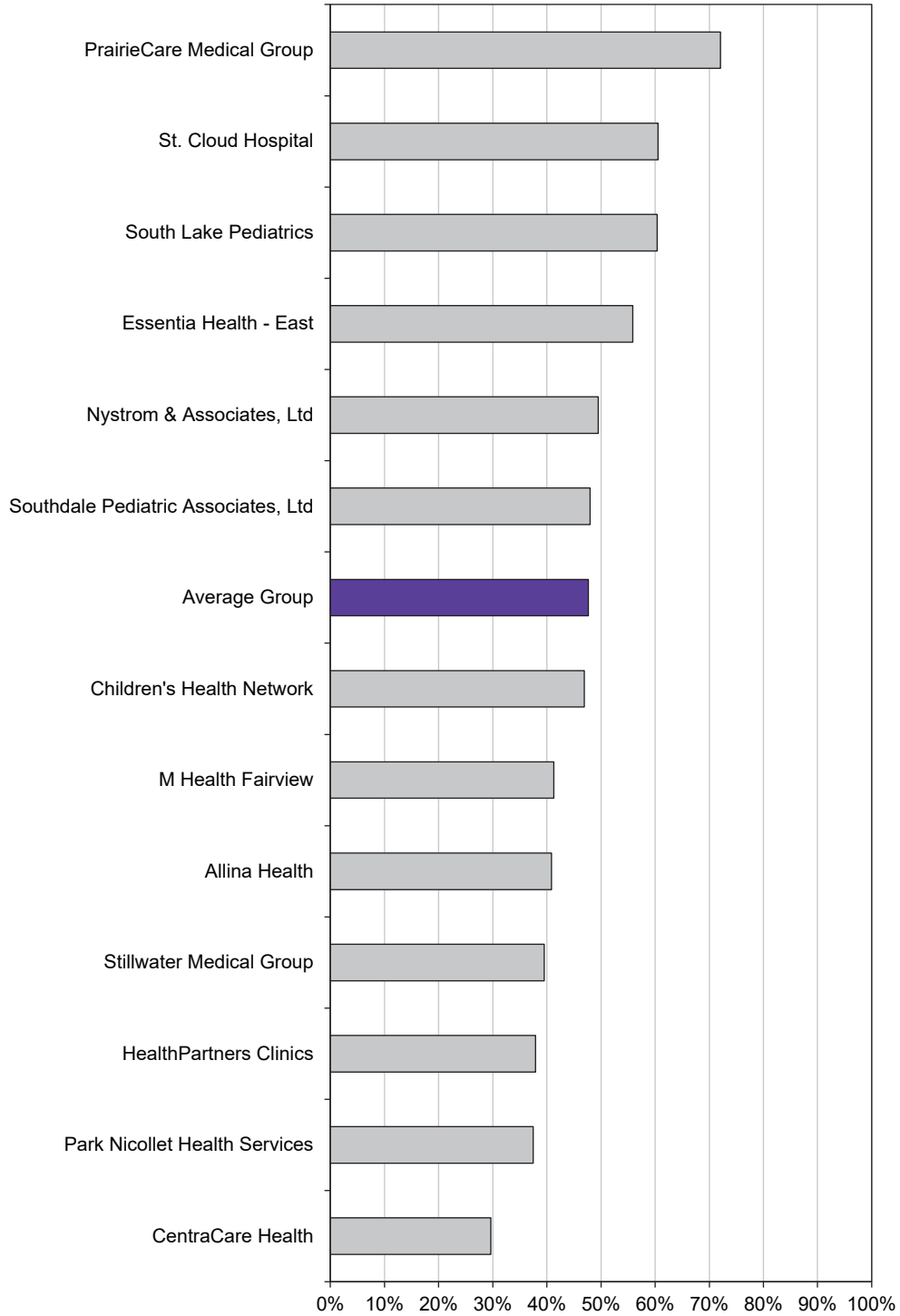
Elements of this measure are consistent with the HEDIS 2020 Follow-Up Care for Children Prescribed ADHD Medication measure and includes all members ages six to 17 years old as of prescription fill date, from Commercial and Medicaid products with a pharmacy benefit who were continuously enrolled for 120 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	2,555
Members with follow-up visit(s)	1,076
<b>ADHD Follow-Up Visit Rate</b>	<b>42.1%</b>



**ADHD Follow-up Visit after New Medication**  
1/1/2019 - 12/31/2019



**Percent with Visits within 30 Days**

# ANTIDEPRESSANT MEDICATION MANAGEMENT

May 1, 2018 – December 31, 2019

## 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 2020 Antidepressant Medication Management measurement specifications.

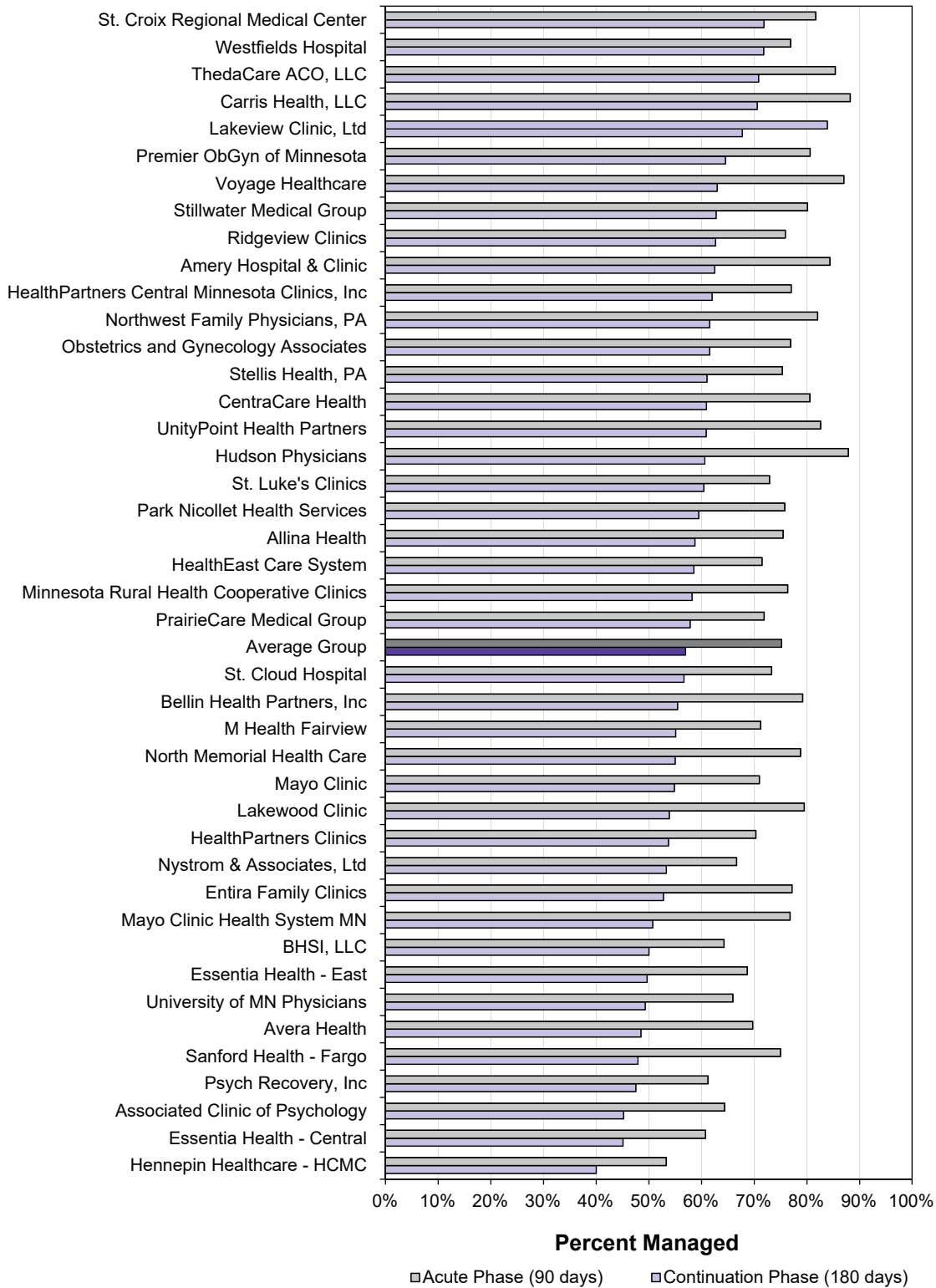
## Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2019, 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	10,345
Members remaining on medication for 90 days	7,559
<b>Antidepressant Medication Management Rate - Acute Phase</b>	<b>73.1%</b>
Members remaining on medication for 180 days	5,782
<b>Antidepressant Medication Management Rate - Continuation Phase</b>	<b>55.9%</b>

**Antidepressant Medication Management**  
5/1/2018 - 12/31/2019



# INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

January 1, 2019 – December 31, 2019

## 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 2020 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measurement specifications and includes all members ages 13 and older as of December 31, 2019, 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	5,179
Members initiating treatment within 14 days of diagnosis	1,101
Members engaged in treatment within 30 days of initiation visit	473
<b>Initiation of AOD Treatment Rate</b>	<b>21.3%</b>
<b>Engagement of AOD Treatment Rate</b>	<b>9.1%</b>

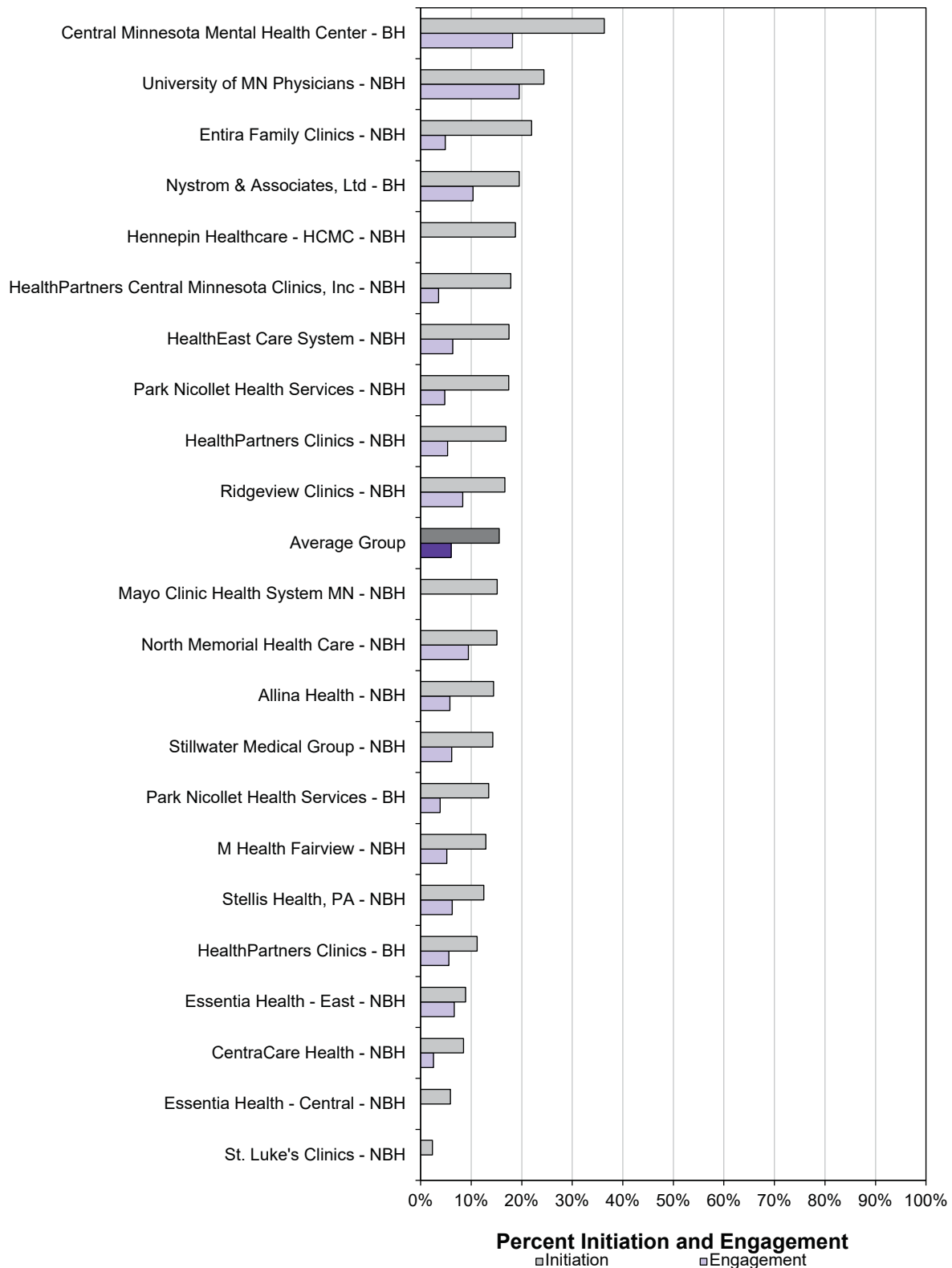
### Members Attributed to Chemical Dependency Programs

Total eligible members	525
Members initiating treatment within 14 days of diagnosis	208
Members engaged in treatment within 30 days of initiation visit	164
<b>Initiation of AOD Treatment Rate</b>	<b>39.6%</b>
<b>Engagement of AOD Treatment Rate</b>	<b>31.2%</b>

### Members Attributed to Hospitals

Total eligible members	3,478
Members initiating treatment within 14 days of diagnosis	1,787
Members engaged in treatment within 30 days of initiation visit	578
<b>Initiation of AOD Treatment Rate</b>	<b>51.4%</b>
<b>Engagement of AOD Treatment Rate</b>	<b>16.6%</b>

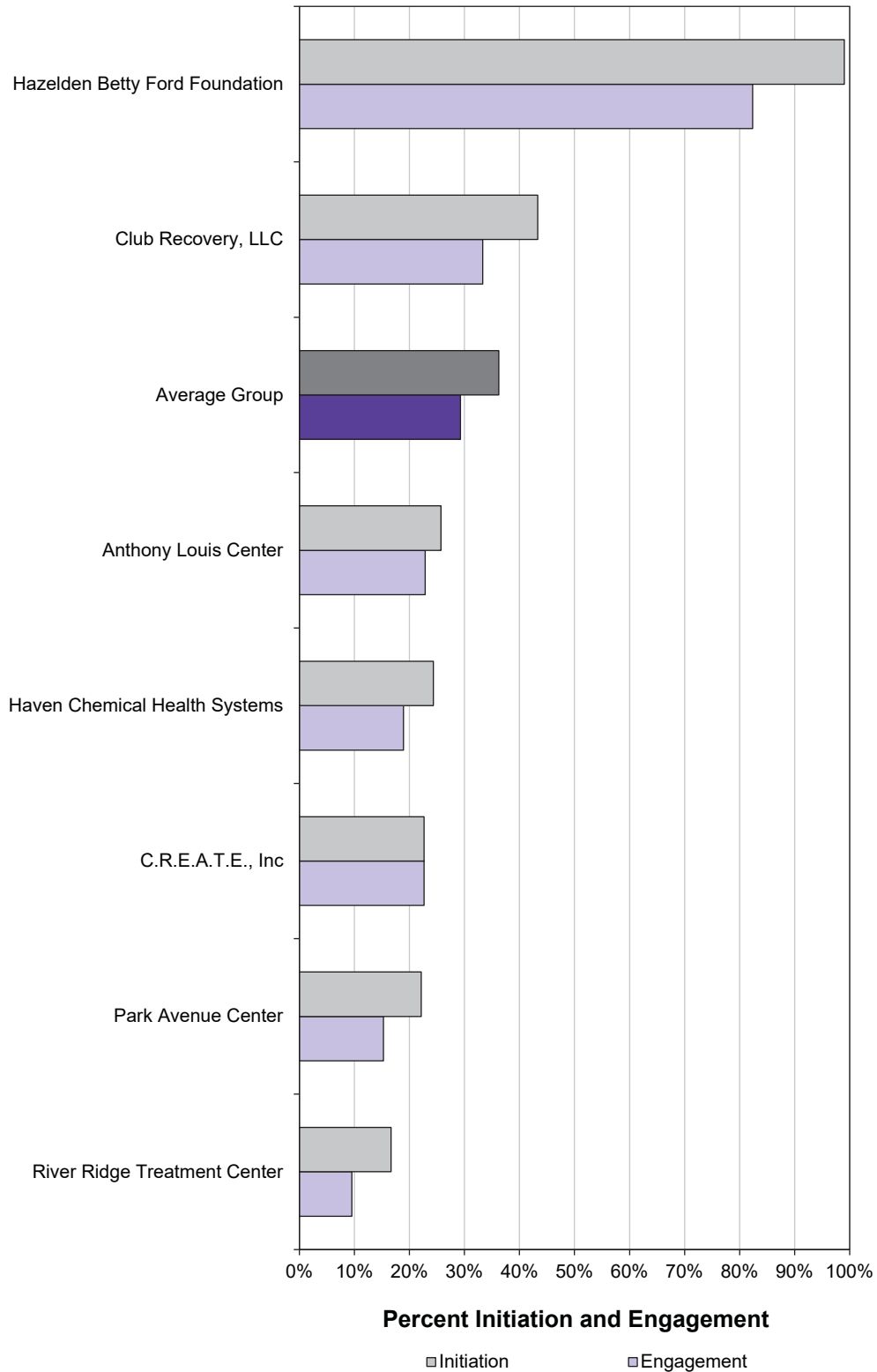
**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  
Primary Care and Behavioral Health Provider Groups  
1/1/2019 - 12/31/2019**



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

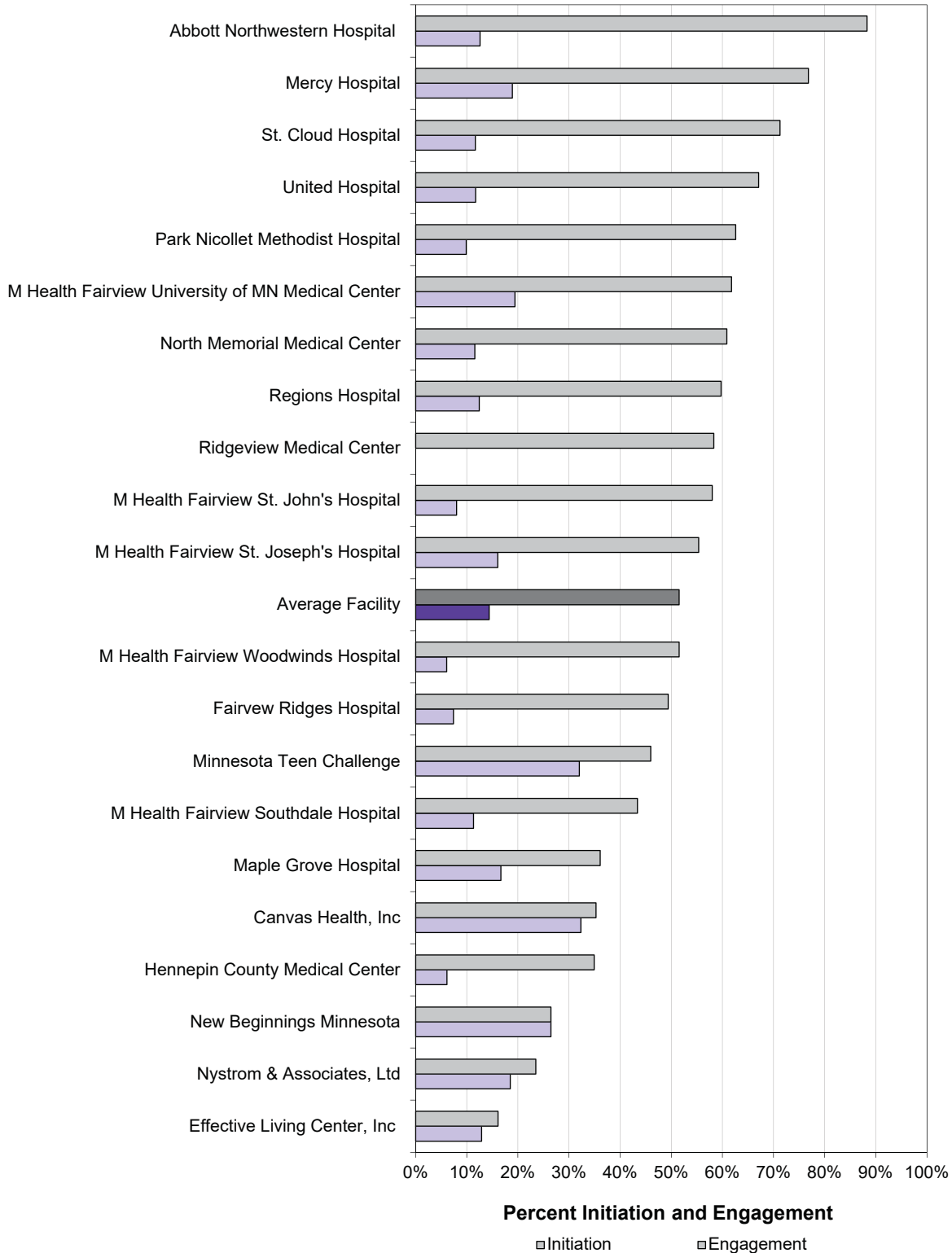
BH - Behavioral Health Provider Group  
NBH - Non-Behavioral Health Provider Group

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  
Chemical Dependency Programs**  
1/1/2019 - 12/31/2019



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

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  
Hospitals**  
1/1/2019 - 12/31/2019



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, 2019 – December 31, 2019

## Description

The percentage of members ages six and older who were hospitalized for treatment of selected mental health disorders in 2019, who were seen on an outpatient basis or were in intermediate treatment with a mental health provider within seven days of discharge.

## Methodology — Administrative

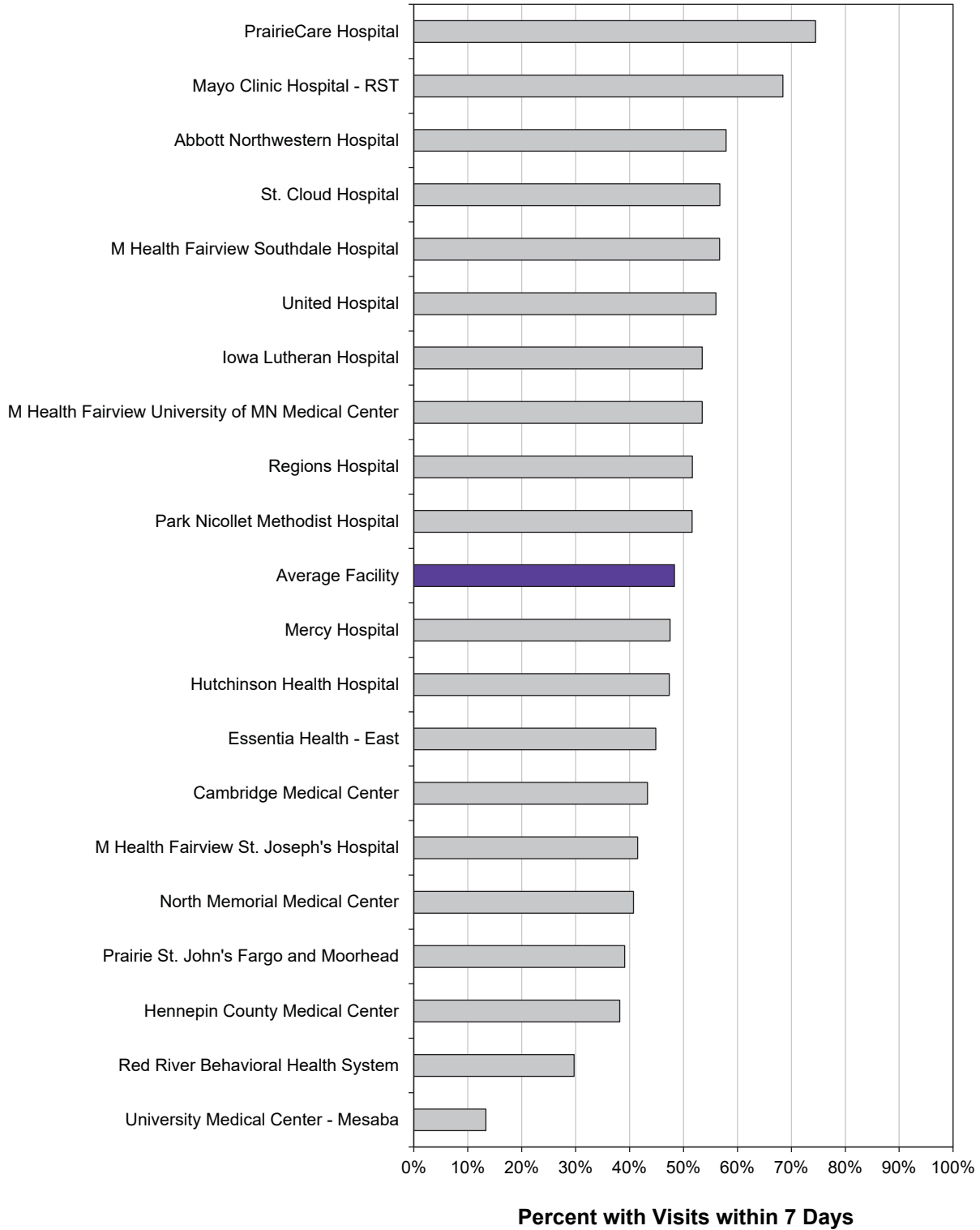
This measure is consistent with the HEDIS 2020 Follow-Up after Hospitalization for Mental Illness measurement specifications and includes all members ages six years and older as of discharge date from all products who were continuously enrolled for 30 days after hospital discharge date. Population identification 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	3,072
Members with follow-up visit(s)	1,558
<b>Follow-Up Visit Rate</b>	<b>50.7%</b>



**Follow-up after Hospitalization for Mental Illness**  
1/1/2019 - 12/31/2019



# DIABETIC EYE EXAM

January 1, 2019 – December 31, 2019

## 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 2020 Comprehensive Diabetes Care measurement specifications and includes members ages 18 to 75 years as of December 31, 2019, from all products who were continuously enrolled from January 1, 2019 to December 31, 2019, 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.

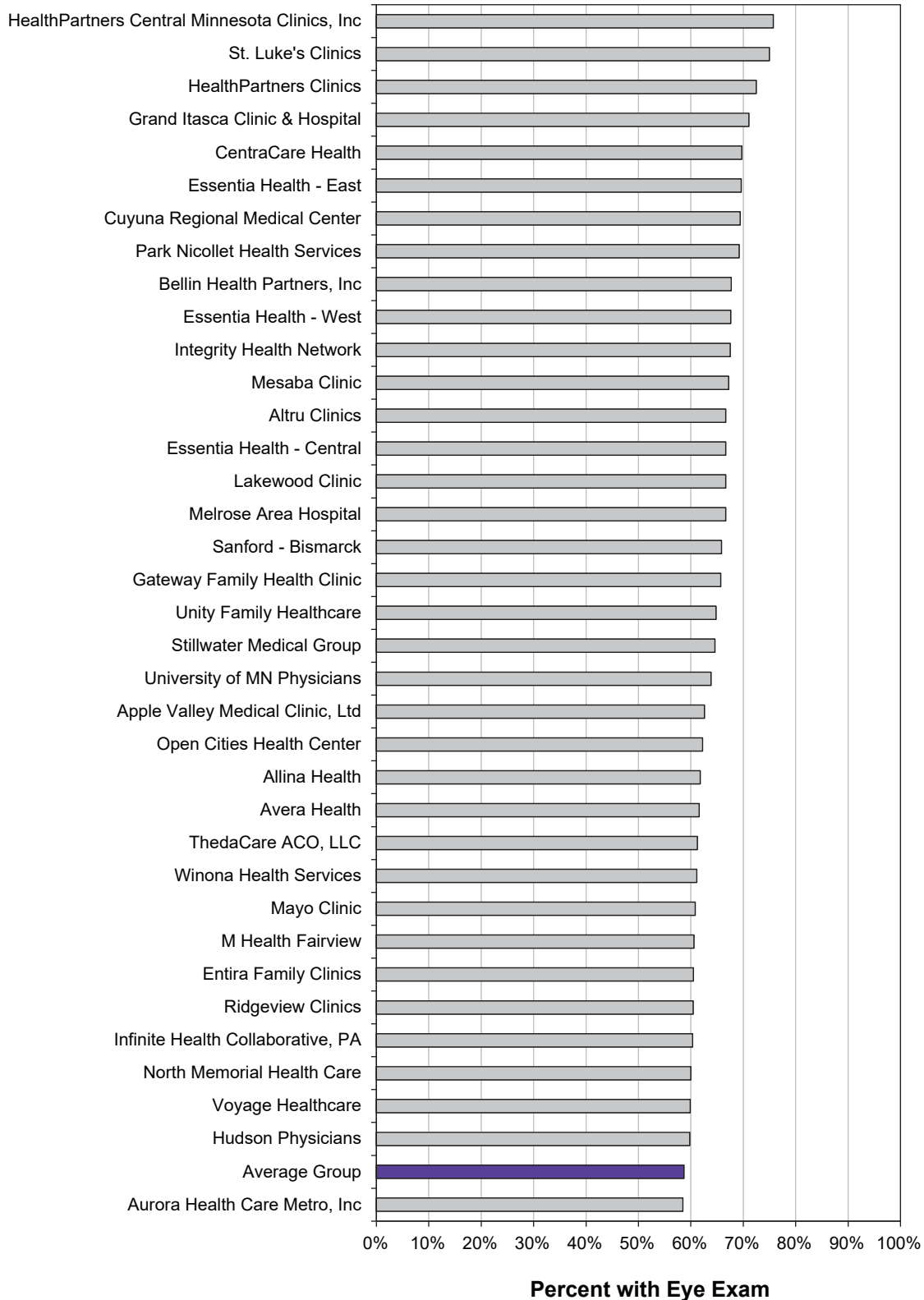
Note: the health plan HEDIS rate reflects a sample population and includes chart review while this is an administrative measure that includes total eligible members.

## Results

Total eligible members	37,452
Members with eye exam	23,512
<b>Diabetic Eye Exam Rate</b>	<b>62.8%</b>

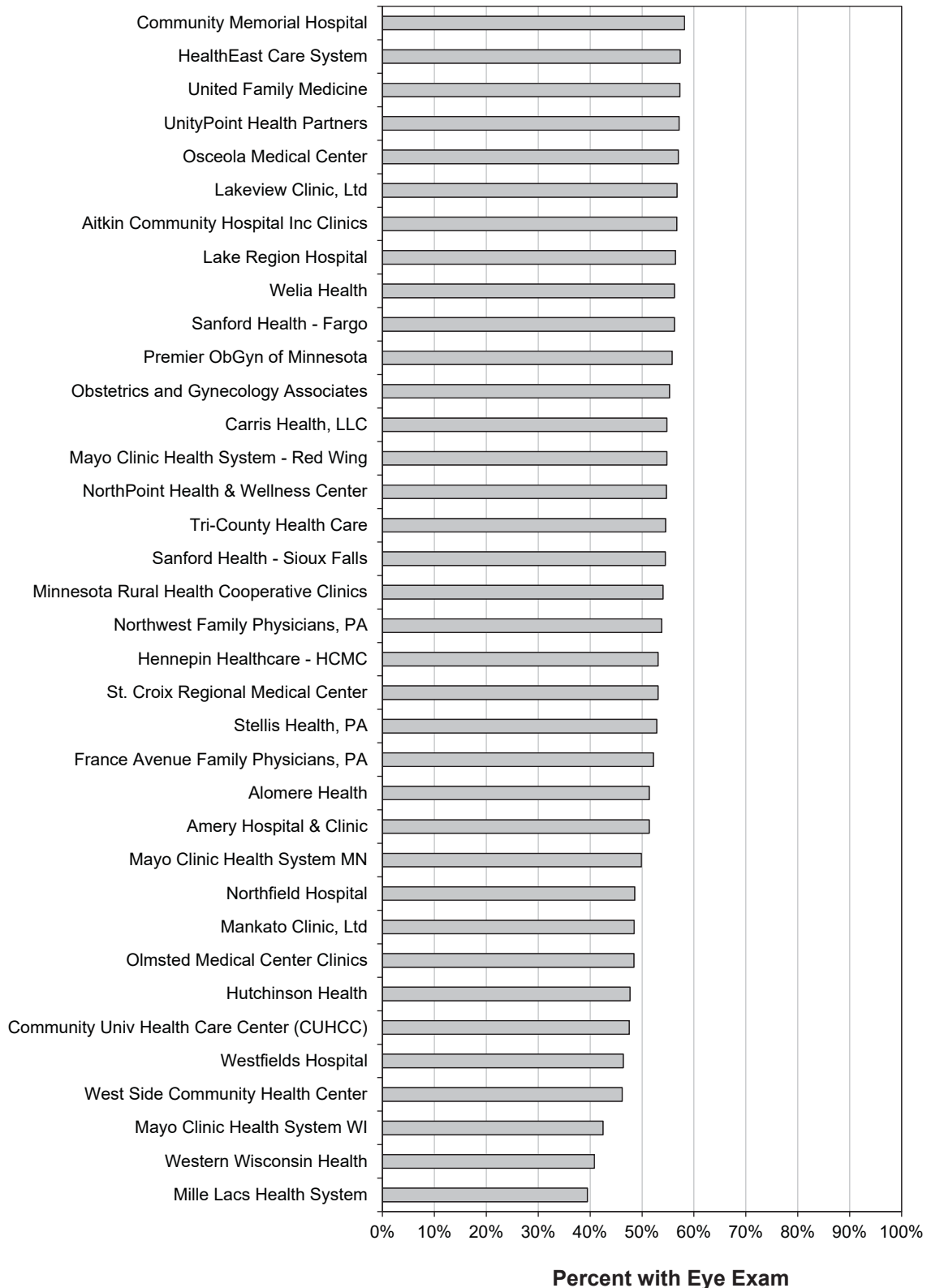
**Diabetic Eye Exam**  
1/1/2019 - 12/31/2019

**Part 1 of a 2 Part Graph**



**Diabetic Eye Exam**  
1/1/2019 - 12/31/2019

**Part 2 of a 2 Part Graph**



# GENERIC DRUG USE — PRIMARY CARE

January 1, 2020 – June 30, 2020

## 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, 2020 and June 30, 2020, 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	3,474,458
Generic drug prescriptions	3,292,668
<b>Generic Drug Use Rate</b>	<b>94.8%</b>

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

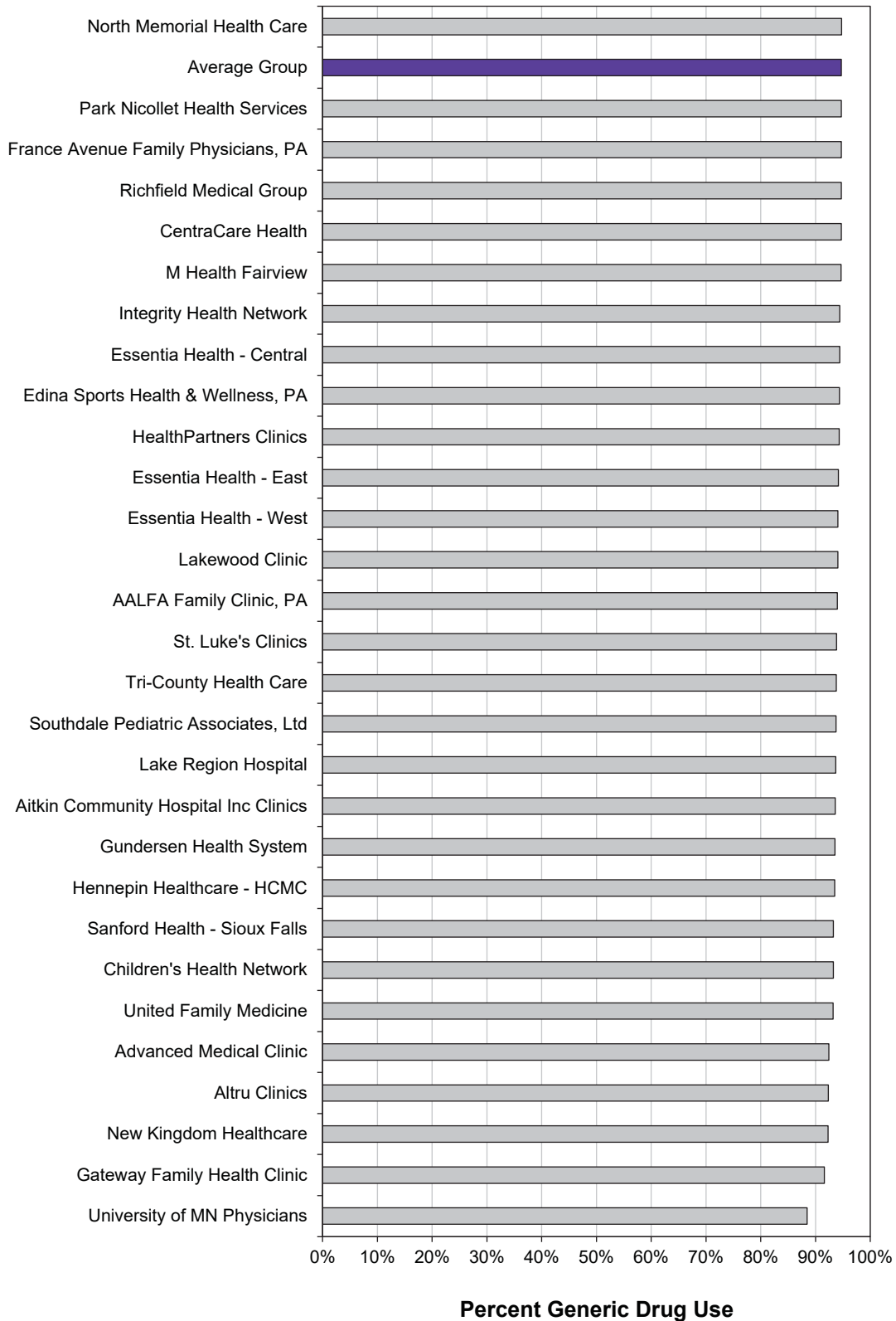
**Generic Drug Use - Primary Care**  
1/1/2020 - 6/30/2020

Part 1 of a 2 Part Graph



**Generic Drug Use - Primary Care**  
1/1/2020 - 6/30/2020

**Part 2 of a 2 Part Graph**



# GENERIC DRUG USE — SPECIALTY CARE

January 1, 2020 – June 30, 2020

## 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, 2020 and June 30, 2020, 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	146,438
Generic drug prescriptions	145,456
<b>Behavioral Health Generic Drug Use Rate</b>	<b>99.3%</b>

### Cardiology

Total prescriptions	165,157
Generic drug prescriptions	150,866
<b>Cardiology Generic Drug Use Rate</b>	<b>91.4%</b>

### OB/GYN

Total prescriptions	215,624
Generic drug prescriptions	207,279
<b>OB/GYN Generic Drug Use Rate</b>	<b>96.1%</b>

### Orthopaedics

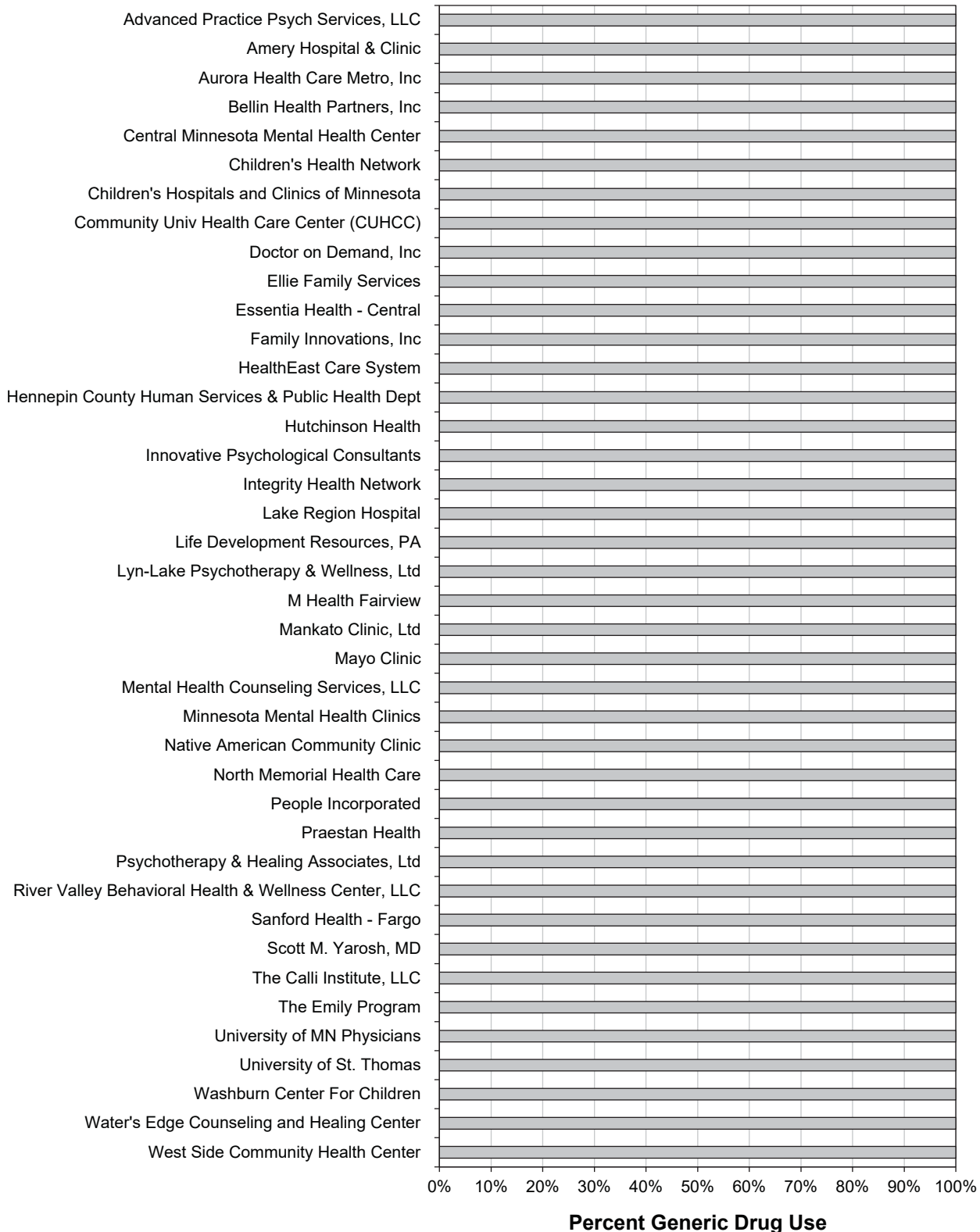
Total prescriptions	19,258
Generic drug prescriptions	18,992
<b>Orthopaedics Generic Drug Use Rate</b>	<b>98.6%</b>

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



**Generic Drug Use - Behavioral Health Providers**  
1/1/2020 - 6/30/2020

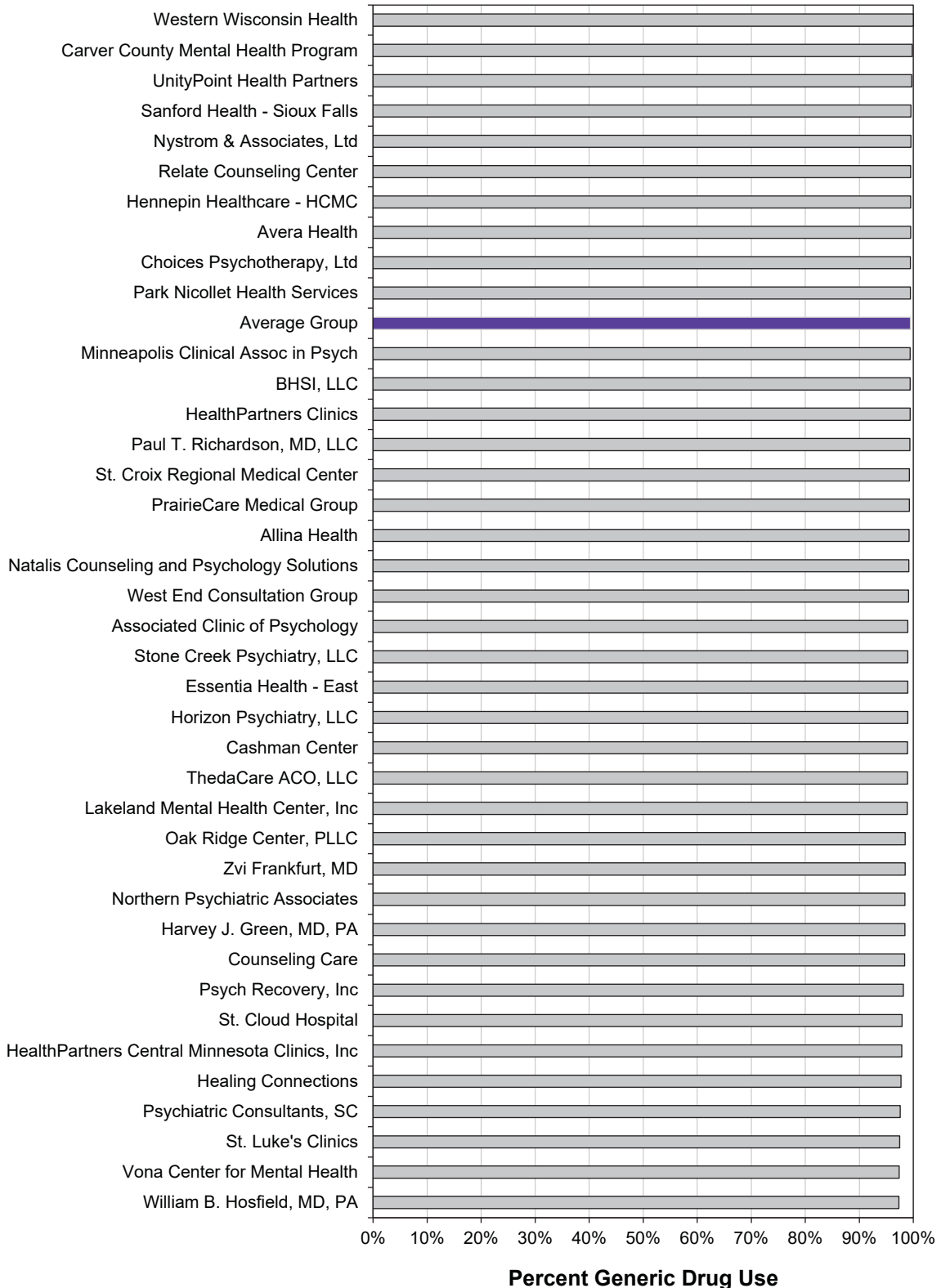
Part 1 of a 2 Part Graph



Medical Groups with <200 prescriptions are not displayed

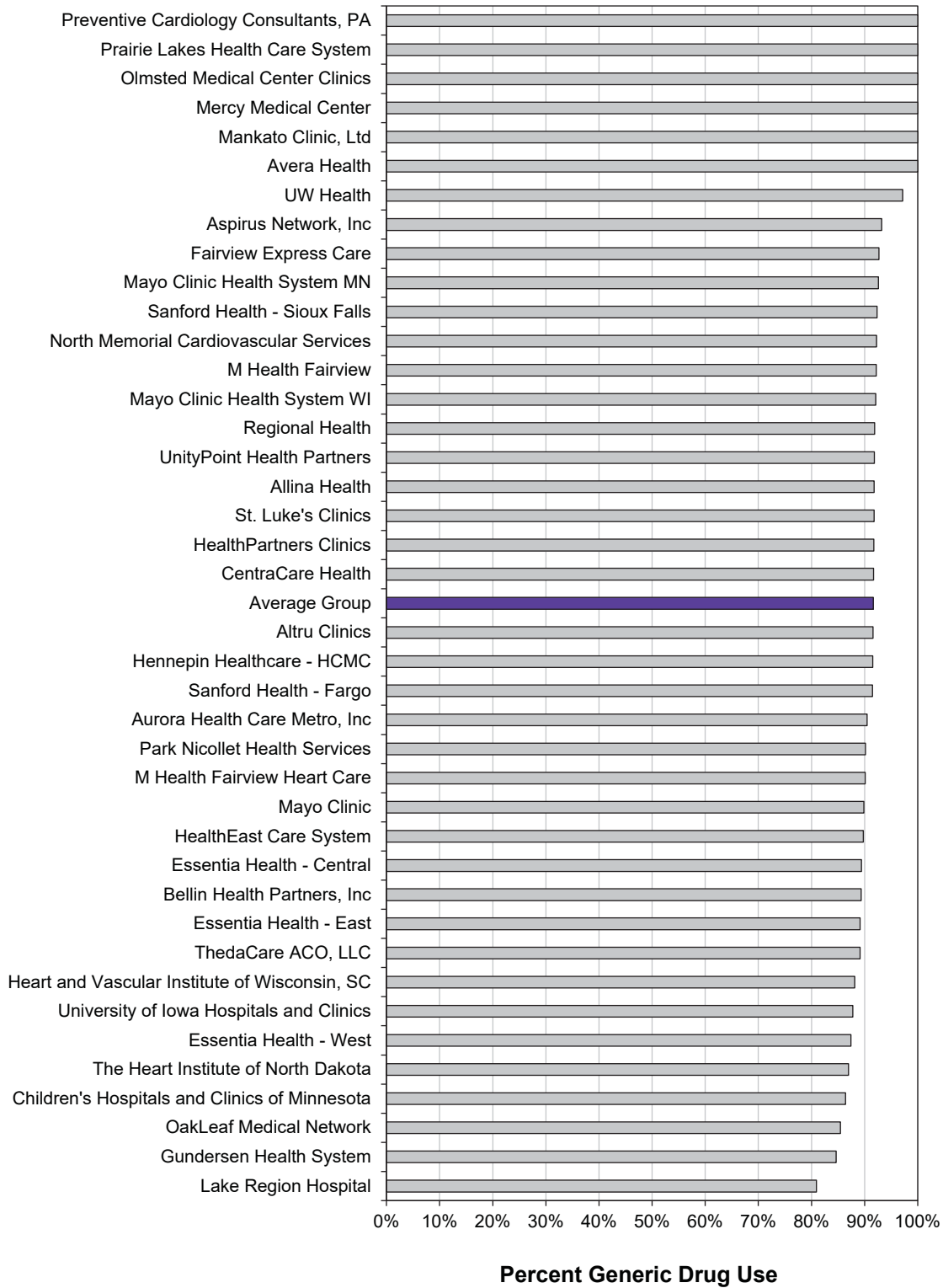
**Generic Drug Use - Behavioral Health Providers**  
1/1/2020 - 6/30/2020

**Part 2 of a 2 Part Graph**



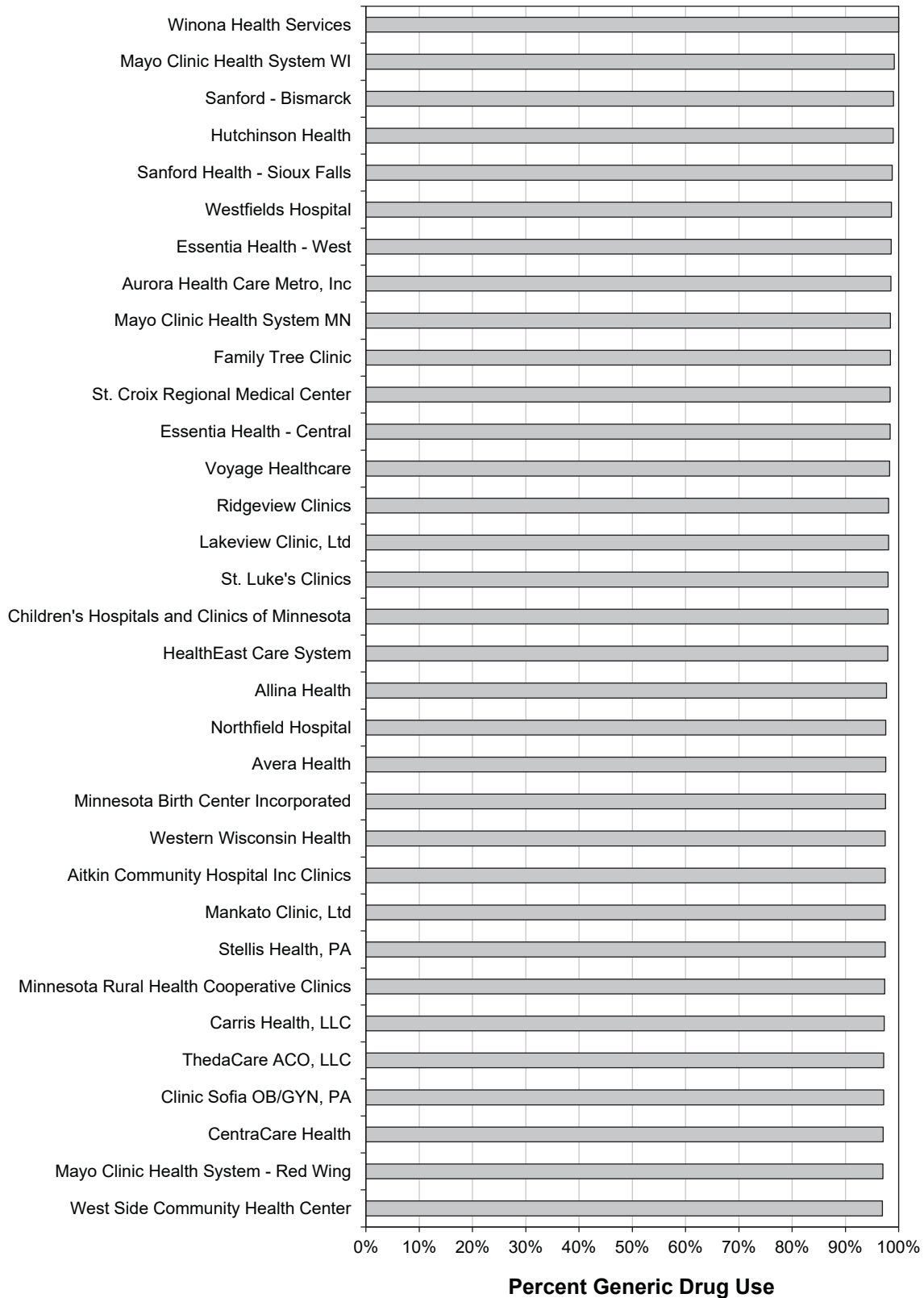
Medical Groups with <200 prescriptions are not displayed

**Generic Drug Use - Cardiology Providers**  
1/1/2020 - 6/30/2020



**Generic Drug Use - OB/GYN Providers**  
1/1/2020 - 6/30/2020

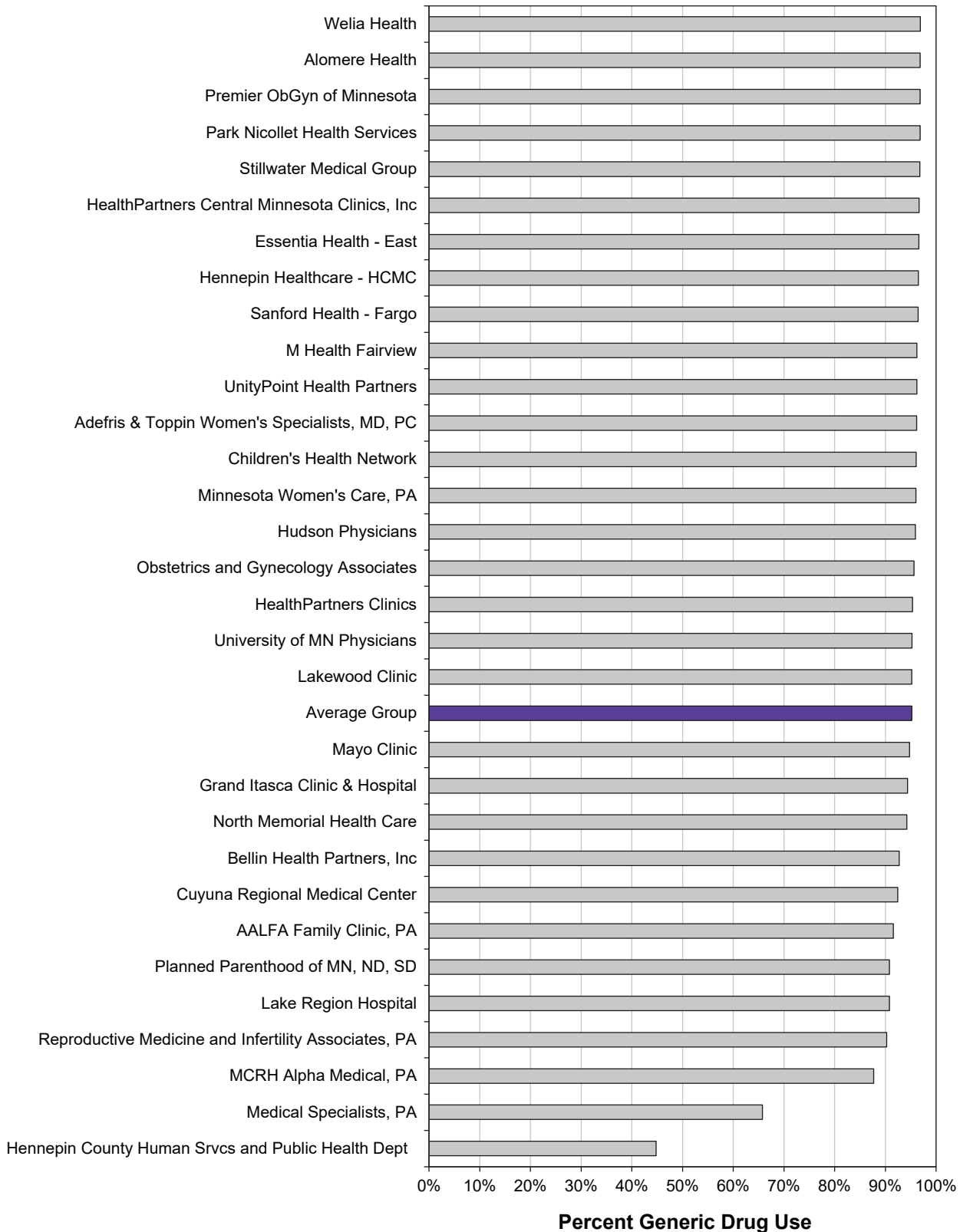
**Part 1 of a 2 Part Graph**



Medical Groups with <200 prescriptions are not displayed.

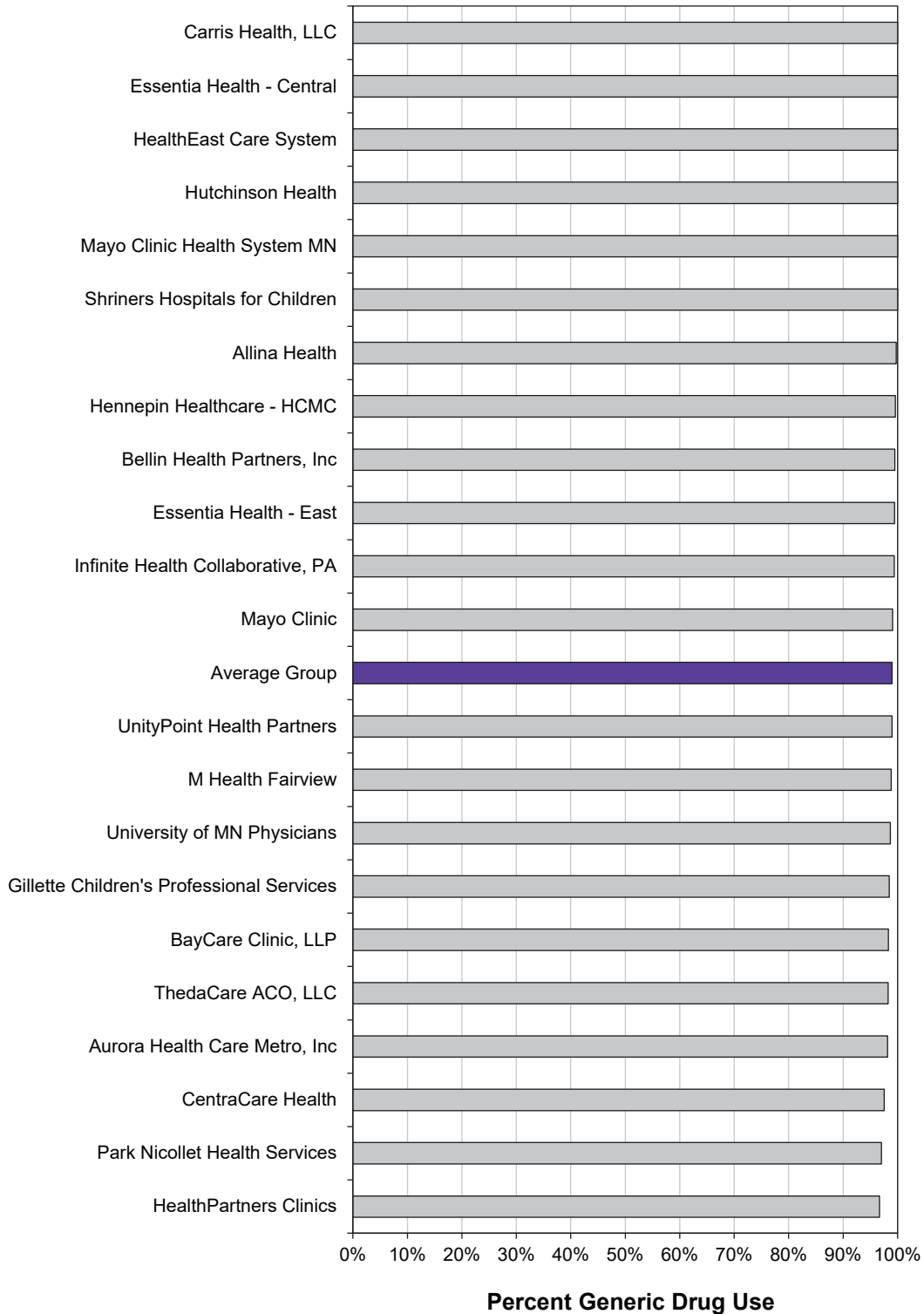
**Generic Drug Use - OB/GYN Providers**  
1/1/2020 - 6/30/2020

**Part 2 of a 2 Part Graph**



Medical Groups with <200 prescriptions are not displayed.

**Generic Drug Use - Orthopaedic Providers**  
1/1/2020 - 6/30/2020



Medical Groups with <100 prescriptions are not displayed.

# ASTHMA – ABSENCE OF CONTROLLER THERAPY – PHARMACY

January 1, 2019 – December 31, 2019

## Description

The percentage of patients with asthma during the measurement period who were dispensed more than three canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

## Methodology — Administrative

This measure includes members 5–50 years of age as of the last day of the measurement year with consecutive fills of asthma medications during the measurement year. Members are continuously enrolled from January 1, 2019 to December 31, 2019. with no more than a 1-month gap in coverage.

Measure excludes:

- members that filled at least one prescription for a COPD medication during the measurement year
- member that filled at least one prescription for a Cystic Fibrosis during the measurement year
- members that filled at least one prescription for a nasal steroid during the measurement year

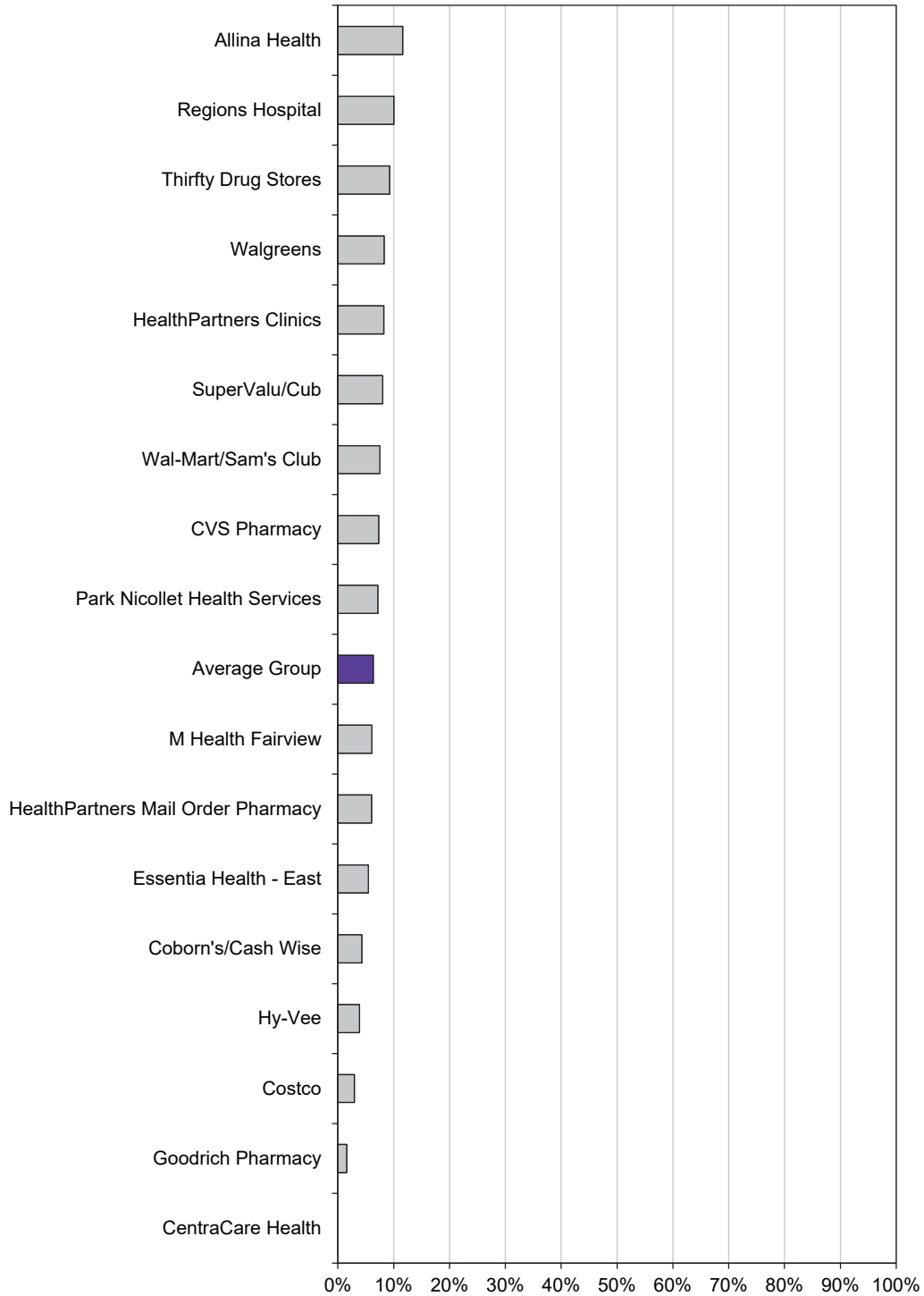
Rates are calculated administratively using outpatient claims. Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

## Results

### HealthPlan Members

Members with consecutive fills of asthma medications	11,367
Members who received more than three canisters in at least one 90-day period and were not dispensed a controller therapy	780
<b>Absence of Controller Therapy Rate</b>	<b>6.9%</b>

**Asthma - Absence of Controller Therapy  
Pharmacy  
1/1/2019 - 12/31/2019**



**Percent Absence of Controller Therapy**



# ASTHMA – SUBOPTIMAL CONTROL – PHARMACY

January 1, 2019 – December 31, 2019

## Description

The percentage of patients with persistent asthma who were dispensed more than three canisters of a short-acting beta2 agonist inhaler during the same 90-day period.

## Methodology — Administrative

This measure includes members 5–50 years of age as of the last day of the measurement year with consecutive fills of asthma medications during the measurement year. Members are continuously enrolled from January 1, 2019 to December 31, 2019, with no more than a 1-month gap in coverage.

Measure excludes:

- members that filled at least one prescription for a COPD medication during the measurement year
- member that filled at least one prescription for a Cystic Fibrosis during the measurement year
- members that filled at least one prescription for a nasal steroid during the measurement year

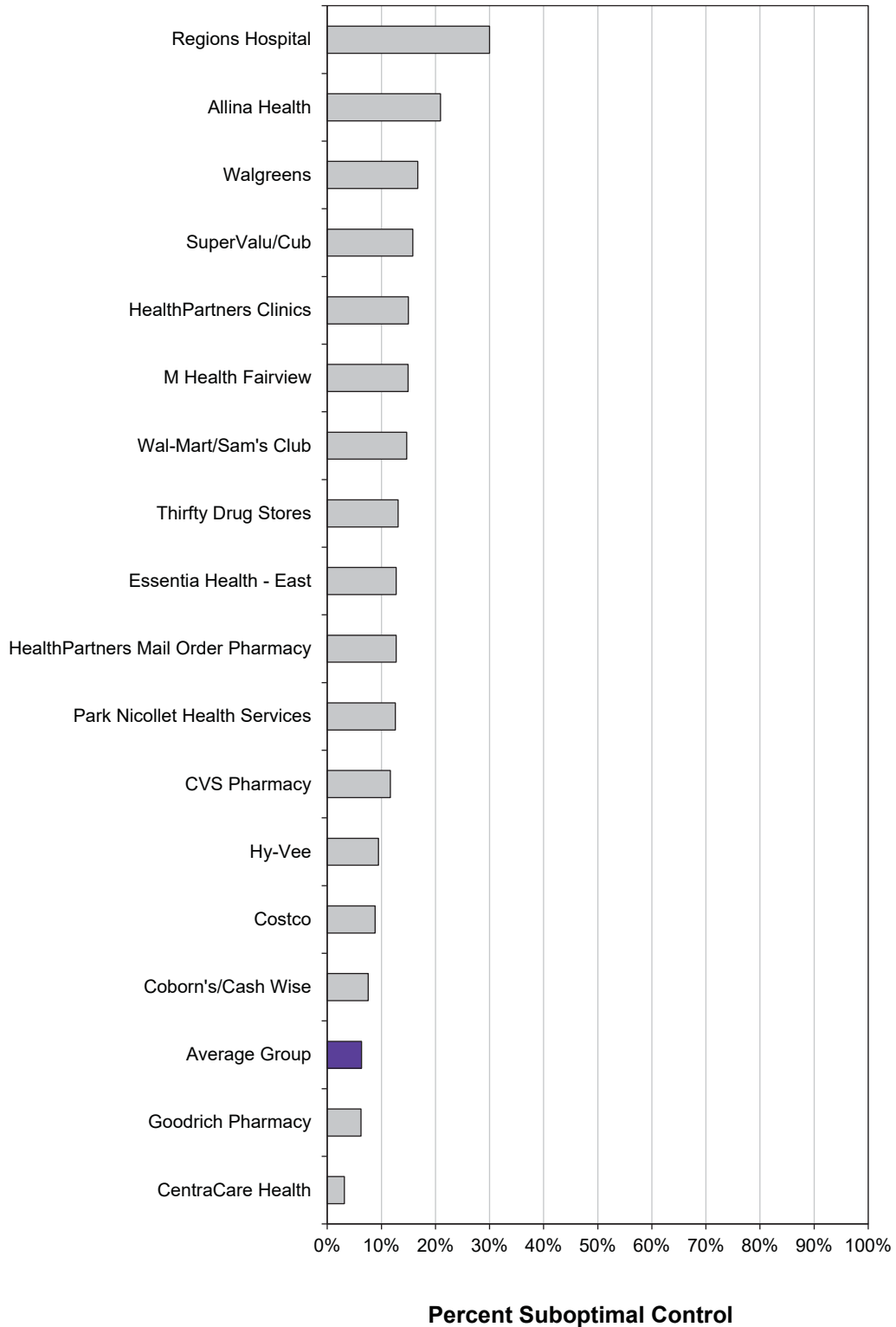
Rates are calculated administratively using outpatient claims. Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

## Results

### HealthPlan Members

Members with consecutive fills of asthma medications	11,367
Members who received more than three canisters in at least one 90-day period	1,518
<b>Suboptimal Asthma Control Rate</b>	<b>13.4%</b>

**Asthma - Suboptimal Control  
Pharmacy  
1/1/2019 - 12/31/2019**



# CHOLESTEROL PERSISTENCE — PHARMACY

January 1, 2019 – December 31, 2019

## Description

The percentage of members of any age who started cholesterol medications and remained on those medications for 180 days from January 1, 2019 to December 31, 2019.

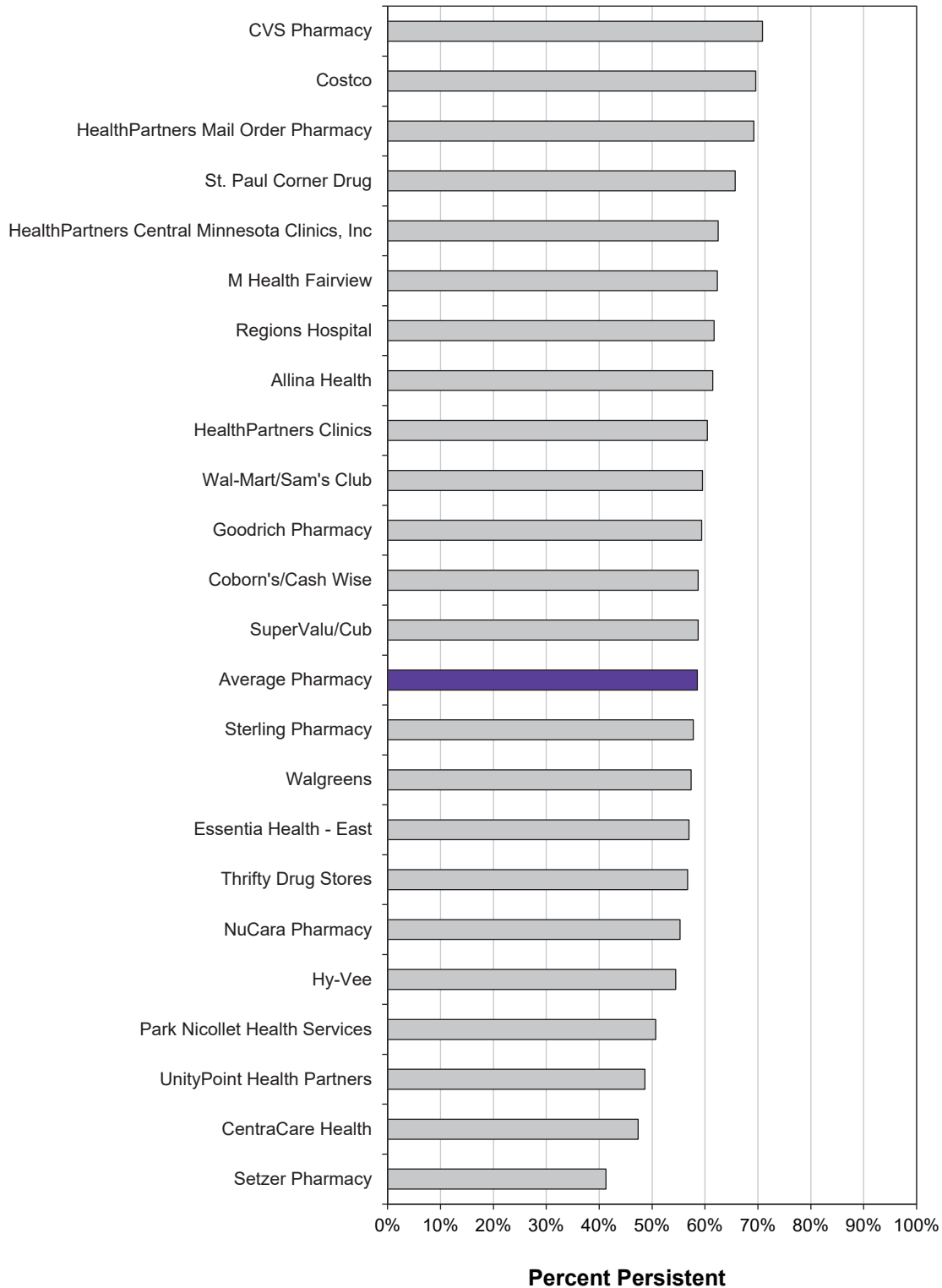
## Methodology — Administrative

This measure includes members from all products with a new prescription for a statin medication in the measurement period of January 1, 2019 to December 31, 2019. 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	17,980
Members with new statin prescription	10,752
<b>Cholesterol Persistence Rate</b>	<b>59.8%</b>

**Cholesterol Persistence  
Pharmacy  
1/1/2019 - 12/31/2019**



# ANTIDEPRESSANT MEDICATION MANAGEMENT – PHARMACY

May 1, 2018 – December 31, 2019

## 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 (continuation phase).

This measure is consistent with the HEDIS 2020 Antidepressant Medication Management measurement specifications.

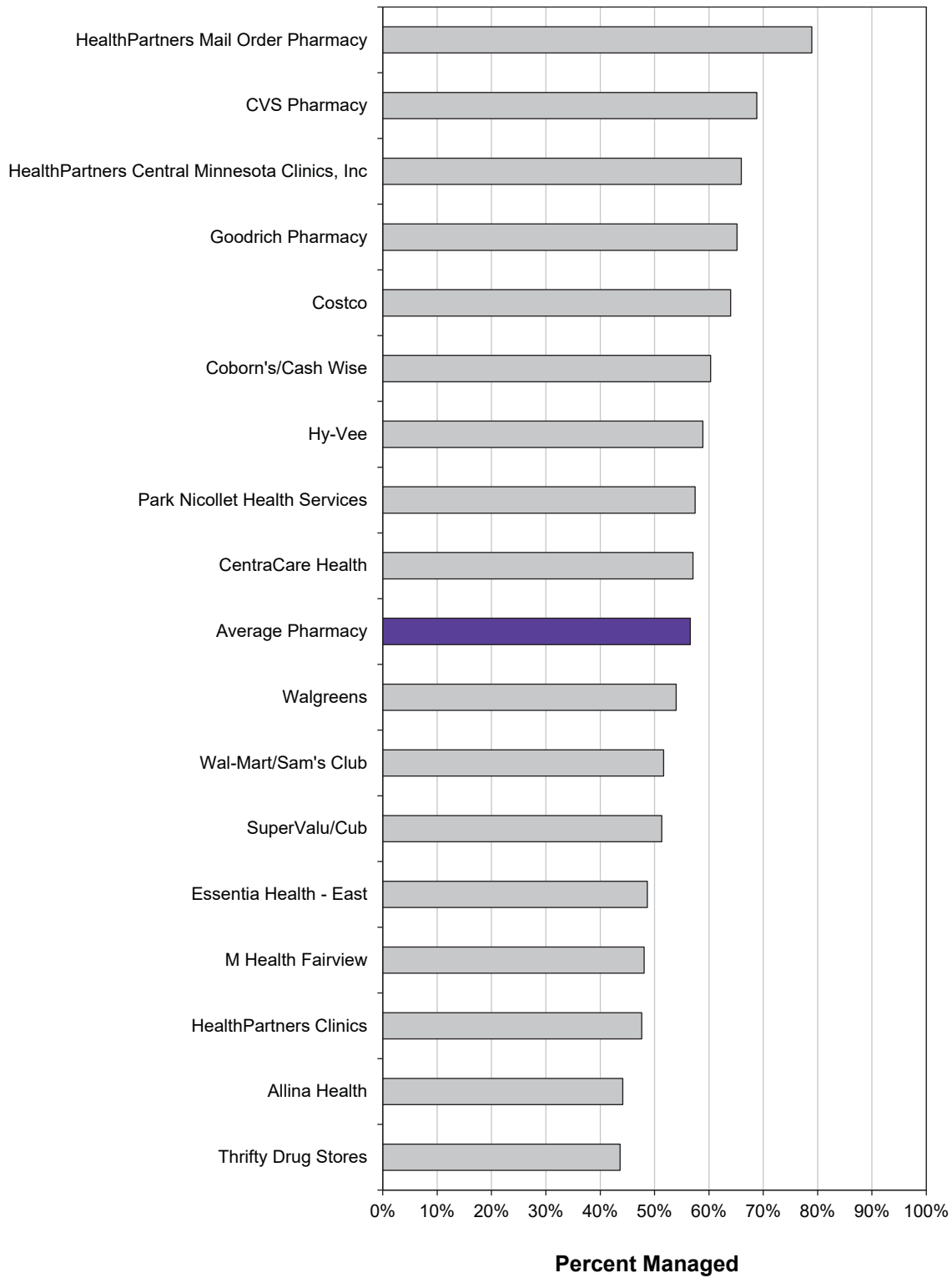
## Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2019, 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	10,345
Members remaining on medication for 180 days (continuation phase)	5,782
<b>Antidepressant Medication Management Rate - Continuation Phase</b>	<b>55.9%</b>

**Antidepressant Medication Management - Continuation Phase  
Pharmacy  
5/1/2018 - 12/31/2019**



# TOTAL COST OF CARE AND RESOURCE USE — PRIMARY CARE

January 1, 2019 – December 31, 2019

## 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 2010, 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

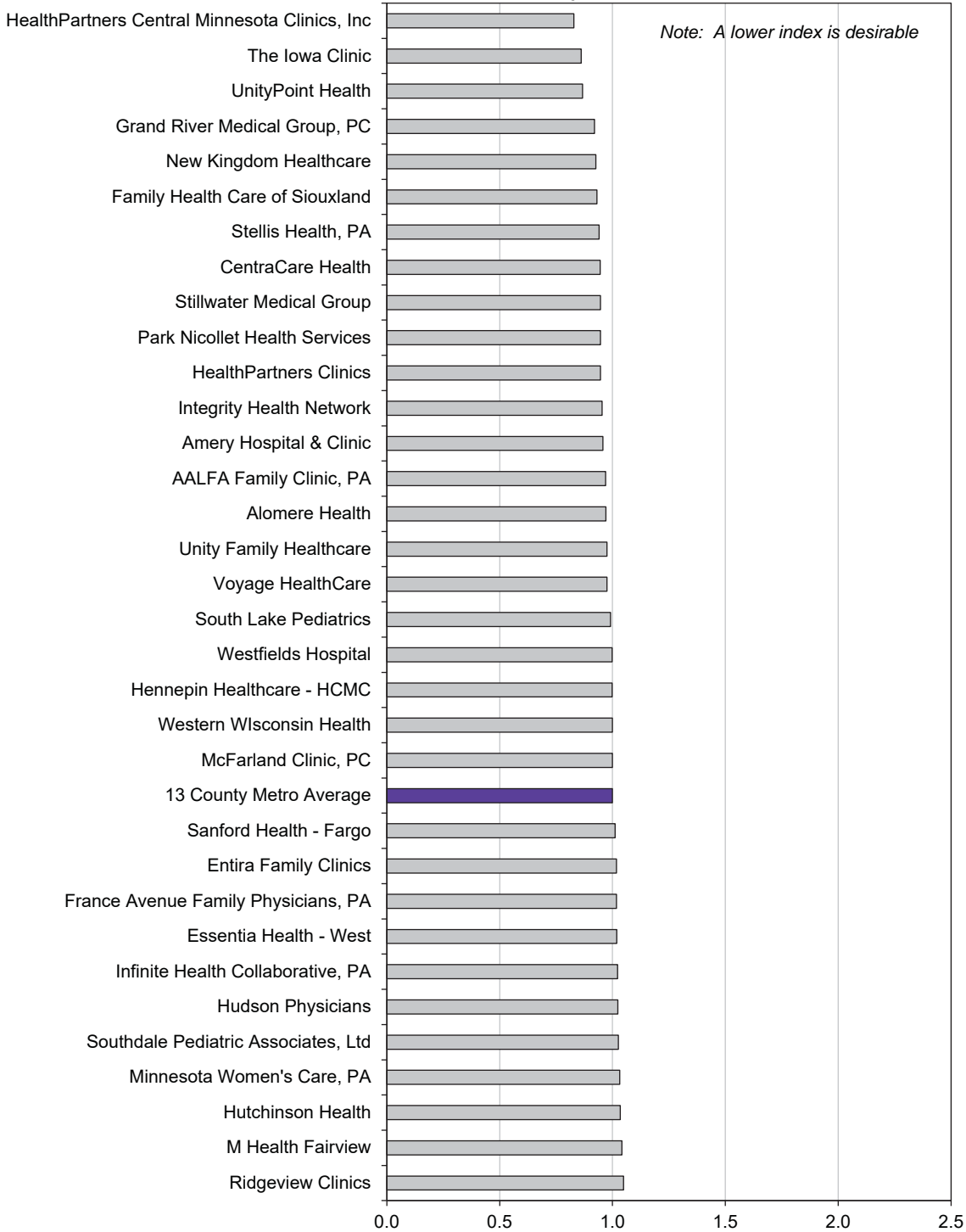
Total Cost Indices < 1.000 represent providers that are less expensive than average

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

**Total Cost of Care - Primary Care, Total Cost Index (TCI)**  
1/1/2019 - 12/31/2019

**Part 1 of a 2 Part Graph**



*Note: A lower index is desirable*

**Total Cost Index (TCI)**

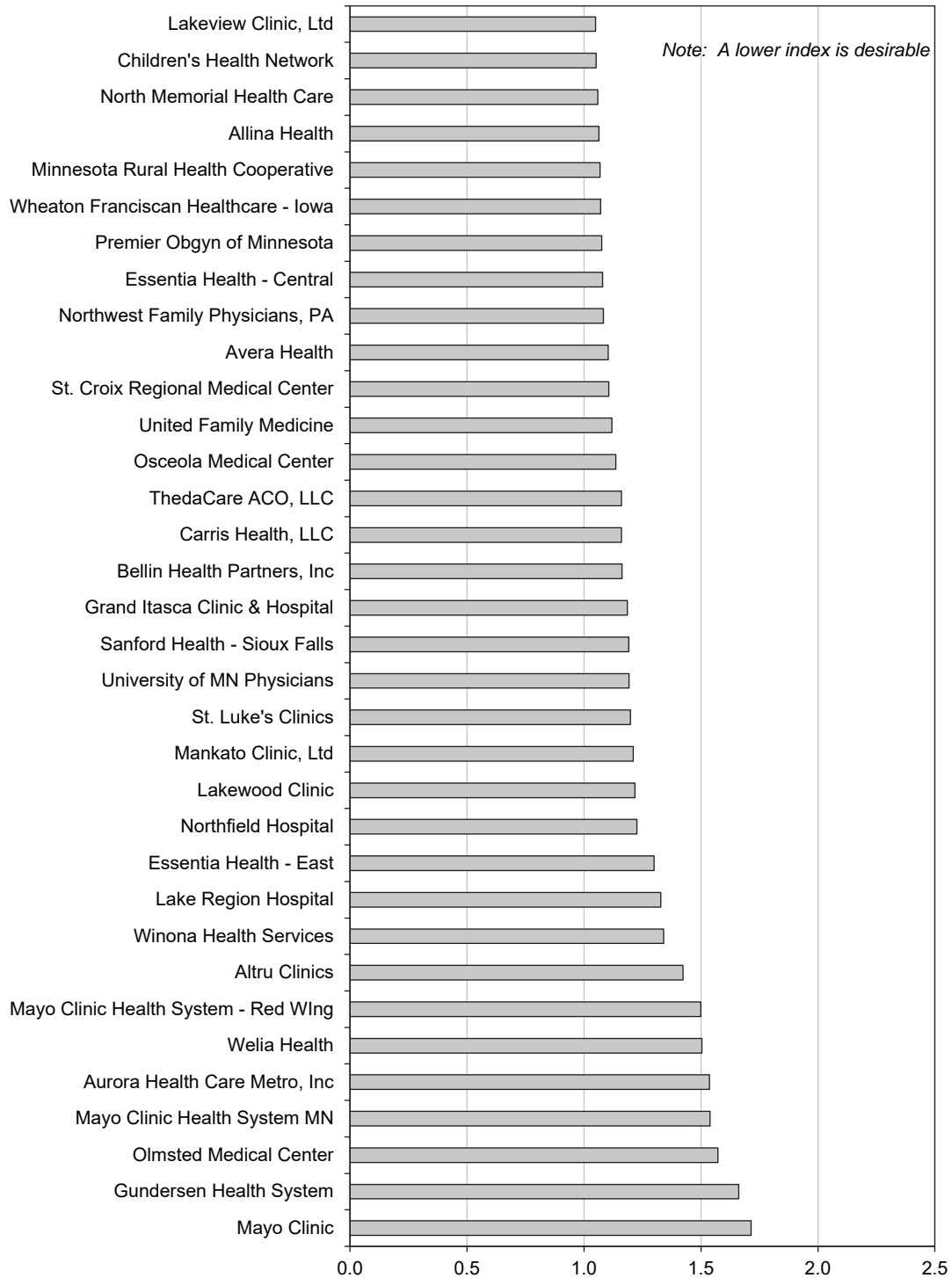
Providers with <600 attributed members are not displayed.

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



**Total Cost of Care - Primary Care, Total Cost Index (TCI)**  
1/1/2019 - 12/31/2019

**Part 2 of a 2 Part Graph**



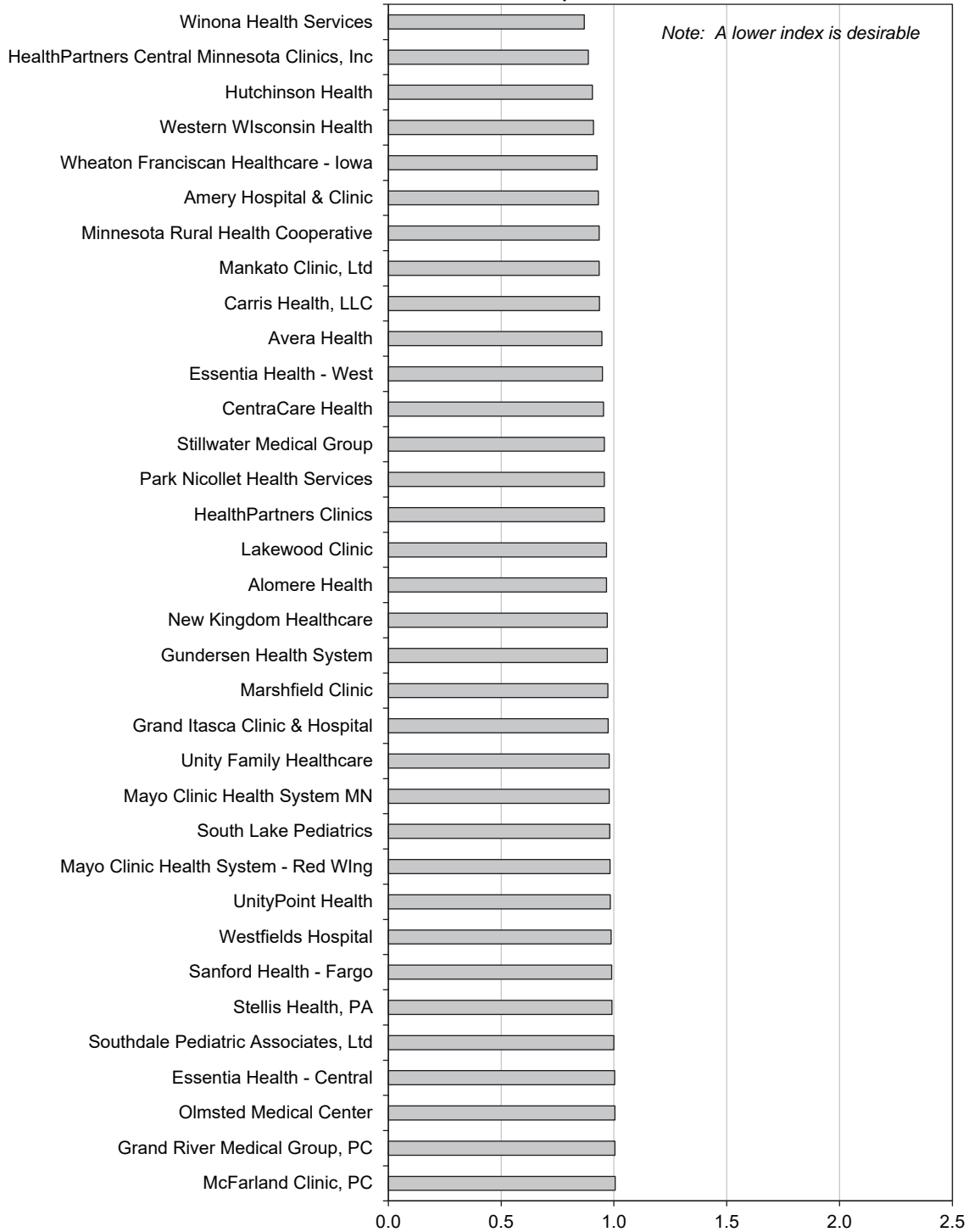
**Total Cost Index (TCI)**

Providers with <600 attributed members are not displayed.

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

**Total Cost of Care - Primary Care, Resource Use Index (RUI)**  
1/1/2019 - 12/31/2019

**Part 1 of a 2 Part Graph**



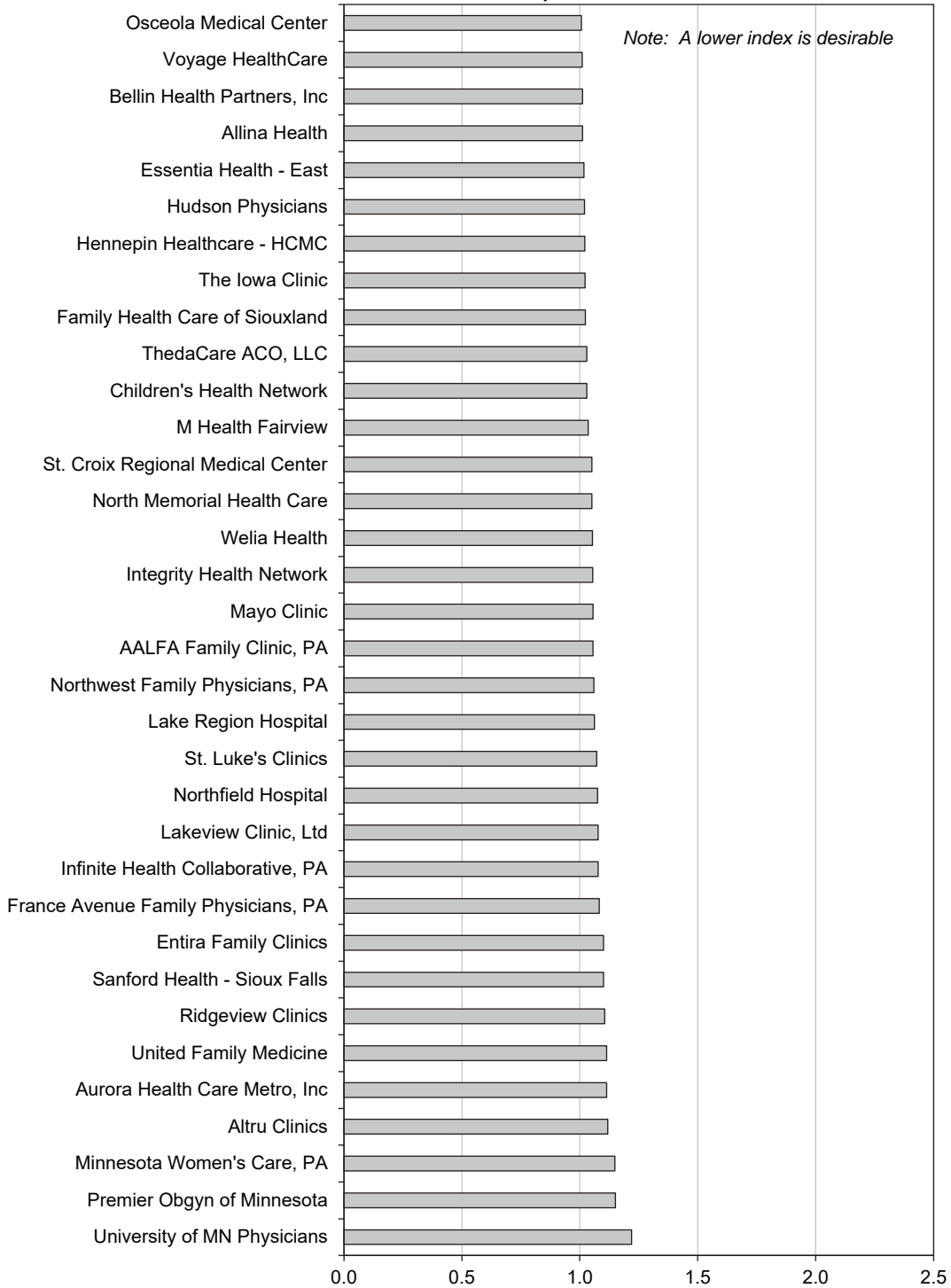
**Total Cost Index (RUI)**

Providers with <600 attributed members are not displayed.

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

**Total Cost of Care - Primary Care, Resource Use Index (RUI)**  
1/1/2019 - 12/31/2019

**Part 2 of a 2 Part Graph**



**Total Cost Index (RUI)**

Providers with <600 attributed members are not displayed.

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

# TOTAL COST INDEX AND RESOURCE USE — SPECIALTY CARE

October 1, 2017 – September 30, 2019

## 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

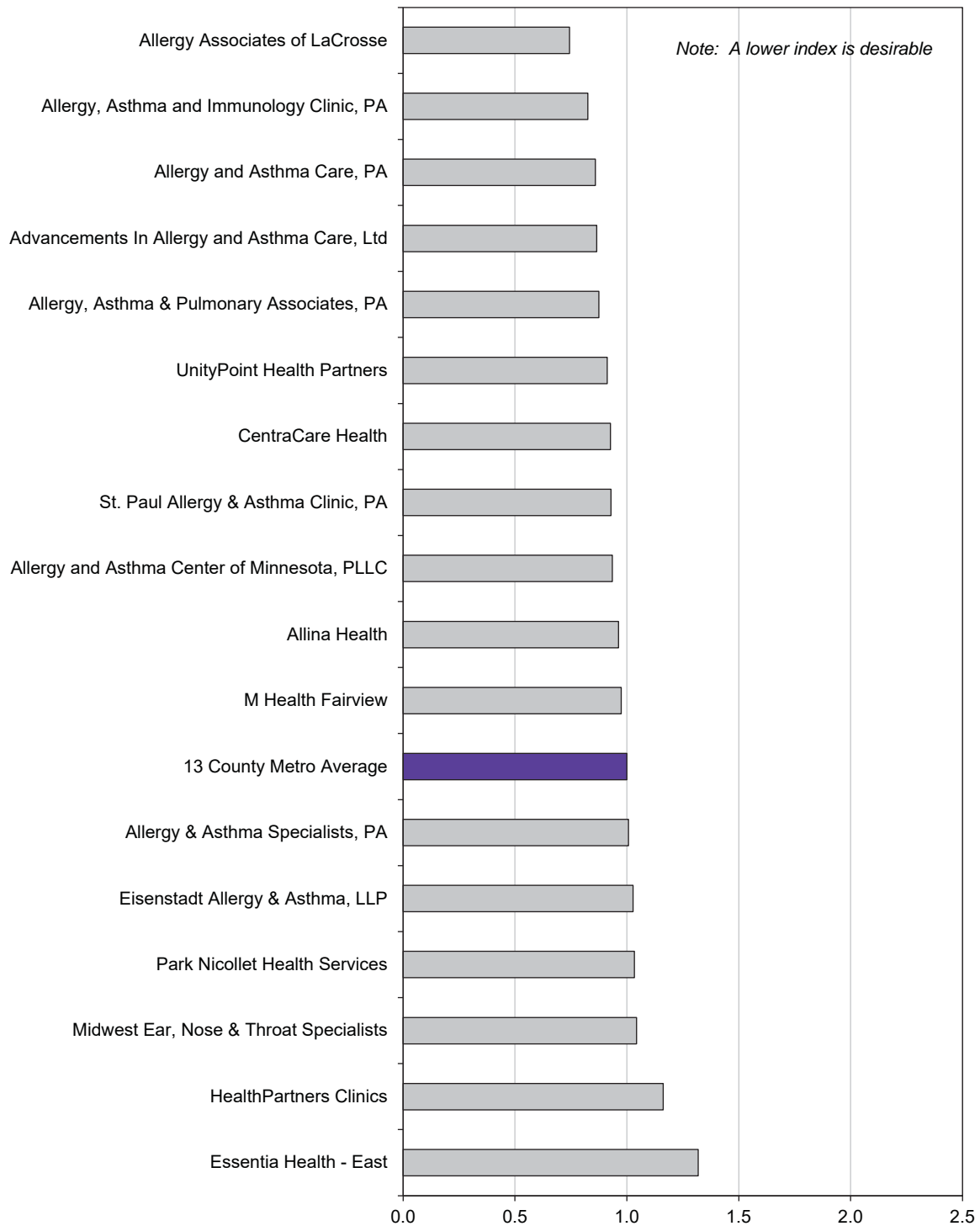
Total Cost Indices > 1.000 represent providers that are more expensive than average

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

**Total Cost Index (TCI) - Allergy & Immunology Providers**  
10/1/2017 - 9/30/2019

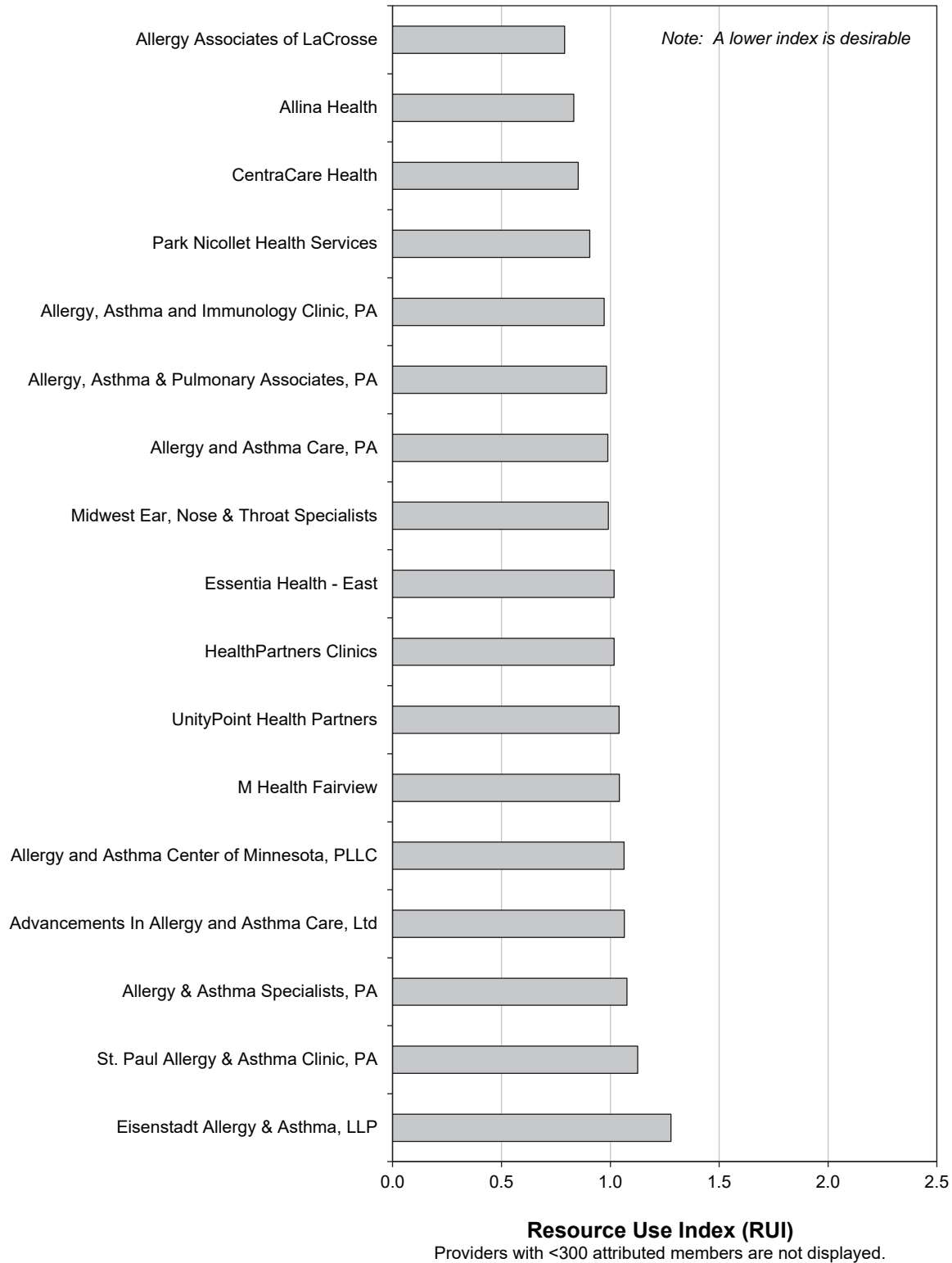


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

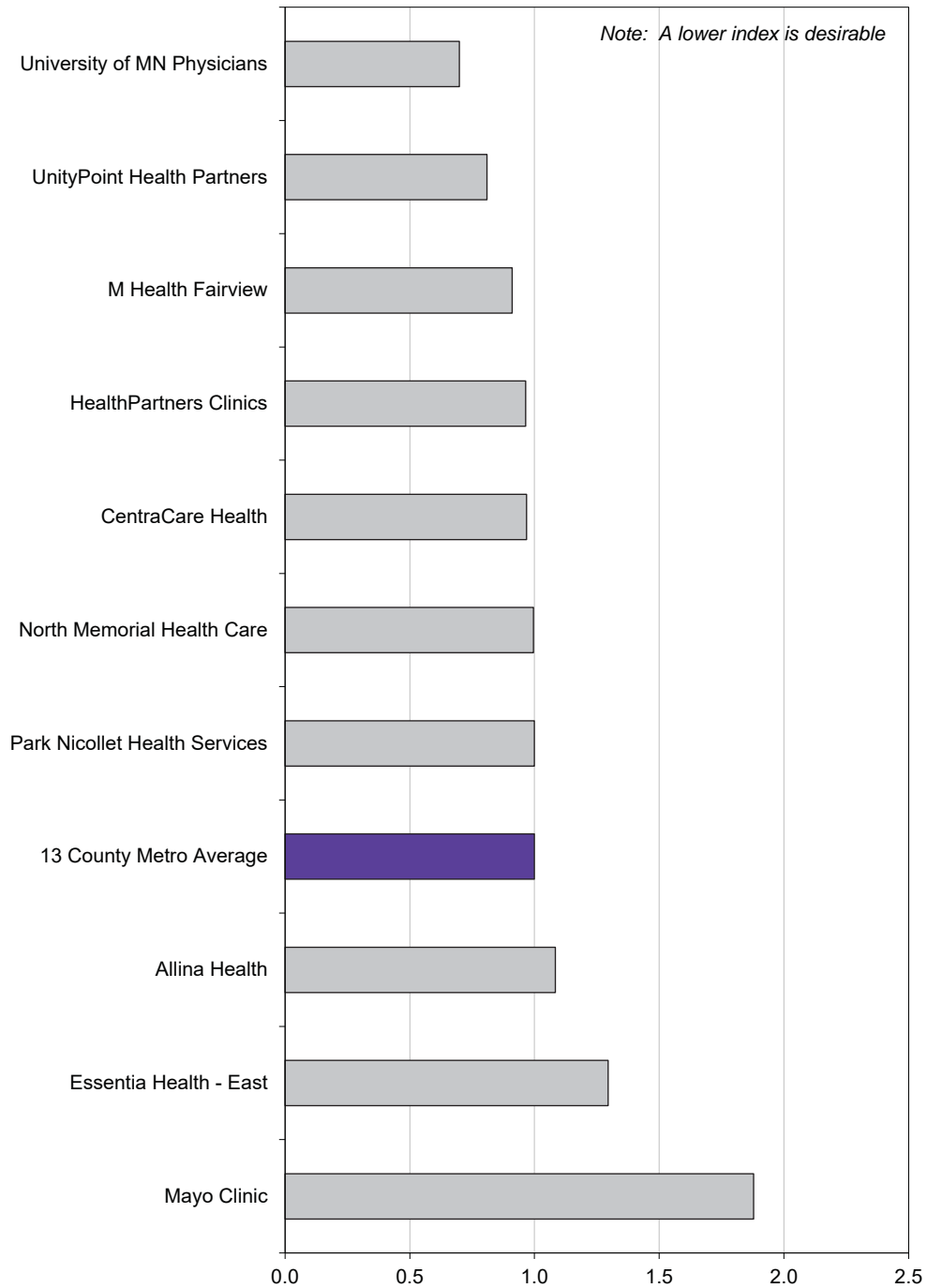
HealthPartners 13 County Metro Network Average: 1.000  
 Indices > 1.000 represent providers that are more expensive than average  
 Indices < 1.000 represent providers that are less expensive than average

**Resource Use Index (RUI) - Allergy & Immunology Providers**  
10/1/2017 - 9/30/2019



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

**Total Cost Index (TCI) - Cardiology Providers**  
10/1/2017 - 9/30/2019

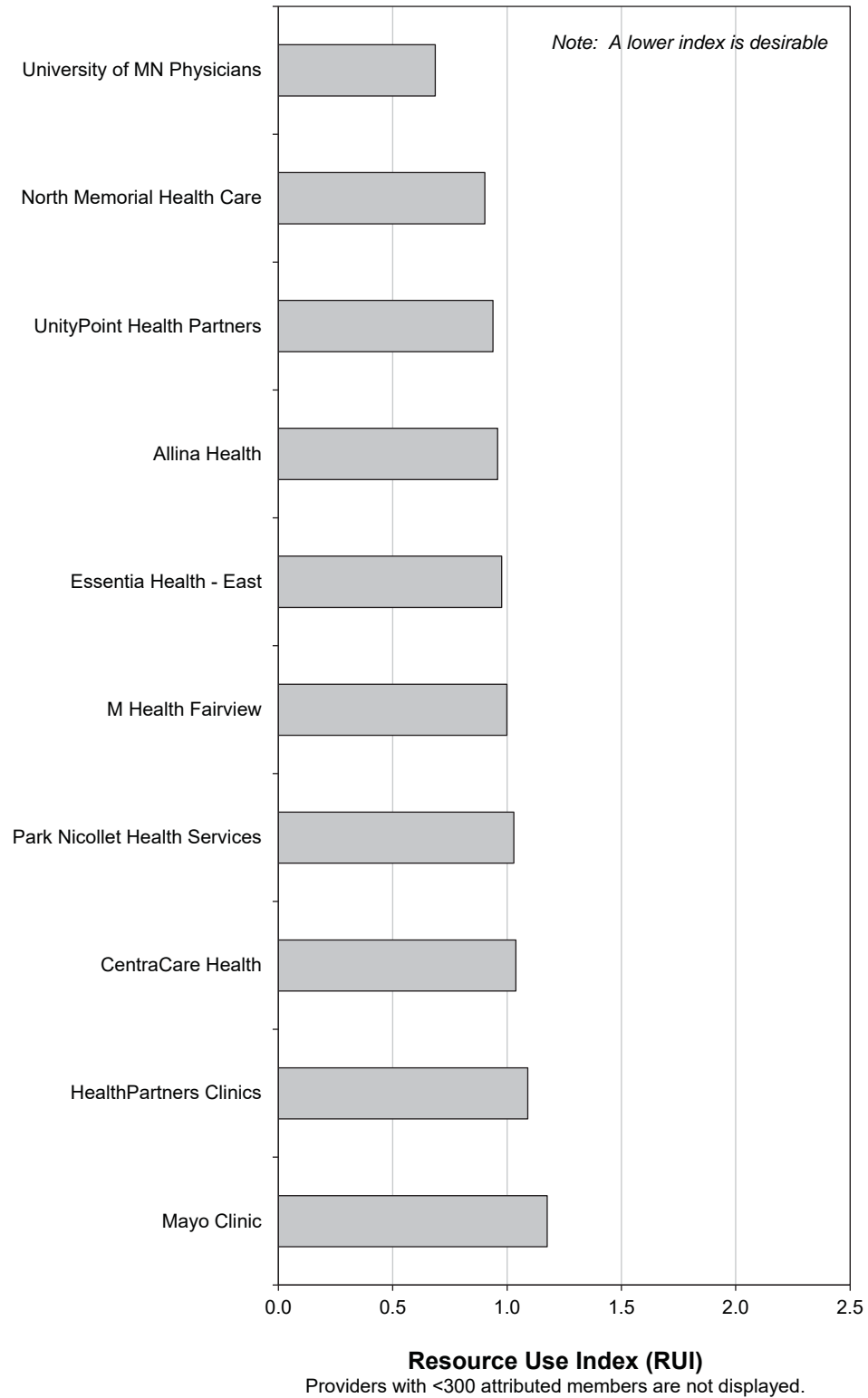


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Cardiology Providers**  
10/1/2017 - 9/30/2019



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



**Total Cost Index (TCI) - Dermatology Providers**  
10/1/2017 - 9/30/2019

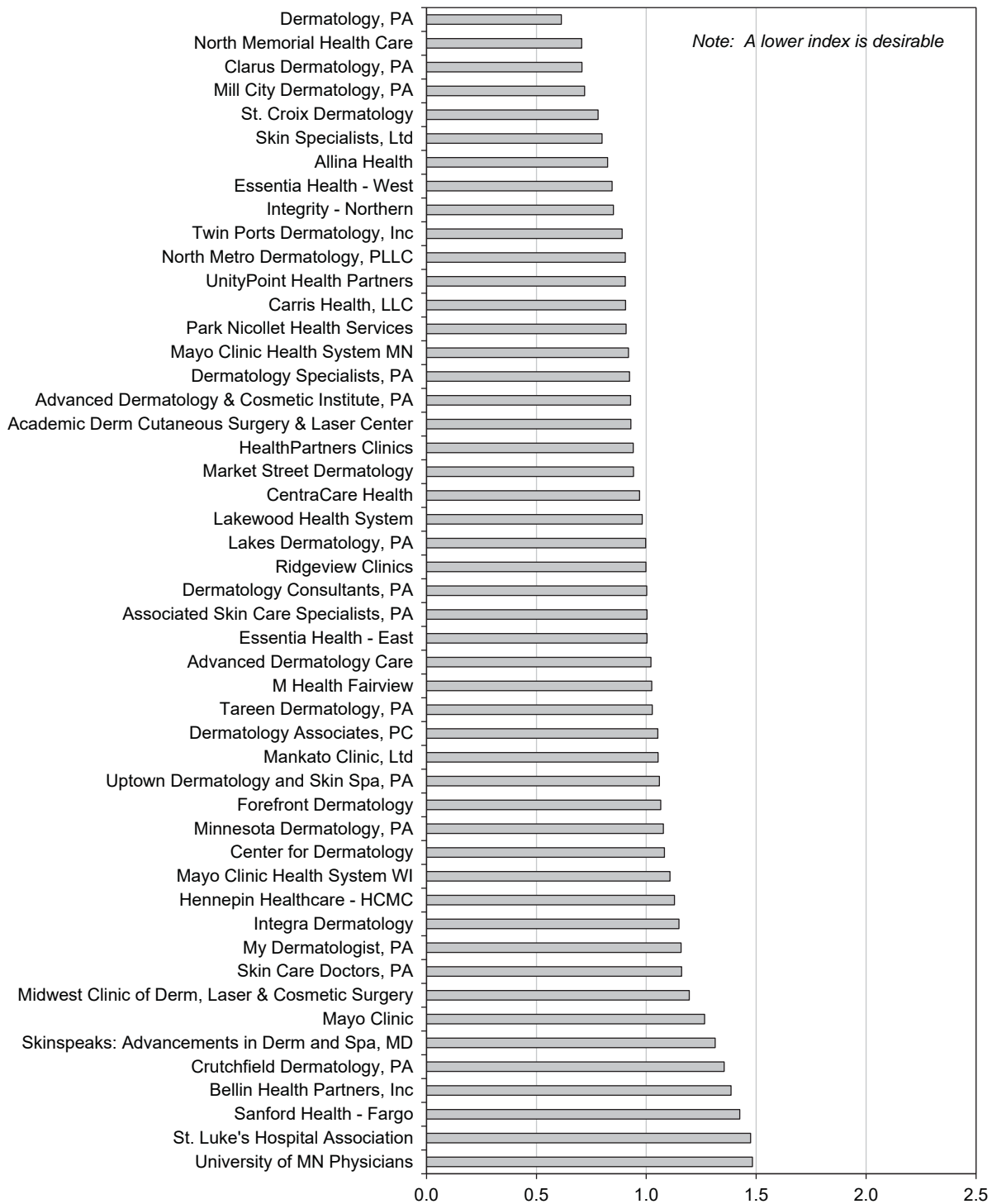


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Dermatology Providers**  
10/1/2017 - 9/30/2019

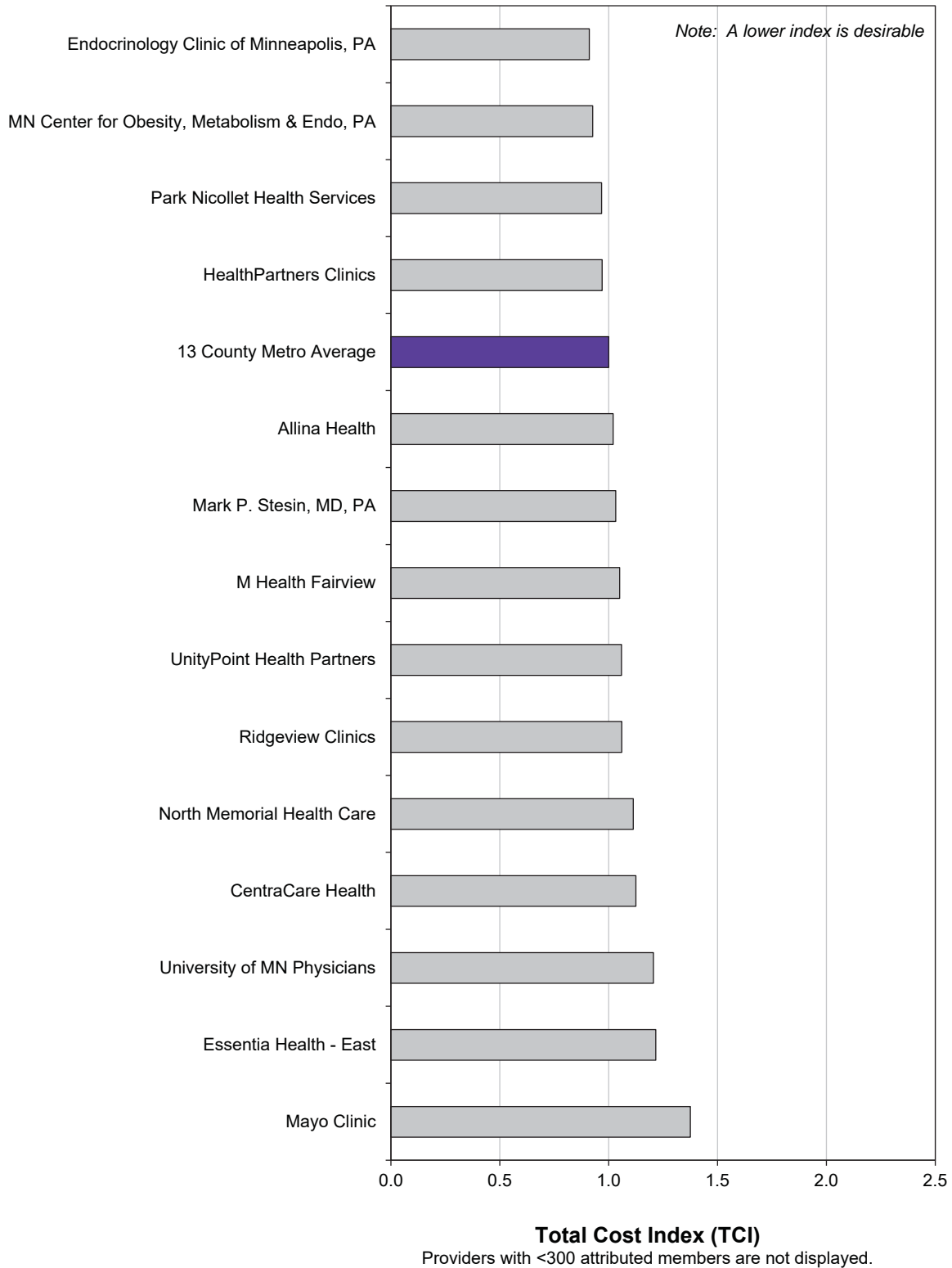


**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

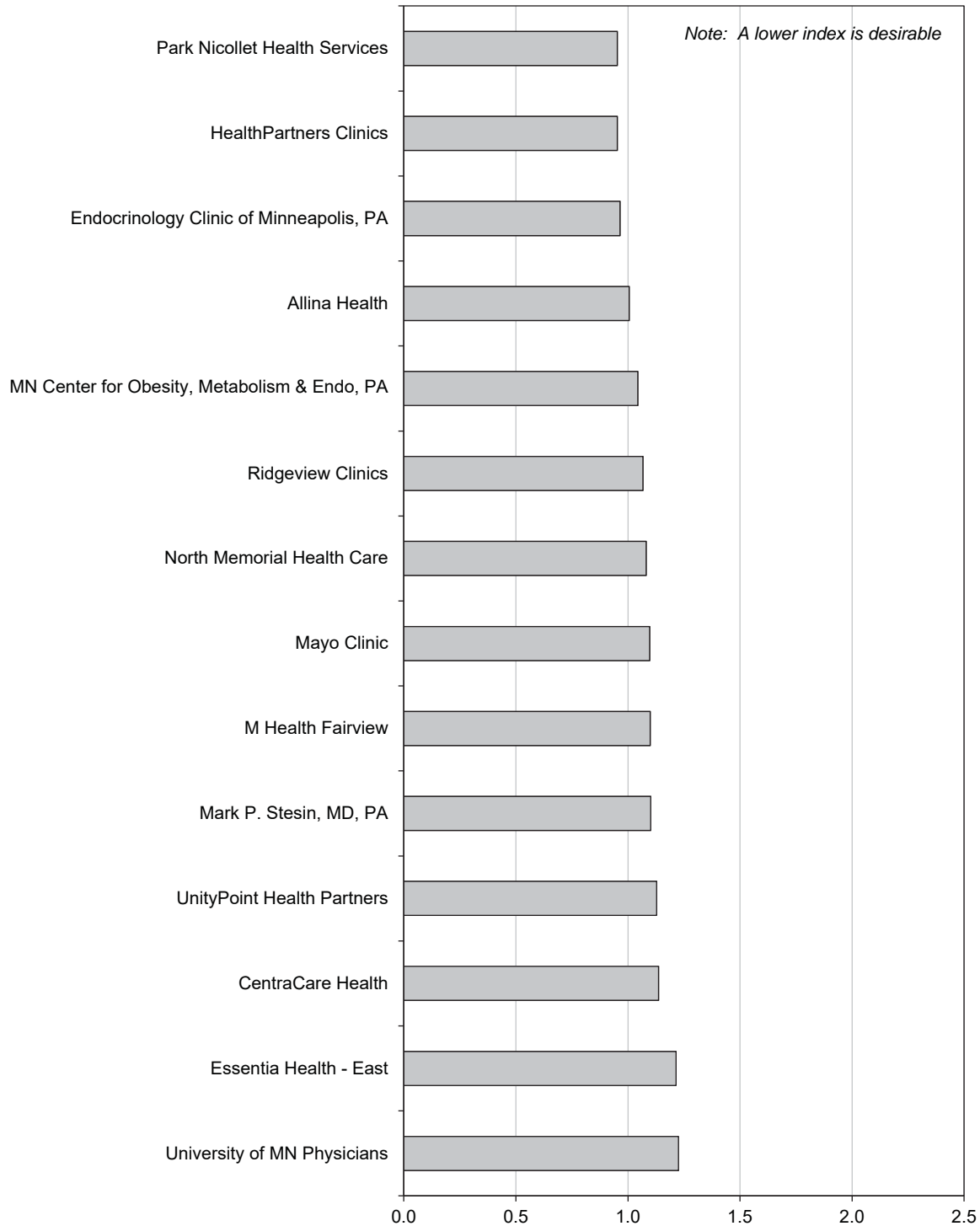
Indices > 1.000 represent providers that have higher than average resource use  
Indices < 1.000 represent providers that have lower than average resource use

**Total Cost Index (TCI) - Endocrinology Providers**  
10/1/2017 - 9/30/2019



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

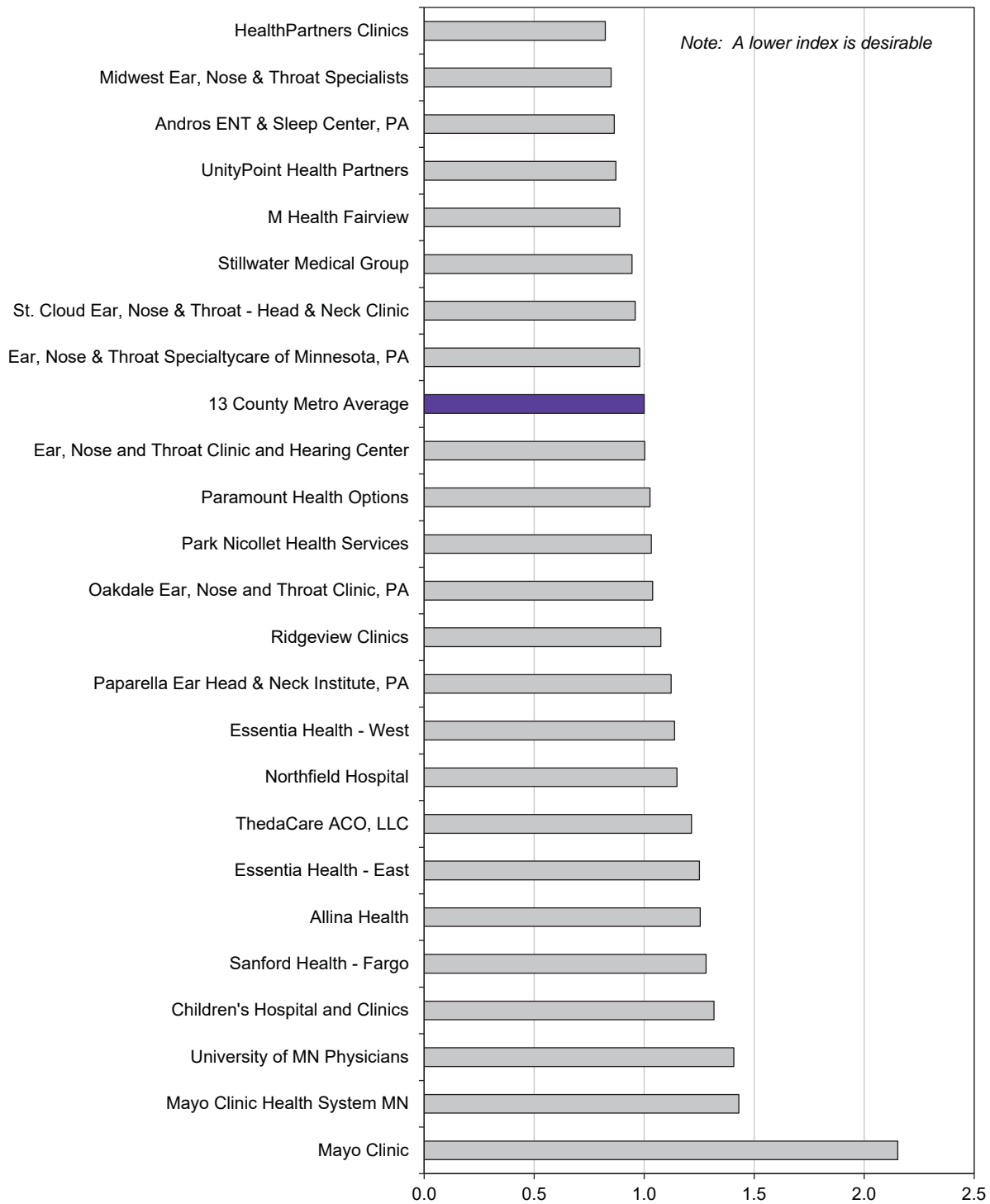
**Resource Use Index (RUI) - Endocrinology Providers**  
10/1/2017 - 9/30/2019



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

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

**Total Cost Index (TCI) - ENT Providers**  
10/1/2017 - 9/30/2019

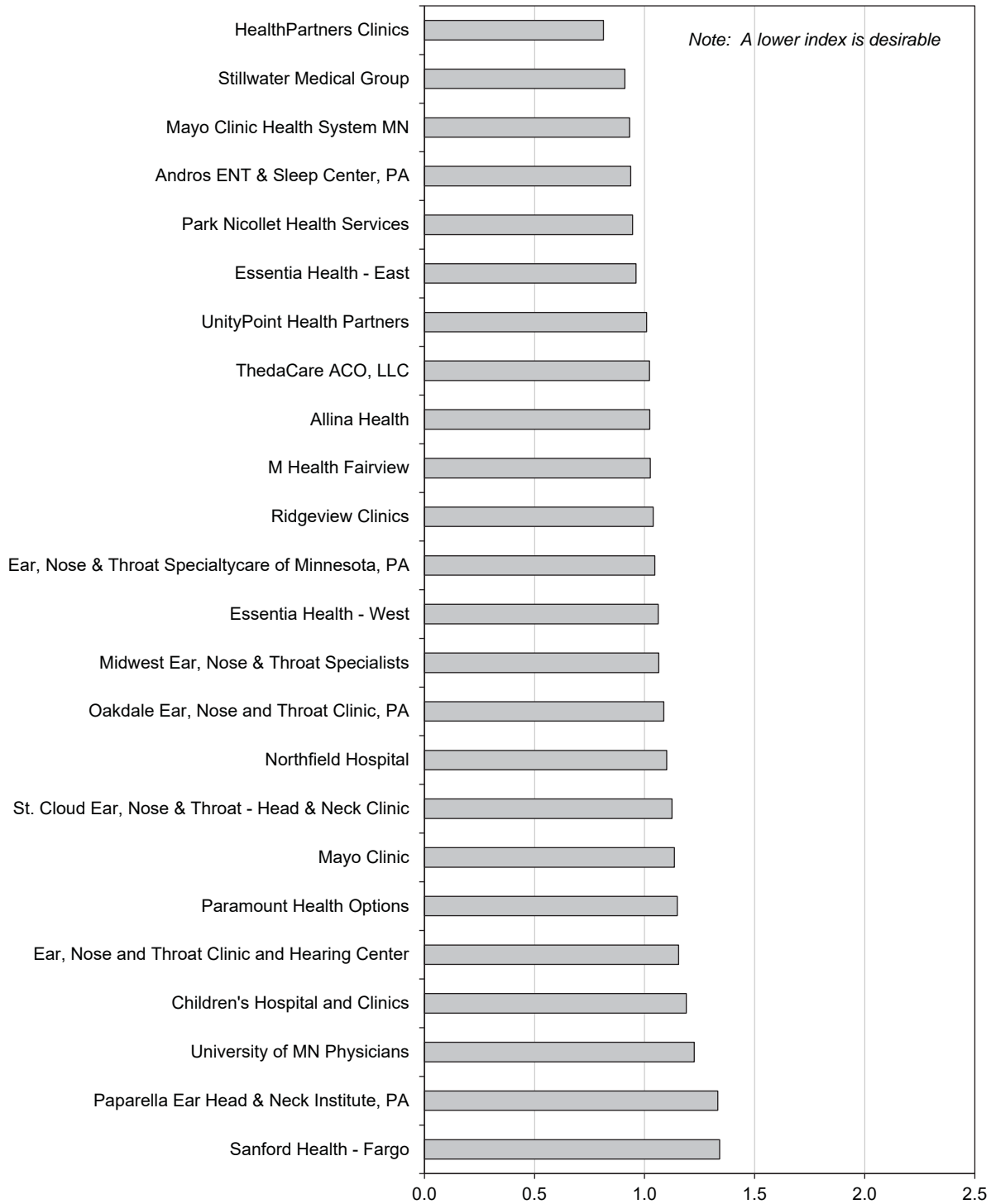


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - ENT Providers**  
10/1/2017 - 9/30/2019

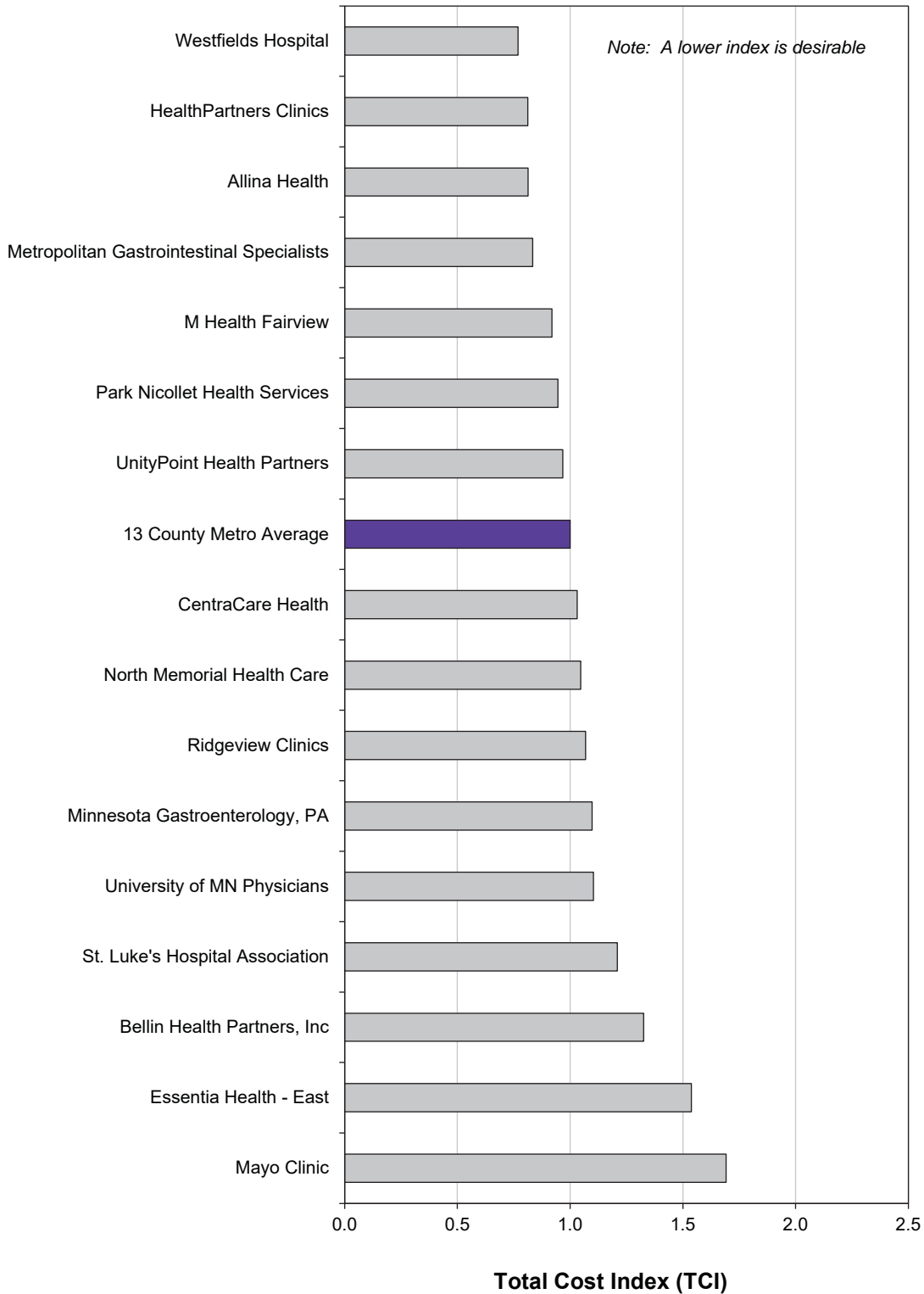


**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

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

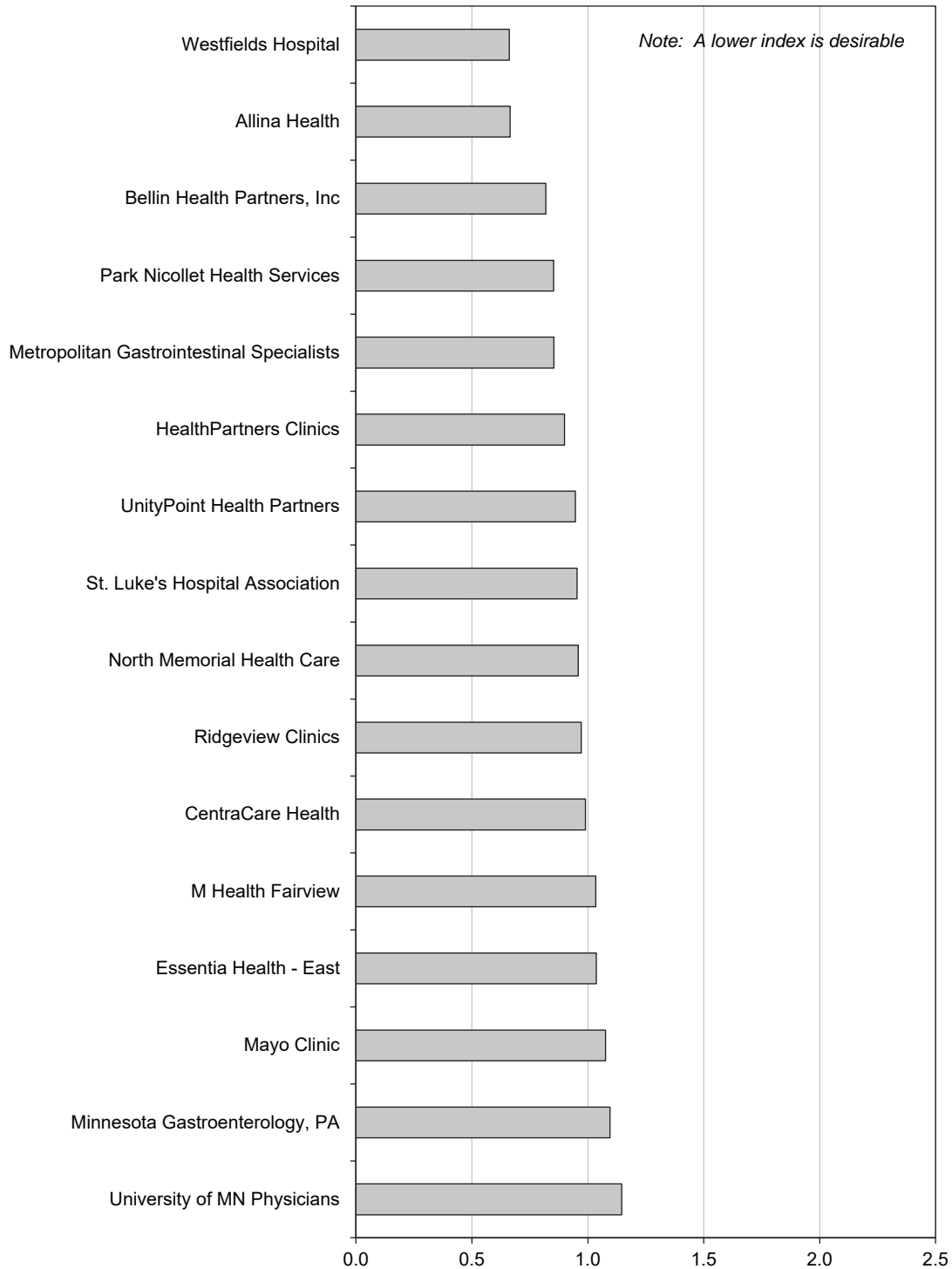
**Total Cost Index (TCI) - Gastroenterology Providers**  
10/1/2017 - 9/30/2019



Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Gastroenterology Providers**  
10/1/2017 - 9/30/2019



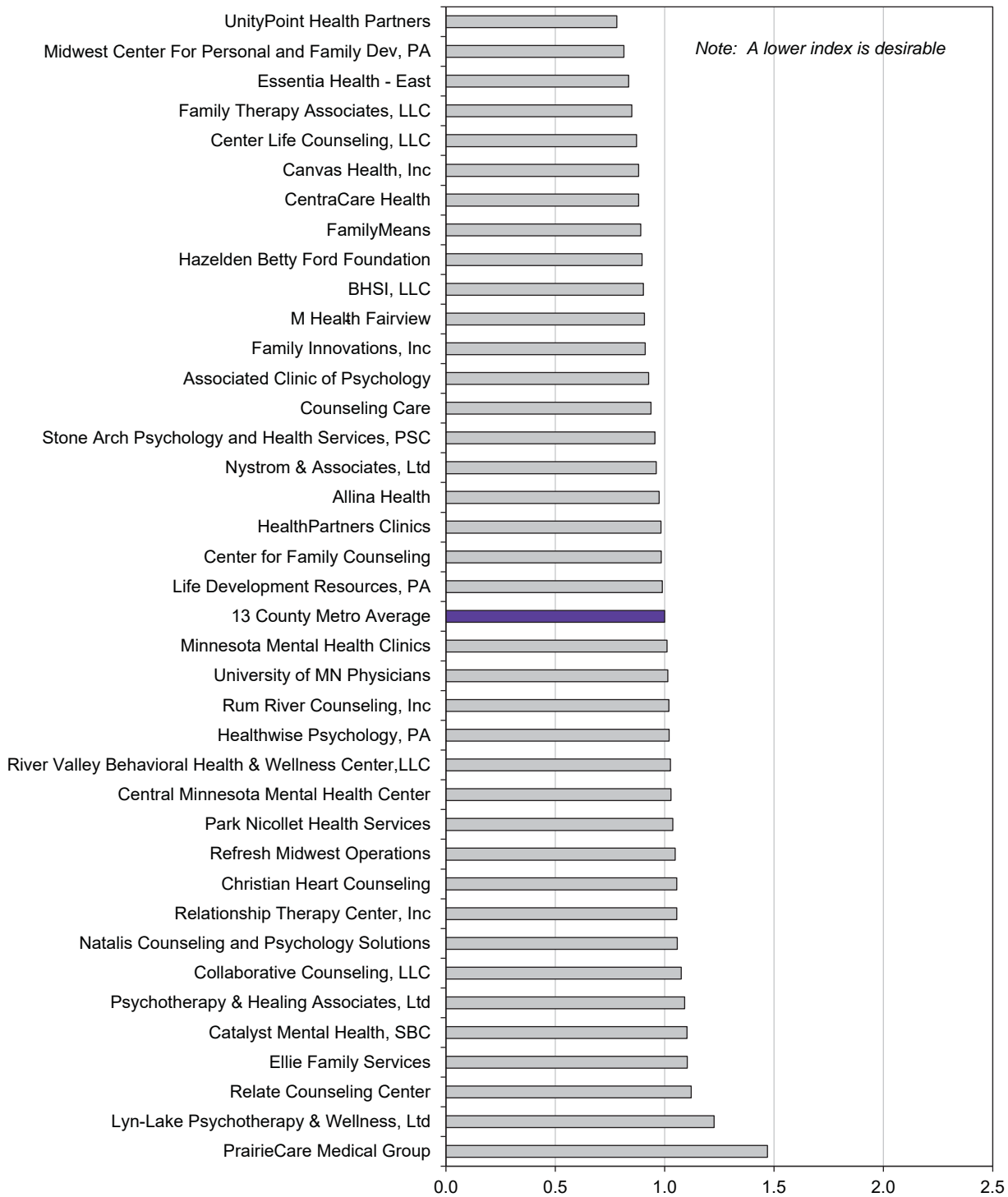
**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

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



**Total Cost Index (TCI) - Mental Health Providers**  
10/1/2017 - 9/30/2019



**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

**Resource Use Index (RUI) - Mental Health Providers**  
10/1/2017 - 9/30/2019

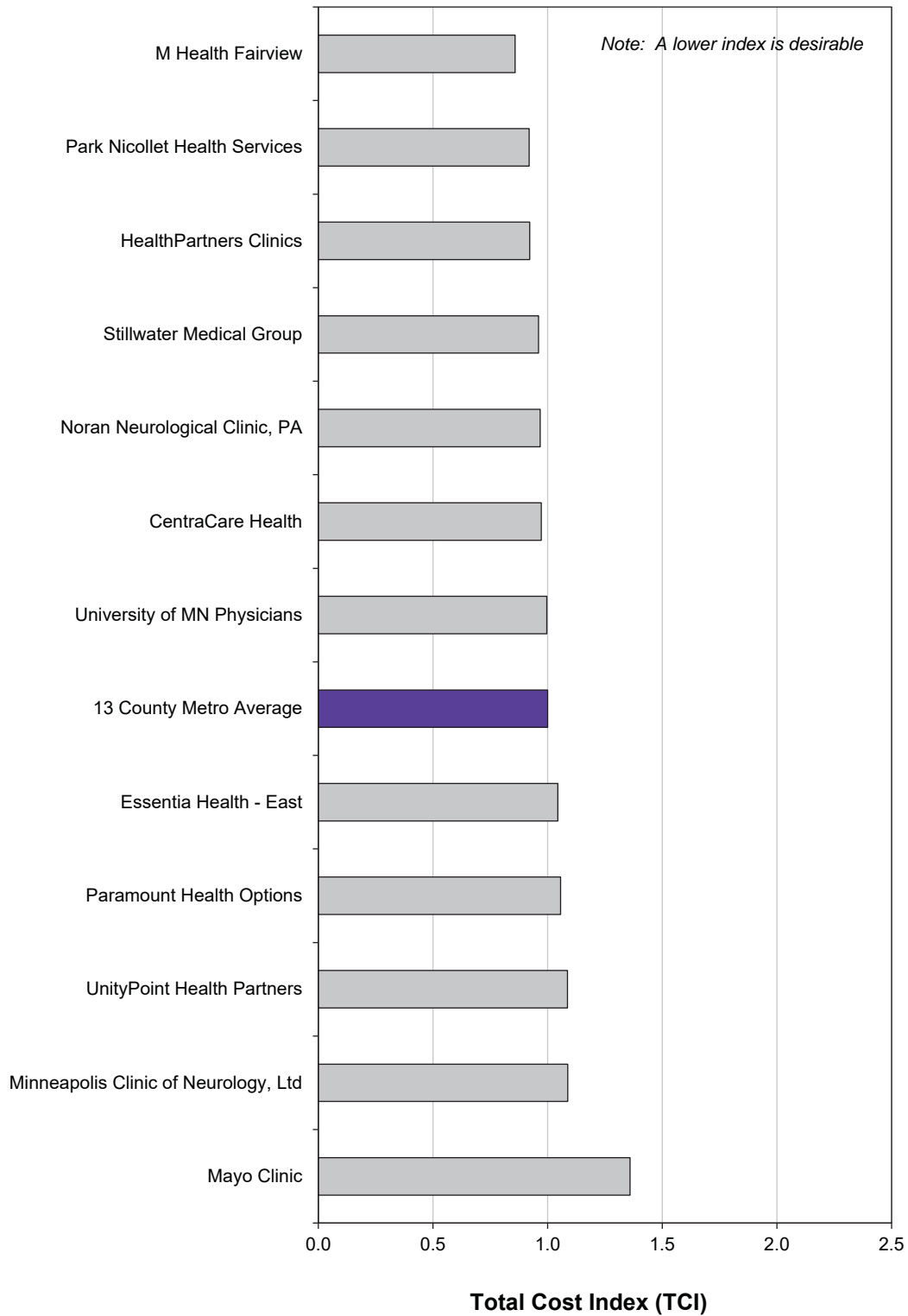


**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

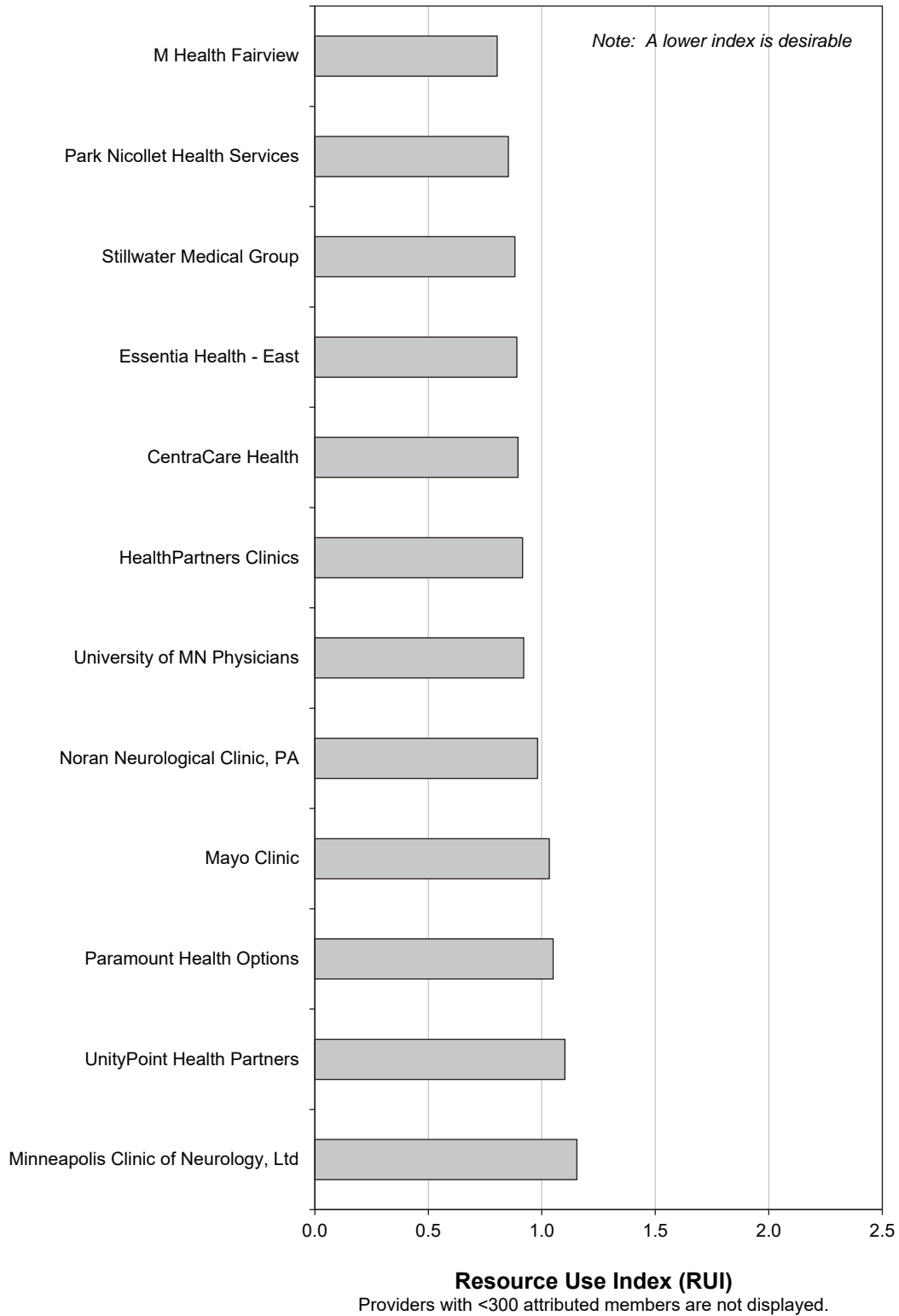
Indices > 1.000 represent providers that have higher than average resource use  
Indices < 1.000 represent providers that have lower than average resource use

**Total Cost Index (TCI) - Neurology Providers**  
10/1/2017 - 9/30/2019



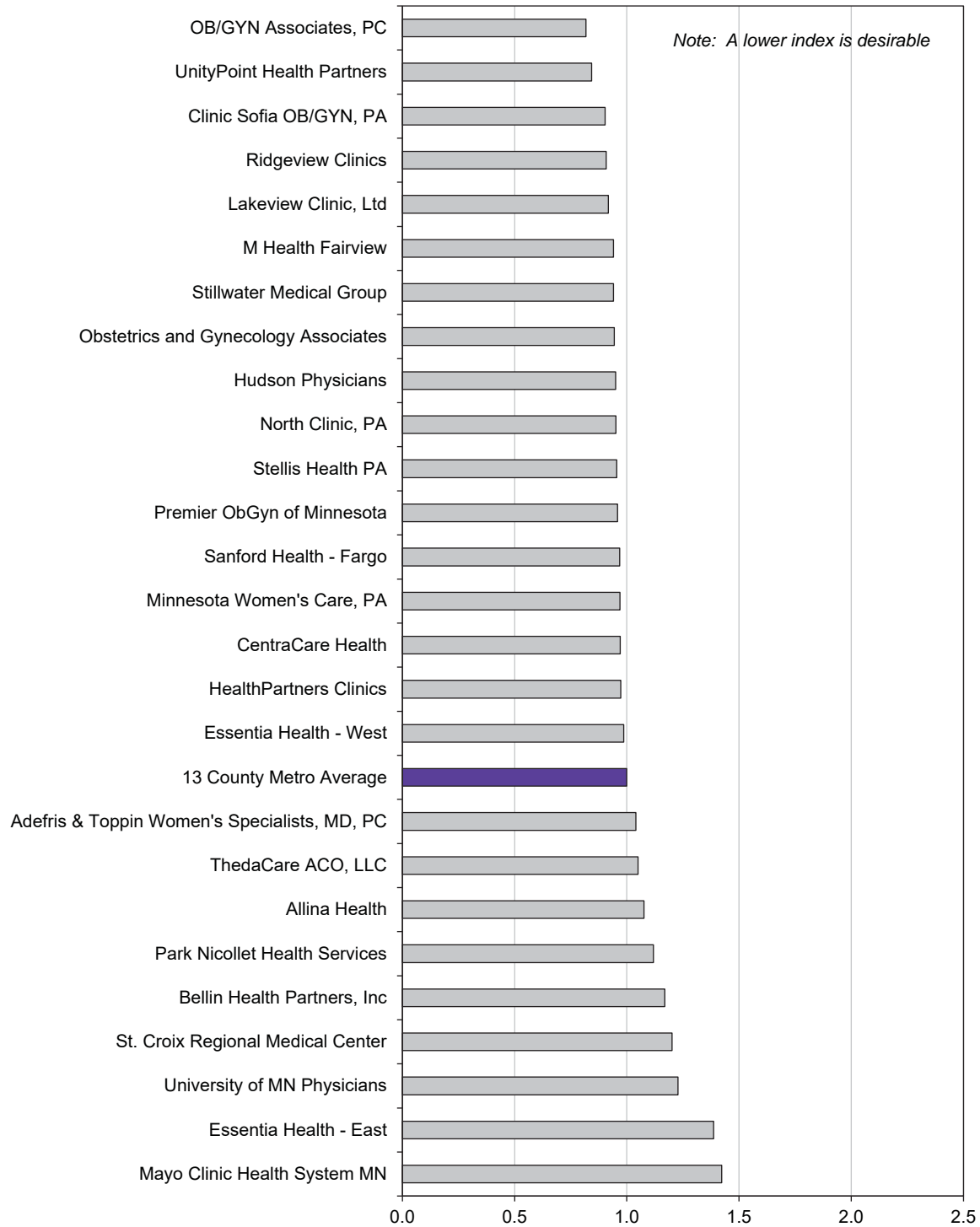
HealthPartners 13 County Metro Network Average: 1.000  
 Indices > 1.000 represent providers that are more expensive than average  
 Indices < 1.000 represent providers that are less expensive than average

**Resource Use Index (RUI) - Neurology Providers**  
10/1/2017 - 9/30/2019



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

**Total Cost Index (TCI) - OB/GYN Providers**  
10/1/2017 - 9/30/2019



**Total Cost Index (TCI)**

Providers with <600 attributed members are not displayed.

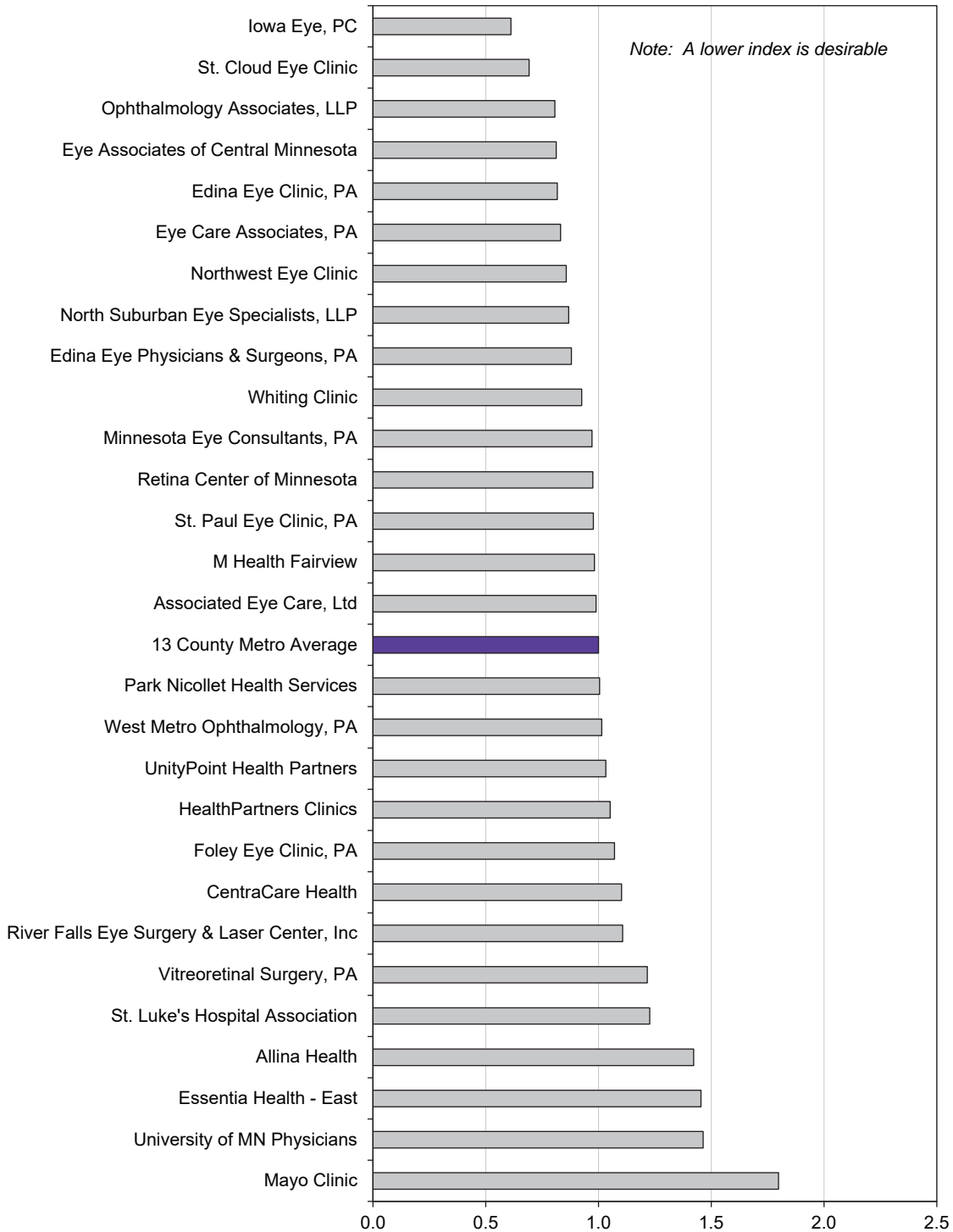
HealthPartners 13 County Metro Network Average: 1.000  
 Indices > 1.000 represent providers that are more expensive than average  
 Indices < 1.000 represent providers that are less expensive than

**Resource Use Index (RUI) - OB/GYN Providers**  
10/1/2017 - 9/30/2019



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

**Total Cost Index (TCI) - Ophthalmology & Ophthalmic Surgery**  
10/1/2017 - 9/30/2019

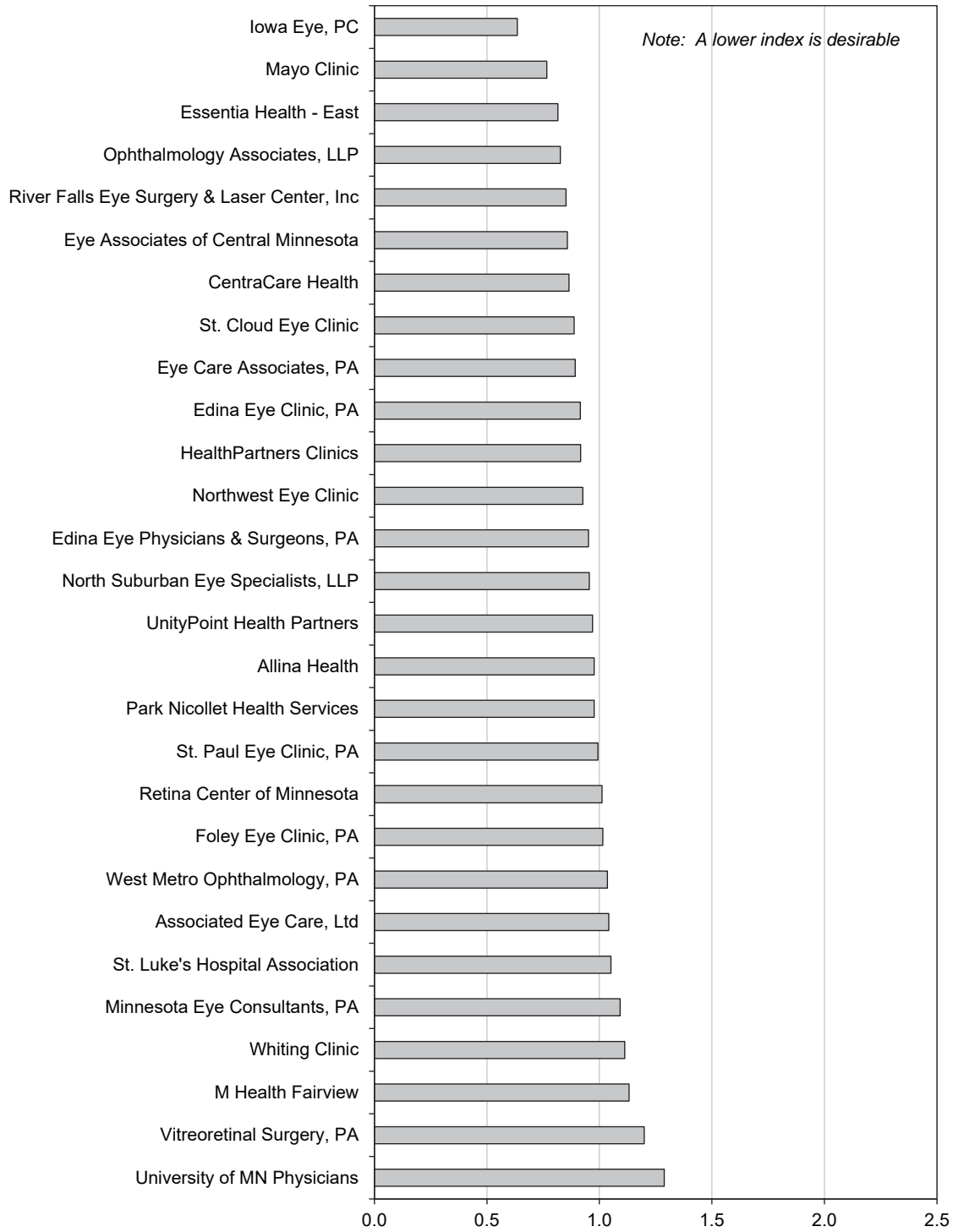


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Ophthalmology & Ophthalmic Surgery**  
 10/1/2017 - 9/30/2019



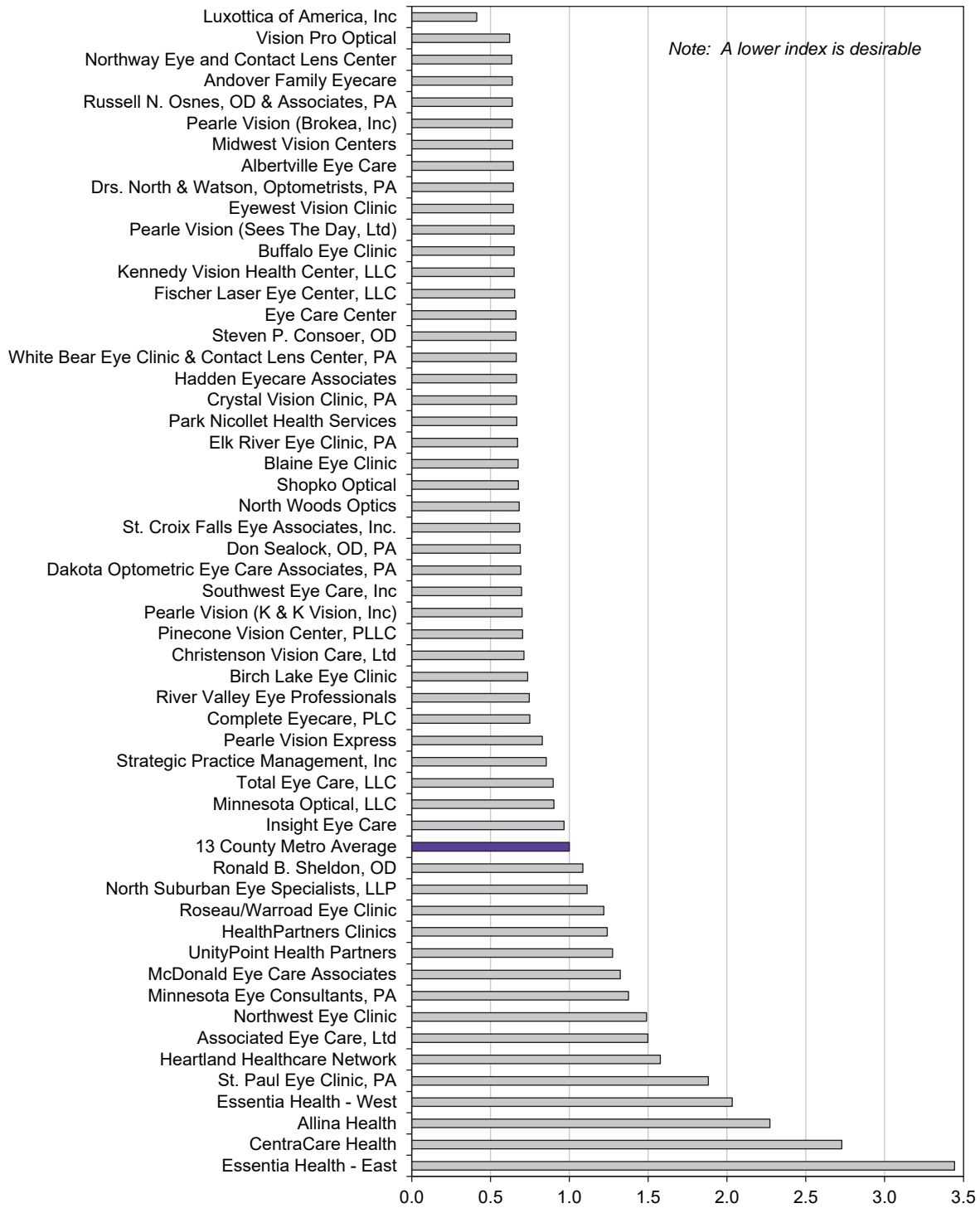
**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

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



**Total Cost Index (TCI) - Optometry Providers**  
10/1/2017 - 9/30/2019

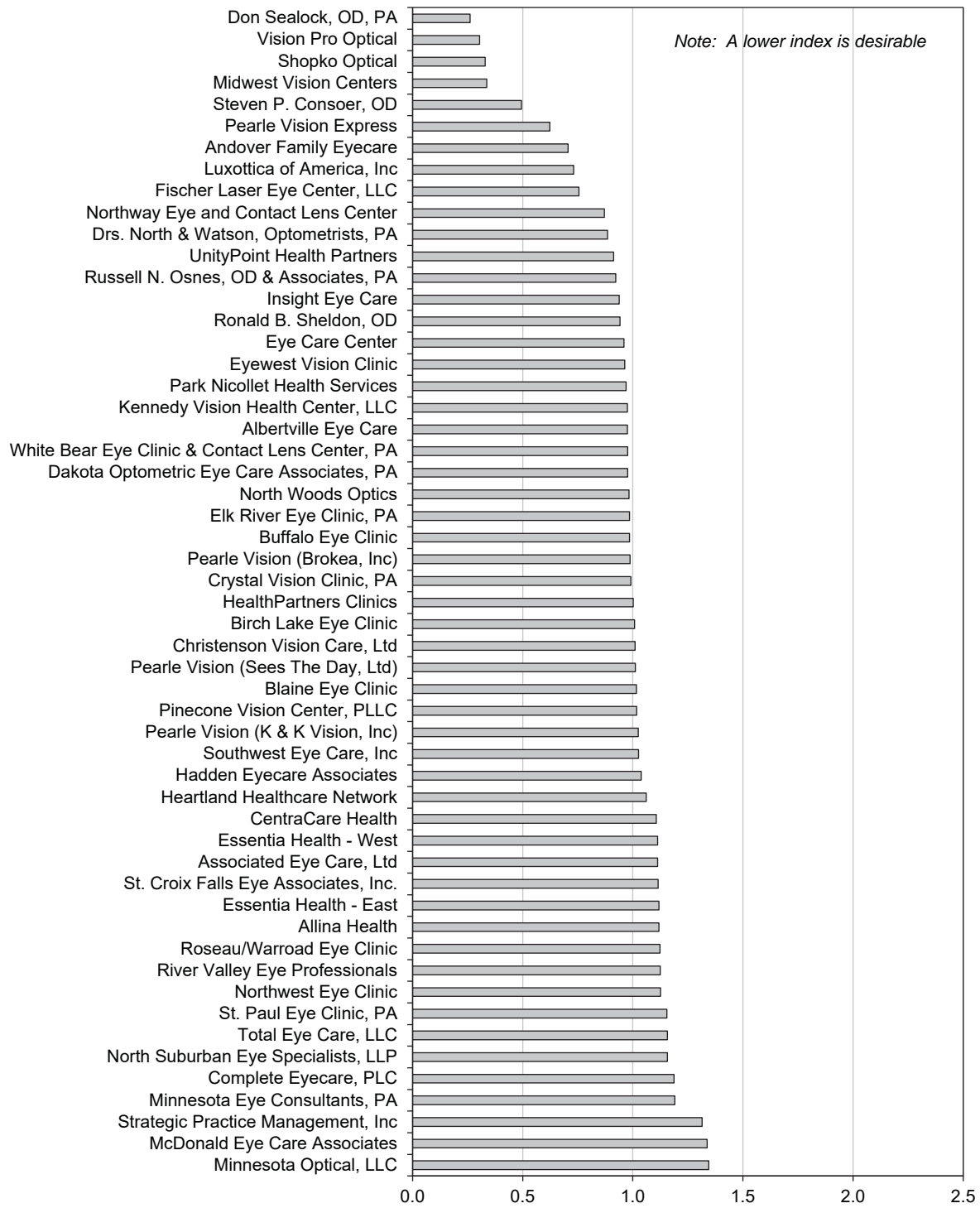


**Total Cost Index (TCI)**

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

**Resource Use Index (RUI) - Optometry Providers**  
10/1/2017 - 9/30/2019

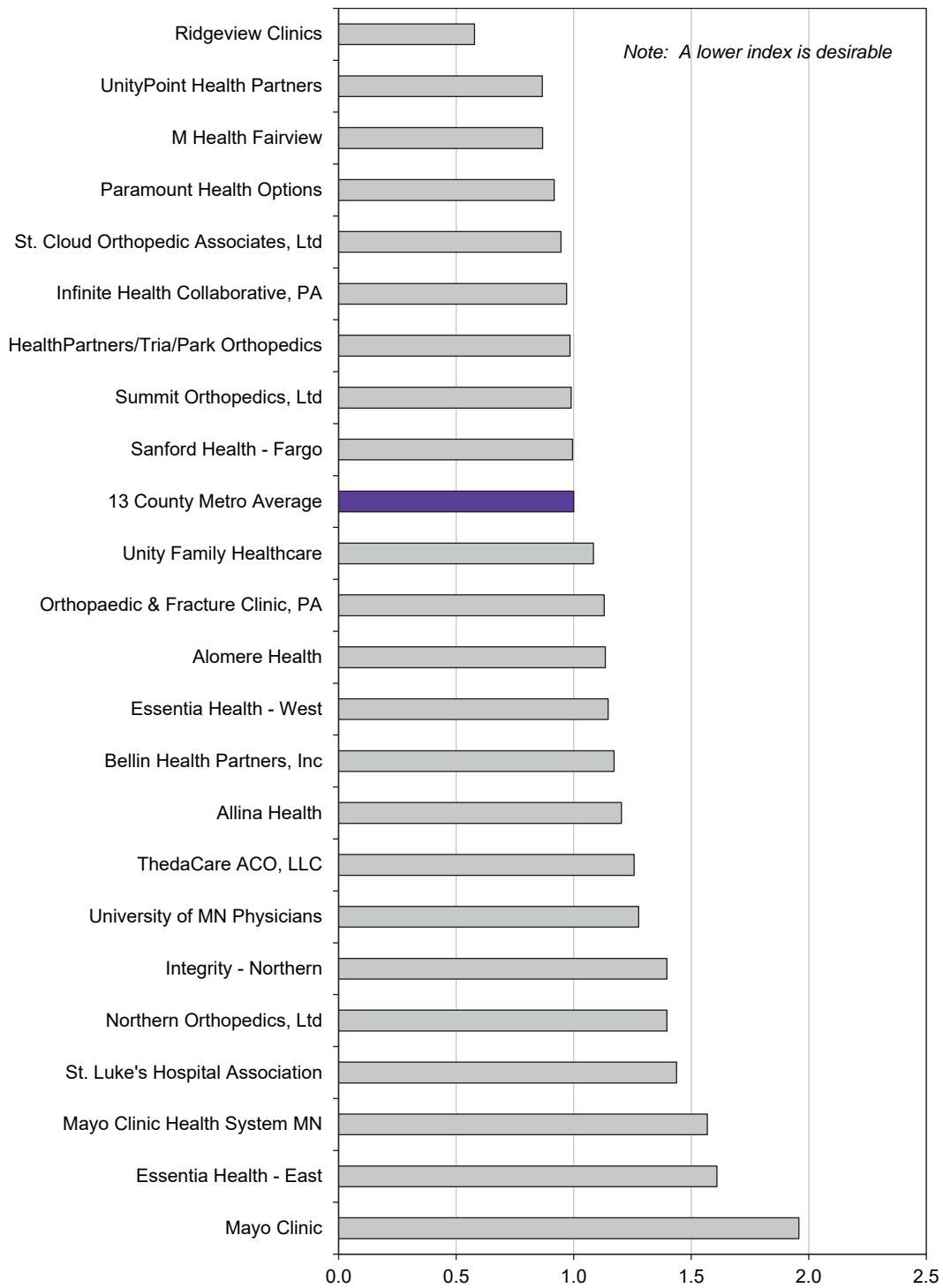


**Resource Use Index (RUI)**

Providers with <1000 attributed members are not displayed.

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

**Total Cost Index (TCI) - Orthopaedic Providers**  
10/1/2017 - 9/30/2019

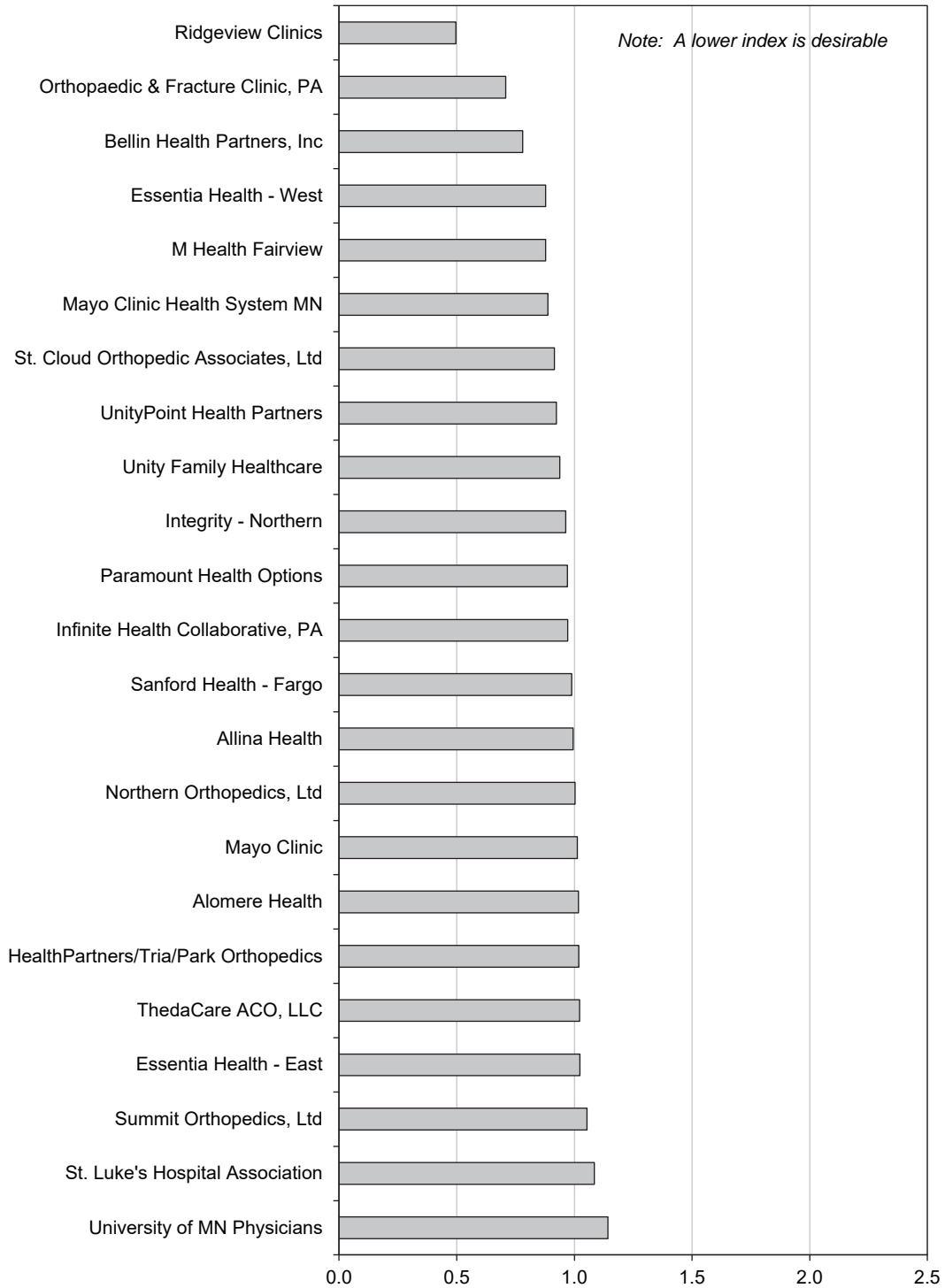


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Orthopaedic Providers**  
10/1/2017 - 9/30/2019

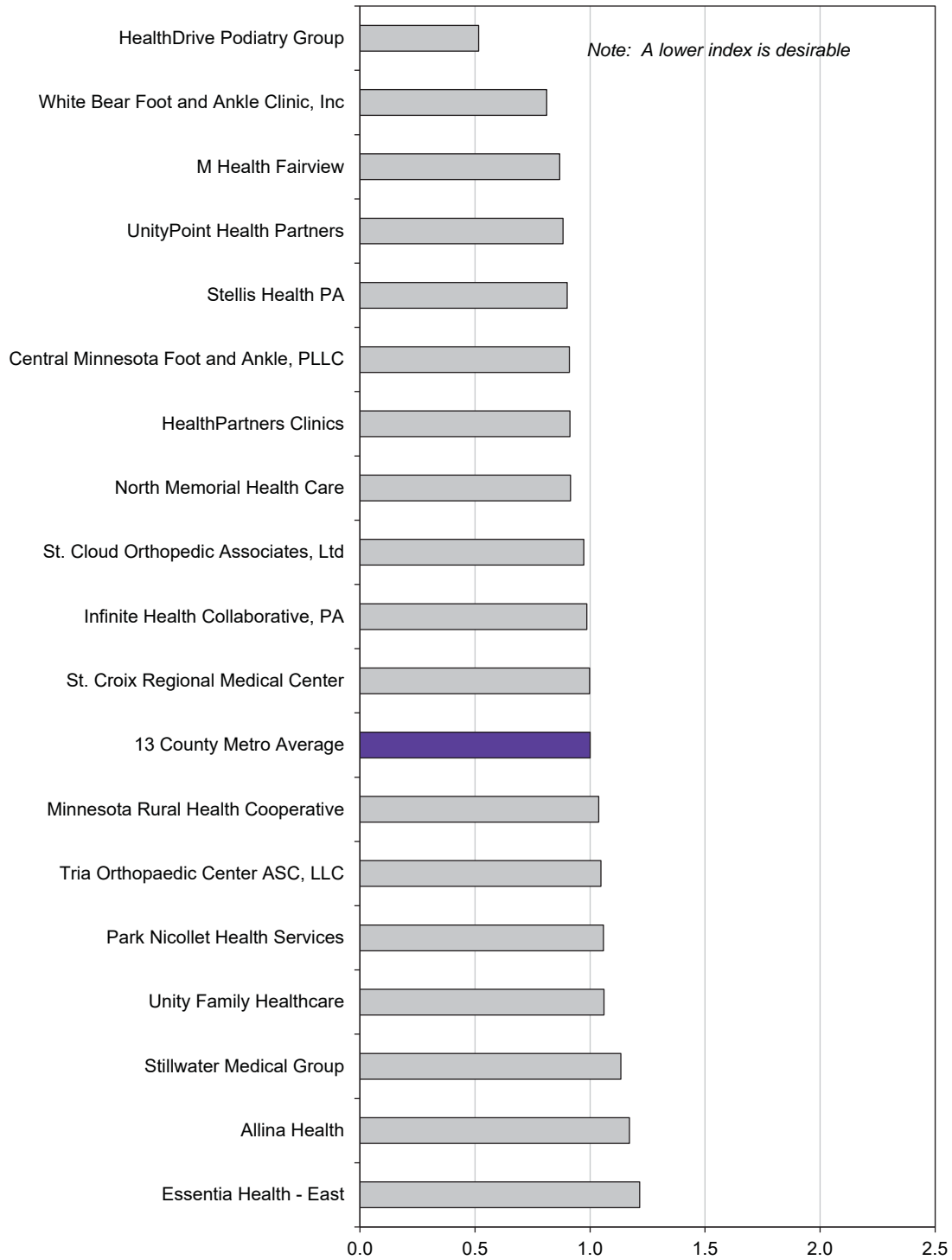


**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

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

**Total Cost Index (TCI) - Podiatry Providers**  
10/1/2017 - 9/30/2019

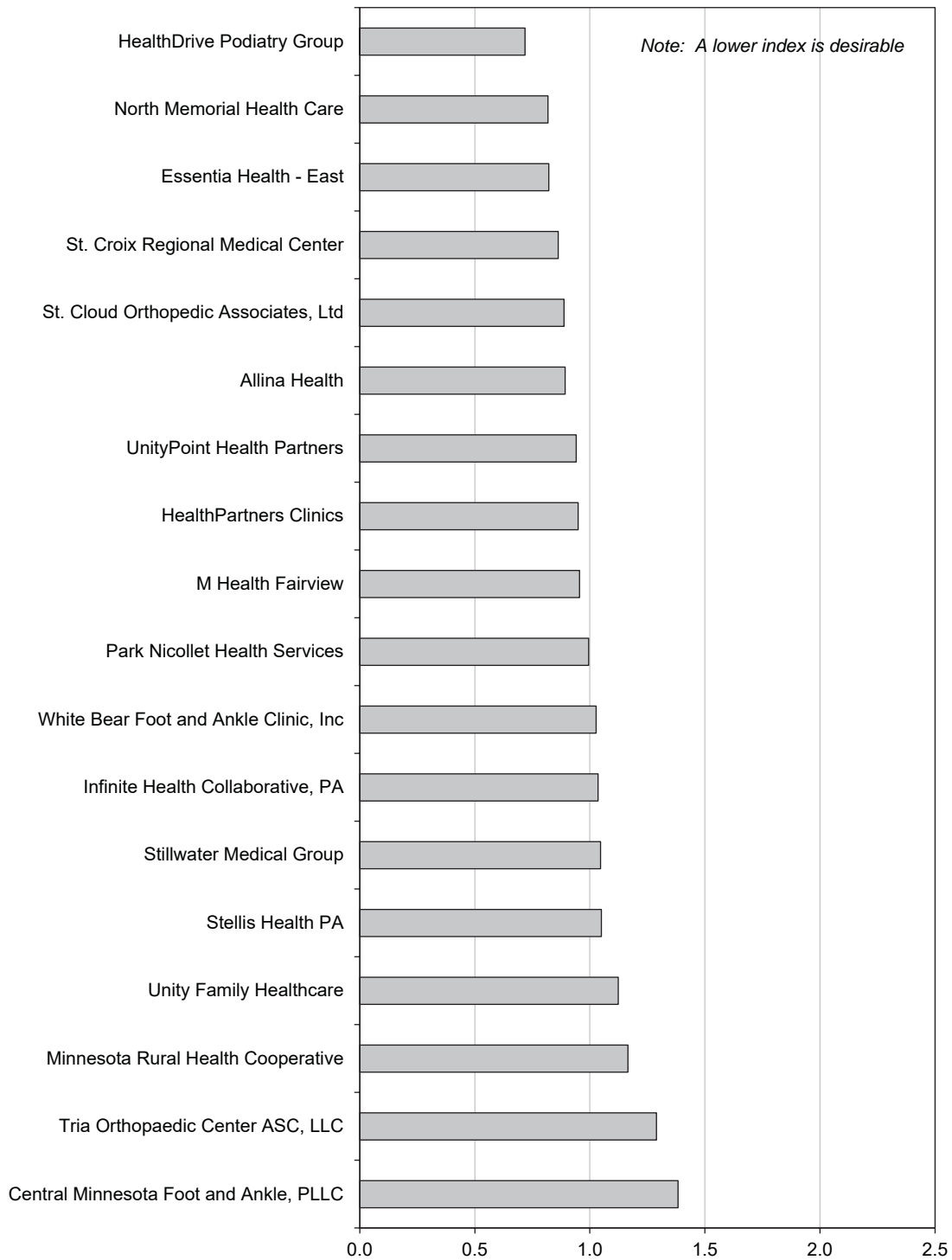


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Podiatry Providers**  
10/1/2017 - 9/30/2019

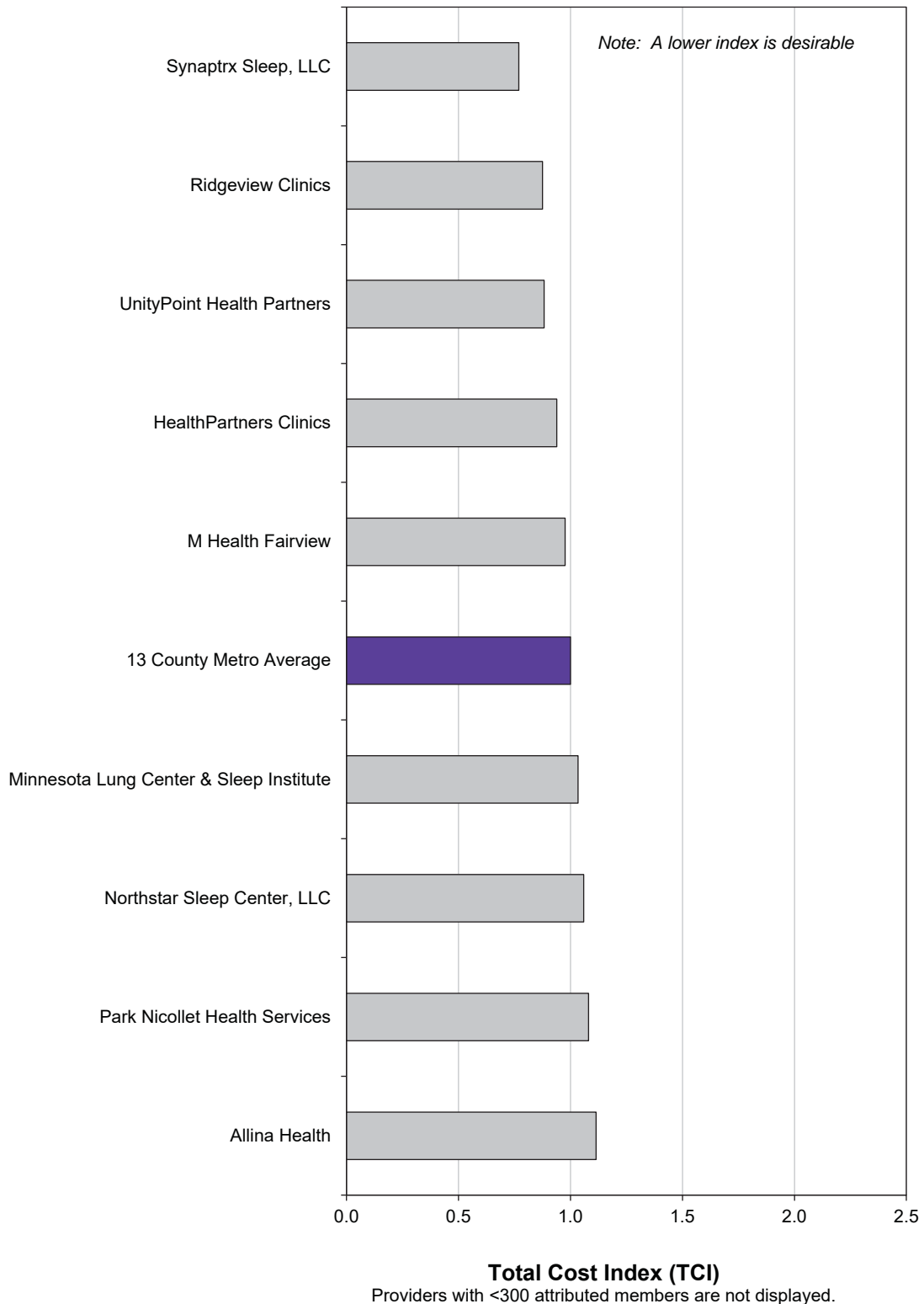


**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

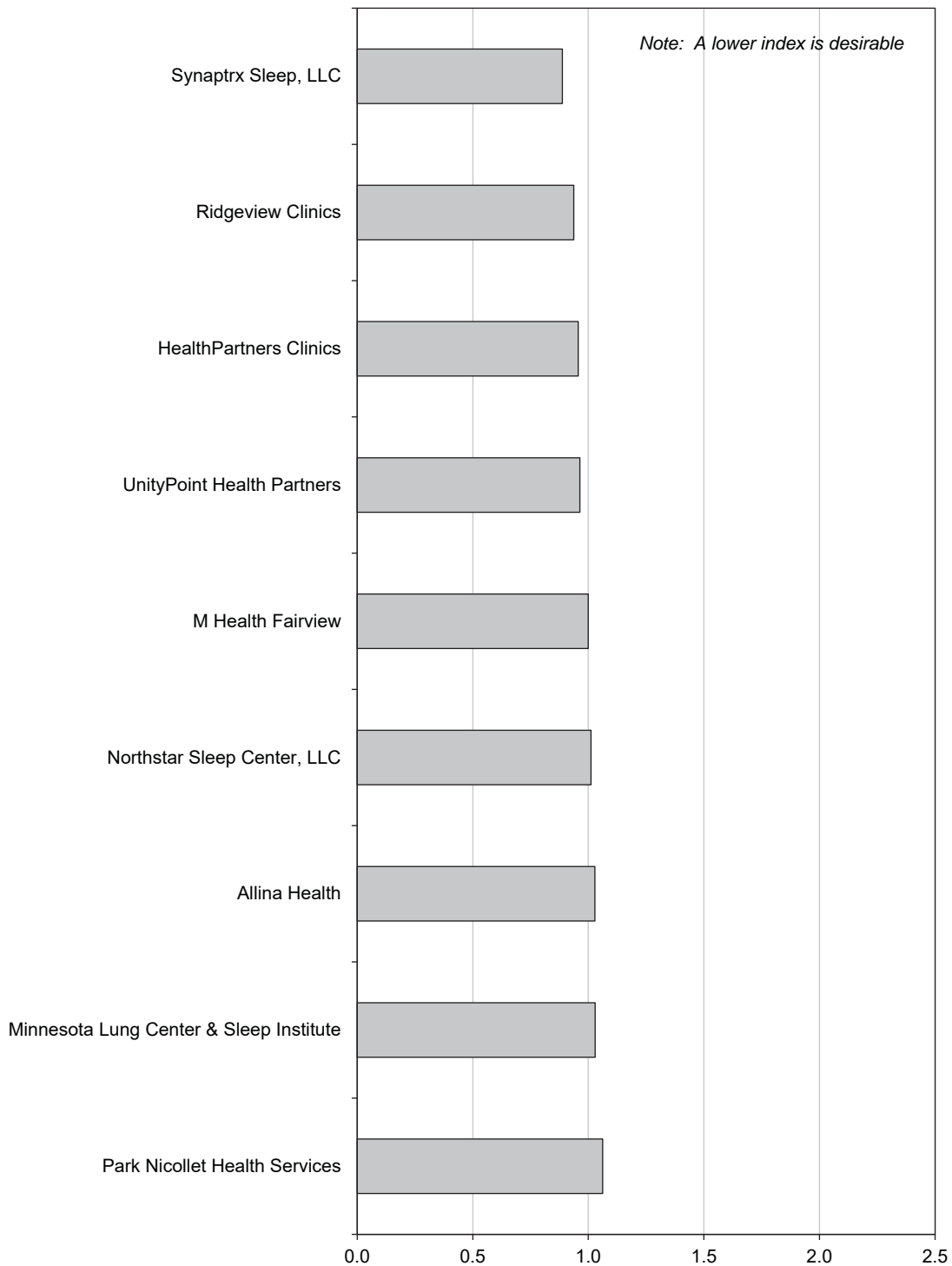
Indices > 1.000 represent providers that have higher than average resource use  
Indices < 1.000 represent providers that have lower than average resource use

**Total Cost Index (TCI) - Pulmonary Medicine Providers**  
10/1/2017 - 9/30/2019



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

**Resource Use Index (RUI) - Pulmonary Medicine Providers**  
10/1/2017 - 9/30/2019

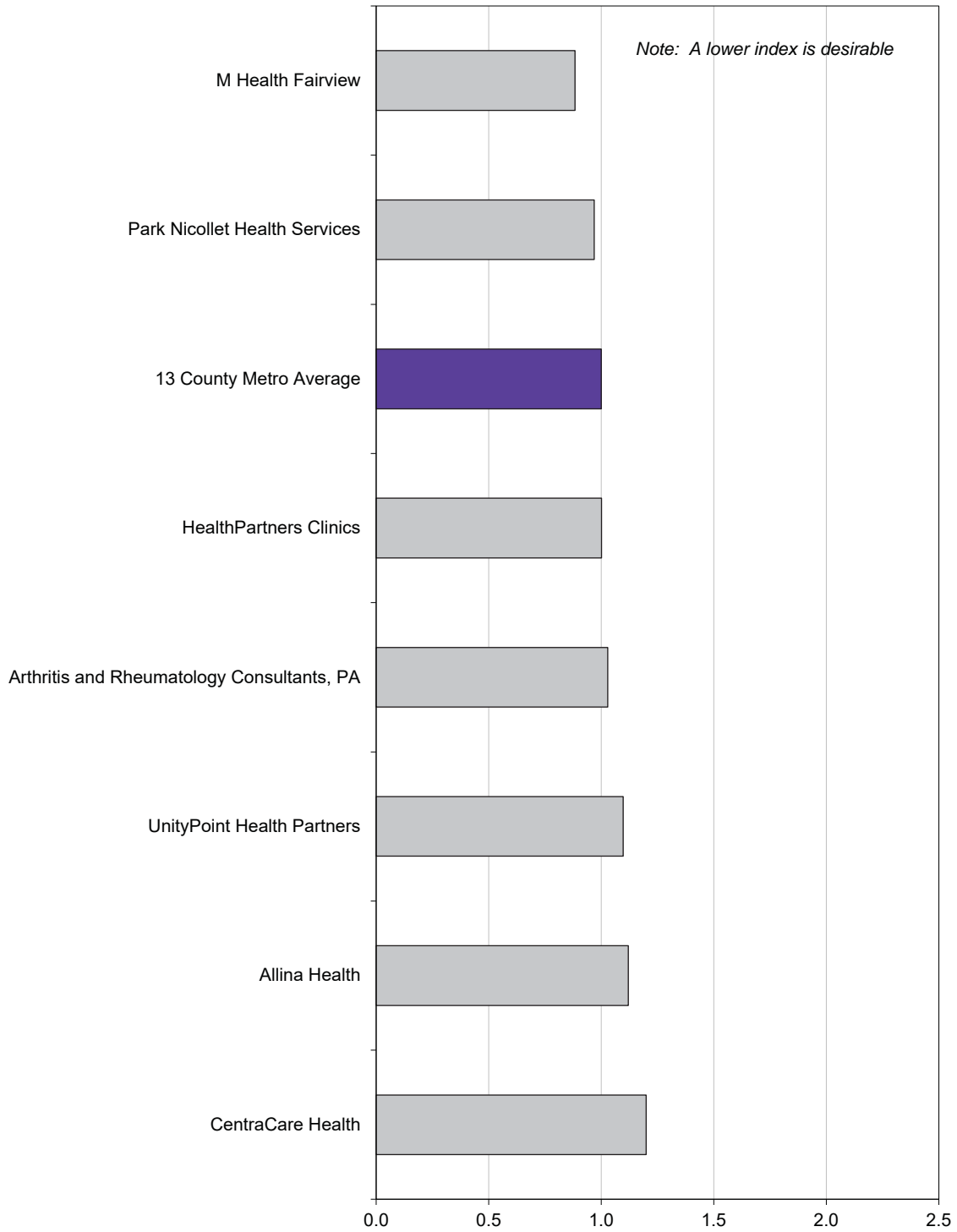


**Resource Use Index (RUI)**  
Providers with <300 attributed members are not displayed.

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



**Total Cost Index (TCI) - Rheumatology Providers**  
10/1/2017 - 9/30/2019

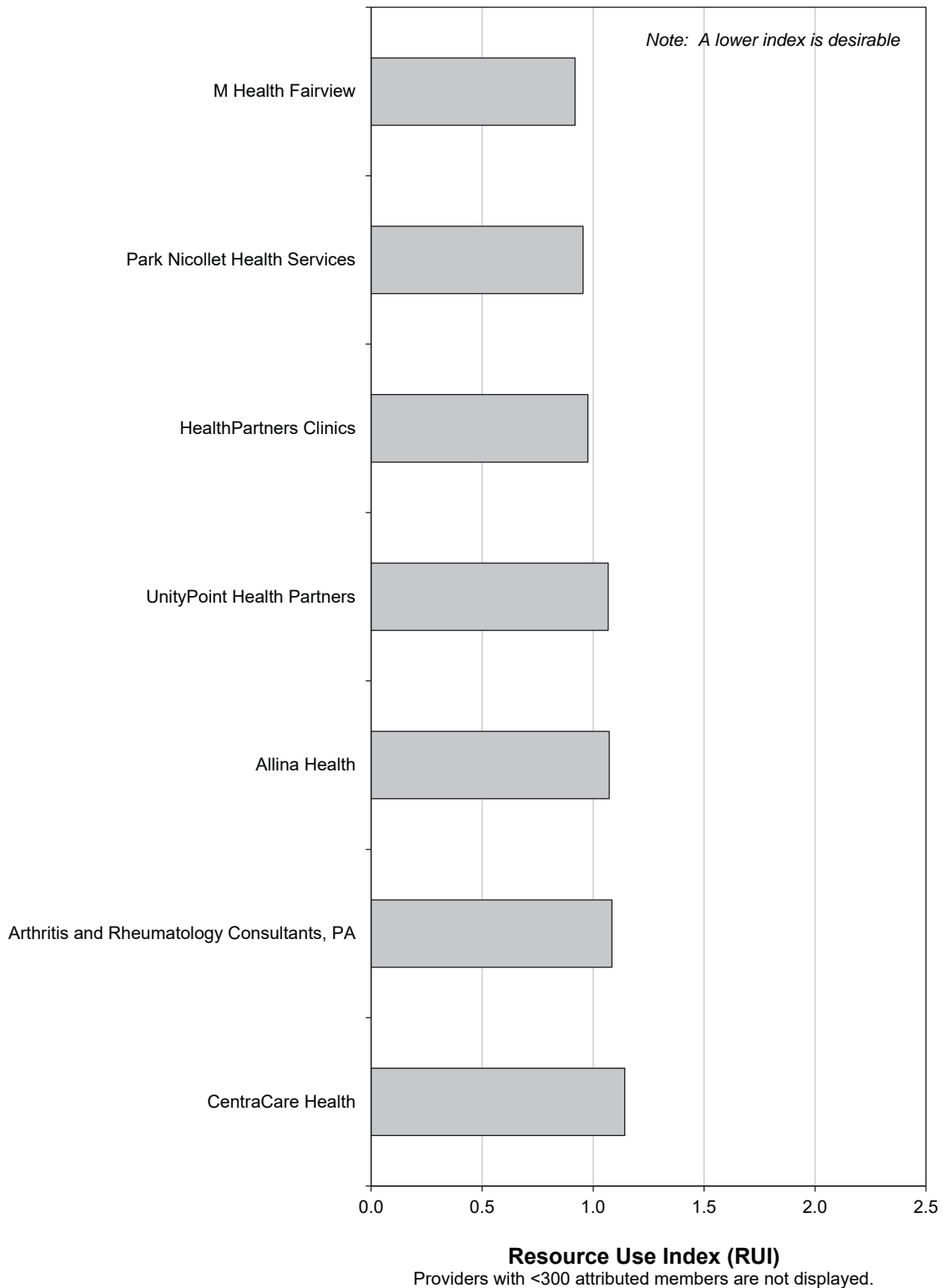


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

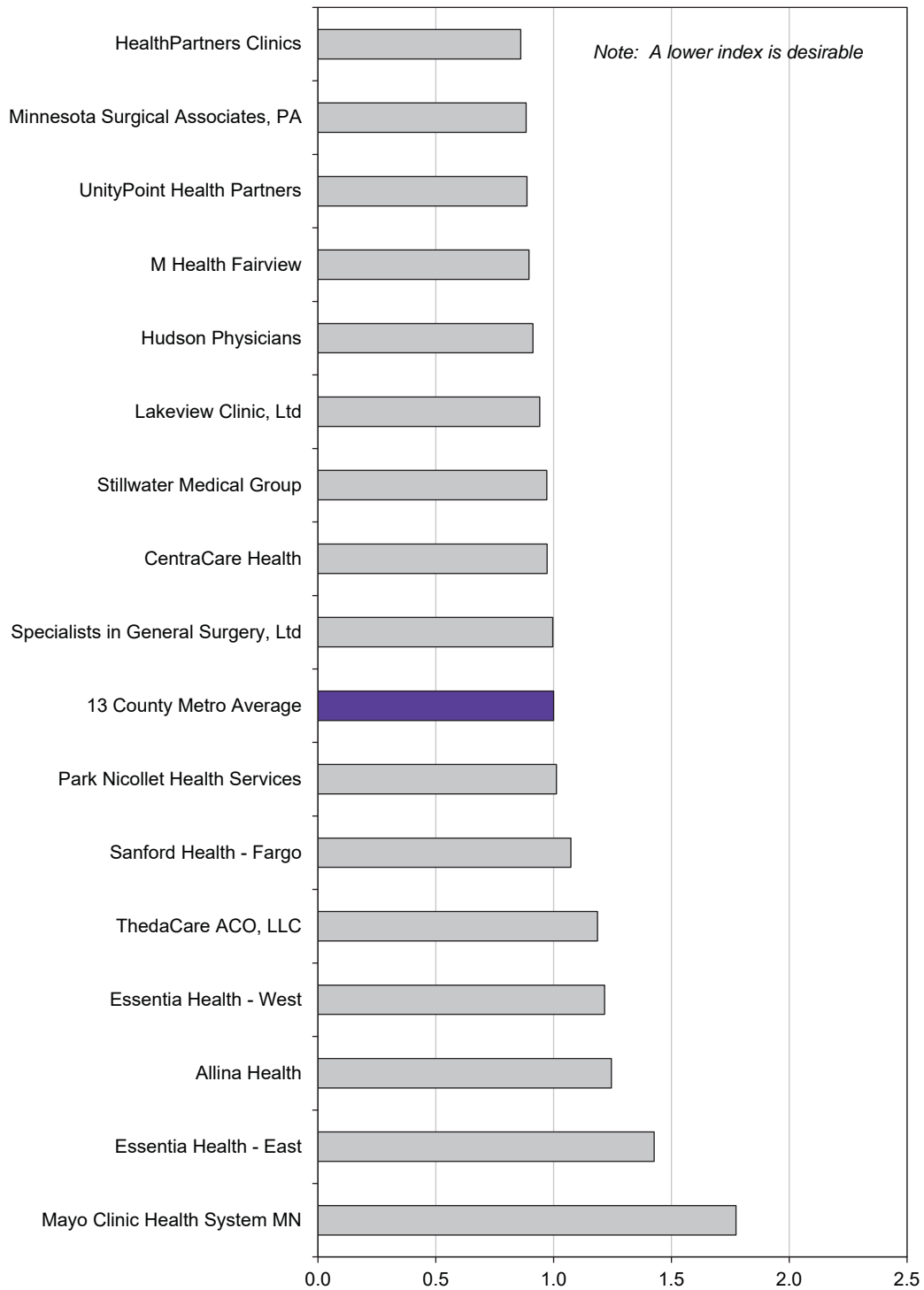
HealthPartners 13 County Metro Network Average: 1.000  
 Indices > 1.000 represent providers that are more expensive than average  
 Indices < 1.000 represent providers that are less expensive than average

**Resource Use Index (RUI) - Rheumatology Providers**  
10/1/2017 - 9/30/2019



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

**Total Cost Index (TCI) - Surgery Providers**  
10/1/2017 - 9/30/2019

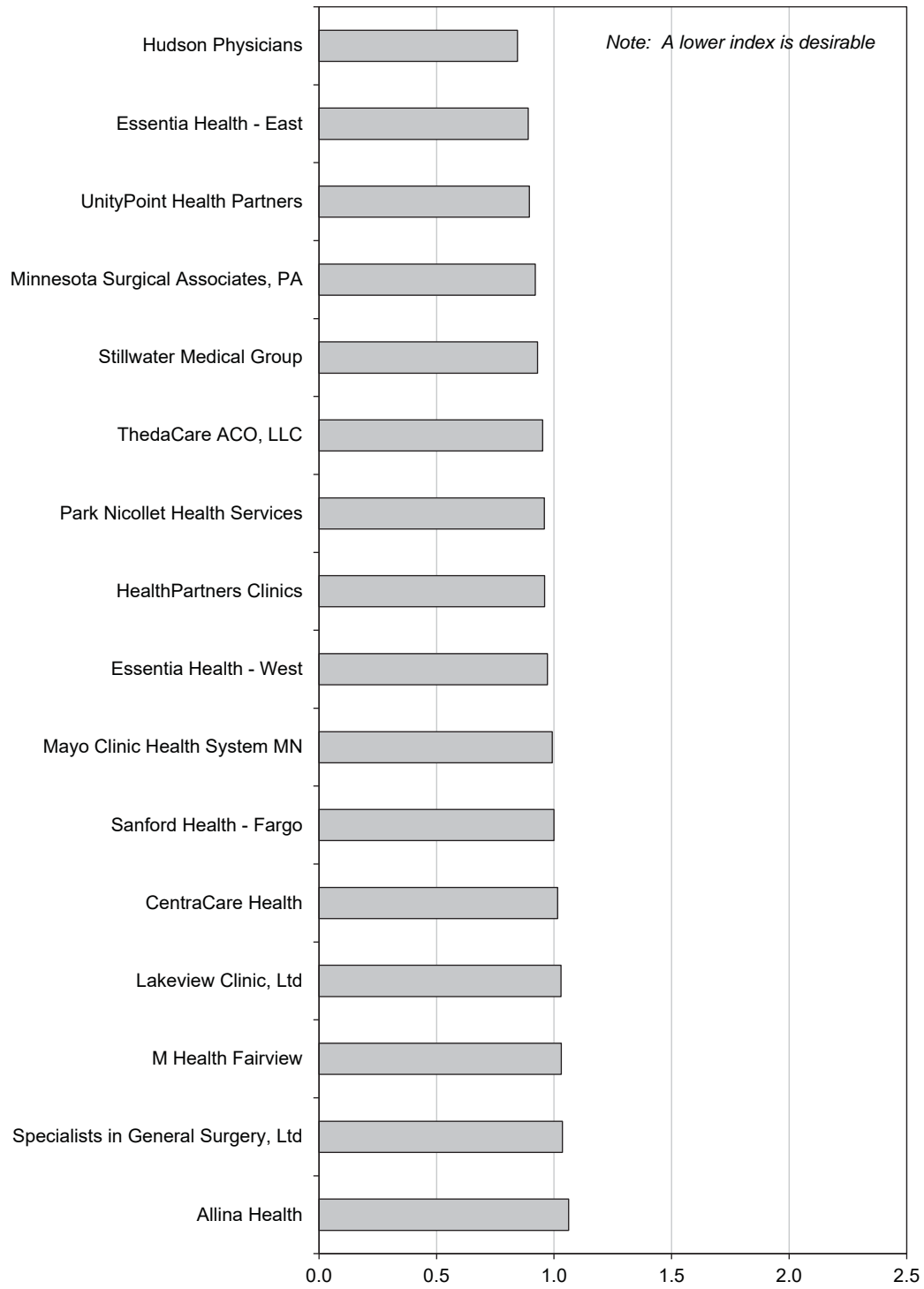


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

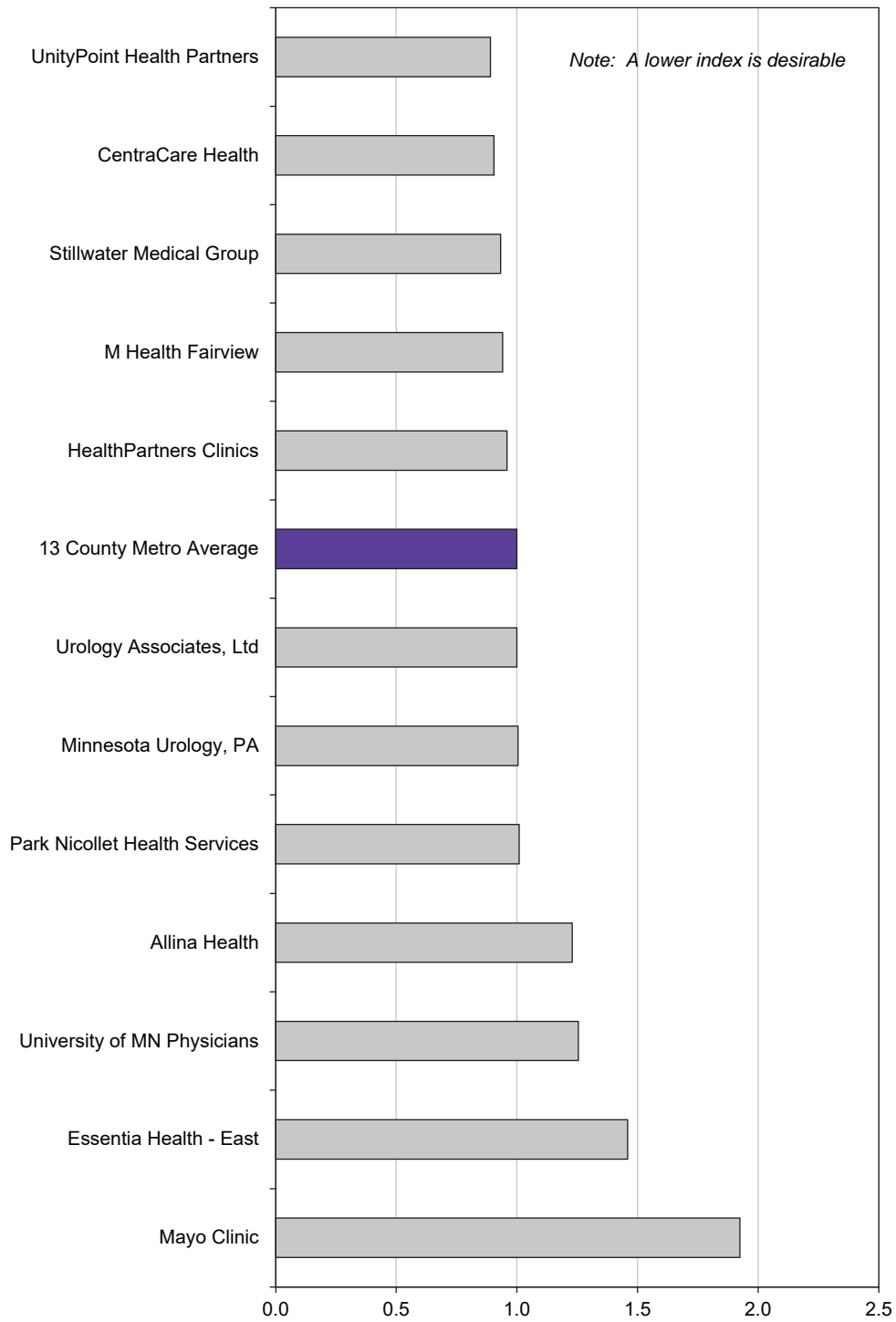
**Resource Use Index (RUI) - Surgery Providers**  
10/1/2017 - 9/30/2019



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

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

**Total Cost Index (TCI) - Urology Providers**  
10/1/2017 - 9/30/2019

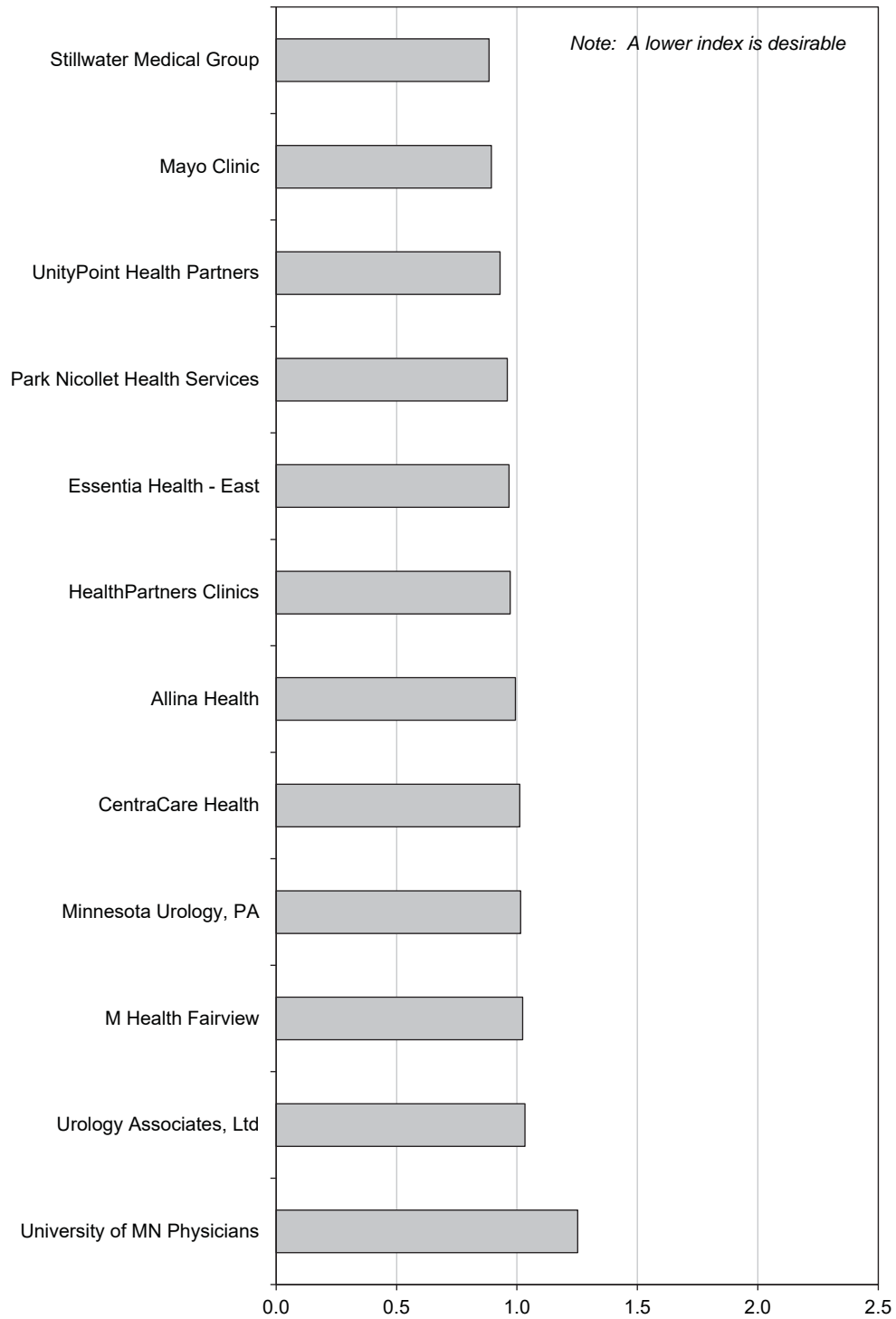


**Total Cost Index (TCI)**

Providers with <300 attributed members are not displayed.

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

**Resource Use Index (RUI) - Urology Providers**  
10/1/2017 - 9/30/2019



**Resource Use Index (RUI)**

Providers with <300 attributed members are not displayed.

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

# TOTAL COST INDEX — HOSPITALS AND SURGERY CENTERS

January 1, 2019 – December 31, 2019

## Description

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

## Methodology

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

## Results

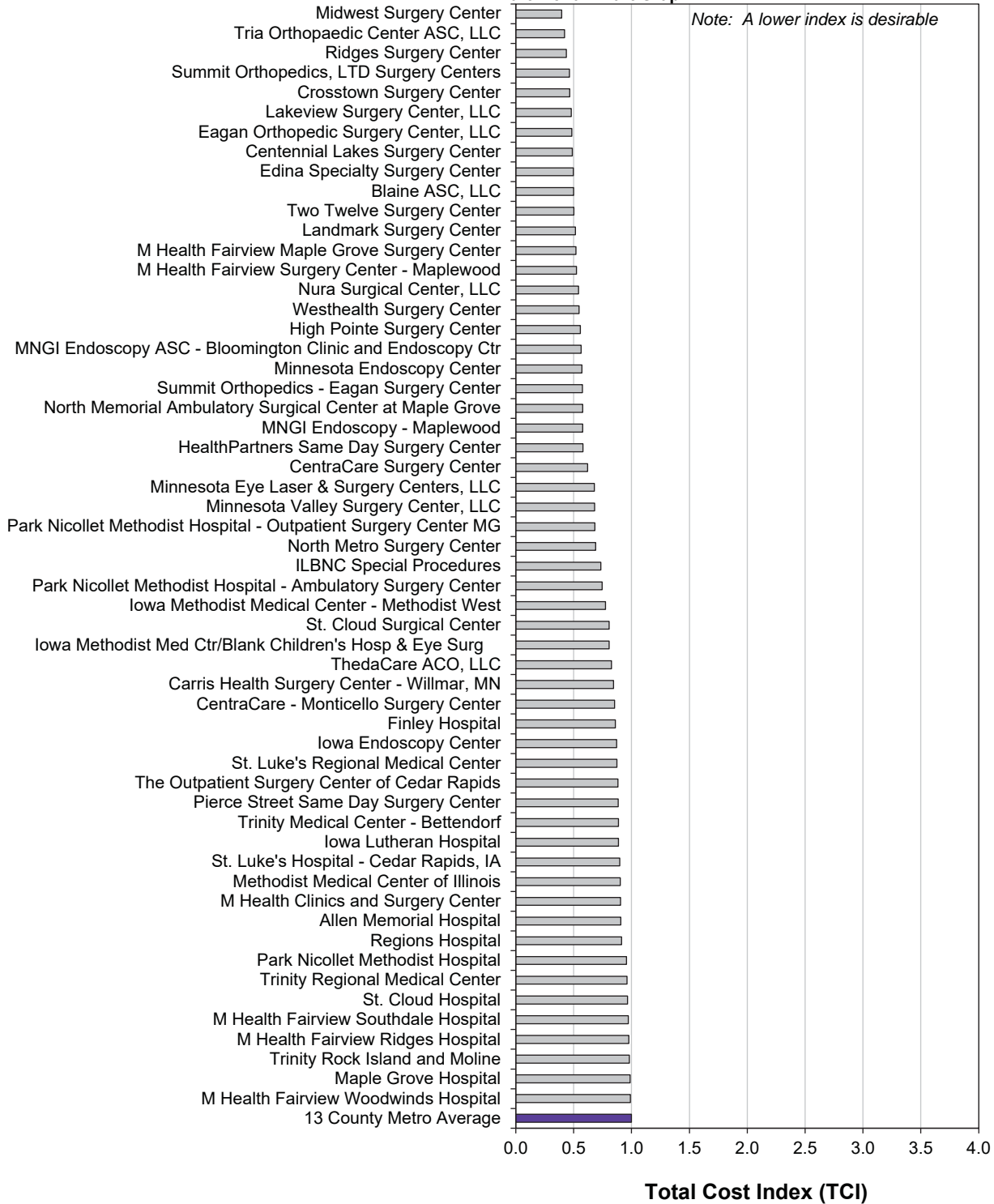
HealthPartners 13 county Metro Network Average: 1.000

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

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

**Total Cost Index (TCI) - Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

**Part 1 of a 4 Part Graph**

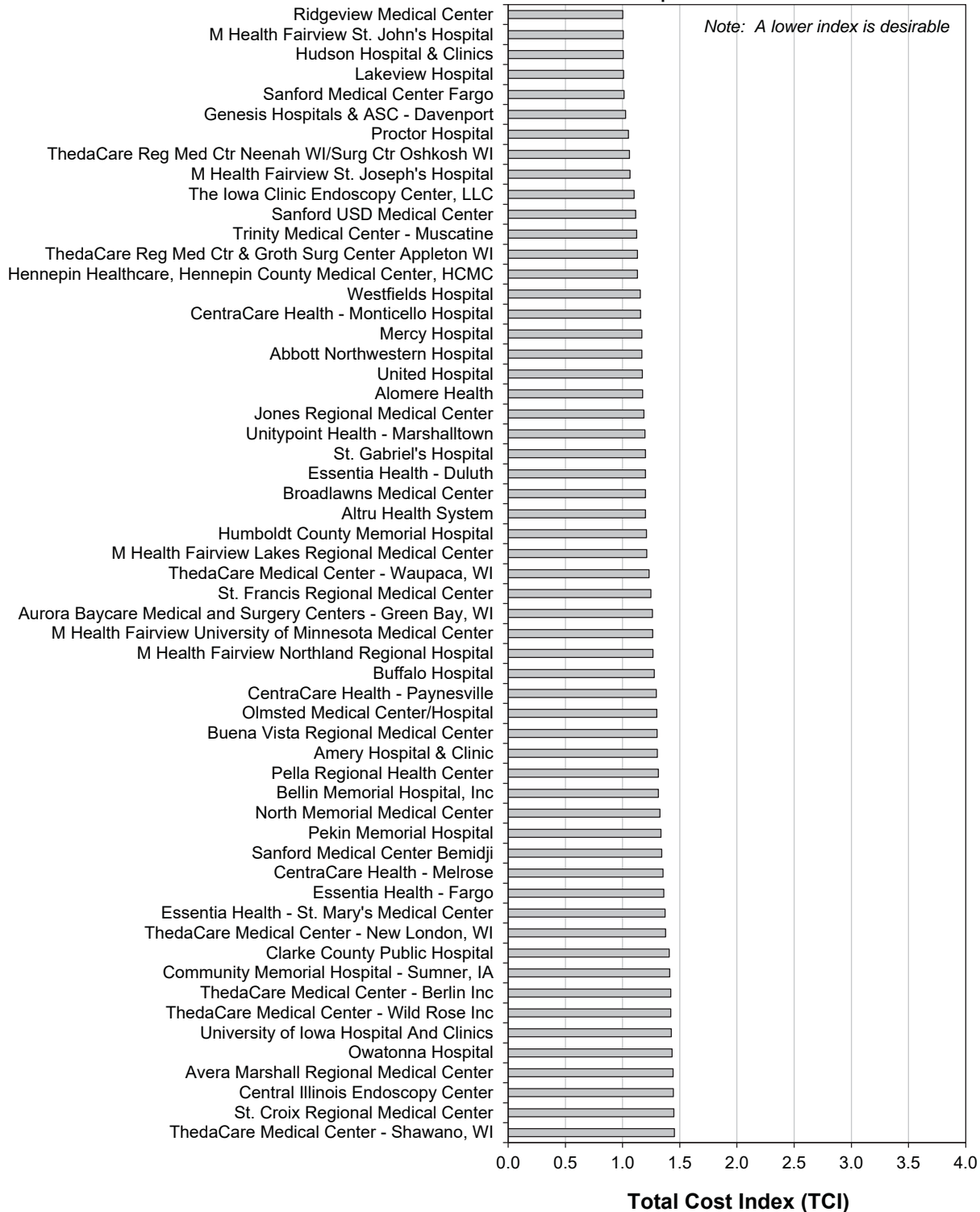


HealthPartners 13 County Metro Network Average: 1.000  
 Indices > 1.000 represent providers that are more expensive than average  
 Indices < 1.000 represent providers that are less expensive than average



**Total Cost Index (TCI) - Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

**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

**Total Cost Index (TCI) - Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

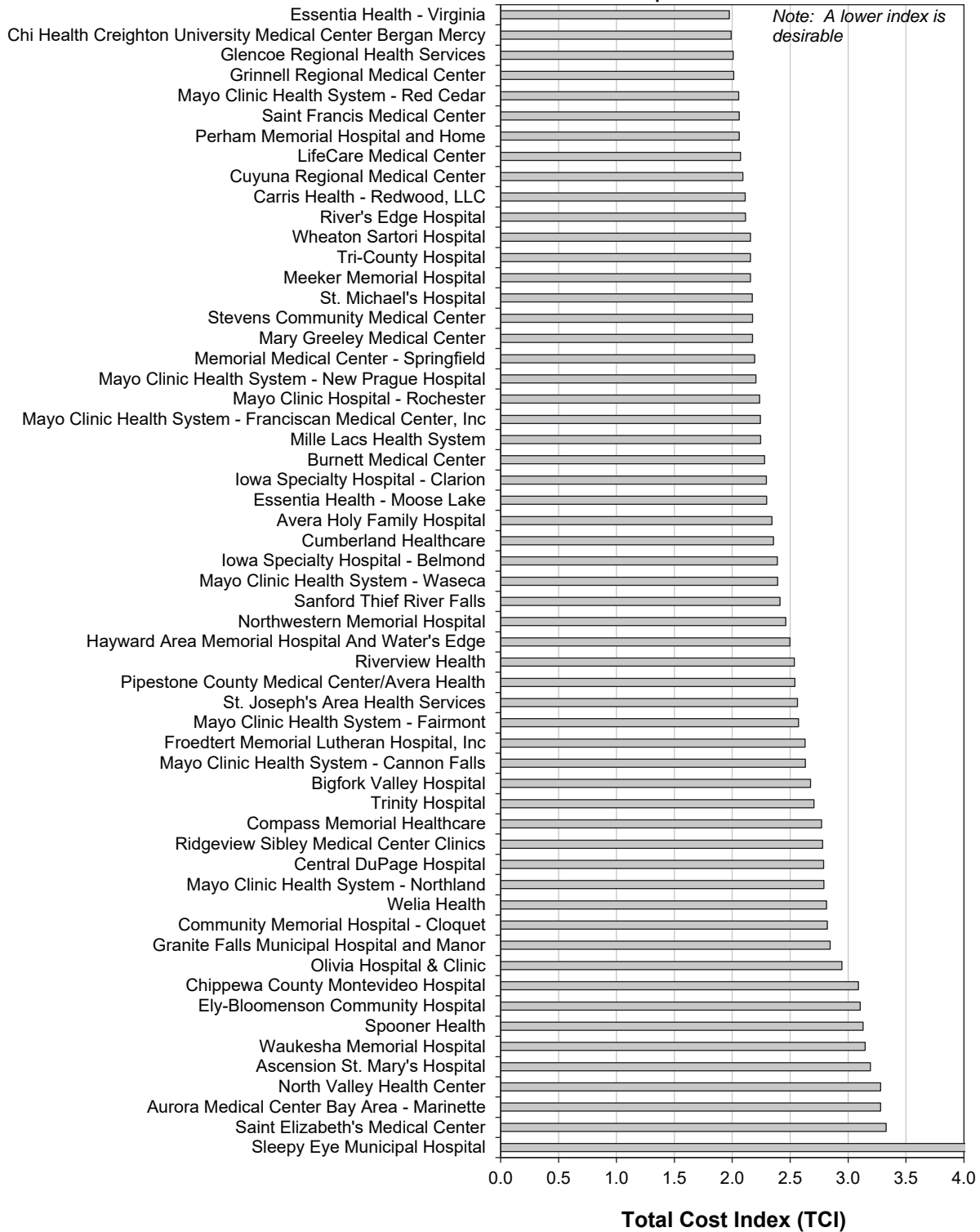
**Part 3 of a 4 Part Graph**



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

**Total Cost Index (TCI) - Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

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

**Total Cost Index (TCI) - Hospital Inpatient**  
1/1/2019 - 12/31/2019

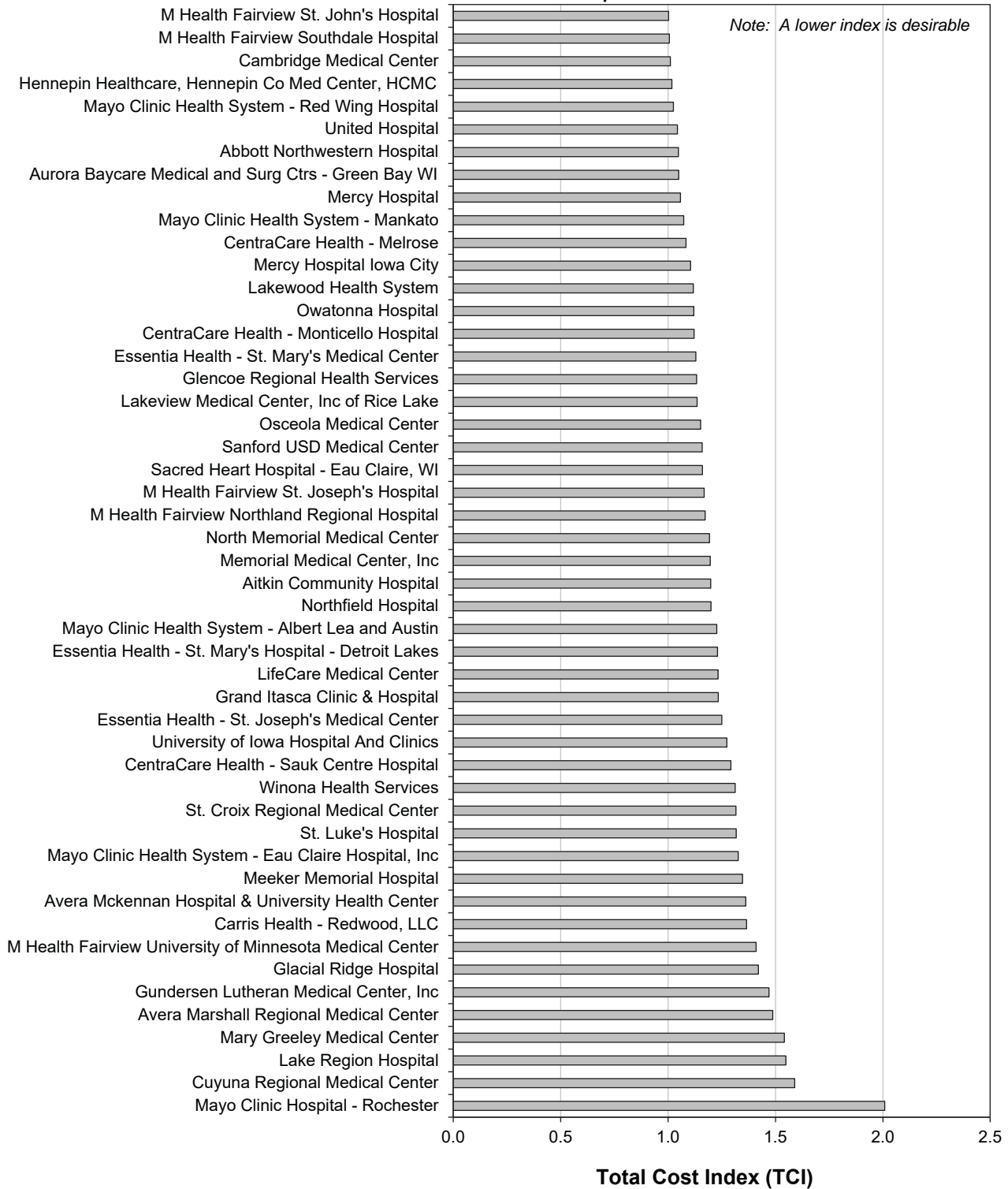
**Part 1 of a 2 Part Graph**



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

**Total Cost Index (TCI) - Hospital Inpatient**  
1/1/2019 - 12/31/2019

**Part 2 of a 2 Part Graph**



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

**Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

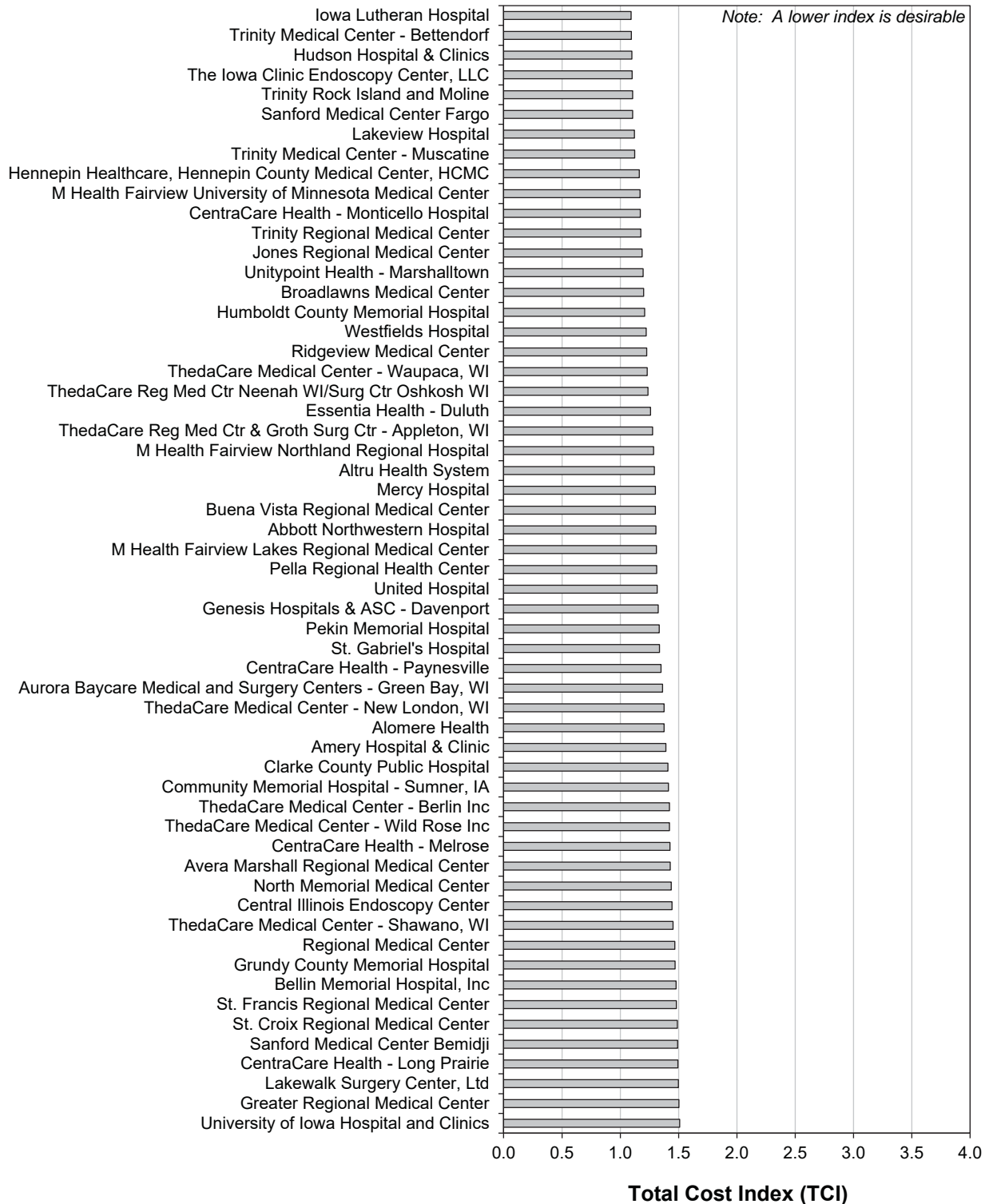
Part 1 of a 4 Part Graph



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

**Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

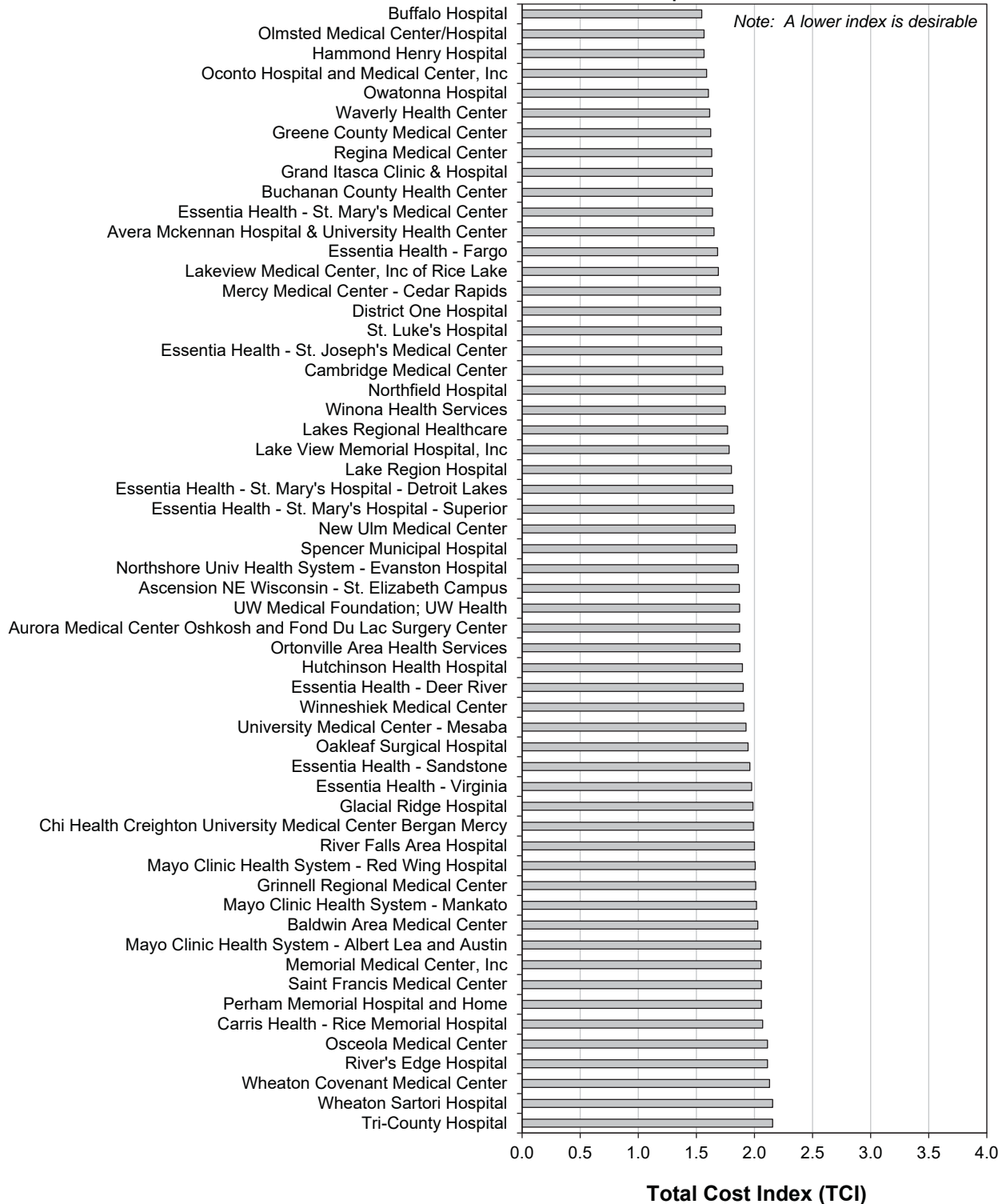
**Part 2 of a 4 Part Graph**



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

**Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

**Part 3 of a 4 Part Graph**

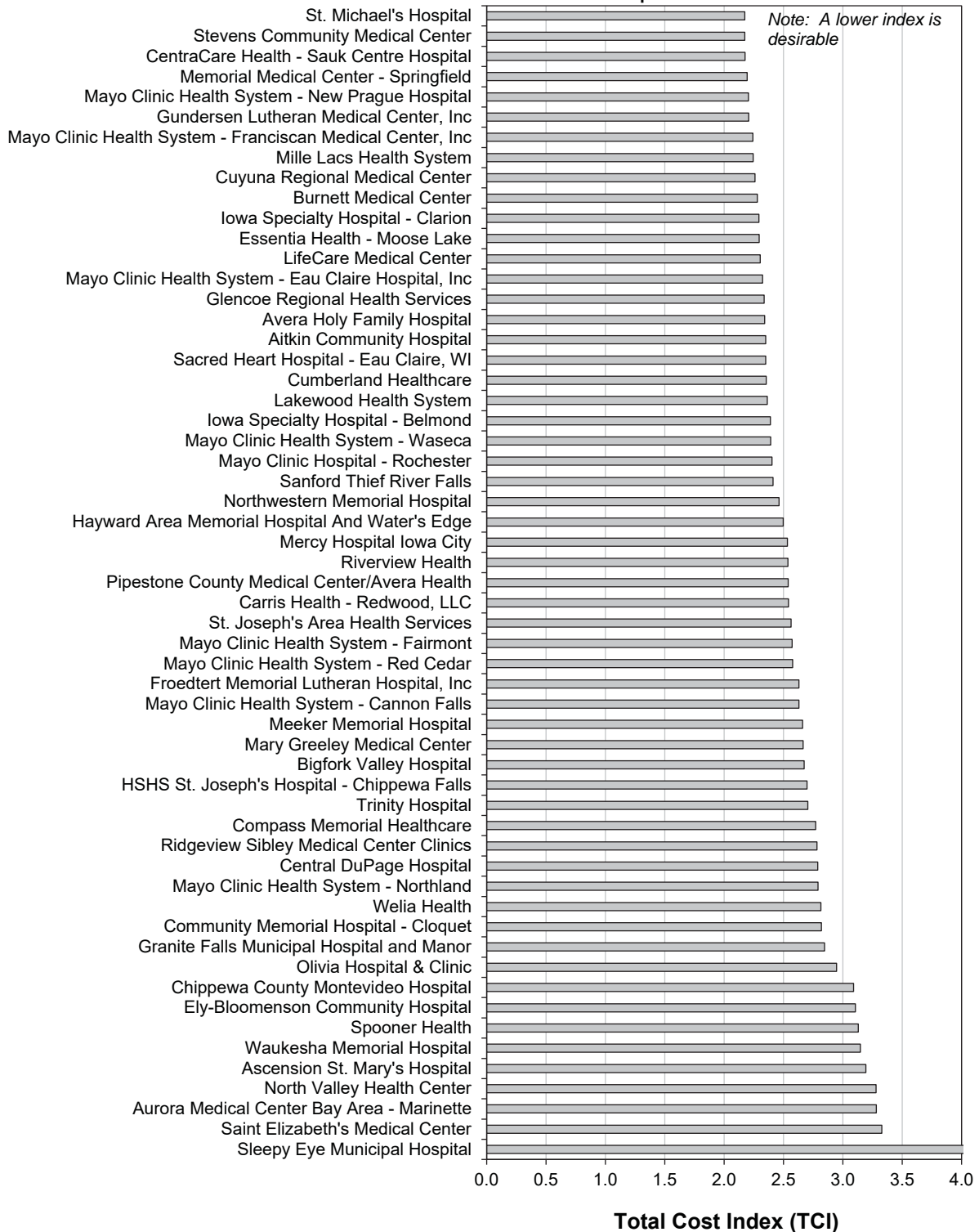


HealthPartners 13 County Metro Network Average: 1.000  
 Indices > 1.000 represent providers that are more expensive than average  
 Indices < 1.000 represent providers that are less expensive than average



**Total Cost Index (TCI) - Outpatient Hospitals and Surgery Centers**  
1/1/2019 - 12/31/2019

**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

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

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