



2012 Clinical Indicators Report

2011/2012 Results



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



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November 2012

Dear Friends and Colleagues,

Welcome to the HealthPartners 2012 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 the community of providers.

Over 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. 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. We collaborate with Minnesota Community Measurement and our measures overlap with the Healthcare Effectiveness Data and Information Set combining 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 of the provider groups that care for our members. Looking forward we will continue to improve and innovate, partnering with these groups to assure the best health and experience of care at the most affordable cost, which is the kind of 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 cursive script that reads "Andrew Zinkel".

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2012 CLINICAL INDICATORS REPORT

2011/2012 Results

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2012 CLINICAL INDICATORS REPORT

Table of Contents

Introduction	1
Behavioral Health	
Optimal Depression Care	4
Alcohol Screening - Depression Care	7
ADHD Follow-Up Visit after New Medication <small>HEDIS</small>	9
Antidepressant Medication Management <small>HEDIS</small>	11
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment <small>HEDIS</small>	13
Follow-Up after Hospitalization for Mental Illness <small>HEDIS</small>	18
Optimal Health Management for Severe Mental Illness	20
Diabetes Care	
Diabetes Eye Exam <small>HEDIS</small>	22
Healthy Behaviors	
Body Mass Index (BMI) <small>HEDIS</small>	25
Alcohol Assessment - Adult Primary Care	28
Alcohol Assessment - Adult OB/GYN	30
Optimal Lifestyle - Adults	32
Optimal Lifestyle - Children	37
Medication Management	
Generic Drug Use - Primary Care	41
Generic Drug Use - Specialty Care	43
Generic Drug Use - Pharmacy	50
Annual Monitoring for Patients on Persistent Medications - Primary Care <small>HEDIS</small>	52
Annual Monitoring for Patients on Persistent Medications - Cardiology	57
Medication Adherence for Asthma/COPD - Pharmacy <small>HEDIS</small>	60
Medication Adherence for Diabetes - Pharmacy <small>HEDIS</small>	62

Musculoskeletal

Optimal Care for Acute Low Back Pain	64
--	----

Preventive Services

Preventive Services Members Up-to-Date - Adult Primary Care <small>HEDIS</small>	70
Preventive Services Members Up-to-Date - Adult OB/GYN <small>HEDIS</small>	73
Preventive Services Members Up-to-Date - Child and Adolescent <small>HEDIS</small>	76
Evidence-Based Cervical Cancer Screening - Primary Care	82
Evidence-Based Cervical Cancer Screening - OB/GYN	84
Child & Teen Check-Ups (Medicaid Population)	86
Lead Screening (Medicaid Population)	88

Safety

Clinic Safety Assessment Survey	90
Patient Experience Medication Safety	95

Tobacco Use and Cessation

Tobacco Use and Cessation	107
---------------------------------	-----

Total Cost of Care

Total Cost of Care and Resource Use - Primary Care	111
Total Cost Index and Resource Use - Specialty Care	114
Total Cost Index - Hospitals	123

Participating Providers	125
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HEDIS Identification of measures, or elements of measures that are consistent with HEDIS measurement specifications

INTRODUCTION


Purpose

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

Content

This year's Clinical Indicators Report includes comparative provider performance on 81 measures. Rates are reported by primary provider group, specialty provider group, pharmacy or hospital. The HealthPartners Partners in Excellence (PIE) program recognizes provider groups achieving superior outcomes in heart disease, diabetes, depression, prevention, medication management, low back care and patient experience. This year 31 primary care provider groups, 13 specialty care provider groups and 9 pharmacies met one or more PIE targets.

The report includes:

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

Risk Adjustment

HealthPartners has adopted NCQA's approach to risk adjustment for quality measures. 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:

- Antidepressant Medication Management - Acute Phase (90 Days)
- Antidepressant Medication Management - Continuation Phase (180 Days)
- Engagement of Alcohol and Other Drug Dependence Treatment - Hospitals
- Adult Body Mass Index (BMI) Assessment
- Child and Adolescent Body Mass Index (BMI) Percentile Assessment
- Optimal Lifestyle - Adults
- Generic Drug Use - Primary Care
- Generic Drug Use - Behavioral Health
- Generic Drug Use - Cardiology
- Generic Drug Use - ENT

- Generic Drug Use - OB/GYN
- Medication Adherence for Asthma/COPD - Pharmacy Chains
- Optimal Care for Low Back Pain
- Evidence-Based Cervical Cancer Screening - Primary Care
- Evidence-Based Cervical Cancer Screening - OB/GYN
- Patient Experience Medication Safety - explanation for prescribed medications - Primary Care
- Adult Tobacco Assist Rate

Retired Measures

- Body Mass Index (BMI) Child & Adolescent - Calculated BMI - Last year's report introduced the BMI Percentile Rate which aligns with the HEDIS (Healthcare Effectiveness Data and Information Set) specifications and rationale that BMI norms for youth will vary with age and gender. The calculated BMI measure has been retired and this report will display only the BMI Percentile Rate.
- Abdominal Hysterectomy Rate - This measure was used for quality improvement purposes and found to have small variations among provider groups.
- Hysterectomy Post-Operative Complications - This measure was used for quality improvement purposes and found to have low volume of complications and small variation among provider groups.
- Tobacco Use Assessment - Primary Care and OB/GYN - This measure has demonstrated sustained high rates and only small variations among provider groups. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I component. This component has been added to the Adult Preventive Services members up-to-date measure.

Measurement Changes

- Preventive Services - Adult Primary Care and OB/GYN - included in this year's report is a new combination rate which includes the tobacco assessment component. There were no significant changes in the health plan rates. (The Adult Preventive Services matrix of required services by age and gender is included in the 2012 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)
- Preventive Services - Child and Adolescent - included in this year's report are two new combination rates which includes the tobacco assessment component. There were no significant changes in the health plan rates. (The Child & Adolescent Preventive Services matrix of required services by age and gender is included in the 2012 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)

New Measures

- Medication Adherence for Diabetes - Pharmacy - this new measure represents members with a diagnosis of diabetes who remain on oral hypoglycemic medication.
- Total Cost of Care and Resource Use - Primary Care - 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. 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.
- Total Cost Index and Resource Use - Specialty 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.

- Total Cost Index - Hospitals - Hospitals case mix and place of service mix adjusted cost index. The hospital cost index measures a facility's inpatient and outpatient total costs relative to all other facilities.

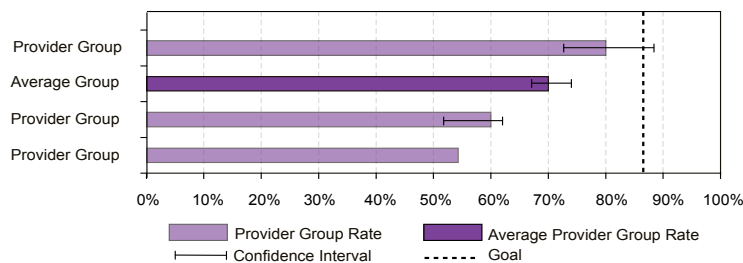
Participating Providers

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% of HealthPartners membership.

Data Display

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

The upper and lower confidence intervals represent the 95th percentile confidence intervals. In addition, for all hybrid measures (which include medical record abstraction), a finite population correction factor is used to best account for the percentage of the total HealthPartners population that a provider group's sample represents. For example, when calculating the Optimal Depression Care 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 Clinical Indicators Report is the result of a collaborative effort between the Quality Measurement and Improvement (QMI) and Health Informatics departments.

To save a few trees and use health care dollars wisely, the 2012 Clinical Indicators Report is now exclusively on-line. A technical supplement to the Clinical Indicators Report is also available and includes measurement detail, optimal component rates, trended plan rates over time and external benchmarks. The 2012 Clinical Indicators Report and its technical supplement are both available at healthpartners.com/quality.

OPTIMAL DEPRESSION CARE

January 1, 2011 – December 31, 2011

Description

The rate represents the percentage of members ages 18 and older as of January 1, 2011, who were diagnosed with a new episode of major depression in 2011, were treated with antidepressant medication and are optimally managed. A new episode of depression for a member is defined as having no claims/encounters with a diagnosis of depression for a period of 120 days prior to diagnosis or no prescription for a period of 120 days prior to the initial prescription for an antidepressant medication.

Optimally managed is defined as:

- Documentation of five or more symptoms of major depression as defined in the DSM-IV (one must be either depressed mood or loss of interest or pleasure); and
- Documentation of symptom monitoring of three or more symptoms in a follow-up visit within three months of diagnosis of new episode; and
- Maintained on antidepressant medication for 180 days (this component is calculated with administrative data)

Measurement 1: members optimally managed: the percentage of members within the sample who are optimally managed

Measurement 2: completion rate by individual component: the completion rate for each specific component

Methodology — Hybrid

This measure includes members from all products who were continuously enrolled from 120 days prior to and 225 days following the diagnosis of major depression. Population identification is based on claim and membership databases. This measure includes a random sample of up to 66 members (60 + 10% oversample) for each provider group. Results are calculated and attributed to the provider group of the practitioner where the initial diagnosis of depression occurred. The optimally managed rate reflects a combination of administrative and chart abstracted data.

Results*

Total eligible members	4,165
Members sampled	927
Members optimally managed	258
Members Optimally Managed	29.8% (± 5.0)
Behavioral health provider groups	
Members sampled	169
Members optimally managed	66
Members Optimally Managed	40.4% (± 8.5)
Non-behavioral health provider groups	
Members sampled	758
Members optimally managed	192
Members Optimally Managed	29.0% (± 5.3)

Completion Rate by Individual Component

Five or more depression symptoms at index visit	76.6%
Three or more symptoms monitored at follow-up within 3 months	57.5%
Continuation of antidepressant medication for 180 days	50.7%

Behavioral health provider groups

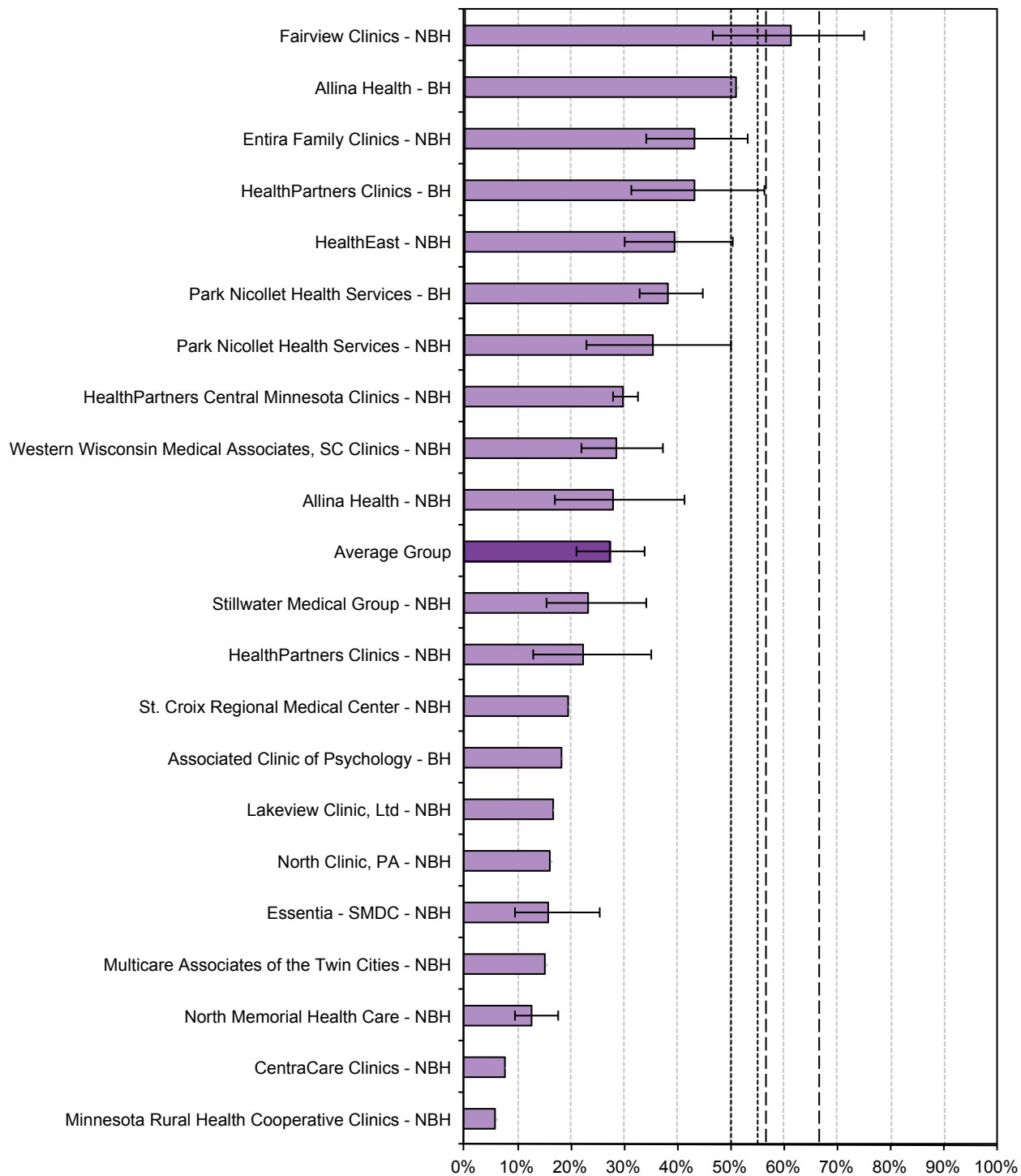
Five or more depression symptoms at index visit	83.7%
Three or more symptoms monitored at follow-up	77.2%
Continuation of antidepressant medication for 180 days	54.5%

Non-behavioral health provider groups

Five or more depression symptoms at index visit	76.1%
Three or more symptoms monitored at follow-up	56.2%
Continuation of antidepressant medication for 180 days	50.4%

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

Optimal Depression Care 1/1/2011 - 12/31/2011



Percent Reaching All Targets

----- 2011 NBH Goal (Silver 50%, Gold 55%)

- - - 2011 BH Goal (Silver 57%, Gold 67%)

Attributed by care system of practitioner where initial diagnosis of depression occurred.

— Confidence Interval
Finite population correction factor applied

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

ALCOHOL SCREENING — DEPRESSION CARE

January 1, 2011 – December 31, 2011

Description

The rate represents the percentage of members ages 18 and older as of January 1, 2011, who were diagnosed with a new episode of major depression in 2011 and were screened for alcohol use/abuse on or between the diagnosis date and three months following the diagnosis date.

Methodology — Chart Review

This measure includes members from all products who were continuously enrolled from 120 days prior to and 225 days following the diagnosis of major depression. Population identification is based on claim and membership databases. This measure includes a random sample of up to 66 members (60 + 10% oversample) for each provider group. Results are calculated and attributed to the provider group of the practitioner where the initial diagnosis of depression occurred.

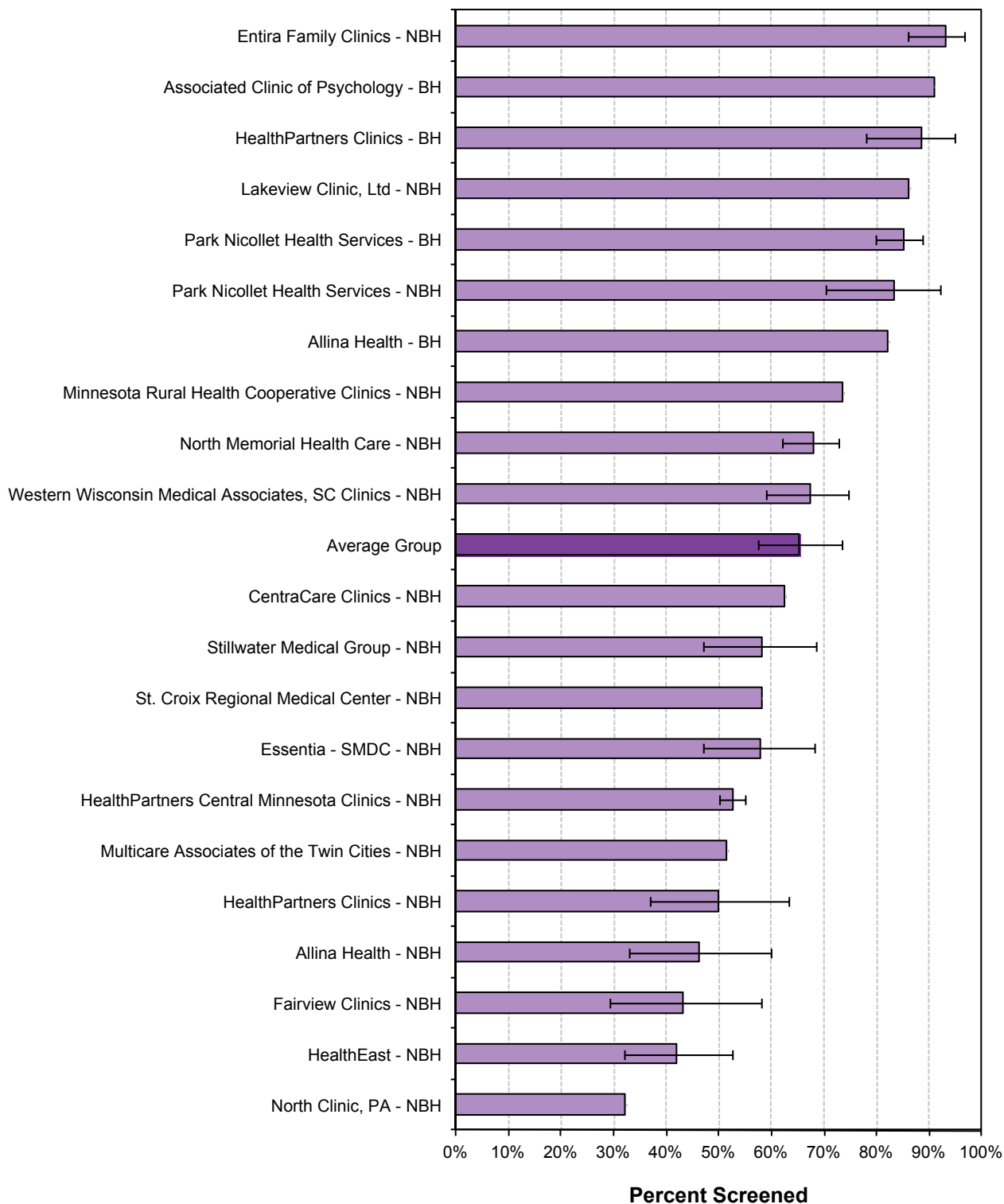
Results*

Total eligible members	4,165
Members sampled	927
Members with assessment	603
Alcohol Screening Rate	57.4% (\pm 5.5)
Behavioral health provider groups	
Members sampled	169
Members optimally managed	146
Alcohol Screening Rate	87.1% (\pm 5.7)
Non-behavioral health provider groups	
Members sampled	758
Members optimally managed	457
Alcohol Screening Rate	55.4% (\pm 5.8)

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

Alcohol Screening - Depression Care

1/1/2011 - 12/31/2011



Attributed by care system of practitioner where initial diagnosis of depression occurred.

— Confidence Interval
Finite population correction factor applied

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Follow-Up Visit after New Medication

January 1, 2011 – December 31, 2011

Description

The percentage of children ages six to 17 with an ambulatory prescription dispensed for ADHD medication between January 1, 2011 and December 1, 2011, that had a minimum of one follow-up visit with a practitioner with prescribing authority within 30 days of starting the medication.

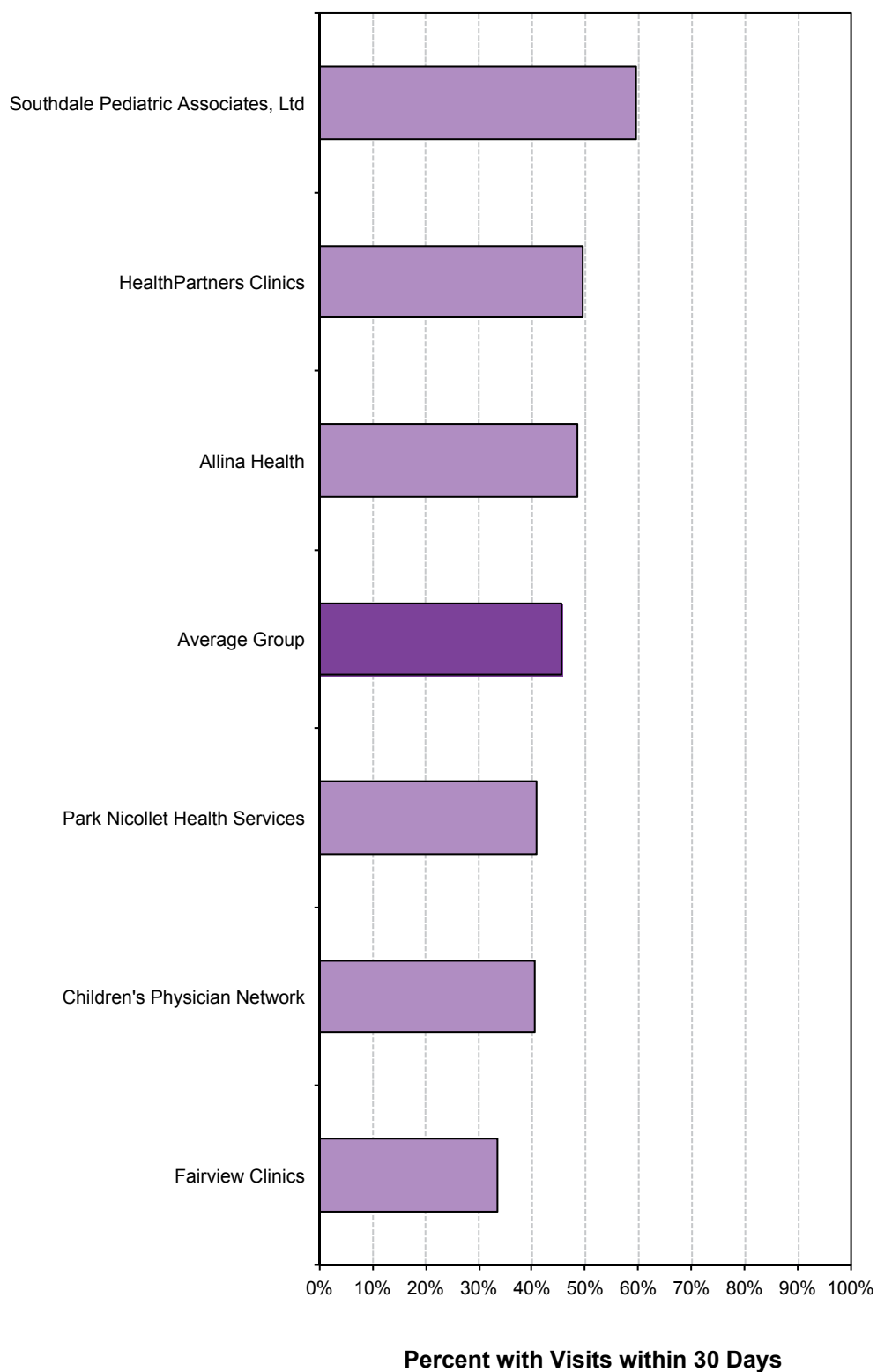
Methodology — Administrative

Elements of this measure are consistent with the HEDIS 2012 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	1,727
Members with follow-up visit(s)	741
ADHD Follow-Up Visit Rate	42.9%

ADHD Follow-up Visit after New Medication
1/1/2011 - 12/31/2011



ANTIDEPRESSANT MEDICATION MANAGEMENT

May 1, 2010 – December 31, 2011

Description

The percentage of members ages 18 and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication and remained on the medication for 90 days (acute phase) and 180 days (continuation phase).

Note: Antidepressant Medication Management is a component of the Optimal Depression Care measure; however, the dates of service for this measure are different than the Optimal Depression Care measure. This measure is consistent with the HEDIS 2012 Antidepressant Medication Management measurement specifications.

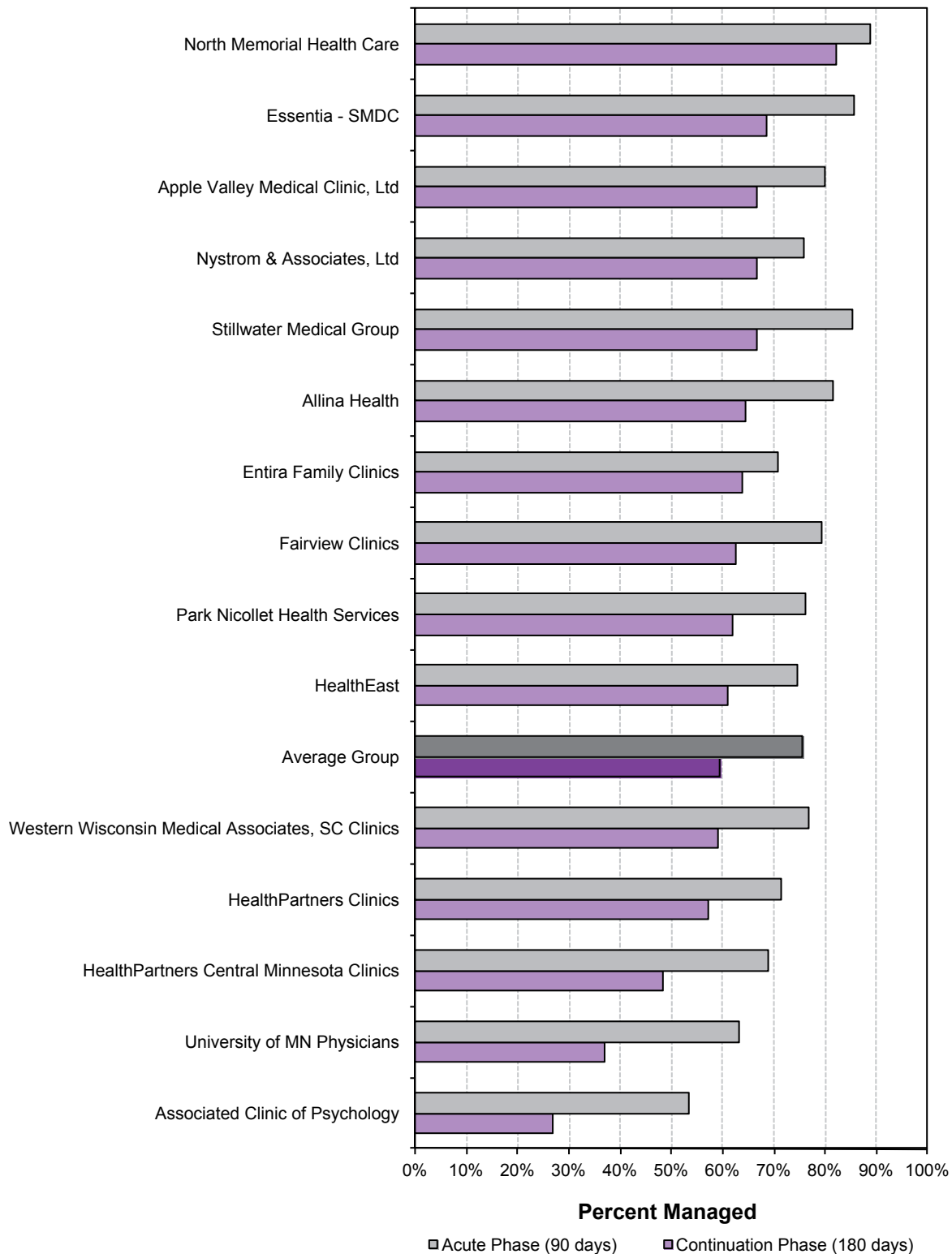
Methodology — Administrative

This measure includes all members ages 18 and older as of April 30, 2011, from all products with a pharmacy benefit who were continuously enrolled for 120 days prior to the new episode of depression through 245 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	4,487
Members remaining on medication for 90 days (acute phase)	3,370
Members remaining on medication for 180 days (continuation phase)	2,692
Antidepressant Medication Management Rate - Acute Phase	75.1%
Antidepressant Medication Management Rate - Continuation Phase	60.0%

Antidepressant Medication Management
1/1/2011 - 12/31/2011



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

January 1, 2011 – December 31, 2011

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 2012 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measurement specifications and includes all members ages 13 and older as of December 31, 2011, 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	3,000
Members initiating treatment within 14 days of diagnosis	542
Members engaged in treatment within 30 days of initiation visit	267

Initiation of AOD Treatment Rate **18.1%**

Engagement of AOD Treatment Rate **8.9%**

Members Attributed to Chemical Dependency Programs

Total eligible members	509
Members initiating treatment within 14 days of diagnosis	227
Members engaged in treatment within 30 days of initiation visit	187

Initiation of AOD Treatment Rate **44.6%**

Engagement of AOD Treatment Rate **36.7%**

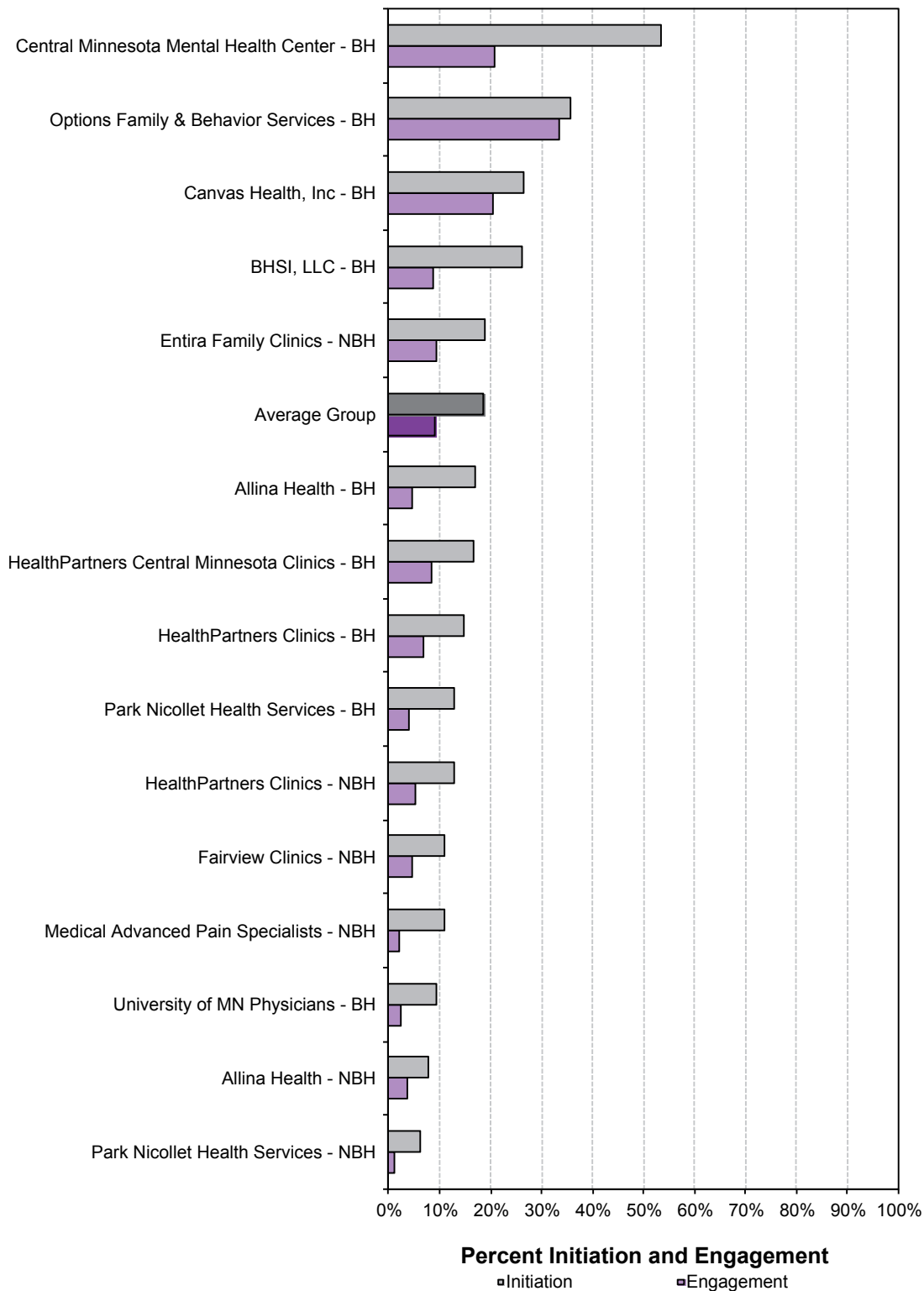
Members Attributed to Hospitals

Total eligible members	3,632
Members initiating treatment within 14 days of diagnosis	1,903
Members engaged in treatment within 30 days of initiation visit	735

Initiation of AOD Treatment Rate **52.4%**

Engagement of AOD Treatment Rate **20.2%**

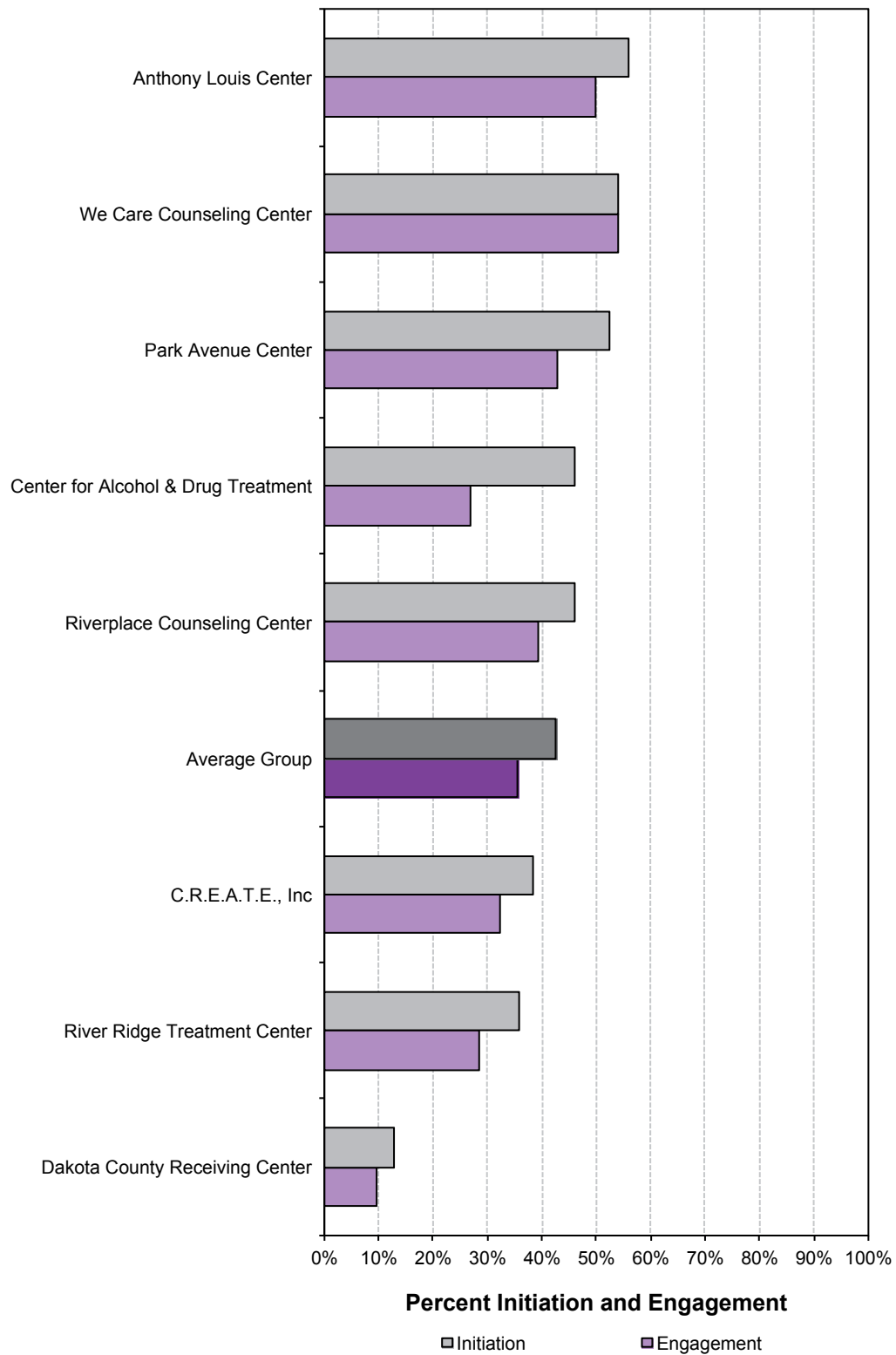
**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Primary Care and Behavioral Health Provider Groups
1/1/2011 - 12/31/2011**



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

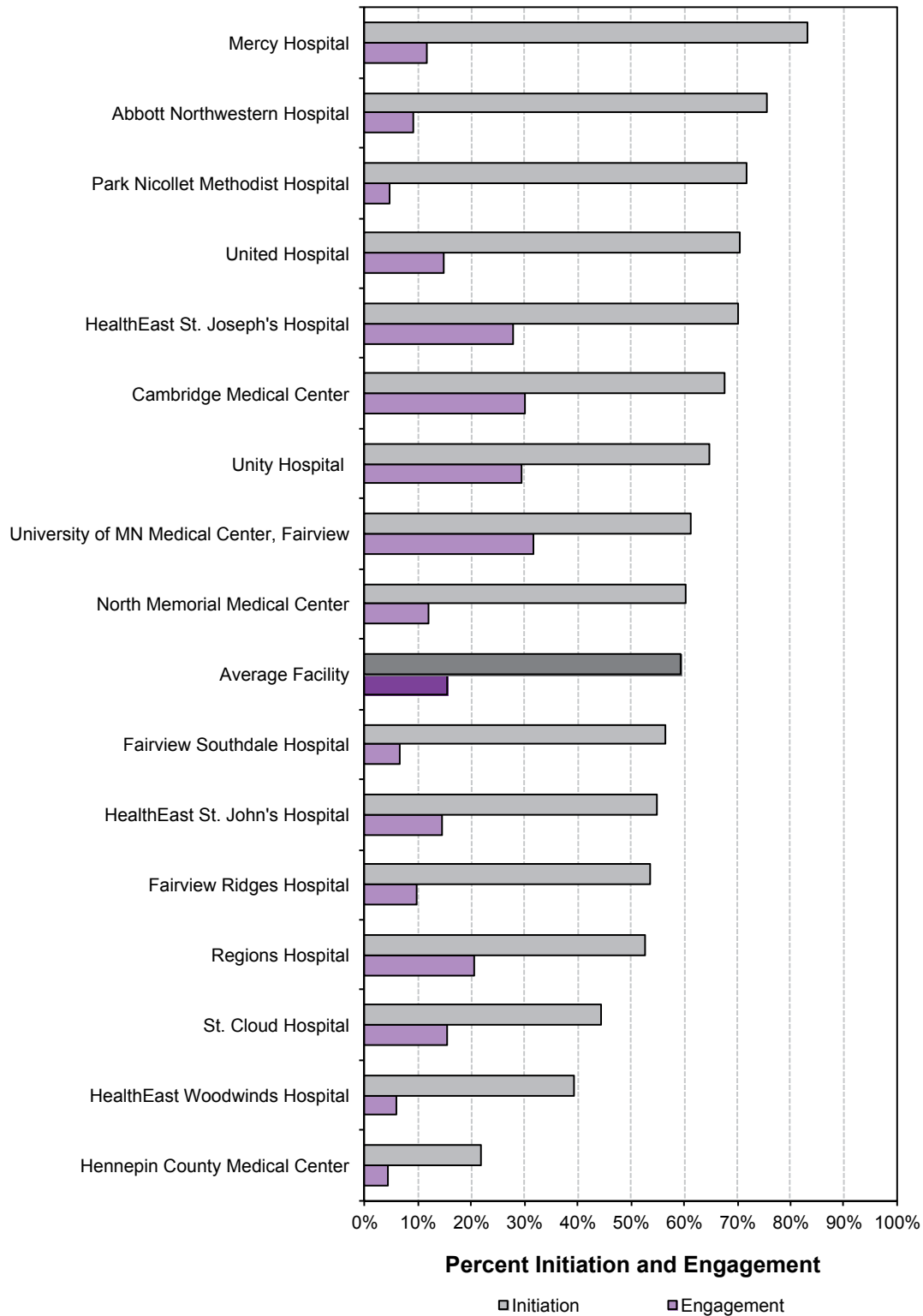
**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Chemical Dependency Programs**
1/1/2011 - 12/31/2011



Initiation - treatment initiated within 14 days of diagnosis

Engagement - Initiation plus two additional follow-up visits within 30 days

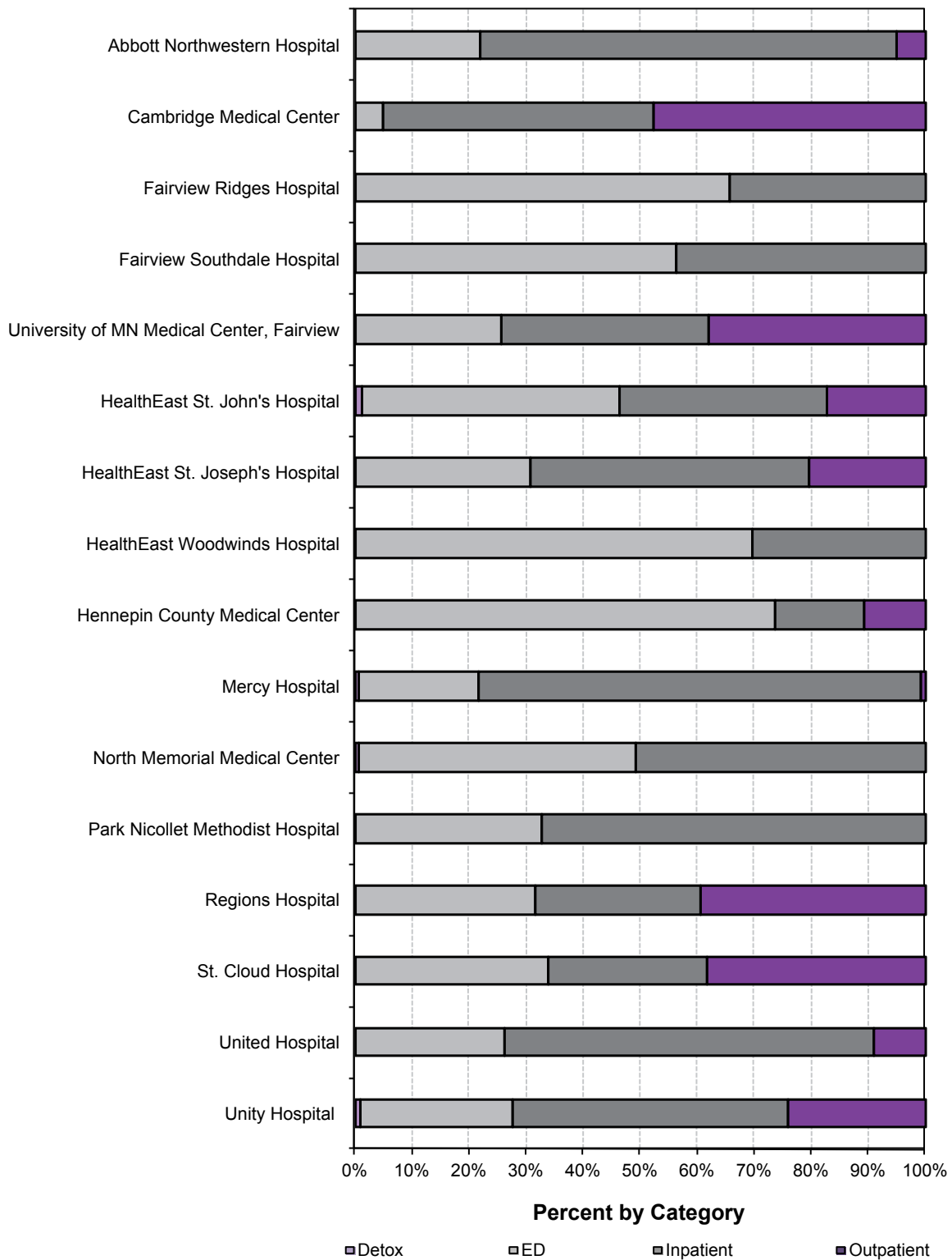
**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Hospitals
1/1/2011 - 12/31/2011**



Initiation - treatment initiated within 14 days of diagnosis

Engagement - Initiation plus two additional follow-up visits within 30 days

**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Hospitals - Initial Diagnosis Location
1/1/2011 - 12/31/2011**



Groups sorted alphabetically

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

January 1, 2011 – December 31, 2011

Description

The percentage of members ages six years and older who were hospitalized for treatment of selected mental health disorders in 2011, who were seen on an outpatient basis or were in intermediate treatment with a mental health provider within seven days of discharge.

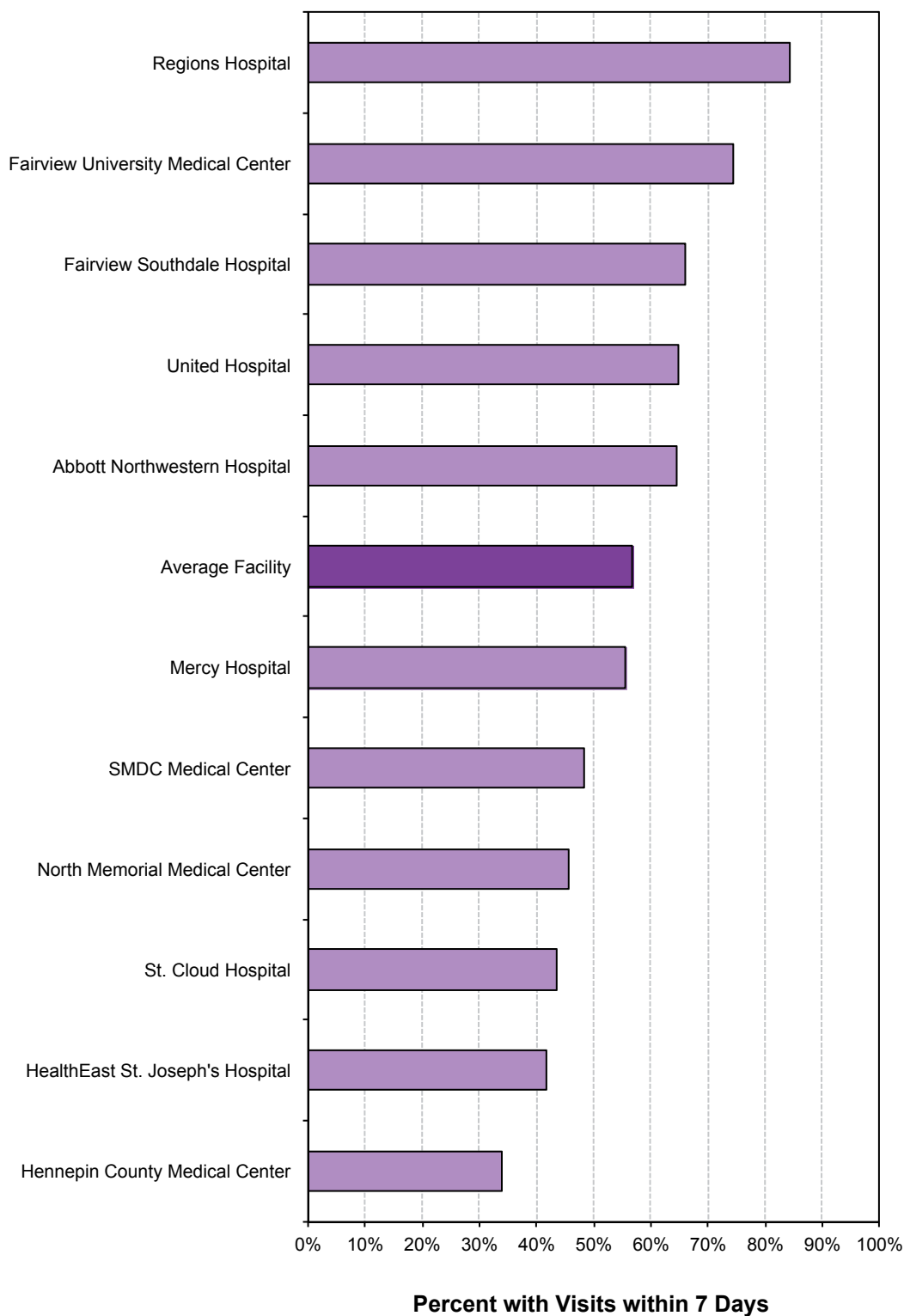
Methodology — Administrative

This measure is consistent with the HEDIS 2012 Follow-Up after Hospitalization for Mental Illness measurement specifications and includes all members ages six years and older as of discharge date from all products who were continuously enrolled for 30 days after hospital discharge date. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the hospital from which they were discharged.

Results

Total eligible members	1,456
Members with follow-up visit(s)	891
Follow-Up Visit Rate	61.2%

Follow-up after Hospitalization for Mental Illness
1/1/2011 - 12/31/2011



OPTIMAL HEALTH MANAGEMENT FOR SEVERE MENTAL ILLNESS

January 1, 2011 – December 31, 2011

Description

The percentage of members ages 18 to 65 by December 31, 2011, 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, 2011 to December 31, 2011, who had a clinic visit in 2011 and were prescribed an antipsychotic or mood stabilizer in 2011. Population identification is based on claim and membership databases. This measure includes a random sample of 63 members (60 + 5% 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	974
Members sampled	658
Members optimally managed	184

Members Optimally Managed 29.2% (± 4.2)

Behavioral health provider groups

Members sampled	414
Members optimally managed	96

Members Optimally Managed 23.7% (± 4.2)

Non-behavioral health provider groups

Members sampled	244
Members optimally managed	88

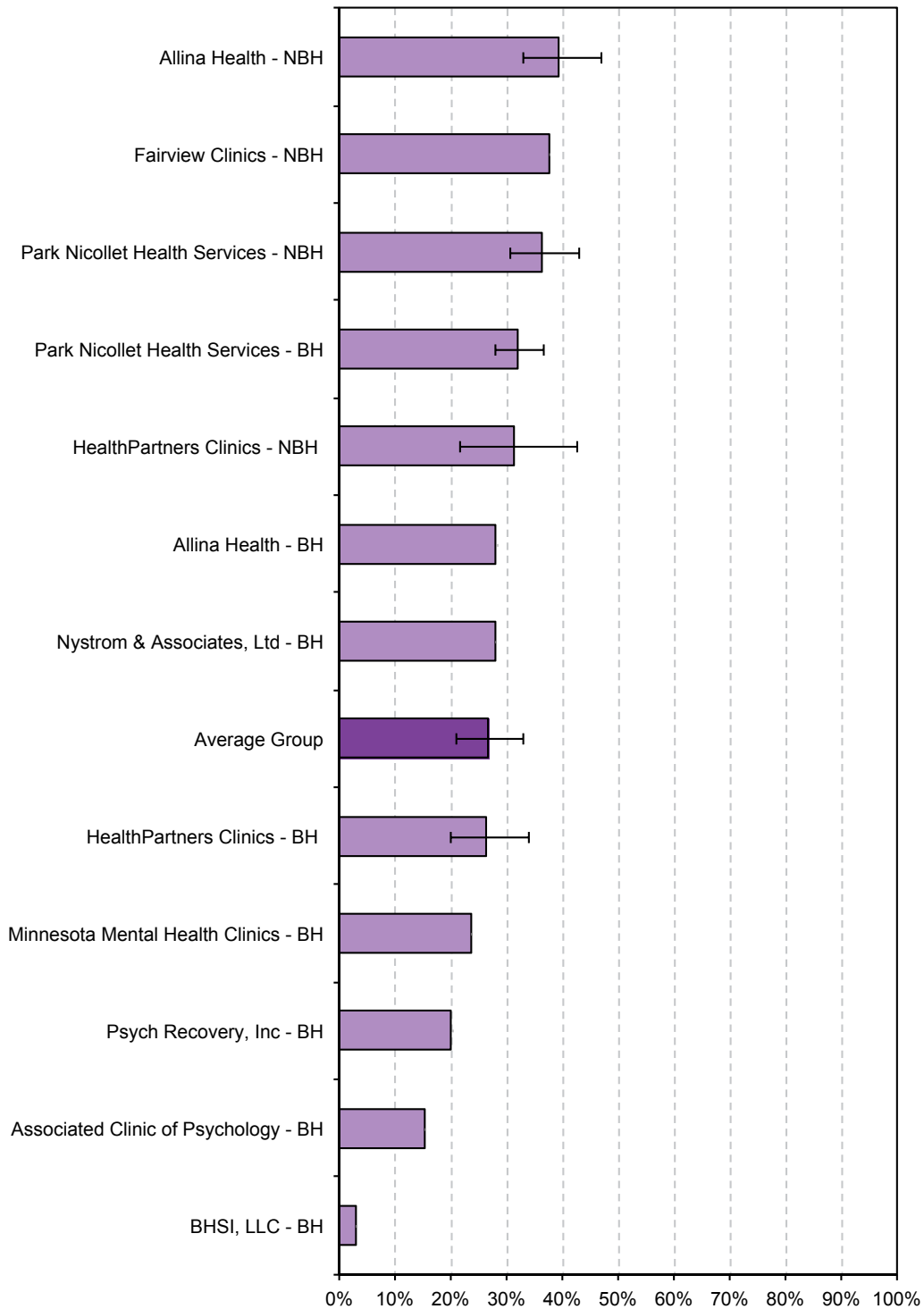
Members Optimally Managed 34.3% (± 7.1)

Completion Rate by Individual Component	Behavioral Health	Non-Behavioral Health	Total
Tobacco Assessment	86.2% (± 3.4)	96.7% (± 2.7)	91.7% (± 2.2)
BMI Assessment (<i>in 2011</i>)	63.9% (± 4.7)	89.8% (± 4.1)	77.4% (± 3.1)
Alcohol Assessment (<i>in 2011</i>)	76.0% (± 4.2)	68.6% (± 7.2)	72.2% (± 4.3)
Blood Pressure (<i>in 2011</i>)	72.1% (± 4.4)	96.7% (± 3.0)	84.9% (± 2.6)
LDL Screening (<i>in 2011</i>)	47.3% (± 4.9)	61.2% (± 7.3)	54.5% (± 4.5)
Fasting Glucose or HbA1c [if diabetes] (<i>in 2011</i>)	45.2% (± 5.0)	64.5% (± 7.2)	55.2% (± 4.5)

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

Optimal Health Management for Severe Mental Illness

1/1/2011 - 12/31/2011



Percent Reaching All Targets

— Confidence Interval
Finite population correction factor applied

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

DIABETIC EYE EXAM

January 1, 2011 – December 31, 2011

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 2012 Comprehensive Diabetes Care measurement specifications and includes members ages 18 to 75 years as of December 31, 2011, from all products who were continuously enrolled from January 1, 2011 to December 31, 2011, and who had during the measurement year or year prior:

- two or more encounters in an ambulatory or non-acute inpatient setting, **or**;
- one or more encounters in an acute inpatient or emergency room 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.

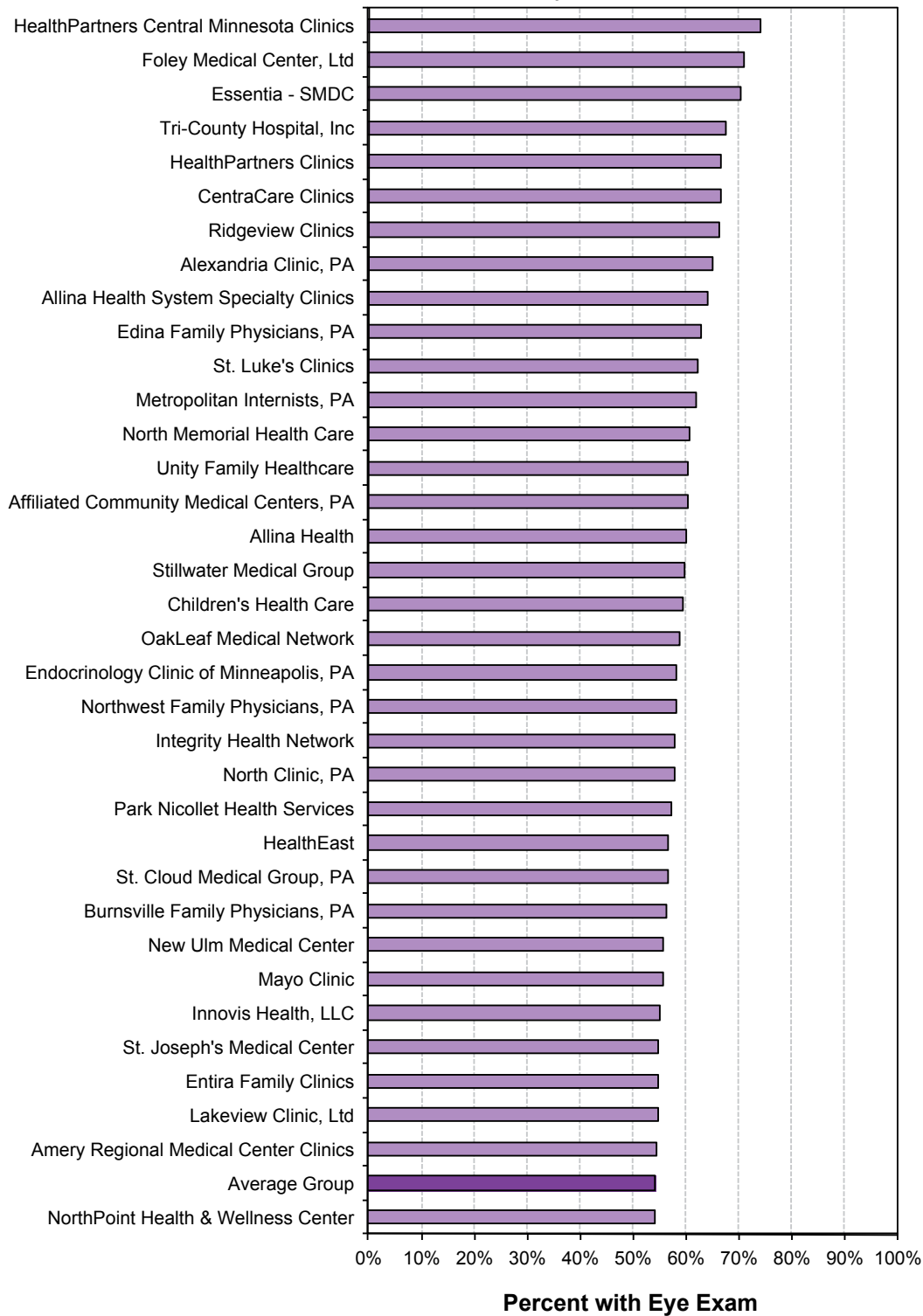
Results

Total eligible members	29,823
Members with eye exam	17,264
Diabetic Eye Exam Rate	57.9%

Diabetic Eye Exam

1/1/2011 - 12/31/2011

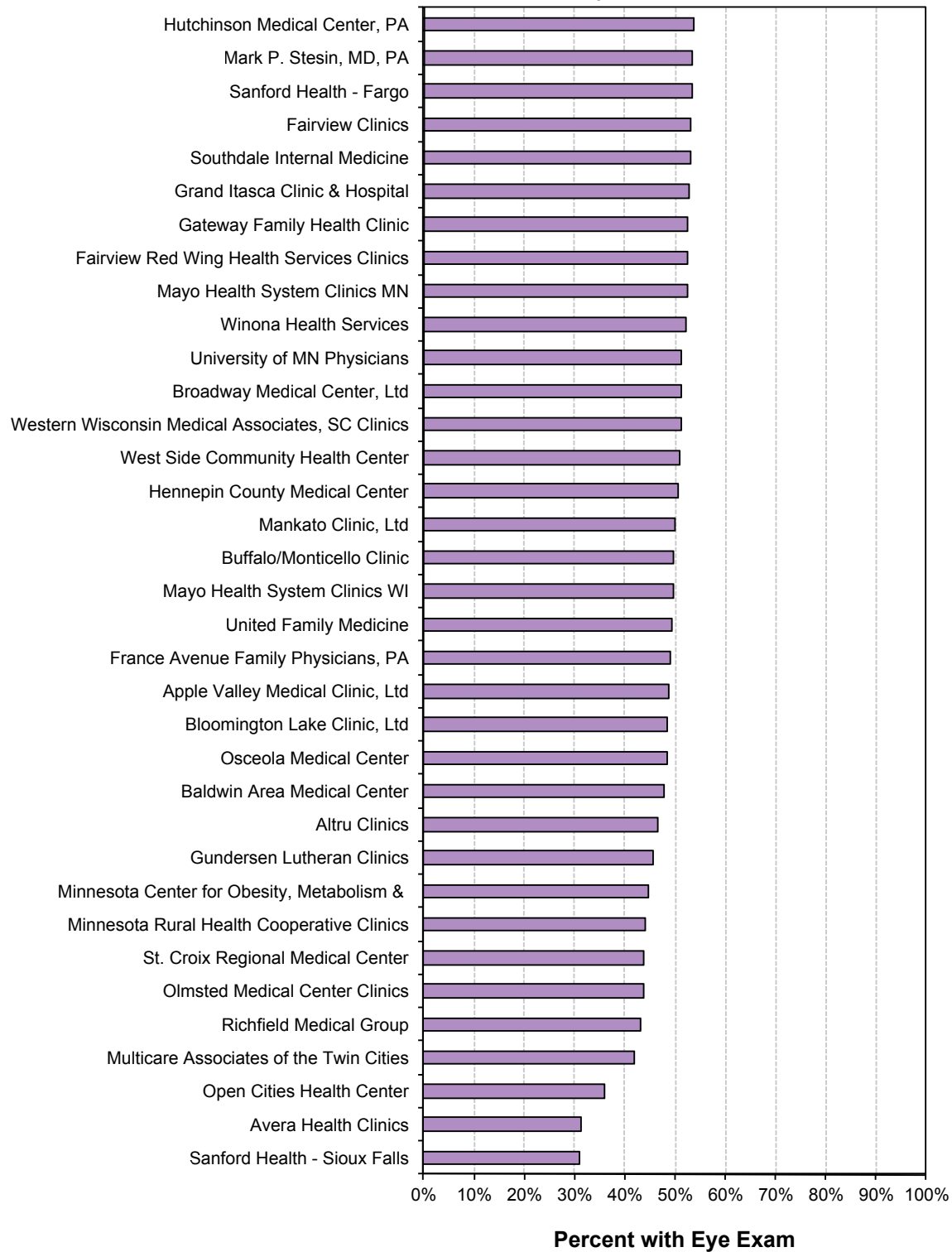
Part 1 of a 2 Part Graph



Diabetic Eye Exam

1/1/2011 - 12/31/2011

Part 2 of a 2 Part Graph



BODY MASS INDEX (BMI)

January 1, 2011 – December 31, 2011

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 2012 Adult BMI assessment specifications. This measure includes members from all products and all ages three and older who were continuously enrolled from January 1, 2011 to December 31, 2011, who had a clinic visit in 2011. Population identification is based on claim and membership databases. The sample includes members from the adult and child and adolescent preventive services measures.

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

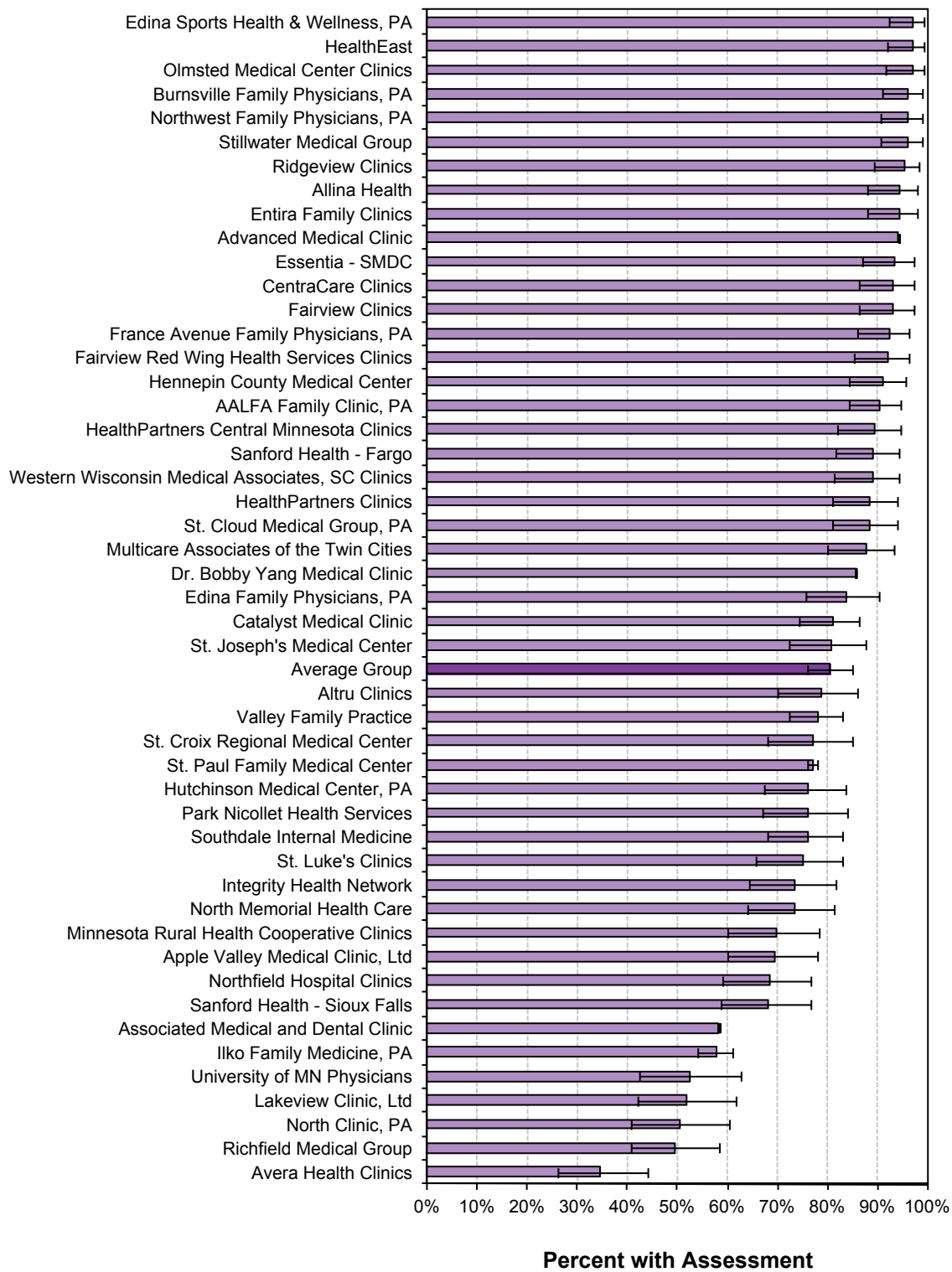
BMI Percentile Rate - Child and Adolescent: the percentage of members ages three to 18 within the sample with a BMI percentile or BMI plotted in the medical record, or for members \geq age 16 with a documented BMI in the medical record.

Results*

Members sampled - adult	4,817
Members with documented BMI	3,869
BMI Assessment Rate - Adult	86.9% (\pm 2.3)
Members sampled - child and adolescent	4,293
Members with BMI percentile or BMI plotted	3,002
BMI Percentile Rate - Child and Adolescent	78.1% (\pm 2.6)

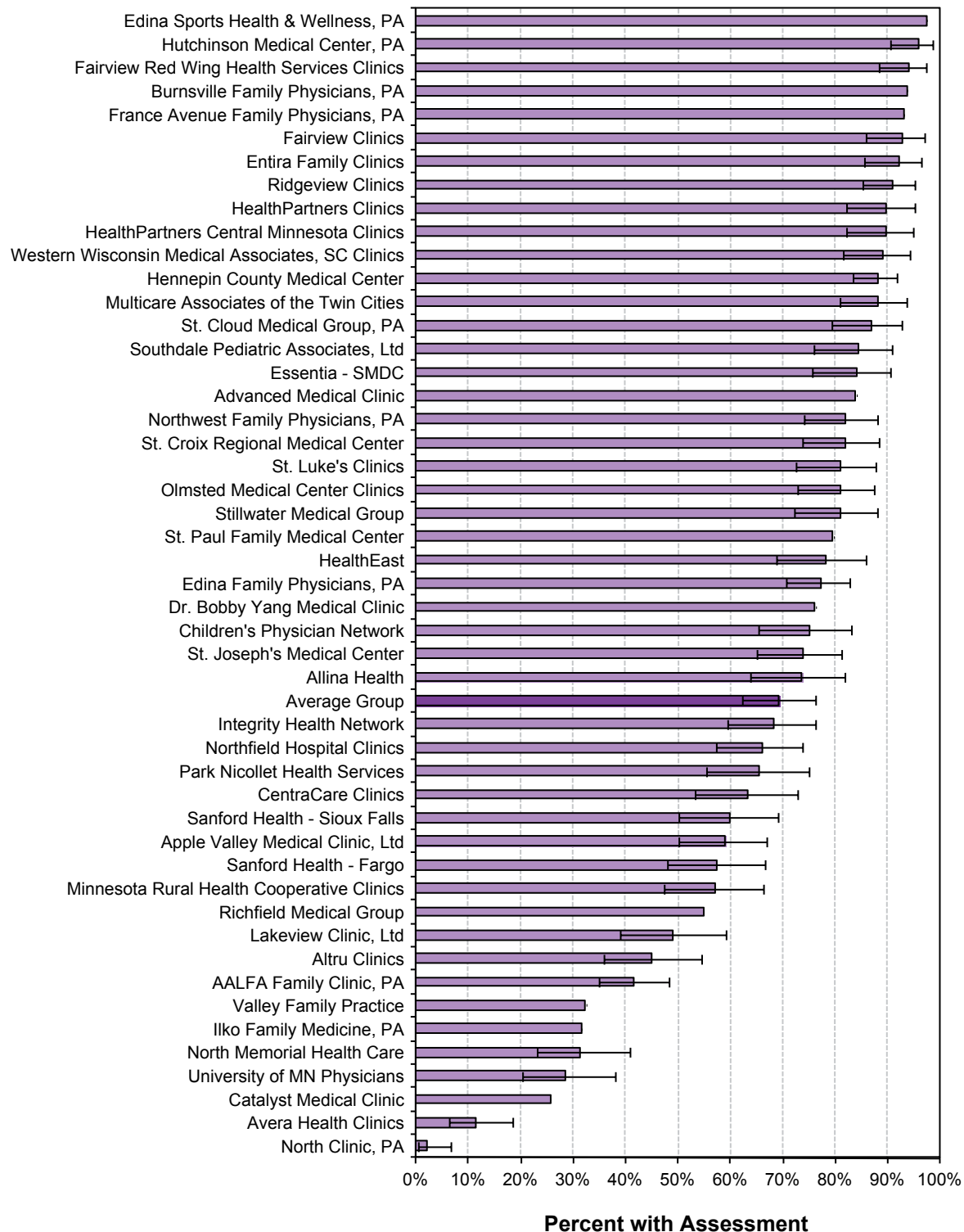
* All rates are weighted by the eligible population of the provider groups displayed.

Body Mass Index (BMI) Assessment - Adult
1/1/2011 - 12/31/2011



— Confidence Interval

Body Mass Index (BMI) Assessment - Child and Adolescent
Percent or Plotted
 1/1/2011 - 12/31/2011



— Confidence Interval
 Finite population correction factor applied

ALCOHOL ASSESSMENT — ADULT PRIMARY CARE

January 1, 2011 – December 31, 2011

Description

The rate represents the percentage of members ages 19 and older by December 31, 2011, 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

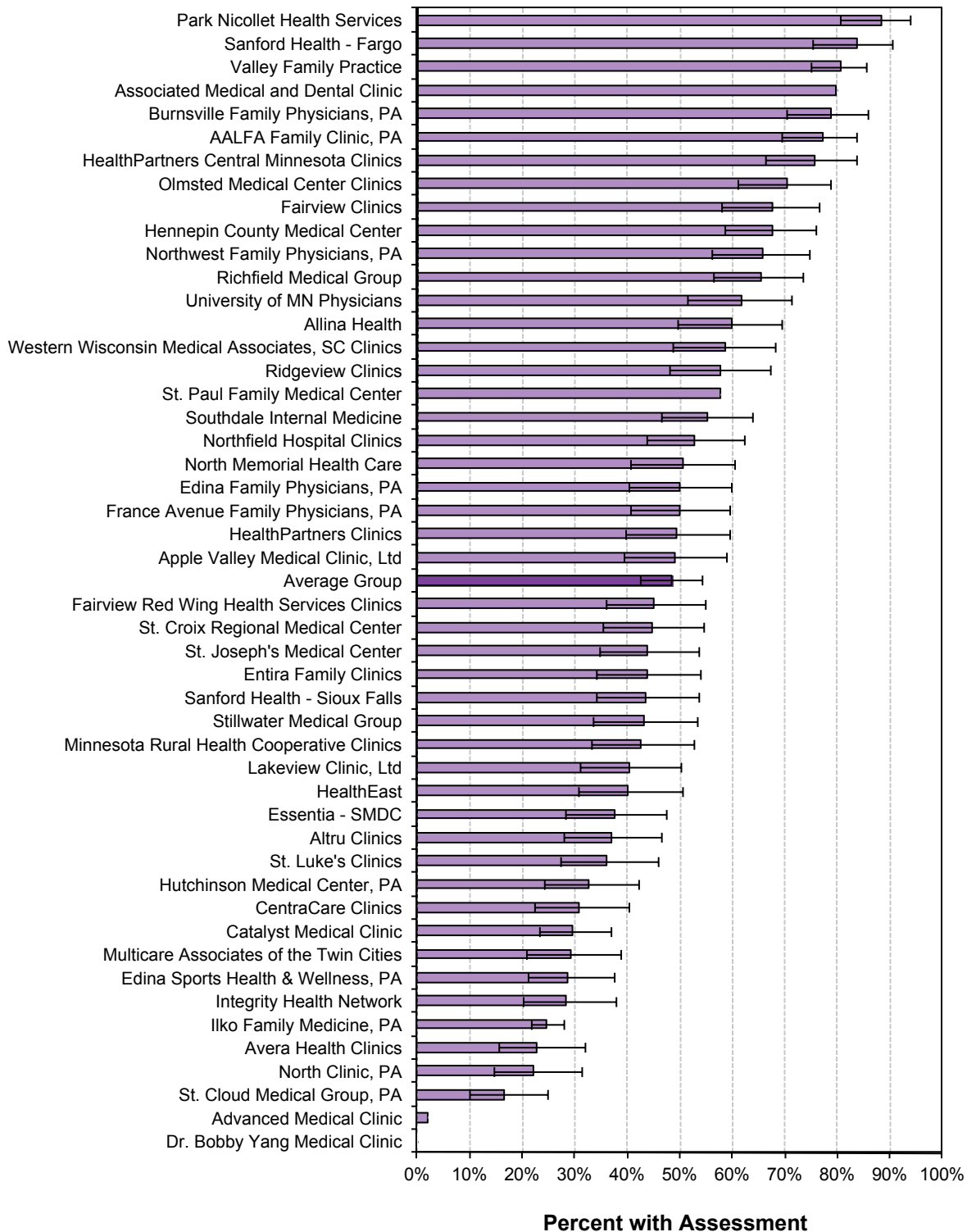
This measure includes members from all products who were continuously enrolled from January 1, 2011 to December 31, 2011, who had a clinic visit in 2011. Population identification is based on claim and membership databases. The sample includes members from the adult preventive services measure.

Results*

Members sampled	4,811
Members with assessment	2,366
Alcohol Assessment Rate	55.6% (\pm 3.6)

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

Alcohol Assessment, Adult - Primary Care
1/1/2011 - 12/31/2011



— Confidence Interval
Finite population correction factor applied

ALCOHOL ASSESSMENT — ADULT OB/GYN

January 1, 2011 – December 31, 2011

Description

The rate represents the percentage of women ages 19 and older by December 31, 2011, 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

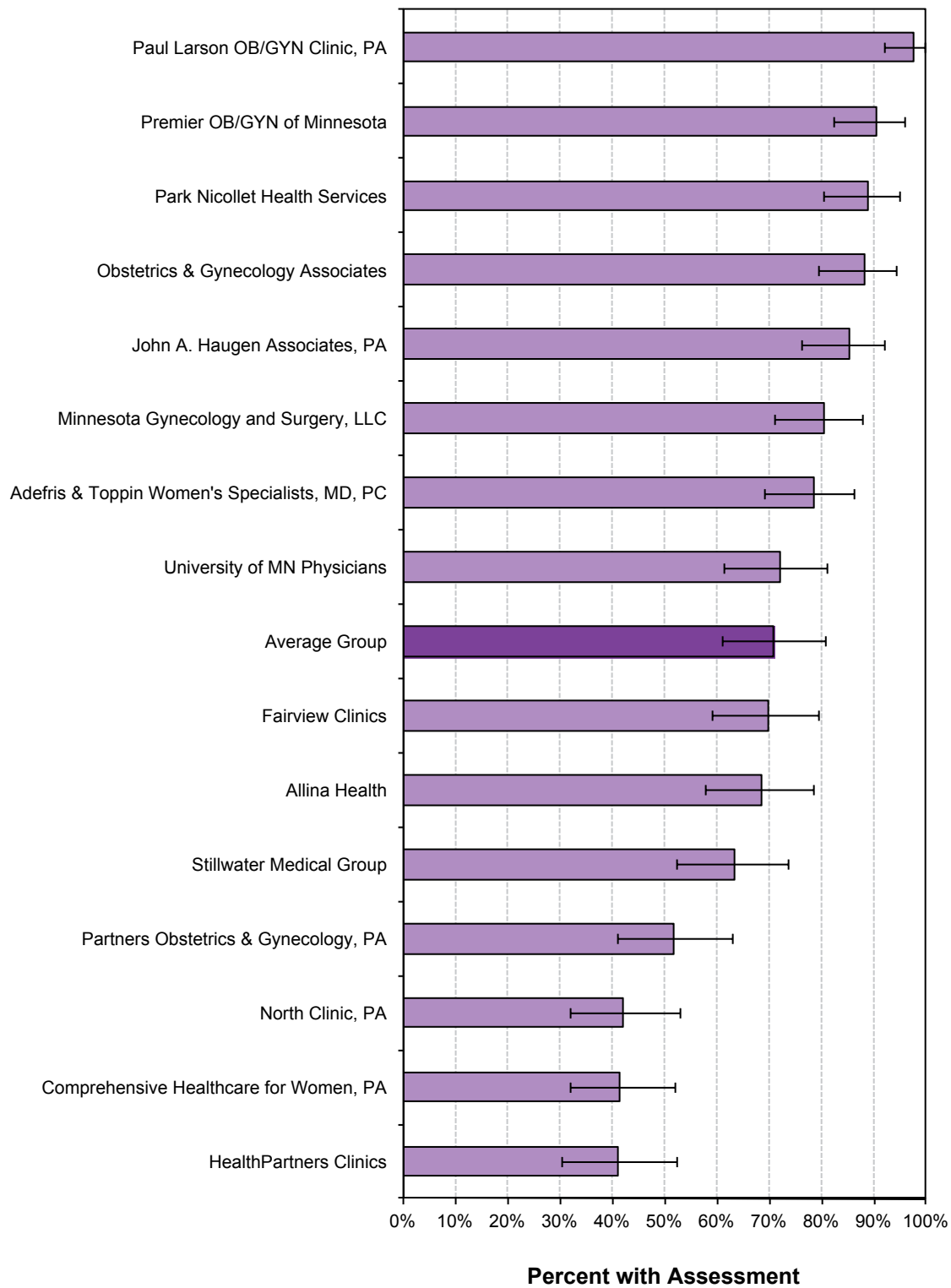
This measure includes women from all products who were continuously enrolled from January 1, 2011 to December 31, 2011, who had a clinic visit in 2011. Population identification is based on claim and membership databases. The sample includes members from the OB/GYN preventive services measure.

Results*

Members sampled	1,241
Members with assessment	878
Alcohol Assessment Rate	67.0% (\pm 4.0)

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

Alcohol Assessment, Adult - OB/GYN Providers
1/1/2011 - 12/31/2011



— Confidence Interval

OPTIMAL LIFESTYLE — ADULTS

2011 Member Survey

Description

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

Optimal lifestyle is defined as:

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

Methodology — Member Survey

Optimal lifestyle status was determined through a mail survey conducted by HealthPartners in October and November 2011. Results were distributed to provider groups first quarter, 2012. The measures include a random sample of commercial members ages 18 through 64 from 34 primary care medical groups. The data were weighted to equal sample sizes of 200 for adults and to control for self-reported health status. Members are attributed to the primary care provider group with the most office visits during the measurement year.

Survey Questions

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

Results*

Total members completing survey	7,268
Members with all optimal lifestyles	735
Optimal Lifestyle Rate	10.1% (± 0.7)

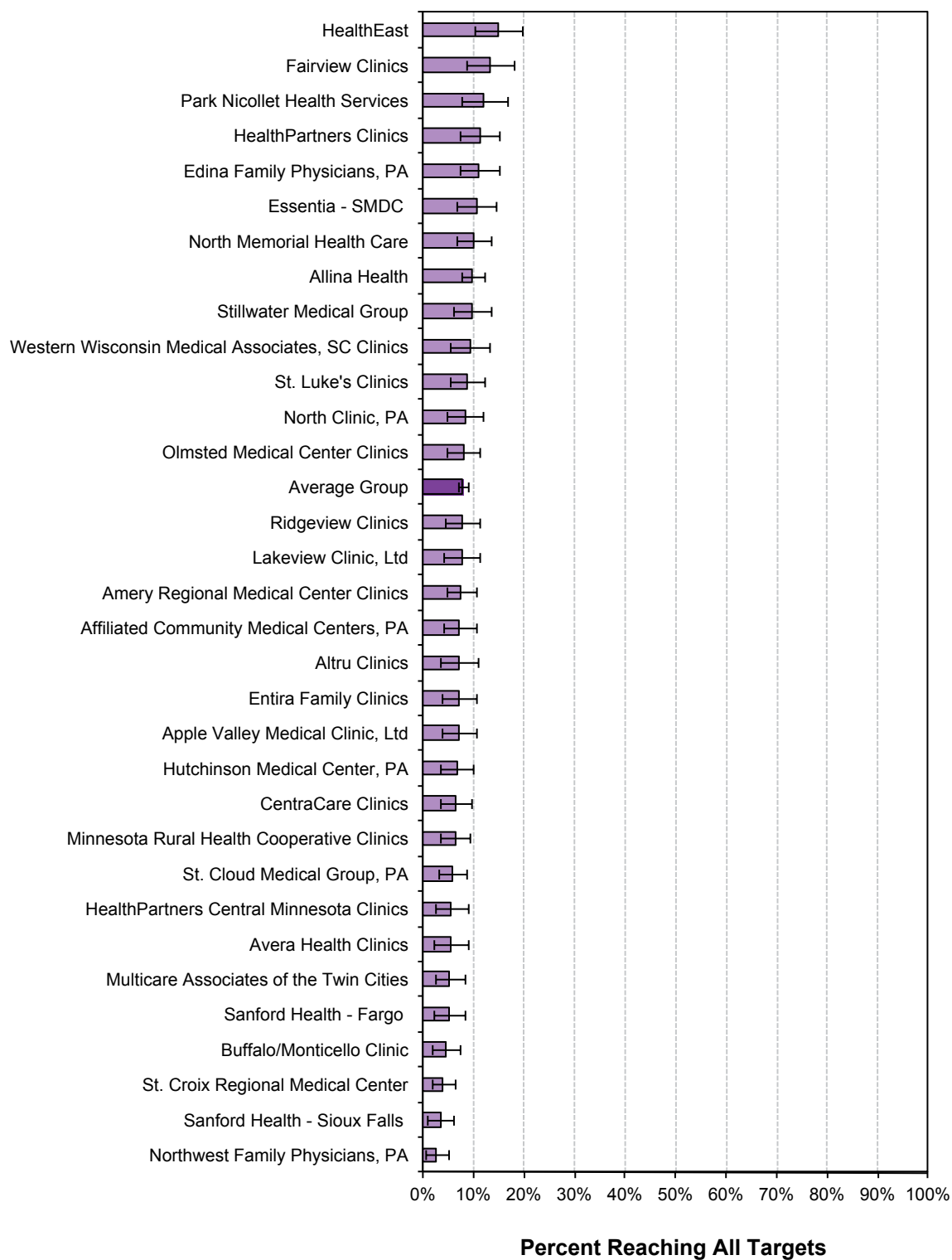
Rate by Component

Physical activity	71.4% (± 1.0)
Healthy eating	12.7% (± 0.8)
Moderate alcohol use	95.3% (± 0.5)
Non-tobacco use ¹	90.8% (± 0.7)

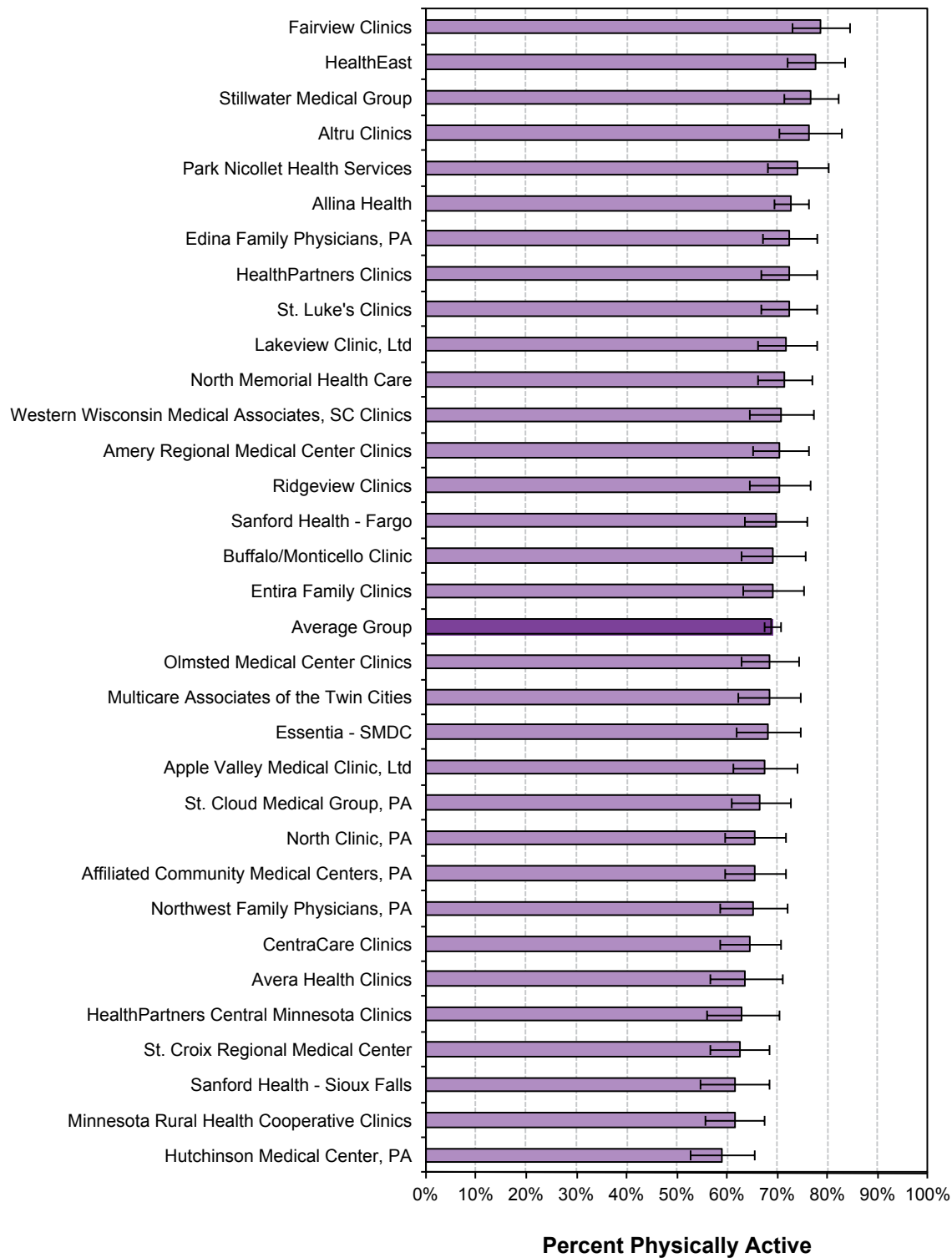
¹ Derived from tobacco prevalence member survey rates. Graphic display of medical group tobacco prevalence included in Tobacco Use and Cessation section.

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

Optimal Lifestyle - Adult
2011 Member Survey

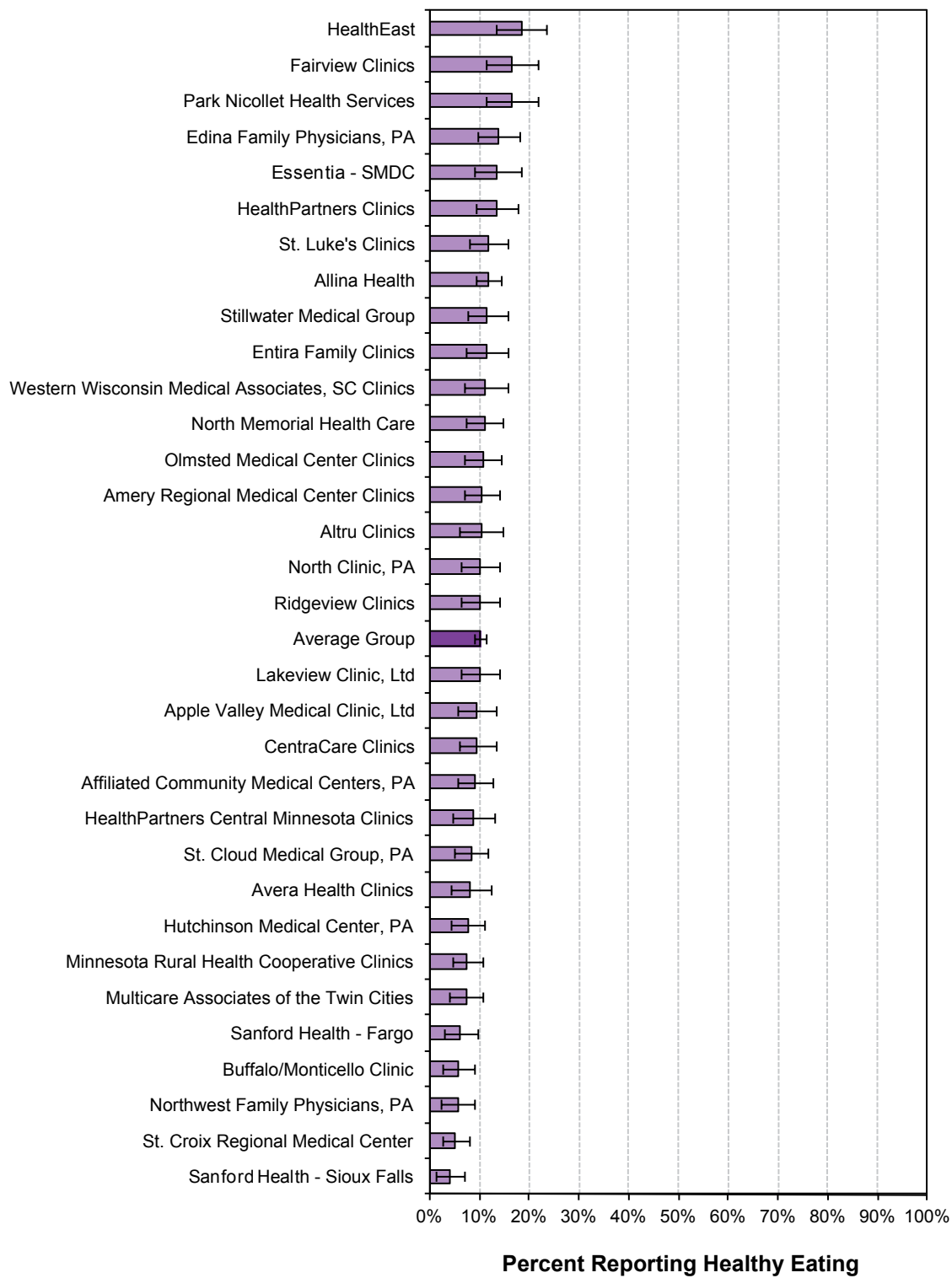


Optimal Lifestyle - Adult - Physical Activity
2011 Member Survey



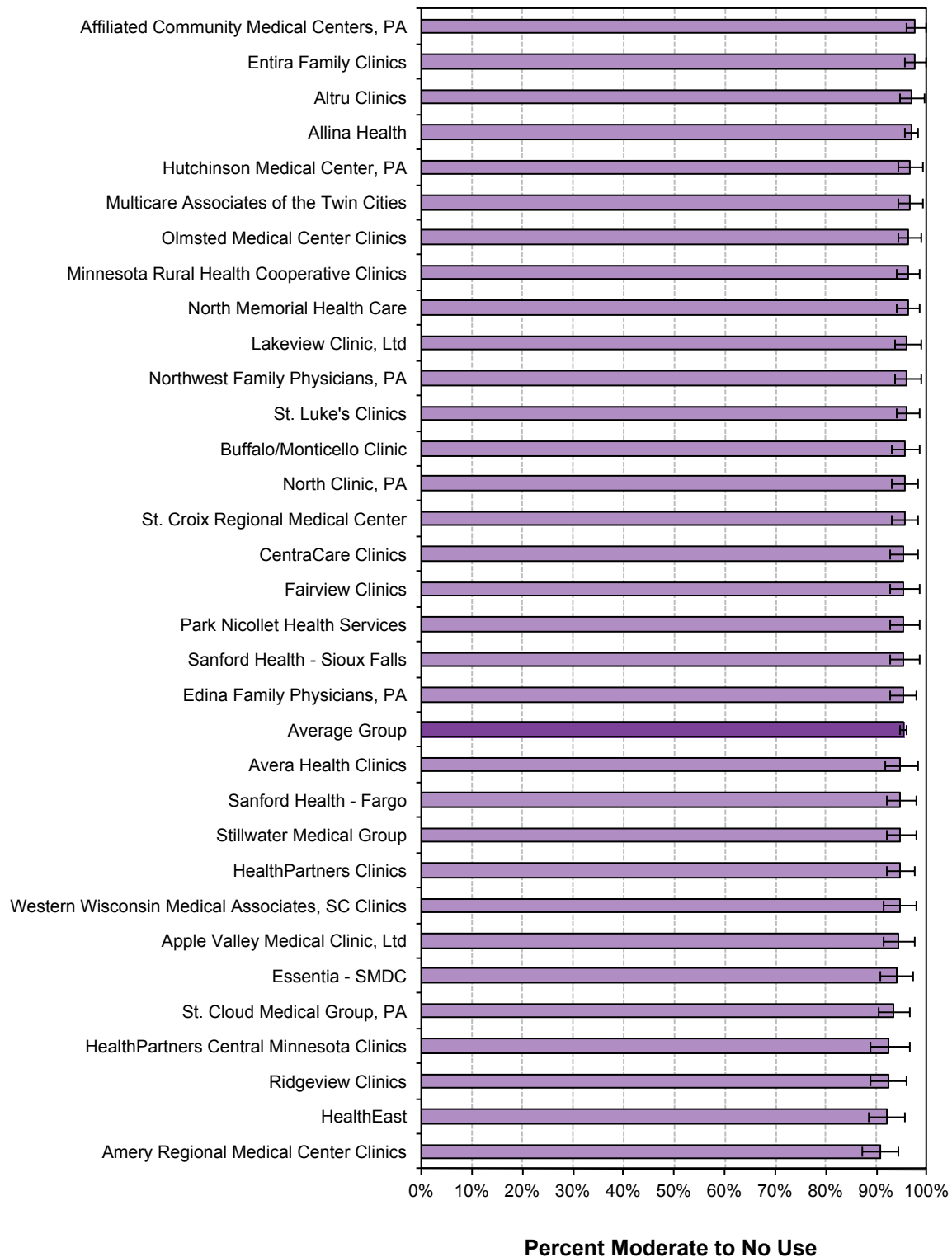
— Confidence Interval

Optimal Lifestyle - Adult - Healthy Eating
2011 Member Survey



— Confidence Interval

Optimal Lifestyle - Adult - Reporting Moderate to No Alcohol Use
2011 Member Survey



— Confidence Interval

OPTIMAL LIFESTYLE — CHILDREN

2011 Member Survey

Description

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

Optimal lifestyle is defined as:

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

Methodology — Member Survey

Optimal lifestyle status was determined through a mail survey conducted by HealthPartners in October and November 2011. Results were distributed to provider groups first quarter, 2012. The measures include a random sample of commercial members ages 17 and under from 21 primary care medical groups. For the children's survey, the adult most knowledgeable about the child's medical care was asked to complete the survey. The data were weighted to equal sample sizes of 100 for children and to control for self-reported health status. Members are attributed to the primary care provider group with the most office visits during the measurement year.

Survey Questions

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

Results*

Total members completing survey	2,455
Members with all optimal lifestyles	277
Optimal Lifestyle Rate	11.3% (± 1.2)

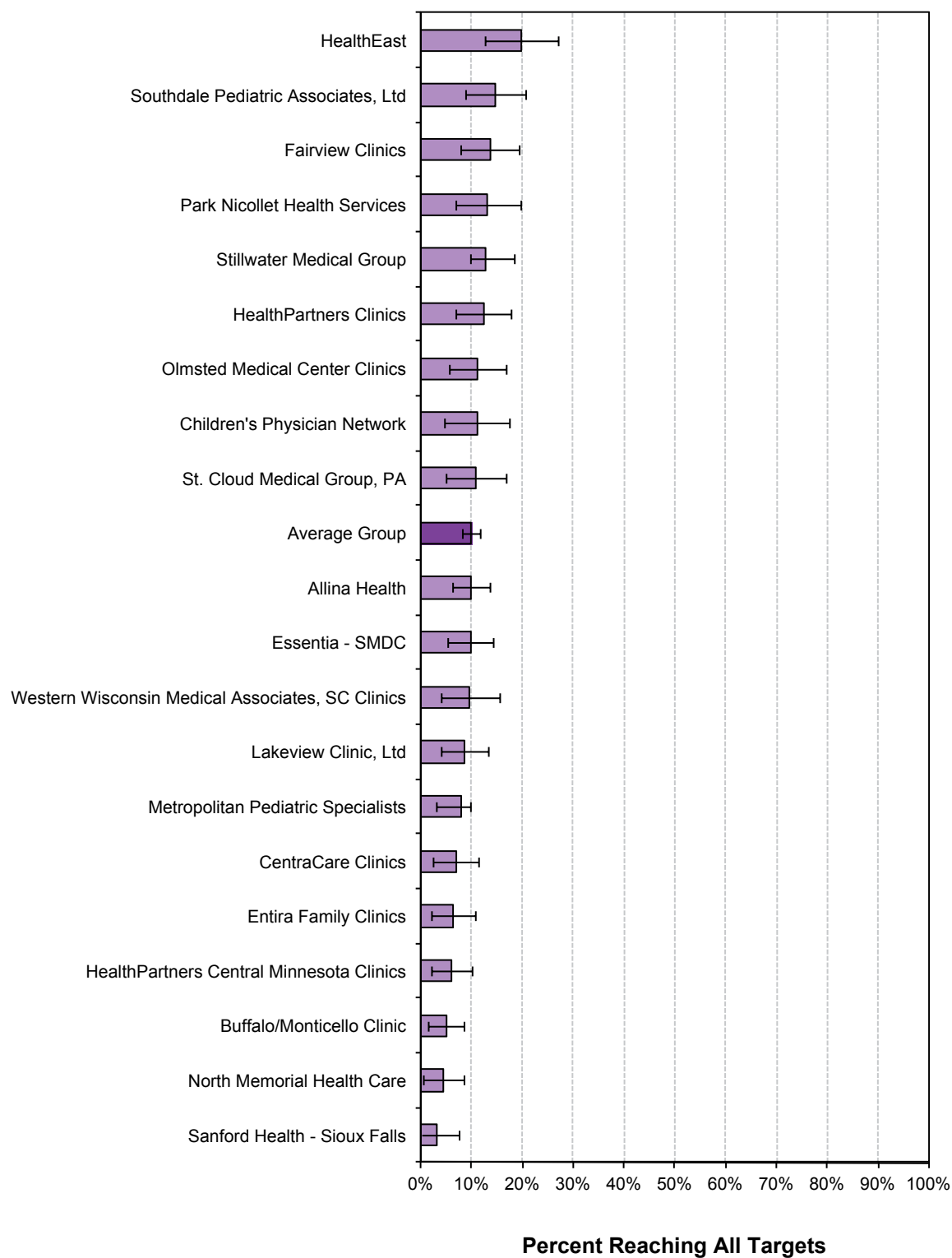
Rate by Service

Physical activity	96.4% (± 0.7)
Healthy eating	12.0% (± 1.3)
No exposure to secondhand smoke ¹	96.0% (± 0.8)

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

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

Optimal Lifestyle - Children 2011 Member Survey



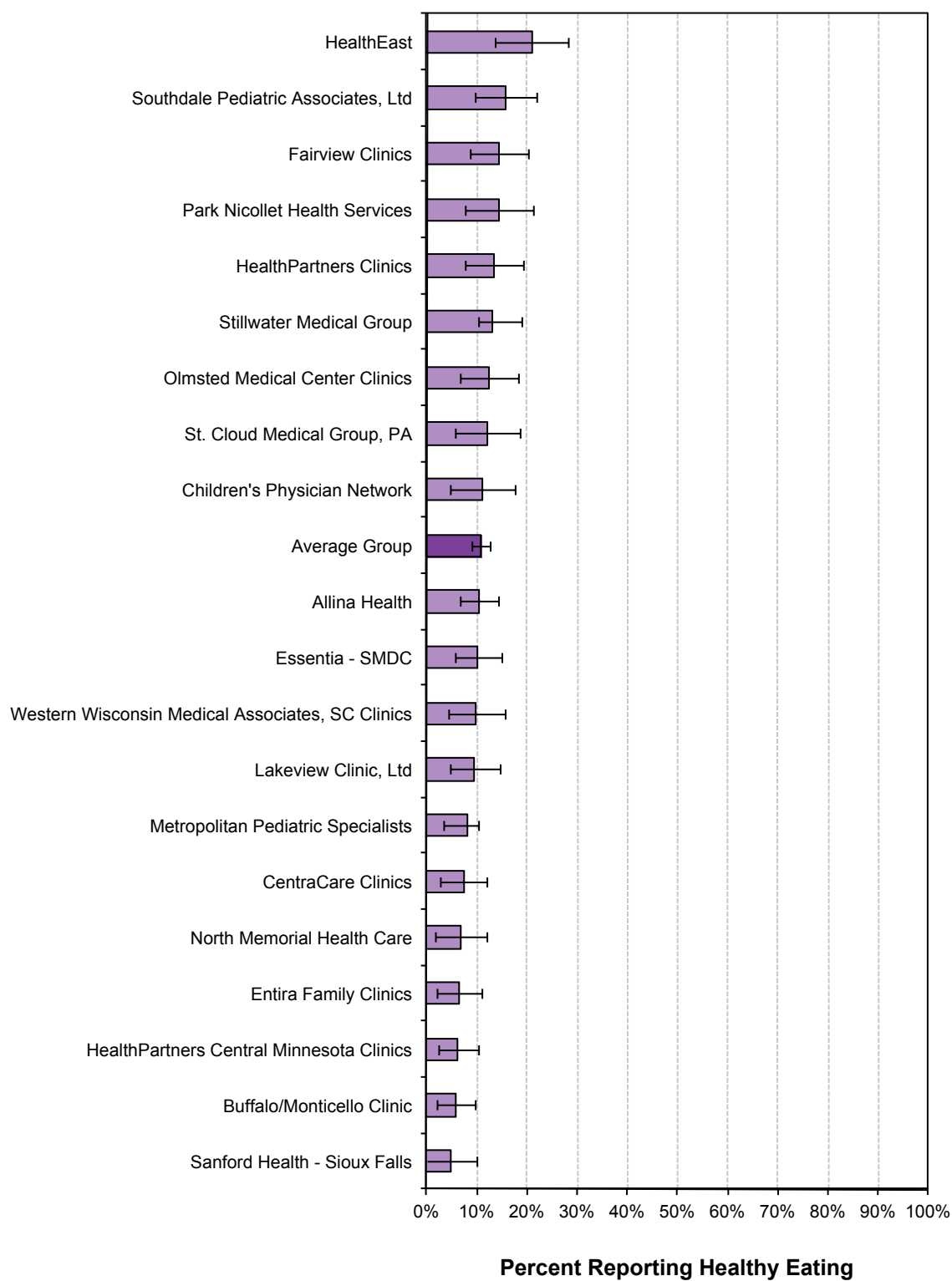
— Confidence Interval

Optimal Lifestyle - Children - Physical Activity
2011 Member Survey



— Confidence Interval

Optimal Lifestyle - Children - Healthy Eating
2011 Member Survey



— Confidence Interval

GENERIC DRUG USE — PRIMARY CARE

January 1, 2012 – June 30, 2012

Description

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

Methodology — Administrative

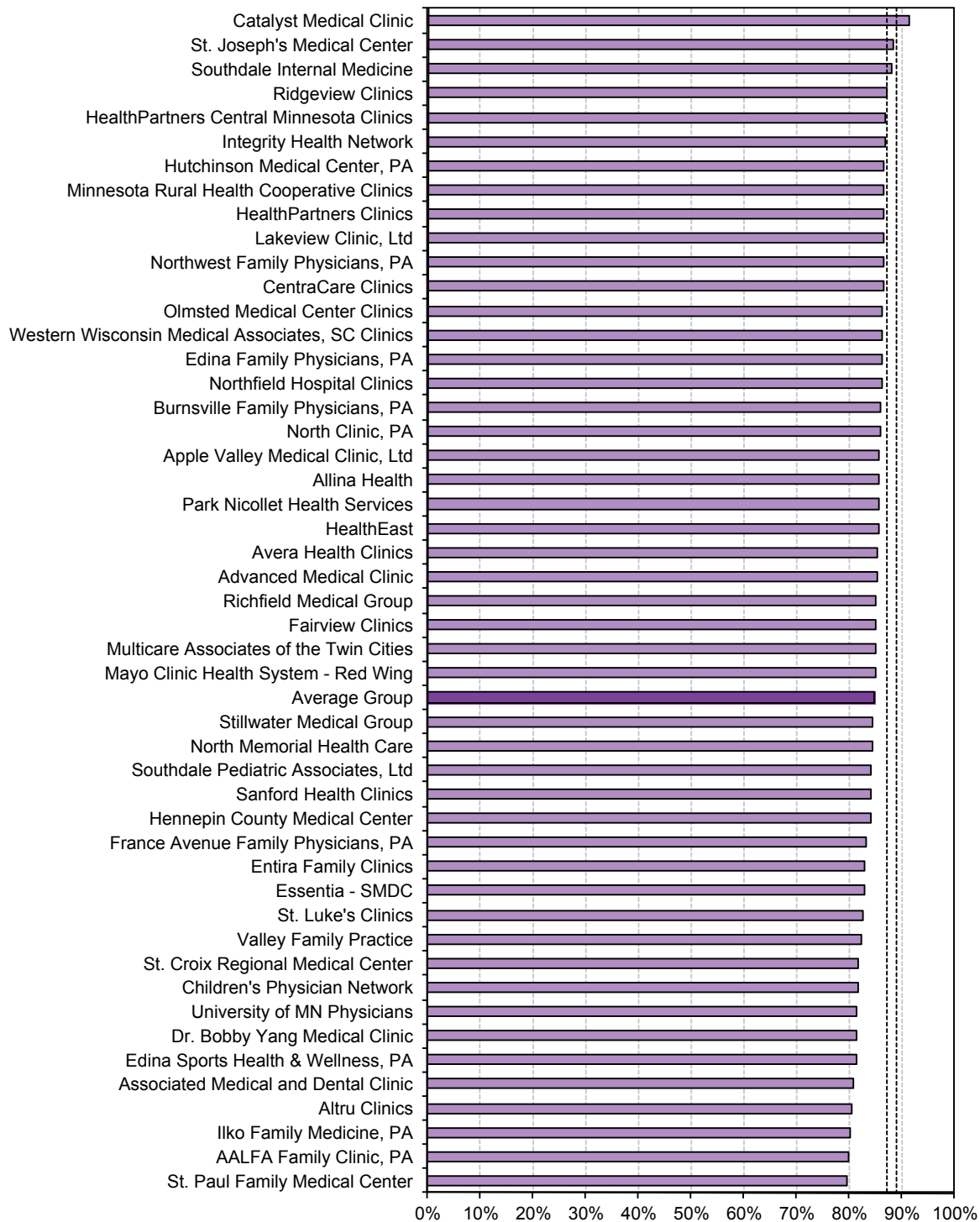
This measure includes all prescriptions for members with a drug benefit filled between January 1, 2012 and June 30, 2012, whose prescription was filled with a generic drug. This rate is calculated with pharmacy claims data. Members are attributed to the primary provider group of the prescribing physician.

Results*

Total prescriptions	3,069,500
Generic drug prescriptions	2,624,195
Generic Drug Use Rate	85.5%

** 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
1/1/2012 - 6/30/2012



Percent Generic Drug Use
 ----- 2012 Goals - Primary Care (Silver 87%, Gold 89%)
 2012 Goals (not pictured) - Peds (Silver 88%, Gold 90%)

GENERIC DRUG USE — SPECIALTY CARE

January 1, 2012 – June 30, 2012

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, 2012 and June 30, 2012, 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	88,655
Generic drug prescriptions	77,071

Behavioral Health Generic Drug Use Rate 86.9%

Cardiology

Total prescriptions	102,889
Generic drug prescriptions	86,746

Cardiology Generic Drug Use Rate 84.3%

ENT

Total prescriptions	20,485
Generic drug prescriptions	18,086

ENT Generic Drug Use Rate 88.3%

OB/GYN

Total prescriptions	221,655
Generic drug prescriptions	187,398

OB/GYN Generic Drug Use Rate 84.5%

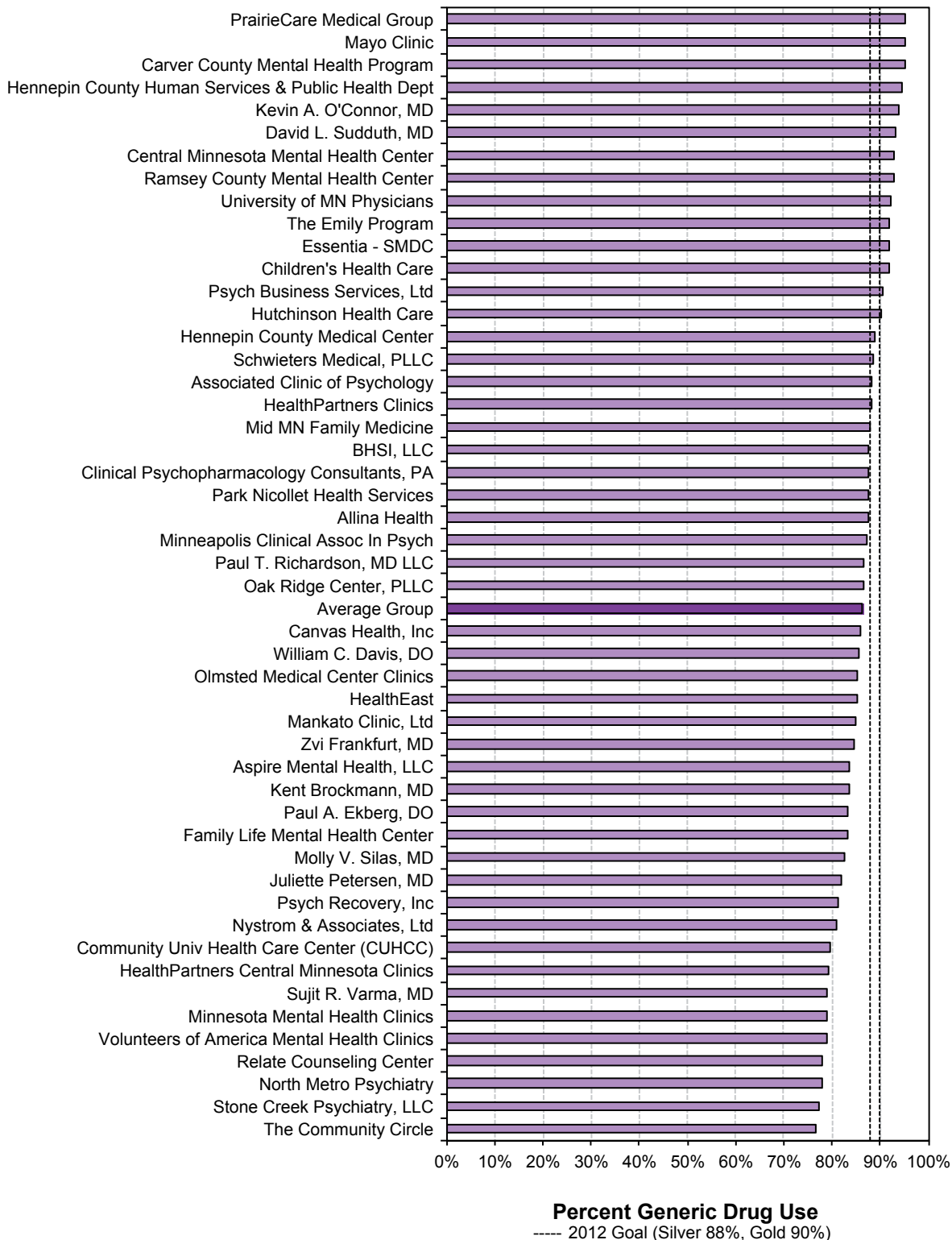
Orthopaedics

Total prescriptions	30,233
Generic drug prescriptions	28,300

Orthopaedics Generic Drug Use Rate 93.7%

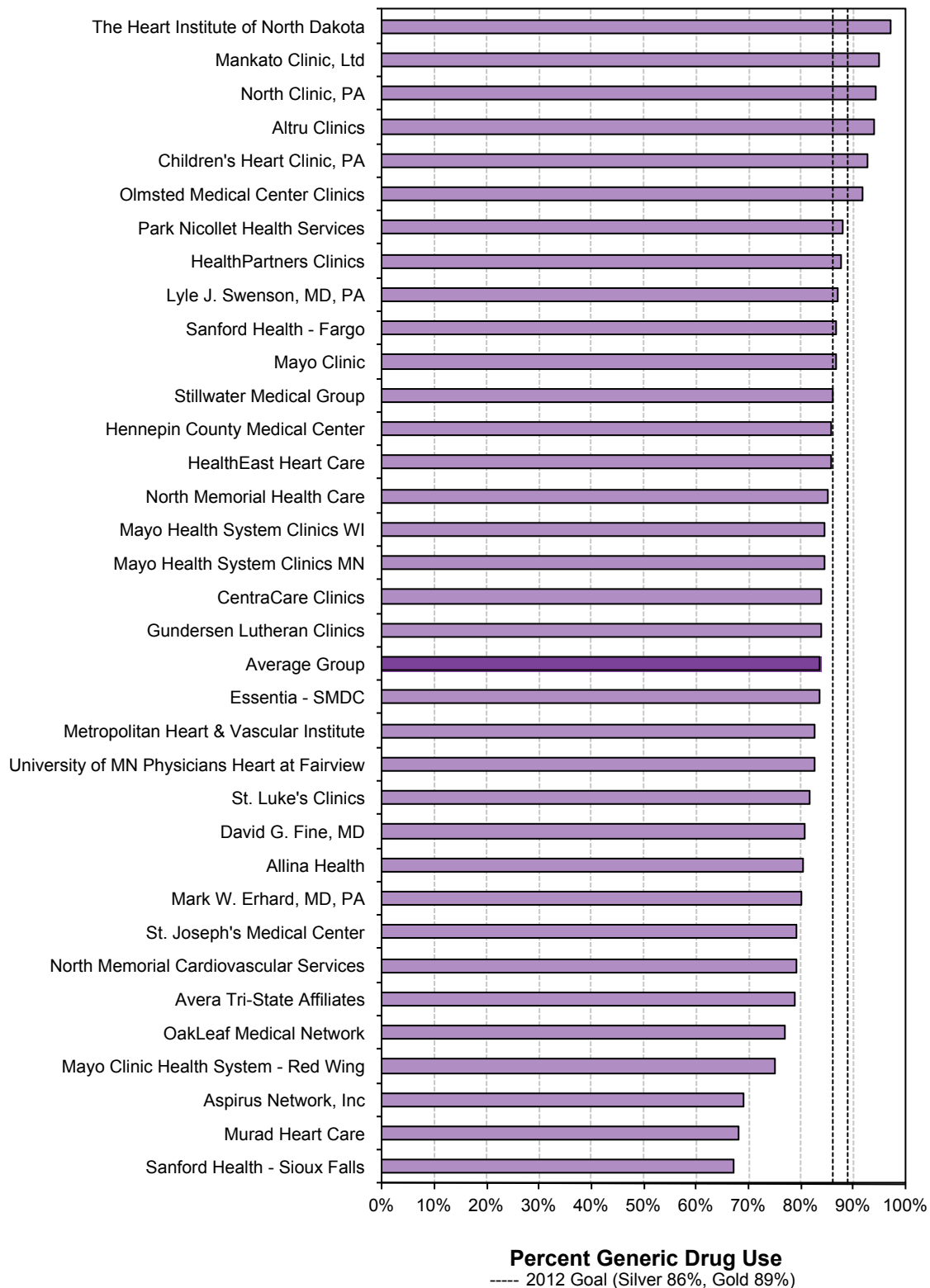
* Results include all prescriptions from applicable provider specialties. Results from medical groups who are current or anticipated HealthPartners Partners in Excellence (PIE) participants are graphically displayed.

Generic Drug Use - Behavioral Health Providers
1/1/2012 - 6/30/2012

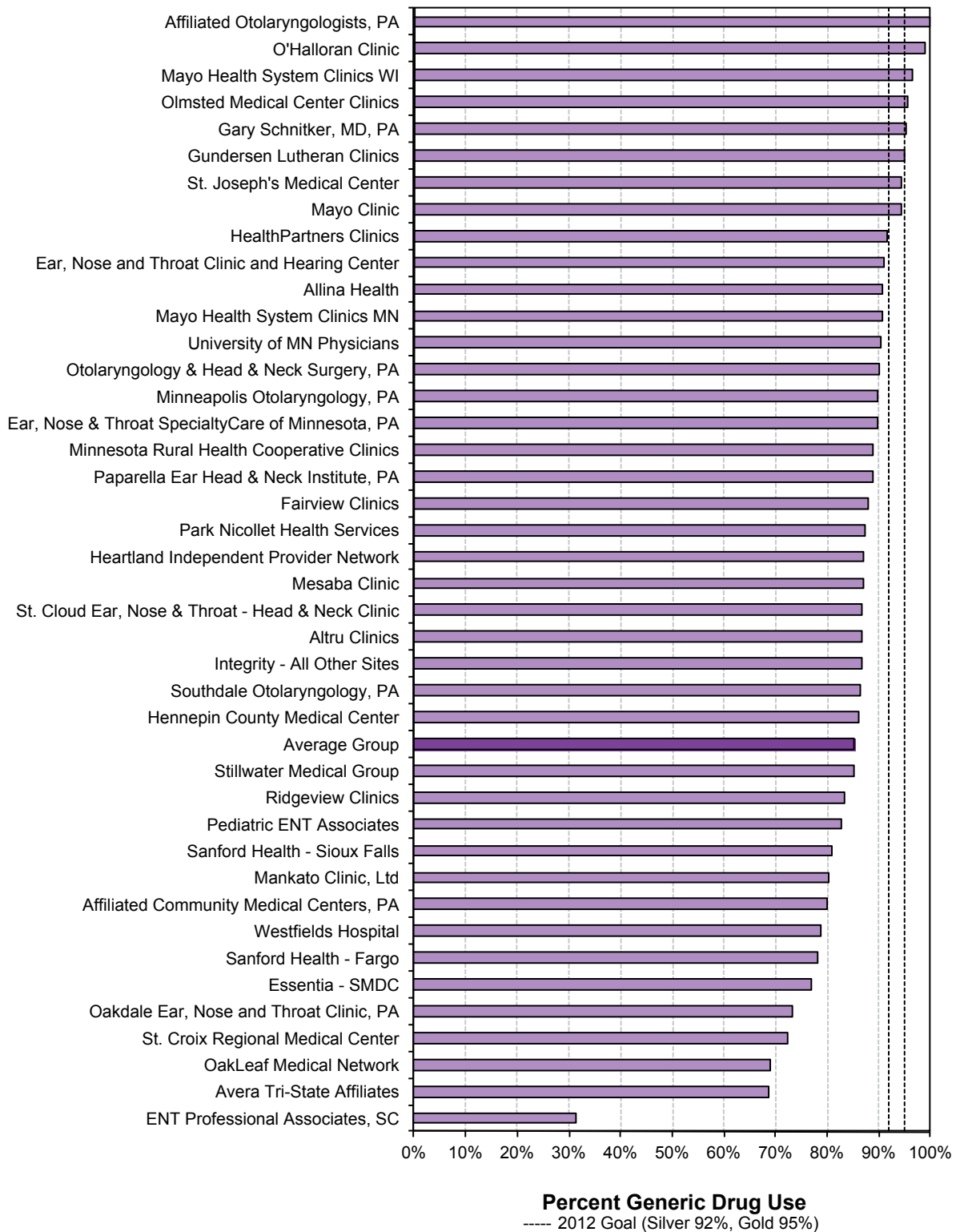


Medical Groups with <300 prescriptions are not displayed.

Generic Drug Use - Cardiology Providers
1/1/2012 - 6/30/2012

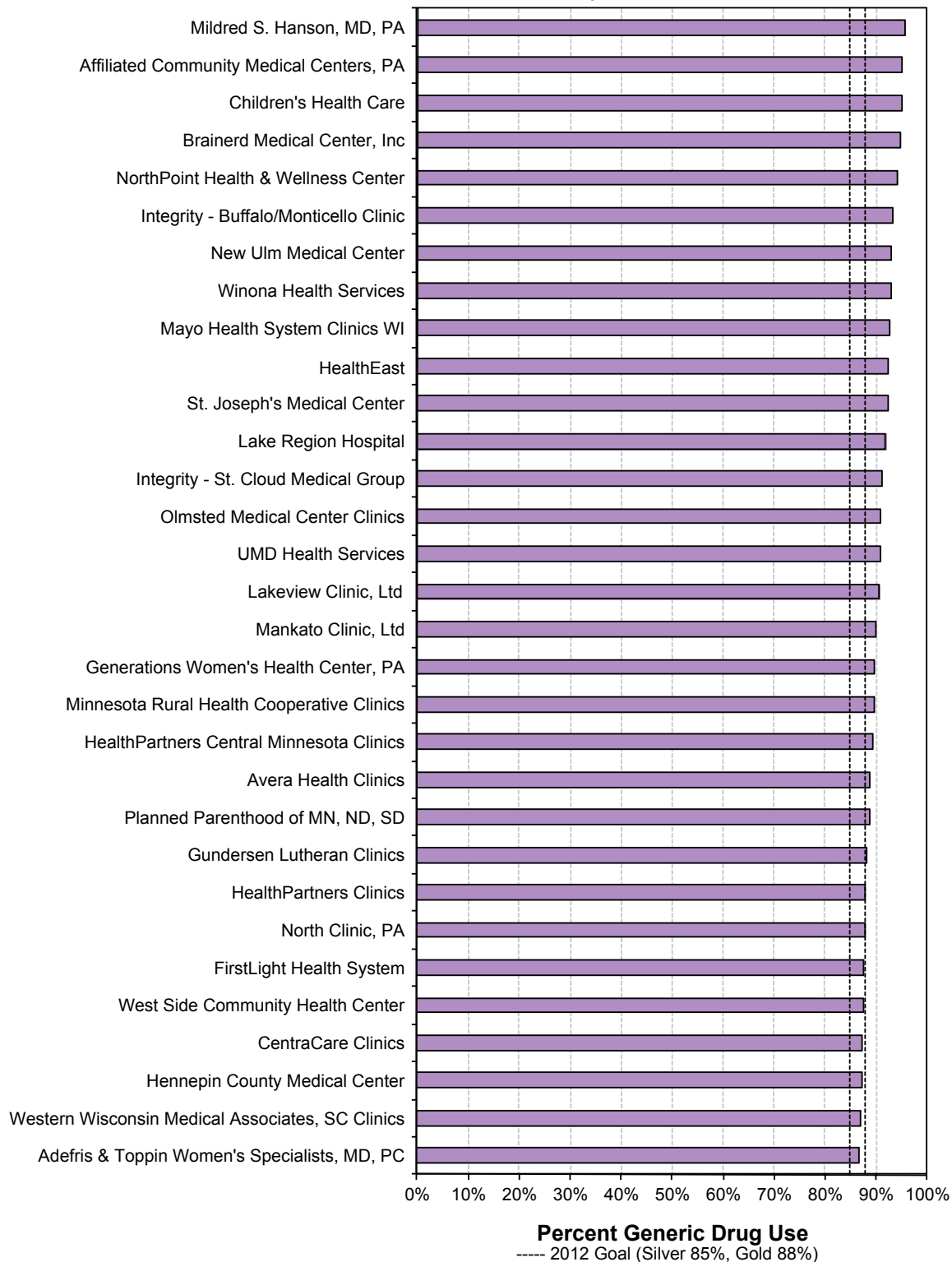


Generic Drug Use - ENT Providers
1/1/2012 - 6/30/2012



Generic Drug Use - OB/GYN Providers
1/1/2012 - 6/30/2012

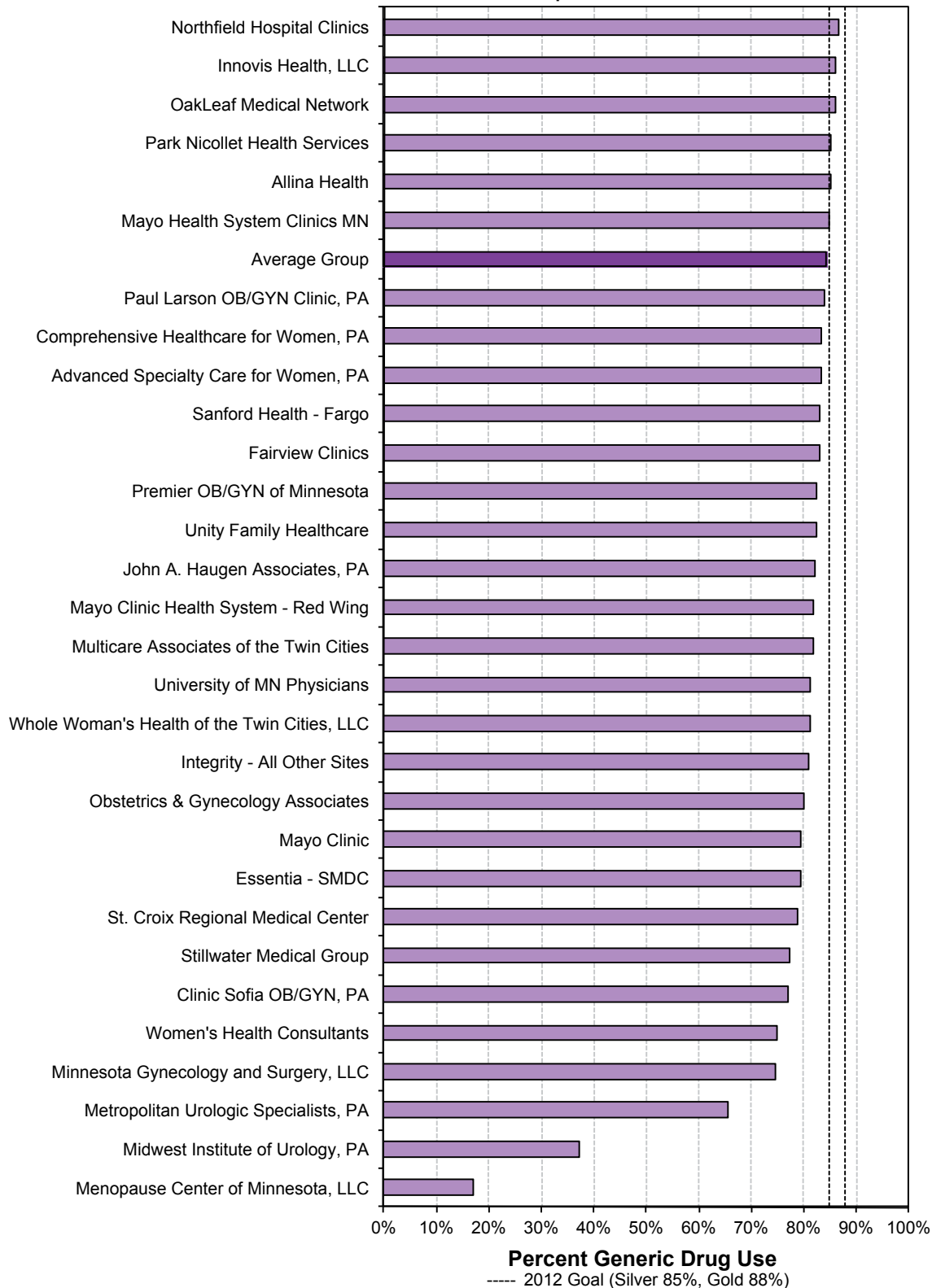
Part 1 of a 2 Part Graph



Generic Drug Use - OB/GYN Providers

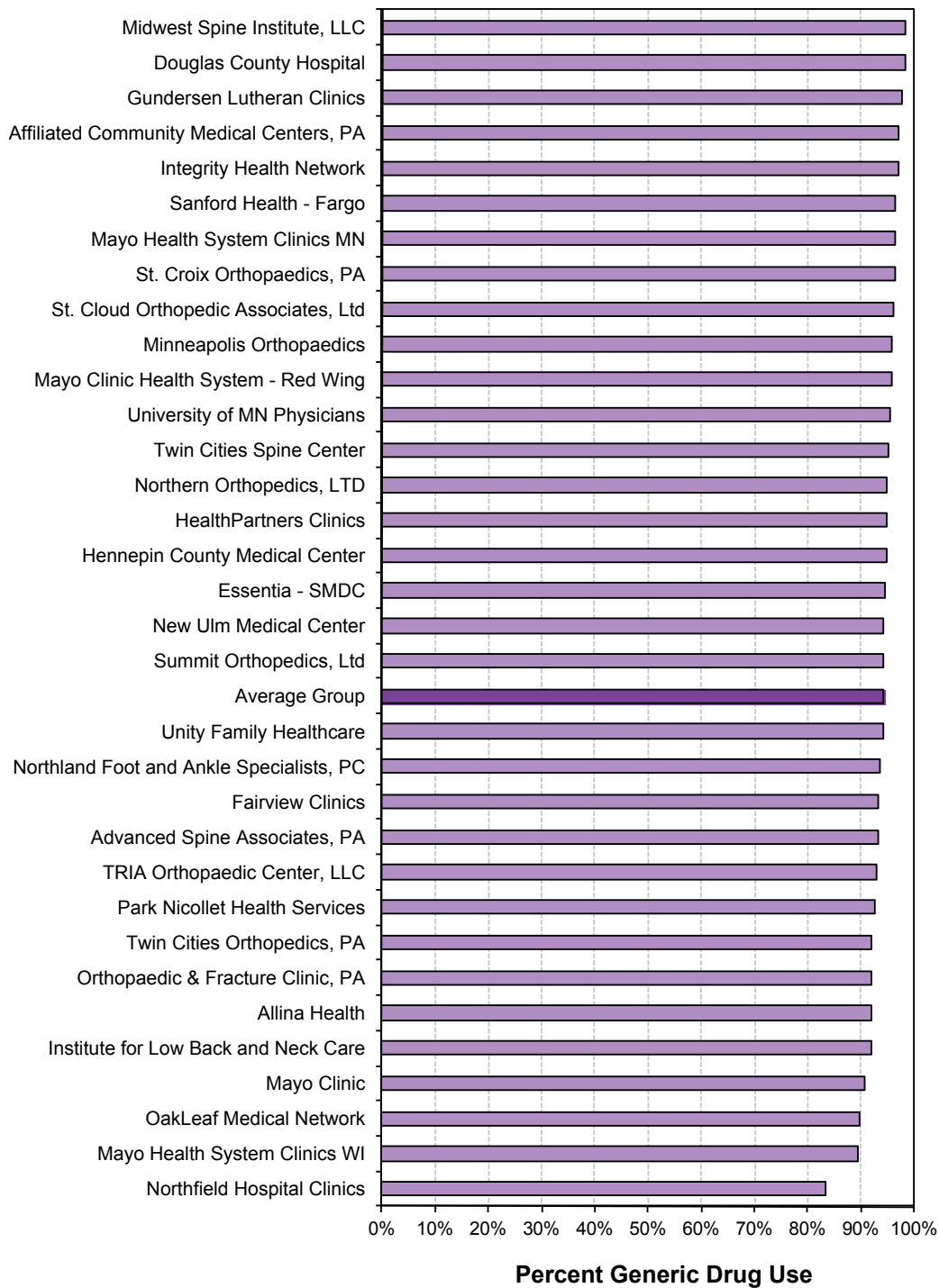
1/1/2012 - 6/30/2012

Part 2 of a 2 Part Graph



Medical Groups with <200 prescriptions are not displayed.

Generic Drug Use - Orthopaedic Providers
1/1/2012 - 6/30/2012



Medical Groups with <100 prescriptions are not displayed.

GENERIC DRUG USE — PHARMACY

January 1, 2012 – June 30, 2012

Description

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

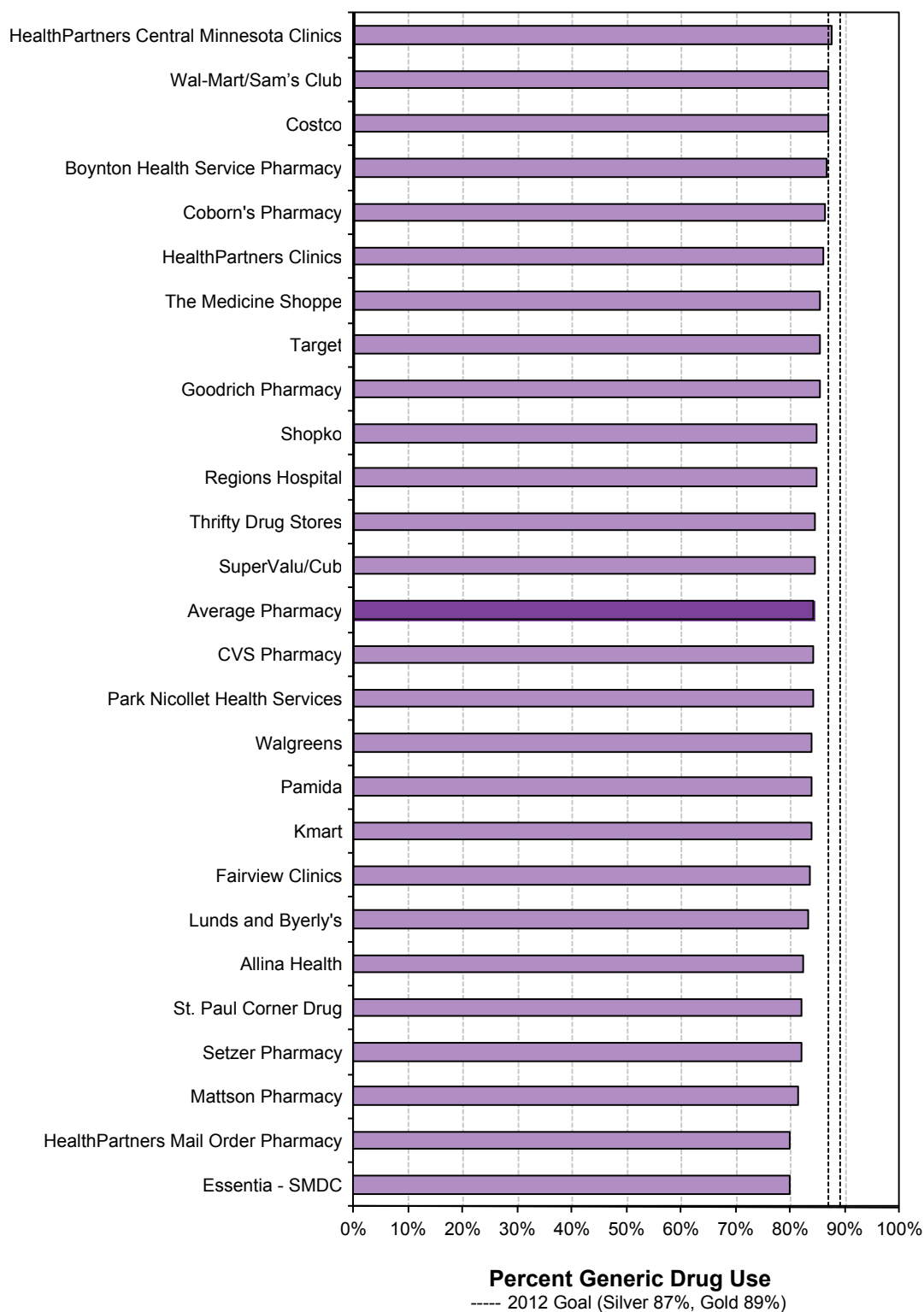
Methodology — Administrative

This measure includes all prescriptions for members with a drug benefit filled between January 1, 2012 and June 30, 2012, whose prescription was filled with a generic drug. This rate is calculated with pharmacy claims data. Each prescription is attributed to the pharmacy that filled the prescription.

Results

Total prescriptions	5,135,775
Generic drug prescriptions	4,300,217
Generic Drug Use Rate	83.7%

Generic Drug Use - Pharmacy Chains 1/1/2012 - 6/30/2012



ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

PRIMARY CARE

January 1, 2011 – December 31, 2011

Description

The percentage of members ages 18 years 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 either a serum creatinine (SCr) or a blood urea nitrogen (BUN) for prescribed ACE inhibitors, ARBs and/or diuretics.

Methodology — Administrative

This measure is consistent with the HEDIS 2012 Annual Monitoring for Patients on Persistent Medications measurement specifications and includes all members ages 18 years and older as of December 31, 2011, from all products except Medicare Cost with a drug benefit who were continuously enrolled from January 1, 2011 to December 31, 2011. 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	19,782
Members with monitoring event	16,857
Annual Monitoring Rate	85.2%

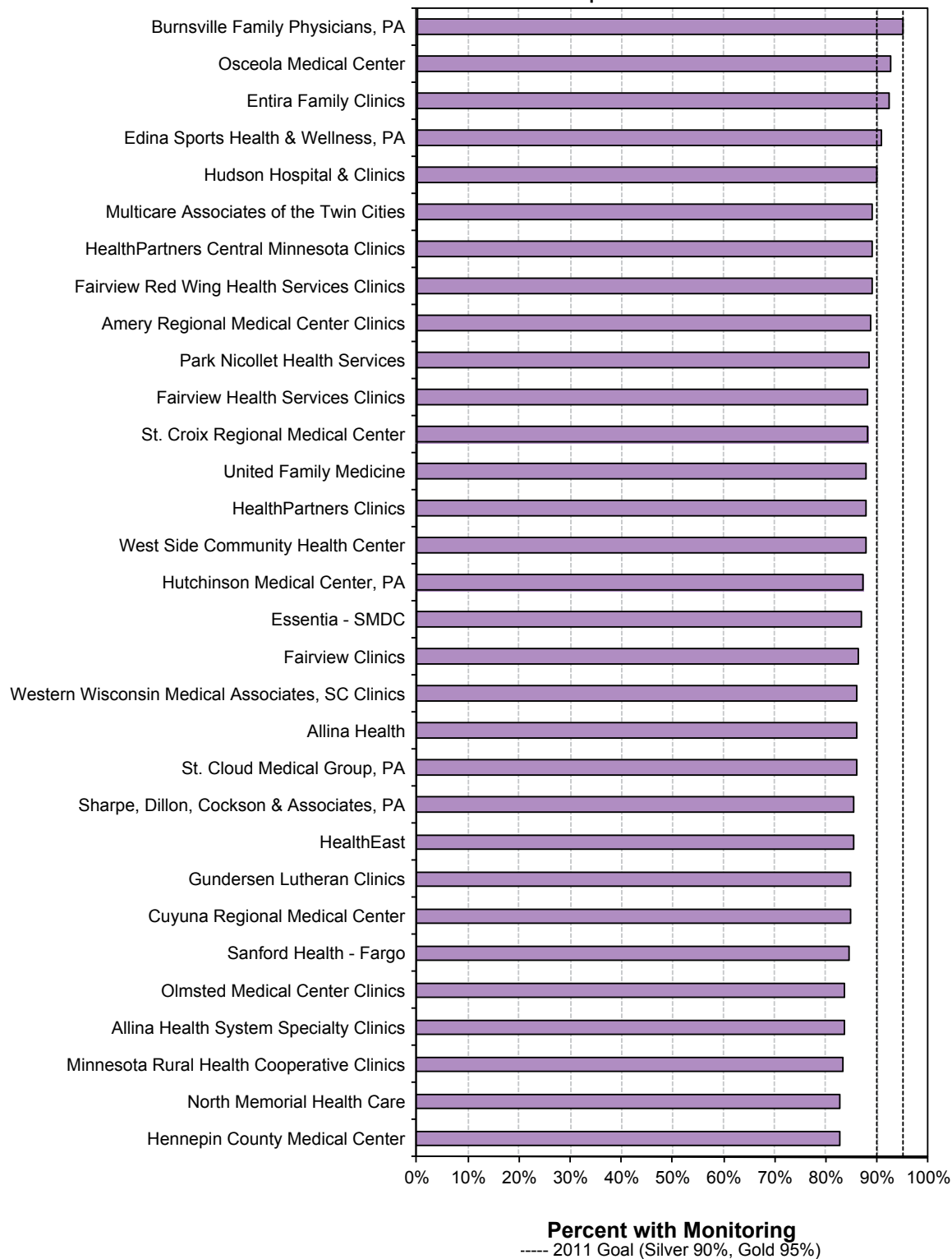
Diuretics monitoring

Total eligible members	16,968
Members with monitoring event	14,630
Annual Monitoring Rate	86.2%

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

1/1/2011 - 12/31/2011

Part 1 of a 2 Part Graph

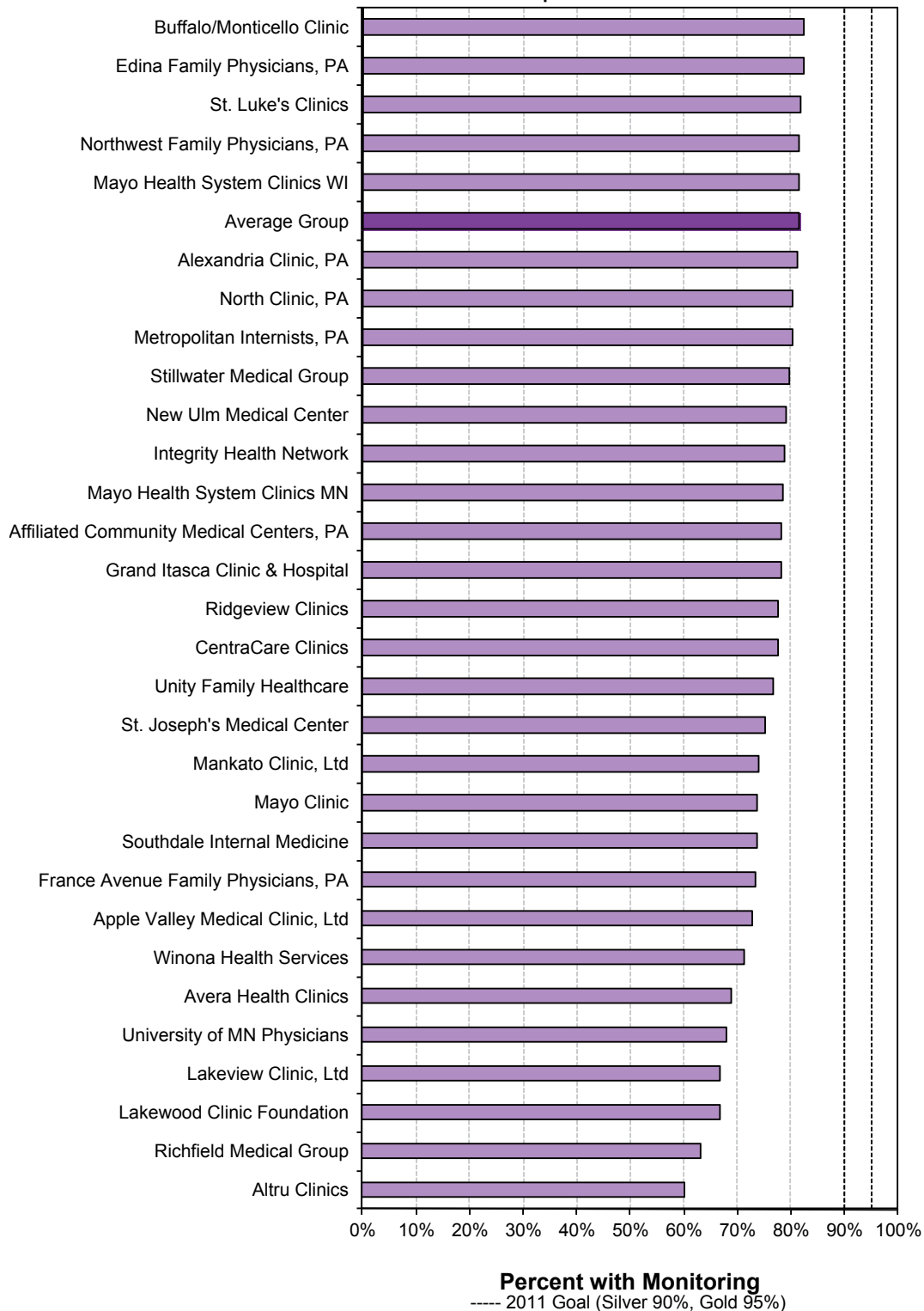


Annual Monitoring for Patients on Persistent Medications - Primary Care

ACE/ARB

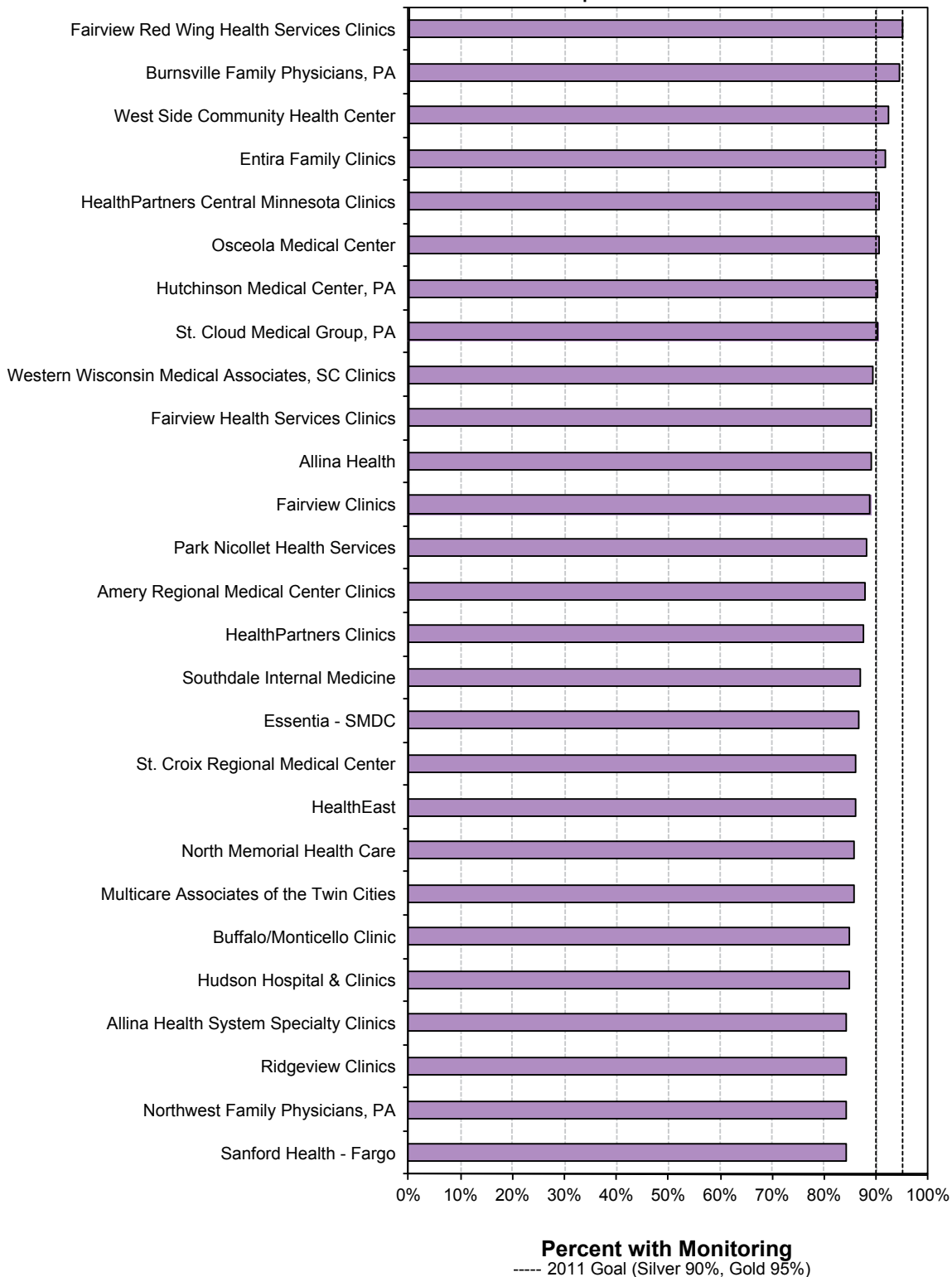
1/1/2011 - 12/31/2011

Part 2 of a 2 Part Graph



**Annual Monitoring for Patients on Persistent Medications - Primary Care
Diuretics
1/1/2011 - 12/31/2011**

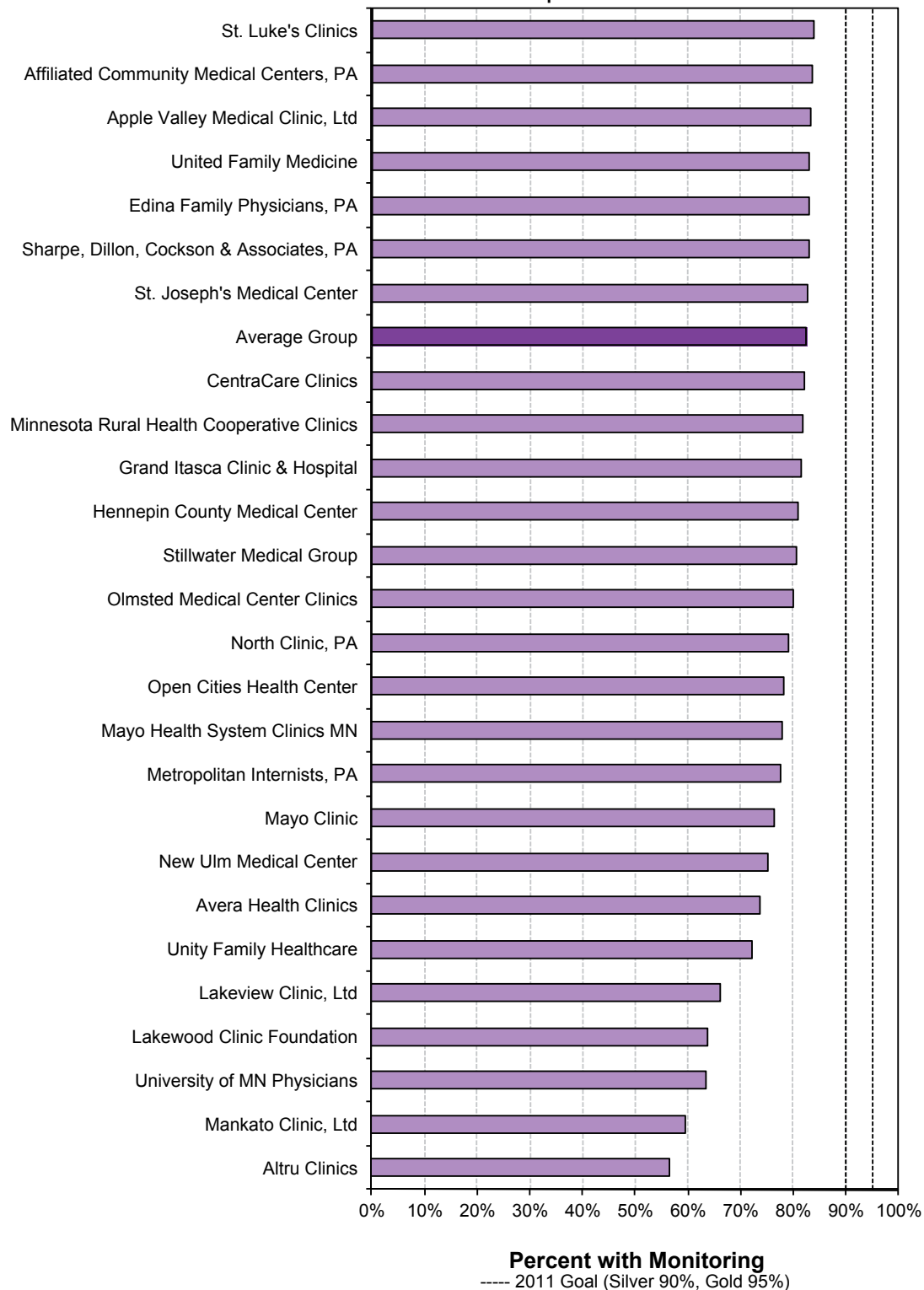
Part 1 of a 2 Part Graph



Annual Monitoring for Patients on Persistent Medications - Primary Care Diuretics

1/1/2011 - 12/31/2011

Part 2 of a 2 Part Graph



ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

CARDIOLOGY

January 1, 2011 – December 31, 2011

Description

The percentage of members ages 18 years 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 either a serum creatinine (SCr) or a blood urea nitrogen (BUN) for prescribed ACE inhibitors, ARBs and/or diuretics.

Methodology — Administrative

This measure is consistent with the HEDIS 2012 Annual Monitoring for Patients on Persistent Medications measurement specifications and includes all members ages 18 years and older as of December 31, 2011, from all products except Medicare Cost with a drug benefit who were continuously enrolled from January 1, 2011 to December 31, 2011. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the medical group of the prescribing provider's primary location of the most recent script that qualified the member for the denominator. Only scripts written by a provider with a cardiology specialty are included; however, therapeutic monitoring claims from all providers are included.

Results

ACE/ARB monitoring

Total eligible members	1,294
Members with monitoring event	1,105
Annual Monitoring Rate	85.4%

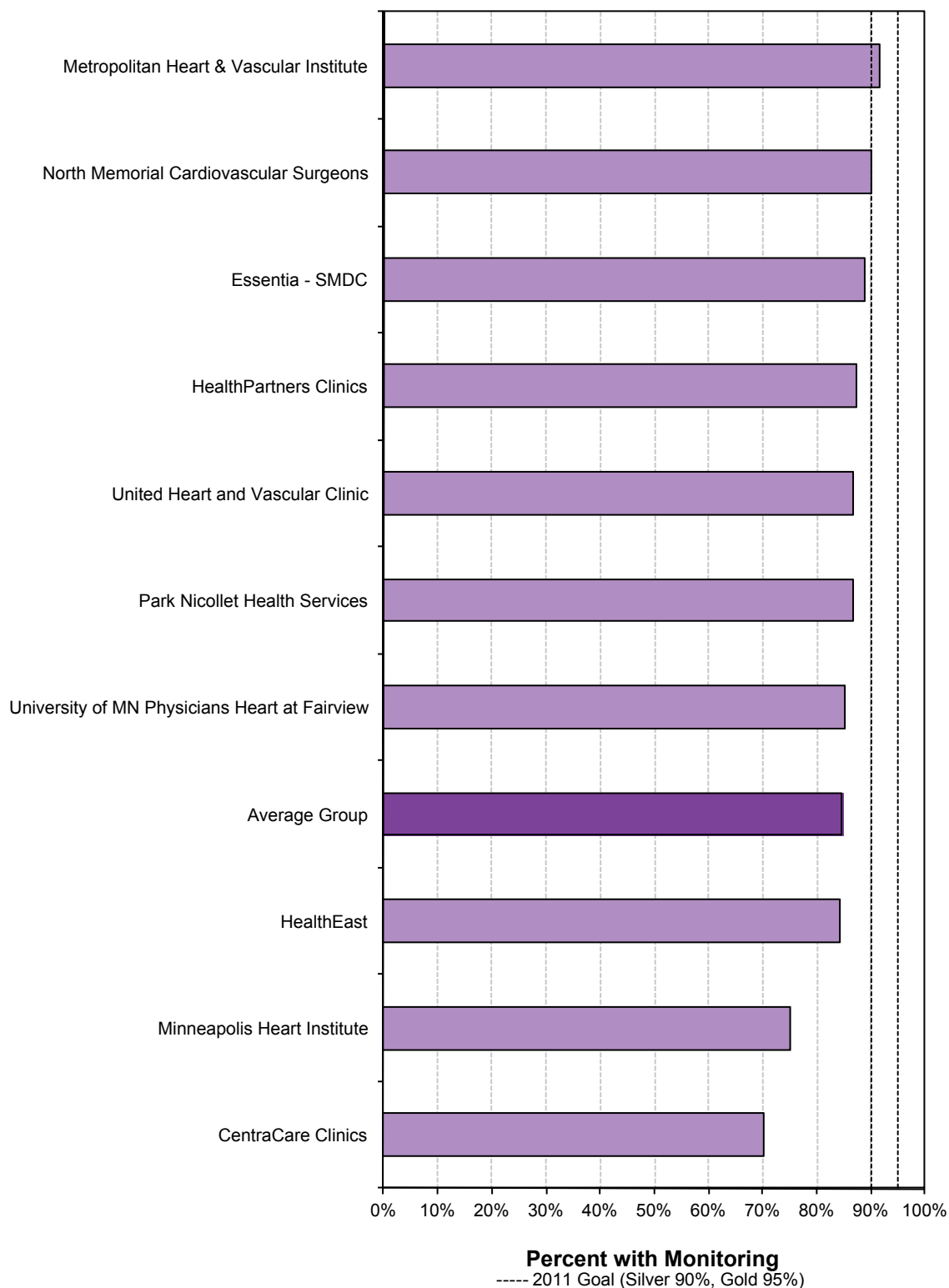
Diuretics monitoring

Total eligible members	646
Members with monitoring event	592
Annual Monitoring Rate	91.6%

Annual Monitoring for Patients on Persistent Medications - Cardiology

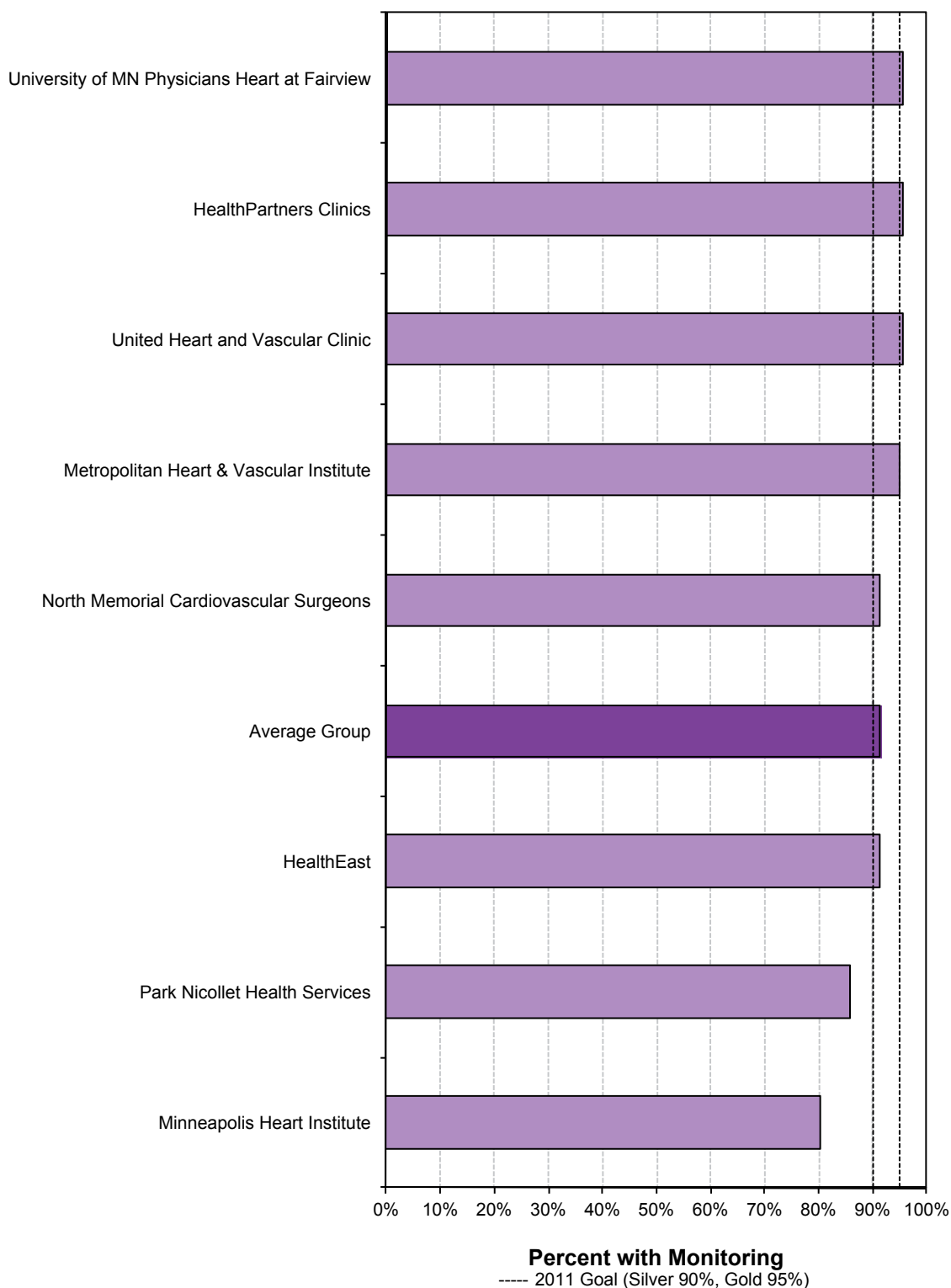
ACE/ARB

1/1/2011 - 12/31/2011



Annual Monitoring for Patients on Persistent Medications - Cardiology Diuretics

1/1/2011 - 12/31/2011



MEDICATION ADHERENCE FOR ASTHMA/COPD – PHARMACY

July 1, 2011 – June 30, 2012

Description

The percentage of members with a diagnosis of asthma or chronic obstructive pulmonary disease (COPD) who remain on a controller medication¹ and meet an 80 percent medication possession ratio (MPR) 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 5-56 years with a diagnosis of asthma and members age 40 years and older with a diagnosis of COPD from commercial products and who were continuously enrolled from July 1, 2011 to June 30, 2012.

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.

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

- two or more distinct dates of service with a diagnosis of COPD **or**;
- one diagnosis of COPD and one claim on a different date of service for oxygen or a nebulizer.

Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

Results

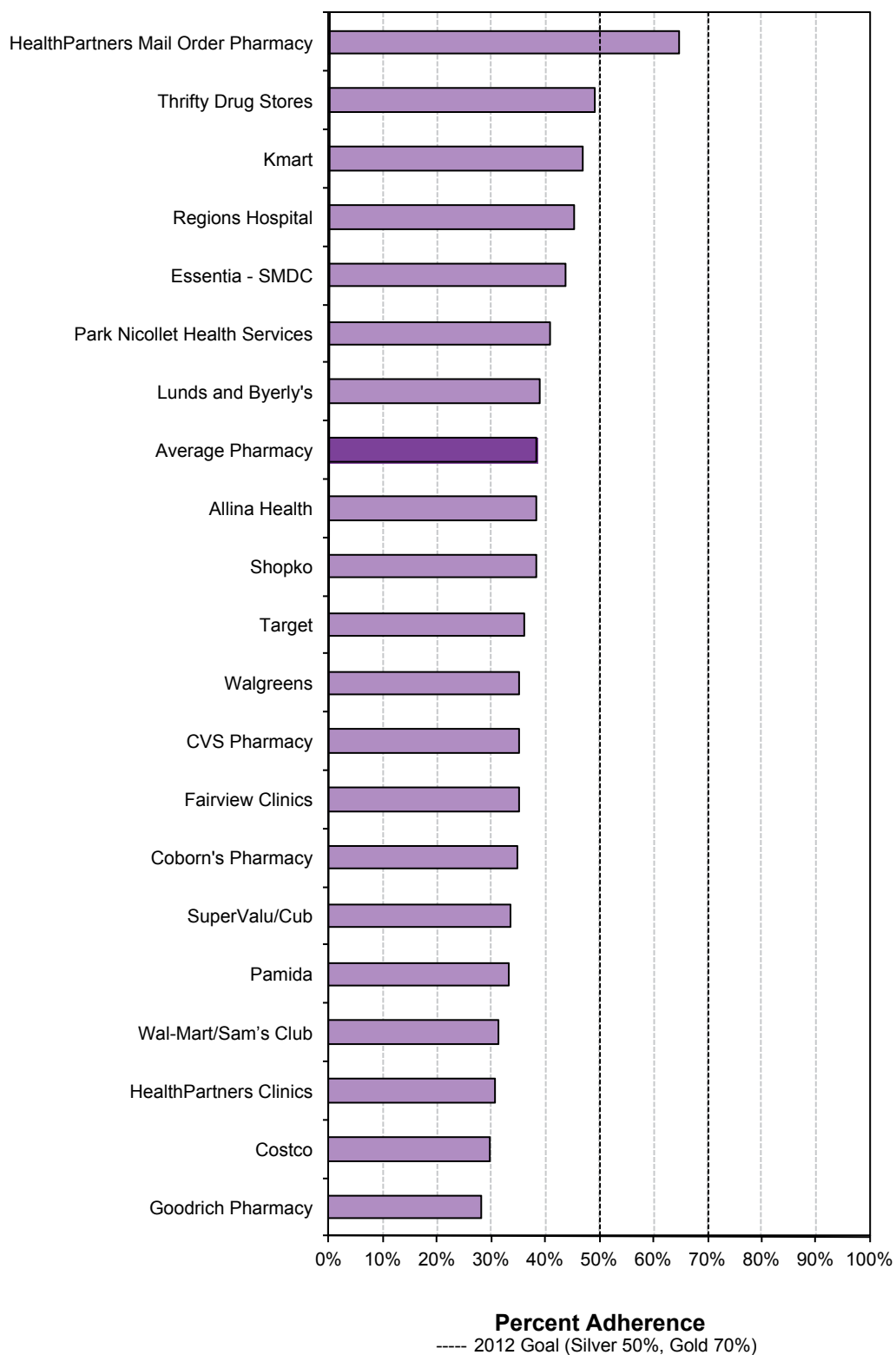
Commercial Members

Total treated members	6,441
Members with 80% medication possession ratio	2,542
Medication Adherence Rate	39.47%

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

Medication Adherence for Asthma/COPD Pharmacy

7/1/2011 - 6/30/2012



MEDICATION ADHERENCE FOR DIABETES – PHARMACY

July 1, 2011 – June 30, 2012

Description

The percentage of members with a diagnosis of diabetes who remain on oral hypoglycemic medication¹ and meet an 80 percent medication possession ratio (MPR) 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 July 1, 2011 to June 30, 2012.

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.

Members are attributed to the pharmacy where they have the greatest amount of days' supply filled during the measurement period.

Results

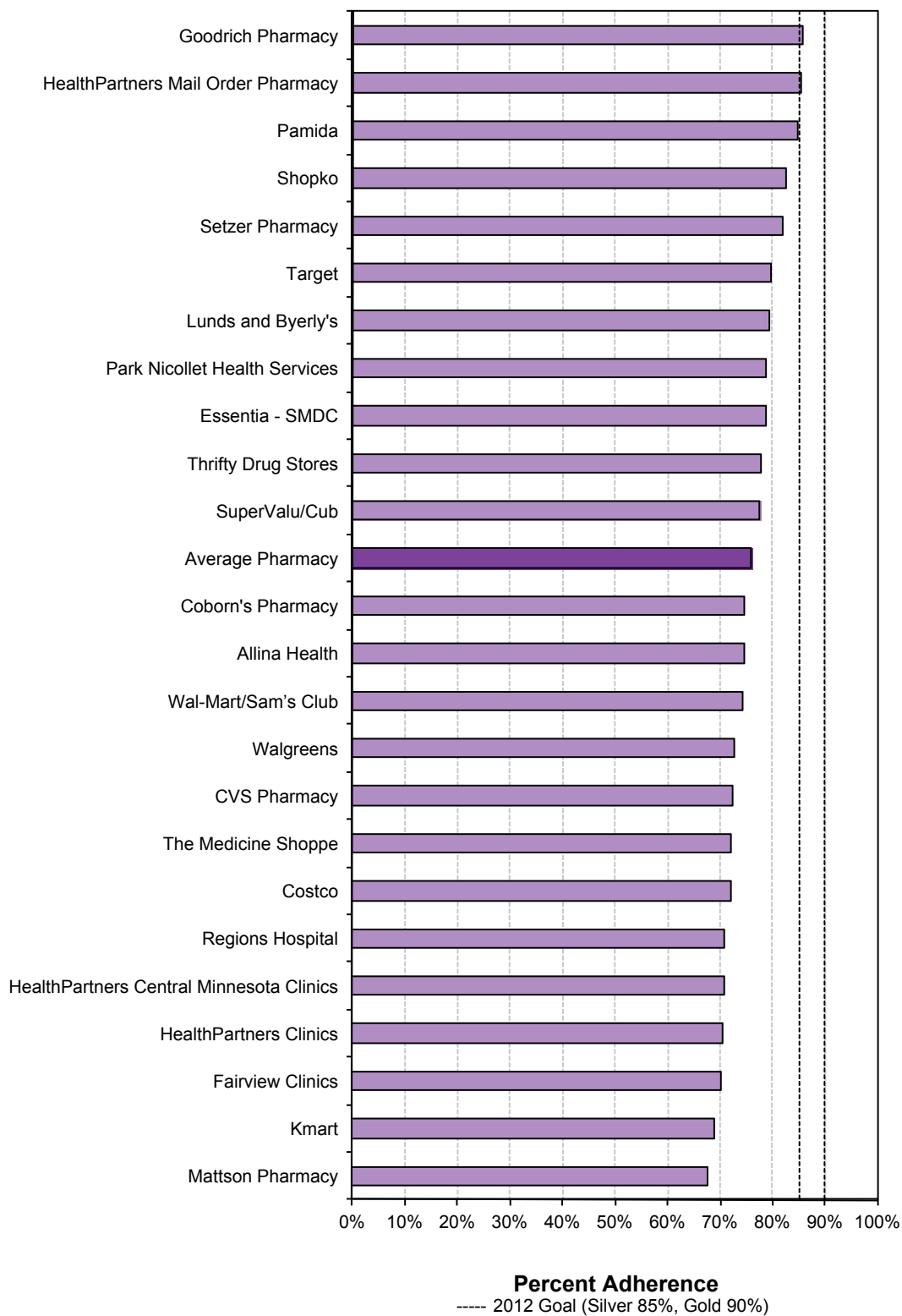
Commercial Members

Total treated members	10,322
Members with 80% medication possession ratio	7,823
Medication Adherence Rate	75.79%

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

Medication Adherence for Diabetes Pharmacy

7/1/2011 - 6/30/2012



OPTIMAL CARE FOR ACUTE LOW BACK PAIN

January 1, 2011 – December 31, 2011

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 and older as of December 31, 2011, 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.

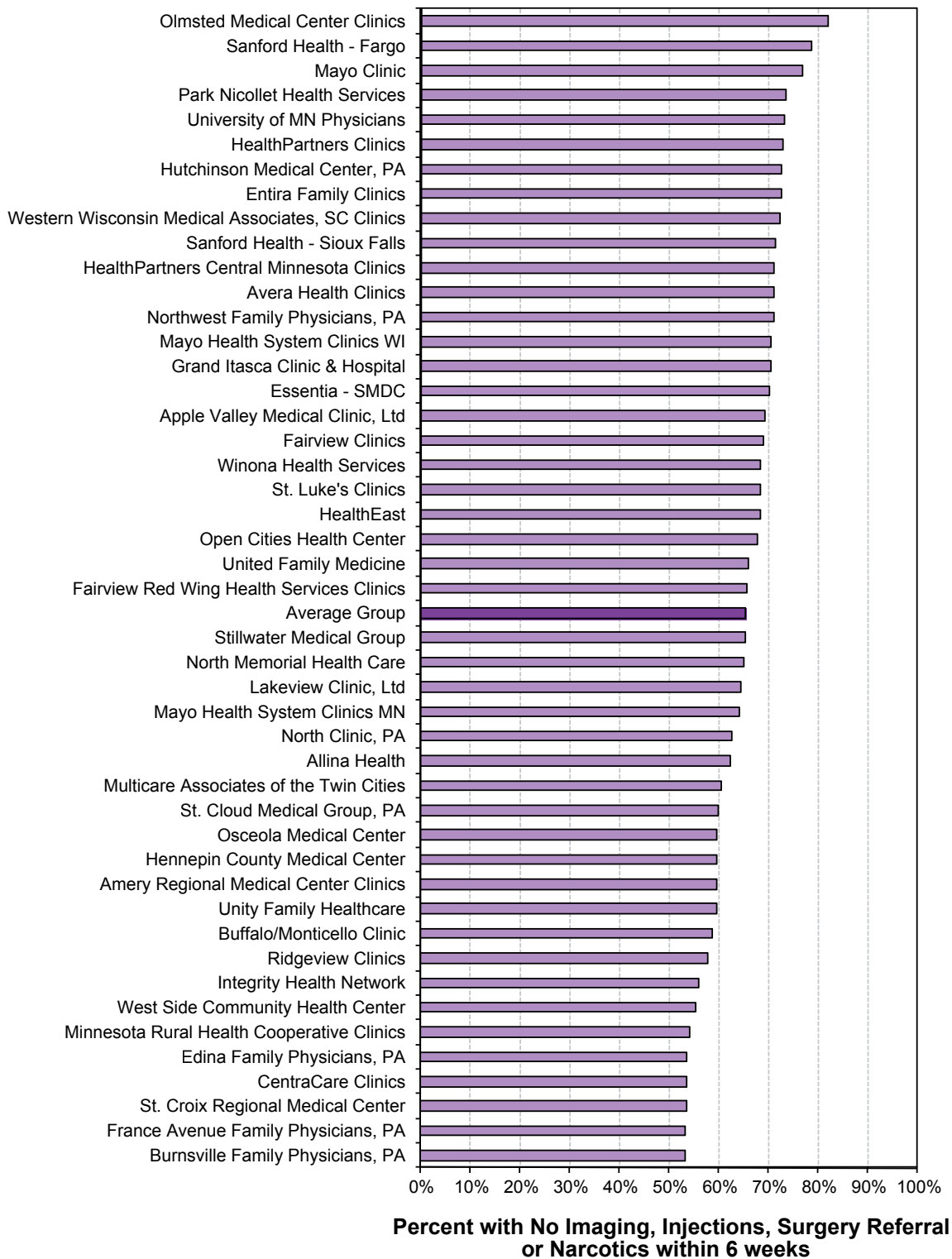
Results

Total eligible members	13,121
Members with appropriate care	9,008
Members Optimally Managed	68.7%

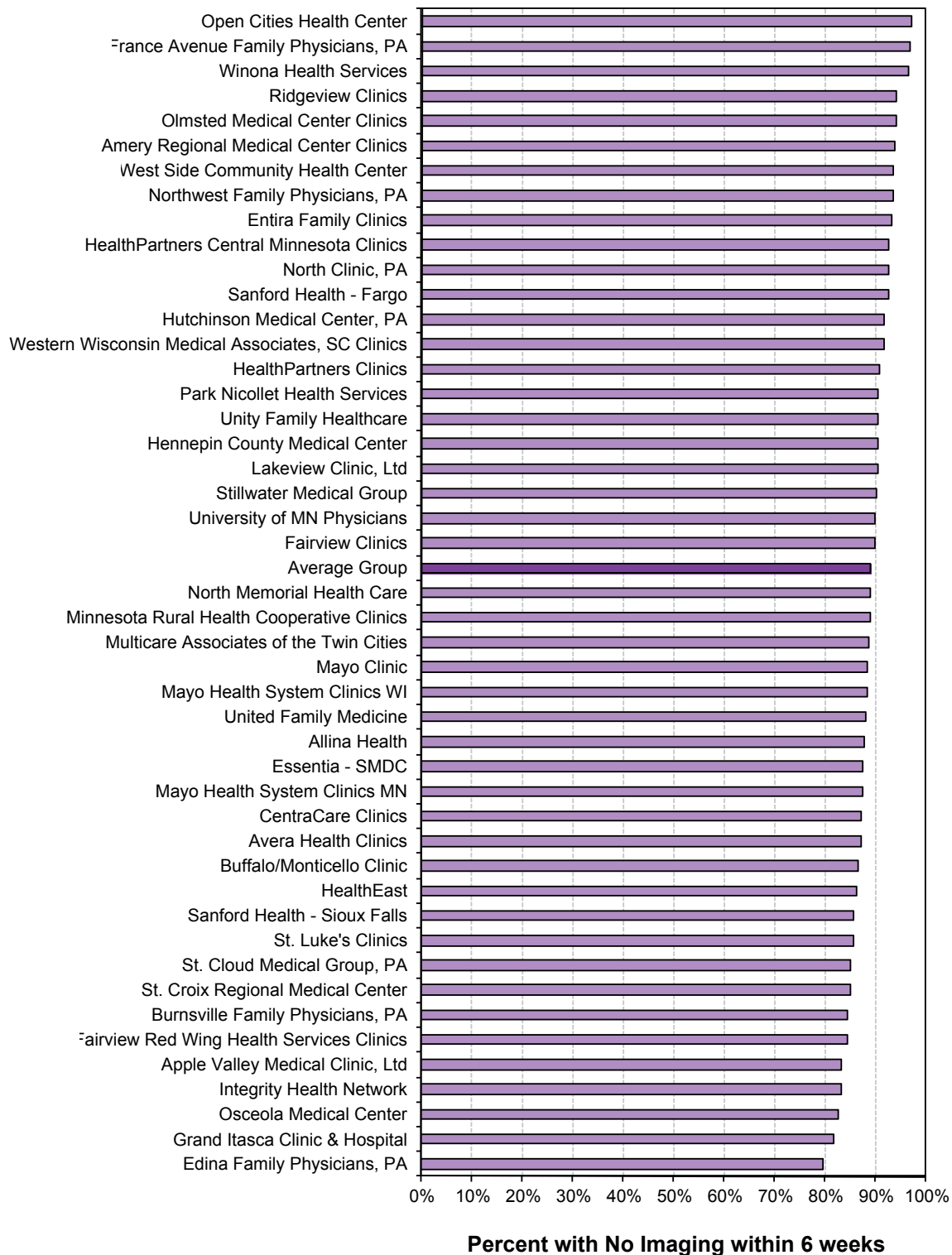
Rate by Service

No imaging in first six weeks	89.8%
No injection in first six weeks	96.7%
No narcotic prescription in first six weeks	78.2%
No surgical consultation in first six weeks	97.2%

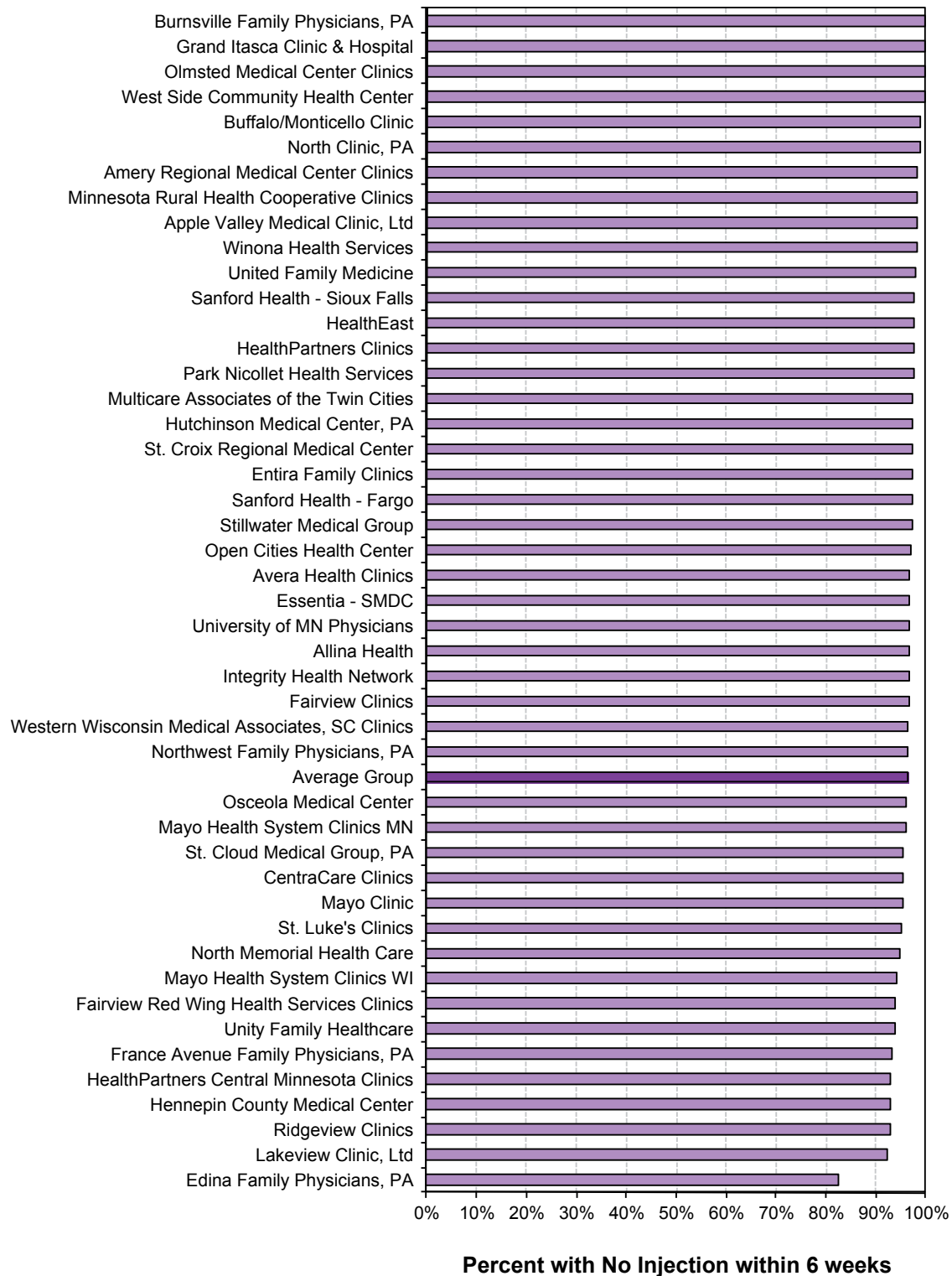
Optimal Care for Acute Low Back Pain
1/1/2011 - 12/31/2011



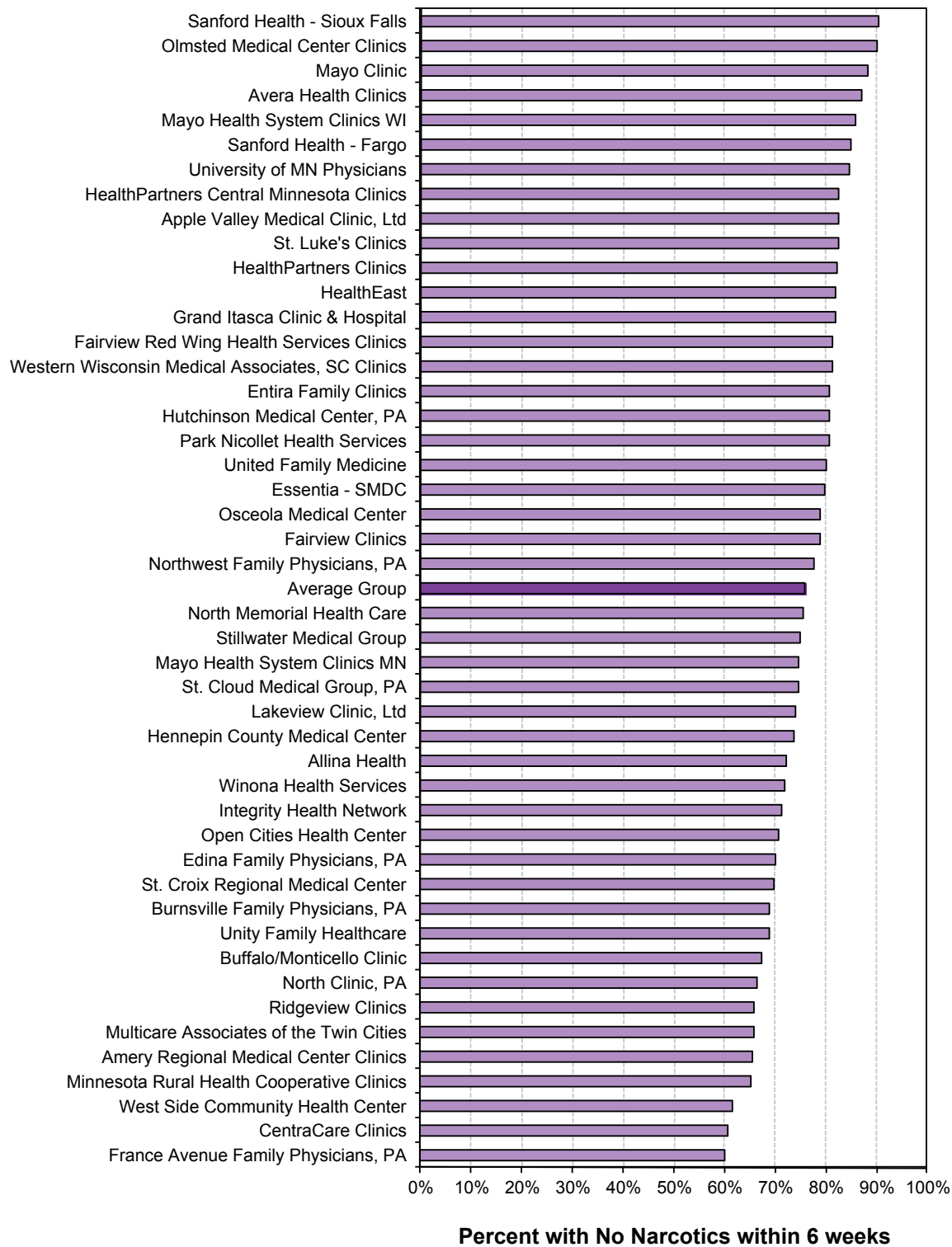
Low Back Pain - Imaging
1/1/2011 - 12/31/2011



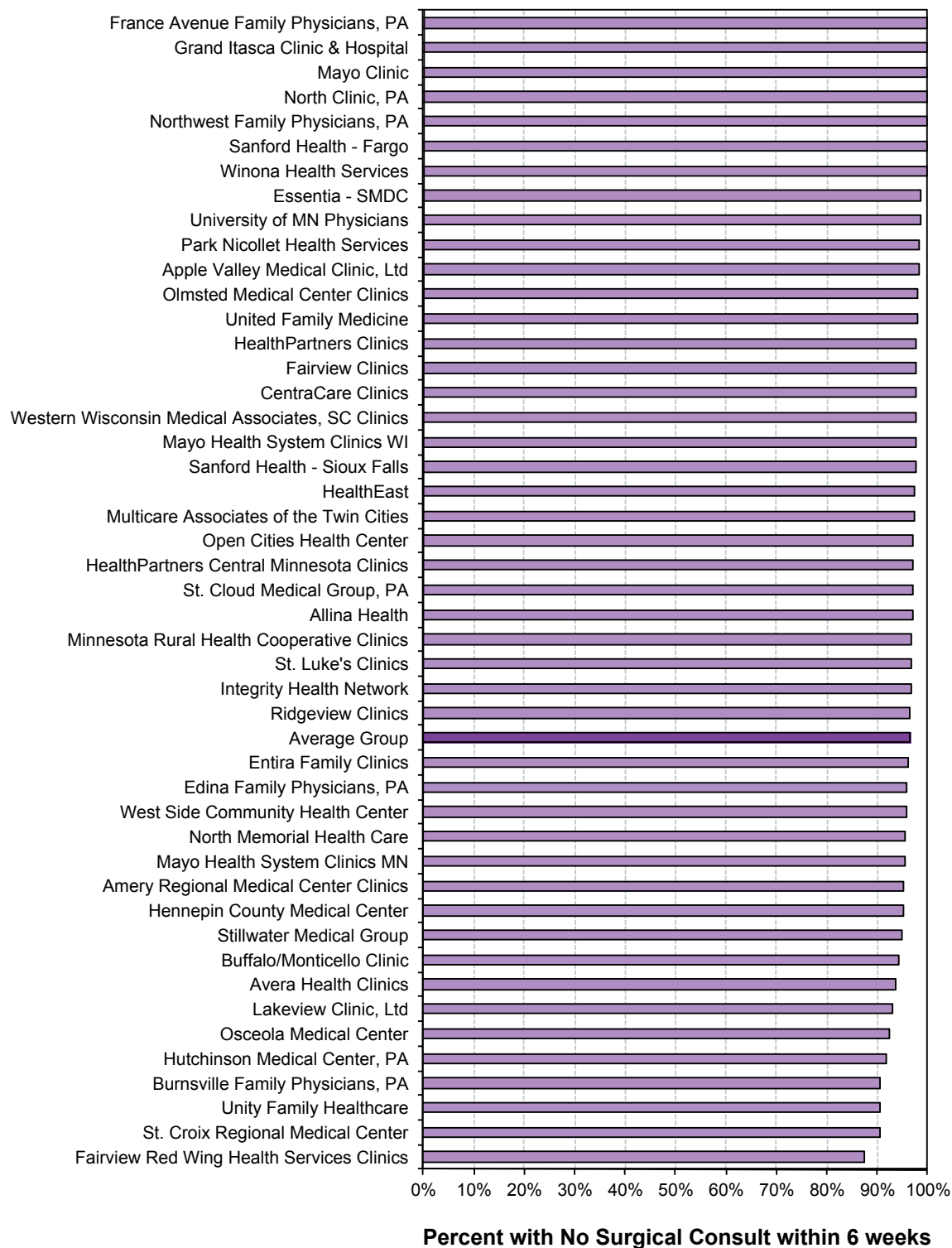
Low Back Pain - Injections
1/1/2011 - 12/31/2011



Low Back Pain - Narcotics Use
1/1/2011 - 12/31/2011



Low Back Pain - Surgical Consult
1/1/2011 - 12/31/2011



PREVENTIVE SERVICES — ADULT PRIMARY CARE

January 1, 2011 – December 31, 2011

Description

The rate represents the percent of enrolled members ages 19 and older by December 31, 2011, 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 2012 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)






Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2012 measures. This measure includes members from all products who were continuously enrolled from January 1, 2011 to December 31, 2011, who had a clinic visit in 2011. 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. Historically, tobacco assessment has been reported as a separate measure. The separate tobacco assessment measure has been retired. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I Component.

Results*

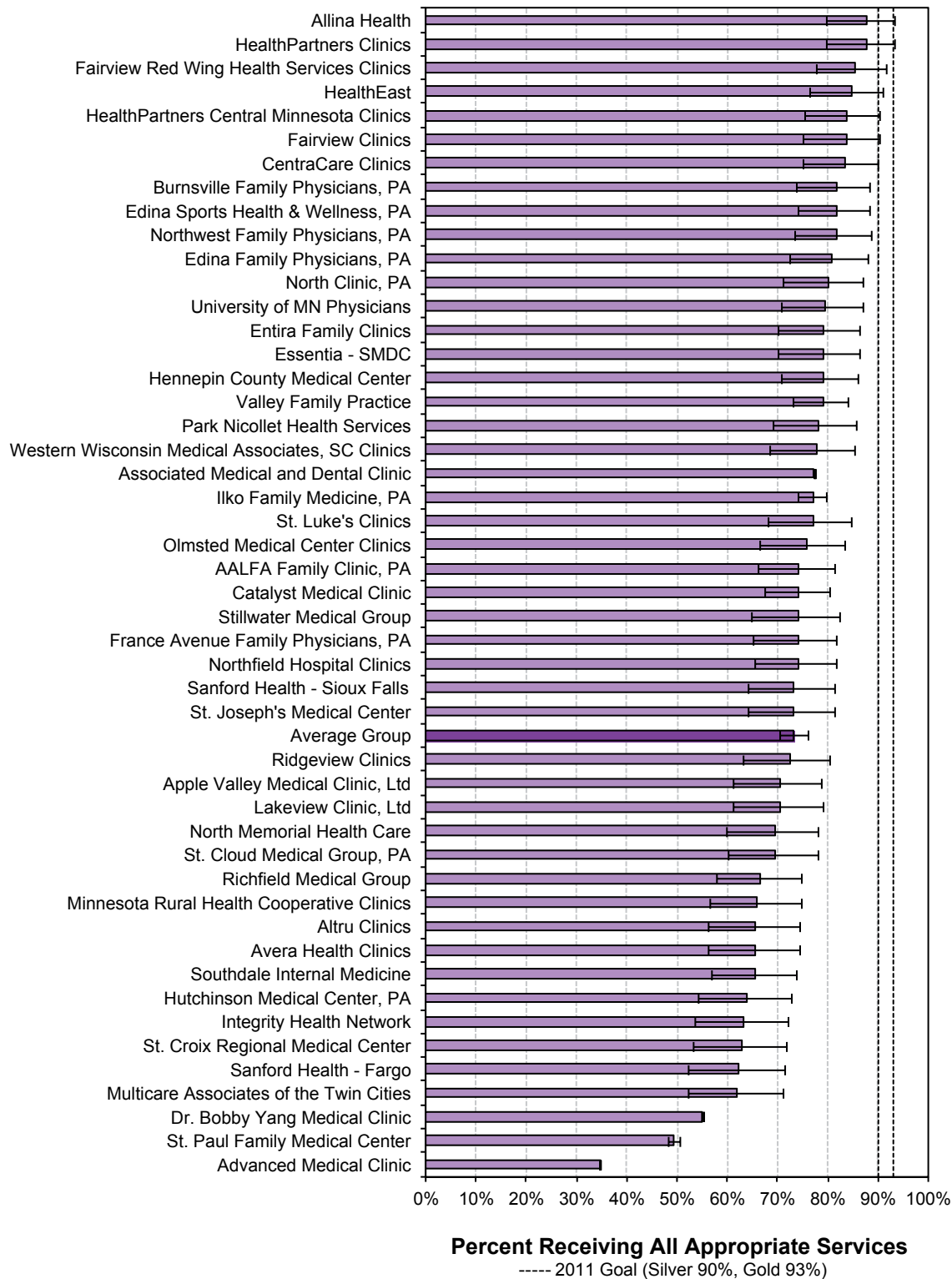
Members sampled	4,869
Members up-to-date (<i>Combination 2</i>)	3,599
Members Up-to-Date - Primary Care (<i>Combination 2</i>)	82.2% (± 2.5)
Members Up-to-Date - Primary Care (<i>Combination 3</i>) (Combo 2 including tobacco assessment)	81.4% (± 2.6)

Rate by Service

Cholesterol, total and HDL (<i>last five years</i>)	90.3% (± 2.6)
Colorectal cancer screening (<i>colonoscopy last ten years, flex sig last five years or FOBT in 2011</i>) 	79.5% (± 4.6)
Breast cancer screening (<i>last two years</i>) 	84.3% (± 6.2)
Cervical cancer screening (<i>last three years</i>) 	90.5% (± 2.8)
Chlamydia screening (<i>in 2011 for sexually active women per HEDIS specifications</i>) 	66.7% (±15.8)
Pneumococcal vaccine (≥ 65 yrs) 	89.9% (± 3.3)
Blood pressure (<i>last two years</i>)	98.8% (± 0.3)
Tobacco assessment (<i>in 2011</i>)	98.5% (± 0.6)

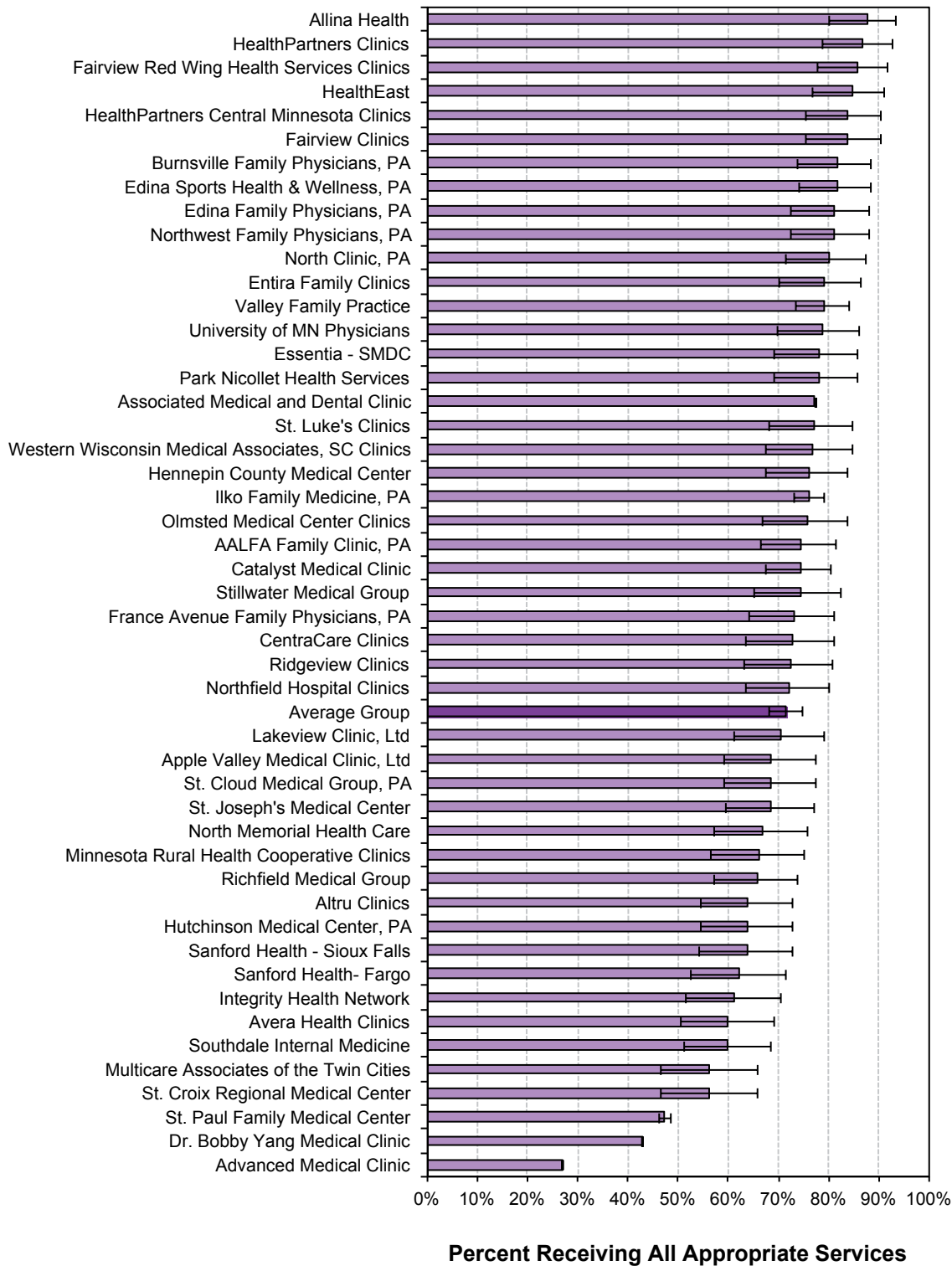
* All rates are weighted by the eligible population of the provider groups displayed.

**Preventive Services, Adult - Primary Care
Members Up-to-Date, Combination 2
1/1/2011 - 12/31/2011**



— Confidence Interval
Finite population correction factor applied

Preventive Services, Adult - Primary Care
Members Up-to-Date, Combination 3
 (includes Tobacco Assessment)
 1/1/2011 - 12/31/2011



— Confidence Interval
 Finite population correction factor applied

PREVENTIVE SERVICES — ADULT OB/GYN

January 1, 2011 – December 31, 2011

Description

The rate represents the percent of enrolled female members ages 19 and older by December 31, 2011, 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 2012 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)






Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2012 measures. This measure includes members from all products who were continuously enrolled from January 1, 2011 to December 31, 2011, who had a clinic visit in 2011. 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. Historically, tobacco assessment has been reported as a separate measure. The separate tobacco assessment measure has been retired. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I Component.

Results*

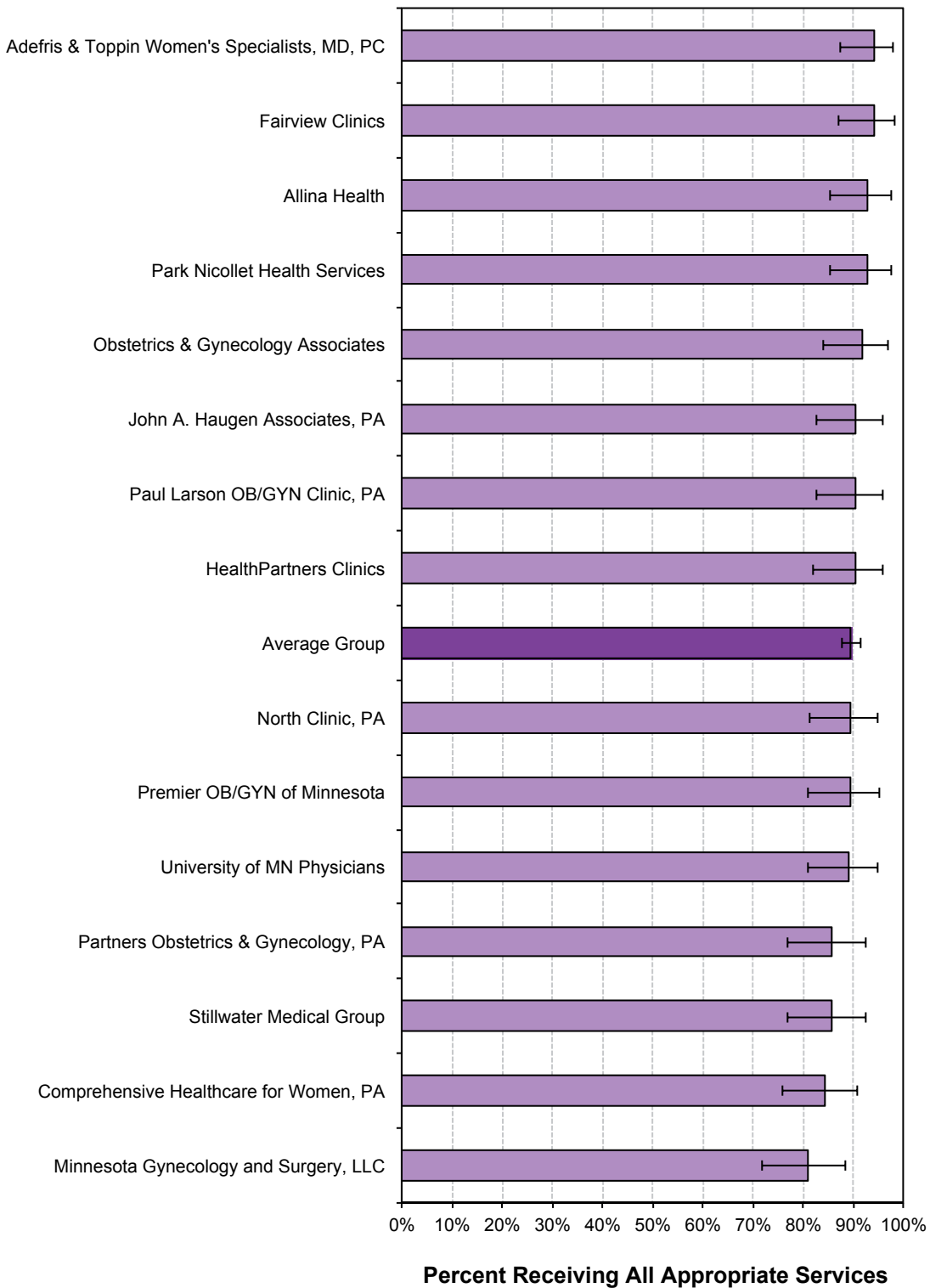
Members sampled	1,257
Members up-to-date (<i>Combination 2</i>)	1,124
Members Up-to-Date - OB/GYN (<i>Combination 2</i>)	90.9% (± 2.5)
Members Up-to-Date - OB/GYN (<i>Combination 3</i>) (Combo 2 including tobacco assessment)	90.2% (± 2.6)

Rate by Service

Cholesterol, total and HDL (<i>last five years</i>)	93.7% (± 3.7)
Colorectal cancer screening (<i>colonoscopy last ten years, flex sig last five years or FOBT in 2011</i>) 	88.4% (± 5.2)
Breast cancer screening (<i>last two years</i>) 	95.2% (± 3.9)
Cervical cancer screening (<i>last three years</i>) 	98.4% (± 1.1)
Chlamydia screening (<i>in 2011 for sexually active women per HEDIS specifications</i>) 	53.6% (± 16.2)
Pneumococcal vaccine (≥ 65 yrs) 	94.5% (± 3.2)
Blood pressure (<i>last two years</i>)	99.3% (± 0.8)
Tobacco assessment (<i>in 2011</i>)	98.7% (± 1.0)

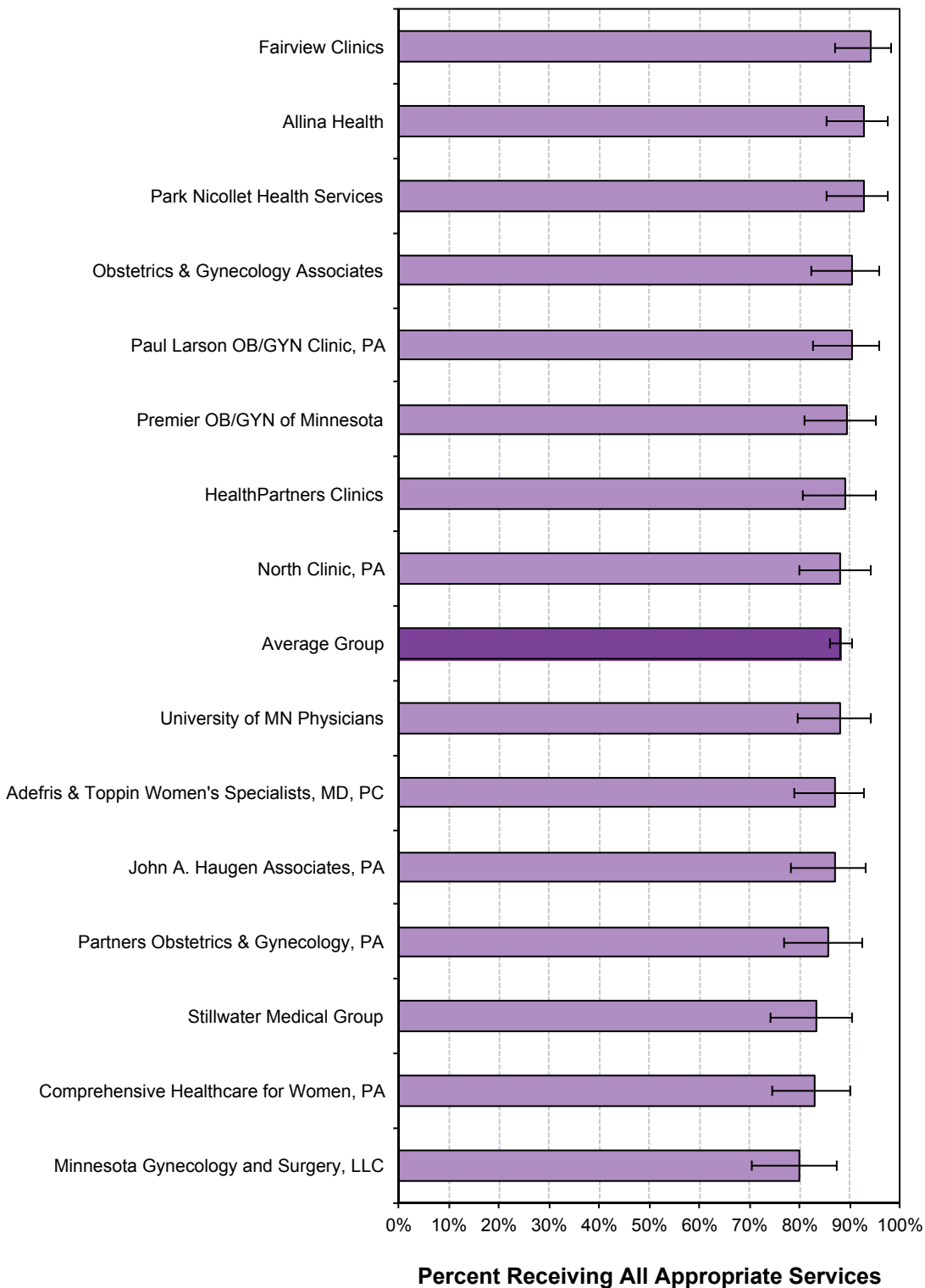
* All rates are weighted by the eligible population of the provider groups displayed.

Preventive Services, Adult - OB/GYN Providers
Members Up-to-Date, Combination 2
 1/1/2011 - 12/31/2011



— Confidence Interval

Preventive Services, Adult - OB/GYN Providers
Members Up-to-Date, Combination 3
 (includes Tobacco Assessment)
 1/1/2011 - 12/31/2011



— Confidence Interval

PREVENTIVE SERVICES — CHILD AND ADOLESCENT

January 1, 2011 – December 31, 2011

Description

The rate represents the percent of enrolled members ages 18 and younger on December 31, 2011, 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 2012 Clinical Indicators Report Technical Supplement at healthpartners.com/quality.)

Methodology — Hybrid

Elements of this measure are consistent with HEDIS 2012 measures. This measure includes members from all products who were continuously enrolled from January 1, 2011 to December 31, 2011, who had a clinic visit in 2011. 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. Historically, tobacco assessment has been reported as a separate measure. The separate tobacco assessment measure has been retired. The Institute for Clinical Systems Improvement (ICSI) preventive services guideline for adults lists tobacco assessment as a Level I Component.

Results*

Members sampled	4,543
Members up-to-date Combination 2	2,751
Members up-to-date Combination 3	2,447
Members Up-to-Date - Child and Adolescent (Combination 2)	67.5% (± 3.0)
Members Up-to-Date - Child and Adolescent (Combination 4) (Combo 2 plus tobacco assessment)	64.7% (± 3.1)
Members Up-to-Date - Child and Adolescent (Combination 3)	62.3% (± 3.2)
Members Up-to-Date - Child and Adolescent (Combination 5) (Combo 3 plus tobacco assessment)	59.7% (± 3.2)

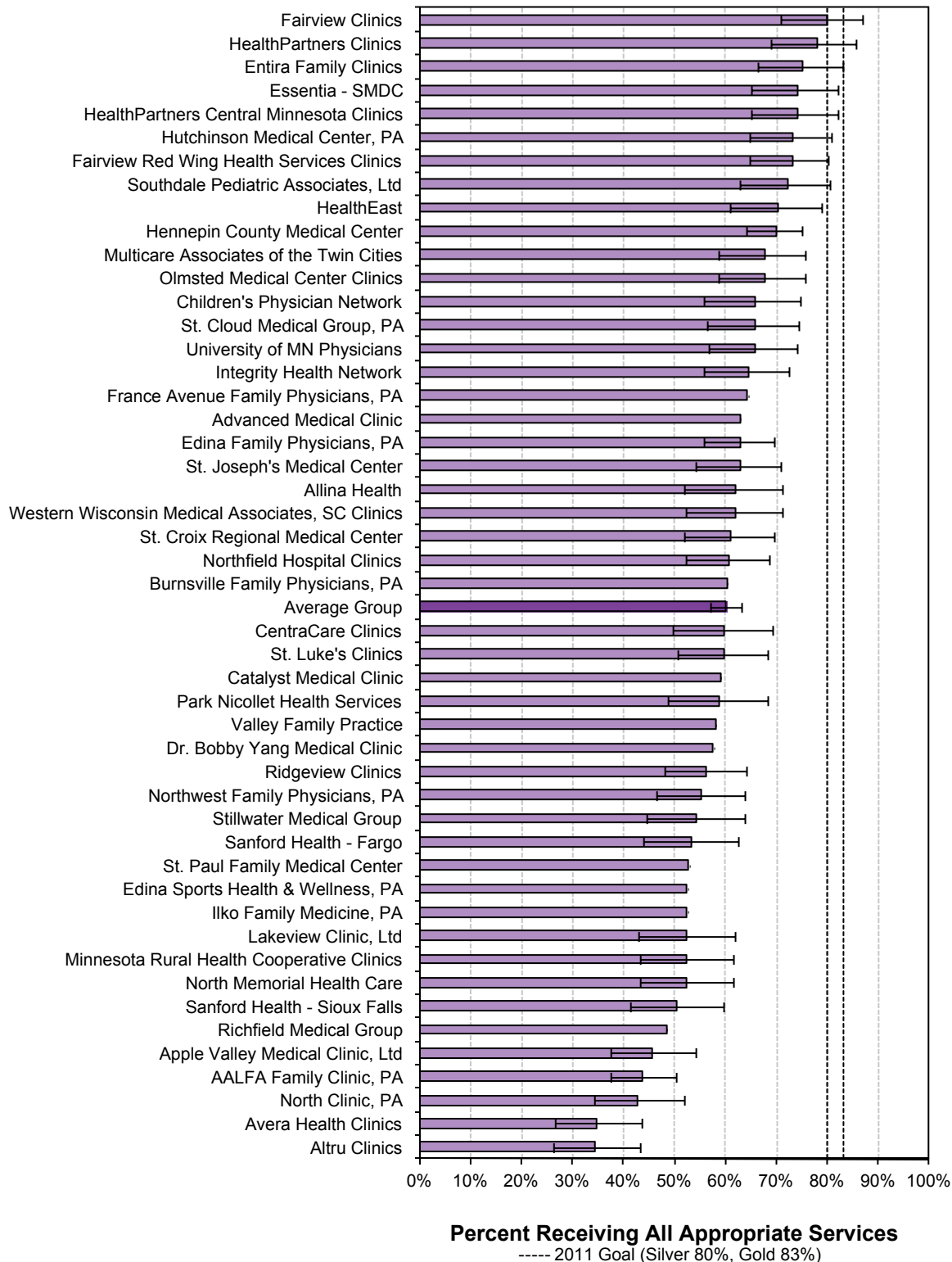
Rate by Service		Combo 2	Combo 3
Vision screening (<i>by age 5</i>)	50.9% (± 10.8)	√	√
Height and weight (<i>recorded on same date in 2011, ages 3–18</i>)	82.4% (± 2.4)	√	√
Chlamydia screening ¹ (<i>in 2011</i>) <small>HEDIS</small>	46.5% (± 23.3)	√	√
Tetanus, adolescent (<i>by age 13</i>) <small>HEDIS</small>	86.4% (± 16.1)	√	√
Meningococcal immunization (<i>by age 13</i>) <small>HEDIS</small>	57.7% (± 19.7)	√	√
HPV ages 13-18 (<i>UTD by 12/31/11</i>) series of 3	39.1% (± 8.6)	√	√
Imm combination ages 2–4 (<i>UTD by 12/31/11</i>) 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 1 VZV, 4 Pneumococcal <small>HEDIS</small>	84.5% (± 5.2)	√	

Rate by Service, continued		Combo 2	Combo 3
Imm combination ages 7–8 (<i>UTD by age 7</i>) <i>DTaP #5, MMR #2, Polio #4, VZV #2</i>	79.2% (\pm 7.4)	√	√
Imm combination ages 2–4 (<i>UTD by 12/31/11</i>) <i>4 DTaP, 3 Polio, 1 MMR, 3 HiB, 1 VZV,</i> <i>4 Pneumococcal, 3 HepB, 2 HepA, 2-3 Rotavirus,</i> <i>2 Influenza)</i> <small>HEDIS</small>	55.2% (\pm 7.1)		√
Tobacco assessment (<i>in 2011</i>)	94.5% (\pm 1.2)		

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

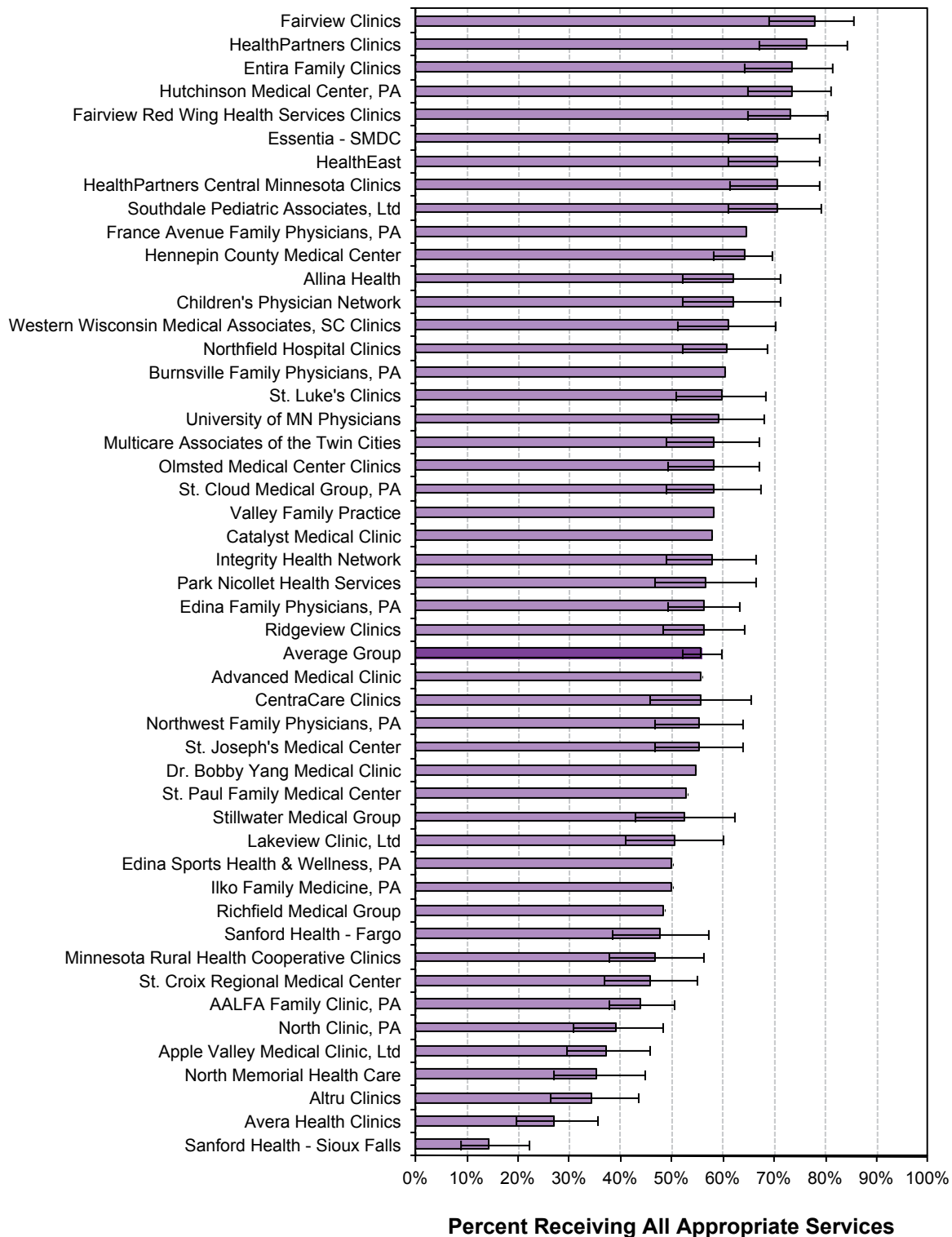
* All rates are weighted by the eligible population of the provider groups displayed.

**Preventive Services, Child and Adolescent
Members Up-to-Date, Combination 2
1/1/2011- 12/31/2011**



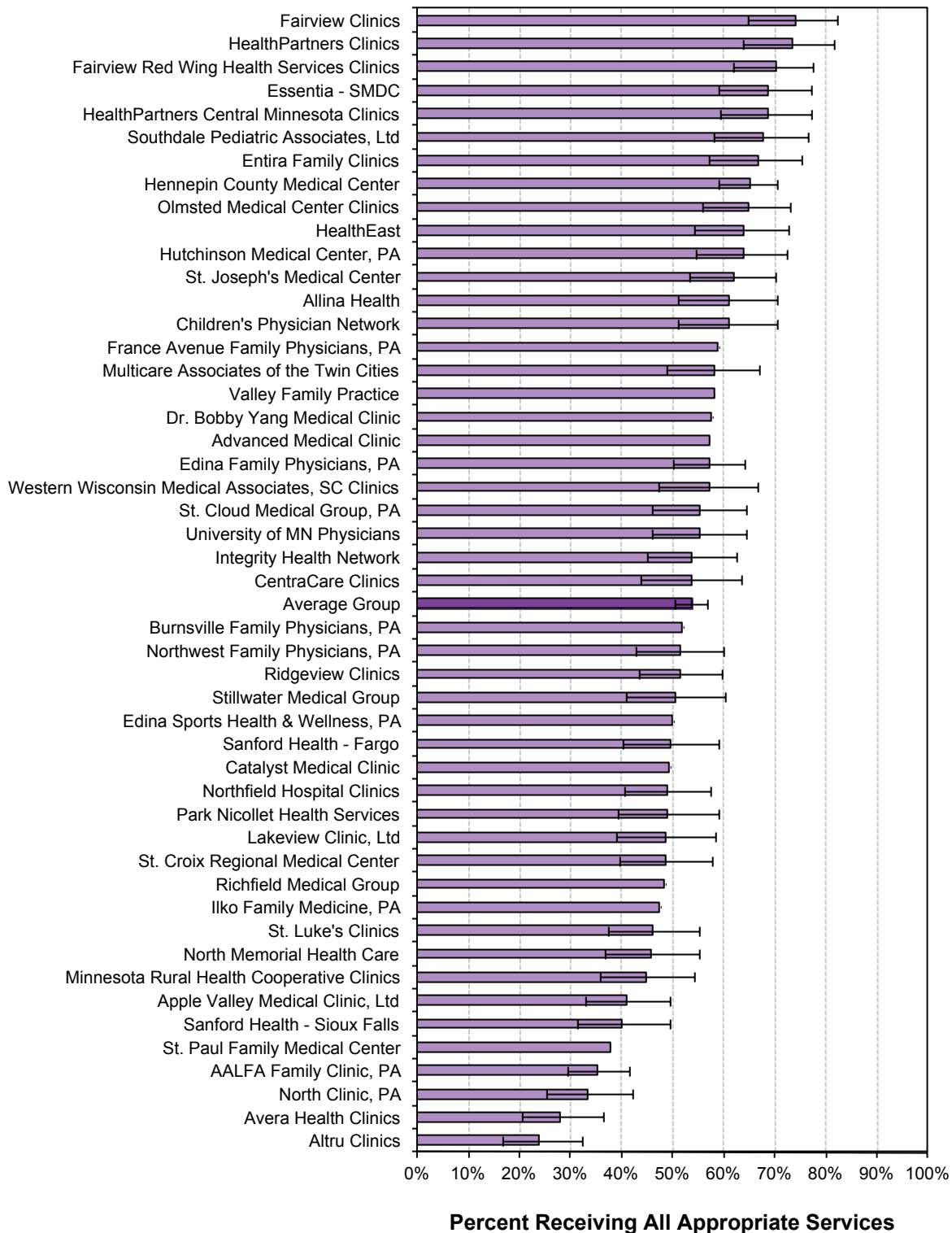
— Confidence Interval
Finite population correction factor applied

**Preventive Services, Child and Adolescent
Members Up-to-Date, Combination 4**
(includes Combination 2 components plus Tobacco Assessment)
1/1/2011 - 12/31/2011



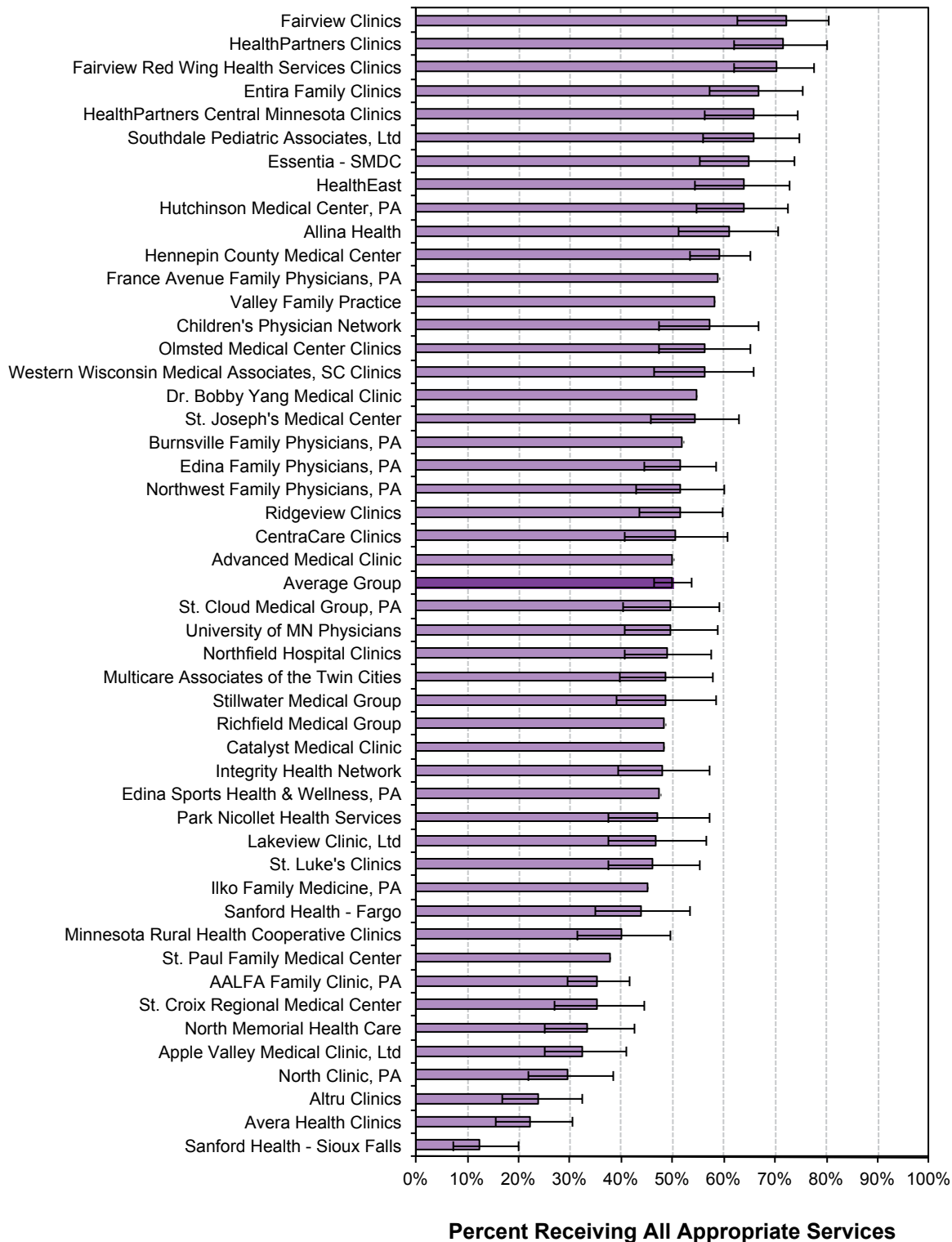
— Confidence Interval
Finite population correction factor applied

**Preventive Services, Child and Adolescent
Members Up-to-Date, Combination 3
1/1/2011 - 12/31/2011**



— Confidence Interval
Finite population correction factor applied

**Preventive Services, Child and Adolescent
Members Up-to-Date, Combination 5**
(includes Combination 3 components plus Tobacco Assessment)
1/1/2011 - 12/31/2011



— Confidence Interval
Finite population correction factor applied

EVIDENCE-BASED CERVICAL CANCER SCREENING — PRIMARY CARE

Average Risk Asymptomatic Women

January 1, 2009 – December 31, 2011

Description

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

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

Not screened:

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

Screened more frequently:

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

Methodology — Administrative

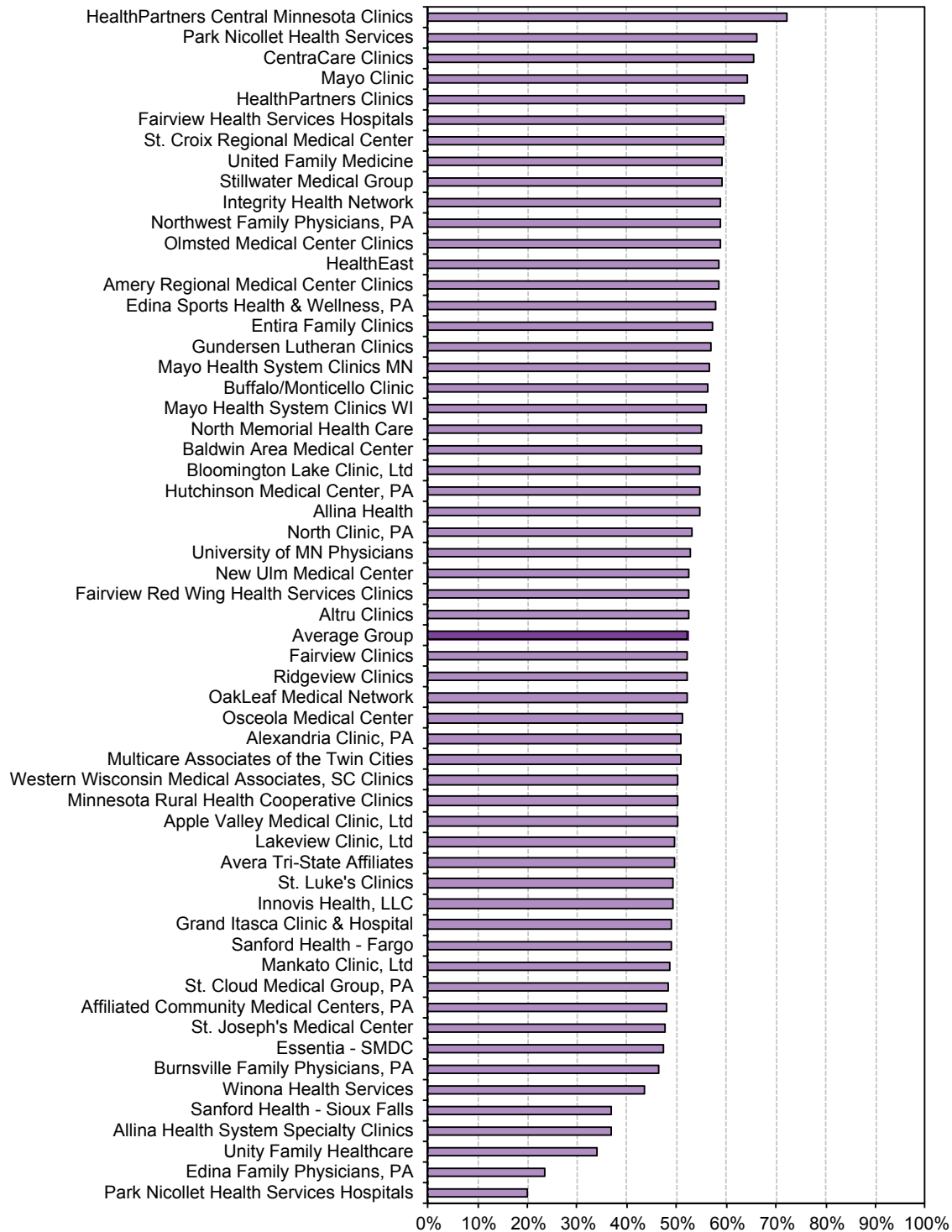
Due to a three year measurement period, this measure includes all women ages 24 and older as of December 31, 2011, from all products who were continuously enrolled for three years. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members with a history of any abnormal cervical cancer screening, including cervical HPV, within five years or with a history of cervical cancer are excluded. Each pap test is attributed to the provider's medical group who performed the service. Members who do not have a pap test are attributed to the medical group visited the most.

Results

Total eligible pap tests or members (those without a pap test)	141,730
Evidence-based screening	80,821
Evidence-Based Screening Rate	57.0%
Not screened¹	15.7%
Screened more frequently¹	27.3%

¹ Lower rates are better.

**Evidence-Based Cervical Cancer Screening - Primary Care
Pap Test Attribution
1/1/2009 - 12/31/2011**



Percent Evidence-Based Screening

Medical Groups with <200 records are not displayed.

EVIDENCE-BASED CERVICAL CANCER SCREENING — OB/GYN

Average Risk Asymptomatic Women

January 1, 2009 – December 31, 2011

Description

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

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

Not screened:

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

Screened more frequently:

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

Methodology — Administrative

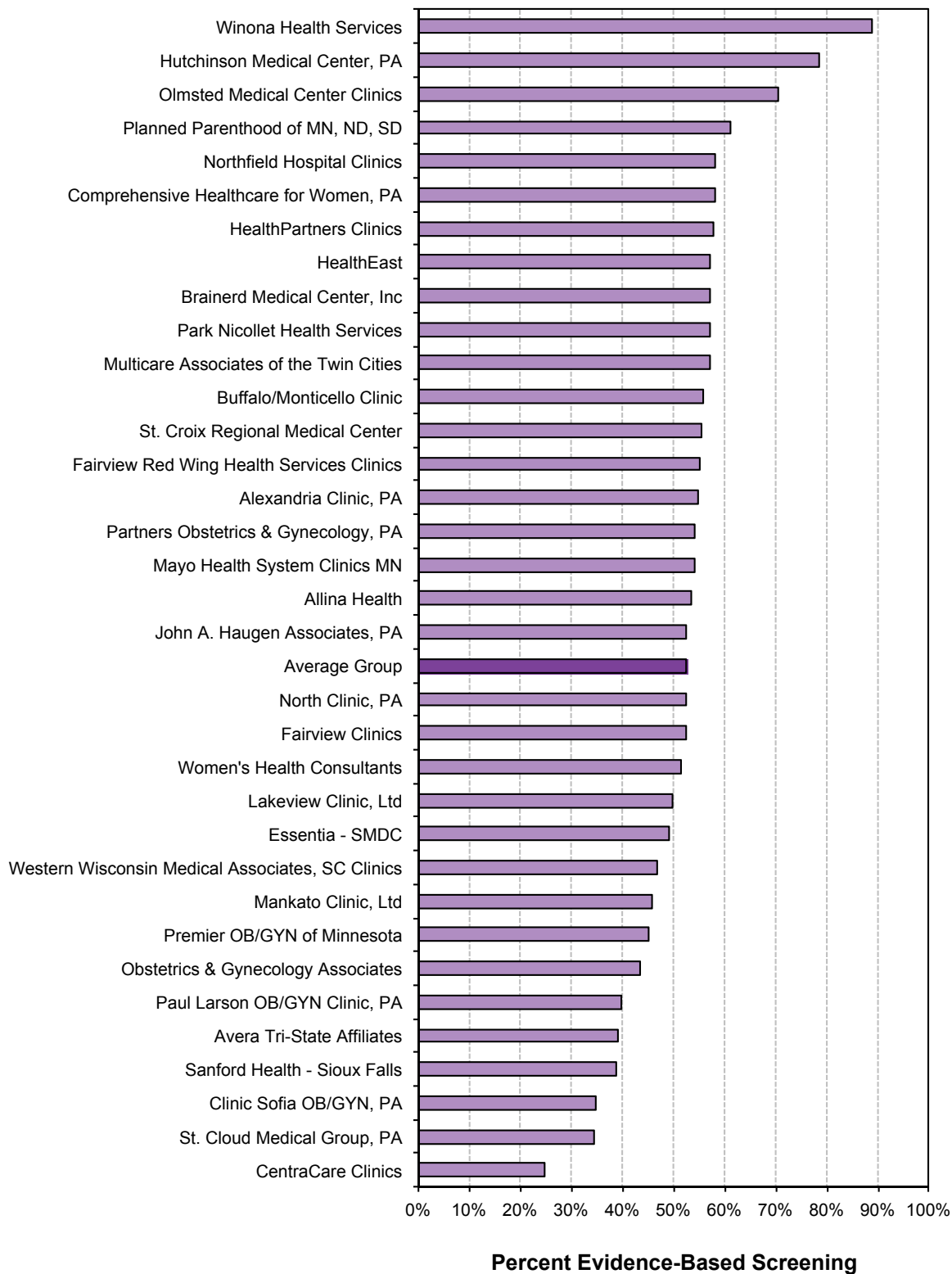
Due to a three year measurement period, this measure includes all women ages 24 and older as of December 31, 2011, from all products who were continuously enrolled for three years. Population identification is based on claim and membership databases. Rates are calculated using administrative data only. Members with a history of any abnormal cervical cancer screening, including cervical HPV, within five years or with a history of cervical cancer are excluded. Each pap test is attributed to the OB/GYN group who performed the service. Members who do not have a pap test are attributed to the medical group visited the most.

Results

Total eligible pap tests or members (those without a pap test)	68,219
Evidence-based screening	35,252
Evidence-Based Screening Rate	51.7%
Not screened¹	1.3%
Screened more frequently¹	47.0%

¹ Lower rates are better.

Evidence-Based Cervical Cancer Screening - OB/GYN Providers
Pap Test Attribution
1/1/2009 - 12/31/2011



CHILD AND TEEN CHECK-UPS

July 1, 2010 – June 30, 2012

Description

The rate represents the percentage of children ages six months to 20 years as of June 30, 2012, 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

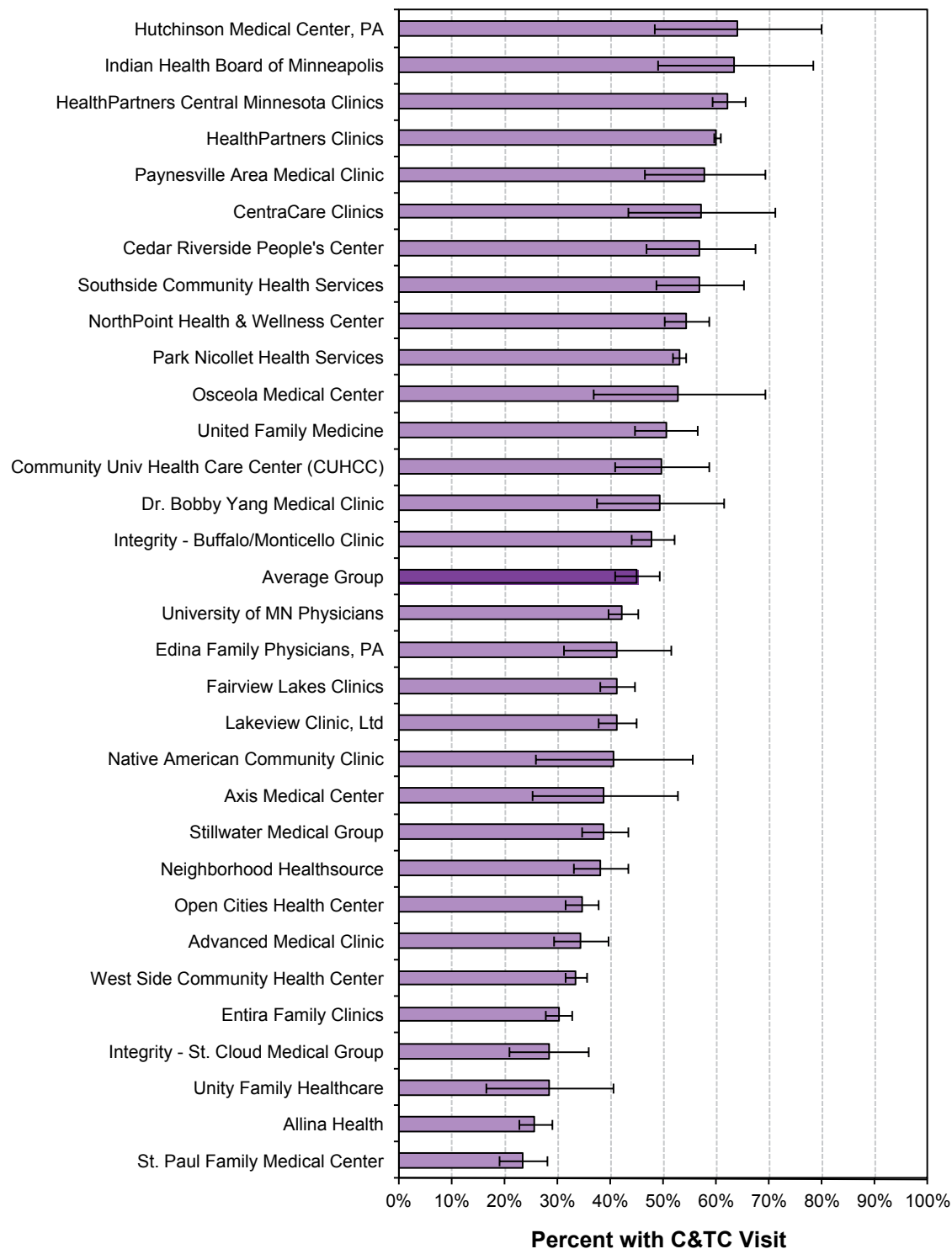
Methodology — Administrative

This measure includes all children ages six months to 20 years old from PMAP or MNCare products who were enrolled on June 30, 2012. Population identification is based on encounter, claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group they were enrolled with on June 30, 2012.

Results

Total eligible members	40,567
Preventive visits	21,369
C&TC Rate	52.7% (\pm 0.5)

Child & Teen Check-Ups (C&TC)
7/1/2010 - 6/30/2012



— Confidence Interval

LEAD SCREENING

July 1, 2011 – June 30, 2012

Description

The rate represents the percentage of children ages 12 to 30 months as of June 30, 2012, enrolled in Prepaid Medical Assistance Program (PMAP) or MinnesotaCare (MNCare) who had at least one lead test between July 1, 2011 and June 30, 2012.

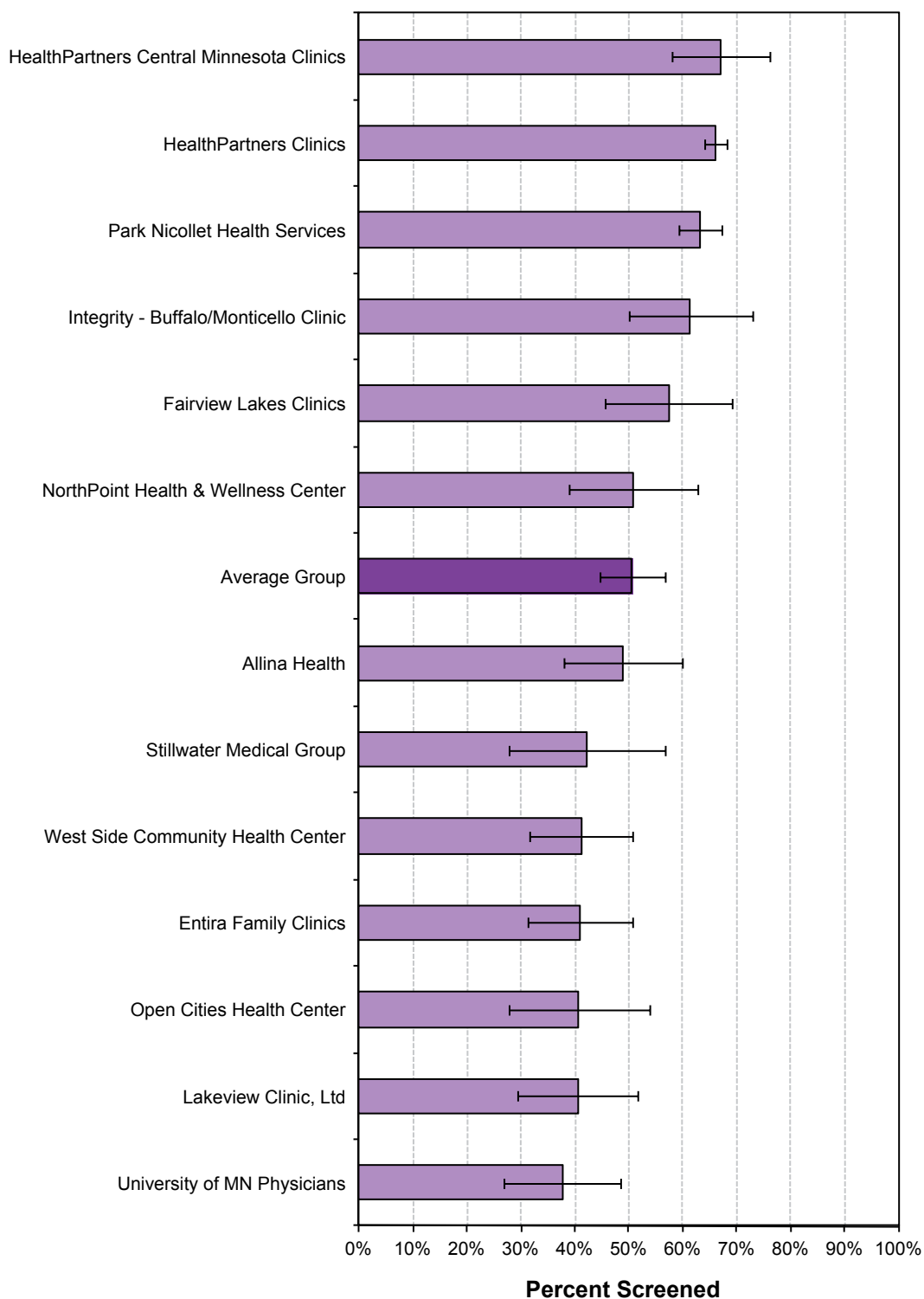
Methodology — Administrative

This measure includes all children ages 12 to 30 months from PMAP or MNCare products who were enrolled on June 30, 2012. Population identification is based on encounter, claim and membership databases. Rates are calculated using administrative data only. Members are attributed to the provider group they were enrolled with on June 30, 2012.

Results

Total eligible members	3,921
Lead screening test	2,396
Lead Screening Rate	61.1% (± 1.5)

Lead Screening 7/1/2011 - 6/30/2012



— Confidence Interval

CLINIC SAFETY ASSESSMENT SURVEY 2012

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. Multispecialty groups had the option of completing the survey for primary care and/or by specialty. The six topics and related survey questions are:

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



No assessment



Assessment completed; includes reporting system of incidents and near misses



Assessment and implementation of action plan(s) based on analysis of reported incidents

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



No protocol



If samples are provided to patients, there is a protocol established and implemented at all clinic sites.



Sampling eliminated at all clinic sites

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



No protocol



Protocol established and implemented at all clinic sites



100% of all patients on chronic anticoagulation therapy are managed by protocol; protocol compliance monitored and documented

NA = We do not manage patients on anticoagulation therapy.

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



No protocol



Protocol established or EMR support implemented at all clinic sites



Compliance monitored and documented

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



No protocol



Protocol established and implemented at all clinic sites



Compliance monitored and documented

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



No protocol
























































































Protocol established and implemented at all clinic sites



Compliance monitored and documented







































































































Clinic Safety Assessment Survey Results
Self Reported Data as of June 5, 2012

Part 1 of a 4 Part Graph

<div> <div></div> Compliance with protocol monitored </div> <div> <div></div> Protocol established </div> <div> <div></div> Skipped question, or no protocol or procedure </div> <div> <div></div> Chose not to participate </div> <div> <div>NA</div> Not applicable </div>	Provider Type	Safety Culture Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
Provider Group		#1	#2	#3	#4	#5	#6
AALFA Family Clinic, PA	PRIM						
Adefris & Toppin Women's Specialists, MD, PC	OB/GYN			NA			
Advanced Medical Clinic	PRIM						
Advanced Spine Associates, PA	ORTHO						
Affiliated Community Medical Centers, PA	MULTI						
Alexandria Clinic, PA	PRIM						
Allina Health	MULTI						
Allina Health System Specialty Clinics	CARDIO						
Altru Clinics	MULTI						
Amery Regional Medical Center Clinics	PRIM						
Apple Valley Medical Clinic, Ltd	PRIM						
Associated Clinic of Psychology	BH						
Associated Medical and Dental Clinic	PRIM						
Avera Health Clinics	MULTI						
Avera Tri-State Affiliates	MULTI						
Baldwin Area Medical Center	PRIM						
BHSI, LLC	BH						
Brainerd Medical Center, Inc	MULTI						
Buffalo/Monticello Clinic	MULTI						
Burnsville Family Physicians, PA	PRIM						
Catalyst Medical Clinic	PRIM						
CentraCare Clinics	PRIM						
Children's Physician Network	PEDS			NA			
Comprehensive Healthcare for Women, PA	OB/GYN			NA			
Dr. Bobby Yang Medical Clinic	PRIM						
Ear, Nose & Throat SpecialtyCare of Minnesota, PA	ENT						
Edina Family Physicians, PA	PRIM						

Clinic Safety Assessment Survey Results
Self Reported Data as of June 5, 2012















































































Part 2 of a 4 Part Graph

 Compliance with protocol monitored  Protocol established  Skipped question, or no protocol or procedure  Chose not to participate NA Not applicable	Provider Type	Safety Culture Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
Provider Group		#1	#2	#3	#4	#5	#6
Edina Sports Health & Wellness, PA	PRIM						
Entira Family Clinics	PRIM						
Essentia - SMDC	MULTI						
Fairview Clinics	MULTI						
Fairview Red Wing Health Services Clinics	PRIM						
France Avenue Family Physicians, PA	PRIM						
Gillette Children's Specialty Healthcare	PEDS						
Grand Itasca Clinic & Hospital	PRIM						
Gundersen Lutheran Clinics	MULTI						
HealthEast	MULTI						
HealthPartners Central Minnesota Clinics	PRIM						
HealthPartners Clinics	MULTI						
Hennepin County Medical Center	PRIM						
Hutchinson Medical Center, PA	PRIM						
Ilko Family Medicine, PA	PRIM						
Integrity Health Network	MULTI						
John A. Haugen Associates, PA	OB/GYN			NA			
Lakeview Clinic, Ltd	PRIM						
Lakewood Clinic Foundation	MULTI						
Mankato Clinic, Ltd	MULTI						
Mayo Clinic	MULTI						
Mayo Health System Clinics	MULTI						
Midwest Ear, Nose & Throat Specialists	ENT			NA			
Minneapolis Otolaryngology, PA	ENT						
Minnesota Gynecology and Surgery, LLC	OB/GYN			NA			
Minnesota Mental Health Clinics	BH			NA			
Minnesota Rural Health Cooperative Clinics	PRIM						
Multicare Associates of the Twin Cities	MULTI						

Clinic Safety Assessment Survey Results

Self Reported Data as of June 5, 2011






















Part 3 of a 4 Part Graph

<div> <div></div> <div>Compliance with protocol monitored</div> </div> <hr/> <div> <div></div> <div>Protocol established</div> </div> <hr/> <div> <div></div> <div>Skipped question, or no protocol or procedure</div> </div> <hr/> <div> <div></div> <div>Chose not to participate</div> </div> <hr/> <div> <div>NA</div> <div>Not applicable</div> </div>							
Provider Group	Provider Type	Safety Culture Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
		#1	#2	#3	#4	#5	#6
North Clinic, PA	PRIM						
North Memorial Health Care	MULTI						
North Metro Psychiatry	BH						
Northfield Hospital Clinics	PRIM						
Northwest Family Physicians, PA	PRIM						
Oakdale Ear, Nose and Throat Clinic, PA	ENT						
Oakleaf Medical Network	MULTI						
Obstetrics & Gynecology Associates	OB/GYN						
Olmsted Medical Center Clinics	PRIM						
Orthopaedic & Fracture Clinic, PA	ORTHO						
Paparella, Ear Head & Neck Institute, PA	ENT			NA			
Park Nicollet Health Services	PRIM						
Partners Obstetrics & Gynecology, PA	OB/GYN						
Paul Larson OB/GYN, PA	OB/GYN						
Premier OB/GYN of Minnesota	OB/GYN						
Ritchfield Medical Group	PRIM						
Ridgeview Clinics	MULTI						
Sanford Health - Fargo	MULTI						
Southdale Internal Medicine	PRIM						
Southdale Pediatric Associates, Ltd	PEDS			NA			
St. Cloud Medical Group, PA	MULTI						
St. Cloud Orthopedic Associates, Ltd	ORTHO			NA			
St. Croix Orthopaedics, PA	ORTHO						

Clinic Safety Assessment Survey Results

Self Reported Data as of June 5, 2012

Part 4 of a 4 Part Graph

<div> <div></div> <div>Compliance with protocol monitored</div> </div> <div> <div></div> <div>Protocol established</div> </div> <div> <div></div> <div>Skipped question, or no protocol or procedure</div> </div> <div> <div></div> <div>Chose not to participate</div> </div> <div> <div>NA</div> <div>Not applicable</div> </div>	Provider Type	Safety Culture Assessment	Medication Sampling	Anticoagulation Protocol	Abbreviations	Medication Refills	Controlled Substances
Provider Group		#1	#2	#3	#4	#5	#6
St. Croix Regional Medical Center	PRIM						
St. Joseph's Medical Center	MULTI						
St. Luke's Clinics	MULTI						
St. Paul Family Medical Center	PRIM						
Stillwater Medical Group	MULTI						
Summit Orthopedics, Ltd	ORTHO						
Twin Cities Orthopedics, PA	ORTHO						
Twin Cities Spine Center	ORTHO						
Unity Family Healthcare	PRIM						
University of MN Physicians	MULTI						
Valley Family Practice	PRIM						
Western Wisconsin Medical Associates, SC Clinics	PRIM						
Winona Health Services	PRIM						

PATIENT EXPERIENCE — MEDICATION SAFETY

2011 – 2012 Member Surveys

Description

On an annual basis, members with medications prescribed by physicians in primary and specialty care 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. For primary care, the measures include a random sample of members ages 18 through 64 years old; the specialty care surveys include random samples of members ages 18 and older. Primary care results include commercial members only; specialty care results include members enrolled in commercial, Medicare or Medicaid products. The data were weighted to equal sample sizes of 200 for primary care groups and 100 for specialty care groups. The primary and specialty care results were also weighted to control for self-reported status. Results are reported for 32 primary care, 12 cardiology, 13 ENT, 17 OB/GYN and 16 orthopaedic groups.

Survey Questions - Primary and Specialty Care

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

Results

Primary Care - 2011

Total members responding	7,268
Total members with prescribed medications	5,953
Very satisfied - explanation for prescribed medications	40.8%
Very satisfied - information received about side effects	27.4%

Cardiology - 2012

Total members responding	1,354
Total members with prescribed medications	814
Very satisfied - explanation for prescribed medications	56.8%
Very satisfied - information received about side effects	46.5%

ENT - 2012

Total members responding	983
Total members with prescribed medications	518
Very satisfied - explanation for prescribed medications	58.7%
Very satisfied - information received about side effects	49.9%

Patient Experience — Medication Safety

Results, continued

OB/GYN - 2012

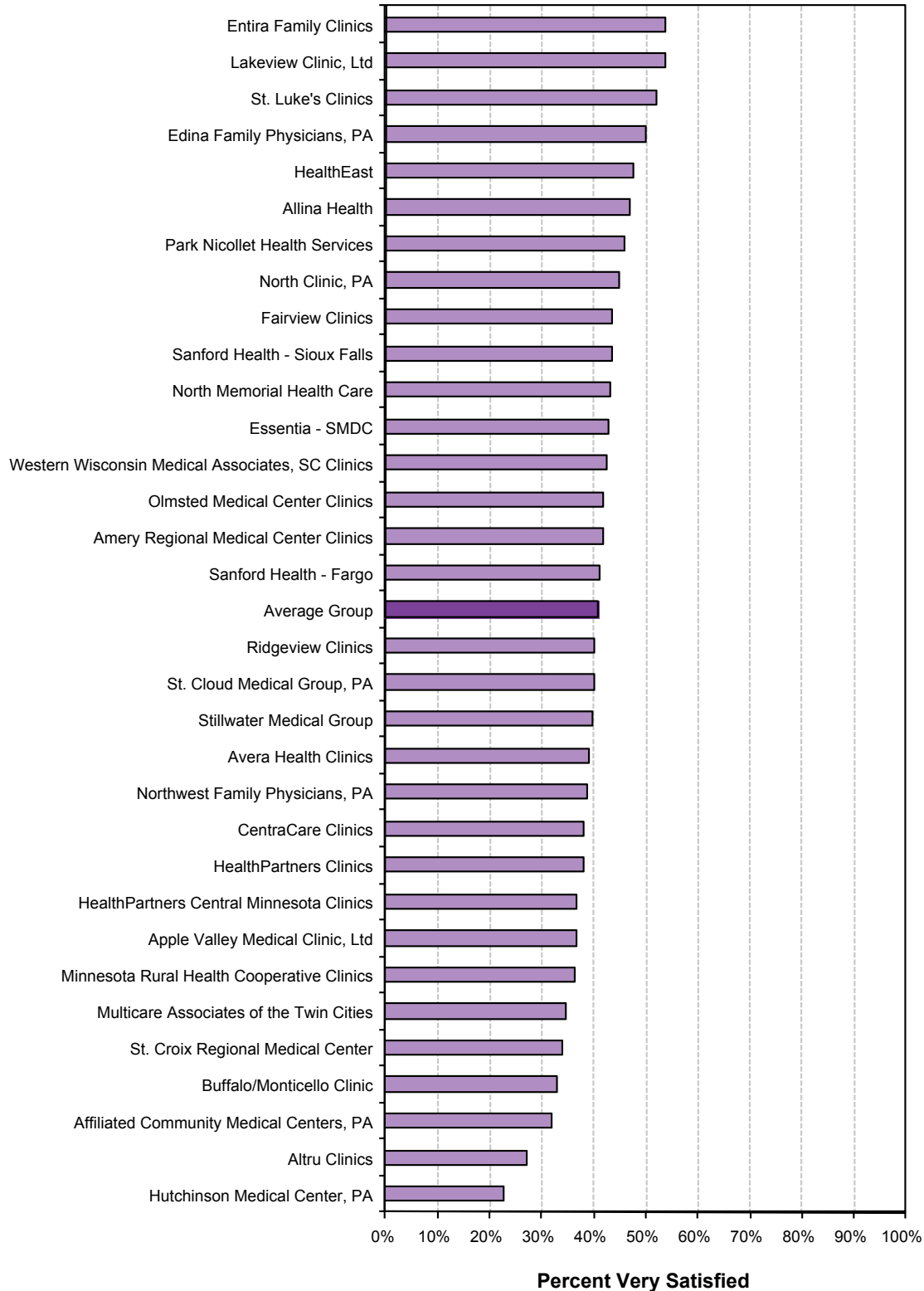
Total members responding	1,300
Total members with prescribed medications	728
Very satisfied - explanation for prescribed medications	67.1%
Very satisfied - information received about side effects	58.2%

Orthopaedics - 2012

Total members responding	1,644
Total members with prescribed medications	727
Very satisfied - explanation for prescribed medications	60.0%
Very satisfied - information received about side effects	52.5%

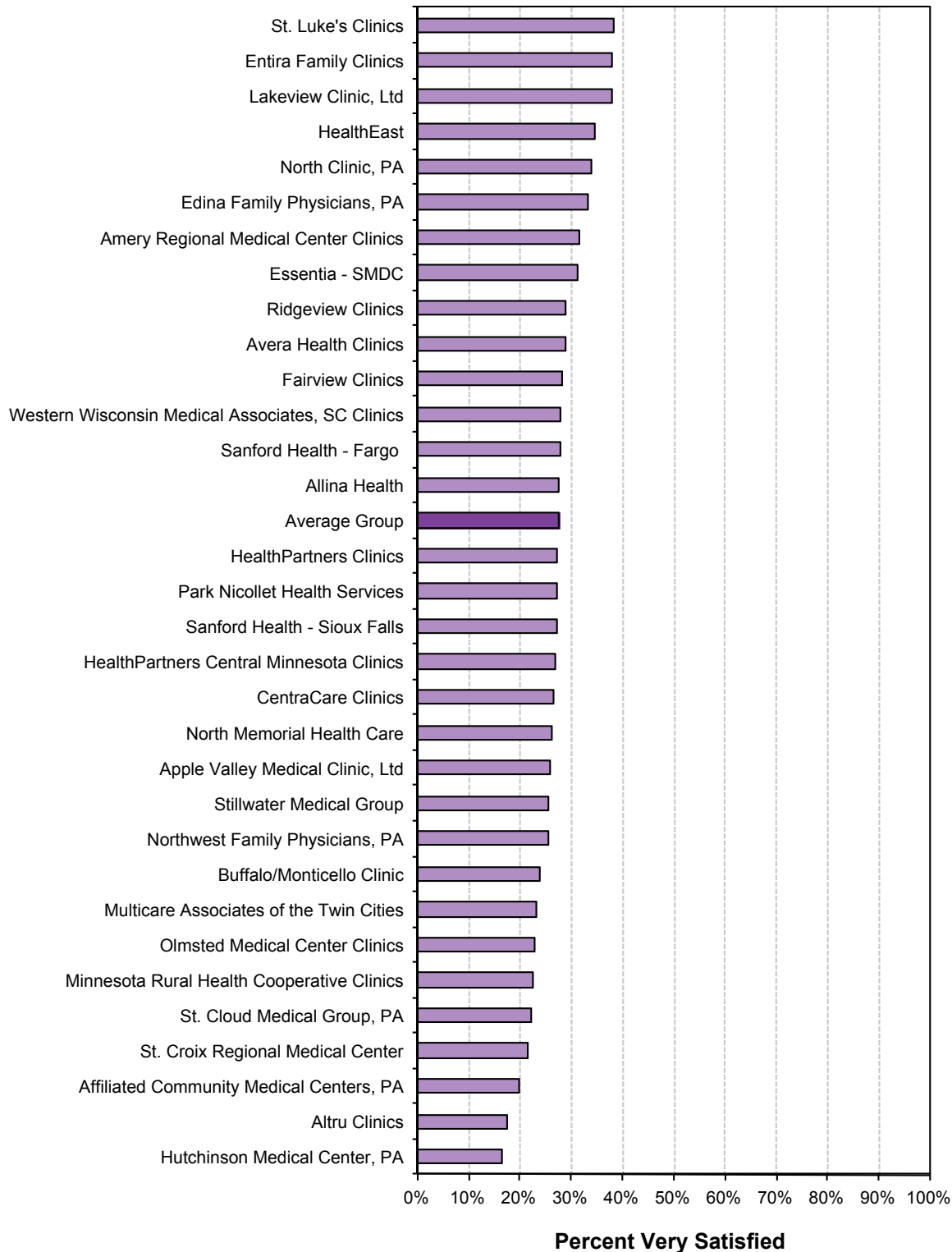
Patient Experience Medication Safety - Primary Care
2011 Member Survey

How satisfied were you with your clinic on explanations you received
about the reason for any prescribed medicines?



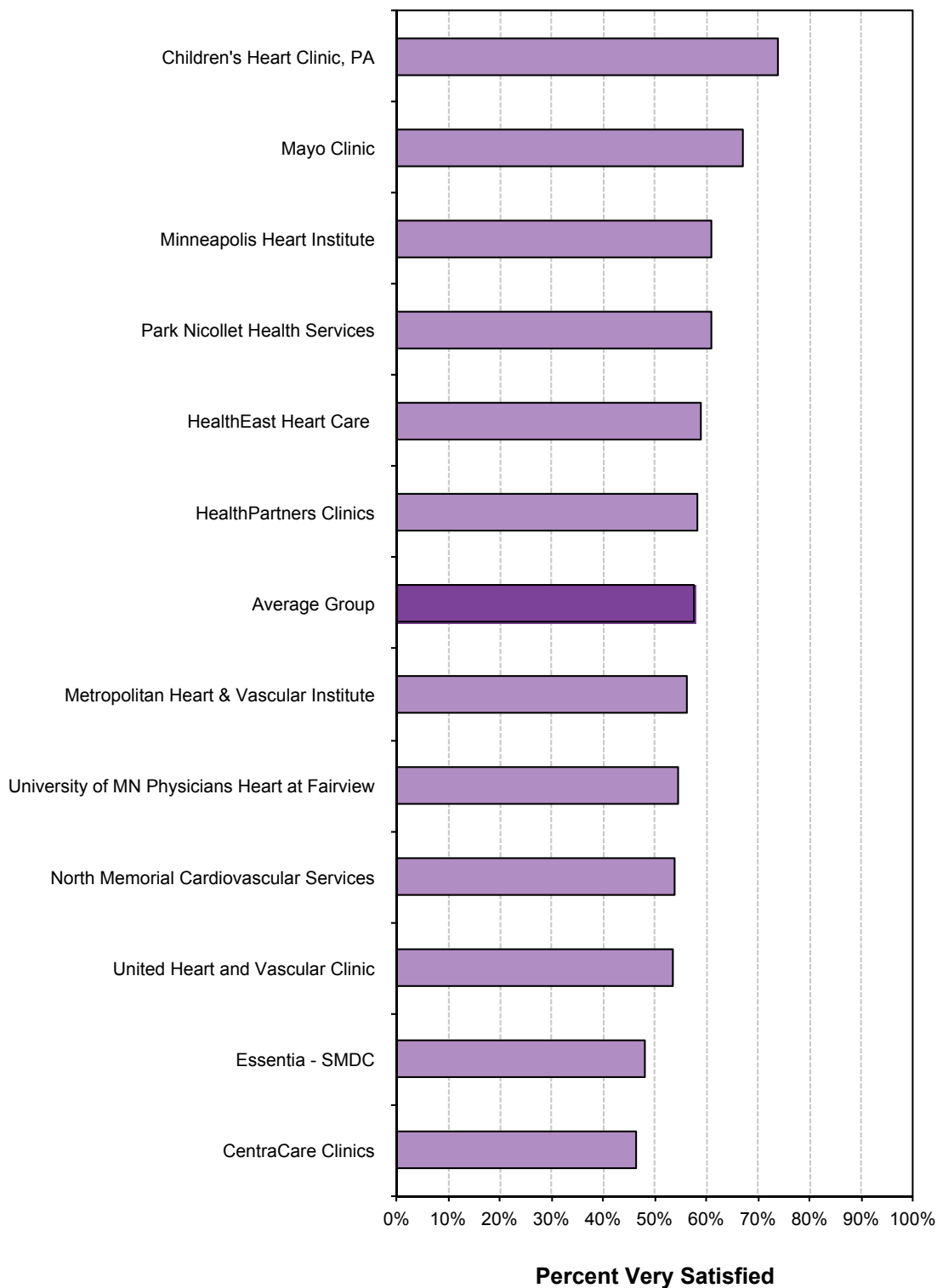
Patient Experience Medication Safety - Primary Care
2011 Member Survey

How satisfied were you with your clinic on information you received
about any side effects of your medicines?



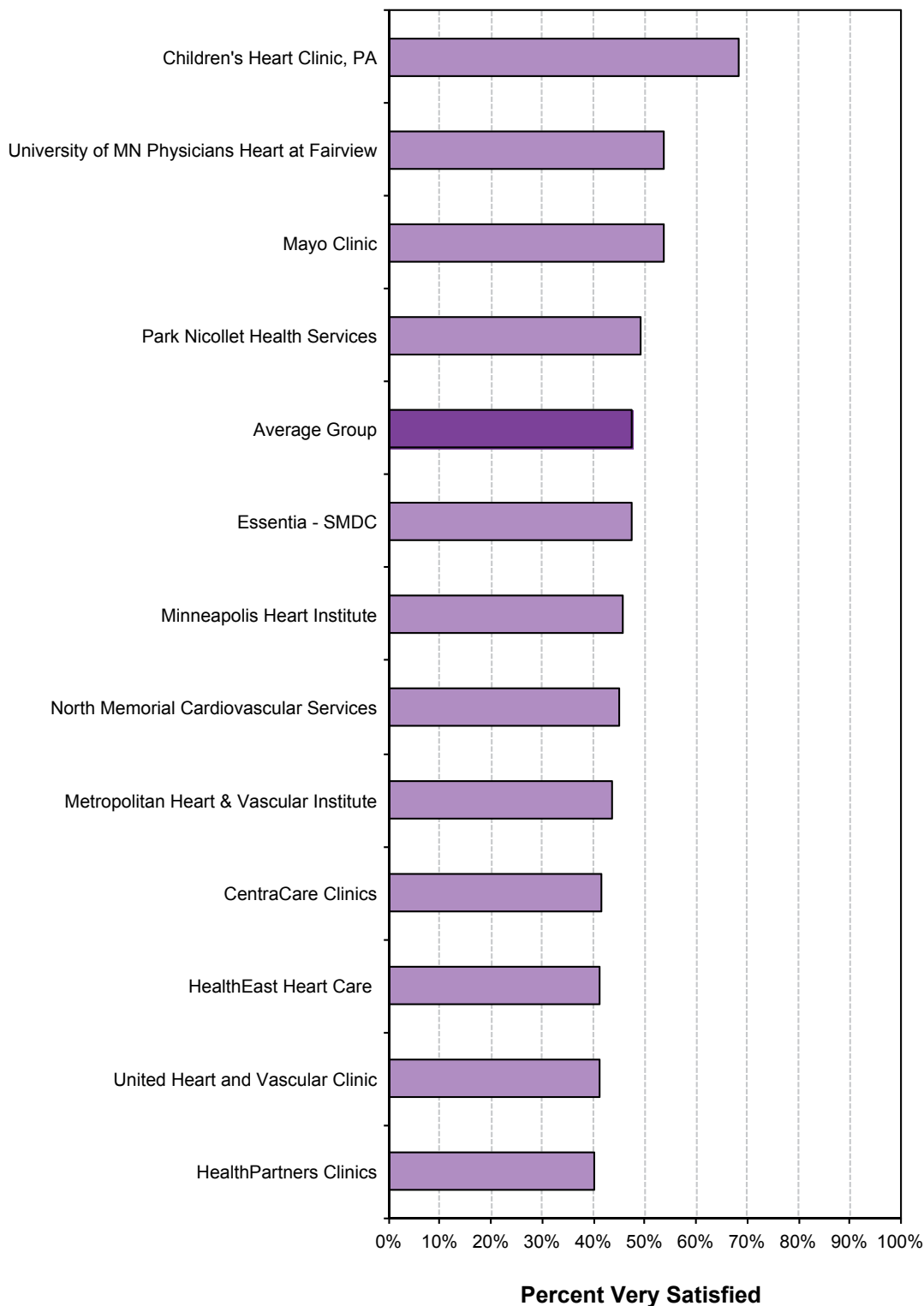
Patient Experience Medication Safety - Specialty Care, Cardiology
2012 Member Survey

How satisfied were you with your clinic on explanations you received
about the reason for any prescribed medicines?



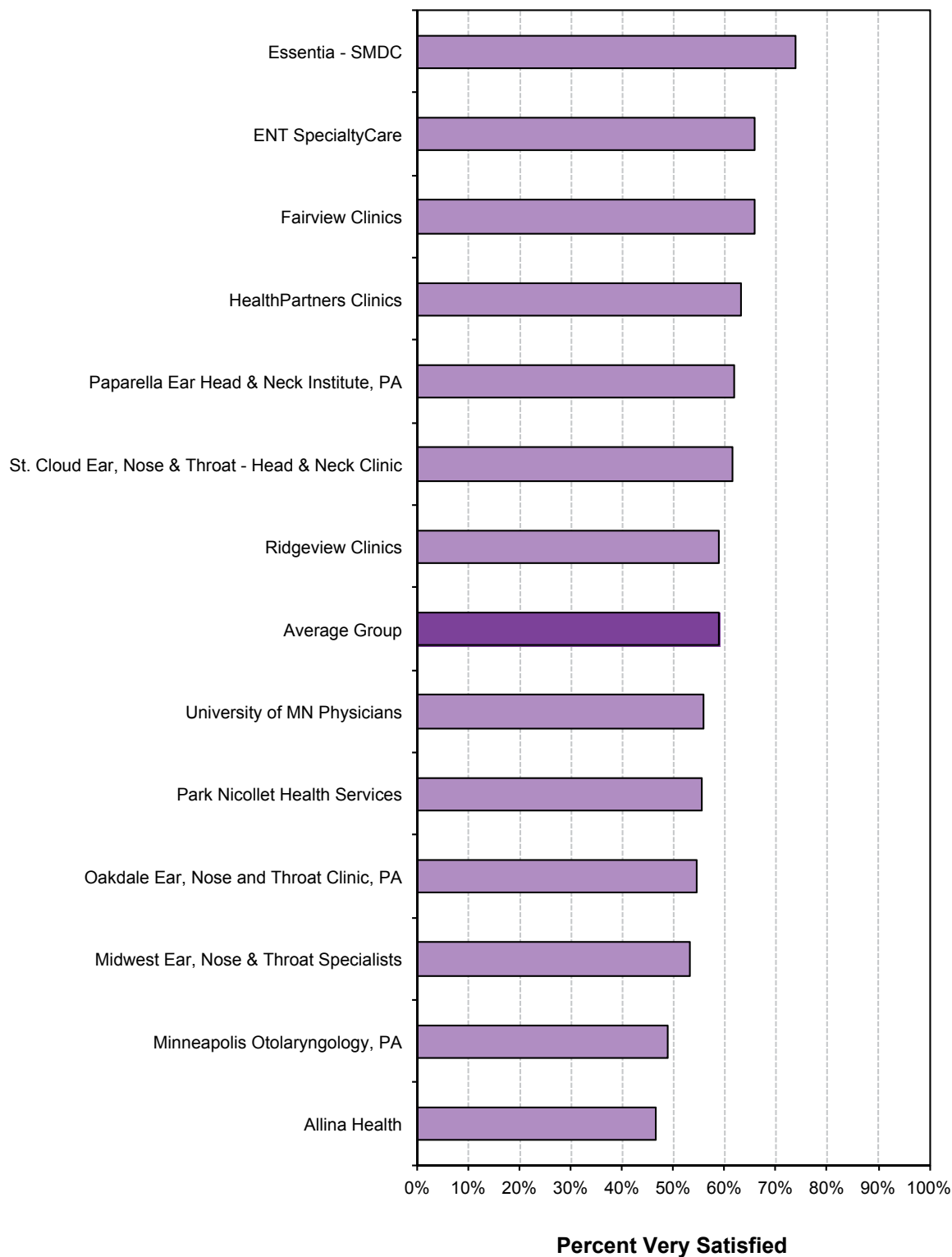
Patient Experience Medication Safety - Specialty Care, Cardiology
2012 Member Survey

How satisfied were you with your clinic on information you received
about any side effects of your medicines?



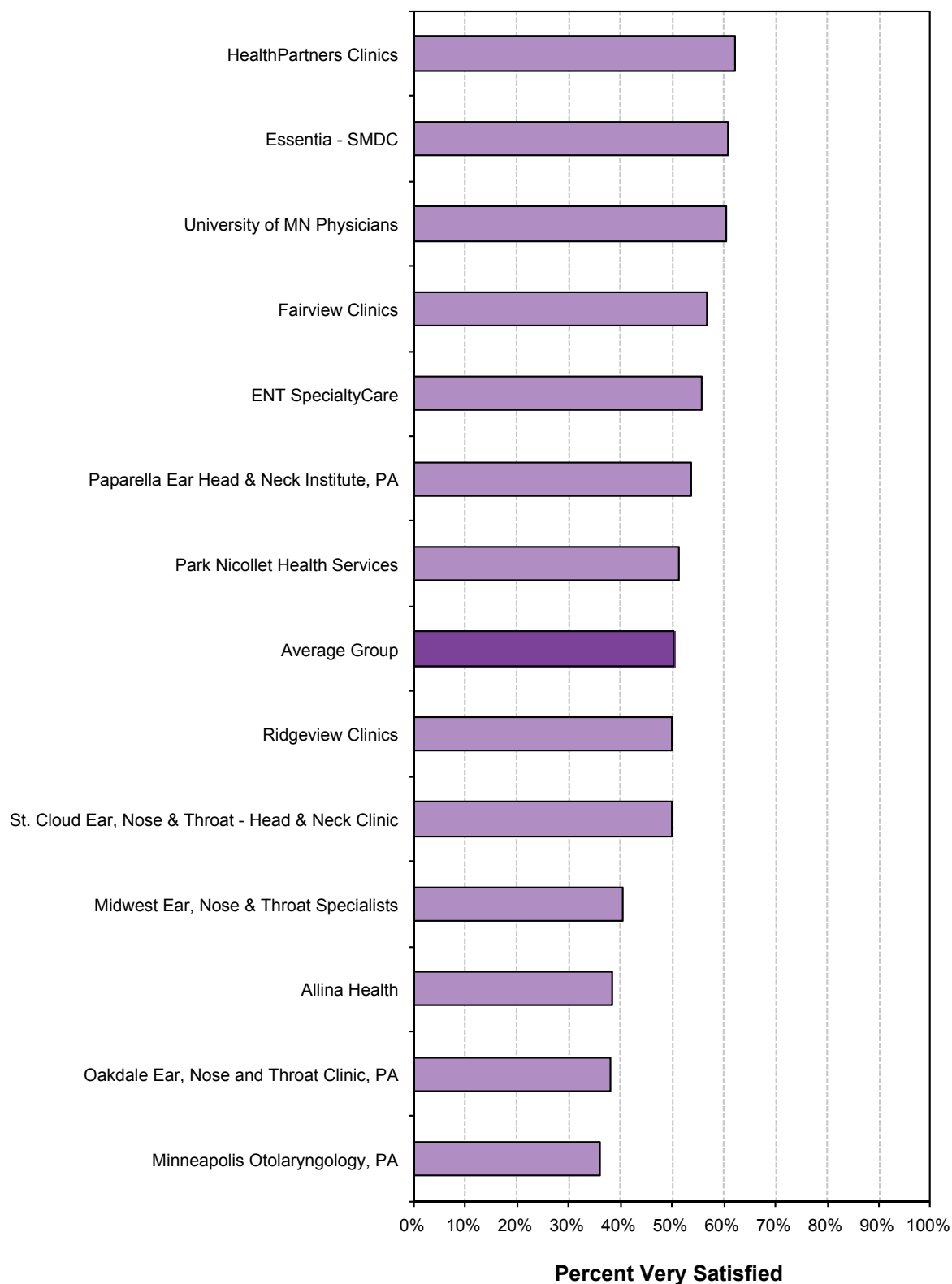
Patient Experience Medication Safety - Specialty Care, ENT
2012 Member Survey

How satisfied were you with your clinic on explanations you received
about the reason for any prescribed medicines?



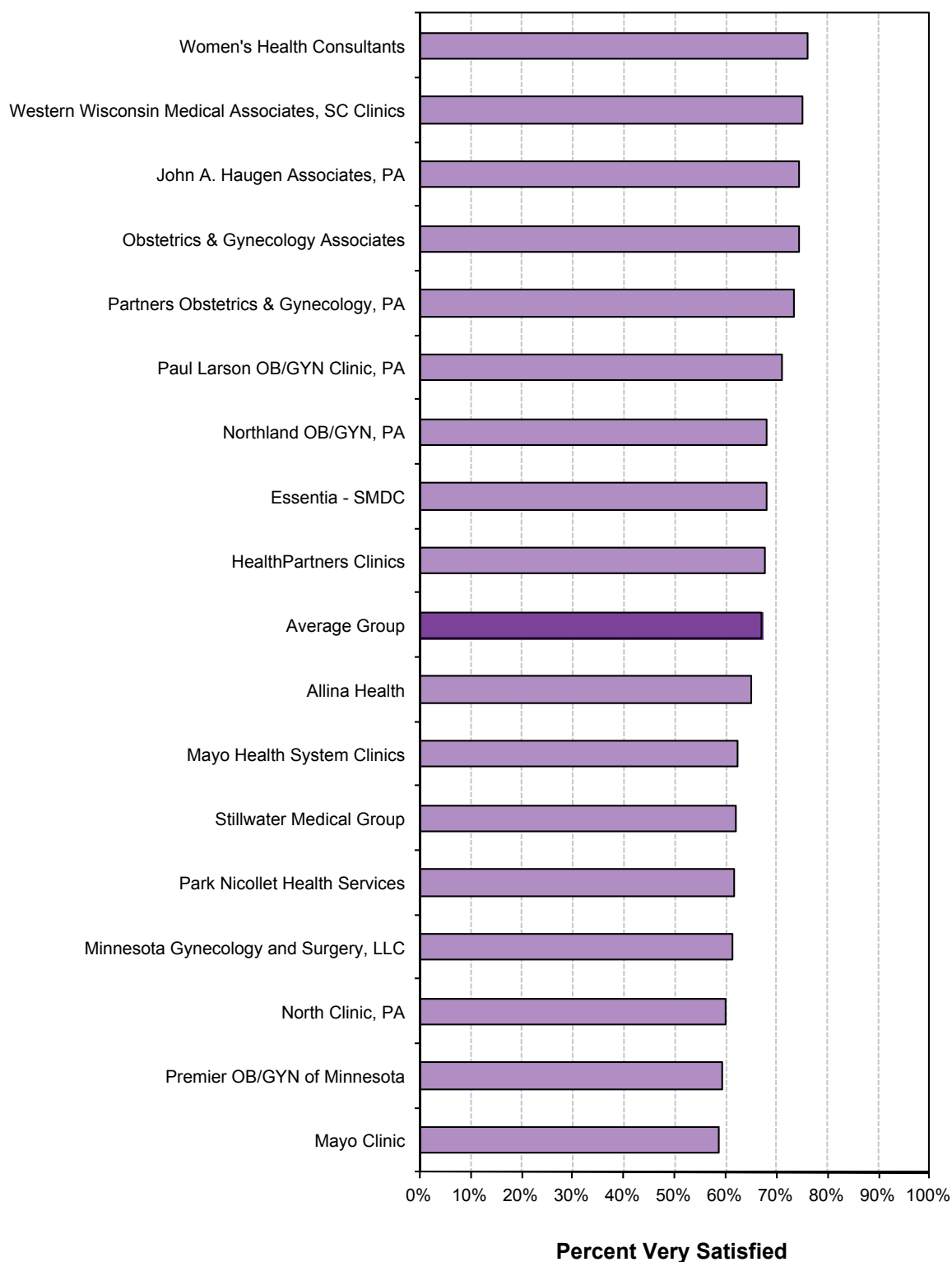
Patient Experience Medication Safety - Specialty Care, ENT
2012 Member Survey

How satisfied were you with your clinic on information you received
about any side effects of your medicines?



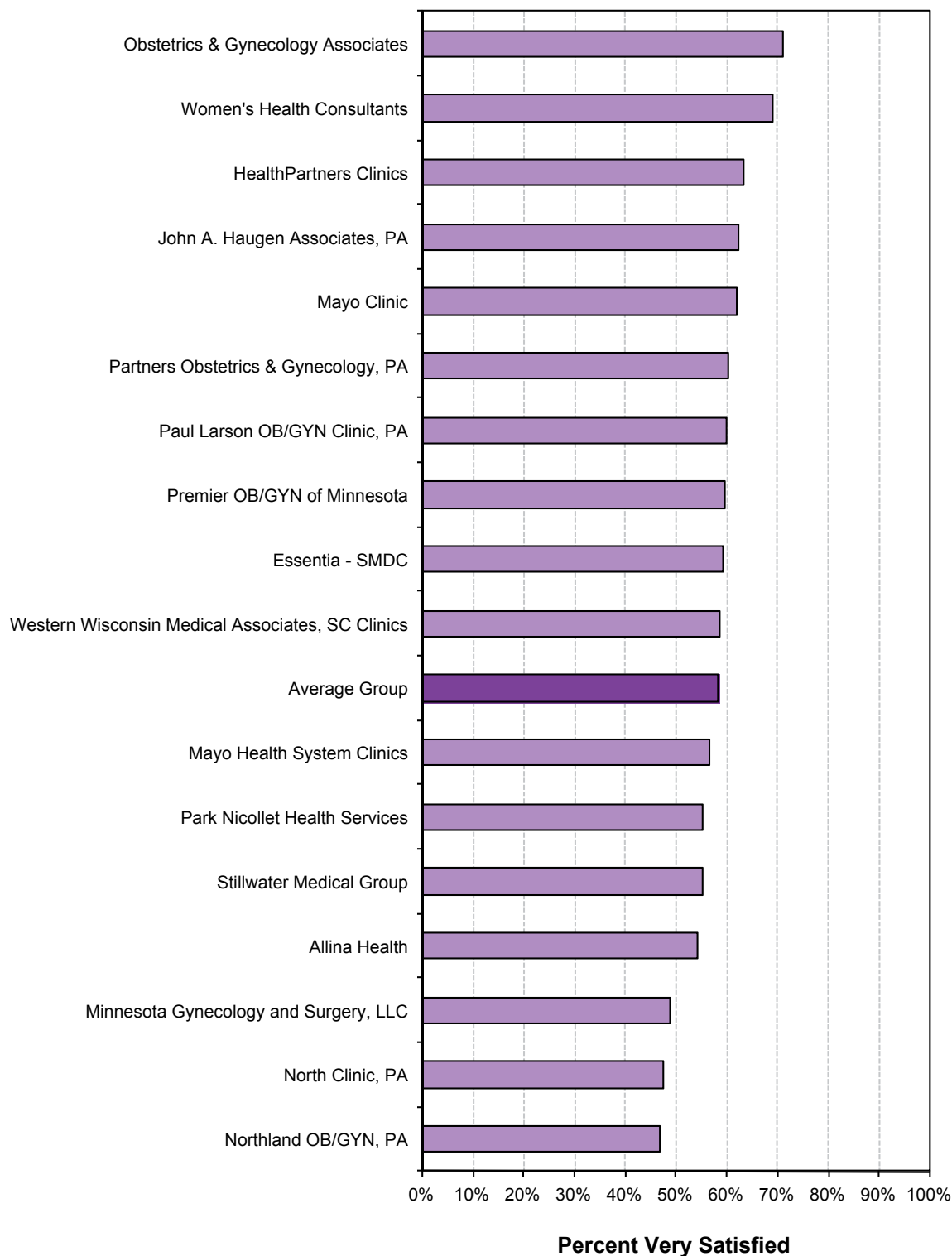
Patient Experience Medication Safety - Specialty Care, OB/GYN
2012 Member Survey

How satisfied were you with your clinic on explanations you received
about the reason for any prescribed medicines?



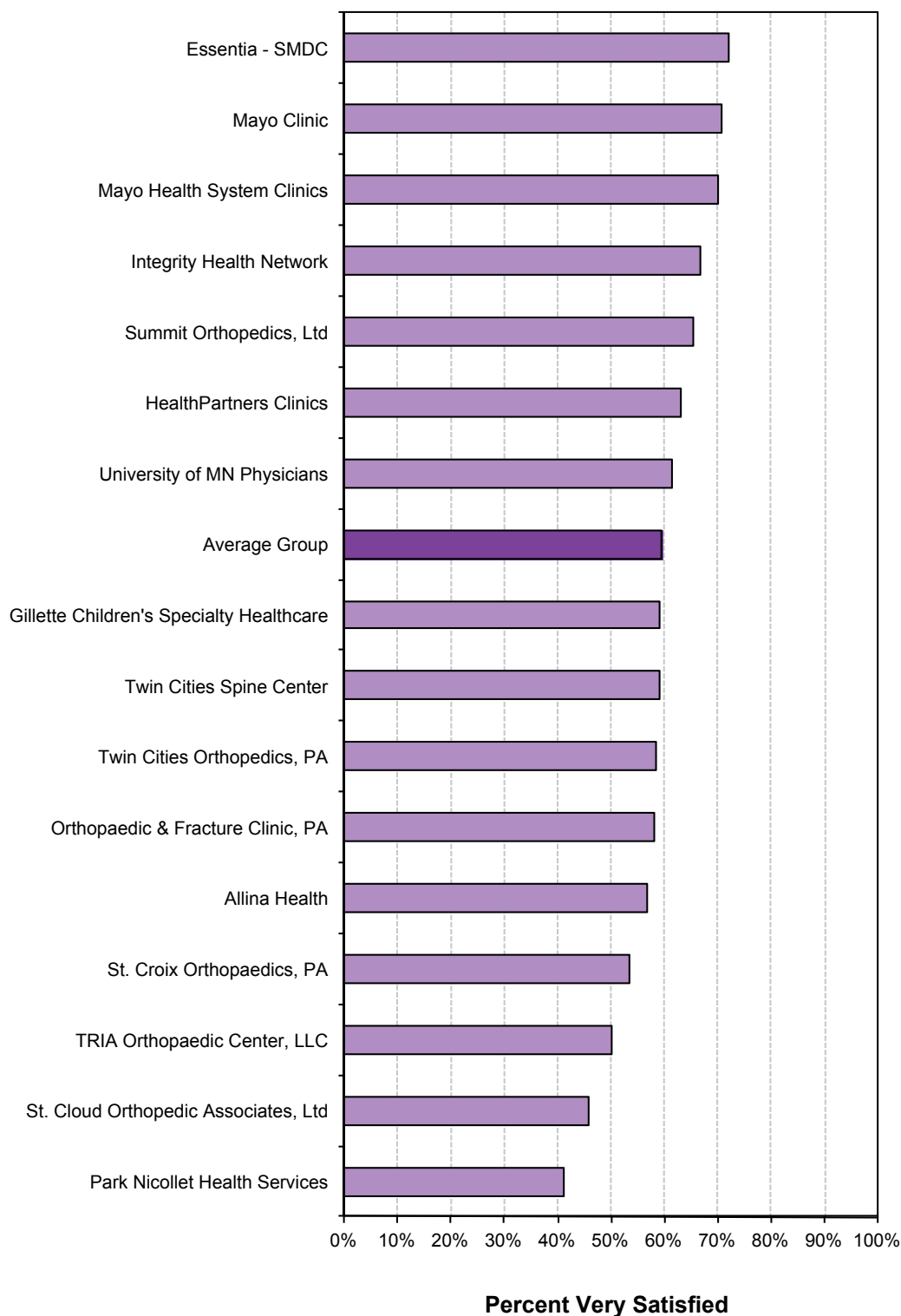
Patient Experience Medication Safety - Specialty Care, OB/GYN
2012 Member Survey

How satisfied were you with your clinic on information you received
about any side effects of your medicines?



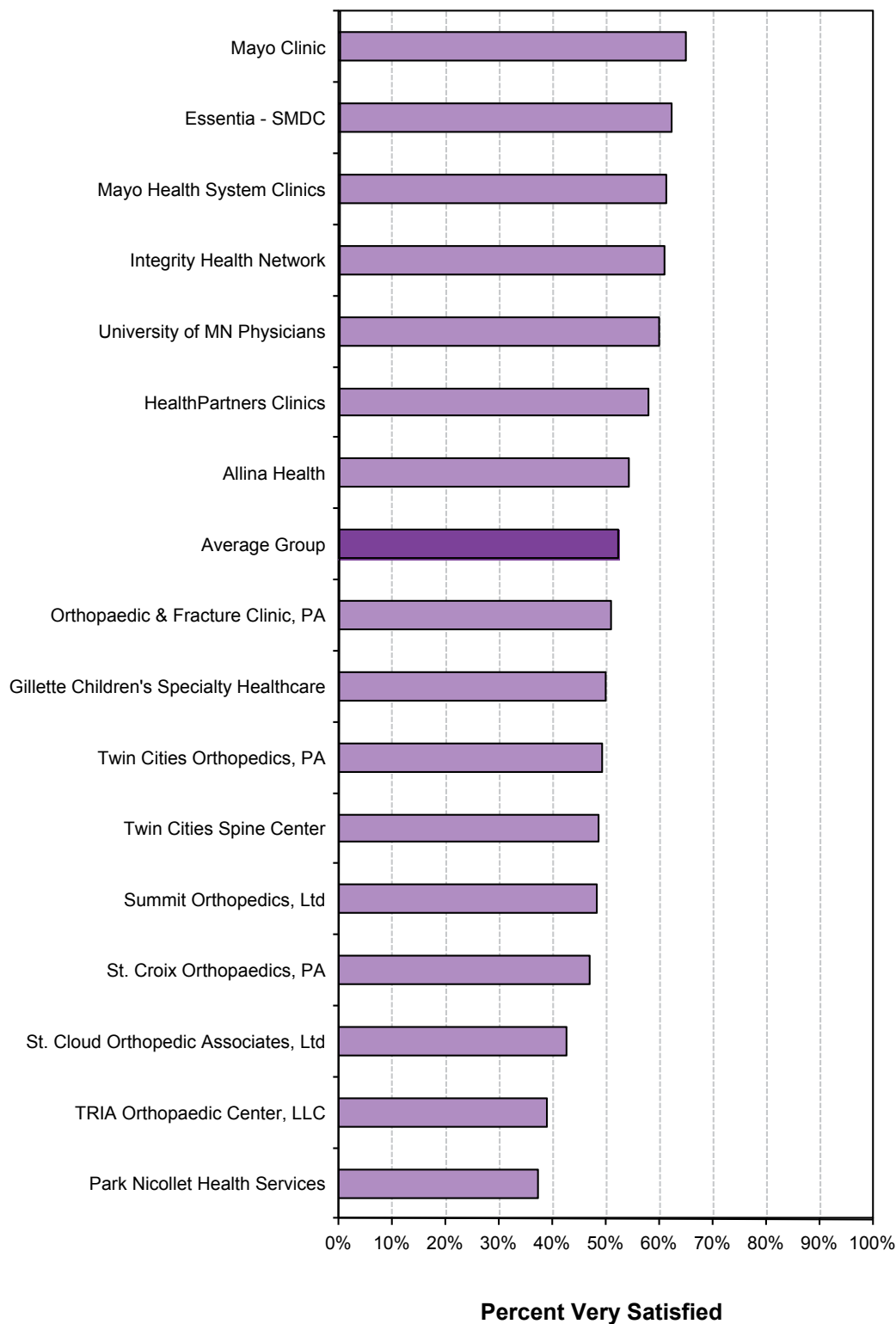
Patient Experience Medication Safety - Specialty Care, Orthopaedics
2012 Member Survey

How satisfied were you with your clinic on explanations you received
about the reason for any prescribed medicines?



Patient Experience Medication Safety - Specialty Care, Orthopaedics
2012 Member Survey

How satisfied were you with your clinic on information you received
about any side effects of your medicines?



TOBACCO USE AND CESSATION

2011 Member Survey

Description

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

Methodology — Member Survey

Tobacco status was determined through a mail survey conducted by HealthPartners in October and November 2011. The measures include a random sample of commercial members ages 18 to 64 from 34 primary care medical groups for the adult survey and 21 primary care medical groups for the children's survey. The data were weighted to equal sample sizes of 200 for adults and 100 for children and to control for self-reported health status. For the child's portion of the interview, the adult most knowledgeable about the child's medical care was asked to complete the survey.

Survey Questions

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

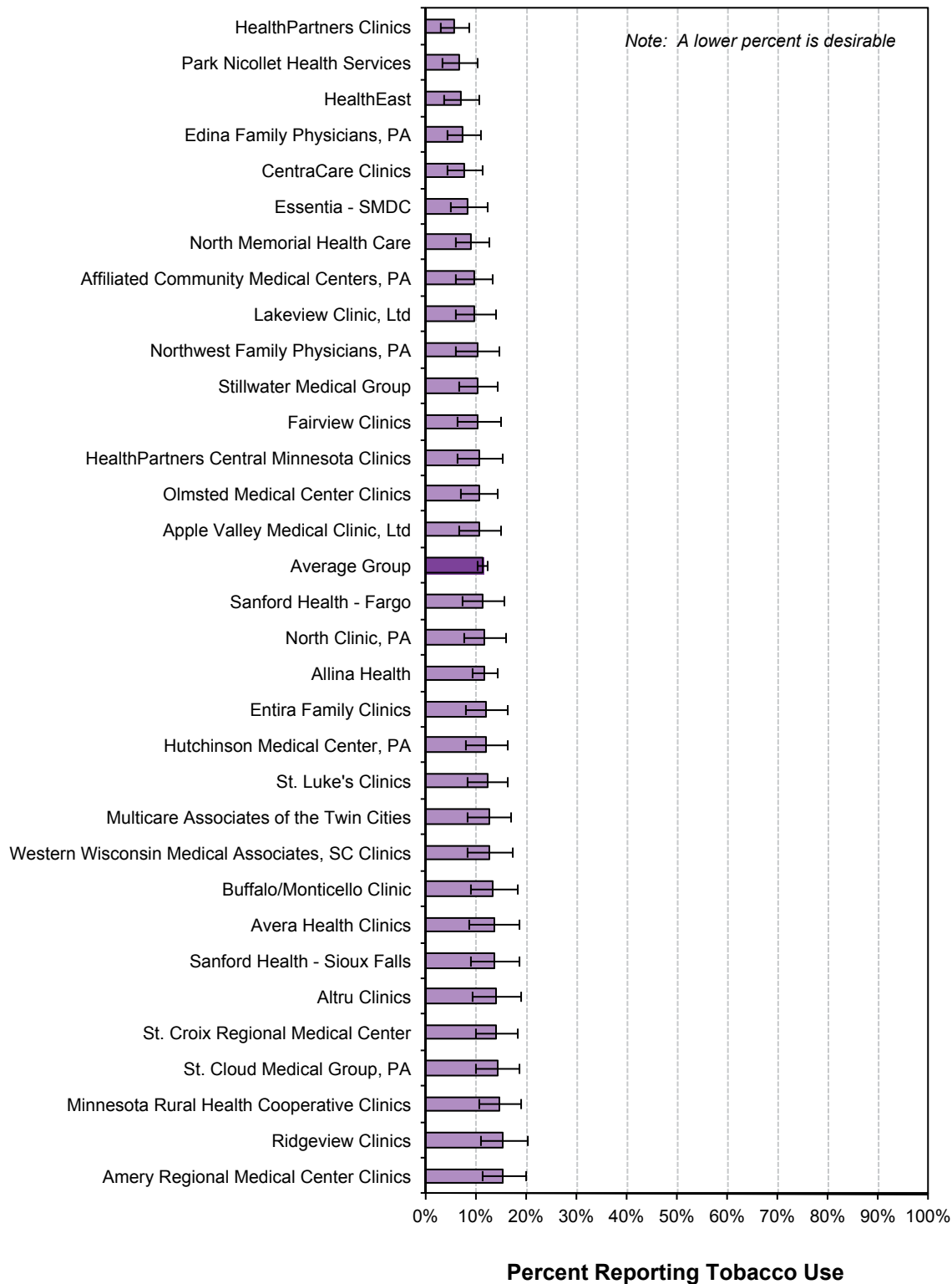
Results*

Adult Tobacco Prevalence Rate¹	9.2% (± 0.7)
Adult Tobacco Assist Rate	71.1% (± 3.3)
Secondhand Smoke Exposure Rate¹	4.0% (± 0.8)

¹ A lower percentage is desirable

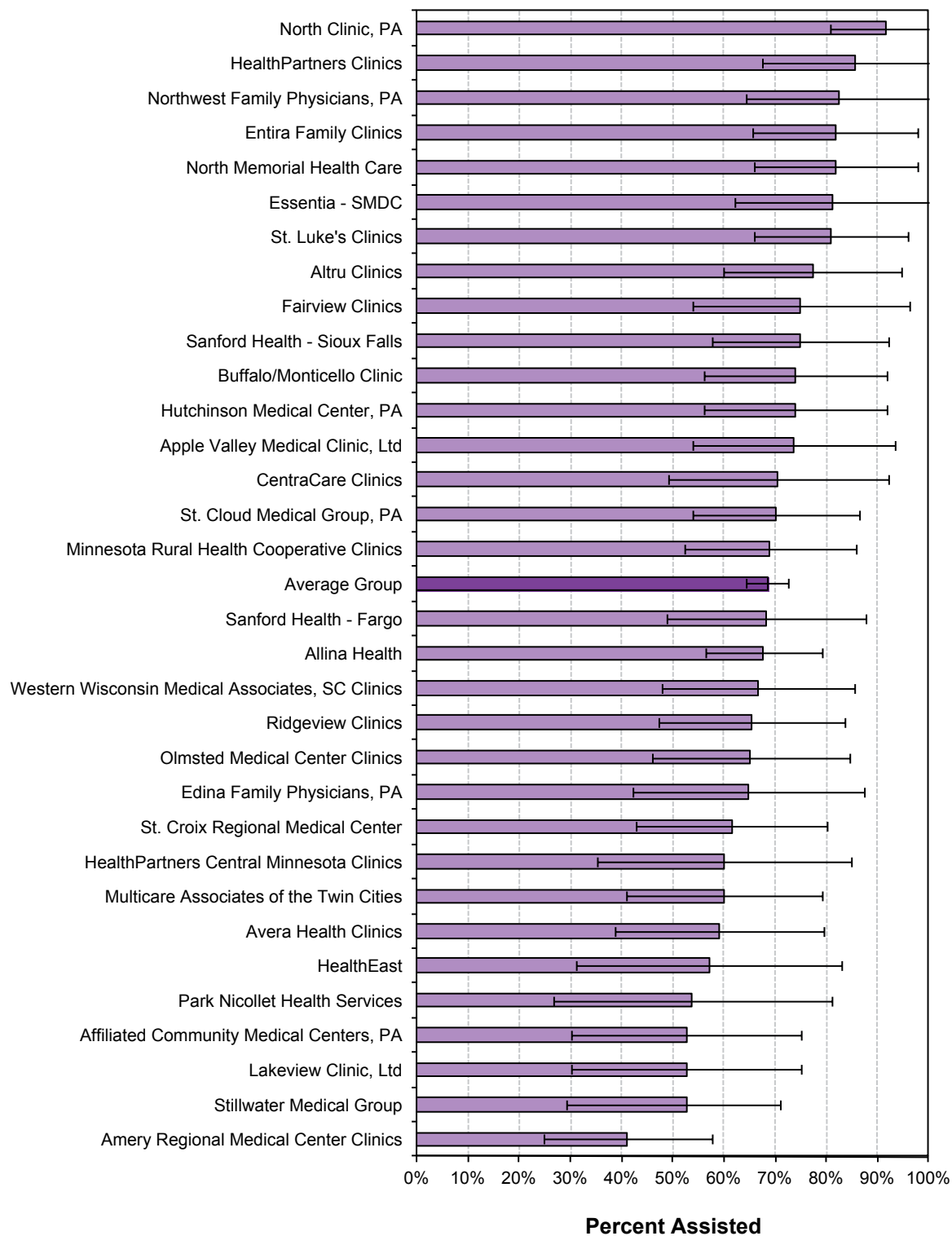
* All rates are weighted by the eligible population of the provider groups displayed.

Tobacco - Adult - Prevalence 2011 Member Survey



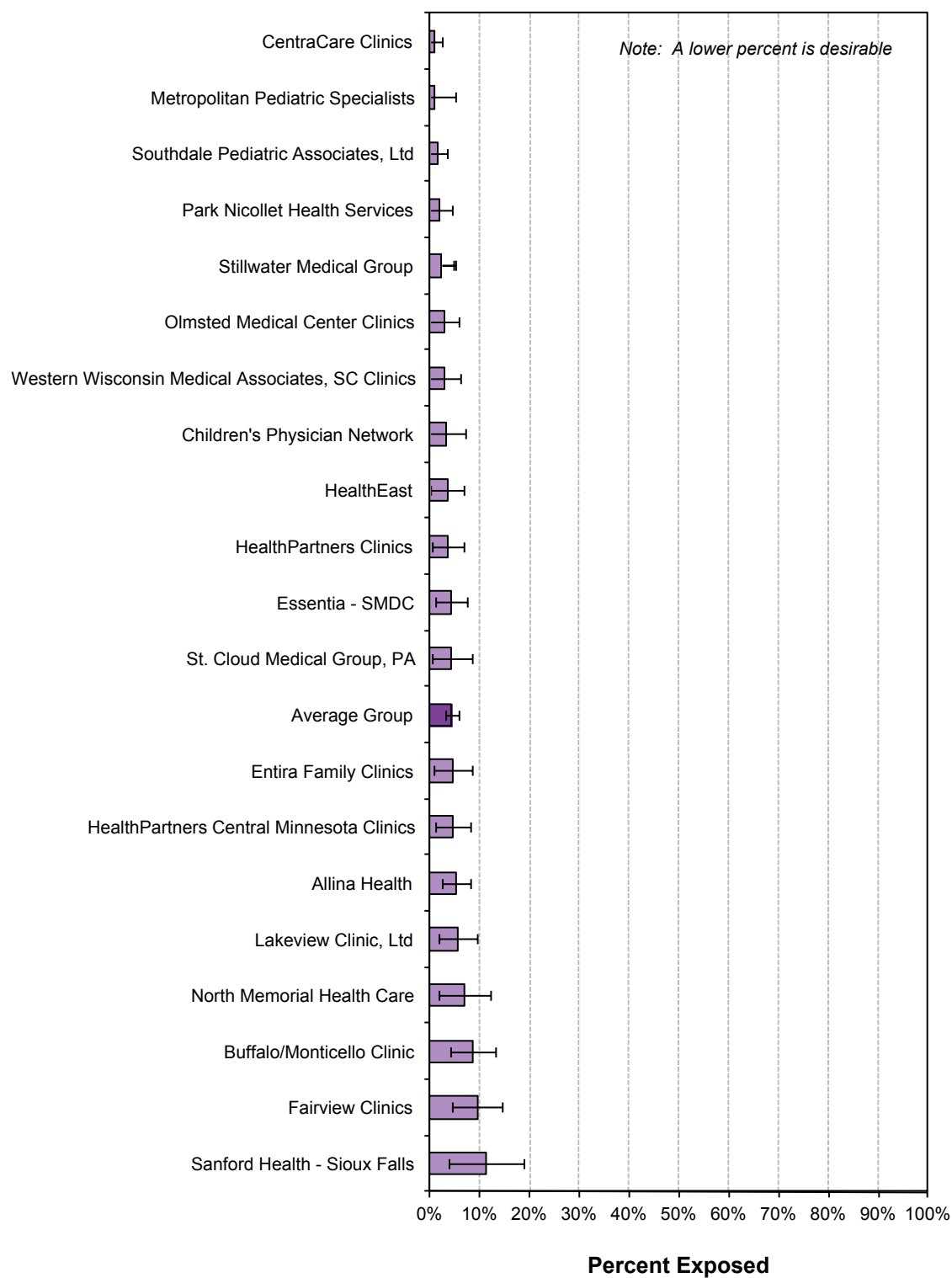
— Confidence Interval

Tobacco - Adult - Assist Rate
2011 Member Survey



— Confidence Interval

Tobacco - Children - Second Hand Smoke Exposure
2011 Member Survey



— Confidence Interval

TOTAL COST OF CARE AND RESOURCE USE - PRIMARY CARE

January 1, 2011 – December 31, 2011

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 are assigned a relative resource use value using HealthPartners' patented algorithm, Total Care Relative Resource Values or TCRRVs. These values quantify resource use for all procedures and services across all sectors of the health care system.

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

Medical costs, pharmacy costs and resources use for each attributed member are totaled with outliers being capped at \$100,000. Each provider group's attributed member costs, resource use and risk scores are aggregated to create risk adjusted per member per month values. Total cost of care and resource use indices are created by dividing each provider's risk adjusted per member per month value by the respective 11 county metro area risk adjusted per member per month value.

Results

HealthPartners 11 County Metro Network Average: 1.000

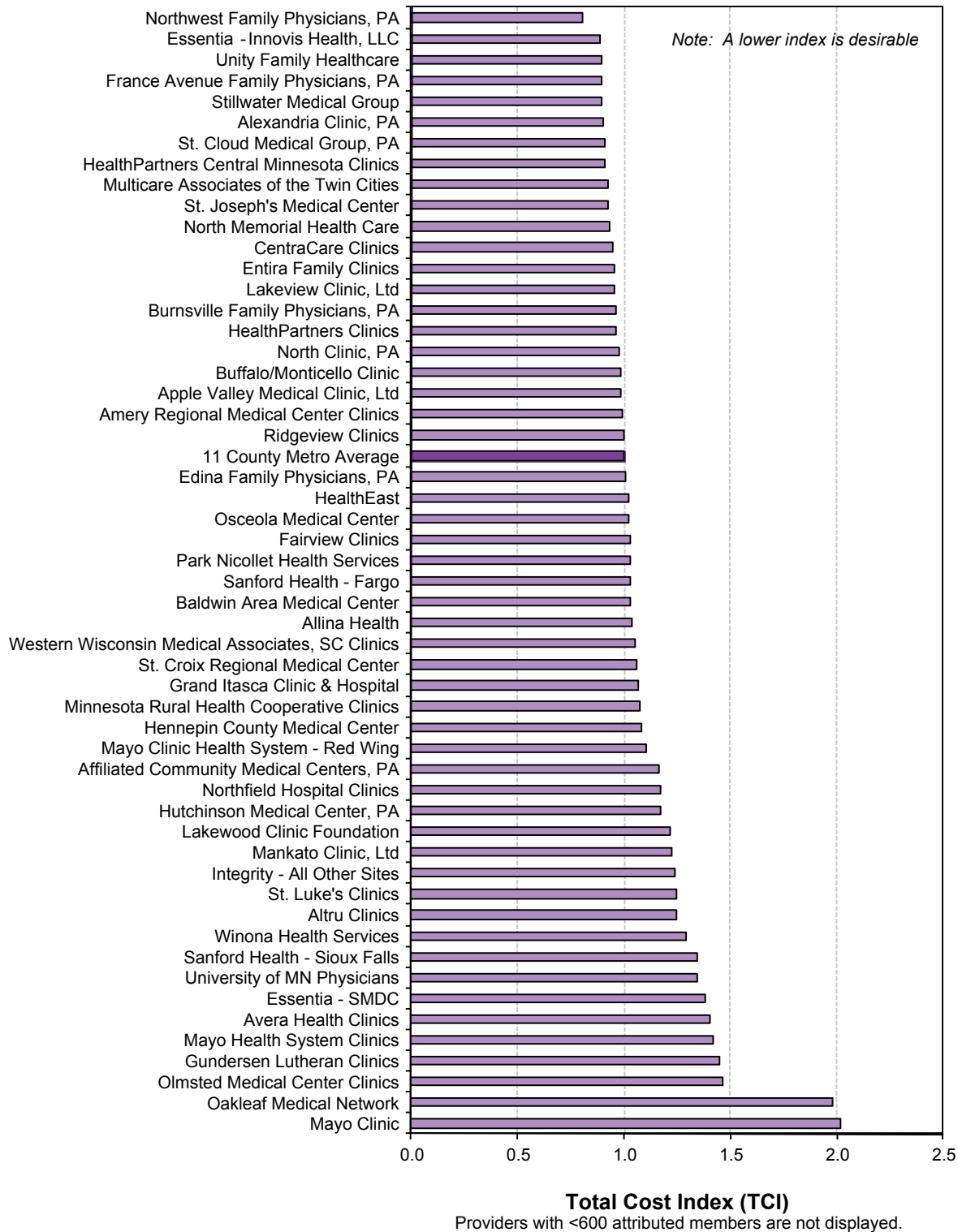
Total Cost Indices > 1.000 represent providers that are more expensive than average

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

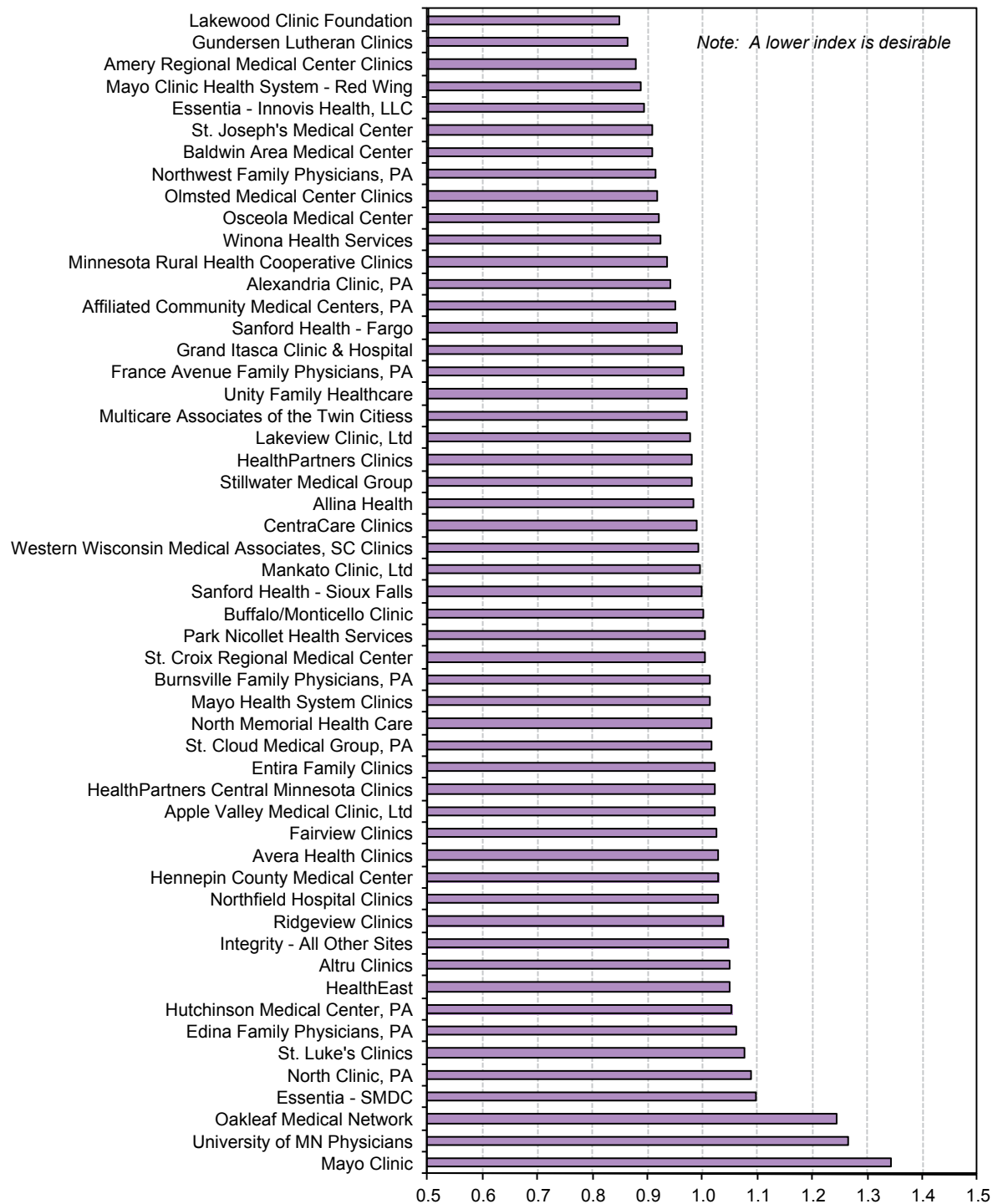
Resource Use Indices < 1.000 represent providers that have lower resource use than average

Total Cost of Care - Primary Care, Total Cost Index (TCI)
1/1/2011 - 12/31/2011



HealthPartners 11 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)
1/1/2011 - 12/31/2011



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

HealthPartners 11 County Metro Network Average: 1.000

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

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

TOTAL COST INDEX AND RESOURCE USE - SPECIALTY CARE

October 1, 2009 – September 30, 2011

Description

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

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

Methodology

These measures are based on episodes treatment groups (ETGs) for commercial fully insured and self insured members where episodes are completed, non outliers and the member is continuously enrolled throughout the duration of the episode. ETGs group all care received related to a condition into a defined episode of care. All care members receive are assigned a relative resource use value using HealthPartners' patented algorithm, Total Care Relative Resource Values or TCRRVs. These values quantify resource use for all procedures and services across all sectors of the health care system. Providers are attributed to episodes where they represent at least 25% of management and surgery resources for the episode. The episodes included in the measures are case mix and severity adjusted by specialty and excludes all trauma and transplants. Total cost of care and resource use indices are created for each specialty by dividing each provider's risk actual cost or resource use by the 11 county metro expected values.

Results

HealthPartners 11 County Metro Network Average: 1.000

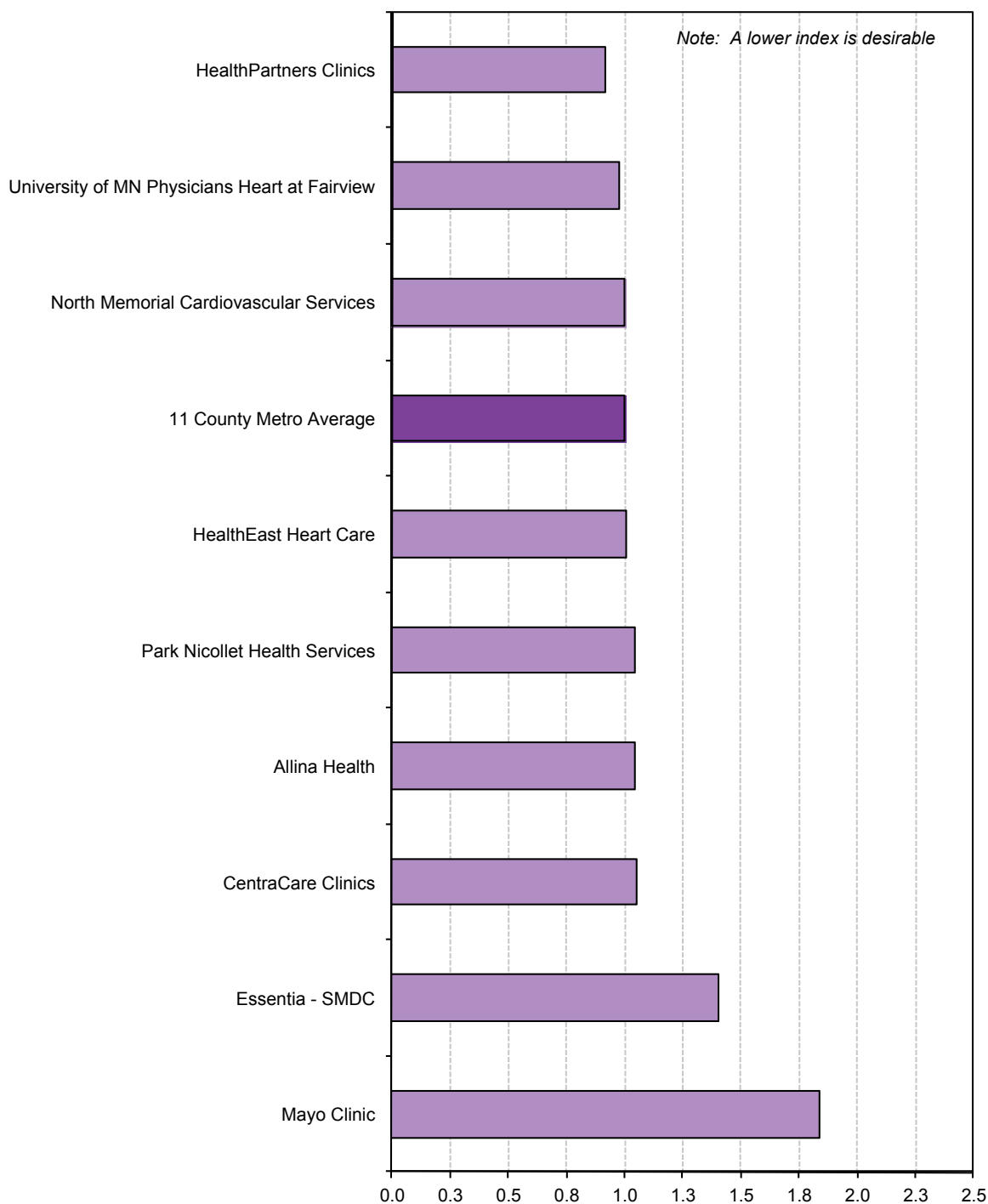
Total Cost Indices > 1.000 represent providers that are more expensive than average

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) - Cardiology
10/1/2009 - 09/30/2011



Total Cost Index (TCI)

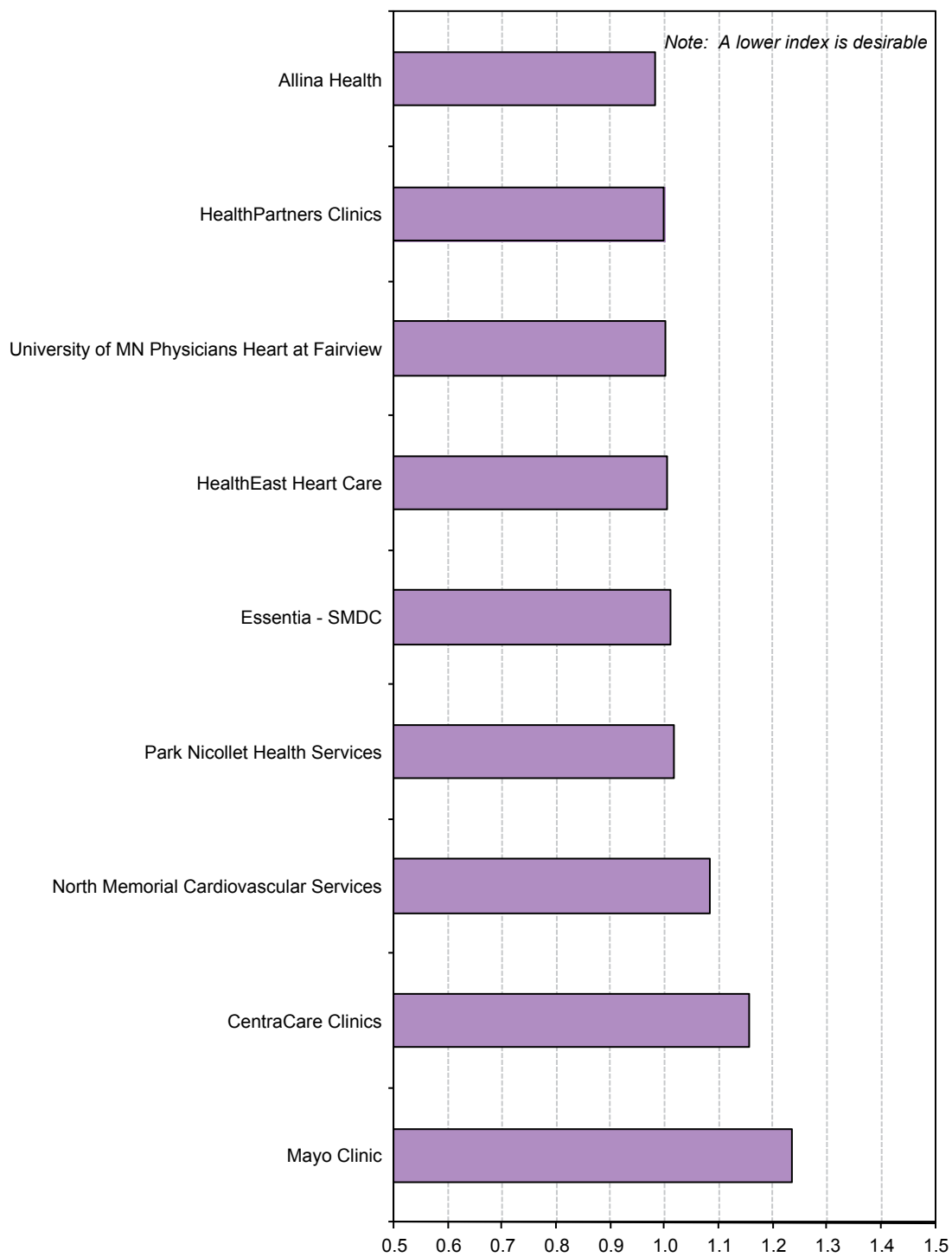
Providers with <300 attributed members are not displayed.

HealthPartners 11 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
10/1/2009 - 09/30/2011



Resource Use Index (RUI)

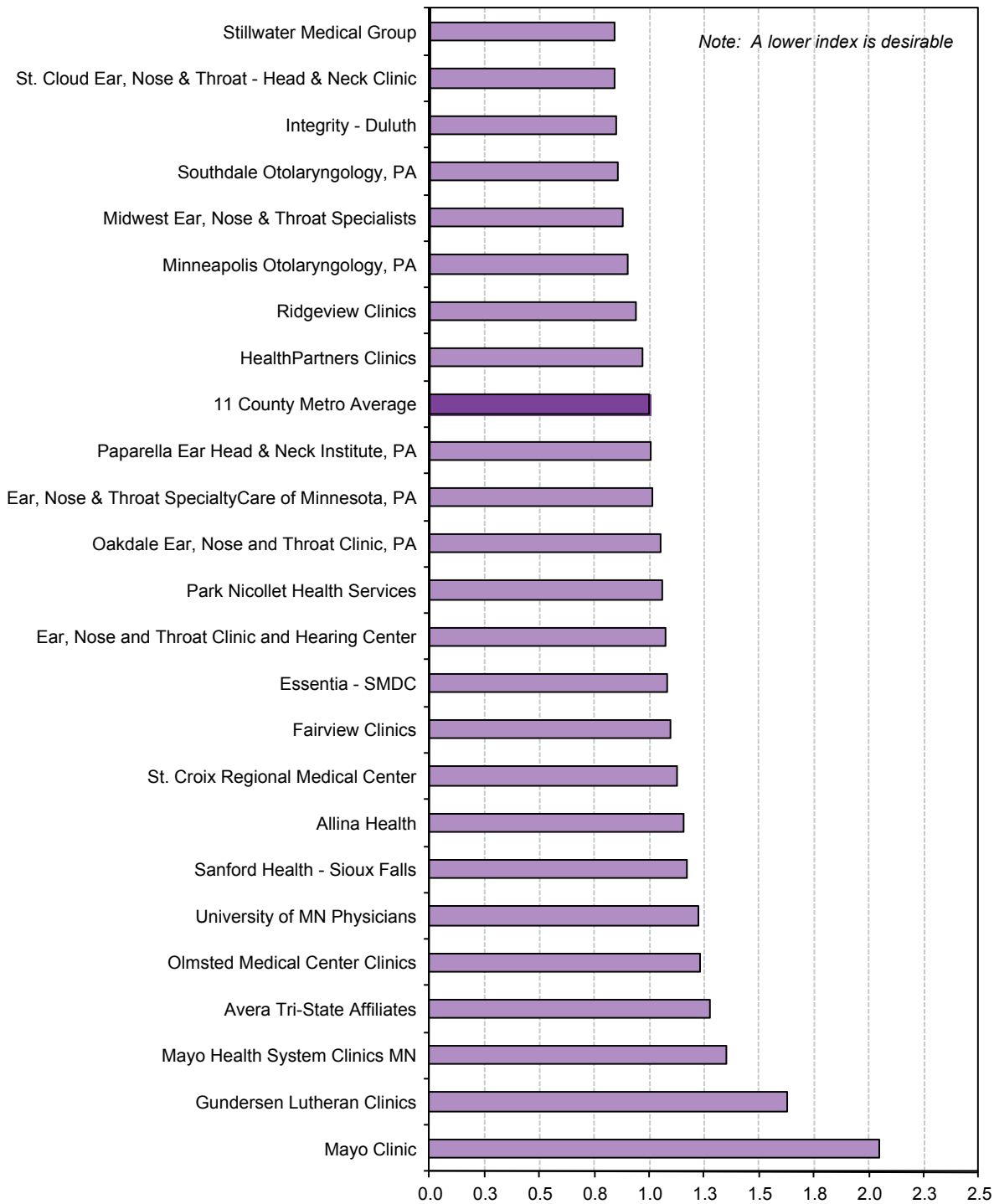
Providers with <300 attributed members are not displayed.

HealthPartners 11 County Metro Network Average: 1.000

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
10/1/2009 - 09/30/2011



Total Cost Index (TCI)

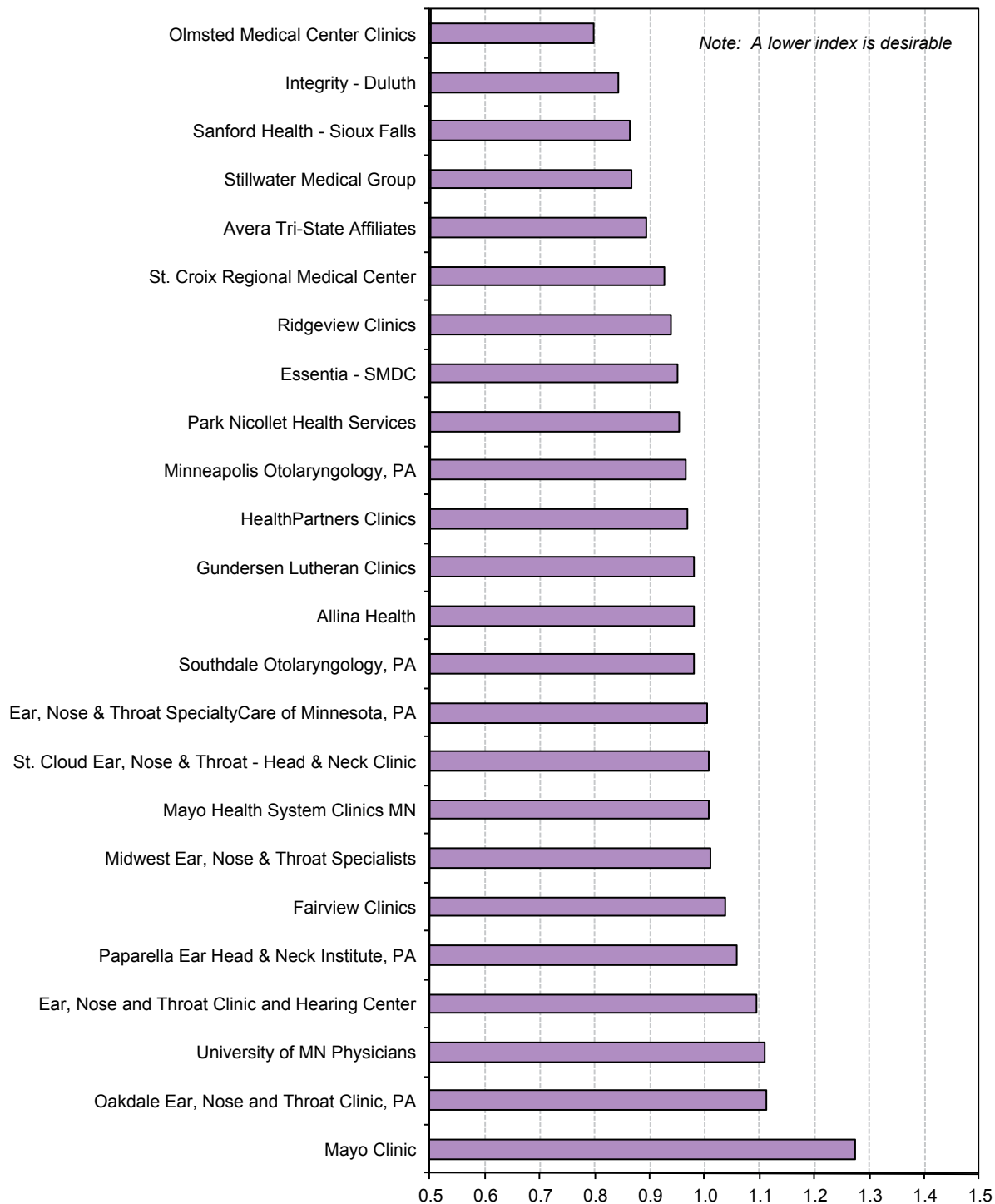
Providers with <300 attributed members are not displayed.

HealthPartners 11 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
10/1/2009 - 09/30/2011



Resource Use Index (RUI)

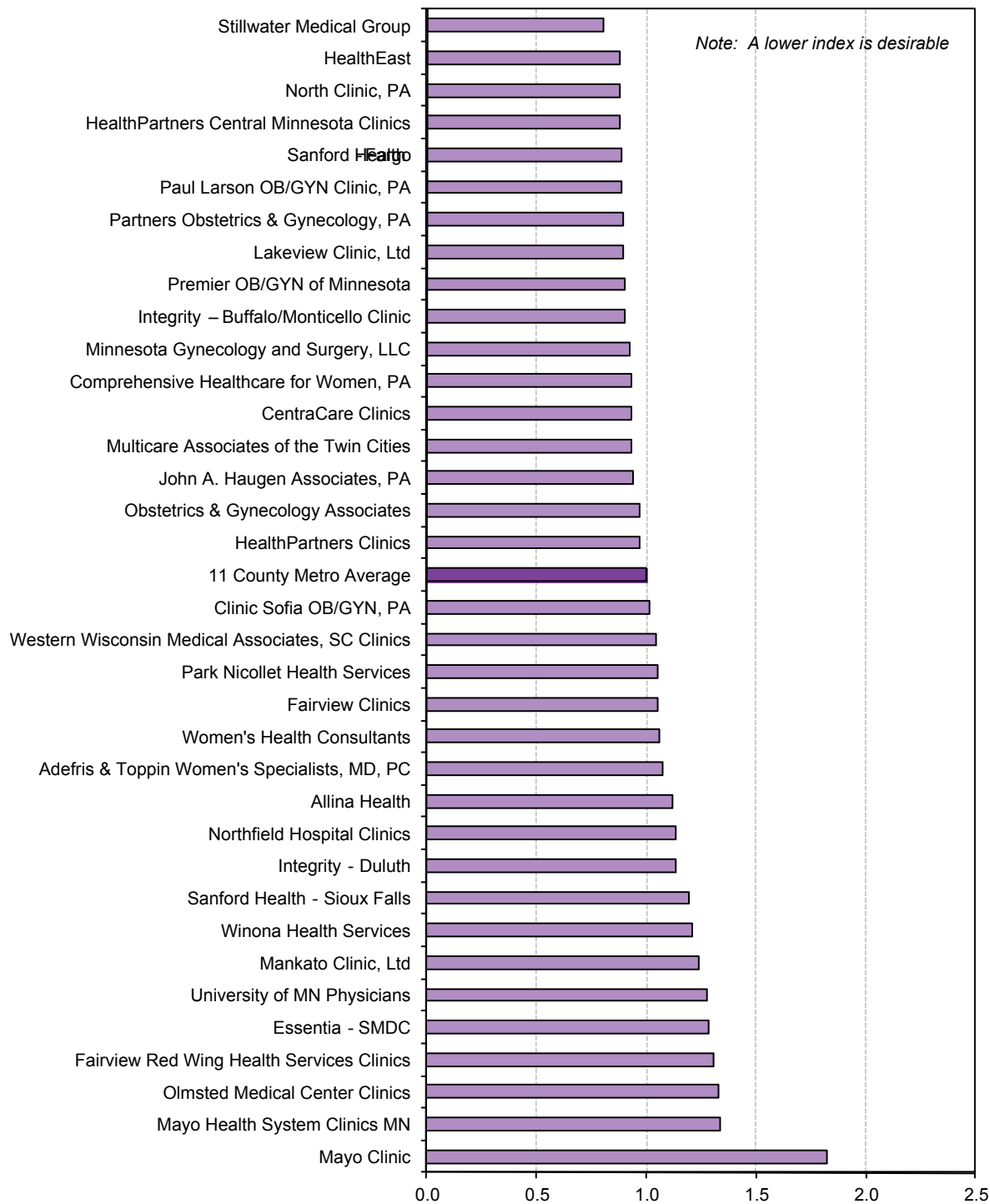
Providers with <300 attributed members are not displayed.

HealthPartners 11 County Metro Network Average: 1.000

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
10/1/2009 - 09/30/2011



Total Cost Index (TCI)

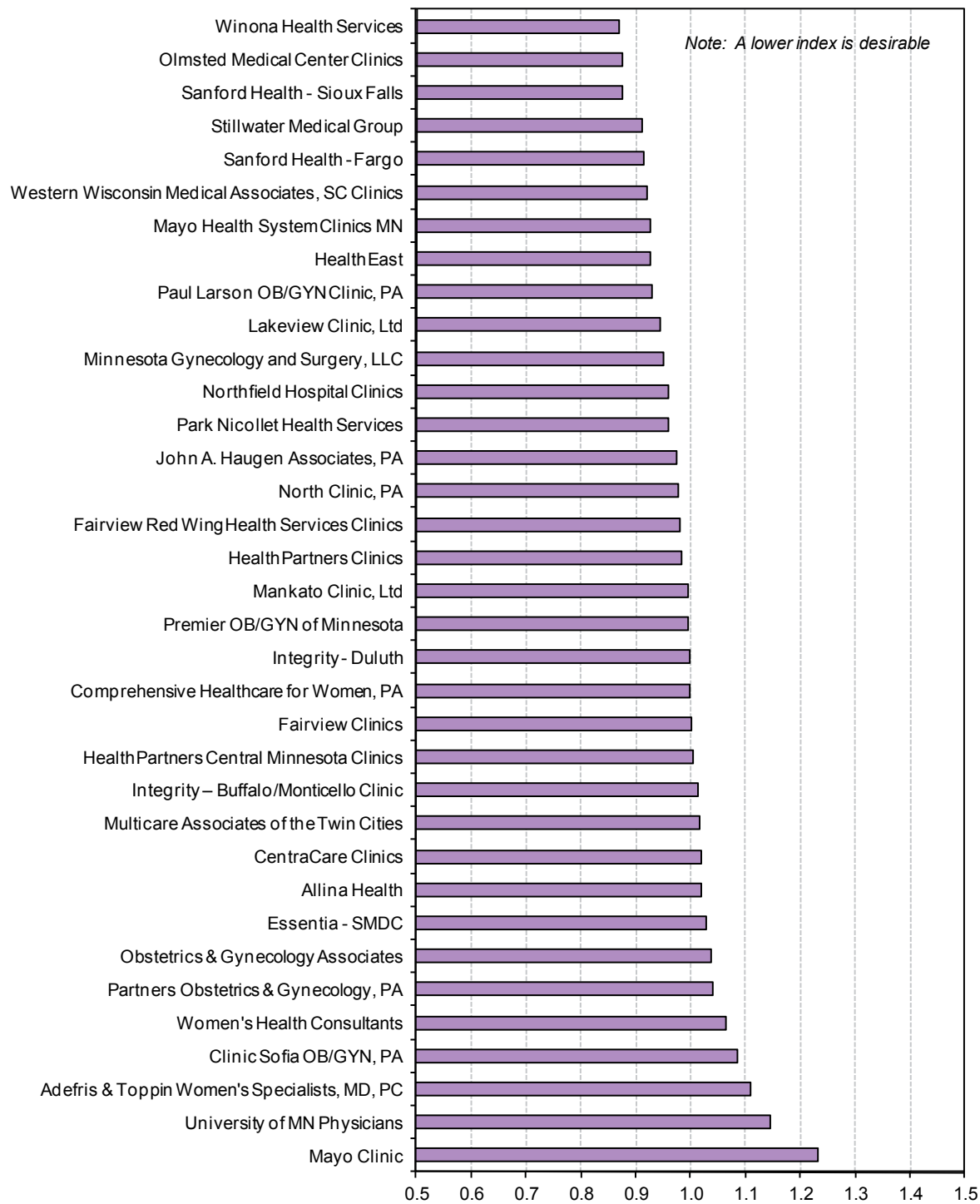
Providers with <600 attributed members are not displayed.

HealthPartners 11 County Metro Network Average: 1.000

Indices > 1.000 represent providers that are more expensive than average

Indices < 1.000 represent providers that are less expensive than average

Resource Use Index (RUI) - OB/GYN
10/1/2009 - 09/30/2011



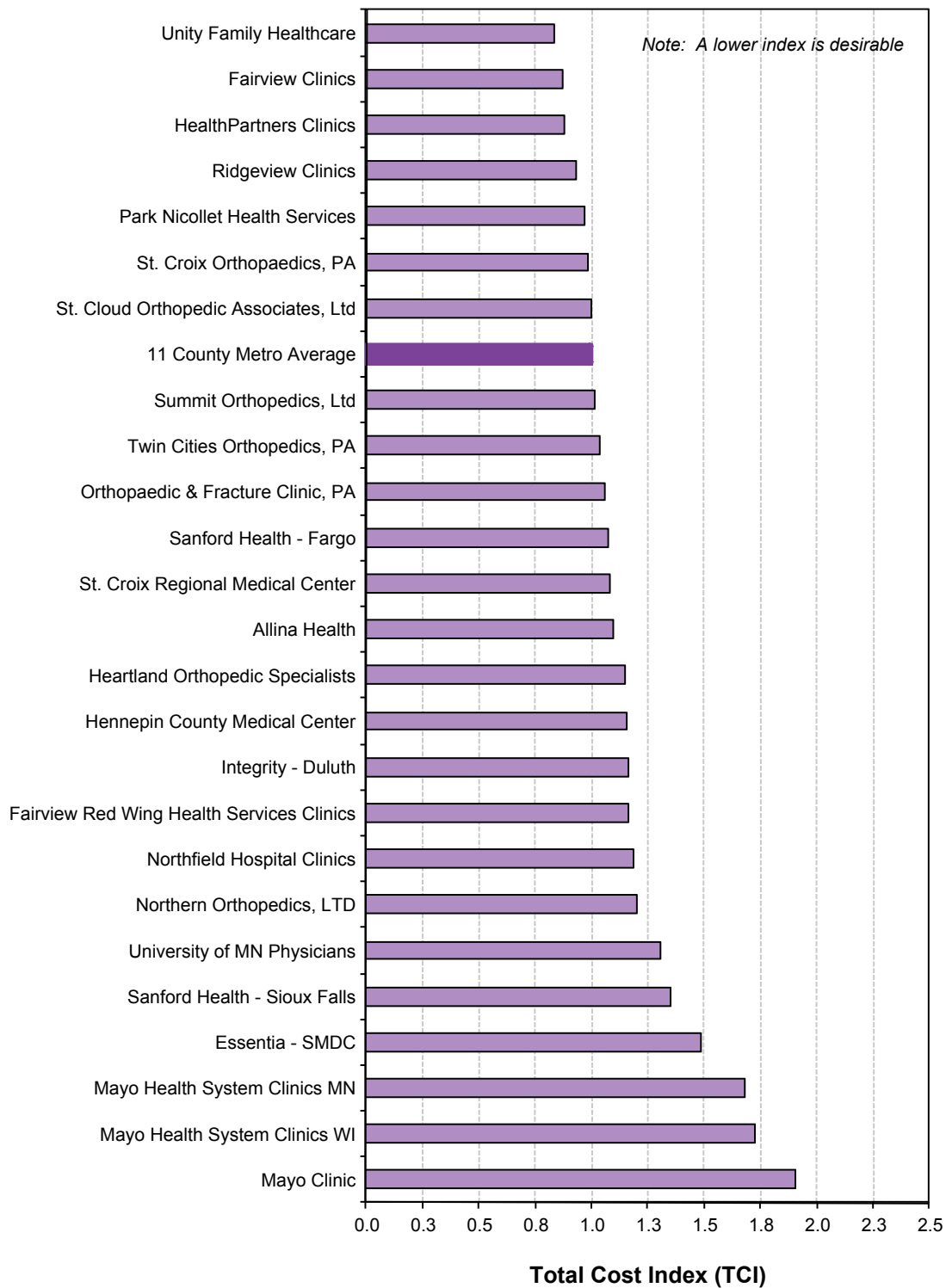
Resource Use Index (RUI)
Providers with <600 attributed members are not displayed.

HealthPartners 11 County Metro Network Average: 1.000

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

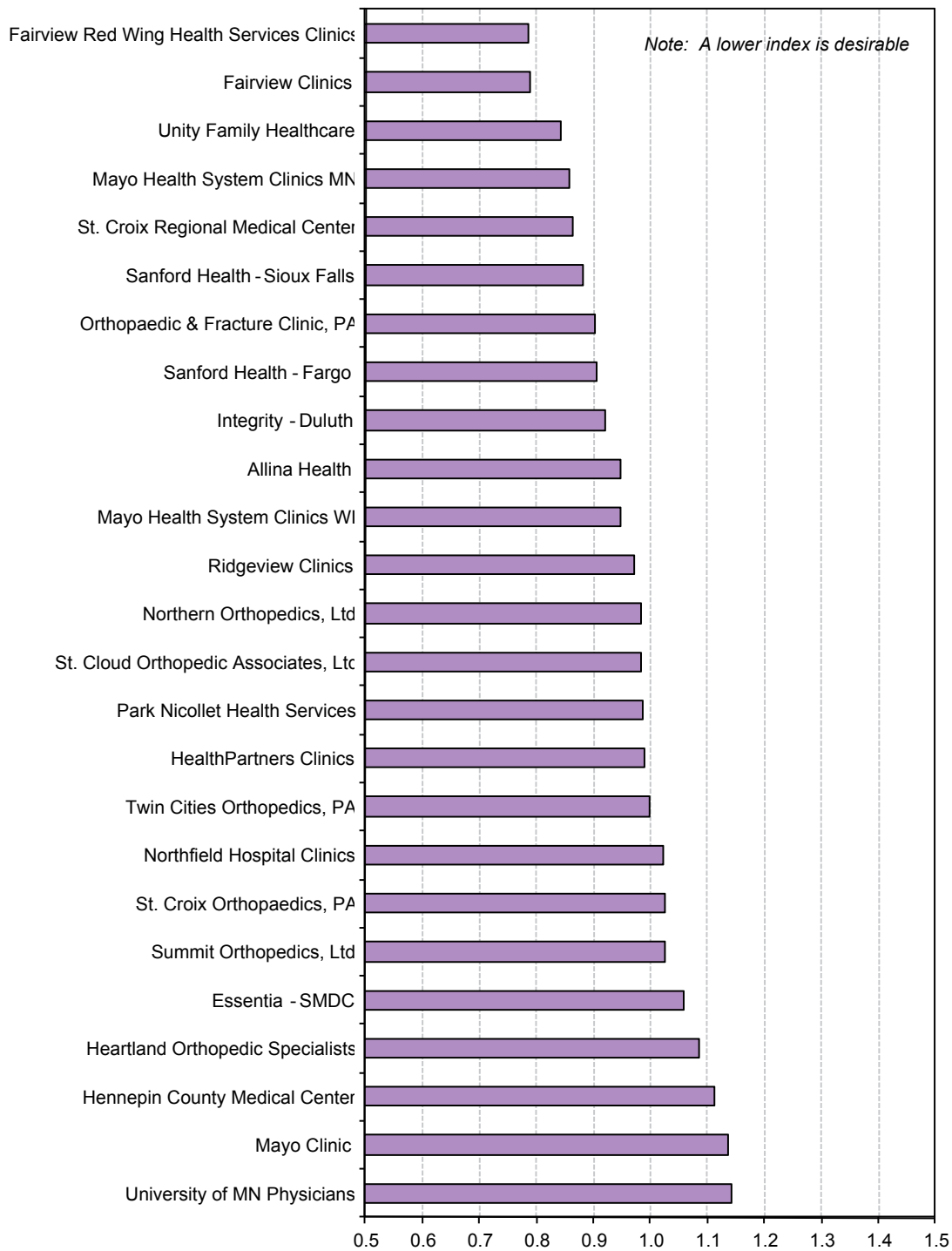
Indices < 1.000 represent providers that have lower than average resource use

Total Cost Index (TCI) - Orthopaedics
10/1/2009 - 09/30/2011



HealthPartners 11 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) - Orthopaedics
10/1/2009 - 09/30/2011



Resource Use Index (RUI)

Providers with <300 attributed members are not displayed.

HealthPartners 11 County Metro Network Average: 1.000

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 - HOSPITAL

January 1, 2011 – December 31, 2011

Description

Hospitals case mix and place of service mix adjusted cost index. The hospital 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 hospital by dividing each hospital's case and place of service risk actual costs by the 11 county metro expected values.

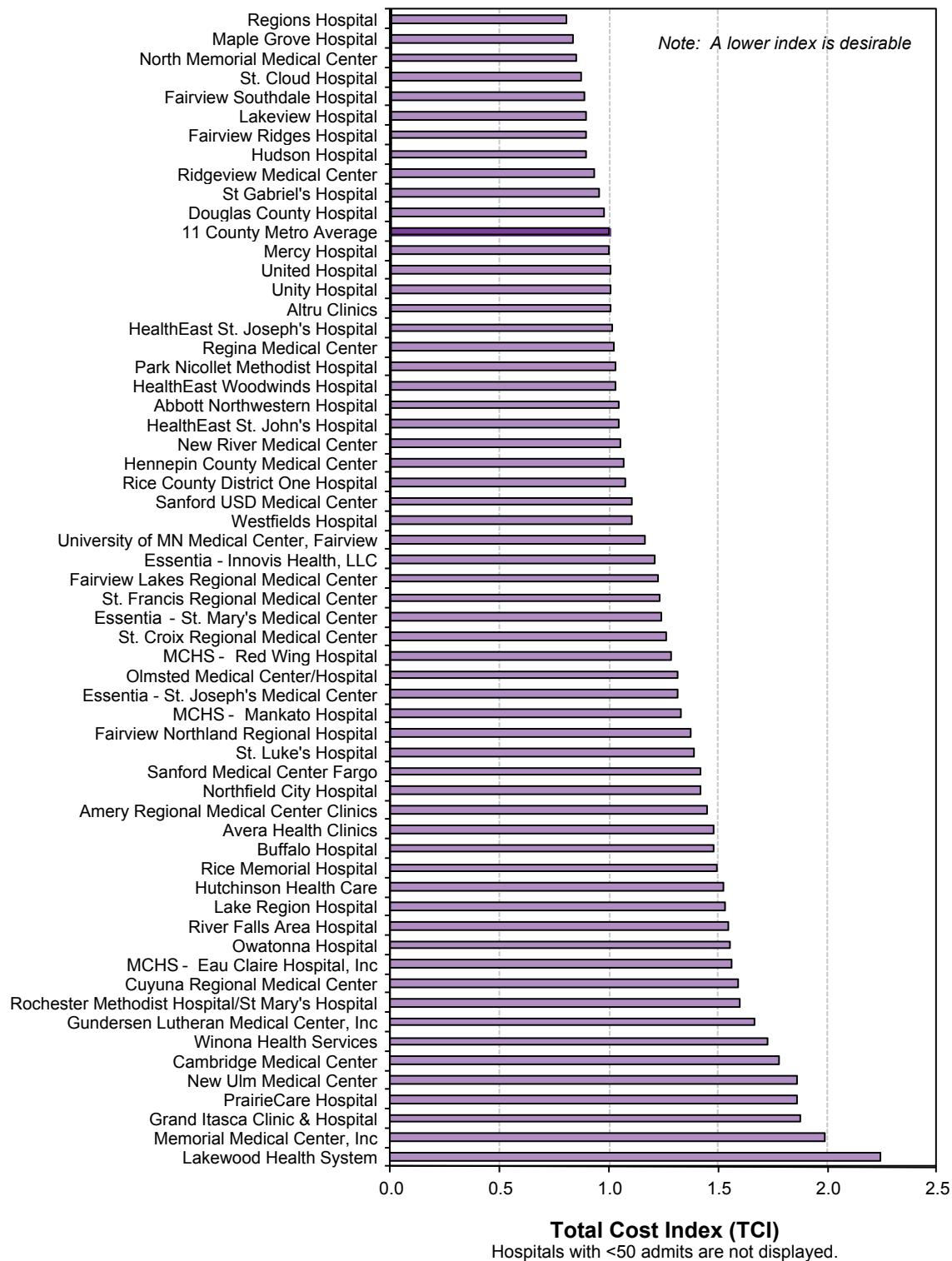
Results

HealthPartners 11 County Metro Network Average: 1.000

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

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

Total Cost Index (TCI) - Hospital
1/1/2011 - 12/31/2011



HealthPartners 11 County Metro Network Average: 1.000
 Indices > 1.000 represent providers that are more expensive than average
 Indices < 1.000 represent providers that are less expensive than average

PARTICIPATING PROVIDERS

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

AALFA Family Clinic, PA (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 91)
Abbott Northwestern Hospital (16, 17, 19, 124)
Adefris & Toppin Women's Specialists, MD, PC (31, 47, 74, 75, 91, 119, 120)
Advanced Medical Clinic (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 87, 91)
Advanced Specialty Care for Women, PA (48)
Advanced Spine Associates, PA (49, 91)
Affiliated Community Medical Centers, PA (23, 33, 34, 35, 36, 46, 47, 49, 54, 56, 83, 91, 97, 98, 108, 109, 112, 113)
Affiliated Otolaryngologists, PA (46)
Alexandria Clinic, PA (23, 54, 83, 85, 91, 112, 113)
Allina Health (6, 8, 10, 12, 14, 21, 23, 26, 27, 29, 31, 33, 34, 35, 36, 38, 39, 40, 42, 44, 46, 48, 51, 53, 55, 61, 63, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 85, 87, 89, 91, 97, 98, 101, 102, 103, 104, 105, 106, 108, 109, 110, 112, 113, 115, 116, 117, 118, 119, 120, 121, 122)
Allina Health System Specialty Clinics (23, 45, 49, 53, 55, 65, 66, 67, 68, 69, 83, 91)
Altru Clinics (24, 26, 27, 29, 33, 34, 35, 36, 42, 45, 46, 54, 56, 71, 72, 78, 79, 80, 81, 83, 91, 97, 98, 108, 109, 112, 113, 124)
Amery Regional Medical Center Clinics (23, 33, 34, 35, 36, 53, 55, 65, 66, 67, 68, 69, 83, 91, 97, 98, 108, 109, 112, 113, 124)
Anthony Louis Center (15)
Apple Valley Medical Clinic, Ltd (12, 24, 26, 27, 29, 33, 34, 35, 36, 42, 54, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 91, 97, 98, 108, 109, 112, 113)
Aspire Mental Health, LLC (44)
Aspirus Network, Inc (45)
Associated Clinic of Psychology (6, 8, 12, 21, 44, 91)
Associated Medical and Dental Clinic (26, 29, 42, 71, 72, 91)
Avera Health Clinics (24, 26, 27, 29, 33, 34, 35, 36, 42, 47, 54, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 91, 97, 98, 108, 109, 112, 113, 124)
Avera Tri-State Affiliates (45, 46, 83, 85, 91, 117, 118)
Axis Medical Center (87)
Baldwin Area Medical Center (24, 83, 91, 112, 113)
BHSL, LLC (14, 21, 44, 91)
Bloomington Lake Clinic, Ltd (24, 65, 66, 67, 68, 69, 83)
Boynton Health Service Pharmacy (51)
Brainerd Medical Center, Inc (47, 85, 91)
Broadway Medical Center, Ltd (24)
Buffalo Hospital (124)
Buffalo/Monticello Clinic (24, 33, 34, 35, 36, 38, 39, 40, 47, 54, 55, 65, 66, 67, 68, 69, 83, 85, 87, 89, 91, 97, 98, 108, 109, 110, 112, 113, 119, 120)
Burnsville Family Physicians, PA (23, 26, 27, 29, 42, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 91, 112, 113)
C.R.E.A.T.E., Inc (15)
Cambridge Medical Center (16, 17, 124)
Canvas Health, Inc (14, 44)
Carver County Mental Health Program (44)
Catalyst Medical Clinic (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 91)
Cedar Riverside People's Center (87)

Center for Alcohol & Drug Treatment (15)
CentraCare Clinics (6, 8, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 45, 47, 54, 56, 58, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 87, 91, 97, 98, 99, 100, 108, 109, 110, 112, 113, 115, 116, 119, 120)
Central Minnesota Mental Health Center (14, 44)
Children's Health Care (23, 44, 47)
Children's Heart Clinic, PA (45, 99, 100)
Children's Physician Network (10, 27, 38, 39, 40, 42, 78, 79, 80, 81, 91, 110)
Clinic Sofia OB/GYN, PA (48, 85, 119, 120)
Clinical Psychopharmacology Consultants, PA (44)
Coborn's Pharmacy (51, 61, 63)
Community Univ Health Care Center (CUHCC) (44, 87)
Comprehensive Healthcare for Women, PA (31, 48, 74, 75, 85, 91, 119, 120)
Costco (51, 61, 63)
Cuyuna Regional Medical Center (53, 124)
CVS Pharmacy (51, 61, 63)
Dakota County Receiving Center (15)
David G. Fine, MD (45)
David L. Sudduth, MD (44)
Douglas County Hospital (49, 124)
Dr. Bobby Yang Medical Clinic (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 87, 91)
Ear, Nose & Throat SpecialtyCare of Minnesota, PA (46, 91, 117, 118)
Ear, Nose and Throat Clinic and Hearing Center (46, 117, 118)
Edina Family Physicians, PA (23, 26, 27, 29, 33, 34, 35, 36, 42, 54, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 87, 91, 97, 98, 108, 109, 112, 113)
Edina Sports Health & Wellness, PA (26, 27, 29, 42, 53, 71, 72, 78, 79, 80, 81, 83, 92)
Endocrinology Clinic of Minneapolis, PA (23)
ENT Professional Associates, SC (46)
ENT SpecialtyCare (101, 102)
Entira Family Clinics (6, 8, 12, 14, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 87, 89, 92, 97, 98, 108, 109, 110, 112, 113)
Essentia - Innovis Health, LLC (112, 113, 124)
Essentia - SMDC (6, 8, 12, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 44, 45, 46, 48, 49, 51, 53, 55, 58, 61, 63, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 92, 97, 98, 99, 100, 101, 102, 104, 105, 106, 108, 109, 110, 112, 113, 115, 116, 117, 118, 119, 120, 121, 122)
Essentia - St. Joseph's Medical Center (124)
Essentia - St. Mary's Medical Center (124)
Fairview Clinics (6, 8, 10, 12, 14, 21, 24, 26, 27, 29, 31, 33, 34, 35, 36, 38, 39, 40, 42, 46, 48, 49, 51, 53, 55, 61, 63, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 85, 92, 97, 98, 99, 100, 101, 102, 108, 109, 110, 112, 113, 117, 118, 119, 120, 121, 122)
Fairview Health Services Clinics (53, 55)
Fairview Health Services Hospitals (83)
Fairview Lakes Clinics (87, 89)
Fairview Lakes Regional Medical Center (124)
Fairview Northland Regional Hospital (124)

PARTICIPATING PROVIDERS

Fairview Red Wing Health Services Clinics (24, 26, 27, 29, 42, 45, 48, 49, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 92, 112, 113, 119, 120, 121, 122)

Fairview Ridges Hospital (16, 17, 124)

Fairview Southdale Hospital (16, 17, 19, 124)

Fairview University Medical Center (16, 17, 19)

Family Life Mental Health Center (44)

FirstLight Health System (47)

Foley Medical Center, Ltd (23)

France Avenue Family Physicians, PA (24, 26, 27, 29, 42, 54, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 92, 112, 113)

Gary Schnitker, MD, PA (46)

Gateway Family Health Clinic (24)

Generations Women's Health Center, PA (47)

Gillette Children's Professional Services (92, 105, 106)

Goodrich Pharmacy (51, 61, 63)

Grand Itasca Clinic & Hospital (24, 54, 56, 65, 66, 67, 68, 69, 83, 92, 112, 113, 124)

Gundersen Lutheran Clinics (24, 45, 46, 47, 49, 53, 83, 92, 112, 113, 117, 118)

HealthEast (6, 8, 12, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 44, 47, 53, 55, 58, 59, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 92, 97, 98, 108, 109, 110, 112, 113, 119, 120)

HealthEast Heart Care (45, 99, 100, 115, 116)

HealthEast St. John's Hospital (16, 17, 124)

HealthEast St. Joseph's Hospital (16, 17, 19, 124)

HealthEast Woodwinds Hospital (16, 17, 124)

HealthPartners Central Minnesota Clinics (6, 8, 12, 14, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 44, 47, 51, 53, 55, 61, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 87, 89, 92, 97, 98, 108, 109, 110, 112, 113, 119, 120)

HealthPartners Clinics (6, 8, 10, 12, 14, 21, 23, 26, 27, 29, 31, 33, 34, 35, 36, 38, 39, 40, 42, 44, 45, 46, 47, 49, 51, 53, 55, 58, 59, 61, 63, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 85, 87, 89, 92, 97, 98, 99, 100, 101, 102, 104, 105, 106, 108, 109, 110, 112, 113, 115, 116, 117, 118, 119, 120, 121, 122)

HealthPartners Mail Order Pharmacy (51, 61, 63)

Heartland Independent Provider Network (46)

Heartland Orthopedic Specialists (121, 122)

Hennepin County Human Services & Public Health Department (44)

Hennepin County Medical Center (16, 17, 19, 24, 26, 27, 29, 42, 44, 45, 46, 47, 49, 53, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 92, 112, 113, 121, 122, 124)

Hudson Hospital & Clinics (53, 55)

Hudson Hospital (124)

Hutchinson Health Care (44, 124)

Hutchinson Medical Center, PA (24, 26, 27, 29, 33, 34, 35, 36, 42, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 87, 92, 97, 98, 108, 109, 112, 113)

Ilko Family Medicine, PA (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 92)

Indian Health Board of Minneapolis (87)

Innovis Health, LLC (23, 48, 83)

Institute for Low Back and Neck Care (49)

Integrity - All Other Sites (46, 48)

Integrity - Buffalo/Monticello Clinic (see Buffalo/Monticello Clinic)

Integrity - Duluth (117, 118, 119, 120, 121, 122)

Integrity - St. Cloud Medical Group (47, 87)

Integrity Health Network (23, 26, 27, 29, 42, 49, 54, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 92, 105, 106)

John A. Haugen Associates, PA (31, 48, 74, 75, 85, 92, 103, 104, 119, 120)

Juliette Petersen, MD (44)

Kent Brockmann, MD (44)

Kevin A. O'Connor, MD (44)

Kmart (51, 61, 63)

Lake Region Hospital (47, 124)

Lakeview Clinic, Ltd (6, 8, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 47, 54, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 87, 89, 92, 97, 98, 108, 109, 110, 112, 113, 119, 120)

Lakeview Hospital (124)

Lakewood Clinic Foundation (54, 56, 92, 112, 113)

Lakewood Health System (124)

Lunds and Byerly's (51, 61, 63)

Lyle J. Swenson, MD, PA (45)

Mankato Clinic, Ltd (24, 44, 45, 46, 47, 54, 56, 83, 85, 92, 112, 113, 119, 120)

Maple Grove Hospital (124)

Mark P. Stesin, MD, PA (24)

Mark W. Erhard, MD, PA (45)

Mattson Pharmacy (51, 61)

Mayo Clinic (23, 44, 45, 46, 48, 49, 54, 56, 65, 66, 67, 68, 69, 83, 92, 99, 100, 103, 104, 105, 106, 112, 113, 115, 116, 117, 118, 119, 120, 121, 122)

Mayo Clinic Health System - Red Wing (see Fairview Red Wing Health Services Clinics)

Mayo Health System Clinics (92, 103, 104, 105, 106, 112, 113)

Mayo Health System Clinics MN (24, 45, 46, 48, 49, 54, 56, 65, 66, 67, 68, 69, 83, 85, 117, 118, 119, 120, 121, 122)

Mayo Health System Clinics WI (24, 45, 46, 47, 49, 54, 65, 66, 67, 68, 69, 83, 121, 122)

MCHS - Eau Claire Hospital, Inc (124)

MCHS - Mankato Hospital (124)

MCHS - Red Wing Hospital (124)

Medical Advanced Pain Specialists (14)

Memorial Medical Center, Inc (124)

Menopause Center of Minnesota, LLC (48)

Mercy Hospital (16, 17, 19, 124)

Mesaba Clinic (46)

Metropolitan Heart & Vascular Institute (45, 58, 59, 99, 100)

Metropolitan Internists, PA (23, 54, 56)

Metropolitan Pediatric Specialists (38, 39, 40, 110)

Metropolitan Urologic Specialists, PA (48)

Mid MN Family Medicine (44)

Midwest Ear, Nose & Throat Specialists (92, 101, 102, 117, 118)

Midwest Institute of Urology, PA (48)

Midwest Spine Institute, LLC (49)

Mildred S. Hanson, MD, PA (47)

Minneapolis Clinical Assoc In Psych (44)

Minneapolis Heart Institute (58, 59, 99, 100)

Minneapolis Orthopaedics (49)

Minneapolis Otolaryngology, PA (46, 92, 101, 102, 117, 118)

Minnesota Center for Obesity, Metabolism & Endocrinology, PA (24)

Minnesota Gynecology and Surgery, LLC (31, 48, 74, 75, 92, 103, 104, 119, 120)

PARTICIPATING PROVIDERS

Minnesota Mental Health Clinics (21, 44, 92)
 Minnesota Rural Health Cooperative Clinics (6, 8, 24, 26, 27, 29, 33, 34, 35, 36, 42, 46, 47, 53, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 92, 97, 98, 108, 109, 112, 113)
 Molly V. Silas, MD (44)
 Multicare Associates of the Twin Cities (6, 8, 24, 26, 27, 29, 33, 34, 35, 36, 42, 48, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 92, 97, 98, 108, 109, 112, 113, 119, 120)
 Murad Heart Care (45)
 Native American Community Clinic (87)
 Neighborhood Healthsource (87)
 New River Medical Center (124)
 New Ulm Medical Center (23, 47, 49, 54, 56, 83, 124)
 North Clinic, PA (6, 8, 23, 26, 27, 29, 31, 33, 34, 35, 36, 42, 45, 47, 54, 56, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 85, 93, 97, 98, 103, 104, 108, 109, 112, 113, 119, 120)
 North Memorial Cardiovascular Services (45, 99, 100, 115, 116)
 North Memorial Cardiovascular Surgeons (58, 59)
 North Memorial Health Care (6, 8, 12, 23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 45, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 93, 97, 98, 108, 109, 110, 112, 113)
 North Memorial Medical Center (16, 17, 19, 124)
 North Metro Psychiatry (44, 93)
 Northern Orthopedics, LTD (49, 121, 122)
 Northfield City Hospital (124)
 Northfield Hospital Clinics (26, 27, 29, 42, 48, 49, 71, 72, 78, 79, 80, 81, 85, 93, 112, 113, 119, 120, 121, 122)
 Northland Foot and Ankle Specialists, PC (49)
 Northland OB/GYN, PA (103, 104)
 NorthPoint Health & Wellness Center (23, 47, 65, 66, 67, 68, 69, 87, 89)
 Northwest Family Physicians, PA (23, 26, 27, 29, 33, 34, 35, 36, 42, 54, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 93, 97, 98, 108, 109, 112, 113)
 Nystrom & Associates, Ltd (12, 21, 44)
 Oak Ridge Center, PLLC (44)
 Oakdale Ear, Nose and Throat Clinic, PA (46, 93, 101, 102, 117, 118)
 OakLeaf Medical Network (23, 45, 46, 48, 49, 83, 93, 112, 113)
 Obstetrics & Gynecology Associates (31, 48, 74, 75, 85, 93, 103, 104, 119, 120)
 O'Halloran Clinic (46)
 Olmsted Medical Center Clinics (24, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 44, 45, 46, 47, 53, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 93, 97, 98, 108, 109, 110, 112, 113, 117, 118, 119, 120)
 Olmsted Medical Center/Hospital (124)
 Open Cities Health Center (24, 56, 65, 66, 67, 68, 69, 87, 89)
 Options Family & Behavior Services (14)
 Orthopaedic & Fracture Clinic, PA (49, 93, 105, 106, 121, 122)
 Osceola Medical Center (24, 53, 55, 65, 66, 67, 68, 69, 83, 87, 112, 113)
 Otolaryngology & Head & Neck Surgery, PA (46)
 Owatonna Hospital (124)
 Pamida (51, 61, 63)
 Paparella Ear Head & Neck Institute, PA (46, 93, 101, 102, 117, 118)
 Park Avenue Center (15)

Park Nicollet Health Services (6, 8, 10, 12, 14, 21, 23, 26, 27, 29, 31, 33, 34, 35, 36, 38, 39, 40, 42, 44, 45, 46, 48, 49, 51, 53, 55, 58, 59, 61, 63, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 85, 87, 89, 93, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 108, 109, 110, 112, 113, 115, 116, 117, 118, 119, 120, 121, 122)
 Park Nicollet Health Services Hospitals (83)
 Park Nicollet Methodist Hospital (16, 17, 124)
 Partners Obstetrics & Gynecology, PA (31, 74, 75, 85, 93, 103, 104, 119, 120)
 Paul A. Ekberg, DO (44)
 Paul Larson OB/GYN Clinic, PA (31, 48, 74, 75, 85, 93, 103, 104, 119, 120)
 Paul T. Richardson, MD LLC (44)
 Paynesville Area Medical Clinic (87)
 Pediatric ENT Associates (46)
 Physicians Neck and Back Clinic (65, 66, 67, 68, 69)
 Planned Parenthood of Minnesota, North Dakota, South Dakota (47, 85)
 PrairieCare Hospital (124)
 PrairieCare Medical Group (44)
 Premier OB/GYN of Minnesota (31, 48, 74, 75, 85, 93, 103, 104, 119, 120)
 Psych Business Services, Ltd (44)
 Psych Recovery, Inc (21, 44)
 Ramsey County Mental Health Center (44)
 Regina Medical Center (124)
 Regions Hospital (16, 17, 19, 51, 61, 63, 124)
 Relate Counseling Center (44)
 Rice County District One Hospital (124)
 Rice Memorial Hospital (124)
 Richfield Medical Group (24, 26, 27, 29, 42, 54, 71, 72, 78, 79, 80, 81, 93)
 Ridgeview Clinics (23, 26, 27, 29, 33, 34, 35, 36, 42, 46, 54, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 93, 97, 98, 101, 102, 108, 109, 112, 113, 117, 118, 121, 122)
 Ridgeview Medical Center (124)
 River Falls Area Hospital (124)
 River Ridge Treatment Center (15)
 Riverplace Counseling Center (15)
 Rochester Methodist Hospital/St Mary's Hospital (124)
 Sanford Health - Fargo (24, 26, 27, 29, 33, 34, 35, 36, 42, 45, 46, 48, 49, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 93, 97, 98, 108, 109, 112, 113, 119, 120, 121, 122)
 Sanford Health - Sioux Falls (24, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 45, 46, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 97, 98, 108, 109, 110, 112, 113, 117, 118, 119, 120, 121, 122)
 Sanford Medical Center Fargo (124)
 Sanford USD Medical Center (124)
 Schwieters Medical, PLLC (44)
 Setzer Pharmacy (51, 61)
 Sharpe, Dillon, Cockson & Associates, PA (53, 56)
 Shopko (51, 61, 63)
 SMDC Medical Center (19)
 Southdale Internal Medicine (24, 26, 29, 42, 54, 55, 71, 72, 93)
 Southdale Otolaryngology, PA (46, 117, 118)
 Southdale Pediatric Associates, Ltd (10, 27, 38, 39, 40, 42, 78, 79, 80, 81, 93, 110)
 Southside Community Health Services (87)
 St Gabriel's Hospital (124)

PARTICIPATING PROVIDERS

St. Cloud Ear, Nose & Throat - Head & Neck Clinic (46, 101, 102, 117, 118)
 St. Cloud Hospital (16, 17, 19, 124)
 St. Cloud Medical Group, PA (23, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 93, 97, 98, 108, 109, 110, 112, 113)
 St. Cloud Orthopedic Associates, Ltd (49, 93, 105, 106, 121, 122)
 St. Croix Orthopaedics, PA (49, 93, 105, 106, 121, 122)
 St. Croix Regional Medical Center (6, 8, 24, 26, 27, 29, 33, 34, 35, 36, 42, 46, 48, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 94, 97, 98, 108, 109, 112, 113, 117, 118, 121, 122, 124)
 St. Francis Regional Medical Center (124)
 St. Joseph's Medical Center (23, 26, 27, 29, 42, 45, 46, 47, 54, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 94, 112, 113)
 St. Luke's Clinics (23, 26, 27, 29, 33, 34, 35, 36, 42, 45, 54, 56, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 94, 97, 98, 108, 109, 112, 113)
 St. Luke's Hospital (124)
 St. Paul Corner Drug (51)
 St. Paul Family Medical Center (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 87, 94)
 Stillwater Medical Group (6, 8, 12, 23, 26, 27, 29, 31, 33, 34, 35, 36, 38, 39, 40, 42, 45, 46, 48, 54, 56, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 87, 89, 94, 97, 98, 103, 104, 108, 109, 110, 112, 113, 117, 118, 119, 120)
 Stone Creek Psychiatry, LLC (44)
 Sujit R. Varma, MD (44)
 Summit Orthopedics, Ltd (49, 94, 105, 106, 121, 122)
 SuperValu/Cub (51, 61, 63)
 Target (51, 61, 63)
 The Community Circle (44)
 The Emily Program (44)
 The Heart Institute of North Dakota (45)
 The Medicine Shoppe (51, 61)
 Thrifty Drug Stores (51, 61, 63)
 TRIA Orthopaedic Center, LLC (49, 65, 66, 67, 68, 69, 105, 106)
 Tri-County Hospital, Inc (23)
 Twin Cities Orthopedics, PA (49, 94, 105, 106, 121, 122)
 Twin Cities Spine Center (49, 94, 105, 106)
 UMD Health Services (47)
 United Family Medicine (24, 53, 56, 65, 66, 67, 68, 69, 83, 87)
 United Heart and Vascular Clinic (58, 59, 99, 100)
 United Hospital (16, 17, 19, 124)
 Unity Family Healthcare (23, 48, 49, 54, 56, 65, 66, 67, 68, 69, 83, 87, 94, 112, 113, 121, 122)
 Unity Hospital (16, 17, 124)
 University of MN Medical Center, Fairview (124)
 University of MN Physicians (12, 14, 24, 26, 27, 29, 31, 42, 44, 46, 48, 49, 54, 56, 65, 66, 67, 68, 69, 71, 72, 74, 75, 78, 79, 80, 81, 83, 87, 89, 94, 101, 102, 105, 106, 112, 113, 117, 118, 119, 120, 121, 122)
 University of MN Physicians Heart at Fairview (45, 58, 59, 115, 116)
 Valley Family Practice (26, 27, 29, 42, 71, 72, 78, 79, 80, 81, 94)
 Volunteers of America Mental Health Clinics (44)
 Walgreens (51, 61, 63)
 Wal-Mart/Sam's Club (51, 61, 63)

We Care Counseling Center (15)
 West Side Community Health Center (24, 47, 53, 55, 65, 66, 67, 68, 69, 87, 89)
 Western Wisconsin Medical Associates, SC Clinics (6, 8, 12, 24, 26, 27, 29, 33, 34, 35, 36, 38, 39, 40, 42, 47, 53, 55, 65, 66, 67, 68, 69, 71, 72, 78, 79, 80, 81, 83, 85, 94, 97, 98, 103, 104, 108, 109, 110, 112, 113, 119, 120)
 Westfields Hospital (46, 124)
 Whole Woman's Health of the Twin Cities, LLC (48)
 William C. Davis, DO (44)
 Winona Health Services (24, 47, 54, 65, 66, 67, 68, 69, 83, 85, 94, 112, 113, 119, 120, 124)
 Women's Health Consultants (48, 85, 103, 104, 119, 120)
 Zvi Frankfurt, MD (44)



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