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October 31, 2011

Donald M. Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Proposed Rule; Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment (CMS-9975-P)

Dear Administrator Berwick:

On behalf of the American Medical Association (AMA) and our physician and student members, I am pleased to offer our comments on the Proposed Rule, "Patient Protection and Affordable Care Act; Standards Related to Reinsurance, Risk Corridors and Risk Adjustment," issued by the U.S. Department of Health and Human Services (HHS). The risk adjustment, reinsurance, and risk corridor programs are vital components of the Patient Protection and Affordable Care Act (ACA). If implemented properly, these programs will help states to fulfill the intent of the ACA by encouraging health insurance issuers to compete on quality and price rather than on maximizing the enrollment of healthy patients and avoiding those with health issues. Further, these programs should help to facilitate the entry of new health insurance issuers, including the Consumer Operated and Oriented Plan (CO-OP) Program created under the ACA, to the marketplace, as well as support their viability once in the marketplace. Our comments on the specific provisions of the Proposed Rule follow.

§153.230 Attachment point for payment under the reinsurance program

In §153.230, HHS provides states with discretion regarding payment issues for the reinsurance program. States can either use the federal benefit and payment parameters for the reinsurance program discussed in §153.230(b), or they can establish their own reinsurance payment formula under §153.230(c). In either approach, we believe that it is imperative for the reinsurance payment attachment point to be set at a level that creates a marketplace conducive for new market entrants. We recommend that the attachment point at

which claims become eligible for reinsurance be \$100,000. Such a threshold would protect new market entrants, such as the non-profit CO-OP plans, that will be just entering the market in 2014. Further, the reinsurance cap, above which no claim will be reimbursed, should be \$5 million. Finally, the coinsurance rate should be either 80 percent or 90 percent. These proposed reinsurance plan requirements would promote a healthy, competitive health insurance marketplace.

§153.250 Coordination with high risk pools

In §153.250, states are required to either eliminate or modify their high risk pools to carry out the reinsurance program under the Proposed Rule. In the preamble discussion of this section, HHS seeks comment regarding the offering of high risk pool plans as individual plans in a state after 2014. We recommend that high risk pool plans be allowed to be offered as individual market plans after this date. Such direct risk-based subsidized plans could be a valuable option for patients seeking health insurance coverage in a state, since patients who have been using these plans would be able to maintain continuity of care.

§153.320 Risk score methodologies

In §153.320, HHS proposes to allow states flexibility with their risk adjustment models. Such flexibility may be helpful to states as they seek to tailor methodologies that meet their individual state needs. However, this could lead to great inconsistency across state lines and could lead to problems in trying to implement the program. HHS should consider creating options from which states can choose. This could lead to greater consistency and lessen the administrative burden on health insurance issuers and the physicians who provide care as part of their networks.

Such risk adjustment methodologies should adjust for the risk parameters that can be reflected in the premium rate (e.g., age, tobacco use, area, and family size). This will prohibit “double dipping” for select risk factors in both the rates and the risk score.

Further, risk adjustment methodologies should utilize enough factors to gauge the full spectrum of claims and health conditions that will lead to an accurate and effective risk adjustment system. This is a developing science, and we urge HHS to commit sufficient resources to develop optimal systems.

§153.340 Individual risk score data

In §153.340, the Proposed Rule will require a state, or HHS on behalf of the state, to collect the data for use in determining individual risk scores for risk adjustment purposes. By having HHS or the states carry out this function, it will remove one of the administrative burdens that new market entrants, such as CO-OPs, will have to face. This is a positive development toward the goal of increasing competition in the health insurance marketplace.

Also, such data collected by HHS or the state should be used for determining the individual risk score or the state or plan averages. There may be efforts to urge states to use these data for other purposes, but any such proposals would need significant study and refinement before being contemplated. However, we would urge states or HHS to provide physicians with access to any claim-level data linked to them to allow for their review both to ensure the data are accurate and to enable them to use the data for performance improvement. In addition, HIPAA transaction standards should be used for data collection. Adequate privacy and security measures should also be required to safeguard individually identifiable information from inappropriate uses and disclosures.

Nearly every major health insurer sponsors a physician profiling program to drive pay-for-performance, tiered network, narrow network, and/or public reporting systems. The AMA recognizes the importance of providing performance data to physicians, so that they can corroborate the accuracy of profiling program results and to support quality and cost efficiency improvement efforts. However, several barriers prevent physicians from effectively using the data in these reports. First, each insurer is currently using its own unique reporting format, making it challenging for physicians to decipher the information provided. Secondly, physician data reports often contain insufficient information to be verifiable and actionable by physicians, especially for practice improvement activities.

In an effort to assist health plans in improving the utility and transparency of these reports, the AMA created a Standardized Physician Data Report (see attachment). If insurers are required to use this format to report physician data, or a close facsimile thereof, it would greatly increase the ability of physicians to productively use their data to improve patient care and reduce costs. In addition to creating this reporting form, AMA, in consultation with many physicians, Federation of Medicine staff, national health insurers, accreditation bodies, and others, is also creating Standards for Reporting Physician Data (Standards). Although not as straightforward as using the Standardized Physician Data Report, requiring payers to report physician data according to the requirements and recommendations of the Standards will increase uniformity between insurers' reports and boost the value and utility of the data to physicians. Developing data reports in accordance with these Standards will mutually support physicians and payers as they work to build programs that improve the quality, and cost efficiency, of care.

§153.350 and §153.610 Risk adjustment data validation standards and issuer requirements

Since there will be concern about the possibility of upcoding to enhance health insurance issuer revenue, the data validation process established by HHS is critical to maintaining a level playing field in the health insurance marketplace. This will be complicated further by the pending transition to ICD-10 coding in October of 2013. Again, data validation is protection for new market entrants that is very important to their success. Such a validation process needs to be funded and maintained as exchanges are established and become operational.

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Moreover, HHS or the states should establish standards in the arena of risk adjustment data validation to ensure that physician practices are not overwhelmed by the volume of audit requests from health insurance issuers. They must ensure that health plan audits are targeted and focused, and that, at a minimum, office staff time required to pull, review, copy, and re-file medical records are compensated.

§153.500 Risk corridors and medical loss ratio

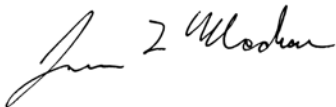
In the preamble discussion of §153.500, HHS seeks comment related to the medical loss ratio (MLR) and its interaction with risk corridors. We recommend that the risk corridor calculation used to determine the cost versus target ratio be the same as the MLR calculation. This will reflect the adjustments for premium taxes and other offsets and include the activities to improve health care quality. The target is equal to premium less allowed administrative costs, so the allowed administrative costs should be limited to 20 percent of premium.

By using the MLR formula, health insurance issuers will not have to maintain data for two different formulas. Keeping the allowed administrative costs to less than 20 percent maintains a reasonable target cost. Allowing higher administrative cost loads (over 20 percent) results in a lower target amount, and thus a higher ratio of actual costs to target.

Further, we recommend that HHS provide some flexibility with the percentages used for the risk corridors. If HHS' intent is to be budget neutral (money paid out equals money collected), then the 97 percent corridors and the 103 percent corridors may need to be adjusted periodically. It is unlikely that plus/minus three percent will always be appropriate.

Thank you for considering our comments on this Proposed Rule, and please feel free to contact Margaret Garikes, Director of Federal Affairs, at margaret.garikes@ama-assn.org or (202) 789-7409 for more information.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD

Attachment

[Insurer] Physician Data Report User Login

 Remember Me

[Insurer] Physician Data Report User Login

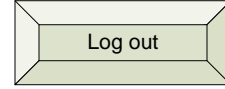
SJenkins

Remember Me

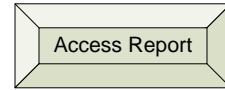
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Welcome Susan Jenkins

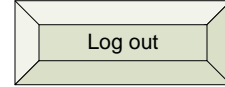


Select report:

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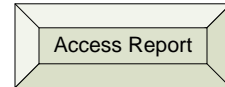
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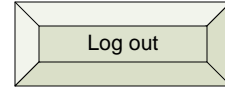
Select a physician or group to view their report

- Dr. Aaron Baker
- Dr. James Keller
- Dr. Susan Tames
- Valley Medical Center (all)
- Valley Medical Center -- Internal Medicine
- Valley Medical Center -- Cardiology



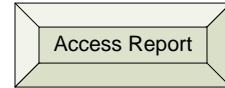
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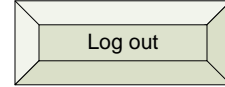
Select report:

Dr. James Keller	▼
Dr. Aaron Baker	
Dr. James Keller	
Dr. Susan Tames	
Valley Medical Center (all)	
Valley Medical Center -- Internal Medicine	
Valley Medical Center -- Cardiology	

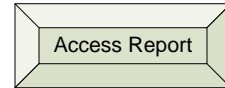


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Welcome Susan Jenkins

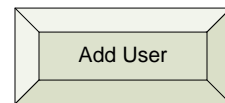


Select report:



Report Users

Add new user



This report is prepared by (insurer name) for (doctor/group).

The goals of this report are to: 1.) provide the physician with accurate data to help encourage more effective, cost-efficient care; 2.) provide the physician with the underlying data, and how they were used, to create the physician data report; 3.) peer comparison data; 4.) establish clear performance goals for each physician in our panel; 5.) establish a basis for communication with _____ medical directors and staff to improve the quality and cost efficiency of care for _____ members. This is the _____ of _____ reports for (doctor/group), and includes service provided from _____ to _____ and paid through _____.

To guarantee review prior to the public display of your summary results, reconsideration requests must be submitted by _____. Your overall results will be posted on (insurer name) consumer website on _____.

Practitioner Demographics

Practitioner Recognition

Name:

Professional Degree: MD/DO/NP/PA:

Specialty (Primary):

Specialty (Secondary):

Specialty on which report based:

Active Board Cert: Y/N Expiration Date:

Sec Board Cert: Y/N Expiration Date:

National Provider Identifier (NPI):

Physician's Medical Group(s):

Medical Group(s) NPI(s):

Please indicate the name of the individual who controls access to data reports for this group:

Practice Improvement Activities:

ABIM PIM 1: Topic/Date Finished

ABFP PIM 2: Topic/Date Finished

Medical Home Demo: Y/N:

Recognition Programs:

BTE: Area/Date

NCQA: Area/Date

Fellow of a Specialty Organization:

UPDATE

[Insurer] Transparency: Physician Data Report Methodology

Program Eligibility: [Explanation of which physicians are eligible for evaluation under the program, including the specialties evaluated in the plan's reporting system.]

Level of Reporting: [Indication of the level at which the plan measures and reports performance data (physician group, practice, and/or the individual physician).]

Quality Methodology and Measures: [Concise description of the methodology used for quality measure calculations and an indication of the total number of quality measures used by the health plan, with a [link](#) to a full list of the plan's quality measures and specifications.]

Cost Methodology and Software: [Concise description of the methodology used for cost calculations, to include the episode grouper software (with version) used by the health plan.]

Attribution: [Detailed explanation of the methodology used to attribute a particular patient's services to a specific provider.]

Sample Size: [Indication of the minimal sample size (patients, opportunities, or episodes) required for inclusion in the plan's quality and cost evaluations and an explanation of how the minimum sample size ensures statistical validity.]

Score Weighting: [The algorithms and methodology used to calculate the physician's overall quality and cost scores from the detailed data reports (quality measure weighting, etc).]

Statistical Tests: [Detailed description of all statistical tests used by the plan, to include the confidence intervals used for quality and resource use measurements and the reliability testing used for physician data results.]

Plan Targets: [Explanation of the methodologies used to determine the plan's target quality measure compliance rates and target episode costs.]

Risk Adjustment: [Explanation of the methodology used for risk adjustment to account for variation in both case mix and disease severity, to include both the factors being considered in risk adjustment and how these factors are applied to adjust physicians' scores in both the quality and cost evaluations.]

Outliers: [Description of the methodology the plan uses to handle cost outliers, to include any caps or percentage cutoffs.]

Data Use: [A listing of all the ways that the health plan uses the physician data (i.e., public reporting, physician payment, network inclusion, benefit design, etc.).]

Reconsideration Process: [Detailed instructions on how a physician can request reconsideration of his/her evaluation and can provide additional information to inform performance measurement, to include an explanation of the electronic reconsideration process.]

[\[Insurer\] Detailed Methodology Guide](#)

How to use this report:

This report follows a layered approach, providing summary data first followed by an increasing level of detail on the measures and your results. The quality and cost efficiency sections end with patient-level data so you can determine how best to improve the care you provide and also help us correct any data that require reconciliation. At each level, there will be a place to click if more data are desired.

To see how the report is constructed, click [here](#) and see an overview of the report's sections and how the layering process works.

The quality measures in this report were developed by the AMA-convened Physician Consortium for Performance Improvement (PCPI). Some PCPI measures cannot be captured with claims data and can only be evaluated using CPT II codes.* Throughout the report, measures that can be evaluated with administrative/claims data are displayed by default. Measures that cannot be assessed with claims data have been hidden by default, as they are not currently part of your quality evaluation. The report does include a toggle that, when selected, will enable these measures to display.

You will notice that some items in the report have been highlighted in different colors. If you want to quickly identify areas that are significantly short of meeting our program goals, please look for lines highlighted in **red**. These are areas that you might want to prioritize in the future to improve your overall scores. You might want to check these services first to identify any data entry errors that we may have made, circumstances within your practice or patient population that might account for your outlier status for these particular services, or practices of commission or omission that are adversely affecting your rating.

In the **quality** report, items for which your performance met or exceeded the target measure compliance rate appear in **green**. If your compliance rate was significantly lower than the plan target, the item is highlighted in **red**. In the **cost** report, diagnoses for which your average episode cost was less than or equal to the target episode cost are highlighted in **green**. Items highlighted in **red** indicate conditions for which your average episode cost was significantly greater than the target. In both the quality and cost sections, items appearing in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target. This highlighting system will help you identify the best possible opportunities to improve quality and/or reduce costs.

You may see that some conditions have been marked with **gray** in the quality report. We use gray to indicate conditions without sufficient patient volume to be included in your quality evaluation. Although conditions marked in gray are not included in your quality score, we have still included information regarding your compliance with these measures for your information and quality improvement activities.

The [Glossary](#) defines terms used in this report. You can access this resource from anywhere in the report by clicking [Glossary](#) at the bottom of the page. Glossary terms are also identified with a **?** throughout the report; click **?** and the term's definition will appear in a pop-up window.

Throughout this report, your scores are compared with a peer group of physicians. For quality measures, the peer group consists of all physicians evaluated by the plan. For cost, the peer group is just those physicians practicing in your specialty and market.

If the Patient Detail Report lists a patient who is not in your care, select "Not my patient" in the Reason for Exception Request column. This will alert the health plan to remove the patient from your report. Please note that physicians have an obligation to safeguard protected health information and report, via the exception criteria, the improper release of such data to the health plan.

If you have any questions or concerns regarding your report, please call **1-800-XXX-XXXX**, or email us at xxxxxxxx@insurer.com.

*CPT II codes are a set of supplemental tracking codes that can be used for performance measurement. Although CPT II codes are not widely used at present, it is anticipated that the application of these codes for quality evaluation will reduce the need for record abstraction and chart review, thereby minimizing administrative burden on physicians, other health care professionals, and entities seeking to measure the quality of care. These codes are intended to facilitate data collection by coding services that support nationally established evidence-based performance measures. Please visit the AMA website for [more information on CPT II codes](#).

Physician Data Report Glossary

Ancillary Services: Medical services not captured in the other cost service categories. Examples include durable medical equipment and ambulance service.

Comorbidities: Other conditions co-existing with a specific episode's condition. Comorbidity information is used for risk adjustment and contributes to the episode's severity classification.

Episode: A grouping of services provided to a patient within a given time period related to a particular condition or a group of similar conditions. For a chronic condition, an episode of care typically includes all services provided for that condition over a calendar year. An episode of care for an acute condition includes services provided from the time the patient first presents with the condition through the completion of treatment.

Episode Count: Number of episodes of a particular type (condition and severity) attributed to you.

Exception/Exclusion: A mechanism by which a quality measure opportunity can be removed from the denominator of a Measure Compliance Rate calculation when the specified service or therapy is not appropriate for medical, patient, or system reasons. An exception/exclusion may be entered by either the health plan or the provider.

Exclusion Code: A code (ICD-9, CPT II, etc.) entered by the insurer that removes a quality measure opportunity from a provider's Measure Compliance Rate calculation. The code provides information regarding the reason for the exclusion (comorbidity, adverse drug event, etc.).

National Provider Identifier: A unique 10-digit identification number issued by the Centers for Medicare and Medicaid Services to all health care providers covered by the Health Insurance Portability and Accountability Act (HIPAA).

Peer Average Episode Cost: Average of all episode costs for episodes of a particular condition/severity for peers practicing in your market and specialty. [This is the most common peer comparison used by insurers for cost; insurers will clearly indicate their definition of the comparator peer group.]

Pharmacy Coverage: Indicates if an episode type includes pharmacy costs; reflects if a benefit plan includes pharmacy coverage and/or whether (insurer) has access to the pharmacy data.

Physician Consortium for Performance Improvement (PCPI): An AMA-convened body that is committed to enhancing quality of care and patient safety through the development, testing, and maintenance of evidence-based clinical performance measures and measurement resources for physicians.

Plan/Insurer Measure Compliance Rate: Number of times the patients of all plan physicians met the quality measures for the specified condition or procedure divided by the total number of opportunities to meet the measures for these patients. [This is the most common peer comparison used by insurers for quality; insurers will clearly indicate their definition of the comparator peer group.]

Plan Target Measure Compliance Rate: The rate at which your patients are expected to meet the quality measures for a particular condition or procedure. [Plan to indicate how target compliance rate is determined.]

Practice Improvement Activities: The practice improvement programs (American Board of Internal Medicine [ABIM], American Board of Family Practice [ABFP], etc.) on record for you.

Professional Services: Services related to the evaluation and management of a patient's condition; includes office visits and patient consultations.

Reason for Exception Request: This drop-down menu allows users to select a medical, patient, or system reason to justify the removal of a quality measure opportunity from a provider's Measure Compliance Rate calculation. This feature also allows a provider to indicate that a patient did receive a particular service and request that the patient be added to the numerator of a quality calculation. This information is transmitted to the insurer to request reconsideration and recalculation of the provider's rating.

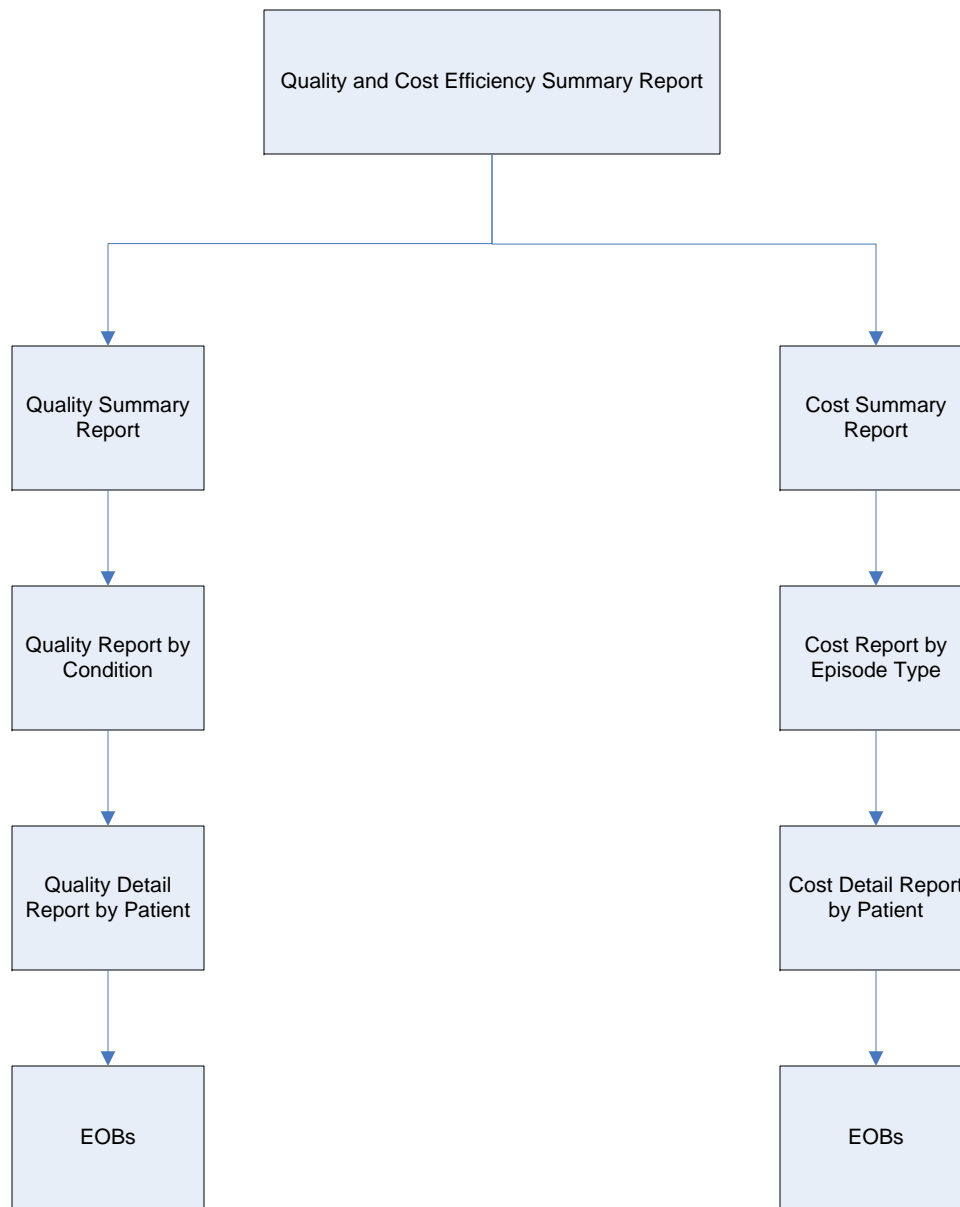
Recognition Programs: The recognition programs (National Committee for Quality Assurance [NCQA], Bridges to Excellence [BTE]) on record for you.

Target Episode Cost: The plan target cost for episodes of a particular condition/severity. [Plan to indicate how target cost is determined.]

Your Variation Ratio: Your Average Episode Cost divided by the Target Episode Cost.

Your Average Episode Cost: Average of all episode costs for episodes of a particular condition/severity attributed to you.

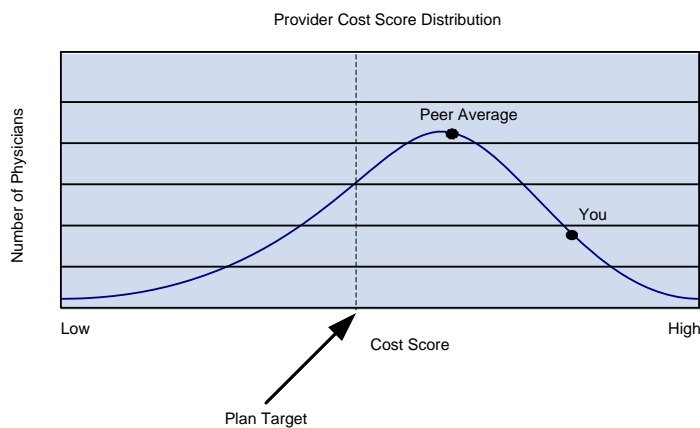
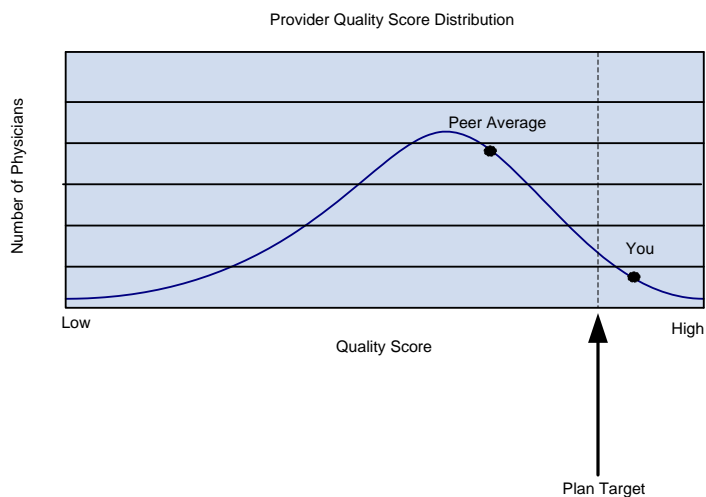
Your Measure Compliance Rate: Number of times patients attributed to you met the quality measures for the specified condition or procedure divided by the total number of opportunities to meet the measures for these patients.



You may go directly to any layer of the physician data report. To start reviewing your results at the summary level, click [Quality and Cost Efficiency Summary Report](#). From the summary page, you can drill down to reports displaying increasing levels of detail by clicking the hyperlinked text. If you wish to immediately go to reports showing patient-specific information, select the [Quality Detail Report by Patient](#) or the [Cost Detail Report by Patient](#). Due to the report's length, it is best to first review the report online and then print the specific sections that you need, rather than printing the entire report.

Quality and Cost Efficiency Summary Report

[Physician Name]
[Specialty]
[Report Period Start Date] – [Report Period End Date]
[Plan ID#]
[Practitioner NPI]



Peer Comparisons:

Quality: For your quality evaluation, your peer group comprises physicians who [participate in the health plan, practice in a particular specialty/subspecialty, practice in a certain geographic market, and/or any other criteria used by the insurer to determine the physician's specific peer group].

Cost: For your cost evaluation, your peer group comprises physicians who [participate in the health plan, practice in a particular specialty/subspecialty, practice in a certain geographic market, and/or any other criteria used by the insurer to determine the physician's specific peer group].

Network/Tier Assignment:

Based on your performance at the ____ percentile of all plan providers, you have been placed in **Tier** ____ of the plan's network.




Your tier placement is based on the following criteria: [Detailed description of the criteria used by the plan to place physicians in networks or tiers (performance cutoffs, percentiles, etc.).]

Pay-for-Performance Bonus:


Based on your performance, you will be receiving a pay-for-performance bonus payment of \$ _____. This represents ____% of your total earnings of \$ _____ from our health plan. Bonus payment checks will be mailed on _____.

We used the following methodology to determine your eligibility for a bonus and calculate your payment: [Description of methodology used to determine eligibility for and calculate pay-for-performance bonuses.]


Chronic Condition Quality Results

Diagnosis	Number of Patients	Your Current Measure Compliance Rate ?	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Prior Report Measure Compliance Rate	% Change	Met Goal
Chronic Stable Coronary Artery Disease	12	0.69	0.86	0.85	0.65	6%	
Heart Failure	10	0.90	0.74	0.85	0.84	7%	
Asthma	15	0.95	0.79	0.85	0.93	2%	

Acute Condition Quality Results

Diagnosis	Number of Opportunities	Your Current Measure Compliance Rate ?	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Prior Report Measure Compliance Rate	% Change	Met Goal
Acute Otitis Externa (AOE)	2	0.50	0.83	0.85	0.70	(29%)	
Otitis Media with Effusion (OME)	10	1.00	0.83	0.85	0.98	2%	

Preventive Care Quality Results

Diagnosis	Number of Patients	Your Current Measure Compliance Rate ?	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Prior Report Measure Compliance Rate	% Change	Met Goal
Preventive Care and Screening	25	0.90	0.84	0.85	0.82	10%	

[Export to Microsoft Excel](#)

[Glossary](#)

Conditions for which your compliance rate was significantly lower than the plan target are highlighted in **red**; conditions for which your performance met or exceeded the plan target appear in **green**. Conditions marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target compliance rate or plan/insurer average. **Gray** highlighting indicates conditions without sufficient patient volume to be included in your quality evaluation; these data are not used to calculate your quality score and are included for informational purposes only.

Please refer to www.physicianconsortium.org for a complete list of PCPI measures and additional information.

Chronic Condition Quality Results

Diagnosis	Number of Patients	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Prior Report Measure Compliance Rate	% Change	Met Goal
Chronic Stable Coronary Artery Disease	12	0.69			0.65	6%	
Heart Failure	10	0.90			0.84	7%	
Asthma	15	0.95	0.79	0.85	0.93	2%	

Your Measure Compliance Rate [x] Close
 Number of times patients attributed to you met the quality measures for the specified condition or procedure divided by the total number of opportunities to meet the measures for these patients.

Acute Condition Quality Results

Diagnosis	Number of Opportunities	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Prior Report Measure Compliance Rate	% Change	Met Goal
Acute Otitis Externa (AOE)	2	0.50	0.83	0.85	0.70	(29%)	
Otitis Media with Effusion (OME)	10	1.00	0.83	0.85	0.98	2%	

Preventive Care Quality Results

Diagnosis	Number of Patients	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Prior Report Measure Compliance Rate	% Change	Met Goal
Preventive Care and Screening	25	0.90	0.84	0.85	0.82	10%	

[Export to Microsoft Excel](#)

[Glossary](#)

Conditions for which your compliance rate was significantly lower than the plan target are highlighted in red; conditions for which your performance met or exceeded the plan target appear in green. Conditions marked in yellow indicate that your performance, while not meeting the plan standard, was not significantly different from the target compliance rate or plan/insurer average. Gray highlighting indicates conditions without sufficient patient volume to be included in your quality evaluation; these data are not used to calculate your quality score and are included for informational purposes only.

Please refer to www.physicianconsortium.org for a complete list of PCPI measures and additional information.

Chronic Conditions

- + [Chronic Stable Coronary Artery Disease Care Pathway](#)
- + [Heart Failure Care Pathway](#)
- + [Asthma Care Pathway](#)

Acute Conditions

- + [Acute Otitis Externa](#)
- + [Otitis Media with Effusion \(OME\)](#)

Preventive Care




- + [Preventive Care and Screening](#)

Conditions for which your compliance rate was significantly lower than the plan target are highlighted in **red**; conditions for which your performance met or exceeded the plan target appear in **green**. Conditions marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target compliance rate or plan/insurer average. **Gray** highlighting indicates conditions without sufficient patient volume to be included in your quality evaluation; these data are not used to calculate your quality score and are included for informational purposes only.

Please refer to www.physicianconsortium.org for a complete list of PCPI measures and additional information.

Chronic Conditions

-- [Chronic Stable Coronary Artery Disease Care Pathway](#) (Full Measure Listing) [Export to Microsoft Excel](#) [Glossary](#)

Measure	Number of Patients	Number of Patients with Criteria Met	Number of Exclusions	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Met Goal
Antiplatelet Therapy	12	11	0	0.92	0.86	0.85	
Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	12	5	0	0.42	0.98	0.85	
ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	11	8	1	0.73	0.75	0.85	
Total				0.69	0.86	0.85	

Chronic Stable Coronary Artery Disease

- [Antiplatelet Therapy](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Beta-Blocker Therapy – Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))

+ [Heart Failure Care Pathway](#)

+ [Asthma Care Pathway](#)

Acute Conditions

+ [Acute Otitis Externa](#)

+ [Otitis Media with Effusion \(OME\)](#)

Preventive Care

+ [Preventive Care and Screening](#)




Quality measures listed above can be evaluated using claims data.

Quality measures for which your compliance rate was significantly lower than the plan target are highlighted in **red**; measures for which your performance met or exceeded the plan target appear in **green**. Quality measures marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target compliance rate or plan/insurer average. **Gray** highlighting indicates conditions without sufficient patient volume to be included in your quality evaluation; these data are not used to calculate your quality score and are included for informational purposes only.

Please refer to www.physicianconsortium.org for a complete list of PCPI measures and additional information.

Chronic Conditions

-- [Chronic Stable Coronary Artery Disease Care Pathway](#) (Claims Measures Only) [Export to Microsoft Excel](#) [Glossary](#)

Measure	Number of Patients	Number of Patients with Criteria Met	Number of Exclusions	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Met Goal
Blood Pressure Control	12	No Data	0	No Data	No Data	No Data	
Lipid Control	12	No Data	0	No Data	No Data	No Data	
Symptom & Activity Assessment	12	No Data	N/A	No Data	No Data	No Data	
Symptom Management	12	No Data	0	No Data	No Data	No Data	
Tobacco Use: Screening and Cessation Intervention	12	No Data	N/A	No Data	No Data	No Data	
Antiplatelet Therapy	12	11	0	0.92	0.86	0.85	
Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	12	5	0	0.42	0.98	0.85	
ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	11	8	1	0.73	0.75	0.85	
Cardiac Rehabilitation Patient Referral	12	No Data	0	No Data	No Data	No Data	
Total				0.69	0.86	0.85	

Chronic Stable Coronary Artery Disease

- [Blood Pressure Control](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Lipid Control](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Symptom & Activity Assessment](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Symptom Management](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Tobacco Use: Screening and Cessation Intervention](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Antiplatelet Therapy](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Beta-Blocker Therapy – Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Cardiac Rehabilitation Patient Referral](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))

+ [Heart Failure Care Pathway](#)




+ [Asthma Care Pathway](#)

Quality measures appearing in **bold** can be evaluated using claims data. Quality measures that are not in bold cannot currently be captured using administrative data. CPT II codes must be applied to evaluate these measures.

Quality measures for which your compliance rate was significantly lower than the plan target are highlighted in **red**; measures for which your performance met or exceeded the plan target appear in **green**. Quality measures marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target compliance rate or plan/insurer average. **Gray** highlighting indicates conditions without sufficient patient volume to be included in your quality evaluation; these data are not used to calculate your quality score and are included for informational purposes only.

Chronic Conditions

-- [Chronic Stable Coronary Artery Disease Care Pathway](#) [\(Full Measure Listing\)](#) [Export to Microsoft Excel](#) [Glossary](#)

Measure	Number of Patients	Number of Patients with Criteria Met	Number of Exclusions	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Met Goal
Antiplatelet Therapy	12	11	0	0.92	0.86	0.85	
Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	12	5	0	0.42	0.98	0.85	
ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	11	8	1	0.73	0.75	0.85	
Total				0.69	0.86	0.85	

Chronic Stable Coronary Artery Disease

- [Antiplatelet Therapy](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Beta-Blocker Therapy – Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))

+ [Heart Failure Care Pathway](#)

+ [Asthma Care Pathway](#)

Acute Conditions

+ [Acute Otitis Externa](#)

+ [Otitis Media with Effusion \(OME\)](#)

Preventive Care

+ [Preventive Care and Screening](#)

[x] close
Denominator – Antiplatelet Therapy

Denominator Inclusion Codes:

ICD-9: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 412, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.3, 414.8, 414.9, V45.8, V45.81

AND

CPT: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Denominator Exclusion Codes:

CPT II: 4011F-1P, 4011F-2P, 4011F-3P




Quality measures listed above can be evaluated using claims data.

Quality measures for which your compliance rate was significantly lower than the plan target are highlighted in **red**; measures for which your performance met or exceeded the plan target appear in **green**. Quality measures marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target compliance rate or plan/insurer average. **Gray** highlighting indicates conditions without sufficient patient volume to be included in your quality evaluation; these data are not used to calculate your quality score and are included for informational purposes only.

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Chronic Conditions

-- [Chronic Stable Coronary Artery Disease Care Pathway](#) ([Full Measure Listing](#)) [Export to Microsoft Excel](#) [Glossary](#)

Measure	Number of Patients	Number of Patients with Criteria Met	Number of Exclusions	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Met Goal
Antiplatelet Therapy	12	11	0	0.92	0.86	0.85	
Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	12	5	0	0.42	0.98	0.85	
ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	11	8	1	0.73	0.75	0.85	
Total				0.69	0.86	0.85	

Chronic Stable Coronary Artery Disease

- [Antiplatelet Therapy](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Beta-Blocker Therapy – Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction \(LVEF < 40%\)](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))

[x] close

Numerator – Antiplatelet Therapy

Drug codes for platelet aggregation inhibitors

OR

CPT II: 4011F

+ [Heart Failure Care Pathway](#)

+ [Asthma Care Pathway](#)

Acute Conditions

+ [Acute Otitis Externa](#)

+ [Otitis Media with Effusion \(OME\)](#)

Preventive Care

+ [Preventive Care and Screening](#)

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Measure #6: Antiplatelet Therapy

Chronic Stable Coronary Artery Disease

Measure Description

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel

Measure Components

Numerator Statement	<p>Patients who were prescribed aspirin or clopidogrel *</p> <p>*Prescribed may include prescription given to the patient for aspirin or clopidogrel at one or more visits in the measurement period OR patient already taking aspirin or clopidogrel as documented in current medication list</p>
Denominator Statement	<p>All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period</p>
Denominator Exceptions	<p>Documentation of medical reason(s) for not prescribing aspirin or clopidogrel (eg, allergy, intolerance, receiving other thienopyridine therapy, receiving warfarin therapy, bleeding coagulation disorders, other medical reasons)</p> <p>Documentation of patient reason(s) for not prescribing aspirin or clopidogrel (eg, patient declined, other patient reasons)</p> <p>Documentation of system reason(s) for not prescribing aspirin or clopidogrel (eg, lack of drug availability, other reasons attributable to the health care system)</p>
Supporting Guideline	<p>The following evidence statements are quoted <u>verbatim</u> from the referenced clinical guidelines.</p> <p>Aspirin should be started at 75 to 162 mg per day and continued indefinitely in all patients unless contraindicated (Class I Recommendation, Level A Evidence). (ACC/AHA, 2007²¹)</p> <p>Clopidogrel when aspirin is absolutely contraindicated (Class IIa Recommendation; Level of Evidence B). (ACC/AHA, 2002²⁰)</p>

Chronic Conditions

- + [Chronic Stable Coronary Artery Disease Care Pathway](#)
- + [Heart Failure Care Pathway](#)
- + [Asthma Care Pathway](#)

Acute Conditions

- + [Acute Otitis Externa \(AOE\)](#)

- [Otitis Media with Effusion \(OME\)](#) [\(Full Measure Listing\)](#) [Export to Microsoft Excel](#) [Glossary](#)

Measure	Number of Opportunities	Number of Patients with Criteria Met	Number of Exclusions	Your Current Measure Compliance Rate	Plan/Insurer Average Measure Compliance Rate	Plan Target Measure Compliance Rate	Met Goal
Assessment of Tympanic Membrane Mobility	<u>2</u>	2	0	1.00	0.83	0.85	
Hearing Tests	<u>2</u>	0	0	0.00	0.83	0.85	
Total				0.50	0.83	0.85	

Otitis Media with Effusion (OME)

- [Assessment of Tympanic Membrane Mobility](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))
- [Hearing Tests](#) (Eligibility Codes for Measure Inclusion [Denominator]: [Click for Codes](#); Eligibility Codes to Meet Measure [Numerator]: [Click for Codes](#))

Preventive Care

- + [Preventive Care and Screening](#)

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UPDATE

[\(Full Measure Listing\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
Yes	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		No Exclusion
Yes	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Not Applicable					ACE Inhibitor or ARB Therapy		<input type="checkbox"/>	99999999	Not Applicable to Measure
Yes	Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes	Clift, Monty	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Maxwell, Georgine	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure

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Chronic Stable Coronary Artery Disease – Quality Detail Report by Patient
 [Physician Name] – [Specialty]

UPDATE

Measurement Period: [Report Period Start Date] – [Report Period End Date]

[\(Claims Measures Only\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
No Data	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Blood Pressure Control		<input type="checkbox"/>		Not Applicable to Measure
No Data					Lipid Control		<input type="checkbox"/>		Not Applicable to Measure
No Data					Symptom & Activity Assessment				Not Applicable to Measure
No Data					Symptom Management		<input type="checkbox"/>		Not Applicable to Measure
No Data					Tobacco Use: Screening and Cessation Intervention				Not Applicable to Measure
Yes					Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		No Exclusion
No Data					Cardiac Rehabilitation Patient Referral		<input type="checkbox"/>		No Exclusion
No Data	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Blood Pressure Control		<input type="checkbox"/>		Not Applicable to Measure
No Data					Lipid Control		<input type="checkbox"/>		Not Applicable to Measure
No Data					Symptom & Activity Assessment				Not Applicable to Measure
No Data					Symptom Management		<input type="checkbox"/>		Not Applicable to Measure
No Data					Tobacco Use: Screening and Cessation Intervention				Not Applicable to Measure
Yes					Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No Data					Cardiac Rehabilitation Patient Referral		<input type="checkbox"/>		No Exclusion
No Data	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Blood Pressure Control		<input type="checkbox"/>		No Exclusion
No Data					Lipid Control		<input type="checkbox"/>		No Exclusion
No Data					Symptom & Activity Assessment				No Exclusion
No Data					Symptom Management		<input type="checkbox"/>		No Exclusion
No Data					Tobacco Use: Screening and Cessation Intervention				No Exclusion
Yes					Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion

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[Glossary](#)

Antiplatelet Therapy source claim for Avery, Sam

Chronic Stable Coronary Artery Disease – Quality Detail Report by Patient
 [Physician Name] – [Specialty]

UPDATE

Measurement Period: [Report Period Start Date] – [Report Period End Date]

[\(Full Measure Listing\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
Yes	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		No Exclusion
Yes	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		A. Patient Reason B. System Reason C. Medical Reason D. Service Was Provided
No					Beta-blocker Therapy		<input type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Not Applicable					ACE Inhibitor or ARB Therapy		<input type="checkbox"/>	99999999	Not Applicable to Measure
Yes	Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes	Clift, Monty	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Maxwell, Georgine	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure

[Export to Microsoft Excel](#)

UPDATE

[Glossary](#)

Chronic Stable Coronary Artery Disease Care – Quality Detail Report by Patient
 [Physician Name] – [Specialty]

UPDATE

Measurement Period: [Report Period Start Date] – [Report Period End Date]

[\(Full Measure Listing\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
Yes	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		D. Service Was Provided
Yes	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		1. Service was provided by me 2. Service was provided by another physician
No					Beta-blocker Therapy		<input type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Not Applicable					ACE Inhibitor or ARB Therapy		<input type="checkbox"/>	99999999	Not Applicable to Measure
Yes	Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes	Clift, Monty	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Maxwell, Georgine	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure

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[\(Full Measure Listing\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
Yes	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		B. System Reason
Yes	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		1. Resources to perform the services not available 2. Insurance coverage / payor-related limitations 3. Financial reasons 4. Uninsured 5. Services/treatment to be provided by another physician 6. Not my patient 7. Other reasons
No					Beta-blocker Therapy		<input type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		
Yes	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		
Yes	Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Not Applicable					ACE Inhibitor or ARB Therapy		<input type="checkbox"/>	99999999	Not Applicable to Measure
Yes	Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes	Clift, Monty	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Maxwell, Georgine	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure

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Chronic Stable Coronary Artery Disease – Quality Detail Report by Patient
 [Physician Name] – [Specialty]

UPDATE

Measurement Period: [Report Period Start Date] – [Report Period End Date]

[\(Full Measure Listing\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
Yes	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		7. Other Reasons
Yes	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Not Applicable					ACE Inhibitor or ARB Therapy		<input type="checkbox"/>	99999999	Not Applicable to Measure
Yes	Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes	Clift, Monty	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Maxwell, Georgine	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		No Exclusion
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes	Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input type="checkbox"/>		Not Applicable to Measure
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure

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Chronic Stable Coronary Artery Disease – Quality Detail Report by Patient
 [Physician Name] – [Specialty]

UPDATE

Measurement Period: [Report Period Start Date] – [Report Period End Date]

[\(Full Measure Listing\)](#)

Measure Met	Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Request for Exception	Exclusion Code	Reason for Exception Request
Yes	Avery, Sam	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					ACE Inhibitor or ARB Therapy		<input checked="" type="checkbox"/>		A. Medical Reasons
Yes	Blice, Juan	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		1. Contraindicated (patient allergic history, potential adverse drug interactions, other) 2. Not indicated (absence of organ/limb, already received/performed, other) 3. Intolerant (therapy was tried and the patient was intolerant) 4. Hospice patient 5. Other medical reason(s)
No				Beta-blocker Therapy		<input type="checkbox"/>			
Yes				ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>			
Yes	Mitchell, Sarah	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		1. Social reasons 2. Religious reasons 3. Other patient reasons
Yes				Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>			
Yes				ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>			
Yes	Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input checked="" type="checkbox"/>		B. Patient Reasons
Not Applicable					ACE Inhibitor or ARB Therapy		<input type="checkbox"/>	99999999	1. Resources to perform the services not available 2. Insurance coverage/payor-related limitations 3. Financial reasons 4. Uninsured 5. Service/treatment to be provided by another physician 6. Not my patient 7. Other reasons
Yes	Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		
No					Beta-blocker Therapy		<input checked="" type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		C. System Reasons
Yes	Clift, Monty	99-99-9999	9999999999	Insurer Plan A	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		1. Resources to perform the services not available 2. Insurance coverage/payor-related limitations 3. Financial reasons 4. Uninsured 5. Service/treatment to be provided by another physician 6. Not my patient 7. Other reasons
Yes					Beta-blocker Therapy	05/26/2010	<input type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		
Yes	Maxwell, Georgine	99-99-9999	9999999999	Insurer Plan B	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		No Exclusion
No					Beta-blocker Therapy		<input type="checkbox"/>		
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		
Yes	Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Antiplatelet Therapy	05/26/2010	<input type="checkbox"/>		Not Applicable to Measure
No					Beta-blocker Therapy		<input checked="" type="checkbox"/>		D. Service Was Provided
Yes					ACE Inhibitor or ARB Therapy	05/26/2010	<input type="checkbox"/>		1. Service was provided by me 2. Service was provided by another physician

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Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Reason for Exception Request	Date Request Submitted
Avery, Sam	99-99-9999	9999999999	Insurer Plan A	ACE Inhibitor or ARB Therapy		Medical Reasons: Contraindicated (patient allergic history, potential adverse drug interactions, other)	02/04/11
Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Beta-blocker Therapy		Patient Reasons: Other patient reasons	02/04/11
Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	ACE Inhibitor or ARB Therapy		System Reasons: Financial reasons	02/04/11
Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Beta-blocker Therapy	7/19/10	Service Was Provided: Service was provided by me	02/04/11

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The quality measures and patients for which you are requesting reconsideration are listed above. Your reconsideration requests have been submitted to the insurer for review. You will receive a notice indicating whether or not the requests were accepted. Your report scores will be revised based on the accepted reconsideration requests, and you will be able to access an updated report that reflects these changes.

Patient	DOB	ID Number	Benefit Plan	Measure	Date of Service	Reason for Exception Request	Insurer Action
Avery, Sam	99-99-9999	9999999999	Insurer Plan A	ACE Inhibitor or ARB Therapy		Medical Reasons: Contraindicated (patient allergic history, potential adverse drug interactions, other)	Request accepted; patient removed from measure calculation.
Strauss, Michael	99-99-9999	9999999999	Insurer Plan C	Beta-blocker Therapy		Patient Reasons: Other patient reasons	Request pending; please submit additional information regarding the patient reasons for not performing this service.
Eggs, Roger	99-99-9999	9999999999	Insurer Plan A	ACE Inhibitor or ARB Therapy		System Reasons: Financial reasons	Request accepted; patient removed from measure calculation.
Fitzgerald, Scott	99-99-9999	9999999999	Insurer Plan C	Beta-blocker Therapy	7/19/10	Service Was Provided: Service was provided by me	Request accepted; patient added to numerator of measure calculation.










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The quality measures and patients for which you requested reconsideration are listed above with our response to your requests. If we accepted your reconsideration request, your report scores have been recalculated to reflect this change. Your revised report is now available and can be accessed at any time. If your Adjustment Report indicates that we need additional information before we can make a decision on your reconsideration request, please submit the requested documentation as soon as possible by U.S. mail (Insurer Headquarters, 123 Imaginary Rd., New York, NY 12345) or via email (xxxxxxxx@insurer.com). If you have questions or concerns regarding our decisions on your reconsideration requests, please contact us at 1-800-XXX-XXXX or xxxxxxxx@insurer.com.

List of Claims for Avery, Sam

All Source claims for submitted date range

Category	Diagnosis	Pharmacy Data Available	Episode Count	Your Average Episode Cost	Peer Average Episode Cost 	Target Episode Cost	Your Variation Ratio	Your Prior Average Episode Cost	% Change	Met Goal
+ Endocrinology	Hyperlipidemia	Y	12	\$835	\$990	\$900	0.93	\$998	(16%)	
+ Endocrinology	Hyperlipidemia	N	10	\$577	\$794	\$650	0.89	\$600	(4%)	
+ Endocrinology	Hypo-Functioning Thyroid Gland	Y	9	\$2,197	\$1,676	\$1,600	1.37	\$3,353	(34%)	
+ Endocrinology	Hypo-Functioning Thyroid Gland	N	10	\$2,735	\$1,874	\$1,800	1.52	\$2,989	(8%)	
+ Endocrinology	Type II Diabetes Level I with Comorbidity	Y	14	\$8,170	\$7,791	\$8,000	1.02	\$9,009	(9%)	
+ Endocrinology	Type II Diabetes Level I with Comorbidity	N	13	\$7,765	\$7,294	\$7,300	1.06	\$8,011	(3%)	
+ Endocrinology	Type II Diabetes Level II with Comorbidity	Y	25	\$9,245	\$9,716	\$9,500	0.97	\$9,324	(1%)	
+ Endocrinology	Type II Diabetes Level II with Comorbidity	N	23	\$8,415	\$8,990	\$9,000	0.94	\$8,631	(3%)	

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Diagnoses for which your average episode cost was significantly more than the target episode cost are highlighted in **red**; those for which your average episode cost was less than or equal to the target cost are highlighted in **green**. Diagnoses marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target episode cost.

Category	Diagnosis	Pharmacy Data Available	Episode Count	Your Average Episode Cost	Peer Average Episode Cost [?]	Target Episode Cost	Your Variation Ratio	Your Prior Average Episode Cost	% Change	Met Goal
+ Endocrinology	Hyperlipidemia	Y	12	\$835	\$990	\$900	0.93	\$998	(16%)	G
+ Endocrinology	Hyperlipidemia	N	10	\$577	\$794	\$650	0.89	\$600	(4%)	G
+ Endocrinology	Hypo-Functioning Thyroid Gland	Y	9	\$2,197	\$1,676	\$1,600	1.37	\$3,353	(34%)	R
+ Endocrinology	Hypo-Functioning Thyroid Gland	N	10	\$2,735	\$1,874	\$1,800	1.52	\$2,989	(8%)	R
+ Endocrinology	Type II Diabetes Level I with Comorbidity	Y	14	\$8,170	\$7,791	\$8,000	1.02	\$9,009	(9%)	Y
+ Endocrinology	Type II Diabetes Level I with Comorbidity	N	13	\$7,765	\$7,294	\$7,300	1.06	\$8,011	(3%)	Y
+ Endocrinology	Type II Diabetes Level II with Comorbidity	Y	25	\$9,245	\$9,716	\$9,500	0.97	\$9,324	(1%)	G
+ Endocrinology	Type II Diabetes Level II with Comorbidity	N	23	\$8,415	\$8,990	\$9,000	0.94	\$8,631	(3%)	G

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Diagnoses for which your average episode cost was significantly more than the target episode cost are highlighted in red; those for which your average episode cost was less than or equal to the target cost are highlighted in green. Diagnoses marked in yellow indicate that your performance, while not meeting the plan standard, was not significantly different from the target episode cost.

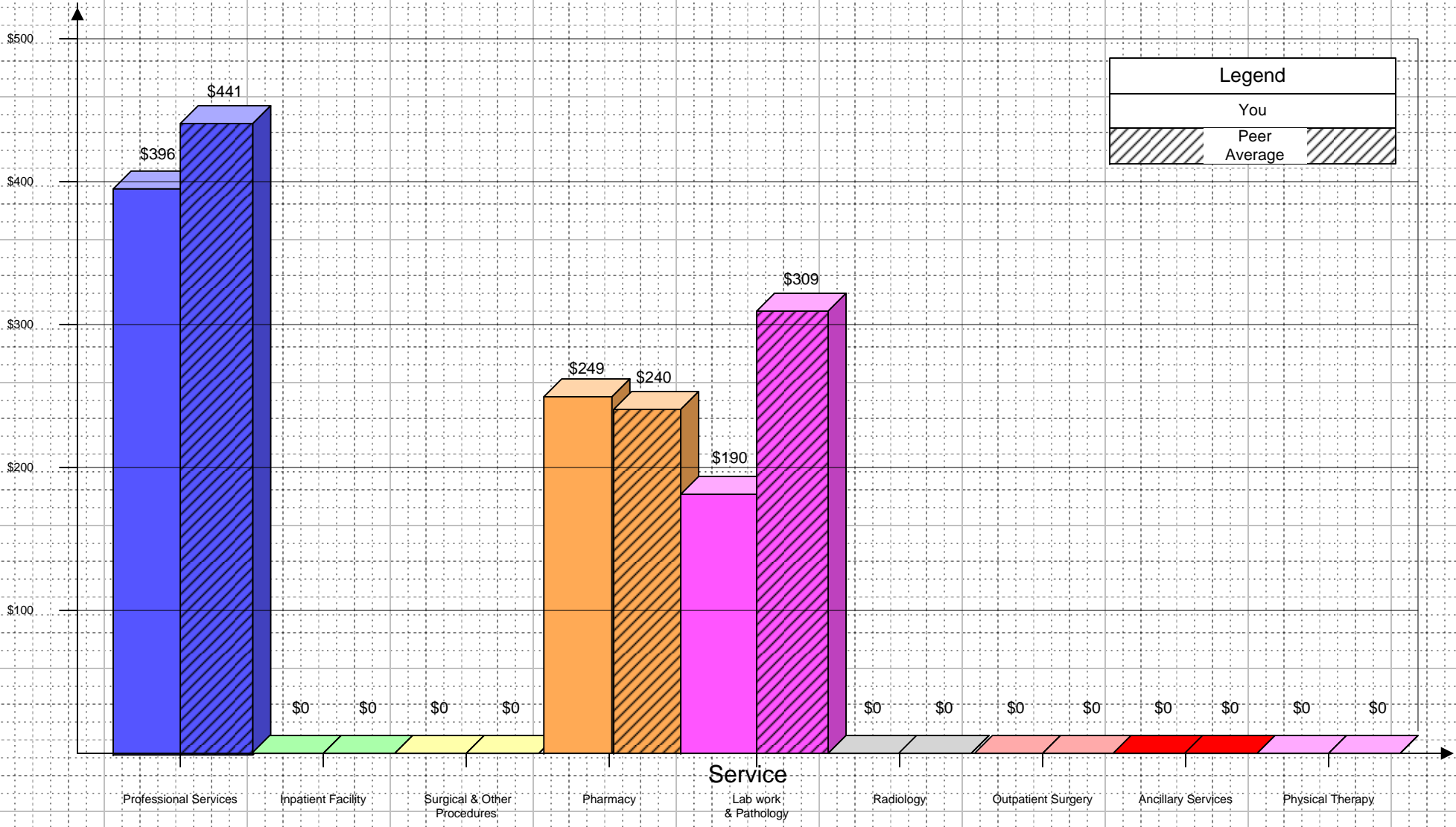
Category	Diagnosis	Pharmacy Data Available	Episode Count	Service	Your Average Episode Cost	Peer Average Episode Cost	Target Episode Cost	Your Variation Ratio	Met Goal
-- Endocrinology	Hyperlipidemia	Y	12	+ Professional Services	\$396	\$441			
				Inpatient Facility	\$0	\$0			
				Surgical & Other Procedures	\$0	\$0			
				+ Pharmacy	\$249	\$240			
				+ Lab Work & Pathology	\$190	\$309			
				Radiology	\$0	\$0			
				Outpatient Surgery	\$0	\$0			
				Ancillary Services	\$0	\$0			
				Physical Therapy	\$0	\$0			
					\$835	\$990	\$900	0.93	G
+ Endocrinology	Hyperlipidemia	N	10		\$577	\$794	\$650	0.66	G
+ Endocrinology	Hypo-Functioning Thyroid Gland	Y	9		\$2,197	\$1,676	\$1,600	1.37	R
+ Endocrinology	Hypo-Functioning Thyroid Gland	N	10		\$2,735	\$1,874	\$1,800	1.52	R
+ Endocrinology	Type II Diabetes Level I with Comorbidity	Y	14		\$8,170	\$7,791	\$8,000	1.02	Y
+ Endocrinology	Type II Diabetes Level I with Comorbidity	N	13		\$7,765	\$7,294	\$7,300	1.06	Y
+ Endocrinology	Type II Diabetes Level II with Comorbidity	Y	25		\$9,245	\$9,716	\$9,500	0.97	G
+ Endocrinology	Type II Diabetes Level II with Comorbidity	N	23		\$8,415	\$8,990	\$9,000	0.94	G

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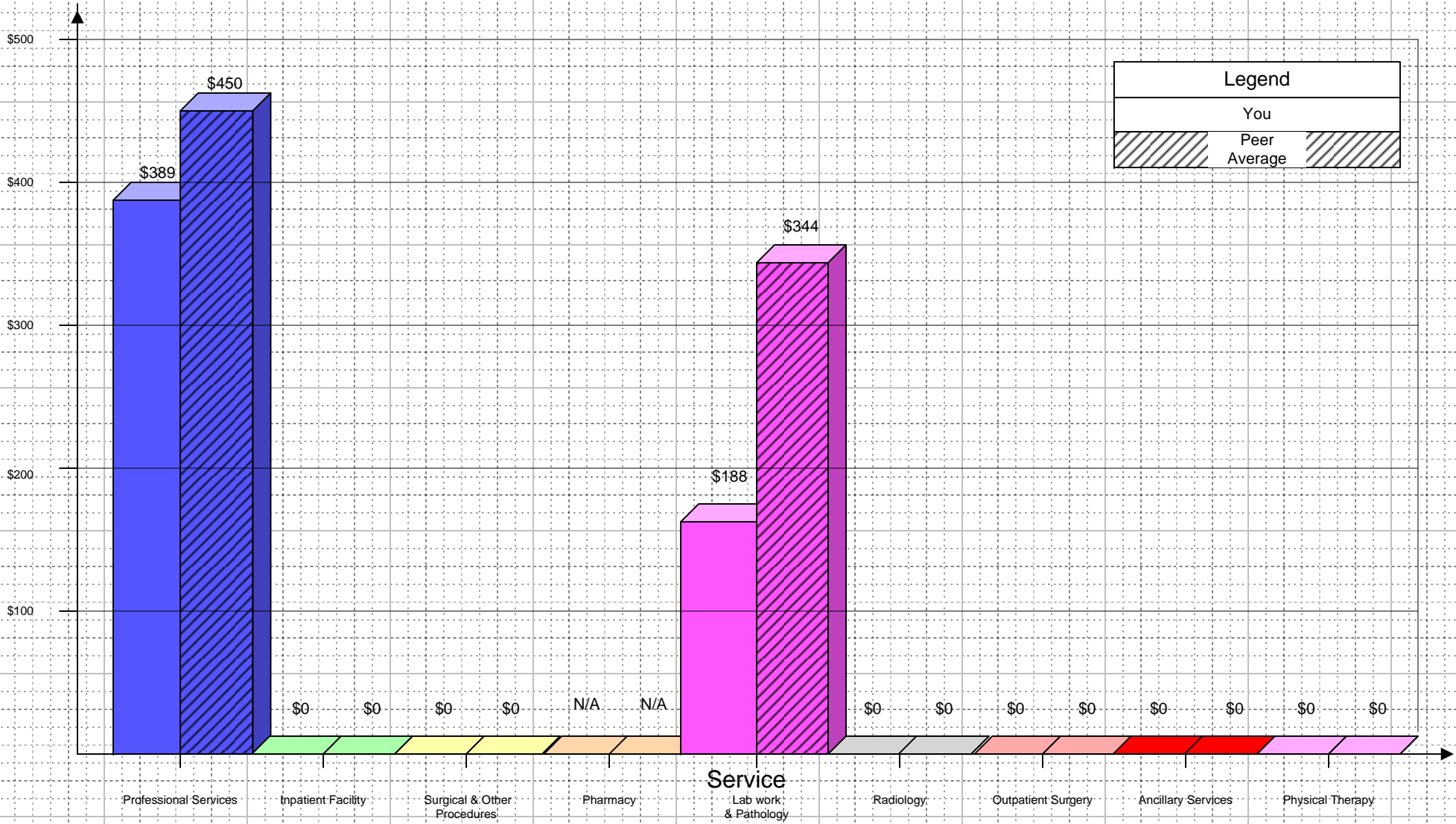
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Diagnoses for which your average episode cost was significantly more than the target episode cost are highlighted in **red**; those for which your average episode cost was less than or equal to the target cost are highlighted in **green**. Diagnoses marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target episode cost.

Category – Endocrinology
 Diagnosis -- Hyperlipidemia
 Pharmacy Coverage -- Yes



Category – Endocrinology
 Diagnosis -- Hyperlipidemia
 Pharmacy Coverage -- No



Cost Report by Episode Type
[Physician Name] – [Specialty]









Measurement Period: [Report Period Start Date] – [Report Period End Date]

Category	Diagnosis	Pharmacy Data Available	Episode Count	Service	Your Average Episode Cost	Peer Average Episode Cost	Target Episode Cost	Your Variation Ratio	Met Goal
-- Endocrinology	Hyperlipidemia	Y	12	+ Professional Services	\$396	\$441			
				Inpatient Facility	\$0	\$0			
				Surgical & Other Procedures	\$0	\$0			
				+ Pharmacy	\$249	\$240			
				+ Lab Work & Pathology	\$190	\$309			
				Radiology	\$0	\$0			
				Outpatient Surgery	\$0	\$0			
				Ancillary Services	\$0	\$0			
				Physical Therapy	\$0	\$0			
				\$835	\$990	\$900	0.93	G	
-- Endocrinology	Hyperlipidemia	N	10	+ Professional Services	\$389	\$450			
				Inpatient Facility	\$0	\$0			
				Surgical & Other Procedures	\$0	\$0			
				Pharmacy	N/A	N/A			
				+ Lab Work & Pathology	\$188	\$344			
				Radiology	\$0	\$0			
				Outpatient Surgery	\$0	\$0			
				Ancillary Services	\$0	\$0			
				Physical Therapy	\$0	\$0			
				\$577	\$794	\$650	0.89	G	
+ Endocrinology	Hypo-Functioning Thyroid Gland	Y	9		\$2,197	\$1,676	\$1,600	1.37	R
+ Endocrinology	Hypo-Functioning Thyroid Gland	N	10		\$2,735	\$1,874	\$1,800	1.52	R
+ Endocrinology	Type II Diabetes Level I with Comorbidity	Y	14		\$8,170	\$7,791	\$8,000	1.02	Y
+ Endocrinology	Type II Diabetes Level I with Comorbidity	N	13		\$7,765	\$7,294	\$7,300	1.06	Y
+ Endocrinology	Type II Diabetes Level II with Comorbidity	Y	25		\$9,245	\$9,716	\$9,500	0.97	G
+ Endocrinology	Type II Diabetes Level II with Comorbidity	N	23		\$8,415	\$8,990	\$9,000	0.94	G

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Diagnoses for which your average episode cost was significantly more than the target episode cost are highlighted in **red**; those for which your average episode cost was less than or equal to the target cost are highlighted in **green**. Diagnoses marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target episode cost.

Category	Diagnosis	Pharmacy Data Available	Episode Count	Service	Your Average Episode Cost	Peer Average Episode Cost	Target Episode Cost	Your Variation Ratio	Met Goal
Click here to see episode patient detail report									
--	Endocrinology	Hyperlipidemia	Y	12	+ Professional Services	\$396	\$441		
				Inpatient Facility	\$0	\$0			
				Surgical & Other Procedures	\$0	\$0			
				-- Pharmacy	\$249	\$240			
				Prescription 1	\$52				
				Prescription 2	\$53				
				Prescription 3	\$66				
				Prescription 4	\$78				
				+ Lab Work & Pathology	\$190	\$309			
				Radiology	\$0	\$0			
				Outpatient Surgery	\$0	\$0			
				Ancillary Services	\$0	\$0			
				Physical Therapy	\$0	\$0			
					\$835	\$990	\$900	0.93	
+	Endocrinology	Hyperlipidemia	N	10	\$577	\$794	\$650	0.89	
+	Endocrinology	Hypo-Functioning Thyroid Gland	Y	9	\$2,197	\$1,676	\$1,600	1.37	
+	Endocrinology	Hypo-Functioning Thyroid Gland	N	10	\$2,735	\$1,874	\$1,800	1.52	
+	Endocrinology	Type II Diabetes Level I with Comorbidity	Y	14	\$8,170	\$7,791	\$8,000	1.02	
+	Endocrinology	Type II Diabetes Level I with Comorbidity	N	13	\$7,765	\$6,694	\$7,300	1.06	
+	Endocrinology	Type II Diabetes Level II with Comorbidity	Y	25	\$9,245	\$9,716	\$9,500	0.97	
+	Endocrinology	Type II Diabetes Level II with Comorbidity	N	23	\$8,415	\$8,990	\$9,000	0.94	

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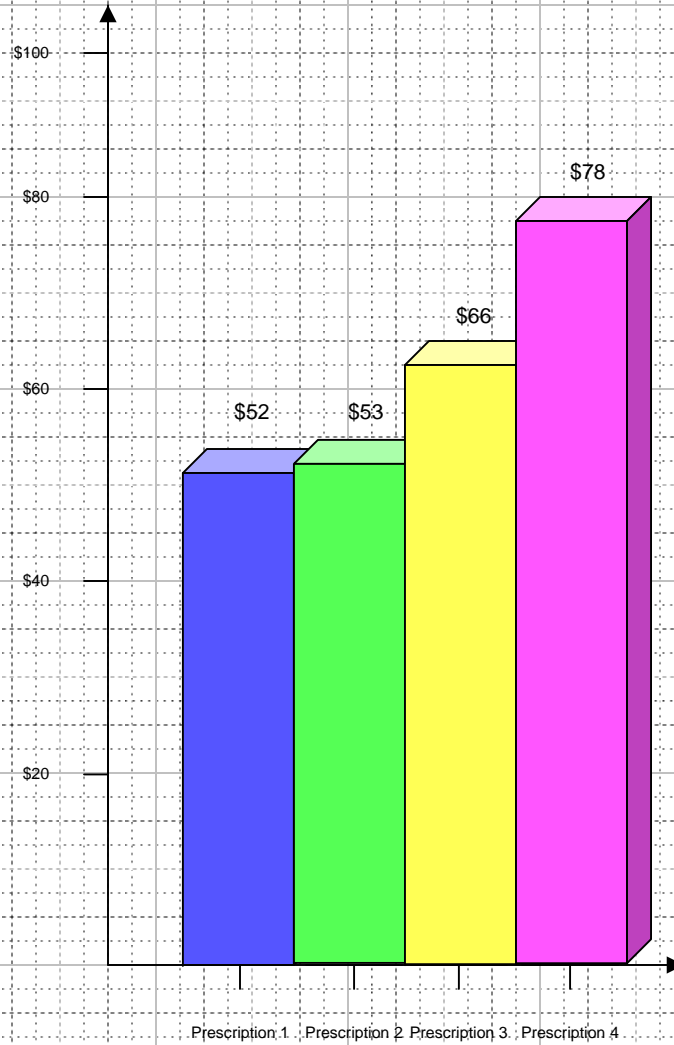
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Diagnoses for which your average episode cost was significantly more than the target episode cost are highlighted in **red**; those for which your average episode cost was less than or equal to the target cost are highlighted in **green**. Diagnoses marked in **yellow** indicate that your performance, while not meeting the plan standard, was not significantly different from the target episode cost.

Cost Report by Episode Type
[Physician Name] – [Specialty]

Measurement Period: [Report Period Start Date] – [Report Period End Date]

Service -- Pharmacy
Category -- Endocrinology
Diagnosis -- Hyperlipidemia
Pharmacy Coverage -- Yes



Hyperlipidemia Cost Detail Report by Patient
 [Physician Name] – [Specialty]

Measurement Period: [Report Period Start Date] – [Report Period End Date]

Patient Name	Zip Code	Comorbidity	DOB	ID Number	Benefit Plan	Service	Your Episode Cost	Peer Average Episode Cost	Target Episode Cost
Avery, Sam	60110	Diabetes [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	+ Professional Services	\$470	\$441	
						Inpatient Facility	\$0	\$0	
						Surgical & Other Procedures	\$0	\$0	
						+ Pharmacy	\$121	\$240	
						+ Lab Work and Pathology	\$150	\$309	
						Radiology	\$0	\$0	
						Outpatient Surgery	\$0	\$0	
						Ancillary Services	\$0	\$0	
						Physical Therapy	\$0	\$0	
						Total:	\$741	\$990	\$900
Cogan, Joe	60002	None	99-99-9999	9999999999	Insurer Plan B	+ Professional Services	\$230	\$441	
						Inpatient Facility	\$0	\$0	
						Surgical & Other Procedures	\$0	\$0	
						+ Pharmacy	\$188	\$240	
						+ Lab Work and Pathology	\$90	\$309	
						Radiology	\$0	\$0	
						Outpatient Surgery	\$0	\$0	
						Ancillary Services	\$0	\$0	
						Physical Therapy	\$0	\$0	
						Total:	\$508	\$990	\$900
Novak, Claire	60654	Diabetes [Click for Codes] Hypertension [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	+ Professional Services	\$488	\$441	
						Inpatient Facility	\$0	\$0	
						Surgical & Other Procedures	\$0	\$0	
						+ Pharmacy	\$439	\$240	
						+ Lab Work and Pathology	\$330	\$309	
						Radiology	\$0	\$0	

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Hyperlipidemia Cost Detail Report by Patient
[Physician Name] – [Specialty]

Measurement Period: [Report Period Start Date] – [Report Period End Date]

Patient Name	Zip Code	Comorbidity	DOB	ID Number	Benefit Plan	Service	Your Episode Cost	Peer Average Episode Cost	Target Episode Cost
Avery, Sam	60110	Diabetes [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	+ Professional Services	\$470	\$441	
						Inpatient Facility	\$0	\$0	
						Surgical & Other Procedures	\$0	\$0	
						+ Pharmacy	\$121	\$240	
						+ Lab Work and Pathology	\$150	\$309	
						Radiology	\$0	\$0	
						Outpatient Surgery	\$0	\$0	
						Ancillary Services	\$0	\$0	
						Physical Therapy	\$0	\$0	
						Total:	\$741	\$990	\$900
Cogan, Joe	60002	None	99-99-9999	9999999999	Insurer Plan B	+ Professional Services	\$230	\$441	
						Inpatient Facility	\$0	\$0	
						Surgical & Other Procedures	\$0	\$0	
						+ Pharmacy	\$188	\$240	
						+ Lab Work and Pathology	\$90	\$309	
						Radiology	\$0	\$0	
						Outpatient Surgery	\$0	\$0	
						Ancillary Services	\$0	\$0	
						Physical Therapy	\$0	\$0	
						Total:	\$508	\$990	\$900
Novak, Claire	60654	Diabetes [Click for Codes] Hypertension [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	+ Professional Services	\$488	\$441	
						Inpatient Facility	\$0	\$0	
						Surgical & Other Procedures	\$0	\$0	
						+ Pharmacy	\$439	\$240	
						+ Lab Work and Pathology	\$330	\$309	
						Radiology	\$0	\$0	

Diabetes [x] close

ICD-9: 250.00

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Hyperlipidemia Cost Detail Report by Patient
 [Physician Name] – [Specialty]

Measurement Period: [Report Period Start Date] – [Report Period End Date]

Patient Name	Zip Code	Comorbidity	DOB	ID Number	Benefit Plan	Service	Physician/ Provider	Charged CPT Code	Date of Service	Your Episode Cost	Peer Average Episode Cost	Target Episode Cost	
Avery, Sam	60110	Diabetes [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	--	Professional Services				\$470	\$441	
							Independent Clinic	Dr. Ima Physician	97251	11/23/2009	\$220		
							Office		97252	01/19/2010	\$250		
							Inpatient Facility				\$0	\$0	
							Surgical & Other Procedures				\$0	\$0	
						+	Pharmacy				\$121	\$240	
						+	Lab Work and Pathology				\$150	\$309	
							Radiology				\$0	\$0	
							Outpatient Surgery				\$0	\$0	
							Ancillary Services				\$0	\$0	
							Physical Therapy				\$0	\$0	
Total:										\$741	\$990	\$900	
Cogan, Joe	60002	None	99-99-9999	9999999999	Insurer Plan B	+	Professional Services				\$230	\$441	
							Inpatient Facility				\$0	\$0	
							Surgical & Other Procedures				\$0	\$0	
						+	Pharmacy				\$188	\$240	
						+	Lab Work and Pathology				\$90	\$309	
							Radiology				\$0	\$0	
							Outpatient Surgery				\$0	\$0	
							Ancillary Services				\$0	\$0	
							Physical Therapy				\$0	\$0	
						Total:							
Novak, Claire	60654	Diabetes [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	+	Professional Services				\$488	\$441	
							Inpatient Facility				\$0	\$0	
							Surgical & Other Procedures				\$0	\$0	
						+	Pharmacy				\$439	\$240	

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Office Claim - Hyperlipidemia source claim for Avery, Sam

Hyperlipidemia Cost Detail Report by Patient
[Physician Name] – [Specialty]

Measurement Period: [Report Period Start Date] – [Report Period End Date]

Patient Name	Zip Code	Comorbidity	DOB	ID Number	Benefit Plan	Service	Physician/ Provider	Charged CPT Code	Date of Service	Your Episode Cost	Peer Average Episode Cost	Target Episode Cost	
Avery, Sam	60110	Diabetes [Click for Codes]	99-99-9999	9999999999	Insurer Plan A	-- Professional Services					\$470	\$441	
						Independent Clinic	Dr. Ima Physician	97251	11/23/2009	\$220			
						Office		97252	01/19/2010	\$250			
						Inpatient Facility				\$0	\$0		
						Surgical & Other Procedures				\$0	\$0		
						-- Pharmacy				\$121	\$240		
						Prescription 1		Drug Code	11/23/2009	\$31			
						Prescription 2		Drug Code	11/23/2009	\$30			
						Prescription 3		Drug Code	11/23/2009	\$30			
						Prescription 4		Drug Code	11/23/2009	\$30			
						-- Lab Work and Pathology				\$150	\$309		
						Basic metabolic panel		80048	05/01/2010	\$150			
						Radiology				\$0	\$0		
						Outpatient Surgery				\$0	\$0		
						Ancillary Services				\$0	\$0		
						Physical Therapy				\$0	\$0		
Total:										\$741	\$990	\$900	
Cogan, Joe	60002	None	99-99-9999	9999999999	Insurer Plan B	+ Professional Services					\$230	\$441	
						Inpatient Facility				\$0	\$0		
						Surgical & Other Procedures				\$0	\$0		
						+ Pharmacy				\$188	\$240		
						+ Lab Work and Pathology				\$90	\$309		
						Radiology				\$0	\$0		
						Outpatient Surgery				\$0	\$0		
						Ancillary Services				\$0	\$0		
						Physical Therapy				\$0	\$0		
						Total:							

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