

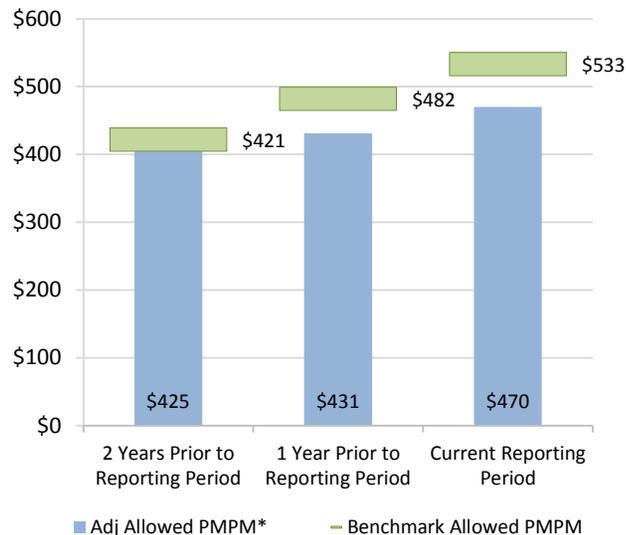
FICTIONAL FAMILY PRACTICE

Commercially insured adult (age 18-64) population; claims incurred July 2011 – June 2012, with 3 months run-out. Generated 20130415.

Patient Demographics

	Practice	Benchmark Practice ¹
Attributed Patients	1,351	609
Average Age	44.5	38.2
% Male	39.1%	44.8%
% Female	60.9%	55.2%
% Chronic	39.0%	36.9%
% Asthma	7.3%	7.5%
% CAD	3.8%	2.7%
% COPD	2.1%	1.3%
% Diabetes	8.9%	6.8%
% Heart Failure	0.5%	0.5%
% Hyperlipidemia	12.4%	14.8%
% Hypertension	22.4%	19.4%
% Obesity	5.7%	5.5%
% Back Pain	19.2%	15.4%
% Depression	13.2%	12.7%
Retrospective Risk Score*	1.07	1.00
Age-Gender Index	1.13	1.00

Annual PMPM Trend vs. Benchmark



*Adj. allowed PMPM and Adj. PMPM indicate retrospective risk adjusted allowed amount, normalized to the Benchmark

Overall Summary by Service Category

Service Category	Practice		BM ²		
	Raw PMPM	Adj PMPM*	PMPM	TCI	RUI
Inpatient Fac.	\$82	\$77	\$98	0.78	0.74
Outpatient Fac.	\$175	\$164	\$196	0.84	0.62
Professional	\$152	\$142	\$146	0.97	0.88
Pharmacy	\$94	\$88	\$93	0.94	0.95
Overall	\$503	\$470	\$533	0.88	0.79

HealthPartner's Total Cost Index (TCI) & Resource Use Index (RUI): TCI & RUI provide insight into overall cost, practice efficiency & price competitiveness.

TCI = Practice Adj. PMPM/Benchmark PMPM
RUI is based on standardized cost for procedures

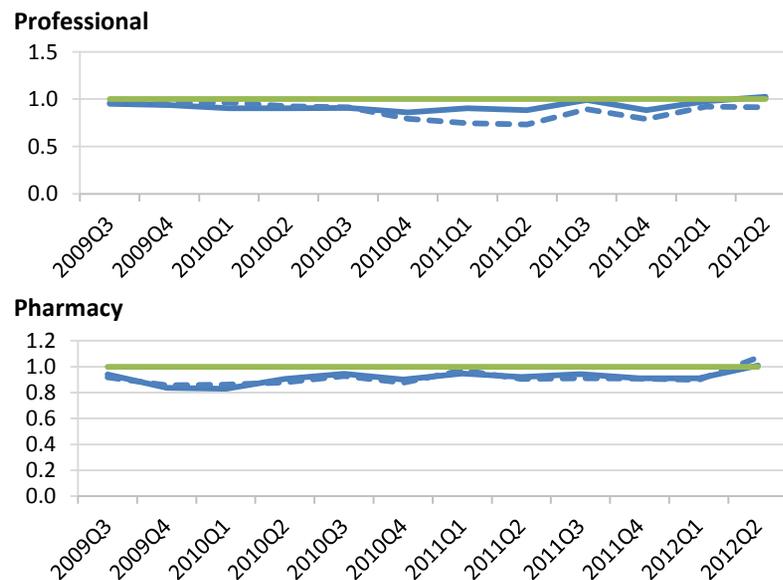
The benchmark for TCI and RUI is 1.0. A practice's score indicates how much the practice differs from the benchmark.

Example: Inpatient Facility TCI = 0.85 means the practice is 15% more cost-effective than the benchmark.

Practice Trends in Cost and Resource Use by Service Category



Does it cost more or require more healthcare resources to manage your panel over time?



¹Benchmark practice reflects all practices receiving report, including your practice.

²BM = Benchmark

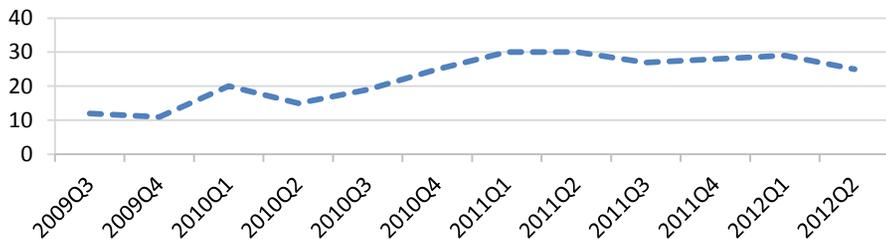
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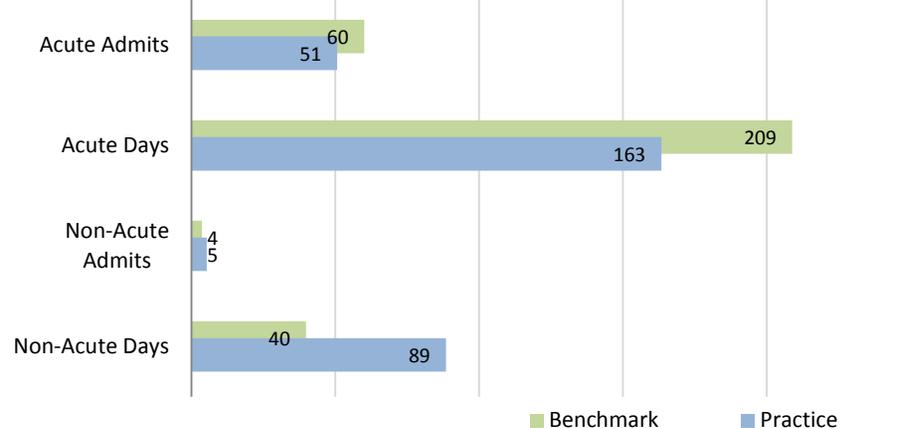
Inpatient PMPM by Service Category

	Practice	BM		
	Adj. PMPM	PMPM	TCI	RUI
All Admissions	\$77	\$98	0.78	0.74
Acute Admissions	\$72	\$95	0.75	0.71
Medical	\$22	\$28	0.78	0.84
Surgical	\$38	\$52	0.73	0.65
Maternity	\$10	\$12	0.81	0.59
Mental Health/SA	\$2	\$3	0.70	0.66
Non-Acute	\$5	\$3	1.91	1.54

Total Admissions by Quarter



Admissions & Length of Stay per 1,000

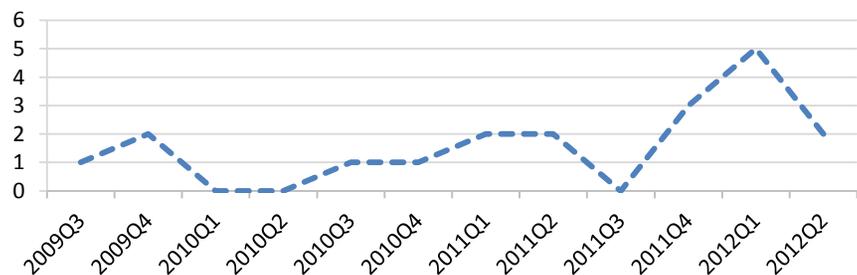


Evaluate the differences in admission rates versus length of stay. If admissions are low, but length of stay is high when compared to the benchmark, this may indicate a population of higher morbidity.

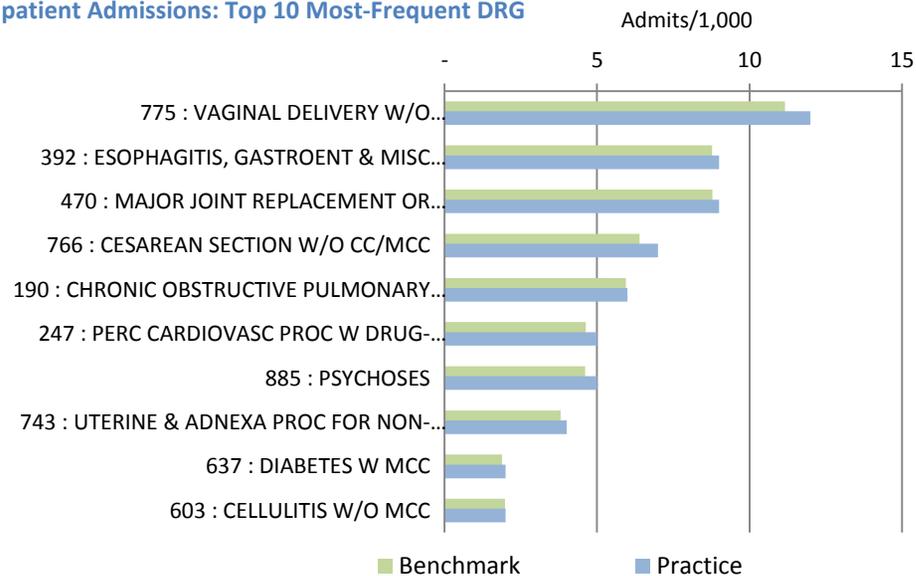
Inpatient Utilization

	Practice	BM
Admissions/1000	56.0	63.8
%Readmits (30-day) ¹	1.4%	6.6%
ACSC Admissions/1000	4.5	2.3
% Readmits (30-day) ¹	0.0%	6.1%

30-Day All-Cause Readmissions by Quarter



Inpatient Admissions: Top 10 Most-Frequent DRG



¹ The NCQA Plan All-Cause Readmissions Measure denominator excludes admissions due to acute inpatient stays for pregnancy.

FICTIONAL FAMILY PRACTICE

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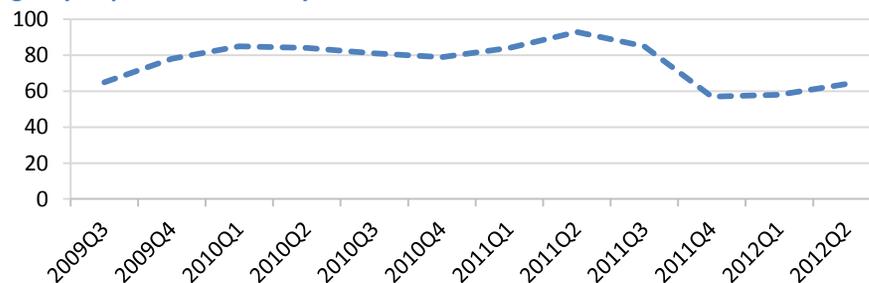
Outpatient Facility & Professional PMPM by Service Category

	Practice	BM	TCI	RUI
	Adj. PMPM	PMPM		
Evaluation and Management	\$69	\$69	1.00	1.01
Major Procedures: Orthopedics	\$5	\$3	1.45	0.82
Major Procedures: Cardiovasc.	\$3	\$4	0.88	0.58
Other Procedures	\$21	\$21	0.98	1.06
Amb. & Minor Procedures	\$46	\$44	1.05	0.85
Endoscopy Procedures	\$19	\$18	1.03	1.08
Oncology Procedures	\$2	\$6	0.25	1.13
Dialysis Procedures	\$6	\$6	0.98	2.13
PT, OT, ST	\$2	\$3	0.76	0.58
Chiropractic	\$4	\$6	0.75	0.94
Imaging	\$47	\$59	0.80	0.88
Tests	\$36	\$35	1.03	0.66
Durable Medical Equipment	\$7	\$10	0.75	0.89
Other/Unspecified	\$39	\$58	0.67	0.69
<i>Summary</i>	\$306	\$342	0.89	0.88

Emergency Department Utilization

	Practice	BM
ED Visits/1000	171.7	206.1
%ACSC ED Visits	8.8%	6.2%
Count Frequent ED Users (>2)	10	-
% Frequent Users (>2)	1%	23%

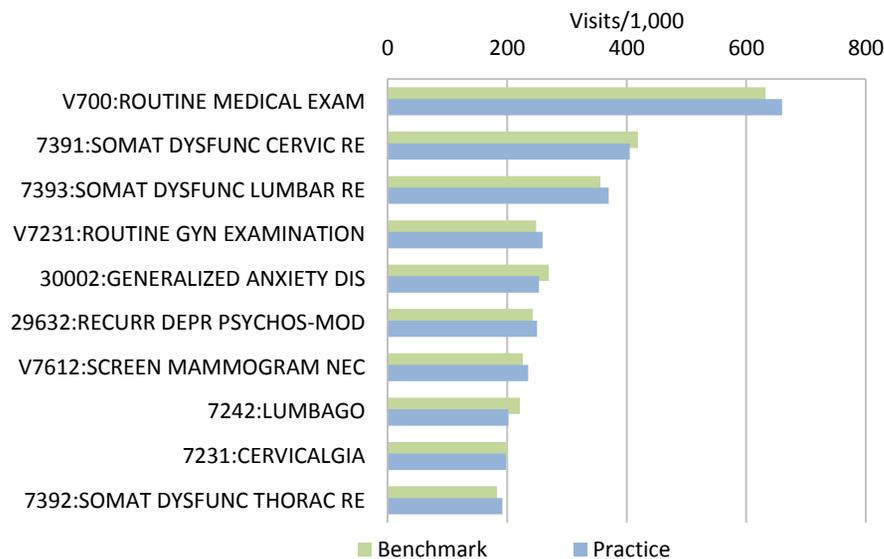
Emergency Department Visits by Quarter



Radiology Dashboard (OP Facility & Professional Services)

	Practice	BM	TCI	RUI
	Adj. PMPM	PMPM		
MRI	\$7	\$9	0.82	0.84
CT	\$11	\$12	0.91	0.84
Standard (X-Ray)	\$14	\$15	0.92	0.92
Echo/Ultrasound	\$7	\$8	0.89	0.95
Other Radiology	\$3	\$5	0.59	0.78
<i>Summary</i>	\$42	\$49	0.87	0.88

Top 10 Primary Diagnoses for Outpatient Facility & Professional Visits



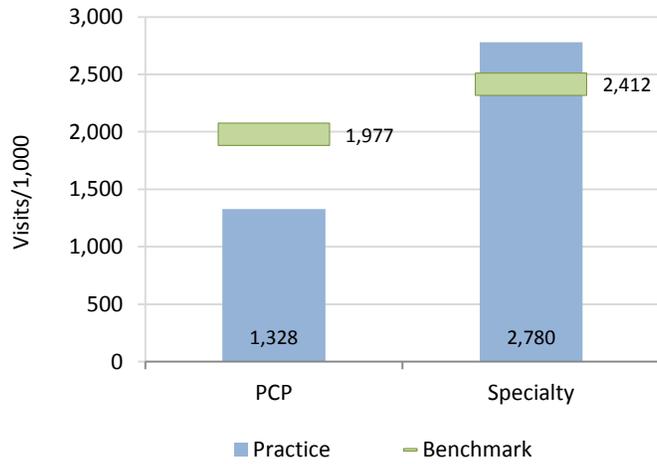
Patients with Multiple Imaging per Year

	Patient Count		% of Total Patients	
	Practice	BM	Practice	BM
MRI (2+ visits)	11	11	0.8%	1.0%
CT (2+ visits)	11	11	0.8%	1.2%

FICTIONAL FAMILY PRACTICE

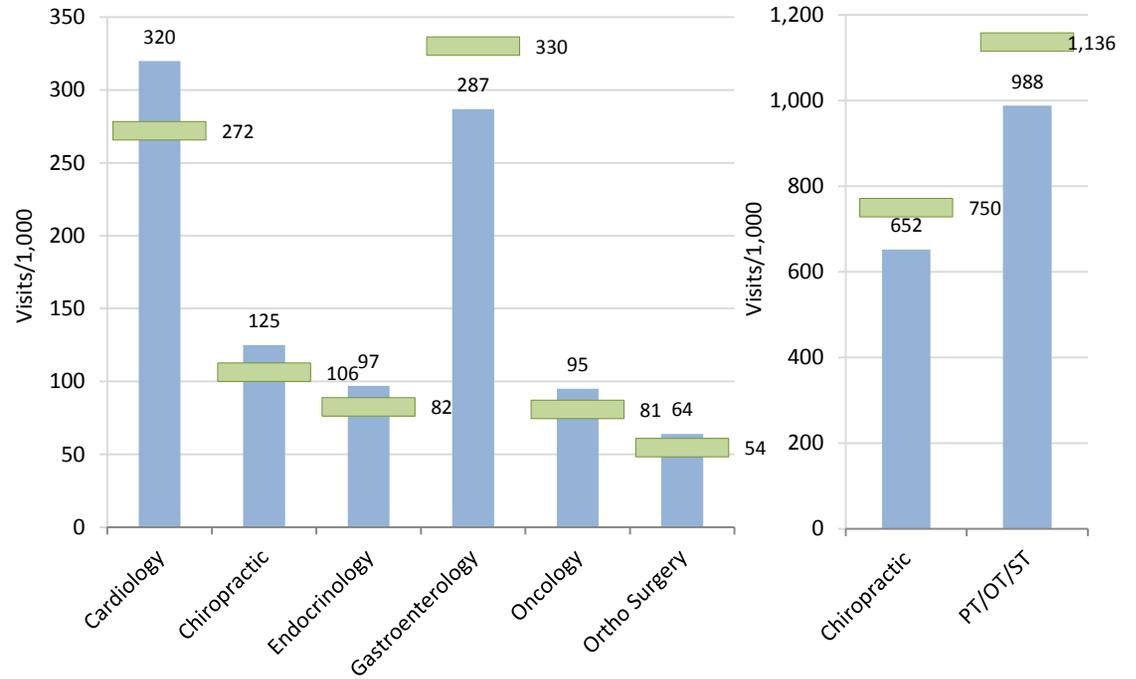
Commercially insured adult (age 18-64) population; claims incurred July 2011 – June 2012, with 3 months run-out. Generated 20130415.

Evaluation & Management: Primary & Specialty Care Utilization



	Practice	BM
PCP	32%	45%
Specialist	44%	40%

Specialist Utilization



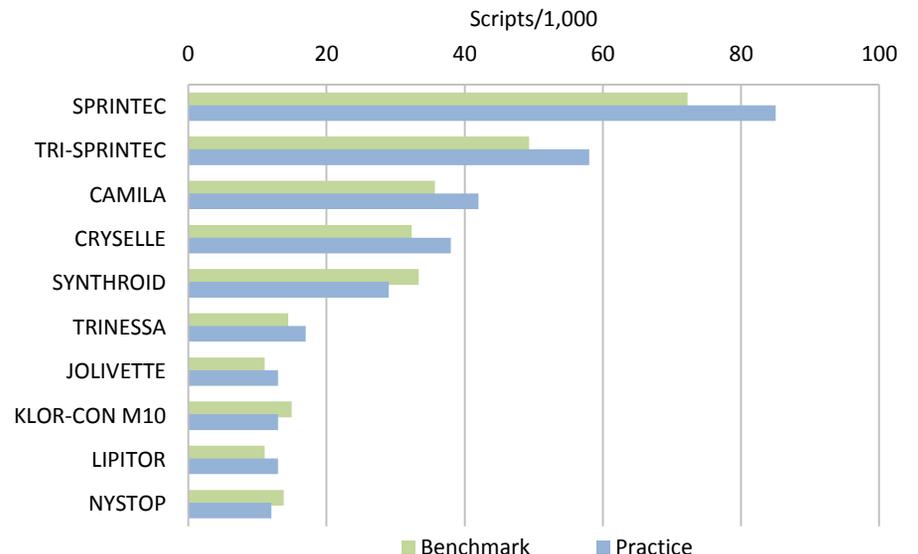
Pharmacy by Service Category

	Adj PMPM*		TCI	RUI
	Practice	BM		
Brand	\$56	\$63	0.88	0.87
Brand w/Genric Equiv.	\$4	\$3	1.42	1.18
Generic	\$26	\$25	1.03	1.03
Non-Drug Item	\$2	\$2	1.35	1.28
Unknown	\$0	\$0	-	0.58
Summary	\$88	\$93	0.94	0.95

Pharmacy Utilization

	Practice	BM
Days Supply/1,000	501,458	479,621
Scripts/1,000	10,181	8,690
%Generic Scripts	76.5%	81.0%

Top 10 Multi-Source Brand Medications with Generic Equivalents



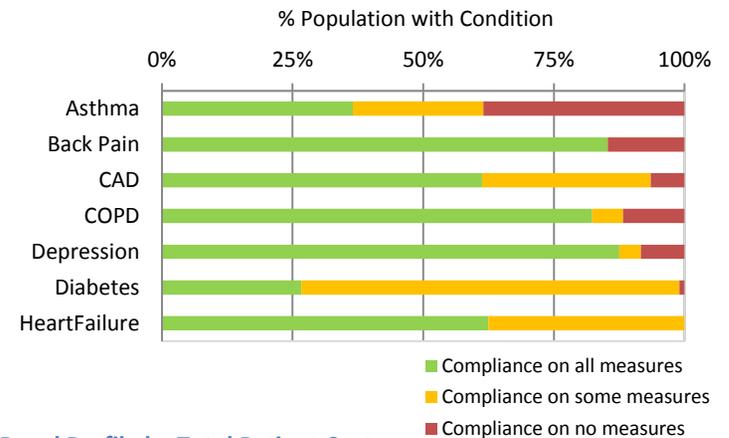
FICTIONAL FAMILY PRACTICE

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Chronic Conditions: Patient Summary

Condition	Practice			Benchmark		Allowed/Patient Index ¹	
	Patients	Prevalence	Adj. Allowed/Patient	Prevalence	Allowed/Patient	Cost Index	Resource Index
Asthma	98	7.3%	\$10,303	7.5%	\$10,232	1.01	0.92
Back Pain	259	19.2%	\$9,424	15.4%	\$10,843	0.87	0.80
CAD	51	3.8%	\$19,228	2.7%	\$24,580	0.78	0.76
COPD	28	2.1%	\$13,845	1.3%	\$18,963	0.73	0.72
Depression	178	13.2%	\$12,354	12.7%	\$10,655	1.16	1.05
Diabetes	120	8.9%	\$16,439	6.8%	\$18,104	0.91	0.83
HeartFailure	7	0.5%	\$35,885	0.5%	\$61,038	0.59	0.81
Hypertension	300	22.4%	\$10,548	19.4%	\$12,885	0.82	0.84
Hyperlipidemia	165	12.4%	\$10,052	14.8%	\$10,658	0.94	0.81
Obesity	77	5.7%	\$10,342	5.5%	\$13,024	0.79	0.82

Care Management Compliance Summary



Comparing risk-adjusted allowed per patient costs against the benchmark may help identify opportunities for reducing the costs of managing various clinical conditions.

The allowed per patient cost & resource indexes can then be used to compare potential drivers (cost per service or services per patient) of the differences in allowed per patient.

Panel Profile by Total Patient Cost

Total Patient Cost	% Patients		% Allowed	
	Practice	BM	Practice	BM
\$0	3%	3%	0%	0%
\$0-\$1k	29%	32%	2%	2%
\$1-\$5k	40%	40%	16%	15%
\$5-\$30k	23%	22%	46%	39%
\$30-\$50k	2%	2%	15%	12%
\$50-\$100k	1%	1%	15%	13%
\$100k+	0%	1%	6%	19%

High Cost Claimant² Overview

	Practice	BM
Unique Patients	4	87
Avg. Allowed/Patient	\$125,585	\$199,026

High Cost Claimant Utilization

	Practice		BM	
	Count	% Total	Count	% Total
Total IP Admits	8.0	11%	181.0	20%
Total ED Visits	4.0	2%	74.0	2%
Total PR Visits	515.0	2%	9,406.0	4%
Total Rx Scripts	190.0	1%	3,228.0	3%

Leading Diagnoses among High Cost Claimants

Leading ICD9 Diagnosis	Allowed/Patient	% Total IP Admissions	% Total ER Visits
585 CHRONIC RENAL FAILURE	\$156,998	0%	0%
277 OTH & UNS DISORDERS OF METABOLISM	\$127,106	13%	0%
250 DIABETES MELLITUS	\$117,822	63%	75%
571 CHRONIC LIVER DISEASE AND CIRRHOSIS	\$100,413	25%	25%

Summary

100% 100%

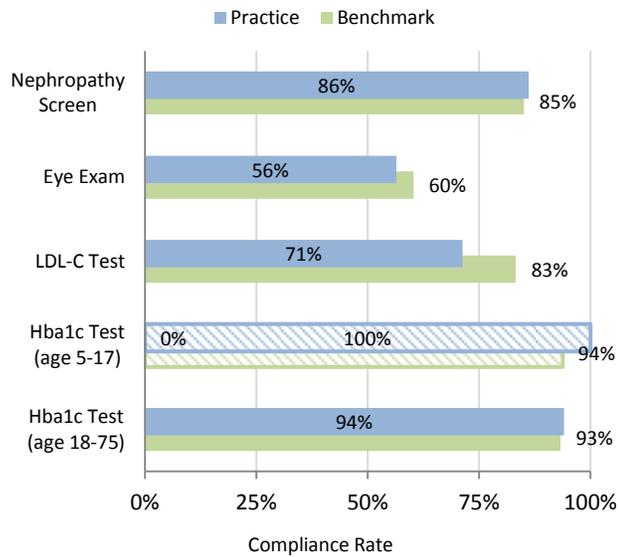
¹Allowed/Patient Index: The total cost or resource use for a patient with the condition on the row. Benchmark = 1.0.

²High Cost Claimant refers to patients with >\$100k in medical & pharmacy spend in the reporting period.

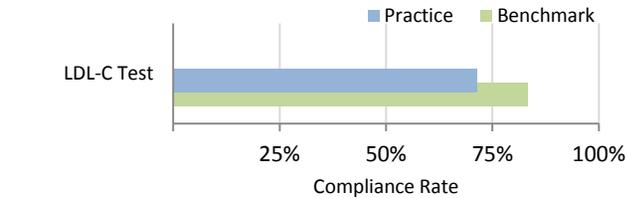
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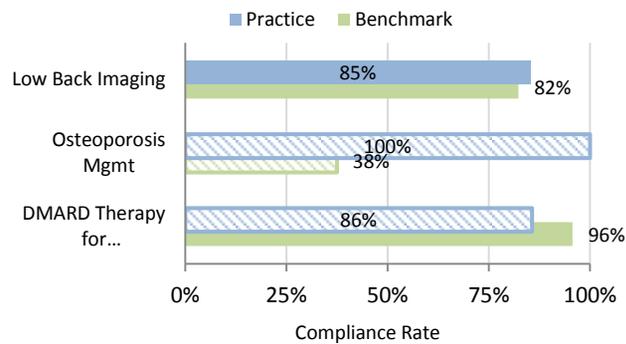
Comprehensive Diabetes Care



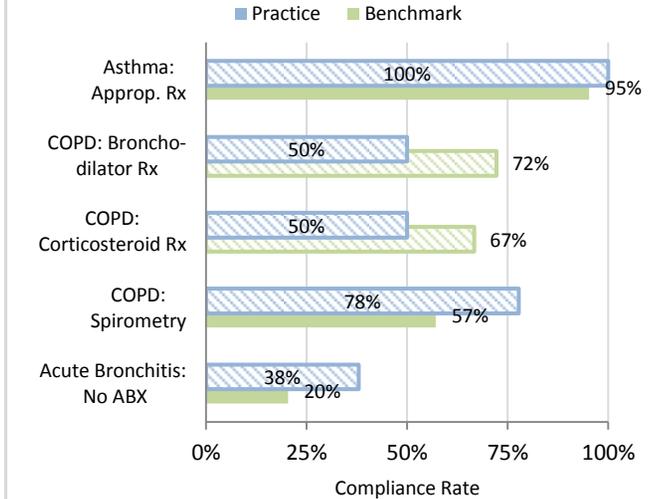
Cardiovascular Conditions



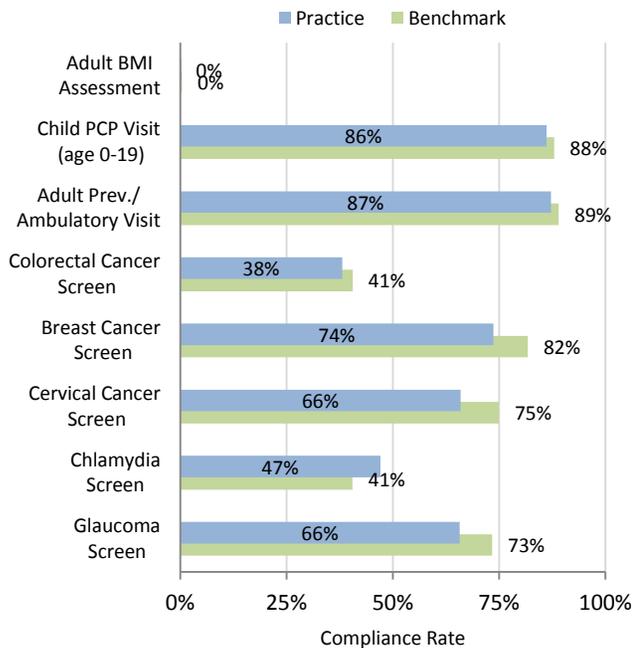
Musculoskeletal Conditions



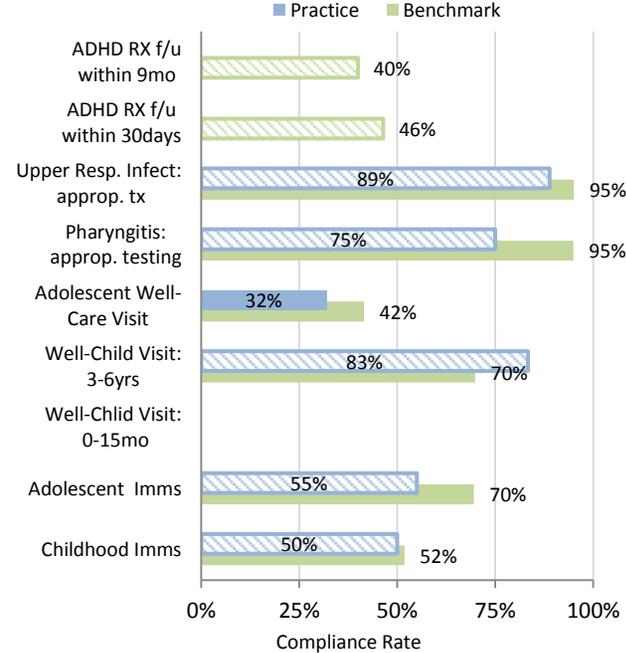
Respiratory Conditions



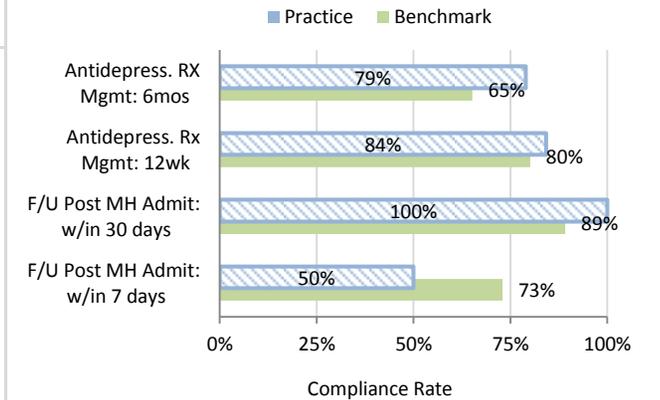
Prevention & Screening



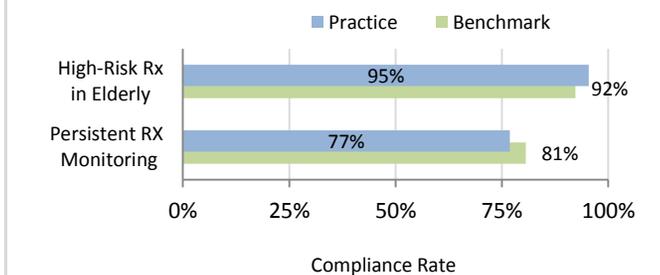
Pediatric/Well-Care Visits



Behavioral Health



Medication Management



FICTIONAL FAMILY PRACTICE

Admission	Admission	Total Admissions
	Acute Admission	Short-term inpatient medical or surgical care for urgent or emergent medical conditions.
	Non-Acute Admission	Long-term inpatient care, such as nursing or rehabilitation.
	ACSC Admission	Ambulatory Care Sensitive Admission. See below for more detail.
Age Gender Index	A numeric factor that measures the expected cost deviation of a population from that of a benchmark population based on their age and sex. In this report, the age gender index for the benchmark population is 1.0. Practices with an index greater than 1.0 have a higher expected cost based on the age and gender of their panel.	
Allowed PMPM	Total amount (combined plan and member payments) reimbursed to providers for care received by the panel, divided by the number of eligible member months for the panel.	
ACSC	Ambulatory Care Sensitive Conditions (AHRQ Prevention Quality Indicators (PQIs)) are conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital. See http://www.qualitymeasures.ahrq.gov/ for more information.	
Benchmark	The Benchmark is based on the Peer Group. The peer group is composed of all the practices participating in the Primary Care Medical Home Pilot with at least 200 patients in their panels in the report cohort.	
Chronic	The following are considered Chronic Conditions for this report: Asthma, CAD, COPD, Diabetes, Heart Failure, Hyperlipidemia, Hypertension, Obesity. Conditions are defined by presence of relevant diagnosis codes and/or medications during the reporting period or the year prior to the reporting period.	

Data Compilation The Maine Health Management Coalition contracts with Health Data & Management Solutions to process commercially-insured data from the Maine Health Data Organization. Data includes administrative claims data, including enrollment data (demographics, eligibility), claims data (medical, pharmacy), and provider data (demographics, specialty, group affiliations). Maine Health Management Coalition performs extensive quality and validity checks prior to releasing data.

ED Visits	ED Visits	Total Emergency Department Visits
	Chronic ED	Primary diagnosis is a Chronic Condition
	ACSC ED	Primary diagnosis is an Ambulatory Care Sensitive Condition
	Frequent ED	Patients with greater than 2 ED visits in the reporting period.

Multiple Imaging Patients with greater than 2 MRIs and/or CTs in the reporting period.

Patient Panel Patients are attributed to a provider's panel based on the frequency and timing of face-to-face patient encounters. In cases where ties occur, patients are attributed to the provider seen most recently. Providers and their panels are then assigned to a specific practice. To be attributed to provider panels, patients must have at least 9 months of medical eligibility/coverage within the reporting period.

For comparability of reports, patient panels are separated into cohorts. Practices will receive a report for each cohort for which they have at least 200 patients. Only practices who receive a report are included in the benchmark for that report. The cohorts are: Pediatric, Medicaid (age <18); Pediatric, Commercial (age <18); Adult, Medicaid (age 18-64); Adult, Commercial (age 18-64); Adult, Medicare (age 65 and over). Providers with panels of sufficient size in multiple cohorts will receive multiple reports.

FICTIONAL FAMILY PRACTICE

Pharmacy Service Categories	Brand	Single and Multi-Source Brand medications that do not have a generic equivalent available.
	Multi-Source Brand with generic equivalent	Medications that are available from more than one manufacturer. These always have at least one generic equivalent alternative available.
	Generic	A medication product that is comparable to a brand/reference listed drug product in dosage, form, strength, route of administration, quality and performance characteristics, and intended use.
	Non-Drug Item	Pharmacy-related medical supplies (test strips, pumps, etc.)
	Unknown	Medication type not specified
OP Facility & Professional Service Cat.		Professional and Outpatient Claims are grouped into Berenson Eggers Type of Service (BETOS) codes. The BETOS Coding system was developed primarily for analyzing the growth in Medicare expenditures. The coding system covers all HCPCS/CPT codes; assigns a HCPCS/CPT code to only one BETOS code; consists of readily understood clinical categories (as opposed to statistical or financial categories); consists of categories that permit objective assignment; is stable overtime; and is relatively immune to minor changes in technology or practice patterns. FMI see http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/downloads/betosdescodes.pdf
Peer Group		The peer group is composed of all the practices participating in the Primary Care Medical Home Pilot with at least 200 patients in their panels in the report cohort.

Primary Care	The following specialties are considered Primary Care: Family Medicine/Practice, Internal Medicine, Geriatrics, Pediatrics. Nurse Practitioners and Physician Assistants are also included.
Radiology Dashboard	The Radiology categories are defined by BETOS (see OP Facility and Professional Service Cat. above).
Readmission	Total number of readmissions as defined by NCQA HEDIS Plan All-Cause Readmission Measure (HEDIS PCR). For individuals age 18 and over, define a readmission as any acute inpatient stay for any diagnosis that occurred within 30 days of an acute discharge. Total readmission rate and readmission rate following a discharge for an ambulatory care sensitive condition are reported.
Retrospective Risk Score	Retrospective Risk reflects the expected cost of the panel based on the panel's disease burden.
RUI: Resource Use Index	Resource Use Index reflects the amount of healthcare delivered to the practice's panel during the reporting period, relative to the benchmark. It is not based on actual reimbursement amount, but instead uses a standard amount for each service across delivering providers. It is adjusted for Retrospective Risk (see above). It is intended to be used in conjunction with the Total Cost Index. These measures were developed by HealthPartners in 2004. Because the resource use index is independent of price, it can be used to compare providers, hospitals, physicians and health plans to their peers on efficiency of resource use in treating like-conditions. FMI: http://www.healthpartners.com/public/tcoc/

FICTIONAL FAMILY PRACTICE

Specialist Utilization Specialists are determined through use of CMS Taxonomy codes. Rate of evaluation and management visits by specialists is included in this report. This includes all non-primary care medical specialties that billed for an evaluation and management visit (see Primary Care above).

TCI: Total Cost Index The Total Cost Index is the total amount of reimbursement to providers for care provided to the practice's panel during the reporting year compared to the Benchmark (average for all the patients in the cohort for all practices receiving a report). It is adjusted for the Retrospective Risk (see above). It is intended to be used in conjunction with the Resource Use Index.

These measures were developed by HealthPartners in 2004.

FMI: <http://www.healthpartners.com/public/tcoc/>

Quality Measures

Quality measures are reported regardless of patient cohort size. Measures that apply to fewer than 30 patients in the cohort are displayed differently to indicate that reliable statistics are not available.

Cardiovascular Conditions

Cholesterol Management Percentage of individuals 18-75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the first 10 months of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had LDL-C screening in the measurement year. (HEDIS CMC)

Comprehensive Diabetes Care

Eye Exam Percentage of individuals 18-75 years of age with diabetes (type 1 OR type 2) who had an eye exam (retinal) performed. (HEDIS CDC)

A1C Screening Percentage of individuals 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c testing. (HEDIS CDC)

Percentage of individuals 5-17 years of age with diabetes (type 1 or type 2) who had HbA1c testing. (MaineCare)

LDL Screening Percentage of individuals 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C screening. (HEDIS CDC)

Nephropathy Screening Percentage of individuals 18-75 years of age with diabetes (type 1 or type 2) who had medical attention that would detect nephropathy. (HEDIS CDC)

Medication Management

Monitoring for Persistent Medications Total rate of individuals 18 years of age and older with 180 days of one of four specified medications (ACE/ARB, Anticonvulsants, Diuretics, Digoxin) who had a therapeutic monitoring event within the measurement year. Total rate (the sum of the four numerators divided by the sum of the four denominators). (HEDIS MPM)

High-Risk Medications in Elderly Percentage of Medicare members 65 years of age and older who received 1 or 2 different high risk medications. A lower rate represents better performance. (HEDIS DAE)

Mental Health

Follow up after Mental Health hospitalization Percentage of discharges for individuals 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Report those with follow-up within 7 days, and within 30 days of discharge. (HEDIS FUH)

Note: Mental health is not uniformly represented in the MHDO data across payers. This impacts overall apparent compliance rates and behavioral health PMPM. Differences in benefit packages as well as population management carve outs are seen as ongoing challenges to receiving quality mental health claims.

FICTIONAL FAMILY PRACTICE

Mental Health, continued

Antidepressant medications Percentage of adults 18 year of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication for at least 12 weeks (acute), and who remained on the medication treatment 6 months (continuation). (HEDIS AMM)

Note: Mental health is not uniformly represented in the MHDO data across payers. This impacts overall apparent compliance rates and behavioral health PMPM. Differences in benefit packages as well as population management carve outs are seen as ongoing challenges to receiving quality mental health claims.

Musculoskeletal Conditions

Drug Therapy in Rheumatoid Arthritis Percentage of individuals 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug. (HEDIS ART)

Osteoporosis Management Percentage of women age 67 years and older who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat or prevent osteoporosis in the 6-months following the fracture. (HEDIS OMW)

Use of Imaging Studies for Low Back Pain Percentage of individuals 18-50 years of age with a primary diagnosis of low back pain who did NOT have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis. (HEDIS LBP)

Pediatric/Well-Care

ADHD Medication Follow-up Percentage of children newly prescribed ADHD medications who had at least 3 follow-up care visits within a 10 month period, one of which was within 30 days of when first medication dispensed, two of which were in the following 9 months. (HEDIS ADD)

Note: Mental health is not uniformly represented in the MHDO data across payers. This impacts overall apparent compliance rates and behavioral health PMPM. Differences in benefit packages as well as population management carve outs are seen as ongoing challenges to receiving quality mental health claims.

Pediatric/Well-Care, continued

Adolescent Immunizations The percentage of adolescents 13 years of age who had 1 dose of meningococcal vaccine and 1 T-Dap or Td by their 13th birthday. (HEDIS IMA)

Note: The Maine Immunization Program supplies numerous vaccinations for free. FMI please see <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/free-vaccine.shtml>. Vaccinations with no cost are not included within the MHDO data. Vaccination monitoring measures may under-report the true number of vaccinations.

Childhood Immunizations The percentage of children 2 years of age who had 4 DTap, 3 IPV, 1 measles, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 2 HepA, 2-3 rotavirus, and 2 flu vaccines by the 2nd birthday. (HEDIS CIS)

Note: The Maine Immunization Program supplies numerous vaccinations for free. FMI please see <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/free-vaccine.shtml>. Vaccinations with no cost are not included within the MHDO. Vaccination monitoring measures may under-report the true number of vaccinations.

Upper Respiratory Treatment Percentage of children 3 months- 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription. (HEDIS URI)

Testing for Pharyngitis Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode. (HEDIS CWP)

Well Visit: 0-15 months Percentage of children who had 6 or more well-child visits in first 15 months of life. (HEDIS W15)

Well Visit: 3-6 years Percentage of children age 3-6 who received one or more well-child visits with a PCP. (HEDIS W34)

Well Visits: Adolescent Percentage of individuals age 12-21 who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner. (HEDIS AWC)

FICTIONAL FAMILY PRACTICE

Preventive Care

Adult BMI Assessment	Percentage of adults 18-74 who had an outpatient visit and who had their BMI documented. (HEDIS ABA)
Adult Preventive Care Access	Percentage of members 20 years and older who had an ambulatory or preventive care visit. (HEDIS AAP)
Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer. (HEDIS BCS)
Cervical Cancer Screening	Percentage of women 21-64 years of age who had one or more Pap tests to screen for cervical cancer. (HEDIS CCS)
Children Primary Care Access	Percentage of children 12 months-19 years of age who had a visit with a PCP. (HEDIS CAP)
Chlamydia Screening in Women	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for Chlamydia during the measurement year. (HEDIS CHL)
Colorectal Cancer Screening	Percentage of individuals 50-75 years of age who had appropriate screening for colorectal cancer. (HEDIS COL)
Glaucoma Screening	Percentage of Medicare members 65 and older with no prior diagnosis of glaucoma who had a glaucoma eye exam. (HEDIS GSO)

Respiratory Conditions

Appropriate Asthma Medications	Percentage of individuals 5-50 years of age who were identified as having persistent asthma and who were appropriately prescribed medication. (HEDIS ASM)
Treatment of Acute Bronchitis	Percentage of individuals 18-64 years of age with a diagnosis of acute bronchitis who were NOT dispensed an antibiotic prescription on or within three days after the episode date. (HEDIS AAB)
Spirometry Testing	Percentage of individuals 40 years of age and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis. (HEDIS SPR)
Mgmt. of COPD Exacerbation	Rate of COPD exacerbations (acute inpatient discharge or ED encounter) for individuals 40 years of age and older with appropriate follow up medication. Report percent who were dispensed a systemic corticosteroid within 14 days of the event and percent dispensed a bronchodilator within 30 days of the event. (HEDIS PCE)