Managing Risk: Considerations for Community Health Centers

Community Health Institute
May 12, 2011
Risk/Payment Structures: A CFO’s Perspective

Presented by Charley Goheen
Chief Financial Officer

nhp.org
**RISK:**

“Probability or threat of a damage, injury, liability, loss or negative occurrence caused by external or internal vulnerabilities and which may be neutralized through pre-meditated action”

**REWARD:**

“Incentive to support and reinforce desirable behavior”

source: BusinessDictionary.com
Approximately 92 cents of every premium dollar is used to purchase Health Care Services for all CHC Members
How do health plans manage risk/costs?

- Actuarial
- Underwriting
- Provider contracting
- Medical management
- Financial analysis/action
- Benefits
- Reinsurance
- Reserves
## CFO Perspective

<table>
<thead>
<tr>
<th>Fee for Service</th>
<th>Capitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of operation</td>
<td>PCP Coverage</td>
</tr>
<tr>
<td>Number of providers</td>
<td>Unit costs of referral network</td>
</tr>
<tr>
<td>Number of RVUs</td>
<td>Days/1000</td>
</tr>
<tr>
<td>Reimbursement per unit</td>
<td>Costs PMPM</td>
</tr>
<tr>
<td>Billing system</td>
<td>Reporting systems</td>
</tr>
<tr>
<td>Accounts receivable/cash</td>
<td>Relationship with medical director</td>
</tr>
<tr>
<td>In house operating expense</td>
<td>Adequacy of reserves</td>
</tr>
</tbody>
</table>
What has changed over the past 20 years?

Biggest change: Acceptance that the current fee for service system is broken!
# Average Number of Physician Visits

Medicare Enrollees last 6 months of life

<table>
<thead>
<tr>
<th><strong>U.S. News and World Report Honor Roll Academic Medical Centers</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UCLA Medical Center</td>
<td>52.1</td>
</tr>
<tr>
<td>New York-Presbyterian Hospital</td>
<td>42.5</td>
</tr>
<tr>
<td>Massachusetts General Hospital</td>
<td>42.0</td>
</tr>
<tr>
<td>Cleveland Clinic</td>
<td>32.1</td>
</tr>
<tr>
<td>UCSF Medical Center</td>
<td>30.4</td>
</tr>
<tr>
<td>Johns Hopkins Hospital</td>
<td>29.8</td>
</tr>
<tr>
<td>Barnes Jewish Hospital</td>
<td>29.5</td>
</tr>
<tr>
<td>Mayo Clinic (St. Mary’s Hospital)</td>
<td>23.8</td>
</tr>
<tr>
<td>Duke University Hospital</td>
<td>23.3</td>
</tr>
<tr>
<td>University of Washington Med. Center</td>
<td>22.6</td>
</tr>
</tbody>
</table>

*New York University Hospital = 76.2*

The Dartmouth Atlas of Health Care 2006
### Utilization Efficiencies

#### NATIONWIDE AVERAGE ASSUMPTIONS

<table>
<thead>
<tr>
<th>Medical Utilization per 1000</th>
<th>July 1, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Facility -- Non-Maternity</strong></td>
<td>Well Managed</td>
</tr>
<tr>
<td>Medical</td>
<td>529.3 days</td>
</tr>
<tr>
<td>Surgical</td>
<td>296.8 days</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>11.5 days</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Abuse</td>
<td>1.0 days</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>838.6 days</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>872.4 days</td>
</tr>
<tr>
<td><strong>Inpatient Facility – Total</strong></td>
<td>1,711.0 days</td>
</tr>
</tbody>
</table>
Lessons learned:

- Start small and ensure initial success
- Work with health plans to provide complementary value. There are not enough funds available to provide duplicative services.
## Likely Payer – ACO Provider Roles

<table>
<thead>
<tr>
<th>FUNCTIONS</th>
<th>Provider/Today</th>
<th>Provider/Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing/Product Development/ Sales</td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>Account Management/Billing/Reporting</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Insurance Operations (actuarial, claims, enrollment, member services)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Insurance</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Regulatory Compliance</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Data Management/Reporting</td>
<td>5%</td>
<td>50%</td>
</tr>
<tr>
<td>Network Management (reimbursement methods, participation, credentialing)</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Quality Management (disease mgt, wellness, case management, quality report cards/HEDIS)</td>
<td>5%</td>
<td>75%</td>
</tr>
<tr>
<td>Utilization Management</td>
<td>0%</td>
<td>90%</td>
</tr>
<tr>
<td>Care Delivery</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Lessons learned:

- Financial incentives alone are not the answer
- Many providers have tried unsuccessfully more than once to succeed under capitation
- Strong leadership and buy in at the top are critical. The clear vision and strategy needs to permeate the entire organization. The key processes, compensation systems, investments, culture and technology all need to support the strategy.
- Old behaviors have been institutionalized and will take time to change
- Be careful whom you allow in the network
Fundamental Principle

Assume enough risk/reward to drive fundamental change, but make sure that you can eventually fall asleep at night.
Lessons learned:

- Incentives which are correctly aligned at the risk unit level may not matter if the incentives at the physician level are not correct.

- Dividing up the money is a thankless job and is not for the faint of heart.

- Selection/Selection/Selection.

- Risk arrangements are complicated. There is value in simplicity.

- You never have enough information.
Lessons learned:

- Much harder to assume risk in an environment when premiums are constrained
- More risk = more control
- Much of the work needed to ensure success is blocking and tackling.
- The status quo is not an option
- The market will value quality and efficiency.
Health Plan/ACO Sharing of Care Management Resources

Presented by Paul Mendis, MD
Chief Medical Officer

nhp.org
About Harvard Vanguard Medical Associates

- Non-profit, multi-specialty medical group practice
- 21 medical offices across eastern Massachusetts
- 625 physicians and 1,000 other healthcare professionals
- 480,000 patients served annually
- Medical teams coordinate patients’ care accessing a linked, state-of-the-art electronic medical record system
- 40+ year mission to practice patient-centered care, seeking to know and care for patients as individuals, offering compassionate care that respects their unique needs
- Endeavor to be good stewards of resources in order to extend care charitably, efficiently, and more broadly to communities served
- NHP exclusive Medicaid Managed Care Plan
  - 21,500 patients, $90M global budget
Building an ACO for Medicaid

- Shared commitment to serving Medicaid population begins with leaders
- Shared commitment to improving cost performance by improving quality and coordination of care
- Shared risk aligns incentives better than good intentions
- Joint care management activities alone did not effectively control costs
Reason for Action: Lots of services – Little integration

NHP Programs & Resources
• Medical Care Management
• Social Care Management
• BH Care Management
• Community Medical Alliance
• Disease Management
• Pharmacy Program
• Integrated case reviews

Patients and Families

Primary Care APC/RN Team

Specialty Care

Harvard Vanguard Medical Associates

Various DM Programs COPD, Anticoag ESRD

Complex Chronic Care

Case Management

ECF

VNA

Hospital

Home

Specialty Care

Neighborhood Health Plan
Your health. Our promise.
New Paradigm Evolved to Better Manage Costs

- Risk share adjusted
- Specialty referral requirement reinstated
- Approach to care management retooled
- Behavioral health brought under the tent
Refining Care Management Activities

- Point person for care management identified at each high Medicaid volume HVMA practice (6)
- Joint care management meetings established to refine processes and approach to individual patients
- Data shared between contacts: NHP Comprehensive Member Profile and HVMA Epic notes
Coordinated Care Management: Implementation of CCT workflow

- Harvard Vanguard Multidisciplinary Care Coordination Teams (CCT):
  - Medical CM, SW, BH
  - Administrative Support
  - Coordination with Primary Care
  - Data Analytics
- Real Time NHP Involvement
  - Review Harvard Vanguard members
  - Participate telephonically in CCT meetings
  - Serve as direct contact for referrals and consultation
- Focus on high risk/complex members/patients
- Process for Continuous Improvement
Coordinated Care Management: New Workflows

HVMA-NHP Joint Patient Care Coordination Process (Sites w/Care Coord Teams)

Service Level Agreements (SLA):
1. Research Names: NHP = 3 business days (minimum)
   HVMA to create a schedule matrix by site to allow for maximum turnaround time for NHP and avoid overlapping deliverable dates
2. NHP decision on CM/DM requests
   - Standard (non-urgent): 5 business days; Urgent: 1 business day
3. Outreach to member for CM/DM
   - Standard (non-urgent): 5 business days; Urgent: 1 business day
The Case for Including Behavioral Health

- High prevalence in Medicaid and CommCare
- BH diagnoses drive up to 70% of costs for RC2 population
- Can not optimally control medical co-morbidities unless BH is addressed
(Re)Establishing a Behavioral Health Focus

- All entities (NHP, HVMA, Beacon) have a financial stake in the outcomes
- Data shared to extent permitted by law
- Measures of success
  - Follow up after BH hospitalization
  - Suboxone prescribing practices
  - Use of atypical antipsychotics
  - Same day BH access
  - Repatriation of HVMA members
- HVMA BH clinician embedded at NHP
HVMA Embedded Clinician Model

- Goals:
  - Improve medical, social and BH Care Coordination
  - Liaise between NHP and Harvard Vanguard for Complex Care Members
  - Engage BH subcontractor
  - Facilitate Aftercare/Discharge Planning, focus on BH
  - Repatriate members back to Harvard Vanguard
  - Model collaborative management of Harvard Vanguard members
# Coordinated Care Management: Challenges

## HVMA
- Resources
  - Reorganizing staff
  - Engaging physicians
- Data Overload
- Understanding payer perspectives
  - Modifying “go live” expectations
- Establishing mutually beneficial workflows
- Orienting Case Management staff

## NHP
- Resources
  - Reorganizing, educating staff
  - Meetings at Harvard Vanguard
  - Adapting case review mtgs.
- Managing change internally
- Understanding provider perspectives
- Establishing mutually beneficial workflows
- Scheduling
- Orientation for Harvard Vanguard Case Management
- Documentation in CM system
Lessons for Scale and Spread

- Involvement of leaders essential
- Financial incentives must be aligned
- Responsibility for achieving outcomes is shared
- BH must be integrated and managed
- Information exchange must be systematized
Managing Risk - Health Care Analytics Considerations

Presented by Marilyn Daly, RN, MPH
Chief Information Officer
Information Technology Road Map - Strategic Direction

- Make investments in technology, software and data sharing that support the coordination, delivery and measurement of care provided

- These investments will be responsive to current and future needs including
  - Supporting ACO and PCMH initiatives with virtual Integrated Data Management System (IDM)
Re-tooling how data is accessed

- Shift from static paper reports towards dynamic online actionable data
- Cost & Utilization data- Historical
- Near real-time
  - Discharge summaries
  - Readmission alerts
  - Pharmacy utilization
- Predictive Analytics- Population profile
Phase 1- Online Integrated data management

- Implement a more robust Web portal
- Dashboards
  - Actionable data
  - Performance measures- HEDIS
  - Established Targets
- Standard Definitions/ Nomenclature

- Integrated Data Management System
  - NHP
  - Providers
Simple and standard method of managing and sharing medical information between and Payer and Provider expandable to ACOs and PCMH

PHASE I

- Commercial/CommChoice
- Medicaid/Commcare
- Beacon Data
- Medmetrics, Pharmacy Data
- MedSolutions, High Tech Radiology
- Delta Dental

NHP QNXT/CCA Systems

NHP DW

NHPNET Dashboard

Cubes

Neighborhood Health Plan
Your health. Our promise.
Dashboards

Claims Submissions Dashboard

This dashboard contains claims submission measures and data for your site and NHP as a whole.

Enter Dashboard

Healthcare Management Dashboard

This dashboard contains healthcare management measures and data for your site and NHP as a whole.

Enter Dashboard

NHPNet
Monday, May 02, 2011
Welcome Bill Nolan

Your current site selection is:
FAMILY HEALTH CENTER (1841200664)

Change Site
Patient Experience Page (2):

Member Satisfaction

**Overall Member Satisfaction Score**

<table>
<thead>
<tr>
<th>Site</th>
<th>NHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.3%</td>
<td>82.6%</td>
</tr>
</tbody>
</table>

**Member Satisfaction - Experience of Care**

- **Access & Availability (site)**
  - NHP average for all sites: 42.0%
- **Treated with respect (site)**
  - NHP average for all sites: 76.3%
- **Comprehension of Visit (site)**
  - NHP average for all sites: 67.1%
- **Adequate Time for Visit (site)**
  - NHP average for all sites: 59.3%
- **Helpful Office Staff (site)**
  - NHP average for all sites: 66.0%
Cost Management Page (1):

The image shows a finance scorecard with various metrics. The table includes columns for Prior Site, Prior NHP, Site vs NHP, Current Site, Current NHP, Site vs NHP, Site Trend, NHP Trend, and Site vs NHP. The metrics are compared between Prior Period: FY2009 and Current Period: Q1 2010.

- **PMPM Total**: Prior Site $372.94, Prior NHP $360.52, Site vs NHP 3.4%, Current Site $401.74, Current NHP $366.06, Site vs NHP 7.7%, Site Trend 1.5%, NHP Trend 6.2%.
- **Cost Per Event Total**: Prior Site $180.64, Prior NHP $173.28, Site vs NHP 4.2%, Current Site $184.20, Current NHP $168.08, Site vs NHP 9.6%, Site Trend 2.0%, NHP Trend 3.0%, Site vs NHP 5.0%.
- **Cost Per Day Total**: Prior Site $1,874.54, Prior NHP $1,955.92, Site vs NHP -4.2%, Current Site $1,369.52, Current NHP $1,974.01, Site vs NHP -30.6%, Site Trend -26.9%, NHP Trend 0.9%, Site vs NHP -27.9%.
- **Events Per 1000 Total**: Prior Site 24,774.0, Prior NHP 24,862.5, Site vs NHP -0.4%, Current Site 26,172.6, Current NHP 26,134.2, Site vs NHP 0.1%, Site Trend 5.6%, NHP Trend 5.1%, Site vs NHP 0.5%.
- **Units Per 1000 Total**: Prior Site 77,416.0, Prior NHP 91,027.3, Site vs NHP -15.9%, Current Site 93,458.1, Current NHP 95,984.4, Site vs NHP -2.6%, Site Trend 20.7%, NHP Trend 5.4%, Site vs NHP 15.3%.
- **ALOS Total**: Prior Site 5.4, Prior NHP 6.0, Site vs NHP -9.2%, Current Site 5.4, Current NHP 5.4, Site vs NHP 0.0%, Site Trend -0.8%, NHP Trend -10.0%, Site vs NHP 9.2%.
- **Days Per 1000 Total**: Prior Site 712.1, Prior NHP 826.6, Site vs NHP -13.9%, Current Site 1,045.2, Current NHP 800.4, Site vs NHP 30.6%, Site Trend 46.8%, NHP Trend 3.2%, Site vs NHP 50.0%.
Clicking on respective measures generates an associated graph.
Other clinical drilled down by event level 4
Cost Management Page (4):

Decomposition tree
Phase 2- Advanced bidirectional data sharing

- Systems to support:
  - Risk sharing
  - Global payments
- Integrated Data Warehouse
- Interactive analysis and reporting tools
- Mobile BI
- Scheduling

- Integrated Data Management System

Diagram showing interactions between NHP, Members/Patients, and Providers.
Phase 2- Advanced bidirectional data sharing

- Personal Health Record (PHR)
- Integrated Care Plan
- Predictive Analytics
- Disease Registries/Notifications/Alerts

Integrated Data Management System

NHP

Members/Patients PHR

Providers
Simple and standard method of managing and sharing medical information between and Payer and Provider expandable to ACOs and PCMH

PHASE 2

Integrated Data warehouse

NHP DW

Text

NHPNET Dashboard

Hospital Discharge Summary

Labs

EMR data

Readmission alerts

Pharmacy refills

Cubes
Panel Experience by Episode

Medical Panel - MP11100057

Patient Care Accounts by Dominant Episode

<table>
<thead>
<tr>
<th>#</th>
<th>Dominant Episode</th>
<th>Patients</th>
<th>Dominant Episode $</th>
<th>Total Patient $</th>
<th>% of Total Debit $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Osteoarthritis</td>
<td>101</td>
<td>$589,644</td>
<td>$876,331</td>
<td>10.9%</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes</td>
<td>54</td>
<td>$275,921</td>
<td>$457,141</td>
<td>5.7%</td>
</tr>
<tr>
<td>3</td>
<td>Mental Hlth - Bipolar Disorder</td>
<td>16</td>
<td>$197,655</td>
<td>$305,063</td>
<td>3.8%</td>
</tr>
<tr>
<td>4</td>
<td>Hypertension, Essential</td>
<td>72</td>
<td>$136,637</td>
<td>$287,714</td>
<td>3.6%</td>
</tr>
<tr>
<td>5</td>
<td>Pregnancy w Cesarean Section</td>
<td>14</td>
<td>$204,953</td>
<td>$248,899</td>
<td>3.1%</td>
</tr>
<tr>
<td>6</td>
<td>Cerebrovascular Disease</td>
<td>19</td>
<td>$154,911</td>
<td>$228,958</td>
<td>2.8%</td>
</tr>
<tr>
<td>7</td>
<td>Coronary Artery Disease</td>
<td>33</td>
<td>$119,969</td>
<td>$210,917</td>
<td>2.6%</td>
</tr>
<tr>
<td>8</td>
<td>Spinal/Back Disorders, Lower Back</td>
<td>32</td>
<td>$127,691</td>
<td>$195,746</td>
<td>2.4%</td>
</tr>
<tr>
<td>9</td>
<td>Multiple Sclerosis</td>
<td>3</td>
<td>$165,814</td>
<td>$170,907</td>
<td>2.1%</td>
</tr>
<tr>
<td>10</td>
<td>Infec/inflam - Skin/Subcu Tiss</td>
<td>27</td>
<td>$105,456</td>
<td>$170,465</td>
<td>2.1%</td>
</tr>
<tr>
<td>11</td>
<td>Pregnancy w Vaginal Delivery</td>
<td>13</td>
<td>$136,285</td>
<td>$158,822</td>
<td>2.0%</td>
</tr>
<tr>
<td>12</td>
<td>Cancer - Breast</td>
<td>14</td>
<td>$92,501</td>
<td>$154,943</td>
<td>1.9%</td>
</tr>
<tr>
<td>13</td>
<td>Rheumatoid Arthritis</td>
<td>10</td>
<td>$126,210</td>
<td>$143,991</td>
<td>1.8%</td>
</tr>
<tr>
<td>14</td>
<td>Cholecystitis/Cholelithiasis</td>
<td>10</td>
<td>$107,228</td>
<td>$124,196</td>
<td>1.5%</td>
</tr>
<tr>
<td>15</td>
<td>Hernia/Reflux Esophagitis</td>
<td>18</td>
<td>$59,556</td>
<td>$122,388</td>
<td>1.5%</td>
</tr>
<tr>
<td>16</td>
<td>Tumors - Gynecological, Benign</td>
<td>9</td>
<td>$94,065</td>
<td>$121,852</td>
<td>1.5%</td>
</tr>
<tr>
<td>17</td>
<td>Eye Disorders, Degenerative</td>
<td>39</td>
<td>$69,791</td>
<td>$117,673</td>
<td>1.5%</td>
</tr>
<tr>
<td>18</td>
<td>HIV Infection</td>
<td>3</td>
<td>$75,907</td>
<td>$105,610</td>
<td>1.3%</td>
</tr>
<tr>
<td>19</td>
<td>Cancer - Renal/Urinary</td>
<td>7</td>
<td>$66,510</td>
<td>$104,318</td>
<td>1.3%</td>
</tr>
<tr>
<td>20</td>
<td>Arthropathies/Joint Disord NEC</td>
<td>30</td>
<td>$40,574</td>
<td>$101,958</td>
<td>1.3%</td>
</tr>
<tr>
<td>21</td>
<td>Bursitis</td>
<td>12</td>
<td>$49,754</td>
<td>$90,062</td>
<td>1.1%</td>
</tr>
<tr>
<td>22</td>
<td>Neurological Disorders, NEC</td>
<td>17</td>
<td>$48,909</td>
<td>$86,343</td>
<td>1.1%</td>
</tr>
<tr>
<td>23</td>
<td>Spinal/Back Disorders, Excl. Low</td>
<td>13</td>
<td>$52,190</td>
<td>$83,163</td>
<td>1.0%</td>
</tr>
<tr>
<td>24</td>
<td>Asthma</td>
<td>11</td>
<td>$39,792</td>
<td>$81,049</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Episodes above 1% of Total Debits: 567, $3,137,922, $4,748,381, 59.0%
Episodes below 1% of Total Debits: 483, $1,494,322, $2,556,759, 31.0%
Other Non-Grouped Debits: $804,388, 10.0%

Total: 1,050, $4,632,244, $8,043,876, 100.0%
Patient Experience by Diagnostic Episode

Understanding Patterns by Episode

Medical Panel - MP1100057

Patient Care Accounts by Patient Patients with Dominant Episode - Diabetes

<table>
<thead>
<tr>
<th>#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Member ID</th>
<th>Date</th>
<th>Total (DOLL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Burow</td>
<td>Parke</td>
<td>055554676</td>
<td>1/2/1950</td>
<td>$6,290.29</td>
</tr>
<tr>
<td>2</td>
<td>Doe</td>
<td>John</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$43,853.37</td>
</tr>
<tr>
<td>3</td>
<td>Jackson</td>
<td>Karen</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$97,034.58</td>
</tr>
<tr>
<td>4</td>
<td>Dine</td>
<td>Barry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$46,744.13</td>
</tr>
<tr>
<td>5</td>
<td>Tamer</td>
<td>Tina</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$13,265.20</td>
</tr>
<tr>
<td>6</td>
<td>Webb</td>
<td>Devon</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$16,175.22</td>
</tr>
<tr>
<td>7</td>
<td>Jones</td>
<td>Bob</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$26,165.34</td>
</tr>
<tr>
<td>8</td>
<td>Smith</td>
<td>Ralph</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>9</td>
<td>Jordan</td>
<td>Michael</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>10</td>
<td>Adams</td>
<td>George</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>11</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>12</td>
<td>Hughes</td>
<td>Felix</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>13</td>
<td>Adams</td>
<td>George</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>14</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>15</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>16</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>17</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>18</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>19</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>20</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>21</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>22</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>23</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>24</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>25</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>26</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>27</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>28</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>29</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>30</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>31</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>32</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>33</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>34</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>35</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>36</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>37</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>38</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>39</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>40</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>41</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>42</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>43</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>44</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>45</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>46</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>47</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>48</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>49</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>50</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>51</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>52</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>53</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
<tr>
<td>54</td>
<td>Harris</td>
<td>Larry</td>
<td>055554676</td>
<td>10/9/1953</td>
<td>$19,301.69</td>
</tr>
</tbody>
</table>

Total: $4,057,242
Individual Patient Experience
Member Health Record

**Member Health Record**

**Member Name:** John Doe  
**Age:** 50  
**Gender:** Male  
**Member ID:** 655654654

**Health Summary**

**Episode Duration**

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan 11</th>
<th>Dec 10</th>
<th>Oct 10</th>
<th>Sep 10</th>
<th>Aug 10</th>
<th>Jul 10</th>
<th>Jun 10</th>
<th>May 10</th>
<th>Apr 10</th>
<th>Mar 10</th>
<th>Feb 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episodes</td>
<td>72%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Disease</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benign Gastrointestinal</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Fatal Event</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Service Monthly/Count of Services**

- Inpatient Hospital
- Emergency Room
- Outpatient Surgery
- Office
- Outpatient Imaging / Radiology
- Laboratory
- Other

**Drug Name**

- Amoxicillin
- Ambien
- Atorvastatin
- Lipitor
- TriCor
- Ranexa

**Therapeutic Class**

- Antimicrobial
- Antidepressant
- Antihyperlipidemic
- Antihypertensive
- Cardiac, ACE inhibitors

**Potential Gaps in Care**

- Status
- Overview / Missing

**Service Monthly/Drug Supply**

- Jan 10
- Feb 10