Prestige Analytics Tool
Physician Instruction Manual

P2331_1706

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Prestige Analytics Tool Physician Instruction Manual

The Prestige Analytics Tool, also known as the PAT system, is a web based reporting tool which allows physicians to review member medical services and HEDIS results on demand.

System Log On and Launching Page

Website: https://phcamh.orizon360.net/

First time user: Your Prestige Orizon360 Dashboard Access Request form is used to generate your system user record. Once set up is complete, users receive an email from support@orizon360.com labeled 'Password Information – Online Analytics' and it will contain your User ID and Temporary Password. Once you launch the system you will be prompted to change your password. Follow the system instructions regarding password requirements.

Forgot password: Enter your User ID and click 'Forgot your password' link. You will receive an email from support@orizon360.com labeled 'Password Reset Online Analytics' with your temporary password.

If you have system issues contact your Prestige Health Choice Account Executive.

System Basics

Data

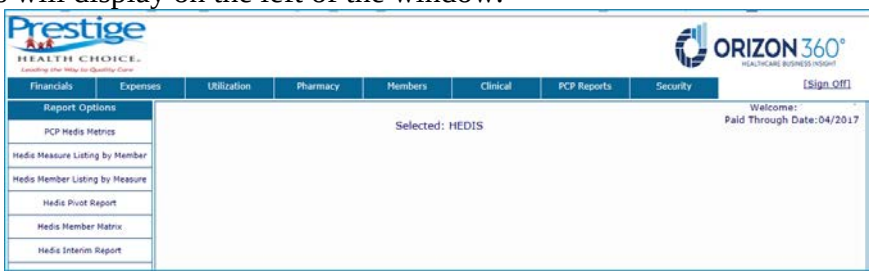
Data is loaded monthly and includes the following:

- Claims Fee for Service Costs submitted by all physicians and facilities.
- Capitation Costs: Primary Care Physicians, Specialists and third party vendors.
- Pharmacy encounters.
- Provider demographics.
- Member demographics and Primary Care Physician assignment information.
- Member services are linked to the Primary Care Physician the member is assigned to as of the month of service.
- HEDIS compliance.
    - Monthly HEDIS Interim files come from a NCQA certified system.
    - Members who qualify for specific measure along with their current compliance status.
    - Members must meet all HEDIS measure specifications in order to be counted in the measure's population, including continuous enrollment requirements.

Menu Navigation

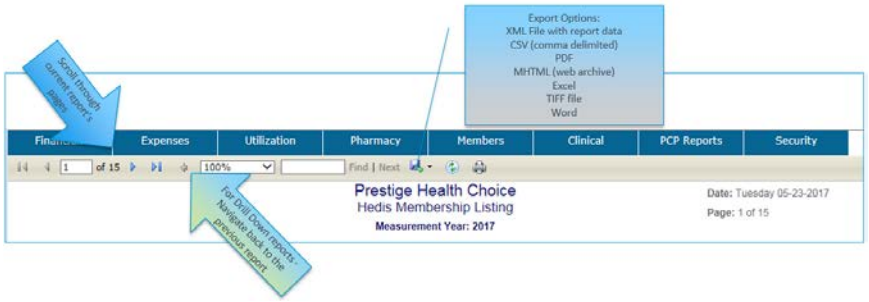
Menus are located along the top row and organized by Report Categories.

- Unavailable Menus will display You Are Not Authorized to This Menu Option.
- A menu may have sub-menus to choose from, select the sub-menu to see the reports available.
- Reports will display on the left of the window.



Report Navigation

- Pages can be scrolled through by using the forward, backward icons, or by selecting a page number.
- Reports can provide more detail by drilling down. Drill down features are present by either a + sign, or by a hyperlink in the report.
- For drilled down reports where the user has selected hyperlinks to report on more detailed information, select the 'Navigate back to previous report' icon to go back to the previous report. If you select the Internet Explorer's Back icon, it will lead you back to the main menu.
- Reports can be exported by clicking the Save File icon.



Report Filtering Options

Users are able to customize the information returned in a report by using the Report Filters.

Standard Available Filters: these filters are available for every report.

- Group or County Region: AHCA designated regions in Florida. See on page 88 for a map of Florida's Medicaid managed care Regions.
- County: Florida Counties. If a Group is selected, only counties in that region are displayed.
- Center: Available office locations. Selecting ALL will return an aggregate report including data for all locations.
- Consolidated Center: not applicable.
- LOB Benefit: AHCA's rate categories. Example: SSI, TANF.
- From Date: select the reports beginning month and year. Must be entered.
- To Date: select the reports ending month and year. Must be entered.

When Applicable Filters: these filters are only available on certain reports.

- Member Status: All; Active; or Terminated as of the last load date.
- Member: focus report on a member by searching by member name or Medicaid ID.
- Specialty: focus report on specific specialty services.
- PCP: focus report on a specific Primary Care Physician.
- Top Number: Focus reports on highest cost.
- Health Category: Institutional, Professional or All.
- Rolling Month: Aggregates data into 2 comparable periods for the number of rolling months selected.

- Medical Conditions: Hierarchical Condition Category (HCC) Conditions and numerous other sets of medical conditions. Claims are searched to detect if members have any of the medical codes assigned to the medical conditions.
- HEDIS Measures: the available HEDIS measures loaded into the system. Users may select more than one to report on.
- HEDIS Groups: allows for easy selection of a number of measures related to the HEDIS group. See the accompanying *Prestige PAT HEDIS Measures Group Filter* that specifies which HEDIS measures are in each set, attached at the end of this manual.

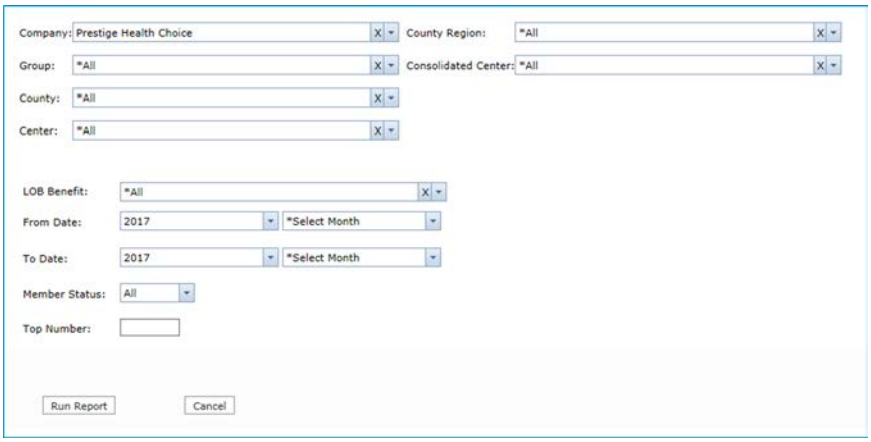


Figure 1 Example Report Filter Options

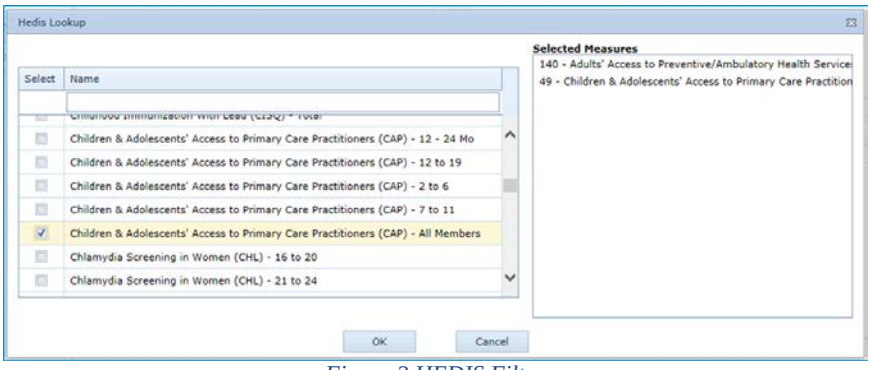


Figure 2 HEDIS Filter

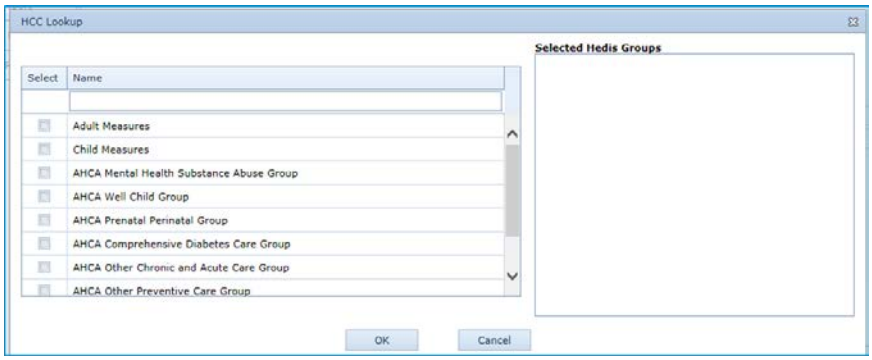


Figure 3 HEDIS Group Filter

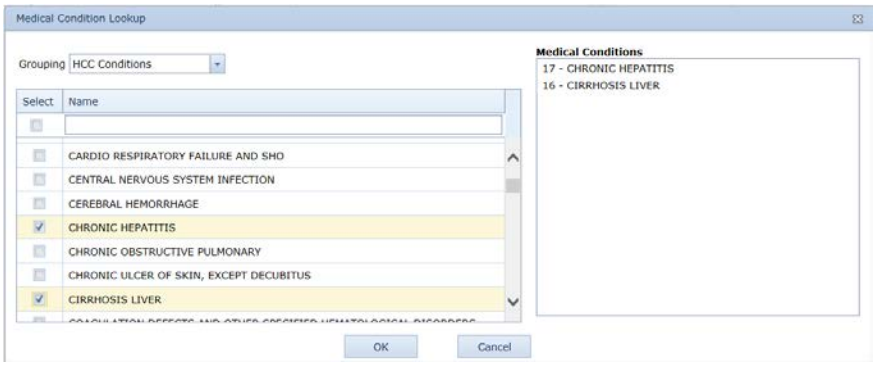


Figure 4 Medical Conditions Filter

Report Types

The PAT system contains various types of report outputs as follows.

- **Aggregate reports:** Time frame selected is summed into a single total.
- **Trend:** report will display totals by month based on the time frame selected.

- **Rolling:** Aggregates the number of rolling months selected into two comparison periods. Example: In order to compare Quarter 1 to Quarter 2, select the From Date as March 2017 and the To Date as June 2017, with Rolling Months = 3 months. The resulting report will have two columns. The March 2017 column will aggregate January 2017 to March 2017 and report it in the March 2017 column. The June 2017 column will aggregate April 2017 to June 2017 and report it in the June 2017 column.
- **Rolling/Trend:** Aggregates the number of rolling months selected into multiple comparison periods if the reporting period includes more than two months. Example: By selecting From Date as January 2017 and To Date as June 2017, with Rolling Months = 3 months, the resulting report will contain 6 columns for months January 2017 to June 2017, and each month will aggregate the previous three months of data. In other words the January 2017 column will aggregate November 2016 to January 2017 and report it in column January 2017; February 2017 column will aggregate December 2016 to February 2017 and report it in column February 2017; and so on.

Expenses Reports

The following reports are available under the Expenses menu.

Specialty Member Summary Report

Report **Specialty *Member Summary*** available under submenu: Expenses -> Specialty
The report can be further filtered by Member, Specialty, and/or Health Category
Resulting '*Member Detailed Specialty – FFS*' report drills down to: Member Claims Detail and Detail for the Claim.

Expense Type: *All

Prestige Health Choice
Member Detailed Specialty - FFS

From Date: 01-2016 **To Date:** 12-2016

Member Number	Member Name	Center Name	Amount	# of Procs
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###
##########	Last Name, First Name	Center Name - County - Location	$ ##,###.##	###

Figure 5 Member Detailed Specialty

Expense Type: *All

Prestige Health Choice
Member Claims Detail

Date: Thursday C

Page: 1 of 1

From Date: 01-2016 To Date: 12-2016

Report Selection Criteria

Member: ########## - Last Name, First Name Total Cost: $###,###.##

Claim No	Expense Type	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty Description	Expense
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Gracewood Nursing Center	SNF - Inpatient	Skilled Nursing Facility - Inpatient	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Pinellas Surgical Associates I	Hospital - Inpatient	General Surgery	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Emergency Medicine	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Critical Care	$ ##,###.##

Figure 6 Member Claims Detail

Prestige Health Choice

Detail for Claim Number:
##########

Member No: ########## - Last Name, First Name

Claim No	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty	Expense
##########	mm/dd/yyyy	mm/dd/yyyy	name	Hospital - Inpatient	Hospital - Inpatient	$###,###.##

Line No-Srv Date	Procedure Code - Description	Line Expense
5 - mm/dd/yyyy	0214-Cou/intermediate	$0.00
7 - mm/dd/yyyy	0250-Pharmacy	$0.00
8 - mm/dd/yyyy	0251-Drugs/generic	$0.00
11 - mm/dd/yyyy	0270-Med-sur Supplies	$0.00
16 - mm/dd/yyyy	0302-Immunology Tests	$0.00

Diagnostic Code	Description
A419	SEPSIS UNSPECIFIED ORGANISM
E42	UNS SEVERE PROTEIN-CALORIE MLNUTRIT
J151	PNEUMONIA DUE TO PSEUDOMONAS
J156	PNEUMONIA D/T AEROBIC GM-NEG BACT
J9602	ACUTE RESP FAIL WHYPERCAPNIA
J9621	ACUTE CHRONIC RESP FAIL WHYPOXIA
L89153	PRESS ULCER SACRAL REGION STAGE 3
N170	ACUTE RENAL FAILURE TUBULR NECROSIS
N186	END STAGE RENAL DISEASE

Figure 7 Detail for Claim Number

Claims Detail and Summary

Reports **Claims *Details by Member*** and ***Claims Summary*** are available under submenu:
Expenses -> Claims
The *Claims Details by Member* Report can be further filtered by Member, Specialty, and/or Health Category and can drill down to a *Detail for Claim Number* report. The *Claims Summary* report can be further filtered by Top Number and can drill down to *Detail for Claim Number*.

Prestige Health Choice
Claims Summary - Top 5 Most Costly

Date: Thu

Page: 1 o

From Date: 01 /2016 To Date: 12 /2016

Report Selection Criteria

Claim	Group	Center	County	Period	Amount
########	Area ##	Center Name - County - Location	County name	mm-yyyy	$###,###.##
########	Area ##	Center Name - County - Location	County name	mm-yyyy	$###,###.##
########	Area ##	Center Name - County - Location	County name	mm-yyyy	$###,###.##
########	Area ##	Center Name - County - Location	County name	mm-yyyy	$###,###.##
########	Area ##	Center Name - County - Location	County name	mm-yyyy	$###,###.##
					$ ###,###.##

Figure 8Claims Summary - Top ## Most Costly

Expense Type: *All

Prestige Health Choice
Member Claims Detail

Date: Thursday 0

Page: 1 of 1

From Date: 01-2016 To Date: 12-2016

Report Selection Criteria

Member: ########## - Last Name, First Name Total Cost: $###,###.##

Claim No	Expense Type	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty Description	Expense
##########	Institutional	mm/dd/yyyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyyy	mm/dd/yyyy	Gracewood Nursing Center	SNF - Inpatient	Skilled Nursing Facility - Inpatient	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Pinellas Surgical Associates I	Hospital - Inpatient	General Surgery	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Emergency Medicine	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Critical Care	$ ##,###.##

Figure 9 Member Claims Detail

Prestige Health Choice

Detail for Claim Number:
##########

Member No: ########## - Last Name, First Name

Claim No	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty	Expense
#########	mm/dd/yyyy	mm/dd/yyyy	name	Hospital - Inpatient	Hospital - Inpatient	$###,###.##

Line No-Srv Date	Procedure Code - Description	Line Expense
5 - mm/dd/yyyy	0214-Ccu/intermediate	$0.00
7 - mm/dd/yyyy	0250-Pharmacy	$0.00
8 - mm/dd/yyyy	0251-Drugs/generic	$0.00
11 - mm/dd/yyyy	0270-Med-sur Supplies	$0.00
16 - mm/dd/yyyy	0302-Immunology Tests	$0.00

Diagnostic Code	Description
A419	SEPSIS UNSPECIFIED ORGANISM
E43	UNS SEVERE PROTEIN-CALORIE MLNUTRIT
J151	PNEUMONIA DUE TO PSEUDOMONAS
J156	PNEUMONIA D/T AEROBIC GM-NEG BACT
J9602	ACUTE RESP FAIL W/HYPERCAPNIA
J9621	ACUTE CHRONIC RESP FAIL W/HYPOXIA
L89153	PRESS ULCER SACRAL REGION STAGE 3
N170	ACUTE RENAL FAILURE TUBULR NECROSIS
N186	END STAGE RENAL DISEASE

Figure 10 Detail for Claim

Member ER Visits

Report **Member *ER Visits Summary*** is available under submenu: Expenses -> Members
The report can be filtered by Member Status or Top Number, and can drill down to *Member ER Claims Listing.*

Prestige Health Choice
ER Visits Summary Active Members
Top 5 Members With Most Visits

Page: 1 of 1

From Date: 03-2016 To Date: 02-2017

Report Selection Criteria

Providers Selected

Carrier Name	Member No.	Member Name	Address Line1	Address Line2	City	State	Zip	Home Phone	Status	Current Center	Current PCP Name	ER Visits	Visits Cost
Prestige Health	##########	Last, First	Address	Address Line2	City	FL	#####	(###)###-####	A	Center Name - County - Location	PCP Name	##	$##,###.##
Prestige Health	##########	Last, First	Address	Address Line2	City	FL	#####	(###)###-####	A	Center Name - County - Location	PCP Name	##	$##,###.##
Prestige Health	##########	Last, First	Address	Address Line2	City	FL	#####	(###)###-####	A	Center Name - County - Location	PCP Name	##	$##,###.##
Prestige Health	##########	Last, First	Address	Address Line2	City	FL	#####	(###)###-####	A	Center Name - County - Location	PCP Name	##	$##,###.##
Prestige Health	##########	Last, First	Address	Address Line2	City	FL	#####	(###)###-####	A	Center Name - County - Location	PCP Name	##	$##,###.##
	Report Totals											##	$##,###.##

Figure 11 ER Visits Summary

Prestige Health Choice
Member ER Claims Listing

From Date: 03-2016 **To Date:** 02-2017

Report Selection Criteria

Member: ######### - Last, First Total Cost: $##,###.##
Claim: ####### Total Cost: $###.##

Svc From Date	Svc To Date	Provider Name	Procedure	Expense
mm/dd/yyyy	mm/dd/yyyy	Mease Dunedin Hospital	71020 - Chest X-ray 2vw Frontal&latl	$##.##
mm/dd/yyyy	mm/dd/yyyy	Mease Dunedin Hospital	99283 - Emergency Department Visit, Moderate	$##.##

Diagnosis Code	Description
F17210	NICOTINE DEPEND CIGARETTES UNCOMP
R05	COUGH
Z880	ALLERGY STATUS TO PENICILLIN
Z881	ALLERGY STATUS OTH ABX AGENT STATUS
Z886	ALLERGY STATUS ANALGESIC AGT STATUS
Z887	ALLERGY STATUS SERUM VACCINE STATUS
Z888	ALLERGY STATUS OTH RX MED&BIO SUBST

Claim: ###### Total Cost: $###.##

Svc From Date	Svc To Date	Provider Name	Procedure	Expense
mm/dd/yyyy	mm/dd/yyyy	Mease Dunedin Hospital	99283 - Emergency Department Visit, Moderate	$##.##
mm/dd/yyyy	mm/dd/yyyy	Mease Dunedin Hospital	J1885 - Inj Ketorolac Tromethamine 15	$##.##

Diagnosis Code	Description
F17210	NICOTINE DEPEND CIGARETTES UNCOMP
M25551	PAIN IN RIGHT HIP
M5431	SCIATICA RIGHT SIDE

Figure 12 Member ER Claims Listing

Pharmacy Reports

The following reports are available under the Pharmacy Menu.

Top Drug Costs

Report **Top *Drug Costs*** is available under submenu: Pharmacy-> Comparatives
The report can be further filtered by Top Number, and can drill down to *Pharmacy Costs for Specific Drug by PCP, and Member Listing by Drug.*

Drug Class: *All

Prestige Health Choice
Top Pharmacy Drug Costs
Top 5 Drugs

From Date: 03-2016 **To Date:** 02-2017

Report Selection Criteria

Member Months: ###,### **Average Membership:** #,###

Drug Name	Drug Type	Total Cost	Total Scripts	Cost Per Script	PMPM Cost
VIEKIRA PAK TAB	Brand	$###,###.##	16	$##.##	$#.##
ORKAMBI TAB 200-125	Brand	$###,###.##	15	$##.##	$#.##
SOVALDI TAB 400MG	Brand	$###,###.##	4	$##.##	$#.##
PROAIR HFA AER	Brand	$###,###.##	1,894	$##.##	$#.##
OPSUMIT TAB 10MG	Brand	$###,###.##	12	$##.##	$#.##
Report Total		***$###,###.##***	***1,941***	***$##.##***	

Figure 13 Top Pharmacy Drug Costs

Drug Name: VIEKIRA PAK TAB

Prestige Health Choice
Pharmacy Costs For Specific Drug by PCP

From Date: 03-2016 **To Date:** 02-2017

Report Selection Criteria

PCP Name	Mbr Months	Total Cost	Total Scripts	Cost Per Script	PMPM Cost	03/2016
Last, First	#,###	$##,###.##	3	$##,###.##	$##,##	3
Last, First	#,###	$##,###.##	1	$##,###.##	$##,##	1
Last, First	###	$##,###.##	2	$##,###.##	$##,##	2
Last, First	#,###	$##,###.##	2	$##,###.##	$##,##	2
Last, First	#,###	$##,###.##	6	$##,###.##	$##,##	6
Last, First	#,###	$##,###.##	2	$##,###.##	$##,##	2
Report Total		***$###,###.##***	***16***	***$##,###.##***		***16***

Figure 14 Pharmacy Costs for Specialty Drug by PCP

Pcp: Last, First
Drug Class: *All
Drug Name: VIEKIRA PAK TAB

Prestige Health Choice
Member Listing By Drug

From Date: 03-2016 **To Date:** 02-2017

Report Selection Criteria

Click for scripts by month

Drug Name	Members	Total Cost	Total Scripts	Cost Per Script
VIEKIRA PAK TAB		$##,###.##	3	$##,###.##
	Last, First	$##,###.##	3	$##,###.##
	Report Total	***$##,###.##***	***3***	***$##,###.##***

Figure 15 Member Listing by Drug

PCP Scripts/Costs – Drug Class

Report **PCP *Scripts/Costs – Drug Class*** is available under submenu: Pharmacy-> Drug Class
The report can drill down to *Pharmacy – Drug Costs by Member*, *Pharmacy Drug Costs by PCP*, *Pharmacy Drug Costs by Member*, and *Member Profile.*

Drug Class: *All

Prestige Health Choice
Drug Costs - Pcp by Drug Class

From Date: 02-2016 **To Date:** 01-2017

Report Selection Criteria

PCP Name	Drug Class	Total Cost	Total Scripts	Cost Per Script
Last, First		$##,###.##	#,###	$##,##
	Ambrisentan Tab 10 MG	$##,###.##	#,###	$##,##
	Valganciclovir HCl Tab 450 MG	$##,###.##	#,###	$##,##
	No Description Available	$##,###.##	#,###	$##,##
	Etanercept Subcutaneous Inj 50	$##,###.##	#,###	$##,##
	Budesonide-Formoterol Fumarate	$##,###.##	#,###	$##,##
	Insulin Glargine Inj 100 Unit/ML	$##,###.##	#,###	$##,##
	Albuterol Sulfate Inhal Aero 108	$##,###.##	#,###	$##,##
	Tiotropium Bromide Monohydrate Inhal	$##,###.##	#,###	$##,##
Last, First		$##,###.##	#,###	$##,##
	No Description Available	$##,###.##	#,###	$##,##
	No Description Available	$##,###.##	#,###	$##,##
	No Description Available	$##,###.##	#,###	$##,##
	Glatiramer Acetate Inj Kit 20 MG/ML	$##,###.##	#,###	$##,##
	Dornase Alfa Inhal Soln 1 MG/ML	$##,###.##	#,###	$##,##
	No Description Available	$##,###.##	#,###	$##,##
	Pancrelipase (Lip-Prot-Amyl) DR Cap	$##,###.##	#,###	$##,##
	Aztreonam Lysine For Inhal Soln 75	$##,###.##	#,###	$##,##
	Fluticasone-Salmeterol Aer Powder	$##,###.##	#,###	$##,##

Figure 16 Drug Costs - PCP by Drug Class

Drug Class: *All

Prestige Health Choice
Pharmacy - Drug Costs By Member

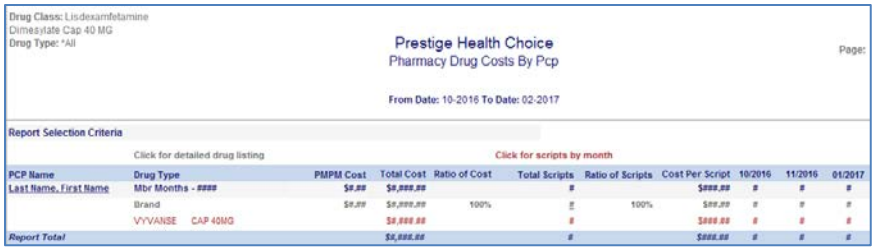
From Date: 02-2016 **To Date:** 01-2017

Report Selection Criteria

Click for scripts by month

PCP/Members	Drug Type Drug Name	Total Cost	Total Scripts	Cost Per Script
PCP: Last name, first name		$###,###.##	###	$###,###.##
#########-Member Last name, First		$##,###.##	##	$##,###.##
	Brand	$##,###.##	#	$##,###.##
	ORKAMBI TAB 200-125	$##,###.##	#	$##,###.##
	CAYSTON INH75MG	$##,###.##	#	$##,###.##
	SYMBICORT AER 160-4.5	$##,###.##	#	$##,###.##
	PROAIR HFA AER	$##,###.##	#	$##,###.##
	Generic	$##,###.##	#	$##,###.##
	URSODIOL CAP 300MG	$##,###.##	#	$##,###.##
	ALBUTEROL NEB 0.083%	$##,###.##	#	$##,###.##
	ONDANSETRON TAB 4MG ODT	$##,###.##	#	$##,###.##
	MONTELUKAST TAB 10MG	$##,###.##	#	$##,###.##
	FLUTICASONE SPR 50MCG	$##,###.##	#	$##,###.##
	SERTRALINE TAB 100MG	$##,###.##	#	$##,###.##
	OMEPRAZOLE CAP 20MG	$##,###.##	#	$##,###.##
	CALC ANTACID CHW 500MG	$##,###.##	#	$##,###.##
#########-Member Last name, First		$##,###.##	##	$##,###.##
	Brand	$##,###.##	#	$##,###.##
	ONFI SUS 2.5MG/ML	$##,###.##	#	$##,###.##
	BANZEL SUS 40MG/ML	$##,###.##	#	$##,###.##
	VIMPAT SOL 10MG/ML	$##,###.##	#	$##,###.##
	Generic	$##,###.##	#	$##,###.##
	DIVALPROEX CAP 125MG	$## ### ##	#	$## ### ##

Figure 17 Pharmacy Drug Costs by Member by selecting the PCP name on the Pharmacy Drug Costs by PCP report


Drug Class: Lisdexamfetamine
Dimesylate Cap 40 MG
Drug Type: *All

Prestige Health Choice
Pharmacy Drug Costs By Pcp

Page:

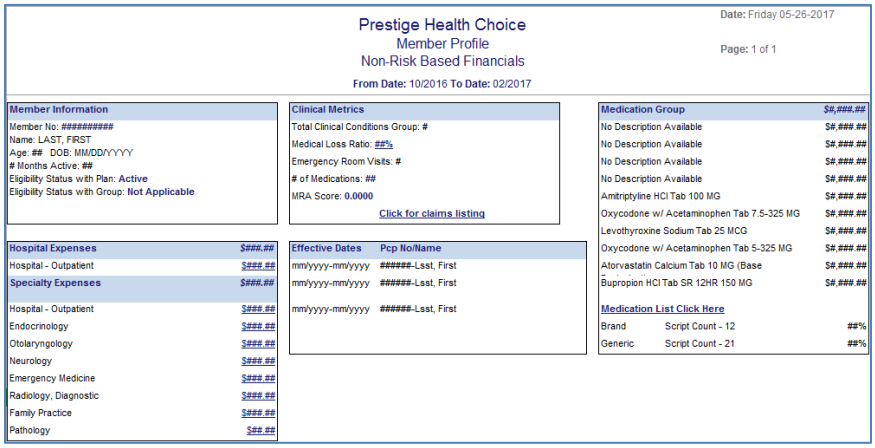
From Date: 10-2016 To Date: 02-2017

Report Selection Criteria

Click for detailed drug listing | Click for scripts by month

PCP Name	Drug Type	PMPM Cost	Total Cost	Ratio of Cost	Total Scripts	Ratio of Scripts	Cost Per Script	10/2016	11/2016	01/2017
Last Name, First Name	Mbr Months - ####	$#.##	$#,###.##		#		$###.##	#	#	#
	Brand	$#.##	$#,###.##	100%	#	100%	$##.##	#	#	#
	VYVANSE CAP 40MG		$#,###.##		#		$###.##	#	#	#
Report Total			$#,###.##		#		$###.##	#	#	#

Figure 18 Pharmacy Drug Costs by PCP – launched by clicking a drug name from the Drug Costs PCP by Drug Class Report


Prestige Health Choice
Member Profile
Non-Risk Based Financials

Date: Friday 05-26-2017
Page: 1 of 1

From Date: 10/2016 To Date: 02/2017

Member Information
Member No: #########
Name: LAST, FIRST
Age: ## DOB: MM/DD/YYYY
Months Active:
Eligibility Status with Plan: Active
Eligibility Status with Group: Not Applicable

Clinical Metrics
Total Clinical Conditions Group: #
Medical Loss Ratio: ##%
Emergency Room Visits: #
# of Medications: ##
MRA Score: 0.0000
Click for claims listing

Medication Group $#,###.##
No Description Available $#,###.##
No Description Available $#,###.##
No Description Available $#,###.##
No Description Available $#,###.##
Amitriptyline HCl Tab 100 MG $#,###.##
Oxycodone w/ Acetaminophen Tab 7.5-325 MG $#,###.##
Levothyroxine Sodium Tab 25 MCG $#,###.##
Oxycodone w/ Acetaminophen Tab 5-325 MG $#,###.##
Atorvastatin Calcium Tab 10 MG (Base $#,###.##
Bupropion HCl Tab SR 12HR 150 MG $#,###.##
Medication List Click Here
Brand Script Count - 12 ##%
Generic Script Count - 21 ##%

Hospital Expenses $###.##
Hospital - Outpatient $###.##
Specialty Expenses $###.##
Hospital - Outpatient $###.##
Endocrinology $###.##
Otolaryngology $###.##
Neurology $###.##
Emergency Medicine $###.##
Radiology, Diagnostic $###.##
Family Practice $###.##
Pathology $##.##

Effective Dates	Pcp No/Name
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First

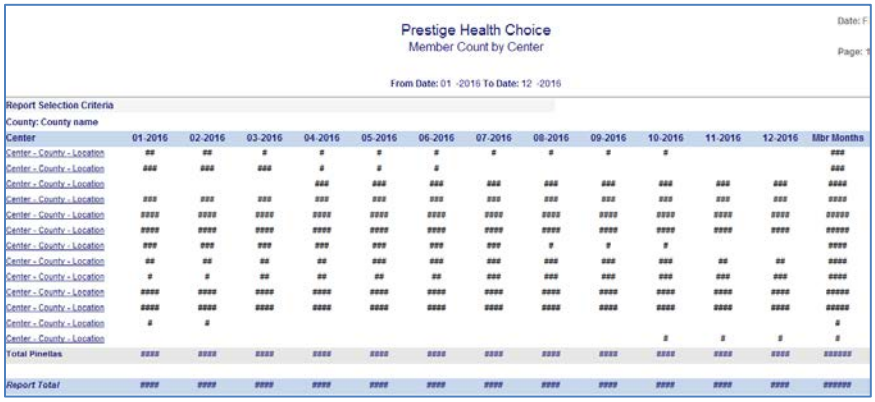
Figure 19 Member Profile - launched by clicking the member name on Pharmacy Drug Costs by Member

Member Reports

The following reports are available under the Members menu.

Membership by Center

The report can drill down to *Member Count by PCP*, *Membership Listing*, and *Member Profile.*


Prestige Health Choice
Member Count by Center

Date: F
Page: 1

From Date: 01 -2016 To Date: 12 -2016

Report Selection Criteria
County: County name

Center	01-2016	02-2016	03-2016	04-2016	05-2016	06-2016	07-2016	08-2016	09-2016	10-2016	11-2016	12-2016	Mbr Months
Center - County - Location	##	##	#	#	#	#	#	#	#	#			###
Center - County - Location	###	###	###	#	#	#							###
Center - County - Location				###	###	###	###	###	###	###	###	###	####
Center - County - Location	###	###	###	###	###	###	###	###	###	###	###	###	####
Center - County - Location	####	####	####	####	####	####	####	####	####	####	####	####	#####
Center - County - Location	####	####	####	####	####	####	####	####	####	####	####	####	#####
Center - County - Location	###	###	###	###	###	###	###	#	#	#			####
Center - County - Location	##	##	##	##	###	###	###	###	###	###	##	##	####
Center - County - Location	#	#	##	##	##	##	###	###	###	###	###	###	####
Center - County - Location	####	####	####	####	####	####	####	####	####	####	####	####	#####
Center - County - Location	####	####	####	####	####	####	####	####	####	####	####	####	#####
Center - County - Location	#	#											#
Center - County - Location										#	#	#	#
Total Pinellas	####	####	####	####	####	####	####	####	####	####	####	####	######
Report Total	####	####	####	####	####	####	####	####	####	####	####	####	######

Figure 20 Member Count by Center

Date: Fri

Prestige Health Choice
Member Count by Pcp

Page: #

From Date: 01 -2016 To Date: 12 -2016

Report Selection Criteria

Pcp	01-2016	02-2016	03-2016	04-2016	05-2016	06-2016	07-2016	08-2016	09-2016	10-2016	11-2016	12-2016	Mbr Months
Last, First	#	#	#	#	#	#	#	##	##	##	##	##	###
Last, First					#	#	#	#	#	#	#	#	#
Last, First	###	###	###	###	###	###	###	###	###	###	###	###	####
Last, First												#	#
Last, First	###	###	###	###	###	###	###	###	#	#	#	#	####
Last, First						#	#	#	#	#	#	#	##
Last, First	#	#	#	#	#								#
Last, First										#	#	#	#
Last, First									###	###	###	###	###
Last, First	###	###	###	###	###	###	###	###	###	###	###	###	####
Last, First	###	###	###	###	###	###	###	###	###	###	###	###	####
Last, First												#	#
Last, First	##	##	##	##	###	###	###	###	###	##	##	##	####
Last, First						#	#	#	#	#	#	#	#
Last, First	###	###	###	###	###	###	###	###	###	###	###	###	####
Last, First	##	##	##	##	###	###	###	###	###	##	##	##	####
Report Total	####	####	####	####	####	####	####	####	####	####	####	####	#####

Figure 21 Member Count by PCP

PCP: Last name, First name

Prestige Health Choice
Membership Listing

Page: 1 of 1

From Date: 03/2016 To Date: 03/2016

.

PCP	Member	Stat Plan	Stat Grp	Last Eff Date w/Plan	City	State	Zip Code	DOB	Gender
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	A	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Male
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female
Last Name, First Name	#########- Last name, First Name	T	T		City	FL	#####	mm/dd/yyyy	Female

Figure 22 Membership Listing

Date: Friday 05-26-2017

Prestige Health Choice
Member Profile
Non-Risk Based Financials

Page: 1 of 1

From Date: 10/2016 To Date: 02/2017

Member Information

Member No: ##########
Name: LAST, FIRST
Age: ## DOB: MM/DD/YYYY
Months Active:
Eligibility Status with Plan: **Active**
Eligibility Status with Group: **Not Applicable**

Clinical Metrics

Total Clinical Conditions Group: #
Medical Loss Ratio: ##%
Emergency Room Visits: #
# of Medications: ##
MRA Score: **0.0000**

Click for claims listing

Medication Group	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
Amitriptyline HCl Tab 100 MG	$#,###.##
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	$#,###.##
Levothyroxine Sodium Tab 25 MCG	$#,###.##
Oxycodone w/ Acetaminophen Tab 5-325 MG	$#,###.##
Atorvastatin Calcium Tab 10 MG (Base	$#,###.##
Bupropion HCl Tab SR 12HR 150 MG	$#,###.##

Medication List Click Here

Brand	Script Count - 12	##%
Generic	Script Count - 21	##%

Hospital Expenses	$###.##
Hospital - Outpatient	$###.##
Specialty Expenses	**$###.##**
Hospital - Outpatient	$###.##
Endocrinology	$###.##
Otolaryngology	$###.##
Neurology	$###.##
Emergency Medicine	$###.##
Radiology, Diagnostic	$###.##
Family Practice	$###.##
Pathology	$##.##

Effective Dates	Pcp No/Name
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First

Figure 23 Member Profile

Prestige HEALTH CHOICE. Leading the Way to Quality Care

Top Most Expensive Members

The report can be further filtered by Top Number, and can drill down to *Active Members Cost Summary*, *Member Specialty Report*, *Member Profile*, *Member Claims Detail* and *Detail for Claim Number*.

Prestige Health Choice
Active Members Cost Summary
Top 10 Most Costly

Page: 1 of 1

From Date: 01-2016 To Date: 12-2016

Report Selection Criteria

Providers Selected

Member No.	Member Name	Address Line1	Address Line2	City	State	Zip	Home Phone	Center	PCP Name	Institutional Costs	Professional Costs	Pharmacy Costs	Total Costs
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	#	###.##	######.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	#####.##	####.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	#####.##	####.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	####.##	######.##	####.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	#####.##	####.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	#####.##	####.##	######.##
#########	Last Name, First Name	Address	Address	City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	#####.##	####.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	#####.##	#	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	######.##	####.##	###.##	######.##
#########	Last Name, First Name	Address		City	FL	#####	(###)###-####	Center Name - County - Location	Last name, First name	#####.##	####.##	#####.##	######.#
Report Totals										#######.##	######.##	######.##	#######.##

Figure 24 Active Members Cost Summary

Expense Type: INS
Member: #########- Last Name, First Name

Prestige Health Choice
Member Specialty Report

From Date: 01-2016 To Date: 12-2016

Report Selection Criteria

Member: ######### - Last Name, First Name
Expense Type: Institutional

Specialty	Amount	# of Procs
Hospital - Inpatient	$###,###.##	#
Skilled Nursing Facility - Inpatient	$#,###.##	#
Total Institutional	$###,###.##	#
Total DROZE, GARY	$###,###.##	#
Report Total	$###,###.##	#

Figure 25 Member Specialty Report

Expense Type: *All

Date: Thursday 0

Prestige Health Choice
Member Claims Detail

Page: 1 of 1

From Date: 01-2016 To Date: 12-2016

Report Selection Criteria

Member: ########## - Last Name, First Name Total Cost: $###,###.##

Claim No	Expense Type	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty Description	Expense
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Gracewood Nursing Center	SNF - Inpatient	Skilled Nursing Facility - Inpatient	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Pinellas Surgical Associates I	Hospital - Inpatient	General Surgery	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Emergency Medicine	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Critical Care	$ ##,###.##

Figure 26 Member Claims Detail

Prestige Health Choice

Detail for Claim Number:
##########

Member No: ########## - Last Name, First Name

Claim No	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty	Expense
##########	mm/dd/yyyy	mm/dd/yyyy	name	Hospital - Inpatient	Hospital - Inpatient	$###,###.##

Line No-Srv Date	Procedure Code - Description	Line Expense
5 - mm/dd/yyyy	0214-Ccu/intermediate	$0.00
7 - mm/dd/yyyy	0250-Pharmacy	$0.00
8 - mm/dd/yyyy	0251-Drugs/generic	$0.00
11 - mm/dd/yyyy	0270-Med-sur Supplies	$0.00
16 - mm/dd/yyyy	0302-Immunology Tests	$0.00

Diagnostic Code	Description
A419	SEPSIS UNSPECIFIED ORGANISM
E43	UNS SEVERE PROTEIN-CALORIE MLNUTRIT
J151	PNEUMONIA DUE TO PSEUDOMONAS
J156	PNEUMONIA D/T AEROBIC GM-NEG BACT
J9602	ACUTE RESP FAIL W/HYPERCAPNIA
J9621	ACUTE CHRONIC RESP FAIL W/HYPOXIA
L89153	PRESS ULCER SACRAL REGION STAGE 3
N170	ACUTE RENAL FAILURE TUBULR NECROSIS
N186	END STAGE RENAL DISEASE

Figure 27 Detail for Claim

Prestige Health Choice
Member Profile
Non-Risk Based Financials
From Date: 10/2016 **To Date:** 02/2017

Date: Friday 05-26-2017
Page: 1 of 1

Member Information
Member No: ##########
Name: LAST, FIRST
Age: ## DOB: MM/DD/YYYY
Months Active:
Eligibility Status with Plan: **Active**
Eligibility Status with Group: **Not Applicable**

Clinical Metrics
Total Clinical Conditions Group: #
Medical Loss Ratio: ##%
Emergency Room Visits: #
# of Medications: ##
MRA Score: **0.0000**
Click for claims listing

Medication Group	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
Amitriptyline HCl Tab 100 MG	$#,###.##
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	$#,###.##
Levothyroxine Sodium Tab 25 MCG	$#,###.##
Oxycodone w/ Acetaminophen Tab 5-325 MG	$#,###.##
Atorvastatin Calcium Tab 10 MG (Base	$#,###.##
Bupropion HCl Tab SR 12HR 150 MG	$#,###.##

Medication List Click Here

Brand	Script Count - 12	##%
Generic	Script Count - 21	##%

Hospital Expenses	$###.##
Hospital - Outpatient	$###.##
Specialty Expenses	**$###.##**
Hospital - Outpatient	$###.##
Endocrinology	$###.##
Otolaryngology	$###.##
Neurology	$###.##
Emergency Medicine	$###.##
Radiology, Diagnostic	$###.##
Family Practice	$###.##
Pathology	$##.##

Effective Dates	Pcp No/Name
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First

Figure 28 Member Profile

Member Profile

When available, the report can be found by drilling down from other reports by clicking on a member ID hyperlink.

Prestige Health Choice
Member Profile
Non-Risk Based Financials
From Date: 10/2016 **To Date:** 02/2017

Date: Friday 05-26-2017
Page: 1 of 1

Member Information
Member No: ##########
Name: LAST, FIRST
Age: ## DOB: MM/DD/YYYY
Months Active:
Eligibility Status with Plan: **Active**
Eligibility Status with Group: **Not Applicable**

Clinical Metrics
Total Clinical Conditions Group: #
Medical Loss Ratio: ##%
Emergency Room Visits: #
# of Medications: ##
MRA Score: **0.0000**
Click for claims listing

Medication Group	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
No Description Available	$#,###.##
Amitriptyline HCl Tab 100 MG	$#,###.##
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	$#,###.##
Levothyroxine Sodium Tab 25 MCG	$#,###.##
Oxycodone w/ Acetaminophen Tab 5-325 MG	$#,###.##
Atorvastatin Calcium Tab 10 MG (Base	$#,###.##
Bupropion HCl Tab SR 12HR 150 MG	$#,###.##

Medication List Click Here

Brand	Script Count - 12	##%
Generic	Script Count - 21	##%

Hospital Expenses	$###.##
Hospital - Outpatient	$###.##
Specialty Expenses	**$###.##**
Hospital - Outpatient	$###.##
Endocrinology	$###.##
Otolaryngology	$###.##
Neurology	$###.##
Emergency Medicine	$###.##
Radiology, Diagnostic	$###.##
Family Practice	$###.##
Pathology	$##.##

Effective Dates	Pcp No/Name
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First
mm/yyyy-mm/yyyy	######-Lsst, First

Figure 29 Member Profile

Clinical Reports – Conditions

The following reports are available under the Clinical -> Conditions menu.
The Prestige Analytics tool comes with Hierarchical Condition Category, labeled as HCC Conditions. Other medical conditions are available such as Emergency Room, Home Health, Hypertension and so on. Medical services loaded into the system are searched for ICD9 Diagnosis Codes, ICD10 Diagnosis Codes, Procedure Codes, Place of Service, and/or Bill Types. Members who have received specific services categorized by any of the Clinical Conditions during the selected reporting period are tagged with that clinical condition.

Members with Selected Conditions

The report can be further filtered by Medical Conditions and drills down to *Member Claims Detail*, *Condition Summary by Member*, and *Member Claims Detail.*

Prestige Health Choice
Condition Summary by Member

From Date: 01/2016 **To Date:** 12/2016

Click to display conditions included

Condition: CIRRHOSIS LIVER

Member	Status	Risk Factor Score	Total Conditions	Cost for Condition
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
Total Member Count CIRRHOSIS LIVER - 57				*$###,###.##*

Condition: CHRONIC HEPSTITIS

Member	Status	Risk Factor Score	Total Conditions	Cost for Condition
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##

Figure 30 Conditions Summary by Member

Prestige Health Choice
Condition Summary by Member

From Date: 01/2016 **To Date:** 12/2016

Report Selection Criteria

Member: ######### - Last Name, First Name
Total Conditions: # Total Claims: # Risk Score: 0.0000 Age: ##

Condition	No of Claims	Cost
CARDIO RESPIRATORY FAILURE AND SHO	#	$##,###.##
CIRRHOSIS LIVER	#	$##,###.##
Ignore6	#	$##,###.##
Ignore7	#	$##,###.##
SEPTICEMIA/SHOCK	#	$##,###.##
END STAGE LIVER DISEASE	#	$##,###.##
DELIRIUM AND ENCEPHALOPATHY	#	$##,###.##
ASPIRATION AND SPECIFICED BACTERIAL PNEUMONIAS	#	$##,###.##
VIRAL AND UNSPECIFIED PNEUMONIA, PLEURISY	#	$##,###.##

Figure 31 Condition Summary by Member by selecting Total Conditions on the Condition Summary by Member

Expense Type: *All

Prestige Health Choice
Member Claims Detail

Date: Thursday 0

Page: 1 of 1

From Date: 01-2016 **To Date:** 12-2016

Report Selection Criteria

Member: ########## - Last Name, First Name Total Cost: $###,###.##

Claim No	Expense Type	From Srv Dt	To Srv Dt	Provider Name	Place of Service	Specialty Description	Expense
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Northside Hospital	Hospital - Inpatient	Hospital - Inpatient	$ ##,###.##
##########	Institutional	mm/dd/yyy	mm/dd/yyyy	Gracewood Nursing Center	SNF - Inpatient	Skilled Nursing Facility - Inpatient	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Pinellas Surgical Associates I	Hospital - Inpatient	General Surgery	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Emergency Medicine	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Renal Hypertension Center	Hospital - Inpatient	Nephrology	$ ##,###.##
##########	Professional	mm/dd/yyy	mm/dd/yyyy	Florida Clinical Practice Asso	Hospital - Inpatient	Critical Care	$ ##,###.##

Figure 32 Member Claims Detail by selecting the members name from the Condition Summary by Member

Top Member Condition Occurrences

Available filters are Member Status, Top Number and Medical Conditions. If no Medical Condition filter is selected, the top number list will report for every medical condition. Selecting the Member's ID hyperlink launches the *Member Profile* report. Selecting the Total hyperlink launches the *Member Claims Detail* report.

Prestige Health Choice
Medical Conditions By Member
Top 10

From Date: 07 -2016 **To Date:** 03 -2017

Date: Sunday 05-

Page: 1 of 1

Report Selection Criteria

Medical Condition: ACUTE MYOCARDIAL INFARCTION

Member	Status	Current Center Name	Current PCP	Total
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	24
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	23
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	19
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	15
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	12
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	12
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	8
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	7
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	7
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	7

Medical Condition: AMPUTATION STATUS, LOWER LIMB AMPUTATION COMPLICATIONS

Member	Status	Current Center Name	Current PCP	Total
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	11
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	10
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	7
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	4
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	3
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	2
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	2
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	1
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	1
########- Last Name, First Name	Active	Center - County - Location	PCP Last name, First name	1

Medical Condition: ANGINA PECTORIS

Member	Status	Current Center Name	Current PCP	Total

Figure 33 Medical Conditions by Member Top ##

Condition Profile

Available filters are Medical Condition. Selecting the Total Members hyperlink launches the *Condition Summary by Member* report.

Prestige Health Choice
Condition Listing

From Date: 07/2016 **To Date:** 03/2017

Report Selection Criteria

Total number of patients with any condition:	#,###
Total number of conditions:	1

Condition	Total Members	Total Cost	% of Patients
Emergency Room Visits	#,###	$#,###,###.##	##.##%

Figure 34 Condition Listing

Prestige Health Choice
Condition Summary by Member

From Date: 01/2016 **To Date:** 12/2016

Click to display conditions included

Condition: CIRRHOSIS LIVER

Member	Status	Risk Factor Score	Total Conditions	Cost for Condition
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
Total Member Count CIRRHOSIS LIVER - 57				*$###,###.##*

Condition: CHRONIC HEPSTITIS

Member	Status	Risk Factor Score	Total Conditions	Cost for Condition
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##
######### - Last Name, First Name	T	0	##	$##,###.##
######### - Last Name, First Name	A	0	##	$##,###.##

Figure 35 Condition Summary by Member

Member Condition Profile (Must Select Mbr)

Available filters are Member and Medical Conditions. Not selecting any medical conditions will bring back results for any medical condition the member may have. Selecting the Condition hyperlink drills down to the *Member Claims Detail* report.

Prestige Health Choice
Condition Summary by Member

From Date: 07/2016 **To Date:** 03/2017

Report Selection Criteria

Member: ######### - Last Name, First Name
Total Conditions: 31 Total Claims: 333 Risk Score: 0.0000 Age: #

Condition	No of Claims	Cost
METASTATIC CANCER AND ACUTE LEUKEMIA	29	$###,###.##
Cancer - Secondary Malignancies	29	$###,###.##
LUNG, UPPER DIGESTIVE TRACT, AND OTHER SEVERE CANCERS	37	$###,###.##
Cancer - Gastrointestinal	37	$###,###.##
Hypertension Grouping	13	$###,###.##
Cancer - Other Primary	177	$###,###.##
Cancer - Unspecified or Without Specification of Site	177	$###,###.##
LYMPHATIC, HEAD AND NECK, BRAIN, AND OTHER MAJOR CANCERS	163	$###,###.##
Cancer - Maintenance Chemotherapy Radiotherapy	60	$###,###.##
Emergency Room Visits	32	$###,###.##
SEPTICEMIA/SHOCK	1	$###,###.##
COAGULATION DEFECTS AND OTHER SPECIFIED HEMATOLOGICAL DISORDERS	3	$###,###.##
J-Codes Injectable Infusion	20	$###,###.##

Figure 36 Condition Summary by Member

Clinical Reports – HEDIS

The following reports are available under the menu: Clinical -> HEDIS
Monthly HEDIS results are loaded into the system to produce HEDIS trending results and actionable member lists. All HEDIS criteria are used to determine members who qualify for the measure, whether they are compliant or not, and they are included if they meet the specific measures' HEDIS eligibility criteria.
Field definitions:

- **Last screen date**: last service that meets HEDIS qualifying service conditions; however, the service may be outside of the current measurement period.
- **Result:** Placeholder for future enhancement.
- **Compliant:** No = the member is missing a qualifying service. Yes = the member has received a qualifying service for the current measurement period.

PCP HEDIS Metrics

Available filter PCP. Note: Exporting the report to Excel will generate a separate tab per physician. Selecting the PCP's name hyperlink will drill down into the *Patient Information* report per member.

PCP Information

Center: **Center Name - County - Location**
PCP: **Last Name, First Name**

Require Screening: ####
Population: ####
% Requiring Action: ##.##%

MEASURE YEAR: 2017

Hedis Measure	% Screened	Screened	% Unscreened	Requires Screening	Total Population
Adolescent Well Care Visits (AWC) -	8.87%	11	91.13%	113	124
Annual Dental Visit (ADV) - 11 to 14	18.92%	14	81.08%	60	74
Annual Dental Visit (ADV) - 15 to 18	10.61%	7	89.39%	59	66
Annual Dental Visit (ADV) - 19 to 21	33.33%	2	66.67%	4	6
Annual Dental Visit (ADV) - 2 to 3	4.35%	2	95.65%	44	46
Annual Dental Visit (ADV) - 4 to 6	13.56%	8	86.44%	51	59
Annual Dental Visit (ADV) - 7 to 10	17.71%	17	82.29%	79	96
Annual Dental Visit (ADV) - Total	14.41%	50	85.59%	297	347
App Treatment URI	0.00%	0	100.00%	31	31
Appropriate Testing of Children with Pharyngitis (CWP) -	100.00%	3	0.00%	0	3
Childhood Immunization (CIS) - Combo 10	45.83%	11	54.17%	13	24
Childhood Immunization (CIS) - Combo 2	62.50%	15	37.50%	9	24
Childhood Immunization (CIS) - Combo 3	62.50%	15	37.50%	9	24
Childhood Immunization (CIS) - Combo 4	62.50%	15	37.50%	9	24
Childhood Immunization (CIS) - Combo 5	50.00%	12	50.00%	12	24
Childhood Immunization (CIS) - Combo 6	54.17%	13	45.83%	11	24
Childhood Immunization (CIS) - Combo 7	50.00%	12	50.00%	12	24
Childhood Immunization (CIS) - Combo 8	54.17%	13	45.83%	11	24
Childhood Immunization (CIS) - Combo 9	45.83%	11	54.17%	13	24
Childhood Immunization (CIS) - DTaP	62.50%	15	37.50%	9	24
Childhood Immunization (CIS) - Hep A	83.33%	20	16.67%	4	24
Childhood Immunization (CIS) - Hep B	83.33%	20	16.67%	4	24
Childhood Immunization (CIS) - HiB	66.67%	16	33.33%	8	24
Childhood Immunization (CIS) - Influenza	62.50%	15	37.50%	9	24
Childhood Immunization (CIS) - MMR	83.33%	20	16.67%	4	24
Childhood Immunization (CIS) - PCV	83.33%	20	16.67%	4	24
Childhood Immunization (CIS) - Polio	83.33%	20	16.67%	4	24
Childhood Immunization (CIS) - Rotavirus	66.67%	16	33.33%	8	24

Figure 37PCP HEDIS Metrics

Patient Information

9554342969 - Last Name, First	Gender: gender	Current Center: Center Name - County -
Address	Birth Date: mm/dd/yyyy Age: ##	Location
City, State, Zip	Home Phone:	Current PCP: last name, first name
County	Office Phone:	PCP Effective: mm/yyyy

Hedis Measures Information

Measure	Last Screen Date	Results(if appl)	Compliant
Frequency of Ongoing Prenatal Care >=81% (FPC) - 0-20%	Not Available	Not Available	No
Frequency of Ongoing Prenatal Care >=81% (FPC) - 21-40%	Not Available	Not Available	No
Frequency of Ongoing Prenatal Care >=81% (FPC) - 41-60%	Not Available	Not Available	No
Frequency of Ongoing Prenatal Care >=81% (FPC) - 81-100%	Not Available	Not Available	No
Timeliness of Prenatal Care (PPC) - All	Not Available	Not Available	No
Timeliness of Prenatal Care (PPC) - Postpartum	Not Available	Not Available	No
Adults' Access to Preventive/Ambulatory Health Services (AAP) -	03/09/2017	Not Available	Yes
Adults' Access to Preventive/Ambulatory Health Services (AAP) -	03/09/2017	Not Available	Yes
Chlamydia Screening in Women (CHL) - 21 to 24	03/02/2017	Not Available	Yes
Chlamydia Screening in Women (CHL) - Total	03/02/2017	Not Available	Yes
Frequency of Ongoing Prenatal Care >=81% (FPC) - 61-80%	Not Available	Not Available	Yes
Timeliness of Prenatal Care (PPC) - Prenatal	Not Available	Not Available	Yes

Figure 38 HEDIS Patient Information

HEDIS Measure Listing by Member

Available filters on PCP, Member, or HEDIS Measures.

Patient Information

9554342969 - Last Name, First	Gender: gender	Current Center: Center Name - County -
Address	Birth Date: mm/dd/yyyy Age: ##	Location
City, State, Zip	Home Phone:	Current PCP: last name, first name
County	Office Phone:	PCP Effective: mm/yyyy

Hedis Measures Information

Measure	Last Screen Date	Results(if appl)	Compliant
Frequency of Ongoing Prenatal Care >=81% (FPC) - 0-20%	Not Available	Not Available	No
Frequency of Ongoing Prenatal Care >=81% (FPC) - 21-40%	Not Available	Not Available	No
Frequency of Ongoing Prenatal Care >=81% (FPC) - 41-60%	Not Available	Not Available	No
Frequency of Ongoing Prenatal Care >=81% (FPC) - 81-100%	Not Available	Not Available	No
Timeliness of Prenatal Care (PPC) - All	Not Available	Not Available	No
Timeliness of Prenatal Care (PPC) - Postpartum	Not Available	Not Available	No
Adults' Access to Preventive/Ambulatory Health Services (AAP) -	03/09/2017	Not Available	Yes
Adults' Access to Preventive/Ambulatory Health Services (AAP) -	03/09/2017	Not Available	Yes
Chlamydia Screening in Women (CHL) - 21 to 24	03/02/2017	Not Available	Yes
Chlamydia Screening in Women (CHL) - Total	03/02/2017	Not Available	Yes
Frequency of Ongoing Prenatal Care >=81% (FPC) - 61-80%	Not Available	Not Available	Yes
Timeliness of Prenatal Care (PPC) - Prenatal	Not Available	Not Available	Yes

Figure 39 HEDIS Patient Information

HEDIS Member Listing by Measure

Available filters on Member Compliance, PCP, or HEDIS Measures.

Prestige Health Choice
Hedis Membership Listing

Date: Sunday 05-28-2017

Page: 1 of 1

Measurement Year: 2017

Report Selection Criteria

PCPs Selected

Measure: Childhood Immunization (CIS) - Combo 2

Member	PCP Name	Last Screen	Results(if appl)	Comp	Address	Phone	Date of Birth	Gender
######### - Last Name, First Name	Last Name, First	MM/DD/YYYY	Not Available	No	Address	H-##########	MM/DD/YYYY	Female
######### - Last Name, First Name	Last Name, First	MM/DD/YYYY	Not Available	Yes	Address	H-##########	MM/DD/YYYY	Female
######### - Last Name, First Name	Last Name, First	MM/DD/YYYY	Not Available	Yes	Address	H-##########	MM/DD/YYYY	Male

Figure 40 HEDIS Member Listing by Measure

HEDIS Member Matrix

Available filters are PCP, Member, HEDIS Groups, HEDIS Measures, and/or Member Compliance. Members who do not qualify as part of the HEDIS population will be marked with NA. The list will contain eligible members who are assigned to the PCP/Center as of the last file load.

Prestige Health Choice
Hedis Membership Listing

Date: Sunday 05-28-

Page: 1 of 1

Measurement Year: 2017

Report Selection Criteria

PCPs Selected

												Childhood Immunization (CIS) - Combo 3			Children & Adolescents' Access to Primary Care Practitioners (CAP) - 12 - 24 Mo			Childre Primary C
Member No	Last Name	First Name	PCP Name	Center Name	Language	Race	Date Of Birth	Age as of	Address	City/St/Zip	Phone	Last Screen Date	Result	Compliant	Last Screen Date	Result	Compliant	Last Screen
##########	Last Name	Name	Last name, first name	Center Name - County - Location	English	Hispanic	MM/DD/YYYY	##	Address	City, State, Zip	##########	01/01/1900	Not Available	Yes	NA	NA	NA	01/01/19
##########	Last Name	Name	Last name, first name	Center Name - County - Location	English	Black	MM/DD/YYYY	##	Address	City, State, Zip	##########	01/01/1900	Not Available	Yes	NA	NA	NA	01/01/19
##########	Last Name	Name	Last name, first name	Center Name - County - Location	English	Black	MM/DD/YYYY	##	Address	City, State, Zip	##########	01/01/1900	Not Available	No	NA	NA	NA	01/01/19
##########	Last Name	Name	Last name, first name	Center Name - County - Location	Spanish	Hispanic	MM/DD/YYYY	##	Address	City, State, Zip	##########	01/01/1900	Not Available	Yes	NA	NA	NA	01/01/19
##########	Last Name	Name	Last name, first name	Center Name - County - Location	Spanish	Hispanic	MM/DD/YYYY	##	Address	City, State, Zip	##########	01/01/1900	Not Available	Yes	NA	NA	NA	01/01/19
##########	Last Name	Name	Last name, first name	Center Name - County - Location	English	Other	MM/DD/YYYY	##	Address	City, State, Zip	##########	01/01/1900	Not Available	Yes	NA	NA	NA	01/01/19

Total Member Count: ####

Figure 41 HEDIS Member Matrix

HEDIS Interim Report

Available filter is HEDIS Groups. A trending rate of HEDIS Measures. Field definitions:

- Measure Name – Interim YYYY – Prestige Target: The Physician/Center's monthly HEDIS rate.
- Corporate Rate –YYYY: Prestige Health Choice's monthly HEDIS rate.
- Population – Interim YYYY: The physician/Center's membership that qualifies to be included in the HEDIS measure.
- Target Percent: NCQA 75th Percentile.
- Number Needed to Reach Goal: The number of non-compliant members who need to become compliant in order to meet the Target Percent rate.

[Back]

Hedis Interim Report
Report Date: 5/28/2017

Report Criteria

Reporting Year: 2017
Groups: *All
Counties: *All
Centers: *All
Consolidated Centers: *All

Notes:

Prestige Target = Group/Provider Rate.
Corporate Rate = Prestige Health Choice current rate.
Population – Interim = members that meet the HEDIS continuous enrollment criteria for the measure.
Target Percent = NCQA benchmark goal rate.
Number Needed To Reach Goal = the number of non-compliant members that need services in order to meet 75th percentile

Export to Excel

ACCESS/AVAILABILITY OF CARE

Adults' Access to Preventive/Ambulatory Health Services (AAP)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Adults' Access to Preventive/Ambulatory Health Services (AAP) - 20 to 44 - Interim 2018 - Prestige Target	14.38 %	24.87 %	34.48 %										34.48 %
Corporate Rate - 2018	14.65 %	26.60 %	36.36 %										36.36 %
Population - Interim 2018	2065	1898	1798										1798
Target Percent(at or above)	86.18 %	86.18 %	86.18 %										86.18 %
Number Needed To Reach Goal	1483	1164	930										930
Adults' Access to Preventive/Ambulatory Health Services (AAP) - 45 to 64 - Interim 2018 - Prestige Target	30.15 %	45.47 %	56.87 %										56.87 %
Corporate Rate - 2018	32.01 %	49.73 %	60.76 %										60.76 %
Population - Interim 2018	753	717	684										684
Target Percent(at or above)	90.98 %	90.98 %	90.98 %										90.98 %
Number Needed To Reach Goal	458	326	233										233
Adults' Access to Preventive/Ambulatory Health Services (AAP) - 65 + - Interim 2018 - Prestige Target	23.53 %	34.94 %	48.72 %										48.72 %
Corporate Rate - 2018	28.28 %	46.31 %	59.89 %										59.89 %
Population - Interim 2018	85	83	78										78
Target Percent(at or above)	90.70 %	90.70 %	90.70 %										90.70 %
Number Needed To Reach Goal	57	46	33										33

Figure 42 HEDIS Interim Report

Quality Enhancement Program Report Card

The following reports are only available for primary care physicians contracted under the Quality Enhancement Program. The report cards available in the Prestige Analytics Tools are only meant to assist physicians in determining if their members are receiving consistent care.

Trending Quality Enhancement Reports grades a primary care physician group, physician center, or individual physician against peers using rolling 12 month periods:

- **10 HEDIS measures:** If a measure is not noted on the report, the physician did not have any members qualifying for the measures population.
    - Adult and Woman Measures: Adults Access to Preventive/Ambulatory Health Services (AAP); Breast Cancer Screening (BCS); and Cervical Cancer Screening (CCS);
    - Child and Adolescent Measures: Annual Dental Visit (ADV); Lead Screening in Children (LSC); Immunizations for Adolescents – Combo 1 (IMA): Children & Adolescents' Access to Primary Care Practitioners age 7 to 11 (CAP); Well Child

Visits 0 to 15 months 6 or more visits (W15); Well Child Visits 3 to 6 years (W34); and Adolescent Well Care Visits (AWC).

- **Avoidable ER Visits:** based on the New York University Emergency Department Algorithm. More information can be found at http://wagner.nyu.edu/faculty/billings/nyued-background.
- **Avoidable Inpatient Admissions:** based on Federal Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs). More information can be found at https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx.
- **Peer Ranking:** the most recent month selected is graded against all other physicians who meet the criteria for contracting under the Quality Enhancement Program.
- Each month's score is based on a rolling 12 month HEDIS-like calculation. In other words, March 2017 results aggregates the HEDIS-like score for services performed during April 2016 to March 2017. The rolling 12 month calculation allows for comparison of trends and easier determination of improvement. The reasoning behind using a rolling 12 month comparison is because most HEDIS measures are calendar year based, which causes measures to have extremely low compliance rates at the beginning of the calendar year. This makes it more difficult to determine if members are receiving consistent care.

These reports are available under the menu Clinical -> HEDIS

QEP Metrics by Tax ID

Aggregates all QEP primary care physicians contracted under the same tax identification number for an overall score. The report also drills down to the *QEP Measures by Center* and *QEP Measures by PCP* reports.

- Membership by month is noted on the Group Name row.
- Blue underline text is hyperlinked to further detailed reports on HEDIS qualified members, or further detail on HEDIS measure results by physician center location and/or physicians.
- The List of Members hyperlink launches the QEP Member List. This report contains the latest loaded HEDIS results for the current measurement year. It is dependent on HEDIS eligibility criteria and contains members currently assigned to the PCP/Center as of the latest load month.

PerformPlus®

Prestige Health Choice
QEP Metrics by Center

Paid Through: 04/2017

From Date: 01/2017 To Date: 03/2017

Report Selection Criteria

Companies	Consolidated Centers
Prestige Health Choice	*Group Name*
Groups	**Centers**
*All	*All
County Regions	**Line of Business**
*All	*All
Counties	**Carriers**
*All	*All

Group Name List of Centers for TaxId List of Members	#,###	#,###	#,###

Quality Performance Measures

Target Quality Measures	01/2017	02/2017	03/2017	Peer Rate	Peer Ranking
Adults Access to Preventive/Ambulatory Health Services (AAP) List of PCPs for Measure	89.80%	89.90%	90.38%	76.95%	★★★★★
Breast Cancer Screening (BCS) List of PCPs for Measure	69.23%	66.67%	62.96%	53.85%	★★★★★
Cervical Canceer Screening (CCS) List of PCPs for Measure	56.52%	56.85%	57.58%	49.29%	★★★★★
Lead Screening in Children (LSC) List of PCPs for Measure	73.68%	69.44%	67.57%	58.75%	★★★★
Annual Dental Visit (ADV) List of PCPs for Measure	41.81%	42.00%	42.23%	42.02%	★★★☆
Immunizations for Adolescents (IMA) - Combo 1 List of PCPs for Measure	50.00%	52.38%	53.49%	65.02%	★★
Children & Adolescents' Access to Primary Care Practitioners (CAP) - 7 to 11	81.82%	84.00%	85.03%	88.80%	★☆
Well Child Visits 0-15 Months (W15) - 6 + visits List of PCPs for Measure	18.75%	21.88%	20.69%	55.14%	★
Adolescent Well Care Visits (AWC) List of PCPs for Measure	22.46%	22.41%	21.05%	48.43%	☆
Well Child Visits 3-6 Years (W34) List of PCPs for Measure	34.13%	33.95%	31.74%	68.73%	☆
Aggregate Score	52.17%	52.60%	52.39%	55.21%	☆

Other Measures

Target Quality Measures	01/2017	02/2017	03/2017	Peer Rate	Peer Ranking
Avoidable ER Visit Rate List of PCPs for Measure	55.40%	55.04%	54.47%	54.71%	★★★
Avoidable IP Admissions Rate List of PCPs for Measure	6.47%	6.11%	6.84%	5.19%	★☆
Aggregate Score	50.37%	49.80%	49.27%	48.99%	★★★★★

Figure 43 QEP Metrics by Center Aggregate Report of all Locations and Physicians associated to the QEP contract

PerformPlus®

Prestige Health Choice
QEP Metrics by Center

Paid Through: 04/2017

From Date: 01/2017 To Date: 03/2017

Report Selection Criteria

Center Name - Location County - Location Address List of PCPs For Center List of Members	90	96	108

Quality Performance Measures

Target Quality Measures	01/2017	02/2017	03/2017	Peer Rate	Peer Ranking
Adults Access to Preventive/Ambulatory Health Services (AAP) List of PCPs for Measure	100.00%	100.00%	100.00%	76.95%	★★★★☆
Breast Cancer Screening (BCS) List of PCPs for Measure	50.00%	50.00%	50.00%	53.85%	★★
Cervical Canceer Screening (CCS) List of PCPs for Measure	44.44%	40.00%	40.00%	49.29%	★☆
Adolescent Well Care Visits (AWC) List of PCPs for Measure	0.00%	0.00%	0.00%	48.43%	☆
Annual Dental Visit (ADV) List of PCPs for Measure	0.00%	0.00%	0.00%	42.02%	☆
Aggregate Score	62.96%	60.71%	62.07%	47.43%	★★★☆

Other Measures

Target Quality Measures	01/2017	02/2017	03/2017	Peer Rate	Peer Ranking
Avoidable ER Visit Rate List of PCPs for Measure	40.70%	41.69%	40.42%	54.71%	★★★★★
Avoidable IP Admissions Rate List of PCPs for Measure	11.11%	9.09%	20.00%	5.19%	☆
Aggregate Score	37.74%	37.87%	37.58%	48.99%	★★★★★

Figure 44 QEP Metrics by Center – specific to a location

PerformPlus®

Prestige Health Choice
QEP Metrics by Center

Period: 03/2017

Measure: Adults Access to Preventive/Ambulatory Health Services (AAP)

Provider Name	Rate	Rate	Numerators	Denominators	Peer Rate	Peer Ranking
Physician Name - Center Name - County - Address Location	100.00%	100.00%	1	1	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	100.00%	100.00%	11	11	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	100.00%	100.00%	1	1	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	100.00%	100.00%	2	2	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	100.00%	100.00%	6	6	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	100.00%	100.00%	13	13	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	96.92%	96.92%	63	65	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	96.49%	96.49%	55	57	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	93.33%	93.33%	14	15	77.02%	★★★★★
Physician Name - Center Name - County - Address Location	90.74%	90.74%	49	54	77.02%	★★★★☆
Physician Name - Center Name - County - Address Location	86.96%	86.96%	20	23	77.02%	★★★☆
Physician Name - Center Name - County - Address Location	85.00%	85.00%	17	20	77.02%	★★★☆
Physician Name - Center Name - County - Address Location	73.33%	73.33%	11	15	77.02%	★☆
Physician Name - Center Name - County - Address Location	66.67%	66.67%	4	6	77.02%	☆
Physician Name - Center Name - County - Address Location	65.22%	65.22%	15	23	77.02%	☆

Figure 45 QEP Metrics by Center - Single HEDIS Measure results by PCP

QEP Member List (HEDIS Member Matrix)

- Reflects the members eligible as of the load date along with their most recent compliance as of the data load date.
- The **Avoidable ER** and **Avoidable IP** results will only display if the 'List of Members' is launched from a QEP report. These measures are not available from the separate HEDIS Member Matrix that is also found under menu Clinical -> HEDIS.
- **Last screen date**: last service that meets HEDIS qualifying service conditions; however, the service may be outside of the current measurement period.
- **Result:** Placeholder for future enhancement.
- **Compliant:** No = the member is missing a qualifying service. Yes = the member has received a qualifying service for the current measurement period.

Prestige Health Choice
QEP Member List

Date: Tuesday 05-23-2017

Page: 1 of 1

Report Selection Criteria

Member No	Last Name	First Name	PCP Name	Language	Date Of Birth	Age as of Y/E	Address	City/St/Zip	Phone	Avoidable ER # of Visits	Avoidable ER Avoidable Rate	Avoidable IP # of Admissions	Avoidable IP Avoidable Rate	Breast Cancer Screening (BCS) - Last Screen Date	Breast Cancer Screening (BCS) - Result	Breast Cancer Screening (BCS) - Compliant	Cervical Canceer Screening (CCS) - Last Screen Date	Cervical Canceer Screening (CCS) - Result	Cervical Canceer Screening (CCS) - Compliant
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone	0	0.00%	0	0.00%						
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone										
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone										
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone										
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone										
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone										
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	01/01/1900	Not Available	No
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	------NA------	------NA------	------NA------
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	04/20/2016	Not Available	Yes
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	01/01/1900	Not Available	No
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	------NA------	------NA------	------NA------
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	01/01/1900	Not Available	No
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	12/10/2015	Not Available	Yes
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	------NA------	------NA------	------NA------
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					05/12/2015	Not Available	No	------NA------	------NA------	------NA------
##########	Last	First	PCP Name	Language	Birth	Age	Address	City	Phone					------NA------	------NA------	------NA------	------NA------	------NA------	------NA------

Total Member Count: ####

Figure 46 QEP Member List

Prestige Health Choice

Prestige Analytics Tool - HEDIS Groups

HEDIS Accronym	Hedis Measure	Adult Measures Group	Child Measures Group	Mental Health Substance Abuse Group	Well Child Group	Prenatal Perinatal Group	Comprehensive Diabetes Care Group	Other Chronic and Acute Care Group	Other Preventive Care Group	AHCA All Performance Measure Groups	PCP QEP Group
AAB	Avoid Abx Bronch AAB										
AAP	Adults' Access to Preventive/Ambulatory Health Services (AAP) - 20 to 44	Yes									
AAP	Adults' Access to Preventive/Ambulatory Health Services (AAP) - 45 to 64	Yes									
AAP	Adults' Access to Preventive/Ambulatory Health Services (AAP) - 65 +	Yes									
AAP	Adults' Access to Preventive/Ambulatory Health Services (AAP) - Total	Yes							Yes	Yes	Yes
ABA	Adult BMI Assessment (ABA) -	Yes							Yes	Yes	
ADD	Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Cont & Maint Phase			Yes							
ADD	Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase			Yes						Yes	
ADV	Annual Dental Visit (ADV) - 11 to 14		Yes								
ADV	Annual Dental Visit (ADV) - 15 to 18		Yes								
ADV	Annual Dental Visit (ADV) - 19 to 21		Yes								
ADV	Annual Dental Visit (ADV) - 2 to 3		Yes								
ADV	Annual Dental Visit (ADV) - 4 to 6		Yes								
ADV	Annual Dental Visit (ADV) - 7 to 10		Yes								
ADV	Annual Dental Visit (ADV) - Total		Yes						Yes	Yes	Yes
AMM	Antidepressant Medication Management (AMM) - Acute Phase	Yes		Yes						Yes	
AMM	Antidepressant Medication Management (AMM) - Continuation Phase	Yes		Yes							
AMR	Asthma Med Ratio AMR - 12 to 18 Exclusion										
AMR	Asthma Med Ratio AMR - 12 to 18 Ratio > 50%		Yes								
AMR	Asthma Med Ratio AMR - 19 to 50 Exclusion										
AMR	Asthma Med Ratio AMR - 19 to 50 Ratio > 50%	Yes									
AMR	Asthma Med Ratio AMR - 5 to 11 Exclusion										
AMR	Asthma Med Ratio AMR - 5 to 11 Ratio > 50%		Yes								
AMR	Asthma Med Ratio AMR - 51 to 64 Exclusion										
AMR	Asthma Med Ratio AMR - 51 to 64 Ratio > 50%	Yes								Yes	
AMR	Asthma Med Ratio AMR - Total Exclusions										
AMR	Asthma_Med_Ratio AMR - Total 50% Ratio > 50%										
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): 1 to 5		Yes	Yes							
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): 6 to 11		Yes	Yes							
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): 12 to 17		Yes	Yes							
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): Total		Yes	Yes							
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Total		Yes	Yes							
ART	DMARD Rheum Arthr ART										
AWC	Adolescent Well Care Visits (AWC) -		Yes		Yes					Yes	Yes
BCS	Breast Cancer Screening (BCS) -	Yes							Yes	Yes	Yes
CAP	Children & Adolescents' Access to Primary Care Practitioners (CAP) - 12 - 24 Mo		Yes		Yes					Yes	
CAP	Children & Adolescents' Access to Primary Care Practitioners (CAP) - 2 to 6		Yes		Yes					Yes	
CAP	Children & Adolescents' Access to Primary Care Practitioners (CAP) - 7 to 11		Yes		Yes					Yes	Yes
CAP	Children & Adolescents' Access to Primary Care Practitioners (CAP) - 12 to 19		Yes		Yes					Yes	
CAP	Children & Adolescents' Access to Primary Care Practitioners (CAP) - All Members		Yes		Yes				Yes		
CBP	Blood Pressure Control (CBP) - Total	Yes						Yes		Yes	
CCS	Cervical Canceer Screening (CCS) -	Yes							Yes	Yes	Yes
CDC	Comprehensive Diabetes Care (CDC) - A1c Test	Yes					Yes			Yes	
CDC	Comprehensive Diabetes Care (CDC) - A1c<=9	Yes					Yes				
CDC	Comprehensive Diabetes Care (CDC) - A1c<7	Yes					Yes				
CDC	Comprehensive Diabetes Care (CDC) - A1c<7 Exclusion										
CDC	Comprehensive Diabetes Care (CDC) - A1c<8	Yes					Yes			Yes	
CDC	Comprehensive Diabetes Care (CDC) - A1c>9	Yes									
CDC	Comprehensive Diabetes Care (CDC) - All										
CDC	Comprehensive Diabetes Care (CDC) - BP<140/90	Yes					Yes				
CDC	Comprehensive Diabetes Care (CDC) - Eye Exam	Yes					Yes			Yes	
CDC	Comprehensive Diabetes Care (CDC) - Neph Attn	Yes					Yes			Yes	
CHL	Chlamydia Screening in Women (CHL) - 16 to 20		Yes								
CHL	Chlamydia Screening in Women (CHL) - 21 to 24	Yes									
CHL	Chlamydia Screening in Women (CHL) - Total								Yes	Yes	
CIS	Childhood Immunization (CIS) - Combo 2		Yes								
CIS	Childhood Immunization (CIS) - Combo 3		Yes		Yes					Yes	
CIS	Childhood Immunization (CIS) - Combo 4										
CIS	Childhood Immunization (CIS) - Combo 5										
CIS	Childhood Immunization (CIS) - Combo 6										
CIS	Childhood Immunization (CIS) - Combo 7										
CIS	Childhood Immunization (CIS) - Combo 8										
CIS	Childhood Immunization (CIS) - Combo 9										
CIS	Childhood Immunization (CIS) - Combo 10										
CIS	Childhood Immunization (CIS) - DTaP		Yes								
CIS	Childhood Immunization (CIS) - Hep A		Yes								
CIS	Childhood Immunization (CIS) - Hep B		Yes								

Prestige Health Choice

Prestige Analytics Tool - HEDIS Groups

HEDIS Accronym	Hedis Measure	Adult Measures Group	Child Measures Group	Mental Health Substance Abuse Group	Well Child Group	Prenatal Perinatal Group	Comprehensive Diabetes Care Group	Other Chronic and Acute Care Group	Other Preventive Care Group	AHCA All Performane Measure Groups	PCP QEP Group
CIS	Childhood Immunization (CIS) - HiB		Yes								
CIS	Childhood Immunization (CIS) - Influenza		Yes								
CIS	Childhood Immunization (CIS) - MMR		Yes								
CIS	Childhood Immunization (CIS) - PCV		Yes								
CIS	Childhood Immunization (CIS) - Polio		Yes								
CIS	Childhood Immunization (CIS) - Rotavirus		Yes								
CIS	Childhood Immunization (CIS) - VZV		Yes								
COL	Colorectal Cancer COL -										
CWP	Appropriate Testing of Children with Pharyngitis (CWP) -		Yes								
FHM	Follow Up After Hospitalization for Mental Illness (Agency Defined)(FHM) - 7 days									Yes	
FPC	Frequency of Ongoing Prenatal Care >=81% (FPC) - 0-20%	Yes									
FPC	Frequency of Ongoing Prenatal Care >=81% (FPC) - 21-40%	Yes									
FPC	Frequency of Ongoing Prenatal Care >=81% (FPC) - 41-60%	Yes									
FPC	Frequency of Ongoing Prenatal Care >=81% (FPC) - 61-80%	Yes									
FPC	Frequency of Ongoing Prenatal Care >=81% (FPC) - 81-100%	Yes				Yes				Yes	
FUH	Follow up after Hospitalization for Mental Illness (FUH): 7 days	Yes		Yes							
FUH	Follow up after Hospitalization for Mental Illness (FUH): 30 days	Yes		Yes							
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Engagement	Yes		Yes							
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation	Yes		Yes						Yes	
IMA	Immunizations for Adolescents (IMA) - HPV Immunizations		Yes								
IMA	Immunizations for Adolescents (IMA) - Combo 1		Yes		Yes					Yes	Yes
IMA	Immunizations for Adolescents (IMA) - Combo 2										
IMA	Immunizations for Adolescents (IMA) - Meningococcal		Yes								
IMA	Immunizations for Adolescents (IMA) - Tdap/Td		Yes								
LBP	Use Img Low Back LBP - Imaging for Low Back Pain										
LBP	Use Img Low Back LBP - Required Exclusions										
LSC	Lead Screening in Children (LSC) -		Yes		Yes					Yes	Yes
MMA	Medication Management for People with Asthma (MMA) - 5 to 11 50% Covered		Yes								
MMA	Medication Management for People with Asthma (MMA) - 5 to 11 75% Covered		Yes								
MMA	Medication Management for People with Asthma (MMA) - 5 to 11 Exclusion										
MMA	Medication Management for People with Asthma (MMA) - 12 to 18 50% Covered		Yes								
MMA	Medication Management for People with Asthma (MMA) - 12 to 18 75% Covered		Yes								
MMA	Medication Management for People with Asthma (MMA) - 12 to 18 Exclusion										
MMA	Medication Management for People with Asthma (MMA) - 19 to 50 50% Covered	Yes									
MMA	Medication Management for People with Asthma (MMA) - 19 to 50 75% Covered	Yes									
MMA	Medication Management for People with Asthma (MMA) - 19 to 50 Exclusion										
MMA	Medication Management for People with Asthma (MMA) - 5 to 64 Total 50% Covered									Yes	
MMA	Medication Management for People with Asthma (MMA) - 5 to 64 Total 75% Covered										
MMA	Medication Management for People with Asthma (MMA) - 5 to 64 Total Exclusions										
MMA	Medication Management for People with Asthma (MMA) - 51 to 64 50% Covered	Yes						Yes			
MMA	Medication Management for People with Asthma (MMA) - 51 to 64 75% Covered	Yes						Yes			
MMA	Medication Management for People with Asthma (MMA) - 51 to 64 Exclusion										
MMA	Medication Management for People with Asthma (MMA) - Total 50% Covered										
MMA	Medication Management for People with Asthma (MMA) - Total 75% Covered										
MMA	Medication Management for People with Asthma (MMA) - Total Exclusions										
MPM	Annual Monitor Rx - ACE or ARB	Yes						Yes			
MPM	Annual Monitor Rx - Combined Rate	Yes						Yes		Yes	
MPM	Annual Monitor Rx - Digoxin	Yes						Yes			
MPM	Annual Monitor Rx - Diuretics	Yes						Yes			
NCS	Non Rec Cerv Canc NCS										
PBH	Persist B Blocker PBH										
PCE	Pharm Mgmt COPD PCE - Bronchodilators										
PCE	Pharm Mgmt COPD PCE - Systemic Corticosteroids										
PPC	Timeliness of Prenatal Care (PPC) - All	Yes				Yes					
PPC	Timeliness of Prenatal Care (PPC) - Postpartum	Yes				Yes				Yes	
PPC	Timeliness of Prenatal Care (PPC) - Prenatal	Yes				Yes				Yes	
SAA	Adherence to Antipsychotic Medications for Individuals with Schiziphrenia (SAA)	Yes		Yes							
SMD	Diab Monit Schizo SMD										
SPR	Use of Spirometry SPR14										
SSD	Diab Screen Schiz SSD - Diab Screen										
SSD	Diab Screen Schiz SSD - Exclusions										

Prestige Health Choice

Prestige Analytics Tool - HEDIS Groups

HEDIS Accronym	Hedis Measure	Adult Measures Group	Child Measures Group	Mental Health Substance Abuse Group	Well Child Group	Prenatal Perinatal Group	Comprehensive Diabetes Care Group	Other Chronic and Acute Care Group	Other Preventive Care Group	AHCA All Performane Measure Groups	PCP QEP Group
URI	App Treatment URI										
W15	Well Child Visits 0-15 Months (W15) - 0 visits		Yes								
W15	Well Child Visits 0-15 Months (W15) - 1 visit		Yes								
W15	Well Child Visits 0-15 Months (W15) - 2 visits		Yes								
W15	Well Child Visits 0-15 Months (W15) - 3 visits		Yes								
W15	Well Child Visits 0-15 Months (W15) - 4 visits		Yes								
W15	Well Child Visits 0-15 Months (W15) - 5 visits		Yes								
W15	Well Child Visits 0-15 Months (W15) - 6 + visits		Yes		Yes					Yes	Yes
W34	Well Child Visits 3-6 Years (W34) -		Yes		Yes					Yes	Yes
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment (WCC) - Total		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - All - Total		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - All 3 to 11		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - All 12 to 17		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - BMI 3 to 11		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - BMI 12 to 17		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - Nutrition 3 to 11		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - Nutrition 12 to 17		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - Nutrition Total		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - Phys Act 3 to 11		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - Phys Act 12 to 17		Yes								
WWC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents (Total) (WCC) - Phys Act Total		Yes								

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