

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

November 3, 2014

Marilyn Tavenner, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Request for Information—Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees

Dear Administrator Tavenner:

The Universal Care, Inc. dba Brand New Day, appreciates the opportunity to respond to CMS' request for information substantiating concerns that CMS' Star rating system does not adequately account for sociodemographic factors that affect the health care use and outcomes of Medicare beneficiaries

As you are aware this is a critically important issue for all plans and especially for Special Needs Plans (SNPs) that are by nature smaller and caring for adversely selected populations with great care challenges. We agree with recent statements in the National Quality Forum's (NQF's) report including the potential for plans and providers specializing in the care of lower income, higher risk individuals to be penalized by pay-for-performance programs that do not take into account differences in individuals' socio-economic status (SES)/socio-demographic characteristics.

Brand New Day is a Medicare Advantage Prescription Drug (MAPD) with several Special Needs Plans (SNPs). Our largest Chronic Care SNP (C-SNP) is enrolling people with chronic and disabling mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, and paranoid disorder. In addition to their challenging diagnoses, more than 87% of them are full dual eligible (Medi-Medi) members because of their low economic status. This C-SNP cares for nearly 3,500 people in Southern California, who are disabled due to their chronic mental illness. We understand that this is the largest C-SNP for mental illness in the nation. We have been caring for this population since 2000 and became a SNP when SNPs were first introduced by Medicare.

The model of care (MOC) we have implemented has been very effective in improving outcomes while reducing costs and increasing the members' quality of life. In preparation for the 2015 bids, Milliman Actuarial Consulting firm, ran data from the Medicare 5% Sample, using California individuals with the same mental illness diagnoses as BND members. The Milliman comparative report showed a clear underpayment from Medicare for this population. It also appears from the data that Brand New Day saved the federal, state, and county governments more than \$16 (sixteen) million dollars during the single year reviewed. The savings resulted from Medical hospital days being reduced by 37% and a Mental Health hospital reduction of 42%. Preventative care was 6 times greater. These strong results occurred due to improved overall functions of the members by using the BND model of care. We also believe that BND additionally reduced the frequency of IMD utilization, Long Term Care (LTC) services, and reduced the number of costly premature births to this population.

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Brand New Day supports the SNP Alliance recommendations that CMS take the following actions:

1) Until Star rating and bonus payment methods are risk adjusted to account for SES impacts, CMS should remove the ½ Star rating penalty (per Inovalon estimate) in quality bonus payments for plans serving a disproportionate number of dual eligible beneficiaries until socio-demographic factors are adequately addressed in performance metrics (increase Stars for these plans by 0.5 Stars).

The Brand New Day population of individuals with severe and persistent mental illnesses (SPMI) is considered to be a difficult population to manage. Working with them to complete the Star measures is very challenging. Not achieving 4 Stars and not receiving the quality bonus further financially disadvantages us when trying to care for this population. If the recommended bonus was given, then the plan's current 3.5 Star rating would move to a 4 Star rating.

2) Modify the Star rating program to permanently account for the effects of social determinants of health.

3) Develop and implement interventions to Eliminate Disparities. For example: Brand New Day has written requesting that this population (for example) be exempted from the High Risk Medication (HRM) measure which punishes BND for providing the community standard of care in prescribing antipsychotics, antidepressants, and anti-seizure medications which are critical maintenance medications for this population. We believe that measuring a population of SPMI individuals over 65 years old and comparing them to a population without a SPMI diagnosis is not a like-to-like comparison. We cannot in good conscience withhold medications necessary for treatment in order to improve our STAR rating from "1 (one) STAR" for the HRM measure. We therefore receive a significant score reduction because we are practicing good medicine. Measures like this are unfair and disproportionately disadvantage certain SNPs.

Brand New Day supports all SNP Alliance recommendations because we believe that their implementation would result in improved quality outcomes (maintaining the CMS Star measure goal) and would yield a more fair reimbursement to those plans handling the most difficult populations.

Thank you again for the opportunity to give feedback. Please feel free to call if you have any questions. I can be reached at 562-787-1404, days and evenings.

Sincerely,



Jeffrey Davis, Chief Operations Officer
Universal Care –Brand New Day

CC: Rich Bringewatt, President SNP Alliance / National Health Policy Group

Attachment: Milliman Report

Exhibit 2
Universal Care
2015 Medicare Advantage Bid Development
UNC 2012 Experience
Claims Incurred 1/2012 through 12/2012
Schizophrenia Members - Blended (Dual = 78.58%)

2014 PBP	Description	Annual Admits Per 1,000	Average Length of Stay	Annual Utilization Per 1,000	Average Allowed Per Service	MMs: 26,249		Average Patient Pay Patient Pay	Patient Pay PMPM	Paid PMPM	
						Allowed PMPM	Utilization Per 1,000				
Inpatient Facility1											
1a-1	Inpatient Hospital - Acute	251.9	5.3	1,346.2 days	\$1,986.38	\$222.84	856.6	\$289.24	\$20.65	\$202.19	
1a-2	Inpatient Hospital - MH/SA	266.2	7.4	1,972.2 days	748.98	123.09	1,189.3	192.76	19.10	103.99	2,480
1b	Inpatient Psychiatric	77.8	6.53	507.4 days	771.81	32.63	304.1	191.24	4.85	27.79	4,566
2	Skilled Nursing Services	41.3	17.8	736.0 days	552.48	33.89	442.3	51.99	1.92	31.97	
	Subtotal	637.2	7.16	4,561.8 days	\$1,084.97	\$412.45	2,792.4	\$199.89	\$46.51	\$365.93	
Outpatient Facility and Physician											
3-1	Cardiac Rehabilitation Services			34.4 cases	\$12.68	\$0.04	17.2	\$3.00	\$0.00	\$0.03	
3-2	Pulmonary Rehabilitation Services			- cases	0.00	0.00	-	0.00	0.00	0.00	
4a	Emergency Care / Post Stabilization Care 2			1,388.9 cases	377.67	43.71	1,292.6	65.53	7.06	36.65	
4b	Urgently Needed Care / Urgent Care Centers			298.7 cases	93.96	2.34	253.5	0.10	0.00	2.34	
5	Partial Hospitalization 3			135.3 cases	286.39	3.23	21.6	62.77	0.11	3.12	
6-1	Hospice			- visits	0.00	0.00	-	0.00	0.00	0.00	
6-2	Home Health Services			1,066.1 visits	119.84	10.65	60.6	14.19	0.07	10.57	
7a-1	Primary Care - Facility Visits			1,463.2 visits	102.09	12.45	1,463.2	0.00	0.00	12.45	
7a-2	Primary Care - Consults/Office Visits/Home Visits			3,037.7 visits	116.77	29.56	2,841.2	0.08	0.02	29.54	
7b-1	Chiropractic Services 4			4.4 visits	33.13	0.01	4.4	0.00	0.00	0.01	
7b-2	Chiropractic Services - Routine (Non-Covered) 5			4.4 visits	51.92	0.02	4.4	0.00	0.00	0.02	
7c	Occupational Therapy Services			1.5 visits	71.41	0.01	1.5	0.00	0.00	0.01	
7d-1	Physician Specialist Services - Consults/Office Visits/Home Visits			5,740.4 visits	107.71	51.53	1,658.6	0.23	0.03	51.49	
7d-2	Physician Specialist Services - Facility Visits			6,394.1 visits	106.48	56.74	4,354.0	0.00	0.00	56.74	
7d-3	Physician Services - General Diagnostic Radiology			177.9 proced	121.80	1.81	177.9	0.00	0.00	1.81	
7d-4	Physician Services - Complex Diagnostic Radiology			75.2 proced	112.90	0.71	75.2	0.00	0.00	0.71	
7d-5	Physician Services - X-Rays			414.0 proced	22.75	0.78	414.0	0.00	0.00	0.78	
7d-6	Physician Services - Therapeutic Radiology			28.5 proced	265.92	0.63	18.7	20.41	0.03	0.60	
7d-7	Physician Services - Office Surgery			295.8 visits	292.79	7.22	29.6	1.15	0.00	7.21	
7d-8	Physician Services - Inpatient and Outpatient Surgery			494.3 proced	324.71	13.38	494.3	0.00	0.00	13.38	
7d-9	Physician Services - Pathology/Lab			16,060.4 proced	14.74	19.73	15,015.0	0.00	0.00	19.72	
7d-10	Physician Services - Other 6			48,455.8 proced	44.42	179.38	4,074.4	0.01	0.00	179.38	
7e	Mental Hlth Spec - Non-Physician (Group and Individual) 7			959.6 visits	110.75	8.86	268.6	0.00	0.00	8.86	

Milliman

Exhibit 2
Universal Care
2015 Medicare Advantage Bid Development
UNC 2012 Experience
Claims Incurred 1/2012 through 12/2012
Schizophrenia Members - Blended (Dual = 78.58%)

						MMs: 26,249				
2014 PBP	Description	Annual Admits Per 1,000	Average Length of Stay	Annual Utilization Per 1,000	Average Allowed Per Service	Allowed PMPM	Patient Pay Utilization Per 1,000	Average Patient Pay	Patient Pay PMPM	Paid PMPM
7f-1	Podiatry Services 8			503.2 visits	109.90	4.61	224.1	0.09	0.00	4.61
7f-2	Routine Footcare (Non-Covered)			- visits	0.00	0.00	-	0.00	0.00	0.00
7f-3	Diabetic Footcare			- visits	0.00	0.00	-	0.00	0.00	0.00
7h	Psychiatric Services (Group and Individual)			6,877.9 visits	197.67	113.30	5,593.5	0.01	0.01	113.29
7i-1	Physical and Speech Therapy			348.6 cases	105.14	3.05	109.9	1.22	0.01	3.04
7i-2	Rehab Services (CORF) 9			- visits	0.00	0.00	-	0.00	0.00	0.00
8a	Outpatient Diagnostic Procedures/Tests/Lab			190.4 cases	65.05	1.03	20.1	4.52	0.01	1.02
8b-1	Outpatient Radiological Services - General Diagnostic			306.0 cases	84.75	2.16	72.2	48.91	0.29	1.87
8b-2	Outpatient Radiological Services - Complex Diagnostic			453.6 cases	184.28	6.97	8.8	46.40	0.03	6.93
8b-3	Outpatient Radiological Services - X-Rays			1,153.4 cases	21.34	2.05	54.5	11.52	0.05	2.00
8b-4	Outpatient Radiological Services - Therapeutic			52.6 cases	553.28	2.43	50.6	106.21	0.45	1.98
9a-1	Outpatient Hospital Services - Preventive			203.5 cases	108.40	1.84	20.1	87.34	0.15	1.69
9a-2	Outpatient Hospital Services - Surgery			82.6 cases	1,620.83	11.16	55.6	439.44	2.03	9.13
9a-3	Outpatient Hospital Services - Observation Care			9.3 cases	99.47	0.08	6.9	25.13	0.01	0.06
9a-4	Outpatient Hospital Services - Other			273.1 cases	136.61	3.11	103.4	28.80	0.25	2.86
9b	Ambulatory Surgical Center Services			67.9 cases	813.51	4.60	61.5	142.85	0.73	3.87
9c	Outpatient Substance Abuse Svcs			19.7 cases	534.23	0.88	19.7	0.00	0.00	0.88
9d	Blood			6.4 proced	173.87	0.09	5.9	18.56	0.01	0.08
10a	Ambulance			1,161.3 cases	381.77	36.95	1,000.4	89.57	7.47	29.48
10b	Transportation (Non-Covered)			1,697.8 cases	58.38	8.26	1,697.8	0.00	0.00	8.26
11a	Durable Medical Equipment			728.2 proced	170.97	10.37	721.8	34.30	2.06	8.31
11b-1	Medical Supplies			360.2 proced	48.99	1.47	287.4	10.16	0.24	1.23
11b-2	Prosthetics Devices			17.2 proced	555.19	0.80	17.2	108.62	0.16	0.64
11c	Diabetes Supplies			22.6 proced	98.98	0.19	21.6	15.91	0.03	0.16
12	Renal Dialysis			2.4 cases	51.94	0.01	2.4	0.00	0.00	0.01
13a	Acupuncture (Non-Covered)			- proced	0.00	0.00	-	0.00	0.00	0.00
14a-1	Professional - Other Preventive Services			447.7 proced	4.57	0.17	447.7	0.00	0.00	0.17
14a-2	Immunizations			419.9 visits	27.58	0.97	419.9	0.00	0.00	0.97
14a-3	Physical Exams (Initial Exam and Annual Wellness Visit)			407.6 visits	138.67	4.71	407.6	0.00	0.00	4.71
14a-4	Pap Smears and Pelvic Exams Screening			83.6 visits	14.34	0.10	83.6	0.00	0.00	0.10
14a-5	Prostate Cancer Screening			232.0 visits	3.23	0.06	232.0	0.00	0.00	0.06

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Claims Incurred 1/2012 through 12/2012
Schizophrenia Members - Blended (Dual = 78.58%)

						MMs: 26,249				
2014		Annual	Average	Annual	Average	Patient Pay				
PBP	Description	Admits	Length	Utilization	Allowed Per	Allowed	Utilization	Average	Patient Pay	Paid
		Per 1,000	of Stay	Per 1,000	Service	PMPM	Per 1,000	PatientPay	PMPM	PMPM
14a-6	Colorectal Screening			36.0 visits	71.71	0.22	36.0	0.00	0.00	0.22
14a-7	Bone Mass Measurement			- proced	0.00	0.00	-	0.00	0.00	0.00
14a-8	Mammography Screening			4.8 proced	76.60	0.03	4.8	0.00	0.00	0.03
14b	Routine Exams (Covered and Non-Covered)			173.7 visits	193.52	2.80	173.7	0.00	0.00	2.80
14c	Immunizations (Non-Covered)			1.4 visits	58.15	0.01	1.4	0.00	0.00	0.01
14d	Kidney Disease Education Services			- proced	0.00	0.00	-	0.00	0.00	0.00
14e-1	Diabetes Self-Management Training			35.3 proced	43.53	0.13	35.3	0.00	0.00	0.13
14e-2	Nutrition Training for Diabetes & Renal Dialysis			- proced	0.00	0.00	-	0.00	0.00	0.00
15-1	Medicare Part B Drugs - General - Hospital 10			1,558.8 cases	69.84	9.07	1,507.7	13.54	1.70	7.37
15-2	Medicare Part B Drugs - Chemotherapy - Hospital 10			- cases	0.00	0.00	-	0.00	0.00	0.00
15-3	Medicare Part B Drugs - General - Office 10			1,873.9 proced	181.00	28.26	610.2	0.94	0.05	28.22
15-4	Medicare Part B Drugs - Chemotherapy - Office 10			1,940.8 proced	52.39	8.47	27.9	221.07	0.51	7.96
15-5	Medicare Part B Drugs - Pharmacy 10, 11			- proced	0.00	0.00	-	0.00	0.00	0.00
16a	Preventive Dental (Non-Covered)			1,134.3 proced	0.71	0.07	1,134.3	0.00	0.00	0.07
16b	Comprehensive Dental (Non-Covered)			2,458.4 proced	55.71	11.41	2,458.4	0.00	0.00	11.41
17a-1	Vision Exams			255.3 visits	111.83	2.38	1.9	6.99	0.00	2.38
17a-2	Routine Eye Exams (Non-Covered)			45.2 visits	35.42	0.13	45.2	0.00	0.00	0.13
17b	Glasses/Contacts (Non-Covered)			142.7 visits	116.19	1.38	23.1	11.98	0.02	1.36
18a-1	Hearing Exams			22.9 visits	59.53	0.11	22.9	0.00	0.00	0.11
18a-2	Routine Hearing Test (Non-Covered) 12			0.5 visits	19.09	0.00	0.5	0.00	0.00	0.00
18b	Hearing Aids (Non-Covered)			- visits	0.00	0.00	-	0.00	0.00	0.00
Subtotal						\$728.65			\$23.63	\$705.02
Total Medical Cost						\$1,141.10			\$70.14	\$1,070.96
									\$179.86	\$541.18
									\$2,158.29	\$6,494.17

Exhibit 1
Universal Care
2015 Medicare Advantage Bid Development
California <75 Medicare FFS 5% Sample Data
Claims Incurred 1/2012 through 12/2012
Schizophrenia Members - Blended (Dual = 78.58%)

2014 PBP	Description	Annual Admits Per 1,000	Average Length of Stay	Annual Utilization Per 1,000	Average Allowed Per Service	MMS: 22,893		Average Patient Pay PMPM	Patient Pay PMPM	Paid PMPM	Plan 020 % of FFS		
						Allowed PMPM	Utilization Per 1,000				Util / 1,000	Avg Cost	
Inpatient Facility1													
1a-1	Inpatient Hospital - Acute	336.0	6.38	2,142.0 days	\$2,637.97	\$470.87	1,324.2	\$222.89	\$24.60	\$446.28	62.8%	75.3%	37%
1a-2	Inpatient Hospital - MH/SA	340.8	9.44	3,215.3 days	1,067.11	285.92	2,050.6	153.24	26.19	259.74	61.3%	70.2%	
1b	Inpatient Psychiatric	114.8	11.76	1,350.2 days	909.96	102.39	875.2	121.30	8.85	93.54	37.6%	84.8%	54% IP psych total 46%
2	Skilled Nursing Services	167.7	36.40	6,104.5 days	570.29	290.11	4,290.6	144.50	51.67	238.45	12.1%	96.9%	88%
	Subtotal	959.3	13.36	12,812.0 days	\$1,076.46	\$1,149.30	8,540.6	\$156.38	\$111.30	\$1,038.01	35.6%	100.8%	
Outpatient Facility and Physician													
3-1	Cardiac Rehabilitation Services			4.0 cases	\$78.98	\$0.03	4.0	\$28.38	\$0.01	\$0.02	863.0%	16.1%	
3-2	Pulmonary Rehabilitation Services			- cases	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a	
4a	Emergency Care / Post Stabilization Care 2			1,373.9 cases	422.47	48.37	1,373.9	94.92	10.87	37.50	101.1%	89.4%	
4b	Urgently Needed Care / Urgent Care Centers			116.0 cases	96.40	0.93	116.0	25.30	0.24	0.69	257.5%	97.5%	
5	Partial Hospitalization 3			7,070.4 cases	180.57	106.39	7,070.4	38.91	22.92	83.47	1.9%	158.6%	
6-1	Hospice			5.3 visits	1,143.27	0.50	2.4	24.66	0.00	0.50	0.0%	0.0%	
6-2	Home Health Services			3,238.0 visits	191.31	51.62	81.9	22.87	0.16	51.47	32.9%	62.6%	
7a-1	Primary Care - Facility Visits			6,274.1 visits	95.52	49.94	6,273.7	20.00	10.46	39.48	23.3%	106.9%	
7a-2	Primary Care - Consults/Office Visits/Home Visits			3,486.7 visits	93.27	27.10	3,486.7	24.82	7.21	19.89	87.1%	125.2%	
7b-1	Chiropractic Services 4			221.2 visits	35.43	0.65	221.2	9.49	0.17	0.48	2.0%	93.5%	
7b-2	Chiropractic Services - Routine (Non-Covered) 5			- visits	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a	
7c	Occupational Therapy Services			454.2 visits	111.82	4.23	454.2	23.85	0.90	3.33	0.3%	63.9%	
7d-1	Physician Specialist Services - Consults/Office Visits/Home Visits			2,881.9 visits	99.03	23.78	2,880.5	24.07	5.78	18.00	199.2%	108.8%	
7d-2	Physician Specialist Services - Facility Visits			11,617.2 visits	95.25	92.21	11,613.3	19.34	18.72	73.49	55.0%	111.8%	
7d-3	Physician Services - General Diagnostic Radiology			648.4 proced	69.64	3.76	530.6	18.41	0.81	2.95	27.4%	174.9%	
7d-4	Physician Services - Complex Diagnostic Radiology			783.2 proced	123.56	8.06	780.1	26.54	1.73	6.34	9.6%	91.4%	
7d-5	Physician Services - X-Rays			2,435.0 proced	22.11	4.49	2,381.9	5.08	1.01	3.48	17.0%	102.9%	
7d-6	Physician Services - Therapeutic Radiology			235.2 proced	314.98	6.17	234.8	63.34	1.24	4.93	12.1%	84.4%	
7d-7	Physician Services - Office Surgery			545.1 visits	200.56	9.11	544.4	43.78	1.99	7.12	54.3%	146.0%	
7d-8	Physician Services - Inpatient and Outpatient Surgery			859.0 proced	223.64	16.01	845.9	46.49	3.28	12.73	57.5%	145.2%	
7d-9	Physician Services - Pathology/Lab			14,573.7 proced	15.12	18.36	462.9	18.31	0.71	17.65	110.2%	97.5%	
7d-10	Physician Services - Other 6			4,565.2 proced	50.74	19.30	2,891.2	16.08	3.87	15.43	1061.4%	87.6%	
7e	Mental Hlth Spec - Non-Physician (Group and Individual) 7			1,938.2 visits	86.30	13.94	1,938.2	14.58	2.36	11.58	49.5%	128.3%	
7f-1	Podiatry Services 8			1,148.0 visits	97.76	9.35	1,147.4	21.60	2.07	7.29	43.8%	112.4%	
7f-2	Routine Footcare (Non-Covered)			- visits	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a	
7f-3	Diabetic Footcare			- visits	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a	
7h	Psychiatric Services (Group and Individual)			5,276.7 visits	64.10	28.18	5,272.0	15.14	6.65	21.53	130.3%	308.4%	
7i-1	Physical and Speech Therapy			1,668.1 cases	111.42	15.49	1,665.0	22.99	3.19	12.30	20.9%	94.4%	
7i-2	Rehab Services (CORF) 9			- visits	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a	
8a	Outpatient Diagnostic Procedures/Tests/Lab			1,438.5 cases	43.34	5.19	322.5	8.14	0.22	4.98	13.2%	150.1%	

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						Allowed PMPM	Utilization Per 1,000				Util / 1,000	Avg Cost
8b-1	Outpatient Radiological Services - General Diagnostic			77.3 cases	198.42	1.28	70.2	67.36	0.39	0.88	396.0%	42.7%
8b-2	Outpatient Radiological Services - Complex Diagnostic			73.1 cases	505.05	3.08	73.1	162.54	0.99	2.09	620.2%	36.5%
8b-3	Outpatient Radiological Services - X-Rays			189.9 cases	77.04	1.22	189.9	26.03	0.41	0.81	607.4%	27.7%
8b-4	Outpatient Radiological Services - Therapeutic			79.6 cases	661.55	4.39	79.6	161.12	1.07	3.32	66.1%	83.6%
9a-1	Outpatient Hospital Services - Preventive			469.9 cases	53.84	2.11	108.5	15.44	0.14	1.97	43.3%	201.3%
9a-2	Outpatient Hospital Services - Surgery			103.7 cases	2,029.51	17.54	103.4	421.01	3.63	13.92	79.6%	79.9%
9a-3	Outpatient Hospital Services - Observation Care			24.1 cases	268.76	0.54	23.8	57.94	0.11	0.43	38.8%	37.0%
9a-4	Outpatient Hospital Services - Other			2,270.8 cases	97.43	18.44	2,058.3	26.55	4.55	13.88	12.0%	140.2%
9b	Ambulatory Surgical Center Services			85.8 cases	887.96	6.35	85.8	182.67	1.31	5.04	79.2%	91.6%
9c	Outpatient Substance Abuse Svcs			- cases	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a
9d	Blood			8.4 proced	136.48	0.10	8.4	36.53	0.03	0.07	76.0%	127.4%
10a	Ambulance			1,462.6 cases	423.39	51.60	1,462.6	89.23	10.88	40.73	79.4%	90.2%
10b	Transportation (Non-Covered)			- cases	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a
11a	Durable Medical Equipment			1,014.9 proced	169.18	14.31	1,011.8	36.86	3.11	11.20	71.7%	101.1%
11b-1	Medical Supplies			593.3 proced	75.26	3.72	563.5	16.98	0.80	2.92	60.7%	65.1%
11b-2	Prosthetics Devices			13.2 proced	753.57	0.83	13.2	153.16	0.17	0.66	130.7%	73.7%
11c	Diabetes Supplies			559.5 proced	60.14	2.80	559.5	14.46	0.67	2.13	4.0%	164.6%
12	Renal Dialysis			49.8 cases	140.06	0.58	49.8	27.59	0.11	0.47	4.7%	37.1%
13a	Acupuncture (Non-Covered)			17.9 proced	0.00	0.00	-	0.00	0.00	0.00	0.0%	n/a
14a-1	Professional - Other Preventive Services			370.8 proced	21.90	0.68	62.4	3.40	0.02	0.66	120.7%	20.9%
14a-2	Immunizations			339.1 visits	37.13	1.05	24.6	9.90	0.02	1.03	123.8%	74.3%
14a-3	Physical Exams (Initial Exam and Annual Wellness Visit)			66.2 visits	153.18	0.84	0.7	3.49	0.00	0.84	616.1%	90.5%
14a-4	Pap Smears and Pelvic Exams Screening			64.1 visits	43.96	0.23	0.7	5.16	0.00	0.23	130.5%	32.6%
14a-5	Prostate Cancer Screening			125.6 visits	26.75	0.28	-	0.00	0.00	0.28	184.7%	12.1%
14a-6	Colorectal Screening			31.6 visits	79.36	0.21	4.6	40.19	0.02	0.19	113.8%	90.4%
14a-7	Bone Mass Measurement			11.5 proced	55.45	0.05	-	0.00	0.00	0.05	0.0%	0.0%
14a-8	Mammography Screening			92.7 proced	83.65	0.65	1.4	20.37	0.00	0.64	5.2%	91.6%
14b	Routine Exams (Covered and Non-Covered)			- visits	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a
14c	Immunizations (Non-Covered)			0.8 visits	29.35	0.00	-	0.00	0.00	0.00	178.5%	198.1%
14d	Kidney Disease Education Services			- proced	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a
14e-1	Diabetes Self-Management Training			39.5 proced	8.92	0.03	1.9	9.98	0.00	0.03	89.3%	487.7%
14e-2	Nutrition Training for Diabetes & Renal Dialysis			9.3 proced	22.83	0.02	-	0.00	0.00	0.02	0.0%	0.0%
15-1	Medicare Part B Drugs - General - Hospital 10			168.3 cases	115.36	1.62	165.1	24.37	0.34	1.28	926.1%	60.5%
15-2	Medicare Part B Drugs - Chemotherapy - Hospital 10			12.9 cases	446.94	0.48	12.5	92.59	0.10	0.38	0.0%	0.0%
15-3	Medicare Part B Drugs - General - Office 10			1,214.0 proced	69.80	7.06	1,191.8	14.79	1.47	5.59	154.4%	259.3%
15-4	Medicare Part B Drugs - Chemotherapy - Office 10			145.0 proced	315.06	3.81	144.3	63.36	0.76	3.04	1338.9%	16.6%
15-5	Medicare Part B Drugs - Pharmacy 10, 11			- proced	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a
16a	Preventive Dental (Non-Covered)			- proced	0.00	0.00	-	0.00	0.00	0.00	n/a	n/a

