Physician Leadership Effectiveness Program

FINANCIAL STEWARDSHIP DISCUSSION

October 25, 2014
Ron Dewsnup
President & General Manager
Ron.Dewsnup@AskAllegiance.com
Agenda

- Financing
  - Funding
    - Where it comes from
    - Where it goes
  - Who pays for what
    - Premiums/contributions
    - Deductibles/out-of-pocket maximums
  - Healthcare cost trend
    - Components
    - Causes
  - Employer risk arrangement
    - Fully insured
    - Self funded

- Cost trend management
  - Price
    - Transparency
    - Predictability
  - Utilization
    - Risk management
    - Plan design
  - Quality
    - Measures
    - Comparisons
Financing

- Funding
  - Where the funding comes from
  - Where it goes

$2,360.4 Billion in 2012

Hospital Care | $862.3B (37%)
Physician and Clinical Services | $565.0B (24%)
Prescription Drugs | $263.3B (11%)
Nursing Care Facilities | $151.5B (6%)
Other Health Care | $138.2B (6%)
Dental Services | $110.9B (5%)
Home Health Care | $77.8B (3%)
Other Medical Products | $96.0B (4%)
Other Professional Services | $76.4B (3%)

Notes: Out-of-Pocket | Private Insurance | Medicare | Medicaid | Other Public Insurance | Other Payers

Financing

- Who pays for what
  - Premiums and contributions

Source: Kaiser HRET Survey of Employer-Sponsored Health Benefits, 2014
Financing

- Who pays for what
  - Deductibles and out of pocket maximums
Financing

- Health care cost trend

Financing

- Components of trend

Both price inflation and utilization have been moderating over the course of the past 2 years

- Price Inflation: 3.5%
- Utilization: 1.5%
- New technology: 1.0%
- Leveraging: 1.0%
- Cost shifting: 1.0%
- Demographic shifts: 0.5%
- Defensive medicine: 0.5%
- Other: 0.5%

Total: 9.5%

The Effect of Leveraging

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expense</td>
<td>$2,500</td>
<td>$2,588</td>
<td>3.5%</td>
</tr>
<tr>
<td>Deductible</td>
<td>750</td>
<td>750</td>
<td>0.0%</td>
</tr>
<tr>
<td>Plan Pays</td>
<td>$1,750</td>
<td>$1,838</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Inflation
Claims Trend
Financing

- Causes of cost increases
  - Advances in technology
  - Shortage of skilled workers (labor costs)
  - Demographics: aging of the population
  - Access through health insurance
    - Health insurance v. health benefit
    - Increased access with 3rd party payer
  - Government programs (e.g. Medicare)
  - Epidemiological changes
    - Introduction of new diseases
    - Increased incidence of current disease states
  - Regulations (unfunded mandates)
  - Medical liability
  - Excess institutional capacity
  - Excess specialists
  - Suboptimal decision making
  - Lack of knowledge among consumers

(Dr. Edward F. X. Hughes)
LuminX Users Group Conference
Financing

- Employer risk arrangement
  - Fully insured premiums
    - Premiums
      - Claims
      - Risk charges
      - Profit
      - Administration
        - Payment
        - Health mgmt
        - Compliance (State v. Federal)
    - Premium taxes
    - Reserves
    - Advisory services

- Self funded expenses
  - Contributions
    - Claims
    - Administration
      - Payment
      - Health mgmt
      - Compliance
    - Excess loss premiums
    - Reserves
    - Advisory services
Employer risk arrangement
- Fully insured vs. self-funded illustration

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# Cost trend management

<table>
<thead>
<tr>
<th>Utilization</th>
<th>Price</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td>Transparency / predictability</td>
<td>Measurements</td>
</tr>
<tr>
<td>Risk management</td>
<td>Changes in provider reimbursement methodologies</td>
<td>‣ Outcomes</td>
</tr>
<tr>
<td>‣ Outcomes-based wellness</td>
<td>‣ Bundled payments</td>
<td>‣ Gaps in care</td>
</tr>
<tr>
<td>‣ UR/CM/DM</td>
<td>‣ Reference-based pricing</td>
<td>‣ Efficiency</td>
</tr>
<tr>
<td>‣ Chronic Care Management</td>
<td>‣ PCMH/ACO</td>
<td>‣ Effectiveness</td>
</tr>
<tr>
<td>‣ Population health management</td>
<td></td>
<td>‣ Comparisons</td>
</tr>
<tr>
<td>Plan design</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ HDHP / Consumerism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‣ Maximum eligible expense</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health Plan Costs = \( \text{Utilization} \times \text{Price} \div \text{Quality} \)
Cost trend management

- Utilization
  - Experience

July 1, 2011 thru June 30, 2012:
- 97.35%

July 1, 2012 thru June 30, 2013:
- 97.24%

July 1, 2013 thru June 30, 2014:
- 96.89%
## Cost trend management

- **Utilization**
  - Experience

<table>
<thead>
<tr>
<th>Claimants per 1000 Enrollees</th>
<th>7/11 - 6/12</th>
<th>7/12 - 6/13</th>
<th>7/13 - 6/14</th>
<th>2 Year CAGR</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$100,000</td>
<td>2,252.8</td>
<td>2,276.2</td>
<td>1,991.5</td>
<td>-5.98%</td>
</tr>
<tr>
<td>$100,000</td>
<td>6.7</td>
<td>9.2</td>
<td>9.3</td>
<td>17.35%</td>
</tr>
<tr>
<td>Average Paid in Excess of $100,000</td>
<td>$90,564</td>
<td>$97,046</td>
<td>$98,803</td>
<td>4.45%</td>
</tr>
</tbody>
</table>

*Expected number of claims in excess of $100,000 is between 6.279 and 8.420
*Expected claim amount in excess of $100,000 is between $98,621 and $110,022
## Cost trend management

### Utilization

#### Experience

<table>
<thead>
<tr>
<th>Major Diagnostic Category</th>
<th>7/1/2011-6/30/2012</th>
<th>7/1/2012-6/30/2013</th>
<th>7/1/2013-6/30/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paid</td>
<td>Count</td>
<td>Paid</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>31.2%</td>
<td>31.4%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Circulatory System</td>
<td>15.0%</td>
<td>16.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Injury &amp; Poisoning</td>
<td>7.1%</td>
<td>7.6%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>7.6%</td>
<td>9.9%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Digestive</td>
<td>5.1%</td>
<td>4.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Infectious and Parasitic Diseases</td>
<td>2.6%</td>
<td>2.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>10.7%</td>
<td>7.0%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>1.2%</td>
<td>1.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>5.2%</td>
<td>3.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Nervous System and Sense Organs</td>
<td>1.4%</td>
<td>1.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Conditions Originating in the Perinatal Period</td>
<td>3.2%</td>
<td>3.9%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Endocrine, Nutritional and Metabolic</td>
<td>4.3%</td>
<td>3.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>1.9%</td>
<td>1.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Supplementary Factors Influencing Health</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Blood and Blood Forming Organs</td>
<td>0.4%</td>
<td>0.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>1.4%</td>
<td>1.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Complications of Pregnancy, Childbirth, etc.</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Symptoms, Signs and Ill-Defined Conditions</td>
<td>1.1%</td>
<td>1.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Skin and Subcutaneous Tissue</td>
<td>0.5%</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Cost trend management

- Utilization
  - Risk management

<table>
<thead>
<tr>
<th>Wellness</th>
<th>Disease Management</th>
<th>Complex Care Coordination</th>
<th>Case Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Achieve and maintain healthy and productive lifestyle</td>
<td>Goal: Begin or continue to manage chronic diseases in accordance with evidence based medicine guidelines</td>
<td>Goal: Intervene on high risk and projected high cost patients to ensure compliance with evidence based medicine guideline and avoid debilitating and high cost acute situations</td>
<td>Goal: Assist with current high-cost, acute cases to ensure correct care at correct time in correct place</td>
</tr>
</tbody>
</table>
Cost trend management

- Utilization
  - Risk management
    - Outcomes-based wellness

Among Large Firms (200 or More Workers) Offering Health Benefits and Biometric Screenings, the Use and Value of Incentives, 2014

Source: Kaiser HRET Survey of Employer-Sponsored Health Benefits, 2014
Cost trend management

- Utilization
  - Risk management
    - Outcomes based wellness

**First stage wellness program**
- Biometric screenings
- Educational programs
- Health coaching
- Participation-based incentives

Differential can be no more than 30%
(50% for smoking)

**Next stage wellness program**
- Drive financial accountability through outcomes based incentives
- Improve health through
  - On-line / on-site health coaching
  - Personalized, web-based portal
  - Individual and team based goal setting and tracking tools
- Reduce risk through reporting, monitoring, tracking and reminders
- Lower costs through risk based plan designs

**Additional expansion opportunities**
- PCMH for chronic cases and gaps in care
- Embedded care coordination
- Compliance incentive for providers
- Shared savings incentives
Cost trend management

- Utilization
  - Risk management
    - UR/CM/DM
Cost trend management

- Utilization
  - Risk management
    - Chronic care management
# Complex Care Coordination

## Utilization
- **Risk management**
  - Chronic care management

<table>
<thead>
<tr>
<th>Member</th>
<th>Employer</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member identified to benefit from additional health resources</td>
<td>Employer funded health resources matched to greatest member need</td>
<td>Provider accesses data to identify high risk patients</td>
</tr>
<tr>
<td>Member receives team-based, focused plan of care</td>
<td>Employer pays for additional care only when received by appropriate member</td>
<td>Provider reimbursed for team-based, focused health care services</td>
</tr>
<tr>
<td>Better health outcomes</td>
<td>Better health outcomes, potentially lower cost</td>
<td>Support for transforming primary care delivery</td>
</tr>
<tr>
<td>Higher employee satisfaction</td>
<td>Support for a “Culture of Caring”</td>
<td>Higher provider satisfaction</td>
</tr>
</tbody>
</table>
Cost trend management

- Utilization
  - Risk management
    - Population health management
      - Predictive modeling / Gaps in care / Measurement
        - Provider and participant centric dashboard presents a concise view of
          - Cost,
          - Quality and
          - Efficiency metrics for each provider group
        - To achieve accountability in population health management
      - Provider and participant performance reports integrated with
        - Quality and Risk Measures (QRMs)
        - Disease Registry
        - Member level profiles down to claim line detail
      - Detailed Member history, including
        - Risk markers
        - Gaps in care based on national guidelines
Relative Risk Scores and Care Gap Index

- Utilization
  - Risk management
    - Population health management
Cost trend management

- Utilization
  - Risk management
    - Population health management

![Table and Diagram]

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Cost trend management

- Utilization
  - Risk management
    - Population health management
Cost trend management

- Utilization
  - Risk management
    - Population health management

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>Individuals</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>With Condition</td>
<td>With Gap/Risk</td>
<td>Actual</td>
<td>Norm</td>
</tr>
<tr>
<td>Anti-Hyperlipidemic Agents (E)</td>
<td>Patients without laboratory tests in the last 12 months.</td>
<td>335</td>
<td>99</td>
<td>29.55%</td>
<td>24.15%</td>
</tr>
<tr>
<td>Atrial Fibrillation on Coumadin</td>
<td>Patients with more than sixty days between protimes.</td>
<td>9</td>
<td>2</td>
<td>22.22%</td>
<td>31.44%</td>
</tr>
<tr>
<td>Atrial fibrillation (E)</td>
<td>Patients without anticoagulant drugs in the last 12 months.</td>
<td>21</td>
<td>14</td>
<td>66.67%</td>
<td>52.41%</td>
</tr>
<tr>
<td>CAD (E)</td>
<td>Patients without lipid profile test in the last 12 months.</td>
<td>50</td>
<td>28</td>
<td>56.00%</td>
<td>40.59%</td>
</tr>
<tr>
<td>CAD (E)</td>
<td>Patients without office visit in the last 12 months.</td>
<td>50</td>
<td>3</td>
<td>6.00%</td>
<td>6.91%</td>
</tr>
<tr>
<td>CAD and Hypertension (E)</td>
<td>Patients without antihypertensive drugs in the last 12 months.</td>
<td>15</td>
<td>1</td>
<td>6.67%</td>
<td>17.97%</td>
</tr>
<tr>
<td>CHF (E)</td>
<td>Patients without ACE inhibitors or ARBs or vasodilator drugs in the last 12 months.</td>
<td>17</td>
<td>6</td>
<td>35.29%</td>
<td>42.62%</td>
</tr>
<tr>
<td>CHF (E)</td>
<td>Patients without beta-blocker drugs in the last 12 months.</td>
<td>17</td>
<td>6</td>
<td>35.29%</td>
<td>40.89%</td>
</tr>
<tr>
<td>CHF (E)</td>
<td>Patients without LDL-C or lipid profile test in the last 12 months.</td>
<td>17</td>
<td>9</td>
<td>52.94%</td>
<td>55.58%</td>
</tr>
<tr>
<td>MI (E)</td>
<td>Patients without statin drugs in the last 12 months.</td>
<td>17</td>
<td>6</td>
<td>35.29%</td>
<td>42.62%</td>
</tr>
<tr>
<td>Diabetes (E)</td>
<td>Patients without HbA1c test in the last 12 months.</td>
<td>176</td>
<td>41</td>
<td>23.30%</td>
<td>30.65%</td>
</tr>
<tr>
<td>Diabetes (E)</td>
<td>Patients without retinal eye exam in the last 12 months.</td>
<td>176</td>
<td>158</td>
<td>89.77%</td>
<td>71.04%</td>
</tr>
<tr>
<td>Diabetes (E)</td>
<td>Patients without statin drugs in the last 12 months.</td>
<td>176</td>
<td>96</td>
<td>54.55%</td>
<td>53.36%</td>
</tr>
<tr>
<td>Diabetes (E)</td>
<td>Patients without claims for home glucose testing supplies in the last 12 months.</td>
<td>176</td>
<td>79</td>
<td>44.89%</td>
<td>48.69%</td>
</tr>
<tr>
<td>Diabetes (E)</td>
<td>Patients without semiannual HbA1c test in the last 24 months.</td>
<td>160</td>
<td>128</td>
<td>80.00%</td>
<td>79.74%</td>
</tr>
<tr>
<td>Hospitalization (E)</td>
<td>Patients without office visit within 7 days after discharge.</td>
<td>274</td>
<td>195</td>
<td>71.17%</td>
<td>61.57%</td>
</tr>
</tbody>
</table>
Cost trend management

- Utilization
  - Plan design
    - High deductible health plans / consumerism

Source: Kaiser HRET Survey of Employer-Sponsored Health Benefits, 2014
Cost trend management

- **Utilization**
  - **Plan design**
    - High deductible health plans / consumerism

• Impact of inflation on deductibles
  - $100 in 1960 = $804 in 2014 (CPI only)
  - $100 in 1970 = $613 in 2014 (CPI only)

• If **medical inflation** > CPI by 2.5 points
  - $100 in 1960 = $3,045 in 2014
  - $100 in 1970 = $1,608 in 2014
Cost trend management

- Utilization
  - Plan design
    - Retail / onsite clinics

**Percentage of Firms whose Largest Plan Covers Care Received at Retail Clinics and, of Those, Percentage of Firms who Offer a Financial Incentive to do so, by Firm Size, 2013**

- Among Firms Offering Health Benefits:
  - 56%
  - 61%
  - 56%

- Among Offering Firms whose Largest Plan Includes Coverage at a Retail Clinic:
  - 17%
  - 13%
  - 17%
Cost trend management

- **Price**
  - Transparency / predictability

![Price Variability - Colonoscopy (no biopsy) chart](chart.png)

**HCBB Recommended**

**Fair Price:**

$1,300
Cost trend management

- Price
  - Transparency / predictability
Cost trend management

- **Price**
  - Provider reimbursement methodologies

- **Limited provider financial risk;**
- **Risk of patient over-treatment**

- **High provider financial risk;**
- **Risk of patient under-treatment**

**Fee for Service**

**Per Diem**

**Episode of Care (EPC)**

**Multi-provider EPC**

**Population Shared Savings**

**Condition Specific capitation**

**Full Capitation**
Cost trend management

- **Price**
  - Provider reimbursement methodologies
    - Bundled payments
      - Benefits of a Bundled Payment Pricing Strategy:
        - Increased cost transparency
        - Improved care quality and service efficiency
        - Enhanced cost predictability (with trend tied to negotiations or CPI
        - Expansion to other service lines
    - Across providers
      - Facility
      - Surgeon
      - Anesthesiologist
      - Pre / post surgery
Cost trend management

- **Price**
  - Provider reimbursement methodologies

---

**Total Hip Replacements - All Facilities**

- $0
- $20,000
- $40,000
- $60,000
- $80,000

**Total Knee Replacements - All Facilities**

- $0
- $20,000
- $40,000
- $60,000
- $80,000

Cost trend management

- Price
  - Provider reimbursement methodologies
    - Reference-based pricing
      - Purpose
      - Evaluate charges and payments by facility against an accepted reference (Medicare)
      - Methodology
        - Extracted facility-based claim sample proportionately
        - According to bill type
          - Inpatient
          - Outpatient
        - According to provider payments represented in the book of business
        - According to service mix based on primary diagnosis
      - Sent claims to an independent third-party repiler
        - To group claims by DRG and APC
        - To reprice claims based on published Medicare methods and conversion factors specific to each facility
Cost trend management

- Price
  - Provider reimbursement methodologies
    - Reference-based pricing
Cost trend management

- **Price**
  - Provider reimbursement methodologies
    - Patient Centered Medical Homes (PCMH)

- **Gaps in Care**
  - Performed by care management staff of provider
  - Differs for high risk v. low risk attributed enrollees

- **Outreach**
  - Initial incentive
    - Volume on closing gaps
  - Subsequent incentives
    - A% fewer ER visits
    - B% fewer Admits
    - C% fewer Days/Admit
    - D% less Cost/Enrollee

- **Treatment**
  - Performed by care management staff of provider
  - Differs for high risk v. low risk attributed enrollees

- **Measurement**
  -Performed by
    - Family Practice
    - Internal Medicine
  - Primary
    - Closing gaps
  - Secondary
    - Impact on ER visits
    - Impact on Admissions
    - Impact on Days/Admit
    - Impact on Cost/Enrollee

- **Attribution**
  - Enrollment
  - Risk
    - Incentives
    - Withholds
    - Capitation

- **General principles**
  - Risk stratification of patient population
  - Patient attribution
  - Embedded care manager for outreach and patient management

- **Incentives**
  - Investment by payer in data management and embedded care coordination
  - Volume generated by closing the gaps in care
  - Sharing in the savings generated by achieving pre-defined targets in quality of care, reduction in volume and reduction in costs
Cost trend management

- Price
  - Provider reimbursement methodologies
    - Accountable Care Organizations
      - Spectrum of risk (and required capabilities)

![Diagram showing cost trend management]
Cost trend management

- **Price**
  - Provider reimbursement methodologies
    - Accountable Care Organizations
      - Spectrum of risk (and required capabilities)

---

Sample required payor-like capabilities

<table>
<thead>
<tr>
<th></th>
<th>Fee for service</th>
<th>Fee for service with incentives</th>
<th>Shared savings</th>
<th>Prospectively paid bundles</th>
<th>Capitation</th>
<th>Full risk insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fee for service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Fee for service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Shared savings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Prospectively paid bundles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Capitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Full risk insurance</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

- Care referrals and transitions
- Identification of appropriate care setting
- Primary care access
- Care coordination
- Follow-up and monitoring
- Sales and marketing
- Product development
- Actuarial/underwriting
- Pricing/profability/tracking
- Customer engagement
- Customer enrollment
- Customer service
- Claims/revenue management
- Reporting/billing/coding

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http://www.strategyand.pwc.com/media/file/Strategyand_Health-Networks-Become-Payors.pdf
Cost trend management

- Quality
  - Measurements
Cost trend management

- Quality
  - Measurements

![Image of hospital directory search results for Missoula, MT 59808]
Cost trend management

- Quality
  - Measurements

Composite Quality Scores and Ratings™

Relying on both public and proprietary measures of performance, CareChex compares the quality of hospital and physician care to national and state standards using a variety of clinical indicators to assign a proprietary Composite Quality Score and Rating. Unlike other rating systems, CareChex provides a multidimensional, integrated analysis of medical quality.

Specifically, CareChex incorporates seven (7) peer-reviewed methodologies which address key components of the quality of inpatient care. These methods encompass the following quality measures, many of which have been adopted by the Hospital Quality Alliance (HQA) and Agency for Healthcare Research and Quality (AHRQ) for public reporting:

- Core Process Measures
- Patient Safety Indicators
- Inpatient Quality Indicators
- Mortality Rates
- Complication Rates
- Readmission Rates
- Patient Satisfaction Measures

<table>
<thead>
<tr>
<th>Rank</th>
<th>Rating</th>
<th>Hospital Name</th>
<th>City Location</th>
<th>State</th>
</tr>
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<tbody>
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<td>1</td>
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<td>Billings Clinic Hospital</td>
<td>Billings</td>
<td>MT</td>
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<tr>
<td>2</td>
<td>++</td>
<td>St Patrick Hospital and Health Sciences</td>
<td>Missoula</td>
<td>MT</td>
</tr>
<tr>
<td>3</td>
<td>++</td>
<td>St Vincent Healthcare</td>
<td>Billings</td>
<td>MT</td>
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<tr>
<td>4</td>
<td>+</td>
<td>Kalispell Regional Medical Center</td>
<td>Kalispell</td>
<td>MT</td>
</tr>
<tr>
<td>5</td>
<td>+</td>
<td>Benefis Hospitals</td>
<td>Great Falls</td>
<td>MT</td>
</tr>
<tr>
<td>6</td>
<td>+</td>
<td>Great Falls Clinic Medical Center</td>
<td>Great Falls</td>
<td>MT</td>
</tr>
<tr>
<td>7</td>
<td>+</td>
<td>Bozeman Deaconess Hospital</td>
<td>Bozeman</td>
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</tr>
<tr>
<td>8</td>
<td>+</td>
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<td>9</td>
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<td>11</td>
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<td>Plains</td>
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<tr>
<td>14</td>
<td>+</td>
<td>Barrett Memorial Hospital</td>
<td>Dillon</td>
<td>MT</td>
</tr>
</tbody>
</table>
What’s next

- Who does what and how do we benefit from each organization’s expertise?
  - Does the provider employ the payer?
  - Does the payer employ the provider?
  - Can the provider and payer balance the competing clinical, financial and administrative demands?
  - Does the provider want financial upside and downside risk?
Thank you!