

READ-ME-FIRST: GROUP AND MEDICATION PERSISTENCE REPORTS

Welcome to the SMART[®] Registry, a program that supports your relationships with patients and enhances your ability to provide evidence-based care for chronic illness. The SMART Registry offers you practical, relevant information about your patients in an easy-to-use format so that you can stay well informed about your patients and help them become well educated about their conditions.

The reports on this CD contain information on each of your members identified as having a chronic condition. The following instructions will help you filter and sort your reports to isolate the desired members.

HOW TO BEGIN

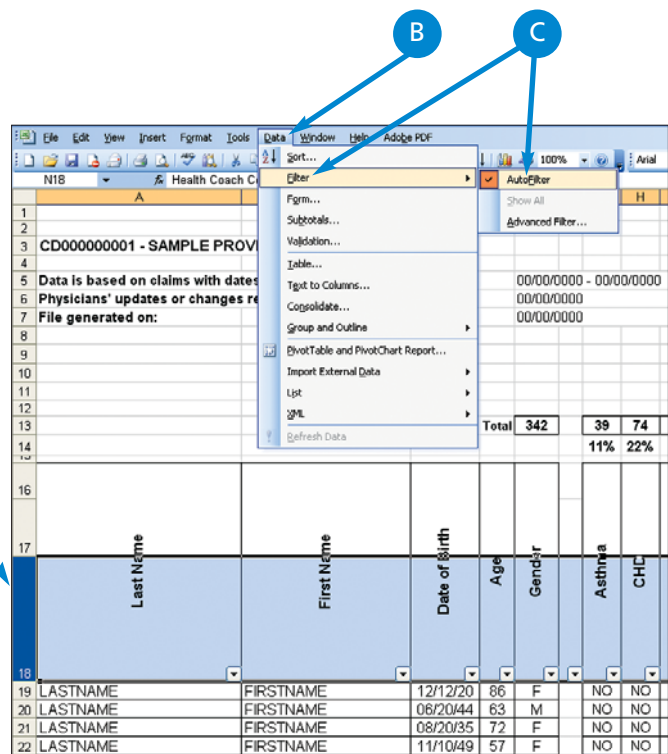
Insert CD

Open Windows Explorer and browse to your CD drive

Select the Excel[®] file

HOW TO ACCESS/FILTER/SORT

- A** Select the row above patient data
Row will then be highlighted
- B** Select the "Data" menu at the top of the page
- C** Choose "Filter" then "AutoFilter"
Down arrow will appear in each column that will allow you to filter the data



SMART[®] REGISTRY

FILTER/SORT OPTIONS: EXAMPLE FROM GROUP REPORT

To view patients with a certain condition, e.g., "asthma"

Select the down arrow in the "Asthma" column

Select "Yes"

A The data displayed is all patients with asthma

| Last Name | First Name | Date of Birth | Age | Gender | Asthma | CHD | HF | COPD | Diabetes | Comorbid Hypertension | Health Coach Contacts | ER Visits | Services |
|-----------|------------|---------------|-----|--------|--------|-----|----|------|----------|-----------------------|-----------------------|-----------|----------|
| LASTNAME | FIRSTNAME | 07/13/36 | 71 | F | YES | NO | NO | NO | YES | YES | 1 | 1 | 00000000 |
| LASTNAME | FIRSTNAME | 10/09/37 | 19 | F | YES | NO | NO | NO | NO | YES | 0 | 3 | 00000000 |
| LASTNAME | FIRSTNAME | 03/31/80 | 27 | M | YES | NO | NO | NO | NO | NO | 0 | 1 | 00000000 |
| LASTNAME | FIRSTNAME | 08/04/35 | 72 | F | YES | NO | NO | NO | YES | YES | 2 | 0 | 00000000 |
| LASTNAME | FIRSTNAME | 11/04/62 | 44 | M | YES | NO | NO | NO | NO | YES | 0 | 0 | 00000000 |

Then, to filter patients for a potential care opportunity

After selecting patients with asthma, select the down arrow in the column that lists the desired indicator, e.g., "Any Controller Medication"

Select the value "0", this indicates that no claims for that indicator have been identified

B The data displayed is all patients with asthma who have a potential care opportunity for controller meds

| Date of Birth | Age | Gender | Asthma | CHD | HF | COPD | Diabetes | Comorbid Hypertension | Health Coach Contacts | ER Visits | Hospital Admissions | Specialist Visits | Any PCP Visits | Rescue Medication | Any Controller Medication | Inhaled Corticosteroid | A CEIIARB | Clinical Indicators | CHD |
|---------------|-----|--------|--------|-----|-----|------|----------|-----------------------|-----------------------|-----------|---------------------|-------------------|----------------|-------------------|---------------------------|------------------------|-----------|---------------------|-----|
| 05/07/23 | 84 | F | YES | YES | YES | YES | YES | YES | 3 | 2 | 2 | 77 | YES | 1 | 0 | 0 | 0 | 5 | |
| 01/05/40 | 67 | M | YES | NO | NO | NO | NO | YES | 2 | 0 | 0 | 8 | YES | 3 | 0 | 0 | 0 | | |
| 04/11/32 | 75 | M | YES | NO | NO | NO | NO | YES | 0 | 0 | 0 | 5 | NO | 1 | 0 | 0 | 0 | | |
| 05/20/70 | 37 | F | YES | NO | NO | NO | NO | NO | 0 | 0 | 0 | 2 | NO | 1 | 0 | 0 | 0 | | |
| 06/03/52 | 55 | F | YES | NO | NO | NO | NO | NO | 1 | 0 | 0 | 5 | YES | 18 | 0 | 0 | 0 | | |
| 08/07/86 | 21 | M | YES | NO | NO | NO | NO | NO | 0 | 0 | 1 | 5 | YES | 0 | 0 | 0 | 0 | | |

From this same list, locate those patients who have claims for rescue medications

Select "Rescue Medication" down arrow and choose "Custom"

Select "is greater than or equal to ...1"

C The data displayed is all patients with asthma with no claims for controller meds but show claims for rescue meds

| Date of Birth | Age | Gender | Asthma | CHD | HF | COPD | Diabetes | Comorbid Hypertension | Health Coach Contacts | ER Visits | Hospital Admissions | Specialist Visits | Any PCP Visits | Rescue Medication | Any Controller Medication | Inhaled Corticosteroid | A CEIIARB | Clinical Indicators | CHD |
|---------------|-----|--------|--------|-----|-----|------|----------|-----------------------|-----------------------|-----------|---------------------|-------------------|----------------|-------------------|---------------------------|------------------------|-----------|---------------------|-----|
| 05/07/23 | 84 | F | YES | YES | YES | YES | YES | YES | 3 | 2 | 2 | 77 | YES | 1 | 0 | 0 | 0 | 5 | |
| 01/05/40 | 67 | M | YES | NO | NO | NO | NO | YES | 2 | 0 | 0 | 8 | YES | 3 | 0 | 0 | 0 | | |
| 04/11/32 | 75 | M | YES | NO | NO | NO | NO | YES | 0 | 0 | 0 | 5 | NO | 1 | 0 | 0 | 0 | | |
| 05/20/70 | 37 | F | YES | NO | NO | NO | NO | NO | 0 | 0 | 0 | 2 | NO | 1 | 0 | 0 | 0 | | |
| 06/03/52 | 55 | F | YES | NO | NO | NO | NO | NO | 1 | 0 | 0 | 5 | YES | 18 | 0 | 0 | 0 | | |

To remove a filter:

Single filter:

Select the down arrow in the column that you want to turn off and select "All".

Multiple filters:

Open the "Data" menu at the top of the page, choose "Filter" from the drop-down menu, and select "Show All".

Down arrow on column:

Open the "Data" menu at the top of the page, choose "Filter", and select "AutoFilter".

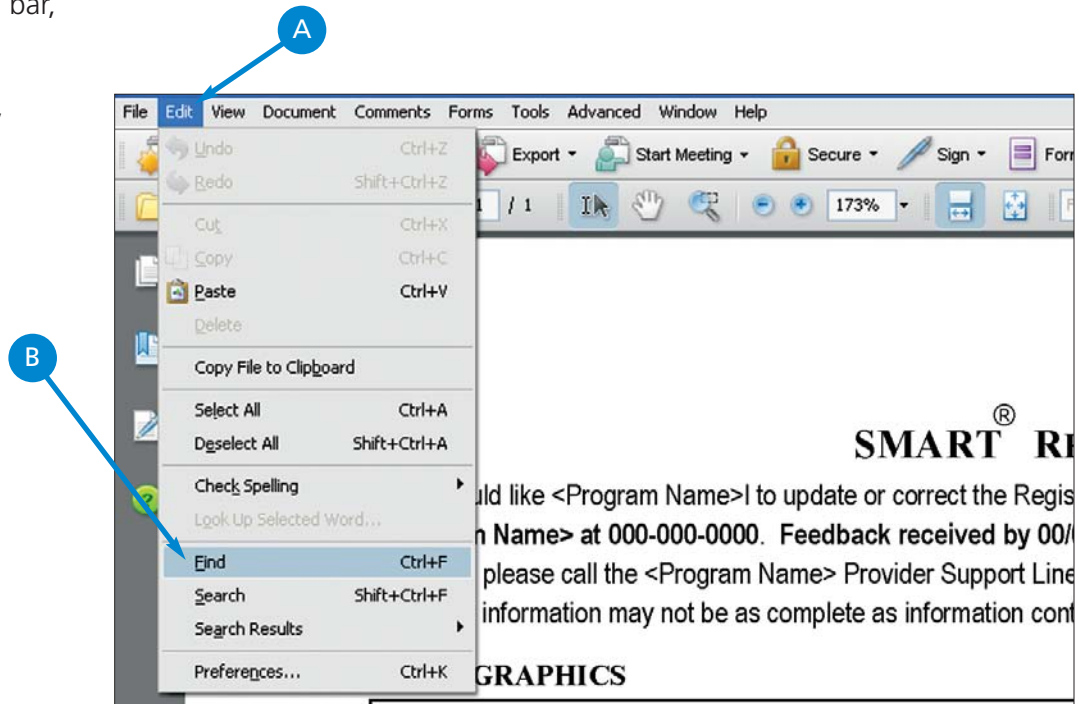
READ-ME-FIRST: PATIENT-SPECIFIC REPORTS

KEYWORD SEARCH OPTIONS: LOCATE A REPORT FOR AN INDIVIDUAL PATIENT

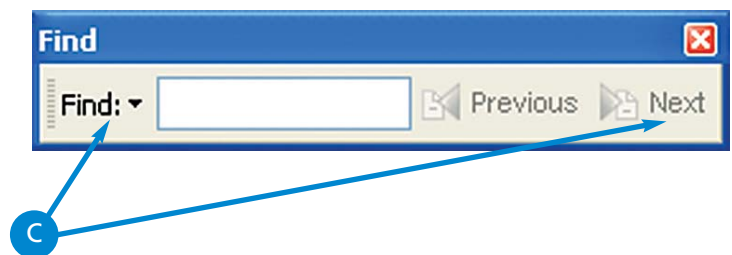
The following instructions explain how to search the PDF document to locate a particular patient and view his/her Patient-Specific Report.

A In the top menu bar, select "Edit"

B Select on "Find"



C Type the patient's name in the search box that pops up and select "Next"

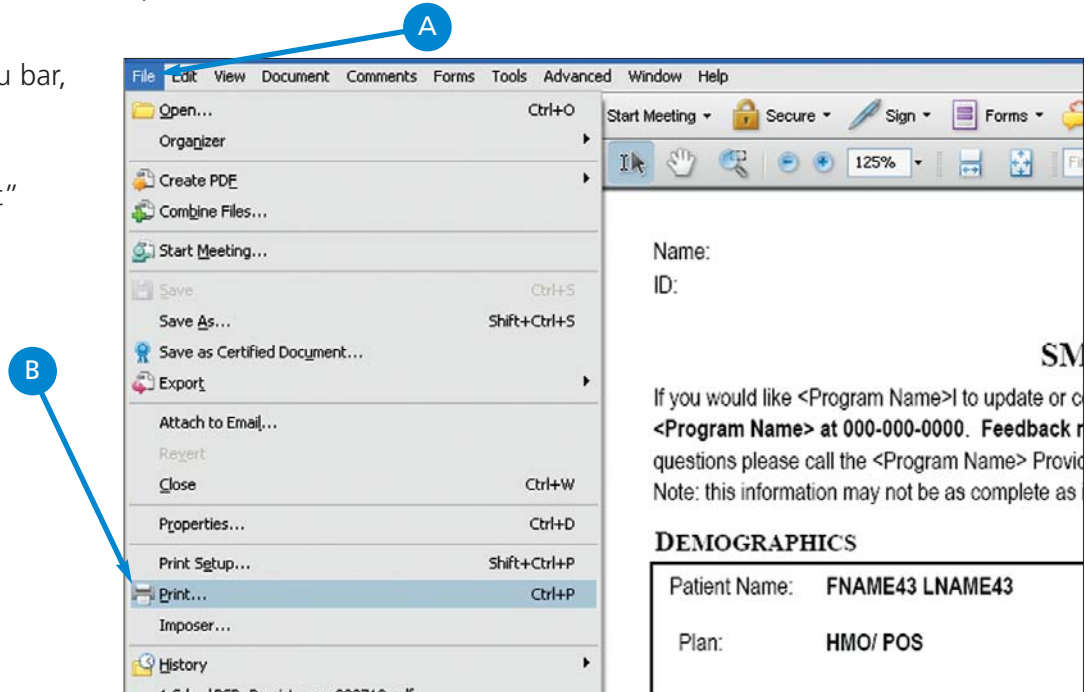


PRINTING OPTIONS: PRINT PAGES FROM THE PATIENT-SPECIFIC REPORT PDF DOCUMENT

The following instructions explain how to select one page, or a range of pages, rather than printing the entire PDF. **Please note:** If you select the print icon in the top menu bar, all of the pages within the PDF will be printed.

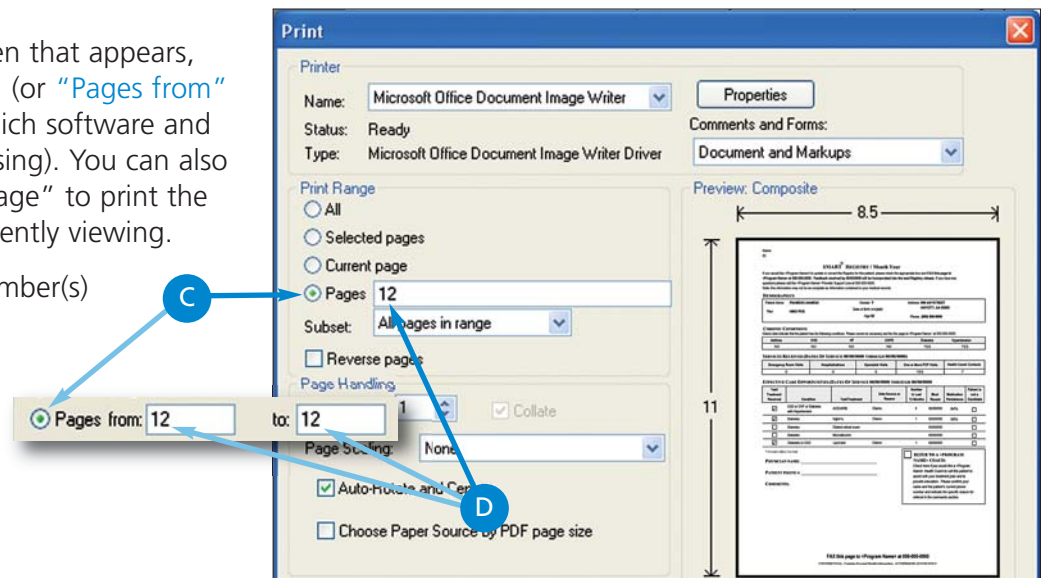
A In the top menu bar, select on "File"

B Select on "Print"



C On the print screen that appears, select on "Pages" (or "Pages from" depending on which software and version you are using). You can also select "Current page" to print the page you are currently viewing.

D Type the page number(s) to be printed



Dear Physician:

Enclosed is a CD* containing your ConnectionsSM Health Management Program SMART[®] Registry. The SMART Registry offers you practical, relevant information about your patients in an easy-to-use format so that you can stay well informed about your patients and help your patients become well educated about their conditions.

The CD contains:

- A PDF file (read-only) of the entire SMART Registry, including supplemental materials and Group, Network Comparison, Medication Persistence, and Patient-Specific Reports.
- An Excel[®] file containing the Group, Network Comparison, and Medication Persistence Reports.
- A Read-Me-First guide to assist you in accessing, sorting, and reviewing your Excel Report(s).
- Word[®] files of template letters that can be used to remind patients about needed follow-up care for asthma, COPD, coronary heart disease, diabetes, heart failure, and hypertension.
- An Excel file of the names and addresses for all patients on the Registry. This list can be used to contact patients for follow-up care or to distribute the template letters.

If you have any questions about Connections or the enclosed SMART Registry CD, please contact a Provider Service Specialist (PSS) by calling the Connections Program Provider Support Line at 1-866-866-4694. A PSS can work with you to sort the CD and answer any other questions you may have about the program.

Thank you.



Esther J. Nash, M.D.
Senior Medical Director
Population Health and Wellness

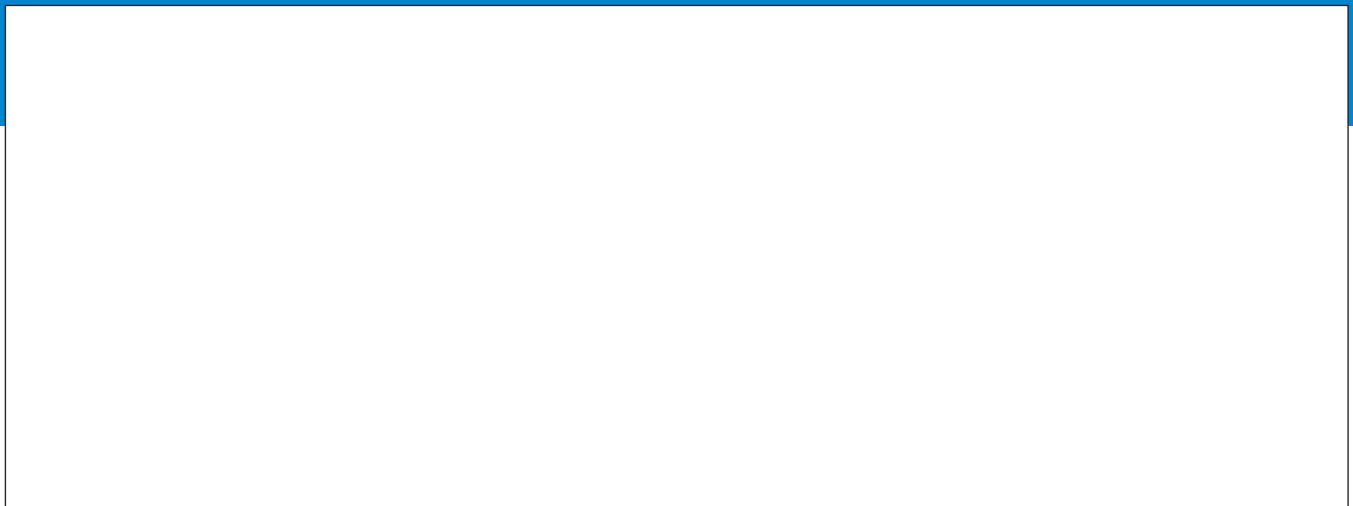
* You may request an optional hard copy version of the SMART Registry within one month of the CD delivery. To request a hard copy version of your Registry, please call the Connections Program Provider Support Line at 1-866-866-4694. Please allow 5 to 7 business days for delivery of a hard copy version of the SMART Registry.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent licensees of the Blue Cross and Blue Shield Association. ®The Blue Cross words and symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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SMART[®] REGISTRY



What's Inside

- Group Report
- Network Comparison Report
- Medication Persistence Report
- Patient-Specific Reports

This report contains confidential member protected health information from the ConnectionsSM Health Management Program. Only persons with a business need to know should access this information. The information should be handled in a manner so as to protect it at all times from unauthorized use or access.



SMART[®] REGISTRY

Dear Valued Provider:

We are pleased to present the **SMART[®] Registry from the Independence Blue Cross ConnectionsSM Health Management Program**. The SMART Registry is designed to support your relationship with patients and enhance your ability to provide evidence-based care for chronic illness. The SMART Registry offers you practical, relevant information about your patients in an easy-to-use format to help you stay well informed about your patients.

The SMART Registry provides you with the information you need to:

- maintain a comprehensive view of your patients' care;
- identify opportunities for better patient care;
- refer patients to Connections Health Management Program for additional support and education.

Everything you need is right here. Please take a minute to read the report description section within this packet. Then you're ready to move on to your current reports.

If you have any questions about using the SMART Registry, please call the Connections Program Provider Support Line at 1-866-866-4694. We look forward to addressing any questions you may have to ensure that you get the most out of this valuable resource.

Sincerely,

A handwritten signature in black ink that reads "Esther J. Nash, MD".

Esther J. Nash, M.D.
Senior Medical Director
Population Health and Wellness

IMPORTANT INFORMATION ABOUT THE SMART REGISTRY:

- **Information in the Registry is compiled from claims data.** Claims may not show services for the most recent three months and are not as accurate as the information in your patient records. The Registry highlights patients for whom claims data do not show the presence of a recommended test or treatment; this may not mean the test or treatment has not been done, but it indicates that we have no record of the test or treatment being performed.
- **Information in the Registry is intended as a *practice support tool* to support evidence-based care,** not as a "report card." It does not, nor is it intended to, replace your professional clinical judgment as the patient's treating physician. It is not used to determine provider reimbursement and is not connected with the QIPS or PQAS programs. However, using this tool may promote care opportunities in your practice that, when addressed, may positively affect your PQAS score and associated quality incentive payments to eligible PCPs in the HMO network.

Please note: All Registry measures are based on 2008 Connections Clinical Guidelines, which can be viewed at http://www.ibx.com/providers/policies_guidelines/clinical_guidelines/index.html.

NETWORK COMPARISON REPORT

Network comparison reports allow you to instantly see how your practice's current performance on key clinical indicators compares to other network primary care providers.

Each peer group is population-based. All adult patients (18 and older) in the SMART[®] Registry population with the given condition are included in each adult denominator. All pediatric patients (under 18) in the SMART Registry population with the given condition are included in each pediatric denominator. When the indicator involves medication use, only patients with pharmacy coverage through Independence Blue Cross are included in the numerator and denominator.

P1 - SAMPLE PROVIDER

1

Data is based on claims with dates of service: 00/00/00 - 00/00/00
File generated on: 00/00/00
Number of chronic pediatric patients: 20
Number of chronic adult patients: 0

| PEDI-DIABETES (<18 years of age) | | CURRENT |
|----------------------------------|----------|---------|
| Testing for HgbA1c | Provider | N/A |
| | Network | 76% |

Patients with Diabetes: 0

| PEDI-ASTHMA (<18 years of age) | | CURRENT |
|----------------------------------|----------|---------|
| Controller Medication treatment | Provider | 38% |
| | Network | 57% |
| Inhaled Corticosteroid treatment | Provider | 38% |
| | Network | 37% |

Patients with Asthma: 20 Patients with Asthma and prescription coverage: 13

2

| DIABETES (Adult) | | CURRENT |
|------------------------------|----------|---------|
| Testing for HgbA1c | Provider | 88% |
| | Network | 79% |
| Dilated Retinal exam | Provider | 48% |
| | Network | 46% |
| Testing for Microalbumin | Provider | 57% |
| | Network | 40% |
| Testing for Lipid Levels | Provider | 88% |
| | Network | 79% |
| Hypertension and on ACEI/ARB | Provider | 72% |
| | Network | 72% |

Patients with Diabetes: 33 Patients with Diabetes and Hypertension and prescription coverage: 18
Patients with Diabetes and no Nephropathy condition and not on Dialysis and not on ACEI/ARB: 14

3

| ASTHMA (Adult) | | CURRENT |
|----------------------------------|----------|---------|
| Controller Medication treatment | Provider | 36% |
| | Network | 55% |
| Inhaled Corticosteroid treatment | Provider | 36% |
| | Network | 41% |

Patients with Asthma: 29 Patients with Asthma and prescription coverage: 14

4

| HF (Adult) | | CURRENT |
|------------------------|----------|---------|
| ACEI/ARB treatment | Provider | N/A |
| | Network | 64% |
| Beta Blocker treatment | Provider | N/A |
| | Network | 67% |

Patients with HF: 9 Patients with HF and prescription coverage: 7

5

| CHD (Adult) | | CURRENT |
|--------------------------------|----------|---------|
| ACEI/ARB treatment | Provider | 54% |
| | Network | 63% |
| Testing for Lipid Levels | Provider | 80% |
| | Network | 78% |
| Lipid Lowering Agent treatment | Provider | 62% |
| | Network | 68% |
| Beta Blocker treatment | Provider | 45% |
| | Network | 60% |

Patients with CHD: 40 Patients with CHD and Hypertension, Diabetes or previous MI and prescription coverage: 24
Patients with CHD and prescription coverage: 29

- Physician practice ID number, name, and denominators.
- Chronic condition clinical indicator.
- Average rates from all participating network primary care physicians.
- The practice has 11 or more patients with condition; therefore, the rates are shown.
- The practice has fewer than 11 identified patients with condition; therefore, practice-specific rates are not applicable (N/A).



MEDICATION PERSISTENCE REPORT

The medication persistence report includes persistence rates for all CHD, HF, and diabetic patients with comorbid hypertension who have prescription coverage. Persistence of 80% or more is considered desirable. Please note that asthma controller medication persistence is not included because use can be highly variable.

Medication persistence is calculated as the number of days medication is dispensed (based on claims data) divided by the number of days since the date of the first claim for that medication class during the measurement period. For example, if three months into the measurement year, a patient received a new prescription for a specific medication class and is dispensed a one-month supply, but never refills the prescription even though it was prescribed for the remainder of the measurement year, the percentage would be calculated as follows: **30 (number of days supplied) divided by 270 (number of days should have taken medication) = 11% usage (percentage is reflected in report).**

Data is based on claims with dates of service: 00/00/0000 - 00/00/0000
Physicians' updates or changes received by: 00/00/0000
File generated on: 00/00/0000

1

| Last Name | First Name | Date of Birth | Age | Gender | CONDITIONS | | | 4 Medication Persistence Rates | | |
|-----------|------------|---------------|-----|--------|------------|----------------------|----------------------------|--|-----|---------------|
| | | | | | CHD | HF | Diabetes With Hypertension | CHD, HF, and/or Diabetes with Hypertension | CHD | CHD and/or HF |
| | | | | | ACEI/ARB | Lipid Lowering Agent | Beta Blocker | | | |
| LNAME | FNAME | 12/12/20 | 86 | F | | | YES | 84% | | |
| LNAME | FNAME | 06/20/44 | 63 | M | YES | | YES | 95% | 93% | 93% |
| LNAME | FNAME | 08/20/35 | 72 | F | YES | YES | YES | 67% | 72% | 71% |
| LNAME | FNAME | 11/10/49 | 57 | F | | | YES | 47% | | |
| LNAME | FNAME | 07/13/36 | 71 | F | | | YES | 98% | | |
| LNAME | FNAME | 04/03/44 | 63 | M | | | YES | 89% | | |
| LNAME | FNAME | 04/28/64 | 43 | F | | | YES | 100% | | |
| LNAME | FNAME | 10/09/87 | 19 | F | YES | | | 84% | 84% | 85% |
| LNAME | FNAME | 06/07/19 | 88 | M | YES | | | 94% | 94% | 92% |
| LNAME | FNAME | 07/26/61 | 46 | M | YES | | | 56% | 62% | 87% |
| LNAME | FNAME | 03/15/32 | 75 | F | | | YES | 99% | | |
| LNAME | FNAME | 02/09/42 | 65 | M | YES | YES | | 68% | 56% | 43% |
| LNAME | FNAME | 06/22/40 | 67 | M | | | YES | 54% | | |
| LNAME | FNAME | 10/29/44 | 62 | F | | | YES | 97% | | |
| LNAME | FNAME | 02/08/48 | 59 | M | | | YES | 93% | | |
| LNAME | FNAME | 01/11/56 | 51 | M | | | YES | 87% | | |
| LNAME | FNAME | 01/11/56 | 51 | F | | | YES | 99% | | |
| LNAME | FNAME | 12/03/47 | 59 | M | YES | | | 91% | 91% | 91% |
| LNAME | FNAME | 11/04/62 | 44 | M | | | YES | 83% | | |
| LNAME | FNAME | 12/11/72 | 34 | F | YES | | YES | 38% | 32% | 33% |
| LNAME | FNAME | 05/31/48 | 59 | F | | | YES | 67% | | |
| LNAME | FNAME | 03/02/60 | 47 | F | | | YES | 76% | | |
| LNAME | FNAME | 02/15/58 | 49 | F | YES | | | 48% | 47% | 43% |
| LNAME | FNAME | 10/24/46 | 60 | M | | | YES | 99% | | |
| LNAME | FNAME | 07/16/41 | 66 | M | | | YES | 12% | | |
| LNAME | FNAME | 05/04/61 | 46 | M | | | YES | 85% | | |
| LNAME | FNAME | 09/21/72 | 34 | F | | | YES | 83% | | |
| LNAME | FNAME | 03/17/32 | 75 | F | YES | YES | YES | 96% | 97% | 96% |

- 1 Time frame and report date.
- 2 Complete listing of your patients with CHD, HF, and diabetes with hypertension.
- 3 Identifiers for those patients who have CHD, HF, and diabetes with hypertension.
- 4 Actual rate of persistence for each applicable medication or class of medications for each patient.

PATIENT-SPECIFIC REPORTS

Patient-specific reports give you a whole-person view of your patients with chronic conditions. The reports are designed to be removed from the SMART[®] Registry and filed in individual patient records. If you wish to update or correct any information in these reports, or would like to have a Health Coach contact a patient, simply write in the appropriate information and fax it to the number provided on the report.

| 1 DEMOGRAPHICS | | | | | | | |
|---|------------------------|-------------------|---|---|--------------------------|------------------------|--------------------------|
| Patient Name: LNAME2607, FNAME2607 | | Gender: F | Address: 999 ANYSTREET ANYTOWN, ZZ 99999 | | | | |
| Date of Birth: 7/17/1950 | | Age: 57 | Phone: (999) 999-9999 | | | | |
| 2 CHRONIC CONDITIONS | | | | | | | |
| Claims data indicate that the patient has the following conditions. Please correct as necessary and fax this page to Connections at 1-800-276-3075. | | | | | | | |
| Asthma | CHD | HF | COPD | Diabetes | Hypertension | | |
| YES | NO | NO | NO | NO | YES | | |
| 3 SERVICES RECEIVED (DATES OF SERVICE 00/00/00 THROUGH 00/00/00) | | | | | | | |
| Emergency Room Visits | Hospitalizations | Specialist Visits | One or More PCP Visits | Health Coach Contacts | | | |
| 0 | 0 | 5 | YES | 0 | | | |
| 4 EFFECTIVE CARE OPPORTUNITIES (DATES OF SERVICE 00/00/00 THROUGH 00/00/00) | | | | | | | |
| Test/Treatment Received | Test/Treatment | Lab Test Results | Most Recent | Data Source or Reason | Number in Last 12 Months | Medication Persistence | Patient Not a Candidate |
| <input type="checkbox"/> | Rescue Med. | | | | | | N/A |
| <input type="checkbox"/> | Any Controller Med. | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | Inhaled corticosteroid | | | | | | <input type="checkbox"/> |
| PHYSICIAN NAME: _____ | | | | 10 <input type="checkbox"/> Refer to a Connections Health Coach: Check here if you would like a Health Coach to call this patient to assist with your treatment plan and to provide education. Please confirm your name and the patient's current phone number and indicate the specific reason for referral in the comments section. | | | |
| PATIENT PHONE #: _____ | | | | | | | |
| 11 COMMENTS: | | | | | | | |

- 1 Patient information.
- 2 Chronic conditions for which patient has received diagnosis.
- 3 Frequency of services received over the past 12 months.
- 4 Number of contacts with a Health Coach.
- 5 Condition and test/treatment type.
- 6 Source of data:
 - *Claims* — Claim received for this test/treatment.
 - *MD update* — Physician indicated patient had the test/treatment or is not a candidate for the test/treatment.
 - *No IBC Rx benefit* — No claims information available.
 - *Blank* — No claim received for this test/treatment, and physician did not update this information in previous Registry releases.
- 7 Medication persistence rate — threshold for persistence defined as rate of 80% or more.
- 8 Check box if your patient is not a candidate for the test/treatment.
- 9 Unchecked box indicates opportunity for care improvement.
 - Check box if your records indicate test/treatment was performed in past 12 months.
- 10 **Check box if you would like a Health Coach to contact this patient.**
- 11 Use this space to indicate the specific reason for referral and any further information about your patient.

SMART[®] REGISTRY

The following section contains:

Group Report

*Practice-wide overview of your patients
with chronic conditions.*

SMART[®] REGISTRY

The following section contains:

Network Comparison Report

*Compare your performance on key
clinical indicators with
participating network practices.*

P1 - SAMPLE PROVIDER

Data is based on claims with dates of service: 00/00/00 - 00/00/00
 File generated on: 00/00/00

Number of chronic pediatric patients: 20
 Number of chronic adult patients: 0

| PEDI-DIABETES (<18 years of age) | | CURRENT |
|----------------------------------|----------|---------|
| Testing for HgbA1c | Provider | N/A |
| | Network | 76% |

Patients with Diabetes: 0

| DIABETES (Adult) | | CURRENT |
|------------------------------|----------|---------|
| Testing for HgbA1c | Provider | 88% |
| | Network | 79% |
| Dilated Retinal exam | Provider | 48% |
| | Network | 46% |
| Testing for Microalbumin | Provider | 57% |
| | Network | 40% |
| Testing for Lipid Levels | Provider | 88% |
| | Network | 79% |
| Hypertension and on ACEI/ARB | Provider | 72% |
| | Network | 72% |

Patients with Diabetes: 33

Patients with Diabetes and Hypertension and prescription coverage: 18

Patients with Diabetes and no Nephropathy condition and not on Dialysis and not on ACEI/ARB: 14

| HF (Adult) | | CURRENT |
|------------------------|----------|---------|
| ACEI/ARB treatment | Provider | N/A |
| | Network | 64% |
| Beta Blocker treatment | Provider | N/A |
| | Network | 67% |

Patients with HF: 9

Patients with HF and prescription coverage: 7

| PEDI-ASTHMA (<18 years of age) | | CURRENT |
|----------------------------------|----------|---------|
| Controller Medication treatment | Provider | 38% |
| | Network | 57% |
| Inhaled Corticosteroid treatment | Provider | 38% |
| | Network | 37% |

Patients with Asthma: 20

Patients with Asthma and prescription coverage: 13

| ASTHMA (Adult) | | CURRENT |
|----------------------------------|----------|---------|
| Controller Medication treatment | Provider | 36% |
| | Network | 55% |
| Inhaled Corticosteroid treatment | Provider | 36% |
| | Network | 41% |

Patients with Asthma: 29

Patients with Asthma and prescription coverage: 14

| CHD (Adult) | | CURRENT |
|--------------------------------|----------|---------|
| ACEI/ARB treatment | Provider | 54% |
| | Network | 63% |
| Testing for Lipid Levels | Provider | 80% |
| | Network | 78% |
| Lipid Lowering Agent treatment | Provider | 62% |
| | Network | 68% |
| Beta Blocker treatment | Provider | 45% |
| | Network | 60% |

Patients with CHD: 40

Patients with CHD and prescription coverage: 29
 Patients with CHD and Hypertension, Diabetes or previous MI and prescription coverage: 24

Note: Rate calculations include patients who had evidence of test/treatment in the last 12 months. Patients without health plan prescription coverage are excluded from treatment rate calculations.

The following section contains:

Medication Persistence Report

*Practice-wide overview of your patients'
medication persistence rates.*

SMART[®] REGISTRY

The following section contains:

Patient-Specific Reports

*Data summaries of your individual patients
designed to be removed and filed
in the patient's medical record.*

Name: **SAMPLE PROVIDER**
ID: **P1**

SMART[®] REGISTRY / JANUARY 2009

If you would like ConnectionsSM to update or correct the Registry for this patient, please check the appropriate box and **FAX this page to Connections at 1-800-276-3075. Clinical Updates received by April 23, 2009 will be incorporated into the next Registry release.** If you have any questions please call the Connections Provider Support Line at 1-866-866-4694. Note: This information may not be as complete as information contained in your medical records.

DEMOGRAPHICS

| | | |
|---|---------------------------------|---|
| Patient Name: LNAME2607, FNAME2607 | Gender: F | Address: 999 ANYSTREET ANYTOWN, ZZ 99999 |
| | Date of Birth: 7/17/1950 | |
| | Age: 57 | Phone: (999) 999-9999 |

CHRONIC CONDITIONS

Claims data indicate that the patient has the following conditions. Please correct as necessary and fax this page to Connections at 1-800-276-3075.

| Asthma | CHD | HF | COPD | Diabetes | Hypertension |
|--------|-----|----|------|----------|--------------|
| YES | NO | NO | NO | NO | YES |

SERVICES RECEIVED (DATES OF SERVICE 00/00/00 THROUGH 00/00/00)

| Emergency Room Visits | Hospitalizations | Specialist Visits | One or More PCP Visits | Health Coach Contacts |
|-----------------------|------------------|-------------------|------------------------|-----------------------|
| 0 | 0 | 5 | YES | 0 |

EFFECTIVE CARE OPPORTUNITIES (DATES OF SERVICE 00/00/00 THROUGH 00/00/00)

| Test/ Treatment Received | Test/Treatment | Lab Test Results | Most Recent | Data Source or Reason | Number in Last 12 Months | Medication Persistence | Patient Not a Candidate |
|--------------------------------|------------------------|------------------|----------------|--------------------------|--------------------------------|---------------------------|-------------------------------|
| <input type="checkbox"/> | Rescue Med. | | | | | | N/A |
| <input type="checkbox"/> | Any Controller Med. | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | Inhaled corticosteroid | | | | | | <input type="checkbox"/> |

PHYSICIAN NAME: _____

PATIENT PHONE #: _____

COMMENTS:

Refer to a Connections Health Coach:
Check here if you would like a Health Coach to call this patient to assist with your treatment plan and to provide education. Please confirm your name and the patient's current phone number and indicate the specific reason for referral in the comments section.

Please FAX this page to Connections at 1-800-276-3075