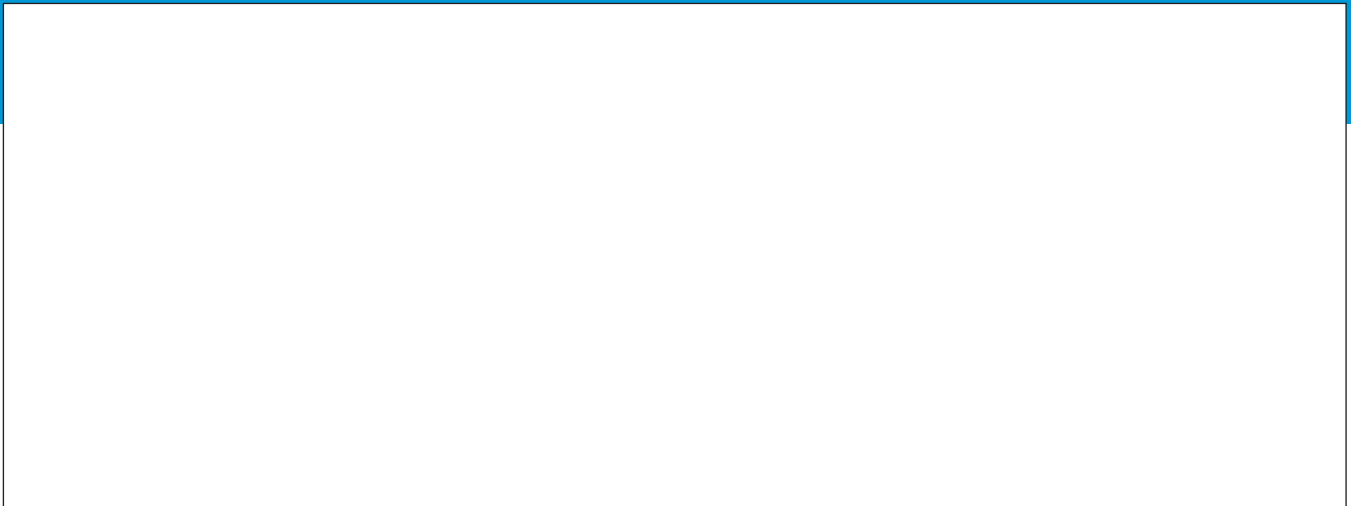


SMART[®] REGISTRY



What's inside

Network Rates 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 view 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 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,



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 does 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 the 2008-2009 Clinical Practice Guideline Summary, which can be viewed at http://www.ibx.com/providers/policies_guidelines/clinical_guidelines/index.html.

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: LNAME180, FNAME180		Gender: F	Address: 999 ANYSTREET ANYTOWN, ZZ 99999				
	Date of Birth: 1/14/1951		Age: 57	Phone: (999) 999-9999				
2	CHRONIC CONDITIONS							
	Claims data indicates 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		
	NO	YES	YES	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			
	3	0	0	YES	0			
9	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"/>	Lipid-lowering agent						<input type="checkbox"/>
	<input type="checkbox"/>	Beta blocker						<input type="checkbox"/>
	<input checked="" type="checkbox"/>	ACEI/ARB	2/3/08	Claims	12	98%		<input type="checkbox"/>
	<input type="checkbox"/>	Lipid test						<input type="checkbox"/>
	PHYSICIAN NAME: _____							
	PATIENT PHONE #: _____							
11	COMMENTS:							
							<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.	

- 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.
- 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 Rx benefit* — No prescription coverage benefits.
 - *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:

Network Rates

*Network rates for
adult and pediatric
tests and treatments.*

SMART[®] Registry
Network Rates for Test/Treatments in the Last 12 Months
Provided by the ConnectionsSM Health Management Program

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

00/00/0000 - 00/00/0000
00/00/0000

ASTHMA *(Pediatric only <18 years of age)*

Controller Medication treatment	70%
Inhaled Corticosteroid treatment	30%

DIABETES *(Pediatric only <18 years of age)*

Testing for HgbA1c	70%
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CHD *(Adult)*

ACEI/ARB treatment	65%
Testing for Lipid Levels	69%
Lipid Lowering Agent treatment	73%
Beta Blocker treatment	67%

ASTHMA *(Adult)*

Controller Medication treatment	69%
Inhaled Corticosteroid treatment	40%

DIABETES *(Adult)*

Testing for HgbA1c	70%
Dilated Retinal exam	30%
Testing for Microalbumin	21%
Testing for Lipid Levels	64%
Hypertension and on ACEI/ARB	72%

HF *(Adult)*

ACEI/ARB treatment	71%
Beta Blocker treatment	71%

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.

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 / JUNE 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 September 24, 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: LNAME180, FNAME180	Gender: F	Address: 999 ANYSTREET ANYTOWN, ZZ 99999
	Date of Birth: 1/14/1951	
	Age: 57	Phone: (999) 999-9999

CHRONIC CONDITIONS

Claims data indicates 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
NO	YES	YES	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
3	0	0	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"/>	Lipid-lowering agent						<input type="checkbox"/>
<input type="checkbox"/>	Beta blocker						<input type="checkbox"/>
<input checked="" type="checkbox"/>	ACEI/ARB		2/3/08	Claims	12	99%	<input type="checkbox"/>
<input type="checkbox"/>	Lipid test						<input type="checkbox"/>

PHYSICIAN NAME: _____

PATIENT PHONE #: _____

COMMENTS:

<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.

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

CONFIDENTIAL: Contains personal health information. AUTHORIZED ACCESS ONLY

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