Our Standard of Quality
Sanford Health has a long history of placing quality before all else. We are, as stated in our mission statement, “Dedicated to the work of health and healing.” As a subsidiary of Sanford Health, Sanford Health Plan believes that in order to meet the needs of our patients and health care partners, everything we do must be of the highest quality and value available in our region. We do so by utilizing Sanford Values: Courage, Passion, Resolve, Advancement and Family.

By improving the quality of care provided, employing the best managed care practices and principles, and partnering with our consumers, employer groups and physicians, Sanford Health Plan is able to assist in saving lives, reducing disability, improving productivity and managing health care costs.

We also believe that healing involves promoting and improving the health of our communities. To demonstrate our commitment to providing the highest quality of care and service, Sanford Health Plan would like to present our HEDIS® (Healthcare Effectiveness Data and Information Set) 2016 commercial HMO report including quality improvement activities and health management programs implemented by the Plan. This data provides you - our customer - with the information you need to judge our success in meeting our goals in various performance areas.

Along with Sanford Health, Sanford Health Plan’s very foundation is quality. Reporting HEDIS rates will assist the Plan in identifying our strong points and areas where improvements need to be made. The Plan believes that the only way to achieve continuous quality improvement is to have its entire organization embrace a well-defined quality improvement program and annual work plan in its day to day activities. With this being our 15th year of reporting, we are able to compare our rates to those of previous years to determine where we did or did not make progress. We look forward to future reporting years, which will allow us to continue to monitor and evaluate improvements that can be made in all aspects of our care and service delivery.

If you have suggestions for us on how we can improve this report, or if you have questions regarding the interpretation of the results, please feel free to contact our Care Management Department at (888) 315-0884.

Timothy Donelan, MD
Vice President, Medical Officer
Sanford Health Plan
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Introduction

About Sanford Health Plan
Sanford Health Plan began operations in South Dakota in September 1997 as an open access, non-gatekeeper model, managed care organization. The first members were enrolled in January 1998. That same month, Sanford Health Plan became licensed in Minnesota. To obtain this licensure, Sanford Health Plan was required to form a separate corporation known as Sanford Health Plan of Minnesota. Sanford Health Plan further expanded its service area to northwestern Iowa after receiving licensure in August 1998. Sanford Health Plan also received a Certificate of Authority in February 2010 to operate in North Dakota as an expansion of its South Dakota license.

For purposes of this report, Sanford Health Plan and Sanford Health Plan of Minnesota are referred to as “Sanford Health Plan” or “the Plan”; as operations for the two, including areas such as the quality improvement program, are one in the same. Beginning with HEDIS 2005, the Plan received permission from NCQA and the Minnesota Department of Health to combine the Sanford Health Plan and Sanford Health Plan of Minnesota commercial HMO populations into one combined HEDIS report.

Sanford Health Plan is a wholly owned, nonprofit subsidiary of Sanford Health. The Plan is designed to provide employers and employees with the most appropriate, cost effective health care possible. The Board of Trustees of Sanford Health is ultimately responsible for the Plan, but has delegated the Board of Directors the authority to act as the governing body. Sanford Health Plan’s executive vice president and vice president, medical officer, or designee, are accountable to the Plan’s Board of Directors.

Sanford Health Plan benefits are designed as a unique alternative to existing health insurance packages in the region. Applying our expertise in health care administration, quality patient care and network development, we have created a health plan with a focus on the health and well-being of our members. Sanford Health Plan’s medical management program monitors utilization and coordinates care plans to ensure that our members are receiving the most appropriate care. Prevention and wellness programs are built into the benefit packages. This encourages members to seek treatment early and to live healthier lifestyles, thereby controlling long-term health care costs.

The key to our success is our network of primary care physicians, specialists and hospitals. In partnership with these health care practitioners, Sanford Health Plan actively promotes health care education, prevention and early detection. Together, we understand the need to deliver the best possible patient care, maintaining good community health, while developing cost-effective solutions. The Plan’s network of providers is subject to strict credentialing guidelines and performance reviews in upholding the Plan’s dedication to high quality care.

In short, Sanford Health Plan strives to ensure that all members receive the right care, in the right place, at the right time, for the right reason.

Sanford Health Plan and its participating practitioners acknowledge their responsibility to provide high quality care in a cost-effective manner through an ongoing monitoring, evaluation and improvement process. The organized method for monitoring, evaluating, and improving the quality, safety and appropriateness of health care services including behavioral health care to members through related activities and studies is known as the Quality Improvement (QI) program. Throughout this report you will find descriptions of the quality improvement activities and health management programs that Sanford Health Plan has implemented to improve the health and well-being of its members. The activities that pertain directly to the HEDIS rates will be reported in conjunction with those rates.

HEDIS®
HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality. Quality improvement activities, health management programs and practitioner profiling efforts have all used HEDIS as a core measurement set.

This report provides you with Sanford Health Plan’s HEDIS 2016 commercial HMO results (based on calendar year 2015 data) and the programs and activities designed to improve the health care and services the Plan provides to its members. The HEDIS measures, which are reported on an annual basis, are divided into domains that reflect different aspects of care. The results in this report are presented in comparison to NCQA’s 2014 National HMO Averages from The State of Health Care Quality Report 2015. The HEDIS results are also compared to the “Healthy People 2020” goals, where available. “Healthy People 2020” is a set of ten-year health objectives for the United States aimed at health promotion and disease prevention initiatives. It was developed by the US Department of Health and Human Services with the input of public health and prevention experts and a wide range of government officials and organizations.

The NCQA HEDIS Compliance Audit assures both purchasers and health plans of fair and accurate comparisons of health plan performance. Certified auditors, using a process designed by NCQA, rigorously audit the HEDIS results annually. The scope of the NCQA HEDIS Compliance Audit includes the following domains: Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk Adjusted Utilization, Relative Resource Use, and Health Plan Descriptive Information. Sanford Health Plan has
undergone a full audit. The following HEDIS measures in this report were deemed reportable according to the NCQA HEDIS Compliance Audit™ Standards.
Effectiveness of Care Domain

The Effectiveness of Care domain measures provide information about the quality of clinical care the Plan delivers to its members including preventive, acute and chronic care services. This domain also includes several overuse and patient safety related measures. Many of these measures are used in the development and refinement of the Plan’s quality improvement activities, health management programs and clinical practice guidelines. These measures all include some form of continuous enrollment criteria. These criteria ensure that only members enrolled in the plan for a certain amount of time and who had adequate opportunity to receive services and education from the plan are counted in the measures.

The Effectiveness of Care measures included in this report are:
- Adult BMI Assessment
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Childhood Immunization Status
- Immunizations for Adolescents
- Human Papillomavirus Vaccine for Female Adolescents (HPV)
- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Medication Management for People with Asthma
- Asthma Medication Ratio
- Controlling High Blood Pressure
- Annual Monitoring for Patients on Persistent Medications
- Comprehensive Diabetes Care
- Use of Imaging Studies for Low Back Pain
- Follow-Up Care for Children Prescribed ADHD Medication
- Antidepressant Medication Management
- Follow-Up After Hospitalization for Mental Illness
- Flu Shots for Adults Ages 18-64
- Medical Assistance with Smoking Cessation

Adult BMI Assessment

Close to 70 percent of adults in the United States are overweight or obese, according to the National Health and Nutrition Examination Survey (NHANES) 2009-2010. Body mass index (BMI) is widely considered the most useful screening measure for overweight and obesity.

Adult BMI Assessment measures the percentage of members ages 18-74 who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.

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<tbody>
<tr>
<td>BMI Assessed in Last 2 Years</td>
<td>85.34%</td>
<td>90.00%</td>
<td>91.19%</td>
<td>92.52%</td>
<td>75.9%</td>
<td>53.6%</td>
</tr>
</tbody>
</table>

1 Refer to footnote p. 2

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

About 1 in 6 American children ages 2-19 are obese, according to the National Health and Nutrition Examination Survey (NHANES) 2009-2010. BMI percentile is a useful screening tool for practitioners assessing obesity in children and adolescents, providing an opportunity for counseling on the importance of good nutrition and physical activity.

This measure looks at the percentage of members ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and for physical activity.

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</thead>
<tbody>
<tr>
<td>BMI Percentile Assessed in Measurement Year</td>
<td>66.42%</td>
<td>74.94%</td>
<td>77.13%</td>
<td>73.72%</td>
<td>61.3%</td>
<td>54.7%</td>
</tr>
<tr>
<td>Counseling for Nutrition in Measurement Year</td>
<td>48.42%</td>
<td>42.82%</td>
<td>45.26%</td>
<td>53.77%</td>
<td>59.2%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Counseling for Physical Activity in Measurement Year</td>
<td>48.42%</td>
<td>42.34%</td>
<td>45.99%</td>
<td>53.77%</td>
<td>56.0%</td>
<td></td>
</tr>
</tbody>
</table>

1 Refer to footnote p. 2
Childhood and Adolescent Immunization Status

Immunizations prevent serious illnesses, missed school and work days, and millions of dollars in health care costs. These measures were developed based on immunization recommendations from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices.

Childhood Immunization Status involves measuring the percentage of enrolled children who turned two years old during the measurement year, who were continuously enrolled for 12 months preceding their second birthday and who were identified as having the recommended vaccinations by their second birthday.

The combination rates consist of various combinations of the vaccinations:
1. Combination #2: Children who have received four DTaP vaccinations, three IPV vaccinations, one MMR vaccination, two Hib vaccinations, three hepatitis B vaccinations and one VZV vaccination.
2. Combination #10: Children who have received all of the vaccinations.

Human Papillomavirus (HPV) Vaccine for Female Adolescents involves measuring the percentage of female adolescents 13 years of age, who were continuously enrolled for 12 months preceding their 13th birthday, and who had three doses of the HPV vaccine by their 13th birthday.

Immunizations for Adolescents involves measuring the percentage of enrolled adolescents who turned 13 years old during the measurement year, who were continuously enrolled for 12 months preceding their thirteenth birthday and who were identified as having the recommended vaccinations by their thirteenth birthday. The combination rate measures those who had both vaccines.

Immunization Guidelines
Sanford Health Plan recognizes that high immunization rates help prevent the spread of diseases, as well as reduce the rates of disability and death from these diseases. Prevention through immunization can reduce future health care costs associated with treating the disease and reduces employee absenteeism.

An immunization schedule is available on the Centers for Disease Control and Prevention website at cdc.gov/vaccines. A copy may also be obtained by calling Sanford Health Plan at (888) 315-0884.

These immunization guidelines are available to Plan practitioners on the website and members and practitioners are informed of the availability of the immunization schedules in the newsletters.

The Preventive Health Guidelines brochure directs members to the website or to call for a copy of the immunization schedules. A birthday postcard is sent to kids turning 11 and 12 to remind them to get their annual wellness visit and recommended immunizations. A postcard is also sent to the parents of 11 month olds with a reminder of recommended immunizations.
Colorectal Cancer Screening
According to the American Cancer Society, colorectal cancer is the third most commonly diagnosed cancer affecting both men and women in the United States (excluding skin cancers). Screenings can detect polyps, allowing for their removal before becoming potentially cancerous. Screenings can also identify cancers in their early stages and improve the chances of successful treatment.

This measure looks at the percentage of adults 50-75 years of age who were continuously enrolled during the measurement year and prior year, and who had appropriate screening for colorectal cancer:
- Fecal occult blood test during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

Colorectal Cancer Screening Activities
Sanford Health Plan’s members who are turning 50 and 60 receive birthday cards with reminders about colorectal cancer screenings and the Plan’s benefit for these screenings. A postcard reminder was also sent to members who have not had a colorectal cancer screening according to recommended guidelines. Preventive Health Guidelines, including colorectal cancer screening benefits, are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Health Plan website at sanfordhealthplan.com. The colorectal cancer screening clinical practice guidelines that Sanford Health Plan adopted and recommends to practitioners are published in the Provider Perspective newsletter yearly and are also available on the Plan’s website.

All members are encouraged to complete an online health assessment on the Plan’s online wellness portal, which includes questions related to colorectal screenings. The wellness portal also offers tools to help members track their preventive screenings and exams.

As a member of the South Dakota Council on Colorectal Cancer and the ND Colorectal Cancer Roundtable, Sanford Health Plan collaborates with the American Cancer Society and other health care and insurance organizations to improve colorectal cancer screening rates and reduce the incidence of colorectal cancer.

Breast Cancer Screening
According to the American Cancer Society, excluding skin cancer, breast cancer is the most common cancer among women. Mammography is one of the most effective screening methods available for detecting breast cancer. Early detection of breast cancer increases the likelihood of successful treatment.

This measure looks at the percentage of women ages 50 through 74 years, who were continuously enrolled during the measurement year and the prior year, and who had a mammogram between October 1 two years prior to the measurement year.

<table>
<thead>
<tr>
<th>Breast Cancer Screening</th>
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<tbody>
<tr>
<td>Mammogram in Last 2 Years, 3 Months</td>
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<tr>
<td>--------------------------</td>
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<tr>
<td>78.68%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2
2Healthy People 2020 Goal is based on women ages 50-74.
3HEDIS 2014 date range was extended to 2 years and 3 months and age range changed to 50-74, which doesn’t allow for a valid comparison to previous rates.

Breast Health Initiative
Sanford Health Plan offers numerous activities designed to provide members with information on breast health and early detection of potential breast cancer:
- Members are asked to complete an online health assessment on the online wellness portal.
- A mammogram reminder card was mailed to women three months after their 40th birthday. Birthday cards are also mailed to those turning 40, 50 and 60, which include a mammogram reminder.
- Cancer screening emails are sent to age appropriate members who had provided an email address.
- Care Management nurses, contacting female members for health management or screening purposes, also address breast cancer screening.
- Some employer groups offered mobile mammography screening to employees on-site during the work day.
- Periodic articles in the Member Messenger newsletter include facts about breast cancer and the importance of mammography.
- Preventive Health Guidelines, that include the coverage of mammograms, are published in the member and provider newsletters yearly, are included in new member enrollment packets, and are available on the Plan’s website at sanfordhealthplan.com.
- The breast cancer screening clinical practice guidelines that Sanford Health Plan recommends to practitioners are published in the provider newsletter yearly and are available on the website.
Cervical Cancer Screening

Regular Pap tests can help detect cervical cancer in its early stages, increasing the survival rate for women with cervical cancer. According to the American Cancer Society, cervical cancer deaths have decreased over 50 percent in the last 30 years due to the increased use of Pap tests for screening.

This measure looks at the percentage of women ages 21 through 64 years, who were continuously enrolled during the measurement year and the two years prior and who had a Pap test during one of those years or, if they were between 30 and 64, had a Pap test in the last five years with an HPV test.

Cervical Cancer Screening Activities

Sanford Health Plan’s female members turning 21, 40, 50 and 60 receive birthday cards that include reminders for yearly gynecological exams and the Plan’s benefits for yearly Pap tests. A cancer screening email reminder is also sent to members, as per recommended guidelines. Periodic articles are published in the Member Messenger stressing the importance of having a yearly exam. Preventive Health Guidelines, including yearly Pap test benefits, are published in the Member Messenger and Provider Perspective newsletters yearly, are included in new member enrollment packets, and are available on the Health Plan website at sanfordhealthplan.com. The cervical cancer screening clinical practice guidelines that were adopted and recommended to providers are published in the Provider Perspective yearly and are also available on the Plan’s website.

All members are encouraged to complete an annual health assessment through the online wellness portal, which includes questions related to cervical cancer screenings. The wellness portal also offers tools to help members track their preventive screenings and exams.

Chlamydia Screening in Women

According to the Centers for Disease Control, chlamydia is one of the most common sexually transmitted diseases, which left untreated can cause serious reproductive and other health problems. Routine screening and treatment can reduce the serious consequences of chlamydia in women. This underscores the importance of prevention and early treatment in the primary care arena.

The Chlamydia Screening in Women measure looks at the percentage of women ages 16 through 24 years, who were continuously enrolled during the measurement year, and who had a test for chlamydia during the measurement year.

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<tbody>
<tr>
<td>Age 16 - 20</td>
<td>25.62%</td>
<td>27.21%</td>
<td>26.26%</td>
<td>24.17%</td>
<td>41.6%</td>
<td>65.9%</td>
</tr>
<tr>
<td>Age 21 – 24</td>
<td>34.35%</td>
<td>36.46%</td>
<td>33.84%</td>
<td>35.31%</td>
<td>51.6%</td>
<td>78.3%</td>
</tr>
<tr>
<td>Age 16 – 24</td>
<td>30.47%</td>
<td>32.31%</td>
<td>30.38%</td>
<td>30.28%</td>
<td>47.0%</td>
<td></td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Chlamydia Screening Activities

Sanford Health Plan’s female members in this age range who did not have a chlamydia screening test were sent a letter to remind them of the screening recommendations.
Appropriate Testing for Children with Pharyngitis
Excessive use of antibiotics is resulting in a higher prevalence of antibiotic resistance. Clinical guidelines recommend that only children with diagnosed group A streptococcus pharyngitis based on a group A strep test (rapid assay or throat culture) be treated with antibiotics.

This measure looks at the percentage of children 2 - 18 years of age who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus test for the episode. A higher rate indicates appropriate testing.

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<tbody>
<tr>
<td>Strep Test Administered</td>
<td>72.57%</td>
<td>75.00%</td>
<td>76.42%</td>
<td>77.29%</td>
<td>82.4%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
Clinical guidelines do not indicate the need for antibiotics in treating adults with acute bronchitis unless they have another comorbidity or infection for which antibiotics may be appropriate.

This measure looks at the percentage of adults 18 – 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or three days after the diagnosis of acute bronchitis. Not being prescribed an antibiotic in this situation indicates appropriate treatment.

| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | HEDIS 2013 | HEDIS 2014 | HEDIS 2015 | HEDIS 2016 | 2014 National HMO Average\
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<tbody>
<tr>
<td>Appropriate Avoidance of Antibiotics</td>
<td>16.39%</td>
<td>17.63%</td>
<td>14.96%</td>
<td>16.84%</td>
<td>27.7%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Appropriate Treatment for Children with Upper Respiratory Infection
Parents often take their children to the doctor because of the common cold. Antibiotics, although not recommended by current guidelines for the treatment of the common cold, are still often prescribed in these cases.

This measure looks at the percentage of children 3 months - 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the date the child was seen by the doctor for the URI. Not being prescribed an antibiotic in this situation indicates appropriate treatment.

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<tbody>
<tr>
<td>Antibiotic Not Dispensed (Indicates Appropriate Treatment)</td>
<td>76.32%</td>
<td>80.31%</td>
<td>81.97%</td>
<td>77.53%</td>
<td>87.1%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Avoidance of Antibiotic Treatment

Use of Spirometry Testing in the Assessment & Diagnosis of COPD
According to the National Heart, Lung and Blood Institute, chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the United States. COPD is a lung disease in which the airways of the lungs are partially blocked resulting in shortness of breath and chronic cough. A spirometry test assists the doctor in verifying the COPD diagnosis as well as determining the severity of the condition.

This measure assesses whether members ages 40 and over with a new diagnosis or newly active COPD received appropriate spirometry testing to confirm the diagnosis.

| Use of Spirometry Testing in the Assessment & Diagnosis of COPD | HEDIS 2013 | HEDIS 2014 | HEDIS 2015 | HEDIS 2016 | 2014 National HMO Average\
<table>
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<tbody>
<tr>
<td>% with Appropriate Spirometry Testing</td>
<td>41.79%</td>
<td>53.70%</td>
<td>36.76%</td>
<td>34.29%</td>
<td>43.0%</td>
</tr>
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1Refer to footnote p. 2

Refer to footnote p. 2
Asthma

Asthma is a disease of the lungs. For an individual with asthma, the airways or breathing tubes in the lungs are sensitive to many things in the air. When an asthma flare-up happens, the airways swell and fill with mucus and the muscles around the airways tighten making the airways smaller and making it hard to breathe. According to the National Heart, Lung and Blood Institute, more than 25 million people in the United States have been diagnosed with asthma. The good news is that asthma can be well managed. By knowing and avoiding triggers for flare-ups and by taking medications, people with asthma can control their symptoms. The following measures are related to asthma medications.

Medication Management for People with Asthma

This measure identifies members 5-85 years of age who were identified as having persistent asthma and who were dispensed appropriate medications. Then two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50 percent of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75 percent of their treatment period.

Improving Asthma Management

In 1998, the Physician Quality Committee identified asthma as a common illness within the Health Plan population based on Sanford Health data and Health Plan clinical claims data. In response, the committee implemented an Asthma Quality Improvement Activity. The claims data showed a significant number of asthmatic members with many asthma medications. The following measures are related to asthma medications.

Asthma Medication Ratio

This measure identifies members 5-85 years of age identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

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<tbody>
<tr>
<td>Ages 5 to 11</td>
<td>89.09%</td>
<td>97.50%</td>
<td>94.59%</td>
<td>95.12%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Ages 12 to 18</td>
<td>84.62%</td>
<td>82.35%</td>
<td>76.13%</td>
<td>NA (82.76%)</td>
<td>75.4%</td>
</tr>
<tr>
<td>Ages 19 to 50</td>
<td>75.21%</td>
<td>75.00%</td>
<td>76.79%</td>
<td>67.15%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Ages 51 to 64</td>
<td>85.71%</td>
<td>88.17%</td>
<td>89.47%</td>
<td>84.47%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Ages 65 to 85</td>
<td>81.85%</td>
<td>83.64%</td>
<td>83.70%</td>
<td>78.88%</td>
<td>77.5%</td>
</tr>
</tbody>
</table>

1 Refer to footnote p. 2
2 In HEDIS 2016, a new age band was added and the maximum age was expanded to 85

100%

Medication Management For People with Asthma

<table>
<thead>
<tr>
<th>Medication Management For People with Asthma</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2014 National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% Med Compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 5 to 11</td>
<td>70.37%</td>
<td>85.00%</td>
<td>70.27%</td>
<td>77.50%</td>
<td>NA</td>
</tr>
<tr>
<td>Ages 12 to 18</td>
<td>69.23%</td>
<td>51.52%</td>
<td>58.06%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Ages 19 to 50</td>
<td>64.22%</td>
<td>59.41%</td>
<td>71.29%</td>
<td>66.12%</td>
<td>NA</td>
</tr>
<tr>
<td>Ages 51 to 64</td>
<td>70.83%</td>
<td>79.55%</td>
<td>78.89%</td>
<td>82.61%</td>
<td>NA</td>
</tr>
<tr>
<td>Ages 65 to 85</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>67.88%</td>
<td>69.08%</td>
<td>72.20%</td>
<td>70.07%</td>
<td>NA</td>
</tr>
<tr>
<td>75% Med Compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 5 to 11</td>
<td>42.59%</td>
<td>60.00%</td>
<td>37.84%</td>
<td>42.50%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Ages 12 to 18</td>
<td>41.03%</td>
<td>36.36%</td>
<td>35.48%</td>
<td>NA</td>
<td>34.1%</td>
</tr>
<tr>
<td>Ages 19 to 50</td>
<td>29.36%</td>
<td>36.63%</td>
<td>40.59%</td>
<td>41.32%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Ages 51 to 64</td>
<td>51.39%</td>
<td>51.14%</td>
<td>55.56%</td>
<td>42.39%</td>
<td>54.0%</td>
</tr>
<tr>
<td>Ages 65 to 85</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>39.42%</td>
<td>45.04%</td>
<td>44.79%</td>
<td>40.48%</td>
<td>44.6%</td>
</tr>
</tbody>
</table>

1 Refer to footnote p. 2
2 In HEDIS 2016, a new age band was added and the maximum age was expanded to 85
Controlling High Blood Pressure

According to the National Heart, Lung and Blood Institute, about one in three adults in this country have high blood pressure. When arteries narrow, blood flow is forced to press against the artery walls with too much force, resulting in high blood pressure. The heart must work harder to pump blood through the arteries. Over time, high blood pressure can result in serious long-term health conditions like heart disease, stroke and renal failure.

This measure assesses whether blood pressure is controlled among adults ages 18 - 85 with diagnosed hypertension who were continuously enrolled in the measurement year. A member is considered to be controlled if they meet one of the following criteria:

- Members 18–59 years of age whose blood pressure (BP) was <140/90 mm Hg
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

Our Healthy Heart Program members are encouraged to complete a health assessment on online wellness portal, which includes questions related to hypertension and lifestyle as well as their current biometric readings. The wellness portal also offers tools to help members track their preventive screenings and exams.

If you are a Sanford Health Plan member with high blood pressure and would like information on enrolling in this program, please call the Plan at (888) 315-0884. You can also find program and enrollment information at sanfordhealthplan.com.

The Healthy Heart Program also provides annual communications to practitioners regarding the program. On a yearly basis the Plan reviews and adopts clinical practice guidelines for hypertension. Providers are made aware of the clinical practice guidelines on a regular basis through the Provider Perspective newsletter. The guidelines are distributed through special mailings and through the Sanford Health Plan website at sanfordhealthplan.com.

Healthy Heart (High Blood Pressure) Health Management Program

The large number of members with high blood pressure in the Plan’s population prompted Sanford Health Plan to implement a Hypertension Health Management Program in April 2007. The program has since been renamed the Healthy Heart Health Management Program. The program’s goal is to provide health tools to members, promoting prevention, detection, treatment and education. These tools facilitate member understanding of their high blood pressure, and encourage coordination of care with their primary care physician. The potential result is a reduced number of ER visits and hospital admissions/readmissions.

With this program, new members eligible for the program are identified on a monthly basis and sent a Healthy Heart Program booklet. The booklet contains program information, tips on managing hypertension and educational materials and resources. Educational materials for members include topics such as non-pharmaceutical management of hypertension, medication compliance, diet and exercise recommendations, complications, self-monitoring, smoking cessation and more.

Annual Monitoring for Patients on Persistent Medications

This measure looks at the percentage of members 18 years and older on persistent medications who received annual monitoring for these medications in the form of a lab test. Long term use of these medications requires monitoring to check for side effects and to adjust the dosage as needed.
Comprehensive Diabetes Care

Diabetes is a costly, highly prevalent chronic disease which, if not controlled, can result in serious complications including amputations, blindness, kidney failure, heart disease, nerve damage and more. According to the American Diabetes Association, in 2012 there were 29.1 million children and adults in the United States, who have this disease. Many complications of diabetes can be prevented if detected and addressed in the early stages.

This measure looks at the percentage of members with diabetes ages 18 through 75 years old, who were continuously enrolled during the measurement year, who received the following aspects of diabetes care (except where noted, these are based on the most recent date of service in the measurement year):

- Hemoglobin A1c (HbA1c) Tested
- HbA1c Poor Control >9.0%
- HbA1c Control <8.0%
- HbA1c Control <7.0%
- Eye Exam (Retinal) Performed in the measurement year (or in the year prior to the measurement year with a negative retinopathy diagnosis)
- Medical Attention for Nephropathy (Includes any of the following: evidence of treatment for nephropathy, a nephrologist visit, a positive urine macroalbumin test, a urine microalbumin test or evidence of ACE Inhibitor/ARB drug therapy)
- Blood Pressure Control <140/90 mm Hg

Diabetes Health Management Program

In 1998, Sanford Health Plan implemented a Diabetes Health Management Program. The Physician Quality Committee identified diabetes as a common illness within the Plan population. Clinical claims data identified significant numbers of diabetic members and practitioners that did not utilize established practice guidelines in the treatment of diabetes. A decrease in morbidity and mortality may not be achieved unless both members and practitioners are educated on Plan benefits and compliance with recommended care guidelines.

The program’s goal is to equip members with tools for prevention, detection treatment and education. The hope is these tools will encourage members to take ownership of their diseases and coordinate care with their primary care physician. By analyzing utilization patterns, the Plan can educate members on preventable complications, reducing the number of ER visits and hospital admissions/readmissions.

In the Diabetes Health Management Program, new eligible members are identified on a monthly basis. These members are sent a booklet containing program information and educational resources on diabetes. Topics include blood sugars, eating right, medications, exercise, recommended tests and more.

Members who are noncompliant with the recommended care guidelines are sent an educational letter with information on the risks of complications and the importance of getting needed tests and regular doctor visits. Members are reminded that they can receive their annual diabetic eye exam for free with a participating eye care professional. All diabetic members, regardless of their program enrollment status, receive information on the Plan’s insurance benefits for medical and pharmaceutical care for diabetes, as well as how to obtain a free glucometer.

Diabetes Program members are encouraged to complete a health assessment through the online wellness portal which includes questions related to diabetes and lifestyle as well as their current biometric readings. The wellness portal also offers tools to help members track their preventive screenings and exams.

In addition to these program activities, the Preventive Health Guidelines allow for one lipid profile between the ages of 18 and 24, one lipid profile every five years between the ages of 25 and 44 and one lipid profile every year for ages 45 and over. The Guidelines also allow for one basic metabolic panel (which includes a glucose test, among others) every year. The Preventive Health Guidelines are published for members and practitioners in the Member Messenger and Provider Perspective newsletters yearly, are provided in enrollment packets and are available on the Plan’s website at sanfordhealthplan.com.

If you are a Sanford Health Plan member with diabetes and would like information on enrolling in this program, please call the Plan at (888) 315-0884. You can also find program and enrollment information at sanfordhealthplan.com.
The Diabetes Program also provides annual communications to practitioners regarding the program. A reminder is sent to eye care professionals about the required codes for the diabetic eye exam copay waiver program. An eye exam consultation form is also included that they can complete and fax to the member’s primary diabetes care practitioner to notify them of the member’s exam and results.

On a yearly basis, the Plan reviews and adopts clinical practice guidelines for diabetes. Practitioners are made aware of the clinical practice guidelines on a regular basis through the Provider Perspective newsletter. The guidelines are also distributed through the Sanford Health Plan website at sanfordhealthplan.com.

Use of Imaging Studies for Low Back Pain
Back pain is among the most common musculoskeletal conditions affecting nearly all people at least once in their life. According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant any imaging studies. The vast majority of these patients return to their usual activities in 30 days.

This measure assesses whether imaging studies (plain x-ray, MRI, CT scan) are overused in evaluating patients with acute low back pain. A higher score indicates appropriate treatment of low back pain (i.e., proportion for whom imaging studies did not occur).

Use of Imaging Studies for Low Back Pain

<table>
<thead>
<tr>
<th>Imaging Studies Did Not Occur (Appropriate Treatment)</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2014 National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87.23%</td>
<td>86.18%</td>
<td>88.38%</td>
<td>85.62%</td>
<td>75.4%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Follow-Up Care for Children Prescribed ADHD Medication
Attention-deficit/hyperactivity disorder (ADHD) is a condition that affects millions of children and adolescents. ADHD includes three main symptoms: inattention, hyperactivity and impulsivity. When medication therapy is prescribed, the American Psychiatric Association recommends follow-up appointments be made at least monthly until the symptoms have stabilized. Once stable, an office visit every three to six months is recommended which allows for an assessment of learning and behavior in the child.

This HEDIS rate measures the percentage of children ages 6 – 12 with a newly prescribed ADHD medication who have at least three follow-up care visits within a ten-month period (continuation phase), one of which is within 30 days of when the first ADHD medication was dispensed (initiation phase).

<table>
<thead>
<tr>
<th>Follow-Up Care for Children Prescribed ADHD Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation Phase</td>
</tr>
<tr>
<td>Continuation and Maintenance Phase</td>
</tr>
<tr>
<td>1Refer to footnote p. 2</td>
</tr>
<tr>
<td>NA²</td>
</tr>
</tbody>
</table>

²NA indicates that the Plan collected and reported the rate but the population was too small to report a valid rate.

Improving ADHD Management
ADHD is a chronic health problem in which educational interventions can help lessen the impact of the disorder and improve the member’s quality of life. The diagnosis of ADHD has consistently been in the top diagnosis codes incurred for the Plan. The baseline HEDIS rates for follow-up care for children prescribed ADHD medication also show a serious deficiency in appropriate follow-up care.

Sanford Health Plan implemented a Quality Improvement Activity, which includes sending an offer for educational materials to parents of children and adolescents with ADHD to educate them on the symptoms, types of treatment and follow-up recommendations for patients taking ADD/ADHD medications.

The Plan also provided educational materials to practitioners regarding the guidelines for follow-up care for patients prescribed ADD/ADHD medication. A screening tool was also made available. These resources were offered in the Provider Perspective newsletter and continue to be available on the Plan’s website. Providers are made aware of the clinical practice guidelines on a yearly basis through the Provider Perspective practitioner newsletter. The guidelines are also distributed through special mailings and the Sanford Health Plan website at sanfordhealthplan.com.
Antidepressant Medication Management

According to the National Institute of Mental Health, an estimated 6.7 percent of American adults suffer from major depressive disorder in a given year. Many people can improve through clinical treatment with their health care provider and by taking their medications as prescribed. However, many stop taking their medication too soon because they feel better or because they do not feel the medication is working. It is important for people to take their medications as prescribed for as long as they are prescribed and to keep their follow-up appointments in order to prevent a recurrence of depression.

This measure is based on the treatment guidelines of the clinical management and pharmacological treatment of depression. The following are the rates for this measure:

1. Effective Acute Phase Treatment
   The percentage of members ages 18 years and older, who were diagnosed with a new episode of depression, treated with antidepressant medication, and who remained on an antidepressant drug during the entire 84-day (12 week) Acute Treatment Phase. This measures the percentage of adult members initiated on an antidepressant drug who received a continuous course of medication treatment during the Acute Treatment Phase.

2. Effective Continuation Phase Treatment
   The percentage of members ages 18 years and older, who were diagnosed with a new episode of depression, treated with antidepressant medication, and who remained on an antidepressant drug for at least 180 days (six months). This measures the effectiveness of clinical management (follow-up visits) in achieving medication compliance (taking medications as long as prescribed) for the Continuation Phase Treatment Period, adequate for defining a recovery.

Antidepressant Medication Management

<table>
<thead>
<tr>
<th></th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2014 National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Acute Phase Treatment</td>
<td>58.73%</td>
<td>69.53%</td>
<td>69.73%</td>
<td>73.11%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Effective Continuation Phase Treatment</td>
<td>41.27%</td>
<td>51.56%</td>
<td>55.52%</td>
<td>54.48%</td>
<td>49.9%</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 2

There have also been yearly articles in the Member Messenger newsletter regarding the importance of antidepressant compliance as well as the importance of continuity and coordination of care.

Improving Mental Health Medication Management

Depression was identified in general as a chronic, clinical issue with a high degree of risk for members. Clinical claims and pharmaceutical data have identified a significant number of members diagnosed with depression who are currently being treated with medications as well as those who are not. Data also indicates a significant difference in the treatment methods of practitioners. Clinical variance has been identified in the length of time on medication therapy for depression. Depression has consistently been one of the top diagnoses in the Plan, among adults and adolescents alike.

The activities involved in increasing medication compliance for members with depression include sending a letter to those members recently prescribed antidepressants that have yet to pick up their first refill. The letter also provides information about medication compliance, side effects and keeping follow-up visits.

Depression clinical practice guidelines are reviewed and adopted on a yearly basis and practitioners are made aware of the availability of these guidelines in the Provider Perspective newsletter and on the Plan website at sanfordhealthplan.com. Collaborative meetings are held with behavioral health providers to discuss aspects of behavioral health care including how to improve access, continuity and coordination of care, medication compliance and formulary issues in the behavioral health arena.

Quick reference cards and behavioral health screening tools are also available to primary care physicians to assist in locating participating behavioral health care practitioners in their area. These cards are available to providers on the Plan’s website at sanfordhealthplan.com. If you would like a paper copy of these cards for your clinic, please call our Provider Relations Department at (605) 328-6877 or (800) 601-5086 to request a copy.
Follow-Up After Hospitalization for Mental Illness
Many people who are discharged from a hospital or an inpatient facility for mental illness need continued support with taking medications, going to therapy, getting back to work and interacting socially. These are keys to successful treatment.

This measure looks at the percentage of members ages six years and older who were hospitalized for treatment of select mental health disorders in the measurement year who were continuously enrolled for 30 days after discharge and who were seen on an ambulatory basis or were in day/night treatment with a mental health practitioner.

Two separate rates are calculated:
- The percentage of members who had an ambulatory or day/night mental health visit within seven days of hospital discharge.
- The percentage of members who had an ambulatory or day/night mental health visit within 30 days of hospital discharge.

<table>
<thead>
<tr>
<th>Follow-Up After Hospitalization for Mental Illness</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2014 National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Follow-Up Within 7 Days of Discharge</td>
<td>34.78%</td>
<td>42.11%</td>
<td>40.70%</td>
<td>44.97%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Ambulatory Follow-Up Within 30 Days of Discharge</td>
<td>64.13%</td>
<td>68.42%</td>
<td>65.12%</td>
<td>73.83%</td>
<td>71.0%</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 2

Improving Timeliness of Follow-Up after Hospitalization for Mental Illness
Sanford Health Plan identified a need for improvement in mental health follow-up and continuity and coordination of care. Mental health diagnoses have consistently been one of the top diagnosis codes for the Plan and initial claims analysis showed a low rate of follow-up after hospitalization.

In an attempt to improve the follow-up rates, the Health Plan identifies members being discharged from an inpatient mental health stay. The Plan’s life advocates work with the hospital’s discharge planners to arrange a follow-up appointment within seven days of discharge. The Plan also collaborates with behavioral health providers to find ways for members to be seen in a timelier manner.

To increase awareness of available mental health services, quick reference cards and behavioral health screening tools are available for primary care physicians to assist them in locating Sanford Health Plan behavioral health care practitioners in their area. The Plan advertised these cards in the Provider Perspective newsletter sent to all participating practitioners. These cards are available to providers, along with the Plan’s clinical practice guidelines on depression, on the Plan’s website at sanfordhealthplan.com. If you would like a copy of these cards for your clinic, please call our Provider Relations Department at (605) 328-6877 or (800) 601-5086 to request a copy. The Plan also collaborates with mental health professionals to get feedback on the quality improvement activities for mental health services.

Flu Shots for Adults Ages 18-64
The number of influenza cases each year is high. The flu shot is meant to prevent it. This measure assesses the percentage of members ages 18-64 years who received an influenza vaccination as of September 1 of the measurement year. Sanford Health Plan publishes yearly newsletter articles to remind members to get their flu shots and that coverage for the flu shot is 100 percent.

<table>
<thead>
<tr>
<th>Flu Shots for adults ages 18-64</th>
<th>CAHPS® 2013</th>
<th>CAHPS® 2014</th>
<th>CAHPS® 2015</th>
<th>CAHPS® 2016</th>
<th>2014 National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69.33%</td>
<td>58.89%</td>
<td>66.01%</td>
<td>60.19%</td>
<td>50.2%</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 2
CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Medical Assistance with Smoking and Tobacco Use Cessation

According to the Centers for Disease Control and Prevention (CDC), cigarette smoking is the leading preventable cause of premature death in the United States. Yet millions of Americans continue to smoke. Studies show that people who are advised by their health care practitioner to quit smoking are more likely to quit.

The annual member satisfaction survey, CAHPS®5.0H (Consumer Assessment of Healthcare Providers and Systems), includes questions that allow the Plan to determine the percentage of members ages 18 years and older, who were continuously enrolled during the measurement year and who were either current smokers or tobacco users or recent quitters. The survey asks those members if they were seen by a Plan practitioner during the measurement year and received advice to quit smoking or using tobacco, had discussion regarding cessation medications and had discussion regarding other cessation strategies.

<table>
<thead>
<tr>
<th>Medical Assistance with Smoking Cessation</th>
<th>CAHPS® 2013</th>
<th>CAHPS® 2014</th>
<th>CAHPS® 2015</th>
<th>CAHPS® 2016</th>
<th>2014 National HMO Average1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers to Quit</td>
<td>75.25%</td>
<td>74.80%</td>
<td>75.59%</td>
<td>77.69%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Discussion of Smoking Cessation Medications</td>
<td>50.50%</td>
<td>53.97%</td>
<td>52.38%</td>
<td>43.80%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Discussion of Other Smoking Cessation Strategies</td>
<td>50.50%</td>
<td>55.56%</td>
<td>52.00%</td>
<td>42.37%</td>
<td>47.0%</td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Tobacco Cessation Activities
Activities include educational pieces in the Member Messenger. In addition, tobacco cessation is stressed in all of the Plan’s health management program materials. Sanford Health Plan’s Worksite Wellness Department has certified wellness educators who lead tobacco cessation classes upon request from employers. They also provide one on one counseling to members as needed.

Sanford Health Plan covers tobacco cessation counseling and medications as part of the preventive benefits. Tobacco cessation treatment including telephone, group or individual counseling is covered up to eight sessions per calendar year (two tobacco cessation attempts per year with four sessions allowed per attempt) at no cost to the member without prior authorization.

A 90 day supply of any FDA approved tobacco cessation medication including prescription and over the counter medications ordered by a health care provider are covered at no cost to the member and do not require authorization. This applies for each of the two attempts.

Tobacco education is a covered benefit and would apply to deductible and coinsurance. Other tobacco cessation services not listed would be denied (this includes hypnotism and acupuncture).

State offered tobacco quitlines are available for member use. For more information, visit smokefree.gov or call: SD Quit Line Toll-Free (866) SD-QUITS MN’s Tobacco Helpline (888) 354-PLAN IA Quit Line (800) QUIT NOW ND Quit Line (800) QUIT NOW

Tobacco cessation treatment benefits apply to all plans except Medicare and grandfathered elite.

The specifications for the above CAHPS® measures are consistent with recommendations from the clinical practice guidelines adopted and recommended on a yearly basis by the Plan. Newsletter articles continue to be published concerning current clinical practice guidelines for the treatment of tobacco use and dependence. These guidelines are also available on the Plan’s website at sanfordhealthplan.com.
Access and Availability of Care Domain
The Access and Availability of Care domain contains measures that assess Sanford Health Plan members’ access to health care providers. Most of these measures include some form of continuous enrollment criteria. These criteria ensure only members enrolled in the Plan for enough time to receive services and education from the Plan are eligible for the measures’ final population.

The Access and Availability measures include:
- Adults’ Access to Preventive/Ambulatory Health Services
- Children and Adolescents’ Access to Primary Care Practitioners
- Prenatal and Postpartum Care
- Call Answer Timeliness
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Adults’ Access to Preventive/Ambulatory Health Services
This measure determines whether adults have had preventive or ambulatory visits with their physician. This measure also shows how many adults are not accessing the health care system and therefore are not receiving any preventive care or counseling on diet, exercise, smoking cessation, seat belt use and other risky behaviors. Specifically, this measure looks at the percentage of members ages 20 to 64, and 65 years and older who were continuously enrolled during the measurement year and who had an ambulatory or preventive care visit during that time.

<table>
<thead>
<tr>
<th>Adults’ Access to Preventive/Ambulatory Health Services</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory or Preventive Care Visit:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 20 - 44</td>
<td>94.54%</td>
<td>94.04%</td>
<td>93.87%</td>
<td>93.94%</td>
</tr>
<tr>
<td>Age 45 - 64</td>
<td>95.87%</td>
<td>96.15%</td>
<td>96.02%</td>
<td>96.07%</td>
</tr>
<tr>
<td>Age 65 &amp; Older</td>
<td>98.11%</td>
<td>98.35%</td>
<td>95.81%</td>
<td>97.92%</td>
</tr>
</tbody>
</table>

Children and Adolescents’ Access to Primary Care Practitioners
This measure assesses general access to care for children and adolescents and determines if they have had a visit with a primary care provider. Specifically, this measure looks at the percentage of enrollees ages 12 months through 24 months and 25 months through 6 years who were continuously enrolled during the measurement year and who have had a visit with a primary care practitioner during that year. Also measured is the percentage of enrollees ages seven years through 11 years, and 12 years through 19 years, who were continuously enrolled during the measurement year and the year prior to the measurement year and who have had a visit with a primary care practitioner during one of those years.

<table>
<thead>
<tr>
<th>Children and Adolescents’ Access to Primary Care Practitioners</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2014 National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 12 - 24 Mo</td>
<td>98.69%</td>
<td>99.35%</td>
<td>98.97%</td>
<td>98.70%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Age 25 Mo - 6 Years</td>
<td>89.85%</td>
<td>88.58%</td>
<td>90.25%</td>
<td>90.50%</td>
<td>91.9%</td>
</tr>
<tr>
<td>Age 7 – 11 Yr</td>
<td>88.62%</td>
<td>87.53%</td>
<td>86.12%</td>
<td>88.19%</td>
<td>92.4%</td>
</tr>
<tr>
<td>Age 12 – 19 Yr</td>
<td>89.29%</td>
<td>89.90%</td>
<td>90.42%</td>
<td>90.51%</td>
<td>90.0%</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 2

Children and Adolescent Wellness Visit Guidelines
Preventive Health Guidelines, including yearly physical exam and well-baby visit benefits, are published in the Member Messenger and Provider Perspective newsletters yearly, are included in new member enrollment packets and are available on the Plan’s website at sanfordhealthplan.com.

Adult Wellness Visit Guidelines
Sanford Health Plan’s female members turning 21, 40, 50 and 60 and male members turning 40, 50 and 60 receive birthday cards with reminders and the Plan’s benefits for yearly physical exams and preventive health screenings. Preventive Health Guidelines, including yearly physical exam benefits, are published in the Member Messenger and Provider Perspective newsletters yearly, are included in new member enrollment packets, and are available on the Plan’s website at sanfordhealthplan.com.
Prenatal and Postpartum Care
Early and regular prenatal care is essential in keeping mom and baby healthy. Mothers who do not receive regular prenatal care are more likely to have problems such as low birth weight and/or premature babies. Many health problems, if found early, can be prevented, treated or cured. Prenatal care visits provide the practitioner the opportunity to discuss proper nutrition, counseling, vitamin supplements, risk factors and health promotion.

Care for the mother after delivery is also important. To give providers the chance to offer advice and assistance, the American College of Obstetricians and Gynecologists recommends that women see their health care practitioner at least once between four and six weeks after giving birth to have a physical examination and an opportunity for members to ask questions and to receive nutrition and family planning guidance.

This measure evaluates timely access to prenatal and postpartum care for Sanford Health Plan members. Prenatal care should be provided in the first trimester of pregnancy, or if the member enrolled after the first trimester, within 42 days of the member’s enrollment date. Documentation of prenatal care visits should include screening tests, obstetrical history or risk assessment, counseling and education or an ultrasound. Postpartum care should be delivered on or between 21 and 56 days after delivery and should include a physical exam with either a pelvic exam or an evaluation of weight, blood pressure, breasts and abdomen. Below are Sanford Health Plan’s rates for this measure.

Maternity Care Benefits and the Healthy Pregnancy Program
Sanford Health Plan provides maternity care benefits from prenatal through postpartum care. The Plan also encourages pregnant mothers to join the Healthy Pregnancy Program during their first trimester of pregnancy.

The Healthy Pregnancy Program focuses on education and awareness. The main objective is to assist a member in identifying concerns early so she and her health care provider can take steps to prevent or minimize any problems and ensure a healthy pregnancy. The American College of Obstetricians and Gynecologists (ACOG) guidelines state that medical, obstetric and lifestyle factors can complicate a pregnancy. Through regular prenatal care, women can take action to increase their chance of having a healthy baby. The member’s health care practitioner continues to be the primary caregiver who provides the member with medical services and advice. Plan members may enroll in the program by calling the Plan to prior authorize their pregnancy. Members will receive a program packet with their authorization letter. A health assessment is included in the initial program packet, which should be completed and returned to the Plan. Based on the health assessment responses, members are classified as low or high risk. Enrolled members receive educational information, applicable to pregnant women. A Care Management nurse calls members whose pregnancy is considered high risk at least once throughout the pregnancy, or more often if needed.

If you are a Sanford Health Plan member who is pregnant and would like information on enrolling in this program, please call the Plan at (888) 315-0884 or visit sanfordhealthplan.com.

For providers, the program offers notification of patients participating in the program. Sanford Health Plan has adopted guidelines for prenatal care and practitioners are made aware of these guidelines yearly through the Provider Perspective newsletter. The guidelines are available on the Plan’s website at sanfordhealthplan.com.
Call Answer Timeliness
Customer service plays a significant role in member satisfaction. Key measures involved in customer service include Customer Service phone call response times.

<table>
<thead>
<tr>
<th>Call Answer Timeliness</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Answer Timeliness</td>
<td>78.91%</td>
<td>80.07%</td>
<td>46.35%</td>
<td>39.61%</td>
</tr>
</tbody>
</table>

Customer Service Phone Calls Quality Improvement Activity
The Health Plan Quality Improvement Committee recognizes the Customer Service Department is vital to customer service. In 1999, the Committee chose to evaluate phone call statistics and staffing needs for the Customer Service Department as a way of ensuring that Plan members have timely access to customer service.

All Customer Service phone calls are logged. Call center statistics show the number of calls answered, calls made, voicemails, and abandoned calls. It also shows the answer speed of calls and the rate of abandonment and voicemails. These statistics are measured monthly and analyzed by the Committee on a quarterly basis to determine needed improvements. Many improvement activities have been implemented over the years. Some activities included are: staff training meetings on accurately and efficiently handling member and provider calls, the distribution of phone call statistics to each Customer Service representative and a phone log report to track calls and subject matter. Additional staff is hired as proportionate to member count increases to handle the volume of calls.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
These rates measure the degree to which members initiate and continue alcohol and other drug (AOD) dependence treatment once the need is identified.

Initiation of AOD Dependence Treatment: The percentage of members with a new episode of alcohol or other drug dependence who initiate treatment through either an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

Engagement of AOD Treatment: An intermediate step between initially accessing care (initiation of treatment) and completing a full course of treatment. This measure is designed to assess the degree to which members engage in treatment with two additional AOD services within 30 days after the initiation visit.

<table>
<thead>
<tr>
<th>Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2014 National HMO Average¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation of AOD Treatment</td>
<td>37.44%</td>
<td>41.24%</td>
<td>45.22%</td>
<td>39.38%</td>
<td>34.7%</td>
</tr>
<tr>
<td>Engagement of AOD Treatment</td>
<td>18.96%</td>
<td>18.56%</td>
<td>17.83%</td>
<td>15.93%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

¹Refer to footnote p. 2
Experience of Care Domain
HEDIS/CAHPS® 5.0H Adult Member Satisfaction Survey
This domain includes rates from the yearly member satisfaction survey. It is conducted by an independent survey vendor and provides information on the experiences of Health Plan members and how well the Plan meets their expectations. There are four overall ratings of satisfaction in addition to seven more focused composite scores which summarize survey responses in key areas.

HEDIS/CAHPS® 5.0H, Adult Overall Ratings
Percentage Responding: 8, 9, 10
(Scale from 0-10, where 0 is worst and 10 is best)

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>53.48%</td>
<td>58.29%</td>
<td>53.72%</td>
<td>51.35%</td>
<td>66.1%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
<td>79.94%</td>
<td>80.44%</td>
<td>77.59%</td>
<td>78.57%</td>
<td>78.2%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td>85.38%</td>
<td>85.71%</td>
<td>87.59%</td>
<td>80.31%</td>
<td>84.2%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td>88.60%</td>
<td>90.85%</td>
<td>89.31%</td>
<td>88.69%</td>
<td>84.7%</td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1Refer to footnote p. 2

HEDIS/CAHPS® 5.0H, Composite Ratings
Percentage Responding: “Not a Problem” or “Always or Usually”

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td>90.32%</td>
<td>90.77%</td>
<td>92.90%</td>
<td>88.07%</td>
<td>87.4%</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>88.97%</td>
<td>88.55%</td>
<td>83.165%</td>
<td>82.40%</td>
<td>85.5%</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>97.67%</td>
<td>97.62%</td>
<td>97.96%</td>
<td>98.07%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Customer Service</td>
<td>90.24%</td>
<td>90.24%</td>
<td>NA²</td>
<td>NA²</td>
<td>87.8%</td>
</tr>
<tr>
<td>Claims Processing</td>
<td>91.21%</td>
<td>90.56%</td>
<td>88.91%</td>
<td>86.47%</td>
<td>88.8%</td>
</tr>
<tr>
<td>Plan Information on Costs</td>
<td>55.77%</td>
<td>62.24%</td>
<td>66.13%</td>
<td>59.03%</td>
<td>NA</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>85.08%</td>
<td>84.77%</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2
2The average number of responses was too low to report a rate.
3Rates prior to this HEDIS 2015 rate are not trendable.

CAHPS® Opportunities and Improvement Activities
Sanford Health Plan strives to provide the best service it can to members. The Plan’s Quality Improvement Committee analyzed the full CAHPS® results report and identified the areas that show the greatest opportunities for improvement. The Committee also determined activities that will be (or already are being) implemented to achieve improvement in these areas. Examples of these activities include, but are not limited to:

- Continue the new member survey postcard in an effort to identify issues with member materials and services and how to improve them. Insurance education information will also be included with the survey.
- Promote mySanfordHealthPlan enrollment and utilization through the employer and member newsletters, care management program materials and the Explanation of Benefits. The mySanfordHealthPlan web portal provides streamlined services and enhanced access to information. This online service allows members to find Plan information and has improved understanding of EOBs and claims payment information. It includes personalized member information in one portal – benefit information, accumulators, flexible spending account information and more.
- The Plan’s case managers have partnered with the Sanford Clinic health coaches to help members schedule appointments and to collaborate on their care.
- Continue to provide smoking cessation information through the preventive health and quality programs, the state quitline resources and the Plan’s benefit for smoking cessation reimbursement. Smoking cessation resources are provided on mySanfordHealthPlan.
- Continue to emphasize through member mailings the importance of having a primary care practitioner (PCP). Members are also informed that they may call the Health Plan for assistance in finding a primary care provider by calling the Customer Service Department at (605) 328-6800 or (800) 752-5863.
- Remind members when requesting an appointment with a specialist that is not available as soon as they would like, to ask for alternative specialists in that clinic or to call Customer Service at (605) 328-6800 or (800) 752-5863 for information on additional specialists available in their area.
- Practitioners will be notified of satisfaction results related to time spent with patients, shared decision making and coordination of care. This highlights practitioner successes and areas of improvement.
Utilization and Risk Adjusted Utilization Domain

The Utilization and Risk Adjusted Utilization Domain measures provide information about how the organization manages and expends resources, and provide information about how efficiently and effectively the organization uses available health services and resources.

The domain measures included in this report are related to well-care visits:

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life
- Adolescent Well-Care Visits

Well-Child Visits in the First 15 Months of Life

Well-child visits, or well-baby checks, are recommended frequently in the first year of life when a child’s development is most rapid. These visits include a complete physical examination and immunizations. The visits also feature counseling to parents regarding developmental milestones, safety, nutrition, sleep, Infectious diseases and more. Frequent well-child visits can assist in early detection of growth and developmental problems.

Well-Child Visits in the First 15 Months of Life

<table>
<thead>
<tr>
<th>Visits</th>
<th>HEDIS 2013</th>
<th>HEDIS 2014</th>
<th>HEDIS 2015</th>
<th>HEDIS 2016</th>
<th>2014 National HMO Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Visits</td>
<td>0.90%</td>
<td>0%</td>
<td>0.32%</td>
<td>0.65%</td>
<td>NA</td>
</tr>
<tr>
<td>1 Visit</td>
<td>0.90%</td>
<td>1.03%</td>
<td>1.93%</td>
<td>1.29%</td>
<td>NA</td>
</tr>
<tr>
<td>2 Visits</td>
<td>1.51%</td>
<td>0.77%</td>
<td>1.61%</td>
<td>0.65%</td>
<td>NA</td>
</tr>
<tr>
<td>3 Visits</td>
<td>2.11%</td>
<td>1.55%</td>
<td>3.86%</td>
<td>1.94%</td>
<td>NA</td>
</tr>
<tr>
<td>4 Visits</td>
<td>7.53%</td>
<td>6.96%</td>
<td>8.36%</td>
<td>8.39%</td>
<td>NA</td>
</tr>
<tr>
<td>5 Visits</td>
<td>20.18%</td>
<td>21.39%</td>
<td>14.47%</td>
<td>17.10%</td>
<td>NA</td>
</tr>
<tr>
<td>6+ Visits</td>
<td>66.87%</td>
<td>68.30%</td>
<td>69.45%</td>
<td>70.00%</td>
<td>78.1%</td>
</tr>
</tbody>
</table>

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Well-child visits during the third through sixth years of life should include (but not be limited to) a complete physical examination and an evaluation of hearing and vision, an update of immunizations, discussion of nutrition, assessment of language development, assessment of developmental milestones and assessment of social and behavioral development.

The American Academy of Pediatrics recommends annual well-child visits for children ages three to six years of age. The rates below show the percentage of Plan member’s ages three to six years of age who had well-child visit with a primary care practitioner during the measurement year.

Well-Baby and Well-Child Visit Guidelines

Preventive Health Guidelines, including well-baby visit benefits and yearly well-child wellness exams, are published in the Member Messenger and Provider Perspective newsletters yearly, are included in new member enrollment packets and are available on the Plan’s website at sanfordhealthplan.com. A postcard is also sent to parents of 11 month olds with a reminder of recommended immunizations.

The American Academy of Pediatrics recommends eight well-child visits in the first 15 months of life: the first three to five days after birth and then at one, two, four, six, nine, 12 and 15 months of age. The well-child visits for Sanford Health Plan members were reported as the percentage of 15 month old members receiving zero to six or more visits with a primary care provider.
Adolescent Well-Care Visits

Adolescents experience many physical and emotional changes in their transition from childhood to adulthood. Adolescents are at risk for sexually transmitted disease, substance abuse, pregnancy, behavioral problems, obesity, accidents, homicide and suicide. The American Medical Association’s Guidelines for Adolescent Preventive Services, the federal government’s Bright Futures program and the American Academy of Pediatrics guidelines all recommend yearly well-care visits for adolescents. Well-care visits provide the opportunity to address risk issues and to promote healthy behaviors.

The adolescent well-care visit rates for Sanford Health Plan were reported for members in the 12 to 21 year old age group having had at least one well-care visit with a primary care practitioner. The rates below show the percentage of Plan members who had a well-care visit during the measurement year.

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</thead>
<tbody>
<tr>
<td>Ages 12 - 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.45%</td>
<td>31.06%</td>
<td>31.50%</td>
<td>35.02%</td>
<td>45.8%</td>
<td>75.6%</td>
<td></td>
</tr>
</tbody>
</table>

1Refer to footnote p. 2

Adolescent Health Program

Sanford Health Plan encourages every adolescent to develop an open and trusting relationship with a physician. Yearly visits offer this opportunity and the opportunity to reinforce health promotion messages for both adolescents and their parents. These visits will also identify adolescents who may have health risk behaviors or who are in the early stages of a physical or emotional disorder.

In an effort to increase the number of adolescent well-care visits, Back-To-School Checkup Time notices are published in the Member Messenger newsletter on a yearly basis. Birthday cards are sent monthly to those members turning 11 and 12 as a reminder to make sure they are up-to-date on immunizations by their 13th birthday. This postcard recommends a yearly wellness visit and reminds them of their benefits for yearly visits and immunizations.

The Plan encourages parents and adolescents to visit the website at sanfordhealthplan.com and access the KidsHealth link for valuable health information for parents, kids and teens. The parent information topics include general health, infections, emotions and behavior, growth and development, recipes, medical problems, question and answer section, positive parenting, first aid and safety, and doctors and hospitals. Kids and teens will also enjoy the information provided specifically for them on this site.

Over the past few years the Health Plan has communicated with practitioners regarding preventive visits for adolescents and fostering these relationships. Preventive Health Guidelines and immunization guidelines are communicated yearly through the Provider Perspective newsletters and the Health Plan encourages input from practitioners regarding the guidelines. The guidelines are available on the Plan’s website at sanfordhealthplan.com.
Quality Programs and Activities
Sanford Health Plan conducts, at a minimum, two health management programs each year as well as quality improvement activities as needed. The following are the quality evaluation and reporting steps utilized by the Plan:

- Problem identification through the ongoing monitoring of process, structure, and outcomes of patient care or clinical performance and the evaluation of the data collected to identify potential problems.
- Selection of problems warranting corrective action or focused studies based on the prevalence of the problem or the severity of the problem’s impact on patient care and professional practices.
- Topics for focused studies, health management programs and QI activities may be based on one of many factors:
  - Demographic characteristics, including age and sex of the member
  - Areas of high volume
  - Areas of high risk
  - Areas demonstrating over or under utilization
  - Areas that can be corrected or where prevention may have an impact
  - Areas where complaints or dissatisfaction have occurred
- Once the topic is selected, the following sources may be used to identify eligible members for the program or activity:
  - Claims data (medical and pharmacy)
  - Health appraisal data, if applicable
  - Laboratory results, if applicable
  - Data collected through the Case Management, Worksite Wellness or Utilization Management process, if applicable
  - Information from electronic health records, if available
  - Member, practitioner or Plan staff (i.e., UM, Complex Case Management, Care Management, Worksite Wellness, Health Information Line) referrals
- Documenting corrective action steps including measurable objectives for each action, time frames, and the persons responsible for implementing the corrective action.
- After action steps are implemented and time has passed for the steps to take effect, a re-evaluation of the problem area is completed.
- Results of QI activities and surveys are published at the end of the year in newsletters and special mailings to practitioners and members. All contracted practitioners and providers are offered the opportunity to assist in problem selection by notifying the Plan regarding issues of concern. Reference is made yearly in the Provider Perspective newsletter and/or special mailing for this opportunity.

Case Management Services
Sanford Health Plan offers case management services to all members of insured employer groups in order to assist in controlling health care costs. The case manager facilitates communication and coordination between members and practitioners. By involving all members of the health care team in the decision-making process, fragmentation of the health care delivery system is minimized. The case managers educate members about wellness, health conditions, community resources, insurance benefits, cost factors and other issues of concern. Case managers serve as the link between members, practitioners, payers and the community. They advocate for the appropriate use of medical cost effectiveness on a case-by-case basis.

Complex Case Management Program
Sanford Health Plan’s Complex Case Management Program is available at no cost to qualifying Health Plan Members and their families. Complex case management is a process that aims to identify high-risk or high cost members, assess treatment options and opportunities to coordinate care, design treatment programs to improve quality and efficacy of care, control costs and manage member care to ensure the optimum outcome for the member. Concentrating for the most part on catastrophic or chronic cases, case manager nurses are called in to consult and manage diagnoses such as serious trauma, cancer, organ transplant, spinal cord injuries, physical or developmental disabilities, serious and persistent mental illness, multiple chronic illnesses and/or chronic illnesses that result in high utilization.

A designated case manager, who is a registered nurse, is responsible for managing these complex cases to ensure high quality, cost effective and appropriate utilization of health services. The case manager acts as a member advocate, seeking and coordinating creative solutions to members’ health care needs without compromising quality health outcomes for selected medical diagnoses. The case manager contacts members by phone and mail and acts as a resource, educator and coordinator of medical care if needed.

If you would like more information about this program to determine if you or one of your patients meet the criteria to participate in the program, please contact our Care Management Team at (888) 315-0884 or quality@sanfordhealth.org.
Preventive Health Guidelines

Health promotion and disease prevention is the best opportunity to reduce the ever-increasing resources spent to treat preventable illnesses and impairments. The Health Plan strives to educate members on how to cut health care costs, prevent premature onset of disease and disability and achieve healthier, more productive lives.

Preventive Health Guidelines are age-specific and describe prevention or early detection interventions. They also recommend frequency and the conditions under which the interventions are required. Appropriate practitioners are involved in the development of preventive health guidelines (i.e., practitioners who are from specialties that would use the guidelines).

Members of Sanford Health Plan are encouraged to use preventive health services, health education and health promotion. The Plan publicizes preventive health services and other articles on prevention in special mailings or in the Member Messenger newsletter.

Current Preventive Health Guidelines are available at sanfordhealthplan.com for both members and providers. A paper copy is available by calling the Sanford Health Plan at (605) 328-6800 or (800) 752-5863.

Sanford Health Plan Quality Improvement Committees

Physician Quality Committee
The Physician Quality Committee consists of physician members from various specialties of care. The Physician Quality Committee is charged with supporting the Plan’s Board of Directors and vice president, medical officer or designee in meeting quality improvement goals on issues of care. The committee’s responsibilities include, but are not limited to:

- Developing and continually evaluating the review criteria used in the evaluation of appropriate utilization
- Development and implementation of medical policies and procedures
- Evaluation of quality programs.
- Oversee the Plan’s pharmaceutical management procedures and formulary decisions

Health Plan Quality Improvement Committee
The Health Plan Quality Improvement Committee is made up of Plan directors, managers and staff and is charged with supporting the Plan’s Board of Directors and vice president, medical officer or designee in meeting quality assurance goals on issues of service.

The purpose of the QI Committee is to provide comprehensive review of all health care issues affecting patients and facilitating the peer review process. The Committee is also responsible for quality activities by establishing, reviewing, and instituting needed actions and ensuring follow-up as appropriate. The committee will make recommendations regarding changes to Plan policies and procedures to improve quality based on satisfaction surveys, evaluation of complaint and appeal data and quality improvement activities or processes. This Committee also ensures that appropriate practices are in place for the protection of member information.

Credentialing Committee
The Credentialing Committee is responsible for reviewing participating providers and determining the status of requests from practitioners asking to be in Sanford Health Plan’s network. The Committee reviews new credentialing files and re-credentialing files of participating practitioners at least every three years. If the Plan becomes aware of any serious quality deficiencies where the welfare of a Plan member may be affected, it is the responsibility of the Credentialing Committee to determine if the status of that provider needs to be altered. The determinations of the Committee regarding participation status of all providers, as well as any alterations to a practitioner’s status, are reviewed and approved the Sanford Health Plan Board of Directors. The monthly Credentialing Committee consists of physician members of various specialty backgrounds.
Member and Practitioner Communications
Sanford Health Plan uses the following tools for timely and accurate communications with members and practitioners alike.

Member Messenger Newsletter
This newsletter is published for Sanford Health Plan members three times a year. It provides information on preventive health, health management programs and quality improvement activities. It also answers commonly asked questions and contains various educational articles, satisfaction survey results, changes to Plan policies and procedures, ways to access the provider directory, pharmacy benefit information and much more. Members are also directed to use the Plan’s website, but ensured that if they do not have internet access, all information is available by calling the Plan.

Provider Perspective Newsletter
This newsletter is published for participating Sanford Health Plan practitioners. It provides information on Plan policies and procedures, preventive health, health management programs, quality improvement activities and clinical practice guidelines. Also included are satisfaction survey results, answers to commonly asked questions, billing and claims information, ways to access the provider directory, pharmacy benefit information and much more. Practitioners are directed to use the Plan’s website, but ensured that if they do not have internet access, all information is available by calling the Plan.

Sanford Health Plan Website
To further improve communication, the Plan has a website that includes information for members, providers, employers and visitors. Whenever members are directed to the website, they are also reminded that if they do not have internet access, they can call the Plan to request the same information.

The website also includes a link to the Plan’s online member portal, mySanfordHealthPlan. mySanfordHealthPlan allows members access to their medical and pharmacy claims and benefit information, check the status of claim payments, access their flexible spending account, ask questions, order ID cards, enroll in health management programs, submit health related questions, access educational information on a variety of health conditions and much more.

The online wellness portal, another feature of mySanfordHealthPlan, is a secure, interactive health and well-being website that provides members the tools and information they need to better manage their health and to help make informed health care decisions.

Available 24/7 from any computer with internet access or through the mobile app, the wellness portal gives members the opportunity to privately evaluate and manage their health by:

- Learning about personal health risks by completing the Health Assessment (also called LifeScore)
- Improving health habits by making small changes through participating in various programs covering all areas of health and well-being
- Keeping track of important preventive exams and screenings essential to staying well
- Tracking healthy behaviors such as exercise or fruits and vegetable consumption through rotating challenges

Visit sanfordhealthplan.com/memberlogin to create an account and explore what a great resource mySanfordHealthPlan and the online wellness portal can be!
Conclusion

This report is provided to show Sanford Health Plan’s commitment to the clients, agents, providers and members it serves. The Health Plan is dedicated to providing cost effective, quality care and service. Sanford Health Plan uses the data included in this report internally to identify opportunities for improvement and areas in need of quality improvement initiatives or health management programs.

Due to the changing nature of many of the HEDIS measures, employer groups and practitioners are advised to use HEDIS measures with care as a basis to initiate discussions with the Plan regarding our delivery system and quality of care and service being provided to members.

The measures presented in this report have been audited by a certified HEDIS compliance auditor. Any questions regarding definitions of measures, data sources, information system specifications or quality projects should be directed to the Sanford Health Plan Care Management Department at (888) 315-0884.

Sources

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, or other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
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If you need these services, contact: our Civil Rights Coordinator.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TDD Number: (800) 537-7697.

Complaint forms are available at http://www.hhs.gov/ocr/office/index.html

Free help in other languages

For help in a language other than English, please call us toll-free at (800) 892-0675. Both oral and written translation services are available free in at least 150 languages. If you have any questions, for example, about your benefits, this document, or how Sanford Health Plan pays for your care, please call us.

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-892-0675 (TTY: 1-877-652-1844).

**Spanish:** ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-892-0675 (TTY: 1-877-652-1844).


**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電：1-800-892-0675 (TTY: 1-877-652-1844)。


**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-892-0675 (телефон: 1-877-652-1844)

**Laotian:** ໜ່ວຍເຂົາ: ເຊັ່ນໝາຍເກດ້າ ແລະ ທ່ານບໍ່ເສັກຄອບກັນ, ທ່ານເຮືອດັບ ຕໍ່າງກວ່າ, ທ່ານແມ່ນເຮົບໄທ. ຍາວ 1-800-892-0675 (TTY: 1-877-652-1844).

**Arabic:** خدماتنا مفتوحة للجميع، باللغة العربية أو الإنجليزية، من دون أي تكلفة. رقم téléphone 1-800-892-0675 (TTY: 1-877-652-1844).

**Korean:** 한국어로도 지원을 받으실 수 있습니다. 고객 상담 1-800-892-0675 (TTY: 1-877-652-1844).

**Amharic:** በአማርኛ: እንግወቸው ከአማርኛ እንወ ሰር ምስክር ያለመርም ያስገቡ ከምስክር እና ያስፈቀድ ቦታ መጠን ከ 1-800-892-0675 (ተደጉ ሥር ምስክር: 1-877-652-1844) ያገኝ ያደረጉም.


**Cambodian, Mon-Khmer:** ការតែងនៅពេលជាបញ្ហាត្រូវការ, អ៊ុតាអាចប្រើប្រាស់ប្រជាជននេះបានពិសោធន៍ ទៅកាន់ 1-800-892-0675 (TTY: 1-877-652-1844).

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