The Center for Medicaid and Medicare Services (CMS) has established criteria to rate health plans based on STAR Ratings. There are a total of 9 domains (topic areas) comprised of up to 53 individual measures reported through different regulated vendors such as HEDIS® (Healthcare Effectiveness Data and Information Set), CAHPS (Consumer Assessment of Healthcare Providers & Systems) and HOS (Health Outcome Survey).

The 2012 HEDIS® 5-STAR Bonus Program will include the following 10 measures:

- Adult BMI Assessment (ABA)
- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (COL)
- Colonoscopy
- FOBT – Fecal Occult Blood Test
- Flexible Sigmoidoscopy
- Glaucoma Screening in Older Adults (GSO)
- Cholesterol Management for Patients with Cardiovascular Conditions (CMC)
- Comprehensive Diabetes Care (CDC)
- Cholesterol Screening
- Eye Exam
- Kidney Disease Monitoring
- Blood Sugar Controlled
- Cholesterol Controlled

Provider Report Card

Each month you will receive an individualized Provider report card showing your compliance rate thus far. Measures will be graded on percentage of compliance of the identified HEDIS® measure, and then an average of all eligible measures will be computed.
Provider Report Card (CONT’D)

The average percentage is rated on a “0 - 100%” compliance scale; a minimum score of 65% will qualify for bonus.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Eligible Members</th>
<th>Non-Compliant Members</th>
<th>Compliant Members</th>
<th>Compliance Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA – Adult BMI Assessment</td>
<td>18</td>
<td>9</td>
<td>9</td>
<td>50.00%</td>
</tr>
<tr>
<td>BCS – Breast Cancer Screening</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>80.00%</td>
</tr>
<tr>
<td>COL - Colorectal Cancer Screening</td>
<td>24</td>
<td>7</td>
<td>17</td>
<td>70.00%</td>
</tr>
<tr>
<td>GSO – Glaucoma Screenings in Older Adults</td>
<td>35</td>
<td>12</td>
<td>23</td>
<td>65.00%</td>
</tr>
<tr>
<td>CMC – Cardiovascular Care – Cholesterol Screening</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>100.00%</td>
</tr>
<tr>
<td>CDC - Diabetes Care – Cholesterol Screening</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>100.00%</td>
</tr>
<tr>
<td>CDC - Diabetes Care – Eye Exam</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>75.00%</td>
</tr>
<tr>
<td>CDC - Diabetes Care – Kidney Disease Monitoring</td>
<td>10</td>
<td>0</td>
<td>8</td>
<td>80.00%</td>
</tr>
<tr>
<td>CDC - Diabetes Care – Blood Sugar Controlled (&lt;8.0%)</td>
<td>16</td>
<td>6</td>
<td>10</td>
<td>62.00%</td>
</tr>
<tr>
<td>CDC - Diabetes Care – Cholesterol Controlled (&lt;100 mg/dL)</td>
<td>10</td>
<td>1</td>
<td>9</td>
<td>90.00%</td>
</tr>
</tbody>
</table>

Total: 84.00%

Provider Bonus Program

Medica HealthCare Plan Inc., (MHP) recognizes and rewards physicians for high levels of clinical quality and patient satisfaction. This Bonus program offers financial incentives and support to physician groups—and individual primary care physicians for meeting or exceeding absolute performance standards, for being top performers compared with peers, and for making improvements over a measurement year.

This year MHP 5 Star bonus will be distributed every six months of the measurement year, October 2012 for the first half of the year and March 2013 for the second half of 2012. In the past we have evaluated and calculated quarterly bonuses according to PCPs performance on the measures being evaluated that measurement year. Now we will grant more time (6 months) to allow patients to become compliant with such measures and by so increasing the PCPs overall rating and bonus. In order to receive this year’s qualifying bonus PCPs have to reach at least a TIER 3 level (65%).
CASE MANAGEMENT PROGRAM

Case Management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

Medica HealthCare Plans, Inc. (MHP) Case Managers are advocates who help the organization's members understand their current health status; what they can do about it, and why their prescribed treatments are important. In this way, Case Managers are catalysts by guiding members and providing cohesion to other professionals in the health care delivery team, enabling members to achieve goals more effectively and efficiently. At MHP, Case Managers are part of an interdisciplinary team that includes social workers, registered nurses, pharmacist, dieticians and physicians.

Members coping with complex situations, either their own or of someone close to them, such as: physical illness, disabilities of any sort, the aging process, emotional or psychological challenges, family problems, addictive behavior, problems and other social situations will benefit from case management services.

- Improve the access to our membership by providing essential services such as medical, mental health, and social services through the use of health risk assessments and early identification of risk to provide required services in a timely proactive manner.

- Improve coordination of care through an identified point of contact of an individually assigned Case Manager, who provides consistency in the coordination of care and a bonding relationship with the member and PCP.

- Facilitate communication with Primary Care Physician (PCP)/Specialist, member and their caregivers on the plan of care.

- Assure appropriate utilization of services through monitoring and tracking utilization trends and reports, including pharmacy compliance, through tracking, communicating, and monitoring transition of care from one facility to the next.

- The Case Management staff will adhere to the Case Management standards of practice, scope of practice overview and principles in accordance with national and local guidelines.

- Early identification of our Special Needs member risk factors by completing an initial Comprehensive Health Risk Assessment (HRA) of the member’s current and past situations.

Multi-Dose Vial Protocol: Rule regarding the discarding of multi-dose vials

Medication vials should always be discarded whenever sterility is compromised or questionable.

In addition the United States Pharmacopeia (USP) recommends the following for multi-dose vials of sterile pharmaceuticals:

* If a multi-dose has been opened or accessed (e.g., needle-punctured) the vial should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. The beyond-use-date for the open vial should never exceed the manufacturer’s original expiration date.

* If a multi-dose vial has not been opened or accessed (e.g., needle-punctured) it should be discarded according to the manufacturer’s expiration date.
HEDIS® 2012

In collaboration with our network physicians and providers, Medica HealthCare Plans, Inc. (MHP) and Medica Health Plans of Florida, Inc. (MHPFL) are committed to improving the quality of care provided to our members. Our data collection effort for the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS®) 2011 Clinical Effectiveness of Care measures is one way in which we strive to accomplish this goal.

HEDIS is an important standard set of nationally reported measures that are utilized to assess the quality of care provided to our members and your patients. Medical records from our members’ physicians are required in order to compile the necessary data for some of these measures.

As a result of this process, one or more of your patients’ medical records may be identified for review for measurement year 2011. In order to minimize the time required by your staff, Medica Healthcare Plans, Inc and Medica Health Plans of Florida, Inc. have contracted with Health Data Vision, Inc. (HDVI), a national HEDIS medical record software and abstraction organization, to retrieve the necessary records. HDVI Provider Relations staff will contact your office to schedule a method of retrieval, i.e., mail, fax or onsite scanning. The plan is to begin the reviews in early March through May 2011.

Any information shared with HDVI during these audit activities and reviews will be kept in the strictest of confidence and in accordance with all applicable State and Federal laws regarding confidentiality of patient records, including HIPAA. Disclosure of medical information to the health plans and to HDVI, acting on our behalf, is permitted by a written consent signed by our members at the time of initial enrollment in the health plan by Medicare and Commercial members. Be assured special authorization is not needed.

GOOD HEALTH BEGINS WITH REGULAR CHILD HEALTH CHECK-UPS!

MHP-FL would like to thank you for your cooperation in the 2011 EZCARE Child Health Check Up Initiative.

Please keep in mind that this will be an on-going process, and you will be receiving your updated EZCARE Physician Report Card regularly.

The current period being reported is for screenings performed from October 2011 through September 30, 2012. Please remember to send in your claims/encounters expeditiously; Doing so is critical in order to meet the State of Florida screening requirement goals on a timely basis and to maintain your records up to date.

For assistance with member coordination of screening services, contact our Preventive Services Program Coordinator at (305) 460-0735, Monday through Friday from 8:30 to 5:30 pm.

We are on the web: www.medicaplans.com / www.mhpfl.com