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Announcing Price *Plus* Quality

Delivering *Optimal* Value with partner

MONOCLE HEALTH DATA LLC

Monocle - MAP Comparison

	MAP-Delphi	Monocle Health	*Notes*
Referral Optimization			
Direct customer access to analytics and rankings	No	Yes	*1*
Direct provider access to analytics and rankings	No	Yes	*1*
Direct plan sponsor access to analytics, rankings and reports	No	Yes	*1*
All providers ranked on diagnosis-specific basis	No	Yes	*2*
Providers ranked on longitudinal cost (all services aggregated)	No	Yes	*3*
Providers ranked on clinical quality	No	Yes	*4*
Full transparency re data sources and rankings	No	Yes	*5*
Price transparency by CPT and bundled payment procedures	No	Yes	*6*
Network Ownership	Yes	No	*7*
Member Segmentation by Diagnosis	No	Yes	*8*
Proactive Patient Advocate Inbound & Outbound	No	Yes	*9*
Customized Patient Engagement Based on Segmentation	No	Yes	*10*
Complex Chronic Care Management	Yes	Yes	*11*
Disability Migration to Medicare SSI	No	Yes	*12*
Pharmacy Audit & Recoupment	No	Yes	*13*
Fraud Detection, Prevention & Recovery	No	Yes	*14*
Provider Directory Maintenance	No	Yes	*15*
Automated Clinical Guidelines	No	Yes	*16*
Customized Care Plan	Yes	Yes	*17*
Remote Patient Care Monitoring	No	Yes	*18*
Unified Communications	No	Yes	*19*

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Notes

1	Monocle's model is to provide access at multiple decision points to maximize early patient/provider/plan engagement and direct patient into the optimal care management plans/programs **MAP's business model is to field cases only through a single access point – their call center.**
2	Monocle ranks every provider on a diagnosis-specific basis recognizing that providers are more skilled at treating certain diagnoses. In addition, many diagnoses have multiple comorbidities which must be considered. Monocle matches patients to providers with demonstrated success in price efficiency and quality on a diagnosis-specific basis. See scatterchart and provider comparison exhibits. Note Dr Jeffrey Klugman has different efficiency and quality scores for treating the same diagnosis and procedures at different hospitals. This varies widely by diagnosis and provider combination. **MAP does not rank providers by diagnosis and does not publish its criteria for qualifying providers.**
3	Monocle's price efficiency rankings are diagnosis-specific and aggregate all costs over a year for treating patients with the same diagnosis and comorbidities. Monocle's statistical method ensures a 97% accuracy rate in ranking ALL providers by price efficiency within 1 percentile. Monocle's patent pending solution measures efficiency considering unit cost and utilization of all servicesas to be a measure of appropriate utilization and patient compliance. **MAP does not rank providers on overall price efficiency by diagnosis.**
4	Monocle's quality scoring and ranking uses 300+ metrics from over 2 dozen independent sources of clinical quality measures. All quality metrics are weighted for diagnostic relevance to all 70 K ICD-10 diagnoses, all CPT codes and all procedures. **MAP does not rank providers by diagnosis and does not publish its quality criteria or methodology.**
5	Monocle provides full transparency of its data sources and rankings along with full documentation of source data updated monthly. **MAP does not provide full transparency since it does not reveal its data sources or provider evaluation criteria.**
6	Monocle has a procedure pricing module that shows comparative prices of lab tests, imaging, therapies, and virtually all CPT codes in every market along with bundled payments for episodic procedures such as knee replacement, etc. See exhibits with CPT price comparisons. **MAP also has a procedure pricing module with bundled payments**
7	Monocle does not develop its own networks in order to be fully independent and avoid conflicts of interest or compete with legacy networks. With Monocle members get the benefit of high performing networks without sacrificing access. Monocle views additional networks as unnecessary since with Monocle, members receive the benefits of narrow networks without loss of access and no additional cost. **MAP markets its own provider network which may or may not include providers from the existing network. There is speculation that MAP network providers pay a membership fee and pay referral fees to MAP.**
8	Monocle segments members into multiple categories based on health status. See the attached exhibit "Member Risk Segmentation by Diagnosis – Risk Utilization Band" and the exhibit "Monocle Patient Engagement/Care Management Description" which explains the four levels of engagement programs and how members are assigned to appropriate engagement programs based on segmentation criteria. **MAP does not segment patients by health status and then map them to specific formal programs.**
9	With the member segmentation described above, proactive outreach is done to begin early patient engagement and assignment to the appropriate programs and tools described in the attached exhibits. There are both outbound and inbound calls and management. Monocle does not assign an RN to every case like MAP does because it is costly and for many members unneccessary. Monocle assigns the level of expert resources needed based on patient segmentation and then uses a proactive approach to engage members including dieticians, pharmacists, therapists, etc. Ask for our exhibits detailing the patient segmentation process. **MAP assigns an RN to every case.**
10	Monocle proactively engages those patients with 6 or more chronic illnesses which typically represent approximately half of all plan costs. These patients are assigned a RN case manager who then brings in appropriate resources such as dieticians, pharmacists, therapists, etc. **MAP's program is voluntary and does not use an early identification analytics, proactive engagement, member segmentation or patient program assignment process**
11	See # 10 above **MAP says it manages complex cases with RNs.**
12	In the process of member segmentation and assignment to appropriate program needs, certain patients are identified who have a high probability of qualifying for Medicare SSI Disability. This is important for many reasons: 1) the transfer of these high cost patients reduces adverse risk and high claims costs 2) Medicare reimburses retroactively for claims paid during past 12 months 3) ERISA requires current funding in today's dollars for all retiree health care up until Medicare age qualification. For example, with a 50 year old early retiree high cost member incurring say, $300 K per year the plan sponsor must place 15 years of cash at $300 K annually. The plan sponsor must place $4.5 million in the retiree health care fund. When the member is transferred to Medicare SSI Disability, the plan sponsor can recoup the $4.5 million, be reimbursed $300 K for claims incurred during the past year. Monocle will find them and migrate them. 4) For the beneficiary, he will pay no premium contribution and no out [illegible] **MAP does not perform migration of members to Medicare SSI Disability**
13	PBM agreements have drug costs and tiers tied to an ever changing Average Wholesale Price. We have tracked those prices and can calculate the adjustments that the PBM should have made to reflect those price changes. We have never failed to deliver a refund with this program. **MAP does not have a drug audit and recoupment capability in its product suite**
14	Fraud detection, prevention and recovery is a byproduct of Monocle's deep analytics and ranking of providers on price efficiency. **MAP does not have a fraud detection, prevention and recovery capability in its product suite**
15	Since Monocle collects provider data from multiple source it can match data sets and maintain provider directories on an ongoing basis. The current standard process for provider directories is manual whereby phone verification usually twice a year is done. This is expensive and exposes the network's to potential compliance fines which can be large. Monocle's process is automated and matches provider data from the directory to other multiple sources, identifies variances and then has discrepancies corrected. Our process is less expensive, more accurate and reduces expensive compliance risk. **MAP does not perform provider directory maintenance.**
16	Monocle's Automated Clinical Guidelines solution documents the protocols of high performing providers and then publishes this information to providers for performance improvement purposes. **MAP does not have an Automated Clinical Guidelines capability in its product suite**
17	Monocle has an inventory of diagnosis specific care plans which are embedded in its four care management programs and are customized **MAP claims to develop custom care plans**
18	Monocle has Remote Patient Care Monitoring services embedded in its proactive patient engagement module **MAP does not appear to have this embedded in its patient engagement function**
19	Monocle's Unified Communications technology integrates care plans with EHRs with communications with providers, patients and others. This allows for coordination of care, patient treatment compliance, medication adherence and improves overall outcomes. This is particularly important with the more complex chronic cases where multiple providers are involved and coordination is critical. **MAP does not appear to have this capability.**