<table>
<thead>
<tr>
<th>Initiative</th>
<th>Utilization</th>
<th>Prevention &amp; Disease Management</th>
<th>Access</th>
<th>Overall Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Air Force (2009-2011)</strong></td>
<td>14% fewer emergency department (ED) and urgent care visits</td>
<td>Hill Air Force Base (Utah) saved $300,000 annually through improved diabetes care management</td>
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<tr>
<td></td>
<td></td>
<td>77% of diabetic patients had improved glycemic control at Hill Air Force Base</td>
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<tr>
<td><strong>Alaska:</strong></td>
<td>50% reduction in urgent care and ER utilization</td>
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<tr>
<td>Alaska Native Medical Center</td>
<td>53% reduction in hospital admissions</td>
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<tr>
<td></td>
<td>65% reduction in specialist utilization</td>
<td></td>
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</tr>
<tr>
<td><strong>California:</strong></td>
<td>15% fewer hospital readmissions</td>
<td></td>
<td></td>
<td>Overall health care cost savings of $15.5 million</td>
</tr>
<tr>
<td>BCBS of California ACO Pilot</td>
<td>15% fewer inpatient hospital stays</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>50% fewer inpatient stays of 20 days or more</td>
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<tr>
<td><strong>Colorado</strong></td>
<td>50% reduction in urgent care and ER utilization</td>
<td></td>
<td></td>
<td>$215 lower per member per year for children</td>
</tr>
<tr>
<td>Colorado Medicaid and SCHIP</td>
<td>53% reduction in hospital admissions</td>
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<td></td>
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<tr>
<td></td>
<td>65% reduction in specialist utilization</td>
<td></td>
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<tr>
<td><strong>Florida</strong></td>
<td>40% lower inpatient hospital days</td>
<td></td>
<td></td>
<td>18% lower health care claims costs</td>
</tr>
<tr>
<td>Capital Health Plan</td>
<td>37% lower ED visits</td>
<td></td>
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<tr>
<td><strong>Idaho:</strong></td>
<td>ROI of 4:1 for disease management programs</td>
<td></td>
<td></td>
<td>$1 million reduction in single year medical claims</td>
</tr>
<tr>
<td>BCBS of Idaho Health Service</td>
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<tr>
<td><strong>Maryland:</strong></td>
<td>13.5% fewer ED visits among children in PCMH (vs. 9% non-PCMH)</td>
<td></td>
<td></td>
<td>4.2% average reduction in expected patient's overall health care costs among 60% of practices participating for six or more months</td>
</tr>
<tr>
<td>CareFirst BCBS</td>
<td>10% fewer ED visits among adults in PCMH (vs. 6.5% non-PCMH)</td>
<td></td>
<td></td>
<td>Nearly $40 million savings in 2011</td>
</tr>
<tr>
<td>BCBS industry report</td>
<td>7.5% lower use of high-tech radiology</td>
<td></td>
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<td></td>
<td>17% lower ambulatory-care sensitive inpatient admissions</td>
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<tr>
<td></td>
<td>6% lower 30-day readmission rates</td>
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<tr>
<td><strong>Michigan:</strong></td>
<td>39% lower ER visits</td>
<td></td>
<td></td>
<td>60% better access to care for participating practices that provide 24/7 access (as compared to 25% in non-participating sites)</td>
</tr>
<tr>
<td>BCBS of Michigan</td>
<td>24% fewer hospital admissions</td>
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<tr>
<td></td>
<td>40% lower readmission rates</td>
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</tr>
<tr>
<td><strong>Minnesota</strong></td>
<td>39% lower ER visits</td>
<td></td>
<td></td>
<td>Overall costs decreased to 92% of state average in 2008</td>
</tr>
<tr>
<td>HealthPartners</td>
<td>24% fewer hospital admissions</td>
<td></td>
<td></td>
<td>Reduced outpatient costs of $1,282</td>
</tr>
<tr>
<td></td>
<td>40% lower readmission rates</td>
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<tr>
<td>State</td>
<td>Program/Initiative</td>
<td>Results/Outcomes</td>
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</tbody>
</table>
| Nebraska                       | BCBS of Nebraska (2012)×ii                            | 30% lower length of stay  
20% lower inpatient costs due to outpatient case management program for behavioral health  
10% decrease in diagnostic imaging scans in first year  
48% increase in optimal heart disease care for patients using 11 or more medications×iii |
| New Jersey                    | BCBS of New Jersey (Horizon BCBSNJ) 2012×iv,×v         | 30% lower length of stay  
20% lower inpatient costs due to outpatient case management program for behavioral health  
10% decrease in diagnostic imaging scans in first year  
48% increase in optimal heart disease care for patients using 11 or more medications×iii |
| New York                      | Capital District Physicians’ Health Plan (Albany, N.Y.) 2008-2010 | 10% lower per member per month (PMPM) costs  
26% fewer ED visits  
25% fewer hospital readmissions  
21% fewer inpatient admissions  
5% increase in use of generic prescriptions  
48% increase in optimal heart disease care.  
10% fewer hospitalizations  
27% fewer emergency visits  
8% improvement in HbA1c levels  
31% increase in ability to effectively self-manage blood sugar  
24% increase in LDL screening  
6% increase in breast and cervical cancer screening |
| New York                      | Priority Community Healthcare Center Medicaid Program (Chemung County, N.Y.) 2010 - 2011×vi | 24% lower hospital admissions  
9% lower overall medical cost  
Reduced hospital spending by 27% and ER spending by 35%  
Savings of $32 PMPM  
Cost savings of 11% overall in first 9 months of approximately $150,000 |
| North Carolina                | Blue Quality Physician’s Program (BCBSNC) 2011×vii    | 23% lower ED utilization and costs  
25% lower outpatient care costs  
11% lower pharmacy costs  
Estimated cost savings of:  
$60 million in 2003  
$161 million in 2006  
$103 million in 2007  
$204 million in 2008  
$295 million in 2009  
$382 million 2010×vii  
9% lower overall medical cost  
10% fewer hospitalizations  
27% fewer emergency visits  
5% increase in use of generic prescriptions  
52% fewer visits to specialists  
70% fewer visits to the ER  
24% lower hospital admissions  
9% lower overall medical cost  
Reduced hospital spending by 27% and ER spending by 35%  
Savings of $32 PMPM  
Cost savings of 11% overall in first 9 months of approximately $150,000 |
| North Carolina                | Community Care of North Carolina (Medicaid)×viii      | 23% lower ED utilization and costs  
25% lower outpatient care costs  
11% lower pharmacy costs  
Estimated cost savings of:  
$60 million in 2003  
$161 million in 2006  
$103 million in 2007  
$204 million in 2008  
$295 million in 2009  
$382 million 2010×vii  
9% lower overall medical cost  
10% fewer hospitalizations  
27% fewer emergency visits  
5% increase in use of generic prescriptions  
52% fewer visits to specialists  
70% fewer visits to the ER  
24% lower hospital admissions  
9% lower overall medical cost  
Reduced hospital spending by 27% and ER spending by 35%  
Savings of $32 PMPM  
Cost savings of 11% overall in first 9 months of approximately $150,000 |
| North Dakota                  | BCBS of North Dakota – MediQHome Quality Program 2012×ix| 6% lower hospital admissions  
24% fewer ED visits  
18% lower inpatient hospital admission rates compared to general N.D. population  
30% lower ED use among patients with chronic disease  
6.7% improvement in BP control  
10.3% improvement in cholesterol control  
64.3% improvement in optimal diabetes care.  
Better coronary artery disease management  
8.6% improvement in BP control  
9.4% improvement in cholesterol control  
53.8% improvement in optimal diabetes control  
Better care for hypertension  
8% improvement in blood pressure control |
<table>
<thead>
<tr>
<th>Location</th>
<th>Plan/Provider</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ohio:</strong></td>
<td>Humana Queen City Physicians</td>
<td>34% decrease in ER visits</td>
</tr>
<tr>
<td><strong>Oklahoma:</strong></td>
<td>Oklahoma Medicaid</td>
<td>Reduction from 1,670 to 13 patient inquiries related to same-day/next-day appointment availability</td>
</tr>
<tr>
<td><strong>Oklahoma:</strong></td>
<td>Oklahoma Medicaid</td>
<td>Reduced per capita member costs by $29 per year</td>
</tr>
<tr>
<td><strong>Oregon:</strong></td>
<td>Bend Memorial Clinic &amp; Clear One Medicare Advantage</td>
<td>Lower hospital admission rates 231.5 per 1000 beneficiaries (compared to state/national averages of 257 and 351 per 1000, respectively). Lower ER visit rates 242 per 1000 beneficiaries (compared to state/national averages of 490 and 530 per 1000, respectively).</td>
</tr>
<tr>
<td><strong>Oregon:</strong></td>
<td>CareOregon Medicaid</td>
<td>9% lower PMPM costs</td>
</tr>
<tr>
<td><strong>Pennsylvania:</strong></td>
<td>Geisinger Health System</td>
<td>Reduced hospital length of stay by half a day 25% lower hospital admissions 50% lower readmissions following discharge 18% reduced inpatient admissions</td>
</tr>
<tr>
<td><strong>Pennsylvania:</strong></td>
<td>UpMC (Pittsburgh, PA) 2011</td>
<td>13% fewer hospitalizations by 2009 Medical costs nearly 4% lower</td>
</tr>
<tr>
<td><strong>Pennsylvania:</strong></td>
<td>Independence Blue Cross—Pennsylvania Chronic Care Initiative (Southeast Pennsylvania) 2012</td>
<td>49% improvement in HbA1c levels 25% increase in blood pressure control 27% increase in cholesterol control 56% increase in patients with self-management goals Increased diabetes screenings from 40% to 92%</td>
</tr>
<tr>
<td><strong>Pennsylvania:</strong></td>
<td>PinnacleHealth (2012)</td>
<td>0% 30-day hospital readmission rate for PCMH patients vs. 10-20% for non-PCMH patients</td>
</tr>
<tr>
<td><strong>Rhode Island:</strong></td>
<td>BCBS of Rhode Island (2012)</td>
<td>17-33% lower health care costs among PCMH patients</td>
</tr>
<tr>
<td><strong>South Carolina:</strong></td>
<td>BCBS of South Carolina 2012</td>
<td>14.7% lower inpatient hospital days 25.9% fewer ED visits</td>
</tr>
<tr>
<td>State</td>
<td>Implementation Details</td>
<td>Results</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Tennessee**| BCBS of Tennessee (2012)**                                                           | 3% for diabetes exams  
7% for diabetes retinal exams  
14% for diabetes nephropathy exams  
4% for lipid exams |
| **Texas**    | BCBS of Texas (2012)**                                                                 | 23% lower readmission rates  
$1.2 million estimated health care cost savings |
| **Texas**    | WellMed Inc. **xxvi**  
(San Antonio, Tex.)                                                                    | Increased control of HbA1C levels from 81% to 93% of diabetes patients  
Increased LDL levels under control, from 51% to 95%, for heart disease patients  
Increased control of BP levels from 67% to 90%  
Increased screening rates for mammography from 19% to 40%  
Increased screening rates for colon cancer from 11% to 50%  
Improved diabetes HbA1c testing from 55% to 71%  
LDL screenings for all patients increased from 47% to 70%  
LDL screenings for diabetic patients increased from 53% to 78%  
LDL screenings for ischemic heart disease patients increased from 53 to 76%.  
BP screening rates for all patients increased from 38 to 76%  
BP screenings for high BP patients increased from 46 to 88%. |
| **Vermont** | Vermont Blueprint for Health (2012)**                                                  | 27% reduction in projected cost avoidance across its commercial insurer population |
| **Vermont** | Vermont Medicaid **xxxi**  
2008-2010                                                                               | 21% decreased inpatient utilization  
22% lower PMPM inpatient costs  
31% lower ED use  
36% lower PMPM ED costs |
| **Veterans Health Administration** and VA Midwest Healthcare Network (VISN 23)  
2012 |                                                                                       | 8% lower urgent care visits  
4% lower acute admission rates by 4% **xxxi**  
27% lower hospitalizations and ED visits among chronic disease patients  
$593 per chronic disease patient cost savings **xxxi** |
| **Washington** | Regence Blue Shield (Intensive Outpatient Care Program with Boeing) 2012**             | 14.8% improved patient-reported physical function and mental function  
65% reduced patient reported missed workdays |
| **Washington** | Group Health of Washington **xxxii,xxxii,xxx**  
2009, 2010                        | 29% fewer ED visits  
11% fewer hospitalizations for ambulatory care-sensitive conditions  
18% reduction in use of high-risk medications among elderly  
36% increase in use of cholesterol-lowering drugs  
65% increase in use of generic statin drug  
Improved quality of care:  
Composite measures increased by 3.7% to  
83% of patient calls resolved on the first call compared to 0% pre-PCMH **xxxii**  
Cost savings of $17 PMPM **xxxii**  
$4 million in transcription cost savings through the use of EHRs  
$2.5 million in cost savings through medical records management  
$3.4 million in cost savings through medication use management |
Improved provider satisfaction: Less emotional exhaustion reported by staff (10% PCMH vs. 30% controls)
Appendix 1: Benefits of Implementing the Medical Home: Results Grid, page 6


