

Report to the Greater Milwaukee Business Foundation on Health

Utilization Comparison of
Southeast Wisconsin Health Systems

Presented by:

Keith Kieffer, CPA, RPh
Management Consultant

Greg J. Herrle, FSA, MAAA
Consulting Actuary

October 29, 2015



Table of Contents

	Page
Study Background and Objectives	3
Summary of Results	6
Overview of Study Methods	12
Study Population	17
Morbidity Differences	21
Health System Loyalty	25
Adult Utilization Comparisons	29
Pediatric Utilization Comparisons	33
Adult Utilization By County	36
Pediatric Utilization By County	44
Caveats and Use of this Report	49

Study Background and Objectives

Background

- Total per-member per-month (PMPM) commercial medical costs are impacted by unit prices (fee schedules) and utilization (quantity and mix of services used)
- Comparisons of health system hospital and physician fee schedules are relatively easy to develop and are routinely performed by carriers and other employee benefit consultants
- Comparisons of health system utilization patterns are less commonly available due to the complexity of such analyses and lack of sufficient available data to perform valid comparisons

Study Objectives

- This study compares the relative average utilization levels of commercial members who are aligned with southeast Wisconsin primary care physicians during the calendar years ended March 31, 2013 or March 31, 2014
- This study has four main objectives related to health care utilization by members aligned with larger area health systems and members who use unaffiliated primary care physicians (PCPs)
 - Measure the relative morbidity of each group of members
 - Assess the “loyalty” of aligned members to their PCP’s health system for other medical services
 - Estimate relative utilization-related cost differences by health system
 - Understand how utilization patterns differ among members from each SE Wisconsin county

Summary of Results

Interpretation Considerations

- Comparisons limited to commercial members residing in SE Wisconsin who were attributed to primary care physicians
 - Attribution algorithm based on PCP services received
- Comparisons include all covered medical costs except retail pharmacy prescriptions.
- Utilization comparisons based on per-member per-month (PMPM) costs adjusted for the following:
 - Commercial payment rate differences
 - Differences in average patient morbidity (risk scores)
- Results aggregated and reported based on physician affiliation with local health systems
- Separate results presented for Adult and Pediatric (under age 18) membership

Adult Observations

- There was significant variation among the average morbidity of members attributed to SE Wisconsin health systems
 - Average risk scores varied by 19% from highest to lowest
- Members attributed to PCPs aligned with each SE Wisconsin health system received a majority of their hospital inpatient and outpatient facility services from their primary health system
 - Percentages of in-system facility utilization ranged from about 59% to 74%
- Average risk-adjusted commercial medical service utilization levels varied by as much as 10% among SE Wisconsin health systems
 - ProHealth utilization averaged 4% below market averages
 - Wheaton utilization averaged 6% above market averages

Adult Observations *(continued)*

- Members aligned with “independent” PCPs accounted for 23% of total attributed adult members
- Members aligned with health system PCPs generally experienced lower levels of utilization than those aligned with “independent” PCPs
 - Utilization levels for “independent” PCPs averaged 4% higher than average utilization levels of members aligned with health system PCPs
- Each group of attributed members demonstrated different adult utilization patterns
- Adult average commercial utilization levels varied significantly by county
 - Almost 22% difference between highest and lowest utilization counties

Pediatric Observations

- There was relatively little difference in the morbidity profiles of each group of attributed pediatric members
 - Approximately 6% difference from highest to lowest average risk score
- Members attributed to PCPs aligned with each SE Wisconsin health system typically received less than half of their inpatient and outpatient facility services from their primary health system
 - Percentages of in-system facility utilization ranged from about 30% to 52%
 - Children's Hospital of Wisconsin provided between 35% and 45% of hospital services for members attributed to other health systems

Pediatric Observations *(continued)*

- Approximately 22% of pediatric members were attributed to PCPs who were not affiliated with health systems
- Medical service utilization for pediatric members also varied by as much as 10% among SE Wisconsin health systems
 - Members attributed to Children’s Health System were the only members with utilization above the market average
 - All other groups of attributed pediatric members had average utilization levels slightly below market averages
- Pediatric utilization levels varied significantly by county
 - Almost 20% difference between highest and lowest utilization counties

Overview of Study Methods

Overview

- Comparison of PMPM average medical costs for members attributed to primary care physicians (PCPs) in SE Wisconsin
 - Does not include members who did not use PCPs during the year
 - Excluded certain members with very high or very low costs
 - Does not include Rx costs
- All claims were repriced using a single, uniform, Medicare fee schedule to limit comparisons to utilization differences only
 - See Appendix A for additional information
- PMPM costs adjusted for differences in average morbidity of members attributed to each health system
- Results aggregated and reported by health system based on physician affiliation
- Separate results presented for Adult and Pediatric (under age 18) membership

Data Sources

- Wisconsin Health Information Organization (WHIO):
 - Commercial data and information only
 - Medical claims only from April 1, 2012 through March 31, 2014
 - Member eligibility and attribution to providers
 - Member risk scores
 - Provider specialty and affiliation
- Centers for Medicare and Medicaid Services (CMS)
 - 2013 Medicare hospital, physician and other provider fee schedules
- Health system websites
 - Verification of physician specialty and affiliation (if any)

Separately Reported Health Systems

- Aurora Health Care (Aurora)
- Children's Hospital of Wisconsin (Children's) – Pediatric only
- Columbia-St. Mary's (CSM)
- Froedtert Health (Froedert)
- ProHealth Care (ProHealth)
- Wheaton Franciscan Healthcare (Wheaton) – Adult only
- “Other Attributed”
 - Consists of all members attributed to PCPs who are not affiliated with one of the health systems listed above

Note: United Hospital System (Kenosha) did not achieve the 5,000 attributed adult or pediatric equivalent-year membership threshold necessary for separate reporting.

Interpretation Considerations

- Results are presented separately for Adult and Pediatric populations
 - Average pediatric risk scores were less than 50% of average adult risk scores
 - Relative mix of adult and pediatric attributed memberships varied significantly among health systems
 - In-system facilities utilization patterns differed significantly between adult and pediatric populations
- Individual health system results are presented relative to market average
 - Market average = 1.0
- Relative utilization by cost category (Hospital Inpatient, Outpatient, Physician) included with each comparison

Study Population

Study Population

- Included individuals with at least six months of commercial coverage residing in Southeast Wisconsin
- Limited to members who received certain primary care services from primary care physicians
- Certain individuals were excluded to limit impact of “unmanageable” high cost members, low cost members requiring limited medical management and members with potential data issues impacting risk scores
 - Removed members with risk scores below 0.10
 - Average adult risk score was 1.92
 - Average pediatric risk score was 0.82
 - Removed each reported health system’s members with 2% highest and 2% lowest risk adjusted PMPM costs
- Additional information regarding the development and composition of the study population is included in Appendix B

Membership Summary

Commercial Membership Reconciliation (Expressed as Full-Year Equivalents)

	Adults	Pediatrics	Total
Initial WHIO Membership	626,794	169,585	796,379
Members Not Attributed to PCPs	(263,479)	(54,356)	(317,834)
Members with < 6 Months Data	(5,324)	(1,925)	(7,249)
Risk Score <0.10	(33,884)	(32,647)	(66,531)
High Cost Exclusions	(3,798)	(1,709)	(5,506)
Low Cost Exclusions	<u>(3,535)</u>	<u>(473)</u>	<u>(4,007)</u>
Members Included in Study	316,775	78,476	395,250
Percentage of Initial Membership	51%	46%	50%

Additional information regarding development and composition of the study population is included in Appendix B

Membership Summary *(continued)*

Attributed Membership by Health System (Expressed as Full-Year Equivalents)

<u>Health System</u>	<u>Adults</u>	<u>Pediatrics</u>	<u>Total</u>
Aurora	104,405	19,202	123,607
CSM	33,220	5,476	38,696
Children's	0*	16,918	16,918
Froedtert	31,069	5,101	36,170
ProHealth	42,272	14,257	56,529
Wheaton	32,424	0*	32,424
Other Attributed	<u>73,385</u>	<u>17,522</u>	<u>90,906</u>
Total Attributed Members	316,775	78,476	395,250

* Less than 5,000 members attributed to health system. These attributed members were included in "Other Attributed" totals

Morbidity Differences

October 29, 2015

Adjustment for Differences in Morbidity

- Morbidity differences between the attributed populations for each health system are reflected in the use of risk scores
 - Higher risk scores reflect higher expected average costs
- Risk scores were developed for each member based on diagnosis coding included in the members medical claims
 - Differences in coding accuracy among health systems may influence risk scores
- Risk scores obtained for each member from the WHIO data
 - Based on most recent 12 months of diagnostic data
 - Uses a concurrent (or retrospective) model, which reflect diagnoses in the same year the costs are incurred
- Health system relative PMPM average costs presented in this study are adjusted for differences in average risk scores among attributed memberships

Risk Score Observations

- Average adult risk scores varied significantly among health systems
 - 19% difference from highest to lowest average
 - Wheaton had highest average risk score (8% above average)
 - ProHealth member risk scores averaged 9% less than market average
 - CSM, Froedtert, Aurora and Other Attributed membership groups each had risk scores within 5% of the market averages
- Average Pediatric risk scores demonstrated lower levels of variation
 - Approximately 6% difference from highest to lowest average
 - All membership groups had risk scores within 5% of market averages

Health System Risk Score Comparison

Average Health System Risk Scores (Relative to Market Average)		
<u>Health System</u>	<u>Adults</u>	<u>Pediatrics</u>
Aurora	1.00	0.97
CSM	0.96	0.96
Children's	N/A	1.02
Froedtert	1.03	1.02
ProHealth	0.91	1.00
Wheaton	1.08	N/A
Other Attributed	1.02	1.02

Health System Loyalty

Utilization of Attributed Health System Facilities

- The percentages of inpatient hospital and outpatient facility costs delivered by each health system to its attributed members may provide insight regarding the degree of health system care management alignment with its attributed members
- Adult members typically used their attributed health system facilities for most of their inpatient and outpatient care
 - Average retention ranged from 59% to 74% of total facility costs
 - Aurora and Froedtert are the main “secondary” systems
- Pediatric members were less likely to use their attributed health system facilities for inpatient and outpatient care
 - Average retention ranged from about 30% to 52%
 - Children’s Hospital provided 35% to 45% of facility costs for members attributed to other health systems or independent PCPs
- Additional information regarding member alignment is included in Appendix C

Facility Cost Distribution by Health System - Adults

Facility Cost Distribution by Health System – Adults							
	Health System Providing Care						
Attributed Health System	Aurora	CSM	Froedtert	ProHealth	Wheaton	Other	Total
Aurora	65%	3%	11%	2%	8%	11%	100%
CSM	12%	59%	11%	1%	7%	10%	100%
Froedtert	7%	3%	74%	2%	5%	8%	100%
ProHealth	7%	2%	9%	63%	8%	11%	100%
Wheaton	11%	2%	8%	3%	68%	7%	100%
Other Attributed	23%	6%	13%	8%	16%	34%	100%

Facility Cost Distribution by Health System - Pediatrics

Facility Cost Distribution by Health System – Pediatrics							
Attributed Health System	Health System Providing Care						Total
	Aurora	CSM	Children's	Froedtert	ProHealth	Other	
Aurora	37%	2%	40%	5%	1%	14%	100%
CSM	7%	31%	45%	3%	0%	13%	100%
Children's	16%	3%	52%	7%	2%	22%	100%
Froedtert	4%	1%	39%	43%	2%	11%	100%
ProHealth	7%	1%	42%	3%	30%	17%	100%
Other Attributed	9%	6%	35%	2%	1%	47%	100%

Adult Utilization Comparisons

Adult Utilization Level Observations

- The utilization-related cost difference between the lowest and highest average health system utilization levels was roughly 10%
 - ProHealth’s risk-adjusted average utilization was about 4% lower than the market average
 - ProHealth’s utilization was near or below market averages in all categories
 - Wheaton’s average utilization was about 6% higher than the market average
 - Wheaton’s inpatient and outpatient facility utilization was significantly higher than experienced by the other health systems
- Members attributed to Aurora, CSM and Froedtert also demonstrated lower utilization levels than the market average
 - Each health system’s aggregate utilization level was the result of significantly different underlying service-level utilization patterns

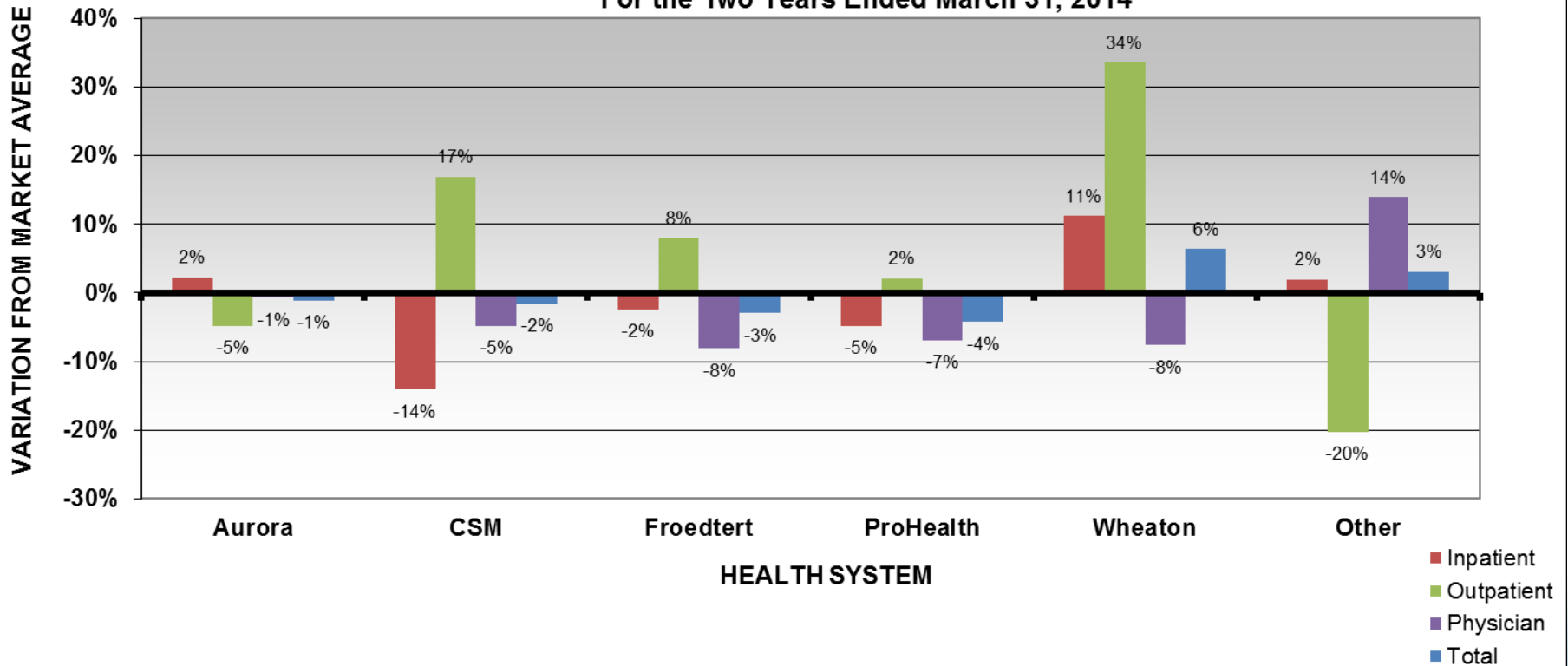
Adult Utilization Level Observations *(continued)*

- Members who were not attributed to health system physicians (Other Attributed members) experienced 3% higher utilization than the market average
 - Utilization level was 4% higher than health system average
 - Higher utilization of physician services appeared to be the main cause
- We performed additional analyses of each health system's utilization based on risk score quartiles, age segment and gender
 - The results of these comparisons were substantially identical to the aggregate average results for each attribution group

Relative Utilization by Health System

– Adults

**SOUTHEAST WISCONSIN HEALTH SYSTEMS
COMPOSITE COMMERCIAL UTILIZATION LEVELS
(EXPRESSED AS VARIATION FROM THE SOUTHEAST WISCONSIN AVERAGE)
For the Two Years Ended March 31, 2014**



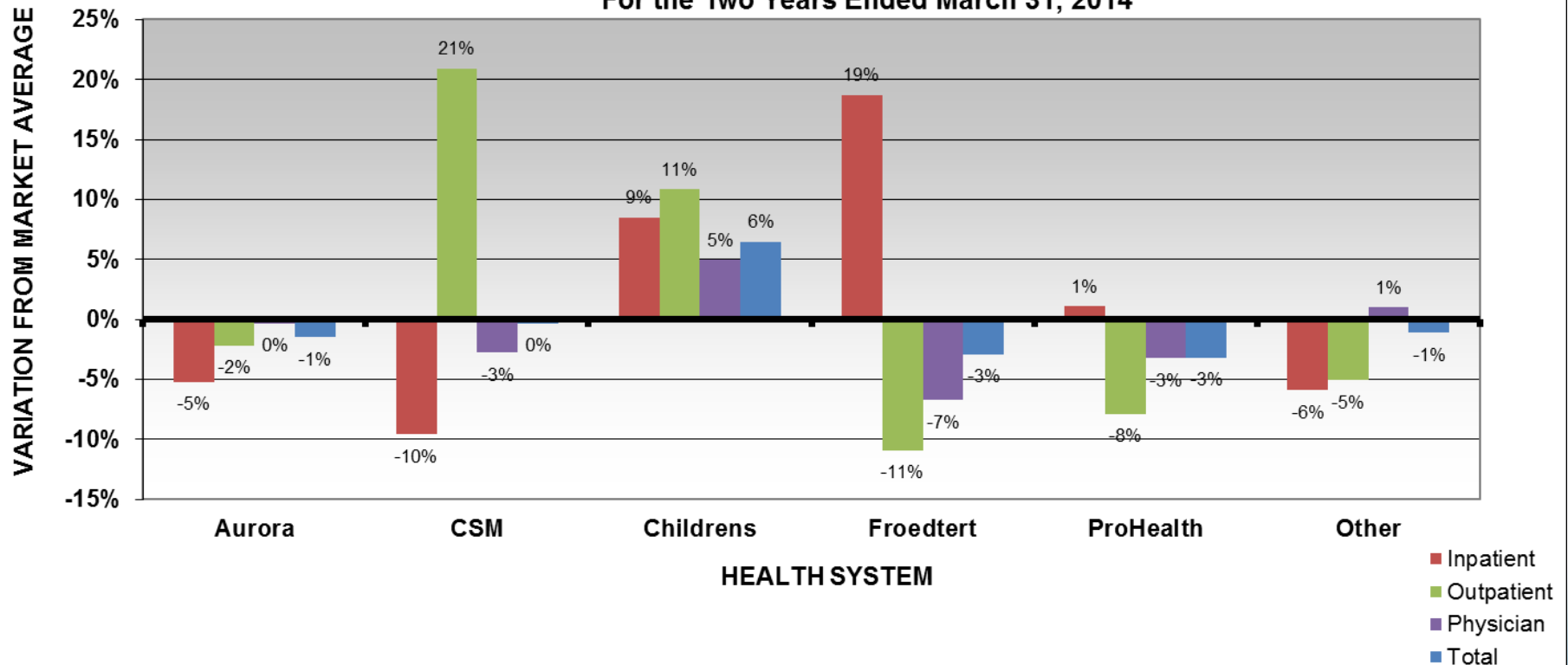
Pediatric Utilization Comparisons

Overall Results by Health System - Pediatrics

- The utilization-related cost difference between the lowest and highest average health system was roughly 10%
- Froedtert and ProHealth average utilization levels were approximately 3% lower than the market average
 - Both health systems had significantly lower outpatient facility costs than market averages
- Children's attributed membership averaged 6% higher utilization than market
 - Children's utilization was higher than market averages in each cost category
- All other attribution groups had total utilization rates approximating the market average

Relative Utilization by Health System – Pediatrics

**SOUTHEAST WISCONSIN HEALTH SYSTEMS
COMPOSITE COMMERCIAL UTILIZATION LEVELS
(EXPRESSED AS VARIATION FROM THE SOUTHEAST WISCONSIN AVERAGE)
For the Two Years Ended March 31, 2014**



Adult Utilization By County

Adult Utilization Comparisons by County

- Analyses of risk-adjusted relative average utilization levels for all adult members in each SE Wisconsin county were developed as a means of evaluating local differences in utilization rates and cost patterns
 - Attributed memberships for some health systems were insufficient in for credible comparisons of individual health system average utilization levels in each county
 - Similar analyses for Pediatric members is included later in this presentation
- Analyses include review of relative service-level (cost category) utilization levels
 - Hospital Inpatient
 - Outpatient Facility
 - Physician

Comparisons of Adult Average Utilization Levels by County

- Average adult utilization levels varied by about 22% among SE Wisconsin counties
 - Walworth County experienced levels 8% **lower** than SE Wisconsin market averages
 - Kenosha County had utilization levels 12% **higher** than market averages
 - Racine County utilization levels were also 8% **higher** than average
 - Average adult utilization levels for the other SE Wisconsin counties were within 3% of the market averages

Average Utilization by County – Adults

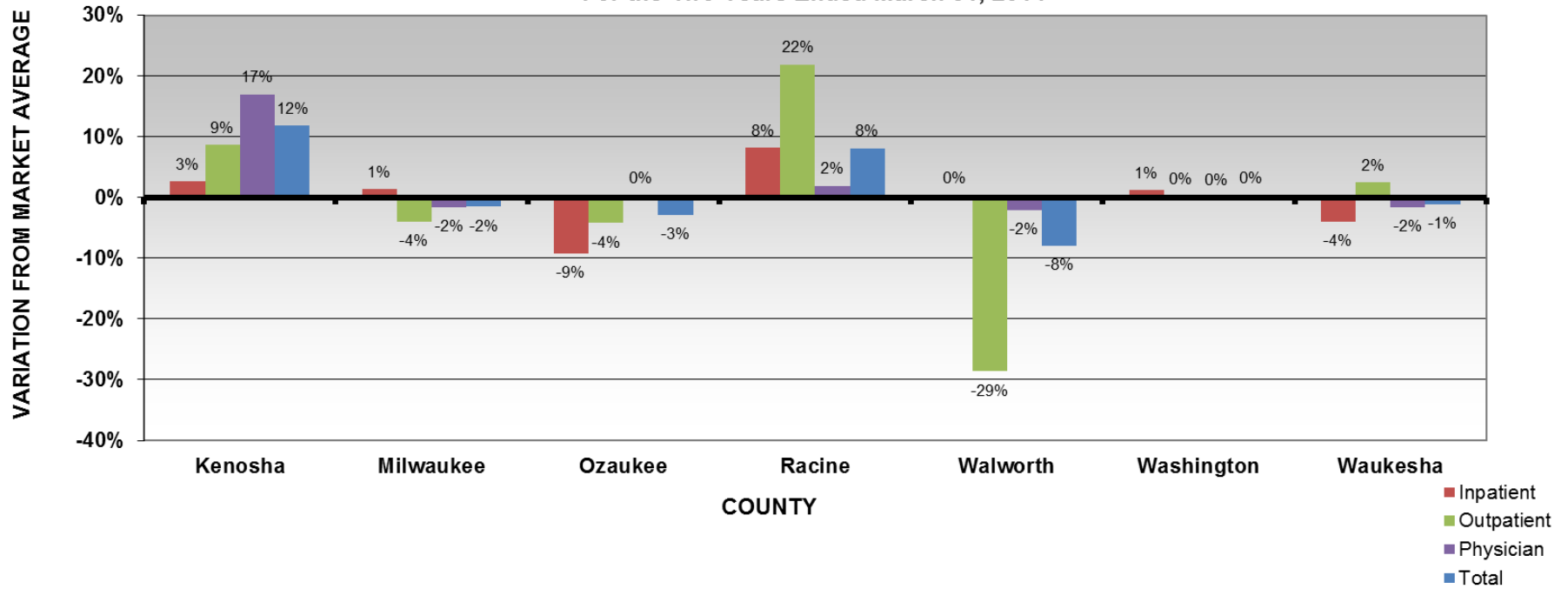
Average County Utilization Levels All Adult Members (Relative to SE Wisconsin Average)	
<u>County</u>	<u>Relative Utilization</u>
Kenosha	1.12
Milwaukee	0.98
Ozaukee	0.97
Racine	1.08
Walworth	0.92
Washington	1.00
Waukesha	0.99

County Adult Utilization Patterns

- Utilization levels by service category for Milwaukee, Ozaukee, Washington and Waukesha counties were each relatively consistent with market averages
 - Ozaukee County inpatient utilization (9% lower) was the only category more than 4% different than market averages
- Walworth County's lower utilization levels were due to significantly lower outpatient facility utilization
- Higher utilization levels in Kenosha and Racine counties were due to significantly higher costs in more than one category
 - Higher outpatient facility utilization contributed to higher aggregate utilization levels in both counties
 - Kenosha County also experienced high physician utilization levels
 - Racine County also had the highest inpatient utilization level among SE Wisconsin counties.

Utilization Results by County – Adults

SOUTHEAST WISCONSIN COUNTIES
 COMPOSITE COMMERCIAL UTILIZATION LEVELS
 (EXPRESSED AS A VARIATION FROM THE SOUTHEAST WISCONSIN AVERAGE)
 For the Two Years Ended March 31, 2014



Higher Kenosha and Racine County Adult Utilization Levels

- Higher utilization levels in Kenosha and Racine counties may be influenced by factors other than care management effectiveness
 - Kenosha County members primarily attributed to “Other Attributed” (60%) or Aurora (35%) physicians
 - Kenosha County average adult utilization levels for each attribution group was at least 10% higher than group’s average for other counties
 - Other Attributed and Aurora groups also accounted for between 85% and 90% of Walworth County members which had the lowest average utilization levels
 - More than 90% of Racine County’s members were attributed to “Other Attributed”, Wheaton or Aurora PCPs
 - Each group’s average utilization in Racine County was 5% to 7% higher than its market average

Utilization Results by County and Health System – Adults

Average Utilization by Health System and County – Adults (Relative to SE Wisconsin Average)

	County			
Health System*	Kenosha	Racine	Walworth	All Counties
Aurora	1.13	1.06	0.96	0.99
Wheaton		1.11		1.06
Other Attributed	1.12	1.10	0.90	1.03
Market Average**	1.12	1.08	0.92	1.00

* Results reported for health systems with at least 5,000 members

** Market Average utilization rates may include results from members attributed to other health systems not included in this table

Pediatric Utilization By County

Comparison of Pediatric Utilization by County

- Average pediatric utilization levels varied by about 19% among SE Wisconsin counties
 - Washington (8% lower) and Walworth (4% lower) counties had the lowest pediatric utilization levels
 - Kenosha County (10% higher) had the highest average pediatric utilization level
 - All other SE Wisconsin counties experienced pediatric utilization levels within 3% of the SE Wisconsin average

Average Utilization by County – Pediatrics

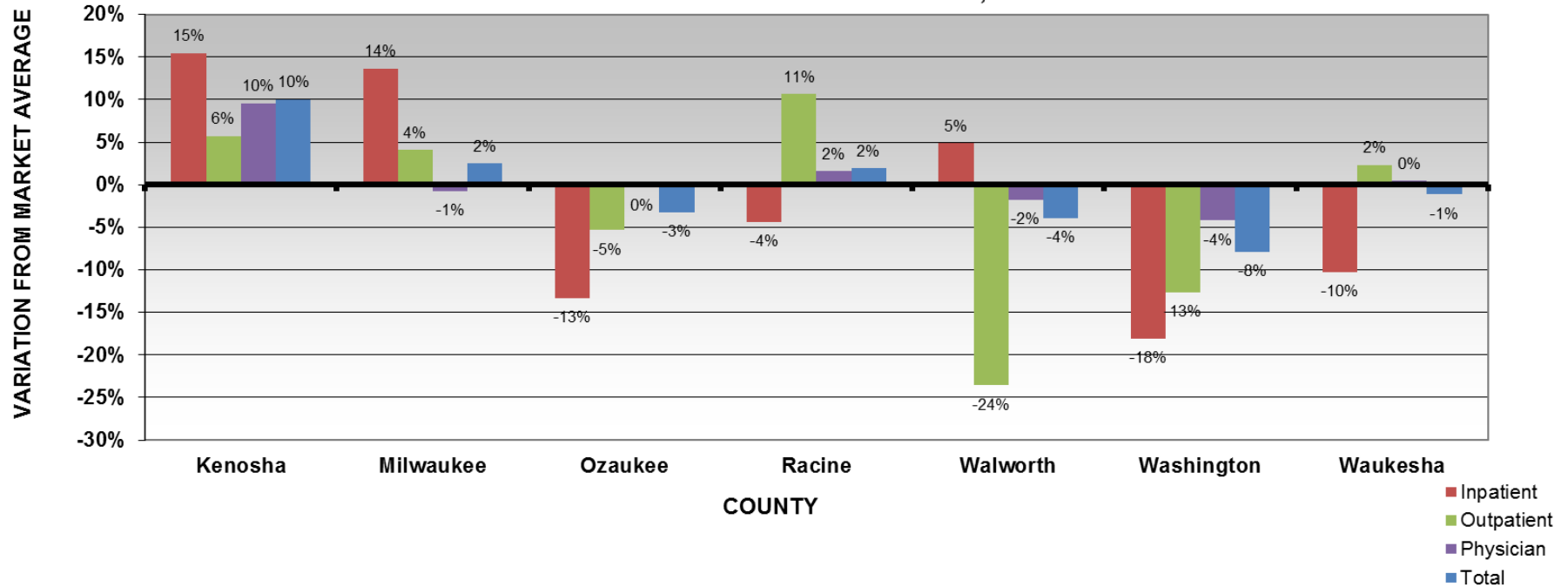
Average County Utilization Levels All Pediatric Members (Relative to SE Wisconsin Average)	
<u>County</u>	<u>Relative Utilization</u>
Kenosha	1.10
Milwaukee	1.02
Ozaukee	0.97
Racine	1.02
Walworth	0.96
Washington	0.92
Waukesha	0.99

County Pediatric Utilization Patterns

- Washington County pediatric utilization was lower in each cost category
 - Aurora and Froedtert had more than 80% of attributed membership
- Walworth County average pediatric utilization level differences were driven by lower outpatient facility utilization
 - Result similar to adult utilization patterns
 - Less than 5,000 attributed members in the county
 - About 2/3 of county members were attributed to “Other” physicians
- Utilization levels for Kenosha County pediatric members were higher in each cost category
 - Higher physician utilization was the primary cause of the difference
 - Less than 5,000 attributed members in the County
 - Members predominately attributed to Children’s, Aurora and “Other” physicians

Utilization Results by County – Children

**SOUTHEAST WISCONSIN COUNTIES
COMPOSITE COMMERCIAL UTILIZATION LEVELS
(EXPRESSED AS A VARIATION FROM THE SOUTHEAST WISCONSIN AVERAGE)
For the Two Years Ended March 31, 2014**



Caveats and Use of This Report

Caveats

- We relied on medical claims information provided by the Wisconsin Health Information Organization (WHIO) which we reviewed but did not audit. To the extent this information is incomplete or invalid, our comparisons may not be valid
- We relied on member attribution, risk scores and physician affiliation information provided by WHIO. We performed reasonableness checks on this information on a test basis, but did not audit this information. To the extent this information is not accurate, our comparisons may not be valid.
- We relied on Medicare fee schedule information released by CMS to develop the claims cost information used in this analysis. This was used to create a consistent pricing scheme among health systems and may differ from actual commercial costs.

Caveats *(continued)*

- Our comparisons were based on claims information received by commercial carriers from April 2012 through June 2014 (including run-out periods) and may not apply to subsequent time periods
- Our analyses were performed on information representing a broad spectrum of the SE Wisconsin commercial market and may not apply to information limited to individual commercial health plans, local area markets or other subsets of SE Wisconsin

Caveats *(continued)*

- Results were developed using data that we did not audit, but we did review the data for general reasonableness.
- Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Greg J. Herrle is a member of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Use of This Report

- This report is intended for use in collaborative quality and cost improvement initiatives. We ask that it not be used for public relations or general media purposes.
- Please review the full report and use the information in its entirety. Market comparisons using only one measure or even a limited number of comparisons can be misleading.
- This report was prepared for the exclusive use of the Greater Milwaukee Business Foundation on Health. We make no warranties or guarantees to other parties regarding the accuracy or applicability of any information included in this report

Thank You

Keith Kieffer, CPA, RPh
Management Consultant
keith.kieffer@milliman.com

Greg J. Herrle, FSA, MAAA
Consulting Actuary
gregory.j.herrle@milliman.com

Milliman, Inc.
15800 Bluemound Road, Suite 100
Brookfield, WI 53005
+1 262 784.2250

Appendix A

Included Costs

Included Costs

- Comparisons based on average PMPM medical costs adjusted for differences in morbidity
 - Includes hospital inpatient, outpatient, physician, ambulatory facility, reference laboratory, etc.
 - Does not include Rx costs (data not available for all members)
- Costs included for claims received prior to July 1, 2014
 - Minimum 3 month run-out period to determine costs and attribution
- All claims repriced using a single, uniform, 2013 Medicare fee schedule which did not include any facility-specific adjustments (i.e. DSH, IME)
 - WHIO data did not include actual payment amounts

Appendix B

Study Population

Included Members

- Includes individuals with at least six months of commercial coverage residing in the following counties
 - Milwaukee
 - Kenosha
 - Racine
 - Ozaukee
 - Washington
 - Walworth
 - Waukesha
- Limited to members who received certain services from primary care physicians
 - Preventive medicine, office / outpatient visits, phone consultations, home health visits, hospice visits, nursing facility visits, case management, and immunizations

Excluded Members

- Intent is to limit impact of “unmanageable” high cost members, low cost members requiring limited medical management and members with potential data issues impacting risk scores
 - Members with less than 6 months data were excluded
 - Removed members with risk scores below 0.10
 - These members typically have one, very low cost encounter or had no risk score
 - Average risk score for other members is approximately 1.70
 - Removed 2% of members attributed to each reported health system with highest risk adjusted PMPM costs
 - Members with lowest 2% of risk adjusted costs attributed to each reported health system were also removed

Membership Observations

- Study is based on 50% of all members in the WHIO data set
 - Included members account for 70% of initial total medical cost
- Non-attributed members account for most of the excluded costs
 - Attributed members excluded from our analysis accounted for less than 10% of total initial medical costs
- Pediatric members included in the study account for roughly 20% of total members and 10% of the total medical costs
- Significant percentages of SE Wisconsin adult and pediatric commercial members did not receive primary care services during at least one of the two years included in our study
 - Approximately 42% of adult member-months were from members who were not attributed to a PCP
 - 31% of Pediatric member-months were unattributed
 - These members had very relatively low PMPM costs

Appendix C

Alignment of Members to Health Systems

Member Attribution to PCPs

- Members attributed based on services provided by PCPs during each 12 month period
 - Separate member attribution for each period
- Services used to determine attribution include;
 - Preventive medicine, office / outpatient visits, phone consultations, home health visits, hospice visits, nursing facility visits, case management, and immunizations
- Members were attributed based on WHIO algorithm which emphasizes preponderance of visits if multiple PCPs involved
 - Total costs used as “tie breaker” for equal number of visits
 - Algorithm is similar to those used by commercial carriers in shared risk agreements with ACOs
 - Milliman reviewed algorithm and validated results on a test basis

PCP Alignment with Health Systems

- PCP alignment with health systems initially based on WHIO assignment of physicians
- Milliman validated WHIO assignment on a test basis using health system websites to confirm affiliation and physician specialty
- Milliman required at least 5,000 attributed adult or pediatric members for individually reported health system results
 - All members which were not attributed to separately reported individual health systems are included in “Other Attributed” group for each comparison

Separately Reported Health Systems

- Aurora Health Care (Aurora)
- Children's Hospital of Wisconsin (Children's) – Pediatric only
- Columbia-St. Mary's (CSM)
- Froedtert Health (Froedert)
- ProHealth Care (ProHealth)
- Wheaton Franciscan Healthcare (Wheaton) – Adult only

Note: United Hospital System (Kenosha) did not achieve the 5,000 attributed adult or pediatric equivalent-year membership threshold necessary for separate reporting.

Membership Distribution Observations

- Adult members
 - Aurora has the largest adult attributed population
 - Roughly 1/3 of adult members are attributed to Aurora PCPs
 - CSM, Froedtert, ProHealth and Wheaton each account for 10% to 13% of adult attributed members
- Pediatric members
 - Aurora, Children's and ProHealth have the largest pediatric memberships
 - Roughly 2/3 of all pediatric members use one of these health systems
 - CSM and Froedtert each account for less than 7% of attributed pediatric members
- Physicians who are not aligned with any of the individually reported health systems were responsible for 20% to 25% of the adult and pediatric memberships

Membership Summary

Attributed Membership by Health System (Expressed as Full-Year Equivalents)

<u>Health System</u>	<u>Adults</u>	<u>Pediatrics</u>	<u>Total</u>
Aurora	104,405	19,202	123,607
CSM	33,220	5,476	38,696
Children's	0*	16,918	16,918
Froedtert	31,069	5,101	36,170
ProHealth	42,272	14,257	56,529
Wheaton	32,424	0*	32,424
Other Attributed	<u>73,385</u>	<u>17,522</u>	<u>90,906</u>
Total Attributed Members	316,775	78,476	395,250

* Less than 5,000 members attributed to health system. Attributed members included in "Other Attributed" totals

Adult / Pediatric Membership Distribution

Adult / Pediatric Membership Distribution Attributed Members Only		
<u>Health System</u>	<u>Adults</u>	<u>Pediatrics</u>
Aurora	84.5%	15.5%
CSM	85.8%	14.2%
Children's	0.0%	100.0%
Froedtert	85.9%	14.1%
ProHealth	74.8%	25.2%
Wheaton	100.0%	0.0%
Other Attributed	80.7%	19.3%
Average	80.1%	19.9%