

TOP FIVE EPISODE GROUPS DRILL DOWN

Episode Summary Group	Episode Group	Group					Benchmark
		Paid Amount	Episode Count	Unique Claimants	Episodes Per 1000	Episodes Per 1000 Trend	Episodes Per 1000
Coronary Artery Disease	Angina Pectoris, Chronic Maintenance	\$1,035,067	217	203	21.2	-10.0%	22.3
	Acute Myocardial Infarction	\$627,373	21	20	2.1	1.6%	2.7
Osteoarthritis	Osteoarthritis, Except Spine	\$1,304,703	296	289	28.9	1.0%	30.5
	Osteoarthritis, Lumbar Spine	\$170,210	59	58	5.8	-4.8%	11.2
	Osteoarthritis, Cervical Spine	\$58,469	31	30	3.0	8.6%	5.4
Prevent/Admin Hlth Encounters	Encounter for Preventive Health Services	\$1,439,945	4,339	4,063	423.9	-4.0%	412.6
	Factors Influencing Health Status	\$67,048	159	150	15.5	-15.4%	20.1
	Encounter for Other Administrative Reasons	\$3,485	64	59	6.3	58.7%	3.7
Diabetes	Diabetes Mellitus Type 2 & Unspec Type Maintenance	\$387,299	445	434	43.5	1.9%	44.2
	Diabetes Mellitus Type 1 & 2 Acute Complications	\$362,579	27	26	2.6	61.4%	1.3
	Diabetes Mellitus Type 1 Maintenance	\$226,583	61	60	6.0	-15.1%	4.8
Cerebrovascular Disease	Cerebrovascular Disease with Stroke	\$571,679	55	45	5.4	64.4%	4.3
	Cerebrovascular Disease, Chronic Maintenance	\$317,148	28	27	2.7	158.7%	1.7
	Cerebrovascular Disease with TIA	\$63,330	56	50	5.5	35.5%	4.6
Subtotal of Top 5 Episode Summary Groups		\$6,635,160	5,861		572.6	-2.4%	570.0
All Other Episode Summary Groups		\$26,713,042	24,520		2,395.6	-0.8%	2,351.8
Total		\$33,348,202	30,381		2,968.2	-1.1%	2,921.8

Fast Facts

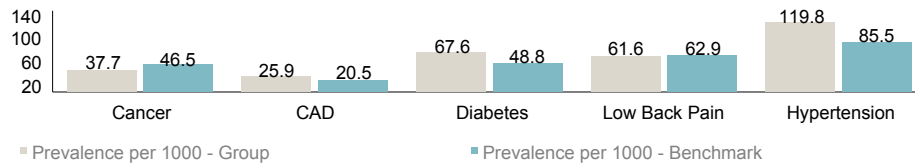
1. The top five Episode Summary Groups represent 19.9% of total paid and 19.3% of total Episodes in the current period.
2. Within the Episode Summary Groups, Episodes per 1000 for Coronary Artery Disease decreased -9.1% from the prior period.

Episode: all services related to the condition for a period of time.

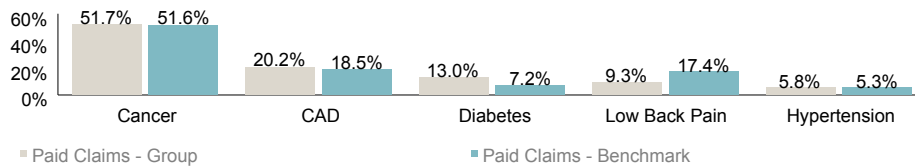
CLINICAL DASHBOARD (INCURRED MEDICAL CLAIMS)

Top Five Chronic Conditions Compared to Benchmark

Prevalence per 1000 for Chronic Conditions

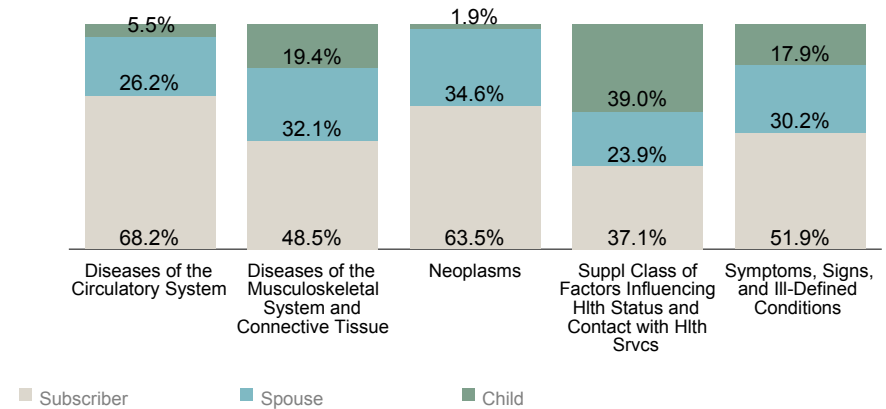


Percent of Claims Paid for Members with Chronic Conditions



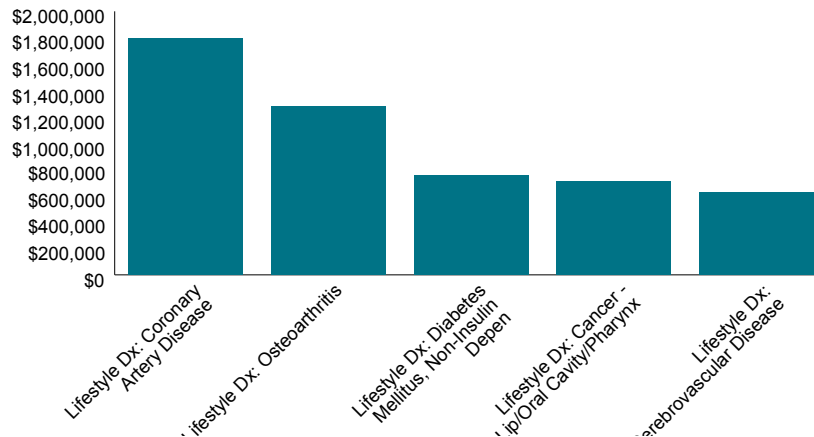
Top Five Health Conditions by Claims Paid and Relationship

Top Health Conditions by Paid Amount and Relationship



Top Five Lifestyle Related Conditions Based on Paid Amount

Lifestyle Paid Claims



Health Risk Index

The Risk Index is based on incurred and paid claims

	Current	Prior	Percent Change
Group	1.04	1.03	1.3%
Benchmark	1.00	1.00	0.0%
Percent Variance from Benchmark	4.0%	2.7%	

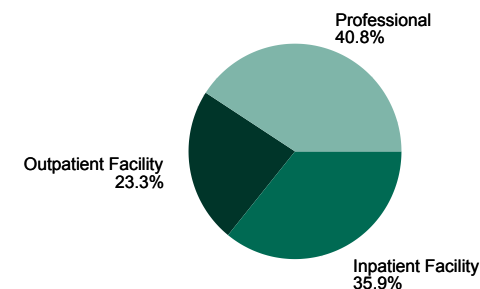
The WellPoint Health Risk Index is a diagnostic and age/sex adjusted projection of the population's likely level of risk for the period indicated. The Benchmark is presented for comparison. A higher score indicates a higher level of utilization and a higher level of risk.

UTILIZATION BY SETTING

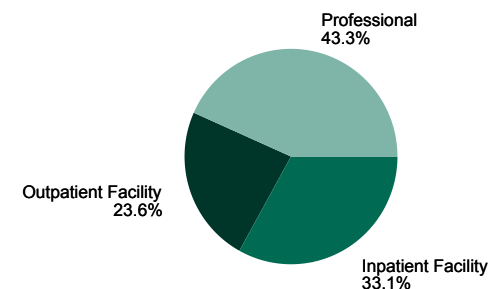
Utilization Breakdown

	Group			Benchmark		
	Current	Prior	Trend	Current	Prior	Trend
Utilization						
Inpatient Facility Acute Admits per 1000	71.0	67.4	5.3%	71.2	69.3	2.7%
Inpatient Facility Acute Days per 1000	349.9	336.0	4.1%	319.2	312.9	2.0%
Inpatient Facility Acute Average LOS	4.93	4.98	-1.1%	4.49	4.52	-0.7%
Outpatient Facility Visits per 1000	759.5	753.4	0.8%	1,170.7	1,090.0	7.4%
Professional Services per 1000	22,882.7	22,078.4	3.6%	18,239.6	16,796.2	8.6%
Average Paid Amount						
Inpatient Facility Acute Admit	\$18,865	\$15,484	21.8%	\$12,281		
Outpatient Facility Visit	\$1,169	\$1,020	14.6%	\$783		
Professional Service	\$68	\$64	6.3%	\$58		

Percent of Paid Amount-Current



Percent of Paid Amount-Prior



Fast Facts

- For the current period, Inpatient Facility Acute Admits per 1000 trend is 5.3%. The utilization is 0.2% lower than the Benchmark.
- For the current period, Inpatient Facility Acute Days per 1000 trend is 4.1%. The utilization is -9.6% higher than the Benchmark.

ENROLLMENT AND DEMOGRAPHICS

Contracts by Month

	Medical													Pharmacy		
Contract Type	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Average Current	Average Prior	Trend	Average Current Contracts*
Subscriber	1,676	1,675	1,662	1,657	1,640	1,629	1,610	1,609	1,600	1,588	1,583	1,589	1,626	1,731	-6.0%	
Family	2,763	2,767	2,766	2,753	2,736	2,736	2,719	2,719	2,700	2,683	2,676	2,676	2,724	2,789	-2.3%	
Total Contracts	4,439	4,442	4,428	4,410	4,376	4,365	4,329	4,328	4,300	4,271	4,259	4,265	4,351	4,520	-3.7%	

Current Member Months

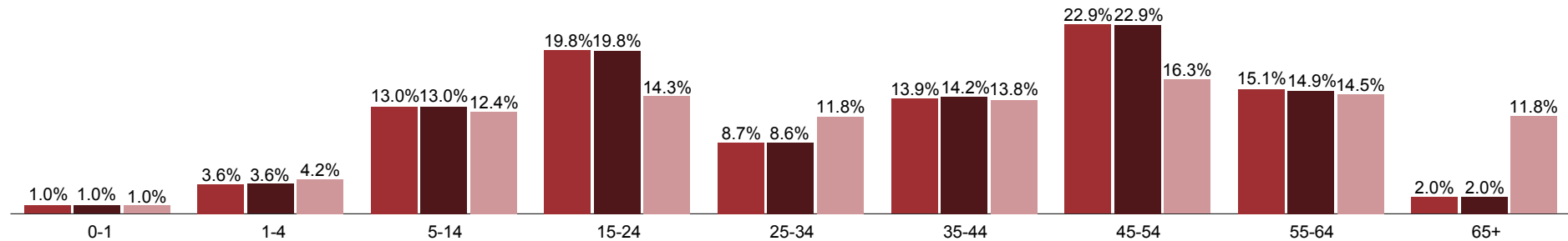
	Medical																Pharmacy
Contract Type	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Average Current	Average Prior	Trend	Member Months	Current Member Months*
Subscriber	1,695	1,694	1,681	1,676	1,663	1,652	1,633	1,632	1,619	1,607	1,602	1,609	1,647	1,750	-5.9%	19,763	
Family	8,592	8,610	8,616	8,586	8,544	8,536	8,492	8,503	8,457	8,390	8,378	8,380	8,507	8,647	-1.6%	102,084	
Total Members	10,287	10,304	10,297	10,262	10,207	10,188	10,125	10,135	10,076	9,997	9,980	9,989	10,154	10,397	-2.3%	121,847	
Average Members per Contract	2.32	2.32	2.33	2.33	2.33	2.33	2.34	2.34	2.34	2.34	2.34	2.34	2.33	2.30	1.5%		
Benchmark Avg Members per Contract													1.96	1.85	6.2%		

* Results are not shown because the volume of data was not sufficient to ensure reliable results.

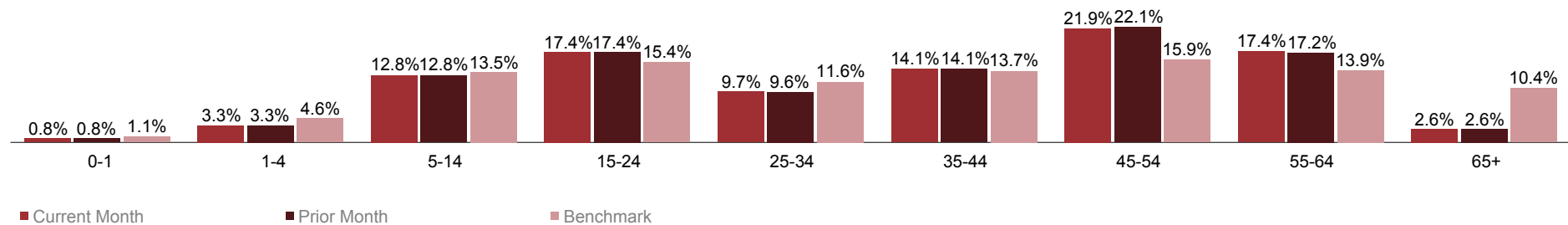
ENROLLMENT AND DEMOGRAPHICS

Membership Distribution Compared to Benchmark

FEMALE



MALE



Gender, Average Age and Member Count

Gender	Average Age		Member Count	Percent of Members	
	Subscriber	Member		Group	Benchmark
Female	47	35	4,756	46.8%	51.1%
Male	47	36	5,398	53.2%	48.9%
All Genders	47	35	10,154	100.0%	100.0%

Fast Facts

1. The average number of contracts decreased by **3.7%** from the prior period.
2. The average age of the subscriber is **46.8**, representing a **1.3%** increase when compared to the prior period's average age of **46.3** and is **2.5%** lower than the Benchmark of **48.1**.
3. The average age of a member is **35**, representing a **0.9%** increase when compared to the prior period's average age of **35.1** and is **6.4%** lower than the Benchmark average age of **37.8**.

FINANCIAL AND UTILIZATION DASHBOARD (PAID CLAIMS)

Medical Paid Amount Summary

	Current	Prior	Trend	Prior Trend
Medical				
Paid Amount	\$38,667,432	\$33,850,294		
Paid PMPM	\$317.34	\$271.31	17.0%	5.9%

Results are not shown because the current period average pharmacy membership is 0, which is less than the threshold of 30.

High Cost Claimants with Paid Amounts > \$75,000

High Cost Claimant (HCC) Summary	Current	Prior	Trend	Benchmark	Percent Paid In Network
Total Paid Amount	\$38,667,432	\$33,850,294			96.2%
Total HCC Paid Amount	\$11,248,198	\$8,614,667			97.6%
Total HCC Paid Amount w/o Rx	\$11,248,198	\$8,614,667			97.6%
HCC Paid Amount as % of Total Paid Amount	29.1%	25.4%	14.3%	24.1%	
Number of HCC Members > \$75K	69	62			
HCC Members as Percent of Total Members	0.6%	0.6%	14.3%	0.4%	

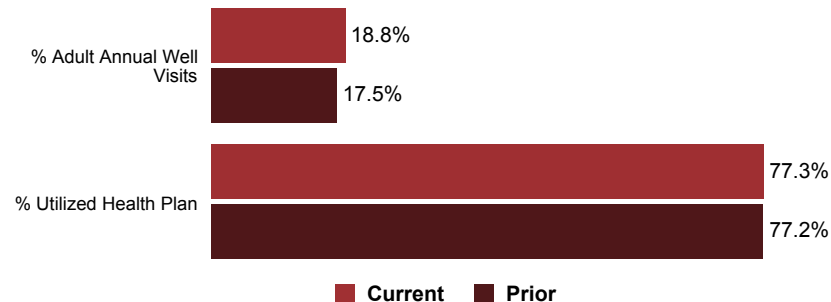
High Cost Claimant (HCC) Detail	Current	Prior	Trend	Benchmark
Medical PMPM - HCC	\$92.31	\$69.05	33.7%	\$61.77
Medical PEPM - HCC	\$215.43	\$158.82	35.6%	\$121.27
Medical PMPM - Non-HCC	\$225.03	\$202.26	11.3%	\$179.30
Medical PEPM - Non-HCC	\$525.15	\$465.26	12.9%	\$351.99

Note: High Cost Claimants are defined as those claimants with more than \$75,000 in paid amount during the report period.

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Benefit Utilization Indicators

Key Indicators



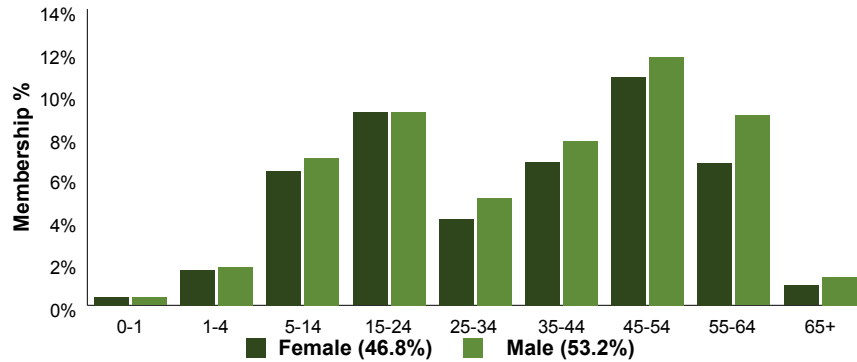
Pharmacy Highlights

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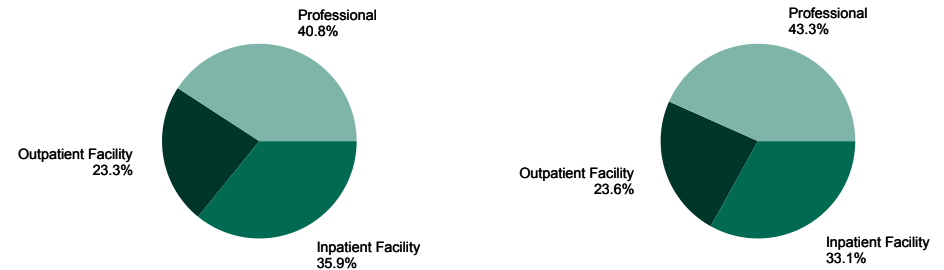
FINANCIAL AND UTILIZATION DASHBOARD (PAID CLAIMS)

Medical Membership Overview

Average Age: Subscriber = 47, Member = 35



Paid Amount By Setting



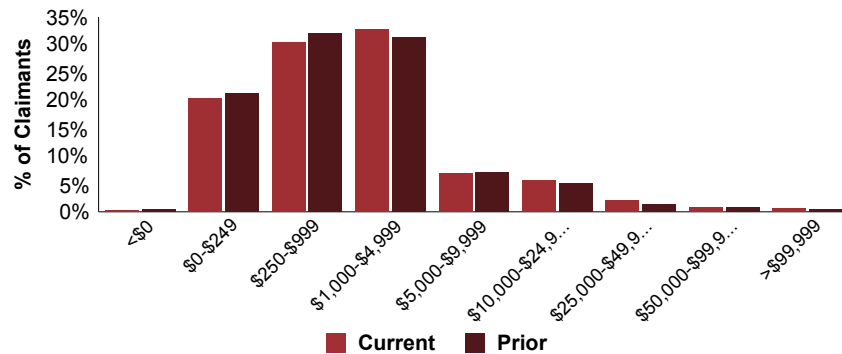
Percent of Paid Amount - Current

Percent of Paid Amount - Prior

Average Medical Paid Per Claimant	Current	Prior
Female	\$4,442	\$4,111
Male	\$4,856	\$3,827

Period	Med and Rx Subscribers	Contract Size	Med and Rx Members	Member Trend
Current	4,351	2.33	10,154	-2.3%
Prior	4,520	2.30	10,397	-0.1%

Paid Claims Distribution



Based on medical and pharmacy where applicable.

Utilization Breakdown

Utilization	Group			Benchmark		
	Current	Prior	Trend	Current	Prior	Trend
Inpatient Facility Acute Admits per 1000	71.0	67.4	5.3%	71.2	69.3	2.7%
Inpatient Facility Acute Days per 1000	349.9	336.0	4.1%	319.2	312.9	2.0%
Inpatient Facility Acute Average LOS	4.93	4.98	-1.1%	4.49	4.52	-0.7%
Outpatient Facility Visits per 1000	759.5	753.4	0.8%	1,170.7	1,090.0	7.4%
Professional Services per 1000	22,882.7	22,078.4	3.6%	18,239.6	16,796.2	8.6%
Average Paid Amount						
Inpatient Facility Acute Admit	\$18,865	\$15,484	21.8%	\$12,281		
Outpatient Facility Visit	\$1,169	\$1,020	14.6%	\$783		
Professional Service	\$68	\$64	6.3%	\$58		

MEDICAL PAID AMOUNTS AND PLAN SAVINGS

Product: All Medical

								Reductions From Allowed Amount					Paid Amount
Setting	Network Status	Charge Submitted	Non Covered Amount	Covered Expense Amount	Discount Amount	Discount Percent	Allowed Amount	Deductible	Coinsurance/ Copayment	Member Sanctions Penalty Amount	Third Party Savings/ Medicare	Other	
Inpatient Facility	In-Network	\$30,410,511	\$477,492	\$29,933,019	\$15,882,420	53.9%	\$14,050,599	\$0	\$0	\$19,500	\$338,315	(\$191,675)	\$13,884,459
	Out-of-Network	\$0	\$0	\$0	\$0	--	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Inpatient Facility		\$30,410,511	\$477,492	\$29,933,019	\$15,882,420	53.9%	\$14,050,599	\$0	\$0	\$19,500	\$338,315	(\$191,675)	\$13,884,459
Outpatient Facility	In-Network	\$22,099,405	\$2,389,321	\$19,710,083	\$10,358,316	53.5%	\$9,351,767	\$0	\$133,885	\$8,382	\$280,913	(\$83,492)	\$9,012,079
	Out-of-Network	\$0	\$0	\$0	\$0	-0.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Outpatient Facility		\$22,099,405	\$2,389,321	\$19,710,083	\$10,358,316	53.5%	\$9,351,767	\$0	\$133,885	\$8,382	\$280,913	(\$83,492)	\$9,012,079
Professional	In-Network	\$44,101,607	\$1,883,448	\$42,218,159	\$26,734,732	63.3%	\$15,483,426	\$25	\$960,186	\$47,642	\$176,748	\$12,168	\$14,286,657
	Out-of-Network	\$4,323,762	\$1,687,186	\$2,636,575	\$1,083,004	40.4%	\$1,553,572	\$0	\$3,469	\$577	\$76,755	(\$11,466)	\$1,484,237
Total Professional		\$48,425,368	\$3,570,635	\$44,854,734	\$27,817,736	62.1%	\$17,036,998	\$25	\$963,654	\$48,219	\$253,503	\$702	\$15,770,894

								Reductions From Allowed Amount					Paid Amount
Network Status		Charge Submitted	Non Covered Amount	Covered Expense Amount	Discount Amount	Discount Percent	Allowed Amount	Deductible	Coinsurance/ Copayment	Member Sanctions Penalty Amount	Third Party Savings/ Medicare	Other	
Total In-Network		\$96,611,522	\$4,750,261	\$91,861,261	\$52,975,468	58.2%	\$38,885,793	\$25	\$1,094,071	\$75,524	\$795,977	(\$262,999)	\$37,183,195
	Percent of Total	95.7%	73.8%	97.2%	98.0%		96.2%	100.0%	99.7%	99.2%	91.2%	95.8%	96.2%
Total Out-of-Network		\$4,323,762	\$1,687,186	\$2,636,575	\$1,083,004	40.4%	\$1,553,572	\$0	\$3,469	\$577	\$76,755	(\$11,466)	\$1,484,237
	Percent of Total	4.3%	26.2%	2.8%	2.0%		3.8%	0.0%	0.3%	0.8%	8.8%	4.2%	3.8%
Total Medical		\$100,935,284	\$6,437,448	\$94,497,836	\$54,058,472	57.7%	\$40,439,365	\$25	\$1,097,539	\$76,101	\$872,732	(\$274,465)	\$38,667,432

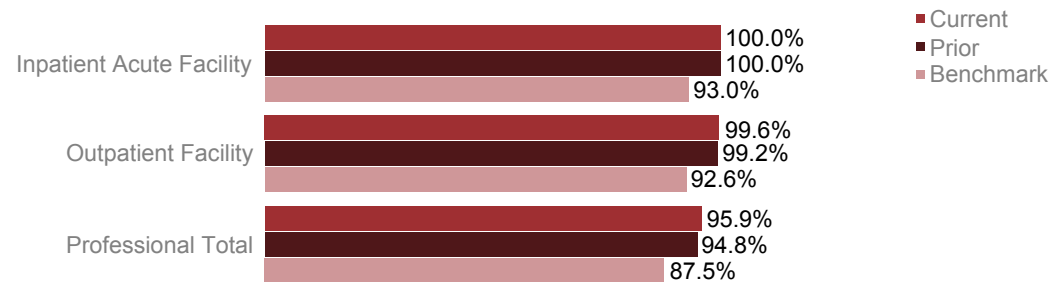
The claims savings data noted in this report is based on a uniform method of determining network effectiveness, and may vary from group-specific discount or savings calculations.

NETWORK UTILIZATION BY SETTING

Paid Amount by Setting

	Current		Prior	
	Paid Amount	Percent Total	Paid Amount	Percent Total
Inpatient Facility	\$13,884,459	35.9%	\$11,207,655	33.1%
Outpatient Facility	\$9,012,079	23.3%	\$7,990,483	23.6%
Professional	\$15,770,894	40.8%	\$14,652,156	43.3%
Pharmacy				
Total	\$38,667,432	100%	\$33,850,294	100%

In Network Claims Percent Utilization



Network Utilization by Setting

Setting	In-Network				Out-of-Network				Network Utilization		
	Current		Prior		Current		Prior		In-Network - Percent Total Admits/Visits		
	Acute Admits/Visits	Paid Amount	Acute Admits/Visits	Paid Amount	Acute Admits/Visits	Paid Amount	Acute Admits/Visits	Paid Amount	Current	Prior	Benchmark
Inpatient Acute Facility	721	\$13,601,448	701	\$10,854,234					100.0%	100.0%	93.0%
Inpatient Facility		\$13,884,459		\$11,207,655		\$0		\$0			
Outpatient Facility	7,712	\$9,012,079	7,825	\$7,988,531	31	\$0	61	\$1,952	99.6%	99.2%	92.6%
Professional - Primary Care	25,165	\$2,603,918	25,929	\$2,502,376	529	\$105,288	672	\$108,756	97.9%	97.5%	89.6%
Professional - Specialty Care	64,599	\$11,682,739	62,344	\$10,570,521	3,346	\$1,378,949	4,125	\$1,470,504	95.1%	93.8%	48.4%
Professional Totals	89,764	\$14,286,657	88,273	\$13,072,896	3,875	\$1,484,237	4,797	\$1,579,259	95.9%	94.8%	87.5%
Total	97,476	\$37,183,195	96,098	\$32,269,082	3,906	\$1,484,237	4,858	\$1,581,212	96.1%	95.2%	88.1%

The network utilization data noted in this report is based on a uniform method of determining network usage, and may vary from group-specific utilization calculations.

PAID CLAIMS DISTRIBUTION

Current Paid Amount Range	Unique Claimants	Percent Total Claimants	Paid Amount				Paid Amount by Setting			
			Totals	Percent Paid Amount	Average Per Claimant	Benchmark	Inpatient Facility	Outpatient Facility	Professional	Pharmacy*
<\$0	73	0.9%	(\$79,861)	-0.2%	(\$1,094)	-0.5%	(\$21,851)	(\$30,196)	(\$27,814)	
\$0 to \$999	4,233	50.9%	\$1,587,463	4.1%	\$375	5.6%	\$750	\$170,780	\$1,415,933	
\$1,000 to \$1,999	1,356	16.3%	\$1,948,702	5.0%	\$1,437	5.6%	\$6,391	\$513,045	\$1,429,266	
\$2,000 to \$2,999	674	8.1%	\$1,658,651	4.3%	\$2,461	4.8%	\$37,611	\$434,476	\$1,186,565	
\$3,000 to \$3,999	407	4.9%	\$1,409,127	3.6%	\$3,462	4.0%	\$28,947	\$399,787	\$980,393	
\$4,000 to \$4,999	247	3.0%	\$1,102,167	2.9%	\$4,462	3.5%	\$55,514	\$323,337	\$723,316	
\$5,000 to \$9,999	574	6.9%	\$4,059,683	10.5%	\$7,073	12.8%	\$337,900	\$1,331,364	\$2,390,419	
\$10,000 to \$24,999	464	5.6%	\$6,896,740	17.8%	\$14,864	19.1%	\$2,057,383	\$1,823,733	\$3,015,624	
\$25,000 to \$49,999	174	2.1%	\$6,061,381	15.7%	\$34,836	13.8%	\$2,784,356	\$1,354,611	\$1,922,414	
\$50,000 to \$74,999	47	0.6%	\$2,775,181	7.2%	\$59,046	7.3%	\$1,598,010	\$412,352	\$764,819	
\$75,000 to \$99,999	19	0.2%	\$1,667,432	4.3%	\$87,760	4.7%	\$837,726	\$421,194	\$408,512	
\$100,000+	50	0.6%	\$9,580,766	24.8%	\$191,615	19.3%	\$6,161,721	\$1,857,597	\$1,561,447	
Total - All Claimants	8,318	100.0%	\$38,667,432	100.0%	\$4,649	100.0%	\$13,884,459	\$9,012,079	\$15,770,894	
Current Paid Amount Thresholds										
\$25,000 and Above	290	3.5%	\$20,084,760	51.9%	\$373,257	45.2%	\$11,381,813	\$4,045,754	\$4,657,193	
\$50,000 and Above	116	1.4%	\$14,023,379	36.3%	\$338,421	31.4%	\$8,597,457	\$2,691,143	\$2,734,779	
\$100,000 and Above	50	0.6%	\$9,580,766	24.8%	\$191,615	19.3%	\$6,161,721	\$1,857,597	\$1,561,447	
Prior Paid Amount Thresholds										
\$25,000 and Above	231	2.7%	\$15,662,925	46.3%	\$348,196	44.2%	\$8,599,157	\$3,353,749	\$3,710,019	
\$50,000 and Above	109	1.3%	\$11,417,784	33.7%	\$313,400	30.4%	\$6,418,947	\$2,607,519	\$2,391,318	
\$100,000 and Above	40	0.5%	\$6,737,713	19.9%	\$168,443	18.4%	\$4,314,284	\$1,280,723	\$1,142,706	

There are 2,555 total unique members who have not filed a claim during the time period represented on this report.

* Results are not shown because the volume of data was not sufficient to ensure reliable results.

TOP 25 EPISODE GROUPS

Episode Summary Group	Group						Benchmark		
	Paid Amount	Episode Count	Unique Claimants	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend
Coronary Artery Disease	\$1,662,440	238	209	23.25	0.8%	-9.1%	24.97	0.9%	0.1%
Osteoarthritis	\$1,533,624	389	363	38.01	1.3%	0.9%	47.63	1.6%	5.5%
Prevent/Admin Hlth Encounters	\$1,510,478	4,562	4,152	445.71	15.0%	-3.9%	436.47	14.9%	8.6%
Diabetes	\$976,461	533	498	52.07	1.8%	1.4%	50.30	1.7%	6.7%
Cerebrovascular Disease	\$952,157	139	98	13.58	0.5%	62.4%	10.63	0.4%	3.8%
Condition Rel to Tx - Med/Surg	\$847,925	87	78	8.50	0.3%	10.5%	9.73	0.3%	10.7%
Cancer - Leukemia	\$847,302	13	12	1.27	0.0%	1.6%	1.61	0.1%	8.4%
Cancer - Oral Cavity/Mandible	\$726,261	5	4	0.49	0.0%	-27.4%	0.61	0.0%	7.0%
Newborns, w/wo Complication	\$654,106	84	72	8.21	0.3%	-6.2%	10.41	0.4%	1.6%
Cancer - Breast	\$633,926	60	56	5.86	0.2%	17.3%	7.53	0.3%	5.6%
Hypertension, Essential	\$582,448	1,099	1,066	107.37	3.6%	-1.1%	96.77	3.3%	2.9%
Arthropathies/Joint Disord NEC	\$569,202	1,003	869	97.99	3.3%	2.2%	96.54	3.3%	10.5%
Pregnancy w Vaginal Delivery	\$568,829	42	42	4.10	0.1%	42.3%	5.59	0.2%	-10.3%
Gastroint Disord, NEC	\$555,389	520	483	50.80	1.7%	0.5%	51.79	1.8%	9.5%
Infec/Inflam - Skin/Subcu Tiss	\$543,753	1,893	1,425	184.95	6.2%	6.3%	161.37	5.5%	8.9%
Spinal/Back Disord, Low Back	\$530,429	647	528	63.21	2.1%	3.6%	86.64	3.0%	7.8%
Musculosk Disord, Congenital	\$503,957	66	62	6.45	0.2%	-1.4%	4.68	0.2%	6.2%
Pregnancy w Cesarean Section	\$497,687	21	21	2.05	0.1%	-21.0%	2.64	0.1%	-17.1%
Cardiovasc Disord, NEC	\$493,858	241	224	23.55	0.8%	-6.9%	17.50	0.6%	12.2%
Cardiomyopathy	\$480,145	38	36	3.71	0.1%	-3.4%	3.12	0.1%	2.8%
Infections - ENT Ex Otitis Med	\$478,678	2,206	1,753	215.53	7.3%	-8.8%	203.72	7.0%	1.5%
Asthma	\$466,803	437	388	42.69	1.4%	-0.2%	27.11	0.9%	6.6%
Pneumonia, Bacterial	\$462,485	102	97	9.97	0.3%	8.0%	12.11	0.4%	11.0%
Cholecystitis/Cholelithiasis	\$441,381	44	44	4.30	0.1%	27.8%	4.22	0.1%	4.9%

TOP 25 EPISODE GROUPS

Episode Summary Group	Group						Benchmark		
	Paid Amount	Episode Count	Unique Claimants	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend	Episodes Per 1000	Percent of Total Episodes	Episodes Per 1000 Trend
Gastritis/Gastroenteritis	\$389,850	308	287	30.09	1.0%	2.0%	20.52	0.7%	4.3%
Subtotal of Top 25 Episodes	\$17,909,574	14,777		1,443.71	48.6%	-1.3%	1,394.20	47.7%	6.6%
All Other Episodes	\$15,438,628	15,604		1,524.51	51.4%	-1.0%	1,527.55	52.3%	7.2%
Total	\$33,348,202	30,381		2,968.22	100.0%	-1.1%	2,921.75	100.0%	6.9%

Fast Facts

1. The leading episode family based upon paid amount is **Coronary Artery Disease**.
2. The top three Episodes/1000 are **Prevent/Admin Hlth Encounters; Infections - ENT Ex Otitis Med** and **Infec/Inflam - Skin/Subcu Tiss**.
3. In comparison, the top 3 Episodes/1000 for the Benchmark are **Prevent/Admin Hlth Encounters; Infections - ENT Ex Otitis Med** and **Infec/Inflam - Skin/Subcu Tiss**.

Episode: all services related to the condition for a period of time.