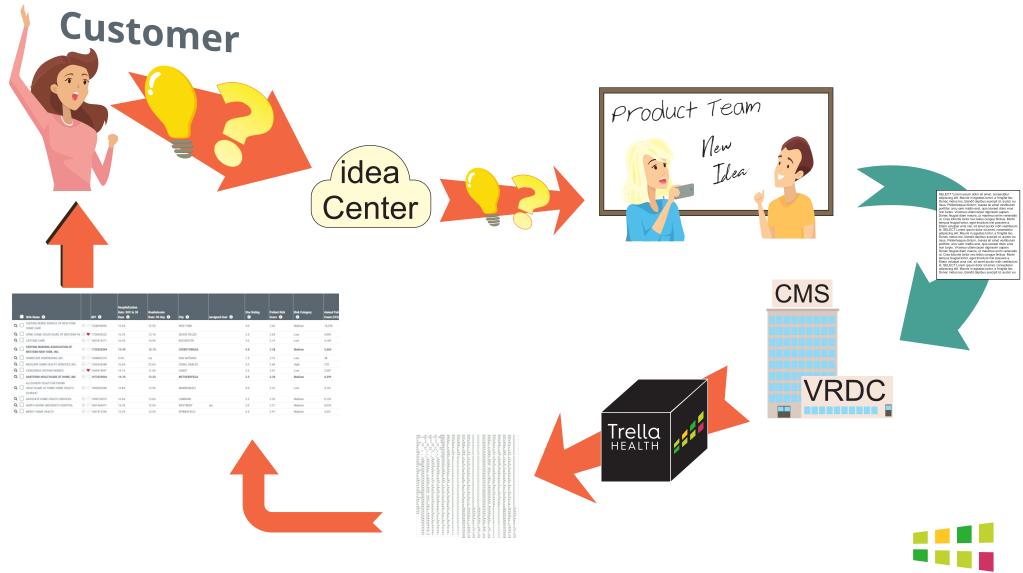
Where do Trella Health Metrics come from?



More Details on the next page



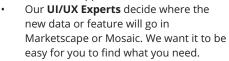


Most of the ideas that generate our new metrics come in as ideas or questions from our users. Ideas for new metrics or features can be submitted by anyone into the Idea Center found in Mosaic and Marketscape.



Some new metrics come in through user interactions with our **Customer Success** team or as questions to our **Support** team.

Our **Product Teams** evaluate and prioritize ideas and requests. Sometimes they consult with users to clarify usage and needs. If the new metric (or feature) is deemed useful and valuable, a lot happens:





- Our **Web Development Team** builds the web page so the new metric or feature has a place to go.
- (And the **Quality Assurance Team** tests the new design to make sure it works.)
- And, just for kicks, everyone needs to be taught about the new metric or feature.

This is where the Trella Health "black-box" comes in. The algorithms we use to massage and squeeze the raw data from the claims into what we need is our trade secret. The result, however, is a mammoth collection of patient counts and performance metrics aggregated from every Medicare FFS claim!

It is important to remember that we do more than just provide you with a dump of raw data. After we get the data, we do some careful analysis in order to provide meaningful metrics that tell a specific story. (And some of that analysis is our "secret sauce" that makes us the leader in medical analytics - hence the black box!)

An example: we don't just count every patient discharged from a hospital who was admitted to hospice care in the same year. Although this "raw" count would have *some* value, we want to focus on *referral potential*, providing you with the opportunity to act where the potential is high. We count the number of patients entering hospice care within 30 days of discharge in order to identify a "logical" connection between the hospital and admission to hospice care.

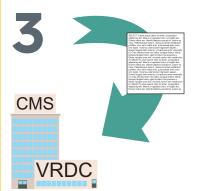


Finally, the thousands of resulting counts and scores and percentages are organized into pages and tables in a way that is easy to browse, sort, filter and discover. In this way, the metric you originally requested is drawn out of the mass of data collected from all Medicare claims and displayed in Marketscape or Mosaic for you to use.

5

■ HUNDON ©		en •	Respiration Rest 500 to 30 Inys O	Annication Annication	.,	Antigred User	Star balling	Patient Mak Scott O	Milk Campung	Annual P
NOT NO HURSE SERVICE OF HER YORK	0 0	11/2003/9804	13.6%	12.8%	NEW YORK		6.0	1.0	Medium	10,000
Q □ unic note reachous or vestelland	ା 🕶	1790400832	19.7%	13.7%	SOVENINGS		2.8	234	Lon	3,405
C LETTRE CORE		1801003071	19.29	14.0%	ROO-61575R		3.0	2.19	Low	3,100
WESTERN HER YORK, INC.		1731216164	12.4%	12.1%	онсостомных		4.0	1.26	Medium	5,668
NOME DESCRIPTIONS OF THE		1500002319	2.05	inc	SAN ANTONIO		5.5	2.19	Low	36
MEDICANE HEME HEATH SERVICES, INC.		12003045288	15.65	23.6%	CORAL CHELES		3.6	1.68	High	376
CONCORDA VESTRO NUESES	•	1885/24847	14.75	11.4%	GA807		3.5	2.00	Low	2,567
AMTTER HEATHCASE AT HOME, INC.		1673129184	1435	13.2%	METHERSPELD		3.5	1.29	Medium	1,319
ALLOHEN FRATHERING MATHEMATICAL FOR HOME HALTH MATHEMATICAL FOR HOME HALTH		1800000004	1489	13.8%	NAMES OF STREET		4.0	110	Lon	4760
ACVOCATE HERE REACTH-SERVICES		1590700975	15.65	13.09	LONGARD		3.5	1.25	Medium	8.105
A CO BOST O SHORE UNIVERSITY HOSPITAL		180109401	15.29	12.7%	ACSTRURY	ter.	3.6	1.27	Medium	8,400
MERCHIENEHEACH		140700296	15.25	13.79	\$78H6763		45	147	Medium	5.401





Now **Data Science** has a huge job!

- Our **Data Scientists** decide how to calculate the new metric from the claims data. Some metrics are simple counts for a fixed period, but others require identifying an event on a claim and then pinpointing other events from other claims and counting time periods and making connections. In the end, there are lots of parameters that need to be considered for each metric. And THEN, the data team writes a query that can be used to pull the metric from the raw claims data. *Phew!*
- CMS checks and approves the results of our query to make sure all Protected Health Information (PHI) is removed from the output. We also run a test:
 - First, we want to make sure we get meaningful metrics. Not every great idea turns into a usable metric.
 - Also, we comb through the test data to confirm that our query returns exactly the metrics we are looking for. If not, we make changes to our query to zero in on the most useful and meaningful metric.
- Once each quarter, when it is ready, the VRDC delivers more than a billion raw claims to us and we run ALL of our needed queries
 against every submitted Medicare claim.

