



Affiliation Group		Peer Group	
Affiliation ID:	██████████	Peer Group Number of Episodes:	13,798
Affiliation Description:	████████████████████	Peer Group Name:	Centene Obstetrics/Gynecology
Key Statistics			
Number of Providers:	4	Overall Quality Index:	1.08
Number of Episodes:	241	Overall Cost Index, Episode:	0.91
Case Mix Episodes:	0.87	Confidence Intervals for the Index	
		Overall Quality Index:	1.04 to 1.12 **
		Overall Cost Index, Episode:	0.75 to 1.07
Statistical significance of difference between index and peer group average: * p<0.10; ** p < 0.05			

Episode Case Mix Summary

Top 10 ETGs, by Total Cost (Completed Episodes of Care)

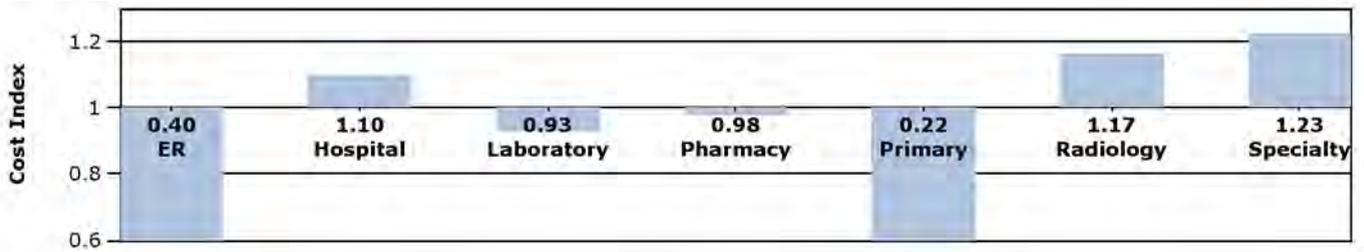
ETG Family Description	Episodes			Encounters (Per 1000 Episodes)	
	Episodes	Actual Cost / Episode	Peers Cost / Episode	Actual Encounters / 1000 Episodes	Peers Encounters / 1000 Episodes
Contraceptive management	136	\$956.50	\$774.77	6,608	6,096
Pregnancy, with delivery	17	\$6,837.75	\$6,339.31	41,763	42,912
Urinary incontinence	1	\$10,763.20	\$3,259.88	12,836	9,087
Infection of vagina except monilial	29	\$173.40	\$190.96	4,429	4,420
Spontaneous abortion	3	\$1,450.66	\$1,769.57	18,758	18,185
Non-malignant neoplasm of female genital tract	7	\$552.39	\$1,012.20	6,226	9,276
Ectopic pregnancy	2	\$1,510.41	\$2,664.59	21,304	23,782
Sexually transmitted diseases, primary	14	\$176.37	\$243.09	3,327	4,282
Conditions associated with menstruation	7	\$267.97	\$376.47	5,179	6,213
Malignant neoplasm of cervix	2	\$664.79	\$1,358.73	9,517	12,119
All Others	23	\$134.54	\$226.76	2,749	4,349
All Episodes	241	\$1,166.68	\$1,052.46	8,539	8,683

Quality Measures

**As of the End of the Report Period
(Members Must be Continuously Enrolled with Plan a Minimum of 12 Months)**

	Number of Quality Opportunities		Rates		Index
	With Compliance	Total	Actual Rate	Peer Rate	Quality Index
Obstetrics					
Pregnancy Management					
Pregnant women less than 25 yrs of age that had chlamydia screening.	17	19	0.89	0.80	1.12
Pregnancy Management					
Pregnant women that had ABO and Rh blood type testing.	21	24	0.88	0.77	1.13
Pregnancy Management					
Pregnant women that had blood group screening.	21	24	0.88	0.76	1.16
Pregnancy Management					
Pregnant women that had HBsAg testing.	20	24	0.83	0.78	1.07
Pregnancy Management					
Pregnant women that had hgb testing.	23	24	0.96	0.91	1.05
Pregnancy Management					
Pregnant women that had HIV testing.	22	24	0.92	0.88	1.05
Pregnancy Management					
Pregnant women that had syphilis screening.	20	24	0.83	0.86	0.97
Pregnancy Management					
Pregnant women that had urine culture.	23	24	0.96	0.66	1.45
Pregnancy Management					
Pregnant women that received Category D med.	24	24	1.00	0.98	1.03
Pregnancy Management					
Pregnant women that received Category X med.	24	24	1.00	1.00	1.00
Pregnancy Management					
Pregnant women that received Group B Streptococcus testing.	17	23	0.74	0.76	0.97
Pregnancy Management					
Pregnant women that received rubella immunity screening.	20	24	0.83	0.77	1.08
Total	252	282	0.89	0.83	1.08

Cost Index Summary, by Service Category



Cost and Utilization Summary Measures

Profiled Costs

	Actual Encounters	Peers Encounters	Actual Cost / Episode	Peers Cost / Episode	Cost / Episode Index	Actual Total Cost
ER	15	27	\$12.95	\$32.14	0.40	\$3,123
Hospital Services	94	128	\$365.91	\$332.99	1.10	\$88,216
Laboratory	481	444	\$87.68	\$94.56	0.93	\$21,139
Pharmacy	326	360	\$56.02	\$57.16	0.98	\$13,506
Primary Care Core	28	72	\$2.04	\$9.35	0.22	\$491
Radiology	162	120	\$71.32	\$61.18	1.17	\$17,193
Specialty Care	954	943	\$570.76	\$465.07	1.23	\$137,600
Total	2,059	2,093	\$1,166.68	\$1,052.46	1.11	\$281,268

Overall Cost Index: 0.91

Utilization Rates Per 1,000 Episodes

	Actual	Peers	Index
Specialist Visit Rate	1,493	2,177	0.69
Other Specialty Care Rate	108	254	0.43
Radiology Procedure Rate	672	499	1.35
MRI Procedure Rate	0	1	0.00
Laboratory Procedure Rate	2,089	2,033	1.03
Overall Prescribing Rate	1,352	1,492	0.91
Generic Prescribing %	58%	63%	0.92
ER Visit Rate	58	112	0.52
Admits per 1000 Episodes	83	72	1.14
Days per 1000 Episodes	170	176	0.96
Average Length of Stay	2.05	2.43	0.84

Episode Detail and Analysis

Sexually transmitted diseases, primary

Total Specialty Episode Costs: \$2,469

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	14	\$176.37	\$0.00	\$15.94	\$87.66	\$0.00	\$0.00	\$72.78	\$0.00
Peers		\$243.09	\$4.44	\$35.65	\$107.52	\$3.39	\$0.65	\$85.76	\$5.68
Index			0.00	0.45	0.82	0.00	0.00	0.85	0.00

Encounters per 1000 Episodes

Actual		0	214	1,113	0	0	2,000	0
Peers		138	933	1,162	31	25	1,961	32
Index		0.00	0.23	0.96	0.00	0.00	1.02	0.00

Infection of lower genitourinary system, not sexually transmitted

Total Specialty Episode Costs: \$853

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	12	\$71.10	\$0.00	\$5.36	\$32.15	\$0.00	\$0.00	\$33.59	\$0.00
Peers		\$131.62	\$3.90	\$28.79	\$27.22	\$6.89	\$5.39	\$43.90	\$15.52
Index			0.00	0.19	1.18	0.00	0.00	0.77	0.00

Encounters per 1000 Episodes

Actual		0	250	720	0	0	1,500	0
Peers		148	702	757	53	38	2,242	87
Index		0.00	0.36	0.95	0.00	0.00	0.67	0.00

Pregnancy, with delivery

Total Specialty Episode Costs: \$116,242

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	17	\$6,837.75	\$3.30	\$1,555.74	\$639.76	\$361.20	\$4,030.35	\$152.17	\$95.24
Peers		\$6,339.31	\$32.88	\$1,650.76	\$602.56	\$457.78	\$3,167.14	\$154.75	\$273.44
Index			0.10	0.94	1.06	0.79	1.27	0.98	0.35

Encounters per 1000 Episodes

Actual		153	19,059	11,992	3,647	3,147	3,294	471
Peers		1,087	17,824	11,557	3,722	3,656	4,227	839
Index		0.14	1.07	1.04	0.98	0.86	0.78	0.56

Monilial infection of vagina (yeast)

Total Specialty Episode Costs: \$129

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	2	\$64.30	\$0.00	\$19.37	\$12.23	\$0.00	\$0.00	\$32.71	\$0.00
Peers		\$98.70	\$2.48	\$35.15	\$19.84	\$3.80	\$1.05	\$31.36	\$5.02
Index			--	--	--	--	--	--	--

Encounters per 1000 Episodes

Actual		0	500	292	0	0	1,500	0
Peers		86	738	577	34	20	1,844	26

Reporting Period : 1/1/2011 - 12/31/2012

Affiliation Group Name: [REDACTED]

Index -- -- -- -- -- -- --

Infection of vagina except monillal

Total Specialty Episode Costs: \$5,029

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	29	\$173.40	\$2.83	\$29.74	\$97.17	\$6.45	\$0.00	\$37.21	\$0.00
Peers		\$190.96	\$4.50	\$47.41	\$84.68	\$11.46	\$4.33	\$28.63	\$9.95
Index			0.63	0.63	1.15	0.56	0.00	1.30	0.00

Encounters per 1000 Episodes

Actual			60	793	800	52	0	2,724	0
Peers			135	1,019	1,076	82	40	2,022	46
Index			0.45	0.78	0.74	0.63	0.00	1.35	0.00

Non-malignant neoplasm of female genital tract

Total Specialty Episode Costs: \$3,867

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	7	\$552.39	\$3.93	\$290.60	\$31.09	\$117.53	\$0.00	\$109.25	\$0.00
Peers		\$1,012.20	\$33.54	\$287.90	\$103.70	\$199.03	\$268.67	\$62.64	\$56.73
Index			--	--	--	--	--	--	--

Encounters per 1000 Episodes

Actual			143	2,000	976	964	0	2,143	0
Peers			723	3,286	1,443	1,097	928	1,583	216
Index			--	--	--	--	--	--	--

Conditions associated with menstruation

Total Specialty Episode Costs: \$1,876

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	7	\$267.97	\$1.23	\$63.54	\$4.24	\$69.41	\$0.00	\$129.54	\$0.00
Peers		\$376.47	\$18.87	\$80.51	\$51.46	\$57.49	\$17.99	\$139.73	\$10.42
Index			--	--	--	--	--	--	--

Encounters per 1000 Episodes

Actual			143	1,571	464	429	0	2,571	0
Peers			464	1,613	802	385	115	2,790	43
Index			--	--	--	--	--	--	--

Contraceptive management

Total Specialty Episode Costs: \$129,845

Cost per Episode	# of Episodes	Total	Primary Care Core	Specialty Care	Laboratory	Radiology	Hospital	Pharmacy	ER
Actual	136	\$956.50	\$1.37	\$756.44	\$27.26	\$57.46	\$71.37	\$38.31	\$4.29
Peers		\$774.77	\$5.92	\$541.10	\$34.61	\$20.97	\$122.06	\$45.70	\$4.42
Index			0.23	1.40	0.79	2.74	0.58	0.84	0.97

Encounters per 1000 Episodes

Actual			121	3,773	1,368	518	171	641	15
Peers			216	3,568	1,017	205	265	805	19
Index			0.56	1.06	1.34	2.53	0.65	0.80	0.77

Member Quality Non-Compliance List

Member ID	Member Name	Date of Birth	Gender	Age	Condition	Case	Rule
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had ABO and Rh blood type testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had syphilis screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had HBsAg testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that received rubella immunity screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had blood group screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	21	Obstetrics	Pregnancy Management	Pregnant women that received Group B Streptococcus testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	14	Obstetrics	Pregnancy Management	Pregnant women that received Group B Streptococcus testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	25	Obstetrics	Pregnancy Management	Pregnant women that had urine culture.
[REDACTED]	[REDACTED]	[REDACTED]	F	21	Obstetrics	Pregnancy Management	Pregnant women that received Group B Streptococcus testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that had HIV testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that had hgb testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that had ABO and Rh blood type testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that had syphilis screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that had HBsAg testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that received rubella immunity screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	35	Obstetrics	Pregnancy Management	Pregnant women that had blood group screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	24	Obstetrics	Pregnancy Management	Pregnant women that received Group B Streptococcus testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	22	Obstetrics	Pregnancy Management	Pregnant women less than 25 yrs of age that had chlamydia screening.

[REDACTED]	[REDACTED]	[REDACTED]	F	22	Obstetrics	Pregnancy Management	Pregnant women that had ABO and Rh blood type testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	22	Obstetrics	Pregnancy Management	Pregnant women that had syphilis screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	22	Obstetrics	Pregnancy Management	Pregnant women that had HBsAg testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	22	Obstetrics	Pregnancy Management	Pregnant women that received rubella immunity screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had HIV testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women less than 25 yrs of age that had chlamydia screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had syphilis screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had HBsAg testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that received Group B Streptococcus testing.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that received rubella immunity screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	18	Obstetrics	Pregnancy Management	Pregnant women that had blood group screening.
[REDACTED]	[REDACTED]	[REDACTED]	F	21	Obstetrics	Pregnancy Management	Pregnant women that received Group B Streptococcus testing.

Report Introduction and Interpretation

Patterns of Care

This section gives an overview of the performance of the report entity (individual provider or group) for the 12 month period ending on the date in the banner of the section. Note that claims paid in the 3 months after that date for dates of service in those 12 months prior to the date are included in the data. All comparisons in the report are with the report entity peer group, based on a peer definition centered on a specialty. The peer group defines what episodes and quality measures are attributed, as well as how those episodes are attributed. For example, a specific subset of ETGs and quality measures are assigned to the peer group General Surgery. The Peer Group Name identifies the comparison group for the report. Note that the episode information on which all of this report is based is for completed, non-outlier episodes that ended during the last 12 months of the report period. Episodes may be attributed to only one provider in a peer group, but may be attributed to more than one peer group.

Number of Providers: This field, in a group report only, reports the number of providers in this peer group with the same affiliation ID, who had episodes attributed during the 12 month reporting period.

Number of Episodes: The total number of complete, non-outlier episodes, of the ETG types included in the definition of the peer group, attributed to the report entity included in the report during the 12 month reporting period

Case Mix Episodes: This ratio expresses the relative expected resource use of the mix of the report entity's attributed episodes compared to that represented by the attributed episodes for the peer group. Thus, a value equal to 1 would indicate that the expected resource use for the episodes attributed in this report is exactly the same as the expected resource use for all of the episodes captured by all members of the peer group.

Overall Quality Index: This ratio represents the relative compliance rate, on rules from the set of evidence-based medicine measures included in the peer group definition, for patient episodes attributed to the report entity compared to the compliance rate of the peer group as a whole. The higher the index, the better the performance of the report entity relative to the peer group on these measures. This ratio will usually be different from the Quality Index in the Quality Measures section of the report, as that index only represents the relative performance for the subset of measures included in that section of the report.

Overall Cost Index, Episode: This ratio represents the observed costs for the episodes attributed to the report entity relative to the average costs for the peer group for the exact same set of episodes (expected costs), with the comparisons made at the episode severity level. The lower the number, the lower the costs are for the report entity relative to the peer group for the set of episodes. Cost differences are driven by units of service and mix of services for an episode of care, as well as differences in reimbursement. The overall cost index is adjusted across the peer group by weighting at the service category level to account for differences in estimated impact of control by a peer group specialty (see Cost Index Summary, by Service Category section of the report explanation).

Confidence Intervals: Each index has a range that reflects the 90% confidence interval around the index value. The confidence intervals are used to indicate the reliability of the value. A 90% confidence interval represents the 90% statistical probability that the value actual value lies within that interval. As a general rule, the more episodes or EBM measures the narrower the confidence interval.

The asterisks associated with the confidence intervals represent the statistical significance of the difference between the index and the peer group average, expressed as a p value. This is attempting to answer the question, "is this entity's performance truly statistically different from peers?" The peer group index is 1.0. One asterisk, representing $p < 0.10$, would indicate that the answer to that question is yes, as the 90 % confidence interval does not include 1.0. Two asterisks, representing $p < 0.05$, would indicate that the answer to that question is a statistically stronger yes, as the 95% confidence interval does not include 1.0.

Episode Case Mix Summary

This section of the report is a tabular summary of the top 10 episode families by total cost (number of episodes times average cost per episode for the report entity). This provides an overview of those episodes that contribute the most to costs of care for the report entity. Note that the term actual throughout the report should be interpreted as the result for the report entity for cost measures and the actual encounters for the report entity for encounter measures. These results will be compared to the cost results and encounter results for the peer group for the exact same set of episodes, with the comparisons made at the episode severity level and rolled up to the family level.

Quality

Louisiana Healthcare Connections has chosen a subset of the evidence-based medicine quality measures to be displayed in this section of the report. The measures in this report are only for rules associated with the episodes attributed to the report entity. Thus, if an internist affiliated with the entity in the report cares for a diabetic, but the diabetic's episode of care is attributed to an endocrinologist and does not meet the threshold (thirty percent of services) for attribution to the internist, the EBM measures for which that diabetic met the inclusion criteria would NOT be included in the internist's report. They would be included in the entity report that includes the endocrinologist. The Number of Quality Opportunities in this section contains, in the total column, all patients who had an episode attributed to the report entity who met the requirements for inclusion in the quality measure denominator. The actual rate is the rate for the report entity, and the peer rate is the rate for the entire peer group. The quality index is the actual rate divided by the peer rate. The quality index total represents the index only for the rules displayed in the Quality Measures section of the report. It will typically be different than the Overall Quality Index in the Specialty Patterns of Care Section, which represents performance across all of the EBMs included in the peer group definition. Indices on individual quality measures should only be considered meaningful if there are sufficient numbers in the total opportunities column.

Cost and Use

Every claim that is part of an episode attributed to the report entity or the peer group is allocated into one of the seven service categories, based on CPT/Revenue code, place of service, rendering provider and ordering provider. This section of the report provides a ratio of the cost results for the report entity relative to the exact same mix of episodes, compared at the severity level, for the peer group. This, combined with the next section of the report, helps to illuminate specific drivers of cost variation from the peer group. Examples of services that are included in the different categories are:

Hospital Services:

- All inpatient facility services; Outpatient facility services, including surgery, diagnostic (other than imaging and lab), and facility-based PT/OT; DME/MedSurg supplies

Radiology

- Facility and professional components of radiology services, excluding therapeutic radiology. Selected diagnostic x-rays performed or ordered by a primary care provider are also excluded (these are assigned to Primary Care Core per below)

Laboratory

- Facility and professional components of laboratory and pathology services, excluding selected lab tests performed or ordered by a primary care provider and typically performed in a PCP/provider office

ER

- Professional and facility components of ER services

Primary Care Core

- Evaluation and management services rendered by a primary care provider (office visits, nursing home visits, preventive care – does not include inpatient visits, ER visits or consultations); CXR, abdominal XR, and sinus XR; Minor lab procedures; Minor procedures and diagnostic tests, including diagnostic endoscopy, EKG and pulmonary function tests

Specialty Care

- Evaluation and management services rendered by a provider other than a primary care provider; Diagnostic testing (other than lab and radiology); Allergy tests; Physical medicine and rehab; Professional component of surgery and anesthesia; Chemotherapy

Pharmacy

- All pharmacy claims

Cost and Utilization Summary Measures

This section provides the cost and encounter detail that drove the service category indices in the previous section. The information in this section of the report can help the report entity understand drivers of variation. Again, the values labeled actual represent the performance of the report entity. The encounters category can encompass a wide variety of unit types, ranging from E&M visits to units of chemotherapy administered. While caution should be exercised in some categories due to unit type variety, comparing the cost index in a service category with the relative ratio of the encounters can help illuminate whether units of service or mix of services is driving variation. The Actual Total Cost column provides the ability to get a sense of the relative importance of a particular service category variation to the overall cost variation for the report entity. For example, a total cost for a service category of \$50,000 with a cost index of 2.0 represents \$25,000 of cost variation (1.0 for the peer group would be \$25,000), while a total cost for a different service category of \$500,000 with a cost index of 1.25 represents \$100,000 of cost variation (1.0 for the peer group would be \$400,000). Note that that Overall Cost Index in this section is the same as in the Specialty Patterns of Care overview and is different, in most cases, from the Cost/Episode Index. That is because the Overall Cost Index is compiled from service category indices that are weighted depending on the peer group specialty. For example, the Primary Care Core category is weighted higher for an internist than for a general surgeon, while the Hospital category is weighted higher for a general surgeon than for an internist.

Utilization Rates Per 1,000 Episodes

This section provides additional detail for helping to hone in on report entity cost variation. Some of these rates tie directly to the service categories in the Cost Index Summary above. The rates reflect results for the report entity (actual) relative to the exact same mix of episodes, compared at the severity level, for the peer group. Note that the results are reported as rates per 1,000 episodes as opposed to per 1,000 patients. The exception to this is the generic prescribing rate, which is defined as number of generic prescriptions divided by the total number of prescriptions for the episodes attributed to the report entity. The index is calculated by dividing the actual rate by the peer rate. Note that the three inpatient measures may not be consistent with the Hospital service category above, as inpatient services are only one component of that category and typically represent less than half of the costs for the category.

Episode Detail

This section contains information similar to that in the Cost and Utilization Summary Measures section, except at a level of detail of the episode family. These are specific to the peer group, reflecting the most common episode families for that peer group, and there can be up to eight episode families displayed in a report. The Total Specialty Episode Costs represent the costs for all of the episodes in that episode family attributed to the report entity. The comparisons are exactly the same as in the Cost and Utilization Summary and can be used similarly to determine the significant drivers of any cost variation and whether that variation is being driven by units or mix of services. Again note that comparisons at the episode family level should only be considered meaningful if there are sufficient numbers of episodes (a minimum of 30 has been suggested by some authorities).

Member Quality Non-Compliance

This section contains additional information relating to the specific rules in the Quality Section of this report. Identifying data is provided on individual patients who met the criteria for inclusion in the quality measure but for whom no claims evidence is present to indicate compliance with the measure. Each row represents a single rule for a single patient, so a patient may appear multiple times. There should be a row for each instance of noncompliance in the Quality Section.