

***VT Health Care Innovation Project***  
***Quality and Performance Measures Work Group Meeting Agenda***  
**February 23, 2015; 9:00 AM to 11:00 AM**  
**Pavilion Building 4<sup>th</sup> Floor Conference Room, Montpelier, VT**  
**Call-In Number: 1-877-273-4202 Passcode: 420323867**

| <b>Item #</b> | <b>Time Frame</b> | <b>Topic</b>  | <b>Relevant Attachments</b>   | <b>Decision Needed?</b> |
|---------------|-------------------|---|---|-------------------------|
| 1             | 9:00-9:05         | Welcome and Introductions; Approval of Minutes  | Attachment 1: December QPM Minutes  | YES – Approval          |
| 2             | 9:05-9:15         | Updates <ul style="list-style-type: none"> <li>• Gate and Ladder for Year 2 ACO Payment Measures</li> <li>• QPM Work Plan</li> </ul> <b>Public Comment</b>  |   |                         |
| 3             | 9:15-9:30         | Status of Year 1 ACO SSP Data Collection <ul style="list-style-type: none"> <li>• Claims-Based Payment, Reporting, M&amp;E Measures</li> <li>• Clinical Data-Based Reporting Measures</li> <li>• Patient Experience Survey</li> </ul> <b>Public Comment</b> |   |                         |
| 4             | 9:30-10:00        | Incorporation of ACO SSP Measures into Practice and Health Service Area Quality Profiles – <i>Craig Jones, MD, Director, Blueprint for Health; ACO Members of QPMWG</i><br><b>Public Comment</b>  | Attachment 4a: Blueprint ACO Measures<br>Attachment 4b: Blueprint Adult Profile<br>Attachment 4c: Blueprint Pediatric Profile |                         |
| 5             | 10:00-10:15       | Year 3 ACO Shared Savings Program Measures<br><b>Public Comment</b>   |   |                         |
| 6             | 10:15-10:45       | Emerging Model: Episodes of Care – <i>Alicia Cooper, Health Care Project Director, DVHA</i><br><b>Public Comment</b>  | Attachment 6: (will be sent when available)   |                         |

|   |             |   |  |  |
|---|-------------|---|--|--|
| 6 | 10:45-11:00 | Wrap-Up and Next Steps<br><b><i>Next Meeting: March 16, 2015; 9:00-11:00; DVHA<br/>Large Conference Room, 312 Hurricane Lane,<br/>Williston</i></b> |  |  |
|---|-------------|---|--|--|

# Attachment 1



**VT Health Care Innovation Project**  
**Quality & Performance Measures Work Group Meeting Minutes**  
**Pending Work Group Approval**

**Date of meeting:** December 22, 2014, 10:00 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.

| Agenda Item   | Discussion  | Next Steps  |
|---|---|---|
| <p><b>1. Welcome and Introductions;<br/>Approval of Minutes</b></p> | <p>Cathy Fulton called the meeting to order at 10:00 am. Pat Jones took a roll call of attendees.</p> <p>The group reviewed minutes from November 24, 2014. Heather Skeels moved to approve the November minutes pending the addition of the last name for Kristina Choquette from VITL and the addition of the Payment Models Work Group’s public comment deadline for the Gate and Ladder methodology (November 28, 2014). Vicki Loner seconded the motion pending the changes.</p> <p>If others would like to submit comments before the next Payment Models meeting they may do so, but the official comment period has closed.</p> <p>A roll call vote was taken. Jay Batra and Paul Harrington abstained; all others voted in favor of the motion. The motion passed.</p>   | <p><b>The minutes will be updated and posted to the VHCIP website.</b></p>          |
| <p><b>2. Updates</b></p>  | <p>1. VHCIP Work Group Participation Guidelines.</p> <p>Pat Jones noted the new attendance policy: the goal is to have organizations well represented while ensuring a quorum of members is present at each meeting to allow for voting under the Open Meeting Law. If a current member is not able to attend at least 50% of the meetings in a year and misses more than three meetings in a row they will be moved to “interested party” status. Organizations are welcome to also name a member alternate. An email summarizing this change will be distributed to the work group prior to the next meeting.</p> <p>Dr. Batra expressed disappointment that the recommendations on Year 2 ACO Shared Savings Program (SSP) measures from the QPM work group went to Core Team without being voted on by the Steering</p> | <p><b>A formal email communication will be sent regarding this information.</b></p> |

| Agenda Item   | Discussion   | Next Steps |
|---|--|------------|
|   | <p>Committee, noting there was tremendous effort from the QPM Work Group, though not all the recommendations were adopted.</p> <p>2. 2015 Work Plan: the VHCIP Project Management team is working with all the work groups to thoroughly analyze the work plans for 2015, and to ensure that opportunities for work groups to interact are identified early in the year. A new draft of the QPM work plan will be available for members' review in the coming months.</p>  |            |
| <p><b>3. Targets and Benchmarks for Year 2 ACO Payment Measures</b></p> | <p>Pat reviewed Attachments 3a and 3b to provide background information about the request for input from the Payment Models work group on targets and benchmarks for year 2 ACO SSP Payment Measures.</p> <p>Paul Harrington moved to approve the recommendations on pages 7 and 8 of Attachment 3b as a recommendation to the Payment Models work group. Joyce Gallimore seconded the motion.</p> <p>The group discussed the proposed system for awarding points for measures evaluated relative to change over time. It was noted that in order for each measure to have equal weight, a maximum of three points can be awarded for the measures evaluated relative to benchmarks and for the measures evaluated relative to change over time.</p> <p>When comparing performance against national HEDIS benchmarks: if an ACO was at the 75<sup>th</sup> percentile and drops to 50<sup>th</sup> percentile the ACO can still receive points for a decrease in performance; however, a decline in performance will result in fewer points. The Gate and Ladder methodology links earned points to the percentage of shared savings the ACOs will actually receive.</p> <p>Awarding only 2 points for being “statistically the same” could potentially disadvantage an already high-performing ACO. Some Work Group members suggested that maintaining high performance is a challenge and should be rewarded with 2 points. Pat reminded the group that most of the Payment measures selected were those where there were opportunities for improvement. A question was raised as to whether the targets, benchmarks, and gate and ladder methodology should provide incentives for high-performing ACOs to maintain performance. It was also noted that most of the Payment measures are evaluated relative to national HEDIS benchmarks. Measures evaluated relative to improvement over time include 1 of 9 payment measures for the Commercial SSP and 3 of 10 payment measures for the Medicaid SSP. If ACOs are performing well on measures evaluated relative to national HEDIS benchmarks, measures evaluated relative to change over time where performance remains constant will have less of an impact on the overall quality scores used in the gate and ladder methodology for determining shared</p> |            |

| Agenda Item   | Discussion   | Next Steps |
|---|--|------------|
|   | <p>savings distribution.</p> <p>The Medicare SSP compares ACOs' performance with the previous year, which limits opportunities for payment for ACOs that are consistently high-performing; the goal is to avoid this practice in Vermont's ACO SSP program.</p> <p>At this time we don't know if there are ACOs that will meet the gate, or if they will improve in year 2 if they haven't met the gate in Years 1 and 2. The discussion of "meaningful improvement" for the commercial SSP will occur when more information about Year 1 performance is available.</p> <p>The recommendation was to use the same point system that is being used in year 1; we may not want to change the system right now since we don't yet have information for year 1.</p> <p>A roll call vote was taken. Lila Richardson and Julia Shaw voted against the motion. LaRae Francis abstained. All other members voted in favor of the motion. The motion carried.</p> |            |
| <p><b>6. Next Steps, Wrap up, and Future Meeting Schedule</b></p> | <p><b>Next meeting:</b> January 16, 2015 9 -11 am, DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p>  |            |

# Attachment 4a

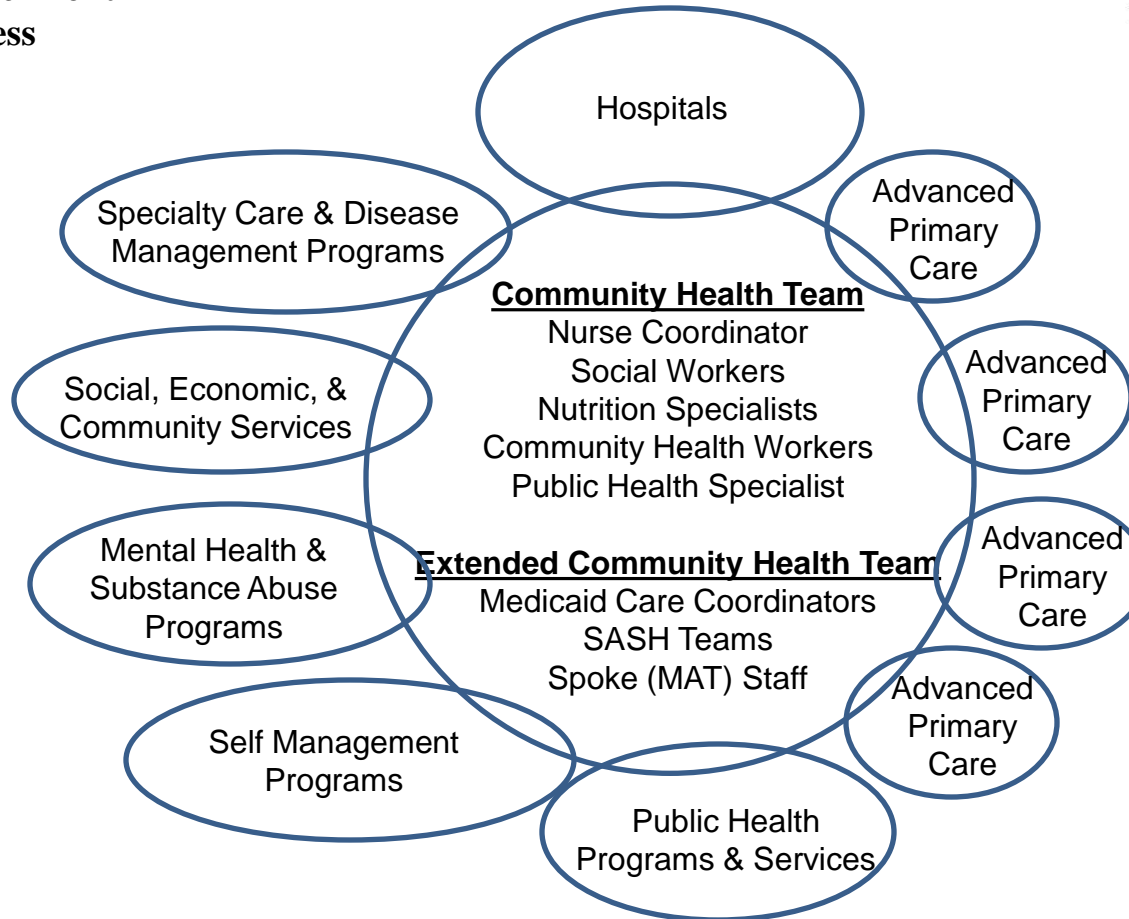
# **Community Oriented Health Systems: *Incorporating ACO Measures Into Quality Profiles to Support Quality Improvement***

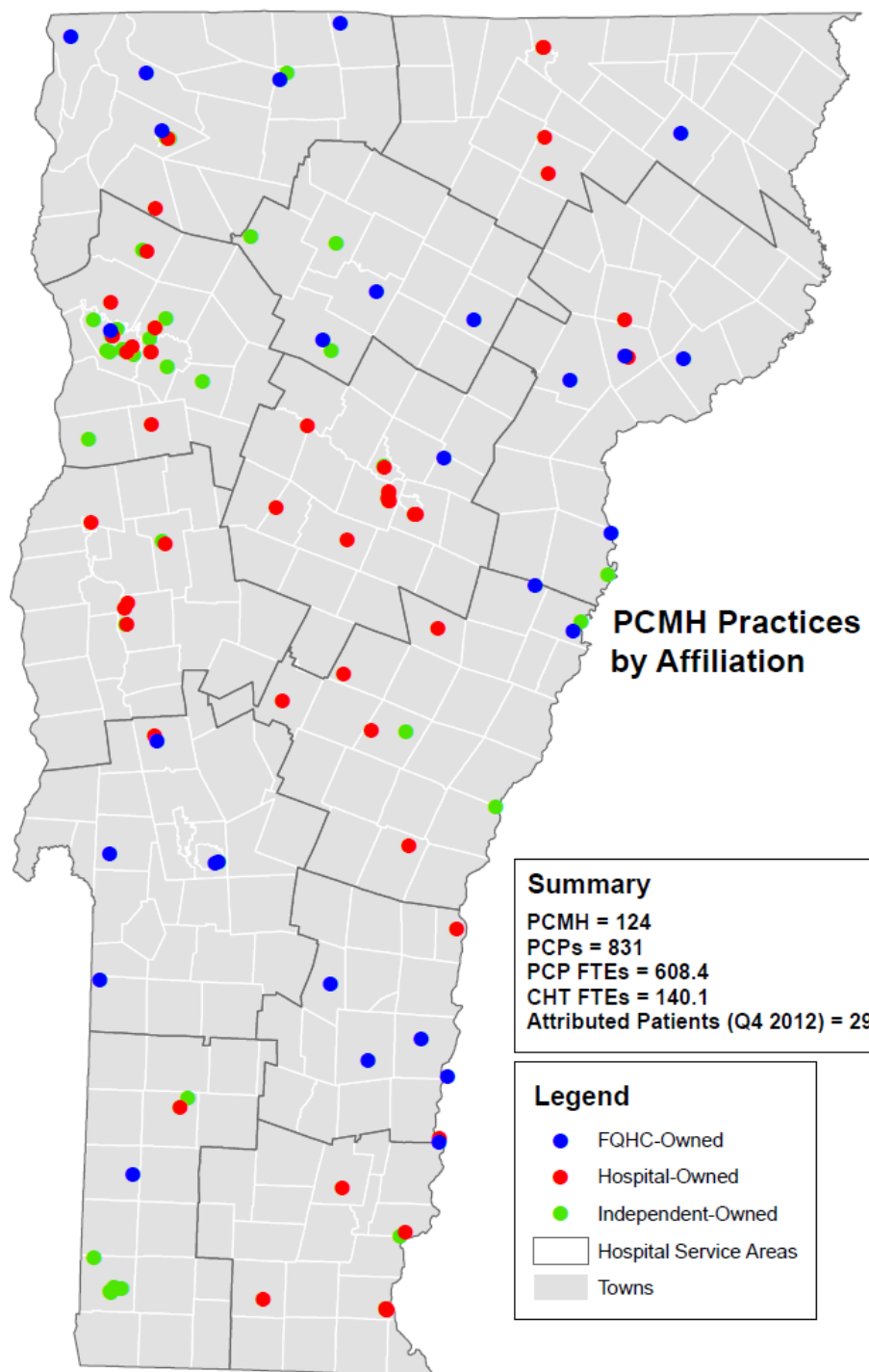
**VHCIP Quality and Performance Measures Work Group  
February 23, 2015**



## Current State of Play

- Statewide foundation of primary care based on NCQA standards
- Statewide infrastructure of team services & evolving community networks
- Statewide infrastructure for transformation, self-management, quality
- Statewide comparative evaluation & reporting (profiles, trends, variation)
- Three ACO provider networks (OneCare, CHAC, HealthFirst)
- Opportunity to unify work, strengthen community health system structure





### ❖ OneCare Vermont

- Includes hospitals, primary care and specialist practices, home health, designated mental health agencies, and other providers
- Participating in the Medicare SSP as of January 1, 2013
- Participating in VT's Commercial and Medicaid SSPs

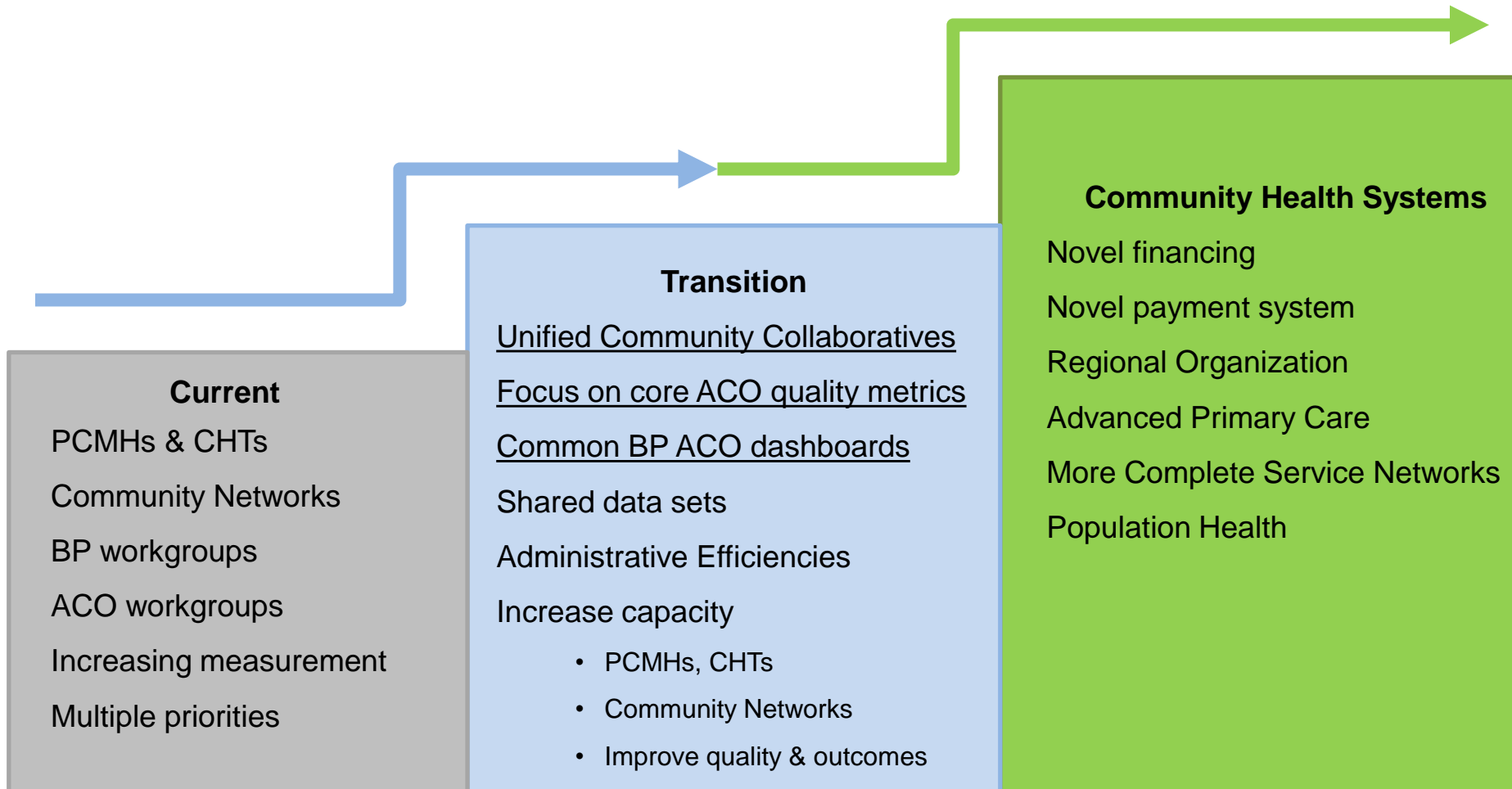
### ❖ Community Health Accountable Care (CHAC)

- Includes Vermont's FQHCs and other providers
- Participating in the Medicare SSP as of January 1, 2014
- Participating in VT's Commercial and Medicaid SSPs

### ❖ Accountable Care Coalition of the Green Mountains (ACCGM)

- Includes a number of independent primary care and specialist practices
- Participating in the Medicare SSP as of July 1, 2012
- Participating in VT's Commercial SSP as Vermont Collaborative Physicians

# Transition to Community Health Systems



# Strategy for Building Community Health Systems

## Design Principles

- Services that improve population health through prevention
- Services organized at a community level
- Integration of medical, social, and long term support services
- Enhanced primary care with a central coordinating role
- Coordination and shared interests across providers in each area
- Capitated payment that drives desired outcomes

# Strategy for Building Community Health Systems

## Action Steps

- Unified Community Collaboratives (quality, coordination)
- Unified Performance Reporting & Data Utility
- Increase support for medical homes and community health teams
- Novel medical home payment model
- Strengthen services using the health home model
- Administrative simplification and efficiencies

## Unified Community Collaboratives

- Unified local quality collaboratives (blend BP & ACO groups)
- Focus on core ACO measures (add ACO measure dashboard)
- Leadership team includes clinical leadership from ACOs
- Review examples that are up and running
- Quarterly larger groups & leadership, monthly workgroups
- Local groups adopt charter and select leadership
- Guide quality & coordination initiatives



## Unified Performance Reporting

- Co-produce comparative profiles
- Service area and practice level profiles
- Comparative results for expenditures, utilization, and quality
- Include dashboard with results for core ACO measures
- Possible through a linkage of claims and clinical data
- Objective basis for planning & extension of best practices

## Data Utility

- Integration of diverse data sets for advanced measurement
- HSA profiles incorporate claims, clinical, BRFSS data
- Claims and clinical data are linked for hybrid measures
- Produce analytic data sets to meet ACO measurement needs
- Share analytic data sets with ACOs
- Collaborative work (VITL, others) to build data infrastructure

# Practice Profiles Evaluate Care Delivery Commercial, Medicaid, & Medicare



Practice Profile: ABC P  
Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Welcome to the 2014 Blueprint Practice Profile from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services. Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

## Demographics & Health Status

|                                    | Practice | H.S.A. | St.       |
|------------------------------------|----------|--------|-----------|
| Average Members                    | 4,081    | 84,070 | 2,925,000 |
| Average Age                        | 50.6     | 50.1   | 50.1      |
| % Female                           | 55.6     | 55.5   | 55.5      |
| % Medicaid                         | 14.5     | 13.0   | 13.0      |
| % Medicare                         | 23.7     | 22.2   | 22.2      |
| % Maternity                        | 2.1      | 2.1    | 2.1       |
| % with Selected Chronic Conditions | 50.1     | 38.8   | 38.8      |
| Health Status (CRG)                |          |        |           |
| % Healthy                          | 39.0     | 43.9   | 43.9      |
| % Acute or Minor Chronic           | 18.8     | 20.5   | 20.5      |
| % Moderate Chronic                 | 27.9     | 24.5   | 24.5      |
| % Significant Chronic              | 15.4     | 12.3   | 12.3      |
| % Cancer or Catastrophic           | 1.4      | 1.3    | 1.3       |

Table 1: This table provides comparative information on the demographics & health status of your practice, all Blueprint practices in your Health Service Area (HSA) as a whole. Included measures reflect the types of information used to adjust rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial enrollment during the year. In addition, special attention has been given to Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's practice, percentage of membership in Medicaid, Medicare eligibility or end-of-life status, and the member's receipt of special Medicaid services that are not found in common populations (e.g. day treatment, residential treatment, case management, services, and transportation).

The Selected Chronic Conditions measure indicates the proportion of members through the claims data as having one or more of seven selected chronic conditions: chronic obstructive pulmonary disease, congestive heart failure, co disease, hypertension, diabetes, and depression.

The Health Status measure aggregates 3M™ Clinical Risk Groups (CRG) into the year for the purpose of generating adjusted rates. Aggregated risk class include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., dystrophy, cystic fibrosis).



Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

## Total Expenditures per Capita

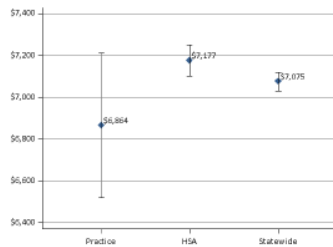


Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

## Total Expenditures by Major Category

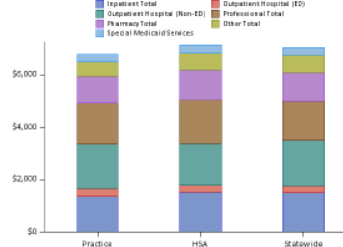


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medical Services.

## Total Expenditures Excluding SMS

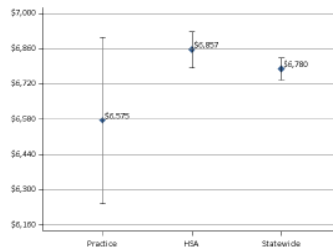


Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medical Services, capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

## Total Resource Use Index (RUI) Excluding SMS

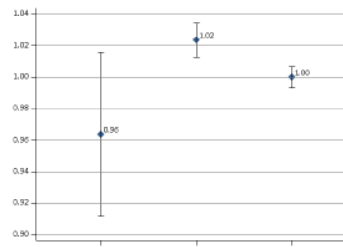


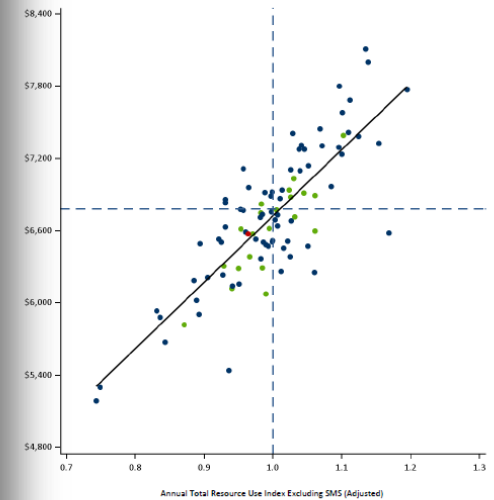
Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Since price per resource varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects on aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medical Services. The practice and HSA are indexed to the statewide average (1.00).



Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

## Annual Total Expenditures per Capita Excluding SMS vs. Resource Use Index (RUI)

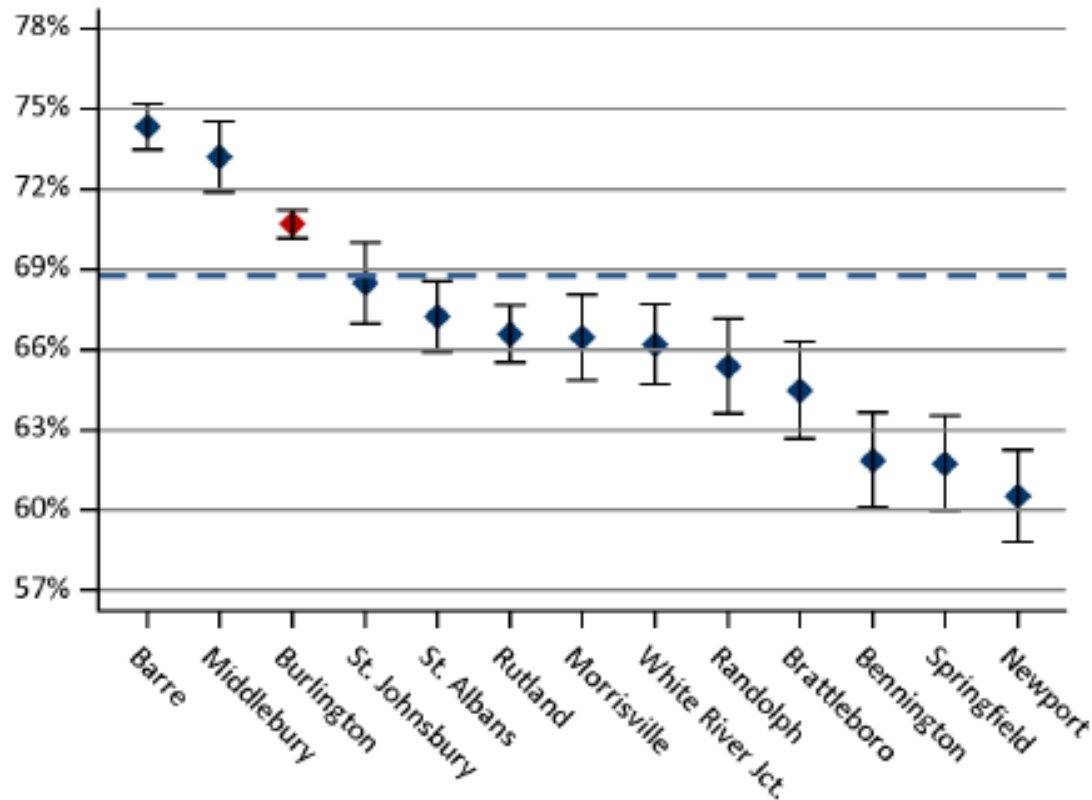


This graphic demonstrates the relationship between risk-adjusted expenditures excluding SMS and RUI for Blueprint practices. This graphic illustrates your practice's risk-adjusted rate (i.e., the red dot) of all practices in your Health Service Area (i.e., the green dots) and all other Blueprint practices (i.e., the blue dots). The dotted lines show the average expenditures per capita and average RUI statewide (i.e., 1.00). Practices with higher expenditures and utilization are in the upper right-hand corner with lower expenditures and utilization are in the lower left-hand corner. An RUI value indicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, practices with a utilization had higher risk-adjusted expenditures.

Demographics & Health Status Cost of Care Utilization Effective & Preventive Care Data Detail

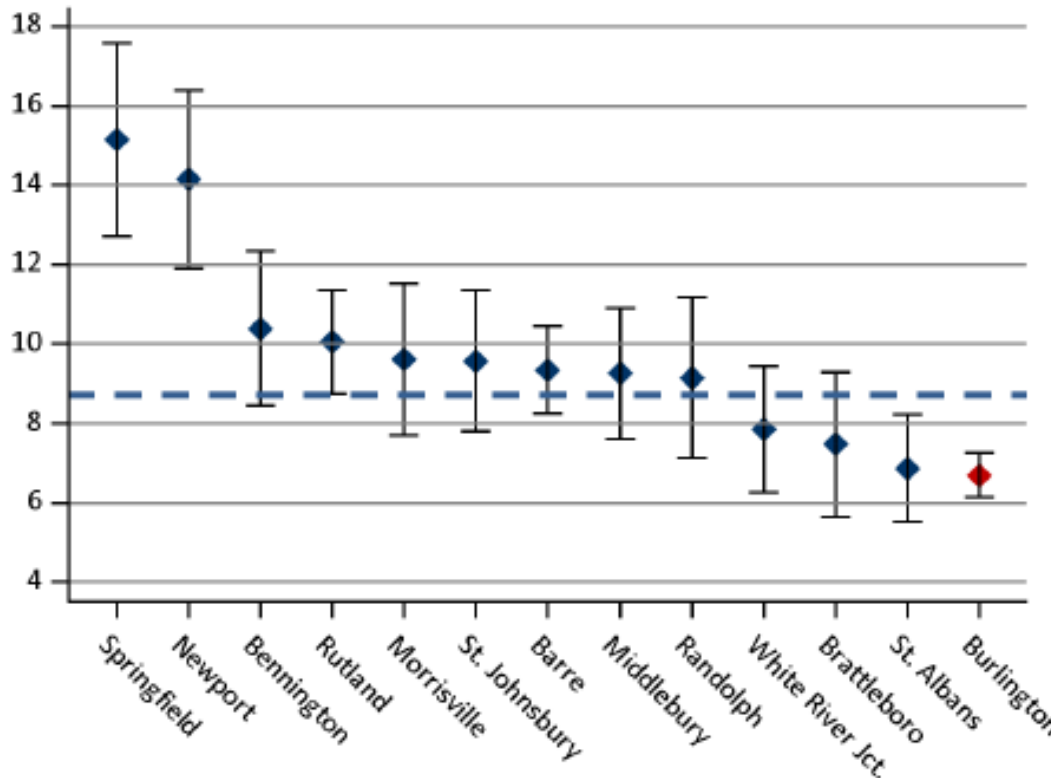
Demographics & Health Status Cost of Care Utilization Effective & Preventive Care Data Detail

## Claims Data – Cervical Cancer Screening (Core-30)



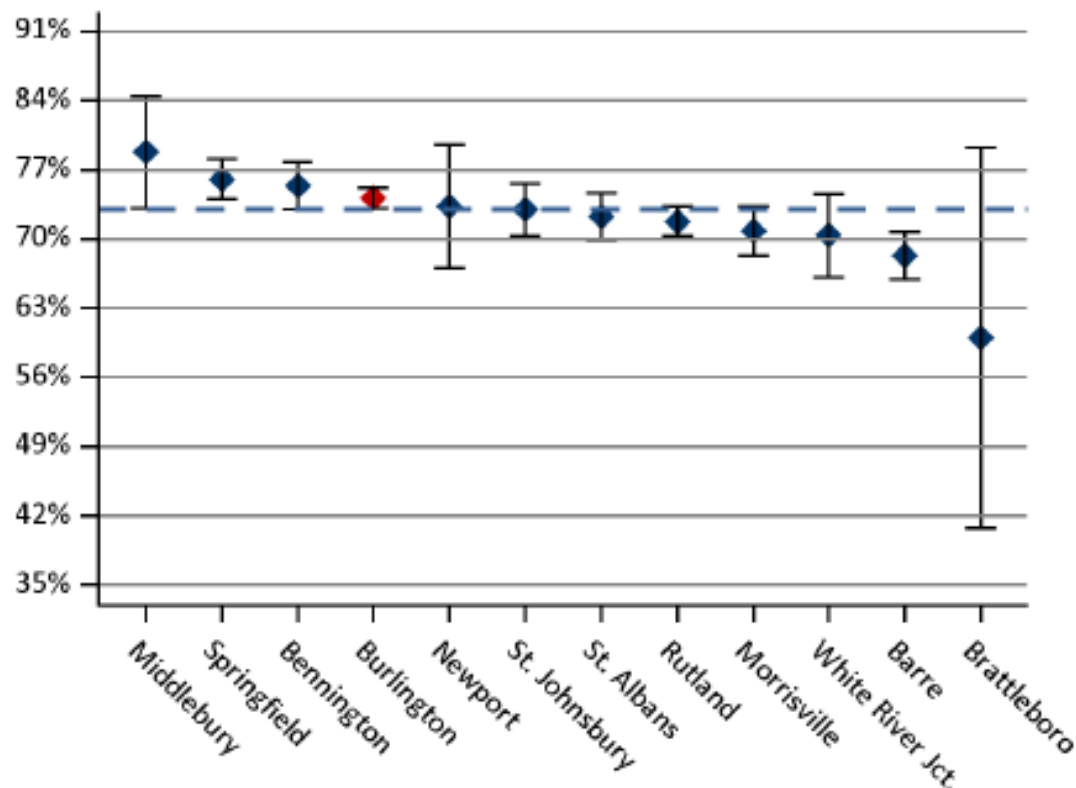
*Figure 14: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, that received one or more PAP tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year. The blue dashed line indicates the statewide average.*

# Claims Data – PQI Composite (Chronic): Rate of Hospitalization for ACS Conditions (Core-12)



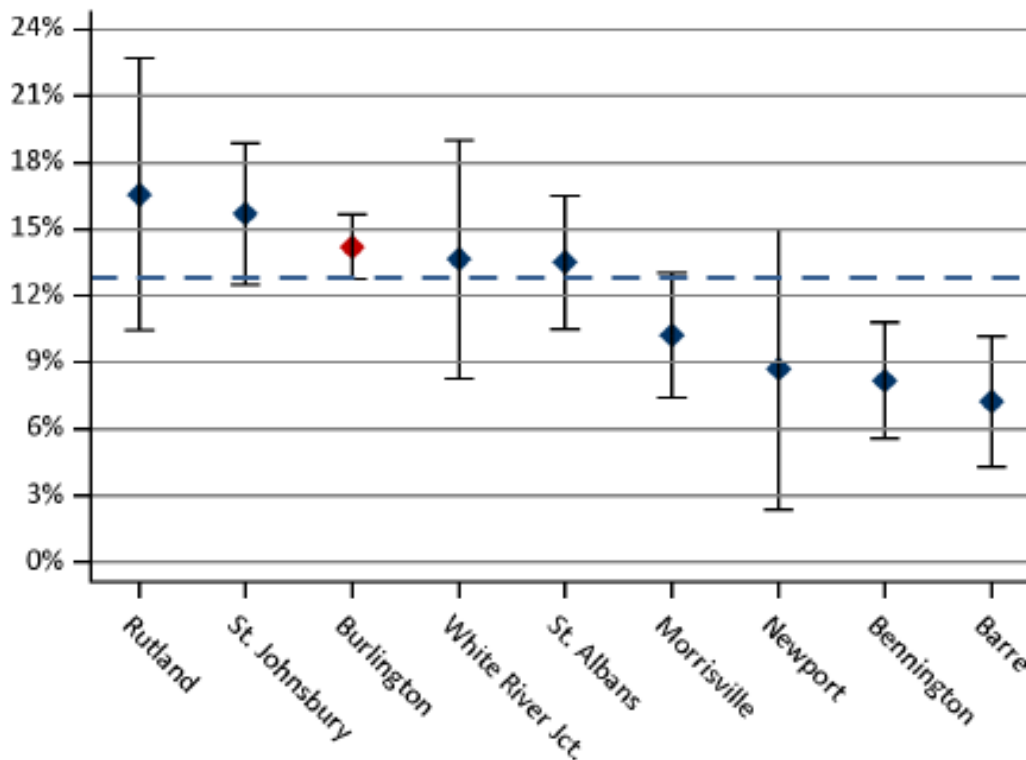
*Figure 27: This Prevention Quality Indicator (PQI) presents a composite of chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputations, COPD, asthma, hypertension, heart failure, and angina without a cardiac procedure. The blue dashed line indicates the statewide average.*

## Claims & Clinical Data – Hypertension: Blood Pressure in Control (Core-39, MSSP-28)



*Figure 34: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with DocSite results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.*

## Claims & Clinical Data – Diabetes: Poor Control (Core-17, MSSP-27)



*Figure 33: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.*

# Community Oriented Health Systems



- Core measures & NCQA standards provide a statewide framework
- PCMH payment model incents quality & coordination
- Community collaboratives guide quality & coordination initiatives
- More effective health services & community networks
- Health System (Accessible, Equitable, Patient Centered, Preventive, Affordable)



# Attachment 4b

Welcome to the 2014 Blueprint Hospital Service Area (HSA) Profile from the Blueprint for Health, a state-led initiative transforming the way that health care and comprehensive health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint HSA Profiles are based on data from Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members attributed to Blueprint practices that began participating by December 31, 2013.

Blueprint HSA Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years. Practices have been rolled up to the HSA level.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

For the first time ever, these profiles use three key sources of data: VHCURES, the DocSite clinical database, and the Behavioral Risk Factor Surveillance Study (BRFSS), a telephone survey conducted annually by the Vermont Department of Health.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the year prior. Rates for HSAs reporting fewer than 30 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

## Demographics & Health Status

|                                    | HSA    | Statewide |
|------------------------------------|--------|-----------|
| Average Members                    | 82,054 | 244,958   |
| Average Age                        | 48.9   | 50.0      |
| % Female                           | 54.1   | 55.0      |
| % Medicaid                         | 12.7   | 16.5      |
| % Medicare                         | 21.7   | 25.5      |
| % Maternity                        | 2.0    | 1.9       |
| % with Selected Chronic Conditions | 37.8   | 40.8      |
| Health Status (CRG)                |        |           |
| % Healthy                          | 42.8   | 40.6      |
| % Acute or Minor Chronic           | 20.0   | 19.2      |
| % Moderate Chronic                 | 23.9   | 24.9      |
| % Significant Chronic              | 12.0   | 14.1      |
| % Cancer or Catastrophic           | 1.3    | 1.3       |

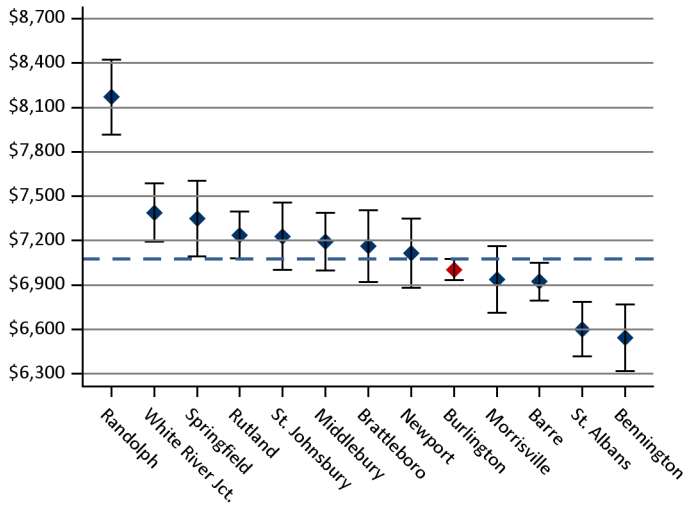
**Table 1:** This table provides comparative information on the demographics and health status of the specified HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's HSA's percentage of membership that is Medicaid or Medicare, Medicare disability or end-stage renal disease status, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g. day treatment, residential treatment, case management, school-based services, and transportation).

The % with Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure (CHF), coronary heart disease, hypertension, diabetes, and depression.

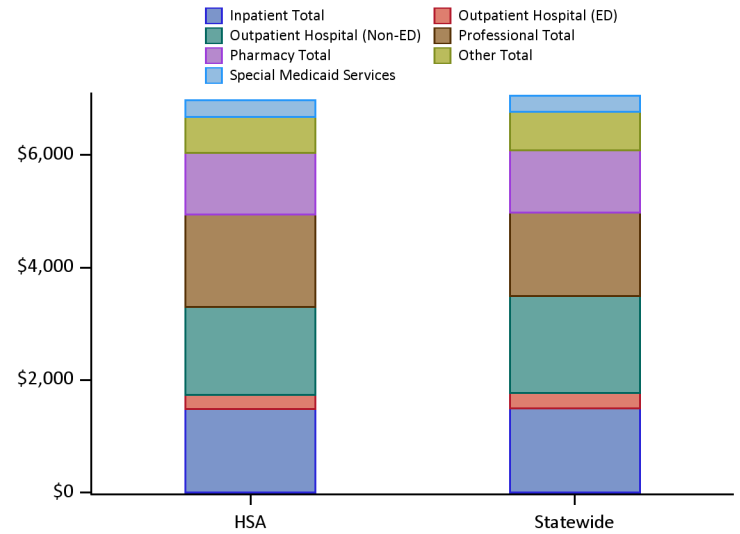
The Health Status (CRG) measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis).

**Total Expenditures per Capita**



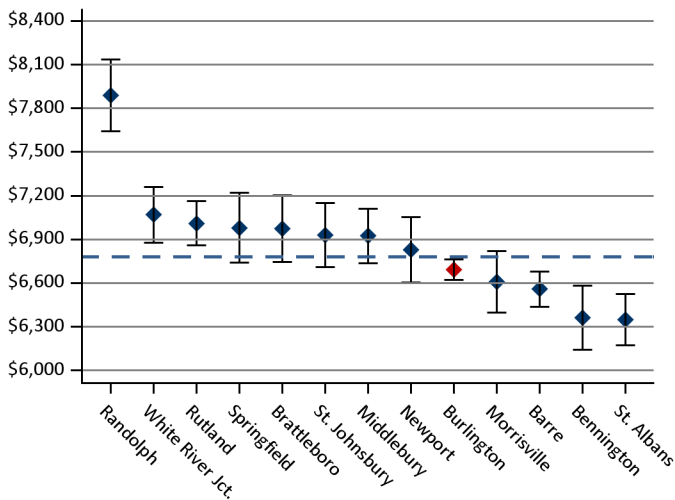
**Figure 1:** Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide average.

**Total Expenditures by Major Category**



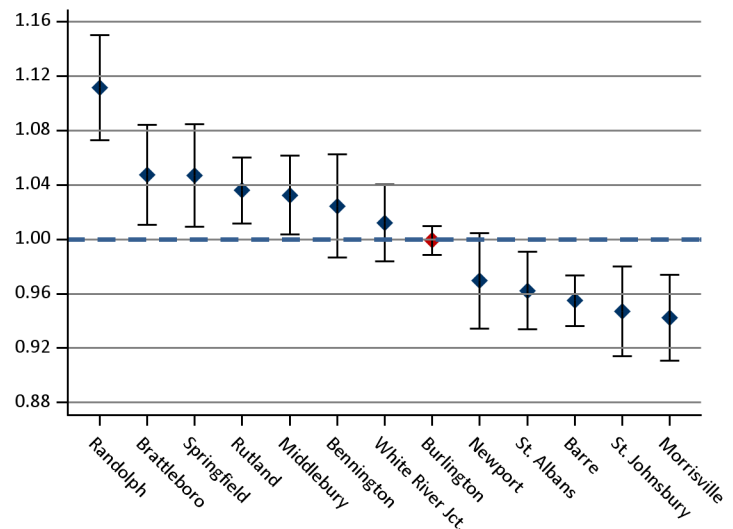
**Figure 2:** Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services (SMS).

**Total Expenditures (Excluding SMS)**



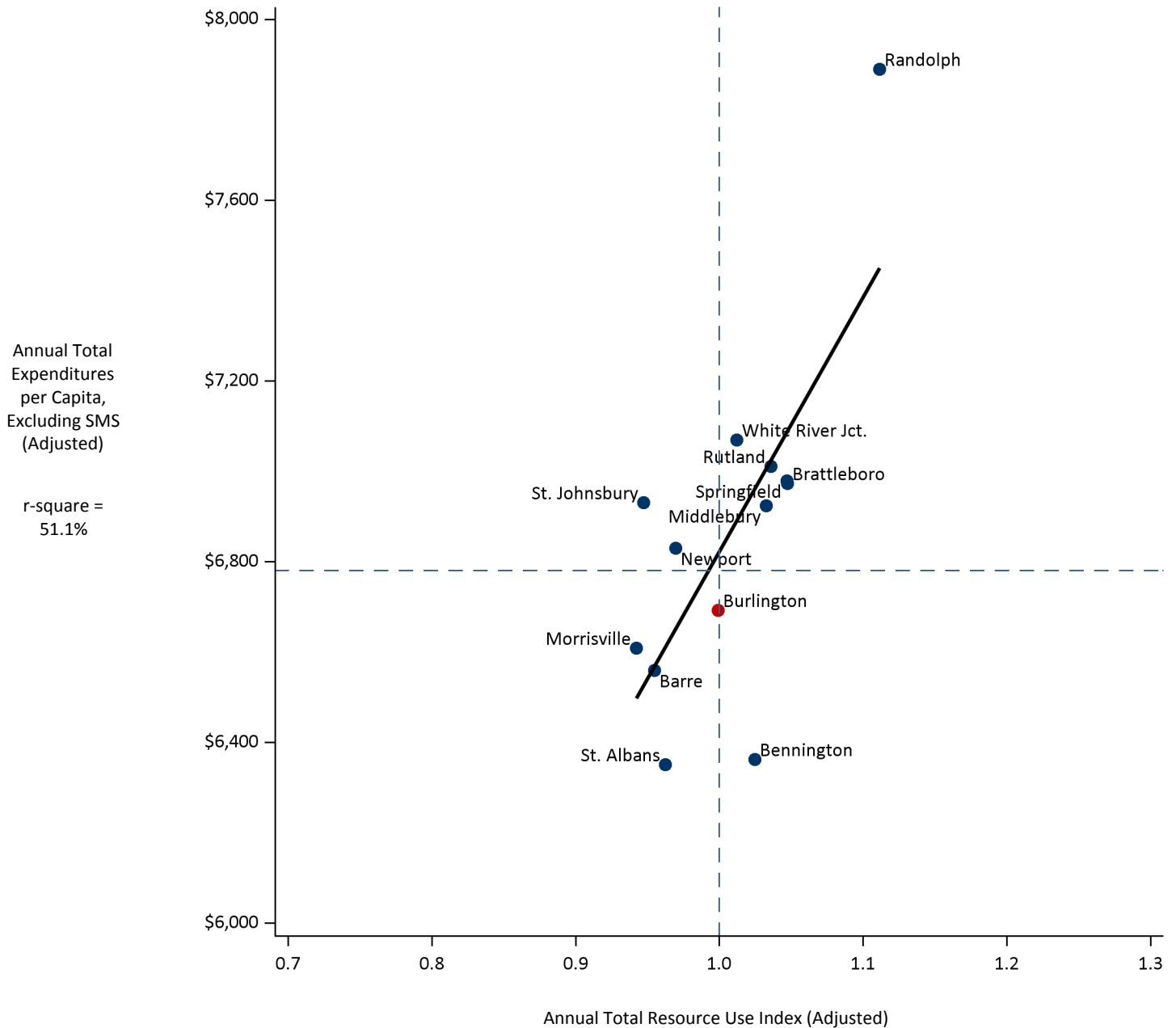
**Figure 3:** Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude Special Medicaid Services. The blue dashed line indicates the statewide average.

**Total Resource Use Index (RUI) (Excluding SMS)**



**Figure 4:** Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of services across major components of care and excludes Special Medicaid Services. The HSAs are indexed to the statewide average (1.00), which is indicated by the blue dashed line.

**Annual Total Expenditures per Capita (Excluding SMS) vs. Resource Use Index (RUI)**

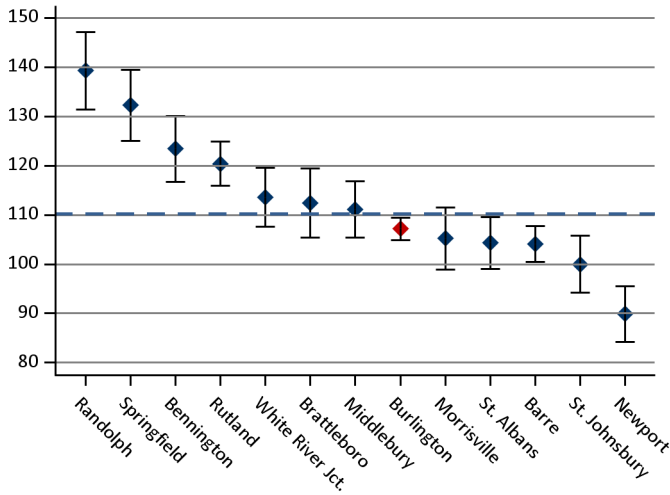


**Figure 5:** This graphic demonstrates the relationship between risk-adjusted expenditures, excluding SMS, and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the specified HSA's risk-adjusted rates (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dashed lines show the average Expenditures per Capita and average Resource Use Index statewide (i.e., 1.00). HSAs with higher expenditures and utilization are in the upper right-hand quadrant, while HSAs with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value greater than 1.00 indicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, HSAs with higher risk-adjusted utilization had higher risk-adjusted expenditures.

**Legend**

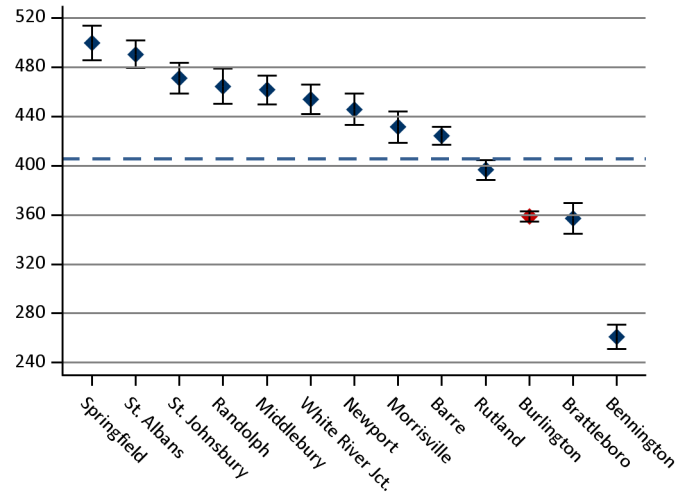
- Burlington
- All other Blueprint HSAs statewide

**Inpatient Discharges**



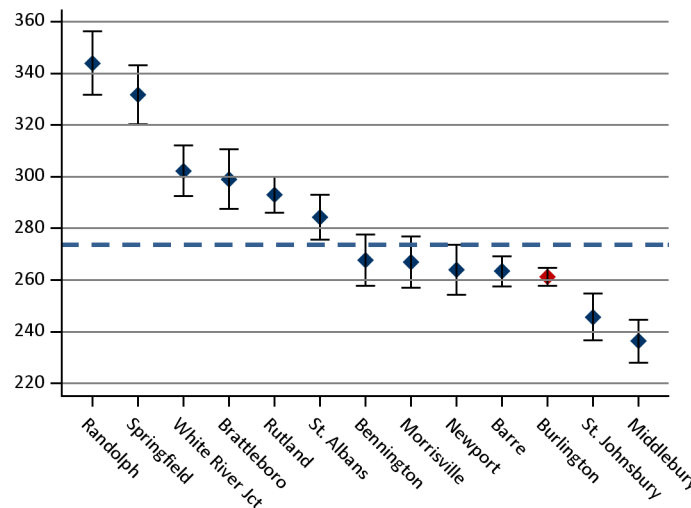
**Figure 6:** Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, Inpatient Readmissions within 30 Days, and Inpatient Discharges for Ambulatory Care Sensitive (ACS) Conditions — can be found in Table 5.

**Outpatient ED Visits**



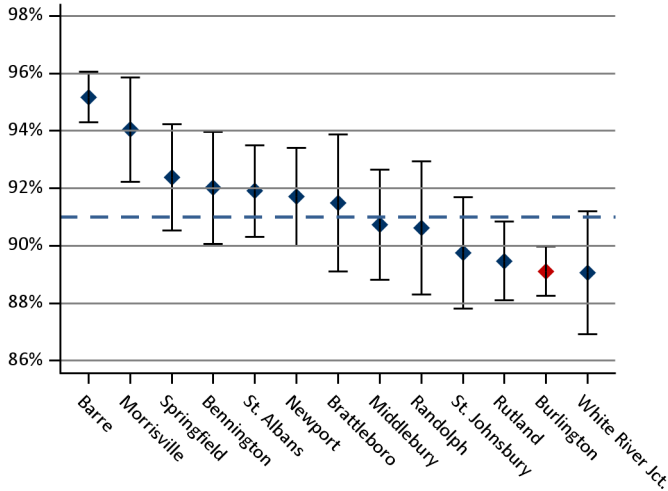
**Figure 7:** Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in Table 5.

**Advanced Imaging (MRIs, CT Scans)**



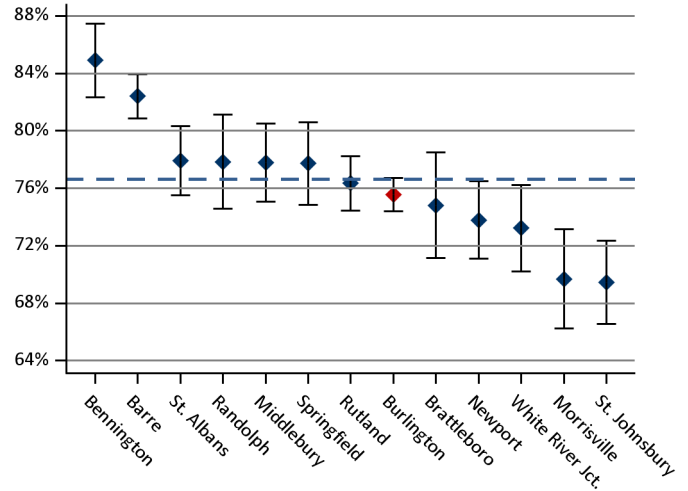
**Figure 8:** Presents annual risk-adjusted rates, including 95% confidence intervals, for advanced imaging diagnostic tests (i.e., MRIs, CT scans) per 1,000 members.

**Diabetes: HbA1c Testing**



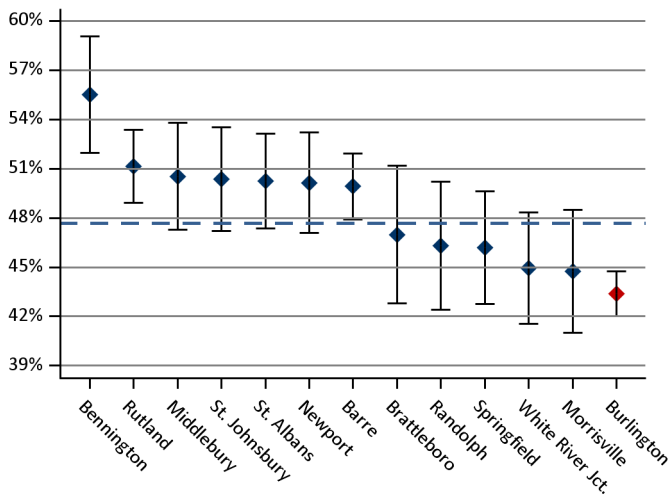
**Figure 9:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: LDL-C Screening**



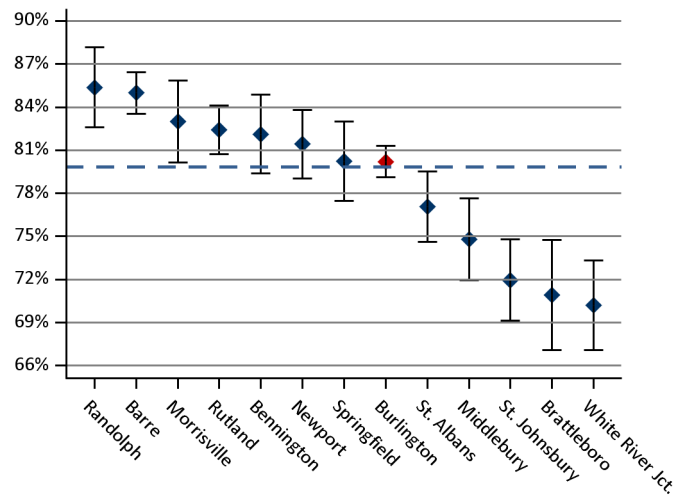
**Figure 10:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an LDL-C screening during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Eye Exam**



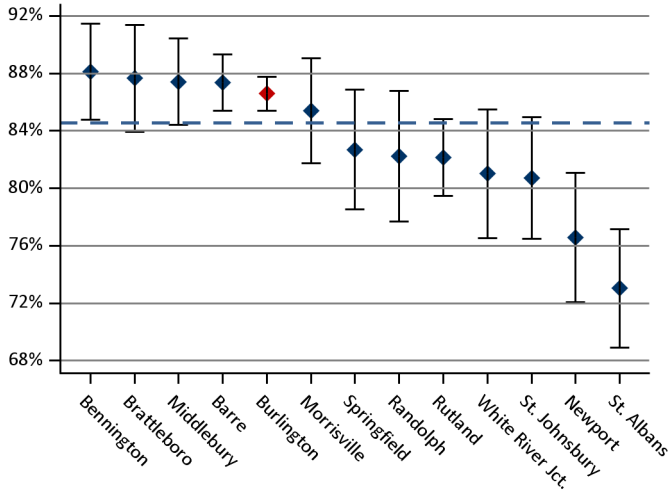
**Figure 11:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Nephropathy Screening**



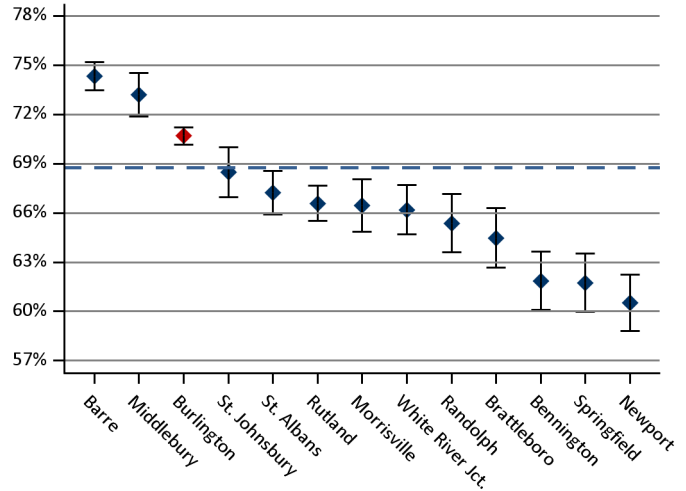
**Figure 12:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a nephropathy screening test or evidence of nephropathy documented in the claims data. The blue dashed line indicates the statewide average.

**Imaging Studies for Low Back Pain**



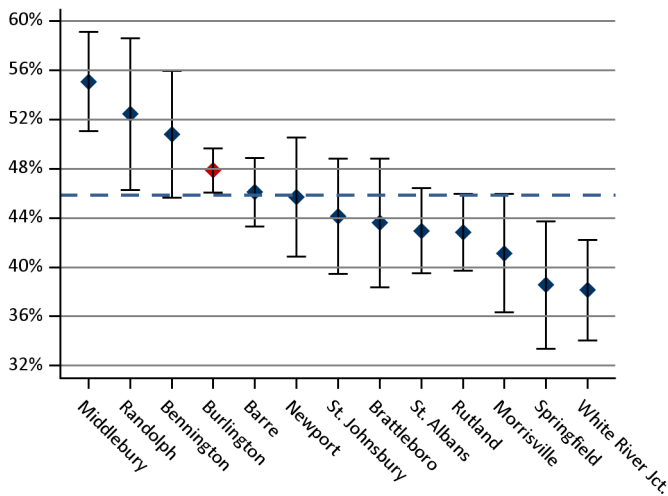
**Figure 13:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–50 years, that received a primary diagnosis of low back pain but appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. This is an inverted measure for which a higher score indicates appropriate treatment (i.e., imaging did not occur). The blue dashed line indicates the statewide average.

**Cervical Cancer Screening (Core-30)**



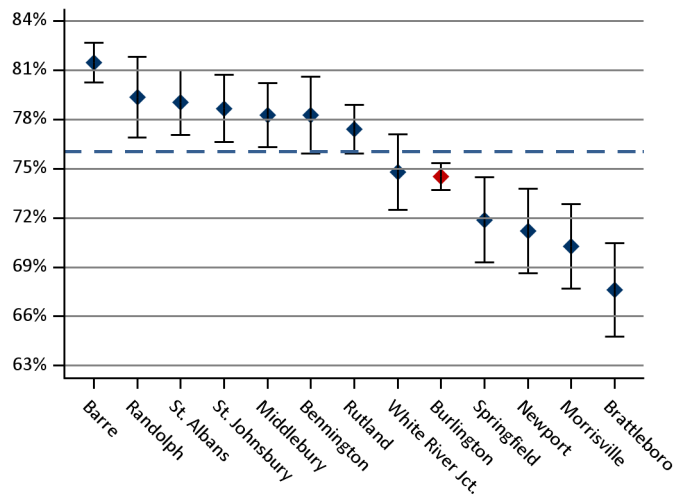
**Figure 14:** Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, that received one or more PAP tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year. The blue dashed line indicates the statewide average.

**Chlamydia Screening (Core-7)**



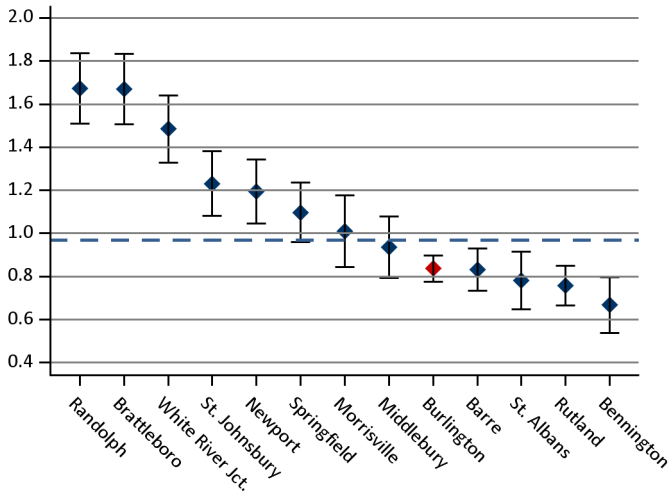
**Figure 15:** Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16–24 years, identified as sexually active during the measurement year and with at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note that, due to the age ranges for this ACO measure, women below the age of 18 years, not typically represented in adult profiles, have been included in these rates.) The blue dashed line indicates the statewide average.

**Breast Cancer Screening (Core-11, MSSP-20)**



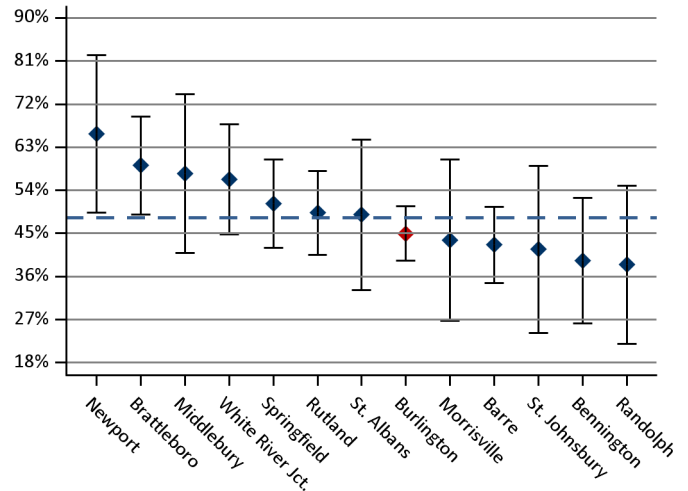
**Figure 16:** Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52–64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.

**Plan All-Cause Readmissions (Core-1)**



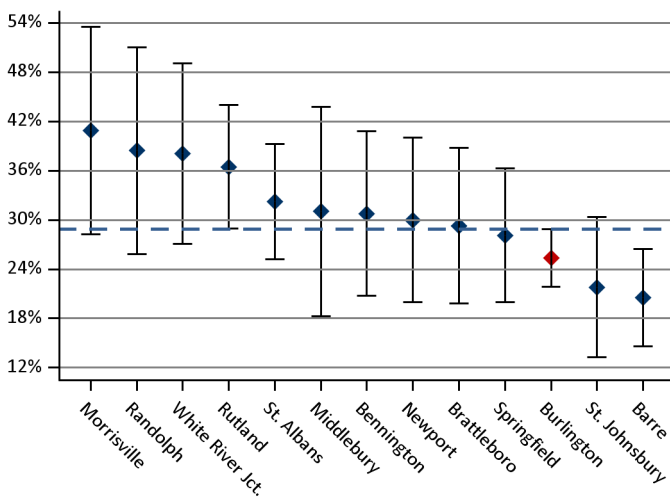
**Figure 17:** Presents the relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year. The rate is expressed as a ratio of observed to expected readmissions where the expected number of readmissions has been risk adjusted. The blue dashed line indicates the statewide average.

**Follow-Up After Hospitalization for Mental Illness (Core-4)**



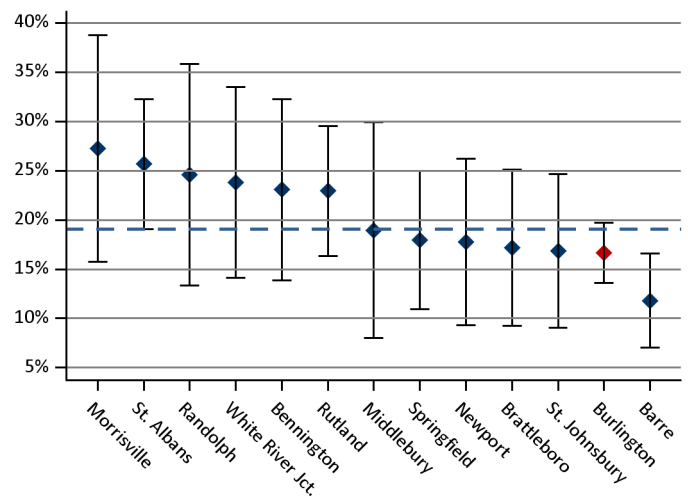
**Figure 18:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 6 years and older, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the statewide average.

**Initiation of Alcohol/Drug Treatment (Core-5a)**



**Figure 19:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that initiated treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.

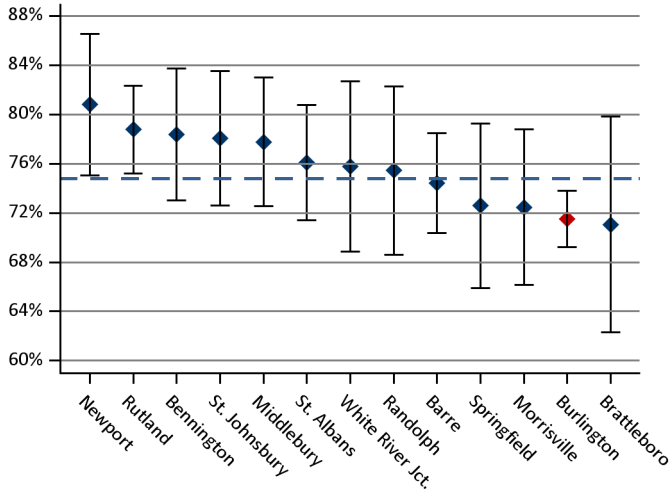
**Engagement of Alcohol/Drug Treatment (Core-5b)**



**Figure 20:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that initiated treatment and that had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.

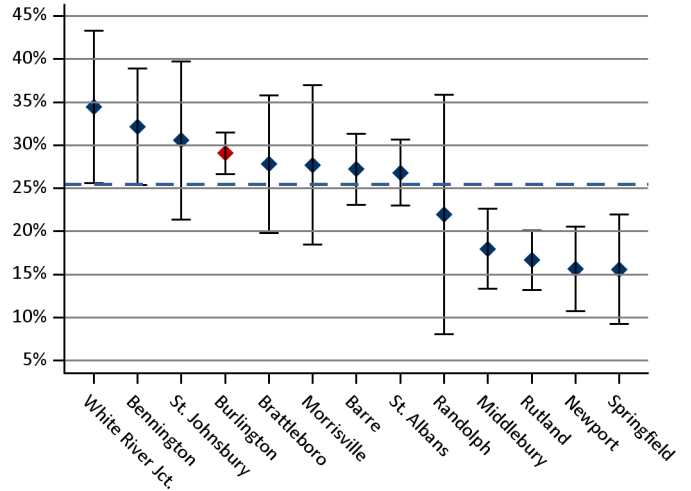


**Cholesterol Management, Cardiac (Core-3, MSSP-29)**



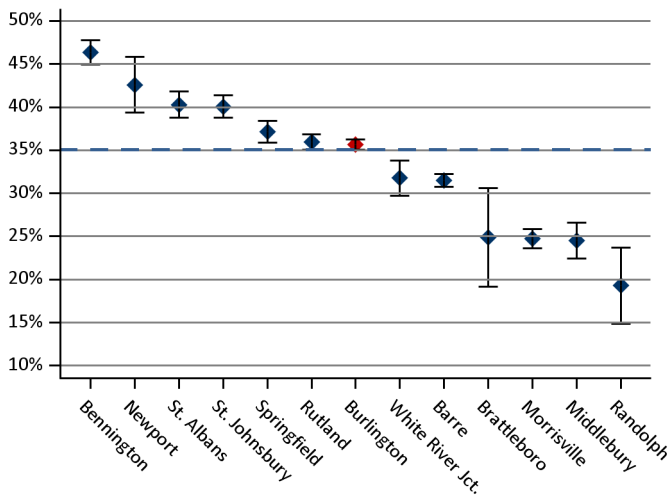
**Figure 21:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–75 years, discharged alive for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to the measurement year or with a diagnosis of ischemic vascular disease (IVD) during the measurement year and year prior and with an LDL-C screening during the measurement year. The blue dashed line indicates the statewide average.

**Avoidance of Antibiotic Treatment, Acute Bronchitis (Core-6)**



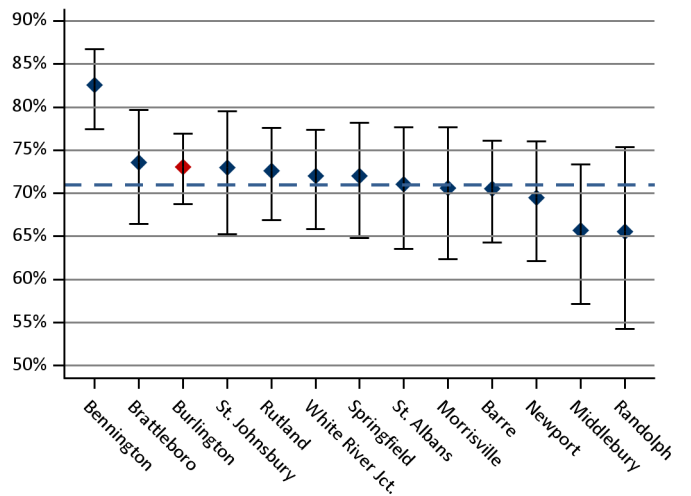
**Figure 22:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.

**Influenza Vaccination (MSSP-14)**



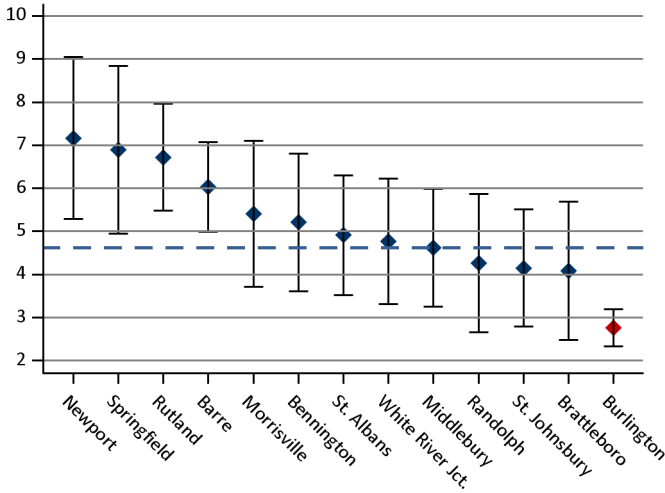
**Figure 23:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the DocSite clinical registry. The blue dashed line indicates the statewide average.

**Pneumonia Vaccination (MSSP-15)**



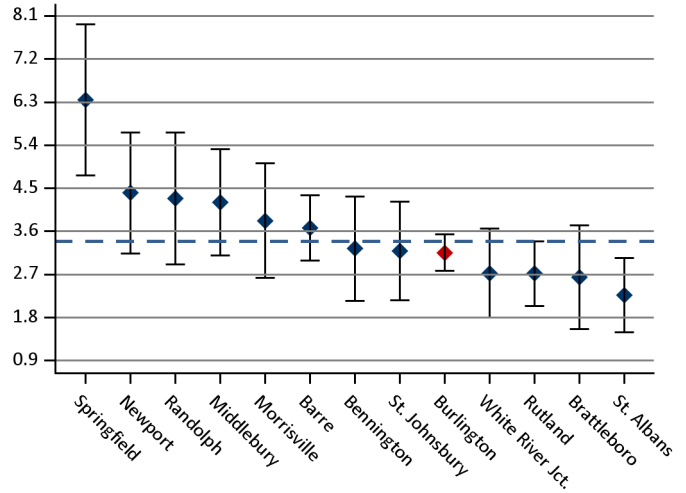
**Figure 24:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccine as measured by the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

**ACS Admissions: COPD and Asthma (Core-10, MSSP-9)**



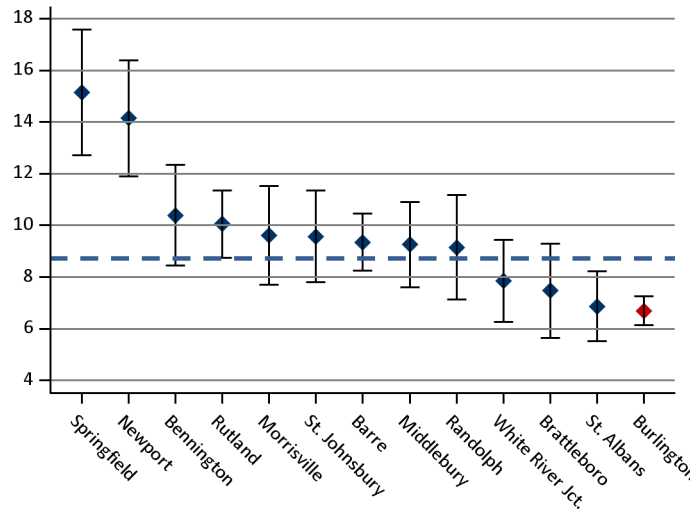
**Figure 25:** This Prevention Quality Indicator (PQI) presents the rate of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.

**ACS Admissions: Heart Failure (MSSP-10)**



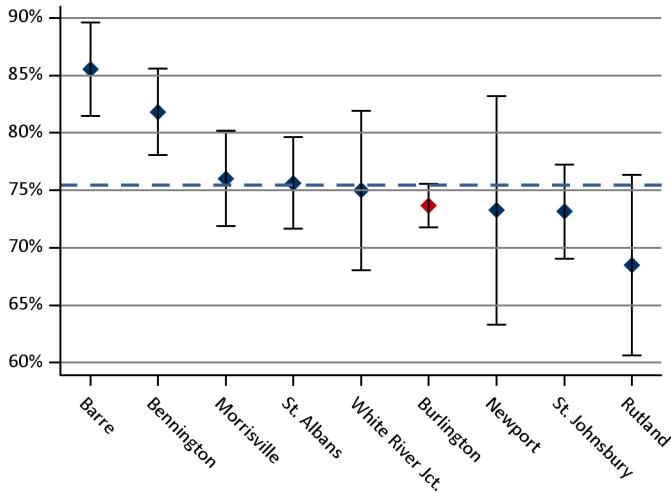
**Figure 26:** This Prevention Quality Indicator (PQI) presents the rate of admissions with a principal diagnosis of heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.

**PQI Composite (Chronic): Rate of Hospitalization for ACS Conditions (Core-12)**



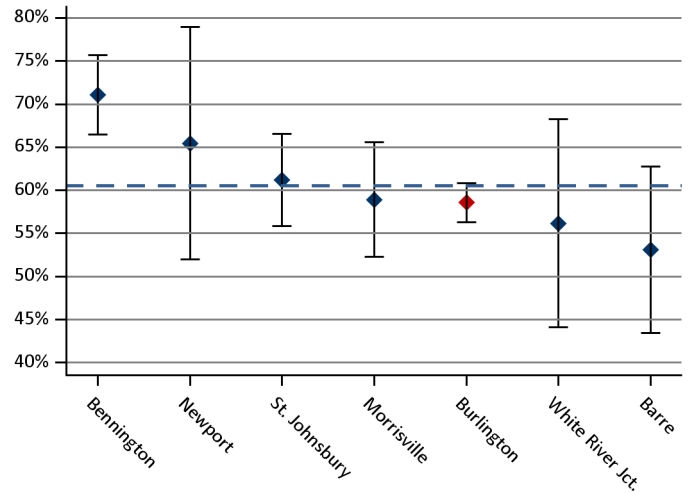
**Figure 27:** This Prevention Quality Indicator (PQI) presents a composite of chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputations, COPD, asthma, hypertension, heart failure, and angina without a cardiac procedure. The blue dashed line indicates the statewide average.

**Diabetes: HbA1c in Control (MSSP-22)**



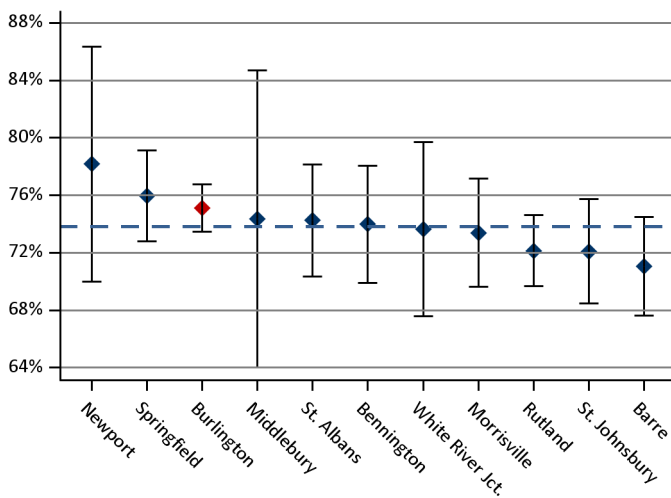
**Figure 28:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in control (<8%). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: LDL-C in Control (MSSP-23)**



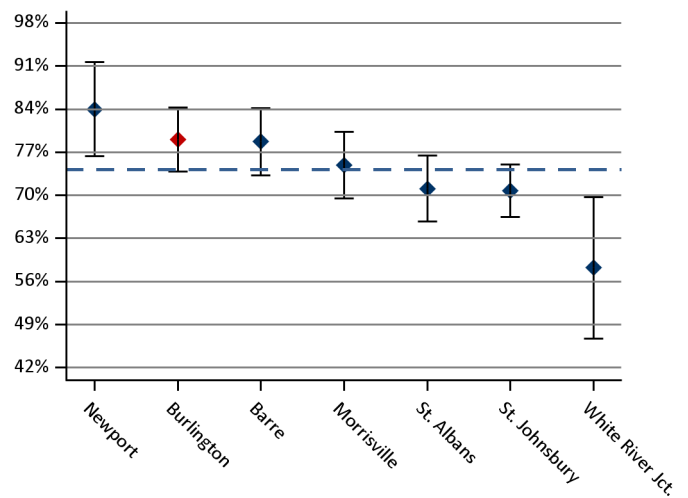
**Figure 29:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded LDL-C screening test in the DocSite clinical database was in control (<100 mg/dL). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one LDL-C screening test during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Blood Pressure in Control (MSSP-24)**



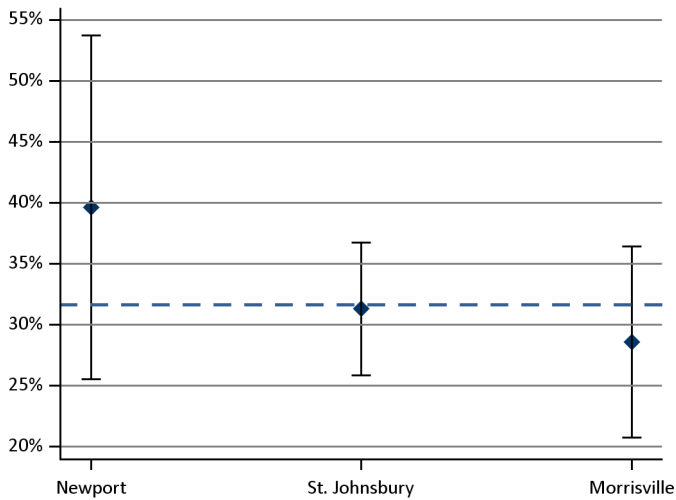
**Figure 30:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one blood pressure test during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Tobacco Non-Use (MSSP-25)**



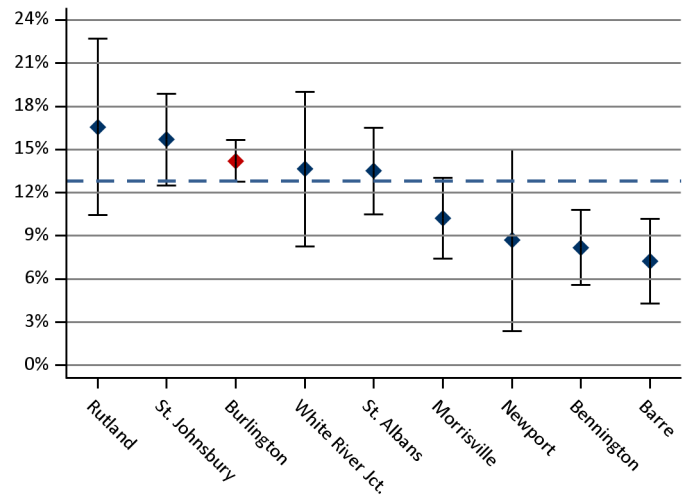
**Figure 31:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, documented as tobacco non-users in the DocSite clinical database. Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for tobacco non-use during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Composite (Core-16, MSSP 22-25)**



**Figure 32:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, in control for hemoglobin A1c (<8%), LDL-C (<100 mg/dL), blood pressure (<140/90 mmHg), and tobacco non-use during the measurement year. Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for all four components of this measure within the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Poor Control (Core-17, MSSP-27)**



**Figure 33:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

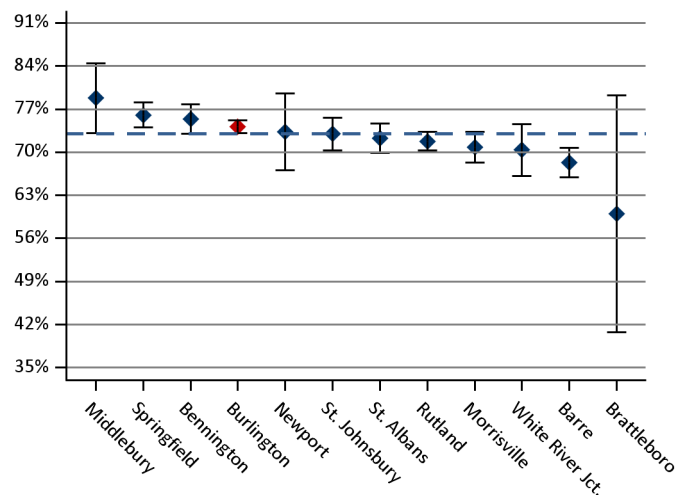
**Comparison of Patients by HbA1c Control Status, Statewide**

| Metric                                       | Diabetes A1c in Control       | Diabetes A1c not in Control (>9%) |
|--|-------------------------------|-----------------------------------|
| Members                                      | 4,220                         | 568                               |
| Annual expenditures per capita               | \$12,507 (\$12,059, \$12,954) | \$15,267 (\$13,867, \$16,667)     |
| Inpatient hospitalizations per 1,000 members | 181.7 (168.7, 194.7)          | 275.0 (231.1, 318.8)              |
| Inpatient days per 1,000 members             | 877.8 (849.2, 906.4)          | 1,524.0 (1,421.8, 1,627.2)        |
| Outpatient ED visits per 1,000 members       | 532.1 (509.8, 554.4)          | 752.2 (654.0, 796.4)              |

*Note: Risk-adjusted rates with 95% confidence intervals are provided in parentheses. Outliers beyond the 99th percentile have been excluded.*

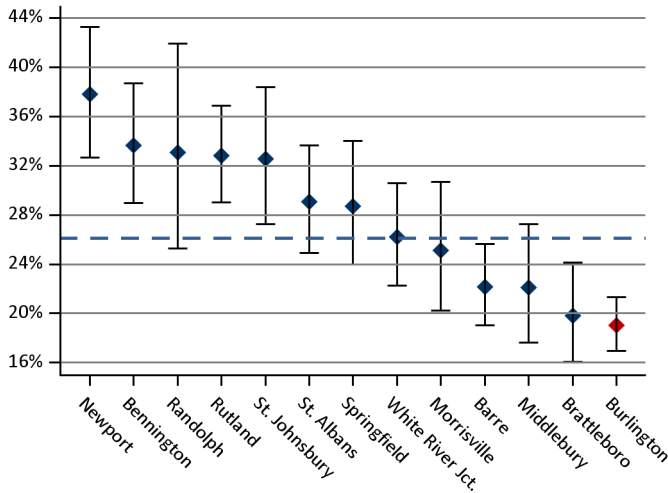
**Table 2:** Presents a comparison of health care expenditures and utilization in the measurement year for continuously enrolled members, ages 18–75 years, whose diabetes hemoglobin A1c was in control (<8%) compared to those with poor control (>9%). Rates have been adjusted for age, gender, and health status. The rates in this table are presented at the state level only. Members with poor control had statistically significant higher total expenditures, inpatient hospitalizations, inpatient days, and outpatient ED visits.

**Hypertension: Blood Pressure in Control (Core-39, MSSP-28)**



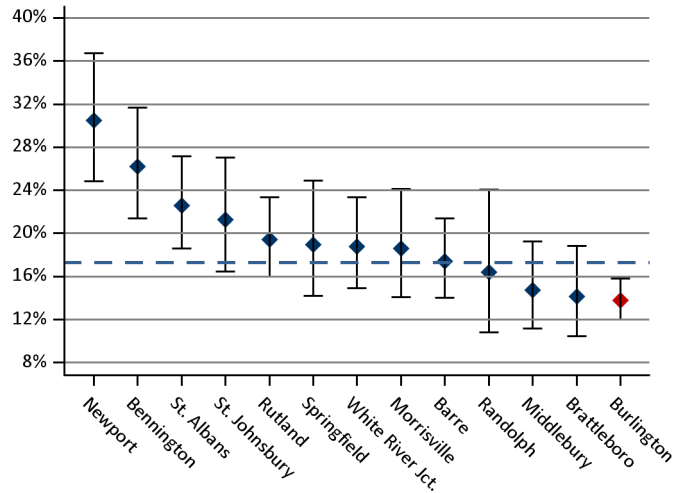
**Figure 34:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with DocSite results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.

**BRFSS: Households with Income <\$25,000**



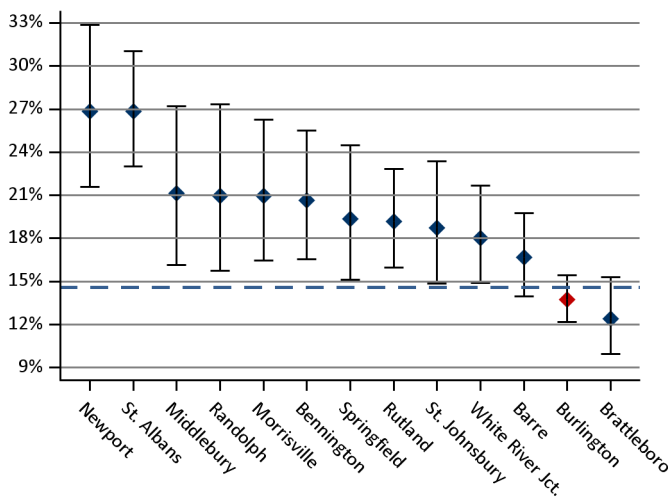
**Figure 35:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than \$25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

**BRFSS: Cigarette Smoking**



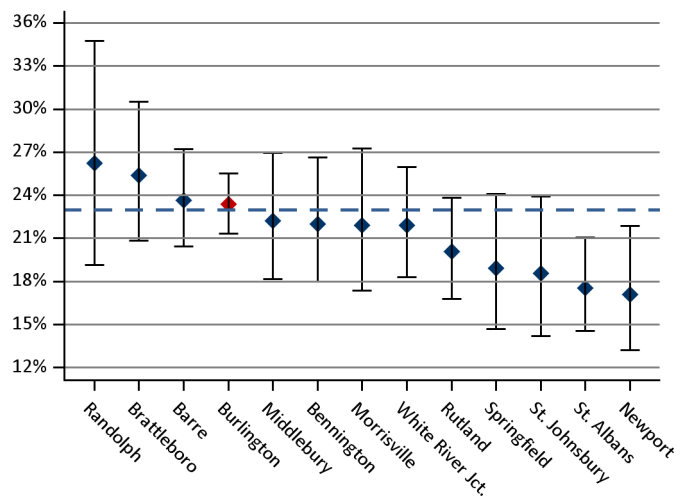
**Figure 36:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

**BRFSS: No Leisure-Time Physical Activity/Exercise**



**Figure 37:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

**BRFSS: Meets Fruit/Vegetable Recommendations**



**Figure 38:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not meet fruit and vegetable consumption recommendations. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

The following tables provide greater detail on the annual risk-adjusted rates presented in the preceding figures.

**Table 3. Expenditure Measures (Adjusted)**

| Measure                                    | HSA            |         |         | Statewide      |         |         |
|--|----------------|---------|---------|----------------|---------|---------|
|  | Rate Per 1,000 | 95% LCL | 95% UCL | Rate Per 1,000 | 95% LCL | 95% UCL |
| Total                                      | \$7,005        | \$6,933 | \$7,077 | \$7,075        | \$7,030 | \$7,120 |
| Inpatient Total                            | \$1,489        | \$1,439 | \$1,538 | \$1,497        | \$1,467 | \$1,528 |
| Inpatient Mental Health                    | \$83           | \$74    | \$92    | \$78           | \$72    | \$84    |
| Inpatient Maternity                        | \$82           | \$77    | \$87    | \$86           | \$83    | \$89    |
| Inpatient Surgical                         | \$734          | \$695   | \$774   | \$736          | \$712   | \$760   |
| Inpatient Medical                          | \$615          | \$586   | \$643   | \$614          | \$598   | \$631   |
| Outpatient Total                           | \$1,813        | \$1,789 | \$1,837 | \$2,000        | \$1,985 | \$2,014 |
| Outpatient Hospital Mental Health          | \$24           | \$23    | \$26    | \$23           | \$22    | \$24    |
| Outpatient Hospital ED                     | \$248          | \$243   | \$254   | \$271          | \$268   | \$274   |
| Outpatient Hospital Surgery                | \$436          | \$425   | \$447   | \$476          | \$469   | \$484   |
| Outpatient Hospital Radiology              | \$477          | \$458   | \$495   | \$479          | \$469   | \$489   |
| Outpatient Hospital Laboratory             | \$245          | \$241   | \$249   | \$307          | \$305   | \$309   |
| Outpatient Hospital Pharmacy               | \$79           | \$74    | \$85    | \$79           | \$76    | \$82    |
| Outpatient Hospital Other                  | \$753          | \$741   | \$766   | \$856          | \$847   | \$865   |
| Professional Non-Mental Health Total       | \$1,458        | \$1,446 | \$1,470 | \$1,317        | \$1,310 | \$1,323 |
| Professional Physician Total               | \$1,063        | \$1,052 | \$1,073 | \$974          | \$968   | \$980   |
| Professional Physician Inpatient           | \$178          | \$171   | \$185   | \$173          | \$169   | \$177   |
| Professional Physician Outpatient Facility | \$330          | \$324   | \$335   | \$305          | \$302   | \$308   |
| Professional Physician Office Visit        | \$488          | \$484   | \$492   | \$434          | \$432   | \$436   |
| Professional Non-Physician                 | \$375          | \$371   | \$379   | \$324          | \$322   | \$326   |
| Professional Mental Health Provider        | \$185          | \$181   | \$189   | \$162          | \$159   | \$164   |
| Pharmacy Total                             | \$1,093        | \$1,077 | \$1,108 | \$1,102        | \$1,093 | \$1,112 |
| Pharmacy Psych Medication                  | \$186          | \$181   | \$191   | \$190          | \$187   | \$193   |
| Other Total                                | \$633          | \$614   | \$652   | \$685          | \$672   | \$697   |
| Special Medicaid Services                  | \$303          | \$283   | \$323   | \$290          | \$277   | \$303   |
| Mental Health Substance Combined*          | \$449          | \$440   | \$458   | \$430          | \$424   | \$436   |

\* The *Mental Health Substance Combined* measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

**Table 4. Total Resource Use Index (RUI) (Adjusted)**

| Measure             | HSA            |         |         | Statewide      |         |         |
|---------------------|----------------|---------|---------|----------------|---------|---------|
|                     | Rate Per 1,000 | 95% LCL | 95% UCL | Rate Per 1,000 | 95% LCL | 95% UCL |
| Total               | 1.00           | 0.99    | 1.01    | 1.00           | 0.99    | 1.01    |
| Inpatient           | 0.98           | 0.95    | 1.01    | 1.00           | 0.98    | 1.02    |
| Outpatient Facility | 0.93           | 0.92    | 0.95    | 1.00           | 0.99    | 1.01    |
| Professional        | 1.07           | 1.06    | 1.08    | 1.00           | 1.00    | 1.00    |
| Pharmacy            | 1.01           | 1.00    | 1.02    | 1.00           | 0.99    | 1.01    |

**Table 5. Utilization Measures (Adjusted)**

| Measure   | HSA            |         |         | Statewide      |         |         |
|---|----------------|---------|---------|----------------|---------|---------|
|   | Rate Per 1,000 | 95% LCL | 95% UCL | Rate Per 1,000 | 95% LCL | 95% UCL |
| Inpatient Discharges  | 107.2          | 104.9   | 109.4   | 110.2          | 108.9   | 111.6   |
| Inpatient Discharges for Ambulatory Care Sensitive Conditions | 15.6           | 14.7    | 16.4    | 17.6           | 17.0    | 18.1    |
| Inpatient Days  | 537.3          | 532.3   | 542.3   | 512.5          | 509.6   | 515.3   |
| Inpatient Readmissions within 30 Days                         | 15.3           | 14.5    | 16.1    | 15.6           | 15.1    | 16.1    |
| Outpatient ED Visits  | 358.9          | 354.8   | 363.0   | 405.6          | 403.1   | 408.2   |
| Outpatient Potentially Avoidable ED Visits                    | 57.7           | 56.1    | 59.4    | 65.8           | 64.8    | 66.8    |
| Outpatient ED Ambulatory Care Sensitive Conditions            | 40.6           | 39.2    | 42.0    | 51.1           | 50.2    | 52.0    |
| Non-Hospital Outpatient Visits                                | 6,919.4        | 6,901.4 | 6,937.4 | 6,746.4        | 6,736.1 | 6,756.7 |
| Primary Care Encounters                                       | 4,064.6        | 4,050.8 | 4,078.4 | 3,840.6        | 3,832.9 | 3,848.4 |
| Medical Specialist Encounters                                 | 1,052.2        | 1,045.2 | 1,059.2 | 980.4          | 976.5   | 984.3   |
| Surgical Specialist Encounters                                | 1,200.6        | 1,193.1 | 1,208.1 | 1,187.2        | 1,182.8 | 1,191.5 |
| Standard Imaging  | 911.1          | 904.6   | 917.6   | 979.9          | 976.0   | 983.8   |
| Advanced Imaging  | 261.3          | 257.8   | 264.8   | 273.6          | 271.5   | 275.6   |
| Echography  | 365.9          | 361.7   | 370.0   | 345.6          | 343.2   | 347.9   |
| Colonoscopy   | 56.4           | 54.8    | 58.0    | 57.6           | 56.7    | 58.6    |

**Table 6. Effective & Preventive Care Measures**

| Measure                           | HSA   |        |         |         | Statewide |        |         |         |
|-----------------------------------|-------|--------|---------|---------|-----------|--------|---------|---------|
|                                   | N     | Rate % | 95% LCL | 95% UCL | N         | Rate % | 95% LCL | 95% UCL |
| Comprehensive Diabetes Care (CDC) |       |        |         |         |           |        |         |         |
| HbA1c Testing                     | 5,200 | 89%    | 88%     | 90%     | 18,188    | 91%    | 91%     | 91%     |
| LDL-C Screening                   | 5,200 | 76%    | 74%     | 77%     | 18,188    | 77%    | 76%     | 77%     |
| Eye Exam                          | 5,200 | 43%    | 42%     | 45%     | 18,188    | 48%    | 47%     | 48%     |
| Nephropathy Screening             | 5,200 | 80%    | 79%     | 81%     | 18,188    | 80%    | 79%     | 80%     |
| Imaging Studies for Low Back Pain | 3,253 | 87%    | 85%     | 88%     | 8,962     | 85%    | 84%     | 85%     |

Table 7a. ACO Measures Detail

| Measure  |         | HSA    |        |         |         | Statewide |        |         |         |
|--|---------|--------|--------|---------|---------|-----------|--------|---------|---------|
|  |         | N      | Rate % | 95% LCL | 95% UCL | N         | Rate % | 95% LCL | 95% UCL |
| Cervical Cancer Screening                                  | Core-30 | 28,951 | 71%    | 70%     | 71%     | 81,392    | 69%    | 68%     | 69%     |
| CCS—Commercial   | Core-30 | 24,895 | 73%    | 72%     | 73%     | 65,173    | 71%    | 70%     | 71%     |
| CCS—Medicaid   | Core-30 | 4,056  | 60%    | 58%     | 61%     | 16,219    | 60%    | 60%     | 61%     |
| Chlamydia Screening (Ages 16–24 Years)                     | Core-7  | 3,101  | 48%    | 46%     | 50%     | 10,033    | 46%    | 45%     | 47%     |
| CHL—Commercial   | Core-7  | 2,436  | 46%    | 44%     | 48%     | 7,001     | 45%    | 43%     | 46%     |
| CHL—Medicaid   | Core-7  | 665    | 54%    | 50%     | 58%     | 3,032     | 49%    | 47%     | 50%     |
| Breast Cancer Screening (Ages 52–64 Years)                 | Core-11 | 10,984 | 75%    | 74%     | 75%     | 31,647    | 76%    | 76%     | 77%     |
| BCS—Commercial (Ages 52–64 Years)                          | Core-11 | 9,416  | 78%    | 78%     | 79%     | 25,427    | 80%    | 80%     | 81%     |
| BCS—Medicaid (Ages 52–64 Years)                            | Core-11 | 785    | 50%    | 46%     | 53%     | 3,335     | 59%    | 57%     | 61%     |
| BCS—Medicare (Ages 52–64 Years)                            | Core-11 | 783    | 52%    | 48%     | 55%     | 2,885     | 59%    | 58%     | 61%     |
| BCS (Ages 52–74 Years)                                     | Core-11 | 14,782 | 74%    | 73%     | 75%     | 44,732    | 75%    | 75%     | 76%     |
| BCS (Ages 65–74 Years)                                     | Core-11 | 3,798  | 73%    | 72%     | 74%     | 13,085    | 73%    | 72%     | 74%     |
| Follow-up After Hospitalization for Mental Illness (7 day) | Core-4  | 309    | 45%    | 39%     | 51%     | 1,208     | 48%    | 45%     | 51%     |
| FUH—Commercial   | Core-4  | 111    | 63%    | 54%     | 72%     | 281       | 56%    | 50%     | 62%     |
| FUH—Medicaid   | Core-4  | 145    | 34%    | 26%     | 43%     | 706       | 48%    | 44%     | 52%     |
| FUH—Medicare   | Core-4  | 53     | 36%    | 22%     | 50%     | 221       | 39%    | 33%     | 46%     |
| Initiation of Alcohol/Drug Treatment                       | Core-5a | 607    | 25%    | 22%     | 29%     | 1,937     | 29%    | 27%     | 31%     |
| IET (INI)—Medicaid   | Core-5a | 606    | 25%    | 22%     | 29%     | 1,927     | 29%    | 27%     | 31%     |
| Engagement of Alcohol/Drug Treatment                       | Core-5b | 607    | 17%    | 14%     | 20%     | 1,937     | 19%    | 17%     | 21%     |
| IET (ENG)—Medicaid   | Core-5b | 606    | 17%    | 13%     | 20%     | 1,927     | 19%    | 17%     | 21%     |
| Cholesterol Management for Patients with CVD               | Core-3  | 1,530  | 72%    | 69%     | 74%     | 4,651     | 75%    | 74%     | 76%     |
| CMC—Commercial   | Core-3  | 600    | 62%    | 58%     | 66%     | 1,581     | 70%    | 68%     | 72%     |
| CMC—Medicaid   | Core-3  | 89     | 66%    | 56%     | 77%     | 362       | 68%    | 63%     | 73%     |
| CMC—Medicare   | Core-3  | 841    | 79%    | 76%     | 81%     | 2,708     | 79%    | 77%     | 80%     |
| Avoidance of Antibiotic Treatment for Acute Bronchitis     | Core-6  | 1,403  | 29%    | 27%     | 31%     | 4,246     | 25%    | 24%     | 27%     |
| AAB—Commercial   | Core-6  | 1,070  | 29%    | 26%     | 32%     | 2,650     | 27%    | 25%     | 28%     |
| AAB—Medicaid   | Core-6  | 232    | 28%    | 22%     | 34%     | 1,127     | 24%    | 21%     | 26%     |
| AAB—Medicare   | Core-6  | 101    | 34%    | 24%     | 43%     | 469       | 23%    | 19%     | 26%     |
| Influenza Vaccination                                      | MSSP-14 | 23,857 | 36%    | 35%     | 36%     | 81,497    | 35%    | 35%     | 35%     |
| INF—Commercial   | MSSP-14 | 13,084 | 30%    | 29%     | 30%     | 38,390    | 31%    | 30%     | 31%     |
| INF—Medicaid   | MSSP-14 | 2,179  | 38%    | 36%     | 40%     | 12,805    | 31%    | 30%     | 31%     |
| INF—Medicare   | MSSP-14 | 8,594  | 44%    | 43%     | 45%     | 30,302    | 42%    | 42%     | 43%     |



**Table 7a. ACO Measures Detail, Continued**

| Measure   |         | HSA   |        |         |         | Statewide |        |         |         |
|---|---------|-------|--------|---------|---------|-----------|--------|---------|---------|
|   |         | N     | Rate % | 95% LCL | 95% UCL | N         | Rate % | 95% LCL | 95% UCL |
| Diabetes HbA1c in Control (<8%)                   | MSSP-22 | 2,168 | 74%    | 72%     | 76%     | 4,771     | 75%    | 74%     | 77%     |
| Diab—Commercial (HbA1c in Control)                | MSSP-22 | 981   | 72%    | 69%     | 75%     | 1,847     | 74%    | 72%     | 76%     |
| Diab—Medicaid (HbA1c in Control)                  | MSSP-22 | 174   | 63%    | 55%     | 70%     | 563       | 67%    | 63%     | 71%     |
| Diab—Medicare (HbA1c in Control)                  | MSSP-22 | 1,013 | 77%    | 74%     | 80%     | 2,361     | 79%    | 77%     | 81%     |
| Diabetes LDL in Control (<100 mg/dL)              | MSSP-23 | 1,876 | 59%    | 56%     | 61%     | 3,129     | 60%    | 59%     | 62%     |
| Diab—Commercial (LDL)                             | MSSP-23 | 871   | 55%    | 51%     | 58%     | 1,293     | 57%    | 54%     | 59%     |
| Diab—Medicaid (LDL)                               | MSSP-23 | 144   | 47%    | 38%     | 55%     | 313       | 51%    | 45%     | 56%     |
| Diab—Medicare (LDL)                               | MSSP-23 | 861   | 65%    | 61%     | 68%     | 1,523     | 66%    | 63%     | 68%     |
| Diabetes Blood Pressure in Control (<140/90 mmHg) | MSSP-24 | 2,664 | 75%    | 73%     | 77%     | 7,980     | 74%    | 73%     | 75%     |
| Diab—Commercial (BP)                              | MSSP-24 | 1,224 | 76%    | 73%     | 78%     | 3,003     | 75%    | 74%     | 77%     |
| Diab—Medicaid (BP)                                | MSSP-24 | 233   | 74%    | 68%     | 80%     | 1,033     | 72%    | 69%     | 74%     |
| Diab—Medicare (BP)                                | MSSP-24 | 1,207 | 75%    | 72%     | 77%     | 3,944     | 73%    | 72%     | 75%     |
| Diabetes Tobacco Use in Control                   | MSSP-25 | 258   | 79%    | 74%     | 84%     | 1,750     | 74%    | 72%     | 76%     |
| Diab—Commercial (Tob)                             | MSSP-25 | 78    | 79%    | 70%     | 89%     | 522       | 84%    | 80%     | 87%     |
| Diab—Medicare (Tob)                               | MSSP-25 | 152   | 84%    | 78%     | 90%     | 940       | 75%    | 72%     | 78%     |
| Diabetes HbA1c Not in Control (>9%)               | Core-17 | 2,266 | 14%    | 13%     | 16%     | 5,129     | 13%    | 12%     | 14%     |
| Diab—Commercial (HbA1c Not in Control)            | Core-17 | 981   | 15%    | 13%     | 17%     | 1,847     | 13%    | 11%     | 14%     |
| Diab—Medicaid (HbA1c Not in Control)              | Core-17 | 268   | 25%    | 19%     | 30%     | 904       | 22%    | 19%     | 25%     |
| Diab—Medicare (HbA1c Not in Control)              | Core-17 | 1,017 | 11%    | 9%      | 13%     | 2,378     | 9%     | 8%      | 11%     |
| Hypertension with BP in Control (<140/90 mmHg)    | MSSP-28 | 7,217 | 74%    | 73%     | 75%     | 20,136    | 73%    | 72%     | 74%     |
| HYP—Commercial (Ages 18–85 Years)                 | MSSP-28 | 2,954 | 73%    | 71%     | 75%     | 7,259     | 72%    | 71%     | 73%     |
| HYP—Medicaid (Ages 18–85 Years)                   | MSSP-28 | 328   | 74%    | 69%     | 79%     | 1,607     | 68%    | 66%     | 70%     |
| HYP—Medicare (Ages 18–85 Years)                   | MSSP-28 | 3,935 | 75%    | 74%     | 76%     | 11,270    | 75%    | 74%     | 75%     |
| HYP (Ages 18–64 Years)                            | MSSP-28 | 3,681 | 73%    | 72%     | 75%     | 10,349    | 71%    | 70%     | 72%     |
| HYP (Ages 65–85 Years)                            | MSSP-28 | 3,536 | 75%    | 73%     | 76%     | 9,787     | 75%    | 74%     | 76%     |

**Table 7b. ACO Measures Detail**

| Measure                     |        | HSA   |                           |      |      | Statewide |                           |      |      |
|-----------------------------|--------|-------|---------------------------|------|------|-----------|---------------------------|------|------|
|                             |        | N     | Observed / Expected Ratio | LCL  | UCL  | N         | Observed / Expected Ratio | LCL  | UCL  |
| Plan All-Cause Readmissions | Core-1 | 5,205 | 0.84                      | 0.78 | 0.90 | 18,692    | 0.97                      | 0.94 | 1.00 |
| PCR—Commercial              | Core-1 | 1,398 | 0.76                      | 0.65 | 0.87 | 4,085     | 0.78                      | 0.72 | 0.85 |
| PCR—Medicaid                | Core-1 | 598   | 0.91                      | 0.73 | 1.08 | 2,608     | 0.99                      | 0.91 | 1.07 |
| PCR—Medicare                | Core-1 | 3,209 | 0.86                      | 0.78 | 0.93 | 11,999    | 1.02                      | 0.98 | 1.06 |

**Table 7c. ACO Measures Detail**

| Measure                                     |         | HSA    |                |         |         | Statewide |                |         |         |
|---|---------|--------|----------------|---------|---------|-----------|----------------|---------|---------|
|   |         | N      | Rate Per 1,000 | 95% LCL | 95% UCL | N         | Rate Per 1,000 | 95% LCL | 95% UCL |
| ACS Admissions for COPD and Asthma          | Core-10 | 57,176 | 2.8            | 2.3     | 3.2     | 174,259   | 4.6            | 4.3     | 4.9     |
| PQI—Commercial (COPD and Asthma)            | Core-10 | 34,517 | 0.5            | 0.3     | 0.7     | 92,962    | 0.7            | 0.5     | 0.9     |
| PQI—Medicaid (COPD and Asthma)              | Core-10 | 4,256  | 4.0            | 2.1     | 5.9     | 17,130    | 5.0            | 4.0     | 6.1     |
| PQI—Medicare (COPD and Asthma)              | Core-10 | 18,404 | 6.7            | 5.6     | 7.9     | 64,167    | 10.2           | 9.4     | 11.0    |
| ACS Admissions for Congestive Heart Failure | MSSP-10 | 82,054 | 3.2            | 2.8     | 3.5     | 244,958   | 3.4            | 3.2     | 3.6     |
| PQI—Commercial (CHF)                        | MSSP-10 | 53,433 | 0.3            | 0.1     | 0.4     | 140,833   | 0.2            | 0.2     | 0.3     |
| PQI—Medicaid (CHF)                          | MSSP-10 | 9,616  | 0.5            | 0.1     | 1.0     | 37,667    | 1.0            | 0.6     | 1.3     |
| PQI—Medicare (CHF)                          | MSSP-10 | 19,005 | 12.6           | 11.0    | 14.2    | 66,459    | 11.5           | 10.7    | 12.3    |
| PQI Composite (Chronic)                     | Core-12 | 82,054 | 6.7            | 6.1     | 7.3     | 244,958   | 8.7            | 8.4     | 9.1     |
| PQI—Commercial (Comp)                       | Core-12 | 53,433 | 1.1            | 0.8     | 1.4     | 140,833   | 1.3            | 1.1     | 1.5     |
| PQI—Medicaid (Comp)                         | Core-12 | 9,616  | 5.1            | 3.7     | 6.5     | 37,667    | 7.0            | 6.2     | 7.9     |
| PQI—Medicare (Comp)                         | Core-12 | 19,005 | 23.2           | 21.0    | 25.3    | 66,459    | 25.5           | 24.3    | 26.7    |

**Table 8. ACO Measures Reference Table**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name   | Nationally Recognized/ Endorsed                                  | Included in HSA Profile? | Measure Description  |
|---------------|--|--|--|--------------------------|--|
| Core-1        |  | Plan All-Cause Readmissions  | NQF #1768, HEDIS measure   | Adult                    | For members 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.   |
| Core-2        |  | Adolescent Well-Care Visit   | HEDIS measure  | Pediatric                | The percentage of members 12-21 years who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.   |
| Core-3        | MSSP-29                                    | Ischemic Vascular Disease (IVD): Complete Lipid Panel (Screening Only)                                     | NQF #0075, NCQA  | Adult                    | The percentage of members 18-75 years who were discharged alive for acute myocardial infarction, coronary artery bypass grafting, or percutaneous coronary intervention in the year prior to the measurement year or who had a diagnosis of Ischemic Vascular Disease during the measurement year and one year prior, who had LDL-C screening.   |
| Core-4        |  | Follow-up after Hospitalization for Mental Illness, 7 Day  | NQF #0576, HEDIS measure   | Adult                    | The percentage of discharges for members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.  |
| Core-5        |  | Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (a) Initiation, (b) Engagement      | NQF #0004, HEDIS measure   | Adult                    | (a) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment within 14 days. (b) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and had two additional services with a diagnosis of AOD within 30 days of the initiation visit.   |
| Core-6        |  | Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis   | NQF #0058, HEDIS measure   | Adult                    | The percentage of adults 18-64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic.  |
| Core-7        |  | Chlamydia Screening in Women   | NQF #0033, HEDIS measure   | Adult and Pediatric      | The percentage of women 16-24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement period.  |
| Core-8        |  | Developmental Screening in the First Three Years of Life   | NQF #1448  | Pediatric                | The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.  |
| Core-10       | MSSP-9                                     | Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults | NQF, AHRQ (Prevention Quality Indicator (PQI) #5)                | Adult                    | All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.   |
| Core-11       | MSSP-20                                    | Mammography / Breast Cancer Screening  | NQF #0031, HEDIS measure   | Adult                    | The percentage of women 50-74 years who had a mammogram to screen for breast cancer in the last two years.   |
| Core-12       |  | Rate of Hospitalization for Ambulatory Care Sensitive Conditions: PQI Chronic Composite                    | NQF, AHRQ (Prevention Quality Indicator (PQI) Chronic Composite) | Adult                    | Prevention Quality Indicators' (PQI) overall composite per 100,000 population, ages 18 years and older; includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection. |

**Table 8. ACO Measures Reference Table, Continued**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name   | Nationally Recognized/ Endorsed | Included in HSA Profile? | Measure Description  |
|---------------|--|--|---------------------------------|--------------------------|--|
| Core-13       |  | Appropriate Testing for Children with Pharyngitis  | NQF #0002                       | Pediatric                | Percentage of children 2-18 years who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode.  |
| Core-14       |  | Childhood Immunization Status (Combo 10)   | NQF #0038, HEDIS measure        | No                       | The percentage of children 2 years of age who had each of nine key vaccinations (e.g., MMR, HiB, HepB, etc.).  |
| Core-15       |  | Pediatric Weight Assessment and Counseling   | NQF #0024                       | No                       | The percentage of members 3-17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.  |
| Core-16       | MSSP-22,-23,-24,-25,-26                    | Diabetes Composite (D5) (All-or-Nothing Scoring): Hemoglobin A1c control (<8%), LDL control (<100), Blood Pressure <140/90, Tobacco Non-Use, Aspirin Use | NQF #0729 (composite)           | Adult                    | (a) MSSP-22: Percentage of patients 18-75 years with diabetes who had HbA1c <8% at most recent visit;<br>(b) MSSP-23: Percentage of patients 18-75 years with diabetes who had LDL <100 mg/dL at most recent visit;<br>(c) MSSP-24: Percentage of patients 18-75 years with diabetes who had blood pressure <140/90 at most recent visit;<br>(d) MSSP-25: Percentage of patients 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year;<br>(e) MSSP-26: Percentage of patients 18-75 years with diabetes and IVF who used aspirin daily -- Aspirin use was not included as part of the profile composite. |
| Core-17       | MSSP-27                                    | Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)   | NQF #0059, NCQA                 | Adult                    | Percentage of patients 18-75 years with diabetes whose HbA1c was in poor control >9%.  |
| Core-18       | MSSP-19                                    | Colorectal Cancer Screening  | NQF #0034, NCQA HEDIS measure   | No                       | The percentage of members 50-75 years who had appropriate screening for colorectal cancer.   |
| Core-19       | MSSP-18                                    | Depression Screening and Follow-Up   | NQF #0418, CMS                  | No                       | Patients 12 years and older who had negative screening or positive screening for depression completed in the measurement year with an age-appropriate standardized tool. Follow-up for positive screening must be documented same day as screening.  |
| Core-20       | MSSP-16                                    | Adult Weight Screening and Follow-Up   | NQF #0421, CMS                  | No                       | Patients 18 years and older who had BMI calculated during the last visit in the measurement year or within the prior 6 months. In cases where the BMI is abnormal, a follow-up plan must be documented during the visit the BMI was calculated or within the prior 6 months.   |
| Core-21       |  | Access to Care Composite   | NCQA                            | No                       | NCQA Survey - percentage of patients who could get appointments or answers to questions from providers when needed.  |
| Core-22       |  | Communication Composite  | NCQA                            | No                       | NCQA Survey - percentage of patients who felt they received good communication from providers.   |
| Core-23       |  | Shared Decision-Making Composite   | NCQA                            | No                       | NCQA Survey - percentage of patients whose provider helped them make decisions about prescription medications.   |
| Core-24       |  | Self-Management Support Composite  | NCQA                            | No                       | NCQA Survey - percentage of patients whose provider talked to them about specific health goals and barriers.   |
| Core-25       |  | Comprehensiveness Composite  | NCQA                            | No                       | NCQA Survey - percentage of patients whose provider talked to them about depression, stress, and other mental health issues.   |
| Core-26       |  | Office Staff Composite   | NCQA                            | No                       | NCQA Survey - percentage of patients who found the clerks and receptionists at their provider's office to be helpful and courteous.  |

**Table 8. ACO Measures Reference Table, Continued**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name  | Nationally Recognized/ Endorsed                             | Included in HSA Profile? | Measure Description  |
|---------------|--|---|---|--------------------------|--|
| Core-27       |  | Information Composite   | NCQA  | No                       | NCQA Survey - percentage of patients who received information from their provider about what to do if care was needed in the off hours and reminders between visits.   |
| Core-28       |  | Coordination of Care Composite  | NCQA  | No                       | NCQA Survey - percentage of patients whose providers followed-up about test results, seemed informed about specialty care, and talked at each visit about prescription medication.   |
| Core-29       |  | Specialist Composite  | NCQA  | No                       | NCQA Survey - percentage of patients who found it easy to get appointments with specialists and who found that their specialist seemed to know important information about their medical history.                                  |
| Core-30       |  | Cervical Cancer Screening   | NQF #0032, HEDIS measure                                    | Adult                    | The percentage of females 21-64 years who received one or more PAP tests to screen for cervical cancer in the measurement year or two years prior to the measurement year.   |
| Core-31       | MSSP-30                                    | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic   | NQF #0068, NCQA   | No                       | Percentage of patients 18 years and older with IVD who had documentation of using aspirin or another antithrombotic during the measurement year.   |
| Core-35       | MSSP-14                                    | Influenza Vaccination   | NQF #0041, AMA-PCPI   | Adult                    | Patients 6 months and older with an outpatient visit between October and March who received an influenza vaccine.  |
| Core-36       | MSSP-17                                    | Tobacco Use Assessment and Cessation Intervention                           | NQF #0028, AMA-PCPI   | No                       | Percentage of patients 18 years and older who had a negative tobacco screen or positive tobacco screen with cessation intervention in the two years prior to the measurement year.   |
| Core-38       | MSSP-32                                    | Drug Therapy for Lowering LDL Cholesterol                                   | NQF #0074 CMS (composite) / AMA-PCPI (individual component) | No                       | Percentage of patients 18 years and older with a diagnosis of CAD and an outpatient visit in the measurement year whose LDL-C <100 mg/dL or LDL-C >=100 mg/dL and who received a prescription of a statin in the measurement year. |
| Core-38       | MSSP-33                                    | ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD | NQF #0074 CMS (composite) / AMA-PCPI (individual component) | No                       | Percentage of patients 18 years and older with a diagnosis of CAD and a LVEF < 40% or diagnosis of CAD and diabetes who received a prescription of ACE/ARB medication in the measurement year.                                     |
| Core-39       | MSSP-28                                    | Percent of Beneficiaries With Hypertension Whose BP < 140/90 mmHg           | NQF #0018, NCQA HEDIS measure                               | Adult                    | Percentage of patients 18-85 years with hypertension whose BP was in control <140/90 mmHg.   |
| Core-40       | MSSP-21                                    | Screening for High Blood Pressure and Follow-Up Plan Documented             | Not NQF-endorsed; MSSP                                      | No                       | Percentage of patients 18 years and older seen during the measurement period who were screened for high blood pressure and a recommended follow-up plan is documented based on the current blood pressure reading as indicated.    |
| Core-47       | MSSP-13                                    | Falls: Screening for Fall Risk  | NQF #0101   | No                       | Percentage of patients 65 years and older who had any type of falls screening in the measurement year.   |
| Core-48       | MSSP-15                                    | Pneumonia Vaccination (Ever Received)                                       | NQF #0043   | Adult                    | Patients 65 years and older who had documentation of ever receiving a pneumonia vaccine.   |

**Table 8. ACO Measures Reference Table, Continued**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name   | Nationally Recognized/ Endorsed                         | Included in HSA Profile? | Measure Description   |
|---------------|--|--|---|--------------------------|---|
|               | MSSP-1                                     | CG CAHPS: Getting Timely Care, Appointments, and Information                                     | NQF #0005, AHRQ   | No                       | CMS Survey - Getting Timely Care, Appointments, and Information   |
|               | MSSP-2                                     | CG CAHPS: How Well Your Doctors Communicate  | NQF #0005, AHRQ   | No                       | CMS Survey - How Well Your Doctors Communicate  |
|               | MSSP-3                                     | CG CAHPS: Patients' Rating of Doctor   | NQF #0005, AHRQ   | No                       | CMS Survey - Patients' Rating of Doctor   |
|               | MSSP-4                                     | CG CAHPS: Access to Specialists  | NQF #0005, AHRQ   | No                       | CMS Survey - Access to Specialists  |
|               | MSSP-5                                     | CG CAHPS: Health Promotion and Education   | NQF #0005, AHRQ   | No                       | CMS Survey - Health Promotion and Education   |
|               | MSSP-6                                     | CG CAHPS: Shared Decision Making   | NQF #0005, AHRQ   | No                       | CMS Survey - Shared Decision Making   |
|               | MSSP-7                                     | CG CAHPS: Health Status / Functional Status  | NQF #0006 , AHRQ  | No                       | CMS Survey - Health Status/Functional Status  |
|               | MSSP-8                                     | Risk-Standardized, All Condition Readmission   | CMS, not submitted to NQF (adapted from NQF #1789)      | No                       | All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.  |
|               | MSSP-10                                    | Ambulatory Sensitive Condition Admissions: Congestive Heart Failure                              | NQF #0277, AHRQ (Prevention Quality Indicator (PQI) #8) | Adult                    | All discharges with an ICD-9-CM principal diagnosis code for CHF in adults ages 18 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with CHF. This is an observed rate of discharges per 1,000 members.  |
|               | MSSP-11                                    | Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment | CMS EHR Incentive Program Reporting                     | No                       | Percentage of Accountable Care Organization (ACO) primary care physicians (PCPs) who successfully qualify for either a Medicare or Medicaid Electronic Health Record (EHR) Program incentive payment.   |
|               | MSSP-12                                    | Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility             | NQF #0554   | No                       | Percentage of patients 65 years and older who were discharged from any inpatient facility in the measurement year and had an outpatient visit within 30 days of the discharge who had documentation in the outpatient medical record of reconciliation of discharge medications with current outpatient medications during a visit within 30 days of discharge. |
|               | MSSP-31                                    | Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)             | NQF #0083   | No                       | Percentage of patients 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.  |
| M&E-2         |  | Comprehensive Diabetes Care: Eye Exams for Diabetics   | NQF #0055, HEDIS measure                                | Adult                    | Percentage of patients with diabetes 18-75 years who received an eye exam for diabetic retinal disease during the measurement year.   |
| M&E-3         |  | Comprehensive Diabetes Care: Medical Attention for Nephropathy                                   | NQF #0062, HEDIS measure                                | Adult                    | Percentage of patients with diabetes 18-75 years who received a nephropathy screening test during the measurement year.   |

# Attachment 4c

Welcome to the 2014 *Blueprint Hospital Service Area (HSA) Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and comprehensive health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint HSA Profiles are based on data from Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES).

Data include all covered commercial and Full Medicaid members attributed to Blueprint practices that began participating by December 31, 2013.

The HSA Profile for the adult population covers members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Practices have been rolled up to the HSA level.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

The HSA Profile includes new ACO Core measures based on VHCURES and Docsite clinical database.

## Demographics & Health Status

|                                    | HSA    | Statewide |
|------------------------------------|--------|-----------|
| Average Members                    | 20,361 | 72,528    |
| Average Age                        | 9.0    | 9.1       |
| % Female                           | 48.2   | 49.0      |
| % Medicaid                         | 40.4   | 52.7      |
| % with Selected Chronic Conditions | 18.0   | 19.6      |
| Health Status (CRG)                |        |           |
| % Healthy                          | 75.9   | 76.4      |
| % Acute or Minor Chronic           | 14.0   | 13.7      |
| % Moderate Chronic                 | 8.8    | 8.8       |
| % Significant Chronic              | 1.1    | 1.0       |
| % Cancer or Catastrophic           | 0.2    | 0.2       |

**Table 1:** This table provides comparative information on the demographics and health status of the HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.

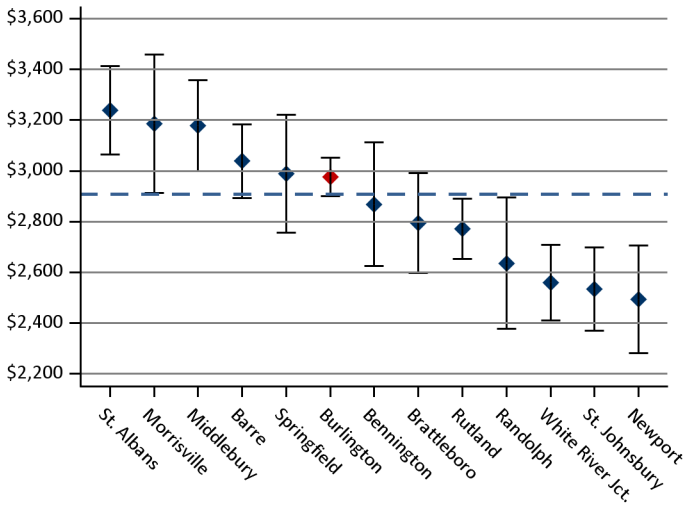
Average Members serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid. This includes adjustment for each member's enrollment in Medicaid, the member's practice's percentage of membership that is Medicaid, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g. day treatment, residential treatment, case management, school-based services, and transportation).

The % with Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, hypertension, diabetes, depression, and attention deficit disorder.

The Health Status (CRG) measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis).

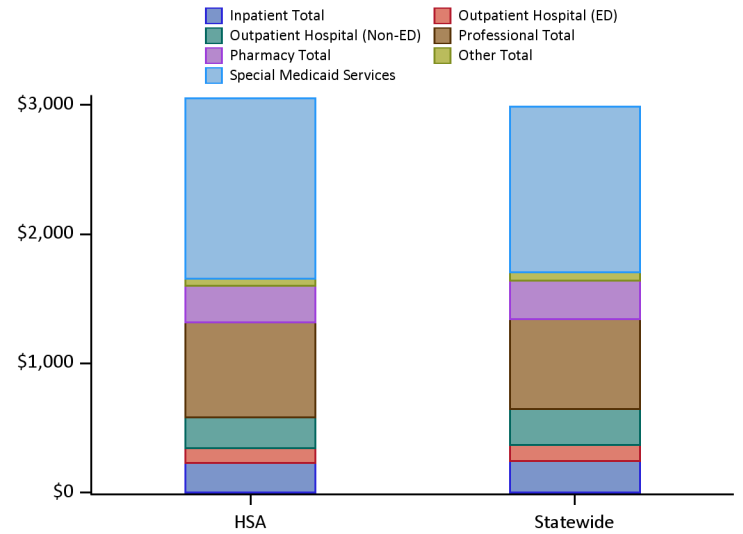


**Total Expenditures per Capita**



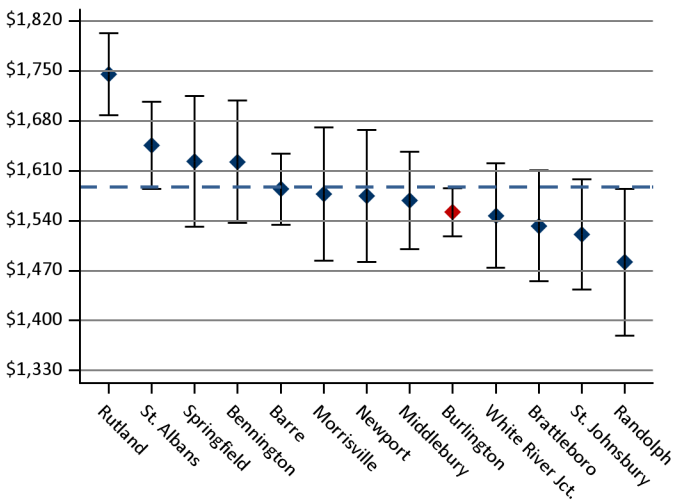
**Figure 1:** Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide average.

**Total Expenditures by Major Category**



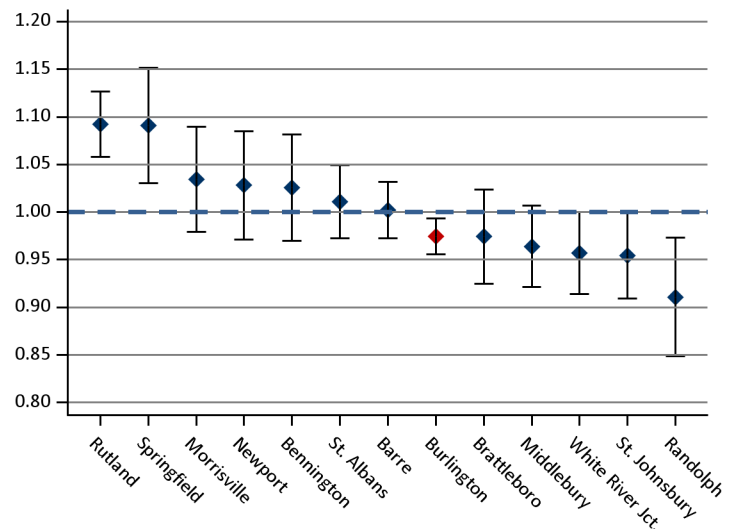
**Figure 2:** Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services (SMS).

**Total Expenditures Excluding SMS**



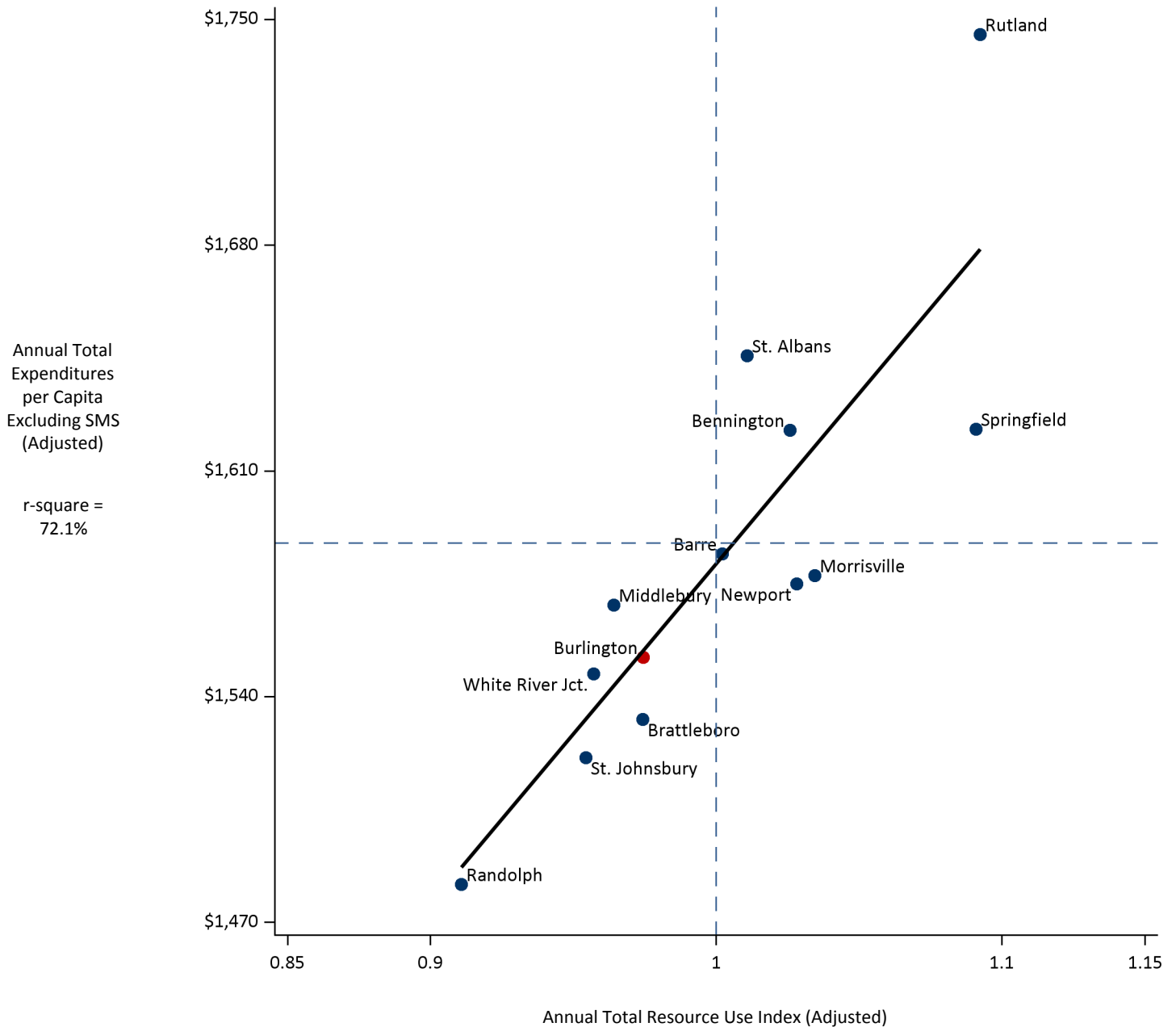
**Figure 3:** Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and excludes Special Medicaid Services. The blue dashed line indicates the statewide average.

**Total Resource Use Index (RUI) Excluding SMS**



**Figure 4:** Presents annual risk-adjusted rates and 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated cost based on utilization and intensity of services across major components of care and excludes Special Medicaid Services. The practice and HSA are indexed to the statewide average (1.00). The blue dashed line indicates the statewide average.

**Annual Total Expenditures per Capita Excluding SMS vs. Resource Use Index (RUI)**

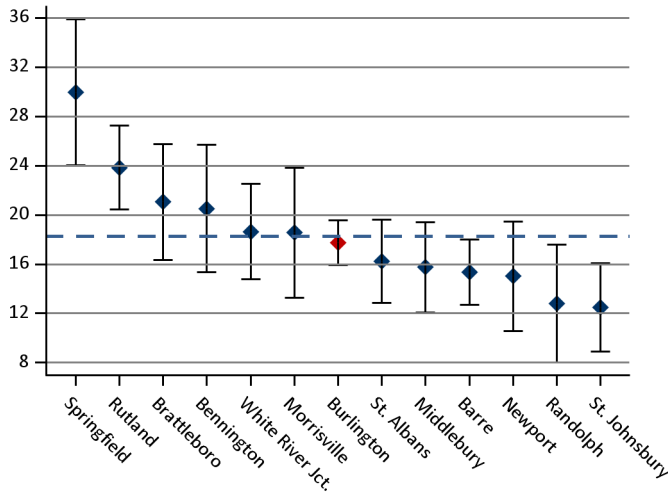


**Figure 5:** This graphic demonstrates the relationship between risk-adjusted expenditures excluding SMS and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the HSA's risk-adjusted rates (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dotted lines show the average Expenditures per Capita and average Resource Use Index statewide (i.e., 1.00). HSAs with higher expenditures and utilization are in the upper right-hand quadrant while HSAs with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value greater than 1.00 indicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, HSAs with higher risk-adjusted utilization had higher risk-adjusted expenditures.

**Legend**

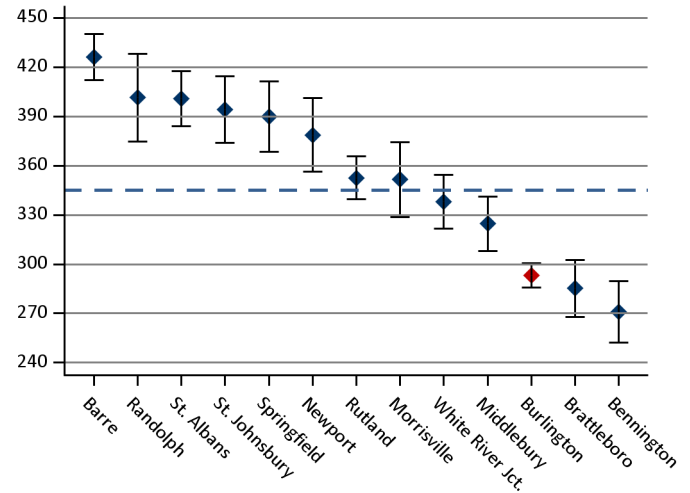
- Burlington
- All other Blueprint HSAs statewide

**Inpatient Discharges**



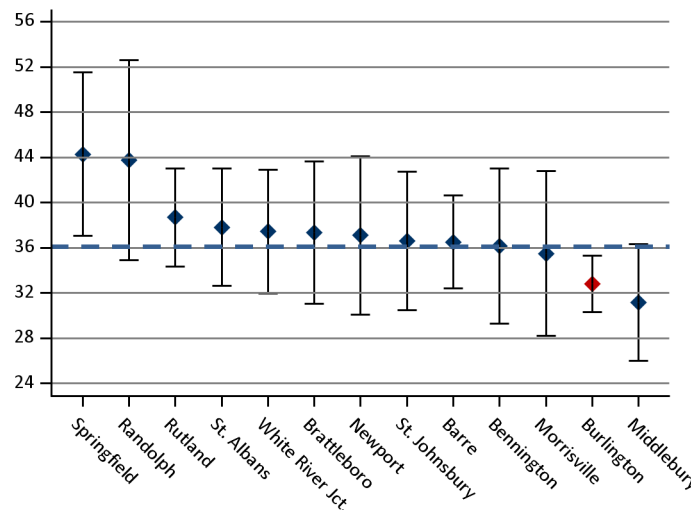
**Figure 6:** Presents annual risk-adjusted rates and 95% confidence intervals for inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, Inpatient Readmissions within 30 Days, and Inpatient Ambulatory Care Sensitive (ACS) Conditions — can be found in **Table 4**. The blue dashed line indicates the statewide average.

**Outpatient ED Visits**



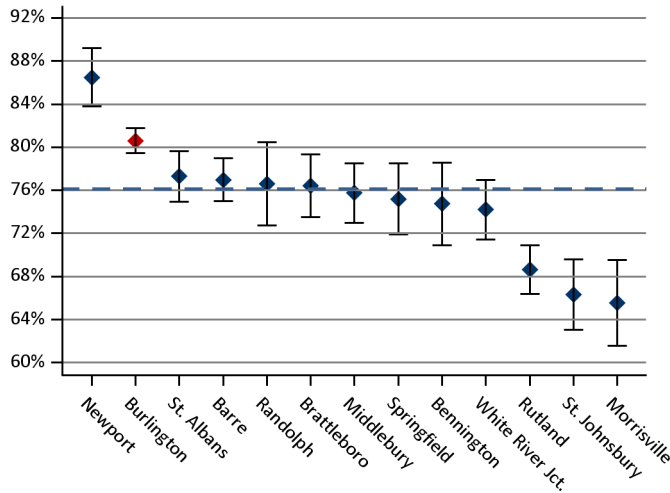
**Figure 7:** Presents annual risk-adjusted rates and 95% confidence intervals for outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in **Table 4**. The blue dashed line indicates the statewide average.

**Advanced Imaging (MRIs, CT Scans)**



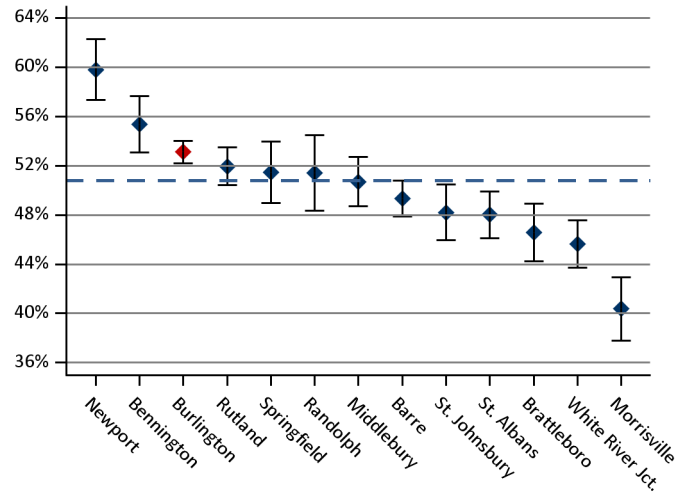
**Figure 8:** Presents annual risk-adjusted rates and 95% confidence intervals for advanced imaging diagnostic tests (i.e., MRIs, CT scans) per 1,000 members. The blue dashed line indicates the statewide average.

**Well-Child Visits**



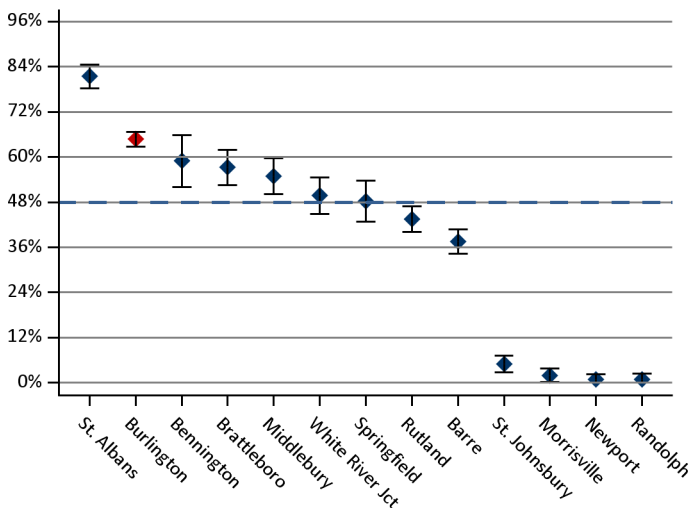
**Figure 9:** This measure assesses the percentage of members, ages 3–6 years, who received one or more well-child visits during the measurement year. The blue dashed line indicates the statewide average.

**Adolescent Well-Care Visits (Core-2)**



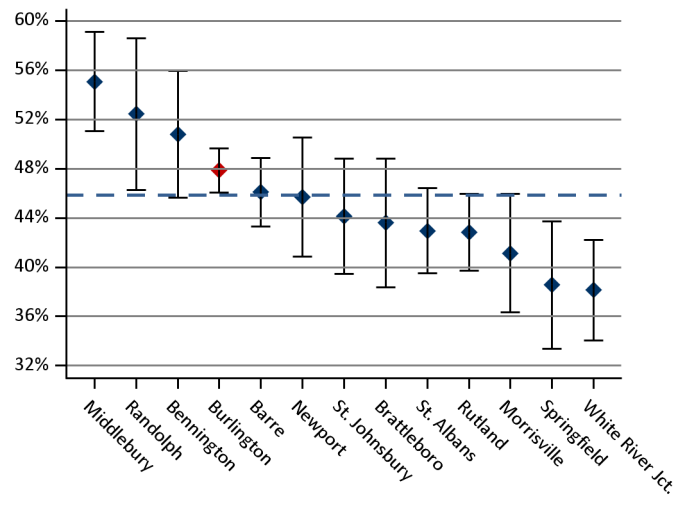
**Figure 10:** This measure assesses the percentage of members, ages 12–21 years, who received one or more well-care visits with a primary care practitioner or OB/GYN during the measurement year. (Note that, due to the age ranges for this ACO measure, members above the age of 17 years, not typically represented in pediatric profiles, are included in these rates.) The blue dashed line indicates the statewide average.

**Developmental Screening in First 3 Years of Life (Core-8)**



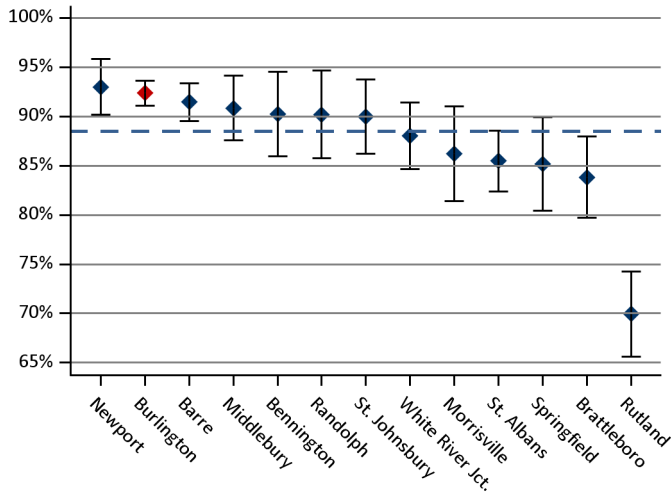
**Figure 11:** Presents the proportion, including 95% confidence intervals, of continuously enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in each of the first three years of life. The blue dashed line indicates the statewide average.

**Chlamydia Screening in Women (Core-7)**



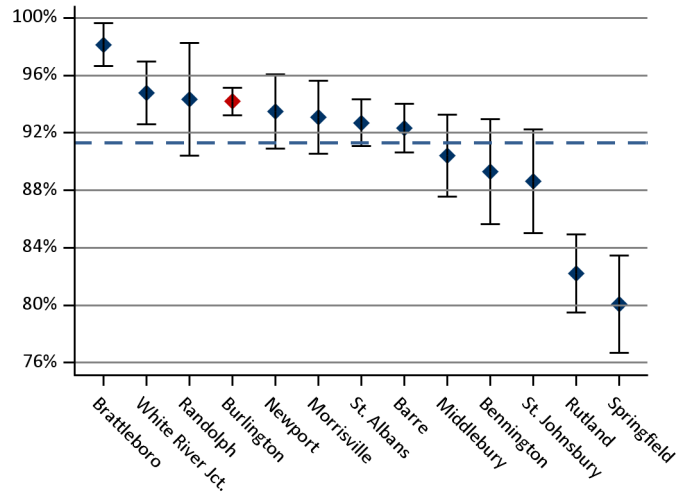
**Figure 12:** Presents the proportion, including 95% confidence intervals, of continuously enrolled women ages 16–24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year. (Note that, due to the age ranges for this ACO measure, women above the age of 17 years, not typically represented in pediatric profiles, are included in these rates.) The blue dashed line indicates the statewide average.

**Appropriate Testing for Pharyngitis**



**Figure 13:** This measure assesses the percentage of children, ages 2–17 years, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. A higher rate represents appropriate testing for children with pharyngitis. The blue dashed line indicates the statewide average.

**Appropriate Treatment for Upper Respiratory Infection**



**Figure 14:** This measure assesses the percentage of children, ages 1-17 years, who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The blue dashed line indicates the statewide average.

The following tables provide greater detail on the annual risk-adjusted rates presented in the preceding figures.

**Table 2. Expenditure Measures (Adjusted)**

| Measure                                    | HSA            |         |         | Statewide      |         |         |
|--|----------------|---------|---------|----------------|---------|---------|
|  | Rate Per 1,000 | 95% LCL | 95% UCL | Rate Per 1,000 | 95% LCL | 95% UCL |
| Total                                      | \$2,977        | \$2,901 | \$3,053 | \$2,908        | \$2,865 | \$2,952 |
| Inpatient Total                            | \$231          | \$181   | \$281   | \$245          | \$221   | \$270   |
| Inpatient Mental Health                    | \$64           | \$44    | \$83    | \$83           | \$70    | \$97    |
| Inpatient Maternity                        | \$4            | \$2     | \$5     | \$3            | \$2     | \$5     |
| Inpatient Surgical                         | \$104          | \$50    | \$159   | \$95           | \$74    | \$116   |
| Inpatient Medical                          | \$80           | \$54    | \$106   | \$72           | \$60    | \$83    |
| Outpatient Total                           | \$349          | \$332   | \$365   | \$402          | \$393   | \$411   |
| Outpatient Hospital Mental Health          | \$8            | \$6     | \$11    | \$11           | \$9     | \$12    |
| Outpatient Hospital ED                     | \$111          | \$105   | \$116   | \$122          | \$119   | \$125   |
| Outpatient Hospital Surgery                | \$80           | \$71    | \$89    | \$110          | \$104   | \$116   |
| Outpatient Hospital Radiology              | \$49           | \$44    | \$55    | \$55           | \$52    | \$57    |
| Outpatient Hospital Laboratory             | \$27           | \$25    | \$29    | \$34           | \$33    | \$35    |
| Outpatient Hospital Pharmacy               | \$28           | \$23    | \$33    | \$18           | \$16    | \$21    |
| Outpatient Hospital Other                  | \$126          | \$114   | \$137   | \$167          | \$160   | \$174   |
| Professional Non-Mental Health Total       | \$587          | \$578   | \$596   | \$557          | \$552   | \$561   |
| Professional Physician Total               | \$433          | \$425   | \$440   | \$418          | \$414   | \$421   |
| Professional Physician Inpatient           | \$28           | \$17    | \$39    | \$26           | \$21    | \$30    |
| Professional Physician Outpatient Facility | \$45           | \$41    | \$50    | \$45           | \$43    | \$47    |
| Professional Physician Office Visit        | \$347          | \$343   | \$352   | \$327          | \$325   | \$329   |
| Professional Non-Physician                 | \$153          | \$149   | \$156   | \$137          | \$135   | \$139   |
| Professional Mental Health Provider        | \$149          | \$142   | \$155   | \$136          | \$133   | \$140   |
| Pharmacy Total                             | \$281          | \$271   | \$290   | \$299          | \$294   | \$305   |
| Pharmacy Psych Medication                  | \$108          | \$102   | \$114   | \$116          | \$112   | \$120   |
| Other Total                                | \$55           | \$48    | \$63    | \$61           | \$57    | \$65    |
| Special Medicaid Services                  | \$1,398        | \$1,332 | \$1,465 | \$1,285        | \$1,247 | \$1,323 |
| Mental Health Substance Combined*          | \$309          | \$294   | \$324   | \$314          | \$304   | \$323   |

\* The *Mental Health Substance Combined* measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

**Table 3. Total Resource Use Index (RUI) (Adjusted)**

| Measure             | HSA            |         |         | Statewide      |         |         |
|---------------------|----------------|---------|---------|----------------|---------|---------|
|                     | Rate Per 1,000 | 95% LCL | 95% UCL | Rate Per 1,000 | 95% LCL | 95% UCL |
| Total               | 0.97           | 0.96    | 0.99    | 1.00           | 0.99    | 1.01    |
| Inpatient           | 0.91           | 0.75    | 1.08    | 1.00           | 0.91    | 1.09    |
| Outpatient Facility | 0.89           | 0.85    | 0.93    | 1.00           | 0.98    | 1.02    |
| Professional        | 1.02           | 1.00    | 1.03    | 1.00           | 0.99    | 1.01    |
| Pharmacy            | 0.96           | 0.93    | 0.99    | 1.00           | 0.98    | 1.02    |

**Table 4. Utilization Measures (Adjusted)**

| Measure  | HSA            |         |         | Statewide      |         |         |
|--|----------------|---------|---------|----------------|---------|---------|
|  | Rate Per 1,000 | 95% LCL | 95% UCL | Rate Per 1,000 | 95% LCL | 95% UCL |
| Inpatient Discharges                               | 17.7           | 15.9    | 19.6    | 18.3           | 17.3    | 19.3    |
| Inpatient Ambulatory Care Sensitive Conditions     | 3.2            | 2.4     | 4.0     | 3.2            | 2.8     | 3.6     |
| Inpatient Days                                     | 106.6          | 102.1   | 111.0   | 119.7          | 117.2   | 122.2   |
| Inpatient Readmissions within 30 Days              | 2.4            | 1.7     | 3.1     | 2.7            | 2.3     | 3.1     |
| Outpatient ED Visits                               | 293.1          | 285.7   | 300.6   | 344.9          | 340.7   | 349.2   |
| Outpatient Potentially Avoidable ED Visits         | 67.8           | 64.2    | 71.4    | 81.6           | 79.5    | 83.7    |
| Outpatient ED Ambulatory Care Sensitive Conditions | 21.2           | 19.2    | 23.2    | 25.9           | 24.8    | 27.1    |
| Non-Hospital Outpatient Visits                     | 5,264.2        | 5,232.7 | 5,295.8 | 5,087.9        | 5,071.5 | 5,104.3 |
| Primary Care Encounters                            | 3,808.3        | 3,781.4 | 3,835.1 | 3,800.3        | 3,786.1 | 3,814.4 |
| Medical Specialist Encounters                      | 221.0          | 214.5   | 227.4   | 262.3          | 258.6   | 266.1   |
| Surgical Specialist Encounters                     | 288.2          | 280.9   | 295.6   | 324.2          | 320.0   | 328.3   |
| Standard Imaging                                   | 230.9          | 224.3   | 237.5   | 272.0          | 268.3   | 275.8   |
| Advanced Imaging                                   | 32.8           | 30.3    | 35.3    | 36.1           | 34.7    | 37.5    |
| Echography   | 45.7           | 42.8    | 48.7    | 44.6           | 43.1    | 46.2    |
| Colonoscopy  | 1.3            | 0.8     | 1.9     | 1.4            | 1.1     | 1.6     |

**Table 5. Effective, Preventive, & ACO Measures**

| Measure  | HSA    |        |         |         | Statewide |        |         |         |
|--|--------|--------|---------|---------|-----------|--------|---------|---------|
|  | N      | Rate % | 95% LCL | 95% UCL | N         | Rate % | 95% LCL | 95% UCL |
| Well-Child Visits  | 4,549  | 81%    | 79%     | 82%     | 15,830    | 76%    | 75%     | 77%     |
| Well-Child Visits - Commercial                                     | 2,544  | 85%    | 84%     | 87%     | 6,655     | 81%    | 80%     | 82%     |
| Well-Child Visits - Medicaid                                       | 2,005  | 75%    | 73%     | 77%     | 9,175     | 73%    | 72%     | 74%     |
| Adolescent Well-Care Visit (Core-2)                                | 11,191 | 53%    | 52%     | 54%     | 39,043    | 51%    | 50%     | 51%     |
| Adolescent Well-Care Visit - Commercial                            | 8,184  | 54%    | 53%     | 55%     | 24,578    | 51%    | 51%     | 52%     |
| Adolescent Well-Care Visit - Medicaid                              | 3,007  | 51%    | 49%     | 53%     | 14,465    | 50%    | 49%     | 51%     |
| Developmental Screening in First 3 Years of Life (Core-8)          | 2,261  | 65%    | 63%     | 67%     | 7,773     | 48%    | 47%     | 49%     |
| Developmental Screening - Commercial                               | 1,216  | 71%    | 68%     | 73%     | 3,057     | 56%    | 54%     | 57%     |
| Developmental Screening - Medicaid                                 | 1,045  | 58%    | 55%     | 61%     | 4,716     | 43%    | 41%     | 44%     |
| Chlamydia Screening in Women (Core-7)                              | 3,101  | 48%    | 46%     | 50%     | 10,033    | 46%    | 45%     | 47%     |
| Chlamydia Screening in Women - Commercial                          | 2,436  | 46%    | 44%     | 48%     | 7,001     | 45%    | 43%     | 46%     |
| Chlamydia Screening in Women - Medicaid                            | 665    | 54%    | 50%     | 58%     | 3,032     | 49%    | 47%     | 50%     |
| Appropriate Testing for Pharyngitis                                | 1,771  | 92%    | 91%     | 94%     | 6,126     | 88%    | 88%     | 89%     |
| Appropriate Testing for Pharyngitis - Commercial                   | 959    | 93%    | 92%     | 95%     | 2,491     | 91%    | 90%     | 92%     |
| Appropriate Testing for Pharyngitis - Medicaid                     | 812    | 91%    | 89%     | 93%     | 3,635     | 87%    | 85%     | 88%     |
| Appropriate Treatment for Upper Respiratory Infection              | 2,357  | 94%    | 93%     | 95%     | 8,595     | 91%    | 91%     | 92%     |
| Appropriate Treatment for Upper Respiratory Infection - Commercial | 1,087  | 94%    | 93%     | 95%     | 2,771     | 92%    | 91%     | 93%     |
| Appropriate Treatment for Upper Respiratory Infection - Medicaid   | 1,270  | 94%    | 93%     | 96%     | 5,824     | 91%    | 90%     | 92%     |

**Table 6. ACO Measure Reference Table**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name   | Nationally Recognized/ Endorsed                                  | Included in HSA Profile? | Measure Description  |
|---------------|--|--|--|--------------------------|--|
| Core-1        |  | All-Cause Readmission  | NQF #1768, HEDIS measure   | Adult                    | For members 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.   |
| Core-2        |  | Adolescent Well-Care Visit   | HEDIS measure  | Pediatric                | The percentage of members 12-21 years who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.   |
| Core-3        | MSSP-29                                    | Ischemic Vascular Disease (IVD): Complete Lipid Panel (Screening Only)                                     | NQF #0075, NCQA  | Adult                    | The percentage of members 18-75 years who were discharged alive for acute myocardial infarction, coronary artery bypass grafting, or percutaneous coronary intervention in the year prior to the measurement year or who had a diagnosis of Ischemic Vascular Disease during the measurement year and one year prior, who had LDL-C screening.   |
| Core-4        |  | Follow-up after Hospitalization for Mental Illness, 7 Day  | NQF #0576, HEDIS measure   | Adult                    | The percentage of discharges for members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.  |
| Core-5        |  | Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (a) Initiation, (b) Engagement      | NQF #0004, HEDIS measure   | Adult                    | (a) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment within 14 days.<br>(b) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and had two additional services with a diagnosis of AOD within 30 days of the initiation visit.  |
| Core-6        |  | Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis   | NQF #0058, HEDIS measure   | Adult                    | The percentage of adults 18-64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic.  |
| Core-7        |  | Chlamydia Screening in Women   | NQF #0033, HEDIS measure   | Adult and Pediatric      | The percentage of women 16-24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement period.  |
| Core-8        |  | Developmental Screening in the First Three Years of Life   | NQF #1448  | Pediatric                | The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.  |
| Core-10       | MSSP-9                                     | Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults | NQF, AHRQ (Prevention Quality Indicator (PQI) #5)                | Adult                    | All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma, with risk-adjusted comparison of observed discharges to expected discharges for each ACO. This is a ratio of observed to expected discharges.   |
| Core-11       | MSSP-20                                    | Mammography / Breast Cancer Screening  | NQF #0031, HEDIS measure   | Adult                    | The percentage of women 50-74 years who had a mammogram to screen for breast cancer in the last two years.   |
| Core-12       |  | Rate of Hospitalization for Ambulatory Care Sensitive Conditions: PQI Chronic Composite                    | NQF, AHRQ (Prevention Quality Indicator (PQI) Chronic Composite) | Adult                    | Prevention Quality Indicators' (PQI) overall composite per 100,000 population, ages 18 years and older; includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection. |



**Table 6. ACO Measure Reference Table, Continued**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name   | Nationally Recognized/ Endorsed | Included in HSA Profile? | Measure Description  |
|---------------|--|--|---------------------------------|--------------------------|--|
| Core-13       |  | Appropriate Testing for Children with Pharyngitis  | NQF #0002                       | Pediatric                | Percentage of children 2-18 years who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode.  |
| Core-14       |  | Childhood Immunization Status (Combo 10)   | NQF #0038, HEDIS measure        | No                       | The percentage of children 2 years who had each of nine key vaccinations (e.g., MMR, HiB, HepB, etc.).   |
| Core-15       |  | Pediatric Weight Assessment and Counseling   | NQF #0024                       | No                       | The percentage of members 3-17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.  |
| Core-16       | MSSP-22,-23,-24,-25,-26                    | Diabetes Composite (D5) (All-or-Nothing Scoring): Hemoglobin A1c control (<8%), LDL control (<100), Blood Pressure <140/90, Tobacco Non-Use, Aspirin Use | NQF #0729 (composite)           | Adult                    | (a) MSSP-22: Percentage of patients 18-75 years with diabetes who had HbA1c <8% at most recent visit;<br>(b) MSSP-23: Percentage of patients 18-75 years with diabetes who had LDL <100 mg/dL at most recent visit;<br>(c) MSSP-24: Percentage of patients 18-75 years with diabetes who had Blood Pressure <140/90 at most recent visit;<br>(d) MSSP-25: Percentage of patients 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year;<br>(e) MSSP-26: Percentage of patients 18-75 years with diabetes and IVF who used aspirin daily -- Aspirin use was not included as part of the profile composite. |
| Core-17       | MSSP-27                                    | Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)   | NQF #0059, NCQA                 | Adult                    | Percentage of patients 18-75 years with diabetes whose HbA1c was in POOR control >9%.  |
| Core-18       | MSSP-19                                    | Colorectal Cancer Screening  | NQF #0034, NCQA HEDIS measure   | No                       | The percentage of members 50-75 years who had appropriate screening for colorectal cancer.   |
| Core-19       | MSSP-18                                    | Depression Screening and Follow-Up   | NQF #0418, CMS                  | No                       | Patients 12 years and older who had negative screening or positive screening for depression completed in the measurement year with an age-appropriate standardized tool. Follow-up for positive screening must be documented same day as screening.  |
| Core-20       | MSSP-16                                    | Adult Weight Screening and Follow-Up   | NQF #0421, CMS                  | No                       | Patients 18 years and older who had BMI calculated during the last visit in the measurement year or within the prior 6 months. In cases where the BMI is abnormal, a follow-up plan must be documented during the visit the BMI was calculated or within the prior 6 months.   |
| Core-21       |  | Access to Care Composite   | NCQA                            | No                       | NCQA Survey - percentage of patients who could get appointments or answers to questions from providers when needed.  |
| Core-22       |  | Communication Composite  | NCQA                            | No                       | NCQA Survey - percentage of patients who felt they received good communication from providers.   |
| Core-23       |  | Shared Decision-Making Composite   | NCQA                            | No                       | NCQA Survey - percentage of patients whose provider helped them make decisions about prescription medications.   |
| Core-24       |  | Self-Management Support Composite  | NCQA                            | No                       | NCQA Survey- percentage of patients whose provider talked to them about specific health goals and barriers.  |
| Core-25       |  | Comprehensiveness Composite  | NCQA                            | No                       | NCQA Survey - percentage of patients whose provider talked to them about depression, stress, and other mental health issues.   |
| Core-26       |  | Office Staff Composite   | NCQA                            | No                       | NCQA Survey - percentage of patients who found the clerks and receptionists at their provider's office to be helpful and courteous.  |
| Core-27       |  | Information Composite  | NCQA                            | No                       | NCQA Survey - percentage of patients who received information from their provider about what to do if care was needed in the off hours and reminders between visits.   |

**Table 6. ACO Measure Reference Table, Continued**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name  | Nationally Recognized/ Endorsed                             | Included in HSA Profile? | Measure Description   |
|---------------|--|---|---|--------------------------|---|
| Core-28       |  | Coordination of Care Composite  | NCQA  | No                       | NCQA Survey - percentage of patients whose providers followed-up about test results, seemed informed about specialty care, and talked at each visit about prescription medication.  |
| Core-29       |  | Specialist Composite  | NCQA  | No                       | NCQA Survey - percentage of patients who found it easy to get appointments with specialists and who found that their specialist seemed to know important information about their medical history.                                 |
| Core-30       |  | Cervical Cancer Screening   | NQF #0032, HEDIS measure                                    | Adult                    | The percentage of females 21-64 years who received one or more PAP tests to screen for cervical cancer in the measurement year or two years prior to the measurement year.  |
| Core-31       | MSSP-30                                    | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic)  | NQF #0068, NCQA   | No                       | Percentage of patients 18 years and older with IVD who had documentation of using aspirin or another antithrombotic during the measurement year.  |
| Core-35       | MSSP-14                                    | Influenza Immunization  | NQF #0041, AMA-PCPI   | Adult                    | Patients 6 months and older with an outpatient visit between October and March who received an influenza vaccine.   |
| Core-36       | MSSP-17                                    | Tobacco Use Assessment and Cessation Intervention                           | NQF #0028, AMA-PCPI   | No                       | Percentage of patients 18 years and older who had a negative tobacco screen or positive tobacco screen with cessation intervention in the two years prior to the measurement year.  |
| Core-38       | MSSP-32                                    | Drug Therapy for Lowering LDL Cholesterol                                   | NQF #0074 CMS (composite) / AMA-PCPI (individual component) | No                       | Percentage of patients 18 years and older with a diagnosis of CAD and an outpatient visit in the measurement year whose LDL-C <100 mg/dL or LDL-C ≥100 mg/dL and who received a prescription of a statin in the measurement year. |
| Core-38       | MSSP-33                                    | ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD | NQF #0074 CMS (composite) / AMA-PCPI (individual component) | No                       | Percentage of patients 18 years and older with a diagnosis of CAD and a LVEF<40% OR diagnosis of CAD and diabetes who received a prescription of ACE/ARB medication in the measurement year.                                      |
| Core-39       | MSSP-28                                    | Percent of Beneficiaries With Hypertension Whose BP < 140/90                | NQF #0018, NCQA HEDIS measure                               | Adult                    | Percentage of patients 18-85 years with hypertension whose BP was in control <140/90.   |
| Core-40       | MSSP-21                                    | Screening for High Blood Pressure and Follow-Up Plan Documented             | Not NQF-endorsed; MSSP                                      | No                       | Percentage of patients 18 years and older seen during the measurement period who were screened for high blood pressure and a recommended follow-up plan is documented based on the current blood pressure reading as indicated.   |
| Core-47       | MSSP-13                                    | Falls: Screening for Fall Risk  | NQF #0101   | No                       | Percentage of patients 65 years and older who had any type of falls screening in the measurement year.  |
| Core-48       | MSSP-15                                    | Pneumococcal Vaccination (Ever Received)                                    | NQF #0043   | Adult                    | Patients 65 years and older who had documentation of ever receiving a pneumonia vaccine.  |

**Table 6. ACO Measure Reference Table, Continued**

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name   | Nationally Recognized/ Endorsed                         | Included in HSA Profile? | Measure Description   |
|---------------|--|--|---|--------------------------|---|
|               | MSSP-1                                     | CG CAHPS: Getting Timely Care, Appointments, and Information                                     | NQF #0005, AHRQ   | No                       | CMS Survey - Getting Timely Care, Appointments, and Information   |
|               | MSSP-2                                     | CG CAHPS: How Well Your Doctors Communicate  | NQF #0005, AHRQ   | No                       | CMS Survey - How Well Your Doctors Communicate  |
|               | MSSP-3                                     | CG CAHPS: Patients' Rating of Doctor   | NQF #0005, AHRQ   | No                       | CMS Survey - Patients' Rating of Doctor   |
|               | MSSP-4                                     | CG CAHPS: Access to Specialists  | NQF #0005, AHRQ   | No                       | CMS Survey - Access to Specialists  |
|               | MSSP-5                                     | CG CAHPS: Health Promotion and Education   | NQF #0005, AHRQ   | No                       | CMS Survey - Health Promotion and Education   |
|               | MSSP-6                                     | CG CAHPS: Shared Decision Making   | NQF #0005, AHRQ   | No                       | CMS Survey - Shared Decision Making   |
|               | MSSP-7                                     | CG CAHPS: Health Status / Functional Status  | NQF #0006, AHRQ   | No                       | CMS Survey - Health Status/Functional Status  |
|               | MSSP-8                                     | Risk-Standardized, All Condition Readmission   | CMS, not submitted to NQF (adapted from NQF #1789)      | No                       | All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma, with risk-adjusted comparison of observed discharges to expected discharges for each ACO. This is a ratio of observed to expected discharges.      |
|               | MSSP-10                                    | Ambulatory Sensitive Condition Admissions: Congestive Heart Failure                              | NQF #0277, AHRQ (Prevention Quality Indicator (PQI) #8) | Adult                    | All discharges with an ICD-9-CM principal diagnosis code for CHF in adults ages 18 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with CHF, with risk-adjusted comparison of observed discharges to expected discharges for each ACO. This is a ratio of observed to expected discharges.                            |
|               | MSSP-11                                    | Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment | CMS EHR Incentive Program Reporting                     | No                       | Percentage of Accountable Care Organization (ACO) primary care physicians (PCPs) who successfully qualify for either a Medicare or Medicaid Electronic Health Record (EHR) Program incentive payment.   |
|               | MSSP-12                                    | Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility             | NQF #0554   | No                       | Percentage of patients 65 years and older who were discharged from any inpatient facility in the measurement year and had an outpatient visit within 30 days of the discharge who had documentation in the outpatient medical record of reconciliation of discharge medications with current outpatient medications during a visit within 30 days of discharge. |
|               | MSSP-31                                    | Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)             | NQF #0083   | No                       | Percentage of patients 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.  |
| M&E-2         |  | Comprehensive Diabetes Care: Eye Exams for Diabetics   | NQF #0055, HEDIS measure                                | Adult                    | Percentage of patients with diabetes 18-75 years who received an eye exam for diabetic retinal disease during the measurement year.   |
| M&E-3         |  | Comprehensive Diabetes Care: Medical Attention for Nephropathy                                   | NQF #0062, HEDIS measure                                | Adult                    | Percentage of patients with diabetes 18-75 years who received a nephropathy screening test during the measurement year.   |