

Welcome to the *Blueprint Community Profile*. The Blueprint for Health designs community-led strategies for improving health and wellbeing. The Blueprint supports Patient-Centered Medical Homes, Community Health Teams, Community Collaboratives, the Hub & Spoke program, SASH, Women’s Health Initiative, and Healthier Living workshops.

Blueprint Community Profiles are based primarily on data from Vermont’s all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all members from commercial, Full Medicaid, and Medicare providers contributing to VHCURES.

This reporting includes the 90,948 Vermont residents represented in VHCURES and groups them by those: (1) attributed to a Blueprint primary care practice, (2) attributed to non-Blueprint primary care, and (3) with no primary care attribution. Members are assigned to an HSA based on the location of their residence.

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

Expenditure measures have been omitted since reconciliation and accounting of ACO-related payments were not ready at the time of publication. HSA-level expenditure reporting will be available in the Blueprint for Health Annual Report to the Vermont General Assembly.

In addition to VHCURES, these profiles also use the Vermont Clinical Registry, and the Behavioral Risk Factor Surveillance Study (BRFSS), a telephone survey conducted annually by the Vermont Department of Health.

Rates for HSAs reporting fewer than 30 denominator or 11 numerator members for a measure are not presented in alignment with NCQA HEDIS and CMS guidelines.

Demographics & Health Status

| | HSA | Statewide |
|------------------------------------|-------|-----------|
| Distinct Members | 6,037 | 90,948 |
| Average Members | 5,702 | 85,739 |
| Average Age | 9.2 | 9.2 |
| % Female | 47.3 | 48.5 |
| % Medicaid | 76.6 | 65.7 |
| Health Status (CRG) | | |
| % with Selected Chronic Conditions | 19.2 | 15.1 |
| % Healthy | 64.7 | 66.6 |
| % Minor Chronic or Acute | 20.4 | 19.4 |
| % Moderate Chronic | 12.7 | 12.0 |
| % Significant Chronic | 2.0 | 1.7 |
| % Cancer or Catastrophic | 0.3 | 0.3 |

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, 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 eight 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). CRG identification was enhanced using additional diagnostic and pharmacy information for CY2018 reporting, resulting in fewer healthy members and more members with chronic and other conditions.

Table 2. Demographic & Health Status Indicators by Primary Care Attribution Group

| | | Community H.S.A. | Statewide |
|------------------|--|------------------|-----------|
| Distinct Members | Blueprint primary care practice attributed | 4,341 | 67,180 |
| | Non-Blueprint primary care attributed | 1,406 | 18,526 |
| | No primary care attribution | 290 | 5,242 |
| | Combined Population | 6,037 | 90,948 |
| Average Members | Blueprint primary care practice attributed | 4,163 | 64,338 |
| | Non-Blueprint primary care attributed | 1,325 | 17,538 |
| | No primary care attribution | 215 | 3,862 |
| | Combined Population | 5,702 | 85,739 |
| Average Age | Blueprint primary care practice attributed | 8.9 | 9.1 |
| | Non-Blueprint primary care attributed | 10.1 | 9.4 |
| | No primary care attribution | 9.5 | 9.9 |
| | Combined Population | 9.2 | 9.2 |
| % Female | Blueprint primary care practice attributed | 47.7 | 49.0 |
| | Non-Blueprint primary care attributed | 45.7 | 47.3 |
| | No primary care attribution | 48.3 | 47.4 |
| | Combined Population | 47.3 | 48.5 |
| % Medicaid | Blueprint primary care practice attributed | 78.6 | 67.3 |
| | Non-Blueprint primary care attributed | 72.8 | 61.1 |
| | No primary care attribution | 64.8 | 61.3 |
| | Combined Population | 76.6 | 65.7 |

Table 2. Demographic & Health Status Indicators by Primary Care Attribution Group, Continued

| | | Community H.S.A. | Statewide |
|------------------------------------|--|------------------|-----------|
| % with Selected Chronic Conditions | Blueprint primary care practice attributed | 19.1 | 16.4 |
| | Non-Blueprint primary care attributed | 22.5 | 13.8 |
| | No primary care attribution | 5.2 | 3.0 |
| | Combined Population | 19.2 | 15.1 |
| % Healthy | Blueprint primary care practice attributed | 64.7 | 64.4 |
| | Non-Blueprint primary care attributed | 59.5 | 68.0 |
| | No primary care attribution | 88.6 | 89.0 |
| | Combined Population | 64.7 | 66.6 |
| % Minor Chronic or Acute | Blueprint primary care practice attributed | 21.1 | 20.8 |
| | Non-Blueprint primary care attributed | 21.1 | 18.4 |
| | No primary care attribution | 6.6 | 6.1 |
| | Combined Population | 20.4 | 19.4 |
| % Moderate Chronic | Blueprint primary care practice attributed | 12.1 | 12.8 |
| | Non-Blueprint primary care attributed | 16.3 | 11.4 |
| | No primary care attribution | 3.4 | 4.3 |
| | Combined Population | 12.7 | 12.0 |
| % Significant Chronic | Blueprint primary care practice attributed | 1.7 | 1.7 |
| | Non-Blueprint primary care attributed | 2.9 | 1.8 |
| | No primary care attribution | 1.0 | 0.4 |
| | Combined Population | 2.0 | 1.7 |
| % Cancer or Catastrophic | Blueprint primary care practice attributed | 0.3 | 0.3 |
| | Non-Blueprint primary care attributed | 0.2 | 0.4 |
| | No primary care attribution | 0.3 | 0.2 |
| | Combined Population | 0.3 | 0.3 |

Inpatient Discharges

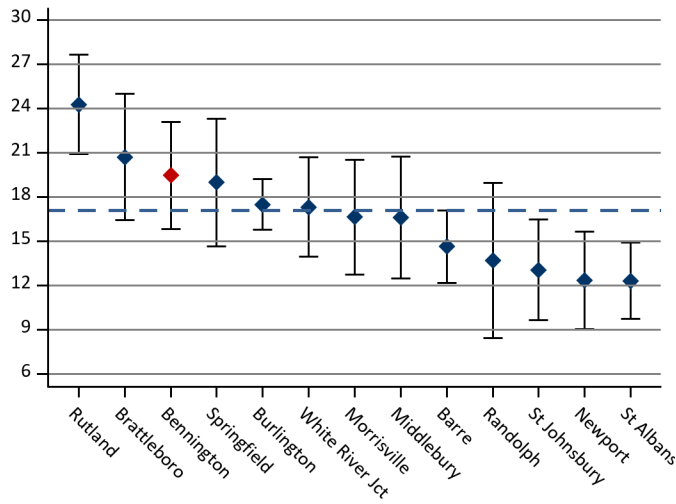


Figure 1: Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, and Preventive Quality Indicators — can be found in Table 4. The blue dashed line indicates the statewide average.

Outpatient ED Visits

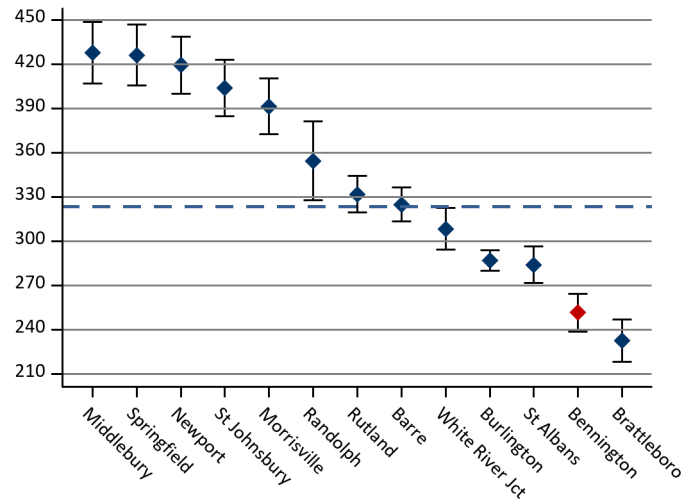


Figure 2: Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in Table 4. The blue dashed line indicates the statewide average.

Advanced Imaging (MRIs, CT Scans)

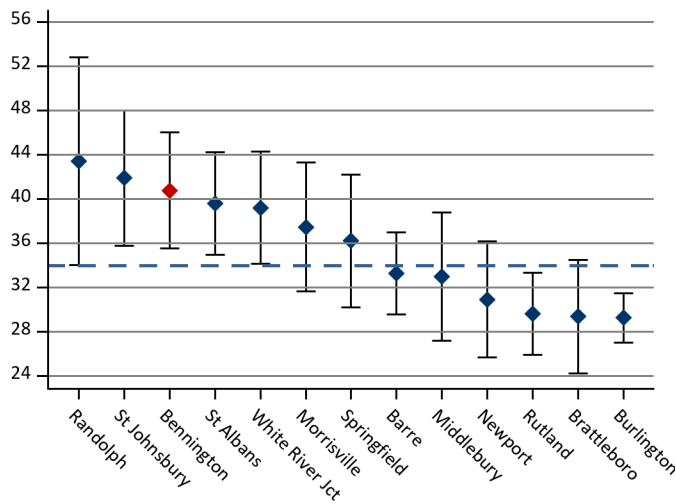


Figure 3: Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., magnetic resonance imagings (MRIs) and computed tomography (CT) scans) per 1,000 members. The blue dashed line indicates the statewide average.

Resource Use Index

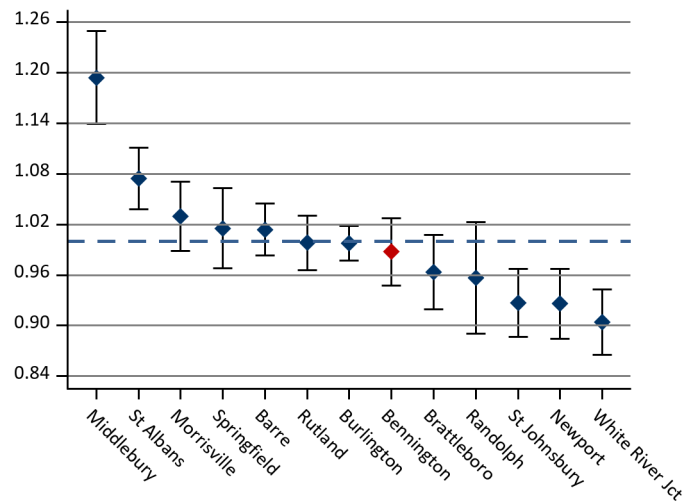


Figure 4: Presents annual total resource use index (RUI), which measures aggregate resource consumption across all components of care. The RUI has been indexed for each HSA relative to the statewide rate of total utilization.

Well-Child Visits

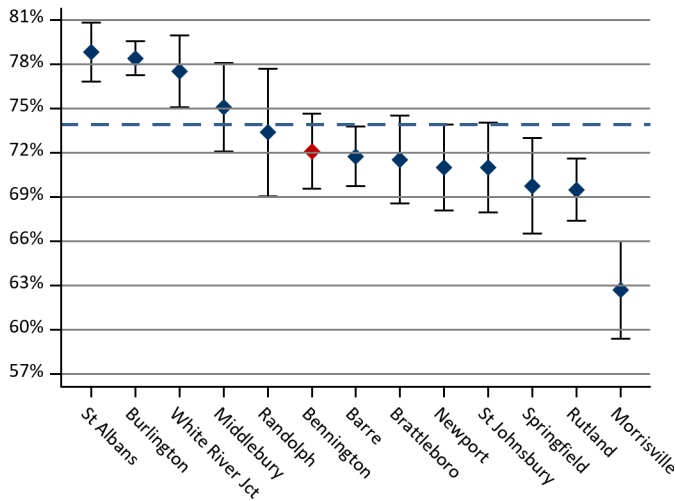


Figure 5: Presents the proportion, including 95% confidence intervals, of members, ages 3-6 years, who received one or more well-child visits during the measurement year. The blue dashed line indicates the statewide average.

Adolescent Well-Care Visits (Core-2)

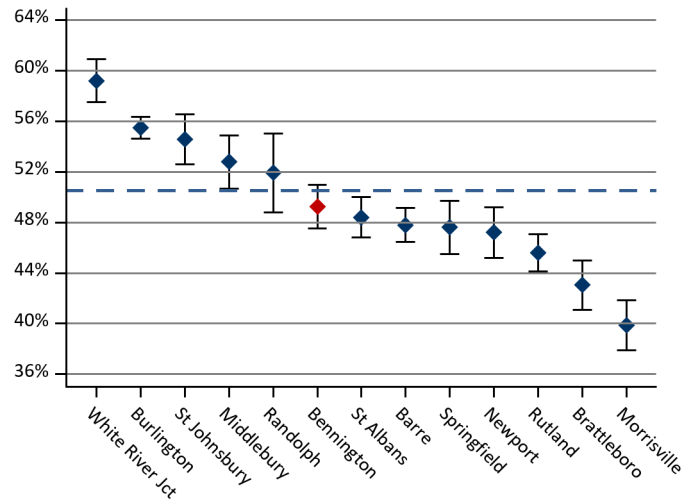


Figure 6: Presents the proportion, including 95% confidence intervals, of members, ages 12-21 years, who received one or more well-care visits with a primary care practitioner or OB/GYN during the measurement year. (Note that, due to the age ranges for this ACO measure, members above the age of 17 years, 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, NQF #1448)

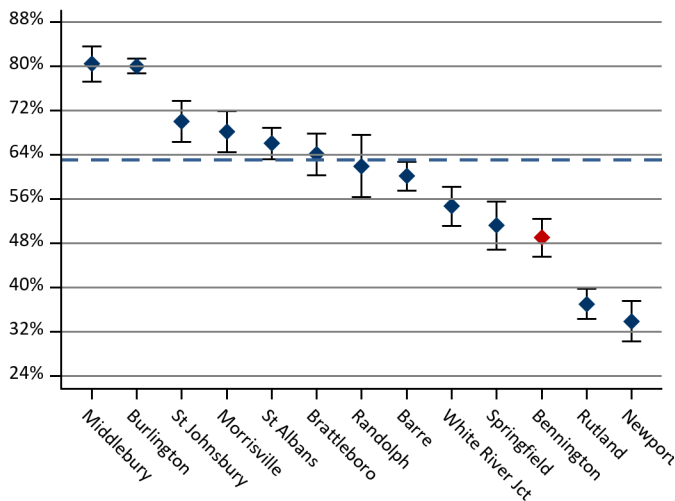


Figure 7: Presents the proportion, including 95% confidence intervals, of continuously enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in each of the first three years of life. The blue dashed line indicates the statewide average.

Chlamydia Screening in Women (Core-7, NQF #0033)

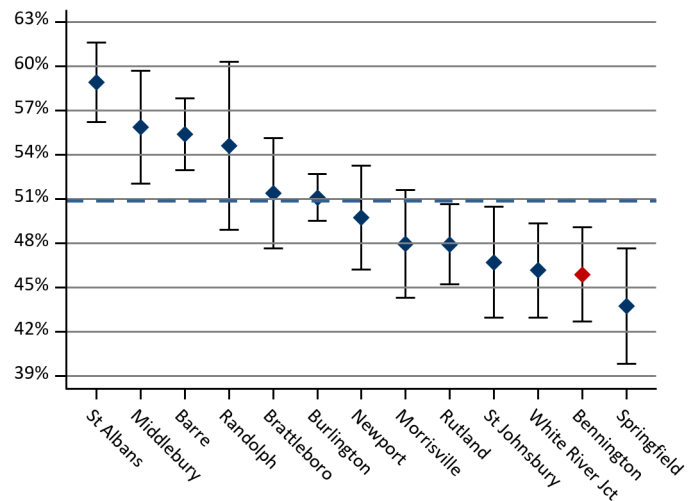


Figure 8: Presents the proportion, including 95% confidence intervals, of continuously enrolled females, ages 16-24 years, who were identified as sexually active and who had at least one test for chlamydia during the measurement year. (Note that, due to the age ranges for this ACO measure, females above 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 (Core-13, NQF #0002)

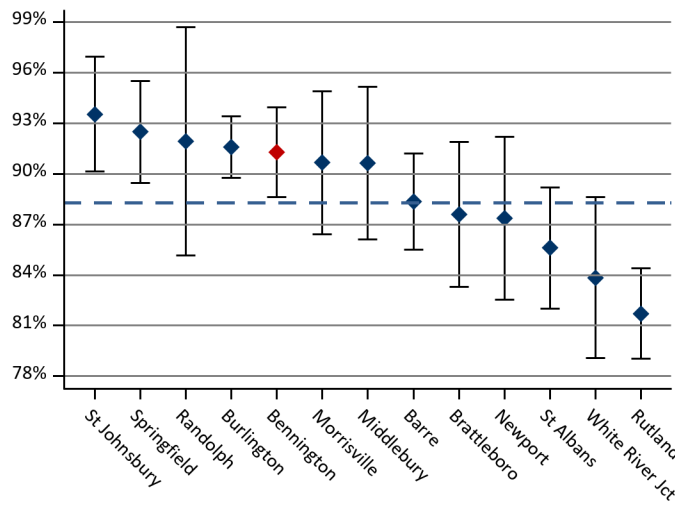


Figure 9: Presents the proportion, including 95% confidence intervals, of children, ages 2-17 years, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. A higher rate represents appropriate testing for children with pharyngitis. The blue dashed line indicates the statewide average.

Appropriate Treatment for Upper Respiratory Infection

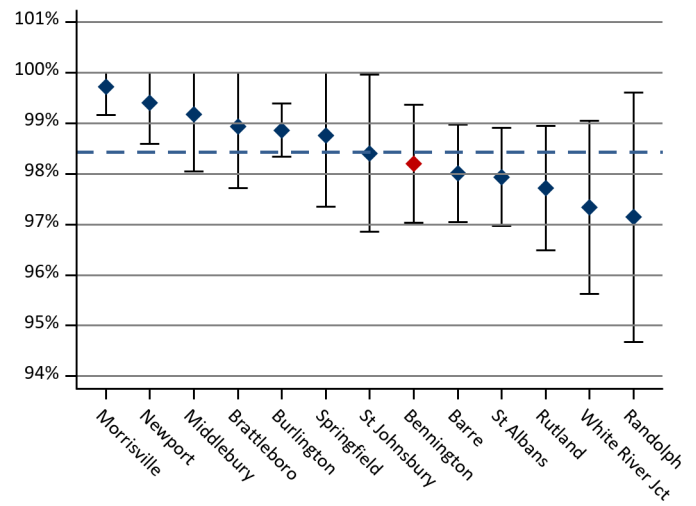


Figure 10: Presents the proportion, including 95% confidence intervals, of children, ages 1-17 years, who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The blue dashed line indicates the statewide average.

Table 3. Utilization Measures (Adjusted)

| Measure | HSA | | | Statewide | | |
|--|----------------|---------|---------|----------------|---------|---------|
| | Rate per 1,000 | 95% LCL | 95% UCL | Rate per 1,000 | 95% LCL | 95% UCL |
| Inpatient Discharges | 19.5 | 15.9 | 23.1 | 17.1 | 16.2 | 18.0 |
| Inpatient Days | 195.6 | 184.1 | 207.0 | 134.2 | 131.7 | 136.6 |
| Outpatient ED Visits | 251.6 | 238.6 | 264.7 | 323.4 | 319.6 | 327.2 |
| Outpatient Potentially Avoidable ED Visits | 41.1 | 35.8 | 46.3 | 73.2 | 71.4 | 75.0 |
| Non-Hospital Outpatient Visits | 4,201.6 | 4,148.4 | 4,254.8 | 3,874.7 | 3,861.5 | 3,887.9 |
| Primary Care Encounters | 3,849.2 | 3,798.3 | 3,900.1 | 3,227.0 | 3,215.0 | 3,239.0 |
| Medical Specialist Encounters | 265.7 | 252.3 | 279.1 | 300.5 | 296.8 | 304.2 |
| Surgical Specialist Encounters | 226.5 | 214.2 | 238.9 | 254.9 | 251.6 | 258.3 |
| Standard Imaging | 228.3 | 215.9 | 240.7 | 214.6 | 211.5 | 217.7 |
| Advanced Imaging | 40.8 | 35.5 | 46.0 | 34.0 | 32.7 | 35.2 |
| Echography | 49.7 | 43.9 | 55.4 | 47.7 | 46.3 | 49.2 |
| Colonoscopy | 1.4 | 0.4 | 2.3 | 1.4 | 1.2 | 1.7 |

Table 4. Effective & Preventive Care Measures

| Measure | HSA | | | | Statewide | | | |
|--|-------|--------|---------|---------|-----------|--------|---------|---------|
| | N | Rate % | 95% LCL | 95% UCL | N | Rate % | 95% LCL | 95% UCL |
| Well-Child Visits | 1,201 | 72% | 70% | 75% | 17,992 | 74% | 73% | 75% |
| Well-Child Visits - Commercial | 249 | 78% | 73% | 83% | 5,483 | 83% | 82% | 84% |
| Well-Child Visits - Medicaid | 952 | 70% | 68% | 73% | 12,509 | 70% | 69% | 71% |
| Adolescent Well-Care Visit (Core-2) | 3,178 | 49% | 48% | 51% | 47,531 | 51% | 50% | 51% |
| Adolescent Well-Care Visit - Commercial | 1,072 | 50% | 47% | 53% | 21,099 | 54% | 53% | 54% |
| Adolescent Well-Care Visit - Medicaid | 2,095 | 49% | 47% | 51% | 26,308 | 48% | 48% | 49% |
| Adolescent Well-Care Visit - Medicare | | | | | 124 | 29% | 21% | 37% |
| Developmental Screening in First 3 Years of Life (Core-8) | 828 | 49% | 46% | 52% | 12,466 | 63% | 62% | 64% |
| Developmental Screening - Commercial | 147 | 58% | 50% | 66% | 3,666 | 73% | 71% | 74% |
| Developmental Screening - Medicaid | 681 | 47% | 43% | 51% | 8,800 | 59% | 58% | 60% |
| Chlamydia Screening in Women (Core-7) | 926 | 46% | 43% | 49% | 14,250 | 51% | 50% | 52% |
| Chlamydia Screening in Women - Commercial | 416 | 47% | 42% | 52% | 7,610 | 50% | 49% | 51% |
| Chlamydia Screening in Women - Medicaid | 500 | 45% | 41% | 50% | 6,516 | 52% | 51% | 54% |
| Chlamydia Screening in Women - Medicare | | | | | 124 | 42% | 33% | 51% |
| Appropriate Testing for Pharyngitis (Core-13) | 436 | 91% | 89% | 94% | 4,497 | 88% | 87% | 89% |
| Appropriate Testing for Pharyngitis - Commercial | 79 | 96% | 92% | 100% | 1,392 | 91% | 90% | 93% |
| Appropriate Testing for Pharyngitis - Medicaid | 357 | 90% | 87% | 93% | 3,105 | 87% | 86% | 88% |
| Appropriate Treatment for Upper Respiratory Infection | 500 | 98% | 97% | 99% | 6,497 | 98% | 98% | 99% |
| Appropriate Treatment for Upper Respiratory Infection - Commercial | 88 | 99% | 97% | 100% | 1,801 | 98% | 98% | 99% |
| Appropriate Treatment for Upper Respiratory Infection - Medicaid | 412 | 98% | 97% | 99% | 4,696 | 98% | 98% | 99% |

Table 5. Key Utilization Measures by Primary Care Attribution Group

| Measure | | Community H.S.A. | | | Statewide | | |
|---|--|--------------------|---------|---------|--------------------|---------|---------|
| | | Risk-Adjusted Rate | 95% LCL | 95% UCL | Risk-Adjusted Rate | 95% LCL | 95% UCL |
| Risk-Adjusted Resource Use Index | Blueprint primary care practice attributed | 1.00 | 0.96 | 1.05 | 1.01 | 1.00 | 1.02 |
| | Non-Blueprint primary care attributed | 0.98 | 0.89 | 1.08 | 1.02 | 1.00 | 1.05 |
| | No primary care attribution | 0.70 | 0.56 | 0.84 | 0.73 | 0.69 | 0.76 |
| | Combined Population | 0.99 | 0.95 | 1.03 | 1.00 | 0.99 | 1.01 |
| Risk-adjusted Inpatient Utilization | Blueprint primary care practice attributed | 19.16 | 14.95 | 23.36 | 16.87 | 15.87 | 17.87 |
| | Non-Blueprint primary care attributed | 22.22 | 14.20 | 30.25 | 18.38 | 16.37 | 20.39 |
| | No primary care attribution | 8.65 | 0.00 | 21.08 | 15.34 | 11.43 | 19.24 |
| | Combined Population | 19.47 | 15.85 | 23.09 | 17.11 | 16.23 | 17.99 |
| Risk-adjusted Outpatient ED Utilization | Blueprint primary care practice attributed | 259.08 | 243.62 | 274.55 | 330.55 | 326.11 | 334.99 |
| | Non-Blueprint primary care attributed | 247.64 | 220.84 | 274.44 | 323.90 | 315.48 | 332.32 |
| | No primary care attribution | 132.25 | 83.64 | 180.86 | 201.78 | 187.62 | 215.95 |
| | Combined Population | 251.64 | 238.62 | 264.66 | 323.39 | 319.58 | 327.20 |
| Potentially Avoidable ED Visits | Blueprint primary care practice attributed | 40.38 | 34.28 | 46.49 | 74.37 | 72.27 | 76.48 |
| | Non-Blueprint primary care attributed | 44.83 | 33.43 | 56.24 | 74.45 | 70.41 | 78.49 |
| | No primary care attribution | 31.26 | 7.63 | 54.89 | 48.73 | 41.77 | 55.70 |
| | Combined Population | 41.07 | 35.81 | 46.33 | 73.23 | 71.42 | 75.05 |

Table 6. Total Resource Use Index (RUI) (Adjusted)

| Measure | HSA | | | Statewide | | |
|---------------------|-------------|---------|---------|-------------|---------|---------|
| | Index Ratio | 95% LCL | 95% UCL | Index Ratio | 95% LCL | 95% UCL |
| Total | 0.99 | 0.95 | 1.03 | 1.00 | 0.99 | 1.01 |
| Inpatient | 0.94 | 0.58 | 1.31 | 1.00 | 0.91 | 1.09 |
| Outpatient Facility | 1.21 | 1.12 | 1.29 | 1.00 | 0.98 | 1.02 |
| Professional | 0.83 | 0.80 | 0.85 | 1.00 | 0.99 | 1.01 |
| Pharmacy | 1.24 | 1.16 | 1.32 | 1.00 | 0.98 | 1.02 |

Table 7. ACO and APM 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 #2372, 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 1,000 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 7. ACO and APM 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 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-17 | MSSP-27 | Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) | NQF #0059, NCQA | Adult | Percentage of members 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 | The percentage of members 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 | The percentage of members 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 members who could get appointments or answers to questions from providers when needed. |
| Core-22 | | Communication Composite | NCQA | No | NCQA Survey - percentage of members who felt they received good communication from providers. |
| Core-23 | | Shared Decision-Making Composite | NCQA | No | NCQA Survey - percentage of members whose provider helped them make decisions about prescription medications. |
| Core-24 | | Self-Management Support Composite | NCQA | No | NCQA Survey - percentage of members whose provider talked to them about specific health goals and barriers. |
| Core-25 | | Comprehensiveness Composite | NCQA | No | NCQA Survey - percentage of members whose provider talked to them about depression, stress, and other mental health issues. |
| Core-26 | | Office Staff Composite | NCQA | No | NCQA Survey - percentage of members 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 members 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 members whose providers followed-up about test results, seemed informed about specialty care, and talked at each visit about prescription medication. |

Table 7. ACO and APM 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-29 | | Specialist Composite | NCQA | No | NCQA Survey - percentage of members 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 women either age 21–64 years who received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year or age 30–64 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four 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 members 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 | Percentage of members 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 members 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 | No | Percentage of members 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 Members with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD) | NQF #0066 | No | Percentage of members 18 years and older with a diagnosis of CAD and a Left Ventricular Ejection Fraction (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 members 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 members 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 members 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 | The percentage of members 65 years and older who had documentation of ever receiving a pneumonia vaccine. |
| Core-53 | | Diabetes Care Two-Part Composite | NQF #0059 and #0055 | Adult | The percentage of members 18-75 years with diabetes who have a valid HbA1c less than or equal to 9% and who received an eye exam for diabetic retinal disease during the measurement year. |
| | 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 |

Table 7. ACO and APM 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-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 members 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-24 | Diabetes: Blood Pressure Control | | Adult | Percentage of members 18-75 years with diabetes who had blood pressure <140/90 mmHg at most recent visit. |
| | MSSP-25 | Diabetes: Tobacco Non-Use | | Adult | Percentage of members 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year. |
| | MSSP-31 | Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | NQF #0083 | No | Percentage of members 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy. |
| | | Comprehensive Diabetes Care: Eye Exams for Diabetics | NQF #0055, HEDIS measure | Adult | Percentage of members 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 members with diabetes 18-75 years who received a nephropathy screening test during the measurement year. |

Table 7. ACO and APM Measures Reference Table, Continued

| VT Measure ID | Medicare Shared Savings Program Measure ID | Measure Name | Nationally Recognized/ Endorsed | Included in HSA Profile? | Measure Description |
|-------------------|--|---|---------------------------------|--------------------------|---|
| APM-HD-II | | Follow-Up After Discharge From ED for Mental Health | NQF #2605, HEDIS measure | Adult | Percentage of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit. |
| APM-HD-III | | Follow-Up After Discharge From ED for AOD | NQF #2605, HEDIS measure | Adult | Percentage of ED visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD within 30 days of the ED visit. |
| APM-P-III, ACO-18 | | Screening for Clinical Depression | NQF #0418 | Adult | Percentage of members ages 18 years and older that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. |
| APM-P-IV, ACO-17 | | Tobacco Use Screening | NQF #0028 | Adult | Percentage of members ages 18 years and older that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. |
| APM-P-V | | Medication Management for People With Asthma | NQF #1799, HEDIS measure | Adult | The percentage of members age 18-64 during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period. |

Patient Experience Survey: Access to Care Composite CY2018

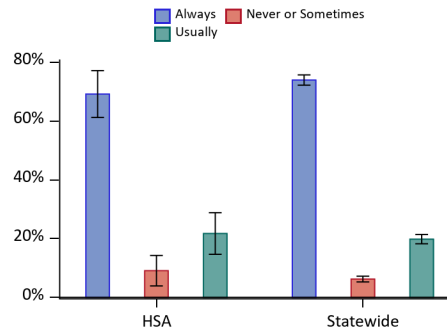


Figure 11: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Access to Care on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 8. Patient Experience Survey: Access to Care Questions

| Question & Answer | | HSA | | | Statewide | | |
|--|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as your child needed? | Always | 65 | 71% | 12% | 1,192 | 70% | 3% |
| | Usually | 65 | 26% | 11% | 1,192 | 24% | 2% |
| | Never or Sometimes | | | | 1,192 | 7% | 1% |
| In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as your child needed? | Always | 42 | 64% | 16% | 654 | 77% | 3% |
| | Usually | | | | 654 | 17% | 3% |
| | Never or Sometimes | | | | 654 | 6% | 2% |
| In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? | Always | 40 | 73% | 15% | 746 | 75% | 3% |
| | Usually | | | | 746 | 19% | 3% |
| | Never or Sometimes | | | | 746 | 6% | 2% |

Patient Experience Survey: Communication Composite CY2018

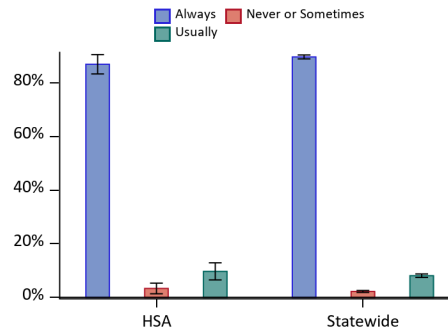


Figure 12: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Communication on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 9. Patient Experience Survey: Communication Questions

| Question & Answer | | HSA | | | Statewide | | |
|---|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, how often did this provider show respect for what you had to say? | Always | 91 | 90% | 7% | 1,681 | 91% | 1% |
| | Usually | | | | 1,681 | 6% | 1% |
| | Never or Sometimes | | | | 1,681 | 2% | 1% |
| In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand? | Always | 91 | 86% | 8% | 1,682 | 90% | 1% |
| | Usually | | | | 1,682 | 8% | 1% |
| | Never or Sometimes | | | | 1,682 | 2% | 1% |
| In the last 6 months, how often did this provider listen carefully to your child? | Always | 90 | 87% | 8% | 1,677 | 89% | 2% |
| | Usually | | | | 1,677 | 8% | 1% |
| | Never or Sometimes | | | | 1,677 | 3% | 1% |
| In the last 6 months, how often did this provider spend enough time with your child? | Always | 89 | 85% | 8% | 1,675 | 88% | 2% |
| | Usually | | | | 1,675 | 10% | 1% |
| | Never or Sometimes | | | | 1,675 | 2% | 1% |

Patient Experience Survey: Coordinated Care Composite CY2018

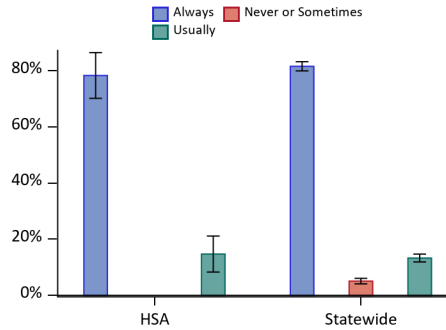


Figure 13: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Coordinated Care on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 10. Patient Experience Survey: Coordinated Care Questions

| Question & Answer | | HSA | | | Statewide | | |
|--|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results? | Always | | | | 279 | 83% | 5% |
| | Usually | | | | 279 | 11% | 4% |
| | Never or Sometimes | | | | 279 | 6% | 3% |
| In the last 6 months, how often did this provider seem to know the important information about your child's medical history? | Always | 90 | 73% | 10% | 1,664 | 80% | 2% |
| | Usually | 90 | 21% | 9% | 1,664 | 15% | 2% |
| | Never or Sometimes | | | | 1,664 | 4% | 1% |

Patient Experience Survey: Office Staff Composite CY2018

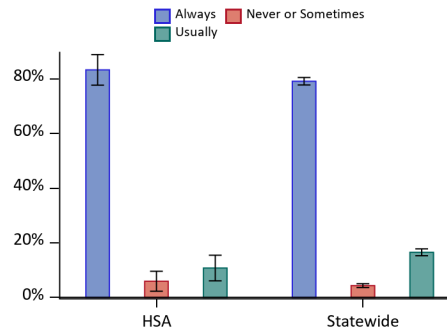


Figure 14: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Office Staff on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 11. Patient Experience Survey: Office Staff Questions

| Question & Answer | | HSA | | | Statewide | | |
|---|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? | Always | 93 | 87% | 7% | 1,684 | 85% | 2% |
| | Usually | | | | 1,684 | 12% | 2% |
| | Never or Sometimes | | | | 1,684 | 3% | 1% |
| In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? | Always | 93 | 80% | 9% | 1,679 | 73% | 2% |
| | Usually | 93 | 14% | 8% | 1,679 | 21% | 2% |
| | Never or Sometimes | | | | 1,679 | 5% | 1% |

Patient Experience Survey: Specialist Composite CY2018

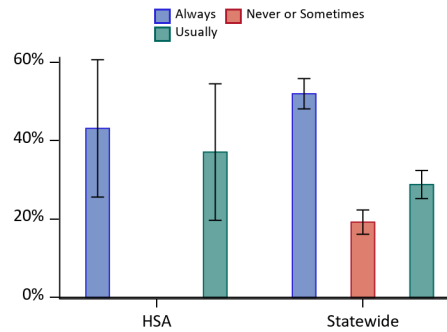


Figure 15: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Specialist on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 12. Patient Experience Survey: Specialist Questions

| Question & Answer | | HSA | | | Statewide | | |
|--|--------------------|-----|---|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, how often was it easy to get appointments with specialists for your child? | Always | | | | 305 | 42% | 6% |
| | Usually | | | | 305 | 32% | 5% |
| | Never or Sometimes | | | | 305 | 27% | 5% |
| In the last 6 months, how often did the specialist you saw most seem to know the important information about your child's medical history? | Always | | | | 337 | 62% | 5% |
| | Usually | | | | 337 | 26% | 5% |
| | Never or Sometimes | | | | 337 | 12% | 4% |

Patient Experience Survey: Information Composite CY2018

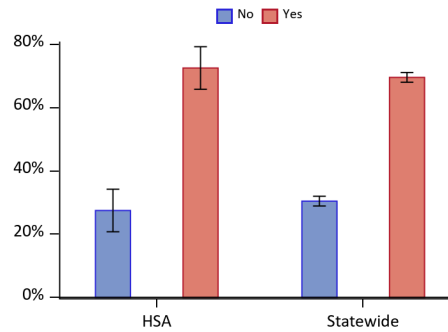


Figure 16: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with information on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 13. Patient Experience Survey: Information Questions

| Question & Answer | | HSA | | | Statewide | | |
|---|-----|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays? | Yes | 91 | 77% | 9% | 1,679 | 79% | 2% |
| | No | 91 | 23% | 9% | 1,679 | 21% | 2% |
| Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits? | Yes | 91 | 68% | 10% | 1,669 | 60% | 2% |
| | No | 91 | 32% | 10% | 1,669 | 40% | 2% |

Table 14. HSA Practice List

| VT Practice ID | Practice Name |
|----------------|--|
| VT108 | Green Mountain Pediatrics |
| VT145 | Shaftsbury Medical Associates |
| VT151 | SVMC Pediatrics |
| VT221 | SVMC Internal Medicine |
| VT235 | Battenkill Valley Health Center |
| VT258 | SVMC Pownal Campus |
| VT53 | Keith Michl; MD |
| VT54 | Mount Anthony Primary Care |
| VT56 | SVMC Deerfield Valley Campus |
| VT57 | SVMC Northshire Campus |
| VT58 | Avery Wood; MD |
| VT84 | Brookside Pediatrics and Adolescent Medicine |

Table 15. HSA Town List

| Community H.S.A. | Town Name |
|------------------|-------------|
| Bennington | Arlington |
| Bennington | Bennington |
| Bennington | Dorset |
| Bennington | Dover |
| Bennington | Glastenbury |
| Bennington | Manchester |
| Bennington | Pownal |
| Bennington | Readsboro |
| Bennington | Rupert |
| Bennington | Sandgate |
| Bennington | Searsburg |
| Bennington | Shaftsbury |
| Bennington | Somerset |
| Bennington | Stamford |
| Bennington | Sunderland |
| Bennington | Whitingham |
| Bennington | Wilmington |
| Bennington | Woodford |