
Department of Vermont Health Access
Vermont Blueprint for Health
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The [Randolph Blueprint Adult Community Health Profile](#) follows this note

Hello,

We are pleased to share the latest Blueprint Community Health Profile for your area. Before digging in to the data, there are some changes we'd like you to be aware of.

The three most important things to know are:

1. *The new profile takes a full-population approach*, reporting on all residents of the health service area with a health care claim in VHCURES (instead of only patients of Blueprint practices, as in the past).
2. *You cannot compare the data in this profile to data in any previous profile*. Doing so could create false impressions of the changes in your community over time due to substantial changes in methodology and in the underlying dataset, described below.
3. The risk-adjusted quality measure results (diabetes in poor control, hypertension in control, developmental screen under age three, adolescent well-care visit) used to calculate Blueprint performance payment scores, the scores themselves, and the resulting payment amounts are now reported separately from the community health profiles. *The performance payment profile is available on the Blueprint website*.

If you have any questions about the profiles, please contact your area's Program Manager or Quality Improvement Facilitator, or any of the staff in the Blueprint's Waterbury office. [Contact information](#) is on the Blueprint website.

What else to know before using this Blueprint community health profile:

About the Profiles

If you are new to the community health profiles, here is a little about them: The Blueprint produces profiles of health status, some social determinants of health, health care utilization, and health outcomes. They offer Vermont communities an opportunity to identify successes and opportunities for improvement. The data here includes comparisons to other health service areas, providing information about variation and creating opportunities to identify and learn from the top performers.

New Full Population Approach

The latest community health profiles include data about all the people living in each Blueprint health service area who are in Vermont's all-payer claims database (VHCURES). Previous profiles included the subset of people who received their care in Blueprint Patient-Centered Medical homes. This change aims to make the profiles more inclusive, offering the most complete possible picture of the health and health care of all the people in your

community. More information about who is included is in the [profiles and supporting documentation](#) on the Blueprint website.

Changes in the Underlying Dataset

The U.S. Supreme Court's 2016 decision in *Gobeille vs. Liberty Mutual Insurance Company* ruled that self-insured plans subject to ERISA do not need to submit information to VHCURES. Some subsequently chose not to submit information, changing the data available from VHCURES. In 2017, the population in VHCURES had a larger proportion of Medicare and Medicaid members and decline in commercial members compared to previous years. This is another reason not to compare data in these profiles to data in previous profiles.

Risk Adjustment Reminder

When interpreting the profiles, please remember that most of the expenditure and utilization data presented in the report has been risk adjusted for age, gender, and condition. This makes it possible to compare performance across Hospital Service Areas within the same year – and makes it inaccurate in most cases to assume variation is based on the age or condition severity of residents.

Expenditures Include Shadow Claims

In the calendar year 2017 profiles, expenditures for ACO attributed lives are reported as estimated (based on shadow claims and traditional fee-for-service costs) rather than actual ACO costs including capitated payments.

Thanks, and please be in touch with any questions,
The Blueprint Team

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, 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 covered commercial, Full Medicaid, and Medicare members.

This reporting includes the 381,575 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 and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

Expenditures for ACO capitated services represent what would have been paid as reported in VHCURES claims rather than actual capitation expenditures.

In addition to VHCURES, these profiles also use the Blueprint clinical data 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 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

Demographics & Health Status

| | HSA | Statewide |
|------------------------------------|-------|-----------|
| Distinct Members | 8,810 | 381,575 |
| Average Members | 8,078 | 349,993 |
| Average Age | 53.4 | 51.1 |
| % Female | 52.3 | 53.5 |
| % Medicaid | 23.7 | 22.5 |
| % Medicare | 38.3 | 32.9 |
| % Maternity | 6.4 | 6.8 |
| % with Selected Chronic Conditions | 36.6 | 38.4 |
| Health Status (CRG) | | |
| % Healthy | 34.1 | 32.7 |
| % Acute or Minor Chronic | 14.1 | 13.7 |
| % Moderate Chronic | 23.5 | 24.2 |
| % Significant Chronic | 25.8 | 27.1 |
| % Cancer or Catastrophic | 2.6 | 2.3 |

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 was 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). CRG identification was enhanced using additional diagnostic and pharmacy information for CY2017 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 | 5,659 | 243,586 |
| | Non-Blueprint primary care attributed | 1,985 | 90,236 |
| | No primary care attribution | 1,166 | 47,753 |
| | Combined Population | 8,810 | 381,575 |
| Average Members | Blueprint primary care practice attributed | 5,289 | 228,021 |
| | Non-Blueprint primary care attributed | 1,828 | 83,281 |
| | No primary care attribution | 961 | 38,692 |
| | Combined Population | 8,078 | 349,993 |
| Average Age | Blueprint primary care practice attributed | 54.2 | 52.4 |
| | Non-Blueprint primary care attributed | 54.9 | 51.7 |
| | No primary care attribution | 46.9 | 43.3 |
| | Combined Population | 53.4 | 51.1 |
| % Female | Blueprint primary care practice attributed | 54.9 | 55.6 |
| | Non-Blueprint primary care attributed | 54.6 | 56.0 |
| | No primary care attribution | 35.6 | 38.0 |
| | Combined Population | 52.3 | 53.5 |
| % Medicaid | Blueprint primary care practice attributed | 24.4 | 22.3 |
| | Non-Blueprint primary care attributed | 21.1 | 20.5 |
| | No primary care attribution | 24.4 | 26.9 |
| | Combined Population | 23.7 | 22.5 |
| % Medicare | Blueprint primary care practice attributed | 40.1 | 35.2 |
| | Non-Blueprint primary care attributed | 41.4 | 35.1 |
| | No primary care attribution | 24.4 | 17.3 |
| | Combined Population | 38.3 | 32.9 |
| % Maternity | Blueprint primary care practice attributed | 6.6 | 7.0 |
| | Non-Blueprint primary care attributed | 6.5 | 7.2 |
| | No primary care attribution | 5.0 | 4.9 |
| | Combined Population | 6.4 | 6.8 |

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 | 41.9 | 45.2 |
| | Non-Blueprint primary care attributed | 40.6 | 37.7 |
| | No primary care attribution | 3.9 | 4.8 |
| | Combined Population | 36.6 | 38.4 |
| % Healthy | Blueprint primary care practice attributed | 26.4 | 24.1 |
| | Non-Blueprint primary care attributed | 28.3 | 31.0 |
| | No primary care attribution | 81.4 | 80.0 |
| | Combined Population | 34.1 | 32.7 |
| % Acute or Minor Chronic | Blueprint primary care practice attributed | 15.0 | 14.8 |
| | Non-Blueprint primary care attributed | 15.5 | 14.4 |
| | No primary care attribution | 7.1 | 7.3 |
| | Combined Population | 14.1 | 13.7 |
| % Moderate Chronic | Blueprint primary care practice attributed | 26.6 | 27.2 |
| | Non-Blueprint primary care attributed | 23.9 | 24.0 |
| | No primary care attribution | 7.7 | 9.2 |
| | Combined Population | 23.5 | 24.2 |
| % Significant Chronic | Blueprint primary care practice attributed | 29.5 | 31.6 |
| | Non-Blueprint primary care attributed | 28.3 | 27.6 |
| | No primary care attribution | 3.3 | 3.2 |
| | Combined Population | 25.8 | 27.1 |
| % Cancer or Catastrophic | Blueprint primary care practice attributed | 2.4 | 2.4 |
| | Non-Blueprint primary care attributed | 4.1 | 3.0 |
| | No primary care attribution | 0.5 | 0.4 |
| | Combined Population | 2.6 | 2.3 |

Total Expenditures per Capita

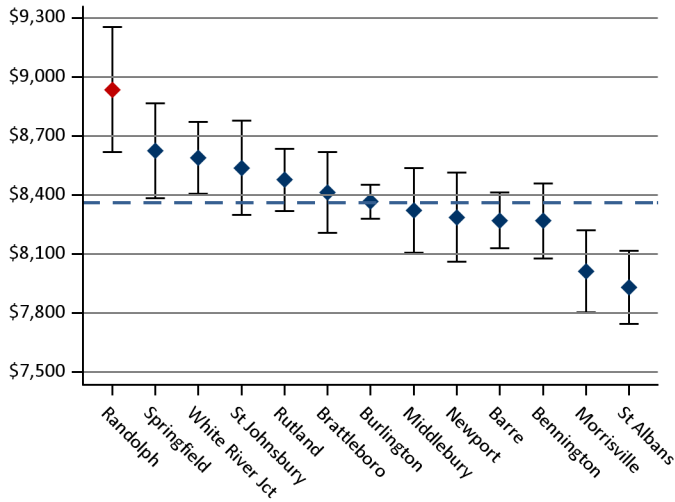


Figure 1: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide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

Total Expenditures per Capita by Major Category

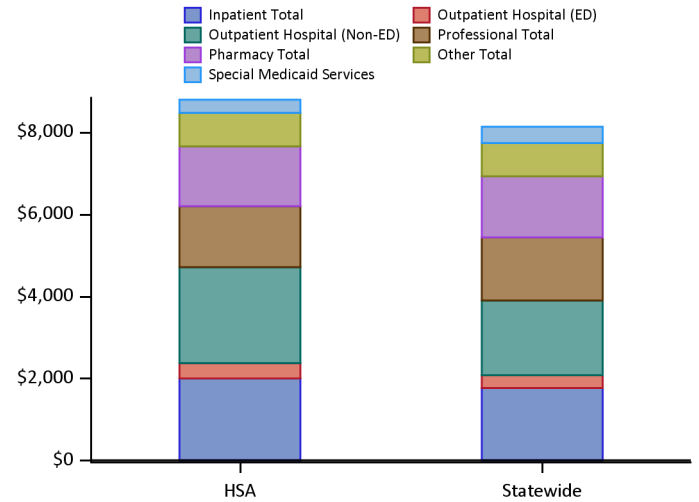


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services (SMS).

Total Expenditures per Capita (Excluding SMS)

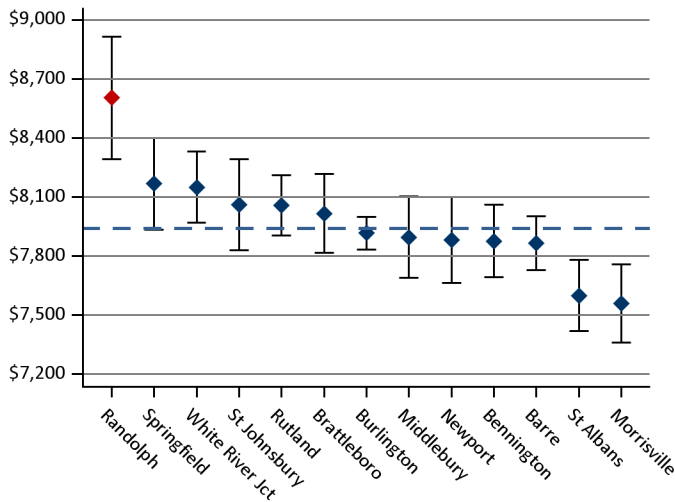


Figure 3: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude Special Medicaid Services. The blue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

Total Resource Use Index (RUI) (Excluding SMS)

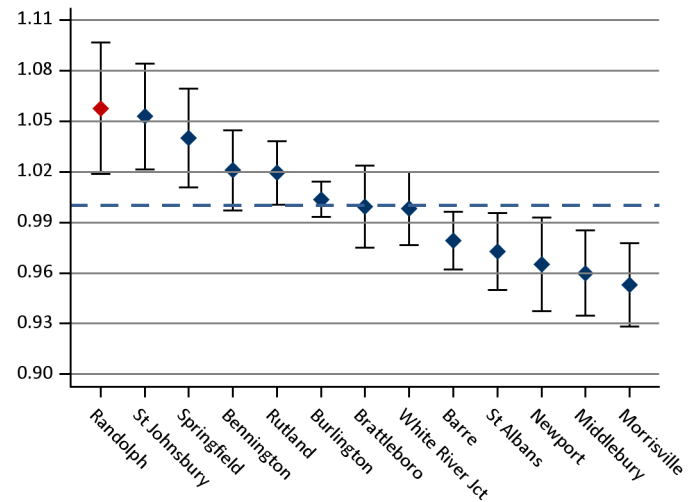


Figure 4: Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of services 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 vs. Resource Use Index (RUI)

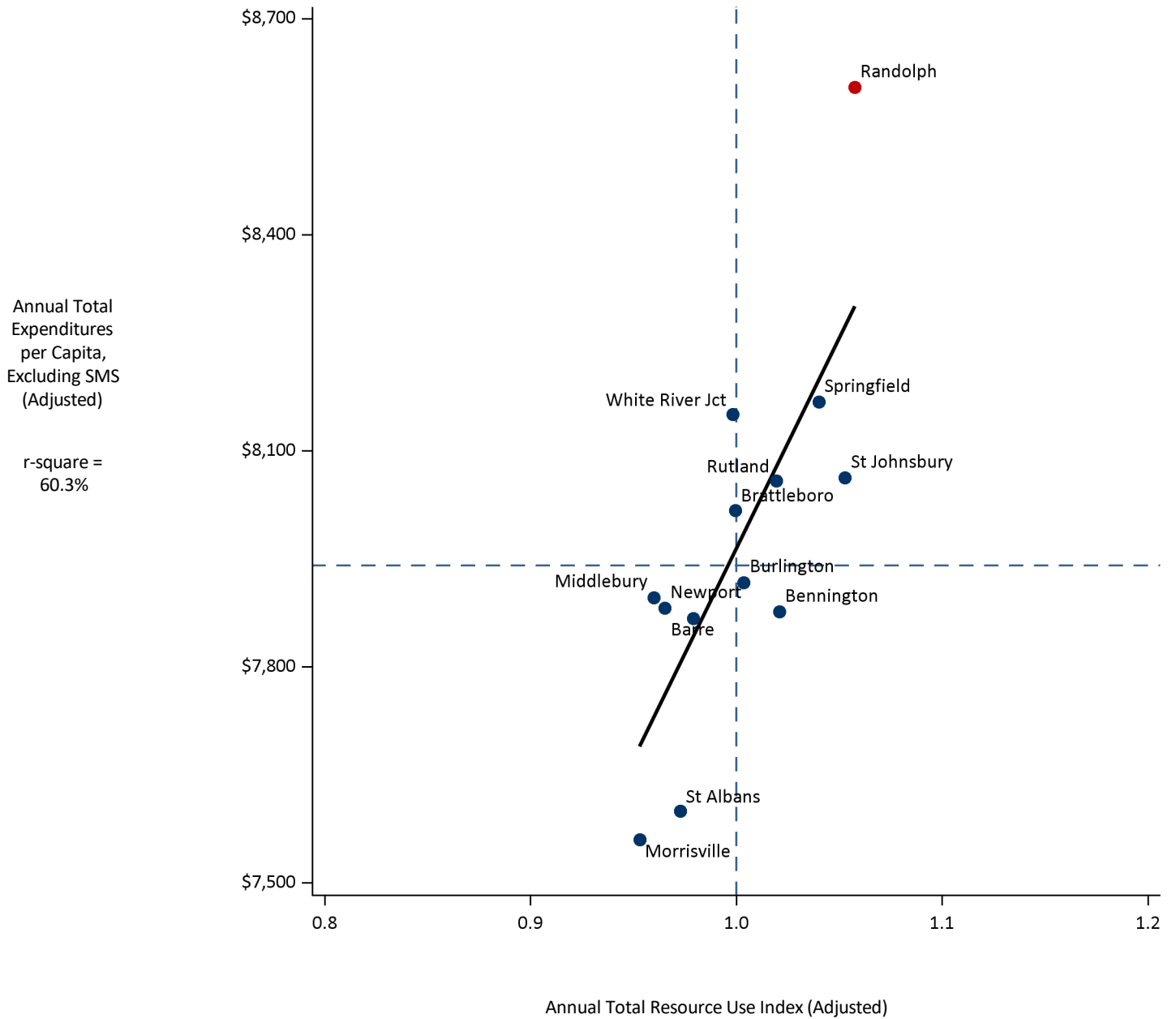


Figure 5: This graphic demonstrates the relationship between risk-adjusted expenditures, excluding SMS, and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the specified HSA's risk-adjusted rate (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dashed lines show the average expenditures per capita and average Resource Use Index statewide (i.e., 1.0). 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 1.0 indicates higher than average utilization; conversely, a value lower than 1.0 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

- Randolph
- All other Blueprint HSAs statewide

Inpatient Discharges

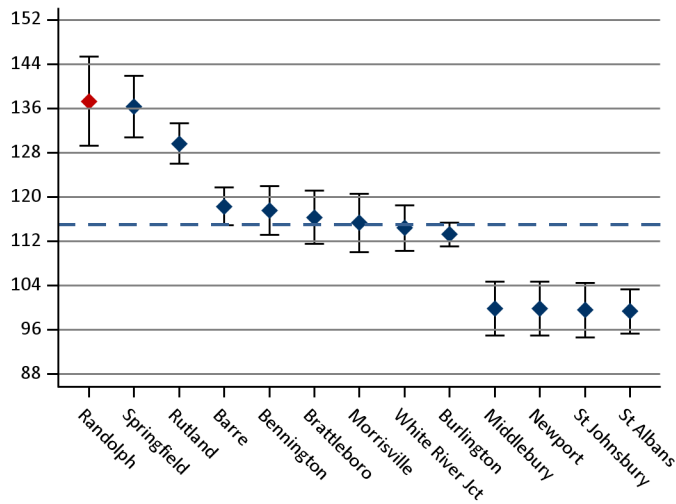


Figure 6: Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, and Preventive Quality Indicators — can be found in Table 6. The blue dashed line indicates the statewide average.

Outpatient ED Visits

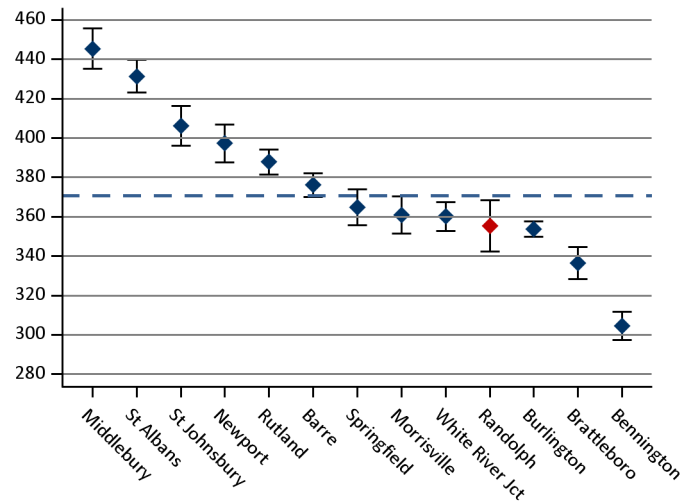


Figure 7: Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in Table 5. The blue dashed line indicates the statewide average.

Advanced Imaging (MRIs, CT Scans)

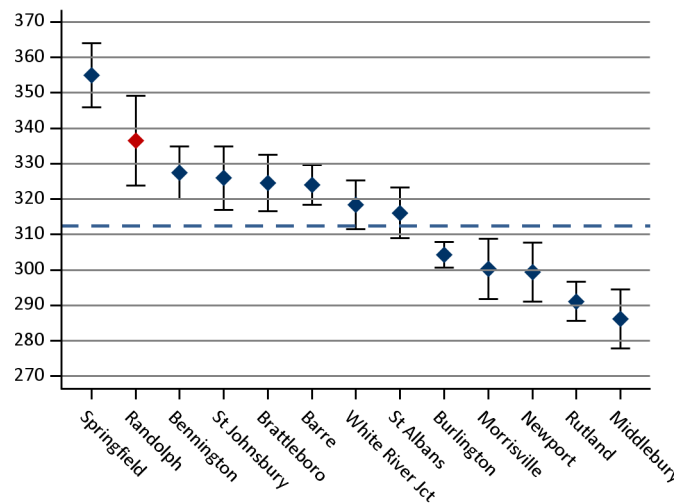


Figure 8: Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., magnetic resonance imagings (MRIs) and computed tomography (CT) scans) per 1,000 members. The blue dashed line indicates the statewide average.

Diabetes: HbA1c Testing

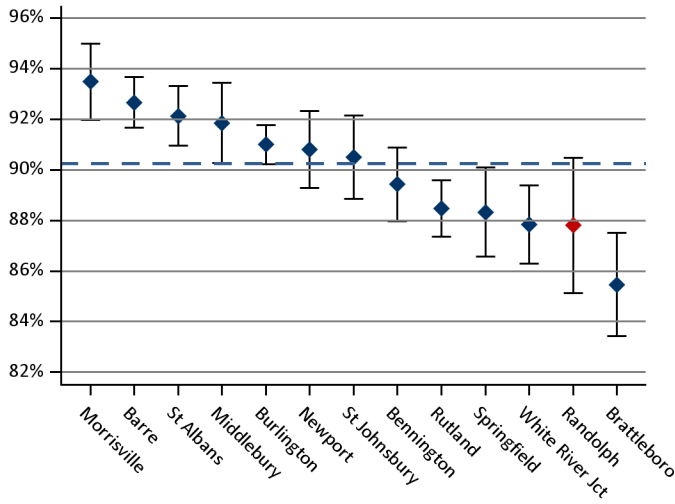


Figure 9: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: HbA1c Not in Control (Core-17, MSSP-27, NQF #0059)

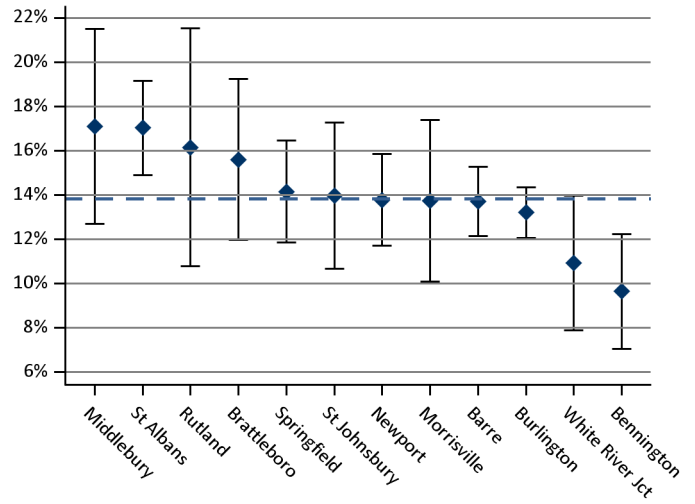


Figure 10: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the Blueprint clinical data registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: Eye Exam (NQF #0055)

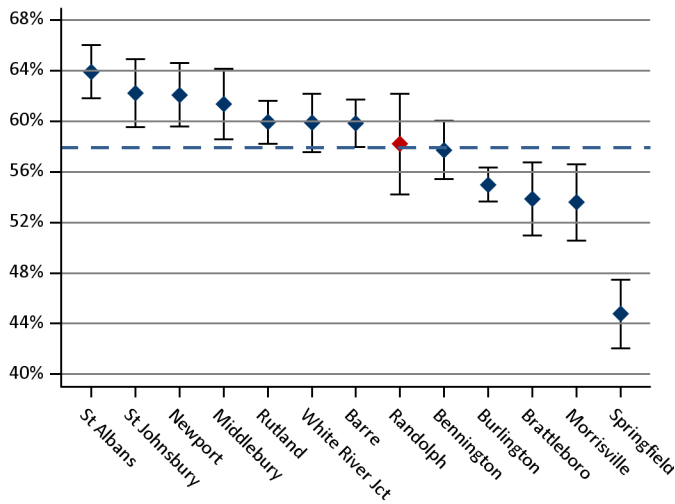


Figure 11: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

Diabetes Care Two-Part Composite (Core-53, NQF #0059 & #0055)

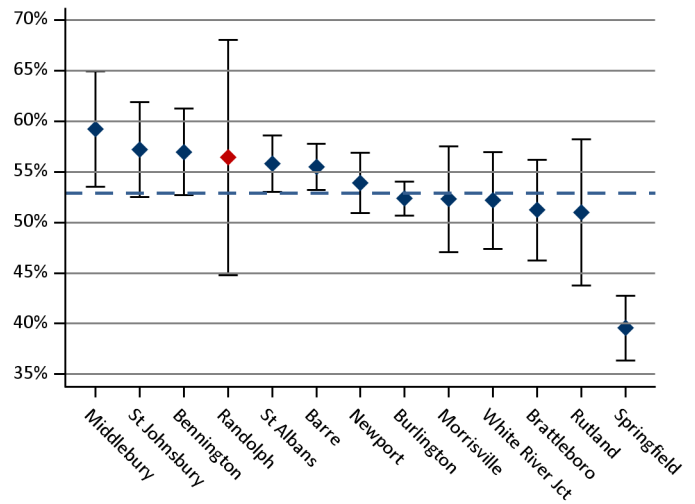


Figure 12: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a valid HbA1c $\leq 9\%$ and received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

Tobacco Use Screening* (NQF #0028)

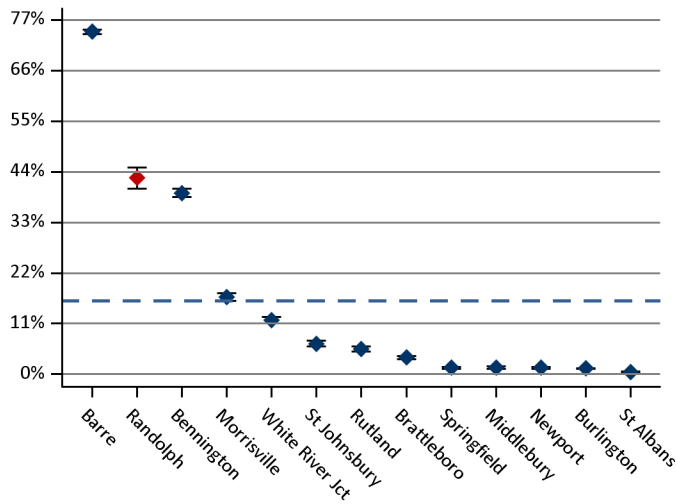


Figure 13: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

Medication Management for People With Asthma* (NQF #1799)

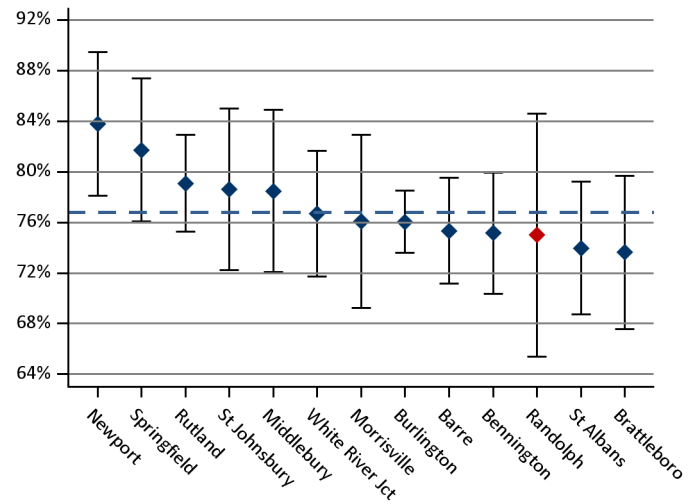


Figure 14: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that were identified as having persistent asthma and were dispensed appropriate asthma controller medications that they remained on for at least 50 percent of their treatment period. The blue dashed line indicates the statewide average.

Screening for Clinical Depression* (NQF #0418)

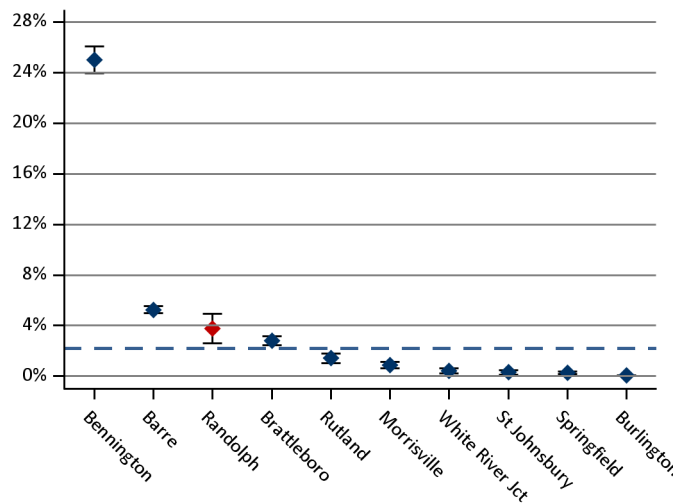


Figure 15: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

*This measure is part of the quality framework for evaluating health outcomes in a value-based system (Vermont’s All-Payer ACO Model)

Follow-Up After Discharge from ED for Alcohol and Other Drug Dependence* (NQF #2605)

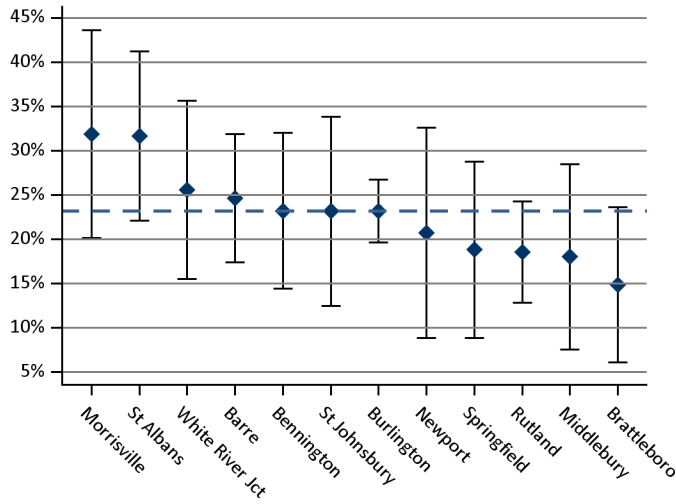


Figure 16: Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD within 30 days of the ED visit. The blue dashed line indicates the statewide average.

Follow-Up After Discharge From ED for Mental Health* (NQF #2605)

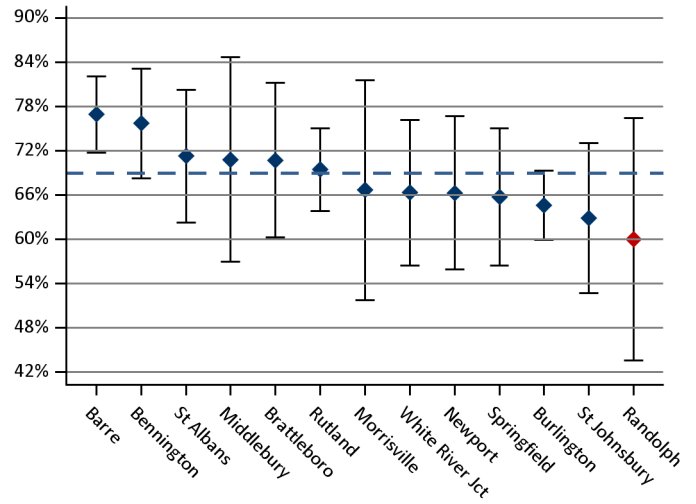


Figure 17: Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit. The blue dashed line indicates the statewide average.

*This measure is part of the quality framework for evaluating health outcomes in a value-based system (Vermont's All-Payer ACO Model)

Comparison of Patients by HbA1c Control Status, Statewide

| Metric | Diabetes A1c in Control | Diabetes A1c not in Control |
|--|----------------------------|-----------------------------|
| Members | 9591 | 1531 |
| Annual expenditures per capita | \$17804 (\$17369, \$18240) | \$19929 (\$18831, \$21026) |
| Inpatient hospitalizations per 1,000 members | 233.7 (224.0, 243.4) | 287.8 (260.8, 314.8) |
| Inpatient days per 1,000 members | 1161.6 (1139.9, 1183.3) | 1381.3 (1322.1, 1440.4) |
| Outpatient ED visits per 1,000 members | 650.0 (633.8, 666.3) | 916.3 (868.1, 964.5) |

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

Table 3: 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 ($\leq 9\%$) 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.

Diabetes: Nephropathy (Kidney Disease) Screening (NQF #0062)

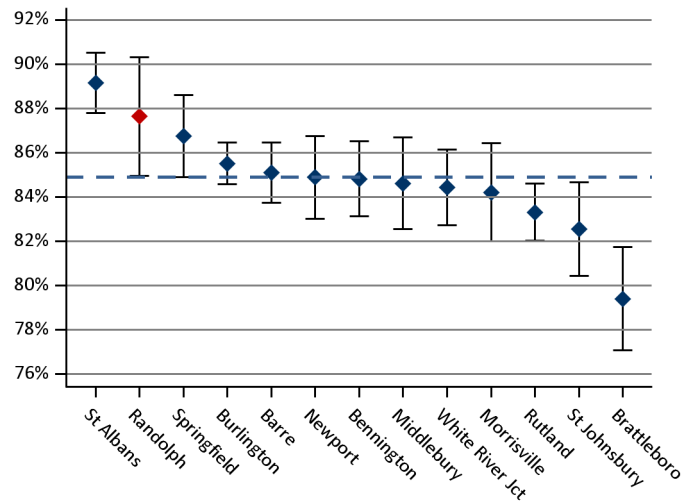


Figure 18: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a nephropathy (kidney disease) screening test or evidence of nephropathy documented in the claims data. The blue dashed line indicates the statewide average.

Diabetes: Tobacco Non-Use (MSSP-25)

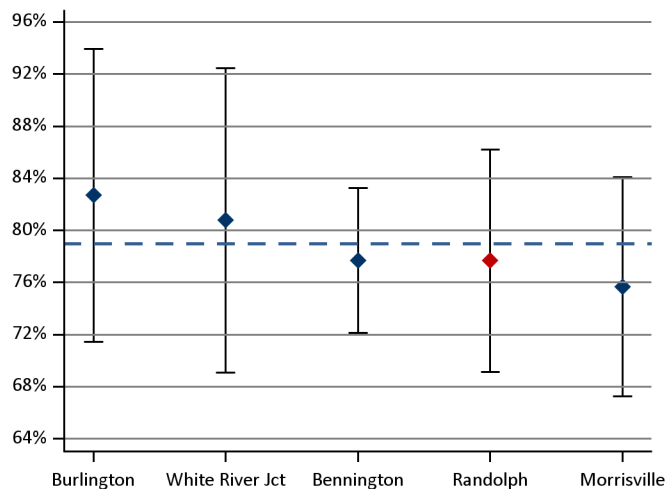


Figure 19: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, documented as tobacco non-users in the Blueprint clinical data registry. Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for tobacco non-use during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: Blood Pressure in Control (MSSP-24)

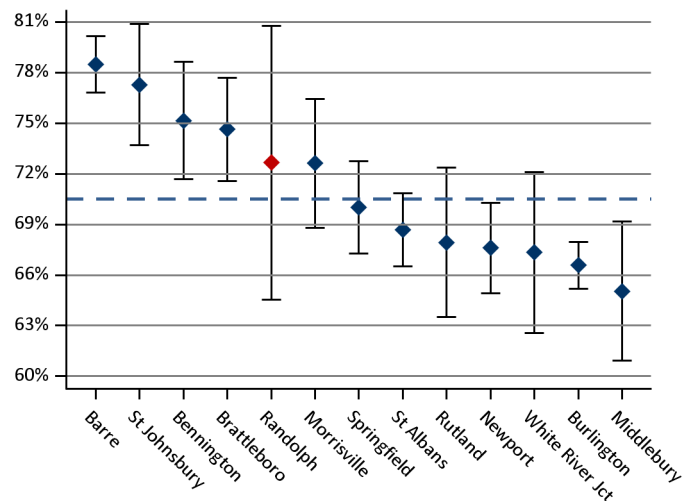


Figure 20: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded blood pressure measurement in the Blueprint clinical data registry was in control ($<140/90$ mmHg). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one blood pressure test during the measurement year. The blue dashed line indicates the statewide average.

Linked Clinical Data: Obesity, Hypertension, & HbA1c

| Measure (N = Count of distinct members) | HSA N=8,810 | Statewide N=381,575 |
|---|----------------|------------------------|
| | Rate % | Rate % |
| % linked to clinical data | 15% | 49% |
| % with BMI data | 10% | 32% |
| % meeting obesity criteria | 42% | 38% |
| % with blood pressure data | 14% | 45% |
| % meeting hypertension criteria | 20% | 22% |
| % with BMI and blood pressure data | 10% | 31% |
| % meeting obesity and hypertension criteria | 12% | 10% |

| Measure (N = Count of distinct members with diabetes) | HSA N=615 | Statewide N=25,137 |
|--|-----------|-----------------------|
| | Rate % | Rate % |
| % linked to clinical data | 23% | 64% |
| % with BMI data | 19% | 46% |
| % meeting obesity criteria | 72% | 67% |
| % with blood pressure data | 21% | 60% |
| % meeting hypertension criteria | 27% | 30% |
| % with valid HbA1c | 13% | 45% |
| % with HbA1c >9% | 1% | 7% |

Table 4: Presents the proportion of total distinct members and distinct members with diabetes with claims linked to clinical data, valid body mass index (BMI), blood pressure, and HbA1c data meeting the criteria for obesity (BMI ≥ 30.0), hypertension (mmHg ≥ 140/90), and HbA1c >9%. Note: denominators and rates will differ from diabetes-related HEDIS measures in Table 11 since this table includes all members regardless of whether or not they had valid clinical data.

Hypertension: Blood Pressure in Control (Core-39, MSSP-28, NQF #0018)

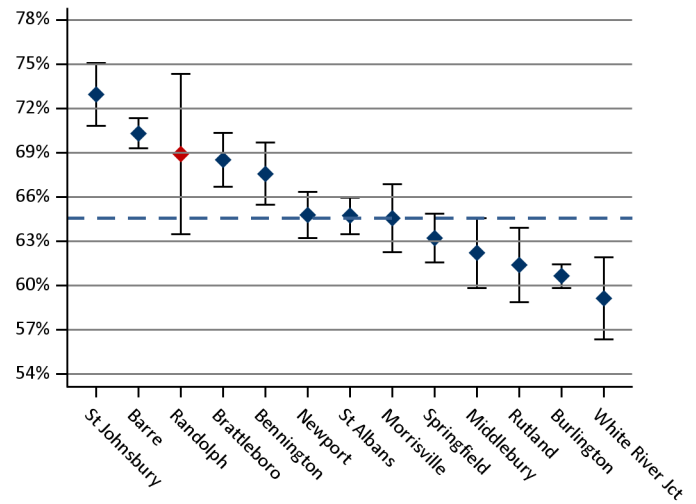


Figure 21: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the Blueprint clinical data registry was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with clinical results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.

Imaging Studies for Low Back Pain

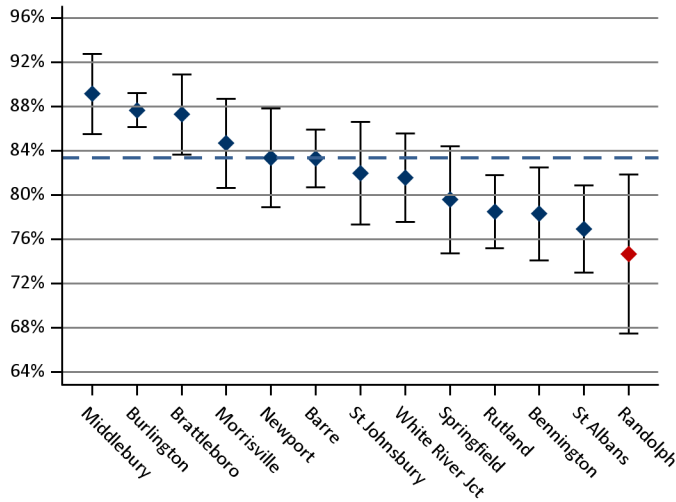


Figure 22: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–50 years, that received a primary diagnosis of low back pain and appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. This is an 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, NQF #0032)

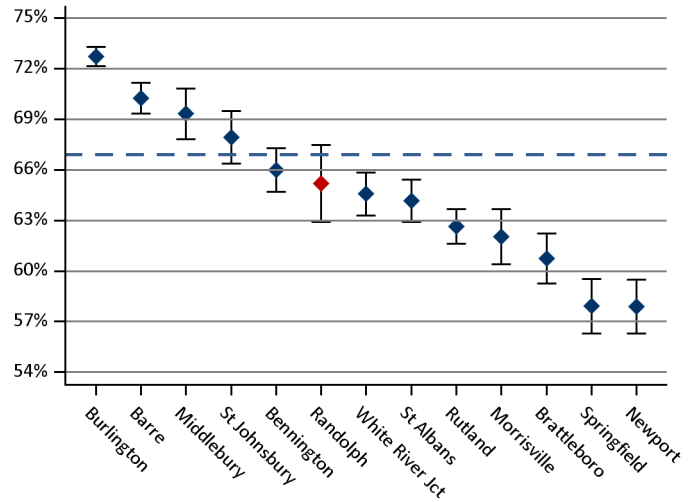


Figure 23: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, either age 21–64 that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year or age 30–64 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The blue dashed line indicates the statewide average.

Chlamydia Screening (Core-7)

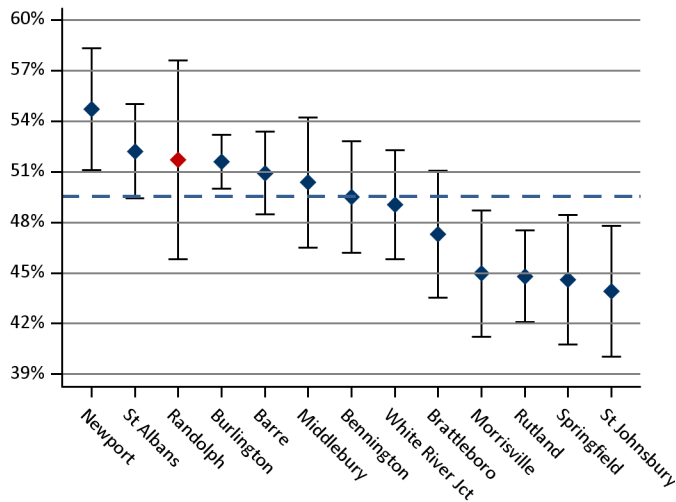


Figure 24: Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16–24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note 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, NQF #0031)

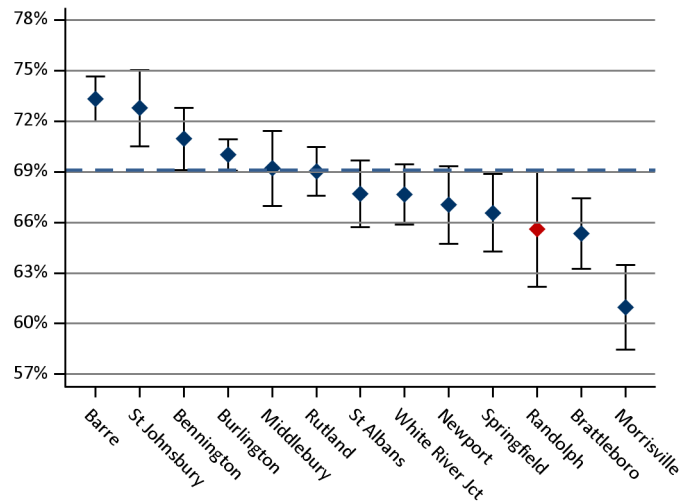


Figure 25: Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52–64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.

Plan All-Cause Readmissions (Core-1, NQF #1768)

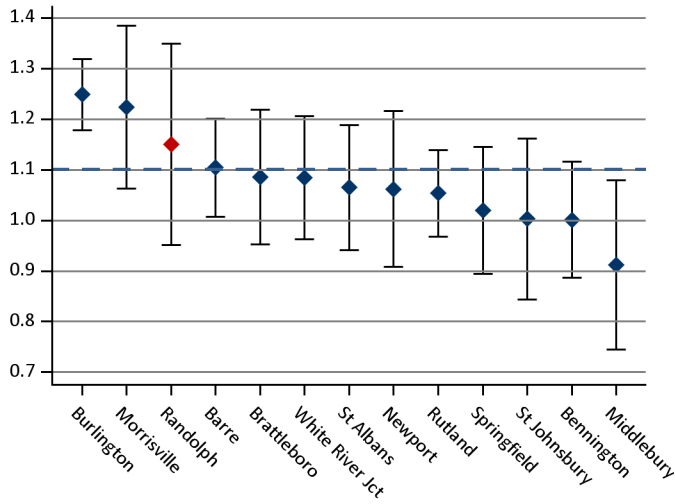


Figure 26: Presents the relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year. The rate is expressed as a ratio of observed to expected readmissions where the expected number of readmissions has been risk adjusted. The blue dashed line indicates the statewide average. HEDIS specifications have changed.

Follow-Up After Hospitalization for Mental Illness (Core-4, NQF #0576)

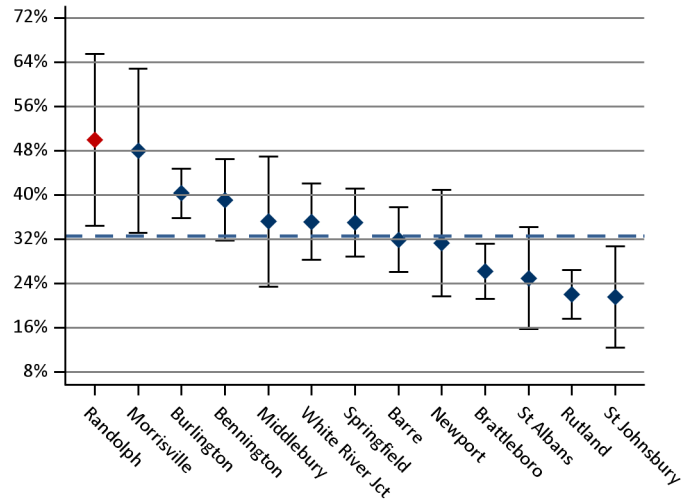


Figure 27: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 6 years and older, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the statewide average.

Initiation of Alcohol/Drug Treatment (Core-5a, NQF #0004)

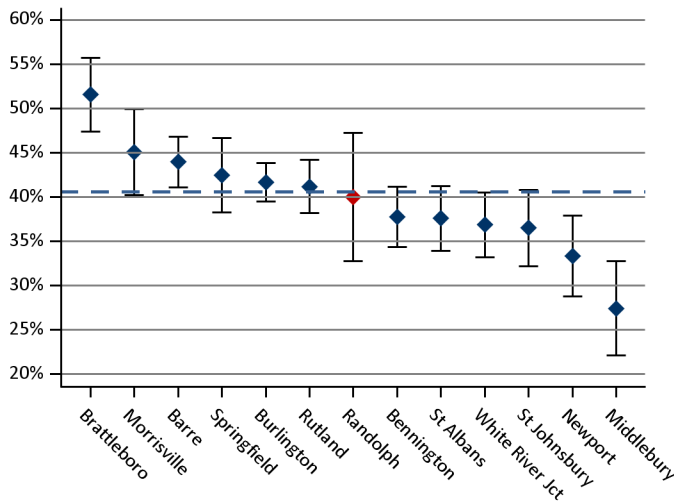


Figure 28: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.

Engagement of Alcohol/Drug Treatment (Core-5b, NQF #0004)

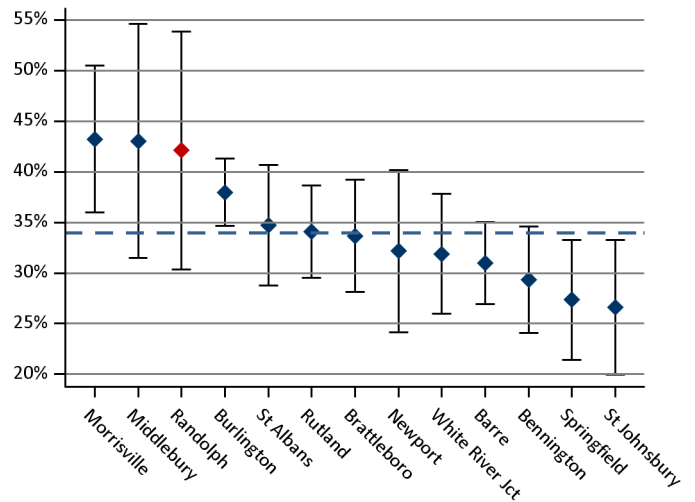


Figure 29: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment and then had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.

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

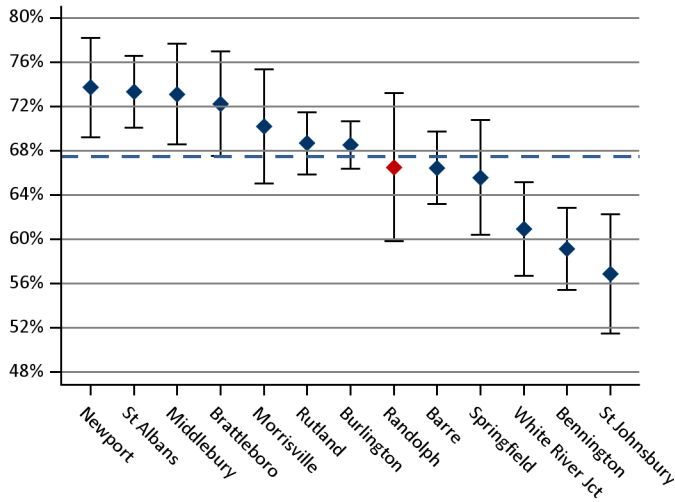


Figure 30: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–75 years, discharged alive after treatment for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to 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, NQF #0058)

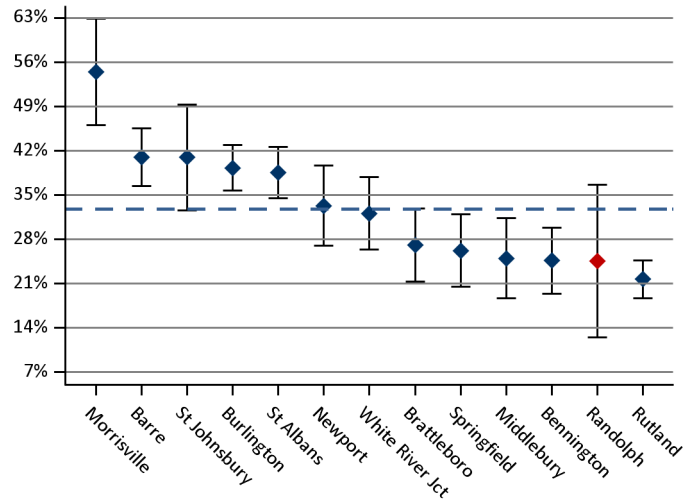


Figure 31: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.

Influenza Vaccination (Core-35, MSSP-14, NQF #0041)

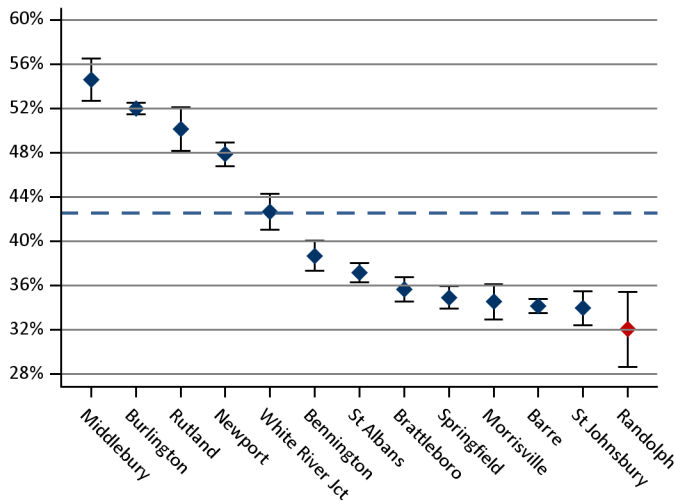


Figure 32: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the Blueprint clinical data registry. The blue dashed line indicates the statewide average.

Pneumonia Vaccination (Core-48, MSSP-15, NQF #0043)

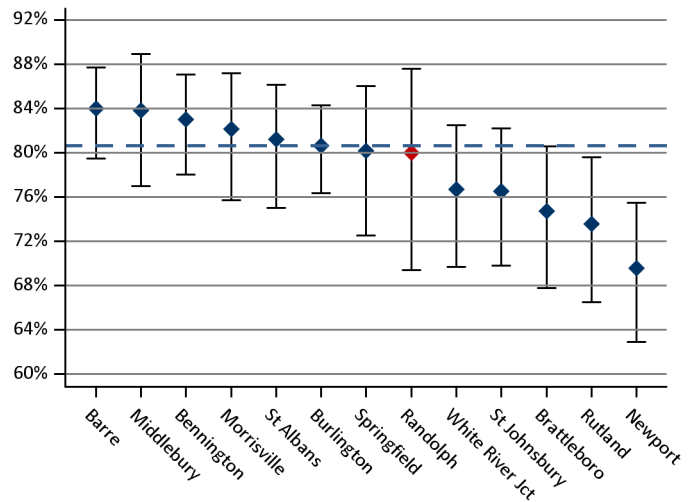


Figure 33: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccination. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

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

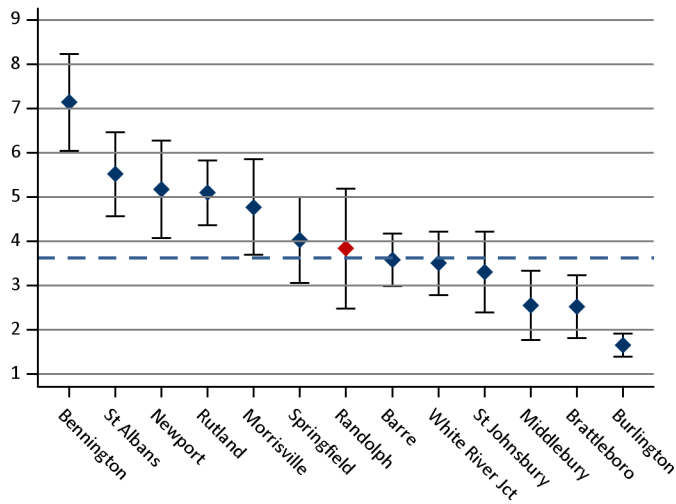


Figure 34: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.

ACS Admissions: Heart Failure (MSSP-10, NQF #0277)

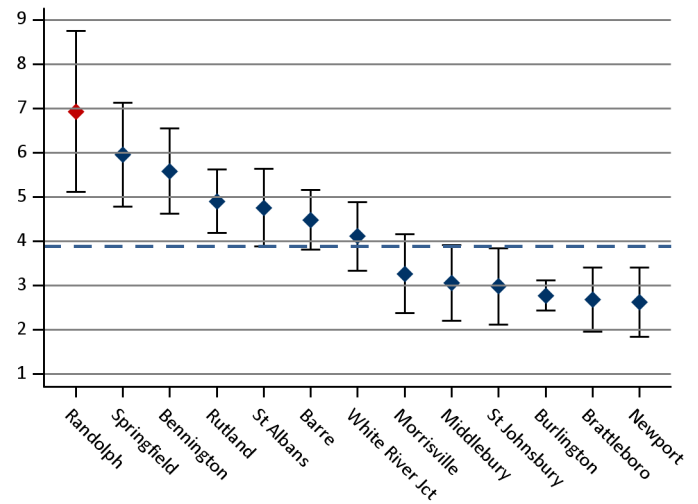


Figure 35: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of congestive heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.

ACS Hospitalizations: PQI 92 Composite Chronic (Core-12)

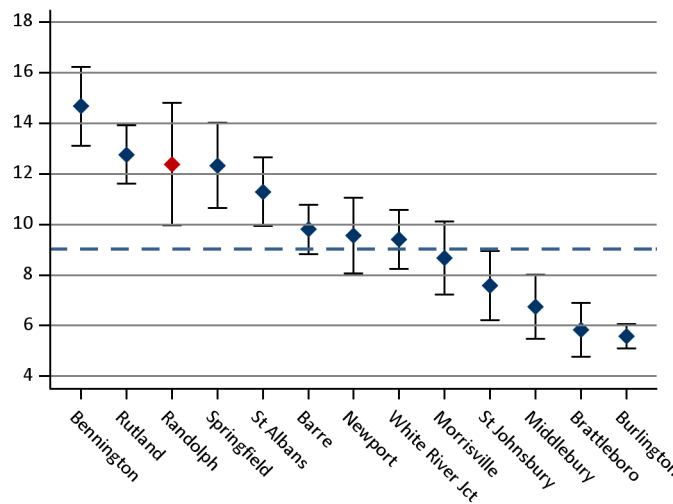


Figure 36: This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of hospitalizations for chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: COPD, asthma, hypertension, heart failure, angina without a cardiac procedure, diabetes with lower-extremity amputations, diabetes with short-term complications, diabetes with long-term complications, or uncontrolled diabetes without complications. The blue dashed line indicates the statewide average.

BRFSS: Adults Diagnosed with COPD

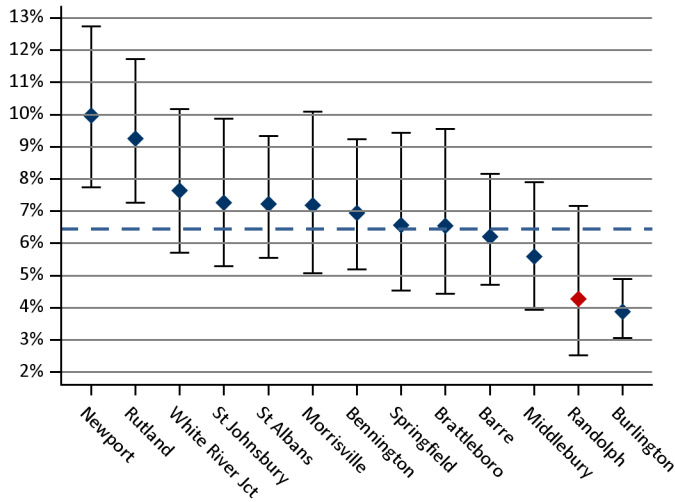


Figure 37: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of COPD. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

BRFSS: Adults Diagnosed with Hypertension

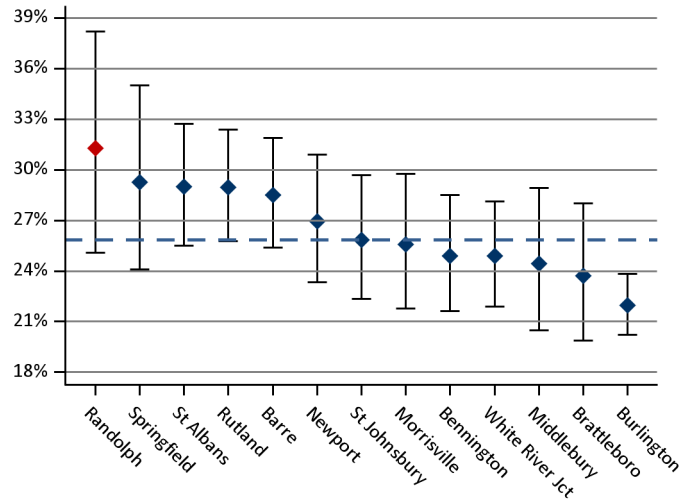


Figure 38: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of hypertension. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

BRFSS: Adults with Diabetes

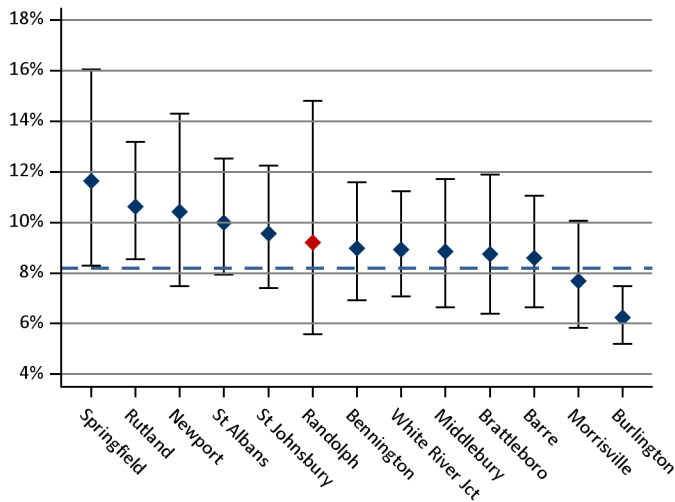


Figure 39: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of diabetes. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

BRFSS: Adults with Personal Doctor

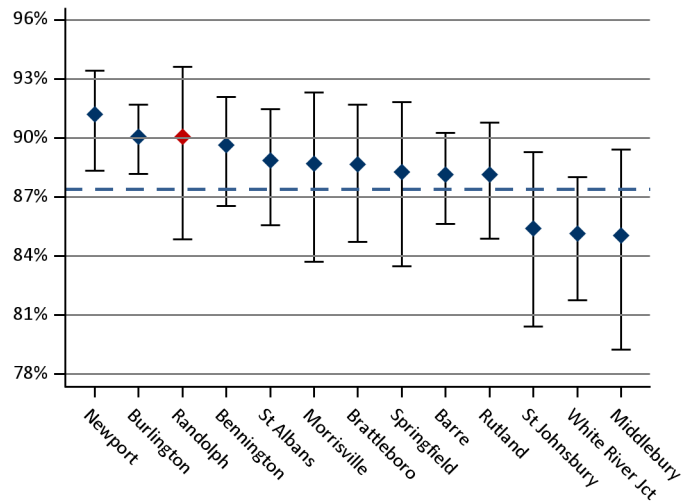


Figure 40: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they have a personal doctor or health care provider. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

BRFSS: Households with Income <\$25,000

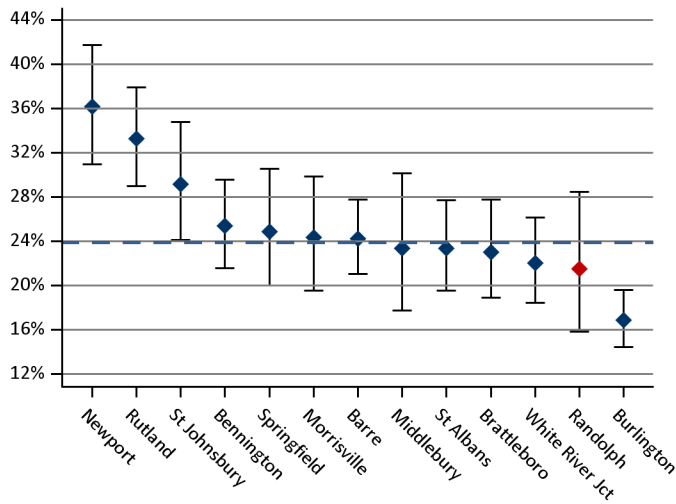


Figure 41: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than \$25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

BRFSS: Cigarette Smoking

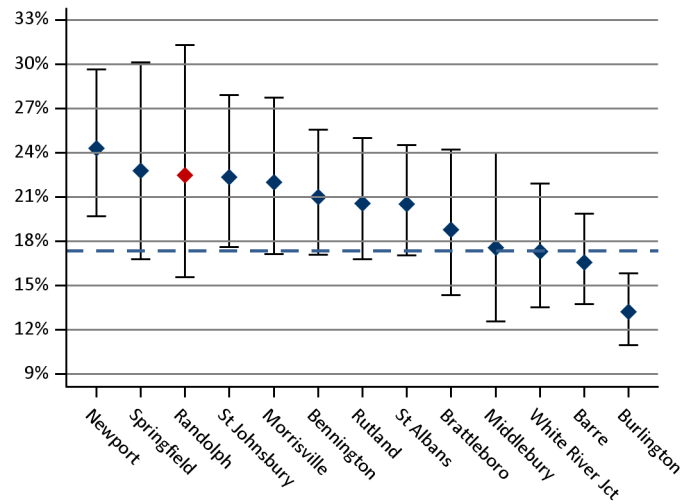


Figure 42: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

BRFSS: No Leisure-Time Physical Activity/Exercise

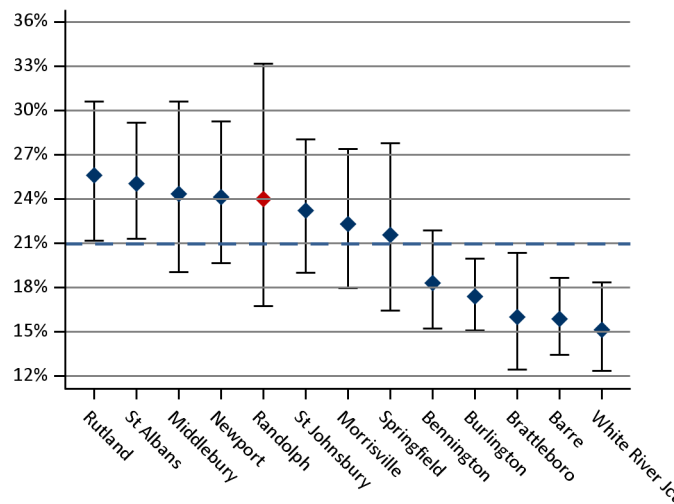


Figure 43: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2016 and December 2017. The blue dashed line indicates the statewide average.

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

Table 5. Expenditure Measures (Adjusted)

| Measure | HSA | | | Statewide | | |
|--|-----------------|---------|---------|-----------------|---------|---------|
| | Rate per Capita | 95% LCL | 95% UCL | Rate per Capita | 95% LCL | 95% UCL |
| Total | \$8,935 | \$8,618 | \$9,253 | \$8,362 | \$8,315 | \$8,410 |
| Inpatient Total | \$1,996 | \$1,789 | \$2,203 | \$1,763 | \$1,733 | \$1,792 |
| Inpatient Mental Health | \$97 | \$66 | \$128 | \$117 | \$110 | \$124 |
| Inpatient Maternity | \$87 | \$73 | \$101 | \$86 | \$83 | \$88 |
| Inpatient Surgical | \$968 | \$783 | \$1,153 | \$783 | \$760 | \$806 |
| Inpatient Medical | \$908 | \$792 | \$1,024 | \$790 | \$774 | \$807 |
| Outpatient Total | \$2,713 | \$2,603 | \$2,823 | \$2,137 | \$2,122 | \$2,151 |
| Outpatient Hospital Mental Health | \$40 | \$33 | \$47 | \$33 | \$32 | \$34 |
| Outpatient Hospital ED | \$373 | \$350 | \$397 | \$312 | \$309 | \$316 |
| Outpatient Hospital Surgery | \$681 | \$624 | \$738 | \$513 | \$506 | \$520 |
| Outpatient Hospital Radiology | \$698 | \$627 | \$769 | \$532 | \$521 | \$542 |
| Outpatient Hospital Laboratory | \$352 | \$337 | \$368 | \$285 | \$283 | \$287 |
| Outpatient Hospital Pharmacy | \$53 | \$33 | \$74 | \$59 | \$56 | \$62 |
| Outpatient Hospital Other | \$537 | \$510 | \$565 | \$421 | \$418 | \$425 |
| Professional Non-Mental Health Total | \$1,271 | \$1,236 | \$1,307 | \$1,337 | \$1,332 | \$1,343 |
| Professional Physician Total | \$858 | \$829 | \$886 | \$864 | \$859 | \$868 |
| Professional Physician Inpatient | \$174 | \$152 | \$195 | \$168 | \$165 | \$171 |
| Professional Physician Outpatient Facility | \$278 | \$265 | \$291 | \$279 | \$277 | \$281 |
| Professional Physician Office Visit | \$323 | \$312 | \$334 | \$336 | \$334 | \$338 |
| Professional Non-Physician | \$405 | \$392 | \$418 | \$460 | \$458 | \$463 |
| Professional Mental Health Provider | \$210 | \$197 | \$223 | \$197 | \$194 | \$199 |
| Pharmacy Total | \$1,459 | \$1,368 | \$1,549 | \$1,490 | \$1,475 | \$1,504 |
| Pharmacy Psych Medication | \$117 | \$103 | \$131 | \$137 | \$134 | \$139 |
| Other Total | \$819 | \$729 | \$909 | \$812 | \$800 | \$825 |
| Special Medicaid Services | \$321 | \$266 | \$376 | \$398 | \$388 | \$409 |
| Mental Health Substance Combined* | \$437 | \$403 | \$472 | \$444 | \$439 | \$450 |

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

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

| Measure | HSA | | | Statewide | | |
|---------------------|-------------|---------|---------|-------------|---------|---------|
| | Index Ratio | 95% LCL | 95% UCL | Index Ratio | 95% LCL | 95% UCL |
| Total | 1.06 | 1.02 | 1.10 | 1.00 | 0.99 | 1.01 |
| Inpatient | 1.09 | 0.98 | 1.20 | 1.00 | 0.98 | 1.02 |
| Outpatient Facility | 1.16 | 1.10 | 1.22 | 1.00 | 0.99 | 1.01 |
| Professional | 0.96 | 0.94 | 0.99 | 1.00 | 1.00 | 1.00 |
| Pharmacy | 0.99 | 0.94 | 1.04 | 1.00 | 0.99 | 1.01 |

Table 7. Utilization Measures (Adjusted)

| Measure | HSA | | | Statewide | | |
|--|----------------|---------|---------|----------------|---------|---------|
| | Rate per 1,000 | 95% LCL | 95% UCL | Rate per 1,000 | 95% LCL | 95% UCL |
| Inpatient Discharges | 137.3 | 129.3 | 145.4 | 115.0 | 113.9 | 116.2 |
| Inpatient Days | 634.4 | 617.0 | 651.8 | 574.9 | 572.4 | 577.4 |
| Outpatient ED Visits | 355.5 | 342.5 | 368.5 | 370.8 | 368.8 | 372.8 |
| Outpatient Potentially Avoidable ED Visits | 58.9 | 53.6 | 64.2 | 58.2 | 57.4 | 59.0 |
| Non-Hospital Outpatient Visits | 5,829.9 | 5,777.2 | 5,882.5 | 5,678.8 | 5,670.9 | 5,686.7 |
| Primary Care Encounters | 2,347.9 | 2,314.5 | 2,381.3 | 2,892.9 | 2,887.2 | 2,898.5 |
| Medical Specialist Encounters | 1,061.2 | 1,038.7 | 1,083.7 | 1,205.5 | 1,201.9 | 1,209.2 |
| Surgical Specialist Encounters | 945.1 | 923.9 | 966.3 | 989.0 | 985.7 | 992.3 |
| Standard Imaging | 1,007.2 | 985.3 | 1,029.0 | 884.6 | 881.5 | 887.7 |
| Advanced Imaging | 336.5 | 323.9 | 349.2 | 312.5 | 310.6 | 314.3 |
| Echography | 378.2 | 364.8 | 391.6 | 366.5 | 364.5 | 368.5 |
| Colonoscopy | 44.1 | 39.5 | 48.7 | 51.0 | 50.2 | 51.7 |

Table 8. 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 | 615 | 88% | 85% | 90% | 25,137 | 90% | 90% | 91% |
| Eye Exam | 615 | 58% | 54% | 62% | 25,137 | 58% | 57% | 59% |
| Nephropathy | 615 | 88% | 85% | 90% | 25,137 | 85% | 84% | 85% |
| Imaging Studies for Low Back Pain | 154 | 75% | 67% | 82% | 6,547 | 83% | 82% | 84% |

Table 9. Key Expenditure 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 Total Expenditures | Blueprint primary care practice attributed | \$8,831 | \$8,431 | \$9,230 | \$8,213 | \$8,152 | \$8,274 |
| | Non-Blueprint primary care attributed | \$9,734 | \$8,952 | \$10,516 | \$9,008 | \$8,900 | \$9,117 |
| | No primary care attribution | \$7,991 | \$7,586 | \$8,397 | \$7,851 | \$7,784 | \$7,918 |
| | Combined Population | \$8,935 | \$8,618 | \$9,253 | \$8,362 | \$8,315 | \$8,410 |
| Risk-adjusted Total Expenditures Excluding SMS | Blueprint primary care practice attributed | \$8,526 | \$8,136 | \$8,917 | \$7,783 | \$7,724 | \$7,842 |
| | Non-Blueprint primary care attributed | \$9,388 | \$8,613 | \$10,163 | \$8,620 | \$8,514 | \$8,727 |
| | No primary care attribution | \$7,546 | \$7,153 | \$7,940 | \$7,403 | \$7,340 | \$7,466 |
| | Combined Population | \$8,605 | \$8,293 | \$8,917 | \$7,940 | \$7,894 | \$7,987 |

Table 10. 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 | 1.04 | 0.99 | 1.09 | 0.98 | 0.97 | 0.99 |
| | Non-Blueprint primary care attributed | 1.16 | 1.06 | 1.25 | 1.08 | 1.07 | 1.09 |
| | No primary care attribution | 0.96 | 0.90 | 1.01 | 0.94 | 0.93 | 0.94 |
| | Combined Population | 1.06 | 1.02 | 1.10 | 1.00 | 0.99 | 1.01 |
| Risk-adjusted Inpatient Utilization | Blueprint primary care practice attributed | 144.30 | 134.06 | 154.54 | 112.98 | 111.60 | 114.36 |
| | Non-Blueprint primary care attributed | 128.98 | 112.51 | 145.44 | 119.84 | 117.49 | 122.19 |
| | No primary care attribution | 114.92 | 93.49 | 136.35 | 116.86 | 113.45 | 120.26 |
| | Combined Population | 137.34 | 129.25 | 145.42 | 115.04 | 113.92 | 116.17 |
| Risk-adjusted Outpatient ED Utilization | Blueprint primary care practice attributed | 365.80 | 349.50 | 382.10 | 374.52 | 372.01 | 377.03 |
| | Non-Blueprint primary care attributed | 339.29 | 312.59 | 366.00 | 377.01 | 372.84 | 381.18 |
| | No primary care attribution | 329.49 | 293.20 | 365.78 | 335.59 | 329.82 | 341.36 |
| | Combined Population | 355.48 | 342.48 | 368.48 | 370.81 | 368.79 | 372.82 |
| Potentially Avoidable ED Visits | Blueprint primary care practice attributed | 61.36 | 54.69 | 68.04 | 58.70 | 57.70 | 59.69 |
| | Non-Blueprint primary care attributed | 57.12 | 46.16 | 68.07 | 59.00 | 57.35 | 60.65 |
| | No primary care attribution | 48.52 | 34.59 | 62.44 | 53.50 | 51.19 | 55.80 |
| | Combined Population | 58.87 | 53.58 | 64.16 | 58.20 | 57.40 | 58.99 |
| PQI92 (Chronic conditions) | Blueprint primary care practice attributed | 14.75 | 11.47 | 18.02 | 10.12 | 9.71 | 10.53 |
| | Non-Blueprint primary care attributed | 12.03 | 7.01 | 17.06 | 9.87 | 9.20 | 10.54 |
| | No primary care attribution | | 0.00 | | 0.83 | 0.54 | 1.11 |
| | Combined Population | 12.38 | 9.95 | 14.81 | 9.03 | 8.72 | 9.35 |

Table 11a. ACO and APM Measures Detail

| Measure | | HSA | | | | Statewide | | | |
|--|---------|-------|--------|---------|---------|-----------|--------|---------|---------|
| | | N | Rate % | 95% LCL | 95% UCL | N | Rate % | 95% LCL | 95% UCL |
| Cervical Cancer Screening | Core-30 | 1,698 | 65% | 63% | 67% | 82,678 | 67% | 67% | 67% |
| CCS – Commercial | Core-30 | 911 | 70% | 67% | 73% | 50,622 | 73% | 72% | 73% |
| CCS – Medicaid | Core-30 | 587 | 63% | 59% | 67% | 23,054 | 61% | 60% | 61% |
| CCS – Medicare | Core-30 | 200 | 49% | 42% | 56% | 9,002 | 50% | 49% | 51% |
| Chlamydia Screening (Ages 16–24 Years) | Core-7 | 292 | 52% | 46% | 58% | 14,357 | 50% | 49% | 50% |
| CHL – Commercial | Core-7 | 125 | 56% | 47% | 65% | 7,593 | 48% | 47% | 50% |
| CHL – Medicaid | Core-7 | 167 | 49% | 41% | 56% | 6,651 | 51% | 50% | 52% |
| CHL – Medicare | Core-7 | | | | | 113 | 40% | 30% | 49% |
| Breast Cancer Screening (Ages 52–64 Years) | Core-11 | 773 | 66% | 62% | 69% | 35,907 | 69% | 69% | 70% |
| BCS – Commercial (Ages 52–64 Years) | Core-11 | 462 | 71% | 67% | 75% | 24,030 | 75% | 75% | 76% |
| BCS – Medicaid (Ages 52–64 Years) | Core-11 | 164 | 52% | 44% | 60% | 6,484 | 56% | 55% | 57% |
| BCS – Medicare (Ages 52–64 Years) | Core-11 | 147 | 63% | 54% | 71% | 5,393 | 58% | 57% | 59% |
| BCS (Ages 52–74 Years) | Core-11 | 1,570 | 66% | 64% | 69% | 64,311 | 69% | 69% | 70% |
| BCS (Ages 65–74 Years) | Core-11 | 797 | 67% | 64% | 70% | 28,404 | 70% | 69% | 70% |
| Follow-Up After Hospitalization for Mental Illness (7 day) | Core-4 | 46 | 50% | 34% | 66% | 2,516 | 33% | 31% | 34% |
| FUH – Commercial | Core-4 | | | | | 316 | 46% | 40% | 52% |
| FUH – Medicaid | Core-4 | | | | | 1,423 | 27% | 24% | 29% |
| FUH – Medicare | Core-4 | | | | | 777 | 38% | 34% | 41% |
| Initiation of Alcohol/Drug Treatment | Core-5a | 190 | 40% | 33% | 47% | 9,456 | 41% | 40% | 42% |
| IET (INI) – Medicaid | Core-5a | 95 | 43% | 33% | 54% | 4,480 | 41% | 39% | 42% |
| Engagement of Alcohol/Drug Treatment | Core-5b | 76 | 42% | 30% | 54% | 3,839 | 34% | 32% | 35% |
| IET (ENG) – Medicaid | Core-5b | 41 | 54% | 37% | 70% | 1,829 | 43% | 41% | 46% |
| Cholesterol Management for Patients with CVD | Core-3 | 206 | 67% | 60% | 73% | 8,041 | 68% | 66% | 69% |
| CMC – Commercial | Core-3 | | | | | 1,198 | 68% | 65% | 70% |
| CMC – Medicaid | Core-3 | | | | | 642 | 63% | 59% | 67% |
| CMC – Medicare | Core-3 | 161 | 68% | 60% | 75% | 6,201 | 68% | 67% | 69% |
| Avoidance of Antibiotic Treatment for Acute Bronchitis | Core-6 | 57 | 25% | 13% | 37% | 4,366 | 33% | 31% | 34% |
| AAB – Commercial | Core-6 | | | | | 2,318 | 33% | 31% | 35% |
| AAB – Medicaid | Core-6 | | | | | 1,485 | 31% | 28% | 33% |
| AAB – Medicare | Core-6 | | | | | 563 | 37% | 33% | 42% |
| Influenza Vaccination | Core-35 | 758 | 32% | 29% | 35% | 116,450 | 43% | 42% | 43% |
| INF – Commercial | Core-35 | 281 | 23% | 18% | 29% | 41,398 | 34% | 33% | 34% |
| INF – Medicaid | Core-35 | 157 | 21% | 14% | 28% | 23,331 | 28% | 27% | 28% |
| INF – Medicare | Core-35 | 320 | 45% | 39% | 51% | 51,721 | 57% | 56% | 57% |

Table 11b. ACO and APM Measures Detail, Continued

| Measure | | HSA | | | | Statewide | | | |
|---|---------|-----|--------|---------|---------|-----------|--------|---------|---------|
| | | N | Rate % | 95% LCL | 95% UCL | N | Rate % | 95% LCL | 95% UCL |
| Diabetes Blood Pressure in Control (<140/90 mmHg) | MSSP-24 | 128 | 73% | 65% | 81% | 15,023 | 71% | 70% | 71% |
| Diab – Commercial (BP) | MSSP-24 | 37 | 78% | 64% | 93% | 3,907 | 72% | 71% | 74% |
| Diab – Medicaid (BP) | MSSP-24 | | | | | 2,476 | 74% | 72% | 76% |
| Diab – Medicare (BP) | MSSP-24 | 73 | 67% | 56% | 79% | 8,640 | 69% | 68% | 70% |
| Diabetes Tobacco Use in Control | MSSP-25 | 103 | 78% | 69% | 86% | 651 | 79% | 76% | 82% |
| Diab – Commercial (Tob.) | MSSP-25 | | | | | 162 | 85% | 79% | 91% |
| Diab – Medicaid (Tob.) | MSSP-25 | | | | | 107 | 64% | 55% | 74% |
| Diab – Medicare (Tob.) | MSSP-25 | 60 | 82% | 71% | 92% | 382 | 80% | 76% | 84% |
| Diabetes Composite 2 Measures(HbA1c, Eye Screening) | Core-53 | 78 | 56% | 45% | 68% | 11,397 | 53% | 52% | 54% |
| Diab – Commercial (Comp.) | Core-53 | | | | | 3,002 | 45% | 44% | 47% |
| Diab – Medicaid (Comp.) | Core-53 | | | | | 1,843 | 44% | 42% | 46% |
| Diab – Medicare (Comp.) | Core-53 | 45 | 71% | 57% | 85% | 6,552 | 59% | 58% | 60% |
| Diabetes HbA1c Not in Control (>9%) | Core-17 | 78 | | | | 11,397 | 14% | 13% | 14% |
| Diab – Commercial (HbA1c Not in Control) | Core-17 | | | | | 3,002 | 15% | 14% | 16% |
| Diab – Medicaid (HbA1c Not in Control) | Core-17 | | | | | 1,843 | 23% | 21% | 24% |
| Diab – Medicare (HbA1c Not in Control) | Core-17 | 45 | | | | 6,552 | 11% | 10% | 12% |
| Hypertension with BP in Control (<140/90 mmHg) | Core-39 | 296 | 69% | 63% | 74% | 47,351 | 65% | 64% | 65% |
| HYP – Commercial (Ages 18–85 Years) | Core-39 | 74 | 66% | 55% | 78% | 11,090 | 64% | 63% | 65% |
| HYP – Medicaid (Ages 18–85 Years) | Core-39 | 31 | 61% | 43% | 80% | 5,250 | 62% | 61% | 64% |
| HYP – Medicare (Ages 18–85 Years) | Core-39 | 191 | 71% | 65% | 78% | 31,011 | 65% | 65% | 66% |
| HYP (Ages 18–64 Years) | Core-39 | 133 | 65% | 56% | 73% | 20,645 | 64% | 64% | 65% |
| HYP (Ages 65–85 Years) | Core-39 | 163 | 72% | 65% | 80% | 26,706 | 65% | 64% | 65% |

Table 11c. ACO and APM Measures Detail, Continued

| Measure | | HSA | | | | Statewide | | | |
|---|------------|-------|--------|---------|---------|-----------|--------|---------|---------|
| | | N | Rate % | 95% LCL | 95% UCL | N | Rate % | 95% LCL | 95% UCL |
| Follow-Up After Discharge From ED for Mental Health | APM-HD-II | 40 | 60% | 44% | 76% | 1,827 | 69% | 67% | 71% |
| FUM – Commercial | APM-HD-II | | | | | 263 | 71% | 65% | 76% |
| FUM – Medicaid | APM-HD-II | | | | | 1,060 | 75% | 72% | 78% |
| FUM – Medicare | APM-HD-II | | | | | 504 | 56% | 51% | 60% |
| Follow-Up After Discharge From ED for AOD | APM-HD-III | | | | | 1,615 | 23% | 21% | 25% |
| FUA – Commercial | APM-HD-III | | | | | 222 | 16% | 11% | 21% |
| FUA – Medicaid | APM-HD-III | | | | | 1,048 | 26% | 23% | 28% |
| FUA – Medicare | APM-HD-III | | | | | 345 | 21% | 16% | 25% |
| Medication Management for People With Asthma | APM-P-V | 88 | 75% | 65% | 85% | 4,197 | 77% | 76% | 78% |
| MMA50 – Commercial | APM-P-V | 40 | 80% | 66% | 94% | 2,109 | 80% | 79% | 82% |
| MMA50 – Medicaid | APM-P-V | 39 | 69% | 53% | 85% | 1,753 | 72% | 70% | 74% |
| MMA50 – Medicare | APM-P-V | | | | | 335 | 78% | 74% | 83% |
| Screening for Clinical Depression | APM-P-III | 1,110 | 4% | 3% | 5% | 154,885 | 2% | 2% | 2% |
| CDF_HH – Commercial | APM-P-III | 426 | 5% | 3% | 7% | 60,757 | 2% | 2% | 2% |
| CDF_HH – Medicaid | APM-P-III | 229 | 6% | 3% | 9% | 28,866 | 3% | 3% | 3% |
| CDF_HH – Medicare | APM-P-III | 455 | | | | 65,262 | 2% | 2% | 2% |
| Tobacco Use Screening | APM-P-IV | 1,857 | 43% | 40% | 45% | 211,124 | 16% | 16% | 16% |
| TOB_SCREEN – Commercial | APM-P-IV | 690 | 45% | 41% | 49% | 88,713 | 17% | 16% | 17% |
| TOB_SCREEN – Medicaid | APM-P-IV | 441 | 37% | 32% | 42% | 43,701 | 14% | 14% | 15% |
| TOB_SCREEN – Medicare | APM-P-IV | 726 | 44% | 40% | 47% | 78,710 | 16% | 16% | 16% |

Table 11d. ACO Measures Detail

| Measure | | HSA | | | | Statewide | | | |
|-----------------------------|--------|-----|---------------------------|------|------|-----------|---------------------------|------|------|
| | | N | Observed / Expected Ratio | LCL | UCL | N | Observed / Expected Ratio | LCL | UCL |
| Plan All-Cause Readmissions | Core-1 | 754 | 1.15 | 0.95 | 1.35 | 26,253 | 1.10 | 1.07 | 1.13 |
| PCR – Commercial | Core-1 | 80 | 1.27 | 0.54 | 2.01 | 3,301 | 1.22 | 1.10 | 1.34 |
| PCR – Medicaid | Core-1 | 96 | 0.68 | 0.15 | 1.22 | 3,884 | 0.97 | 0.90 | 1.05 |
| PCR – Medicare | Core-1 | 578 | 1.22 | 1.00 | 1.44 | 19,068 | 1.12 | 1.08 | 1.16 |

Table 11e. 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 | 8,078 | 3.8 | 2.5 | 5.2 | 349,994 | 3.6 | 3.4 | 3.8 |
| PQI – Commercial (COPD and Asthma) | Core-10 | 2,996 | | 0.0 | | 154,018 | 0.3 | 0.2 | 0.4 |
| PQI – Medicaid (COPD and Asthma) | Core-10 | 1,845 | 0.5 | 0.0 | 1.6 | 75,609 | 2.3 | 2.0 | 2.7 |
| PQI – Medicare (COPD and Asthma) | Core-10 | 3,237 | 9.3 | 6.0 | 12.6 | 120,366 | 8.7 | 8.1 | 9.2 |
| ACS Admissions for Congestive Heart Failure | MSSP-10 | 8,078 | 6.9 | 5.1 | 8.7 | 349,994 | 3.9 | 3.7 | 4.1 |
| PQI – Commercial (CHF) | MSSP-10 | 2,996 | | 0.0 | | 154,018 | 0.2 | 0.2 | 0.3 |
| PQI – Medicaid (CHF) | MSSP-10 | 1,845 | 1.6 | 0.0 | 3.5 | 75,609 | 1.0 | 0.8 | 1.2 |
| PQI – Medicare (CHF) | MSSP-10 | 3,237 | 16.4 | 12.0 | 20.8 | 120,366 | 10.4 | 9.8 | 10.9 |
| ACS Hospitalizations: PQI Composite (Chronic) | Core-12 | 8,078 | 12.4 | 10.0 | 14.8 | 349,994 | 9.0 | 8.7 | 9.3 |
| PQI – Commercial (Comp.) | Core-12 | 2,996 | 0.3 | 0.0 | 1.0 | 154,018 | 0.9 | 0.7 | 1.0 |
| PQI – Medicaid (Comp.) | Core-12 | 1,845 | 3.8 | 1.0 | 6.6 | 75,609 | 4.5 | 4.1 | 5.0 |
| PQI – Medicare (Comp.) | Core-12 | 3,237 | 28.4 | 22.6 | 34.2 | 120,366 | 22.3 | 21.5 | 23.1 |

Table 12. 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_x000D_ (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_x000D_ (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 12. 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 12. 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 12. 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 _x000D_ (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 _x000D_ (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 12. 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 2017

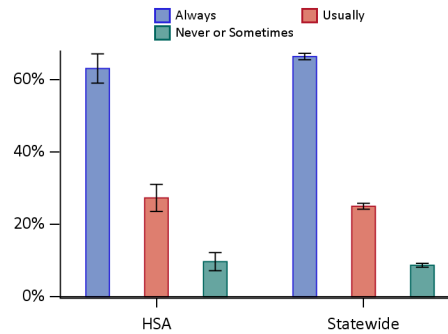


Figure 44: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Access to Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 13. Patient Experience Survey: Access to Care Questions

| Question & Answer | | HSA | | | Statewide | | |
|---|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| 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 you needed? | Always | 159 | 65% | 8% | 2,954 | 69% | 2% |
| | Usually | 159 | 26% | 7% | 2,954 | 22% | 2% |
| | Never or Sometimes | 159 | 8% | 5% | 2,954 | 9% | 1% |
| 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 | 177 | 60% | 7% | 3,486 | 59% | 2% |
| | Usually | 177 | 28% | 7% | 3,486 | 29% | 2% |
| | Never or Sometimes | 177 | 11% | 5% | 3,486 | 11% | 1% |
| 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 you needed? | Always | 261 | 63% | 6% | 5,078 | 71% | 1% |
| | Usually | 261 | 27% | 6% | 5,078 | 23% | 1% |
| | Never or Sometimes | 261 | 10% | 4% | 5,078 | 6% | 1% |

Patient Experience Survey: Communication Composite 2017

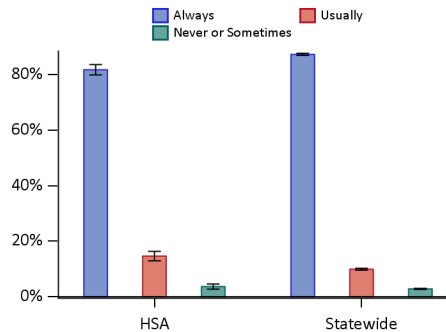


Figure 45: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Communication for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 14. Patient Experience Survey: Communication Questions

| Question & Answer | | HSA | | | Statewide | | |
|--|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, how often did this provider spend enough time with you? | Always | 422 | 76% | 4% | 7,603 | 85% | 1% |
| | Usually | 422 | 19% | 4% | 7,603 | 12% | 1% |
| | Never or Sometimes | 422 | 5% | 2% | 7,603 | 3% | 0% |
| In the last 6 months, how often did this provider explain things in a way that was easy to understand? | Always | 424 | 83% | 4% | 7,616 | 87% | 1% |
| | Usually | 424 | 14% | 3% | 7,616 | 11% | 1% |
| | Never or Sometimes | 424 | 3% | 2% | 7,616 | 2% | 0% |
| In the last 6 months, how often did this provider show respect for what you had to say? | Always | 424 | 87% | 3% | 7,616 | 90% | 1% |
| | Usually | 424 | 10% | 3% | 7,616 | 7% | 1% |
| | Never or Sometimes | 424 | 3% | 2% | 7,616 | 2% | 0% |
| In the last 6 months, how often did this provider listen carefully to you? | Always | 426 | 81% | 4% | 7,612 | 87% | 1% |
| | Usually | 426 | 15% | 3% | 7,612 | 10% | 1% |
| | Never or Sometimes | 426 | 4% | 2% | 7,612 | 3% | 0% |

Patient Experience Survey: Coordinated Care Composite 2017

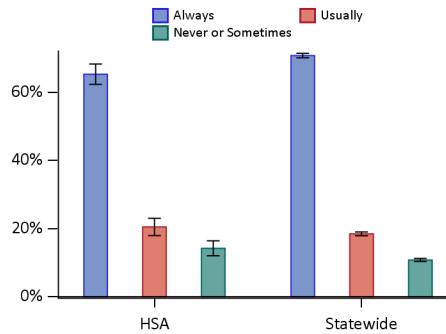


Figure 46: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Coordinated Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 15. 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 you, how often did someone from this provider's office follow up to give you those results? | Always | 261 | 71% | 6% | 5,131 | 74% | 1% |
| | Usually | 261 | 18% | 5% | 5,131 | 16% | 1% |
| | Never or Sometimes | 261 | 11% | 4% | 5,131 | 10% | 1% |
| In the last 6 months, how often did you and someone from this provider's office talk at each visit about all the prescription medicines you were taking? | Always | 347 | 60% | 5% | 6,192 | 64% | 1% |
| | Usually | 347 | 19% | 4% | 6,192 | 19% | 1% |
| | Never or Sometimes | 347 | 22% | 4% | 6,192 | 17% | 1% |
| In the last 6 months, how often did this provider seem to know the important information about your medical history? | Always | 417 | 65% | 5% | 7,582 | 74% | 1% |
| | Usually | 417 | 25% | 4% | 7,582 | 20% | 1% |
| | Never or Sometimes | 417 | 10% | 3% | 7,582 | 6% | 1% |

Patient Experience Survey: Office Staff Composite 2017

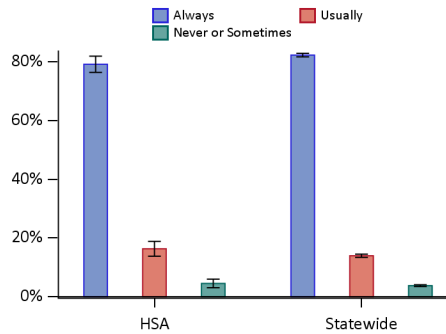


Figure 47: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Office Staff for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 16. Patient Experience Survey: Office Staff Questions

| Question & Answer | | HSA | | | Statewide | | |
|---|--------------------|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| 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 | 419 | 72% | 4% | 7,548 | 76% | 1% |
| | Usually | 419 | 22% | 4% | 7,548 | 19% | 1% |
| | Never or Sometimes | 419 | 6% | 2% | 7,548 | 5% | 1% |
| In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? | Always | 421 | 86% | 3% | 7,555 | 89% | 1% |
| | Usually | 421 | 10% | 3% | 7,555 | 9% | 1% |
| | Never or Sometimes | 421 | 3% | 2% | 7,555 | 2% | 0% |

Patient Experience Survey: Self Management Composite 2017

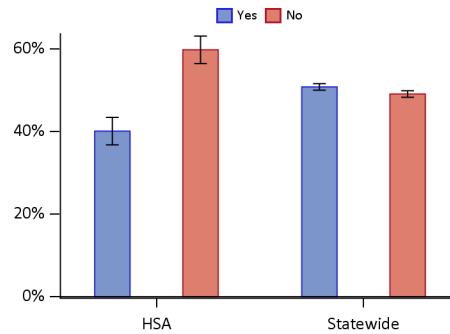


Figure 48: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Self Management for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 17. Patient Experience Survey: Self Management Questions

| Question & Answer | | HSA | | | Statewide | | |
|--|-----|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| In the last 6 months, did someone from this provider's office talk with you about specific goals for your health? | No | 421 | 52% | 5% | 7,520 | 40% | 1% |
| | Yes | 421 | 48% | 5% | 7,520 | 60% | 1% |
| In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health? | No | 421 | 68% | 5% | 7,467 | 59% | 1% |
| | Yes | 421 | 32% | 5% | 7,467 | 41% | 1% |

Patient Experience Survey: Specialist Composite 2017

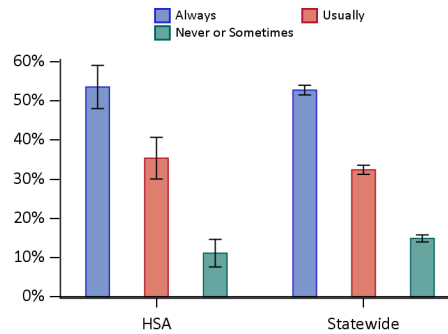


Figure 49: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Specialist for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 18. 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? | Always | 142 | 51% | 9% | 2,718 | 47% | 2% |
| | Usually | 142 | 39% | 8% | 2,718 | 35% | 2% |
| | Never or Sometimes | 142 | 11% | 5% | 2,718 | 19% | 1% |
| In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history? | Always | 197 | 56% | 7% | 3,718 | 59% | 2% |
| | Usually | 197 | 32% | 7% | 3,718 | 30% | 1% |
| | Never or Sometimes | 197 | 12% | 5% | 3,718 | 11% | 1% |

Patient Experience Survey: Information Composite 2017

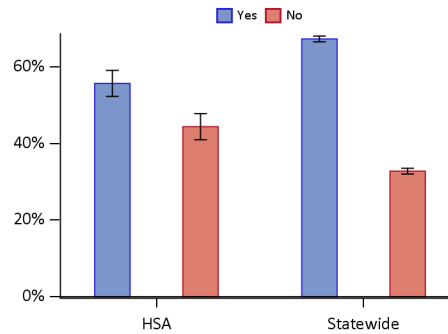


Figure 50: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Information for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 19. Patient Experience Survey: Information Questions

| Question & Answer | | HSA | | | Statewide | | |
|---|-----|-----|-----|-------------|-----------|-----|-------------|
| | | N | % | Error (+/-) | N | % | Error (+/-) |
| Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits? | No | 413 | 51% | 5% | 7,494 | 37% | 1% |
| | Yes | 413 | 49% | 5% | 7,494 | 63% | 1% |
| Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? | No | 420 | 38% | 5% | 7,487 | 29% | 1% |
| | Yes | 420 | 62% | 5% | 7,487 | 71% | 1% |

Table 20. HSA Practice List

| VT Practice ID | Practice Name |
|----------------|-------------------------|
| VT260 | Bethel Health Center |
| VT261 | Chelsea Health Center |
| VT263 | Rochester Health Center |
| VT264 | Gifford Primary Care |

Table 21. HSA Town List

| Community H.S.A. | Town Name |
|------------------|-------------|
| Randolph | Barnard |
| Randolph | Bethel |
| Randolph | Braintree |
| Randolph | Brookfield |
| Randolph | Chelsea |
| Randolph | Granville |
| Randolph | Hancock |
| Randolph | Pittsfield |
| Randolph | Randolph |
| Randolph | Rochester |
| Randolph | Stockbridge |