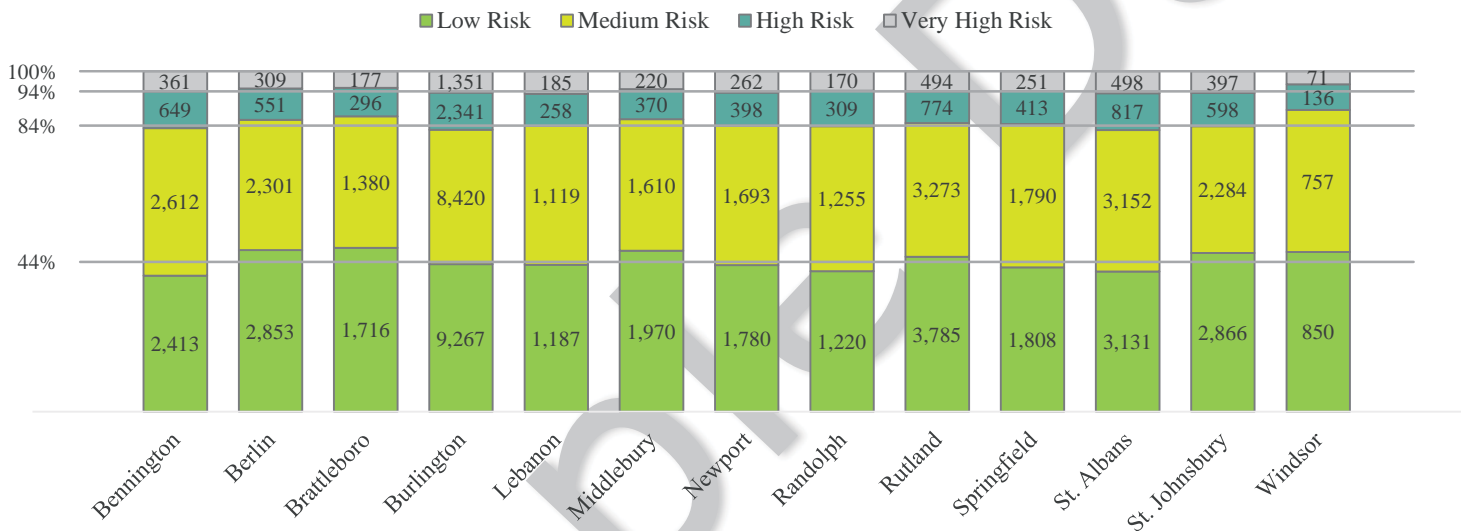


Attribution Summary by HSA

HSA	Members As of 1/1	Current Members	Attrition YTD	% <18	Median Age	Average ACG Score
Bennington	500	489	2.20%	22%	42	0.92
Berlin	6,000	5,780	3.67%	25%	41	1.04
Brattleboro	1,000	980	2.00%	24%	38	0.96
Burlington	20,000	19,500	2.50%	16%	38	1.03
Middlebury	1,000	976	2.40%	21%	44	1.12
Springfield	2,000	1,921	3.95%	16%	45	1.08
St. Albans	1,000	965	3.50%	25%	43	1.02
Windsor	1,000	955	4.50%	22%	40	0.89
OneCare	32,500	31,566	2.8%	20%	41	1.00

Static Care Coordination Levels by HSA

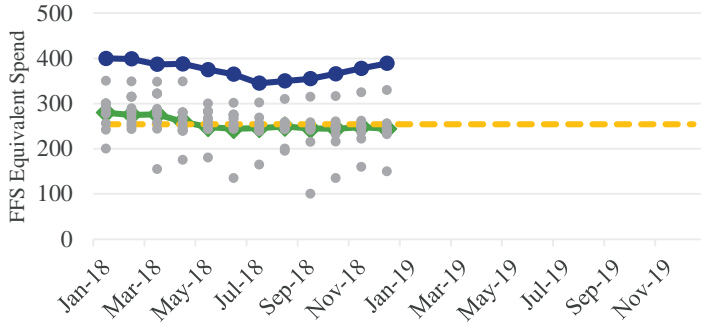


Prevalent Conditions

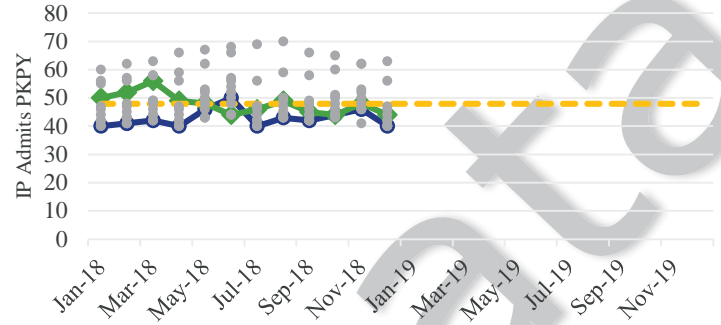
Condition	HSA Rank by Prevalence	OneCare Rank by Prevalence	Prevalence of Select Condition	Relative Cost of Patients with this condition compared to Patients without condition
Diabetes	3	1	5%	2:1
COPD	7	2	5%	2:1
Asthma	5	3	5%	2:1
CHF	9	4	5%	2:1
CAD	8	5	5%	2:1
Depression	2	6	5%	2:1
Anxiety	4	7	5%	2:1
Hypertension	6	8	5%	2:1
Bipolar	1	9	5%	2:1
Dementia	10	10	5%	2:1

Spend and Utilization

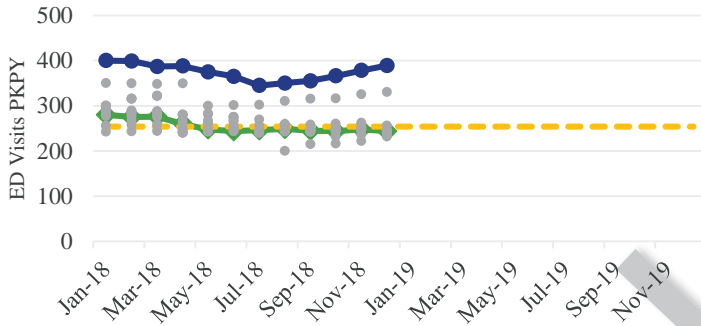
Fee-for-Service Spend PMPM



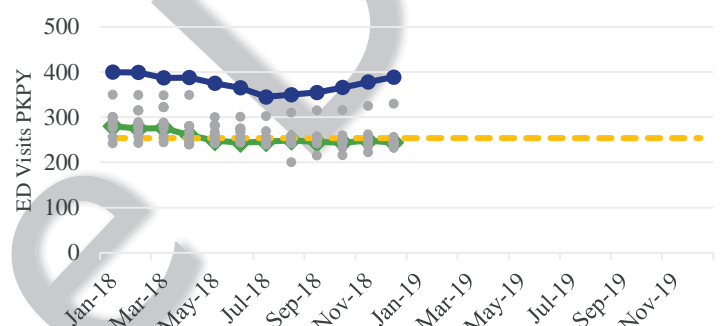
Inpatient Admits PKPY



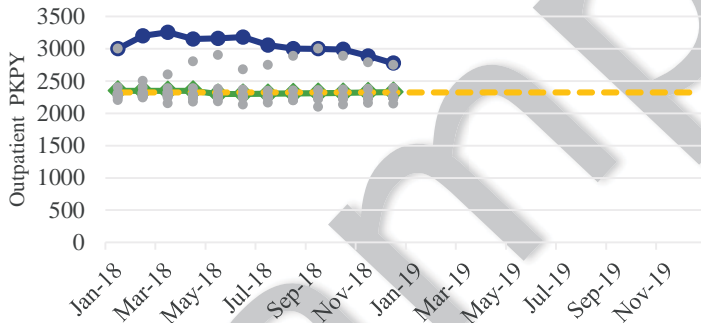
ED Visits PKPY



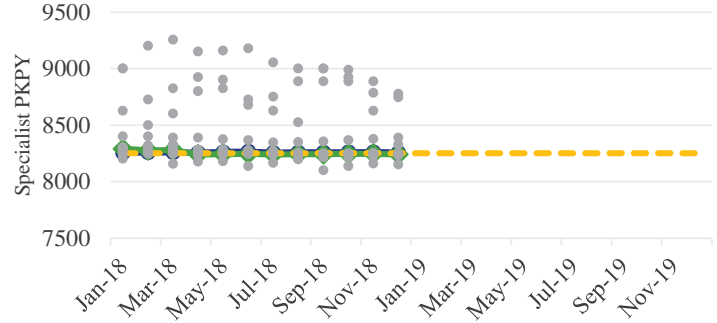
ED Visits without Admit PKPY



Outpatient Services PKPY



Specialist Visits PKPY



Post-Acute Care Network Variation

HSA	30-Day Readmission Rate	% of IP Discharges went to SNF	SNF Days PKPY	SNF Stays ALOS	Home Health Days PKPY
Bennington	11.1%	40%	60	15	120
Berlin	13.1%	55%	55	20	150
Brattleboro	10.1%	25%	62	16	160
Burlington	12.1%	26%	67	22	90
Lebanon	11.5%	29%	49	19	100
Middlebury	8.0%	45%	45	25	105
Newport	8.7%	42%	66	28	110
Randolph	9.8%	60%	68	35	115
Rutland	10.2%	35%	40	35	88
Springfield	11.2%	33%	80	40	100
St. Albans	10.1%	32%	70	29	101
St. Johnsbury	11.1%	29%	60	22	106
Windsor	14.0%	26%	55	23	110
OneCare	12.8%	30%	50	26	100

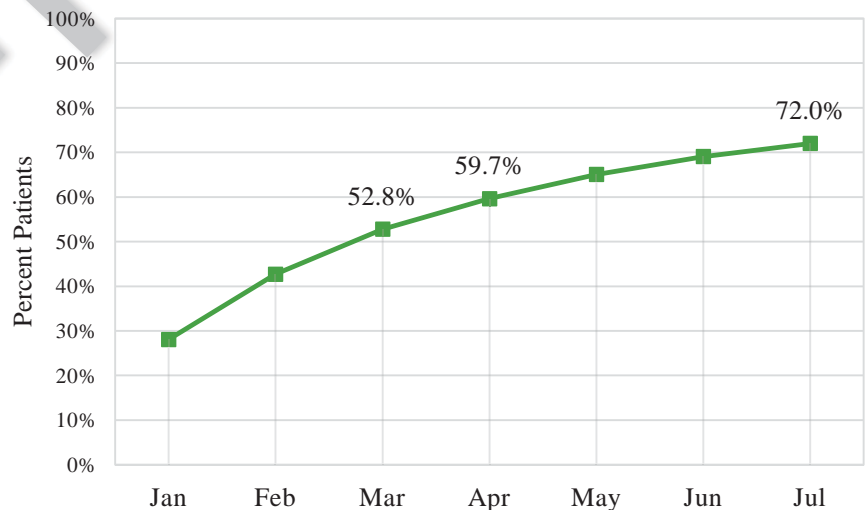
Lowest HSA
Highest HSA

Care Management Primary Engagement

Primary Care Visits	Counts	%
Overall	0	0.0%
Care Coordination Level		
Very High Risk	0	0.0%
High Risk	0	0.0%
Medium Risk	0	0.0%
Low Risk	0	0.0%
Age Group		
Adults	0	0.0%
Pediatric (Under 18)	0	0.0%
Member without a PCP Visit		
with a Care Team	0	0.0%
with a Care Plan	0	0.0%

Primary Care Visits serve as the baseline for engagement in Care Management Activities.

Percent of Patients Seen At Least Once by Any PCP

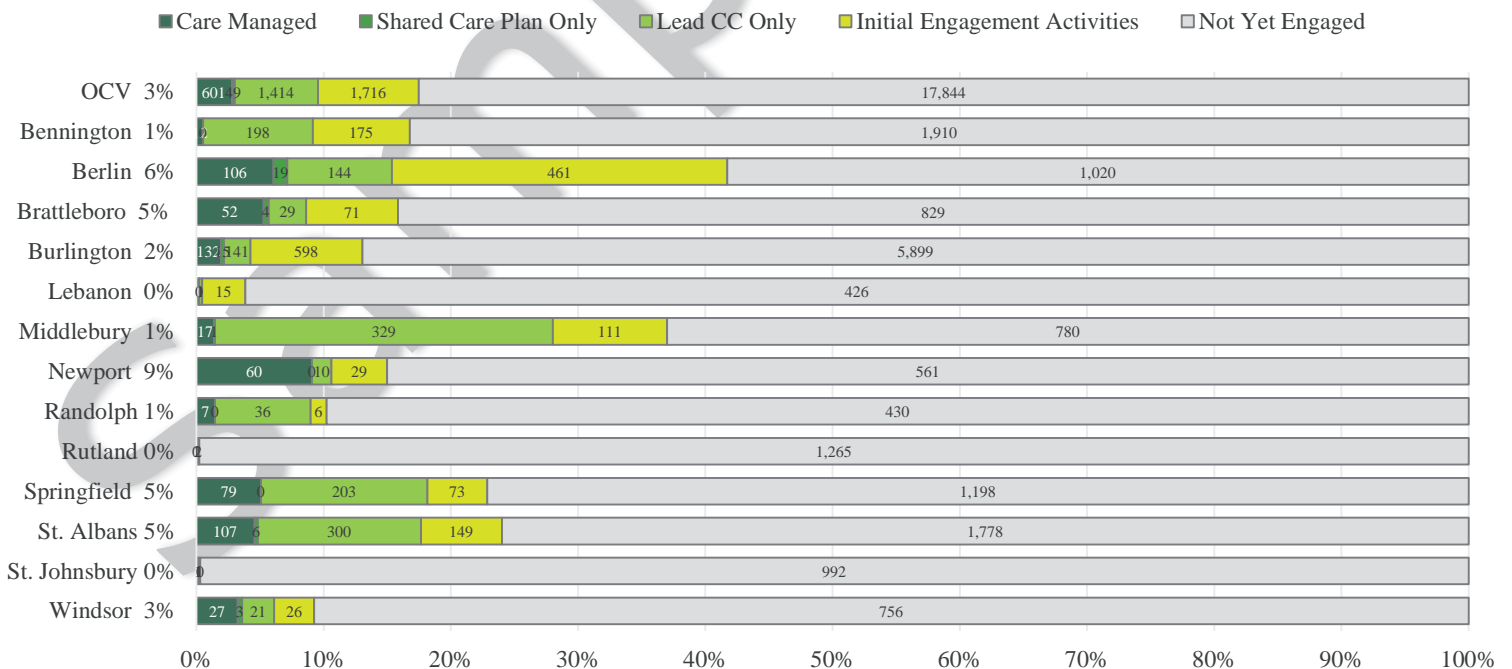


Care Management Metrics

	Very High Risk		High Risk		Medium Risk		Low Risk		Total
	Members	%	Members	%	Members	%	Members	%	
Members...	0		0		0		0		0
with Status Engaged	0	0%	0	0%	0	0%	0	0%	0
with Status in Outreach	0	0%	0	0%	0	0%	0	0%	0
Engaged in Community Programs	0	0%	0	0%	0	0%	0	0%	0
with Recommended Touches	0	0%	0	0%	0	0%	0	0%	0
with a Care Conference	0	0%	0	0%	0	0%	0	0%	0
Engaged with Hospice	0	0%	0	0%	0	0%	0	0%	0

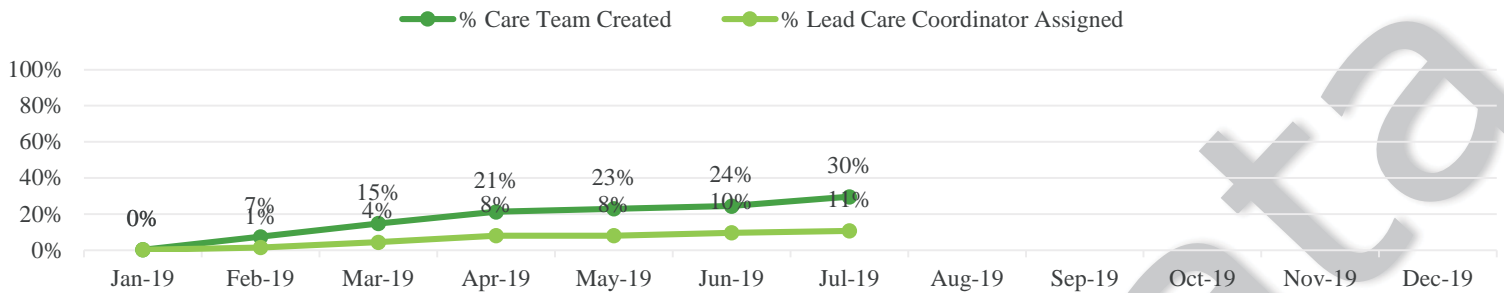
	Very High Risk		High Risk		Medium Risk		Low Risk		Total
	Members	%	Members	%	Members	%	Members	%	
Members...	0		0		0		0		0
with Care Team Initiated	0	0%	0	0%	0	0%	0	0%	0
with Care Team Created	0	0%	0	0%	0	0%	0	0%	0
with Lead Care Coordinator	0	0%	0	0%	0	0%	0	0%	0
with Care Plan Initiated	0	0%	0	0%	0	0%	0	0%	0
with Care Plan Created	0	0%	0	0%	0	0%	0	0%	0
Care Managed	0	0%	0	0%	0	0%	0	0%	0

Care Coordination Progress

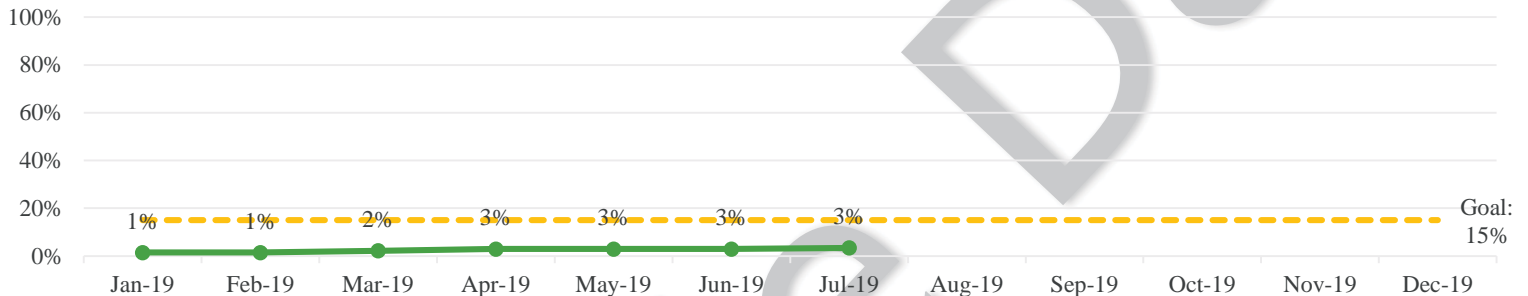


Population Health Risk Management and Panel Monitoring

Care Team Creation for High and Very High Risk Members



High and Very High Risk Members Care Managed



Care Team Participation by Organization Type

	Low Risk		Medium Risk		High Risk		Very High Risk		All Risk Levels	
	Members	%	Members	%	Members	%	Members	%		
	5,211		4,737		1,184		711		11,843	
Primary Care Provider	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Area Agency on Aging	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Mental Health Agency	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Home Health or Hospice	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SASH	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

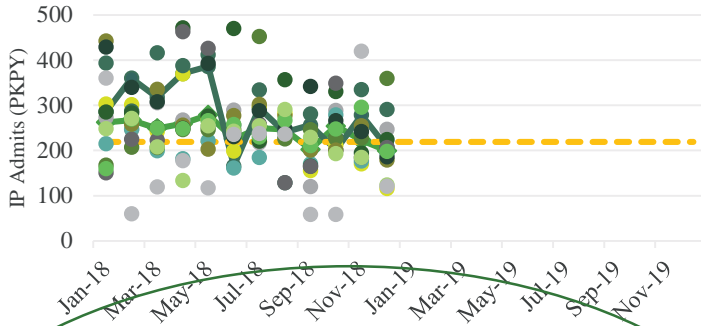
Lead Care Coordinators by Organization Type

	Low Risk		Medium Risk		High Risk		Very High Risk		All Risk Levels	
	Members	%	Members	%	Members	%	Members	%		
	5,211		4,737		1,184		711		11,843	
Primary Care Provider	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Area Agency on Aging	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Mental Health Agency	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Home Health or Hospice	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SASH	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

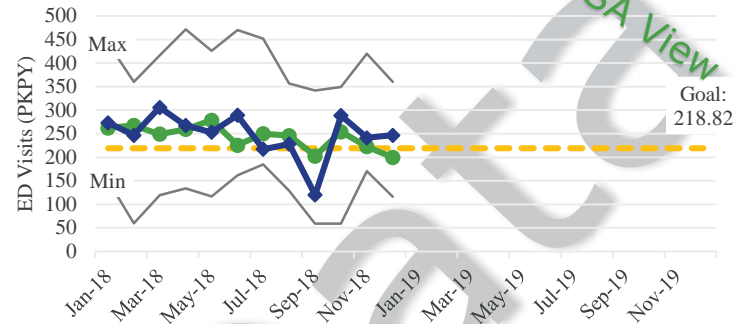
Clinical and Quality Priorities

OneCare HSA Goal

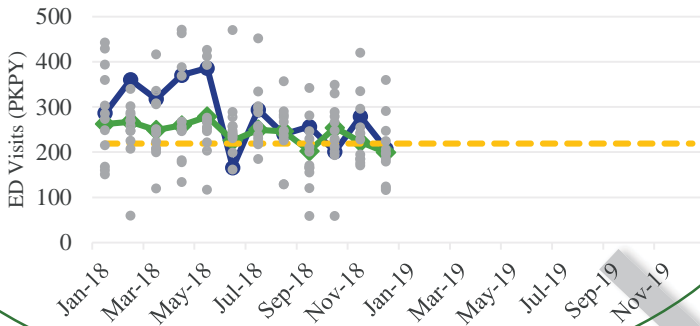
IP Admits for H&VH Risk Cohorts



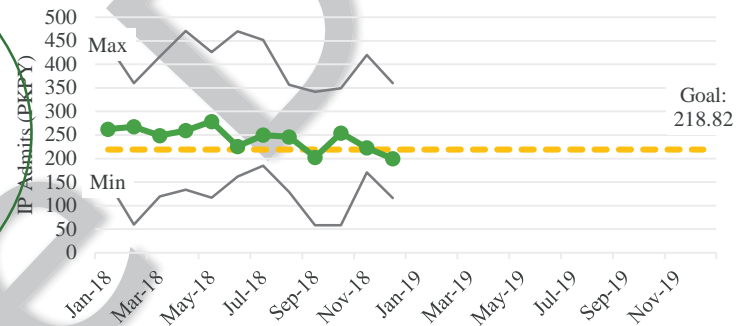
ED Visits for H&VH Risk Cohorts



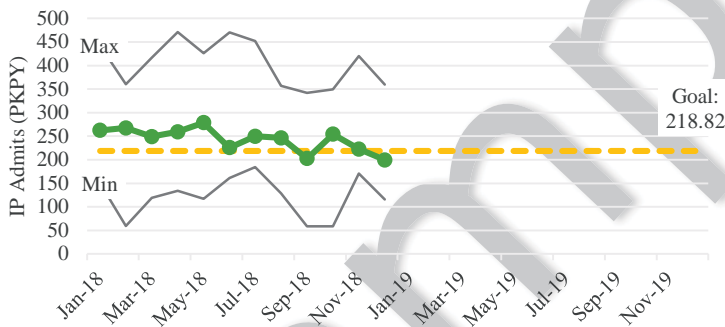
ED Visits without Admission for H&VH Risk Cohorts



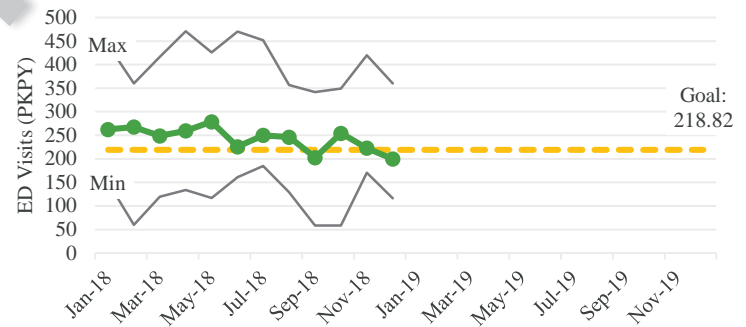
IP Admits for COPD for Patients with COPD



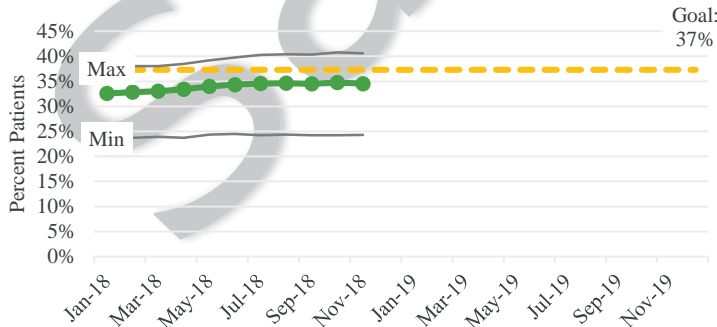
IP Admits for CHF for Patients with CHF



ED Visits for Asthma for Adult Patients with Asthma



Percent of Patients with Diabetes with A1c within 12 Months



Percent of Patients with Annual Wellness Visits within 12 Months

