

## Appendix 1 – Statewide Health Outcomes and Quality of Care Targets

### a. Population-level Health Outcomes Targets

- i. **Substance Use Disorder Target.** The State must reduce deaths of Vermont residents related to drug overdose by 10 percent in aggregate over the Performance Period of this Model, using 2016 as the baseline.
  - 1) **Calculation methodology.** The State’s performance, measured as an age-adjusted rate per 100,000 Vermont residents, will be calculated using the Centers for Disease Control (CDC) National Vital Statistics System Mortality File’s methodology and data or a comparable methodology and data source for calculating deaths related to drug overdose.
  - 2) CMS may determine that the State is not on track to meet this target if, cumulatively across Performance Year 1 and Performance Year 2, the State experiences an increase in deaths related to substance use disorder. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State’s performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont’s 2016 (baseline year) age-adjusted death rate and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- ii. **Suicide Target.** The State must reduce the number of deaths due to suicide to 16 per 100,000 Vermont residents, or reduce the State’s ranking on suicide rate from the 7th to the 20th highest by state across the United States.
  - 1) **Calculation methodology.** The State’s performance will be calculated using the CDC National Vital Statistics System Mortality File’s methodology and data for calculating deaths due to suicide.
  - 2) CMS may determine that the State is not on track to meet this target if, cumulatively across Performance Year 1 and Performance Year 2, the State experiences an increase in its suicide rate relative to its 2016 baseline. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State’s performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont’s 2016 suicide rate and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- iii. **Chronic Conditions Targets.** The State must not increase prevalence of COPD, diabetes, and hypertension for Vermont residents 18 years of age or older, each measured separately as a percent of state population, by more than 1 percentage point, using 2017 as a baseline.
  - 1) **Calculation methodology.** The State’s performance will be calculated separately for each of the three chronic conditions using the CDC Behavioral Risk Factor

Surveillance System (BRFSS) questionnaire, based on the responses to the following questions:

- a. Diabetes prevalence: “Have you been told that you have diabetes?”
- b. COPD prevalence: “Have you been told that you have COPD, emphysema, or chronic bronchitis?”
- c. Hypertension prevalence: “Have you been told that you have hypertension?”

The percent prevalence for diabetes, COPD, and hypertension will each be separately calculated as the percentage of Vermont resident respondents who answer “yes” to the respective questions.

- 2) CMS may determine that the State is not on track to meet this target if, starting in Performance Year 3, the prevalence of diabetes, COPD, or hypertension among Vermont residents is more than 1 percentage point greater than the prevalence of said chronic conditions in 2017.

iv. **Access to Care Target.** The State must achieve a target of 89 percent of Vermont residents 18 years of age or older reporting that they have a personal doctor or care provider.

- 1) **Calculation methodology.** The State’s performance will be calculated, using the CDC BRFSS questionnaire, as the percent of Vermont resident respondents who answer “yes” to the following question: “Do you have one person you think of as your personal doctor or health care provider?”
- 2) CMS may determine that the State is not on track to meet this target if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases the percent of adults who have a personal doctor or health care provider. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State’s performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont’s 2017 (baseline year) percentage of adults that report that they have a usual primary care physician and the target percentage: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

## b. Healthcare Delivery System Quality Targets

i. **Suicide and Substance Use Disorder Target - Initiation and engagement of alcohol and other drug dependence (AOD) treatment.** The State must achieve 40.8 percent of the Vermont ACO-aligned residents on initiation and 14.6 percent on engagement of alcohol and other drug dependence treatment for Vermont ACO-aligned residents.

- 1) **Calculation methodology.** The State’s performance for any given Performance Year will be measured according to NCQA HEDIS measure specifications for “Initiation and Engagement of Alcohol and Other Drug Dependence Treatment” (endorsed by NQF as Measure #4). Performance on initiation and engagement will be assessed separately.

- 2) CMS may determine that the State is not on track to meet these initiation target, engagement target, or both, if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases initiation rates, engagement rates, or both. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet these two targets if the differences between the State's performance for a Performance Year and the targets do not decrease by amounts equal to the following percentages of the differences between Vermont's 2018 (baseline year) rates of initiation and engagement of alcohol and other drug dependence treatment and the target rates: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- ii. **Suicide and Substance Use Disorder Target - Follow-up after discharge from the emergency department for mental health.** The State must achieve 60 percent as the percent of Vermont ACO-aligned residents receiving follow-up care within 30 calendar days after discharge from a hospital emergency department for mental health.
- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured according to NCQA HEDIS measure specifications for "Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence" (endorsed by NQF as Measure #2605).
  - 2) CMS may determine that the State is not on track to meet this target if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases this rate. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2018 (baseline year) rate of follow-up after discharge from the emergency department and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- iii. **Suicide and Substance Use Disorder Target - Follow-up after discharge from the emergency department for alcohol or other drug dependence.** The State must achieve 40 percent as the percent of Vermont ACO-aligned residents receiving follow-up care within 30 calendar days after discharge from a hospital emergency department for alcohol or other drug dependence.
- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured according to NCQA HEDIS measure specifications for "Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence" (endorsed by NQF as Measure #2605).
  - 2) CMS may determine that the State is not on track to meet this target if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases this rate. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance

for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2018 (baseline year) rate of follow-up after discharge from the emergency department and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

- iv. **Suicide and Substance Use Disorder Target – Mental Health and Substance Abuse-related Emergency Department Visits.** The State must reduce the rate of growth of emergency department (ED) visits with a primary diagnosis of mental health or substance abuse condition across payers in Vermont hospitals to 5% in PY 1-2, 4% in PY 3-4 and 3% in PY 5, using CY 2016-2017 growth as a baseline.
- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured using Vermont Department of Health's hospital discharge data and counting the number of ED visits at Vermont hospitals with a primary diagnosis of mental health or substance abuse condition.
  - 2) CMS may determine that the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State increases the rate of growth of ED visits due to mental health and substance abuse across payers. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between the growth rate in ED visits with a primary diagnosis of mental health or substance abuse condition growth rate and the target growth rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- v. **Chronic Conditions Target – Diabetes, Hypertension, and Multiple Chronic Conditions.** The State must achieve between the 70<sup>th</sup> and 80<sup>th</sup> percentiles, as compared to national Medicare performance, for each of the measures comprising of diabetes, hypertension, and multiple chronic condition morbidity of VMA ACO or Modified Next Generation ACO-aligned Vermont Medicare Beneficiaries. Each measure will be calculated and reported separately.
- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured using the Medicare Shared Savings Program quality measures ACO 27 ("Diabetes: Hemoglobin A1c Poor Control"), ACO 28 ("Controlling High Blood Pressure"), and ACO 38 ("All-cause Unplanned Admissions for Patients with Multiple Chronic Conditions"). The target for each measure, will be between the 70<sup>th</sup> and 80<sup>th</sup> percentile used for the Medicare Shared Savings Program quality measure benchmarks based on the comparison to the national Medicare performance percentile information.
  - 2) CMS may determine that the State is not on track to meet this target if, for two of the three measures across Performance Year 1 and Performance Year 2, the State decreases its average percentile. For Performance Year 3 through Performance Year

5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease for two of the three measures by an amount equal to the following percentages of the difference between Vermont's 2017 (baseline year) Medicare average percentile and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

vi. **Access to Care Target – Getting Timely Care, Appointments, and Information.** The State must achieve between the 70<sup>th</sup> and 80<sup>th</sup> percentiles, as compared to national Medicare performance, for the percent of VMA ACO or Modified Next Generation ACO-aligned Medicare beneficiaries who state that they are getting timely care, appointments, and information.

- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured using the Medicare Shared Savings Program quality measure, specifications, and data for ACO-1 ("Getting Timely Care, Appointments, and Information"). The target will be between the 70<sup>th</sup> and 80<sup>th</sup> percentile used for the Medicare Shared Savings Program quality measure benchmarks based on the comparison to the national Medicare performance percentile information.
- 2) CMS may determine that the State is not on track to meet this target if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases the percent of Medicare beneficiaries who state that they are getting timely care, appointments, and information. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2016 (baseline year) Medicare rate of Medicare beneficiaries who state that they are getting timely care, appointments, and information and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

c. **Process Milestones.**

- i. **Substance Use Disorder Milestone – Prescription Drug Monitoring Initiative Utilization.** The State must increase the utilization of Vermont's prescription drug monitoring program, using 2017 as a baseline to a ratio of 1.80.
  - 1) **Calculation methodology.** The State's performance will be measured as the number of times prescribers who have written at least one opioid analgesic prescription query the prescription drug monitoring system divided by the number of unique patients who have received at least one opioid analgesic prescription.
  - 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases its prescription drug monitoring program utilization. For Performance Year 3 through

Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2017 (baseline year) rate of utilization and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

ii. **Substance Use Disorder Milestone – Medication-assisted Treatment Utilization.** The State must increase the number of Vermont residents receiving medication-assisted treatment (MAT) for substance use disorder to 150 per 10,000 Vermont residents of ages 18-64 (or up to the rate of demand).

- 1) **Calculation methodology.** The State's performance will be calculated, using Vermont Department of Health data, as the unique number of Vermont residents of ages 18-64 receiving MAT. CMS shall consider Vermont to have achieved this target if MAT utilization is less than 150 per 10,000 residents of ages 18-64 but no residents remain on the MAT waitlist (proxy for demand being satisfied).
- 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases the number of Vermont residents (per 10,000, ages 18-64) receiving MAT. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2016 (baseline year) rate of MAT utilization and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

iii. **Suicide Milestone – Screening for Clinical Depression.** The State must achieve between the 70<sup>th</sup> to 80<sup>th</sup> percentile, as compared to national Medicare performance, for the percent of Vermont ACO-aligned residents who received a screening for clinical depression, and if depression was detected, a follow-up plan.

- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured using the Medicare Shared Savings Program quality measure and specifications for ACO-18 ("Screening for Clinical Depression and Follow-up Plan"). The milestone's performance will include Vermont ACO-aligned residents who are enrolled in a payer program that reports this measure. The target will be between the 70<sup>th</sup> and 80<sup>th</sup> percentile used for the Medicare Shared Savings Program quality measure benchmarks based on the comparison to the national Medicare performance percentile information. The following steps will be done to determine Vermont's performance on this milestone:
  - Assign percentile to each of the payers for this measure as compared to the national Medicare performance.

- Average the percentiles for each of the payers weighted by the relative proportion of attributed population.
- Determine whether the percentile is between the Medicare 70<sup>th</sup> to 80<sup>th</sup> percentile for that performance period.

If multi-payer national benchmarks become available, CMS and Vermont may compare Vermont’s performance to these benchmarks, instead of using national Medicare performance. CMS and Vermont agree to regularly assess the availability of multi-payer national benchmarks.

- 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases its depression screening rate. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State’s performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont’s 201 (baseline year) rate of screening for clinical depression and follow-up plan and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

iv. **Chronic Conditions Milestone - Tobacco Use Assessment and Cessation Intervention.** The State must achieve between the 70<sup>th</sup> to 80<sup>th</sup> percentile, as compared to national Medicare performance, for the percent of Vermont ACO-aligned residents who were screened for tobacco use and who received cessation counseling intervention if identified as a tobacco user.

- 1) **Calculation methodology.** The State’s performance for any given Performance Year will be measured using the Medicare Shared Savings Program quality measure and specifications for ACO-17 (“Tobacco Use: Screening and Cessation Intervention”). The milestone’s performance will include Vermont All-payer Beneficiaries who are also aligned to a Vermont ACO payer program that reports this measure. The target will be between the 70<sup>th</sup> and 80<sup>th</sup> percentile used for the Medicare Shared Savings Program quality measure benchmarks based on the comparison to the national Medicare performance percentile information. The following steps will be done to determine Vermont’s performance on this milestone:

- Assign percentile to each of the payers for the measure as compared to Medicare National Benchmark.
- Average the percentiles for each of the payers weighted by the relative proportion of attributed population.
- Determine whether the percentile is between the Medicare 70<sup>th</sup> to 80<sup>th</sup> percentile for that performance period.

If multi-payer national benchmarks become available, CMS and Vermont may compare Vermont’s performance to these benchmarks, instead of using national Medicare performance. CMS and Vermont agree to regularly assess the availability of

multi-payer national benchmarks.

- 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases its tobacco use assessment and cessation intervention rate. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 201 (baseline year) rate of tobacco use assessment and cessation intervention and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- v. **Chronic Conditions Milestone – Medication Management for People with Asthma.** The State must achieve 65 percent of Vermont ACO-aligned residents receiving appropriate asthma medication management.
- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured according to measure specifications for NCQA HEDIS measure "Medication Management for People with Asthma" – 50% compliance.
  - 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases the percent of Vermont residents receiving appropriate asthma medication management. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2018 (baseline year) rate of medication management for people with asthma and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.
- vi. **Access to Care Milestone – Medicaid Adolescents with Well-Care Visits.** The State must achieve 53 percent of Vermont adolescents enrolled in Vermont Medicaid who have a well-care visit.
- 1) **Calculation methodology.** The State's performance for any given Performance Year will be measured for Vermont Medicaid adolescents according to measure specifications for NCQA HEDIS measure "Adolescents with Well-Care Visits."
  - 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases the percentage of Medicaid adolescents with well-care visits. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's



performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between Vermont's 2017 (baseline year) percentage of Medicaid adolescents with well-care visits and the target rate: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.

vii. **Access to Care Milestone – Medicaid Beneficiaries Aligned to a Scale Target ACO**

**Initiative.** The State must ensure that the percent of Vermont Medicaid beneficiaries aligned to a Scale Target ACO Initiative not be less than that of Vermont Medicare Beneficiaries aligned to a Scale Target ACO Initiative by more than 15 percentage points.

- 1) **Calculation methodology.** The State's performance will be comparing in any given Performance Year the percentage of Vermont residents enrolled in Vermont Medicaid who are aligned to a Scale Target ACO Initiative to the percentage of Vermont Medicare Beneficiaries who are aligned to a Scale Target ACO Initiative.
- 2) CMS may determine the State is not on track to meet this milestone if, cumulatively across Performance Year 1 and Performance Year 2, the State decreases the percentage of Vermont Medicaid beneficiaries aligned to a Vermont ACO. For Performance Year 3 through Performance Year 5, CMS may determine that the State is not on track to meet this target if the difference between the State's performance for a Performance Year and the target does not decrease by an amount equal to the following percentages of the difference between the percentage of Medicaid beneficiaries attributed to a Vermont ACO and 15 percentage points less than that of Medicare beneficiaries decreases by: at least 30 percent by the end of Performance Year 3; at least 65 percent by the end of Performance Year 4; or at least 100 percent by the end of Performance Year 5.