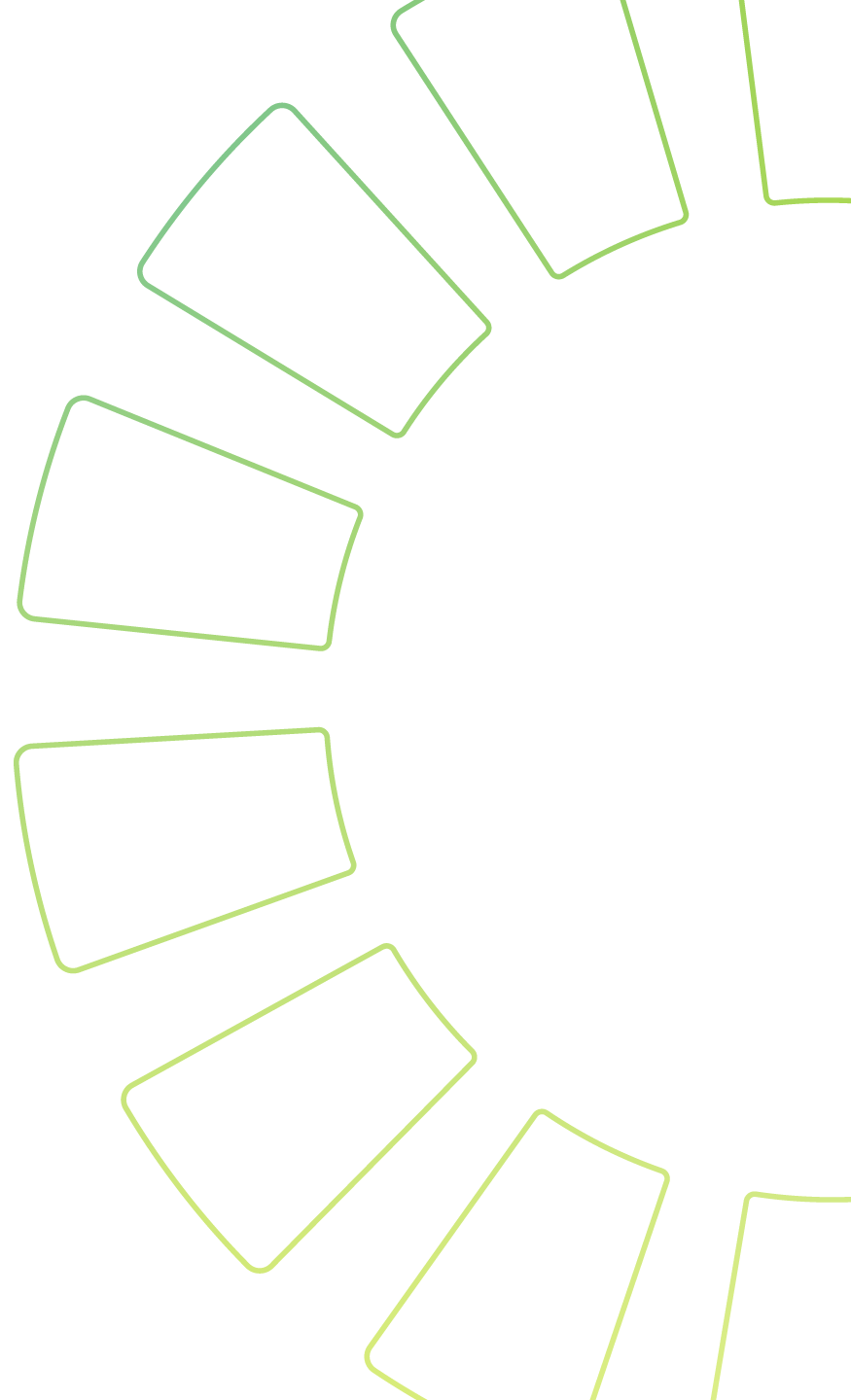


Green Mountain Care Board 2019 Performance Dashboard

Data Incurred January-December 2019
2019 Attributed Lives



OneCare Vermont
onecarevt.org



Contents

- **Overview**
 - Introduction 3
 - Considerations 4-5
- **Medicaid**
 - HSA Comparison 6
 - Adolescent Well-Care Visits 7
 - Developmental Screening in First 3 Years of Life 8
 - Diabetes Mellitus: HbA1c Poor Control (>9%) 9
 - Controlling High Blood Pressure 10
- **BCBSVT QHP**
 - HSA Comparison 11
 - Adolescent Well-Care Visits 12
 - Diabetes Mellitus: HbA1c Poor Control (>9%) 13
 - Controlling High Blood Pressure 14
- **Medicare**
 - HSA Comparison 15
 - Colorectal Cancer Screening 16
 - Diabetes Mellitus: HbA1c Poor Control (>9%) 17
 - Controlling High Blood Pressure 18
 - Medicare Annual Wellness Visits 19
- **Spending**
 - Health Care Spending Dashboard 20

Performance Dashboard Introduction

Purpose:

- Provides utilization and spend metrics critical to meeting the goals of value based care

Value:

- Allows providers to perform variational analysis across health service areas (“HSA”)
- Provides a platform for providers to monitor trends and identify strengths and opportunities to adjust performance

Considerations

- Data contained within this dashboard should neither be used to draw conclusions about the outcomes of OneCare cost and quality initiatives nor the healthcare outcomes for any specific HSA. Changes between program years such as population mix, included services, fee schedule updates, population risk, etc., can all result in misleading outcomes.
- These data do not include claims for any care protected by 42 C.F.R. Part 2 or individuals who have opted out of data sharing. As such, the total spending figures should not be evaluated against program benchmarks.
- Payer methodology for quality abstraction utilizes a representative sample of the OneCare network as a whole. The HSA level quality scores are not representative samples at the HSA level and could represent small sample sizes, therefore conclusions about specific HSA performance should not be drawn. Instead, the report should be used to inform HSAs about their contribution to the overall OneCare rate.

Considerations

- The report helps HSAs identify areas of opportunity, however, this should always be confirmed through other data sources before changing workflows to ensure there is a systematic issue within the HSA and that results are not due to the sampling methodology.
- OneCare receives the aggregate final quality score directly from payers. HSA level quality scores are calculated by OneCare based upon available claims data which excluded confidential claims and patients who have opted out of data sharing.
- It's important to note that utilization categories follow the attributed patient wherever they receive care and are not limited to a specific community or health service area.
- Due to differences in the payer's calculation methodology, at this time, data related to the BCBSVT QHP developmental screening measure is not provided in this dashboard.



Medicaid

2019 Cohort

Reporting Period: Jan - Dec 2019

The lowest data points in each metric are highlighted in blue.

The highest data points in each metric are highlighted in yellow.

This report is used to start a conversation with Health Service Areas and give directional information about how we move that forward.

| HSA | Fee-for-Service Equivalent Spend PMPM | Inpatient Spend PMPM | Emergency Department Spend PMPM | Outpatient Advanced Imaging Spend PMPM | Primary Care Spend PMPM | Specialty Care Spend PMPM | Inpatient Admissions PKPY | Emergency Department Visits PKPY | Outpatient Advanced Imaging PKPY | Primary Care Visits PKPY | Specialty Care Visits PKPY |
|----------------|---------------------------------------|----------------------|---------------------------------|--|-------------------------|---------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------|----------------------------|
| OneCare | \$222.17 | \$56.07 | \$25.95 | \$0.45 | \$39.51 | \$15.11 | 50.3 | 620.1 | 91.1 | 3,157.0 | 1,037.7 |
| HSA 1 | \$244.31 | \$59.47 | \$26.56 | \$0.67 | \$46.48 | \$21.11 | 54.1 | 655.1 | 137.3 | 3,229.8 | 1,237.0 |
| HSA 2 | \$210.72 | \$53.54 | \$29.89 | \$0.44 | \$40.14 | \$13.17 | 47.2 | 812.6 | 90.0 | 3,279.7 | 866.3 |
| HSA 3 | \$193.12 | \$40.48 | \$20.22 | \$0.61 | \$32.37 | \$10.57 | 34.4 | 505.1 | 119.3 | 2,936.1 | 924.7 |
| HSA 4 | \$226.31 | \$67.08 | \$21.67 | \$0.44 | \$34.12 | \$12.14 | 62.3 | 523.2 | 84.5 | 3,148.9 | 986.2 |
| HSA 5 | \$239.10 | \$60.85 | \$25.24 | \$0.41 | \$52.27 | \$18.64 | 59.8 | 622.7 | 80.4 | 3,480.0 | 1,273.2 |
| HSA 6 | \$188.74 | \$51.82 | \$22.09 | \$0.41 | \$28.17 | \$11.11 | 46.1 | 496.7 | 81.1 | 3,024.2 | 986.0 |
| HSA 7 | \$253.58 | \$67.82 | \$32.36 | \$0.51 | \$47.05 | \$12.71 | 54.9 | 845.5 | 98.2 | 2,871.1 | 906.7 |
| HSA 8 | \$229.18 | \$56.44 | \$35.59 | \$0.46 | \$46.28 | \$21.31 | 45.1 | 739.3 | 90.5 | 3,023.4 | 1,544.0 |
| HSA 9 | \$235.25 | \$73.15 | \$24.79 | \$0.55 | \$36.09 | \$13.55 | 64.0 | 601.1 | 111.6 | 3,549.0 | 907.4 |
| HSA 10 | \$197.05 | \$52.71 | \$22.25 | \$0.39 | \$28.30 | \$12.23 | 47.1 | 549.3 | 78.1 | 3,025.3 | 842.9 |
| HSA 11 | \$218.19 | \$46.34 | \$30.33 | \$0.47 | \$35.81 | \$19.16 | 48.6 | 735.2 | 96.8 | 3,112.3 | 1,103.9 |
| HSA 12 | \$216.62 | \$52.47 | \$21.82 | \$0.37 | \$38.15 | \$14.39 | 47.3 | 504.5 | 79.1 | 3,121.2 | 1,013.3 |
| HSA 13 | \$232.12 | \$55.05 | \$31.86 | \$0.51 | \$43.10 | \$12.73 | 43.0 | 715.4 | 106.1 | 2,960.6 | 882.6 |

Footnotes:

¹ Confidential claims are provided to OneCare de-identified.

² Preventive includes services such as colorectal cancer screenings, mammography and well care visits

³ Per Member Per Month (PMPM), Per Thousand Per Year (PKPY)

⁴ Benefit Grouping Definitions provided by and licensed from Milliman, Inc. Modification by third parties is prohibited.

Payer Program: Medicaid

Measure Status: Payment

Data Source: Claims

Adolescent Well-Care Visits

Percentage of adolescents and young adults (12-21 years of age) who had at least one comprehensive well-care visits with a PCP or an OB/GYN provider in **2019**, by HSA.



Footnotes:

Benchmark Source: Quality Compass National Medicaid All Lines of Business

Horizontal Axis: 20% to 90%

Data Caveat: OneCare receives the aggregate final score from the Medicaid directly. HSA level scores are calculated by OneCare based upon available claims data, which excluded confidential claims and patients who have opted-out of data sharing.

● 2019

Payer Program: Medicaid

Measure Status: Payment

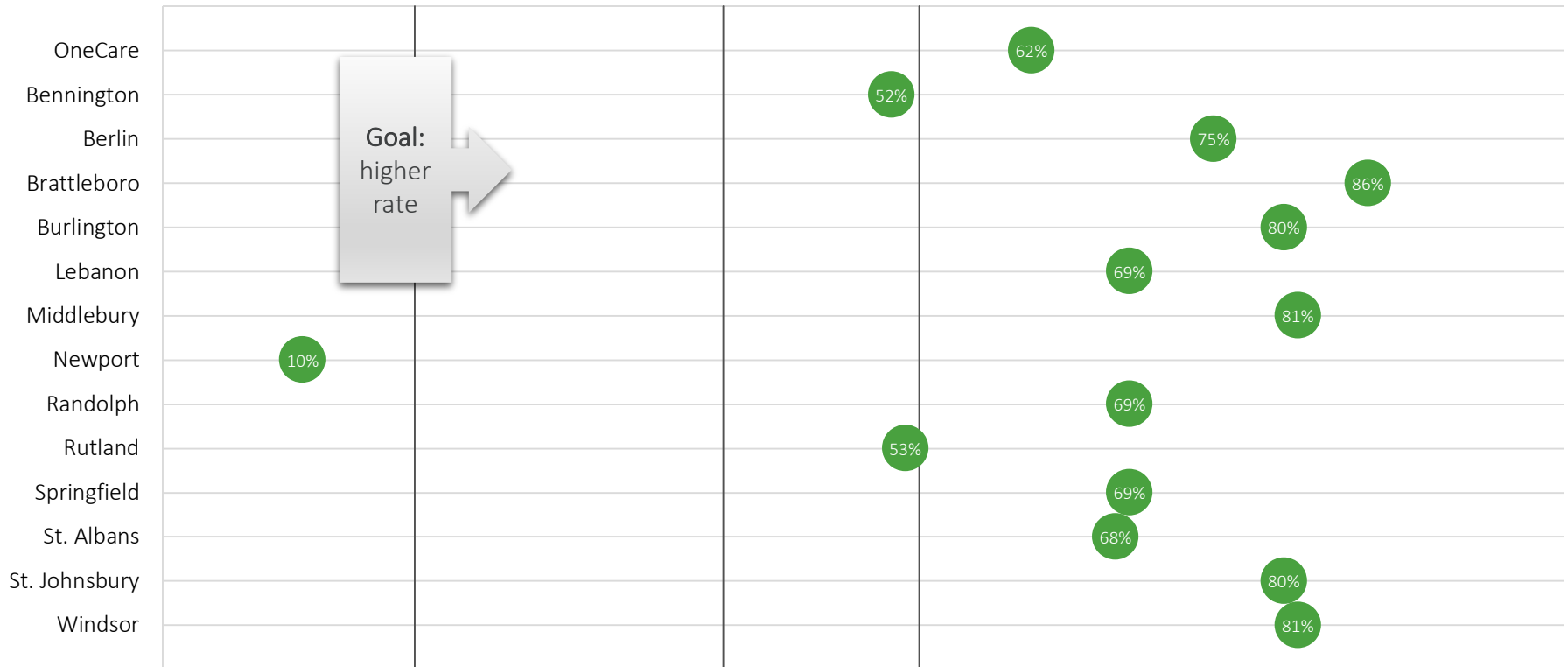
Data Source: Claims

Developmental Screening in the First 3 Years of Life

Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday in **2019**, by HSA.

25th: 18% 50th: 40% 75th: 54%

Goal:
higher rate



● 2019

Footnotes:

Benchmark Source: Multi-state benchmarks: 26 states reporting (FFY 2016)

Horizontal Axis: 0% to 100%

Data Caveat: OneCare receives the aggregate final score from Medicaid directly. HSA level scores are calculated by OneCare based upon available claims data, which excluded confidential claims and patients who have opted-out of data sharing.

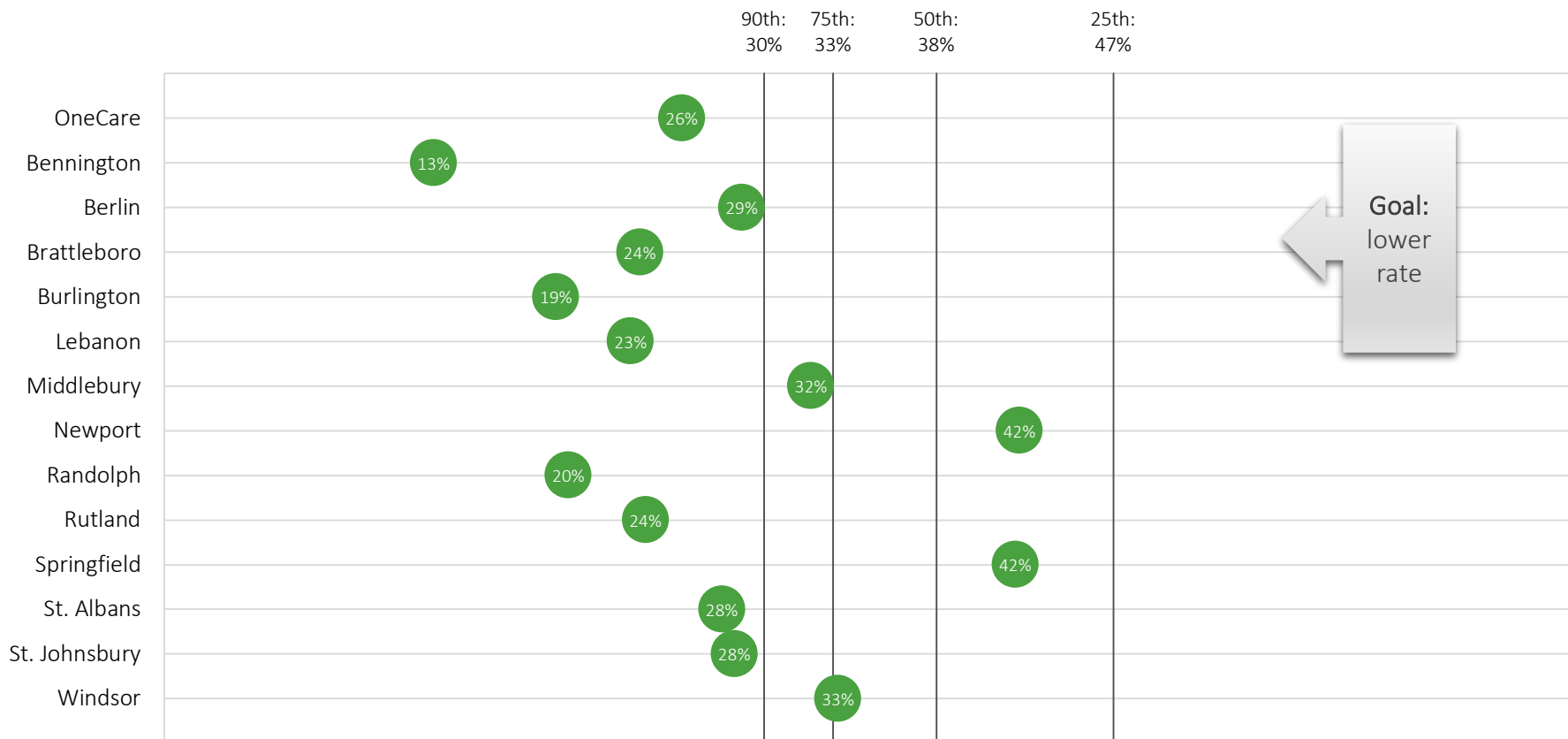
Payer Program: Medicaid

Measure Status: Payment

Data Source: Clinical

Diabetes Mellitus: HbA1c Poor Control (>9%)

Percent of adult patients (18-75) with diabetes who had a hemoglobin A1c > 9.0% or who did not receive a hemoglobin A1c test during the measurement year in **2019**, by HSA.



Goal:
lower
rate

● 2019

Footnotes:

Benchmark Source: Quality Compass National Medicaid All Lines of Business

Horizontal Axis: 0% to 70%

Data Caveat: Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.

Charts Sampled per HSA: Mean = 28.5, Median = 25, Range = 9 - 98

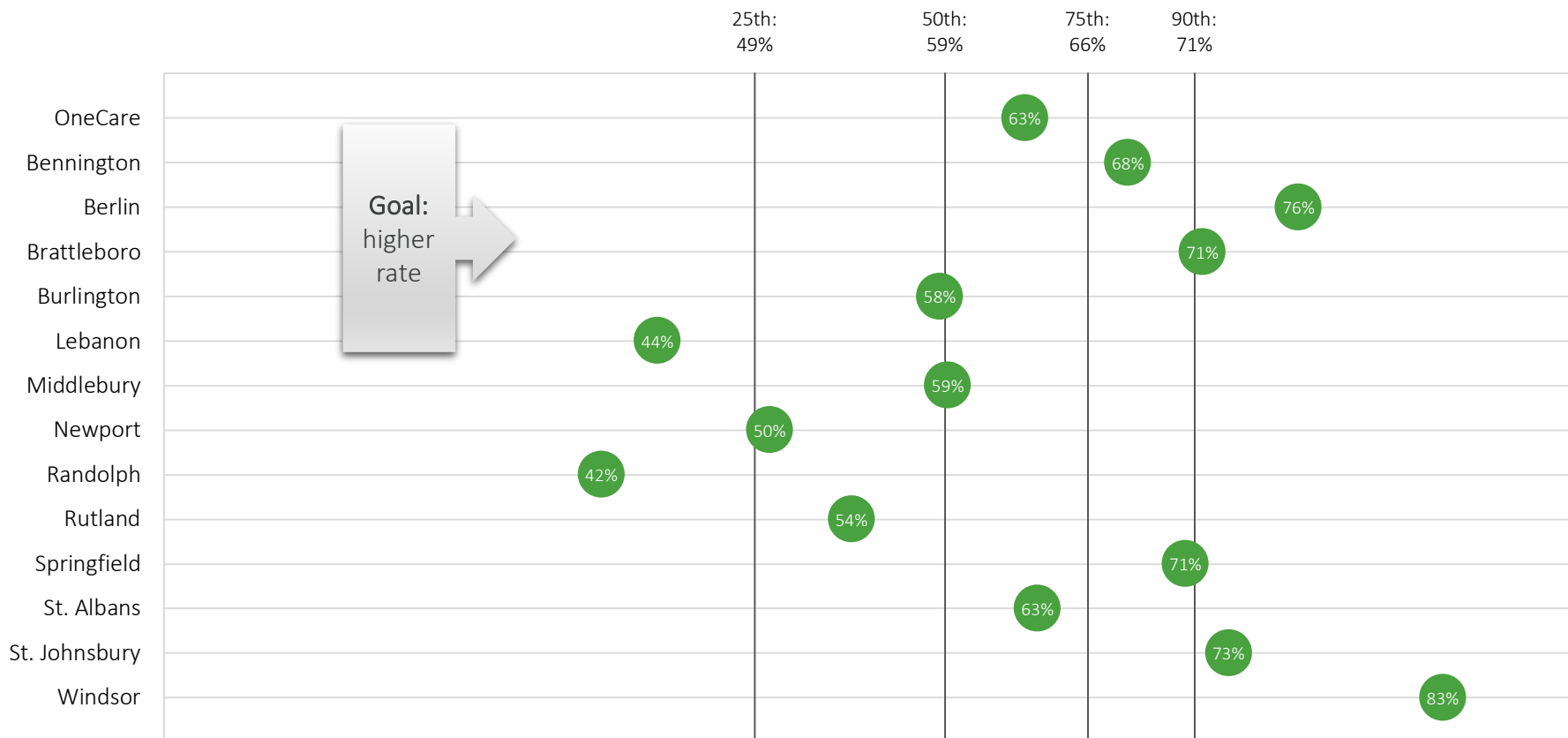
Payer Program: Medicaid

Measure Status: Payment

Data Source: Clinical

Controlling High Blood Pressure

Percentage of adult patients (18-85) with a diagnosis of hypertension (high blood pressure) whose condition was adequately controlled in **2019**, by HSA.



Footnotes:

Benchmark Source: Quality Compass National Medicaid All Lines of Business

Horizontal Axis: 20% to 90%

Data Caveat: Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.

Charts Sampled per HSA: Mean = 28.6, Median = 20, Range = 9 - 89

● 2019



BCBSVT QHP

2019 Cohort

Reporting Period: Jan - Dec 2019

The lowest data points in each metric are highlighted in blue.

The highest data points in each metric are highlighted in yellow.

This report is used to start a conversation with Health Service Areas and give directional information about how we move that forward.

| HSA | Fee-for-Service Equivalent Spend PMPM | Inpatient Spend PMPM | Emergency Department Spend PMPM | Outpatient Advanced Imaging Spend PMPM | Primary Care Spend PMPM | Specialty Care Spend PMPM | Inpatient Admissions PKPY | Emergency Department Visits PKPY | Outpatient Advanced Imaging PKPY | Primary Care Visits PKPY | Specialty Care Visits PKPY |
|---------|---------------------------------------|----------------------|---------------------------------|--|-------------------------|---------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------|----------------------------|
| OneCare | \$558.03 | \$120.10 | \$40.27 | \$28.78 | \$46.95 | \$63.75 | 42.9 | 198.3 | 138.0 | 2,174.4 | 1,853.3 |
| HSA 1 | \$625.79 | \$156.03 | \$44.82 | \$30.91 | \$60.22 | \$67.20 | 44.4 | 205.2 | 157.6 | 2,135.6 | 1,997.0 |
| HSA 2 | \$692.22 | \$135.71 | \$46.42 | \$39.80 | \$73.29 | \$79.90 | 46.1 | 230.7 | 196.1 | 2,068.2 | 1,798.6 |
| HSA 3 | \$581.00 | \$113.37 | \$37.72 | \$30.68 | \$46.89 | \$66.12 | 39.7 | 171.6 | 128.1 | 2,299.3 | 1,871.5 |
| HSA 4 | \$492.96 | \$96.50 | \$26.50 | \$21.60 | \$44.34 | \$36.45 | 63.3 | 165.7 | 144.6 | 2,271.7 | 1,569.7 |
| HSA 5 | \$473.29 | \$96.46 | \$32.28 | \$25.41 | \$44.27 | \$56.15 | 31.5 | 179.5 | 134.7 | 2,088.4 | 1,711.1 |
| HSA 6 | \$461.27 | \$97.68 | \$52.23 | \$23.31 | \$34.68 | \$52.78 | 42.3 | 258.3 | 141.0 | 1,881.9 | 1,959.5 |
| HSA 7 | \$604.25 | \$169.26 | \$45.64 | \$29.40 | \$44.57 | \$56.27 | 53.1 | 242.2 | 149.8 | 1,918.4 | 1,772.9 |
| HSA 8 | \$541.80 | \$142.12 | \$40.31 | \$28.54 | \$38.30 | \$53.70 | 59.9 | 162.4 | 146.3 | 2,112.9 | 1,972.4 |
| HSA 9 | \$535.74 | \$126.10 | \$48.95 | \$28.29 | \$37.63 | \$67.79 | 55.6 | 277.4 | 145.3 | 2,159.3 | 2,126.1 |
| HSA 10 | \$507.40 | \$104.59 | \$39.09 | \$22.18 | \$42.77 | \$73.25 | 41.2 | 210.5 | 105.9 | 2,293.2 | 1,632.6 |

Footnotes:

¹ Confidential claims are provided to OneCare de-identified.

² Preventive includes services such as colorectal cancer screenings, mammography and well care visits

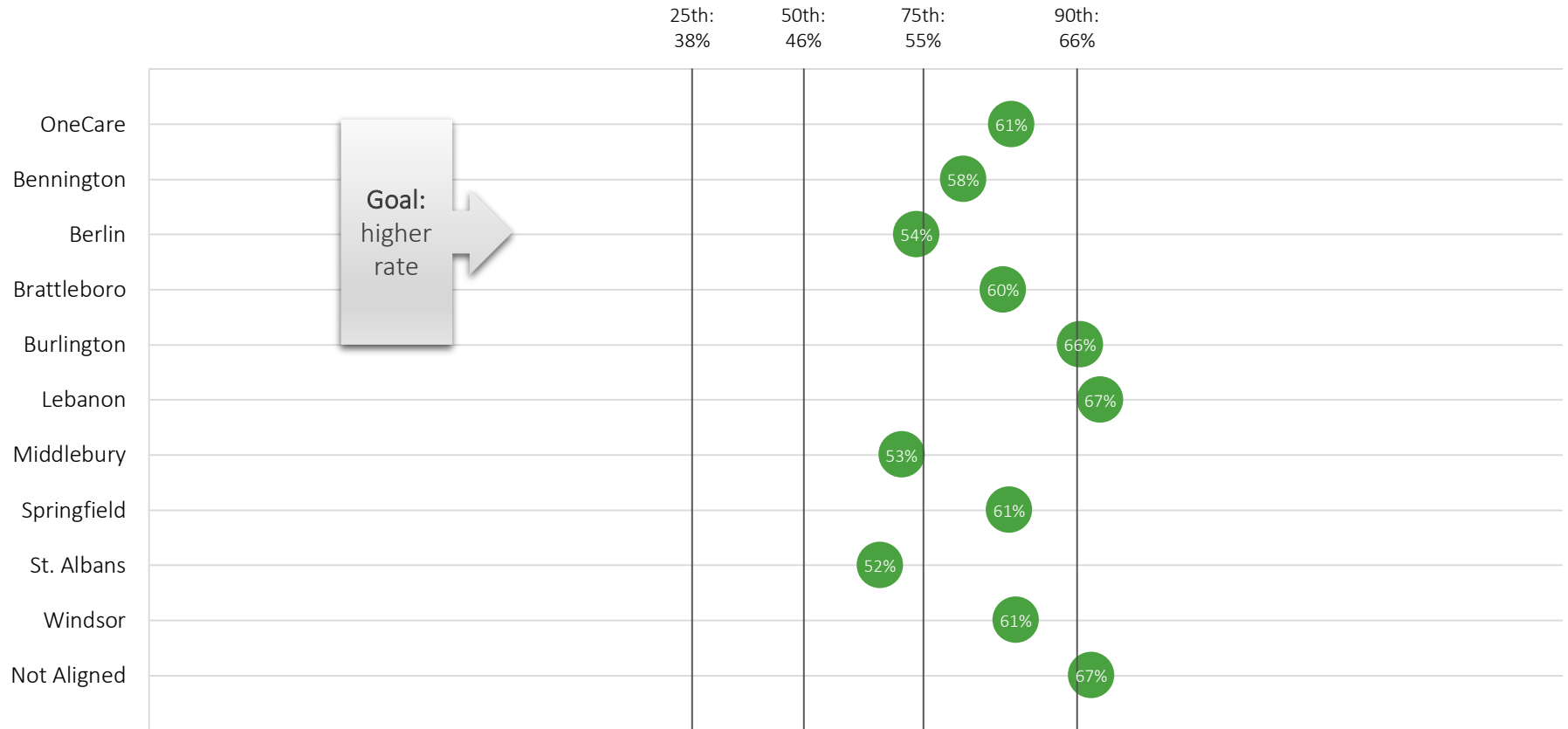
³ Per Member Per Month (PMPM), Per Thousand Per Year (PKPY)

⁴ Benefit Grouping Definitions provided by and licensed from Milliman, Inc. Modification by third parties is prohibited.

⁵ OneCare was not able to align all members to an HSA through the attribution methodology. Members who are not aligned to a specific HSA are represented as an independent HSA within this report.

Adolescent Well-Care Visits

Percentage of adolescents and young adults (12-21 years of age) who had at least one comprehensive well-care visits with a PCP or an OB/GYN provider in **2019**, by HSA.



Goal:
higher
rate

Footnotes:

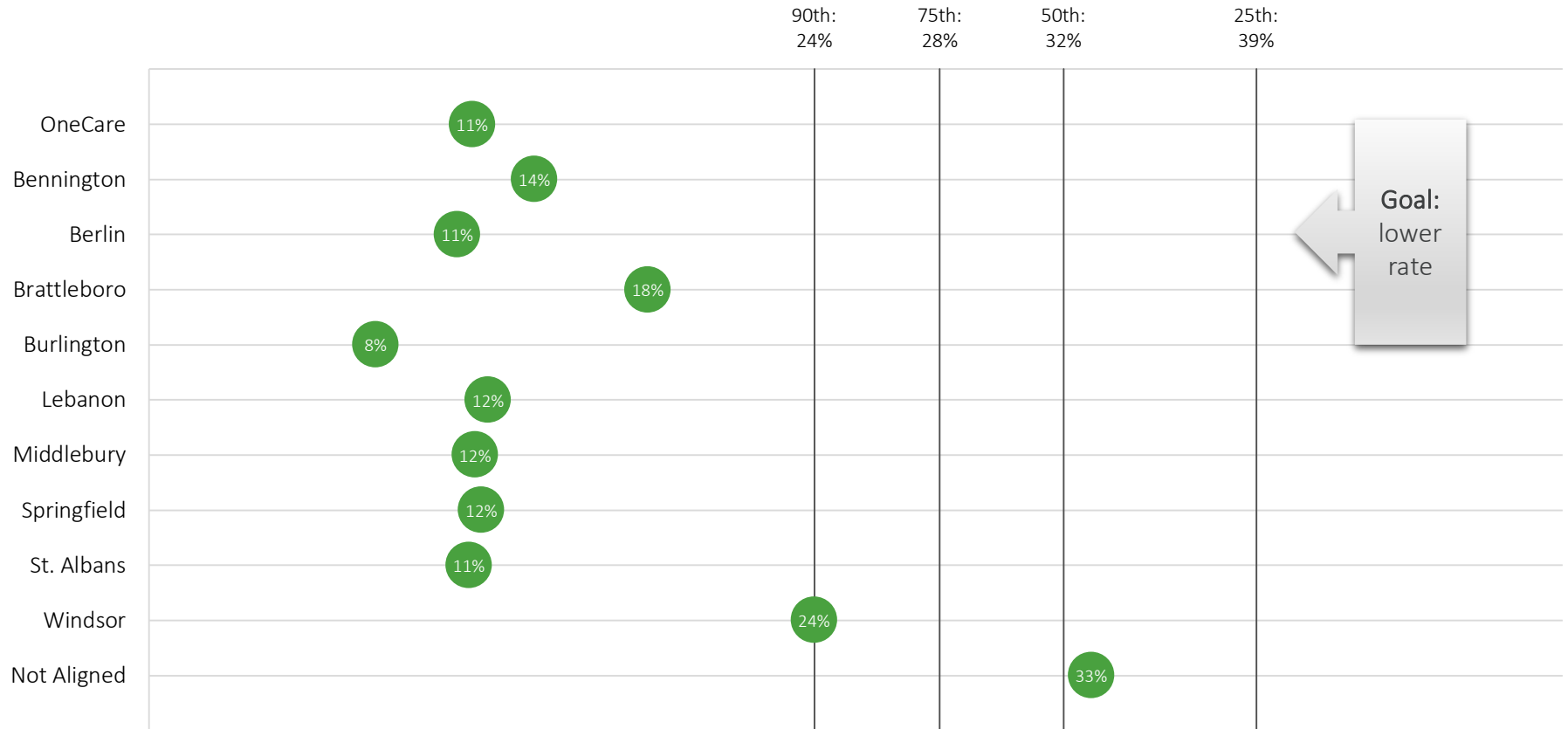
Benchmark Source: Commercial PPO

Horizontal Axis: 0% to 100%

● 2019

Diabetes Mellitus: HbA1c Poor Control (>9%)

Percent of adult patients (18-75) with diabetes who had a hemoglobin A1c > 9.0% or who did not receive a hemoglobin A1c test during the measurement year in **2019**, by HSA.



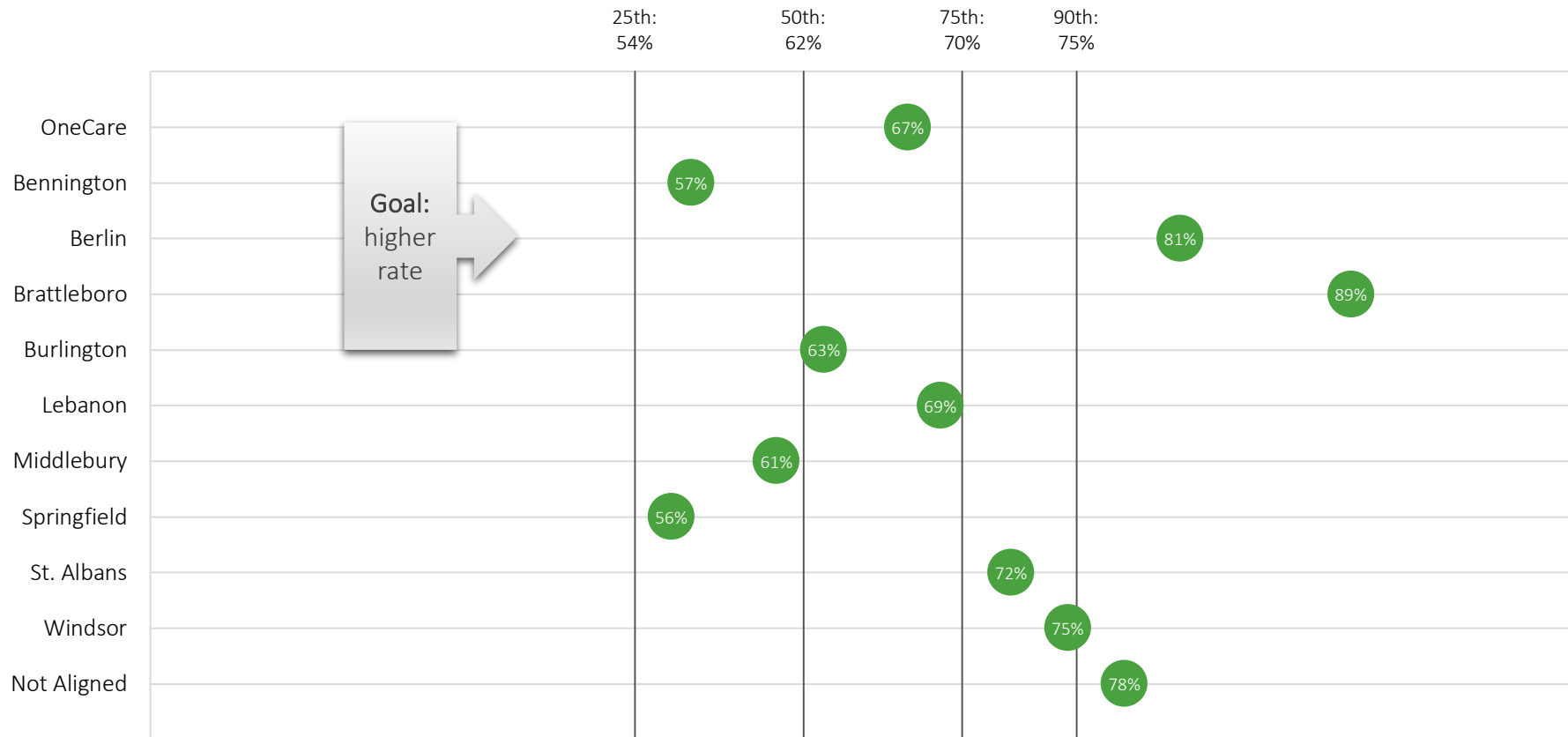
● 2019

Footnotes:

- Benchmark Source:** Commercial PPO
- Horizontal Axis:** 0% to 50%
- Data Caveat:** Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.
- Charts Sampled per HSA:** Mean = 41.1, Median = 30, Range = 3 - 137

Controlling High Blood Pressure

Percentage of adult patients (18-85) with a diagnosis of hypertension (high blood pressure) whose condition was adequately controlled in **2019**, by HSA.



Footnotes:

Benchmark Source: CMS QRS

Horizontal Axis: 30% to 100%

Data Caveat: Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.

Charts Sampled per HSA: Mean = 41.1, Median = 32, Range = 9 - 138

● 2019



Medicare

2019 Cohort

Reporting Period: Jan - Dec 2019

The lowest data points in each metric are highlighted in blue.

The highest data points in each metric are highlighted in yellow.

This report is used to start a conversation with Health Service Areas and give directional information about how we move that forward.

| HSA | Fee-for-Service Equivalent Spend PMPM | Inpatient Spend PMPM | Emergency Department Spend PMPM | Outpatient Advanced Imaging Spend PMPM | Primary Care Spend PMPM | Specialty Care Spend PMPM | Inpatient Admissions PKPY | Emergency Department Visits PKPY | Outpatient Advanced Imaging PKPY | Primary Care Visits PKPY | Specialty Care Visits PKPY |
|---------|---------------------------------------|----------------------|---------------------------------|--|-------------------------|---------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------|----------------------------|
| OneCare | \$785.14 | \$274.64 | \$42.19 | \$7.46 | \$71.41 | \$56.94 | 218.2 | 772.1 | 520.1 | 4,652.7 | 2,923.0 |
| HSA 1 | \$857.97 | \$326.16 | \$48.15 | \$7.67 | \$61.76 | \$62.71 | 246.3 | 952.3 | 618.7 | 4,672.5 | 3,081.2 |
| HSA 2 | \$829.71 | \$303.04 | \$36.26 | \$7.77 | \$56.45 | \$51.16 | 239.9 | 659.2 | 413.9 | 2,505.1 | 2,074.8 |
| HSA 3 | \$825.14 | \$303.31 | \$58.12 | \$7.93 | \$78.55 | \$39.16 | 240.3 | 1,027.2 | 481.8 | 5,321.3 | 2,568.4 |
| HSA 4 | \$732.29 | \$247.85 | \$32.31 | \$6.69 | \$64.28 | \$57.75 | 202.7 | 607.7 | 521.5 | 4,528.5 | 3,092.7 |
| HSA 5 | \$802.20 | \$287.50 | \$44.88 | \$7.36 | \$58.80 | \$65.84 | 206.0 | 679.2 | 510.9 | 4,382.8 | 3,505.1 |
| HSA 6 | \$804.74 | \$268.26 | \$43.60 | \$6.29 | \$84.61 | \$74.69 | 234.6 | 754.8 | 508.0 | 3,885.2 | 3,445.6 |
| HSA 7 | \$738.87 | \$228.13 | \$58.25 | \$10.74 | \$80.34 | \$45.67 | 202.7 | 1,197.0 | 493.5 | 5,718.1 | 1,944.2 |
| HSA 8 | \$842.30 | \$281.19 | \$59.74 | \$11.57 | \$78.25 | \$39.90 | 209.5 | 1,031.5 | 462.0 | 5,296.8 | 2,263.8 |
| HSA 9 | \$848.87 | \$326.20 | \$38.53 | \$6.36 | \$85.75 | \$58.75 | 235.4 | 657.0 | 527.5 | 4,554.9 | 2,806.0 |

Footnotes:

¹ Confidential claims are provided to OneCare de-identified.

² Preventive includes services such as colorectal cancer screenings, mammography and well care visits

³ Per Member Per Month (PMPM), Per Thousand Per Year (PKPY)

⁴ Benefit Grouping Definitions provided by and licensed from Milliman, Inc. Modification by third parties is prohibited.

⁵ OneCare was not able to align all members to an HSA through the attribution methodology. Members who are not aligned to a specific HSA are represented as an independent HSA within this report.

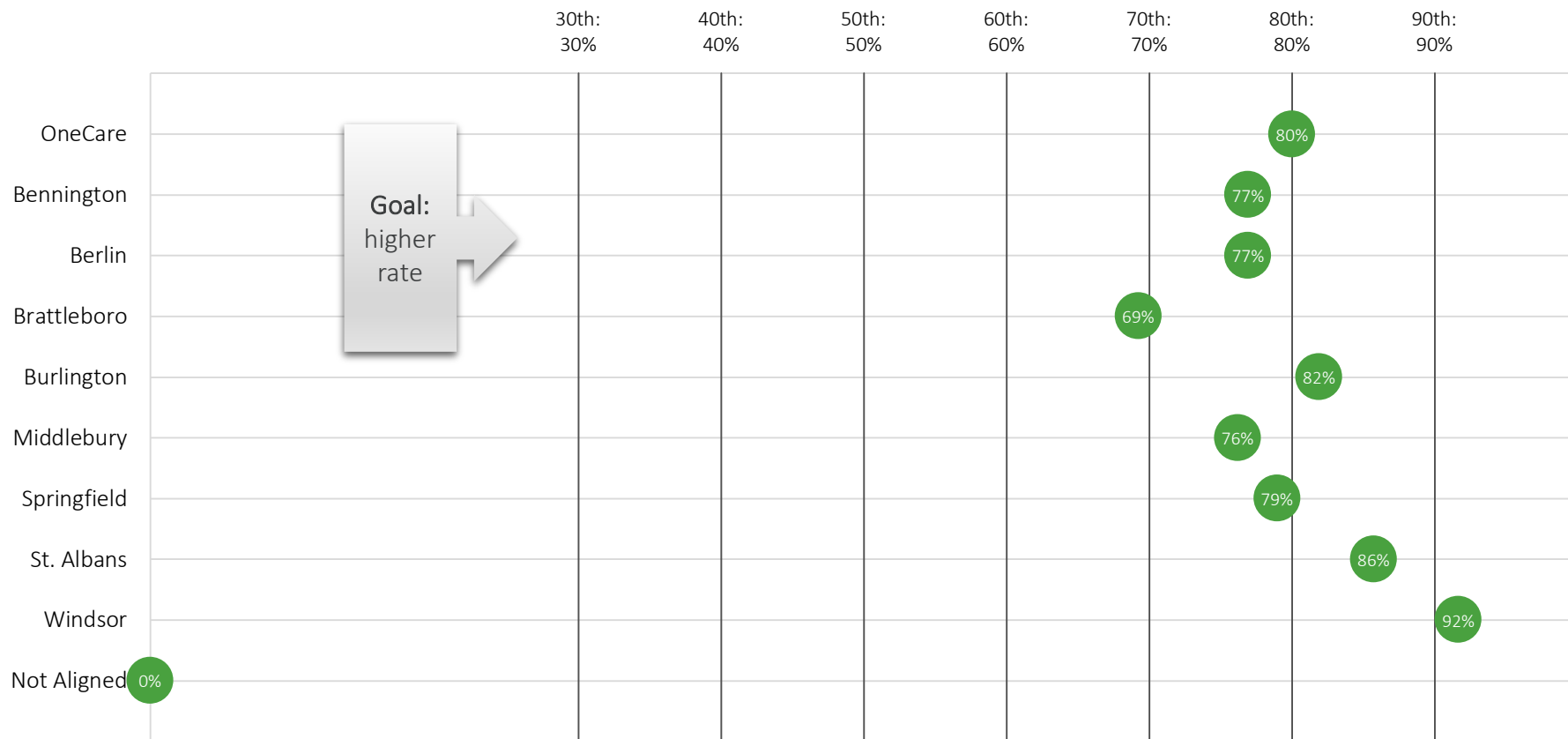
Payer Program: Medicare

Measure Status: Reporting

Data Source: Clinical

Colorectal Cancer Screening

Percentage of adults 50-75 years of age who had an up to date appropriate screening for colorectal cancer in **2019**, by HSA.



Footnotes:

Benchmark Source: CMS

Horizontal Axis: 0% to 100%

Data Caveat: Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.

Charts Sampled per HSA: Mean = 28.3, Median = 21, Range = 1 - 116

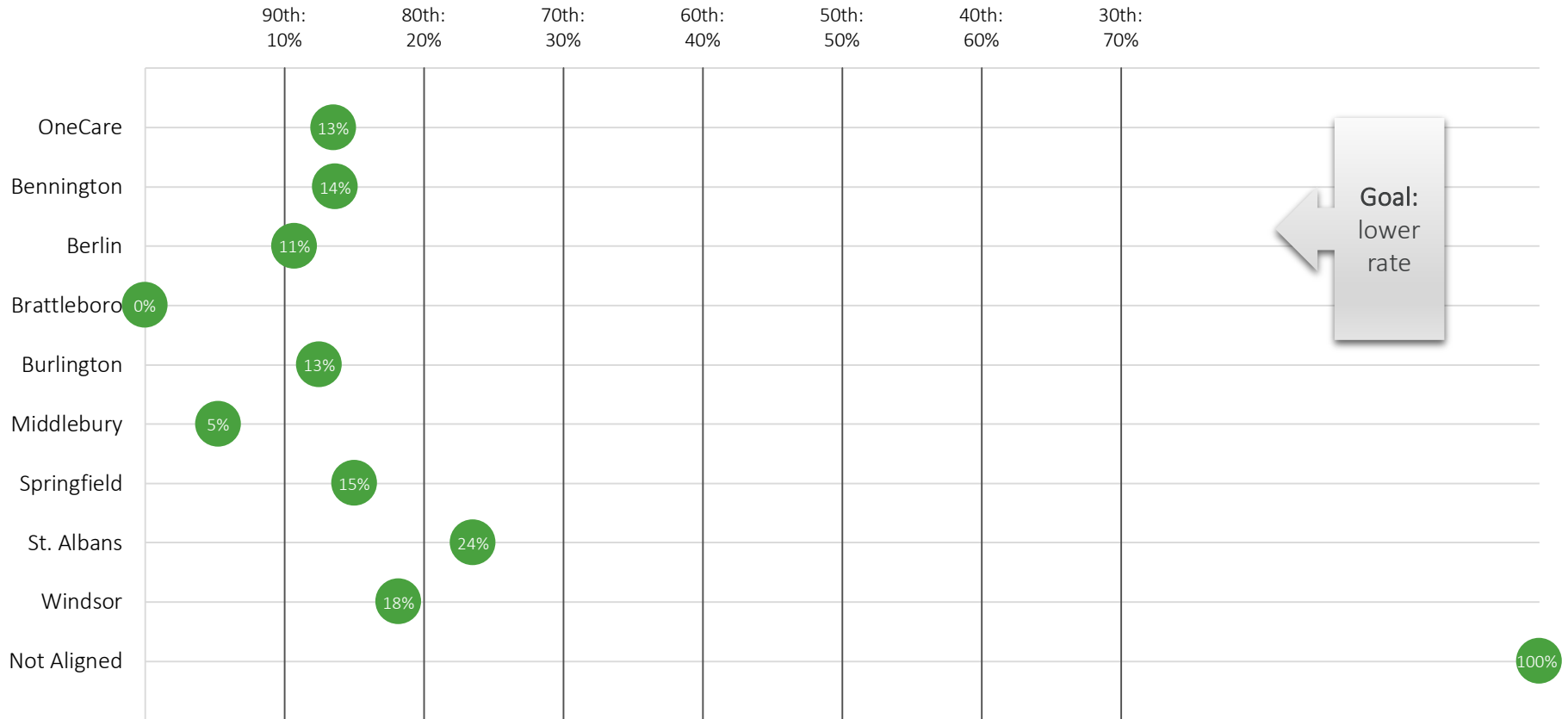
Payer Program: Medicare

Measure Status: Reporting

Data Source: Clinical

Diabetes Mellitus: HbA1c Poor Control (>9%)

Percent of adult patients (18-75) with diabetes who had a hemoglobin A1c > 9.0% or who did not receive a hemoglobin A1c test during the measurement year **2019**, by HSA.



Footnotes:

Benchmark Source: CMS

Horizontal Axis: 0% to 100%

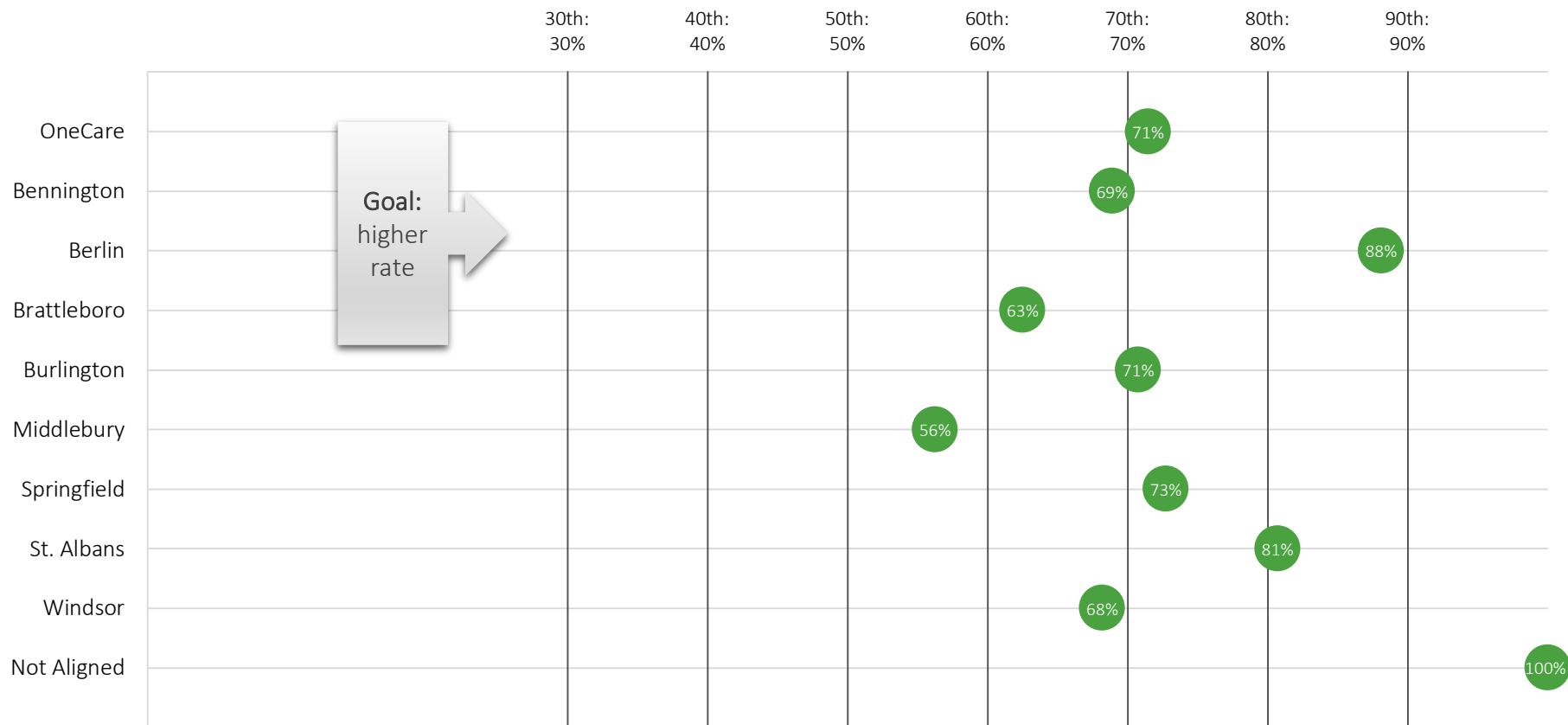
Data Caveat: Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.

Charts Sampled per HSA: Mean = 28.0, Median = 20, Range = 1 - 104

● 2019

Controlling High Blood Pressure

Percentage of adult patients (18-85) with a diagnosis of hypertension (high blood pressure) whose condition was adequately controlled in **2019**, by HSA.



● 2019

Footnotes:

Benchmark Source: CMS

Horizontal Axis: 0% to 100%

Data Caveat: Sampling methodology used for clinical measures only guarantees representativeness at the ACO level – HSA level statistics should not be considered representative of full HSA population values.

Charts Sampled per HSA: Mean = 52.6, Median = 42, Range = 1 - 212

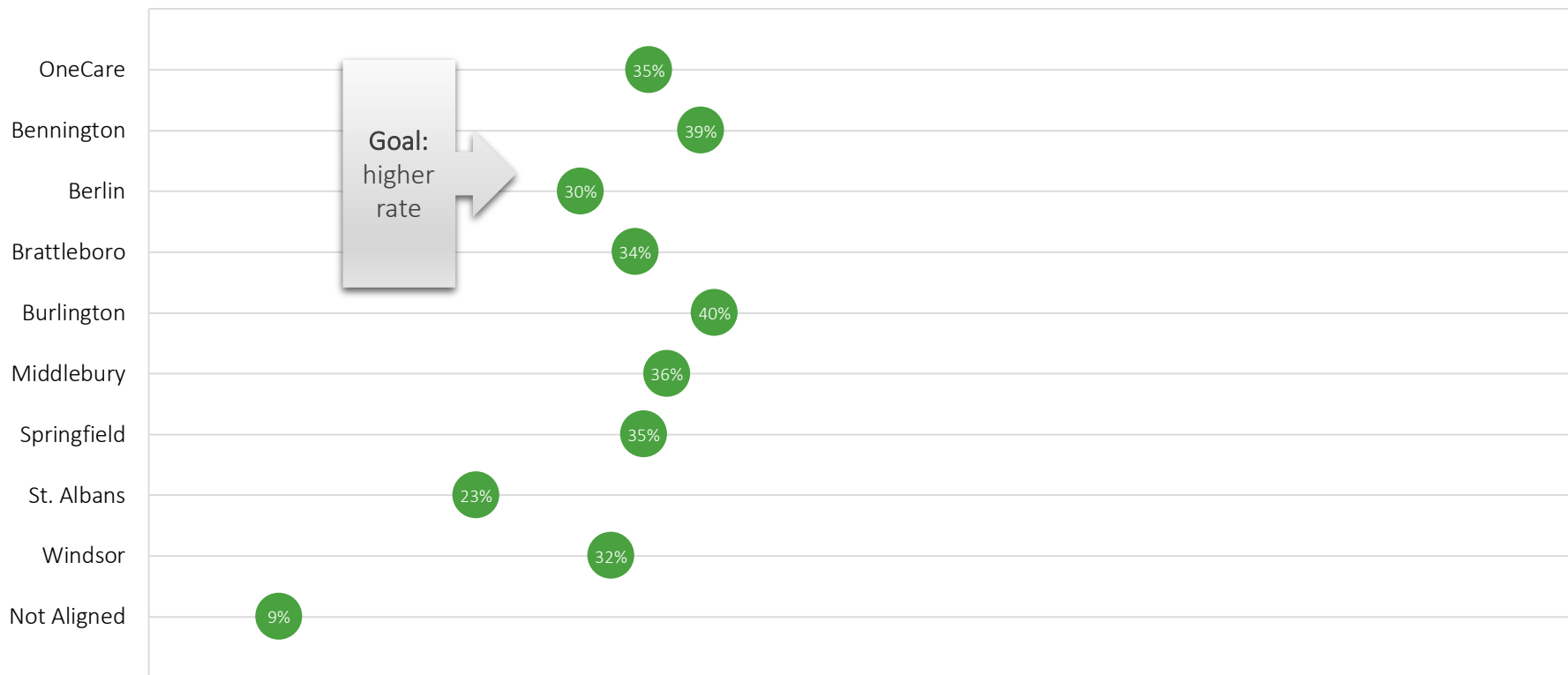
Payer Program: Medicare

Measure Status: N/A

Data Source: Claims

Medicare Annual Wellness Visits

Percentage of Medicare beneficiaries who received a Medicare Annual Wellness Visit or Initial Preventive Physical Examination (“Welcome to Medicare”) visit **2019**, by HSA.



Footnotes:

Benchmark Source: N/A – not a contractual quality measure in the Medicare payer program

Horizontal Axis: 0% to 100%

● 2019



Health Care Spending Dashboard

Data through 12/31/2019

KPI Trends

| | Medicare | | | Medicaid | | | Commercial | | |
|-----------------------|----------|-------|-------|----------|-------|-------|------------|-------|-------|
| | PYTD | YTD | Trend | PYTD | YTD | Trend | PYTD | YTD | Trend |
| FFS Equivalent Spend | \$795 | \$785 | | \$206 | \$224 | | \$477 | \$558 | |
| Inpatient Spend | \$283 | \$275 | | \$56 | \$56 | | \$102 | \$122 | |
| Emergency Dept. Spend | \$42 | \$42 | | \$25 | \$26 | | \$32 | \$40 | |
| OP Advanced Imaging | \$7 | \$7 | | \$0 | \$0 | | \$27 | \$29 | |
| Primary Care Spend | \$73 | \$71 | | \$34 | \$40 | | \$40 | \$47 | |
| Specialty Care Spend | \$59 | \$57 | | \$13 | \$15 | | \$48 | \$64 | |

FFS-Equivalent Spend Trends

| HSA | Medicare | | | Medicaid | | | | Commercial | | | |
|---------|----------|-------|-------|----------|-------|-------|-------|------------|-------|-------|-------|
| | PYTD | YTD | Trend | HSA | PYTD | YTD | Trend | HSA | PYTD | YTD | Trend |
| HSA 1 | \$846 | \$858 | | HSA 1 | | \$244 | | HSA 1 | \$816 | \$626 | |
| HSA 2 | | | | HSA 2 | \$183 | \$211 | | HSA 2 | \$664 | \$693 | |
| HSA 3 | \$924 | \$825 | | HSA 3 | \$165 | \$193 | | HSA 3 | \$488 | \$581 | |
| HSA 4 | \$752 | \$732 | | HSA 4 | \$204 | \$226 | | HSA 4 | | | |
| HSA 5 | \$857 | \$802 | | HSA 5 | | \$239 | | HSA 5 | \$451 | \$473 | |
| HSA 6 | \$708 | \$805 | | HSA 6 | \$185 | \$189 | | HSA 6 | \$441 | \$462 | |
| HSA 7 | \$775 | \$739 | | HSA 7 | \$223 | \$254 | | HSA 7 | | \$604 | |
| HSA 8 | | \$842 | | HSA 8 | \$277 | \$229 | | HSA 8 | \$415 | \$542 | |
| HSA 9 | \$799 | \$849 | | HSA 9 | \$210 | \$235 | | HSA 9 | \$438 | \$536 | |
| | | | | HSA 10 | \$202 | \$197 | | HSA 10 | \$411 | \$507 | |
| | | | | HSA 11 | \$309 | \$218 | | | | | |
| | | | | HSA 12 | \$185 | \$217 | | | | | |
| | | | | HSA 13 | | \$232 | | | | | |
| OneCare | \$794 | \$804 | | OneCare | \$207 | \$223 | | OneCare | \$477 | \$577 | |