



GMCB 2019

Dashboard Mock Up

2019 Attributed Lives

Data Incurred Jan 2019 – Dec 2019

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. Additionally, these data do not include claims for any care protected by 42 CFR Part 2 or members who have selected to opt out of data sharing. Because of this dynamic, the total spending figures should not be evaluated against program benchmarks.



OneCare Vermont

onecarevt.org

Contents

Medicaid

- *HSA Comparison - 3*
- *Adolescent Well-Care Visits – 4*
- *Developmental Screening in the First 3 Years of Life - 5*
- *Diabetes Mellitus: HbA1c Poor Control (>9%) - 6*
- *Controlling High Blood Pressure - 7*

BCBS QHP

- *HSA Comparison - 8*
- *Adolescent Well-Care Visits - 9*
- *Developmental Screening in the First 3 Years of Life - 10*
- *Diabetes Mellitus: HbA1c Poor Control (>9%) - 11*
- *Controlling High Blood Pressure - 12*

Medicare

- *HSA Comparison – 13*
- *Medicare Annual Wellness Visits - 14*
- *Colorectal Cancer Screening - 15*
- *Diabetes Mellitus: HbA1c Poor Control (>9%) - 16*
- *Controlling High Blood Pressure – 17*

Healthcare Spending Dashboard





Medicaid

2019 Cohort

Reporting Period: Jan 2019 - December 2019

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

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

	Total	HSA1	HSA2	HSA3	HSA4	HSA5	HSA6	HSA7	HSA8	HSA9	HSA10	HSA11	HSA12	HSA13
Fee-for-Service Equivalent Spend PMPM	257	138	283	118	116	255	112	167	269	194	171	275	191	112
Inpatient Spend PMPM	77	80	45	53	59	70	59	51	65	61	58	50	59	59
Emergency Department Spend PMPM	24	27	25	20	33	19	28	45	40	26	60	34	25	22
Outpatient Advanced Imaging Spend PMPM	5	4	2	3	1	5	5	6	7	5	3	5	3	3
Primary Care Spend PMPM	39	48	30	29	37	41	43	49	45	50	33	37	36	43
Specialty Care Spend PMPM	15	11	10	9	3	14	14	12	15	15	16	14	15	10
Inpatient Admissions PKPY	38	50	47.1	46.1	47.3	42.3	47.2	54.9	54.1	59.8	45.1	48.6	43	34.4
Emergency Department Visits PKPY	630	501	511	500	499	642	650	678	572	629	564	671	682	662
Outpatient Advanced Imaging PKPY	107	103	95	119	90	101	91	95	120	114	116	94	110	117
Primary Care Visits PKPY	2836	2950	2705	2717	2701	2816	2768	2549	2937	2940	2663	2574	2500	2944
Specialty Care Visits PKPY	955	843	785	1154	1077	937	650	828	1297	1313	1342	1172	1201	1042

Footnotes:

¹ Confidential claims are provided to OneCare de-identified.

² "All other claims combined" represents several categories that individually account for a small percentage of the overall total cost. As a result the standard deviation was not calculated and outliers are not identified.

³ Preventive includes services such as colorectal cancer screenings, mammography and well care visits

⁴ Per Member Per Month (PMPM), Per Thousand Per Year (PKPY)

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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: Quality Compass National Medicaid All Lines of Business

Source: Business

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

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.



Footnotes:

Benchmark Source: Quality Compass National Medicaid All Lines of Business

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

● 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.



Footnotes:

Benchmark Source: Quality Compass National Medicaid All Lines of Business

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

● 2019

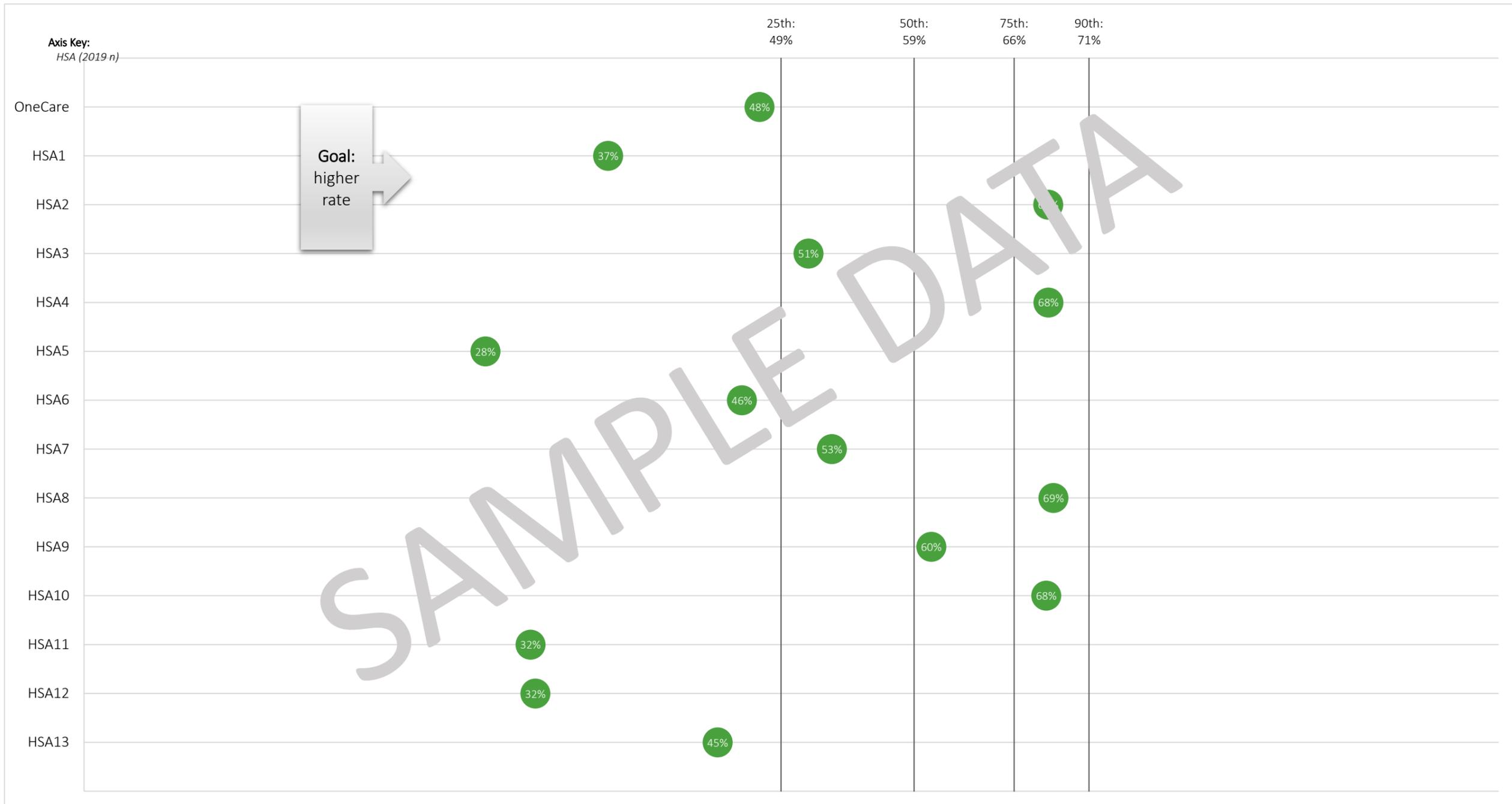
Payer Program: Medicaid

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 Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

● 2019

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BCBS QHP

2019 Cohort

Reporting Period: Jan 2019 - December 2019

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

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

	Total	HSA1	HSA2	HSA3	HSA4	HSA5	HSA6	HSA7	HSA8	HSA9	HSA10
Fee-for-Service Equivalent Spend PMPM	113	117	133	280	173	122	28	298	125	133	159
Inpatient Spend PMPM	61	80	50	59	44	40	57	61	49	78	50
Emergency Department Spend PMPM	28	35	20	21	21	3	35	37	36	30	25
Outpatient Advanced Imaging Spend PMPM	2	4	5	3	4	2	7	4	5	6	3
Primary Care Spend PMPM	36	30	37	37	4	31	44	50	48	47	32
Specialty Care Spend PMPM	12	10	11	10	10	9	6	12	12	14	12
Inpatient Admissions PKPY	36	56	70	46.1	67	62.3	47.2	54.9	54.1	53	45.1
Emergency Department Visits PKPY	571	567	646	690	546	656	578	541	555	670	594
Outpatient Advanced Imaging PKPY	106	104	104	99	120	97	123	107	118	118	105
Primary Care Visits PKPY	2715	2878	2878	2755	2602	2737	2600	2967	2772	2813	2938
Specialty Care Visits PKPY	900	700	994	1000	1275	835	1315	1213	756	1345	801

Footnotes:

¹ Confidential claims are not available for the BCBS QHP program at this time.

² "All other claims combined" represents several categories that individually account for a small percentage of the overall total cost. As a result the standard deviation was not calculated and outliers are not identified.

³ Preventive includes services such as colorectal cancer screenings, mammography and well care visits

⁴ Per Member Per Month (PMPM), Per Thousand Per Year (PKPY)

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Payer Program: BCBS QHP
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: Commercial PPO
Horizontal Axis Scale: 0% to 100%
Axis Key: HSA Name (2019 denominator)

● 2019

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Payer Program: BCBS QHP
Measure Status: Reporting
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.



Footnotes:

Benchmark Source: No benchmark identified

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

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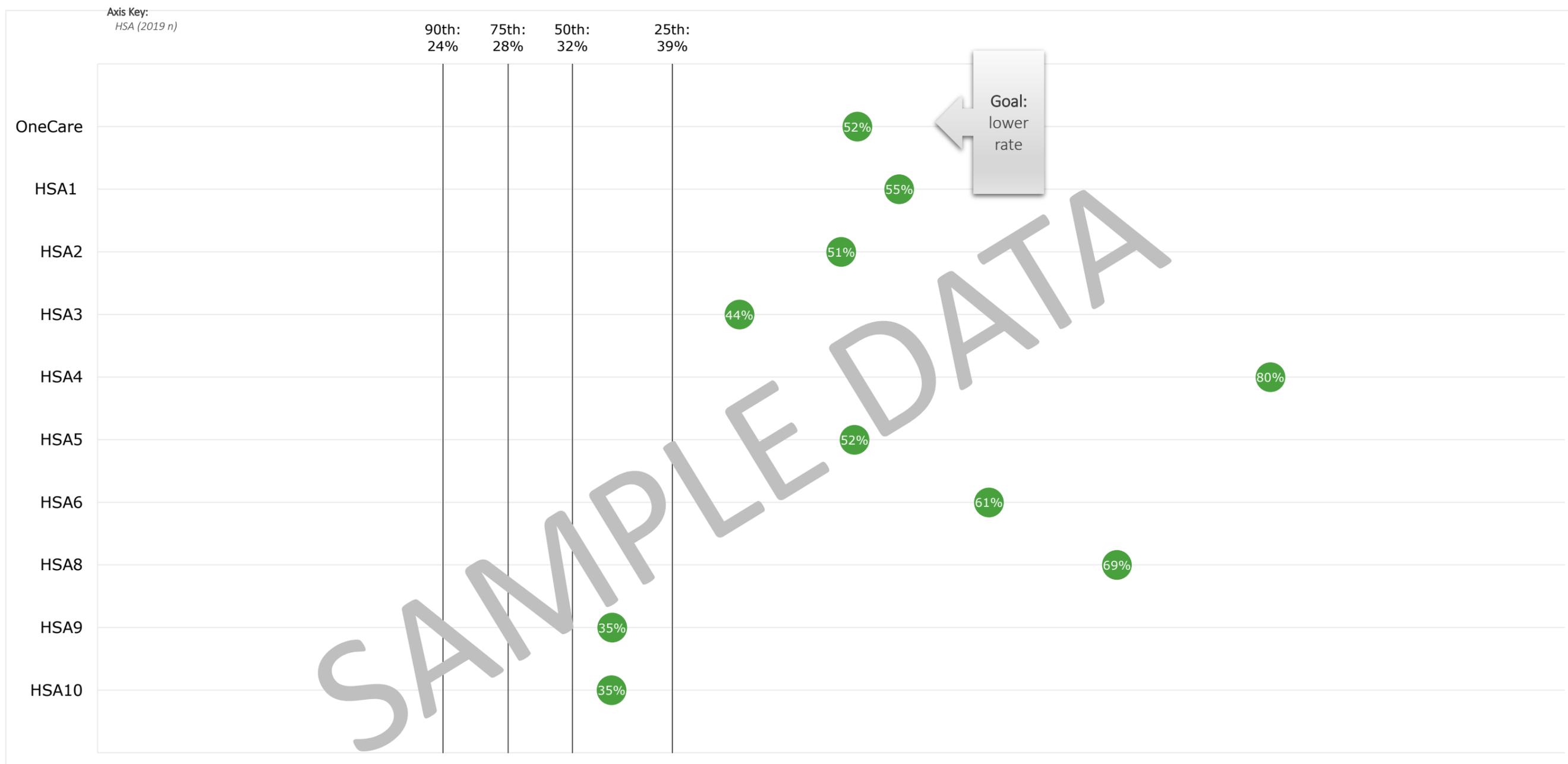
Payer Program: BCBS QHP

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.



Footnotes:

Benchmark Source: Commercial PPO

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

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● 2019

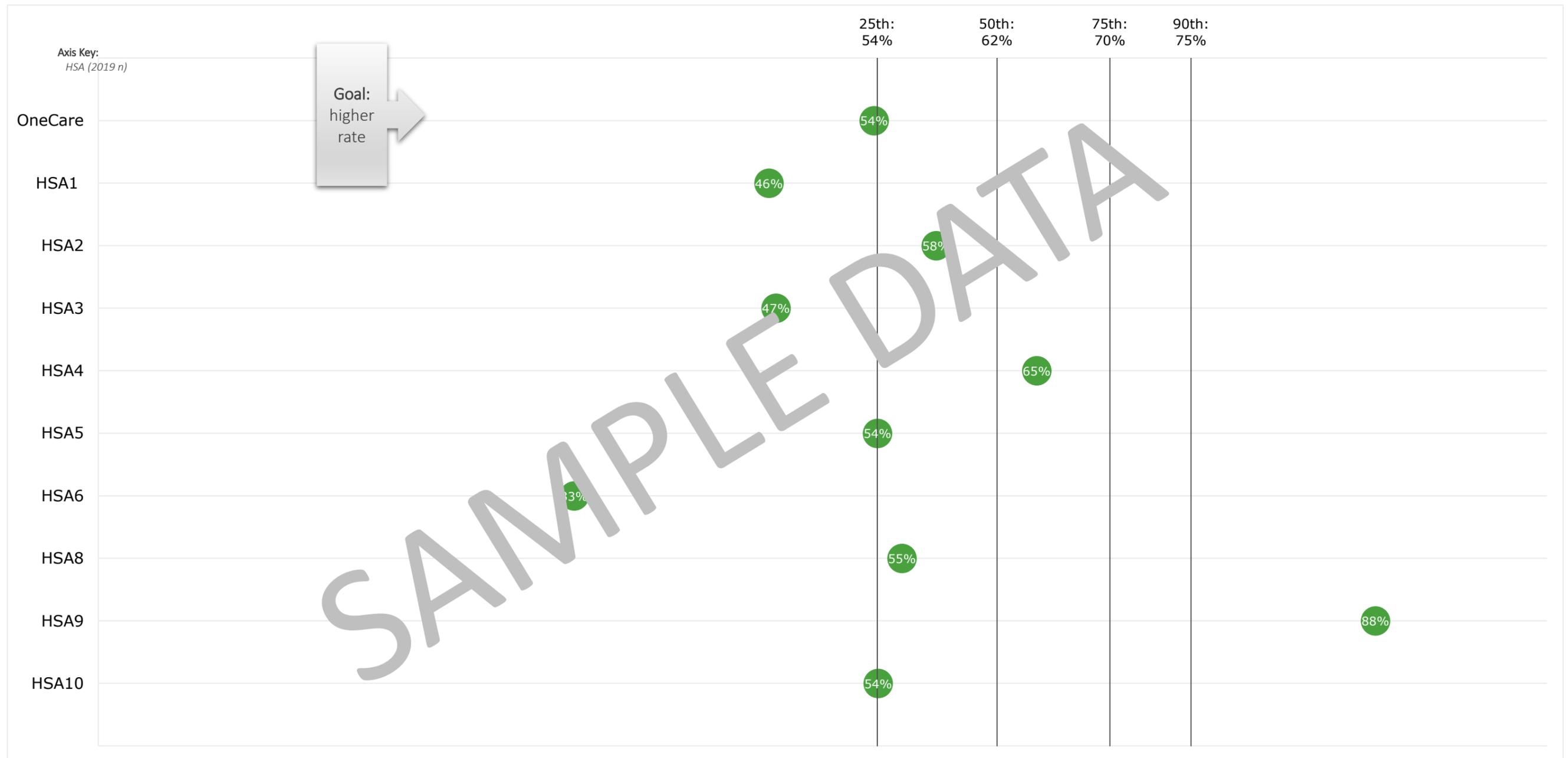
Payer Program: BCBS QHP

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: CMS QRS

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

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Medicare

2019 Cohort

Reporting Period: Jan 2019 - December 2019

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

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

	Total	HSA1	HSA2	HSA3	HSA4	HSA5	HSA6	HSA7	Not Aligned	HSA8
Fee-for-Service Equivalent Spend PMPM	103	230	225	246	281	294	254	133	231	189
Inpatient Spend PMPM	74	49	43	63	58	60	57	40	43	60
Emergency Department Spend PMPM	26	40	38	25	54	20	35	40	49	21
Outpatient Advanced Imaging Spend PMPM	2	5	5	2	2	3	5	3	4	2
Primary Care Spend PMPM	46	32	42	36	37	32	39	39	47	35
Specialty Care Spend PMPM	12	9	13	11	15	10	16	10	8	17
Inpatient Admissions PKPY	54	41	47.1	46	65.3	62.3	47.2	39	54.1	70
Emergency Department Visits PKPY	505	663	625	615	691	618	699	620	611	650
Outpatient Advanced Imaging PKPY	116	100	100	109	101	117	108	102	118	120
Primary Care Visits PKPY	2710	2834	2795	2549	2812	2476	2434	2787	2897	2715
Specialty Care Visits PKPY	921	806	1240	768	968	1345	861	1188	866	1234

Footnotes:

¹ Confidential claims and end of life projections are only available at the OneCare network level and were therefore excluded from the HSA Variation report.

² "All other claims combined" represents several categories that individually account for a small percentage of the overall total cost. As a result the standard deviation was not calculated and outliers are not identified.

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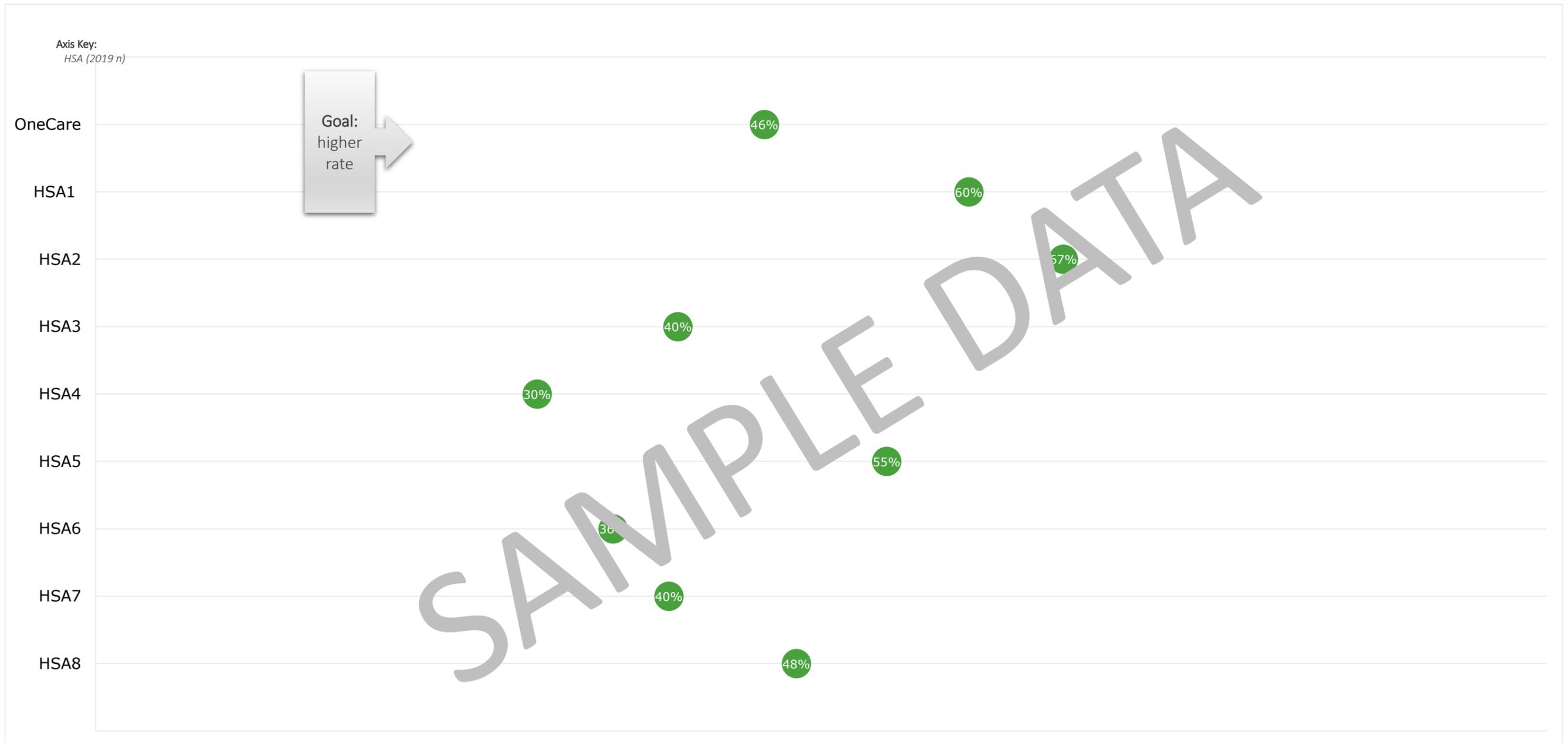
Payer Program: Medicare

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 in **2019**, by HSA.



Footnotes:

Benchmark Source: N/A

Horizontal Axis Scale: 0% to 100%

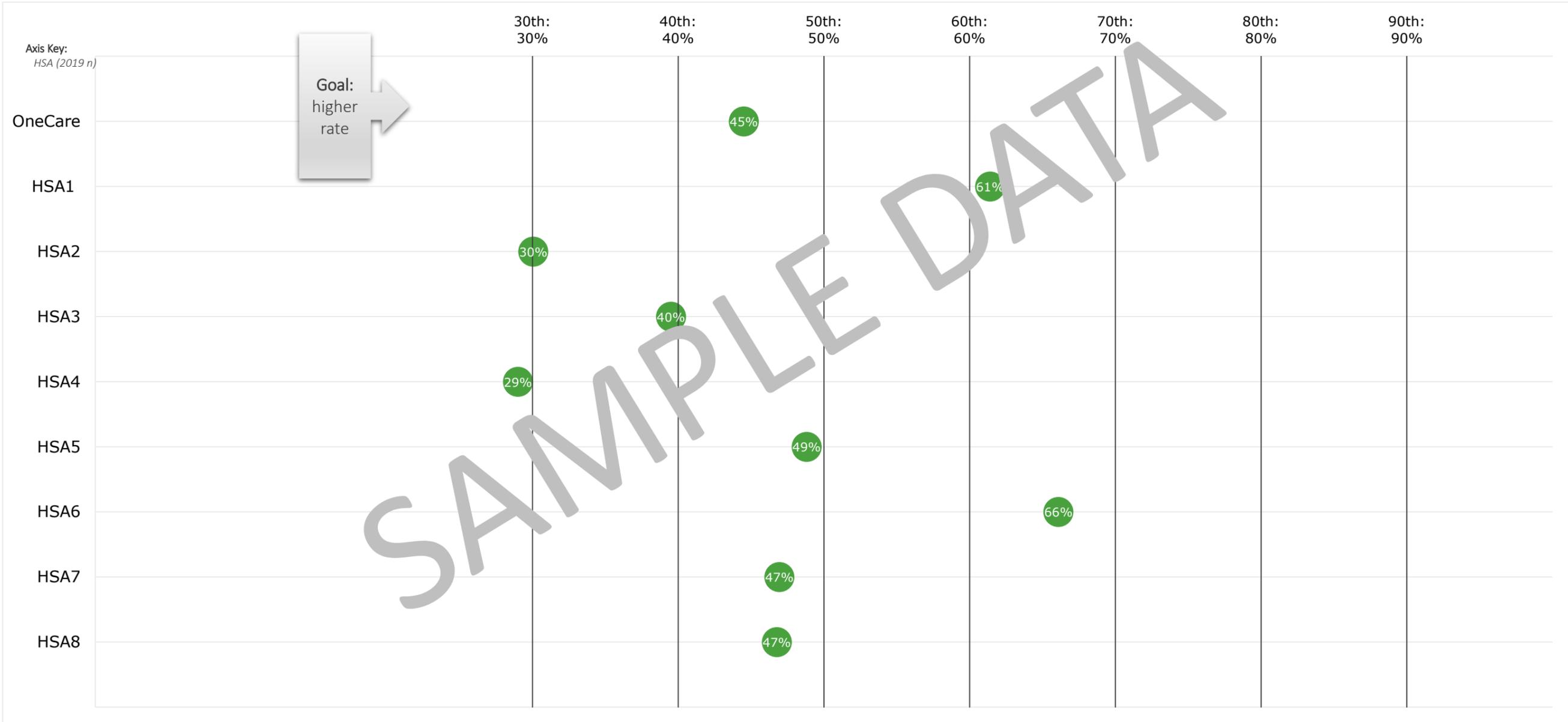
Axis Key: HSA Name (2019 denominator)

● 2019

Payer Program: Medicare
Measure Status: Payment
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 Scale: 0% to 100%
Axis Key: HSA Name (2019 denominator)

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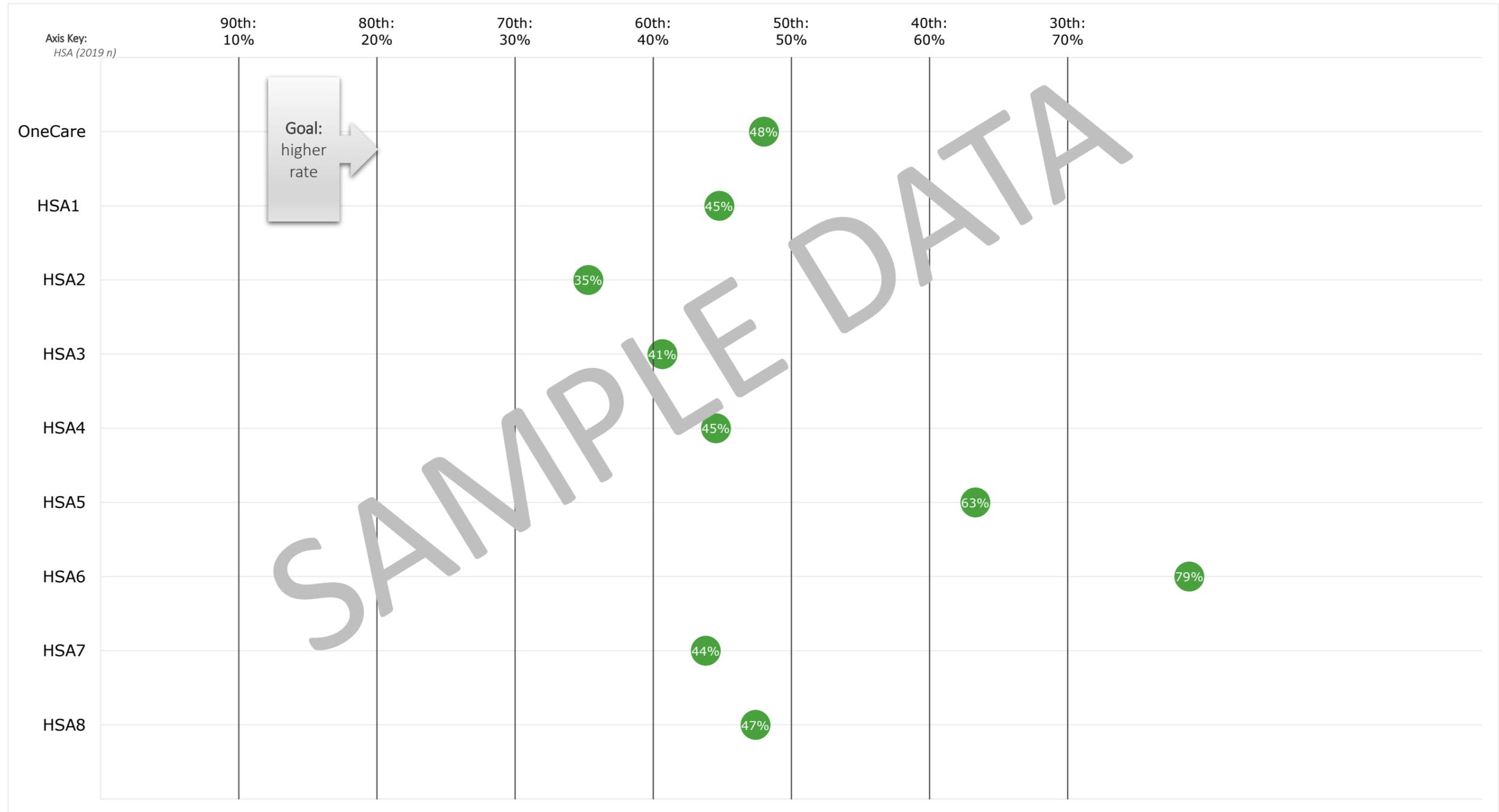
Payer Program: Medicare

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.



Footnotes:

Benchmark Source: CMS

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

● 2019

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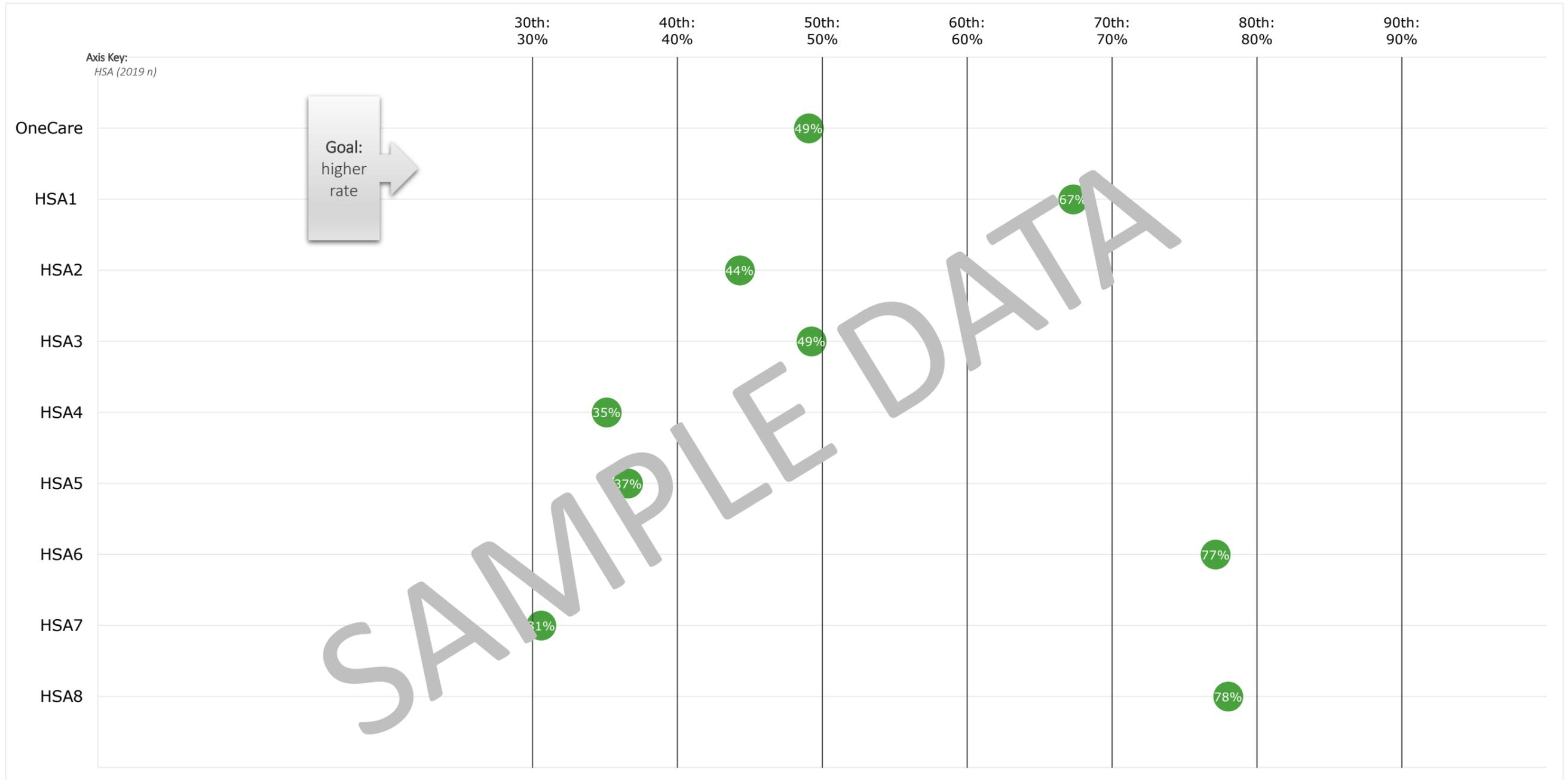
Payer Program: Medicare

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: CMS

Horizontal Axis Scale: 0% to 100%

Axis Key: HSA Name (2019 denominator)

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OneCare Vermont

Healthcare Spending Dashboard

Data Through 12/31/2019 - EXAMPLE DATA

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KPI Trends									
	Medicare			Medicaid			Commercial		
	PYTD	YTD	Trend	PYTD	YTD	Trend	PYTD	YTD	Trend
FFS Equivalent Spend	\$794	\$804		\$207	\$223		\$477	\$557	
Inpatient Spend	\$283	\$281		\$56	\$56		\$102	\$121	
Emergency Dept. Spend	\$42	\$43		\$25	\$26		\$32	\$40	
OP Advanced Imaging	\$7	\$8		\$0	\$0		\$27	\$29	
Primary Care Spend	\$73	\$73		\$35	\$40		\$40	\$47	
Specialty Care Spend	\$59	\$61		\$13	\$15		\$48	\$64	

FFS-Equivalent Spend Trends									
	Medicare			Medicaid			Commercial		
	PYTD	YTD	Trend	PYTD	YTD	Trend	PYTD	YTD	Trend
HSA1	\$708	\$882		\$212	\$236		\$816	\$626	
HSA2	\$798	\$877		\$203	\$198		\$451	\$473	
HSA3	\$856	\$825		\$186	\$190		\$415	\$541	
HSA4	\$752	\$744		\$186	\$217		\$488	\$578	
HSA5				\$207	\$228		\$664	\$692	
HSA6	\$775	\$750		\$184	\$212		\$411	\$507	
HSA7				\$224	\$252				
HSA8				\$245					
HSA9				\$239					
HSA10	\$921	\$840		\$278	\$230		\$441	\$460	
HSA11	\$846	\$857		\$312	\$218		\$438	\$535	
HSA12					\$232				
HSA13		\$821		\$167	\$194			\$605	
OneCare	\$794	\$804		\$207	\$223		\$477	\$557	

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