



OneCare Medicare Benchmarking Report – October 2022

I Background

As a requirement of the FY22 ACO Budget Order, OneCare conducted a vendor selection process and implemented a benchmarking solution. Condition 1 (updated in July, 2022) states the following:

“OneCare must implement a reputable and effective Medicare ACO benchmarking system to compare key quality, cost, and utilization metrics to national benchmarks, utilizing OneCare claims data and potentially clinical data, and acquiring data from third party sources as needed. The benchmarking system and data source must be approved in advance by GMCB staff and include national benchmarks (and regional, if available) and identify best-practices based on the data in five key areas, as available and appropriate: 1) utilization, 2) cost per capita, 3) patient satisfaction/engagement, 4) quality, and 5) evidence-based clinical appropriateness.

The benchmarking system will: a. Allow the ACO and the GMCB to assess OneCare’s performance against peer ACOs or integrated health systems; b. Enhance OneCare’s ACO-level performance management strategy, including integration of best practices and priority opportunities identified through benchmarking and peer networking into the OneCare Quality Evaluation and Improvement Program; and Improve ACO regulatory reporting and performance assessment by providing the benchmarking comparisons to targets at least semiannually to the GMCB.”

II Medicare Dataset and Methodology

The ‘100% Medicare FFS dataset’ was used to develop the utilization, cost, and quality benchmarks. This dataset contains all Medicare Parts A, B, and D paid claims generated for all Medicare FFS beneficiaries in the United States. The ACO comparison cohorts for 2019-2021 were developed using the Direct Contracting (DC) attribution methodology (due to aligned claims lookback period, similarity of codes used for attribution logic, and data availability). The OneCare provider list was used to identify the attributed beneficiaries that comprise the OneCare population.

A. Identification of Peer ACO Comparison Cohort

A National Peer ACO Cohort was defined independently by the vendor as ACOs that reflected similarities to OneCare’s characteristics and attributed population. Among 513 ACOs in the data for 2020, OneCare’s vendor applied the following criteria to create the comparison cohort:

- ACOs with a two-sided risk model
- High revenue ACOs (i.e. include hospitals)
- 20-80% of attributed beneficiaries lived in urban zip codes
- 40% or greater attributing specialists with patient panels

- Less than 15% of attributed beneficiaries are dually enrolled in Medicaid.

After applying these criteria, 20 ACOs were identified for the national peer ACO comparison cohort, representing nearly 700,000 attributed beneficiaries. The experience of these 20 ACOs was pooled as the average national peer ACO comparison cohort benchmark. The 90th percentile of the national peer ACO comparison cohort was determined by ranking each selected ACO's risk- and price-adjusted total allowed PMPM (described below) and the experience of the ACOs representing the 85th to 95th percentiles of risk- and price-adjusted paid PMPMs were pooled for the 90th percentile. Note that the 90th percentile was not recalculated for each individual metric. All beneficiaries attributed to ACOs included in the national peer ACO comparison cohort were included in the report.

B. Risk Score, Unit Cost Adjustment, and Medicare AIPBP

Utilization and cost metrics were adjusted between OneCare and the comparison cohorts for differences in population morbidity (i.e., risk score distribution) and Medicare FFS payment rates (i.e., unit cost). For risk score adjustment, utilization and costs for the comparison cohorts were adjusted to reflect the acuity of OneCare's attributed population by reweighting the benchmarks to OneCare's beneficiary distribution by risk score band using the CMS-Hierarchical Condition Categories (HCC) risk score model. For unit cost adjustment, a methodology was used to reprice the claims for both the OneCare and comparison cohorts to a nationwide Medicare FFS allowed amount in order to normalize for differences in unit cost between OneCare and the national peer ACO comparison cohort.

The 100% Medicare FFS dataset does not include Vermont's All-Inclusive Population Based Payments (AIPBP) for OneCare's population. While the claims and utilization for these services exist in the dataset, the paid costs on the AIPBP claims are not available. The repricing methodology described above to adjust for differences in unit cost was used to estimate the cost of the AIPBP payments to allow for like to like comparison.

III. Key Findings

The enclosed Benchmarking Report provides comparisons of key cost, utilization, and quality metrics for each year 2019, 2020, and 2021 between OneCare's attributed Medicare FFS population, the National Peer ACO comparison cohort, and the 90th percentile of the National Peer ACO Cohort. In this section, OneCare has focused on the comparison of OneCare to the National Peer ACO Cohort for the 2021 performance year because patterns of results are similar across historical years and the size of the National Peer ACO Cohort (~700,000 lives) adds stability to the results.

Key findings from this report include:

- The total allowed per member per month (PMPM) cost for OneCare's 2021 attributed population is approximately 9% lower than the average of the National Peer ACO Cohort after accounting for differences in risk score and unit cost.
- OneCare's 2021 attributed population is lower cost than the National Peer ACO Cohort, with mixed results when comparing rates, for the following specific service categories:
 - Inpatient Facility – Medical: Approximately 9% lower cost than the National Peer ACO Cohort. Admission rate approximately 2% higher than the National Peer ACO cohort.
 - Inpatient Facility – Surgery: Approximately 11% lower cost than the National Peer ACO Cohort. Admission rate is approximately 6% lower than the National Peer ACO Cohort.
 - Outpatient Facility – Surgery: Approximately 22% lower cost than the National Peer ACO Cohort. Visit rate is approximately 36% higher than the National Peer ACO Cohort.
 - Part B Pharmacy: Approximately 15% lower cost (across both Outpatient – Pharmacy and Professional – Office Administered Drugs) than the National Peer ACO Cohort
 - Office Visits: Approximately 27% lower Primary Care Provider and 11% lower Specialist costs than the National Peer ACO Cohort. Visit rate for PCPs is approximately 14% lower than the National Peer ACO Cohort. Visit rate for Specialist is approximately 6% lower than the National Peer ACO Cohort.
- While OneCare's attributed population demonstrates low total cost relative to the National Peer ACO Cohort, there are a few service categories where OneCare's population incurs higher costs:
 - Emergency Department: Approximately 32% higher cost than the National Peer ACO Cohort driven by high utilization which was approximately 37% higher than the National Peer ACO Cohort.
 - Post-Acute Care (PAC): Approximately 8% higher cost for the 2021 attributed population across the post-acute care service lines of Inpatient Facility – Rehabilitation, Skilled Nursing Facility (SNF), and Home Health. These higher costs are driven by high utilization (and length of stay) of SNF services, offset slightly by lower utilization of Inpatient Facility – Rehabilitation services.
- OneCare's 2021 utilization and quality is in overall alignment with the National Peer ACO Cohort and includes some mixed results as follows:

- Ambulatory Care Sensitive Conditions: Approximately 7% lower admission rate than the National Peer ACO Cohort
- Preference Sensitive or Outpatient Sensitive Preventable Admissions: Approximately 36% lower admission rate than the National Peer ACO Cohort
- Percent of Members with an Annual Wellness Visit: Approximately 11% lower than the National Peer ACO Cohort
- Percent of Inpatient Admissions with Readmission within 90 Days: Approximately equivalent rate to that of the National Peer ACO Cohort
- Percent of Inpatient Admissions Ending in Death: Approximately equivalent rate to that of the National Peer ACO Cohort

IV. Analysis and Process

OneCare is currently in the process of analyzing the benchmarking results and sharing with the provider network. Since this is a new benchmarking report, OneCare anticipates much dialog with the provider network and GMCB in the coming months. Feedback will be assessed and incorporated to optimize this evaluation and monitoring tool.

OneCare Vermont (OCV)

Medicare FFS Benchmarking Analysis

GMCB Report - 2021

This information is intended for use by OneCare Vermont and the Green Mountain Care Board, if requested. Likewise, third parties are instructed that they are to place no reliance upon this report prepared for OneCare Vermont by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

Member Months:	659,153	8,049,878	1,376,091
Person Years:	54,929	670,823	114,674
% Aged Non-Dual	76%	84%	79%

Metric	OCV Experience	National Peer ACO Comparison Cohort Average	OCV Differential to Average	National Peer ACO Comparison Cohort 90th Percentile*	OCV Differential to 90th Percentile
Total Cost of Care PBPM	\$928.39	\$1,023.76	-9.3%	\$978.11	-5.1%
Inpatient Facility - Medical					
Admissions/1000	152.2	149.7	1.7%	154.3	-1.4%
Hospital Days/1000	793.6	805.6	-1.5%	824.8	-3.8%
Total Inpatient Cost of Care PBPM	\$154.74	\$170.88	-9.4%	\$173.13	-10.6%
Inpatient Facility - Surgical					
Admissions/1000	54.3	57.5	-5.6%	55.2	-1.6%
Hospital Days/1000	333.1	324.3	2.7%	311.2	7.1%
Total Inpatient Cost of Care PBPM	\$122.11	\$137.81	-11.4%	\$132.89	-8.1%
Skilled Nursing Facility					
SNF Admissions	50.8	44.0	15.4%	46.8	8.4%
SNF LOS	28.3	24.8	14.1%	23.2	21.7%
SNF Days/1000	1,435.3	1,090.3	31.6%	1,087.3	32.0%
SNF Cost of Care PBPM	\$77.62	\$60.17	29.0%	\$60.00	29.4%
Emergency Department					
ED Visits/1000	465.1	339.9	36.9%	359.9	29.2%
ED Cost of Care PBPM	\$20.86	\$15.82	31.9%	\$17.64	18.2%
Outpatient Facility - Surgery					
Outpatient Surgery Visits/1000	575.6	424.9	35.5%	338.8	69.9%
Outpatient Surgery Cost of Care PBPM	\$81.05	\$104.36	-22.3%	\$87.32	-7.2%
Professional - Outpatient Surgery					
Outpatient Surgery Visits/1000	643.9	1,800.0	-64.2%	1,379.2	-53.3%
Outpatient Surgery cost PBPM	\$6.56	\$21.68	-69.8%	\$13.48	-51.4%
Professional Office Visits					
Primary Care Visits/1000	2,840.9	3,469.4	-18.1%	3,369.4	-15.7%
Primary Care Cost of Care PBPM	\$24.02	\$32.99	-27.2%	\$31.42	-23.6%
Specialty Care Visits/1000	3,392.1	3,450.8	-1.7%	2,919.3	16.2%
Specialty Care Cost of Care PBPM	\$29.65	\$33.28	-10.9%	\$26.71	11.0%
Part B Pharmacy					
Outpatient – Pharmacy Cost of Care PBPM	\$95.02	\$112.34	-15.4%	\$96.54	-1.6%
Professional – Office Administered Drugs Cost of Care PBPM	\$71.98	\$55.25	30.3%	\$59.40	21.2%
	\$23.04	\$57.08	-59.6%	\$37.14	-38.0%
Post Acute Care					
Inpatient Facility – Rehabilitation Cost of Care PBPM	\$109.91	\$102.09	7.7%	\$93.15	18.0%
Skilled Nursing Facility Cost of Care PBPM	\$5.21	\$17.92	-70.9%	\$17.68	-70.5%
Home Health Care Cost of Care PBPM	\$77.62	\$60.17	29.0%	\$60.00	29.4%
	\$27.09	\$24.01	12.8%	\$15.47	75.1%

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Medicare FFS Benchmarking Analysis

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% Aged Non-Dual	76%	84%	79%

Metric	OCV Experience	National Peer ACO Comparison Cohort Average	OCV Differential to Average	National Peer ACO Comparison Cohort 90th Percentile*	OCV Differential to 90th Percentile
Ambulatory Care Sensitive Admissions/1000	2,633.0	2,825.0	-6.8%	4,541.7	-42.0%
Prevention Quality Overall Composite	841.6	899.5	-6.4%	1,446.0	-41.8%
Prevention Quality Acute Composite	200.9	246.2	-18.4%	396.9	-49.4%
Prevention Quality Chronic Composite	640.6	653.3	-1.9%	1,049.1	-38.9%
Prevention Quality Diabetes Composite	108.3	126.6	-14.5%	203.6	-46.8%
Congestive Heart Failure (CHF)	367.8	409.6	-10.2%	653.4	-43.7%
Community-Acquired Pneumonia	101.1	121.3	-16.7%	198.1	-49.0%
Urinary Tract Infection	99.9	124.9	-20.0%	198.8	-49.8%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	144.9	85.9	68.7%	142.2	1.9%
Diabetes Long-Term Complications	73.6	71.3	3.3%	113.3	-35.0%
Hypertension	19.6	30.7	-36.0%	49.0	-60.0%
Lower-Extremity Amputation Among Patients with Diabetes	5.6	12.9	-56.6%	19.8	-71.8%
Diabetes Short-Term Complications	20.5	21.8	-6.0%	36.8	-44.3%
Uncontrolled Diabetes	8.6	20.6	-58.5%	33.6	-74.5%
Asthma in Younger Adults	*	0.5		1.0	
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000	37.5	58.2	-35.6%	54.1	-30.7%
Transurethral resection of prostate (TURP)	0.7	1.5	-51.8%	1.0	-27.9%
Hysterectomy	0.6	0.8	-30.0%	1.0	-41.1%
Arthroscopy	1.3	3.0	-57.3%	2.6	-50.8%
Knee replacement	7.4	13.2	-43.7%	11.9	-38.0%
Hip replacement	8.4	9.1	-8.1%	9.2	-9.0%
Arthroplasty other than hip or knee	3.3	4.1	-18.4%	3.8	-13.4%
Spinal fusion	2.5	4.1	-39.6%	4.0	-37.0%
Bariatric surgery	*	0.5		0.4	
Laminectomy	1.7	2.6	-34.2%	1.7	-0.1%
Coronary artery bypass graft (CABG)	0.8	1.3	-42.1%	1.3	-42.9%
Percutaneous transluminal coronary angioplasty (PTCA)	0.7	4.2	-83.6%	4.4	-84.4%
Cardiac pacemaker or implantable cardioverter defibrillator (ICD) implantation	2.2	4.0	-44.7%	2.9	-24.2%
Carotid artery revascularization	1.5	1.9	-21.5%	1.8	-20.2%
Peripheral vessel revascularization	3.8	4.8	-21.5%	4.8	-21.4%
Cholecystectomy	2.6	3.0	-13.0%	3.0	-13.6%
Additional Metrics					
Percent of Members with an Annual Wellness Visit	31.3%	42.6%	-11.3%	29.6%	1.7%
Percent of Inpatient Admissions Discharged to Home Health	27.6%	21.7%	5.9%	18.5%	9.2%
Percent of Inpatient Admissions Discharged to SNF	15.9%	16.5%	-0.6%	17.3%	-1.4%
Percent of Inpatient Admissions Discharged to Inpatient Rehab.	2.1%	4.2%	-2.1%	4.8%	-2.7%
Percent of Inpatient Admissions with Readmission within 90 Days	15.9%	16.1%	-0.2%	16.5%	-0.6%
Percent of Members with a Primary Care Visit	68.3%	81.8%	-13.5%	81.9%	-13.6%
Percent of Members with a Specialist Visit	69.5%	75.7%	-6.2%	72.3%	-2.8%
Percent of Inpatient Admissions Ending in Death	3.9%	4.2%	-0.2%	4.3%	-0.4%

*Note that the 90th percentile cohort is based on the 90th percentile of total risk-adjusted allowed costs by ACO and is not defined separately for each individual measure shown.

OneCare Vermont (OCV)

Medicare FFS Benchmarking Analysis

GMCB Report - 2020

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Member Months:	602,478	8,100,588	1,405,873
Person Years:	50,207	675,049	117,156
% Aged Non-Dual	77%	83%	77%

Metric	OCV Experience	National Peer ACO Comparison Cohort Average	OCV Differential to Average	National Peer ACO Comparison Cohort 90th Percentile*	OCV Differential to 90th Percentile
Total Cost of Care PBPM	\$835.81	\$975.16	-14.3%	\$933.07	-10.4%
Inpatient Facility - Medical					
Admissions/1000	143.0	151.6	-5.7%	155.1	-7.8%
Hospital Days/1000	730.6	801.5	-8.8%	807.5	-9.5%
Total Inpatient Cost of Care PBPM	\$137.82	\$161.28	-14.5%	\$161.47	-14.6%
Inpatient Facility - Surgical					
Admissions/1000	55.3	62.3	-11.3%	60.4	-8.5%
Hospital Days/1000	321.7	325.1	-1.0%	308.5	4.3%
Total Inpatient Cost of Care PBPM	\$114.29	\$137.15	-16.7%	\$131.05	-12.8%
Skilled Nursing Facility					
SNF Admissions	45.1	47.3	-4.7%	51.9	-13.1%
SNF LOS	27.0	24.6	9.6%	23.0	17.4%
SNF Days/1000	1,216.9	1,164.9	4.5%	1,192.6	2.0%
SNF Cost of Care PBPM	\$63.75	\$61.03	4.5%	\$62.48	2.0%
Emergency Department					
ED Visits/1000	414.3	324.9	27.5%	357.9	15.8%
ED Cost of Care PBPM	\$19.16	\$15.07	27.1%	\$17.08	12.2%
Outpatient Facility - Surgery					
Outpatient Surgery Visits/1000	516.3	373.9	38.1%	301.8	71.0%
Outpatient Surgery Cost of Care PBPM	\$68.48	\$89.41	-23.4%	\$74.55	-8.1%
Professional - Outpatient Surgery					
Outpatient Surgery Visits/1000	559.5	1,643.2	-66.0%	1,281.5	-56.3%
Outpatient Surgery cost PBPM	\$5.95	\$20.56	-71.1%	\$12.64	-52.9%
Professional Office Visits					
Primary Care Visits/1000	2,935.2	3,281.8	-10.6%	3,234.5	-9.3%
Primary Care Cost of Care PBPM	\$25.41	\$31.06	-18.2%	\$30.48	-16.6%
Specialty Care Visits/1000	2,906.6	3,140.2	-7.4%	2,709.6	7.3%
Specialty Care Cost of Care PBPM	\$25.38	\$29.76	-14.7%	\$24.48	3.7%
Part B Pharmacy					
Outpatient – Pharmacy Cost of Care PBPM	\$89.19	\$105.24	-15.3%	\$92.46	-3.5%
Professional – Office Administered Drugs Cost of Care PBPM	\$65.59	\$50.28	30.4%	\$55.29	18.6%
	\$23.60	\$54.96	-57.1%	\$37.17	-36.5%
Post Acute Care					
Inpatient Facility – Rehabilitation Cost of Care PBPM	\$94.56	\$100.81	-6.2%	\$95.31	-0.8%
Skilled Nursing Facility Cost of Care PBPM	\$7.07	\$16.39	-56.8%	\$16.86	-58.1%
Home Health Care Cost of Care PBPM	\$63.75	\$61.03	4.5%	\$62.48	2.0%
	\$23.73	\$23.39	1.5%	\$15.97	48.6%

OneCare Vermont (OCV)

Medicare FFS Benchmarking Analysis

GMCB Report - 2020

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Person Years:	50,207	675,049	117,156
% Aged Non-Dual	77%	83%	77%

Metric	OCV Experience	National Peer ACO Comparison Cohort Average	OCV Differential to Average	National Peer ACO Comparison Cohort 90th Percentile*	OCV Differential to 90th Percentile
Ambulatory Care Sensitive Admissions/1000	2,721.1	2,931.8	-7.2%	4,768.8	-42.9%
Prevention Quality Overall Composite	868.8	931.3	-6.7%	1,516.8	-42.7%
Prevention Quality Acute Composite	242.3	264.8	-8.5%	432.4	-44.0%
Prevention Quality Chronic Composite	626.4	666.5	-6.0%	1,084.4	-42.2%
Prevention Quality Diabetes Composite	114.9	137.8	-16.6%	218.4	-47.4%
Congestive Heart Failure (CHF)	360.5	394.8	-8.7%	645.2	-44.1%
Community-Acquired Pneumonia	144.3	143.3	0.7%	238.2	-39.4%
Urinary Tract Infection	98.0	121.6	-19.4%	194.2	-49.5%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	132.3	103.8	27.5%	172.2	-23.2%
Diabetes Long-Term Complications	64.1	74.6	-14.1%	118.9	-46.1%
Hypertension	18.8	29.6	-36.7%	48.1	-61.0%
Lower-Extremity Amputation Among Patients with Diabetes	13.4	15.6	-14.3%	25.3	-47.2%
Diabetes Short-Term Complications	19.5	25.1	-22.4%	38.1	-48.8%
Uncontrolled Diabetes	17.9	22.5	-20.4%	36.0	-50.3%
Asthma in Younger Adults	*	0.4		0.6	
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000	33.6	52.6	-36.2%	52.1	-35.6%
Transurethral resection of prostate (TURP)	0.5	1.3	-60.3%	1.3	-62.9%
Hysterectomy	0.3	0.9	-62.5%	1.3	-73.3%
Arthroscopy	1.5	2.7	-47.0%	2.6	-44.4%
Knee replacement	7.5	11.4	-34.6%	11.2	-33.0%
Hip replacement	7.1	6.7	6.1%	7.0	1.6%
Arthroplasty other than hip or knee	2.7	4.0	-32.0%	4.0	-30.5%
Spinal fusion	2.9	4.3	-31.7%	4.4	-34.4%
Bariatric surgery	*	0.4		0.3	
Laminectomy	1.2	2.5	-52.3%	2.3	-49.9%
Coronary artery bypass graft (CABG)	0.6	1.1	-48.5%	1.1	-46.6%
Percutaneous transluminal coronary angioplasty (PTCA)	0.8	4.0	-80.0%	4.0	-80.0%
Cardiac pacemaker or implantable cardioverter defibrillator (ICD) implantation	1.6	3.6	-55.8%	2.6	-38.5%
Carotid artery revascularization	1.9	1.9	0.6%	1.7	11.0%
Peripheral vessel revascularization	3.1	5.2	-41.5%	5.7	-46.2%
Cholecystectomy	2.0	2.6	-25.1%	2.7	-25.8%
Additional Metrics					
Percent of Members with an Annual Wellness Visit	30.4%	38.6%	-8.3%	27.5%	2.9%
Percent of Inpatient Admissions Discharged to Home Health	29.1%	22.1%	7.1%	19.7%	9.4%
Percent of Inpatient Admissions Discharged to SNF	15.7%	15.9%	-0.2%	16.4%	-0.7%
Percent of Inpatient Admissions Discharged to Inpatient Rehab.	2.8%	4.2%	-1.4%	4.5%	-1.7%
Percent of Inpatient Admissions with Readmission within 90 Days	15.4%	16.0%	-0.6%	16.4%	-1.0%
Percent of Members with a Primary Care Visit	71.3%	81.3%	-10.0%	81.3%	-10.0%
Percent of Members with a Specialist Visit	65.5%	73.0%	-7.6%	70.2%	-4.8%
Percent of Inpatient Admissions Ending in Death	3.5%	3.9%	-0.4%	4.1%	-0.6%

*Note that the 90th percentile cohort is based on the 90th percentile of total risk-adjusted allowed costs by ACO and is not defined separately for each individual measure shown.

OneCare Vermont (OCV)
Medicare FFS Benchmarking Analysis
GMCB Report - 2019

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Member Months:	646,912	7,214,845	1,354,842
Person Years:	53,909	601,237	112,904
% Aged Non-Dual	75%	81%	76%

Metric	OCV Experience	National Peer ACO Comparison Cohort Average	OCV Differential to Average	National Peer ACO Comparison Cohort 90th Percentile*	OCV Differential to 90th Percentile
Total Cost of Care PBPM	\$930.38	\$1,045.84	-11.0%	\$1,007.50	-7.7%
Inpatient Facility - Medical					
Admissions/1000	171.6	176.1	-2.6%	173.5	-1.1%
Hospital Days/1000	858.7	875.9	-2.0%	858.5	0.0%
Total Inpatient Cost of Care PBPM	\$152.60	\$165.85	-8.0%	\$163.41	-6.6%
Inpatient Facility - Surgical					
Admissions/1000	66.3	77.3	-14.3%	76.6	-13.5%
Hospital Days/1000	363.1	385.1	-5.7%	371.1	-2.1%
Total Inpatient Cost of Care PBPM	\$130.08	\$155.12	-16.1%	\$152.84	-14.9%
Skilled Nursing Facility					
SNF Admissions	59.7	55.2	8.3%	57.0	4.7%
SNF LOS	25.7	23.3	10.4%	21.4	20.1%
SNF Days/1000	1,536.7	1,286.3	19.5%	1,221.8	25.8%
SNF Cost of Care PBPM	\$73.95	\$61.90	19.5%	\$58.80	25.8%
Emergency Department					
ED Visits/1000	539.6	417.7	29.2%	452.3	19.3%
ED Cost of Care PBPM	\$23.91	\$18.42	29.8%	\$20.53	16.5%
Outpatient Facility - Surgery					
Outpatient Surgery Visits/1000	602.0	436.5	37.9%	355.8	69.2%
Outpatient Surgery Cost of Care PBPM	\$74.61	\$95.56	-21.9%	\$80.10	-6.9%
Professional - Outpatient Surgery					
Outpatient Surgery Visits/1000	757.7	1,944.2	-61.0%	1,497.9	-49.4%
Outpatient Surgery Cost of Care PBPM	\$7.73	\$23.49	-67.1%	\$14.54	-46.9%
Professional Office Visits					
Primary Care Visits/1000	3,162.7	3,696.6	-14.4%	3,569.7	-11.4%
Primary Care Cost of Care PBPM	\$27.11	\$36.09	-24.9%	\$35.05	-22.7%
Specialty Care Visits/1000	3,361.9	3,591.3	-6.4%	3,029.3	11.0%
Specialty Care Cost of Care PBPM	\$29.58	\$34.94	-15.3%	\$28.58	3.5%
Part B Pharmacy					
Outpatient - Pharmacy Cost of Care PBPM	\$84.25	\$98.61	-14.6%	\$89.03	-5.4%
Professional - Office Administered Drugs Cost of Care PBPM	\$62.46	\$46.78	33.5%	\$54.50	14.6%
	\$21.79	\$51.83	-58.0%	\$34.53	-36.9%
Post Acute Care					
Inpatient Facility - Rehabilitation Cost of Care PBPM	\$101.23	\$101.64	-0.4%	\$91.96	10.1%
Skilled Nursing Facility Cost of Care PBPM	\$7.12	\$16.44	-56.7%	\$17.39	-59.0%
Home Health Care Cost of Care PBPM	\$73.95	\$61.90	19.5%	\$58.80	25.8%
	\$20.15	\$23.30	-13.5%	\$15.77	27.8%

OneCare Vermont (OCV)
Medicare FFS Benchmarking Analysis
GMCB Report - 2019

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Member Months:	646,912	7,214,845	1,354,842
Person Years:	53,909	601,237	112,904
% Aged Non-Dual	75%	81%	76%

Metric	OCV Experience	National Peer ACO Comparison Cohort Average	OCV Differential to Average	National Peer ACO Comparison Cohort 90th Percentile*	OCV Differential to 90th Percentile
Ambulatory Care Sensitive Admissions/1000	1,117.6	1,200.9	-6.9%	1,987.3	-43.8%
Prevention Quality Overall Composite	1,117.6	1,201.0	-6.9%	1,987.0	-43.8%
Prevention Quality Acute Composite	343.2	344.7	-0.4%	537.9	-36.2%
Prevention Quality Chronic Composite	774.4	856.2	-9.6%	1,449.1	-46.6%
Prevention Quality Diabetes Composite	135.4	151.2	-10.4%	290.1	-53.3%
Congestive Heart Failure (CHF)	424.7	498.3	-14.8%	792.6	-46.4%
Community-Acquired Pneumonia	238.4	196.4	21.4%	310.4	-23.2%
Urinary Tract Infection	104.8	148.3	-29.3%	227.5	-53.9%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	193.9	171.0	13.4%	304.8	-36.4%
Diabetes Long-Term Complications	77.4	82.4	-6.1%	160.2	-51.7%
Hypertension	19.7	35.3	-44.1%	60.6	-67.5%
Lower-Extremity Amputation Among Patients with Diabetes	9.8	14.2	-31.1%	29.9	-67.3%
Diabetes Short-Term Complications	23.5	26.4	-11.1%	50.8	-53.8%
Uncontrolled Diabetes	24.8	28.2	-12.0%	49.4	-49.7%
Asthma in Younger Adults	0.7	0.4	87.2%	1.2	-46.3%
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000	38.1	59.4	-35.8%	65.9	-42.1%
Transurethral resection of prostate (TURP)	0.8	1.5	-48.4%	1.3	-41.4%
Hysterectomy	0.8	1.0	-20.6%	1.1	-23.0%
Arthroscopy	1.2	3.0	-61.0%	3.6	-67.5%
Knee replacement	8.1	13.5	-40.1%	16.5	-51.2%
Hip replacement	7.2	6.9	3.4%	7.9	-8.8%
Arthroplasty other than hip or knee	3.2	4.5	-29.2%	5.0	-37.0%
Spinal fusion	3.4	5.2	-33.5%	5.8	-41.3%
Bariatric surgery	0.4	0.6	-26.0%	0.5	-6.8%
Laminectomy	1.7	2.9	-43.2%	3.4	-52.0%
Coronary artery bypass graft (CABG)	0.9	1.2	-29.4%	1.3	-33.9%
Percutaneous transluminal coronary angioplasty (PTCA)	1.1	4.2	-74.2%	5.0	-78.1%
Cardiac pacemaker or implantable cardioverter defibrillator (ICD) implantation	1.4	3.9	-62.9%	3.0	-52.2%
Carotid artery revascularization	2.0	2.0	-2.7%	2.4	-17.0%
Peripheral vessel revascularization	4.0	5.7	-30.3%	5.9	-32.8%
Cholecystectomy	2.1	3.3	-36.0%	3.1	-32.4%
Additional Metrics					
Percent of Members with an Annual Wellness Visit	34.9%	39.3%	-4.4%	28.2%	6.8%
Percent of Inpatient Admissions Discharged to Home Health	26.7%	20.0%	6.7%	16.7%	10.0%
Percent of Inpatient Admissions Discharged to SNF	19.9%	18.8%	1.1%	19.3%	0.7%
Percent of Inpatient Admissions Discharged to Inpatient Rehab.	2.2%	3.8%	-1.6%	4.4%	-2.2%
Percent of Inpatient Admissions with Readmission within 90 Days	17.1%	17.5%	-0.5%	17.3%	-0.2%
Percent of Members with a Primary Care Visit	71.3%	83.3%	-12.0%	83.2%	-11.8%
Percent of Members with a Specialist Visit	69.8%	76.6%	-6.9%	73.7%	-4.0%
Percent of Inpatient Admissions Ending in Death	3.5%	2.8%	0.7%	3.0%	0.5%

*Note that the 90th percentile cohort is based on the 90th percentile of total risk-adjusted allowed costs by ACO and is not defined separately for each individual measure shown.

OneCare Vermont (OCV)
Medicare FFS Benchmarking Analysis
Appendix - Data Dictionary

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Notes:

- This data dictionary includes definitions for the utilization and cost metrics included in the GMCB Report exhibits.

Metric	Definition
Member Months	Number of members months in the selected year for assigned beneficiaries.
Person Years	Calculated as the number of member months for assigned beneficiaries divided by 12.
% Aged Non-Dual	Percent of assigned beneficiaries that qualified for Medicare on the basis of age and were not ESRD, Disabled, or Dual.
Total Cost of Care PBPM	Total cost of Part A and Part B benefits per beneficiary per month (allowed dollar basis)
Inpatient Facility - Medical: Admissions/1000	Rate of inpatient facility - medical admissions per 1,000 beneficiaries
Inpatient Facility - Medical: Total Inpatient Cost of Care PBPM	Cost of inpatient facility - medical care per beneficiary per month (allowed dollar basis)
Inpatient Facility - Medical: Hospital Days/1000	Rate of inpatient facility - medical days per 1,000 beneficiaries
Inpatient Facility - Surgical: Admissions/1000	Rate of inpatient facility - surgery admissions per 1,000 beneficiaries
Inpatient Facility - Surgical: Total Inpatient Cost of Care PBPM	Cost of inpatient facility - surgery care per beneficiary per month (allowed dollar basis)
Inpatient Facility - Surgical: Hospital Days/1000	Rate of inpatient facility - surgery days per 1,000 beneficiaries
Skilled Nursing Facility: SNF Admissions	Rate of SNF admissions per 1,000 beneficiaries
Skilled Nursing Facility: SNF LOS	Average number of SNF days per admission
Skilled Nursing Facility: SNF Days/1000	Rate of SNF days per 1,000 beneficiaries
Skilled Nursing Facility: SNF Cost of Care PBPM	Cost of SNF per beneficiary per month (allowed dollar basis)
Emergency Department: ED Visits/1000	Rate of ED visits per 1,000 beneficiaries
Emergency Department: ED Cost of Care PBPM	Cost of ED per beneficiary per month (allowed dollar basis)
Outpatient Facility - Surgery: Outpatient Surgery Visits/1000	Rate of outpatient facility - surgery visits per 1,000 beneficiaries
Outpatient Facility - Surgery: Outpatient Surgery Cost of Care PBPM	Cost of outpatient facility - surgery per beneficiary per month (allowed dollar basis)
Professional Office Visits: Primary Care Visits/1000	Rate of primary care visits per 1,000 beneficiaries
Professional Office Visits: Primary Care Cost of Care PBPM	Cost of primary care visits per beneficiary per month (allowed dollar basis)
Professional Office Visits: Specialty Care Visits/1000	Rate of specialist office visits per 1,000 beneficiaries
Professional Office Visits: Specialty Care Cost of Care PBPM	Cost of specialist office visits per beneficiary per month (allowed dollar basis)
Part B Pharmacy: Outpatient – Pharmacy Cost of Care PBPM	Cost of outpatient pharmacy per beneficiary per month (allowed dollar basis)
Part B Pharmacy: Professional – Office Administered Drugs Cost of Care PBPM	Cost of office administered drugs per beneficiary per month (allowed dollar basis)
Post Acute Care: Inpatient Facility – Rehabilitation Cost of Care PBPM	Cost of inpatient facility - rehabilitation per beneficiary per month (allowed dollar basis)
Post Acute Care: Skilled Nursing Facility Cost of Care PBPM	Cost of SNF per beneficiary per month (allowed dollar basis)
Post Acute Care: Home Health Care Cost of Care PBPM	Cost of home health care per beneficiary per month (allowed dollar basis)
Ambulatory Care Sensitive Admissions/1000	Rate of inpatient facility admissions for select ambulatory care sensitive conditions per 1,000 beneficiaries. Ambulatory Care Sensitive Admissions are admissions that have been identified as being able to be avoided/reduced with the effective and timely use of outpatient care.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000	Rate of preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent surgeries where the evidence does not suggest greater efficacy between surgical management and medical management. The preventable services shown are a subset of preference sensitive admissions that are considered elective procedures and not procedures done as an urgent/emergent treatment.
Percent of Members with an Annual Wellness Visit	Percent of beneficiaries with an annual wellness visit (i.e., physical exam), identified using HCPCS G0438, G0439, or G0468
Percent of Inpatient Admissions Discharged to Home Health	Rate of inpatient facility discharge to a home health setting
Percent of Inpatient Admissions Discharged to SNF	Rate of inpatient facility discharge to a skilled nursing facility setting
Percent of Inpatient Admissions Discharged to Inpatient Rehab.	Rate of inpatient facility discharge to an inpatient rehabilitation setting
Percent of Inpatient Admissions with Readmission within 90 Days	Rate of inpatient facility readmissions per 1,000 beneficiaries
Percent of Members with a Primary Care Visit	Percent of beneficiaries with a primary care visit within the selected year.
Percent of Members with a Specialist Visit	Percent of beneficiaries with a specialist visit within the selected year.
Percent of Inpatient Admissions Ending in Death	Percent of inpatient facility admissions with a patient discharge status indicating death