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To: OneCare Vermont

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OCV Medicare Benchmarking Analysis

OVERVIEW

As part of OneCare Vermont's (OCV) participation in the Vermont all-payer model (APM), the GMCB has asked OCV to implement a reputable and effective ACO benchmarking system for its Medicare FFS population to compare key quality, cost, and utilization metrics to national and regional benchmarks in the following key areas: utilization, cost per capita, quality (for claims-based measures), and evidence-based clinical appropriateness.

This benchmarking system will:

- Allow assessment of OCV's performance against peer ACOs
- Enhance OCV's ACO-level performance management strategy, including implementation of processes and programs that have been implemented at best practice sites, and integration of these priority opportunities in the OCV Quality Evaluation and Improvement Program
- Improve ACO regulatory reporting and performance assessments

EXHIBITS

This document presents OCV's 2019-2022 Medicare benchmarking results in the following exhibits.

Trend Report – Exhibit 1

This exhibit demonstrates the trend in each of the metrics within both the OCV and the National All ACO Cohort (90th percentile) between 2019-2020, 2020-2021, 2021-2022, and 2019-2022 (annualized). The exhibit also demonstrates the differences in the trend between OCV and the National All ACO Cohort (90th percentile).

GMCB Report (2019, 2020, 2021, and 2022) – Exhibits 2-5

The GMCB summary reports (see Exhibits 2-5 of this document) provide comparisons of key utilization and cost metrics for each year (2019, 2020, 2021, and 2022) between OCV's attributed Medicare FFS population and the national peer ACO comparison cohort (i.e., the National Peer ACO cohort) in the GMCB benchmarking report template. The metrics are shown for OCV, the National Peer ACO cohort, and each decile of the national all ACO comparison cohort (i.e., National All ACO Cohort).



Note that the deciles of the National All ACO Cohort reflect the ACOs that represent the 10th through 90th percentile lowest risk- and price-adjusted metrics among the ACOs included in the National All ACO Cohort. The deciles were recalculated for each individual measure (i.e., the ACO underlying the individual deciles and metrics varies). For example, the 90th percentile ED Visits/1000 was computed by ranking all national ACOs' performance in this metric and identifying the ACO with the 90th percentile performance.

For most metrics, having lower PMPMs and utilization would indicate better performance, however this is not always true. We would typically consider higher PMPMs and utilization for the following metrics to indicate better performance:

- Primary Care Office Visits/1000
- Primary Care Cost of Care PBPM
- Home Health Care Cost of Care PBPM
- Percent of Members with an Annual Wellness Visit
- Percent of Inpatient Admissions Discharged to Home Health
- Percent of Members with a Primary Care Visit

For example, in most instances, metrics other than those listed above, having rates below the 50th percentile would indicate OCV is performing better than the median, whereas for those metrics listed above, having rates above the 50th percentile would indicate OCV is performing better than the median.

Appendices

Appendix A – OCV Provider Summary: Includes a summary of OCV network providers by year.

Appendix B – Data Dictionary: Includes definitions for the utilization and cost metrics included in the GMCB Report exhibits.

Appendix C – PSP to MS-DRG: Includes mappings of Inpatient Preference Sensitive Procedures (PSPs) to Medicare Severity Diagnosis Related Groups (MS-DRGs) specified for the PSP category.

METHODOLOGY

Identification of OCV's Attributed Population

Using the OCV provider lists (described in the 'Data Sources' section below), we attributed Medicare FFS beneficiaries to OCV providers and the ACO comparison cohorts for 2019-2022 using the Direct Contracting (DC)/ACO REACH attribution methodology.

We examined how Vermont's state-specific attribution methodology differed from the Direct Contracting (DC)/ACO REACH methodology and determined that the differences were limited. While the differences may result in differences from OCV's actual attributed population, we applied the DC/ACO REACH attribution methodology to identify the attributed population for both OCV and the comparison cohort ACOs for consistency.

All beneficiaries attributed to OCV were included in our full analysis.



Identification of the Peer ACO Comparison Cohort

Using the 100% Medicare FFS dataset's Shared Savings Program Accountable Care Organization (ACO) provider-level file, we identified Medicare FFS beneficiaries attributed to ACOs across the United States in 2019-2022. A national peer ACO comparison cohort was defined as ACOs that reflected similarities to OCV's ACO characteristics and attributed population.

Among 475 ACOs in the data for 2021, the following criteria was applied to identify the national peer ACO comparison cohort:

- ACO risk model: Two-sided risk
- ACO revenue category: High revenue
- Urban/rural beneficiary distribution: Between 20-80% of attributed beneficiaries in urban zip codes
- Specialist provider distribution: Between approximately 40% and 60% of attributing providers for the ACO are specialists
- Dual beneficiary distribution: Less than 10% of attributed beneficiaries are also enrolled in Medicaid (Dual)

These criteria were developed based on an analysis of OCV's attributed population and risk characteristics as well as an examination of the impact on historical ACO performance and characteristics based on these criteria.

After applying these criteria, 20 ACOs were selected 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.

Calculation of the National All ACO Comparison Cohort Percentiles

The percentiles of the national all ACO comparison cohort were determined by ranking each selected ACO's risk- and price-adjusted metrics (described below) and then recalculated for each individual metric.

All beneficiaries attributed to ACOs included in the national all ACO comparison cohort were included in our analysis.

Risk Score and Unit Cost Adjustment

Utilization and cost metrics were adjusted between OCV and the comparison cohorts for differences in risk score distributions and Medicare FFS payment rates (i.e., unit cost):

- **Risk Score Adjustment:** Utilization and costs for the comparison cohorts were adjusted to reflect the acuity of OCV's attributed population by reweighting the benchmarks to OCV's beneficiary distribution by risk score band using the CMS-HCC risk score model.
- **Unit Cost Adjustment:** We developed a methodology to reprice the claims for both OCV and the comparison cohorts to a nationwide Medicare FFS allowed amount in order to normalize for differences in unit cost between OCV and the national peer ACO comparison cohort.
 - Inpatient services were repriced to a nationwide amount based on the average national allowed amount per DRG.
 - Skilled nursing facility and hospice services were repriced based on the average allowed per day.



- Home health services were repriced to a nationwide amount based on the average national allowed amount per revenue code.
- All other services were repriced based on an estimate of the relative value unit (RVU) assigned to each service multiplied by a national conversion factor.

Data Processing

We summarized the 100% Medicare FFS dataset's medical and pharmacy claims data into Milliman's Health Cost Guideline (HCG) categories. We use claims-scrubbing and bundling techniques to assign claims to service categories. In some cases, discrete bills are bundled into cases. Our process allocates each claim to a particular service category based on a combination of HCPCs codes (including CPT codes), ICD-9/10 procedure codes, revenue codes, DRGs and place of service codes. Member counts, annual utilization per 1,000 members and PMPM costs are calculated based on this claims allocation for each ACO's attributed population.

Milliman's HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The Guidelines are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the Guidelines have been updated and expanded annually since that time. The Guidelines are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.

We identified Ambulatory Care Sensitive Admissions (ACSAs) using the Prevention Quality Indicator (PQI) overall composite measure logic developed by the Agency for Healthcare Research and Quality (AHRQ) to capture potentially avoidable hospitalizations. The metrics presented for percentage of admissions and associated cost that are ambulatory care sensitive are based on AHRQ's publicly available claims logic for developing the PQI composite.¹ The PQI overall composite is considered a measure of the quality of ambulatory care delivery in preventing medical complications. High rates of ACSAs may indicate inadequate access to high-quality ambulatory care, including preventive and disease management (DM) services.

PSPs are elective surgical procedures where the evidence does not suggest greater efficacy between surgical management and medical management for treating particular conditions in some patients. There is significant variation in the rate of these procedures by region, suggesting that local medical opinion and practices have a strong influence on the choices of treatment.² We identified Preference Sensitive Procedures (PSPs) in the claims data based on International Classification of Disease, 10th edition, Procedure Coding System (ICD-10-PCS) codes and Healthcare Common Procedure Coding System (HCPCS) codes. Inpatient PSPs are restricted to inpatient hospitalizations that group to Medicare Severity Diagnosis Related Groups (MS-DRGs) specified for the PSP category in the Appendix C of the document. This requirement ensures that the PSP is the major procedure performed during the hospitalization, and not a minor procedure performed as part of a more extensive surgery. For hysterectomies identified in the inpatient setting, we restrict the DRGs to non-cancer hysterectomy DRGs as we would not consider hysterectomies performed for cancer cases to be PSPs. Potentially preventable PSPs (PP-PSPs) are further identified as a subset of the PSPs that are considered elective procedures and not procedures done as an urgent/emergent treatment. PP-PSPs reflect exclusion of PSP cases that involved inpatient-to-inpatient transfer from one hospital to another or emergency room treatment preceding the admission.



The 100% Medicare FFS dataset does not include Vermont's All-Inclusive Population Based Payments (AIPBP) for OCV'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.

Reference

- 1) Center for the Evaluative Clinical Sciences. "Preference Sensitive Care: A Dartmouth Atlas Project Topic Brief." 2007. Available online at:
http://www.dartmouthatlas.org/downloads/reports/preference_sensitive.pdf
- 2) U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators. Available online at:
https://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx

DATA SOURCES

Medicare Fee-For-Service (FFS): 100% Medicare Fee-for-Service (FFS) Dataset

The 100% Medicare FFS dataset contains all Medicare Parts A, B, and D paid claims generated for all Medicare FFS beneficiaries in the United States for all services. Information includes diagnosis codes, procedure codes, and diagnosis-related group (DRG) codes, along with site of service information including provider IDs. The data also provides monthly eligibility data for each beneficiary including demographics, eligibility status, and an indicator for HMO enrollment. Data also includes Medicare Shared Saving Program (MSSP) ACO-level beneficiary and provider information.

We relied on the 100% Medicare FFS dataset to identify beneficiaries attributed to OCV and other ACOs across the United States in 2019-2022. The 100% Medicare FFS dataset is used to develop utilization, cost, and quality benchmarks.

Due to CMS data restrictions, results representing fewer than 11 patients are redacted with an asterisk (*) throughout these exhibits.

OCV Provider Lists

We relied on the following provider lists provided by OCV:

- 'Network by Year 2022.07.07.xlsx' (provided on July 7, 2022)
- 'CCN List 2022.09.09.xlsx' (provided on September 9, 2022)
- Email with facility provider data (provided on October 5, 2022)
- '2022 Medicare Network.xlsx' (provided on June 30, 2023)

These files contain a comprehensive list of OCV's network providers in the 2019, 2020, 2021, and 2022 performance years, identified by TIN, NPI, and CCN (where applicable). These provider lists were used to determine which beneficiaries in the 100% Medicare FFS dataset were attributed to an OCV provider between 2019 and 2022.



CAVEATS AND LIMITATIONS

Milliman has developed certain models to estimate the values included in this analysis. The intent of the models was to develop Medicare benchmarks for OCV's attributed population. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as input to the models. The models, including all input, calculations, and output may not be appropriate for any other purpose. We have relied upon Medicare FFS claims data and other information provided to us by OCV. We performed a limited review of this data but have not audited or verified it. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

This analysis has been prepared for OCV. This analysis may not be released to others without the prior written consent of Milliman, Inc.

Howard Kahn, Noah Champagne, and Alyssa Lohmann are employed by Milliman, Inc. Howard Kahn and Noah Champagne are members of the American Academy of Actuaries and meet the qualification standards to render the opinions expressed in this analysis.

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 Trend Report
 Exhibit 1

Metric	2019-2020 Trend			2020-2021 Trend			2021-2022 Trend			2019-2022 Trend (Annualized)		
	OCV Experience	National All ACO Cohort (90th Percentile)	Difference	OCV Experience	National All ACO Cohort (90th Percentile)	Difference	OCV Experience	National All ACO Cohort (90th Percentile)	Difference	OCV Experience	National All ACO Cohort (90th Percentile)	Difference
Total Cost of Care PBPM	-10.1%	-8.4%	-1.7%	10.1%	1.5%	8.7%	9.4%	5.1%	4.3%	2.7%	-0.8%	3.5%
Inpatient Facility - Medical												
Admissions/1000	-16.7%	-14.1%	-2.6%	6.4%	-4.2%	10.6%	3.8%	4.2%	-0.4%	-2.8%	-5.0%	2.2%
Hospital Days/1000	-14.7%	-8.0%	-6.6%	7.9%	-1.7%	9.6%	8.9%	3.8%	5.0%	0.1%	-2.1%	2.2%
Total Inpatient Cost of Care PBPM	-9.6%	-5.0%	-4.6%	9.2%	-1.8%	11.0%	12.2%	7.8%	4.4%	3.5%	0.2%	3.3%
Inpatient Facility - Surgical												
Admissions/1000	-16.7%	-20.8%	4.1%	-1.4%	-8.0%	6.6%	-3.1%	1.5%	-4.5%	-7.3%	-9.6%	2.3%
Hospital Days/1000	-11.5%	-17.3%	5.9%	4.6%	-3.6%	8.1%	7.5%	0.8%	6.7%	-0.2%	-7.0%	6.9%
Total Inpatient Cost of Care PBPM	-12.0%	-14.6%	2.6%	3.8%	-5.1%	8.9%	8.3%	9.4%	-1.0%	-0.4%	-3.9%	3.6%
Skilled Nursing Facility												
SNF Admissions	-23.5%	-25.3%	1.8%	11.7%	-0.6%	12.3%	20.2%	8.4%	11.7%	0.9%	-7.0%	7.9%
SNF LOS**	4.4%	4.7%	-0.3%	5.3%	-0.3%	5.7%	-8.9%	0.7%	-9.5%	0.1%	1.7%	-1.6%
SNF Days/1000	-20.1%	-21.8%	1.7%	17.7%	-0.9%	18.6%	9.5%	9.2%	0.4%	1.0%	-5.4%	6.4%
SNF Cost of Care PBPM	-13.1%	-14.9%	1.8%	21.5%	2.3%	19.2%	11.6%	11.2%	0.4%	5.6%	-1.1%	6.7%
Emergency Department												
ED Visits/1000	-23.5%	-25.1%	1.6%	12.6%	8.8%	3.8%	8.3%	11.5%	-3.2%	-2.3%	-3.2%	0.9%
ED Cost of Care PBPM	-20.0%	-21.1%	1.1%	9.0%	6.7%	2.3%	8.9%	8.5%	0.4%	-1.7%	-3.0%	1.3%
Outpatient Facility - Surgery												
Outpatient Surgery Visits/1000	-14.3%	-19.4%	5.2%	12.1%	14.4%	-2.3%	4.8%	3.6%	1.3%	0.3%	-1.5%	1.8%
Outpatient Surgery Cost of Care PBPM	-8.4%	-13.2%	4.8%	18.5%	15.2%	3.4%	7.9%	5.1%	2.8%	5.4%	1.7%	3.8%
Professional - Outpatient Surgery												
Outpatient Surgery Visits/1000	-26.4%	-13.6%	-12.8%	15.3%	8.5%	6.8%	7.8%	6.5%	1.3%	-2.9%	-0.1%	-2.9%
Outpatient Surgery cost PBPM	-23.5%	-11.1%	-12.4%	9.6%	3.5%	6.1%	12.8%	5.6%	7.2%	-1.8%	-0.9%	-0.9%
Professional Office Visits												
Primary Care Visits/1000	-7.2%	-13.8%	6.7%	-3.0%	2.5%	-5.6%	-3.0%	5.6%	-8.5%	-4.4%	-2.3%	-2.1%
Primary Care Cost of Care PBPM	-6.1%	-14.2%	8.1%	-5.4%	2.3%	-7.6%	-3.5%	2.6%	-6.0%	-5.0%	-3.5%	-1.5%
Specialty Care Visits/1000	-13.7%	-14.7%	0.9%	17.0%	8.5%	8.6%	2.0%	2.1%	-0.1%	1.0%	-1.9%	2.8%
Specialty Care Cost of Care PBPM	-14.4%	-14.7%	0.3%	17.1%	7.1%	10.0%	1.7%	1.9%	-0.2%	0.7%	-2.3%	3.0%
Part B Pharmacy												
Outpatient – Pharmacy Cost of Care PBPM	4.2%	-7.4%	11.6%	9.0%	2.8%	6.2%	24.3%	12.1%	12.2%	12.2%	2.2%	10.0%
Professional – Office Administered Drugs Cost of Care PBPM	8.4%	-1.9%	10.3%	-2.6%	11.4%	-13.9%	14.6%	4.9%	9.7%	6.6%	4.6%	1.9%
Post Acute Care												
Inpatient Facility – Rehabilitation Cost of Care PBPM	-4.1%	2.5%	-6.6%	-24.9%	1.8%	-26.6%	-4.5%	12.2%	-16.7%	-11.7%	5.4%	-17.1%
Skilled Nursing Facility Cost of Care PBPM	-13.1%	-14.9%	1.8%	21.5%	2.3%	19.2%	11.6%	11.2%	0.4%	5.6%	-1.1%	6.7%
Home Health Care Cost of Care PBPM	18.8%	4.2%	14.6%	14.1%	5.1%	9.0%	6.2%	4.4%	1.8%	12.9%	4.6%	8.4%
Ambulatory Care Sensitive Admissions/1000												
Prevention Quality Overall Composite	-22.5%	-26.5%	4.0%	-3.8%	-13.3%	9.5%	1.9%	10.7%	-8.8%	-8.8%	-11.0%	2.2%
Prevention Quality Acute Composite	-27.8%	-34.5%	6.8%	-14.3%	-17.3%	3.0%	-8.7%	21.7%	-30.5%	-17.3%	-13.0%	-4.4%
Prevention Quality Chronic Composite	-20.2%	-29.3%	9.1%	0.6%	-6.6%	7.2%	5.6%	3.8%	1.8%	-5.3%	-11.8%	6.5%
Prevention Quality Diabetes Composite	-24.0%	-15.4%	-8.6%	-10.7%	-8.6%	-2.0%	12.0%	-0.9%	12.9%	-8.7%	-8.5%	-0.2%
Congestive Heart Failure (CHF)	-13.0%	-23.8%	10.8%	-1.8%	-3.9%	2.0%	11.2%	7.2%	4.0%	-1.7%	-7.7%	6.0%

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 Exhibit 1

Metric	2019-2020 Trend			2020-2021 Trend			2021-2022 Trend			2019-2022 Trend (Annualized)		
	OCV Experience	National All ACO Cohort (90th Percentile)	Difference	OCV Experience	National All ACO Cohort (90th Percentile)	Difference	OCV Experience	National All ACO Cohort (90th Percentile)	Difference	OCV Experience	National All ACO Cohort (90th Percentile)	Difference
Community-Acquired Pneumonia	-36.6%	-37.6%	1.0%	-28.3%	-26.0%	-2.3%	4.1%	33.7%	-29.7%	-22.1%	-14.8%	-7.2%
Urinary Tract Infection	-10.8%	-26.1%	15.3%	4.8%	-7.1%	11.9%	-20.7%	14.4%	-35.0%	-9.5%	-7.8%	-1.7%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Ad	-33.9%	-47.5%	13.6%	14.4%	-29.1%	43.5%	-5.3%	5.9%	-11.2%	-10.5%	-26.7%	16.2%
Diabetes Long-Term Complications	-22.2%	-21.5%	-0.7%	6.8%	-8.1%	14.9%	-0.3%	3.3%	-3.7%	-6.1%	-9.3%	3.3%
Hypertension	7.4%	-21.0%	28.3%	9.5%	4.9%	4.7%	-37.7%	3.7%	-41.5%	-9.9%	-4.9%	-4.9%
Lower-Extremity Amputation Among Patients with Diabetes	17.1%	-3.4%	20.5%	-47.9%	-14.4%	-33.5%	61.0%	3.7%	57.3%	-0.6%	-5.0%	4.4%
Diabetes Short-Term Complications	-34.1%	-20.3%	-13.8%	-5.6%	5.4%	-11.0%	21.8%	-0.9%	22.8%	-8.8%	-5.9%	-2.9%
Uncontrolled Diabetes	-26.2%	-29.8%	3.6%	-48.6%	-9.8%	-38.8%	42.4%	4.8%	37.6%	-18.5%	-12.8%	-5.8%
Asthma in Younger Adults	0.0%	-34.1%	34.1%	0.0%	-18.8%	18.8%		14.0%		-18.5%	-15.2%	-3.3%
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000												
Transurethral resection of prostate (TURP)	-26.7%	-2.6%	-24.1%	34.0%	5.5%	28.5%	-11.5%	13.4%	-24.8%	-4.5%	5.2%	-9.7%
Hysterectomy	-58.0%	-20.5%	-37.5%	78.7%	-2.7%	81.4%	15.8%	16.2%	-0.4%	-4.6%	-3.5%	-1.1%
Arthroscopy	19.3%	-18.2%	37.5%	-17.0%	0.4%	-17.5%	26.6%	-4.5%	31.1%	7.8%	-7.8%	15.6%
Knee replacement	-11.6%	-21.6%	10.1%	1.1%	11.2%	-10.1%	10.2%	18.9%	-8.7%	-0.5%	1.2%	-1.7%
Hip replacement	-5.1%	2.2%	-7.3%	24.6%	36.1%	-11.5%	15.5%	12.4%	3.1%	10.9%	16.0%	-5.1%
Arthroplasty other than hip or knee	-12.4%	-11.6%	-0.9%	18.9%	10.1%	8.8%	-1.6%	11.4%	-13.0%	0.8%	2.7%	-1.9%
Spinal fusion	-10.5%	-12.4%	1.9%	-17.1%	-2.3%	-14.8%	18.5%	17.1%	1.5%	-4.2%	0.0%	-4.3%
Bariatric surgery	-69.9%	-22.7%	-47.3%	-36.2%	-23.6%	-12.6%	57.8%	21.6%	36.2%	-32.9%	-10.4%	-22.4%
Laminectomy	-32.6%	-12.4%	-20.3%	30.2%	1.5%	28.7%	-13.5%	11.4%	-24.9%	-8.8%	-0.3%	-8.5%
Coronary artery bypass graft (CABG)	-30.8%	-19.1%	-11.8%	17.1%	-3.1%	20.2%	-11.0%	10.5%	-21.5%	-10.3%	-4.7%	-5.7%
Percutaneous transluminal coronary angioplasty (PTCA)	-29.1%	-17.1%	-11.9%	-25.2%	-1.6%	-23.6%	20.0%	7.0%	12.9%	-14.0%	-4.4%	-9.5%
Cardiac pacemaker or implantable cardioverter defibrillator (ICD) imp	13.3%	-10.9%	24.2%	26.9%	8.4%	18.6%	-3.0%	5.5%	-8.4%	11.8%	0.6%	11.1%
Carotid artery revascularization	-12.2%	-11.7%	-0.4%	-21.7%	-3.4%	-18.3%	27.0%	7.2%	19.8%	-4.4%	-3.0%	-1.4%
Peripheral vessel revascularization	-19.0%	-15.6%	-3.4%	14.3%	-12.6%	26.8%	-4.4%	2.6%	-7.0%	-4.0%	-8.8%	4.8%
Cholecystectomy	-0.9%	-19.2%	18.3%	21.0%	8.0%	13.0%	-10.7%	-2.8%	-7.9%	2.3%	-5.3%	7.6%

*Note that the 90th percentile cohort is calculated based on the 90th percentile of each risk-adjusted metric calculated in isolation (e.g. the 90th percentile best performing ACO w/ respect to IP admission counts may be different from the 90th percentile best performing ACO w/ respect to SNF admissions).

** Length of Stay is a function of admits and days per 1,000 and is not an independent measure.

Note: Lower values do not always indicate better performance for every measure.

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GMCB Report - 2019
 Exhibit 2

Member Months: 638,490 7,723,833
 Person Years: 53,208 643,653
 % Aged Non-Dual 76% 81%

Metric	OCV Experience*	National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort Percentiles*										Imputed OCV Percentile
				National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**		
Total Cost of Care PBPM	\$926.08	\$1,092.49	-15.2%	\$1,264.49	\$1,218.30	\$1,187.82	\$1,168.29	\$1,143.89	\$1,121.20	\$1,098.72	\$1,063.82	\$1,026.92	>90.0%	
Inpatient Facility - Medical														
Admissions/1000	170.5	188.2	-9.4%	236.1	222.4	213.7	206.4	197.9	190.6	183.8	175.2	156.8	82.5%	
Hospital Days/1000	853.7	927.9	-8.0%	1,302.5	1,195.1	1,137.1	1,085.0	1,034.4	979.6	936.4	856.2	758.3	80.3%	
Total Inpatient Cost of Care PBPM	\$151.52	\$177.82	-14.8%	\$224.83	\$211.04	\$200.14	\$193.52	\$186.16	\$179.06	\$172.05	\$161.64	\$149.40	88.3%	
Inpatient Facility - Surgical														
Admissions/1000	65.7	81.3	-19.1%	90.5	87.6	85.0	82.7	81.1	79.3	77.0	74.9	70.7	>90.0%	
Hospital Days/1000	359.0	403.6	-11.1%	520.8	487.3	465.9	451.0	432.1	420.0	406.0	391.1	369.4	>90.0%	
Total Inpatient Cost of Care PBPM	\$129.09	\$163.96	-21.3%	\$182.66	\$176.45	\$172.53	\$168.74	\$164.67	\$159.19	\$155.69	\$151.29	\$144.52	>90.0%	
Skilled Nursing Facility														
SNF Admissions	59.0	60.2	-2.0%	76.6	70.6	66.1	62.1	59.4	55.9	52.9	49.3	44.6	51.1%	
SNF LOS***	25.7	23.4	10.0%	25.7	25.5	25.0	24.7	24.2	24.6	24.6	24.7	24.4	10.2%	
SNF Days/1000	1,517.8	1,408.0	7.8%	1,971.1	1,797.3	1,652.2	1,534.2	1,438.1	1,376.5	1,304.1	1,216.4	1,089.4	41.7%	
SNF Cost of Care PBPM	\$73.04	\$67.76	7.8%	\$94.86	\$86.49	\$79.51	\$73.83	\$69.20	\$66.24	\$62.76	\$58.53	\$52.43	41.7%	
Emergency Department														
ED Visits/1000	535.9	435.1	23.2%	547.4	483.6	442.9	421.2	397.2	376.9	355.2	327.9	293.7	11.8%	
ED Cost of Care PBPM	\$23.74	\$19.14	24.0%	\$23.39	\$20.33	\$18.94	\$17.78	\$16.83	\$15.96	\$14.73	\$13.59	\$12.26	<10.0%	
Outpatient Facility - Surgery														
Outpatient Surgery Visits/1000	597.9	454.5	31.6%	530.1	490.6	465.9	439.2	419.5	402.4	385.5	360.6	329.5	<10.0%	
Outpatient Surgery Cost of Care PBPM	\$74.48	\$98.98	-24.8%	\$120.42	\$112.67	\$107.43	\$102.26	\$98.00	\$94.06	\$89.05	\$84.25	\$76.10	>90.0%	
Professional - Outpatient Surgery														
Outpatient Surgery Visits/1000	757.4	1,978.2	-61.7%	3,396.3	2,971.4	2,649.0	2,443.1	2,250.0	2,037.1	1,878.4	1,685.8	1,384.4	>90.0%	
Outpatient Surgery cost PBPM	\$7.75	\$23.64	-67.2%	\$46.18	\$39.18	\$35.66	\$32.76	\$29.08	\$27.01	\$23.79	\$21.43	\$17.56	>90.0%	
Professional Office Visits														
Primary Care Visits/1000	3,136.5	3,818.8	-17.9%	4,838.1	4,497.4	4,292.2	4,122.2	3,972.2	3,837.7	3,688.1	3,454.2	2,983.4	86.7%	
Primary Care Cost of Care PBPM	\$26.86	\$37.31	-28.0%	\$47.97	\$45.06	\$43.14	\$40.79	\$39.33	\$37.78	\$35.80	\$33.50	\$27.58	>90.0%	
Specialty Care Visits/1000	3,354.1	3,647.1	-8.0%	5,972.3	5,464.7	5,090.0	4,670.3	4,372.3	4,102.2	3,848.2	3,540.8	3,274.9	87.0%	
Specialty Care Cost of Care PBPM	\$29.52	\$35.51	-16.9%	\$60.84	\$55.33	\$50.83	\$47.01	\$43.28	\$40.29	\$37.74	\$34.38	\$30.89	>90.0%	
Part B Pharmacy														
Outpatient - Pharmacy Cost of Care PBPM	\$84.81	\$101.79	-16.7%	\$163.96	\$140.19	\$122.78	\$108.29	\$95.81	\$85.01	\$71.91	\$58.67	\$44.63	60.2%	
Professional - Office Administered Drugs Cost of Care PBPM	\$63.02	\$47.32	33.2%	\$65.28	\$55.00	\$48.10	\$40.60	\$34.79	\$29.80	\$25.29	\$19.86	\$14.68	12.2%	
	\$21.79	\$54.47	-60.0%	\$98.68	\$85.19	\$74.68	\$67.69	\$61.02	\$55.21	\$46.63	\$38.81	\$29.95	>90.0%	
Post Acute Care														
Inpatient Facility - Rehabilitation Cost of Care PBPM	\$100.17	\$111.08	-9.8%	\$171.42	\$146.47	\$131.99	\$120.00	\$110.22	\$102.32	\$93.80	\$84.85	\$73.35	62.5%	
Skilled Nursing Facility Cost of Care PBPM	\$7.14	\$17.64	-59.5%	\$32.54	\$25.93	\$22.38	\$18.93	\$16.12	\$14.00	\$11.39	\$9.17	\$7.15	>90.0%	
Home Health Care Cost of Care PBPM	\$73.04	\$67.76	7.8%	\$94.86	\$86.49	\$79.51	\$73.83	\$69.20	\$66.24	\$62.76	\$58.53	\$52.43	41.7%	
	\$19.99	\$25.68	-22.2%	\$44.02	\$34.05	\$30.10	\$27.25	\$24.90	\$22.08	\$19.65	\$17.15	\$13.78	68.6%	

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GIMB Report - 2019
 Exhibit 2

Member Months: 638,490 7,723,833
 Person Years: 53,208 643,653
 % Aged Non-Dual 76% 81%

Metric	OCV Experience*	National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort Percentiles*										Imputed OCV Percentile
				National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**		
Ambulatory Care Sensitive Admissions/1000														
Prevention Quality Overall Composite	36.1	37.5	-3.8%	51.2	47.7	44.7	42.1	39.9	37.9	36.0	33.8	29.0	69.4%	
Prevention Quality Acute Composite	11.3	10.7	5.4%	15.4	13.9	12.6	11.8	10.9	10.4	9.7	8.8	8.1	46.4%	
Prevention Quality Chronic Composite	24.8	26.8	-7.4%	37.8	34.2	32.0	30.0	28.5	26.9	25.1	23.3	20.5	71.6%	
Prevention Quality Diabetes Composite	4.5	4.7	-4.7%	7.6	6.2	5.5	5.1	4.7	4.4	4.0	3.6	2.9	55.8%	
Congestive Heart Failure (CHF)	13.1	15.1	-13.0%	20.0	18.1	16.9	16.2	15.5	14.7	13.6	12.6	10.9	74.8%	
Community-Acquired Pneumonia	7.4	6.1	21.3%	8.9	7.8	6.9	6.3	5.9	5.4	5.0	4.5	3.9	24.3%	
Urinary Tract Infection	3.9	4.6	-15.8%	7.2	6.5	5.9	5.6	5.2	4.7	4.3	3.9	3.3	81.0%	
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in	6.5	5.7	14.5%	10.2	9.0	7.9	7.3	6.7	6.0	5.4	4.7	3.9	52.8%	
Diabetes Long-Term Complications	2.3	2.5	-6.2%	4.3	3.5	3.0	2.7	2.5	2.3	2.1	1.9	1.6	59.7%	
Hypertension	0.6	1.2	-51.8%	2.5	2.1	1.9	1.7	1.5	1.3	1.2	1.0	0.8	>90.0%	
Lower-Extremity Amputation Among Patients with Diabetes	0.2	0.3	-38.7%	0.6	0.5	0.4	0.4	0.3	0.3	0.2	0.2	0.1	72.1%	
Diabetes Short-Term Complications	1.1	1.0	7.0%	1.5	1.2	1.0	0.9	0.8	0.6	0.5	0.4	0.3	25.9%	
Uncontrolled Diabetes	0.9	0.9	-1.4%	1.7	1.4	1.3	1.1	1.0	0.9	0.8	0.7	0.5	60.4%	
Asthma in Younger Adults	0.0	0.0	83.8%	0.2	0.2	0.1	0.1	0.1	0.1	0.0	0.0	0.0	70.3%	
Preference Sensitive or Outpatient Sensitive Preventable Admis														
Transurethral resection of prostate (TURP)	0.8	1.5	-47.2%	2.3	1.9	1.7	1.5	1.4	1.2	1.1	0.9	0.6	85.1%	
Hysterectomy	0.9	1.0	-10.8%	1.4	1.2	1.0	1.0	0.9	0.8	0.7	0.6	0.5	49.6%	
Arthroscopy	1.2	3.1	-60.8%	4.6	4.0	3.6	3.3	3.0	2.7	2.5	2.2	1.8	>90.0%	
Knee replacement	7.4	12.8	-42.3%	14.7	13.3	12.6	12.0	11.5	10.9	10.2	9.3	8.1	>90.0%	
Hip replacement	6.3	8.6	-26.9%	7.8	7.2	6.8	6.4	6.0	5.6	5.1	4.6	3.8	42.7%	
Arthroplasty other than hip or knee	2.9	4.3	-33.0%	5.1	4.4	4.0	3.6	3.3	3.1	2.8	2.5	1.9	65.8%	
Spinal fusion	2.9	5.1	-43.7%	6.4	5.8	5.2	4.8	4.4	4.0	3.6	3.1	2.3	82.5%	
Bariatric surgery	0.5	0.7	-28.3%	1.0	0.8	0.7	0.6	0.5	0.5	0.4	0.4	0.3	61.5%	
Laminectomy	1.8	3.0	-39.3%	4.1	3.3	3.0	2.7	2.4	2.2	2.0	1.7	1.3	76.7%	
Coronary artery bypass graft (CABG)	0.9	1.9	-54.7%	1.7	1.5	1.3	1.2	1.1	1.0	0.9	0.8	0.6	71.8%	
Percutaneous transluminal coronary angioplasty (PTCA)	1.1	8.3	-87.1%	6.8	5.7	4.9	4.4	4.0	3.5	3.1	2.6	2.1	>90.0%	
Cardiac pacemaker or implantable cardioverter defibrillator (I	1.4	5.7	-75.8%	6.1	5.4	5.1	4.7	4.2	3.9	3.5	3.0	2.4	>90.0%	
Carotid artery revascularization	1.9	2.2	-13.7%	2.6	2.4	2.2	2.0	1.9	1.7	1.6	1.4	1.2	49.6%	
Peripheral vessel revascularization	3.3	6.3	-47.6%	7.6	6.6	6.1	5.6	5.3	5.1	4.7	4.3	3.8	>90.0%	
Cholecystectomy	2.0	4.7	-57.3%	4.3	3.7	3.4	3.1	2.8	2.6	2.4	2.2	1.8	85.1%	
Additional Metrics														
Percent of Members with an Annual Wellness Visit	35.0%	38.1%	-3.1%	63.4%	57.9%	53.3%	48.8%	43.7%	39.4%	35.7%	29.7%	23.1%	71.2%	
Percent of Inpatient Admissions Discharged to Home Health	26.8%	12.0%	14.8%	25.5%	23.1%	21.2%	19.6%	18.1%	15.3%	8.0%	0.0%	0.0%	<10.0%	
Percent of Inpatient Admissions Discharged to SNF	19.8%	11.0%	8.8%	23.1%	21.2%	19.4%	18.0%	16.0%	13.6%	0.1%	0.0%	0.0%	27.9%	
Percent of Inpatient Admissions Discharged to Inpatient Reha	2.2%	2.8%	-0.5%	5.7%	4.8%	3.9%	3.2%	2.7%	1.9%	0.1%	0.0%	0.0%	55.9%	
Percent of Inpatient Admissions with Readmission within 90 D	17.0%	17.4%	-0.4%	21.8%	20.7%	19.8%	19.2%	18.6%	18.0%	17.5%	16.7%	15.7%	76.1%	
Percent of Members with a Primary Care Visit	71.1%	83.9%	-12.8%	91.5%	89.8%	88.2%	87.2%	86.1%	84.5%	82.9%	80.4%	74.0%	>90.0%	
Percent of Members with a Specialist Visit	69.6%	76.6%	-7.0%	86.0%	84.1%	82.4%	81.1%	79.7%	78.1%	75.9%	73.8%	70.2%	>90.0%	
Percent of Inpatient Admissions Ending in Death	3.5%	2.8%	0.7%	3.8%	3.4%	3.2%	3.0%	2.8%	2.6%	2.4%	2.3%	2.1%	18.0%	

* Prior to adjusting for acuity, as described in the ReadMe, the raw CMS-HCC risk scores are 1.026 for OCV, 1.159 for the National Peer ACO Comparison Cohort, and 1.185 for the National All ACO Cohort.

**Note that each percentile (e.g. 10th, 20th, etc.) cohort is calculated based on the respective percentile of each risk-adjusted metric calculated in isolation (e.g. the 10th/20th/etc. percentile best performing ACO w/ respect to IP admission counts may be different from the 10th/20th/etc. percentile best performing ACO w/ respect to SNF admissions).

*** Length of Stay is a function of admits and days per 1,000 and is not an independent measure.

Note: Lower values do not always indicate better performance for every measure.

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GIMCB Report - 2020
 Exhibit 3

Member Months: 594,749 8,428,832
 Person Years: 49,562 702,403
 % Aged Non-Dual 77% 83%

Metric	OCV Experience*	National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort Percentiles*										Imputed OCV Percentile
				National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**		
Total Cost of Care PBPM	\$832.37	\$1,016.14	-18.1%	\$1,187.73	\$1,141.61	\$1,104.31	\$1,080.10	\$1,054.89	\$1,034.04	\$1,003.63	\$974.59	\$940.28	>90.0%	
Inpatient Facility - Medical														
Admissions/1000	142.1	161.3	-11.9%	203.8	191.1	182.6	174.7	167.6	162.1	154.8	147.3	134.7	84.2%	
Hospital Days/1000	728.7	843.5	-13.6%	1,218.2	1,102.9	1,042.1	968.0	923.2	881.9	827.8	764.8	697.7	85.4%	
Total Inpatient Cost of Care PBPM	\$136.97	\$172.08	-20.4%	\$225.92	\$206.33	\$196.83	\$187.76	\$179.20	\$172.62	\$164.44	\$154.57	\$141.96	>90.0%	
Inpatient Facility - Surgical														
Admissions/1000	54.8	65.3	-16.1%	73.7	70.8	68.5	66.4	65.0	63.5	61.4	59.2	56.0	>90.0%	
Hospital Days/1000	317.9	340.4	-6.6%	452.0	418.7	400.5	379.4	366.8	357.3	340.2	324.4	305.4	83.5%	
Total Inpatient Cost of Care PBPM	\$113.54	\$144.53	-21.4%	\$166.49	\$159.39	\$153.48	\$149.83	\$144.94	\$141.12	\$136.59	\$132.39	\$123.40	>90.0%	
Skilled Nursing Facility														
SNF Admissions	45.1	52.1	-13.4%	68.2	59.3	55.4	51.6	47.7	44.5	40.4	37.1	33.3	58.2%	
SNF LOS***	26.9	24.4	10.1%	28.2	27.6	27.1	26.7	26.3	26.1	26.1	26.0	25.6	35.5%	
SNF Days/1000	1,212.0	1,271.3	-4.7%	1,924.3	1,636.1	1,503.6	1,376.2	1,256.7	1,161.0	1,056.0	965.8	851.6	54.7%	
SNF Cost of Care PBPM	\$63.50	\$66.61	-4.7%	\$100.82	\$85.72	\$78.78	\$72.10	\$65.84	\$60.83	\$55.32	\$50.60	\$44.62	54.7%	
Emergency Department														
ED Visits/1000	410.1	338.4	21.2%	426.5	376.2	348.8	326.2	310.5	289.7	269.0	244.8	220.0	13.3%	
ED Cost of Care PBPM	\$18.99	\$15.68	21.1%	\$19.56	\$16.71	\$15.76	\$14.79	\$13.95	\$12.96	\$11.90	\$10.78	\$9.67	12.0%	
Outpatient Facility - Surgery														
Outpatient Surgery Visits/1000	512.6	389.3	31.7%	459.0	419.8	388.5	373.3	356.6	339.8	323.4	299.5	265.5	<10.0%	
Outpatient Surgery Cost of Care PBPM	\$68.24	\$92.57	-26.3%	\$109.98	\$103.97	\$98.87	\$94.04	\$89.29	\$85.26	\$81.24	\$74.23	\$66.06	87.3%	
Professional - Outpatient Surgery														
Outpatient Surgery Visits/1000	557.6	1,672.5	-66.7%	2,850.0	2,521.6	2,286.4	2,079.7	1,925.2	1,763.5	1,605.5	1,462.6	1,196.3	>90.0%	
Outpatient Surgery cost PBPM	\$5.92	\$20.73	-71.4%	\$41.39	\$35.51	\$31.13	\$28.37	\$26.24	\$24.15	\$21.19	\$18.77	\$15.62	>90.0%	
Professional Office Visits														
Primary Care Visits/1000	2,911.4	3,380.6	-13.9%	4,516.0	4,113.7	3,900.5	3,693.6	3,531.6	3,391.7	3,211.4	2,984.1	2,570.6	81.8%	
Primary Care Cost of Care PBPM	\$25.22	\$32.00	-21.2%	\$43.85	\$40.15	\$38.40	\$36.00	\$33.95	\$32.51	\$30.36	\$28.02	\$23.66	86.4%	
Specialty Care Visits/1000	2,893.6	3,183.7	-9.1%	5,176.9	4,741.2	4,396.2	4,169.7	3,890.7	3,657.5	3,349.5	3,080.1	2,794.3	86.5%	
Specialty Care Cost of Care PBPM	\$25.27	\$30.25	-16.5%	\$52.16	\$47.17	\$43.98	\$40.99	\$37.99	\$35.48	\$32.45	\$29.53	\$26.34	>90.0%	
Part B Pharmacy														
Outpatient - Pharmacy Cost of Care PBPM	\$89.32	\$107.69	-17.1%	\$170.50	\$145.46	\$126.67	\$110.34	\$98.85	\$85.95	\$73.73	\$60.42	\$42.97	57.4%	
Professional - Office Administered Drugs Cost of Care PBPM	\$65.70	\$51.10	28.6%	\$69.90	\$56.81	\$49.39	\$41.57	\$36.77	\$31.14	\$25.85	\$21.58	\$13.60	13.2%	
	\$23.62	\$56.59	-58.3%	\$100.60	\$88.65	\$77.28	\$68.77	\$62.08	\$54.81	\$47.88	\$38.84	\$29.37	>90.0%	
Post Acute Care														
Inpatient Facility - Rehabilitation Cost of Care PBPM	\$94.09	\$108.57	-13.3%	\$177.62	\$146.41	\$131.42	\$118.08	\$106.09	\$97.13	\$87.08	\$78.45	\$66.30	63.0%	
Skilled Nursing Facility Cost of Care PBPM	\$6.85	\$17.05	-59.8%	\$32.64	\$25.66	\$22.16	\$18.67	\$15.42	\$13.74	\$11.59	\$9.59	\$7.32	>90.0%	
Home Health Care Cost of Care PBPM	\$63.50	\$66.61	-4.7%	\$100.82	\$85.72	\$78.78	\$72.10	\$65.84	\$60.83	\$55.32	\$50.60	\$44.62	54.7%	
	\$23.74	\$24.91	-4.7%	\$44.17	\$35.03	\$30.49	\$27.30	\$24.83	\$22.57	\$20.16	\$18.26	\$14.36	54.8%	

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
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 Exhibit 3

Member Months: 594,749 8,428,832
 Person Years: 49,562 702,403
 % Aged Non-Dual 77% 83%

Metric	OCV Experience*	National All ACO Cohort Percentiles*										Imputed OCV Percentile	
		National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**		National All ACO Cohort 90th Percentile**
Ambulatory Care Sensitive Admissions/1000													
Prevention Quality Overall Composite	27.9	26.9	3.8%	37.9	34.3	32.1	30.4	28.5	27.1	25.8	23.6	21.3	54.1%
Prevention Quality Acute Composite	8.1	7.7	5.5%	11.4	10.0	9.3	8.5	7.8	7.2	6.7	6.0	5.3	45.8%
Prevention Quality Chronic Composite	19.8	19.2	3.1%	28.0	24.9	23.3	21.5	20.4	19.3	18.2	17.0	14.5	55.5%
Prevention Quality Diabetes Composite	3.4	3.8	-10.6%	6.4	5.3	4.7	4.3	3.9	3.5	3.2	2.9	2.4	63.2%
Congestive Heart Failure (CHF)	11.4	11.2	2.0%	15.7	13.9	13.1	12.3	11.5	11.0	10.1	9.3	8.3	51.6%
Community-Acquired Pneumonia	4.7	4.1	14.3%	6.2	5.4	4.9	4.4	3.9	3.6	3.3	3.0	2.4	34.1%
Urinary Tract Infection	3.4	3.6	-4.5%	5.7	4.9	4.5	4.1	3.8	3.5	3.2	2.8	2.4	62.1%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in	4.3	3.2	34.2%	5.7	5.0	4.4	4.0	3.6	3.2	2.9	2.5	2.0	32.1%
Diabetes Long-Term Complications	1.8	2.0	-10.1%	3.4	2.9	2.6	2.3	2.1	1.9	1.8	1.5	1.2	68.0%
Hypertension	0.6	0.9	-32.3%	2.0	1.7	1.5	1.3	1.2	1.0	0.9	0.8	0.6	87.8%
Lower-Extremity Amputation Among Patients with Diabetes	0.2	0.3	-26.8%	0.7	0.5	0.4	0.4	0.3	0.3	0.2	0.2	0.1	63.4%
Diabetes Short-Term Complications	0.7	0.8	-10.8%	1.3	1.0	0.9	0.7	0.7	0.6	0.5	0.4	0.3	43.7%
Uncontrolled Diabetes	0.7	0.7	-3.8%	1.4	1.1	1.0	0.9	0.8	0.7	0.6	0.5	0.4	63.6%
Asthma in Younger Adults	0.0	0.0	-100.0%	0.2	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	>90.0%
Preference Sensitive or Outpatient Sensitive Preventable Admis													
Transurethral resection of prostate (TURP)	0.6	1.3	-54.4%	1.9	1.6	1.4	1.3	1.1	1.0	0.9	0.8	0.6	>90.0%
Hysterectomy	0.4	0.8	-54.4%	1.1	1.0	0.9	0.8	0.7	0.6	0.6	0.5	0.4	89.9%
Arthroscopy	1.4	2.8	-48.0%	4.1	3.4	3.1	2.8	2.5	2.2	2.0	1.8	1.4	>90.0%
Knee replacement	6.5	11.0	-40.7%	12.2	11.3	10.7	10.1	9.5	8.9	8.2	7.4	6.3	88.0%
Hip replacement	5.9	8.0	-26.0%	7.3	6.8	6.4	6.1	5.7	5.4	5.0	4.4	3.9	44.1%
Arthroplasty other than hip or knee	2.6	4.0	-36.0%	4.4	3.9	3.5	3.3	3.0	2.7	2.4	2.1	1.6	65.0%
Spinal fusion	2.6	4.2	-39.5%	5.7	4.9	4.4	4.1	3.8	3.4	3.0	2.6	2.0	80.9%
Bariatric surgery	0.1	0.4	-67.8%	0.7	0.6	0.6	0.5	0.4	0.4	0.3	0.3	0.2	>90.0%
Laminectomy	1.2	2.5	-51.2%	3.6	2.9	2.6	2.4	2.1	1.9	1.7	1.5	1.2	88.5%
Coronary artery bypass graft (CABG)	0.6	1.6	-62.5%	1.5	1.3	1.1	1.0	0.9	0.8	0.7	0.6	0.5	80.7%
Percutaneous transluminal coronary angioplasty (PTCA)	0.8	7.2	-89.4%	5.7	4.7	4.2	3.7	3.3	2.9	2.6	2.1	1.7	>90.0%
Cardiac pacemaker or implantable cardioverter defibrillator (I	1.6	5.1	-69.2%	5.8	5.2	4.7	4.3	4.0	3.7	3.3	2.9	2.1	>90.0%
Carotid artery revascularization	1.7	2.0	-15.8%	2.3	2.0	1.9	1.7	1.6	1.5	1.3	1.2	1.0	44.2%
Peripheral vessel revascularization	2.7	5.4	-50.5%	6.7	5.8	5.4	5.0	4.6	4.3	4.0	3.7	3.2	>90.0%
Cholecystectomy	2.0	3.9	-48.8%	3.5	3.2	2.9	2.6	2.4	2.1	2.0	1.8	1.5	69.6%
Additional Metrics													
Percent of Members with an Annual Wellness Visit	30.3%	38.7%	-8.3%	65.2%	57.5%	51.8%	46.8%	43.2%	39.4%	34.6%	29.0%	21.4%	77.6%
Percent of Inpatient Admissions Discharged to Home Health	29.1%	13.9%	15.1%	28.1%	25.8%	23.9%	22.4%	20.3%	17.3%	0.4%	0.0%	0.0%	<10.0%
Percent of Inpatient Admissions Discharged to SNF	15.8%	10.1%	5.7%	20.0%	35.8%	16.4%	15.0%	13.5%	11.5%	0.1%	0.0%	0.0%	34.5%
Percent of Inpatient Admissions Discharged to Inpatient Reha	2.7%	2.4%	0.3%	6.2%	5.1%	4.2%	3.4%	2.8%	2.1%	0.1%	0.0%	0.0%	50.7%
Percent of Inpatient Admissions with Readmission within 90 D	15.4%	15.8%	-0.4%	20.0%	18.8%	18.0%	17.2%	16.8%	16.2%	15.7%	15.0%	14.2%	73.7%
Percent of Members with a Primary Care Visit	71.1%	81.4%	-10.3%	90.1%	87.9%	86.5%	85.2%	83.8%	82.1%	80.3%	77.0%	68.4%	86.9%
Percent of Members with a Specialist Visit	65.3%	72.8%	-7.5%	83.0%	80.9%	79.0%	78.1%	76.3%	74.7%	72.3%	70.2%	65.7%	>90.0%
Percent of Inpatient Admissions Ending in Death	3.5%	3.9%	-0.4%	5.7%	5.0%	4.6%	4.3%	4.0%	3.7%	3.4%	3.1%	2.8%	68.0%

* Prior to adjusting for acuity, as described in the ReadMe, the raw CMS-HCC risk scores are 1.028 for OCV, 1.193 for the National Peer ACO Comparison Cohort, and 1.218 for the National All ACO Cohort.
 **Note that each percentile (e.g. 10th, 20th, etc.) cohort is calculated based on the respective percentile of each risk-adjusted metric calculated in isolation (e.g. the 10th/20th/etc. percentile best performing ACO w/ respect to IP admission counts may be different from the 10th/20th/etc. percentile best performing ACO w/ respect to SNF admissions).
 *** Length of Stay is a function of admits and days per 1,000 and is not an independent measure.
 Note: Lower values do not always indicate better performance for every measure.

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GIMCB Report - 2021
 Exhibit 4

Member Months: 652,713 8,004,335
 Person Years: 54,393 667,028
 % Aged Non-Dual 76% 84%

Metric	OCV Experience*	National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort Percentiles*										Imputed OCV Percentile
				National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**		
Total Cost of Care PBPM	\$916.78	\$1,014.86	-9.7%	\$1,184.10	\$1,129.15	\$1,102.23	\$1,080.13	\$1,060.31	\$1,038.77	\$1,015.16	\$989.79	\$954.19	>90.0%	
Inpatient Facility - Medical														
Admissions/1000	151.1	157.5	-4.0%	197.1	186.1	176.9	170.2	164.3	157.0	149.0	141.3	129.1	67.3%	
Hospital Days/1000	786.0	829.5	-5.3%	1,196.6	1,090.9	1,013.4	961.1	905.2	875.1	822.1	759.4	685.5	75.8%	
Total Inpatient Cost of Care PBPM	\$149.62	\$167.69	-10.8%	\$218.11	\$203.27	\$191.62	\$185.10	\$177.13	\$169.39	\$162.00	\$152.62	\$139.46	82.3%	
Inpatient Facility - Surgical														
Admissions/1000	54.0	59.7	-9.4%	69.1	65.5	63.6	61.5	59.9	58.3	56.1	54.5	51.6	81.6%	
Hospital Days/1000	332.4	335.7	-1.0%	441.1	407.0	386.0	370.3	356.3	343.8	329.4	314.4	294.6	67.9%	
Total Inpatient Cost of Care PBPM	\$117.86	\$132.91	-11.3%	\$159.25	\$153.26	\$147.12	\$141.47	\$137.86	\$133.79	\$130.08	\$123.80	\$117.12	88.9%	
Skilled Nursing Facility														
SNF Admissions	50.4	47.5	6.0%	63.3	56.5	52.7	49.3	46.4	42.9	39.6	36.9	33.1	36.8%	
SNF LOS***	28.3	24.4	16.2%	27.9	27.0	26.5	26.1	25.3	25.5	25.6	25.2	25.5	<10.0%	
SNF Days/1000	1,426.2	1,157.7	23.2%	1,764.5	1,524.4	1,395.4	1,287.9	1,174.4	1,093.9	1,014.5	928.0	843.8	27.6%	
SNF Cost of Care PBPM	\$77.13	\$62.63	23.1%	\$95.46	\$82.47	\$75.49	\$69.67	\$63.53	\$59.18	\$54.88	\$50.20	\$45.65	27.6%	
Emergency Department														
ED Visits/1000	461.8	347.4	32.9%	440.4	389.0	362.8	343.2	325.7	308.0	287.7	267.3	239.3	<10.0%	
ED Cost of Care PBPM	\$20.70	\$15.84	30.7%	\$19.67	\$17.25	\$16.05	\$15.06	\$14.19	\$13.37	\$12.64	\$11.58	\$10.32	<10.0%	
Outpatient Facility - Surgery														
Outpatient Surgery Visits/1000	574.9	432.9	32.8%	505.1	459.6	429.8	414.2	397.0	377.8	358.9	337.0	303.8	<10.0%	
Outpatient Surgery Cost of Care PBPM	\$80.89	\$104.00	-22.2%	\$121.39	\$115.36	\$109.83	\$105.24	\$99.97	\$95.97	\$90.31	\$85.60	\$76.09	84.9%	
Professional - Outpatient Surgery														
Outpatient Surgery Visits/1000	642.8	1,799.9	-64.3%	3,031.7	2,719.8	2,455.1	2,241.0	2,064.5	1,908.4	1,764.6	1,594.2	1,297.9	>90.0%	
Outpatient Surgery cost PBPM	\$6.50	\$21.17	-69.3%	\$41.54	\$35.92	\$31.71	\$28.85	\$26.89	\$24.63	\$21.72	\$19.52	\$16.17	>90.0%	
Professional Office Visits														
Primary Care Visits/1000	2,823.8	3,532.9	-20.1%	4,508.2	4,178.3	3,997.4	3,795.8	3,640.0	3,503.8	3,313.6	3,121.6	2,635.8	86.1%	
Primary Care Cost of Care PBPM	\$23.87	\$32.89	-27.4%	\$43.02	\$39.88	\$38.01	\$36.14	\$34.61	\$32.91	\$31.46	\$28.92	\$24.20	>90.0%	
Specialty Care Visits/1000	3,386.2	3,447.1	-1.8%	5,589.7	5,103.3	4,698.1	4,456.6	4,165.2	3,911.0	3,657.1	3,361.6	3,030.9	79.2%	
Specialty Care Cost of Care PBPM	\$29.60	\$32.63	-9.3%	\$55.06	\$50.34	\$46.54	\$43.38	\$40.45	\$37.79	\$34.98	\$32.18	\$28.22	86.5%	
Part B Pharmacy														
Outpatient - Pharmacy Cost of Care PBPM	\$94.64	\$111.93	-15.4%	\$177.16	\$146.78	\$131.03	\$114.81	\$101.30	\$89.30	\$75.38	\$61.63	\$46.69	55.5%	
Professional - Office Administered Drugs Cost of Care PBPM	\$71.63	\$53.89	32.9%	\$72.89	\$59.22	\$51.98	\$43.62	\$36.83	\$31.33	\$26.02	\$20.43	\$13.98	10.9%	
	\$23.01	\$58.04	-60.4%	\$104.28	\$87.56	\$79.05	\$71.19	\$64.47	\$57.97	\$49.36	\$41.20	\$32.70	>90.0%	
Post Acute Care														
Inpatient Facility - Rehabilitation Cost of Care PBPM	\$109.37	\$104.58	4.6%	\$169.82	\$143.43	\$128.05	\$116.09	\$104.82	\$96.70	\$88.15	\$78.70	\$68.19	46.0%	
Skilled Nursing Facility Cost of Care PBPM	\$5.14	\$17.48	-70.6%	\$34.60	\$27.66	\$22.24	\$19.17	\$16.32	\$14.32	\$11.92	\$9.56	\$7.45	>90.0%	
Home Health Care Cost of Care PBPM	\$77.13	\$62.63	23.1%	\$95.46	\$82.47	\$75.49	\$69.67	\$63.53	\$59.18	\$54.88	\$50.20	\$45.65	27.6%	
	\$27.09	\$24.47	10.7%	\$39.76	\$33.31	\$30.32	\$27.24	\$24.96	\$23.20	\$21.35	\$18.93	\$15.09	40.7%	

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GVCB Report - 2021
 Exhibit 4

Member Months: 652,713 8,004,335
 Person Years: 54,393 667,028
 % Aged Non-Dual: 76% 84%

Metric	OCV Experience*	National All ACO Cohort Percentiles*											Imputed OCV Percentile
		National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**	
Ambulatory Care Sensitive Admissions/1000													
Prevention Quality Overall Composite	26.9	24.6	9.1%	34.9	32.0	29.7	28.0	26.5	25.0	23.4	21.5	18.5	47.4%
Prevention Quality Acute Composite	7.0	6.7	3.5%	10.0	8.8	7.9	7.3	6.9	6.3	5.8	5.1	4.4	48.6%
Prevention Quality Chronic Composite	19.9	17.9	11.2%	26.3	23.4	22.0	20.7	19.4	18.2	16.8	15.5	13.6	45.8%
Prevention Quality Diabetes Composite	3.1	3.4	-9.3%	5.7	4.7	4.2	3.9	3.6	3.3	2.9	2.6	2.2	66.4%
Congestive Heart Failure (CHF)	11.2	11.0	2.4%	15.4	13.9	13.0	12.3	11.4	10.8	10.0	9.2	8.0	52.9%
Community-Acquired Pneumonia	3.4	3.2	4.9%	5.1	4.3	3.8	3.4	3.1	2.8	2.5	2.2	1.8	40.8%
Urinary Tract Infection	3.6	3.5	2.3%	5.3	4.7	4.3	3.9	3.6	3.4	3.1	2.8	2.3	51.4%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in	4.9	2.6	92.3%	5.0	4.1	3.5	3.2	2.8	2.6	2.3	1.9	1.4	10.3%
Diabetes Long-Term Complications	1.9	1.8	6.5%	3.2	2.6	2.3	2.1	2.0	1.7	1.6	1.4	1.1	52.2%
Hypertension	0.7	1.0	-29.0%	2.0	1.7	1.5	1.3	1.2	1.0	0.9	0.8	0.6	85.5%
Lower-Extremity Amputation Among Patients with Diabetes	0.1	0.3	-51.7%	0.5	0.4	0.3	0.3	0.3	0.2	0.2	0.1	0.1	82.2%
Diabetes Short-Term Complications	0.7	0.7	-0.4%	1.1	0.9	0.8	0.7	0.6	0.5	0.5	0.4	0.3	40.0%
Uncontrolled Diabetes	0.3	0.6	-45.5%	1.3	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.3	89.7%
Asthma in Younger Adults	0.0	0.0	-100.0%	0.2	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	>90.0%
Preference Sensitive or Outpatient Sensitive Preventable Adms													
Transurethral resection of prostate (TURP)	0.8	1.4	-44.2%	2.1	1.8	1.6	1.4	1.3	1.2	1.0	0.9	0.7	84.6%
Hysterectomy	0.7	0.8	-17.1%	1.2	1.0	0.9	0.8	0.8	0.7	0.6	0.5	0.4	60.1%
Arthroscopy	1.2	2.7	-56.0%	3.9	3.3	3.0	2.8	2.6	2.3	2.1	1.8	1.4	>90.0%
Knee replacement	6.6	11.9	-44.5%	13.5	12.3	11.4	10.9	10.4	9.8	9.1	8.1	7.0	>90.0%
Hip replacement	7.4	8.2	-10.0%	9.3	8.6	8.1	7.8	7.5	7.2	6.8	6.3	5.3	53.5%
Arthroplasty other than hip or knee	3.0	3.9	-22.9%	4.6	3.9	3.6	3.4	3.1	2.7	2.4	2.2	1.8	50.7%
Spinal fusion	2.1	3.9	-44.9%	5.6	4.8	4.3	3.9	3.6	3.3	3.0	2.5	2.0	87.5%
Bariatric surgery	0.1	0.5	-81.3%	0.7	0.6	0.5	0.4	0.4	0.3	0.3	0.2	0.2	>90.0%
Laminectomy	1.6	2.6	-38.8%	3.5	3.1	2.7	2.4	2.2	2.0	1.7	1.5	1.2	78.2%
Coronary artery bypass graft (CABG)	0.7	1.6	-55.3%	1.4	1.3	1.1	1.0	0.9	0.9	0.8	0.6	0.5	74.3%
Percutaneous transluminal coronary angioplasty (PTCA)	0.6	7.1	-91.9%	5.7	4.8	4.4	3.8	3.4	3.1	2.7	2.2	1.7	>90.0%
Cardiac pacemaker or implantable cardioverter defibrillator (I	2.0	5.2	-61.6%	5.8	5.2	4.7	4.4	4.1	3.8	3.5	3.0	2.3	>90.0%
Carotid artery revascularization	1.3	1.8	-27.2%	2.3	2.0	1.8	1.7	1.6	1.5	1.3	1.2	1.0	73.0%
Peripheral vessel revascularization	3.0	4.7	-35.0%	6.1	5.4	4.8	4.4	4.0	3.8	3.5	3.3	2.8	85.0%
Cholecystectomy	2.4	4.0	-39.9%	3.6	3.2	2.9	2.6	2.4	2.3	2.1	1.9	1.6	52.4%
Additional Metrics													
Percent of Members with an Annual Wellness Visit	31.6%	44.1%	-12.5%	67.7%	61.1%	56.8%	52.8%	48.7%	44.6%	40.4%	34.3%	25.6%	83.1%
Percent of Inpatient Admissions Discharged to Home Health	27.5%	11.9%	15.6%	27.3%	25.0%	23.5%	21.9%	19.7%	16.6%	0.2%	0.0%	0.0%	<10.0%
Percent of Inpatient Admissions Discharged to SNF	15.8%	10.5%	5.3%	20.3%	18.2%	16.9%	15.5%	14.2%	12.2%	0.1%	0.0%	0.0%	38.0%
Percent of Inpatient Admissions Discharged to Inpatient Reha	2.1%	2.2%	-0.1%	6.7%	5.3%	4.3%	3.7%	2.9%	2.3%	0.1%	0.0%	0.0%	60.9%
Percent of Inpatient Admissions with Readmission within 90 D	16.0%	16.0%	0.0%	19.5%	18.2%	17.7%	17.1%	16.6%	16.1%	15.6%	14.7%	13.9%	62.1%
Percent of Members with a Primary Care Visit	68.2%	82.4%	-14.2%	91.3%	89.3%	87.9%	86.8%	85.4%	83.8%	82.2%	78.8%	70.1%	>90.0%
Percent of Members with a Specialist Visit	69.5%	75.7%	-6.2%	85.6%	83.6%	81.8%	80.8%	79.5%	77.9%	75.8%	72.9%	69.0%	88.6%
Percent of Inpatient Admissions Ending in Death	4.0%	4.1%	-0.1%	5.7%	5.2%	4.9%	4.6%	4.3%	4.1%	3.7%	3.4%	3.1%	62.4%

* Prior to adjusting for acuity, as described in the ReadMe, the raw CMS-HCC risk scores are 0.986 for OCV, 1.159 for the National Peer ACO Comparison Cohort, and 1.171 for the National All ACO Cohort.

**Note that each percentile (e.g. 10th, 20th, etc.) cohort is calculated based on the respective percentile of each risk-adjusted metric calculated in isolation (e.g. the 10th/20th/etc. percentile best performing ACO w/ respect to IP admission counts may be different from the 10th/20th/etc. percentile best performing ACO w/ respect to SNF admissions).

*** Length of Stay is a function of admits and days per 1,000 and is not an independent measure.

Note: Lower values do not always indicate better performance for every measure.

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GIMB Report - 2022
 Exhibit 5

Member Months: 579,168 7,994,691
 Person Years: 48,264 666,224
 % Aged Non-Dual 76% 86%

Metric	2023 OneCare Focus Area	OCV Experience*	National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort Percentiles*										Imputed OCV Percentile
					National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**		
Total Cost of Care PBPM	Yes	\$1,002.58	\$1,075.07	-6.7%	\$1,249.95	\$1,209.19	\$1,174.32	\$1,150.90	\$1,118.90	\$1,097.76	\$1,065.01	\$1,038.96	\$1,002.62	>90.0%	
Inpatient Facility - Medical															
Admissions/1000	No	156.8	160.7	-2.4%	201.9	190.7	182.3	175.4	170.5	163.5	156.2	147.0	134.5	69.1%	
Hospital Days/1000	No	855.9	853.3	0.3%	1,216.6	1,107.5	1,050.3	989.7	942.1	899.8	848.7	788.2	711.8	68.6%	
Total Inpatient Cost of Care PBPM	No	\$167.89	\$180.23	-6.8%	\$231.52	\$216.35	\$207.30	\$198.36	\$191.56	\$184.20	\$174.00	\$163.28	\$150.34	75.7%	
Inpatient Facility - Surgical															
Admissions/1000	No	52.4	60.2	-13.0%	69.9	65.3	63.7	62.1	60.6	58.7	57.3	55.3	52.3	89.9%	
Hospital Days/1000	No	357.2	334.2	6.9%	440.4	406.8	386.3	368.6	359.1	350.7	336.7	320.9	296.9	52.3%	
Total Inpatient Cost of Care PBPM	No	\$127.68	\$145.05	-12.0%	\$170.58	\$162.25	\$157.13	\$152.21	\$148.00	\$144.26	\$139.90	\$135.29	\$128.10	>90.0%	
Skilled Nursing Facility															
SNF Admissions	No	60.5	50.6	19.6%	71.6	62.9	58.8	54.6	50.8	47.0	43.7	40.0	35.9	25.8%	
SNF LOS**	No	25.8	24.4	5.7%	27.7	27.3	26.1	26.2	25.4	25.1	25.2	25.4	25.7	73.4%	
SNF Days/1000	No	1,561.9	1,235.6	26.4%	1,982.2	1,716.8	1,537.3	1,428.4	1,289.5	1,180.2	1,102.0	1,016.7	921.1	28.6%	
SNF Cost of Care PBPM	No	\$86.07	\$68.07	26.4%	\$109.20	\$94.58	\$84.69	\$78.69	\$71.10	\$65.02	\$60.71	\$56.01	\$50.74	28.6%	
Emergency Department															
ED Visits/1000	Yes	500.2	362.6	37.9%	469.8	421.8	385.2	365.1	347.4	329.4	311.9	292.1	266.8	<10.0%	
ED Cost of Care PBPM	Yes	\$22.55	\$16.54	36.3%	\$20.86	\$18.26	\$16.99	\$16.12	\$15.13	\$14.41	\$13.61	\$12.66	\$11.20	<10.0%	
Outpatient Facility - Surgery															
Outpatient Surgery Visits/1000	No	602.8	446.8	34.9%	511.1	470.1	441.9	423.1	407.8	384.4	367.3	346.7	314.6	<10.0%	
Outpatient Surgery Cost of Care PBPM	No	\$87.26	\$109.24	-20.1%	\$126.07	\$118.89	\$113.75	\$109.72	\$104.08	\$99.57	\$94.36	\$89.06	\$79.96	82.0%	
Professional - Outpatient Surgery															
Outpatient Surgery Visits/1000	No	692.8	1,892.4	-63.4%	3,130.0	2,820.3	2,556.7	2,375.3	2,170.7	2,023.7	1,867.0	1,668.0	1,381.7	>90.0%	
Outpatient Surgery cost PBPM	No	\$7.33	\$22.05	-66.8%	\$41.80	\$37.32	\$32.77	\$30.33	\$28.06	\$25.53	\$23.04	\$20.35	\$17.08	>90.0%	
Professional Office Visits															
Primary Care Visits/1000	Yes	2,739.9	3,707.3	-26.1%	4,655.4	4,332.7	4,169.5	3,944.1	3,793.6	3,655.3	3,468.8	3,265.7	2,782.2	>90.0%	
Primary Care Cost of Care PBPM	No	\$23.04	\$34.75	-33.7%	\$45.35	\$42.11	\$39.54	\$37.64	\$36.22	\$34.60	\$32.81	\$30.31	\$24.82	>90.0%	
Specialty Care Visits/1000	No	3,454.8	3,492.6	-1.1%	5,707.1	5,214.9	4,824.4	4,559.5	4,290.3	3,999.6	3,755.9	3,443.8	3,095.7	79.6%	
Specialty Care Cost of Care PBPM	No	\$30.11	\$33.09	-9.0%	\$57.23	\$51.80	\$48.46	\$44.76	\$41.64	\$39.10	\$35.79	\$32.77	\$28.77	86.6%	
Part B Pharmacy															
Outpatient - Pharmacy Cost of Care PBPM	No	\$115.42	\$122.71	-5.9%	\$189.98	\$160.00	\$140.68	\$122.79	\$109.43	\$93.36	\$81.71	\$65.84	\$49.99	45.5%	
Professional - Office Administered Drugs Cost of Care PBPM	No	\$89.05	\$59.94	48.6%	\$78.17	\$64.79	\$53.94	\$46.96	\$40.88	\$33.23	\$28.55	\$22.09	\$15.68	<10.0%	
	No	\$26.37	\$62.76	-58.0%	\$111.81	\$95.21	\$86.74	\$75.83	\$68.55	\$60.13	\$53.16	\$43.75	\$34.31	>90.0%	
Post Acute Care															
Inpatient Facility - Rehabilitation Cost of Care PBPM	No	\$119.77	\$115.79	3.4%	\$192.47	\$162.08	\$142.76	\$129.38	\$116.19	\$105.11	\$97.17	\$87.43	\$74.86	47.3%	
Skilled Nursing Facility Cost of Care PBPM	No	\$4.91	\$20.29	-75.8%	\$40.68	\$31.33	\$26.06	\$21.60	\$18.47	\$15.53	\$13.79	\$11.21	\$8.36	>90.0%	
Home Health Care Cost of Care PBPM	No	\$86.07	\$68.07	26.4%	\$109.20	\$94.58	\$84.69	\$78.69	\$71.10	\$65.02	\$60.71	\$56.01	\$50.74	28.6%	
	No	\$28.79	\$27.43	4.9%	\$42.58	\$36.16	\$32.01	\$29.08	\$26.63	\$24.56	\$22.67	\$20.21	\$15.75	41.2%	

OneCare Vermont (OCV)
 Medicare FFS Benchmarking Analysis
 GIMB Report - 2022
 Exhibit 5

Member Months: 579,168 7,994,691
 Person Years: 48,264 666,224
 % Aged Non-Dual 76% 86%

Metric	2023 OneCare Focus Area	OCV Experience*	National Peer ACO Comparison Cohort (20 Selected ACOs) Average*	OCV Differential to Average	National All ACO Cohort Percentiles*										Imputed OCV Percentile
					National All ACO Cohort 10th Percentile**	National All ACO Cohort 20th Percentile**	National All ACO Cohort 30th Percentile**	National All ACO Cohort 40th Percentile**	National All ACO Cohort 50th Percentile**	National All ACO Cohort 60th Percentile**	National All ACO Cohort 70th Percentile**	National All ACO Cohort 80th Percentile**	National All ACO Cohort 90th Percentile**		
Ambulatory Care Sensitive Admissions/1000															
Prevention Quality Overall Composite	No	27.4	26.6	3.2%	36.9	33.7	31.4	29.8	28.6	27.1	25.5	23.8	20.5	57.9%	
Prevention Quality Acute Composite	No	6.4	7.6	-16.7%	11.3	10.1	9.1	8.6	8.0	7.4	6.8	6.1	5.4	76.1%	
Prevention Quality Chronic Composite	No	21.1	18.9	11.3%	26.1	24.2	22.4	21.2	20.2	19.1	18.1	16.8	14.1	41.1%	
Prevention Quality Diabetes Composite	No	3.4	3.4	0.1%	5.6	4.7	4.2	3.9	3.6	3.3	3.1	2.7	2.2	55.8%	
Congestive Heart Failure (CHF)	No	12.5	11.5	8.3%	15.4	14.3	13.4	12.7	12.1	11.5	10.7	9.9	8.6	43.2%	
Community-Acquired Pneumonia	No	3.5	3.9	-9.5%	6.1	5.3	4.7	4.3	3.9	3.5	3.1	2.8	2.4	60.8%	
Urinary Tract Infection	No	2.9	3.8	-24.0%	5.8	5.0	4.7	4.3	4.0	3.7	3.4	3.0	2.6	83.9%	
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in I	No	4.7	2.9	61.4%	4.7	4.1	3.6	3.3	3.0	2.7	2.4	2.0	1.5	10.8%	
Diabetes Long-Term Complications	No	1.9	1.9	-1.7%	3.1	2.7	2.3	2.1	1.9	1.8	1.6	1.4	1.2	51.8%	
Hypertension	Yes	0.4	1.1	-58.6%	2.1	1.8	1.6	1.4	1.2	1.1	0.9	0.8	0.7	>90.0%	
Lower-Extremity Amputation Among Patients with Diabetes	No	0.2	0.3	-19.1%	0.5	0.4	0.3	0.3	0.2	0.2	0.2	0.1	0.1	57.5%	
Diabetes Short-Term Complications	No	0.8	0.7	21.4%	1.2	0.9	0.7	0.7	0.6	0.5	0.5	0.4	0.3	23.6%	
Uncontrolled Diabetes	No	0.5	0.6	-11.3%	1.3	1.1	0.9	0.8	0.7	0.6	0.6	0.5	0.4	77.1%	
Asthma in Younger Adults	No	0.0	0.0	65.6%	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	79.6%	
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000															
Transurethral resection of prostate (TURP)	No	0.7	1.5	-55.5%	2.3	2.0	1.8	1.6	1.4	1.2	1.1	1.0	0.8	>90.0%	
Hysterectomy	No	0.8	0.9	-14.7%	1.3	1.1	1.0	0.9	0.8	0.7	0.6	0.6	0.4	53.0%	
Arthroscopy	No	1.5	2.6	-42.7%	4.0	3.4	3.0	2.7	2.4	2.2	2.0	1.8	1.4	86.8%	
Knee replacement	No	7.3	13.9	-47.5%	15.5	14.2	13.4	12.8	12.1	11.6	10.9	9.7	8.4	>90.0%	
Hip replacement	No	8.6	9.4	-9.0%	10.2	9.6	9.1	8.7	8.4	7.9	7.5	6.9	5.9	44.5%	
Arthroplasty other than hip or knee	No	3.0	4.5	-34.3%	5.1	4.5	4.2	3.8	3.6	3.3	2.9	2.6	2.0	67.9%	
Spinal fusion	No	2.5	4.3	-41.0%	5.9	5.2	4.6	4.2	4.0	3.6	3.2	2.9	2.3	86.4%	
Bariatric surgery	No	0.1	0.5	-69.4%	0.8	0.6	0.5	0.5	0.4	0.3	0.3	0.3	0.2	>90.0%	
Laminectomy	No	1.4	2.9	-52.3%	3.9	3.4	3.0	2.7	2.4	2.2	2.0	1.8	1.3	88.8%	
Coronary artery bypass graft (CABG)	No	0.6	1.6	-61.8%	1.5	1.3	1.2	1.0	1.0	0.9	0.8	0.7	0.5	82.8%	
Percutaneous transluminal coronary angioplasty (PTCA)	No	0.7	7.3	-90.6%	6.2	5.2	4.5	4.0	3.5	3.1	2.7	2.3	1.8	>90.0%	
Cardiac pacemaker or implantable cardioverter defibrillator (I	No	1.9	5.6	-65.6%	6.3	5.6	5.2	4.7	4.4	4.1	3.6	3.2	2.4	>90.0%	
Carotid artery revascularization	No	1.7	1.9	-11.1%	2.5	2.2	2.0	1.8	1.7	1.6	1.4	1.3	1.1	53.0%	
Peripheral vessel revascularization	No	2.9	4.8	-39.9%	6.0	5.2	4.8	4.4	4.1	3.9	3.6	3.3	2.9	89.7%	
Cholecystectomy	No	2.1	3.9	-45.3%	3.7	3.2	2.9	2.7	2.4	2.2	2.0	1.8	1.5	64.8%	
Additional Metrics															
Percent of Members with an Annual Wellness Visit	Yes	31.6%	46.0%	-14.4%	68.4%	63.4%	59.6%	55.3%	51.8%	47.5%	42.9%	36.9%	29.3%	86.9%	
Percent of Inpatient Admissions Discharged to Home Health	No	25.8%	13.2%	12.5%	27.4%	24.9%	23.3%	21.9%	19.7%	16.6%	0.2%	0.0%	0.0%	16.6%	
Percent of Inpatient Admissions Discharged to SNF	No	15.8%	9.9%	5.9%	21.4%	19.4%	17.7%	16.3%	14.7%	12.4%	0.1%	0.1%	0.0%	43.0%	
Percent of Inpatient Admissions Discharged to Inpatient Reha	No	2.7%	2.6%	0.1%	7.3%	5.7%	4.6%	3.9%	3.2%	2.4%	0.1%	0.0%	0.0%	56.5%	
Percent of Inpatient Admissions with Readmission within 90 D	No	15.9%	15.9%	0.0%	19.3%	18.4%	17.8%	17.3%	16.7%	16.3%	15.5%	14.9%	13.8%	64.7%	
Percent of Members with a Primary Care Visit	Yes	67.1%	83.6%	-16.5%	91.5%	89.6%	88.5%	87.3%	86.0%	84.6%	82.6%	79.8%	71.0%	>90.0%	
Percent of Members with a Specialist Visit	No	69.5%	76.2%	-6.8%	86.4%	84.4%	82.6%	81.7%	80.3%	78.6%	76.8%	73.9%	69.3%	89.7%	
Percent of Inpatient Admissions Ending in Death	No	4.5%	3.6%	0.9%	5.1%	4.6%	4.3%	4.0%	3.7%	3.5%	3.3%	3.0%	2.7%	23.8%	

* Prior to adjusting for acuity, as described in the ReadMe, the raw CMS-HCC risk scores are 1.030 for OCV, 1.181 for the National Peer ACO Comparison Cohort, and 1.197 for the National All ACO Cohort.

**Note that each percentile (e.g. 10th, 20th, etc.) cohort is calculated based on the respective percentile of each risk-adjusted metric calculated in isolation (e.g. the 10th/20th/etc. percentile best performing ACO w/ respect to IP admission counts may be different from the 10th/20th/etc. percentile best performing ACO w/ respect to SNF admissions).

*** Length of Stay is a function of admits and days per 1,000 and is not an independent measure.

Note: Lower values do not always indicate better performance for every measure.

OneCare Vermont (OCV)
Medicare FFS Benchmarking Analysis
Appendix A - OCV Provider Summary

Provider Name	HSA	In 2019	In 2020	In 2021	In 2022
Angela Wingate, MD	Bennington	Y	Y	Y	Y
Avery Wood MD LLC	Bennington	Y	Y	Y	Y
Brattleboro Memorial Hospital, Inc.	Brattleboro	Y	Y	Y	Y
Central Vermont Medical Center Inc	Berlin	Y	Y	Y	Y
Christopher J. Hebert, PC	Burlington	Y	Y	Y	Y
Cold Hollow Family Practice, P.C.	St. Albans	Y	Y	Y	Y
Community Health Centers of Burlington Inc.	Burlington	Y	Y	Y	Y
Community Health Centers of the Rutland Region, Inc.	Rutland	N	N	Y	Y
Craig E. Goldberg, D.O.	Brattleboro	Y	Y	N	N
Eric S. Seyferth, MD	Bennington	Y	Y	Y	Y
Evergreen Family Health Partners, LLP	Burlington	Y	Y	N	N
Five Town Health Alliance, Inc	Middlebury	N	Y	Y	Y
Gene Moore MD, PLLC	Burlington	Y	Y	Y	Y
Green Mountain Internal Medicine PLC	Burlington	Y	Y	Y	Y
Green Mountain Primary Care	Burlington	N	Y	Y	Y
Michael J. Corrigan, MD PC	St. Albans	Y	N	Y	Y
Middlebury Family Health	Middlebury	Y	Y	Y	Y
Northeast Washington County Community Health Inc	Berlin	N	Y	Y	Y
Northwestern Medical Center Inc	St. Albans	Y	Y	Y	Y
Porter Hospital, Inc.	Middlebury	Y	Y	Y	Y
Primary Care Health Partners - Vermont LLP	Burlington	Y	Y	Y	Y
Richmond Family Medicine PLLC	Burlington	Y	Y	Y	Y
Shaftsbury Medical Associates, Inc.	Bennington	Y	Y	Y	Y
Southwestern Vermont Medical Center, Inc.	Bennington	Y	Y	Y	Y
Springfield Medical Care Systems, Inc.	Springfield	Y	N	N	N
The Richford Health Center, Inc.	St. Albans	Y	Y	Y	Y
Thomas Chittenden Health Center, PLC	Burlington	Y	Y	Y	Y
University of Vermont Medical Center Inc.	Burlington	Y	Y	Y	Y
University of Vermont Nursing and Health Sciences Practice Group, Inc.	Burlington	Y	Y	Y	Y
White River Family Practice, PC	Lebanon	Y	Y	Y	Y
Windsor Hospital Corporation	Windsor	Y	Y	Y	Y

Note: Based on "Members by TIN and Year 2022.08.26.xlsx" and "2022 Medicare Network.xlsx", provided by OCV on 8/26/2022 and 6/30/2023, respectively, and "HSA for Orgs - Completed.xlsx", provided by OCV on 10/12/2022.

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

Notes:

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

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 - Outpatient Surgery: Outpatient Surgery Visits/1000	Rate of professional component of outpatient surgery visits per 1,000 beneficiaries
Professional - Outpatient Surgery: Outpatient Surgery Cost of Care PBPM	Cost of professional component of outpatient 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 - Prevention Quality Overall Composite	Overall composite 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. This metric aggregates all specific (non-comosite) Ambulatory Care Sensitive Admissions.
Ambulatory Care Sensitive Admissions/1000 - Prevention Quality Acute Composite	Composite rate of inpatient facility admissions for acute 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. This composite metric aggregates the Community-Acquired Pneumonia and Urinary Tract Infection values.

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

Notes:

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

Metric	Definition
Ambulatory Care Sensitive Admissions/1000 - Prevention Quality Chronic Composite	Composite rate of inpatient facility admissions for chronic 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. This composite metric aggregates the Diabetes Short-Term Complications, Diabetes Long-Term Complications, Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults, Hypertension, Congestive Heart Failure, Uncontrolled Diabetes, Asthma in Younger Adults, and Lower-Extremity Amputation Among Patients with Diabetes values.
Ambulatory Care Sensitive Admissions/1000 - Prevention Quality Diabetes Composite	Composite rate of inpatient facility admissions for diabetes 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. This composite metric aggregates the Diabetes Short-Term Complications, Diabetes Long-Term Complications, Uncontrolled Diabetes, and Lower-Extremity Amputation Among Patients with Diabetes values.
Ambulatory Care Sensitive Admissions/1000 - Congestive Heart Failure (CHF)	Rate of inpatient facility admissions for Congestive Heart Failure (CHF) 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.
Ambulatory Care Sensitive Admissions/1000 - Community-Acquired Pneumonia	Rate of inpatient facility admissions for Community-Acquired Pneumonia 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.
Ambulatory Care Sensitive Admissions/1000 - Urinary Tract Infection	Rate of inpatient facility admissions for Urinary Tract Infection 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.
Ambulatory Care Sensitive Admissions/1000 - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	Rate of inpatient facility admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults 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.
Ambulatory Care Sensitive Admissions/1000 - Diabetes Long-Term Complications	Rate of inpatient facility admissions for Diabetes Long-Term Complications 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.
Ambulatory Care Sensitive Admissions/1000 - Hypertension	Rate of inpatient facility admissions for Hypertension 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.
Ambulatory Care Sensitive Admissions/1000 - Lower-Extremity Amputation Among Patients with Diabetes	Rate of inpatient facility admissions for Lower-Extremity Amputation Among Patients with Diabetes 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.
Ambulatory Care Sensitive Admissions/1000 - Diabetes Short-Term Complications	Rate of inpatient facility admissions for Diabetes Short-Term Complications 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.
Ambulatory Care Sensitive Admissions/1000 - Uncontrolled Diabetes	Rate of inpatient facility admissions for Uncontrolled Diabetes 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.
Ambulatory Care Sensitive Admissions/1000 - Asthma in Younger Adults	Rate of inpatient facility admissions for Asthma in Younger Adults 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.

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Appendix B - Data Dictionary

Notes:

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

Metric	Definition
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Transurethral resection of prostate (TURP)	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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Hysterectomy	Rate of hysterectomy preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent hysterectomy 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Arthroscopy	Rate of arthroscopy preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent arthroscopy 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Knee replacement	Rate of knee replacement preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent knee replacement 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Hip replacement	Rate of hip replacement preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent hip replacement 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Arthroplasty other than hip or knee	Rate of arthroplasty other than hip or knee preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent arthroplasty 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Spinal fusion	Rate of spinal fusion preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent spinal fusion 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Bariatric surgery	Rate of bariatric surgery preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent bariatric 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Laminectomy	Rate of laminectomy preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent laminectomy 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Coronary artery bypass graft (CABG)	Rate of coronary artery bypass graft (CABG) preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent CABG 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.

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Appendix B - Data Dictionary

Notes:

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

Metric	Definition
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Percutaneous transluminal coronary angioplasty (PTCA)	Rate of percutaneous transluminal coronary angioplasty (PTCA) preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent PTCA 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Cardiac pacemaker or implantable cardioverter defibrillator (ICD) implantation	Rate of cardiac pacemaker or implantable cardioverter defibrillator (ICD) implantation preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent cardiac pacemaker or ICD 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Carotid artery revascularization	Rate of carotid artery revascularization preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent carotid artery revascularization 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Peripheral vessel revascularization	Rate of peripheral vessel revascularization preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent peripheral vessel revascularization 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.
Preference Sensitive or Outpatient Sensitive Preventable Admissions/1000 - Cholecystectomy	Rate of Cholecystectomy preference sensitive or outpatient sensitive preventable admissions per 1,000 beneficiaries. These services represent cholecystectomy 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
National Peer ACO Comparison Cohort	A collection of 20 distinct ACOs (participating in MSSP in 2021) that are identified as having similar characteristics as OCV's ACO (based on a methodology described in more detail in methodology document).
National All ACO Cohort	A population that includes all ACOs participating in the MSSP model in PY2021.
Imputed OCV Percentile	Imputed percentile (as compared to the All National ACO cohort) of performance that OCV's performance in the given year represents. For example, if OCV has 75 ER visits per 1,000 in a given year and the 50th percentile of All National ACO cohort is 50 ER visits, and the 60th percentile is 100 ER visits, then the imputed OCV percentile would be 55%.

**OneCare Vermont (OCV)
Medicare FFS Benchmarking Analysis
Appendix C - PSP to MS-DRG Mappings**

Notes:

- This appendix includes mappings of Inpatient PSPs to Medicare Severity Diagnosis Related Groups (MS-DRGs) specified for the PSP category.

PSP Category	MS-DRG
Arthroplasty other than hip or knee	483; 507-508
Arthroscopy	509
Bariatric surgery	326-328; 619-621
Cardiac pacemaker or ICD implantation	222-227; 242-245; 258-262; 265
Carotid artery revascularization	234-239
Cholecystectomy	411-419
Coronary artery bypass graft (CABG)	231-236
Hip replacement	461-462; 466-470
Hysterectomy	742-743
Knee replacement	461-462; 466-470
Laminectomy	028-030; 518-520
Peripheral vessel revascularization	252-254
Percutaneous transluminal coronary angioplasty (PTCA)	246-251
Spinal fusion	453-460; 471-473
Transurethral resection of prostate (TURP)	668-670