**Accountable Care Organization Name**: Click or tap here to enter text.

**Performance Period of Report**: Click or tap here to enter text.

**Total Payer Contracts for Performance Period**: Click or tap here to enter text.

**Date of Report Submission**: Click or tap to enter a date.

**Instructions**: After completing *Form 1: Scale Target Initiatives and Program Alignment*, complete the Appendix A and Appendix B tables on the following pages for all ACO-payer contracts.

**APPENDIX A: Services Included in Financial Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Service or Expenditure Reporting Category** | **Vermont Medicare ACO Initiative** | **Vermont Medicaid NextGen ACO Program** | **Commercial: BCBSVT** | **Commercial: UMMC** | *Additional Columns as Needed* |
| Hospital Inpatient |  |  |  |  |  |
| Mental Health/Substance Abuse - Inpatient |  |  |  |  |  |
| Maternity-Related and Newborns |  |  |  |  |  |
| Surgical |  |  |  |  |  |
| Medical  |  |  |  |  |  |
| Hospital Outpatient |  |  |  |  |  |
| Hospital Mental Health / Substance Abuse |  |  |  |  |  |
| Observation Room |  |  |  |  |  |
| Emergency Room  |  |  |  |  |  |
| Outpatient Surgery |  |  |  |  |  |
| Outpatient Radiology |  |  |  |  |  |
| Outpatient Lab |  |  |  |  |  |
| Outpatient Physical Therapy |  |  |  |  |  |
| Outpatient Other Therapy |  |  |  |  |  |
| Other Outpatient Hospital |  |  |  |  |  |
| Professional |  |  |  |  |  |
| Physician Services |  |  |  |  |  |
| Physician Inpatient Setting |  |  |  |  |  |
| Physician Outpatient Setting |  |  |  |  |  |
| Physician Office Setting |  |  |  |  |  |
| Professional Non-physician |  |  |  |  |  |
| Professional Mental Health Provider  |  |  |  |  |  |
| Post-Acute Care |  |  |  |  |  |
| DME |  |  |  |  |  |
| Dental |  |  |  |  |  |
| Pharmacy |  |  |  |  |  |

**APPENDIX B: Quality Measures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quality Measure** | **Vermont Medicare ACO Initiative** | **Vermont Medicaid NextGen ACO Program** | **Commercial: BCBSVT** | **Commercial: UMMC** | *Additional Columns as Needed* |
| Screening for clinical depression and follow-up plan  | X |  |  |  |  |
| Tobacco use assessment and cessation intervention | X |  |  |  |  |
| Hypertension: Controlling high blood pressure (ACO composite) | X |  |  |  |  |
| Diabetes Mellitus: HbA1c poor control (ACO composite) | X |  |  |  |  |
| All-Cause unplanned admissions for patients with multiple chronic conditions (ACO composite) | X |  |  |  |  |
| Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys\* | X |  |  |  |  |
| % of Medicaid adolescents with well-care visits | X |  |  |  |  |
| 30-day follow-up after discharge from emergency department for mental health | X |  |  |  |  |
| 30-day follow-up after discharge from emergency department for alcohol or other drug dependence | X |  |  |  |  |
| Initiation of alcohol and other drug dependence treatment  | X |  |  |  |  |
| Engagement of alcohol and other drug dependence treatment | X |  |  |  |  |
| Risk-standardized, all-condition readmission  | X |  |  |  |  |
| Skilled nursing facility 30-day all-cause readmission | X |  |  |  |  |
| Influenza immunization | X |  |  |  |  |
| Pneumonia vaccination status for older adults  | X |  |  |  |  |
| Colorectal cancer screening  | X |  |  |  |  |
| Number of asthma-related ED visits, stratified by age | X |  |  |  |  |
| HEDIS: All-Cause Readmissions |  |  |  |  |  |
| Developmental screening in the first 3 years of life |  |  |  |  |  |
| Follow-up after hospitalization for mental illness (7-Day Rate) |  |  |  |  |  |
| Falls: Screening for future fall risk  |  |  |  |  |  |
| Body mass index screening and follow-up  |  |  |  |  |  |
| All-cause unplanned admissions for patients with Diabetes  |  |  |  |  |  |
| All-cause unplanned admissions for patients with Heart Failure  |  |  |  |  |  |
| Breast cancer screening  |  |  |  |  |  |
| Statin therapy for prevention and treatment of Cardiovascular Disease  |  |  |  |  |  |
| Depression remission at 12 months  |  |  |  |  |  |
| Diabetes: Eye exam |  |  |  |  |  |
| Ischemic Vascular Disease: Use of aspirin or another antithrombotic  |  |  |  |  |  |
| Acute ambulatory care-sensitive condition composite |  |  |  |  |  |
| Medication reconciliation post-discharge  |  |  |  |  |  |
| Use of imaging studies for low back pain |  |  |  |  |  |
| *Add Additional Measures as Needed* |  |  |  |  |  |