



# Ohio

Department of Medicaid

## PCMH Annual Performance Report

Provider name

Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

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To learn more about the PCMH program and how to read your report, visit:  
<http://medicaid.ohio.gov/Providers/PaymentInnovation.aspx>

DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The data in the reports are neither intended nor suitable for other uses, including the selection of a health care provider. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/Providers/PaymentInnovation.aspx>

Provider Name (Provider ID#)

Performance Summary

Q1 + Q2 + Q3 + Q4 2017

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# PCMH Performance Summary

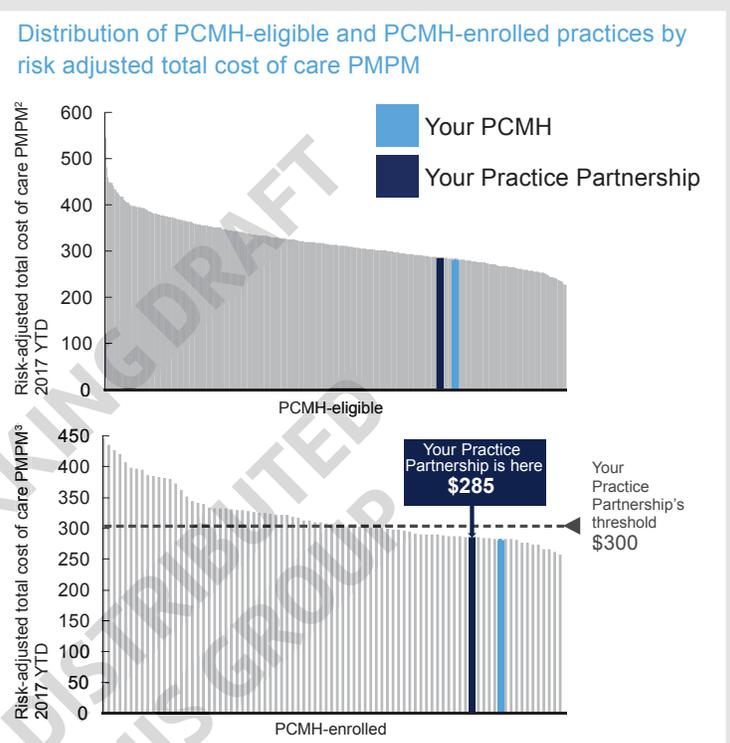
## Your payment eligibility

	PCMH PMPM		PCMH Shared Savings Payment
Your payment eligibility	Congratulations! You are eligible for this payment based on last year's performance		Congratulations! You are eligible for this payment based on last year's performance
Your payment amounts	\$45,290 This quarter	\$91,840 2018 YTD	\$16,256 2017

## Your PCMH panel composition over time



## Your risk-adjusted total cost of care performance



## Requirements for payment

Requirement categories	Found on pages	PCMH PMPM		PCMH Shared Savings Payment	
		2017 performance	Goal	2017 performance	Goal
Activity requirements	8	8/8 <input checked="" type="checkbox"/>	8/8	8/8 <input checked="" type="checkbox"/>	8/8
Quality measures	3, 4, 9	85% <input checked="" type="checkbox"/>	≥75%	85% <input checked="" type="checkbox"/>	≥75%
Efficiency measures	3, 6, 13	100% <input checked="" type="checkbox"/>	≥75%	Not scored for this payment stream	
Total cost of care	3, 6, 14	Not scored for this payment stream		\$285 <input checked="" type="checkbox"/> risk-adj. PMPM 2017	<\$300 risk-adj. PMPM 2017

1 Not scored in this reporting period

2 Risk-adjusted TCOC PMPM does not include PCMH PMPM payment for PCMH enrolled practices

3 Risk-adjusted TCOC PMPM includes PCMH PMPM payment for PCMH enrolled practices

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# PCMH Performance Summary: Measure Summary

- ✔ Meeting threshold
- ✔ Enough individuals to be evaluated
- Jan-Dec 2017 Performance meeting threshold
- ✘ Not meeting threshold
- Not enough individuals to be evaluated
- Jan-Dec 2017 Performance not meeting threshold

Quality measures tied to payment		Meeting 17/20 quality measures	
		Your performance	Threshold
Pediatric health	<span style="color: green;">✔</span> Well-Child Visits in the First 15 Months of Life	65%	≥ 63%
	<span style="color: green;">✔</span> Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	89%	≥ 88%
	<span style="color: red;">✘</span> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	39%	≥ 52%
	<span style="color: green;">✔</span> Adolescent Well-Care Visits	45%	≥ 43%
Women's health	<span style="color: green;">✔</span> Timeliness of Prenatal Care	98%	≥ 92%
	<span style="color: green;">✔</span> Live Births Weighing Less than 2,500 grams	4%	≤ 8%
	<span style="color: green;">✔</span> Postpartum Care	92%	≥ 84%
	<span style="color: green;">✔</span> Cervical Cancer Screening	78%	≥ 76%
	<span style="color: red;">✘</span> Breast Cancer Screening	41%	≥ 73%
Adult health	<span style="color: green;">✔</span> Adult BMI Assessment	72%	≥ 69%
	<span style="color: green;">✔</span> Comprehensive Diabetes Care: HbA1c Testing	93%	≥ 92%
	<span style="color: green;">✔</span> Comprehensive Diabetes Care: Poor Control (>9%)	23%	≤ 24%
	<span style="color: green;">✔</span> Comprehensive Diabetes Care: Eye Exam	64%	≥ 61%
	<span style="color: green;">✔</span> Controlling High Blood Pressure	71%	≥ 66%
	<span style="color: green;">✔</span> Statin Therapy for Patients With Cardiovascular Disease	88%	≥ 75%
	<span style="color: green;">✔</span> Medication Management for People With Asthma	52%	≥ 48%
Behavioral health	<span style="color: green;">✔</span> Antidepressant Medication Management	70%	≥ 68%
	<span style="color: green;">✔</span> Follow-Up After Hospitalization for Mental Illness	60%	≥ 58%
	<span style="color: green;">✔</span> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	15%	≥ 14%
	<span style="color: red;">✘</span> Tobacco Use: Screening & Cessation Intervention	49%	≥ 76%
Efficiency measures tied to payment		Meeting 5/5 efficiency measures	
Efficiency	<span style="color: green;">✔</span> ED Visits / 1,000 members	108	≤ 150
	<span style="color: green;">✔</span> IP Admissions for ambulatory sensitive conditions / 1,000 members	47	≤ 50
	<span style="color: green;">✔</span> Generic Dispensing Rate	93%	≥ 90%
	<span style="color: green;">✔</span> Inpatient Mental Health Utilization	1%	≤ 1.5%
	<span style="color: green;">✔</span> Episode of Care Measure	tbd	tbd
Total cost of care Practice Partnership-level performance tied to payment		Meeting total cost of care	
Total cost of care	<span style="color: green;">✔</span> Risk-adjusted Total Cost of Care PMPM	\$285	\$300

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Q1 + Q2 + Q3 + Q4 2017

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# PCMH Performance Summary: Payer–Level Detail

✔ Meeting threshold    ⊘ Not meeting threshold    ⊘ Enough individuals to be evaluated    ⊘ Not enough individuals to be evaluated    ■ Individual payer performance    ▲ Threshold  
■ Cross-payer performance meeting threshold    ▲ Threshold target direction  
■ Cross-payer performance not meeting threshold

## Your PCMH panel composition in Q4 2017

Category	Measure	Ohio FFS	Buckeye	CareSource	Molina	Paramount	United Healthcare	Total Medicaid
Panel Composition	Average monthly members	400	100	3,100	-	74	100	3,774
	Average risk score	0.94	0.95	0.95	-	0.93	0.93	0.95

## Quality measures tied to payment (Jan–Dec 2017 performance)

Category	Measure	Ohio FFS	Buckeye	CareSource	Molina	Paramount	United Healthcare	Total Medicaid
Pediatric health	✔ Well-Child Visits in the First 15 Months of Life	65%	65%	65%	N/A	65%	65%	65% ▲ 63% ↑
	✔ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	89%	89%	89%	N/A	89%	89%	89% ▲ 88% ↑
	✘ Weight Assessment and Counseling for Nutrition and Physical Activity for	39%	39%	39%	N/A	39%	39%	39% ▲ 52% ↑
	✔ Adolescent Well-Care Visits	45%	45%	45%	N/A	45%	45%	45% ▲ 43% ↑
Women's health	✔ Timeliness of Prenatal Care	98%	98%	98%	N/A	98%	98%	98% ▲ 92% ↑
	✔ Live Births Weighing Less than 2,500 grams	4%	4%	4%	N/A	4%	4%	4% ▲ 8% ↓
	✔ Postpartum Care	92%	92%	92%	N/A	92%	92%	92% ▲ 84% ↑
	✔ Cervical Cancer Screening	78%	78%	78%	N/A	78%	78%	78% ▲ 76% ↑
	✘ Breast Cancer Screening	41%	41%	41%	N/A	41%	41%	41% ▲ 73% ↑

1 Performance scored across all Medicaid payers. Individual payer performance may not be statistically significant and is not directly tied to payment

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Performance Summary

Q1 + Q2 + Q3 + Q4 2017

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## Quality measures tied to payment (Jan–Dec 2017 performance)

Category	Measure	Ohio FFS	Buckeye	CareSource	Molina	Paramount	United Healthcare	Total Medicaid	Target	Direction
Adult health	✔ Adult BMI Assessment	72%	72%	72%	N/A	72%	72%	72%	69%	↑
	✔ Comprehensive Diabetes Care: HbA1c Testing	93%	93%	93%	N/A	93%	93%	93%	92%	↑
	✔ Comprehensive Diabetes Care: Poor Control (>9%)	23%	23%	23%	N/A	23%	23%	23%	24%	↓
	✘ Comprehensive Diabetes Care: Eye Exam	64%	64%	64%	N/A	64%	64%	64%	61%	↑
	✔ Controlling High Blood Pressure	71%	71%	71%	N/A	71%	71%	71%	66%	↑
	✔ Statin Therapy for Patients With Cardiovascular Disease	88%	88%	88%	N/A	88%	88%	88%	75%	↑
	✔ Medication Management for People With Asthma	52%	52%	52%	N/A	52%	52%	52%	48%	↑
Behavioral health	✔ Antidepressant Medication Management	70%	70%	70%	N/A	70%	70%	70%	68%	↑
	✔ Follow-Up After Hospitalization for Mental Illness	60%	60%	60%	N/A	60%	60%	60%	58%	↑
	✔ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	15%	15%	15%	N/A	15%	15%	15%	14%	↑
	✘ Tobacco Use: Screening & Cessation Intervention	49%	49%	49%	N/A	49%	49%	49%	76%	↑

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Performance Summary

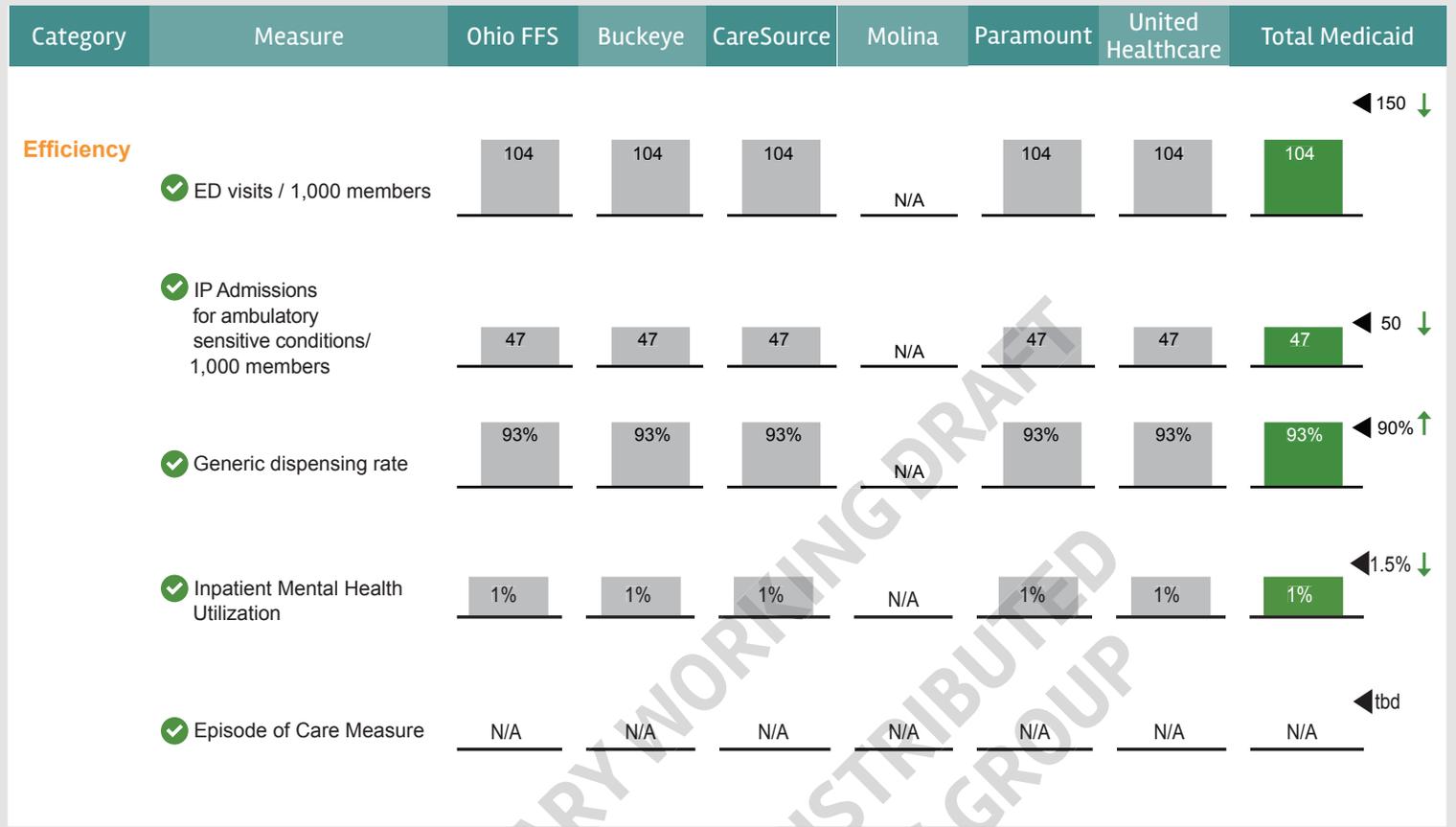
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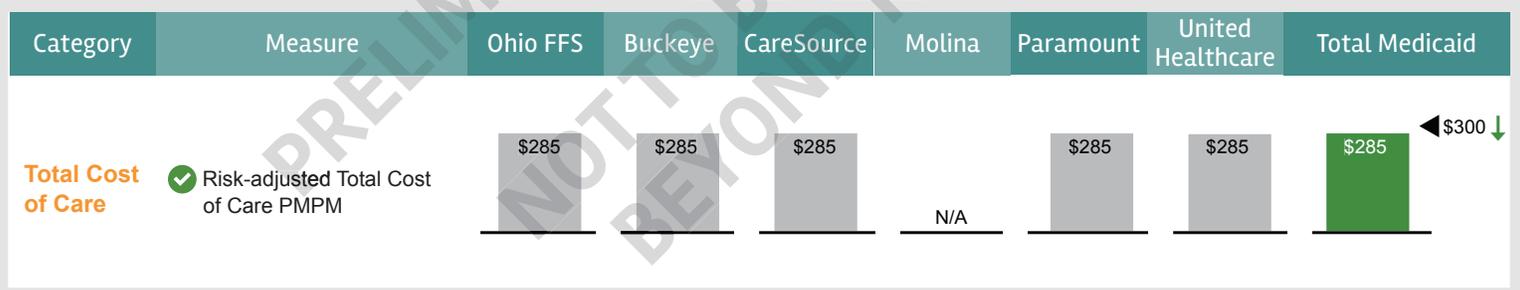
# PCMH Performance Summary: Payer–Level Detail

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■ Cross-payer performance meeting threshold    ▲ Threshold target direction  
■ Cross-payer performance not meeting threshold

## Efficiency measures tied to payment (Jan–Dec 2017 performance)



## Total cost of care Practice Partnership–level performance tied to payment (Jan–Dec 2017 performance)



1 Performance scored across all Medicaid payers. Individual payer performance may not be statistically significant and is not directly tied to payment

# Appendix

Provider name

Q1 + Q2 + Q3 + Q4 2017

Page 8 Measures Tied to Payment

Page 15 Measures Not Tied to Payment

PRELIMINARY WORKING DRAFT  
NOT TO BE DISTRIBUTED  
BEYOND THIS GROUP

Provider Name (Provider ID#)

Appendix

Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Tied to Payment

Met requirement
  Didn't meet requirement
  Not yet scored

Activity requirements	Last attested date	Status	Next due date
<p><b>1. Same day appointments</b></p> <p>The practice provides same-day access to a practitioner connected to the PCMH who can diagnose and treat</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>2. 24/7 access to care</b></p> <p>The practice provides and attests to 24 hour, 7 days a week patient access to a practitioner connected to the PCMH who will diagnose and treat</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>3. Risk stratification</b></p> <p>Percentage of a practice's at risk beneficiaries—defined in accordance with criteria aligned across payers— who are seen by their attributed PCP at least twice in past 12 months</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>4. Population management</b></p> <p>At least annually the practice proactively identifies patients not recently seen by the practice and reminds them, or their families/caregivers, of needed care based on personal treatment plan</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>5. Team-based care management</b></p> <p>At least 80% of high priority beneficiaries have a care plan in the medical record defined with accordance with a set of key elements aligned across payers. Care plan must be updated at least 2x/year and with significant changes in conditions</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>6. Follow up after hospital discharge</b></p> <p>Percentage of high priority beneficiaries who had an acute inpatient hospital stay and had follow up contact within 1 week</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>7. Tracking of follow up tests and specialist referrals</b></p> <p>The practice has a documented process for and demonstrates that it:</p> <ul style="list-style-type: none"> <li>▪ Asks about <b>self-referrals</b> and requests reports from clinicians</li> <li>▪ Tracks <b>lab tests</b> and <b>imaging tests</b> until results are available, flagging and following up on overdue results</li> <li>▪ Tracks <b>referrals</b> until the <b>consultant or specialist's</b> report is available, flagging and following up on overdue reports</li> <li>▪ Tracks <b>fulfillment of pharmacy prescriptions</b> where data is available</li> </ul>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018
<p><b>8. Patient experience</b></p> <p>The practice assesses their approach to patient centeredness and cultural competence to improve overall patient experience and reduce disparities in patient experience (e.g., by creating a patient/family advisory council, by administering and assessing a CAHPS survey)</p>	12/31/2017	<input checked="" type="checkbox"/>	12/31/2018

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Q1 + Q2 + Q3 + Q4 2017

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# Measures Tied to Payment

Meeting threshold      Enough individuals to be evaluated      Performance period 2016      75th percentile for PCMH-eligible practices  
 Not meeting threshold      Not enough individuals to be evaluated      Performance period 2017 meeting threshold      Threshold target direction  
 Performance period 2017 not meeting threshold     ↑

## Quality measures tied to payment

### Pediatric health

Your quality measure performance	Definition	Your quarterly performance															
<input checked="" type="checkbox"/> <b>Well-Child Visits in the First 15 Months of Life</b> <b>65%</b> 65/100 members Threshold: 63%	The percentage of members who turned 15 months old who had 6 or more well-child visits	<table border="1"> <caption>Well-Child Visits in the First 15 Months of Life - Quarterly Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>19%</td> <td>21%</td> </tr> <tr> <td>Jan-Jun</td> <td>38%</td> <td>40%</td> </tr> <tr> <td>Jan-Sep</td> <td>56%</td> <td>55%</td> </tr> <tr> <td>Jan-Dec</td> <td>75%</td> <td>65%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	19%	21%	Jan-Jun	38%	40%	Jan-Sep	56%	55%	Jan-Dec	75%	65%
Quarter	2016	2017															
Jan-Mar	19%	21%															
Jan-Jun	38%	40%															
Jan-Sep	56%	55%															
Jan-Dec	75%	65%															
<input checked="" type="checkbox"/> <b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</b> <b>89%</b> 89/100 members Threshold: 88%	The percentage of members 3–6 years of age who had at least one well-child visit	<table border="1"> <caption>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life - Quarterly Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>24%</td> <td>26%</td> </tr> <tr> <td>Jan-Jun</td> <td>48%</td> <td>50%</td> </tr> <tr> <td>Jan-Sep</td> <td>71%</td> <td>68%</td> </tr> <tr> <td>Jan-Dec</td> <td>95%</td> <td>89%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	24%	26%	Jan-Jun	48%	50%	Jan-Sep	71%	68%	Jan-Dec	95%	89%
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Jan-Dec	95%	89%															
<input checked="" type="checkbox"/> <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> <b>39%</b> 39/100 members Threshold: 52%	The percentage of members 3–17 years of age who had evidence of BMI percentile documentation	<table border="1"> <caption>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Quarterly Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>16%</td> <td>18%</td> </tr> <tr> <td>Jan-Jun</td> <td>33%</td> <td>35%</td> </tr> <tr> <td>Jan-Sep</td> <td>49%</td> <td>37%</td> </tr> <tr> <td>Jan-Dec</td> <td>55%</td> <td>39%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	16%	18%	Jan-Jun	33%	35%	Jan-Sep	49%	37%	Jan-Dec	55%	39%
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Jan-Jun	33%	35%															
Jan-Sep	49%	37%															
Jan-Dec	55%	39%															
<input checked="" type="checkbox"/> <b>Adolescent Well-Care Visits</b> <b>45%</b> 45/100 members Threshold: 43%	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit	<table border="1"> <caption>Adolescent Well-Care Visits - Quarterly Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>15%</td> <td>17%</td> </tr> <tr> <td>Jan-Jun</td> <td>30%</td> <td>32%</td> </tr> <tr> <td>Jan-Sep</td> <td>45%</td> <td>38%</td> </tr> <tr> <td>Jan-Dec</td> <td>60%</td> <td>45%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	15%	17%	Jan-Jun	30%	32%	Jan-Sep	45%	38%	Jan-Dec	60%	45%
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Appendix

Q1 + Q2 + Q3 + Q4 2017

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# Measures Tied to Payment

- Meeting threshold
- Enough individuals to be evaluated
- Performance period 2016
- Performance period 2017 meeting threshold
- Performance period 2017 not meeting threshold
- Not meeting threshold
- Not enough individuals to be evaluated
- 75th percentile for PCMH-eligible practices
- Threshold target direction

## Quality measures tied to payment

### Women's health

Your quality measure performance	Definition	Your quarterly performance															
<input checked="" type="checkbox"/> <b>Timeliness of Prenatal Care</b> <b>98%</b> 98/100 deliveries Threshold: 92%	The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	<table border="1"> <caption>Timeliness of Prenatal Care Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>96%</td> <td>98%</td> </tr> <tr> <td>Jan-Jun</td> <td>97%</td> <td>96%</td> </tr> <tr> <td>Jan-Sep</td> <td>96%</td> <td>98%</td> </tr> <tr> <td>Jan-Dec</td> <td>97%</td> <td>98%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	96%	98%	Jan-Jun	97%	96%	Jan-Sep	96%	98%	Jan-Dec	97%	98%
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Jan-Jun	97%	96%															
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<input checked="" type="checkbox"/> <b>Live Births Weighing Less than 2,500 grams</b> <b>4%</b> 4/100 members Threshold: 8%	Percentage of live births that weigh less than 2,500 grams	<table border="1"> <caption>Live Births Weighing Less than 2,500 grams Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>3%</td> <td>4%</td> </tr> <tr> <td>Jan-Jun</td> <td>4%</td> <td>4%</td> </tr> <tr> <td>Jan-Sep</td> <td>4%</td> <td>4%</td> </tr> <tr> <td>Jan-Dec</td> <td>4%</td> <td>4%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	3%	4%	Jan-Jun	4%	4%	Jan-Sep	4%	4%	Jan-Dec	4%	4%
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<input checked="" type="checkbox"/> <b>Postpartum Care</b> <b>92%</b> 92/100 deliveries Threshold: 84%	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	<table border="1"> <caption>Postpartum Care Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>77%</td> <td>78%</td> </tr> <tr> <td>Jan-Jun</td> <td>78%</td> <td>88%</td> </tr> <tr> <td>Jan-Sep</td> <td>78%</td> <td>90%</td> </tr> <tr> <td>Jan-Dec</td> <td>78%</td> <td>92%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	77%	78%	Jan-Jun	78%	88%	Jan-Sep	78%	90%	Jan-Dec	78%	92%
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<input checked="" type="checkbox"/> <b>Cervical Cancer Screening</b> <b>78%</b> 78/100 members Threshold: 76%	The percentage of women 21–64 years of age who were screened for cervical cancer	<table border="1"> <caption>Cervical Cancer Screening Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>30%</td> <td>32%</td> </tr> <tr> <td>Jan-Jun</td> <td>60%</td> <td>62%</td> </tr> <tr> <td>Jan-Sep</td> <td>75%</td> <td>68%</td> </tr> <tr> <td>Jan-Dec</td> <td>80%</td> <td>78%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	30%	32%	Jan-Jun	60%	62%	Jan-Sep	75%	68%	Jan-Dec	80%	78%
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Jan-Sep	75%	68%															
Jan-Dec	80%	78%															
<input checked="" type="checkbox"/> <b>Breast Cancer Screening</b> <b>41%</b> 41/100 members Threshold: 73%	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer	<table border="1"> <caption>Breast Cancer Screening Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>18%</td> <td>20%</td> </tr> <tr> <td>Jan-Jun</td> <td>35%</td> <td>37%</td> </tr> <tr> <td>Jan-Sep</td> <td>53%</td> <td>39%</td> </tr> <tr> <td>Jan-Dec</td> <td>70%</td> <td>41%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	18%	20%	Jan-Jun	35%	37%	Jan-Sep	53%	39%	Jan-Dec	70%	41%
Quarter	2016	2017															
Jan-Mar	18%	20%															
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Jan-Dec	70%	41%															

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Tied to Payment

Meeting threshold      Enough individuals to be evaluated      Performance period 2016      75th percentile for PCMH-eligible practices  
 Not meeting threshold      Not enough individuals to be evaluated      Performance period 2017 meeting threshold      Threshold target direction  
 Performance period 2017 not meeting threshold      ↑

## Quality measures tied to payment

### Adult health

Your quality measure performance	Definition	Your quarterly performance
<input checked="" type="checkbox"/> <b>Adult BMI Assessment</b> <b>72%</b> 72/100 members Threshold: 69%	The percentage of members 18–74 years of age whose BMI was documented	
<input checked="" type="checkbox"/> <b>Comprehensive Diabetes Care: HbA1c Testing</b> <b>93%</b> 93/100 members Threshold: 92%	The percentage of members 18–75 years of age with diabetes who had Hemoglobin A1c (HbA1c) testing	
<input checked="" type="checkbox"/> <b>Comprehensive Diabetes Care: Poor Control (&gt;9%)</b> <b>23%</b> 23/100 members Threshold: 24%	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control (>9.0%)	
<input checked="" type="checkbox"/> <b>Comprehensive Diabetes Care: Eye Exam</b> <b>64%</b> 64/100 members Threshold: 61%	The percentage of members 18–75 years of age with diabetes who had an eye exam (retinal) performed	
<input checked="" type="checkbox"/> <b>Controlling High Blood Pressure</b> <b>71%</b> 71/100 members Threshold: 66%	Percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled	
<input checked="" type="checkbox"/> <b>Statin Therapy for Patients With Cardiovascular Disease</b> <b>88%</b> 88/100 members Threshold: 75%	The percentage of males 21–75 and females 40–75 who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high or	
<input checked="" type="checkbox"/> <b>Medication Management for People With Asthma</b> <b>52%</b> 52/100 members Threshold: 48%	The percentage of members 5-64 with persistent asthma who remained on an asthma controller medication for at least 75% of their treatment period	

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Tied to Payment

- Meeting threshold
- Enough individuals to be evaluated
- Performance period 2016
- Performance period 2017 meeting threshold
- Performance period 2017 not meeting threshold
- 75th percentile for PCMH-eligible practices
- Threshold target direction
- Not meeting threshold
- Not enough individuals to be evaluated

## Quality measures tied to payment

### Behavioral health

Your quality measure performance	Definition	Your quarterly performance															
<input checked="" type="checkbox"/> <b>Antidepressant Medication Management</b> <b>70%</b> 70/100 members Threshold: 68%	The percentage of members 18+ who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 84 days (12 weeks)	<table border="1"> <caption>Antidepressant Medication Management Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>14%</td> <td>16%</td> </tr> <tr> <td>Jan-Jun</td> <td>28%</td> <td>30%</td> </tr> <tr> <td>Jan-Sep</td> <td>41%</td> <td>51%</td> </tr> <tr> <td>Jan-Dec</td> <td>55%</td> <td>70%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	14%	16%	Jan-Jun	28%	30%	Jan-Sep	41%	51%	Jan-Dec	55%	70%
Quarter	2016	2017															
Jan-Mar	14%	16%															
Jan-Jun	28%	30%															
Jan-Sep	41%	51%															
Jan-Dec	55%	70%															
<input checked="" type="checkbox"/> <b>Follow-Up After Hospitalization for Mental Illness</b> <b>60%</b> 60/100 discharges Threshold: 58%	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow up visits within 7 days of discharge	<table border="1"> <caption>Follow-Up After Hospitalization for Mental Illness Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>40%</td> <td>44%</td> </tr> <tr> <td>Jan-Jun</td> <td>42%</td> <td>44%</td> </tr> <tr> <td>Jan-Sep</td> <td>43%</td> <td>47%</td> </tr> <tr> <td>Jan-Dec</td> <td>65%</td> <td>60%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	40%	44%	Jan-Jun	42%	44%	Jan-Sep	43%	47%	Jan-Dec	65%	60%
Quarter	2016	2017															
Jan-Mar	40%	44%															
Jan-Jun	42%	44%															
Jan-Sep	43%	47%															
Jan-Dec	65%	60%															
<input checked="" type="checkbox"/> <b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b> <b>15%</b> 15/100 members Threshold: 14%	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment within 14 days of the diagnosis	<table border="1"> <caption>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>10%</td> <td>9%</td> </tr> <tr> <td>Jan-Jun</td> <td>9%</td> <td>9%</td> </tr> <tr> <td>Jan-Sep</td> <td>8%</td> <td>13%</td> </tr> <tr> <td>Jan-Dec</td> <td>8%</td> <td>15%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	10%	9%	Jan-Jun	9%	9%	Jan-Sep	8%	13%	Jan-Dec	8%	15%
Quarter	2016	2017															
Jan-Mar	10%	9%															
Jan-Jun	9%	9%															
Jan-Sep	8%	13%															
Jan-Dec	8%	15%															
<input checked="" type="checkbox"/> <b>Tobacco Use: Screening &amp; Cessation Intervention</b> <b>49%</b> 49/100 members Threshold: 76%	The percentage of members aged 18 years and older who were screened for tobacco use and who received cessation counseling intervention if identified as a tobacco user	<table border="1"> <caption>Tobacco Use: Screening &amp; Cessation Intervention Performance</caption> <thead> <tr> <th>Quarter</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Jan-Mar</td> <td>21%</td> <td>23%</td> </tr> <tr> <td>Jan-Jun</td> <td>43%</td> <td>45%</td> </tr> <tr> <td>Jan-Sep</td> <td>64%</td> <td>47%</td> </tr> <tr> <td>Jan-Dec</td> <td>85%</td> <td>49%</td> </tr> </tbody> </table>	Quarter	2016	2017	Jan-Mar	21%	23%	Jan-Jun	43%	45%	Jan-Sep	64%	47%	Jan-Dec	85%	49%
Quarter	2016	2017															
Jan-Mar	21%	23%															
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Jan-Sep	64%	47%															
Jan-Dec	85%	49%															

Provider Name (Provider ID#)

Appendix

Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Tied to Payment

Meeting threshold      Enough individuals to be evaluated      Performance period 2016      75th percentile for PCMH-eligible practices  
 Not meeting threshold      Not enough individuals to be evaluated      Performance period 2017 meeting threshold      Threshold target direction  
 Performance period 2017 not meeting threshold     ↑

## Efficiency measures tied to payment

Your efficiency measure performance	Definition	Your quarterly performance															
<input checked="" type="checkbox"/> <b>ED visits / 1,000 members</b> <b>104 / 1,000 members</b> 390 ED visits Threshold: 150	The number of ED visits per 1,000 annualized members	<table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>105</td><td>110</td></tr> <tr><td>Jan-Jun</td><td>105</td><td>108</td></tr> <tr><td>Jan-Sep</td><td>103</td><td>106</td></tr> <tr><td>Jan-Dec</td><td>103</td><td>104</td></tr> </table>	Quarter	2016	2017	Jan-Mar	105	110	Jan-Jun	105	108	Jan-Sep	103	106	Jan-Dec	103	104
Quarter	2016	2017															
Jan-Mar	105	110															
Jan-Jun	105	108															
Jan-Sep	103	106															
Jan-Dec	103	104															
<input checked="" type="checkbox"/> <b>IP Admissions for ambulatory sensitive conditions / 1,000 members</b> <b>47 / 1,000 members</b> 170 IP admissions Threshold: 50	The number of IP admissions per 1,000 annualized members that are considered ambulatory care sensitive	<table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>45</td><td>47</td></tr> <tr><td>Jan-Jun</td><td>46</td><td>47</td></tr> <tr><td>Jan-Sep</td><td>46</td><td>47</td></tr> <tr><td>Jan-Dec</td><td>46</td><td>47</td></tr> </table>	Quarter	2016	2017	Jan-Mar	45	47	Jan-Jun	46	47	Jan-Sep	46	47	Jan-Dec	46	47
Quarter	2016	2017															
Jan-Mar	45	47															
Jan-Jun	46	47															
Jan-Sep	46	47															
Jan-Dec	46	47															
<input checked="" type="checkbox"/> <b>Generic Dispensing Rate</b> <b>93%</b> Threshold: 90%	The rate of generic prescriptions filled	<table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>91%</td><td>92%</td></tr> <tr><td>Jan-Jun</td><td>92%</td><td>93%</td></tr> <tr><td>Jan-Sep</td><td>92%</td><td>93%</td></tr> <tr><td>Jan-Dec</td><td>92%</td><td>93%</td></tr> </table>	Quarter	2016	2017	Jan-Mar	91%	92%	Jan-Jun	92%	93%	Jan-Sep	92%	93%	Jan-Dec	92%	93%
Quarter	2016	2017															
Jan-Mar	91%	92%															
Jan-Jun	92%	93%															
Jan-Sep	92%	93%															
Jan-Dec	92%	93%															
<input checked="" type="checkbox"/> <b>Inpatient mental health utilization</b> <b>1.0%</b> Threshold: 1.5%	The percentage of members of any age receiving inpatient mental health services from a hospital or treatment facility	<table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>1.0%</td><td>1.0%</td></tr> <tr><td>Jan-Jun</td><td>1.0%</td><td>1.0%</td></tr> <tr><td>Jan-Sep</td><td>1.0%</td><td>1.0%</td></tr> <tr><td>Jan-Dec</td><td>1.0%</td><td>1.0%</td></tr> </table>	Quarter	2016	2017	Jan-Mar	1.0%	1.0%	Jan-Jun	1.0%	1.0%	Jan-Sep	1.0%	1.0%	Jan-Dec	1.0%	1.0%
Quarter	2016	2017															
Jan-Mar	1.0%	1.0%															
Jan-Jun	1.0%	1.0%															
Jan-Sep	1.0%	1.0%															
Jan-Dec	1.0%	1.0%															
<input checked="" type="checkbox"/> <b>Episode of care measure</b> <b>tbd</b> Threshold: tbd%	Placeholder for an episode of care efficiency measure to be added	<table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>N/A</td><td>N/A</td></tr> <tr><td>Jan-Jun</td><td>N/A</td><td>N/A</td></tr> <tr><td>Jan-Sep</td><td>N/A</td><td>N/A</td></tr> <tr><td>Jan-Dec</td><td>N/A</td><td>N/A</td></tr> </table>	Quarter	2016	2017	Jan-Mar	N/A	N/A	Jan-Jun	N/A	N/A	Jan-Sep	N/A	N/A	Jan-Dec	N/A	N/A
Quarter	2016	2017															
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Jan-Jun	N/A	N/A															
Jan-Sep	N/A	N/A															
Jan-Dec	N/A	N/A															

Provider Name (Provider ID#)

Appendix

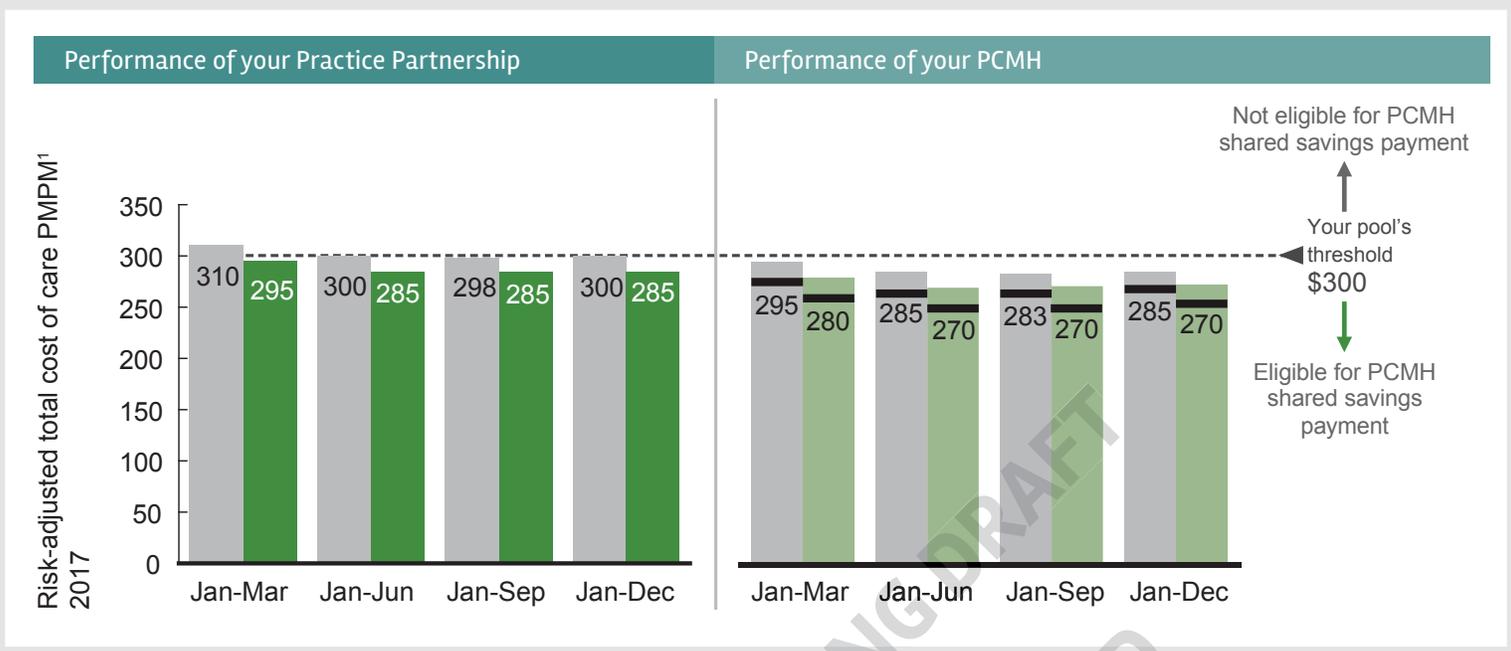
Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Tied to Payment

- Performance period 2017 meeting threshold
- Performance period 2017 not meeting threshold
- Performance period 2016
- 75th percentile for PCMH-eligible practices

## Total cost of care performance tied to payment



## PCMH shared savings payment calculation

Component	You	Description
1. Risk adjusted total cost of care	\$.###	For the performance period, the risk adjusted, per member total cost of care
2. Medium cost threshold	\$.###	The medium cost of threshold
3. Shared savings payment	\$.###	The initial savings eligible to a provider; equals line 2 - line 1
4. Shared savings percentage	##%	The shared savings percentage
5. Payment cap	\$.###	The maximum payment that can be shared with a PCMH
6. Shared savings payment after cap	\$.###	Shared savings eligible after comparison of calculated shared savings payment to the payment cap (line 4 to line 5); payment cap applied if shared savings > payment
7. Practice risk score	##	The average risk score of the practice
8. 6-month attributed member count	###	The number of 6-month attributed members
9. Total shared savings	\$.###	Total shared savings payment; equals line 6 x line 7 x line 8

1 Risk-adjusted TCOC PMPM includes PCMH PMPM payment for PCMH enrolled practices  
2 Payment is not calculated in this reporting period; it will be calculated at the end of the performance period

Provider Name (Provider ID#)

Appendix

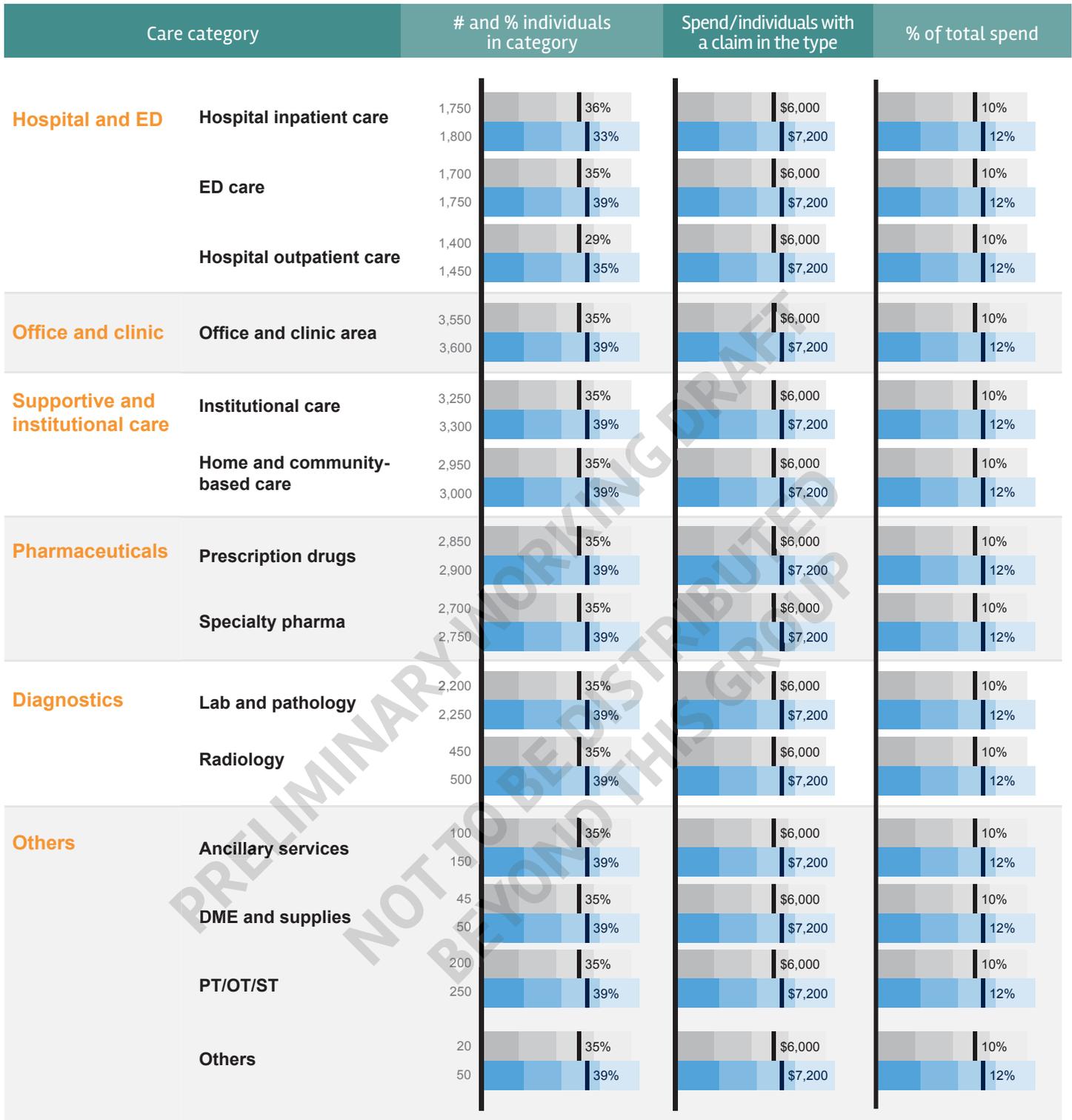
Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Not Tied to Payment

Jan-Dec 2016 performance 25<sup>th</sup> 50<sup>th</sup> 75<sup>th</sup> 2016 percentiles Jan-Dec 2017 performance 25<sup>th</sup> 50<sup>th</sup> 75<sup>th</sup> 2017 percentiles

## Care categories (Jan-Dec performance)



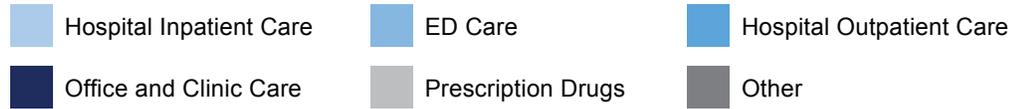
Provider Name (Provider ID#)

Appendix

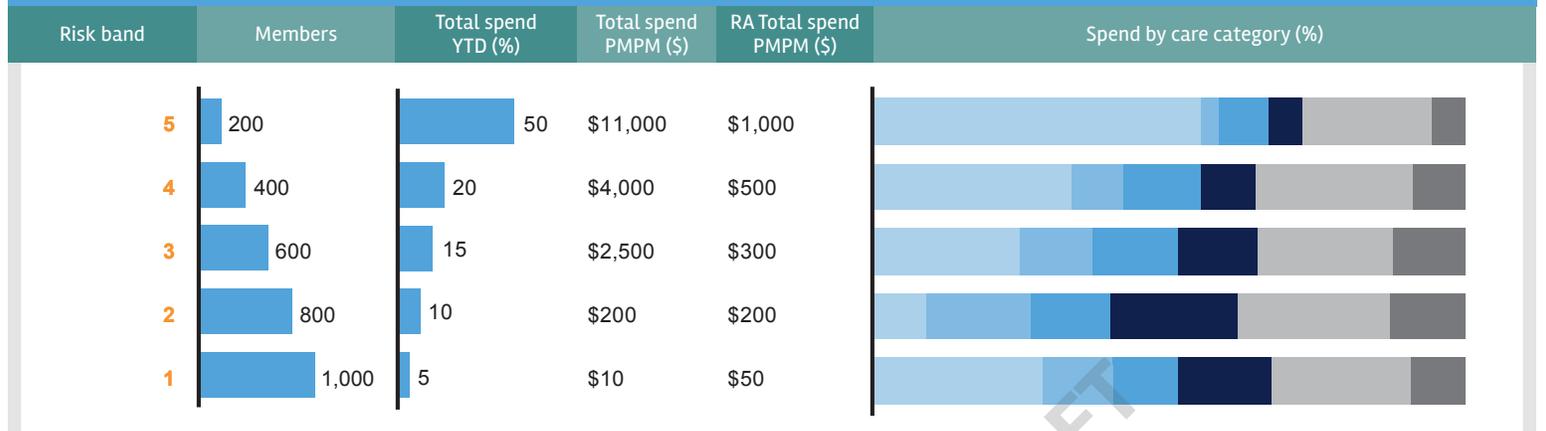
Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

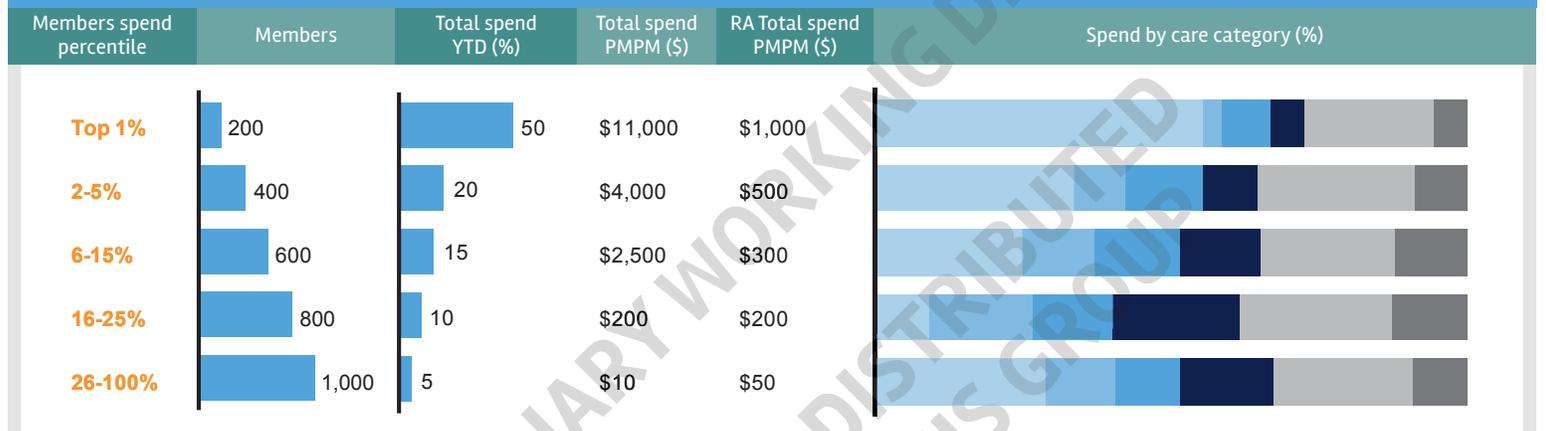
# Measures Not Tied to Payment: Spend by Panel Demographics



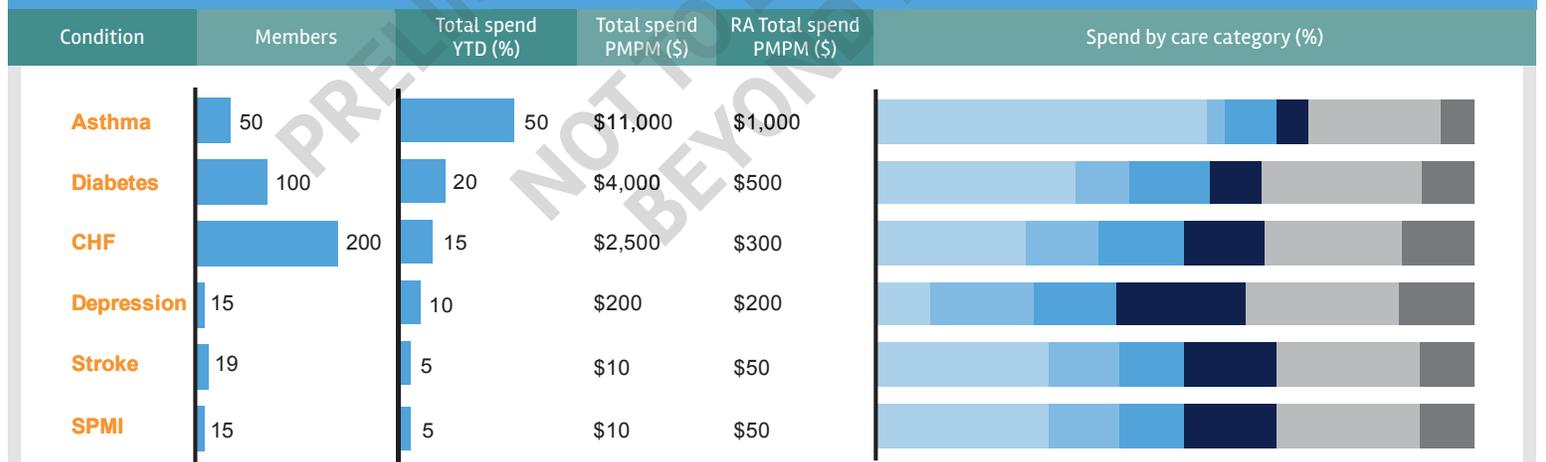
## Risk bands (Jan–Dec 2017 performance)



## Top spenders (Jan–Dec 2017 performance)



## Conditions (Jan–Dec 2017 performance)



Provider Name (Provider ID#)

Appendix

Q1 + Q2 + Q3 + Q4 2017

Reporting period covering services paid through 6/30/2018, with service dates between 1/1/2017 and 12/31/2017  
Standard processes and operational activities status based on provider portal entries

# Measures Not Tied to Payment: Efficiency by Panel Demographics

## Risk bands (Jan–Dec 2017 performance)

Risk band	Members	Members >=3 ED visits	Spend PMPM if >=3 visits	Members >=1 admission	Spend PMPM if >=1 admits	Members no PCP visits	Spend if no PCP visits
5	200	40	\$100	40	\$100	40	\$100
4	400	40	\$100	40	\$100	40	\$100
3	600	40	\$100	40	\$100	40	\$100
2	800	40	\$100	40	\$100	40	\$100
1	1,000	40	\$100	40	\$100	40	\$100

## Top spenders (Jan–Dec 2017 performance)

Members spend percentile	Members	Members >=3 ED visits	Spend PMPM if >=3 visits	Members >=1 admission	Spend PMPM if >=1 admits	Members no PCP visits	Spend if no PCP visits
Top 1%	200	40	\$100	40	\$100	40	\$100
2-5%	400	40	\$100	40	\$100	40	\$100
6-15%	600	40	\$100	40	\$100	40	\$100
16-25%	800	40	\$100	40	\$100	40	\$100
26-100%	1,000	40	\$100	40	\$100	40	\$100

## Conditions (Jan–Dec 2017 performance)

Condition	Members	Members >=3 ED visits	Spend PMPM if >=3 visits	Members >=1 admission	Spend PMPM if >=1 admits	Members no PCP visits	Spend if no PCP visits
Asthma	50	40	\$100	40	\$100	40	\$100
Diabetes	100	40	\$100	40	\$100	40	\$100
CHF	200	40	\$100	40	\$100	40	\$100
Depression	15	40	\$100	40	\$100	40	\$100
Stroke	19	40	\$100	40	\$100	40	\$100
SPMI	15	40	\$100	40	\$100	40	\$100