



Ohio

Department of Medicaid

PCMH Quarterly Progress Report

Provider name

Q1 + Q2 2017

Reporting period covering services paid through 6/30/2017, with service dates between 1/1/2017 and 6/30/2017
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 2017

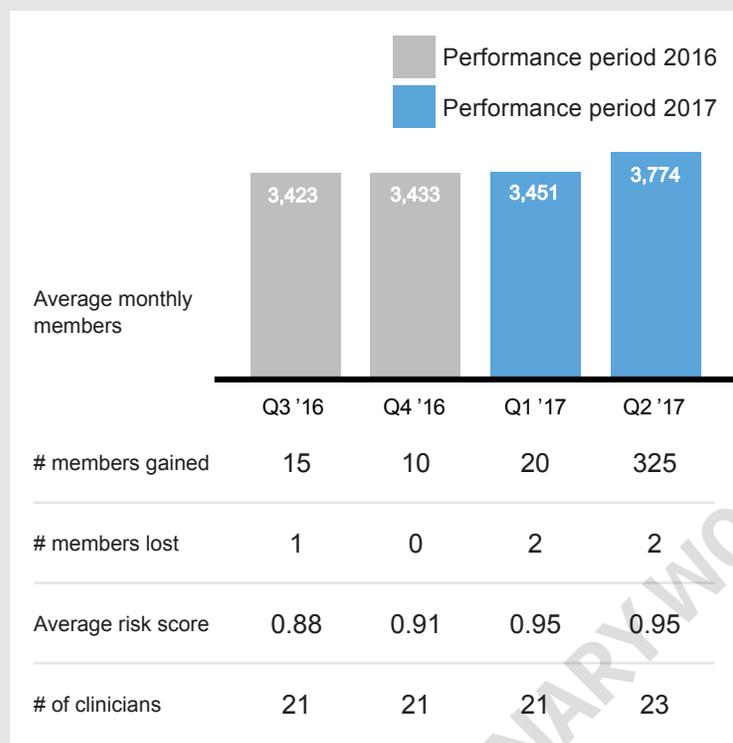
Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
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PCMH Performance Summary

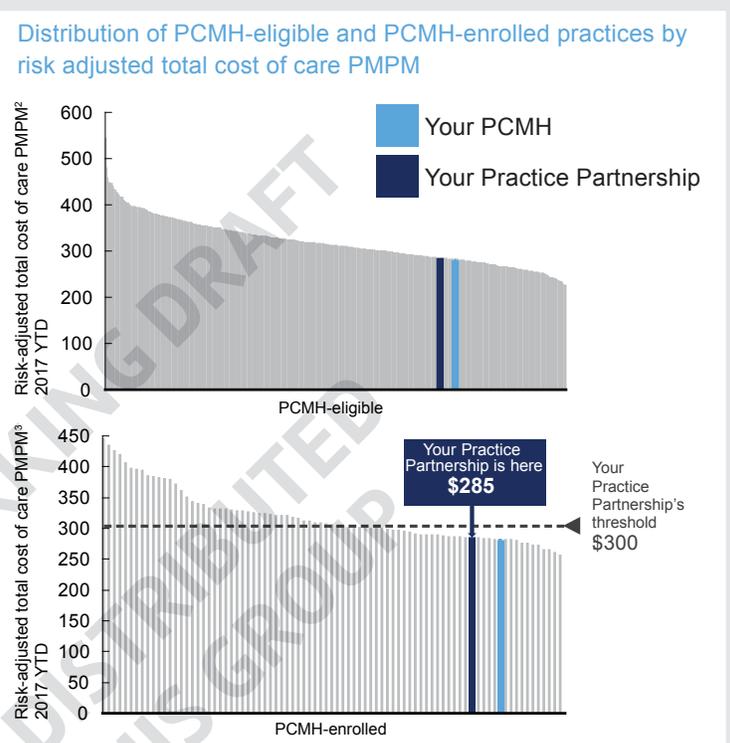
Your payment eligibility

| | PCMH PMPM | | PCMH Shared Savings Payment |
|--------------------------|---|-----------------------|--|
| Your payment eligibility |  Congratulations! You are eligible for this payment based on last year's performance | | Eligibility for this payment will be determined at the end of the performance period |
| Your payment amounts | \$45,290 This quarter | \$127,902 2017 YTD | N/A ¹ |

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 | N/A ¹ | 8/8 | N/A ¹ | 8/8 |
| Quality measures | 3, 4, 9 | N/A ¹ | ≥75% | N/A ¹ | ≥75% |
| Efficiency measures | 3, 6, 13 | N/A ¹ | ≥75% | Not scored for this payment stream | |
| Total cost of care | 3, 6, 14 | Not scored for this payment stream | | N/A ¹ | <\$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

Performance Summary **Q1 + Q2 2017**

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
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PCMH Performance Summary: Measure Summary

- Enough individuals to be evaluated Jan-Jun 2017 Performance meeting threshold
- Not enough individuals to be evaluated Jan-Jun 2017 Performance not meeting threshold

| Quality measures tied to payment | | Meeting 5/20 quality measures | |
|---|---|---------------------------------|-----------|
| | | Your performance | Threshold |
| Pediatric health | <input checked="" type="checkbox"/> Well-Child Visits in the First 15 Months of Life | 40% | ≥ 63% |
| | <input checked="" type="checkbox"/> Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 50% | ≥ 88% |
| | <input checked="" type="checkbox"/> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | 35% | ≥ 52% |
| | <input checked="" type="checkbox"/> Adolescent Well-Care Visits | 32% | ≥ 43% |
| Women's health | <input checked="" type="checkbox"/> Timeliness of Prenatal Care | 96% | ≥ 92% |
| | <input checked="" type="checkbox"/> Live Births Weighing Less than 2,500 grams | 4% | ≤ 8% |
| | <input checked="" type="checkbox"/> Postpartum Care | 88% | ≥ 84% |
| | <input checked="" type="checkbox"/> Cervical Cancer Screening | 62% | ≥ 76% |
| | <input checked="" type="checkbox"/> Breast Cancer Screening | 45% | ≥ 73% |
| Adult health | <input checked="" type="checkbox"/> Adult BMI Assessment | 40% | ≥ 69% |
| | <input checked="" type="checkbox"/> Comprehensive Diabetes Care: HbA1c Testing | 86% | ≥ 92% |
| | <input checked="" type="checkbox"/> Comprehensive Diabetes Care: Poor Control (>9%) | 27% | ≤ 24% |
| | <input checked="" type="checkbox"/> Comprehensive Diabetes Care: Eye Exam | 60% | ≥ 61% |
| | <input checked="" type="checkbox"/> Controlling High Blood Pressure | 67% | ≥ 66% |
| | <input checked="" type="checkbox"/> Statin Therapy for Patients With Cardiovascular Disease | 84% | ≥ 75% |
| | <input checked="" type="checkbox"/> Medication Management for People With Asthma | 35% | ≥ 48% |
| Behavioral health | <input checked="" type="checkbox"/> Antidepressant Medication Management | 30% | ≥ 68% |
| | <input checked="" type="checkbox"/> Follow-Up After Hospitalization for Mental Illness | 44% | ≥ 58% |
| | <input checked="" type="checkbox"/> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | 9% | ≥ 14% |
| | <input checked="" type="checkbox"/> Tobacco Use: Screening & Cessation Intervention | 45% | ≥ 76% |
| Efficiency measures tied to payment | | Meeting 5/5 efficiency measures | |
| Efficiency | <input checked="" type="checkbox"/> ED Visits / 1,000 members | 108 | ≤ 150 |
| | <input checked="" type="checkbox"/> IP Admissions for ambulatory sensitive conditions / 1,000 members | 47 | ≤ 50 |
| | <input checked="" type="checkbox"/> Generic Dispensing Rate | 93% | ≥ 90% |
| | <input checked="" type="checkbox"/> Inpatient Mental Health Utilization | 1% | ≤ 1.5% |
| | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> Risk-adjusted Total Cost of Care PMPM | \$285 | \$300 |

Provider Name (Provider ID#)

Performance Summary Q1 + Q2 2017

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

PCMH Performance Summary: Payer-Level Detail

- Enough individuals to be evaluated
- Not enough individuals to be evaluated
- Individual payer performance
- Cross-payer performance meeting threshold
- Cross-payer performance not meeting threshold
- Threshold
- Threshold target direction

Your PCMH panel composition in Q2 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-Jun 2017 performance)

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid |
|------------------|--|----------|---------|------------|--------|-----------|-------------------|---|
| Pediatric health | <input checked="" type="checkbox"/> Well-Child Visits in the First 15 Months of Life | 40% | 40% | 40% | N/A | 40% | 40% | 40% ◀63% ↑ |
| | <input checked="" type="checkbox"/> Well-Child Visits in the Third, Fourth, Fifth and Sixth Years | 50% | 50% | 50% | N/A | 50% | 50% | 50% ◀88% ↑ |
| | <input checked="" type="checkbox"/> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ | 35% | 35% | 35% | N/A | 35% | 35% | 35% ◀52% ↑ |
| | <input checked="" type="checkbox"/> Adolescent Well-Care Visits | 32% | 32% | 32% | N/A | 32% | 32% | 32% ◀43% ↑ |
| Women's health | <input checked="" type="checkbox"/> Timeliness of Prenatal Care | 96% | 96% | 96% | N/A | 96% | 96% | 96% ◀92% ↑ |
| | <input checked="" type="checkbox"/> Live Births Weighing Less than 2,500 grams | 4% | 4% | 4% | N/A | 4% | 4% | 4% ◀8% ↓ |
| | <input checked="" type="checkbox"/> Postpartum Care | 88% | 88% | 88% | N/A | 88% | 88% | 88% ◀84% ↑ |
| | <input checked="" type="checkbox"/> Cervical Cancer Screening | 78% | 78% | 78% | N/A | 78% | 78% | 78% ◀76% ↑ |
| | <input checked="" type="checkbox"/> Breast Cancer Screening | 45% | 45% | 45% | N/A | 45% | 45% | 45% ◀73% ↑ |

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

Provider Name (Provider ID#)

Performance Summary

Q1 + Q2 2017

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- Enough individuals to be evaluated
- Not enough individuals to be evaluated
- Individual payer performance
- Cross-payer performance meeting threshold
- Cross-payer performance not meeting threshold
- Threshold
- Threshold target direction

Quality measures tied to payment (Jan-Jun 2017 performance)

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid | Target | Direction |
|-------------------|--|----------|---------|------------|--------|-----------|-------------------|----------------|--------|-----------|
| Adult health | <input checked="" type="checkbox"/> Adult BMI Assessment | 40% | 40% | 40% | N/A | 40% | 40% | 40% | 69% | ↑ |
| | <input checked="" type="checkbox"/> Comprehensive Diabetes Care: HbA1c Testing | 86% | 86% | 86% | N/A | 86% | 86% | 86% | 92% | ↑ |
| | <input checked="" type="checkbox"/> Comprehensive Diabetes Care: Poor Control (>9%) | 27% | 27% | 27% | N/A | 27% | 27% | 27% | 24% | ↓ |
| | <input checked="" type="checkbox"/> Comprehensive Diabetes Care: Eye Exam | 60% | 60% | 60% | N/A | 60% | 60% | 60% | 61% | ↑ |
| | <input checked="" type="checkbox"/> Controlling High Blood Pressure | 67% | 67% | 67% | N/A | 67% | 67% | 67% | 66% | ↑ |
| | <input checked="" type="checkbox"/> Statin Therapy for Patients With Cardiovascular Disease | 84% | 84% | 84% | N/A | 84% | 84% | 84% | 75% | ↑ |
| | <input checked="" type="checkbox"/> Medication Management for People With Asthma | 35% | 35% | 35% | N/A | 35% | 35% | 35% | 48% | ↑ |
| Behavioral health | <input checked="" type="checkbox"/> Antidepressant Medication Management | 30% | 30% | 30% | N/A | 30% | 30% | 30% | 68% | ↑ |
| | <input checked="" type="checkbox"/> Follow-Up After Hospitalization for Mental Illness | 44% | 44% | 44% | N/A | 44% | 44% | 44% | 58% | ↑ |
| | <input checked="" type="checkbox"/> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | 9% | 9% | 9% | N/A | 9% | 9% | 9% | 14% | ↑ |
| | <input checked="" type="checkbox"/> Tobacco Use: Screening & Cessation Intervention | 45% | 45% | 45% | N/A | 45% | 45% | 45% | 76% | ↑ |

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

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PCMH Performance Summary: Payer–Level Detail

- Enough individuals to be evaluated
- Not enough individuals to be evaluated
- Individual payer performance
- Cross-payer performance meeting threshold
- Cross-payer performance not meeting threshold
- Threshold
- Threshold target direction

Efficiency measures tied to payment (Jan–Jun 2017 performance)

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid | |
|-------------------|---|----------|---------|------------|--------|-----------|-------------------|----------------|---------|
| Efficiency | <input checked="" type="checkbox"/> ED visits / 1,000 members | 108 | 108 | 108 | N/A | 108 | 108 | 108 | ◀150 ↓ |
| | <input checked="" type="checkbox"/> IP Admissions for ambulatory sensitive conditions / 1,000 members | 47 | 47 | 47 | N/A | 47 | 47 | 47 | ◀50 ↓ |
| | <input checked="" type="checkbox"/> Generic dispensing rate | 93% | 93% | 93% | N/A | 93% | 93% | 93% | ◀90% ↑ |
| | <input checked="" type="checkbox"/> Inpatient Mental Health Utilization | 1% | 1% | 1% | N/A | 1% | 1% | 1% | ◀1.5% ↓ |
| | <input checked="" type="checkbox"/> Episode of Care Measure | N/A | N/A | N/A | N/A | N/A | N/A | N/A | ◀tbd |

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

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid | |
|---------------------------|--|----------|---------|------------|--------|-----------|-------------------|----------------|----------|
| Total Cost of Care | <input checked="" type="checkbox"/> Risk-adjusted Total Cost | \$285 | \$285 | \$285 | N/A | \$285 | \$285 | \$285 | ◀\$300 ↓ |

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 2017

Page 8 Measures Tied to Payment

Page 15 Measures Not Tied to Payment

PRELIMINARY WORKING DRAFT
NOT TO BE DISTRIBUTED
BEYOND THIS GROUP

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
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 |
|---|--------------------|--------------------------|---------------|
| 1. Same day appointments The practice provides same-day access to a practitioner connected to the PCMH who can diagnose and treat | N/A | <input type="checkbox"/> | 12/31/2017 |
| 2. 24/7 access to care 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 | N/A | <input type="checkbox"/> | 12/31/2017 |
| 3. Risk stratification 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 | N/A | <input type="checkbox"/> | 12/31/2017 |
| 4. Population management 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 | N/A | <input type="checkbox"/> | 12/31/2017 |
| 5. Team-based care management 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 | N/A | <input type="checkbox"/> | 12/31/2017 |
| 6. Follow up after hospital discharge Percentage of high priority beneficiaries who had an acute inpatient hospital stay and had follow up contact within 1 week | N/A | <input type="checkbox"/> | 12/31/2017 |
| 7. Tracking of follow up tests and specialist referrals The practice has a documented process for and demonstrates that it: <ul style="list-style-type: none"> ▪ Asks about self-referrals and requests reports from clinicians ▪ Tracks lab tests and imaging tests until results are available, flagging and following up on overdue results ▪ Tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports ▪ Tracks fulfillment of pharmacy prescriptions where data is available | N/A | <input type="checkbox"/> | 12/31/2017 |
| 8. Patient experience 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) | N/A | <input type="checkbox"/> | 12/31/2017 |

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Appendix

Q1 + Q2 2017

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Standard processes and operational activities status based on provider portal entries

Measures Tied to Payment

Enough individuals to be evaluated
 Not 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

Quality measures tied to payment

Pediatric health

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

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Measures Tied to Payment

- Enough individuals to be evaluated
- Not 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

Quality measures tied to payment

Women's health

| Your quality measure performance | Definition | Your quarterly performance | | | | | | | | | | | | | | | |
|--|---|---|---------|------|------|---------|-----|-----|---------|-----|-----|---------|-----|---|---------|-----|---|
| <input checked="" type="checkbox"/> Timeliness of Prenatal Care 96% 96/100 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>96%</td> </tr> <tr> <td>Jan-Jun</td> <td>97%</td> <td>96%</td> </tr> <tr> <td>Jan-Sep</td> <td>96%</td> <td>-</td> </tr> <tr> <td>Jan-Dec</td> <td>96%</td> <td>-</td> </tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 96% | 96% | Jan-Jun | 97% | 96% | Jan-Sep | 96% | - | Jan-Dec | 96% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 96% | 96% | | | | | | | | | | | | | | | |
| Jan-Jun | 97% | 96% | | | | | | | | | | | | | | | |
| Jan-Sep | 96% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 96% | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Live Births Weighing Less than 2,500 grams 4% 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>-</td> </tr> <tr> <td>Jan-Dec</td> <td>4%</td> <td>-</td> </tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 3% | 4% | Jan-Jun | 4% | 4% | Jan-Sep | 4% | - | Jan-Dec | 4% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 3% | 4% | | | | | | | | | | | | | | | |
| Jan-Jun | 4% | 4% | | | | | | | | | | | | | | | |
| Jan-Sep | 4% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 4% | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Postpartum Care 88% 88/100 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>-</td> </tr> <tr> <td>Jan-Dec</td> <td>78%</td> <td>-</td> </tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 77% | 78% | Jan-Jun | 78% | 88% | Jan-Sep | 78% | - | Jan-Dec | 78% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 77% | 78% | | | | | | | | | | | | | | | |
| Jan-Jun | 78% | 88% | | | | | | | | | | | | | | | |
| Jan-Sep | 78% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 78% | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Cervical Cancer Screening 45% 45/100 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>-</td> </tr> <tr> <td>Jan-Dec</td> <td>80%</td> <td>-</td> </tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 30% | 32% | Jan-Jun | 60% | 62% | Jan-Sep | 75% | - | Jan-Dec | 80% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 30% | 32% | | | | | | | | | | | | | | | |
| Jan-Jun | 60% | 62% | | | | | | | | | | | | | | | |
| Jan-Sep | 75% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 80% | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Breast Cancer Screening 45% 45/100 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>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>-</td> </tr> <tr> <td>Jan-Dec</td> <td>70%</td> <td>-</td> </tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 21% | 23% | Jan-Jun | 43% | 45% | Jan-Sep | 64% | - | Jan-Dec | 70% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 21% | 23% | | | | | | | | | | | | | | | |
| Jan-Jun | 43% | 45% | | | | | | | | | | | | | | | |
| Jan-Sep | 64% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 70% | - | | | | | | | | | | | | | | | |

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

Measures Tied to Payment

Enough individuals to be evaluated
 Not 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

Quality measures tied to payment

Adult health

| Your quality measure performance | Definition | Your quarterly performance | | | | | | | | | | | | | | | | | | |
|--|---|---|---------|------|------|---------|-----|-----|---------|-----|-----|---------|-----|---|---------|-----|---|-----------|-----|--|
| <input checked="" type="checkbox"/> Adult BMI Assessment 40% 40/100 members Threshold: 69% | The percentage of members 18–74 years of age whose BMI was documented | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <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>-</td></tr> <tr><td>Jan-Dec</td><td>75%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">69%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 19% | 21% | Jan-Jun | 38% | 40% | Jan-Sep | 56% | - | Jan-Dec | 75% | - | Threshold | 69% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 19% | 21% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 38% | 40% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 56% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 75% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 69% | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Comprehensive Diabetes Care: HbA1c Testing 35% 35/100 members Threshold: 92% | The percentage of members 18–75 years of age with diabetes who had Hemoglobin A1c (HbA1c) testing | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>78%</td><td>80%</td></tr> <tr><td>Jan-Jun</td><td>84%</td><td>86%</td></tr> <tr><td>Jan-Sep</td><td>87%</td><td>-</td></tr> <tr><td>Jan-Dec</td><td>83%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">92%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 78% | 80% | Jan-Jun | 84% | 86% | Jan-Sep | 87% | - | Jan-Dec | 83% | - | Threshold | 92% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 78% | 80% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 84% | 86% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 87% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 83% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 92% | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Comprehensive Diabetes Care: Poor Control (>9%) 27% 27/100 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%) | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>45%</td><td>37%</td></tr> <tr><td>Jan-Jun</td><td>40%</td><td>27%</td></tr> <tr><td>Jan-Sep</td><td>35%</td><td>-</td></tr> <tr><td>Jan-Dec</td><td>27%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">24%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 45% | 37% | Jan-Jun | 40% | 27% | Jan-Sep | 35% | - | Jan-Dec | 27% | - | Threshold | 24% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 45% | 37% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 40% | 27% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 35% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 27% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 24% | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Comprehensive Diabetes Care: Eye Exam 35% 35/100 members Threshold: 61% | The percentage of members 18–75 years of age with diabetes who had an eye exam (retinal) performed | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>53%</td><td>55%</td></tr> <tr><td>Jan-Jun</td><td>58%</td><td>60%</td></tr> <tr><td>Jan-Sep</td><td>62%</td><td>-</td></tr> <tr><td>Jan-Dec</td><td>63%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">61%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 53% | 55% | Jan-Jun | 58% | 60% | Jan-Sep | 62% | - | Jan-Dec | 63% | - | Threshold | 61% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 53% | 55% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 58% | 60% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 62% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 63% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 61% | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Controlling High Blood Pressure 67% 67/100 members Threshold: 66% | Percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>30%</td><td>52%</td></tr> <tr><td>Jan-Jun</td><td>50%</td><td>67%</td></tr> <tr><td>Jan-Sep</td><td>68%</td><td>-</td></tr> <tr><td>Jan-Dec</td><td>68%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">66%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 30% | 52% | Jan-Jun | 50% | 67% | Jan-Sep | 68% | - | Jan-Dec | 68% | - | Threshold | 66% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 30% | 52% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 50% | 67% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 68% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 68% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 66% | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Statin Therapy for Patients With Cardiovascular Disease 84% 84/100 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 | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <tr><td>Jan-Mar</td><td>80%</td><td>82%</td></tr> <tr><td>Jan-Jun</td><td>82%</td><td>84%</td></tr> <tr><td>Jan-Sep</td><td>85%</td><td>-</td></tr> <tr><td>Jan-Dec</td><td>90%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">75%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 80% | 82% | Jan-Jun | 82% | 84% | Jan-Sep | 85% | - | Jan-Dec | 90% | - | Threshold | 75% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 80% | 82% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 82% | 84% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 85% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 90% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 75% | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Medication Management for People With Asthma 35% 35/100 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 | <table border="1"> <tr><th>Quarter</th><th>2016</th><th>2017</th></tr> <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>-</td></tr> <tr><td>Jan-Dec</td><td>55%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">48%</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 16% | 18% | Jan-Jun | 33% | 35% | Jan-Sep | 49% | - | Jan-Dec | 55% | - | Threshold | 48% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 16% | 18% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 33% | 35% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 49% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 55% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 48% | | | | | | | | | | | | | | | | | | | |

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

Measures Tied to Payment

- Enough individuals to be evaluated
- Not 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

Quality measures tied to payment

Behavioral health

| Your quality measure performance | Definition | Your quarterly performance | | | | | | | | | | | | | | | | | | |
|--|--|--|---------|------|------|---------|-----|-----|---------|-----|-----|---------|-----|---|---------|-----|---|-----------|-----|--|
| <p><input checked="" type="checkbox"/> Antidepressant Medication Management</p> <p>30% 30/100 members Threshold: 68%</p> | <p>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)</p> | <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>-</td></tr> <tr><td>Jan-Dec</td><td>55%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">68%</td></tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 14% | 16% | Jan-Jun | 28% | 30% | Jan-Sep | 41% | - | Jan-Dec | 55% | - | Threshold | 68% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 14% | 16% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 28% | 30% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 41% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 55% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 68% | | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Follow-Up After Hospitalization for Mental Illness</p> <p>44% 44/100 discharges Threshold: 58%</p> | <p>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</p> | <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>-</td></tr> <tr><td>Jan-Dec</td><td>65%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">58%</td></tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 40% | 44% | Jan-Jun | 42% | 44% | Jan-Sep | 43% | - | Jan-Dec | 65% | - | Threshold | 58% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 40% | 44% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 42% | 44% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 43% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 65% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 58% | | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</p> <p>9% 9/100 members Threshold: 14%</p> | <p>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</p> | <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>-</td></tr> <tr><td>Jan-Dec</td><td>8%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">14%</td></tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 10% | 9% | Jan-Jun | 9% | 9% | Jan-Sep | 8% | - | Jan-Dec | 8% | - | Threshold | 14% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 10% | 9% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 9% | 9% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 8% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 8% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 14% | | | | | | | | | | | | | | | | | | | |
| <p><input checked="" type="checkbox"/> Tobacco Use: Screening & Cessation Intervention</p> <p>45% 45/100 members Threshold: 76%</p> | <p>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</p> | <table border="1"> <caption>Tobacco Use: Screening & 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>-</td></tr> <tr><td>Jan-Dec</td><td>85%</td><td>-</td></tr> <tr><td>Threshold</td><td colspan="2">76%</td></tr> </tbody> </table> | Quarter | 2016 | 2017 | Jan-Mar | 21% | 23% | Jan-Jun | 43% | 45% | Jan-Sep | 64% | - | Jan-Dec | 85% | - | Threshold | 76% | |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | | | | |
| Jan-Mar | 21% | 23% | | | | | | | | | | | | | | | | | | |
| Jan-Jun | 43% | 45% | | | | | | | | | | | | | | | | | | |
| Jan-Sep | 64% | - | | | | | | | | | | | | | | | | | | |
| Jan-Dec | 85% | - | | | | | | | | | | | | | | | | | | |
| Threshold | 76% | | | | | | | | | | | | | | | | | | | |

Provider Name (Provider ID#)

Appendix

Q1 + Q2 2017

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

Measures Tied to Payment

Enough individuals to be evaluated
 Not 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

Efficiency measures tied to payment

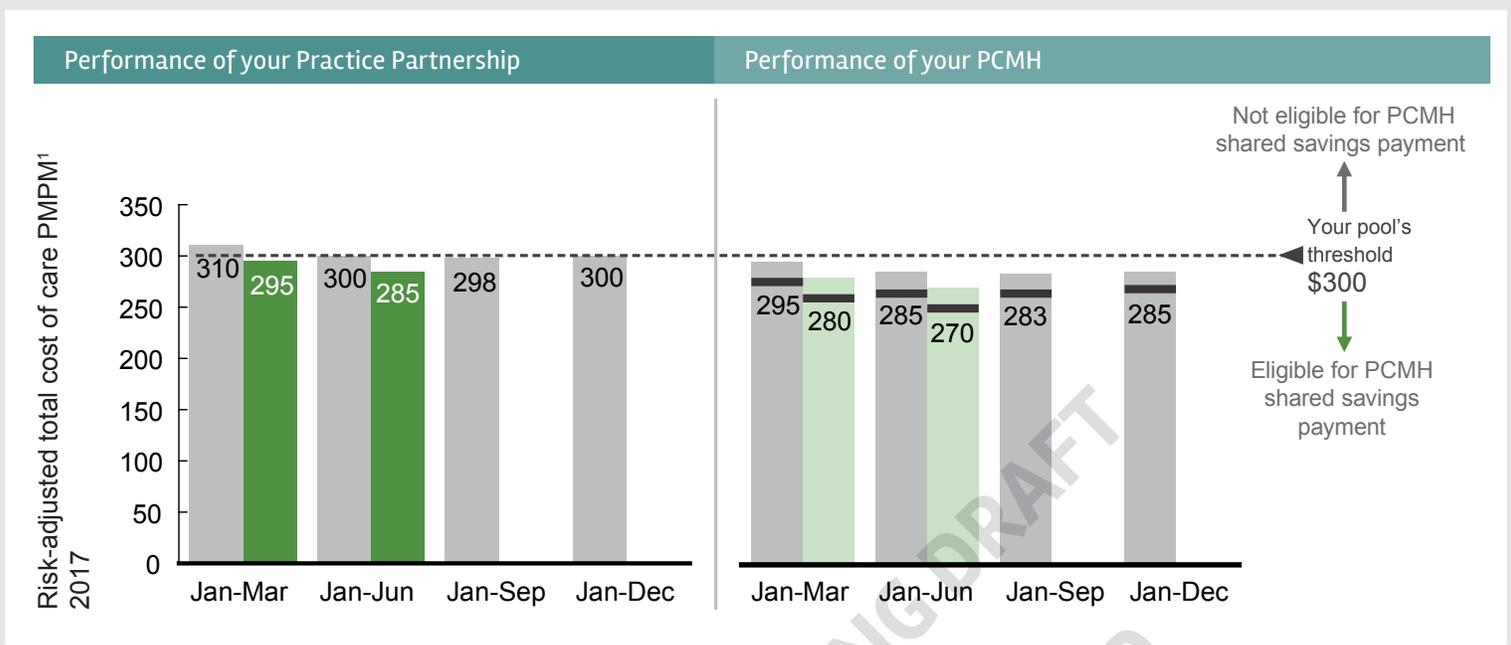
| Your efficiency measure performance | Definition | Your quarterly performance | | | | | | | | | | | | | | | |
|---|---|--|---------|------|------|---------|------|------|---------|------|------|---------|------|---|---------|------|---|
| <input checked="" type="checkbox"/> ED visits / 1,000 members 108 / 1,000 members 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>-</td></tr> <tr><td>Jan-Dec</td><td>103</td><td>-</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 105 | 110 | Jan-Jun | 105 | 108 | Jan-Sep | 103 | - | Jan-Dec | 103 | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 105 | 110 | | | | | | | | | | | | | | | |
| Jan-Jun | 105 | 108 | | | | | | | | | | | | | | | |
| Jan-Sep | 103 | - | | | | | | | | | | | | | | | |
| Jan-Dec | 103 | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> IP Admissions for ambulatory sensitive conditions / 1,000 members 47 / 1,000 members 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>-</td></tr> <tr><td>Jan-Dec</td><td>46</td><td>-</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 45 | 47 | Jan-Jun | 46 | 47 | Jan-Sep | 46 | - | Jan-Dec | 46 | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 45 | 47 | | | | | | | | | | | | | | | |
| Jan-Jun | 46 | 47 | | | | | | | | | | | | | | | |
| Jan-Sep | 46 | - | | | | | | | | | | | | | | | |
| Jan-Dec | 46 | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Generic dispensing rate 93% 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>-</td></tr> <tr><td>Jan-Dec</td><td>92%</td><td>-</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 91% | 92% | Jan-Jun | 92% | 93% | Jan-Sep | 92% | - | Jan-Dec | 92% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 91% | 92% | | | | | | | | | | | | | | | |
| Jan-Jun | 92% | 93% | | | | | | | | | | | | | | | |
| Jan-Sep | 92% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 92% | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Inpatient mental health utilization 1.0% 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>-</td></tr> <tr><td>Jan-Dec</td><td>1.0%</td><td>-</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | 1.0% | 1.0% | Jan-Jun | 1.0% | 1.0% | Jan-Sep | 1.0% | - | Jan-Dec | 1.0% | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | 1.0% | 1.0% | | | | | | | | | | | | | | | |
| Jan-Jun | 1.0% | 1.0% | | | | | | | | | | | | | | | |
| Jan-Sep | 1.0% | - | | | | | | | | | | | | | | | |
| Jan-Dec | 1.0% | - | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Episode of care measure tbd Threshold: tbd% | Placeholder for an episode of care efficiency measure to be added | <p>N/A N/A N/A N/A N/A N/A</p> <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>-</td></tr> <tr><td>Jan-Dec</td><td>N/A</td><td>-</td></tr> </table> | Quarter | 2016 | 2017 | Jan-Mar | N/A | N/A | Jan-Jun | N/A | N/A | Jan-Sep | N/A | - | Jan-Dec | N/A | - |
| Quarter | 2016 | 2017 | | | | | | | | | | | | | | | |
| Jan-Mar | N/A | N/A | | | | | | | | | | | | | | | |
| Jan-Jun | N/A | N/A | | | | | | | | | | | | | | | |
| Jan-Sep | N/A | - | | | | | | | | | | | | | | | |
| Jan-Dec | N/A | - | | | | | | | | | | | | | | | |

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

Measures Tied to Payment

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

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 | NA ² | 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

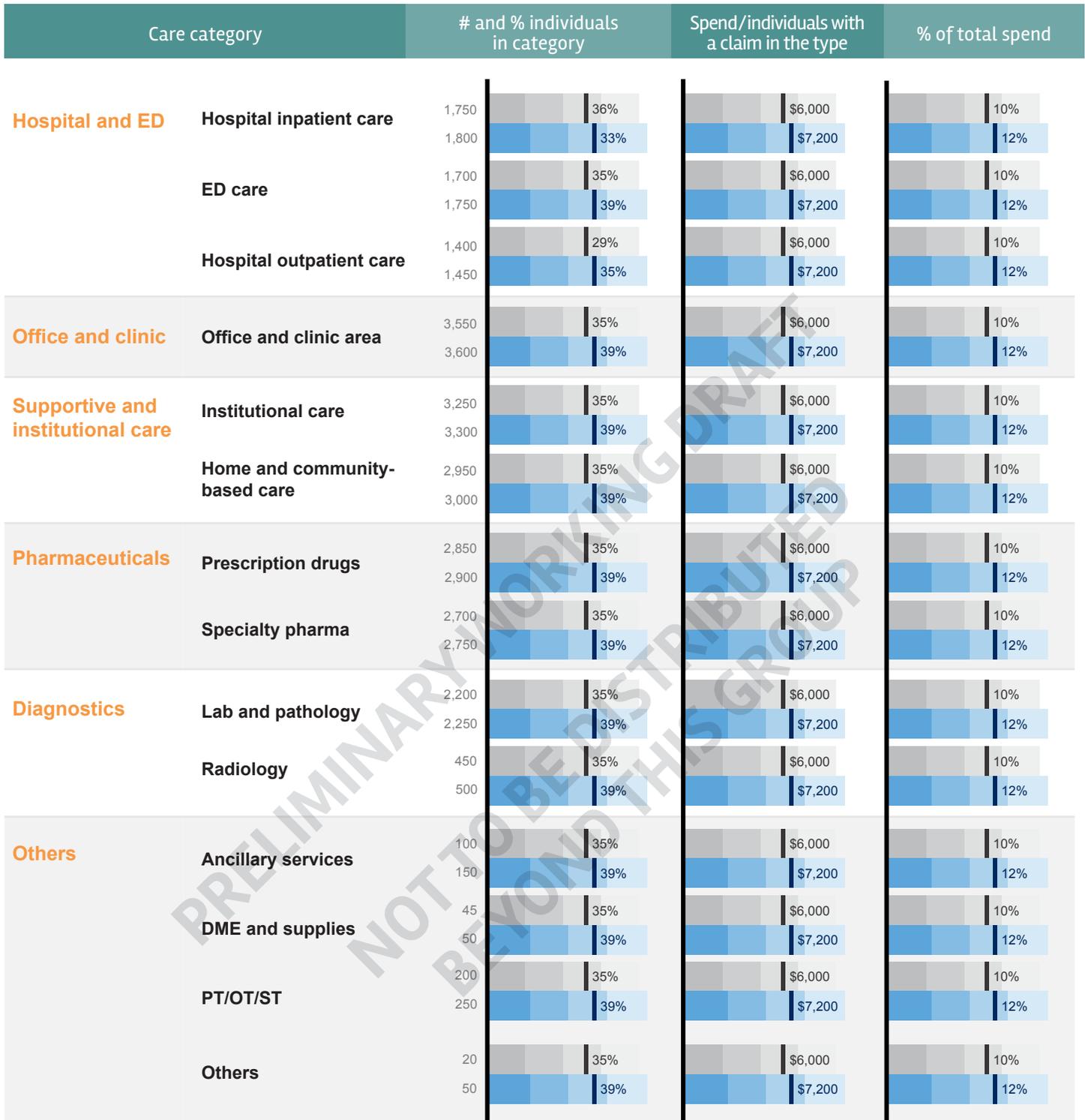
Q1 + Q2 2017

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

Measures Not Tied to Payment

Jan-Jun 2016 performance 25th 50th 75th 2016 percentiles Jan-Jun 2017 performance 25th 50th 75th 2017 percentiles

Care categories (Jan-Jun performance)



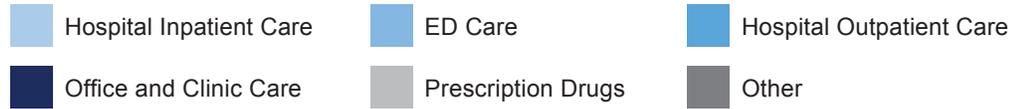
Provider Name (Provider ID#)

Appendix

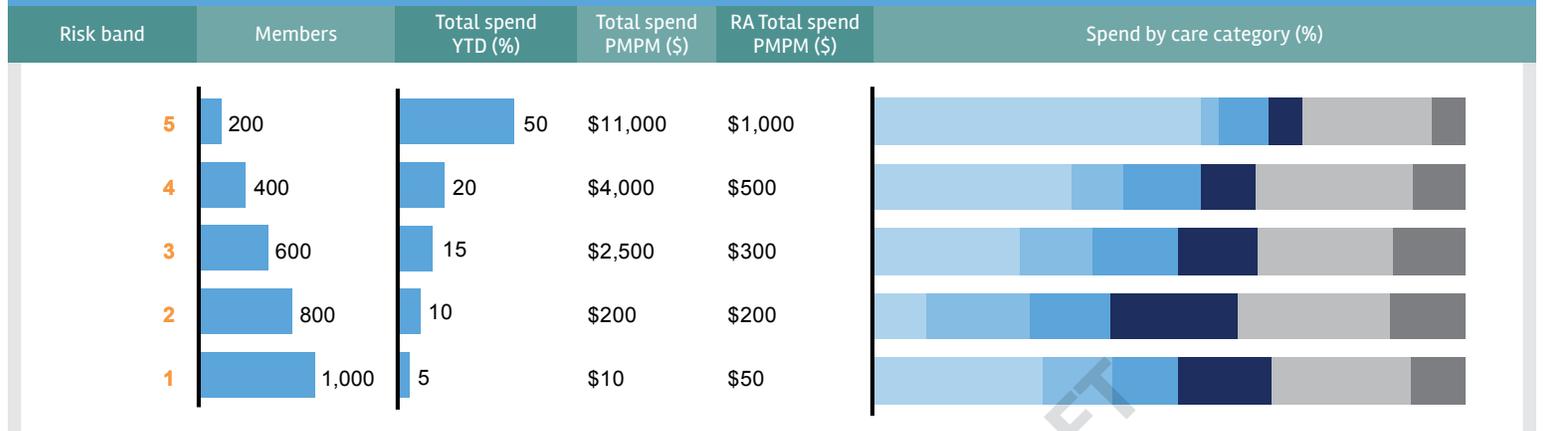
Q1 + Q2 2017

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

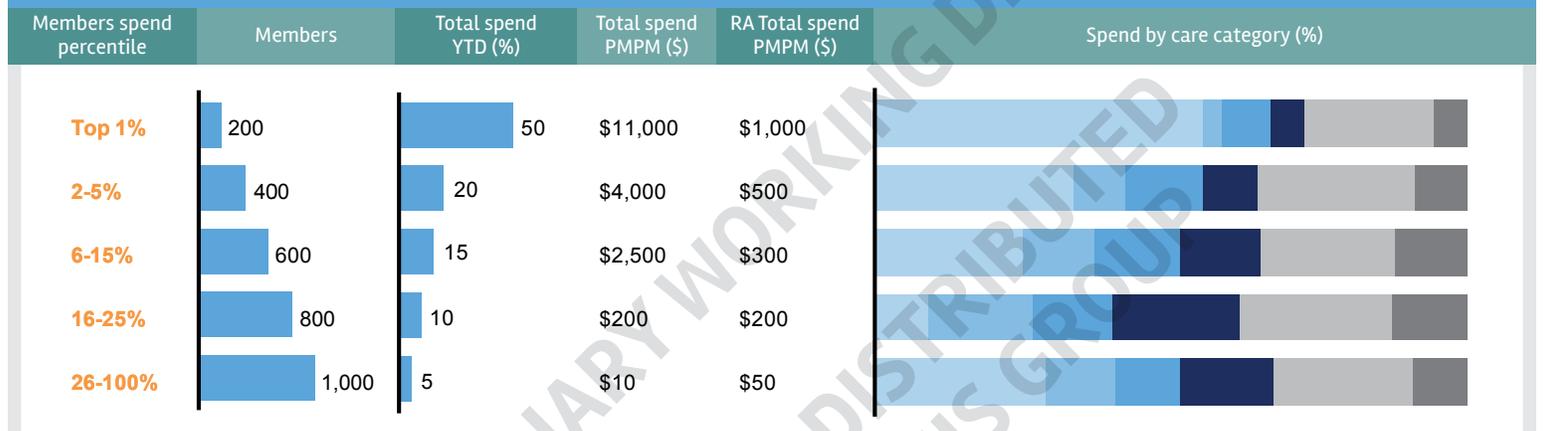
Measures Not Tied to Payment: Spend by Panel Demographics



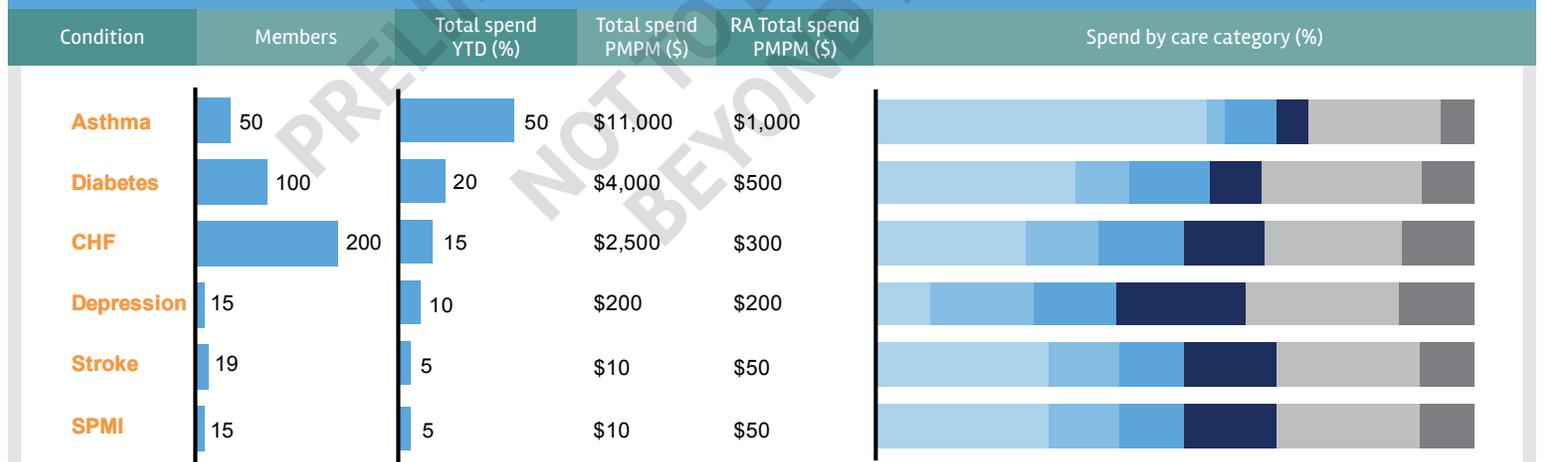
Risk bands (Jan–Jun 2017 performance)



Top spenders (Jan–Jun 2017 performance)



Conditions (Jan–Jun 2017 performance)



Provider Name (Provider ID#)

Appendix

Q1 + Q2 2017

Reporting period covering services paid through 6/30/2017 for service dates between 1/1/2017 to 6/30/2017
Standard processes and operational activities status based on provider portal entries

Measures Not Tied to Payment: Efficiency by Panel Demographics

Risk bands (Jan–Jun 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–Jun 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–Jun 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 |