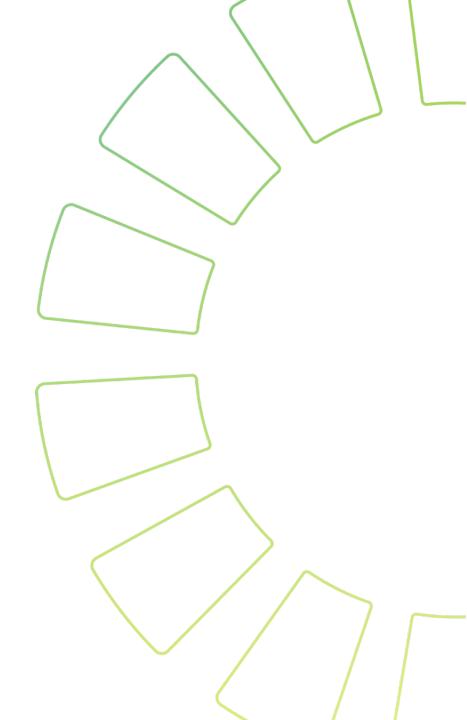
2019 Vermont Medicare ACO Initiative Quality Measure Scorecard

Final Results

October 5th, 2020





Medicare Quality Measures

Performance Year 2019: Vermont Medicare ACO Initiative

All ACOs are required to completely and accurately report quality data used to assess their quality performance. The Vermont Medicare ACO Initiative began in 2019 and as a result quality improvement points were not available because they are awarded based upon prior years quality results within the same program.

			Scoring Based on Benchmarks from Reporting Year										
	Measure	PY	30th	40th	50th	60th	70th	80th	90th	2019 Rates	Num	Den	Quality
	IVICASUIC	2019	0.50	0.75	1.00	1.25	1.50	1.75	2.00		Nulli	Dell	Points
Patient/Care	giver Experience												
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	Р	30.00	40.00	50.00	60.00	70.00	80.00	90.00	82.48	_	257	1.75
ACO-2	CAHPS: How Well Your Providers Communicate	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	94.39	_	283	2.00
ACO-3	CAHPS: Patients' Rating of Provider	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.56	_	276	2.00
ACO-4	CAHPS: Access to Specialists	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	77.00	_	198	1.50
ACO-5	CAHPS: Health Promotion and Education	P	54.18	55.48	56.72	57.95	59.39	60.99	63.44	64.37	_	300	2.00
ACO-6	CAHPS: Shared Decision Making	Р	54.75	55.97	57.05	58.10	59.27	60.58	62.76	60.75	_	281	1.75
ACO-7	CAHPS: Health Status/Functional Status	R	-	-	-	-	-	-	-	81.36	_	302	2.00
ACO-34	CAHPS: Stewardship of Patient Resources	R	-	-	-	-	-	-	-	21.46	_	288	2.00
ACO-45	CAHPS: Courteous and Helpful Office Staff	R	-	-	-	-	-	-	-	94.41	_	278	2.00
ACO-46	CAHPS: Care Coordination	R	-	-	-	-	-	-	-	85.93	_	301	2.00
Care Coordii	nation/Patient Safety	•	•	•			•		•				
ACO-8	Risk Standardized, All Condition Readmissions	Р	15.18	15.04	14.91	14.79	14.65	14.50	14.27	14.89	_	_	1.00
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	P	65.99	61.21	57.25	53.51	50.00	46.16	41.39	60.04	_	_	0.75
Preventive F	lealth												
ACO-14	Preventive Care & Screening: Influenza Immunization	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	72.38	173	239	2.00
ACO-17	Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention	R	55.22	61.76	68.18	73.85	79.55	85.67	92.31	86.36	19	22	2.00
ACO-18	Preventive Care & Screening: Screening for Clinical Depression and Follow-up Plan	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	60.00	156	260	2.00
ACO-19	Colorectal Cancer Screening	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	80.00	204	255	2.00
At-Risk Popu	ulation	•		•			•						
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control	R*	70.00	60.00	50.00	40.00	30.00	20.00	10.00	13.49	34	252	2.00
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	71.46	338	473	2.00
VT-1	Follow-up after discharge from the ED for Mental Health or Alcohol or Other Drug Dependence									-	_	_	
FUA	Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence within 30 Days	R	-	-	-	-	-	-	-	19.90	36	181	2.00
FUA	Percentage of ED visits for which the member received follow-up within 7 days of the ED visit									11.05	20	181	
FUM	Follow-up After ED Visit for Mental Illness within 30 Days									53.60	133	248	
	Percentage of ED visits for which the member received follow-up within 7 days of the ED visit									33.06	82	248	
VT-2	Initiation and engagement of alcohol and other drug dependence treatment									_	_	_	
VT-2a	Initiation of Alcohol and Other Drug Dependence Treatment (IET)	R	-	-	-	-	-	-	-	29.30	430	1,466	2.00
VT-2b	Engagement of Alcohol and Other Drug Dependence Treatment (IET)									5.10	74	1,466	1 '
'All activities	related to the Quality Measures Validation (QMV) audit for the 2019 performance year were cancelled. Therefore, this measure was intended to be pay-for-performance but was in	everted to	pay-for-re	porting.		•						Total:	36.75

^{*}All activities related to the Quality Measures Validation (QMV) audit for the 2019 performance year were cancelled. Therefore, this measure was intended to be pay-for-performance but was reverted to pay-for-reporting.

. Green indicates the 2019 percentile

2019 Final Score 91.88%



Performance Measure and R: Reporting Measure - Medicare awards full points for reporting measures and points for performance measures based upon benchmarks