Ohio Department of Medicaid

# CPC Quarterly Progress Report

**Provider name** | **Jul 2016 – Jun 2017**

Reporting period covering services paid through 6/30/2017, with service dates between 7/1/2016 and 6/30/2017
Standard processes and operational activities status based on provider portal entries

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To learn more about the CPC 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

**Performance Summary** | **Jul 2016 – Jun 2017**

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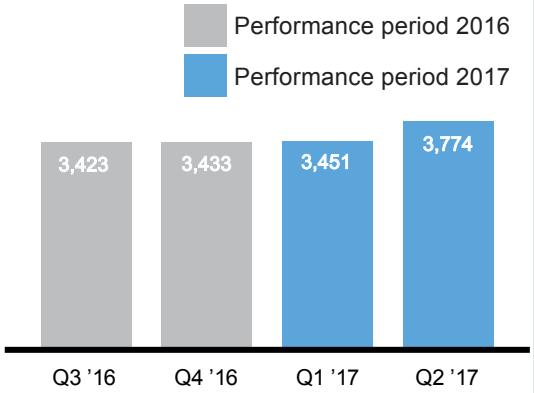
# CPC Performance Summary

## Your payment eligibility

| | PMPM | | 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 Next quarter | $127,902 2017 YTD | N/A[1] |

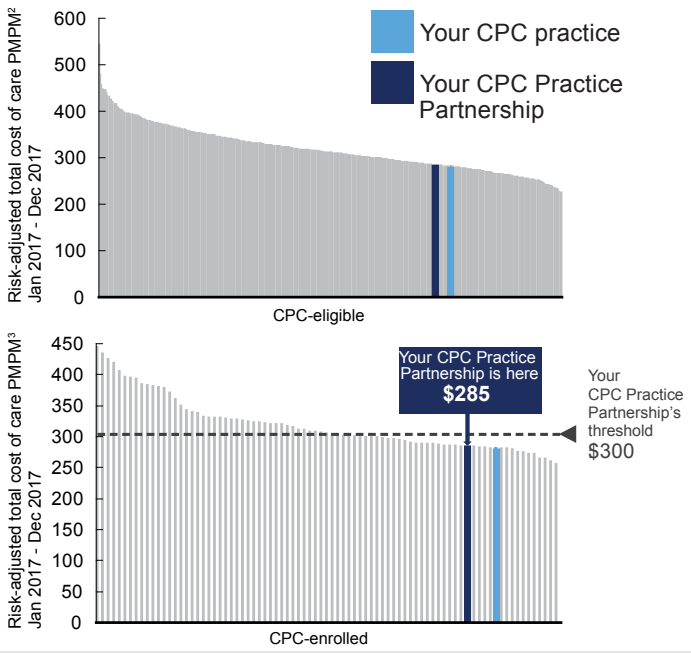
## Your CPC panel composition over time




| | Q3 '16 | Q4 '16 | Q1 '17 | Q2 '17 |
|---|---|---|---|---|
| # members gained | 15 | 10 | 20 | 325 |
| # members lost | 1 | 0 | 2 | 2 |
| Average risk score | 0.88 | 0.91 | 0.95 | 0.95 |

## Your risk-adjusted total cost of care performance

Distribution of CPC-eligible and CPC-enrolled practices by risk adjusted total cost of care PMPM




## Requirements for payment

| Requirement categories | Found on pages | PMPM | | 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] | ≥50% | N/A[1] | ≥50% |
| Efficiency measures | *3, 6, 13* | N/A[1] | ≥30% | N/A[1] | ≥30% |
| 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 PMPM payment for CPC enrolled practices
3 Risk-adjusted TCOC PMPM includes PMPM payment for CPC enrolled practices

## Performance Summary — Jul 2016 – Jun 2017

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# CPC Performance Summary: Measure Summary

✓ Enough individuals to be evaluated
○ Not enough individuals to be evaluated
Jul 2016 - Jun 2017 Performance meeting threshold
Jul 2016 - Jun 2017 Performance not meeting threshold

## Quality measures tied to payment — Meeting 14/20 quality measures

| | | Your performance | Threshold |
|---|---|---|---|
| Pediatric health | Well-Child Visits in the First 15 Months of Life | 64% | ≥ 63% |
| | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 92% | ≥ 88% |
| | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | 35% | ≥ 52% |
| | Adolescent Well-Care Visits | 47% | ≥ 43% |
| Women's health | Timeliness of Prenatal Care | 96% | ≥ 92% |
| | Live Births Weighing Less than 2,500 grams | 4% | ≤ 8% |
| | Postpartum Care | 88% | ≥ 84% |
| | Cervical Cancer Screening | 77% | ≥ 76% |
| | Breast Cancer Screening | 37% | ≥ 73% |
| Adult health | Adult BMI Assessment | 71% | ≥ 69% |
| | Comprehensive Diabetes Care: HbA1c Testing | 93% | ≥ 92% |
| | Comprehensive Diabetes Care: Poor Control (>9%) | 23% | ≤ 24% |
| | Comprehensive Diabetes Care: Eye Exam | 62% | ≥ 61% |
| | Controlling High Blood Pressure | 67% | ≥ 66% |
| | Statin Therapy for Patients With Cardiovascular Disease | 84% | ≥ 75% |
| | Medication Management for People With Asthma | 51% | ≥ 48% |
| Behavioral health | Antidepressant Medication Management | 30% | ≥ 68% |
| | Follow-Up After Hospitalization for Mental Illness | 44% | ≥ 58% |
| | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | 9% | ≥ 14% |
| | Tobacco Use: Screening & Cessation Intervention | 45% | ≥ 76% |

## Efficiency measures tied to payment — Meeting 5/5 efficiency measures

| | | | |
|---|---|---|---|
| Efficiency | ED Visits / 1,000 members | 108 | ≤ 150 |
| | IP Admissions for ambulatory CARE sensitive conditions / 1,000 members | 47 | ≤ 50 |
| | Generic Dispensing Rate | 93% | ≥ 90% |
| | Behavioral health-related IP admits/1,000 members | 10 | ≤ 15 |
| | 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 | Risk-adjusted Total Cost of Care PMPM | $285 | $300 |

**Performance Summary** | **Jul 2016 – Jun 2017**

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# CPC 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 CPC 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 (July 2016 – Jun 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 | 64% | 64% | 64% | N/A | 64% | 64% | 64% | ◀ 63% ↑ |
| | ✓ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years | 92% | 92% | 92% | N/A | 92% | 92% | 92% | ◀ 88% ↑ |
| | ✓ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ | 35% | 35% | 35% | N/A | 35% | 35% | 35% | ◀ 52% ↑ |
| | ✓ Adolescent Well-Care Visits | 47% | 47% | 47% | N/A | 47% | 47% | 47% | ◀ 43% ↑ |
| Women's health | ✓ Timeliness of Prenatal Care | 96% | 96% | 96% | N/A | 96% | 96% | 96% | ◀ 92% ↑ |
| | ✓ Live Births Weighing Less than 2,500 grams | 4% | 4% | 4% | N/A | 4% | 4% | 4% | ◀ 8% ↓ |
| | ✓ Postpartum Care | 88% | 88% | 88% | N/A | 88% | 88% | 88% | ◀ 84% ↑ |
| | ✓ Cervical Cancer Screening | 77% | 77% | 77% | N/A | 77% | 77% | 77% | ◀ 76% ↑ |
| | ✓ Breast Cancer Screening | 37% | 37% | 37% | N/A | 37% | 37% | 37% | ◀ 73% ↑ |

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

**Performance Summary** | **Jul 2016 – Jun 2017**

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# CPC 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

## Quality measures tied to payment (July 2016 – Jun 2017 performance)

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid |
|---|---|---|---|---|---|---|---|---|
| Adult health | Adult BMI Assessment | 71% | 71% | 71% | N/A | 71% | 71% | 71% ◀ 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 | 62% | 62% | 62% | N/A | 62% | 62% | 62% ◀ 61% ↑ |
| | Controlling High Blood Pressure | 67% | 67% | 67% | N/A | 67% | 67% | 67% ◀ 66% ↑ |
| | Statin Therapy for Patients With Cardiovascular Disease | 84% | 84% | 84% | N/A | 84% | 84% | 84% ◀ 75% ↑ |
| | Medication Management for People With Asthma | 51% | 51% | 51% | N/A | 51% | 51% | 51% ◀ 48% ↑ |
| Behavioral health | Antidepressant Medication Management | 30% | 30% | 30% | N/A | 30% | 30% | 30% ◀ 68% ↑ |
| | Follow-Up After Hospitalization for Mental Illness | 44% | 44% | 44% | N/A | 44% | 44% | 44% ◀ 58% ↑ |
| | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | 9% | 9% | 9% | N/A | 9% | 9% | 9% ◀ 14% ↑ |
| | 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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✓ 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 (July 2016 – Jun 2017 performance)

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid | |
|---|---|---|---|---|---|---|---|---|---|
| Efficiency | ED visits / 1,000 members | 108 | 108 | 108 | N/A | 108 | 108 | 108 | ◀150 ↓ |
| | IP Admissions for ambulatory CARE sensitive conditions / 1,000 members | 47 | 47 | 47 | N/A | 47 | 47 | 47 | ◀50 ↓ |
| | Generic dispensing rate | 93% | 93% | 93% | N/A | 93% | 93% | 93% | ◀90% ↑ |
| | Behavioral health-related IP admits/1,000 members | 10 | 10 | 10 | N/A | 10 | 10 | 10 | ◀15 ↓ |
| | 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 (July 2016 – Jun 2017 performance)

| Category | Measure | Ohio FFS | Buckeye | CareSource | Molina | Paramount | United Healthcare | Total Medicaid | |
|---|---|---|---|---|---|---|---|---|---|
| Total Cost of Care | 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** | **Jul 2016 – Jun 2017**

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**Appendix** **Jul 2016 – Jun 2017**

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# 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** | 6/30/2017 | ✓ | 12/31/2017 |
| 2. **24/7 access to care** | 6/30/2017 | ✓ | 12/31/2017 |
| 3. **Risk stratification** | 6/30/2017 | ✓ | 12/31/2017 |
| 4. **Population management** | 6/30/2017 | ✓ | 12/31/2017 |
| 5. **Team-based care management** | 6/30/2017 | ✓ | 12/31/2017 |
| 6. **Follow up after hospital discharge** | 6/30/2017 | ✓ | 12/31/2017 |
| 7. **Tracking of follow up tests and specialist referrals** | 6/30/2017 | ✓ | 12/31/2017 |
| 8. **Patient experience** | 6/30/2017 | ✓ | 12/31/2017 |

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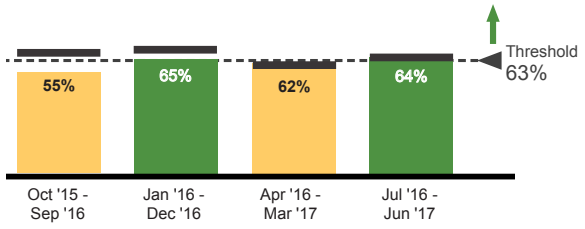
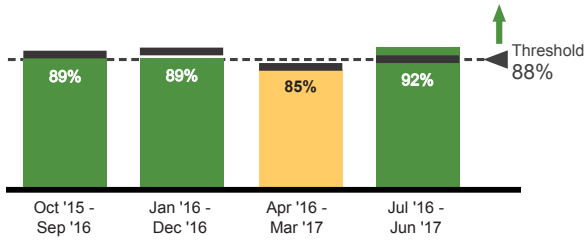
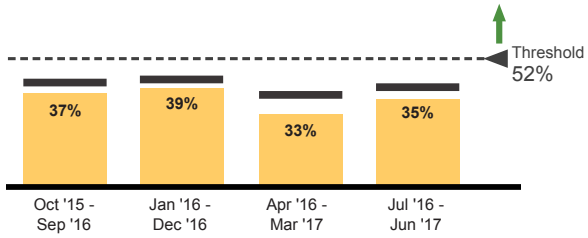
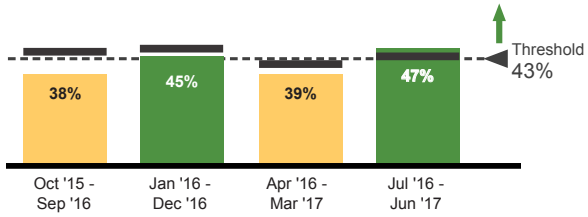
# Measures Tied to Payment

Enough individuals to be evaluated
Not enough individuals to be evaluated
Performance meeting threshold
Performance not meeting threshold
75th percentile for CPC-eligible practices
Threshold target direction

## Quality measures tied to payment

### Pediatric health

| Your quality measure performance | Definition | Your rolling 12 month performance |
|---|---|---|
| **Well-Child Visits in the First 15 Months of Life**<br>**64%**<br>64/100 members<br>Threshold: 63% | The percentage of members who turned 15 months old who had 6 or more well-child visits |  |
| **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life**<br>**92%**<br>92/100 members<br>Threshold: 88% | The percentage of members 3–6 years of age who had at least one well-child visit |  |
| **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**<br>**35%**<br>35/100 members<br>Threshold: 52% | The percentage of members 3–17 years of age who had evidence of BMI percentile documentation |  |
| **Adolescent Well-Care Visits**<br>**47%**<br>47/100 members<br>Threshold: 43% | The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit |  |

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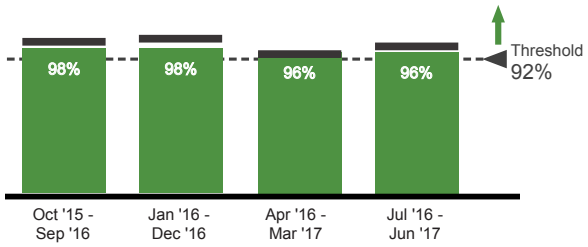
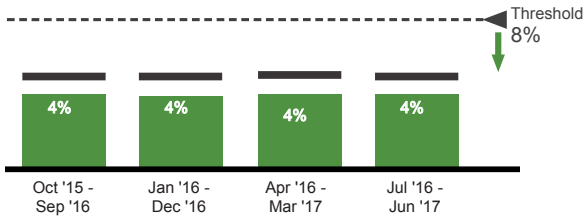
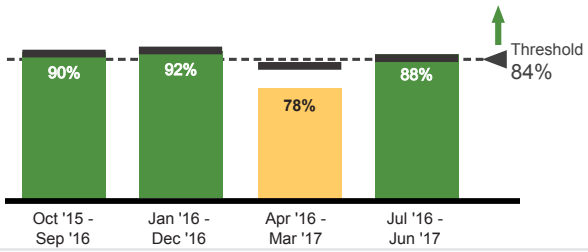
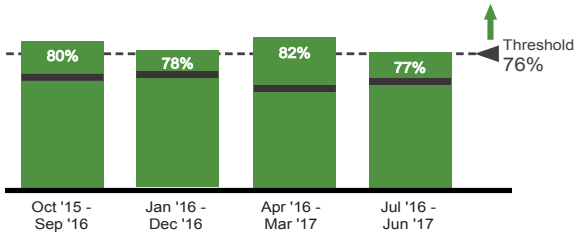
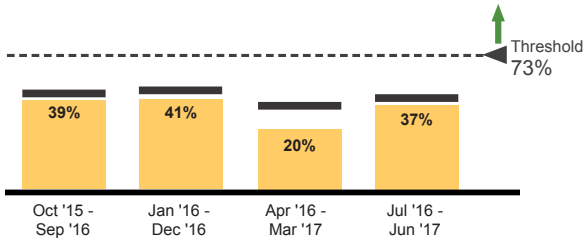
# Measures Tied to Payment

Enough individuals to be evaluated
Not enough individuals to be evaluated
Performance meeting threshold
Performance not meeting threshold
75th percentile for CPC-eligible practices
Threshold target direction

## Quality measures tied to payment

### Women's health

| Your quality measure performance | Definition | Your rolling 12 month performance |
|---|---|---|
| **Timeliness of Prenatal Care**<br>**96%**<br>96/100 deliveries<br>Threshold: 92% | The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment |  |
| **Live Births Weighing Less than 2,500 grams**<br>**4%**<br>4/100 members<br>Threshold: 8% | Percentage of live births that weigh less than 2,500 grams |  |
| **Postpartum Care**<br>**88%**<br>88/100 deliveries<br>Threshold: 84% | The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery |  |
| **Cervical Cancer Screening**<br>**77%**<br>77/100 members<br>Threshold: 76% | The percentage of women 21–64 years of age who were screened for cervical cancer |  |
| **Breast Cancer Screening**<br>**37%**<br>37/100 members<br>Threshold: 73% | The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer |  |

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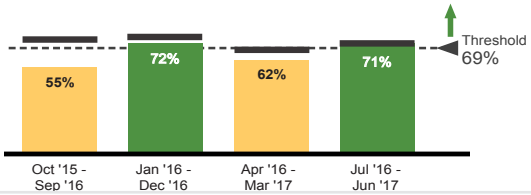
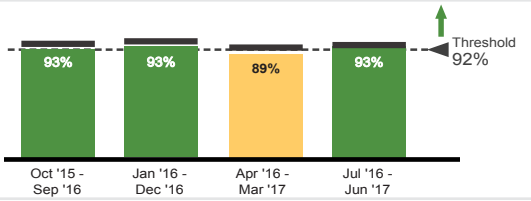
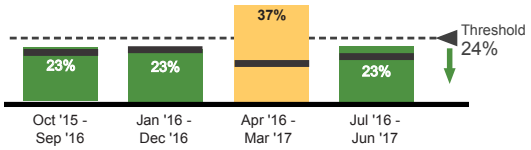
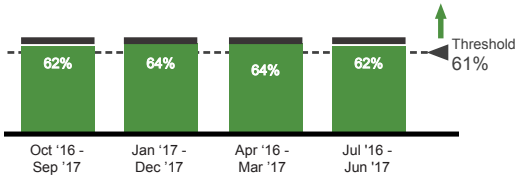
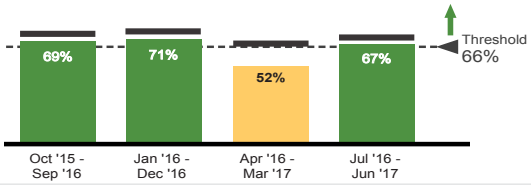
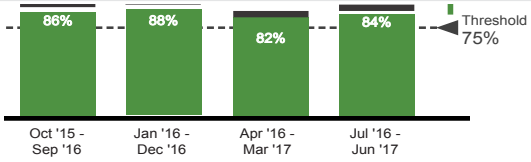
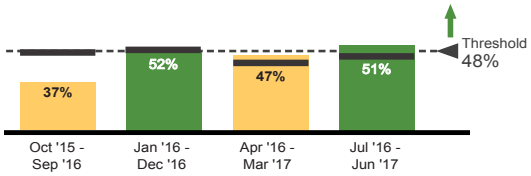
# Measures Tied to Payment

Enough individuals to be evaluated
Not enough individuals to be evaluated
Performance meeting threshold
Performance not meeting threshold
75th percentile for CPC-eligible practices
Threshold target direction

## Quality measures tied to payment

### Adult health

| Your quality measure performance | Definition | Your rolling 12 month performance |
|---|---|---|
| **Adult BMI Assessment**<br>**71%**<br>71/100 members<br>Threshold: 69% | The percentage of members 18–74 years of age whose BMI was documented |  |
| **Comprehensive Diabetes Care: HbA1c Testing**<br>**93%**<br>93/100 members<br>Threshold: 92% | The percentage of members 18–75 years of age with diabetes who had Hemoglobin A1c (HbA1c) testing |  |
| **Comprehensive Diabetes Care: Poor Control (>9%)**<br>**23%**<br>23/100 members<br>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%) |  |
| **Comprehensive Diabetes Care: Eye Exam**<br>**62%**<br>62/100 members<br>Threshold: 61% | The percentage of members 18–75 years of age with diabetes who had an eye exam (retinal) performed |  |
| **Controlling High Blood Pressure**<br>**67%**<br>67/100 members<br>Threshold: 66% | Percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled |  |
| **Statin Therapy for Patients With Cardiovascular Disease**<br>**84%**<br>84/100 members<br>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 moderate-intensity statin medication |  |
| **Medication Management for People With Asthma**<br>**51%**<br>51/100 members<br>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 |  |

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# Measures Tied to Payment

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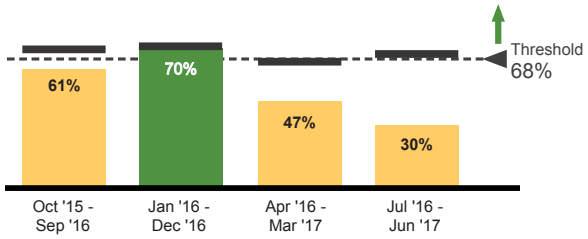
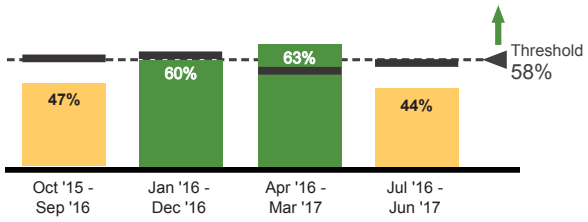
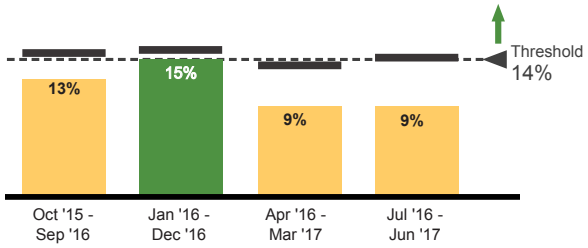
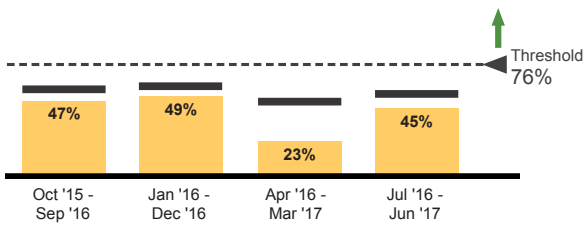
Not enough individuals to be evaluated
Performance meeting threshold
Performance not meeting threshold
75th percentile for CPC-eligible practices
Threshold target direction

## Quality measures tied to payment

### Behavioral health

| Your quality measure performance | Definition | Your rolling 12 month performance |
|---|---|---|
| **Antidepressant Medication Management**<br>**30%**<br>30/100 members<br>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) |  |
| **Follow-Up After Hospitalization for Mental Illness**<br>**44%**<br>44/100 discharges<br>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 |  |
| **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**<br>**9%**<br>9/100 members<br>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 |  |
| **Tobacco Use: Screening & Cessation Intervention**<br>**45%**<br>45/100 members<br>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 |  |

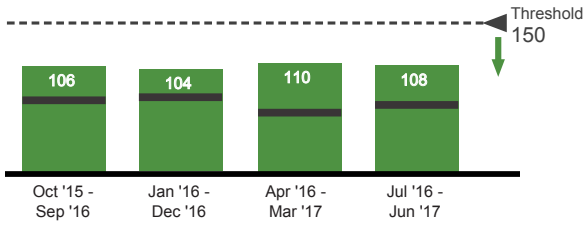
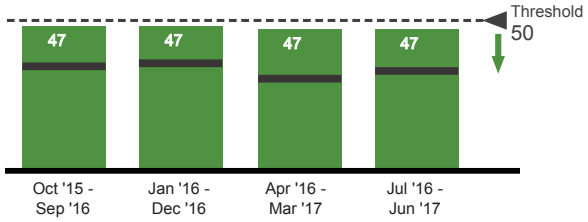
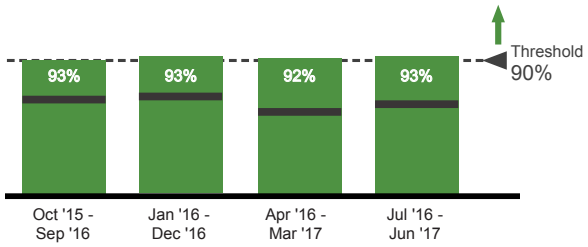
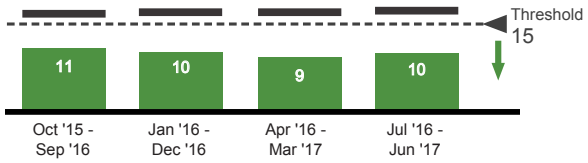
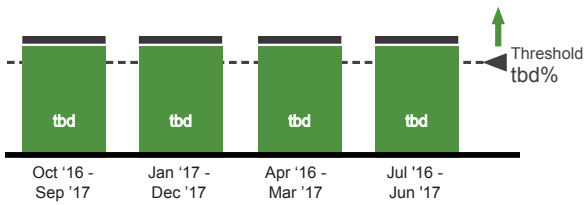
**Appendix** | **Jul 2016 – Jun 2017**

Reporting period covering services paid through 6/30/2017, with service dates between 7/1/2016 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 meeting threshold
Performance not meeting threshold
75th percentile for CPC-eligible practices
Threshold target direction

## Efficiency measures tied to payment

| Your efficiency measure performance | Definition | Your rolling 12 month performance |
|---|---|---|
| **ED visits / 1,000 members**<br>**108 / 1,000 members**<br>390 ED visits<br>Threshold: 150 | The number of ED visits per 1,000 annualized members |  |
| **IP Admissions for ambulatory CARE sensitive conditions / 1,000 members**<br>**47 / 1,000 members**<br>170 IP admissions<br>Threshold: 50 | The number of IP admissions per 1,000 annualized members that are considered ambulatory care sensitive |  |
| **Generic dispensing rate**<br>**93%**<br>Threshold: 90% | The rate of generic prescriptions filled |  |
| **Behavioral health-related IP admits/1,000 members**<br>**10**<br>Threshold: 15 | The percentage of members of any age receiving inpatient mental health services from a hospital or treatment facility |  |
| **Episode of care measure**<br>**tbd**<br>Threshold: tbd% | Placeholder for an episode of care efficiency measure to be added |  |

**Appendix** | **Jul 2016 – Jun 2017**

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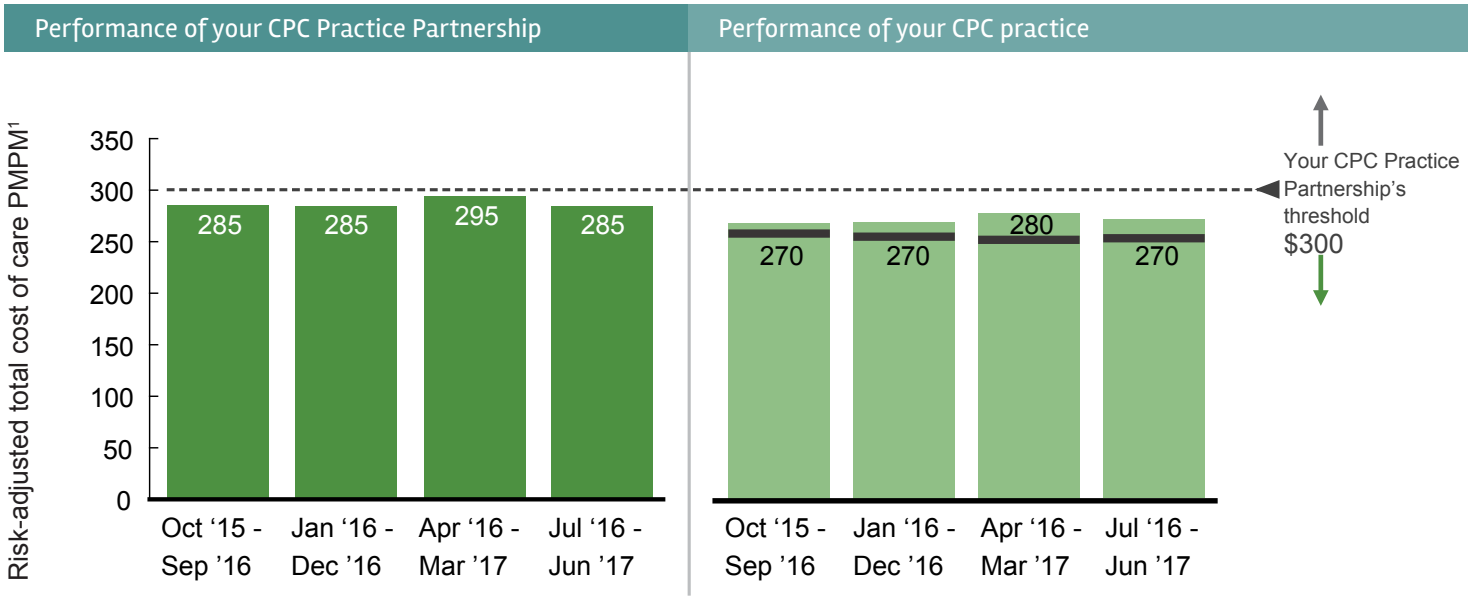
# Measures Tied to Payment

Performance meeting threshold
Performance not meeting threshold
75th percentile for CPC-eligible practices
Not eligible for shared savings
Eligible for shared savings

## Total cost of care performance tied to payment




## 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 CPC |
| 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. Potential total shared savings | NA[2] | Total shared savings payment; equals line 6 x line 7 x line 8 |

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

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# Measures Not Tied to Payment

Jul 2016 - Jun 2017 performance | 25th 50th 75th Jul 2016 - Jun 2017 percentiles

## Care categories

| Care category | | # and % individuals in category | Spend/individuals with a claim in the type | % of total spend |
|---|---|---|---|---|
| Hospital and ED | Hospital inpatient care | 1,800 33% | $7,200 | 12% |
| | ED care | 1,750 39% | $7,200 | 12% |
| | Hospital outpatient care | 1,450 35% | $7,200 | 12% |
| Office and clinic | Office and clinic area | 3,600 39% | $7,200 | 12% |
| Supportive and institutional care | Institutional care | 3,300 39% | $7,200 | 12% |
| | Home and community-based care | 3,000 39% | $7,200 | 12% |
| Pharmaceuticals | Prescription drugs | 2,900 39% | $7,200 | 12% |
| | Specialty pharma | 2,750 39% | $7,200 | 12% |
| Diagnostics | Lab and pathology | 2,250 39% | $7,200 | 12% |
| | Radiology | 500 39% | $7,200 | 12% |
| Others | Ancillary services | 150 39% | $7,200 | 12% |
| | DME and supplies | 50 39% | $7,200 | 12% |
| | PT/OT/ST | 250 39% | $7,200 | 12% |
| | Others | 50 39% | $7,200 | 12% |

**Appendix** | **Jul 2016 – Jun 2017**

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# Measures Not Tied to Payment: Spend by Panel Demographics

Hospital Inpatient Care | ED Care | Hospital Outpatient Care
Office and Clinic Care | Prescription Drugs | Other

## Risk bands (Jul 2016 – Jun 2017 performance)

| Risk band | Members | Total spend (%) | Total spend PMPM ($) | RA Total spend PMPM ($) | Spend by care category (%) |
|---|---|---|---|---|---|
| 5 | 200 | 50 | $11,000 | $1,000 | |
| 4 | 400 | 20 | $4,000 | $500 | |
| 3 | 600 | 15 | $2,500 | $300 | |
| 2 | 800 | 10 | $200 | $200 | |
| 1 | 1,000 | 5 | $10 | $50 | |

## Top spenders (Jul 2016 – Jun 2017 performance)

| Members spend percentile | Members | Total spend (%) | Total spend PMPM ($) | RA Total spend PMPM ($) | Spend by care category (%) |
|---|---|---|---|---|---|
| Top 1% | 200 | 50 | $11,000 | $1,000 | |
| 2-5% | 400 | 20 | $4,000 | $500 | |
| 6-15% | 600 | 15 | $2,500 | $300 | |
| 16-25% | 800 | 10 | $200 | $200 | |
| 26-100% | 1,000 | 5 | $10 | $50 | |

## Conditions (Jul 2016 – Jun 2017 performance)

| Condition | Members | Total spend (%) | Total spend PMPM ($) | RA Total spend PMPM ($) | Spend by care category (%) |
|---|---|---|---|---|---|
| Asthma | 50 | 50 | $11,000 | $1,000 | |
| Diabetes | 100 | 20 | $4,000 | $500 | |
| CHF | 200 | 15 | $2,500 | $300 | |
| Depression | 15 | 10 | $200 | $200 | |
| Stroke | 19 | 5 | $10 | $50 | |
| SPMI | 15 | 5 | $10 | $50 | |

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# Measures Not Tied to Payment: Efficiency by Panel Demographics

## Risk bands (Jul 2016 – 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 (Jul 2016 – 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 (Jul 2016 – 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 |