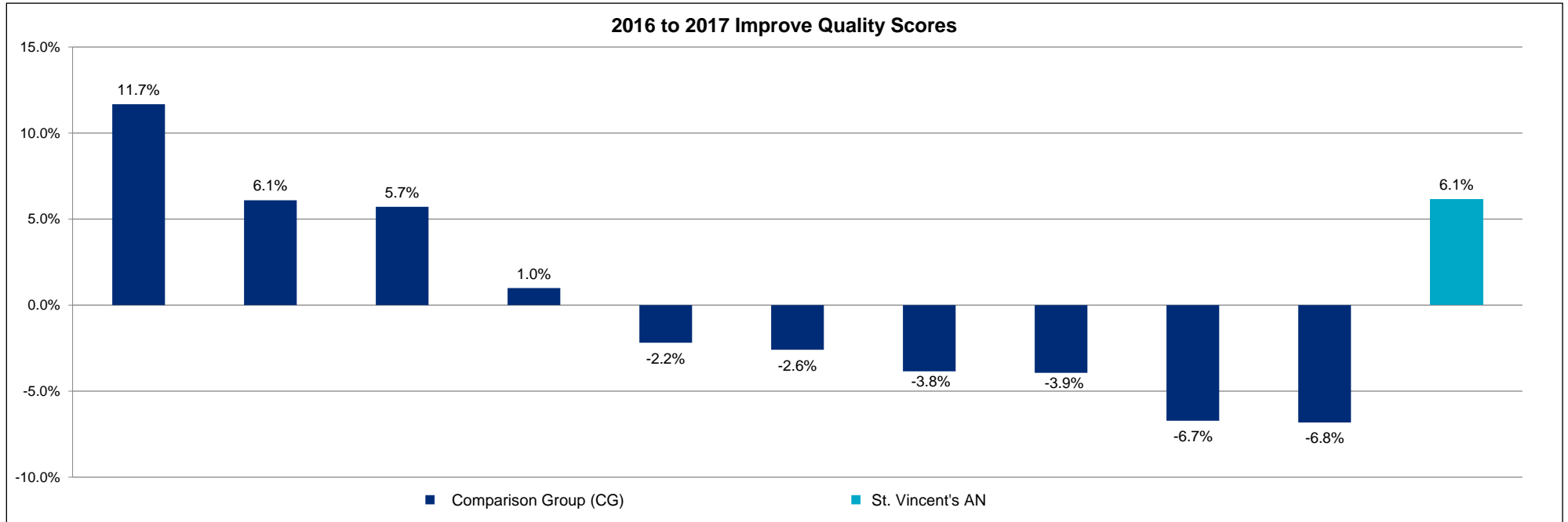


St. Vincent's AN					
Aggregate Quality Score					
PCMH+ Quality Measure	Maintain Quality	Improve Quality	Absolute Quality	Total Quality Score	Total Possible Points
Adolescent well-care visits	1.00	1.00	1.00	3.00	3.00
Avoidance of antibiotic treatment in adults with acute bronchitis	0.00	0.00	0.00	0.00	3.00
Developmental screening in the first three years of life	0.00	0.00	1.00	1.00	3.00
Diabetes HbA1c Screening	1.00	1.00	0.00	2.00	3.00
Emergency Department (ED) Usage	1.00	0.00	0.50	1.50	3.00
Medication management for people with asthma	1.00	0.00	1.00	2.00	3.00
PCMH CAHPS	0.00	0.00	0.00	0.00	3.00
Prenatal Care	0.500	0.500	0.000	1.000	1.500
Postpartum Care	0.500	0.500	0.000	1.000	1.500
Well-child visits in the first 15 months of life	1.00	0.00	1.00	2.00	3.00
Total Points				13.500	27.000
Aggregate Quality Score (Total Quality Score/Total Possible Points)					50.00%

Notes:

1. Maintain Quality points are awarded if a PE's 2017 rate is greater than or equal to its 2016 rate.
2. Improve Quality points are awarded for a PE's 2017 over 2016 improvement trend on a sliding scale compared to the comparison group improvement trend.
3. Absolute Quality points are awarded for a PE's ability to reach absolute quality targets, which are derived from the comparison group's 2015 rates.
4. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
5. Both Prenatal and Postpartum Care are scored separately and are weighted equally at 1.500 total possible points.
6. Aggregate Quality Scores are not final, as 2017 PCMH CAHPS scores are still being processed. Points for PCMH CAHPS are not included in this summary.

Adolescent well-care visits
St. Vincent's AN



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	-0.16%
Between 133% and 166%	0.50	-0.12%
Between 167% and 199%	0.75	-0.10%
200% or greater	1.00	-0.08%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	65.9%
60th Percentile	0.50	67.6%
70th Percentile	0.75	68.5%
80th Percentile	1.00	75.0%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
73.1%	77.6%	6.1%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	1.00	1.00
Improve Quality	1.00	1.00
Absolute Quality	1.00	1.00
Total Points	3.00	3.00

Rate Calculation Considerations
Not Applicable

Quality Measure Description

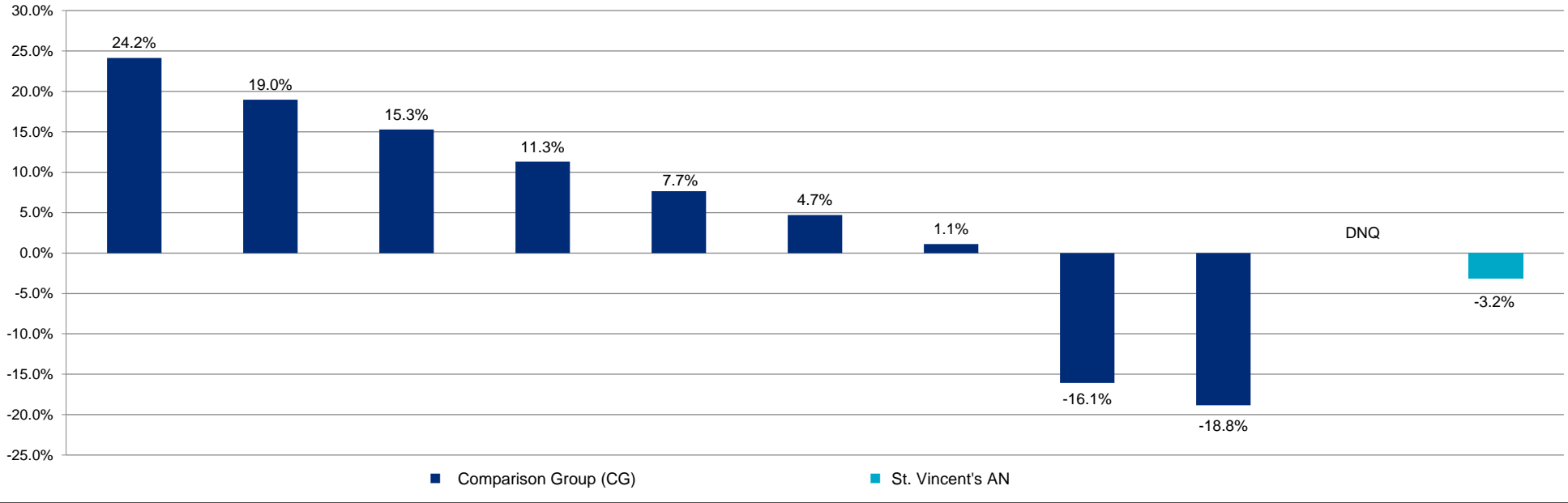
The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology practitioner during the measurement year.

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
 2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 3. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
 4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
 5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Avoidance of antibiotic treatment in adults with acute bronchitis

St. Vincent's AN

2016 to 2017 Improve Quality Scores



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	5.4%
Between 133% and 166%	0.50	7.1%
Between 167% and 199%	0.75	8.9%
200% or greater	1.00	10.7%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	27.9%
60th Percentile	0.50	28.2%
70th Percentile	0.75	33.3%
80th Percentile	1.00	36.7%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
20.7%	20.1%	-3.2%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	-	1.00
Improve Quality	-	1.00
Absolute Quality	-	1.00
Total Points	-	3.00

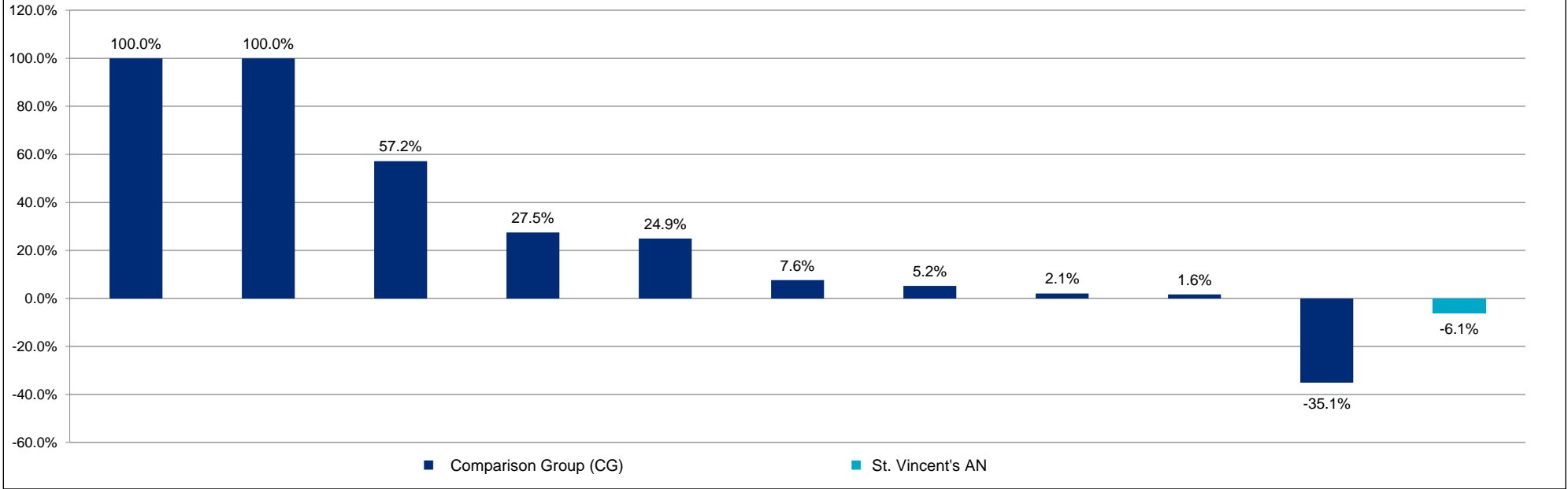
Rate Calculation Considerations
The rate is calculated as 1 - (adults with bronchitis that received an antibiotic / adults with bronchitis). A higher rate indicates appropriate treatment.

Quality Measure Description
The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate care (i.e. the proportion for whom antibiotics were not prescribed).

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
 2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 3. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
 4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
 5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Developmental screening in the first three years of life
St. Vincent's AN

2016 to 2017 Improve Quality Scores



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	29.1%
Between 133% and 166%	0.50	38.8%
Between 167% and 199%	0.75	48.5%
200% or greater	1.00	58.2%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	20.3%
60th Percentile	0.50	36.2%
70th Percentile	0.75	41.0%
80th Percentile	1.00	46.5%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
60.1%	56.4%	-6.1%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	-	1.00
Improve Quality	-	1.00
Absolute Quality	1.00	1.00
Total Points	1.00	3.00

Rate Calculation Considerations
Not Applicable

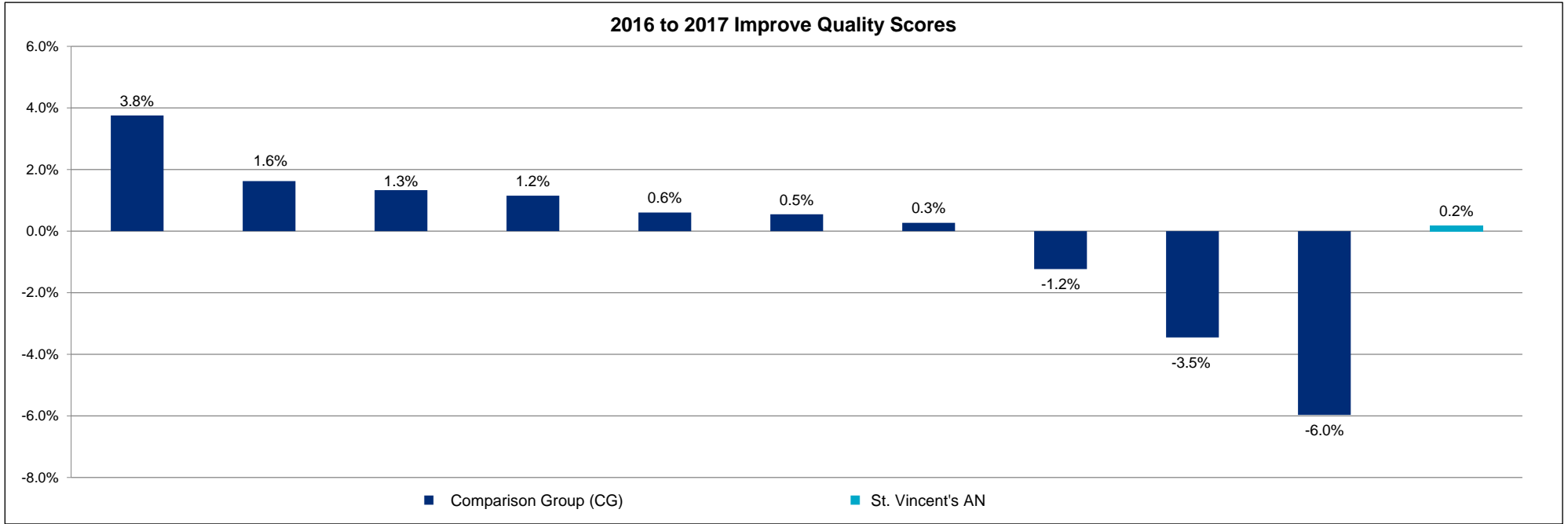
Quality Measure Description

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age, and by 36 months of age.

Notes:

1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
3. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Diabetes HbA1c Screening
St. Vincent's AN



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	-0.13%
Between 133% and 166%	0.50	-0.10%
Between 167% and 199%	0.75	-0.08%
200% or greater	1.00	-0.07%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	89.3%
60th Percentile	0.50	90.5%
70th Percentile	0.75	91.3%
80th Percentile	1.00	92.7%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
87.9%	88.1%	0.2%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	1.00	1.00
Improve Quality	1.00	1.00
Absolute Quality	-	1.00
Total Points	2.00	3.00

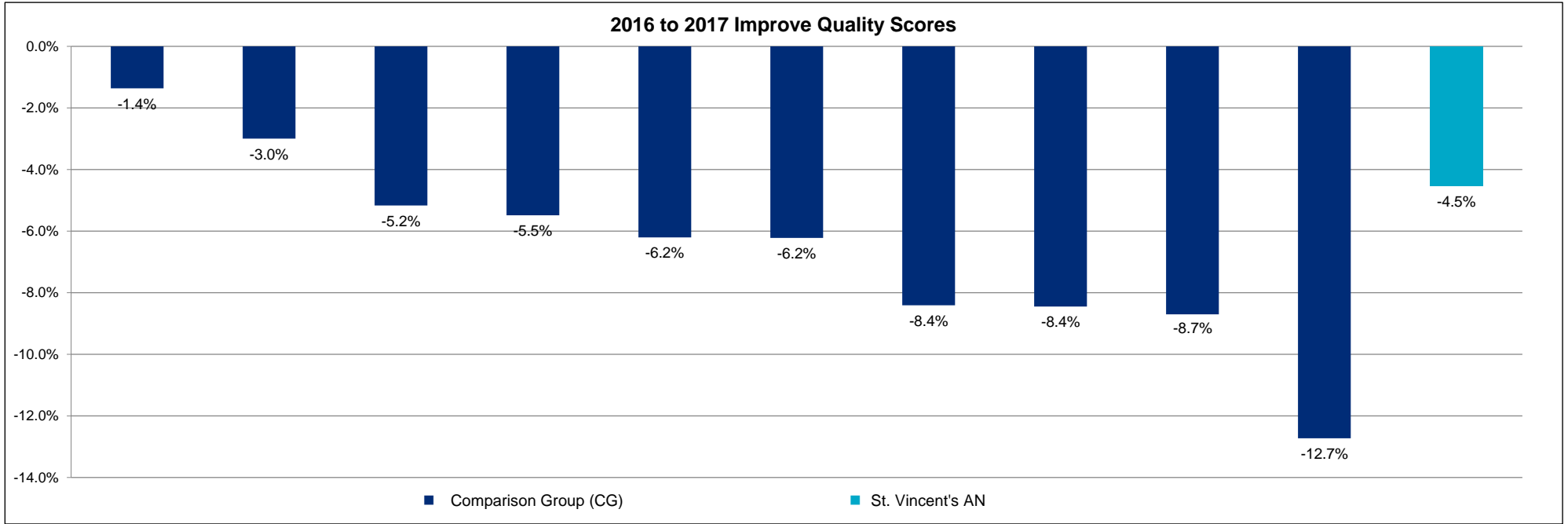
Rate Calculation Considerations
Not Applicable

Quality Measure Description

Adults age 18–75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
 2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 3. DNQ (Does Not Quality) values occur when a denominator count is less than 30.
 4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
 5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Emergency Department (ED) Usage
St. Vincent's AN



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	-6.6%
Between 133% and 166%	0.50	-8.8%
Between 167% and 199%	0.75	-10.9%
200% or greater	1.00	-13.1%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	83.11
60th Percentile	0.50	64.45
70th Percentile	0.75	55.95
80th Percentile	1.00	53.29

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
65.01	62.06	-4.5%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	1.00	1.00
Improve Quality	-	1.00
Absolute Quality	0.50	1.00
Total Points	1.50	3.00

Rate Calculation Considerations

The rate is calculated as (numerator / denominator) * 1,000 member months. A lower score indicates more appropriate care.

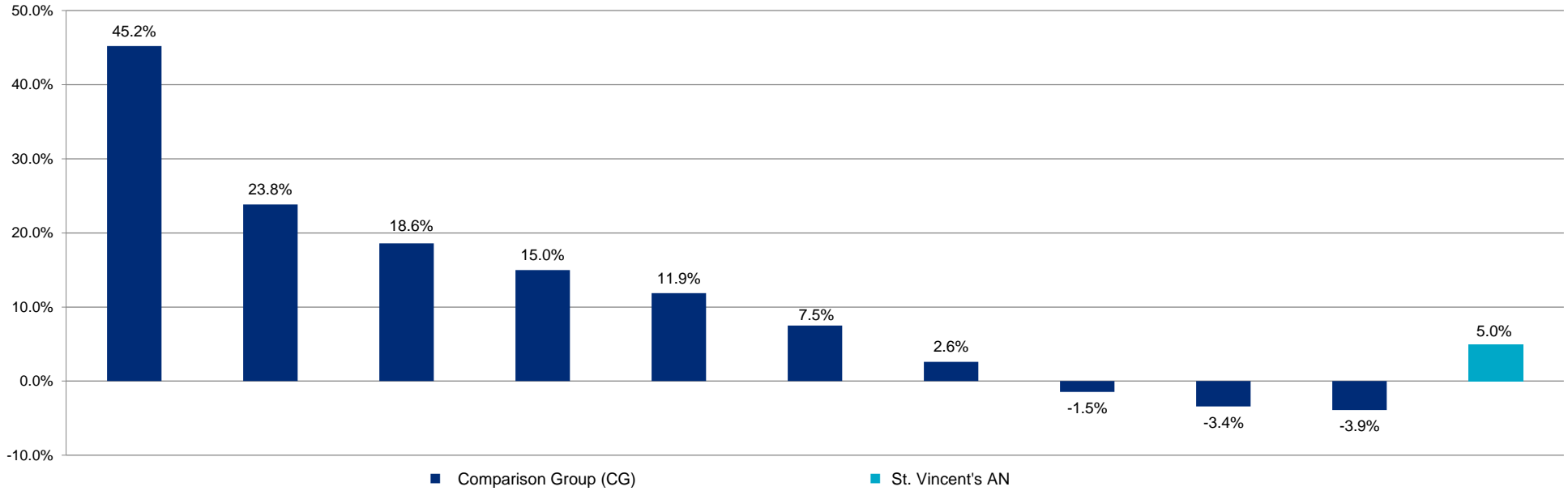
Quality Measure Description

Emergency department usage (all ages, but 0–19 can be broken out for pediatric practices). Excludes mental health and chemical dependency services.

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
 2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 3. DNQ (Does Not Quality) values occur when a denominator count is less than 30.
 4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
 5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Medication management for people with asthma
St. Vincent's AN

2016 to 2017 Improve Quality Scores



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.25	11.6%
Between 133% and 166%	0.50	15.4%
Between 167% and 199%	0.75	19.3%
200% or greater	1.00	23.2%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.25	40.0%
60th Percentile	0.50	43.7%
70th Percentile	0.75	45.0%
80th Percentile	1.00	46.7%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
50.2%	52.7%	5.0%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	1.00	1.00
Improve Quality	-	1.00
Absolute Quality	1.00	1.00
Total Points	2.00	3.00

Rate Calculation Considerations
Not Applicable

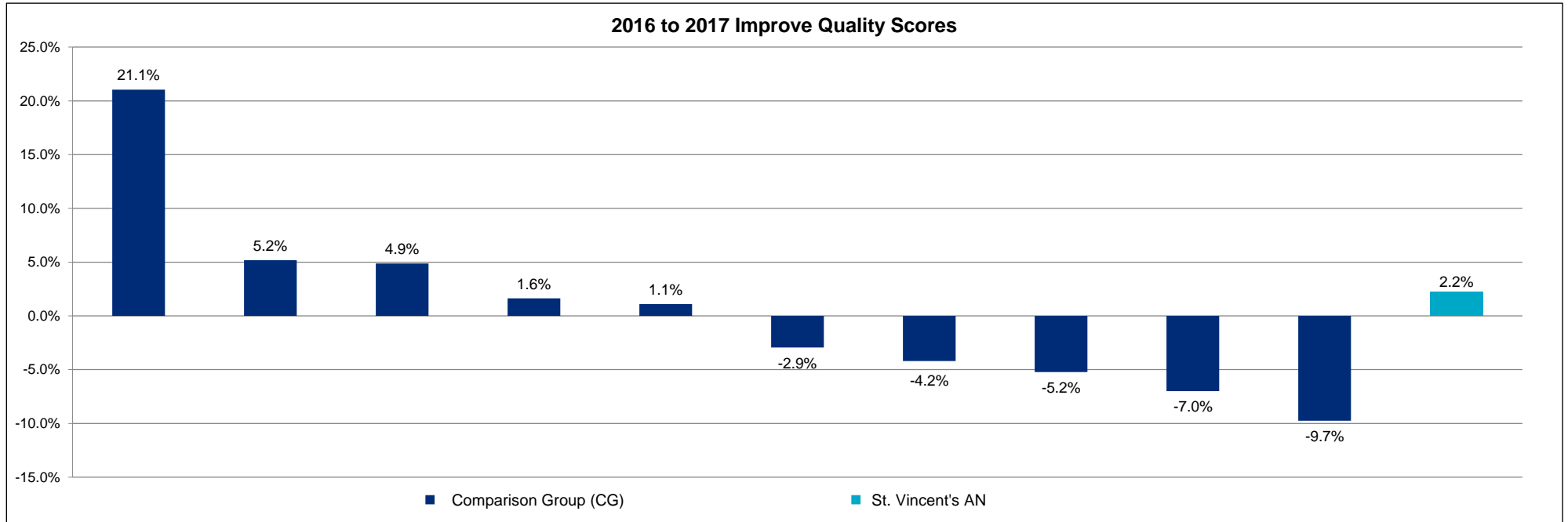
Quality Measure Description

Medication Management for people with asthma age 5–64 (age 5–18 breakout can be used for pediatric practices). Percent of patients with persistent asthma who were prescribed and remained on asthma "controller medication" for at least 75% of their treatment period.

Notes:

1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
3. DNQ (Does Not Quality) values occur when a denominator count is less than 30.
4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Prenatal Care
St. Vincent's AN



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.125	0.47%
Between 133% and 166%	0.250	0.63%
Between 167% and 199%	0.375	0.79%
200% or greater	0.500	0.95%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.125	71.4%
60th Percentile	0.250	73.2%
70th Percentile	0.375	76.1%
80th Percentile	0.500	80.7%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
65.7%	67.2%	2.2%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	0.500	0.500
Improve Quality	0.500	0.500
Absolute Quality	-	0.500
Total Points	1.000	1.500

Rate Calculation Considerations
Not Applicable

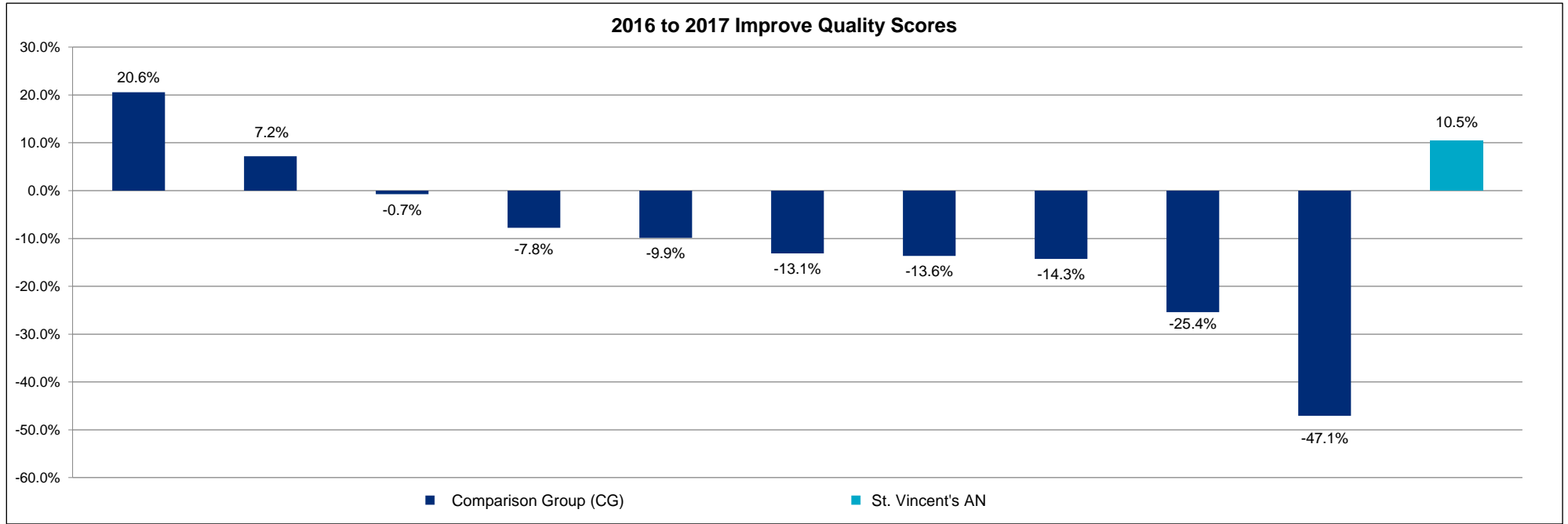
Quality Measure Description

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
 2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 3. DNQ (Does Not Quality) values occur when a denominator count is less than 30.
 4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
 5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Postpartum Care
St. Vincent's AN



Improve Quality Benchmarks		
Improvement above the CG Trend	Points	Values
Between 100% and 132%	0.125	-10.4%
Between 133% and 166%	0.250	-7.8%
Between 167% and 199%	0.375	-6.2%
200% or greater	0.500	-5.2%

Absolute Quality Benchmarks		
Percentiles	Points	Values
50th Percentile	0.125	44.6%
60th Percentile	0.250	46.5%
70th Percentile	0.375	50.7%
80th Percentile	0.500	52.3%

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
39.8%	44.0%	10.5%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	0.500	0.500
Improve Quality	0.500	0.500
Absolute Quality	-	0.500
Total Points	1.000	1.500

Rate Calculation Considerations
Not Applicable

Quality Measure Description

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

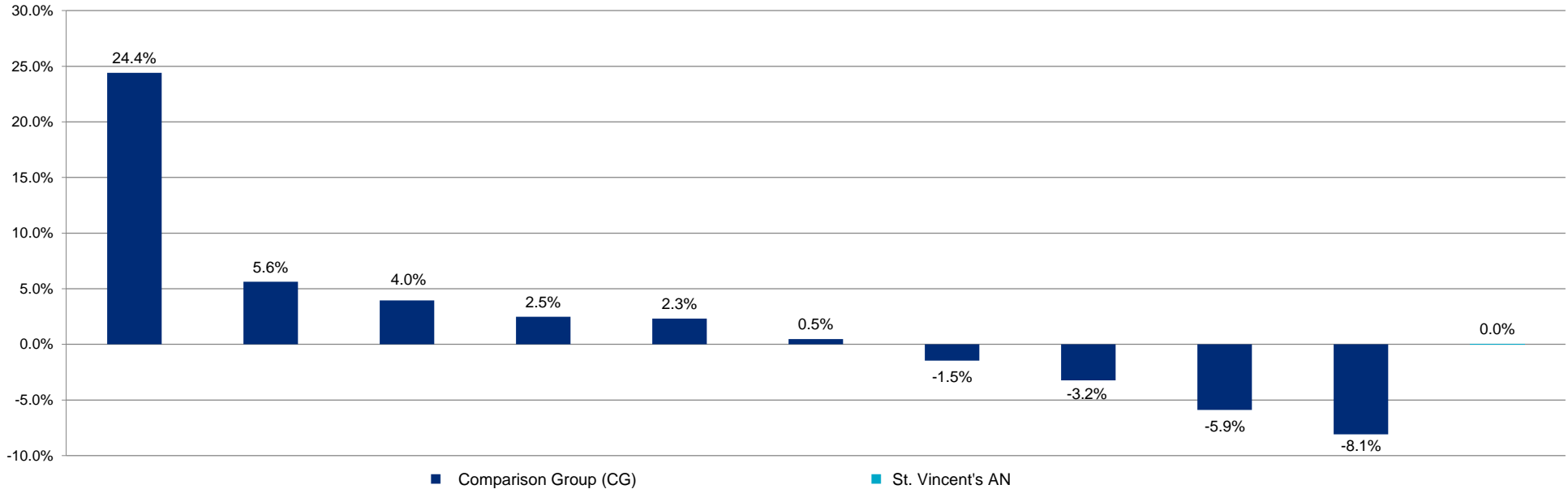
- Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Notes:

1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
3. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Well-child visits in the first 15 months of life
St. Vincent's AN

2016 to 2017 Improve Quality Scores



Improve Quality Benchmarks			
Improvement above the CG Trend	Points	Values	
Between 100% and 132%	0.25	2.1%	
Between 133% and 166%	0.50	2.7%	
Between 167% and 199%	0.75	3.4%	
200% or greater	1.00	4.1%	

Absolute Quality Benchmarks			
Percentiles	Points	Values	
50th Percentile	0.25	81.7%	
60th Percentile	0.50	83.0%	
70th Percentile	0.75	84.0%	
80th Percentile	1.00	86.9%	

St. Vincent's AN		
2016 Rate	2017 Rate	Improvement
87.1%	87.2%	0.0%

Aggregate Quality Components	Points Awarded	Possible Points
Maintain Quality	1.00	1.00
Improve Quality	-	1.00
Absolute Quality	1.00	1.00
Total Points	2.00	3.00

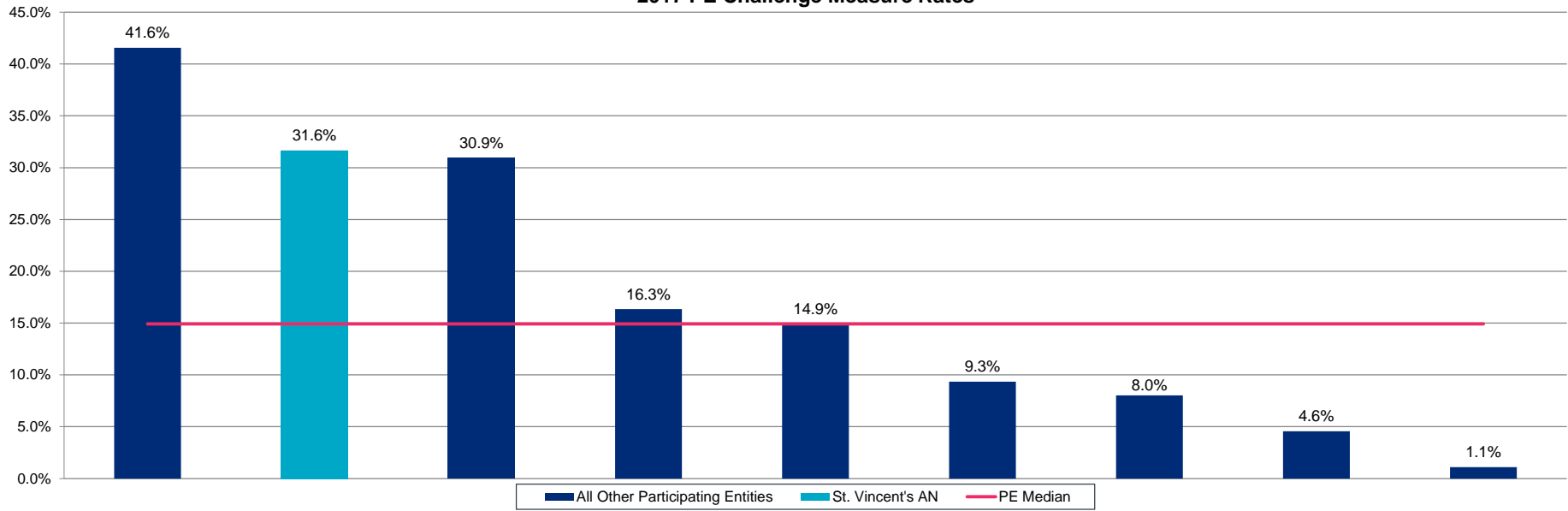
Rate Calculation Considerations
Not Applicable

Quality Measure Description
Percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: • Six or more well-child visits.

- Notes:
1. The 2016 rates are from the quality measure data sets provided on August 18, 2017.
 2. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 3. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
 4. The Improve Quality Benchmarks are derived from the comparison group entities' percent improvement from 2016 to 2017.
 5. The Absolute Quality Benchmarks were derived from the comparison group 2015 rates.

Behavioral health screening 1–17
St. Vincent's AN

2017 PE Challenge Measure Rates



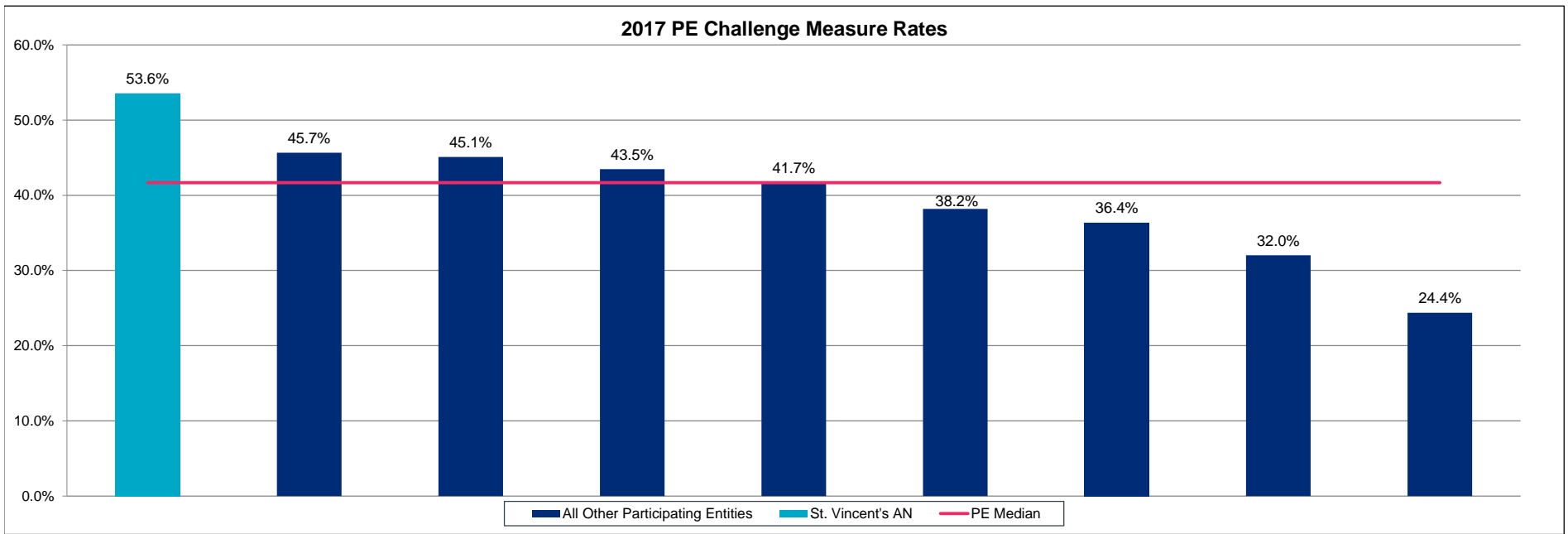
Participating Entities 2017 Rate									All Participating Entity 2017 Median	St. Vincent's AN 2017 Rate	
41.6%	31.6%	30.9%	16.3%	14.9%	9.3%	8.0%	4.6%	1.1%	14.9%	31.6%	
										Challenge Point Awarded	1

Rate Calculation Considerations
Not Applicable

Quality Measure Description
The percentage of children ages 1–17, who were screened for developmental or behavioral problems using a validated survey instrument, approved by the AAP.

- Notes:
1. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 2. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
 3. A challenge point is awarded if a Participating Entity's 2017 rate is equal to or greater than the median of all Participating Entities 2017 rate of the given measure.

Metabolic monitoring for children and adolescents on antipsychotics
St. Vincent's AN



Participating Entities 2017 Rate									All Participating Entity 2017 Median	St. Vincent's AN 2017 Rate	
53.6%	45.7%	45.1%	43.5%	41.7%	38.2%	36.4%	32.0%	24.4%	41.7%	53.6%	
										Challenge Point Awarded	1

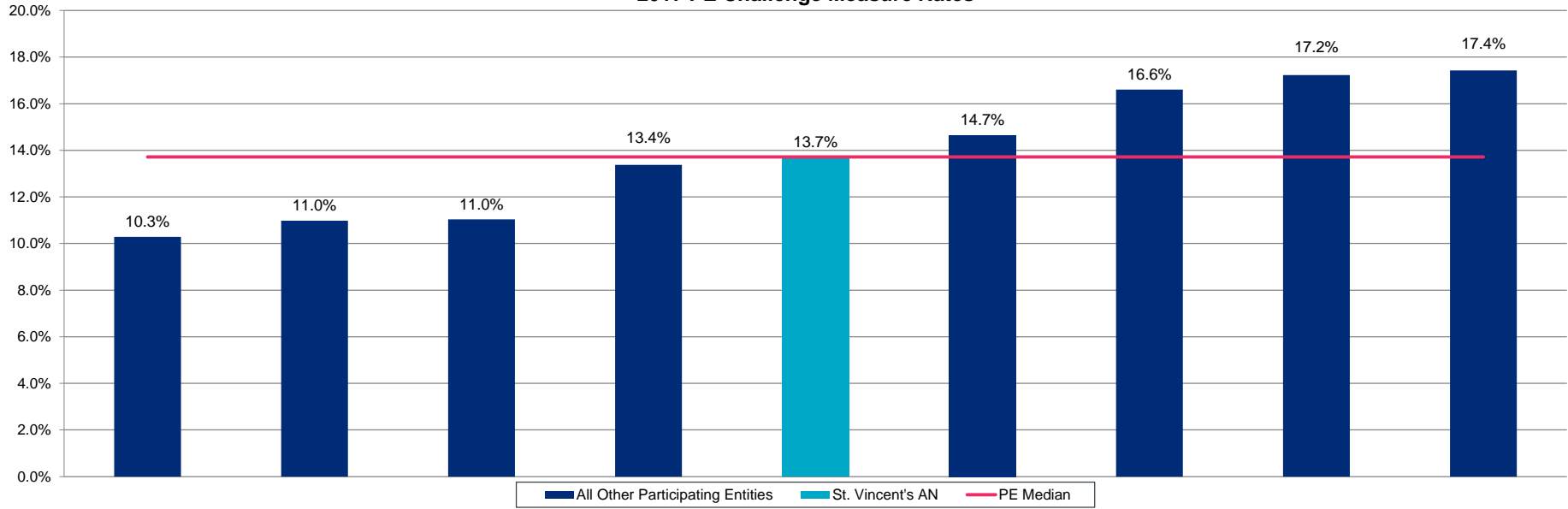
Rate Calculation Considerations
Not Applicable

Quality Measure Description
Percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

- Notes:
1. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 2. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
 3. A challenge point is awarded if a Participating Entity's 2017 rate is equal to or greater than the median of all Participating Entities 2017 rate of the given measure.

Readmissions within 30 days
St. Vincent's AN

2017 PE Challenge Measure Rates



Participating Entities 2017 Rate									All Participating Entity 2017 Median	St. Vincent's AN 2017 Rate	
10.3%	11.0%	11.0%	13.4%	13.7%	14.7%	16.6%	17.2%	17.4%	13.7%	13.7%	
										Challenge Point Awarded	1

Rate Calculation Considerations

A lower score indicates more appropriate care.

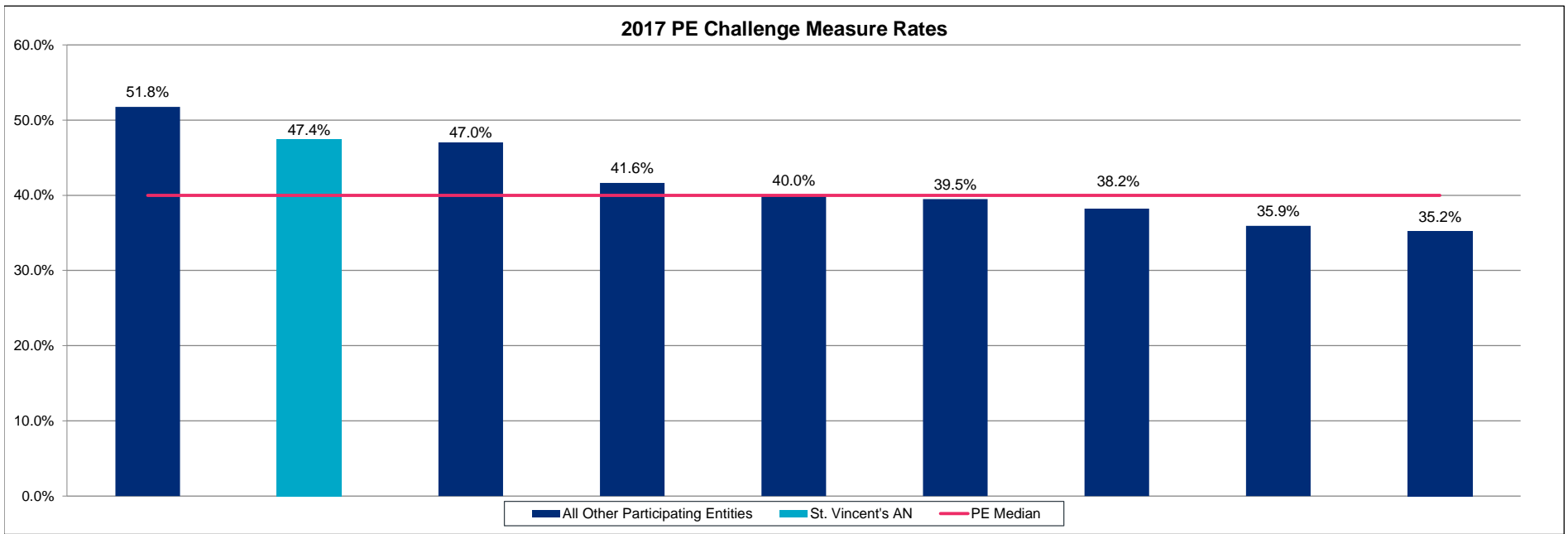
Quality Measure Description

For Medicaid members age 0 to 64, total readmissions within 30 days after discharge from hospital. This measure is based on AHRQ and CMS approved specifications developed by Medicaid Medical Directors Network (MMDN) for Medicaid patients only. The measure aggregates the results for Physical Health only, Physical Health and Behavioral Health combined, by age, gender, race/ethnicity and by Major Diagnosis Category. It assesses the overall readmission rate by 4 populations: Pediatric OB, Pediatric Non-OB, Adult OB, Adult Non-OB with the age break out of Age Under 1, Age 1-12, Age 13-20, Age 21-44 and Age 45-64. Dual Eligible members are excluded.

Notes:

1. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
2. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
3. A challenge point is awarded if a Participating Entity's 2017 rate is equal to or greater than the median of all Participating Entities 2017 rate of the given measure.

Post-hospital admission follow up
St. Vincent's AN



Participating Entities 2017 Rate									All Participating Entity 2017 Median	St. Vincent's AN 2017 Rate	
51.8%	47.4%	47.0%	41.6%	40.0%	39.5%	38.2%	35.9%	35.2%	40.0%	47.4%	
										Challenge Point Awarded	1

Rate Calculation Considerations
Not Applicable

Quality Measure Description
Percentage of adults age 21–75 with an inpatient “medical” or psych admission with a claim for post-admission follow-up with a physician, Physician Assistant, or advanced practice registered nurse within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery related.

- Notes:
1. The 2017 rates are from the quality measure data sets provided on September 6, 2018.
 2. DNQ (Does Not Qualify) values occur when a denominator count is less than 30.
 3. A challenge point is awarded if a Participating Entity's 2017 rate is equal to or greater than the median of all Participating Entities 2017 rate of the given measure.