

| Year | Northeast Medical Group AN | St. Vincent's AN | Charter Oak Health Center | Community Health Center, Inc. | Cornell Scott-Hill Health Center | Fair Haven Community Health Center | Generations Family Health Center | Optimus Health Care, Inc. | Southwest Community Health Center, Inc. |
|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 75.2% | 73.1% | 62.7% | 71.3% | 72.4% | 68.5% | 62.8% | 78.2% | 72.9% |
| 2017 | 75.3% | 77.6% | 70.5% | 72.9% | 69.6% | 73.9% | 64.2% | 77.7% | 70.7% |

Rate Calculation Considerations

Not Applicable

Quality Measure Description

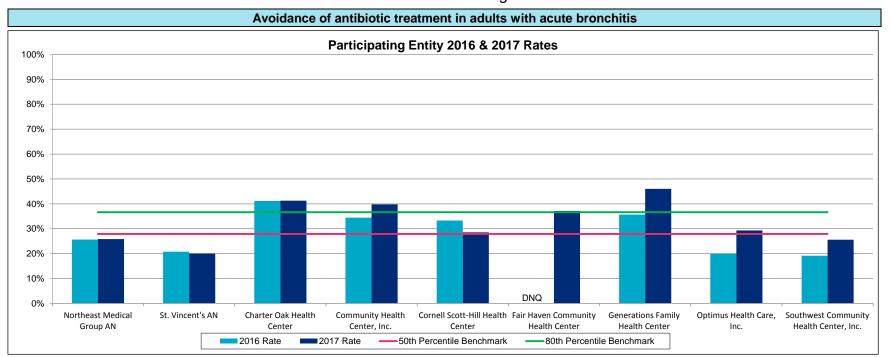
The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology practitioner during the measurement year.

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 Absolute Quality 50th and 80th Percentile Benchmarks were derived from the comparison group 2015 rates.
- 5. Values displayed are rounded to one decimal place; unrounded rates are used for scoring PE results.



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|----|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 20 |)16 | 25.7% | 20.7% | 41.2% | 34.5% | 33.3% | DNQ | 35.7% | 20.0% | 19.1% |
| 20 |)17 | 25.9% | 20.1% | 41.3% | 39.8% | 28.6% | 37.1% | 46.0% | 29.3% | 25.6% |

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

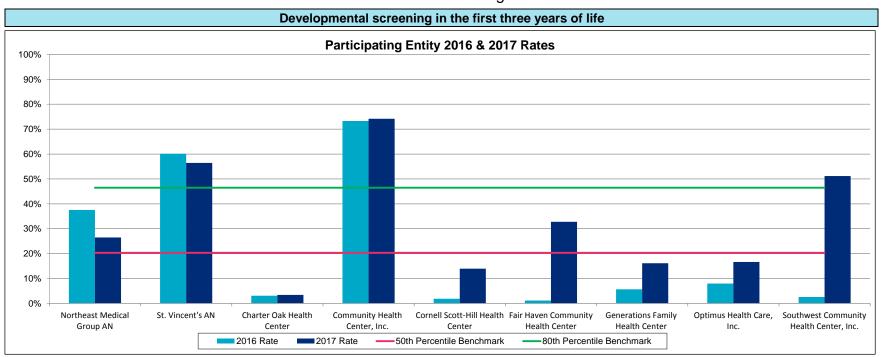
The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate care (i.e. the proportion for whom antibiotics were not prescribed).

Notes:

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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 37.5% | 60.1% | 3.1% | 73.3% | 1.9% | 1.2% | 5.6% | 8.0% | 2.6% |
| 2017 | 26.5% | 56.4% | 3.4% | 74.1% | 13.9% | 32.8% | 16.1% | 16.7% | 51.2% |

| | Rate Calculation Considerations | |
|----------------|---------------------------------|--|
| Not Applicable | | |

Quality Measure Description

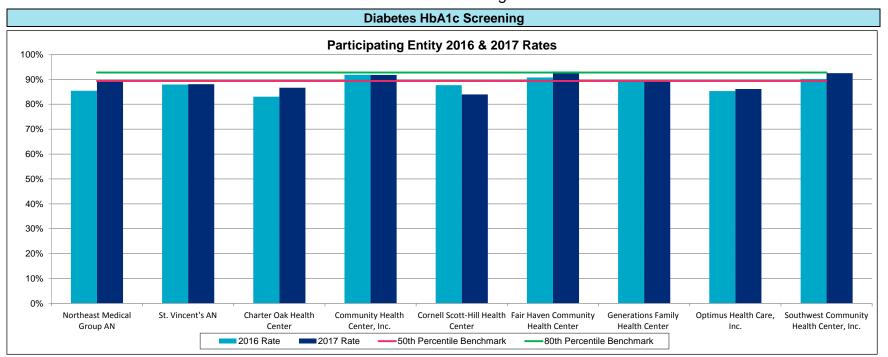
The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are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

Notes:

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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 85.4% | 87.9% | 83.0% | 91.8% | 87.7% | 90.8% | 89.4% | 85.3% | 90.1% |
| 2017 | 89.5% | 88.1% | 86.7% | 91.8% | 83.9% | 93.1% | 89.3% | 86.1% | 92.5% |

Rate Calculation Considerations

Not Applicable

Quality Measure Description

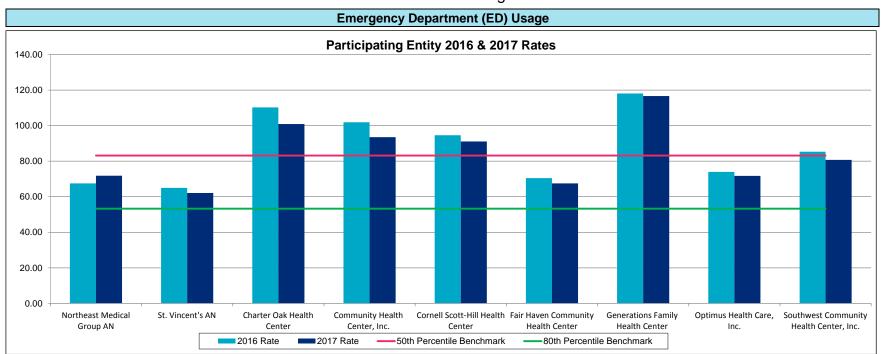
Adults age 18–75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.

Notes

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|---|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| ſ | 2016 | 67.51 | 65.01 | 110.26 | 101.88 | 94.62 | 70.51 | 118.05 | 73.96 | 85.31 |
| | 2017 | 71.79 | 62.06 | 100.91 | 93.51 | 91.05 | 67.54 | 116.61 | 71.77 | 80.74 |

Rate Calculation Considerations

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

Quality Measure Description

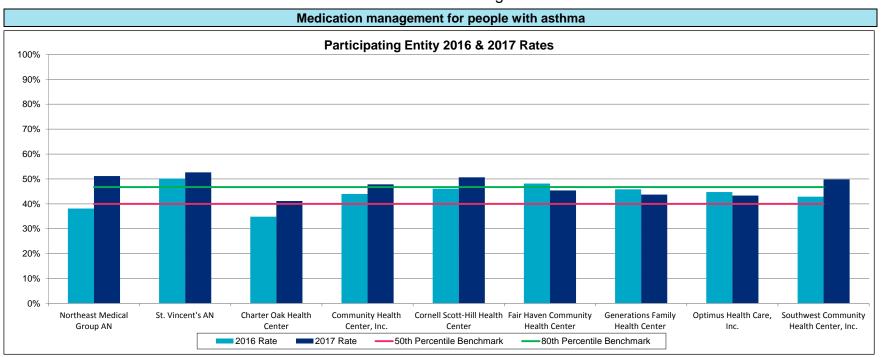
Emergency department usage (all ages, but 0-19 can be broken out for pediatric practices). Excludes mental health and chemical dependency services.

Notes

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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 38.1% | 50.2% | 34.9% | 44.0% | 46.1% | 48.2% | 45.9% | 44.7% | 42.9% |
| 2017 | 51.2% | 52.7% | 41.2% | 47.9% | 50.6% | 45.4% | 43.7% | 43.4% | 49.8% |

Rate Calculation Considerations

Not Applicable

Quality Measure Description

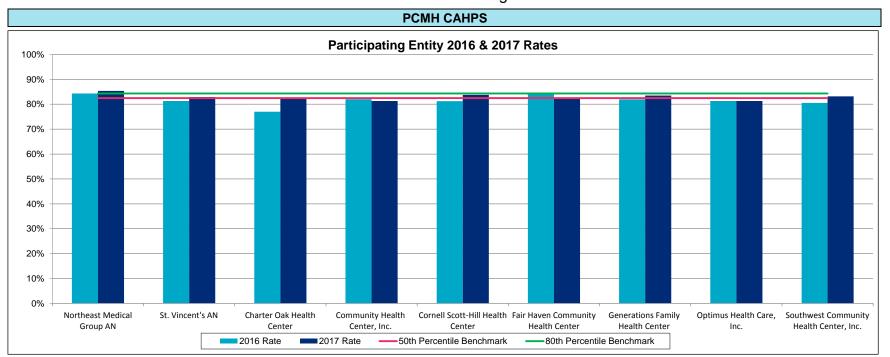
Medication Management for people with asthma age 5–64 (age 5–18 breakout can be used for pediatric practices). Percent of patients with persistent asthma who were prescribed and remained on asthma "controller medication" for at least 75% of their treatment period.

Notes:

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- 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 Absolute Quality 50th and 80th Percentile Benchmarks were derived from the comparison group 2015 rates.
- 5. Values displayed are rounded to one decimal place; unrounded rates are used for scoring PE results.



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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 84.3% | 81.3% | 77.0% | 82.0% | 81.2% | 84.7% | 82.0% | 81.3% | 80.6% |
| 2017 | 85.3% | 82.9% | 82.1% | 81.3% | 83.7% | 82.7% | 83.5% | 81.3% | 83.2% |

Rate Calculation Considerations

Not Applicable

Quality Measure Description

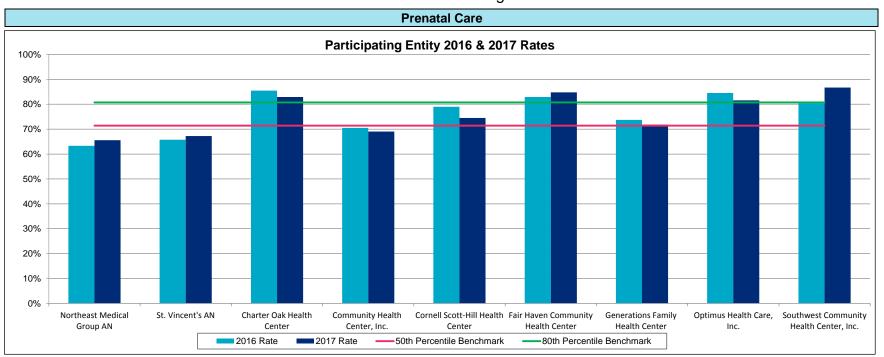
Consumer Assessment of Healthcare Providers and Systems ® (CAHPS) — Person-Centered Medical Home (PCMH) version. Supplemental questions can be added.

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. For PCMH CAHPS only, the Absolute Quality 50th and 80th Percentile Benchmarks were derived from the comparison group 2016 rates.
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|----|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 20 | 016 | 63.3% | 65.7% | 85.5% | 70.5% | 79.0% | 82.9% | 73.7% | 84.5% | 80.4% |
| 20 |)17 | 65.6% | 67.2% | 82.9% | 69.1% | 74.5% | 84.8% | 71.8% | 81.6% | 86.7% |

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:

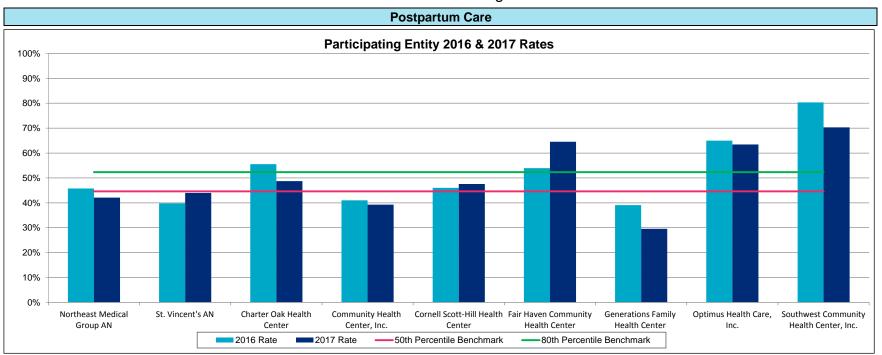
• Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.

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.
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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 45.7% | 39.8% | 55.6% | 41.0% | 46.0% | 53.9% | 39.1% | 65.0% | 80.4% |
| 2017 | 42.1% | 44.0% | 48.7% | 39.3% | 47.5% | 64.6% | 29.6% | 63.4% | 70.3% |

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:

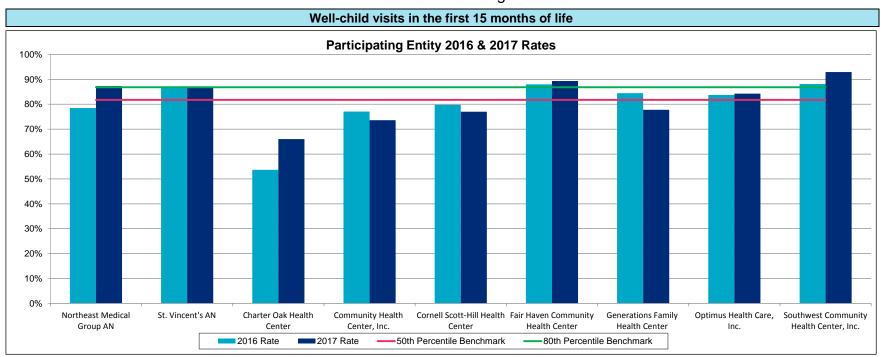
• Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

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.
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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 78.5% | 87.1% | 53.7% | 77.1% | 79.8% | 88.0% | 84.4% | 83.7% | 88.1% |
| 2017 | 87.3% | 87.2% | 66.0% | 73.6% | 77.0% | 89.3% | 77.8% | 84.3% | 92.9% |

| Rate Calculation Consideration |
|---------------------------------------|
| |

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:

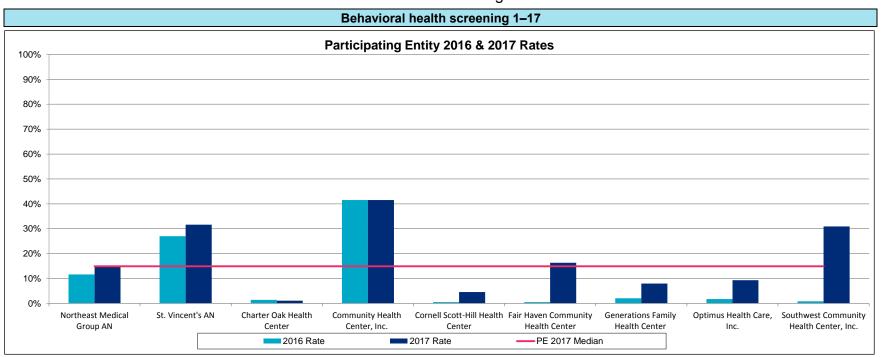
· Six or more well-child visits.

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.
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- 4. The Absolute Quality 50th and 80th Percentile Benchmarks were derived from the comparison group 2015 rates.
- 5. Values displayed are rounded to one decimal place; unrounded rates are used for scoring PE results.



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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 11.7% | 27.0% | 1.4% | 41.5% | 0.5% | 0.5% | 2.1% | 1.7% | 0.8% |
| 2017 | 14.9% | 31.6% | 1.1% | 41.6% | 4.6% | 16.3% | 8.0% | 9.3% | 30.9% |

Rate Calculation Considerations

Not Applicable

Quality Measure Description

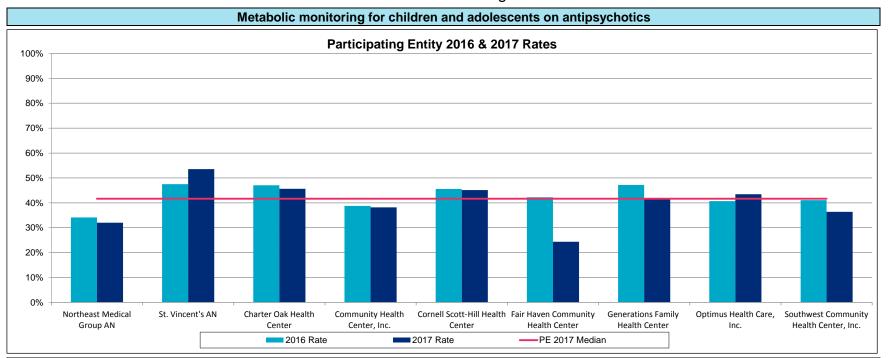
The percentage of children ages 1–17, who were screened for developmental or behavioral problems using a validated survey instrument, approved by the AAP.

Notes:

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- 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 2017 PE Median score is used for Challenge Measure scoring.
- 5. Values displayed are rounded to one decimal place; unrounded rates are used for scoring PE results.



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| Year | Northeast Medical Group AN | St. Vincent's AN | Charter Oak Health Center | Community Health Center, Inc. | Cornell Scott-Hill Health Center | Fair Haven Community Health Center | Generations Family Health Center | Optimus Health Care, Inc. | Southwest Community Health Center, Inc. |
|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 34.2% | 47.5% | 47.1% | 38.8% | 45.6% | 42.2% | 47.2% | 40.7% | 41.1% |
| 2017 | 32.0% | 53.6% | 45.7% | 38.2% | 45.1% | 24.4% | 41.7% | 43.5% | 36.4% |

| | Rate Calculation Considerations | |
|----------------|---------------------------------|--|
| Not Applicable | | |

Quality Measure Description

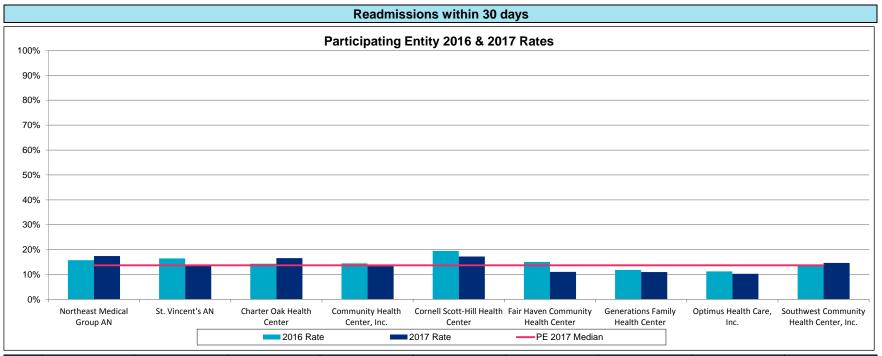
Percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Notes:

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| Yea | Northeast Medical Group AN | St. Vincent's AN | Charter Oak Health Center | Community Health Center, Inc. | Cornell Scott-Hill Health Center | Fair Haven Community Health Center | Generations Family Health Center | Optimus Health Care, Inc. | Southwest Community Health Center, Inc. |
|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 15.7% | 16.5% | 14.3% | 14.5% | 19.5% | 15.1% | 11.8% | 11.3% | 13.9% |
| 2017 | 17.4% | 13.7% | 16.6% | 13.4% | 17.2% | 11.0% | 11.0% | 10.3% | 14.7% |

Rate Calculation Considerations

A lower score indicates more appropriate care.

Quality Measure Description

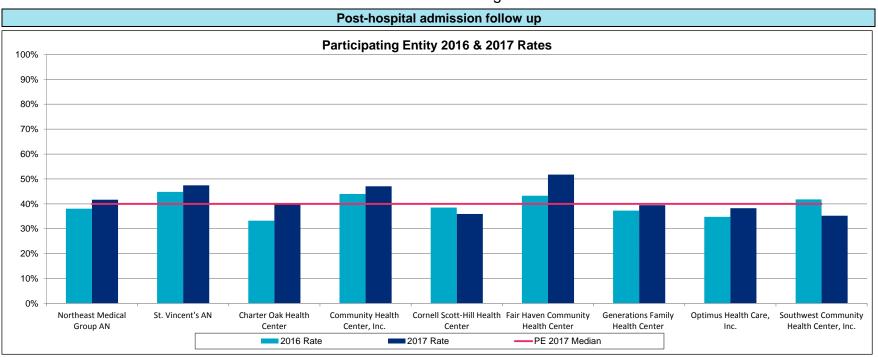
For Medicaid members age 0 to 64, total readmissions within 30 days after discharge from hospital. This measure is based on AHRQ and CMS approved specifications developed by Medicaid Medical Directors Network (MMDN) for Medicaid patients only. The measure aggregates the results for Physical Health only, 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

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|------|-------------------------------|------------------|------------------------------|----------------------------------|-------------------------------------|--|--|------------------------------|---|
| 2016 | 38.1% | 44.8% | 33.2% | 44.0% | 38.5% | 43.3% | 37.3% | 34.8% | 41.8% |
| 2017 | 41.6% | 47.4% | 40.0% | 47.0% | 35.9% | 51.8% | 39.5% | 38.2% | 35.2% |

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

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