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May 10, 2017

BY EMAIL (erik.bodin@vdh.virginia.gov) ONLY
Mr. Erik O. Bodin, Director
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485

Re: Supplemental Data Request—Response #6

Dear Mr. Bodin,

Response #6 to the Supplemental Data Request received from your office on January 9, 2017, has been uploaded to the Citrix ShareFile platform. Response #6 provides the parties' responses to address items identified in the Commissioner's letter dated April 20, 2017.

Please contact me if you have any questions. As permitted under Virginia Code § 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12VAC5-221-40.D), the material that the parties believe to be proprietary is clearly marked and submitted in separate electronic files for confidential treatment.

Sincerely,

Jennifer Light McGrath

cc: Peter Boswell
Allyson K. Tysinger

RESPONSE #6

TO SUPPLEMENTAL DATA REQUEST

SUBMITTED JANUARY 9, 2017

BY

VIRGINIA DEPARTMENT OF HEALTH

IN CONNECTION WITH

APPLICATION FOR LETTER AUTHORIZING COOPERATIVE AGREEMENT

Pursuant to Virginia Code § 15.2-5384.1

and the regulations promulgated thereunder at 12VAC5-221-10 *et seq.*

Submitted by: Mountain States Health Alliance

Wellmont Health System

Date: May 10, 2017

INDEX OF REQUESTS

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2.	Aggregate Hospital Quality – Wellmont	Provide aggregate hospital quality indicator performance for *Wellmont* historically, current baseline and target goal performance.	4
3.	Aggregate Hospital Quality – Mountain States	Provide aggregate hospital quality indicator performance for *Mountain States* historically, current baseline and target goal performance.	5
4.	Hospital Cost	Identify the top 25 services/procedures in the hospital system and provide aggregate cost data historically, current baseline and targeted goal performance. In the column next to baseline identify the difference between high and low across all hospitals in Ballad.	6
5.	Aggregate Hospital Experience Satisfaction	Identify the key experience satisfaction indicators for hospital services and provide historic, current baseline and goal target performance for each. Next to the baseline column identify the % difference from highest to lowest performing hospital.	7
6.	Hospital Based Medicare-Medicaid Performance Payment Summary: Performance Dollar Return	List the current performance risk based programs both systems are currently participating in. Provide historic return on each program as a percentage of possible dollars recovered by the system. Current baseline refers to expected 2016 returns. Project future targets for current programs and future programs you would potentially participate in.	8
7.	Aggregate Ambulatory Quality	Identify the top quality indicators in primary care and provide aggregate performance data across all practices. Next to baseline provide the % variation from high to low across all practices in the system. Provide future performance targets for each indicator.	9
8.	Ambulatory Cost	Identify the key services provided in the primary care setting. Provide aggregate cost data for each service across primary care practices. Project expected future target cost data for each service.	10
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ITEM	DESCRIPTION	REQUEST DETAIL	REQUEST PAGE NUMBER
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21.	Ballad Master Grid for All Payer Agreements	Complete the master grid for all payer agreements including Medicare, Medicaid and commercial. Identify in column 2 whether the contract has a risk component and define the type of incentive involved.	33
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ITEM	DESCRIPTION	REQUEST DETAIL	REQUEST PAGE NUMBER
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30.	Employer Quality	List any population health partnerships that you have with employers. Identify the quality indicators associated with that employer population including historic, current baseline and projected future performance.	46
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ITEM	DESCRIPTION	REQUEST DETAIL	REQUEST PAGE NUMBER
35.	Population Health Infrastructure	Identify the components of the population health infrastructure required to produce results over time. Provide a short baseline description of current state and a description of capability over the course of time. The intent is to document the evolution of capacity and capability in the important infrastructure components over the course of time.	54
36.	Information Technology and Analytics: IT and Analytics Engine Capability	Provide a snapshot of the current state of IT and analytics and provide a description of capacity and capability over time.	55
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38.	Spread of Population Health Initiatives - Numbers and Types of Relationship	In each of the three categories payer, employer and community describe the spread plan for each one. Identify by year the number, type and name of the payer, employer or community that will be targeted for partnership.	57
39.	Project Plan Roadmap	In each of the major domains of the population health framework, identify the associated projects and the corresponding timeframe for each of the projects.	58 – 61

Definition:

"Commissioner's April 20 Letter" means the letter dated April 20, 2017 to the Applicants identifying items for additional follow-up from the Applicants.

SECTION I. PERFORMANCE OF THE KEY HEALTH SYSTEM DIVISIONS

I.1. MSHA SUPPLEMENTAL RESPONSE

1. MSHA-HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Comment from Commissioner's April 20 Letter: If information in response to a particular item in the Request is not provided, please provide an explanation as to why the information cannot be provided or cannot be obtained.

MSHA SUPPLEMENTAL RESPONSE: Items on **Exhibit MSHA-1** marked with "n/a" indicate that there were insufficient occurrences to support the quality measure, thereby causing the quality measure to be dropped.

I.1. WHS SUPPLEMENTAL RESPONSE

1. WHS-HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Comment from Commissioner's April 20 Letter: WellImont Health System did not provide any future performance targets, stating that "CMS target is not yet defined."

WHS SUPPLEMENTAL RESPONSE: WHS has revised Exhibit WHS-1 to provide information requested in the Commissioner's April 20 letter, and this is submitted as **Amended Exhibit WHS-1**.

INDEX OF DOCUMENTS:

- Amended Exhibit WHS-1 WHS Quality Indicators – Hospital

I.2. WHS SUPPLEMENTAL RESPONSE

2. WHS-AGGREGATE HOSPITAL QUALITY

Provide aggregate hospital quality indicator performance for Wellmont historically, current baseline and target goal performance.

Comment from Commissioner's April 20 Letter: Wellmont Health System did not provide any future performance targets, stating that "CMS target is not yet defined."

WHS SUPPLEMENTAL RESPONSE: WHS has revised Exhibit WHS-2 to provide information requested in the Commissioner's April 20 letter, and this is submitted as **Amended Exhibit WHS-2**.

INDEX OF DOCUMENTS:

- Amended Exhibit WHS-2 Hospital Quality Indicators – Aggregate

I.4. WHS SUPPLEMENTAL RESPONSE

4. WHS-HOSPITAL COST

Identify the top 25 services/procedures in the hospital system and provide aggregate cost data historically, current baseline and targeted goal performance. In the column next to baseline identify the difference between high and low across all hospitals in Ballad.

Comment from Commissioner's April 20 Letter: Wellmont Health System did not provide future performance targets.

WHS SUPPLEMENTAL RESPONSE: WHS has revised Exhibit WHS-4 to provide information requested in the Commissioner's April 20 letter, and this is submitted as **Amended Exhibit WHS-4**.

Wellmont believes that **Amended Exhibit WHS-4** is proprietary, confidential and competitively sensitive under federal antitrust laws. Wellmont submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit WHS-4 WHS Top 25 Services for IP and OP – **PROPRIETARY**

I.8. MSHA SUPPLEMENTAL RESPONSE

8. MSHA-AMBULATORY COST

Identify the key services provided in the primary care setting. Provide aggregate cost data for each service across primary care practices. Project expected future target cost data for each service.

Comment from Commissioner's April 20 Letter: Mountain States Health Alliance did not provide historical performance data or future performance targets.

MSHA SUPPLEMENTAL RESPONSE: MSHA has revised Exhibit MSHA-8 to provide information requested in the Commissioner's April 20 letter, and this is submitted as **Amended Exhibit MSHA-8**. As noted previously, MSHA does not have a cost accounting system for Ambulatory/Physician services; however, MSHA used its best effort to calculate the cost data in another way, which is described in **Amended Exhibit MSHA-8**.

Mountain States believes that **Amended Exhibit MSHA-8** is proprietary, confidential and competitively sensitive under federal antitrust laws. Mountain States submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit MSHA-8 MSHA Ambulatory Cost – **PROPRIETARY**

I.10. MSHA SUPPLEMENTAL RESPONSE

10. MSHA-CURRENT PRIMARY CARE PHYSICIAN ALIGNMENT

Provide primary care information for each system practice identifying the name of the practice, combined panel size and location.

Comment from Commissioner's April 20 Letter: I would again ask that you please provide your best response to each requested item….

MSHA SUPPLEMENTAL RESPONSE: MSHA has revised Exhibit MSHA-10 to add footnotes to further clarify the data shown, and this is submitted as **Amended Exhibit MSHA-10**.

Mountain States believes that **Amended Exhibit MSHA-10** is proprietary, confidential and competitively sensitive under federal antitrust laws. Mountain States submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit MSHA-10 — MSHA Current Primary Care Physician Alignment – **PROPRIETARY**

I.10. WHS SUPPLEMENTAL RESPONSE

10. WHS-CURRENT PRIMARY CARE PHYSICIAN ALIGNMENT

Provide primary care information for each system practice identifying the name of the practice, combined panel size and location.

Comment from Commissioner's April 20 Letter: I would again ask that you please provide your best response to each requested item….

WHS SUPPLEMENTAL RESPONSE: WHS has revised Exhibit WHS-10 to provide information requested in the Commissioner's April 20 letter, and this is submitted as **Amended Exhibit WHS-10**.

Wellmont believes that **Amended Exhibit WHS-10** is proprietary, confidential and competitively sensitive under federal antitrust laws. Wellmont submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit WHS-10 — WHS Current Primary Care Physician Alignment – **PROPRIETARY**

I.11. JOINT SUPPLEMENTAL RESPONSE

11. JOINT-CURRENT INDEPENDENT PRIMARY CARE PHYSICIAN ALIGNMENT

Provide primary care information for the aligned independent practices identifying current practices, panel size and location.

Comment from Commissioner's April 20 Letter: Based on our review of the information you provided, it appears that Item 11 Current Independent Primary Care Physician Alignment, and Item 12 Future Primary Care Vision Physician Alignment [Ballad], were misinterpreted. In response to both items, it appears that Wellmont Health System and Mountain States Health Alliance provided data concerning the size of the respective physician panels. But it is the data concerning the size of the respective patient panels that I am seeking. Please submit a revised response to items 11 and 12.

JOINT SUPPLEMENTAL RESPONSE: Based on the Commissioner's clarification that she seeks patient panel size information, the Parties are unable to provide this information for independent physicians. The Parties do not have this information for independent physicians and believe that patient panel size information is proprietary to the respective providers. For this reason, each of MSHA and WHS has designated the patient panel size information for its employed and affiliated primary care physicians (see Item #12 below) as proprietary information for confidential treatment.

I.12. MSHA SUPPLEMENTAL RESPONSE

12. MSHA-FUTURE PRIMARY CARE VISION PHYSICIAN ALIGNMENT – BALLAD

Provide the future anticipated outlook for Ballad owned primary care practices by location.

Comment from Commissioner's April 20 Letter: Based on our review of the information you provided, it appears that Item 11 Current Independent Primary Care Physician Alignment, and Item 12 Future Primary Care Vision Physician Alignment [Ballad], were misinterpreted. In response to both items, it appears that Wellmont Health System and Mountain States Health Alliance provided data concerning the size of the respective physician panels. But it is the data concerning the size of the respective patient panels that I am seeking. Please submit a revised response to items 11 and 12.

MSHA SUPPLEMENTAL RESPONSE: Please see **Amended Exhibit MSHA-10** for information on the current patient panel size for MSHA's primary care providers. The Parties acknowledge the Commissioner's desire to have information regarding the future patient panel size for Ballad-owned primary care practices; however, future projections are not possible because of the significant factors affecting patient panel size. MSHA is committed to ensuring panel sizes are equitable and appropriate to offer good care in a timely way to a reasonable number of patients. MSHA does not anticipate significant change in panel size, but does acknowledge the panel size could vary based on governmental policies, scope of practice, patient self-management, etc.

Similarly, the Parties have not developed, nor even discussed, a primary care or specialty physician strategy due to limitations under federal antitrust laws. As a result, the Parties are unable to project how many providers would be employed by or affiliated with Ballad Health. The Parties remain supportive of the existing primary care groups within the service area and are committed to working with primary care groups to improve access and ensure appropriate demand is met.

I.12. WHS SUPPLEMENTAL RESPONSE

12. WHS-FUTURE PRIMARY CARE VISION PHYSICIAN ALIGNMENT – BALLAD

Provide the future anticipated outlook for Ballad owned primary care practices by location.

Comment from Commissioner's April 20 Letter: Based on our review of the information you provided, it appears that Item 11 Current Independent Primary Care Physician Alignment, and Item 12 Future Primary Care Vision Physician Alignment [Ballad], were misinterpreted. In response to both items, it appears that Wellmont Health System and Mountain States Health Alliance provided data concerning the size of the respective physician panels. But it is the data concerning the size of the respective patient panels that I am seeking. Please submit a revised response to items 11 and 12.

WHS SUPPLEMENTAL RESPONSE: Please see **Amended Exhibit WHS-10** for information on the current patient panel size for Wellmont's primary care providers. The Parties acknowledge the Commissioner's desire to have information regarding the future patient panel size for Ballad-owned primary care practices; however, future projections are not possible because of the significant factors affecting patient panel size. WHS is committed to ensuring panel sizes are equitable and appropriate to offer good care in a timely way to a reasonable number of patients. WHS does not anticipate significant change in panel size, but does acknowledge the panel size could vary based on governmental policies, scope of practice, patient self-management, etc.

Similarly, the Parties have not developed, nor even discussed, a primary care or specialty physician strategy due to limitations under federal antitrust laws. As a result, the Parties are unable to project how many providers would be employed by or affiliated with Ballad Health. The Parties remain supportive of the existing primary care groups within the service area and are committed to working with primary care groups to improve access and ensure appropriate demand is met.

I.15. WHS SUPPLEMENTAL RESPONSE

15. WHS-CONDITION TOTAL COST OF CARE FOR A POPULATION PMPY

Utilizing data from current payer agreements provide aggregate total cost of care as measured by PMPY for each key condition for historic, current baseline and future projected performance.

Comments from Commissioner's April 20 Letter: Wellmont Health System did not provide this data. If information in response to a particular item in the Request is not provided, please provide an explanation as to why the information cannot be provided or cannot be obtained.

WHS SUPPLEMENTAL RESPONSE: Please see **Exhibit WHS-15**.

Wellmont believes that **Exhibit WHS-15** is proprietary, confidential and competitively sensitive under federal antitrust laws. Wellmont submits this Exhibit to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Exhibit WHS-15 WHS Condition Total Cost of Care for Population PMPY – **PROPRIETARY**

SECTION II. PAYER PERFORMANCE

II.18. WHS SUPPLEMENTAL RESPONSE

18. WHS-PAYER TOTAL COST OF CARE PMPY FOR ATTRIBUTED POPULATION

For each payer agreement provide the total cost of care for the attributed population measured by PMPY for historic performance, current baseline and projected future target performance.

Comments from Commissioner's April 20 Letter: Wellmont Health System did not provide baseline data or future performance targets. If information in response to a particular item in the Request is not provided, please provide an explanation as to why the information cannot be provided or cannot be obtained.

WHS SUPPLEMENTAL RESPONSE: Please see **Exhibit WHS-18B**.

Wellmont believes that **Exhibit WHS-18B** is proprietary, confidential and competitively sensitive under federal antitrust laws. Wellmont submits this Exhibit to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Exhibit WHS-18B — WHS Payer Total Cost of Care PMPY for Attributed Population – **PROPRIETARY**

II.24. MSHA SUPPLEMENTAL RESPONSE

24. MSHA-COMMERCIAL PAYER FEE SCHEDULES - Ambulatory % of Medicare Rates for Primary Care and Specialty Care.

List the top ambulatory codes and identify fee schedule rate as a % of Medicare for historic, current baseline and future performance.

Comment from Commissioner's April 20 Letter: I would again ask that you please provide your best response to each requested item….

MSHA SUPPLEMENTAL RESPONSE: MSHA has revised Exhibit MSHA-24 to add footnotes and further clarify the data shown, and this is submitted as **Amended Exhibit MSHA-24**.

Mountain States believes that **Amended Exhibit MSHA-24** is proprietary, confidential and competitively sensitive under federal antitrust laws. Mountain States submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit MSHA-24 — MSHA Commercial Payer Fee Schedules – Ambulatory % of Medicare Rates for Primary Care and Specialty Care – **PROPRIETARY**

II.24. WHS SUPPLEMENTAL RESPONSE

24. WHS-COMMERCIAL PAYER FEE SCHEDULES - Ambulatory % of Medicare Rates for Primary Care and Specialty Care.

List the top ambulatory codes and identify fee schedule rate as a % of Medicare for historic, current baseline and future performance.

Comments from Commissioner's April 20 Letter: Wellmont Health System did not provide future performance targets, stating that future performance targets are inapplicable. I would again ask that you please provide your best response to each requested item by entering data/information directly into each item space of the document. If information in response to a particular item in the Request is not provided, please provide an explanation as to why the information cannot be provided or cannot be obtained.

WHS SUPPLEMENTAL RESPONSE: This data is simply trended historical utilization of specific CPT codes. A baseline or performance target is not applicable. Additionally, because this information is based upon Medicare reimbursement rates, and Medicare does not publish future fee schedules, there is no way to show future targets. The remainder of the requested information is provided in **Amended Exhibit WHS-24**, which is provided in the requested format.

Wellmont believes that **Amended Exhibit WHS-24** is proprietary, confidential and competitively sensitive under federal antitrust laws. Wellmont submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit WHS-24 — WHS Commercial Payer Fee Schedules – Ambulatory % of Medicare Rates for Primary Care and Specialty Care – **PROPRIETARY**

SECTION III. EMPLOYER PERFORMANCE

III.27. WHS SUPPLEMENTAL RESPONSE

27. WHS-HEALTH SYSTEM EMPLOYEE – COST PMPY

Identify the aggregate PMPY for the employee defined population historically, current baseline and future target performance.

Comment from Commissioner's April 20 Letter: Wellmont Health System did not provide future performance targets.

WHS SUPPLEMENTAL RESPONSE: WHS has revised Exhibit WHS-27 to provide information requested in the Commissioner's April 20 letter, and this is submitted as **Amended Exhibit WHS-27**.

Wellmont believes that **Amended Exhibit WHS-27** is proprietary, confidential and competitively sensitive under federal antitrust laws. Wellmont submits this Exhibit separately to the Virginia State Health Commissioner and the Attorney General for the Commonwealth of Virginia as proprietary information that is required to remain confidential under Virginia Code Section 15.2-5384.1.C.1 and Virginia's Rules and Regulations Governing Cooperative Agreements (12 VAC5-221-40.D).

INDEX OF DOCUMENTS:

- Amended Exhibit WHS-27 — WHS Health System Employee – Cost PMPY – **PROPRIETARY**

III.31. WHS SUPPLEMENTAL RESPONSE

31. WHS-EMPLOYER COST PMPY

For any employers with whom you have population health partnerships list the associated cost as measured by PMPY for historic, current baseline and future performance targets.

Comments from Commissioner's April 20 Letter: Wellmont Health System did not provide this data. If information in response to a particular item in the Request is not provided, please provide an explanation as to why the information cannot be provided or cannot be obtained.

WHS SUPPLEMENTAL RESPONSE: Wellmont has relationships with area businesses through its Business Health Solutions department. Those relationships include contracted services such as health risk assessment, the collection of personal health surveys, tobacco cessation classes, and consulting and coaching services related to high blood pressure, diabetes management, diet and nutrition, and exercise. Cost data as measured by PMPY is not available for employer relationships connected with Wellmont's Business Health Solutions area because that data encompasses all providers serving those patients and is sourced from claims data. The claims data belongs to the payers, and Wellmont does not have access to such claims data and therefore cannot provide this information.

Mountain States Health Alliance and Wellmont Health System
Responses to Virginia Department of Health Request #2 dated January 9, 2017

EXHIBIT LIST

Exhibit Number	Description	Response #
Section I	**Performance of the Key Health System Divisions**	
Amended WHS-1	WHS Quality Indicators – Hospital	**6**
Amended WHS-2	WHS Quality Indicators – Aggregate	**6**
Amended WHS-4	WHS Top 25 Services for IP and OP* – **PROPRIETARY**	**6**
Amended MSHA-8	MSHA Ambulatory Cost* – **PROPRIETARY**	**6**
Amended MSHA-10	MSHA Current Primary Care Physician Alignment* – **PROPRIETARY**	**6**
Amended WHS-10	WHS Current Primary Care Physician Alignment* – **PROPRIETARY**	**6**
WHS-15	WHS Condition Total Cost of Care for Population PMPY* – **PROPRIETARY**	**6**
Section II	**Payer Performance**	
WHS-18B	WHS Payer Total Cost of Care PMPY for Attributed Population* – **PROPRIETARY**	**6**
Amended MSHA-24	MSHA Commercial Payer Fee Schedules – Ambulatory % of Medicare Rates for Primary Care and Specialty Care* – **PROPRIETARY**	**6**
Amended WHS-24	WHS Commercial Payer Fee Schedules – Ambulatory % of Medicare Rates for Primary Care and Specialty Care* – **PROPRIETARY**	**6**
Section III	**Employer Performance**	
Amended WHS-27	WHS Health System Employee – Cost PMPY* – **PROPRIETARY**	**6**

Wellmont Bristol Regional Medical Center HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. Perinatal Care – PC-01	0%	3.6%	0%	2.0%	0%	0%	0%	0%
2. SSI – Abdominal Hysterectomy	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0
3. Acute Myocardial Infarction 30-Day Readmission Rate	22.1%	11.5%	9.6%	9.6%	16.8%	16.8%	16.8%	16.8%
4. Heart Failure 30-Day Readmission Rate	18.8%	19.3%	18.0%	18.0%	21.9%	21.9%	21.9%	21.9%
5. Total Hip/Total Knee 30-Day Readmission Rate	5.2%	2.7%	2.0%	2.0%	4.6%	4.6%	4.6%	4.6%
6. Tobacco Composite	Reporting not required in 2014	96.4%	97.9%	97.9%	71.7%	71.7%	71.7%	71.7%

Wellmont Hawkins County Medical Center HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. Heart Failure 30-Day Readmission Rate	33.3%	20.8%	13.9%	13.9%	22.0%	22.0%	22.0%	22.0%
2. Never Events	0	0	0	0	0	0	0	0
3. Tobacco Composite	Reporting not required in 2014	68.3%	85.9%	89.5%	71.7%	71.7%	71.7%	71.7%
4. ED-1 Median Time from ED Arrival to ED Departure for Admitted Pts	204 mins	180 mins	175 mins	175 mins	179 mins	179 mins	179 mins	179 mins
5. Venous Thromboembolism Discharge Instructions	100%	100%	100%	100%	100%	100%	100%	100%
6. Venous Thromboembolism – Incidence of Potentially Preventable VTE	25%	0%	0%	0%	.01%	.01%	.01%	.01%

Wellmont Hancock County HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. HCAHPS – Communication with the nurses	91.8%	91.5%	90.6%	78.5%	86.7%	86.7%	86.7%	86.7%
2. HCAHPS – Communication with doctors	92%	83.8%	91.4%	80.4%	88.5%	88.5%	88.5%	88.5%
3. HCAHPS – Responsiveness of Hospital Staff	87.2%	89%	91.9%	65.1%	80.4%	80.4%	80.4%	80.4%
4. HCAHPS – Discharge Information	98.6%	89%	91.7%	86.6%	91.6%	91.6%	91.6%	91.6%
5. HCAHPS – Hospital Environment	89.5%	85%	87.5%	65.6%	79%	79%	79%	79%
6. Average Length of Stay	3.04	3.03	2.66	2.66	2.82	2.82	2.82	2.82

Wellmont Holston Valley Medical Center HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. Perinatal Care (PC-01)	0%	4.3%	0%	2%	0%	0%	0%	0%
2. Catheter-Associated Urinary Tract Infection	1.580	.891	.460	.906	0	0	0	0
3. Surgical Site Infection – SSI Abdominal Hysterectomy	N/A	0.000	.485	.824	0.000	0.000	0.000	0.000
4. Acute Myocardial Infarction 30-Day Readmission Rate	9.6%	19.7%	8.9%	8.9%	16.8%	16.8%	16.8%	16.8%
5. Chronic Obstructive Pulmonary Disease 30-Day Readmission Rate	26.8%	24.1%	18.5%	18.5%	20%	20%	20%	20%
6. Coronary Artery Bypass Graft Readmission Rate	Data not reported in 2014	13%	1.4%	1.4%	14.4%	14.4%	14.4%	14.4%

Wellmont Lonesome Pine HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. Catheter-Associated Urinary Tract Infection	Not reported in 2014	.000	.000	.906	.000	.000	.000	.000
2. HCAHPS –Pain Management	76.2%	75.7%	80.8%	70.2%	78.5%	78.5%	78.5%	78.5%
3. HCAHPS – Communication About Medications	71.2%	74%	76.9%	63.4%	73.7%	73.7%	73.7%	73.7%
4. Acute Myocardial Infarction 30-Day Readmission Rate	0%	0%	0%	0%	17%	17%	17%	17%
5. Heart Failure 30 Day Readmission Rate	0%	11.7%	0%	0%	22%	22%	22%	22%
6. Inpatient Mortality Ratio	.16	.55	.39	.39	1	1	1	1

Wellmont Mountain View Medical Center HOSPITAL QUALITY (For each hospital in the system)

Identify your hospitals top quality indicators and complete the grid providing historic performance, current baseline and target goal performance for each hospital in the Mountain States and Wellmont systems.

Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. Catheter-Associated Urinary Tract Infections	Data not available	0.000	0.000	.906	0.000	0.000	0.000	0.000
2. Clostridium-Difficile (C Diff)	Data not available	.268	0.000	.794	.002	.002	.002	.002
3. Acute Myocardial Infarction 30-Day Readmission Rate	8.3%	28.4%	0%	0%	16.8%	16.8%	16.8%	16.8%
4. Chronic Obstructive Pulmonary Disease 30-Day Readmission Rate	44.4%	9.3%	18.9%	18.9%	20%	20%	20%	20%
5. Never Events	1	3	0	0	0	0	0	0
6. Venous Thromboembolism Incidence of Potentially Preventable VTE	Data Not available	0%	0%	0%	.1%	.1%	.1%	.1%

WELLMONT HEALTH SYSTEM AGGREGATE HOSPITAL QUALITY

Provide aggregate hospital quality indicator performance for Wellmont historically, current baseline and target goal performance.

Performance Targets / Key Quality Indicator	2014 Performance	2015 Performance	2016 Performance	Baseline	2017 Performance Target	2018 Performance Target	2019 Performance Target	2020 Performance Target
1. PC-01 (Perinatal Care – Elective Delivery < 39 Weeks	3.8%	3.7%	1.6%	3.1250	0.00%	0.00%	0.00%	0.00%
2. AHRQ – PSI 90 (Patient Safety Indicators)	0.29	N/A	N/A	.577321	.397051	.397051	.397051	.397051
3. CLABSI (Central Line-Associated Blood Stream Infections)	0.618	0.615	.555	0.369	0.000	0.000	0.000	0.000
4. CAUTI (Catheter-Associated Urinary Tract Infection)	1.146	0.350	0. 374	0.906	0.000	0.000	0.000	0.000
5. Acute Myocardial Infarction – 30 Day Readmissions	14.1%	13.4%	9.0%	9.0%	16.8%	16.8%	16.8%	16.8%

6. Heart Failure- 30 Day Readmissions	20.1%	19.1%	23.4%	23.4%	21.9%	21.9%	21.9%	21.9%
7. Pneumonia – 30 Day Readmissions	17.8%	14.8%	21.1%	21.1%	17.1%	17.1%	17.1%	17.1%
8. Chronic Obstructive Pulmonary Disease Readmissions	24.0%	18.1%	19.6%	19.6%	20.0%	20.0%	20.0%	20.0%
9. Average Length of Stay	4.54	4.68	4.42	Not available at this time	4.45	4.45	4.45	4.45
10. Never Events	9	7	7	0	0	0	0	0
11. Stroke Composite	89.4%	92.8%	96.6%	96.6%	99.8%	99.8%	99.8%	99.8%
12. Outpatient Measures Composite	82.9%	71.7%	89.0%	89.0%	99.6%	99.6%	99.6%	99.6%
13. Perinatal Care Composite	79.7%	78.3%	80.6%	80.6%	84.2%	84.2%	84.2%	84.2%
14. ED-1 Median Time from ED Arrival to ED Departure for Admitted Pts	251 mins	237 mins	231 mins	231 mins	179 mins	179 mins	179 mins	179 mins

15. ED-2 Admit Decision Time to ED Departure Time for Admitted Pts	84 mins	81 mins	73 mins	73 mins	41 mins	41 mins	41 mins	41 mins
16. Venous Thromboembolism Discharge Instructions	77.2%	56.6%	68.3%	68.3%	100%	100%	100%	100%
17. Incidence of Potentially Preventable Venous Thromboembolism	6.6%	7.4%	2.3%	2.3%	0.1%	0.1%	0.1%	0.1%
18. Influenza Immunization	96.2%	96.8%	97.6%	97.6%	100%	100%	100%	100%