Policy Number & Title:	04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025
Responsible Departments:	Clinical, Quality, Analytics, and Finance
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Original Implementation Date:	January 1, 2023
Revision Effective Date:	January 1, 2023

I. **Purpose:** OneCare's Population Health Model (PHM) integrates previously separate Care Coordination, Value Based Incentive Fund and Population Health Management programs into a single blended program and payment stream. This integration fosters a common vision of the ACO's population health endeavors and relies upon coordinated engagement across the continuum of care. This policy describes the PHM core concepts, obligations, and associated distribution of PHM payments to Eligible Participants.

II. **Scope:** This Policy is applicable to the OneCare Workforce, Board of Managers, Committees, and Eligible Participants.

III. **Definitions:** Capitalized terms have the same definition as defined in OneCare's *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Adult Primary Care Practice means any Primary Care Practice whose practitioners predominantly treat adult patients (twenty-two years of age and older).

Assignment means the process by which OneCare Assigns Attributed Lives to an Eligible Participant. Once this process is completed the person becomes an Assigned Attributed Life. See OneCare's *03-06 Assignment of Attributed Lives Policy*.

Eligible Participant means a Participant that is, or whose TIN contains, a Primary Care Practice(s) (sometimes "Practice" herein) and the Participant has been Assigned Attributed Lives by OneCare through the Assignment process for an ACO Program.

Family Medicine Primary Care Practice means any Primary Care Practice whose practitioners treat a blend of adult and pediatric patients.

Pediatric Primary Care Practice means any Primary Care Practice whose practitioners predominantly treat pediatric patients (twenty-one years of age and younger).

PHM Accountability Measure(s) means a defined set of Care Coordination and Quality measures and the corresponding performance goals selected by the Population Health Strategy Committee (or any successor committee) and endorsed by the Board of Managers (see Section IV.B.iv., below). Financial incentives are offered for meeting or exceeding the performance goals for PHM Accountability Measures, as detailed in Section IV.D, PHM Payments, below.

IV. **Population Health Model Policy**

A. Population Health Model Core Concepts

i. OneCare's Population Health Model (PHM) enhances and supports a system of care in which all Vermonters have access to high-quality care. The PHM relies upon a mutual commitment

to priority goal-setting and follow-through, and provides a streamlined path for Eligible Participants to achieve ACO goals through a mutual commitment to accountability.

ii. Patient-centered, evidence-informed Care Coordination is the foundation of the PHM, and includes shared decision-making, aligned efforts that reduce fragmentation and improve collaboration, and use of data to reduce cost and achieve measureable improvement in quality and patient outcomes. For this reason, Eligible Participants **must** actively participate in Care Coordination, per the requirements set forth in this policy, in order to receive **any PHM payments** under this policy.

iii. To encourage improvement in quality and patient outcomes, **financial incentives** are being offered for meeting or exceeding the performance goals for PHM Accountability Measures, as further detailed in Section IV.D, PHM Payments, below.

B. Eligible Participant Obligations

i. All Eligible Participants' Primary Care Practices shall act as a Patient Centered Medical Home as an indication the Practice is committed to managing its patient population with high-quality, cost-effective, team-based care.

ii. Eligible Participants shall participate in Care Coordination, including compliance with specific criteria, actions and reporting requirements as set forth in subsection iii., below, and in the *2023 OneCare Care Coordination Guidance Document*, as overseen by OneCare's Population Health Strategy Committee, and which will be made available to Eligible Participants on the Provider Portal or upon request no later than November 1, 2022.

iii. For Program Year 2023, Care Coordination requirements for Eligible Participants include:

a) Tri-annual Care Coordination reporting of care managed attributed lives and associated Care Coordination data;

b) Timely response to Care Coordination Validation Audits demonstrating supportive evidence of data submitted with tri-annual reports.

c) Designation of a dedicated clinical contact to facilitate Care Coordination of Attributed Lives with avoidable healthcare service utilization as identified by OneCare; and

d) Practices not meeting the performance goals for both Care Coordination PHM Accountability Measures in all ACO Programs are required to conduct a process improvement initiative, focused on reduction of avoidable healthcare service utilization, using the *Plan, Do, Study, Act* (PDSA) or other nationally recognized methodology. Cross-organizational collaboration and patient-centric shared care planning are required elements of the project. Eligible Participants shall submit written initiatives and progress reports with tri-annual Care Coordination reporting.

iv. See the table below for Program Year 2023 PHM Accountability Measures selected to date, with measure applicability by Primary Care Practice Type. The remaining PHM Accountability Measures and the corresponding Performance goals for the six PHM Accountability Measures by ACO Program will be selected by the Population Health Strategy Committee (or any successor committee) and recommended for approval by the Board of Managers no later than July 31, 2022.

PROGRAM YEAR 2023 PHM ACCOUNTABILITY MEASURES*						
Primary Care Practice Type	**Care Coordination**		**Quality**			
	TBD	*TBD*	*Medicare Annual Wellness Visits*	*Diabetes Poor Control (A1c > 9)*	*Child & Adolescent Well Visits*	*Developmental Screening*
Adult	**X**	**X**	**X**	**X**	n/a	n/a
Pediatric	**X**	**X**	n/a	n/a	**X**	**X**
Family Medicine	**X**	**X**	**X**	**X**	**X**	**X**

*PHM Accountability Measures are subject to change upon recommendation by the Population Health Strategy Committee (or any successor committee), subject to approval by the Board of Managers.

C. OneCare Obligations

i. OneCare shall distribute PHM Base Payments and PHM Bonus Payments to Eligible Participants as set forth in Section IV.D, PHM Payments, below.

ii. OneCare shall engage with Eligible Participants and their Practices to support achievement of PHM financial incentives. At a minimum, OneCare will provide PHM performance reports to support ongoing monitoring of PHM Accountability Measures, Care Coordination rates, gaps in care, and trends in utilization. Additionally, OneCare provides Eligible Participants access to data in support of PHM efforts and other ACO activities. See OneCare's *03-03 Data Use Policy*.

iii. OneCare shall provide prospective medical, financial, and social determinants of health risk information to Eligible Participants for the purpose of identifying and prioritizing opportunities for Care Coordination and Quality improvement (when available from Payers or through other contractual relationships with external vendors).

iv. OneCare shall review trends in utilization, cost, and health outcomes and recommend refinements or enhancements of the PHM through the established governance process. OneCare shall collaborate with Network counterparts to support performance improvement efforts, data sharing, and best-practice workflows, provided such collaboration is permissible, feasible and appropriate.

v. OneCare's Population Health Strategy Committee will review PHM Accountability Measures at least annually through a process of the Committee's choosing, and will recommend changes to the Board of Managers, if any.

D. PHM Payments: OneCare shall distribute PHM payments to Eligible Participants as follows:

i. Each Eligible Participant (as reflected on the TIN's roster of providers) must participate in Care Coordination in order to receive any PHM payments under this policy, as determined solely by OneCare per the terms set forth in Section IV.A-B, above. OneCare will evaluate Care Coordination activity on an ongoing basis to determine eligibility for PHM payments. While PHM payments are paid at the TIN level, they are calculated on the Practice level where possible. For guidance regarding the consequences for non-compliance, please see Section V, below.

ii. Eligible Participants shall receive PHM payments for Assigned Attributed Lives as set forth herein. All PHM payments will be paid based on a fixed estimate of mid-year Assigned Attributed Lives, which proactively accounts for anticipated ACO Program attrition (the loss of Attributed Lives from an ACO Program during the Program Year). This avoids monthly PHM payment reductions for ACO Program attrition as it occurs. Because attrition is already accounted for, there will be no mid-year adjustment to the number of Assigned Attributed Lives.

iii. OneCare shall make a **monthly PHM Base Payment** to each Eligible Participant's TIN, subject to the obligations and conditions set forth in this policy. For Performance Year 2023, the PHM Base Payment amount is $4.75 per Assigned Attributed Life **per month**. PHM Base Payments are explicitly made as consideration for Care Coordination of Assigned Attributed Lives. Note that pursuant to OneCare's Network risk model, Accountability Pool contributions of $1.50 per Assigned Attributed Life per month will be deducted from PHM Base Payments for Eligible Participants that participate in ACO Programs with Shared Risk (the opportunity exists to earn back Accountability Pool contributions plus a potential match of an additional $1.50 per Assigned Attributed Life per month based upon ACO Program performance; for details regarding Accountability Pool contributions, see OneCare's *04-07-PY23 Program Settlement Policy*).

iv. OneCare shall make a **quarterly PHM Bonus Payment** to each Eligible Participant's TIN for any Practice that meets or exceeds the performance goal for one or more of the PHM Accountability Measures. For Performance Year 2023, the PHM Bonus Payment amount will be $1.00 per Assigned Attributed Life per month divided equally per PHM Accountability Measure. PHM Bonus Payments are calculated as follows:

a) PHM Bonus Payments will be calculated and paid separately by ACO Program to account for payer mix and ACO Program participation variation. OneCare will observe a rolling one-year measurement period with three months of claims runout, with eligibility for PHM Bonus Payments being re-determined each quarter. The first quarter of Performance Year 2023 (January to March) will be subject to reporting only for the corresponding reporting period lasting from October 1, 2021, to September 30, 2022, with all Eligible Participants being paid the maximum quarterly PHM Bonus Payment, to be distributed by March 2023. PHM Bonus Payments for the second quarter of Performance Year 2023 will be distributed by June 2023 based upon meeting or exceeding the performance goal for one or more PHM Accountability Measures for the reporting period lasting from January 1, 2022, to December 31, 2022. PHM Bonus Payments for the third quarter of Performance Year 2023 (July through September) will be distributed by September 2023 for the reporting period lasting from April 1, 2022, to March 31, 2023, and PHM Bonus Payments for the fourth quarter of Performance Year 2023 (October through December) will be distributed by December 2023 for the reporting period lasting from July 1, 2022, to June 30, 2023.

b) With regard to PHM Bonus Payments, Adult Primary Care Practices will be measured against the adult PHM Accountability Measures as to their adult Assigned Attributed Lives only, but PHM Bonus Payments will be calculated and paid as to **all** Assigned Attributed Lives. Similarly, Pediatric Primary Care Practices will be measured against the pediatric PHM Accountability Measures as to their pediatric Assigned Attributed Lives only, but PHM Bonus Payments will be calculated and paid as to **all** Assigned Attributed Lives. However, Family Medicine Primary Care Practices will be measured against the adult and pediatric PHM Accountability Measures. PHM Bonus Payments for adult measures will be calculated and paid as to adult Assigned Attributed Lives and PHM Bonus Payments for

pediatric measures will be calculated and paid as to pediatric Assigned Attributed Lives (e.g., Family Medicine Primary Care Practices are eligible for PHM Bonus Payments for all six PHM Accountability Measures).

v. OneCare reserves the right to adjust PHM payments in the event of unfair programmatic outcomes or other unforeseen circumstances.

vi. In compliance with contractual requirements, population health funds issued to OneCare by a Payer that are not earned and distributed to Eligible Participants under this policy will be returned to the issuing Payer.

V. Non-Compliance

A. Failure to fulfill PHM and/or Care Coordination responsibilities as set forth in this policy may result in delay, suspension, termination, or recoupment of PHM payments.

B. OneCare shall provide written notice of non-compliance with sufficient specificity to allow the Eligible Participant the opportunity to cure the non-compliance. The written notice will offer the opportunity to meet with OneCare to develop an action plan, where applicable. Absent a specific action plan and/or material improvement within ninety days of written notice of non-compliance, OneCare may proceed with the delay, suspension, termination, or recoupment of PHM payments.

C. Eligible Participants may appeal the delay, suspension, termination, or recoupment of PHM payments by engaging in the process described in OneCare's *05-02 Participant and Preferred Provider Appeals Policy*.

VI. Review Process:

Review Process: This policy shall be reviewed annually and updated to be consistent with requirements set forth by OneCare Board of Managers, OneCare Leadership and regulatory bodies.

VII. References:

- OneCare Risk Bearing Participant and Preferred Provider Agreement
  - Exhibit A Performance Year 2023 Program of Payment
- OneCare ACO Program Agreement with CMS (Medicare ACO Program)
- OneCare ACO Program Agreement with Department of Vermont Health Access (Medicaid ACO Program)
- OneCare ACO Program Agreement with Blue Cross Blue Shield of Vermont
- OneCare ACO Program Agreement with MVP
- OneCare 2023 Care Coordination Guidance Document
- OneCare Policy and Procedure Glossary

VIII. Related Policies/Procedures:

- 03-03 Data Use Policy
- 03-06 Assignment of Attributed Lives Policy
- C02-15 Care Coordination Validation Audit Procedure
- 04-07-PY23 Program Settlement PY 2023 Policy
- 05-02 Participant, Preferred Provider and Collaborator Appeals Policy

Management Approval:

Derek Raynes	May 18, 2022
Director, Payment Reform	Date
	6/7/2022
Vice President, Finance	Date
Carrie Wulfman, M.D.	06/17/2022
Chief Medical Officer	Date
Sara E Barry	06/17/2022
Chief Operating Officer	Date