



To: Kevin Mullin, Michael Barber, Susan Barrett, Alena Berube, Marisa Melamed, Sarah Tewksbury, and Health Care Advocate Policy Team
From: Sara Barry
CC: Vicki Loner, Tom Borys, Amy Bodette, Joan Zipko, Linda Cohen
Date: October 1, 2020
Subject: Confidentiality Request and OneCare Vermont FY2021 ACO Budget Submission

Dear Chair Mullin and Green Mountain Care Board and Health Care Advocate Policy Teams:

OneCare is pleased to submit our fiscal year 2021 budget to the Green Mountain Care Board. Please note that negotiations with payers are ongoing, therefore this budget relies on our best available projections. As demonstrated, this budget continues to support the State and Federal governments' desire to move toward a stabilized and value-based approach to meeting the healthcare needs of Vermonters.

Enclosed, please find full and redacted versions of the following budget materials:

Confidential Version (Confidential OneCare FY2021 ACO Budget Submission):

- CONFIDENTIAL OneCare FY2021 ACO Budget Narrative 10-01-20
- CONFIDENTIAL FY2021 ACO Budget Workbook 10-01-20
- Section 2 Attachment A - OneCare Provider Agreements
- CONFIDENTIAL Section 3 Appendix 3.1 Scale Target Initiatives with Appendices A & B
- OneCare FY2021 Budget Submission-CEO & Chair Oaths

Version with Redactions (Redacted OneCare FY2021 ACO Budget Submission):

- REDACTED OneCare FY2021 ACO Budget Narrative 10-01-20
- REDACTED FY2021 ACO Budget Workbook 10-01-20
- Section 2 Attachment A - OneCare Provider Agreements
- REDACTED Section 3 Appendix 3.1 Scale Target Initiatives with Appendices A & B
- OneCare FY2021 Budget Submission-CEO & Chair Oaths

OneCare submits the following requests for trade secret designation in these materials.

Please note that these designation requests are from OneCare's perspective and Blue Cross or MVP may have additional request for trade secret designations that will come under separate cover.

Much of the redacted information has already been protected as trade secret by the GMCB in its letters of December 9, 2019 and March 31, 2020. Additionally, OneCare has been in communication with the GMCB regarding trade secret designations since those letters. The redactions proposed are intended to be consistent with those communications as well. The following information has been designated as trade secret by the GMCB:

- Basis for attribution;
- Base period for target;
- Truncation;
- Fixed Prospective Payments (being made or not);
- Contributions by payer to population health management programs;

- Quality measures;
- Program risk arrangements;
- Risk corridor and sharing corridor;
- Trend (actual and estimated)
- Value Based Incentive Fund terms;
- Base PMPM (estimated);
- Budgeted PMPM;
- Budgeted member months;
- Base TCOC;
- Percentage change in TCOC; and
- Maximum risk amount.

Set forth is a listing of where the trade secret requests appear in the documents. Explanations are provided for the new requests for designation, to the extent the Board would benefit from more information, we are happy to provide it.

- Narrative Section 3, Question 1.b – OneCare has redacted the risk corridors and sharing for commercial programs, both of which have already been designated.
- Narrative Section 4, Question 3.a – OneCare has redacted commercial trend rates that have already been designated.
- Narrative Section 5, Question 1.b – OneCare has redacted the commercial program risk sharing arrangements that have already been designated.
- Appendix 3.1: B20 Reporting Template – OneCare has redacted commercial risk corridors and attribution methodology that have already been designated.
- Appendix 3.1, B20 Appendix A – OneCare has redacted the following information: particular negotiated commercial services that may or may not be included in total cost of care (i.e. DME, Dental and Pharmacy). This was designated as confidential in communication with the GMCB regarding prior submissions of these schedules outside of the budget.
- Appendix 4.3 – OneCare has redacted commercial trend rates and the data within the file that can be readily used to reverse engineer those trend rates. Trend rates have previously been designated as trade secret and it is a well accepted trade secret concept that information that can be used to reverse engineer a protected trade secret is also properly designated. Otherwise the initial trend rate protection would be hollow. Also redacted are commercial member months that can be used in connection with information on other tables to reverse engineer already designated budgeted PMPMs.
- Appendix 4.5 – OneCare has redacted the commercial risk and sharing corridors that both have previously been designated. Both aggregate and HSA specific have been redacted because reverse engineering can readily be used to calculate the protected risk corridors.
- Appendix 5.1 – OneCare has redacted the commercial risk corridor and sharing information that has previously been designated. Additionally, for the reasons set forth with respect to Appendix 4.3 above, OneCare has also redacted the information from which the risk corridor and sharing information can be readily reverse engineered to determine the protected information.

- Appendix 5.2 – OneCare is requesting designation of the MRL and MRL percentage for commercial programs. Risk terms are heavily negotiated in commercial agreements and risk is already designated. With Total Cost of Care available in the reporting, one can easily use MRL and MRL percentage information to reverse engineer the risk corridors of a program. If one commercial insurer were to know another's risk terms it could be used to OneCare's disadvantage in negotiations. For example, if MVP calculated the risk in the BCBSVT QHP program using this MRL and MRL percentage information and discovered BCBSVT's risk was lower, it would negotiate against OneCare for a lower risk.
- Appendix 6.5 – OneCare has redacted the budgeted commercial PMPM (comprised of non claims and claims components) that has previously been designated. Additionally, the member months have been redacted as it would allow reverse engineering as set forth with respect to Appendix 4.3 above.

Please let us know if you have any questions.