

Budget Update

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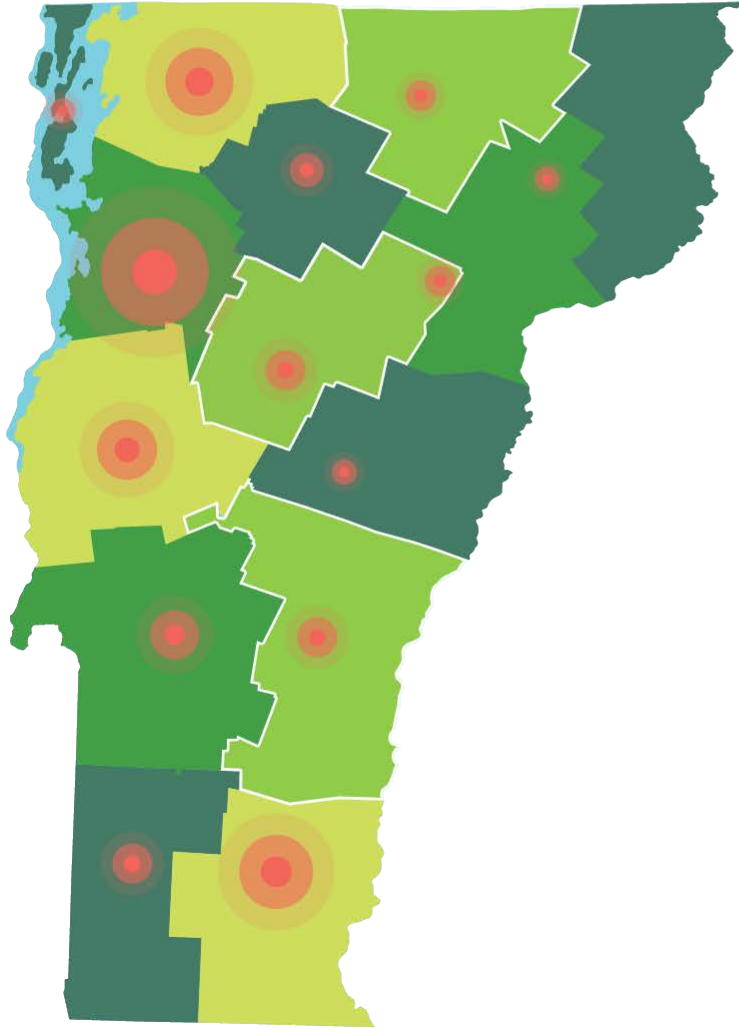
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OneCare Vermont

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OneCare Response to Covid-19 Pandemic



- a. Assuring stability, predictability and flexibility in payments and programs to support providers.
- b. Advocating at the Federal, State and Payer level to reduce administrative burden, increase access to telehealth codes, holding providers harmless for performance and financial related penalties, and identifying additional funding/and or advancement opportunities for all participants.
- c. Developing and deploying new care coordination identification tools and care scripts to support Vermonters who are most vulnerable during the COVID-19 virus pandemic.



Board of Managers: Commitment to Supporting Providers of Care

1. Assuring fixed payments continue to flow
2. Piloting Fixed Payment for BCBS QHP at Southwestern Medical Center
3. Delaying changes in care coordination payment structure until 7/1
4. Offering innovation grants and other programs the ability to pause without loss of income
5. Removing variability components in independent primary care comprehensive payment programs
6. Accelerating cash flow to primary care and continuum of care to support them during pandemic and recovery (advancing PHM and CC payments)
7. Returning collected Medicare VBIF funds to hospitals and stop collecting funds to provide cash flow
8. Preparing policy changes that will allow VBIF to flow sooner, if Payers agree to a quality reporting year only
9. Focusing current care coordination efforts to support those most vulnerable during the pandemic

Financial Support to Providers



- **Continuing to make fixed payments to hospitals and participating CPR independent primary care practices**
 - Maintains cash flow at “normal” levels despite lower billings
 - Advocating for an unreconciled Medicare fixed payment
- **Requested financial relief from the GMCB**
 - Reduced hospital obligations by \$1.1M
- **Advance May and June Population health and care coordination payments to network providers**
 - \$2.4M advance to primary care, home health, designated agencies, and area agencies on aging
- **Delayed Care Coordination Program payment model conversion**
 - Delay applies to CPR program components as well



Federal Advocating Activities

NATIONALLY

1. Partnering with the NAACOs to support policy changes that support Vermont and Statewide Health Care Reform efforts.
2. Partnering with the State Administrative official to identify crucial omissions in the stimulus payment calculations

LOCALLY

Providing the APM ACO Signers with recommendations to support Vermont providers who have been partners and leaders in health care reform efforts :

1. Invoke the Medicare exogenous factors.
2. Allow the 2020 All Inclusive Population Based Payment (AIPBP) payments to hospitals and independent practices to be true fixed payments.
3. Hold clinicians harmless from quality-related penalties for the 2020 performance year, allowing 2020 to be a reporting year only.
4. Forego the reconciliation to fee for service-equivalent for 2019 AIPBP payments. Funds could be released to hospitals to support their financial sustainability. An alternative would be to defer the recoupment process until 2021.
5. Hold harmless for any portion to support the Medicare portion of the Blueprint for Health and Support and Services at Home.
6. Open up additional funding opportunities for providers that are part of advanced APM agreements.

State and Payer Program Advocating Activities

■ Holding Clinicians Harmless for Financial Penalties

1. Risk Review: Identify the impact of the COVID-19 crisis on the program, including program calculations, care coordination processes, included services, data and any other relevant factors, with the goal of reaching an amicable resolution to any issues presented
2. Pay for Reporting: Reporting only quality measurement for all programs in 2020. If granted across all programs we could significantly reduce dues and provide immediate cash to all other care providers that would have been eligible for the funds

■ Enhancing Cash Flow

1. Assessing opportunity to further expand fixed payments/If payers are not agreeable, we have some flexibility to make more frequent payments.

■ Reducing Administrative Burden

1. Postponing additional prior authorization requirements that were set to take effect April 1st.

COVID-19 Care Coordination Prioritization APPLICATION

A data tool to help identify patients
with the greatest COVID-19 virus risk



Covid-19 Care Coordination Prioritization App

- The tool uses criteria developed by the World Health Organization, Centers for Disease Control, and Johns Hopkins.
- Goals- keep patients safe and out of the hospital, develop emergency plans, help them with prescription needs, identify social needs, and help to support their management of their chronic conditions.
- 26 organizations in the OneCare network used the COVID-19 Care Coordination Prioritization application to identify patients with the greatest COVID-19 virus risk.





Providers working together to create a better health care future

- Transitioning to a value-based system is an investment in Vermont's future.
- Driving a more consistent care model to provide the best care for all Vermonters
- Fixed payments for hospital and independent primary care provides stability and predictability when there are shifts in care delivery.