



OneCare Vermont

2019 GMCB Update

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OneCare Vermont
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Core Programs Status

Medicaid

- Generally smooth transition and continued expansion into the third year of the program
- Opportunities to address operational challenges related to confidential claims and opt-out data

BCBS QHP

- Entering second year of the program with continued efforts to align clinical programming
- Operational delays due to the timing of data

Medicare

- Significant concern regarding the benchmark setting process/methodology
- Continued claims processing issues under AIPBP
- Magnitude of risk remains a significant concern to participating hospitals

UVMHC Self-Funded

- Agreement in place – retro to January 1st

Attribution

Program	2019 GMCB Budget	January 1 Actual	# Var to Budget	% Var to Budget
Medicare	47,187	54,938	7,751	16%
Medicaid	66,692	75,712	9,020	14%
BCBS QHP	25,501	20,086	(5,415)	-21%
Self-Funded *	13,908	9,874	(4,034)	-29%
Core Programs Total	153,288	160,610	7,322	5%
Commercial SF *	25,662	TBD	TBD	TBD

Medicare

- Requirement for MD visit excluded
- More lives than anticipated from Burlington (CHCB), St. Albans and Windsor HSAs

Medicaid

- General growth across HSAs
- More lives than anticipated from Rutland (first year in the program)

BCBS QHP

- Dependent on QHP market outcomes

Self-Funded

- Scaled back roll-out in 2019
- Developing a broader-reach strategy for 2020

Commercial SF

- Targeting October 1 go-live with one payer

* 2019 best estimates

Benchmarks

	2018 Actual PMPM	2019 GMCB Bdgt. PMPM	2019 Actual PMPM	\$ Change to Budget	% Change to Budget
Medicare - Initial	\$870.23	\$877.13	\$835.36	(\$41.77)	-4.8%
Medicare – Revised *	\$870.23	\$877.13	\$847.58	(\$29.55)	-3.4%
Medicaid	\$246.83	\$249.04	\$245.91	(\$3.13)	-1.3%
BCBS QHP (paid amt) **	\$442.25	\$476.42	\$457.42	(\$19.00)	-4.0%
Self-Funded (paid amt)	\$383.87	\$403.29	TBD		

* Per GMCB and with OCV estimated shared savings carry-forward

** 2019 BCBS QHP rate will be risk-adjusted after the performance year

Opportunities for Sustainability

- Medicare methodology
- Better coordination among core program benchmarks

Total Cost of Care

	2018 Actual	2019 GMCB Budget	2019 Revised Budget	\$ Change to Budget
Medicare - Revised	\$348,828,103	\$467,312,419	\$551,358,488	\$84,046,069
Medicaid	\$117,137,233	\$193,327,432	\$207,902,607	\$14,575,175
BCBS QHP (paid amt.)	\$100,467,823	\$124,784,779	\$100,520,548	(\$24,264,231)
Self-Funded (paid amt.)	\$42,743,151	\$65,289,304	\$44,918,640	(\$20,370,664)
Total	\$609,176,310	\$850,713,934	\$904,700,283	\$53,986,349

This view combines both attribution and benchmark changes

As a reminder, these figures represent the total cost of care for which OneCare is accountable

- This is not new healthcare spending
- Not all of these dollars flow through OneCare

Max Risk and Risk Protections

	2018 Actual	2019 GMCB Budget	2019 Revised Budget	\$ Change to Budget	% Change to Budget
Medicare - Revised	\$13,953,124	\$23,365,621	\$27,567,924	\$4,202,303	18.0%
Medicaid	\$3,514,117	\$7,733,097	\$8,316,104	\$583,007	7.5%
BCBS QHP (paid amt)	\$3,014,035	\$3,743,543	\$3,015,616	(\$727,927)	-19.4%
Self-Funded (paid amt) *	\$0	\$0	\$0	\$0	0.0%
Total	\$20,481,276	\$34,842,262	\$38,899,645	\$4,057,384	11.6%

Medicare risk is substantial and a barrier to continued network growth

Medicare risk protections

- Required Medicare financial guarantee: \$7.5M
- Medicare risk protection: \$12M max
- GMCB budget order reserves (for hospital participation): \$3.9M

Budget P&L Review

Revenues

Revenue Item	GMCB Budget	Revised Budget	Change
Medicaid Operations Revenue	\$5,045,917	\$5,495,372	\$449,455
Medicaid Complex Care Coordination	\$5,579,347	\$5,500,000	(\$79,347)
BCBS QHP PHM Revenue	\$851,213	\$714,203	(\$137,010)
BCBS Primary PHM Pilot	\$0	\$1,421,875	\$1,421,875
Self-Funded PHM Revenue	\$1,361,275	\$361,981	(\$999,294)
Primary Prevention Revenue	\$1,000,000	\$1,100,000	\$100,000
ODU Investment Revenue	\$1,200,000	\$0	(\$1,200,000)
Informatics Infrastructure Support	\$4,250,000	\$4,250,000	\$0
Hospital Dues	\$28,638,325	\$29,757,466	\$1,119,142
Total	\$47,926,076	\$48,600,898	\$674,821

BCBS Primary

- New initiative to on-ramp ASO, Large Group and Association Health Plan lives

Self-Funded

- Reduction reflects delayed expansion

ODU Investment

- Program unable to move forward due to data restrictions under 42 CFR Part 2

PHM Investments

PHM Investment Item	GMCB Budget	Revised Budget	Change
Basic OCV PMPM	\$5,935,530	\$5,346,722	(\$588,808)
Complex Care Coordination Program	\$9,181,362	\$9,300,786	\$119,423
Value-Based Incentive Fund	\$7,558,275	\$7,452,216	(\$106,059)
CPR Program Cost	\$2,250,000	\$2,250,000	\$0
Primary Prevention Programs	\$910,720	\$910,720	\$0
Specialist Program Pilot	\$2,000,000	\$1,000,000	(\$1,000,000)
Mental Health Program Pilot	\$0	\$500,000	\$500,000
Innovation Fund	\$1,000,000	\$1,500,000	\$500,000
BCBS Primary PHM Pilot	\$0	\$1,421,875	\$1,421,875
RCRs	\$375,000	\$375,000	\$0
PCMH Legacy Payments	\$1,830,264	\$1,865,544	\$35,280
CHT Block Payment	\$2,313,228	\$2,321,670	\$8,441
SASH	\$3,815,532	\$3,834,054	\$18,522
Total	\$37,169,911	\$38,078,587	\$908,675

Specialist Program

- Funds being reinvested into a MH Pilot with Designated Agencies and the Innovation Fund

BCBS Primary

- Payments going out to OneCare attributing providers for work with ASO, Large Group, and Association Health Plan lives

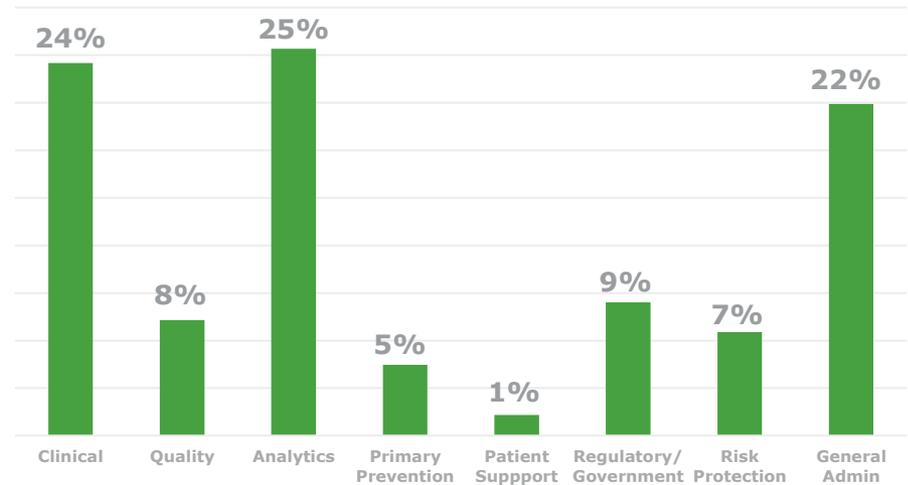
All other changes related to attribution updates

OCV Operations Costs

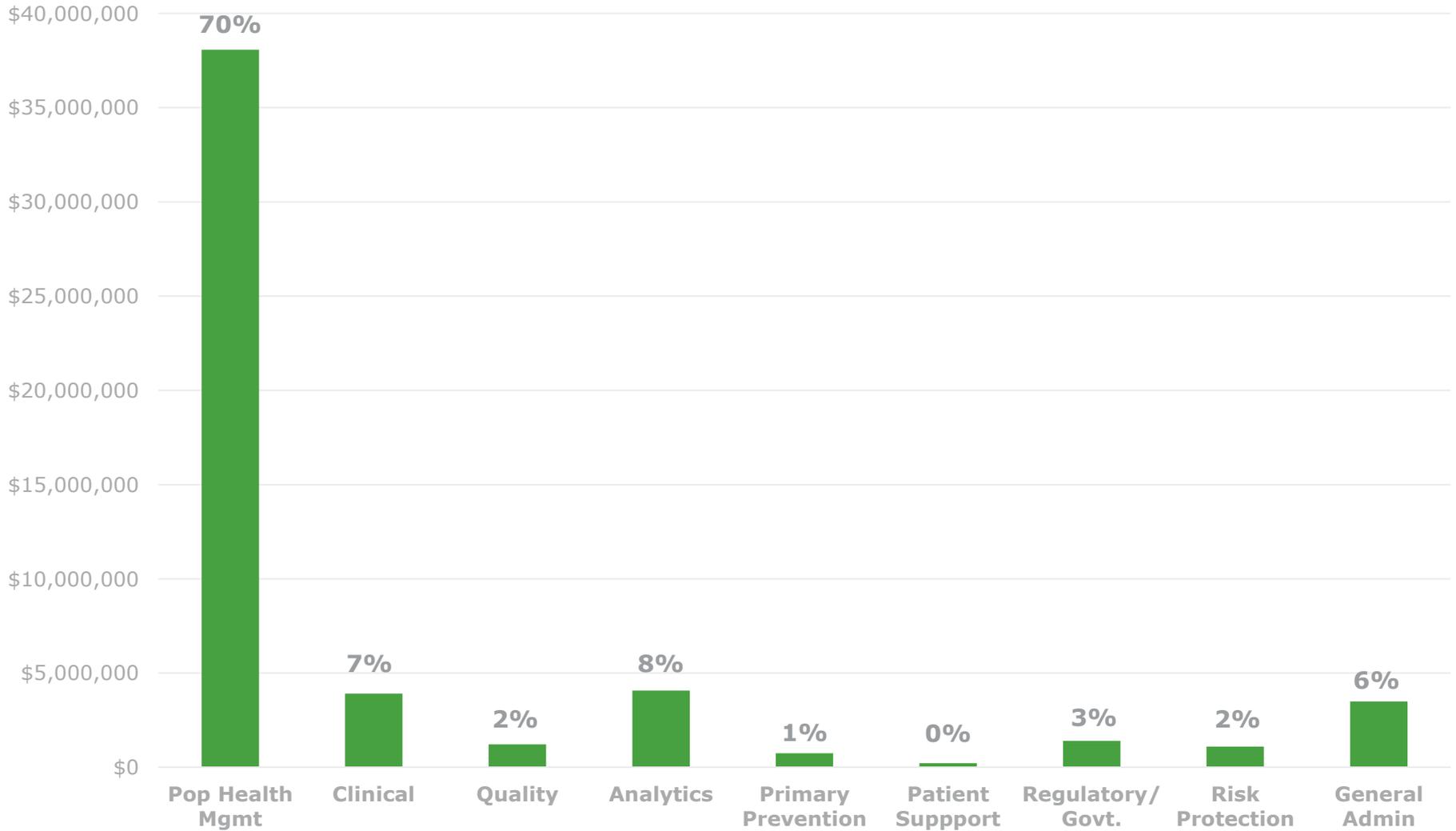
OCV Operations Costs	GMCB Budget	Revised Budget	Change
General Operations	\$15,147,356	\$15,053,546	(\$93,810)
Risk Protection	\$767,833	\$1,090,033	\$322,200
Category Total	\$15,915,189	\$16,143,578	\$228,390

- No major changes
- Modest increase due to risk protection being above budget (driven by increased attribution and TCOC)

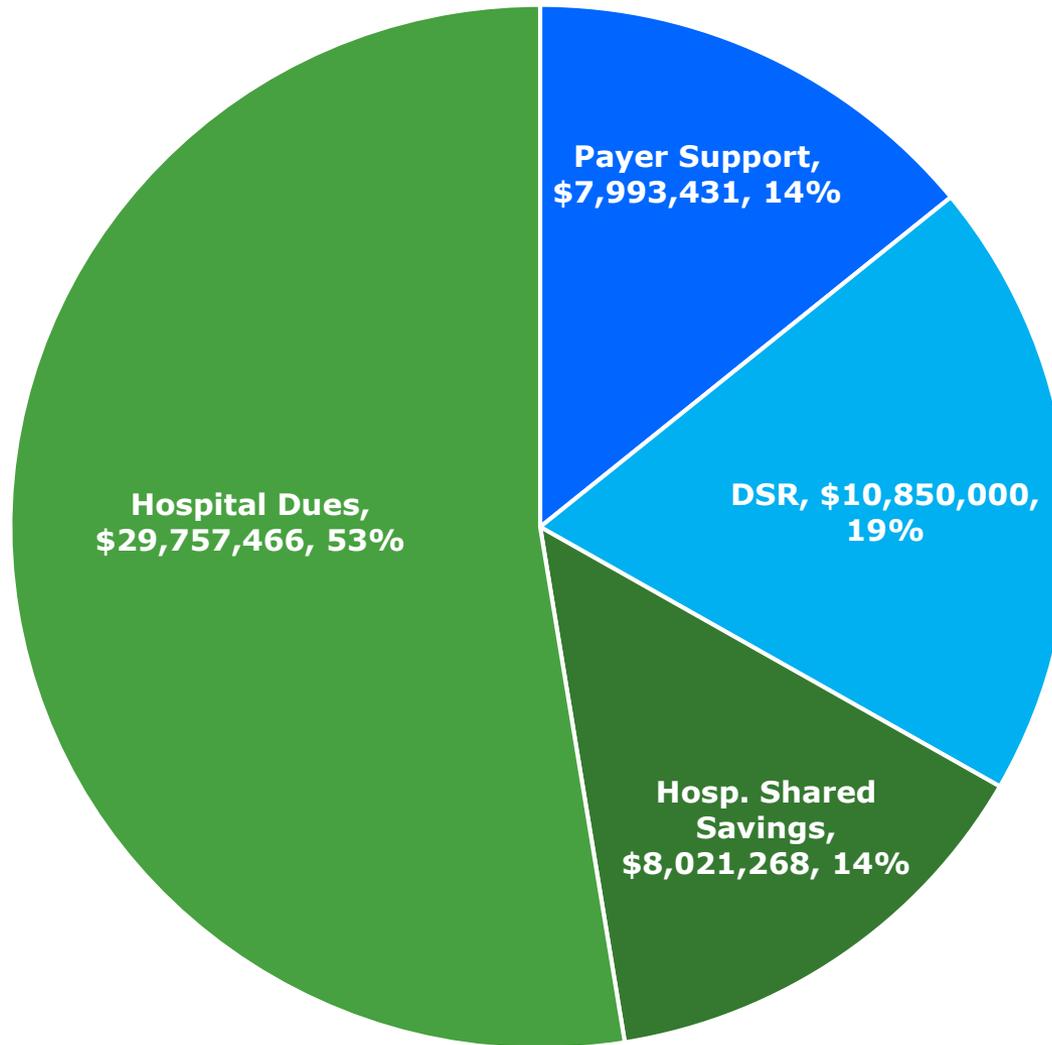
Function	2019 Budget	% of Total
Clinical	\$3,916,408	24%
Quality	\$1,215,496	8%
Analytics	\$4,067,732	25%
Primary Prevention	\$745,178	5%
Patient Support	\$219,436	1%
Regulatory/ Govt.	\$1,401,687	9%
Risk Protection	\$1,090,033	7%
General Admin	\$3,487,609	22%
Total	\$16,143,578	100%



OCV Total Costs Breakdown



OCV Funding Profile



Clinical Programs Update

- Complex Care Coordination Program
- Social Determinants of Health
- SNF 3-Day Waiver
- Special Clinical Projects (SPR)
- Innovation Fund

2018 Complex Care Coordination Accomplishments

- **Aligned care model expanded from 4 to 10 HSAs and across payer programs**
- **Capacity-Building**
 - Funded \$5.5M of complex care support
 - Communities focused on learning the care model, developing shared vision and implementation strategies, and aligning workflows
 - Implemented clinical attestation for primary care to increase accountability for January 2019
- **Results**
 - 90% of the Medicare population and 82% of the Medicaid population had ≥ 1 visit with a PCP in 2018.
 - 5,101 individuals were touched by OneCare's care coordination program in 2018.
 - 1,030 individuals had a shared care plan in place in 2018
 - Early Medicaid data indicates:
 - decreased PMPM spend among the H/VH risk population, and
 - decreased ED utilization for the entire population trending down from 2017 to 2018

Complex Care Moving Forward

- **As of May 28th, 1,004 patients active in care management**
- **Care Coordination Software Pilot with Rutland HSA**
- **DULCE**
 - Partnership with Parent Child Centers, Primary Care, Legal Aid, and VDH
 - Expands two-generational approach to early screening for toxic stress and adverse childhood experiences
- **St. Johnsbury Pilot**
 - Testing new geographic attribution model
 - Focus on aligned care model and engaging individuals in primary care
 - Local resourcing of primary prevention initiatives
- **Evolving the payment model for 2020**
 - Payments based on patient engagement and key milestones
 - Pediatric population segmentation and innovations
 - Longitudinal Care Home Health Pilot



Clinical Emphasis

- **Social Determinants of Health**
 - Data Integration with AHS
 - Childhood Adversity
- **Amplify utilization of SNF 3-day waiver**
 - Q1 2019 – 59 patients benefited compared to 25 from Q2-4 2018
- **Special Clinical Projects (SPR)**
 - Mental health payment reform
 - Improving primary care/specialist communication and access
 - Pharmacy
 - Chronic Kidney Disease
 - Episodes of Care variation/bundled payments

Clinical Emphasis

- **Innovation Fund**

- Rapidly test and evaluate innovative programs/interventions from provider network
- 45 proposals from 11 HSAs in Round 1 Funding

- **Funded Projects:**
 - **Ocular Telehealth in Primary Care** - Technology-enabled screening for diabetic retinopathy in two primary care sites in the Middlebury HSA
 - **Community Embedded Well Child Care for Immigrant/Refugee Families** - Partnership between Pediatric New American Clinical at UVM's Children's Hospital and the Parent Child Center to implement a community-embedded satellite clinic
 - **Youth Psychiatric Urgent Care Model** - Implementation of a child psychiatric urgent care center in partnership between United Counseling Service and SVMC to serve as an alternate site of care to children presenting in the ED with urgent mental health issues; redirects care from local elementary school

- Round 2 to be released early June

Future Considerations for APM Demonstration

- **Incorporate More Population Segmentation**
 - Age-Based: Focus on Children more distinctly from Adults
 - Geographic: Apply St. Johnsbury Pilot learning more broadly to Core Programs
 - Condition-Specific: Develop Strategies for Care Bundles & Targeted Disease Cohorts
- **Evolve HSA-Level Accountability to Incorporate Elements of Risk Adjustment**
 - Dependent on accurate, timely claims
- **Evolve APM Policies & Oversight to Align with Transition to New Payment and Care Delivery Models**
- **Deploy Multiple New Strategies to Achieve Greater Scale**
 - Acknowledge ASO/Self-Funded Differences
 - Ongoing work to achieve Clinical Alignment with Commercial Payers

Strategies and Ideas to Improve Scale Target Performance

Changing Attribution Methodologies and Other Policies	<ol style="list-style-type: none"> 1. Technical changes to attribution 2. Geographic and/ or Diagnostic attribution
Increase Self-funded Employer Participation (~ 160 K potential)	<ol style="list-style-type: none"> 1. Direct contract with Payers- including OneCare value proposition
Increase Payer Participation	<ol style="list-style-type: none"> 1. Identify payers who we are not currently contracted with and lives outside of the QHP programs
Increase Provider Participation	<ol style="list-style-type: none"> 1. Increase providers in all core programs 2. Identify providers/ HSAs not participating in any programs and move into lower risk and or shared savings offerings

Appendix

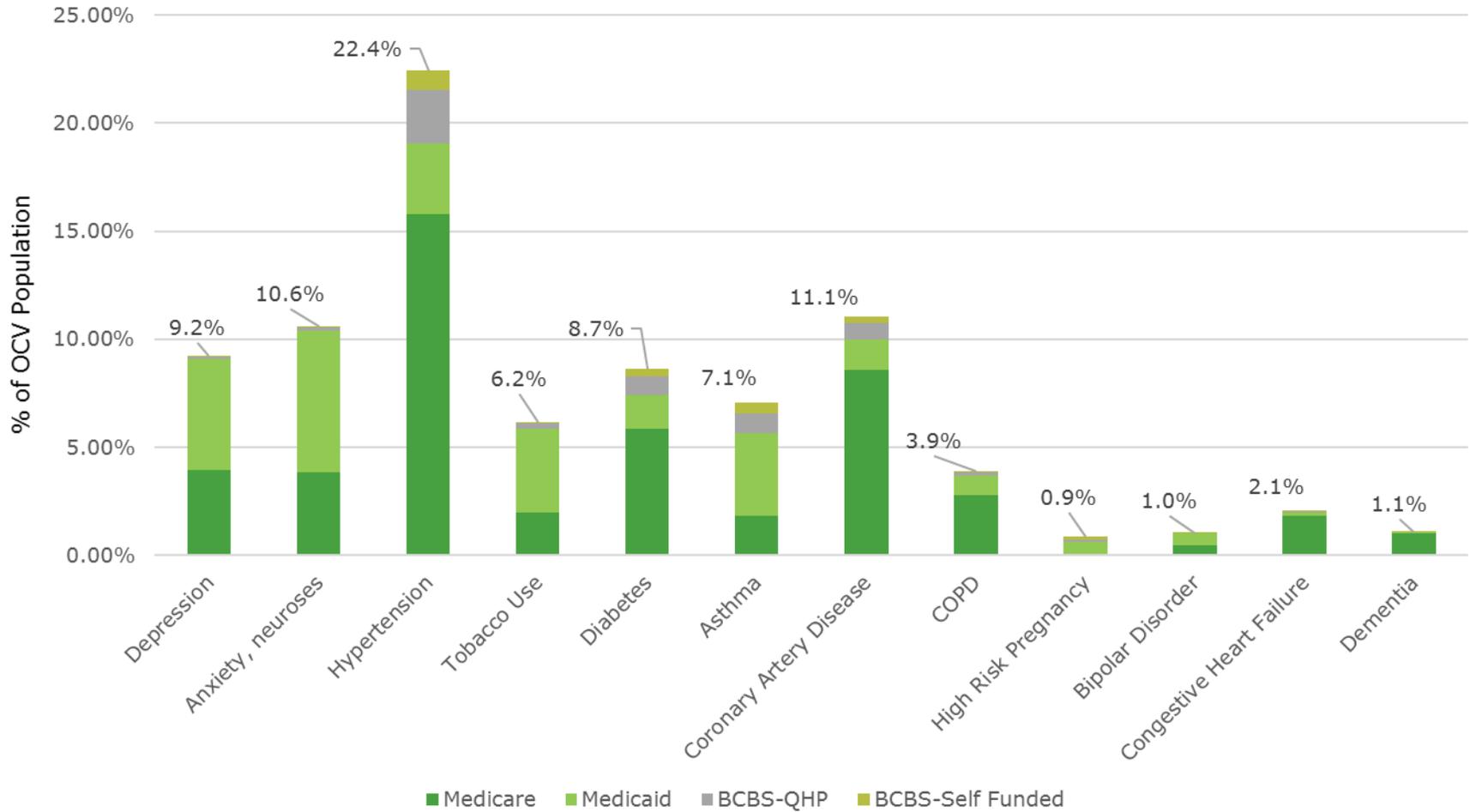
Deploying Community Based Model

Under the model, capacity payments are made to communities.

	Payment Amounts					
HSA	Level 1	AAA	DA	HH	PCP*	Total
Bennington	\$25,000	\$42,405	\$101,685	\$76,395	\$170,825	\$416,310
Berlin	\$25,000	\$74,620	\$187,380	\$134,235	\$307,180	\$728,415
Brattleboro	\$25,000	\$35,925	\$86,040	\$64,560	\$149,050	\$360,575
Burlington	\$25,000	\$206,995	\$495,075	\$371,250	\$849,305	\$1,947,625
Lebanon	\$25,000	\$12,480	\$29,865	\$23,690	\$49,470	\$140,505
Middlebury	\$25,000	\$49,365	\$118,260	\$88,665	\$200,090	\$481,380
Newport	\$25,000	\$27,915	\$26,430	\$50,265	\$111,630	\$241,240
Springfield	\$25,000	\$56,325	\$134,160	\$100,650	\$230,305	\$546,440
St. Albans	\$25,000	\$53,895	\$129,255	\$96,945	\$232,060	\$537,155
Windsor	\$25,000	\$4,815	\$11,490	\$8,610	\$20,385	\$70,300
Total	\$250,000	\$564,740	\$1,319,640	\$1,015,265	\$2,320,300	\$5,469,945

*PCP Payments include CPR Payments – All CPR Payments are Estimates

2018 Patient Demographics: OCV Total Population Condition Prevalence



Projects' Alignment with 2019 Areas of Interest

2019 Areas of Interest	Youth Psych. Care Model	Ocular Telehealth	Community Well Child Care
Advancing care coordination... through innovative programs addressing SDoH	●	●	●
Eliminating inequalities in health	●	●	●
Improving access to care	●	●	●
Improving MHSA prevention, screening and/or treatment	●	—	●
Improving patient experience of care	●	●	●
Improving the health of individuals with multiple chronic conditions	●	●	●
Slowing the incidence of chronic disease	●	●	●
Transforming... care by aligning/integrating care across organizations	●	●	●
Using technology to provide care in new and different ways	●	●	●