



# Progress Update

## Green Mountain Care Board Advisory Committee

*4/11/2018*



OneCareVermont



# Overview

- Highlights from 2018
- Primary Care Support
- Communications with Providers
- Communications with Patients/Public
- Challenges
- Overview of Months Ahead

# 2018 Accomplishments



- **Highlights from the first few months of 2018**
  - Invested in and operationalized ~ \$25 Million in Population Health Programs to support the goals of health care reform
  - Operationalized fixed prospective payments for Medicaid and Medicare Programs to participating hospitals
  - Provided continuity for the Medicare payments to support CHT, SASH and Blueprint providers
  - Provided training and education to 6 additional VT communities on existing and new Next Generation program contracts
  - Provided extensive training on Quality measures, population health management, care coordination, and Care Navigator in existing and new communities
  - Tested and loaded new clinical and claims data sets for all programs to support providers in clinical and financial accountabilities


## 2018 Accomplishments (Cont'd)

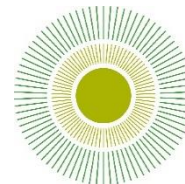


- Completed quality measure collection for Medicare, Medicaid, and Commercial payers, including clinical abstract of 5,000 patient charts. Traveled to 21 locations throughout Vermont to provide support to practices or to perform manual abstraction from paper charts
- Trained ~200 staff and leaders statewide in care coordination skills in Q1
- Co-developed and launched, with Blueprint, a new diabetes and prediabetes management quality improvement learning collaborative
- Expanded membership on our Board of Managers Advisory Committees
- Developed new workflows to expand prior authorization elimination
- Developed a set of clinical priority areas to drive focused Quality Improvement activities
- Successfully fulfilled all GMCB requirements in order to receive ACO certification from the GMCB

# New Initiatives in 2018



- **Partnership with RiseVT** 
  - RiseVT is a unique public health movement that integrates wellness and prevention into the healthcare delivery system
  - An initiative in Northwest VT that was recently formalized into a new state level organization to make the program available statewide
  - Partnering on an integrated approach to primary prevention, and OneCare also functions as the administrative partner for the RiseVT organization offering employment, support, and space for the new organization and its leaders
- **Supports and Services at Home (SASH)/Howard Mental Health Pilot**
  - Major investment in an innovative pilot program to improve the quality of mental health and substance use treatment services for residents of two Burlington area housing communities specializing in the coordination of care and services for older adults and those with special needs
- **Comprehensive Primary Care Reform (CPR) Pilot**
  - 3 independent practices (6 sites)
  - Gives independent primary care practices access to new payment model, waivers, aligned quality measures, and data for improved care coordination
  - Program is designed to support a team based approach and budgeted with added financial resources beyond what are available now under a fee-for-service model



# Support to Primary Care

# OneCare Primary Care Vision



## 1. Design Proactive and Aligned Value-Based Programs and Population Health Models with Input from Participants

- Primary Care Practice (PCP)-centered approach
- Data driven integrating sources from claims and clinical information from network EHRs and the VITL HIE
- Drive toward true PHM – plan for every patient from prevention and wellness to no complex patients “falling through the cracks” who need increased support and coordination
- Promote care models and processes to avoid waste, treat in lower cost settings, and/or prevent more expensive care later
- Measure and improve reasonable sets of quality metrics
- Align all models across payers as much as possible

## 2. Work to Provide Added/Redesigned Financial Resources to Adequately Support the Programs and Models

- OneCare PCP “Standard” Reform Model – All types of PCP
- CPR Pilot for Independent Practices
- Continuity of former Medicare Blueprint payments and programs
- Community-based provider participation in complex care coordination payment models to work with the PCP
- Value-based incentive fund to reward high quality with 70% going to PCP

## 3. Work to Reduce/Avoid Low Value-Added Work for PCPs

- Within the ACO program and models including being as flexible as possible in how to implement PHM activities
- Those made possible (or more possible) by being in a risk-bearing ACO
- Others which may be feasible to address with the scale and influence of a large ACO

# OneCare investments in Primary Care



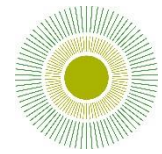
In 2018, OneCare is investing approximately \$14 million to support primary care. Investments include:

- OneCare Vermont Population Health Per Member Per Month (PMPM) payment of **\$3.25** for every patient attributed to the practice
- Complex care coordination PMPM payments:
  - \$15 PMPM for every attributed patient in the High and Very High risk cohorts (16% Medicare/Medicaid, 3% Commercial)
  - Lead Care Coordinator (\$10 PMPM, if selected)
  - Shared Care Plan creation (\$150)
- Value Based Incentive Fund (VBIF) payments: 70% to primary care
- Preserved Medicare Blueprint practice payments
- Preserved Medicare Blueprint CHT funding

In addition to OneCare investments, OneCare primary care providers may be eligible for the federal Advanced Alternative Payment Model (APM) 5% Part B bonus payments beginning 2020 since OneCare qualifies as an Advanced APM.



# OneCare Estimated Investments in Care Coordination



HSA	Est. High & Very High Risk Lives	Level 1	Level 2				Level 3 *
		Blueprint Contract Holder	PCMH	Designated Agency	Home Health Agency	Area Agency on Aging	Lead Care Coordinator Entity
Bennington	958	\$25,000	\$172,498	\$103,499	\$77,624	\$43,125	\$38,812
Berlin	2,195	\$25,000	\$395,093	\$237,056	\$177,792	\$98,773	\$88,896
Brattleboro	1,037	\$25,000	\$186,748	\$112,049	\$84,036	\$46,687	\$42,018
Burlington	5,816	\$25,000	\$1,046,885	\$628,131	\$471,098	\$261,721	\$235,549
Lebanon	238	\$25,000	\$42,803	\$25,682	\$19,261	\$10,701	\$9,631
Middlebury	1,394	\$25,000	\$250,957	\$150,574	\$112,931	\$62,739	\$56,465
Newport	443	\$25,000	\$79,769	\$47,861	\$35,896	\$19,942	\$17,948
Springfield	884	\$25,000	\$159,147	\$95,488	\$71,616	\$39,787	\$35,808
St. Albans	1,114	\$25,000	\$200,538	\$120,323	\$90,242	\$50,135	\$45,121
Windsor	180	\$25,000	\$32,382	\$19,429	\$14,572	\$8,095	\$7,286
<b>Total</b>	<b>14,260</b>	<b>\$250,000</b>	<b>\$2,566,819</b>	<b>\$1,540,092</b>	<b>\$1,155,069</b>	<b>\$641,705</b>	<b>\$577,534</b>

\* Potential earnings based on a 15% shared care plan completion rate.

- Level 1 payments made upon execution of contract
- Level 2 payments made monthly based on actual high and very high risk lives attributed to your practice/HSA
- Level 3 payments made/activated after the completion of a shared care plan and identification of the lead care coordinator



# Provider Communications and Addressing Provider Concerns



# Communication with Providers

- Five webex presentations to providers
  - December 2017: Overview of Programs, care coordination, data, operations
  - January & February 2018: Financial revenue cycle and operations
  - January 2018: Quality Measures
  - Allows providers to ask questions in real time and get direct contact information to follow-up with individualized questions
- In-person visits to hospitals
  - 4 visits to date (North Country, Bennington, Mt. Ascutney, Brattleboro)
  - New entrants first
- Approximately 200 people trained in care coordination skills in Q1
- Over 600 people trained in CareNavigator and WorkBenchOne
- Multiple trainings in Quality measures, population health management, care coordination, and Care Navigator in existing and new communities
- Clinical Consultants in each health service area to provide clinical leadership and support with community care partners
- Distributed Provider resource documents and Patient FAQs to all providers in the network.

# Quality Improvement: Clinical Education and Training Series



- **Interdisciplinary Grand Rounds**

- Four sessions per year; open to all interested parties
- We recruit subject matter experts from all areas of the state to share their successes and provide perspective from across the care continuum
- Patient or family shares a personal experience
- 1.5 CEU/CMEs are available

- **Interdisciplinary Chronic Condition Symposia**

- Annual session focused on a chronic condition; open to all interested parties
- Review of best practice for an identified chronic condition with perspectives from care providers across the care continuum and highlight of a patient perspective
- 1.5 CME/CEUs available

- **Enduring Material**

- Both the Grand Rounds sessions and the Chronic Condition Symposium become enduring material after the live session
- Available to anyone interested for two years from session date online at UVM CME website
- Participants are eligible to receive 1.5 CME/CEUs by taking a pre and post test

## Grand Rounds Topic Areas:

- Medicare Annual Wellness Visits (2017)
- Palliative Care (2017)
- Suicide Screening & Intervention (2017)
- Dementia Care in Vermont (2018)
- End Stage Renal Disease (2018)
- Asthma in the Pediatric Population (2018)
- Patient/Family-Centered Care (2018)

## Symposia Topic Areas:

- Diabetes & Pre-Diabetes (2017)
- Chronic Obstructive Pulmonary Disease (2018)

## Learning Collaborative Topic Areas:

- Hypertension (2017)
- Diabetes Prevention and Maintenance (2018)

# OneCare Customer Service for Providers



- **Reasons for Inquiry**

- Primary reasons relate to the Medicare, Medicaid and BCBSVT program patient attribution lists and financial statements all stored on our OneCare secure portal

- **Tracking and Monitoring**

- Inquiries are tracked and monitored through resolution, including those transferred to the payer

- **Reporting**

- In 2017 customer service reports were provided to DVHA. OneCare is extending the same reports to BCBSVT and Medicare

- **Escalation**

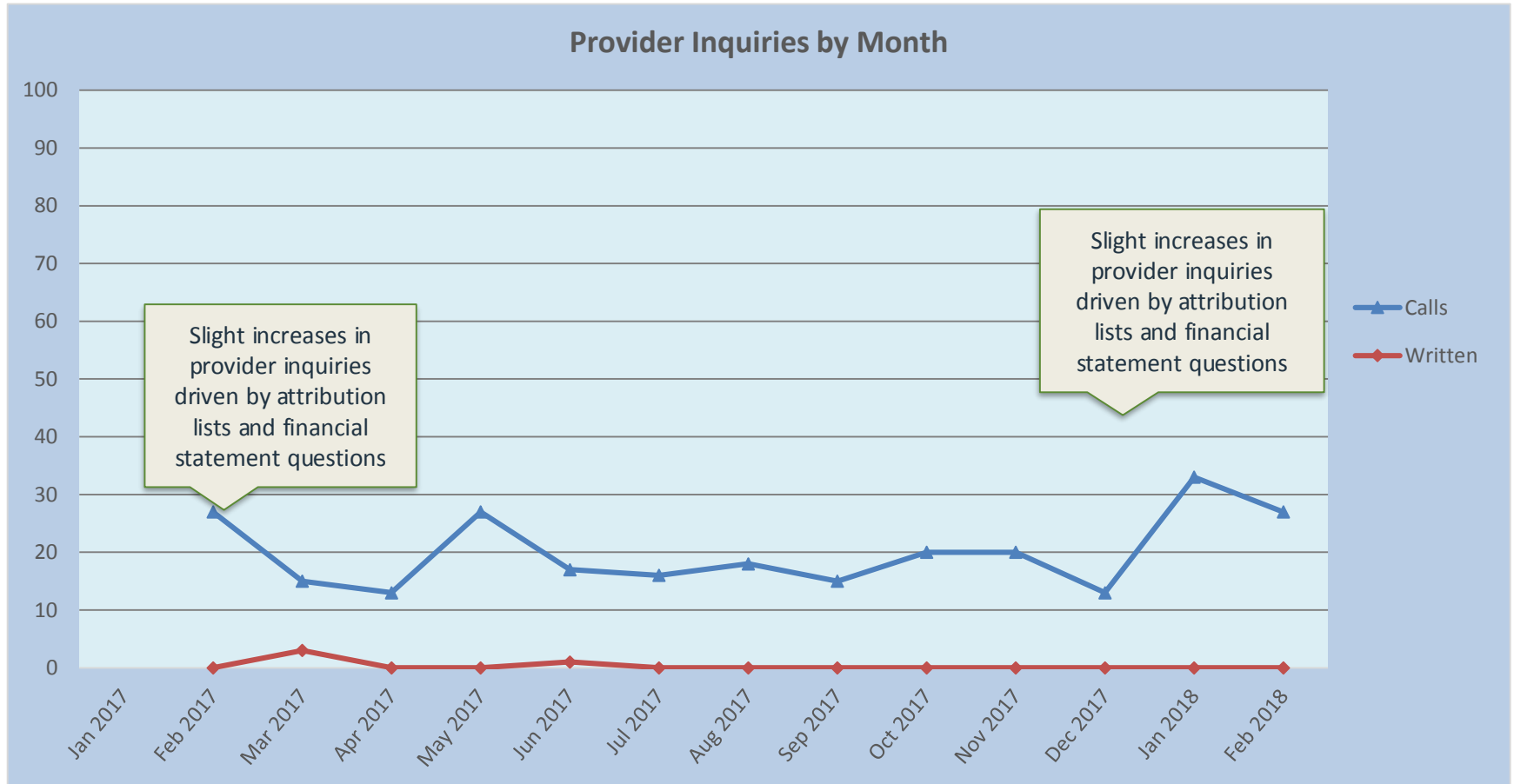
- OneCare has received no grievances from providers to date
- OneCare has a provider appeals policy should they be dissatisfied with ACO-related resolutions

# OneCare Customer Service for Providers: Appeals



- Provider customer support is similar to patients with the following exception:
- Appeals
  - Participants have the right to appeal related to the following:
    - The shared savings or losses (risk) calculations, distributions or assessments made by ACO, as applied to the Participant
    - Any capitated payments or other payments made as an alternative to Fee For Service, calculated by and paid to Participant by ACO
    - An ACO decision to not enroll an Eligible Participant discipline, sanction or terminate a Participant or Provider under an ACO Program
    - The distribution or sharing of Participant's performance data by the ACO
  - A Participant must request a Level 1 Appeal within ninety (90) days of the date the Participant was notified of the issue in dispute
  - A Level 2 Voluntary Appeal must be requested no later than ninety (90) days after receipt of the Level 1 Appeal decision. Level 2 Voluntary Appeal decisions are final

# 2017-2018 OneCare Provider Inquiries

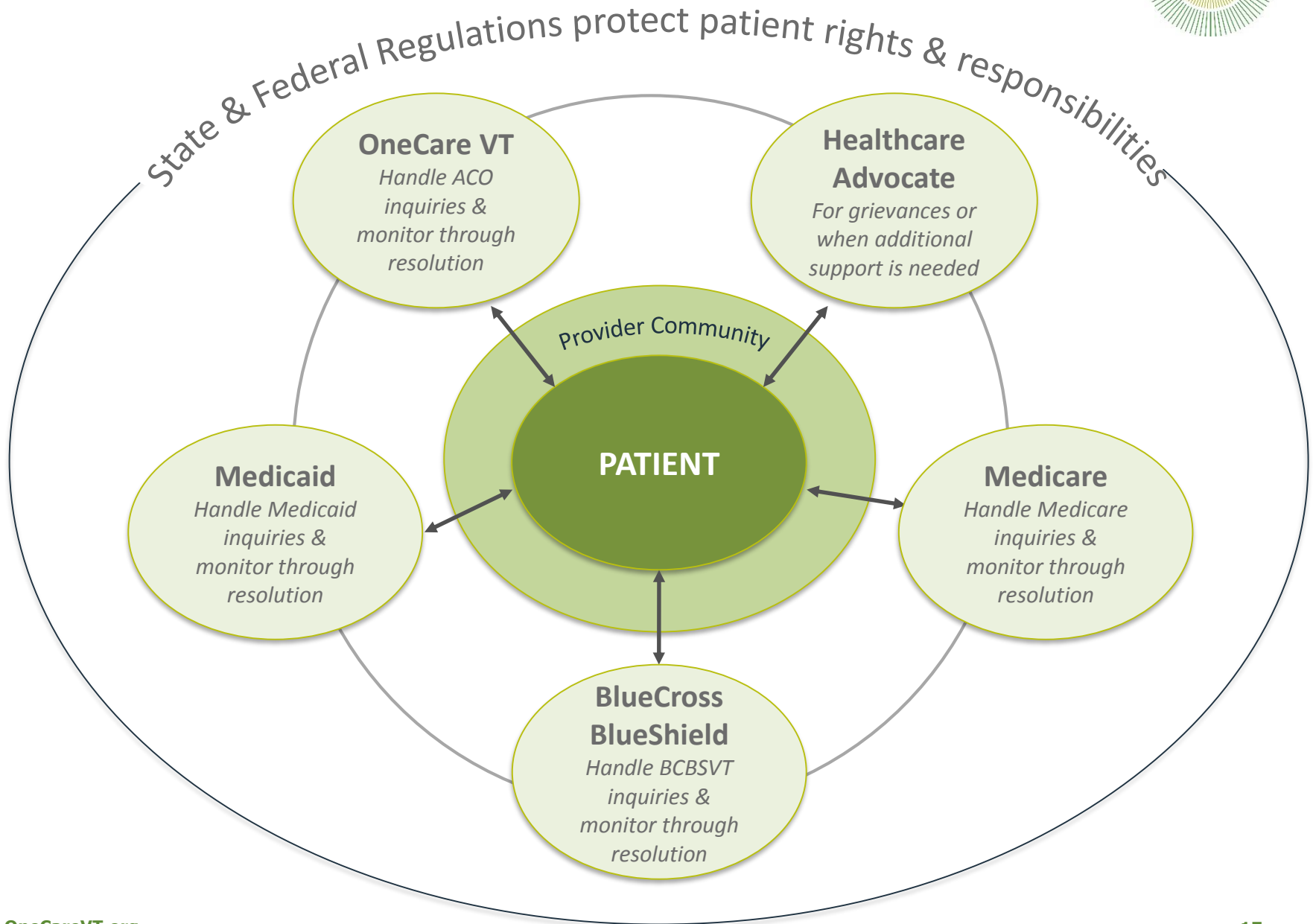
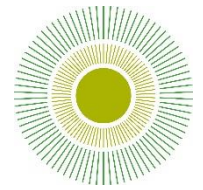




# Patient Communications and Addressing Patient Concerns



# ACO Customer Service Support System for Patients



# ACO Notification Letter & Patient Data Sharing Opt Out Process



	Payer Program Notification and Opt Out Rules		
	Medicaid Next Generation	Medicare Next Generation	BCBSVT Risk
<b>Notification Type</b>	All payers provide a notice for patients that they are aligned to an ACO		
<b>Data Sharing Opt Out Requirement Mentioned in Letter?</b>	Letter <b>explicitly states that the patient has the right to opt out of data sharing</b>	As directed by the payer, the letter <b>does not provide opt out information</b> however opt out details are contained in the patients Medicare Benefits Manual which they receive each year	As directed by the payer, the letter <b>does not provide opt out information</b>
<b>Opt Out Process and Ownership</b>	If a patient chooses to opt out of data sharing, <b>OneCare is empowered to opt them out</b> and OneCare provides this information to DVHA to suppress from future data sharing with OneCare	If a patient chooses to opt out of data sharing, <b>OneCare will support the patient by directly transferring them to Medicare</b> to suppress from future data sharing with OneCare	If a patient chooses to opt out of data sharing, <b>OneCare will support the patient by directly transferring them to BCBSVT</b> to suppress from future data sharing with OneCare

## 2017 Patient Data Sharing Opt-Out Rates

	Medicaid Next Generation	Medicare Shared Savings	BCBSVT Shared Savings
<b>Opt Out Rate</b>	1.60%	5.30%	0%

# OneCare Customer Service for Patients



- **Reasons for Inquiry**

- Medicare, Medicaid and BCBSVT program ACO notification letter
- Heightened press coverage related to the All Payer Model

- **Tracking and Monitoring**

- Inquiries are tracked and monitored through resolution, including those transferred to the payer

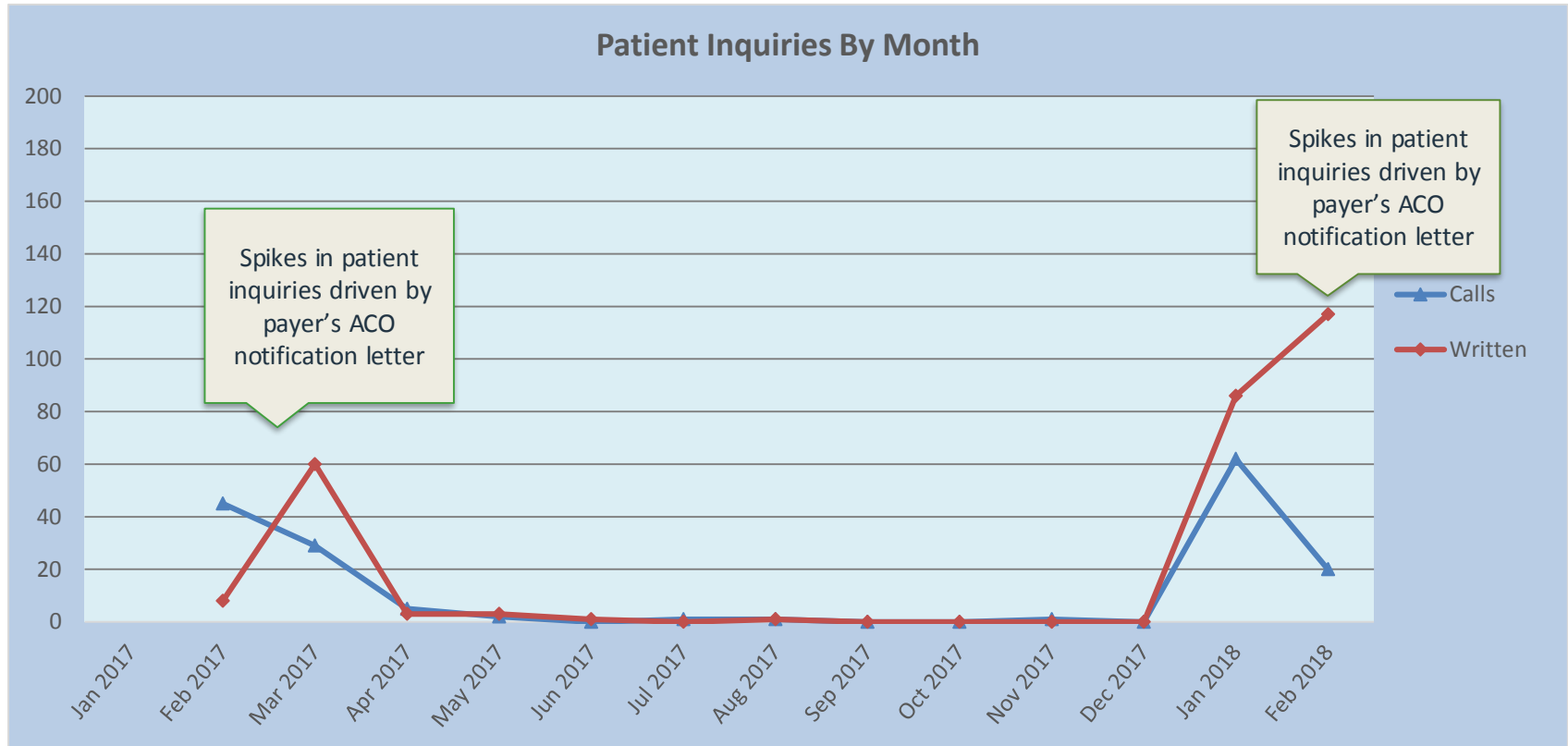
- **Reporting**

- In 2017 customer service reports were provided to DVHA. OneCare is extending the same reports to BCBSVT and Medicare

- **Escalation**

- OneCare has received no grievances to date
- OneCare offers patients the option to file a formal grievance if the complaint is not readily resolved
- OneCare offers the contact information for the Health Care Advocate for additional support

# 2017-2018 OneCare Patient Inquiries



- 2017 patient inquiries (notification letter primarily) are all related to VMNG program since that was the only risk program we reported last year
- 2018 patient inquiries (notification letter primarily) are all still incoming for this year. VMNG and Medicare letters sent, BCBSVT letter to be sent mid-April, 2018

# Patient and Family Centered Approach



- Patient and Family Advisory Committee
  - Meets every other month to provide educational information and solicit feedback on OneCare and our initiatives. Group reports to OneCare's Board of Managers and provides suggestions for improvement in process and improving patient experience.
- Presenting to the UVM Medical Center patient and family advisory committee to educate on ACOs/OneCare and solicit feedback regarding OneCare's work and how it impacts patient care and experience.
- OneCare staff has received training on the patient and family centered approach and an internal Patient and Family Centered Care Working Group is integrating this approach into OneCare initiatives.





# Information to the Public

- OneCare has produced updated FAQs and information packets.
  - Updated FAQs have been posted on our website.
  - Patient FAQs have been distributed to all network providers as a resource for patient questions.
  - Notification letters mailed to new patients aligning them with the ACO through the BCBSVT commercial program included Patient FAQs.
  - Working with focus groups to help refine our language on how we describe OneCare Vermont.
- We are developing a new design and content for our website to cover all of our programs and provide more information to the public.
  - Content must be approved by CMS and this adds time to the process.
- Participated in a community forum in Bennington in March.
  - OneCare is using feedback from this forum to develop new materials for public presentations.
  - Additional community forums will be planned for 2018.



# Challenges and a Brief Look Ahead

# Challenges



- **Financial**
  - Technical challenges prevented us from adopting fixed payments for the BCBSVT commercial program for 2018. We are working to address this issue for 2019.
- **Data**
  - Limited availability of important payer attribution, clinical and quality data in our analytics tools and care coordination software until late in Q1.
- **Operations**
  - Opt-out processes and management.
  - Operationalizing the prior authorization waiver because it does not apply to full patient panel and identifying opportunities for improvement.
- **Notification Letters to Patients**
  - To improve communication with providers and support patient education, OneCare will provide advance notice to providers before notification letters are mailed to patients. The advance notice will include provider and patient FAQs.
  - When possible, OneCare will include patient FAQs in the mailing to patients that notifies them of their alignment with the ACO.
  - The letter from Medicare that was sent to beneficiaries was confusing and OneCare has suggested changes to CMS to improve clarity.





# Brief overview of the months ahead

- **At the end of April, OneCare will produce Health Service Area level performance reports with financial, clinical, and quality data.**
  - These reports will allow CFOs to track financial performance, CMOs to examine service delivery patterns compared to targets, and quality teams to check their performance against benchmarks.
- **Self-insured program development**
  - Creating a program to add value to self-insured plans. Learning from our pilot program what can be replicated and applied to other self-insured plans. Need to contract with self-funded plans to meet scale targets set in the All-Payer Model agreement.
- **2019 Network Development**
  - Board of Managers has endorsed a contracting process for 2019.
  - Contract renewals will be offered to hospitals currently in our network and all other Vermont hospitals that are not currently participating. Hospitals must be willing and able to take financial risk for their respective HSAs.
  - Participant contracts will be offered for independent primary and specialty care providers, FQHCs, Home Health and Hospice Agencies, Designated Agencies, and Skilled Nursing Facilities, as long as their “home hospital” is part of OneCare ACO
  - Exploring engagement with ancillary independent providers (PT, Occupational therapists, etc) via focus groups in 2018-2019 to design population health programs/incentives that align with the OneCare population health model for readiness in the 2020 contracting cycle.