

2019 All-Payer Model Update

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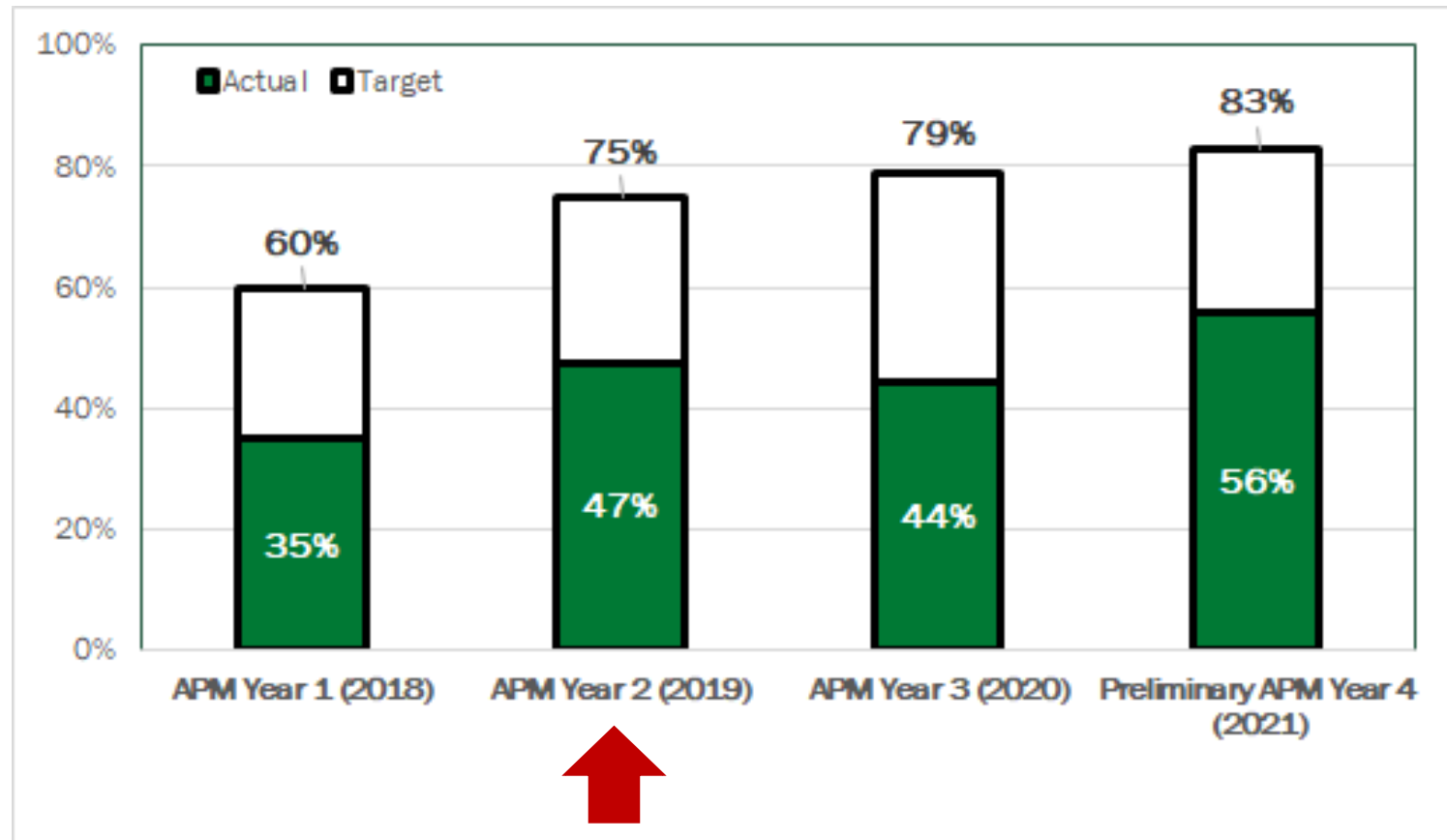
March 31, 2021

Agenda

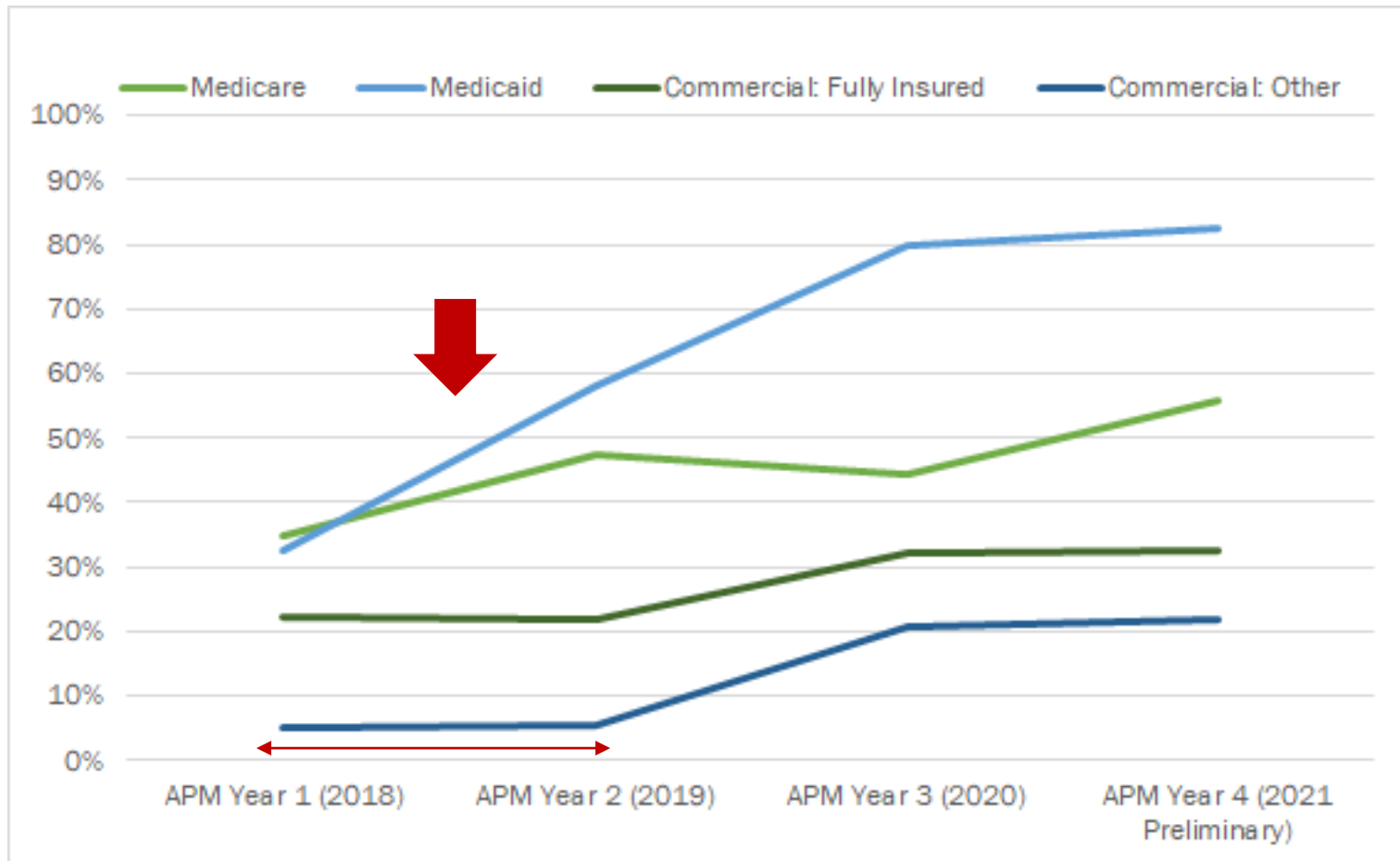
- 2019 TCOC Results
 - Scale review
 - Financial results
- 2019 Quality

All-Payer Model (APM) Scale

Actual: the proportion of the APM eligible population aligned with the ACO OneCare Vermont (OCVT).



APM Scale by Payer over time



APM Scale Notes

- Scale report coming in June 2021, will include final numbers for 2020, with projected 2021
 - Projected 2022 will be available when OneCare Vermont (OCVT) presents its 2022 budget, based on contract negotiations at that point in time
- Additional Changes:
 - Vermont State Employees Association (VSEA) was added to scale-qualifying population; included in proposed 2021 budget
 - More Vermonters are opting for Medicare Advantage (MA). Since MA is considered a commercial payer for purposes of the APM, potential scale is taken from Medicare and moved to Commercial. The state is discussing ways to include MA in the model.

2019 All-Payer Total Cost of Care (TCOC) Results

Background

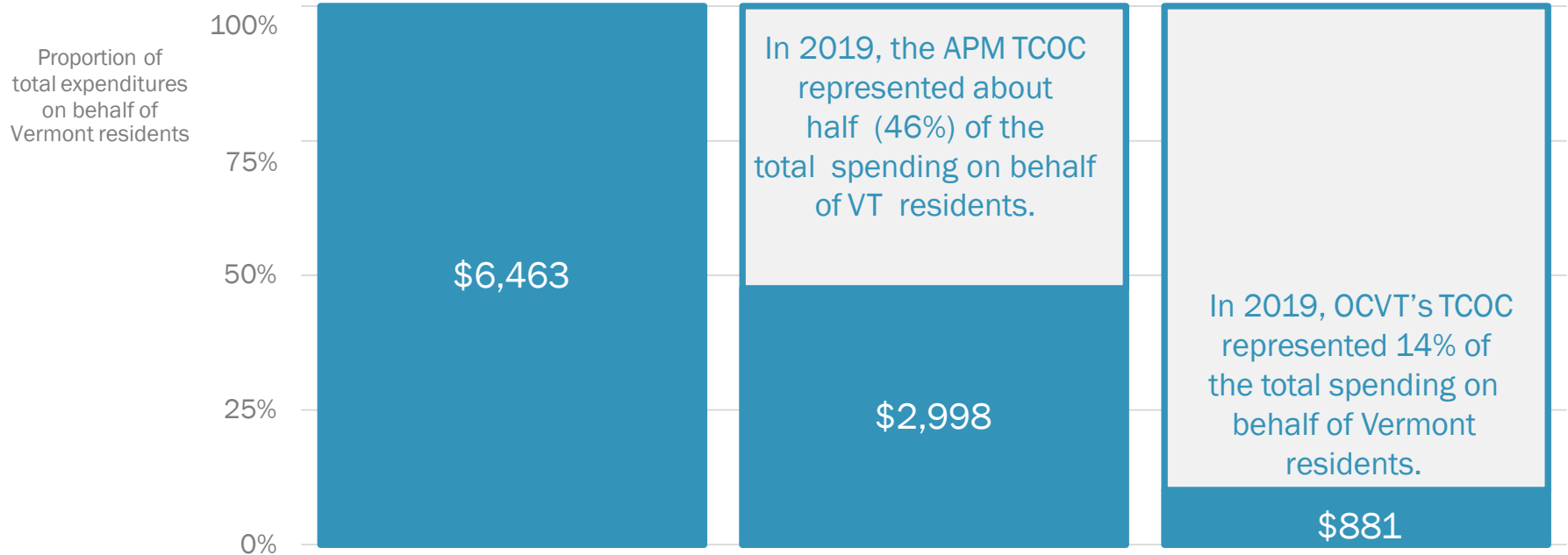
- In PY2 2019, there are three years for Medicaid participation, and two years for Medicare and Commercial participation in the model and TCOC report.

Comparing Expenditure Measures (in millions)

Total VT
Resident Spend[°]
(2019 Expenditure
Analysis Projection)

APM TCOC[•]
(2019)

OCVT TCOC*
(2019 Actual)



[°] 2019 Projection is based on the [2018 Vermont Expenditure Analysis](#) since 2019 is still in progress as of March 2021.

[•] APM TCOC 2019 figure is based on the 2019 Annual Report (soon to be released, found [here](#)).

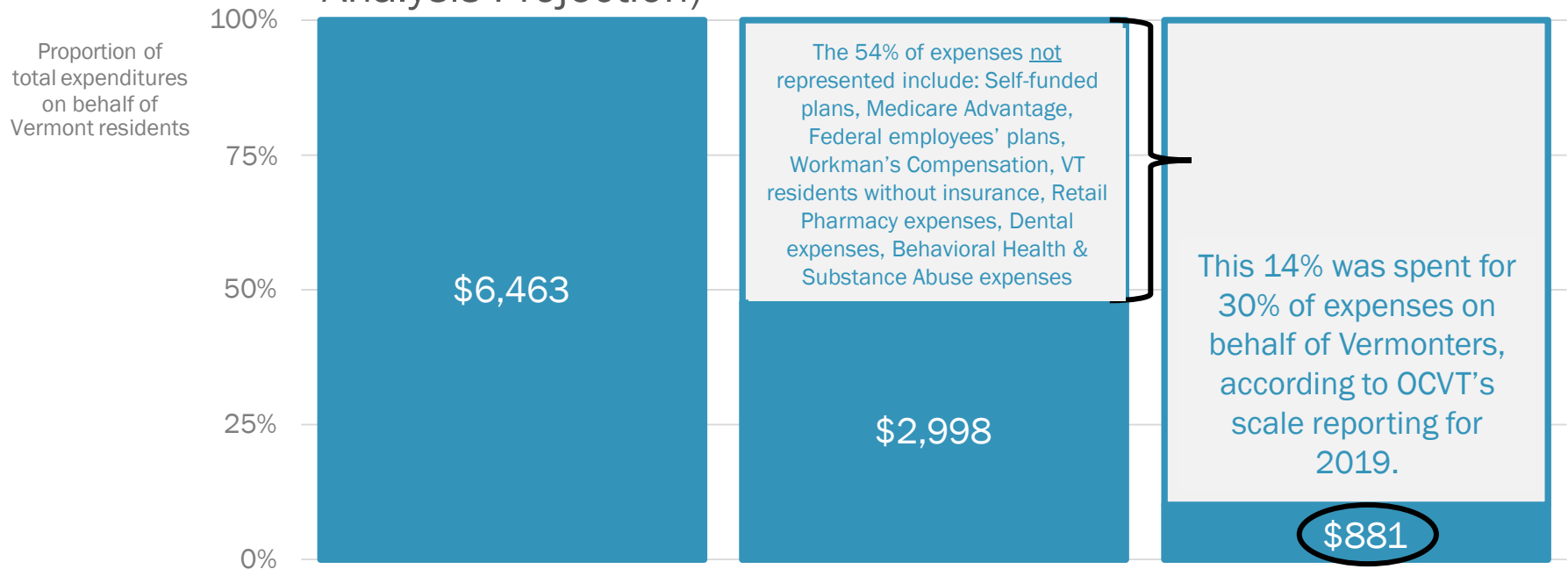
*OCVT TCOC 2019 figure is based on the 2019 TCOC Actual spend detailed in the [2021 Budget Submission from OneCare VT](#)

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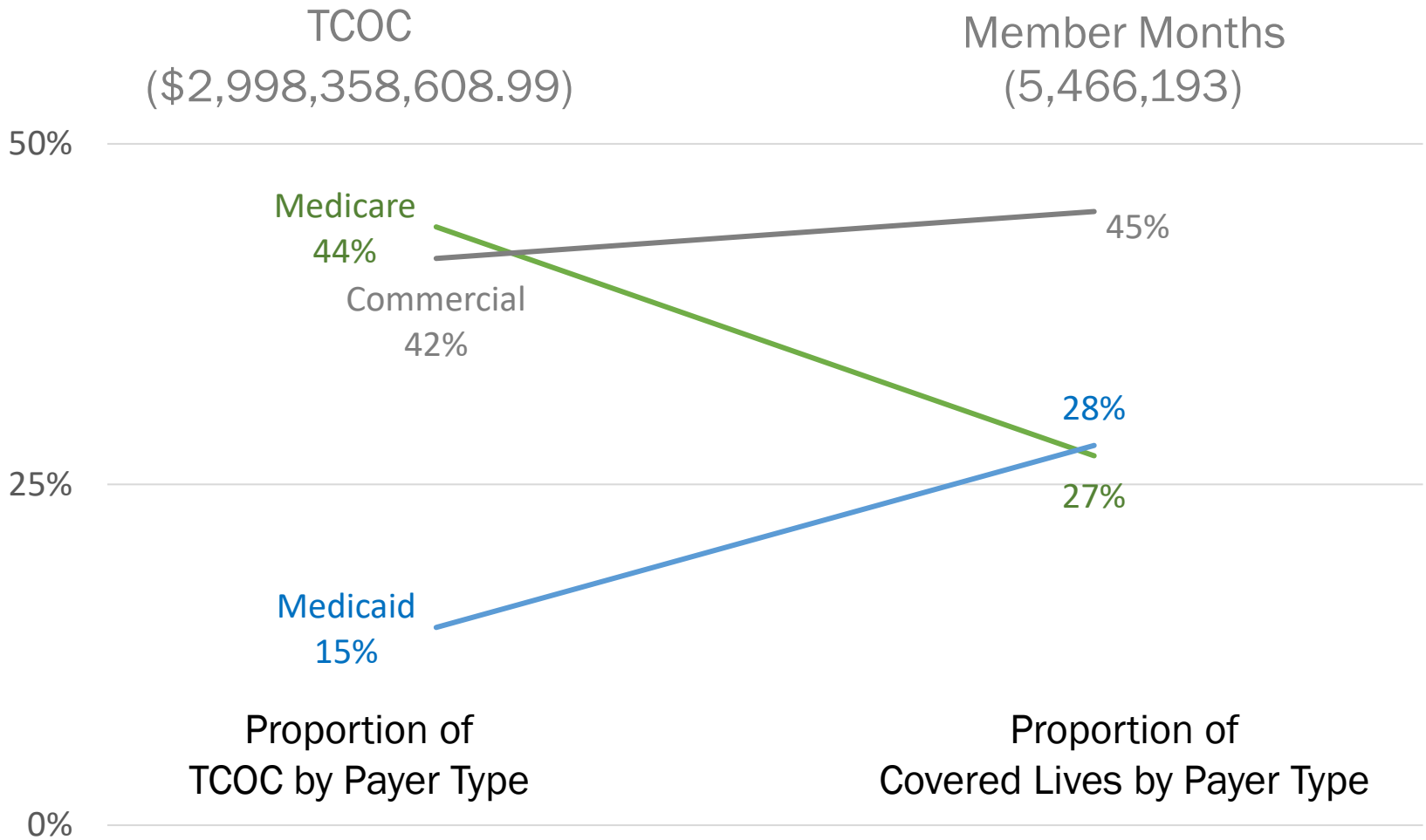


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*OCVT TCOC 2019 figure is based on the 2019 TCOC Actual spend detailed in the [2021 Budget Submission from OneCare VT](#)

Share of TCOC vs Population by Payer Type (2019)



All-Payer TCOC Growth, Model Overall



How did the per person TCOC change from 2017 to 2019 for Vermont residents?

$$\left(\frac{\text{Per Person TCOC in 2019}}{\text{Per Person TCOC in 2017}} \right)^{1/2} - 1 = 4.6\%$$

While we monitor year-over-year change, Vermont's performance is assessed for growth from 2017 to date, with focus on the outcome at the end of the performance period (PY5, 2022).

All-Payer TCOC

by Payer Type

Payer Type	2019 Final	Growth PY0-PY1	Growth PY1-PY2	Compounded Annual Growth
National Trend [°]	NA	4.7%	4.5%	NA
All-Payer	\$549	4.1%	5.2%	4.6%
Medicare	\$893	4.4%	1.7%	3.0%
Commercial	\$504	1.5%	7.5%	4.5%
Medicaid*	\$286	6.5%	3.7%	5.1%

*Excludes permissible price increases

[°]Based on NHE-HCE 2019 results for Total Spend Annual % Change (Table 1) from 2018-2019.

*APM TCOC 2019 figures based on the 2019 Annual Report (soon to be released, found [here](#)).

All-Payer TCOC

by Payer Type and ACO alignment



Payer Type	2017	2018	2019	Growth PY1-PY2	Compounded Annual Growth
All-Payer	\$500.88	\$521.25	\$548.53	5.2%	4.6%
Non-ACO All-Payer*	\$513.44	\$508.90	\$541.15	6.3%	2.7%
ACO All-Payer*	\$288.38	\$568.10	\$564.28	-0.7%	-
Medicare	\$841.32	\$878.05	\$892.96	1.7%	3.0%
Non-ACO Medicare	\$841.32	\$846.60	\$833.99	-1.5%	-0.4%
ACO Medicare	-	\$961.20	\$984.10	2.4%	-
Commercial	\$461.99	\$468.97	\$504.05	7.5%	4.5%
Non-ACO Commercial	\$461.99	\$466.81	\$498.87	6.9%	3.9%
ACO Commercial	-	\$485.38	\$536.98	10.6%	-
Medicaid*	\$258.96	\$275.79	\$285.96	3.7%	5.1%
Non-ACO Medicaid*	\$252.23	\$275.00	\$296.20	7.7%	8.4%
ACO Medicaid*	\$288.38	\$277.76	\$277.13	-0.2%	-2.0%

*Excludes permissible price increases.

**APM TCOC 2019 figures based on the 2019 Annual Report (soon to be released, found [here](#)). There are rounding differences due to significant digits. The final all-payer TCOC rate in 2019 is 4.6%.

All-Payer TCOC

Influence Over Time



At a high level, the state’s influence on the TCOC is different for different insured groups.

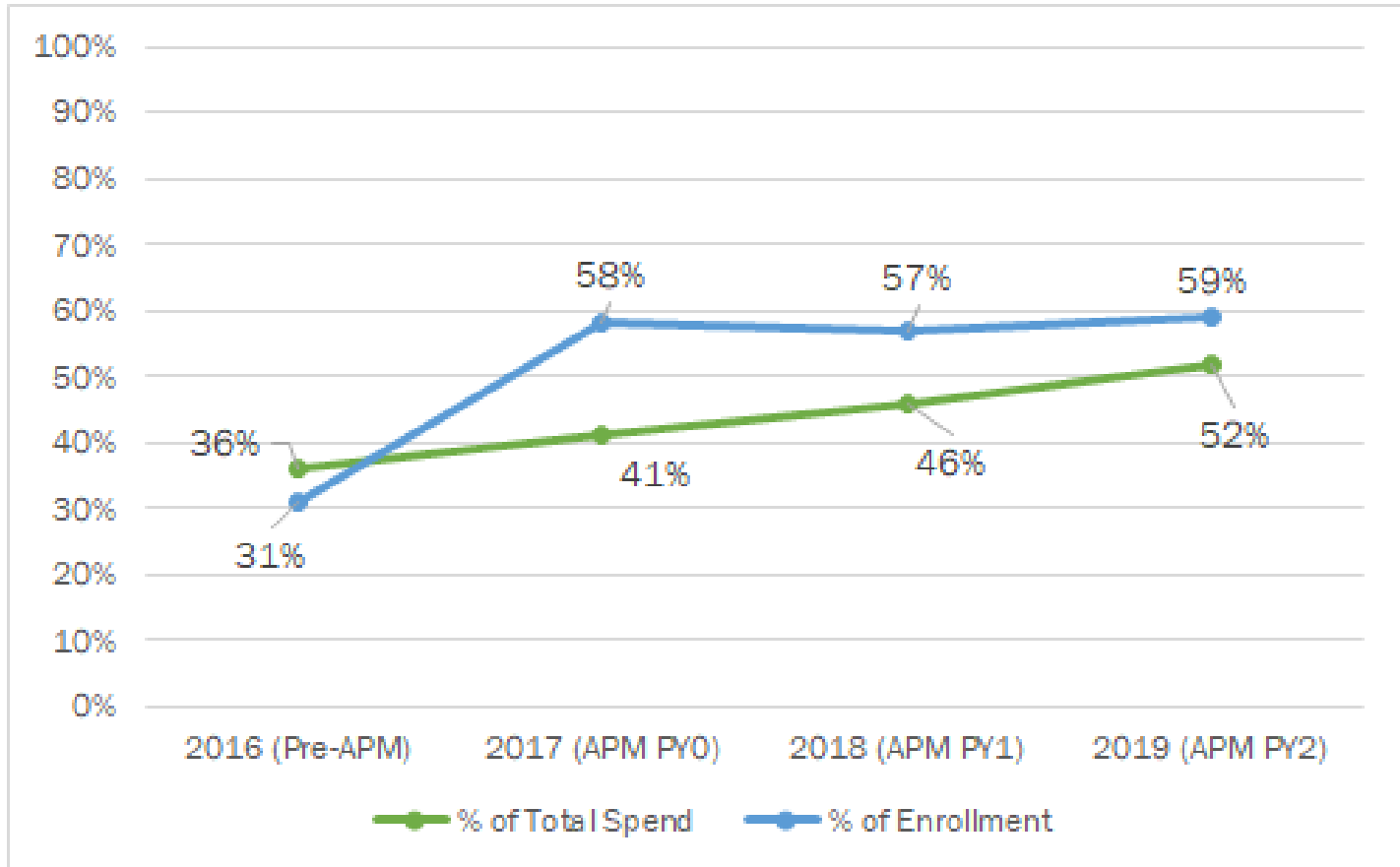
Some state regulatory control	No state regulatory control
Medicaid – ACO aligned	Medicare – Non-ACO aligned (ESRD & Non-ESRD)
Medicaid – Non-ACO aligned	Medicare Advantage
Medicare – ACO aligned (ESRD & Non-ESRD)	Commercial Self-Funded†
Commercial Fully-Insured – ACO aligned	
Commercial Fully-Insured – Non-ACO aligned	

*Groups based on the APM TCOC 2019 figure is based on the 2019 Annual Report (soon to be released, found [here](#)).

†In later years, a portion of commercial self-funded groups through the teachers’ unions and the state employees fall under “some regulatory control”

All-Payer TCOC

Influence Over Time for groups under "some regulatory control"



*Figures based on the APM TCOC 2019 figure is based on the 2019 Annual Report (soon to be released, found [here](#)).

Notes: "Some regulatory control" is defined by the groups: Medicaid ACO and Non-ACO, Medicare ACO (ESRD & Non-ESRD), and Commercial Fully-Insured. "No regulatory control" is defined by the groups: Commercial Self-Funded, Medicare Advantage, and Medicare Non-ACO.

Key Takeaways APM TCOC



- Majority of PY1 to PY2 growth is from Commercial.
 - MA: not participating in an ACO during this period so there was less ability to control these costs.
 - Commercial fully insured: BCBS (ACO-aligned) risk pool changed with good risk going to MVP (Non-ACO aligned), and also BCBS rates increased.
- Growth in spend reflects changing demographics (e.g. aging) into Medicare and Medicare Advantage populations.
- Overall, the model has brought more of Vermont health care system-wide spend under Vermont's own regulatory control.

Looking Ahead

- We are anticipating more detail on utilization and costs for ACO-aligned versus non-ACO aligned members from our current work with MPR.
- Utilization will be lower due to the COVID-19 pandemic, and this will likely bring growth back on track.
- APM Improvement Plan will be presented by AHS on 4/14

2019 Statewide Quality & Population Health Outcomes

Considerations

- Public Health Emergency
 - Impact on measure reporting
 - Impact on agreement modifications
- Scale Growth
 - Underlying denominator (scale) changes between PY1 and PY2 – 46% growth in All-Payer and in Medicare population
- Risk Score
 - Overall, ACO members have higher risk

Reminder: Agreement language states that improvement should be noted across PY1 and PY2

Population-Level Health Outcomes Targets

Goal	Measure	Baseline	2022 Target	2018 (PY1)	Current	2019 (PY2)
Population-Level Health Outcomes Targets				Rate	2019 Rate	Num/Denom
Reduce Deaths Related to Suicide and Drug Overdose	Deaths Related to drug Overdose (Statewide) ⁶	123 (2017)	Reduce by 10% (111)	159	137 ⁷ ▼	
Reduce Deaths Related to Suicide and Drug Overdose	Deaths Related to Suicide (Statewide)	17.2/100,000 (2016)	16 per 100k VT residents or 20 th highest rate in US	18.8/100k ⁸ (2018) ⁹	15.3/100k (2019) ⁸ ▼	
Reduce Chronic Disease	COPD Prevalence (Statewide)	6% (2017)	Increase ≤1%	6%	7% ▲	
Reduce Chronic Disease	Diabetes Prevalence (Statewide)	8% (2017)	Increase ≤1%	9%	9% ▶	
Reduce Chronic Disease	Hypertension Prevalence (Statewide)	26% (2017)	Increase ≤1%	25%	26% ▲	
Increase Access to Primary Care	Percentage of Adults with Personal Doctor or Care Provider (Statewide)	87% (2017)	89%	86%	86% ▶	

Health Care Delivery System Quality Targets

Goal	Measure	Baseline	2022 Target	2018 (PY1)	Current	2019 (PY2)
Health Care Delivery System Quality Targets				Rate	2019 Rate	Num/Denom
Reduce Deaths Related to Suicide and Drug Overdose	Initiation of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	38.9% (2018)	40.8%	38.9%	40.1% ▲	1,321 / 3,293
	Engagement of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	13.3% (2018)	14.6%	13.3%	17.1% ▲	564 / 3,293
Reduce Deaths Related to Suicide and Drug Overdose	30-Day Follow-Up After Discharge from ED for Mental Health (Multi-Payer ACO)	84.4% (2018)	60%	84.4%	89.8% ▲	1,828 / 2,035
	30-Day Follow-Up After Discharge for Alcohol or Other Drug Dependence (Multi-Payer ACO)	28.2% (2018)	40%	28.2%	27.6% ▼	345 / 1,250
Reduce Deaths Related to Suicide and Drug Overdose	Growth Rate of Mental Health and Substance Abuse-Related ED Visits (Statewide) ^{10,11}	5.3% (2016 - 2017)	5% ¹²	6.9% (2017-2018)	XX	
Reduce Chronic Disease	Diabetes HbA1c Poor Control (Medicare ACO)	58.02% ¹³ (2018)	70 th -80 th percentile (national Medicare benchmark)	58.02% (Medicare 80 th percentile)	13.49% ► (Medicare 80 th percentile)	34 / 252
	Controlling High Blood Pressure (Medicare ACO)	68.12% (2018)	70 th -80 th percentile (national Medicare benchmark)	68.12% (Medicare 60 th percentile)	71.46% ▲ (Medicare 70 th Percentile)	338 / 473
	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (Medicare ACO) ¹⁴	63.84% (2018)	70 th -80 th percentile (national Medicare benchmark)	63.84% (Medicare 30 th percentile)	60.04% ▼ (Medicare 40 th percentile)	Medicare 40 th percentile
Increase Access to Primary Care	ACO CAHPS Composite: Getting Timely Care, Appointments and Information (Medicare ACO)	84.62% (2018)	70 th -80 th percentile (national Medicare benchmark)	84.62% (Medicare 80 th percentile)	82.48% ► (Medicare 80 th Percentile)	- / 257

Process Milestones

Goal	Measure	Baseline	2022 Target	2018 (PY1)	Current	2019 (PY2)
Process Milestones				Rate	2019 Rate	Num/Denom
Reduce Deaths Related to Suicide and Drug Overdose	Percentage of Vermont Providers Checking Prescription Drug Monitoring Program Before Prescribing Opioids (Statewide)	2.19 (2017)	1.80	3.10		
Reduce Deaths Related to Suicide and Drug Overdose	Adults Receiving Medication Assisted Treatment (MAT) (Statewide, Ages 18-64) Rate per 10,000 Vermonters	257 per 10,000 Vermonters (2018)	150 per 10,000 Vermonters (or up to rate of demand)	257 per 10,000	218 ¹⁵ per 10,000 ▶	- -
Reduce Deaths Related to Suicide and Drug Overdose	Screening for Clinical Depression and Follow-Up Plan (Multi-Payer ACO)	50.23% (2018)	70 th -80 th percentile (national Medicare benchmark)	50.23% (Medicare 50 th percentile)	54.47% ¹⁶ (Medicare 50 th Percentile) ▶	500 949
Reduce Chronic Disease	Tobacco Use Assessment and Cessation Intervention (Multi-Payer ACO)	70.56% (2018)	70 th -80 th percentile (national Medicare benchmark)	70.56% ¹⁷	84.94% ¹⁸ (Medicare 70-80 th percentile) ▲	331 394
Reduce Chronic Disease	Percentage of Vermont Residents Receiving Appropriate Asthma Medication Management – 50% compliance (Statewide)	72.5% (2018)	65%	72.5%	73.4%	1,104 1,591
Increase Access to Primary Care	Percentage of Medicaid Adolescents with Well-Care Visits (Statewide Medicaid)	47.8% (2017)	53%	49.9%	52.5% ¹⁹ ▲	13,398 25,516
Increase Access to Primary Care	Percentage of Medicaid Enrollees Aligned with ACO (Statewide Medicaid)	31% (Jan 2018)	≤15 percentage points below alignment rate for Vermont Medicare beneficiaries	31%	58.2% ▲	79,004 ²⁰ 135,639 ²¹

Key Takeaways

- Currently on track to meet:
 - 5 of 6 Population-Level Health Outcomes Targets,
 - 7 of 8 available Healthcare Delivery System Quality Targets
 - One of the nine data points is unavailable at this time
 - 5 of 6 available Process Milestones
 - One of the seven data points is unavailable at this time

Looking Ahead

- Comparative analyses
 - Continuously enrolled results over time
- Impact on access and utilization
 - Inpatient
 - Outpatient
 - Primary care

Upcoming APM Reporting



- 2019 Annual TCOC Report
- Annual Scale Targets and Alignment Report
- Annual Payer Differential Report
- Proposal for Subsequent Agreement

Questions?