VERMONT
GREEN MOUNTAIN CARE BOARD

APM Federal Reporting Update

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Agenda

- 2020 Statewide Health Outcomes and Quality of Care Results
- 2020 Total Cost of Care Results
- 2021 Scale Targets and Alignment Preliminary Results

Public Health Emergency

The results presented here for 2020 will not accurately assess "performance" as outlined in the APM Agreement. The effects of the global pandemic and associated PHE necessarily and drastically changed care patterns. The PHE redefined short-term health system priorities to meet immediate acute care needs and stabilize the health care system. These necessary changes are likely to have impacted preventive care and health promotion activities. The full effects of the PHE are still developing and may distort trends for many years to come.

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2020 STATEWIDE HEALTH OUTCOMES AND QUALITY OF CARE RESULTS

Quality: Considerations

1. Public Health Emergency
2. Scale Growth
3. Specification Changes
4. Population Risk

2020 Results
Population-Level Health Outcomes

Goal	Measure	Baseline	2022 Target	2018 (PY1)	2019 (PY2)	*Current 2020 (PY3)*
Population-Level Health Outcomes Targets				Rate	Rate	*Rate*
Reduce Deaths Related to Suicide and Drug Overdose	Deaths Related to drug Overdose (Statewide)	123 (2017)	Reduce by 10% (111)	159	137	***Proposed change***
Reduce Deaths Related to Suicide and Drug Overdose	Deaths Related to Suicide (Statewide)[8]	17.2/100,000 (2016)	16 per 100k VT residents or 20th highest rate in US	18.8/100k (2018)	15.3/100k (2019)	***18.1/100k (2020)***
Reduce Chronic Disease	COPD Prevalence (Statewide)	6% (2017)	Increase ≤1%	6%	7%	***6%***
Reduce Chronic Disease	Diabetes Prevalence (Statewide)	8% (2017)	Increase ≤1%	9%	9%	***8%***
Reduce Chronic Disease	Hypertension Prevalence (Statewide)	26% (2017)	Increase ≤1%	25%	26%	***25%***
Increase Access to Primary Care	Percentage of Adults with Personal Doctor or Care Provider (Statewide)	87% (2017)	89%	86%	86%	***85%***

[1] Vermonters who die in Vermont (i.e. excludes out-of-state residents' deaths and Vermonters who die in other states).
[2] 2019 data are preliminary.
[3] Death rate is age-adjusted per 100,000 population. https://www.healthvermont.gov/sites/default/files/documents/pdf/HSRV-Injury-Suicide-Intentionalself-harm-Brief-2022.pdf.

2020 Results

Healthcare Delivery System Quality Targets

Goal	Measure	Baseline	2022 Target	2018 (PY1)	2019 (PY2)	*Current 2020 (PY3)*
Healthcare Delivery System Quality Targets				Rate	Rate	***Rate***
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%	***39.4%***
Reduce Deaths Related to Suicide and Drug Overdose	Engagement of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	13.3% (2018)	14.6%	13.3%	17.1%	***18.6%***
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%	***78.1%***
Reduce Deaths Related to Suicide and Drug Overdose	30-Day Follow-Up After Discharge for Alcohol or Other Drug Dependence (Multi-Payer ACO)	28.2% (2018)	40%	28.2%	27.6%	***31.6%***
Reduce Deaths Related to Suicide and Drug Overdose	Growth Rate of Mental Health and Substance Abuse-Related ED Visits (Statewide),	5.3% (2016 -2017)	5%	6% (2017-2018)	5% (2018 – 2019)	***-16% (2019 – 2020)***
Reduce Chronic Disease	Diabetes HbA1c Poor Control (Medicare ACO)	58.02% (2018)	70th-80th percentile (national Medicare benchmark)	Measurement change – result available in 2018 report	13.49% (Medicare 80th percentile)	***13.65% (Medicare 80th Percentile)***
	Controlling High Blood Pressure (Medicare ACO)	68.12% (2018)	70th-80th percentile (national Medicare benchmark)	68.12% (Medicare 60th percentile)	71.46% (Medicare 70th Percentile)	***65.32% (Medicare 60th Percentile)***
	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (Medicare ACO)	63.84% (2018)	70th-80th percentile (national Medicare benchmark)	63.84% (Medicare 30th percentile)	60.04% (Medicare 40th percentile)	***30.11% (Medicare 90th Percentile)***
Increase Access to Primary Care	ACO CAHPS Composite: Getting Timely Care, Appointments and Information (Medicare ACO)	84.62% (2018)	70th-80th percentile (national Medicare benchmark)	84.62% (Medicare 80th percentile)	82.48% (Medicare 80th Percentile)	***N/A Medicare CAHPS measures were not collected in 2020 due to PHE***

[1] Shown as a percent change from previous year.
[2] Vermont residents only.
[3] This measure uses a phased approach. The goal is to reduce the growth rate of mental health and substance abuse-related ED visits to 5% in PY 1-2, 4% in PY 3-4 and 3% by PY5.
[4] The baseline and 2018 result shown is a Medicare composite of ACO #27 (A1c poor control) and ACO #41 (diabetes eye exam) per Medicare Shared Savings Program reporting standards. Beginning in 2019, the result is for ACO #27 only.
[5] A lower rate is indicative of better performance on this measure.

2020 Results
Process Milestones

Goal	Measure	Baseline	2022 Target	2018 (PY1)	2019 (PY2)	*Current 2020 (PY3)*
Process Milestones				Rate	Rate	*Rate*
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	4.33	*3.91 (Proposed change)*
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 per 10,000	*235 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)	70th-80th percentile (national Medicare benchmark)	50.23% (Medicare 50th percentile)	54.47% (Medicare 50th Percentile)	*48.62% (Percentile N/A)*
Reduce Chronic Disease	Tobacco Use Assessment and Cessation Intervention (Multi-Payer ACO)	70.56% (2018)	70th-80th percentile (national Medicare benchmark)	70.56%, 22	84.94% (Medicare 70-80th percentile)	*78.95% 22 (Medicare 70th - 80th Percentile)*
Reduce Chronic Disease	Asthma Medication Ratio: Percentage of Vermont Residents with an Asthma Medication Ratio of 0.50 or Greater (Multi-Payer ACO)	-	-	Measure change – see prior reports for corresponding PY results		*49.3%*
Increase Access to Primary Care	Percentage of Medicaid Adolescents with Well-Care Visits (Statewide Medicaid)	-	-	Methodology change – see prior reports for corresponding PY results		*51.2%*
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%	*92%*

[1] Q1 2019 results; https://www.healthvermont.gov/scorecard-opioids.
[2] Preliminary Data. Q1 2020 results; https://www.healthvermont.gov/scorecard-opioids.
[3] Weighted result based on ACO Medicare, Medicaid and BCBSVT QHP performance in CY 2020.
[4] No national Medicare benchmark is available for CY 2018.
[5] Weighted result based on ACO Medicare and Medicaid performance.
[6] 2020 data reflect HEDIS measure changes; see Appendix A for more detailed information.
[7] 2020 data reflect HEDIS measure changes – new measurement captures Medicaid beneficiaries aged 3-21.
[8] As reported in Annual Scale Targets and Alignment Reports.

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2020 ALL-PAYER AND MEDICARE TCOC RESULTS

APM Financial Targets

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- The APM sets goals for per person growth for the length of the Agreement:

All-Payer: Vermont-wide average per person growth between 3.5% to 4.3% from 2017 to 2022.

Medicare: Vermont average per beneficiary growth between -0.2 to +0.1 of national projected growth from 2017 to 2022.

- Targets are not limited to people attributed to an ACO.

APM TCOC in Perspective

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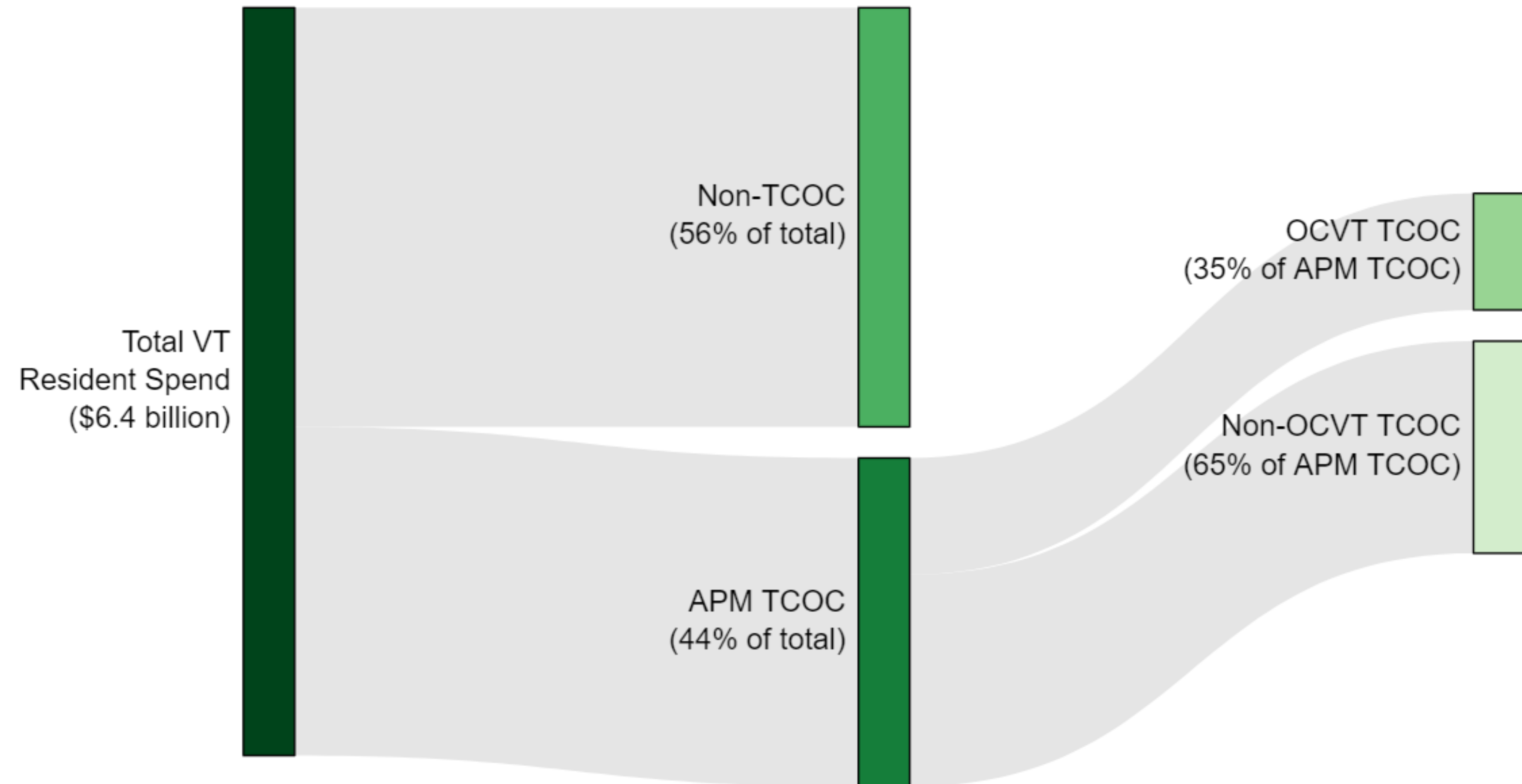
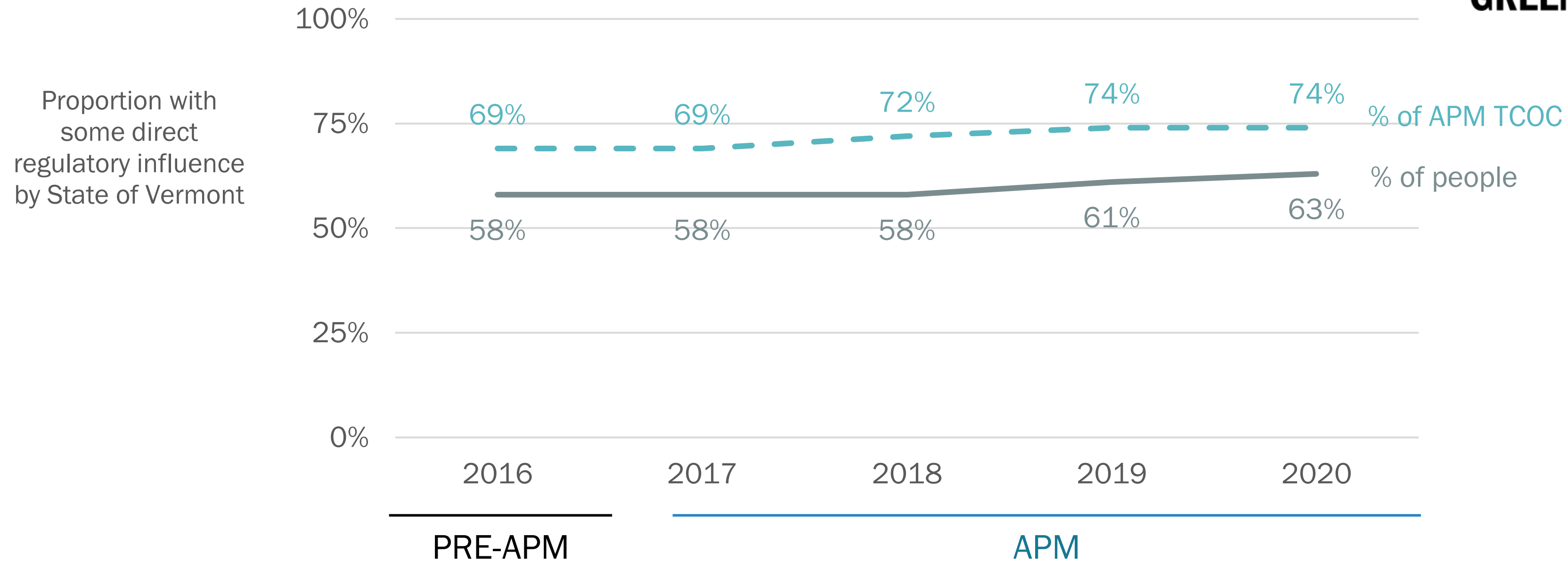
The APM TCOC was less than half of all expenditures on behalf of Vermont residents in 2020 (44%).



APM and State's Regulatory Influence



Direct regulatory influence defined as:

- Being attributed to Vermont-regulated ACO
- Vermont Medicaid
- Fully insured commercial members
- Expenditures in Vermont for acute inpatient and facility outpatient services

Notes: - Limited to Vermont residents with data available in VHCURES.
- State of Vermont employees and educators insured through the Vermont Education Health Initiative are not broken out as a distinct group and therefore not explicitly included in the population eligible for potential regulatory influence.

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APM ALL-PAYER TOTAL COST OF CARE (TCOC)

APM All-Payer TCOC
Performance to Date

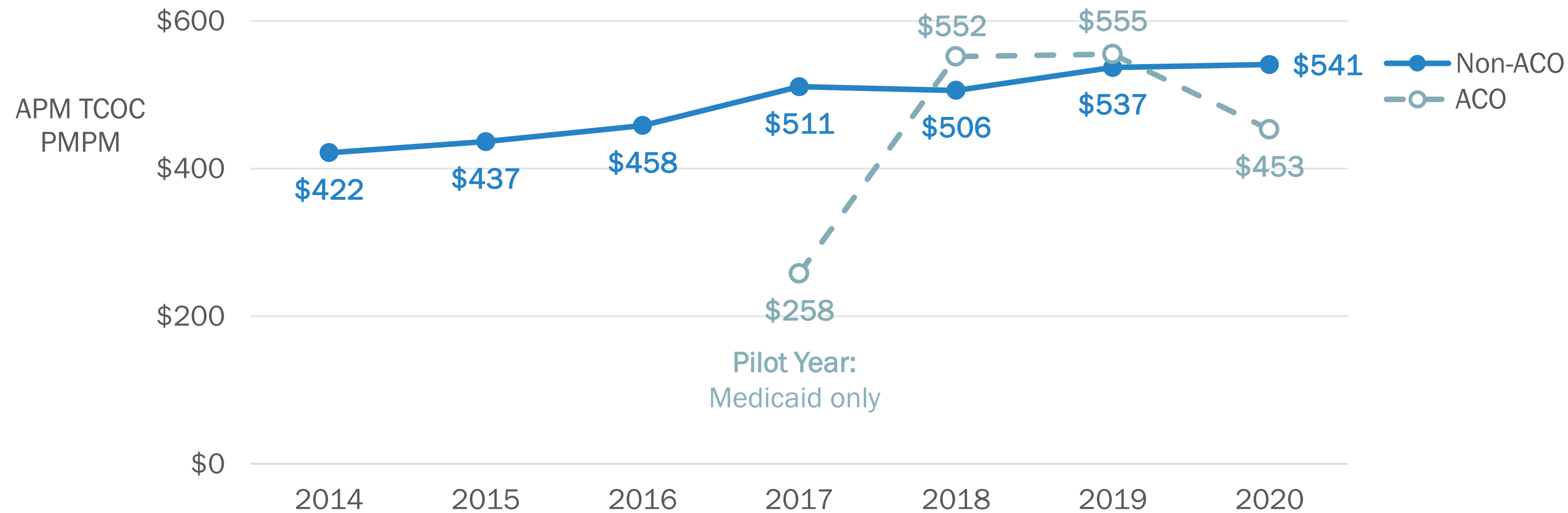
	Baseline (2017)	PY1 (2018)	PY2 (2019)	PY3 (2020)	Compounding Growth ('17 to '20)
All-Payer	$497	$516	$543	$503	0.4%
	Annual Growth	3.8%	5.3%	-7.4%	
Commercial	$463	$471	$503	$473	0.7%
	Annual Growth	1.8%	6.8%	-6.1%	
Medicare	$843	$873	$893	$819	-1.0%
	Annual Growth	3.6%	2.2%	-8.3%	
Medicaid	$242	$256	$267	$253	1.5%
	Annual Growth	5.8%	4.1%	-5.1%	

APM Measure

APM All-Payer TCOC
Per Member Per Month (PMPM) Over Time

APM All-Payer TCOC

Per Member Per PMPM Over Time by ACO Attribution



People who attribute to the ACO tend to have established primary care relationships and therefore are more likely to utilize care, which results in higher average monthly expenditures. Attributed individuals also demonstrated more substantial decline in monthly expenditures related to the pandemic response and economic conditions.

APM All-Payer TCOC

PMPM Over Time by ACO Attribution and Payer Type

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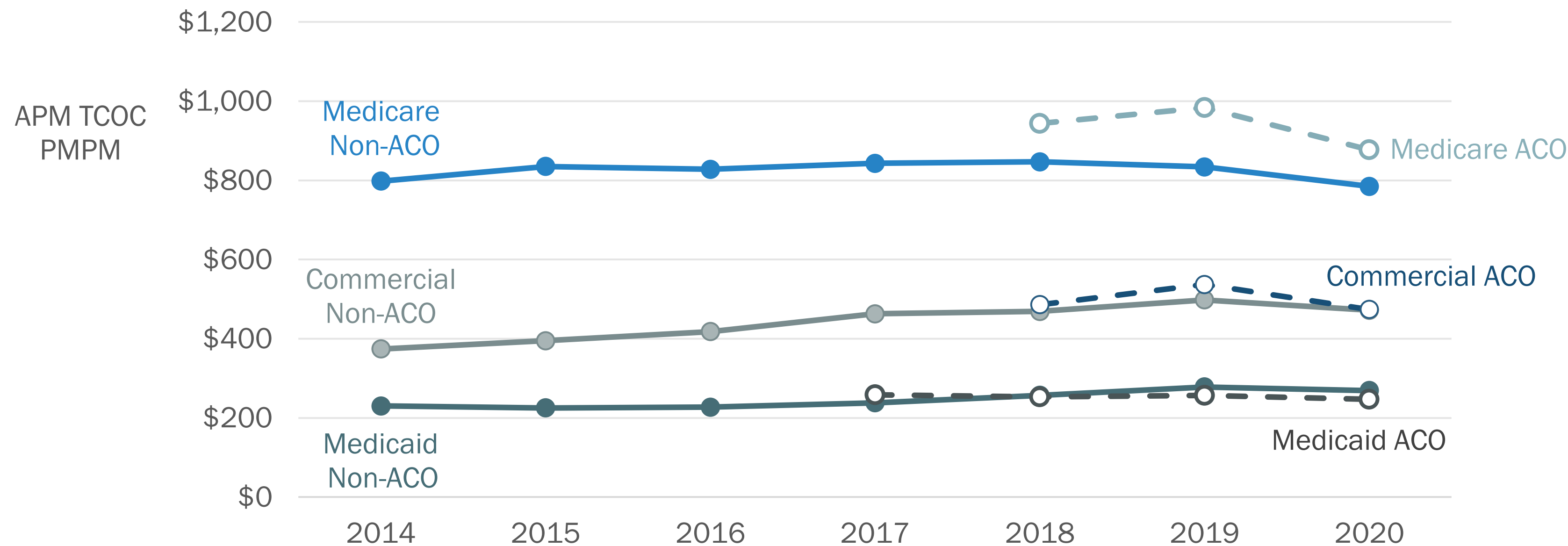

- The difference between the attributed and non-attributed populations is most significant among Medicare beneficiaries.
- The average monthly cost for Medicaid beneficiaries has been lower for attributed beneficiaries.

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MEDICARE TCOC

Medicare TCOC

APM Medicare TCOC Performance to Date

		Performance		National Projections		
		Annual Growth	Compounding Growth	Annual Growth	Compounding Growth Target	Vermont Performance Above / (Below) Target
Non-ESRD	PY1 (2018)	0.5%	0.5%	3.7%	3.5%	(3.0)
	PY2 (2019)	3.3%	1.9%	4.0%	3.7%	(1.8)
	PY3 (2020)	-5.9%	**-0.8%**	4.2%	**3.8%**	**(4.5)**
ESRD	PY1 (2018)	-18.4%	-18.4%	3.7%	3.5%	(21.9)
	PY2 (2019)	2.4%	-8.8%	3.3%	3.3%	(12.1)
	PY3 (2020)	-4.5%	**-7.2%**	3.1%	**3.1%**	**(10.4)**

APM Measure (Non-ESRD)

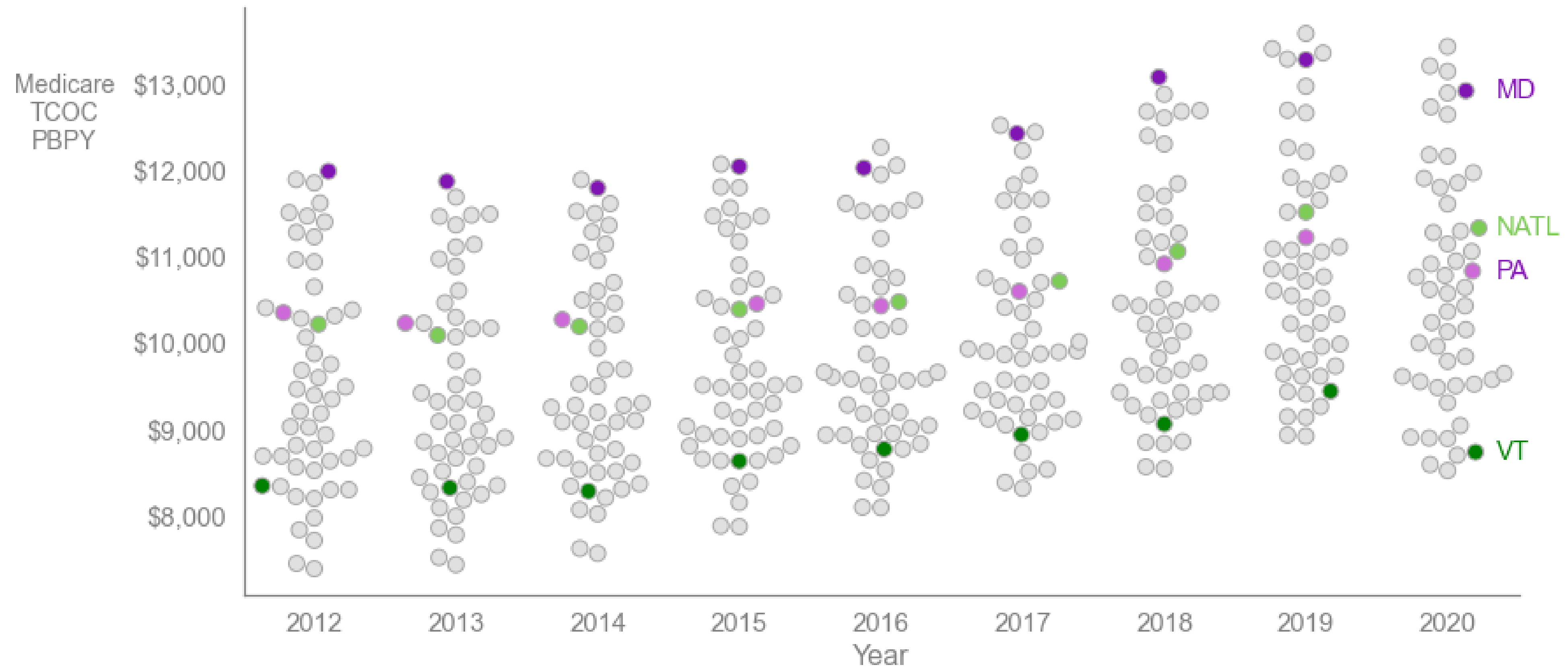
APM Measure (ESRD)

Medicare TCOC

VT vs US Medicare TCOC Per Beneficiary Per Year (PBPY) Over Time

VT's PBPY is lower than observed nationally. VT also experienced a more substantial decline in Medicare expenditures in 2020 as compared with that observed nationally.

VT vs US Medicare TCOC PBPY Over Time by State



VT's PBPY has been among the lowest by state over time and is lower than other states participating in All Payer Models.

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2021 ALL-PAYER AND MEDICARE SCALE RESULTS

PY1 – 4 Scale Results

In PY 4, Vermont achieved **54% Medicare Scale Performance** (target: 83%) and 46% All-Payer Scale Performance (target: 62%); Vermont did not achieve the Medicare and All-Payer Scale Targets for PY4.

		PY1 (2018) Final	PY2 (2019) Final	PY3 (2020) Final	PY4 (2021)	*PY5 (2022) Preliminary [1]*
Vermont All-Payer Scale Target Beneficiaries	Target	36%	50%	58%	62%	*70%*
	Actual	22%	31%	45%	46%	*50%*
	(Difference)	(-14%)	(-19%)	(-13%)	(-16%)	*(-20%)*
Vermont Medicare Beneficiaries	Target	60%	75%	79%	83%	*90%*
	Actual	33%	47%	47%	54%	*54%*
	(Difference)	(-27%)	(-28%)	(-32%)	(-29%)	*(-36%)*

[1] 2022 preliminary estimates utilize the 2021 population and are subject to change with official 2022 report.

PY1 – 4 Scale Results

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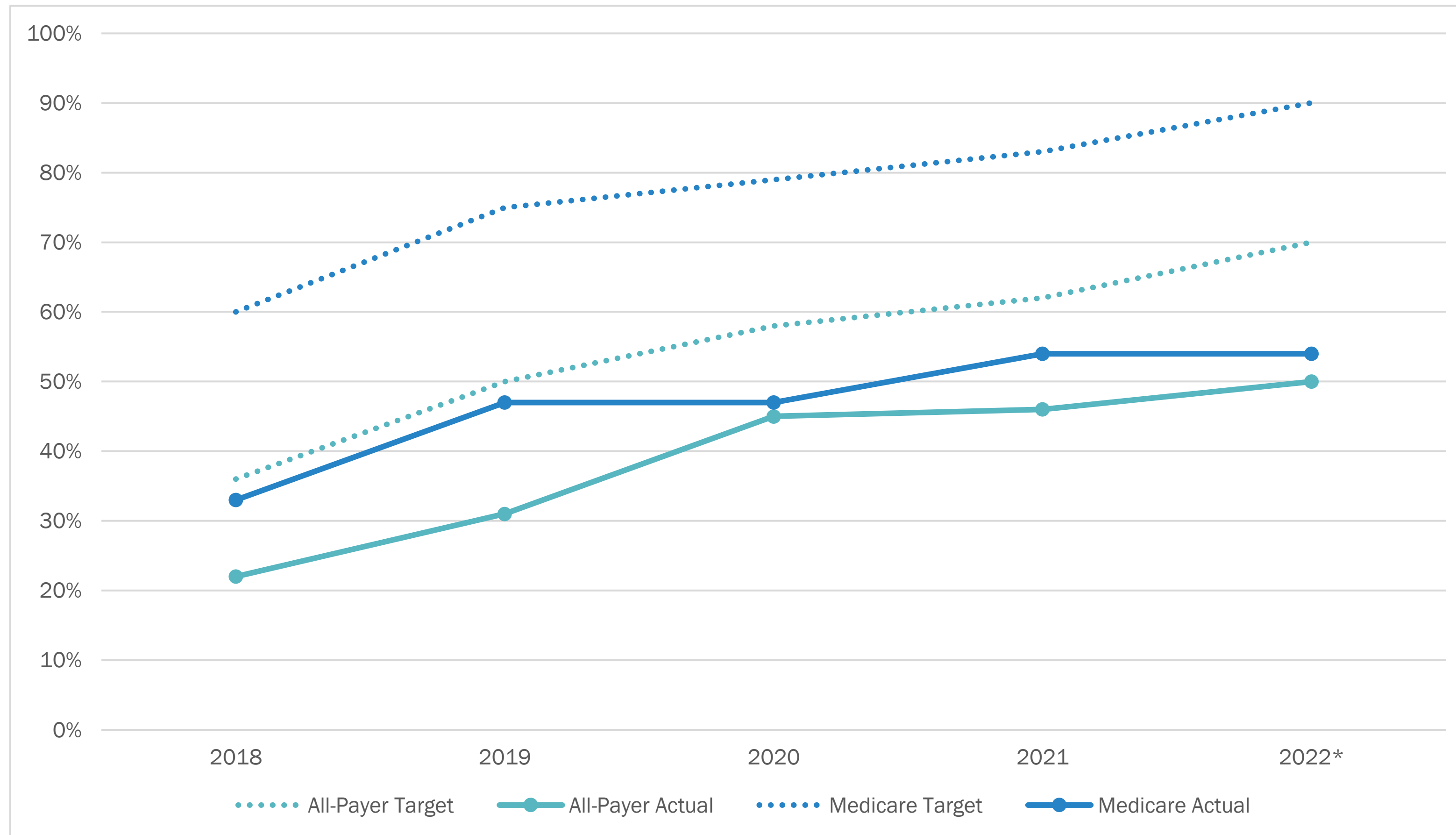

[1] 2022 preliminary estimates utilize the 2021 population and are subject to change with official 2022 report.

Attribution

Payer	2017 PY0	2018 PY1	2019 PY2	2020 PY3	2021 PY4	*2022 PY5[1] Preliminary*
Medicaid[2]	28,593	42,342	79,004	114,335	111,532	*126,291*
% change		*48%*	*87%*	*45%*	*-2%*	*13%*
Medicare[3]	-	36,860	53,973	53,842	62,392	*62,607*
% change			*46%*	*0%*	*15%*	*0.3%*
Commercial[4]	-	30,526	30,363	62,588	67,850	*76,893*
% change			*-1%*	*106%*	*54%*	*13%*

[1] Preliminary attribution based on OneCare Vermont's 2022 revised budget submission (3/30/2022).
[2] Medicaid data are prospective and obtained directly from DVHA.
[3] Medicare data are prospective and obtained directly from CMMI.
[4] Commercial data are a combination of all participating programs and are obtained directly from OneCare Vermont.

Factors Influencing Scale Targets

- Provider network
  - Increased participation in the commercial and Medicaid space
- Payer participation
  - Near saturation in Medicaid space
- Attribution methodology
  - Refinements and improvements to attribution methodology through DVHA program (traditional/expanded)
  - Attribution is provider driven, disconnect between where people live and where they seek care

ALTERNATIVE ALL-PAYER SCALE MEASUREMENTS

Adjusted Scale

	2018 (PY1) Final	2019 (PY2) Final	2020 (PY3) Final	2021 (PY4) Final	2022 (PY5) Preliminary
All-Payer Scale Denominator	550,806	526,723	515,533	530,469	TBD
Medicare Advantage	11,749	17,745	19,924	27,640	
Self-Funded Lives Not in VHCURES	85,000	75,000	68,091	65,251	
Adjusted Denominator	454,060	433,978	427,518	437,588	
Adjusted All-Payer Scale Performance	25%	37%	54%	55%	60%
Difference from All-Payer Scale Target	-11%	-13%	-4%	-7%	-10%
Difference from Non-Adjusted Scale Performance	+3%	+16%	+9%	+9%	+10%

[1] Preliminary 2022 performance estimates are based on the 2021 Vermont population and are subject to change.

Proportion of Hospital Revenue

$$\text{Proportion of Hospital Revenue} = \frac{\text{Prospective payments + Other reform payments}}{\text{Prospective payments + Other reform payments + Net Patient Revenue (estimated share from VT residents)}}$$

	2017 (PY0)	2018 (PY1)	2019 (PY2)	2020 (PY3)	2021 (PY4)
Total Revenue	$2,378,721,942	$2,511,925,956	$2,571,060,326	$2,393,616,068	$2,821,452,357
Estimated VT Resident Revenue	$2,067,602,136	$2,146,086,206	$2,205,578,491	$2,065,917,715	$2,417,831,059
Prospective Payments + Other Reform Payments	$43,510,957	$230,974,869	$308,716,669	$358,829,804	$372,972,156
Proportion of Revenue	2.1%	10.8%	14.0%	17.4%	15.4%

NOTE: The decline in prospective payments in 2021 is due to the influx of COVID relief funding and not due to a decline in provider election of prospective payments.

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ALTERNATIVE MEDICARE SCALE MEASUREMENT

Beneficiaries Eligible for Attribution

	2019 (PY2)	2020 (PY3)	2021 (PY4)
VT Medicare Scale Target Beneficiaries	113,743	115,496	116,270
Subpopulation Eligible for Attribution	93,871	93,550	89,894
Difference	-18,972	-21,946	-26,376
Scale Performance for Eligible Beneficiaries	57%	58%	69%
Difference from Medicare Scale Target	-18%	-21%	-14%

Approximately one quarter of Vermont Medicare beneficiaries are not eligible for attribution based on Medicare's current eligibility criteria.

Conclusions

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- PY 4 results show progress, but ultimately fail to meet scale targets
- APM IIP was created in 2020 to address issues with scale participation, expectation was that scale would increase in 2021 and beyond as a result of those efforts
- Alternate measures of scale are provided to offer a fuller picture of Statewide scope
  - Adjusted scale shows significant improvement, but still falls below targets
  - FPP continues to grow as the Model expands

Federal Reports

Quality, Scale & TCOC reports for available performance years can be found here:

https://gmcboard.vermont.gov/payment-reform/APM/reports-and-federal-communications