VERMONT
GREEN MOUNTAIN CARE BOARD

2021 Financial Settlement & Quality Performance

November 21, 2022

Agenda

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1. Introduction/Background
2. 2021 Results
    1. Medicare
    2. Medicaid
    3. Commercial (BCBSVT)
    4. Commercial (MVP)
    5. ACO Comments
3. Board Questions
4. Public Comment

ACO/Payer Quality Results & ACO Oversight

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- Today's discussion is related to the Board's **ACO Oversight** authority.
- Quality performance discussed today is a reflection of the **ACO's performance relative to its payer contracts** and does not necessarily reflect the ACO's contribution to the State's performance within the All-Payer ACO Model Agreement.
- Today, we are focused on 2021 ACO-Payer performance based on their contractual obligations. Today is **not** an evaluation of the All-Payer Model. To evaluate the APM, we will be producing financial (TCOC) and quality reports on an annual basis.

2021 Payer Crosswalk

Measure	VT All-Payer Model	Vermont Medicaid Next Gen	Medicare Initiative	BCBSVT QHP/ Primary	MVP QHP
Percent of adults with a usual primary care provider	X				
Prevalence of Chronic Obstructive Pulmonary Disease	X				
Prevalence of hypertension	X				
Prevalence of Diabetes	X				
Percent of Medicaid children & adolescents with well-care visits	X	X		X	X
Initiation of alcohol and other drug dependence treatment	X	X	X	X	X
Engagement of alcohol and other drug dependence treatment	X	X	X		
30-day follow-up after discharge from ED for mental health	X	X	X	X	X
30-day follow-up after discharge from ED for alcohol or other drug dependence	X	X	X	X	X
Asthma Medication Ratio*	X				
Screening for clinical depression and follow-up plan	X	X	X	X	
Tobacco use assessment and cessation intervention	X	X	X		
Deaths related to suicide	X				
Deaths related to opioids*	X				
Percent of Medicaid enrollees aligned with an ACO	X				
# per 10-,000 aged 18-64 receiving MAT for opioid dependence	X				
Rate of growth in mental health or substance abuse related ED visits	X				
Morphine Milligram Equivalents dispensed per 100 VT residents*	X				
Hypertension: controlling high blood pressure	X	X	X	X	X
Diabetes Mellitus: HbA1c poor control	X	X	X	X	X
All-cause unplanned admissions for patients with multiple chronic conditions	X	X	X		
Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys	X		X	X	X
ACO all-cause readmissions (HEDIS measure for commercial plans)				X	X
Risk-standardized, all condition readmission			X		
Influenza Immunization			X		
Colorectal cancer screening			X		
Developmental screening in the first 3 years of life		X		X	
Follow-up after hospitalization for mental illness (7-day rate)		X		X	X

* Reflect changes per the proposed Amended and Restated Agreement.

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MEDICARE

OneCare Vermont Medicare Participation

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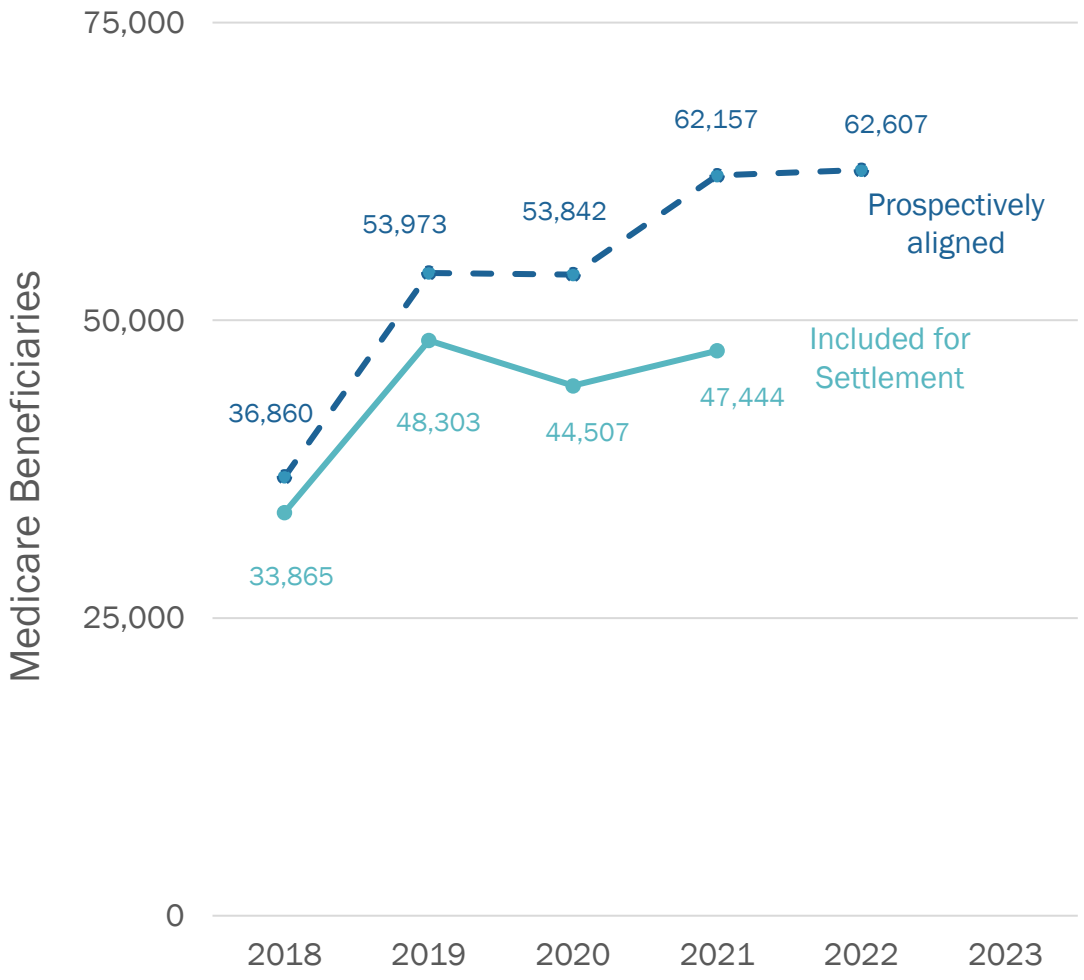
- The Vermont Medicare ACO program limits which beneficiaries are included in the financial settlement.
- Beneficiaries must:
  - Maintain eligibility for the entire performance year (or until they pass away)
  - Receive 50% or more of their primary care services in the ACO's service area
- Beginning in 2020, substantially more beneficiaries lost eligibility due to increased enrollment in Medicare Advantage.



2021 Financial Settlement

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PY 2021 Shared Savings/Losses

Vermont Medicare ACO Initiative: Performance Year 2021

Claims Incurred From Jan 1 - Dec 31, 2021
Claims Paid Through June 30, 2022
Report Last Updated: August 9, 2022

		A&D	ESRD	Total
PY 2021 VT ACO Prospective Benchmark				
1.	PY 2021 Prospective Benchmark			N/A
2.	PY 2021 Shared Savings Advance			N/A
3.	Total PY Prospective Benchmark (Line 1 plus Line 2)			N/A
PY 2021 VT ACO Updated Benchmark Thru December 2021[1]				
4.	PY 2021 Prospective Benchmark Updated for Attrition	$480,323,938	$12,220,983	$492,544,921
5.	PY 2021 Shared Savings Advance			$8,767,133
6.	Total PY 2021 Adjusted Benchmark (Line 4 plus Line 5)			$501,312,054
PY 2021 Aligned Beneficiaries Adjusted for Attrition				
7.	Aligned Beneficiaries (as of Dec 2021)	47,444	131	47,575
8.	Accrued Eligible Person-Months	581,547	1,830	583,377
PY 2021 Per Beneficiary Expenditures				
9.	PY 2021 PBPM			$821
PY 2021 Incurred Expenditures[2]				
10.	Incurred Claims (Provider Payments)	$253,528,221	$4,402,419	$257,930,640
11.	PLUS: AIPBP Fee Reductions	$217,689,671	$7,123,131	$224,812,802
12.	MINUS Uncompensated Care	-$3,676,625	-$72,823	-$3,749,448
13.	EQUALS: PY 2021 Part A & B Expenditures			$478,993,994
Quality Adjustment[3]				
14.	Maximum Quality Withhold (0.5% of line 13)			-$2,394,970
15.	Quality Score for PY 2021			100.00%
16.	Quality Withhold Based on Quality Score (line 14 times line 15)			$0
Gross Shared Savings/Losses				
17.	Gross Savings/Losses (Line 6 MINUS Line 13 PLUS line 16)			$22,318,060
18.	ACO CAP on Shared Savings/Losses (2% of Adjusted PY 2021 Benchmark)			$10,026,241
19.	Gross Savings/Losses with Application of CAP			$10,026,241
Net Shares Savings/Losses				
20.	Gross Shared Savings/Losses Adjusted for ACO Risk Arrangement (100%)			$10,026,241
21.	EQUALS Net Shared Saving (MINUS 2021 ACO Shared Savings Advance[4])			$1,259,108
22.	MINUS Sequestration amount (2%)[5]			$25,182
23.	Final Settlement			$1,233,926

Source: https://gmcboard.vermont.gov/sites/gmcb/files/documents/PY%202021%20VTAPM%20Shared%20Savings.pdf

Payment Trends

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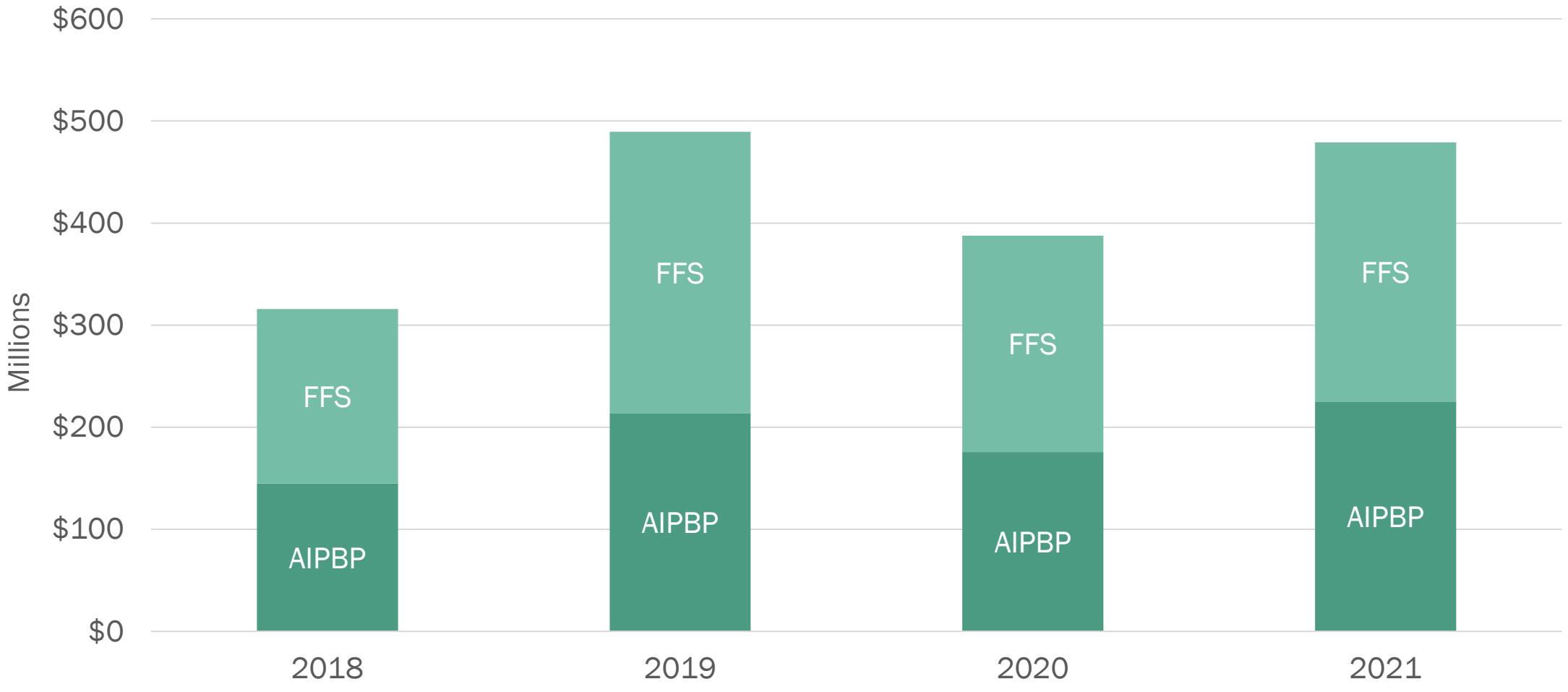

Settlements

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	2018	2019	2020	2021
Gross Savings / (Losses)	$ 17,845,450	$ 11,285,496	$ 27,002,622	$ 22,318,060
Cap on Savings / (Losses)	$ 20,634,180	$ 24,790,486	$ 20,391,839	$ 10,026,241
Capped Savings / (Losses)	$ 17,845,450	$ 11,285,496	$ 20,391,839	$ 10,026,241
Quality Adjustment	$ -	$ (196,758)	$ -	$ -
ACO Risk Arrangement	80%	100%	80%	100%
Adjusted capped savings / (Losses)	$13,990,833*	$11,285,496*	$ 16,313,471	$10,024,813*
Advanced Shared Savings	$ 7,776,760	$ 6,342,236	$ 8,401,660	$ 8,767,133
Net Settlement Adjusted for Advanced Shared Savings	**$ 6,214,073**	**$ 4,943,260**	**$ 7,911,811**	**$ 1,233,926**

* Includes deduction for sequestration

2021 Quality Performance

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Four Domains:

1. Patient/Caregiver Experience
   - 10 ACO CAHPS measures (20 possible points)
   - *CAHP Surveys were not collected in 2020 due to the COVID-19 Public Health Emergency*
2. Care Coordination/Patient Safety
   - Two measures (four possible points)
3. Preventive Health
   - Four measures (eight possible points)
4. At-Risk Population
   - Four measures (eight possible points)

Due to the ongoing Public Health Emergency, all measures were reverted to Pay-for-reporting in 2021, resulting in a 100% score for OneCare Vermont

Considerations

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- The ACO's score was also calculated using the pre-COVID points rubric based on the raw ACO score for each measure. Using this rubric, the ACO **would have scored 82.5%.** For measures with no benchmark comparison, we assumed full points earned.

- Largest shift in score is due to CAHPS performance – benchmarks changed between 2019 (deciles) and 2021 (performance-based percentiles).

Past Performance

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- PY1 2018: **82.4%**; Pay-For-Reporting, ACO earned 100% score
- PY2 2019: **91.88%**; Pay-For-Performance
- PY3 2020: **96.25%**; Pay-For-Reporting, ACO earned 100% score
- PY4 2021: **82.5%**; Pay-For-Reporting, ACO earned 100% score

2021 Medicare CAHPS Results

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Measure	Denominator	2021 Performance	2019 Performance
CAHPS: Getting Timely Care, Appointments, and Information	157	**82.95%**	82.48%
CAHPS: How Well Your Providers Communicate	179	**94.25%**	94.39%
CAHPS: Patients' Rating of Provider	177	**92.17%**	91.56%
CAHPS: Access to Specialists	157	**69.40%**	77.00%
CAHPS: Health Promotion and Education	245	**64.24%**	64.37%
CAHPS: Shared Decision Making	176	**60.24%**	60.75%
CAHPS: Health Status/Functional Status	247	**81.38%**	81.36%
CAHPS: Stewardship of Patient Resources	235	**24.78%**	21.46%
CAHPS: Courteous and Helpful Office Staff	180	**94.59%**	94.41%
CAHPS: Care Coordination	241	**87.93%**	85.93%

Due to the Public Health Emergency, CAHPS reporting was paused in 2020 – 2019 rates shown for reference.

Response rate in 2021 was 6% lower compared to 2019.

CAHPS benchmarks were changed between 2019 and 2021.

2021 Medicare Measure Results

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Measure Number	Measure Name	Numerator	Denominator	2021 Performance	2020 Performance
ACO-8*	Risk-Standardized, All-Condition Readmission	-	-	**13.63%**	13.17%
ACO-38*	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	-	-	**31.61%**	30.11%
ACO-14	Influenza Immunization	336	418	**80.36%**	80.08%
ACO-17	Tobacco Use: Screening and Cessation Intervention	21	26	**80.77%**	75.00%
ACO-18	Screening for Clinical Depression and Follow-Up Plan	205	317	**64.67%**	56.35%
ACO-19	Colorectal Cancer Screening	212	276	**76.81%**	74.49%
ACO-27*	Diabetes Mellitus: Hemoglobin A1c Poor Control	55	551	**9.98%**	13.65%
ACO-28	Hypertension: Controlling High Blood Pressure	411	575	**71.48%**	65.32%
VT-1	Follow-Up After Discharge from the ED for Mental Health of Alcohol or Other Drug Dependence				
FUA	Alcohol of Other Drug Dependence Follow-Up Within 30 Days	40	159	**25.16%**	19.89%
FUM	Mental Illness Follow-Up Within 30 Days	100	182	**54.95%**	53.63%
VT-2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
	Initiation	312	1,094	**28.52%**	29.33%
	Engagement	47	1,094	**4.30%**	5.05%

* A lower number is indicative of better performance.

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Vermont Medicaid Next Generation ACO Program: 2021 Performance

Department of Vermont Health Access

November 21, 2022

The VMNG program is reinforced by DVHA's priorities

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01
Value-Based Payments

02
Information Technology Projects

03
Performance

- Medicaid as a predictable and reliable payer partner
- A focus on continual, incremental programmatic and performance improvements
- Opportunities to align with other payer programs; opportunities to be an innovative leader

VMNG ACO Contract Term

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- The original contract was a one-year agreement (2017) with four optional one-year extensions, which DVHA and OneCare used in 2018-2021.
- In 2021, DVHA issued an RFP to contract for ACO services for a 2022 performance year, and OneCare Vermont was the successful bidder.
- DVHA and OneCare entered into a one-year contract (with three optional one-year extensions) in 2022 and are actively negotiating the first of those one-year extensions for a 2023 performance year.
- Rates for the program are renegotiated annually and reconciliation may occur more frequently.

VMNG 2021 COVID-19 Contractual Provisions

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- The COVID-19 pandemic and associated Public Health Emergency (PHE) likely continued to impact many components of the health care system, including the ACO's financial and quality performance in the VMNG program.
- In alignment with programmatic adjustments at the federal level, DVHA modified certain contractual provisions to hold providers harmless for certain COVID-19-related impacts to cost and utilization during the 2021 performance year by continuing 2020 contractual provisions that would:
  - Decrease the downside risk corridor proportionally based on the number of months in 2021 that were in an active federal PHE (12 out of 12 months, thus reducing downside risk to 0%).
  - Remove COVID-19 episodes of care from the calculations of the Actual Total Cost of Care.

2021 VMNG PROGRAM PERFORMANCE

The VMNG program is stable

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- Provider participation has remained fairly constant in 2021 and 2022, though attribution remained stable or continued to increase.
- Provider participation remains stable for a 2023 performance year, though final 2023 attribution numbers are not available at this time.

	2017	2018	2019	2020	2021	2022
Health Service Areas	4	10	13	14	14	14
Unique Medicaid Providers	~2,000	~3,400	~4,300	~5,000	~4,800	~5,000
Attributed Medicaid Members	~29,000	~42,000	~79,000	~114,000	~111,000	~126,000
% Change over Prior Year	--	+45%	+88%	+44%	-3%	+14%

DVHA and OneCare set an agreed-upon price for each VMNG contract year

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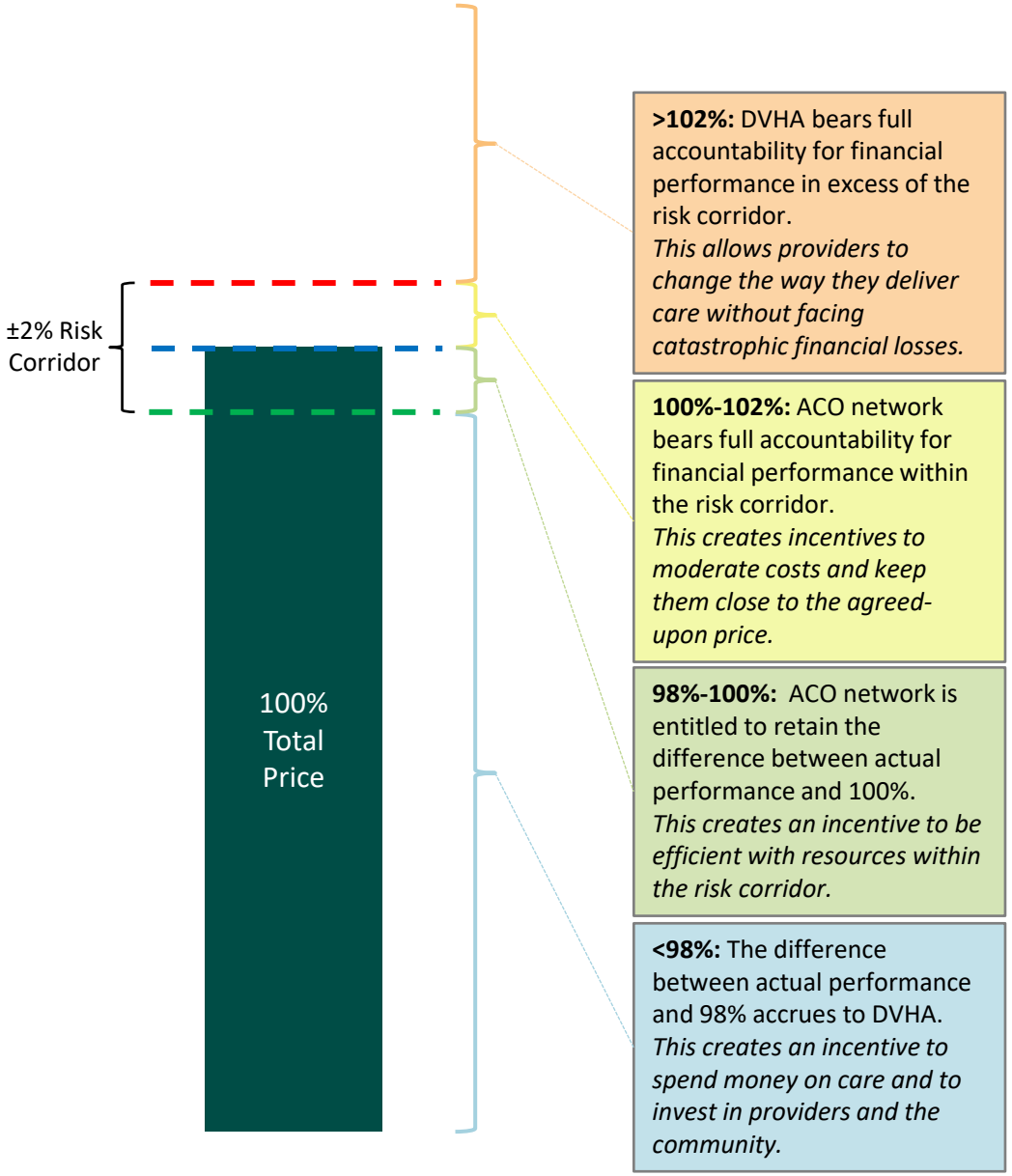

2021 VMNG Financial Results

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- DVHA and OneCare agreed on the price of health care for attributed Medicaid members up-front, and spending for ACO-attributed members was approximately $15.1 million less than expected (the total is approximately $230 million) for the traditional attribution cohort and approximately $6.4 million less than expected (the total is approximately $46 million) for the expanded attribution cohort.
- Because the expanded attribution cohort is still relatively new to OneCare, the traditional and expanded attribution cohorts had distinct risk arrangements and were reconciled separately.
- OneCare is entitled to the full amount of funding below the agreed-upon price and within the risk corridors. After application of other necessary adjustments, DVHA will issue OneCare a reconciliation payment of approximately $7.1 million.

2021 VMNG Financial Performance relative to Expected Total Cost of Care

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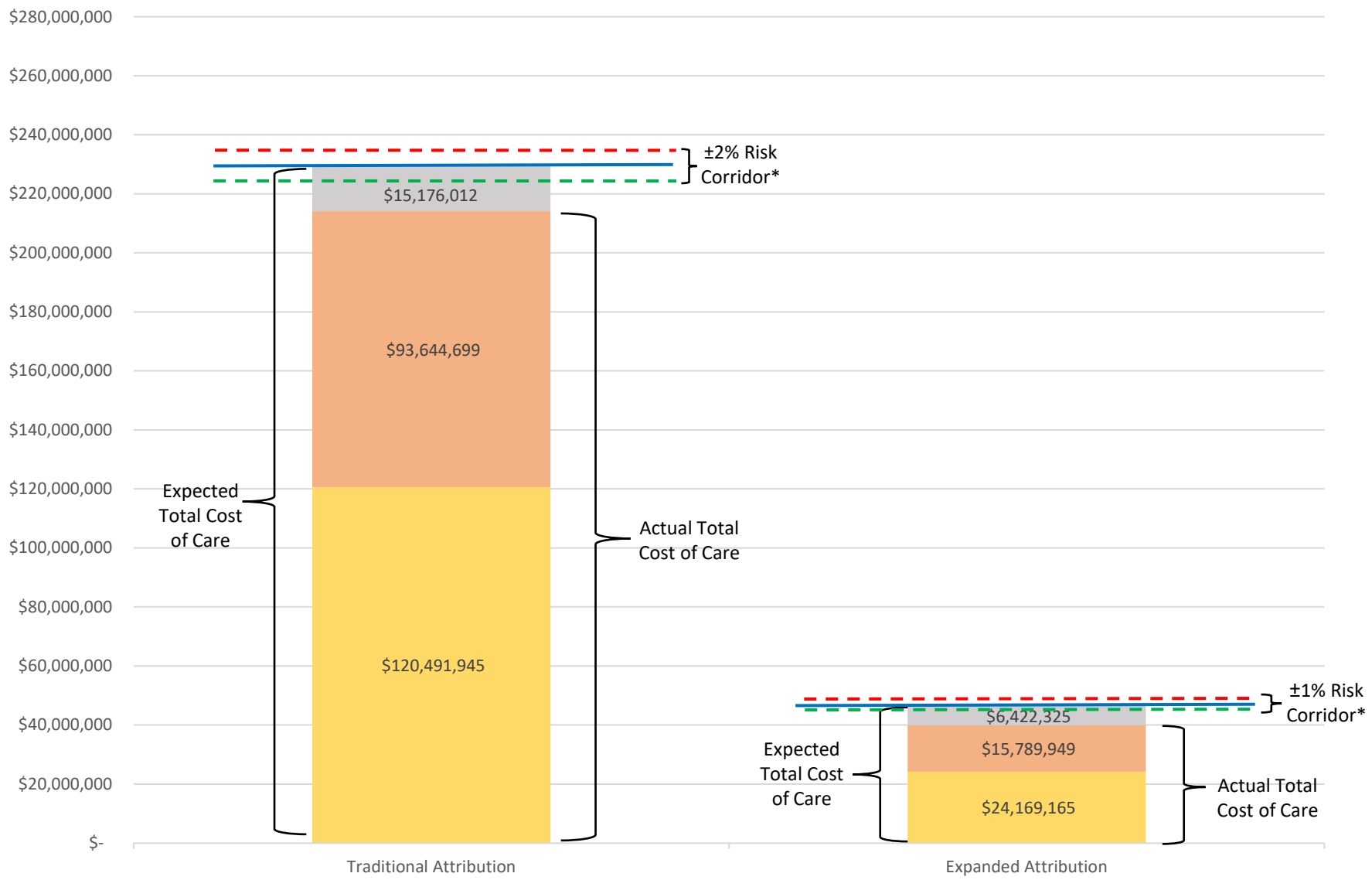

Paid Prospectively Paid FFS Spending under agreed upon price

*No downside risk in 2021 due to Public Health Emergency

VMNG ACO Program: 2017 – 2021 Financial Performance

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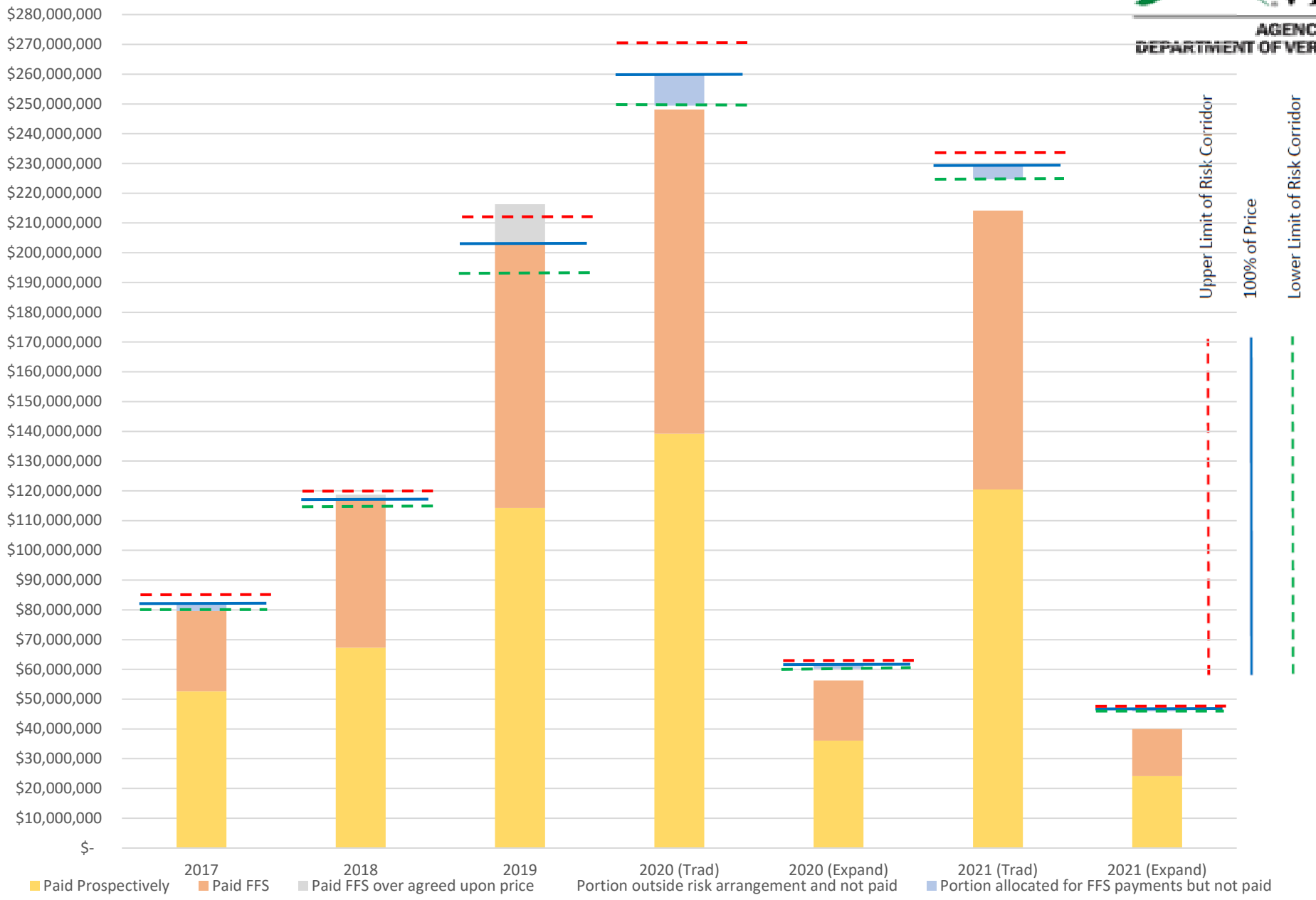

VMNG prospective payments supported stability in the health care system during COVID-19

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- COVID-19 likely continued to impact the utilization of services in the health care system in 2021.
- Utilization and revenue have been volatile as the system emerges from the COVID-19 pandemic.
- Providers who receive fixed prospective payments through the VMNG program have seen more predictability in revenue, giving them a measure of stability despite significant uncertainty about utilization patterns.
  - This continues to underscore the importance of this predictable form of payment for providers as Vermont looks toward increasing participation in population-based payment models.
- VMNG reconciliation payments to OneCare will allow for additional resources to be directed to the health care system as it emerges from the COVID-19 pandemic.

2021 VMNG Quality Measure Performance

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- The VMNG measure set for 2021 contained 10 payment measures and 3 reporting measures (including the Consumer Assessment of Healthcare Providers and Systems [CAHPS] survey).
- OneCare's providers earned a total of 13.75 out of 20 possible points, yielding a quality score of 68.75%.
- Of the 9 measures with national benchmarks, quality performance exceeded the national 90th percentile for 3 measures, exceeded the 75th percentile for 2 measures, exceeded the 50th percentile for 3 measures, and was below the 25th percentile for 1 measure.
- Based on their quality performance, OneCare's network providers are eligible to receive $1,576,525 in quality incentive payments through the VMNG's Value-Based Incentive Fund.

2021 VMNG Quality Results

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FU	TRADITIONAL COHORT			EXPANDED COHORT									
Measure Description	Numerator	Denominator	2021 Rate	Numerator	Denominator	2021 Rate	2020 Rate (for reference, traditional cohort)	2020 Rate (For reference, expanded cohort)	Quality Compass 2021 Benchmarks (CY 2020) National Medicaid (ALOB) Percentiles				Points awarded
									25th	50th	75th	90th	
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	199	605	32.89%	50	147	34.01%	32.68%	29.13%	10.75	21.31	26.22	32.60	2
30 Day Follow-Up after Discharge from the ED for Mental Health	463	567	81.66%	83	112	74.11%	79.36%	72.78%	45.48	53.54	64.65	73.56	2
Child and Adolescent Well Care Visits (ages 12-17)	8,543	13,869	61.60%	512	1406	36.42%	57.93%*	35.82%*	39.45	45.06	54.04	62.45	1.75
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	16	2,012	0.80%	2	106	1.89%	0.92%	4.17%	N/A	N/A	N/A	N/A	1
Developmental Screening in the First 3 Years of Life	3,282	5,850	56.10%	325	711	45.71%	58.69%	39.44%	27.10	35.60	57.40	N/A	1
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	119	372	31.99%	N/A	N/A	N/A	38.98%	N/A	51.98	43.30	38.44	34.06	2
Hypertension: Controlling High Blood Pressure	232	372	62.37%	N/A	N/A	N/A	56.87%	N/A	50.61	55.47	62.53	66.42	1
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	739	2,013	36.71%	230	535	42.99%	41.07%	47.93%	40.96	44.85	48.85	54.13	0
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	315	2,013	15.65%	104	535	19.44%	19.07%	25.29%	9.38	13.99	17.86	22.83	1
Screening for Clinical Depression and Follow-Up Plan	146	269	54.28%	N/A	N/A	N/A	45.82%	N/A	N/A	N/A	N/A	N/A	2
												Total	13.75
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	277	544	50.92%	50	119	42.02%	50.45%	40.94%	30.87	38.99	47.75	57.81	N/A
Tobacco Use Assessment and Tobacco Cessation Intervention	319	345	92.46%	N/A	N/A	N/A	80.81%	N/A	N/A	N/A	N/A	N/A	N/A
Patient Centered Medical Home (PCMH) Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey Composite Measures Collected by DVHA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1) For HA1C Poor Control and All Cause Unplanned Admissions measures, a lower rate indicates higher performance.
2) Benchmarks for Developmental Screening in First 3 Years of Life are multi-state; 30 states reporting (FFY 2020).
* Showing rate for ages 12-17 for 2020 in order to compare to 2021 rate.

Key: Performance Compared to National Benchmarks or Change Over Time

- Equal to and below 25th percentile (0 points)
- Above 25th percentile (0.25 point)
- Above 50th percentile or no significant change (1.0 points)
- Above 75th percentile (1.75 points)
- Above 90th percentile or significant improvement (2 points)

Future Opportunities for VMNG

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- DVHA remains committed to testing this model. An amendment will allow performance to continue in 2023.
  - DVHA is working with OneCare and providers to restore risk sharing and quality provisions to pre-COVID levels in subsequent performance periods.
- DVHA is interested in continuing to use the VMNG model to innovate.
  - DVHA and OneCare are planning for an expansion of the Medicaid fixed prospective payments in the VMNG ACO model.
  - For Medicaid, it will support the goal of transitioning more FFS payments into fixed payments and create more predictability in budgeting.
  - For providers, it will make Medicaid revenue more predictable, and reduce having "feet in two canoes" for a single payer.
  - For Vermont, it may offer an incremental step toward potential future global budget implementation. Learnings may inform future planning.

2021 FINANCIAL AND QUALITY RESULTS FOR MEMBERS ATTRIBUTED TO ONECARE VERMONT

November 21, 2022

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

Our Healthcare Reform Principles

Blue Cross of Vermont (Blue Cross) partners with healthcare providers and other stakeholders across the state's healthcare system to:

- Improve clinical outcomes
- Reduce the cost of care for our members and purchasers
- Maintain exemplary member experience

Blue Cross achieves these goals through targeted, transparent, and readily understandable interventions and payment models that are aligned with specific measurement/metrics that directly relate to these principles without adding undue complexity

All negotiations, work proposals, payment models, etc. require a mechanism to monitor demonstrable progress toward a minimum of one of our three principles without adversely affecting the other principles

Progress and Challenges

Progress

- Our collaborative approach fosters responsiveness to factors like value-based arrangements in pandemic and post-pandemic times
- OneCare's network has accepted the quality workplan approach, which will carry over into our 2023 program
- We are on track return to risk in 2023 and progress towards fixed prospective payment
- We've developed a new approach to evaluating OneCare's performance in the risk model

Challenges

- We are still unable to find evidence that ACO attributed members are outperforming unattributed populations
- We cannot yet link the ACO's support of providers to reported quality outcomes
- OneCare's network has been slow to adopt a mental health/substance-use disorder metric in the annual quality work plan or to engage on pharmacy
- The advancement of care coordination has been slow, and accountability for care coordination hasn't been clearly established
- The transition of ACO Data operations to UVMHN has raised concerns from many stakeholders, including Blue Cross

FINANCIAL OUTCOMES

Measurement Year 2021

BlueCross BlueShield of Vermont
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2021 FINANCIAL RESULTS

- Due to the COVID-19 pandemic, Blue Cross and OneCare adjusted the financial risk arrangement in the 2020, 2021 and 2022 agreements.
- The impacts of the pandemic have made it difficult to think about claims experience in 2020, 2021 and 2022 relative to target and/or year-over-year comparisons.
- Due to the ongoing nature of the pandemic, the 2022 agreement mirrored the minimal risk arrangements in the 2020 and 2021 agreements.

QUALITY

Measurement Year 2021

BlueCross BlueShield of Vermont

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Transitioning Focus: Metrics Plus a Quality Improvement Workplan

- Blue Cross and OCV built a quality work plan into the contract for 2021, continued in 2022 and committed to 2023
  - This will allow for analysis of the ACO's direct impact on member outcomes given the volatility created by COVID-19
  - The ACO has selected two metrics for intervention in 2021-2022:
    - HEDIS: Controlling Blood Pressure
    - Preventive Care and Screening: Screening for Depression and Follow-Up Plan (pediatric population)
- Measurement Year 2021 results will be compared to benchmarks (where available), but we will not calculate a quality score for the ACO in 2021
- Blue Cross and OneCare are discussing the addition of a third metric added to the 2022 work plan that targets mental health and or substance-use disorder support for attributed members

2020-2021: OCV's Impact on Qualified Health Plan

Positive progress on some measures

Measure	2020	2021	Note
Child and Adolescent Well Care Visits	64.22%	68.82%	
ACO All-Cause Readmissions	0.61	0.50	Inverse measure
Diabetes A1c (>9)*	24.65%	20.44%	Inverse measure
Hypertension (Controlling High BP)	59.61%	62.29%	

Score moving in the wrong direction on some measures

Measure	2020	2021	Note
Alcohol/Other Drug Initiation/Tx	24.65%	19.85%	
F/U Hospital IP/OP Mental Illness	61.54%	60.00%	
Developmental Screenings (<3 Yrs)	77.00%	68.62%	

NOTE: Due to COVID, 2020 – 2022 quality measurements were "reporting only" without generation of a quality score for the ACO

Notes on the Large Group Populations

- Our Partnership with OneCare Vermont for large insured and self funded groups began the collection of quality and utilization data in 2020
- Three years of data (2020-2022) will provide the baseline we need for more in-depth analysis of ACO financial and quality performance
- The impact of Covid during these years has had a profound impact on care patterns, making it difficult to determine how useful this early data will be

Appendix

BlueCross and BlueShield of Vermont

ACO Quality Results (MY 2021)

QHP Population

	OneCare Vermont Quality Results						Benchmarks					
	2018 Rate	2019 Rate	2020 Rate	2021 Denominator	2021 Numerator	2021 Rate	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Percentile Band Performance	Quality Points
Payment Measures												
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	19.35%	26.92%	28.57%	NA	NA	**NA**	12.70%	15.22%	18.33%	23.38%	NA	NA
30 Day Follow-Up after Discharge from the ED for Mental Health	83.33%	65.63%	96.55%	NA	NA	**NA**	54.23%	61.41%	67.72%	72.94%	NA	NA
Child and Adolescent Well Care Visits	62.62%	61.02%	64.22%	2,296	1580	**68.82%**	45.29%	52.59%	61.22%	69.03%	**75th Percentile**	NA
ACO All-Cause Readmissions	0.852	0.6932	0.6096	25.73	13	**0.5052**	0.6918	0.6023	0.5222	0.4131	**75th Percentile**	NA
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	23.11%	11.44%	24.65%	411	84	**20.44%**	50.36%	39.42%	31.85%	28.22%	**90th Percentile**	NA
Hypertension: Controlling High Blood Pressure	61.07%	67.15%	59.61%	411	256	**62.29%**	50.85%	57.79%	65.45%	72.06%	**50th Percentile**	NA
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)	23.87%	20.71%	24.65%	204	I: 57 E: 24	**19.85%**	19.91%	23.63%	26.37%	30.58%	**<25th Percentile**	NA
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	69.23%	62.07%	61.54%	25	15	**60.00%**	33.71%	41.09%	50.00%	57.89%	**90th Percentile**	NA
CAHPS Patient Experience: Care Coordination Composite Score	89.39%	85.56%	89.56%	1,123	NA	**89.93%**	81.02%	83.27%	85.55%	87.16%	**90th Percentile**	NA
Reporting Measures											**Bonus Points**	NA
Developmental Screening in the First Three Years of Life	79.11%	76.82%	77.00%	188	129	**68.62%**					**TOTAL POINTS**	**NA**
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	51.09%	48.30%	43.73%	389	170	**43.70%**						

Blue Cross VT's HEDIS vendor did not produce results for FUA & FUM measure in 2021

BlueCross and BlueShield of Vermont

ACO Quality Results (MY 2021)

UVMMC Population

	OneCare Vermont Quality Results				Benchmarks					
		2021								
	2020 Rate	Denominator	Numerator	Rate	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Percentile Band Performance	Quality Points
Payment Measures										
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	27.27%	34	11	**32.35%**	12.71%	15.62%	20.05%	25.00%	**90th Percentile**	NA
30 Day Follow-Up after Discharge from the ED for Mental Health	81.25%	50	45	**90.00%**	54.17%	61.53%	68.52%	75.99%	**90th Percentile**	NA
Child and Adolescent Well Care Visits	70.37%	8,861	6,287	**70.95%**	45.44%	53.25%	60.83%	70.28%	**90th Percentile**	NA
ACO All-Cause Readmissions	0.6172	53.93	22	**0.4079**	0.6214	0.5734	0.522	0.4694	**90th Percentile**	NA
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	22.14%	411	72	**17.52%**	45.14%	35.13%	29.39%	25.30%	**90th Percentile**	NA
Hypertension: Controlling High Blood Pressure	59.61%	411	269	**65.45%**	40.88%	54.62%	62.53%	68.37%	**75th Percentile**	NA
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	27.04%	151	I:56 E: 22	**25.83%**	22.34%	24.86%	27.75%	30.73%	**50th Percentile**	NA
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	69.77%	82	59	**71.95%**	42.91%	49.43%	56.43%	63.93%	**90th Percentile**	NA
CAHPS Patient Experience: Rating of Personal Doctor**		233	NA^	**93.24%**	NA	NA	NA	NA	**NA**	NA

Reporting Measures				
Developmental Screening in the First Three Years of Life	76.03%	1068	819	**76.69%**
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	42.35%	391	208	**53.20%**

**56 indicates the numerator for the initiation portion of the measure and 22 the numerator for the engagement portion*

^This is a composite metric with variable numerators

Applicable benchmark criteria is unavailable at the time scorecard was produced

2021 Performance-OneCare ACO

November 21, 2022

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Our purpose is to find a better way.

Our purpose is a never-ending quest to improve members' health and well-being through innovation.

Mission

Improve health. Provide peace of mind.

Vision

Through innovation and collaboration, we will create the healthiest communities.

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Our core values help us get there.

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2021 Financial Performance

MVP Attributed Members to OneCare VT

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2021 Financial Program Overview

- 2021 marks the second performance year of the OneCare/MVP arrangement
- Program covers Qualified Health Plan lives attributed to a rostered OneCare provider
- Shared Savings Financial arrangement with quality gate
- Quality metrics selected from All-Payer Model
- Distribution of comprehensive data extract that delivers eligibility, claims, and financial data to OneCare
- Monthly Primary Care Investment payment

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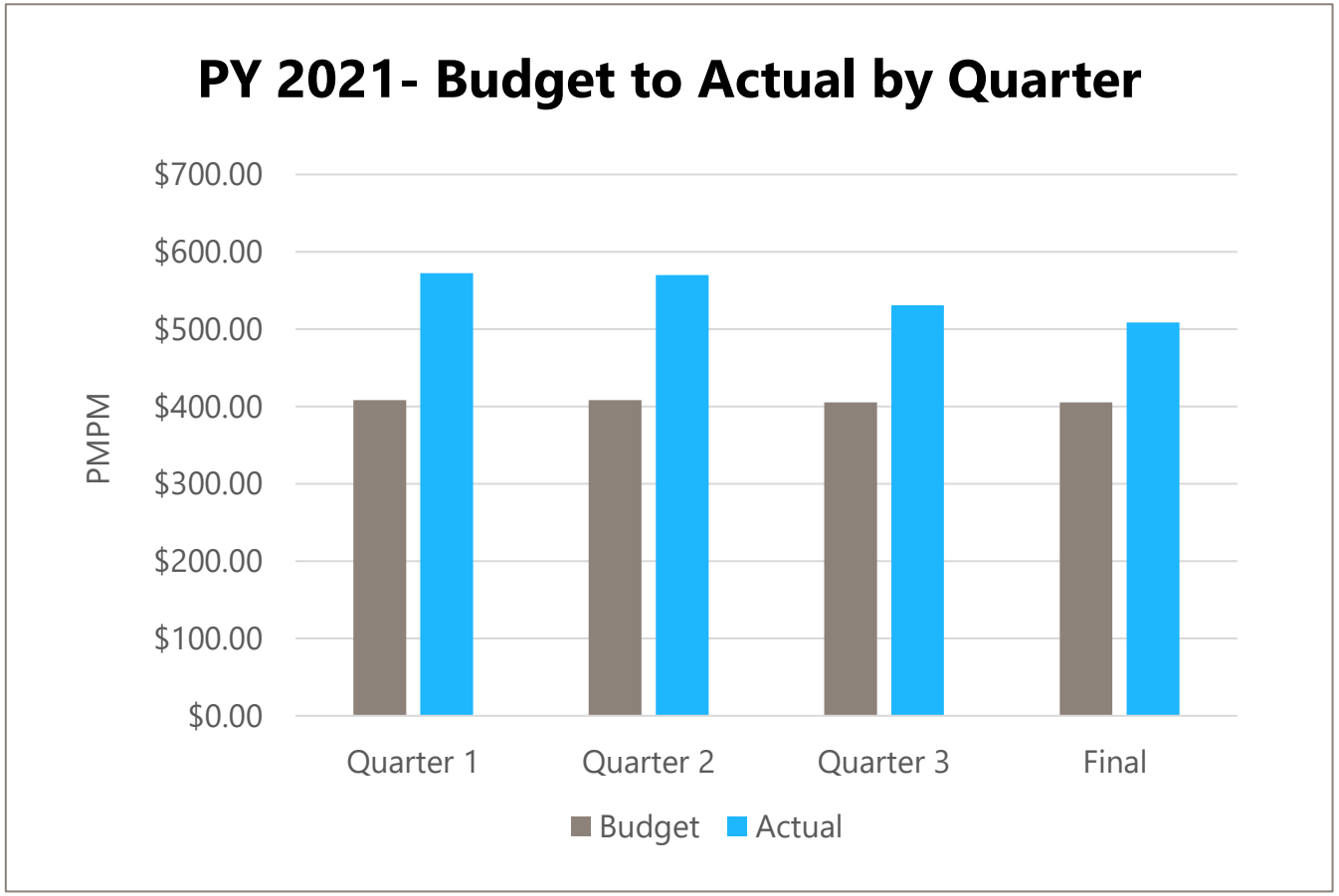
2021 Financial Results

Attributed Small Group and Individual Membership



OneCare in deficit position for PY2021

- Final attributed membership for program- 9,323
- Budget set at $405.57 pmpm
- Final pmpm $508.9
- Because OneCare came in 25.5% over budget, savings were not achieved as we had experienced in 2020

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2021- Contributions to Overage

- Rebound in utilization post 2020 lockdowns
- Complexity of services increased
- Continued COVID testing/treatment

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2021 Quality Performance

MVP Attributed Members to OneCare VT

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2021 Quality Program Overview

- Quality metrics selected from the All-Payer Model
- 2020 CMS Benchmarks were used
- Point system determines distribution in the event of savings
- Three measures' point values were redistributed due to low denominator

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2021 OneCare Quality Scorecard

OneCare VT **QUALITY PERFORMANCE SCORECARD**

Contract Performance Time Period 1/1/21-12/31/2021
Quality Performance Time Period 1/1/21-12/31/2021

Measure ID	Measure Description	Performance Year Numerator	Performance Year Denominator	Available Points	Performance Year Rate	Benchmark 50th Percentile	Benchmark 75th Percentile	Benchmark 90th Percentile	MVP Mean (ED Utilization Metric only)	Percentile or threshold reached Performance Year Rates compared to Benchmark	% of Available Points Earned	Performance Year Points Earned
FUA	30 Day Follow-Up After Discharge from the ED for Alcohol			0							0%	0
FUM	30 Day Follow-Up After Discharge from the ED for Mental	2	2	0	100.00%	61.41%	67.72%	72.94%		90%	100%	0
WCV	Child and Adolescent Well-Care Visits MY	868	1234	20	70.34%	52.59%	61.22%	69.03%		90%	100%	20
PCR	ACO All-Cause Readmissions	6	15.4322	20	38.88%	60.23%	52.22%	41.31%		90%	100%	20
CDC	Diabetes Mellitus: Hemoglobin A1c Poor Control	16	98	20	16.33%	39.42%	31.85%	28.22%		90%	100%	20
CBP	Hypertension; Controlling High Blood Pressure	251	411	20	61.07%	57.79%	65.45%	72.06%		50%	50%	10
IET	Initiation & Engagement of Alcohol and Other Drug	70	264	20	26.52%	23.63%	26.37%	30.58%		75%	75%	15
FUH	Follow-Up after Hospitalization for mental Illness (7 Day	7	11	0	63.64%	41.09%	50.00%	57.89%		90%	100%	0
		Total Available Points		**100**						**Performance Year Total**		**85**

Benchmark Comparison - Quality Metric Scoring			
	50th Percentile	75th Percentile	90th Percentile
% Points Earned	50%	75%	100%

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Retrospective/Prospective Review

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Highlights 2021

- MVP and OneCare continue to operate in a collaborative and cooperative team environment
- We've advanced our knowledge of how the pandemic has impacted these arrangements and can plan better for the future
- Commendable quality performance
- MVP and OneCare participating in state payment reform workgroups

Opportunities 2023+

- Movement to downside risk in 2023
- Re-evaluation of the Quality program to better reflect the attributed population
- Optimization of OneCare's investment in primary care through population health program
- Continued exploration of a Hospital Fixed Prospective Payment for 2024
- Continued participation in the valuable conversations regarding advanced payment models and global budgets

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QUESTIONS/COMMENTS