VERMONT
GREEN MOUNTAIN CARE BOARD

2022 Financial Settlement & Quality Performance

November 29, 2023

Agenda

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1. Introduction/Background
2. 2022 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 2022 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.

2022 Payer Crosswalk

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Measure	VT APM	Medicare ACO Initiative	Medicaid NextGen	BCBS 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
Initation 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	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 first 3 years of life			X	X	
Follow-up after hospitalization for mental illness (7-day rate)			X	X	X

* Reflect changes per the Amended and Restated Agreement.

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MEDICARE

OneCare Vermont Medicare Participation

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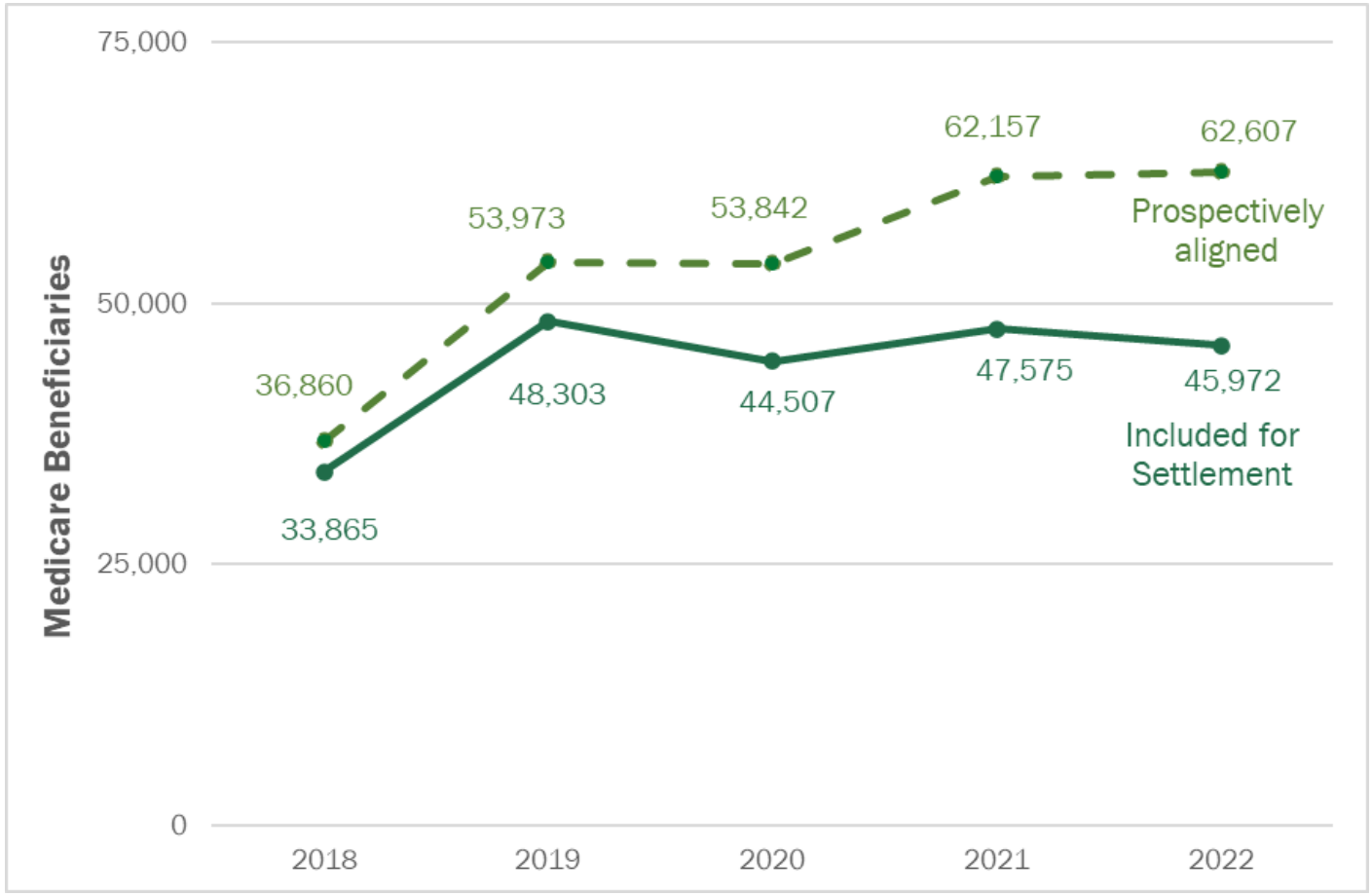
- The Vermont Medicare ACO program limits which beneficiaries are included in the financial settlement.
- Beneficiaries must:
  - Maintain eligibility for the entire performance year (or until they pass away)
  - Receive 50% or more of their primary care services in the ACO's service area
- Beginning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



2022 Financial Settlement

PY 2022 Final Shared Savings/Losses

Vermont Medicare ACO Initiative: Performance Year 2022

Claims Incurred From January 1 - December 31, 2022
Claims Paid Through June 30, 2023
Report Last Updated: July 28, 2023

		A&D	ESRD	Total
PY 2022 VT ACO Prospective Benchmark				
1.	PY 2022 Prospective Benchmark	$527,991,754	$10,732,597	$538,724,351
2.	PY 2022 Shared Savings Advance			$9,073,982
3.	Total PY Prospective Benchmark (Line 1 plus Line 2)			$547,798,333
PY 2022 VT ACO Updated Benchmark Thru December 2022[1]				
4.	PY 2022 Prospective Benchmark Updated for Attrition	$458,953,631	$10,689,124	$469,642,755
5.	PY 2022 Shared Savings			$9,073,982
6.	Total PY 2022 Adjusted Benchmark (Line 4 plus Line 5)			$478,716,737
PY 2022 Aligned Beneficiaries Adjusted for Attrition				
7.	Aligned beneficiaries (as of December 2022)	45,832	140	45,972
8.	Accrued eligible person-months	538,153	1,721	539,874
PY 2022 Per Beneficiary Expenditures				
9.	PY 2022 PBPM			$848
PY 2022 Incurred Expenditures 6M Runout[2]				
10.	Incurred claims (provider payments)			$261,692,416
11.	PLUS: AIPBP Fee Reductions			$220,109,503
12.	MINUS Uncompensated Care, 340B, COVID, and Sequestration			-$24,250,428
13.	EQUALS: PY 2022 Part A & B Expenditures			$457,551,491
Quality Adjustment[3]				
14.	Maximum Quality Withhold (.5% of line 13)			$2,287,757
15.	Quality Score for PY 2022			65.63%
16.	Quality Withhold Based on Quality Score (line 14 times line 15)			-$786,302
Gross Shared Savings/Losses				
17.	Gross savings/losses (Line 6 MINUS Line 13 PLUS line 16)			$20,378,944
18.	ACO CAP on Shared Savings/Losses (2% of adjusted PY 2022 Benchmark)			$9,574,335
19.	Gross savings/losses with application of CAP			$9,574,335
Net Shares Savings/Losses				
20.	Gross shared savings/losses adjusted for ACO Risk Arrangement (100%)			$9,574,335
21.	**EQUALS Net Shared Savings/Losses (Minus 2022 ACO Shared Saving Advance)[4]**			**$500,353**
22.	MINUS Sequestration amount (2%)			$10,007
23.	**Final Settlement**			**$490,346**

Payment Trends

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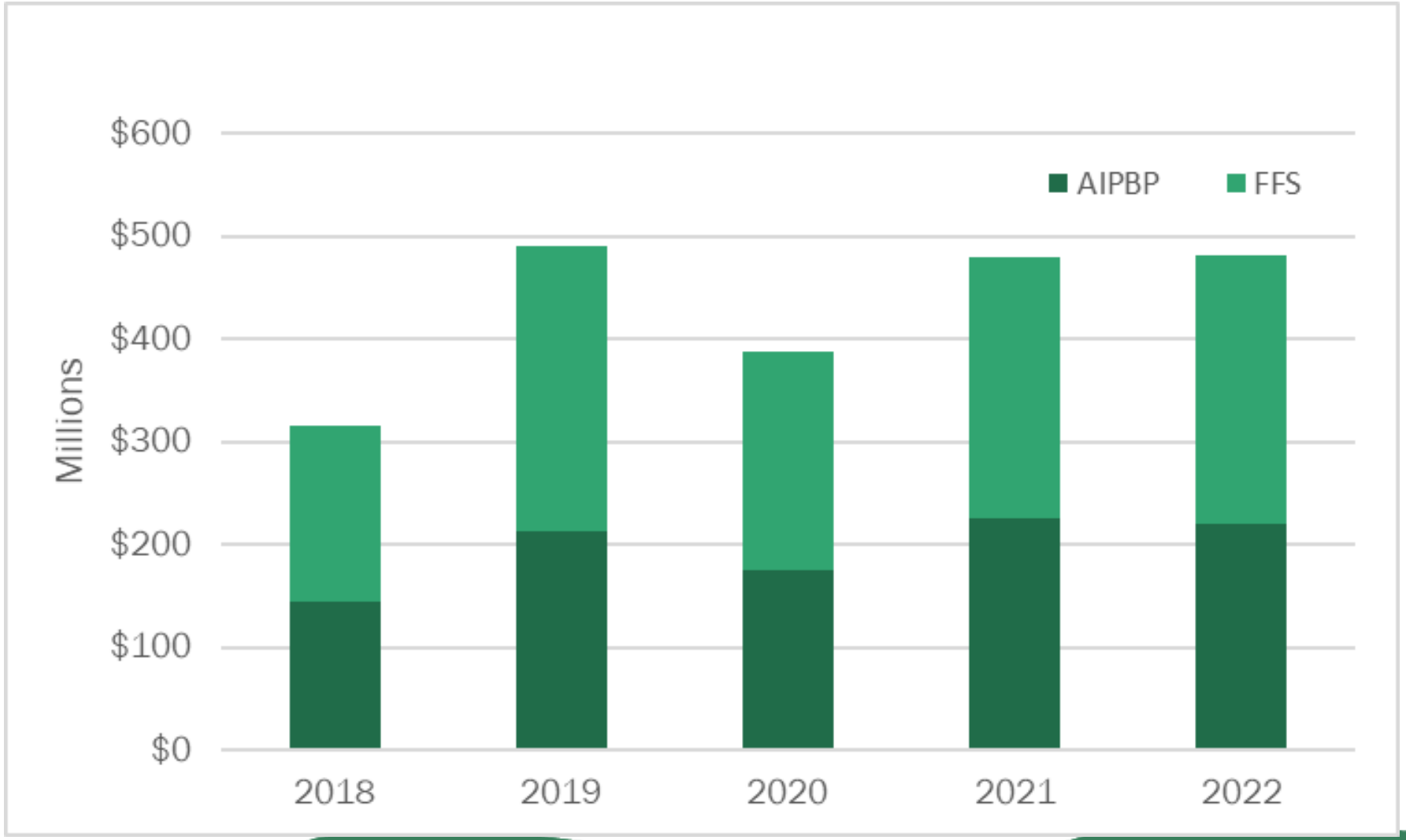

Settlements

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	2018	2019	2020	2021	2022
Gross Savings / (Losses)	$ 17,845,450	$ 11,285,496	$ 27,002,622	$ 22,318,060	$20,378,944
Cap on Savings / (Losses)	$ 20,634,180	$ 24,790,486	$ 20,391,839	$ 10,026,241	$ 9,574,335
Capped Savings / (Losses)	$ 17,845,450	$ 11,285,496	$ 20,391,839	$ 10,026,241	$ 9,574,335
Quality Adjustment	$ -	$ (196,758)	$ -	$ -	$ (786,302)
ACO Risk Arrangement	80%	100%	80%	100%	100%
Adjusted capped savings / (Losses)	$13,990,833*	$11,285,496*	$ 16,313,471	$10,024,813*	$9,564,328*
Advanced Shared Savings	$ 7,776,760	$ 6,342,236	$ 8,401,660	$ 8,767,133	$ 9,073,982
Net Settlement Adjusted for Advanced Shared Savings	**$ 6,214,073**	**$ 4,943,260**	**$ 7,911,811**	**$ 1,233,926**	**$ 490,346**

* Includes deduction for sequestration

2022 Medicare Quality Performance

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Four Domains:

1. Patient/Caregiver Experience
   - 10 ACO CAHPS measures (20 possible points)
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)

Past Medicare Performance

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- PY1 2018: **82.4%**; Pay-For-Reporting, ACO earned 100% score
- PY2 2019: **91.88%**; Mix of Pay-For-Performance & Pay-for-Reporting
- PY3 2020: **96.25%**; Pay-For-Reporting, ACO earned 100% score
- PY4 2021: **82.5%**; Pay-For-Reporting, ACO earned 100% score
- PY5 2022: **65.63%**; Mix of Pay-For-Performance & Pay-for-Reporting

2022 Medicare CAHPS Results

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Measure	2022 Denominator	2022 Performance	2022 Benchmark Achieved	*2021 Performance*
CAHPS: Getting Timely Care, Appointments, and Information	220	**81.31%**	30th percentile	*82.95%*
CAHPS: How Well Your Providers Communicate	233	**94.06%**	70th percentile	*94.25%*
CAHPS: Patients' Rating of Provider	228	**91.78%**	40th percentile	*92.17%*
CAHPS: Access to Specialists	154	**70.40%**	<30th percentile	*69.40%*
CAHPS: Health Promotion and Education	253	**60.75%**	60th percentile	*64.24%*
CAHPS: Shared Decision Making	229	**60.56%**	60th percentile	*60.24%*
CAHPS: Health Status/Functional Status	255	**78.80%**	-	*81.38%*
CAHPS: Stewardship of Patient Resources	243	**15.84%**	<30th percentile	*24.78%*
CAHPS: Courteous and Helpful Office Staff	230	**94.01%**	70th percentile	*94.59%*
CAHPS: Care Coordination	255	**83.39%**	<30th percentile	*87.93%*

2022 Medicare Measure Results

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Measure Number	Measure Name	Numerator	Denominator	2022 Performance	2022 Benchmark Achieved	*2021 Performance*
ACO-8*	Risk-Standardized, All-Condition Readmission	-	-	**12.84%**	-	*13.63%*
ACO-38*	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	-	-	**30.35%**	-	*31.61%*
ACO-14	Influenza Immunization	284	355	**80.00%**	*80th percentile*	*80.36%*
ACO-17	Tobacco Use: Screening and Cessation Intervention	33	47	**70.21%**	*70th percentile*	*80.77%*
ACO-18	Screening for Clinical Depression and Follow-Up Plan	322	520	**61.92%**	*60th percentile*	*64.67%*
ACO-19	Colorectal Cancer Screening	184	250	**73.60%**	*70th percentile*	*76.81%*
ACO-27*	Diabetes Mellitus: Hemoglobin A1c Poor Control	58	580	**10.00%**	*90th percentile*	*9.98%*
ACO-28	Hypertension: Controlling High Blood Pressure	189	270	**70.00%**	*70th percentile*	*71.48%*
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	69	121	**57.02%**	-	-
FUM	Mental Illness Follow-Up Within 30 Days	69	142	**48.59%**	-	-
VT-2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment					
	Initiation	294	945	**31.11%**	-	-
	Engagement	38	945	**4.02%**	-	-

Considerations

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CAHPS

- Performance on CAHPS had the largest impact on the ACO's quality score
- 2022 was the first year CAHPS measures were pay-for-performance with the new historical percentile-based benchmarks (new & reporting-only in 2021)
- Measures with the largest decrease were *Health Promotion and Education* (-3.5%), *Stewardship of Patient Resources* (-8.9%), and *Providers' Use of Information to Coordinate Patient Care* (-4.5%)

Clinical Quality

- All measures were pay-for-performance in 2022
- Performance on clinical quality measures decreased across the board, but changes were modest
- The addition of several QEM codes resulted in denominator increases in *Tobacco Use: Screening and Cessation Intervention* and *Screening for Clinical Depression and Follow-up Plan*

Claims

- All claims-based measures were pay-for-reporting because none have performance benchmarks.
- ***VT-1*:** Significant changes to measure specifications mean that results are no longer comparable to scores from previous years. Changes included adding new value sets and including a Part D benefit. Additionally fewer claims met the minimum requirements due to more beneficiaries being ineligible due to Medicare Advantage.
- ***VT-2***: There were significant specification changes to the measure's structure and logic where it's no longer comparable to previous measure years (Changed from beneficiary to episode based, extension of time period in continuous enrollment, negative diagnosis history, intake period, addition of negative medication history, pharmacy benefit to the eligible population, and 29 different value sets)

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Vermont Medicaid Next Generation ACO Program: 2022 Performance

Department of Vermont Health Access

November 29, 2023

The VMNG program is reinforced by DVHA's priorities

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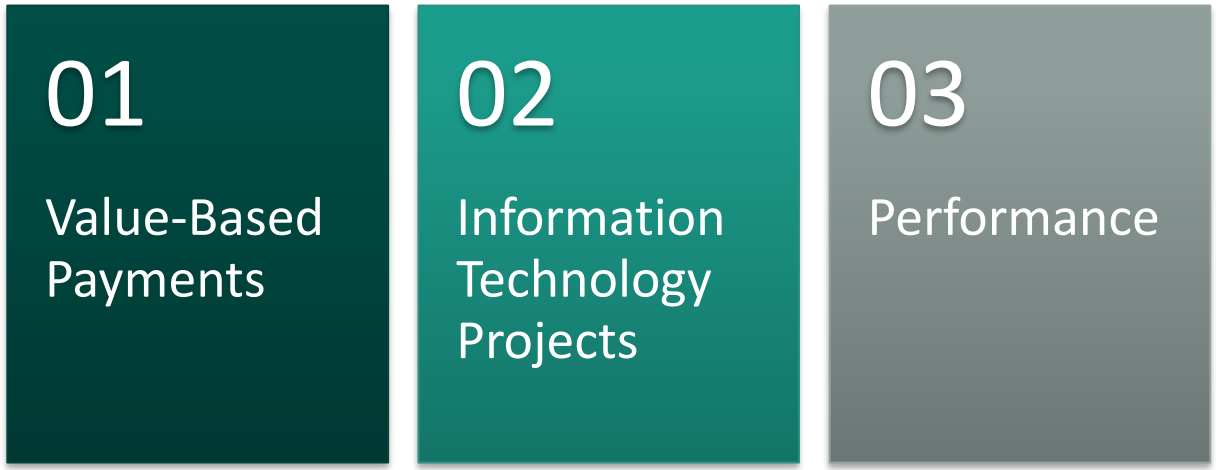

- Medicaid as a predictable and reliable payer partner
- A focus on continual, incremental programmatic and performance improvements
- Opportunities to align with other payer programs; opportunities to be an innovative leader

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 second of those one-year extensions for a 2024 performance year.
- Rates for the program are renegotiated annually and reconciliation may occur more frequently.

2022 VMNG PROGRAM PERFORMANCE

The VMNG program is stable

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- Provider participation has remained consistent from 2020-2023, and attribution remained stable or continued to increase.
- Provider participation remains stable for a 2024 performance year, though the effects of redetermination are leading to a decrease in the number of attributed members (due to decreases in the overall number of Medicaid-eligible Vermonters).

	2017	2018	2019	2020	2021	2022	2023	2024
Health Service Areas	4	10	13	14	14	14	14	14
Unique Medicaid Providers (approx.)	2,000	3,400	4,300	5,000	4,800	5,000	5,100	5,200
Attributed Medicaid Members (approx.)	29,000	42,000	79,000	114,000	111,000	126,000	142,000	116,000
% Change over Prior Year	--	+45%	+88%	+44%	-3%	+14%	+13%	-18%

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

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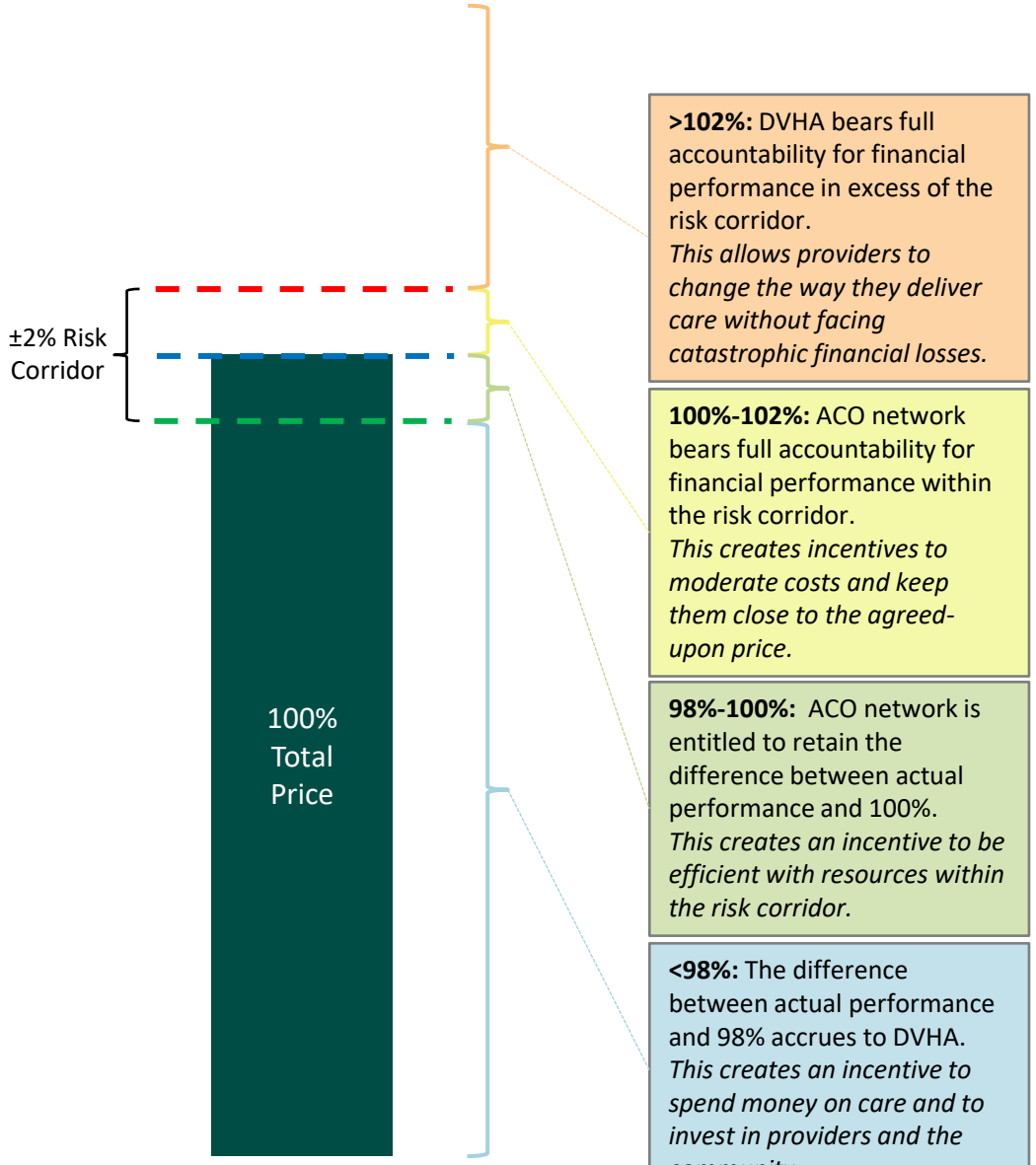


>102%: DVHA bears full accountability for financial performance in excess of the risk corridor.
This allows providers to change the way they deliver care without facing catastrophic financial losses.

100%-102%: ACO network bears full accountability for financial performance within the risk corridor.
This creates incentives to moderate costs and keep them close to the agreed-upon price.

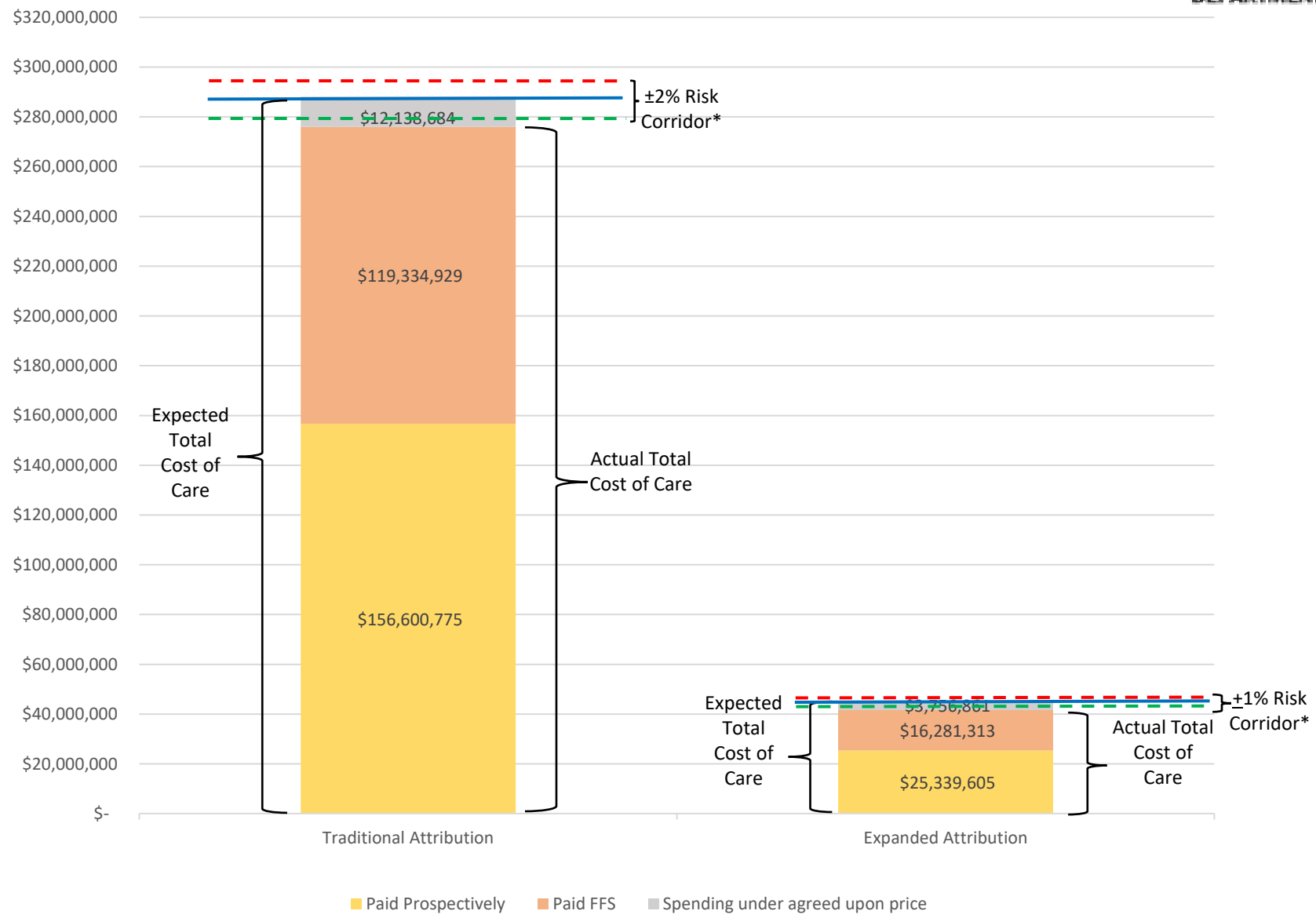
98%-100%: ACO network is entitled to retain the difference between actual performance and 100%.
This creates an incentive to be efficient with resources within the risk corridor.

<98%: The difference between actual performance and 98% accrues to DVHA.
This creates an incentive to spend money on care and to invest in providers and the community.

2022 VMNG Financial Results

- DVHA and OneCare agreed on the price of health care for attributed Medicaid members up-front, and spending for ACO-attributed members was approximately $12.1 million less than expected (the expected total cost of care is approximately $285 million) for the traditional attribution cohort and approximately $3.7 million less than expected (the expected total cost of care is approximately $45 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 $11.8 million.

2022 VMNG Financial Performance relative to Expected Total Cost of Care



VMNG ACO Program: 2017 – 2022 Financial Performance

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2022 VMNG Quality Measure Performance

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- The VMNG measure set for 2022 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 out of 20 possible points, yielding a quality score of 65%.
- Quality performance exceeded the national 90th percentile for 3 measures, exceeded the 75th percentile for 2 measure, exceeded the 50th percentile for 3 measures, exceeded the 25th percentile for 1 measure, and was below the 25th percentile for 1 measure.
- Based on quality performance, the Year-End Quality Adjustment to the ETCOC for 2022 was $998,292.

2022 VMNG Quality Results

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			TRADITIONAL COHORT			EXPANDED COHORT									
Item #	Measure Description	NQF #	Numerator	Denominator	2022 Rate	Numerator	Denominator	2022 Rate	2021 Rate (for reference, traditional cohort)	2021 Rate (For reference, expanded cohort)	Quality Compass® 2022 Benchmarks (CY 2021) National Medicaid (ALOB) Percentiles				Points awarded
											25th	50th	75th	90th	
1	30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	2605	532	867	61.36%	92	177	51.98%	32.89%	34.01%	10.72	21.24	25.81	32.38	2(+)
2	30 Day Follow-Up after Discharge from the ED for Mental Health	2605	602	720	83.61%	89	119	74.79%	81.66%	74.11%	44.82	54.51	63.44	72.01	2
3	Child and Adolescent Well Care Visits (ages 12-17)	N/A	9,338	15,171	61.55%	585	1658	35.28%	61.60%	36.42%	44.72	50.62	58.69	64.17	1.75
4	All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	CMS ACO #38 (under NQF review)	17	2,142	0.79%	2	86	2.33%	0.80%	1.89%	N/A	N/A	N/A	N/A	1
5	Developmental Screening in the First 3 Years of Life	CMS Child Core CDEV	3,370	5,949	56.65%	287	696	41.24%	56.10%	45.71%	27.10	35.60	57.40	N/A	1
6	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	0059	93	369	25.20%	N/A	N/A	N/A	31.99%	N/A	46.96	39.90	35.52	30.90	2(+)
7	Hypertension: Controlling High Blood Pressure	0018	237	372	63.71%	N/A	N/A	N/A	62.37%	N/A	54.50	59.85	65.10	69.19	1
8	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	0004	931	2,562	36.34%	279	604	46.19%	36.71%	42.99%	40.36	43.79	48.38	52.81	0
9	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	0004	353	2,562	13.78%	142	604	23.51%	15.65%	19.44%	9.30	14.03	17.93	22.12	0.25(-)
10	Screening for Clinical Depression and Follow-Up Plan	418	123	239	51.46%	N/A	N/A	N/A	54.28%	N/A	N/A	N/A	N/A	N/A	1
														Total	13
11	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	0576	399	730	54.66%	50	106	47.17%	50.92%	42.02%	29.97	37.99	46.10	55.00	N/A
12	Tobacco Use Assessment and Tobacco Cessation Intervention	0028	285	308	92.53%	N/A	N/A	N/A	92.46%	N/A	N/A	N/A	N/A	N/A	N/A
13	Patient Centered Medical Home (PCMH) Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Survey Composite Measures Collective 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

Notes:
1) For HbA1C Poor Control and All Cause Unplanned Admission measures, a lower rate indicates higher performance.
2) Benchmarks for Developmental Screening in 1st 3 years of Life are multi-state benchmarks: 30 states reporting (FFY 2020)

Key: Performance Compared to National Benchmarks
Equal to and below 25th percentile (0 points)
Above 25th percentile (0.25 point)
Above 50th percentile (1.0 points)
Above 75th percentile (1.75 points)
Above 90th percentile (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 2024.
- DVHA is interested in continuing to use the VMNG model to innovate, as it looks toward potentially participating in the next multi-state model (the AHEAD model) offered by the federal Center for Medicare & Medicaid Innovation (CMMI).
- This new model would require participating state Medicaid agencies to offer hospital global budgets that align conceptually with Medicare hospital global budgets.
- DVHA and OneCare are working to develop and implement a Global Payment Program (GPP) for 2024, that would convert a significant portion of hospitals' and independent primary care providers' remaining Medicaid FFS revenue into fixed payments in a no-risk model, which would allow providers to test global budget participation for one payer before it was potentially a requirement for multiple payers.
- Implementing the GPP in 2024 would additionally give Vermont Medicaid valuable experience to learn about operational considerations and appropriate Medicaid authorities for a more comprehensive global budget model well in advance of a potential first year of AHEAD (CY 2026).

2022 FINANCIAL AND QUALITY RESULTS FOR MEMBERS ATTRIBUTED TO ONECARE VERMONT

November 29, 2023

Andrew Garland, Vice President Client Relations & External Affairs

Grace Gilbert-Davis, Corporate Director Value Based Network Development and Quality Improvement

HEALTHCARE REFORM PHILOSOPHY

Blue Cross of Vermont (Blue Cross VT) 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
- Maintain exemplary member experience

Blue Cross VT achieves these goals through targeted, transparent, and readily understandable interventions and payment models that are aligned with specific metrics that directly relate to these principles *without adding undue complexity* or administrative burden to providers

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

ACO PROGRESS AND CHALLENGES IN 2022

Progress

- Although Blue Cross VT ultimately decided to forego a 2023 agreement, OneCare and Blue Cross VT achieved the following during 2022:
    - Developed a post-COVID risk model with greater promise of increased % of reimbursement moving from FFS to incentive-based payments
    - Committed to a year-three Quality Work Plan that included a MHSUD metric
- After three years of collaborative data collection (2020-2022), Blue Cross VT is able to report on ACO's impact on quality measures for large group members

Ongoing Challenges

Despite investing $12,620,156 in the ACO since 2018, Blue Cross VT's 2022 findings mirror the 2018-2021 conclusions:

- Unable to link ACO's efforts with providers to quality outcomes
- Care Coordination:
    - Composite CAHPS scores remained largely static during (2018-2021) and declined in 2022
    - Unable to determine ACO's contribution when multiple entities are providing case management for the same patient population
- Little evidence that the quality and financial metrics are trending in a way that benefits our members

New Challenge

- Absent systemic protections for Blue Cross VT member data, the transition of ACO data operations to UVMHN remains problematic

FINANCIAL RESULTS

Measurement Year 2022

2022 FINANCIAL RESULTS

- Due to the COVID-19 pandemic, Blue Cross VT and OneCare adjusted the financial risk arrangement in the 2020, 2021 and 2022 agreements.
- The 2022 final settlement between Blue Cross VT and OCV did not result in a financial transfer for QHP and resulted in payments owed from OCV for the Primary cohort.
- The methodology for evaluating the QHP financial results was:
  - Not statistically valid due to the tiny sample size of the comparison population for coding factors;
  - Of a limited application due to the agreement's narrow risk corridors developed to mitigate any COVID-19 impact on ACO providers.
- Blue Cross VT tentatively agreed to a revised methodology for future agreements that would more accurately reflect the experience of our members enrolled in the program.
- Our evaluation of the program in other areas, such as quality and overall cost, does not align with the calculated financial results.

QUALITY RESULTS

Measurement Year 2022

QUALITY RESULTS FOR QHP*

Due to COVID, 2020 – 2022 payment measurements were reporting only

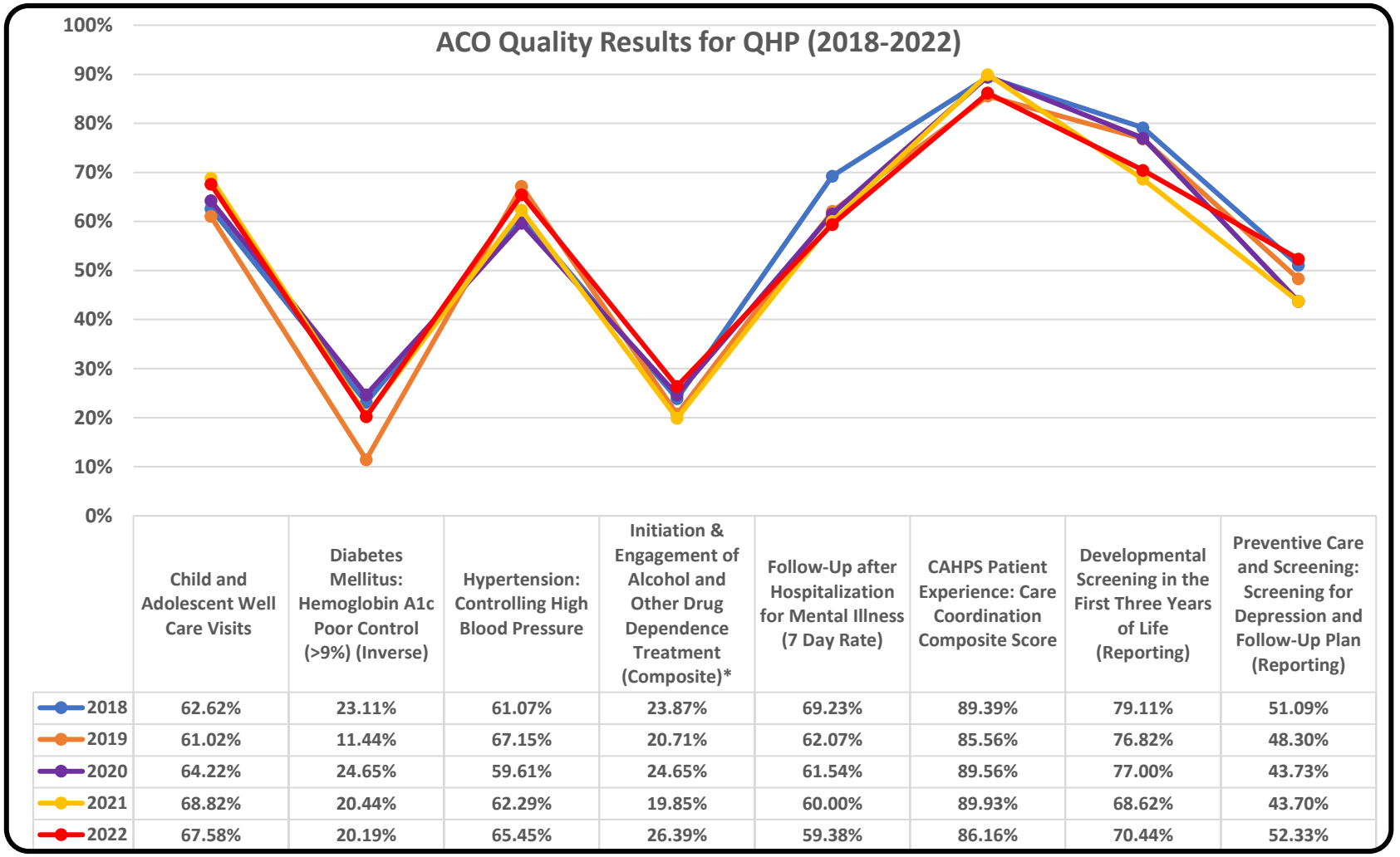
	2021	2022	
Performance Improvement			
• Diabetes A1c (>9)	20.44%	20.19%	(Inverse)
• Hypertension (Controlling High BP)	62.29%	65.45%	
• Alcohol/Other Drug Initiation/Tx	19.85%	26.39%	
• Developmental Screenings (<3 Yrs.)	68.62%	70.44%	(Reporting)
• Depression Screening and F/U	43.70%	52.33%	(Reporting)
Performance Decrease			
• Child/Adolescent Well Care Visits	68.82%	67.58%	
• ACO All-Cause Readmissions	0.5052	0.6310	(Inverse)
• F/U Hospital IP/OP Mental Illness	60.00%	59.38%	
• CAHPS Care Coordination	89.93%	86.16%	

* Not included: measures with denominators/numerators less than four (4)

- 30-day F/U after D/C from ED for Alcohol and Other Drug Dependence (D=1, N=2)
- 30-day F/U after D/C from ED for MH (D=4, N=4)

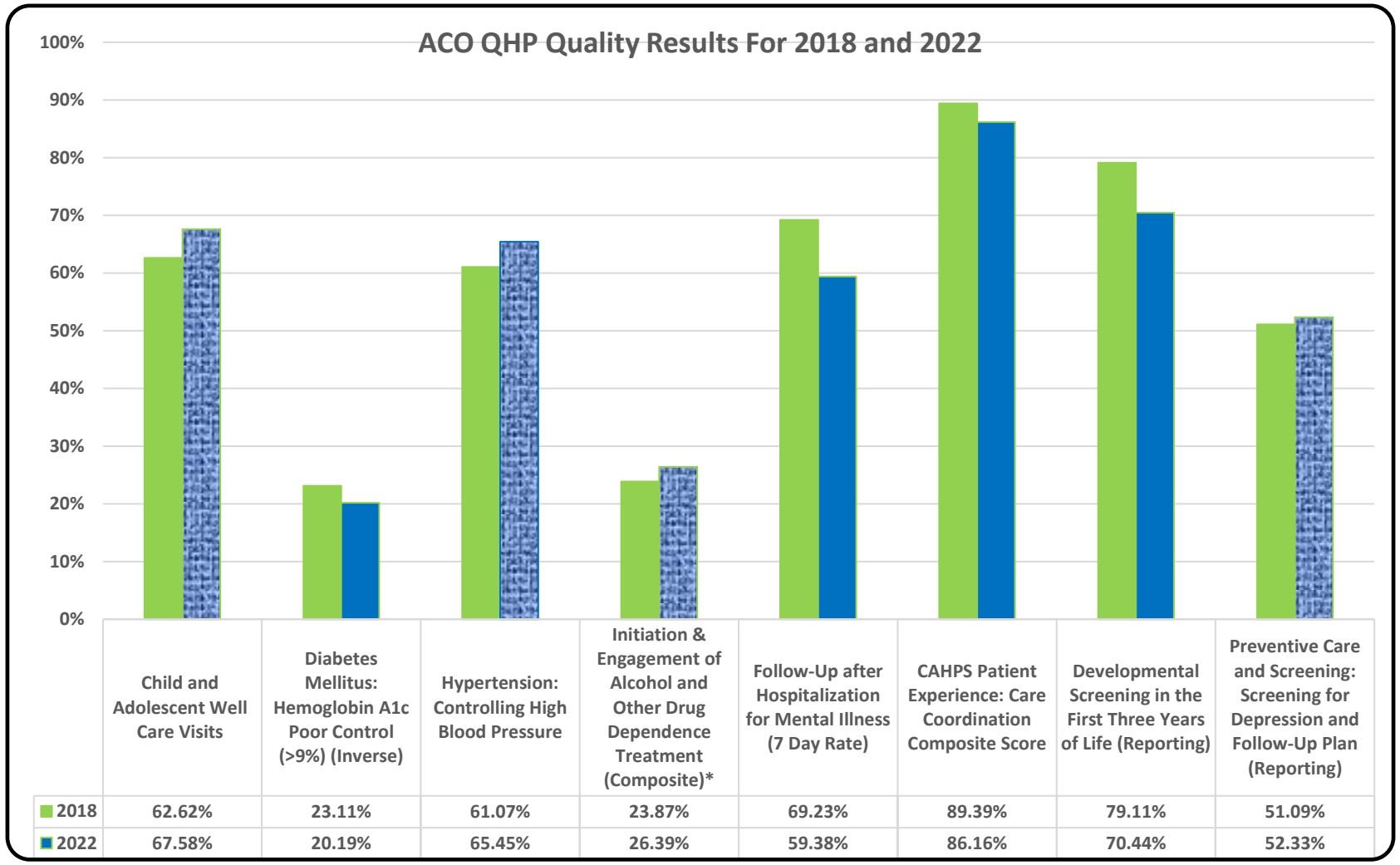
QUALITY RESULTS FOR QHP (2018-2022)

All Cause Admission results for QHP and Large Group illustrated in a separate slide



	Child and Adolescent Well Care Visits	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (Inverse)	Hypertension: Controlling High Blood Pressure	Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	CAHPS Patient Experience: Care Coordination Composite Score	Developmental Screening in the First Three Years of Life (Reporting)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Reporting)
2018	62.62%	23.11%	61.07%	23.87%	69.23%	89.39%	79.11%	51.09%
2019	61.02%	11.44%	67.15%	20.71%	62.07%	85.56%	76.82%	48.30%
2020	64.22%	24.65%	59.61%	24.65%	61.54%	89.56%	77.00%	43.73%
2021	68.82%	20.44%	62.29%	19.85%	60.00%	89.93%	68.62%	43.70%
2022	67.58%	20.19%	65.45%	26.39%	59.38%	86.16%	70.44%	52.33%

Quality Results for QHP: 2018 vs 2022



	Child and Adolescent Well Care Visits	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (Inverse)	Hypertension: Controlling High Blood Pressure	Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	CAHPS Patient Experience: Care Coordination Composite Score	Developmental Screening in the First Three Years of Life (Reporting)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Reporting)
2018	62.62%	23.11%	61.07%	23.87%	69.23%	89.39%	79.11%	51.09%
2022	67.58%	20.19%	65.45%	26.39%	59.38%	86.16%	70.44%	52.33%

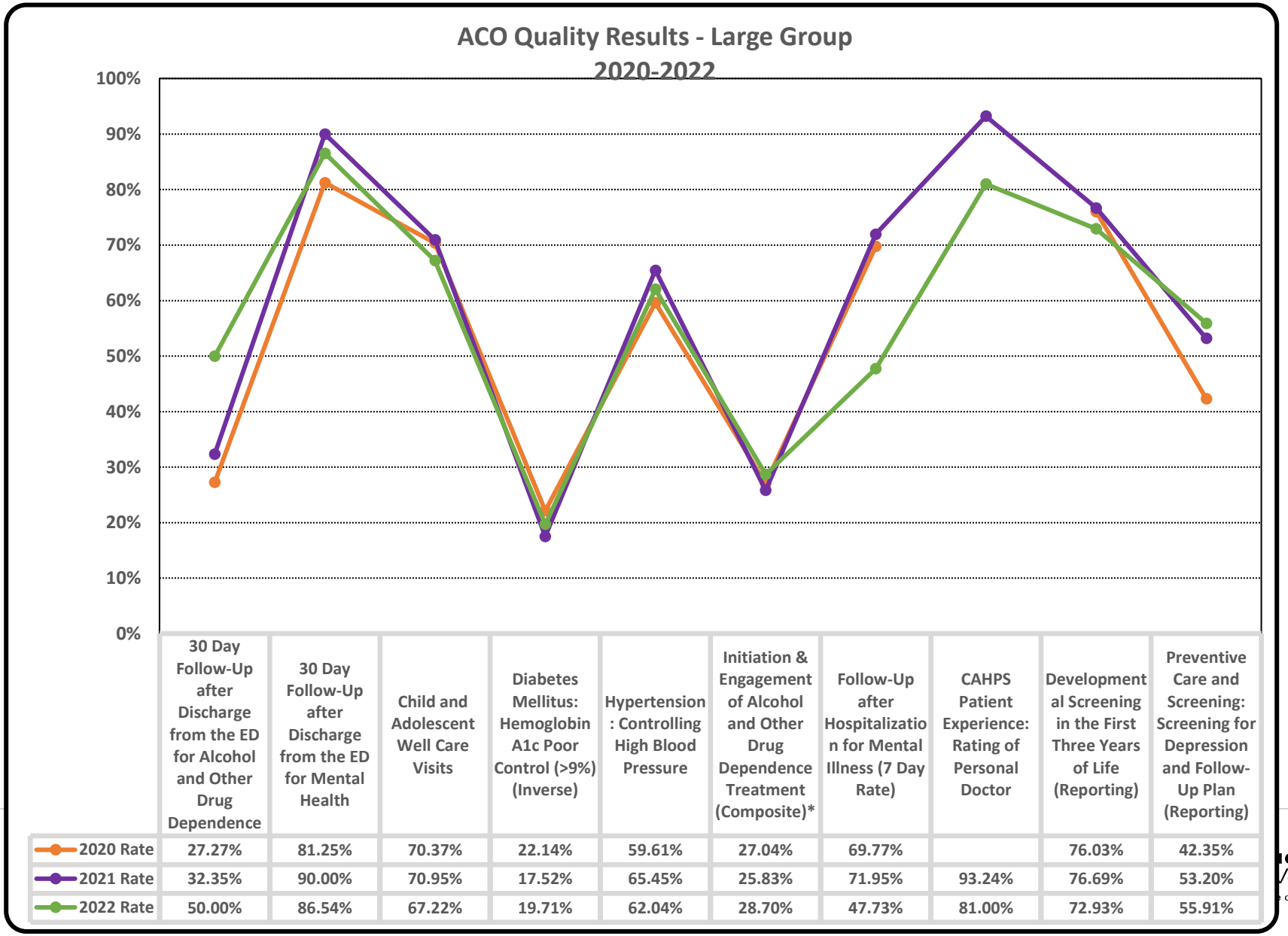
QUALITY RESULTS FOR LARGE GROUP

Due to COVID, 2020 – 2022 payment measurements were reporting only

	2021	2022	
Performance Improvement			
30 Day F/U DC ED for Alcohol/Other	32.35%	50.00%	
Alcohol/Other Drug Initiation/Tx	19.85%	26.39%	
I&E Alcohol/Other Drug Tx	25.83%	28.70%	
Depression Screening and F/U	53.20%	55.91%	(Reporting)
Performance Decrease			
Diabetes A1c (>9)	17.52%	19.71%	(Inverse)
Hypertension (Controlling High BP)	65.45%	62.04%	
30 Day F/U DC ED for MH	90.00%	86.54%	
Child/Adolescent Well Care Visits	70.95%	67.22%	
Developmental Screen <3 yrs.	76.69%	72.93%	(Reporting)
ACO All-Cause Readmissions	0.4079	0.6145	(Inverse)
F/U Hospital IP/OP Mental Illness	71.95%	47.73%	
CAPHS Care Coordination	93.24%	81.00%	

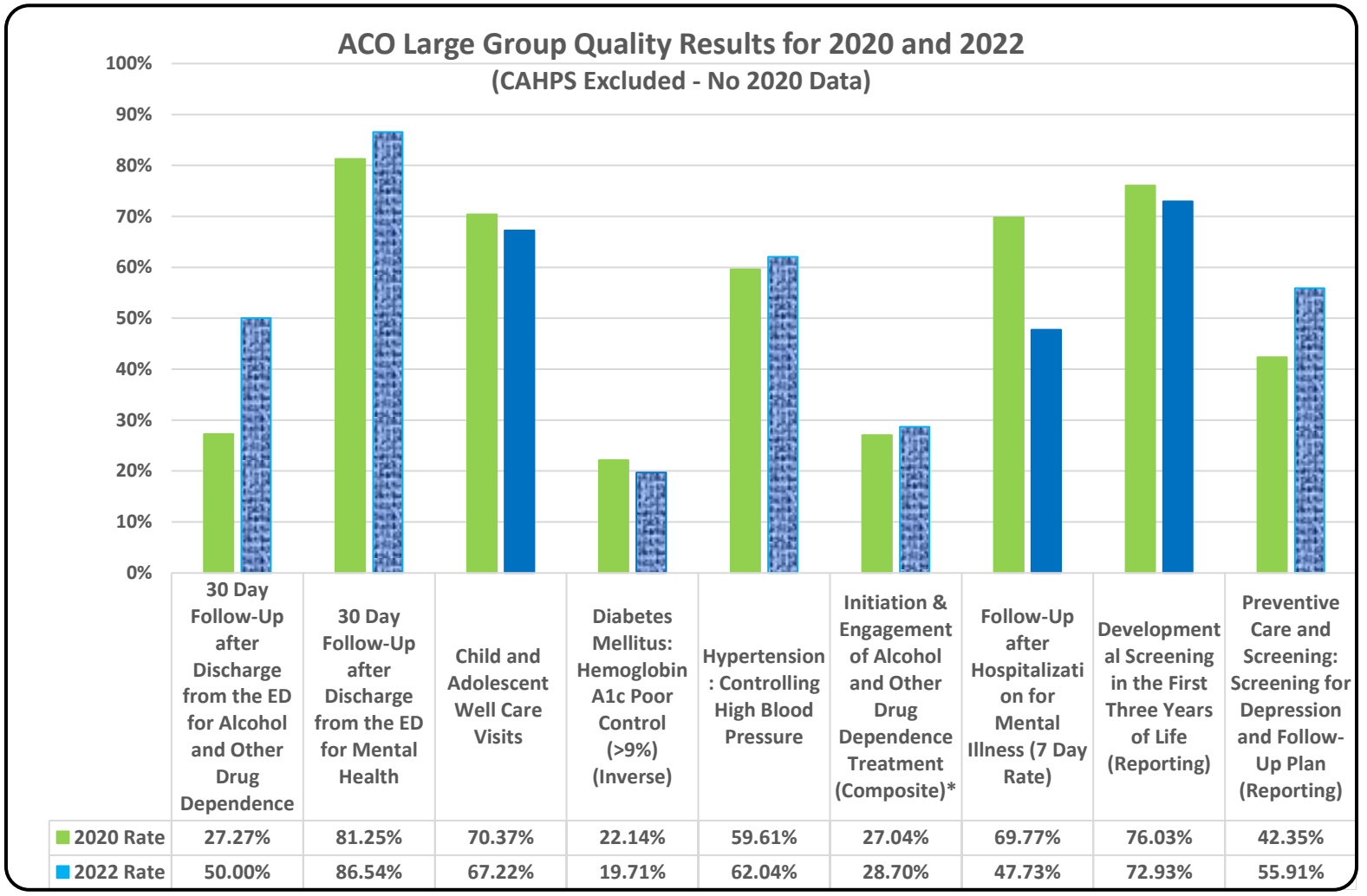
QUALITY RESULTS: LARGE GROUP 2020-2022

All Cause Admission results for QHP and Large Group illustrated in a separate slide



	30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	30 Day Follow-Up after Discharge from the ED for Mental Health	Child and Adolescent Well Care Visits	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (Inverse)	Hypertension: Controlling High Blood Pressure	Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	CAHPS Patient Experience: Rating of Personal Doctor	Developmental Screening in the First Three Years of Life (Reporting)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Reporting)
2020 Rate	27.27%	81.25%	70.37%	22.14%	59.61%	27.04%	69.77%		76.03%	42.35%
2021 Rate	32.35%	90.00%	70.95%	17.52%	65.45%	25.83%	71.95%	93.24%	76.69%	53.20%
2022 Rate	50.00%	86.54%	67.22%	19.71%	62.04%	28.70%	47.73%	81.00%	72.93%	55.91%

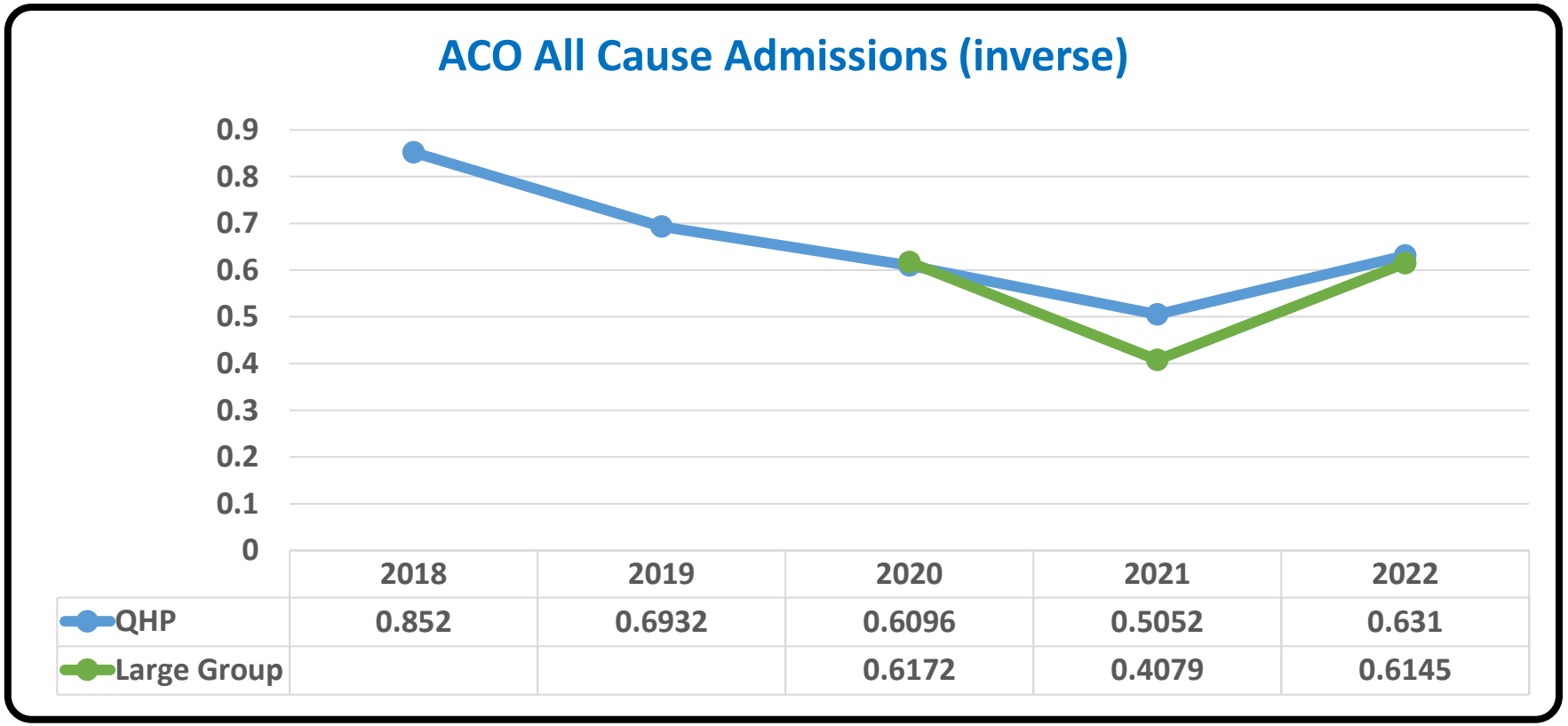
Quality Results for Large Group: 2020 vs 2022



	30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	30 Day Follow-Up after Discharge from the ED for Mental Health	Child and Adolescent Well Care Visits	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (Inverse)	Hypertension: Controlling High Blood Pressure	Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	Developmental Screening in the First Three Years of Life (Reporting)	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Reporting)
2020 Rate	27.27%	81.25%	70.37%	22.14%	59.61%	27.04%	69.77%	76.03%	42.35%
2022 Rate	50.00%	86.54%	67.22%	19.71%	62.04%	28.70%	47.73%	72.93%	55.91%

ALL CAUSE ADMISSIONS: QHP AND Large Group

Positive downward trend beginning in 2019 and continuing through COVID (2020-2021) increased in MY 2022 for both QHP and Large Group



	2018	2019	2020	2021	2022
QHP	0.852	0.6932	0.6096	0.5052	0.631
Large Group			0.6172	0.4079	0.6145

BLUE CROSS VT'S VALUE BASED CARE WORK

Blue Cross continues to honor its commitment to the APM by:

- Paying the $3.25 [formerly funded through the ACO] directly to providers in 2023
- Reallocating resources from the ACO to Blue Cross VT's growing portfolio of value-based care programs, including:

Vermont Blue Integrated Care℠ (VBIC)

- Advanced primary care model in year one of a two-year pilot (2023-2024)
- Quality metrics for disease management; utilization metrics for reducing total cost of care
- Program elements: MHSUD services; collaborative care coordination, and data sharing and reporting

Enhanced Community Primary Care (ECPC)

- New value-based care program in 2024
- Annual comparison score card using population and condition-based metrics as well as total cost of care measures, risk adjusted for health status of providers patient panel

VBIC and ECPC: Commonalities

- ACO Agnostic
- Dedicated to independent community providers and FQHCs
- Additional information about VBIC and ECPC will be provided in the alignment assessment due December 1st as requested by the GMCB as part of the 2024 rate decision

Q&A

Appendix

BlueCross and BlueShield of Vermont

ACO Quality Results (MY 2022)

QHP Population

	OneCare Vermont Quality Results							Benchmarks					
	2018 Rate	2019 Rate	2020 Rate	2021 Rate	2022 Denominator	2022 Numerator	2022 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	2	1	**50.00%**	11.43%	14.56%	18.36%	23.53%	**90th Percentile**	**N/A**
30 Day Follow-Up after Discharge from the ED for Mental Health	83.33%	65.63%	96.55%	NA	4	4	**100.00 %**	57.63%	64.19%	70.77%	76.06%	**90th Percentile**	**N/A**
Child and Adolescent Well Care Visits	62.62%	61.02%	64.22%	68.82%	2,779	1,878	**67.58%**	50.68%	56.39%	63.31%	72.72%	**75th Percentile**	**N/A**
ACO All-Cause Readmissions	0.852	0.6932	0.6096	0.5052	30.11	19	**0.6310**	0.6750	0.6070	0.5170	0.4420	**25th Percentile**	**N/A**
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	23.11%	11.44%	24.65%	20.44%	411	83	**20.19%**	47.81%	36.50%	30.17%	25.55%	**90th Percentile**	**N/A**
Hypertension: Controlling High Blood Pressure	61.07%	67.15%	59.61%	62.29%	411	269	**65.45%**	54.50%	61.10%	68.60%	75.20%	**50th Percentile**	**N/A**
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	23.87%	20.71%	24.65%	19.85%	180	I: 68 E: 27	**26.39%**	20.00%	22.70%	25.70%	29.70%	**75th Percentile**	**N/A**
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	69.23%	62.07%	61.54%	60.00%	32	19	**59.38%**	N/A	N/A	N/A	N/A	**N/A**	**N/A**
CAHPS Patient Experience: Care Coordination Composite Score	89.39%	85.56%	89.56%	89.93%	1,994	NA	**86.16%**	81.45%	83.66%	85.72%	86.75%	**75th Percentile**	**N/A**
Reporting Measures													
Developmental Screening in the First Three Years of Life	79.11%	76.82%	77.00%	68.62%	203	143	**70.44%**						
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	51.09%	48.30%	43.73%	43.70%	365	191	**52.33%**						

Bonus Points	**N/A**
TOTAL POINTS	**N/A**

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

**68 indicates the numerator for the initiation portion of the measure and 27 the numerator for the engagement portion*

BlueCross and BlueShield of Vermont

ACO Quality Results (MY 2022)

Large Group Population

	OneCare Vermont Quality Results					Benchmarks					
	2020 Rate	2021 Rate	2022 Denominator	2022 Numerator	2022 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%	32.35%	22	11	**50.00%**	11.24%	14.66%	19.73%	24.64%	**90th Percentile**	**N/A**
30 Day Follow-Up after Discharge from the ED for Mental Health	81.25%	90.00%	52	45	**86.54%**	56.46%	63.83%	71.23%	77.19%	**90th Percentile**	**N/A**
Child and Adolescent Well Care Visits	70.37%	70.95%	9,890	6,648	**67.22%**	50.99%	56.94%	64.08%	72.73%	**75th Percentile**	**N/A**
ACO All-Cause Readmissions	0.6172	0.4079	35.8	22	**0.6145**	0.624	0.5662	0.5154	0.4475	**25th Percentile**	**N/A**
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	22.14%	17.52%	411	81	**19.71%**	39.17%	30.90%	26.03%	22.49%	**90th Percentile**	**N/A**
Hypertension: Controlling High Blood Pressure	59.61%	65.45%	411	255	**62.04%**	51.82%	60.12%	67.11%	72.62%	**50th Percentile**	**N/A**
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	27.04%	25.83%	162	I: 68 E: 25	**28.70%**	20.88%	23.57%	25.94%	28.99%	**75th Percentile**	**N/A**
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	69.77%	71.95%	88	42	**47.73%**	41.51%	48.15%	54.23%	61.43%	**25th Percentile**	**N/A**
CAHPS Patient Experience: Rating of Personal Doctor		93.24%	407	NA^	**81.00%**	65.33%	69.30%	72.62%	76.13%	**90th Percentile**	**N/A**
Reporting Measures											
Developmental Screening in the First Three Years of Life†	76.03%	76.69%	702	512	**72.93%**						
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	42.35%	53.20%	372	208	**55.91%**						

**68 indicates the numerator for the initiation portion of the measure and 25 the numerator for the engagement portion*

^This is a composite metric with variable numerators

†This measure only uses BCBSVT claims data which may not include all OCV attributed members

2022 Performance-OneCare ACO

November 29, 2023

MVP Health Care

Our purpose: Finding a better way to help you achieve your best health and well-being through innovation.

Our Mission: Improve Health. Provide Peace of mind.

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

2022 Financial Performance

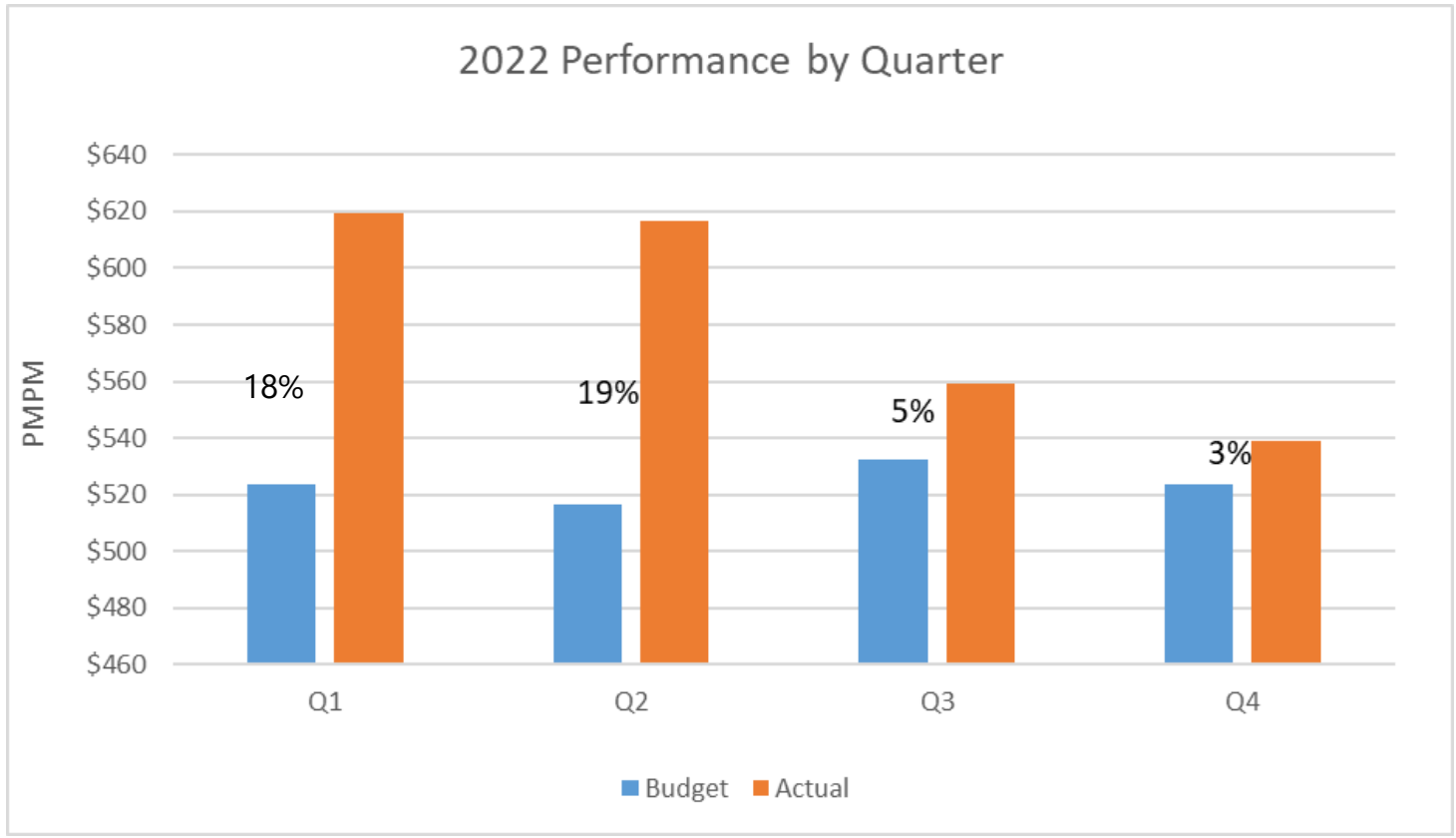
MVP Attributed Members to OneCare VT

2022 Financial Program Overview

- 2022 marks the third 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

2022 Financial Results

Attributed Small Group and Individual Membership



OneCare in deficit position for PY2022

- Final attributed membership for program- 8,932
- Target changed monthly to account for non-OCVT trend
- As OneCare ended the performance year 2.9% over budget, savings were not achieved

2022- Contributions to Overage

Population Risk Score

Ancillary Facility Services (lab, cancer therapies, diagnostic radiology etc)

Outpatient Surgeries

2022 Quality Performance

MVP Attributed Members to OneCare VT

2022 Quality Program Overview

- Quality metrics selected from the All-Payer Model
- 2021 CMS Benchmarks were used
- Point system determines distribution in the event of savings
- Three measures' point values were redistributed due to low denominator

2022 OneCare Quality Scorecard

OneCare VT **QUALITY PERFORMANCE SCORECARD**

Contract Performance Time Period **1/1/22-12/31/2022**

Quality Performance Time Period **1/1/22-12/31/2022**

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)	% of Available Points Earned	Performance Year Points Earned	Benchmark used
CBP	Controlling High Blood Pressure	271	411	20	65.94%	61.10%	68.60%	75.20%		50%	10	QRS
FUA-30DAY	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up	0	1	0	0.00%	14.56%	18.36%	23.53%		0%	0	PPO
FUH-7DAY	Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up	2	6	0	33.33%	N/A	N/A	N/A		0%	N/A	QRS
FUM-30DAY	Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up	4	4	0	100.00%	64.19%	70.77%	76.06%		100%	0	PPO
IET	Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)	33	194	20	17.01%	22.70%	25.70%	29.70%		0%	0	QRS
WCV-Total	Child and Adolescent Well-Care Visits MY - Total	799	1162	20	68.76%	56.39%	63.31%	72.72%		75%	15	PPO
HBD-HBAPC	HbA1c Poor Control	92	410	20	22.44%	36.50%	30.17%	25.55%		100%	20	PPO
PCR	ACO All-Cause Readmissions	10	14.3336	20	0.6977	0.607	0.517	0.442			0	QRS
		Total Available Points		**100**						**Performanc**	**45**	

Benchmark Comparison - Quality Metric Scoring

(1) Points earned by reaching quartiles listed below when Performance Year Rate is compared to benchmark scores and

	50th Percentile	75th Percentile	90th Percentile
% Points Earned	50%	75%	100%

Prospective Review

2023 Changes

- Movement to true risk arrangement, more skin in the game
- Introduction of new metric to scorecard
- Continued participation in state workgroups regarding advanced payment models and global budgets
- Collaboration with MVP's newly formed Provider Engagement team

Opportunities 2024+

- Continuation of downside risk
- Incentive for Annual Wellness visits and Mental Health Screening
- Collaboration with Clinicians, Payers and Regulators on SDOH
- More focused quality metrics
- Continued conversations on global or capitated payments
- Updated attribution methodology that will increase lives covered under the program

OneCare Vermont

Quality Performance Presentation to Green Mountain Care Board

November 29, 2023

Carrie Wulfman, MD, CMO

Annual Quality Measure Performance PY2020-2022

	Medicare			Medicaid			BCBS QHP			BCBS Large Group			MVP QHP		
Quality Measure Name	PY20	PY21	PY22	PY20	PY21	PY22	PY20	PY21	PY22	PY20	PY21	PY22	PY20	PY21	PY22
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	N/A	N/A	N/A	N/A	90th	90th	N/A	N/A	90th	NA	90th	90th	90th	N/A	<50th
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	N/A	N/A	N/A	N/A	90th	90th	N/A	N/A	90th	NA	90th	90th	50th	90th	90th
^ All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (ACO-38)	90th	N/A	N/A	N/A	N/A	N/A									
Hospital-Wide, 30-Day, All-Cause Unplanned Readmission, HWR (ACO-8)	90th	N/A	N/A												
ACO All-Cause Readmissions (PCR)							N/A	75th	25th	N/A	90th	25th	90th	90th	<50th
Follow-Up after Hospitalization for Mental Illness (7Day) (FUM)				N/A	75th	90th	N/A	90th	N/A	N/A	90th	75th	90th	90th	<50th
Child & Adolescent Well Care Visits (WCV 12-17)				N/A	75th	75th	N/A	75th	75th	N/A	90th	75th	50th	90th	75th
Developmental Screening in First Three Years of Life				N/A	50th	50th	N/A	N/A	N/A	N/A	N/A	N/A			
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	N/A	N/A	N/A	N/A	<25th	<25th									
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	N/A	N/A	N/A	N/A	50th	25th									
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (IET)							N/A	<25th	75th	N/A	50th	75th	<50th	75th	<50th
^ Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (ACO-27, DM2)	80th	90th	90th	N/A	90th	90th	N/A	90th	90th	N/A	90th	90th	90th	90th	90th
Hypertension: Controlling High Blood Pressure (HTN2)	60th	70th	70th	N/A	50th	50th	N/A	50th	50th	N/A	75th	50th	<50th	50th	50th
Preventive Care & Screening: Screening for Clinical Depression & Follow-Up (ACO-18, Prev-12)	N/A	N/A	60th	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Preventive Care & Screening: Tobacco Use, Cessation & Intervention (ACO-17, Prev-10)	70th	80th	70th	N/A	N/A	N/A									
Preventive Care & Screening: Influenza Immunization (ACO-14, Prev-7)	80th	80th	80th												
Colorectal Cancer Screening (ACO-19, Prev-6)	70th	70th	70th												

Population Health Model (PHM) Measure Evolution

2023 PHM Measure	2024 PHM Measure	Adult Primary Care	Pediatric Primary Care	Family Medicine Primary Care	Designated Agencies	AAA/HHH
Diabetes Poor Control	Retired					
Follow Up after Hypertension New or Routine Diagnosis	Hypertension: Controlling High Blood Pressure (HEDIS CBP)	X		X		
Potentially Avoidable ED Revisits by Those with Two ED Visits in Last 90 Days	Follow Up After Emergency Department Visits for Patients with Multiple Chronic Conditions (HEDIS FMC)	X	X	X	X	X
Age 40+ All-Payer Annual Wellness Visit	Medicare Annual Wellness Visits	X		X		
Child and Adolescent Well-Care Visits	Child and Adolescent Well-Care Visits (HEDIS WCV)		X	X		
Developmental Screening in the First 3 Years of Life	Developmental Screening in the First 3 Years of Life (CMS Child Core CDEV)		X	X		
Primary Care Engagement for Individuals in Care Management (DA/AAA)	Retired					
Inpatient Admissions within 60 days Following Home Health Visit (HHH)	Retired					
	Initiation of Substance Use Disorder Treatment (HEDIS IET)	X	X	X		
	Engagement of Substance Use Disorder Treatment (HEDIS IET)	X	X	X		
30 Day Follow-Up After ED Visit for Substance Use (HEDIS FUA)	30 Day Follow-Up After ED Visit for Substance Use (HEDIS FUA)				X	
30 Day Follow Up After Emergency Department Visit for Mental Illness (HEDIS FUM)	30 Day Follow Up After Emergency Department Visit for Mental Illness (HEDIS FUM)				X	
7 Day Follow Up After Hospitalization for Mental Illness (HEDIS FUH)	7 Day Follow Up After Hospitalization for Mental Illness (HEDIS FUH)				X	

- Claims based
- Standardized
- Targeting national benchmarks
- Maintaining focus on key areas (wellness, prevention, chronic disease management, ED utilization, mental health)
- Sunset inverse measures

Population Health Model (PHM) Measure Considerations

Measure Selection

- Considerations include:
  - Availability of data
  - Inclusion in payer contracts
  - Performance levels
  - Ability to influence results
  - Provider burden
  - Standard measure (ex. HEDIS) vs. custom
  - Applicability across populations, payers, and continuum of care
  - Feedback from providers
- Percentile targets based on national benchmarks and set relative to current performance levels
- Selections corroborated by benchmarking and evaluation report outcomes
- Met with 3 similar ACOs for peer-to-peer learning—ED and primary care strategies

Network Communication
Quarterly PHM Practice Performance Report Example

2023 Mid-Year Estimated Attribution	
Pediatric - 194	Adult - 393

	PHM Measure			Target	Performance: Practice	Performance: HSA	Monthly PHM Bonus: Earned	Monthly PHM Bonus: Unearned
	Child and Adolescent Well Visits		*(n=174)*	>57.54%	60.3%		$48.50	$0.00
	Developmental Screening		*(n=39)*	> 57.4%	53.8%		$0.00	$48.50
INVERSE MEASURES [1]	Diabetes Poor Control (A1c>9)		*(n=49)*	< 39.9%	16.3%		$98.25	$0.00
INVERSE MEASURES [1]	Annual Wellness Visit 40+ Incomplete		*(n=978)*	< 38.0%		43.5%	$0.00	$98.25
INVERSE MEASURES [1]	Emergency Department Revisits		*(n=664)*	< 26.7%		26.4%	$146.75	$0.00
INVERSE MEASURES [1]	Hypertension Follow Up Incomplete *(compound measure)*	Initial Dx	*(n=172)*	< 58.7%		57.6%	$146.75	$0.00
INVERSE MEASURES [1]		Routine Dx	*(n=207)*	< 28.8%		24.2%		
						Total [2]	$440.25	$146.75

1 Inverse Measure - rates lower than target succeed
2 Total does not include potential bonus from Diabetes A1c

VERMONT
GREEN MOUNTAIN CARE BOARD

QUESTIONS/COMMENTS