VERMONT
GREEN MOUNTAIN CARE BOARD

2020 Financial Settlement & Quality Performance

November 22, 2021

Agenda

VERMONT
GREEN MOUNTAIN CARE BOARD

1. Background
2. 2020 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

VERMONT
GREEN MOUNTAIN CARE BOARD

- 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 2020 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 and quality reports on an annual basis.

ACO/Payer Quality Results & All-Payer ACO Model

VERMONT
GREEN MOUNTAIN CARE BOARD

Under the Vermont All-Payer ACO Model Agreement…

- An ACO is a legal organization of health care providers that agrees to be accountable for the **quality, cost,** and **overall care** of the beneficiaries assigned to it
- The ACO's scale target qualifying programs must reasonably align in their designs across payers, which includes ACO/Payer quality measures
  - These measures, while certainly related, are distinct from the state's 2020 performance under the APM (results estimated to be available in early 2022)

2020 Payer Crosswalk

Measure	Vermont All-Payer ACO Model	2020 Vermont Medicaid Next Gen	2020 Medicare Initiative	2020 BCBSVT Next Gen/ UVMMC	2020 MVP Next Gen
% of adults with a usual primary care provider	X				
Statewide prevalence of Chronic Obstructive Pulmonary Disease	X				
Statewide prevalence of Hypertension	X				
Statewide prevalence of Diabetes	X				
% of Medicaid 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 emergency department for mental health	X	X	X	X	X
30-day follow-up after discharge from emergency department for alcohol or other drug dependence	X	X	X	X	X
% of Vermont residents receiving appropriate asthma medication management	X				
Screening for clinical depression and follow-up plan (ACO-18)	X	X	X	X	
Tobacco use assessment and cessation intervention (ACO-17)	X	X	X		
Deaths related to suicide	X				
Deaths related to drug overdose	X				
% of Medicaid enrollees aligned with ACO	X				
# per 10,000 population ages 18-64 receiving medication assisted treatment for opioid dependence	X				
Rate of growth in mental health or substance abuse-related emergency department visits	X				
# of queries of Vermont Prescription Monitoring System by Vermont providers (or their delegates) divided by # of patients for whom a prescriber writes prescription for opioids	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 (ACO-8)			X		
Influenza immunization (ACO-14)			X		
Colorectal cancer screening (ACO-19)			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

Payer Program Comparison

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Similarities** across programs are more noticeable beginning in 2019 given the ability to recommend design changes to the Medicare Initiative in that year. Per Agreement language; Medicare measures for 2019 – 2022 will be in better alignment with other ACO/Payer programs in operation.
- **Differences** across payers that remain are primarily due to types of covered lives (i.e. Adolescent measures for commercial and Medicaid, but not for Medicare).

Considerations

VERMONT
GREEN MOUNTAIN CARE BOARD

- While we now have three points in time, comparability is still a challenge given several factors:
  - PY1 (2018); Medicare program followed SSP
  - PY2 (2019); Medicare program changes, introduction of Medicaid expanded attribution
  - PY3 (2020); COVID 19 PHE, introduction of MVP program, further expansion in Medicaid program
- Scale Growth 2018 - 2020

	PY1 (2018)	PY2 (2019)	PY3 (2020)
Medicaid	43,342	79,004	114,335
Medicare	36,860	53,973	53,842
Commercial	30,526	30,363	62,588

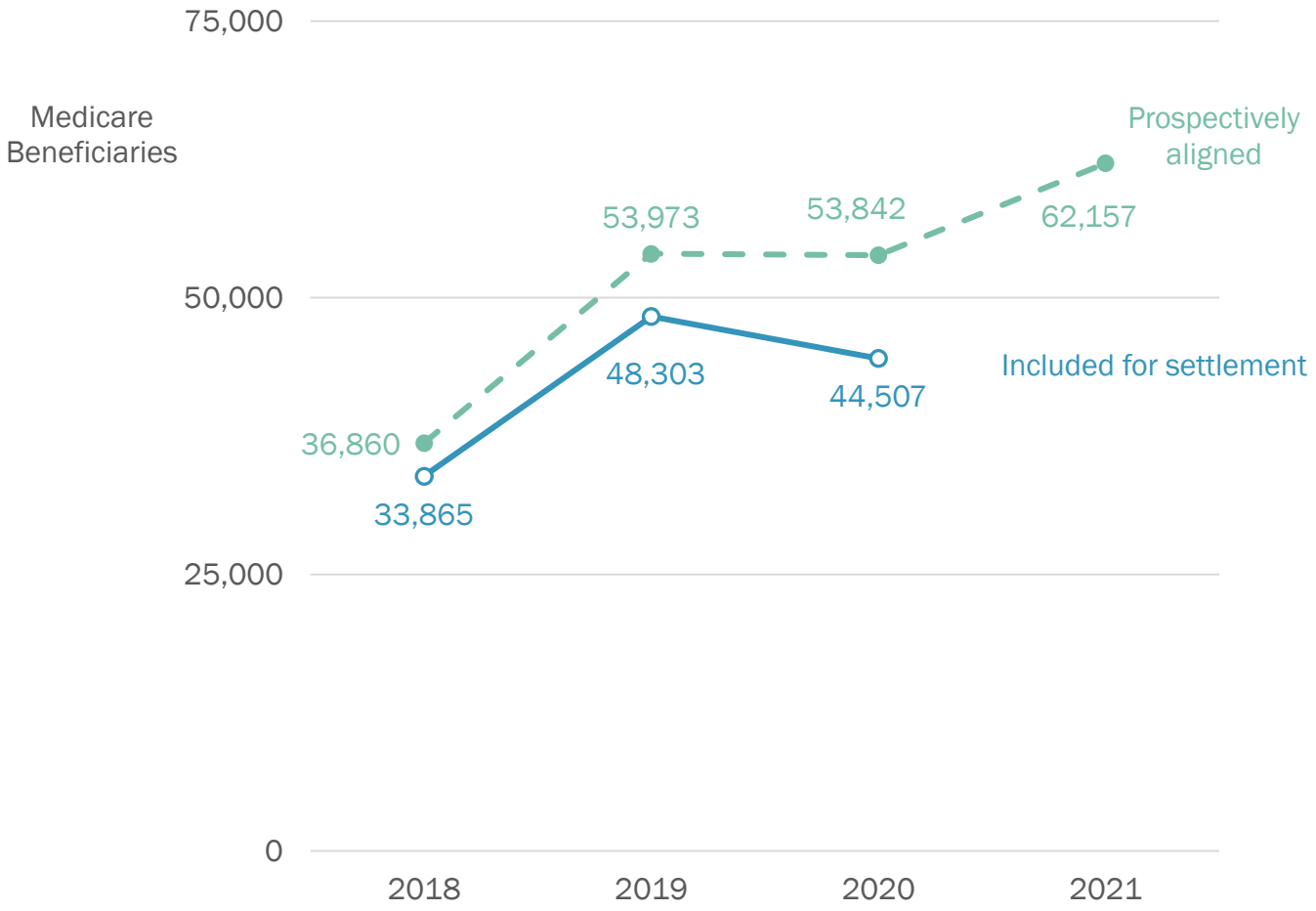
VERMONT
GREEN MOUNTAIN CARE BOARD

MEDICARE

OneCare Vermont Medicare Participation

VERMONT
GREEN MOUNTAIN CARE BOARD

- 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
- Substantially more beneficiaries lost eligibility in 2020 due to enrollment in Medicare Advantage.



2020 Financial Settlement

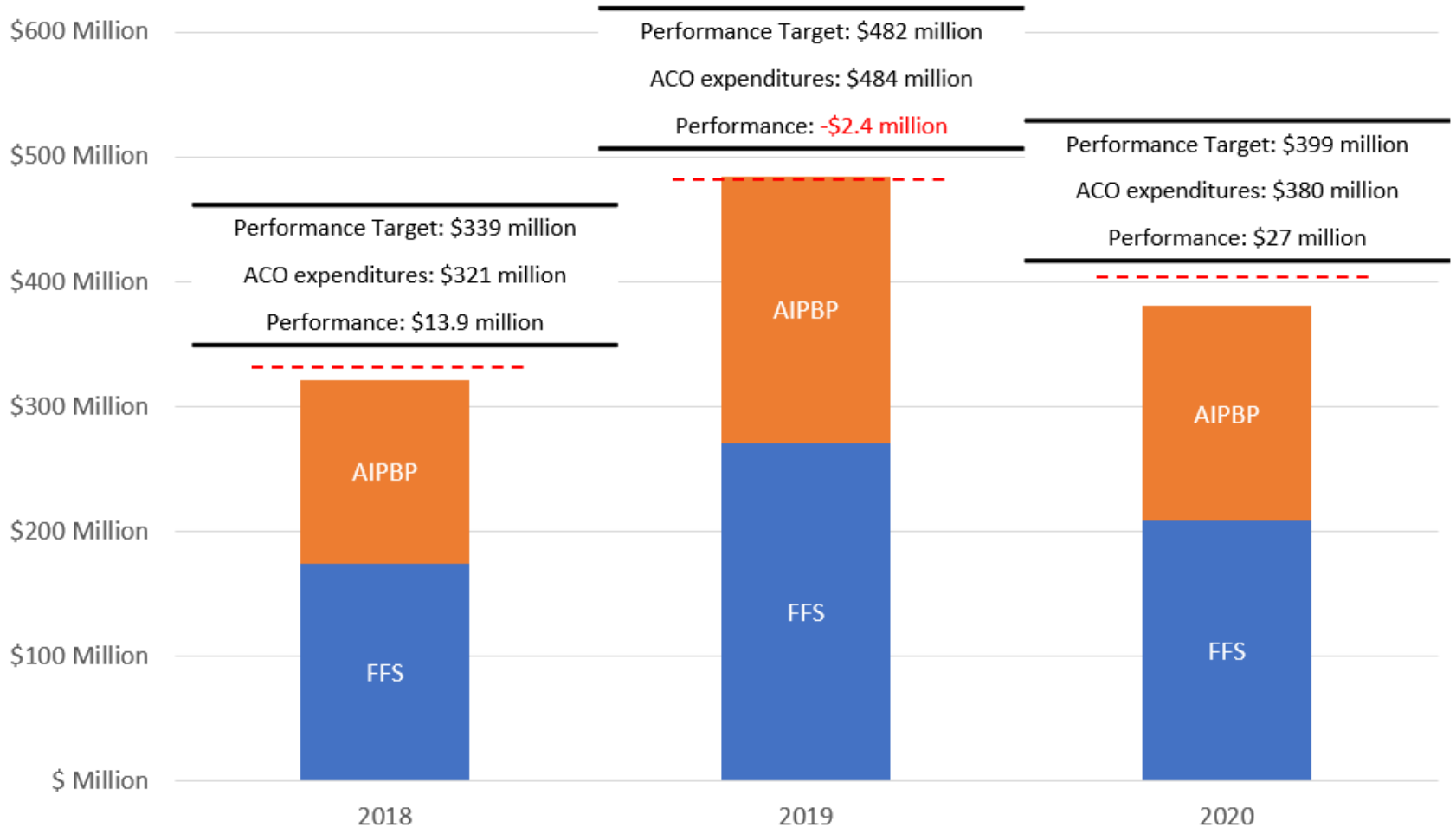
VERMONT
GREEN MOUNTAIN CARE BOARD

		A&D	ESRD	Total
PY 2020 VT ACO Prospective Benchmark				
1.	PY 2020 Prospective Benchmark	$555,810,204	$15,873,207	$571,683,411
2.	PY 2019 Shared Savings Advance			$8,401,660
3.	Total PY Prospective Benchmark (Line 1 plus Line 2)			$580,085,071
PY 2020 VT ACO Updated Benchmark				
4.	PY 2020 Prospective Benchmark Updated for Attrition	$388,926,955	$10,508,164	$399,435,119
5.	PY 2020 Shared Savings			$8,401,660
6.	Total PY 2020 Adjusted Benchmark (Line 4 plus Line 5)			$407,836,779
PY 2020 Aligned Beneficiaries Adjusted for Attrition				
7.	Aligned beneficiaries (as of March 31, 2021)	44,365	142	44,507
8.	Accrued eligible person-months	542,249	1,817	544,066
PY 2020 Per Beneficiary Expenditures				
9.	PY 2020 PBPM	$684	$5,525	$700
PY 2020 Incurred Expenditures[2]				
10.	Incurred claims (provider payments)	$208,649,569	$3,209,457	$211,859,026
11.	PLUS: AIPBP Fee Reductions	$165,472,517	$6,896,512	$172,369,029
12.	MINUS Uncompensated Care	$3,326,525	$67,373	$3,393,898
13.	EQUALS: PY 2019 Part A & B Expenditures	$370,795,561	$10,038,596	$380,834,157
Quality Adjustment[3]				
14.	Maximum Quality Withhold (.5% of line 13)			-$1,904,171
15.	Quality Score for PY 2019			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)			$27,002,622
18.	ACO CAP on Shared Savings/Losses (5% of adjusted PY 2020 Benchmark)			$20,391,839
19.	Gross savings/losses with application of CAP			$20,391,839
Net Shares Savings/Losses				
20.	Gross shared savings/losses adjusted for ACO Risk Arrangement (80%)			$16,313,471
21.	MINUS Sequestration amount (2%)[4]			$0
22.	**EQUALS Net Shared Savings/Losses**			**$16,313,471**
23.	**Final Settlement (Minus 2019 ACO Shared Saving Advance)[5]**			**$7,911,811**

https://gmcboard.vermont.gov/sites/gmcb/files/documents/CMS%20Settlement%20for%202020.pdf

Financial Performance

VERMONT
GREEN MOUNTAIN CARE BOARD



Settlements

VERMONT
GREEN MOUNTAIN CARE BOARD

	2018	2019	2020
Gross Savings / (Losses)	$17,845,450	$11,285,496	$27,002,622
Cap on Savings / Losses	$20,634,180	$24,790,486	$20,391,839
Capped Savings / (Losses)	$17,845,450	$11,285,496	$20,391,839
Quality Adjustment	$0	-$196,758	$0
ACO Risk Arrangement	80%	100%	80%
Adjusted capped savings / (losses)	$13,990,833[1]	$11,285,496	$16,313,471
Advanced Shared Savings	$7,776,760	$6,342,236	$8,401,660
Net Settlement Adjusted for Advanced Shared Savings	**$6,214,073**	**$4,943,260**	**$7,911,811**

[1] Includes deduction for sequestration

2020 Quality Performance

VERMONT
GREEN MOUNTAIN CARE BOARD

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 Pubic 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 Public Health Emergency, all measures were reverted to Pay-for-reporting in 2020, resulting in a 100% score for OneCare Vermont

Considerations

VERMONT
GREEN MOUNTAIN CARE BOARD

- 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 a 96.25%.** As a reminder, CAHPS surveys were not administered in PY 2020 for the ACO due to COVID-19, so we left the Patient/Caregiver Experience score at 100% for PY 2020.

- Additionally, the Care Coordination/Patient Safety score reflects the score for the two claims-based measures related to readmissions (i.e., ACO-08: risk standardized, all condition readmission and ACO-38: all-cause unplanned admissions for patients with multiple chronic conditions). The ACO performed significantly better on these measures in PY 2020 than in previous years. We hypothesize the increased performance is due to the changes made to the methodology in PY 2020 for the calculation of these measures. **Because of these concerns, we do not feel comparing the results ACO-08 and ACO-38 to previous years is a valid comparison.**

Past Performance

VERMONT
GREEN MOUNTAIN CARE BOARD

- PY1 2018: **82.4%;** Pay-For-Reporting, ACO earned 100% score
- PY2 2019: **91.88%**
- PY3 2020: **96.25%;** pay-for-reporting, ACO earned 100% score

2020 Medicare Results

VERMONT
GREEN MOUNTAIN CARE BOARD

Measure Number	Measure Name	Numerator	Denominator	2020 Rate	2019 Rate
ACO-8	Risk-Standardized, All Condition Readmission	-	-	13.17	N/A[1]
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	-	-	30.11	N/A[1]
ACO-14	Influenza Immunization	193	241	80.08%	72.38%
ACO-17	Tobacco Use: Screening and Cessation Intervention	15	20	75.00%	86.36%
ACO-18	Screening for Clinical Depression and Follow-Up Plan	142	252	56.35%	60.00%
AC0-19	Colorectal Cancer Screening	295	396	74.49%	80.00%
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control[2]	80	586	13.65%	13.49%
ACO-28	Hypertension: Controlling High Blood Pressure	162	248	65.32%	71.46%
VT-1	Follow-up After Discharge from the ED for Mental Health or Alcohol or Other Drug Dependence				
FUA	*Alcohol or Other Drug Dependence Follow-up within 30 Days*	39	155	25.16%	19.89%
FUM	*Mental Illness Follow-up within 30 days*	82	160	51.25%	53.63%
VT-2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
	Initiation	355	1,065	33.33%	29.33%
	Engagement	54	1,065	5.07%	5.05%

[1]Due to significant methodological changes, results are not comparable to 2019 rates.
[2]A lower number is indicative of better performance.

VERMONT
GREEN MOUNTAIN CARE BOARD

MEDICAID

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

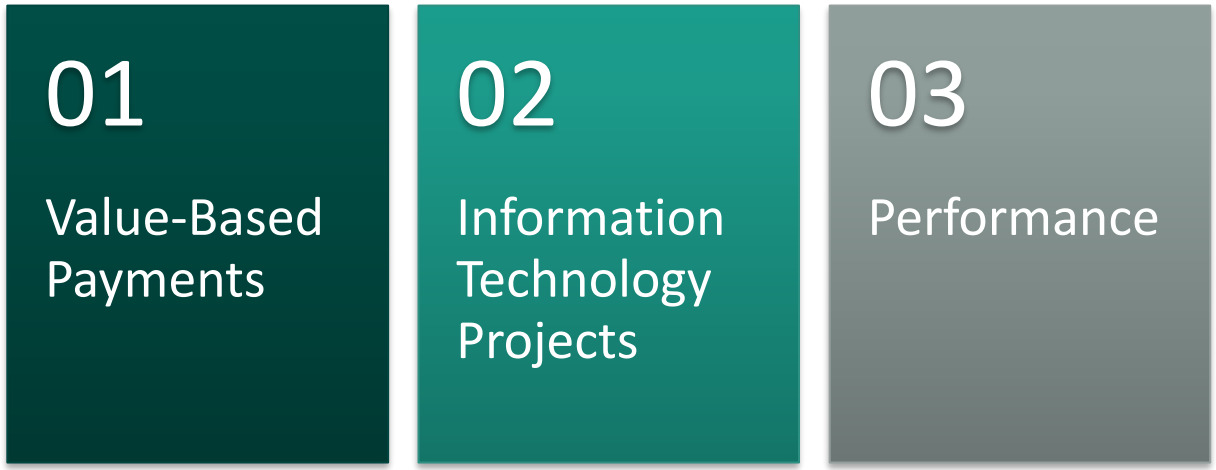
Vermont Medicaid Next Generation ACO Program: 2020 Performance

Department of Vermont Health Access

November 22, 2021

The VMNG program is reinforced by DVHA's priorities

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS



- 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

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

- The original contract was a one-year agreement (2017) with four optional one-year extensions.
- DVHA and OneCare Vermont triggered one-year extensions for each 2018, 2019, 2020, and 2021.
- Rates are renegotiated annually and reconciliation may occur more frequently.
- In 2021, DVHA issued an RFP to contract for ACO services for a 2022 performance year, and OneCare Vermont was the apparently successful bidder.
- DVHA and OneCare are in active negotiations for a one-year contract (with three optional one-year extensions) with an anticipated start date of January 1, 2022.

VMNG 2020 COVID-19 Contractual Provisions

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

- The COVID-19 pandemic and associated Public Health Emergency (PHE) impacted 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 COVID-19-related impacts to cost, quality, and utilization during the 2020 performance year by:
  - Making 2020 a reporting-only year for the VMNG quality measure set.
  - Decreasing the downside risk corridor proportionally to the proportion of months in 2020 that were in an active federal PHE (12 out of 12 months, thus reducing downside risk to 0%).
  - Removing COVID-19 episodes of care from the calculations of the Actual Total Cost of Care.

2020 VMNG PROGRAM PERFORMANCE

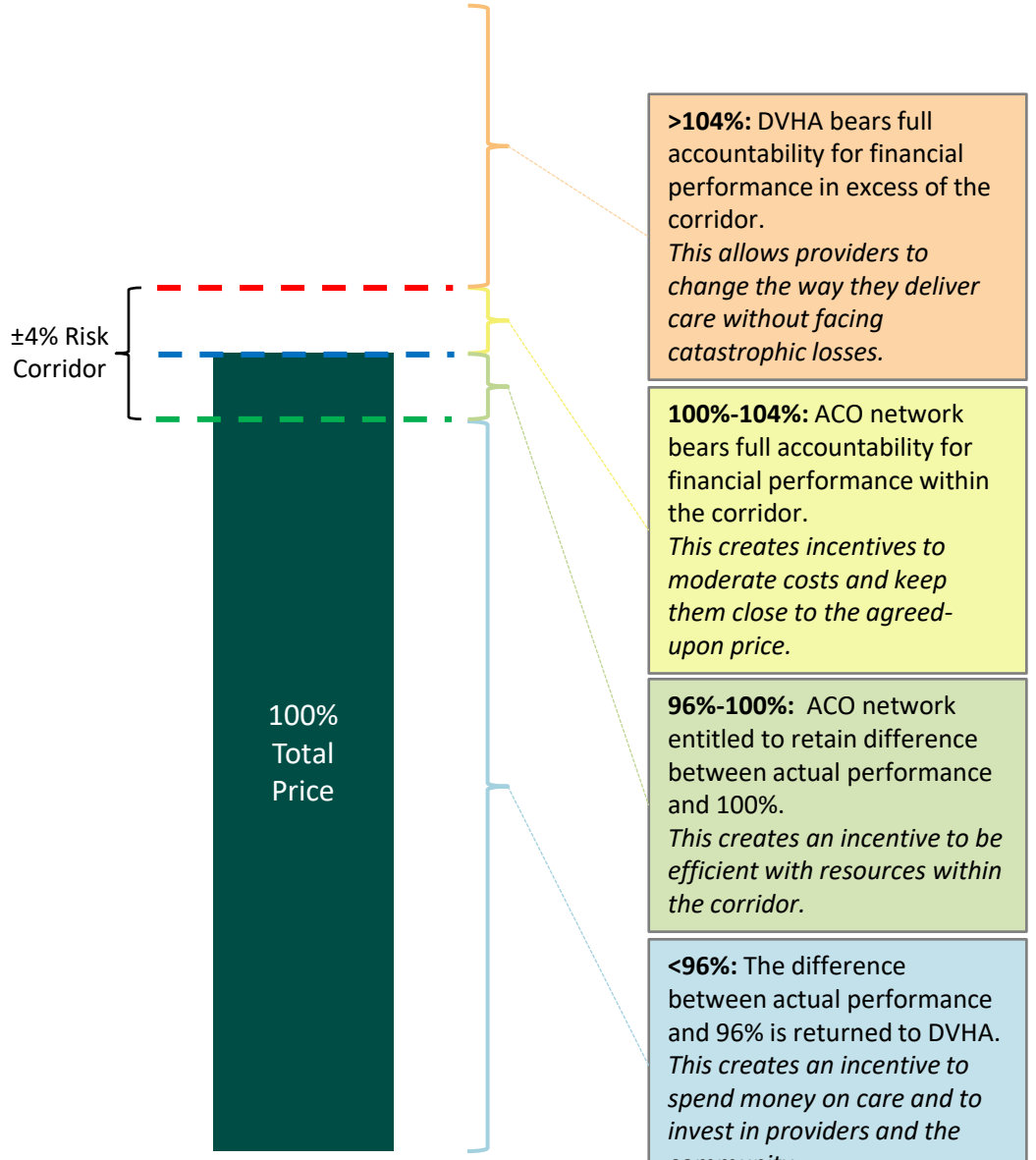
The VMNG program is stable

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

- Additional providers and communities joined the ACO network to participate in the program for the 2020 performance year.
- Provider participation has remained fairly constant in 2021 and 2022, though attribution remained stable or continued to increase.

	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



>104%: DVHA bears full accountability for financial performance in excess of the corridor.
This allows providers to change the way they deliver care without facing catastrophic losses.

100%-104%: ACO network bears full accountability for financial performance within the corridor.
This creates incentives to moderate costs and keep them close to the agreed-upon price.

96%-100%: ACO network entitled to retain difference between actual performance and 100%.
This creates an incentive to be efficient with resources within the corridor.

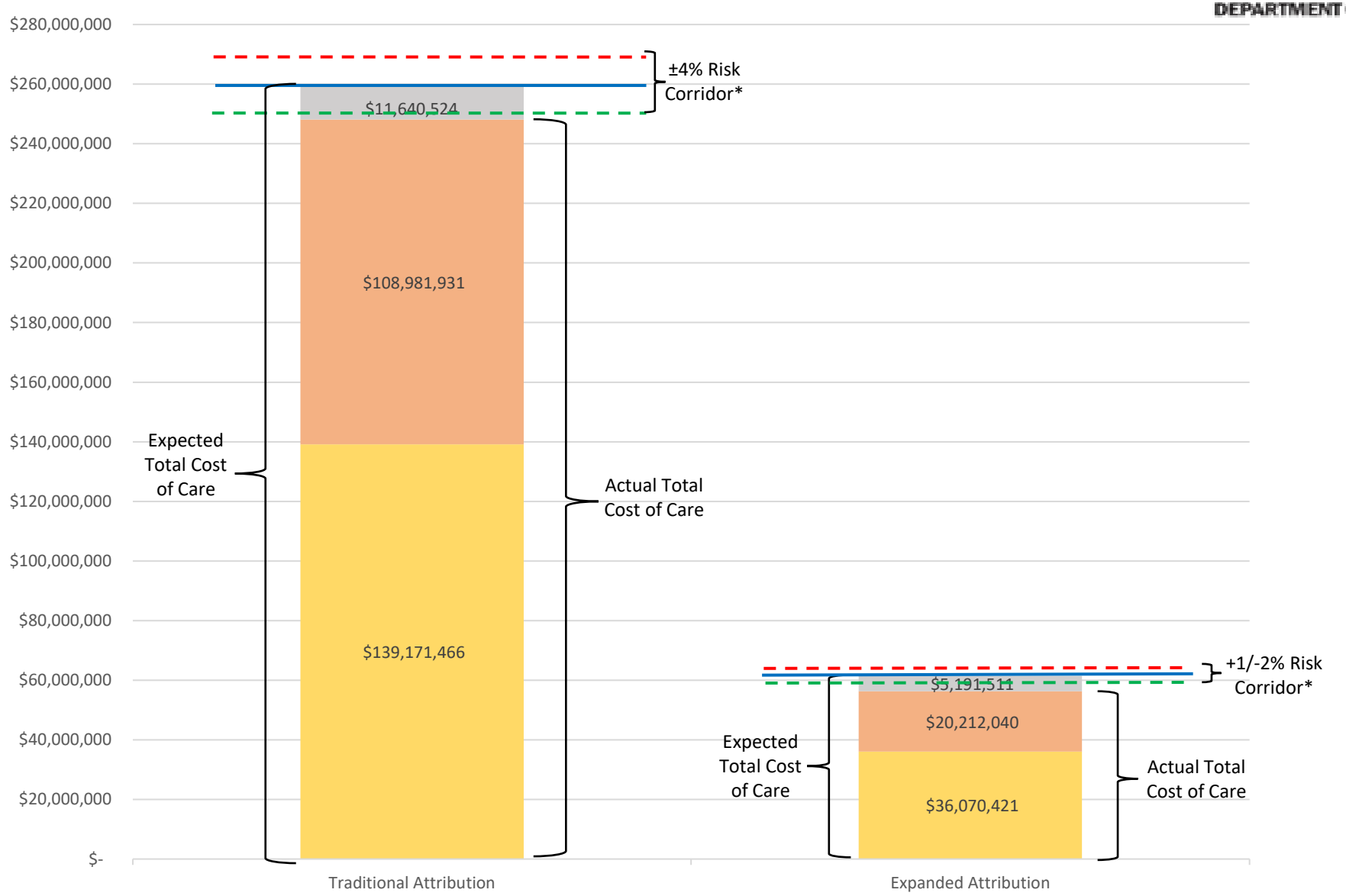
<96%: The difference between actual performance and 96% is returned to DVHA.
This creates an incentive to spend money on care and to invest in providers and the community.

2020 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 $11.6 million less than expected (approximately $260 million) for the traditional attribution cohort group and approximately $5.2 million less than expected (approximately $61 million) for the expanded attribution cohort group.
- Because 2020 was the first year that OneCare assumed accountability for the expanded attribution cohort, each cohort had a distinct risk arrangement and was 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 $15.4 million.

2020 VMNG Financial Performance relative to Expected Total Cost of Care

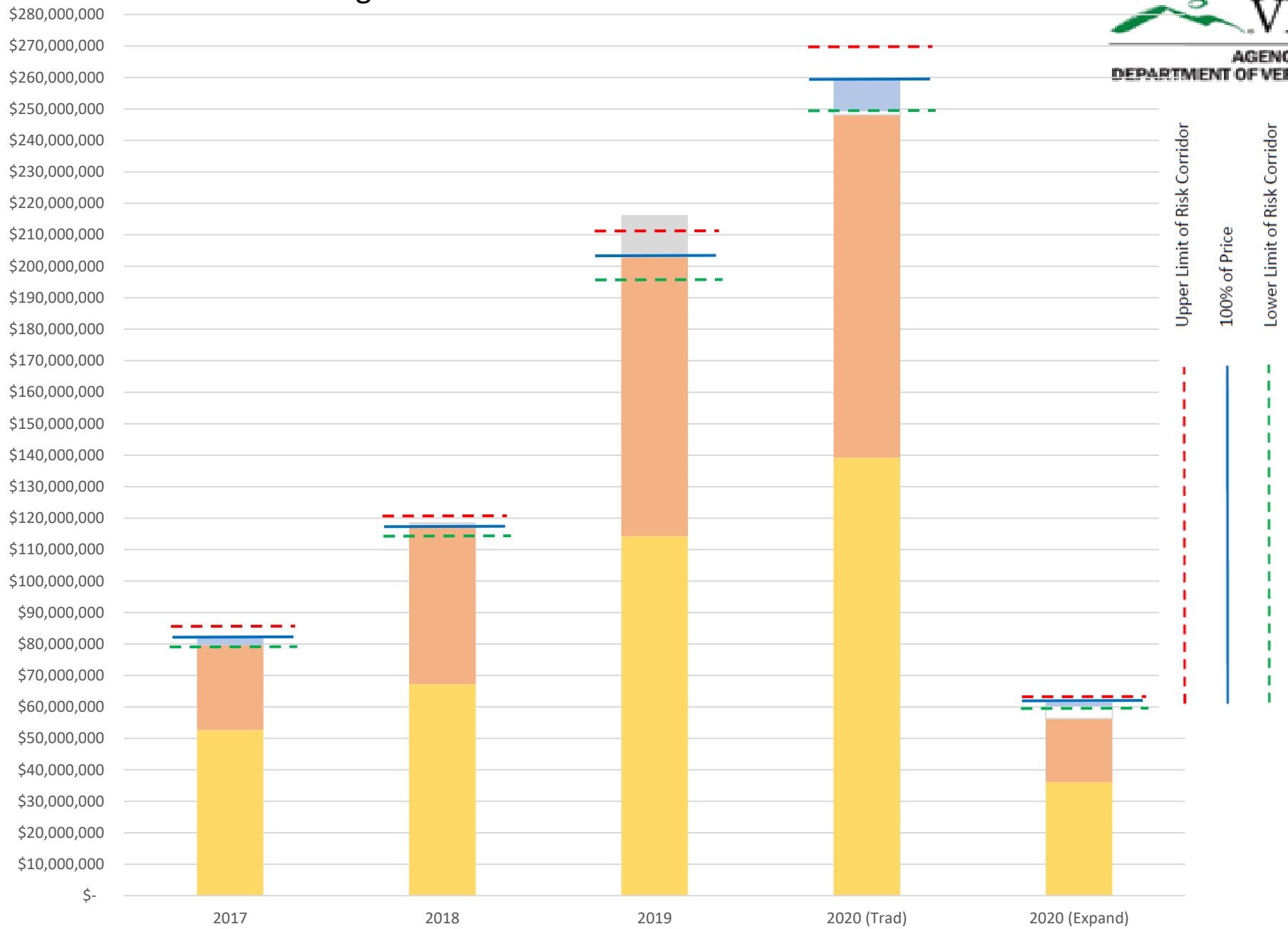
VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS



Paid Prospectively Paid FFS Spending under agreed upon price

*No downside risk in 2020 due to Public Health Emergency

VMNG ACO Program: 2017 – 2020 Financial Performance



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

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

- COVID-19 resulted in system-wide decreased utilization of health care services.
- As providers saw revenue decrease for elective visits and procedures during the COVID-19 pandemic, providers who received fixed prospective payments as part of the VMNG program were better able to withstand the loss of fee-for-service revenue for non-Medicaid lines of business.
  - This underscores the importance of revenue predictability 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 COVID-19-related pressures continue.

2020 VMNG Quality Results

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Item #	Measure Description	NQF #	Numerator Traditional Attribution Cohort	Denominator Traditional Attribution Cohort	2020 Rate Traditional Attribution Cohort	Numerator Expanded Attribution Cohort	Denominator Expanded Attribution Cohort	2020 Rate Expanded Attribution Cohort	2019 Rate (for reference, *Traditional Attribution Cohort ONLY*)	Points awarded	Bonus points awarded
1	30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	2605	216	661	32.68%	37	127	29.13%	37.15%	2	N/A
2	30 Day Follow-Up after Discharge from the ED for Mental Health	2605	473	596	79.36%	115	158	72.78%	85.53%	2	N/A
3	Adolescent Well Care Visits	N/A	9668	17751	54.46%	1483	5767	25.72%	57.35%	2	N/A
4	All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	CMS ACO #38 (under NQF review)	21	2282	0.92%	7	168	4.17%	0.88%	2	N/A
5	Developmental Screening in the First 3 Years of Life	CMS Child Core CDEV	3238	5517	58.69%	424	1075	39.44%	62.10%	2	N/A
6	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	0059	145	372	38.98%	N/A	N/A	N/A	25.61%	2	N/A
7	Hypertension: Controlling High Blood Pressure	0018	211	371	56.87%	N/A	N/A	N/A	62.63%	2	N/A
8	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	0004	853	2077	41.07%	290	605	47.93%	40.77%	2	N/A
9	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	0004	396	2077	19.07%	153	605	25.29%	20.23%	2	N/A
10	Screening for Clinical Depression and Follow-Up Plan	418	115	251	45.82%	N/A	N/A	N/A	51.96%	2	N/A
									Total	20	0
11	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	0576	337	668	50.45%	70	171	40.94%	40.85%	N/A	N/A
12	Tobacco Use Assessment and Tobacco Cessation Intervention	0028	299	370	80.81%	N/A	N/A	N/A	83.87%	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

Future Opportunities for VMNG

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

- DVHA remains committed to testing this model. A new contract will allow performance to continue in 2022.
  - 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.
  - Continuing to refine the attribution methodology.
  - Considering additional types of provider organizations that could be paid prospectively.
  - Exploring potential modifications to the rate development methodology to allow for better year-over-year predictability.

VERMONT
GREEN MOUNTAIN CARE BOARD

COMMERCIAL: BCBSVT

2020 FINANCIAL AND QUALITY RESULTS FOR MEMBERS ATTRIBUTED TO ONECARE VERMONT

November 22, 2021

Underlying Principles for AP/ACO Model Reform

- ACO care and population health management capabilities will improve affordability and care coordination within the Vermont health care system
- The model will control trend, constrain the cost shift, and generate savings
- The model will not increase administrative costs and should result in administrative cost savings
- Rate payers will benefit in the savings generated by the APM
- Improved population health management will be the foundational strategy around which all other aspects of the model will be designed
- The GMCB will have a significant regulatory role overseeing the APM, and payment reform programming deployed through the model must align with the timing of GMCB rate and budget filings
- All programming within the model includes a framework for measurement of results
- The model will provide for stakeholder and customer transparency
- Participating health plans will have levers to control delegated functions
- Payment reform mechanisms deployed in the model must be designed so that cost efficiencies are not simply offset by greater hospital and physician budget increases and/or the funding of hospital and physician reserves
- The model must maintain and improve completeness and accuracy of encounter data—including procedure and diagnosis data
- The model must allow commercial purchasers to continue to design customized benefit plans that support client benefit strategies

Progress and Challenges in 2020

Bright Spots

- Blue Cross Clinical, Quality, Actuarial and Analytics continue their efforts to support OneCare
- Collaborative approach of both organizations fosters responsiveness to Covid-19
- Hospital Fixed Perspective Payment pilot generated important learning
- OCV and Blue Cross jointly piloting a new workplan approach to quality improvement in 2021
- Several large ASO clients joined the Blue Cross OCVT program in 2020

Challenges

- Difficulty connecting current quality metrics/methodology to the impact of the OCV on Blue Cross members
- Too early to tell if the new quality workplan approach is effective
- Not yet able to clearly demonstrate that attributed members are outperforming unattributed populations
- COVID-19 disrupting quality measurement and provider's ability to engage in any new QI initiatives
- COVID-19 disrupting financial analysis

FINANCIAL OUTCOMES

Measurement Year 2020

2020 FINANCIAL RESULTS

- Due to the COVID-19 pandemic, financial risk was minimized in the 2020 and 2021 contracts.
- The mandated deferral of non-emergent services in the spring of 2020 renders meaningless any information about claims experience relative to target and/or year-over-year comparisons.
- Due to the ongoing nature of the pandemic, the 2022 agreement will likely mirror the financial risk arrangements in the 2020 and 2021 agreements.

QUALITY RESULTS

Measurement Year 2020

COVID-19 Impact on Quality Measurement in 2020

- COVID-19 had a significant impact on our ability to evaluate quality for the ACO
  - CMS did not provide benchmarks for the QHP population in 2020
  - NCQA commercial benchmarks were not updated for hybrid measures*
  - Some standard metrics realized significant variation as care patterns changed in the face of a global pandemic
- 2020 was the baseline year for the Large Group Population
  - This is the first year of data that Blue Cross has collected data on this population
- 2020 ACO Quality measurement was changed to reporting-only for both populations
  - Given the information listed above, Blue Cross agreed that 2020 would be a reporting-only year without generation of a quality score for the ACO

**Hybrid measures are quality metrics where a chart review is required for calculation of the metric*

Transitioning Focus: Metrics Plus a Quality Improvement Workplan

- Blue Cross and OCV built a quality work plan into the contract for 2021
  - 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:
    - 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 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

VERMONT
GREEN MOUNTAIN CARE BOARD

COMMERCIAL: MVP

2020 Performance-OneCare ACO

November 22, 2021

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.

Our core values help us get there.

2020 Financial Performance

MVP Attributed Members to OneCare VT

2020 Financial Program Overview

- 2020 marks the first 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
- Care management payment available for OneCare identified, high-risk members

Successes and Opportunities

Highlights

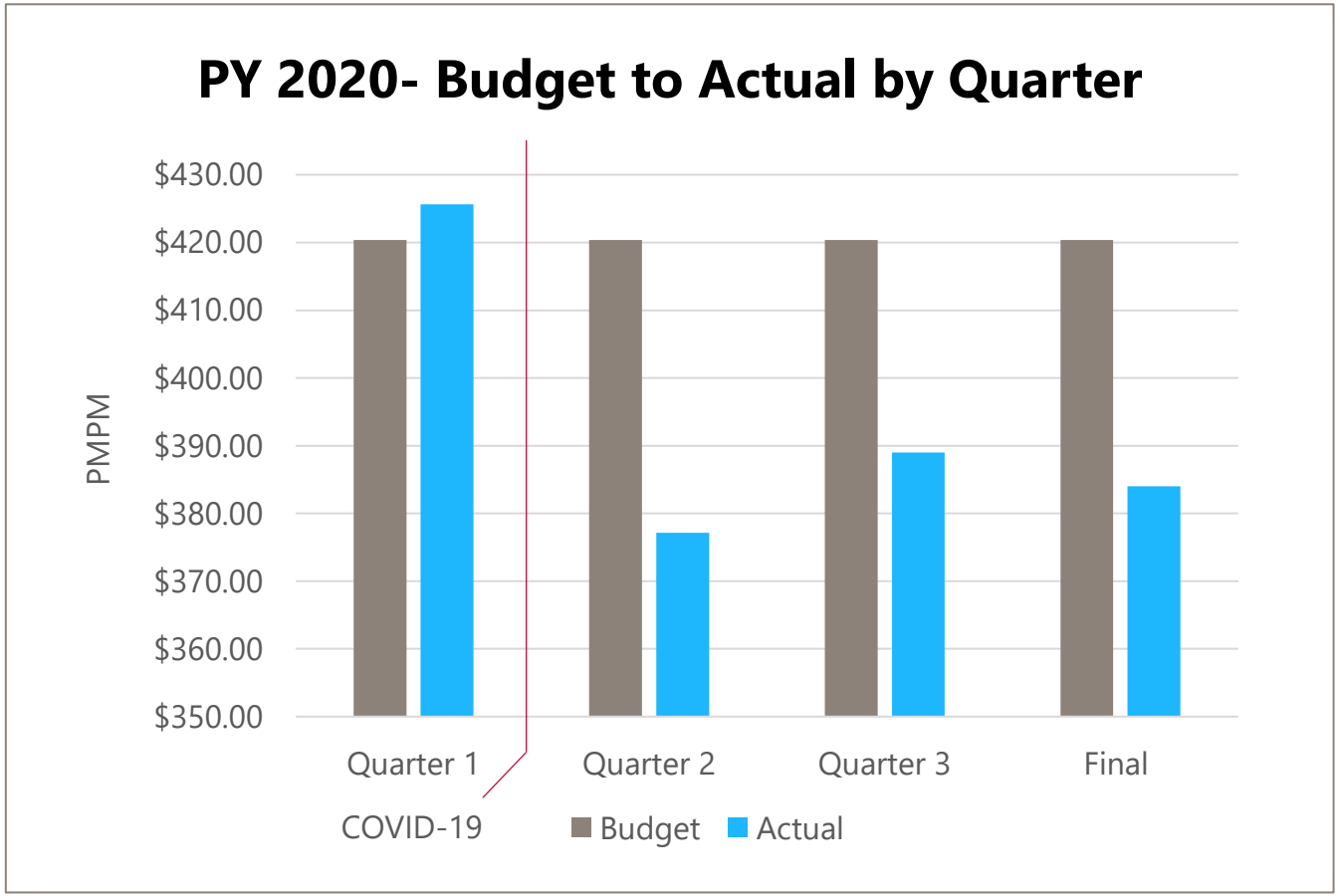
- MVP and OneCare teams quickly engaged to support the program in its inaugural year
- Collaborative team environment resulted in the ability to close issues in a timely manner
- Contractual timelines met
- Savings achieved

Opportunities

- Reporting and analytics alignment
- Enhance Care Management
- Selection of population centric quality metrics: low denominator

2020 Financial Results

Attributed Small Group and Individual Membership



OneCare Achieves Savings for PY2020

- Final attributed membership for program- 9,366
- Budget set at $420.36 pmpm
- Final pmpm $384.02
- Distribution of savings resulted in payment $1.062 million to OneCare

2020 Quality Performance

MVP Attributed Members to OneCare VT

2020 Quality Program Overview

- Quality metrics selected from the All-Payer Model
- 2019 CMS Benchmarks were used
- Point system determines distribution of shared savings
- Three measures' point values were redistributed due to low denominator
- Contractual distribution of preliminary quality results provided May 2021, with final being distributed by November 15, 2021, along with financial settlement

2020 OneCare Quality Scorecard

OneCare VT **QUALITY PERFORMANCE SCORECARD**

Contract Performance Time Period 1/1/20-12/31/2020
Quality Performance Time Period 1/1/20-12/31/2020

ID	Measure Description	Performance Year Numerator	Performance Year Denominator	Available Points	Performance Year Rate	Benchmark 50th Percentile	Benchmark 75th Percentile	Benchmark 90th Percentile	Percentile or threshold reached Performance Year Rates compared to Benchmark	Performance Year Points Earned
FUA	30 Day Follow-Up After Discharge from the ED for	1	1	0	100.00%	13.40%	16.32%	23.08%	90%	0
FUM	30 Day Follow-Up After Discharge from the ED for Mental	4	6	0	66.67%	60.76%	67.68%	73.54%	50%	0
AWC	Adolescent Well-Care Visits	449	806	20	55.71%	47.40%	56.66%	65.73%	50%	10
PCR	ACO All-Cause Readmissions	3	151	20	1.99%	71.09%	63.85%	52.34%	90%	20
CDC	Diabetes Mellitus: Hemoglobin A1c Poor Control	15	70	20	21.43%	34.70%	29.11%	23.54%	90%	20
CBP	Hypertension; Controlling High Blood Pressure	209	408	20	51.23%	62.04%	69.83%	75.43%	<50%	0
IET	Initiation & Engagement of Alcohol and Other Drug	40	222	20	18.02%	23.59%	27.15%	31.82%	<50%	0
FUH	Follow-Up after Hospitalization for mental Illness (7 Day	4	6	0	66.67%	37.88%	47.83%	59.46%	90%	0
		Total Available Points		**100**					**Performanc**	**50**

Benchmark Comparison - Quality Metric Scoring

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

VERMONT
GREEN MOUNTAIN CARE BOARD

ONECARE VERMONT

VERMONT
GREEN MOUNTAIN CARE BOARD

QUESTIONS/COMMENTS