GMCB Budget Order Condition 7d
Final Description of OneCare's Population Health Initiatives

OneCare Vermont (OneCare) supports the following core Population Health investments in 2021 that incentivize, compensate, or reward participants for achieving population health goals and objectives, closely aligned with the All Payer Model (APM). These investments are intended to encourage providers across the continuum to work collaboratively, communicate effectively, and share data to support patients and their families. These population health programs provide a plan for every person along the continuum of health, from those that are healthy and well to those with full onset chronic illness.

Population Health Initiatives
Population Health Management (PHM) Per Member Per Month (PMPM) Program: OneCare distributes $3.25 PHM PMPM for each attributed life to the attributing primary care TIN when they attest to achieving a standard set of criteria to facilitate primary care transformation. Criteria include population health monitoring activities, utilization of data to identify strengths and opportunities, as well as implementation of quality improvement initiatives to strengthen person-centered care and outcomes. This investment is intended to strengthen primary care so that these sites can effectively manage patients in this setting, and advance population health management efforts. Primary care has the potential to address many of the quality measures in OneCare payer contracts and house the resources to support whole person care. This investment strategy has been in place since 2017 and has grown proportionately with additional lives added into payer programs. In 2020 Medicaid Expanded attribution was added to this population health investment. Due to the fact that these lives do not have primary care relationships, OneCare has established an incentive of $100 per member per year (PMPY) payable to the primary care TIN that engages these patients in primary care. This $3.25 PMPM payment is paid monthly based on attribution to primary care. In the onset of the COVID-19 public health crisis OneCare prepaid several months of the PHM payment to provide a positive cash flow adjustment into primary care. In 2021, 57 Primary Care TINs are receiving payments.
Comprehensive Payment Reform Program: This program is a voluntary program for independent primary care practices that provides supplemental funding to independent primary care practices enrolled in OneCare's Comprehensive Payment Reform Program. This funding supports primary care transformation by shifting reimbursement away from a fee-for-service (FFS) incentive structure. Participating practices are able to care for their panel of attributed lives in new and flexible ways that would not have been historically possible in a FFS system. This program creates revenue predictability and reliability for independent primary care practices, and is intended to provide flexibility to reform care delivery systems alongside the payment reforms. In 2021, to address program complexity and increase visibility of supplemental payments, OneCare eliminated the previously used variable component of payments and disassociated care

coordination and PHM payments from the all-inclusive fixed payment. Membership has increased from eight independent Primary Care practices in 2020 to twelve in 2021.

Value Based Incentive Fund Program: The 2021 Value Based Incentive Fund includes dollars set aside by OneCare either as required by contract or through the budget process during the performance year to incentivize and reward the network for delivering high quality care. The funds are earned by Participants when meeting set quality criteria established by the Population Health Strategy Committee. Participants receive VBIF funding for ACO Programs in which they participate if they remain in good standing at time of distribution. The fund is distributed by a methodology established by the Board and consistent with OneCare strategy: 70% to attributing primary care providers based on attribution, 20% to the remainder of the network who qualify by a methodology established by the Board of Managers and consistent with OneCare strategy, and 10% to a quality improvement investment(s) approved by the Board of Managers.

Primary Prevention Program:

OneCare continues to believe that investments in primary prevention are necessary to achieve optimal health and wellbeing of all Vermonters. In 2021, OneCare continues to operate initiatives of RiseVT, an evidence-based model that addresses obesity through local community activities and programs in collaboration with area hospitals, health department district offices, and other interested community partners. This funding supports cities and towns to improve health and wellness in their communities. The community projects serviced by RiseVT collectively serve the entire spectrum of ages, from prenatal women to older Vermonters. These projects cross multiple sectors, including schools, local community service organizations, municipalities, and several community-wide initiatives. These projects enhance local infrastructure, promote access to local recreation assets, promote breastfeeding, improving transportation access, and town forest development. The Population Health Investment is currently implemented in 9 participating Health Service Areas. 35 towns in Vermont are engaged in activities with RiseVT staff. 325 Amplify Grants have been distributed in RiseVT communities across the state since the launch of the statewide expansion in 2018. Each funded initiative ties into at least one of the Center for Disease Control and Prevention 24 Strategies to Prevent Overweight & Obesity In 2020, $169,331 in grant funds were distributed to infuse healthcare reform funds into RiseVT communities across the state, increasing opportunities to embrace healthy lifestyles where Vermonters live, work, learn, & play. RiseVT also conducted virtual health and well-being campaigns during the pandemic which included topics such as mindfulness, afterschool programming for middle school children, and walk/run programs to support the whole family. The digital campaigns were very popular and averaged 200-500 participants in each.

Complex Care Coordination Program:

This person-centered program creates a system of care in which Vermonters have access to high-quality, evidence-informed, interdisciplinary community-based care coordination across the continuum. The Complex Care Coordination program was launched in 2017 and provides funding for engagement of attributed lives who can benefit from supports and services to enhance their health outcomes and experiences with care. The program has a focus on driving down the total cost of care by ensuring communication among the care team. Specific expectations of the program are shared through written materials, regional core teams, and educations opportunities. In July, 2020 OneCare implemented a new payment model that shifted from a capacity payment based model, providing supplemental payments associated with the number of high and very high risk lives, to a value based payment model that paid for care coordination activities performed and reflected in OneCare's care coordination communication platform, Care Navigator.

OneCare continues investment in the Developmental Understanding and Legal Collaboration for Everyone (DULCE) and Longitudinal Care programs. DULCE is an intervention that takes place within a pediatric care office to address social determinants of health in infants, zero to 6 months, and provides support for their parents. The Longitudinal Care Program supports in-home services provided to Vermonters with chronic disease, a recent hospitalization, and barriers to self-management such as anxiety or depression, who do not otherwise qualify for home health services. This innovation was originally tested in the Burlington Health Service Area and expanded in 2020 to other regions throughout the State. Results show reductions in emergency department and inpatient utilization.

Specialist/Innovation Fund:

This type of population health investment enables the roll-out of innovative care delivery concepts that would otherwise be unfunded in a fee-for-service environment. Examples of specialist/innovative funds supported in 2021 include the Chronic Kidney Disease (CKD) care coordination program, a partnership with UVMMC, fostering patient-centered choices for care of patients with CKD and End Stage Renal Disease. This program provides the financial resources necessary to hire and train staff to coordinate care for this vulnerable high cost population. This special care supports patients and families, and ensures connections to the other community resources available. Another example of Specialty/Innovative Fund investment is OneCare's ongoing support of the Supports and Services at Home (SASH) Embedded Mental Health Clinician initiative which adds a mental health clinician to the SASH care team and provides SASH participants with timely and convenient access to mental health services. This program has provided continuity and expansion of services throughout the pandemic and is showing positive impact on ED utilization.

Blueprint/SASH:

OneCare continues to provide funding that supports Blueprint, SASH and Community Health Team (CHT) programs.