

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

**AMENDMENT #1 TO FY22 ACCOUNTABLE CARE ORGANIZATION BUDGET
ORDER**

In re: OneCare Vermont Accountable)
Care Organization, LLC)
Fiscal Year 2022)
_____)

Docket No. 21-001-A

INTRODUCTION

The Green Mountain Care Board (GMCB or the Board) voted to establish a fiscal year 2022 (FY22) budget for OneCare Vermont Accountable Care Organization, LLC (OneCare) on December 22, 2022, which was reflected in a budget order entered on February 17, 2022 (Budget Order). On March 17, 2022, OneCare asked the Board to modify condition 1 in the Budget Order that required OneCare to implement an ACO benchmarking system. The Board considered OneCare’s requests at a public meeting on May 11, 2022. For the reasons set forth below, the Board voted at this meeting to amend OneCare’s FY22 Budget Order to modify the requirements for the ACO benchmarking system.

FINDINGS

1. Condition 1 in the Budget Order required OneCare to implement a reputable and effective ACO benchmarking system that was built for each of OneCare’s payer programs and included national and, if available, regional benchmarks and best practices in five key areas: 1) utilization, 2) cost per capita, 3) patient satisfaction/engagement, 4) quality, and 5) evidence-based clinical appropriateness. *See* Budget Order, Condition 1.
2. On March 17, 2022, OneCare submitted a request to GMCB to amend Condition 1 in the Budget Order. *See* Letter from Sara Barry, March 17, 2022 (OneCare Request Letter). OneCare stated that it could not identify a vendor that provided a benchmarking product that would satisfy Condition 1 as written. *See* OneCare Request Letter, 1. Specifically, OneCare requested that the Board amend Condition 1 “to require the 2022 implementation of a benchmarking tool be limited to Medicare only and the domains of cost, utilization, and quality and that the benchmarks be updated at least semiannually (not more frequently).” *See* OneCare Request Letter, 2.
3. Based on OneCare’s discussions with potential vendors and its review of products offered by potential vendors, OneCare informed GMCB that ACO benchmarking data and systems were not readily available for populations covered by Medicaid and commercial

payers. See OneCare Request Letter, 1. While creating ACO benchmarking systems would likely be possible for Medicaid and commercial populations, OneCare estimated that the cost for that product would involve an initial development fee of approximately \$150,000 and a total annual investment of \$270,000. See OneCare Request Letter, 2. ACO benchmarking tools for Medicare populations are available and would not require as significant of a financial investment by OneCare. See *id.*

CONCLUSIONS

As we stated in the Budget Order, we expect that OneCare will benefit from comparing its performance metrics with high-performing national ACOs. We continue to emphasize the value and importance of an ACO benchmarking system to assess OneCare's performance, but we recognize that there are cost considerations and other limitations relative to available ACO benchmarking systems. For FY22, therefore, we conclude that amending Condition 1 in the Budget Order to accept that the ACO benchmarking system will initially cover only the Medicare population and will include only those of the key areas (utilization, cost per capita, patient satisfaction/engagement, quality, and evidence-based clinical appropriateness) that are available and appropriate. While more limited in scope than was contemplated in the Budget Order, the Medicare ACO benchmarking comparison will, we expect, provide valuable information about OneCare's performance, and provide a basis for potentially expanding the scope of the benchmarking tool in future years.

ORDER

Based on our Findings and Conclusions above, and pursuant to 18 V.S.A. § 9382, we amend OneCare's FY22 Budget Order as follows:

1. Condition 1 in the Budget Order is replaced with the following:

OneCare must implement a reputable and effective Medicare ACO benchmarking system to compare key quality, cost, and utilization metrics to national benchmarks, utilizing OneCare claims data and potentially clinical data, and acquiring data from third party sources as needed. The benchmarking system and data source must be approved in advance by GMCB staff and include national benchmarks (and regional, if available) and identify best-practices based on the data in five key areas, as available and appropriate: 1) utilization, 2) cost per capita, 3) patient satisfaction/engagement, 4) quality, and 5) evidence-based clinical appropriateness. The benchmarking system will:

- a. Allow the ACO and the GMCB to assess OneCare's performance against peer ACOs or integrated health systems;
- b. Enhance OneCare's ACO-level performance management strategy, including integration of best practices and priority opportunities identified through benchmarking and peer networking into the OneCare Quality Evaluation and Improvement Program; and

- c. Improve ACO regulatory reporting and performance assessment by providing the benchmarking comparisons to targets at least semiannually to the GMCB.

Implementation of the Medicare benchmarking system shall start in FY22 as a test year. OneCare must select and propose the Medicare benchmarking system for GMCB staff approval by March 31, 2022 and present the Medicare proposal at the revised budget presentation in Spring 2022.

Monitoring dashboards and targets will be developed by GMCB staff in collaboration with OneCare and specified in the updated ACO Reporting Manual. The updated ACO Reporting Manual will be modified by GMCB staff to streamline reporting requirements to be focused more on results of the benchmark system. OneCare will gather additional information on the feasibility of expanding benchmarking for Medicaid and commercial population and will provide a written update to the GMCB on Medicaid and commercial benchmarking systems by October 1, 2022.

- 2. Condition 2 in the Budget Order is modified to require OneCare to report benchmarking results to GMCB at least semiannually rather than quarterly.

So ordered.

Dated: July 13, 2022 at Montpelier, Vermont

s/ Kevin Mullin, Chair)
)
s/ Jessica Holmes)
)
s/ Robin Lunge)
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s/ Tom Pelham)
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s/ Thom Walsh)

GREEN MOUNTAIN
CARE BOARD
OF VERMONT

Filed: July 13, 2022

Attest: /s/ Jean Stetter
Green Mountain Care Board
Administrative Services Director

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