



OneCare Vermont

December 6, 2022

Dear Mike,

OneCare leadership always has made itself readily available to the HCA to answer questions and concerns, including briefing you on the arrangement with our new data analytics vendor on September 21, 2022. We remain available and willing to discuss your current concerns, and offer some responses to your recent public comment below.

Evaluation of OneCare's Impact

OneCare, as the ACO, and the All Payer Model (APM) are subject to rigorous, ongoing external evaluation funded and overseen by the Centers for Medicare and Medicaid Services (CMS). CMS's contractor, NORC at the University of Chicago, has released two evaluation reports thus far and will publish additional reports annually for the duration of the model. The federal government is investing more than [\\$6.1 million in this evaluation](#). It is the gold-standard by which CMS assesses the value of the model in reducing costs and improving quality. Spending additional Vermont taxpayer dollars on evaluation efforts would be an expensive duplication of effort, and NORC's expertise would be difficult to replicate. Thus far, the [NORC evaluation](#) has shown:

- In Performance Year 1, 2, and 3, the APM achieved Medicare spending reductions at the ACO level;
- Utilization and spending relative to the comparison group continued to decrease in PY3;
- The Model is still evolving and may realize benefits in the long-term provided participants can overcome noted challenges (i.e. pandemic impacts).

Additional Measurement of OneCare's Impact

In addition to the formal NORC evaluation, methods for evaluating the value of ACOs operating under the APM agreement were established by the state and federal governments in the model design in 2017. The GMCB voted to enter into the All Payer Accountable Care Organization Model¹, which summarizes the core ACO functions and associated expectations:

1. Create programs with insurers/healthcare payers that meet the set of parameters for financial risk and quality goals;
2. Secure statewide participation in these programs by a majority of healthcare providers;
3. Cover set percentages of all Vermonters and Vermont Medicare beneficiaries in the program;

¹ Vermont All-Payer Accountable Care Organization Model Agreement, (October 27, 2016)
<https://gmcboard.vermont.gov/sites/gmcb/files/files/payment-reform/All%20Payer%20Model%20ACO%20Agreement.pdf>

4. Achieve agreed upon population-level health outcome targets and healthcare delivery system targets.

OneCare has reported annually to the GMCB on these goals and related measures. Key accomplishments on these functions are demonstrated in this reporting include:

1. **Expansion of Value Based Programs that qualify under the agreement.** OneCare has agreements with Medicare and Medicaid public payers and the two fully insured payers, MVP and BCBSVT, which operate in Vermont. As of 2023, \$1.449B of health care dollars are in value based care payer programs and have shifted away from fee-for-service and approximately 296,000 Vermonters are attributed.
2. **Achievement of statewide provider participation.** More than 5,000 providers throughout Vermont participate in OneCare, including more than 80% of eligible primary care providers and all but one hospital. There has been a tenfold growth in attribution since 2017. During the pandemic, despite the voluntary nature of the model, we did not lose participants. In fact, because of the dedication of providers we added hospitals to the Medicare ACO program.
3. **Growth in Medicare and Medicaid Participation.** There is broad participation in the Medicaid program with 14 of 15 eligible hospitals participating in the Medicaid Model and 73% of attributable Medicaid lives enrolled. In the Medicare program, nine of the 14 eligible hospitals participate, and 51% of attributable Medicare lives are enrolled. The hospitals that do not participate in the Medicare ACO initiative are Vermont's critical access hospitals (CAH) serving rural areas and cite the financial reserves required by Medicare as a barrier.
4. **Improvements in quality.** In terms of population health targets, it is important to recall that the population-level health targets and healthcare delivery system targets were agreed upon at the outset of the model. This includes negotiating an aligned set of [quality metrics](#), upon which OneCare [reports annually](#) for all payer programs. OneCare, through its' providers, has diligently worked toward these goals and OneCare has further developed a subset of measures where improvement is warranted that are now aligned with clear reporting and incentives. In pre-pandemic years (2018-2019) composite quality scores for all programs we held have been in the 80th-90th percentile. Quality measures during the pandemic (2020) were reporting only in response to the need to address the Public Health Emergency (PHE). Overall, in 2020, [NORC observed](#) continued progress toward 2022 performance targets for the majority of the Model's population health outcomes and quality of care measures.

In terms of financial savings analysis, OneCare works with payers to set a budget for health care spending for ACO programs and is accountable for meeting those cost targets. OneCare participating providers have met or exceed expectations in public programs. We are working with commercial payers to set targets that providers can impact in care delivery. OneCare reports on [financial performance](#) annually.

It has, thus far, been difficult to find valid measures of the overall impact of the APM on a year-to-year basis. As the GMCB itself wrote to CMMI in the [third annual Quality and Health Outcomes report](#), "many are eager to draw year-over-year comparisons based on the three years of available data. Comparisons

should be made with extreme caution, particularly in light of the Public Health Emergency (PHE) and its impact on care patterns. Changes in risk status and growth of attributed lives across the span of the APM Agreement also impact comparability of the year-over-year results.” In short, assessing a project as significant as re-designing Vermont’s healthcare system will require more data than OneCare or the Green Mountain Care Board has been able to collect to date, but we remain firmly committed to that goal. In sum, OneCare has demonstrated significant progress and positive outcomes on each of the expectations identified in the APM agreement.

Data Analytics

OneCare’s strategic plan, endorsed by our statewide 20-member board in 2021, focused on elevating our data and analytics capabilities to support our health care provider partners. More specifically, leadership and the OneCare Board sought to provide our participants with meaningful data through which actionable insights could be identified and acted upon to drive performance and success under value based contracts. In order to enhance our capabilities, at or below the current cost to our participants, we sought to collaborate with the University of Vermont Health Network (UVMHN), our sole member and largest provider of care in the ACO, to leverage economies of scale and to provide enhanced analytics to the entirety of our network.

The provider members of the OneCare Board who voted in favor of this strategy and arrangement with UVMHN did so knowing the limits of their own organizations’ data capabilities and opportunities and concluded this was their best option to support Participating and Preferred Providers in value based care arrangements. To our knowledge, none of the entities named by the HCA have access to the same data, nor appropriate contracts and mechanisms in place to deliver data directly to providers. Individual organizations could purchase this capability directly, but they would likely pay more to an outside vendor and would not benefit from the economies of scale and analytic expertise provided by OneCare. Although you describe this arrangement as “lucrative,” UVMHN is not financially benefiting from this arrangement, as they are providing this service at or below our current cost. This planned arrangement and transition was shared with the HCA and GMCB in the spring. We disclosed the contract to GMCB and HCA on November 15, the date it was fully executed, as evidenced in the signature block of the Business Associate Agreement.

Thank you for the opportunity to respond.

Respectfully,



Vicki Loner, RN,C, MHCDS
CEO

CC: Green Mountain Care Board