



## OneCare Vermont

### Comprehensive Payment Reform (CPR) Program Report to Green Mountain Care Board July 2022

#### CPR Program Description

Since 2018, OneCare has worked with payers to transition independent primary care practices from volume to value-based payment reform. This involves replacing fee- for-service payments from multiple payers with a fixed monthly payment from OneCare. The funding approach combines fixed payment dollars from the payers with supplemental investments from OneCare. Each of the practices participating is subject to the identical methodology, but may receive different payment amounts based on the demographics of their population.

The Comprehensive Payment Reform (CPR) program is OneCare's payer-blended fixed payment model for independent primary care practices. Currently, fixed payments replace fee-for-service (FFS) for the Medicaid, Medicare, and BCBSVT QHP programs. Payer-blended global per member per month payment rates are set based on an evaluation of all primary care in the OneCare network, with separate PMPM payments for core codes/services (standard E&M codes that all primary care practices bill) and non-core codes/services (more variable across practices, e.g., lab, behavioral health, radiology).

PMPM payment rates for core services are calculated based on an evaluation of the primary care spend for the entire OneCare Network of primary care practices for the provision of core services (note that FQHCs are excluded from this evaluation due to their different reimbursement model). Payment rates are segmented for adult and pediatric patients to fairly accommodate both pediatric and adult practices. Rates are risk- adjusted, utilizing the John Hopkins Risk Adjustment Model for adult patients and an age/gender risk matrix for pediatric patients. Last, a \$5.00 primary care incentive payment is added to the monthly PMPM payment amount for adult and pediatric core services.

PMPM payment rates for non-core services are paid via prospective PMPM payment, with the amounts targeted to reflect the practice-specific historical billing on a FFS basis.

**Source of Funds for the CPR Program**

The CPR Program is funded in part by allocation of funds from the fixed payments OneCare receives from contracted payers. The following table reflects the historical apportionment of those funds between the hospitals and those participating in the CPR program:

		2018	2019	2020	2021	2022*
<b>Medicare</b>	<b>Hospitals</b>	\$171,951,631	\$231,717,813	\$222,876,298	\$252,895,038	\$261,079,601
	<b>CPR</b>	\$1,171,946	\$1,975,095	\$2,141,315	\$2,405,320	\$2,368,853
<b>Medicaid Traditional</b>	<b>Hospitals</b>	\$65,458,679	\$110,467,705	\$129,616,685	\$117,952,733	\$137,577,642
	<b>CPR</b>	\$1,597,453	\$2,080,498	\$2,476,281	\$2,807,056	\$4,410,201
<b>Medicaid Expanded</b>	<b>Hospitals</b>	n/a	n/a	\$33,906,397	\$25,536,868	\$24,486,357
	<b>CPR</b>	n/a	n/a	\$179,011	\$352,152	\$396,844
<b>BCBS QHP</b>	<b>Hospitals</b>	n/a	n/a	\$4,241,052	\$4,800,000	\$4,828,364
	<b>CPR</b>	n/a	n/a	n/a	\$876,888	\$823,017

\* Medicare and BCBSVT QHP Fixed Prospective Payments (FPPs) are reconciled back to fee for service (FFS) (the table reflects pre-reconciliation figures). However, OneCare does not reconcile the FPP with CPR practices and allocates any balance to hospitals.

In addition, payer-funded population health investments and hospitals investment contribute to the funding model. The following table displays the full scope of funding for the participants in the program:

	2018	2019	2020	2021	2022
<b>Revenue</b>					
Medicaid FPP portion to CPR	\$1,597,453	\$2,080,498	\$2,655,291	\$3,159,209	\$4,807,045
Medicaid \$3.25 money	\$199,524	\$230,435	\$247,078		
Medicaid Care Coordination	\$117,948	\$163,954			
Medicare FPP portion to CPR	\$929,563	\$1,444,631	\$1,381,738	\$1,723,921	\$1,651,203
BCBSVT QHP FPP Portion to CPR				\$532,824	\$573,531
BCBSVT QHP \$3.25 PHMP	\$86,678	\$94,042	\$78,952		
Hospital Investments	\$1,520,924	\$1,407,167	\$1,620,016	\$1,787,947	\$2,442,804
Other					
<b>TOTAL REVENUE</b>	<b>\$4,452,090</b>	<b>\$5,420,727</b>	<b>\$5,983,075</b>	<b>\$7,203,901</b>	<b>\$9,474,584</b>
<b>Expenses</b>					
Total CPR payments	\$4,452,090	\$5,420,727	\$5,983,075	\$7,203,901	\$9,474,584
Other					
<b>TOTAL EXPENSES</b>	<b>\$4,452,090</b>	<b>\$5,420,727</b>	<b>\$5,983,075</b>	<b>\$7,203,901</b>	<b>\$9,474,584</b>

\*\$3.25 PMPM payments are paid to CPR practices outside the CPR framework.

For 2022, OneCare attempted to align the funding more closely with how we actually pay out funds for the CPR program. Since we know the CPR PMPMs by practice and the mid-year attribution at the start of the program year, OneCare can forecast the total CPR program cost for the full year (with the only real unknown being the reconciled non-core spend, see 2022 section, below).

OneCare is also being more deliberate about funding the adult and pediatric core code payments (excluding the \$5 CPR PMPM add-on payment), and the adult and pediatric non-core shadow spend (fee-for-service only, not the 5% add-on), directly from the FPP. Essentially, we are trying to fund the health care costs of the CPR program from the fixed payments, and the \$5 PMPM and the 5% non-core add-on bonus from the OneCare budget (not from the FPP). This creates a true connection between the CPR payment model and FPP funding.

### **2018 Final Summary Data**

During the 2018 pilot year, three primary care organizations, representing six practices agreed to participate and work collaboratively with OneCare on the program design. In this initial program year, the CPR program included FFS-replacement funds, the \$3.25 PMPM population health management payment, care coordination funding, and a supplemental payment to support providers in their transition to this new model. The organizations were able to build the necessary infrastructure to make the conversion from FFS and realize the value of the predictable revenue stream and positive impact to the delivery of care. As a requirement of the program, CPR practices implemented a quality or service delivery improvement project, which was reported to OneCare and the other participants in the program.

### **2018 Attributed Lives by HSA and Practice Site**

HSA	Organization	Practice Sites	Attributed Lives (Start of PY)		
			Medicare	Medicaid	BCBSVT QHP
St Albans	Cold Hollow Family Practice, P.C.	Cold Hollow Family Practice, P.C.	6	321	167
Brattleboro	Primary Care Health Partners - Vermont LLP	Brattleboro Primary Care	207	1,601	318
Bennington	Primary Care Health Partners - Vermont LLP	Mt. Anthony Primary Care	652	374	140
St Albans	Primary Care Health Partners - Vermont LLP	St. Albans Primary Care	946	534	398
Burlington	Primary Care Health Partners - Vermont LLP	Timber Lane Pediatrics	11	1,831	439
Burlington	Thomas Chittenden Health Center, PLC	Thomas Chittenden Health Center, PLC	1,995	780	979

## Financial Model Comparison

2018	Full Capitation	Partial Capitation	Hospital Primary Care
	PMPMs	PMPMs	PMPMs
CPR Model	\$40.12	n/a	n/a
Standard Model	\$31.20	n/a	\$32.16
Non-OneCare Model	\$25.93	n/a	\$26.89

### 2019 Final Summary Data

For the 2019 Performance Year, participation increased to nine organizations spanning twelve practices. While the financial model was relatively unchanged, a partial capitation CPR model was offered to smaller practices as an on-ramp for transition into the full capitation CPR model. Under this model partial capitation participants continued to receive FFS but accepted the enhanced CPR funding and were held to similar expectations. From the clinical side, all CPR organizations participated in service delivery or quality improvement projects and provided reports of their outcomes.

### 2019 Attributed Lives by HSA and Practice Site

HSA	Organization	Practice Sites	Attributed Lives (Start of PY)			
			Medicare	Medicaid	BCBS QHP	CPR Model
Bennington	Avery Wood MD LLC	Avery Wood, MD	185	142	63	Partial
Burlington	Christopher J. Hebert, PC	Christopher Hebert, MD	522	31	98	Partial
St Albans	Cold Hollow Family Practice, P.C.	Cold Hollow Family Practice, P.C.	483	401	138	Full
Bennington	Eric S. Seyferth, MD	Eric S. Seyferth, MD	379	7	73	Partial
Burlington	Gene Moore MD, PLLC	Gene Moore MD, PLLC	307	48	73	Partial
Burlington	Green Mountain Internal Medicine PLC	Green Mountain Internal Medicine	132	13	50	Partial
Brattleboro	Primary Care Health Partners - Vermont LLP	Brattleboro Primary Care (and Adult)	317	1,552	284	Full
Bennington	Primary Care Health Partners - Vermont LLP	Mt Anthony Primary Care	654	472	92	Full
St Albans	Primary Care Health Partners - Vermont LLP	St. Albans Primary Care	972	767	278	Full
Burlington	Primary Care Health Partners - Vermont LLP	Timber Lane Pediatrics (and Milton)	6	1,916	368	Full
Burlington	Richmond Family Medicine PLLC	Richmond Family Medicine, PLLC	700	262	355	Full
Burlington	Thomas Chittenden Health Center, PLC	Thomas Chittenden Health Center, PLC	1,988	832	739	Full

## Financial Model Comparison

2019	Full Capitation	Partial Capitation	Hospital Primary Care
	PMPMs	PMPMs	PMPMs
CPR Model	\$41.27	\$30.32	n/a
Standard Model	\$34.70	\$25.42	\$24.74
Non-OneCare Model	\$29.37	\$20.52	\$19.39

### 2020 Financial Summary Data

For 2020, seven organizations joined the full capitation model (two new practices and five who previously participated in 2019). The 2020 payment model was designed to incorporate a variable component for care coordination engagement and specific quality measures. However, due to the impacts of COVID-19, implementation of the variable component for care coordination engagement was delayed until July and the variable quality component was paused entirely. In general, these changes were intended to align with the broader changes OneCare implemented with its network to manage through the pandemic. Quality improvement continued to be a component of the program and required practices to attest to their project outcomes.

### 2020 Attributed Lives by HSA and Practice Site

2020			Attributed Lives (Start of PY)		
HSA	Organization	Practice Sites	Medicare	Medicaid	BCBSVT QHP
Bennington	Avery Wood MD LLC	Avery Wood, MD	196	127	57
Bennington	Eric S. Seyferth, MD	Eric S. Seyferth, MD	396	6	78
Burlington	Lakeside Pediatrics, PLLC	Lakeside Pediatrics, PLLC	0	667	174
Brattleboro	Primary Care Health Partners - Vermont LLP	Brattleboro Primary Care (and Adult)	330	1,499	263
Bennington	Primary Care Health Partners - Vermont LLP	Mt. Anthony Primary Care	710	427	80
St Albans	Primary Care Health Partners - Vermont LLP	St. Albans Primary Care	974	746	248
Burlington	Primary Care Health Partners - Vermont LLP	Timber Lane Pediatrics (and Milton)	4	1,988	325
Burlington	Richmond Family Medicine PLLC	Richmond Family Medicine, PLLC	724	275	315
Burlington	Thomas Chittenden Health Center, PLC	Thomas Chittenden Health Center, PLC	2,078	685	616
Burlington	University of Vermont Nursing and Health Sciences Practice Group, Inc.	Appletree Bay Primary Care	471	97	121

## Financial Model Comparison

2020	Full Capitation	Partial Capitation	Hospital Primary Care
	PMPMs	PMPMs	PMPMs
CPR Model	\$43.33	n/a	n/a
Standard Model	\$32.83	n/a	\$23.18
Non-OneCare Model	\$27.47	n/a	\$17.82

### 2021 Financial Summary Data

Due to the lingering impacts of the pandemic and as a means to simplify operations of the program, the financial model was adjusted in 2021. Specifically, the \$3.25 PMPM population health management payments and the care coordination payments were moved outside the CPR model. The variable PMPM component utilized in 2020, which was designed to align expectations for CPR and non-CPR practices, was difficult for practices to track and for OneCare to administer. This change simplifies the CPR payments, which now only include the FFS- replacement funds and the supplemental CPR payment. 2021 is also the first year in which OneCare was able to include a BCSBVT fixed payment component to the model, thus expanding the scope of this program within any given practice. Additionally, 2021 is the first year of practice-specific quality evaluation that will dictate payments from the Value Based Incentive Fund. With this evolution, the CPR practices are held to the same quality standards as the rest of the OneCare primary care practices.

### 2021 Attributed Lives by HSA and Practice Site

2021			Attributed Lives (Start of PY)		
HSA	Organization	Practice Sites	Medicare	Medicaid	BCBS QHP
Bennington	Avery Wood MD LLC	Avery Wood, MD	188	120	48
St Albans	Cold Hollow Family Practice, P.C.	Cold Hollow Family Practice, P.C.	347	316	78
Bennington	Eric S. Seyferth, MD	Eric S. Seyferth, MD	395	6	61
Burlington	Essex Pediatrics, PC	Essex Pediatrics	0	1,810	234
Bennington	Green Mountain Pediatrics, PC	Green Mountain Pediatrics	0	274	46
Burlington	Lakeside Pediatrics, PLLC	Lakeside Pediatrics, PLLC	0	713	150
Burlington	Pediatric Medicine PLC	Pediatric Medicine, PLC	0	869	308
Brattleboro	Primary Care Health Partners - Vermont LLP	Brattleboro Primary Care	320	2,019	227
Bennington	Primary Care Health Partners - Vermont LLP	Mt Anthony Primary Care	650	380	69

## 2021 Attributed Lives by HSA and Practice Site (continued)

2021			Attributed Lives (Start of PY)		
HSA	Organization	Practice Sites	Medicare	Medicaid	BCBS QHP
St Albans	Primary Care Health Partners - Vermont LLP	St. Albans Primary Care	968	833	216
Burlington	Primary Care Health Partners - Vermont LLP	Timber Lane Pediatrics	5	2,214	311
Burlington	Richmond Family Medicine PLLC	Richmond Family Medicine, PLLC	778	337	300
Burlington	Thomas Chittenden Health Center, PLC	Thomas Chittenden Health Center, PLC	2,112	808	528
Burlington	University of Vermont Nursing and Health Sciences Practice Group, Inc.	Appletree Primary Care	348	98	90

### Financial Model Comparison

2021	Full Capitation	Partial Capitation	Hospital Primary Care
	PMPMs	PMPMs	PMPMs
CPR Model	\$32.39	n/a	n/a
Standard Model	\$25.19	n/a	\$25.46
Non-OneCare Model	\$25.19	n/a	\$25.46

### 2022 Financial Summary Data

For 2022, in addition to adding two additional primary care practices to the program, there are two noteworthy changes to the CPR model.

The first is a change in the cash flow for funding CPR payments, described in detail in the Source of Funds Section, above. In summary, OneCare has realigned the funding of CPR payments to better align with how fixed payments are funded and how those funds should be distributed.

The second involves a change to how OneCare will reimburse CPR practices for non-core services. For 2022, the payment will be made prospectively as a PMPM payment targeted to achieve 105% of fee-for-service. OneCare will retrospectively review CPR non-core payments to the participating practices to ensure the prospective PMPM payment is equal to or greater than the target of 105% of fee-for-service. OneCare will make adjustments to the non-core PMPMs for practices throughout the year to ensure accuracy of the prospective payment, and to allow the payment to flex up with increased non-core service volume. This will allow practices to add non-core service capacity and see the increased capacity (volume) recognized in the increase to the prospective payment for non-core services, presumably the following

quarter.

**2022 Attributed Lives by HSA and Practice Site**

2022			Attributed Lives (Start of PY)		
HSA	Organization	Practice Sites	Medicare	Medicaid	BCBS QHP
Bennington	Avery Wood MD LLC	Avery Wood, MD	169	119	44
St Albans	Cold Hollow Family Practice, P.C.	Cold Hollow Family Practice, P.C.	360	327	80
Bennington	Eric S. Seyferth, MD	Eric S. Seyferth, MD	373	6	59
Burlington	Essex Pediatrics, PC	Essex Pediatrics	1	1,876	231
Bennington	Green Mountain Pediatrics, PC	Green Mountain Pediatrics	0	289	45
Burlington	Lakeside Pediatrics, PLLC	Lakeside Pediatrics, PLLC	0	723	172
Burlington	Mountain View Natural Medicine	Mountain View Natural Medicine	0	442	215
Burlington	Pediatric Medicine PLC	Pediatric Medicine, PLC	0	904	263
Brattleboro	Primary Care Health Partners - Vermont LLP	Brattleboro Primary Care	324	2,152	221
Bennington	Primary Care Health Partners - Vermont LLP	Mt Anthony Primary Care	679	452	70
St Albans	Primary Care Health Partners - Vermont LLP	St. Albans Primary Care	950	929	201
St Albans	Primary Care Health Partners - Vermont LLP	Monarch Maples Pediatrics	2	3,997	4
Burlington	Primary Care Health Partners - Vermont LLP	Timber Lane Pediatrics	3	2,411	311
Burlington	Richmond Family Medicine PLLC	Richmond Family Medicine, PLLC	766	369	316
Randolph	South Royalton Health Center PC	South Royalton Health Center PC	0	507	47
Burlington	Thomas Chittenden Health Center, PLC	Thomas Chittenden Health Center, PLC	2,042	912	509
Burlington	University of Vermont Nursing and Health Sciences Practice Group, Inc.	Appletree Primary Care	317	114	104



## PRELIMINARY Financial Model Comparison

2022*	Full Capitation	Partial Capitation	Hospital Primary Care
	PMPMs	PMPMs	PMPMs
CPR Model	\$35.27	n/a	n/a
Standard Model	\$26.16	n/a	\$33.72
Non-OneCare Model	\$26.16	n/a	\$33.72

\* These figures reflect initial observations of program outcomes and are subject to change as the year unfolds.

### **Evaluation**

OneCare monitors the financial outcomes of the program to ensure that practices receive payment as intended under the program design. CPR payments are compared to FFS-equivalent as a means to determine financial benefit. This year, more than in years past, we have been providing this information in more real time as part of the exercise of reconciling the non-core prospective PMPM.

Administering this program requires regular communication with participants. In the spring and summer of 2022, OneCare met with each CPR practice to review 2021 program performance. Meetings to review 2022 year-to-date performance will take place later in the summer and fall.

Additionally, under the Population Health Strategy and Finance Committee structures, OneCare will construct work groups (clinical and finance) consisting of CPR participants and other clinical and financial leaders across the OneCare network, to discuss what is working well and what can be changed for the 2023 program and beyond. Discussions are ongoing as to 2023 CPR program reimbursement, which may include additional payment to practices that commit to work in support of increasing mental health service access.

Now that participants have been engaged in the program for a number of years, it's appropriate to evaluate whether CPR practices have been able to generate positive health outcomes as a result of being allocated a stable stream of revenue. To that end, OneCare has engaged the University of Vermont to perform a programmatic study of the CPR program, with a targeted deliverable date in the early fall.