

ACO Oversight FY 2022 Budget and Certification OneCare Vermont

Updated: Staff Analysis and Recommendations

December 15, 2021

RECOMMENDATION UPDATES

Recommendation Updates

Benchmarking System



12/8 RECOMMENDATION: OneCare Vermont to purchase and implement a reputable ACO benchmarking system for each payer program starting with Medicare. The selected Medicare benchmarking system should provide a payer-specific dataset of peer organizations (ACOs or integrated health systems) against which to assess OneCare's performance; include identification of high performing peer organizations; and identify best practices of high performing organizations. OneCare to select Medicare benchmarking system by February 15, 2022. The benchmarking system must be approved by GMCB staff prior to purchase, and purchased by March 31, 2022.

- a. GMCB expects to expand this requirement to Medicaid and Commercial payer populations in FY2023. In spring 2022 budget update, OneCare to propose options for benchmarking systems for use in Medicaid and commercial payer programs in FY2023.

Recommendation Updates

Benchmarking System



UPDATED RECOMMENDATION: OneCare must implement a reputable and effective 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, built for each payer program, and include national benchmarks (and regional, if available) and identify best-practices based on the data in five key areas: 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 implementation of processes and programs that have been implemented at best practice sites, and integration of these priority opportunities in 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 quarterly to the GMCB.

Implementation of the benchmarking system shall start with the Medicare program in FY22 as a test year. OneCare must select and propose the Medicare benchmarking system for GMCB staff approval by April 1, 2021, and present the Medicare proposal, as well as a plan for Medicaid and commercial benchmarking systems, 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.

Recommendation Updates

ACO Budget and Financials



UPDATED RECOMMENDATION: At its presentation of the revised budget and no later than April 30, 2022, OneCare must present to the GMCB on the following topics:

- a. Final FY2022 attribution and finalized payer contracts;
- b. Revised budget, based on final attribution;
- c. Final description of population health initiatives;
- d. Expected hospital dues for 2022 by hospital;
- e. Expected risk for 2022 by risk bearing entity and by payer;
- f. Any changes to the overall risk model for 2022;
- g. Source(s) of funds for OneCare's 2022 population health management programs;
- h. Status of the ACO benchmarking system by payer program;
- i. Update on the results of evaluations as described in the FY22 budget submission (including care coordination and analysis of variations in care by HSA);
- j. Update on the partnership between OneCare and the University of Vermont to explore additional partnerships around evaluation;
- k. Any other information the GMCB deems relevant to ensuring compliance with this order.

Recommendation Updates

ACO Budget and Financials



RECOMMENDATION: In FY22, OneCare's Operating Expenses must not exceed \$15.3 million, plus the cost of the third-party benchmarking system as required in Condition [X] following approval by GMCB staff.

VALUE-BASED INCENTIVE FUND (VBIF) DISCUSSION & RECOMMENDATIONS

VBIF Discussion & Recommendations

2022 Changes to Population Health Programs

Value Based Incentive Fund

- VBIF reduced
- FY22 budget is \$1 million compared to \$2.24 million in FY21

RiseVT

- Phasing out RiseVT in favor of clinical prevention work
- RiseVT still funded for first half of FY22

Care Navigator

- Documentation in Care Navigator is optional.
- Use of Care Navigator is no longer required for care coordination payments.

Care Coordination Payments

- OneCare is decoupling care coordination payments from Care Navigator.
- Payments now tied to TCOC and other metrics, still TBD.

VBIF Discussion & Recommendations

FY22 Budget Summary



- Proposed FY22 VBIF amount = \$1M (all-payer)
- OneCare's Clinical Focus Areas/VBIF priorities remained the same in the proposed 2022 budget:
 - Diabetes HbA1c Poor Control
 - Controlling High Blood Pressure
 - Early Childhood Developmental Screening
 - Depression Screening and Follow-up

VBIF Discussion & Recommendations

OneCare Programs tied to Quality



	2021 Budgeted Amounts	2022 Budgeted Amounts	Change	Key Takeaways
Pre-Funded VBIF	\$2,235,990	\$1,000,000	(\$1,235,990)	<ul style="list-style-type: none"> • Fixed amount; prefunded • Timely • Linked to clinical priorities
Quality Accountability at Program Settlement	\$6,317,080**	\$6,724,695***	\$407,615	<ul style="list-style-type: none"> • Variable amount • 12+ months removed • Linked to payer contract measures; PIP measures (10% of settlement - cost per capita & avoidable ED utilization)
PHM Investments Linked to Quality and Outcomes*	\$0	\$982,419	\$982,419	<ul style="list-style-type: none"> • Fixed amount; prefunded • Timely • Linked to Care Coordination measures (not yet defined)
Total	\$8,553,070	\$8,707,114	\$154,044	

*Portion of Care Coordination payments available to providers based on quality and outcomes (15% of total CC payments).

**2021 Budgeted amount from settlement is realized in 2022.

***2022 Budgeted amount from settlement is realized in 2023.

VBIF Discussion & Recommendations

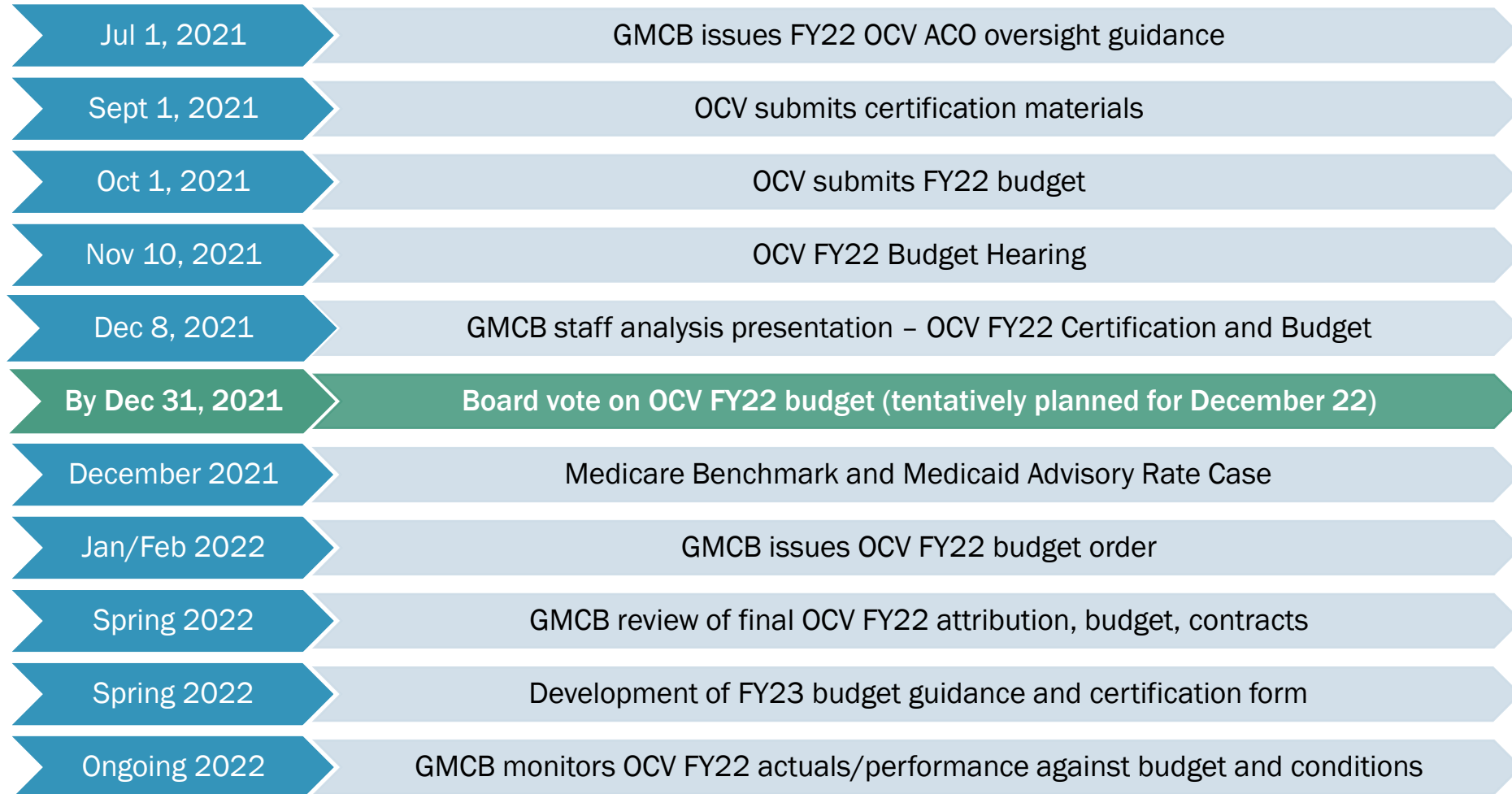
Updated Recommendations



RECOMMENDATION:

- Option 1: In 2022, OneCare must fund the VBIF at an amount greater than or equal to the FY21 VBIF total dollar amount (\$2.24M), to be reflected in the final budget submission due in Spring of 2022.
- Option 2 (No recommended condition): Based on information received in response the 12/8 Board Meeting, leave this line item as-is in the budget (\$1M) and continue to monitor total available quality incentives.

OCV Budget and Certification Review Timeline FY 2022



BOARD QUESTIONS/PUBLIC COMMENT

