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| Policy Number & Title: | 04-08-PY23 Comprehensive Payment Reform Program PY 2023 |
| Responsible Department: | Finance |
| Author: | Derek Raynes, Director, Payment Reform |
| Original Implementation Date: | January 1, 2020 |
| Revision Effective Date: | January 1, 2023 |

- I. **Purpose:** To describe the approach by which independent Primary Care Practices participating in the Comprehensive Payment Reform Program (“CPR Program” and “CPR Program Participants”) are paid by OneCare for performing activities outlined in the First Amended and Restated Risk Bearing Participant and Preferred Provider Agreements and the CPR Program Amendment for Performance Year 2023.
- II. **Scope:** This Policy is applicable to the OneCare Workforce, Board of Managers, Committees, and all CPR Program Participants for Performance Year 2023.
- III. **Definitions:** Capitalized terms have the same definition as defined in OneCare’s *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Core Codes refers to a set of frequently-billed procedure codes for Primary Care services provided and billed by MD, NP or PA providers. For the list of Core Codes please see Appendix “A” to this Policy.

CPR Per Member Per Month Program Payment (also referred to as “CPR Program Payment”) refers to the monthly payment made by OneCare to CPR Program Participants that replaces fee-for-service payments that would otherwise be paid by the Payers for Primary Care services delivered to OneCare Attributed Lives by CPR Program Participants.

Zero-Paid Claims or Shadow Claims refers to claims submitted to Payers by CPR Program Participants for Primary Care services rendered to Attributed Lives that Payer(s) do not reimburse (zero-pay) because CPR Program Payments are being made by OneCare. Payers provide OneCare with data included in these claims for analytical purposes such as monitoring and administratively tracking the provision of healthcare services provided under ACO Programs.

IV. **CPR Program Payment Policy**

A. **Limitations on CPR Program Participation**

- i. CPR Program participation is available to independent Primary Care Practices that meet the terms and conditions for ACO Program participation, which are set forth in OneCare’s *05-06-PY23 ACO Network Payer Program Participation Policy*.
- ii. CPR Program Payments will only be made for those ACO Programs that offer OneCare a fixed payment option. For Program Year 2023, that includes: (1) the Department of Vermont Health Access Medicaid Next Generation Program; (2) Vermont Medicare ACO Initiative; and (3) Blue Cross Blue Shield of Vermont Next Generation Model ACO Program (QHP ONLY). If additional Payers go on to offer a fixed payment option for the 2023 Performance Year, the OneCare Board of Managers will determine whether the program(s) will be included in the CPR Program and payment model for the 2023 Performance Year.

B. Calculation of CPR Program Payments

- i. CPR Program Participants will be paid a practice-specific CPR Program Payment for performing activities outlined in the CPR Program Amendment for Performance Year 2023. This single, payer-blended monthly payment consists of four separate subcomponent payments, all of which are reflected separately on monthly statements from OneCare: (1) Adult Core Code services (18 years old and above); (2) Pediatric Core Code services (under 18 years old); (3) Adult non-Core Code services; and (4) pediatric non-Core Code services.
- ii. Practice-specific CPR Program PMPM payment amounts for Core Code services (adult and pediatric) are calculated by risk-adjusting program-wide base PMPM payment amounts for adult and pediatric Core Code services. OneCare calculates program-wide base PMPM payment amounts for adult and pediatric Core Code services according to the following process and guidelines:
 - a) OneCare evaluates the Shadow Claims and/or paid claims data for prior Performance Years for Primary Care Practices in the Network (“Historical Data”).
 - b) Based on Historical Data, risk scores, expected growth in spend, and/or utilization trends, for example, OneCare calculates the program-wide base PMPM payment amounts for Core Code services (adult and pediatric) with the intention of reimbursing CPR Program Participants their appropriate share of the Expected Total Cost of Care for each ACO Program for the Performance Year.
- iii. The program-wide base PMPM payment amounts for adult and pediatric Core Code services are subject to adjustment as follows:
 - a) **Risk adjustment:** for adult Attributed Lives, the program-wide adult base payment amount is risk-adjusted using the Johns Hopkins Adjusted Clinical Grouper. For pediatric Attributed Lives, the program-wide pediatric base payment amount is risk-adjusted using an age and gender adjustment matrix based on the demographics of the lives Assigned to the CPR Program Participant. These risk/age adjustments result in the risk/age-adjusted base payment amounts.
 - b) **Payment enhancement:** CPR Program Payments are enhanced by adding \$5.00 PMPM to each risk/age-adjusted base payment amount, in order to further support CPR Program Participants in evolving and enhancing primary care delivery models. This results in the CPR Program Participant’s practice-specific CPR Program Payment amounts for adult and pediatric Core Code services.
- iv. The monthly Core Code subcomponents of the CPR Program Payment will then be calculated by multiplying the CPR Program Participant’s practice-specific CPR PMPM payment amounts for adult and pediatric Core Code services by a fixed estimate of mid-year Assigned Attributed Lives for the CPR Participant’s practice, and dividing that amount into twelve equal installments. For additional information on estimated mid-year Assignment, see OneCare’s *04-19-PY23-25 Participant Population Health Model and Payments Policy*.
- v. Monthly CPR Program Payment amounts for non-Core Code services (adult and pediatric) are calculated prospectively to equal one hundred five percent (105%) of the estimated FFS payments the CPR Program Participant would have otherwise received from a Payer under the applicable ACO Programs, as determined by OneCare from Shadow Claims and/or paid claims submitted by

the CPR Program Participant to the Payer. OneCare calculates the prospective payment for non-Core Code services according to the following process and guidelines:

- a) CPR Program Participants shall not have access to commercial claims reimbursement information for any provider not billed under the Participant's TIN.
 - b) OneCare Management will periodically review the prospective CPR Program Payment amounts for non-Core Code services and will make all reasonable attempts to minimize any reconciling activity necessary to achieve the intended target of one hundred five percent (105%) of FFS payments.
 - c) Reconciling adjustments aimed at achieving the intended target of one hundred five percent (105%) of FFS payments for non-Core Code services shall not constitute reductions in or elimination of payments under the First Amended and Restated Risk Bearing Participant and Preferred Provider Agreements.
 - d) All Primary Care services delivered by CPR Program Participants to the Medicaid Expanded cohort of Attributed Lives are considered non-Core services (even if listed on Appendix "A"), and will be prospectively reimbursed by OneCare at one hundred five percent (105%) of FFS payments.
 - e) Claims for services protected by the Payer to comply with 42 CFR Part 2 ("Confidential Claims") will be considered non-Core services (even if listed on Appendix "A"), and will be prospectively reimbursed by OneCare at one hundred five percent (105%) of FFS payments, with the exception of Medicare Confidential Claims, which are carved out of the CPR Program and are reimbursed by the Payer at one hundred percent (100%) of FFS payments.
- vi. OneCare Payments will be made monthly to CPR Program Participants through ACH transfer. In the event critical data are not available at any point throughout the Performance Year, OneCare will make estimated payments subject to reconciliation upon receipt of actual data.

V. Review Process: This Policy shall be reviewed periodically and updated to be consistent with the requirements established by the Board, Officers and Senior Management Executives, by federal and state law and regulations, and by accrediting and review organizations applicable to OneCare.

VI. References:

- Vermont All-Payer ACO Model, Vermont Medicare ACO Initiative Participation Agreement
- State of Vermont – Department of Vermont Health Access Medicaid Next Generation Model
- Blue Cross Blue Shield of Vermont Next Generation Model ACO Program (QHP ONLY)
- OneCare's Policy and Procedure Glossary
- OneCare Risk Bearing Participant and Preferred Provider Agreement:
 - Exhibit A Performance Year 2023 Program of Payment
 - Comprehensive Payment Reform Program Amendment for Performance Year 2023

VII. Related Policies/Procedures

- 03-06 Assignment of Attributed Lives
- 04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025 Policy
- 05-06-PY23 ACO Network Payer Program Participation PY 2023 Policy

Management Approval:

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| <i>Derek Raynes</i> _____ Director, Payment Reform | May 18, 2022 _____ Date |
| <i>[Signature]</i> _____ Vice President, Finance | 6/7/2022 _____ Date |
| <i>Sara Barry</i> _____ Chief Operating Officer | 06/17/2022 _____ Date |

Appendix “A” – CPR Program Core Codes

| CPT Code | CPT Code Description |
|-----------------|-----------------------------|
| 90460 | Immunizations/Vaccinations |
| 90461 | Immunizations/Vaccinations |
| 90471 | Immunizations/Vaccinations |
| 90472 | Immunizations/Vaccinations |
| 90473 | Immunizations/Vaccinations |
| 90474 | Immunizations/Vaccinations |
| 99201 | Office visits – new |
| 99202 | Office visits – new |
| 99203 | Office visits – new |
| 99204 | Office visits – new |
| 99205 | Office visits – new |
| 99211 | Office visits – established |
| 99212 | Office visits – established |
| 99213 | Office visits – established |
| 99214 | Office visits – established |
| 99215 | Office visits – established |
| 99354 | Office visits – established |
| 99355 | Office visits – established |
| 99381 | Office visits – new |
| 99382 | Office visits – new |
| 99383 | Office visits – new |
| 99384 | Office visits – new |
| 99385 | Office visits – new |
| 99386 | Office visits – new |
| 99387 | Office visits – new |
| 99391 | Office visits – established |
| 99392 | Office visits – established |
| 99393 | Office visits – established |
| 99394 | Office visits – established |
| 99395 | Office visits – established |
| 99396 | Office visits – established |
| 99397 | Office visits – established |
| 99401 | Office visits – established |
| 99402 | Office visits – established |
| 99403 | Office visits – established |
| 99404 | Office visits – established |
| 99406 | Specialist – other |
| 99407 | Specialist – other |
| 99408 | Specialist – other |

| CPT Code | CPT Code Description |
|-----------------|--|
| 99409 | Specialist – other |
| 99411 | Office visits – established |
| 99412 | Office visits – established |
| 99420 | Administration and Interpretation of Health Risk Assessment Instrument |
| 99429 | Office visits – established |
| 99495 | Specialist – other |
| 99496 | Specialist – other |
| G0008 | Immunizations/Vaccinations |
| G0009 | Immunizations/Vaccinations |
| G0402 | Office visits – new |
| G0438 | Specialist – other |
| G0439 | Specialist – other |
| G0463 | Office visits – established |
| T1015 | Undefined codes |