Policy Number & Title:	04-08-PY24 Comprehensive Payment Reform Program PY 2024
Responsible Department:	Finance
Author:	Derek Raynes, Director, Payment Reform
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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, in the CPR Program Amendment for Performance Year 2024, and as set forth in this Policy ("CPR Program Activities").

II. Scope: This Policy is applicable to the OneCare Workforce, Board of Managers, Committees, and all CPR Program Participants.

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/DO (or the appropriately licensed foreign equivalent), ND, NP or PA providers. For the list of current Core Codes please see Appendix "A" to this Policy.

CPR Clinical Advisory Group refers to a group of CPR Program Participants, chaired by the OneCare Director of Payment Reform, which serves in an advisory role to OneCare management and governing bodies, such as the Payment Reform Subcommittee or Finance Committee.

CPR Program Payment refers to the Payer-blended per member per month payment distributed by OneCare to CPR Program Participants for ACO Payer Programs that offer OneCare a fixed payment option. The CPR Program Payment replaces fee-for-service payments from the Payers that would otherwise be paid to CPR Program Participants for Primary Care services delivered to OneCare Attributed Lives. CPR Program Payments are comprised of four subcomponents, which are reflected separately on monthly financial 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.

CPR Program Evaluation refers to evaluation activities required of CPR Participants. Examples of CPR Program Evaluation include physician and staff interviews, completion of surveys or questionnaires, and the exchange and review of relevant data. CPR Program Evaluation may include evaluation of provider satisfaction and burnout, recruitment, hiring, staffing, and retention practices. All CPR Program Participants are required to participate in CPR Program Evaluation, as reasonably defined by OneCare.

Zero-Paid Claims refers to claims submitted to ACO contracted Payers by CPR Program Participants under ACO Payer Programs that offer OneCare a fixed payment option, that the Payer(s) do not reimburse ("zero-pay") because CPR Program Payments are being made by OneCare. Payers provide OneCare with data included in Zero-Paid Claims (also referred to as "shadow claims") for analytical purposes such as monitoring and administratively tracking healthcare services provided under ACO

Programs.

IV. CPR Program 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-PY24 ACO Network Payer Program Participation Policy*.

ii. CPR Program Payments will be made for those ACO Payer Programs that offer OneCare a fixed payment option. For Program Year 2024, that includes: (1) the Department of Vermont Health Access Medicaid Next Generation Program; and (2) the Vermont Medicare ACO Initiative. If additional ACO contracted Payers offer OneCare a fixed payment option for Program Year 2024, the ACO Payer Program(s) will be included in the CPR Program, provided it is operationally feasible to do so.

B. CPR Program Payments

i. CPR Program Participants are paid a monthly practice-specific CPR Program Payment for performing CPR Program Activities. The process for calculating CPR Program Payments is set forth in Section IV.B.ii., below, and is subject to the following framework:

a) CPR Program Payments are categorized into three payment tiers, with tier 1 payments representing "base" CPR Program Payment rates. CPR Program Participants have the option to earn enhanced tier 2 or tier 3 CPR Program Payments as follows:

1) To be eligible for tier 2 CPR Program Payments, CPR Program Participants must perform Mental Health Screening and comply with the standards for the uniform electronic capture of Mental Health Screening results as set forth in the *OneCare Mental Health Screening Guidance Document*. CPR Program Participants seeking to be reimbursed tier 2 CPR Program Payments must also continue to work cooperatively with OneCare and other key stakeholders on a multi-year plan to improve mental health access in Vermont.

2) To be eligible for tier 3 CPR Program Payments, CPR Program Participants must qualify for tier 2 CPR Program Payments and establish eligibility based on one of the following access improvement models, subject to OneCare approval:

a. The "staffing" model requires the staffing of (or direct contracting with) one or more mental health providers in the primary care setting (such as a psychiatric nurse practitioner, mental health care manager, behaviorist, community health worker, tele-psychiatric services, etc.). Staffing levels must be commensurate with the size and needs of the specific practice. Staff members funded by the Blueprint for Health do not, by themselves, qualify for tier 3 CPR Program Payments.

b. The "community-based collaborative" model is available for CPR Program Participants whose practices do not select the "staffing" model due to practicality restraints, such as cost. The "community-based collaborative" model requires documented collaboration (e.g. memorandum of understanding, contract) with

other health care practitioners in the community that specifically seeks to improve follow-up rates for positive Mental Health Screening results and/or to materially increase or streamline mental health access.

b) All CPR Program Participants must complete and submit an online CPR Mental Health Integration Form Agreement ("CPR Form") prior to the performance year. The CPR Form requires an attestation to participate in CPR Program Evaluation and will be used to determine a CPR Participant's CPR Program Payment tier. CPR Participants can amend the CPR Form on record with OneCare at any time to be considered for a change in payment tier. Upon electronic submission, the CPR Form becomes binding and part of the First Amended and Restated Risk Bearing Participant and Preferred Provider Agreements. OneCare maintains the right to audit CPR Form submissions and confirm compliant participation.

c) CPR Program Payment tier determinations will be made by OneCare management, subject to review by the OneCare Chief Medical Officer, who has the authority to change a CPR Participant's payment tier determination upon review and written notice to the CPR Participant. The OneCare Chief Medical Officer may seek an advisory opinion from the CPR Clinical Advisory Group regarding payment tier determinations, but is not required to do so. CPR Program Participants may appeal payment tier determinations by engaging in the process described in OneCare's 05-02 Participant, Preferred Provider and Collaborator Appeals Policy.

ii. CPR Program Payments are calculated according to the following process and guidelines:

a) OneCare first calculates program-wide base PMPM payment amounts for adult and pediatric Core Code services according to the following process and guidelines:

1) OneCare evaluates the Zero-Paid Claims and/or paid claims data for prior Performance Years for Primary Care Practices in the Network ("Historical Data").

2) Based on Historical Data and other factors such as demographics, social determinants of health, risk scores, expected growth in spend, and/or utilization trends, for example, OneCare calculates program-wide base PMPM payment amounts for Core Code services (adult and pediatric) with the intention of reimbursing CPR Program Participants a targeted percentage of the Expected Total Cost of Care for each ACO Program for the Performance Year. The targeted percentage of the Expected Total Cost of Care for each ACO Program shall be recommended by OneCare management subject to OneCare governance approval.

b) To calculate practice-specific base PMPM payment amounts, the program-wide base PMPM payment amounts for adult and pediatric Core Code services are subject to risk adjustment and payment enhancement as follows:

1) **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 PMPM payment amounts.

2) **Payment enhancement:** The risk/age-adjusted base PMPM payment amounts are enhanced by adding $5.00 PMPM, to further support evolving patient care models, resulting in the CPR Program Participant's practice-specific base PMPM payment amounts for adult and pediatric Core Code services.

c) The monthly Core Code subcomponents of the CPR Program Payment will then be calculated by multiplying the CPR Program Participant's practice-specific base PMPM payment amounts for adult and pediatric Core Code services by the estimated mid-year Assigned Attributed Lives for the CPR Participant's practice. For additional information on estimated mid-year Assignment, see OneCare's *04-19-PY24 Population Health Model and Payments Policy*.

d) The monthly non-Core Code subcomponents of the CPR Program Payment (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 an ACO contracted Payer under the applicable ACO Programs, as determined by OneCare from Zero-Paid Claims and/or paid claims. OneCare calculates the prospective payment for non-Core Code services according to the following process and guidelines:

1) CPR Program Participants shall not have access to commercial claims reimbursement information for any provider not submitting claims under the Participant's TIN.

2) At the end of the Performance Year following sufficient claims runout, OneCare will reconcile the prospective non-Core Code subcomponent of the CPR Program Payment to ensure no CPR Program Participant was reimbursed less than the intended target of one hundred five percent (105%) of FFS payments for the Performance Year. OneCare reserves the right to exclude a service(s) from year-end reconciling activity on the grounds the service(s) are frequently billed and should be added to the list of Core Codes.

3) OneCare Management will periodically review the prospective monthly non-Core Code subcomponents of the CPR Program Payment throughout the Performance Year and will make all reasonable attempts to minimize any year-end reconciling activity necessary to achieve the intended target of one hundred five percent (105%) of FFS payments. 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 Agreement.

4) 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.

5) All claims for services affixed with an NPI for a psychiatric nurse practitioner, social worker, or other mental health provider type are considered non-Core services and will be prospectively reimbursed by OneCare at one hundred five percent (105%) of FFS payments.

6) Claims for services protected by the ACO contracted Payer to comply with 42 CFR Part 2 ("Confidential Claims") and claims for patients who have opted out of the ACO will

be considered non-Core services (even if the service provided is 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 Medicare at one hundred percent (100%) of FFS.

e) 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. Compliance with CPR Program Requirements

A. Failure to comply with CPR Program Requirements as set forth in this policy, including the failure to adhere to CPR Form attestations or representations, may result in delay, suspension, termination, or recoupment of CPR Program Payments and/or Supplemental CPR Reimbursement.

B. OneCare shall provide written notice of non-compliance with sufficient specificity to allow the CPR Program Participant the opportunity to cure the non-compliance. The written notice will offer the opportunity to meet with OneCare to develop an action plan, where applicable. Absent a specific action plan and/or material improvement within ninety (90) days of written notice of non-compliance, OneCare may proceed with delay, suspension, termination, and/or recoupment of CPR Program Payments and/or Supplemental CPR Reimbursement.

C. CPR Program Participants may appeal the delay, suspension, termination, and/or recoupment of CPR Program Payments and/or Supplemental CPR Reimbursement, and/or payment tier determinations by engaging in the process described in OneCare's 05-02 Participant, Preferred Provider and Collaborator Appeals Policy.

VI. 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.

VII. References:

- Vermont All-Payer ACO Model, Vermont Medicare ACO Initiative Participation Agreement
- State of Vermont – Department of Vermont Health Access Medicaid Next Generation Model Agreement
- MVP Healthcare, Inc. QHP Population Based ACO Program Agreement
- OneCare's Policy and Procedure Glossary
- OneCare Risk Bearing Participant and Preferred Provider Agreement

VIII. Related Policies/Procedures

- 03-06 Assignment of Attributed Lives Policy
- 04-19-PY24 Population Health Model and Payments PY 2024 Policy
- 05-02 Participant, Preferred Provider and Collaborator Appeals Policy
- 05-06-PY24 ACO Network Payer Program Participation PY 2024 Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Derek Raynes	06/30/2023
Director, Payment Reform	Date
	7/3/2023
Chief Financial Officer	Date
Sara E Barry	06/22/2023
Chief Operating Officer	Date

Appendix "A" – CPR Program Core Codes
Updated Effective January 1, 2024

CPT Code	CPT Code Description
90460	Immunizations/Vaccinations
90461	Immunizations/Vaccinations
90471	Immunizations/Vaccinations
90472	Immunizations/Vaccinations
90473	Immunizations/Vaccinations
90474	Immunizations/Vaccinations
90619	Immunizations/Vaccinations
90632	Immunizations/Vaccinations
90651	Immunizations/Vaccinations
90656	Immunizations/Vaccinations
90662	Immunizations/Vaccinations
90670	Immunizations/Vaccinations
90671	Immunizations/Vaccinations
90674	Immunizations/Vaccinations
90677	Immunizations/Vaccinations
90682	Immunizations/Vaccinations
90686	Immunizations/Vaccinations
90688	Immunizations/Vaccinations
90697	Immunizations/Vaccinations
90714	Immunizations/Vaccinations
90715	Immunizations/Vaccinations
90732	Immunizations/Vaccinations
90746	Immunizations/Vaccinations
91300	COVID Vaccinations
91305	COVID Vaccinations
91307	COVID Vaccinations
91308	COVID Vaccinations
91312	COVID Vaccinations
91315	COVID Vaccinations
91317	COVID 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
99349	Home Service Visit - established
99350	Home Service Visit - 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
99409	Specialist – other
99411	Office visits – established
99412	Office visits – established
99420	Administration and Interpretation of Health Risk Assessment Instrument
99429	Office visits – established
99441	Telephone Visit - established
99442	Telephone Visit - established
99443	Telephone Visit - established
99495	Specialist – other
99496	Specialist – other
99497	Advanced care planning, 30 minutes
0001A	COVID Vaccinations
0002A	COVID Vaccinations

0003A	COVID Vaccinations
0004A	COVID Vaccinations
0011A	COVID Vaccinations
0012A	COVID Vaccinations
0013A	COVID Vaccinations
0051A	COVID Vaccinations
0052A	COVID Vaccinations
0053A	COVID Vaccinations
0054A	COVID Vaccinations
0064A	COVID Vaccinations
0071A	COVID Vaccinations
0072A	COVID Vaccinations
0073A	COVID Vaccinations
0074A	COVID Vaccinations
0081A	COVID Vaccinations
0082A	COVID Vaccinations
0083A	COVID Vaccinations
0111A	COVID Vaccinations
0112A	COVID Vaccinations
0124A	COVID Vaccinations
0134A	COVID Vaccinations
0154A	COVID Vaccinations
0164A	COVID Vaccinations
0173A	COVID Vaccinations
G0008	Immunizations/Vaccinations
G0009	Immunizations/Vaccinations
G0010	Immunizations/Vaccinations
G0402	Office visits – new
G0438	Specialist – other
G0439	Specialist – other
G0463	Office visits – established
G2012	Technology-based Service - established
T1015	Undefined codes