

PY1 Quality, Scale & Total Cost of Care Results to Date

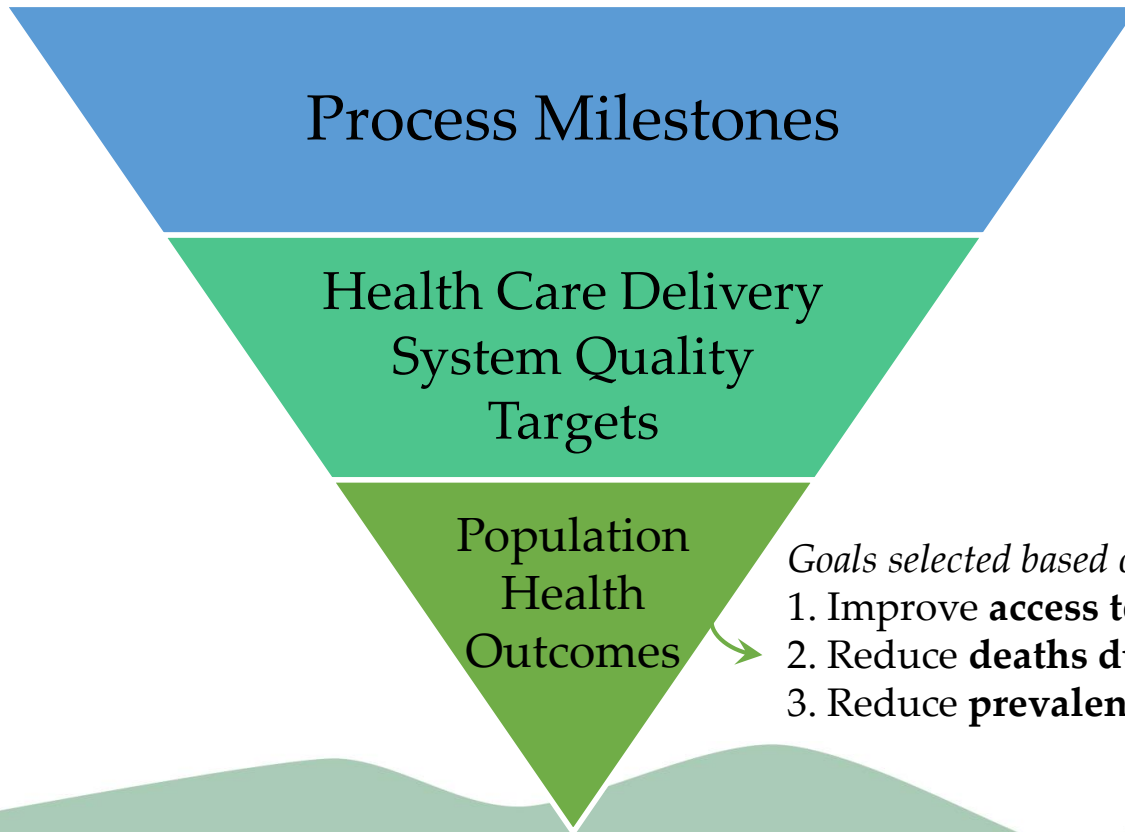
August 7, 2019

Results to Date: Statewide Health Outcomes & Quality of Care

Statewide Health Outcomes and Quality of Care Targets

Vermont is responsible for meeting targets on **20 measures** under the Model

Process Milestones and **Health Care Delivery System Quality Targets** support achievement of ambitious **Population Health Goals**



Goals selected based on Vermont's priorities:

1. Improve **access to primary care**
2. Reduce **deaths due to suicide and drug overdose**
3. Reduce **prevalence and morbidity of chronic disease**

Results to Date

Survey Measures – BRFSS

Measure	Baseline (Year)	Current (2017)	PY5 Target
Percentage of adults with a usual primary care provider	87% (2014)	87%	89%
Statewide prevalence of chronic disease: chronic obstructive pulmonary disease (COPD)	6% (2015)	6%	Increase statewide prevalence by no more than 1% (7%)
Statewide prevalence of chronic disease: hypertension	27% (2013)	26%	Increase statewide prevalence by no more than 1% (28%)
Statewide prevalence of chronic disease: diabetes	8% (2015)	8%	Increase statewide prevalence by no more than 1% (9%)

Vital Statistics Measures

Measure	Baseline (Year)	Current (Year)	PY5 Target
Vermont resident deaths related to drug overdose	129 (2016)	124 (2017)	Reduce by 10% (116)
Deaths related to suicide per 100,000 Vermont residents	16.9 (2013)	18.1* (2017)	16 per 100,000 Vermont residents <u>or</u> 20 th highest rate nationally

*Preliminary 2017 results. Final 2016: 17.2.

Vermont Uniform Hospital Discharge Data System

Measure	Baseline (Year)	Current (Year)	PY5 Target
Number of mental health and substance abuse-related ED visits	6% (2014 – 2015)	5% (2016 – 2017)	3%

Vermont Prescription Monitoring System (VPMS)

Measure	Baseline (Year)	Current (Year)	PY5 Target
The number of VPMS queries by prescribers who have written at least one opioid analgesic prescription divided by the number of recipients who have received at least one opioid analgesic prescription	1.65 (2016)	3.10 (2018)	1.80

Vermont Hub and Spoke

Measure	Baseline (Year)	Current (Year)	PY5 Target
Number per 10,000 population ages 18-64 receiving Medication Assisted Treatment (MAT)	123 (2015)	240 (2017)	150 <u>or</u> up to rate of demand

ACO-Aligned Beneficiaries

Measure	Medicaid (2018)	Medicare (2018)	PY5 Target
Medicaid beneficiaries aligned to a scale target ACO initiative	31%	35%	No more than 15 percentage points below % of Vermont Medicare beneficiaries aligned to a Vermont ACO

Quality Framework Technical Changes

Currently working with our partners at CMMI on three key areas in the quality framework of the Agreement:

1. HEDIS Measures
2. MSSP Measures
3. Timelines

Of note, **none** of these changes will require re-opening the agreement, nor are they changes to the quality framework measures.

Results to Date: Financial Performance

Results to Date

All-Payer TCOC Results, Prior Four Quarters and Year-to-Date (including reduction for excludable Medicaid costs)¹

		Q1	Q2	Q3	Q4	YTD (Q1 – Q3)
Baseline (CY 2017)	TCOC/Beneficiary (PMPM) ²	\$496.70	\$504.13	\$486.67	\$496.99	\$495.84
	Numerator (\$) ²	\$682,332,324	\$694,883,028	\$668,519,805	\$680,262,606	\$2,045,735,157
	Denominator (Members) ³	457,911	459,461	457,889	456,255	458,420
Current PY (2018)	TCOC/Beneficiary (PMPM) ²	\$523.83	\$529.54	\$494.77		\$516.08
	Numerator (\$) ²	\$725,457,922	\$731,664,938	\$681,147,041		\$2,138,269,901
	Denominator (Members) ³	461,635	460,563	458,902		460,367
Per Beneficiary Growth Rate		5.5%	5.0%	1.7%		4.1%

¹Section 10.d. of the APM Agreement allows All-Payer TCOC growth attributable to Medicaid rate increases to be excluded from the All-Payer TCOC calculations. This table reflects the GMCB's current best estimate of -4.2% associated with estimates used for the prospective payments and -2.2% for fee-for-service payments

²Claims-based spending is based on allowed amounts.

³Weighted by months enrolled during the measurement period.

Quarterly Results Over Time

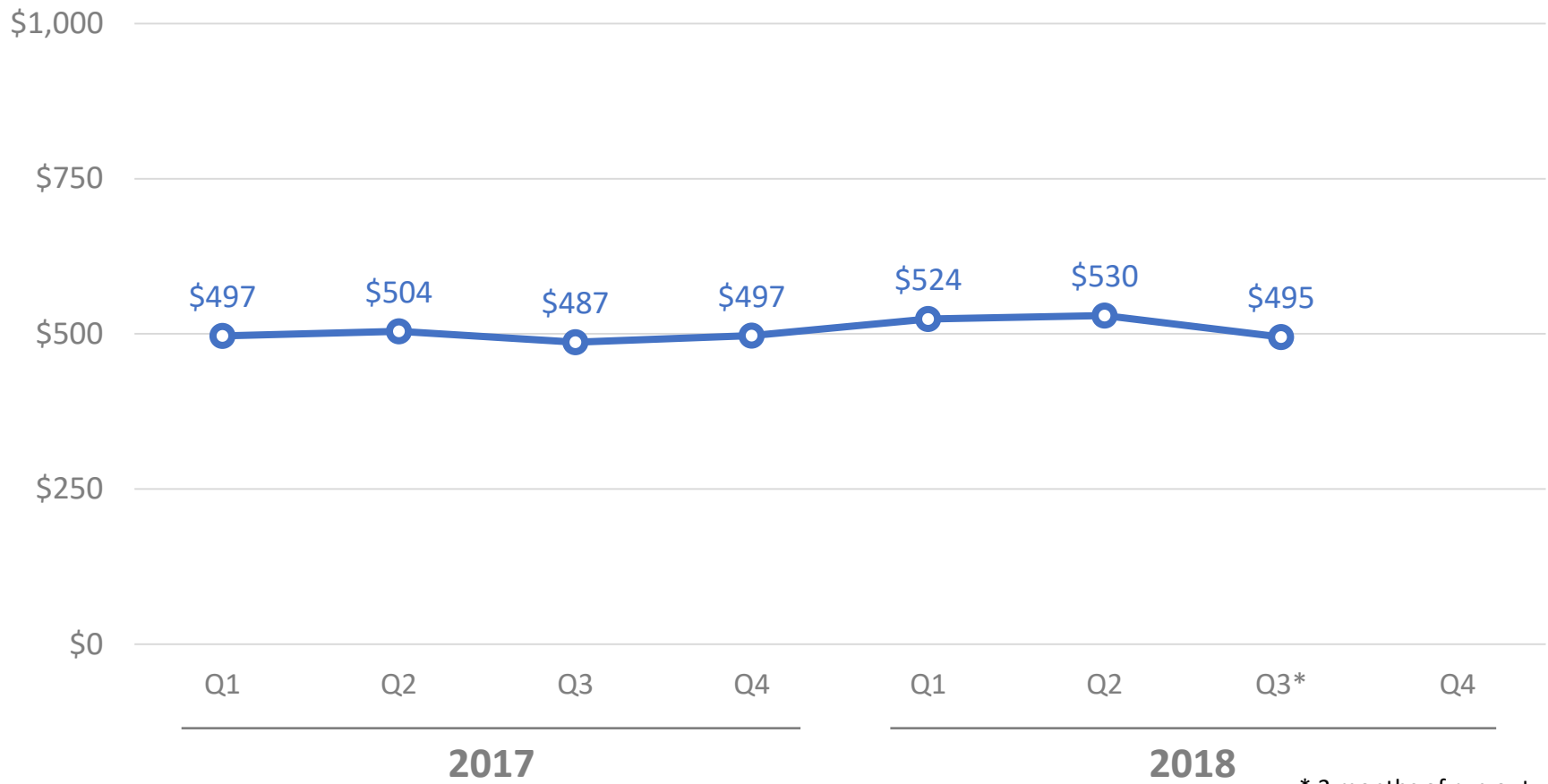
All-Payer PBPM Growth Rates

Using consistent estimates for 2018 Medicare shared savings and Medicaid price increases

Payer group	TCOC Report Quarter (2018)	PMPM Growth rate			
		Q1	Q2	Q3	YTD
All	1	2.1%			2.1%
	2	4.0%	0.4%		2.2%
	3	5.5%	5.0%	1.7%	4.1%
Commercial	1	1.6%			1.6%
	2	4.1%	2.5%		3.3%
	3	4.9%	5.0%	4.4%	4.8%
Medicare	1*	4.8%			4.8%
	2	4.8%	-0.8%		2.0%
	3	4.9%	4.2%	-1.9%	2.4%
Medicaid	1*	-1.5%			-1.5%
	2	-1.5%	-4.8%		-3.2%
	3	5.7%	4.2%	1.1%	3.7%

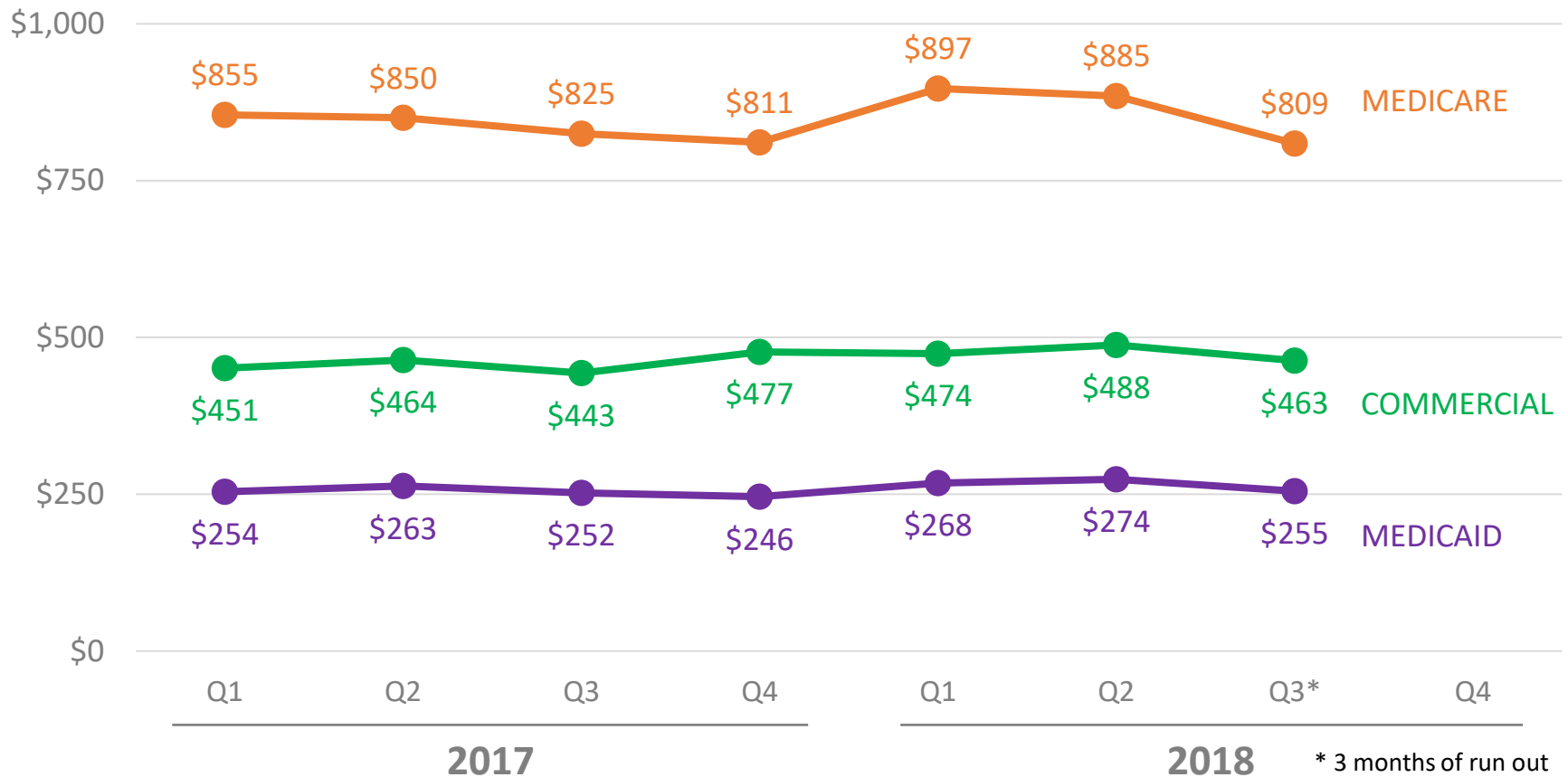
*Due to limitations of the Q1 report, Q2 results were substituted for these estimates. In general, the Q1 2018 results are less comparable to other estimates due to evolving methodology and data resources.

All-Payer Total Cost of Care (TCOC)



* 3 months of run out

All-Payer TCOC by Payer Type



Medicare TCOC Estimate

			Q1	Q2	Q3	Q4	YTD (Q1 – Q3)	
PY 1	Reference Year (2017)	TCOC/Beneficiary (PMPM) ¹	\$810.92					
		Numerator (\$) ¹	~\$323,994,423					
		Denominator (Members) ^{1,2}	33,100					
	PY (2018)	TCOC/Beneficiary (PMPM) ³	\$822.58	\$822.86	\$810.58		\$821.58	
		Numerator (\$) ³	\$91,154,532	\$91,048,799	\$87,330,664		\$269,533,995	
		Denominator (Members) ^{2,3}	36,938	36,442	35,976		36,452	
Year-to-Date Annual Per Beneficiary Growth Rate							1.3%	
PER BENEFICIARY GROWTH – PERFORMANCE PERIOD TO DATE							1.3%	

¹ Medicare baseline data for the hypothetical population are currently only available for the *entire hypothetical performance year*. The estimated total spend includes an additional \$5.21 PBPM associated with the \$7.5 million start-up adjustment, allocated across the Vermont Medicare population.

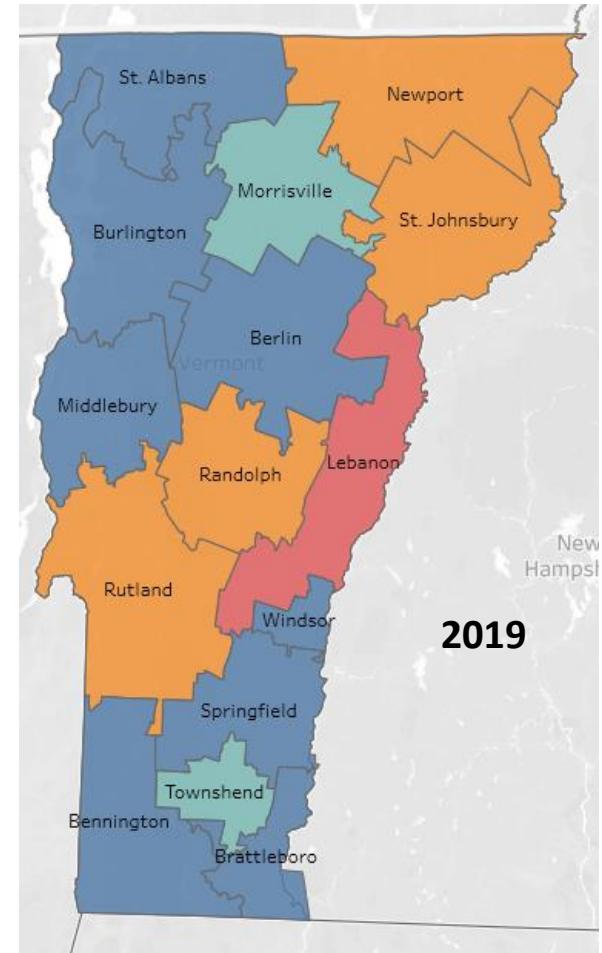
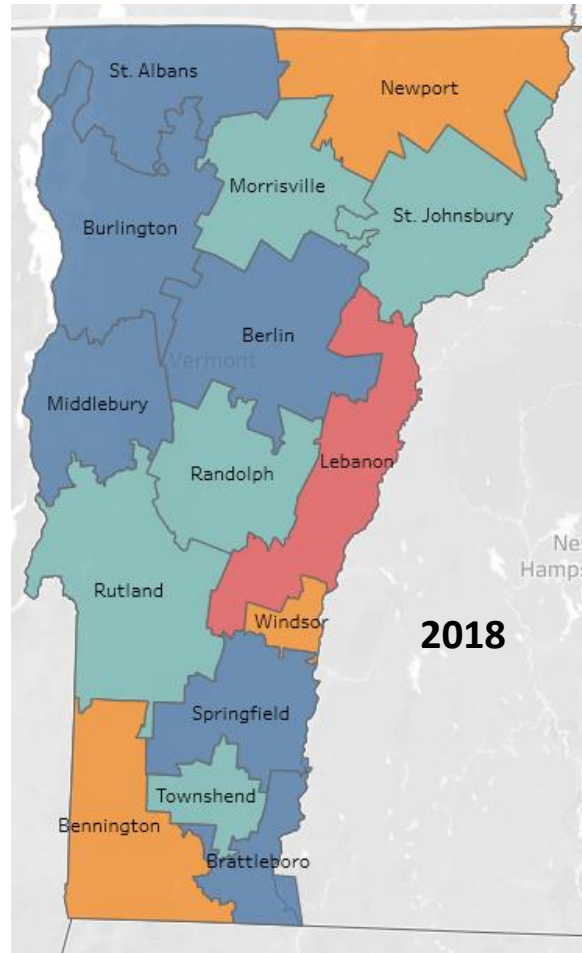
² Weighted by months enrolled during the measurement period.

³ Data from Lewin Q4 2018 Benchmark report (with run out through March 2019). Expenditures are adjusted to include an estimated \$13,824,303 in shared savings. Once allocated across the Vermont Medicare population, the PBPM increased by \$9.54 in Q1, \$9.49 in Q2, and \$9.39 in Q3.

Results to Date: Scale and Alignment

Scale Overview – Provider Network

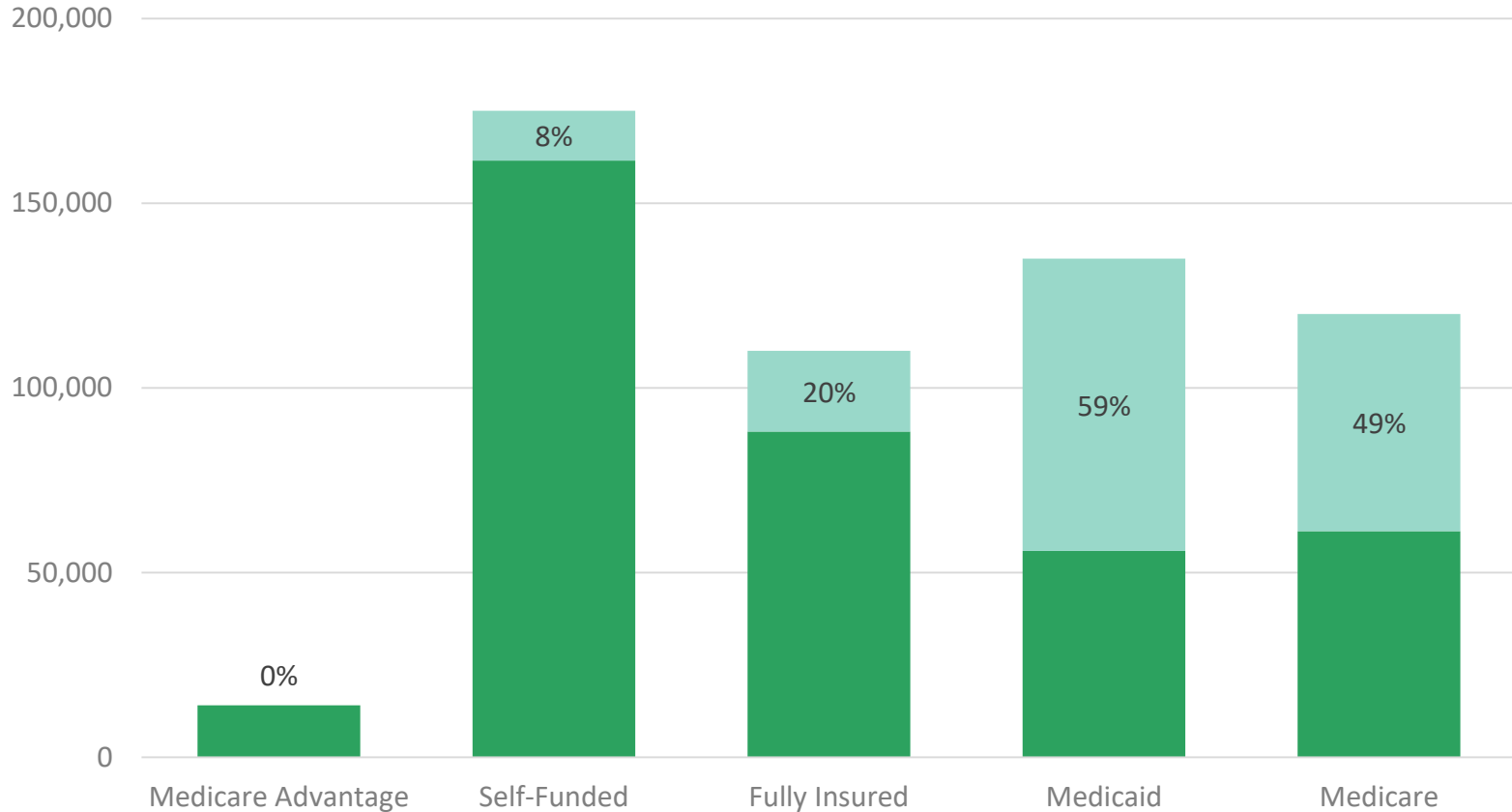
- Program**
- All Programs
 - Medicaid
 - Medicaid and BCBSVT
 - Not Participating



Scale Overview – Payer Participation

Vermont All-Payer Populations by Payer Type (2019)

■ Estimated Vermont Population ■ Estimated ACO Attribution



COMMERCIAL
12%

Scale Targets and PY1 and PY2 Preliminary Scale Performance

Final Performance Year 1 scale performance = reported June 2019

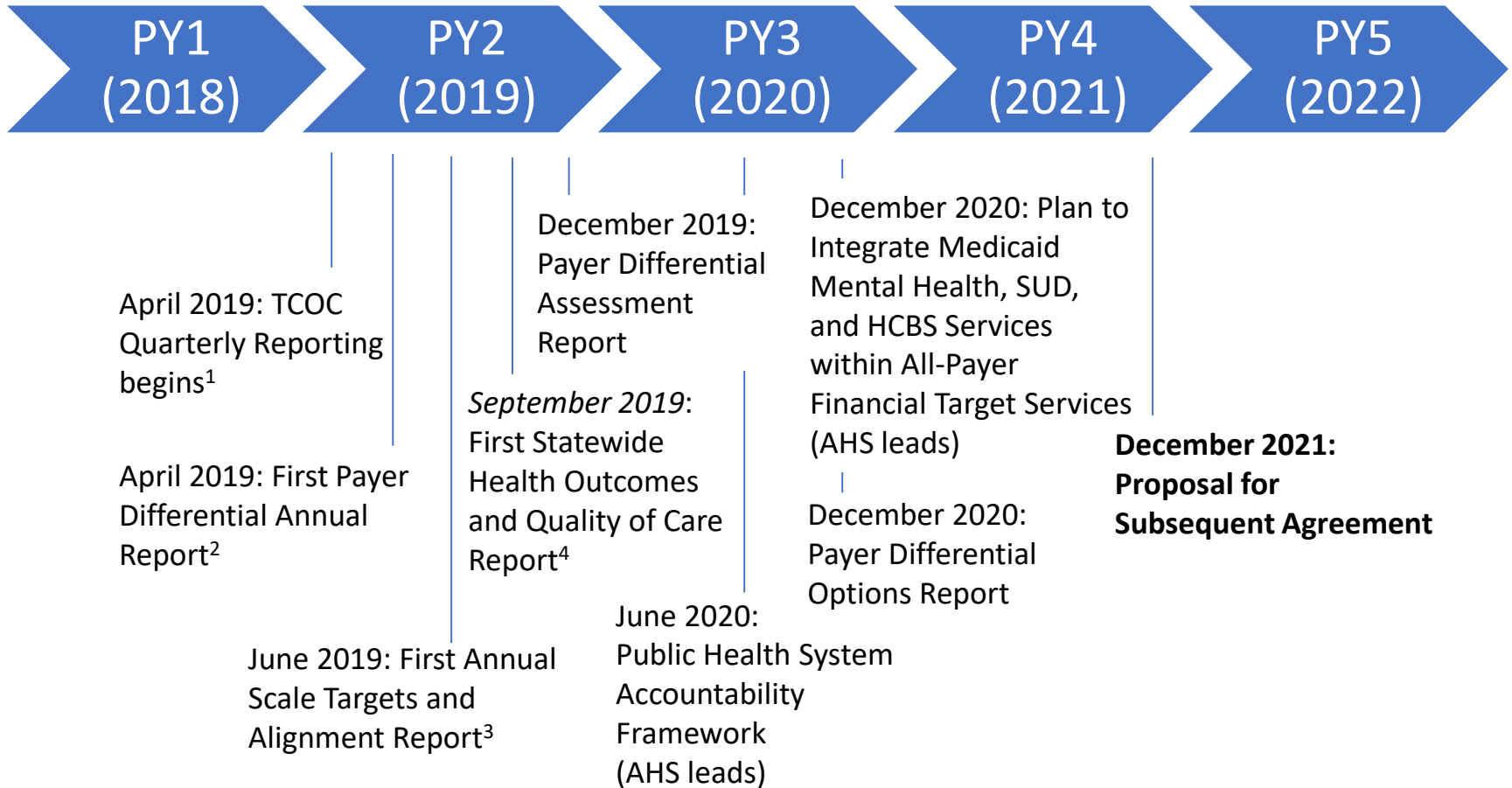
Final Performance Year 2 scale performance = reported June 2020

	PY1 (2018)	PY2 (2019)
Medicare Scale Target	60%	75%
Medicare Scale Performance	35% 39,230	51% 58,782
All-Payer Scale Target	36%	50%
All-Payer Scale Performance	22% 112,756	32%-41%* ~166,000-213,000

*PY2 Commercial Self-Funded numbers are preliminary; contracts with four self-funded commercial plans are still in negotiation. Ranges represent approximate totals across these potential contracts and potential impact on Commercial Scale and All-Payer Scale.

	PY1 (2018)	PY2 (2019)	PY3 (2020)	PY4 (2021)	PY5 (2022)
Medicare Scale Target	60%	75%	79%	83%	90%
All-Payer Scale Target	36%	50%	58%	62%	70%

APM Reporting and Analytics



¹ Submitted quarterly (reports produced 9 months following final date of service); annual reports delivered with first quarterly report of subsequent year.² Submitted annually on 4/1; April 2019 report delayed due to data. ³ Submitted annually on 6/30. ⁴ Submitted annually on 9/30 (subject to change with technical revision).

Questions?