



To: Susan Barrett, Michael Barber, Alena Berube, Marisa Melamed, Sarah Tewksbury, and Healthcare Advocate Policy Team
From: Sara Barry
CC: Vicki Loner, Tom Borys, Amy Bodette, Joan Zipko
Date: July 20, 2020
Subject: Budget Order Deliverables Follow Up

Dear Green Mountain Care Board and Health Care Advocate Policy Teams:

The Green Mountain Care Board (GMCB) has asked OneCare to respond to a list of follow up questions emailed on 7/13/20 (see email request in Appendix 1). OneCare has incorporated responses to those questions in this memo.

1. Please use the GMCB templates (attached above) from the 2020 budget process and update appendices in sections 2, 3, 4, and 5 in the guidance issued for FY 2020.

OneCare estimates that it would take significant resources to update and translate the current OneCare Budget model format and calculations into all of the GMCB templates. We ask that GMCB accept completed sections 4.1, 4.2, and 4.3 as these will most clearly show the estimated financial impact of decisions made in response to both ongoing business needs as well as the Covid-19 pandemic. OneCare will supply this data within one additional week, on 7/27/20. OneCare will continue to work with GMCB to resolve any additional final updates.

2. Submit all executed payer program contracts (still missing BCBS Primary) and their associated scale target forms (still missing BCBS primary and MVP QHP)

OneCare has supplied all signed payer contracts to date (MVP was supplied on May 1, 2020). The BCBSVT Primary contract is anticipated to be signed this month and we will request confidentiality for components of this agreement.

a. Provide justification for non-scale target qualifying programs.

OneCare has one non-scale target qualifying program, a sub component of the BCBSVT Primary program for 2020. The program offers an important on-ramp period to prepare the provider network and/or employer health plans for a transition to scale-target qualifying terms.

b. Provide actuarial certification for commercial programs in accordance with the budget order.

Because OneCare does not set the total cost of care spending targets, this information is not readily available. Actuaries for the commercial insurers who developed the targets would be a more appropriate recipient of this request.



3. Past due Budget Order 2020 Deliverables (Budget Order Item 13): an explanation of how PHM programs are or are not scalable by attribution.

OneCare previously incorporated responses in section 9a-h. We have added a table below to be more explicit and for easier reference:

#	PHM Program	Funding Source	Scalable by Attribution? Y/N	Reason
1	Base OCV PMPM	Payer Contract	Y	Scalable based on availability of payer contributions
2	Complex Care Coordination Program	Fixed Payment Allocation; DSR; Payer Contract Support	Y	Scalable based on availability of payer and DSR contributions
3	Value-Based Incentive Fund	None	N	OneCare is exploring evolving calculation with payers
4	Primary Prevention Program	None	N	Population based, not attribution based
5	Comprehensive Payment Reform Program	None	Y	Additional independent PCPs invited each year
6	Specialist Program	None	N	Based on project need and population served by the project
7	Innovation Fund	None	N	Based on project need and population served by the project
8	VBIF Quality Initiatives	None	N	Based on project need and population served by the project
9	PCMH Payments	Medicare Shared Savings (if earned)	N/A	Blueprint funding
10	Community Health Team Payments	None	N/A	Blueprint funding
11	SASH	None	N/A	Blueprint funding
12	Primary Care Engagement	None	N	As Vermonters become attributed through consistent relationships with primary care, the need for this funding transitions to the base PMPM

4. Please continue to keep GMCB apprised of any contemplated changes to your risk model.

This information was supplied in (9f) of the 6/19/20 Budget Deliverables. There are no additional updates at this time as these changes are likely to occur after finalization of aggregate OneCare risk corridor and sharing terms for 2021. OneCare will notify GMCB of any significant risk model changes.

5. Please provide an update on any intended use of reserves (Budget Order Item 12)

OneCare has not used reserves and acknowledges that OneCare is asked to provide an update within 15 days of the use of reserves.



6. **Please explain how OCV would estimate the following, associated with Condition 20 of your 2020 Budget Order: "Over the duration of the APM Agreement, OneCare's administrative expenses must be less than the health care savings, including an estimate of cost avoidance and the value of improved health, projected to be generated through the Model." Please provide input on measuring the following:**

1. **Cost avoidance**
2. **Value of improved health**
3. **Other quantifiable efficiencies or value provided by the ACO**

OneCare looks forward to an active, collaborative conversation on GMCB evaluation of these measures. This is highly complex set of measures with diverse inputs across the healthcare system. It would be helpful to bring health services experts into the conversation at the appropriate time.

7. **Update on scale target memo: Please provide a timeline for each work stream and action items/immediate next steps.**

There was no specific ask for a work plan or actions in the budget order and we have recently provided updates (in red). We have now incorporated additional clarity to this scale target table in support of this request. *See Appendix 2.*

8. **How has COVID-19 influenced how you think about quality and quality improvement?**

Vermont's provider community is no less committed to quality care, quality outcomes, and health reform efforts during this period; OneCare has experienced that they are, in fact, more committed, as this crisis threatens the health and well-being of each patient they serve, especially those most vulnerable.

Vermont providers are building on years of quality improvement experience to solidify and enhance workflows and outreach efforts focused on reducing the risk of complications related to COVID-19. This focus has shifted some preventative care visits, which will likely be reflected in reduced rates in the corresponding preventative measures. Such areas of active quality improvement include chronic disease management, access to mental health supports, and primary prevention. OneCare has helped to support these quality improvement goals by messaging to Vermonters the importance of following precautions and not delaying physical and mental health.

During the ongoing public health crisis, providers in the OneCare network have delivered consistent, high quality care, despite the physical distancing precautions in place. When in person visits were not possible providers continued to connect with patients through any means possible, including telephone and web based visits. OneCare was able to help providers to identify those at highest risk of serious illness using guidance from the Center for Disease Control, World Health Organization, and Johns Hopkins. OneCare used all available data to assess risk against these criteria, and gave providers actionable risk based patient lists supported by evidence. Staff within the primary care practices use these lists to outreach to patients and when necessary, schedule telemedicine visits with primary care to address health needs.



OneCare remains focused on ensuring that Vermonter's receive high quality care, and is providing resources and technical assistance across the network to support providers. Focusing on access to primary care ensures that patients are able to be seen for health needs, and that providers are monitoring and closing gaps in care. These essential efforts are reflective of our mission to improve the health of those they serve. Now more than ever our attributed lives need support that comes from an aligned statewide collaborative care team that communicates seamlessly across borders, shares data, and unites in their focus on quality care and quality improvement. OneCare will closely track national data related to shifts in the benchmarks for the quality measures.



Appendix 1

Email from GMCB Regarding 2020 Budget follow up questions

Good morning OneCare,

As the GMCB staff prepares for a presentation to the Board, which will take place on July 29, on OCV's FY 2020 revised budget, a series of questions and outstanding items have come to our attention. Below you will find a list of follow-up questions regarding OCV's FY 2020 revised budget. These questions are intended to help the GMCB determine if OCV's FY 2020 budget has met all requirements, as set forth in Rule 5.000 and statute. Please answer each question completely and return the information **no later than July 20, 2020 at COB (4:30 p.m.)**.

1. Please use the GMCB templates (attached above) from the 2020 budget process and update appendices in sections 2, 3, 4, and 5 in the guidance issued for FY 2020.
2. Submit all executed payer program contracts (still missing BCBS Primary) and their associated scale target forms (still missing BCBS primary and MVP QHP)
 - a. Provide justification for non-scale target qualifying programs
 - b. Provide actuarial certification for commercial programs in accordance with the budget order.
3. Past due Budget Order 2020 Deliverables (Budget Order Item 13): an explanation of how PHM programs are or are not scalable by attribution.
4. Please continue to keep GMCB apprised of any contemplated changes to your risk model.
5. Please provide an update on any intended use of reserves (Budget Order Item 12)
6. Please explain how OCV would estimate the following, associated with Condition 20 of your 2020 Budget Order: "Over the duration of the APM Agreement, OneCare's administrative expenses must be less than the health care savings, including an estimate of cost avoidance and the value of improved health, projected to be generated through the Model." Please provide input on measuring the following:
 - Cost avoidance
 - Value of improved health
 - Other quantifiable efficiencies or value provided by the ACO
7. Update on scale target memo: Please provide a timeline for each work stream and action items/immediate next steps.
8. How has COVID-19 influenced how you think about quality and quality improvement?

We may follow-up if any Board members have additional questions. Thank you!

Sarah Tewksbury

Health Policy Analyst

Green Mountain Care Board

(802) 622-4134



Appendix 2

Table 1: OneCare Updates to Issues Identified in Hospital/FQHC Survey Regarding Participation in the Vermont All-Payer ACO Model – Updated 7/17/20

Strategy	Lead	Description	Current Status and Comments 7/17/20
Offer a multiple risk models based on hospital size and readiness	OCV	OneCare Vermont has convened network finance leaders as well as the finance committee to discuss options for future risk models. This work is ongoing.	GMCB to engage in discussions with CMMI to support.
Continue to improve Care Navigator to allow use for all patients (not just ACO-attributed) and reduce burden of duplicate record-keeping by allowing uploads from existing EMR systems	OCV	OneCare Vermont is working with each health service area in the ACO network to educate and engage providers on the new care coordination payment model, which includes incentives to use Care Navigator. The ACO continues to work on integration opportunities with EMRs as part of a longer-term strategy and is currently working to identify short-term goals on site with key stakeholders. No Updates	Education and EMR integration opportunities are long-term. No further short-term updates.
Offer interested hospitals/FQHCs one year of shadow attribution without payment changes in advance of joining the ACO	OCV	This concept will be discussed in payer negotiations as the main barrier remains access to data for lives that aren't technically attributed.	Occurs in payer negotiations and is ongoing. No further short-term updates.
Improve hospital understanding of payer reconciliation	OCV	OneCare has convened a series of finance retreats to discuss an array of topics and provide education in core areas. These meetings will continue through the summer.	Education ongoing. No further short-term updates.
Improve attribution and performance data clarity and timeliness for both Medicaid and Commercial programs	OCV/ payers	OneCare Vermont and payers continue to improve processes, alignment on methodology, and accuracy of data. Some improvements have already been made, including earlier contracting to allow the ACO to receive attribution files sooner and deliver them earlier to the network than in past years. For the 2020 performance year, OneCare and DVHA added an expanded attribution cohort which increases the overall proportion of Medicaid members aligned under ACO programs. OneCare is currently in the process of incorporating feedback from its provider network to enhance data reporting and clarity for	Complete. OneCare received its first data set at the end of June 2020. We have created new data reporting and we are sharing with the network as payer data is available



		2020 performance reporting.	
Improve clarity of contracts with FQHCs (e.g., expectations, deliverables, attribution methodology)	OCV	Completed for 2019. OneCare Vermont added more detail around expectations to FQHC contracts following feedback from FQHCs and other providers. Information about attribution, as well as other Readiness education materials, are available to providers via a secure portal. No Updates	Complete
Develop FQHC-specific contract with more primary care funding and incentives to ease provider burden	OCV	OneCare Vermont's new payment model provides stronger incentives for care management and quality. OneCare continues to work with DVHA to expand the prior-authorization waiver and will engage with BCBSVT to partner on a similar waiver. OneCare is considering additional contracting strategies for future years. No Updates	Long term and ongoing with payer negotiations. No further short-term updates.
Offer option for primary care to join without hospital partner	OCV	Currently, hospitals take on risk for the entire health service area's population and costs; under this model, OneCare Vermont is unable to provide this contract option, though other models may be considered. No Updates	Other models continue to be considered and requires long-term planning. No further short-term updates.
Offer or facilitate network-based telehealth opportunities to smaller providers	OCV	OneCare Vermont offers innovation programs and grant opportunities to its provider network and would welcome proposals about telehealth and about meeting the specific needs of smaller providers. We are also working with the FQHCs to advocate for Medicare approval of FQHCs serving as "distant sites" for telemedicine services. With the COVID19 outbreak, OneCare is engaged with VPQHC, UVMHN, Vermont Medical Society, and payers to gather up to date information/rule modifications to promote emergency use of telemedicine. OneCare is sharing updates through regular communications with providers.	Telemedicine and other initiatives during COVID19 remain an educational opportunity and OneCare will continue to work with payers to support additional flexibility for providers.



Expand outreach to providers, including FQHCs, about benefits of joining	OCV	OneCare Vermont conducts outreach to all FQHCs as part of its network development during contracting, and will work to increase outreach in the future. No Updates	OneCare is working to prepare 2021 network participant contracts anticipated to be released end July and due back early September.
Change attribution methodology	OCV	OneCare partnered with DVHA to implement a revised attribution methodology in 2020 that resulted in significant attribution growth over the prior year. OneCare will continue to evaluate of applying this revised methodology to other payer programs in future years.	OneCare and GMCB have discussed partnering to implement a revised methodology for Medicare attribution