

2021 Network Development Strategy

April 5, 2020



OneCare Vermont

onecarevt.org

OneCare Growth Supporting All Payer Model

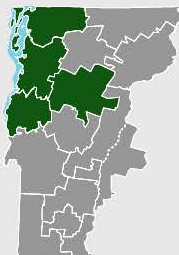
2017
YEAR 0

Programs

MEDICAID

29,100
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans

\$2.4M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

Care Coordination

Primary Care

VBIF

2018
YEAR 1

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMMC (self-funded)

112,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Springfield
Lebanon
Bennington
Windsor
Newport

\$23M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

RiseVT

Blueprint Medicare

SASH MH Pilot

CPR

SNF Waivers

plus programs from 2017

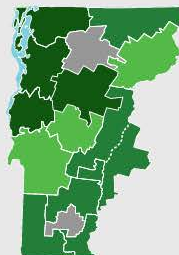
2019
YEAR 2

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMMC (self-funded)

160,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury

\$36M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

DULCE

Innovation Fund

plus programs from 2017-2018

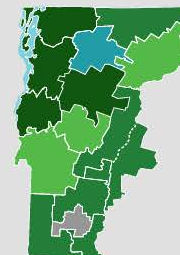
2020
YEAR 3

Programs*

MEDICAID
MEDICARE
BCBSQHP
MVPQHP
BCBS-ASO

250,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury
Morrisville

\$43M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

Pharmacy

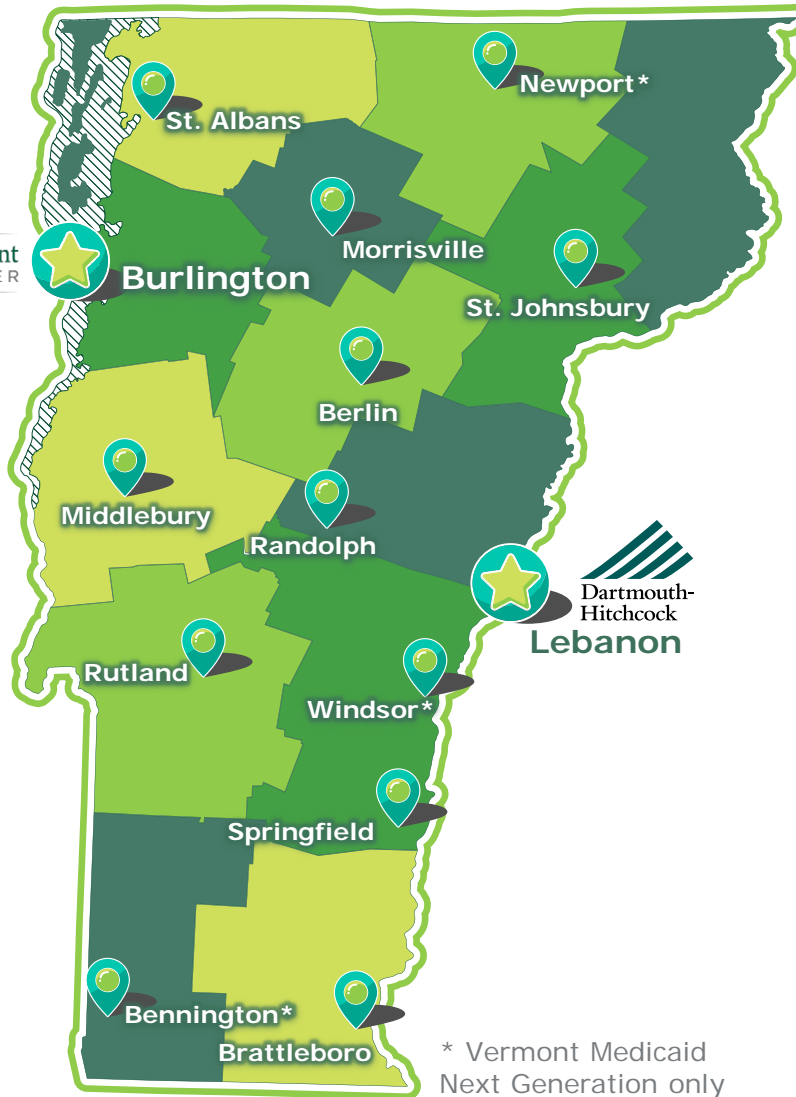
Longitudinal Care

PCP Engagement

plus programs from 2017-2019

2020 OneCare Network

THE
University of Vermont
MEDICAL CENTER



✓ ~250,000 Vermonters (630,000 population)

- Medicaid (Medicaid Next Generation)
- Medicare (VT Medicare ACO Initiative)
- Commercial (BCBSVT and MVP)

- ✓ 14 Hospitals
- ✓ 133 Primary Care Practices
- ✓ 276 Specialty Care Practices
- ✓ 9 FQHCs
- ✓ 27 Skilled Nursing Facilities
- ✓ 10 Home Health Agencies
- ✓ 11 Designated Agencies for Mental Health and Substance Use
- ✓ 5 Area Agencies on Aging



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A. A definition for ACO “network composition” necessary to maximize value-based incentives

The network of providers participating in an ACO that voluntarily come together to share resources and expertise to promote health. Network providers agree to be collectively accountable (clinically and financially) for the quality, cost, and access of the populations they serve and actively engage in appropriate systems transformation efforts.



B. Provider outreach strategy

The preponderance of provider organizations currently participate in one or more programs with OneCare. In 2021, the focus will be on evolving existing programs to create sustainability over time. This includes:

- Continuing to provide resources that support primary care
- Engaging with organizations that take risk and working to reduce barriers to joining additional programs
- Working with employer groups to increase knowledge and understanding of OneCare's value proposition
- Ensuring adequate knowledge of expectations of participation

Provider outreach goals

1. Focus on organizations willing and able to actively participate in the ACO
2. Emphasize the performance expectations for participation in the ACO and ensure organizations agree to implement changes to improve care delivery models
3. Prioritize outreach to organizations able to take risk in value-based payment reform models
4. Coordinate outreach to primary care providers that attribute patients to the ACO



C. Provider recruitment and acceptance criteria

1. Initiate recruitment by engaging each hospital that takes risk to consider program participation for 2021.
2. Cascading from hospital participation, recruit:
 - Attributing providers within each Health Service Area
 - Independent Specialists
 - Preferred Providers in the Continuum of Care (e.g. DA, HH, SNF)
 - Additional Continuum of Care organizations (e.g. AAA, SASH)

Acceptance criteria will focus on:

- Ability to attribute and/or provide specific and necessary high quality care for attributed lives for services in the ACO's total cost of care
- Confirmation of agreement with ACO expectations for alignment with the care model and financial reforms
- Ability to take financial risk
- No history of prior removal or exclusion from the ACO and/or documentation that prior concerns have been satisfactorily addressed



Expand participation in payer programs

#	HSA	Hospital	Program Participation			
			2017	2018	2019	2020
1	Burlington	UVM Medical Center	VMNG, Shared Savings	Risk Programs	Risk Programs	All ACO Programs
2	Berlin	Central Vermont Medical Center	VMNG, Shared Savings	Risk Programs	Risk Programs	All ACO Programs
3	Middlebury	Porter Medical Center	VMNG, Shared Savings	Risk Programs	Risk Programs	All ACO Programs
4	St. Albans	Northwestern Medical Center	VMNG, Shared Savings	Risk Programs	Risk Programs	All ACO Programs
5	Bennington	Southwestern VT Medical Center	Shared Savings	VMNG	Risk Programs	All ACO Programs
8	Springfield	Springfield Hospital	No Participation	Risk Programs	Risk Programs	All ACO Programs except Medicare
9	Lebanon	Dartmouth Hitchcock Hospital	Shared Savings	VMNG, BCBSVT	VMNG, BCBSVT	All ACO Programs except Medicare
6	Brattleboro	Brattleboro Memorial Hospital	Shared Savings	Risk Programs	Risk Programs	Risk Programs, MVP
7	Windsor	Mt. Ascutney Hospital	Shared Savings	VMNG	Risk Programs	Risk Programs
10	Newport	North Country Hospital	Shared Savings	VMNG	VMNG	VMNG, BCBSVT, MVP
11	Rutland	Rutland Regional	BCBSVT, Shared Savings	No Participation	VMNG	VMNG, Primary, MVP
12	St. Johnsbury	Northeastern VT Regional Hospital	No Participation	No Participation	VMNG	VMNG, MVP
13	Randolph	Gifford Medical Center	No Participation	No Participation	VMNG	VMNG, MVP
14	Morrisville	Copley Hospital	Shared Savings	No Participation	No Participation	VMNG
15	Townshend	Grace Cottage	No Participation	No Participation	No Participation	No Participation

All ACO Programs: Medicare, Medicaid, BCBSVT QHP, BCBSVT Primary, MVP QHP

Risk Programs: Medicare, Medicaid and BCBSVT QHP

BCBSVT: Blue Cross Blue Shield of Vermont QHP

VMNG: Vermont Medicaid Next Generation

MVP: MVP Health Care QHP Shared Savings (new for 2020)

Primary: Blue Cross Blue Shield of Vermont Primary (new for 2020)

Shared Savings: Medicare and BCBSVT Shared Savings Programs



OneCare Vermont

Updated 03/06/20

D. Network development timeline

2020 Milestones in Preparation for 2021				
Milestone	Q1	Q2	Q3	Q4
Determine Program Offerings	Feb-Mar			
Initiate Network Recruitment	Feb-Apr			
Provider Outreach & Contracting		Jun-Aug		
Final Provider Rosters to Payers			Aug-Sep	
Board of Managers Approval of Network			Sep	
GMCB Budget Submission				Oct



E. Providers dropping out of the network (quantify) and reasons why

Reasons for non-renewal:

- Three organizations are no longer in operation
- One organization was merged or acquired
- Three specialist organizations declined participation due to lack of program and financial incentives for specialists in the ACO

Organization Name	Organization Type	Reason for Non-Renewal
Anesthesiology Associates of Bennington, PC	Specialist	Organization Closed
Carl Petri	Specialist	Organization Closed
Champlain Imaging	Specialist	Declined Participation
Clinical Colleagues, Inc.	Specialist	Declined Participation
Paul Kenworthy, DMD, PC	Specialist	Declined Participation
Starr Farm Partnership	Skilled Nursing Facility	Merged or Acquired
Vermont Spine Works and Rehabilitation	Specialist	Organization Closed



F. Challenges to network development

Financial

- Minimal financial support to fund reform efforts
- Providing predictable financial payments for risk-bearing entities
- The risk to reward (savings/loss) ratio for hospitals needs to be recalibrated to incentive increased participation
- Critical Access Hospitals (CAH) need unique financial risk corridors (e.g. asymmetric risk) to encourage participation
- Lack of predictability in fixed payment models

Regulatory Alignment

- Need for proactive regulatory education and alignment of expectations for national commercial insurers with the All Payer Model
- Regulatory budgeting processes need to be aligned to promote coordination and efficiency across healthcare delivery organizations

Operational

- Ensuring alignment in care and financial models as OneCare seeks to add additional national commercial insurers
- Challenges with payers to operationalize true fixed payment models
- Lack of clarity in CAH cost reporting processes
- Provider administrative burdens need to be further reduced to allow increased focus on care delivery