

Green Mountain Care Board
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DELIVERED ELECTRONICALLY

September 3, 2019

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Dear Linda and Vicki:

We have reviewed your request for confidential treatment of certain portions of the July 31, 2019 memorandum from Tom Borys, OneCare Vermont to Melissa Miles, Green Mountain Care Board entitled "OneCare Vermont Comprehensive Payment Reform Interim Report" (Memorandum). Additionally, on August 22, 2019, we received your updated request for the confidential treatment of the per member, per month (PMPM) payment information contained in Page 1, Paragraph 3 and the table on Page 2 of the Memorandum.

The portions of the Memorandum for which you are requesting confidential status are the specific dollar values of the PMPM payments and other financial information which is sensitive and/or proprietary information that gives OneCare Vermont the opportunity to obtain a business advantage over competitors. We agree that these portions of the Memorandum are exempt from copying and inspection under Vermont's Public Records Law. Specifically, these responses are exempt from copying and inspection under 1 V.S.A. § 317(c)(9) as confidential business records or information which a commercial concern has made reasonable efforts to keep secret and which gives its user or owner an opportunity to obtain business advantage over competitors who do not know it or use it. Accordingly, we will treat these portions of the Memorandum as confidential material under GVCB Rule 5.000, § 5.106.

Best regards,

/s/ Lynn A. Combs
Associate General Counsel

cc: Spenser Weppeler, OneCare Vermont (via email only)
Tom Borys, OneCare Vermont (via email only)
(continued on next page)



Amy Bodette, OneCare Vermont (via email only)
Office of the Health Care Advocate (via email only)
Michael Barber, GMCB (via email only)
Alena Berube, GMCB (via email only)
Melissa Miles, GMCB (via email only)





To: Melissa Miles, Green Mountain Care Board
From: Tom Borys, Director of Finance OneCare Accountable Care Organization, LLC.
Date: July 31, 2019
Subject: OneCare Vermont Comprehensive Payment Reform Interim Report










2019 represents the second year of OneCare Vermont's Comprehensive Payment Reform (CPR) program for independent primary care practices. Building upon the financial successes in 2018, the goals of the 2019 program year were to increase participation to more independent PCPs in the OneCare network and simplify the financial model.

To increase participation, a "partial capitation" model was offered to smaller practices that had fewer attributed lives. In the partial capitation model, the practices continue to receive FFS payment from the payers and are paid a CPR PMPM from OneCare that replicates the supplemental payment approach that the "full capitation" practices receive. The practices work on a clinical or quality project throughout the plan year and report their progress and outcomes to the group. This allows them to acclimate to the model and build the administrative resources needed for full fixed payments.

Simplifying the financial model started with an analysis of the 2018 results. This analysis measured the zero-pay claims against the CPR payments to evaluate the model and identify any adjustments that may be needed. After this review, a base adult core-code PMPM of [REDACTED] and a base pediatric core-code PMPM of [REDACTED] were identified. These amounts are designed to supply a similar level of revenue to the practices entering the second year of the program and incorporate inflationary increases aligned with the overall OneCare program trend rates. These core code PMPMs are risk adjusted for the adult population and age/gender adjusted for the pediatric population to come up with the practice specific PMPM. There is also a non-core code PMPM specific to each practice that is paid to cover the less traditional services that a primary care office might deliver.

While the year-to-date claims data are immature, the initial financial results are encouraging and in line with the intended program design. Early analysis suggests that the risk adjustment is accounting for the varying patient demographics appropriately and each practice is benefiting from the cash flow advance afforded by the fixed payment reimbursement.

The following represents an aggregated analysis of the full capitation practices, partial capitation practices and hospital primary care practices that compares the CPR payments to the FFS-based results the practices would have otherwise received. All of these figures evaluate the revenue that these primary care sites would have been paid by the participating payers and does not necessary reflect the internal financial management decisions of each organization.

	Full Capitation	Partial Capitation	Hospital Primary Care
CPR Model			
Standard Model			
Non-OneCare Model			

If you have any questions or thoughts about this process, please let me know.

Sincerely,

Tom Borys
Director of Finance