

VERMONT LEGAL AID, INC.

OFFICE OF THE HEALTH CARE ADVOCATE

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July 15, 2019

Kevin Mullin
Chair, Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Dear Chair Mullin and Members of the Green Mountain Care Board:

Thank you for forwarding these questions, submitted by the Office of the Health Care Advocate pursuant to 18 V.S.A. § 9382, to OneCare Vermont as part of the Board's 2020 Accountable Care Organization Budget Review. We look forward to receiving answers to these questions with OneCare's budget submission this fall.

Health Care Advocate Questions for OneCare Vermont

1. Quality Measurement
 - a. For each of your payer contracts, please provide the quality score, percentile, and benchmark for each payment and reporting measure, including patient experience survey measures, for 2018 and any previous years for which information on the measure was collected (see attached spreadsheet).
 - b. For 2017-2018, please note any measures for which OneCare experienced statistically significant improvement or decline.
 - c. If you believe population changes or other factors have affected changes or trends in your quality scores, please explain.
2. During the Vermont Health Connect 2020 rate review process, Blue Cross Blue Shield of Vermont stated that "because of the challenges OneCare Vermont providers have experienced with capitated payments from Medicare, we anticipate that only a small number of providers will be prepared to transition to capitation with BCBSVT in 2020." It is our understanding that this statement references past overpayments made by Medicare to providers that were then (or will be) recouped.
 - a. Please clarify whether this understanding of the Medicare payment issue is correct. If not, please provide OneCare's perspective.
 - b. Please provide OneCare's perspective on what the impact of this issue will be on provider enrollment in capitated payment methodologies with other payers in 2020.
3. During the Vermont Health Connect 2020 rate review process, Blue Cross Blue Shield of Vermont stated that taking both the care coordination fee and projected savings into

account, Blue Cross projects a slight increase in rates due to its relationship with OneCare in 2020.¹

- a. Please explain from OneCare's perspective why the Blue Cross contract with OneCare is costing members more than it is saving.
 - b. When does OneCare believe Blue Cross and its members will experience overall savings due to its relationship with OneCare?
 - c. Please explain from your perspective what needs to change for Blue Cross members to experience an overall savings due to its relationship with OneCare.
4. Quality and Financial Outcomes
- a. What has OneCare learned from its 2017 and 2018 quality outcomes?
 - b. What has OneCare learned from its 2017 and 2018 financial outcomes?
 - c. How will these quality and financial outcomes inform OneCare's programming in the coming year?

Please feel free to contact us at hcpolicystaff@vtlegalaid.org with any questions.

Thank you,

s\ Julia Shaw

Health Care Policy Analyst
Office of the Health Care Advocate

s\ Kaili Kuiper

Staff Attorney
Office of the Health Care Advocate

s\ Eric Schultheis

Staff Attorney
Office of the Health Care Advocate

¹ GMCB 06-19rr, BCBSVT responses to HCA actuarial questions, June 29, 2019, question 7, available at <https://ratereview.vermont.gov/sites/dfr/files/Responses%20to%20BCBSVT%202020%20VISG%20HCA%20Inquiry.pdf>