



No later than 30 days after the end of Q3 2019, OneCare must submit a written report describing its progress in testing and implementing a variable component to the VBIF distribution methodology for 2020.

OneCare is a voluntary provider network that works together to ensure patients receive well-coordinated, high quality care. The Value Based Incentive Fund (VBIF) and other key programs incentivizing providers in the realms of system efficiencies, care coordination, and health screenings, are intended to improve outcomes for Vermonters and drive down the total cost of care.

In 2018, OneCare's Board of Managers directed the Population Health Strategy Committee (PHSC) to develop and test an approach that would create a variable payment under the VBIF tied to performance. The PHSC established a primary care workgroup made up of primary care providers from its network to design a variable distribution component. The workgroup met several times in 2018 and designed a variable component that maintained a split delivering 70% to primary care and 30% to the remainder of the network based on spend. They also proposed that the 70% to primary care would be distributed weighted based on the number practice sites and attribution. The workgroup also advocated for further TIN level variable payments based on a set of seven measures that aligned with payer quality measures and OneCare's care model. TIN's would earn up to 85% of the variable component if they achieved the threshold identified for each measure, and could incrementally earn more for each measure they achieved the stretch goal identified, up to a maximum of 100%. The workgroup felt that the quality measures selected represented clinically important measures. The PHSC asked OneCare staff to test the model proposed by the workgroup in 2019. Ultimately, it was determined that the data needed to support TIN level VBIF variable payments was not possible without introducing significant new administrative burdens on primary care practices necessary to collect statistically meaningful data at multiple time points through the year. In addition, the corresponding staffing support necessary at OneCare to collect these data was outside of currently budgeted resources. As a result, the PHSC advanced a variable VBIF plan to the Board of Managers that was administratively possible, holds TIN's to high standards, and requires an increase in performance to maximize earning potential.

The Board of Managers approved a policy change for the 2020 performance year. In this policy, 70% of the VBIF remains available to the attributing primary care providers based on attribution; of which 10% will be reserved for practices that exceed the network average on primary care engagement by payer; 10% of the VBIF is allocated to quality improvement initiative(s) approved by the Board of Managers; and 20% of the VBIF is distributed to the remainder of the network who qualify based on the proportion of the total cost of care spend during the performance year. Any portion of the VBIF that is not earned and is retained by OneCare will be reinvested into quality improvement activities approved by the Board of Managers.

The VBIF is one way that OneCare recognizes providers for the quality of care they deliver to their patients. OneCare remains dedicated to providing the data to the network necessary to inform decision making through its standard reports and self-service analytics tools. In addition OneCare created quality measure summary documents that outline the measure steward specifications for each measure. These summary documents and additional material are also incorporated into quality measure education sessions, commonly referred to as "QM Boot Camp." Each of these efforts supports the evolution of the VBIF and its likely future policy change will further advance the variable components of this program.