VERMONT

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Questions for OneCare Accountable Care Organization on October 20, 2017 budget resubmission

Provider Network

1. It is unclear from the OneCare Savings/Losses Policy how risk for the fee-for-service spending is managed outside of the hospital risk HSAs. Please explain.

2. How and why will the ACO pay fixed payments to the hospitals when the attributed lives count will drop throughout the year?

3. Please provide more information to explain how "the worst-case payback scenario is affordable for hospitals." The GMCB is interested in evidence that each risk-bearing hospital has identified funds to address the worse-case financial scenario, not only if each individual hospital's losses reach their own risk-capped amount, but if the aggregate ACO losses reach the ACO's capped amount.

4. Is OneCare Vermont having discussions or making plans to work with the independent providers who will be providing services at the Green Mountain Surgery Center?

5. What network changes do you anticipate for any lines of business in 2018? Do you anticipate any providers previously participating only in the CHAC network joining the OneCare network for 2018 for any business lines?

Payer Contract/Agreement Questions

6. Please provide final executed payer contracts, as soon as available, including for the self-insured business you have listed on the payer table.

7. Please explain whether the ACO is assuming risk for self-funded business and the accounting for self-funded business. Are there additional plans for other self-insured plans?

8. Please decompose the components of growth for the Medicare, Medicaid, and Commercial trends of 3.5%, 6%, and 3.8% respectively. What are the drivers of these growth trends?

9. You indicate that OCV has developed tailored applications that help both internal and external parties monitor their financial performance. You also noted that the Medicaid contract is overspending in the FFS line. Are there any changes mid-course you have made to remedy this? How will you prevent and monitor this with 3 payers in 2018?

10. It was noted that you have significantly increased your analytical and best practice conversations around episodes of care and disease states. How will you leverage episode analysis that identifies areas of practice variation to standardize care processes and thereby eliminate waste and avoidable complications?

11. When do you need to decide whether you will have an 80% or 100% risk arrangement with Medicare?

12. Please provide any final changes to Template #1: Revenue by Payer (Sect 4. Attachment C-1).

Budget and Risk of ACO

13. How will the CEO, Todd Moore, allocate his time now that he has additional responsibilities managing the New York ACOs? Please explain if there are any firewalls or accounting changes being put in place.

14. What are the "multiple moving parts" referenced in the budget projections Section 4, Attachment C-1?

15. Why are you electing not to pursue high cost truncation in your Commercial and Medicaid contracts? What is your reinsurance strategy?

16. The following question has been posed to the hospitals in reference to the tables below:
    a. Whether or not the maximum upside and downside risk matches what you've determined for risk;
    b. Indicate how you are accounting for the risk on your books; and
    c. Whether or not the fixed payment from the ACO matches what you've been given for information.

    In response to these questions posed to hospitals, how are the hospitals and ACO working together to monitor spend both internally to the hospital for its hospital and employed professional costs, and at the HSA level?

OneCare Vermont		
GMCB Supplemental Information		
Projected Maximum Risk Limits		
HSA	**Risk Bearing Hospital**	**Projected Max Risk Limit**
Bennington	SVMC	$ 410,124
Berlin	CVMC	$ 3,495,009
Brattleboro	BMH	$ 1,344,808
Burlington	UVMMC	$ 9,596,728
Middlebury	Porter	$ 2,302,326
Springfield	Springfield	$ 1,831,141
St. Albans	NMC	$ 1,626,913
Newport	NCH	$ 263,836
Windsor	MAHHC	$ 84,671
Lebanon	DH	$ 500,926
TOTAL		**$ 21,456,481**

*The numbers above are both the maximum downside risk and upside potential.

OneCare Vermont	
GMCB Supplemental Information	
Projected Hospital Fixed Payments	
Hospital	**Projected Fixed Payment Amt**
DH	$ 11,440,414
SVMC	$ 7,787,263
CVMC	$ 56,878,211
BMH	$ 16,210,940
UVMMC	$ 214,756,490
Porter	$ 23,759,898
Springfield	$ 10,914,223
NMC	$ 23,451,553
NCH	$ 4,778,550
MAHHC	$ 1,074,209
	$ 371,051,749

17. Does the UVMMC letter of credit for 2017 cover the maximum Medicaid loss? Do you anticipate another such letter for 2018?

Model of Care

18. You are investing significantly in your Complex Care Coordination Program to assist in providing care delivery in the most appropriate settings. What are your projections for how this model will reduce the total cost of care? How will the operations of the Complex Care Coordination Program, including decisions regarding which patients to target and how, be integrated with the efforts of risk-bearing hospitals to manage their budget?

19. You describe on p. 58 of your submission that you will have a care coordination impact and evaluation plan for your implementation of Care Navigator. By when do you expect this plan to be complete?

20. For your new investments in primary care, what is your anticipated return?