

# OneCare Vermont

All Payer Meeting

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Director of Operations

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OneCare Vermont

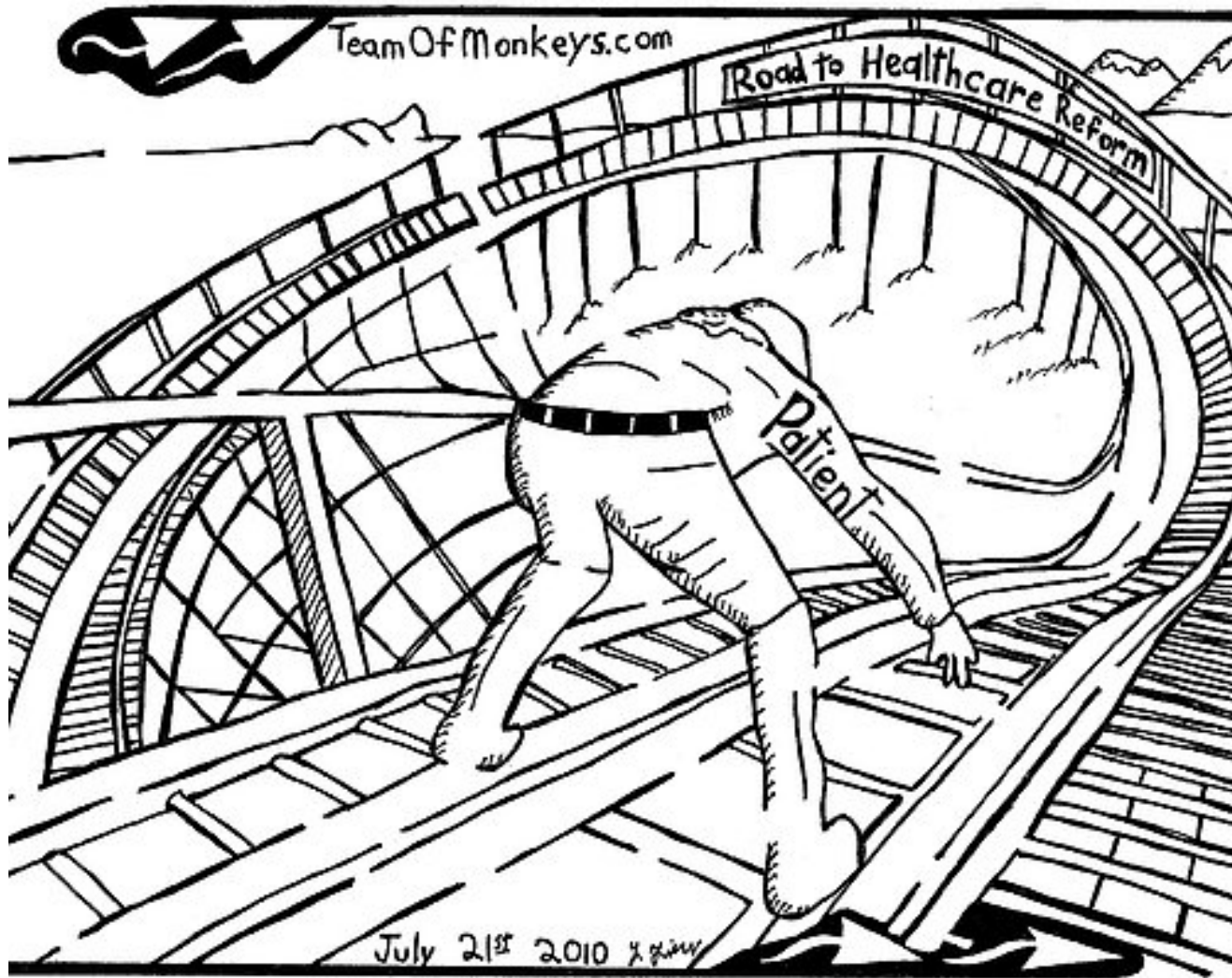
[onecarevt.org](http://onecarevt.org)



# Agenda

- Health Care Reform
- Accountable Care Organizations
- About OneCare Vermont
- Vermont All Payer Model Definition
- Payer Program Models Over Time
- Financial Flow
- ACO, Payer and Provider Roles
- Operational Challenges
- Payer Program Operational Flow Chart
- Accomplishments

# Health Care Reform

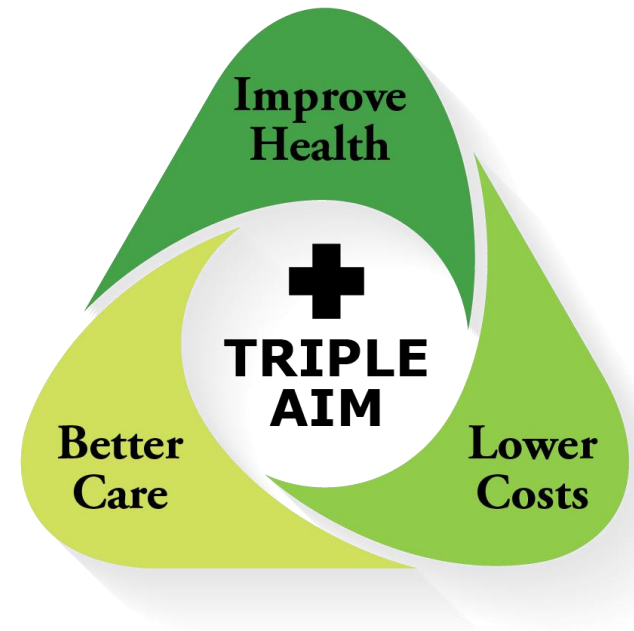


# Accountable Care is Integrated Care

The United States Congress created Accountable Care Organizations (ACOs) through the Affordable Care Act of 2010.

**Definition:** ACOs are groups of doctors, hospitals, and other health care providers who voluntarily come together to provide coordinated, high quality care for their patients.

**Goal of an ACO:** To create an integrated systems approach where groups of doctors, hospitals, and other health care providers can collaborate on improving the health of their patients, meet high quality standards and slow the growth of healthcare costs.

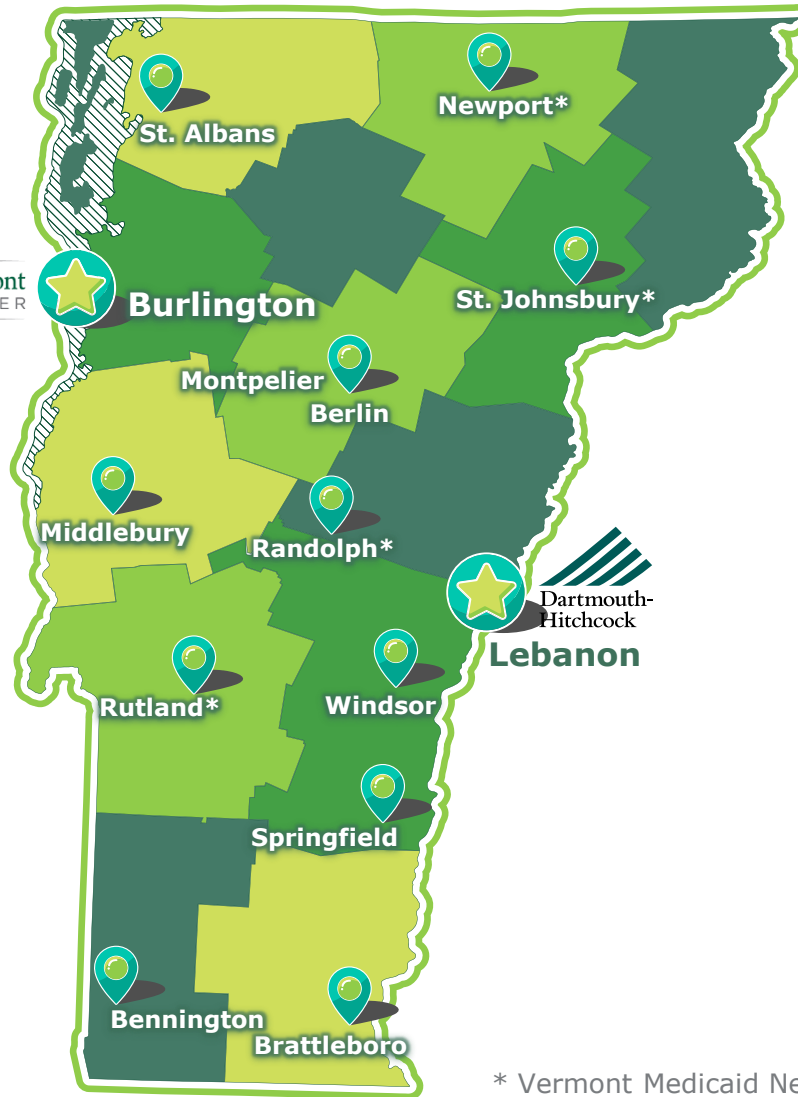


# OneCare Vermont Background

- OneCare Vermont is a state-wide Accountable Care Organization (ACO) in Vermont
  - Founded by University of Vermont Medical Center and Dartmouth Hitchcock Medical Center
  - Regulatory oversight provided by Green Mountain Care Board
  - Board of Managers that includes the entire continuum of health care providers including FQHCs, independent doctors, hospitals, home health agencies and community Designated Agencies

# 2019 OneCare Vermont Network

THE  
University of Vermont  
MEDICAL CENTER



✓ ~172,000 Vermonters (630,000 population)

- Medicaid
- Medicare
- Commercial
- Self-Insured

- ✓ 13 Hospitals
- ✓ 132 Primary Care Practices
- ✓ 242 Specialty Care Practices
- ✓ 6 FQHCs
- ✓ 23 Skilled Nursing Facilities
- ✓ 9 Home Health Agencies
- ✓ 9 Designated Agencies for Mental Health and Substance Use
- ✓ 5 Area Agencies on Aging

\* Vermont Medicaid Next Generation only

# Vermont All Payer ACO Model (APM)

- Voluntary program for providers in Vermont
- Contract between State of Vermont and CMS
- Six-year duration with a Year 0 in 2017 and years 1-5 in 2018-2022
- Includes significant commitments by the State and role for GMCB
- Agrees on cost control targets for health spending growth for Vermonters both overall across all payers, and for Medicare specifically
- Includes “next phase” population health management measurement and improvement

## All-Payer and Medicare Scale Targets by Performance Year

	PY1 (2018)	PY2 (2019)	PY3 (2020)	PY4 (2021)	PY5 (2022)
VT Medicare Beneficiaries	60%	75%	79%	83%	90%
VT All-Payer Scale Target Beneficiaries	36%	50%	58%	62%	70%

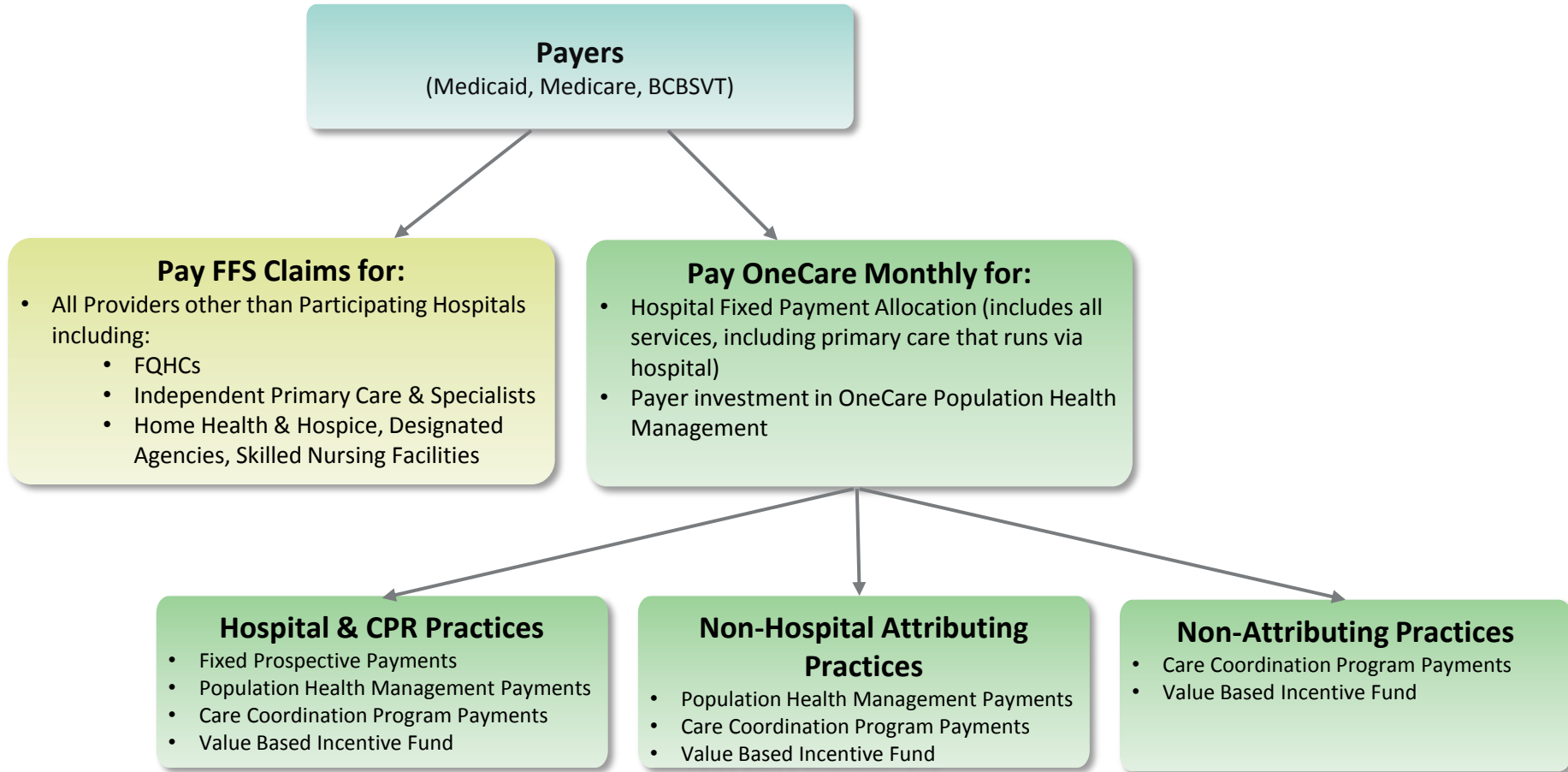
# Payer Program Models Over Time

	2013	2014	2015	2016	2017	2018	2019
Vermont Medicaid Next Generation		Shared Savings Program			Risk-Based Model		
Vermont Medicare ACO Initiative		Shared Savings Program				Risk-Based Model	
Blue Cross Blue Shield of Vermont Commercial		Commercial Shared Savings Program				Risk-Based Model	

## Other Programs

- Comprehensive Payment Reform for Independent Primary Care
- UVMHC Self-Funded Plan

# Financial Flow



# ACO, Payer and Provider Roles

Triple Aim Objectives	ACO	Payer	Provider
<b>Improved Health</b>	<ul style="list-style-type: none"> <li>• Delivers insights from complex data to drive decision making</li> <li>• Establish a forum for connecting communities to best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Delivers health plan benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Takes action on quality improvement measures</li> </ul>
<b>Higher Quality</b>	<ul style="list-style-type: none"> <li>• Provides flexible ways to improve quality of care</li> <li>• Supports care coordination infrastructure</li> <li>• Encourages primary care visits</li> </ul>	<ul style="list-style-type: none"> <li>• Provides patient data to the ACO</li> </ul>	<ul style="list-style-type: none"> <li>• Performs coordination of care</li> </ul>
<b>Lower Cost</b>	<ul style="list-style-type: none"> <li>• Provides financial incentives to improve health care delivery</li> <li>• Delivers payments using reform model</li> <li>• Reduces administrative burdens by leveraging ACO waivers</li> </ul>	<ul style="list-style-type: none"> <li>• Supports financing of health care reform programs</li> </ul>	<ul style="list-style-type: none"> <li>• Changes care delivery model to manage costs</li> </ul>

**All roles support the All Payer Model health goals:**

- Improve access to primary care
- Reduce deaths from suicide and drug overdose
- Reduce prevalence and morbidity of chronic disease

# Operational Challenges

- The operational claims processing system is built to accommodate Fee-For-Service payments.
- Fixed Payment revenue introduces new workflows and operational requirements to the existing claims processing system.

## Fixed Payments

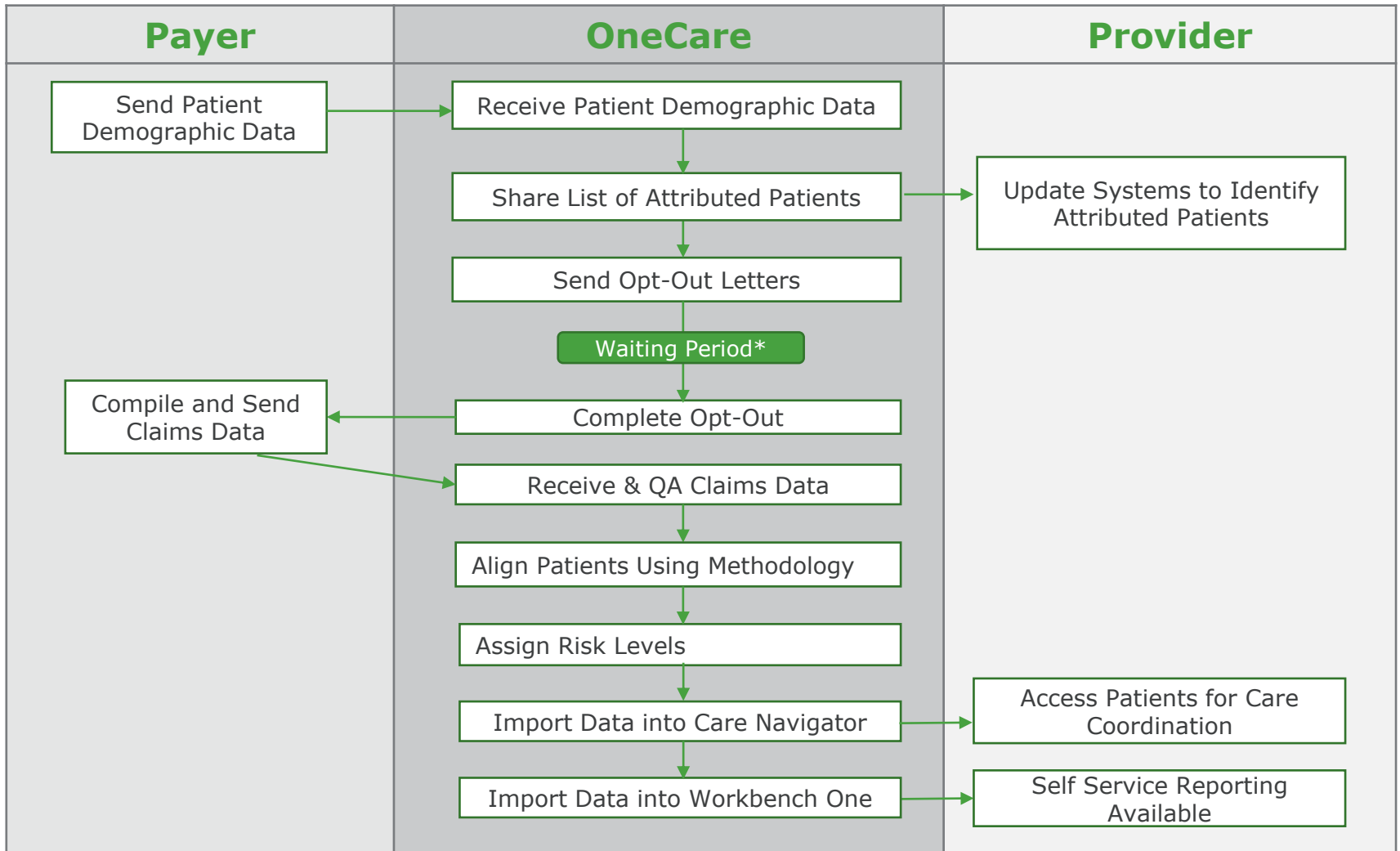
- **VT Medicaid:**
  - First payer to operationalize fixed payments with minimal issues.
- **Medicare:**
  - OneCare is one of two ACOs in the country to implement the fixed payment component of the Next Generation program.
  - We continue to work with CMMI to resolve issues and to improve for 2020.
- **BCBSVT:**
  - OneCare is working with BCBSVT to provide fixed payments through the ACO in 2020.

# Operational Challenges

## Attribution

- **File Timing:**
  - Because files are received after contracting is complete, attribution occurs after the performance year has begun.
  - Due to attribution timing, there is limited availability of important clinical and quality data in OneCare's analytics tools and care coordination software until late in Q1.
- **Coding in EMR:**
  - Patients must be identified as ACO or non-ACO in the EMR.
  - The standard claims processing file technology (270/271) does not support an identification method for ACO-attributed patients, making it difficult to segment claims data based on attribution.
- **Clinical Data: Prior Authorization Waiver Workflow:**
  - Providers must verify ACO attributed patients to correctly apply the waiver to only patients attributed to the ACO.

# Flow of Payer Program Operations



\* Waiting period does not apply to all payers.

# Accomplishments

- OneCare Vermont is the only All Payer Model in the US.
- There are currently 172,000 Vermonters attributed to the ACO, up from 96,000 in 2017.
- In 2019, CMS's State Innovation Models Initiative federal evaluator, RTI International, reported that Vermont's ACO Shared Savings Plan:
  - Yielded \$97 million in Medicaid savings over 3 years relative to spending for an in-state comparison group
  - Had a statistically significant slower increase in total Medicaid expenditures
  - Showed comparatively lower rates of emergency department visits and inpatient admissions.

**Thank you.**