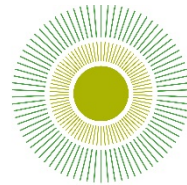


Programs at a Glance

House Committee on Health Care

Vicki Loner RN.C, MHCDS; COO

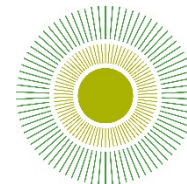
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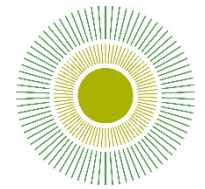
OneCareVT.org

OneCare Programs At-a-Glance



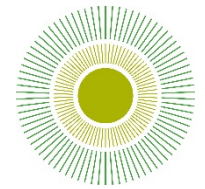
	Medicaid (VMNG)	Medicare (MMNG)	BCBSVT (QHP)
Attributable Populations	Medicaid eligible- not dually eligible for other insurance (i.e. Medicare or Commercial insurance) and not including those with a limited Medicaid benefit plan (Rx only)	Original Medicare benefits (including duals), not including those who have Medicare Advantage plans	Qualified Health Plan
Summary of Expenditures <u>Included</u> in Total Cost of Care Calculations	Inpatient, Outpatient, Physician, + Advanced practice provider services, FQHCS, Home health agency, PT/OT/ST, Chiropractor, Audiology, Podiatry, Labs, MH/SU funded by DVHA, Ambulance, Medical Supplies, Dialysis, Physician administered drug services, Dental services billed by an institution, Durable Medical equipment, Hospice (excluding room and board)	Medicare Part A (Hospital Insurance) covering hospital care, care in a skilled nursing facility, hospice care and some home health care. Medicare Part B (Medical Insurance) covers certain doctors visits, outpatient care, medical supplies and preventative care	Covered Medical Services and Non-Specialty Pharmacy Services
Summary of Expenditures <u>Excluded</u> from Total Cost of Care Calculations	Pharmacy, Nursing Facility Care, Psychiatric Treatment in a state psychiatric hospital, Level 1 inpatient psychiatric treatment, dental services billed on professional claims, non-emergency transportation, smoking cessation services, any service outside of a DVHA fund source, Graduate Medical Education Payments, EHR incentive Payments, Disproportionate Share Hospital (DSH) Payments	Pharmacy, Operating Outlier Payments, Operating DSH, Operating Indirect Medical Education, Medicare New Technology, Islet Isolation Cell Transplantation	Specialty Pharmacy, non-medical dental or vision benefits

OneCare Programs At-a-Glance (Cont'd)



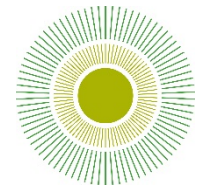
	Medicaid (VMNG)	Medicare (MMNG)	BCBSVT (QHP/XSSP2)
Payment Types	<ul style="list-style-type: none"> • Monthly Prospective Fixed Payments from OneCare to Participating Hospitals and Blended Capitated Payments to select Independent primary Care Practices (CPR pilot practices). • All other providers continue to receive Fee For Service (FFS) or other payments directly from the Payer. 	<ul style="list-style-type: none"> • Monthly All Inclusive Population Based Payment (similar logic to fixed prospective payment) to Participating Hospitals and to select Independent Primary Care Practices (CPR pilot practices). • All other providers continue to receive FFS or other payments directly from the Payer. 	<ul style="list-style-type: none"> • Fee For Service or other payments from Payer to all providers until at least 4/1. Goal is to move to a Monthly Fixed Prospective Payment from OneCare to Participating Hospitals on 4/1 unless operationally not feasible.
Provider Types Receiving Fixed Payments	<ul style="list-style-type: none"> • Participating Hospitals • Select Participating Independent Primary Care Practices – Blended Capitated Payment for all 3 payers based on plan payment FFS, inflation 2016-2018 	<ul style="list-style-type: none"> • Participating Hospitals • Select Participating Independent Primary Care Practices- Blended Capitated Payment for all 3 payers based on plan payment FFS, inflation 2016-2018 	<ul style="list-style-type: none"> • Participating Hospitals

OneCare Programs At-a-Glance (Cont'd)



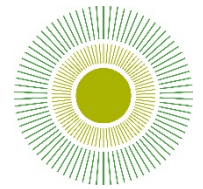
	Medicaid (VMNG)	Medicare (MMNG)	BCBSVT (QHP/XSSP2)
Care Coordination Eligibility	Top 16% of High and Very High Risk stratified patients	Top 16% of High and Very High Risk stratified patients	Top 3% of Very High Risk stratified patients
Team Based Complex Care Coordination Payment	\$15 Per Member Per Month (PMPM) payment to each participating primary care provider for each ACO-attributed patient on their panel PLUS \$15 PMPM to each participating HH, DA, and AAA based on historical % of engagement with attributed patients.	\$15 PMPM payment to each participating primary care provider for each ACO-attributed patient on their panel PLUS \$15 PMPM to each participating HH, DA, and AAA based on historical % of engagement with attributed patients.	\$15 PMPM payment to each participating primary care provider for each ACO-attributed patient on their panel PLUS \$15 PMPM to each participating HH, DA, and AAA based on historical % of engagement with attributed patients.
Patient Activation and Lead Care Coordinator Payment	Patient-identified lead care coordinator (LCC) established and a person-centered shared care plan created activates a one-time \$150 payment and initiates an additional \$10 PMPM to the LCC's organization.	Patient-identified lead care coordinator (LCC) established and a person-centered shared care plan created activates a one-time \$150 payment and initiates an additional \$10 PMPM to the LCC's organization.	Patient-identified lead care coordinator (LCC) established and a person-centered shared care plan created activates a one-time \$150 payment and initiates an additional \$10 PMPM to the LCC's organization.

OneCare Programs At-a-Glance (Cont'd)



	Medicaid (VMNG)	Medicare (MMNG)	BCBSVT (QHP/XSSP2)
Measurement Criteria	<ul style="list-style-type: none"> • Patient Experience Survey, Clinical, and Claims-based measures • 13 quality measures • Align with Vermont APM • 1.5% Value Based Incentive Fund (VBIF) quality withhold 	<ul style="list-style-type: none"> • Patient Experience Survey, Clinical, and Claims-based measures • 22 quality measures encompassing preventive health, clinical care for at-risk populations, care coordination/patient safety, and patient/caregiver experience • 0.5% VBIF quality withhold 	<ul style="list-style-type: none"> • Patient Experience Survey, Clinical, and Claims-based measures • 12 quality measures • Align with Vermont APM • 0.5% VBIF quality withhold
Delivery Reform Waivers	<ul style="list-style-type: none"> • Prior Authorizations • Access to skilled nursing facilities without a 3-day inpatient stay requirement • Home Health visits following post acute care • Telehealth services not currently allowed by CMS 	<ul style="list-style-type: none"> • Access to skilled nursing facilities without a 3-day inpatient stay requirement • Home Health visits following post acute care • Telehealth services not currently allowed by CMS 	None in 2018- Skilled Nursing, Home Health and telehealth waivers not needed for commercial programs

Attribution Breakdown



Attributing HSA	Medicaid (VMNG)	Medicare (MMNG)	BCBSVT (QHP/XSSP2) **	Self-Funded Pilot***	Total
Bennington	5,094	811	178	0	6,083
Berlin	5,513	7,770	4,226	337	17,846
Brattleboro	3,340	2,966	1,527	1	7,834
Burlington	13,690	17,494	13,081	8,986	53,251
Lebanon	1,130	NA	1,705	15	2,850
Middlebury	3,760	4,614	2,151	216	10,741
Newport	3,920	NA	NA	0	3,920
Springfield	2,081	2,174	2,850	2	7,107
St. Albans	2,743	3,873	2,088	405	9,109
Windsor	1,071	NA	NA	0	1,071
Grand Total *	42,342	39,702	27,806	9,962	119,812

* Attribution numbers will decrease throughout the year due to attrition from program eligibility

** Final BCBSVT QHP attribution expected in mid-February

*** Final Self Funded Pilot numbers expected to be finalized by the end of the first quarter

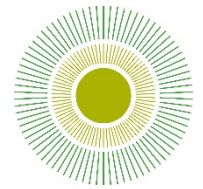
NA= No providers participating/attributing to the program in that HSA

Thank You and Questions



Appendix

2018 OneCare Vermont ACO Network



- 10 Hospitals
- 95 Primary Care Practices
- 172 Specialty Care Practices
- 2 FQHCs
- 21 Skilled Nursing Facilities
- 8 Home Health Agencies
- 6 Designated Agencies for Mental Health and Substance Use
- Area Agencies on Aging

* VMNG only

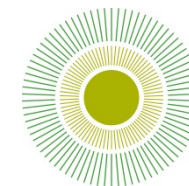
2018 OneCare Vermont ACO Network



Multiple Payer Programs (Medicare, Medicaid, Commercial)								Medicaid Only		
	Berlin	Brattleboro	Burlington	Lebanon	Middlebury	St. Albans	Springfield	Bennington	Newport	Windsor
Hospital	CVMC	Brattleboro Memorial Hospital	UVM Medical Center	DHMC	Porter Medical Center	Northwestern Medical Center	Springfield Hospital	SVMC	North Country Hospital	Mt. Ascutney Hospital
FQHC						NOTCH (VMNG only)	SMCS			
Ind. PCP Practices		1 Practice	14 Practices		2 Practices	2 Practices		5 Practices		
Ind. Specialist Practices	4 practices		14 Practices		4 Practices	4 Practices		4 Practices		
Home Health	Central VT Home Health & Hospice	VNA of VT and NH; Bayada*	VNA Chittenden/Grand Isle; Bayada*	VNA of VT and NH	Addison County Home Health & Hospice	Franklin County Home Health & Hospice	VNA of VT and NH	VNA & Hospice of the Southwest Region; Bayada*	Orleans Essex VNA & Hospice Inc.	VNA of VT and NH
Skilled Nursing Facilities	4 SNFs	3 SNFs	2 SNFs		1 SNF	2 SNFs	1 SNF	2 SNFs	3 SNF	1 SNF
Designated Agencies	Washington County Mental Health	Health Care and Rehabilitation Services of Southeastern Vermont	Howard Center		Counseling Service of Addison County	Northwestern Counseling & Support Services	Health Care and Rehabilitation Services of Southeastern Vermont	United Counseling Service of Bennington County		
All other Providers	1 Naturopath 1 Spec. Svc. Agency	1 Other (Brattleboro Retreat)	1 Naturopath 2 Spec. Svc. Agencies		1 Naturopath		1 other provider	1 other provider		

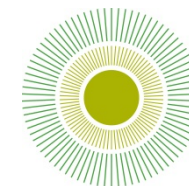
OneCare has Collaborate Agreements with Triple A's across the state
 OneCare also has a collaborator Agreement with the SASH Program.
 *Bayada serves the entire state of Vermont these are the communities where there are main offices.

2018 Medicare Quality Measures - Survey



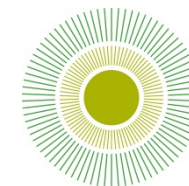
Measure	Domain	Measure use	Data Source
CAHPS: Getting Timely Care, Appointments & Information	Patient/Caregiver Experience	Reporting	Survey
CAHPS: How Will Your Provider Communicate	Patient/Caregiver Experience	Reporting	Survey
CAHPS: Patient's Rating of Provider	Patient/Caregiver Experience	Reporting	Survey
CAHPS: Access to Specialists	Patient/Caregiver Experience	Reporting	Survey
CAHPS: Health Promotion and Education	Patient/Caregiver Experience	Reporting	Survey
CAHPS: Shared Decision Making	Patient/Caregiver Experience	Reporting	Survey
CAHPS: Health Status/Functional Status	Patient/Caregiver Experience	Reporting	Survey
CAHPS: Stewardship of Patient Resources	Patient/Caregiver Experience	Reporting	Survey

2018 Medicare Quality Measures - Claims



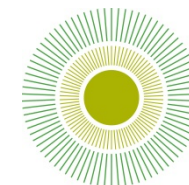
Measure	Domain	Measure Use	Data Source
Risk: Standardized, All Condition Readmission	Care Coordination/Patient Safety	Reporting	Claims
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Care Coordination/Patient Safety	Reporting	Claims
All-Cause Unplanned Admissions for Patients with Diabetes	Care Coordination/Patient Safety	Reporting	Claims
All-Cause Unplanned Admission for Patients with Heart Failure	Care Coordination/Patient Safety	Reporting	Claims
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Care Coordination/Patient Safety	Reporting	Claims
Ambulatory Sensitive Condition Acute Composite (AHRQ Preventive Quality Indicator (PQI#91))	Care Coordination/Patient Safety	Reporting	Claims
Use of Imaging Studies for Low Back Pain	Care Coordination/Patient Safety	Reporting	Claims

2018 Medicare Quality Measures – Clinical



Measure	Domain	Measure Use	Data Source
Medication Reconciliation Post-Discharge	Care Coordination/Patient Safety	Reporting	Clinical
Falls: Screening for Future Fall Risk	Care Coordination/Patient Safety	Reporting	Clinical
Preventive Care and Screening: Influenza Immunization	Preventive Health	Reporting	Clinical
Pneumonia Vaccination Status for Older Adults	Preventive Health	Reporting	Clinical
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	Preventive Health	Reporting	Clinical
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Preventive Health	Reporting	Clinical
Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	Preventive Health	Reporting	Clinical
Colorectal Cancer Screening	Preventive Health	Reporting	Clinical
Breast Cancer Screening	Preventive Health	Reporting	Clinical
Statin Therapy for Prevention and Treatment of Cardiovascular Disease	Preventive Health	Reporting	Clinical
Depression Remission at Twelve Months	Clinical Care for At Risk Population – Depression	Reporting	Clinical
Diabetes Composite (All or Nothing Scoring): 1. Diabetes Mellitus Hemoglobin A1c Poor Control 2. Diabetes Eye Exam	Clinical Care for At Risk Population – Diabetes	Reporting	Clinical
Hypertension (HTN): Controlling High Blood Pressure	Clinical Care for At Risk Population - Hypertension	Reporting	Clinical
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Care for At Risk Population – Ischemic Vascular Disease (IVD)	Reporting	Clinical

2018 Medicaid Quality Measures - Claims



Measure	Program	Measure Use	Data Source
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	VMNG	Payment	Claims
30 Day Follow-Up after Discharge from the ED for Mental Health	VMNG	Payment	Claims
Adolescent Well Care Visits	VMNG	Payment	Claims
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	VMNG	Payment	Claims
Developmental Screening in the First 3 Years of Life	VMNG	Payment	Claims
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	VMNG	Payment	Claims
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	VMNG	Payment	Claims
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	VMNG	Reporting	Claims

2018 Medicaid Quality Measures – Clinical & Survey



Measure	Program	Measure Use	Data Source
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	VMNG	Payment	Clinical
Hypertension: Controlling High Blood Pressure	VMNG	Payment	Clinical
Tobacco Use Assessment and Tobacco Cessation Intervention	VMNG	Reporting	Clinical

Measure	Program	Measure Use	Data Source
Screening for Clinical Depression and Follow-Up Plan	VMNG	Payment	Claims & Clinical

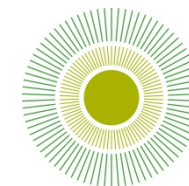
Measure	Program	Measure Use	Data Source
PCMH Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey Composite Measures	VMNG	Reporting	Survey

2018 BCBSVT Qualified Health Plan (QHP) Quality Measures – Claims



Measure	Programs	Measure Use	Data Source
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	BCBS QHP	Payment	Claims
30 Day Follow-Up after Discharge from the ED for Mental Health	BCBS QHP	Payment	Claims
Adolescent Well Care Visits	BCBS QHP	Payment	Claims
ACO All-Cause Readmissions (HEDIS)	BCBS QHP	Payment	Claims
Developmental Screening in the First 3 Years of Life	BCBS QHP	Reporting	Claims
Initiation & Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Composite)	BCBS QHP	Payment	Claims
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	BCBS QHP	Payment	Claims

2018 BCBSVT Qualified Health Plan (QHP) Quality Measures – Clinical & Survey



Measure	Program	Measure Use	Data Source
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	BCBS QHP	Payment	Clinical
Hypertension: Controlling High Blood Pressure	BCBS QHP	Payment	Clinical

Measure	Program	Measure Use	Data Source
Screening for Clinical Depression and Follow-Up Plan	BCBS QHP	Reporting	Claims & Clinical

Measure	Program	Measure Use	Data Source
CAHPS Tobacco Cessation Survey Question: “Did your provider talk to you about smoking cessation?”	BCBS QHP	Reporting	Survey
CAHPS Patient Experience: Care Coordination Composite Score	BCBS QHP	Payment	Survey