

Vermont Medicaid Next Generation (VMNG) Overview

House Committee on Health Care

*Vicki Loner, RN, MHCDS; Chief Operating Officer
February 23, 2017*



OneCareVermont

OneCareVT.org



Outline

- General Program Overview
- VMNG Network Composition
- Attribution
- General Program Requirements
- Policies & Procedures
- General Operations
- Financial Model & Payment Streams
- Utilization Review & Prior Auth Waiver
- Care Management Model & Requirements
- Quality Measures
- Quality Improvement Activities
- What Comes Next

General Program Overview

General Program Overview



- Risk-based Program between DVHA and OCV
- A Portion of the risk is being born by the 4 participating hospitals (CVMC, NMC, Porter, UVMMC)
- No financial risk for physician practices, FQHC's, organizations/agencies that are in network
- Additional \$3.25 pmpm to TINs with attribution for panel management, quality measurement and preventative care & \$2.50 PCCM pass through
- Attribution is prospectively assigned at the beginning of the PY
- Benefits continue to be set by DVHA for all Medicaid beneficiaries including those in VMNG
- Prior Authorization waiver

VMNG Network Composition



OneCare's VMNG Network

- Building on Collaborative Networks in 4 VT Counties
 - Addison
 - Chittenden
 - Franklin
 - Washington
- The Network is made up of:
 - Hospitals
 - Primary & Specialty Care
 - Designated Agencies
 - Home Health & Hospice
 - Skilled Nursing Facilities



Note: Not every practice in these 4 counties are in the VMNG network

VMNG Network Composition



<u>Organization Name</u>	<u>City Name</u>	<u>Specialty</u>	<u>PCP, SCP, HOSP, HHH, DA</u>
Addison County Home Health and Hospice, Inc.	MIDDLEBURY	HOME HEALTH & HOSPICE	HHH
Affiliates in Obstetrical & Gynecological Care Inc.	BURLINGTON	OB/GYN	SCP
Alder Brook Family Health	Essex	Family Medicine	PCP
Ann Goering PC dba Winooski Family Health	Winooski	Family Medicine	PCP
Carl Petri, MD	MIDDLEBURY	SURGERY	SCP
CENTRAL VERMONT HOME HEALTH & HOSPICE, INC	Barre	HOME HEALTH & HOSPICE	HHH
Central Vermont Medical Center, Inc.	BARRE	HOSPITAL	HOSP
Champlain Center for Natural Medicine	Shelburne	NATUROPATHIC MEDICINE	PCP
Charlotte Family Health Center	Charlotte	Family Medicine	PCP
Christopher J Hebert PC	Burlington	Internal Medicine	PCP
Cold Hollow Family Practice, P.C.	Enosburg Falls	FAMILY MEDICINE	PCP
COUNSELING SERVICE OF ADDISON COUNTY INC.	MIDDLEBURY	PSYCHIATRY	DA
DTGC, PC dba Vermont Dermatopathology	BURLINGTON	Dermatopathology	SCP
Essex Pediatrics, P.C.	Essex Jct	Pediatrics	PCP
Evergreen Family Health	Williston	Family Medicine	PCP
FRANKLIN COUNTY HOME HEALTH AGENCY, INC.	St Albans	HOME HEALTH & HOSPICE	HHH
Franklin County Rehab Center, LLC	St Albans	SKILLED NURSING FACILITY	SNF
Gene Moore MD, PLC	Burlington	Internal Medicine	PCP
Green Mountain Wellness Solutions, Inc.	Montpelier	NATUROPATHIC MEDICINE	PCP
Hagan, Rinehart and Connolly Pediatricians, PLLC	Burlington	Pediatrics	PCP
Hillemann & Kirwan MD's P.C.	SOUTH BURLINGTON	Cardiology	SCP
HowardCenter, Inc.	Burlington	PSYCHOLOGY	DA
Lorilee Schoenbeck N.D., P.C. DBA Mountain View Natural Medicine	SOUTH BURLINGTON	NATUROPATHIC MEDICINE	PCP

VMNG Network Composition



<u>Organization Name</u>	<u>City Name</u>	<u>Specialty</u>	<u>PCP, SCP, HOSP, HHH, DA</u>
Michael J. Corrigan, MD PC	SWANTON	FAMILY MEDICINE	PCP
Middlebury Family Health	MIDDLEBURY	Internal Medicine	PCP
Northern Tier Center for Health	Richford	FQHC	PCP
NORTHWESTERN COUNSELING & SUPPORT SERVICES	ST ALBANS	MENTAL HEALTH COUNSELOR	DA
NORTHWESTERN MEDICAL CENTER	ST ALBANS	HOSPITAL	HOSP
Pediatric Medicine	South Burlington	Pediatrics	PCP
Porter Hospital Inc.	Middlebury	HOSPITAL	HOSP
PRIMARY CARE HEALTH PARTNERS- VT, LLP	Burlington	PEDIATRICS	PCP
RAINBOW PEDIATRICS	MIDDLEBURY	PEDIATRICS	PCP
Richard C. Lyons MD	Winooski	OTOLARYNGOLOGY	SCP
Richmond Family Medicine	Richmond	Family Medicine	PCP
Richmond Pediatric and Adolescent Medicine LLC	Richmond	Pediatrics	PCP
STARR FARM PARTNERSHIP	BURLINGTON	SKILLED NURSING FACILITY	SNF
The Health Center	Plainfield	FQHC	PCP
Thomas Chittenden Health Center	Williston	Family Medicine	PCP
UVM Medical Center	BURLINGTON	HOSPITAL	HOSP
Vermont Gynecology P.C.	SHELBURNE	GYNECOLOGY	SCP
Vermont Interventional Spine Center	COLCHESTER	PAIN MANAGEMENT	SCP
Visiting Nurse Association of Chittenden and Grand Isle Counties Inc	BURLINGTON	HOME HEALTH & HOSPICE	HHH
Washington County Mental Health Services, Inc.	Barre	PSYCHOLOGY	DA

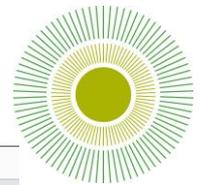
Attribution

Attribution – General Overview



- VMNG is a prospective attribution program
- Attribution is prospectively assigned to the ACO based on the network prior to the start of the PY
- Total 2017 attributed lives are 29,103
- Babies born between 7/1/2016 and 12/31/2017 are **NOT** attributed to OCV
- Practice specific & full attribution reports available to attributing network participants

Attribution



Browser navigation: Clear, Back, Forward, Refresh, Home, Lock, Print, Star, Select Bookmark, Select Report, More

Navigation: Welcome | Information | Summary | **Member List**

OneCareVermont

Search: [Search]

Global Filters

- Organization: OneCare Vermont
- Attr Year: 2016
- Payer: Medicaid
- Contract: Medicaid OCVT

Member Filters

- Attr HSA:
- Attr TIN:
- Attr Practice:
- Attr Provider:
- Medicare Status:
- Dual Status:
- Opt Out:
- Deceased: No
- Has Attribution:
- Curr Terminated:

Attribution Period

Medicaid 10-2016

Attributed Member List

Payer	Member ID	Member Name	Sex	DOB	Medicare Status	Dual Status	Attributed Provider
Medicaid							SEABORG, BARBARA
Medicaid							HEPLER, AMANDA
Medicaid							DICKEY, KARI
Medicaid							MORTIER, ANIA
Medicaid							BOURGEOIS, DAVID
Medicaid							RODRIGUEZ, BRIAN
Medicaid							PRISCH, STEPHANIE
Medicaid							CARLSON, RIMA
Medicaid							UNKNOWN
Medicaid							HEANEY, PATRICK
Medicaid							MANCHESTER, STEWART
Medicaid							RASKIN, BARBARA
Medicaid							PARK, PETER
Medicaid							KOWALSKI, LISE
Medicaid							CARR, PRISCILLA
Medicaid							SIROIS, MICHEAL
Medicaid							CARR, PRISCILLA
Medicaid							ALDRICH, CHRISTIE
Medicaid							WEINSTEIN, SUSAN
Medicaid							ROBINSON, ROBERT
Medicaid							UNKNOWN
Medicaid							METSCH, LAURA
Medicaid							LAWRENCE, CATHERINE
Medicaid							MERTZ, MICHELLE
Medicaid							BURNETT, ANA
Medicaid							LIPORACE, RALPH
Medicaid							PARK, PETER
Medicaid							WELTHER, MICHAEL
Medicaid							WELTHER, MICHAEL
Medicaid							SADKIN, TOBY
Medicaid							MALIK, MOHAMMAD
Medicaid							DARIUS, CHARLY
Medicaid							WILLIAMS, ANTHONY
Medicaid							MILLER, LUCY
Medicaid							LIPORACE, RALPH
Medicaid							LITTLE, DAVID
Medicaid							CARLSON, RIMA
Medicaid							BARRUP, MELISSA
Medicaid							UNKNOWN
Medicaid							UNKNOWN
Medicaid							UNKNOWN
Medicaid							BARRETT, WILLIAM
Medicaid							RODRIGUEZ, BRIAN
Medicaid							SADKIN, TOBY
Medicaid							ULAGER, JAMES
Medicaid							CURCHIN, THOMAS
Medicaid							TOBITS, DAGMAR
Medicaid							ALLEN, MARTHA
Medicaid							BATCHELDER, MEGAN



Attribution - Methodology

- Beneficiaries must have at least 1 month of Medicaid enrollment in either of the prior 2 attribution years (2014-2015) to be eligible for attribution to VMNG
- Medicaid primary beneficiaries who have a qualifying E&M (QEM) service in the prior 2 year attribution window (2014 – 2015).
- QEM Codes used are the same as those used in the Blueprint program and in the VMSSP Program and are HCPCS & CPT codes.

Attribution - Methodology



- Eligibility Exclusions – Beneficiaries who:
 - Did not have a qualifying E&M service
 - Are dually eligible for Medicare
 - Had evidence of third party liability coverage
 - Are eligible for enrollment in VT Medicaid but has obtained commercial coverage
 - Are enrolled in VT Medicaid but receive a limited benefit package; or
 - Are not enrolled as a DVHA beneficiary at the start of the PY



Attribution - Changes

Changes during the year can occur due to:

- Deaths
- Loss of coverage
- Shift to a limited service coverage package
- Shift to commercial coverage

General Program Requirements

General Program Requirements



- **Covered Services**

- DVHA will continue to set benefits for all Medicaid beneficiaries including VMNG beneficiaries
- Provide Medically Necessary services to
 - Help restore or maintain the patient's health
 - Prevent deterioration or palliate the beneficiary's condition; or
 - Prevent the likely onset of a health problem or detect a problem in its early stages



General Program Requirements

- **Provider Appeals** – OneCare will hear provider appeals related to:
 - Shared savings or losses calculations, distributions or assessments made by the ACO
 - Any Fixed Prospective Payments or Capitated Payments calculated & paid out by the ACO
 - Provider discipline, sanction or termination by the ACO
 - Distribution or sharing of provider's performance data by ACO

Policies & Procedures

Policies & Procedures



- Policies and procedures are posted on the OneCare Secure Portal for all participating providers
 - www.onecarevt.org
- The secure portal requires a User Name & Password access.

List of Network Related Policies & Procedures



Policies

- 02-01 OneCare Prior Authorization Policy
- 03-03 OneCare VT Data Use Policies & Procedures
- 05-03 Code of Conduct
- 05-06 VMNG Beneficiary Grievance Policy
- 06-01 VMNG Maintenance of Records Policy
- 06-03 VMNG Covered Services Policy
- 06-04 VMNG Special Health Care Needs Population Policy
- 06-05 VMNG Interpretation Services Policy
- 06-08 VMNG Medical Records Policy

List of Network Related Policies & Procedures



Policies Continued:

- 06-09 VMNG Provider Education and Outreach Policy
- 06-10 VMNG Outreach with Providers Policy
- 06-11 VMNG Member Payment Liability Policy
- 06-12 Participant Appeals Policy
- 06-14 Compliance Plan

List of Network Related Policies & Procedures



Procedures:

- C02-01 Procedure for EPSDT Women & Pregnancy
- C02-02 Procedure for Compliance with Vermont Advanced Directives Legislation
- C02-04 QM-Interreliability & Audit Review Procedure
- C02-05 Care Delivery Model
- C02-07 QM–Quality Measurement Procedure
- F04-01 OneCare VT VBIF Calculation & Distribution Procedure

List of Network Related Policies & Procedures



Procedures Continued:

- O05-07 VMNG Beneficiary and Participant Servicing Procedure
- O05-35 Provisioning WorkBenchOne Users Procedure
- O05-36 Provisioning Care Navigator Users in the Training and Production Systems
- O05-39 OneCare Contract Management and Monitoring
- P06-02 VMNG Provider Contracting Procedure
- P06-03 VMNG Provider Agreements Procedure

General Operations

General Operations



- **Member Liability**

- Copays are still applicable

- **Claim Submission**

- Providers and Hospitals will continue to submit claims as usual
- Hospital Remits will show \$0 paid (as of 2/1/17)
 - Hospitals will receive Prospective Fixed Payment (beginning in February)
- Provider claims continue to process FFS
- All remits will have a reason code of “1881” to identify VMNG attributed beneficiaries

General Operations



- **Prior Authorizations**

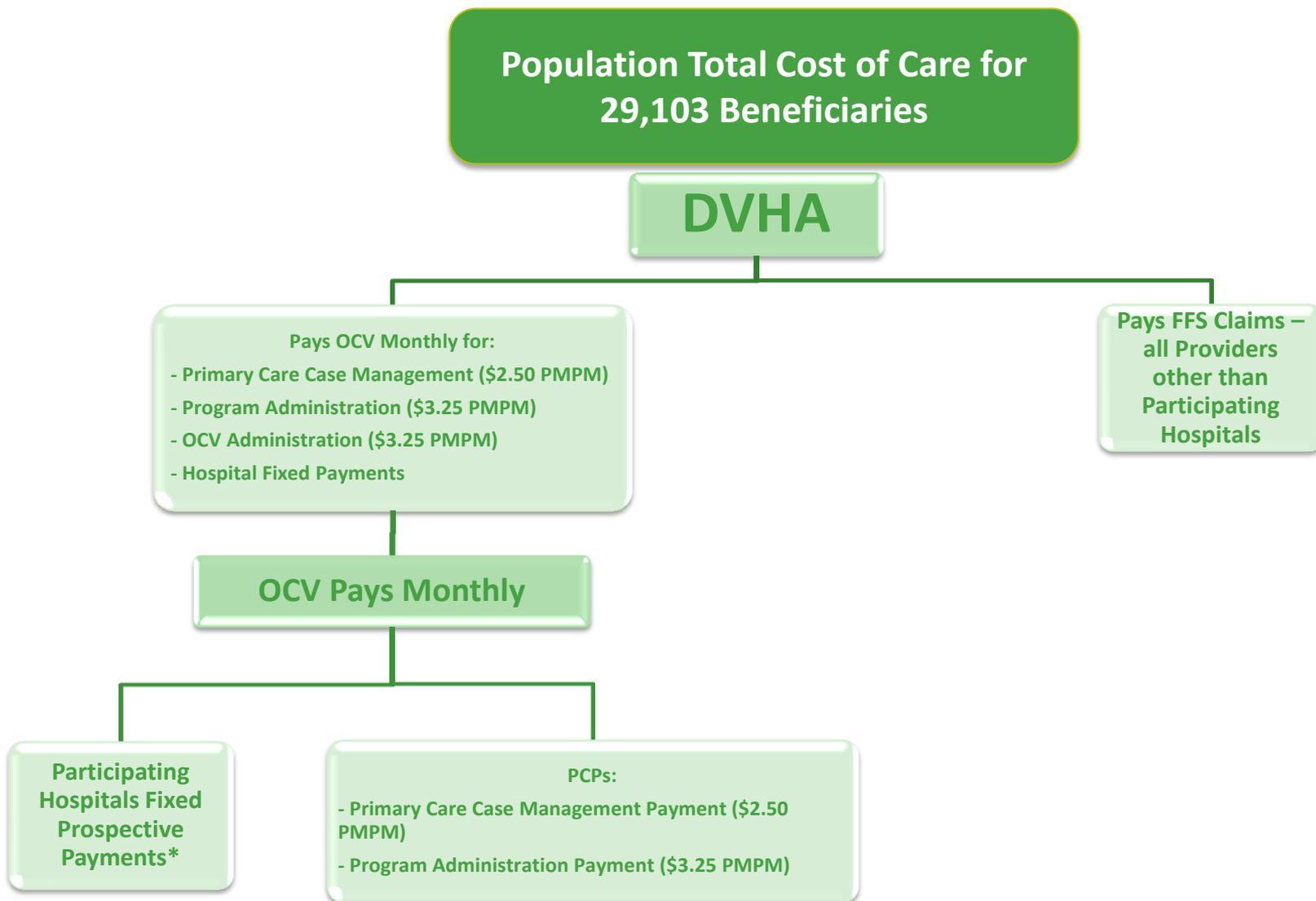
- Waived for all Part A & Part B Services billed by VMNG Network providers & hospitals (as of 2/1/17)

- **Medicaid 13-Day Window**

- 13th day IP notification is also waived as is the additional clinical documentation (as of 2/1/2017)

Financial Model & Payment Streams

VMNG Financial Flow



*0.5% of total cost of care is withheld from hospital fixed payments (VBIF funding)

*Hospital fixed payments are net of prefunded savings (0.2% of total cost of care)



Value Based Incentive Pool (“VBIF”)

- VBIF eligibility will be determined annually. Calculation and distribution of payments will be done in accordance with Board of Managers approved policies and procedures
- OCV will run a report of total attribution and expenditures by TIN for the full performance year
- Total available VBIF funds will be divided into two pools with 70% going in the primary care pool and the remaining 30% going into a general distribution pool
 - The primary care pool will be apportioned to each TIN based on the number of lives attributed to that TIN
 - The general distribution pool will be apportioned based on the percentage of total eligible expenditures at that TIN
- Once final calculation is approved by OCV Finance Committee, the BOM will approve distribution
- Payments will be distributed to eligible participants by electronic funds transfer to the extent possible

Utilization Review & Prior Auth Waiver



Prior Authorization Exemption: Overview

- Prior Authorization Exemption: OneCare (OCV) Medicaid Next Gen Participating Providers no longer need to go through the DVHA Prior Approval review process for OCV attributed members as of 2/1/2017
- Exceptions Include:
 - Services not included in OneCare's Risk, which include:
 - Part D prescription medications
 - Glasses
 - Mental Health and Substance Use services covered by other departments in the Agency of Human services (such as DMH)
 - Other Non A, Non B services
 - Benefit Limits
 - Services not normally covered under the persons benefit packet
 - Experimental or investigational procedures
 - CMS Medically Unlikely Edits

Prior Authorization Exemption: Identifying which Providers are exempted



- QUESTION:
 - How will DVHA know who is exempted?
- Answer:
 - OneCare will provide DVHA with an initial and then a monthly provider roster to identify all providers that are participating with OneCare for the Medicaid Next Generation ACO program
 - (Only providers joining an existing participating TIN can be added during the year)*
 - DVHA's fiscal agent (HPE) will flag those providers to allow for claims to pay without a prior authorization



Prior Authorization Exemption: Identifying which Members are exempted



- QUESTION:

- How will I know who is exempted?



- Answer:

- OneCare will provide all participating providers with a monthly list of all attributed members (if you are an attributing provider) and a complete list of all attributed members to the ACO. This list will be fairly consistent for the entire calendar year because...

- Under this contract members are prospectively attributed to the ACO for the calendar year.
- The only way that a member will no longer be attributed to the ACO is if they pass away, lose or change their Medicaid coverage (i.e. move to Medicare or a limited service package) or obtain commercial insurance.

Prior Authorization Exemption: Criteria



- QUESTION:
 - What if I still want to access evidenced based criteria to assess if a procedure would have meet DVHA's criteria for approval?
- Answer:
 - OneCare will utilize DVHA's evidenced based guidelines whenever possible
 - Evidenced based guidelines can be accessed through OneCare's Provider Portal
 - A copy of the guidelines can be obtained by calling OneCare's Operations department
 - If OneCare cannot leverage DVHA's criteria (such as in the case of proprietary vendor relationships like radiology), OneCare will identify and adopt evidenced based guidelines for services that require prior authorization.

Prior Authorization Exemption: Trend Monitoring



- OneCare is required to monitor all services covered under the utilization management program (including those services that previously required prior authorization) using a variety of reports and analytic applications
- Monthly reporting and monitoring of all UM program components will be done by clinical, quality, financial and operations staff reporting up through the OneCare Utilization Review Committee
- Quarterly monitoring will be done by the Population Health Committee and Board of Mangers
- Annually, OneCare will conduct an evaluation of all the UM program components, identifying accomplishment and opportunities for improvement- informing priorities and future interventions

Utilization Review



Utilization Application

Members with Services

4,452

Avg Util Per 1,000

18.46

Prior Auth Category
High Tech Radiology

Month-Year
Jan-2015
Feb-2015
Mar-2015
Apr-2015

Medicaid Eligibility
ABD Adult
BD Child
Consolidated Adult

Attr HSA
Bennington
Berlin
Brattleboro
Burlington
Lebanon
Middlebury

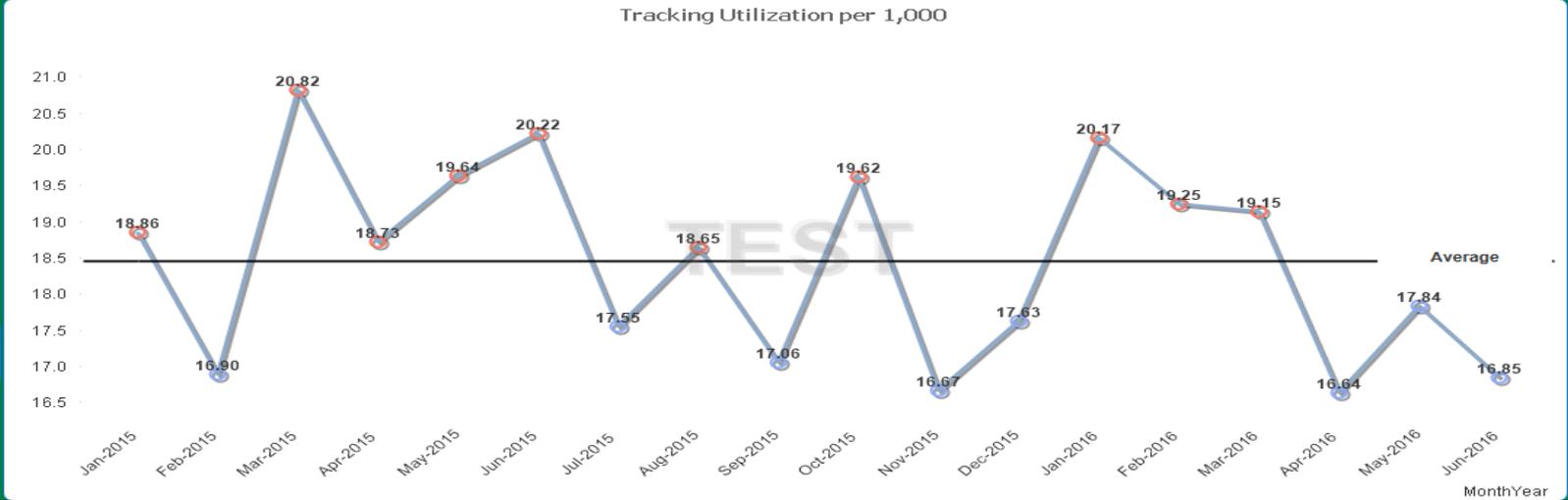
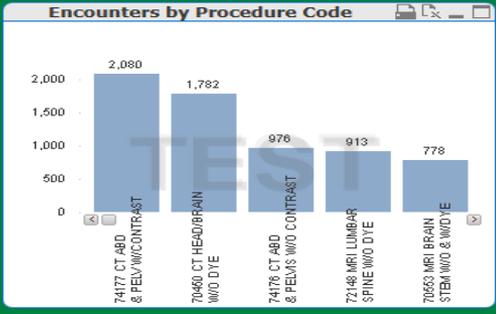
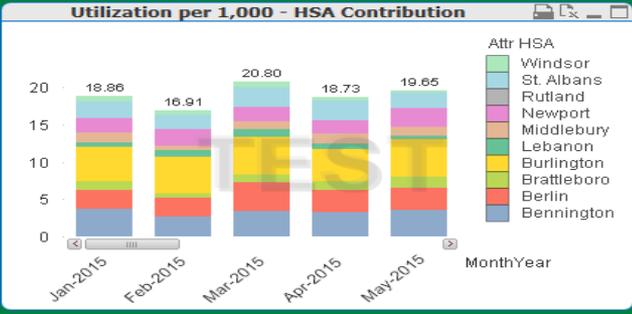
Attr TIN Name
Angela Wingate, MD
Avery Wood
Brattleboro Memorial Hospital, Inc
Central Vermont Medical Center, I
Champlain Center for Natural Med

Attr Provider
Provider1349
Provider7529
Provider20534
Provider56216
Provider92364
Provider97108

Billing TIN Name
Brattleboro Memorial Hospital, Inc
Carlos G. Otis Health Care Center
Central Vermont Medical Center, I
Champlain Imaging
Copley Hospital, Inc.

Claim Attributes
Procedure
Diagnosis
Diag Group...

Month-Year	Members	Encounters	Util Per 1,000	% Chan...
Jan-2015	365	722	18.86	-
Feb-2015	320	647	16.90	-10.4%
Mar-2015	399	797	20.82	23.2%
Apr-2015	370	717	18.73	-10.0%
May-2015	374	752	19.64	4.9%
Jun-2015	392	774	20.22	3.0%
Jul-2015	344	672	17.55	-13.2%
Aug-2015	360	714	18.65	6.3%
Sep-2015	339	653	17.06	-8.5%
Oct-2015	387	751	19.62	15.0%
Nov-2015	342	638	16.67	-15.0%
Dec-2015	354	675	17.63	5.8%
Jan-2016	386	772	20.17	14.4%
Feb-2016	377	737	19.25	-4.6%
Mar-2016	378	733	19.15	-0.5%
Apr-2016	317	637	16.64	-13.1%
May-2016	345	683	17.84	7.2%
Jun-2016	344	645	16.85	-5.5%



- Utilization
 - Members, Encounters, and Utilization per 1,000
 - Month by month with percent change
 - Contribution by HSA
 - Encounters by Procedure Code
 - Tracking by month for trends or shifts

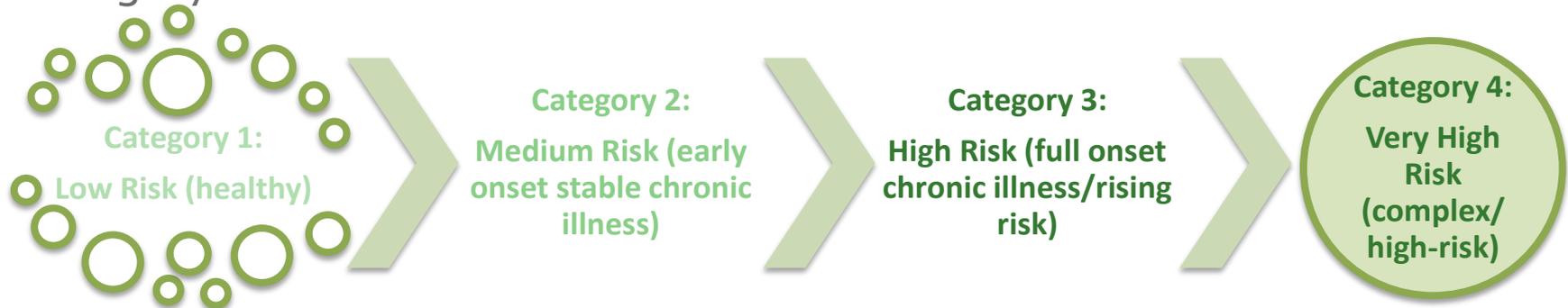
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Care Management Model & Requirements



OCV Care Coordination Model

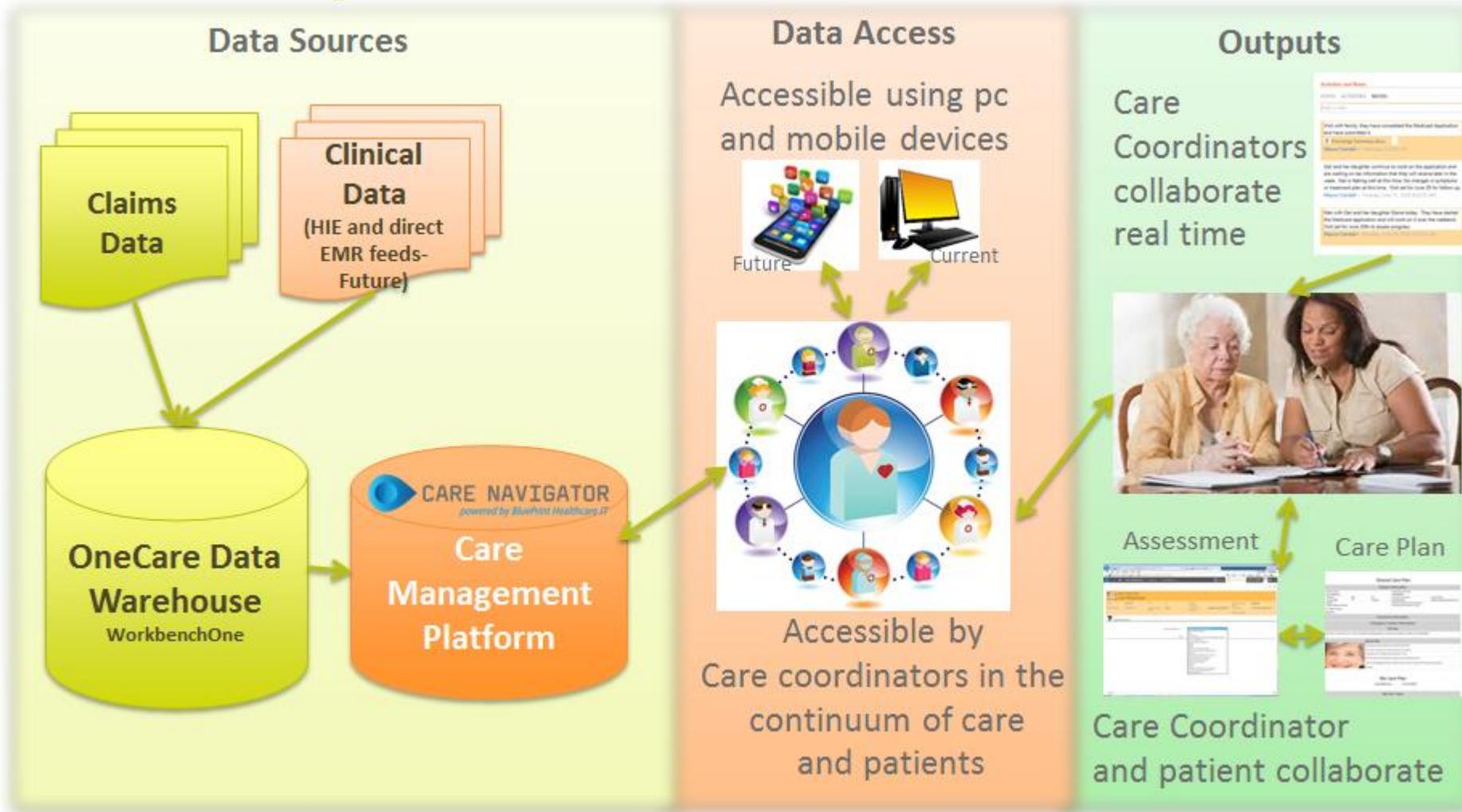
Conduct initial screenings using demographic, clinical, and claims data → assign appropriate population health management risk category:



COLLABORATE WITH PCMH & COMMUNITY ORGANIZATIONS TO:

- integrate and streamline health and social services to facilitate member access to activities, supports and services that maintain and/or improve their physical and mental health (e.g. wellness exams, immunizations, parenting classes, health education resources)
- conduct a comprehensive health assessment
- outreach: ≥ 2 /yr
- facilitate patient reminders for preventive care visits
- provide high-quality customized educational materials
- promote self-management
- link to CHT resources
- provide disease management supports
- conduct appropriate clinical assessments
- conduct a comprehensive health assessment
- outreach: ≥ 4 /yr
- services in Category 2
- access to enhanced community-based care coordinator
- completion of a shared care plan with patient-centered goal setting and identification of barriers and challenges and prioritization of goals, tasks, and milestones
- conduct a comprehensive health assessment
- outreach: ≥ 12 /yr
- services in Category 3
- assign a lead care coordinator to facilitate complex care coordination
- access to additional educational resources, programs, and supports
- care conferences as needed
- assess needs for palliative or hospice care

Care Navigator: Using Technology to Integrate Care Coordination



Patient Dashboard



PATIENT : PATIENT DETAILS

Gail Matthews

DoB *	12/15/1938	Age	77	Lead Care Coordinator	Care Coordination Status	Reengaged
Phone (Primary)	645-090-8765	Preferred Contact Method	Mobile	Communication Challenge	Language other than English	Acuity Level
						2. More than weekly contact
Data last refreshed						

Patient Details

General

First Name	Gail	Gender *	Female
Middle Initial	--	Race	American
Last Name *	Matthews	Preferred Language other than English	English (India)
Date of Birth *	12/15/1938	Communication Challenge	Language other than English
Marital Status	Married	COLST	No
Advance Directive	No		

Communication Details

Phone (Primary)	645-090-8765	Type (Primary)	--	Address 1	1108 CHARLES STREET St. Albans Street 0547837
Phone (Secondary)	7047689087	Type (Secondary)	Mobile	Address 2	--
Email	Matthews@mycarenav.com			City	St. Albans Street
Preferred Contact Method	Mobile			State	Alaska
				ZIP	0547837
				County	Franklin

Activities and Notes

POSTS ACTIVITIES NOTES

Enter a note

Visit with family, they have completed the Medicaid Application and have submitted it.

Discharge Summary.docx

Maura Crandall - Yesterday 5:30:58 PM

Gail and her daughter continue to work on the application and are waiting on tax information that they will receive later in the week. Gail is feeling well at this time. No changes in symptoms or treatment plan at this time. Visit set for June 29 for follow-up.

Maura Crandall - Tuesday, June 21, 2016 8:42:50 AM

Met with Gail and her daughter Elaine today. They have started the Medicaid application and will work on it over the weekend. Visit set for June 20th to assess progress.

Maura Crandall - Monday, June 20, 2016 9:03:19 AM

Care Coordinator Dashboard



My Tasks



Activity Name ↑	Regarding	Status	Assigned To	Priorit...	Estimated End Dat
Readmission risk eval	Edwin P....	Not Start...	Sandy Smith,...	High	
Stop smoking by 03/31...	Edwin P....	In Progress	Patient	High	3/31/2016 6:30 PI
About COPD	Carmela...	Not Start...	Patient	Med...	12/18/2015 4:26 PI
Administer GAD-7	Carmela...	Not Start...	User5 Test5	Med...	12/18/2015 4:26 PI
Administer PHQ2/9	Carmela...	Not Start...	User5 Test5	Med...	12/18/2015 4:26 PI
Administer PHQ2/9	Carmela...	Not Start...	User5 Test5	Med...	12/18/2015 4:26 PI
Assess sleep quality	Carmela...	Not Start...	Patient	Med...	12/18/2015 4:26 PI
Attend Diabetes Educat...	Edwin P....	Deferred	Patient	Med...	7/10/2015 5:00 PI

1 - 8 of 80

Page 1

My Patients



Last Name	First Name	Date of Birth ↑	Member ID	Risk Score	Inpa
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No Patient records found.

My Appointments



Start Date ↑	Patient	Activity Name	Priority	Care P
6/13/2016 11:30 AM	Edwin P. Gonzalez	Walk for 30mins	Normal	
6/13/2016 4:00 PM	Edwin P. Gonzalez	Take Your Medication	Normal	Sandy
6/14/2016 11:30 AM	Edwin P. Gonzalez	Walk for 30mins	Normal	
6/14/2016 4:00 PM	Edwin P. Gonzalez	Take Your Medication	Normal	Sandy
6/15/2016 11:30 AM	Edwin P. Gonzalez	Walk for 30mins	Normal	
6/15/2016 4:00 PM	Edwin P. Gonzalez	Take Your Medication	Normal	Sandy
6/16/2016 11:30 AM	Edwin P. Gonzalez	Walk for 30mins	Normal	
6/16/2016 4:00 PM	Edwin P. Gonzalez	Take Your Medication	Normal	Sandy

1 - 8 of 403

Page 1

what's new

All records ▾ | Both Auto posts User posts

Welcome!

This is your personal wall, where you'll see news about the colleagues and records you follow.

1. [Find and follow your colleagues](#)
2. [Comment on posts and other activity](#)
3. [Display your profile picture](#)



0 followers

Start following colleagues and let people follow you. [Learn more](#)

Shared Care Plan Document



Shared Care Plan

Patient Information					
Patient's Name: Gail Matthews			Mobile Phone Number: 7047689087		
Birthdate: 12/15/1938	Age: 77	Sex: Female	Home Phone Number: 645-090-8765	Email Address: Matthews@mycarenav.com	
Address: 1108 CHARLES STREET St. Albans Street 0547837			Preferred Method of communication: <input type="checkbox"/> Voice call <input type="checkbox"/> Email <input type="checkbox"/> Text		

Insurance Information

Emergency Contact Information

ED Plan

Gail knows the when she is short of breath and has gained 5+ pounds she needs to contact her cardiologist.

About Me	
	Preferred activities: Gardening, Volunteering at NMC n
	How I learn: Verbal with written information to refer to
	Interaction tips: has difficulty discussing her illness
	Communication style: discuss non personal issues before personal
	Tips to avoid triggers/behaviors: Needs a family member present with discussing future plans
Mobility:	

My Care Plan

Gail Matthews 12/15/1938

My Care Team

Quality Measures

Quality Measure Cross Walk



Measure	2017 Use	Data Source	Measure Alignment	2017 Nat'l Benchmark
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	Payment*	Claims	APM	No
30 Day Follow-Up after Discharge from the ED for Mental Health	Payment*	Claims	APM	No
Adolescent Well Care Visits	Payment	Claims	SSP	Yes
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Payment*	Claims	APM	No
Developmental Screening in the First 3 Years of Life	Payment	Claims OR Clinical	SSP	No
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	Payment	Clinical	APM (SSP was composite measure)	Yes
Hypertension: Controlling High Blood Pressure	Payment	Clinical	SSP	Yes
Initiation of Alcohol and Other Drug Dependence Treatment	Payment	Claims	SSP; APM	Yes
Engagement of Alcohol and Other Drug Dependence Treatment	Payment	Claims	SSP; APM	Yes
Screening for Clinical Depression and Follow-Up Plan	Payment*	Claims + Clinical	SSP; APM	No
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	Reporting	Claims	SSP	Yes
Timeliness of Prenatal Care	Reporting	Claims	DVHA MCO	Yes

*Use as payment measure if appropriate benchmarks can be identified for 2017 contract year, otherwise award full points in 2017

VT ACO Quality Measure Scorecards



Clinical Based Measures

Measure	Current Percentile	Score	Target	Target Variance	Previous Score	Current vs Prior	Monthly Trend
CORE 14 2016 - Childhood Immunization Status	< 25th	9.95	49.63	(39.68) ▼	9.95	0.00	-
CORE 15 2016 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	< 25th	2.19	78.90	(76.71) ▼	2.19	0.00	-
CORE 18 2016 - Colorectal Cancer Screening	N/A	26.84	N/A		26.84	0.00	-
CORE 19 2016 - Screening for Clinical Depression and Follow-up Plan	N/A	2.34	N/A		2.25	0.09 ▲	▲
CORE 20 2016 - Body Mass Index (BMI) Screening and Follow-Up	N/A	6.51	N/A		6.43	0.07 ▲	▲
CORE 30 2016 - Cervical Cancer Screening	< 25th	48.53	73.04	(24.51) ▼	48.53	0.00	-
CORE 36 2016 - Tobacco Use Assessment and Tobacco Cessation Intervention	N/A	6.00	N/A		6.01	(0.01) ▼	▼
CORE 39 2016 - Controlling High Blood Pressure	< 25th	16.19	69.79	(53.60) ▼	16.15	0.04 ▲	▲
CORE 17 2016 - Diabetes Mellitus: Hemoglobin A1c Poor Control (>9 percent)	< 25th	75.90	29.68	46.22 ▲	75.62	0.28 ▲	▲
DM Eye Exam - Comprehensive Diabetes Care: Eye Exam	90th	95.65	67.80	27.85 ▲	95.65	0.00	-
CORE 53 2016 - Diabetes Care: Two-Part Composite	N/A	48.75	N/A		48.75	0.00	-

Claims Based Measures

Measure	Current Percentile	Score	Target	Target Variance	Previous Score	Current vs Prior	Monthly Trend
CORE 1 2016 - ALL Cause Readmission	N/A	0.00	N/A		0.00	0.00	-
CORE 2 2016 - Adolescent Well Care Visit	< 25th	18.47	66.58	(48.11) ▼	18.47	0.00	-
CORE 4 2016 - Follow Up After Hospitalization for Mental Illness	25th	45.45	63.85	(18.40) ▼	45.45	0.00	-
CORE 5 2016 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment -Composite			33.53				
CORE 6 2016 - Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	90th	66.29	40.38	25.91 ▲	66.29	0.00	-
CORE 7 2016 - Chlamydia Screening in Women	< 25th	45.19	68.60	(23.41) ▼	45.19	0.00	-
CORE 8a 2016 - Developmental Screening in the First Three Years of Life - Patients between 0 and 12 months	75th	57.91	NR		57.91	0.00	-
CORE 8b 2016 - Developmental Screening in the First Three Years of Life - Patients between 13 and 24 months	75th	58.25	NR		58.25	0.00	-
CORE 8c 2016 - Developmental Screening in the First Three Years of Life - Patients between 25 and 36 months	50th	28.61	NR		28.61	0.00	-
CORE 8d 2016 - Developmental Screening in the First Three Years of Life - Patients between 0 and 36 months Composite	75th	45.95	NR		45.95	0.00	-
CORE 10 2016 - Ambulatory Care-Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	N/A	0.08	N/A		0.08	0.00	-
CORE 12 2016 - Prevention Quality Chronic Composite (Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite)	N/A	0.15	N/A		0.15	0.00	-
CORE 13 2016 - Appropriate Testing for Children with Pharyngitis	90th	88.51	85.25	3.26 ▲	88.10	0.41 ▲	▲

Summary

- All measures grouped by their domains
- Current percentile & percentage performance
- Target & variance (above or below target)
- Gains or losses from prior month
- Data summarized monthly and graphed

Measure Summary

Measure	Current Percentile	Score	Next Percentile Threshold	# N required for Next Percentile	Numerator	Denominator
CORE 15 2016 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	< 25th	2.19	49.14	5,089	237	10,838

Benchmark Percentile Ranges

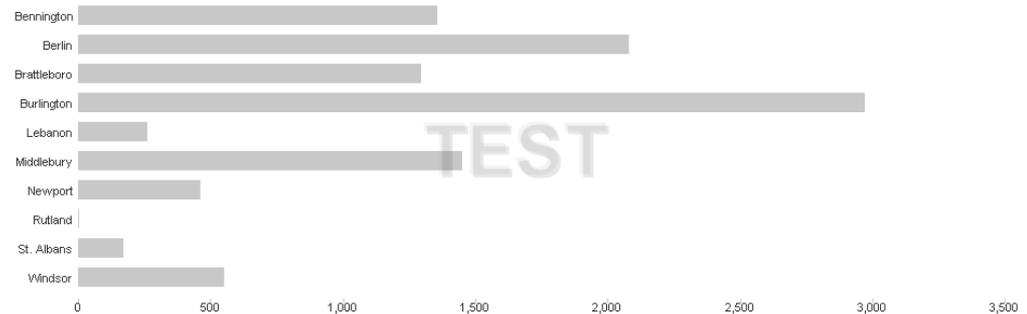
Percentile	25th	50th	75th	90th
Benchmark	49.14	60.85	71.76	78.90
Additional N Required	5,089	6,358	7,541	8,315

Measure Definition

The percentage of attributed individuals 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: BMI percentile documentation, counseling for nutrition, or counseling for physical activity.

🔍 # of Opportunities by Provider	📊 # of Opportunites by HSA	📊 Percentile and Score by HSA CORE 15 2...	📊 Score Over Time CORE 15 2016
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of Opportunites by HSA



Analysis

- Enables further discovery through filtering and drilling
- Current performance
- How many patients needed to achieve the next percentile
- Number of opportunities for providers compliance

NOTICE: All data produced by OneCare VT is for the sole use of its contracted OneCare VT Participants and must not be distributed to other individuals or entities who do not hold a legally binding contract with OneCare VT. These materials are confidential and may only be used in connection with OneCare VT activities. The use of these materials is subject to the provisions of the Business Associate Agreement and/or Participation or Collaboration Agreement with OneCare Vermont.

Clinical Data Quality



ACO 27 - Diabetes Poor Control

ACO 27 2016 - Diabetes Mellitus: Hemoglobin A1c

OneCareVermont Percentage of patients 18-75 years of age with diabetes who had hemoglobin HbA1c > 9.0%, the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement

Organization

- Adirondacks ACO
- OneCare Vermont

Denominator	Numerator	Score
4,548	3,325	73%

Reverse Score Measure (Low Score = Better)

Hospital Service Area

- Bennington
- Berlin
- Brattleboro
- Burlington
- Middlebury
- Morrisville
- Newport
- Rutland
- Springfield

Measure Reason

- Good Control
- Incorrect Date
- Missing Information Due to Timing
- No Data Found
- No Data in Measurement Period
- Non-Numeric Result Value
- Non-Standard Code in Measurement Period
- Poor Control

Patients in Denominator by Attributed TIN

Data Source

- DHMC EPIC
- Hixny
- No Data Available
- UVM MC EPIC
- VITL

Measure Reason

- Good Control
- Incorrect Date
- Missing Information Due to Timing
- No Data Found
- No Data in Measurement Period
- Non-Numeric Result Value
- Non-Standard Code in Measurement Period
- Poor Control

Data Source

- DHMC EPIC
- Hixny
- No Data Available
- UVM MC EPIC
- VITL

Sending Facility

- Alice Hyde Medical Center
- Brattleboro Memorial Hospital
- Central Vermont Medical Center, Inc.
- Champlain Valley Physicians Hospital

Measure Reason Detail

Patient Name	Attributed TIN	Provider Name	Data Reason	Result Date	Code	Result Value	Sending Facility
Patient1	Central Vermont Medical Center, Inc	ROBINSON, ROBERT D	No Data Found	-	-	-	-
Patient2	University of Vermont Medical Center...	LURIA, SCOTT	Good Control	1/18/2016	4548-4	6.7	University of Vermont
Patient3	Northwestern Medical Center	FITZGERALD, JOHN M.	No Data Found	-	-	-	-
Patient4	Windsor Hospital Corporation	WEBBER, CARRIE M	Non-Standard Code in Measu...	5/7/2016	Hgb A1c DH	7.1	Mt Ascutney Hospital
Patient5	Central Vermont Medical Center, Inc	BURGOYNE, RICHARD A...	No Data Found	-	-	-	-
Patient6	University of Vermont Medical Center...	WAHEED, WAQAR	No Data Found	-	-	-	-
Patient7	Brattleboro Memorial Hospital, Inc.	FULHAM, SARAH	Good Control	2/25/2016	4548-4	5.4	Brattleboro Memorial H
Patient8	Michael J. Corrigan, MD PC	CORRIGAN, MICHAEL J	Non-Standard Code in Measu...	5/4/2016	2280	7.3	University of Vermont
Patient9	Northwestern Medical Center	FITZGERALD, JOHN M.	Non-Standard Code in Measu...	3/25/2016	HGBAP	10.71	Northwestern Medical
Patient10	University of Vermont Medical Center...	JACOBS, ALICIA A	Good Control	5/9/2016	4548-4	7.1	University of Vermont

History

Patient Name	Attributed TIN	Provider Name	Result Date	Code	Code Description	Result Value	Sending Facility Code
Patient691	University of Vermont Medical Center Inc.	HAKEY, DIANE JEAN	1999-11-15	4548-4	HEMOGLOBIN A1C (A1C)	7.8	UVMCEpic
Patient1964	University of Vermont Medical Center Inc.	BERGER, CLAUDIA	1999-11-15	4548-4	HEMOGLOBIN A1C (A1C)	6.8	UVMCEpic
Patient5871	University of Vermont Medical Center Inc.	LURIA, SCOTT	1999-11-15	4548-4	HEMOGLOBIN A1C (A1C)	7.1	UVMCEpic
Patient8034	University of Vermont Medical Center Inc.	MERTZ, MICHELLE JENNIFER	1999-11-15	4548-4	HEMOGLOBIN A1C (A1C)	7.2	UVMCEpic
Patient710	University of Vermont Medical Center Inc.	BRENA, ANNE E	1999-11-17	4548-4	HEMOGLOBIN A1C (A1C)	5.1	UVMCEpic

Quality Improvement Activities

Clinical Quality Improvement Model



A3 QI Reporting Format




September 22, 2016

TEAM

Hospice Team:
Kristen Bernum, Claude Berger, Jim Budis, Gail Golgen, Cathy Collins, Mary Ellen Corliss, Rachel Cummings, Molly Dugan, Tara Graham, Penrose Jackson

MEASURES:

- Length of stay for patients using Hospice services
- # of referrals to hospice services before and after inpatient 'check box' intervention
- # of providers attending educational sessions in Primary Care setting
- Evaluation of sessions by care providers attending educational sessions
- # of referrals to hospice for pre and post (3, 6, and 12 months) educational sessions

GOAL/AIM STATEMENT

Start Date: October 1, 2015

To improve Hospice utilization in patients with End Stage CHF Disease by 5% in the next 12 months

COUNTERMEASURES IMPLEMENTATION PLAN

What is the Task?	Who Leads?	By When?
1. Inpatient order set includes referral to hospice for CHF patients	Dr. Berger	completed
2. Educational Sessions : 10/15 TCHC, 1/16 APC Burlington, 3/16 Evergreen 5/16 APC Essex, 7/16 Hinesburg	VNA, Bayada	completed
3. Number of referrals to hospice pre education sessions and post ses-	Pre: 4 Post: 6	completed
4. Chart Review (4)	Dr. Berger/ MFraser	9/13/16
5. Hospice Pocket cards for Providers	all	In process

PROBLEM STATEMENT (BACKGROUND—NATIONAL & LOCAL)

In 2012 the Dartmouth Atlas OPF Health Care placed Vermont sixth lowest among states in Medicare Beneficiaries who died while enrolled in Hospice (32.3 % of Vermonters compared to the US Average of 50.6% In 2012) *Dartmouth Atlas of Health, Accessed March 2015*

RESULTS/Future State

- Start date: 10/1/2015 = Four (out of 60 CHF order sets) contained orders for a Palliative Care Consult
- Referrals to hospice post education: six (no results from 7/26/16 session to date)
- Number of providers attending educational sessions: 48
- Evaluation results educational sessions: (see back)
- Average length of stay for CHF inpatients referred to Hospice service (per chart audit: 12-36 hours)

Future State: 5% of patients in Chittenden County have utilized Hospice services by September 2016

Oct 2015—September 2016 total # OCV patients using Hospice Service Burlington HSA :

CHF: 47	66 % change
Dementia: 41	156 % change
Cancer: 69	23 % change

CURRENT STATE (BASELINE DATA)

Feb 2015 — September 2015 total # OCV patients using Hospice Service Burlington HSA :

CHF: 31

Dementia: 16

Cancer: 56

KEY DRIVERS

- Lack of information about the difference between Palliative care and Hospice services - both providers and consumers
- Lower rates of Hospice use by nursing home residents
- Support services (family) lack confidence and are not adequately prepared to deliver care in the home setting
- Underutilization for certain diagnoses e.g.: CHF, Prostate Cancer, Dementia



Network Improvement in ACTION

St. Albans:

- ED utilization
- 30-day all-cause readmission
- Developmental screening

Burlington:

- Hospice utilization
- ED utilization
- Adolescent well child visit rates

Middlebury:

- Decreasing Opiate prescriptions
- ED utilization

Rutland:

- CHF
- COPD

Bennington:

- CHF Admissions
- ED utilization
- All-cause readmission
- Care Coordination

Morrisville:

- 30-day all-cause readmission
- Developmental screening

Newport:

- COPD
- Obesity
- Hospice utilization

Berlin:

- Adverse Childhood Experiences
- Hospice utilization
- CHF

Windsor:

- COPD
- Opioid use Management

Brattleboro:

- Hospice utilization
- Care Coordination



0 40 KM 40 Miles
© geology.com

Network Success Story



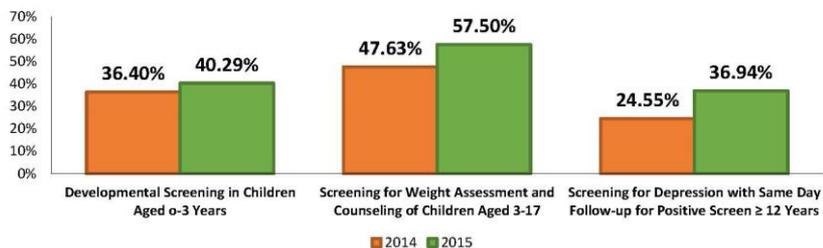
OneCare Vermont Network Success Story

Medicaid Quality Measures



Although we don't have national data to compare on the Medicaid Shared Savings Programs measures, we want to highlight areas where the Network changed clinical workflow and documentation procedures to increase rates of screening for depression, assessment of weight and counselling for physical activity and nutrition and developmental screening.

OCV Network: A Snapshot of Selected Medicaid Quality Measure Areas of Improvement



Measure Spotlight: Depression Screening

- 22 practices associated with Central Vermont Medical Center, Primary Care Health Partners, Windsor Hospital and UVM Medical Center improved their depression screening follow-up rates by ≥ 10% between 2014 and 2015.
- OneCare Vermont's Network improved screening for depression and follow-up by 50% between 2014 and 2015 (Table 1).
- Females were five times more likely to screen positive for depression in the 2015 measurement sample.

Table 1: > 10% Improvement for Depression Screening

- | | |
|--|--|
| <ul style="list-style-type: none"> Berlin Health Center Barre Health Center Adult Primary Care – Barre Adult Primary Care – Berlin Granite City Primary Care Family Medicine – Berlin Family Medicine – Mad River & Waterbury Green Mountain Family Practice Integrative Family Medicine – Montpelier | <ul style="list-style-type: none"> UVM MC Primary Care Burlington, Essex, South Burlington, Williston, Colchester, Hinesburg, Milton, and UVM MC Pediatrics Brattleboro Primary Care Mt. Anthony Primary Care St. Albans Primary Care Timber Lane Pediatrics Mt. Ascutney Physicians Practices |
|--|--|

Lessons Learned

- ✓ Primary Care practices selected and implemented standardized depression screening tools (PHQ-2 and PHQ-9)
- ✓ Patients reacted positively to being screened for depression in a familiar setting (i.e. primary care office) with trusted team members
- ✓ Clarifying roles and responsibilities among care team members facilitated increased screening and follow-up.

What Comes Next?

Provider Education & Outreach



- **Continued Education for the VMNG Network**

- Provider requirement & responsibilities
- Clinical protocols
- Member rights & responsibilities
- Claims submission process
- Claims dispute resolution process
- Program integrity
- Identifying potential fraud & abuse



Provider Education & Outreach



Education Method & Schedule

Method of Education	Frequency	Schedule
Web-Ex Sessions	Quarterly	Jan, Apr, Jul, Oct
Bulletins	Quarterly	Mar, Jun, Sept, Dec
In-Person Visits	As Needed	As Needed
Email Communications	As Needed	As Needed

How To Reach Us



- **OneCare VT Website**
 - www.onecarevt.org Contact us Form
- **OneCare VT Operations Phone & Email**
 - 802-847-7220, Select Option 2
 - 877-644-7176, Select Option 2
 - VTMedicaidNextGen@onecarevt.org

Questions?

Appendix



VMNG Readiness Summary

- OneCare has met 87% of the VMNG readiness requirements
- The remaining 13% are in process and were dependent signing of the VMNG contract and transfer of requirements to the combined OneCare/DVHA operational teams for clarification and cross-team tactical solutions.
- OneCare and DVHA have worked closely to identify remaining action items to close the remainder of the requirements.
- The outstanding items have clear deliverables and are on track for completion by 3/31/17, per contract requirements.



Attribution - Methodology

- QEMs are identified by a combination of HCPCS, CPT and physician specialties.
- Physician specialties that can attribute:
 - General Practice
 - Family Medicine
 - Internal Medicine
 - Geriatric Medicine
 - Nurse Practitioner
 - Naturopathic Physician with Childbirth Endorsement
 - Naturopathic Physician without Childbirth Endorsement
 - Rural Health Clinic (RHC)
 - Federally Qualified Health Center (FQHC)
 - Physician Assistants, Nurse Practitioners



Attribution - Methodology

- Physician specialties that can attribute (cont'd):
 - Cardiology
 - Neurology
 - Pulmonology
 - Nephrology
 - Endocrinology
 - Rheumatology
 - Hematology/Oncology
 - Medical Oncology
 - Surgical Oncology
 - Radiation Oncology
 - Gynecological Oncology
 - Neuropsychiatry