Progress and Program Update
Senate Committee on Health and Welfare

Vicki Loner, RN.C, MHCDS; VP and Chief Operating Officer
3/28/2018

OneCareVermont

Outline

- 2018 Accomplishments, Challenges and Plans
- Journey to All Payer ACO Model Reform
- OneCare Overview
- Network at a Glace
- Program Summaries
- Customer Service Support
- Population Health
- Analytic Tools and Resources
- Q&A

2018 Accomplishments

- **Highlights from the first few months of 2018**
  - Invested in and operationalized ~ $25 Million in Population Health Programs to support the goals of health care reform
  - Operationalized fixed prospective payments for Medicaid and Medicare Programs to participating hospitals
  - Provided continuity for the Medicare payments to support CHT, SASH and Blueprint providers
  - Provided training and education to 6 additional VT communities on existing and new Next Generation program contracts
  - Provided extensive training on Quality measures, population health management, care coordination, and Care Navigator in existing and new communities
  - Tested and loaded new clinical and claims data sets for all programs to support providers in clinical and financial accountabilities

2018 Accomplishments (Cont'd)

- Completed quality measure collection for Medicare, Medicaid, and Commercial payers, including clinical abstract of 5,000 patient charts. Traveled to 21 locations throughout Vermont to provide support to practices or to perform manual abstraction from paper charts
- Trained ~200 staff and leaders statewide in care coordination skills in Q1
- Co-developed and launched, with Blueprint, a new diabetes and prediabetes management quality improvement learning collaborative
- Expanded our Patient and Provider Advisory Committee and Board in line with ACO expansion
- Developed new workflows to expand prior authorization elimination
- Developed a set of clinical priority areas to drive focused Quality Improvement activities
- Successfully fulfilled all GMCB requirements in order to receive ACO certification from the GMCB

Challenges to date

- Technical challenges prevented us from adopting fixed payments for the BCBSVT commercial program for 2018. We are working to address this issue for 2019
- Timing of receipt of payer attribution and historical claims files
- Opt-out processes and related cleaning, validation, and management
- Limited availability of important clinical and quality data in our analytics tools and care coordination software until late in Q1
- Operationalizing the prior authorization waiver because it does not apply to full patient panel
  - Discussing a pilot with Department of Vermont Health Access to apply waiver to whole panel
  - Exploring eligibility files coded for prior authorization to make it easier for doctors
- Medicare letter that was sent to beneficiaries was confusing.
  - We are working with Centers for Medicare & Medicaid Services to make changes to improve clarity
  - OneCare will also provide advance notice to providers before the letters are sent

Brief overview of the months ahead

- **At the end of April, OneCare will produce Health Service Area level performance reports with financial, clinical, and quality data.**
  - These reports will allow CFOs to track financial performance, CMOs to examine service delivery patterns compared to targets, and quality teams to check their performance against benchmarks
- **Self-Insured Program Development**
  - Creating a program to add value to self-insured plans. Learning from our pilot program what can be replicated and applied to other self-insured plans. Need to contract with self-funded plans to meet scale targets set in the All-Payer Model agreement
- **2019 Network Development**
  - Board of Managers has endorsed a contracting process for 2019
  - Contract renewals will be offered to hospitals currently in our network and all other Vermont hospitals that are not currently participating. Hospitals must be willing and able to take financial risk for their respective Health Service Areas
  - Participant contracts will be offered for independent primary and specialty care providers, FQHCs, Home Health and Hospice Agencies, Designated Agencies, and Skilled Nursing Facilities, as long as their "home hospital" is part of the OneCare ACO
  - Exploring engagement with ancillary independent providers (PT, Occupational therapists, etc.) via focus groups in 2018-2019 to design population health programs/incentives that align with the OneCare population health model for readiness in the 2020 contracting cycle

All Payer ACO Model Journey

Decisions and Timelines

Decision to Change the Trend

The Federal Government (Centers for Medicare and Medicaid Services) and the State of Vermont have made a policy choice to pay for quality health outcomes, not volume driven health care services.

Vermont's Goals

- Limit health care cost growth to no more than 3.5% in aggregate across all payers
- Increase access to primary care
- Improve health outcomes for Vermonters

To achieve these goals, the State of Vermont has adopted a new way to try to reduce and cap health care spending in Vermont called the All Payer Accountable Care Organization Model.

All-Payer Accountable Care Organization Model Framework

- Moves from volume-driven fee-for-service payment to a health outcome-based, fixed payment model that uses Accountable Care Organizations (ACOs) to administer the model
- Provides a coordinated, system-wide, and integrated reform plan, addressing cost and quality, through 2022

Timeline on how VT Arrived at an ACO Model

2016: Vermont and the federal government enter into the All-Payer ACO Model Agreement. The Agreement provides for:

- Protection of Medicare beneficiaries
- Enhanced benefits for Medicare beneficiaries attributed to ACOs
- A six-year phased-in approach to implementation
- Meaningful measures and targets to support population health improvement
- Provider-led reform
- Vermont-specific local control
- Preservation of successful Vermont reform programs
- No financial penalties to the State or Providers should targets not be achieved
- Reasonable targets for limiting health care cost growth
- Addressing the payer differential between Medicaid and Medicare
- Accountability of ACOs and oversight by the GMCB

Timeline on how VT Arrived at an ACO Model (Cont'd)

- 2017: Department of Vermont Health Access Launches VMNG contract with OneCare Vermont
- 2017: GMCB adopts Rule 5.000 relating to oversight of ACOs
- 2017: GMCB Approves OneCare Vermont Budget for All-Payer ACO program and sets Medicare rate of growth
- 2018: GMCB Certifies OneCare Vermont as an ACO
- Represents a big step in strengthening the public-private partnership to deliver on Vermont health reform goals
- Many Vermonters live on a fixed budget and the All Payer Accountable Care Organization Model puts healthcare spending on a fixed budget

About OneCare Vermont

About OneCare Vermont ACO

- OneCare Vermont is a state-wide Accountable Care Organization (ACO) working with Medicare, Vermont Medicaid, Commercial Programs, and UVM Medical Center Self-Insured Plan to improve the health of Vermonters
- OneCare Vermont comprises an extensive network of providers across the full continuum of care, including hospitals in Vermont and New Hampshire, hundreds of primary and specialty care physicians and advance practice providers, federally qualified health centers, and several rural health clinics
- OneCare coordinates the health care for more than 112,000 Vermonters across Medicare, Medicaid, Commercial, and UVM Medical Center health plans

Governance and Organizational Model of OneCare Vermont

- OneCare maintains continued engagement and support by its founders UVM Medical Center and Dartmouth-Hitchcock, non-profit organizations who remain the corporate members of OneCare which operates as a not-for-profit Limited Liability Company (LLC) directed by its Board

- **Board of Managers**
  - OneCare receives oversight and direction from a Board of Managers that includes the entire continuum of health care providers including FQHCs, independent doctors, Critical Access Hospitals, and community Designated Agencies
  - OneCare's Board also includes multiple consumers, who along with a Family and Patient Advisory Committee facilitated by physicians, provides input from a patient and family perspective directly to the Board
  - OneCare operates a range of clinical committees and councils which include Population Health, Quality and Care Management, Pediatrics, and others which include health care providers and stakeholders from across the OneCare Network and the communities they serve

- **Green Mountain Care Board (GMCB)**
  - Certifies ACOs based on GMCB established rules and standards
  - Annually reviews, modifies, and approves ACO budgets
  - Monitors and oversees the activities and performance of ACOs
  - Provides ACOs with an Annual Reporting and Budget Guidance

OneCare Vermont Board of Managers

Founder Selected Seats

- **John Brumsted, MD** – CEO, University of Vermont Health Network
- **Todd Keating** – CFO, University of Vermont Health Network
- **Steve Leffler, MD** – Network SVP CQO/CPHO, University of Vermont Health Network
- **Steve LeBlanc** – Executive VP, Strategy & Network Relations, Dartmouth-Hitchcock
- **Joseph Perras, MD** – CEO and CMO, Mt. Ascutney Hospital and Health Center
- **Kevin Stone** – Project Specialist for Accountable Care, Dartmouth-Hitchcock

Provider Participant Selected Seats

- **Lorne Babb, MD** – PCP, Enosburg Falls (Private/Community Practice Physicians)
- **Mary Moulton** – Executive Director, Washington County Mental Health (Mental Health Providers)
- **Tim Ford** – President and CEO, Springfield Hospital
- **Claudio Fort** – CEO, North Country Hospital (Critical Access Hospitals)
- **Steven Gordon** - President and CEO, Brattleboro Memorial Hospital
- **Jill Berry Bowen** – CEO, Northwestern Medical Center (Community Hospitals)
- **Judy Morton**– Executive Director, Mountain View, Rutland (Sub-Acute Providers)
- **Judy Peterson** – CEO, VNA of Chittenden & Grand Isle Counties (Home Health & Hospice Rep)
- **Toby Sadkin, MD** – PCP, St Albans (Private/Community Practice Physicians)
- **Pam Parsons** - Executive Director, Northern Tier Center for Health (FQHCs)

Consumer Seats

- **Betsy Davis** - (Representing Medicare Beneficiaries) Member of the VNA Honorary Board
- **Angela Allard** – (Representing Medicaid Beneficiaries) Former small business owner/operator
- **John Sayles** – (Representing Commercial Consumers) CEO, Vermont Foodbank

Network Composition

2018 OneCare Vermont Network

~112,00 attributed lives
~$580M accountable spend

- 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

* Vermont Medicaid Next Generation 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 AAA'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.**

OneCare Vermont Program Summaries

2018 Program Risk Summary

Payer	Program	Risk Model	Attributable Populations
Medicare	• Modified Next Generation Medicare ACO Program	• 100% or 80% Risk (Our Choice) • 5% to 15% Corridor (Our Choice) • Budget model will assume minimum model risk on TCOC which is 4% (= 5% * 80%)	• Original Medicare benefits (including duals), not including those who have Medicare Advantage plans
Medicaid	• Vermont Medicaid Next Generation ACO Program (Year 2 Renewal)	• For 2017: 100% Risk on 3% Corridor • Budget will assume continuity of that model at 3% on TCOC	• 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)
Commercial	• Move Shared Savings Program to 2-sided Risk with BCBSVT	• In Discussion for 50% risk on a 6% Corridor • Budget will apply that draft model for total maximum risk of 3% on TCOC (= 6% * 50%)	• Qualified Health Plan

Attribution Breakdown

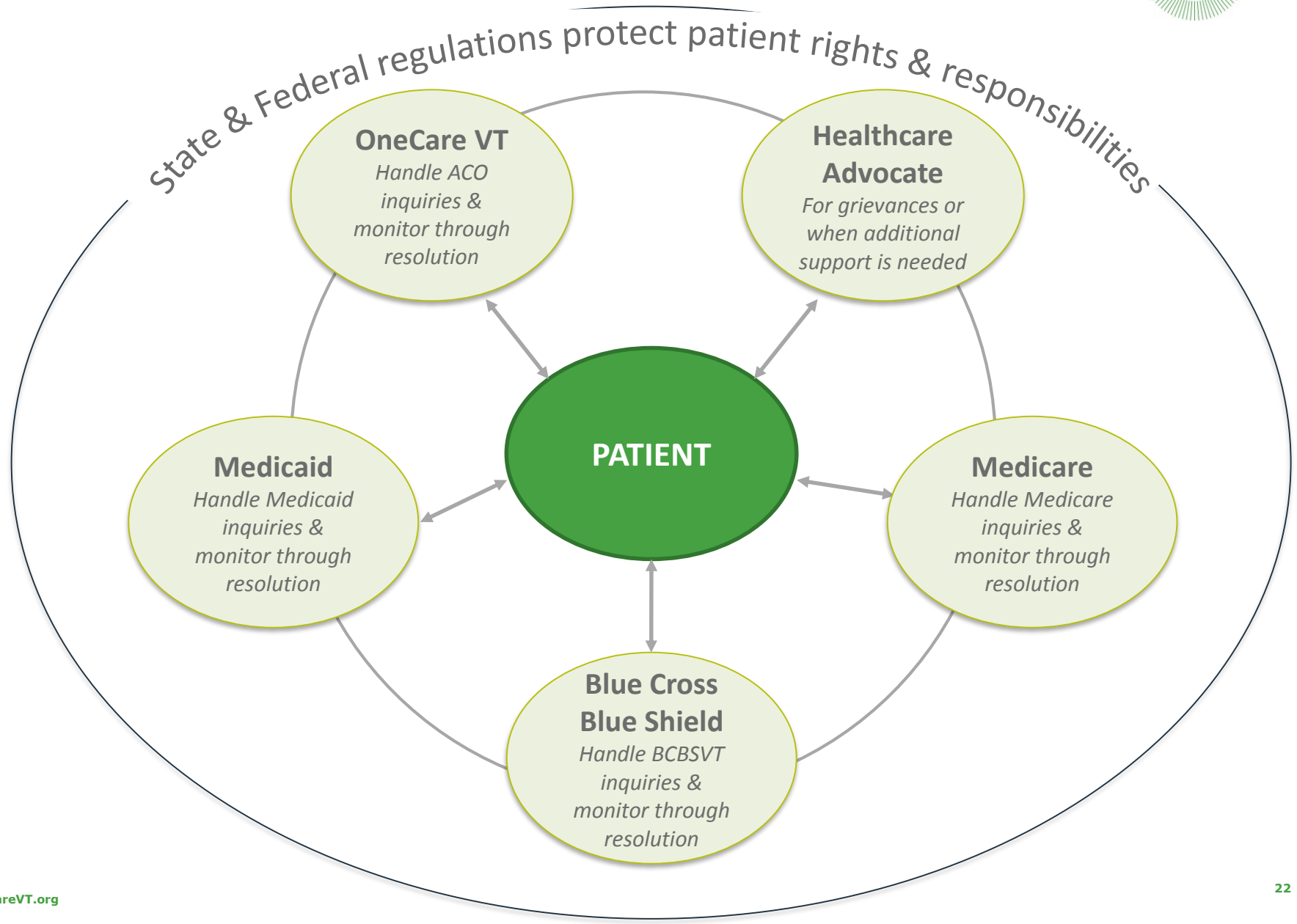
Attributing HSA	Medicaid (VMNG)	Medicare (MMNG)	BCBSVT (QHP/XSSP2)	Self-Funded Pilot**	Total
Bennington	5,094	651	140	0	5,885
Berlin	5,513	5,789	3,635	337	15,274
Brattleboro	3,340	2,817	1,119	1	7,277
Burlington	13,690	18,723	9,932	8,986	51,331
Lebanon	1,130	NA	1,289	15	2,434
Middlebury	3,760	4,128	1,861	216	9,965
Newport	3,920	NA	NA	0	3,920
Springfield	2,081	5,036	1,624	2	8,743
St. Albans	2,743	2,554	1,238	405	6,940
Windsor	1,071	NA	NA	0	1,071
Grand Total *	**42,342**	**39,698**	**20,838**	**9,962**	**112,840**

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

Customer Service Support

Patients

ACO Customer Service Support System



OneCare ACO Programs: Customer Service Partnerships and Patient Supports

	OneCare Program Customer Service Roles		
	Medicare	**Medicaid**	**BCBSVT**
OneCare Vermont Escalation Owner	Manager, ACO Operations Grace Bissonette-Broz		
Payer Escalation Owner	Teresa Wilson, Medicare ACO Specialist	Amy Coonradt, Director of Operations – ACO Programs	Nick Hogan, Customer Service Manager
Health Care Advocate Primary Contact	Amelia Schlossberg, Health Care Advocate		

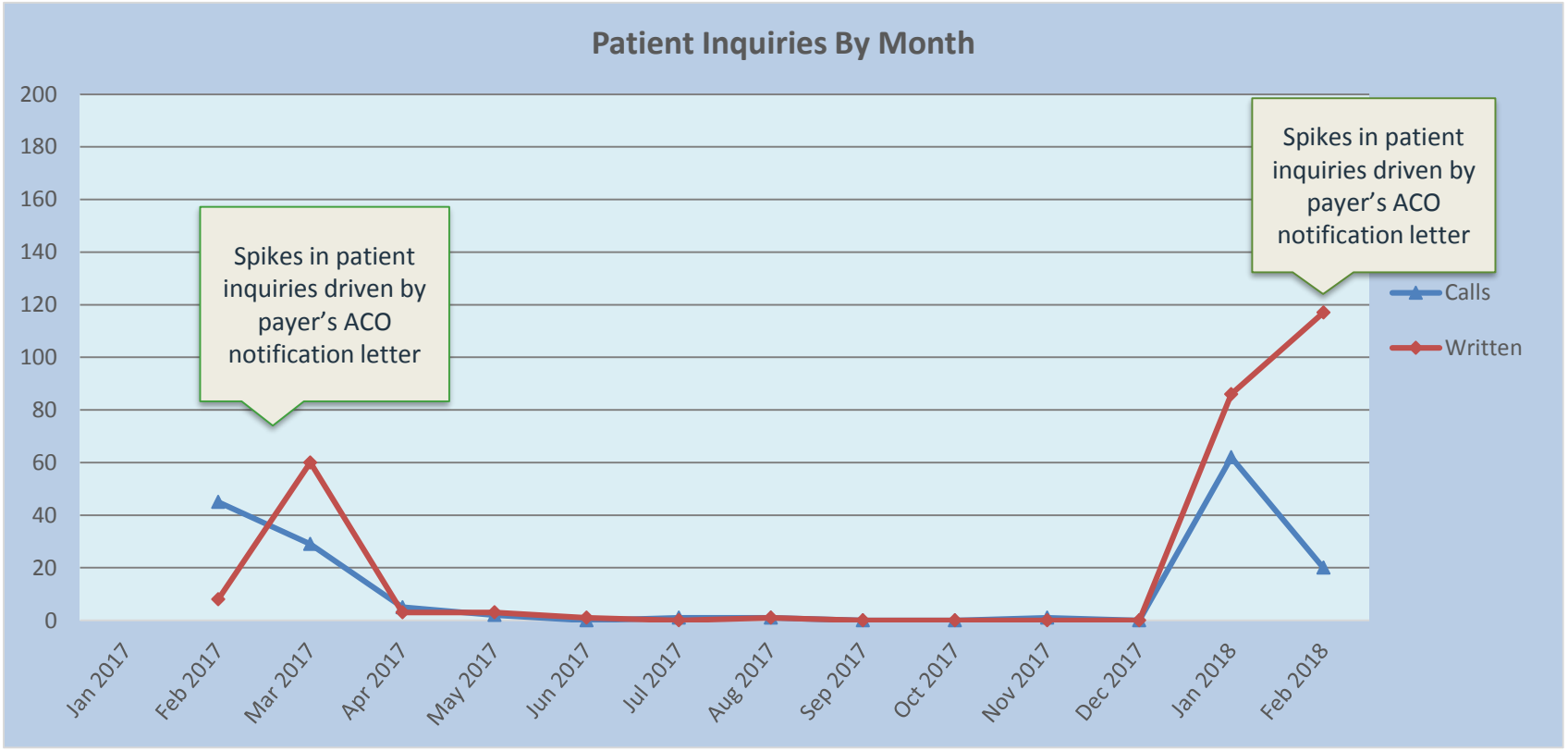
OneCare Customer Service Definitions: Patients

- **Inquiries/Complaints**
  - Defined as routine communication from a patient that requires the ACO to take action to resolve questions or concerns (For VMNG reporting purposes, these are coded as inquiries)
- **Grievances**
  - Defined as a complaint that is not readily resolved through initial discussion whereby the patient is offered the option to file a formal grievance
  - OneCare will appoint appropriate representatives to consider the grievance and provide the patient with notice of its determination within 14 days, extension not to exceed 30 days
  - As part of the complaint and grievance process, patients are advised in writing of their rights to use the support of the Health Care Advocate to support them in their grievance process
  - OneCare provides supporting materials for the grievance and appeals process on the payer side
- **Payer Appeals**
  - Since OneCare is not an insurance company, there is no Appeals process for overturning decisions such as benefits or coverage
  - OneCare provides supporting materials for the payer's appeals process as appropriate

Patient Customer Service Supports ACO and Payers

#	OneCare Vermont	Payers (Medicare, Medicaid, BCBSVT)
1	General ACO questions	General health plan coverage questions
2	Request to opt out of data sharing	Opt-out referrals from ACO
3	ACO Notification Letter	Benefit appeals
4		Billing issues
5		Claims status
6		Deductibles and co-insurance
7		Health Savings Accounts
8		Prescription benefits
9		Prior Authorizations
10		Purchase of VT Health Connect services
11		Qualifying Events/Coverage Changes

2017-2018 OneCare Patient Inquiries



- 2017 patient inquiries (notification letter primarily) are all related to VMNG program since that was the only risk program we reported last year
- 2018 patient inquiries (notification letter primarily) are all still incoming for this year. VMNG and Medicare letters sent, BCBSVT letter to be sent mid-April, 2018

2017 Patient Data Sharing Opt-Out Rates

	Medicaid Next Generation	Medicare Shared Savings	BCBSVT Shared Savings
Opt Out Rate	1.60%	5.30%	0%

OneCare Customer Service for Patients

- **Reasons for Inquiry**
  - Medicare, Medicaid and BCBSVT program ACO notification letter
  - Heightened press coverage related to the All Payer Model
- **Tracking and Monitoring**
  - Inquiries are tracked and monitored through resolution, including those transferred to the payer
- **Reporting**
  - In 2017 customer service reports were provided to DVHA. OneCare is extending the same reports to BCBSVT and Medicare
- **Escalation**
  - OneCare has received no grievances to date
  - OneCare offers patients the option to file a formal grievance if the complaint is not readily resolved
  - OneCare offers the contact information for the Health Care Advocate for additional support

ACO Notification Letter & Patient Data Sharing Opt Out Process

	Payer Program Notification and Opt Out Rules		
	Medicaid Next Generation	**Medicare Next Generation**	**BCBSVT Risk**
Notification Type	All payers provide a notice for patients that they are aligned to an ACO		
Data Sharing Opt Out Requirement Mentioned in Letter?	Letter **explicitly states that the patient has the right to opt out of data sharing**	As directed by the payer, the letter **does not provide opt out information** however opt out details are contained in the patients Medicare Benefits Manual which they receive each year	As directed by the payer, the letter **does not provide opt out information**
Opt Out Process and Ownership	If a patient chooses to opt out of data sharing, **OneCare is empowered to opt them out** and OneCare provides this information to DVHA to suppress from future data sharing with OneCare	If a patient chooses to opt out of data sharing, **OneCare will support the patient by directly transferring them to Medicare** to suppress from future data sharing with OneCare	If a patient chooses to opt out of data sharing, **OneCare will support the patient by directly transferring them to BCBSVT** to suppress from future data sharing with OneCare

Customer Service Support

Providers

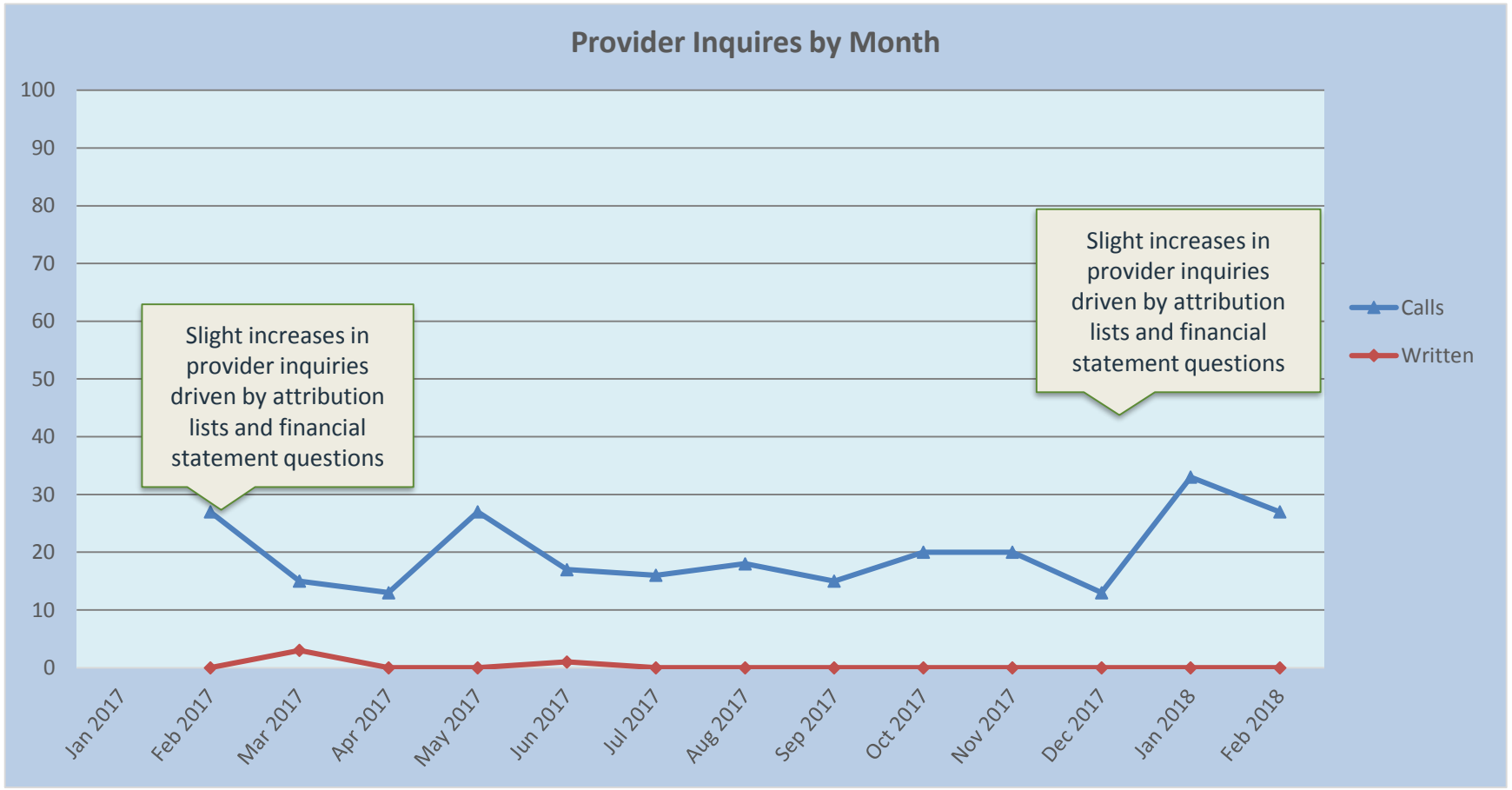
OneCare Customer Service Definitions: Providers

- Provider customer support is similar to patients with the following exception:
- Appeals
  - Participants have the right to appeal related to the following:
    - The shared savings or losses (risk) calculations, distributions or assessments made by ACO, as applied to the Participant
    - Any capitated payments or other payments made as an alternative to Fee For Service, calculated by and paid to Participant by ACO
    - An ACO decision to not enroll an Eligible Participant discipline, sanction or terminate a Participant or Provider under an ACO Program
    - The distribution or sharing of Participant's performance data by the ACO
  - A Participant must request a Level 1 Appeal within ninety (90) days of the date the Participant was notified of the issue in dispute
  - A Level 2 Voluntary Appeal must be requested no later than ninety (90) days after receipt of the Level 1 Appeal decision. Level 2 Voluntary Appeal decisions are final

OneCare Customer Service for Providers

- **Reasons for Inquiry**
  - Primary reasons relate to the Medicare, Medicaid and BCBSVT program patient attribution lists and financial statements all stored on our OneCare secure portal
- **Tracking and Monitoring**
  - Inquiries are tracked and monitored through resolution, including those transferred to the payer
- **Reporting**
  - In 2017 customer service reports were provided to DVHA. OneCare is extending the same reports to BCBSVT and Medicare
- **Escalation**
  - OneCare has received no grievances from providers to date
  - OneCare has a provider appeals policy should they be dissatisfied with ACO-related resolutions

2017-2018 OneCare Provider Inquiries



Customer Service Improvements

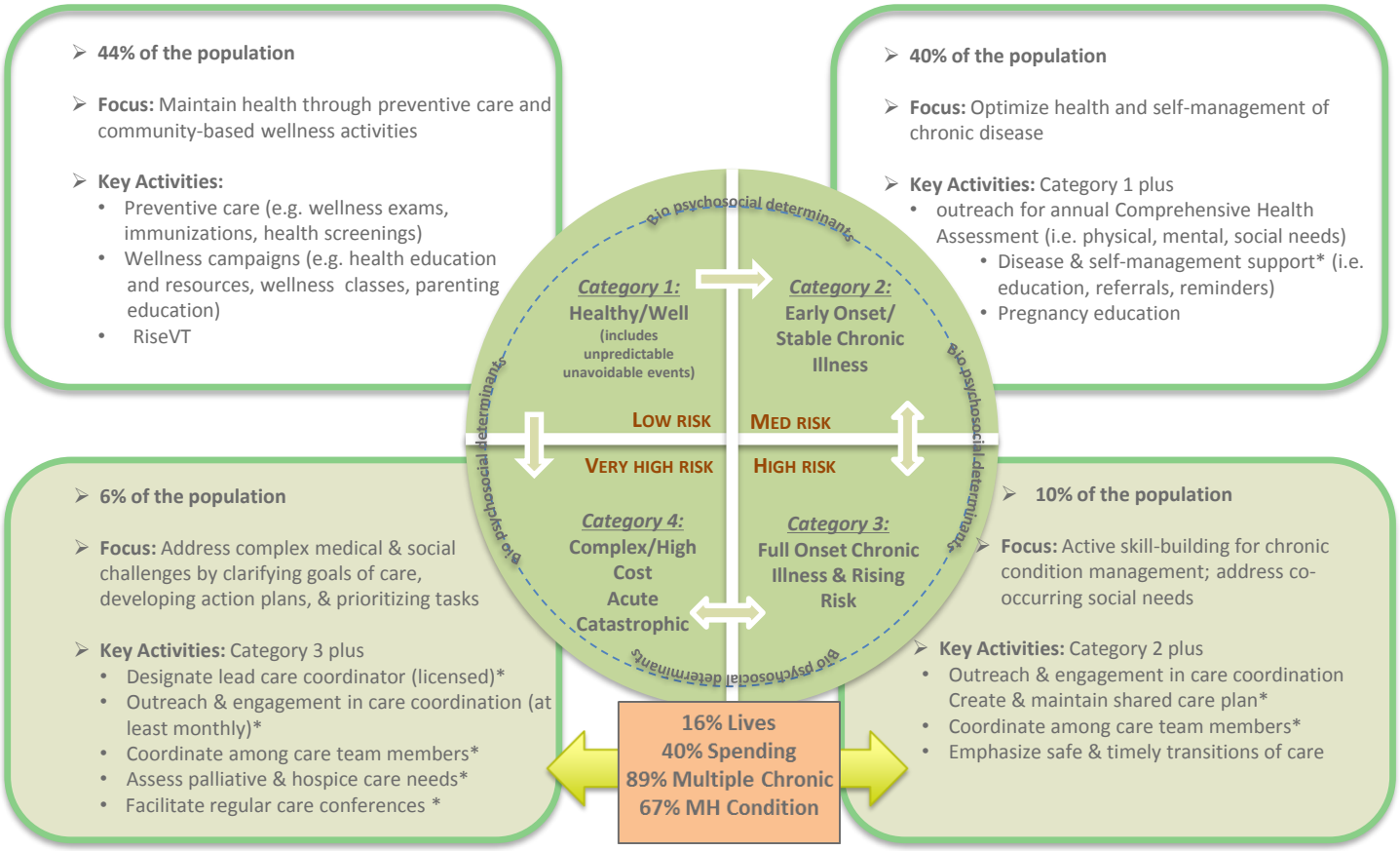
- **Accomplishments to Date**
  - Established network of direct partnerships with all payers and HCA to better support patients and providers with customer service issues
  - Response time for all inquiries within VMNG service level agreements
  - Improvements to website to include patient FAQ updates and public reporting information
- **2018 Improvements**
  - OneCare website enhancements to include the following: broadening the information to include three payer programs (has been Medicare-centric); updating Provider FAQs and making the customer service contact information more prominent
  - More detailed customer service tracking for all three payer programs and extending reporting to BCBSVT and Medicare

Population Health

True Population Health Management

- Population Health Management means creating a plan for every person
- OneCare aims to improve the health of entire populations and to reduce health inequities
- Integrates prevention as a major component of the programs, with RiseVT, as a partner organization
- Includes programs geared towards early identification of chronic illness
- Proactive outreach and coordination for people with more complex conditions
- Advanced Care Coordination program to support activation and engagement for people with multiple or severe conditions

Population Health Approach: A game plan for every person



* Activities coordinated via Care Navigator software platform

PHM/Payment Reform Program Investments

Program	Annual Investment
Value-Based Incentive Fund	$ 4,116,546
Basic OCV PMPM	$ 4,041,185
Complex Care Coordination Program	$ 6,186,837
PCP Comprehensive Payment Reform Pilot	$ 1,800,000
Community Program Investments	$ 1,583,143
CHT Funding Risk Communities	$ 1,400,887
CHT Funding Non-Risk Communities	$ 844,966
SASH Funding Risk Communities	$ 2,572,500
SASH Funding Non-Risk Communities	$ 1,131,900
PCP Payments Risk Communities	$ 875,328
PCP Payments Non-Risk Communities	$ 954,936
Total	**$ 25,508,227**

OneCare investments in Primary Care

In 2018, OneCare is investing approximately $14 million to support primary care. Investments include:

- OneCare Vermont Population Health Per Member Per Month (PMPM) payment of **$3.25** for every patient attributed to the practice
- Complex care coordination PMPM payments:
  - $15 PMPM for every attributed patient in the High and Very High risk cohorts (16% Medicare/Medicaid, 3% Commercial)
  - Lead Care Coordinator ($10 PMPM, if selected)
  - Shared Care Plan creation ($150)
- Value Based Incentive Fund (VBIF) payments: 70% to primary care
- Preserved Medicare Blueprint practice payments
- Preserved Medicare Blueprint CHT funding

In addition to OneCare investments, OneCare primary care providers will be eligible for the federal Advanced Alternative Payment Model (APM) 5% Part B bonus payments beginning 2020 since OneCare qualifies as an Advanced APM.

Investing in Vermont's Communities

- **Community-Based Services Investment and Integration**
  - Partnership with Home Health and Hospice, Designated Agencies for Mental Health and Substance Use, and Area Agencies on Aging in complex care coordination programs as well as other community initiatives
- **Continuity of Blueprint for Health Financial Support**
  - OneCare is funding the former Medicare investments through the Blueprint for Health - this means continued Community Health Team, SASH and PCP financial resources for the entire state, including communities and providers that are not part of the OneCare Vermont network
- **Clinical Education Efforts**
  - Quarterly Grand Rounds (Continuing education credits for providers)
  - Chronic Condition Symposium (2017: Diabetes, 2018: COPD)
  - Quality Improvement Collaboratives with community care partners (2017: Hypertension, 2018: Diabetes)
- **Community Collaboratives**
  - Support community collaboratives in each health service area to address local health issues
  - Monthly meetings include physicians, community care partners, and patient/family representatives

New Initiatives in 2018

- **Partnership with RiseVT**
  - RiseVT is a unique public health movement that integrates wellness and prevention into the healthcare delivery system
  - An initiative in Northwest VT that was recently formalized into a new state level organization to make the program available statewide
  - Partnering on an integrated approach to primary prevention, and OneCare also functions as the administrative partner for the RiseVT organization offering employment, support, and space for the new organization and its leaders
- **Supports and Services at Home (SASH)/Howard Mental Health Pilot**
  - Major investment in an innovative pilot program to improve the quality of mental health and substance use treatment services for residents of two Burlington area housing communities specializing in the coordination of care and services for older adults and those with special needs
- **Comprehensive Primary Care Reform (CPR) Pilot**
  - 3 independent practices (6 sites)
  - Gives independent primary care practices access to new payment model, waivers, aligned quality measures, and data for improved care coordination
  - Program is designed to support a team based approach and budgeted with added financial resources beyond what are available now under a fee-for-service model

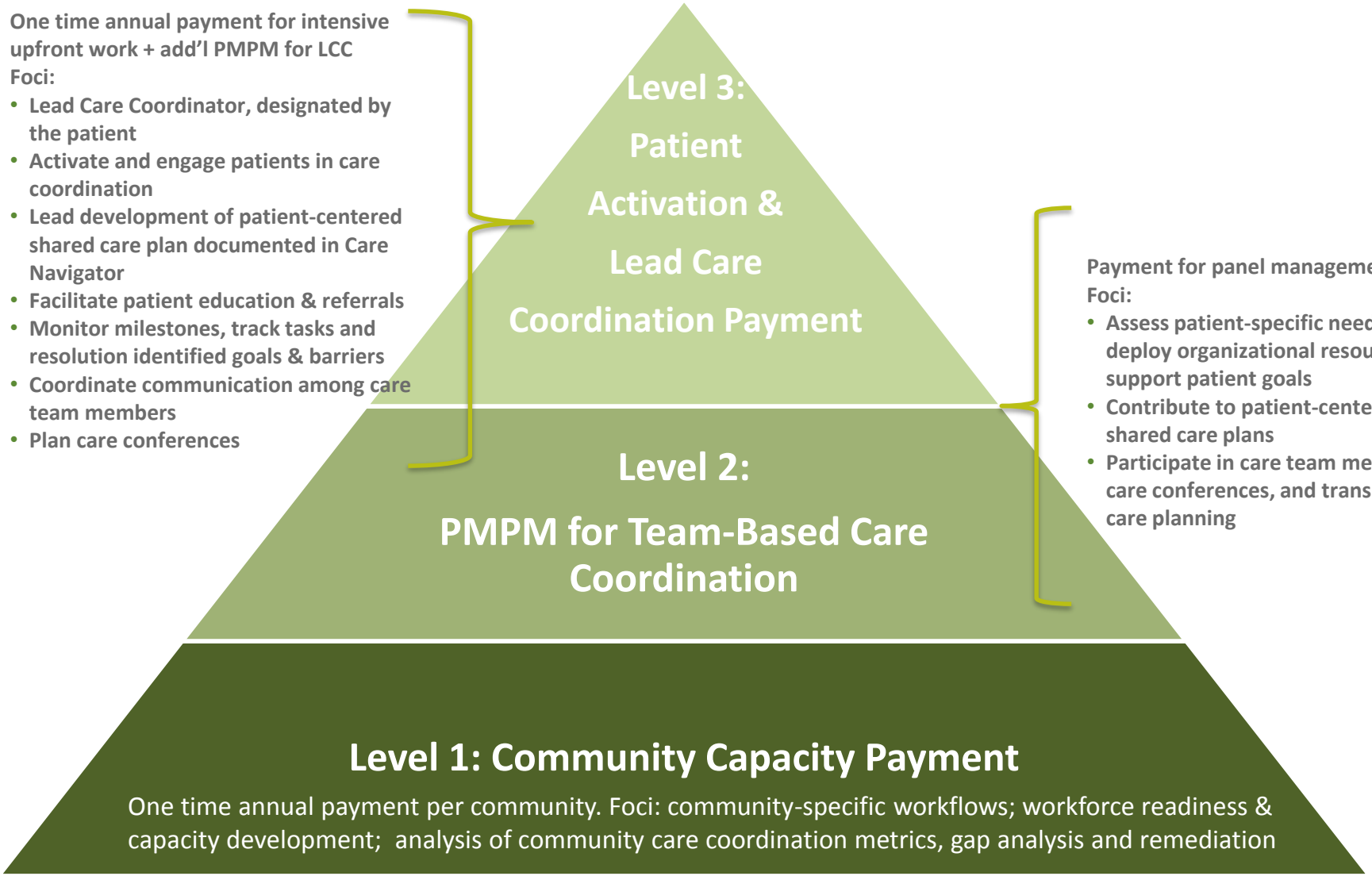
Care Coordination Goals

- A person's goals of care are the foundation of the care coordination relationship and the Care Coordination Model
- Integrated care teams support the physical, mental, and social wellbeing of patients
- Payer-agnostic care coordination model
- Resource communities to provide care coordination for individuals at varying levels of risk
- Support the network with best practice tools, training, and implementation strategies to achieve fluency in care coordination core competencies to fully deploy the Model
- Employ national care coordination guidelines and standards

Central Components of the Care Coordination Model

1. Risk Stratification
   - Johns Hopkins Adjusted Clinical Groups
2. Multidisciplinary Care Teams
3. Person-Centered Shared Care Plan (SCP)
4. Tools & Training
   - Care Navigator
   - Facilitative tools such as SCP, Camden Cards, EcoMaps
   - Skills & knowledge trainings
5. Payment model supports team-based care coordination including community partners

Care Coordination Financial Model Summary



Estimated Complex Care Coordination Payments

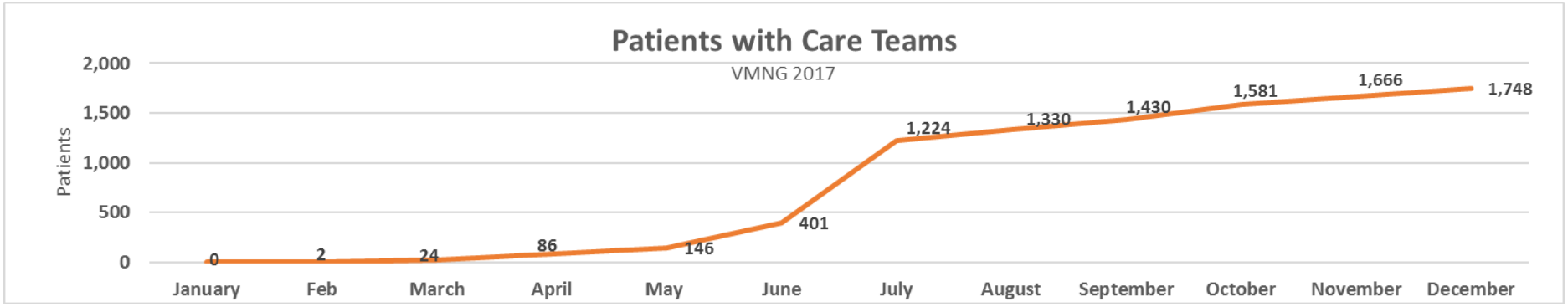
		Level 1	Level 2				Level 3 *
HSA	Est. High & Very High Risk Lives	Blueprint Contract Holder	PCMH	Designated Agency	Home Health Agency	Area Agency on Aging	Lead Care Coordinator Entity
Bennington	958	$25,000	$172,498	$103,499	$77,624	$43,125	$38,812
Berlin	2,195	$25,000	$395,093	$237,056	$177,792	$98,773	$88,896
Brattleboro	1,037	$25,000	$186,748	$112,049	$84,036	$46,687	$42,018
Burlington	5,816	$25,000	$1,046,885	$628,131	$471,098	$261,721	$235,549
Lebanon	238	$25,000	$42,803	$25,682	$19,261	$10,701	$9,631
Middlebury	1,394	$25,000	$250,957	$150,574	$112,931	$62,739	$56,465
Newport	443	$25,000	$79,769	$47,861	$35,896	$19,942	$17,948
Springfield	884	$25,000	$159,147	$95,488	$71,616	$39,787	$35,808
St. Albans	1,114	$25,000	$200,538	$120,323	$90,242	$50,135	$45,121
Windsor	180	$25,000	$32,382	$19,429	$14,572	$8,095	$7,286
Total	**14,260**	**$250,000**	**$2,566,819**	**$1,540,092**	**$1,155,069**	**$641,705**	**$577,534**

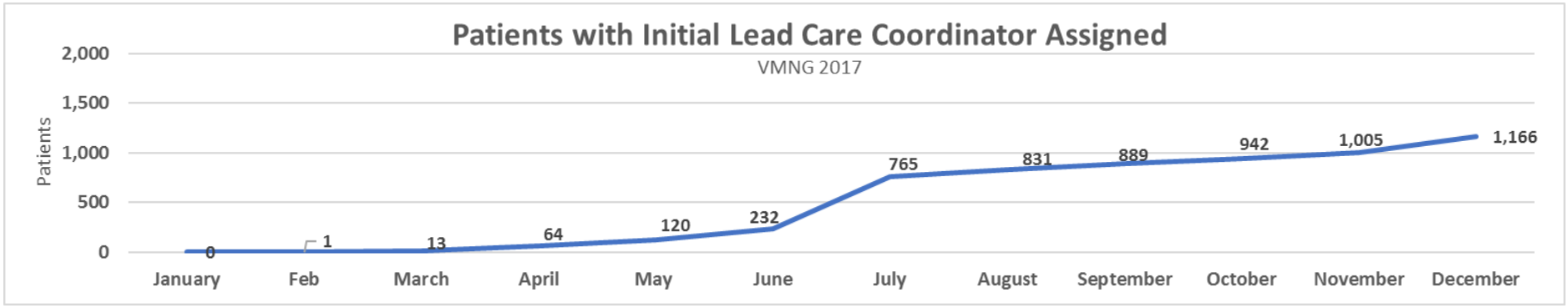
* Potential earnings based on a 15% shared care plan completion rate.

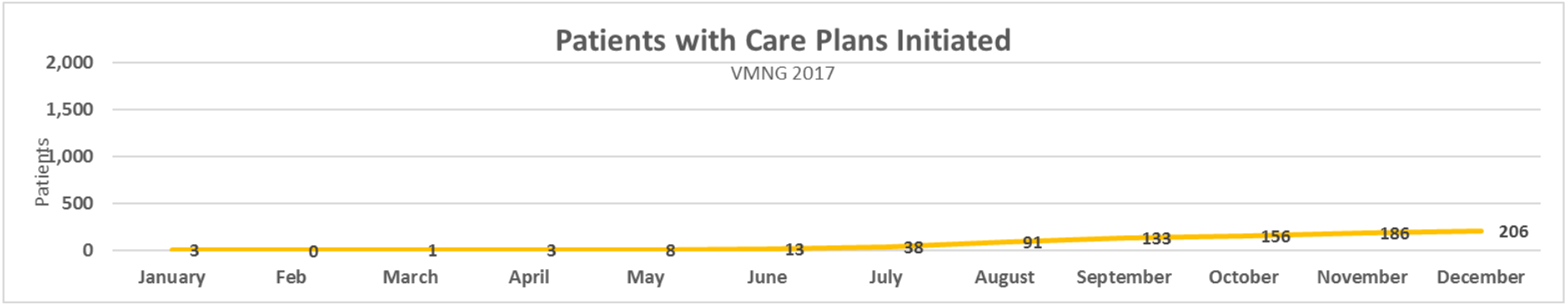
- Level 1 payments made upon execution of contract
- Level 2 payments made monthly based on actual high and very high risk lives attributed to your practice/HSA
- Level 3 payments made/activated after the completion of a shared care plan and identification of the lead care coordinator

Care Navigator Software Implementation

Users are joining care teams, taking lead and initiated shared care plans.







Case Study with Preliminary Findings

Patient profile:

- Male patient in his 40s assigned to *Very High Risk* Care Coordination level
- Outreach began in June 2017 and patient engaged as of September
- Conditions include: Schizophrenia, Coronary Artery Disease, and Hypertension with poor control

Care Navigator:

Acuity: Needs daily contact

Care Team: 4 care team members

Treatment Goals:

- Manage Symptoms (High priority)

Personal Goals:

- Smoking Cessation (Medium priority)
- Improve interpersonal relationships (High priority)

Assessments:

SF12.v2

Vermont SSOM

Documents:

Advance Directive

Claims (through January 2018):

Total Paid 2017: $25,639

- 83% of spend for Mental Health Services

Providers: Primary Care Physician, Mental Health Practitioner, Cardiologist

Last Wellness Visit: November 2017

Comparison to 2016:

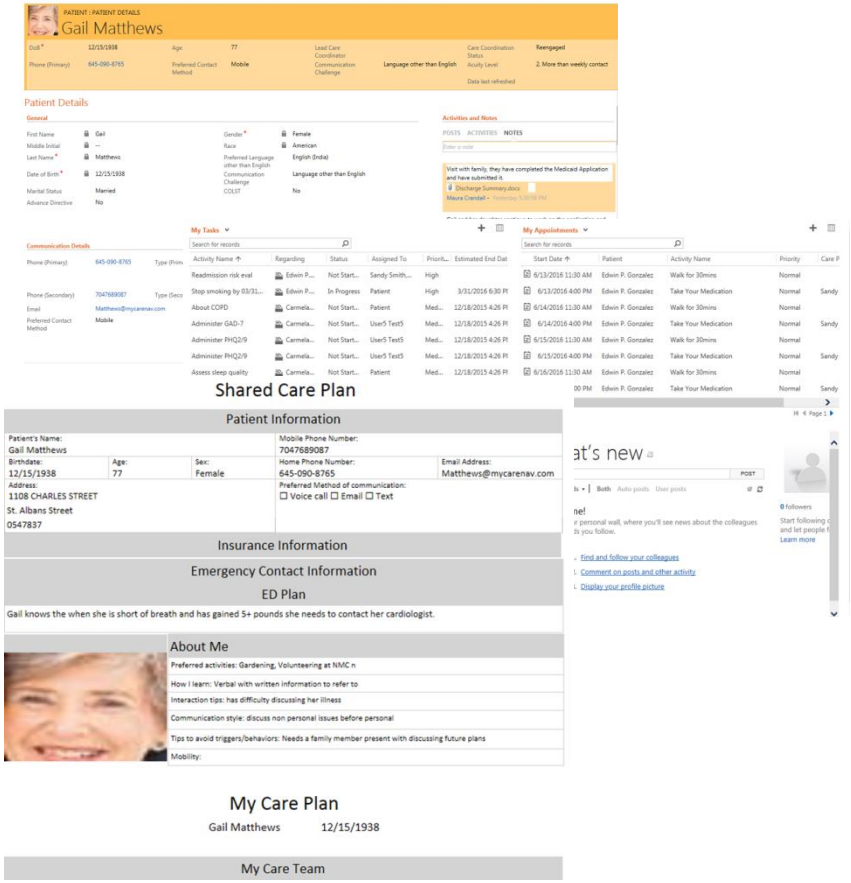
- Total paid decreased by 60%:
  $63,074 in 2016 ⇨ $25,639 in 2017
- Emergency Department utilization decreased significantly:
  6 encounters in 2016 ⇨ 0 in 2017
- Primary Care Physician utilization increased
  0 encounters in 2016 ⇨ 5 in 2017

Takeaways: On an individual patient level, based on information available in Care Navigator and claims data, care coordination impacts are demonstrating promise

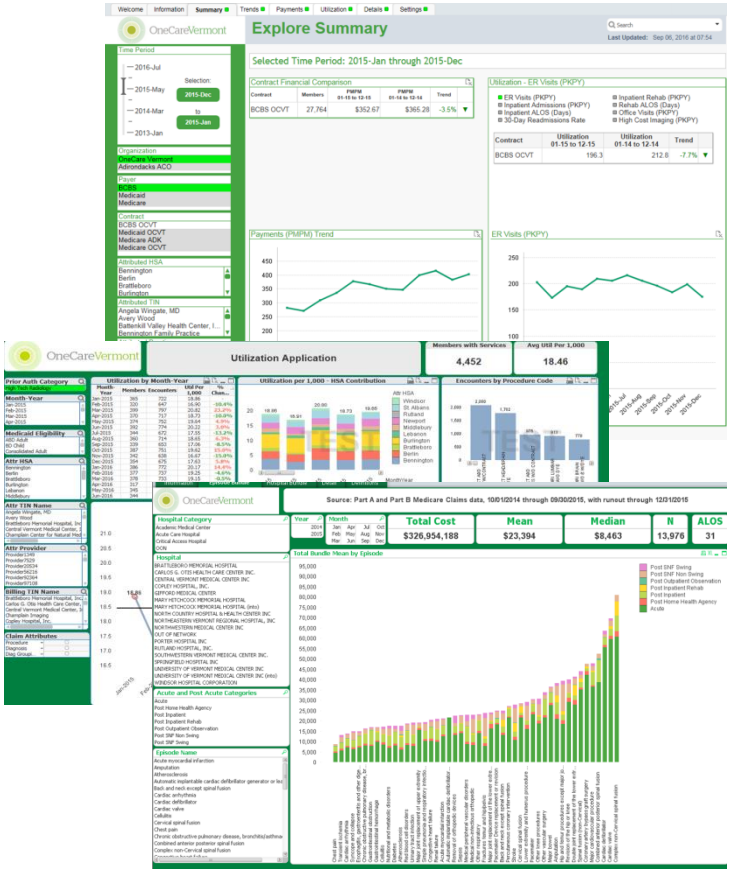
Analytics Tools and Resources

Major Information Systems Supporting our Network Participants

Care Navigator (Population Health Management)



Workbench One™ (Performance Data and Analysis)

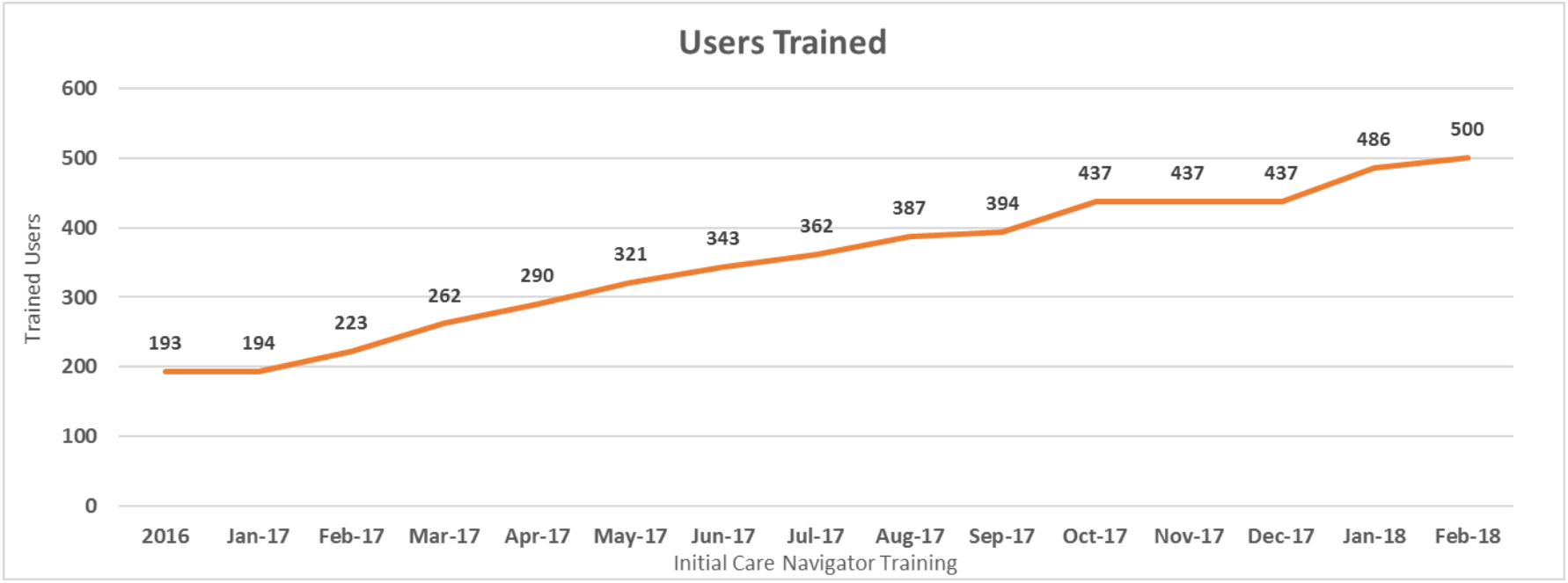


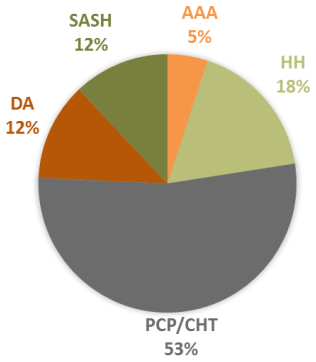
Benefits of ACO Data

- OneCare ACO claims datasets include all services provided by all billing providers
  - Allows understanding of **care received anywhere** – not just at your hospital or office
  - Benchmarking against other facilities and providers in the region
  - **Starts** conversations about why variations exist
    - Differences in **community resource availability**
    - Differences in **clinical practice algorithms**
    - Differences in **communication channels**
    - Community **patient expectations**

Care Navigator Software Implementation

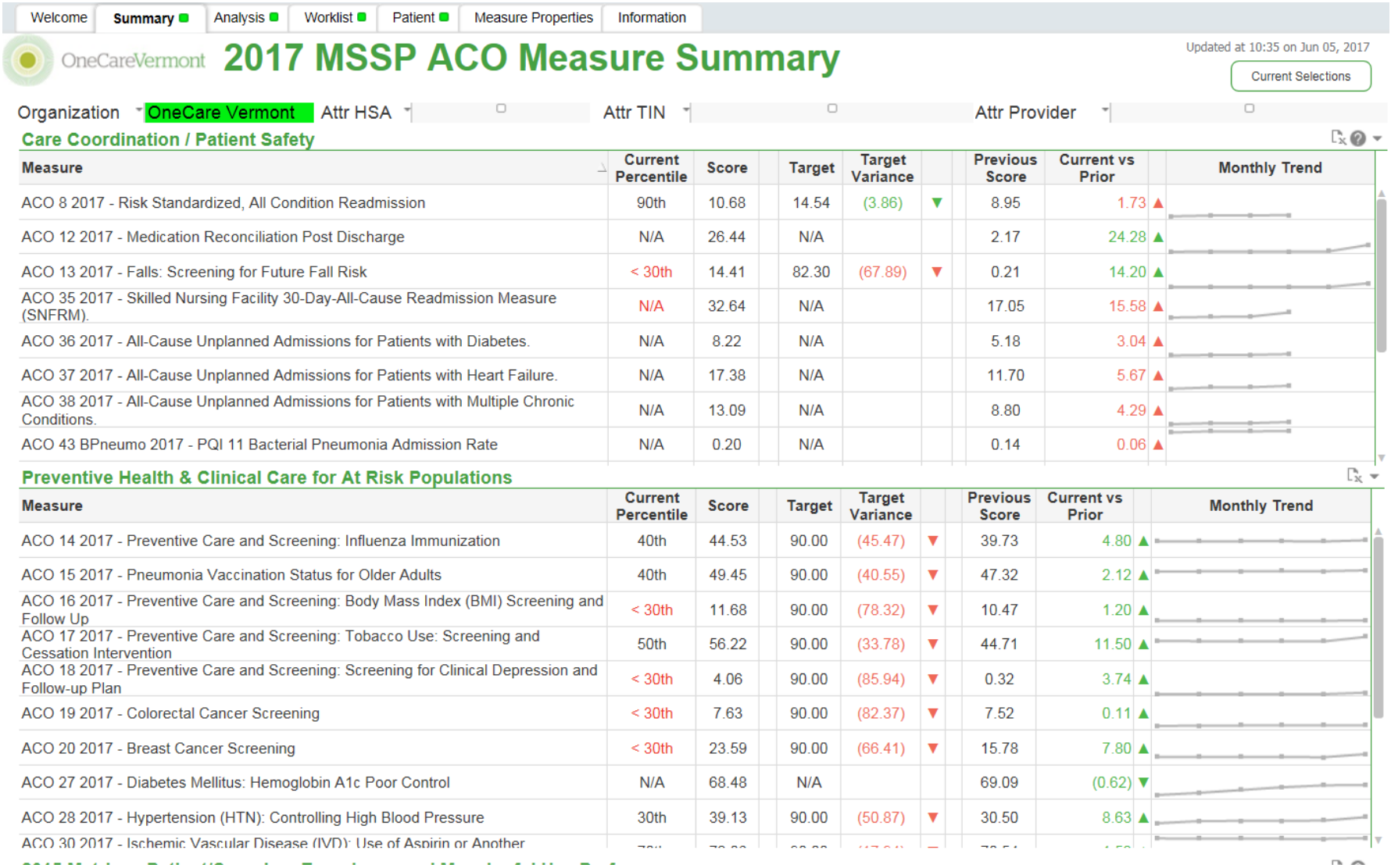
The Care Coordination Program is supported by use of the Care Navigator software.





500 users have been trained in physician offices and community agencies throughout the state.

Quality Measurement



Welcome | Summary | Analysis | Worklist | Patient | Measure Properties | Information

OneCareVermont

2017 MSSP ACO Measure Summary

Updated at 10:35 on Jun 05, 2017

Current Selections

Organization: OneCare Vermont | Attr HSA | Attr TIN | Attr Provider

Care Coordination / Patient Safety

Measure	Current Percentile	Score	Target	Target Variance		Previous Score	Current vs Prior	Monthly Trend
ACO 8 2017 - Risk Standardized, All Condition Readmission	90th	10.68	14.54	(3.86)	▼	8.95	1.73 ▲	
ACO 12 2017 - Medication Reconciliation Post Discharge	N/A	26.44	N/A			2.17	24.28 ▲	
ACO 13 2017 - Falls: Screening for Future Fall Risk	< 30th	14.41	82.30	(67.89)	▼	0.21	14.20 ▲	
ACO 35 2017 - Skilled Nursing Facility 30-Day-All-Cause Readmission Measure (SNFRM).	N/A	32.64	N/A			17.05	15.58 ▲	
ACO 36 2017 - All-Cause Unplanned Admissions for Patients with Diabetes.	N/A	8.22	N/A			5.18	3.04 ▲	
ACO 37 2017 - All-Cause Unplanned Admissions for Patients with Heart Failure.	N/A	17.38	N/A			11.70	5.67 ▲	
ACO 38 2017 - All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions.	N/A	13.09	N/A			8.80	4.29 ▲	
ACO 43 BPneumo 2017 - PQI 11 Bacterial Pneumonia Admission Rate	N/A	0.20	N/A			0.14	0.06 ▲	

Preventive Health & Clinical Care for At Risk Populations

Measure	Current Percentile	Score	Target	Target Variance		Previous Score	Current vs Prior	Monthly Trend
ACO 14 2017 - Preventive Care and Screening: Influenza Immunization	40th	44.53	90.00	(45.47)	▼	39.73	4.80 ▲	
ACO 15 2017 - Pneumonia Vaccination Status for Older Adults	40th	49.45	90.00	(40.55)	▼	47.32	2.12 ▲	
ACO 16 2017 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up	< 30th	11.68	90.00	(78.32)	▼	10.47	1.20 ▲	
ACO 17 2017 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	50th	56.22	90.00	(33.78)	▼	44.71	11.50 ▲	
ACO 18 2017 - Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	< 30th	4.06	90.00	(85.94)	▼	0.32	3.74 ▲	
ACO 19 2017 - Colorectal Cancer Screening	< 30th	7.63	90.00	(82.37)	▼	7.52	0.11 ▲	
ACO 20 2017 - Breast Cancer Screening	< 30th	23.59	90.00	(66.41)	▼	15.78	7.80 ▲	
ACO 27 2017 - Diabetes Mellitus: Hemoglobin A1c Poor Control	N/A	68.48	N/A			69.09	(0.62) ▼	
ACO 28 2017 - Hypertension (HTN): Controlling High Blood Pressure	30th	39.13	90.00	(50.87)	▼	30.50	8.63 ▲	
ACO 30 2017 - Ischemic Vascular Disease (IVD): Use of Aspirin or Another								

Finance App for Risk Participants

Welcome | Payments | Monthly Totals | Detail

OneCareVermont

Payments

Workbench One

Global Filters

Organization	OCVT
Payer	VMNG
Attr HSA	☐
Attr TIN	☐

Billing TIN

Central Vermont Medical Center, Inc
Northwestern Medical Center
Porter Hospital, Inc
Substance Use

Medicaid Eligibility

ABD (Adult and Child)
Consolidated Adult
Consolidated Child

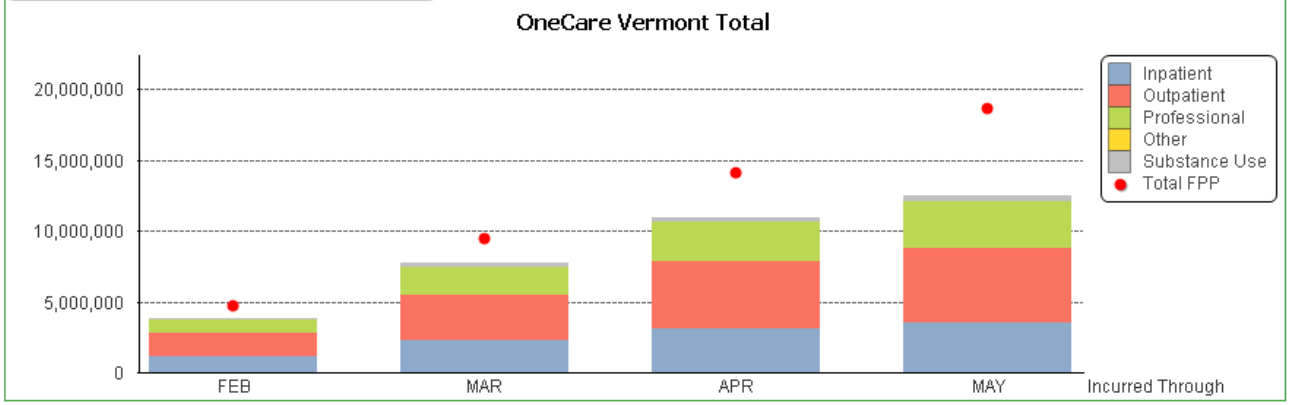
Claim Type

Inpatient
Other
Outpatient
Professional

FFS: Fee-For-Service
FPP: Fixed Prospective Payment

Shadow Fee for Service versus Fixed Prospective Payment

Claim Type | Medicaid Eligibility | Attributed HSA



Key Performance Indicators

Total PMPM	$118.16
Inpatient Admissions (PKPY)	35
Inpatient Admissions	326
Inpatient Readmissions Rate	8.9%
Inpatient Readmissions	29
Emergency Department Encounters (PKPY)	445
Emergency Department Encounters	4,124
Unique Members	13,843
Total Shadow FFS Amount	$13,148,504
Total FPP Amount	$18,680,361
Total FPP less Shadow FFS Amount	$5,531,857

Clinical Hierarchy

↑ ClinicalProgramNM	PMPM	FFSE Paid
Neuroscience	$13.76	$1,531,630
Community Care	$13.18	$1,466,920
Gastrointestinal	$12.61	$1,403,019
Surgery	$11.05	$1,229,141
Musculoskeletal	$10.61	$1,180,425
Hematology-Oncology	$10.02	$1,115,030
Women and Newborns	$9.59	$1,067,453
Substance Use	$9.57	$1,065,305
Respiratory	$6.84	$760,719
Behavioral	$6.17	$686,566
Cardiovascular	$4.70	$522,736
General Medicine	$3.64	$404,681
	$2.86	$318,689
Unassignable	$2.51	$279,456
Header - not billable	$0.35	$39,282
Imaging Clinical Support Service	$0.30	$33,749
Laboratory Clinical Support Service	$0.23	$25,965
Other Diagnostic Clinical Support Service	$0.09	$9,611
Diagnostic Clinical Support Service	$0.05	$5,596
Rehabilitation Clinical Support Service	$0.02	$2,261
Respiratory Clinical Support Service	$0.00	$192
Therapeutic Clinical Support Service	$0.00	$77

THANK YOU FOR your ATTENTION!

ANY QUESTIONS?