



House Committee on Human Services

Vicki Loner, CEO

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OneCare Vermont
onecarevt.org

What problem is the Vermont All Payer Model trying to solve?

The cost of healthcare for Vermont is too high and unsustainable.



The History of the Vermont All-Payer Model

Affordable Care Act Passed

2010



2013

State Innovation Model Grant

VT Legislature Enacts Act 54 to Explore APM

2015



2016

Act 113 Enacted; APM Agreement Signed Between State and Federal Government

Year 0 of APM; GMCB Adopts Rule 5.000

2017



2018

OneCare Certified as an ACO; Year 1 of APM



What is an Accountable Care Organization?



Accountable Care Organization Goal:
Achieving the Quadruple Aim

... a voluntary network of health care providers who work together to provide:

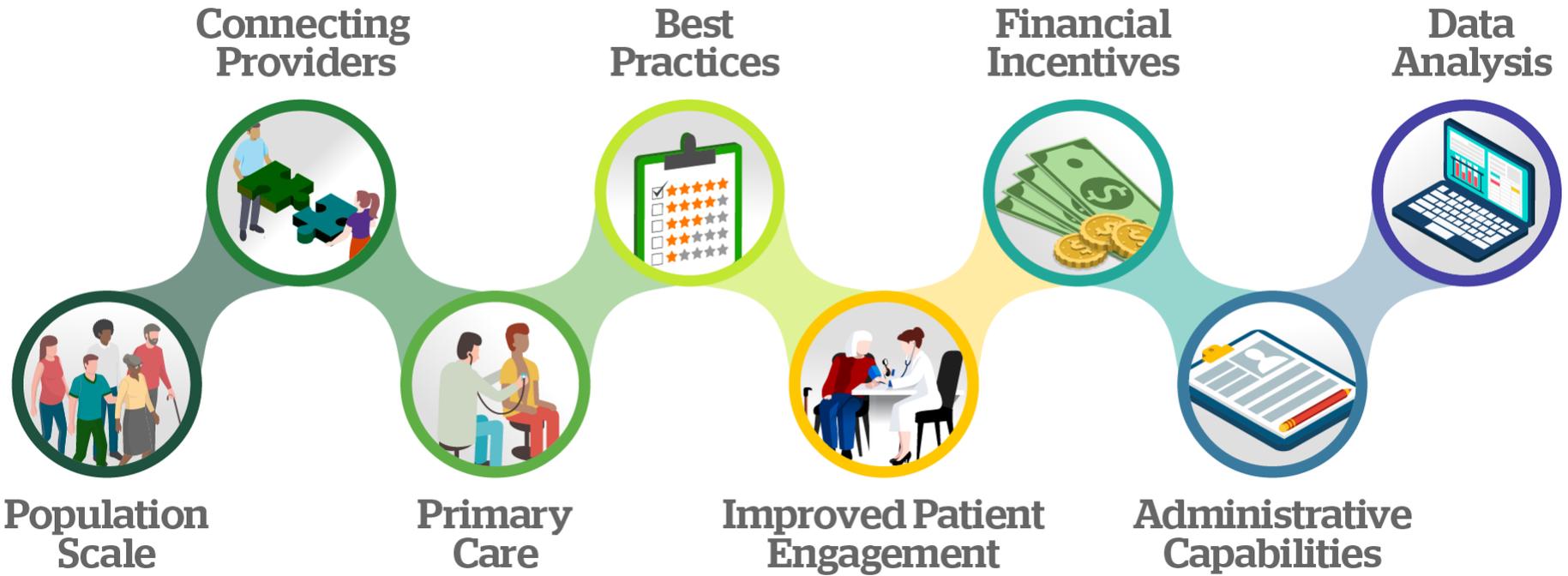
- ✓ Better individual patient experience
- ✓ Improved care of people
- ✓ Stabilization of health care costs

... an organization committed to:

- ✓ Equipping providers with tools & resources so they can provide high quality, coordinated care
- ✓ Collaborating on the best ways to improve health of patients
- ✓ Meeting high quality standards on a fixed budget
- ✓ Sharing the cost of critical infrastructure & meeting payer/gov't requirements
- ✓ Supporting local communities and sharing best practices



ACO Elements of Success



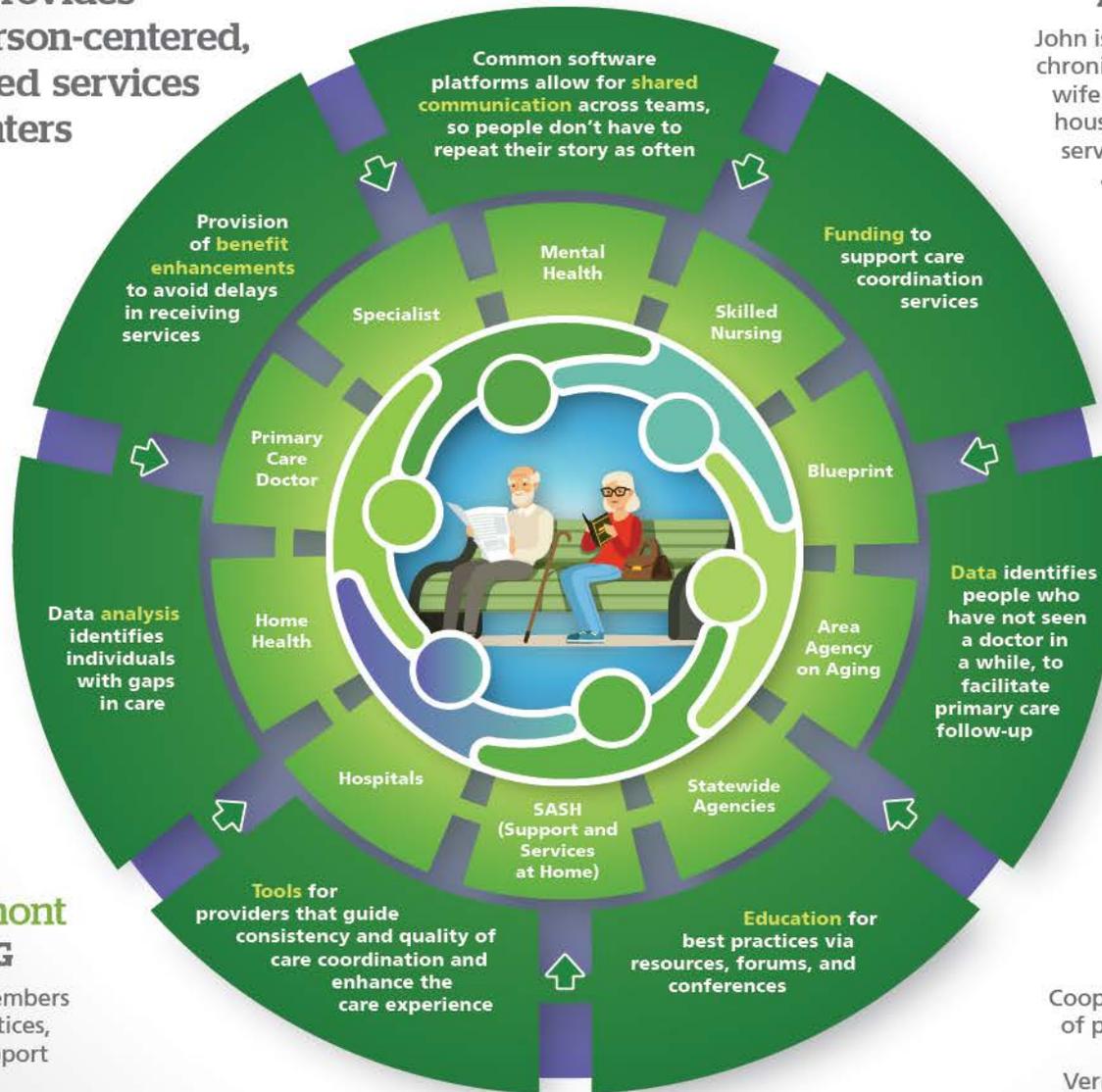
*The American Academy of Family Physicians has suggested eight essential elements of an ACO.

The Care Model:

A system that provides high-quality, person-centered, community-based services to keep Vermonters healthy.

Vermonters AT THE CENTER

John is a Vermonter with complex, chronic, medical needs. He and his wife Carol have concerns about housing, availability of medical services, food, transportation, and other social issues.



OneCare Vermont OUTER RING

Provides care team members with tools, best practices, and resources to support better health.

The Care Team MIDDLE RING

Cooperative effort of thousands of providers sharing resources and expertise to keep Vermonters healthy and well.

Population Health Management Investments Recipients

Provider Type	Amount	Programs
Primary Care Providers	\$22,727,529	OneCare PMPM; Care Coordination Program; Value Based Incentive Fund; Comprehensive Payment Reform Program; Innovation Fund; Blueprint Programs
Specialty & Acute Care	\$5,068,854	Specialist Program; Value Based Incentive Fund
Supports and Services at Home (SASH)	\$3,968,246	Blueprint Programs
Designated Agencies / Mental Health	\$3,398,514	Care Coordination Program; Value Based Incentive Fund; Specialist Program; Innovation Fund
Community Health Teams	\$2,379,711	Blueprint Programs
Community Investments	\$2,206,752	Primary Prevention; DULCE
Home Health Providers	\$1,913,538	Care Coordination Program; Value Based Incentive Fund
To Be Determined	\$917,505	Innovation Fund; Quality Enhancement Projects
Area Agencies on Aging	\$535,415	Care Coordination Program
Total	\$43,116,066	Total funding opportunity; dependent on provider engagement and attribution

Delivery System-Related Investment Categories

The Vermont All-Payer Accountable Care Organization Model Agreement was signed the same year as the current 1115 Global Commitment to Health Medicaid waiver was renewed (2016).

The Global Commitment Waiver recognizes the All-Pay Model Agreement by:

- Making a new category of funding available for the state to assist the Accountable Care Organization (ACO) and providers in one-time, developmental start-up funding
- These investments are called Delivery System-Related Investments.

CMCS Approved Delivery System Reform (DSR) Investment Categories

Funding Category	Programs
Advanced Consumer Health Engagement	
Advanced Community Care/Case Management	Care coordination funding for DAs, Home Health, AAAs, primary care
Community Primary and Secondary Prevention	RiseVT and DULCE
Information Infrastructure	
Quality and PHM Measurement and Improvement	Suicide prevention and mental health projects
Socio-Economic Risk and Mitigation	

OneCare Vermont's Commitment to Transparency

- Meetings of the OneCare Board of Managers are open to the public and minutes are posted on our website. Monthly financial statements are included in posted Board materials.
- PricewaterhouseCoopers (PwC) conducted an audit of OneCare's financials for 2017 and 2018 and standards were met for both years.
- OneCare's [website](#) has a page dedicated to sharing important information including shared savings, quality results, and audit results.
- OneCare is regulated by the Green Mountain Care Board all certification and budget materials can be found on the Green Mountain Care Board's website.

Next Steps

1. Exploring applying to the IRS and requesting 501(c)(3) non-profit tax exempt status for OneCare and will work with the Agency to identify requirements of importance to transparency.
2. Developing key performance dashboards for the website.



Our Work



Care Coordination

4,313 shared plans of care

3,915 vulnerable Vermonters actively making progress to goals

33% reduction in emergency dept. (ED) visits for Medicare patients actively supported

13% reduction in ED for Medicaid patients actively supported

Longitudinal Care Pilot Saves \$1,150 per member per month



Enhancing Primary Care

Comprehensive Payment Reform: Increasing access to mental health services in practices

Sustaining Patient Centered Medical Home and Community Health Team funding for Medicare



Data Informed Care

91% of high and very high risk Medicare patients now have seen their primary care provider (6% increase)



Smarter Care

Shifting investments to prevention (RiseVT/DULCE)

Reducing high cost care

10% reduction in ED care for vulnerable populations

Better care & patient experience: third ACO in the country for utilization of Skilled Nursing Facility waiver

Eliminating prior authorization, enabling more time for clinical practice



Value Based Payments

Predictable fixed payments for hospitals and primary care

System incentivized versus penalized for quality

Questions?



Appendix: OneCare Budget



2020 Value-Based Budget

Combined Healthcare Costs Under Value Based Care	\$1,425,000,000
Less: Existing Healthcare Spending	- \$1,363,000,000
OneCare Vermont Budget	\$62,000,000
Less: Network Investment Payments	- \$43,000,000
Less: Operating Costs	- \$19,000,000
Gain (Loss)	\$0

Full OneCare Budget Summary

	Budget
Payer Program Investments	\$10.7M
New Programs (Delivery System Reform)	\$6.0M
Existing Programs (Delivery System Reform)	\$1.8M
Hospital Fixed Payment Care Coordination Allocation	\$5.3M
Health Information Technology (HIT) Investments	\$3.5M
Other Investments	\$2.3M
Blueprint Funding	\$8.2M
Hospital Dues	\$24.4M
Total Income	\$62.2M
Population Health Payments to Providers	\$43.1M
Network Support	\$13.2M
Regulation	\$1.6M
General Admin	\$4.5M
Total Expense	\$62.2M
Gain (Loss)	\$0

Break-even budget

Budget incorporates no additional reserve development (2019 performance results will need to be evaluated)

Continued investment in the provider network

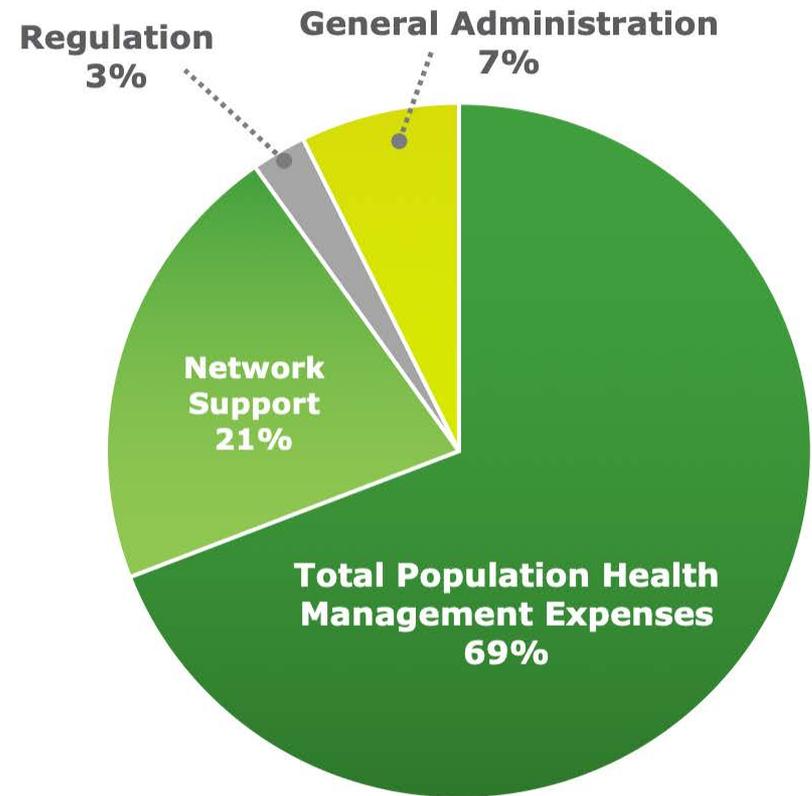
All Payer Model continues to rely on significant hospital investments

Investments and Expense Summary

Expense Line	Budget
Care Coordination	\$10,223,590
Primary Care	\$10,551,533
Quality	\$8,554,737
Primary Prevention	\$1,031,752
Specialty Care	\$3,144,500
Innovation	\$1,367,580
Blueprint Programs	\$8,242,374
Total PHM Expenses	\$43,116,066

Network Support	\$13,155,862
Regulation	\$1,572,241
General Administration	\$4,548,646
Total Operating Expenses	\$19,276,749

Total OneCare Budget	\$62,392,815
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* Represents breakdown of \$62 million of OneCare expenses

OneCare Growth Supporting All Payer Model

2017
YEAR 0

Programs

MEDICAID

29,100
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans

\$2.4M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

- Care Coordination
- Primary Care
- VBIF

2018
YEAR 1

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMMC (self-funded)

112,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Springfield
Lebanon
Bennington
Windsor
Newport

\$23M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

- RiseVT
- Blueprint Medicare
- SASH MH Pilot
- CPR
- SNF Waivers

plus programs from 2017

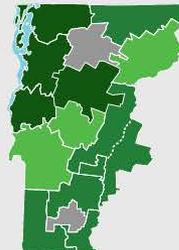
2019
YEAR 2

Programs

MEDICAID
MEDICARE
BCBSQHP
UVMMC (self-funded)

160,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury

\$36M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

- DULCE
- Innovation Fund

plus programs from 2017-2018

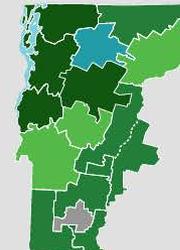
2020
YEAR 3

Programs*

MEDICAID
MEDICARE
BCBSQHP
MVPQHP
BCBS-ASO

250,000
Vermonters

HEALTH SERVICE AREAS



Burlington
Berlin
Middlebury
St. Albans
Brattleboro
Rutland
Randolph
Springfield
Lebanon
Bennington
Windsor
Newport
St. Johnsbury
Morrisville

\$43M

PAYMENTS TO PROVIDERS

NEW PROGRAMS

- Pharmacy
- Longitudinal Care
- PCP Engagement

plus programs from 2017-2019