

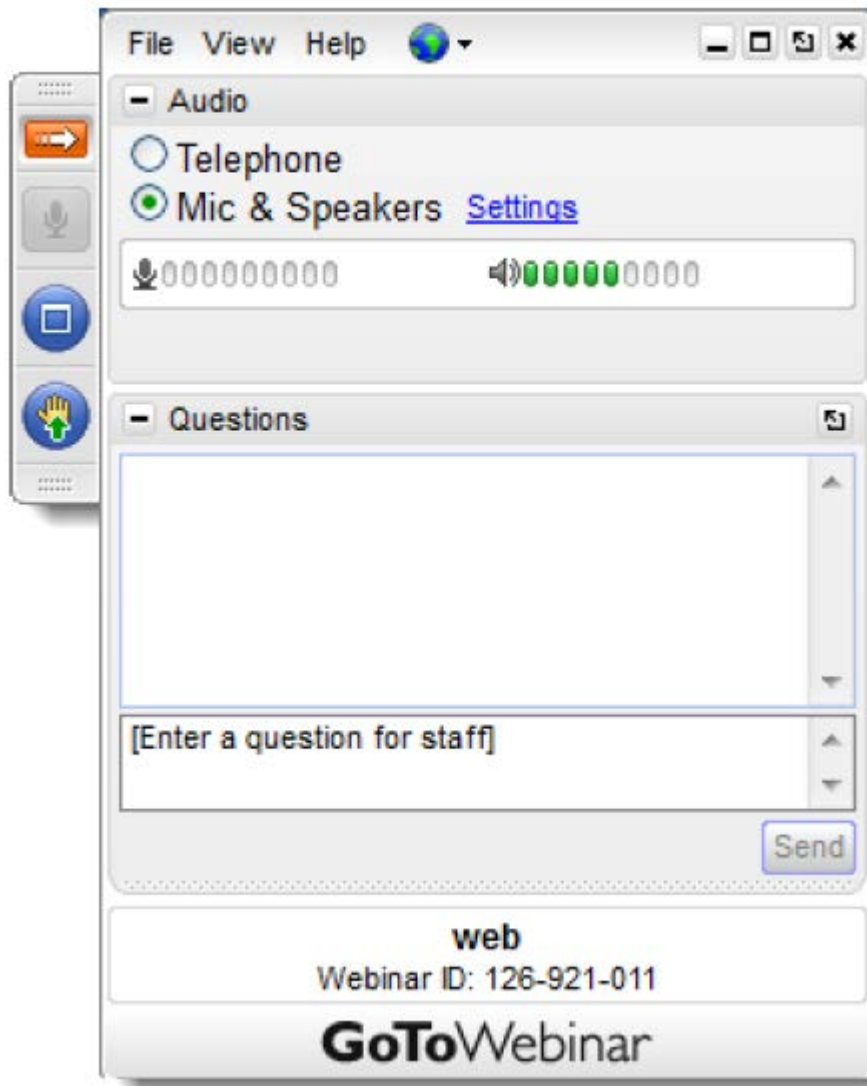
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# Vermont's Year 2 Medicaid and Commercial ACO Shared Savings Program Results

October 2016

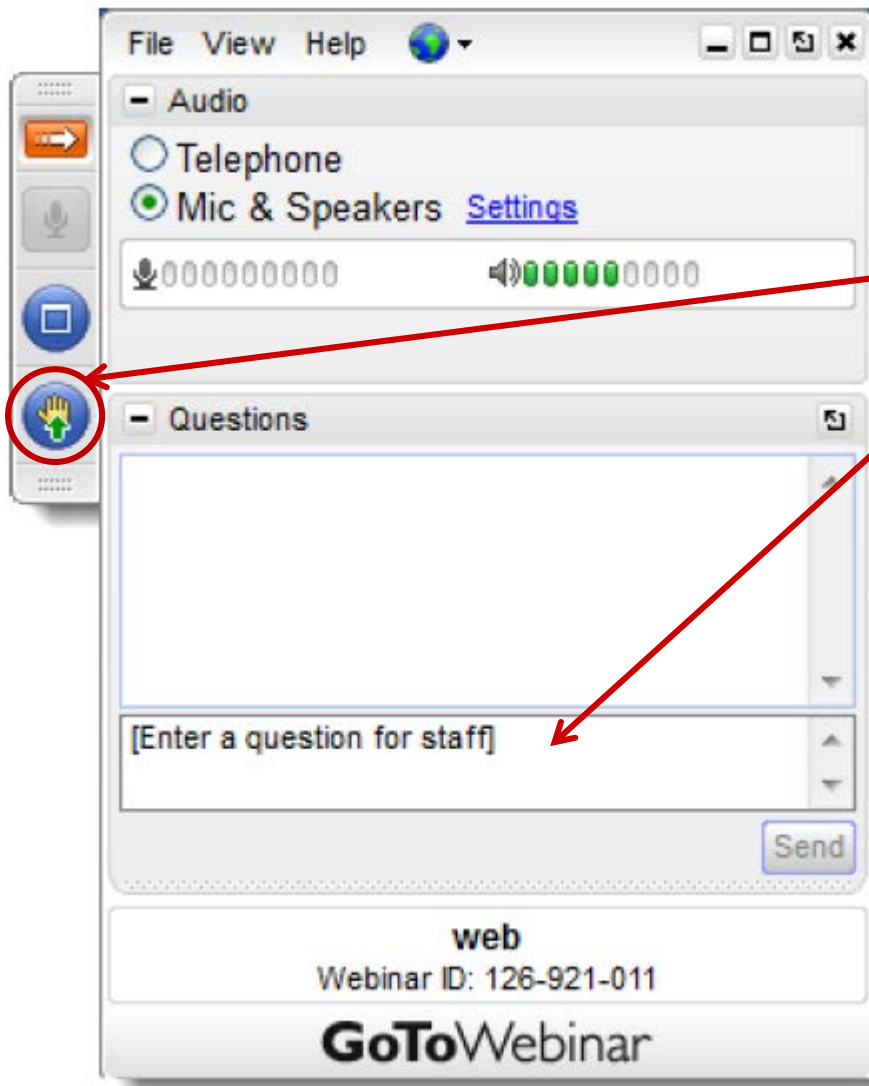
VHCIP Webinar Series

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# Before we get started...



- **We've reserved time for Q&A at the end of this event.** Submit questions using the "Raise Your Hand" function or via Questions pane in webinar control panel.
- **This webinar is being recorded.** Slides and recording will be posted to the VHCIP website following the event.
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# Speakers

- Moderator: Georgia Maheras, Director, Vermont Health Care Innovation Project (VHCIP), and Deputy Director of Health Care Reform for Payment and Delivery System Reform, Agency of Administration
- Speakers:
  - Pat Jones, Green Mountain Care Board
  - Alicia Cooper, Department of Vermont Health Access
  - Leah Fullem, OneCare Vermont
  - Kate Simmons, Community Health Accountable Care
  - Rick Dooley, *Healthfirst*

# Agenda

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- Presentation: Year 2 ACO Shared Savings Program Results
- Brief Discussion by ACOs: Lessons Learned, Interventions to Foster Continued Improvement
- Q&A

# **Year 2 (2015) Results for Vermont's Commercial and Medicaid ACO Shared Savings Programs**

Pat Jones, Health Care Project Director, GMCB

Alicia Cooper, Health Care Project Director, DVHA

Webinar Presentation to VHCIP Work Group Participants

October 28, 2016

# Presentation Overview

- Shared Savings Programs in Broader Health Care Reform Context
  
- Financial Results and Overall Quality Scores
  - Medicaid Aggregated, PMPM and Year-to-Year
  - Commercial Aggregated, PMPM and Year-to-Year
  - Medicare Aggregated and Year-to-Year
  
- Detailed Quality Results
  - Medicaid and Commercial Payment Measures
  - Medicaid and Commercial Reporting Measures
  - Combined Medicaid and Commercial Patient Experience Measures

# SSPs in Broader Health Care Reform Context

## ➤ **Medicare Access and Children Health Insurance Program Reauthorization Act (MACRA):**

This 2015 federal law creates two payment reform programs for Medicare: the Merit-Based Incentive Payment System (MIPS) and the Advanced Alternative Payment Models (AAPMs). MIPS and AAPMs provide financial incentives for health care providers who participate in payment reform or quality programs, and financial disincentives for health care providers who do not participate.

## ➤ **Principle 7 from the Health Care Payment Learning Action Network (LAN):**

“Centers of excellence, patient centered medical homes, and accountable care organizations are delivery models, not payment models. In many instances, these delivery models have an infrastructure to support care coordination and have succeeded in advancing quality. They enable APMs and need the support of APMs, but none of them are synonymous with a specific APM. Accordingly, they appear in multiple categories of the APM Framework, depending on the underlying payment model that supports them.”

## ➤ **Vermont’s current SSPs do not qualify as Advanced Alternative Payment Models:**

SSPs built on fee-for-service payment with upside gainsharing, such as Vermont’s, do not qualify as an AAPM under the new MACRA Rule (known as the “Quality Payment Program” or QPP). By contrast, the Vermont All-Payer Accountable Care Organization Agreement has a clear goal of connecting an ACO delivery model with population-based payments envisioned in Category 4 of the APM Framework (*see following slide*). Models in Category 4 would qualify as AAPMs under QPP.



# Alternative Payment Model Framework



# Vermont's ACOs and Shared Savings Programs (SSPs)

ACO Name	2015 Shared Savings Programs
Community Health Accountable Care (CHAC)	Commercial Medicaid Medicare
OneCare Vermont (OneCare)	Commercial Medicaid Medicare
Vermont Collaborative Physicians/ Healthfirst (VCP)	Commercial

# Financial Results and Overall Quality Scores

# Results Should be Interpreted with Caution

- ACOs have different populations
- ACOs had different start dates
- Commercial financial targets in 2015 continued to be based on Vermont Health Connect premiums, rather than actual claims experience
- Medicare's methodology for calculating shared savings is reportedly more challenging for lower-cost ACOs

# Summary of 2015 Aggregated Financial Results

## ➤ Medicaid SSP 2015

	Medicaid		
	CHAC	OneCare	VCP
Total Lives	28,648	50,091	N/A
Expected Aggregated Total	\$ 64,814,757.48	\$ 101,495,988.72	N/A
Target Aggregated Total	N/A	N/A	N/A
Actual Aggregated Total	\$ 62,405,070.32	\$ 102,802,366.80	N/A
Shared Savings Aggregated Total	\$ 2,409,687.16	\$ (1,306,378.08)	N/A
Total Savings Earned	\$ 2,409,687.16	\$ -	N/A
Potential ACO Share of Earned Savings	\$ 603,278.72	\$ -	N/A
Quality Score	57%	73%	N/A
%of Savings Earned	75%	95%*	N/A
Achieved Savings	\$ 452,459.00	\$ -	N/A

\*If shared savings had been earned

# Summary of 2015 Financial PMPM Results

## ➤ Medicaid SSP 2015

	Medicaid		
	CHAC	OneCare	VCP
Actual Member Months	342,772	599,256	N/A
Expected PMPM	\$ 189.09	\$ 169.37	N/A
Target PMPM	N/A	N/A	N/A
Actual PMPM	\$ 182.06	\$ 171.55	N/A
Shared Savings PMPM	\$ 7.03	\$ (2.18)	N/A
Total Savings Earned	\$ 2,409,687.16	\$ -	N/A
Potential ACO Share of Earned Savings	\$ 603,278.72	\$ -	N/A
Quality Score	57%	73%	N/A
%of Savings Earned	75%	95%*	N/A
Achieved Savings	\$ 452,459.00	\$ -	N/A

\*If shared savings had been earned

# Medicaid SSP Results 2014-2015

Medicaid								
	2014 PMPM	2015 PMPM	2014 PMPM Difference from Target	2015 PMPM Difference from Target	2014+2015 PMPM Difference from Target	2014+2015 Aggregate Difference from Target	2014 Quality Score	2015 Quality Score
<b>CHAC</b>	\$ 189.83	\$ 182.06	\$ 24.85	\$ 7.03	\$ 31.88	\$ 10,258,137.21	46%	57%
<b>OneCare</b>	\$ 165.66	\$ 171.55	\$ 14.93	\$ (2.18)	\$ 12.75	\$ 5,446,625.15	63%	73%

# Summary of 2015 Aggregated Financial Results

## ➤ Commercial SSP 2015

	Commercial		
	CHAC	OneCare	VCP
Total Lives	10,084	27,137	10,061
Expected Aggregated Total	\$ 36,930,311.76	\$93,486,032.12	\$ 28,163,838.10
Target Aggregated Total	\$ 35,826,535.08	\$91,213,298.67	\$ 27,318,912.50
Actual Aggregated Total	\$ 38,386,092.48	\$97,270,203.03	\$ 31,784,051.50
Shared Savings Aggregated Total	\$ (1,455,780.72)	\$ (3,784,170.91)	\$ (3,620,213.40)
Total Savings Earned	\$ -	\$ -	\$ -
Potential ACO Share of Earned Savings	\$ -	\$ -	\$ -
Quality Score	61%	69%	87%
%of Savings Earned	80%*	85%*	100%*
Achieved Savings	\$ -	\$ -	\$ -

\*If shared savings had been earned



# Summary of 2015 Financial PMPM Results

## ➤ Commercial SSP 2015

	Commercial		
	CHAC	OneCare	VCP
Actual Member Months	103,836	278,863	104,570
Expected PMPM	\$ 355.66	\$ 335.24	\$ 269.33
Target PMPM	\$ 345.03	\$ 327.09	\$ 261.25
Actual PMPM	\$ 369.68	\$ 348.81	\$ 303.95
Shared Savings PMPM	\$ (14.02)	\$ (13.57)	\$ (34.62)
Total Savings Earned	\$ -	\$ -	\$ -
Potential ACO Share of Earned Savings	\$ -	\$ -	\$ -
Quality Score	61%	69%	87%
%of Savings Earned	80%*	85%*	100%*
Achieved Savings	\$ -	\$ -	\$ -

\*If shared savings had been earned

# Commercial SSP Results 2014-2015

Commercial								
	2014 PMPM	2015 PMPM	2014 PMPM Difference from Target	2015 PMPM Difference from Target	2014+2015 PMPM Difference from Target	2014+2015 PMPM Aggregate from Target	2014 Quality Score	2015 Quality Score
<b>CHAC</b>	\$350.03	\$369.68	\$ (25.94)	\$ (14.02)	\$ (39.96)	\$ (4,003,425.94)	56%	61%
<b>OneCare</b>	\$349.01	\$348.81	\$ (23.38)	\$ (13.57)	\$ (36.95)	\$ (9,270,591.85)	67%	69%
<b>VCP</b>	\$286.08	\$303.95	\$ (19.36)	\$ (34.62)	\$ (53.98)	\$ (5,331,869.72)	89%	87%

# Summary of 2015 Aggregated Financial Results

## ➤ Medicare SSP 2015

	Medicare		
	CHAC	OneCare	VCP
Total Lives	6,600	55,841	N/A
Expected Aggregated Total	\$52,542,031	\$484,875,870	N/A
Target Aggregated Total	N/A	N/A	N/A
Actual Aggregated Total	\$56,658,198	\$511,835,661	N/A
Shared Savings Aggregated Total	\$ (4,116,167)	(\$26,959,791)	N/A
Total Savings Earned	\$0	\$0	N/A
Potential ACO Share of Earned Savings	\$0	\$0	N/A
Quality Score	97.19%	96.09%	N/A
%of Savings Earned	N/A	N/A	N/A
Achieved Savings	\$ -	\$ -	N/A

# Medicare SSP Results 2014-2015

<b>Medicare</b>			
	<b>2014+2015 Aggregate Difference from Target</b>	<b>2014 Quality Score</b>	<b>2015 Quality Score</b>
<b>CHAC</b>	\$ (3,004,094.00)	Reporting Only	97%
<b>OneCare</b>	\$ (31,127,911.00)	89%	96%
<b>VCP*</b>	\$ (2,762,048.00)	92%	
*VCP participated in Medicare SSP in 2014 only.			

# Medicare SSP Results 2013-2015

Medicare						
	2013+2014+2015 Aggregate Difference from Target	2013 Total Savings, as % of Total Benchmark Expenditures	2014 Total Savings, as % of Total Benchmark Expenditures	2015 Total Savings, as % of Total Benchmark Expenditures	2014 Quality Score	2015 Quality Score
<b>CHAC*</b>	\$ (3,004,094.00)	N/A	2.36%	-7.83%	Reporting Only	97%
<b>OneCare</b>	\$ (30,794,491.00)	0.09%	-0.89%	-5.56%	89%	96%
<b>VCP**</b>	\$ (5,182,660.00)	-3.36%	-4.87%	N/A	92%	
*CHAC participated in Medicare SSP in 2014 and 2015 only.						
**VCP participated in Medicare SSP in 2014 only.						

# Takeaways from 2015 Financial & Overall Quality Results

## ➤ Medicaid SSP:

- CHAC earned modest savings; PMPM declined from 2014 to 2015
- OneCare PMPM financial results farther away from targets
- Overall quality scores improved by 11 percentage points for CHAC and 10 percentage points for OneCare

## ➤ Commercial SSP:

- CHAC and OneCare PMPM financial results closer to targets; no change in OneCare's PMPM from 2014 to 2015; VCP's farther away from target
- Targets still based on premiums in 2015, rather than claims experience
- Overall quality scores improved by 5 percentage points for CHAC and 2 percentage points for OneCare; VCP overall quality score declined by 2 percentage points (still would have qualified VCP for 100% of savings)

## ➤ Medicare SSP:

- CHAC and OneCare aggregate financial results farther away from targets; Medicare doesn't report PMPM results
- Quality improved by 7 percentage points for OneCare; 2015 was first year that quality score was reported for CHAC; both had quality scores greater than 90%

# Detailed Quality Results

# Quality Measure Overview

- Medicaid and Commercial measure set was mostly stable between 2014 and 2015; outcome measures added to payment set in 2015
- Multiple years of data for Commercial SSP members resulted in adequate denominators for measures with look-back periods
- Medicaid “Quality Gate” more rigorous in 2015
- Data collection and analysis is challenging, but there continues to be impressive collaboration among ACOs in clinical data collection



# Results Should be Interpreted with Caution

- ACOs have different populations
- ACOs had different start dates
- There are no payer-specific benchmarks for Patient Experience Survey; had to combine Commercial and Medicaid results and compare to national all-payer results that include Medicare beneficiaries

# 2015 Medicaid Payment Measures

Measure	CHAC Rate/ Percentile/ Points*	OCV Rate/ Percentile/ Points*
All-Cause Readmission	18.31/**/2 Points	18.21/**/2 Points
Adolescent Well-Care Visits	40.16/Below 25 <sup>th</sup> /0 Points	48.09/Above 50 <sup>th</sup> /2 Points
Mental Illness, Follow-Up After Hospitalization	50.26/Above 50 <sup>th</sup> /2 Points	57.91/Above 75 <sup>th</sup> /3 Points
Alcohol and Other Drug Dependence Treatment	28.82/Above 50 <sup>th</sup> /2 Points	26.86/Above 50 <sup>th</sup> /2 Points
Avoidance of Antibiotics in Adults with Acute Bronchitis	20.28/Above 25 <sup>th</sup> /1 Point	30.50/Above 75 <sup>th</sup> /3 Points
Chlamydia Screening	48.03/Below 25 <sup>th</sup> /0 Points	50.09/Below 25 <sup>th</sup> /0 Points
Developmental Screening	12.51/**/2 Points	44.80/**/2 Points
Rate of Hospitalization for People with Chronic Conditions (per 100,000)	424.52/**/2 Points	624.84/**/2 Points
Blood Pressure in Control	67.64/Above 75 <sup>th</sup> /3 Points	67.92/Above 75 <sup>th</sup> /3 Points
Diabetes Hemoglobin A1c Poor Control (lower rate is better)	22.77/Above 90 <sup>th</sup> /3 Points	21.83/Above 90 <sup>th</sup> /3 Points

\*Maximum points per measure = 3

\*\*No national benchmark; awarded points based on change over time

# Impact on Payment

## Vermont Medicaid Shared Savings Program Quality Performance Summary - 2015

ACO Name	Points Earned	Total Potential Points	% of Total Quality Points	% of Savings Earned*
CHAC	17	30	57%	75%
OneCare	22	30	73%	95%

\* if shared savings were earned

# 2015 Medicaid Payment Measures: Strengths and Opportunities

## ➤ Strengths:

- 10 of 14 ACO results for measures with benchmarks were above the national 50<sup>th</sup> percentile
- 6 of 14 ACO results for measures with benchmarks were above the 75<sup>th</sup> percentile
- Both ACOs met the quality gate and CHAC was able to share in savings

## ➤ Opportunities:

- 4 of 14 ACO results for measures with benchmarks were below the 50<sup>th</sup> percentile
- Opportunity to improve Chlamydia Screening across both ACOs
- Some variation among ACOs

# 2015 Quality Results: Commercial Payment Measures

Measure	CHAC Rate/ Percentile/Points*	OCV Rate/ Percentile/Points*	VCP Rate/ Percentile/Points*
ACO All-Cause Readmission (lower is better)	0.83/Below 25 <sup>th</sup> / 0 Points	1.05/Below 25 <sup>th</sup> / 0 Points	0.58/Above 90 <sup>th</sup> / 3 Points
Adolescent Well-Care Visits	47.89/Above 75 <sup>th</sup> / 3 points	57.23/Above 75 <sup>th</sup> / 3 Points	54.81/Above 75 <sup>th</sup> / 3 Points
Mental Illness, Follow-Up After Hospitalization	N/A (denominator too small)	62.75/Above 75 <sup>th</sup> / 3 Points	N/A (denominator too small)
Alcohol and Other Drug Dependence Treatment	21.48/Below 25 <sup>th</sup> / 0 Points	19.55/Below 25 <sup>th</sup> / 0 Points	22.17/Above 25 <sup>th</sup> / 1 Point
Avoidance of Antibiotics in Adults with Acute Bronchitis	15.18/Below 25 <sup>th</sup> / 0 Points	31.60/Above 75 <sup>th</sup> / 3 Points	46.27/Above 90 <sup>th</sup> / 3 Points
Chlamydia Screening	48.96/Above 75 <sup>th</sup> / 3 Points	50.49/Above 75 <sup>th</sup> / 3 Points	52.22/Above 75 <sup>th</sup> / 3 Points
Rate of Hospitalization for People with Chronic Conditions (per 100,000)	197.11/**/ 2 Points	99.23/**/ 0 Points	12.76/**/ 2 Points
Blood Pressure in Control	65.81/Above 75 <sup>th</sup> / 3 Points	70.70/Above 90 <sup>th</sup> / 3 Points	61.29/Above 50 <sup>th</sup> / 2 Points
Diabetes Hemoglobin A1c Poor Control (lower rate is better)	20.57/Above 90 <sup>th</sup> / 3 Points	15.13/Above 90 <sup>th</sup> / 3 Points	12.50/Above 90 <sup>th</sup> / 3 Points

\*Maximum points per measure = 3, except as noted below

\*\* No national benchmark; awarded maximum of 2 points based on change over time

# Impact on Payment

## Vermont Commercial Shared Savings Program Quality Performance Summary - 2015

ACO Name	Points Earned	Total Potential Points	% of Total Quality Points	% of Savings Earned*
CHAC	14	23	61%	80%
OneCare	18	26	69%	85%
VCP	20	23	87%	100%

\*If shared savings had been earned

# 2015 Commercial Payment Measures: Strengths and Opportunities

## ➤ Strengths:

- 16 of 22 ACO results for measures with benchmarks were above the national 50<sup>th</sup> percentile
- 15 of 22 ACO results for measures with benchmarks were above the 75<sup>th</sup> percentile

## ➤ Opportunities:

- 6 of 22 ACO results for measures with benchmarks were below the 50<sup>th</sup> percentile
- Opportunity to improve Alcohol and Other Drug Dependence Treatment across all ACOs
- Even when performance compared to benchmarks is good, potential to improve some rates
- Some variation among ACOs

# 2015 Medicaid Reporting Measures

Reporting Measures	CHAC Rate/ Percentile	OCV Rate/Percentile
COPD or Asthma in Older Adults	347.70/No Benchmark	412.57/No Benchmark
Cervical Cancer Screening	57.67/No Benchmark	62.35/No Benchmark
Tobacco Use Assessment & Cessation	86.74/ No Benchmark	95.65/No Benchmark
Pharyngitis, Appropriate Testing for Children	76.23/Above 50 <sup>th</sup>	80.91/Above 75 <sup>th</sup>
Childhood Immunization	26.91/Above 25 <sup>th</sup>	56.49/Above 90 <sup>th</sup>
Weight Assessment and Counseling for Children/Adolescents	49.85/Above 25 <sup>th</sup>	57.50/Above 50 <sup>th</sup>
Optimal Diabetes Care Composite	36.31/No Benchmark	41.00/No Benchmark
Colorectal Cancer Screening	59.77/No Benchmark	66.39/No Benchmark
Screening for Clinical Depression & Follow-Up Plan	29.68/No Benchmark	36.94/No Benchmark
Body Mass Index Screening & Follow-Up	78.65/No Benchmark	71.39/No Benchmark



# 2015 Medicaid Reporting Measures: Strengths and Opportunities

## ➤ Strengths:

- For measures with benchmarks, 4 of 6 ACO results were above the national 50<sup>th</sup> percentile
- 2 of 6 ACO results for measures with benchmarks were above the 75<sup>th</sup> percentile, and 1 of 6 was above the 90<sup>th</sup> percentile

## ➤ Opportunities:

- 2 of 6 ACO results for measures with benchmarks were below the national 50<sup>th</sup> percentile
- Even when performance compared to benchmarks is good, potential to improve some rates
- Some variation among ACOs
- Lack of benchmarks for some Medicaid measures hindered further analysis

# 2015 Commercial Reporting Measures

Reporting Measures	CHAC Rate/ Percentile	OneCare Rate/Percentile	VCP Rate/ Percentile
Developmental Screening	12.73/No Benchmark	56.25/No Benchmark	70.66/No Benchmark
Hospitalizations for COPD or Asthma in Older Adults (lower is better)	75.53/No Benchmark	83.01/No Benchmark	19.78/No Benchmark
Pharyngitis, Appropriate Testing for Children	N/A (denominator too small)	88.75/Above 75 <sup>th</sup>	90.70/Above 90 <sup>th</sup>
Immunizations for 2-year-olds	N/A (denominator too small)	74.24/Above 90 <sup>th</sup>	56.92/Above 75 <sup>th</sup>
Weight Assessment and Counseling for Children/Adolescents	57.28/Above 50 <sup>th</sup>	67.97/Above 75 <sup>th</sup>	70.16/Above 90 <sup>th</sup>
Colorectal Cancer Screening	70.25/Above 90 <sup>th</sup>	70.92/Above 90 <sup>th</sup>	77.42/Above 90 <sup>th</sup>
Depression Screening and Follow-Up	42.25/No Benchmark	41.38/No Benchmark	34.27/No Benchmark
Adult BMI Screening and Follow-up	77.27/No Benchmark	74.24/No Benchmark	68.95/No Benchmark
Cervical Cancer Screening	52.92/Below 25 <sup>th</sup>	71.78/Above 25 <sup>th</sup>	76.61/Above 50 <sup>th</sup>
Tobacco Use Assessment and Cessation	92.68/No Benchmark	96.77/No Benchmark	72.18/No Benchmark
Diabetes Composite	40.82/No Benchmark	47.48/No Benchmark	42.34/No Benchmark

# 2015 Commercial Reporting Measures: Strengths and Opportunities

## ➤ Strengths:

- For measures with benchmarks, 11 of 13 ACO results were above the national 50<sup>th</sup> percentile
- 9 of 13 ACO results for measures with benchmarks were above the 75<sup>th</sup> percentile, and 6 of 13 were above the 90<sup>th</sup> percentile

## ➤ Opportunities:

- For measures with benchmarks, 2 of 13 ACO results were below the national 50<sup>th</sup> percentile
- Improvement opportunity for cervical cancer screening
- Even when performance compared to benchmarks is good, potential to improve some rates
- Some variation among ACOs
- Lack of benchmarks for some Commercial measures hindered further analysis

# 2015 Combined Commercial/Medicaid Patient Experience Results: CHAC and OneCare

Adult Patient Exp. Composite	CHAC Rate/ Percentile (Commercial + Medicaid)	OneCare Rate/ Percentile* (Commercial + Medicaid)
Access to Care	50%/Below 25 <sup>th</sup>	59%/Above 25 <sup>th</sup>
Communication	83%/Above 25 <sup>th</sup>	80%/Below 25 <sup>th</sup>
Shared Decision-Making	65%/At 50 <sup>th</sup>	64%/Above 25 <sup>th</sup>
Self-Management Support	53%/Above 50 <sup>th</sup>	44%/Above 25 <sup>th</sup>
Comprehensiveness	56%/Above 50 <sup>th</sup>	53%/Above 50 <sup>th</sup>
Office Staff	76%/At 25 <sup>th</sup>	73%/Below 25 <sup>th</sup>
Information	65%/No Benchmark	66%/No Benchmark
Coordination of Care	76%/No Benchmark	69%/No Benchmark
Specialist Care	49%/No Benchmark	48%/No Benchmark
LTSS Care Coordination	53%/No Benchmark	55%/No Benchmark

\*OneCare rate does not include UVMHC practice results; they used a similar survey that can't be combined with these results

# 2015 Combined Commercial/Medicaid OneCare Results for UVM Medical Center Practices\*

Adult Patient Exp. Composite: <u>Visit-Based</u> Survey	UVM Medical Center/OneCare Top Score Rate/Percentile (Commercial + Medicaid)
Access to Care	82%/Above 90 <sup>th</sup>
Communication	94%/Above 75 <sup>th</sup>
Shared Decision-Making	62%/No Benchmark
Self-Management Support	47%/No Benchmark
Comprehensiveness	44%/No Benchmark
Office Staff	87%/Below 25 <sup>th</sup>
Information	57%/No Benchmark
Coordination of Care	76%/No Benchmark
Specialist Care	46%/No Benchmark

\*UVM Medical Center-owned practices voluntarily fielded a visit-based survey that was similar to the annual survey used for ACOs; survey differences prevent direct comparison.

# 2015 Combined Patient Experience Measures: Strengths and Opportunities

## ➤ Strengths:

- Most ACO primary care practices chose to participate
- State funding (VHCIP and Blueprint) and vendor management reduced burden on practices
- Use of same survey for Blueprint and ACO evaluation reduced probability of multiple surveys to consumers
- 4 of 12 ACO results for measures with benchmarks were at or above the national 50th percentile

## ➤ Opportunities:

- 8 of 12 ACO results for measures with benchmarks were below the national 50<sup>th</sup> percentile; 3 of 12 were below the national 25<sup>th</sup> percentile
- Lack of benchmarks hindered further analysis
- VCP did not have adequate denominators for reporting
- National all-payer benchmarks might not be comparable to CHAC/OneCare combined Commercial/Medicaid results

# Summary of 2015 Results

- Financial results positive for CHAC in Medicaid SSP
- No savings in Commercial and Medicare SSPs; Commercial targets still based on premiums
- CHAC and OneCare showed movement toward commercial targets
- There was a decrease in CHAC's Medicaid PMPM (lower is better), and no change in OneCare's Commercial PMPM
- Improvements in overall quality scores for CHAC and OneCare; continued high performance for VCP
- ACOs working to develop data collection, analytic capacity, care management strategies, and population health approaches
- Collaboration among ACOs, Blueprint, providers, payers

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# Vermont Medicaid Shared Savings Program: 2015 Supplemental Analyses



# VMSSP Analyses

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- I. Understanding differences in unique population segments
- II. Understanding changes in utilization and expenditure across categories of service

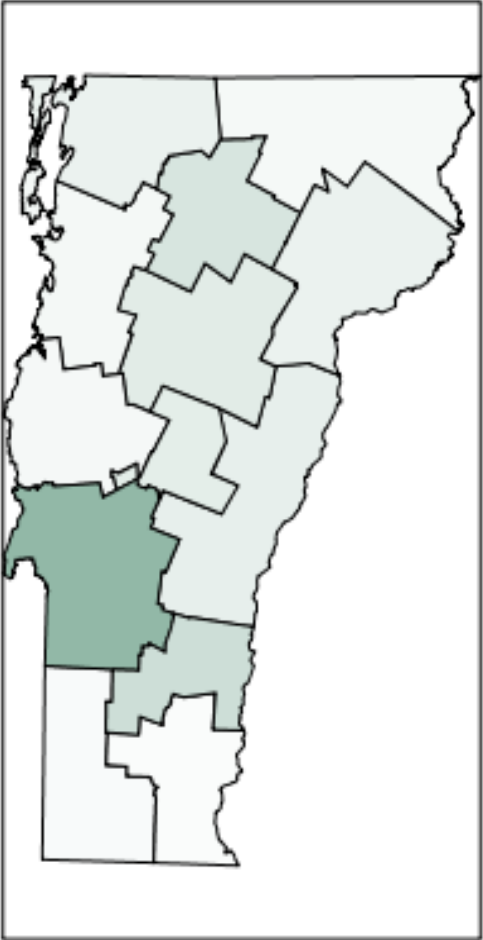
# VMSSP Attribution Methodology

- **Includes** adults and children with at least 10 months of Medicaid eligibility in the program year
- **Excludes** beneficiaries dually eligible for Medicare and Medicaid, beneficiaries with other sources of insurance coverage, and beneficiaries without comprehensive benefits packages
- Attribution based on beneficiary relationship with Primary Care Provider
  1. Based on primary care claims in program year, OR
  2. Based on PCP of record (self-selected or auto-assigned)

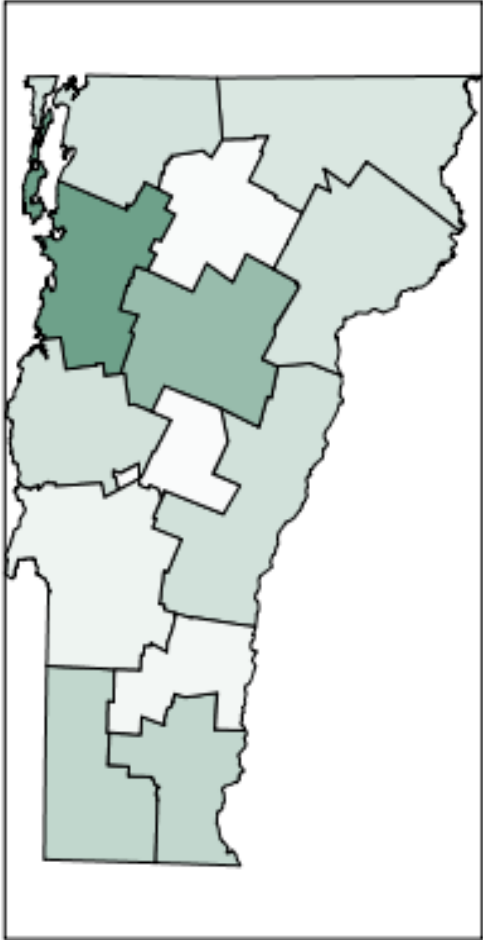
# VMSSP Attribution Snapshot: 2012 - 2015

	2012	2013	2014	2015
Attributed to OneCare Vermont	26,580	33,092	37,959	50,091
Attributed to CHAC	15,980	18,927	22,014	28,648
Eligible for Attribution (but <i>not</i> attributed to an ACO)	38,628	42,363	43,667	57,609
<b>TOTAL ELIGIBLE FOR ATTRIBUTION</b>	<b>81,187</b>	<b>94,427</b>	<b>103,640</b>	<b>136,348</b>

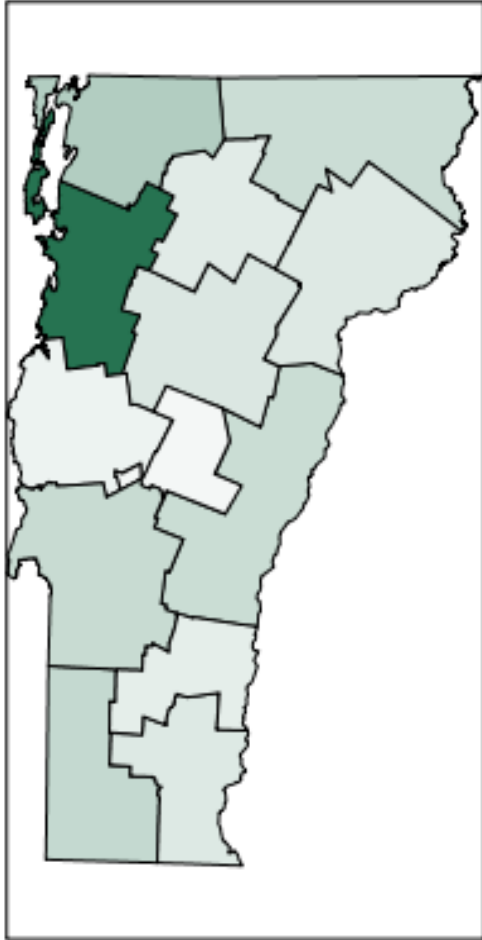
# 2015 VMSSP Attribution by HSA



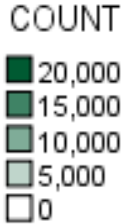
CHAC



OCVT  
ACO



Other

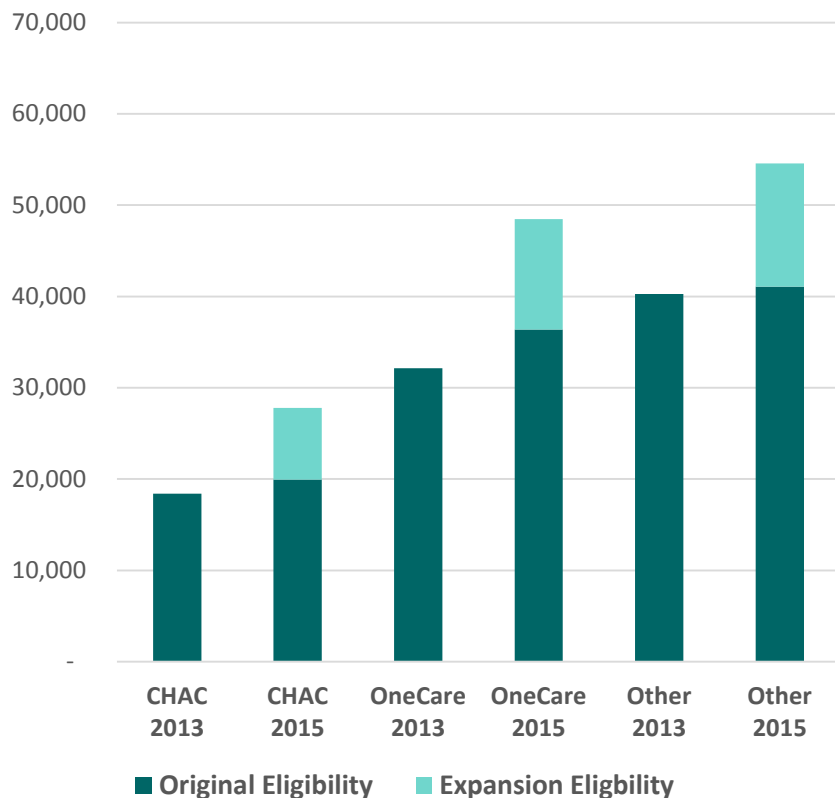


# Unique Population Segments

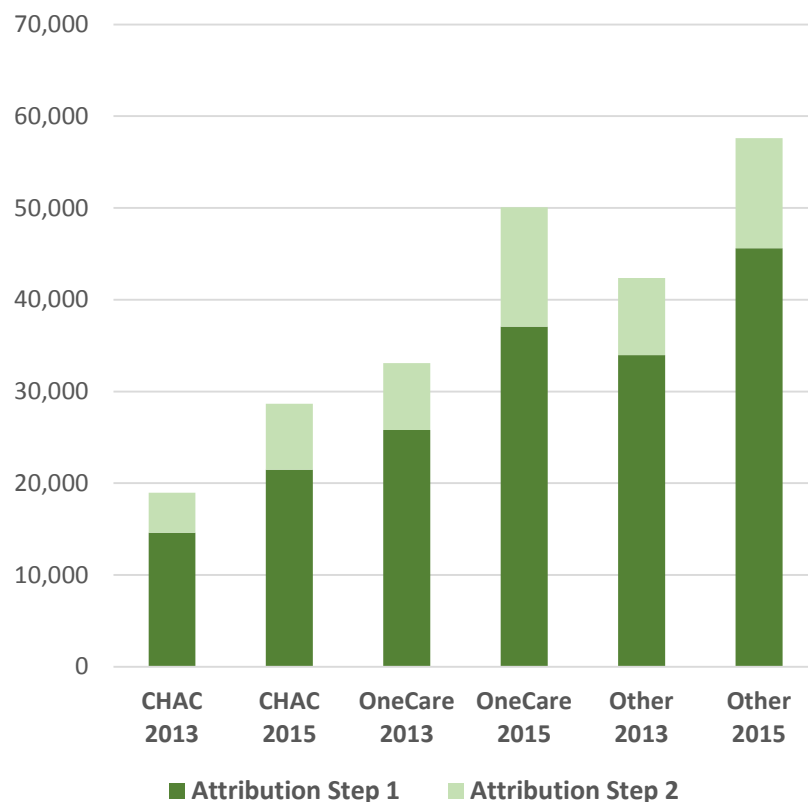
	Baseline Period		Implementation Period	
	Attribution Steps: Step 1 vs. Step 2		Attribution Steps: Step 1 vs. Step 2	
Eligibility: Original vs. Expansion	Original Eligibility & Step 1	Original Eligibility & Step 2	Original Eligibility & Step 1	Original Eligibility & Step 2
	Expansion Eligibility & Step 1	Expansion Eligibility & Step 2	Expansion Eligibility & Step 1	Expansion Eligibility & Step 2

# Population Changes from 2013 to 2015

All Medicaid Beneficiaries Eligible for Attribution by Expansion Status

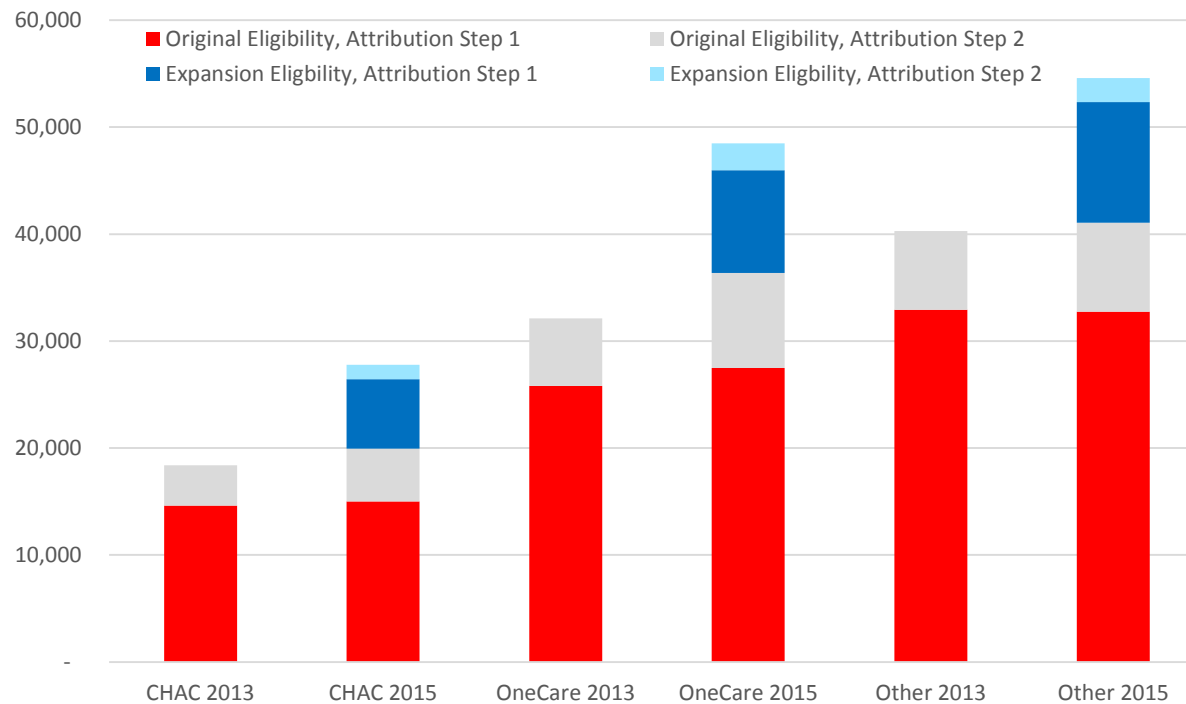


All Medicaid Beneficiaries Eligible For Attribution by Expansion Status



# Attribution Across Population Segments

	Baseline Period		Implementation Period	
	Attribution Steps: Step 1 vs. Step 2		Attribution Steps: Step 1 vs. Step 2	
Eligibility: Original vs. Expansion	Original Eligibility & Step 1	Original Eligibility & Step 2	Original Eligibility & Step 1	Original Eligibility & Step 2
	Expansion Eligibility & Step 1	Expansion Eligibility & Step 2	Expansion Eligibility & Step 1	Expansion Eligibility & Step 2



# Expenditure Across Population Segments

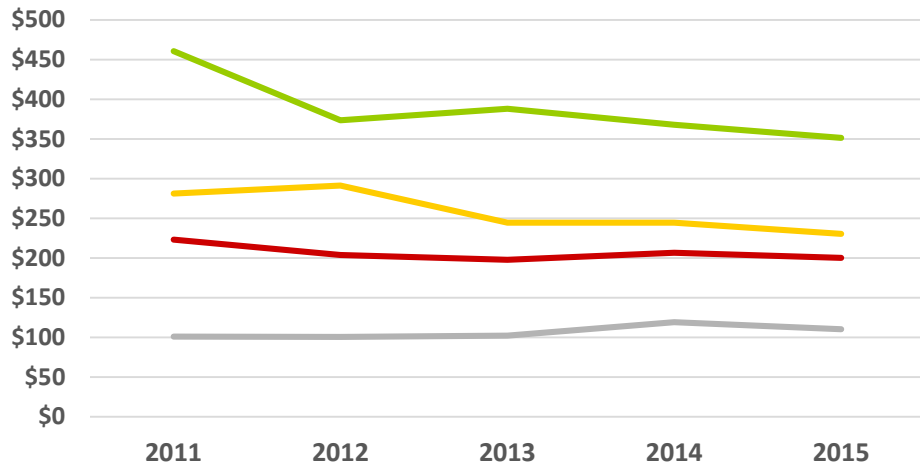
	Baseline Period		Implementation Period	
	Attribution Steps: Step 1 vs. Step 2		Attribution Steps: Step 1 vs. Step 2	
Eligibility: Original vs. Expansion	Original Eligibility & Step 1	Original Eligibility & Step 2	Original Eligibility & Step 1	Original Eligibility & Step 2
	Expansion Eligibility & Step 1	Expansion Eligibility & Step 2	Expansion Eligibility & Step 1	Expansion Eligibility & Step 2

	Cost per Member Month					
	2013			2015		
	Step 1 Attributed; Original Eligibility	Step 2 Attributed; Original Eligibility	Step 1 Attributed; Original Eligibility	Step 1 Attributed; Expansion Eligibility	Step 2 Attributed; Original Eligibility	Step 2 Attributed; Expansion Eligibility
CHAC	\$ 241	\$ 52	\$ 218	\$ 326	\$ 39	\$ 118
OneCare	\$ 227	\$ 56	\$ 200	\$ 330	\$ 48	\$ 146
Other	\$ 228	\$ 61	\$ 191	\$ 341	\$ 46	\$ 122

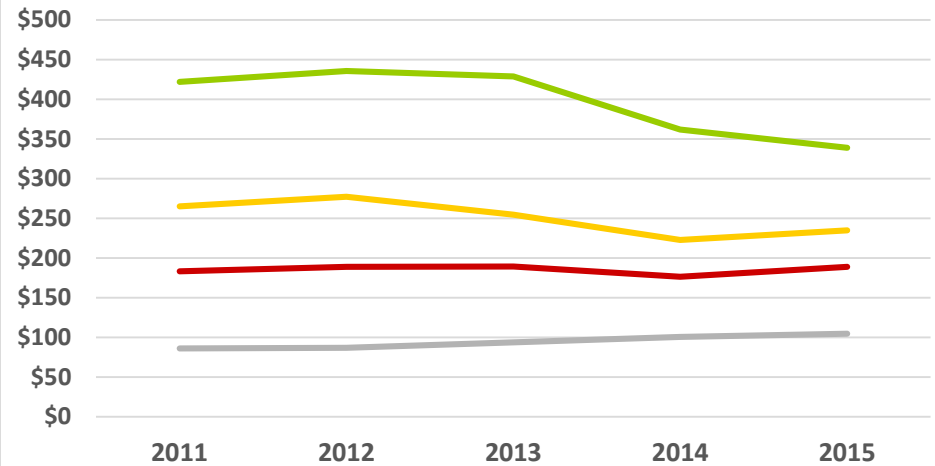


# Expenditure by Eligibility Category

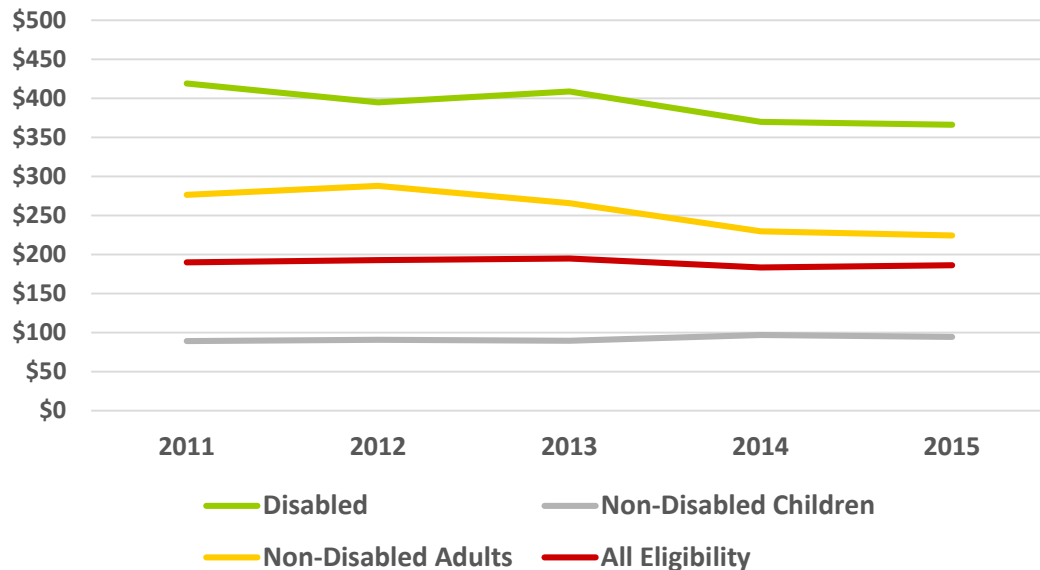
## CHAC PMPM Spending by Eligibility Category



## OneCare PMPM Spending by Eligibility Category



## Not Attributed PMPM Spending by Eligibility Category

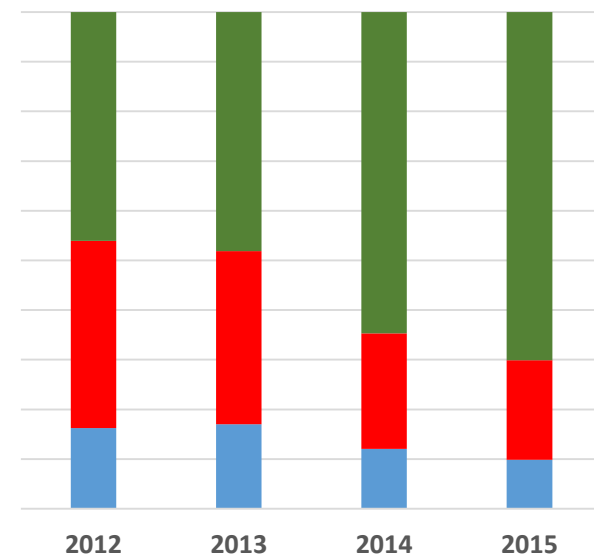
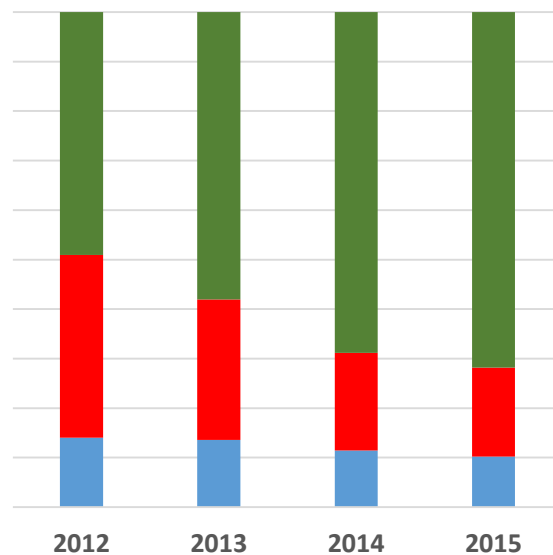
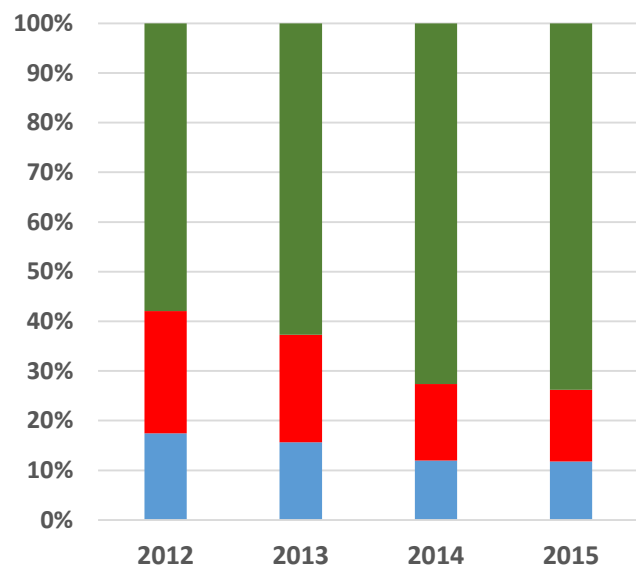


# Attributed Lives without TCOC Expenditure

CHAC Attributed Lives Without TCOC Claims by Eligibility Category

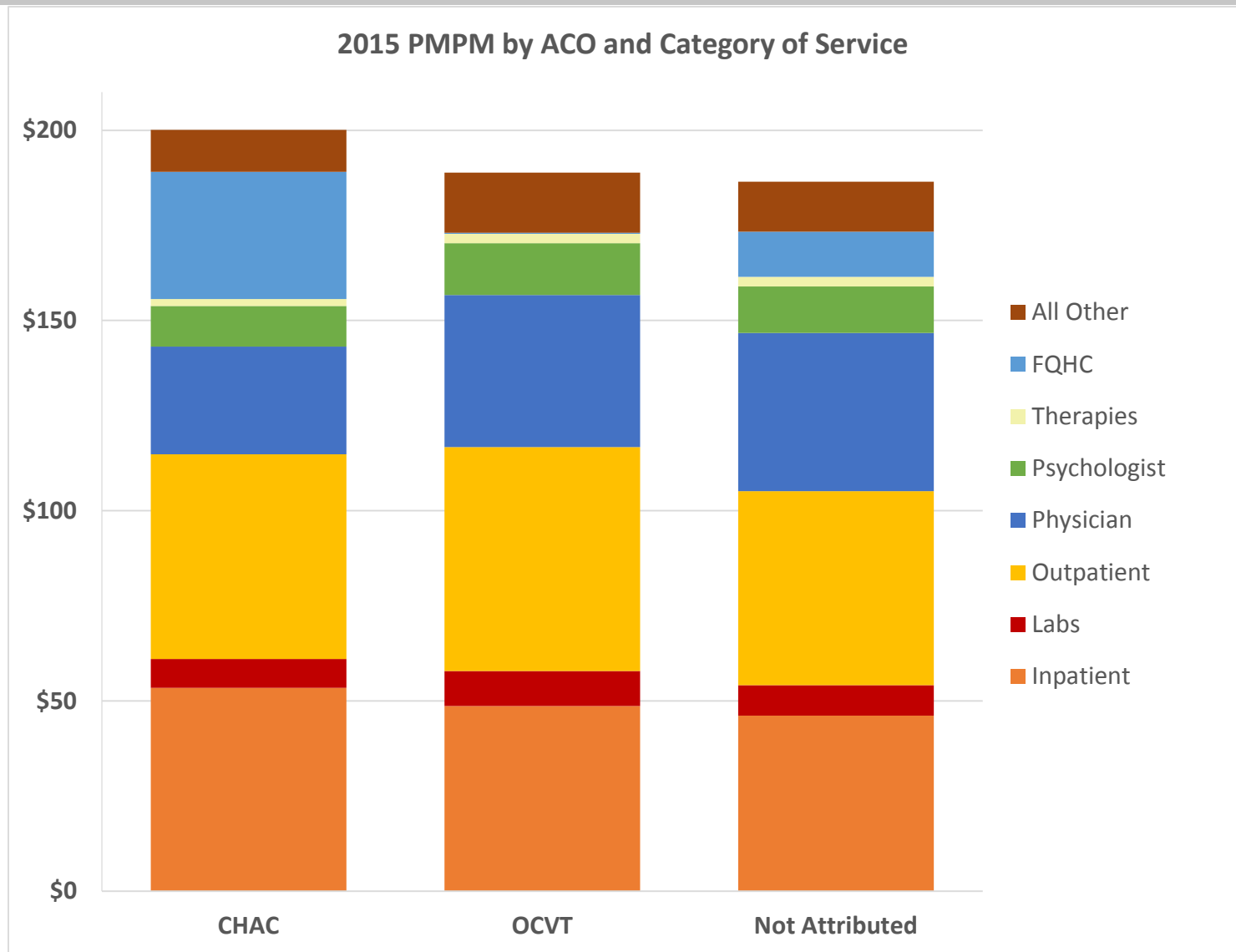
OneCare Attributed Lives Without TCOC Claims by Eligibility Category

Not Attributed Without TCOC Claims by Eligibility Category

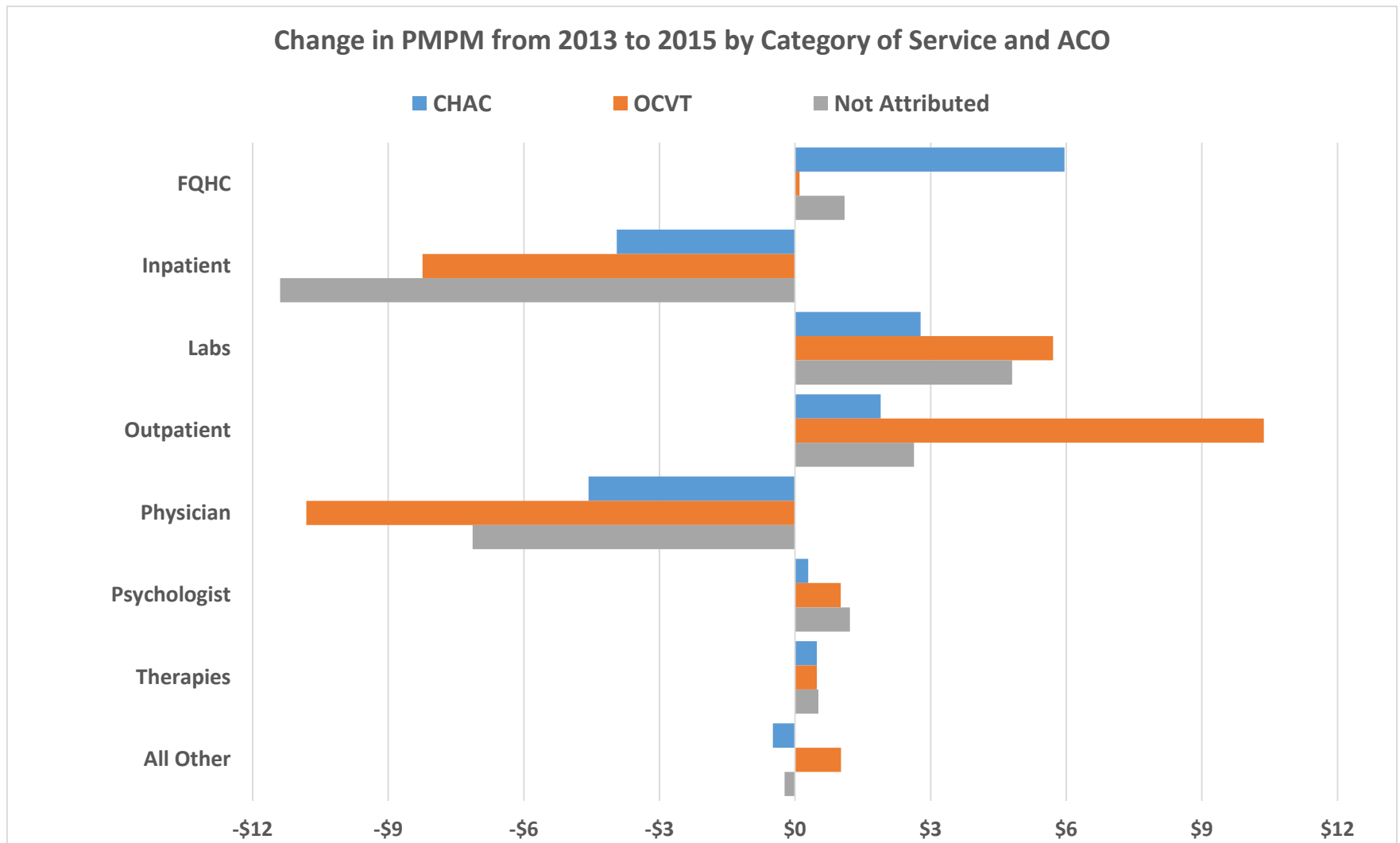


- Non-Disabled Adults
- Non-Disabled Children
- Disabled

# Expenditure by Category of Service



# Expenditure Change by Category of Service



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# OneCare Vermont

Leah Fullem

# OneCare Vermont 2015 SSP Results Highlights

- OneCare ranks among the top 20% of 392 Medicare ACOs in the country in “value”, as calculated by ranking total cost per beneficiary with overall quality measure results by ACO.
- OneCare providers provide care to Medicare beneficiaries at 3% less cost than the national average.
- We have seen significant improvement in our quality measure results over 3 years.
- We have seen significant decrease in variation in both total cost per beneficiary and quality measure results at among our Health Service Areas, with quality improving in all communities.

# Interventions to improve value

OneCare has successfully executed on several opportunities since 2015 to improve care coordination, facilitate quality improvement, and provide important information and analysis to Vermont care providers, including:

- Engaging the Top 5% of high utilizers in care coordination activities
- Facilitating communication & comprehensive integrated care coordination (i.e. Care Navigator, RWJF Grant)
- Strengthening Community Collaboratives by providing resources, data analytics, and QI support
- Actively monitoring and communicating trends and variation in cost, quality and utilization performance
- Examples:
  - Implementation of care coordination software in four pilot communities
  - Statewide Learning Collaboratives (e.g. SBIRT, pediatric ACO quality measures)
  - Total Joint Symposium 11/14/2016

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# Community Health Accountable Care

Kate Simmons



# CHAC Initiatives 2014-2016



Local investments of VMSSP 2014 earnings

Implement event notification system (*PatientPing*)

Increase enrollment in tele-monitoring intervention

Roll out data visualization software (*Qlik*)

Engage in “Data Roadshows” for PY2015

Require documentation of implementation of 1+ Recommendation:

- COPD
- CHF
- Diabetes
- Falls Risk Assessment
- Depression Screen & Treatment

Encourage adoption (through trainings and TA) of Recommendations:

- Depression Screen & Treatment

Joint Clinical and Operations Committees work on PDSA cycles to improve data findings

Sustain bimonthly meetings of Clinical Committee as working committee

Implement tele-monitoring intervention (*Pharos*)

Launch “Data Roadshows”

Encourage adoption (through trainings and TA) of Recommendations:

- COPD
- CHF
- Diabetes
- Falls Risk Assessment

Develop Recommendations:

- Depression Screen & Treatment

Launch joint meetings of CHAC Clinical and Operations Committees to review data findings & set goals

Sustain bimonthly meetings of Clinical Committee as working committee

Develop Recommendations:

- COPD
- CHF
- Diabetes
- Falls Risk Assessment

Launch CHAC Clinical Committee

**2014**

**2015**

**2016**

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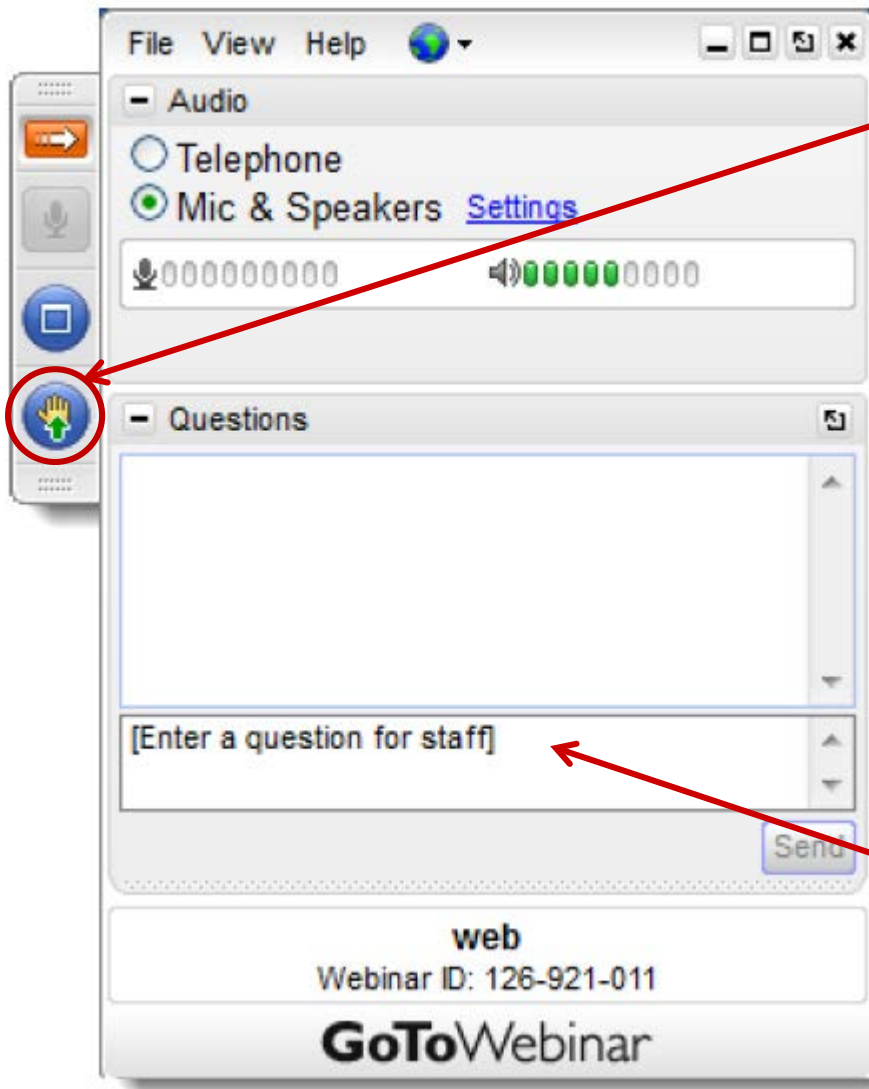
# **Healthfirst / Vermont Collaborative Physicians**

Rick Dooley

# HealthFirst Highlights

- Data from commercial SSP demonstrated the value of independent providers, providing high quality care at lower cost.
- Targeted practice interventions, including sharing of “best practices”, focused on ACO clinical priorities for chronic diseases and health maintenance
- Aggregation of HealthFirst network Blueprint practice & regional data encouraged independent practices to start thinking outside their walls
- Formation of Clinical Implementation Committee – a group of practice managers who meet bi-monthly to discuss logistical changes & workflow improvements – improved communication and collaboration between practices
- ACO collaboration between all three ACOs for quality measure collection enhanced a unified approach to quality measurement going forward

# Questions?



- **Raise your hand** on the GoToWebinar control panel to have your line un-muted; when called upon, ask your question aloud.

*OR*

- **Enter questions in Questions pane** of GoToWebinar control panel.

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**Thank you!**