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October 11, 2019

Kevin Mullin
Chair, Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Dear Chair Mullin and Members of the Green Mountain Care Board:

Thank you for forwarding these questions from the Health Care Advocate (HCA) to OneCare Vermont (OneCare). After formulating draft versions of our questions, we met with Green Mountain Care Board staff on October 10, 2019 in an effort to avoid asking OneCare duplicative questions. We have reduced and edited our questions in light of this meeting. We look forward to receiving answers to our questions on the same day which OneCare's responses to the Board's questions are due, October 24, 2019.

Health Care Advocate Questions for OneCare Vermont

Follow-up on HCA Guidance Question

1. In our 2020 guidance questions, the HCA asked, "*During the Vermont Health Connect 2020 rate review process, Blue Cross Blue Shield of Vermont stated that taking both the care coordination fee and projected savings into account, Blue Cross projects a slight increase in rates due to its relationship with OneCare in 2020…* ***When*** *does OneCare believe Blue Cross and its members will experience overall savings due to its relationship with OneCare?*"

   OneCare responded, "*Currently OneCare only has a QHP contract with BCBSVT, which is a small portion of their business/membership. QHP rates have had premium growth rates based on actual utilization. Should other commercial populations be added into the All Payer Model, OneCare would expect its commercial trend could diminish. OneCare is actively working to expand our footprint into the BCBSVT self-funded market. The goal is to develop a model that qualifies for scale targets, achieves clinical alignment, and incorporates payment reform.*"

   It is not clear from the response ***when*** OneCare believes BCBSVT will realize saving due to its relationship with OneCare taking into account both the care coordination fee and projected savings. Please respond to the question posed by specifying whether OneCare believes that BCBSVT's QHP program will at some point save more money on the OneCare program than it is spending on the OneCare program. If OneCare believes this will happen,

how soon does it project it to happen? If OneCare does not believe that the BCBSVT QHP program will "save" BCBSVT money, please explain this belief

BCBSVT and MVP QHP

2. Please provide additional details on your QHP programs as described below. For reference, Appendix 3.1 details a 6.04% PMPM trend for Commercial QHP 2018-2020 and a -11.1% trend between 2019 projected and 2020.
    a. Please provide your 2019 projected shared savings for BCBSVT QHP.
    b. How does OneCare's 2019 BCBSVT QHP budget, as detailed in your 2019 contract with BCBSVT, compare to OneCare's 2019 projection detailed in the 2020 budget submission?
    c. Please provide a narrative description, supported by data, of the variation between the 2019 budget and 2019 projection for the BCBSVT QHP population.
    d. Please provide the hypothesized causes of any observed differences between the 2019 BCBSVT QHP budget and 2019 projection.
    e. It is our understanding that the table in Appendix 3.1 combines MVP and BCBSVT QHP populations.
        i. Please confirm whether our understating is correct.
        ii. Please explain OneCare's prediction of an 11% decline between 2019 projected and 2020 budget. Please include in the explanation a discussion of how OneCare expects the MVP and BCBSVT trends to move individually.
    f. Please explain any facts and/or assumptions that OneCare relied on to establish the 11% decline from 2019 to 2020. For example, to what extent is the decline due to an expectation that healthier individuals with lower projected claims will join the pool with MVP participation?

BCBSVT ASO/LG

3. On page 55 of the 2020 budget narrative (Narrative), OneCare states that BCBSVT's 2019 ASO and large group self-funded program, which included $3.25 PMPM and $100 PMPY payments to primary care providers who met certain requirements, did not qualify as a scale target ACO initiative. On page 6, you state that the 2020 program will qualify as scale target.
    a. To fulfill the scale target initiative shared savings requirements, is OneCare's plan for the individual self-insured businesses to directly share savings and losses with OneCare or will shared savings and losses be settled with BCBSVT and only passed down to the business members through actual FFS claims and/or through a per member per month fee?
    b. Are any other details of the structure of the program known that aren't included in OneCare's 2020 budget submission such as monthly fees?
    c. Will ASO groups and large groups be informed that they are joining OneCare? If yes, when?
    d. Is ACO participation mandatory for ASO and/or large groups (e.g. a contractual obligation) or do they opt-in to the program on a case by case basis?

Medicare

4. In 2018, based on appendix 4.4 "Total Shared Savings / (Loss)," Medicare appears to be successful with a $13 million savings.
    a. Please itemize specific actions which led to this $13 million savings.
    b. Please estimate the amount of savings realized due to factors outside of OneCare's control such a random volatility or macro trends in utilization?

Health Service Areas

5. Please complete the below provided table.

Health Service Area	2018 Actual Medicaid Shared Savings	2018 Actual Medicare Shared Savings	2018 Actual Commercial Shared Savings	2018 Medicaid Quality Score
Bennington				
Berlin				
Brattleboro				
Burlington				
Lebanon				
Middlebury				
Newport				
Randolph				
Rutland				
Springfield				
St. Albans				
St. Johnsbury				
Total				

Quality Results

6. We are interested in how changes in attribution impact OneCare's year to year quality scores and what that can tell us about the challenges Vermont faces in different health service areas.
    a. Please estimate to what extent the lower quality scores for your Medicaid program between 2017 and 2018 were due to changes in patient and provider attribution. Please provide evidence to support your response
    b. Is the difference in quality scores attributable to the HSAs that joined in 2018? Please provide evidence to support your response.

Attribution

7. We are interested in better understanding the barriers to entry/participation that OneCare details on Narrative page 14.
    a. OneCare lists multiple barriers that impeded expansion of the ACO in 2019 and which will need to be addressed for expansion to be realized in the future. One of these barriers is "payer data availability/accuracy/timeliness." Please provide the specific issues related to payer data availability, accuracy, and timeliness including, but not limited to, which payer(s) the issue(s) applies to.
    b. That same list of barriers impeding expansion includes "hospital board education." Please list the activities OneCare has planned for the budget year to educate hospital boards about OneCare and ACO participation options. Please also provide the top 5 issues that you believe need to be included in effective hospital board education.
8. Narrative page 13 includes a growth chart which shows variation in attribution "opportunity" by health service area. Has OneCare assessed how changes in population mix due to increasing attribution will impact its risk contract results and if there will be financial impacts due to OneCare's expanded geographic footprint?

Affordability

9. OneCare states on Narrative page 8 that "OneCare's providers have become innovators driving toward…. affordability."
    a. Please provide the definition of "affordability" as used in the above cited sentence.
    b. Please provide empirical support for the proposition that OneCare providers are driving affordability.
    c. Please describe how OneCare providers are addressing "affordability" from a consumer's perspective (i.e. costs experienced by the patient as opposed to aggregate affordability measures at the system-scale).

Population Health Management

10. In the same format as the table on Narrative pages 56 through 58, please provide the top five most expensive conditions as measured by unit price multiplied by utilization. Please provide this data by payer and by HSA.
11. Based on the information presented on Narrative page 27, it appears that under 25% of the budget is going to clinical programs.
    a. As OneCare establishes its information technology infrastructure, what are its long term goals of increasing clinical program investments?
    b. Does OneCare expect to be able to spend less on software and analytics and, due to that, more on direct services and/or community support to ACO members in the future?
12. On Narrative page 47, OneCare presents the table Encounters by Type.
    a. Please provide the number of patients for each care coordination level of severity.
    b. Please provide the total number of individuals OneCare has engaged in care coordination and active care management by payer.
13. On Narrative page 48, OneCare states that it has ceased using mental health and substance use metrics due to data tracking and timeliness issues. Given that mental health issues were identified as a top issue in each HSA, that the opioid epidemic continues to play a major role in Vermont, and that the All Payer Model requires progress in substance use treatment and suicide prevention, does OneCare have current plans to develop new metrics or other ways of tracking progress towards the All Payer Model's mental health and substance abuse treatment goals?

If you need any clarification on any of our questions, please feel free to contact us.

Thank you,

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