

Blueprint for Health Executive Committee

February 17, 2021

Agenda

1. Welcome & Updates
2. Discussion of All-Payer Model Implementation Improvement Plan
3. Self-Management Programming
4. Medicare Trend Increase
5. Blueprint 2020 Annual Report

All-Payer ACO Model Agreement Implementation Improvement Plan: Recommendations Summary

Report Rec. Number	Activity: Federal/state Partnership	Timing*	Lead (s)	Agreement Domain Impact
1.	Negotiate with CMS to revise scale targets to reflect realistic capacity for participation.	Short-Term	AHS, GMCB	Scale, Financial, Quality
2.	Reduce Medicare risk corridor thresholds and decrease the financial burden of participation for hospitals.	Short-Term	AHS, GMCB	Scale, Financial, Quality
3.	Request that CMS establish written guidance or best practices in cost reporting for CAHs. GMCB should disseminate any guidance.	Short-Term	GMCB, AHS	Scale, Financial, Quality
4.	Establish a path for the Medicare payment model to mirror Vermont Medicaid Next Generation fixed prospective payments.	Short/Medium-Term	GMCB, AHS	Scale, Financial, Quality
5.	Ensure Medicare 2021 benchmark provides as much stability and predictability as possible despite the ongoing uncertainty associated with the pandemic.	Short-Term	AHS, GMCB	Scale, Financial, Quality
6.	Collaborate with CMMI to encourage Health Resources and Services Administration to prioritize Value-Based Payment for Federally Qualified Health Centers	Longer Term	AHS, GMCB	Scale, Financial, Quality

*Short Term= 2020, 2021; Medium Term = 2022; Longer Term = 2022 and Beyond

Report Rec. #	Activity: AHS Prioritization and Reorganization	Timing	Lead (s)	Agreement Domain Impact
7.	AHS and the Agency of Administration will conduct education and outreach to non-participating self-funded groups about the benefits of participating in value-based payment models and Include State Employee Health Plan members for attribution to OneCare Vermont in 2021 (PY4).	Short/ Medium-Term	AHS	Scale Financial Quality
11.	Prioritize the integration of claims and clinical data in the HIE and organize and align the HIE with the Office of Health Care Reform within the AHS Secretary's office. Coordinate with the HIE Steering Committee.	Short/ Medium-Term	AHS	Quality Financial Scale
12.	Partner with OneCare Vermont and delivery system users to evaluate efficacy of Care Navigator platform.	Short/Medium-Term	AHS	Quality Financial
14.	Taking a phased approach, AHS will condition provider participation in the Blueprint for Health PCMH payments on participation in value-based payment arrangement with an ACO.	Longer Term	AHS	Financial Scale
15.	AHS, OneCare Vermont, and community providers should improve collaboration to strengthen integrated primary, specialty, and community-based care models for people with complex medical needs and medical and social needs. Organize VCCI and Blueprint for Health in Office of Health Reform in Secretary's Office.	Short-Longer Term	AHS	Quality Financial
16.	AHS, OneCare Vermont, and community provider partners should identify a timeline and milestones for incorporating social determinants of health screening into the standard of care in health and human services settings.	Short-Term	AHS	Quality Financial Scale
17.	AHS, through the Blueprint for Health, will jointly explore with OneCare Vermont and stakeholders the best available tools for capturing real-time patient feedback and to pilot such a methodology with willing primary care practices.	Longer Term	AHS	Quality
18.	AHS and the GMCB will prioritize regular stakeholder engagement opportunities.	Short-Term	AHS	Quality Financial Scale

Report Rec. Number	Activity: Regulation	Timing	Lead (s)	Agreement Domain Impact
8.	The GMCB and AHS will request that BCBSVT, MVP, and OneCare Vermont identify clear milestones for including fixed prospective payments in contract model design.	Short/ Medium-Term	GMCB AHS	Financial
9.	Under authorities over both ACO and Hospital budgets, the GMCB should explore how ACO participants can move incrementally towards value-based incentives with the providers they employ.	Longer Term	GMCB	Financial Quality
10.	Annually, in its budget presentation to the Green Mountain Care Board, OneCare Vermont should identify cost growth drivers across its network and detail its approaches to curb spending growth and improve quality.	Short-Term	GMCB	Quality Financial Scale

Report Rec. #	Activity: Strengthening ACO Leadership Strategy	Timing	Lead (s)	Agreement Domain Impact
13.	OneCare Vermont should elevate data as value-added product for its network participants and support providers in leveraging the information for change.	Short/ Medium-Term	OneCare Vermont	Quality Financial Scale
Section II	Focus on entrepreneurship; how can an ACO ease providers' transition to value-based payment and delivery system redesign?	Short-Term	OneCare Vermont	Scale, Financial, Quality
Section II	Identify and perfect core business	Short-Term	OneCare Vermont	Scale, Financial, Quality
Section II	Provide useful, actionable information and tools to participating providers. OneCare should improve how it packages data for providers.	Short/ Medium Term	OneCare Vermont	Scale, Financial, Quality
Section II	Foster a culture of continuous improvement, innovation, and learning through focus on data, systems for improvement, and tracking of results.	Short-Term	OneCare Vermont	Scale, Financial, Quality
Section II	Improve transparency and responsiveness to partner requests for information.	Short-Term	OneCare Vermont	Scale Financial Quality

Self-Management Programs

- In December 2020, the AHS Secretary's Office determined that the transition of the Self-Management Programs should be paused.
- The Blueprint team and the Secretary's Office are currently evaluating the next steps for the future and further evolution of this programming.

Medicare Trend Increase

- For CY 2021, OneCare Vermont will fund Blueprint PCMH and CHT investments in the amount of \$4,626,268.00, equivalent to the CY 2020 budgeted amount of \$4,433,414.00 plus an inflationary factor (trend increase) of 4.35%.
- Of this 2021 total budget for PCMH and CHT payments, \$192,854.00, representing the annual inflationary increase, will be allocated entirely to CHT administrative entities which are calendar year 2021 hospital participants in the Medicare All-Payer Accountable Care Organization (ACO) Model Agreement,
 - This increase will be distributed proportionally, based on the Blueprint-attributed Medicare patient populations of those Health Service Areas.

2020 Annual Report

- Report has been submitted to the Legislature and is available at:
https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/BlueprintforHealthAnnualReportCY2020.pdf
- What is different this year:
 - Review of COVID-19 related activities
 - Minimal evaluation section due to break in analytic contracts
 - Detailed 2019 Patient Experience survey results available on Blueprint website; 2020 Patient Experience summary results pending analysis.
 - More in-depth Health Service Areas-at-a-Glance section, including common findings around care coordination activities, practice participation in health care reform programs, and 2020 achievements and activities

Questions?