Policy Number & Title:	04-19-PY24 Population Health Model and Payments PY 2024
Responsible Departments:	Clinical, Quality, Analytics, and Finance
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I. **Purpose:** OneCare's Population Health Model (PHM) seeks to enhance and support a system of care in which all Vermonters have access to high-quality care by providing a focused path for Eligible Participants, Preferred Providers, and Collaborators to achieve ACO population health goals. Patient-centered, evidence-informed Care Coordination and a mutual commitment to accountability are at the foundation of the PHM. To further encourage improvement in quality and patient outcomes, financial incentives are being offered for meeting or exceeding the performance targets for PHM Measures. This policy describes the PHM core concepts, obligations, and associated distribution of PHM payments.

II. **Scope:** This Policy is applicable to the OneCare Workforce, Board of Managers, Committees, Eligible Participants, Preferred Providers and Collaborators.

III. **Definitions:** Capitalized terms have the same definition as defined in OneCare's *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Adult Primary Care Practice means any Primary Care Practice whose practitioners predominantly treat adult patients.

Assignment means the process by which OneCare Assigns Attributed Lives to an Eligible Participant. Once this process is completed the person becomes an Assigned Attributed Life. See OneCare's *03-06 Assignment of Attributed Lives Policy*.

Budgeted PHM Funds means funds reflected in the fully approved OneCare budget that are designated for payment under the OneCare Population Health Model.

Collaborator means an individual or entity that has entered into a Collaboration Agreement with OneCare to: (i) provide for, (ii) arrange for, or (iii) manage health care services and/or social support services in the ACO service area, or to otherwise support the activities and goals of the ACO. Only those Collaborator types specifically named in Section IV.D.iii of this policy are eligible to receive PHM payments.

Eligible Participant means a Participant that is, or whose TIN contains, a Primary Care Practice(s) (sometimes "Practice" herein) and the Participant has been Assigned Attributed Lives by OneCare for an ACO Program in accordance with *03-06 Assignment of Attributed Lives Policy*.

Family Medicine Primary Care Practice means any Primary Care Practice whose practitioners treat patients of all ages (adult and pediatric patients).

Pediatric Primary Care Practice means any Primary Care Practice whose practitioners predominantly treat pediatric patients.

PHM Measure(s) means a defined set of quality measures and the corresponding performance targets selected by the Population Health Strategy Committee (or any successor committee) and endorsed by the Board of Managers (see Section IV.A.iv., below). Financial incentives are offered for meeting or exceeding the performance targets for PHM Measures, as detailed in Sections IV.C-D, below.

Preferred Provider means an individual or an entity that: (1) is identified by a TIN; (2) if required by ACO Payer(s), is included on the list of Preferred Providers submitted by ACO to Payer(s); (3) does not qualify to attribute lives in ACO Programs; and (4) has entered into a Risk Bearing Participant and Preferred Provider Agreement with ACO. Preferred Provider may be more particularly defined in each ACO Program. Only those Preferred Provider types specifically named by this policy are eligible to receive PHM payments.

IV. Population Health Model Policy

A. Eligible Participant, Preferred Provider, and Collaborator Obligations

i. Participation in PHM and acceptance of PHM payments by Eligible Participants, Preferred Providers, and certain Collaborators constitutes an express agreement to align goals and priorities with the stated goals and priorities of OneCare, which includes, at minimum, working with OneCare to meet or exceed cost and quality targets under ACO Programs.

ii. All Eligible Participants shall provide a *medical home* for Assigned Attributed Lives, as defined in 18 V.S.A. § 704, as an indication the Participant is committed to managing their patient population with high-quality, cost-effective, team-based care.

iii. Eligible Participants, Preferred Providers, and Collaborators **must** actively participate in and report on Care Coordination activities, per the requirements set forth in this policy and as outlined within the *2024 OneCare Value-Based Care Guidance Document* to receive **any** PHM payments under this policy. The *2024 OneCare Value-Based Care Guidance Document* is overseen by OneCare's Population Health Strategy Committee and will be made available on the Provider Portal or upon request no later than November 1, 2023.

iv. Eligible Participants, Preferred Providers, and Collaborators **must** actively participate in performance improvement activities in alignment with PHM Measures until performance targets are achieved or exceeded. See the table below for Program Year 2024 PHM Measures, with measure applicability by provider/agency type, measurement level (Practice or HSA), and data source by measure. Performance measure targets shall be data-driven, recommended by the Population Health Strategy Committee, approved by the Board of Managers, and communicated to Eligible Participants, Preferred Providers, and Collaborators in advance of the performance year.

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Measure	Data Source	Adult Primary Care	Pediatric Primary Care	Family Medicine Primary Care	Designated Agencies	AAA/HHH
Measurement Level (Practice or HSA)		Practice	Practice	Practice	HSA	HSA
Hypertension: Controlling High Blood Pressure (HTN-2, HEDIS CBP)	**Best Available**	X		X		
Follow Up After Emergency Department Visits for Patients with Multiple Chronic Conditions (HEDIS FMC)	**Claims**	X	X	X	X	X
Medicare Annual Wellness Visits		X		X		
Child and Adolescent Well-Care Visits (HEDIS WCV)			X	X		
Developmental Screening in the First 3 Years of Life (CMS Child Core CDEV)			X	X		
Initiation of Alcohol and Other Drug Dependence Treatment (NQF 004)	**To be reported by DVHA**	X	X	X		
Engagement of Alcohol and Other Drug Dependence Treatment (NQF 004)		X	X	X		
30 Day Follow-Up After ED Visit for Substance Use (HEDIS FUA)					X	
30 Day Follow Up After Emergency Department Visit for Mental Illness (HEDIS FUM)					X	
7 Day Follow Up After Hospitalization for Mental Illness (HEDIS FUH)					X	

*PHM Measures are subject to change upon recommendation by the Population Health Strategy Committee (or any successor committee), subject to approval by the Board of Managers.

B. **OneCare Obligations**

i. OneCare shall distribute PHM base payments and PHM bonus payments to Eligible Participants, Preferred Providers, and Collaborators as set forth in Sections IV.C-D, below.

ii. OneCare shall engage with Eligible Participants, Preferred Providers, and Collaborators and their Practices/Organizations to support achievement of PHM financial incentives. At a minimum, OneCare will provide quarterly PHM performance reports to support ongoing monitoring of applicable PHM Measures, gaps in care, and trends in utilization. Additionally, OneCare provides access to data in support of PHM efforts and other ACO activities according to the terms and conditions set forth in OneCare's *03-03 Data Use Policy*.

iii. OneCare shall provide prospective medical, financial, and other data to Eligible Participants, Preferred Providers, and Collaborators for the purpose of identifying and prioritizing opportunities for Care Coordination and Quality Improvement (when available from Payers or through other contractual relationships with external vendors).

iv. OneCare shall review trends in utilization, cost, and health outcomes and recommend refinements or enhancements of the PHM through the established governance process. OneCare shall collaborate with Network counterparts to support performance improvement efforts, data sharing, and best-practice workflows, provided such collaboration is permissible, feasible and appropriate.

v. OneCare's Population Health Strategy Committee will review PHM Measures at least annually through a process of the Committee's choosing, and will recommend changes to the Board of Managers, if any.

C. **Participant PHM Payments:** OneCare shall distribute PHM payments to Eligible Participants as follows:

i. Each Eligible Participant (as reflected on the TIN's roster of providers) must meet the expectations set forth in this policy and OneCare's *2024 OneCare Value-Based Care Guidance Document*, as determined solely by OneCare, to receive any PHM payments under this policy. OneCare will evaluate Participant activity to verify alignment with requirements on an ongoing basis to determine eligibility for PHM payments. For guidance regarding the consequences of non-compliance, please see Section V, below.

ii. While PHM payments to Eligible Participants are issued at the TIN level, performance is measured, and payments are calculated at the Practice level when practicable. If a PHM Measure has any N>=10, OneCare will measure performance and pay per policy. For N<10 for a quarterly PHM report/payment, OneCare will perform as if the practice missed the quarterly PHM Measure target. During the annual, full Program Year reconciliation, OneCare will allow any practice with N>=10 for the full year to recoup any previously missed PHM bonus payments (if earned). If N<10 for the full year, then any PHM bonus dollars for that (those) measure(s) will be redistributed to all other PHM Measures with N>=10 and paid per policy.

iii. Eligible Participants shall receive PHM payments for Assigned Attributed Lives as set forth herein. All PHM payments will be paid based on a fixed estimate of mid-year Assigned Attributed Lives, which proactively accounts for anticipated ACO Program attrition (the loss of Attributed Lives from an ACO Program during the Program Year).

iv. OneCare shall make a monthly PHM base payment to each Eligible Participant's TIN, subject to the obligations and conditions set forth in this policy. For Performance Year 2024, the PHM base payment amount is $4.25 per Assigned Attributed Life per month. PHM base payments are explicitly made as consideration for satisfaction of Eligible Participant, Preferred Provider, and Collaborator Obligations set forth in Section IV.A., above.

v. OneCare shall make or cause to be issued a monthly PHM bonus payment to each Eligible Participant's TIN for any Practice that meets or exceeds the performance goal for one or more of the PHM Measures. For Performance Year 2024, the PHM bonus payment amount will be $0.50 per Assigned Attributed Life per month per PHM Measure for a total of up to $2.50 PMPM for achieving all PHM measures per Practice type. PHM bonus payments are calculated as follows:

a) OneCare will observe a rolling one-year measurement period with eligibility for PHM bonus payments being re-determined each quarter in January, April, July, and October. PHM bonus payment eligibility will be based on the most recent one-year measurement period available to OneCare based on claims run-out and other data availability.

b) In approximately May 2025, OneCare will assess all Eligible Participants' performance for the entirety of Calendar Year 2024 for all applicable PHM Measures. Eligible Participants that meet the performance target for the Performance Year for any PHM Measure will earn all previously unearned 2024 PHM bonus payments per measure, such that the total of PHM bonus payments received over the year reflects full performance.

c) Adult Primary Care Practices will be measured against the adult PHM Measures as to their adult Assigned Attributed Lives, but PHM bonus payments will be calculated and paid as to all Assigned Attributed Lives. Similarly, Pediatric Primary Care Practices will

be measured against the pediatric PHM Measures as to their pediatric Assigned Attributed Lives, but PHM bonus payments will be calculated and paid as to all Assigned Attributed Lives.

d) Family Medicine Primary Care Practices will be measured against adult and pediatric PHM Measures. PHM bonus payments for adult measures will be calculated and paid as to adult Assigned Attributed Lives and PHM bonus payments for pediatric measures will be calculated and paid as to pediatric Assigned Attributed Lives.

D. **Preferred Provider and Collaborator PHM Payments:** OneCare shall distribute PHM payments to the following specified Preferred Providers and Collaborators as follows:

i. Preferred Providers and Collaborators shall participate in Care Coordination and other activity as set forth in the 2024 OneCare Value-Based Care Guidance Document to receive **any PHM payments** under this policy, as determined solely by OneCare per the terms set forth in Section IV.A, above. OneCare will evaluate activity on an ongoing basis to determine eligibility for PHM payments. For guidance regarding the consequences of non-compliance, please see Section V, below.

ii. While PHM payments to Preferred Providers and Collaborators are issued at the TIN level, performance is measured, and payments are calculated based on HSA level performance.

iii. For Performance Year 2024, OneCare shall distribute Budgeted PHM Funds to Preferred Providers and Collaborators as follows:

a) **Home Health and Hospice Agencies:** Seventy-five percent (75%) of Budgeted PHM Funds designated for Home Health and Hospice Agencies ("HHH Agencies") will be distributed to eligible HHH Agencies as monthly PHM base payments, with monthly payment amounts determined according to each Agency's proportional share of the total dollar value of claims for care provided by HHH Agencies to Attributed Lives under current Performance Year ACO Programs only (claims measurement period: July 1, 2022 to June 30, 2023). The remaining twenty-five percent (25%) of Budgeted PHM Funds are available for distribution as annual PHM bonus payments to eligible HHH Agencies if their HSA meets or exceeds the performance goal for applicable PHM Measures.

b) **Designated Agencies:** Seventy-five percent (75%) of Budgeted PHM Funds designated for Designated Agencies ("DAs") will be distributed to eligible DAs as monthly PHM base payments, with monthly payment amounts determined according to each DA's proportional share of the total dollar value of claims for care provided by DAs to Attributed Lives under current Performance Year ACO Programs only (claims measurement period: July 1, 2022 to June 30, 2023). The remaining twenty-five percent (25%) of Budgeted PHM Funds are available for distribution as annual PHM bonus payments to eligible DAs if their HSA meets or exceeds the performance goal for applicable PHM Measures.

c) **Area Agencies on Aging:** Seventy-five percent (75%) of Budgeted PHM Funds designated for Area Agencies on Aging ("AAAs") will be distributed to eligible AAAs as monthly PHM base payments, with monthly payment amounts determined according to each AAA's relative proportional share of Assigned Attributed Lives in the AAA's HSA for current Performance Year ACO Programs only. The remaining twenty-five percent (25%) of Budgeted PHM Funds are available for distribution as annual PHM bonus payments

to eligible AAAs if their HSA meets or exceeds the performance goal for applicable PHM Measures.

iv. Annual PHM bonus payments to Preferred Providers and Collaborators will be based on meeting or exceeding the performance targets for the Performance Year for any applicable PHM Measures and will be distributed during May or June 2025 after sufficient claims runout following the end of the Performance Year.

E. OneCare reserves the right to adjust PHM payments in the event of unfair programmatic outcomes or other unforeseen circumstances, so long as such adjustment is permissible, feasible, and appropriate.

F. If OneCare's Program Year 2024 agreement with DVHA requires DVHA to distribute a pool of incentive funds directly to Eligible Participants, HHH Agencies, and/or DAs in the form of PHM bonus payments for DVHA Attributed Lives, OneCare will provide DVHA with a report of instructions for distribution of PHM bonus payments for DVHA Attributed Lives pursuant to the terms and conditions set forth in this Policy. OneCare is not obligated to distribute PHM bonus payments to Eligible Participants, HHH Agencies and/or DAs for DVHA Attributed Lives until the incentive funding from DVHA is exhausted, at which time OneCare will assume the obligation to issue PHM bonus payments to Eligible Participants, HHH Agencies and/or DAs for DVHA Attributed Lives per the terms and conditions set forth in this Policy.

G. In compliance with contractual requirements, population health funds issued to OneCare by a Payer that are not earned and distributed to Eligible Participants under this policy will be returned to the issuing Payer.

V. Non-Compliance

A. Non-compliance with any obligations set forth in this policy may result in delay, suspension, termination, or recoupment of PHM base and/or bonus payments.

B. OneCare shall provide written notice of non-compliance with sufficient specificity to allow the Eligible Participant the opportunity to cure the non-compliance. The written notice will offer the opportunity to meet with OneCare to develop an action plan, where applicable. Absent a specific action plan and/or material improvement within ninety days of written notice of non-compliance, OneCare may proceed with the delay, suspension, termination, or recoupment of PHM payments.

C. Eligible Participants may appeal the delay, suspension, termination, or recoupment of PHM payments by engaging in the process described in OneCare's *05-02 Participant and Preferred Provider Appeals Policy*.

VI. Review Process:

This policy shall be reviewed annually and updated to be consistent with requirements set forth by OneCare Board of Managers, OneCare Leadership and regulatory bodies.

VII. References:

- OneCare Risk Bearing Participant and Preferred Provider Agreement
  - Exhibit A Performance Year 2024 Program of Payment
- OneCare ACO Payer Program Agreements
- *2024 OneCare Value-Based Care Guidance Document*
- OneCare Policy and Procedure Glossary

VIII. Related Policies/Procedures:

- 03-03 Data Use Policy

- 03-06 Assignment of Attributed Lives Policy
- C02-15 Care Coordination Validation Audit Procedure
- 04-07-PY24 Program Settlement PY 2024 Policy
- 05-02 Participant, Preferred Provider and Collaborator Appeals Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Derek Raynes	06/30/2023
Director, Payment Reform	Date
Josiah Mueller	07/11/2023
Director, Value Based Care	Date
	7/3/2023
Chief Financial Officer	Date
Carrie Wulfman, M.D.	7/18/2023
Chief Medical Officer	Date
Sara E Barry	06/22/2023
Chief Operating Officer	Date