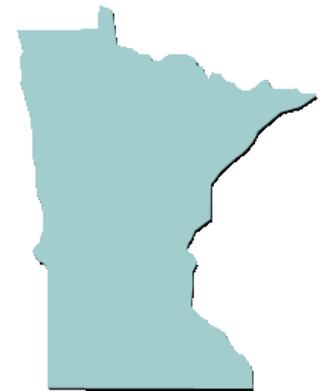


Minnesota's Integrated Health Partnership

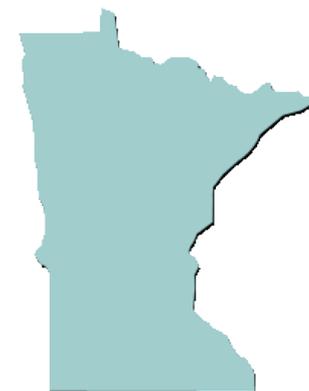
- Minnesota's IHP program was designed to create a shared risk arrangement to improve care coordination and quality
- Program applies to all Medicaid beneficiaries, including adults and children, except for dual eligibles
- Builds on existing patient-centered medical home initiative.
- Designed to align closely with MSSP and existing commercial ACOs in the state



Minnesota's Integrated Health Partnership

Two IHP Models

	Virtual Model	Integrated Model
Designed for	Primary care provider networks and multi-specialty groups	Integrated health systems
Attribution	1,000 – 2,000 attributed patients	At least 2,000 attributed patients
Payment Model/ Risk	Upside only risk – 50% savings	Two-sided risk, phased in gradually over three years



Minnesota's Integrated Health Partnership

- 9 IHPs have contracts in place
- 10 quality measures tied to payment
 - ▶ Pay-for-reporting plus performance bonus
- Provider participation is voluntary, MCO participation is mandatory
- IHPs must incorporate partnerships with community orgs and social service agencies into care delivery model



Vermont's Medicaid ACO Pilot

- Commercial and Medicaid ACO models were designed simultaneously based on the MSSP model, leading to close multi-payer alignment
- Program covers Medicaid beneficiaries, with the exception of dual-eligibles
- ACO board of directors must include representation of behavioral health providers, post-acute care providers, and consumers
- Two Medicaid ACOs have been approved to participate



Vermont's Medicaid ACO Pilot

- **Payment Model**

- ▶ 2 Tracks (similar to Medicare Shared Savings Program)
 - Track 1 – Upside only, 50% savings rate to ACO
 - Track 2 – Two-sided risk, 60% savings to ACO

- **Quality Measurement**

- ▶ 29 measures identified for year one
 - 9 Claims-based measures tied to payment
 - 20 additional measures pay-for-reporting
- ▶ Additional “pending measures” may be added in years two and three



Vermont's Medicaid ACO Pilot

- **Phased-in approach**

- ▶ **Year 1 – “Encourage”**

- ACOs are responsible for “core services” such as inpatient/outpatient hospital, home health, and ambulatory surgery.

- ▶ **Year 2 – “Incent”**

- ACOs have the option to expand to include “non-core services” such as personal care, pharmacy, and dental care

- ▶ **Year 3 – “Require”**

- State will define a list of non-core services that will be included in total cost of care





*In service to the PATIENT, COMMUNITY and MEDICINE since 1879.**

Summary Slides: OneCare Vermont

*Developing Accountable Care Organizations in MassHealth:
Public Stakeholder Meeting
Boston - June 12, 2014*



J. Churchill Hindes PhD
Chief Operating Officer, OneCare Vermont ACO
Vice President for Accountable Care, Fletcher Allen Health Care
Clinical Associate Professor of Medicine, University of Vermont



OneCareVermont

ACO Organizations and Programs in Vermont



		VERMONT ACO <u>PROGRAMS</u>		
		MEDICARE MSSP	MEDICAID "VMSSP"	COMMERCIAL "XSSP"
VERMONT ACO <u>ORGANIZATIONS</u>	ONECARE VT*	IN	IN	IN
	CHAC**	IN	IN	IN
	HEALTH 1st***	IN	NOT IN	IN

* VERMONT'S 2 ACADEMIC HEALTH CENTERS AND OTHERS STATEWIDE

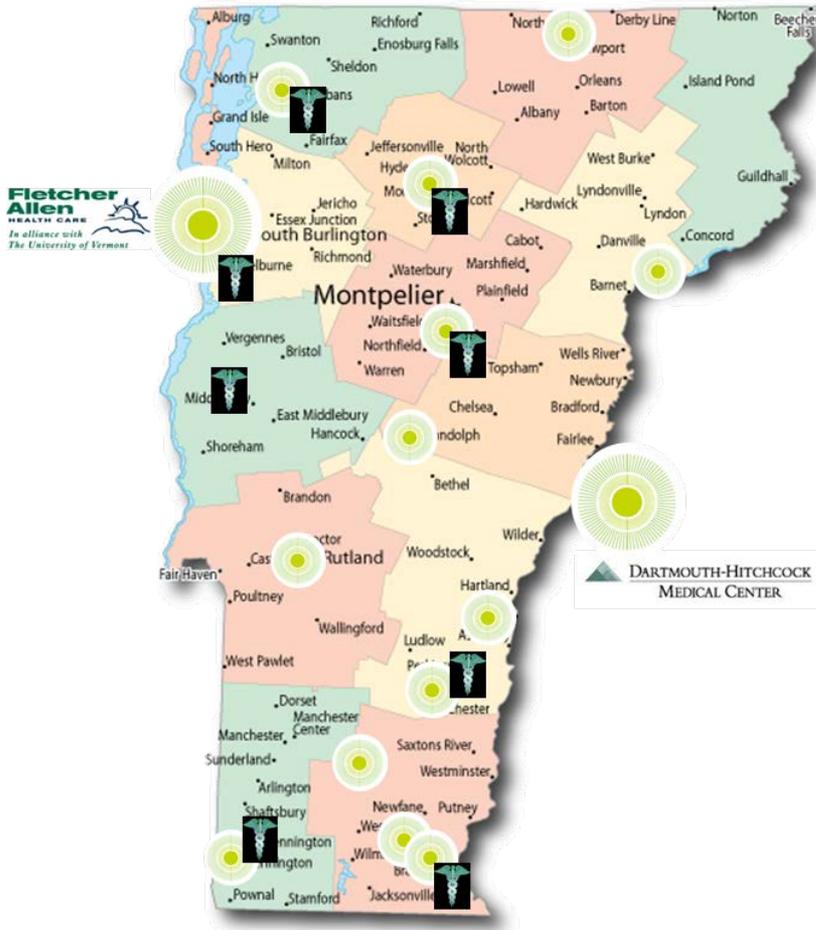
** 9 VERMONT FQHCS

*** 10 PRIMARY CARE PRACTICES IN NORTHWESTERN VERMONT

OneCare Vermont



OneCareVermont



Multi-payer, private/public collaboration

- Joint Venture between Fletcher Allen (UVM's academic health center) and Dartmouth-Hitchcock
- Credentialed by Vermont reform authority as a payment reform program
- Private/public shared ACO program design
- Quality measures: CMS 33 plus other VMSSP/XSSP per Vermont public process
- MSSP began 1/13
- VMSSP, XSSP on 1/14
- MSSP: Downside risk in 2016
- VMSSP: Downside risk in 2017
- XSSP: Downside risk in 2016

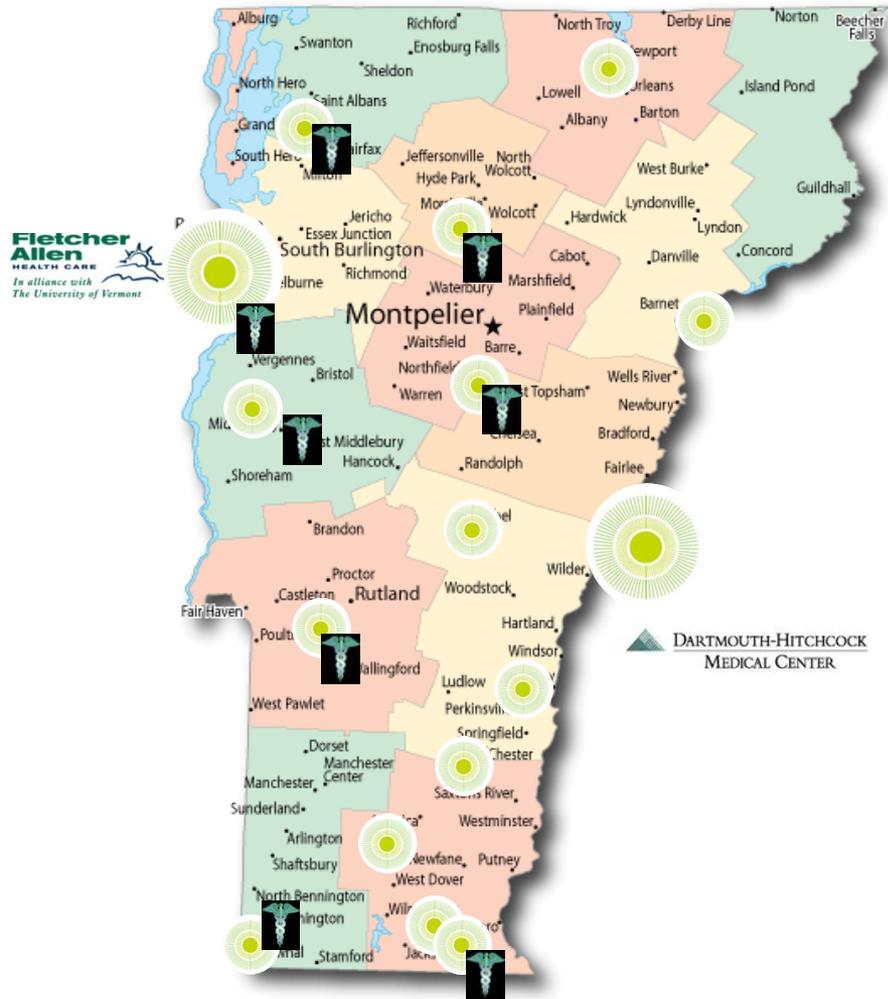
 Hospitals with Employed Attributing Physicians

 Significant Participation from Community Physicians

OneCare Vermont



OneCareVermont



Statewide ACO Provider Network

- Both Academic Medical Centers (Fletcher Allen and Dartmouth)
- Every hospital in the state
- >300 Primary Care MDs statewide
- Majority of Specialist MDs in Vermont
- 3 Federally Qualified Health Centers
- 5 Rural Health Clinics
- Statewide VNA, SNF and Mental Health and Substance Abuse organizations
- ~90,000 attributed beneficiaries
- Links to ACOs in New Hampshire and upstate New York

 Hospitals with Employed Attributing Physicians

 Significant Attribution from Community Physicians

OneCare Network Logic Model



Attributing Participants	Parents	Fletcher Allen Health Care/UVM College of Medicine Hospital, Clinics and Faculty Practice Plan Dartmouth Hitchcock/Geisel School of Medicine Hospital, Clinics and Faculty Practice Plan	\$ \$ \$ \$	Medicare, Commercial and Medicaid (Phase I)
	Statewide Hospitals and Physicians	Regional and Community Hospitals Hospital employed physicians and practices FQHCs and Rural Health Clinics Community physician practices	Money	
Non-Attributing Participants	Sub-Acute Providers	Skilled Nursing Facilities Home Health and Hospice Agencies	\$ \$	
	Large Spend High Impact Providers	Designated Community Mental Health Agencies Long-term supports and services providers	\$ \$	
Non-Attributing Collaborators	Small Spend High Impact Providers	Area Agencies on Aging Youth Services Providers Housing agencies and authorities Special Education Schools Parent Child Centers	# #	Medicaid (Phase II)
	Other	Vermont Ethics Network etc.	# #	None



OneCare Vermont Accountable Care Organization for Medicare Patients - Mozilla Firefox

www.onecarevt.org/index.html

OneCareVermont

Home Overview Patient Benefits Network Participants Prospective Network Participants Contact Us

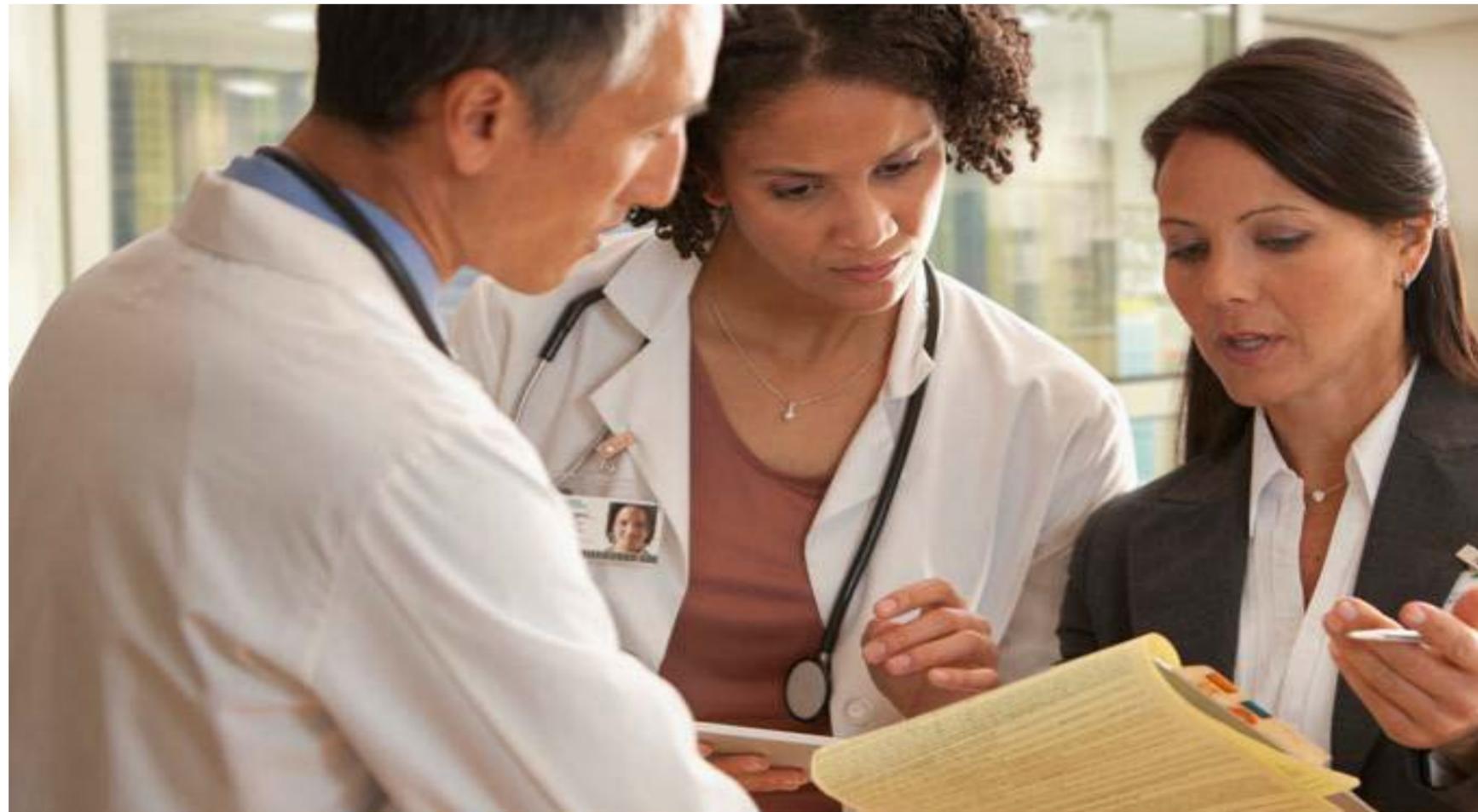
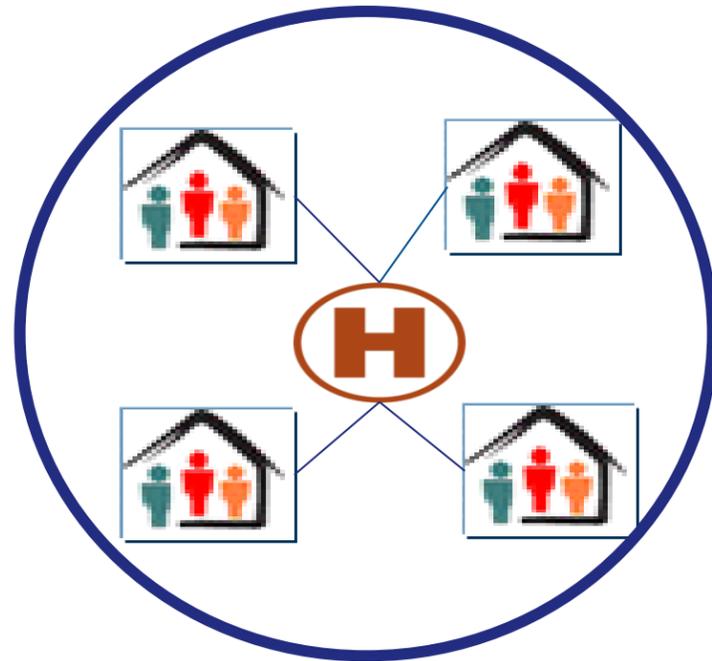
Fletcher Allen and Dartmouth-Hitchcock have created OneCare Vermont, a state-wide accountable care organization (ACO) working with Medicare. OneCare Vermont comprises an extensive network of providers, including 13 of the state's 14 hospitals, Dartmouth-Hitchcock in New Hampshire, hundreds of primary care physicians and specialists, two federally qualified health centers, and several rural health clinics, to coordinate the health care of approximately 42,000 of Vermont's 118,000 Medicare beneficiaries.

For Medicare Beneficiaries
OneCare Vermont is about improved health, higher quality, and greater coordination of care for our patients. If you are a Medicare beneficiary and your primary care doctor is part of the OneCare Vermont participant network, you will not experience any change in your Medicare Fee-For-Service Program benefits. [Learn more about how OneCare Vermont can benefit you.](#)

For Prospective Network Participants
OneCare Vermont offers an opportunity to develop the clinical and business relationships that will enable all participating health care organizations to be successful in an accountable care environment. Participation in a Medicare ACO is a significant first step in moving away from a fee-for-service reimbursement model to one in which providers are accountable for coordinating the health of a defined Medicare population in a way that doesn't change the program for Medicare beneficiaries or expose providers to

For OneCare Vermont Network Participants
This website will be a future source of information available to OneCare Vermont network participants.

Start | Inboxes - Todd.Moore@vt... | OneCare Vermont Gener... | OneCare Vermont Acc... | 1:42 PM



Developing Accountable Care Organizations in MassHealth

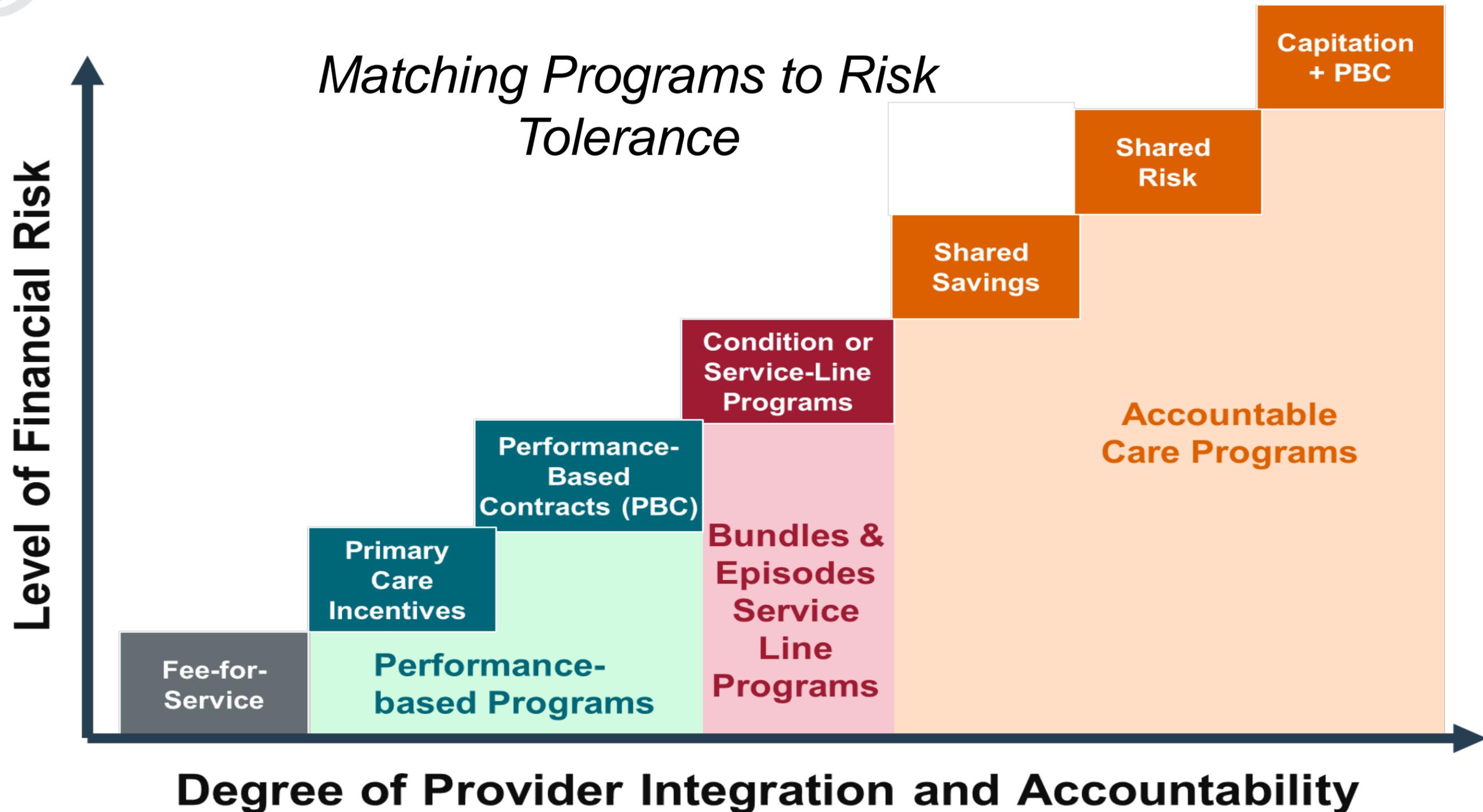
Public Stakeholder Meeting
June 12, 2014

Bill Hagan

Chief Growth Officer,
UnitedHealthcare. Community & State



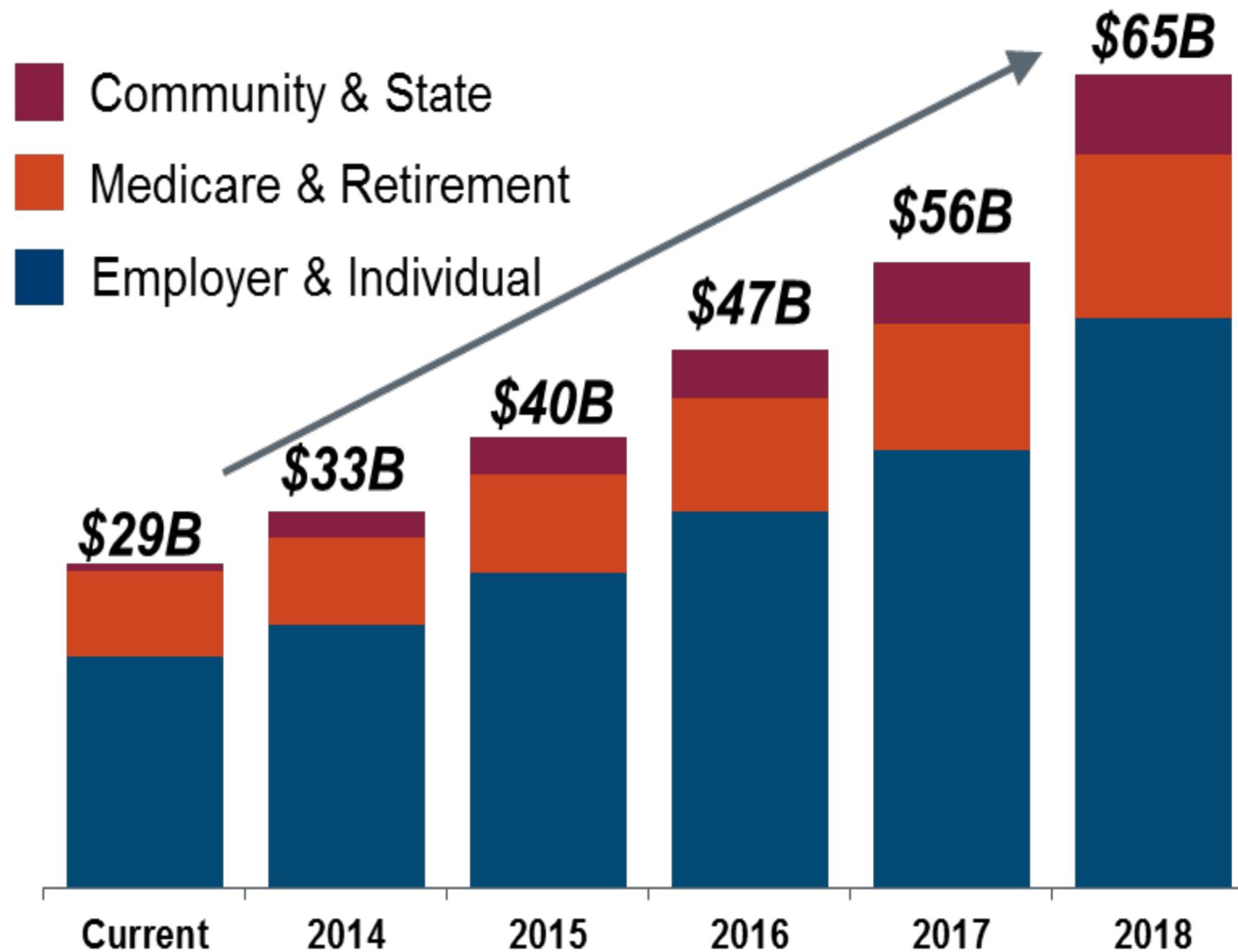
Our Approach to Payment Reform & Value-Based Purchasing



Today 28% of our Network Spend is in Value-Based Contracts. Our target is 65% by 2018



Spend Tied to Value-Based Programs and Accountable Care



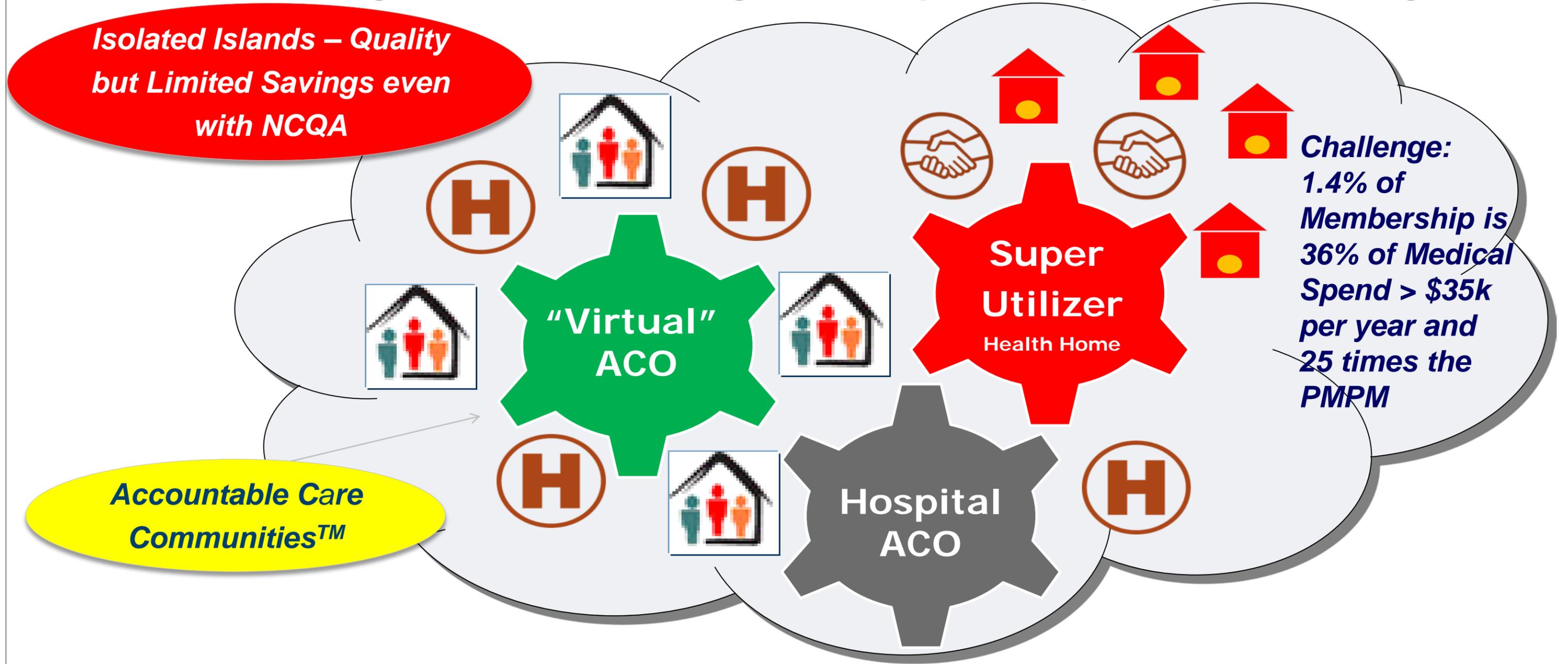
Targets

	% VBC Spend - Current	% of VBC Spend - 2018
Commercial	27%	60%
Medicare	44%	80%
Medicaid	10%	80%
	28%	65%

Our Evolution and Learning with Integrated Care Models



So we started building connected communities, with virtual ACOs linking the Continuum of Care and enabling real-time data exchange from Hospitals and providing Clinical Registries



Medical Home



Hospital



Hi-Utilizer in non-PCMH



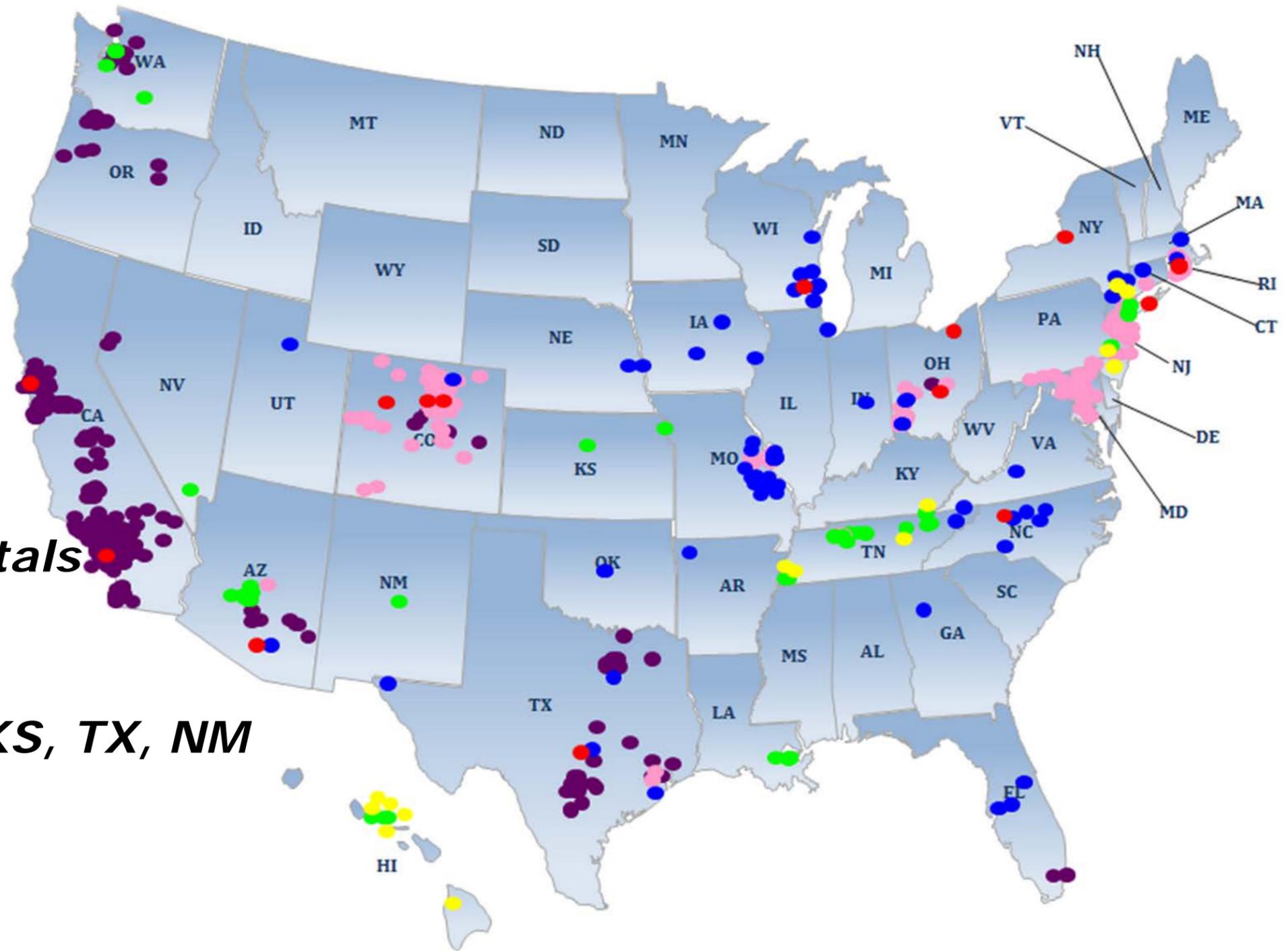
Care Coordination Organization

Status of ACOs and Health Homes in Medicaid



- Commercial
- Medicaid
- Medicare
- PCMH
- Capitated
- Accountable Care Communities

VBC =
550
Medical
Groups



Medicaid

Current:

- **87 ACOs – 15 States**
- **250+ Connected Hospitals**
- **352k Members**
- **Over \$1B in Spend**
- **HH = WA, NJ, TN, NY, KS, TX, NM**

Target 2014

- **500k Members**
- **\$1.5B-\$2B in Spend**