

# 2019 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC

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## I. BACKGROUND

The Green Mountain Care Board (GMCB) is an independent, five-member board charged with overseeing the development and implementation, and evaluating the effectiveness, of health care payment and delivery system reforms designed to control the rate of growth in health care costs; promote seamless care administration and service delivery; and maintain health care quality in Vermont. To complement the GMCB's responsibilities and authorities with respect to health care payment and delivery system reforms, the Vermont Legislature charged the GMCB with certifying accountable care organizations (ACOs).

Once certified, an ACO is required to notify the GMCB of certain matters, such as changes to the ACO's operating agreement or bylaws, within 15 days of their occurrence. GMCB Rule 5.000, § 5.501(c). In addition, an ACO must annually submit a form to the GMCB (1) verifying that the ACO continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000; and (2) describing in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in the certification sections of Rule 5.000 that the ACO has not already reported to the GMCB. *Id.* at § 5.305(a). *Id.* at § 5.503(d). The form must be signed by an ACO executive with authority to legally bind the ACO. The ACO executive must verify under oath that the information contained in the form is accurate, complete, and truthful to the best of his or her knowledge, information, and belief. *Id.* at § 5.305(b).

Because each ACO is unique and the documentation ACOs submit for certification may differ, the GMCB plans to develop a verification form for each ACO it has certified. This form has been developed for OneCare Vermont Accountable Care Organization, LLC (OneCare) for calendar year 2019. Because the statutory certification requirements have been amended since OneCare was certified, this form will ask OneCare about its compliance with the amendments. *See* 2018 Acts and Resolves No. 167, Sec. 13a; 2018 Acts and Resolves No. 200, Sec. 15; 2018 Acts and Resolves No. 204, Sec. 7. Because the GMCB has adopted anti-trust related guidance since OneCare was certified, this form will also ask OneCare whether it engages in conduct described in that guidance. *See* Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General, *at* [http://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals\\_05.01.18.pdf](http://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf).

## II. REVIEW PROCESS

Within 30 days of receiving a completed form, the GMCB will notify OneCare in writing if additional information is needed. GMCB Rule 5.000, § 5.305(c). OneCare's certification remains valid while the GMCB reviews its continued eligibility for certification. *Id.* If the

GMCB determines that OneCare, its Participants, or its Providers are failing to meet any requirement of Rule 5.000 or 18 V.S.A. § 9382, the GMCB may, after providing OneCare with notice and an opportunity to respond, take remedial actions, including placing OneCare on a monitoring or auditing plan or requiring OneCare to implement a corrective action plan. *Id.* at § 5.504. The GMCB may also, after providing OneCare with written notice and an opportunity for review or hearing, revoke its certification or, if appropriate, refer a potential violation of antitrust law to the Vermont Attorney General. *Id.*; Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General.

The eligibility verification process does not limit the GMCB's authority to review OneCare's continued compliance with the requirements of Rule 5.000, 18 V.S.A. § 9382, or any orders or decisions of the Board. Such reviews may be performed at any time (e.g., in response to quarterly financial reporting). *Id.* at § 5.503.

### **III. INSTRUCTIONS**

You must complete each section of this form and submit an electronic copy of the completed form to the GMCB's Health Policy Project Director, Melissa Miles, at [Melissa.Miles@vermont.gov](mailto:Melissa.Miles@vermont.gov). The form must be received on or before October 1, 2018. You must copy the Office of the Health Care Advocate on the filing. *Id.* at § 5.104. If you have questions about this form, contact Melissa Miles by calling (802) 828-2177 or sending an email to the address above.

#### IV. DESCRIPTION OF CHANGES

1. Have there been any material changes to the following since they were filed with the GMCB? If so, please provide a brief description of the change(s) and the reason(s) therefore.

<b>Document/Representation</b>	<b>Filed</b>	<b>Changed (Y/N)</b>	<b>Brief description of the change(s) and the reason(s) therefore</b>
Operating Agreement	02/21/18		
Bylaws for Bd. of Mgrs.	10/20/17		
Bd. of Mgrs. Roster	02/21/18		
Patient and Family Advisory Committee Charter	02/21/18		
Conflict of Interest Policy	02/21/18		
Description of mechanisms, other than the Patient Fact Sheet, used to inform the public about how OneCare works (Narrative Response 5)	02/21/18		
Leadership Team Table (Budget Resubmission at 9)	10/20/17		
Organizational Chart (Budget Resubmission, Sec. 1, Att. B)	10/20/17		
Participant Appeals Policy (06-12)	03/20/18		
Care Coordination and Disease Mgmt. Program within an Integrated Care Delivery Model (C02-05)	02/21/18		
Shared Care Plan Template	03/13/18		
Integration with the Blueprint for Health (2018 Budget Resubmission at Part 5 & Narrative Response 10)	10/20/17 02/21/18		
Care Coordination Training and Responsibilities Procedure/Toolkit (C02-06)	02/21/18		
Quality Improvement Procedure (C02-08)	02/21/18		
Utilization Mgmt. Plan	02/21/18		
Patient Complaint and Grievance Policy (05-06)	02/21/18		
Privacy and Security Policy (03-01)	02/21/18		
Data Use Policy (03-03)	02/21/18		
Ability to integrate clinical and financial data systems to manage financial risk (Narrative Response 12)	03/13/18		

2. Since OneCare was certified, have there been any material changes to its organization or governance that are not reflected in the table above?
3. Since OneCare was certified, have there been any material changes in the mechanisms it employs to obtain consumer input, as described in Narrative Response 7 (Feb. 21, 2018)?
4. Did OneCare organize a patient and family member or caregiver work group to provide feedback on Care Navigator, as described in Narrative Response 7 (Feb. 21, 2018)? If so, describe any changes OneCare plans to implement based on the feedback it received.
5. Has OneCare arranged for the members of its Patient and Family Advisory Committee to meet with representatives of the Office of the Health Care Advocate, as described in Narrative Response 1 (Feb. 21, 2018)? If so, when did the meeting occur?
6. Did the Office of the Health Care Advocate prepare a report for OneCare as a result of its meeting with members of OneCare's Patient and Family Advisory Committee? If so, please attach a copy of the report to your filing.
7. When can the GMCB expect to receive OneCare's 2020 provider recruitment strategy and timeline?
8. Describe OneCare's progress in adding condition-specific content to Care Navigator that is accessible by patients, as described in Narrative Response 11 (Feb. 21, 2018).
9. Describe OneCare's progress adding admission, discharge, and transfer (ADT) feeds to Care Navigator for facilities outside of Vermont through Patient Ping, as described in Narrative Response 10 (March 13, 2018).
10. Have there been any changes to OneCare's risk stratification methodology that are not reflected in the table above? If so, please describe the change(s).
11. Have there been any changes to the Care Navigator platform or OneCare's expectations for how providers use that platform in the context of the ACO's population health model (to the extent not captured above)?
12. Have there been any changes to Workbench One or how providers and the ACO use that platform to monitor utilization, cost, and clinical data (to the extent not captured above)?
13. Have there been any material changes that relate to the requirements of 18 V.S.A. § 9382(a) or Rule 5.000 but that are not noted above? If so, please provide a brief description of the change(s).

## VI. COMPLIANCE WITH AMENDMENTS TO 18 V.S.A. § 9382

1. Describe how OneCare complies or plans to comply with the recent amendment to 18 V.S.A. § 9382(a)(2) by responding to the following questions. *See* 2018 Acts and Resolves No. 200, Sec. 15 (effective July 1, 2018).
  - a. Describe how the ACO conceives of its role in ensuring equal access to appropriate mental health care, as defined by the statute, and contrast the ACO's role with the role of payers.
  - b. What incentives is the ACO using to include more mental health providers in its network?
  - c. How is the ACO coordinating across the continuum of care, including through the use of electronic software and data, to support attributed lives with mental health conditions?
  - d. How is the ACO using data to identify and better manage health care or other services for aligned beneficiaries with mental health conditions?
  - e. How is the ACO providing incentives to Designated Agencies and community supports to provide better management of care and other services for individuals with mental health conditions?
  - f. Are there ACO programs or initiatives to address social determinants of health for those with a mental health condition? If yes, please describe.
  - g. How is mental health included in the ACO's quality measurement, clinical priorities, or both?
  - h. Does the ACO have any ongoing or planned initiatives, trainings, or other efforts that are specifically directed to or focused on prevention and treatment of mental health conditions? If yes, please describe.
  
2. Describe how OneCare complies or plans to comply with the recent amendment to 18 V.S.A. § 9382(a)(3) by responding to the following questions. *See* 2018 Acts and Resolves No. 167, § 13a.
  - a. To the extent the ACO has established its own reimbursement rates to providers, describe any differentials in the ACO's payment methodologies or amounts among comparable participating providers across all practice settings (e.g. independent and hospital-affiliated practices). In your response please briefly describe the authority and ability of the ACO to establish provider reimbursement rates and what is outside of the ACO's authority and ability to control.
  - b. If applicable, explain how the ACO has taken steps to minimize payment differentials between comparable providers across all practice settings.
  - c. If applicable, explain how the payment methodologies and reducing or eliminating payment differential are not inconsistent with the ACO's overall payment reform objectives.
  
3. Describe how OneCare complies or plans to comply with the recent addition of 18 V.S.A. § 9382(a)(17) by responding to the following questions. *See* 2018 Acts and Resolves No. 204, § 7.

- a. How is the ACO working with other state stakeholders tasked in Act No. 204, including the Agency of Human Services, the Blueprint for Health, and Vermont Care Partners, in the development of a plan to address childhood adversity?
- b. How does the ACO provide or foster connections between its providers and existing community services providers who are addressing the impacts of childhood adversity?
- c. How is the ACO collaborating on the development of quality outcome measurements for use by primary care providers who work with children and families?
- d. What incentives is the ACO providing or planning to provide to community services providers to specifically address the impact of childhood adversity?

**V. NOTIFICATION OF POTENTIALLY ANTICOMPETITIVE CONDUCT**

1. Does OneCare share pricing information (e.g., reimbursement rates paid by commercial insurers or other negotiated fee information) with participants in its network? Does OneCare employ any measures not already described in its Data Use Policy (03-03) to protect such information?
2. Does OneCare engage in any of the conduct described in paragraphs 2-5 of the Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General? If yes, please describe.

**V. VERIFICATION UNDER OATH**

Please submit, as a separate attachment, the required verification under oath signed by an executive with authority to legally bind OneCare.