



2019 All-Payer ACO Model and ACO Oversight Updates

Vermont Medicare ACO Initiative: Operational Modifications

ACO Certification Eligibility: New Criteria

August 1, 2018

Agenda

- 1. 2019 VT Medicare ACO Initiative: Operational Modifications**
 - Potential Vote
- 2. 2019 Certification Eligibility Verification Form**
 - Potential Vote

2019 Medicare ACO Initiative Operational Modifications

➤ Vote on Staff Recommendations

- Approve staff plan of transmitting requests to CMMI with brief commentary
 - Governance
 - Beneficiary Notification
 - CMS Compliance
 - Descriptive ACO Materials and Activities
- Delegate implementation to Chief of Health Policy
- Public Comment: None received
- Discussion and potential vote

2019 Medicare ACO Initiative

Operational Modifications

➤ Governance

- **Status Quo:** Participation Agreement requires that at least 75 percent control of OneCare's governing body be held by Next Generation Participants or their designated representatives. CMS may, upon request, grant an exception to the 75 percent control requirement.
- **Request:** Change language to require that the governing body be comprised of at least 75% of Next Generation Participants and Preferred Providers in its network (i.e., add "preferred providers" and strike "their designated representatives").
- **Staff Recommendation:** Transmit to CMMI with note of support.

2019 Medicare ACO Initiative

Operational Modifications

➤ Beneficiary Notification

- **Status Quo:** Participation Agreement requires OneCare to notify aligned Medicare Beneficiaries that their provider is participating in a Medicare ACO. Specifics are established by CMS. CMS provides OneCare with a template letter that OneCare may not change.
- **Request:** Allow OneCare to draft its own letter, which would be similar to the letter OneCare sent to Medicaid beneficiaries, and which had input from the Office of the Healthcare Advocate. CMS would need approve the letter.
- **Staff Recommendation:** Transmit to CMMI with note of support.

2019 Medicare ACO Initiative

Operational Modifications

➤ CMS Compliance

- **Status Quo:** CMS annually conducts an Initial Readiness Review audit to make sure an ACO complies with specific provisions of the Medicare Participation Agreement (e.g., governance, financial guarantee, public reporting, compliance plan, etc.), some of which overlap with requirements in Rule 5.000.
- **Request:** To the extent possible, where materials and documentation are required by CMS as part of an audit and readiness review which overlaps with already existing materials and documentation provided to the GMCB as part of its certification requirement, deem the CMS requirements met.
- **Staff Recommendation:** Transmit to CMMI with note that this relates to CMS compliance more than it does program design and cautioning that there is not complete alignment of requirements.

2019 Medicare ACO Initiative

Operational Modifications

➤ Descriptive ACO Materials and Activities

- **Status Quo:** CMS requires OneCare to submit all ACO Descriptive Materials (where Medicare, and/or a particular ACO Model is referenced) to CMS for review and approval. CMS utilizes a subcontractor in order to complete these reviews.
- **Request:** Allow OneCare to submit its descriptive materials directly to the CMMI State Innovation Team overseeing the Vermont Medicare ACO Initiative for expedited review and approval.
- **Staff Recommendation:** Transmit to CMMI with note that this relates to internal CMS operations more than it does program design, but that GMCB supports idea of expedited review.

Discussion and Vote

➤ Motion

- Transmit OneCare's requests for operational changes to the 2019 Medicare program to CMMI with the commentary outlined by GMCB staff and delegate implementation to the GMCB's Chief of Health Policy.

2019 Certification Eligibility Verification for OneCare Vermont ACO

➤ Vote on Staff Recommendations

- Certification Eligibility Form
 - Reviewed at Board Meeting 6/13/18
 - Incorporate new certification criteria from memo 7/18/18, as amended based on public comment (discussed below)
 - Incorporate new questions based on GMCB anti-trust guidance
- Public Comment:
 - Anne Donahue, Interim ED, VT Psychiatric Survivors
- Discussion and potential vote

2019 (new) ACO Certification Criteria

The 2018 Vermont Legislation session included three new requirements that an accountable care organization must satisfy in order to obtain and maintain certification from the Green Mountain Care Board.

- **No. 200.** An act relating to systemic improvements of the mental health system. (S.203)
- **No. 204.** An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience. (S.261)
- **No. 167.** An act relating to the health care regulatory duties of the Green Mountain Care Board. (H.912)

No. 200. An act relating to systemic improvements of the mental health system. (S.203)

18 V.S.A. § 9382(a)(2) (as amended by Act No. 200, § 15): The ACO has established appropriate mechanisms and care models to provide, manage, and coordinate high quality health care services for its patients, including incorporating the Blueprint for Health, coordinating services for complex high need patients, and providing access to health care providers who are not participants in the ACO. The ACO ensures equal access to appropriate mental health care that meets the Institute of Medicine's triple aims of quality, access, and affordability in a manner that is equivalent to other aspects of health care as part of an integrated, holistic system of care.

No. 200. An act relating to systemic improvements of the mental health system. (S.203) (ORIGINAL)

1. 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.
2. What incentives is the ACO using to include more mental health providers in its network?
3. 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?
4. How is the ACO using data to identify and better manage health care or other services for aligned beneficiaries with mental health conditions?
5. How is the ACO providing incentives, including to Designated Agencies, in the mental health care system to support better management of care and other services for individuals with mental health conditions?
6. How is mental health included in the ACO's quality measurement, clinical priorities, or both?
7. Does the ACO have any ongoing or planned initiatives, trainings, or other efforts that are specifically directed to or focused on mental health? If yes, please describe.

No. 200. An act relating to systemic improvements of the mental health system. (S.203) (UPDATED 7/30/2018)

1. 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.
2. What incentives is the ACO using to include more mental health providers in its network?
3. 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?
4. How is the ACO using data to identify and better manage health care or other services for aligned beneficiaries with mental health conditions?
5. How is the ACO providing incentives, including to Designated Agencies and other community supports, in the mental health care system to support better management of care and other services for individuals with mental health conditions?
6. Are there ACO programs or initiatives to address social determinants of health for those with a mental health condition? If yes, please describe.
7. How is mental health included in the ACO's quality measurement, clinical priorities, or both?
8. 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.

No. 204. An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience (S. 261)

18 V.S.A. § 9382(a)(17) (as amended by Act No. 204, § 7): The ACO provides connections and incentives to existing community services for preventing and addressing the impact of childhood adversity. The ACO collaborates on the development of quality outcome measurements for use by primary care providers who work with children and families and fosters collaboration among care coordinators, community service providers, and families.

No. 204. An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience (S. 261)

1. 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?
2. How does the ACO provide or foster connections between its providers and existing community services providers who are addressing the impacts of childhood adversity?
3. How is the ACO collaborating on the development of quality outcome measurements for use by primary care providers who work with children and families?
4. What incentives is the ACO providing or planning to provide to community services providers to specifically address the impact of childhood adversity?

No. 167. An act relating to the health care regulatory duties of the GMCB

18 V.S.A. § 9382(a)(3) (as amended by Act No. 167, § 13a): The ACO has established appropriate mechanisms to receive and distribute payments to its participating health care providers in a fair and equitable manner. To the extent that the ACO has the authority and ability to establish provider reimbursement rates, the ACO shall minimize differentials in payment methodology and amounts among comparable participating providers across all practice settings, as long as doing so is not inconsistent with the ACO's overall payment reform objectives.

No. 167. An act relating to the health care regulatory duties of the GMCB

1. 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.
2. If applicable, explain how the ACO has taken steps to minimize payment differentials between comparable providers across all practice settings.
3. If applicable, explain how the payment methodologies and reducing or eliminating payment differential are not inconsistent with the ACO's overall payment reform objectives.

Discussion and Vote

➤ Motion

- Adopt the *2019 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC (v.2, 8/1/18)*, including the new certification criteria, as recommended by GMCB staff.

Timeline for 2019 OneCare Submission (subject to change)

Budget Guidance and Certification Eligibility Verification

- ✓ June 13: Staff presentation to Board
- ✓ June 13-June 30: Public Comment
- ✓ July 11: GMCB votes on 2019 Budget Guidance
- ✓ July 18: New certification criteria memo posted
- ✓ July 18-July 27: Public Comment
- ✓ By August 1: GMCB provides OneCare with budget guidance
- August 1: Potential vote on certification form
- August 10: Distribute certification form to OneCare
- October 1: OneCare submits budget and certification form
- October 17: OneCare budget presentation to Board
- November 7: GMCB staff presents analysis to the Board
- November 7-21: Public Comment
- November 28: GMCB votes to establish OneCare's 2019 budget and 2019 certification eligibility verification
- December 15: GMCB issues written orders to ACOs

Discussion