

**Comparison of Act 113 of 2016
with current Vermont Commercial ACO Pilot Standards Approved by GMCB**

The following table compares the text of the official Act 113 with the existing Vermont Commercial ACO Pilot Standards last approved by the GMCB on November 17, 2015.

Act 113	Alignment with existing Commercial ACO Pilot Standards	Description
<p>Sec. 3. 18 V.S.A. § 9373: Definitions Definition of ACO: “Accountable care organization” and “ACO” means an organization of health care providers that has a formal legal structure, is identified by a federal Taxpayer Identification Number, and agrees to be accountable for the quality, cost, and overall care of the patients assigned to it.</p>	No	Definition of ACO is not provided for in ACO Pilot Standards document.
<p>Sec. 4. 18 V.S.A. § 9375(b): The Board shall have the following duties:</p> <p>(1) Oversee the development and implementation, and evaluate 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, including ensuring that the payment reform pilot projects set forth in this chapter are consistent with such reforms.</p>	Partial	<p>Partially addressed by the totality of the standards.</p> <p>*Current Pilot Standards are not required by rule.</p>

<p>(13) Adopt by rule pursuant to 3 V.S.A. chapter 25 such standards as the Board deems necessary and appropriate to the operation and evaluation of accountable care organizations pursuant to this chapter, including reporting requirements, patient protections, and solvency and ability to assume financial risk.</p>		
<p>§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS</p> <p>(a) In order to be eligible to receive payments from Medicaid or commercial insurance through any payment reform program or initiative, including an all-payer model, each accountable care shall obtain and maintain certification from the Green Mountain Care Board. The Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for certifying accountable care organizations. In order to certify an ACO to operate in this State, the Board shall ensure that the following criteria are met:</p>	<p>No</p>	<p>No requirement for certification in Current standards</p>

Act 113	Alignment with existing Commercial ACO Pilot Standards	Alignment with ACO Draft Standards?
(1) the ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a consumer advisory board and other processes for inviting and considering consumer input;	Yes	Fully addressed by IV. ACO Governance
(2) 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;	Partial	Partially addressed by: VII. Care Management Standards: B: Guidelines, Decision Aids, and Self-Management #4-#6 and C: Population Health Management #7-#9
(3) the ACO has established appropriate mechanisms to receive and distribute payments to its participating health care providers;	No	Not addressed
(4) the ACO has established appropriate mechanisms and criteria for accepting health care providers to participate in the ACO that prevent unreasonable discrimination and are related to the needs of the ACO and the patient population served;	No	Not addressed

<p>(5) the ACO has established mechanisms and care models to promote evidence-based health care, patient engagement, coordination of care, use of electronic health records, and other enabling technologies to promote integrated, efficient, seamless, and effective health care services across the continuum of care, where feasible;</p>	<p>Yes</p>	<p>Fully addressed by: VII. Care Management Standards A-D: <i>Care Management Oversight, Guidelines, Decision Aids, and Self-Management, Population Health Management, Data Collection, Integration, and Use</i></p>
<p>Act 113</p>	<p>Alignment with existing Commercial ACO Pilot Standards</p>	<p>Description</p>
<p>(6) the ACO's participating providers have the capacity for meaningful participation in health information exchanges;</p>	<p>Partial</p>	<p>A. Could be addressed by Data Collection, Integration and Use (partially based on NCQA ACO Standard CM1, Elements A, B, C, E, F and G)</p> <p>#10: To the best of their ability and with the health information infrastructure available, and with the explicit consent of beneficiaries unless otherwise permitted or exempted by law, the ACO uses and/or supports its participating providers in using an electronic system that: a) records structured (searchable) demographic, claims, and clinical data required to address care management needs for people attributed to the ACO, b) supports access to and sharing of attributed persons' demographic, claims and clinical data recorded by other</p>

participating providers, and c) provides people access to their own health care information as required by law.

#11: The ACO encourages and supports participating providers in using data to identify needs of attributed people, support care management services and support performance measurement, including the use of:

- A data-driven method for identifying people who would most benefit from care management and for whom care management would improve value through the efficient use of resources and improved health outcomes.
- Methods for measuring and assessing care management activities and effectiveness, to inform program management and improvement activities.

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(7) the ACO has performance standards and measures to evaluate the quality and utilization of care delivered by its participating health care providers;	Yes	Fully addressed by VI: Calculation of ACO Financial Performance and Distribution of Shared Risk Payments : Step 4: Assess ACO's performance on specific quality measures. Addressed by X: Process for Review and Modification of Measures Used in Commercial and Medicaid ACO Pilot Program
(8) the ACO does not place any restrictions on the information its participating health care providers may provide to patients about their health or decisions regarding their health;	No	Not addressed
(9) the ACO's participating health care providers engage their patients in shared decision making to inform them of their treatment options and the related risks and benefits of each;	Partial	Partially addressed by VII: Care Management Standards : <i>C: Population Health Management</i> *Person-centered care planning is related to shared decision making, but not a full equivalent.

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<p>(10) the ACO offers assistance to health care consumers, including:</p> <ul style="list-style-type: none"> A) maintaining a consumer telephone line for complaints and grievances from attributed patients; B) responding and making best efforts to resolve complaints and grievances from attributed patients, including providing assistance in identifying appropriate rights under a patient’s health plan; C) providing an accessible mechanism for explaining how ACOs work; D) providing contact information for the Office of the Health Care Advocate; and E) sharing deidentified complaint and grievance information with the Office of the Health Care Advocate at least twice annually; 	No	Not addressed
<p>(11) the ACO collaborates with providers not included in its financial model, including home- and</p>	Partial	<p>Mostly addressed by VII. Care Management Standards: <i>C. Population Health Management #7- #9</i></p>

community-based providers and dental health providers;		*Dental care providers are not addressed in the current ACO Pilot Standards.
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(12) the ACO does not interfere with patients' choice of their own health care providers under their health plan, regardless of whether a provider is participating in the ACO; does not reduce covered services; and does not increase patient cost sharing;	Yes	<p>Addressed by III: Patient Freedom of Choice</p> <p>1. ACO patients will have freedom of choice with regard to their providers consistent with their health plan benefit.</p> <p>*Current standards do not explicitly state that the ACO does not reduce covered services and does not increase patient cost sharing however, the ACO has no means for doing either of these things as it is not the insurer and does not govern member benefits.</p>
(13) meetings of the ACO's governing body include a public session at which all business that is not confidential or proprietary is conducted and members of the public are provided an opportunity to comment;	Yes	<p>Fully addressed by IV: ACO Governance:</p> <p>("The governing body shall have a transparent governing process, which includes the following... devoting an allotted time at the beginning of each in-person governing body meeting to hear public</p>

		comments and provide a public report on ACO activities “)
Act 113	Alignment with existing Commercial ACO Pilot Standards	Description
(14) the impact of the ACO’s establishment and operation does not diminish access to any health care or community-based service or increase delays in access to care for the population and area it serves;	Partial	Partially addressed by ACO Quality and Performance Measures: Monitoring
(15) the ACO has in place appropriate mechanisms to conduct ongoing assessments of its legal and financial vulnerabilities;	No	Not addressed

<p>(16) the ACO has in place a financial guarantee sufficient to cover its potential losses.</p>	<p>No</p>	<p>Not addressed</p>
<p>(b)(1) The Green Mountain Care Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for reviewing, modifying, and approving the budgets of ACOs with 10,000 or more attributed lives in Vermont. To the extent permitted under federal law, the Board shall ensure the rules anticipate and accommodate a range of ACO models and sizes, balancing oversight with support for innovation. In its review, the Board shall review and consider...(b)(1)(A-O):</p> <p>(F) the ACO's efforts to prevent duplication of high-quality services being provided efficiently and effectively by existing community-based providers in the same geographic area, as well as its integration of efforts with the Blueprint for Health and its regional care collaboratives;</p> <p>(H) the extent to which the ACO provides incentives for systemic integration of community-based providers in its care model or investments to expand capacity in existing community-based providers, in order to promote seamless coordination of care across the care continuum;</p> <p>(J) the extent to which the ACO provides incentives for preventing and addressing the impacts of adverse childhood experiences (ACEs) and other traumas,</p>	<p>No</p>	<p>Not addressed</p>

<p>such as developing quality outcome measures for use by primary care providers working with children and families, developing partnerships between nurses and families, providing opportunities for home visits, and including parent-child centers and designated agencies as participating providers in the ACO;</p> <p>Note: The process for reviewing, modifying, and approving budgets of ACOs with fewer than 10,000 lives allows the Board to consider as many as the above functions as it deems appropriate to a specific ACO's size and scope.</p>		
<p>Act 113</p>	<p>Alignment with existing Commercial ACO Pilot Standards</p>	<p>Description</p>
<p>(3)(A) The Office of the Health Care Advocate shall have the right to receive copies of all materials related to any ACO budget review and may:</p> <p>(i) ask questions of employees of the Green Mountain Care Board related to the Board's ACO budget review;</p> <p>(ii) submit written questions to the Board that the Board will ask of the ACO in advance of any hearing held in conjunction with the Board's ACO review;</p> <p>(iii) submit written comments for the Board's consideration; and</p> <p>(iv) ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review.</p>	<p>No</p>	<p>Not addressed</p>

(B) The Office of the Health Care Advocate shall not disclose further any confidential or proprietary information provided to the Office pursuant to this subdivision (3).

