

Draft All-Payer ACO Model Status Update: June 22, 2017

Major Activities <i>(red font indicates required deliverable to CMMI)</i>	Target Date	Accomplishments to Date	Barriers/Challenges	% Major Activity Complete	On Target?
Work Stream #2: All-Payer ACO Model Analytics and Reporting					
Complete Analytics Plan outlining potential data sources, remaining specification questions, potential supportive analyses	March 15, 2017	<ul style="list-style-type: none"> • Drafts completed, feedback provided • Plan finalized; will be used to inform analytics contractor 		100%	Yes
Develop specifications and targets for financial measures	March 31, 2017	<ul style="list-style-type: none"> • Targets identified in Agreement • Crosswalk with Vermont Medicaid Next Gen service categories completed with DVHA staff; included and excluded categories of services shared with CMS; CMS supports proceeding to more detailed specifications • More detailed approach received from contractor and reviewed by GMCB staff • Contractor has developed detailed specifications for commercial non-claims expenditures; preliminary feedback provided by GMCB staff with input from BCBSVT and MVP; second draft in process • Contractor in process of developing detailed specifications for Medicaid claims expenditures; will be reviewed by GMCB and DVHA staff 	Lack of specifications; complexity of measure	80%	No
Develop specifications and targets for ACO scale target measures	June 30, 2017	<ul style="list-style-type: none"> • Targets identified in agreement • Specifications outlined but need refinement • Collaborating with BCBSVT on outreach to self-insured employers on voluntary submission of data to VHCURES • Developing ERISA-compliant strategy for calculating scale target for self-insured employer plans 	Obtaining self-insured numbers	80%	Yes
Develop specifications and targets for health outcomes and quality of care measures	June 15, 2017 for targets; December 15, 2017 for access measure specifications	<ul style="list-style-type: none"> • Specifications identified in Agreement for 20/21 measures; targets for 18/21 measures • Worked with VDH to obtain baseline data and proposed target for Vermont Prescription Monitoring System measure; proposed target pending with CMMI • Meeting scheduled with CMMI to discuss target for Growth in ED Visits for Mental Health and Substance Abuse, after obtaining input from Vermont ED Directors. CMMI offered to extend June 30 deadline to allow for discussion. • AHS and GMCB proposed potential metrics for final quality of care measure relating to access for Medicaid 	Concerns about ED visits measure target; no specification for access measure	85%	Yes

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Work Stream #2: All-Payer ACO Model Analytics and Reporting					
		beneficiaries; GMCB working to obtain baseline data and identify best metric; CMMI reviewing proposed metrics			
Select Analytics Contractor	June 30, 2017	<ul style="list-style-type: none"> RFP Posted Proposals received May 22; selection expected by June 30 (material confidential until contract completed under state law) 	RFP delayed but should not impact selection date	90%	Yes
Develop specifications for measuring payer differentials in ACO benchmarks	September 30, 2017			0%	Yes
Assess feasibility of potential data sources for required reporting; select data sources for each measure	January 1, 2018	<ul style="list-style-type: none"> Data sources for 20/21 health outcomes and quality of care measures outlined in agreement; source of claims data still TBD Data elements to be added to VHCURES have been specified by GMCB staff and contractor; will be reviewed with DVHA and Blueprint and then tested Ongoing work with DVHA and BCBSVT on data validation 	Data fields need to be added to VHCURES and data needs to be validated	60%	Yes
Develop reporting templates for CMS-required reports (prioritize in order of initial date for submission to CMS)	February 15, 2018	<ul style="list-style-type: none"> Initial drafts developed 		10%	Yes
Develop supplemental monitoring strategy, including more frequent reporting of required measures, and monitoring of relevant measures that are already collected and reported	March 15, 2018	<ul style="list-style-type: none"> Some relevant measures that are already collected and reported have been identified 		5%	Yes
Produce required quarterly financial reports for submission to CMS	April or July 2018; quarterly thereafter			0%	Yes
Produce annual Payer Differential Report	March 30, 2019; annually thereafter			0%	Yes
Produce required All-Payer Total Cost of Care per Beneficiary Growth Target Report	June 30, 2019; annually thereafter			0%	Yes
Produce required scale target reports for submission to CMS	June 30, 2019; annually thereafter			0%	Yes
Produce required health outcomes and quality of care reports for submission to CMS	September 30, 2019; annually thereafter			0%	Yes