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MEMORANDUM

TO: Green Mountain Care Board Members

CC: Susan Barrett, Executive Director, GMCB; Michael Barber, General Counsel, GMCB

FROM: Alena Berube, Director of Value Based Programs & ACO Regulation; Melissa Miles, Deputy Director of Value Based Programs & ACO Regulation; Marisa Melamed, Health Care Policy Associate Director

DATE: January 9, 2020

SUBJECT: FY2020 Certification Eligibility Verification for OneCare Vermont ACO

This memorandum provides a summary of our review of any material changes relevant to OneCare's continued eligibility for certification in FY 2020.

Background

OneCare Vermont Accountable Care Organization, LLC (OneCare) was provisionally certified by the Green Mountain Care Board (GMCB or Board) on January 5, 2018 and was fully certified on March 21, 2018. The GMCB is required to review OneCare's continued eligibility for certification annually.[1] If the GMCB determines that OneCare is failing to meet one or more certification requirements, it may take remedial action, including requiring OneCare to implement a corrective action plan.[2] OneCare remains certified unless and until its certification is limited, suspended, or revoked by the Board.[3]

Vermont certified ACOs must annually submit a certification eligibility form that:

1. Verifies that the ACO continues to meet the requirements of the 18 V.S.A. § 9382 and Rule 5.000; and
2. Describes in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in sections 5.201 through 5.210 of Rule 5.000 that the ACO has not already reported to the Board.[4]

[1] GMCB Rule 5.000, § 5.305 (Annual Eligibility Verifications).
[2] *Id.* at § 5.504 (Remedial Actions; Corrective Action Plans).
[3] *Id.* at § 5.505 (Limitation, Suspension, and Revocation of Certification).
[4] *Supra* note 1.

The eligibility verification must be signed by an ACO executive with authority to legally bind the ACO, who must verify under oath that the information is accurate, complete, and truthful to the best of her or his knowledge, information, and belief.[5]

FY 2020 Certification Eligibility Verification Process

The *2020 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC* was adopted by the Board on June 26, 2019 and was posted to the GMCB website and distributed to OneCare by July 1, 2019.[6] The GMCB received OneCare's completed form September 3, 2019. The Board responded to OneCare with additional questions needed to complete the review. The certification form submission, questions from the GMCB, and responses from OneCare were provided to the Office of the Health Care Advocate and are posted on the Board's website at https://gmcboard.vermont.gov/content/2020-aco-oversight.

The *2020 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC* requires OneCare to submit materials and answer questions determined by the Board to be necessary to verify continued eligibility for certification. In addition to the criteria in sections 5.201-5.210 of GMCB Rule 5.000, the form requires OneCare to answer questions related to new criteria enacted by the Legislature in 2018 after the Rule was finalized and for OneCare to attest to its continued adherence to the Board's antitrust guidance.[7,8]

FY 2020 Staff Conclusion

Staff reviewed the materials OneCare provided and concluded that the eligibility requirements are being met and no Board action is required at this time.

On December 11, 2019 staff presented the conclusions to the Board at a public meeting.[9] Staff discussed ongoing monitoring and reporting requirements relating to OneCare's certification, which are summarized in the following tables. Staff will integrate these monitoring and reporting requirements into the overall ACO oversight monitoring and reporting plan that includes FY 2020 ACO budget order conditions imposed by the Board on December 18, 2019.[10]

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[5] Id.

[6] *See* 2020 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC (June 25, 2019), *available at* https://gmcboard.vermont.gov/content/2020-aco-oversight.

[7] *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.

[8] *See* Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General (May 1, 2018), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf.

[9] *See* Green Mountain Care Board Accountable Care Organization Oversight FY 2020 Preliminary Recommendations. Presentation to the Board December 11, 2019, *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/12-11-19_ACO_preliminary_reccommendations_FINAL.pdf.

[10] *See* Unapproved Green Mountain Care Board Meeting Minutes (December 18, 2019), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/Unapproved%20Meeting%20Minutes%2012.18.19.pdf.

Rule 5.000 & Statute	Key Criteria	FY20 Ongoing and New Monitoring & Reporting
Legal Governing Body, Leadership, & Management 5.201-5.203 § 9382(a)(1) § 9382(a)(13)	• ACO as a separate legal entity • Authorization to do business in VT • Governance, organizational leadership & management structure • Transparency of governing processes • Mechanism for consumer input	• Operating Agreement • Compliance Plan • Conflict of Interest policy • Governance, leadership, and organizational charts • Resumes for Executive Team Several policies are up for review in Q4 of 2019 and due to the Board by January 31, 2020.
Solvency & Financial Risk 5.204 § 9382(a)(15) § 9382(a)(16)	• Mechanisms/processes for assessing legal and financial risks • Financial stability/solvency	• Quarterly financial statements • Finance Committee Charter • Financial and legal vulnerability assessment
Provider Network 5.205 § 9382(a)(4)	• Written agreements with ACO Participants • Criteria for accepting providers • Provider appeals	• Provider agreements • Network Support and Access Policy; Provider Appeals Policy • 2021 Network Development Strategy required by FY20 Budget vote
Population Health Management & Care Coordination 5.206 § 9382(a)(1) § 9382(a)(2) § 9382(a)(5) § 9382(a)(6) § 9382(a)(9) § 9382(a)(11)	• Coordination of services among Payers, Participants, and non-Participant providers, including community-based providers • Care coordination	• Care Coordination & Disease Management Policy • Care Coordination and Training & Responsibilities • Utilization Management Plan • Population health and care coordination evaluation plan required by FY20 Budget vote

Rule 5.000 & Statute	Key Criteria	FY20 Ongoing and New Monitoring & Reporting
		Several policies are up for review in Q4 of 2019 and due to the Board by January 31, 2020.
Performance Evaluation & Improvement 5.207 § 9382(a)(5) § 9382(a)(7)	• A Quality Improvement Program actively supervised by the ACO's clinical director or designee that identifies, evaluates, and resolves potential problems and areas for improvement.	• Quality Improvement Procedure and Utilization Management Plan • Clinical Priorities and Quality Improvement Plan Several policies are up for review in Q4 of 2019 and due to the Board by January 31, 2020.
Patient Protections & Support 5.208 § 9382(a)(8) § 9382(a)(10) § 9382(a)(12) § 9382(a)(14)	• Enrollee freedom to select their own health care providers • ACO may not increase cost sharing or reduce services under enrollee health plan • Patients are not billed on the event an ACO does not pay a provider • ACO maintains grievance and complaint process	• Patient Complaint and Grievance Policy • Bi-annual complaint and grievance reporting to GMCB and HCA • Review public comment and feedback through GMCB advisory committees • Beneficiary notification letters Several policies are up for review in Q4 of 2019 and due to the Board by January 31, 2020.
Provider Payment 5.209 § 9382(a)(3)	• Administer provider payments • Alternative payment methodologies coupled with mechanisms to improve or maintain quality/access • Alignment of ACO-payer incentives and ACO-provider incentives • Provider appeals	• FPP Distribution Procedure • PCCM and PHPM Distribution Procedure • VMNG Advanced Community Care Coordination Payments • QI Procedure • VBIF Distribution Policy • Settlement Policy and Reporting • Provider Appeals Policy

Rule 5.000 & Statute	Key Criteria	FY20 Ongoing and New Monitoring & Reporting
		Several policies are up for review in Q4 of 2019 and due to the Board by January 31, 2020.
Health Information Technology 5.210 § 9382(a)(2) § 9382(a)(5) § 9382(a)(6)	• Data collection and integration • Data analytics • Integration of clinical and financial data system to manage risk	• Care Coordination & Disease Management Policy • Care Coordination Training & Responsibilities Policy • Utilization Management Plan • Data Use Policy • Privacy & Security Policy Several policies are up for review in Q4 of 2019 and due to the Board by January 31, 2020.
Mental Health Access § 9382(a)(2)	• ACO role vs. payer role in supporting access to mental health care • Financial incentives • Care coordination • Programs or initiatives • Use of data, quality measurement, and clinical priorities	• Performance on mental health related quality measures in payer contracts • Quality Improvement Plan • Clinical Priorities • Report on collaboration with Designated Agencies on 42 CFR Part 2
Minimize payment differentials or "payment parity" § 9382(a)(3)	• ACO role vs. payer role in fair and equitable payments and minimizing payment differentials • ACO's steps to minimize payment differentials	• Interim and annual monitoring of Comprehensive Payment Reform program

Rule 5.000 & Statute	Key Criteria	FY20 Ongoing and New Monitoring & Reporting
Addressing Childhood Adversity § 9382(a)(17) § 5.403(a)(20)	• Connections among ACO providers • Collaboration on quality outcome measures • Incentives for community providers	• Plan and timeline • Social determinants risk scores • Screening tools • Program expansion • Analytics

OneCare to Submit…	When?
Updated and relevant plans, policies, procedures, agreements/contracts, subcommittee charters, and governing documents	Quarterly, semi-annually, or annually as determined necessary by staff in collaboration with OneCare
Financial statements	Quarterly
Executive team resumes	Upon hire
Financial and legal vulnerability assessment	Annually
Network Development Strategy	Annually
Population health and care coordination evaluation plan	Annually
Complaint and grievance reporting	Semi-annual
Mental health access, pay parity, addressing childhood adversity reporting	Annually