Report of the Accountable Care Organization (ACO) Standards Work Group to the SIM Steering Committee
July 18, 2013

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Director of Payment Reform, GMCB
Co-Chair, ACO Standards Work Group
ACO Standards Work Group:  
Process

- Began meeting in December 2012
  - Focus on ACO Standards and how ACO Success would be measured
  - Meetings held twice monthly (one in person, one conference call)
  - Plan to present recommendations on ACO standards for approval in September 2013

- Will transform to Model Testing Standards Group in October 2013
  - Focus on implementing and evaluating the ACO/SSP
  - Establish standards for additional payment models
ACO Standards Work Group: Purpose

- Purpose: To develop standards that will help ensure that Vermont’s ACOs improve health care quality, patient experience of care and population health; reduce costs across the health care system; and maintain the financial viability of the state’s health care system.
  - Focus on what it takes to be an “approved” ACO in Vermont in the commercial market and for Medicaid.
  - Develop standards for expanding ACOs to Commercial payers and Medicaid
  - Use the Health Insurance Exchange as the vehicle to expand shared savings programs.
ACO Standards Work Group: Composition

- Composition of the Group
  - Payers
    - BCBS
    - MVP
    - Medicaid
  - Associations
    - Vermont Medical Society (VMS)
    - Vermont Association of Hospital and Health Systems (VAHHS)
    - Vermont Information Technology Leadership (VITL)
    - Vermont Program for Quality in Health Care (VPQHC)
    - Vermont Assembly of Home Health Agencies (VAHA)
    - Bi-State Primary Care Association
ACO Standards Work Group: Composition

- Composition of the Group Cont.
  - ACOs
    - Accountable Care Coalition of the Green Mountains
    - OneCare Vermont
  - Government
    - Agency of Administration
    - Department of Financial Regulation
    - Department of Vermont Health Access
    - Blueprint for Health
  - GMCB Member
    - Al Gobeille

Co-chaired by Richard Slusky and Kara Suter and facilitated by Michael Bailit (Bailit Health)
ACO Standards Work Group will become Payment Model Standards Work Group under SIM

- Expanded membership: will include Medicaid and LTSS providers
- Expanded scope of recommendations: will include Medicaid ACO and all-payer Episodes of Care and Pay-for-Performance (to the extent applicable)
- Under proposed SIM/Duals project merger, the group might also have a role in evaluating options for Duals payment models
ACO Standards Work Group: Recommended Standards

- Developing standards for expanding ACOs to include Medicaid and Commercial payers
  - The work group has drafted standards in the following categories: (See Handouts for Details on these Standards)

- Standards related to the ACO’s structure:
  - Financial Stability
  - Patient Freedom of Choice Standard
ACO Standards Work Group: Recommended Standards

- Standards related to the ACO’s payment methodology:
  - Patient Attribution Methodology
  - Services to be Excluded from ACO Budget Calculations
  - Calculation of ACO Financial Performance and Distribution of Shared Risk Payments

- Standards related to management of the ACO
  - Care Management (Referred to Care Management Group)
  - Payment Alignment
  - Data Use Standards (Referred to SIM/HIE Workgroup)
ACO Standards Work Group: Next Steps

- Plan to Finalize the Commercial ACO Standards in August 2013
- Send Recommendations to GMCB and SIM Steering Comm. in September 2013
- ACOs will indicate willingness to participate and identify participating providers—September/October 2013
- Preparing Participation Agreement between GMCB/SIM Steering Committee, Payers, and ACOs
- Planning to implement Commercial ACO/SSP(s) on the Exchange January 1, 2014
ACO Standards Work Group: Current Status -- Medicaid ACO/SSP

- Medicaid in the process of drafting standards
- Will mirror commercial or Medicare wherever possible
- There may be some small differences, which will be developed with stakeholder input via workgroups
ACO Standards Work Group: Current Status -- Medicaid ACO/SSP

- Current Status (Medicaid ACO/SSP) Continued

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<thead>
<tr>
<th>Timeline</th>
<th>Events Description</th>
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<tr>
<td>Early August</td>
<td>Proposed standards reviewed and input gathered in workgroup</td>
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<td>Late August</td>
<td>Steering committee review and recommendations sent to governing committee</td>
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<td>Early September</td>
<td>DHVA releases Request for Proposals (RFP)</td>
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<td>Mid-October</td>
<td>Proposals received from ACOs and reviewed</td>
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<td>November-early December</td>
<td>DHVA/ACOs finalize Shared Savings Program contracts</td>
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<td>Late December</td>
<td>Public notice and SPA submitted</td>
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<td>January 1, 2014</td>
<td>Project launch</td>
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ACO Standards Work Group: Outstanding Issues

- Minimum lives required for ACO Participation
  - ACO lives or payer specific lives
- ACO/Provider commitments to participate
- Timing of introduction of downside Risk /Risk Mitigation Standards
- Payer issues related to the profile of attributed lives relative to the total book of covered lives on the Exchange
- Distinction between regulations/requirements, rules of participation, and suggested behaviors
ACO Standards Work Group: Thank You!!!

Many thanks to all the participating members of the group for their patience, willingness to compromise, persistence, and vision. We may never stop meeting!!!!
Questions ????