

# ACO Certification Eligibility Review for OneCare Vermont

## Staff Analysis and Recommendations

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January 9, 2019

# Agenda

- Background
- Staff Summary and Recommendations
  - New Accountable Care Organization (ACO) certification requirements
  - Certification eligibility verification
- Discussion

# Background

# Background: ACO Certification

- “[T]o be eligible to receive payments from Medicaid or commercial insurance through any payment reform program or initiative, including an all-payer model,” an ACO must obtain and maintain certification. 18 V.S.A. § 9382(a).
- The Board was charged with adopting administrative rules that “establish standards and processes for certifying [ACOs]” and ensuring that the ACOs it certifies meet certain statutory requirements. 18 V.S.A. § 9382(a).
- The Board adopted Rule 5.000 (effective November 17, 2017) to implement the statute and establish standards and processes for certifying ACOs.

# Background: OneCare Vermont Certification

## Obtaining Certification:

- OneCare was provisionally certified January 5, 2018 and fully certified March 21, 2018.

## Maintaining Certification:

- Once certified, an ACO must annually submit a form to the Board (1) verifying that it continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000; and (2) describing any material changes in the ACO that may affect its eligibility to be certified. An ACO's certification remains valid while the Board's review is pending. If the Board determines an ACO is failing to meet certification requirements, it may take remedial action, including requiring the ACO to implement a corrective action plan.
- The Board prepared a form for OneCare to submit for the annual eligibility verification. Because the statutory certification requirements were amended after OneCare was certified, the form asked OneCare about its compliance with the new requirements.

# Background: OneCare Vermont Review

## 2019 ACO Certification Review

- ✓ 6/13/18 – Staff presented 2019 Certification Eligibility Verification Form for OneCare Vermont ACO
- ✓ 7/18/18 – Staff presented New ACO Certification Statutory Criteria Memo
- ✓ 8/1/18 – Board vote to adopt 2019 certification form
- ✓ 10/1/18 – OneCare certification and budget submission
- ✓ 10/31-1/7 – Questions/responses/review (with Budget Review)
- ❑ 1/9/19 – 2019 Staff Recommendation on ACO Certification
- ❑ 1/9-1/17 – Public comment
- ❑ 1/23/19 – Potential Vote

# Staff Summary

The staff summary memorandum (posted on our website) covers:

- I. Background and Staff Recommendations
- II. Discussion: New Certification Requirements
- III. Discussion: Certification Eligibility Verification

# Staff Recommendations: New Certification Requirements

Staff conclude that the new ACO certification requirements added to 18 V.S.A. § 9382 **are being met.**

**We recommend the Board vote to approve OneCare's continued eligibility for certification, subject to reporting and monitoring requirements for the new certification requirements:**

1. Mental Health Access
2. Fair and equitable payments that minimize differentials among participating providers (referred to as "payment parity")
3. Addressing childhood adversity and promoting resilience.



# Staff Recommendations: Certification Eligibility Verification

## Antitrust guidance

OneCare attested under oath in their Oct. 1, 2018 certification submission that they are in compliance with the Board's guidance on potential violations of state and federal antitrust laws. **No Board action is required to continue certification.**

## Material Changes

Staff concluded there are no changes that affect OneCare's continued eligibility for certification. **No Board action is required to continue certification.**

# Staff Recommendations: Monitoring & Reporting

Staff will request that OneCare report the following items to the GMCB to support ongoing monitoring (reporting due dates in parentheses). **No Board action is required.**

- An updated Board of Managers roster (30 days after the end of Q1 2019)
- 2020 Network Development strategy and timeline (30 days after the end of Q1 2019)
- 2019 Clinical Priorities (30 days after the end of Q1 2019)
- Quality Improvement Management Workplan (30 days after the end of Q1 2019)
- Updated OneCare Policies and Procedures (various; 30 days after the end of the Quarter in which the policy was approved by the BOM)

# New Certification Criteria

# Mental Health Access

**Mental Health Access.** *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. 18 V.S.A. § 9382(a)(2).*

OneCare was required to answer questions related to its:

1. Role vs. payers' role in supporting access to mental health care;
2. Financial incentives;
3. Care coordination efforts;
4. Programs or initiatives; and
5. Use of data, quality measurement, and clinical priorities.

# Mental Health Access

## ACO's Role vs. Payers' Role

- OneCare seeks to integrate mental and physical health care services by providing financial resources, tools, and supports to promote community-based integrated care teams that include providers from Designated Agencies (DAs), primary care, home health, and area agencies on aging. Through these integrated teams, the goal is for people with mental health issues to be more easily identified, their needs prioritized, and the needed services resourced as part of the shared care plan process.
- Payers are responsible for designing benefit plans that facilitate access to mental health services and ensure parity of coverage and network access.

# Mental Health Access

## Financial Incentives

- PMPM payments to support team-based care coordination for high-risk and very-high-risk individuals, many of whom have a mental health condition.
- OneCare plans to work with mental health providers in 2019 and 2020 to explore new payment models and delivery system reform opportunities to improve access to timely, high-quality mental health care.
  - Under the FY 2019 budget order, the Board will receive reports on OneCare's specialist pilot and community innovation fund.

# Mental Health Access

## Care Coordination

- CareNavigator allows providers to identify those with mental health diagnoses such as anxiety, depression and bipolar disorder and has provided a common consent and redisclosure process to help care team members subject to 42 CFR Part 2 participate as active team members.
- The Comprehensive Payment Reform Pilot/Program may allow independent primary care practices to more effectively incorporate behavioral health, psychiatric care, and team-based approaches.
  - Clinical innovations should be described in the report the Board required OneCare to submit per the FY 2019 budget order.

# Mental Health Access

## Programs & Initiatives

- OneCare funded a full-time mental health clinician through the Howard Center to support residents at two Burlington congregate housing locations where SASH has on-site programs.
- OneCare hosted a Grand Round on suicide prevention and partnered with the Blueprint for Health to dedicate an All-Field Team meeting to this issue.
- The Diabetes Prevention and Management Learning Collaborative will focus its final session on connections between diabetes and mental health.



# Mental Health Access

## Use of Data, Quality Measurement, and Clinical Priorities

- In 2018, OneCare worked with Blue Cross Blue Shield of Vermont to share aggregate HSA-level data to OneCare's network for the first time on four key mental health and substance abuse quality measures: initiation and engagement of alcohol and other drug abuse or dependence; follow-up after ED visit for alcohol or other drug abuse or dependence; follow-up after ED visit for mental health; follow-up after hospitalization for mental health.
- OneCare is working with DVHA on a department-wide process improvement plan to improve the initiation and engagement of SUD treatment rate for beneficiaries.
- OneCare includes mental health in its clinical priority areas and its 2018 payer contracts included several measures related to mental health and substance use.

# Mental Health Access

## Certification recommendations for mental health access:

- Staff observe that OneCare is currently working, within its role as an ACO, to ensure that its attributed patients have equal access to appropriate mental health care as part of an integrated, holistic system of care.
- We recommend the Board continue to **monitor** OneCare's performance on mental health-related quality measures contained in payer contracts, as well as its 2019 Quality Improvement Plan and 2019 Clinical Priorities.
- We recommend that OneCare submit a **report** regarding its collaboration with the Designated Agencies on a 42 CFR Part 2 common consent and re-disclosure process.

# Payment Parity

**Payment Parity.** *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. 18 V.S.A § 9382(a)(3).*

OneCare was required to answer questions related to its:

1. Role vs. payers' role in fair and equitable payments and minimizing payment differentials; and
2. Steps to minimize payment differentials.

# Payment Parity

## ACO's Role vs. Payers' Role

- OneCare has two mechanisms for making payments to providers:
  1. All-Inclusive Population Based Payment
  2. Direct Supplemental Payments
- Payments allow hospital and payer contributions to OneCare to be redistributed to independent and other community providers.
- OneCare has the ability to set the payment methodology and supplemental payments.
- OneCare does not have the ability to set the underlying fee schedule.

# Payment Parity

## Steps to minimizing payment differentials

- OneCare will make payments three ways:
  1. Fixed payments to hospitals
  2. Capitated payments to independent providers through the Comprehensive Payment Reform Program (CPR)
  3. Population Health Program Management Payments
- CPR Program progress toward minimizing differentials:
  - Simpler and more predictable revenue stream;
  - Investment in primary care;
  - Same methodology used across practices to generate payment amounts;
  - Designed to provide a transition to value-based reimbursement model, incentivize focus on population health and wellness, facilitate long-term participation in ACO programs, enable sustainable operations, and meet the goals of the Vermont All-Payer ACO model.

# OneCare CPR Program Report 6/30/18

## OneCare Vermont

### CPR Financial Comparison Report

	CPR Practices - Non-OCV Model	CPR Practices - Std. OCV Model	CPR Practices - CPR Model	Hospital Primary Care Practices
(1) Member Months of Attribution	22,298	22,298	22,298	102,805
(2) CPR Pilot Payments	\$ -	\$ -	\$ 757,072	\$ -
(3) FFS / FFS Equivalent	\$ 499,219	\$ 499,219	\$ 78,748	\$ 1,830,852
(4) Supplemental OCV PHM Investments	\$ -	\$ 117,115	\$ -	\$ 541,790
<b>Total Revenue</b>	<b>\$ 499,219</b>	<b>\$ 616,334</b>	<b>\$ 835,820</b>	<b>\$ 2,372,642</b>
<b>Total Revenue PMPM</b>	<b>\$ 22.39</b>	<b>\$ 27.64</b>	<b>\$ 37.48</b>	<b>\$ 23.08</b>

(1) Combined months of attribution. Each month a life is attributed is one member month.

(2) PMPM payments to the CPR pilot sites. Payment replaces Medicaid and Medicare FFS, and the supplemental OCV PHM investments.

(3) Payer-paid FFS or "shadow" claims equivalent for the hospital primary care practices.

(4) Includes the Basic OCV PHM \$3.25 PMPM and the CCC Level 2 \$15 PMPM.

Medicare: Claims processed for services in January and February, with runout through 4/27/18

Medicaid: Claims processed for services in January and February, with runout through 5/25/18

BCBS QHP: Claims processed for services in January and February, with runout through 5/31/18

# Payment Parity

## Certification recommendation for payment parity:

- Staff observe that OneCare is currently working, within its role as an ACO, to establish appropriate mechanisms to receive and distribute payments to its participating health care providers in a fair and equitable manner and to minimize differentials in payment methodology and amounts among comparable participating providers across all practice settings.
- As part of the 2019 OneCare budget approval, the Board voted to require final reporting on the 2018 Comprehensive Payment Reform Pilot and interim reporting on the 2019 Comprehensive Payment Reform Program.
- Staff recommend these budget conditions satisfy monitoring for this certification requirement.

# Payment Parity

## Certification recommendation for payment parity (Relevant conditions in 2019 ACO Budget):

- No later than 30 days after the end of Q3 2019, OneCare must submit a **final report on its 2018 Comprehensive Payment Reform Pilot** that (a) compares the 2018 quality outcomes of the pilot cohort with the non-pilot cohort; (b) analyzes how the capitated payments received by primary care practices in 2018 under the pilot compared to payments hospitals make to primary care providers that did not participate in the pilot; and (c) describes practices' experiences with the pilot (e.g., impacts on administrative burden and any clinical innovations allowed by increased flexibility and/or resources).
- No later than 30 days after the end of Q2 2019, OneCare must submit an **interim financial report on the 2019 Comprehensive Payment Reform Program** that describes changes made to the program in 2019 and analyzes how the capitated payments received by primary care practices under the program are comparing to payments hospitals make to primary care providers not participating in the pilot.



# Childhood Adversity and Resilience

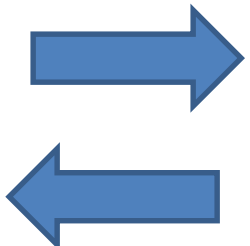
**Addressing Childhood Adversity and Promoting Resilience.** *The ACO provides connections and incentives to existing community services for preventing and addressing the impact of childhood adversity. The ACO collaborates on the development of quality-outcome measurements for use by primary care providers who work with children and families and fosters collaboration among care coordinators, community service providers, and families. 18 V.S.A. § 9382(a)(17).*

OneCare was required to answer questions related to its:

1. Connections between ACO providers who are addressing the impacts of childhood adversity
2. Collaboration on quality outcome measurements
3. Incentives providing or planning for community service providers

# Childhood Adversity and Resilience

## Connections between ACO providers to address impacts of childhood adversity

- OneCare's Population Health Strategy Committee
  - OneCare's Pediatric Subcommittee
  - Agency of Human Services
  - Blueprint for Health
  - Vermont Care Partners
  - Local providers and continuum of care
- 
- Provider and community education
  - Screening initiatives
  - Cooperative interventions

# Childhood Adversity and Resilience

## Collaboration on quality outcome measurements

- Providers in the network are exploring a childhood adversity screening tool that could be incorporated into Electronic Health Records.
- OneCare is contracting with a data vendor to provide a “neighborhood” or “household stress” risk score, utilizing social determinants of health data. This score will be stored in Care Navigator and when coupled with the Johns Hopkins ACG risk grouper could provide a more comprehensive view of the health of the attributed population. OneCare is currently testing the score with a pediatric pilot group, with a plan to expand to adults and older adults.

# Childhood Adversity and Resilience

## Incentives for community service providers

- In collaboration with the Vermont Department of Health (VDH), OneCare is expanding the evidence-based program DULCE (Developmental Understanding and Legal Collaboration for Everyone) by providing funding to three new pediatric practices who have a RiseVT campaign.
- OneCare will fund a statewide DULCE program coordinator and funding to continue research on program outcomes.
- Since 2016, Lamoille County has been as a national DULCE pilot site to provide social, medical and legal support to families with newborns 0-6 months of age through a collaboration which includes: the Parent Child Center, Federally Qualified Health Center and Vermont Legal Aid.<sup>1</sup>

<sup>1</sup> See more at the **Center for the Study of Social Policy**, *Study Partners* at: <https://cssp.org/our-work/project/developmental-understanding-and-legal-collaboration-for-everyone/>.

# Childhood Adversity and Resilience

## Certification recommendation for childhood adversity and resilience:

- Staff observe that OneCare is currently working, within its role as an ACO, to provide connections and incentives to existing community services for preventing and addressing the impact of childhood adversity, collaborate on the development of quality-outcome measurements for use by primary care providers and to foster collaboration among care coordinators, community service providers, and families.
- We recommend that OneCare provide a timeline for its 2019 plan to address childhood adversity. This should include reporting on the projects highlighted in this section, including: 1) creation of new social determinants of health risk scores; 2) how ACEs screening tools are being incorporated into EHRs; 3) the DULCE program expansion; 4) how OneCare will use its analytic capacities to identify cost and utilization drivers to help justify additional resources for childhood trauma, and any additional initiatives OneCare will be starting.

# Discussion

# Wrap-up: OneCare Vermont Review

## 2019 ACO Certification Review

- 1/9/19 – 2019 Staff Recommendation on ACO Certification Presentation to Board
- 1/9-1/17 – Public comment
- 1/23/19 – 2019 Staff Recommendation on ACO Certification (Potential Vote)