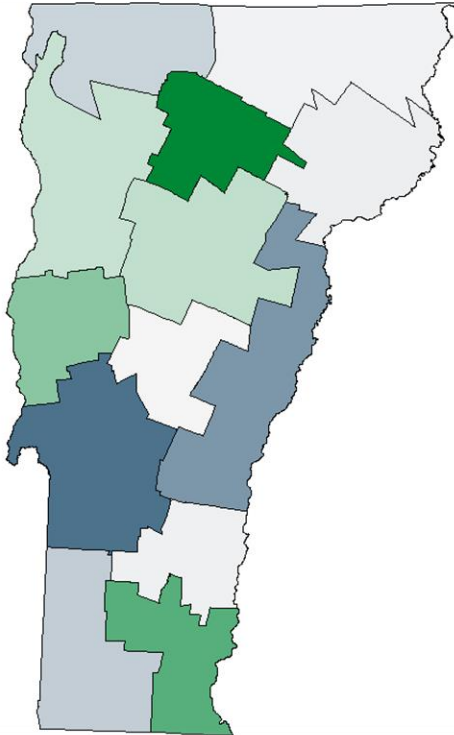


Green Mountain Care Board

Accountable Care Organization (ACO) Oversight

2020 ACO Budget Guidance and Certification Eligibility Verification

June 26, 2019



Agenda

1. 2020 Certification Eligibility Verification Form for OneCare Vermont ACO
2. 2020 Budget Guidance and Reporting Requirements for OneCare
 - Public comment received
 - Potential Board vote on budget guidance

ACO Budget Review and Certification

- 18 V.S.A. § 9382 and the GMCB Rule 5.000 distinguish between two processes:
 - ACO Certification
 - Ongoing eligibility
 - ACO Budget Review
 - Yearly look at the ACO's financial and program planning

- The standards and requirements by which we review the ACO submissions are set forth in:
 - Vermont Statutes Title 18, Chapter 220 (primarily 18 V.S.A. § 9382 “Oversight of Accountable Care Organizations”);
 - GMCB Rule 5.000; and
 - The APM Agreement.

2020 Certification Eligibility Verification for OneCare Vermont

- Once certified, an ACO must annually submit a form to the GMCB (1) verifying that the ACO continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000; and (2) describing in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in the certification sections of Rule 5.000.
 - 5.201 – Legal Entity
 - 5.202 - Governing Body
 - 5.203 - Leadership and Management
 - 5.204 - Solvency and Financial Stability
 - 5.205 - Provider Network
 - 5.206 - Population Health Management and Care Coordination
 - 5.207 - Performance Evaluation and Improvement
 - 5.208 - Patient Protections and Support
 - 5.209 - Provider Payment
 - 5.210 - Health Information Technology

2020 Certification Eligibility Verification for OneCare Vermont

- This year, we more closely aligned the timing of the certification form with the budget guidance
- No changes to the certification criteria this year
- Form is posted on our website under [2020 ACO Budget and Certification](#) and issued to OneCare by July 1 with the budget guidance
- Form to be completed and submitted by OneCare on or before September 1

2020 Budget Guidance and Reporting Requirements for OneCare Vermont

Table of Contents

➤ **Part I: Reporting Requirements**

- Section 1: ACO Information and Background
- Section 2: ACO Provider Network
- Section 3: ACO Payer Programs
- Section 4: ACO Budget and Financial Plan
- Section 5: ACO Quality, Model of Care, and Community Integration Initiatives

➤ **Part II: Benchmark Guidance**

- Section 1: Medicare Benchmark Ceiling for 2020

➤ **Part III: Total Cost of Care**

- All-Payer Total Cost Of Care, Per Member Per Month, 5-year Compounding Growth Rate, 2012-2017

Public Comment on FY20 Budget Guidance

- One Comment from the Office of the Health Care Advocate
- HCA provided comments and suggestions to previous draft (incorporated into draft presented 6/5/2019)
- Two additional suggestions (incorporated into 6/26/19 draft):
 - Section 5, Question 3
 - Section 5, Question 9

Public Comment on FY20 Budget Guidance

- **Section 5, Question 3:** How have OneCare's population health investments supported transformation in care at the local level? This includes the Complex Care Coordination Program, RiseVT, the Regional Clinical Representatives, and other initiatives directly funded by the ACO. ***HCA's suggestion:*** Please note in your description of each initiative which population health program investment budget item(s) it pertains to under Appendix 5.4. If you are providing support other than financial, please describe.

Staff recommendation for HCA's suggestion:

For each program, list the population health investment(s) referenced in Appendix 5.4 that the community or OneCare is using to support the program.

Public Comment on FY20 Budget Guidance

- **Section 5, Question 9:** By payer and line of business, provide an analysis of your most recent annual ACO quality reports for measures. In addition, provide results and analysis for the measures included in each payer contract, including the quality scores, benchmark, and percentile for each payment and reporting measure for 2018 *HCA's suggestion: and for any previous years for which information on the measure was collected* and any results of patient or provider surveys. Describe how these results have informed the ACO's programs and model of care, including the ACO's annual quality improvement workplan.

Staff recommendation for HCA's suggestion:

Describe how these results and results from previous years have informed the ACO's programs and model of care, including the ACO's annual quality improvement workplan. In your discussion of results from previous years, identify and explain any statistical limitations.

Staff Recommendation

- Board vote to approve the guidance as presented June 5, 2019 with the recommended changes to Section 5, Questions 3 and 9 presented June 26, 2019.

Discussion & Vote

2019 Timeline for 2020 ACO Budget

Annual Reporting and Budget Guidance Approval

- ✓ June 5: Staff presentation to Board
- ✓ June 5-June 17: Public Comment on Guidance
- June 26: GMCB votes on 2020 Guidance (potential)

Annual Reporting and Budget Submission (Subject to Change)

- By July 1: GMCB provides ACO with budget reporting guidance and certification eligibility verification
- September 1: ACO submits certification eligibility verification
- October 1: ACO submits budget to GMCB
- November 6: ACO budget hearing
- December 4: GMCB staff presentation
- December 13: Public comment period closes
- December 18: GMCB vote to establish the ACO budget (potential)
- 45 days after vote: GMCB issues written order to ACO