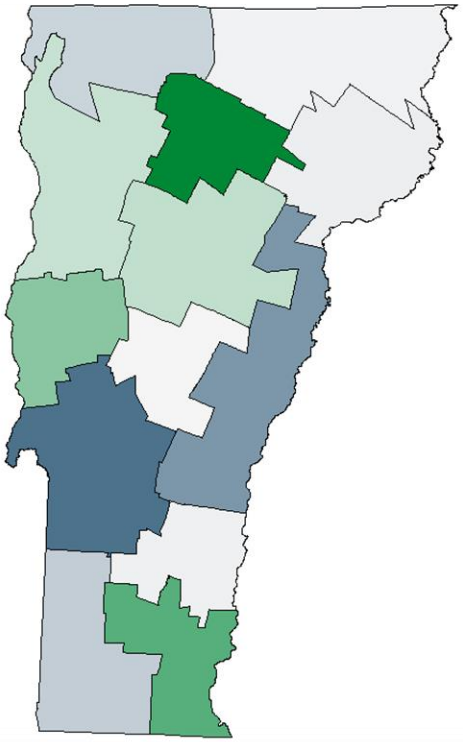

2019 ACO Budget Guidance and Vermont All-Payer ACO Model Agreement Updates

July 11, 2018

VERMONT
GREEN MOUNTAIN CARE BOARD

Agenda

1. Review 2019 ACO Guidance

- Review Public Comment
- Brief Updates to Guidance
    - Potential Vote

2. 2019 All-Payer Model Agreement

- 2019 Quality Measures
    - Potential Vote
- Operational Changes

3. 2019 New Certification Criteria Timeline

4. 2018 Budget Order Monitoring

- Risk Protection Coverage

2019 ACO Budget Guidance Public Comment

Received two written comments on 2019 ACO Budget Guidance

1. Vermont Legal Aid, Inc.
   - Patient Affordability in the ACO Model
   - Measurement of Patient Experience and Shared Decision Making

2. Vermont Federation of Nurses and Health Professionals
   - Population Health Program Investment metrics

2019 ACO Budget Guidance

Changes since June 27:

1. Revision to Section 5, Question 3:

   From:

   Describe how you are using surveys, qualitative input, or other methods to assess and improve patient experience and provider satisfaction with the state's transition to a value-based payment model.

   To:

   Describe strategies for expanding capacity in existing primary care practices, including but not limited to reducing administrative burden on such practices.

   - Matches language used in 2018 guidance

2. Primary care specification finalized

2019 ACO Budget Guidance

Discussion

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Potential Vote

2019 Medicare ACO Initiative Quality Measures

- Presented the consensus measure set at June 27, 2018 Board meeting
- HCA and OCV provided verbal public comment at June 27 meeting; no additional comments received.

Consensus Proposal for 2019 Vermont Medicare ACO Initiative

Proposed Measures for 2019 ACO-CMS Quality Framework	APM	BCBSVT	Medicaid
Tobacco use assessment and cessation intervention*	X		X
Screening for clinical depression and follow-up plan*	X	X	X
Diabetes: HbA1c poor control (part of APM composite)*	X	X	X
Hypertension: controlling high blood pressure (part of APM composite)*	X	X	X
All-cause unplanned admissions for patients with multiple chronic conditions (part of APM composite)*	X		X
30-day follow-up after discharge from ED for mental health	X	X	X
30-day follow-up after discharge from ED for alcohol or other drug dependence	X	X	X
Initiation of alcohol and other drug dependence treatment	X	X	X
Engagement in alcohol and other drug dependence treatment	X	X	X
Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience survey (survey varies by payer program)*	X	X	X
Influenza immunization*			
Colorectal cancer screening*			
Risk-standardized, all-condition readmission*			

* = Measure in 2018 Medicare Next Gen ACO Program

2019 Medicare ACO Initiative Quality Measures

Discussion

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Potential Vote

2019 Medicare ACO Initiative Operational Modifications

- **Governance**

  - **Status Quo:** Participation Agreement requires that at least 75 percent control of OneCare's governing body be held by Next Generation Participants or their designated representatives. CMS may, upon request, grant an exception to the 75 percent control requirement.
  - **Request:** Change language to require that the governing body be comprised of at least 75% of Next Generation Participants and Preferred Providers in its network (i.e., add "preferred providers" and strike "their designated representatives").
  - **Staff Recommendation:** Transmit to CMMI with note of support.

2019 Medicare ACO Initiative Operational Modifications

- **Beneficiary Notification**

  - **Status Quo:** Participation Agreement requires OneCare to notify aligned Medicare Beneficiaries that their provider is participating in a Medicare ACO. Specifics are established by CMS. CMS provides OneCare with a template letter that OneCare may not change.
  - **Request:** Allow OneCare to draft its own letter, which would be similar to the letter OneCare sent to Medicaid beneficiaries, and which had input from the Office of the Healthcare Advocate. CMS would need approve the letter.
  - **Staff Recommendation:** Transmit to CMMI with note of support.

2019 Medicare ACO Initiative Operational Modifications

- **CMS Compliance**

  - **Status Quo:** CMS annually conducts an Initial Readiness Review audit to make sure an ACO complies with specific provisions of the Medicare Participation Agreement (e.g., governance, financial guarantee, public reporting, compliance plan, etc.), some of which overlap with requirements in Rule 5.000.
  - **Request:** To the extent possible, where materials and documentation are required by CMS as part of an audit and readiness review which overlaps with already existing materials and documentation provided to the GMCB as part of its certification requirement, deem the CMS requirements met.
  - **Staff Recommendation:** Transmit to CMMI with note that this relates to CMS compliance more than it does program design and cautioning that there is not complete alignment of requirements.

2019 Medicare ACO Initiative Operational Modifications

- **Descriptive ACO Materials and Activities**

  - **Status Quo:** CMS requires OneCare to submit all ACO Descriptive Materials (where Medicare, and/or a particular ACO Model is referenced) to CMS for review and approval. CMS utilizes a subcontractor in order to complete these reviews.
  - **Request:** Allow OneCare to submit its descriptive materials directly to the CMMI State Innovation Team overseeing the Vermont Medicare ACO Initiative for expedited review and approval.
  - **Staff Recommendation:** Transmit to CMMI with note that this relates to internal CMS operations more than it does program design, but that GMCB supports idea of expedited review.

2019 Medicare ACO Initiative Operational Modifications

- **Public Comment**

- **Potential vote at next meeting**
  - Staff recommendations:
    - Approve staff plan of transmitting requests to CMMI with brief commentary
    - Delegate implementation to Chief of Health Policy

2019 (new) ACO Certification Criteria

The 2018 Vermont Legislation session included three new requirements that an accountable care organization must satisfy in order to obtain and maintain certification from the Green Mountain Care Board.

- **No. 200.** An act relating to systemic improvements of the mental health system. (S.203)
- **No. 204.** An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience. (S.261)
- **No. 167.** An act relating to the health care regulatory duties of the Green Mountain Care Board. (H.912)

New Certification Criteria Development Plan

Timeline	
Provide memo to Board on new criteria	Wed, July 18th
Open a 10-day public comment period	Wed, July 18th to Fri, July 27th
Present public comment at open meeting (potential vote)	Wed, August 1st
If needed, allow 1 more week for changes to the criteria based on Board's feedback	Wed, Aug 1st to Wed, Aug 8th
Vote on verification form (including new criteria) at open meeting	Wed, August 8th
Distribute form to OneCare (response due Oct 1)	Fri, August 10th

2018 Budget Order Monitoring

- F. OneCare must implement the delegated risk model it described in its budget proposal, except that it must:…..
    - 6. notify the Board promptly regarding its intent to purchase aggregate total cost of care reinsurance for 2018 and obtain the Board's approval prior to purchasing a policy.

- **OneCare Vermont to present proposal for risk protection coverage**

    - **Discussion and Potential Vote**

Discussion