VERMONT

Green Mountain Care Board
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MEMORANDUM

TO: Green Mountain Care Board Members

FROM: Michael Barber, Associate General Counsel; Melissa Miles, Health Policy Project Director; Marisa Melamed, Health Policy Advisor

DATE: July 18, 2018

SUBJECT: Plan for addressing new certification requirements to 18 V.S.A. § 9382 (oversight of accountable care organizations)

I. Background and Proposed Process

A Vermont certified accountable care organization (ACO) is required to annually submit a form to the Green Mountain Care Board (GMCB) verifying that the ACO continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000; and 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 that the ACO has not already reported to the GMCB. *Id.* at § 5.305(a). For complete information on 2019 eligibility verification, please see *2019 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC*.

In 2018, the Vermont Legislature added three new requirements that an ACO must satisfy in order to obtain and maintain certification from the Green Mountain Care Board. Board staff are proposing the following plan for implementing the new statutory requirements.

First, Board staff developed proposed criteria for the Board to consider when evaluating whether OneCare Vermont (OCV) meets the new requirements and will incorporate the criteria into the 2019 Certification Eligibility Form as questions for OCV to respond to (by October 1). This memorandum represents the staff proposed criteria.

Next, following the July 18th Board meeting, there will be a 10-day public comment period on the proposed criteria. Finally, after incorporating any changes based on feedback, the Board will vote on the certification verification form and new criteria in early August and distribute the form to OCV.

The intent of this review process is to help OCV and the public understand what the Board will be looking at in evaluating OCV's response. The new criteria will be incorporated into the ACO rule as

part of the rule amendment and the rulemaking process provides additional opportunity for public comment.

Timeline:

Present timeline to Board	Wed, July 11th
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

II. New Certification Items and Proposed Staff Criteria

The amended sections of 18 V.S.A. § 9382 are copied below. Following the language for each new requirement are the staff recommended requests to the ACO.

No. 200. An act relating to systemic improvements of the mental health system. (S.203)

18 V.S.A. § 9382(a)(2) (as amended by Act No. 200, § 15): *The ACO has established appropriate mechanisms and care models to provide, manage, and coordinate high quality health care services for its patients, including incorporating the Blueprint for Health, coordinating services for complex high need patients, and providing access to health care providers who are not participants in the ACO. 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.*

The following are criteria that staff suggest the Board consider when determining whether an ACO has satisfied the new requirements in 18 V.S.A. § 9382(a)(2). In its response to each of these questions, the ACO would be asked to identify any plans that it may have, as well as any current activities.

1. Describe how the ACO conceives of its role in ensuring equal access to appropriate mental health care, as defined by the statute, and contrast the ACO's role with the role of payers.
2. What incentives is the ACO using to include more mental health providers in its network?
3. How is the ACO coordinating across the continuum of care, including through the use of electronic software and data, to support attributed lives with mental health conditions?
4. How is the ACO using data to identify and better manage health care or other services for aligned beneficiaries with mental health conditions?

5. How is the ACO providing incentives, including to Designated Agencies, to support better management of care and other services for individuals with mental health conditions?
6. How is mental health included in the ACO's quality measurement, clinical priorities, or both?
7. Does the ACO have any ongoing or planned initiatives, trainings, or other efforts that are specifically directed to or focused on mental health? If yes, please describe.

No. 204. An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience. (S.261)

18 V.S.A. § 9382(a)(17) (as amended by Act No. 204, § 7): *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.*

Below are criteria that staff suggest the Board consider when determining whether an ACO has satisfied the new requirements in 18 V.S.A. § 9382(a)(17). In its response to each of these questions, the ACO would be asked to identify any plans that it may have, as well as any current activities.

1. How is the ACO working with other state stakeholders tasked in Act No. 204, including the Agency of Human Services, the Blueprint for Health, and Vermont Care Partners, in the development of a plan to address childhood adversity?
2. How does the ACO provide or foster connections between its providers and existing community services providers who are addressing the impacts of childhood adversity?
3. How is the ACO collaborating on the development of quality outcome measurements for use by primary care providers who work with children and families?
4. What incentives is the ACO providing or planning to provide to community services providers to specifically address the impact of childhood adversity?

No. 167. An act relating to the health care regulatory duties of the Green Mountain Care Board. (H.912)

18 V.S.A. § 9382(a)(3) (as amended by Act No. 167, § 13a): *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.*

Below are criteria that staff suggest the Board consider when determining whether an ACO has satisfied the new requirements in 18 V.S.A. § 9382(a)(3). In its response to each of these questions, the ACO would be asked to identify any plans that it may have, as well as any current activities.

1. To the extent the ACO has established its own reimbursement rates to providers, describe any differentials in the ACO's payment methodologies or amounts among comparable participating providers across all practice settings (e.g. independent and hospital-affiliated practices). In your response please briefly describe the authority and ability of the ACO to establish provider reimbursement rates and what is outside of the ACO's authority and ability to control.
2. If applicable, explain how the ACO has taken steps to minimize payment differentials between comparable providers across all practice settings.
3. If applicable, explain how the payment methodologies and reducing or eliminating payment differential are not inconsistent with the ACO's overall payment reform objectives.

III. Potential Documentation

Staff propose that the ACO be required to respond to the above questions. If necessary, relevant documentation could then be requested of the ACO. Examples of relevant documentation could include:

- Care Coordination Policy
- Quality Improvement Plan
- Budget Submission (e.g., network composition and financial incentives)
- Provider Participation Agreement
- Financial policies