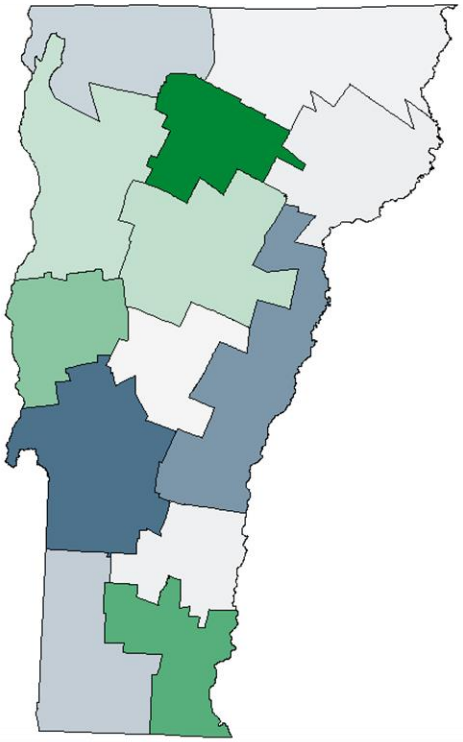

Green Mountain Care Board Accountable Care Organization Regulation and All-Payer Model Implementation: Staff Work Update

May 2, 2018

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Accountable Care Organization Regulation and All-Payer Model Implementation: Staff Work Update

Accountable Care Organization Regulation

- Budget Order Monitoring Update
- Budget Guidance Timeline*
  - Defining Primary Care Spend
- Rule 5.000 Update*

Vermont All-Payer Accountable Care Organization Model Agreement

- Reporting Overview
  - Reporting schedule
  - Data Availability
- 2019 Vermont Medicare ACO Initiative*

ACO Regulation: Budget Order Monitoring

First Quarter

- Scale Target and Contract Alignment Report
- Hospital Risk Contract Addendums
- Letters of Credit from DH and UVMMC
- All-Payer Grievance and Appeals Policy
- Final Attribution by County

OneCare Vermont Budget Highlights

Payer Contract	Attribution	Total Payer Dollars	Actual PMPM
Medicare Next Generation	39,702	$408,047,628	$856.48
Medicaid Next Generation	42,342	$123,931,647	$243.91
Commercial Next Generation (BCBSVT)	20,838	$106,568,866*	$426.18
Self-Funded (UVMMC)	9,962	TBD	N/A
Total	**112,844**	$638,548,140	

**Still being finalized*

Updated Timeline for Quarterly Operating Results	
Quarter 1	Week of 5/21/2018
Quarter 2	Week of 8/20/2018
Quarter 3	Week of 11/19/2018
Quarter 4	Week of 2/19/2019

What's coming up next?

By June 30th

- Medication Assisted Treatment Provider Update
- Payment Differential Report
- $1.1 million in reserves
- OneCare Vermont data presentation

ACO Regulation: Budget Guidance Timeline

2018	
May	- Internal development of ACO budget guidance
Mid-June	- GMCB staff present budget guidance to Board - Public comment
Mid-July	- Board vote on the budget guidance
By August 1	- GMCB issues budget guidance to ACO
October	- ACO submit budget to GMCB - Preliminary GMCB staff presentation on ACO budget submission
November	- ACO budget presentation to Board - GMCB staff presents analysis of budget to Board - Public comment
December	- Public comment (cont.) - GMCB votes to establish budget - GMCB written budget order to ACO

Defining Primary Care Spend: Overview

The GMCB will be exploring three definitions of Primary Care Spend:

1. PC Spend as it relates to the ACO and their investments throughout the duration of the All-Payer Model
   - To be included in the 2019 ACO budget guidance
   - Note: This will include a claims and non-claims spend metric

2. PC Spend in Vermont
   - Note: This will include a claims and non-claims spend metric

3. PC Spend state comparison
   - As part of the NESCSO group, VT will be comparing across other New England states (CT, RI, MA)

Defining Primary Care Spend: ACO Primary Care Spend Measure

GMCB staff are proposing the calculation for ACO Primary Care Spend be presented in the following 5 ways:

1. Percent of budget for all ACO-attributed lives
2. Percent of claims spend for Medicare-attributed lives
3. Percent of claims spend for Medicaid-attributed lives
4. Percent of claims spend for commercially insured-attributed lives
5. Percent of claims spend for self-funded-attributed lives

Defining Primary Care Spend: Next Steps

- GMCB staff will work to develop specifications for the following:
  - Non-Claims Spend for ACO
  - Claims and Non-Claims specifications for Vermont
    - This definition has the potential to be more broad, thus allowing room for additional providers and services

- GMCB staff recommendation for ACO Primary Care Spend will be included in the draft Budget Guidance to the Board

- GMCB staff will continue to seek input from the Primary Care Advisory Group (PCAG) as we move forward with development of additional primary care spend measure(s)

ACO Regulation: Rule 5.00 Update

Minor amendments need to be made to the rule based on experience to date executing the certification and budget review processes. For example, changes need to be made to the budget review timeline.

Process:

- Staff will develop recommendations.
- Staff will seek input from the HCA, OneCare, BCBSVT, MVP, and DVHA.
- Staff will present recommendations to the Board at open meeting(s) with an opportunity for public comment.
- Staff will begin the statutory rulemaking process following formal approval by the Board. The rulemaking process will include an opportunity for additional public comment.

Vermont All-Payer ACO Model
Total Cost of Care Report Schedule

YEAR 1				YEAR 2			
Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Q1 2018 claims incurred	Q1 2018 claims paid	Q1 2018 received in VHCURES	**Q1 2018 Report to CMMI**				
	Q2 2018 claims incurred	Q2 2018 claims paid	Q2 2018 received in VHCURES	**Q1-Q2 2018 Report to CMMI**			
		Q3 2018 claims incurred	Q3 2018 claims paid	Q3 2018 received in VHCURES	**Q1-Q3 2018 Report to CMMI**		
			Q4 2018 claims incurred	Q4 2018 claims paid	Q4 2018 received in VHCURES	**2018 Annual Report to CMMI**	
				Q1 2019 claims incurred	Q1 2019 claims paid	Q1 2019 received in VHCURES	**Q1 2019 Report to CMMI**

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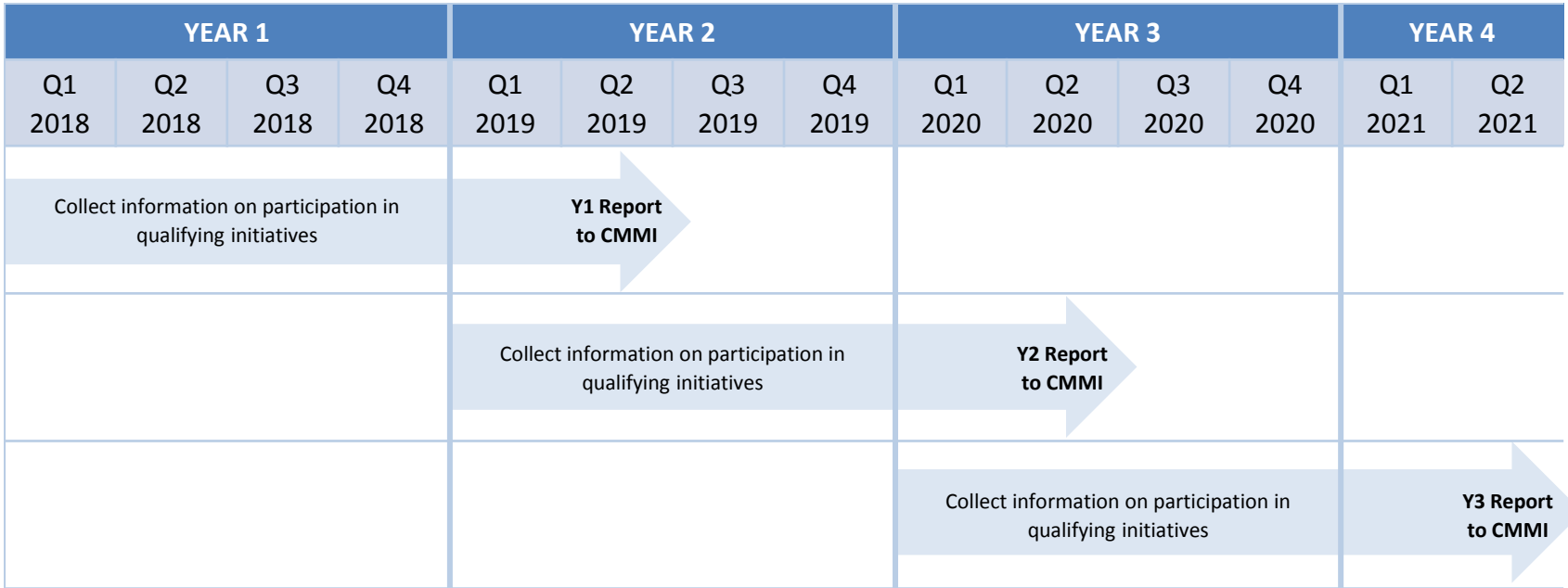
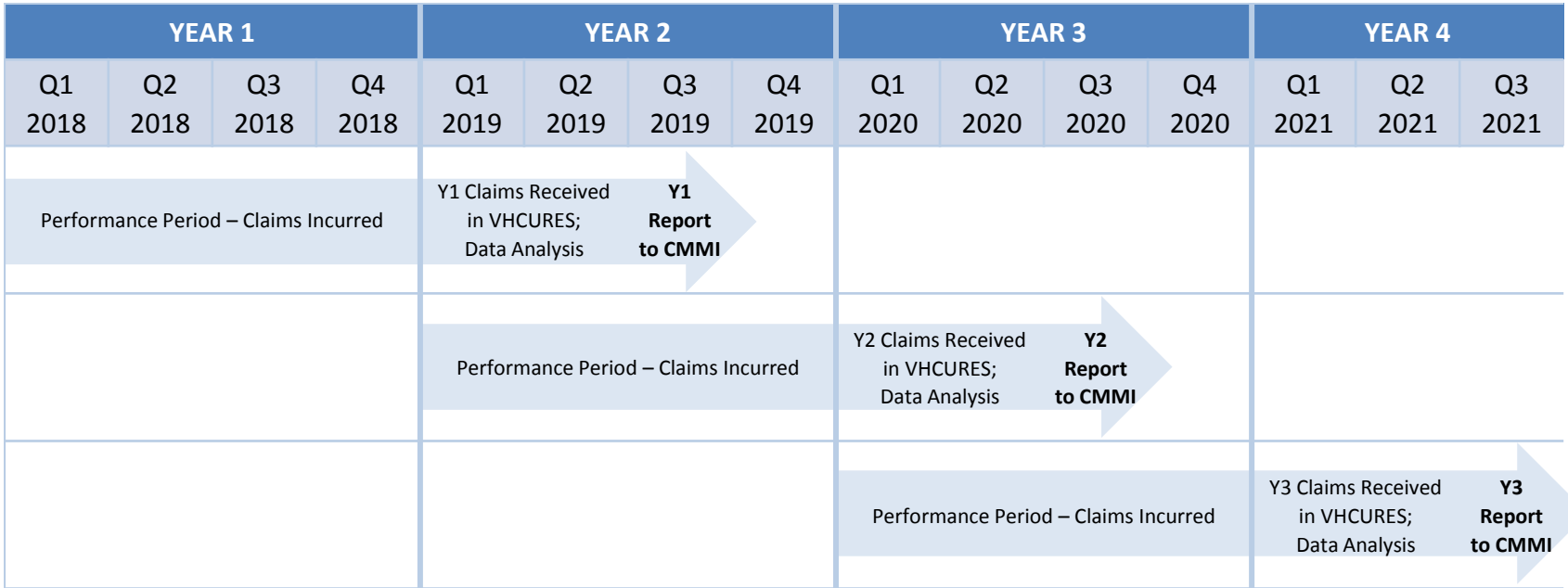
Vermont All-Payer ACO Model
ACO Scale Target and Alignment Report Schedule



Vermont All-Payer ACO Model
Health Outcomes and Quality of Care Report Schedule



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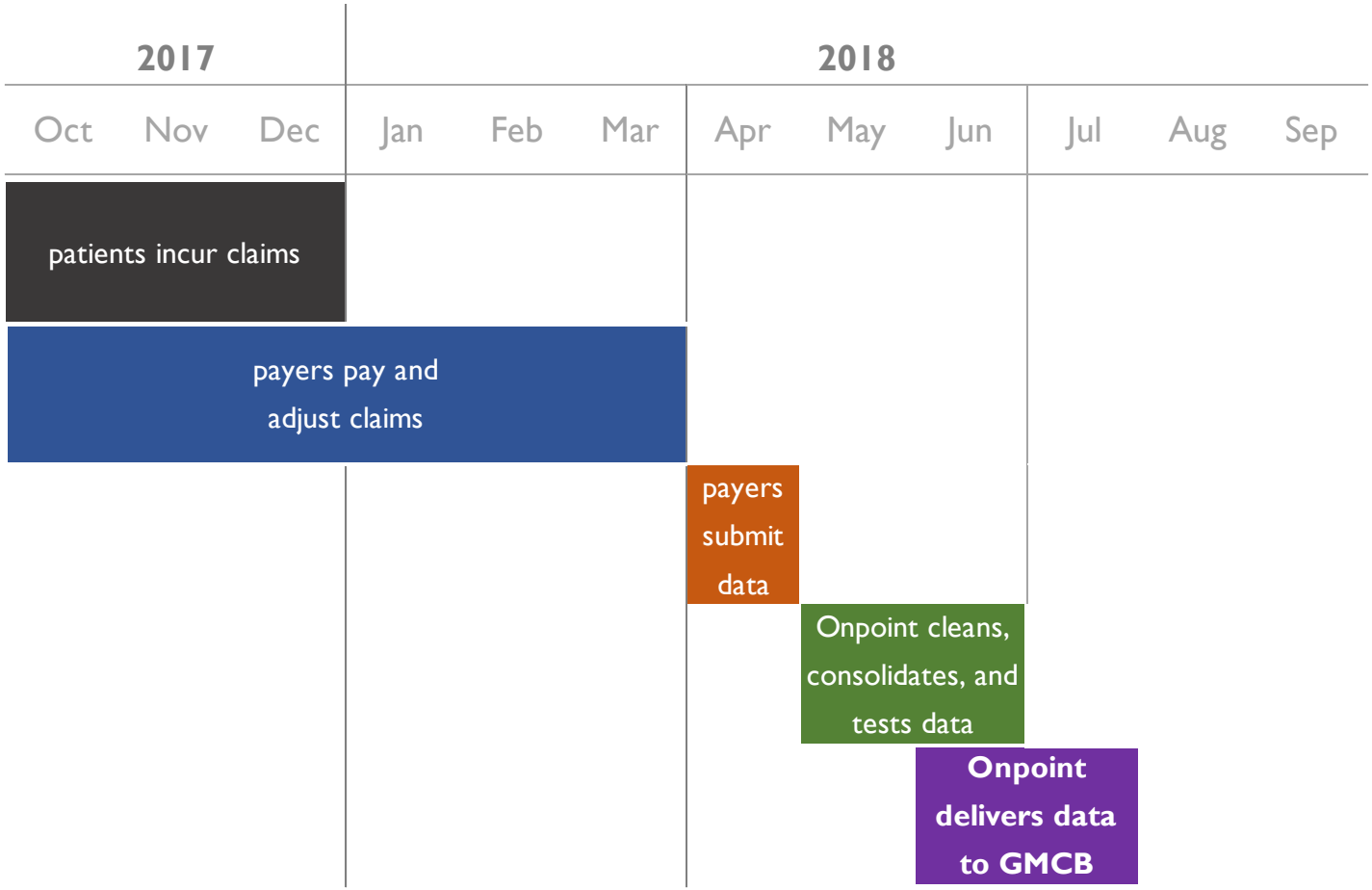
Vermont All-Payer ACO Model Agreement Implementation: Reporting Timelines

- Total Cost of Care (Quarterly and Annual)
- ACO Scale Target and Alignment (Annual)
- Health Outcomes and Quality of Care (Annual)

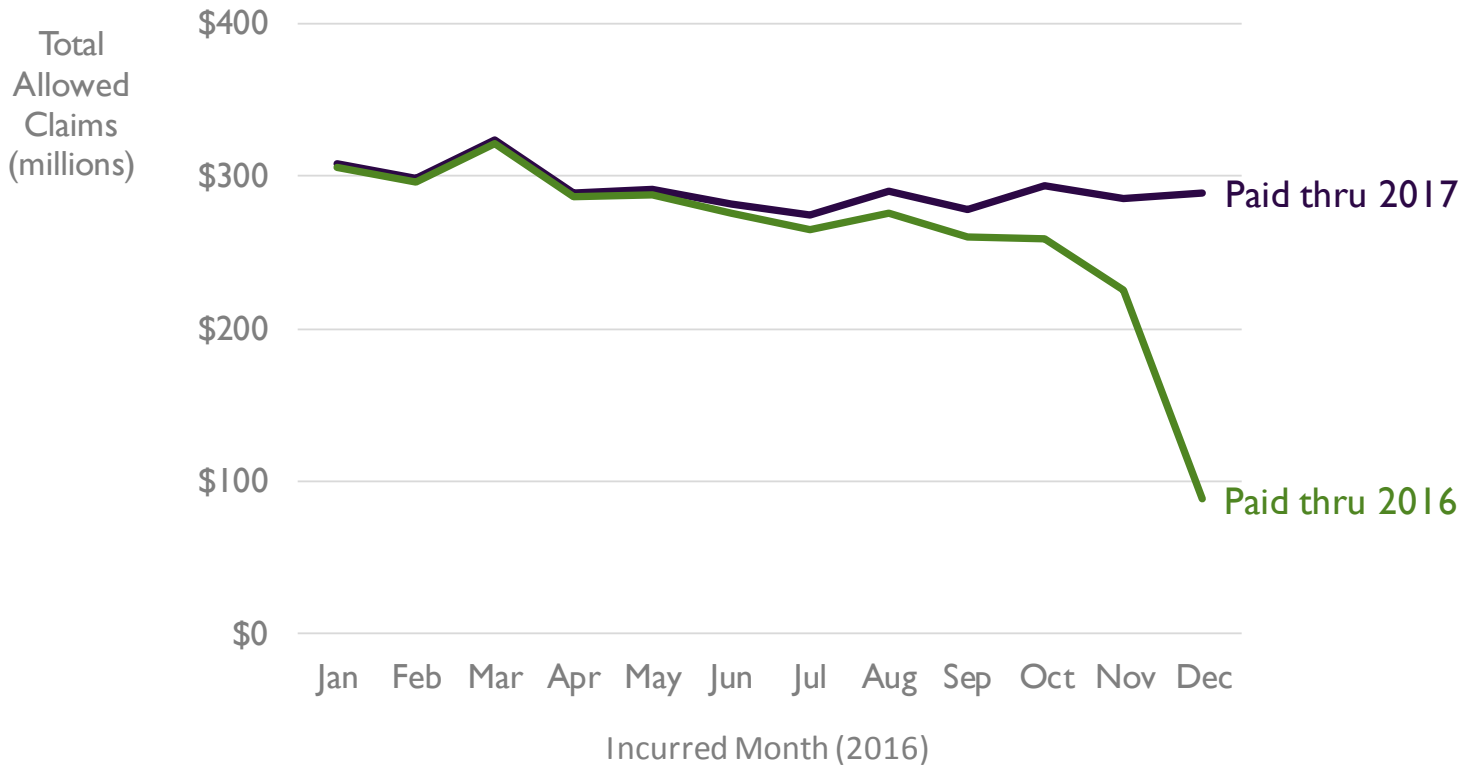
One-time reports:

- Payer Differential Assessment (December 2019)
- Public Health System Accountability Framework (June 2020 – AHS lead)
- Report on Options to Reduce Payer Differential (December 2020)
- Plan to Integrate Medicaid Behavioral Health and HCBS Services within All-Payer Financial Target Services (December 2020 – AHS lead)

Vermont All-Payer ACO Model Agreement Implementation: VHCURES Data Availability



Vermont All-Payer ACO Model Agreement Implementation: Claims Run-Out



Source: VHCURES
Allowed amounts are for primary payments from commercial, Medicaid, Medicare

2019 Vermont Medicare ACO Initiative

Potential Customizations for Vermont Medicare ACO Initiative (2019):

- Quality and Performance Measures
- Public Facing Materials
- ACO Governance Structure

Potential Customizations for Vermont Medicare ACO Initiative (2020)

- Attribution Methodology