

ACO Oversight Rule

Rule 5.000

Act 113

- Requires GMCB to adopt by rule
 - such standards as the Board deems necessary and appropriate to the operation and evaluation of accountable care organizations . . . including reporting requirements, patient protections, and solvency and ability to assume financial risk.
 - standards and processes for certifying accountable care organizations.
 - standards and processes for reviewing, modifying, and approving the budgets of ACOs.
- Rules must be adopted on or before January 1, 2018.

Rulemaking Process

- Pre-file proposed rule with Interagency Committee on Administrative Rules (ICAR).
 - ICAR reviews proposed rules for style and consistency with the law and legislative intent.
 - ICAR holds hearing to help agency develop a strategy for maximizing public input.
- File proposed rule with Secretary of State.
- Notice and public comment period.
 - Notice of proposed rule is published.
 - Public comment on proposed rule, which will likely involve public hearings.

Rulemaking Process

- File final proposed rule with Secretary of State and Legislative Committee on Administrative Rules (LCAR).
 - LCAR consists of 8 members of the General Assembly.
- Adoption and filing of final rule.
- Effective date.
 - No sooner than 15 days after filing of final rule.

Progress

- Rule is still in drafting process. Intent is to pre-file with ICAR at the beginning of April, or as soon thereafter as possible. Should allow enough time to complete the process prior to January 1, 2018.
- Stakeholder group has been convened to provide input in drafting process.
- Draft of rule was provided to group last week. Draft contained all parts of the rule except budget review part.
- Will be receiving comments from stakeholders over the next month or so. Also hope to continue receiving comments and feedback from staff and contractors.

High-Level Goals

- Rule needs to satisfy requirements of Act 113 regarding ACO certification and budget review.
- Rule needs to allow GMCB to oversee implementation of the all-payer ACO model in a way that is consistent with the requirements of Act 113 and the State's agreement with CMS.
- Rule needs to be flexible. We will be learning a lot as we go forward with implementation and the rule needs to allow for this as much as possible.
- Rule needs to be consistent with payer-specific requirements as much as possible (e.g., the requirements of the Medicare NextGen Agreement or the Medicaid NextGen Agreement, which reflects many of the Medicaid MCO rules that DVHA is subject to).