Act 113 of 2016 compared with current Vermont Commercial ACO Pilot Standards Approved by GMCB and Draft ACO Standards for All Payer Model

The following table compares the text of the official **Act 113** with the existing **Vermont Commercial ACO Pilot Standards** last approved by the GMCB on November 17, 2015 and with the **Draft All Payer Model ACO Standards** discussed June 9, 2016

Act 113	**Alignment with existing Commercial ACO Pilot Standards**	**Description**	**Alignment with ACO Draft Standards**	**Description**
Sec. 3. 18 V.S.A. § 9373: Definitions **Definition of ACO:** "Accountable care organization" and "ACO" means an organization of health care providers that has a formal legal structure, is identified by a federal Taxpayer Identification Number, and agrees to be accountable for the quality, cost, and overall care of the patients assigned to it.	No	Definition of ACO is not provided for in ACO Pilot Standards document.	Partial	Partially addressed in: A.2: *Governance and Corporate Structure; ACO Mission* *Consider adding definition from Act 113 to *Defined Terms* section.

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Sec. 4. 18 V.S.A. § 9375(b): The Board shall have the following duties: (1) Oversee the development and implementation, and evaluate the effectiveness, of health care payment and delivery system reforms designed to control the rate of growth in health care costs; promote seamless care, administration, and service delivery; and maintain health care quality in Vermont, including ensuring that the payment reform pilot projects set forth in this chapter are consistent with such reforms.	Partial	Partially addressed by the totality of the standards. ***Current Pilot Standards are not required by rule.**	Partial	Standards do not address solvency and ability to assume financial risk.

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(13) Adopt by rule pursuant to 3 V.S.A. chapter 25 such standards as the Board deems necessary and appropriate to the operation and evaluation of accountable care organizations pursuant to this chapter, including reporting requirements, patient protections, and solvency and ability to assume financial risk.				
§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS (a) In order to be eligible to receive payments from Medicaid or commercial insurance through any payment reform program or initiative, including an all-payer model, each accountable care shall	No	No requirement for certification in Current standards	Yes	Fully addressed by: J.1: *Certification and Compliance Review* *GMCB is required to engage in rulemaking.

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obtain and maintain certification from the Green Mountain Care Board. The Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for certifying accountable care organizations. In order to certify an ACO to operate in this State, the Board shall ensure that the following criteria are met…				
(1) the ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a consumer advisory board and other processes for inviting and considering consumer input;	Yes	Fully addressed by **IV. ACO Governance**	Yes	Fully addressed by: A 4-6 *Governance and Corporate Structure*

Act 113	Alignment with existing Commercial ACO Pilot Standards	Description	Alignment with ACO Draft Standards	Description
(2) 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;	Partial	Partially addressed by: **VII. Care Management Standards:** *B: Guidelines, Decision Aids, and Self-Management* #4-#6 and *C: Population Health Management* #7-#9	Yes	Fully addressed by: D.3: *Population Health Management* ("Integration with Vermont Blueprint for Health") D.2.d.i*: Population Health Management* ("Coordinating services for complex high-need patients") E.1.b: *Provider Network* ("b. The ACO shall arrange for the provision of the following health care services by Participants and non-Participants for Enrollees (at a minimum): primary care, specialty care, urgent and emergency care, inpatient and outpatient hospital care and defined community and home-based services. c. The ACO shall establish formal collaborative relationships with providers not participating in its shared savings and/or shared risk payer arrangements, e.g., home-and community-based service providers and oral health providers.

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				d. The ACO Participant selection criteria shall not be established in a manner that could exclude providers because they treat or specialize in treating At-risk Enrollees or provide a higher-than-average level of uncompensated care."
(3) the ACO has established appropriate mechanisms to receive and distribute payments to its participating health care providers;	No	Not addressed	Yes	Fully addressed by F.1: *Provider Payment* ("…ACO or its agent shall maintain the required functionality for, and demonstrated proficiency in, administering service payments on behalf of Enrollees."
(4) the ACO has established appropriate mechanisms and criteria for accepting health care providers to participate in the ACO that prevent unreasonable discrimination and are related to the needs of the ACO and the patient population served;	No	Not addressed	Yes	Fully addressed by E.1.d: *Provider Network* ("ACO Participant selection criteria shall not be established in a manner that could exclude providers because they treat or specialize in treating At-risk Enrollees or provide a higher-than-average level of uncompensated care.") and B.1.c. ("The ACO and its Participants shall not take any action to avoid treating At-risk Enrollees…")

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(5) the ACO has established mechanisms and care models to promote evidence-based health care, patient engagement, coordination of care, use of electronic health records, and other enabling technologies to promote integrated, efficient, seamless, and effective health care services across the continuum of care, where feasible;	Yes	Fully addressed by: **VII. Care Management Standards A-D:** *Care Management Oversight, Guidelines, Decision Aids, and Self-Management, Population Health Management, Data Collection, Integration, and Use*	Yes	Fully addressed by: C.2.a: *Performance Improvement* ("The ACO shall promote evidence-based medicine, including through the establishment, implementation, periodic assessment and updating of evidence-based guidelines at the organizational or institutional level.") C.2.b: *Performance Improvement* ("The ACO shall ensure Enrollee/caregiver engagement…") D.1: *Care Coordination* ("The ACO shall coordinate Enrollees' care and care transitions") D.2.c.i: *Population Health Management* ("The ACO supports its participating providers in the consistent adoption of evidence-based guidelines…") G.1: *Health Information* ("supports its Participants in using an electronic system that…")

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(6) the ACO's participating providers have-the capacity for meaningful participation in health information exchanges;	Partial	**A.** Could be addressed by **Data Collection, Integration and Use** (partially based on NCQA ACO Standard CM1, Elements A, B, C, E, F and G)	Yes	Fully addressed by Section G.
(7) the ACO has performance standards and measures to evaluate the quality and utilization of care delivered by its participating health care providers;	Yes	Fully addressed by **VI: Calculation of ACO Financial Performance and Distribution of Shared Risk Payments:** Step 4: Assess ACO's performance on specific quality measures. Addressed by **X: Process for Review and Modification of Measures Used in Commercial and Medicaid ACO Pilot Program**		Fully addressed by: C.1 *Performance Improvement* ("The ACO shall maintain access, quality (including Enrollee and caregiver, or family experience), utilization and cost performance standards and associated measures to evaluate the care delivered by Participants and will, to the extent possible, align those standards and measures with requirements defined by state and national entities."
(8) the ACO does not place any restrictions on the information its participating health care providers may provide to patients about	No	Not addressed	No	Criteria needs further definition in order to address in Draft Standards.

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their health or decisions regarding their health;				
(9) the ACO's participating health care providers engage their patients in shared decision making to inform them of their treatment options and the related risks and benefits of each;	Partial	Partially addressed by **VII: Care Management Standards:** *C: Population Health Management* *Person-centered care planning is related to shared decision making, but not a full equivalent.	Yes	Fully addressed by C.3.d. *Performance Improvement* and D.4.a-b: *Population Health Management*
(10) the ACO offers assistance to health care consumers, including: A) maintaining a consumer telephone line for complaints and grievances from attributed patients; B) responding and making best efforts to resolve complaints and	No	Not addressed	Yes	Fully addressed by B.2: *Patient Protection* ("ACO shall maintain a consumer telephone line for complaints from attributed patients; ACO shall respond to, and makes best efforts to resolve complaints from enrollees, including providing assistance…") I.2 *Reporting* ("ACO shall share de-identified…"; ACO shall maintain an accessible mechanism…that explains how the ACO operates.")

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grievances from attributed patients, including providing assistance in identifying appropriate rights under a patient's health plan; **C)** providing an accessible mechanism for explaining how ACOs work; D) providing contact information for the Office of the Health Care Advocate; and E) sharing deidentified complaint and grievance information with the Office of the Health Care Advocate at least twice annually;				

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(11) the ACO collaborates with providers not included in its financial model, including home- and community-based providers and dental health providers;	Partial	Mostly addressed by **VII. Care Management Standards:** C. *Population Health Management #7- #9* *Dental care providers are not addressed in the current ACO Pilot Standards.	Yes	D.2.d.iii.1-3: *Population Health Management* (multiple references to home and community-based services providers) E.2 *Provider Network* ("The organization arranges for the provision of the following health care services by ACO Participants and non-Participants for Enrollees: community and home-based services;" and "ACO shall establish formal collaborative relationships with…community-based service providers and oral health providers)
(12) the ACO does not interfere with patients' choice of their own health care providers under their health plan, regardless of whether a provider is participating in the ACO; does not reduce covered services; and does not	Yes	Addressed by **III: Patient Freedom of Choice** 1. ACO patients will have freedom of choice with regard to their providers consistent with their health plan benefit. *Current standards do not explicitly state that the ACO does not reduce covered	Yes	Fully addressed by B.1.a: *Patient Protection* ("ACO patients will have freedom of choice with regard to their providers consistent with their health plan benefit.") B.1.b: *Patient Protection* ("Medically Necessary Covered Services available…in accordance with

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increase patient cost sharing;		services and does not increase patient cost sharing however, the ACO has no means for doing either of these things as it is not the insurer and does not govern member benefits.		applicable laws, regulations and guidance") B.1.d ("ACO shall not modify cost-sharing arrangements between Enrollees and their Health Plan.")
(13) meetings of the ACO's governing body include a public session at which all business that is not confidential or proprietary is conducted and members of the public are provided an opportunity to comment;	Yes	Fully addressed by **IV: ACO Governance:** ("The governing body shall have a transparent governing process, which includes the following… devoting an allotted time at the beginning of each in-person governing body meeting to hear public comments and provide a public report on ACO activities ")	Yes	Fully addressed by A.5: *Governance and Corporate Structure* ("The governing body shall have a transparent governing process, which includes the following… devoting an allotted time at the beginning of each in-person governing body meeting to hear public comments and provide a public report on ACO activities ")
(14) the impact of the ACO's establishment and operation does not diminish access to any health care or community-based service or increase delays in access to care for the population and area it serves;	Partial	Partially addressed by ACO Quality and Performance Measures: Monitoring	Partial	Partially addressed by B.1 Patient Protection ("ACO shall require its Participants to make Medically Necessary Covered Services available to Enrollees in accordance with applicable laws, regulations and guidance and shall take no action that would deter access to such services")

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(15) the ACO has in place appropriate mechanisms to conduct ongoing assessments of its legal and financial vulnerabilities;	No	Not addressed	Partial	Partially addressed by Section G. 2g. Financial solvency can be a separate component of ACO Oversight, outside of Standards.
(16) the ACO has in place a financial guarantee sufficient to cover its potential losses.	No	Not addressed	No	Financial solvency can be a separate component of ACO Oversight, outside of Standards.
(b)(1) The Green Mountain Care Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for reviewing, modifying, and approving the budgets of ACOs with 10,000 or more attributed lives in Vermont. To the extent permitted under federal law, the Board shall ensure the rules anticipate and accommodate a range of ACO models and sizes,	No	Not addressed	Partial	Partially addressed by H: *Budget Approval* 1. The ACO's annual budgets for operations and for medical expense shall be submitted annually for review and approval by the GMCB. 2. In order to support the GMCB budget review, the ACO shall submit GMCB-defined information that may include, but shall not be limited to: • information regarding the historical and projected utilization of the health care

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balancing oversight with support for innovation. In its review, the Board shall review and consider…(b)(1)(A-O): (F) the ACO's efforts to prevent duplication of high-quality services being provided efficiently and effectively by existing community-based providers in the same geographic area, as well as its integration of efforts with the Blueprint for Health and its regional care collaboratives; (H) the extent to which the ACO provides incentives for systemic integration of community-based providers in its care model or investments to expand				services delivered by Participants; • expenditure analysis for the previous year and the proposed expenditure analysis for the year under review; • administrative costs, and • changes in provider rates, and D5: *Population Health Management* (Blueprint integration).

Act 113	Alignment with existing Commercial ACO Pilot Standards	Description	Alignment with ACO Draft Standards	Description
capacity in existing community-based providers, in order to promote seamless coordination of care across the care continuum; (J) the extent to which the ACO provides incentives for preventing and addressing the impacts of adverse childhood experiences (ACEs) and other traumas, such as developing quality outcome measures for use by primary care providers working with children and families, developing partnerships between nurses and families, providing opportunities for home visits, and including parent-child centers and designated agencies as				

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participating providers in the ACO; Note: The process for reviewing, modifying, and approving budgets of ACOs with fewer than 10,000 lives allows the Board to consider as many as the above functions as it deems appropriate to a specific ACO's size and scope.				
(3)(A) The Office of the Health Care Advocate shall have the right to receive copies of all materials related to any ACO budget review and may: (i) ask questions of employees of the Green Mountain Care Board related to the Board's ACO budget review;	No	Not addressed	No	The draft standards do not reference the Office of the Health Care Advocate in the budget review and approval process.

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(ii) submit written questions to the Board that the Board will ask of the ACO in advance of any hearing held in conjunction with the Board's ACO review; (iii) submit written comments for the Board's consideration; and (iv) ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review. (B) The Office of the Health Care Advocate shall not disclose further any confidential or proprietary information provided to the Office pursuant to this subdivision (3).				