

FY 2022 ACO Oversight Guidance

***Budget Guidance and Certification Eligibility Verification
FY22 Kick-off and FY21 Debrief***

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Agenda

1. Introduction for today's discussion
2. Core Competencies of High-Performing ACOs
(Michael Bailit)
3. FY21 Debrief and FY22 Kick-off

Core Competencies of High-Performing Accountable Care Organizations (ACOs)

Green Mountain Care Board
May 12, 2021

FY22 ACO Oversight: Overview

Process

- Stakeholder review
- Internal collaboration
- Public & Board input

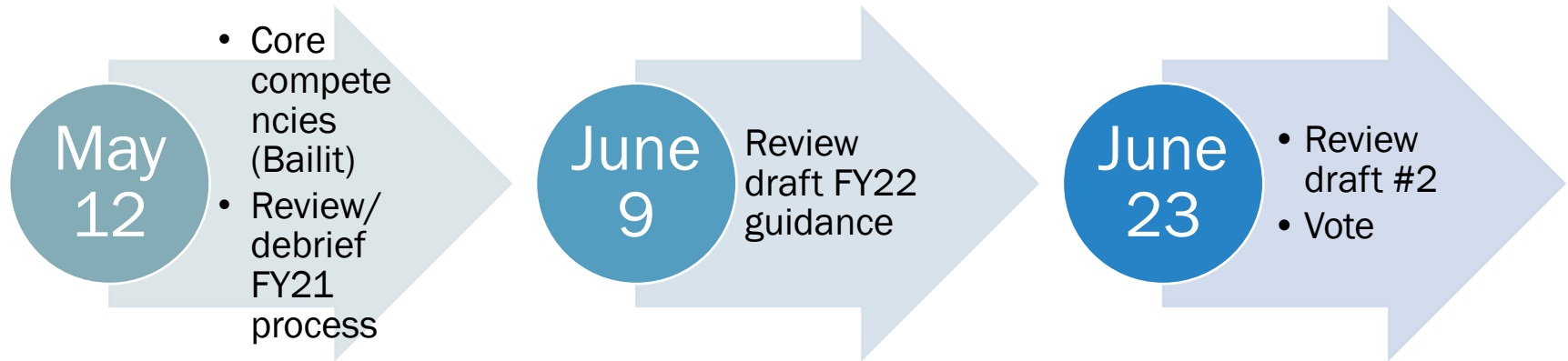
Priorities

- ACO financial and quality performance
- Data driven analysis and decisions
- Regulatory alignment
- Standard reporting and templates (metrics and definitions)

Outcomes

- ACO Reporting Manual
- FY22 final guidance

FY22 ACO Oversight Guidance: Board Meetings



Statutory Authority



18 V.S.A. § 9382 and the GMCB Rule 5.000 distinguish between two processes within ACO Oversight:

1. ACO Certification: First time certification and ongoing eligibility
2. ACO Budget: Annual review of an ACO's finances/programs

The standards and requirements by which we review the ACO submissions are set forth in:

1. 18 V.S.A., Chapter 220 (primarily 18 V.S.A. § 9382 “Oversight of Accountable Care Organizations”);
2. GMCB Rule 5.000; and,
3. All-Payer ACO Model Agreement.

FY22 ACO Oversight: FY21 Debrief Summary



OneCare

- Regulatory and contractual alignment
- Business process alignment
- Template alignment
- Improved narrative, provide the “why”
- Transparency
- Evolving business model and strategic planning; discussion of strengths, weaknesses, opportunities, threats

Health Care Advocate

- Collaborative and transparent question and response period
- Interpreting data trends and Covid-19 disruption
- Public comment and consumer experience

GMCB

- Regulatory alignment
- Standard reports, metrics, definitions
- Data driven
- Collaborative
- Transparency
- Expert consultation

FY22 ACO Oversight: Discussion

Priorities

- ACO financial and quality performance
 - Data driven analysis and decisions
 - Regulatory alignment
- Standard reporting and templates (metrics and definitions)

FY21 Goals

- Streamline information requests across regulated entities (ACO and hospitals)
- Break out information requests across processes categorically to ensure Rule 5.000 regulatory requirements
- Emphasis on data over narrative where appropriate
- Reconsider timing of information requests e.g., budget cycle vs. ongoing monitoring
- Simplify questions and reduce redundancies
- Clarify reference to the ACO vs. the APM Agreement
- Covid-19 changes vs. other factors
- Understand implications of ACO participation for hospitals

FY22 Goals / Questions / Discussion

- **Progress made on all FY21 goals**
- **Reduce administrative burden on regulated entities, where appropriate, especially in the wake of COVID-19 - How does this apply to ACO in 2022? Question for Board members and public to weigh in.**
- **Do we want to incorporate core competencies into guidance and review? How?**
- **Hospital sustainability**
- **2022 is the last year of the current agreement**

FY 2021 Certification Eligibility Verification



Once certified, an ACO must annually submit a form to the GMCB (1) verifying that the ACO continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000; and (2) 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.

- 5.201 - Legal Entity
- 5.202 - Governing Body
- 5.203 - Leadership and Management
- 5.204 - Solvency and Financial Stability
- 5.205 - Provider Network
- 5.206 - Population Health Management and Care Coordination
- 5.207 - Performance Evaluation and Improvement
- 5.208 - Patient Protections and Support
- 5.209 - Provider Payment
- 5.210 - Health Information Technology

FY 2021 ACO Budget Guidance: Table of Contents



Introduction

Part I: Reporting Requirements

- Section 1: ACO Information and Background
- Section 2: ACO Provider Network
- Section 3: ACO Payer Programs
- Section 4: Total Cost of Care
- Section 5: Risk Management
- Section 6: ACO Budget
- Section 7: ACO Quality, Population Health, Model of Care, and Community Integration Initiatives
- Section 8: Other Vermont All-Payer ACO Model Questions

Part II: ACO Budget Targets

Part III: Monitoring

Public Comment