

## FY23 OneCare Vermont Certification Eligibility Verification Submission Follow-up

- 1) 5.202(f)5; 5.202(g) – There are several requirements for materials to be posted publicly on the ACO’s website. The search function on the site does not also allow for users to be able to identify where these materials are contained (e.g. committee reports that are embedded within Board of Managers meeting packets). Is there a way to improve transparency?
- 2) 5.202(g) – “The membership of an ACO’s consumer advisory board must be drawn from the communities served by the ACO, including Enrollees of each participating payer and Enrollee’s family members and caregivers”. Please provide a total count of enrollees, a count of enrollees that are representative of each participating payer, and a count of enrollees who are family members or caregivers. How does the ACO recruitment process ensure that the PFAC is comprised of enrollees who are representative of the communities served by the ACO?
- 3) 5.203(a) – What portion of executive compensation is tied to the attainment of goals? What are the specific goals? How do the 2023 goals and weighting differ from 2022? Please refer to [GMCB guidance regarding Rule 5.000, Section 5.203\(a\)](#)
- 4) 5.203(d)2 – Upon reviewing Policy 07-08, we need additional information about compliance requirements. What are the mechanisms for internal monitoring and auditing of compliance risks?
- 5) 5.205(d) – Please provide Policy 05-07 to determine appeal process for providers who are denied participation in ACO.
- 6) 5.206(i) – Regarding Narrative Question 9: How does the ACO support participants in providing processes that enable enrollees to assess the merits of various treatment options *outside of care coordination goal setting tools*? One such example includes the use of the Choosing Wisely initiative. Another example could be of an assessment tool used for a condition, such as back pain, which provides the various types of treatment available to patients.
- 7) 5.206(i) – Where in Vermont Health Learn is the online version of the Health Literacy Training?
- 8) 5.206(k) – Regarding Narrative Question 10 – The provided answer described how OneCare supports enrollees with limited English proficiency, however the question asked how the ACO supports *participants* in providing processes that implement strategies for engaging enrollees from this population. Please resubmit an answer to this question.
- 9) 5.207(d) – Please describe OneCare’s efforts to promote evidence-based medicine and provide any guidelines or best practices disseminated by the ACO.
- 10) 5.208(h) – An ACO must maintain accurate records of all grievances and complaints it receives. Please provide Policy 06-01 in support of this requirement.

11) 5.208(e)&(f) – If there is an applicable policy or policies that exist that meet the requirements of these subsections, please describe where this information can be found or submit the policy(ies) if not done so previously. Alternatively, please attest to the following as described in rule 5.208 ACO Certification Requirements by initialing after each item and verifying under oath:

- a. The ACO does not prohibit any individual or organization from, or penalize any individual or organization for, reporting any act or practice of the ACO that the individual or organization reasonably believes could jeopardize patient health or welfare, or for participating in any proceeding arising from such report. \_\_\_\_\_
- b. The ACO does not prohibit a Participant from, or penalize a Participant for:
  - i. providing information to Enrollees about their health or decisions regarding their health, including the treatment options available to them; \_\_\_\_\_ or
  - ii. advocating on behalf of an Enrollee, including within any utilization review, grievance, or appeal processes. \_\_\_\_\_

12) 5.305(a)(1) –The following requested information was intended to be included in the response to Narrative Question 13. Please provide a description of each of OneCare’s mental health-related quality measures, notate where each are derived and where/if there is alignment (payer contract, clinical priority, etc), and description of the performance for each of the measures by payer for the most recent available program year.

**Additional Materials Requested:**

- Policy 05-07
- 2023 OneCare Care Coordination Guidance Document (11/1/22)
- Decision Support Tools listed in Question 6 above
- Policy 06-01