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Michael K. Smith, *Secretary*
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June 30, 2020

Pierre Yong, MD, MPH, MS
Division of All-Payer Models
Center for Medicare and Medicaid Innovation
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Yong:

Please see the enclosed "Collaboration with Public Health" report, which we are submitting in accordance with Section 7.f of the Vermont All-Payer Accountable Care Organization Model Agreement.

Sincerely,

Michael K. Smith, Secretary
Vermont Agency of Human Services

Kevin Mullin, Chair
Green Mountain Care Board

Dr. Mark Levine, Commissioner
Vermont Department of Health

Vicki Loner, CEO
OneCare Vermont

Enclosures

cc: Fatema Salam

Vermont Collaboration with Public Health Report

Submitted to Center for Medicare & Medicaid Innovation in accordance with Section 7.f of the Vermont All-Payer Accountable Care Organization Model Agreement

June 2020

Charge

The Vermont All-Payer Accountable Care Organization Model ("All-Payer ACO Model" or "APM") Agreement was signed on October 26, 2016, by Vermont's Governor, Secretary of Human Services, Chair of the Green Mountain Care Board ("GMCB" or "Board"), and the Centers for Medicare & Medicaid Services ("CMS"). The All-Payer Model aims to reduce health care cost growth and improve the health of the population by moving away from fee-for-service reimbursement to risk-based arrangements for ACOs; these arrangements are tied to quality and health outcomes.

This report is required by section 7.f of the APM Agreement, which provides as follows:

> *The State shall submit by June 30th of Performance Year 3 a plan signed by Vermont's Department of Health, AHS, the GMCB, and Vermont ACO(s) that provides an accountability framework to the public health system to ensure that any Vermont ACO funding allocated to community health services is being used towards achieving the Statewide Health Outcomes and Quality of Care Targets.*

Overview

The quality goals in Vermont's All Payer ACO Model Agreement include ambitious Statewide Health Outcomes and Quality of Care Targets to support population health and improve health care and outcomes for Vermonters. The State has coalesced around those goals, developing a framework to promote accountability to our federal partners and Vermonters "to ensure that…ACO funding allocated to community health services is being used towards achieving the Statewide Health Outcomes and Quality of Care Targets."

This accountability framework, supported by strong collaborative relationships among each entity associated with Vermont ACO funding allocated to community health services and reinforced by state statute and regulation, is characterized by the following:

- Roles and responsibilities that are complementary and well coordinated;
- Strong oversight through ACO certification and annual budget review;
- Ongoing collection of payer, provider, and population-level data;
- Monitoring of process and outcome measures pertaining to providers, patients and the population;
- Reporting of findings to state and federal partners and the public;
- Strong ACO contract development and management; and
- Collaboration to improve quality performance and population health outcomes for Vermonters.

Several entities play key roles in ensuring the successful implementation of this accountability framework. These entities include the GMCB, the Agency of Human Services (AHS), key AHS departments such as the Vermont Department of Health

(VDH) and the Department of Vermont Health Access (DVHA), and OneCare Vermont, the state's sole ACO. The GMCB acts as regulator and evaluator of the ACO and the APM Agreement, as well as working with APM partners to develop and implement policy and collaborate on innovation. The Agency of Human Services with its associated departments sets policy, is the payor for public resources including the state's share of Vermont Medicaid, acts as the coordinating entity to assure alignment of population health priorities, and performs convening and reporting roles. The ACO works with its provider network, including community health service providers, to design, implement and monitor population health programs to improve quality of care and health outcomes for Vermont residents. The ACO provides extensive reporting to GMCB, AHS, and DVHA on those programs.

Through this accountability framework, allocated funding supports efforts to achieve the Statewide Health Outcomes and Quality of Care Targets identified in Appendix 1 of the Agreement and based on priorities outlined in Vermont's State Health Improvement Plan.[1] The roles, responsibilities, and related activities of AHS, VDH, DVHA, and GMCB are summarized in Table 1 and described in detail below.

Table 1: Roles and Responsibilities

	Agency of Human Services	Vermont Department of Health	Department of Vermont Health Access	Green Mountain Care Board
Provides Oversight	X			X
Certifies ACO				X
Reviews ACO Budget				X
Manages ACO contract[i]			X	(see note)
Collects Data		X	X	X
Reports Data		X	X	X
Collaborates on Performance Improvement and Innovation	X	X	X	X

[i] Although the Medicare ACO participation agreement is managed on the federal level, GMCB facilitates changes to this agreement and sets the Medicare ACO spending target (benchmark) growth rate.

Green Mountain Care Board (GMCB)

GMCB's mission is to improve the health of Vermonters through a high-quality, accessible, and sustainable health care system. By statute, the Board is tasked to "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" (18 V.S.A. § 9375).

[1] See Appendix 1 of the APM Agreement.

The independent five-member Board's regulatory duties include review of community hospital budgets, health insurance premium rates, and certificate of need applications. GMCB also oversees the APM Agreement, working with other APM Agreement signatories to achieve Statewide Health Outcomes and Quality of Care Targets, and regulates ACOs, including certifying ACOs and reviewing and approving ACO budgets.[2] GMCB also plays a significant role in evaluating ACO performance. The Board maintains the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES, Vermont's all-payer claims database) and the Vermont Uniform Hospital Discharge Data System (VUHDDS), which are used to evaluate the impact of the APM Agreement across payers.

GMCB's ACO oversight is governed by GMCB Rule 5.000.[3] ACO certification is a prerequisite to receiving payments from Medicaid and commercial insurers. To achieve certification, a Vermont ACO must meet over 100 requirements across numerous domains, including population health management, care coordination, risk stratification, care plan development, enrollee engagement and shared decision-making, enrollee self-management, and reporting to the Board. GMCB uses the certification process to ensure ACO approaches are evidence-based, collaborative, and will support achievement of the Statewide Health Outcomes and Quality of Care Targets. In its ongoing monitoring role, GMCB verifies annually that the ACO continues to be eligible for certification, and if the ACO fails to meet its requirements, the GMCB may seek remedial action by an ACO or may revoke its certification.

An ACO must submit its budget annually to the GMCB for review and approval.[4] Per Rule 5.403, the ACO's proposed budget for the next budget year includes detailed information on the ACO's expected expenditures, costs of operation, and revenues, as well as a description of how the ACO proposes to distribute Medicare funding for the Blueprint for Health and the Support and Services at Home (SASH) programs. During this process, GMCB reviews any proposed program changes and the impact to its budget. Among other items, explanations must be provided about investments, progress, and goals associated with ACO quality, population health, the ACO's model of care, care coordination, and community integration. In addressing these topics, the ACO is also required to discuss strategies for assisting in achieving the Statewide Health Outcomes and Quality of Care Targets. Examples of population health investments and corresponding accountability roles outlined in a Vermont ACO's budget for a single Performance Year (2019) are included in Table 2 below. The budget process clearly indicates spending priorities and provides an opportunity for public comment, participation by Vermont's Office of the Health Care Advocate, and

[2] Through Act 113 of 2016, the Vermont legislators granted authority to the GMCB to regulate ACOs. ACO certification and annual budget review are required per 18 V.S.A. § 9382 and § 9573.

[3] See GMCB Rule 5.000: Oversight of Accountable Care Organizations.

[4] Per 18 V.S.A. § 9382, GMCB-adopted rules for ACOs with fewer than 10,000 attributed lives in Vermont may consider as many of the factors required for ACOs with 10,000 or more lives as GMCB deems appropriate to a specific ACO's size and scope.

GMCB member discussion with the ACO. The ACO is held accountable to the budget order that is issued pursuant to this process and monitored on an ongoing basis. For example, GMCB's FY20 ACO Budget Order for OneCare Vermont indicates that if population health programs are not fully funded as detailed in the budget submission, a revised proposal must be submitted to the Board. In addition, the budget order indicates the exact funding amount that minimally must be used for SASH and Blueprint for Health investments.[5]

As further described in the VDH section below, GMCB works collaboratively with VDH to ensure data collection and reporting to support quality and performance measurement. GMCB also produces the Vermont All-Payer ACO Model Annual Statewide Health Outcomes and Quality of Care Report, which describe the state's progress on achieving Statewide Health Outcomes and Quality of Care Targets.

[5] See FY20 ACO Budget Order for OneCare Vermont (pg. 25).

Table 2. Examples of ACO 2019 Population Health Investments

Program Name	Program Description	Amount	Accountability Roles	
			GMCB	DVHA
Basic OneCare VT PMPM	Primary care investments aimed at encouraging participation in ACO programs, a focus on population health, high quality care delivery, and participating in ACO program development.	$5,935,530	Budget Order and Ongoing Monitoring	Contract Management, including reporting requirements and monitoring
Complex Care Coordination Program	Care coordination program designed to enable providers across the healthcare continuum to better manage the care of the highest risk patients attributed to the network.	$9,181,362	Budget Order and Ongoing Monitoring	Contract Management, including reporting requirements and monitoring
Value-Based Incentive Fund	Financial withhold model designed to reward strong performance on ACO quality measures.	$7,537,231	Budget Order and Ongoing Monitoring	Contract Management including reporting requirements and monitoring
Comprehensive Payment Reform (CPR) Payments	Financial reform program for independent primary care that allows for more flexible care delivery and a greater focus on population health.	$2,250,000	Budget Order and Ongoing Monitoring	Contract Management, including reporting requirements and monitoring
Primary Prevention Program	Programs designed to engage Vermont communities in wellness and prevention.	$910,720	Budget Order and Ongoing Monitoring	Contract Management, including reporting requirements and monitoring
Specialist Program Payments	Program model in development aimed at improving access to specialty care and facilitating better communication between primary care and specialists.	$2,000,000	Budget Order and Ongoing Monitoring	
Innovation Fund	Funding made available to invest in pilots or other innovative programs that further the objectives of the ACO in two-sided risk programs.	$1,000,000	Budget Order and Ongoing Monitoring	
Regional Clinical Reps	Model to engage community clinical leaders in ACO programs.	$375,000	Budget Order and Ongoing Monitoring	
Blueprint for Health Programs a. Patient-Centered Medical Home Payments b. Community Health Team (CHT) Funding c. SASH Funding	a. Primary care investments aimed at encouraging participation in ACO programs, a focus on population health, high quality care delivery, and participating in ACO program development. b. Localized community-based teams designed to incorporate the full continuum of care into population health management initiatives. c. Provision of on-site support for adults in congregate living to help the elderly proactively manage their healthcare.	a. $1,830,264 b. $2,411,679 c. $3,815,532 Total = $8,057,475	Budget Order and Ongoing Monitoring	Collaboration from Blueprint Staff Recommend funding allocation based on NCQA standards and attributed lives

Source: GMCB's FY19 ACO Budget Order for OneCare Vermont (see pg. 5); OneCare Vermont's 2019 Budget Submission to the Green Mountain Care Board

Agency of Human Services (AHS)

AHS is the umbrella organization for all human service activities within Vermont state government and a signatory to the All-Payer ACO Model Agreement. It builds a continuum of care that protects and supports vulnerable Vermonters, develops and promotes whole population approaches to physical and behavioral health, and works to build safety and resilience at the individual, family, and community level. AHS convenes its six departments to promote alignment and consistency across activities and to increase efficiencies by working together to achieve common goals. As the Vermont Medicaid Single State Agency, it provides oversight of the Vermont Medicaid ACO contract and Delivery System Related Investments approved within the state's Global Commitment to Health 1115 Medicaid Waiver. These investments support projects such as: quality and health management measurement improvement, community-based population health, primary and secondary prevention development, community-based provider capacity, socio-economic risk and mitigation, advanced community care coordination, and Medicaid community provider integration. These investments, designed to support achievement of the Statewide Health Outcomes and Quality of Care Targets, benefit from coordination among AHS and its departments and engagement from staff subject matter experts.

Vermont Department of Health (VDH)

VDH seeks to protect and promote the best health for all Vermonters. It collects and reports population level health data and summarizes this data in the State Health Assessment. Based on this assessment, VDH identifies key issues and publishes a State Health Improvement Plan. Progress on this plan is tracked through the State Health Improvement Performance Scorecard. This plan and the supporting data are key coordinating tools to maximize the impact of public health resources and partnerships. The Statewide Health Outcomes and Quality of Care Targets closely and intentionally align with the State Health Improvement Plan. Because of this, additional resources and entities working to implement the State Health Improvement Plan further amplify ACO funding allocated to community health services to achieve the same goals.

VDH has a complementary role to the ACO in promoting primary prevention strategies. VDH works with stakeholders to establish public health priorities, such as the State Health Improvement Plan discussed previously. The department also supports the state in its commitment to maintaining healthy communities by assessing the health impacts of policies and projects. OneCare VT supports primary prevention with health promotion and physical activity programming through the RiseVT program.

VDH provides tools to support practitioners in improving performance. Prevention Change Packages were developed by VDH, which offer evidence-based guidance and practical strategies for practitioners across the healthcare system to incorporate prevention into their practice to improve population health. These strategies, which include clinical approaches, innovative patient-centered care and/or community

linkages, and community-wide strategies, support improvements needed to meet Statewide Health Outcomes and Quality of Care Targets.

An essential function of VDH is to monitor health data. VDH collaborates with the GMCB and Blueprint for Health on data collection and reporting that supports analysis of quality measures across the ACO, communities and the State of Vermont. They are a key collaborator in developing the GMCB's Health Resource Allocation Plan, which seeks to identify gaps and excess in health care services availability and accessibility while considering the underlying health needs across communities in Vermont. This resource will further improve Vermont's ability to strategically invest community health services funding.

Department of Vermont Health Access (DVHA)

DVHA administers the Vermont Medicaid program and contracts directly with the Vermont Medicaid ACO. Several units within DVHA perform activities within the accountability framework including Payment Reform and the Blueprint for Health.

Payment Reform

The Payment Reform team within DVHA oversees the Vermont Medicaid ACO contract and intentionally aligns contract priorities and performance measures with the Statewide Health Outcomes and Quality of Care Targets in the All-Payer ACO Model Agreement. Contract elements and oversight functions include: funding allocation (including delivery system related investments), development of care model requirements, and risk stratification of the attributed population to guide care coordination and care management activities. Risk stratification and comprehensive assessments result in the identification of low risk, medium risk, high risk, and very high risk members, with the goal of ensuring appropriate levels of care coordination or care management based on members' risk categories. The Vermont Medicaid ACO contract also includes activities to improve quality and health management measurement and support, and advance effective team-based care coordination at the local level. Periodic reporting and deliverables are required in the contract, which allow DVHA to maintain accountability for allocated funding and partner with the ACO in improvement areas identified through these contract requirements and deliverables.

Blueprint for Health (Blueprint)

DVHA's Blueprint for Health program designs community-led strategies for improving health and wellbeing. Blueprint initiatives include Patient-Centered Medical Home recognition for practices, Community Health Teams, the Hub and Spoke system of opioid use disorder treatment, the Women's Health Initiative, and Self-Management and Healthier Living Workshops. Initially developed during an earlier phase of payment and service delivery reform in Vermont, the Blueprint infrastructure of patient-centered medical homes and community health teams is considered foundational to advancing the work of the ACO to meet population health and cost targets. As an "all payer program" the Blueprint works closely with Vermont's ACO to align programs and activities to both ACO attributed and non-

attributed Vermonters. The care model used by Vermont's ACO today benefited from the expertise of Blueprint staff during the policy development phase and the network of primary care practices and community health team staff are the primary workforce implementing the ACO care model. Blueprint supports and amplifies the reach of the care model by serving Vermonters not attributed to the ACO to further support Vermont in achieving Statewide Health Outcomes and Quality of Care Targets. Continued coordination occurs at regular all-field team meetings that include Blueprint state-level, VDH and Vermont's ACO's leadership and local field staff. These meetings are used to ensure program alignment and consistent trainings. The Blueprint network of Practice Facilitators provides in-practice quality improvement support to revise workflows, panel management, and outreach to meet external quality standards set by the ACO, National Committee on Quality Assurance, and other federal agencies such as HRSA and SAMHSA. In addition, Blueprint staff makes recommendations on the allocation of Medicare funding based on which practices have met NCQA standards and the number of Medicare attributed lives. The robust data analytics and reporting capabilities of Blueprint state staff support a "Learning Health System" of practice, community- and state-level program improvement.

Continued collaboration ensures accountability and fidelity to program models developed and evaluated by the Blueprint. Blueprint and VDH currently collaborate with Vermont's ACO to pilot projects that will plan for and potentially test further integration of the Blueprint Quality Improvement Facilitator and Self-Management programs with the ACO. Additional activities are underway to pilot Vermont's ACO's management of high and very high risk Medicaid members allowing DVHA's Vermont Chronic Care Initiative to focus on outreach and engagement to newly enrolled Medicaid members and Medicaid members without claims (these groups would not attribute to the ACO). These activities are illustrative of the strong collaborative relationships that support the accountability framework.