

**Draft All-Payer ACO Model Status Update: April 27, 2017**

Major Activities (red font indicates required deliverable to CMMI)	Target Date	Accomplishments to Date	Barriers/Challenges	% Major Activity Complete	On Target?
<b>Work Stream #2: All-Payer ACO Model Analytics and Reporting</b>					
Complete Analytics Plan outlining potential data sources, remaining specification questions, potential supportive analyses	March 15, 2017	<ul style="list-style-type: none"> <li>• Drafts completed, feedback provided</li> <li>• Plan finalized; will be used to inform analytics contractor</li> </ul>		100%	Yes
Develop specifications and targets for financial measures	March 31, 2017	<ul style="list-style-type: none"> <li>• Progress on specification of total cost of care for regulated services; crosswalk with Vermont Medicaid Next Gen service categories completed with DVHA staff; included and excluded categories of services ready to be shared with CMS</li> <li>• Targets identified in Agreement</li> <li>• Detailed specification received from contractor; will review and refine in coming weeks.</li> <li>• Determining feasibility of developing code-level specification</li> </ul>	Lack of specifications; complexity of measure	70%	No
Develop specifications and targets for ACO scale target measures	June 30, 2017	<ul style="list-style-type: none"> <li>• Specifications outlined but need refinement</li> <li>• Collaborating with BCBSVT on outreach to self-insured employers</li> <li>• Conceptual agreement on what to propose to CMS for self-insured calculations; proposal under development</li> <li>• Targets identified in Agreement</li> </ul>	Obtaining self-insured numbers	70%	Yes
Develop specifications and targets for health outcomes and quality of care measures	June 15, 2017 for targets; December 15, 2017 for access measure specifications	<ul style="list-style-type: none"> <li>• Specifications identified in Agreement for 20/21 measures; targets for 18/21 measures</li> <li>• Gathering input from AHS colleagues to inform remaining targets and specifications</li> <li>• Meeting with CMMI to discuss target for Growth in ED Visits for Mental Health and Substance Abuse</li> </ul>	Concerns about ED visits measure target; no specification for access measure	75%	Yes
Select Analytics Contractor	June 30, 2017	<ul style="list-style-type: none"> <li>• RFP Posted</li> <li>• Proposals due May 22; selection expected by June 30</li> </ul>	RFP delayed but should not impact selection date	70%	Yes
Develop specifications for measuring payer differentials in ACO benchmarks	September 30, 2017			0%	Yes
Assess feasibility of potential data sources for required reporting; select data sources for each measure	January 1, 2018	<ul style="list-style-type: none"> <li>• Data sources for 20/21 health outcomes and quality of care measures outlined in agreement; source of claims data still TBD</li> <li>• Data elements to be added to VHCURES are in the process of being specified and operationalized by Onpoint</li> <li>• Working with DVHA and BCBSVT on data validation</li> </ul>	Data fields need to be added to VHCURES and data needs to be validated	40%	Yes

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<b>Work Stream #2: All-Payer ACO Model Analytics and Reporting</b>					
Develop reporting templates for CMS-required reports (prioritize in order of initial date for submission to CMS)	February 15, 2018	<ul style="list-style-type: none"> <li>Initial drafts developed</li> </ul>		10%	Yes
Develop supplemental monitoring strategy, including more frequent reporting of required measures, and monitoring of relevant measures that are already collected and reported	March 15, 2018	<ul style="list-style-type: none"> <li>Some relevant measures that are already collected and reported have been identified</li> </ul>		5%	Yes
Produce required quarterly financial reports for submission to CMS	April or July 2018; quarterly thereafter			0%	Yes
Produce annual Payer Differential Report	March 30, 2019; annually thereafter			0%	Yes
Produce required All-Payer Total Cost of Care per Beneficiary Growth Target Report	June 30, 2019; annually thereafter			0%	Yes
Produce required scale target reports for submission to CMS	June 30, 2019; annually thereafter			0%	Yes
Produce required health outcomes and quality of care reports for submission to CMS	September 30, 2019; annually thereafter			0%	Yes