

**Part 3
Attachment A**

Green Mountain Care Board
ACO Oversight and Monitoring

FY20 ACO Budget Guidance Appendix 3.2: Scale Target Initiatives and Program Alignment
Appendix 3.2(A): Services Included in Financial Targets

Accountable Care Organization Name: OneCare Vermont ACO

Performance Period of Report:

Total Payer Contracts for Performance Period:

Date of Report Submission:

Instructions: After completing *Form 1: Scale Target Initiatives and Program Alignment*, complete the Appendix A and Appendix B tables on the following pages for all ACO-payer contracts.

APPENDIX A: Services Included in Financial Targets

Category of Service or Expenditure Reporting Category	Vermont Medicare ACO Initiative*	Vermont Medicaid Next Gen ACO Program*	Commercial: BCBSVT QHP*	Commercial: BCBSVT ASO/Large Group*	Commercial: MVP
Hospital Inpatient	X	X	X	TBD	TBD
Mental Health/Substance Abuse - Inpatient	X	X	X	TBD	TBD
Maternity-Related and Newborns	X	X (except newborns)	X	TBD	TBD
Surgical	X	X	X	TBD	TBD
Medical	X	X	X	TBD	TBD
Hospital Outpatient	X	X	X	TBD	TBD
Hospital Mental Health / Substance Abuse	X	X	X	TBD	TBD
Observation Room	X	X	X	TBD	TBD
Emergency Room	X	X	X	TBD	TBD
Outpatient Surgery	X	X	X	TBD	TBD
Outpatient Radiology	X	X	X	TBD	TBD
Outpatient Lab	X	X	X	TBD	TBD
Outpatient Physical Therapy	X	X	X	TBD	TBD
Outpatient Other Therapy	X	X	X	TBD	TBD
Other Outpatient Hospital	X	X	X	TBD	TBD
Professional	X	X	X	TBD	TBD
Physician Services	X	X	X	TBD	TBD
Physician Inpatient Setting	X	X	X	TBD	TBD
Physician Outpatient Setting	X	X	X	TBD	TBD
Physician Office Setting	X	X	X	TBD	TBD
Professional Non-physician	X	X	X	TBD	TBD
Professional Mental Health Provider	X	X	X	TBD	TBD
Post-Acute Care	X	X	X	TBD	TBD
DME	X	X	X	TBD	TBD
Dental				TBD	TBD
Pharmacy				TBD	TBD

* 2020 contract pending

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Form 1: Scale Target Initiatives and Program Alignment – Appendices A and B

APPENDIX B: Quality Measures

Quality Measure	Vermont Medicare ACO Initiative*	Vermont Medicaid Next Gen ACO Program*	Commercial: BCBSVT QHP*	Commercial: BCBSVT ASO/Large Group*	Commercial: MVP*
Screening for clinical depression and follow-up plan	X	X	X	TBD	TBD
Tobacco use assessment and cessation intervention	X	X		TBD	TBD
Hypertension: Controlling high blood pressure (ACO composite)	X	X	X	TBD	TBD
Diabetes Mellitus: HbA1c poor control (ACO composite)	X	X	X	TBD	TBD
All-Cause unplanned admissions for patients with multiple chronic conditions (ACO composite)	X	X		TBD	TBD
Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys*	X	X	X**	TBD	TBD
% of Medicaid adolescents with well-care visits		X	X	TBD	TBD
30-day follow-up after discharge from emergency department for mental health	X	X	X	TBD	TBD
30-day follow-up after discharge from emergency department for alcohol or other drug dependence	X	X	X	TBD	TBD
Initiation of alcohol and other drug dependence treatment	X	X	X***	TBD	TBD
Engagement of alcohol and other drug dependence treatment	X	X	X***	TBD	TBD
Risk-standardized, all-condition readmission	X			TBD	TBD
Skilled nursing facility 30-day all-cause readmission				TBD	TBD
Influenza immunization	X			TBD	TBD
Pneumonia vaccination status for older adults				TBD	TBD
Colorectal cancer screening	X			TBD	TBD
Number of asthma-related ED visits, stratified by age				TBD	TBD
HEDIS: All-Cause Readmissions			X	TBD	TBD
Developmental screening in the first 3 years of life		X	X	TBD	TBD
Follow-up after hospitalization for mental illness (7-Day Rate)		X	X	TBD	TBD
Falls: Screening for future fall risk				TBD	TBD
Body mass index screening and follow-up				TBD	TBD
All-cause unplanned admissions for patients with Diabetes				TBD	TBD
All-cause unplanned admissions for patients with Heart Failure				TBD	TBD
Breast cancer screening				TBD	TBD
Statin therapy for prevention and treatment of Cardiovascular Disease				TBD	TBD
Depression remission at 12 months				TBD	TBD
Diabetes: Eye exam				TBD	TBD
Ischemic Vascular Disease: Use of aspirin or another antithrombotic				TBD	TBD
Acute ambulatory care-sensitive condition composite				TBD	TBD
Medication reconciliation post-discharge				TBD	TBD
Use of imaging studies for low back pain				TBD	TBD
<i>Add Additional Measures as Needed</i>				TBD	TBD

*2020 contract pending

**CAHPS Patient Experience: Care Coordination Composite Score and CAHPS Tobacco Cessation Survey: "Did your provider talk with you about smoking?"

***Composite Measure for this plan

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FY20 ACO Budget Guidance Appendix 3.2

Accountable Care Organization Name:

Performance Period of Report:

Total Payer Contracts for Performance Period:

Date of Report Submission:

Instructions: This report seeks to determine whether the ACO's payer contracts meet the requirements of a Scale Target ACO Initiative (defined in Section 6.b of the All-Payer ACO Model Agreement; items marked with * are required elements to be deemed a qualifying Scale Target ACO Initiative) and to assess programmatic alignment across the ACO's payer contracts. Complete the table below for each payer contract. Each response must reference the relevant section(s) of the payer contract. Where the form refers to appendices, complete the appendices for all payer contracts (see *B19 ACO Scale Target Initiatives and Program Alignment – Appendices A and B*).

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<p>Payer Contract: Blue Cross Blue Shield of Vermont Next Generation ACO Program Agreement Contract Period: 1/1/2020 to 12/31/2020 Date Signed: TBD</p>
<p>Financial Arrangement – Shared Savings and/or Shared Risk Arrangements</p>
<p>Are shared savings possible? * Yes</p>
<p>Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes</p>
<p>Describe shared savings and shared risk arrangement(s): two-sided risk arrangement, 6% risk corridor, 50% share</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – Payer/ACO Relationship</p>
<p>Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): Fee for service; pilot Fixed Prospective Payment (FPP)</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – ACO/Provider Relationship</p>
<p>Describe payment mechanism(s) between ACO and ACO provider network: Fixed prospective payments for those participating in the pilot; fee for service for everyone else</p>
<p>ACO Provider Agreement Reference(s): TBD – contract pending</p>
<p>Services Included in Financial Targets (Total Cost of Care)</p>
<p>Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Quality Measurement</p>
<p>Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes</p>
<p>Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Quality Incentive Fund (VBIF)</p>
<p>Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Attribution Methodology</p>
<p>Describe attribution methodology: If plan requires PCP selection, patient is attributed to the selected PCP, otherwise claims-based evaluation to determine primary care relationship</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Patient Protections</p>
<p>Describe patient protections included in ACO contracts or internal policies: (1) Attributed Lives will be free to use their providers of choice to the extent permissible pursuant to the terms and conditions of their health benefit plans; ACO will not limit access to medically necessary covered services (defined by the terms and conditions of the health benefit plans) in an effort to solely control costs without respect to quality; ACO will engage patients and families, or other supportive parties, as appropriate, as partners in the care they receive, as well as in organizational quality improvement activities and leadership roles where appropriate; ACO will inform Attributed Lives of their Member Protections and will ensure those Attributed Lives 'Member Protections are fulfilled; ACO will be available to</p>

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Attributed Lives if those Attributed Lives have questions or concerns related to ACO Activities; ACO will maintain a grievance process as required to comply with all applicable laws and regulations (2) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants' patients in accordance with state and federal laws. (3) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (4) OneCare will inform its network participants that attributed patients are not to be assessed payment liability for covered services per the appropriate payer program contract and OneCare's debts or subcontractor's debts in the event of the entity's insolvency. (5) OneCare provides patients attributed to OneCare's providers with an effective process for addressing complaints, grievances and appeals with OneCare for all payer programs. (6) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences.

Contract and Policy Reference(s): TBD – 2020 contract in negotiation

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<p>Payer Contract: Vermont Medicare ACO Initiative Contract Period: 1/1/2020 to 12/31/2020 Date Signed: TBD</p>
<p>Financial Arrangement – Shared Savings and/or Shared Risk Arrangements</p>
<p>Are shared savings possible? * Yes</p>
<p>Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes</p>
<p>Describe shared savings and shared risk arrangement(s): Two-sided, 5% risk corridor, 100% share</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – Payer/ACO Relationship</p>
<p>Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): AIPBP and FFS</p>
<p>Contract Reference(s): TBD – 2020 contract in negotiation</p>
<p>Payment Mechanisms – ACO/Provider Relationship</p>
<p>Describe payment mechanism(s) between ACO and ACO provider network: AIPBP for eligible participants; FFS for everyone else</p>
<p>ACO Provider Agreement Reference(s): TBD – contract pending</p>
<p>Services Included in Financial Targets (Total Cost of Care)</p>
<p>Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Quality Measurement</p>
<p>Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes</p>
<p>Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Value Based Incentive Fund</p>
<p>Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Attribution Methodology</p>
<p>Describe attribution methodology: Claims-based evaluation</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Patient Protections</p>
<p>Describe patient protections included in ACO contracts or internal policies: (1) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants’ patients in accordance with state and federal laws. (2) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (3) OneCare will inform its network participants that attributed patients are not to be assessed payment liability for covered services per the appropriate payer program contract and OneCare’s debts or subcontractor’s debts in the event of the entity’s insolvency. (4) OneCare provides patients attributed to OneCare’s providers with an effective process for addressing complaints, grievances and appeals with OneCare for all payer programs. (5) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences. (6) The ACO shall require its Initiative Participants and</p>

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Preferred Providers to make Medically Necessary Covered Services available to Beneficiaries in accordance with applicable laws, regulations and guidance. Beneficiaries and their assignees retain their right to appeal claims determinations in accordance with 42 CFR Part 405, Subpart I; The ACO and its Initiative Participants and Preferred Providers shall not take any action to avoid treating At-Risk Beneficiaries or to target certain Beneficiaries for services with the purpose of trying to ensure alignment in a future Performance Year. (7) ACO shall not commit any act or omission, nor adopt any policy, that inhibits Beneficiaries from exercising their freedom to obtain health services from providers and suppliers who are not Initiative Participants or Preferred Providers. (8) ACO is prohibited from providing gifts or other remuneration to Beneficiaries to induce them to receive or continue to receive items or services from the ACO, Initiative Participants, or Preferred Providers. (9) The ACO shall maintain the privacy and security of all Initiative-related information that identifies individual Beneficiaries in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") Privacy and Security Rules and all relevant HIPAA Privacy and Security guidance applicable to the use and disclosure of PHI by covered entities, as well as applicable state laws and regulations.

Contract and Policy Reference(s):): TBD – contract pending

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<p>Payer Contract: Vermont Medicaid Next Generation Personal Services Agreement Contract Period: 1/1/2020 to 12/31/2020 Date Signed: TBD</p>
<p>Financial Arrangement – Shared Savings and/or Shared Risk Arrangements</p>
<p>Are shared savings possible? * Yes</p>
<p>Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes</p>
<p>Describe shared savings and shared risk arrangement(s): Two-sided, 4% risk corridor, 100% share. Risk arrangement for geographic attribution TBD</p>
<p>Contract Reference(s) TBD – contract pending</p>
<p>Payment Mechanisms – Payer/ACO Relationship</p>
<p>Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): AIPBP and FFS</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – ACO/Provider Relationship</p>
<p>Describe payment mechanism(s) between ACO and ACO provider network: AIPBP for eligible participants, FFS for everyone else</p>
<p>ACO Provider Agreement Reference(s): TBD – contract pending</p>
<p>Services Included in Financial Targets (Total Cost of Care)</p>
<p>Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Quality Measurement</p>
<p>Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes</p>
<p>Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Value Based Incentive Fund</p>
<p>Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Attribution Methodology</p>
<p>Describe attribution methodology: Claims-based evaluation and geographically-based evaluation (details TBD)</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Patient Protections</p>
<p>Describe patient protections included in ACO contracts or internal policies: (1) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants’ patients in accordance with state and federal laws. (2) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (3) OneCare will inform its network participants that attributed patients are not to be assessed payment liability for covered services per the appropriate payer program contract and OneCare’s debts or subcontractor’s debts in the event of the entity’s insolvency. (4) OneCare provides patients attributed to OneCare’s providers with an effective process for addressing complaints, grievances and appeals with OneCare for all payer programs. (5) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how</p>

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ACO policy might be designed to improve those experiences. (6) OneCare agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary. (7) OneCare does not limit attributed members to its network of Participating Providers. (8) OneCare shall ensure members are not held liable for covered services which the ACO is responsible for which the ACO does not pay the provider or for ACO's debts or subcontractor's debts in the event of insolvency; ACO shall ensure participating providers do not balance bill its members. (9) ACO shall not discriminate against members; will adhere to Member's rights; arrange for interpretation services as required; maintain cultural competency; adhere to advance directives; maintain an internal grievance and appeals process.

Contract and Policy Reference(s): TBD – 2020 contract in negotiation

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Payer Contract: Blue Cross Blue Shield of Vermont ASO/Large Group (contract pending)
Contract Period: 1/1/2020 to 12/31/2020
Date Signed: TBD
Financial Arrangement – Shared Savings and/or Shared Risk Arrangements
Are shared savings possible? TBD – contract pending *
Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? *TBD – contract pending
Describe shared savings and shared risk arrangement(s): TBD – contract pending
Contract Reference(s): TBD – contract pending
Payment Mechanisms – Payer/ACO Relationship
Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): TBD – contract pending
Contract Reference(s): TBD – contract pending
Payment Mechanisms – ACO/Provider Relationship
Describe payment mechanism(s) between ACO and ACO provider network: TBD – contract pending
ACO Provider Agreement Reference(s): TBD – contract pending
Services Included in Financial Targets (Total Cost of Care)
Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i>
Contract Reference(s): TBD – contract pending
Quality Measurement
Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * TBD – contract pending
Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): TBD – contract pending
Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i>
Contract Reference(s): TBD – contract pending
Attribution Methodology
Describe attribution methodology: TBD – contract pending
Contract Reference(s): TBD – contract pending
Patient Protections
Describe patient protections included in ACO contracts or internal policies: TBD – contract pending
Contract and Policy Reference(s): TBD – contract pending

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Payer Contract: MVP
Contract Period: 1/1/2020 to 12/31/2020
Date Signed: TBD
Financial Arrangement – Shared Savings and/or Shared Risk Arrangements
Are shared savings possible? *TBD – contract pending
Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * TBD – contract pending
Describe shared savings and shared risk arrangement(s): TBD – contract pending
Contract Reference(s): TBD – contract pending
Payment Mechanisms – Payer/ACO Relationship
Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): TBD – contract pending
Contract Reference(s): TBD – contract pending
Payment Mechanisms – ACO/Provider Relationship
Describe payment mechanism(s) between ACO and ACO provider network: TBD – contract pending
ACO Provider Agreement Reference(s): TBD – contract pending
Services Included in Financial Targets (Total Cost of Care)
Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i>
Contract Reference(s): TBD – contract pending
Quality Measurement
Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * TBD – contract pending
Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): TBD – contract pending
Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i>
Contract Reference(s): TBD – contract pending
Attribution Methodology
Describe attribution methodology: TBD – contract pending
Contract Reference(s): TBD – contract pending
Patient Protections
Describe patient protections included in ACO contracts or internal policies: TBD – contract pending
Contract and Policy Reference(s): TBD – contract pending