

**Section 5
Attachment A**



Policy Title:	VMNG Beneficiary Grievance and Appeals Policy
Policy Number:	05-06
Responsible Department/s:	Operations, Compliance, DVHA
Date Implemented:	1/1/17
Date Reviewed/Revised:	12/05/17
Approved by:	
Next Review Date:	Annual

Purpose: To provide beneficiaries attributed to OneCare Vermont's (OneCare)'s providers with an effective process for addressing complaints or grievances with OneCare relating to its participation in the Vermont Medicaid Next Generation (VMNG) program.

Statement:

OneCare is committed to protecting beneficiary rights by actively seeking, listening and responding to the needs, preferences, concerns and grievances of beneficiaries. Beneficiaries have the right to freely communicate concerns without fear of reprisal including the following: OneCare's Operations department (Operations), anonymously to the OneCare Compliance Department, or directly to Department of Vermont Health Access (DVHA). OneCare encourages and empowers its employees to address concerns within the scope of their abilities.

Beneficiaries may contact OneCare to address OneCare's conduct in the VMNG program, relating to issues such as maintaining privacy of health information, coordination of care, quality reporting, or other OneCare actions. Complaints or concerns related to clinical decision making, VMNG benefit determinations or coverage, or other DVHA or participant actions will be directed to DVHA or the appropriate participant.

Beneficiary Rights:

OneCare and its network fully supports and complies with all applicable state and federal laws regarding member rights, including the following:

- The right to receive information in accordance with 42 CFR 438.10, which relates to informational materials;
- The right to be treated with respect and with due consideration for his or her dignity and privacy;

- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion;
- The right to request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in the HIPAA Privacy Rule set forth in 45 CFR parts 160 and 164, subparts A and E, which address security and privacy of individually identifiable health information; and
- The right to be furnished health care services in accordance with 42 CFR 438.206 through 438.210, which relate to service availability, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

Complaints:

Operations will provide direct support to beneficiaries for any routine ACO-related complaints. OneCare will respond to such complaints promptly, and collaborate with the beneficiary or representative on an appropriate path for resolution, including assisting the beneficiary with completing forms and other procedural steps. If a beneficiary is not satisfied with the resolution of the complaint, it may be escalated as a grievance within OneCare, as described below.

Grievances:

Beneficiary complaints that are not readily resolved through discussion with OneCare when first presented may be escalated for further review as a grievance, consistent with the definitions and procedures set forth in 42 CFR 438.400 et seq.

A beneficiary may present a grievance orally or in writing at any time. OneCare will provide reasonable assistance in completing forms and taking other procedural steps related to a grievance. This includes, but is not limited to, providing auxiliary aids and services upon request, such as providing interpreter services.

OneCare will appoint appropriate representatives to consider the grievance in accordance with procedures set forth in 42 CFR 438.406 and provide the beneficiary with notice of its determination within 14 days in a manner and format that may be easily understood and is readily accessible by the beneficiary. The 14 day timeframe may be extended due to the complexity of the review, in which case the beneficiary will be notified of the delay and provided a response within a reasonable timeframe not to exceed 30 days.

DVHA Grievance and Appeals Process:

If a beneficiary brings a complaint to OneCare that is outside the scope of OneCare's activities in the VMNG program, OneCare will inform the patient of the grievance and appeals process available through DVHA and refer the patient to DVHA.

OneCare will assist DVHA by providing information related to any investigation of and response to the beneficiary's grievance. OneCare will also participate in the grievance and appeal process as necessary and requested by DVHA.

Maintenance of Records:

OneCare Vermont shall:

- Maintain records of all complaints and grievances received
- Analyze data for trends and systematic problems
- Take appropriate steps to maintain confidentiality of files and records relating to grievances and share information only with those who have a need to know
- Provide regular reports to leaders and DVHA, as requested.

Monitoring Plan:

OneCare will provide monthly reports to DVHA regarding grievances received or resolved in the prior month, in a format acceptable to DVHA. OneCare will also report any grievance activity to the OneCare Compliance Officer on a monthly basis. The OneCare Compliance Committee will review grievance data at its quarterly meetings.

References: DHVA Beneficiary Handbook, 42 C.F.R. § 438.400; 42 CFR 438.406 ;42 CFR 438.10; 45 CFR parts 160 and 164, subparts A and E; 42 CFR 438.206 through 438.210

Director, ACO Operations Date

Chief Operating Officer Date

Section 5
Attachment B

Appendix D – ACO Initiatives to Address All-Payer ACO Model Quality Measures

Measure	Current ACO Activities Underway	Planned ACO Activities Underway
Goal #1: Increase Access to Primary Care		
Percentage of adults with usual primary care provider	<ul style="list-style-type: none"> Ensuring that all VMNG beneficiaries attributed to the program through specialists have a primary care provider identified. For beneficiaries with a PCP outside the VMNG network, we are working with local communities on workflows to ensure there is a community-based point of contact to facilitate connection to primary care 	<ul style="list-style-type: none"> Finalize community workflows and document expectations for quality measurement and care coordination through VMNG communities Plan for similar experiences as we expand to more risk-based contracts with specialist attribution in 2018 Planning phase for primary care payment reform (i.e. AIPBP) that could enhance recruitment of primary care providers with more favorable/reliable reimbursement
Medicare ACO composite of 5 questions on Getting Timely Care, Appointments and Information	<ul style="list-style-type: none"> Disseminate 2016 quality results (ACO and HSA-level) once they become available in late Summer 2017 Plan and conduct at OCV Grand Rounds in June 2017 on the Medicare Wellness Visit, specifically new models such as use of RN 	<ul style="list-style-type: none"> Identify positive outliers and cull for best practices; disseminate to OCV network Ongoing quality improvement (QI) work in local HSAs and with specific practices to improve access and timeliness of care
Percentage of Medicaid adolescents with well-care visits	<ul style="list-style-type: none"> Identified as a 2017 OCV clinical priority area under the category of preventive care Assessing best practices in communities through partnership between OCV and BP staff in local HSAs Actively partnering with VCHIP CHAMP team on a QI project to improve this pediatric measure; 22 OCV pediatric-serving practices actively participating in the monthly QI project including education/training and monthly measurement Regular discussion and report out at OCV Pediatrics Subcommittee on lessons learned from VCHIP's national technical assistance work in this domain 	<ul style="list-style-type: none"> Preparing to run data reports for 22 practices in VCHIP CHAMP QI project (July 2017); developing a dissemination and wrap up plan with VCHIP Scheduled meeting with VDH MCH leadership and staff to discuss new innovations to improve on this measure (i.e. What are we learning nationally? Community-based strategies? Practice-based strategies?) Consider the impact of future primary care payment reform on improving well-child visit rates

Measure	Current ACO Activities Underway	Planned ACO Activities Underway
Percentage of Medicaid enrollees aligned with ACO	<ul style="list-style-type: none"> Developing payment models that are attractive to primary and specialty care providers that serve Medicaid beneficiaries 	<ul style="list-style-type: none"> Examining current attribution methodology and working collaboratively with DVHA to identify ways to improve the quality of the data and corresponding accuracy of attribution
Goal #2: Reduce Deaths Related to Suicide and Drug Overdose		
Deaths related to suicide	<ul style="list-style-type: none"> A number of HSAs (e.g. Burlington, Berlin, St. Albans) are exploring embedded behavioral health in primary care UVMHC is investigating new team-based care models that consider the unique provider availability, beneficiary risks, etc. OCV is working with State SBIRT team on next steps to recruit primary care practices to learn this model and deploy it in their sites OCV provided sponsorship to the June 5, 2017 5th Annual Suicide Prevention Conference Collaborating with DMH on two SAMHSA grant opportunities to increase resources and technical assistance in Vermont 	<ul style="list-style-type: none"> Explore opportunities for data sharing with DMH, DAs, and other community providers to improve identification of high-risk/high-needs individuals that could benefit from community-based care coordination Continue discussions with State SBIRT leadership on dissemination strategies OCV is planning a December Grand Rounds on mental health/suicide prevention available to anyone in our network
Deaths related to drug overdose	<ul style="list-style-type: none"> Provider support for ongoing MAT efforts 	<ul style="list-style-type: none"> Same as above Educate network providers on new legislation and VPMS requirements
Multi-Payer ACO initiation of alcohol and other drug dependence treatment	<ul style="list-style-type: none"> OCV working with Compliance Office on an information sharing/consent process for Care Navigator that will facilitate appropriate communication and coordination to support patient initiation and engagement OCV is forming a Primary Care Subcommittee that can serve as a vehicle to identify evidence-based best practices, test them, and spread them across the network 	<ul style="list-style-type: none"> OCV actively exploring partnership with DVHA, VDH, and BP on an IEP QI project OCV is planning a December Grand Rounds on mental health/suicide prevention available to anyone in our network
Multi-Payer ACO engagement of alcohol and other drug dependence treatment	<ul style="list-style-type: none"> Same as above 	<ul style="list-style-type: none"> Same as above

Measure	Current ACO Activities Underway	Planned ACO Activities Underway
Multi-Payer ACO 30-day follow-up after discharge from ED for mental health	<ul style="list-style-type: none"> • Same as above • Initiated conversations in clinical governance committees about how to monitor this measure on a regular basis 	<ul style="list-style-type: none"> • Same as above
Multi-Payer ACO 30-day follow-up after discharge for alcohol or other drug dependence	<ul style="list-style-type: none"> • Same as above 	<ul style="list-style-type: none"> • Same as above
Number of mental health and substance abuse-related ED visits	<ul style="list-style-type: none"> • A number of HSAs (e.g. Burlington, Berlin, St. Albans) are exploring embedded behavioral health in primary care 	<ul style="list-style-type: none"> • Promote SBIRT and embedded mental health in primary care models using a team-based approach to care delivery
% of Vermont providers checking prescription drug monitoring program before prescribing opioids	<ul style="list-style-type: none"> • Discussing Opioid Prescribing Project with Blueprint and VDH staff; disseminating toolkit in two HSAs • Sharing best practices at All Field Team staff meetings to facilitate uptake in local HSAs 	<ul style="list-style-type: none"> • Explore data sharing and tracking with VDH to provide timely performance monitoring data • Plan educational sessions for providers in the OCV network around the change in law
Multi-Payer ACO screening and follow-up for clinical depression and follow-up plan	<ul style="list-style-type: none"> • Current ACO quality measure • Disseminate results from 2016 quality measures scorecards; identify lessons learned and best practices 	<ul style="list-style-type: none"> • Create and disseminate at Network Success Story if clear actions are identified that related to measurable improvements in care delivery.
#per 10,000 population ages 18-64 receiving medication assisted treatment (MAT)	<ul style="list-style-type: none"> • Educate providers on MAT resources • Promote trainings for PCPs to become prescribers 	<ul style="list-style-type: none"> • Explore a possible waiver with payers to support improved payment models for PCP prescribers
Goal #3: Reduce Prevalence and Morbidity of Chronic Disease (COPD, Hypertension, Diabetes)		
Statewide prevalence of chronic disease: COPD	<ul style="list-style-type: none"> • Partner with VDH to support 3-4-50 campaign in local communities with emphasis on Vermont Quits resources and tools 	<ul style="list-style-type: none"> • Educate care coordinators to run patient panels by disease state in Care Navigator to look for gaps in care and identify and prioritize outreach to specific populations with complex health needs
Statewide prevalence of chronic disease: Hypertension	<ul style="list-style-type: none"> • OCV is currently co-leading a formal QI Learning Collaborative to improve the NQF measure on controlling hypertension. LS1 is June 14, 2017. Ten practices and one home health and hospice agency are actively engaged in the project 	<ul style="list-style-type: none"> • Obtain community buy-in and agreement on common HTN patient education tools and resources • Build HTN patient resource library in Care Navigator • Explore future education and QI initiatives on pre-hypertension as part of our overall population health

Measure	Current ACO Activities Underway	Planned ACO Activities Underway
	<ul style="list-style-type: none"> Researching evidence-based tools and resources for patients to build out a patient resource library on hypertension in Care Navigator 	management strategy
Statewide prevalence of chronic disease: Diabetes	<ul style="list-style-type: none"> Provider referrals to CHT self-management workshops and related resources Quality measurement data on BMI screening and follow-up Support the design of a RiseVT expansion plan to additional communities 	<ul style="list-style-type: none"> Explore future education and QI initiatives on pre-diabetes as part of our overall population health management strategy
Medicare ACO chronic disease composite: Diabetes HbA1c poor control; controlling high blood pressure; and all-cause unplanned admissions for patients with multiple chronic conditions	<ul style="list-style-type: none"> See above 	<ul style="list-style-type: none"> See above
Percentage of VT residents receiving appropriate asthma medication management	<ul style="list-style-type: none"> Providers are building protocols into their EMRs 	<ul style="list-style-type: none"> Dissemination of best practices and evidence-based protocols for asthma medication management
Multi-Payer ACO tobacco use assessment and cessation intervention	<ul style="list-style-type: none"> Provider referrals to CHTs for counseling and support around tobacco cessation Partner with VDH to support 3-4-50 campaign in local communities with emphasis on Vermont Quits resources and tools 	<ul style="list-style-type: none"> Explore focused QI activities through OCV's newly forming Primary Care Subcommittee