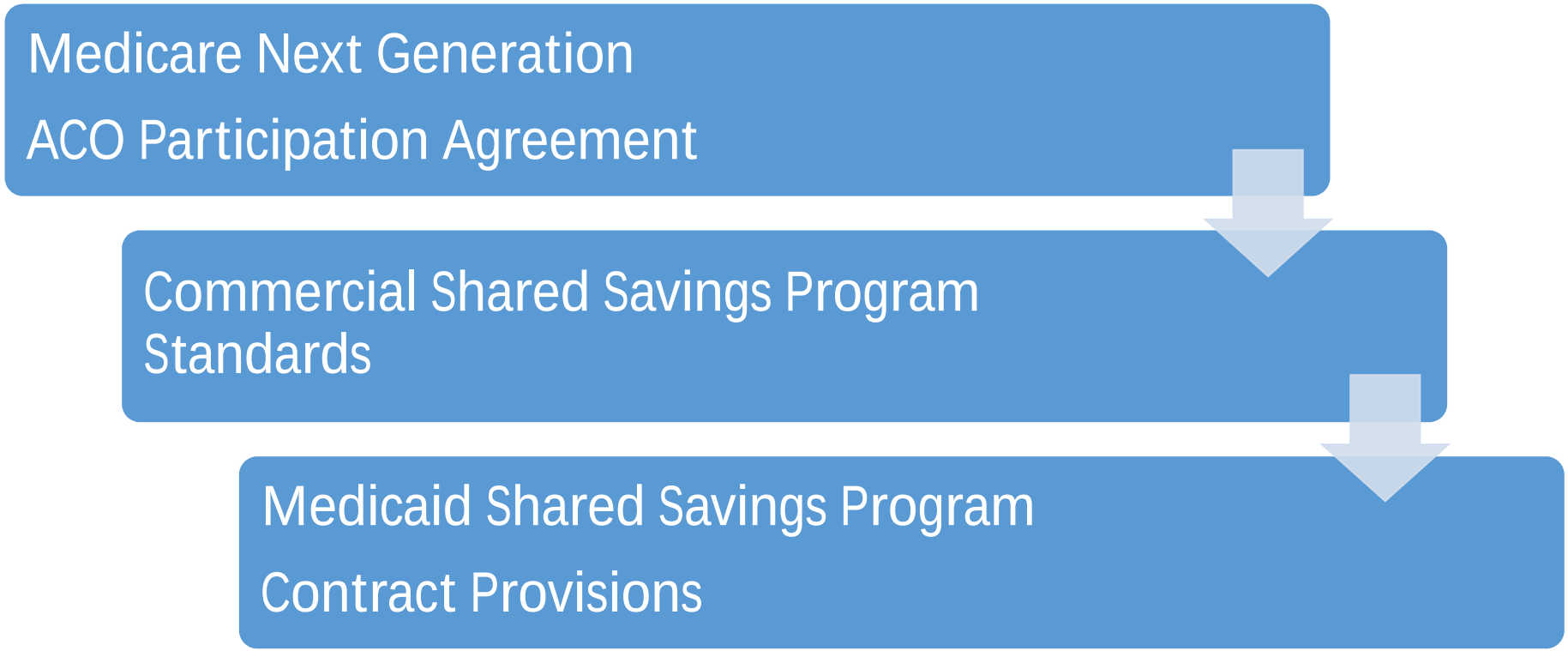
DRAFT DRAFT DRAFT DRAFT

Medicare Shared Savings Program Participation Agreement

Commercial Shared Savings Program Standards

Medicaid Shared Savings Program

Contract Provisions


Medicare Next Generation
ACO Participation Agreement
Commercial Shared Savings Program
Standards
Medicaid Shared Savings Program
Contract Provisions

Consumer Protections for Accountable Care Organizations (ACOs): Consumer Participation in Governance Body

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Consumer Participation Governance Body	Must at a minimum include at least one consumer member who is a Medicare beneficiary (if the ACO participates with Medicare), at least one consumer member who is a Medicaid beneficiary (if the ACO participates with Medicaid), and at least one consumer member who is a member of a commercial insurance plan (if the ACO participates with one or more commercial insurers).	The Contractor's governing body must include at least one consumer member who is a Medicaid beneficiary.	The ACO governing body shall include at least one Beneficiary served by the ACO.	Should include at least 3 consumer members including 1 Medicaid, 1 Medicare, and 1 Commercial beneficiary

Consumer Protections for ACOs: Consumer Advocate Participation in Governance Body

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Consumer Advocate Participation in Governance Body	Regardless of the number of payers with which the ACO participates, there must be at least two consumer members on the ACO governing body. These consumer members should have some personal, volunteer, or professional experience in advocating for consumers on health care issues. They should also be representative of the diversity of consumers served by the organization, taking into account demographic and non-demographic factors including, but not limited to, gender, race, ethnicity, socioeconomic status, geographic region, medical diagnoses, and services used. The ACO's governing board shall consult with advocacy groups and organizational staff in the recruitment process.	Regardless of the number of payers with which the Contractor participates, there must be at least two consumer members on the Contractor governing body. Consumer members shall have some prior personal, volunteer, or professional experience in advocating for consumers on health care issues.	The ACO governing body shall include at least one person with training or professional experience in advocating for the rights of consumers ("Consumer Advocate"), who may be the same person as the Beneficiary.	Should include at least one consumer advocate with training or professional experience in advocating for rights of consumers.

Consumer Protections for ACOs: Regional Representatives

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Regional Representatives Participation in Governing Body	X	X	X	Should include at least two consumer representatives in the region (s) an entity serves.

Consumer Protections for Accountable Care Organizations: Governance Transparency

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Governance Transparency	The governing body must have a transparent governing process which includes the following: publishing the names and contact information for the governing body members; devoting an allotted time at the beginning of each in-person governing body meeting to hear comments from members of the public who have signed up prior to the meeting and providing public updates of ACO activities; making meeting minutes available to the ACO's provider network upon request, posting summaries of ACO activities provided to the ACO's consumer advisory board on the ACO's website	A. The Contractor must maintain an identifiable governing body that has responsibility for oversight and strategic direction, holding the Contractor's management accountable for its activities. B. The Contractor must identify its board members, define their roles and describe the responsibilities of the board in writing to the State. D. The Contractor's governing body must have a transparent governing process which includes the following: 1. Publishing the names and contact information for the governing body members, for example, on a website; 2. Devoting an allotted time at the beginning of each in-person governing body meeting to hear comments from members of the public who have signed up prior to the meeting and providing public updates of the Contractor's activities; 3. Making meeting minutes available to the Contractor's provider network upon request, and 4. Post summaries of Contractor activities provided to the Contractor's consumer advisory board on the ACO's website.	The governing body has a transparent governing process;	The Accountable Care Organization's governing body should have a transparent process and open meetings.

Consumer Protections for Accountable Care Organizations: Consumer Advocacy Board

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Consumer Advocacy Board	The ACO must have a regularly scheduled process for inviting and considering consumer input regarding ACO policy, including the establishment of a consumer advisory board, with membership drawn from the community served by the ACO, including patients, their families, and caregivers. The consumer advisory board must meet at least quarterly. Members of ACO management and the governing body must regularly attend consumer advisory board meetings and report back to the ACO governing body following each meeting of the consumer advisory board. The results of other consumer input activities shall be reported to the ACO's governing body at least annually.	The Contractor must have a regularly scheduled process for inviting and considering consumer input regarding ACO policy, including but not limited to a consumer advisory board with membership drawn from the community served by the Contractor, including patients, their families, and caregivers. The consumer advisory board must meet at least quarterly. Members of the Contractor's management and the governing body must regularly attend consumer advisory board meetings and report back to the Contractor's governing body following each meeting of the consumer advisory board. Other consumer input activities shall include but not be limited to hosting public forums and soliciting written comments. The results of other consumer input activities shall be reported to the ACO's governing body at least annually	X	Consumer advisory board. An accountable care organization should have a regularly scheduled process for inviting and considering consumer input regarding the accountable care organization's policy, including a consumer advisory board with membership drawn from the community the accountable care organization serves. The consumer advisory board should include patients, their families, and caregivers, as well as beneficiaries of Medicaid, Medicare, and commercial insurance plans

Consumer Protections for Accountable Care Organizations: Quality

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Quality	The distribution of eligible savings will be contingent on demonstration that the ACO's quality meets a minimum qualifying threshold or "gate." Should the ACO's quality performance pass through the gate, the size of the distribution will vary and be linked to the ACO's performance on specific quality measures. Higher quality performance will yield a larger share of savings up to the maximum distribution as described above. Measures include measures of patient experience of care per the CAHPS (Consumer Assessment of Health Care Providers) tool.	Current contract calls for quality, outcome, and experience measures, (some that are linked to $) but no measures of access to care. The ACO reports some measures directly; the independent analytics contractor reports other measures on behalf of the ACOs, etc. But all of the requirements around frequency of and responsibility for reporting measure results are outlined in the payer contracts with ACOs.	CMS shall assess quality performance using the quality measures set forth in Appendix F and the quality measure data reported by the ACO. Notwithstanding Section XXI.D, CMS may amend the quality measures to be used in a Performance Year without the consent of the ACO prior to the beginning of the Performance Year. CMS shall notify the ACO of any measure set change prior to the beginning of each Performance Year.	An accountable care organization should measure progress toward improving access to care, quality of care, and health outcomes. The accountable care organization should be responsible for reporting its measures at least quarterly to the Department of Vermont Health Access, the Green Mountain Care Board, and participating commercial payers. Medicaid and participating commercial payers should incorporate these measures into their contracts with an accountable care organization to hold the organization responsible for quality of care, access to care, and health outcomes, as well as a positive patient experience

Consumer Protections for Accountable Care Organizations: Quality Cont.

Standard	GMCB SSP	Medicaid SSP Contract	Next Generation ACO Participation Agreement	H. 812
Quality Cont.	Outcomes measures are included in quality and performance measures for an ACO, but participation in the ACO is not predicated on meeting specific quality, performance, outcomes, and access thresholds. Quality and performance measures include measures related to primary care, specialty care, inpatient care, substance use disorders, and mental health treatment services. The GMCB does not have authority to enforce thresholds.	Quality thresholds are in place in order for an ACO to share in savings, but their overall participation is not predicated on quality performance. Quality and performance measures include measures related to primary care, specialty care, inpatient care, substance use disorders, and mental health treatment services.	The Next Generation Participation agreement does not include quality, access, and outcomes thresholds for participation, but does include lengthy Monitoring and Compliance provisions for ACOs. See Slide 11.	In order to ensure that the health of Vermonters is improved by the accountable care organization, measurement should include metrics of outcomes related to primary care, specialty care, inpatient care, substance use disorder treatment, and mental health treatment services. An accountable care organization should be required to meet specific quality, access, and outcome thresholds in order to participate in alternative payment methodologies such as capitated payments, shared savings, and global budgets. The Green Mountain Care Board should enforce these thresholds.

Consumer Protections for Accountable Care Organizations: Access

Standard	GMCB SSP	Medicaid SSP	Next Generation ACO Participation Agreement	H. 812
Access	Monitoring and Evaluation measures are in place to gauge under/over utilization of services.	Monitoring and Evaluation measures are in place to gauge under/over utilization of services.	The ACO shall require its Next Generation Participants and Preferred Providers to make Medically Necessary Covered Services available to Next Generation Beneficiaries in accordance with applicable laws, regulations and guidance. Next Generation Beneficiaries and their assignees retain their right to appeal claims determinations in accordance with 42 CFR § 405, Subpart I. The ACO and its Next Generation 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 period.	An accountable care organization should measure progress toward improving access to care, quality of care, and health outcomes. The accountable care organization should be responsible for reporting its measures at least quarterly to the Department of Vermont Health Access, the Green Mountain Care Board, and participating commercial payers. Medicaid and participating commercial payers should incorporate these measures into their contracts with an accountable care organization to hold the organization responsible for quality of care, access to care, and health outcomes, as well as a positive patient experience

Consumer Protections for Accountable Care Organizations

Standard	GMCB SSP	Medicaid SSP	Next Generation ACO Participation Agreement	H. 812
Grievances and Appeals	No provision regarding grievances and appeals. Beneficiaries continue to access existing grievance and appeals process through his/her insurer.	Medicaid has it's own grievance and appeal processes that are maintained independently of the SSP administration on the DVHA side. The current contract does not specify any role for the GMCB in this area.	The ACO shall require its Next Generation Participants and Preferred Providers to make Medically Necessary Covered Services available to Next Generation Beneficiaries in accordance with applicable laws, regulations and guidance. Next Generation Beneficiaries and their assignees retain their right to appeal claims determinations in accordance with 42 CFR § 405, Subpart I.	Grievances and appeals. The Green Mountain Care Board should adopt rules to protect against wrongful denial of services and to address grievances of patient attributed to an accountable care organization. The rules should provide for internal and external review processes. GMCB Currently has no authority to take action related to grievances and appeals.

Consumer Protections for Accountable Care Organizations: Attributing Provider Choice

Standard	GMCB SSP	Medicaid SSP	Next Generation ACO Participation Agreement	H. 812
Attributing Provider Choice	ACO patients will have freedom of choice with regard to their providers consistent with their health plan benefit. No requirement that beneficiaries choose a provider for attribution purposes	There is no requirement that a beneficiary choose a provider for attribution purposes; they are attributed based on the PCP with whom they have the most visits during the year, or whom they have selected upon Medicaid enrollment.	ACOs have the option to choose a "voluntary alignment" for attribution purposes. See slide 13.	Provider choice. Patients should be allowed to identify their own primary care provider through an attestation process as the primary method of attribution. An accountable care organization should not interfere in any way with the ability of a patient to receive services from any provider of his or her choice.

Consumer Protections for ACOs: Next Generation Voluntary Alignment

C. Voluntary Alignment

1. General

   If the ACO elects to participate in Voluntary Alignment for a Performance Year according to Section X.A, CMS shall conduct Voluntary Alignment in accordance with Appendix C, subject to the provisions in this Section V.C.

2. Influencing or Attempting to Influence the Beneficiary

   (a) The ACO, Next Generation Participants, Preferred Providers, and other individuals or entities performing functions or services related to ACO Activities are prohibited from providing gifts or other remuneration to Beneficiaries as inducements for influencing a Beneficiary's decision to complete or not complete a Voluntary Alignment Form.

   (b) The ACO, Next Generation Participants, Preferred Providers, and other individuals or entities performing functions or services related to ACO Activities shall not, directly or indirectly, commit any act or omission, nor adopt any policy, that coerces or otherwise influences a Beneficiary's decision to complete or not complete a Voluntary Alignment Form, including but not limited to the following:

      i. Offering of anything of value to the Beneficiary;

      ii. Including the Voluntary Alignment Form and instructions with any other materials or forms, including but not limited to materials requiring the signature of the Beneficiary; and

      iii. Withholding or threatening to withhold medical services or limiting or threatening to limit access to care.

      iv.

   (c) For purposes of Section V.H.2, any items or services provided in violation of this Section V.C.2 will not be considered to have a reasonable connection to the medical care of the Beneficiary.

3. Enforcement

   In addition to the actions available under Section XIX, failure to comply with the provisions of this Section may result in retroactive reversal of any alignment of Next Generation Beneficiaries to the ACO that occurred solely pursuant to this section.

4. Modification or Elimination of Voluntary Alignment

   Notwithstanding Section XXI.D, CMS may amend this Agreement without ACO consent to revise or remove the provisions of Appendix C.

Consumer Protections for ACOs: Next Generation Participation Agreement, Monitoring and Compliance

A. CMS Monitoring and Oversight Activities

1. CMS shall conduct monitoring activities to evaluate compliance by the ACO, its Next Generation Participants, and Preferred Providers with the terms of this Agreement. Such monitoring activities may include, without limitation:
   (a) Interviews with any individual or entity participating in ACO Activities, including members of the ACO leadership and management, Next Generation Participants, and Preferred Providers;
   (b) Interviews with Next Generation Beneficiaries and their caregivers;
   (c) Audits of charts, medical records, Implementation Plans, and other data from the ACO, its Next Generation Participants and Preferred Providers;
   (d) Site visits to the ACO and its Next Generation Participants and Preferred Providers; and
   (e) Documentation requests sent to the ACO, its Next Generation Participants, and/or Preferred Providers, including surveys and questionnaires.
2. In conducting monitoring and oversight activities, CMS or its designees may use any relevant data or information including, without limitation, all Medicare claims submitted for items or services furnished to Next Generation Beneficiaries.
3. CMS shall, to the extent practicable and as soon as practicable, provide the ACO with a comprehensive schedule of planned comprehensive annual audits related to compliance with this Agreement.
   (a) Such schedule does not preclude the ability of CMS to conduct more limited, targeted or ad hoc audits as necessary.
   (b) CMS may alter such schedule without the consent of the ACO. CMS shall notify the ACO within 15 days of altering such schedule.

VI. Care Improvement Objectives

A. General

1. The ACO shall implement processes and protocols that relate to the following objectives for patient-centered care:

   (a) Promotion of evidence-based medicine, such as through the establishment and implementation of evidence-based guidelines at the organizational or institutional level. An evidence-based approach would also regularly assess and update such guidelines.

   (b) Process to ensure Beneficiary/caregiver engagement, and shared decision making processes employed by Next Generation Participants that takes into account the Beneficiaries' unique needs, preferences, values, and priorities. Measures for promoting Beneficiary engagement include, but are not limited to, the use of decision support tools and shared decision making methods with which the Beneficiary can assess the merits of various treatment options in the context of his or her values and convictions. Beneficiary engagement also includes methods for fostering what might be termed "health literacy" in Beneficiaries and their families.

   (c) Coordination of Beneficiaries' care and care transitions (e.g., sharing of electronic summary records across providers, telehealth, remote Beneficiary monitoring, and other enabling technologies).

   (d) Providing Beneficiaries access to their own medical records and to clinical knowledge so that they may make informed choices about their care.

   (e) Ensuring individualized care for Beneficiaries, such as through personalized care plans.

   (f) Routine assessment of Beneficiary and caregiver and/or family experience of care and seek to improve where possible.

   (g) Providing care that is integrated with the community resources Beneficiaries require.

2. The ACO shall require its Next Generation Participants to comply with and implement these designated processes and protocols, and shall institute remedial processes and penalties, as appropriate, for Next Generation Participants that fail to comply with or implement a required process or protocol.