MEMORANDUM

TO: Chairman Lippert, House Health Care Committee
Jen Carbee, Legislative Counsel
FROM: Sharon Winn, Bi-State Primary Care Association and CHAC
cc: Victoria Loner, Floyd Nease, Amy Cooper, Todd Moore
DATE: March 9, 2016
SUBJ: Details of Proposed Revisions to Draft 2.2

As promised, this memorandum includes detailed revisions to H.812, draft 2.2 to allow ACOs the option of NCQA Accreditation for ACOs, in lieu of being subject to a state regulatory approach on aspects of the ACO program that are addressed by NCQA standards.

Specifically, NCQA would cover the following aspects of the ACO model:

- Program Operations, including organizational structure, stakeholder participation, resource stewardship, and payment arrangements.
- Access to Care and Availability of Providers
- Primary Care Practice Capabilities
- Care Management, including data collection and use, health assessments, population health management, and practice supports such as electronic prescribing and self-management tools
- Care Coordination and Transitions of Care
- Patient Rights and Responsibilities
- Performance Reporting, including performance measures, quality and cost measures, and patient experience measures

The either/or language could be built into page 6, lines 1-4 to require the Board to certify an ACO in Vermont that obtains and maintains either 1) NCQA Full Accreditation for ACOs; or 2) compliance with Board standards established by Rule.

There should also be established a separate set of provisions under which the Board regulates ALL ACOs, regardless of NCQA Accreditation status.

Provisions of H. 812 that would be covered by NCQA, and therefore belong in a regulatory scheme that applies only to non-NCQA accredited ACOs, are the following:

- Page 3, line 3 -- patient protections
- Page 3, line 4 – care management mechanisms
- Page 4, lines 6 and 7 on measures
- Page 4, lines 8 -15 on shared decision making
- Page 4, lines 16-19 on care transitions
- Page 4, line 20 on grievances and appeals
- Page 6, lines 6-9 on governance
- Page 6, lines 10-13 on coordinating care for patients, and services for high risk patients BUT retaining line 13-14 on access to providers who do not participate in the ACO
- Page 6, lines 15-16 on provider payment
- Page 6, lines 17-20 on accepting providers
- Page 7 lines 1-4 on promoting integrated, efficient, and effective health care services
- Page 7 lines 5-6 on health information
- Page 7 lines 7-9 on evaluating participating health care providers
- Page 7 lines 10-12 on sharing information with patients
- Page 7 lines 13-15 on shared decision making
- Page 7 lines 16-20 on patient notifications