

DVHA - ACO Contract Transparency Provisions Summary: Working Draft

Function	Contract Section #	Description
Business Registration	2.1	Contractor must be a Vermont business registered with the Secretary of State.
ACO Regulation	2.2	ACO is required to comply with ACO regulations enacted in Act 113 of 2016.
Governance Requirements	2.3	<p>Prescribes ACO governance structure, including membership. Board membership must feature participation from network participants, including:</p> <ul style="list-style-type: none"> • Mental health and substance abuse community of providers • Post-acute care (such as home health) or long term care services and supports community of providers. • At least two consumer members on the Contractor governing body one of which is a Medicaid member. The Contractor’s governing body shall consult with advocacy groups and organizational staff in the recruitment process for the consumer member. <p>Institutional and home-based long-term care providers, sub-specialty providers, mental health providers and substance abuse treatment providers are strongly encouraged to be invited to participate on ACO clinical advisory boards. It is also strongly encouraged that ACO participant membership serving all ages of Medicaid members (pediatric and geriatric) be represented in governance and in clinical advisory roles.</p> <p>In addition, ACO’s governing body must have a transparent governing process which includes the following:</p> <ol style="list-style-type: none"> 1. Publishing the names and contact information for the governing body members, for example, on a website; 2. Devoting an allotted time at each in-person governing body meeting to allow comments from members of the public to be heard. Public participants must provide prior notice of intent to speak; 3. Providing updates on the Contractor’s activities; 4. Making meeting minutes available to the Contractor’s provider network upon request; and 5. Posting summaries of Contractor activities provided to the Contractor’s consumer advisory

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		board on its website.
Key Staff	2.5	Contractor required to deliver roster of key staff annually and notify DVHA within 5 days of a vacancy of key staff.
Financial Accounting Requirements	2.7.3	<p>Contractor shall notify DVHA of any person or corporation with five percent (5%) or more of ownership or controlling interest in the Contractor and shall submit financial statements for these individuals or corporations.</p> <p>DVHA may make an examination of the affairs of the Contractor as often as it deems prudent. The focus of the examination will be to ensure that the Contractor is not subject to adverse actions which in DVHA's determination have the potential to impact the Contractor's ability to meet its responsibilities with respect to its use of in-network capitation funds received from DVHA and the Contractor's compliance with the terms and conditions of any financial risk transfer agreement.</p>
Reporting Transactions with Parties of Interest	2.8	The Contractor shall disclose to DVHA information on "party in interest" transactions. These are transactions where someone from OneCare is the beneficiary of, or has an interest in, a transaction with OneCare.
Subcontracts	2.9	DVHA has the right to review sub-contractor performance, including of revenues and expenses, balance sheet, cash flows and changes in equity/fund balance.
Response to State Inquiries	2.11	DVHA may directly receive inquiries and complaints from external entities, including but not limited to providers, members, legislators or other constituents which the Contractor will be required to research, respond to and resolve in the timeframe specified by DVHA.

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Dissemination of Information	2.12	Upon the request of DVHA, the Contractor shall distribute information prepared by DVHA, its designee, or the Federal Government to its members.
Maintenance of Written Policies and Procedures	2.14	The Contractor shall develop and maintain written policies and procedures for each functional area in compliance with the Code of Federal Regulations, Vermont Statutes, DVHA Rules applicable to this Contract, ACO Operations Manual and the Contract. Written guidelines shall be maintained for developing, reviewing and approving all policies and procedures. The Contractor shall review all policies and procedures at least annually to ensure they reflect current practice and shall update them as necessary. Reviewed policies shall be signed and dated. All medical and quality management policies shall be reviewed and approved by the Contractor’s Medical Director. DVHA has the right to review all Contractor policies and procedures. Should DVHA determine a policy requires revision, the Contractor shall work with DVHA to revise within the timeframes specified by the State. If DVHA determines the Contractor lacks a policy or process required to fulfill the terms of the Contract, the Contractor must adopt a policy or procedure as directed by DVHA.
DVHA Ongoing Monitoring	2.16	DVHA shall conduct ongoing monitoring of the Contractor to ensure compliance with Contract requirements and performance standards. The method and frequency of monitoring is at the discretion of DVHA and may include, but is not limited to, both scheduled and unannounced site visits, review of policies and procedures, and performance reporting.
Material Change	2.17	<p>A material change to operations is any change in overall business operations, such as policy, process or protocol which affects, or can reasonably be expected to affect, more than five percent (5%) of either 1) attributed members or 2) OneCare’s provider network.</p> <p>Prior to implementing a material change in operation, the Contractor shall submit a request to DVHA for review and approval at least sixty (60) calendar days in advance of the effective date of the change. The request shall contain, at minimum, information regarding the nature of the change, the rationale for the change, and the proposed effective date. Contractor may be required, at the direction of DVHA, to communicate material changes to members or providers at least thirty (30) days prior to the effective date of the change.</p>
Marketing and Outreach	4.1	Contractor shall obtain State approval for all marketing and outreach materials at least thirty (30) calendar days prior to distribution. Any outreach and marketing activities (written and oral) shall be presented and conducted in an easily understood manner and format and at a sixth grade reading level. The Contractor shall not engage in marketing activities that mislead, confuse or defraud

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		<p>members or the State. Statements considered inaccurate, false, or misleading include, but are not limited to, any assertion or written or oral statement that:</p> <ul style="list-style-type: none"> • The member or potential member must join the Contractor’s ACO to obtain benefits or to avoid losing benefits; • The Contractor is endorsed by CMS, the federal or state government or a similar entity; or • The Contractor’s ACO plan is the only opportunity to obtain benefits under the State of Vermont’s Medicaid program.

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Member Services Helpline	4.3.1	<p>DVHA shall continue to maintain a statewide toll-free telephone helpline staffed with trained personnel knowledgeable about the Vermont Medicaid program as well as basic information about the ACO's programs. The Contractor shall be responsible for its own Member Services Helpline to handle second-tier questions from members (including issues that require specific expertise and authority by the Contractor to resolve). Staff assigned to this function must be available to provide sufficient "live voice" access to members during, at a minimum, the hours between 8 a.m. and 6 p.m. Eastern Standard Time, Monday through Friday. The Contractor shall provide an after-hours voice message system that informs callers of the Contractor's business hours and offers an opportunity to leave a message. Calls received in the voice message system shall be returned within one (1) business day. During hours of operation, the Contractor must be able to receive transfers from DVHA's Member Services Helpline, AHS staff and members who wish to directly call the ACO.</p> <p>The Contractor's helpline shall offer language translation services for members whose primary language is not English and shall provide Telecommunications Device for the Deaf (TDD) services for hearing impaired members.</p> <p>The Contractor's Helpline staff shall be trained to ensure that member questions and concerns are resolved as expeditiously as possible. The Contractor shall maintain a system for tracking and reporting the number and type of members' calls and inquiries it receives during business hours and non-business hours.</p> <p>The Contractor must meet the following performance standards related to the responsiveness of staffed telephone lines:</p> <p>During open hours, seventy-five percent of all incoming calls that opt to talk to a live operator are answered by a live operator within 25 seconds of leaving the contractor's Interactive Voice Response (IVR) system;</p> <p>Lost call abandonment rate after the call exits the IVR shall not exceed five percent.</p> <p>98% of calls are answered by a live agent within four minutes.</p>
Electronic Communication	4.3.2	<p>The Contractor shall provide an opportunity for members to submit questions or concerns electronically, via e-mail and through the member website.</p>

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		<p>The Contractor shall respond to questions and concerns submitted by members electronically within one business day. If the Contractor is unable to answer or resolve the member's question or concern within one business day, the Contractor shall notify the member that additional time will be required and identify when a response will be provided. A final response shall be provided within three (3) business days.</p> <p>The Contractor shall maintain the capability to report on e-mail communications received and responded to, such as total volume and response times. The Contractor shall be prepared to provide this information to DVHA upon request.</p>

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Member Info, Outreach, and Education	4.4	<p>The Contractor shall inform members that information is available upon request in alternative formats and how to obtain them. DVHA defines alternative formats as Braille, large font letters, audiotape, prevalent languages and verbal explanation of written materials. To the extent possible, written materials shall not exceed a sixth grade reading level.</p> <p>The Contractor shall inform the members that, upon the member's request, the Contractor will provide information on the structure and operation of the Contractor and, in accordance with 42 CFR § 438.6(h), will provide information on the Contractor's provider incentive plans.</p> <p>The Contractor shall be responsible for developing and maintaining member education programs designed to provide the members with clear, concise and accurate information about the Contractor's program and the Contractor's network.</p> <p>The State encourages the Contractor to incorporate community advocates, support agencies, health departments, other governmental agencies and public health associations in its outreach and member education programs. The State encourages the Contractor to develop community partnerships with these types of organizations, in particular with community mental health centers, local health offices and prenatal clinics in order to promote health and wellness within its membership.</p>
New Member Materials	4.4.1	<p>The Contractor has the option to provide its DVHA members a Welcome Packet to introduce them to the ACO. If the Contractor chooses this option, the Welcome Packet is subject to review by DVHA to ensure consistency with other member materials sent out by DVHA. The Welcome Packet may include, but not be limited to, a new member letter, explanation of where to find information about the Contractor's provider network, information about completing a health needs screening and any unique features of the ACO.</p> <p>The Contractor is required to give DVHA members the option to opt out of data sharing, that is, for DVHA to send the Contractor claims information about the member. A notice must be sent to attributed members outlining the procedures that the member may follow should they wish to change their claims data sharing preferences (either to opt in or opt out of data sharing).</p>
Member Website	4.4.2	Requires contractor to have a web site and prescribes the requirements of the website. For example, the website shall be in a DVHA-approved format (compliant with Section 508 of the US Rehabilitation

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		Act) to ensure compliance with existing accessibility guidelines.

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Quality Information	4.4.4	Contractor shall make quality information available to members.
Member and Potential Member Communications Review and Approval	4.5	DVHA shall approve all member communications.
Member Provider Communications	4.6	ACO shall not restrict communications between members and health care professionals.
Member Rights	4.7	Establishes a member's rights.
Interpretation Services	4.8	Provides free interpretation services as needed.
Member Grievances and Appeals	4.11	<p>DVHA shall maintain its own internal Grievance and Appeals. The Contractor, however, shall serve as the first line to intake grievances and appeals that are specific to actions taken by the Contractor related to its DVHA members. The Contractor shall establish written policies and procedures, subject to review and approval by DVHA, governing the resolution of grievances and appeals.</p> <p>The Contractor shall be responsible for addressing the following situations whenever a member is attributed to the ACO:</p> <ul style="list-style-type: none"> • A member expresses dissatisfaction (a grievance) with the ACO, an ACO policy or a provider affiliated with the ACO; or • A member wishes to appeal a decision or action taken by the ACO (in accordance with the definitions provided in 42 CFR § 438, Subpart F).
Member Notice of Grievance, Appeal and Fair Hearing Procedures	4.11.3	The Contractor shall follow and communicate, when necessary, information listed in the DVHA General Provider Agreement related to member grievance, appeal and State fair hearing procedures and timeframes to providers and subcontractors at the time they enter a contract with the Contractor.
Provider Agreements	5.4	Describes requirements for DVHA to review and approve OneCare network contracts.

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Provider Communications Review and Approval	5.7.1	Provider communication materials specific to this contract shall be pre-approved by DVHA.
Provider Policy and Procedures Manual	5.7.2	If the Contractor develops an ACO Provider Policies and Procedures Manual, it shall be available both electronically and in hard copy (upon request) to all network providers, without cost, when they are initially enrolled, when there are any changes in policies and procedures, and upon a provider's request.
Contractor Outreach with Providers	5.8	The Contractor shall have in place policies and procedures to maintain frequent communications and provide information to its provider network. The Contractor shall give providers at least thirty (30) calendar days advance notice of material changes that may affect the providers' procedures such as changes in subcontractors, claims submission procedures or prior authorization policies. The Contractor shall post a notice of the changes on its website to inform both network and out-of-network providers and make payment policies available to non-contracted providers upon request.
Provider Website	5.8.1	The Contractor shall maintain a provider website that contains information about its Medicaid line of business. The Contractor may choose to develop a separate provider website or incorporate it into the home page of the member website described in Section 4.4.2.
External Quality Review	8.6	Per federal law DVHA is subject to external quality reviews.
ACO Reporting Manual	9.1 – 9.10	The State places great emphasis on the delivery of quality health care to Medicaid members. Performance monitoring and data analysis are critical components in assessing how well the Contractor is maintaining and improving the quality of care delivered. Section 9 and the ACO Manual outline required reports.
Performance Measures and Incentive Payment Structure	Attachment B	The performance measures (listed in the table on the next page), targets and incentive payment opportunities for Calendar Years 2017, 2018, and 2019 are set forth in Attachment B.
Whistleblower Protection	Attachment C	The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse of authority or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act.

Quality Measures

Measure	Measure Use	Data Source	National Medicaid Benchmarks Available for 2017 Contract Year
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	Payment*	Claims	No
30 Day Follow-Up after Discharge from the ED for Mental Health	Payment*	Claims	No
Adolescent Well Care Visits	Payment	Claims	Yes
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Payment*	Claims	No
Developmental Screening in the First 3 Years of Life	Payment	Claims OR Clinical	No
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	Payment	Clinical	Yes
Hypertension: Controlling High Blood Pressure	Payment	Clinical	Yes
Initiation of Alcohol and Other Drug Dependence Treatment	Payment	Claims	Yes
Engagement of Alcohol and Other Drug Dependence Treatment	Payment	Claims	Yes
Screening for Clinical Depression and Follow-Up	Payment*	Claims and	No

Plan		Clinical	
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	Reporting	Claims	Yes
Timeliness of Prenatal Care	Reporting	Claims	Yes