

APM

Requirement

Rule 5: Certification

Statute: Certification

(1) The ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a consumer advisory board and other processes for inviting and considering consumer input; (13) The meetings of the ACO's governing body comply with the provisions of section 9572 of this title.

(1) The ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a consumer advisory board and other processes for inviting and considering consumer input;

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(6) The ACO's participating providers have the capacity for meaningful participation in health information exchanges.

(6) The ACO's participating providers have the capacity for meaningful participation in health information exchange; (8) The ACO does not place any restrictions on the information its participating health care providers may provide to patients about their health or decisions regarding their health.

(1) The ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a consumer advisory board and other processes for inviting and considering consumer input

(15) The ACO has in place appropriate mechanisms to conduct ongoing assessments of its legal and financial vulnerabilities.

(1) The ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a consumer advisory board and other processes for inviting and considering consumer input

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(17) The ACO provides connections and incentives to existing community services for preventing and addressing the impact of childhood adversity. The ACO collaborates on the development of quality-outcome measurements for use by primary care providers who work with children and families and fosters collaboration among care coordinators, community service providers, and families.

(2)... The ACO ensures equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care.

(10) The ACO offers assistance to health care consumers, including: (A)-(E)

(4) The ACO has established appropriate mechanisms and criteria for accepting health care providers to participate in the ACO that prevent unreasonable discrimination and are related to the needs of the ACO and the patient population served

(1) The ACO's governance, leadership, and management structure is transparent, reasonably and equitably represents the ACO's participating providers and its patients, and includes a **consumer advisory board** and other processes for inviting and considering consumer input;

(11) The ACO collaborates with providers not included in its financial model, including home- and community-based providers and dental health providers; (9) The ACO's participating health care providers engage their patients in shared decision making to inform them of their treatment options and the related risks and benefits of each.

(11) The ACO collaborates with providers not included in its financial model, including home- and community-based providers and dental health providers.



(2) The ACO has established appropriate mechanisms and care models to provide, manage, and coordinate high-quality health care services for its patients, including incorporating the Blueprint for Health, coordinating services for complex high-need patients, and providing access to health care providers who are not participants in the ACO. The ACO ensures equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care; (5) The ACO has established mechanisms and care models to promote evidence-based health care, patient engagement, coordination of care, use of electronic health records, and other enabling technologies to promote integrated, efficient, seamless, and effective health care services across the continuum of care, where feasible

(11) The ACO collaborates with providers not included in its financial model, including home- and community-based providers and dental health providers; (14) The impact of the ACO's establishment and operation does not diminish access to any health care or community-based service or increase delays in access to care for the population and area it serves.

(7) The ACO has performance standards and measures to evaluate the quality and utilization of care delivered by its participating health care providers.

## Section 6

(3) The ACO has established appropriate mechanisms to receive and distribute payments to its participating health care providers in a fair and equitable manner. To the extent that the ACO has the authority and ability to establish provider reimbursement rates, the ACO shall minimize differentials in payment methodology and amounts among comparable participating providers across all practice settings, as long as doing so is not inconsistent with the ACO's overall payment reform objectives

(7) The ACO has performance standards and measures to evaluate the quality and utilization of care delivered by its participating health care providers.

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(16) The ACO has in place a financial guarantee sufficient to cover its potential losses.

(15) The ACO has in place appropriate mechanisms to conduct ongoing assessments of its legal and financial vulnerabilities.

Rule 5: Budget

Statute: Budget

(D) the character, competence, fiscal responsibility, and soundness of the ACO and its principals;

(M) information on the ACO's administrative costs, as defined by the Board;



(N) the effect, if any, of Medicaid reimbursement rates on the rates for other payers;



(G) the extent to which the ACO provides incentives for systemic health care investments to strengthen primary care, including strategies for recruiting additional primary care providers, providing resources to expand capacity in existing primary care practices, and reducing the administrative burden of reporting requirements for providers while balancing the need to have sufficient measures to evaluate adequately the quality of and access to care; (H) the extent to which the ACO provides incentives for systemic integration of community-based providers in its care model or investments to expand capacity in existing community-based providers, in order to promote seamless coordination of care across the care continuum; (I) the extent to which the ACO provides incentives for systemic health care investments in social determinants of health, such as developing support capacities that prevent hospital admissions and readmissions, reduce length of hospital stays, improve population health outcomes, reward healthy

(F) the ACO's efforts to prevent duplication of high-quality services being provided efficiently and effectively by existing community-based providers in the same geographic area, as well as its integration of efforts with the Blueprint for Health and its regional care collaboratives;

(F) the ACO's efforts to prevent duplication of high-quality services being provided efficiently and effectively by existing community-based providers in the same geographic area, as well as its integration of efforts with the Blueprint for Health and its regional care collaboratives;

(A) information regarding utilization of the health care services delivered by health care providers participating in the ACO and the effects of care models on appropriate utilization, including the provision of innovative services;

(C) the expenditure analysis for the previous year and the proposed expenditure analysis for the year under review by payer;

(E) any reports from professional review organizations;

(B) the Health Resource Allocation Plan identifying Vermont's critical health needs, goods, services, and resources as identified pursuant to section 9405 of this title;

Document	Frequency	Certification Category (Rule 5.201-5.210)
OneCare Conflict of Interest	Initial Certification & upon change	
Governance and Executive Leadership Charts		Governing Body
	Initial Certification & upon change	
OneCare Operating Agreement		Governing Body
	Initial Certification & upon change	
OCVT Privacy and Security	Initial Certification & upon change	Governing Body
		Health Information Technology
OneCare Vermont Data Use	Initial Certification & upon change	
		Health Information Technology
Salary table	Annual	
		Leadership and Management

OneCare Compliance Plan	Initial Certification & upon change	Leadership and Management
	Annual	
Full Organizational Chart		Leadership and Management
Statewide Health Outcomes and Quality of Care Reports	Annual & Quarterly	N/A
TCOC Report	Annual & Quarterly	N/A
Payer Differential Report	Annual	N/A
Efforts to address childhood adversity		
	Annual	
Addressing mental health		New 2019 certification criteria
	Initial Certification & upon change	
OneCare Beneficiary Grievances and Appeals	Initial Certification & upon change	New 2019 certification criteria Patient Protections and Support
OneCare Participant Appeals	Initial Certification & upon change	Patient Protections and Support



Consumer Advisory Board and yearly training by HCA

Initial Certification & upon change

Patient Protections and Support  
Population Health  
Management and Care  
Coordination

Advanced Community Care Coordination Payments

Initial Certification & upon change

Care Coordination and Disease Management Program within an Integrated Care Delivery Model

Initial Certification & upon change

Population Health  
Management and Care  
Coordination

Care Coordination Training and Responsibilities

Initial Certification & upon change

Population Health  
Management and Care  
Coordination  
Population Health  
Management and Care  
Coordination  
Population Health

OneCare Vermont Primary Care Case Management and Care Coordination Payment Distribution

ACO Population Risk Stratification Summary

Annual

Management and Care  
Coordination

Population Health Program Investments

Annual

Population Health  
Management and Care  
Coordination



Revenues by payer ACO Quality Results by Payer	Annual	Provider Payment
	Annual	
Sample OneCare Provider Contract		Provider Payment
	Annual	
Signed OneCare-Hospital Risk Addendums	Annual	Provider Payment
Scale Target ACO Initiatives	Annual	Provider Payment
Efforts to address payment parity		Provider Payment
	Annual	
		Provider Payment and new criteria
ACO Quality Improvement	Initial Certification & upon change	Quality Evaluation and Improvement
ACO Clinical Priority Areas	Annual	Quality Evaluation and Improvement
Utilization Management Plan	Annual	Quality Evaluation and Improvement
Use of data to drive performance at the Health Service Area	Annual	Quality Evaluation and Improvement
Financial Statements	Quarterly	Solvency and Financial Stability
Hospital dues	Annual	Solvency and Financial Stability
Hospital risk amounts	Annual	Solvency and Financial Stability

Risk Mitigation Plan	Budget	Solvency and Financial Stability
Administrative expenses/operational budget	Quarterly	Solvency and Financial Stability
Audited financial statements	Annual	Solvency and Financial Stability

Financial Liabilities Policy (to come)

HRAP

**Budget Category  
(Rule 5.403)**

**Regulatory**

**Process**

N/A      ACO Oversight      Budget Order 2020

6      ACO Oversight      Budget Order 2020

ACO Oversight      Budget Order 2020

N/A      ACO Oversight      Budget Order 2020

N/A      ACO Oversight      Budget Order 2020

1,3      ACO Oversight      Budget Order 2020

N/A      ACO Oversight      Budget Order 2020

1      ACO Oversight      Budget Order 2020

APM      ACO Oversight      Budget Order 2020

APM      ACO Oversight      Budget Order 2020

APM      ACO Oversight      Budget Order 2020

20      ACO Oversight      Budget Order 2020

Certification

16,18      ACO Oversight

Certification

7      ACO Oversight

Certification

7      ACO Oversight

Certification

5 ACO Oversight

Certification

16 ACO Oversight

Certification

13 ACO Oversight

Certification

13 ACO Oversight

Certification

2,9,11,17 ACO Oversight

Certification

13 ACO Oversight



Certification

17-20 ACO Oversight

Certification

16 ACO Oversight

Certification

16,18 ACO Oversight

		Certification
11	ACO Oversight	
8	ACO Oversight	Budget Order 2020
		Budget
8	ACO Oversight	Budget
8	ACO Oversight	Budget
10	ACO Oversight	Budget
10	ACO Oversight	Budget
10	ACO Oversight	Budget
		Budget
10	ACO Oversight	Budget
10	ACO Oversight	Budget
		Certification
9	ACO Oversight	Certification
10	ACO Oversight	Certification
4	ACO Oversight	Certification

10	ACO Oversight	Certification
		Certification
4	ACO Oversight	
		Budget
9	ACO Oversight	
9	ACO Oversight	Budget
APM	ACO Oversight	Budget
		Certification
9,17	ACO Oversight	
		Budget
12	ACO Oversight	
		Budget
12	ACO Oversight	
12	ACO Oversight	Certification
12,13	ACO Oversight	Certification
		Certification
2,3,14	ACO Oversight	
2,3,9	ACO Oversight	Certification
2,3,9,10	ACO Oversight	Budget Order 2020

2,3,9,10, (b)	APM	Statewide Reporting
2,3,14	APM	Statewide Reporting
15	APM	Statewide Reporting

Regulatory	Process	Document
ACO Oversight	Certification	Certificate of Good Standing with Sec. of State
ACO Oversight	Certification	OneCare Conflict of Interest
ACO Oversight	Certification	Governance and Executive Leadership Charts
ACO Oversight	Certification	OneCare Operating Agreement
ACO Oversight	Budget Order 2020	Salary table
ACO Oversight	Certification	OneCare Compliance Plan
ACO Oversight	Certification	Full Organizational Chart
ACO Oversight	Budget Order 2020	Financial Statements
ACO Oversight	Budget Order 2020	Hospital dues
ACO Oversight	Budget Order 2020	Hospital risk amounts
ACO Oversight	Budget Order 2020	Risk Mitigation Plan
ACO Oversight	Budget Order 2020	Administrative expenses/operational budget
ACO Oversight	Budget Order 2020	Audited financial statements
ACO Oversight	Budget Order 2020	Network Development Strategy
ACO Oversight	Certification	OneCare Network Support and Access
ACO Oversight	Budget	Provider Network list
ACO Oversight	Certification	Advance Community Care Coordination Payments
ACO Oversight	Certification	Care Coordination and Disease Management Program within an Integrated Care Delivery Model
ACO Oversight	Certification	Care Coordination Training and Responsibilities
ACO Oversight	Certification	OneCare Vermont Primary Care Case Management and Care Coordination Payment Distribution
ACO Oversight	Budget	ACO Population Risk Stratification Summary
ACO Oversight	Budget	Population Health Program Investments
ACO Oversight	Certification	Coordination and integration with the Blueprint for Health and its community collaboratives
ACO Oversight	Certification	Collaboration with Community-Based Providers
ACO Oversight	Budget	ACO Models of Care, including population health initiatives and associated outcomes
ACO Oversight	Certification	ACO Quality Improvement
ACO Oversight	Budget	ACO Clinical Priority Areas

ACO Oversight	Certification	Utilization Management Plan
ACO Oversight	Budget	Use of data to drive performance at the Health Service Area
ACO Oversight	Certification	OneCare Beneficiary Grievances and Appeals
ACO Oversight	Certification	OneCare Participant Appeals
ACO Oversight	Certification	Consumer Advisory Board and yearly training by HCA
ACO Oversight	Budget Order 2020	Medicare contract
ACO Oversight	Budget Order 2020	Medicaid contract
ACO Oversight	Budget Order 2020	Commercial payer contracts
ACO Oversight	Budget Order 2020	Actuarial certifications for commercial payer contracts
ACO Oversight	Budget Order 2020	Attribution by payer
ACO Oversight	Certification	OneCare Vermont VMNG Fixed Prospective Payment Distribution
ACO Oversight	Budget	Budgeted and projected trend rates, by payer
ACO Oversight	Budget	Total Shared Savings/(Loss) to ACO
ACO Oversight	Budget	Revenues by payer
ACO Oversight	Certification	ACO Quality Results by Payer
ACO Oversight	Budget	Sample OneCare Provider Contract
ACO Oversight	Budget	Signed OneCare-Hospital Risk Addendums
ACO Oversight	Budget Order 2020	Scale Target ACO Initiatives
ACO Oversight	Certification	Efforts to address payment parity/comprehensive primary care program
ACO Oversight	Certification	OCVT Privacy and Security
ACO Oversight	Certification	OneCare Vermont Data Use
APM	Statewide Reporting	Statewide Health Outcomes and Quality of Care Reports
APM	Statewide Reporting	TCOC Report
APM	Statewide Reporting	Payer Differential Report
ACO Oversight	Budget	Efforts to address childhood adversity
ACO Oversight	Certification	Addressing mental health outcomes

<b>Frequency</b>	<b>Certification Category (Rule 5.201-5.210)</b>	<b>Budget Category (Rule 5.403)</b>
Initial Certification & upon change	5.201 Legal Entity	1
Initial Certification & upon change	5.202 Governing Body	N/A
Initial Certification & upon change	5.202 Governing Body	1
Initial Certification & upon change	5.202 Governing Body	1
Annual	5.203 Leadership and Management	1,3
Initial Certification & upon change	5.203 Leadership and Management	N/A
Annual	5.203 Leadership and Management	1
Quarterly	5.204 Solvency and Financial Stability	2,3,14
Annual	5.204 Solvency and Financial Stability	2,3,9
Annual	5.204 Solvency and Financial Stability	2,3,9,10
Budget	5.204 Solvency and Financial Stability	2,3,9,10, (b)
Quarterly	5.204 Solvency and Financial Stability	2,3,14
Annual	5.204 Solvency and Financial Stability	15
Annual	5.205 Provider Network	8
Initial Certification & upon change	5.205 Provider Network	8
Annual	5.205 Provider Network	8
Initial Certification & upon change	5.206 Population Health Management and Care Coordination	16
Initial Certification & upon change	5.206 Population Health Management and Care Coordination	13
Initial Certification & upon change	5.206 Population Health Management and Care Coordination	13
Initial Certification & upon change	5.206 Population Health Management and Care Coordination	2,9,11,17
Annual	5.206 Population Health Management and Care Coordination	13
Annual	5.206 Population Health Management and Care Coordination	17-20
Annual	5.206 Population Health Management and Care Coordination	16
Annual	5.206 Population Health Management and Care Coordination	16,18
Annual	5.206 Population Health Management and Care Coordination	11
Initial Certification & upon change	5.207 Performance Evaluation and Improvement	12
Annual	5.207 Performance Evaluation and Improvement	12

Annual	5.207 Performance Evaluation and Improvement	12
Annual	5.207 Performance Evaluation and Improvement	12,13
Initial Certification & upon change	5.208 Patient Protections and Support	7
Initial Certification & upon change	5.208 Patient Protections and Support	7
Initial Certification & upon change	5.208 Patient Protections and Support	5
Annual	5.209 Provider Payment	10
Annual	5.209 Provider Payment	10
Annual	5.209 Provider Payment	10
Annual	5.209 Provider Payment	10
Quarterly	5.209 Provider Payment	10
Initial Certification & upon change	5.209 Provider Payment	9
Annual	5.209 Provider Payment	10
Annual	5.209 Provider Payment	4
Annual	5.209 Provider Payment	10
Annual	5.209 Provider Payment	4
Annual	5.209 Provider Payment	9
Annual	5.209 Provider Payment	9
Annual	5.209 Provider Payment	APM
Annual	5.209 Provider Payment and new criteria	9,17
Initial Certification & upon change	5.210 Health Information Technology	N/A
Initial Certification & upon change	5.210 Health Information Technology	N/A
Annual & Quarterly	N/A	APM
Annual & Quarterly	N/A	APM
Annual	N/A	APM
Annual	New 2019 certification criteria	20
Initial Certification & upon change	New 2019 certification criteria	16,18



## Budget Category (Rule 5.403)

ACO structure, composition, ownership, governance, and management

ACO structure, composition, ownership, governance, and management

ACO structure, composition, ownership, governance, and management  
Management; Financial information

ACO structure, composition, ownership, governance, and management  
Proposed budget; Financial information; Projected 3-yr capital expenditures  
Proposed budget; Financial information; Provider Payment strategies and methodologies  
Proposed budget; Financial information; Provider Payment strategies and methodologies; Payer contracts  
Proposed budget; Financial information; Provider Payment strategies and methodologies; Payer contracts; Risk c  
Proposed budget; Financial information; Projected 3-yr capital expenditures  
Reports from professional review organizations  
Provider Network and payer programs

5.205 Provider Network and payer programs  
Provider Network and payer programs

Prevent duplication & integration with Blueprint

Utilization

Utilization  
Proposed budget; Provider Payment strategies and methodologies; models of care, pop. Health initiatives  
&benefit enhancements; strengthen primary care

Utilization

Primary care, community-based providers, social determinants of health, adverse childhood experiences

Prevent duplication & integration with Blueprint

Prevent duplication & integration with Blueprint; integration of community-based providers

models of care, pop. Health initiatives &benefit enhancements;

Performance Evaluation and Improvement Program

Performance Evaluation and Improvement Program

Performance Evaluation and Improvement Program

Performance Evaluation and Improvement Program; Utilization

Complaint, grievance, & appeal process

Complaint, grievance, & appeal process

Consumer input activities

Payer contracts

Payer contracts

Payer contracts

Payer contracts

Payer contracts

Provider Payment strategies and methodologies

Payer contracts

Financial and quality performance results under Payer contracts

Payer contracts

Financial and quality performance results under Payer contracts

Provider Payment strategies and methodologies

Provider Payment strategies and methodologies

Provider Payment strategies and methodologies; strengthen primary care

All Payer Model Agreement

All Payer Model Agreement

All Payer Model Agreement

Impacts of adverse childhood experiences and trauma

Prevent duplication & integration with Blueprint; integration of community-based providers

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