VERMONT

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MEMORANDUM

TO: Green Mountain Care Board Members

FROM: Michael Barber, Chief of Health Policy; Melissa Miles, Health Policy Project Director; Marisa Melamed, Green Mountain Care Board Administrator; Robert Stirewalt, Health Policy Advisor

DATE: January 7, 2019

SUBJECT: 2019 Certification Eligibility Verification for OneCare Vermont

SUMMARY: This memo provides a summary of OneCare's compliance with new statutory certification requirements, as well as a review of any material changes relevant to OneCare's continued eligibility for certification. The memo is organized as follows:

I. Background and Staff Recommendation Summary
II. Discussion: New Certification Requirements
III. Discussion: Certification Eligibility Verification

I. Background and Staff Recommendation Summary

OneCare Vermont Accountable Care Organization, LLC (OneCare) was provisionally certified by the Green Mountain Care Board (GMCB or Board) on January 5, 2018 and was fully certified on March 21, 2018. The GMCB is required to review OneCare's continued eligibility for certification annually.[1] If the GMCB determines that OneCare is failing to meet one or more certification requirements, it may take remedial action, including requiring OneCare to implement a corrective action plan.[2] OneCare remains certified unless and until its certification is limited, suspended, or revoked.[3]

Vermont certified ACOs must annually submit a certification eligibility form that:

1. Verifies that the ACO continues to meet the requirements of the 18 V.S.A. § 9382 and Rule 5.000; and
2. Describes in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters

[1] GMCB Rule 5.000, § 5.305 (Annual Eligibility Verifications).
[2] *Id.* at § 5.504 (Remedial Actions; Corrective Action Plans).
[3] *Id.* at § 5.505 (Limitation, Suspension, and Revocation of Certification).

addressed in sections 5.201 through 5.210 of Rule 5.000 that the ACO has not already reported to the Board. [4]

The eligibility verification must be signed by an ACO executive with authority to legally bind the ACO, who must verify under oath that the information is accurate, complete, and truthful to the best of his or her knowledge, information, and belief.[5]

The *2019 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC* was adopted by the Board on August 1, 2018 and was distributed to OneCare on August 2, 2018.[6] OneCare's submission was received by the October 1, 2018 deadline. The Board responded to OneCare on October 31, 2018 with additional questions needed to complete the review. The Board received responses to the additional questions by the required November 14, 2018 deadline.

Because the statutory certification requirements were amended after OneCare was certified, the 2019 certification form asked OneCare about its compliance with the amendments.[7] Because the Board adopted antitrust-related guidance after OneCare was certified, the form also asked OneCare whether it engages in conduct described in the guidance.[8]

Staff recommendations and potential conditions or reporting and monitoring requirements for each section of the memorandum, if any, are summarized below.

a. Summary: Staff Recommendations – New Certification Requirements (see Section II)

Staff concludes that the new ACO certification requirements added to 18 V.S.A. § 9382 in 2018 are being met. We recommend the Board vote to approve OneCare's continued eligibility for certification, subject to the following reporting and monitoring requirements:

- *Mental Health Access:* We recommend the Board continue to monitor OneCare's annual performance and quality improvement activities through review of the payer quality measure results, 2019 Quality Improvement Plan, and 2019 Clinical Priorities. We recommend that OneCare submit a report regarding its collaboration with the Designated Agencies on a 42 CFR Part 2 common consent and re-disclosure process.
- *Payment Parity:* On December 17, 2018, as part of the 2019 OneCare budget approval, the Board voted to require final reporting on the 2018 Comprehensive Payment Reform Pilot and interim reporting on the 2019 Comprehensive Payment Reform Program. These budget conditions satisfy monitoring for this certification requirement.
- *Childhood Adversity:* We recommend that OneCare provide a timeline for its 2019 plan to address childhood adversity. This should include reporting on the projects highlighted in this section, including: 1) creation of new social determinants of health risk scores; 2) how

[4] *Supra* note 1.
[5] *Id.*
[6] *See* 2019 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC (August 1, 2018), *available at* https://gmcboard.vermont.gov/content/aco-certification-and-budget-review.
[7] *See* 2018 Acts and Resolves No. 167, Sec. 13a; 2018 Acts and Resolves No. 200, Sec. 15; 2018 Acts and Resolves No. 204, Sec. 7.
[8] *See* Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General (May 1, 2018), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf.

ACEs screening tools are being incorporated into EHRs; 3) the DULCE program expansion; 4) how OneCare will use its analytic capacities to identify cost and utilization drivers to help justify additional resources for childhood trauma, and any additional initiatives OneCare will be starting.

b. Summary: Staff Recommendations – Certification Eligibility Verification (see Section III)

Staff also reviewed and verified continued certification eligibility in the following areas, and concluded that eligibility requirements are being met and no Board action is required to continue OneCare's certification:

- Antitrust guidance:

OneCare attested under oath in its October 1, 2018 certification submission that it is complying with the Board's *Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General*.[9] No Board action is required.

- Material changes:

Staff concludes that there are no changes that affect OneCare's continued eligibility for certification in 2019. No Board action is required. Staff will request that OneCare report the following items to the GMCB to support ongoing monitoring (parentheticals indicate reporting due dates):[10]

- An updated BOM (Board of Managers) roster (30 days after the end of Q1 2019);
- 2020 Network Development strategy and timeline (30 days after the end of Q1 2019);
- 2019 Clinical Priorities (30 days after the end of Q1 2019);
- Quality Improvement Management Workplan (30 days after the end of Q1 2019); and
- Updated OneCare Policies and Procedures (various; 30 days after the end of the Quarter in which the policy was approved by the BOM).

II. Discussion: New Certification Requirements

The statutory certification requirements were amended after OneCare was certified in 2018. Three new requirements were added relating to 1) access to mental health care; 2) fair and equitable payments that minimize differentials among participating providers (also referred to as "payment parity"); and 3) addressing childhood adversity and promoting resilience.[11] Each of the three new requirements and OneCare's approach to satisfying the requirements are outlined below.

a. Mental Health Access. *The ACO ensures equal access to appropriate mental health care that meets the Institute of Medicine's triple aims of quality, access, and affordability in a manner that is equivalent to other aspects of health care as part of an integrated, holistic system of care. 18 V.S.A. § 9382(a)(2).*

[9] *See supra* note 8.
[10] Certain items must be reported to the GMCB within fifteen (15) days of their occurrence per § 5.501(c).
[11] *See supra* note 7.

Areas for consideration:

1. **ACO's role vs. payers' role in supporting access to mental health care.** OneCare's goal is to promote access to high-quality mental health care as part of an integrated system of care at both the local and statewide level. OneCare is investing in local community activities to promote integration of mental and physical health care services, including providing financial resources, tools, and supports to promote community-based integrated care teams with Designated Mental Health Agency (DA) staff. Through these integrated teams, the goal is for people with mental health issues to be more easily identified, their needs prioritized, and the needed services resourced as part of the shared care plan process. Payers are responsible for designing benefit plans that facilitate access to specific mental health services and ensure parity of coverage and network access. The ACO and payers are working together to use data to determine whether interventions will improve access to mental health services. See number 5 below.

2. **ACO's financial incentives to support access to mental health care.** This area includes incentives to include more mental health providers in the ACO network and incentives to DAs and community supports to better manage services for individuals with mental health conditions. Per member per month (PMPM) payments to DAs for high and very high-risk individuals enhance their capacity to provide team-based care coordination in the community by participating in care conferences, developing shared care plans, and completing transitional care planning. OneCare plans to work with mental health providers in 2019 and 2020 to explore new payment reform models and delivery system reform opportunities to improve access to timely, high-quality mental health care. The Board will monitor OneCare's proposed specialist program pilot in 2019, which is currently being developed. Of note, OneCare's request for proposals for the 2019 innovation fund grants sought proposals that would, among other things, improve access to care; improve mental health and/or substance used disorder prevention, screening and/or treatment; advance care coordination for high risk individuals through innovative programs addressing the social determinants of health; and eliminate inequities in health.

3. **ACO's care coordination to support access to mental health care.** As discussed above, OneCare believes that its model of care allows people with mental health issues to be more easily identified, their needs prioritized, and the needed services resourced as part of the shared care plan process. Information sharing is a key part of this model. CareNavigator allows information sharing across the continuum and can be used to identify key patient panels, including mental health diagnoses such as anxiety, depression, and bipolar disorder. CareNavigator has also provided a common consent and redisclosure process to ensure care team members subject to 42 CFR Part 2 regulations can actively participate in treatment. The patient maintains the right to refuse to share their information. Additionally, the CPR Pilot/Program may allow participants to incorporate behavioral health, psychiatric care, and team-based approaches into their primary care practices. In approving OneCare's FY 2019 budget, the Board required OneCare to submit a final report on the Pilot that, among other things, describes practices' experiences with the pilot, such as "any clinical innovations allowed by increased flexibility and/or resources." In a recent status update, OneCare described how the CPR Pilot has allowed the Thomas Chittenden Health Center to improve

access to mental health services by embedding a mental health practitioner rather than relying on specialty referrals or visits to sites outside the primary care setting. Specifically, with the additional funding from the CPR Pilot, they were able to hire a psychiatric nurse practitioner two days per week and provide psychiatric services to patients lacking health insurance coverage. OneCare explained that the project began in March 2018 and for the period of June-September, Thomas Chittenden Health Center was able to increase access to a mental health professional by 80%.

4. **ACO programs or initiatives to support access to mental health care.** OneCare worked with the Howard Center and SASH to improve access and utilization of mental health and substance abuse services by residents in low-income housing. It funded a full-time mental health clinician through the Howard Center to support residents at two Burlington congregate housing locations where SASH has programs (e.g. hosting groups, meeting residents one-on-one, and joining staff meetings and team discussions on SASH participants). OneCare is working with a vendor to explore refinements to risk stratification algorithms to include social determinants data around, for example, housing instability and social isolation. In addition to programs with SASH and the Howard Center, OneCare hosted an interdisciplinary Grand Rounds session on suicide prevention (creating enduring educational materials) and partnered with the Blueprint for Health to dedicate the October 2018 All-Field Team meeting to suicide prevention and awareness. The planning committee is now organizing a panel to discuss suicide, especially among marginalized or minority populations in Vermont. The Diabetes Prevention and Management Learning Collaborative, which is a joint effort between OneCare, VDH, Blueprint, a regional Quality Innovation Network-Quality Improvement Organization (QIN-QIO), and SASH will focus the final session in January 2019 on the connection between diabetes and prediabetes and mental health and wellness.

5. **ACO's use of data, quality measurement, and clinical priorities supporting access to mental health care.** In 2018, OneCare worked with Blue Cross Blue Shield of Vermont to share aggregate HSA-level data to OneCare's network for the first time on four key mental health and substance abuse quality measures: initiation and engagement of alcohol and other drug abuse or dependence; follow-up after ED visit for alcohol or other drug abuse or dependence; follow-up after ED visit for mental health; and follow-up after hospitalization for mental health. OneCare is also currently engaged with the Department of Vermont Health Access (DVHA) in a department-wide process improvement plan to improve the rates of initiation and engagement of treatment for substance use disorders by increasing access to treatment services through telemedicine (OneCare's 2017 performance on this measure was below the 25th percentile).[12] One of OneCare's clinical priority areas for 2018 was to increase the 30-day ambulatory care follow-up for emergency room discharges for mental health and substance abuse diagnoses. A number of the quality measures included in OneCare's 2018 payer contracts were related to mental health or substance abuse:

    - Follow-up After Hospitalization for Mental Illness, 7-day Rate;

[12] *See* OneCare Vermont ACO 2019 Fiscal Year Budget Submission (October 1, 2018), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/documents/GMCB%20ACO%20Budget%20Submission%202019%20Final%20%28Supplemental%20Attachment%29.pdf, p.47.

- Depression Remission at 12 months;
- 30-Day Follow-Up after Discharge from the ED for Mental Health;
- 30-Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence;
- Initiation of Alcohol and Other Drug Dependence Treatment;
- Engagement of Alcohol and Other Drug Dependence Treatment; and
- Screening for Clinical Depression and Follow-Up.

Certification recommendation for <u>Mental Health Access</u> criteria: We recommend the Board continue to monitor OneCare's annual performance and quality improvement activities through review of the payer quality measure results, 2019 Quality Improvement Plan, and 2019 Clinical Priorities. We recommend that OneCare submit a report regarding its collaboration with the Designated Agencies on a 42 CFR Part 2 common consent and re-disclosure process.

b. Payment Parity. *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. 18 V.S.A § 9382(a)(3).*

Areas for consideration:

1. **ACO's role vs. payers' role in fair and equitable payments and minimizing payment differentials.** OneCare has two provider payment mechanisms:
    - All-Inclusive Population-Based Payment (AIPBP) model – Certain OneCare participating providers waive fee-for-service reimbursement for most or all claims and instead accept the AIPBP model. The fund source is a monthly lump sum prospective payment based on the payer contract.
    - Direct supplemental payments (also known as Supplemental OCV PHM Investments) – These are payments to providers on top of usual fee-for-service or an AIPBP. These payments are funded by OneCare's budgeted revenues, including financial contributions from hospitals (i.e., hospital participation fees) and payers. These payments allow hospital and payer revenue contributions to be redistributed to providers, who may be independent, hospital-based, or other community providers.

    OneCare does not have the ability to set the underlying fee schedule negotiated between payers and providers.

2. **ACO's steps to minimize payment differentials.** In 2019, OneCare will make payments in three ways:
    - Fixed payments to hospitals (designed to replace fee-for-service cash flow);
    - Capitated payments to independent primary care providers (fixed payments combined with supplemental payments to encourage innovative practice delivery and care models); and

- Population health management program payments.

When a hospital provides primary care services, for example, those services are covered by the hospital-wide Fixed Payment for all services, making it difficult to compare payments for those specific services at hospitals with those of independent providers.

OneCare takes the following steps to minimize payment differentials among comparable providers across practice settings:

- OneCare applies the same methodology to generate payment amounts across all providers;
- In the CPR program each practice starts from the same base PMPM; practice-specific age/sex and risk adjustment is then applied; and
- Payment methodologies are designed to provide transition to value-based care, incentivize focus on population health and wellness, facilitate long-term participation in ACO programs, enable sustainable ACO operations, and meet the goals of the Vermont All-Payer ACO Model.

In 2018, OneCare piloted a CPR program with three independent primary care organizations. Nine organizations have expressed intent to participate with the ACO in partial or full capitation models offered in 2019.[13]

OneCare submitted a preliminary financial report on the CPR Pilot on June 30, 2018.[14] We received a status report on the Pilot on January 3, 2019.

Certification recommendation for Payment Parity criteria: We recommend additional reporting on the 2018 CPR Pilot and 2019 CPR Program. As part of the 2019 OneCare budget approval, the Board voted to require final reporting on the 2018 Comprehensive Payment Reform Pilot and interim reporting on the 2019 Comprehensive Payment Reform Program.

c. Addressing Childhood Adversity and Promoting Resilience. *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. 18 V.S.A. § 9382(a)(17).*

Areas for consideration:

1. **Connections between ACO providers who are addressing the impacts of childhood adversity.** The OneCare Vermont Population Health Strategy Committee is charged with directing the ACO's clinical initiatives in cooperation with state, insurer, and community organizations, including plans to address childhood adversity. OneCare also has a Pediatric Subcommittee of the Clinical and Quality Advisory Committee, comprised of academic and

[13] *See supra* note 12, p.7.
[14] *See* CPR Pilot Report to GMCB (June 30, 2018), *available at* https://gmcboard.vermont.gov/sites/gmcb/files/2018%20CPR%20Pilot%20Report%20-%206.30.18.pdf.

community pediatricians and family physicians. OneCare will engage with the Agency of Human Services (AHS), the Blueprint for Health, Vermont Care Partners, and its participant network to promote provider and community education, screening initiatives, and cooperative interventions to help address childhood adversity and ACEs and their impact on both adults and children. For example, OneCare met with AHS and Department of Children and Family Services (DCF) staff to explore interventions for children in DCF custody.

2. **Collaboration on quality outcome measurements.** OneCare is exploring new screening tools for its attributed population that would allow for a holistic view of the family. OneCare is supporting efforts to develop an ACEs screening tool that network providers could incorporate into their Electronic Health Record (EHR) to identify patients with a high childhood adversity risk score and warrant additional engagement from the ACO and community providers. In an effort to look at the health and prevention of the entire community, OneCare is working with a data vendor, Algorex Health, to build a risk scoring algorithm to identify social determinants of health which may place children and families at an increased risk for adverse childhood experiences. These "neighborhood" or "household stress" risk scores would be accessible in Care Navigator. OneCare has stated that the use of analytics will help them to identify cost and utilization drivers which may help justify additional resources. In addition, one of OneCare's clinical priorities is to address food insecurity, a prominent social determinant of health.[15]

3. **Incentives providing or planning for community service providers.** In collaboration with the Vermont Department of Health (VDH), OneCare is going to expand the evidence-based DULCE program. DULCE began as a randomized controlled trial at Boston Medical Center's Pediatrics Department in 2010.[16] VDH and Lamoille County have been part of a national DULCE pilot since 2016, with the Lamoille County Parent Child Center employing a DULCE Family Specialist who is embedded at a Federal Qualified Health Center's pediatric practice. The Specialist works with families who are enrolled in the parent child center to support them in receiving enhanced social and medical during the first six months of a child's life. In addition, Vermont Legal Aid provides legal assistance to enrolled participants in the program.[17] OneCare will provide financial assistance for a statewide program coordinator and funding to continue research on the program's outcomes, expanding in 2019 to three new pediatric practices in communities who have a RiseVT campaign.

Certification recommendation for Childhood Adversity criteria: We recommend that OneCare provide a timeline for its 2019 plan to address childhood adversity. This should include reporting on the projects highlighted in this section, including: 1) creation of new social determinants of health risk scores; 2) how ACEs screening tools are being incorporated into EHRs; 3) the DULCE program expansion; 4) how OneCare will use its analytic capacities to identify cost and utilization

[15] *See supra* note 12.
[16] *See* PROJECT DULCE, *available at* http://www.mlpboston.org/project-dulce.
[17] *See Study Partners*, Center for the Study of Social Policy, *available at* https://cssp.org/our-work/project/developmental-understanding-and-legal-collaboration-for-everyone/.

drivers to help justify additional resources for childhood trauma, and any additional initiatives OneCare will be starting.

III. Discussion: Certification Eligibility Verification

a. Antitrust Guidance

OneCare attested under oath in its October 1, 2018 certification submission that it is complying with the Board's guidance on potential violations of state and federal antitrust laws.[18] No Board action is required.

b. Material Changes

We identified changes that could relate to OneCare's continued eligibility for certification through OneCare's responses to the certification form issued by the Board in August. These changes are described below, as well as any accompanying conditions or recommendations for continued certification, if any.

1. **Board of Managers (BOM).** The BOM currently has an open seat representing Critical Access Hospitals (CAHs). In its November 14, 2018 response, OneCare reported that the BOM will use a process where the current network CAHs will nominate an organization to represent CAHs on the BOM. Nominations will be reviewed by the Executive Committee before discussion and approval by the full BOM. OneCare reports that the seat should be filled no later than February of 2019. *Reporting requirement.*

2. **Patient and Family Advisory Committee Charter.** A revision was made to the Patient and Family Advisory Committee Charter, adding a requirement that guarantees consumer representation for each of the payer programs OneCare is contracting with each year. *No recommendation.*

3. **Consumer Input.** OneCare is working on changes to improve its mechanisms for obtaining consumer input. In addition to revising the Patient and Family Advisory Committee Charter, OneCare has implemented several other changes, including broadening its social media and news media presence, organizing public forums to educate the public on the ACO, and creating more public-focused materials. OneCare states they are currently undergoing a website redesign to make their website more informative and user friendly. *No recommendation.*

4. **Leadership Team and Organizational Chart.** OneCare submitted a new Leadership Team Table and Organizational Chart with its submission. OneCare's Chief Executive Officer, Todd Moore, will be stepping down in the next few months, to be replaced, on an interim basis, by Kevin Stone, the current chair of the BOM. *No recommendation.*[19]

5. **Participant Appeals Policy.** OneCare submitted a new Participant Appeals Policy; changes include the addition of the term "preferred participant" and broadening of the language to allow

[18] *See supra* note 6 and 8.
[19] OneCare must report changes to its senior management team within 15 days pursuant to Rule 5.000, § 5.501(c)(2).

appeals to be requested by applicants who are denied participation. These changes were requested by the Board to meet the initial 2018 certification criteria. *No recommendation.*

6. **2020 Network Development.** OneCare is currently developing its 2020 Network Development strategy and expects to approve the strategy in Q1 2019. OneCare's recruitment and acceptance criteria has been to seek out the home hospital first, and then invite other health care providers within the HSA to join the network. A key area for GMCB to continue to review is OneCare's plan to engage ancillary independent providers in its 2020 network development. *Reporting requirement.*

7. **Population Health Management and Care Coordination.**

    - *CareNavigator*. OneCare continues to improve the CareNavigator (CN) platform. New conditions panels were added to CN to assist care coordination for high-risk patients and evidence-based educational materials were added to the resource library. OneCare continues to work to increase the number of people trained to use the CN platform, which is now more than 600 individuals. OneCare is currently in the process of implementing a CN mobile application.
    - *WorkBench One*. OneCare continues to use its informatics platform for combining clinical and claims data to perform advanced analytics and support clinical decision making. OneCare added key performance indicators to track cost and utilization data. A new payment flag was added to monitor fee-for-service claims versus shadow claims for risk contracts. OneCare also added an application to help improve Medicare Annual Wellness Visit rates, and care coordination outcomes and process metrics applications have been added as an internal monitoring tool to compare cohorts in the Care Management program and analyze impacts over time.
    - *Event Notification*. On June 30, 2018, admission, discharge, and transfer feeds were added to CN for out-of-state facilities participating in PatientPing.
    - *Risk Stratification.* OneCare is evaluating a new risk model from Algorex Health to use in addition to the John's Hopkins Adjusted Clinical Grouper (JH ACG). The Algorex Health model utilizes social determinants of health data and when coupled with the JH ACG may provide a more comprehensive view of the health of the attributed population. Future work may include the creation of an "ACEs risk score" in 2019. See section above for new certification criteria on childhood adversity and promoting resilience for more information on the addition of social determinants of health risk scores.