



# VERMONT ALL-PAYER MODEL PROPOSAL: DISCUSSION

SENATE COMMITTEES ON FINANCE AND APPROPRIATIONS  
ENA BACKUS, DEPUTY EXECUTIVE DIRECTOR, GMCB

**FEBRUARY 12, 2016**

# Presentation Overview

1. Your questions
2. Green Mountain Care Board Standards for Alternative-Payment Model Programs
3. Governance for Alternative-Payment Model Programs
4. Proposed All-Payer Model Governance

# Your Questions: Two Buckets

## Model Proposal

- GMCB
- AOA
- AHS/DVHA
- Commercial Payers
- ACO
- Health Care Providers
- Community-Based Services
- Vermonters

## Operations and Regulation

- GMCB
- AOA
- AHS/DVHA
- Commercial Payers
- ACO
- Health Care Providers
- Community-Based Services
- Vermonters

# GMCB Standards for Alternative Payment Models: Shared Savings Program

## **1. ACO structure:**

- Financial Stability
- Risk Mitigation
- Patient Freedom of Choice
- ACO Governance

## **2. ACO payment methodology:**

- Patient Attribution Methodology
- Calculation of ACO Financial Performance and Distribution of Shared Risk Payments

## **3. Standards related to management of the ACO:**

- Care Management
- Payment Alignment
- Data Use Standards

## **4. Process for review and modification of measures**

# Current Governance Standards for ACOs Participating in Shared Savings Program

GMCB Standard	Governing Body
<ul style="list-style-type: none"><li>• Must maintain an identifiable governing body that has responsibility for oversight and strategic direction of the ACO, and holding ACO management accountable for the ACO's activities.</li><li>• The organization must identify its board members, define their roles and describe the responsibilities of the board.</li><li>• <b>At least 75 percent control</b> of the ACO's governing body must be held by or represent <b>ACO participants</b> or provide for meaningful involvement of ACO participants on the governing body. For the purpose of determining if this requirement is met, a "participant" shall mean an organization that:<ul style="list-style-type: none"><li>• has, through a formal, written document, <b>agreed to collaborate on one or more ACO programs</b> designed to improve quality, patient experience, and manage costs, and</li><li>• <b>is eligible to receive shared savings distributions</b> based on the distribution rules of the ACO or participate in alternative financial incentive programs as agreed to by the ACO and its participants.</li></ul></li></ul>	

# Current Governance Standards for ACOs Participating in Shared Savings Program

GMCB Standard	Fiduciary Duty
<ul style="list-style-type: none"><li>The governing body members must have a fiduciary duty to the ACO and act consistently with that duty.</li></ul>	

# Current Governance Standards for ACOs Participating in Shared Savings Program

GMCB Standard	Transparency
<ul style="list-style-type: none"><li>• <b>Must have a transparent governing process which includes the following:</b><ul style="list-style-type: none"><li>• Publishing the names and contact information for the governing body members.</li><li>• 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.</li><li>• Making meeting minutes available to the ACO's provider network upon request.</li><li>• Posting summaries of ACO activities provided to the ACO's consumer advisory board on the ACO's website.</li></ul></li></ul>	

# Current Governance Standards for ACOs Participating in Shared Savings Program

GMCB Standard	Consumer Representatives
<p><b>Must at a minimum include at least:</b></p> <ul style="list-style-type: none"><li>• One consumer member who is a Medicare beneficiary (if the ACO participates with Medicare).</li><li>• One consumer member who is a Medicaid beneficiary (if the ACO participates with Medicaid).</li><li>• One consumer member who is a member of a commercial insurance plan (if the ACO participates with one or more commercial insurers).</li><li>• <b>Regardless of the number of payers with which the ACO participates, there must be at least two consumer members on the ACO governing body.</b></li></ul> <p><b>Consumer members should:</b></p> <ul style="list-style-type: none"><li>• Have some personal, volunteer, or professional experience in advocating for consumers on health care issues.</li><li>• 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.</li><li>• The ACO's governing board shall consult with advocacy groups and organizational staff in the recruitment process.</li></ul>	

# Current Governance Standards for ACOs Participating in Shared Savings Program

GMCB Standard	Consumer Advisory
<p>The ACO must have a regularly scheduled process for inviting and considering consumer input regarding ACO policy including:</p> <ul style="list-style-type: none"><li>• The establishment of a consumer advisory board, with membership drawn from the community served by the ACO, including patients, their families, and caregivers.</li><li>• The consumer advisory board must meet at least quarterly.</li><li>• 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.</li><li>• The results of other consumer input activities shall be reported to the ACO's governing body at least annually.</li></ul>	

# All-Payer Model

## Governance Recommendations from the ACO Payment Subcommittee

ACO Governance Body should be based on the following principles:

- Have broad geographic representation
- Meet requirements for provider and consumer participation
- Be of reasonable size to ensure effectiveness
- Have balanced representation of provider types
- Establish voting rules that ensure broad support for major policy decisions

# ACO Subcommittee Proposed Governance Body Composition

Board Position	# Seats	Eligibility	Initial Nomination Process
Community Hospital	1	PPS hospital that is not part of Dartmouth- Hitchcock Health's network or the UVM Health Network	<ul style="list-style-type: none"> <li>• Community hospitals to make final decision</li> <li>• Community hospitals can self-nominate or</li> <li>• be nominated by VAHHS</li> </ul>
Critical Access Hospital	1	<ul style="list-style-type: none"> <li>• CAH unaffiliated with a teaching hospital</li> <li>• FQHC-owned hospitals are not eligible</li> </ul>	<ul style="list-style-type: none"> <li>• CAHs to make final decision</li> <li>• CAHs can self-nominate or be nominated by</li> <li>• VAHHS</li> </ul>
Home Health	1	A home health agency not owned by another network provider	<ul style="list-style-type: none"> <li>• Home health agencies each receive one vote to make the final decision</li> <li>• The ACO nominating committee will solicit nominations and prepare a ballot</li> </ul>
Mental Health / Substance Use Care	1	Must be a Designated Agency representative	<ul style="list-style-type: none"> <li>• DAs select the nominee (should consider the interests of private mental health providers)</li> <li>• Vermont Care Partners asked to facilitate the process</li> </ul>
Primary Care: FQHC	2	Could be a physician or non-physician	FQHCs collaborate with Bi-state and CHAC to select the two nominees
Primary Care: Independent Practice	2	<ul style="list-style-type: none"> <li>• Preference to be a provider (e.g., MD/DO, NP, PA)</li> <li>• Representative cannot be from another organization represented on the Board</li> <li>• Representatives cannot come from the</li> <li>• same organization</li> </ul>	Healthfirst delegated to define the nomination process; nominee not limited to Healthfirst clinicians
Skilled Nursing Facility	1	SNF cannot be owned by another provider organization	VHCA selects the nominee

# ACO Subcommittee Proposed Governance Body Composition

Board Position	# Seats	Eligibility	Initial Nomination Process
Specialist Care: Independent - physician or other	1	Preference to be an independent practice physician for the first term	Healthfirst delegated to define the nomination process; nominee not limited to Healthfirst clinicians
Tertiary Hospital Referral Center	2	Dartmouth-Hitchcock Health and UVM Health Network are eligible	D-H Health and UVMHC select the nominees
Social Services Provider	1	Not defined	The ACO nominating committee defines the process and selects the nominee based on pre- determined criteria
Faculty Practice Physicians	2	<ul style="list-style-type: none"> <li>• Representatives from Dartmouth-Hitchcock Health and UVM Health Network faculty practices</li> <li>• Clinically practicing physicians without hospital or health system management role (can be physician service leaders)</li> </ul>	<ul style="list-style-type: none"> <li>• Nominated by the deans of the faculty practices</li> <li>• Physicians with a senior practice role and not involved in an administration role in the practice</li> </ul>
Non-Health Care Business Representative	1	Representative from the business community	The ACO nominating committee will solicit nominations from the Vermont Business Roundtable, Chamber of Commerce and any other business organizations identified by the board. The nominating committee makes the selection from the list of nominees
Consumer	3	Medicare, Medicaid and commercial consumer representatives	<ul style="list-style-type: none"> <li>• The ACO nominating committee solicits names from consumer organizations and then makes a selection, taking patient experience into consideration.</li> <li>• Employees of ACO-participating providers excluded from consideration.</li> </ul>
At-large Member	2	To be left vacant initially, and filled in the future at the discretion of the board.	Not applicable

# References

GMCB MSSP Standards:

[http://gmcboard.vermont.gov/sites/gmcboard/files/PaymentReform/ACO\\_Standards\\_approved091114.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/PaymentReform/ACO_Standards_approved091114.pdf)

ACO Payment Subcommittee All-Payer Model Framework Proposal:

[http://gmcboard.vermont.gov/sites/gmcboard/files/DataGovernance/ACOAll\\_Payer\\_Payment\\_Model\\_Framework\\_Final\\_Version\\_2015\\_12\\_31.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/DataGovernance/ACOAll_Payer_Payment_Model_Framework_Final_Version_2015_12_31.pdf)

GMCB/BISHCA (DFR)

Report on Any Necessary Modifications to the Regulatory Processes for Health Care Professionals and Managed Care Organizations:

[http://gmcboard.vermont.gov/sites/gmcboard/files/031512Modification\\_HCP\\_MCO.pdf](http://gmcboard.vermont.gov/sites/gmcboard/files/031512Modification_HCP_MCO.pdf)