

Vermont All-Payer ACO Model Agreement: 2025 Extension

April 29, 2024

Background



- Original Agreement: 5-year term (2018 – 2022); signed in 2016
- First Amended and Restated Agreement: One year (2023), optional second year (2024); signed in 2022
- Extension Agreement (Amendment 1): One year (2025)

Proposed Changes

- Updated end date of December 31, 2025 throughout
- Includes three new benefit enhancements for Medicare beneficiaries & requires the State to report on provider experience over the life of the model
- Requires the Board to use its regulatory authority **should** the ACO select an asymmetric risk arrangement in PY8
- **Should** the ACO elect for asymmetric risk, requires the Board to report on initiative participant experience with AIPBP-based payments in PY8

Public Comment



- One public comment was received in support of the extension from HealthFirst, focusing on the impact to CPR practices



Next Steps/Vote



- Board Vote on April 29th
- Fully executed amendment (signed by all VT parties) by Wednesday, May 8th



APPENDIX



Benefit Enhancements



Benefit Enhancement	Description	Other CMMI Models*
Home Health Homebound Benefit Enhancement	<ol style="list-style-type: none"> 1. Waive the requirements that a beneficiary must be confined to the home or in an institution that is not a hospital, SNF, or nursing facility to qualify for Medicare coverage of home health services. 2. Waive the requirement that the certification (or recertification) for home health services include a certification (or recertification) that such services are or were required because the individual is or was confined to his home. 	ACO REACH AHEAD
Concurrent Care for Hospice Beneficiaries Benefit Enhancement	<p>Waive the requirement to forgo curative care as a condition of electing the hospice benefit thereby allowing them to receive such care with respect to their terminal illness (“Concurrent Care”).</p>	ACO REACH AHEAD
Conditions of Payment for Inpatient Services Furnished at CAHs (CAH 96-hour Certification)	<p>Waive the requirement that a physician must certify patients may reasonably be expected to be discharged or transferred to another hospital within 96 hours.</p>	CHART AHEAD
<i>Expanded Telehealth Benefit Enhancement</i>	<ol style="list-style-type: none"> 1. <i>Expand the practitioners able to furnish telehealth services to include all practitioners listed in Section 1834(b)(18)(c) as well as qualified occupational therapists, physical therapists, speech language pathologists, and audiologists.</i> 2. <i>Allow use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services.</i> 	AHEAD

* [States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model Overview Webinar \(cms.gov\)](https://www.cms.gov/medicare/quality-innovation/advance-act)

Asymmetric Risk Arrangement Option



- Participating ACOs will have the **option** to elect traditional risk corridor (ex: 3% downside, 3% upside) or an asymmetric risk (ex: 3% downside, 6% upside)
- This election comes in the ACOs Participation Agreement with CMMI which is due no later than December 27, 2024
- Electing for asymmetric risk is tied to creating unreconciled payments at the provider level