

2022 Budget Guidance and Reporting Requirements for Medicare- Only Non-Certified Accountable Care Organizations (Continued)

October 20, 2021



Public Comments



- No additional public comment after last meeting
- Comments at last meeting from Clover Health:
 - the standards for approving or adjusting an ACO's budget and evaluating its reporting,
 - having reporting obligations tied to state health care goals,
 - aligning the reporting and budget review timeline with when the ACO commits to participate in the state, and
 - adding an exemption from the guidance for entities with a small presence in Vermont.

Discussion

- Note – adding reference to 18 V.S.A. § 9374(i) along with (j) regarding verification under oath
- Discuss adding question for ACO to report their expected payments to providers based on the LAN categories for FPPs.
- Discuss an exemption from this guidance and reporting for Medicare-only ACOs with a presence in Vermont of fewer than a threshold number of providers and/or a threshold number of attributed lives.
- Discuss annual reporting and review timeline – moving to summer prior to ACO finalizing its provider list with CMS.