VERMONT
GREEN MOUNTAIN CARE BOARD

FY2024 ACO Budget Guidance and Certification Form Review

June 21, 2023

Agenda

VERMONT
GREEN MOUNTAIN CARE BOARD

- Background & Statutory Authority
- FY 2024 Certification Eligibility Form
- FY 2024 Budget Guidance
- Next Steps
- Questions

Timeline

- May/June: GMCB staff worked with stakeholders (ACOs and HCA)
- June 14: Medicare-Only ACO Guidance Presentation
- June 21: Potential Vote – Medicare-Only Guidance
- June 21: Certification Form and Certified ACO Budget Guidance
- June 28: Potential Vote – Certified ACO Guidance
- June 30: Publish Certification Form and Budget Guidance

Special public comment period: June 18 - June 27

VERMONT
GREEN MOUNTAIN CARE BOARD

BACKGROUND AND STATUTORY AUTHORITY

ACO Guidance Process Overview
ACO Certification and Budget Review

VERMONT
GREEN MOUNTAIN CARE BOARD

- ACO Budget Review
  - All ACOs operating in Vermont are subject to budget review
  - Threshold of 10,000 lives defines scope of review
  - *GMCB Guidance: Annual Budget Review Manual ("ACO Budget Guidance")*
- ACO Certification
  - ACOs that want to accept payments from **Medicaid or Commercial** insurance must be **certified**
  - ACOs that plan to accept payments from **Medicare only** are not required to be certified
  - *GMCB Guidance: Annual Eligibility Verification ("Certification Form")*
- Authority
  - 18 V.S.A. § 9382 and GMCB Rule 5.000

ACO Guidance Process Overview

Certified ACO vs Medicare-Only ACO

VERMONT
GREEN MOUNTAIN CARE BOARD

ACOs that plan to accept payments from Medicaid or Commercial insurance

ACOs in this category N=1

- Certification required[1]
  - Certification form developed by staff annually
- Budget Review required[2]
  - ACOs > 10,000 lives.[3]
    - All standards and processes established by Rule 5.000
      - "Certified ACO" Guidance reviewed and approved annually by the GMCB
  - ACOs < 10,000 lives.[4]
    - Standards and processes the GMCB deems appropriate
      - No ACOs currently fit this definition

1. 18 V.S.A. § 9382(a)
2. 18 V.S.A. § 9382(b)
3. 18 V.S.A. § 9382(b)(1)
4. 18 V.S.A. § 9382(b)(2)

ACOs that plan to accept payments from Medicare only

ACOs in this category N=1

- Certification NOT required[1]
- Budget Review required[2]
  - ACOs > 10,000 lives.[3]
    - All standards and processes established by Rule 5.000
      - No ACOs currently fit this definition
  - ACOs < 10,000 lives.[4]
    - Standards and processes the GMCB deems appropriate
      - "Medicare-Only" Guidance reviewed and approved annually by GMCB

ACO Guidance Process Overview

Standards of Review

VERMONT
GREEN MOUNTAIN CARE BOARD

The standards and requirements by which we review the ACO submissions are set forth in:

1. 18 V.S.A., Chapter 220 (primarily 18 V.S.A. § 9382 “Oversight of Accountable Care Organizations”);
2. GMCB Rule 5.000; and
3. All-Payer ACO Model Agreement.

Specifically, under Rule 5.405:

1. any benchmarks established under section 5.402 of this Rule;
2. the criteria listed in 18 V.S.A. § 9382(b)(1);
3. the elements of the ACO’s Payer-specific programs and any applicable requirements of 18 V.S.A. § 9551 or the Vermont All-Payer Accountable Care Organization Model Agreement between the State of Vermont and CMS; and
4. any other issues at the discretion of the Board.

The ACO shall have the burden of justifying its budget to the Board.

ACO Guidance Process Overview

FY24 ACO Oversight Approach

VERMONT
GREEN MOUNTAIN CARE BOARD

Process

- Stakeholder review
- Internal collaboration
- Public & Board input

Priorities

- Budget Targets
- ACO financial and quality performance – Benchmarking Report
- Data driven analysis and decisions
- Standard reporting and templates (metrics and definitions)

Outcomes

- FY23 ACO Reporting Manual – issued 3/30/23
- FY24 final guidance (Certified ACO and Medicare-Only ACO)

Certified ACO Guidance Preview
FY24 Staff Goals

VERMONT
GREEN MOUNTAIN CARE BOARD

Continued FY23 Goals and Considerations (current year)
• Crosswalk to Rule 5.000 • Emphasis on data over narrative where appropriate • Reconsider timing of information requests (e.g., Budget cycle vs. on-going monitoring) • 2023 is extension year of APM agreement • Remove areas of identified duplication and streamline questions • Incorporate performance benchmarks and prescriptive guidance as allowed in § 5.402

New FY24 Goals and Considerations (budget year)
• Certification- update questions based on potential ACO changes • Increased focus on performance benchmarks and prescriptive guidance • Utilizing benchmarking report as a source of data for budget analysis • Executive compensation analysis is included as a budgetary consideration • 2024 is extension year of APM agreement

VERMONT
GREEN MOUNTAIN CARE BOARD

FY 2024 CERTIFICATION ELIGIBILITY FORM REVIEW

FY24 Certification Eligibility Materials
Verification

VERMONT
GREEN MOUNTAIN CARE BOARD

Once certified, an ACO must annually submit a form to the GMCB (1) verifying that the ACO continues to meet the requirements of 18 V.S.A. §9382 and Rule 5.000; and (2) describing in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in the certification sections of Rule 5.000.

- 5.201 -Legal Entity
- 5.202 -Governing Body
- 5.203 -Leadership and Management
- 5.204 -Solvency and Financial Stability
- 5.205 -Provider Network
- 5.206 -Population Health Management and Care Coordination
- 5.207 -Performance Evaluation and Improvement
- 5.208 -Patient Protections and Support
- 5.209 -Provider Payment
- 5.210 -Health Information Technology

FY24 Certification Eligibility Materials
Goals and Key Changes

VERMONT
GREEN MOUNTAIN CARE BOARD

Goal for FY2024: Update process to improve clarity and breadth of questions, and to reduce administrative burden.

Material changes:

- **Removal of question regarding structure of executive compensation**
  - **This topic will be more fully explored in the budget process**
- **Updated software-related questions to better align with the current state of the data analytics structure and to provide more detail in how the requirements of 5.210 are being met**
- **Modified question to ensure compliance with 5.206(c) regarding OCV's process for monitoring the effectiveness of its PHM policies**

Changes: bolded blue

FY24 Certification Eligibility Materials
Timeline

VERMONT
GREEN MOUNTAIN CARE BOARD

- Materials to be posted on the GMCB website under "2024 ACO Budget and Certification" and issued to OneCare by **July 1st, 2023.**
- Materials to be completed and returned on or before **September 1, 2023.**

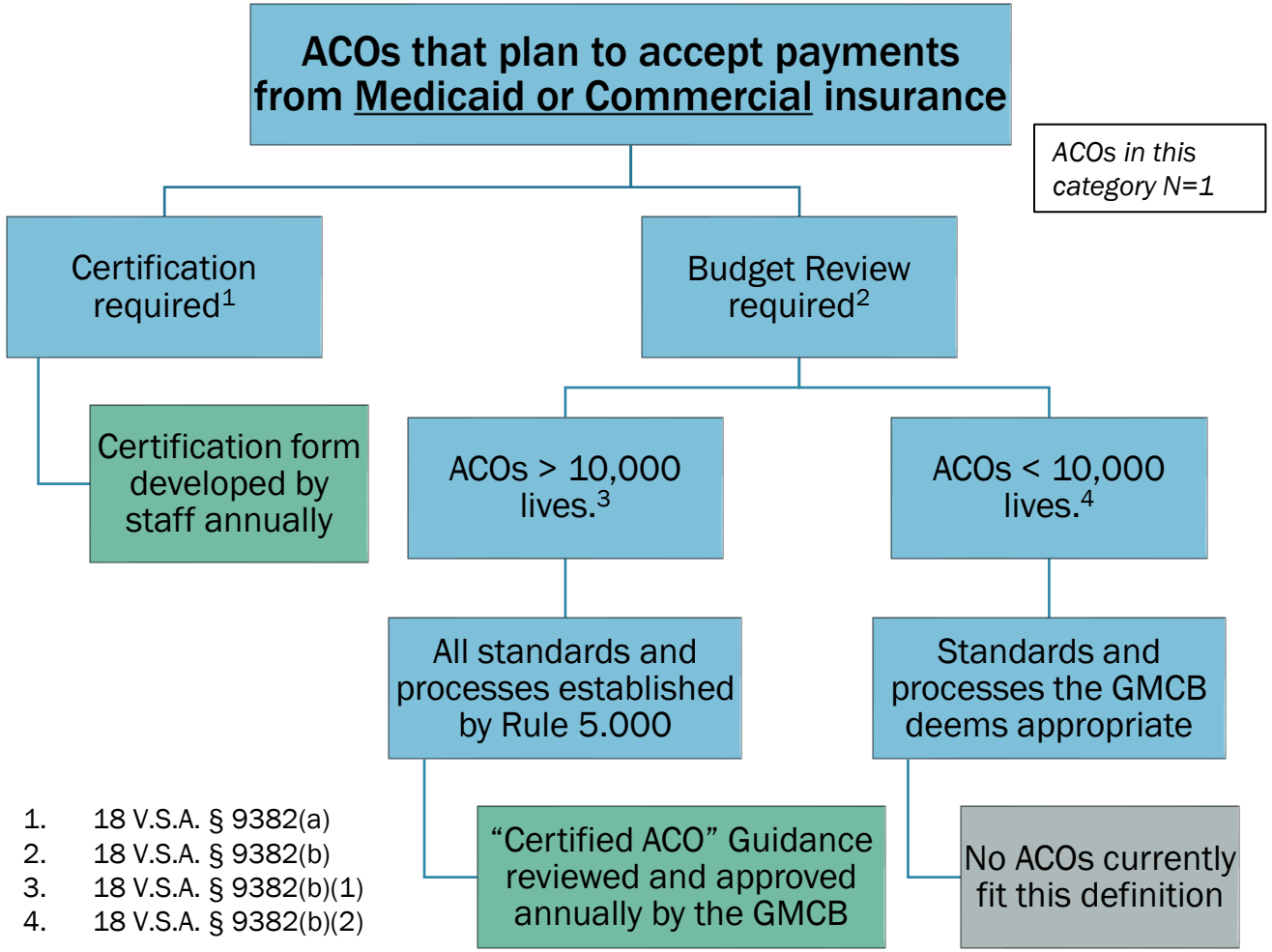
Reminder: the Board does not need to vote on the Certification Form updates

VERMONT
GREEN MOUNTAIN CARE BOARD

FY 2024 CERTIFIED ACO BUDGET GUIDANCE REVIEW

FY23 Certified ACO Budget Guidance

Certified ACO vs Medicare-Only ACO



1. 18 V.S.A. § 9382(a)
2. 18 V.S.A. § 9382(b)
3. 18 V.S.A. § 9382(b)(1)
4. 18 V.S.A. § 9382(b)(2)

- Today's focus is on the Certified ACO Budget Guidance
- Unlike the certification form, the Board does need to vote to approve updates to this guidance
- OneCare Vermont is currently the only Certified ACO in Vermont

FY24 Certified ACO Budget Guidance

Themes for FY24 Updates

VERMONT
GREEN MOUNTAIN CARE BOARD

- Each section was reviewed for:
  - Clarity
  - Word Count
  - Key narrative
- Highlight of updates:
  - Submission instructions edited to require formulas to be included within Excel files submitted
  - Removed Covid-19 language
  - More targeted questions based on internal review and stakeholder feedback; focus on benchmarking report results, hospital PCP payments, executive compensation
  - Improved data collection templates
  - More emphasis on budget targets

Throughout this presentation, text in bolded blue indicates changes from last year's guidance.

Part I – ACO Budget Targets

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Objective:** Provide the ACO with an opportunity to develop their budget based upon Board-developed budget targets.
  - This section was moved to the top of the guidance document to highlight importance
  - All-Payer Model growth and financial targets also included
- **Data/Source:**
  - Medicare United States Per Capita Fee-For-Service Projections
    - Reference for Trend Rate and Total Cost of Care target setting (Section 4, no change)
  - March 2023 Medicare Benchmarking Report
  - Medicare Advantage United States Per Capita FFS Projections
  - HCP-LAN Report

Part I - ACO Budget Targets

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Proposed Budget Targets carried over from FY23 with no or minor updates:**

  1. The FY24 commercial benchmark trend rates must be consistent with the ACO-attributed population and the GMCB approved rate filings.

Part I - ACO Budget Targets

VERMONT
GREEN MOUNTAIN CARE BOARD

Proposed Budget Targets for FY24 (NEW):

2. The ACO shall use best efforts to meet or exceed the goals for reconciled and unreconciled FPP as adopted by the GMCB as seen below and identify and report specific obstacles to achieving the goals and action steps required (by OCV or others) to overcome those obstacles:

- Medicare: 53%
- Medicaid 55%
- Commercial 24%

3. The ACO shall hold 100% of the Medicare Advanced Shared Savings dollars as risk at the entity-level and not pass this risk along to the provider network.

Part I - ACO Budget Targets

VERMONT
GREEN MOUNTAIN CARE BOARD

4. Increase risk corridors for all payer programs above FY23 levels.

5. Ratio of operating expenses to PHM/payment reform payments (including FPP) shall not exceed the 5-year average of 3.25%.

6. The ACO shall cap the total compensation in FY24 for the ACO's executives, VP-level and above, at the 50th percentile of the benchmark used by the ACO to establish its executives' compensation.

Part I - ACO Budget Targets

VERMONT
GREEN MOUNTAIN CARE BOARD

7. The ACO shall structure the variable proportion of executive compensation so that at least 40% is tied to OCV's FY24 achievement of specific and measurable goals related to performance in cost and quality metrics. Quality metrics should align with any payer program quality priorities or ACO clinical focus areas as long as those priorities or focus areas are consistent with the APM quality framework.

8. The ratio of population health management funding to number of attributed lives must be at a minimum of the FY23 revised budget amount; specific line items may vary based upon any internal evaluation of the effectiveness of individual PHM programs.

Part I - ACO Budget Targets

VERMONT
GREEN MOUNTAIN CARE BOARD

9. Where OCV ranks below the 10th percentile among the national ACO cohort OR for metrics where the trend has shown a decrease in performance during the years of 2019, 2020, and 2021 in the March 2023 Medicare Benchmarking Report, choose three metrics that the ACO will address through the Quality Evaluation and Improvement plan. The ACO should use metrics on which the ACO has the most influence on the outcomes and should justify their choice of said metrics.

Part II -Reporting Requirements Sections

VERMONT
GREEN MOUNTAIN CARE BOARD

1. ACO Budget Executive Summary
2. ACO Provider Contracts
3. ACO Payer Contracts
4. Total Cost of Care
5. ACO Network Program and Risk Arrangement Policies
6. ACO Budget
7. ACO Quality, Population Health, Model of Care, and Community Integration
8. Evaluation and Performance Benchmarking
9. Other Vermont All-Payer ACO Model Questions

FY24 Certified ACO Budget Guidance

Section 1: ACO Budget Executive Summary

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Provide brief narratives to summarize the components of the budget submission; describe the ACO's vision for the coming budget year including:
  a) Updated mission and vision statement
  b) Reflections on the Strategic Plan for 2021-2023
  c) Update on the Strategic Plan for 2024 and beyond
  d) Provider network
  e) Payer Programs
  f) Attribution estimates
  g) Full Accountability and Entity-Level budget summaries
  h) Network programs and population health/care model changes for 2024
  i) Evaluation – lessons learned and plans for 2024, including a summary of ACO performance benchmarking results to date and how findings are integrated into budget
- **Data/Source:** N/A

FY24 Certified ACO Budget Guidance

Section 1: ACO Budget Executive Summary

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main change:** Section revised to capture the shift from the last strategic plan to the new strategic plan starting in FY24
- Q1 a,b,c: Strategic Planning
  - Added to capture changes made during strategic plan that has been in development for FY24 and reflections on previous plan
- Q1 g, h: Evaluation and Benchmarking
  - Added language asking for summary of plans to integrate findings into budget and practice,

FY24 Certified ACO Budget Guidance

Section 2: ACO Provider Contracts

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Describe the ACO network development strategy and any changes to provider agreements and addenda for the budget year.
- **Data/Source:**
  - Network provider lists (Appendices 2.1-2.2)
  - Provider Agreements and Addenda for 2024

FY24 Certified ACO Budget Guidance
Section 2: ACO Provider Contracts

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main Change:** Asked for description of contract changes
- Q1: 2024 ACO Organizations List
  - Removed Table 2.2.3. as it was duplicative of Attachment A
- Q2: Provider Contract, Agreements, and Addenda
  - Explain changes from previous year and how each contract aligns provider incentives with the ACO's mission
- Q3: Network Development Strategy
  - Explain rationale for changes
- Q4: Provider Network Changes
  - Updated table to include provider type and asked how the ACO addressed any provider concerns

FY24 Certified ACO Budget Guidance

Section 3: ACO Payer Contracts

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Describe the ACO's expected or assumed payer arrangements used to construct the budget, assess payer arrangements for qualifying as Scale Target Initiatives.
- **Data/Source:**
  - ACO Scale Target Initiatives and Program Alignment Forms (Appendix 3.1)
  - Submit FY24 Payer Program Contractual Agreements, once executed

FY24 Certified ACO Budget Guidance

Section 3: ACO Payer Contracts

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main Change:** Section updated with questions regarding changes in public payers and progress with commercial payers
- Q2: Payer Program Changes
  - Summary table removed; questions regarding effect of Medicaid redeterminations; impact of Medicare Advantage enrollment; changes made as a result of terminated contracts; combined with FY22 Q4
- Q5: Commercial Payer Contracts
  - Question added to inquire about the ACO's efforts to execute risk-bearing commercial payer contracts
- Q6: FPP Pilot with DVHA for unattributed lives
  - Question requesting update as described in FY23 revised budget narrative

FY24 Certified ACO Budget Guidance

Section 4: Total Cost of Care

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Describe the assumptions used to set Trend Rates and Total Cost of Care Targets by payer program and the drivers affecting settlement results of the prior year.
- **Data/Source:**
  - TCOC performance by payer, total ACO wide 2018-2023 (Appendix 4.1)
  - Projected and Budgeted Trend Rates, by Payer program 2022-2023 (Appendix 4.2)

FY24 Certified ACO Budget Guidance
Section 4: Total Cost of Care

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main Change:** COVID language removed
- Q1: TCOC Performance by Payer over time
  - Updated Appendix 4.1 to include starting and average attribution
- Q2: Total Cost of Care targets and results
  - Updated question to include explanation of growth rate by year compared to national growth rate by payer
- Q4: Projected and Budgeted Trend Rates
  - Question updated to assess how the ACO is aligning incentives to meet growth targets

FY24 Certified ACO Budget Guidance

Section 5: ACO Network Program & Risk Arrangement Policies

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Describe ACO program policies for provider payments and risk arrangements. Describe the ACO risk model by payer and by risk-bearing entity, any ACO-held risk, and third-party risk protection.
- **Data/Source:**
  - Risk by Payer and Risk Bearing Entity (RBE) (Appendix 5.1)
  - Shared Savings/Loss by Payer, HSA, Primary Care/RBE (Appendix 5.2)

FY24 Certified ACO Budget Guidance

Section 5: ACO Network Program & Risk Arrangement Policies

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main update:** Exploring provider payment strategies that may differ between hospital and non-hospital primary and specialty care practices
- Q1: Provider Payment Strategies
  - Question clarified to compare strategies between hospital and non-hospital practices
- Q2: ACO Program
  - Question expanded to capture ACO's goals, strategies, opportunities and limitations on monitoring and providing incentives for reducing potentially avoidable utilization
- Q6: TCOC accountability strategy
  - Re-ordered question; inquired about how efforts will improve in FY24 for identifying high- and low-value care

FY24 Certified ACO Budget Guidance

Section 6: ACO Budget

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:**
  - Submit the ACO financial plan prepared according to the Full Accountability (Non-GAAP) and Entity-Level (GAAP) financial sheets.
  - Submit additional financial data as specified, e.g., sources/uses, PHM expense breakout, hospital specific, FTEs by functional area, and leadership/management salaries.
  - Describe the major variances in the financial plan from the prior year.
  - Describe outsourced services and fixed operational expenses
  - Describe basis for variable executive compensation

FY24 Certified ACO Budget Guidance

Section 6: ACO Budget

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main Change:** Questions added to assess outsourced services, fixed operational expenses, and executive compensation bonuses

- **Data/Source:**
  - Full Accountability Budget (Non-GAAP)
  - Entity-Level Budget (GAAP)
  - Variance Analysis Report
  - FTE Report
  - ACO Management Compensation and IRS Form 990
  - Financial Audit

FY24 Certified ACO Budget Guidance

Section 6: ACO Budget

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Other GMCB templates:**
  - Adaptive Templates
    - Updated line items in collaboration with OCV to ensure appropriate items are captured
  - 6.5 Source and Uses
    - Addition of Columns for UVMHN Self-Funded Payer Program and Hospital Fixed Payment Offsets
  - 6.6 Hospital Participation
    - Addition of row for UVMHN Self-Funded Payer Program

FY24 Certified ACO Budget Guidance

Section 6: ACO Budget

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Other GMCB templates (cont):**
  - IRS Form 990
    - When available (2022)
  - 6.7 ACO Management Compensation
    - Current year projected (2023)
    - Budget year (FY24)
  - 6.8 Population Health Management Expense Breakout
    - Addition of row for Mental Health Screening and Follow-Up Initiative

FY24 Certified ACO Budget Guidance

Section 6: ACO Budget

VERMONT
GREEN MOUNTAIN CARE BOARD

- Q1: Adaptive Database
  - Included Staffing sheet
- Q2: Sources and Uses
  - Requested definitions for each funding source
- Q6: Variable vs Fixed Expenses
  - Question added to explore ACO operational expenses that may be fixed versus variable

FY24 Certified ACO Budget Guidance

Section 6: ACO Budget (cont.)

VERMONT
GREEN MOUNTAIN CARE BOARD

- Q8: Data Analytics Transition
  - Updated question to assess expected outcomes of data analytics transition.
- Q12: Surplus and Losses
  - Question expanded to capture discussion and use of any prior surpluses or losses

FY24 Certified ACO Budget Guidance

Section 7: Population Health

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Collect data and information on the ACO-wide approach to population health management and care delivery.
- **Data/Source:**
  - ACO Clinical Focus Areas (Appendix 7.1)
  - Population Health and Payment Reform (Appendix 7.2)
  - Care Coordination and Care Coordination Payments (Appendices 7.3-7.4)

FY24 Certified ACO Budget Guidance
Section 7: Population Health

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main Change:** Updates to reflect new Care Coordination Model; questions involving evaluations moved to Section 8.
- Q1: Model of Care
  - Removed duplicative risk methodology sub-question
- Q3: Quality Improvement
  - Question to assess specific strategies utilized to address root causes and improve results

FY24 Certified ACO Budget Guidance

Section 7: Population Health (cont.)

VERMONT
GREEN MOUNTAIN CARE BOARD

- Q4: Population Health and Payment Reform
  - Question regarding the ACO's methods for prioritizing investments
  - Updated Appendix 7.2 to include columns for Major Objectives and Outcome Measures and KPIs
- Q5: Care Coordination
  - Updated language to capture assessment of implementation of PHM program in FY2023, observed clinical outcomes, and anticipated changes for FY2024
  - Updated Appendix 7.3 to capture percentage of care coordinated population by payer and care managed target for FY24

FY24 Certified ACO Budget Guidance
Section 7: Population Health (cont.)

VERMONT
GREEN MOUNTAIN CARE BOARD

- Q7: Primary Care Incentive Funds
  - New question asking for a description of how the ACO ensures that primary care-earned incentive dollars are flowing to these providers and/or are being invested into primary care transformation efforts.
- Q8: Public Health Emergency
  - New question exploring consequences to care delivery resulting from the end of the PHE

FY24 Certified ACO Budget Guidance

Section 8: Evaluation and Performance Benchmarking

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Discuss evaluation of provider satisfaction with ACO participation and ACO network programs (e.g., PHM programs, financial incentives, and data and analytics), and evaluation of the ACO Quality Improvement Program; discuss use of Key Performance Indicators and implementation of an ACO performance benchmarking system.
- **Data/Sources:**
  - ACO Network Surveys (Appendix 8.1)
  - March 2023 Medicare Benchmarking Report

FY24 Certified ACO Budget Guidance

Section 8: Evaluation and Performance Benchmarking

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Main Change:** Integration of questions regarding the ACO's internal evaluations of programs
- Q1: Past ACO Network Surveys
  - New question and appendix 8.1 collecting information about surveys conducted by the ACO, the response taken by the ACO, and the outcome of those responses
- Q2: Future ACO Network Surveys
  - New question to assess ACO's approach for improvement in surveying practices and plans for future surveys
- Q4: Evaluation of PHM programs
  - New sub-questions to ask about evaluation outcomes of the CPR and 2022 care coordination model

FY24 Certified ACO Budget Guidance

Section 8: Evaluation and Performance Benchmarking

VERMONT
GREEN MOUNTAIN CARE BOARD

- Q6: ROI Analysis
  - New question to assess progress in the ROI analysis described during the FY23 revised budget hearing
- Q8: Benchmarking Metrics Chosen for Improvement
  - New question tying back to Budget Target #5 asking about specific funding streams to address these metrics
- Q9: Benchmarking Metrics Causality
  - New question regarding causality of low specialty care visits and spend and high utilization, length of stay, and costs in skilled nursing facilities as described during the FY23 revised budget hearing.

FY24 Certified ACO Budget Guidance

Section 8: Evaluation and Performance Benchmarking

VERMONT
GREEN MOUNTAIN CARE BOARD

- Q10: ACO Influence on Benchmarking Metrics
  - New question to identify specific metrics where the ACO has the most influence on the outcomes, and for those where external factors play a role, how the ACO envisions progress being made in these areas

FY24 Certified ACO Budget Guidance

Section 9: Other Vermont All-Payer ACO Model Questions

VERMONT
GREEN MOUNTAIN CARE BOARD

- **Section objective:** Describe strategies for assisting the state to achieve the goals of the Vermont All-Payer Model Agreement; describe the ACO's role in achieving the goals; and identify opportunities for stakeholder collaboration to achieve the goals.
- **Data/Source:** APM Quality Measures (Appendix 9.1)
- **Main Change:** Removal of COVID-19 language.

Part III – Revised Budget

VERMONT
GREEN MOUNTAIN CARE BOARD

- Revised Budget Deliverables due Spring 2024, or TBD upon execution of payer contracts
- Updated to align with FY23 revised budget process

Part IV - Monitoring

VERMONT
GREEN MOUNTAIN CARE BOARD

- FY23 ACO Reporting Manual published in the GMCB website 3.30.2023
  - https://gmcboard.vermont.gov/document/fy2023-ocv-reporting-manual
  - **Updated to align with FY23 reporting manual**

ACO Guidance Process Overview
2023 Development Timeline for FY24

VERMONT
GREEN MOUNTAIN CARE BOARD

- May/June: GMCB staff worked with stakeholders (ACOs and HCA)
- June 21: Certification Form and Certified ACO Budget Guidance
- June 28: Potential Vote – Certified ACO Guidance

Special public comment period: June 19 - June 27

VERMONT
GREEN MOUNTAIN CARE BOARD

DISCUSSION