

# Medicare-Only ACO Guidance

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# Agenda for Today



1. Updates since 6/14/2023
2. Board Questions/Discussion
3. Public Comment
4. Potential Vote

## Section 2: Additional Questions



Two questions were added to Section 2 to collect information that Medicare-Only ACOs have historically provided GMCB in their presentations, but were not explicitly asked for in the guidance:

- **Question 2:** How many other states will the ACO operate in for 2024?
- **Question 3:** What percentage of the ACO's attributed lives for 2024 will be in Vermont?

# Section 5: Performance Data



- **Question 7:** Does the ACO benchmark performance measures against similar entities? If no, explain why not. If yes, what specific metrics does the ACO track and benchmark, what peer group(s) does the ACO use, and how does the ACO use the results?
- **NEW - Question 8:** The GMCB expects to require FY24 reporting of Vermont performance data from the ACO as part of a FY24 budget approval. The reporting requirements will be finalized in the ACO's budget approval. The ACO should review the metrics listed on Appendix - Tab D Performance Data and justify any proposed deletions or additions to these metrics.

# Appendix – Tab D: Performance Data



Topic	Metric
Cost	Total Cost of Care PBPM
Inpatient Facility - Medical	Admissions/1000
Inpatient Facility - Medical	Hospital Days/1000
Inpatient Facility - Medical	Total Inpatient Cost of Care PBPM
Inpatient Facility - Surgical	Total Inpatient Cost of Care PBPM
Emergency Department	ED Visits/1000
Emergency Department	ED Cost of Care PBPM
Professional Office Visits	Primary Care Visits/1000
Professional Office Visits	Primary Care Cost of Care PBPM
Ambulatory Care Sensitive Admissions/1000	Prevention Quality Overall Composite
Ambulatory Care Sensitive Admissions/1000	Prevention Quality Acute Composite
Ambulatory Care Sensitive Admissions/1000	Prevention Quality Chronic Composite
Ambulatory Care Sensitive Admissions/1000	Prevention Quality Diabetes Composite
Ambulatory Care Sensitive Admissions/1000	Congestive Heart Failure (CHF)
Ambulatory Care Sensitive Admissions/1000	Community-Acquired Pneumonia
Ambulatory Care Sensitive Admissions/1000	Urinary Tract Infection
Ambulatory Care Sensitive Admissions/1000	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
Ambulatory Care Sensitive Admissions/1000	Diabetes Long-Term Complications
Ambulatory Care Sensitive Admissions/1000	Hypertension
Ambulatory Care Sensitive Admissions/1000	Lower-Extremity Amputation Among Patients with Diabetes
Ambulatory Care Sensitive Admissions/1000	Diabetes Short-Term Complications
Ambulatory Care Sensitive Admissions/1000	Uncontrolled Diabetes
Ambulatory Care Sensitive Admissions/1000	Asthma in Younger Adults
Additional Metrics	Percent of Members with an Annual Wellness Visit
Additional Metrics	Percent of Inpatient Admissions with Readmission within 90 Days
Additional Metrics	Percent of Members with a Primary Care Visit

# Section 5: Performance Data



**NEW - Question 8:** The GMCB expects to require FY24 reporting of Vermont performance data from the ACO as part of a FY24 budget approval. The reporting requirements will be finalized in the ACO's budget approval. The ACO should review the metrics listed on Appendix - Tab D Performance Data and justify any proposed deletions or additions to these metrics.

- Final metrics would need to be reviewed and approved by GMCB as part of reporting requirements set in the budget approvals for Medicare-only ACO
- Opportunity for GMCB to take into account responses from ACOs and other public comment on the metrics prior to setting the reporting requirement in budget order

# Suggested Motion Language



*Move to approve the FY24 Medicare-only ACO budget guidance as presented today by staff to the GMCB [and with changes discussed by the GMCB during today's meeting].*

# GMCB QUESTIONS AND DISCUSSION



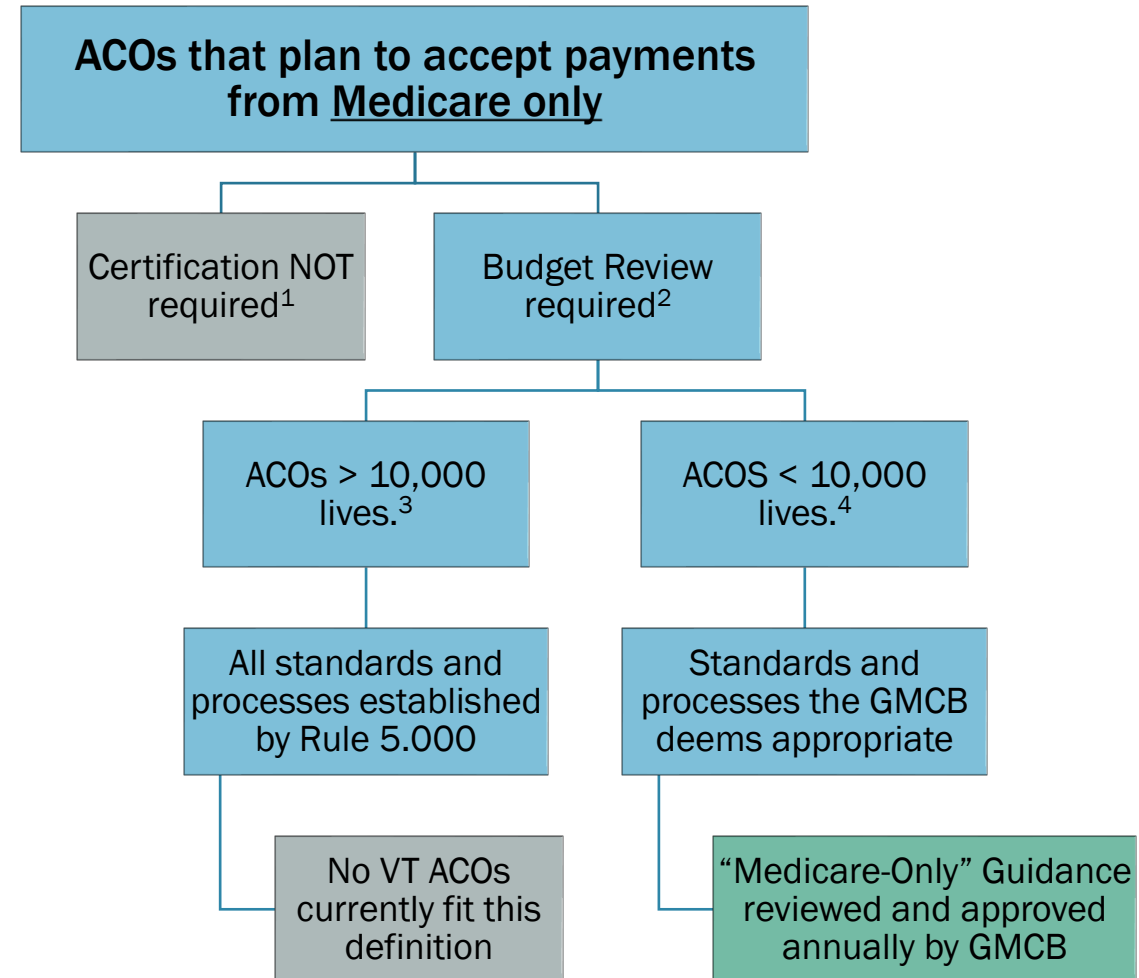


# Reference – Slides from 6/14/2023



# Medicare-Only Guidance Background

- This Medicare-Only guidance applies if ACO:
  - Does not participate with Medicaid or commercial payers, meaning certification is not required,
  - Has less than 10,000 attributed lives in the State of Vermont.
- Guidance is not specific to a particular ACO, but would apply to any ACO that fits the criteria above
- As of now, there is only one Medicare-Only ACO in Vermont that fits this criteria



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)

# Medicare-Only Guidance

## Background



- Under 18 V.S.A. § 9382(b)(2) and Rule 5.405(c)(2), the GMCB will review and approve or modify the ACO's budget.
- Programmatic elements of program that a Medicare-only ACO participates in are set by CMS regulations and the ACO's participation agreement with CMS.
- Focus of review is ACO operations in Vermont