

Medicare-Only ACO Guidance

June 28, 2023

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Agenda for Today



1. Review Performance Data Section
2. Board Questions/Discussion
3. Public Comment
4. Potential Vote

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.

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

Public Comment



- Guidance draft was shared with the Agency of Human Services:
 - Their initial comment noted that these measures are different from current state measure sets but seem consistent with standard utilization and ambulatory care-sensitive condition admission measures. The measures also overlap with areas of interest (e.g., diabetes, hypertension, chronic obstructive pulmonary disease, access to primary care). More methodology details would be needed to comment on potential data collection burden for providers.
- With current guidance, GMCB can receive input from ACOs as well as other stakeholders for consideration prior to finalizing performance data metrics in the fall for ACO's budget order.

Suggested Motion Language



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

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

GMCB QUESTIONS AND DISCUSSION

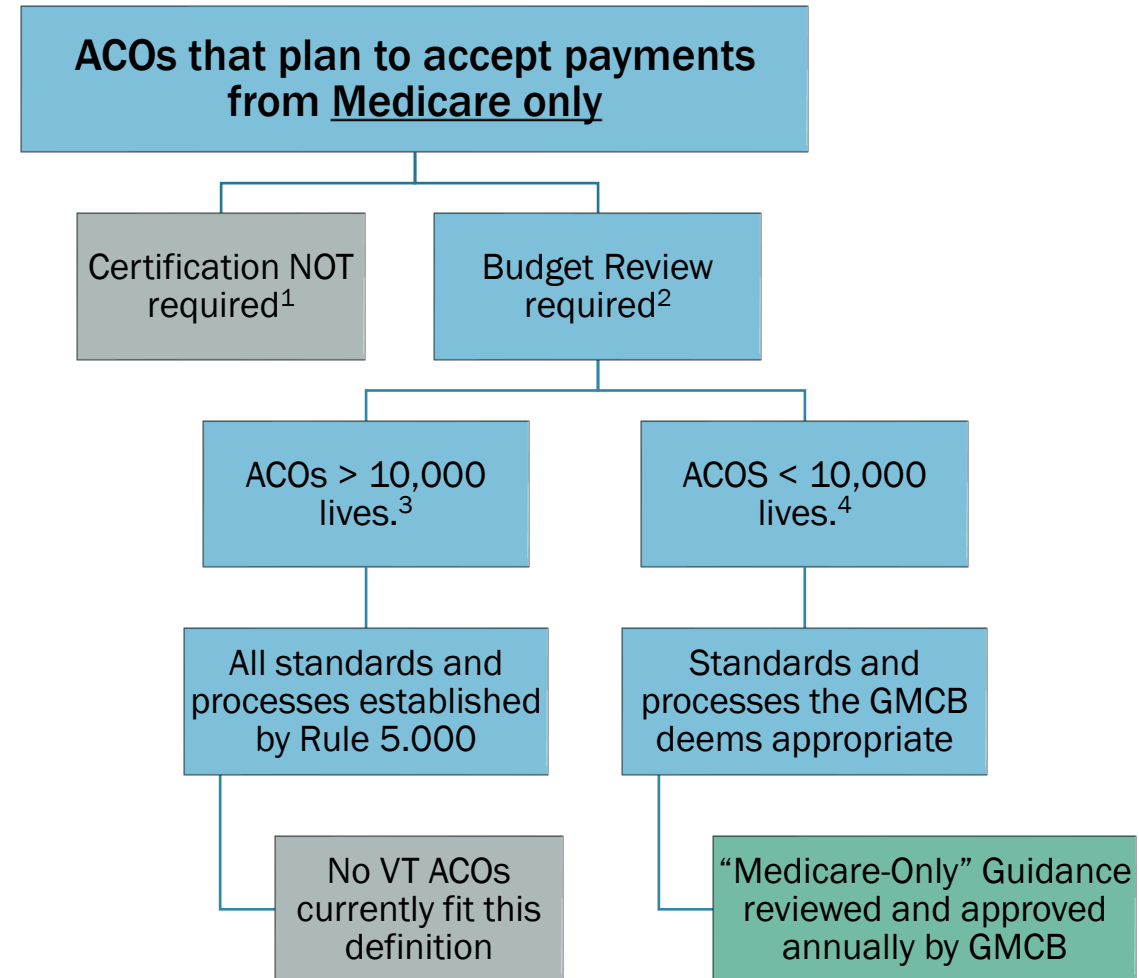


Reference – Slides from 6/14/2023



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