

Medicare-Only ACO Guidance

Julia Boles, Health Policy Advisor

Michelle Sawyer, Health Policy Project Director

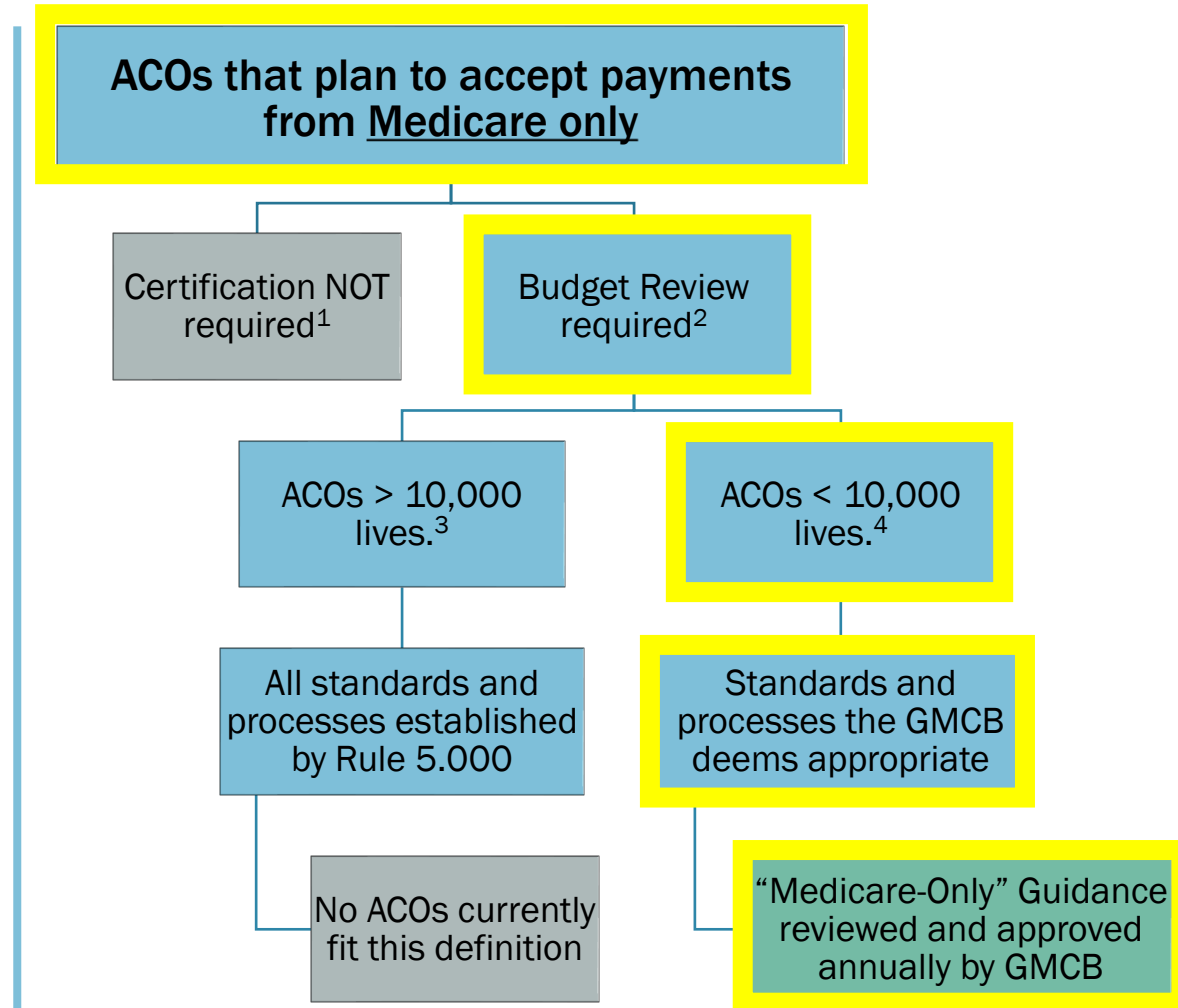
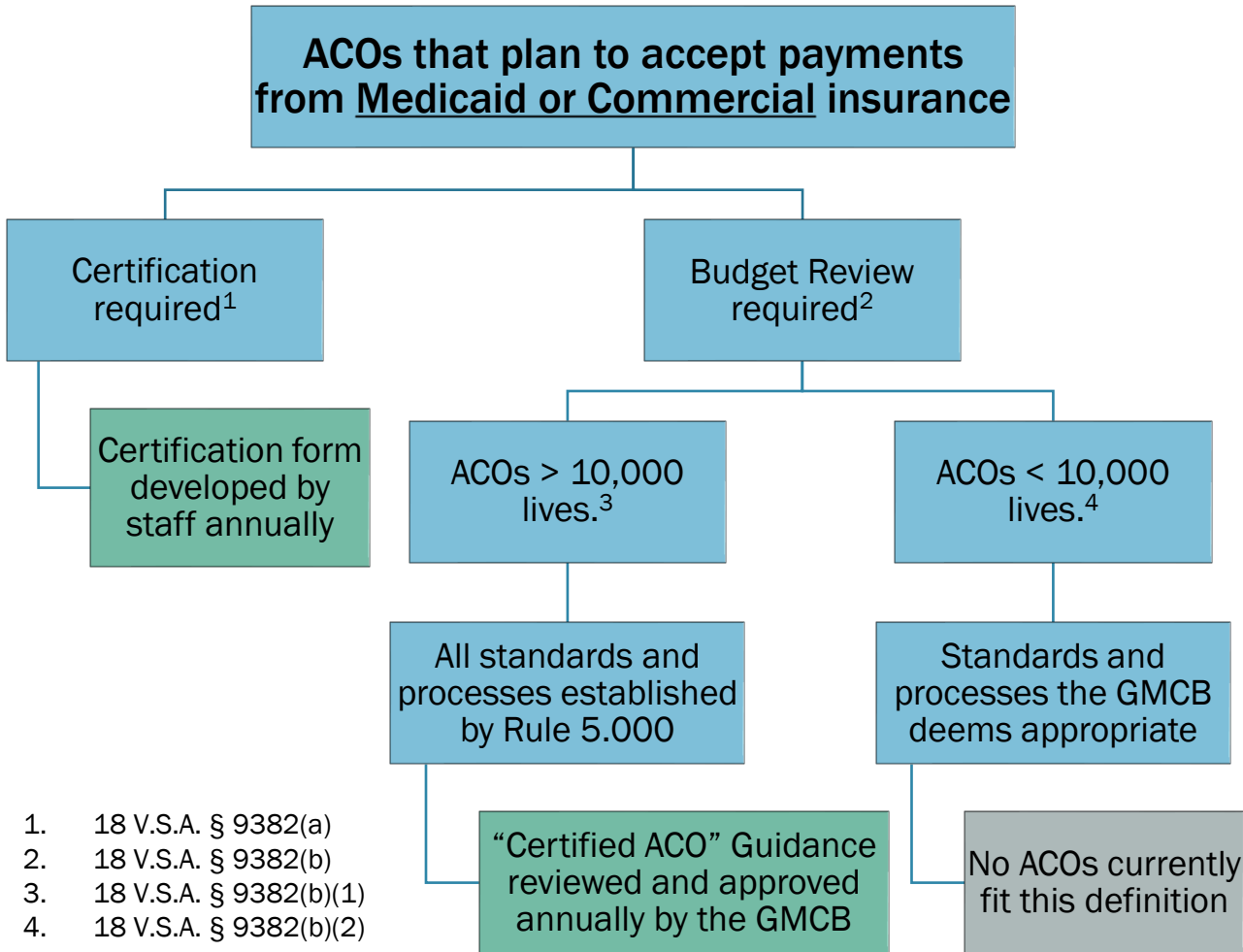
Russ McCracken, Staff Attorney

Agenda for Today



1. Background
2. Updates to Medicare-Only Guidance
3. Board Questions/Discussion
4. Public Comment
5. Potential Vote: June 21

ACO Certification and Budget Review



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

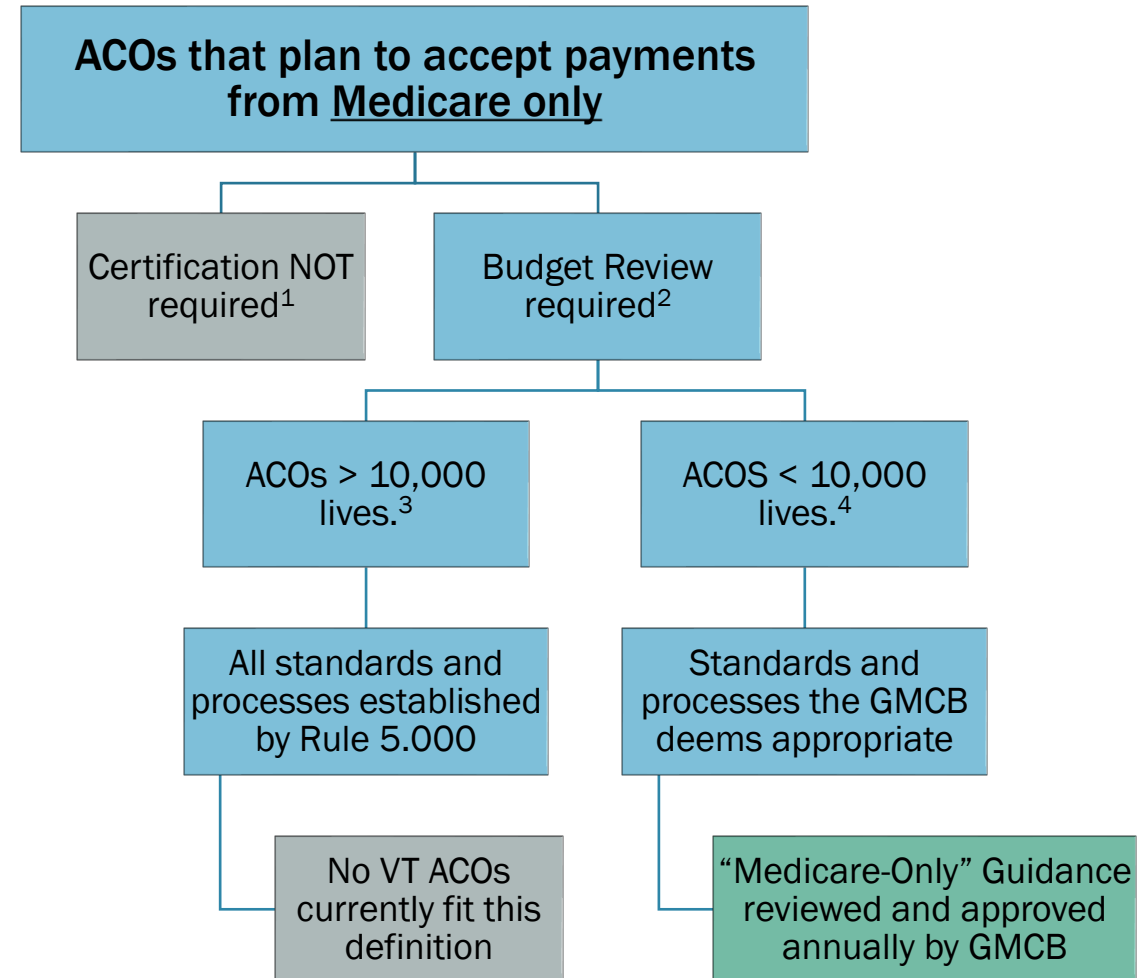
Medicare-Only Guidance Timeline



- May 2023: Review with stakeholders (ACOs and HCA)
- June 14, 2023: Presentation to GMCB
- June 21, 2023: Potential Vote on Medicare-Only Guidance
 - Public comment requested by Monday, June 19 to be considered ahead of potential vote

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



- This is the third year that Medicare-Only Guidance is coming before the Board.
- Two Medicare-Only ACOs have gone through the budget review process (Clover Health Partners for FY22, Lore Health for FY23).
- Medicare-Only ACOs have a participation agreement with CMS that dictates many elements of their operations.

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

Medicare-Only Guidance

FY24 Goals and Focus



- Approach to edits in FY24 Draft:
 - Clarify questions that required follow up last year
 - Continue updating questions to reflect the full range of Medicare-Only programs
- Summary of Changes:
 - Addition of financial template to convert financial data from narrative to excel
 - Edits to questions to improve clarity

Medicare-Only Guidance

Guidance and Appendix



- Medicare-Only Draft Guidance and Appendices can be found on the GMCB website:
 - [Redline Copy](#)
 - [Clean Copy](#)
 - [Appendices](#)
- Public Comment Period: June 12 - June 19
- **Key: Throughout this presentation, text in bolded blue indicates changes from last year**

Medicare-Only Section 1-3

Section 1: ACO Information, Background and Governance

- No major changes to this section

Section 2: ACO Provider Network

- Question 2: clarified timeframe for provider network information in Appendix A-2 “Network Changes”

Section 3: ACO Payer Programs

- Question 2: added language asking how attribution is calculated

Medicare-Only Section 4

ACO Budget and Financial Plan



- Main change: Appendix C created for financial information.
 - Q5: Financial information
 - Removed financial questions from the narrative section and created “Appendix C – Financials” to collect financial information in an easier-to-use format
 - Replaced phrasing of “Participating and Preferred Providers” with “providers” because the original terminology is not applicable across all Medicare-Only programs.

Medicare-Only Section 5

ACO Model of Care and Community Integration



- Main change: Reordered and rephrased questions for clarity, removed questions that were too specific to particular ACO models (e.g. referrals).
 - Q1: describe the ACO's model of care
 - **Rephrased a later question and moved to start of section**
 - Q2&5: ACO model of care details and performance
 - **Rephrased questions for clarity (including adjusting language originally from Rule 5)**
 - Q7: Does the ACO Benchmark Performance?
 - **Added follow up under "if yes" to ask "what specific metrics does the ACO track and benchmark,"**

Medicare-Only Section 6

VT APM Agreement Scale Target ACO Initiative



- No major changes
- Small adjustments in the instructions for tables asking about financial and quality metrics to clarify that the question is to denote which metrics are included in the ACO's Medicare program.

Medicare-Only Guidance Timeline



- May 2023: Review with stakeholders (ACOs and HCA)
- June 14, 2023: Presentation to GMCB
- June 21, 2023: Potential Vote on Medicare-Only Guidance
 - Public comment requested by Monday, June 19 to be considered ahead of potential vote

GMCB QUESTIONS AND DISCUSSION

