

ACO Oversight Medicare-Only ACO FY 2025 Budget Guidance

and

2023 and 2024 Budget Order Condition Status Update

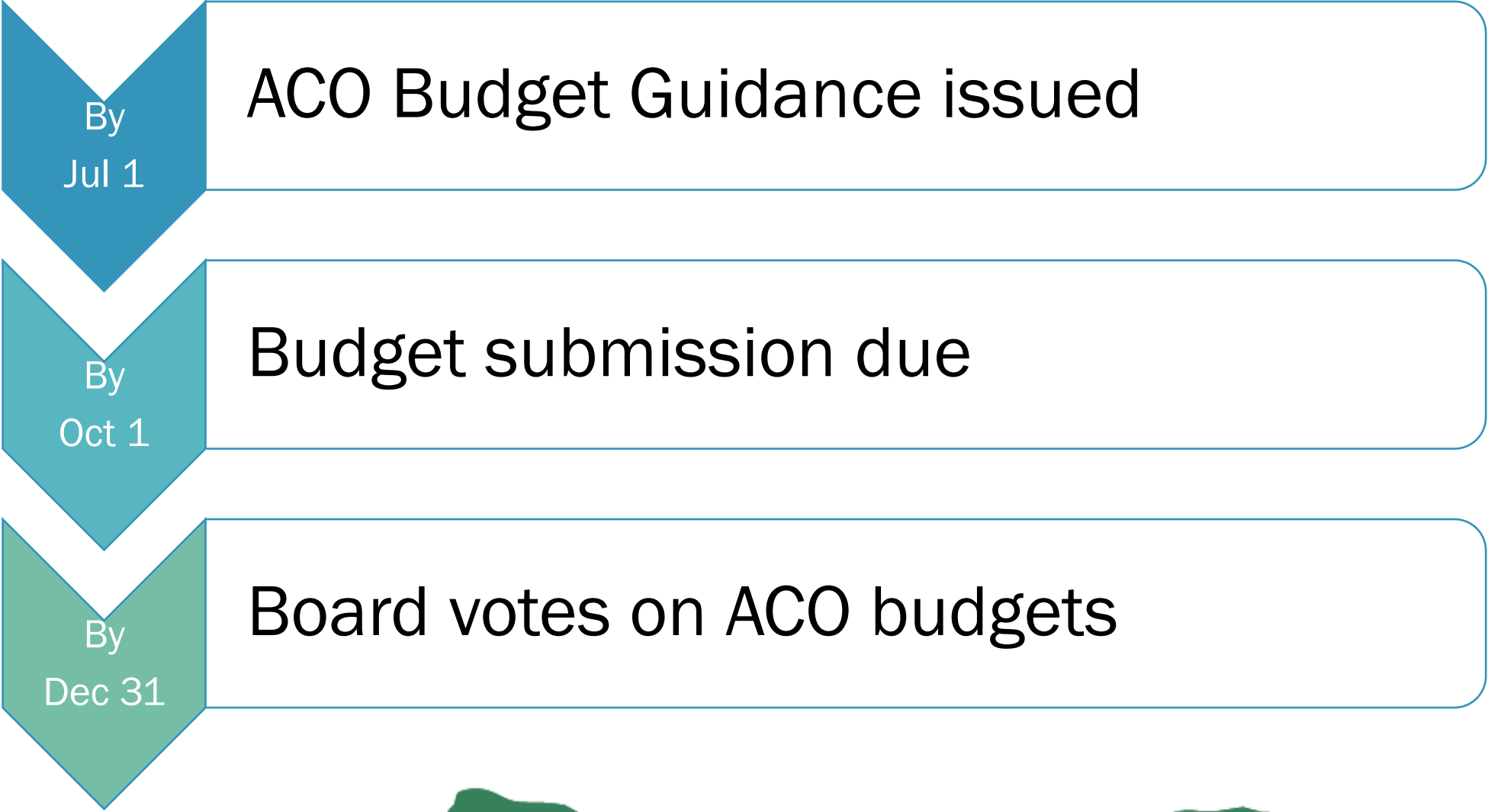
June 19, 2024

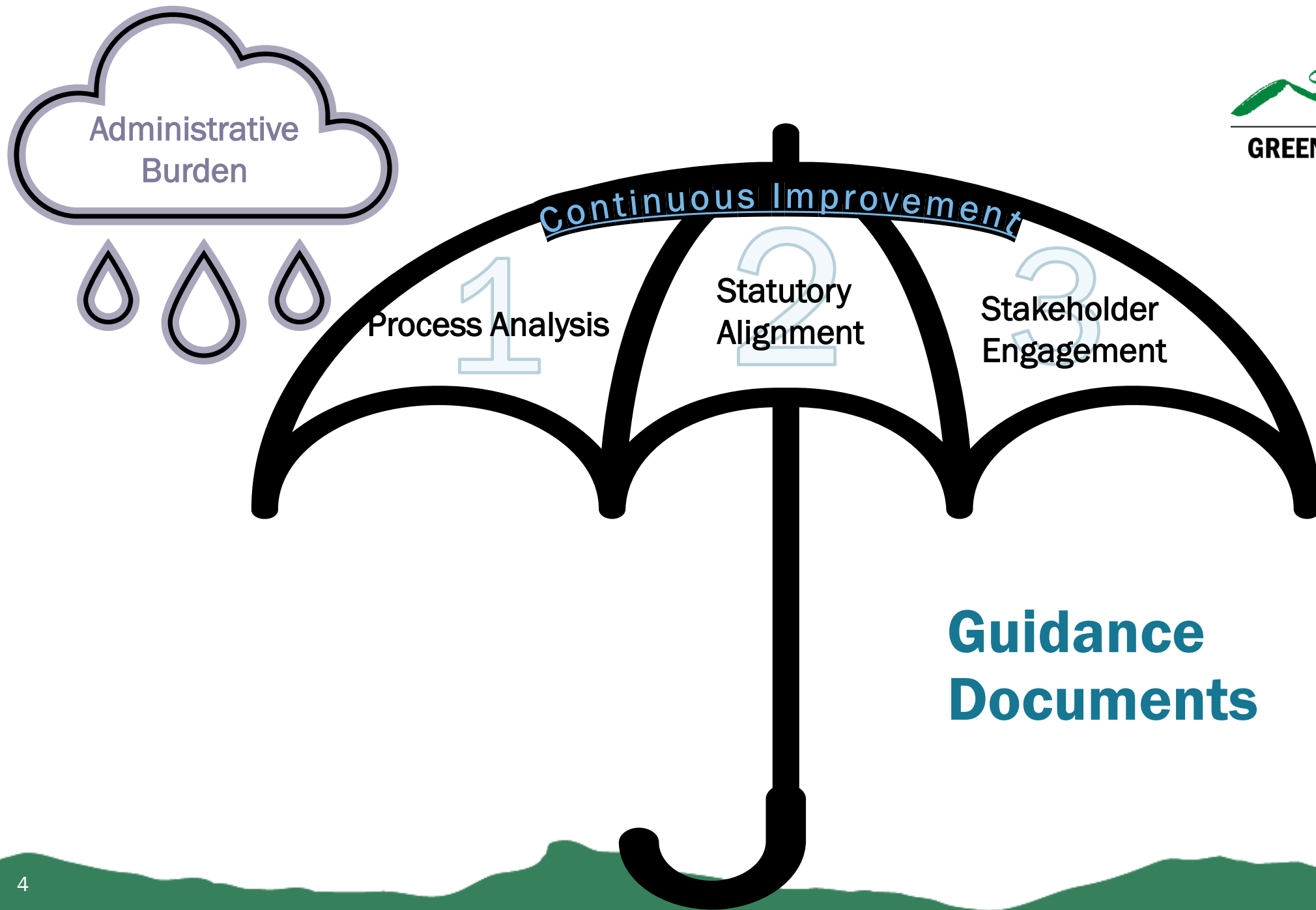
Public Comment



Special public comment period open from June 12-19th

Timeline





Instructions

Added specificity to how redactions of confidential documents should be made

Sample Documents on [new webpage](#):

- confidentiality request
- confidential documents
- redacted documents

Section 1: ACO Information, Background and Governance



No changes from FY24

- Collects basic identifying information, ACO type, and governance structure
- Consumer input activities
- Complaint and appeal processes
- Notice of pending legal actions
- Provide any reports from professional review organizations or payers

Section 2: ACO Provider Network

No changes from FY24

- Summary of the ACO's provider network
- States in which the ACO will be operating
- Percentage of ACO's attributed lives in Vermont
- Providers leaving ACO network
- ACO's plans to expand their provider network

Section 3: ACO Payer Programs

Removal of description of attribution methodology (duplicative)

- FY23 quality reports segmented for Vermont (if applicable)
- Copies of existing agreements with Medicare
- Determination of the ACO's savings and losses
- ACO proposed benchmark, capitation payment, savings and losses, and any other financial program tied to quality of care

Section 4: ACO Budget and Financial Plan



Added question: “Does the ACO have any executive leadership compensation structure that is tied to reducing the amount paid for patient care?”

- Most recent audited financial statements and publicly available financial reports
- Flow of funds between payer, ACO, provider, and patients
- ACOs financial liability
- Current and budget year financials

Section 5: ACO Model of Care and Community Integration

Added question: Description of ACO's quality evaluation and improvement program

- ACOs model of care
- Expanding capacity in primary care practices
- Health equity
- How does the ACO measure performance over time
- Referral programs
- ACO benchmarking

Section 6: Vermont All-Payer ACO Model Agreement Scale Target ACO Initiative

No changes from FY24

- Alignment with scale

FY23 Budget Order Conditions

Lore Health



Condition		Status as of June 19, 2024	Board Action
1	FY23 Shared Savings/Losses segmented for Vermont	To be submitted as part of FY25 budget	Monitor
2	Updated Vermont financial summary	Submitted April 1, 2023	None
3	MSSP Quality Reporting segmented for Vermont	To be submitted as part of FY25 budget	Monitor
4	Terms and Conditions for Lore Health Platform	Submitted as ordered	None
5	Semi-annual update re: operations in Vermont and consumer complaints	Submitted as ordered	None

FY24 Budget Order Conditions

Lore and Vytalize



Condition		Status as of June 19, 2024	Board Action
1	FY24 Shared Savings/Losses segmented for Vermont	To be submitted in 2025	Monitor
2	Updated Vermont financial summary	Submitted April 1, 2024	None
3	MSSP/REACH Quality Reporting	To be submitted in 2025	Monitor
4	Performance in GMCB-specified metrics after 3 performance years	To be submitted in 2026 for Lore; 2027 for Vytalize	Monitor
5	Semi-annual update re: operations in Vermont and consumer complaints	First of two reports submitted; second due with budget submission	Monitor
6	Blueprint for Health Orientation	Completed by Lore and Vytalize	None

Summary



- FY2025 Budget Guidance- minor improvements; confirmed generalized applicability among Medicare-Only ACO sizes and types
- FY2023 and FY2024 Budget Order Conditions- Both ACOs currently in compliance with all ordered conditions; staff will continue to monitor

DISCUSSION

Sample Motion Language



“Move to approve the Medicare-Only ACO FY25 Budget Guidance presented today by GMCB staff, [with any changes discussed today by the Board].”