VERMONT
GREEN MOUNTAIN CARE BOARD

ACO Oversight
FY 2025 Medicare Only ACO Budget Review
Lore Health, Vytalize Health KS 25, and Aledade Accountable Care 205

Staff Analysis and Potential Vote

November 20, 2024

Agenda

VERMONT
GREEN MOUNTAIN CARE BOARD

1. Staff Introduction
2. FY25 Lore Health Budget Review and Potential Vote
3. FY25 Vytalize Health KS 25 Budget Review and Potential Vote
4. FY25 Aledade Budget Review and Potential Vote
5. Board Questions/Discussion

Timeline and Public Comment

VERMONT
GREEN MOUNTAIN CARE BOARD

Timeline

November 13, 2024	Medicare-only ACO Hearing
November 20, 2024	GMCB Staff analysis presentation and potential vote
December 4, 2024	Deliberations and Potential Vote (if needed)

No public comment received to date.

Budget Review Process

18 V.S.A. § 9382(b)(2) and Rule 5.405(a) and (c)

VERMONT
GREEN MOUNTAIN CARE BOARD

The ACO shall have the burden of justifying its proposed budget to the Board. In deciding whether to approve or modify the proposed budget of an ACO projected to have fewer than 10,000 attributed lives in Vermont during the next Budget Year, the Board will take into consideration:

1. any benchmarks established under section 5.402 of this Rule;
2. those criteria listed in 18 V.S.A. § 9382(b)(1) ***that the Board deems appropriate to the ACO's size and scope***;
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.

Board Review Scope

VERMONT
GREEN MOUNTAIN CARE BOARD

- Staff recommend Board consider the following factors from 18 V.S.A. § 9382(b)(1):
  - information regarding utilization of the health care services delivered by health care providers participating in the ACO and the effects of care models on appropriate utilization, including the provision of innovative services;
  - the character, competence, fiscal responsibility, and soundness of the ACO and its principals;
  - any reports from professional review organizations;
  - the ACO's efforts to prevent duplication of high-quality services being provided efficiently and effectively by existing community-based providers in the same geographic area, as well as its integration of efforts with the Blueprint for Health and its regional care collaboratives;

Board Review Scope (cont.)

VERMONT
GREEN MOUNTAIN CARE BOARD

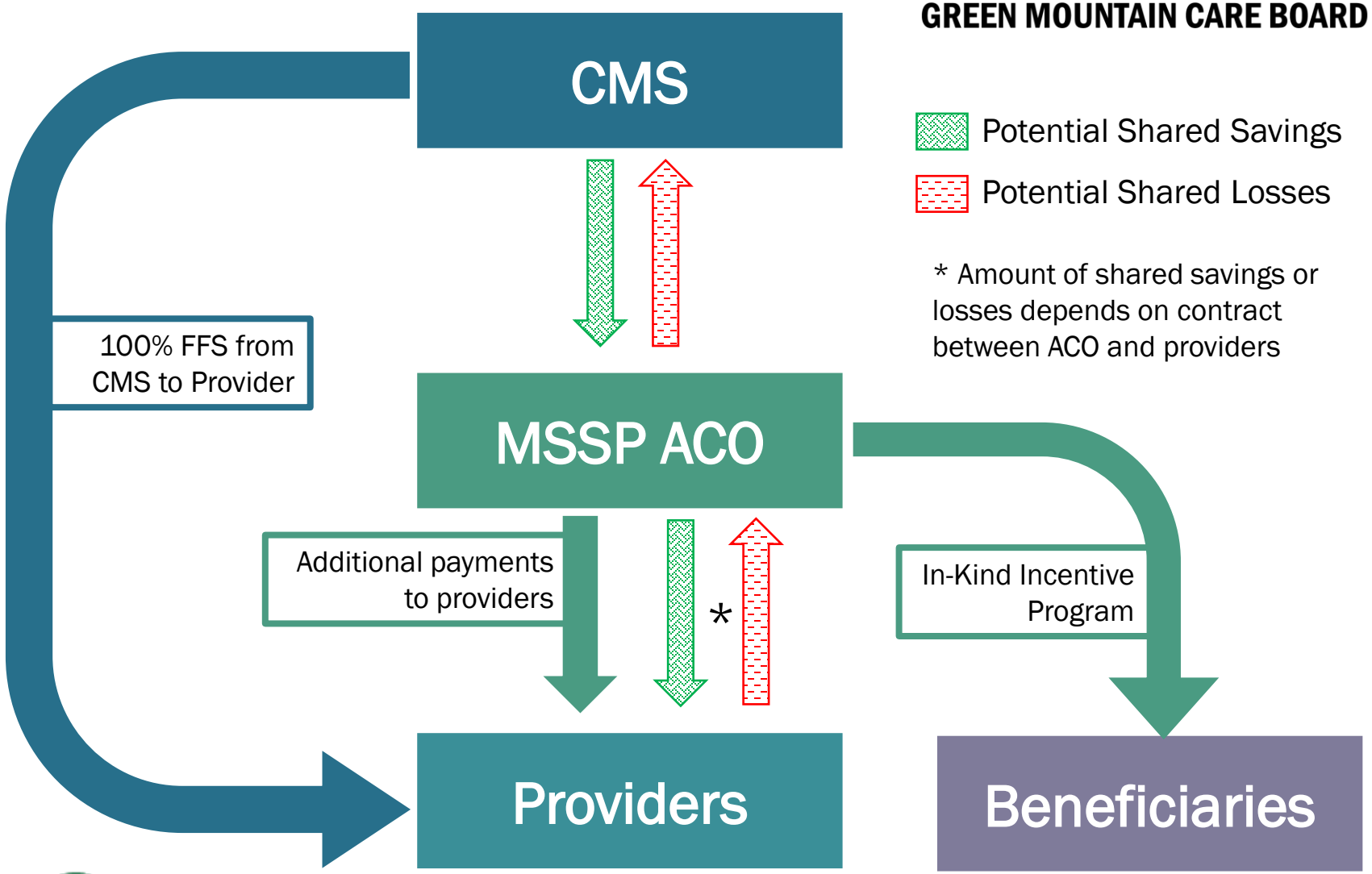
- Recommended factors from 18 V.S.A. § 9382(b)(1) continued:
  - public comment on all aspects of the ACO's costs and use and on the ACO's proposed budget;
  - information gathered from meetings with the ACO to review and discuss its proposed budget for the forthcoming fiscal year;
  - information on the ACO's administrative costs, as defined by the Board;
  - the extent to which the ACO makes its costs transparent and easy to understand so that patients are aware of the costs of the health care services they receive; and
  - the extent to which the ACO provides resources to primary care practices to ensure that care coordination and community services, such as mental health and substance use disorder counseling that are provided by community health teams, are available to patients without imposing unreasonable burdens on primary care providers or on ACO member organizations.

Medicare Shared Savings Program
Funds Flow

VERMONT
GREEN MOUNTAIN CARE BOARD

Key Takeaways

- This is still a Fee For Service (FFS) Model, with providers retaining 100% FFS payments from CMS
- There is a quality element through potential SS/SL
- Providers receive payment from the ACO according to their network agreement
- Patients can receive in-kind incentives from the ACO



VERMONT
GREEN MOUNTAIN CARE BOARD

LORE HEALTH ACO

FY25 Budget

Lore Health – Enhanced Track MSSP

VERMONT
GREEN MOUNTAIN CARE BOARD

- 2025 will be Lore Health's third program year
  - 5-Year Participation Agreement

	Shared Upside Rate	Performance Payment Limit (Cap)	Shared Loss Rate	Loss Sharing Limit (Cap)	Minimum Savings/Loss Rate
MSSP - Enhanced Track	Up to 75% to ACO	20% of benchmark	40-75% back to CMS	15% of benchmark expenditures	0.5%

Lore Health - Provider Network

VERMONT
GREEN MOUNTAIN CARE BOARD

HSA	Facility Name	Category	Org. Type	Provider Count	Attributed Lives
Springfield	Springfield Medical Care Systems Inc.	PCP and Specialty	FQHC	60	3,600

- aka North Star Health
- Locations in both Vermont and New Hampshire; number of attributed lives may include residents of both states.
- Two VT providers on Lore's governing body
- Lore has providers in 4 states for 2025

Lore Health - Financials

VERMONT
GREEN MOUNTAIN CARE BOARD

Lore Health - Vermont Only	FY23 - Actuals	FY24 - Proj	FY25 - Budget
Traditional Medicare Beneficiaries	3,134	3,600	3,600
Annual Beneficiary Utilization and Expenditures per Beneficiary	$9,524	$9,750	$10,200
VT Provider/Supplier Medicare Benchmark	$29.85M	$35.10M	$36.72M
Shared Savings/Losses - ACO Wide	-0.26%	1.00%	1.00%
VT Shared Savings/Shared Losses	If Shared Savings: Shared Savings % x Medicare Benchmark x Quality Performance Score x (1 - CMS Share)		
	If Shared Losses: Shared Losses % x Medicare Benchmark x Quality Performance Score x (1 - CMS Share)		

Lore Health – 2023 Financial and Quality Performance

VERMONT
GREEN MOUNTAIN CARE BOARD

2023 Actuals[1]	Lore (ACO-Wide)	Median MSSP	Median MSSP in initial performance year
Quality Score	65.76%	83.07%	80.40%
Shared Savings/Losses	-0.26%	3.65%	2.89%

[1] https://data.cms.gov/medicare-shared-savings-program/performance-year-financial-and-quality-results/data

Lore Health – 2023 Vermont Financial Performance

VERMONT
GREEN MOUNTAIN CARE BOARD

	Initial Projection	Actual Results
PBPY Spending in VT	$9,900*	$9,706*
ACO-Wide SS/SL	5%	-0.26%

* non-truncated

Lore Health - Model of Care

VERMONT
GREEN MOUNTAIN CARE BOARD

- Lore Health is focused on the practice of lifestyle medicine to enable Medicare beneficiaries to take charge of improving their health
  - In-kind incentives that help beneficiaries manage and prevent chronic conditions and aim to narrow health equity gaps
- Their model includes use of a beneficiary-facing mobile application/platform which includes LoreBot: an AI chatbot that patients can ask health questions and receive solution-focused brief therapy (SFBT)

Proposed Conditions

VERMONT
GREEN MOUNTAIN CARE BOARD

1. Lore Health shall provide to GMCB Lore Health's MSSP quality reporting, segmented for Vermont, with appropriate restrictions to protect patient confidentiality.

2. Following three performance years in Vermont, Lore Health shall provide to GMCB reporting for those years on GMCB-specified metrics, which may include the categories of inpatient medical, inpatient surgical, emergency department, professional office visits, ambulatory sensitive admissions, and any additional metrics. GMCB's Health Policy Project Director is delegated responsibility to develop templates and metrics and set deadlines for this reporting.

3. Within 14 days of receipt, Lore Health shall provide the GMCB and the Office of the Health Care Advocate a copy of any pre-termination notice from CMS, including but not limited to a warning regarding noncompliance with Shared Savings Program requirements, a request for a corrective action plan, or a notice of a special monitoring plan. Lore Health shall additionally provide any follow-up communications from the ACO and CMS regarding the pre-termination action, at the discretion of the GMCB and with authority delegated to GMCB's Health Policy Project Director.

4. Within 14 days of receipt, Lore Health shall provide the GMCB and Office of the Health Care Advocate notice of any legal action taken against the ACO or its parent company. Lore Health shall additionally provide any additional information at the discretion of the GMCB and with authority delegated to GMCB's Health Policy Project Director.

5. After notice and an opportunity to be heard, the GMCB may make such further orders as are necessary to carry out the purposes of this Order and 18 V.S.A. § 9382.

Lore Health - Motion Language

VERMONT
GREEN MOUNTAIN CARE BOARD

Suggested motion language:

"Move that the GMCB approve Lore Health ACO LLC's FY25 budget as submitted, subject to the proposed conditions reviewed [and modified] by the Board today."

VERMONT
GREEN MOUNTAIN CARE BOARD

VYTALIZE HEALTH KS 25 ACO

FY25 Budget

Vytalize– Track E MSSP

VERMONT
GREEN MOUNTAIN CARE BOARD

- 2025 will be Vytalize Health KS 25's first year in Vermont and second program year
  - Vytalize Health 9, an ACO REACH, is operating for its first and final year in Vermont in 2024

	Shared Upside Rate	Performance Payment Limit (Cap)	Shared Loss Rate	Loss Sharing Limit (Cap)	Minimum Savings/Loss Rate
MSSP - Track E	Up to 50% to ACO*	10% of benchmark	30% back to CMS*	8% of ACO participant revenue capped at 4% of updated benchmark	confidential

Vytalize- Provider Network

VERMONT
GREEN MOUNTAIN CARE BOARD

HSA	Facility Name	Org. Type	Provider Count	Attributed Lives
Middlebury	Five-Town Health Alliance	FQHC	22	434
White River Junction	Little Rivers Health Care	FQHC	29	1,526

- Vytalize KS 25 has attributed lives in 16 states (Vermont is 6% of those lives)
- Vytalize Health is a multi-state organization operating numerous ACOs in many states
- Both practices are currently in Vytalize Health 9 ACO

Vytalize - Financials

VERMONT
GREEN MOUNTAIN CARE BOARD

Vytalize KS 25 - Vermont Only	FY25 Budget
Traditional Medicare Beneficiaries	1,688
Annual Beneficiary Utilization and Expenditures	$11,638
VT Provider/Supplier Medicare Benchmark	$19.65M
VT Shared Savings/Shared Losses	<u>If Shared Savings:</u> Shared Savings % x Medicare Benchmark x Quality Performance Score x (1 - CMS Share %)
	<u>If Shared Losses:</u> Practices do not have downside risk with Vytalize

Vytalize - Model of Care

VERMONT
GREEN MOUNTAIN CARE BOARD

- Support participating primary care providers
  - Assistance with administrative tasks
  - Evidence-based insights
  - Clinical outreach
  - Data driven
- Prioritizing annual wellness visits, inpatient follow-up and emergency department follow-up

Proposed Conditions

VERMONT
GREEN MOUNTAIN CARE BOARD

1. Vytalize shall provide to GMCB Vytalize's MSSP quality reporting, segmented for Vermont, with appropriate restrictions to protect patient confidentiality.

2. Following three performance years in Vermont, Vytalize shall provide to GMCB reporting for those years on GMCB-specified metrics, which may include the categories of inpatient medical, inpatient surgical, emergency department, professional office visits, ambulatory sensitive admissions, and any additional metrics. GMCB staff is delegated responsibility to develop templates and metrics and set deadlines for this reporting.

3. Within 14 days of receipt, Vytalize shall provide the GMCB and the Office of the Health Care Advocate a copy of any pre-termination notice from CMS, including but not limited to a warning regarding noncompliance with Shared Savings Program requirements, a request for a corrective action plan, or a notice of a special monitoring plan. Vytalize shall additionally provide any follow-up communications from the ACO and CMS regarding the pre-termination action, at the discretion of the GMCB and with authority delegated to GMCB's Health Policy Project Director.

4. Within 14 days of receipt, Vytalize shall provide the GMCB and Office of the Health Care Advocate notice of any legal action taken against the ACO or its parent company. Vytalize shall additionally provide any additional information at the discretion of the GMCB and with authority delegated to GMCB's Health Policy Project Director.

5. After notice and an opportunity to be heard, the GMCB may make such further orders as are necessary to carry out the purposes of this Order and 18 V.S.A. § 9382.

Vytalize - Motion Language

VERMONT
GREEN MOUNTAIN CARE BOARD

Suggested motion language:

"Move that the GMCB approve Vytalize Health KS 25 LLC's FY25 budget as submitted, subject to the proposed conditions reviewed [and modified] by the Board today."

VERMONT
GREEN MOUNTAIN CARE BOARD

ALEDADE ACCOUNTABLE CARE 205 ACO

FY25 Budget

Aledade – Enhanced Track MSSP

VERMONT
GREEN MOUNTAIN CARE BOARD

2025 will be Aledade's first year in Vermont and second performance year

	Shared Upside Rate	Performance Payment Limit (Cap)	Shared Loss Rate	Loss Sharing Limit (Cap)	Minimum Savings/Loss Rate
MSSP - Enhanced Track	Up to 75% to ACO	20% of benchmark	40-75% back to CMS	15% of benchmark expenditures	0.5%

Aledade - Provider Network

VERMONT
GREEN MOUNTAIN CARE BOARD

HSA	Facility Name	Category	Org. Type	Provider Count	Attributed Lives
St. Albans	The Richford Health Center, Inc. (known as "The Notch")	Primary Care	FQHC	Unknown	4,241

- In 2025, Aledade KS 25 will operate in 6 states and has plans to expand their network in Vermont in the next 3 years
  - 14.48% of attributed lives will be in Vermont
- Aledade is a multi-state organization with 56 ACOs operating in 45 states

Aledade - Financials

VERMONT
GREEN MOUNTAIN CARE BOARD

Aledade - Vermont Only	FY25 Budget
Traditional Medicare Beneficiaries	4,241
Annual Beneficiary Utilization and Expenditures	$13,605
VT Provider/Supplier Medicare Benchmark	$57.70
VT Shared Savings/Losses	<u>If Shared Savings:</u> Shared Savings % x Medicare Benchmark x Quality Performance Score x (1 - CMS Share)
	<u>If Shared Losses:</u> Providers have 0% responsibility for shared losses

Aledade - Model of Care

VERMONT
GREEN MOUNTAIN CARE BOARD

- Prioritize Annual Wellness Visits (AWVs) and Transitional Care Management (TCM)
  - Use of ADT feeds
- Aim to increase primary care visits after hospital discharge to improve rate of hospital admissions
- No benefit enhancements or payment waivers offered

Proposed Conditions

VERMONT
GREEN MOUNTAIN CARE BOARD

1. Aledade shall provide to GMCB Aledade's MSSP quality reporting, segmented for Vermont, with appropriate restrictions to protect patient confidentiality.

2. Following three performance years in Vermont, Aledade shall provide to GMCB reporting for those years on GMCB-specified metrics, which may include the categories of inpatient medical, inpatient surgical, emergency department, professional office visits, ambulatory sensitive admissions, and any additional metrics. GMCB staff is delegated responsibility to develop templates and metrics and set deadlines for this reporting.

3. Within 14 days of receipt, Aledade shall provide the GMCB and the Office of the Health Care Advocate a copy of any pre-termination notice from CMS, including but not limited to a warning regarding noncompliance with Shared Savings Program requirements, a request for a corrective action plan, or a notice of a special monitoring plan. Aledade shall additionally provide any follow-up communications from the ACO and CMS regarding the pre-termination action, at the discretion of the GMCB and with authority delegated to GMCB's Health Policy Project Director.

4. Within 14 days of receipt, Aledade shall provide the GMCB and Office of the Health Care Advocate notice of any legal action taken against the ACO or its parent company. Aledade shall additionally provide any additional information at the discretion of the GMCB and with authority delegated to GMCB's Health Policy Project Director.

5. A representative from Aledade must engage in an orientation led by Blueprint for Health within the first quarter of 2025.

6. After notice and an opportunity to be heard, the GMCB may make such further orders as are necessary to carry out the purposes of this Order and 18 V.S.A. § 9382.

Aledade - Motion Language

VERMONT
GREEN MOUNTAIN CARE BOARD

Suggested motion language:

"Move that the GMCB approve Aledade Accountable Care 205's FY25 budget as submitted, subject to the proposed conditions reviewed [and modified] by the Board today."