

ACO Oversight FY 2023 Budget Review Gather Health Hearing

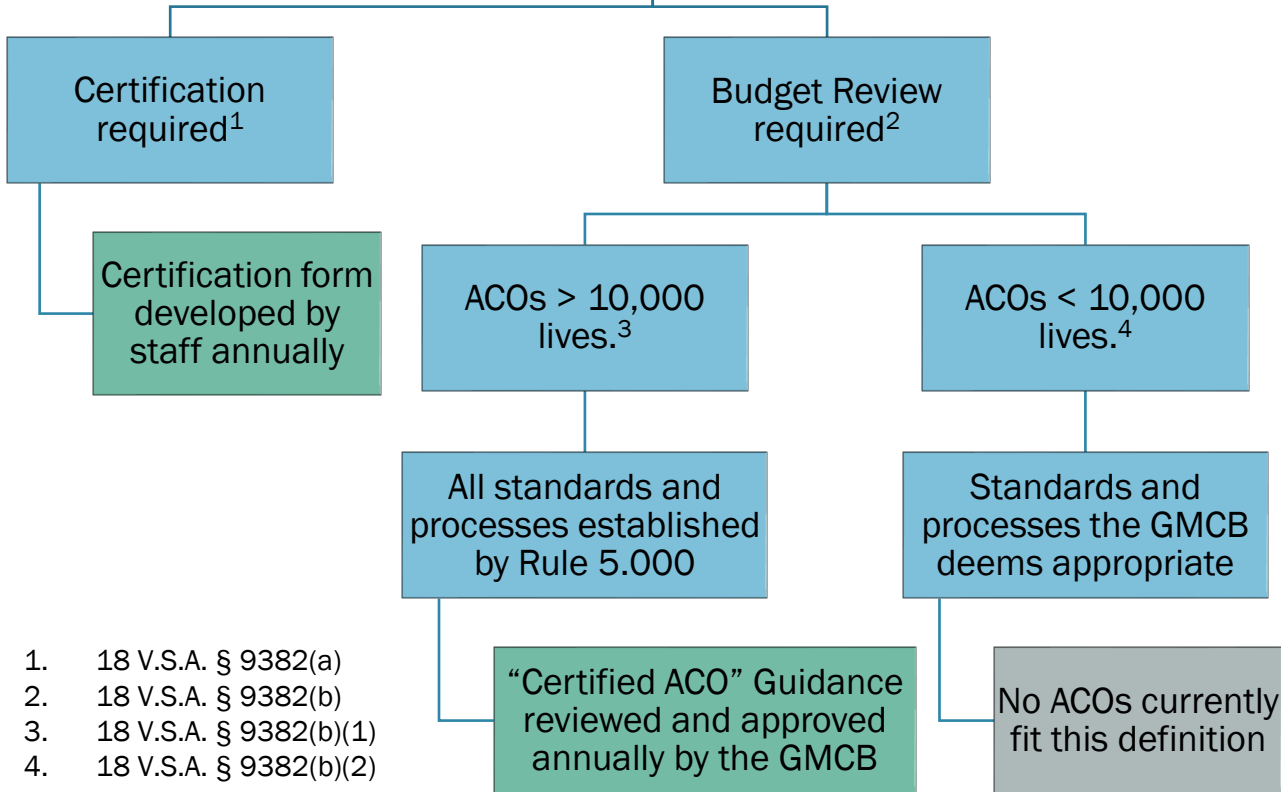
Staff Introduction

October 24, 2022



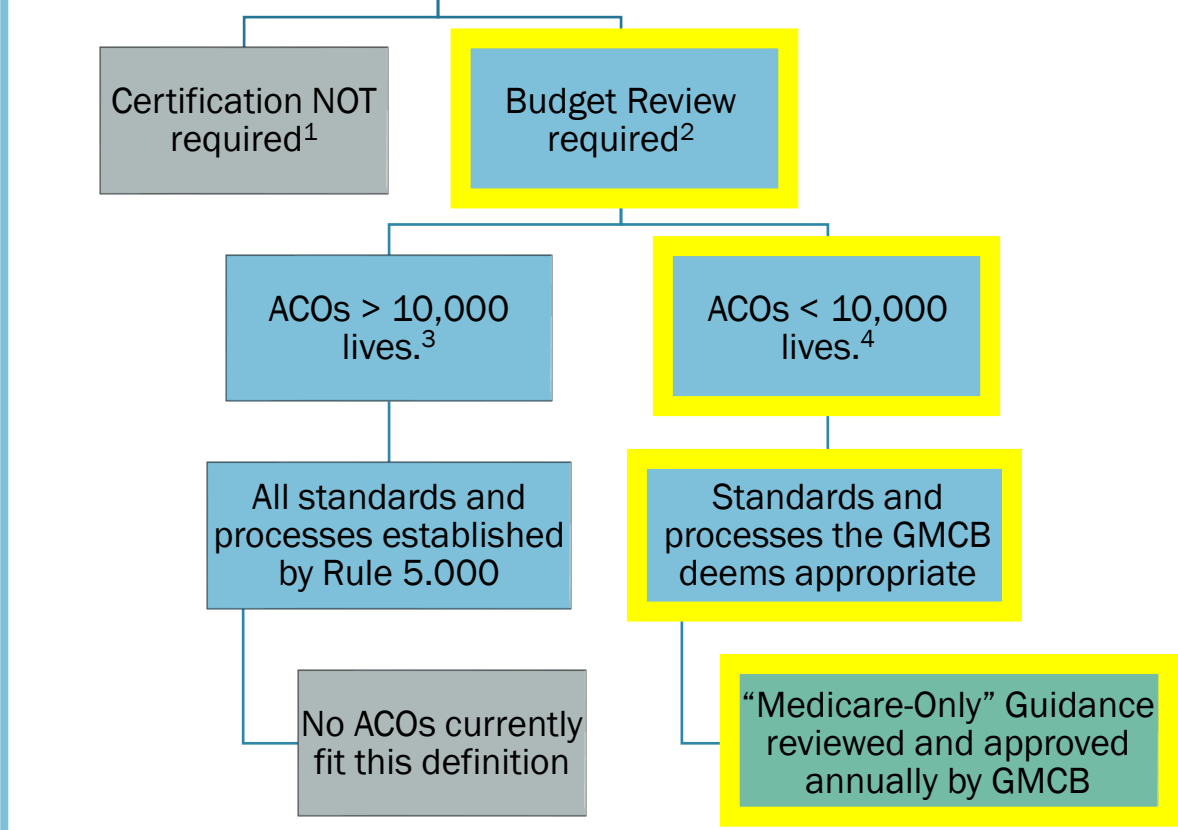
ACO Certification and Budget Review

ACOs that plan to accept payments from Medicaid or Commercial insurance



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)

ACOs that plan to accept payments from Medicare only



ACO Oversight Statute/Rule



- What is the Board approving?
 - Certification is not required under 18 V.S.A. § 9382(a)
 - Under 18 V.S.A. § 9382(b)(2) and Rule 5.405, GMCB shall **review and approve or modify** an ACO's budget.
 - Guidance approved by the Board earlier this year for Medicare-only ACOs with fewer than 10,000 attributed lives
 - Scope of Board's jurisdiction
- Reporting obligations under Rule 5.501

Budget Review Process

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



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



- 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.)



- 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.

Timeline and Public Comment

Timeline

| | |
|-------------------|--|
| October 24, 2022 | Gather Health Budget Hearing |
| November 2, 2022 | GMCB Staff Analysis – Gather Health FY23 |
| November 16, 2022 | Potential Vote on Gather Health’s Budget |

Public Comment via GMCB Website

- Submit by Friday, October 28, 2022, to be considered ahead of the GMCB staff analysis presentation
- Submit by Friday, November 11, 2022, to be considered ahead of the GMCB vote, which is tentatively scheduled for Wednesday, November 16, 2022.

Agenda for Today

1. GMCB Authority and Criteria
2. Gather Health Presentation
3. Board Questions
4. Health Care Advocate Questions
5. Public Comment
6. Possible Executive Session