

Lore Health FY24 Budget Order Condition 5 Questions

One of the conditions placed on Lore Health's FY24 ACO Budget by GMCB was for Lore Health to provide "a semi-annual update about how Lore's care model is working in Vermont, including any consumer complaints (not limited to Vermont beneficiaries). The development of the report template and a deadline is delegated to GMCB staff."

The below questions should be completed by Lore Health ACO to satisfy the above condition.

1. Summarize how Lore Health's first year operating in Vermont transpired. Describe what aspects of implementation, operation, patient engagement, quality and financial outcomes went as planned, as well as any aspects that did not.

Implementation: Lore Health ACO's implementation included pre-work with our ACO participant, education for providers and staff on the structure of an ACO, what did and did not change for beneficiaries due to being in an ACO, regulatory and compliance requirements, CMS-required communications to beneficiaries, cadence and types of data from CMS to Lore Health ACO, and cadence and types of analytics and reports from Lore Health ACO to our ACO participant. Implementation included regular meetings between Lore Health ACO and our ACO participant that were well attended and productive. Additionally, two providers at our Vermont-based ACO participant are part of the ACO's governing body, enhancing the connection and awareness of the ACO's implementation.

Patient Engagement and Operations: Throughout the year, Lore Health ACO increased engagement with Vermont beneficiaries, consistent with our experience across the ACO. We have heard feedback from beneficiaries on how to further improve their engagement and, in partnership with our ACO participants, we hope to continue improving and growing engagement.

Quality: For 2023, quality results were reported on all patients across all payers at ACO participants.

Additional parts of the answer to question 1 were redacted.

2. What lessons have been learned from Lore Health's first year as an ACO? How will these lessons impact operations in FY24 and beyond? Are any of these observations Vermont-specific rather than ACO-wide? If so, please explain.

Redacted

3. Please include a report of all complaints/grievances filed by any Medicare beneficiaries regarding Lore Health ACO during 2023. This report should denote any complaints from Vermont beneficiaries.

Redacted

Note: For the below questions, the term “Platform” refers to the Lore Health mobile application platform.

Answers to questions 4, 5, and 6 are Redacted.

4. How many Vermont beneficiaries from 2023 to present have signed up for the Lore Health Platform?
5. How does Vermont beneficiary enrollment in the Platform compare to Platform users ACO-wide?
6. Has Lore received any complaints or feedback from Vermont beneficiaries or providers specifically about the Platform?