

ACO Oversight FY 2024 Budget Hearing OneCare Vermont

GMCB Staff Introduction

November 8, 2023

ACO Oversight Statute/Rule



- Oversight of Accountable Care Organizations ([18 V.S.A. § 9382](#) and [Rule 5.000](#))
 - **Certification:** Occurs one-time following application for certification; eligibility verifications performed annually.
 - **Budget:** Review of ACO budget occurs annually, usually in the fall prior to start of budget/program year; payer contracts/attribution are finalized by spring of the budget year and the ACO submits a revised budget.

ACO Oversight: Budget Review



- All ACOs operating in Vermont are subject to budget review.
- Threshold of 10,000 lives defines the scope of review.
- Review of ACO budget occurs annually, usually in the fall prior to start of budget/program year; payer contract/attribution are finalized by spring of the budget year and the ACO submits a revised budget.
- The Board monitors ACO activities and performance throughout the year to ensure compliance with the requirements of budget approval (“conditions”) and to ensure that the ACO is operating as required by Vermont’s All-Payer Model Agreement (APM).

ACO Oversight: Standards of Review

The standards and requirements by which we review the ACO submissions are set forth in:

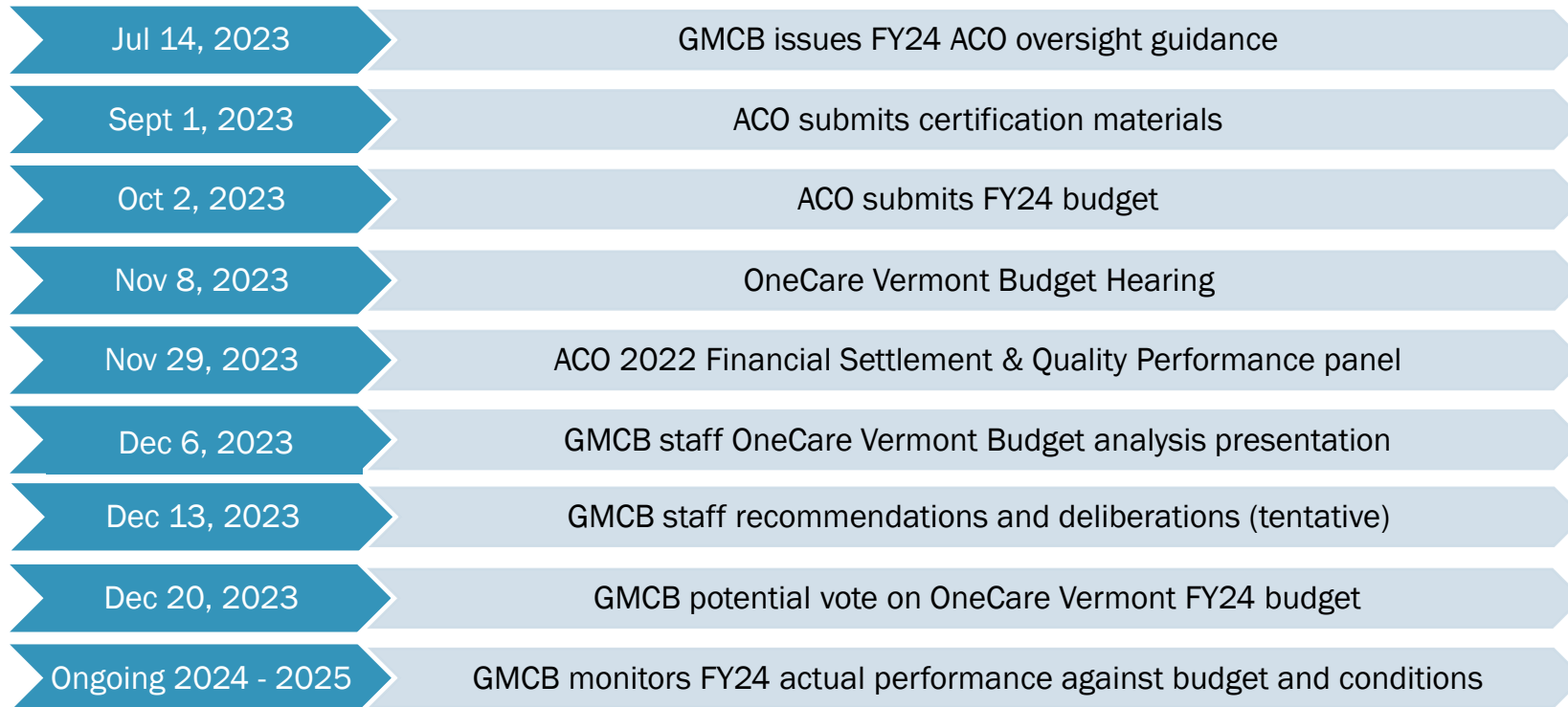
1. 18 V.S.A., Chapter 220 (primarily [18 V.S.A. § 9382](#) “Oversight of Accountable Care Organizations”);
2. [GMCB Rule 5.000](#); and
3. All-Payer ACO Model Agreement.

Specifically, under Rule 5.405 the Board considers:

1. any benchmarks established under section 5.402 of this Rule;
2. the criteria listed in 18 V.S.A. § 9382(b)(1);
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.

The ACO shall have the burden of justifying its budget to the Board.

OCV Budget and Certification Review Timeline FY 2024



Agenda



- GMCB Staff Intro
- OneCare FY2024 Budget Presentation
- GMCB Staff Questions
- Board Questions
- Health Care Advocate Questions
- Public Comment
- Executive Session if needed

REFERENCE SLIDES



18 V.S.A. § 9382



(b)(1) The Green Mountain Care Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for reviewing, modifying, and approving the budgets of ACOs with 10,000 or more attributed lives in Vermont. To the extent permitted under federal law, the Board shall ensure the rules anticipate and accommodate a range of ACO models and sizes, balancing oversight with support for innovation. In its review, the Board shall review and consider:

(A) 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;

(B) the Health Resource Allocation Plan identifying Vermont's critical health needs, goods, services, and resources as identified pursuant to section 9405 of this title;

(C) the expenditure analysis for the previous year and the proposed expenditure analysis for the year under review by payer;

(D) the character, competence, fiscal responsibility, and soundness of the ACO and its principals;

18 V.S.A. § 9382



(E) any reports from professional review organizations;

(F) 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;

(G) the extent to which the ACO provides incentives for systemic health care investments to strengthen primary care, including strategies for recruiting additional primary care providers, providing resources to expand capacity in existing primary care practices, and reducing the administrative burden of reporting requirements for providers while balancing the need to have sufficient measures to evaluate adequately the quality of and access to care;

(H) the extent to which the ACO provides incentives for systemic integration of community-based providers in its care model or investments to expand capacity in existing community-based providers, in order to promote seamless coordination of care across the care continuum;

18 V.S.A. § 9382



(I) the extent to which the ACO provides incentives for systemic health care investments in social determinants of health, such as developing support capacities that prevent hospital admissions and readmissions, reduce length of hospital stays, improve population health outcomes, reward healthy lifestyle choices, and improve the solvency of and address the financial risk to community-based providers that are participating providers of an accountable care organization;

(J) the extent to which the ACO provides incentives for preventing and addressing the impacts of adverse childhood experiences (ACEs) and other traumas, such as developing quality outcome measures for use by primary care providers working with children and families, developing partnerships between nurses and families, providing opportunities for home visits, and including parent-child centers and designated agencies as participating providers in the ACO;

(K) public comment on all aspects of the ACO's costs and use and on the ACO's proposed budget;

(L) information gathered from meetings with the ACO to review and discuss its proposed budget for the forthcoming fiscal year;

18 V.S.A. § 9382



(M) information on the ACO's administrative costs, as defined by the Board;

(N) the effect, if any, of Medicaid reimbursement rates on the rates for other payers;

(O) 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

(P) 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.