

ACO Budget Process and Update

Annually, the GMCB reviews and votes on Vermont ACO budget(s). The process begins around the start of the calendar year with staff preparation of budget guidance for the subsequent year and ends at the close of the calendar year with the GMCB approval or rejection of the ACO's budget. An ACO is required to submit its budget for review if it has 10,000 or more attributed lives.

GMCB ACO Budget Oversight Phases

Phase 1: Guidance

- GMCB staff writes detailed guidance instructions for the ACO in the spring
- GMCB staff review the guidance with the Board at a public meeting and after a public process, the Board approves the guidance
- The guidance is sent to the ACO on July 1

Phase 2: Submission

- The ACO submits its budget on October 1 each year
- Documents are posted online and a public comment period begins

Phase 3: Review

- GMCB staff review the materials and public comments
- Follow-up questions are sent to the ACO and their supplemental answers are reviewed
- The ACO presents its budget to the GMCB at a public meeting
- The GMCB Members vote on the budget and impose any conditions

Phase 4: Monitoring

- If the ACO budget is approved, a budget order is finalized with conditions, if necessary
- The ACO must follow the budget order items and submit reporting as required
- GMCB staff review materials throughout the year, as submitted, to ensure the budget order is carried out adequately

OneCare Vermont's 2020 Budget

	\$ (millions)	% of Total
TOTAL REVENUE	\$1,424.6	100%
Payer Revenues for Provider Reimbursement	\$1,362.2	95.6%
Payer Program Support (Incl. Blueprint)	\$19.0	1.3%
State Support	\$16.6	1.2%
Participation Fees (Hospital Dues)	\$24.5	1.7%
Other (Grants & Deferred Revenue)	\$2.3	0.2%
TOTAL EXPENSE	\$1,424.6	100%
Provider Reimbursement	\$1,362.2	95.6%
OneCare Admin Expense	\$19.3	1.4%
Population Health Investments	\$43.1	3.0%
Gain/Loss	\$0	0%

- OneCare submitted a budget for FY2020, representing 250K accountable lives, or approximately 48% of Vermonters.
 - OneCare requested \$13.1 million from federal and state sources for Delivery Service Reform efforts to continue existing projects and invest in new projects to develop infrastructure to provide better data to health care providers and invest in community-based population health projects.
 - The proposed budget shows a 0% and \$0 gain and loss margin. Though OneCare is not formally a non-profit organization, the organization does not maintain a profit.
 - OneCare is projecting \$44 million to be distributed to community-based providers including primary care, home health, designated agencies, and area agencies on aging for delivery system reform and population health programs.

- The proposed budget was approved on Dec. 18, 2019 with 23 conditions of approval including
 - more robust reporting, evaluation, and strategic plans for population health and delivery system reform programs;
 - the submission of OneCare's 2021 Network Development Strategy;
 - greater oversight by the GMCB into OneCare's use of its reserve funds;
 - creation and implementation of a performance dashboard; and
 - a future evaluation of OneCare's value-add relative to their administrative cost over the duration of the APM.