

ACO Oversight
FY 2023 OneCare Revised Budget
Public Comment and Potential Vote

May 31, 2023

Agenda

- Public Comment
 - Revised Budget Review
 - Budget Amendment Request
 - Staff Recommendation
- Timeline
 - 5/3 – Staff Review presentation
 - 5/5 – OCV Revised Budget Hearing
 - 5/17 – Staff Analysis and Recommendation
 - 5/22 - Letter sent to OCV
 - 5/30 - Budget amendment request received
 - 5/31 – Potential Board vote

Public Comment



- Three Comments Received as of 5/30
 - Executive Compensation
 - Primary Care Funds Flow
 - Sources for OneCare's administrative costs

OneCare Vermont ACO Revised FY23 Budget



- Substantial variations from OneCare approved FY23 budget to revised FY23 budget:
 - No BCBSVT Contract
 - New Self-Funded Program
 - Risk Model Change (Payer Program, Risk Corridors)
 - PHM Payment Changes

OneCare Vermont ACO Revised FY23 Budget



- Budget Amendment Request Received on 5/30 from OneCare Vermont.
- Requested that the GMCB modify its approval of OneCare's budget to reflect the revised budget submitted on March 31, 2023.

Staff Recommendation



Suggested motion language:

Move to amend OneCare Vermont's FY23 budget approval to reflect the revised budget submitted by OneCare on March 31 and presented to the GMCB on May 5.

Board Discussion



Reference



OneCare Vermont ACO Revised FY23 Budget



5.407 Budget Performance Review and Adjustment

- (a) The Board may conduct an independent review of an ACO's performance under an established budget at any time. Such a review need not be limited to financial performance and may cover any matter approved by the Board as part of the ACO's budget. The Board may request, and an ACO must provide, information determined by the Board to be necessary to conduct the review. If, after conducting a review, the Board determines that an ACO's performance has varied substantially from its budget, the Board shall provide written notice to the ACO. The notice shall set forth the results of the Board's review, as well as a description of the facts the Board considered.
- (b) After determining that an ACO's performance has varied substantially from its budget, and upon application of the ACO, the Board may adjust the ACO's budget. In considering an adjustment of an ACO's budget, the Board will consider the financial condition of the ACO and any other factors it deems appropriate.
- (c) An ACO must request and receive an adjustment to its budget under subsection (b) of this section prior to executing a Risk Contract that would cause the ACO to exceed a Risk Cap established by the Board as part of the ACO's budget.
- (d) The Board may take any and all actions within its power to compel compliance with an established budget.

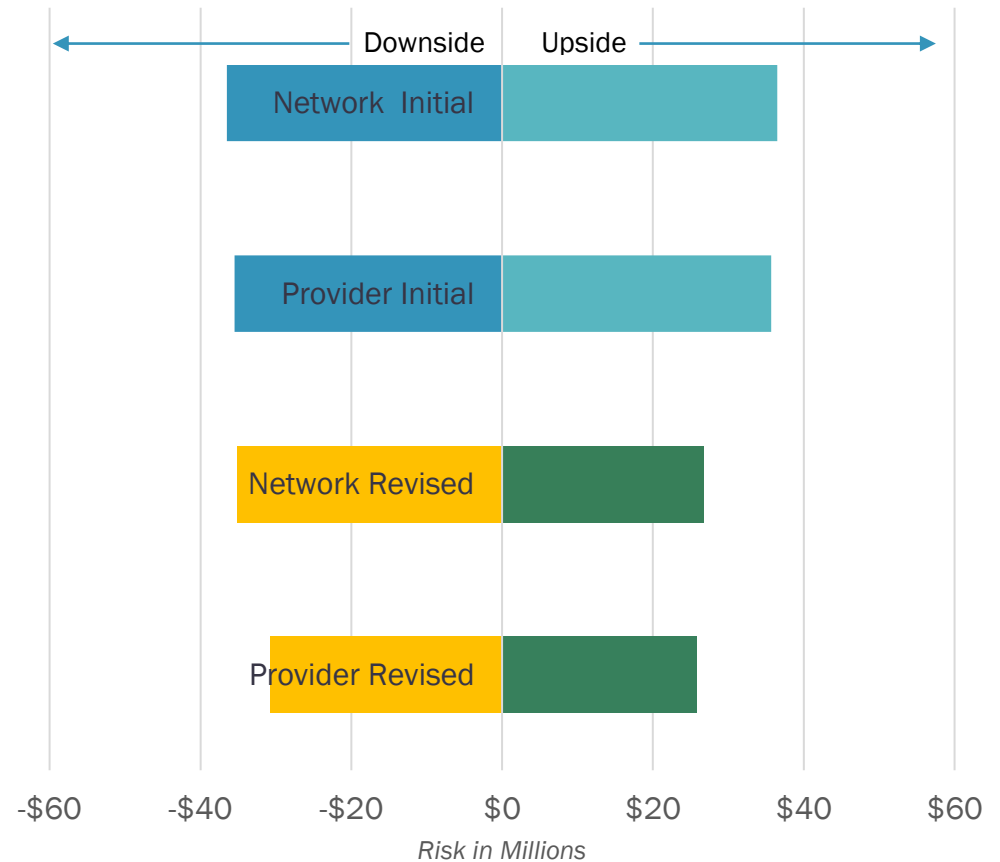
Changes to Risk Model

Initial FY23 Budget

- Network - \$36.5M up/down
- Provider - \$35.7M up/down

Revised FY23 Budget

- Network - \$26.7M up; \$35.1M down
- Provider - \$25.8M up; \$30.7M down
- Loss of BCBSVT risk
- Addition of UVMHN risk
- Changes in risk corridors for Medicaid and MVP



PHM Expenses



- Fewer attributed lives leads to less PHM Program expense
- Incorporation of DVHA funding model
- Incorporation of CPR modification
- New MH Screening and Follow-Up initiative

	Original Budget	Revised Budget	Change	Notes
PHM Base Payments - PCP	\$13,156,767	\$9,733,548	(\$3,423,219)	Fewer BCBSVT lives
PHM Base Payments - HH	\$882,300	\$882,300	\$0	
PHM Base Payments - DA	\$1,065,050	\$640,050	(\$425,000)	Change in DVHA funding model
PHM Base Payments - AAA	\$170,000	\$170,000	\$0	
PHM Bonus Potential - PCP	\$2,030,995	\$1,537,459	(\$493,536)	Fewer BCBSVT lives
PHM Bonus Potential - PCP (DVHA Funding)	\$0	(\$912,514)	(\$912,514)	Change in DVHA funding model
PHM Bonus Potential - HH	\$124,560	\$124,560	\$0	
PHM Bonus Potential - HH (DVHA Funding)	\$0	(\$8,719)	(\$8,719)	Change in DVHA funding model
PHM Bonus Potential - DA	\$150,360	\$590,360	\$440,000	Change in DVHA funding model
PHM Bonus Potential - DA (DVHA Funding)	\$0	(\$589,456)	(\$589,456)	Change in DVHA funding model
PHM Bonus Potential - AAA	\$24,000	\$24,000	\$0	
Longitudinal Care	\$399,000	\$399,000	\$0	
DULCE	\$145,366	\$145,366	\$0	
CPR Program Cost	\$1,510,492	\$2,106,823	\$596,330	MVP transition into CPR
CPR Program Cost (DVHA Funding)	\$0	(\$489,310)	(\$489,310)	Change in DVHA funding model
Specialist Fund	\$150,000	\$150,000	\$0	
Innovation Fund	\$69,667	\$69,667	\$0	
MH Screening and Follow-Up Program	\$0	\$1,638,140	\$1,638,140	New initiative
SNF Initiative	\$201,299	\$201,299	\$0	
Quality Improvement Initiatives	\$296,240	\$296,240	\$0	
PCMH Payments	\$2,163,158	\$2,062,850	(\$100,308)	Updated to reflect info from State
Community Health Team Payments	\$2,874,062	\$2,974,370	\$100,308	Updated to reflect info from State
SASH	\$4,508,696	\$4,508,696	\$0	
Total	\$29,922,012	\$26,254,729	(\$3,667,284)	

Change of \$3.7M, but addition of \$2M from DVHA for PHM Bonus Payments results in a reduction of \$1.6M from the approved budget.

New Mental Health Screening and Follow-up Initiative

Addition of MVP lives into CPR