

ACO Oversight OneCare Vermont FY 2025 Budget Guidance Potential Vote

May 22, 2024

Public Comment



- No public comment received

From last week

3

- Introductory and Budget Target Language
- Administrative Budget by Function
- Revised Budget

Introduction



“Recognizing that BY2025 is the final year of this ACO payment model, the GMCB is focusing the budget guidance on ensuring appropriate final year ACO **costs administrative expenses** that reflect the value to Vermonters **and Vermont community providers** of the ACO, ensuring sufficient oversight of the ACO, and reporting data and information that will assist in future efforts while reducing reporting that will no longer be useful. As such, the approach to the guidance is to suggest that the ACO minimize ~~costs administrative expenses~~ to support only programs shown to yield positive ~~financial returns~~ **benefits in terms of access, quality, and affordability** for Vermonters **and positive benefits Vermont community providers** and to finish out this Model while freeing up resources to be deployed to future purposes.”

Budget Target #3



With the exception of implementation of new waivers provided in the First Amended and Restated Vermont All-Payer ACO Model Agreement (2024 Amendment No. 1), the ACO's administrative budget should not support new programs in FY2025 in order to ensure final year expenses are appropriate to winding down the payment model. Administrative expenses should be targeted to those expenses associated with programs demonstrated to yield positive benefits for Vermonters and Vermont community providers in terms of access, quality, and/or cost or programs and resources necessary for it to support All-Payer Model requirements or meet payer contractual obligations and/or participation requirements.

Appendix 7.2 – Population Health Payment Reform



Appendix 7.2: Population Health and Payment Reform Details (FY25)

Program Name	Primary Investment Type	Secondary Investment Type



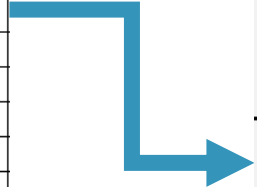
How program enhances:		
Affordability	Quality	Access

Appendix 6.10 - Admin Budget by Function

Appendix 6.10: Admin Budget by Function/Program	
Category	Function/Program*
Population Health Programs	Population Health Management Program
	Mental Health Screening and Follow-up Initiative
	Comprehensive Payment Reform Program
	Waiver Implementation
	DULCE
	RCR
	Longitudinal Care
Pilots and Future Planning	SDOH Screening Alignment
	Medicaid Global Payment Program
	FQHC Fixed Payment Pilot
	New program development/strategic planning
Financial	Distribution of Blueprint and SASH funding
	All other financial activities
Regulation	Preparing and delivering regulatory materials
Contracting	Activities associated with network and provider contract development and implementation not captured in other line items
Consultants	Legal and other consultants providing services not described above
TOTAL	

Appendix 6.10: Admin Budget by Function/Program

Appendix 6.10: Admin Budget by Function/Program	
Category*	
Salaries	Population Health Management Program
	Mental Health Screening and Follow-up Initiative
	Comprehensive Payment Reform Program
	Waiver Implementation
	DULCE
	RCR
	Longitudinal Care
	Medicaid Global Payment Program
	FQHC Fixed Payment Program
	Other Payment Reform Programs
Non-Salary Operating Expenses	Analytics Software and Tools
	Building & Utilities
	Compliance
	Contracting
	Employee Support and Resources
	General Business
	Legal
	Public and Participant Communications
	Quality Collection
	Regulatory Requirements & Orders
	Strategy and Business Development

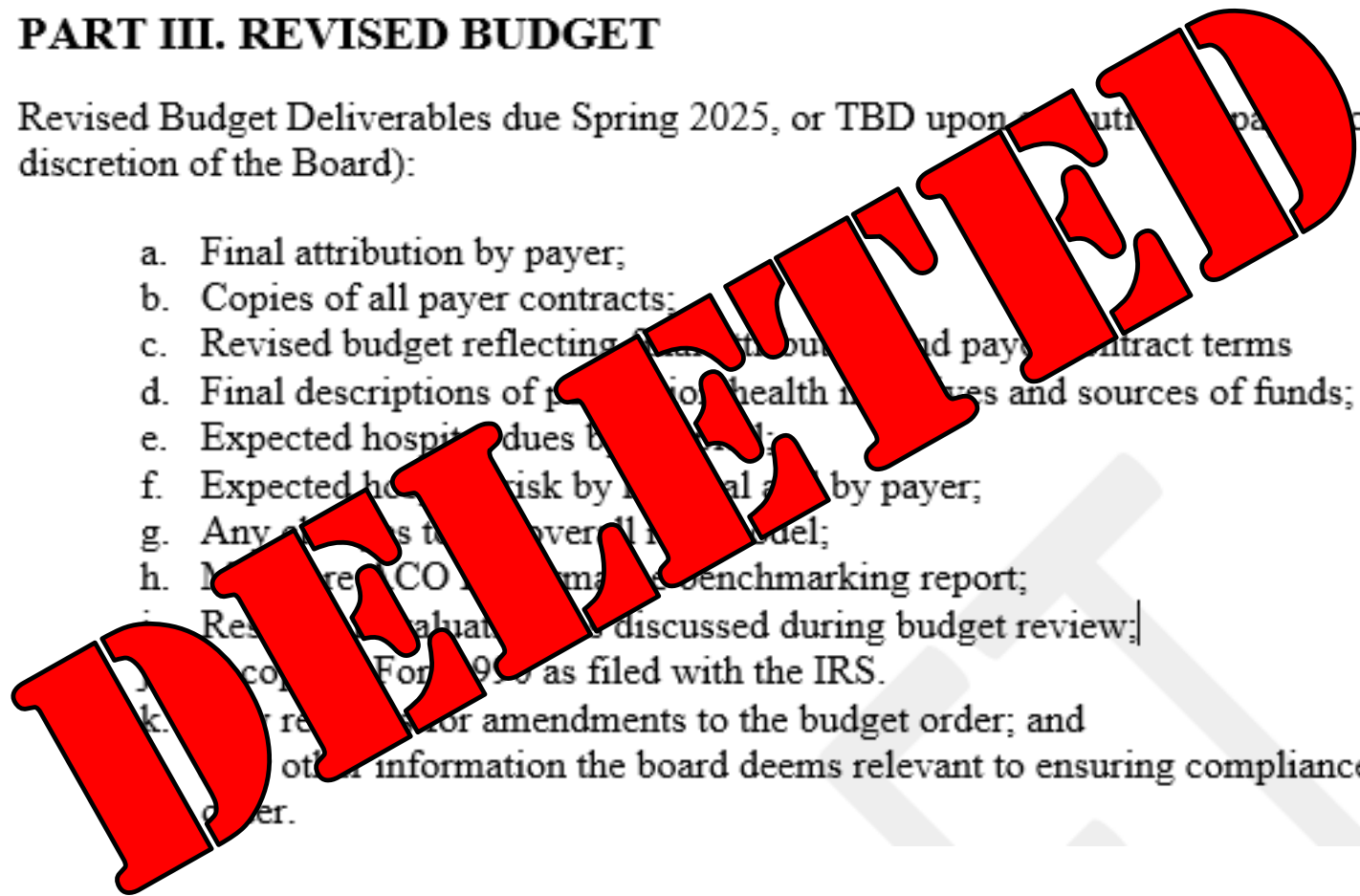


Part III: Revised Budget

PART III. REVISED BUDGET

Revised Budget Deliverables due Spring 2025, or TBD upon completion of payer contracts (date set at the discretion of the Board):

- a. Final attribution by payer;
- b. Copies of all payer contracts;
- c. Revised budget reflecting payer contracts and payer contract terms;
- d. Final descriptions of payer health plans and sources of funds;
- e. Expected hospital dues by payer;
- f. Expected hospital risk by payer and by payer;
- g. Any other information relevant to the overall model;
- h. Medicare CO-OP benchmarking report;
- i. Results of any other information discussed during budget review;
- j. Copies of Form 990 as filed with the IRS.
- k. Request for amendments to the budget order; and
- l. Other information the board deems relevant to ensuring compliance with the budget order.



DISCUSSION

Sample Motion Language



“Move to approve the OneCare Vermont FY25 budget guidance presented today by GMCB staff, [with any changes discussed today by the Board].”

REFERENCE SLIDES

Timeline

ACO Budget Guidance released by July 1st each year

- Earlier timeline possible this year

Budget submission due October 1st each year

Board must vote on ACO Budgets by December 31st

Staff Process

1 FY24 Process Feedback

2 Statutory Alignment

3 Stakeholder Engagement

GOALS for FY2025 Guidance

- Right information in the right format
- Reduced administrative burden on ACO, staff, and Board
- Future focus – post-APM future