



May 24, 2024

Dear GMCB Staff and HCA:

As discussed during the hearing of the Green Mountain Care Board (“GMCB”) on May 25, 2024, OneCare Vermont Accountable Care Organization, LLC (“OneCare” or “we” or “our”) would like to take the opportunity to supplement its comments related to the potential revisions to the FY24 Budget Orders (“Orders”) and the GMCB’s proposed FY25 ACO Budget Guidance (“FY25 Guidance”).

First, we would like to express our appreciation for the opportunity to discuss the Orders and the FY25 Guidance in real time during the May 22 hearing and also the GMCB board member and staff receptiveness to OneCare’s feedback; and we further appreciate the opportunity to provide this additional, written feedback on these topics.

We would specifically like to address the following issues: (i) the addition of contractual language to hospital participation agreements related to support of primary care (found in the Orders); (ii) budgeting by function (found in both the Orders and FY25 Guidance); and (iii) some miscellaneous items in the FY25 Guidance.

Hospital Primary Care Support

Of the options proposed by the GMCB for tracking how hospitals are utilizing population health payments, OneCare supports the option that OneCare prospectively add contract language in its hospital participant contracts indicating how the hospital shall use such funds and that the GMCB will subsequently monitor such usage through the hospital budget process. We also suggest the information requested of the hospitals gives the opportunity to show how they are evolving care delivery, as opposed to a simple accounting of funds.

Budget by Function

Because of the challenges inherent in doing a partial year time study and the administrative burden on OneCare staff, OneCare would support a method for portraying its budget in a way that recognizes its significant fixed costs - which include infrastructure that is necessary to conduct any individual program as well as contractually mandated infrastructure - and the variable costs associated with its programs and other, non-programmatic obligations. That said, OneCare believes it is important to reiterate that any measurement of its variable costs cannot be entirely accurate and, at best, will be an approximation of those costs by category. In light of these concerns and caveats, OneCare proposes an approach such as

the following table to illustrate how its fixed costs and variable costs are accounted for, which closely resembles the split between salaries and remaining operating expenses:

Salaries	Payment Reform Programs - \$X
	PHM - \$X
	MH Screening - \$X
	Long. Care / DULCE / Blueprint - \$X
	Regulation - \$X
	Non-Program-Specific Costs - \$X
Operating Expenses	Analytics Software and Tools - \$X
	Building & Utilities - \$X
	Compliance - \$X
	Contracting - \$X
	Employee Support and Resources - \$X
	General Business - \$X
	Legal - \$X
	Public and Participant Communications - \$X
	Quality Collection - \$X
	Regulatory Requirements & Orders - \$X
	Strategy and Business Development - \$X

Please note that OneCare continues to contemplate the best way to segment its budget in a manner that fulfills the GMCB request, and may recommend revisions to the specific labels in the table above as the FY25 budget is developed. OneCare also welcomes a meeting with GMCB staff and/or Board members early next week to discuss this approach further and will be happy to provide data to the GMCB as part of the FY25 budget process along with a request for confidential treatment.

FY25 Guidance (Miscellaneous)

OneCare requests that the GMCB consider the following modifications to proposed changes to its FY25 Guidance:

- Introduction (slide 6) – As discussed at the GMCB’s May 22, 2024 meeting, add language to the last sentence of the Introduction that takes into consideration returns in addition to “positive financial returns,” such as improvements in quality, care coordination, etc. In addition, it would be helpful to OneCare to know what standard(s) the GMCB would apply to gauging whether or not

positive returns have been achieved, whether financial or otherwise. This same comment applies to the first bullet point on slide 10, as well. The additional technical clarity will help us develop a budget that meets this GMCB expectation.

- 2024 Budget Target (slide 8) – As discussed at the GMCB’s May 22, 2024 meeting, OneCare proposes that the first target, “Increase all risk corridors – Maintain FY23 risk corridors or elect a new asymmetric risk from CMS,” be modified to reflect that this target will apply only to public payers, since private payer risk corridors are independently negotiated between OneCare and the commercial payer.

Thank you again for the opportunity to provide additional input. OneCare is willing to meet and discuss any of the above, or such other issues as may arise, with the GMCB as soon as Tuesday, May 28, 2024 if it would be helpful toward finalizing the revisions to the Orders or the FY25 Guidance.

Best Regards,

A handwritten signature in black ink, appearing to read 'ABE', with a stylized flourish at the end.

Abe Berman
CEO, OneCare Vermont