

OneCare Vermont

FY24 Revised Budget Hearing

GMCB Staff Introduction

April 17, 2024

ACO Oversight Statute/Rule



Oversight of Accountable Care Organizations

([18 V.S.A. § 9382](#) and [Rule 5.000](#))

1. Certification: Occurs one-time following application for certification then eligibility verifications done annually. Certification applies only to ACOs seeking Medicaid or commercial contracts.

2. Budget: Review of ACO budget generally occurs annually during fall prior to start of budget/program year with payer contracts/attribution finalized by spring of the budget year.

ACO Oversight: Revised Budget Review



- 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.
- 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



- FY24 budget guidance and order require OCV to provide revised budget deliverables.
- FY24 budget order requires OCV to present on its revised budget.
 - Revised budget includes elements described in FY24 Budget Order
- Budget adjustment process established at Rule 5.000, § 5.407.
 - Staff review deliverables and come to Board with information about any performance that has “varied substantially from the budget.”
 - If performance has varied substantially from ACO’s budget, then, upon application of ACO, Board may adjust ACO’s budget.
 - If performance has not varied substantially, no action under § 5.407.

FY24 OCV Budget Condition 12



At its presentation of the revised budget on a date set by the GMCB, and no later than April 30, 2024, OneCare must present to the GMCB on the following topics:

- a. Final FY2024 attribution and finalized payer contracts
- b. Revised budget, based on final attribution;
- c. Final description of population health initiatives;
- d. Expected hospital dues for 2024 by hospital;
- e. Expected risk for 2024 by OneCare held risk, risk bearing entity and by payer;
- f. Any changes to the overall risk model for 2024;
- g. Source(s) of funds for OneCare's 2024 population health management programs;
- h. Status of the Medicare ACO Performance benchmarking system;
- i. Update on the results of evaluations as described in the FY24 budget submission;
- j. Update on the partnership between OneCare and the University of Vermont to explore additional partnerships around evaluation;
- k. OneCare's progress relative to targets for commercial payer FPP levels;
- l. Statement of how the funds reduced from Operating Expenses were reallocated to population health and primary care programs; and
- m. Any other information the GMCB deems relevant to ensuring compliance with this order.

Agenda for today

- GMCB Staff Intro
- OneCare FY24 Revised Budget Presentation
- GMCB Staff and Board Questions
- Health Care Advocate Questions
- Public Comment

Timeline

- 4/2 - GMCB received OneCare Revised Budget submission
- 4/17 - OneCare Hearing on FY24 Revised Budget
- 4/30 - Updated Medicare ACO Performance Benchmarking Report, Settlement Policy, and Corporate Goal Achievement Update due from OneCare
- 5/8 - Staff Analysis on OneCare's FY24 Revised Budget