



OneCare Vermont's Request to Amend its 2018 Budget Order

Melissa Miles, MPH, Health Policy Director, GMCB
Lynn Combs, Esq., Associate General Counsel, GMCB

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Requested Amendments

- **F.4. OneCare must implement the delegated risk model it described in its budget proposal, except that it must establish reserves of \$1.1 million by July 1, 2018 and \$2.2 million by December 31, 2018.**
- **Amendment: OneCare must establish reserves of \$1.4 million by December 31, 2018 instead of \$2.2 million.**

Requested Amendments

- **H. OneCare must fund its other population health management and payment reform programs. . . at no less than 3.1% of its overall budget. The Board will monitor this ratio throughout the year to ensure it does not decrease below 3.1%. If the percentage decreases, OneCare must promptly alert the Board.**
- **Amendment: OneCare must spend no less than 2.5% of its budget on population health reform and payment reform programs.**

Process

- **OneCare Presented the amendment request to the Board and responded to questions from the Board and the public (Feb. 27, 2019)**
- **The Board accepted public comment (Feb. 27, 2019-Mar. 6, 2019)**
- **The Board received two public comments: one from the Office of the Health Care Advocate and the other from OneCare Vermont in response to the HCA letter.**

Public Comment

HCA comments:

- Requested change from 3.1% to 2.5% reduces OneCare's PHM investment by \$ 3.7 million.
- Vermonters have significant need for PHM investments.
- 2018 spending should not be set aside due to implementation delays.
- “[A]ll unspent money should be used to increase OneCare’s population health budget for 2019.”

Public Comment

OCV Response:

- OneCare agrees that investment in population health and prevention initiatives is important.
- Not including VBIF spend, OneCare invested \$21,411,277 in population health programs.
- OneCare does not have any “unspent” funds.
- Any increase in spending for 2019 (beyond the current budget) will require additional revenue from hospitals.

Questions?
Comments?