

Dear Green Mountain Care Board,

Since approximately 2020, this author has alerted your office and the public that its single ACO contractor – OneCare Vermont may be in violation of numerous laws and contractual obligations. Moreover, I have maintained these potential violations may put the public health of Vermonters at grave risk. I have sought to continually memorialize these concerns through ongoing email communications with you and have maintained record of read receipts of your receipt of these communications. Moreover, I am in receipt myself of responsive material to my public records requests demonstrating this board has heretofore not only been in receipt but has ignored and failed to act upon credible allegations of potential risk to public health by uncritically advancing OneCare VT through annual certifications and budget approvals.

At the time of this writing, this newly constituted board on November 11th observed and disgorged concerns about OneCare VT deficiencies so consistent with the allegations of [Hoffman v. UVMHC/OneCare](#) VT that I feel obligated to enumerate the risk GMCB potentially takes by continuing to forego critical examination of same.

For background, in 2011 [Anya Rader Wallack described an audacious goal](#) VT would set itself to – bending the cost curve while improving access to and quality of care. What made it audacious was that as a public health trained professional, she knew applying the type of capitation she advocated for potentially [could portend grave risks, including death through limiting access](#).

As we speak, the insolvency of Vermont’s hospitals under the weight of annual hospital budget review’s application of budget caps has been concurrent to well documented declines in care. I have maintained consistently in my communications with you that this declining access is signaling higher morbidity and mortality rates across the state. Wallack’s audacious goal doesn’t appear to have materialized in the form of improved access and health outcomes by contracting with OneCare VT, even as she would go on to be its regulator and now its esteemed chairperson.

Fundamental to Hoffman v UVMHC/OCV is the allegation that:

1. ACO did not possess the necessary data and analytics to →
2. Provide care coordination and Quality Improvement Oversight at the Institutional level as mandated by the APM and VMNGO agreements and therefore →
3. Could not deliver on the cost savings Ms. Wallack assured without relying on care rationing because the fundamental data informed interventions were not possible. This put the public at grave risk, concurrent to wasting tens of millions in tax and premium payer dollars.

This past November 11th, GMCB observed closely what Hoffman has alleged:

1. [COO Barry all but conceded that OCV potentially lacks the fundamental *clinical EHR data*](#) necessary to in real time, stratify populations by the clinical quality measures it is measured against such as A1c, hypertension, Mental Health/Substance Abuse and Suicide. (Moreover, HCA’s Mike Fisher expressed public concern OneCare’s retirement of Care Navigator and decommissioning of Health Catalyst begged the question of what was the ROI for the state who exclusively invested in them with tax payer dollars?)
 - a. On follow up Barry’s response seemed rather obfuscating with Member Walsh as he sought clarification. **GMCB must demand clarification of actual clinical data availability**

and reliability for the entire network it serves as part of the annual certification process.

2. [Member Walsh clearly explicated](#) as Hoffman has alleged, that OneCare doesn't appear to have evidence of engaging in quality improvement cycles as contractually obligated, and on this point [CEO Vicki Loner potentially betrays either ignorance of her own contracts or willful disregard](#).
3. [Member Murman very clearly described the potential risk](#) to public health Hoffman has attempted to alert this board to for more than two years as Ms. Barry appears to be shaking her head in agreement.

The resonance of the two foregoing triple concerns between Hoffman as public and GMCB as regulator is striking and should be alarming to this board and the public.

In consideration of the foregoing, I am now requesting pursuant to Vermont statute [18 V.S.A. § 9382](#) GMCB consider any potential violation of Federal Anti-Trust as enumerated by the statute thus:

*The Board shall ensure that its certification and oversight processes constitute sufficient State supervision over these entities to comply with federal antitrust provisions and shall refer to the Attorney General for appropriate action the activities of any individual or entity that the Board determines, after **notice and an opportunity to be heard**, may be in violation of State or federal antitrust laws without a countervailing benefit of improving patient care, improving access to health care, increasing efficiency, or reducing costs by modifying payment methods.*

Vermont statute [V.S.A. § 2453](#) defines anti-trust broadly as:

Unfair methods of competition in commerce and unfair or deceptive acts or practices in commerce are hereby declared unlawful.

If it is the case that thirteen of fourteen Vermont hospitals vis a vis OneCare VT have deceptively led the state and their commercial insurance partners to believe that they were performing contracted work despite alleged deficiencies, then they may have failed to provide *a countervailing benefit of improving patient care, improving access to health care, increasing efficiency, or reducing costs by modifying payment methods*.

This author humbly submits **notice and an opportunity to be heard** as enshrined in statute. And finally, this board has still either not demanded of or has failed to post publicly OneCare VT's responsive notifications pursuant to (Rule 5.403(a)(6))

Respectfully,

Robert L. Hoffman MA, LPC, MPH