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## **GREEN MOUNTAIN CARE BOARD MODIFIES ONECARE VERMONT BUDGET**

On December 21, 2022, the Green Mountain Care Board (GMCB) voted to approve [OneCare Vermont's Fiscal Year 2023 Budget](#) with modifications to operating expenses and risk model. The GMCB additionally emphasized performance measurement and improvement requirements.

The GMCB's [Accountable Care Organization \(ACO\) oversight authority](#), which requires the GMCB to annually review, modify, and approve ACO budgets, was passed by the Legislature in 2016 (18 V.S.A. 9382). OneCare Vermont is one of two ACOs the GMCB reviewed this year, the other being a new Medicare-Only ACO called [Lore Health ACO LLC](#).

“This is the 6th year that the Green Mountain Care Board has reviewed OneCare Vermont's budget,” said Owen Foster, Chair of the GMCB. “This year, we approved OneCare Vermont's budget with modifications that are consistent with the Board’s focus on performance and fiscal responsibility. The Board will continue to work for Vermonters to ensure health care costs are contained and that performance is thoroughly evaluated.”

The GMCB applied a number of conditions to OneCare’s budget, some that mirror conditions from past years and others that are new for the 2023 budget. The new conditions aim to improve OneCare Vermont's accountability for health care costs at the ACO level, positioning OneCare to continue developing innovative payment models, and benchmarking its performance against other ACOs:

### **Performance Benchmarking Evaluation and Return on Investment Analysis**

Building on last year's emphasis on performance measurement, the GMCB required OneCare to continue supporting an ACO performance benchmarking tool. OneCare submitted a preliminary report to the GMCB on October 31, 2022. The GMCB outlined methodological refinements for future reporting to allow the GMCB to use the semiannual benchmarking reports in assessing OneCare's performance. The GMCB’s vote also supports this goal by requiring a return-on-investment analysis from 2018 to 2022, the initial 5-year term of Vermont's All-Payer Model Agreement.

### **OneCare Vermont’s Operating Expenses**

The GMCB ordered OneCare to cut its proposed administrative spending by 2%, which amounts to approximately \$304,000. The GMCB provided suggestions for areas where OneCare could identify budgetary savings for the benefit of Vermonters.

### **Risk associated with Medicare Advanced Shared Savings Payments**

The Medicare Advanced Shared Savings payments from Medicare are paid to OneCare Vermont to fund Support and Services at Home (SASH) (\$4.5M) and the Blueprint for Health (\$5M). By requiring OneCare to retain \$3.9M in risk of the total \$9.5M, the GMCB is ensuring providers are only at risk for spending associated with their performance. By holding this risk directly, OneCare will share accountability for network performance while also building capacity to grow programs that have shown success, such as the Comprehensive Payment Reform program for independent primary care providers.

On December 20, 2022, BlueCross BlueShield of Vermont (BCBSVT) announced that it will not contract with OneCare in 2023. In light of this new information, the GMCB required OneCare to submit a revised budget reflecting any changes associated with a withdrawal of BCBSVT by January 30, 2023. Following standard process, OneCare will submit a final revised budget in the spring with actual attribution and updated financials. Additionally, the GMCB will review OneCare's planned arrangement with the University of Vermont Health Network for data and analytics services under the GMCB's powers to review OneCare's compliance with applicable law and regulation.

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*About: The Green Mountain Care Board (GMCB) is a 5-member, independent board with a vision of a sustainable and equitable health care system that promotes better health outcomes for Vermonters. The GMCB was created in 2011 with an ambitious mission to drive system-wide improvements in access, affordability, and quality of health care to improve the health of Vermonters. Through public meetings, the GMCB ensures a transparent approach to health care regulation and a voice for stakeholders, including health care organizations, clinicians, and members of the public. With a holistic, data-driven approach, the GMCB carries out its regulatory duties, supports innovation in health care delivery and payment reform, and serves as an important resource for independent, transparent analyses of Vermont's health care system performance.*