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Regarding OneCare Vermont’s (OCV) 2021 Budget Request of the Green Mountain Care Board (GMCB), the following comments are submitted:

In FY2021, OCV requests of VT tax and rate payer’s vis a vis their unelected healthcare regulator – GMCB, a budget of \$1.4Billion with GMCB recommending level-funding to 2019 of administrative line items and a revised non-HSA risk model placing PCP’s at risk across the state in an effort to create financial incentives capable of achieving the All Payer Model (APM) goals of increase quality and decreased cost. Further, OCV requests cost of living adjustment (COLA) increases of 2% over their reinstated salaries, subsequent to an austerity pay period occasioned by COVID-19.

Firstly, with regards to the Gross dollars flowing through University of Vermont Health Network (UVMHN) controlled OCV -- \$1.4B, UVMHN accounts for >52% of the total healthcare dollars being managed. [As outlined at GMCB’s 10/21/2020 meeting on hospital costs](#), UVMHN commands a premium of 127% greater average cost over the average of neighboring academic medical centers:

Prices

Hospital		Multiple of Medicare (Inpatient & Outpatient)				RAND 3.0 Report Relative Price**
CCN #	Hospital	Breakeven Level 1*	Breakeven Level 2*	Breakeven Level 3*	Breakeven Level 4*	
300003	Mary Hitchcock Memorial Hospital	122%	118%	199%	150%	248%
330013	Albany Medical Center Hospital	101%	98%	142%	127%	241%
471307	University of Vermont Medical Center	150%	162%	249%	161%	371%

This results in a shift of **\$326,000,000** out to the VT tax and premium payers and moreover, utilizing its new risk model onto PCP’s across the state -- \$546 for each VT’er or \$1,132 for each scale qualifying “attributed life”.

OCV requests the following salaries for its leadership whilst its administrative budget grows and population health investments decrease:

Loner, Victoria	COO (thru 7/19) CEO (as of 8/19)			X				\$408,774
Moore, Todd	CEO (thru 01/19)			X				\$64,810
Ward, Norman	CMO				X			\$382,367
Barry, Sara	Sr. Dir Value Base Care (thru 9/19) COO (as of 10/19)				X			\$253,056
Daniels, Gregory	CCO **			X				\$160,079
Lee, Karen	VP Finance & Strategy (thru 3/19) ***				X			\$41,211
Borys, Thomas	Dir Fin & Analysis (thru 8/19) Sr. Dir Finance and Payment Reform (as of 9/19)				X			\$162,614
Giard, Martita	Dir Strategy & Planning **					X		\$178,945
Zipko, Joan	Dir Operations					X		\$183,003
Shane, Susan	Medical Director					X		\$141,287
Gauthier, Tyler	Asst. Dir Value Based Care (thru 10/19) Dir Value Based Care (as of 11/19)					X		\$144,283
Parisi, Marissa	Exec Dir RiseVT					X		\$142,714
OCV EXECUTIVE COMPENSATION							\$	2,194,000.00

When asked to justify their executive pay and industry benchmarks OCV offered nothing substantive. This is because the industry standard for ACO's which are owned by hospitals and are essentially just a business center within a hospital, pay their leaders the salaries commensurate with directors and VP's for hospitals. ACO C-suites are not paid as actual hospital CEO's, but instead, as VP's within a hospital assuming CEO, COO or CFO for their business unit. Therefore, as the following national salaries demonstrate, OCV leadership as the foregoing outlines – are gratuitously overpaid:



The following recommendations are made regarding OCV's budget proposal:

1. Do not approve risk model.
 - a. The purported benefit of the risk model incentive pool change is [not significantly material to drive behavior change](#) and does not offset the undue burden it places upon those assuming essentially majority UVMHN risk at a premium of 127% to regional hospital risk.

2. Do not approve salary COLA's considering COVID-19 statewide austerity.
3. Reduce leadership salary to median US Salaries for hospitals.
 - a. Place leadership compensation at risk, tied to financial and quality measures.