

OneCare requests upward redistribution from the GMCB

The Green Mountain Care Board is presently deliberating over the 2022 annual budget submission for Vermont's All Payer Model ACO partner – OneCare Vermont (OCV), of parent company – University of Vermont Health Network.

OCV has been tasked as the All Payer Model's partner with existential importance. For Vermont to cap cost growth without limiting access to and quality of care, the curbing of health care costs must be achieved by the purported cost saving benefits of care coordination. This requires investments in the case of OCV in what are called "population health management" (PHM) investments. As a non-profit, this would be considered the mission portion of OCV's declared non-profit purpose.

Since 2020, based on the ACO's request of the GMCB, these essential PHM investments have declined **\$3.8 million or 11.6%**, while concurrently total salaries and fringe increased **\$1.3 million or 15.6%** and total administrative costs increased by **\$1.24 million or 8.9%**.

Part 6. ACO Budget				
Appendix 6.2: Income Statement with Accountability				
Year:	2020	2021	2022	\$ VAR
Total PHM Pmts	32,700,998	30,089,714	28,894,128	(3,806,870)
	yr/2020 growth		-11.6%	
Total Salary + Fringe	8,346,024	9,646,062	9,651,315	1,305,291
	yr/2020 growth		15.6%	
Total Operating Expenses	14,044,262	15,905,658	15,287,538	1,243,276
	yr/2020 growth		8.9%	

Against this backdrop of decreased spending on mission in favor of increased staffing spending for less work, its important to consider the compensation of the ACO's leadership. ACO leaders are normally paid as hospital leadership team members – which each one of OCV's employees are – their checks are drawn on University of Vermont Medical Center accounts. This is an important distinction, it underscores that a business unit – in this case the ACO, within a hospital while having titles such as Chief Executive Officer, are still just Vice Presidents of the parent organization.

During the GMCB annual budget process, OCV had been asked to provide evidence base for their compensation levels against industry benchmarks. They did not do this in a substantive way. The below demonstrates OCV's total leadership compensation, national median compensation for hospital administrators, and the variation between the two.

	ACO ACTUAL	NAT'L MEDIAN	VAR
Vicky Loner, CEO	\$ 494,113.59	\$ 140,840.00	\$ 353,273.59
Gregory Daniels, CCO	\$ 183,713.13	\$ 140,840.00	\$ 42,873.13
Sara Barry, VP/COO	\$ 361,504.28	\$ 140,840.00	\$ 220,664.28
Thom Borys, VP/Finance	\$ 270,870.50	\$ 140,840.00	\$ 130,030.50
Carrie Wulfman, VP/CMO	\$ 245,555.50	\$ 140,840.00	\$ 104,715.50
CLC	164,678.64	\$ 140,840.00	\$ 23,838.64
Martita Girard, Director ACO Contracting	\$ 196,087.96	\$ 101,362.00	\$ 94,725.96
Derek Raynes, Director, Payment Reform	\$ 188,402.03	\$ 101,362.00	\$ 87,040.03
Amy Bodette, Director, Public Affairs	\$ 169,598.08	\$ 101,362.00	\$ 68,236.08
Josiah Mueller, Director, Value Based Care	\$ 197,538.14	\$ 101,362.00	\$ 96,176.14
Joan Zipko, Director, ACO Operations	\$ 201,816.16	\$ 101,362.00	\$ 100,454.16
Manager, ACO Finance & Accounting	143,183.30	\$ 76,163.00	\$ 67,020.30
Jodi Frei Manager, ACO Finance & Accounting	140,874.24	\$ 76,163.00	\$ 64,711.24
Katelyn Muir, Manager, ACO Analytics	118,301.56	\$ 76,163.00	\$ 42,138.56
Grace Bissonnette-Broz Manager, ACO Operations	101,145.46	\$ 76,163.00	\$ 24,982.46
GRAND TTL	\$ 2,673,878.01	1,351,850.00	1,322,028.01

As can be seen in the above Variance column, OCV's leadership is commanding **\$1.3 million greater – or double** the national median compensation for the same roles.

The important takeaways:

- OCV's total staff compensation increased by \$1.3 million
- OCV'S total operating budget increased by \$1.24 million
- Therefore, all requested budget increase is staffing related for performing less mission by the amount of \$3.8 million
- Concurrently, OCV leadership is paid 2x or \$1.3 million greater than the national median compensation for the same roles

Vermonter's must call upon the GMCB and their local legislators to demand the following:

1. **GMCB must level fund OCV's PHM/Mission investments back to 2020**
2. **GMCB must commensurately reduce total organization compensation – level funded to 2020**
3. **GMCB must reduce total leadership compensation to national median levels**

In an era when Vermonter's are dying and committing suicide in pain waiting months and even years for care, it is unconscionable that scarce tax and premium payer dollars are being upwardly redistributed to elites.

The Green Mountain Care Board is currently accepting public comment on the proposed ACO budget.

Vermonters should copy and paste the above three demands and submit them as “ACO public comment” to Christina McLaughlin at christina.mclaughlin@vermont.gov and write and call their legislator demanding greater fiscal prudence with their scarce tax and premium dollars.