



OneCare Vermont

March 11, 2020

Dear Chair Lyons and Committee Members,

On behalf of OneCare Vermont (OneCare), I would like to provide comments on the newest draft of S.290, number 1.1. I will be present in Committee tomorrow and available to answer questions as needed.

Section 1. 18 V.S.A. § 9382 Oversight of Accountable Care Organizations

- I. **Current:** (M) information on the ACO's administrative costs, as defined by the Board, including the annual salaries and benefits by position for all of the ACO's management-level employees
Recommended: Reporting of annual salaries and benefits should mirror hospital reporting and/or the IRS 990 requirements for executive compensation.
- II. **Current:** (N) the effect, if any, of Medicaid reimbursement rates on the rates for other payers;
Recommended: Strike. OneCare does not have access to all the necessary payer information that would be required to perform such an analysis. The legislature should assess if this is something that the GMCB could perform using the all payer claims database.
- III. **Current:** (O) the extent to which the ACO makes its costs transparent and easy to understand so that patients are aware of the costs of the health care services they receive;
Recommended: Strike. The ACO does not determine costs of health care services for patients and/or employers. Payers negotiate rates with health care organizations/providers and employers determine plan benefit design.
- IV. **Current:** (Q) the ACO's efforts to educate providers on best practices and protocols for patient management;
Recommended: Define patient management.
- V. **Current:** (R) the ACO's outreach efforts to educate providers and the public about the ACO's mission, its initiatives, and its impacts to date on population health.
Recommended: Strike. OneCare does not believe this requirement should be added to reporting. Depending on the interpretation, this could result in the ACO having to increase administrative expenses to fulfil this requirement.

Given the solid regulatory framework that is already in place, I would strongly encourage you to consider if additional reporting requirements add value or whether it adds to burden and increased costs.

We appreciate the ability to provide feedback on your efforts to ensure that health care reform efforts are well coordinated, transparent, and accountable.

Sincerely,

A handwritten signature in black ink that reads "Victoria E. Loner". The signature is enclosed in a thin black rectangular border.

Vicki Loner, RN.C, MCHDS
Chief Executive Officer