

OneCare Vermont Accountable Care Organization Board of Managers Resolution

May 21, 2019

BE IT RESOLVED by the Board of Managers (the "Board") of OneCare Vermont Accountable Care Organization, LLC ("OneCare") as follows:

OneCare participates in the Vermont All Payer ACO Model Vermont Medicare ACO Initiative and the Vermont Medicaid Next Generation Program. The Secretary of the Department of Health and Human Services by and through CMS, and the Department of Vermont Health Access, have provided certain waivers of federal and state fraud and abuse laws in connection with the Vermont All Payer ACO Model ("APM"), the Fraud and Abuse Waiver Notice for Vermont ACO Initiative..

The Participation waivers are available only when, among other things, the governing body of the ACO has reviewed and made a determination that the arrangements are reasonably related to ACO Activities. ACO Activities include:

- Promoting accountability for quality of care to Attributed Lives;
- Promoting accountability for cost of care to Attributed Lives;
- Promoting accountability for overall care to Attributed Lives;
- Managing and coordinating care for Attributed Lives;
- Encouraging infrastructure investment;
- Encouraging investment in re-designed care processes for high quality and efficient services delivery;
- Carrying out any obligation or duty under the Vermont ACO Initiative or the Vermont Medicaid NextGen Program (together "Programs");
- Direct patient care to Attributed Lives;
- Promoting evidence based medicine;
- Promoting patient engagement;
- Reporting on quality and cost measures for Attributed Lives;
- Coordinating care with telehealth, remote monitoring and other technologies for Attributed Lives;
- Establishing and improving ACO clinical systems;
- Establishing and improving ACO administrative systems;
- Meeting Programs quality standards;
- Evaluating patient health for Attributed Lives;
- Communicating clinical knowledge to Attributed Lives;
- Communicating evidence based medicine; and
- Developing standards for patient access and communication including to medical records.



The OneCare Board of Managers has duly authorized the arrangement below and made a bona fide determination that the arrangement is reasonably related to one or more of the above ACO Activities. The description of the arrangement is set forth below for the purpose of OneCare availing itself of the protections afforded under the ACO Participation Waiver.

In a Pilot Program, ACO Participant, The University of Vermont Medical Center, will through its Department of Pathology and Laboratory Medicine will genetically screen 1000 patients of its University of Vermont Medical Group (Family Medicine). Those patients will include beneficiaries that are attributed OneCare Vermont in the Medicare, Medicaid, Blue Cross Qualified Health Plans, and UVMMC Self-Funded programs.

The test will consist of a panel of 180 disease specific genes and 300 carrier state genes. It is anticipated that 1 of 6 screened individuals will have a positive finding. The expectation is that use of these gene values will significantly increase the diagnosis of actionable disease states or carrier status over that possible from family history or personal history, and will advance preventative care.

Testing will begin July 2019, and will be performed at no charge to the 1000 patients and financed through philanthropy and UVMMC resources. Genetic counseling will be provided by personnel at UVMMC and a contracted genetic counseling organization as necessary. The University of Vermont Medical Center will comply with the requirements of the Beneficiary Engagement Waiver and provide documentation to OneCare of the following for each of the 1000 beneficiaries:

- a. The nature of the in-kind item or service provided;
- b. The identity of each Beneficiary that received the in-kind item or service;
- c. The identity of the individual or entity that furnished the in-kind item or service; and
- d. The date on which the in-kind item or service was furnished.

"Genomic Care Pathway" reports will be provided to each of the 1000 patients and their physicians/providers to assist in interpretation of results and to guide any additional testing or monitoring pertinent to the specific positive gene screening. The gene testing results will be primarily used in "usual medical care" of patients for whom results exist. Patients may be referred for medical care to OneCare Participants or other health care providers.

The Pilot Program participants will report back to OneCare on the experiences of the Pilot before any expansion of the Pilot beyond the original 1000 patients.

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