

OneCare Vermont Accountable Care Organization, LLC

Board of Managers Meeting Agenda

December 15, 2020
4:30 p.m. – 7:00 p.m.
Teleconference Only

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	John Brumsted, MD
4:31 p.m.	Consent Agenda Items* <i>Vote to Approve Consent Agenda Items</i>	John Brumsted, MD
4:32 p.m.	Welcome Members of the Public	John Brumsted, MD
4:35 p.m.	CEO Discussion <ul style="list-style-type: none"> ▪ GMCB ▪ Diversity, Equity, and Inclusion Assessment Update 	Vicki Loner
4:50 p.m.	Governance* <ul style="list-style-type: none"> ▪ Home Health & Hospice Manager ▪ Independent Practice Manager ▪ At-Large Managers <i>Vote to Approve Resolution Adopting Representatives to the Board of Managers</i>	John Brumsted, MD
5:00 p.m.	Washington County Mental Health Services/OneCare ED Initiative *	Norm Ward, MD/ Mary Moulton
5:20 p.m.	Public Comment Move to Executive Session	John Brumsted, MD
6:55 p.m.	Votes <ol style="list-style-type: none"> 1. Approve Executive Session Consent Agenda Items 2. Approve Resolution Adopting PwC 2019 Audit Results 3. Approve Resolution Adopting Performance Incentive Pool 4. Approve Resolution Adopting 06-03 Policy on Policy Management and 07-06 Conflict of Interest 	John Brumsted, MD
7:00 p.m.	Adjourn	John Brumsted, MD

*Denotes Attachments

Attachments:

1. Consent Agenda Items
 - a. Draft of OneCare Public Session Minutes from November 17, 2020
 - b. Board Committee Reports December 2020

- c. Financial Statement Package September 2020
- d. CMO Corner December 2020
- e. Public Affairs Report December 2020
- 2. Governance**
 - a. Resolution Adopting Representatives to the Board of Managers
- 3. Washington County Mental Health Services/OneCare ED Initiative**
 - a. WCMHS/OneCare ED Initiative Handout
 - b. WCMHS/OneCare ED Initiative Presentation



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
November 17, 2020**

Minutes

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held remotely via video and phone conference on November 17, 2020.

I. Call to Order and Board Announcements

Board Chair John Brumsted, M.D., called the meeting to order at 4:32 p.m.

II. Welcome Members of the Public

Dr. Brumsted welcomed a member of the public in attendance, Sarah Tewksbury from the Green Mountain Care Board.

III. Consent Agenda Items

The Board reviewed Consent Agenda Items including: (1) Draft of OneCare Public Session Minutes October 20, 2020; (2) Board Committee Reports November 2020; (3) CMO Corner November 2020; and (4) Public Affairs Report November 2020. An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by B. Davis, seconded by Dr. S. Leffler and approved by a unanimous vote.

IV. CEO Strategy Discussion

Vicki Loner, Chief Executive Officer, shared that OneCare’s 501(c)(3) application has been submitted to the IRS and that Vermont Agency of Human Services (AHS) Secretary Mike Smith sent a letter of support, which is included in Board materials along with a high-level overview of the application. If the IRS approves OneCare’s application, OneCare will be the first ACO that is an LLC to be approved by the IRS to become a 501(c)(3).

Ms. Loner described Green Mountain Care Board (GMCB) hearings regarding planned adjustments to the Accountable Care Organization's (ACO) 2020 Medicare trend due to the pandemic. The actual letter from GMCB to the Center for Medicare and Medicaid Innovation (CMMI) can be found in Board materials. The adjustment to the trend rate will use three months of claims run-out after the end of Program Year 2020. Unique to Vermont's All-Payer Model, OneCare will have spent \$8.4 million in Medicare advanced shared savings to fund the Blueprint and Support and Services at Home (SASH) prior to the trend being set. This was addressed in the aforementioned letter. Management has requested and understands that CMMI is amenable to allowing the ACO additional time to evaluate the Program Year 2021 trend rate due to the adjusted timeframe for the 2020 trend rate adjustment.

V. Governance

Board Chair Dr. Brumsted described that the Executive Committee functions as the Nominating Committee for OneCare and explained that UVM Medical Center wants to strengthen the connection between the faculty medical practice and OneCare as well as to allow Dr. Stephen Leffler time to focus on his work at UVMHC. Dr. Bob Pierattini, longstanding Chair of Psychiatry and a leader for faculty medical practice, will assume Dr. Leffler's place as the UVMHC representative on the OneCare Board of Managers. Dr. Leffler was nominated to serve as the UVMHC representative on the Risk Strategy Committee. An opportunity for discussion was offered.

A Motion to Approve the Resolution Adopting Dr. Leffler as a member of the Risk Strategy Committee was made by S. LeBlanc, seconded by J. Sayles and approved by a unanimous vote.

VI. SASH Mental Health Pilot for 2021

Dr. Norman Ward, Chief Medical Officer, shared that the Population Health Strategy Committee received a presentation from SASH/Howard Center about the Burlington Health Service Area (HSA) pilot deploying a mental health clinician in two congregate housing sites. Details of the pilot and its goals can be found in the Board materials. There are very positive results from the pilot including improved access to mental health care, reduced waiting time for mental health support and reduced ED utilization. The Population Health Strategy Committee recommended approving the extension of this pilot through 2021 through unused innovation funding that recently became available due to the discontinuation of a local community project in the St. Albans HSA. Dr. Sally Kraft, Interim Chair of the Population Health Strategy Committee, shared that the SASH presentation was impressive and that she would like to see the model be disseminated further. An opportunity for discussion was offered.

A Motion to Approve the Resolution Adopting Reallocation of 2020 Innovation Funds for SASH Mental Health Pilot for 2021 was made by J. Sayles, seconded by T. Keating and approved by a unanimous vote.

VII. Brattleboro Health Service Area (HSA) Spotlight

Steve Gordon, President and Chief Executive Officer of Brattleboro Memorial Hospital and Eilidh Pederson, Chief Operating Officer and Vice President of Population Health of Brattleboro Memorial Hospital (BMH), presented their process and outcomes as an ACO participant. Ms. Pederson shared that BMH values aligned with OneCare values and by joining the ACO in 2013, BMH has been able to provide a full range of services through their community health team including services that are not typically provided through a community health team. BMH has engaged the community, hospital leadership, and their legislative delegation. The BMH steering committee serves as advisory council and decision makers and reviews quality and financial metric at its quarterly meetings. OneCare's full complement of data is a big advantage to participating in the ACO and provides BMH data that is not accessed easily through their EMR. The data serves to inform interventions that BMH has launched to improve patient care, including a colorectal cancer screening task force. OneCare funded BMH's cardiac wellness "prehab" program for patients showing signs and symptoms of having a heart attack which has shown success and BMH piloted the SNF waiver program through its post-acute care facility, which allows patients be transferred to a SNF without a required three day inpatient hospital stay prior to transfer, improving care and removing the cost of the required hospital stay. The Board discussed the cardiac "prehab" program and the OneCare Innovation Fund grant used as seed money for the program because insurance companies do not currently cover cardiac "prehab" services. BMH would like to make the program self-sustaining, and value-based payments make programs like this possible. The Board thanked Ms. Pederson and Mr. Gordon for their work and engagement with the community and legislature and complimented OneCare on its collaboration and culture.

VIII. Self-Management Programs

Marissa Parisi, Executive Director of OneCare's RiseVT and Cathy Vogel, Self-Management Program Manager, presented the OneCare/RiseVT self-management program launch planned for January of 2021. The Blueprint for Health approached OneCare in the fall of 2019 to partner in offering self-management programs statewide. OneCare's RiseVT is collaborating with the Vermont Department of Health to find the best nationwide programs for people with diabetes and hypertension. Using data, OneCare reached out to providers about diabetes management programs which will be available online in a group setting through Vermont Health Learn and through a mobile app, OneDrop. Data management, reporting, and data collection will be centralized to help determine whether programs are successful. Programs will connect to wraparound support in local communities through Blueprint regional coordinators that will be joining OneCare. The Board discussed outreach to employers to promote health and decrease costs amongst their populations and how self-management programs will cooperate with primary care offices and patient-centered medical homes.

IX. 2021 Corporate Goals

Sara Barry, Chief Operating Officer, described Management's process to develop 2021 Corporate Goals culminating with input and revisions from the Executive Committee. The three core goals are to deliver current, relevant, and clear financial information to Participants; to drive population health strategy; and to develop and implement an organizational sustainability plan that includes a strategic planning process. The goals, strategies and tactics are available in the Board materials. The Board discussed next steps Management will take to implement its 2021 Corporate Goals.

A Motion to Approve the Resolution Adopting 2021 OneCare Corporate Goals was made by T. Keating, seconded by S. Gordon and approved by a unanimous vote.

X. Annual Compliance Training

Greg Daniels, Esq., Chief Compliance and Privacy Officer, presented the format for compliance training for 2020 which will be provided via Vermont Health Learn. Members of the Board will receive a message to access training in the near term and details can be found in Board materials. The Board discussed when the Managers will receive messages about training and how best to access these messages.

XI. OneCare Videos

Amy Bodette, Director of Public Affairs, presented videos OneCare has produced to help reach people using video media to share the OneCare story. Fred's Story describes the patient-provider story and The Value of OneCare features Tomasz Jankowski of Northeast Kingdom Human Services' perspective of the value OneCare videos. The videos are on the OneCare website and social media, and more videos are planned to be released soon.

XII. Public Comment

There were no comments from the public.

XIII. Executive Session

A Motion to move to Executive Session was made by J. Sayles, seconded by T. Keating and was approved by a unanimous, supermajority vote.

XIV. Votes

1. Approve Executive Session Consent Agenda Items - Approved
2. Approve Resolution Adopting Amended Terms for 2020 Medicare Contract – Approved by Supermajority
3. Approve Resolution Adopting 2021 MVP Terms – Approved by Supermajority
4. Approve Resolution Adopting 2019 UVMMC Self-Funded Program Settlement and VBIF Payment – Approved by Supermajority
5. Approve Resolution Adopting 2018 UVMMC Self-Funded Program VBIF Payment – Approved by Supermajority

6. Approve Resolution Adopting 2018 Medicare AIPBP Recon – Approved by Supermajority

XV. Adjourn

Upon a Motion made by T. Keating and seconded by S. LeBlanc, the meeting adjourned at 6:45 p.m.

Attendance:

OneCare Board Members

- | | | |
|---|---|---|
| <input type="checkbox"/> Dan Bennett | <input checked="" type="checkbox"/> Joe Haddock, MD | <input checked="" type="checkbox"/> Sierra Lowell |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input checked="" type="checkbox"/> Tomasz Jankowski | <input checked="" type="checkbox"/> Pamela Parsons |
| <input checked="" type="checkbox"/> Michael Costa | <input checked="" type="checkbox"/> Coleen Kohaut | <input checked="" type="checkbox"/> Joseph Perras, MD |
| <input checked="" type="checkbox"/> Betsy Davis | <input checked="" type="checkbox"/> Sally Kraft, MD | <input checked="" type="checkbox"/> Judy Peterson |
| <input type="checkbox"/> Tom Dee | <input checked="" type="checkbox"/> Todd Keating | <input checked="" type="checkbox"/> Toby Sadkin, MD |
| <input type="checkbox"/> Claudio Fort | <input checked="" type="checkbox"/> Steve LeBlanc | <input checked="" type="checkbox"/> John Sayles |
| <input checked="" type="checkbox"/> Steve Gordon | <input checked="" type="checkbox"/> Steve Leffler, MD | |

OneCare Risk Strategy Committee

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Jeffrey Haddock, MD | <input type="checkbox"/> Brian Nall | <input type="checkbox"/> Joe Woodin |
| <input checked="" type="checkbox"/> Shawn Tester | <input type="checkbox"/> Robyn Alvis | |

OneCare Leadership and Staff

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Vicki Loner | <input checked="" type="checkbox"/> Norm Ward, MD | <input checked="" type="checkbox"/> Linda Cohen, Esq. |
| <input checked="" type="checkbox"/> Sara Barry | <input type="checkbox"/> Susan Shane, MD | <input checked="" type="checkbox"/> Marissa Parisi |
| <input checked="" type="checkbox"/> Greg Daniels, Esq. | <input checked="" type="checkbox"/> Amy Bodette | <input checked="" type="checkbox"/> Lucie Garand |
| <input checked="" type="checkbox"/> Tom Borys | <input checked="" type="checkbox"/> Martita Giard | <input checked="" type="checkbox"/> Ginger Irish |
| <input checked="" type="checkbox"/> Cathy Vogel | | |

Invited Guests

- Eilidh Pederson

OneCare Board of Managers Committee Reports December 2020

Executive Committee (meets monthly)

At its December 3 meeting, the Executive Committee, which serves as the Nominating Committee, reviewed nominations to the Board of Managers for the first quarter of 2021 for the Home Health & Hospice Manager, the Independent Practice Manager, and term renewals for two at-large Manager seats. The committee discussed the Vermont Partners for Health Care System Transformation Committee, which is interested in resuming its meetings, and the All Payer Model Improvement Plan recently released by AHS. Lastly, the committee discussed the proposed 2021 VMNG Value Based Incentive Fund strategy. The committee is next scheduled to meet January 7, 2021.

Finance Committee (meets monthly)

At its December 9 meeting, the Finance Committee included Risk Strategy Committee members and began with an overview of the September 2020 Financial Statements. The committee discussed the 2021 Performance Incentive Pool, the 2021 Medicaid FPP Analysis, and 2021 Payer Program negotiations with VMNG and Medicare. The committee also reviewed the GMCB Budget Orders and the upcoming meeting of the Finance Committee to review the Budget Orders. The committee is next scheduled to meet December 29, 2020.

Population Health Strategy Committee (meets monthly)

At its December 7 meeting, committee the members heard a short presentation from Stephen Graves and Vicki Loner around the Diversity, Equity and Inclusion survey being sent to all committees and the Board of Managers for their participation. Maurine Gilbert with VITL presented how to become a VITL user and how OneCare connects to VITL. OneCare presented the importance of clinical claims coding with a high-level review of how to identify diabetes and pre-diabetes among Medicare patients. Dr. Sally Kraft and Dr. Norman Ward shared in a discussion with the members on the COVID Vaccine Planning and the current prioritization criteria, logistics, and anticipated impacts on practices currently and the future. OneCare and the Committee participated in a discussion about Value-Based Incentive Fund (VBIF) metrics. OneCare presented a Federal Medicare Policy Update and the meeting closed with announcements about Project RETAIN, Primary Care Workgroup for 2021, and acknowledgement of Dr. Susan Shane for her time at OneCare. The committee is next scheduled to meet in January 2021.

Patient & Family Advisory Committee (meets monthly)

At its December 8 meeting, the committee briefly discussed the recently released All Payer Model Improvement Plan. Mike Fisher and Marjorie Stinchcombe from the Vermont Office of the Health Care Advocate presented the content and scope of their work to the committee and specific policy and health care access changes made by the government in response to the COVID-19 pandemic. Mr. Fisher and Ms. Stinchcombe asked committee members to share how telehealth is working during the pandemic and to describe their experiences on the Patient and Family Advisory Committee. Jodi Frei will be the new chair of the committee beginning in January, and members of the committee thanked Dr. Susan Shane for her service. The committee is next scheduled to meet January 26, 2021.

Clinical & Quality Advisory Committee (meets bi-monthly)

At its December 10 meeting, members heard a short presentation by Stephen Graves and Vicki Loner around the Diversity, Equity and Inclusion survey being sent to all committees and the Board of Managers. OneCare provided an update regarding the the Performance Dashboard Companion and the Influenza applications. Maurine Gilbert with VITL shared a one-pager with the committee describing how to become a VITL user. OneCare shared information about the VBIF and 2021 Clinical Priorities with discussion from members regarding additional suggestions. The committee members shared reports from the field and their experiences with the pandemic and the toll it is taking on staff and patients, specifically those in Skilled Nursing Facilities. The meeting also covered the Project RETAIN Recruitment Letter, HUB & Spoke Dementia Program, and the All Payer Model Implementation Plan. The committee acknowledged and thanked Dr. Susan Shane for her time at OneCare.

Pediatric Subcommittee (meets bi-monthly)

The Committee is next scheduled to meet in January of 2021.

Laboratory Subcommittee

The committee is next scheduled to meet in the first quarter of 2021.

Prevention and Health Promotion Advisory Committee (meets quarterly)

At the December 1 meeting, the Prevention and Health Promotion Advisory Committee were given a brief presentation by Vicki Loner about Diversity, Equity, and Inclusion within the leadership, committees, and Board of OneCare. A short survey was sent out after the meeting to committee members. The committee then welcomed Dr. Breena Holmes and Scott Johnson who discussed their work on DULCE. DULCE aims to improve social determinants of health by providing new parents and their infants (0-6 months) with resources during their doctors' visits. DULCE has now reached out to 762 newborns and continues to increase their reach. The program was founded in Lamoille County and OneCare has helped to expand this effort to four more Vermont communities. The next committee meeting has not yet been scheduled.

Audit Committee (meets quarterly)

At its December 11 meeting, the PricewaterhouseCoopers presented the findings of its audit of OneCare's 2019 financials which found OneCare's finances to be materially sound and the committee discussed the audit and recommended its results to the Board of Managers. The Chief Compliance and Privacy Officer presented the Compliance Quarterly Report, Policies Audit, and Compliance Policies. The committee is next scheduled to meet February 11, 2021.

**OneCare Vermont
Statement of Financial Position
For the Periods Ended**

9/30/2020

8/31/2020

Variance

NOTE: THE 8/31/20 Balance Sheet reflected below does not reflect the values previously presented. It includes the impact of various 2019 audit entries (mostly settlement finalization).

ASSETS

Current assets:

Unrestricted Cash	8,263,870	3,935,765	4,328,105
GMCB Reserve Funding	4,000,000	4,000,000	-
Reserve to pay off HN Loan	-	4,124,849	(4,124,849)
Outstanding VBIF	11,359,086	10,889,040	470,046
Advance Funding-Medicaid	13,740,863	13,773,605	(32,742)
Deferred par fees	3,302,225	3,302,225	-
Undistributed Grant Funding	-	5,430	(5,430)
Undistributed Medicare - 2019	6,442,801	6,442,801	-
Total Cash	47,108,845	46,473,715	635,130
Network Receivable	172,890	902,496	(729,605)
Network Receivable-Settlement	12,216,623	12,262,833	(46,210)
Other Receivable	1,706,662	4,349,196	(2,642,534)
Other Receivable-Settlement	4,717,550	4,717,550	-
Prepaid Expense	64,237	825,781	(761,544)
Property and equipment (net)	43,869	44,911	(1,042)
TOTAL ASSETS	66,030,676	69,576,481	(3,545,805)

LIABILITIES AND NET ASSETS

Current liabilities:

Accrued Expenses	1,786,138	1,866,887	(80,749)
Accrued Expenses -Settlement	18,788,224	18,788,224	-
Network Payable	12,823,435	10,881,676	1,941,759
Network Payable-settlement	3,266,266	3,312,477	(46,210)
Notes Payable	0	4,124,849	(4,124,849)
CTO Liability	596,849	570,934	25,916
Payroll accrual	128,807	96,221	32,586
Deferred Income	19,123,845	20,209,803	(1,085,958)
Deferred Grant Income	-	5,430	(5,430)
Due to Related Parties - UVMMC	2,415,635	2,438,101	(22,466)
Due to Related Parties - DHH	0	0	-
Total Liabilities	58,929,202	62,294,603	(3,365,401)

Net assets:

Unrestricted - UVMMC	2,843,213	2,843,213	-
Unrestricted - DHH	2,843,213	2,843,213	-
Current Year Profit to Date	1,415,049	1,595,453	(180,404)
Total net assets	7,101,474	7,281,878	(180,404)

TOTAL LIABILITIES AND NET ASSETS	66,030,676	69,576,481	(3,545,805)
---	-------------------	-------------------	--------------------

OneCare Vermont

Surplus & Loss Statement: YTD September 2020

	Annual Budget	YTD Prior Month	September Actual	September Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Hospital FPP - Medicare	\$ 219,868,930	\$ 149,082,768	18,448,383	18,322,411	125,972	167,531,150	164,901,698	2,629,453
Hospital FPP - Medicaid	\$ 166,395,797	\$ 109,540,641	13,552,666	13,866,316	(313,650)	123,093,307	124,796,847	(1,703,541)
Hospital FPP - BCBS	\$ 4,491,125	\$ 2,421,549	462,834	374,260	88,574	2,884,383	3,368,343	(483,960)
CPR FPP - Medicare	\$ 2,126,846	\$ 1,432,366	177,237	177,237	0	1,609,603	1,595,135	14,468
CPR FPP - Medicaid	\$ 2,496,946	\$ 1,774,865	220,939	208,079	12,860	1,995,803	1,872,710	123,094
Program Support - Medicaid CCC/DULCE	\$ 4,300,000	\$ 3,008,793	372,838	358,333	14,505	3,381,631	3,225,000	156,631
Fixed Prospective Payments Funding	\$ 399,679,643	\$ 267,260,980	33,234,897	33,306,637	(71,740)	300,495,877	299,759,732	736,145
Program Support - Medicaid Trad \$3.25	\$ 3,000,410	\$ 2,081,498	258,541	250,034	8,507	2,340,039	2,250,307	89,732
Program Support - Medicaid Expanded \$1.75	\$ 415,385	\$ 282,044	35,208	34,615	593	317,252	311,539	5,713
Program Support - Blue Cross QHP \$3.25	\$ 720,798	\$ 477,688	55,692	60,066	(4,374)	533,380	540,598	(7,218)
Program Support - Blue Cross Primary \$3.25	\$ 3,161,780	\$ -	979,700	263,482	716,218	979,700	2,371,335	(1,391,635)
Program Support - MVP 3.25	\$ 360,025	\$ -	279,120	30,002	249,118	279,120	270,018	9,101
Program Support - MVP CCC	\$ 46,872	\$ -	35,154	3,906	31,248	35,154	35,154	(0)
Program Support - Addtl DSR Funding	\$ 3,900,000	\$ 1,399,689	-	325,000	(325,000)	1,399,689	2,925,000	(1,525,311)
Payer Contract Provider Support	\$ 11,605,269	\$ 4,240,920	1,643,415	967,106	676,309	5,884,334	8,703,952	(2,819,618)
Operations Funding - Medicaid Trad \$3.25	\$ 3,000,410	\$ 2,081,498	258,541	250,034	8,507	2,340,039	2,250,307	89,732
Operations Funding - Medicaid Exp \$5.00	\$ 771,430	\$ 523,796	65,387	64,286	1,101	589,183	578,572	10,610
Program Support - Medicaid HIT	\$ 2,800,000	\$ 2,800,000	-	233,333	(233,333)	2,800,000	2,100,000	700,000
Payer Contract Operations Support	\$ 6,571,839	\$ 5,405,294	323,928	547,653	(223,726)	5,729,222	4,928,880	800,342
Payor Contracts Funding	\$ 18,177,109	\$ 9,646,214	1,967,342	1,514,759	452,583	11,613,556	13,632,832	(2,019,276)
Medicare Shared Savings/Blueprint	\$ 8,401,660	\$ 5,601,105	700,138	700,138	(0)	6,301,243	6,301,245	(2)
Robert Wood Johnson Grant	\$ 75,000	\$ 40,328	5,430	6,250	(820)	45,758	56,250	(10,492)
VBIF Reinvestment	\$ 33,000	\$ -	-	2,750	(2,750)	-	24,750	(24,750)
Miscellaneous Revenue	\$ 240,753	\$ 72,390	\$ -	20,063	(20,063)	72,390	180,565	(108,174)
Other Funding	\$ 8,750,413	\$ 5,713,823	705,568	729,201	(23,633)	6,419,392	6,562,810	(143,418)
Participation Fees	\$ 19,706,093	\$ 12,340,878	1,518,814	1,642,174	(123,360)	13,859,693	14,779,570	(919,877)
Total Funding	\$ 446,313,258	\$ 294,961,896	37,426,622	37,192,771	233,850	332,388,518	334,734,943	(2,346,426)
Hospital FPP - Medicare	\$ 219,868,930	\$ 149,082,768	18,448,383	18,322,411	(125,972)	167,531,150	164,901,698	(2,629,453)
Hospital FPP - Medicaid	\$ 166,395,797	\$ 109,540,641	13,552,666	13,866,316	313,650	123,093,307	124,796,847	1,703,541
Hospital FPP - BCBS	\$ 4,491,125	\$ 2,421,549	462,834	374,260	(88,574)	2,884,383	3,368,343	483,960
Hospital FPP	\$ 390,755,851	\$ 261,044,957	32,463,883	32,562,988	99,105	293,508,840	293,066,888	(441,952)
CPR FPP - Medicare	\$ 2,126,846	\$ 1,435,983	177,237	177,237	(0)	1,613,220	1,595,135	(18,086)
CPR FPP - Medicaid	\$ 2,496,946	\$ 1,774,865	220,939	208,079	(12,860)	1,995,803	1,872,710	(123,094)
CPR FPP	\$ 4,623,792	\$ 3,210,847	398,176	385,316	(12,860)	3,609,024	3,467,844	(141,180)
Populations Health Mgmt Payment	\$ 8,420,662	\$ 3,389,761	1,683,988	701,722	(982,266)	5,073,748	6,315,497	1,241,748
Complex Care Coordination Program	\$ 8,872,306	\$ 5,271,034	444,285	739,359	295,074	5,715,319	6,654,230	938,911
PCP Engagement Incentive Pmt - Medicaid Expanded	\$ 415,385	\$ 268,725	162,675	34,615	(128,060)	431,400	311,539	(119,861)
PCP Engagement Incentive Pmt - BCBSVT Primary	\$ 221,051	\$ -	-	18,421	18,421	-	165,788	165,788
Value-Based Incentive Fund	\$ 5,640,553	\$ 3,760,369	470,046	470,046	(0)	4,230,415	4,230,414	(0)
Primary Prevention Programs	\$ 540,000	\$ 280,815	41,877	45,000	3,123	322,692	405,000	82,308
CPR Program Expense - OCV Funded	\$ 1,178,196	\$ 842,396	85,573	98,183	12,610	927,969	883,647	(44,322)
DULCE	\$ 300,000	\$ 47,175	35,987	25,000	(10,987)	83,162	225,000	141,838
Longitudinal Care	\$ 500,000	\$ -	-	41,667	41,667	-	375,000	375,000
Network Reform Projects	\$ 1,480,321	\$ 431,841	161,968	123,360	(38,608)	593,809	1,110,241	516,432
PCHP Program Initiative	\$ 14,000	\$ -	-	1,167	1,167	-	10,500	10,500
VBIF Quality Initiatives	\$ 33,000	\$ -	-	2,750	2,750	-	24,750	24,750
PCMH Legacy Payments - Blueprint	\$ 1,993,092	\$ 1,326,354	163,717	166,091	2,374	1,490,071	1,494,819	4,748
CHT Block Payment - Blueprint	\$ 2,440,322	\$ 1,626,882	203,360	203,360	(0)	1,830,242	1,830,242	(0)
SASH- Blueprint	\$ 3,968,246	\$ 2,645,497	335,435	330,687	(4,748)	2,980,932	2,976,184	(4,748)
Howard/SASH	\$ -	\$ 36,667	-	-	-	36,667	-	(36,667)
VBIF Reinvestment	\$ -	\$ -	6,000	-	(6,000)	6,000	-	(6,000)
PHM Expense	\$ 36,017,134	\$ 19,927,514	3,794,912	3,001,428	(793,484)	23,722,426	27,012,851	3,290,424
Salaries and Fringe	\$ 8,442,999	\$ 5,522,567	634,776	703,583	68,807	6,157,343	6,332,249	174,906
Purchased Services	\$ 1,374,263	\$ 1,092,443	(203,031)	114,522	317,553	889,412	1,030,697	141,285
Contract & Maintenance	\$ 155,250	\$ 55,087	6,747	12,938	6,190	61,835	116,438	54,603
Lease & Rental	\$ 383,015	\$ 246,405	20,406	31,918	11,511	266,812	287,261	20,449
Utilities	\$ 39,724	\$ 22,970	3,175	3,310	136	26,145	29,793	3,648
Other Expenses	4,521,229	2,243,652	487,981	376,769	(111,212)	2,731,633	3,390,922	659,289
Operating Expenses	\$ 14,916,480	\$ 9,183,125	950,055	1,243,040	292,985	10,133,179	11,187,360	1,054,181
Total Expenses	\$ 446,313,258	\$ 293,366,443	37,607,025	37,192,771	(414,254)	330,973,469	334,734,943	3,761,475
Net Income (Loss)	\$ -	\$ 1,595,453	(180,404)	-	(180,404)	1,415,049	-	1,415,049

OneCare Vermont Board of Managers

CMO Corner – December 2020

1. **Project RETAIN** – OneCare Vermont is assisting the Vermont Department of Labor and Dr. Karen Huyck from Dartmouth Hitchcock, occupational health medical director for Project RETAIN, in recruiting primary care practices for Phase 2 of this US Department of Labor grant. If successful, this grant could bring \$20M to Vermont to test a care coordination intervention that promotes Stay at Work/Return to Work principles. While the ultimate goal of the project is to reduce costly Social Security permanent disability expenses to the federal government, OneCare’s patient population stands to benefit from improved outcomes and total expense related to improved control of chronic diseases and mental health.
2. **University of Vermont Health Network** – Dr. Carrie Wulfman, Associate Vice President UVMHN Medical Group Community Practice Division and family physician at Porter Medical Center became a new physician liaison to OneCare for the Berlin and Middlebury health service areas (HSAs) , supporting clinical care delivery transformation and performance under accountable care contracts.
3. **The Gravity Project** - Sarah DeSilvey, DNP, FNP-C is the Clinical Informatics Director at The Gravity Project and OneCare’s Regional Clinician Representative from St. Albans. The Gravity Project’s name reflects the driving influence of social context on health and the strong and growing movement around social and medical care integration. Documenting and sharing social determinants of health (SDOH)-related assessment, diagnosis, and treatment information using modern coding and exchange standards has the potential to improve whole person care and health outcomes. Her recent [article in Health Affairs](#) emphasizes the importance of establishing accurate means of coding for social determinants and new implications for reimbursement.
4. **Controlling Blood Pressure Process Improvement Plan** – OneCare is partnering with the Department of Vermont Health Access to improve blood pressure control in Vermont. DVHA has selected this measure as part of its required quality improvement work related to its Centers for Medicare and Medicaid Services (CMS) Global Commitment waiver. OneCare has selected blood pressure control and performance on the Healthcare Effectiveness Data and Information Set (HEDIS) Controlling Blood Pressure (CBP) measure as a component of our Value Based Incentive Fund program for 2021. Proposed interventions include exploration of the use of automated home blood pressure devices that can store and transmit readings to clinicians to assist in blood pressure treatment modifications. HEDIS now allows such technologies to “count” for valid blood pressure readings rather than exclusively requiring in-office readings. Other strategies will include education of patients and clinicians about availability of self-management programs, reinforcement of national step therapy guidelines, and maximizing use of the Vermont Health Information Exchange for easy access to blood pressure values for measuring outcomes.



OneCare Vermont

Public Affairs Report | December 2020

Media Coverage

All-Payer Model Implementation Improvement Plan

Several media outlets covered the [All-Payer Model Implementation Improvement Plan](#) recently released by the Vermont Agency of Human Services. The [Bennington Banner/Brattleboro Reformer](#) quoted Secretary Mike Smith, who stated, “I am a believer in a value-based payment models, such as the all-payer model. I’ve seen how moving away from fee-for-service reimbursement brings stability to our system. I am dedicated to AHS being a partner in reform, and we need strong partnership in return.” [VTDigger](#) include a statement by OneCare CEO Vicki Loner in their coverage. “OneCare CEO Vicki Loner said she’s willing to make the changes and considers the report an ‘opportunity for further dialogue and collaboration’ with the state. OneCare was already working on some of the steps outlined in the document, including improving care coordination and cutting unnecessary programs. The Agency of Human Services analysis allows all the participants to ‘focus and reengage on how best to make improvements in the model,’ Loner said.” [WCAX](#) described how the state is “doubling down on the reform efforts with an improvement plan.” An [Associated Press](#) article quoting Ms. Loner was picked up by the Washington Times (DC), U.S. News & World Report (DC/NY), Greenwich Time (CT), The Hour (CT), SFGATE (CA), The Argus-Press (MI), The Connecticut Post (CT), St. Louis Post Dispatch (MO), Huron Daily Tribune (MI), Sayre Morning Times (PA), Times Argus (VT), Caledonian Record (VT), and Eagle Times (NH/VT).

Health Care System Change Takes Time, Patience, and Investment

On December 9, [VTDigger](#) published an op-ed about health care reform in Vermont and how OneCare is the vehicle for reform efforts written by Northeast Kingdom Human Services CEO and OneCare Board member Tomasz Jankowski. “After an unsuccessful attempt to create a single payer health care system in 2014, the state quickly pivoted and partnered with OneCare Vermont to achieve its aim of bending the health care expenditure curve and improving health outcomes by uniting the physical health, mental health, and social services sectors. Now that we are heading in that direction, our collective goal should be laser-focused support of our network of care and continued investment in it. Its success depends on our collective confidence, patience, and understanding that the OneCare network is our investment in the future of “well care” in Vermont,” he wrote.

State Employees Association Joins OneCare

[Seven Days](#) reported Vermont Human Resources Commissioner Beth Fastiggi announced the state is moving 9,000 state employees' health care plans to OneCare Vermont. These employees are members of the Vermont State Employees Association and the Vermont Troopers' Association. “The more participants in the plan, the more effective it can be in helping the effort to stop the increasing costs of health care,” Fastiggi said.

Vermonters attributed to OneCare through state employee health care plans will count toward the state's scale targets defined in its All-Payer Model agreement with the Centers for Medicare and Medicaid Services.

GMCB Staff Presents OneCare Budget Review

[VTDigger](#) reported that GMCB staff presented their review of the OneCare budget on December 9. The piece described value-based care and GMCB staff recommendations to reduce OneCare's administrative budget. The article included a statement from OneCare. "Vicki Loner, CEO of OneCare, called the proposal a 'conservative budget for 2021 that was carefully designed with our partners.' The cash would allow the company to support doctors 'with data analytics, a care coordination platform, and payment reform opportunities to continue making progress,' she said. OneCare staff members are reviewing the board's latest recommendations and will respond in writing later this month, she said."

State's Plan to Revamp OneCare

The [Rutland Herald](#) featured an op-ed by Ellen Schwartz of Brattleboro critiquing OneCare and the state's improvement plan to bolster the All-Payer Model. "Gov. Scott claims it revamps the health care system through payment reform, but payment reform does not address the greatest barriers to care: access and affordability. It does not solve the problems of the uninsured or underinsured. It does not do away with high out-of-pocket costs. It does not deal with uncovered services or erase medical debt. OneCare does not solve these problems because it is not designed to do so," said Schwartz.

Fred's Story Video Campaign

OneCare is promoting the [video story of Fred](#), based on a real Vermonter whose health improved and health care costs were reduced as a result of care coordination. On Twitter, Fred's Story has received over 4,400 active views and 79,000 impressions. The video campaign is also running on Local 22/44, LinkedIn, and [mychamplainvalley.org](#).



Government Relations

Agency of Human Services

The Agency of Human Services recently issued an [assessment](#) of progress and recommendations for improvement in Vermont's All-Payer Accountable Care Organization Model Agreement. Recommendations from the state include leveraging the federal/state partnership to address limitations in the Agreement and promoting further innovation, increasing participation among self-funded groups, and accelerating the transition away from fee-for-service reimbursement to fixed prospective payments across all payers. Recommendations specific to OneCare describe advancing a new leadership strategy to demonstrate the value of Accountable Care Organization membership, and to:

- Identify cost growth drivers at annual budget presentation.
- Elevate data as value-added product for its network participants and support providers in leveraging the information for change.
- Focus on entrepreneurship; how can an ACO ease providers' transition to value-based payment and delivery system redesign.
- Identify and perfect core businesses.
- Improve how it packages data for providers.
- Foster a culture of continuous improvement, innovation, and learning through focus on data, systems for improvement, and tracking of results.
- Improve transparency and responsiveness to partner requests for information.

Legislative Update

Vicki continues to meet with legislators to review OneCare's proposed 2021 budget. As new leadership and legislators settle in she will schedule meetings to make sure they have the information they need in advance of the upcoming session.

OneCare is participating in the Vermont Healthcare Coalition legislator briefings. Health care providers are sharing perspectives and experiences from the front lines of the pandemic.

Green Mountain Care Board

On December 9, the Green Mountain Care Board staff presented their recommendations on the OneCare FY2021 budget to their Board for consideration. OneCare management will review the recommendations with the OneCare Board of Managers and will respond. The Green Mountain Care Board meets again on December 16, 2020 to deliberate the budget. A vote by the GMCB on the budget is anticipated on December 23.

Outreach and Advocacy

The Value of OneCare: Q&A with Tomasz Jankowski



OneCare Vermont recently [interviewed Tomasz Jankowski](#), DPT, MHA, MBA, the president & CEO of Northeast Kingdom Human Services (NKHS) to discuss the value that OneCare Vermont brings to system-wide health care reform in Vermont. Jankowski described OneCare as simultaneously a movement, a vision, and a new system of care and how NKHS benefited from joining OneCare – how not joining it would have been “a mistake.” He said by becoming part of a greater collaborative network focused on improving quality of care, this has improved the continuum of care, allowed for greater integration of services, and has created greater security and safety in NKHS’ abilities to keep people from “falling through the cracks.” Jankowski said, “OneCare Vermont is also a magnet that brings together multiple community organizations. And it’s also a glue that holds those organizations together. Because we do not want to duplicate efforts, certainly not triplicate, we want to make sure our coordination, which requires patience, and an investment of time, really works toward creating a greater linkage between providers.” Read the full article and watch video clips of the interview [here](#).

Policy in Plainer English

Jodi Frei, manager of clinical programs at OneCare, was [recently interviewed](#) in a Policy in Plainer English podcast on the topic of care coordination. Frei has extensive experience in quality monitoring and improvement, and patient experience of care. The Policy in Plainer English podcast explores how Vermont health care practices connect patients with community resources. This episode features Patrick Clark (Gifford Medical Center) and Jodi Frei (OneCare Vermont) where they dive deeply into the topics of complex care management and the Care Navigator platform.

Payment Reform Advocacy

OneCare and more than 500 ACOs, health systems, and medical practices submitted a [letter to Congress](#) to freeze Advanced Alternative Payment Models (APM’s) bonus thresholds at their current levels for 2021 and 2022. Thresholds were set to increase under the Medicare Access and CHIP Reauthorization Act (MACRA). “We ask that you recognize our commitment to advancing Medicare’s transition to value-based care by freezing the MACRA thresholds at the 2020 levels for the next two performance years (2021 and 2022). This freeze will give us the flexibility and financial security we need to continue to innovate and improve population health for our patients, as well as to continue to drive forward models that create a fiscally healthy future for the Medicare program,” the letter states.

Clinical Education: Environmental Triggers & Second Hand Smoke

OneCare presents educational opportunities that foster collaboration among interdisciplinary professionals in all health service areas in Vermont. Our December 10 educational session featured a presentation by Laura Capps and Sarah Cosgrove titled Environmental Triggers & Second Hand Smoke. This session included a materials on this important topic with time for questions and answers and was open to everyone.

Follow Us

You can keep up with OneCare on our [blog](#), [LinkedIn](#), and [Twitter](#) (@OnecareVermont). We would greatly appreciate it if you like and share our content to help spread awareness.

Questions? Contact OneCare Public Affairs using the [Contact Us](#) form on our website, which is monitored during business hours for all inquiries.

**OneCare Vermont Accountable Care Organization
Board of Managers Resolution Adopting Representatives to the Board
of Managers
December 15, 2020**

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

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidates, hereby approves the appointment of the following Managers:

- A. Home Health and Hospice Manager for a three-year term beginning on January 1, 2021 and ending on December 31, 2024; and
- B. Independent Manager to complete the term, and shall serve until April 30, 2022; and
- C. At-Large Manager for a three-year renewal term beginning on February 1, 2021 and ending on January 31, 2024; and
- D. At-Large Manager for a three-year renewal term beginning on April 1, 2021 and ending on March 31, 2024.

2020 Summary for WCMHS / ONECARE ED INITIATIVE

How Clients are identified

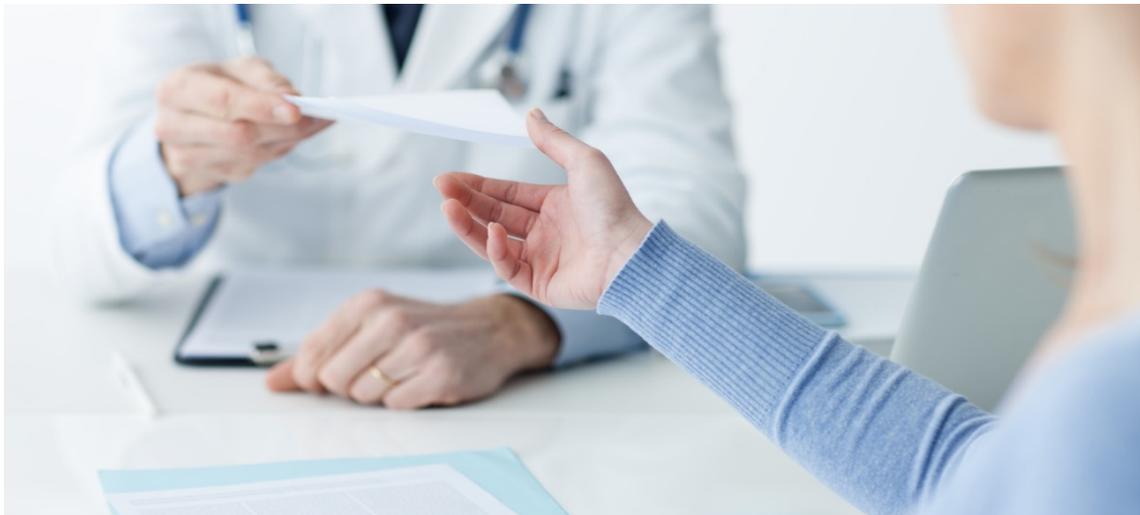
CVMC ED unit identifies daily the clients visiting the ED with a primary reason and/or diagnosis relating to mental health or substance use issues.

The referrals are deposited into a shared drive every night for our linkage navigator to extract the following day.

We decided to cast such a large net to capture as many clients in need as possible.

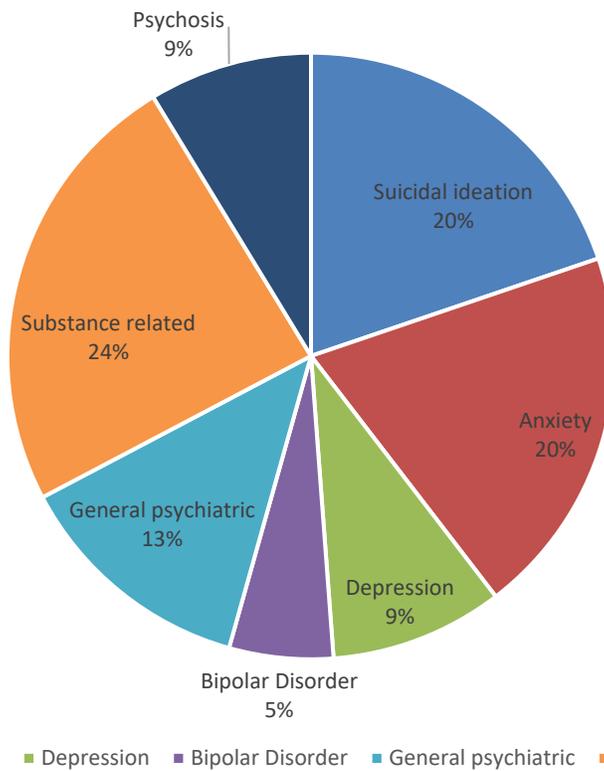
What Has Contributed to the Reduction of ED Visits?

An Immediate response/call from our linkage navigator within 24-48 hours to clients referred by CVMC has enabled us to promptly guide them toward appropriate resources. Both the linkage navigator and our non categorial case manager maintain a caseload and follow up with referrals internally or externally as needed. The percentage of clients receiving a qualifying service within less than 30 days for the duration of the grant so far (91%) has shown that this method of responding promptly to the clients in need helps to reduce further ED visits in most cases. Our linkage navigator is directly in contact with the CVMC ED workers to ensure sustained fluid communication and optimize coordination of care.



Profile of ED Utilizer Population Referred to WCMHS / ONECARE ED INITIATIVE

Proportion of each category of mental health or substance use diagnosis for all ED visits during the time period from 3/1/2020 to 9/30/2020 (379 total visits referred/recorded)



For the duration of the grant so far, 379 referrals were made by the CVMC ED involving 301 unique individuals. 280 (93%) were contacted and 25 (9%) refused to engage in services. 255 (91%) of people contacted received a qualifying service within less than 30 days with most of these clients receiving a qualifying service within less than 5 days. 75% of the people contacted were already opened with WCMHS and the linkage navigator automatically followed up with their treatment team. The remaining clients were referred or already engaged with a provider outside the agency. **Only 11% of the individuals receiving a qualifying service were seen again in the ED within 30 days.**

ED boarding time waiting for a psychiatric bed

Washington County is lucky to have two of the main psychiatric units in the State of Vermont (CVMC and VPCH) directly in their catchment area. The reported median boarding time in the CVMC ED for clients waiting for a psychiatric bed remains within a short acceptable range (went down from a 42 hours median time in quarter 2 to 38 hours median time in quarter 3) with very few isolated cases going over a 5 days waiting period. (range of 2 to 156 hours for quarter 2 and 4 to 256 hours for quarter 3)

CRT/CSP High ED utilizers.

During the same period (Q1 to Q3 2020) for Washington County, 12 unique CRT/CSP clients defined as high ED utilizers with 4 or more visits in the past 90 days contributed to a total of 57 psychiatric ED visits. We continue to monitor these High ED utilizers and review cases internally with a dedicated clinical team and externally with CVMC and other community partners. All this coordinated care aims to minimize ED visits mainly by enhancing services and help clients use more appropriate community resources (like express care or PCP offices). We have achieved great success in Washington County in the past 3 years in reducing high ED utilizers visits and the linkage navigator and non-categorical case manager addition has further enhanced our ability to maintain and improve these gains.

Success Stories

(Provided by CVMC ED staff)

21 yo female coming to the ED frequently for non-psychiatric complaint. She had been in the ED eight times in the past eight weeks for cyclic vomiting. The reason for visits was believed to be associated with her anxiety and marijuana use. After meeting with her in the ED and discussing with her the support that the WCMHS linkage navigator could connect her with she was eventually agreeable and started to engage. Since this she has not been back to the ED.

Special mention for the layer of support the linkage navigator provides to the ED around homeless frequent fliers. As we all know, one of the leading contributors to homelessness (especially long-term homelessness) is severe and persistent mental illness. There are at least three men in the second quarter who have been evicted from the hotels due to their behavioral symptoms of mental illness and substance use disorder that the WCMHS linkage navigator and non-categorical case manager have been tracking. One gentleman in particular was able to be supported in ways we would never been able to reach due to their enhanced access to the community. In coordinating with them, he has been able to work with CVMC as well as the rest of his outpatient team to help get him to appointments that he would otherwise miss. Missing these appointments would often lead him to call EMS and come to the ED. The linkage navigator and non-categorical case manager are a great help in curbing this population frequent ED visits.



ONECARE VERMONT WCMHS ED LINKAGE NAVIGATOR

The initiative is funded for one year by
OneCare Vermont and includes 3 pilot sites:

Washington County Mental Health Services
Northwestern Counseling & Support Services
Northeast Kingdom Human Services

with support from Vermont Care Partners

The initiative aims to:

a) address the All Payer Model goal for 30 day follow up after discharge for a mental health disorder

b) reduce Emergency Department utilization through enhanced coordination and services, rapid response, and follow-up to help people use more appropriate community resources



WCMHS

Washington County Mental Health Services, Inc.

Where Hope and Support Come Together

2020 SUMMARY FOR WCMHS/CVMC Start Date January 2020

THE

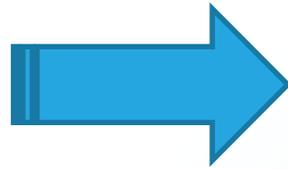
University of Vermont
HEALTH NETWORK

Central Vermont Medical Center



HOW ARE CLIENTS IDENTIFIED?

The CVMC ED identifies the clients on a daily basis who are visiting the ED with a primary reason and/or diagnosis relating to mental health or substance use.



The referrals are deposited nightly into a shared drive for the WCMHS linkage navigator to extract the following day.

What Has Contributed to the Reduction of ED Visits?

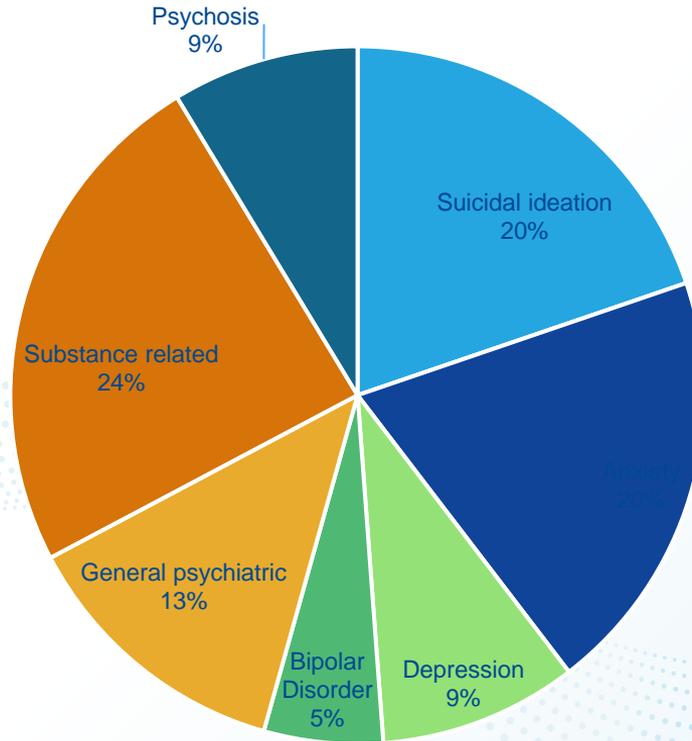
- An immediate response by linkage navigator w/in 24-48 hours
- Linkage navigator and non-categorical case manager follow up with referrals.
- Linkage navigator is directly in contact with the CVMC ED workers to ensure sustained fluid communication and optimize coordination of care.

Thus far, **91%** of clients have received a qualifying service **within less than 30 days** demonstrating that this method of responsiveness to clients in need helps to reduce further ED visits in most cases.



WHAT IS THE PROFILE OF ED UTILIZERS WHO ARE REFERRED TO THIS INITIATIVE?

Proportion of each category of mental health or substance use diagnosis for all ED visits during the time period from 3/1/2020 to 9/30/2020 (379 total visits referred/recorded)



OUTCOMES THUS FAR...

379 referrals were made by the CVMC ED involving 301 unique individuals.

280 (93%) contacted and 25 (9%) refused to engage in services.

255 (91%) of people contacted received a qualifying service within less than 30 days with most of these clients receiving a qualifying service within less than 5 days.

OUTCOMES THUS FAR...

75% of the people contacted were already open with WCMHS and the linkage navigator automatically followed up with their treatment team.

The remaining clients were referred or already engaged with a provider outside the agency.

Only 11% of the individuals receiving a qualifying service were seen again in the ED within 30 days .



ED Boarding Time Waiting for A Psychiatric Bed

- The reported median boarding time in the CVMC ED for clients waiting for a psychiatric bed has reduced (down from a 42 hours median time in quarter 2 to 38 hours median time in quarter 3 with very few isolated cases going over a 5 days waiting period).



CRT/CSP High ED Utilizers

- 12 unique CRT/CSP clients defined as high ED utilizers with 4 or more visits in the past 90 days contributed to a total of 57 psychiatric ED visits.
- We continue to monitor these High ED utilizers and review cases internally with a dedicated clinical team and externally with CVMC and other community partners.



SUCCESS STORIES

(Provided by CVMC ED staff)

21 yo female coming to the ED frequently for non-psychiatric complaint. She was in the ED eight times in the past eight weeks for cyclic vomiting. The reason for visits was believed to be associated with her anxiety and marijuana use. The ED staff met with her to inform her of the WCMHS linkage navigator and associated supports. She eventually agreed to meet and started to engage. Since this she has not been back to the ED.

Special mention regarding the support the WCMHS linkage navigator provides to the ED around homeless people who frequent the ER. One of the leading contributors to homelessness (especially long-term homelessness) is severe and persistent mental illness. There were at least three men in Q2 who were evicted from hotels due to their behavioral symptoms of mental illness and substance use disorder that the WCMHS linkage navigator and non-categorical case manager had been tracking. One man was able to be supported in ways we would never have been able to reach due to WCMHS' enhanced access to the community. In coordinating with WCMHS, he has been able to work with CVMC as well as the rest of his outpatient team to help get him to appointments that he would otherwise miss. In the past, missing these appointments often led him to call EMS and come to the ED. The linkage navigator and non-categorical case manager are a great help in curbing this populations frequent ED visits.

Thank You!

Any questions?

You can reach us at

- Mary.Moulton@wcmhs.org
- Eric.Quintin@wcmhs.org

