



OneCare Vermont Accountable Care Organization, LLC

Board of Managers Meeting Agenda

January 19, 2021
 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
4:33 p.m.	Governance* <ul style="list-style-type: none"> ▪ Population Health Strategy Committee & Finance Committee Nominations <i>Vote to Approve Resolution Adopting Representatives to the Population Health Strategy Committee and Finance Committee</i>	John Brumsted, MD
4:35 p.m.	Developmental Understanding and Legal Collaboration for Everyone (DULCE)*	Scott Johnson/ Breena Holmes, MD/ Leah Costello, MD/ Theresa Soares
5:05 p.m.	Conflict of Interest Training and Conflict of Interest Form*	Greg Daniels
5:15 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 Invoking 2021 Participation Waivers 3. Approve Resolution Adopting 2021 MVP Contract Terms 4. Approve Resolution Adopting 2020 Risk Mitigation Contract Adjustment 	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 December 15, 2020
 - b. Draft of OneCare Public Session Minutes from December 29, 2020

- c. Board Committee Reports January 2021
- d. Financial Statement Package October 2020
- e. Financial Statement Package November 2020
- f. CMO Corner January 2021
- g. Public Affairs Report January 2021
- 2. Governance**
 - a. Resolution Adopting Representatives to the Population Health Strategy Committee and Finance Committee
- 3. Developmental Understanding and Legal Collaboration for Everyone (DULCE)**
 - a. DULCE Vermont Presentation
- 4. Conflict of Interest Training and Conflict of Interest Form**
 - a. Conflict of Interest Training Presentation
 - b. Conflict of Interest Form



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
December 15, 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 December 15, 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

Dr. Brumsted welcomed Dr. Bob Pierattini to his first Board meeting and welcomed members of the public in attendance.

III. Consent Agenda Items

The Board reviewed Consent Agenda Items including: (1) Draft of OneCare Public Session Minutes November 17, 2020; (2) Board Committee Reports December 2020; (3) Financial Statement Package September 2020; (4) CMO Corner December 2020; and (5) Public Affairs Report December 2020. An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by D. Bennett, seconded by T. Keating and approved by a unanimous vote.

IV. CEO Discussion

Vicki Loner, Chief Executive Officer, shared that Green Mountain Care Board (GMCB) staff presented their recommendations regarding OneCare Vermont’s 2021 budget submission to the GMCB on December 9. OneCare is submitting responses to additional follow-up questions requested on December 11 and due December 15. The GMCB plans to vote on the OneCare budget proposal on December 23 and its draft budget orders will be discussed at the next Finance Committee meeting scheduled for December 29. Ms. Loner described OneCare’s diversity, equity, and inclusion work beginning with a survey to better understand how

diversity is reflected in OneCare governance and that she and consultant Stephen Graves have visited the Board and its committees to ask them to complete the survey by December 21, 2020.

V. Governance

Board Chair Dr. Brumsted described that the Executive Committee functions as the Nominating Committee for OneCare and that the Board has two nominees and two renewal term nominees for the first quarter in 2021. An opportunity for discussion was offered.

A Motion to Approve the Resolution Adopting Representatives to the Board of Managers was made by T. Keating, seconded by J. Sayles and approved by a unanimous vote. Tom Dee recused himself from the vote on his seat.

VI. Washington County Mental Health Services/OneCare ED Initiative

Dr. Norman Ward, Chief Medical Officer, introduced Mary Moulton, MPA, Executive Director of Washington County Mental Health Services who presented Washington County Mental Health Services (WCMHS) ED Link Navigator, a project conducted in 2020 to connect people admitted to the Emergency Department (ED) with mental health and substance use with mental health treatment. Ms. Moulton shared that she is passionate about integrating mental health services and that this project targets all-payer follow up in the ED. The initiative was funded for one year for three organizations, including WCMHS, and targeted 30-day follow up after discharge for a mental health disorder through next-day patient follow-up linking patients to mental health care. To date, 91% of clients have received a qualifying mental health service within less than 30 days of ED visits, with most receiving a qualifying service within less than 5 days. Only 11% of the individuals receiving a qualifying service were seen again in the ED within 30 days. 12 people with severe and persistent mental health conditions were identified as high ED utilizers each having 4 or more ED visits in the past 90 days and are monitored for services by WCMHS. Ms. Moulton shared success stories of two patients whose referral from the ED to WCMHS resulted in no further visits to the ED and described her gratitude to work with OneCare to integrate services with community partners and her support of the population health effort and desire to continue the project. The Board thanked Ms. Moulton for her work and presentation and is interested in learning how the initiative affected ED cost data.

VII. Public Comment

There were no comments from the public.

VIII. Executive Session

A Motion to move to Executive Session was made by C. Fort, seconded by C. Kohaut and was approved by a unanimous, supermajority vote.

IX. Votes

1. Approve Executive Session Consent Agenda Items - Approved

2. Approve Resolution Adopting PwC 2019 Audit Results – Approved by Supermajority
3. Approve Resolution Adopting Performance Incentive Pool – Approved by Supermajority
4. Approve Resolution Adopting 06-03 Policy on Policy Management and 07-06 Conflict of Interest Adjourn – Approved

Upon a Motion made and seconded, the meeting adjourned at 6:23 p.m.

Attendance:

OneCare Board Members

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

OneCare Risk Strategy Committee

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

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 checked="" type="checkbox"/> Amy Bodette | <input checked="" type="checkbox"/> Lucie Garand |
| <input checked="" type="checkbox"/> Greg Daniels, Esq. | <input checked="" type="checkbox"/> Martita Giard | <input checked="" type="checkbox"/> Ginger Irish |
| <input checked="" type="checkbox"/> Tom Borys | | |

Invited Guests

- Mary Moulton



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
December 29, 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 December 29, 2020.

I. Call to Order and Board Announcements

Board Chair John Brumsted, M.D., called the meeting to order at 12:02 p.m.

II. Welcome

No members of the public were in attendance.

III. Public Comment

There were no comments from the public.

IV. Executive Session

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

V. Votes

1. Approve Resolution to Enter Performance Year 2021 Payer Contracts and Medicare SASH and Blueprint PCMH/CHT Payment Agreements – *Approved by Supermajority*

VI. Adjournment

Chair Brumsted and Ms. Loner thanked the Board for their work and shared that they are looking forward to driving health care reform efforts forward in 2021. A Motion to Adjourn was made, seconded, and approved.

Attendance:

OneCare Board Members

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

OneCare Risk Strategy Committee

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

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 checked="" type="checkbox"/> Amy Bodette | <input type="checkbox"/> Lucie Garand |
| <input checked="" type="checkbox"/> Greg Daniels, Esq. | <input checked="" type="checkbox"/> Martita Giard | <input checked="" type="checkbox"/> Ginger Irish |
| <input checked="" type="checkbox"/> Tom Borys | <input checked="" type="checkbox"/> Joan Zipko | |

OneCare Board of Managers Committee Reports

Executive Committee (meets monthly)

At its January 7th meeting, the Executive Committee, which serves as the Nominating Committee, reviewed nominations for the Population Health Strategy Committee and the Finance Committee. The committee discussed the upcoming strategic planning process and gathering stakeholder input. The committee is next scheduled to meet February 4th, 2021.

Finance Committee (meets monthly)

At its December 29th meeting, the Finance Committee reviewed draft budget orders from the Green Mountain Care Board for Program Year 2021. The committee discussed term sheets and total cost of care targets/methodology for 2021 programs including the Medicare Program, the Vermont Medicaid Next Generation Program, the MVP Program, and the BCBSVT Qualified Health Plan (QHP) Program. At its January 13th meeting, the Finance Committee reviewed Financial Statements for October and November of 2020 and discussed the upcoming strategic planning process. The committee also discussed updated program terms for BCBSVT QHP and for MVP for Program Year 2021. Settlement projections for Program Year 2020 were provided to, and discussed by, the committee. Additionally, the committee discussed the risk mitigation arrangements for Program Year 2020 and dues and program payments for Program Year 2021. The committee is next scheduled to meet February 10th.

Population Health Strategy Committee (meets monthly)

At its January 12th meeting, Kelly Dougherty, Vermont Deputy Commissioner of Health, presented a COVID vaccine update highlighting the most current prioritization methodology for Vermont. It is likely that practices will not be involved in direct vaccine administration until health workers, age >75, age >70, age >65, and those <65 with chronic conditions have been served at larger, community-based sites. The committee also discussed draft proposals for design of network quality improvement projects utilizing funding from undistributed Value Based Incentive Fund dollars from 2019 from the Medicaid program. The committee will be presented with final voting via email and project selection is dependent upon DVHA approval. Proposals included purchase of home monitoring equipment for hypertension and diabetes, licensing fees for pediatric developmental screening tools, patient incentives, and small innovation grants. The committee was especially cognizant of projects that will permit broad spread and sustainable adoption. The committee is next scheduled to meet on February 8th.

Patient & Family Advisory Committee (meets monthly)

The committee is next scheduled to meet January 26th.

Clinical & Quality Advisory Committee (meets bi-monthly)

The committee is next scheduled to meet February 11th.

Pediatric Subcommittee (meets bi-monthly)

The Committee is next scheduled to meet January 21st.

Laboratory Subcommittee

The committee is next scheduled to meet March 2nd.

Prevention and Health Promotion Advisory Committee (meets quarterly)

The committee is next scheduled to meet February 12th.

Audit Committee (meets quarterly)

The committee is next scheduled to meet February 11th.

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

	10/31/2020	9/30/2020	Variance
<u>ASSETS</u>			
Current assets:			
Unrestricted Cash	16,553,521	8,263,870	8,289,651
GMCB Reserve Funding	4,000,000	4,000,000	-
Reserve to pay off HN Loan	-	-	-
Outstanding VBIF	4,846,198	11,359,086	(6,512,887)
Advance Funding-Medicaid	13,697,996	13,740,863	(42,868)
Deferred par fees	3,302,225	3,302,225	-
Undistributed Grant Funding	-	-	-
Undistributed Medicare - 2019	6,442,801	6,442,801	-
Total Cash	48,842,741	47,108,845	1,733,896
Network Receivable	172,890	172,890	-
Network Receivable-Settlement	897,310	12,216,623	(11,319,313)
Other Receivable	3,134,735	1,706,662	1,428,073
Other Receivable-Settlement	4,717,550	4,717,550	-
Prepaid Expense	1,477,438	64,237	1,413,201
Property and equipment (net)	42,826	43,869	(1,043)
TOTAL ASSETS	59,285,490	66,030,676	(6,745,186)
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses	2,347,665	1,786,138	561,527
Accrued Expenses -Settlement	18,788,224	18,788,224	-
Network Payable	7,697,491	12,823,435	(5,125,944)
Network Payable-settlement	301,891	3,266,266	(2,964,376)
Notes Payable	0	0	-
CTO Liability	585,417	596,849	(11,432)
Payroll accrual	177,559	128,807	48,751
Deferred Income	20,352,605	19,123,845	1,228,760
Deferred Grant Income	-	-	-
Due to Related Parties - UVMMC	2,457,053	2,415,635	41,418
Due to Related Parties - DHH	0	0	-
Total Liabilities	52,707,905	58,929,202	(6,221,296)
Net assets:			
Unrestricted - UVMMC	2,843,213	2,843,213	-
Unrestricted - DHH	2,843,213	2,843,213	-
Current Year Profit to Date	891,159	1,415,049	(523,890)
Total net assets	6,577,584	7,101,474	(523,890)
TOTAL LIABILITIES AND NET ASSETS	59,285,490	66,030,676	(6,745,186)

OneCare Vermont

Surplus & Loss Statement: YTD October 2020

	Annual Budget	October Actual	October Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Hospital FPP - Medicare	\$ 219,868,930	18,448,383	18,322,411	125,972	185,979,533	183,224,108	2,755,424
Hospital FPP - Medicaid	\$ 166,395,797	13,520,262	13,866,316	(346,054)	136,613,569	138,663,164	(2,049,595)
Hospital FPP - BCBS	\$ 4,491,125	457,758	374,260	83,498	3,342,141	3,742,604	(400,463)
CPR FPP- Medicare	\$ 2,126,846	177,237	177,237	0	1,786,840	1,772,372	14,469
CPR FPP - Medicaid	\$ 2,496,946	220,601	208,079	12,522	2,216,405	2,080,788	135,616
Program Support - Medicaid CCC/DULCE	\$ 4,300,000	372,259	358,333	13,925	3,753,889	3,583,333	170,556
Fixed Prospective Payments Funding	\$ 399,679,643	33,196,500	33,306,637	(110,137)	333,692,377	333,066,369	626,007
Program Support - Medicaid Trad \$3.25	\$ 3,000,410	258,073	250,034	8,039	2,598,112	2,500,341	97,770
Program Support - Medicaid Expanded \$1.75	\$ 415,385	35,165	34,615	549	352,417	346,154	6,262
Program Support - Blue Cross QHP \$3.25	\$ 720,798	55,097	60,066	(4,969)	588,478	600,665	(12,187)
Program Support - Blue Cross Primary \$3.25	\$ 3,161,780	1,459,491	263,482	1,196,009	2,439,190	2,634,816	(195,626)
Program Support - MVP 3.25	\$ 360,025	28,571	30,002	(1,431)	307,691	300,021	7,670
Program Support - MVP CCC	\$ 46,872	3,906	3,906	0	39,060	39,060	(0)
Program Support - Addtl DSR Funding	\$ 3,900,000	-	325,000	(325,000)	1,399,689	3,250,000	(1,850,311)
Payer Contract Provider Support	\$ 11,605,269	1,840,302	967,106	873,196	7,724,636	9,671,058	(1,946,422)
Operations Funding - Medicaid Trad \$3.25	\$ 3,000,410	258,073	250,034	8,039	2,598,112	2,500,341	97,770
Operations Funding - Medicaid Exp \$5.00	\$ 771,430	65,306	64,286	1,020	654,488	642,858	11,630
Program Support - Medicaid HIT	\$ 2,800,000	-	233,333	(233,333)	2,800,000	2,333,333	466,667
Payer Contract Operations Support	\$ 6,571,839	323,378	547,653	(224,275)	6,052,600	5,476,533	576,067
Payor Contracts Funding	\$ 18,177,109	2,163,680	1,514,759	648,921	13,777,236	15,147,591	(1,370,355)
Medicare Shared Savings/Blueprint	\$ 8,401,660	700,138	700,138	(0)	7,001,381	7,001,383	(2)
Robert Wood Johnson Grant	\$ 75,000	-	6,250	(6,250)	45,758	62,500	(16,742)
VBIF Reinvestment	\$ 33,000	-	2,750	(2,750)	-	27,500	(27,500)
Miscellaneous Revenue	\$ 240,753	\$ -	20,063	(20,063)	72,390	200,627	(128,237)
Other Funding	\$ 8,750,413	700,138	729,201	(29,063)	7,119,530	7,292,011	(172,481)
Participation Fees	\$ 19,706,093	1,518,905	1,642,174	(123,270)	15,378,597	16,421,744	(1,043,147)
Total Funding	\$ 446,313,258	37,579,223	37,192,771	386,451	369,967,740	371,927,715	(1,959,974)
Hospital FPP - Medicare	\$ 219,868,930	18,448,383	18,322,411	(125,972)	185,979,533	183,224,108	(2,755,424)
Hospital FPP - Medicaid	\$ 166,395,797	13,520,262	13,866,316	346,054	136,613,569	138,663,164	2,049,595
Hospital FPP - BCBS	\$ 4,491,125	457,758	374,260	(83,498)	3,342,141	3,742,604	400,463
Hospital FPP	\$ 390,755,851	32,426,403	32,562,988	136,585	325,935,243	325,629,876	(305,367)
CPR FPP- Medicare	\$ 2,126,846	177,237	177,237	(0)	1,790,457	1,772,372	(18,086)
CPR FPP - Medicaid	\$ 2,496,946	220,601	208,079	(12,522)	2,216,405	2,080,788	(135,616)
CPR FPP	\$ 4,623,792	397,838	385,316	(12,522)	4,006,862	3,853,160	(153,702)
Populations Health Mgmt Payment	\$ 8,420,662	1,883,135	701,722	(1,181,413)	6,956,883	7,017,219	60,336
Complex Care Coordination Program	\$ 8,872,306	454,237	739,359	285,122	6,169,556	7,393,589	1,224,033
PCP Engagement Incentive Pmt - Medicaid Expanded	\$ 415,385	34,615	34,615	0	466,015	346,154	(119,861)
PCP Engagement Incentive Pmt - BCBSVT Primary	\$ 221,051	-	18,421	18,421	-	184,209	184,209
Value-Based Incentive Fund	\$ 5,640,553	470,046	470,046	(0)	4,700,461	4,700,461	(0)
Primary Prevention Programs	\$ 540,000	37,334	45,000	7,666	360,026	450,000	89,974
CPR Program Expense - OCV Funded	\$ 1,178,196	84,111	98,183	14,072	1,012,080	981,830	(30,250)
DULCE	\$ 300,000	64,350	25,000	(39,350)	147,512	250,000	102,488
Longitudinal Care	\$ 500,000	-	41,667	41,667	-	416,667	416,667
Network Reform Projects	\$ 1,480,321	56,921	123,360	66,439	650,730	1,233,601	582,871
PCHP Program Initiative	\$ 14,000	-	1,167	1,167	-	11,667	11,667
VBIF Quality Initiatives	\$ 33,000	-	2,750	2,750	-	27,500	27,500
PCMH Legacy Payments - Blueprint	\$ 1,993,092	163,717	166,091	2,374	1,653,788	1,660,910	7,122
CHT Block Payment - Blueprint	\$ 2,440,322	203,360	203,360	(0)	2,033,602	2,033,602	(1)
SASH - Blueprint	\$ 3,968,246	330,687	330,687	(0)	3,311,619	3,306,872	(4,748)
Howard/SASH	\$ -	-	-	-	36,667	-	(36,667)
VBIF Reinvestment	\$ -	-	-	-	6,000	-	(6,000)
PHM Expense	\$ 36,017,134	3,782,513	3,001,428	(781,085)	27,504,939	30,014,278	2,509,340
Salaries and Fringe	\$ 8,442,999	686,310	703,583	17,273	6,843,653	7,035,833	192,180
Purchased Services	\$ 1,374,263	219,369	114,522	(104,847)	1,108,781	1,145,219	36,438
Contract & MALntenance	\$ 155,250	8,434	12,938	4,503	70,269	129,375	59,106
Lease & Rental	\$ 383,015	31,308	31,918	610	298,120	319,179	21,059
Utilities	\$ 39,724	3,961	3,310	(651)	30,106	33,103	2,997
Other Expenses	4,521,229	546,976	376,769	(170,207)	3,278,609	3,767,691	489,082
Operating Expenses	\$ 14,916,480	1,496,359	1,243,040	(253,319)	11,629,538	12,430,400	800,862
Total Expenses	\$ 446,313,258	38,103,113	37,192,771	(910,341)	369,076,582	371,927,715	2,851,133
Net Income (Loss)	\$ -	(523,890)	-	(523,890)	891,159	-	891,159

OneCare Vermont
Statement of Financial Position
For the Periods Ended

	11/30/2020	10/31/2020	Variance
<u>ASSETS</u>			
Current assets:			
Unrestricted Cash	17,384,574	16,553,521	831,053
GMCB Reserve Funding	4,000,000	4,000,000	-
Reserve to pay off HN Loan	-	-	-
Outstanding VBIF	5,301,732	4,846,198	455,534
Advance Funding-Medicaid	13,651,387	13,697,996	(46,608)
Deferred par fees	3,302,225	3,302,225	-
Undistributed Grant Funding	-	-	-
Undistributed Medicare - 2019	6,442,801	6,442,801	-
Total Cash	50,082,720	48,842,741	1,239,978
Network Receivable	259,903	172,890	87,012
Network Receivable-Settlement	897,310	897,310	-
Other Receivable	3,361,142	3,134,735	226,407
Other Receivable-Settlement	4,717,550	4,717,550	-
Prepaid Expense	747,361	1,477,438	(730,076)
Property and equipment (net)	41,783	42,826	(1,042)
TOTAL ASSETS	60,107,769	59,285,490	822,279
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses	2,661,265	2,347,665	313,599
Accrued Expenses -Settlement	18,788,224	18,788,224	-
Network Payable	8,369,196	7,697,491	671,705
Network Payable-settlement	301,891	301,891	-
Notes Payable	0	0	-
CTO Liability	589,863	585,417	4,446
Payroll accrual	(19,902)	177,559	(197,461)
Deferred Income	19,477,142	20,352,605	(875,463)
Deferred Grant Income	-	-	-
Due to Related Parties - UVMMC	3,361,367	2,457,053	904,314
Due to Related Parties - DHH	0	0	-
Total Liabilities	53,529,046	52,707,905	821,140
Net assets:			
Unrestricted - UVMMC	2,843,213	2,843,213	-
Unrestricted - DHH	2,843,213	2,843,213	-
Current Year Profit to Date	892,297	891,159	1,139
Total net assets	6,578,723	6,577,584	1,139
TOTAL LIABILITIES AND NET ASSETS	60,107,769	59,285,490	822,279

OneCare Vermont

Surplus & Loss Statement: YTD November 2020

	Annual Budget	November Actual	November Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Hospital FPP - Medicare	\$ 219,868,930	18,448,383	18,322,411	125,972	204,427,915	201,546,519	2,881,396
Hospital FPP - Medicaid	\$ 166,395,797	13,477,810	13,866,316	(388,507)	150,091,379	152,529,480	(2,438,101)
Hospital FPP - BCBS	\$ 4,491,125	450,549	374,260	76,289	3,792,690	4,116,864	(324,174)
CPR FPP- Medicare	\$ 2,126,846	177,237	177,237	0	1,964,077	1,949,609	14,469
CPR FPP - Medicaid	\$ 2,496,946	220,186	208,079	12,107	2,436,591	2,288,867	147,723
Program Support - Medicaid CCC/DULCE	\$ 4,300,000	370,920	358,333	12,587	4,124,809	3,941,667	183,142
Fixed Prospective Payments Funding	\$ 399,679,643	33,145,084	33,306,637	(161,553)	366,837,461	366,373,006	464,455
Program Support - Medicaid Trad \$3.25	\$ 3,000,410	257,371	250,034	7,337	2,855,483	2,750,375	105,107
Program Support - Medicaid Expanded \$1.75	\$ 415,385	35,187	34,615	572	387,604	380,770	6,834
Program Support - Blue Cross QHP \$3.25	\$ 720,798	54,207	60,066	(5,860)	642,684	660,731	(18,047)
Program Support - Blue Cross Primary \$3.25	\$ 3,161,780	231,010	263,482	(32,472)	2,670,200	2,898,298	(228,098)
Program Support - MVP 3.25	\$ 360,025	28,161	30,002	(1,841)	335,852	330,023	5,829
Program Support - MVP CCC	\$ 46,872	3,906	3,906	0	42,966	42,966	0
Program Support - Addtl DSR Funding	\$ 3,900,000	-	325,000	(325,000)	1,399,689	3,575,000	(2,175,311)
Payer Contract Provider Support	\$ 11,605,269	609,842	967,106	(357,264)	8,334,478	10,638,164	(2,303,686)
Operations Funding - Medicaid Trad \$3.25	\$ 3,000,410	257,371	250,034	7,337	2,855,483	2,750,375	105,107
Operations Funding - Medicaid Exp \$5.00	\$ 771,430	65,348	64,286	1,062	719,836	707,144	12,692
Program Support - Medicaid HIT	\$ 2,800,000	-	233,333	(233,333)	2,800,000	2,566,667	233,333
Payer Contract Operations Support	\$ 6,571,839	322,719	547,653	(224,935)	6,375,319	6,024,186	351,132
Payor Contracts Funding	\$ 18,177,109	932,561	1,514,759	(582,199)	14,709,797	16,662,350	(1,952,553)
Medicare Shared Savings/Blueprint	\$ 8,401,660	700,138	700,138	(0)	7,701,520	7,701,522	(2)
Robert Wood Johnson Grant	\$ 75,000	-	6,250	(6,250)	45,758	68,750	(22,992)
VBIFF Reinvestment	\$ 33,000	-	2,750	(2,750)	-	30,250	(30,250)
Miscellaneous Revenue	\$ 240,753	\$ -	20,063	(20,063)	72,390	220,690	(148,300)
Other Funding	\$ 8,750,413	700,138	729,201	(29,063)	7,819,668	8,021,212	(201,543)
Participation Fees	\$ 19,706,093	1,518,814	1,642,174	(123,360)	16,897,412	18,063,918	(1,166,507)
Total Funding	\$ 446,313,258	36,296,598	37,192,771	(896,174)	406,264,338	409,120,486	(2,856,148)
Hospital FPP - Medicare	\$ 219,868,930	18,448,383	18,322,411	(125,972)	204,427,915	201,546,519	(2,881,396)
Hospital FPP - Medicaid	\$ 166,395,797	13,477,810	13,866,316	388,507	150,091,379	152,529,480	2,438,101
Hospital FPP - BCBS	\$ 4,491,125	450,549	374,260	(76,289)	3,792,690	4,116,864	324,174
Hospital FPP	\$ 390,755,851	32,376,741	32,562,988	186,246	358,311,984	358,192,864	(119,120)
CPR FPP- Medicare	\$ 2,126,846	177,237	177,237	(0)	1,967,694	1,949,609	(18,086)
CPR FPP - Medicaid	\$ 2,496,946	220,186	208,079	(12,107)	2,436,591	2,288,867	(147,723)
CPR FPP	\$ 4,623,792	397,423	385,316	(12,107)	4,404,285	4,238,476	(165,809)
Populations Health Mgmt Payment	\$ 8,420,662	662,552	701,722	39,170	7,619,434	7,718,940	99,506
Complex Care Coordination Program	\$ 8,872,306	439,787	739,359	299,572	6,609,343	8,132,947	1,523,605
PCP Engagement Incentive Pmt - Medicaid Expanded	\$ 415,385	34,615	34,615	0	500,631	380,770	(119,861)
PCP Engagement Incentive Pmt - BCBSVT Primary	\$ 221,051	-	18,421	18,421	-	202,630	202,630
Value-Based Incentive Fund	\$ 5,640,553	470,046	470,046	(0)	5,170,507	5,170,507	(0)
Primary Prevention Programs	\$ 540,000	16,290	45,000	28,710	376,315	495,000	118,685
CPR Program Expense - OCV Funded	\$ 1,178,196	85,573	98,183	12,610	1,097,653	1,080,013	(17,640)
DULCE	\$ 300,000	-	25,000	25,000	147,512	275,000	127,488
Longitudinal Care	\$ 500,000	-	41,667	41,667	-	458,333	458,333
Network Reform Projects	\$ 1,480,321	24,423	123,360	98,937	675,154	1,356,961	681,808
PCHP Program Initiative	\$ 14,000	-	1,167	1,167	-	12,833	12,833
VBIFF Quality Initiatives	\$ 33,000	-	2,750	2,750	-	30,250	30,250
PCMH Legacy Payments - Blueprint	\$ 1,993,092	163,717	166,091	2,374	1,817,505	1,827,001	9,496
CHT Block Payment - Blueprint	\$ 2,440,322	203,360	203,360	(0)	2,236,962	2,236,962	(1)
SASH- Blueprint	\$ 3,968,246	330,687	330,687	(0)	3,642,307	3,637,559	(4,748)
Howard/SASH	\$ -	-	-	-	36,667	-	(36,667)
VBIFF Reinvestment	\$ -	-	-	-	6,000	-	(6,000)
PHM Expense	\$ 36,017,134	2,431,051	3,001,428	570,377	29,935,989	33,015,706	3,079,717
Salaries and Fringe	\$ 8,442,999	675,564	703,583	28,019	7,519,217	7,739,416	220,198
Purchased Services	\$ 1,374,263	54,636	114,522	59,886	1,163,417	1,259,741	96,324
Contract & MAIntenance	\$ 155,250	8,434	12,938	4,503	78,703	142,313	63,609
Lease & Rental	\$ 383,015	31,308	31,918	610	329,429	351,097	21,668
Utilities	\$ 39,724	883	3,310	2,427	30,989	36,414	5,425
Other Expenses	4,521,229	319,418	376,769	57,351	3,598,027	4,144,460	546,434
Operating Expenses	\$ 14,916,480	1,090,244	1,243,040	152,796	12,719,782	13,673,440	953,658
Total Expenses	\$ 446,313,258	36,295,459	37,192,771	897,313	405,372,041	409,120,486	3,748,446
Net Income (Loss)	\$ -	1,139	-	1,139	892,297	-	892,297



OneCare Vermont Board of Managers CMO Corner – January 2021

1. Primary Care Workgroup

The Primary Care Workgroup will be convened later in January to continue follow-up discussions on topics originally identified during initial meetings in early fall. Topics will include optimization of transitions of care (hospital/skilled nursing facility/home health agency/ambulatory practice interactions), streamlining primary care and specialty care interactions, and better coordination with designated mental health agencies in communities. Reports back to the Population Health Strategy Committee will be ongoing.

2. Health Service Area Consultations – Rutland 1/7/21; Morrisville 1/18/21; Burlington 1/20/21

Tom Borys, Dr. Ward, and representatives from the OneCare clinical and analytics teams continue their financial and clinical utilization pattern presentations to each Health Service Area. The presentations focus on as up-to-date as possible financial trending during the performance year, analysis of numerous clinical utilization trends highlighting variations between communities and between practices, and orientation to analytic tools that are available to OneCare Network participating health care organizations.

3. COPD/Asthma Learning Collaborative – 1/8/21

Dr. Baalachandran, Pulmonary Critical Care, UVMMC, presented to the collaborative on evidence base and the clinical use of COPD Action Plans. The action plan tools need to be customized to the individual patient's illness and disease course to be most effective. The collaborative teams met after the didactic presentation for additional questions and data submission discussion and planning.

4. Medically Tailored Meals

Bi-State Primary Care Association is conducting a preliminary investigation of how a medically tailored meals program might be deployed in Vermont. The clinical effectiveness of these programs is supported by growing evidence from around the country, historically in urban settings. Dr. Ward was interviewed by the consultant for this planning effort in relation to potential coordination with OneCare Vermont.

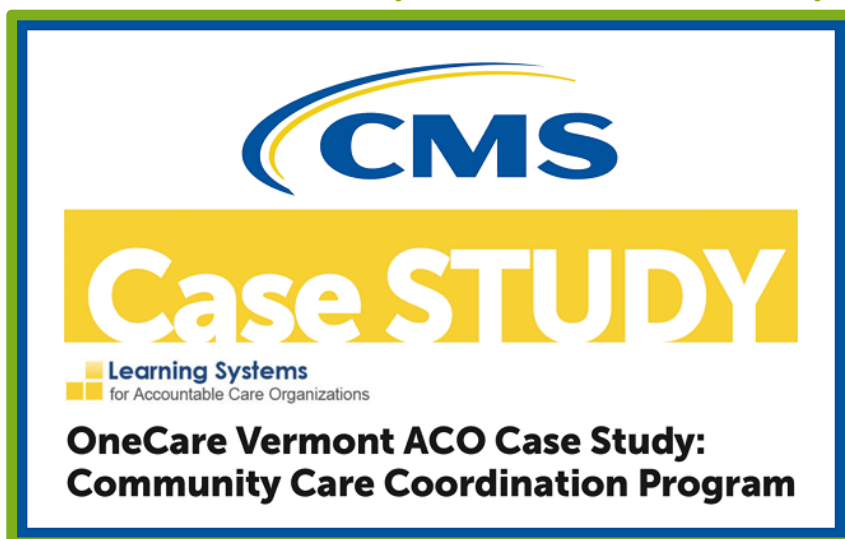


OneCare Vermont

Public Affairs Report | January 2021

Media Coverage

CMS Releases Case Study on OneCare's Community Care Coordination Program



In 2020, Mathematica, on behalf of the Centers for Medicare and Medicaid Services (CMS), [closely examined OneCare's community-based care coordination program](#), aimed at helping Vermonters who are considered high or very high risk "because of their historical cost and utilization of health care." CMS/CMMI has recently published a case study that describes the development, implementation, and the initial results for this program. The case study revealed that "... [OneCare Vermont] reported not only an increase in primary care engagement among beneficiaries who participated in the program but also reductions in emergency department utilization and costs. OneCare Vermont's approach to care coordination may be informative for ACOs and other health care organizations that are designing programs intended to foster collaboration among primary care, specialty, and other community-based providers."

GMCB Approves OneCare 2021 Budget

Media outlets including [WCAX](#) reported that the GMCB approved OneCare's 2021 budget. [VTDigger](#) quoted CEO Vicki Loner, who said OneCare's administrative budget is \$3 million less than its 2020 operating budget, and that "OneCare has been acting very responsibly" developing its budget. "No one has done this type of reform work in the past, so it's not like we are an extremely mature organization where there's a clear path laid forward," she said. "It's not always simple work — it's very complicated." OneCare requested a correction because both articles incorrectly reported that salaries were trimmed.

Health Care Op-Ed by Vicki Harrison

Vicki Harrison, MSN, of Barnard, VT penned an op-ed in [VTDigger](#) about the high cost and lack of access to health care for Vermonters and OneCare's budget. "OneCare is one of our faucets open. No country that provides health care to all its citizens has these community public health-destroying business principles working against them," she wrote.

Government Relations

Legislative Update

The Vermont legislative biennium began January 6th. CEO Vicki Loner continues to meet with legislators and elected officials to describe OneCare's role in statewide health care reform, to answer questions, and to provide any information they need for the session.

In his [inaugural address](#) January 7th, Governor Phil Scott gave a call to action to reduce health care costs. "Of course, we also need to contain healthcare costs in the long run. With that in mind, I believe it's time to set a cap on annual increases and continue moving to a system where we pay for quality, not just quantity—and do so in a way that prioritizes prevention on the part of the patient as well as the provider. These are the goals of the All-Payer Model, which you might have heard about over the last three years." OneCare supports these goals and the move from fee-for-service to value-based care payments.

Green Mountain Care Board

On December 23rd, the Green Mountain Care Board (GMCB) [passed the OneCare FY2021 budget with amendments](#). The GMCB reduced the amount OneCare pays the GMCB for its regulatory function by \$200,000, and made no other changes to the administrative budget.

Outreach and Advocacy

2020 Year in Review: Looking Back at OneCare's Response to the Pandemic

2020 was a challenging year for many—with a unique strain on our health care system and Vermonters providing care. It has also highlighted, more than ever, how vulnerable our providers are under the fee-for-service model. Throughout 2020 and into 2021, OneCare Vermont continues to lead the transition away from fee-for-service to value-based care and improved outcomes for communities in Vermont through data analytics, a statewide care model, and payment reform. In early January, we [reflected upon](#) health care reform efforts over the past year in our newsletter and on our blog, highlighting the following key actions OneCare took to support health care organizations during the pandemic:

1. Ensured Cash Flow to Practices
2. Gathered Data to Identify the Most Vulnerable
3. Strengthened Statewide Care Coordination Model & Offerings
4. Provided New Online and Socially Distanced Prevention Supports for Individuals and Groups in Local Communities
5. Advanced Health Care Payment Reform

DULCE Partners Share Experience in Vermont

Developmental Understanding and Legal Collaboration for Everyone (DULCE) is an intervention model taking place within pediatric care offices to address health in infants ages zero to six months and to provide parental support. OneCare helped expand DULCE to new sites in 2019, for a total of five pediatric practices using this model. The DULCE sites are working to expand the program and further integrate within pediatric practices. The physicians have found the program extremely helpful and have increased the value of their visits with families. Parents have also found success. DULCE partners recently shared their experience working with the program in Vermont:

"In the past year since enrolling my first family in October 2019 I have worked remote more than I have been in the pediatric office. As much as I have missed the in person interactions with DULCE families, I am thankful that I have been able to continue to support families while their needs have increased due to the pandemic. I have been seeing a rise in mental health needs and have been able to offer families the opportunity to take part in a virtual support group for mothers that I have been co-facilitating. I am grateful that our legal partner, Vermont Legal Aid, continues to be a great support with navigating the ever changing resources and programs that have been available to families in Vermont in regards to the impact COVID has had on families."

- Danielle Patrick, Vermont, Family Specialist

"DULCE continued to be a site of connection and creativity during a year when we have all necessarily been more isolated. I am grateful for the warmth, stability, and perspective provided by my DULCE team members."

- Olivia Graffeo-Cohen, Vermont, Legal Partner

Health Care Systems Change

On January 8, CEO Vicki Loner participated in a panel discussion about systems change for the 2021 class of the Snelling Center for Government's [Vermont Leadership Institute](#). The panel focused on key systems in Vermont and the challenges of applying systems thinking to ongoing statewide and local reform in health care. The panel included Ms. Loner, Ena Backus, Vermont Director of Health Care Reform, and Robin Lunge, Board Member of the Green Mountain Care Board and was facilitated by Michael Costa, CEO of Northern Counties Health Care.

Education Session & Learning Collaborative: Asthma & COPD Action Plans

January 8, 2021 12:00 – 1:00 pm

In January, OneCare featured a presentation open to the public by Dr. Ram Baalachandran with the University of Vermont Medical Center Critical Care Medicine and Pulmonary Disease Department. Dr. Baalachandran spoke about Asthma & COPD Action Plans and was available to answer participant questions.

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 or email us at public@onecarevt.org.



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Adopting the Population Health
Strategy Committee and Finance Committee
January 19, 2021

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 (who received nominations from the designated nominating groups) and the qualifications of the Candidates, hereby approves the appointment of the following Members:

- A. Representative to the Population Health Strategy Committee; and
- B. Representative to the Population Health Strategy Committee; and
- C. Representative to the Finance Committee.

S



DULCE – VERMONT

Developmental Understanding and Legal Collaboration for Everyone
OneCare Vermont – Board of Managers
January 19, 2021

DULCE Update and Current Status



DULCE
An initiative
of CSSP

Scott Johnson, Statewide Coordinator, DULCE-Vermont
Breena Holmes, MD, FAAP, Clinical Associate Professor, Vermont Child Health
Improvement Program, University of Vermont, Larner College of Medicine





Pediatric Medical Home and Bright Futures 4th Edition

Focus on Social Determinants of Health

- Greater focus on lifelong physical/mental health
- Strength based approaches

The healthcare setting offers three key advantages in providing parenting support

1. Reach virtually all families in early years (> 95% of Vermont infants receive routine health care with a child health provider in the first month of life)
2. Lack of social stigma attached to using medical care
3. High level of trust that families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services





Bright Futures Road Show-2017

8 regional
dinners, 264
human
service
community
providers, 48
health care
providers

- **Objective:** Discuss collaboration among pediatric medical homes, community agencies and organizations in each region to strengthen families and improve care delivery (with special focus on addressing social determinants and ACES prevention)
- **Global Theme emerged:** Importance of increasing capacity in pediatric medical homes to conduct screening, provide parent/family support and facilitate connections (through Children's Integrated Services) to community resources. DULCE is universally acknowledged as a promising model to accomplish these objectives.
- Through a universal access point of DULCE in the medical home, families in need of support are referred to local Children's Integrated Services teams where service coordination occurs.



Upstream Opportunities to Strengthen Families

○ Realize the Promise of Every Vermont Child

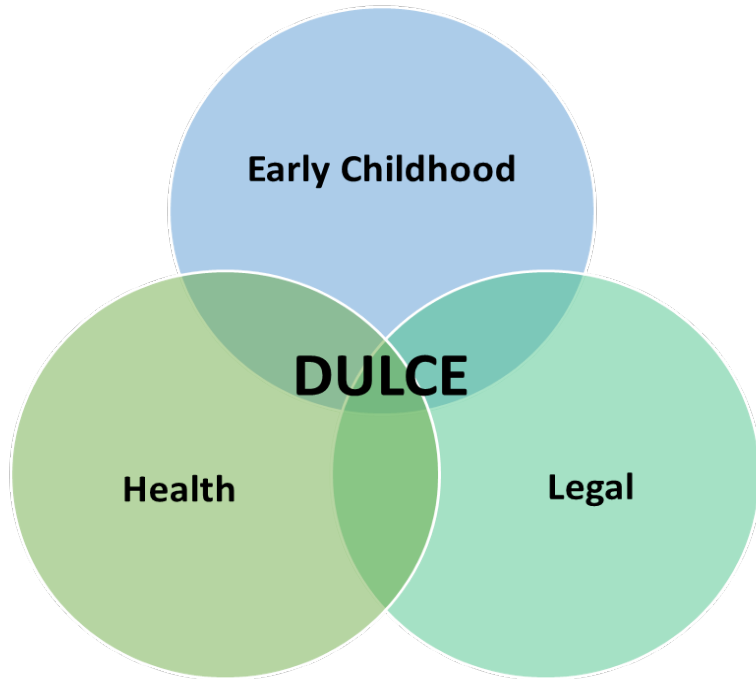


○ Meet Young Children & Families Where They Are

- High quality and affordable Childcare (early care and education)
- **Pediatric Medical Home**
 - **The DULCE approach**
- Child's Home
 - Evidence Based Sustained Home Visiting programs: **Strong Families Vermont**



What is DULCE?



A model for connecting **all families with infants** - particularly families struggling with limited resources - to a **local community's system of care and supports** from the moment the children are born that **integrates pediatric, legal and early childhood services**



What is the DULCE approach?

- DULCE is a universal approach for families with infants 0-6 months in pediatric primary care.
- DULCE bolsters family strengths via **partnerships with families birth to 6 months** that include:
 - supporting parenting skills and parent-infant relationships, *and*
 - proactively detecting needs and addressing social determinants of health (SDOH).



What is the evidence behind DULCE?

- DULCE is **grounded in compelling findings** from a randomized controlled trial conducted at Boston Medical Center in 2010-13.
 - Supports parents and strengthens families
 - Accelerates access to concrete supports when needed
 - Results in better well-child visits and immunization rates
 - Reduces use of unnecessary emergency room care
 - Detects and responds to maternal depression and interpersonal violence.
- *PLUS*
 - 96% of Vermont families offered DULCE accept supports
 - Expands medical home team and community partnership



What is unique in DULCE?

- **Universal Access:** All infants at each health care site are offered DULCE services.
- **Family Specialist:** A specially trained Parent-Child Center employee is a member of the primary care / medical home team.
- **Medical Legal Partnership:** Supports Family Specialist and families in addressing needs.
- **Parents as partners:** Families control the dose and design of DULCE.
- **Community connections:** Through early childhood partners – Children’s Integrated Services (CIS).
- **Commitment to quality improvement.**



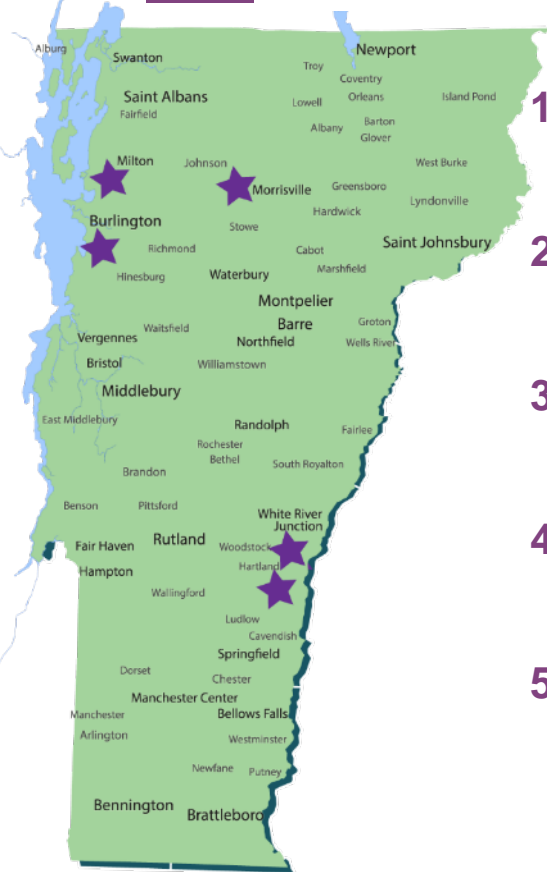


History of DULCE in Vermont

- Center for Study of Social Policy gets support for replicating DULCE based on research evidence
- Vermont project in Lamoille County joins first round of national expansion to five sites in 2015
- Wendy Davis, Breena Holmes, Ilisa Stalberg and Scott Johnson form the DULCE-Vermont Implementation Team
- VT Department of Health envisions DULCE as a way to increase support in pediatric medical home
- OneCare sees DULCE as strategy for primary prevention
- Four additional primary care sites implement DULCE in 2019



WHERE IS DULCE? 5 Vermont Sites



1. **Morrisville:** Appleseed Pediatrics with Lamoille Family Center
2. **South Burlington:** Timber Lane Pediatrics with Lund
3. **Milton:** Timber Lane Pediatrics with Northwest Counseling & Support Services
4. **Windsor:** Mt. Ascutney Hospital and Health Center with Springfield Area Parent Child Center
5. **Woodstock:** Ottauquechee Health Center with The Family Place



DULCE expansion 2019 (funded by OneCare Vermont)

- *August 1, 2019* – DULCE | **Milton**
 - Timberlane Pediatrics & Northwest Counseling and Support Services
 - Kristen Connolly, MD, Clinic Champion
- *September 1, 2019* – DULCE | **Windsor & DULCE | Woodstock**
 - Windsor - Mt. Ascutney Hospital practice & Springfield Parent Child Center
 - Kim Aakre, MD, Clinic Champion
 - Woodstock – Ottauquechee Health Center & The Family Place
 - Clare Drebitko, MD, Clinic Champion
- *September 1, 2019* – DULCE | **South Burlington**
 - Timberlane Pediatrics and LUND Family Center
 - Leah Costello, MD and Leah Macaulay, NP, Clinic Champions



COVID-19 and Family Support

- DULCE is particularly valuable as we respond to the triple crises related to COVID-19, economic downturn, and social justice that affect families and communities.
- People are out of work, grappling with access to adequate food, housing, and other necessities.
- The pandemic has highlighted the need to address social determinants of health.



“There is no greater moment than now to support those greatly impacted by the COVID-19 pandemic.” Azieb Ermias & Jang Lee, CSSP Blog. June 5, 2020

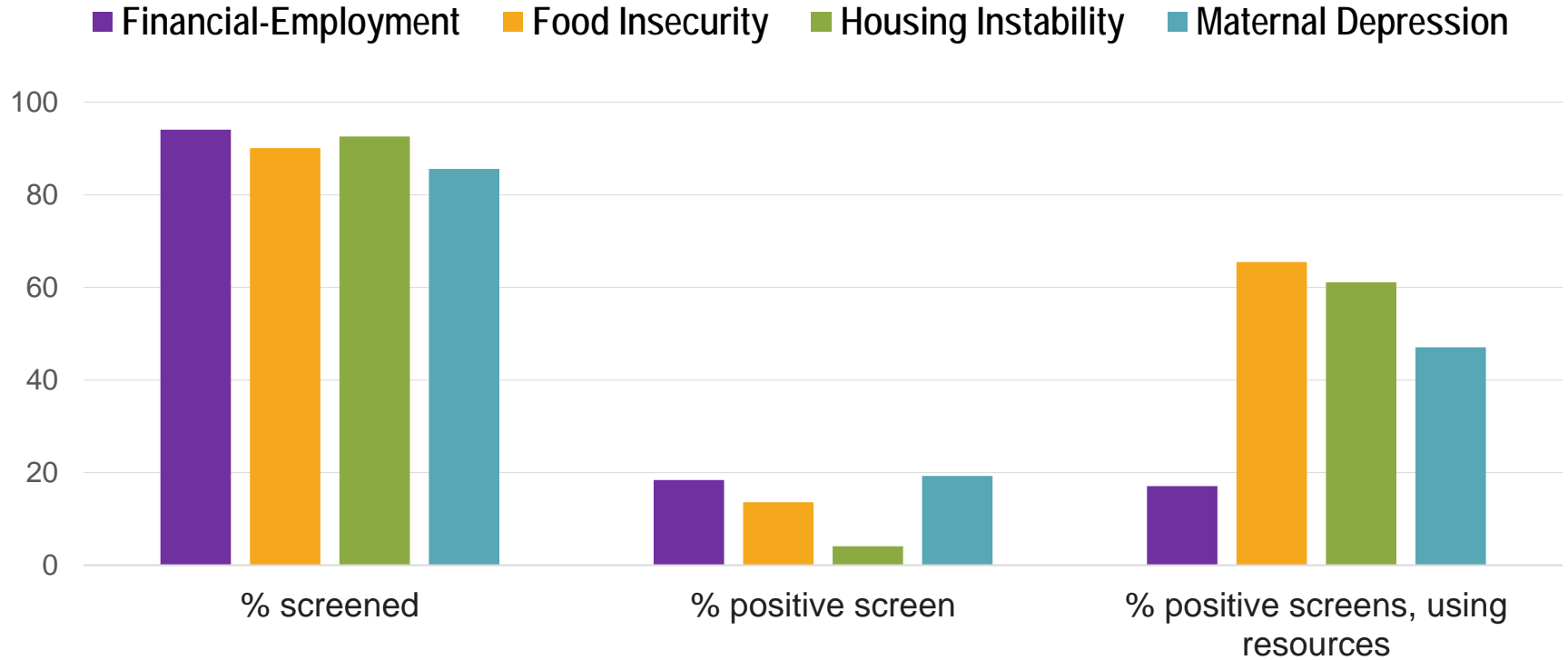


Vermont families engage in DULCE

- 869 newborns and their families served as of 12/31/20 across all 5 Vermont sites
- 96% acceptance rate for participation in DULCE (data for 621 families)
- Families are getting strengths-based care and support for addressing SDOH



What do the Vermont DULCE data tell us?



Based on data for 473 babies/families enrolled in DULCE as of September 30, 2020.



What do the Vermont doctors tell us?

- *“The Family Specialist picks up on variables that we clinicians may miss or are too busy to shake down.”*
Pediatrician
- *“I didn’t realize how much we needed DULCE. Having the Family Specialist has changed our practice for the better! We are uncovering need we didn’t realize existed, we are getting children in more quickly for [Early Intervention], parents are feeling more supported than ever. This is a fabulous program!”* Pediatrician



Listening to Voices from the Field





WHAT DOES DULCE FUNDING LOOK LIKE?

CURRENT FUNDING

	Through
OneCare Vermont \$300K Delivery System Reform (DSR) funding	2021
VT Department of Health \$250K CDC funding	2023
CSSP DULCE \$75K Private Foundation Expired 10/31/20	2020

FUTURE FUNDING?

State appropriations

Federal dollars

Medicaid (Federal/State)

Health care system
(e.g., health plans, ACO, hospitals, FQHCs,
community benefit, other)

Private philanthropic funds



How does DULCE add value?

Controlling Costs

- Focus on families with infants to reduce risks associated with higher costs
- DULCE interventions lower emergency room use and increases use of preventive services
- More complete and efficient referrals
- Better outcomes, quality and lower costs overall
- Cost avoidance and proven Return on Investment (ROI)

Innovative Care Delivery

- Evidence-based program combining key elements from several other approaches
- All families screened for SDOH
- Offers family-centered support and concrete resources
- Joint decision-making with parents
- Structured collaboration with other community providers
- Improves the work life of health care professionals
- Grounded in research about what supports infants and families need

Improving Population Health and Social Determinants of Health

- DULCE is universal for families with infants in the pediatric primary care / medical home
- Evidence-based program with proven results
- Impact on core child health measures
- Proven results in providing access to concrete supports (e.g. food pantry, SNAP, WIC, telephone services, utility discounts, legal assistance)
- Identification of and impact on system-level barriers to accessing concrete supports (i.e. Medicaid, transportation)



QUESTIONS & DISCUSSION



CONTACT INFORMATION

- Scott Johnson, Statewide Coordinator, DULCE-Vermont
scottjohnsonwatervillevt@gmail.com
- Breena Holmes, MD, FAAP, Clinical Associate Professor, Vermont Child Health Improvement Program, University of Vermont, Larner College of Medicine
breena.holmes@med.uvm.edu



Conflict of Interest Training

Board of Managers
2021



OneCare Vermont

onecarevt.org

Defining a Conflict of Interest

A **Conflict of Interest** means any Related Party Transaction or any other transaction or duality of interest that is, or could be perceived or interpreted to be, in conflict with OneCare's interest.

What does this mean?

In general, a Conflict of Interest is a circumstance in which the interests of an Key Person, or the Immediate Family of an Key Person, may conflict, or appear to conflict, with the interests of OneCare.

A Key Person cannot place their personal interests, interests of Immediate Family members, or the business interests of another organization they may be affiliated with above the interests of OneCare.

A Conflict of Interest will preclude a Key Person from participation in a decision on the issue(s) associated with the Conflict of Interest when so determined.

Definitions to Know

Key Person means any Officer, Senior Management Official, or member of a committee or Board of Managers or any other person, Workforce member or position determined by the Board to exercise substantial influence over the business affairs of OneCare.

Immediate Family means a Key Person's spouse, domestic partner, parents, grandparents, siblings (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren, and the spouses or domestic partners of parents, grandparents, siblings, children, grandchildren and great-grandchildren.

Related Party means an entity or individual in or with which a Key Person or an Immediate Family of a Key Person has, *directly or indirectly, an ownership or investment interest, a compensation or payment arrangement, or a role as a trustee, director, officer or employee.*

Related Party Transaction means any transaction, agreement or other arrangement in which a Related Party has a financial interest and with respect to which OneCare is a participant or party. It does *not* include transactions, agreements or other arrangements that affect a class of entities that includes an entity in which a Key Person has an interest, but pertain to the class and not solely that entity.

Definitions to Know, cont.

Financial Interest means a situation where an Key Person has, directly or indirectly, through business, investment, or Immediate Family:

- 1) An ownership or investment interest in any entity or individual with which OneCare has a transaction or arrangement; or
- 2) *A compensation or payment arrangement with OneCare or with any entity or individual with which OneCare has a transaction or arrangement; or*
- 3) A present or potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OneCare is negotiating a transaction or arrangement; or
- 4) *A role as a trustee, officer, director, or workforce member of any entity with which OneCare has a transaction or arrangement or is negotiating a transaction or arrangement.*

Conflict of Interest Disclosure Requirements

All Key Persons shall disclose any potential or actual Conflicts of Interest as follows:

- a. **Initial Disclosure:** Each Key Person shall complete and submit a COI Form disclosing any potential or actual Conflicts of Interest that he or she may have, prior to the commencement of his or her employment, engagement or term of Board or committee membership with OneCare.
- b. **Annual Disclosure:** Each Key Person shall submit an updated COI Form disclosing any potential or actual Conflicts of Interest that he or she may have, on an annual basis. Usually upon receipt of Conflict of Interest training.
- c. **Interim Disclosure(s):** Each Key Person shall promptly advise the Chief Compliance and Privacy Officer (“CCPO”) of OneCare of any changes to the information provided in his or her last completed COI Form, *and will complete a new COI Form if necessary.*

Interim Disclosures – Raising Conflicts of Interests During meetings of the Board or Committees

If during the course of a Board or committee meeting a Key Person believes an actual or potential Conflict of Interest may exist, the Key Person must raise the issue and disclose such information so that the Board or committee may review and refer the matter for additional action if required.

In all cases, any disclosure and discussion thereof shall be documented in meeting minutes.

Determining Whether a Conflict Exists

In determining whether a Conflict of Interest exists, the Board will consider, among other relevant factors:

1. The status of OneCare's participation in the Vermont All-Payer Accountable Care Organization Model Agreement (“All-Payer Model”) and supporting the organizations; and
2. The Board's composition intentionally includes representation of the participants in accountable care organization (“ACO”) programs with payers.
3. If an agreement or arrangement affects an entity in which a Key Person has an interest, whether the agreement or other arrangement pertains to a class of entities and not solely to an entity in which a Key Person has an interest.

Determining Whether a Conflict Exists, cont.

- Arrangements or transactions that affect a class of entities that includes an entity in which an Key Person has an Interest, but pertain to the class and not solely that entity, will in most cases *not* constitute a conflict of interest.
- By way of example, a Board Member representing a hospital may vote on a payment arrangement for hospitals that includes, but is not limited, to the hospital represented by the Board Member.
- After the disclosure of the Interest and all material facts, and after any discussion with the Key Person, the Chair may request that the Key Person leave the meeting, while the determination of whether a Conflict of Interest exists is discussed and voted upon.
- The remaining Board or committee members shall decide if a Conflict of Interest exists.

Obligations of Key Persons

- Key Persons must act in the best interests of OneCare.
- If their interest or affiliation with another organization does not prevent them from fairly evaluating the matter at issue, they may participate with the Board's approval.
- If their interest may cause them to take action or to try to influence other Board members to take action benefitting the Key Person, their participation in the matter should be limited. Specifically, they should excuse themselves from discussion and/or vote concerning the matter.
- In certain circumstances, it may be appropriate for the Key Person resign from either the OneCare Board or the other organization with which they are affiliated in order to resolve the conflict.

Obligations of Non-Interested Board Members

- Each Board member has an obligation to evaluate the opinions and recommendations made by an Key Person in light of the interest they hold.
- If an Key Person has an interest arising out of an affiliation with another organization, Board Members should consider that the Interest Person may be biased by that affiliation.
- An awareness of this possible bias, coupled with the ability of the non-interested Board Members to fairly evaluate the matter under consideration and to outvote the Key Person is sufficient to insure that the best interests of OneCare are served.
- If the Board members believe that an Key Person's Interest may result in the approval of a policy or the undertaking of activity that is not in the best interest of OneCare, the other Board Members should raise their concern and attempt to resolve this conflict.

Addressing the Conflict of Interest

If a Conflict of Interest is determined to exist it will preclude the Key Person with a Conflict from participation in a decision regarding the Related Party Transaction or other transaction or duality of interest giving rise to the Conflict of Interest.

- With respect to such decision, the Key Person with the Conflict of Interest shall:
 - Leave the meeting for the discussion;
 - Not participate in the deliberations of the body with respect to the matter; and
 - Not vote.
- The Board must review and approve any proposed Related Party Transaction before OneCare enters into the transaction. Specifically, the Board must confirm that the transaction is fair, reasonable, and in OneCare's best interest. The vote on the transaction shall be held after prior notice and full disclosure of all relevant facts to the Board (excluding the Key Person with the Conflict of Interest).
- When required by the Operating Agreement, or if the Board desires ratification by the Members (as defined by the Operating Agreement), the Board shall provide written notice to the Members of its determination to approve the Related Party Transaction, and thereafter the Members, in good faith, shall reasonably determine, based on available data, that the transaction is fair to OneCare and approve the arrangement or transaction.

Documentation Requirements of a Conflict of Interest Review

Documentation for reviewing and/or approving an arrangement or transaction involving a Key Person with a Conflict of Interest shall be documented in the minutes of the Board or Committee of the Board, and shall include the following:

1. the names of the persons who disclosed or otherwise were found to have a Conflict of Interest,
2. the nature of the Conflict of Interest,
3. any action(s) taken to determine whether a Conflict of Interest existed,
4. the decision as to whether a Conflict of Interest in fact existed
5. the names of the persons who were present for discussions of the Conflict of Interest,
6. the content of the discussion (e.g. summary of discussion) including any alternatives to the proposed transaction or arrangement, and
7. A record of votes taken in connection with the transaction or arrangement giving rise to the potential Conflict of Interest in question.

Violations

- If the Chair of the Board or Committee, or Designee if the Key Person with a Conflict of Interest is the Chair, has reasonable cause to believe that a Key Person has failed to disclose a Conflict of Interest, in consultation with the CCPO, he or she shall inform the Key Person of the basis for such belief in writing and afford the Key Person an opportunity to explain the alleged violation.
- If after receiving the response of the Key Person and making such further investigation as may be warranted the Board determines that the Key Person has in fact failed to disclose a Conflict of Interest, the Chair shall direct that appropriate disciplinary and/or corrective action, which may include termination of employment with OneCare and/or termination of appointment to the Board or Committee, be taken.
- In cases where such violation results in **significant damage** to the interests of OneCare, civil action may be initiated if appropriate.

Completing the OneCare COI Form



Conflict of Interest Questionnaire and Certification Form

Name: _____

Interest with OneCare (e.g. Position, Committee, etc.): _____

Employer: _____ Position: _____

Do you, or an Immediate Family Member, have any of the following Interests:

1. An ownership or investment interest in any entity or individual with which OneCare has a transaction or arrangement? No Yes If yes, please describe:

A Key Person's failure to complete a COI Form shall be deemed a violation of OneCare's Conflict of Interest Policy.

Please complete the top portion of the COI Form, including employer and position.

Question 1:

Select No or Yes *and if Yes* provide a brief description of the ownership or investment interest you or an immediate family member have with an entity OneCare has a transaction or arrangement relationship, e.g. Network Members, providers, insurance companies, etc.

Completing the OneCare COI Form, cont.

2. A compensation or payment arrangement with OneCare or with any entity or individual with which OneCare has a transaction or arrangement? No Yes If yes, please describe:

3. A present or potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OneCare is negotiating a transaction or arrangement?

No Yes If yes, please describe:

Question 3:

Select No or Yes *and if Yes* provide a brief description of the ownership or investment interest or compensation or payment arrangement with an entity OneCare is currently negotiating a transaction or arrangement? Eg. Network members, etc. PLUS potential Network Members, vendors including software and data storage companies, etc.

Question 2:

Select No or Yes *and if Yes* provide a brief description of the compensation or payment arrangement you or an immediate family member have with OneCare or an entity OneCare has a transaction or arrangement relationship, e.g. Network Members, providers, insurance companies, etc.

Completing the OneCare COI Form, cont.

4. A role as a trustee, officer, director, employee, or workforce member of any entity with which OneCare has, or is negotiating, a transaction or arrangement? _____ No _____ Yes If yes, please describe:

Submission of this questionnaire certifies that I have read and understand OneCare Vermont's Policy 07-06 *Conflicts of Interest* and, to the best of my knowledge, my answers to the questions above are true and complete to my knowledge. If at any time after the date hereof, I or a member of my Immediate Family acquires a Personal Interest that was not previously disclosed, I agree to submit a revised Conflict of Interest Questionnaire and Certification.

Signature

Date

Printed Name

Please read the acknowledgment statement, sign and date and print your name.

If you have any questions, please contact Compliance.

Question 4: Select No or Yes *and if Yes* provide a brief description of the role or employee relationship you or an immediate family member have with an entity OneCare has or is negotiating a transaction or arrangement? Eg. Network members, etc. PLUS potential Network Members, vendors including software and data storage companies, etc. ***OneCare Workforce should disclose UVMHC as their employer.***

Speak Up about Compliance Concerns

OneCare Workforce and Member Network have a **duty to report** possible misconduct or violations of law. If you have a compliance question or concern, you should:

- Inform your supervisor or manager, or
- Report your concern directly to the Chief Compliance and Privacy Officer (CCPO), or
- Report the concern through the Compliance Hotline, which you may do **anonymously**.

Chief Compliance and Privacy Officer: Compliance@OneCareVT.org

Anonymous inquiries or reports can be made by phone to the OneCare Compliance Hotline at:

Local: 802-847-7220

Toll-free: 877-644-7176, Option 3



**ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC
CONFLICTS OF INTEREST QUESTIONNAIRE AND CERTIFICATION**

This Conflicts of Interest Questionnaire and Certification (“COI Form”) must be completed annually, and as necessary thereafter, to disclose Conflicts or potential Conflicts by members of the Board of Managers and Sub-Committees of the Board, and Key Persons doing business for or on behalf of OneCare Vermont.

The following definitions are from Policy 07-06 *Conflicts of Interest*:

“Conflict of Interest” or “COI” means any Related Party Transaction or any other transaction or duality of interest that is, or could be perceived or interpreted to be, in conflict with OneCare’s interest.

“Financial Interest” means a situation where an Interested Person has, directly or indirectly, through business, investment, or Immediate Family:

- (1) An ownership or investment interest in any entity or individual with which OneCare has a transaction or arrangement; or
- (2) A compensation or payment arrangement with OneCare or with any entity or individual with which OneCare has a transaction or arrangement; or
- (3) A present or potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OneCare is negotiating a transaction or arrangement; or
- (4) A role as a trustee, officer, director, or workforce member of any entity with which OneCare has a transaction or arrangement or is negotiating a transaction or arrangement.

“Immediate Family” means a Key Person’s spouse, domestic partner, parents, grandparents, siblings (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren, and the spouses or domestic partners of parents, grandparents, siblings, children, grandchildren and great-grandchildren.

“Key Person” means any Officer, Senior Management Official, or member of a committee or Board or any other person, Workforce member or position determined by the Board to exercise substantial influence over the business affairs of OneCare.

“Related Party” means an entity or individual in or with which a Key Person or an Immediate Family of a Key Person has, directly or indirectly, an ownership or investment interest, a compensation or payment arrangement, or a role as a trustee, director, officer or employee.

“Related Party Transaction” means any transaction, agreement or other arrangement in which a Related Party has a financial interest and with respect to which OneCare is a participant or party. A Related Party Transaction shall not include transactions, agreements or other arrangements that affect a class of entities that includes an entity in which a Key Person has an interest, but pertain to the class and not solely that entity.



Conflict of Interest Questionnaire and Certification Form

Name: _____

Interest with OneCare (e.g. Position, Committee, etc.): _____

Employer: _____ Position: _____

Do you, or an Immediate Family Member, have any of the following Interests:

1. An ownership or investment interest in any entity or individual with which OneCare has a transaction or arrangement? _____ No _____ Yes If yes, please describe:

2. A compensation or payment arrangement with OneCare or with any entity or individual with which OneCare has a transaction or arrangement? _____ No _____ Yes If yes, please describe:

3. A present or potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which OneCare is negotiating a transaction or arrangement? _____ No _____ Yes If yes, please describe:

4. A role as a trustee, officer, director, employee, or workforce member of any entity with which OneCare has, or is negotiating, a transaction or arrangement? _____ No _____ Yes If yes, please describe:

Submission of this questionnaire certifies that I have read and understand OneCare Vermont's Policy *07-06 Conflicts of Interest* and, to the best of my knowledge, my answers to the questions above are true and complete to my knowledge. If at any time after the date hereof, I or a member of my Immediate Family acquires a Personal Interest that was not previously disclosed, I agree to submit a revised Conflict of Interest Questionnaire and Certification.

Signature

Date

Printed Name