



OneCare Vermont Accountable Care Organization, LLC Board of Managers Meeting Agenda

**November 16, 2021
4:30 p.m. – 6:00 p.m.
Zoom Meeting**

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements <ul style="list-style-type: none"> Welcome Dr. Carrie Wulfman, OneCare CMO 	John Brumsted, MD
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public	John Brumsted, MD
4:33 p.m.	Consent Agenda Items* <i>Vote to Approve Consent Agenda Items</i>	John Brumsted, MD
4:35 p.m.	Governance* <i>Vote to Approve Resolution Appointing At Large Representative to the Board of Managers</i> <i>Vote to Approve Resolution Appointing and Endorsing Representatives to the Board of Managers</i>	John Brumsted, MD
4:40 p.m.	2020 Quality Measure Scorecards*	Josiah Mueller
4:50 p.m.	Public Comment Move to Executive Session* <i>Vote to Approve Resolution to Move to Executive Session</i>	John Brumsted, MD
5:55 p.m.	Votes 1. Approve Executive Session Consent Agenda Items	John Brumsted, MD
6:00 p.m.	Adjourn	John Brumsted, MD

*Denotes Attachments

Attachments:

- 1.** Consent Agenda Items
 - a. Draft OneCare Public Session Minutes October 19, 2021
 - b. Board Committee Reports November 2021
 - c. Financial Statement Package September 2021

- d. Public Affairs Report November 2021
 - e. Summary of Policy Changes
 - f. 05-01 Contract Management
 - g. 06-01 Documentation and Maintenance of Records
 - h. 06-03 Policy on Policy Management
 - i. 07-07 Code of Conduct
2. Governance
- a. Resolution Appointing At Large Representative to the Board of Managers
 - b. Resolution Appointing Representatives to the Board of Managers
3. 2020 Quality Measure Scorecards Presentation
4. Resolution to Move to Executive Session



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
October 19, 2021**

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 October 19, 2021.

I. Call to Order and Board Announcements

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

II. Welcome Board Managers, Invited Guests, and Members of the Public

Chair Brumsted welcomed members of the public in attendance.

III. Consent Agenda Items

As part of the distributed pre-meeting materials, the Board received Consent Agenda Items including: (1) Draft of OneCare Public Session Minutes September 21, 2021; (2) Board Committee Reports October 2021; (3) Financial Statement Package August 2021; and (4) Public Affairs Report October 2021. An opportunity for discussion of any of these items was offered.

A Motion to Approve the Consent Agenda Items was made by M. Costa, seconded by T. Dee and approved by a majority vote of the Managers present. C. Kohaut, Dr. A. Trout, and J. Sayles were not present for the vote.

IV. CEO Strategy Discussion

Vicki Loner, Chief Executive Officer, described OneCare’s ongoing diversity, equity, and inclusion (DEI) governance activities with consultant Stephen Graves. During September, Stephen facilitated two focus groups with Black, Indigenous and People of Color (BIPOC) and Mr. Graves will conduct a focus group of people with disabilities and their caregivers in November. BIPOC focus group participants shared that the health care system lacks equity for people of color and asked for OneCare to be accountable for DEI efforts in governance.

Management will share the results of the second focus group and propose next steps with the Board before the end of 2021. The Board discussed diversity efforts and that UVMHN will consider DEI when appointing Board Managers and when nominating a Board Manager to represent the academic medical center in Vermont serving Vermonters.

V. Governance

Chair Brumsted introduced the resolution to appoint Managers to the OneCare Board. Dr. Brumsted described the candidates' qualifications and offered an opportunity for discussion.

A Motion to move to Approve the Resolution Appointing Representatives to the Board of Managers was made by Dr. J. Saroyan, seconded by T. Dee and was approved by a unanimous, supermajority vote. B. Davis and S. Lowell recused themselves from the vote. J. Sayles and Dr. A. Trout were not present from the vote. Steve LeBlanc attended as a member of the public before the vote and then as a Board member after the Resolution appointing him was passed.

VI. Budget Submission Communications

Amy Bodette, Director Public Affairs, shared that OneCare submitted its 2022 budget to the GMCB on October 1st and materials are available on their website. Ms. Bodette reviewed highlights of a 1-page summary of key facts in the budget for Board Managers, including the tenfold increase in participation in the network since 2017 and continued investments in population health management. Ms. Bodette invited Managers to consider information in this summary when submitting letters of support and stories from their communities with the GMCB through public comment submissions. The public comment period for OneCare's budget submission is open. An opportunity for discussion was offered.

VII. Annual Compliance Training

Gregory Daniels, Chief Compliance and Privacy Officer, presented annual compliance training to the members of OneCare's Board. This presentation included a PPT deck and additional explanatory comments and responses to clarifying questions of Board Members. Ms. Loner provided additional background regarding OneCare's Compliance Program by reminding the Members of a program review conducted by the law firm Nixon Peabody in late 2019, whose findings and recommendations were presented to the Board in early 2020. The Compliance Training PPT deck has been included in the Board's public session materials.

In conjunction with the Compliance Training, Mr. Daniels described the current state of OneCare's efforts in conducting regular screening of providers and organizations against the OIG and SAM Exclusions List using identifiers such as NPIs, DUNS numbers, and CAGE Codes, referred to collectively as debarment screening, and shared plans to expand this process in the coming year to include confirmation that Network Members are also conducting regular debarment screenings for their employees.

VIII. Public Comment

There were no comments from the public.

IX. Move to Executive Session

A Motion to move to Approve the Resolution to Move to Executive Session was made by Dr. J. Saroyan, seconded by M. Costa and was approved by a unanimous vote.

X. Votes

1. Executive Session Consent Agenda Items – Approved by Majority.

XI. Adjournment

Upon a Motion made, seconded, and approved by a unanimous vote, the meeting adjourned at 5:35 p.m.

Attendance:

OneCare Board Members

- | | | |
|---|---|---|
| <input type="checkbox"/> Dan Bennett | <input type="checkbox"/> Steve Gordon | <input checked="" type="checkbox"/> Toby Sadkin, MD |
| <input checked="" type="checkbox"/> Bob Bick | <input checked="" type="checkbox"/> Coleen Kohaut | <input checked="" type="checkbox"/> John Saroyan, MD |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input checked="" type="checkbox"/> Steve LeBlanc | <input checked="" type="checkbox"/> John Sayles |
| <input checked="" type="checkbox"/> Michael Costa | <input checked="" type="checkbox"/> Sierra Lowell | <input checked="" type="checkbox"/> Adriane Trout, MD |
| <input checked="" type="checkbox"/> Betsy Davis | <input checked="" type="checkbox"/> Stuart May | <input checked="" type="checkbox"/> Cynthia Turner |
| <input checked="" type="checkbox"/> Tom Dee | <input checked="" type="checkbox"/> Robert Pierattini, MD | <input checked="" type="checkbox"/> Rick Vincent |
| <input type="checkbox"/> Claudio Fort | | |

C. Kohaut joined the meeting at 4:40 p.m.

J. Sayles joined the meeting at 4:50 p.m.

Dr. A. Trout joined the meeting at 5:00 p.m.

OneCare Risk Strategy Committee

- | | | |
|--|--|--|
| <input type="checkbox"/> Dean French, MD | <input checked="" type="checkbox"/> Brian Nall | <input checked="" type="checkbox"/> Shawn Tester |
| <input type="checkbox"/> Steve Leffler, MD | | |

B. Nall joined the meeting at 4:45 p.m.

OneCare Leadership and Staff

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Vicki Loner | <input checked="" type="checkbox"/> Tom Borys | <input checked="" type="checkbox"/> Carrie Wulfman, MD |
| <input checked="" type="checkbox"/> Sara Barry | <input checked="" type="checkbox"/> Amy Bodette | <input type="checkbox"/> Linda Cohen, Esq. |
| <input checked="" type="checkbox"/> Greg Daniels, Esq. | <input checked="" type="checkbox"/> Derek Raynes | <input checked="" type="checkbox"/> Lucie Garand |
| | | <input checked="" type="checkbox"/> Ginger Irish |

Dr. C. Wulfman joined the meeting at 5:00 p.m.

Invited Guests

None.

DRAFT FOR APPROVAL

OneCare Board of Managers Committee Reports

November 2021

Executive Committee (meets monthly)

At its November 2 meeting, the executive committee discussed and nominated candidates to the Board of Managers. The committee discussed progress toward OneCare's 2021 goals and the CEO evaluation. The committee is next scheduled to meet on December 2, 2021.

Finance Committee (meets monthly)

At its November 9 meeting, the committee approved the September financial statements and the October meeting minutes. 2022 Payer Program term sheets for all payers (Medicare, Medicaid, BCBSVT and MVP) were shared and discussed. The committee discussed the unreconciled AIPBP concept. The committee discussed the 2020 Medicaid Settlement and approved the 2020 VBIF Distribution materials. The meeting wrapped up with the brief review of the 990 background and documents. The committee meets next on December 8, 2021.

Population Health Strategy Committee (meets monthly)

At its October 27 meeting, Dr. Carrie Wulfman introduced herself as the incoming OneCare Chief Medical Officer and committee members introduced themselves. The meeting focused on the future cadence of the committee, topic planning, and meeting timing. The committee met again on November 9 to review and discuss MVP Quality Performance for Program Year 2020. The committee meets next on December 13, 2021.

Patient & Family Advisory Committee (meets monthly)

At its October 26 meeting, representatives from the Office of the Health Care Advocate (OHCA) Mike Fisher and Marjorie Stinchcombe met with committee members and discussed the OHCA's role supporting Vermonters, the public health emergency, access to medical care, public perception of OneCare Vermont, and telehealth. The committee discussed public affairs including OneCare's social media platforms, media coverage, and recent governance changes. The committee next meets on November 23, 2021.

Clinical & Quality Advisory Committee (meets bi-monthly)

This committee meets next on December 9, 2021.

Pediatric Subcommittee (meets bi-monthly)

The next committee meeting is currently being scheduled.

Laboratory Subcommittee (meets quarterly)

The next committee meeting is currently being scheduled.

Prevention and Health Promotion Advisory Committee (meets quarterly)

The next committee meeting is being scheduled and is anticipated to occur in January 2022.

Audit Committee (meets quarterly)

At its November 4 meeting, the Audit Committee discussed control procedure recommendations, reviewed and approved policies, and discussed the Compliance Work Plan status update. The committee also recommended the CCPO quarterly report to the Board of Managers for approval. The committee is next scheduled to meet on February 10, 2022.

OneCare Vermont
Statement of Financial Position
For the Periods Ended

	9/30/2021	8/31/2021	Variance
<u>ASSETS</u>			
Current assets:			
Unrestricted Cash	25,964,395	12,197,942	13,766,453
OCV Reserve Funding	4,000,000	4,000,000	-
Advance Funding-Medicaid	12,043,802	12,112,064	(68,262)
Oustanding VBIF	4,209,091	5,256,780	(1,047,688)
Deferred par fees	2,572,101	2,572,101	-
Undistributed Grant Funding	-	-	-
Undistributed Medicare - 2019	-	-	-
Total Cash	48,789,389	36,138,887	12,650,502
Network Receivable	60,157	120,214	(60,057)
Network Receivable-Settlement	15,109,886	24,614,340	(9,504,453)
Other Receivable	758,281	763,580	(5,299)
Other Receivable-Settlement	16,735,347	24,647,158	(7,911,811)
Prepaid Expense	555,056	1,393,613	(838,557)
Property and equipment (net)	33,622	34,212	(590)
TOTAL ASSETS	82,041,739	87,712,003	(5,670,264)
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses - Accounts payable	580,453	452,664	127,788
Accrued Expenses Deliverables	-	19,300	(19,300)
Accrued PHM Expenses (payors)	1,074,441	1,067,879	6,562
Accrued Expenses	1,654,894	1,539,844	115,050
Accrued Expenses -Settlement	38,053,776	38,053,777	(1)
Network Payable	6,478,286	10,097,799	(3,619,513)
Network Payable-settlement	10,934,791	11,811,487	(876,696)
Notes Payable	-	-	-
CTO Liability	497,388	491,984	5,404
Payroll accrual	169,727	141,489	28,238
Deferred Income	15,331,009	17,561,272	(2,230,263)
Deferred Grant Income	-	-	-
Due to Related Parties - UVMMC	3,074,789	3,307,202	(232,413)
Due to Related Parties - DHH	-	-	-
Total Liabilities	76,194,660	83,004,854	(6,810,194)
Net assets:			
Unrestricted - UVMMC	2,843,214	2,843,214	-
Unrestricted - DHH	2,843,214	2,843,214	-
Current Year Profit to Date	160,651	(979,278)	1,139,930
Total net assets	5,847,079	4,707,149	1,139,930
TOTAL LIABILITIES AND NET ASSETS	82,041,739	87,712,003	(5,670,264)

OneCare Vermont

Surplus & Loss Statement: YTD September 2021

	Annual Budget	September Actual	Monthly Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Drivers
Fixed Prospective Payments Funding	407,254,322	34,136,984	33,937,860	199,124	308,969,920	305,440,742	3,529,179	Rate (↓), Attribution (flat) Medicaid HIT funds offset by attribution increases.
Payor Contracts Funding	11,923,620	910,303	993,635	(83,332)	8,400,247	8,942,715	(542,468)	DSR Contract not executed
DSR Funding	2,900,000	-	241,667	(241,667)	-	2,175,000	(2,175,000)	Contract Terms (entry pending)
Other Funding	10,472,186	810,766	872,682	(61,916)	6,827,113	7,854,139	(1,027,027)	
Settlement Income	-	-	-	-	5,300,310	-	5,300,310	
Deferred Participation Fees (prior year)	2,288,937	1,276,548	190,745	1,085,803	1,439,212	1,716,703	(277,491)	Spend of deferred par fees - Timing
Participation Fees	15,056,520	1,254,710	1,254,710	(0)	11,292,390	11,292,390	0	Budget
Total Funding	449,895,585	38,389,310	37,491,299	898,012	342,229,192	337,421,689	4,807,503	
Fixed Payments	405,100,213	33,911,694	33,758,351	(153,343)	306,766,928	303,825,159	(2,941,768)	Rate (↓), Attribution (flat)
Populations Health Mgmt Payment	8,489,946	736,479	707,496	(28,984)	6,766,250	6,367,460	(398,790)	Attribution (↑)
Complex Care Coordination Program	6,459,185	467,470	538,265	70,795	4,093,830	4,844,388	750,558	Network Activity (↓)
Value-Based Incentive Fund	2,235,990	186,332	186,332	0	1,676,992	1,676,992	0	Booked to Budget
Blueprint Funding	8,767,133	730,594	730,594	(0)	6,575,350	6,575,350	(0)	Per SOV Rpt
Other PHM Programs	2,937,460	76,316	244,788	168,472	1,060,010	2,203,095	1,143,085	Contract Status
Settlement Expense	-	(1)	-	1	5,289,224	-	(5,289,224)	
PHM Expenses	433,989,926	36,108,886	36,165,827	56,941	332,228,584	325,492,445	(6,736,139)	
					-	-	-	Hiring patterns (↓)
Salaries and Fringe	9,646,062	681,829	803,838	122,009	6,144,568	7,234,546	1,089,979	
Purchased Services	1,180,148	80,783	98,346	17,562	680,734	885,111	204,377	Incurred Costs (↓) -Legal
Contract & Maintenance	263,000	62,665	21,917	(40,748)	241,533	197,250	(44,283)	Incurred Costs (↑)
Lease & Rental	427,522	28,640	35,627	6,987	267,957	320,642	52,684	Incurred Costs (↓)
Utilities	44,050	2,154	3,671	1,517	20,538	33,038	12,499	Incurred Costs (↓)
Other Expenses	4,344,877	284,423	362,073	77,650	2,484,626	3,258,657	774,031	Incurred Costs (↓)
Operating Expenses	15,905,658	1,140,495	1,325,472	184,977	9,839,956	11,929,244	2,089,287	Incurred Costs (↓)
Total Expenses	449,895,585	37,249,381	37,491,299	241,918	342,068,541	337,421,689	(4,646,852)	
Net Income (Loss)	(0)	1,139,930	(0)	1,139,930	160,651	(0)	160,651	



OneCare Vermont

Public Affairs Report | November 2021

Media Coverage

Sadkin & Trout: Early adopters of OneCare making progress together

[November 10, 2021, VTDigger](#)

In this commentary, Dr. Toby Sadkin and Dr. Adriane Trout give support of OneCare Vermont—both of its work so far, in particular with the Comprehensive Payment Reform model, and for OneCare’s 2022 budget so it can continue its important work to reform healthcare.

VTDigger Sponsored Spotlight: Changing the Way We Pay for Health Care as a Path to Better Care

[October 18, 2021, VTDigger](#)

This is a paid sponsored spotlight article OneCare placed in VTDigger and authored by OneCare’s public affairs team. The write-up is based on the payment reform video put together to give an overview of OneCare’s payment reform core capability. The article has the video embedded and includes quotes from the video interview with Dan Bennett, CEO of Gifford Health Care, and Dr. Josh White, CMO of Gifford Health Care. Additional ads driving to the [payment reform video and supporting article](#) were placed in three editions of the Daily Digger in the week of October 17, and on the VTDigger website from mid-October to mid-November.

Vicki Loner: Value-Based Care Better Serves our Providers and Community

[October 15, 2021, Brattleboro Reformer](#)

This commentary was in the October Public Affairs report as it was published in VTDigger and the Caledonian Record as well. It was published here in the Brattleboro Reformer later in the month.

This is an opinion piece from Vicki Loner to highlight our budget submission to the GMCB and how it “balances the benefit of investment in our system’s transition to value-based care with the costs to our participating hospitals, recognizing the economic hardship this pandemic has brought to our provider partners.” Loner also notes that the budget reflects our principles and continued efforts to realize a value-based health care system for our state.

Government Relations

State Legislative Update

The Task Force on Affordable, Accessible Health Care met on Thursday October 28 with Health System Transformation consultants Joshua Slen, Beth Waldman, and Tim Hill. The consultants provided information on the process to develop a rank order of options into three tiers based on stakeholder feedback and costs/benefits. Stakeholder discussions resulted in breaking the list of options into three tiers (Top, Middle and Bottom). They presented analysis of all the options in three tiers as well as white papers for the seven options in the top tier. The options include:

- [Public Option](#)
- [Medicaid Post-Partum Coverage](#)
- [Remote Access to Health Care Services](#)
- [Extend Moderate Needs Supports](#)
- [Cost Growth Containment/Affordability Boards/ Affordability Standards](#)
- [Expand VT Blueprint for Health, e.g., improved analytics, reduce cost sharing, increase access to mental health and maternal health services](#)
- [Legislation directed at Pharmacy Benefit Managers \(PBMs\)](#)

The consultants [outlined](#) their work and steps taken since the last task force meeting which included 14 stakeholder meetings to review the [“list of options”](#) presented previously. They focused on their discussions and work on the cost/benefit variables including:

- Household affordability impact – (number of people x level of change)
- Accessibility impact – (number of people x level of change)
- Time frame and legislative or programmatic lift
- Health equity impact
- Level of federal involvement (waivers needed)
- State/federal savings or cost

The consultants will continue to meet with the co-chairs weekly. The next meeting is scheduled for November 22.

Green Mountain Care Board

The Green Mountain Care Board (GMCB) met on October 13 where the GMCB presented the [Draft GMCB 2022-2023 Analytics Plan](#). The Board also was [presented](#) with draft budget guidance and reporting requirements for Medicare Only Non-Certified ACO's. The streamlined guidance was developed in response to Clover Health's (direct contracting entity) request for a waiver from the GMCB Rule 5.4 on annual budget review and approval and 5.5 on monitoring and oversight. The guidance was developed in collaboration with Clover Health and the Health Care Advocate. The scope of guidance would apply only for an ACO that is not certified by the GMCB, is participating only with Medicare and not Medicaid or any commercial payers, and that has less than 10,000 attributed lives in the State of Vermont. The guidance would apply to any ACO that fits this criteria. The draft guidance which was subsequently approved at the Board's October 20 meeting can be found [here](#).

In addition to approving the above Medicare only ACO guidance at its October 20 meeting, Ena Backus Director of Health Reform for the Agency of Human Services, [presented](#) to the board the draft of the State's [Health Care Workforce Development Strategic Plan](#).

On October 27, the GMCB had a full day of presentations focused on Hospital Sustainable and Healthcare Affordability. The GMCB staff [presented](#) a summary overview of the current environment in Vermont and the ongoing analysis the board is undertaking with regards to Affordability and Sustainability, followed by Mark Podrazik of Health Management Associates who presented the [Examination of Payment and Cost Coverage Variation Across Payers for Hospital Services](#). The Berkley Research Group presented on [VT Hospital Quality Review and Capacity Planning in Preparation for Value Based Care](#) and provided a summary of opportunities the state and healthcare system could potentially explore that focused on hospital sustainability leading up to 2026.

At the November 3 meeting the Board continued their discussion around the Draft Health Care Workforce Development Strategic Plan and at the November 10 Meeting, after a staff [introduction presentation](#), OneCare Vermont Leadership spent the day presenting and answering questions from the GMCB and the Health Care Advocate regarding [OneCare's proposed 2022 Budget](#). Public Comment is being accepted on OneCare's Budget through December 1. Public comment already submitted can be viewed [here](#).

Outreach and Advocacy

OneCare's Primary Prevention Program's Fall Biking Bash

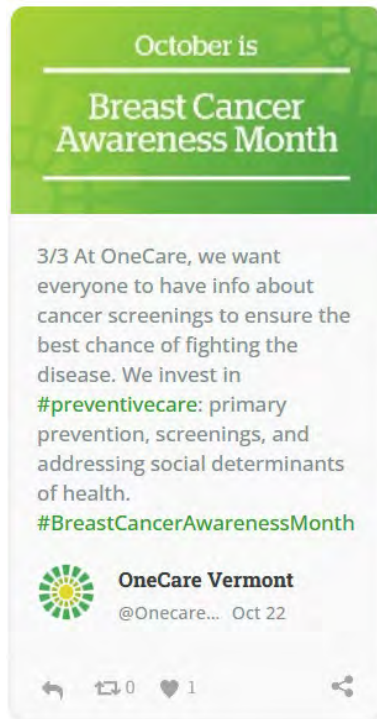
One October 24, OneCare's RiseVT sponsored a Fall Biking Bash at Brighton Elementary School in Island Pond. The program was developed in response to many children not wearing helmets while riding to school. The event included a free helmet giveaway and brought in a professional rider to be a role model and emphasize safety measures who held a skills clinic and even made some bike repairs while at the event.

Social Media Highlights

We emphasized the urgency of getting the flu shot as part of our preventive care focus by sharing resources from one of our participating hospitals, UVMMC; and NPR:

An important message from one of our participating hospitals, The University of Vermont Medical Center: please share!! The ongoing COVID-19 pandemic makes getting your flu shot more important than ever. Flu and COVID-19 have similar symptoms, and both can be serious enough to require hospitalization. Reducing your flu risk with a vaccine means one less thing to worry about. It also means you'll help reduce the burden on our health care system and workers who remain very busy responding to COVID-19. More on flu prevention here via UVMMC: <https://www.uvmhealth.org/health-wellness/flu-prevention>. Unless otherwise recommended by your provider, you can get both your flu shot and a COVID-19 vaccine (or booster, when available and eligible) during the same visit. Check out this thoughtful article from NPR on more key reasons to get the flu shot ASAP. <https://www.npr.org/sections/health-shots/2021/09/07/1033756464/flu-shot-covid-booster> #prevention #preventionworks #gettheshot #getvaccinated #flushot #covidshot #vt #vermont

We highlighted the ongoing importance of screenings as part of preventive care, which keeps health costs down; as well as bringing special awareness to the unique health care challenges by individuals who identify as LGBTQIA+:



October is #BreastCancerAwarenessMonth and a great reminder to schedule your mammogram, especially if it was delayed due to the pandemic. Mammograms are an important screening tool for detecting cancer early, when it is most curable. At OneCare, we want to ensure everyone has information about appropriate cancer screenings to ensure the best chance of fighting the disease. OneCare supports health care for all Vermonters by making investments in preventive care: primary prevention, screenings, and addressing social determinants of health. Learn more about mammograms and screening recommendations via The University of Vermont Health Network: <https://www.uvmhealth.org/medcenter/conditions-and-treatments/mammograms/what-you-need-to-know>. The Pride Center of Vermont recently published an article rounding up information to ensure access to safe, judgement-free care no matter your identity: <https://www.pridecentervt.org/2021/10/01/lgbtq-breast-cancer-awareness-month/> #BreastCancerAwarenessMonth #BreastCancer #Prevention #dontdelaycare #CancerScreening #BreastCancerScreening #LGBTQ #PRIDEInHealth #OurHealthMatters #CancerDisparities #LGBTQhealth #lgbtcancer #healthequity

In support of National Depression and Mental Health Screening Month (October) and World Mental Health Day (October 10) and in alignment with our goals of facilitating access to mental health services and incorporating it into a holistic approach to care as a key strategy in improving quality of care and health outcomes in Vermont; we shared resources and training from our partners at VT Suicide Prevention Center (VTSPC) to help prevent suicide in Vermont:

Our partners at the Vermont Suicide Prevention Center (VTSPC) are offering a FREE ongoing Zero Suicide training series this fall - foundational training begins tomorrow, October 15! Health care providers and other stakeholders who are interested in the topic of suicide prevention may want to sign up for this valuable and educational series. Here are some more details:

Zero Suicide is a framework that focuses on the evidence-based foundation that suicide is preventable. This training series offers staff development and awareness building within the Zero Suicide framework. Zero Suicide promotes the goal of zero suicides among persons under care in health systems. To register for the Zero Suicide training series, or to learn more, visit: <https://vtspc.org/events-training>. Also of interest is VTSPC's Umatter suite of trainings - a great series for those who may not have experience talking about suicide and those who would like a refresher on this content - for which more information is also available at the above link.

Why "Umatter™"? Everyone has a place in the Big Picture. Everyone has a contribution to make, something important to do, and a purpose waiting to be fulfilled. We want to give people the message that feeling down or depressed is a common experience. Reaching out for help is a healthy response and,

when trauma hits, help is especially important. Asking for help does not mean that they are helpless or that they cannot do things on their own. It is an act of courage, not a sign of weakness. We want people to know that they can go to a trusted peer or adult for help and they will be able to respond or connect them to professionals who can help. We want to offer hope by helping people connect to their family, their friends, their community, and helping professionals. We must learn to make these connections for each person individually by focusing more on their assets than on their liabilities, building on their strengths, and offering support. #suicideprevention #suicideawareness #mentalhealthawareness #mentalhealthmatters #vt #vermont #selfcare

Care Navigator User Group

December 17, 9:30 - 10:30 a.m.

At OneCare's bimonthly Care Navigator user group call, you will have the opportunity to identify community needs that OneCare can support you with and can participate in active discussion regarding roll-out suggestions, tips from the field, issues, and questions. Attendees will also receive updates on new features and system enhancements, hear news about what may be coming up in payment reform trainings, and learn about other healthcare happenings. This meeting is open to all Care Navigator live environment users to create a community around the tool and support collective learning. Each month we will have a different focus and unique information. Slides and information will be sent following the call. [Click here to join the Care Navigator user group call.](#)

Follow Us

You can keep up with OneCare on our [blog](#), [LinkedIn](#), and [Twitter](#) (@OnecareVermont) and with OneCare's primary prevention program RiseVT on [Facebook](#), [Instagram](#), and [YouTube](#). 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.

Board of Managers Summary of Policy Changes

Public Session

November 2021

OneCare leadership has reviewed and recommends the following policy for approval by the Board of Managers.

- **05-01 Contract Management**
 - **Purpose:** To establish a uniform policy for drafting, review, approval, execution, management, and retention of contracts to ensure that OneCare’s contractual arrangements are lawful, consistent with business interests, and comply with Policies and Procedures.
 - **Key Changes:** This policy was updated to include new definitions and to expand “exceptions” to the policy, including the use of a purchasing credit card in lieu of a contract. Additional edits are for the purpose of improved clarity and specificity.
 - **Committee Endorsement:** N/A
- **06-01 Record Retention**
 - **Purpose:** To establish guidelines for the retention and disposal of records that are created and maintained by OneCare.
 - **Key Changes:** This policy was updated to include the addition of litigation and audit hold guidelines, the removal of medical record requirements that are covered by participant agreements, and clarification of ACO scope and applicable references.
 - **Committee Endorsement:** N/A
- **06-03 Policy Management**
 - **Purpose:** To establish uniform guidelines for the development, review, approval, and management of OneCare policies.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity and role definition.
 - **Committee Endorsement:** N/A
- **07-07 Code of Conduct**
 - **Purpose:** To set forth OneCare’s commitment that all persons employed by and entities engaged in business with OneCare will strive to act in a manner that promotes OneCare’s mission, is consistent with OneCare’s values and complies with all applicable laws, regulations, policies, regulatory and ethical standards as outlined in the Policy.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity and to reflect recently approved mission, vision and values.
 - **Committee Endorsement:** Compliance Committee (9/17/21), Audit Committee (11/4/21)

Policy Number & Title:	05-01 Contract Management
Responsible Department:	Contracting
Author:	Martita Giard, Director, ACO Contracting
Original Implementation Date:	July 1, 2020
Revision Effective Date:	November 16, 2021

- I. **Purpose:** To establish a uniform policy for drafting, review, approval, execution, management, and retention of contracts involving OneCare Vermont Accountable Care Organization, LLC (“OneCare”) to ensure that its contractual arrangements are lawful, consistent with business interests, and comply with Policies and Procedures.
- II. **Scope:** Applicable to OneCare and its Workforce, and any Contract to which OneCare is a party.
- III. **Definitions:** Capitalized terms have the same definition as defined in OneCare’s *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

ACO Legal Counsel refers to the designated legal representative for OneCare, with the authority and responsibility (through employment or contractual arrangement) to review and approve the legal terms and conditions for a Contract. ACO Legal Counsel shall be engaged at appropriate times throughout the contracting process and must provide Legal Review before any Contract is signed by a Responsible Signatory.

Business Lead refers to a representative of the business unit or department requesting the Contract. The Business Lead shall: (i) provide the business, technical and pricing terms, goals and information reasonably necessary for the Contract to reflect the arrangement desired; (ii) liaise with the Contracting Department to secure information, answer questions, provide support for the contracting process; (iii) assist to implement and monitor the Contract and, (iv) provide support for renewal and termination decisions.

Business Review refers to the process by which a Contract is reviewed by the Business Lead, other identified subject matter experts, and the Contracting Department to assure that the terms of the Contract are consistent with the business goals and objectives of OneCare. The Business Review shall be consistent with other applicable Policies of OneCare.

Contract refers to any form of promise or agreement intended to bind OneCare or that may potentially be enforced against OneCare by another party, regardless of its format. This includes, but is not limited to, memorandum of understanding, letter of intent, lease, letter agreement, settlement agreement and amendments to existing agreements.

Contract Liaison refers to a representative of the OneCare Contracting Department responsible for drafting, reviewing, and managing contracting processes as set forth in this Policy. In no circumstance will the Contract Liaison have the authority to make legal determinations or legal decisions.

Legal Review refers to the process by which Contracts, other than those given exception from this Policy, are reviewed by ACO Legal Counsel, or his/her designee, to assure that the terms of the Contract are consistent with the legal, contractual, and regulatory obligations of OneCare, as well as OneCare’s business objectives and strategy.

PCard refers to a credit card provided by UVMMC that allows the approved holder to make purchases for certain delineated items.

PCard List refers to a list of items that have been approved by OneCare's ACO Legal Counsel and Contracting Department to be purchased by using the PCard and without a contract.

Responsible Signatory refers to a representative of OneCare with the authority to contractually bind the organization up to the authorization level set forth in this and other applicable Policies, relevant Board Governance documents, and the current version of OneCare's Operating Agreement. The CEO, COO, and VP of Finance are Responsible Signatories.

- IV. Policy:** Any Contract to which OneCare is a party must be in writing and shall be drafted, reviewed, approved, executed, managed, and retained in accordance with this Policy. OneCare's Contracting Department, shall have operational responsibility for implementing this Policy as set forth below.

This policy does not apply to PCard purchases of items included on OneCare's PCard List.

A. Initiation and Drafting:

1. Initiation. The Business Lead determines the need for a contract and initiates the process by submitting the business, technical and pricing terms, goals and information reasonably necessary for the Contract to reflect the arrangement desired to the Contracting Liaison in the Contracting Department via the Contract Summary Form.
2. Drafting. The Contracting Department shall be responsible for drafting Contracts, including engaging and negotiating with other parties when necessary, using standard provisions and templates, to the extent practical.
3. Standard Templates, Clauses, and Provisions. The Contracting Department, under the direction of the ACO Legal Counsel, shall develop and maintain a library of standard contract templates, forms, clauses and provisions to be used and/or included as necessary in Contracts.

B. Required Reviews: Unless an Exception described in this Policy applies, the following reviews are required prior to OneCare's execution of a proposed Contract:

1. Business Review. A Business Review of a proposed Contract will be completed prior to Legal or Compliance Review. To the extent the Business Review raises a business or operational issue(s), the Contracting Department will follow up with the appropriate Business Lead to resolve those issues.
2. Legal Review. A Legal Review of a proposed Contract will be completed by the ACO Legal Counsel prior to final review and execution by the Responsible Signatory and/or submission to the Board for any required approvals.
3. Compliance Review. A Compliance Review will be completed by the CCPO prior to final review and execution by the Responsible Signatory and/or submission to the Board for any required approvals for any proposed Contract that involves the following subject matter, or upon request of any individual referenced in this Policy.
 - a. Involves any payment(s) related to healthcare services

- b. Involves exchange of anything of value with a Provider or Attributed Life
 - c. Involves invoking a Waiver
 - d. Involves a potential conflict of interest, either real or perceived
 - e. Involves the exchange, storage, use, or sharing of private or protected information such as PHI, PII, IICD, or any other Data subject to OneCare's Data Governance Policy, HIPAA, or any other law or regulation concerning privacy, including as examples: Business Associate Agreements, Business Associate Subcontractor Agreements, and Data Use Agreements
- C. Board Approval:** Board approval is required for execution of any Contract involving the following: (i) a value based payment program; (ii) any arrangement that requires a Waiver to be invoked; or (iii) any arrangement for which Board approval is required by the current version of OneCare's Operating Agreement and/or any applicable law or regulation.
- D. Execution:** Upon completion of the required reviews and receipt of any required Board approval, a Responsible Signatory will sign and execute the Contract on behalf of OneCare. The Responsible Signatory may sign any Contract within the scope of their signature authority, or as approved by the Board.
- E. Retention and Management:**
 - 1. Contract Management Database. The Contracting Department shall maintain a searchable computer database for the retention of Contracts subject to this Policy. Procedures governing authorization to access the database will be developed and maintained in support of this Policy.
 - 2. Retention. Upon signature by the parties, a copy of every fully-executed Contract and its supporting documentation shall be stored and maintained in the Contract Management Database. The Contract shall be maintained in accordance with OneCare's *Record Retention Policy*.
 - 3. Payment and Accounting. A copy of any Contract involving the exchange of funds or goods will be provided to the Finance Department upon execution.
 - 4. Termination or Extension. The Contracting Department will advise the Business Lead of the impending expiration of a Contract with sufficient notice for Business consideration of whether to extend, engage in renegotiation, or initiate termination of the Contract.
- F. Performance Monitoring:** The Contracting Department will distribute a copy of the fully-executed Contract to the Business Lead who owns and is responsible for OneCare's performance of its obligations. The Business Lead and the Contracting Department will maintain regular communication regarding the status of: (i) Contract implementation; (ii) awareness of and meeting of terms and conditions, such as deliverables and deadlines; and, (iii) OneCare's receipt of obligations owed to it under the Contract. The Contracting Department with guidance from the ACO Legal Counsel as appropriate will (iv) address questions or issues about the Contract; and (v) incorporate changes or modifications as needed.
- G. Contract Exceptions:** Exceptions to this Policy may be made for the following:
 - a. Contracts related to ongoing litigation or claims for which confidentiality within OneCare is appropriate may be approved with legal and compliance review only;
 - b. Unaltered templates that have been pre-approved by ACO Legal Counsel or exclusively using standard terms and conditions that have been approved in advance

by ACO Legal Counsel

- c. Other discreet circumstances requiring an exception to the Policy, including but not limited to: (i) time constraints, (ii) unavailability of an individual responsible for performing a required review, or (iii) inadvertent and/or unauthorized execution of a Contract. In such circumstances, the COO may grant an exception upon written request after consultation with the ACO Legal Counsel.

V. Review Process: This Policy will be monitored regularly for any changes required by payer program updates, changes to network contracting, changes in federal or state laws or regulation or other factors that may impact this Policy.

VI. References:

- OneCare's Policy and Procedure Glossary

VII. Related Policies/Procedures/Forms:

- 04-06 Disbursement Authority Policy
- 05-05 Signature Authority Policy
- 06-01 Record Retention Policy
- UVMHC FINCE3 Levels of Authorization Policy
- Recommended and Prohibited Contract Provisions
- OneCare PCard List
- Contract Summary Form
- Legal Review & Director Check List Form
- Contract Exception Form

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

Director, ACO Contracting

Date

Assistant General Counsel for Contracting and Clinical Innovation

Date

Chief Operating Officer

Date

Board of Manager Approval:

Chair of the Board of Managers

Date

Policy Number & Title:	06-01 Record Retention
Responsible Department:	Operations
Author:	Joan Zipko, Director, Operations
Original Implementation Date:	January 1, 2017
Revision Effective Date:	November 16, 2021

- I. **Purpose:** To establish guidelines for the retention and disposal of records that are created and maintained by OneCare.
- II. **Scope:** Applicable to records that are created or maintained by OneCare.
- III. **Definitions:** Capitalized terms have the same definition as defined in OneCare’s *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Records means any written, electronic or other medium on which information is stored. “Records” include, among other things, paper documents, electronic mail, computer files, images, spreadsheets, CDs, discs, tapes, computer back-up tapes and files, calculations and records of payments.
- IV. **Policy:** It is the policy of OneCare to retain and dispose of records for the period required by applicable federal, state, and local laws, rules and regulations, ACO Program Agreements, and contractual obligations.
 - A. **Retention Guidelines:**

All Records shall be maintained for a period of ten (10) years. Any Records that are the subject of an external audit, evaluation, inspection, or investigation, or are involved in a litigation or contested proceeding, shall be maintained for ten (10) years from the date such event(s) are completed, settled, or otherwise resolved, as determined by the Chief ACO Counsel. Records may be retained either in paper or electronic format, as appropriate, and may be stored at remote locations if on-site retention is not needed for administrative convenience.
 - B. **Disposal Guidelines:**

Records may be disposed of after ten (10) years in accordance with the Retention Guidelines. Records should be disposed of in a manner that safeguards any HIPAA protected, confidential, sensitive or proprietary business information contained in the records.
 - C. **Litigation and Audit Hold Guidelines:**

The OneCare Legal Counsel and Chief Operating Officer should be notified immediately if a OneCare employee receives notification of any claim or complaint that could lead to litigation or a government investigation or an audit of an ACO Program. Upon receipt of notice of a claim, pending or future litigation or audit of an ACO Program, the recipient of the information will advise the Chief ACO Counsel and will communicate with affected persons to assure that evidence and records relating to the litigation or investigation are preserved and maintained until the litigation or investigation is concluded. A litigation or audit hold takes precedence over the regular disposal of records and records that meet the hold should not be disposed.
- V. **Review Process:** This policy shall be reviewed annually and updated to be consistent with revisions in laws, regulations and contractual requirements.

VI. References:

- OneCare’s Policy and Procedure Glossary
- OneCare’s Program Agreements with Payers
- OneCare’s Risk Bearing Participant and Preferred Provider Agreement
- GMCB Rule 5.000: Oversight of Accountable Care Organizations

VII. Related Policies/Procedures:

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

_____ Director, Operations	_____ Date
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_____ Chief Operating Officer	_____ Date
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Board of Manager Approval:

_____ Chair, OneCare VT Board of Managers	_____ Date
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Policy Number & Title:	06-03 Policy Management
Responsible Department/s:	Operations
Author:	Joan Zipko, Director, Operations
Original Implementation Date:	January 1, 2017
Revision Effective Date:	November 16, 2021

- I. **Purpose:** To establish uniform guidelines for the development, review, approval, and management of OneCare Vermont (“OneCare”) policies.
- II. **Scope:** Applicable to the OneCare and OneCare Workforce as stated in this Policy.
- III. **Definitions:** Capitalized terms have the same definition as defined in OneCare’s *Policy and Procedure Glossary*.
- IV. **Policy:** To document the expectations for management and operations of OneCare and effective ACO programs, OneCare develops and maintains written policies for each department, team, or functional area (collectively “functional area”) in compliance with its obligations under the Vermont All-Payer Accountable Care Organization (“ACO”) Model Agreement (“VAPAM Agreement”) and applicable federal and state laws, rules, and regulations, as well as with its obligations under agreements with payers and other contracts related to the furtherance of the ACO business model.
 1. **Development of New Policies**
 The director of each functional area, in collaboration with their direct supervisor and any relevant subject-matter experts (“SME”) and stakeholders, will assess the need for, and define the scope of, any new or materially updated policies. The Chief Compliance and Privacy Officer (“CCPO”), and/or OneCare’s legal counsel (“Legal Counsel”) may also identify the need for policies in an operational area and will work with the appropriate leader(s) to develop the policies as needed.
 2. **Review and Update of Existing Policies**
 The director of each functional area, in collaboration with their direct supervisor and any relevant SMEs and stakeholders, will perform reviews of all active Policies annually, as well as on an interim basis, when warranted. The CCPO and/or Legal Counsel will participate in the interim review processes where there are compliance or legal issues, or otherwise upon request. The Chief Operating Officer (“COO”), Chief Medical Officer (“CMO”) and Vice President, Finance will participate in the review processes where they are a required signatory and may otherwise participate upon request or at his/her discretion.
 - a. Annual Review: All policies shall be reviewed on an annual basis and updated as needed.
 - b. Interim Review: Policies may be reviewed and updated outside of the annual review cycle if warranted by changes in: federal or state law, rules or regulations, related policies, terms of an ACO Program Agreement or a contract related to ACO business operations, program changes, at the direction of the Board, or other unforeseen circumstances.
 3. **Compliance & Legal Review**
 The CCPO and Legal Counsel shall review all new or updated policies while in final draft form (“final draft policy”). The CCPO and Legal Counsel shall review the final draft policy to ensure compliance with federal or state law, rules or regulations, related policies, ACO Program Agreements and any other

contract related to ACO business operations. If changes to the Policy after compliance and legal reviews have taken place, the CCPO and Legal Counsel will review those changes before the policy is signed.

4. OneCare Executive Approval

After completion of Compliance and Legal review, Policies must be approved by the Chief Operating Officer (“COO”), Chief Medical Officer (“CMO”) or Vice President, Finance in accordance with subject matter of the Policy. Following this OneCare executive approval, policies can proceed to any applicable BOM Committee and/or the Board of Managers. The Chair will execute all Board approved policies.

5. Retirement of Policies

If a policy is determined to be obsolete due to a change in federal or state law, rules or regulations, a term of an applicable contract, or change in program design, retirement of that policy shall be requested of the Board of Managers.

6. Management of Policies

The Director, Operations is responsible for managing the processes by which OneCare develops, reviews, retires, and archives policies; providing internal and external access; providing Workforce training; and monitoring adherence to this policy to inform process improvements.

V. Review Process: This Policy shall be reviewed annually and in accordance with the terms of this Policy.

VI. References:

- OneCare’s Policy and Procedure Glossary
- GMCB Rule 5.000: Oversight of Accountable Care Organizations
- OneCare’s ACO Program Agreements with Payers

VII. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 005-46 Management of Policies Procedure

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

Director, Operations

Date

Chief Operating Officer

Date

Board of Managers Approval:

Chair, OneCare Vermont Board of Managers

Date

Policy Number & Title:	07-07 Code of Conduct
Responsible Department:	Compliance
Author:	Greg Daniels, Chief Compliance and Privacy Officer
Original Implementation Date:	January 1, 2017
Revision Effective Date:	January 1, 2022

- I. **Purpose:** OneCare adopts this Code of Conduct Policy (“Policy”) to set forth its commitment that all persons employed by and entities engaged in business with OneCare will strive to act in a manner that promotes OneCare’s mission, is consistent with OneCare’s values and complies with all applicable laws, regulations, policies, regulatory and ethical standards as outlined in this Policy.
- II. **Scope:** Applicable to OneCare, its Workforce, Board Members, Committee members, and Network.
- III. **Definitions:** Capitalized terms have the same definition as defined in *OneCare’s Policy and Procedure Glossary*.

IV. Policy

OneCare is an Accountable Care Organization (ACO), owned and operated in Vermont to serve Vermonters. ACOs, like OneCare, represent a cooperative effort of providers who have pooled their resources and expertise to deliver care that is better coordinated, yielding better health outcomes and greater satisfaction. OneCare does not deliver care, but provides resources and support to the providers that care for patients. OneCare partners with local health care providers, and provides core supports for them as they change the way they deliver care and accept increasing accountability for the cost and quality of care. OneCare supports providers through three key core capabilities: Network performance management, data and analytics, and payment reform.

1. Mission, Vision and Values

OneCare partners with local health care providers to transform Vermont’s health care system to one that focuses on health goals by providing actionable data and innovative payments that foster better outcomes for all.

OneCare believes in a trusted, equitable health care system where patients and providers work together to achieve optimal health and an exceptional care experience for all.

To uphold its mission and vision, OneCare incorporate the following values when conducting its business:

Collaboration: OneCare actively builds a culture of partnership & teamwork.

Excellence: OneCare passionately pursues excellence using data-driven results and a quality focus.

Innovation: OneCare leads through innovation, uses courage to challenge existing systems, and acts as a catalyst for reform.

Equity: OneCare seeks out and attend to health disparities so that everyone can attain their full health potential.

Communication: OneCare shares information and ideas directly and clearly.

Integrity: OneCare is honest, ethical, and transparent in all that we do.

Workforce and Network are expected to uphold the Mission, Vision and Values when conducting work for and on behalf of OneCare. OneCare's ACO activities reflect its mission, vision and values in the following ways:

A. Accurate Quality Reporting and Certifications

OneCare submits quality and data to payers and regulatory agencies. OneCare Workforce and Network will collaborate in the collection and reporting of data in an accurate and secure manner. All persons involved in the submission of data will strictly adhere to applicable instructions and guidance in collecting and reporting data, including healthcare privacy laws and regulations.

OneCare also makes certifications regarding its governance and operations to government agencies and contracted parties. OneCare will ensure that such certifications are complete and accurate to the best of its knowledge and ability. OneCare will keep accurate files and records to support its certifications and reports.

Individuals who become aware of any potential violation of law or OneCare policy relating to quality reporting and certifications, or who are concerned about anything relating to such reports and certifications, should immediately report the violation or concern to OneCare.

B. Transparency and Public Participation

OneCare recognizes that part of being accountable for the quality, cost and overall care of attributed beneficiaries includes being transparent about many aspects of its governance, network, clinical model, cost and quality measures, and other aspects required by applicable state and federal laws and regulations. OneCare complies with all applicable public reporting requirements, using its website and other means, including direct communications with public authorities.

OneCare's Board of Managers includes Consumer Managers and provides the opportunity for public comment at its meetings. OneCare promotes attributed beneficiary input through its Patient and Family Advisory Committee, collection of beneficiary feedback by public website, email and phone, and participation in other ways such as public forums and meetings.

Beneficiaries who become aware of any potential violation of law or OneCare policy relating to transparency or public participation, or who are concerned about anything relating to such transparency or public participation, should immediately report the violation or concern to OneCare.

C. Beneficiary Choice and Non-Discrimination

OneCare does not limit a beneficiary's choice of provider. A beneficiary attributed to OneCare retains the right to access and choose providers as allowed under his or her payment program. Beneficiaries' care is not limited to providers who are members of OneCare's Network.

OneCare does not discriminate against beneficiaries who are considered "high risk" or likely to incur high costs of care. OneCare and its participants do not deny or limit services based on a beneficiary's race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Individuals who become aware of any potential violation of law or OneCare policy relating to beneficiary choice or non-discrimination, or who are concerned about anything relating to such beneficiary choice or non-discrimination, should immediately report the violation or concern to OneCare.

D. Providing Medically Necessary Care

OneCare seeks to keep attributed beneficiaries as healthy as possible by encouraging the right care, at the right time, in the right place. This should make care delivery more efficient and help lower the rate of growth in health care costs. Members of OneCare's Network shall not deny or reduce medically necessary services provided to beneficiaries. OneCare encourages beneficiaries to report questions or concerns regarding the provision of medically necessary care by providers who are members of the ACO to the OneCare's Chief Compliance and Privacy Officer ("CCPO").

E. Provider Enrollment and Exclusion Checks

No provider may be an OneCare member or offer services to OneCare beneficiaries unless he, she or it has demonstrated the appropriate possession of licensure required by law. All providers shall be properly engaged pursuant to a participating provider agreement, and OneCare shall maintain a file on each provider that contains documentation of the provider agreement and tax identification number.

Additionally, OneCare will monitor the following lists of excluded individuals/entities monthly for members of the Network, vendors, and consultants upon hiring or engagement of the same:

- OIG List of Excluded Individuals and Entities ("OIG LEIE")
- The Federal System for Award Management ("SAM") Exclusion Database

F. Communication and Marketing — No Beneficiary Inducements

OneCare abides by applicable federal, state, and contractual requirements when communicating with beneficiaries and the public about OneCare and its operations. OneCare shall notify beneficiaries of their participation in the ACO, as required. OneCare will ensure that marketing and other public communications are clear and not misleading, and not used for a discriminating purpose.

OneCare does not provide gifts or other remuneration to beneficiaries as an inducement to receive services from OneCare or any particular member of its Network, or to share data with OneCare. OneCare must always refrain from activities that could possibly be construed as an attempt to improperly influence these relationships. OneCare recognizes that its Network may, however, provide in-kind items reasonably related to a beneficiary's care that are preventative or advance a clinical goal, consistent with applicable law.

G. Healthcare Fraud and Abuse

OneCare does not offer or accept bribes, kickbacks or other payments designed to influence or compromise the conduct of the recipient; and no member of the OneCare Workforce may accept any funds or other assets (including those provided as preferential treatment to the Workforce for fulfilling their responsibilities), for assisting in obtaining business, including contracts or grants, or for securing special concessions from OneCare. OneCare does not provide gifts or other remuneration to beneficiaries as an inducement to receive services

related to OneCare or any particular OneCare participant or to share data with OneCare. OneCare recognizes that its members may, however, provide in-kind items reasonably related to a beneficiary's care that are preventative or advance a clinical goal to the extent compliant with applicable law.

OneCare abides by applicable federal, state, and contractual requirements when communicating with beneficiaries and the public about OneCare and its operations. OneCare shall notify beneficiaries of their participation in the ACO, as required. OneCare will ensure that marketing and other public communications are clear and not misleading, and not used for a discriminating purpose.

Workforce should conduct their business affairs in such a manner that OneCare's reputation will not be impugned if the details of their dealings should become a matter of public discussion.

The following conduct is expressly prohibited:

- a. Payment or receipt of money, gifts, loans or other favors of more than nominal value which may tend to influence business decisions or compromise independent judgment;
- b. Payment or receipt of kickbacks for obtaining business, including contracts or grants, for or from OneCare;
- c. Any other activity that would similarly degrade the reputation or the integrity of OneCare.

Any OneCare Workforce member found to be receiving, accepting or condoning a bribe, kickback, or other unlawful payment, or attempting to initiate such activities, attempting fraud or engaging in fraud will be subject to termination and possible criminal proceedings. All Workforce members have a responsibility to report any actual or attempted bribery, kickback, fraud, waste or abuse to the OneCare CCPO.

Workforce members must understand the laws and codes that apply to our healthcare business, to ensure the Workforce understands these laws annual and periodic training on these laws and Compliance topics shall be provided and required as a condition of employment.

H. Privacy and Security of Patient Information

OneCare receives beneficiary information from its Network and from Payers under its ACO programs. OneCare uses this information as needed to perform care coordination, quality improvement, quality reporting, and population-health based activities. OneCare is obligated under federal and state laws, Payer data use agreements ("DUA") and contractual agreements to limit the use and disclosure of beneficiary protected health information ("PHI") to activities within the ACO.

OneCare takes these obligations very seriously and shall maintain the PHI of beneficiaries in a confidential and secure manner, in accordance with all applicable legal requirements. OneCare uses all reasonable efforts to limit access to and utilize and disclose only the minimum necessary PHI needed to accomplish the intended purpose of the access or disclosure. OneCare honors beneficiaries' rights to opt-out of data-sharing in accordance with

the requirements of each Payer program.

Workforce and members of the Network who become aware of unauthorized or inappropriate disclosure of beneficiary information should immediately make a report to the OneCare CCPO.

I. Confidential and Propriety Business Information

OneCare Workforce are required to maintain all information obtained during the course of employment confidentially. No Workforce member or former member of the Workforce may, without the written consent of OneCare, use for their own benefit or disclose to others any confidential or proprietary information obtained during the course of employment. Any individual who believes that a fellow current or former Workforce member is misusing confidential information must immediately make a report to the CCPO.

J. Conflicts of Interest

OneCare Workforce owe a duty of loyalty to OneCare, and therefore should avoid any actual or apparent conflicts of interest. While conflicts can arise in many different contexts, in general Workforce, Board of Managers, and members of Committees of the Board are expected to put the interests of OneCare ahead of their personal concerns, and not to seek to benefit themselves at the expense of, or as a result of, their affiliation with OneCare.

Board of Managers, members of Committees of the Board, and other Key Persons must disclose circumstances in which their interests may conflict or may be perceived as irreconcilably conflicting with the business interests of OneCare, and such individuals will be precluded from participation in certain decisions. Individuals are required to disclose when they have an interest in a related party with which OneCare seeks to do business. For further information on this topic, please see OneCare's *Conflict of Interest* policy available by paper and electronic means, and upon request

K. Antitrust and Unfair Competition

The antitrust laws are a series of state and federal laws designed to promote competition, to prevent unreasonable restraint of trade and to limit the ability of a company, in particular circumstances, to dominate a particular market. While occasionally intricate in their application, as a general rule, antitrust considerations prohibit OneCare from agreeing with competitive businesses to allocate customers or services, to restrict or limit operations in defined specialties or geographic areas, or to take steps that would create an unlawful monopoly in a particular market or for a particular service. The antitrust laws also prohibit certain price fixing among providers, and for this reason, ACOs are governed by antitrust laws.

All antitrust concerns should be brought, immediately, to the CCPO. Violations of these laws can result in criminal as well as civil liability, and blatant violations have led to imprisonment of individuals and to steep fines.

L. Relationships with Government Authorities and Government Investigations

As an ACO, OneCare is a highly regulated business. OneCare is subject not only to applicable laws, but also to the terms and conditions set forth in the Vermont All-Payer Accountable Care Organization Model Agreement ("All-Payer Model Program") among CMS, the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB"), and the Vermont Agency for Human Services ("AHS"), and related agreements. All Workforce who interact with a

governmental body or agency must know and abide by the specific rules and regulations covering relations with governmental agencies. Such members of the Workforce also must conduct themselves in a manner that avoids any dealings that might be perceived as attempts to influence governmental officials in the performance of their duties. With respect to communications with regulators, the Public Affairs Department and the Workforce member or leader who is responsible for interfacing with such regulator should be consulted prior to any such communications. Individuals who are unsure which department is responsible for interfacing with a particular regulator should contact the CCPO prior to communications with any regulator.

It is OneCare's policy to comply fully with the law and cooperate with any reasonable demand made in a government investigation. In so doing, however, it is essential that the legal rights of OneCare and of its Workforce involved be protected, including to protect the privileged and confidential relationship that OneCare has with its attributed beneficiaries, Network and others. Accordingly, upon receipt of any subpoena, civil investigative demand, summons or letter request for information or documents, members of the OneCare Workforce are expected to contact their supervisor immediately, who will then forward the relevant subpoena or request to ACO Legal Counsel for review. Similarly, if an individual is contacted by any representative of any regulatory or law enforcement agency in connection with a pending investigation, or with regard to questions about a particular beneficiary, participant, vendor or Workforce (excepting routine contact with such individuals in connection with your job function), individuals should contact the CCPO.

Members of the OneCare Workforce are not, with certain limited exceptions, obligated to speak with law enforcement officials, even if they are insistent, and may always seek the assistance of ACO Legal Counsel in order to determine whether there is a requirement to respond to any particular inquiry. Similarly, beneficiary information is confidential, and must never be released absent the approval of ACO Legal Counsel or CCPO.

There are certain state and federal laws, moreover, that afford even greater protection to information regarding particular beneficiaries (e.g., alcohol and drug beneficiaries, certain psychiatric beneficiaries, HIV-positive customers). Even in those limited instances where regulatory agencies, by statute, are authorized to review beneficiaries' records and other information absent consent or legal compulsion, a supervisor should consult with ACO Legal Counsel for guidance before releasing such information. This way, OneCare can be certain that the request for information is appropriate and that its responses are complete and satisfactory.

If a member of the Workforce decides to submit to an interview, the member has the right to demand that the interview take place during normal business hours at OneCare's premises or at another location, and that either ACO Legal Counsel or the Workforce's personal legal counsel be present during the interview. To facilitate any request for legal assistance, and to make available information that may assist Workforces in deciding whether or not to submit to an interview, upon contact by an investigator, the Workforce should immediately notify the CCPO. OneCare's intent is to fully cooperate with federal audits and investigations, but only after legal implications of any cooperation is understood.

Workforce may not give or show to the investigators any OneCare documents without the express permission of OneCare's ACO Legal Counsel or CCPO. Destruction of evidence in a governmental investigation is a serious crime. Workforce are not to destroy OneCare records

except in accordance with OneCare's *Record Retention Policy*, available by paper and electronic means, and upon request.

M. Harassment

Abusive, harassing or offensive conduct is unacceptable, whether verbal, physical or visual. This includes any demeaning, insulting, embarrassing or intimidating behavior directed at any Workforce member related to race, color, sex, national origin, age, religious creed, physical or mental disability, marital status, pregnancy, sexual orientation, veteran status, citizenship or another characteristic protected by law. Unwelcome sexual advances or physical contact, sexually oriented gestures and statements, and the display or circulation of sexually oriented pictures, cartoons, jokes or other material are specifically banned. This Policy, in addition to the Human Resource policies and procedures of University of Vermont Medical Center, prohibits retaliation against any Workforce who rejects, protests, or complains about sexual harassment.

N. Books and Records

OneCare has adopted business systems and controls in accordance with internal needs and the requirements of applicable laws and regulations. These established accounting practices and procedures must be followed to assure the complete and accurate recording of all transactions. All Workforces, within their areas of responsibility, are expected to adhere to these procedures, as directed by appropriate OneCare Officers.

If a Workforce member becomes aware of any improper transaction or accounting practice concerning the resources of OneCare, he or she should report the matter immediately to his or her supervisor, or to the CCPO. Workforce also may file a confidential, anonymous complaint with the CCPO. There will be no retaliation against Workforces who disclose questionable accounting or auditing matters in good faith.

O. Accuracy of Records

OneCare requires honest and accurate recording and reporting of information in order to make responsible business decisions. This includes such data as quality, safety, and personnel records, as well as all financial records.

All financial books, records and accounts must accurately reflect transactions and events, and conform both to required accounting principles and to OneCare's system of internal controls. No false or artificial entries may be made, no undisclosed or unrecorded funds or assets may be maintained and no inaccurate or inflated work hours may be reported. When a payment is made, it can only be used for the purpose spelled out in the supporting document.

P. Record Retention and Litigation Holds

Before disposing of documents, Workforce members should consult with their direct manager so that OneCare's record retention and destruction policy is followed carefully. No one is to destroy OneCare records except in accordance with OneCare's *Record Retention* policy, available by paper and electronic means, and upon request.

Whenever it becomes apparent that documents of any type will be required in connection with a lawsuit or government investigation, all possibly relevant documents should be preserved, and ordinary disposal or alteration of documents pertaining to the subjects of the litigation or investigation should be immediately suspended, e.g., litigation hold. If a Workforce member is uncertain whether documents under his or her control should be preserved because they might relate to a lawsuit or investigation, he or she should contact

the ACO Legal Counsel or CCPO.

Q. Mandatory Reporting Requirements

ACOs must adhere to many reporting requirements under state and federal law, and it is the policy of OneCare to comply with all reporting requirements. It is important that the Workforce is aware of any reporting requirements applicable to OneCare and its Network. If Workforce members intentionally fail to make a required report or attempt to cover up facts that would warrant such a report, he or she will be subject to internal disciplinary action, including termination, and could also face criminal charges and the loss of his or her professional license.

Any incident or situation that may require reporting to a governmental agency should be brought to the attention of the CCPO. Any questions or concerns regarding reporting responsibilities should also be directed to the CCPO.

OneCare's policy is to ensure that any identified overpayments are promptly addressed and repaid.

R. Governance

The OneCare Board of Managers is responsible for ensuring compliance with all federal, state, and local laws and regulations, as well as ethical and patient care obligations. In conjunction with the appointed CCPO, Compliance Committee and Audit Committee, the Board is responsible for implementing and maintaining policies, practices, and procedures for ongoing evaluation of adherence to this Code of conduct and any other OneCare policies. The CEO and members of the Board are fully cognizant of their responsibilities and will ensure that the Compliance Program functions effectively. For further information on this topic, please see OneCare's *Governance* policy available by paper and electronic means, and upon request.

S. Business Fraud

OneCare is committed to the elimination of fraud, to the rigorous investigation of any suspected cases of fraud, and, where fraud or other criminal act is proven, to ensure that wrongdoers are appropriately sanctioned.

Any individual who believes he or she has good reason to suspect a colleague or other person of a fraud or an offense involving OneCare or a serious infringement of OneCare's rules should report such unethical actions to OneCare, including the following:

- theft of OneCare property;
- abuse of OneCare property or abuse of a position or trust; or
- deception or falsification of records (e.g., fraudulent time or expense claims)

T. Protection and Proper Use of OneCare Assets

All members of the Workforce should protect OneCare and the University of Vermont Medical Center's assets and ensure their efficient use. Theft, carelessness, and waste have a direct impact on OneCare's operations and success. All OneCare assets should be used for legitimate business purposes. Members of the Workforce are to use business assets according to policies, procedures and comply with security programs that prevent their unauthorized use or theft, and abide by all regulations or contractual agreements governing their use.

U. Improper Influence on Conduct of Audits

No member of the OneCare Workforce, shall directly or indirectly take any action to coerce, manipulate, mislead or fraudulently influence any public or certified public accountant engaged in the performance of an audit or review of the financial statements of OneCare if that person knows or should know that such action, if successful, could result in rendering OneCare's financial statements materially misleading. Any person who believes such improper influence is being exerted should contact the CCPO to report such action.

Types of conduct that could constitute improper influence include, but are not limited to, directly or indirectly:

- Offering or paying bribes or other financial incentives, including future employment or contracts for non-audit services;
- Providing an auditor with an inaccurate or misleading legal analysis;
- Threatening to cancel or canceling existing non-audit or audit engagements if the auditor objects to OneCare's accounting;
- Seeking to have a partner removed from the audit engagement because the partner objects to OneCare's accounting;
- Blackmailing; and
- Making physical threats.

V. Accounting Complaints

OneCare's policy is to comply with all applicable financial reporting and accounting regulations applicable to OneCare. Network entities who have concerns or complaints regarding questionable accounting or auditing practices are encouraged to promptly submit those concerns or complaints to the CCPO or to the Board Audit Committee which will, subject to its duties arising under applicable laws, regulations and legal proceedings, treat such submissions confidentially. Such submissions may be directed to the attention of the Chair of the Audit Committee or OneCare's CCPO.

2. Duty to Report and Non-Retaliation

OneCare will investigate any possible misconduct related to its activities, and may report probable violations of law to the appropriate authority. To ensure that OneCare can perform such activities, all members of the Workforce have an affirmative duty to report any suspected violations of law or policy to the CCPO, see contact information below.

OneCare recognizes the importance of open communication and maintains a strict non-retaliation policy toward anyone who reports a concern in good faith. Any retaliatory action taken against anyone making a good faith report of improper activities, or participating in an investigation of improper activity, is strictly prohibited. Please see OneCare's *Compliance, Communication, Reporting, and Investigation Policy* for additional information on reporting and non-retaliation of reporters.

3. Questions and Concerns

Questions regarding this Policy, or to report a potential violation of Applicable Laws or fraud, waste or abuse, you may send an email to the CCPO at: Compliance@OneCareVT.org.

Anonymous inquiries or reports may be made by phone by calling the Compliance Hotline at: 802-847-7220 or 877-644-7176, Option 3.

V. Review Process: This policy shall be reviewed annually and updated to be consistent with revisions in laws, regulations and contractual requirements.

VI. References:

- OneCare's Program Agreements with Payers and requirements
- OneCare's Policy & Procedure Glossary

VII. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 07-02 Compliance Policy
- 07-03 Privacy Policy
- 07-06 Conflict of Interest Policy
- 07-08 Compliance Communication, Reporting, and Investigation Policy
- 07-09 Security Policy
- 08-02 Governance Policy

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

Chief Compliance and Privacy Officer	Date
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Chief Operating Officer	Date
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Board of Managers Approval:

Chair, OneCare Vermont Board of Managers	Date
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OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing At Large Representative to
the Board of Managers
November 16, 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 and the qualifications of the candidates, hereby approves the appointment of the following Manager:

- A. At Large Manager for a three-year term beginning on January 1, 2022 and ending on December 31, 2024.

**OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing and Endorsing
Representatives to the Board of Managers
November 16, 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 and the qualifications of the candidate, hereby elects to seat the following Manager:

- A. Manager in the seat of an Academic Medical Center located in Vermont for a three-year term beginning on December 1, 2021 and ending on November 30, 2024; and

The Board, having reviewed and discussed the qualifications of the Member appointee, hereby votes to endorse the following Manager:

- B. Appointee of UVM Health Network for a term beginning on December 1, 2021.

Quality Performance

Review of 2020 OneCare Quality
Measure Results

Josiah Mueller

Director of Value-Based Care



OneCare Vermont

onecarevt.org

OneCare Program Year 2020 Quality Overview

- COVID Impact
- Benchmarks vs. Rates
- Uncertainty remains for 2021 and Beyond

Medicare 2020 Quality Performance

As a result of the pandemic:

- “Reporting Only” for all measures (full points awarded)
- Assessment of CAHPS not required by any ACO
- Medicare did have available benchmarks for PY2020
- Improved/stable performance in 7 of 13 quality metrics compared to 2019
- VBIF program continues focus on Diabetes, Hypertension and Depression Screening measures
- In-depth education, training and data collection helped participants identify opportunities through the Asthma & COPD Learning Collaborative related to the Tobacco Use, Cessation Intervention measure

Medicare Summary

Measure	2019 Rate	2020 Rate	Benchmark Percentile	Change
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	19.90	25.16	N/A	↑
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	53.60	51.25	N/A	↓
* All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (ACO-38)	60.04	30.11	90 th	↑
Colorectal Cancer Screening (ACO-19, Prev-6)	80.00	74.49	70 th	↓
* Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (ACO-27, DM2)	13.49	13.65	80 th	→
Follow-Up after Hospitalization for Mental Illness (7 Days) (FUH)	33.06	29.38	N/A	↓
Hypertension: Controlling High Blood Pressure (HTN2)	71.46	65.32	60 th	↓
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	29.30	33.33	N/A	↑
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	5.10	5.07	N/A	→
Preventive Care & Screening: Influenza Immunization (ACO-14, Prev-7)	72.38	80.08	80 th	↑
Preventive Care & Screening: Screening for Clinical Depression & Follow-Up (ACO-18, Prev-12)	60.00	56.35	N/A	↓
Preventive Care & Screening: Tobacco Use, Cessation & Intervention (ACO-17, Prev-10)	86.36	75.00	70 th	↓
* Risk Standardized, All Condition Readmissions (ACO-8)	14.89	13.17	90 th	↑

NOTE: There were no CAHPS survey requirements in PY2020

Measures with an asterisk (*) are inverse measure(s), a lower rate indicates better performance.



VMNG Traditional & Expanded 2020 Quality Performance

As a result of the pandemic:

- “Reporting only” year for all measures
- There are no available benchmarks
- HEDIS 2020 specifications did not allow for use of telehealth services for some of our quality measures
- Under the Medicaid Traditional program we increased our performance in 2 measures
 - Initiation of Alcohol and Other Drug Abuse or Dependence Treatment
 - Follow-Up after Hospitalization for Mental Illness
- Medicaid Traditional saw decreased performance in 10 of 12 measures
- First year of Medicaid Expanded quality measurement

VMNG Traditional & Expanded Summary

Measure	2019 Traditional Rate	2020 Traditional Rate (vs. 2019)	2020 Expanded Rate (vs. Traditional)
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	37.15%	32.68% ↓	29.13% ↓
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	85.53%	79.36% ↓	72.78% ↓
Adolescent Well Care Visits (AWC)	57.35%	54.46% ↓	25.72% ↓
* All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	0.88%	0.92% ↓	4.17% ↓
* Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (CDC)	25.61%	38.98% ↓	N/A
Hypertension: Controlling High Blood Pressure (CBP)	62.63%	56.87% ↓	N/A
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	40.77%	41.07% ↑	47.93% ↑
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	20.23%	19.07% ↓	25.29% ↑
Follow-Up after Hospitalization for Mental Illness (7 Days) (FUM)	40.85%	50.45% ↑	40.94% ↓
Developmental Screening in the First Three Years of Life	62.10%	58.69% ↓	39.44% ↓
Screening for Clinical Depression and Follow-Up Plan	51.96%	45.82% ↓	N/A
Tobacco Use, Cessation & Intervention	83.87%	80.81% ↓	N/A
Patient Center Medical Home (PCMH) CAHPS	N/A	N/A	N/A

Measures with an asterisk (*) are inverse measure(s), lower rate indicates better performance.

BCBS QHP & Primary 2020 Quality Performance

- As a result of the pandemic:
 - “Reporting only” year for all measures (no points awarded)
 - There are no available benchmarks
 - BCBSVT leveraged the HEDIS MY2020 MY2021 specifications which allowed for the use of telehealth services for many quality metrics
- 2020 showed mixed results as compared to 2019 for QHP and as compared to QHP for Primary
- Child & Adolescent Well Care Visits (WCV) is a new measure in PY2020 and replaced Adolescent Well Care (AWC)
 - The new measure expanded the age cohort from 12-21 to age 3-21
- Depression Screening continues to decline – remains part of VBIF quality focus in 2022
- The timing of the BCBS Primary contract signing precluded the plan and the ACO from being able to perform CAHPS Survey measure for PY2020

BCBS QHP & Primary Summary

Measure	2019 BCBS QHP Rate	2020 BCBS QHP Rate (vs. 2019)	2020 BCBS Primary Rate (vs. QHP)
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	26.92	28.57 ↑	27.27 ↓
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	65.63	96.55 ↑	81.25 ↓
Child & Adolescent Well Care Visits (WCV)	N/A	64.22 (N/A)	70.37 ↑
* ACO All-Cause Readmissions (PCR)	0.6932	0.6096 ↑	0.6172 ↓
* Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (CDC)	11.44	24.82 ↓	22.14 ↑
Hypertension: Controlling High Blood Pressure (CBP)	67.15	59.37 ↓	59.61 ↑
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (IET)	20.71	24.65 ↑	27.04 ↑
Follow-Up after Hospitalization for Mental Illness (7 Days) (FUM)	62.07	61.54 ↓	69.77 ↑
CAHPS Patient Experience: Care Coordination Composite Score	85.56	89.56 ↑	N/A
Developmental Screening in the First Three Years of Life	76.82	77.00 ↑	76.03 ↓
Screening for Clinical Depression and Follow-Up	48.30	43.73 ↓	42.35 ↓

NOTE: Child & Adolescent Well Care Visits replaced Adolescent Care Visits in PY2020 to allow for Telehealth encounters.

BCBS Primary did not have CAHPS Survey results for PY2020

Measures with an asterisk (*) are inverse measures, lower rate indicates better performance.



MVP QHP Quality Performance

- PY2020 is first contract year for quality collections
- MVP QHP follows HEDIS specifications for all claims and clinical based quality measures
- All quality measures (claims and clinical) were considered payment measures for PY2020 because this is an upside only contract
- Available points for 3 of 8 measures redistributed due to low patient count in measure denominators
- OneCare performance reached the following thresholds:
 - 90th Percentile for Readmissions and Diabetes A1c control
 - 50th Percentile for Adolescent Well-Care Visits measure
 - Below 50th Percentile for Hypertension and IET measures

MVP QHP Summary

Measure	2020 MVP QHP Rate
Adolescent Well Care Visits (AWC)	55.71
* ACO All-Cause Readmissions (PCR)	1.99
* Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (CDC)	21.43
Hypertension: Controlling High Blood Pressure (CBP)	51.23
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (IET)	18.02
CAHPS Patient Experience: Care Coordination Composite Score	N/A
Follow-Up after Hospitalization for Mental Illness (7 Days) (FUH)	66.67
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	100.00
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	66.67

NOTE: For PY2020 MVP QHP followed the Adolescent Well Care Visits measure specifications.

MVP QHP did participate in CAHPS Patient Experience and results were shared with the payer program, however due to “reporting only” status it is not reflected on our annual scorecard.

Measures with an asterisk () are inverse measures, lower rate indicates better performance.*

Grayed measures – dropped from scorecard due to low denominators.



Appendix



Medicare Quality Measures

Performance Year 2: Vermont Medicare ACO Initiative

Measure		Y1 2019	Y2 2020	30th Points N/A	40th Points N/A	50th Points N/A	60th Points N/A	70th Points N/A	80th Points N/A	90th Points N/A	Rate 2019	Rate 2020	Num	Den	Quality Points
Patient/Caregiver Experience															
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	P	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	82.48	N/A	N/A	N/A	2.00
ACO-2	CAHPS: How Well Your Providers Communicate	P	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	94.39	N/A	N/A	N/A	2.00
ACO-3	CAHPS: Patients' Rating of Provider	P	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.56	N/A	N/A	N/A	2.00
ACO-4	CAHPS: Access to Specialists	P	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	77.00	N/A	N/A	N/A	2.00
ACO-5	CAHPS: Health Promotion and Education	P	R	56.26	57.57	58.86	60.08	61.39	62.83	64.90	64.37	N/A	N/A	N/A	2.00
ACO-6	CAHPS: Shared Decision Making	P	R	56.82	57.98	59.17	60.20	61.46	62.77	64.90	60.75	N/A	N/A	N/A	2.00
ACO-7	CAHPS: Health Status/Functional Status	R	R	-	-	-	-	-	-	-	81.36	N/A	N/A	N/A	2.00
ACO-34	CAHPS: Stewardship of Patient Resources	R	R	24.23	25.47	26.68	27.90	29.19	30.88	32.90	21.46	N/A	N/A	N/A	2.00
ACO-45	CAHPS: Courteous and Helpful Office Staff	R	R	-	-	-	-	-	-	-	94.41	N/A	N/A	N/A	2.00
ACO-46	CAHPS: Care Coordination	R	R	-	-	-	-	-	-	-	85.93	N/A	N/A	N/A	2.00
Care Coordination/Patient Safety															
ACO-8	Risk-Standardized, All Condition Readmission ¹	P	R	15.75	15.62	15.50	15.38	15.23	14.97	14.56	14.89	13.17	-	-	2.00
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions ¹	P	R	66.46	62.37	58.85	55.49	52.15	48.57	43.74	60.04	30.11	-	-	2.00
Preventive Health															
ACO-14	Preventive Care and Screening: Influenza Immunization	R	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	72.38	80.08	193	241	2.00
ACO-17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	R	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	86.36	75.00	15	20	2.00
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	R	R	-	-	-	-	-	-	-	60.00	56.35	142	252	2.00
ACO-19	Colorectal Cancer Screening	R	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	80.00	74.49	295	396	2.00
At-Risk Population															
ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control ¹	R	R	70.00	60.00	50.00	40.00	30.00	20.00	10.00	13.49	13.65	80	586	2.00
ACO-28	Hypertension (HTN): Controlling High Blood Pressure	R	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	71.46	65.32	162	248	2.00
FUA	Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence within 30 Days	R	R	-	-	-	-	-	-	-	19.90	25.16	39	155	2.00
	Percentage of ED visits for which the member received follow-up within 7 days of the ED visit			-	-	-	-	-	-	-	11.05	14.84	23	155	
FUM	Follow-up After ED Visit for Mental Illness within 30 Days			-	-	-	-	-	-	-	53.60	51.25	82	160	
	Percentage of ED visits for which the member received follow-up within 7 days of the ED visit			-	-	-	-	-	-	-	33.06	29.38	47	160	
VT-2a	Initiation of Alcohol and Other Drug Dependence Treatment (IET)	R	R	-	-	-	-	-	-	-	29.30	33.33	355	1,065	2.00
VT-2b	Engagement of Alcohol and Other Drug Dependence Treatment (IET)			-	-	-	-	-	-	-	5.05	5.07	54	1,065	

Footnotes:

¹ Inverse measure, lower rate indicates better performance.

Points Earned: 40.00

Total Possible Points: 40.00

2020 Final Score: 100%

NOTICE: All data and reports produced by OneCare VT are for the sole use of OneCare and its ACO Participants, Preferred Providers and Collaborators ("Network") for the purposes of ACO Activities only. This is confidential information that cannot be copied or shared outside of OneCare or its Network or for purposes other than promoting OneCare's ACO Activities without written consent from OneCare. All uses of and access to OneCare's data are subject to the confidentiality, data use and privacy obligations in the recipients' binding contracts and Business Associate Agreements with OneCare.

2020 VMNG Population

			TRADITIONAL COHORT			EXPANDED COHORT									
Item #	Measure Description	NQF #	Numerator	Denominator	2020 Rate	Numerator	Denominator	2020 Rate	2019 Rate (for reference, traditional cohort ONLY)	Quality Compass 20XX Benchmarks (CY 20XX) National Medicaid (ALOB) Percentiles				Points awarded	Bonus points awarded (see next sheet for reference)
										25th	50th	75th	90th		
1	30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	2605	216	661	32.68%	37	127	29.13%	37.15%					2	N/A
2	30 Day Follow-Up after Discharge from the ED for Mental Health	2605	473	596	79.36%	115	158	72.78%	85.53%					2	N/A
3	Adolescent Well Care Visits	N/A	9668	17751	54.46%	1483	5767	25.72%	57.35%					2	N/A
4	All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	CMS ACO #38 (under NQF review)	21	2282	0.92%	7	168	4.17%	0.88%	N/A	N/A	N/A	N/A	2	N/A
5	Developmental Screening in the First 3 Years of Life	CMS Child Core CDEV	3238	5517	58.69%	424	1075	39.44%	62.10%					2	N/A
6	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	0059	145	372	38.98%	N/A	N/A	N/A	25.61%					2	N/A
7	Hypertension: Controlling High Blood Pressure	0018	211	371	56.87%	N/A	N/A	N/A	62.63%					2	N/A
8	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	0004	853	2077	41.07%	290	605	47.93%	40.77%					2	N/A
9	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	0004	396	2077	19.07%	153	605	25.29%	20.23%					2	N/A
10	Screening for Clinical Depression and Follow-Up Plan	418	115	251	45.82%	N/A	N/A	N/A	51.96%	N/A	N/A	N/A	N/A	2	N/A
Total														20	0
11	Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	0576	337	668	50.45%	70	171	40.94%	40.85%					N/A	N/A
12	Tobacco Use Assessment and Tobacco Cessation Intervention	0028	299	370	80.81%	N/A	N/A	N/A	83.87%	N/A	N/A	N/A	N/A	N/A	N/A
13	Patient Centered Medical Home (PCMH) Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey Composite Measures Collective by DVHA		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2020 BlueCross and BlueShield of Vermont QHP Population

	OneCare Vermont Quality Results				
	2018 Rate	2019 Rate	Denominator	2020 Numerator	Rate
Payment Measures					
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	19.35%	26.92%	21	6	28.57%
30 Day Follow-Up after Discharge from the ED for Mental Health	83.33%	65.63%	29	28	96.55%
Child and Adolescent Well-Visit	62.62%~	61.02%~	2,669	1,714	64.22%
ACO All-Cause Readmissions	0.8520	0.6932	27.8884139	17	0.6096
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	23.11%	11.44%	411	102	24.82%
Hypertension: Controlling High Blood Pressure	61.07%	67.15%	411	244	59.37%
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	23.87%	20.71%	217	I: 76 E: 31	24.65%
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	69.23%	62.07%	26	16	61.54%
CAHPS Patient Experience: Care Coordination Composite Score	89.39%	85.56%	694	NA^	89.56%
Reporting Measures					
Developmental Screening in the First Three Years of Life	79.11%	76.82%	213	164	77.00%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	51.09%	48.30%	391	171	43.73%

2020 BlueCross and BlueShield of Vermont Primary Population

	2020		
	Denominator	Numerator	Rate
Payment Measures			
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	33	9	27.27%
30 Day Follow-Up after Discharge from the ED for Mental Health	48	39	81.25%
Child and Adolescent Well-Visit	6,764	4,760	70.37%
ACO All-Cause Readmissions	37.2630439	23	0.6172
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	411	91	22.14%
Hypertension: Controlling High Blood Pressure	411	245	59.61%
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)*	196	I:70 E: 36	27.04%
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	43	30	69.77%
CAHPS Patient Experience: Care Coordination Composite Score^			
Reporting Measures			
Developmental Screening in the First Three Years of Life	801	609	76.03%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	392	166	42.35%

2020 MVP QHP Population



OneCare VT

QUALITY PERFORMANCE SCORECARD

Contract Performance Time Period 1/1/20-12/31/2020

Quality Performance Time Period 1/1/20-12/31/2020

Measure ID	Measure Description	Performance Year Numerator	Performance Year Denominator	Available Points	Performance Year Rate	Benchmark 50th Percentile	Benchmark 75th Percentile	Benchmark 90th Percentile	MVP Mean (ED Utilization Metric only)	Percentile or threshold reached Performance Year Rates compared to Benchmark	% of Available Points Earned	Performance Year Points Earned
FUA	30 Day Follow-Up After Discharge from the ED for Alcohol and	1	1	0	100.00%	13.40%	16.32%	23.08%		90%		0
FUM	30 Day Follow-Up After Discharge from the ED for Mental Health	4	6	0	66.67%	60.76%	67.68%	73.54%		50%		0
AWC	Adolescent Well-Care Visits	449	806	20	55.71%	47.40%	56.66%	65.73%		50%		10
PCR	ACO All-Cause Readmissions	3	151	20	1.99%	71.09%	63.85%	52.34%		90%		20
CDC	Diabetes Mellitus: Hemoglobin A1c Poor Control	15	70	20	21.43%	34.70%	29.11%	23.54%		90%		20
CBP	Hypertension; Controlling High Blood Pressure	209	408	20	51.23%	62.04%	69.83%	75.43%		<50%		0
IET	Initiation & Engagement of Alcohol and Other Drug Dependence	40	222	20	18.02%	23.59%	27.15%	31.82%		<50%		0
FUH	Follow-Up after Hospitalization for mental Illness (7 Day Rate)	4	6	0	66.67%	37.88%	47.83%	59.46%		90%		0
0	CAHPS Patient Experience: Care Coordination Composite Score			N/A		N/A	N/A	N/A				
		Total Available Points		100						Performance Year Total		50
Eligible Payout %												30%



OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive Session
November 16, 2021

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

The Board will now move into executive session in order to discuss subjects that are outside of the scope of the ACO’s public meetings. For this meeting, these include: (1) personnel matters; and (2) the status of ongoing contract negotiations.