



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

September 21, 2021
4:30 p.m. – 7:00 p.m.
Zoom Meeting

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	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.	CEO Strategy Discussion	Vicki Loner
4:45 p.m.	2022 Network Composition*	Sara Barry
4:55 p.m.	Public Comment Move to Executive Session* <i>Vote to Approve Resolution to Move to Executive Session</i>	John Brumsted, MD
6:55 p.m.	Votes <ol style="list-style-type: none"> 1. Approve Executive Session Consent Agenda Items 2. Approve Resolution Adopting 2022 Network Participation Variance Requests 3. Approve Resolution Adopting CPR Program Participation 4. Approve Resolution Adopting 2022 Budget and Submission to GMCB 5. Approve Resolution Approving 9th Amended and Restated Operating Agreement 	John Brumsted, MD
7:00 p.m.	Adjourn	John Brumsted, MD

*Denotes Attachments

Attachments:

1. Consent Agenda Items
 - a. Draft OneCare Public Session Minutes August 17, 2021
 - b. Board Committee Reports September 2021
 - c. Financial Statement Package July 2021

- d. Public Affairs Report September 2021
- 2. 2022 Network Composition Presentation
- 3. Resolution to Move to Executive Session



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
August 17, 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 August 17, 2021.

I. Call to Order and Board Announcements

Chair John Brumsted, MD called the meeting to order at 4:31 p.m.

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

Chair Brumsted welcomed Cynthia Turner, incoming Manager representing commercial consumers. Ms. Turner thanked the Board for the opportunity to represent consumers. 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 July 20, 2021; (2) Board Committee Reports August 2021; (3) Financial Statement Package June 2021; (4) Public Affairs Report August 2021; (5) Summary of Policy Changes; (6) 08-01 Board of Managers Nomination; and (7) 08-02 Governance. An opportunity for discussion of any of these items was offered.

A Motion to Approve the Consent Agenda Items was made by T. Dee, seconded by D. Bennett and approved by a majority vote of the Managers present. Dr. J. Saroyan and S. Lowell were not present for the vote.

IV. CPR Program Summary and Changes

Tom Borys, VP of Finance, described the Comprehensive Payment Reform (CPR) program, OneCare’s payer-blended fixed payment model for independent primary care practices. Management is interested in expanding this program because it moves the network further along the path of payment reform. Mr. Borys explained the historical payment concept to pay

both core codes, which are a set of the most commonly billed E&M codes, and non-core codes such as x-rays or labs for which payments are set on a per-practice basis. OneCare convened CPR participants and finance leaders to evaluate the current CPR model and craft 2022 program design. The group identified program adjustments for 2022, topics for future research, and discussed how risk score correlates to primary care spend. Board managers who participated in the group complimented the work. The Board discussed the difference in total spend due to the shift from prospective payments to responsive fee-for-service which resulted in small changes among participants but resulted in more equitable payments overall. The Board discussed attribution for patients who visit behavioral health practitioners embedded in primary care practices and adjusting risk using social determinants of health.

V. 2021 Midyear VBIF Performance

Sara Barry, Chief Operating Officer, introduced Josiah Mueller, Director of Value Based Care, who is a nurse, has worked at CMMI, and most recently worked at Mt. Sinai as the director of clinical analytics. Mr. Mueller described three themes of the 2021 Value Based Incentive Fund (VBIF) quality strategy: a focused, four measure approach; timeliness of data feedback; and tying payment more closely to the performance period. Payments for results are made for Q1 and Q4 results and payments are calculated based on target and stretch goals. Primary care providers earn 70% for meeting target and an additional 10% for earning stretch goals. Initial reports indicate that there is good work happening across the network, yet variation was noted in TINs and Health Service Area achievement of target and stretch goals. Going forward, Management will focus on continuous improvement, partnership with Blueprint, and maintaining focus on measures and overall approach. The Board discussed disparity between patients for whom outcomes are easy to improve and patients who are not, leveraging EMR data, and aligning measures across patients. Additional details including percentage of HSAs and TINs meeting target and stretch goals can be found in the meeting materials.

VI. Public Comment

There were no comments from the public.

VII. Move to Executive Session

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

VIII. Votes

1. Executive Session Consent Agenda Items – Approved by Majority – B. Bick was not present and did not participate in the vote. Mr. Dee voted by email.
2. Resolution Adopting 2022 Network Participation Variance Requests – Approved by Supermajority. Dr. J. Perras and D. Bennett abstained from the vote. B. Bick was not present and did not participate in the vote. Mr. Dee voted by email.

3. 3. Approve Resolution Extending Organized Health Care Arrangement – Approved by Majority. B. Bick was not present and did not participate in the vote. Mr. Dee voted by email.

IX. Adjournment

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

Attendance:

OneCare Board Members

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

Dr. J. Saroyan joined the meeting at 4:43 p.m.

S. Lowell joined the meeting at 5:00 p.m.

B. Bick exited the meeting at 6:09 p.m.

T. Dee exited the meeting at 6:21 p.m. due to internet issues.

OneCare Risk Strategy Committee

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

OneCare Leadership and Staff

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

Invited Guests

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Eric Miller, Esq. | <input checked="" type="checkbox"/> Jeff McMahan, Esq. | <input checked="" type="checkbox"/> John Kacavas, Esq. |
|---|--|--|



OneCare Board of Managers Committee Reports

September 2021

Executive Committee (meets monthly)

On September 2, the Executive Committee discussed the Vermont All-Payer Model Evaluation of the First Two Performance Years: 2018-2019 released by CMS and conducted by NORC at the University of Chicago. The Committee also reviewed and discussed OneCare's 2022 budget. The committee is next scheduled to meet on October 7, 2021.

Finance Committee (meets monthly)

At its September 8 meeting, committee members discussed the 2022 budget presentation and reviewed the Care Coordination Payments Policy. The final 2019 AIPBP Reconciliation was approved by the committee and the committee also reviewed Medicare Claims Processing statements. The committee reviewed and discussed 2020 Settlement statements for Medicare Shared Savings & AIPBP Reconciliation, BCBSVT QHP, and BCBSVT Primary programs. The committee meets next on October 13, 2021.

Population Health Strategy Committee (meets monthly)

At its September 14 meeting, the committee reviewed and discussed Care Coordination redesign. The committee also reviewed and endorsed the Community Care Coordination Payments Policy. The committee reviewed and discussed annual quality reporting, the Value-Based Incentive Fund report, and DVHA Prior Authorization materials. This committee meets next on October 11, 2021.

Patient & Family Advisory Committee (meets monthly)

The Patient and Family Advisory Committee meets next on September 27, 2021.

Clinical & Quality Advisory Committee (meets bi-monthly)

This committee meets next on October 14, 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 currently being scheduled.

Audit Committee (meets quarterly)

The committee is next scheduled to meet on November 4, 2021.

OneCare Vermont
Statement of Financial Position
For the Periods Ended

	7/31/2021	6/30/2021	Variance
<u>ASSETS</u>			
Current assets:			
Unrestricted Cash	13,383,447	14,172,093	(788,646)
OCV Reserve Funding	4,000,000	4,000,000	-
Oustanding VBIF	4,884,741	4,963,554	(78,813)
Advance Funding-Medicaid	12,123,943	12,171,043	(47,100)
Deferred par fees	2,572,101	2,608,769	(36,668)
Undistributed Grant Funding	13,512	13,512	-
Undistributed Medicare - 2019			-
Total Cash	36,977,743	37,928,970	(951,226)
Network Receivable	145,002	84,945	60,057
Network Receivable-Settlement	31,841,499	31,841,499	-
Other Receivable	767,318	(8,807)	776,125
Other Receivable-Settlement	17,802,361	17,802,361	-
Prepaid Expense	2,249,336	733,048	1,516,288
Property and equipment (net)	34,802	35,392	(590)
TOTAL ASSETS	89,818,061	88,417,408	1,400,653
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses - Accounts payable	564,605	503,706	60,899
Accrued Expenses Deliverables	36,668	37,239	(571)
Accrued PHM Expenses (payors)	1,057,271	1,013,606	43,665
Accrued Expenses	1,658,544	1,554,551	103,993
Accrued Expenses -Settlement	39,605,663	39,605,663	-
Network Payable	11,180,929	10,675,773	505,156
Network Payable-settlement	9,775,913	9,775,913	-
Notes Payable	-	-	-
CTO Liability	515,262	538,131	(22,869)
Payroll accrual	97,089	47,870	49,219
Deferred Income	18,340,759	16,965,227	1,375,531
Deferred Grant Income	13,203	13,203	-
Due to Related Parties - UVMMC	3,339,155	3,796,677	(457,522)
Due to Related Parties - DHH	-	-	-
Total Liabilities	84,526,517	82,973,008	1,553,509
Net assets:			
Unrestricted - UVMMC	2,843,214	2,843,214	-
Unrestricted - DHH	2,843,214	2,843,214	-
Current Year Profit to Date	(394,884)	(242,028)	(152,856)
Total net assets	5,291,544	5,444,400	(152,856)
TOTAL LIABILITIES AND NET ASSETS	89,818,061	88,417,408	1,400,653

OneCare Vermont

Surplus & Loss Statement: YTD JULY 2021

	Annual Budget	JULY Actual	July Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	407,254,322	34,233,432	33,937,860	295,572	240,650,195	237,565,021	3,085,174
Payor Contracts Funding	11,923,620	920,072	993,635	(73,563)	6,571,208	6,955,445	(384,237)
DSR Funding	2,900,000	-	241,667	(241,667)	-	1,691,667	(1,691,667)
Other Funding	10,472,186	730,594	872,682	(142,088)	5,184,340	6,108,775	(924,435)
Participation Fees	17,345,456	1,291,378	1,444,650	(153,273)	8,945,634	10,118,183	(1,172,549)
Total Funding	449,895,585	37,175,477	37,490,495	(315,018)	261,351,377	262,439,091	(1,087,714)
Fixed Payments	405,100,213	33,954,817	33,758,351	(196,466)	238,668,243	236,308,457	(2,359,785)
Populations Health Mgmt Payment	8,489,946	745,394	707,496	(37,898)	5,270,038	4,952,469	(317,569)
Complex Care Coordination Program	6,459,185	434,950	538,265	103,315	3,186,370	3,767,858	581,488
Value-Based Incentive Fund	2,235,990	186,332	186,332	0	1,304,327	1,304,327	0
Blueprint Funding	8,767,133	730,594	730,594	(0)	5,114,161	5,114,161	(0)
Other PHM Programs	2,937,460	137,291	244,788	107,497	871,040	1,713,518	842,479
PHM Expenses	433,989,926	36,189,379	36,165,827	(23,552)	254,414,179	253,160,790	(1,253,388)
Salaries and Fringe	9,646,062	644,527	803,838	159,312	4,602,983	5,626,869	1,023,886
Purchased Services	1,180,148	67,191	98,346	31,155	439,263	688,420	249,156
Contract & Maintenance	263,000	8,215	21,917	13,702	9,347	153,417	144,069
Lease & Rental	427,522	28,185	35,627	7,442	210,677	249,388	38,711
Utilities	44,050	1,719	3,671	1,952	14,638	25,696	11,058
Other Expenses	4,344,877	389,117	362,073	(27,044)	2,055,173	2,534,511	479,338
Operating Expenses	15,905,658	1,138,953	1,325,472	186,518	7,332,083	9,278,301	1,946,218
Total Expenses	449,895,585	37,328,333	37,491,299	162,966	261,746,261	262,439,091	692,830
Net Income (Loss)	-	(152,856)	(804)	(152,052)	(394,884)	-	(394,884)



OneCare Vermont

Public Affairs Report | September 2021

Media Coverage

Tieman: Value-based health care system shows progress

[September 14, 2021, Vermont Business](#)

Jeff Tieman, CEO of VAHHS, highlighted the good news of the CMS report showing early promising results of Vermont's All-Payer Model in his e-newsletter. The letter was re-printed here in Vermont Business. As Tieman puts it, *"In plain English, there were savings from our work and declines in unnecessary or avoidable hospital stays, which we know lead to better health outcomes. While the model's mechanics are incredibly complex, the concept is quite simple. In the most basic terms, we are bringing together providers to care for the whole person, giving doctors data and support to promote best practices, create greater collaboration with the patient and focus more on wellness and disease management than tests and procedures."*

CMS releases evaluation of Vermont all-payer model, with promising early results

[September 9, 2021, Healthcare Finance](#)

National coverage of the report released by CMS showing early promising results of Vermont's All-Payer Model. Findings include a reduction in Medicare costs and in hospital readmissions, demonstrating cost saving and the benefits of care coordination. In this piece, reporter Jeff Lagasse quotes the number of lives attributed to OneCare as 102,000. A request for a correction has been submitted, asking that that number be changed to 270,222 (the number as of January 1, 2021).

Report finds Vt. health care reform efforts showing promise

[September 7, 2021, WCAX](#)

Coverage of the report released by CMS showing early promising results of Vermont's All-Payer Model. OneCare CEO, Vicki Loner, and VT Secretary of the Agency of Human Services, Mike Smith, are interviewed. In the piece, Smith is quoted as saying, *"I think the commitment is there to make sure we change how we care for people and how we finance care, and that we finance care based on keeping someone healthy."* Vicki Loner rebuts a suggestion that value-based care leads to rationing of care.

RiseVT Helps Students Access Nature, Supports Community Health

[September 7, The Trust for Public Land](#)

RiseVT is featured in a press release about a [new mapping tool](#) developed by the Trust for Public Land that shows the lack in public access to nature near schools. Specifically, 41% of Vermont schools lack

access to nature within 10-minute walking distance from the school. *“Research shows that up to 80% of our health outcomes are determined by social and environmental factors that occur outside the boundaries of a traditional health care setting,”* remarks Emmy Wollenburg, Program Design & Implementation Specialist for the RiseVT program at OneCare Vermont and advisor to the Nature Near Schools Discovery Map. *“This is why we work in communities to invest in infrastructure that supports opportunities for Vermonters to be more active and enjoy the mental health benefits of spending time in our natural playground. Our advocacy efforts with our partners in the Huntington community made the Huntington Community Forest possible—now kids can easily work outdoor play time into their school day and the whole community can enjoy recreating in the area as well.”*

CMS releases evaluation of Vermont all-payer model: Early results are promising

[September 9, 2021, VTDigger](#)

Publication of OneCare Vermont’s media release.

Vermont health program reduced hospital stays, saved money

[September 6, 2021, Modern Healthcare](#)

National coverage of the report released by CMS showing early promising results of Vermont’s All-Payer Model. Findings include a reduction in Medicare costs and in hospital readmissions, demonstrating cost saving and the benefits of care coordination.

Vermont health program reduced hospital stays, saved money

[September 3, 2021, Associated Press](#)

Coverage of the report released by CMS showing early promising results of Vermont’s All-Payer Model. OneCare CEO, Vicki Loner, and Vermont’s director of Health Care Reform, Ena Backus, are quoted.

This AP article was picked up by these national and local news outlets:

- [Vt. All-Payer Model Reduced Hospital Stays, Saved Money - Bollyinside](#)
- [Vermont health program reduced hospital stays, saved money \(Boston Globe on msn.com\)](#)
- [Vermont Health Program Reduced Hospital Stays \(San Francisco Chronicle\)](#)
- [Vermont health program reduced hospital stays, saved money \(stamfordadvocate.com\)](#)
- [Vermont health program reduced hospital stays, saved money \(chron.com\)](#)
- [Vermont health program reduced hospital stays, saved money \(myjournalcourier.com\)](#)
- [Vermont health program reduced hospital stays, saved money \(myplainview.com\)](#)
- [Vermont health program reduced hospital stays, saved money \(manisteenews.com\)](#)
- [Vermont health program reduced hospital stays, saved money | Ap | eagletimes.com](#)
- [Vermont health program reduced hospital stays, saved money | Vermont Wire | rutlandherald.com](#)
- [Vermont health program reduced hospital stays, saved money | Vermont Wire | timesargus.com](#)

Report: Vt. all-payer model reduced hospital stays, saved money

[September 3, 2021, WCAX](#)

A quick news piece covering the positive early results of the Vermont All-Payer Model. The coverage highlights that the costs for Medicare patients in the system saved money in 2018 and 2019 and that the system reduced both hospital stays and the number of people being readmitted to the hospital within 30 days.

CMS evaluates Vermont All-Payer Model: Early results are 'promising'

[September 3, 2021, Vermont Business](#)

Publication of OneCare Vermont's media release.

Government Relations

State Legislative Update

The first meeting of the Task Force on Affordable and Accessible Health Care was held on August 19. The Task Force addressed organizational issues including election of co-chairs, the charge for the committee, timeline for meetings, and discussion of goals and priorities. The Committee will be chaired by Rep. Bill Lippert (D-Hinesburg) and Sen. Ginny Lyons (D-Chittenden), who are chairs of the House HealthCare and Senate Health and Welfare Committees respectively.

The group has been tasked with identifying the primary drivers of health insurance premium increases in Vermont by reviewing the findings and recommendations from previous studies and analyses relating to the affordability of health care coverage in Vermont. The Task Force will also determine actions the State can take without federal assistance to address the unmet health care needs of Vermont residents and employers as well as analyzing the long-term trends in out-of-pockets costs in Vermont for individual and small and large group health insurance plans. Lastly, the Task Force is asked to identify opportunities to decrease health disparities, especially those highlighted by the COVID-19 pandemic and those attributable to a lack of access to affordable health care services.

The Task Force was allocated \$125,000 for a consultant to assist the group. The Joint Fiscal Office and Legislative counsel will also provide assistance to the Task Force by providing them with data and a list of previous studies. The Task Force will meet monthly until December and draft recommendations will be complete by the November meeting.

Green Mountain Care Board

Through the month of August, the Green Mountain Care Board (GMCB) focused on the hospital budget process which included budget presentations from all the hospitals except two who were granted waivers from presenting, Gifford Medical Center (Gifford) and Northwestern Medical Center (NMC) approve Gifford and NMC's budgets as presented. Budget presentations concluded on August 27 and the since that time, the GMCB has continued to deliberate hospital budgets, either approving or adjusting each hospital's requested budget. The most current status of the GMCB deliberations can be found [here](#). After reconsiderations have been heard and the budgets have been finalized, official budget orders will be released.

Outreach and Advocacy

OneCare Staff Spotlight

OneCare’s staff spotlight series features some of our talented team members who work diligently on each of OneCare’s core capabilities: data and analytics, payment reform, and network performance management. Shawntel Burke, CPC, CPC-P is Quality Measurement Program Coordinator for OneCare. Our quality measurement work falls under our network performance management core capability, monitoring the quality of care in our provider network and identifying opportunities for improved patient experience and better health outcomes for Vermonters. As Burke puts it, *“I love this work—working with quality metrics and interacting with providers. Using clinical and claims-based measures, I get to help identify quality improvement opportunities for our participating providers who are committed to shifting our health care system to one that produces better processes and healthier outcomes for our patient population.”*

A graphic for a staff spotlight. On the left, there is a white box with a green border containing text. On the right, there is a photograph of Shawntel Burke, a woman with blonde hair, wearing a dark blue polo shirt with a white collar and white cuffs, smiling in front of a rocky outdoor background with greenery.

OneCare
STAFF SPOTLIGHT

I love this work—working with quality metrics and interacting with providers. Using clinical and claims based measures, I get to help identify quality improvement opportunities for our participating providers who are committed to shifting our health care system to one that produces better processes and healthier outcomes for our patient population.

Shawntel Burke
CPC, CPC-P
Quality Measurement Program Coordinator

Social Media Highlight

OneCare posted to its social media channels about National Suicide Prevention Week, a time to raise awareness about the importance of mental health care. Mental health challenges continue to be exacerbated during these challenging times, impacting the overall health and well-being of Vermonters. At OneCare, increasing access to mental health services - and incorporating it into a holistic approach to care - is a key strategy to improving quality of care and health outcomes in Vermont. We support our health care providers in implementing best practices to get Vermonters the mental care they need.

Care Navigator User Group

October 22, 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.

PY 22 Network Composition & Program Expansion



OneCare Vermont

onecarevt.org



Network Composition: PY21 & PY22

Organization Type	PY21	PY22	Changes
Hospitals (includes employed physicians/providers)	14	14	
FQHC's	9	9	
Independent PCP's *	27	27	2 returning; 1 retired; 1 termination
In CPR Program *	12	15	
Naturopaths	6	5	1 retirement
Specialists	25	23	1 closure 1 termination
Continuum^	46	47	1 SNF termination; 2 SNF joined

* Wingate & Seyferth have 2 TINs each are included

^ SNF, Home Health & Hospice, Designated Agencies, Special Service Agencies, ASC

Payer Program Participation Expansion

21 Organizations expanded program participation:

- 3 hospitals joined BCBSVT programs (Copley, NVRH, RRMC)
- 18 Participants/Preferred Providers joined commercial programs (17 BCBSVT; 1 BCBSVT & MVP)
 - Independent Primary Care – 1
 - Specialists – 4
 - SNF – 7
 - FQHCs – 3
 - DAs – 2
 - Home Health – 1



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive Session
September 21, 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) strategic planning subjects that are or use trade secret information; (2) attorney client communications; (3) the status of ongoing contract negotiations; and (4) discussion of pending litigation.