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

March 16, 2021
4:30 p.m. – 6:50 p.m.
Teleconference Only

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	John Brumsted, MD
4:31 p.m.	Welcome Board Manager, Invited Guests, and Members of the Public ▪ New Board Manager Bob Bick representing Designated Agencies ▪ Appreciating Todd Keating for his service to the Board ▪ Presenters Stephen Graves and Kristi Cross, DNP, RN ▪ Members of the public in attendance	John Brumsted, MD
4:35 p.m.	Consent Agenda Items* *Vote to Approve Consent Agenda Items*	John Brumsted, MD
4:40 p.m.	Governance* *Vote to Approve Resolution Appointing Representatives to Committees*	John Brumsted, MD
4:45 p.m.	Diversity, Equity, and Inclusion: OneCare Board and Committees*	Vicki Loner/ Stephen Graves
5:15 p.m.	Care Coordination: Bennington Health Service Area*	Norman Ward, MD/ Kristi Cross, DNP, RN
5:30 p.m.	Public Comment Move to Executive Session* *Vote to Approve Resolution to Move to Executive Session*	John Brumsted, MD
6:45 p.m.	Votes 1. Approve Executive Session Consent Agenda Items 2. Approve Resolution Authorizing Extension of Line of Credit	John Brumsted, MD
6:50 p.m.	Adjourn	John Brumsted, MD

*Denotes Attachments

Attachments:

1. Consent Agenda Items
    a. Draft of OneCare Public Session Minutes February 16, 2021
    b. Board Committee Reports March 2021
    c. Financial Statement Package January 2021
    d. CMO Corner March 2021

e. Public Affairs Report March 2021
f. Resolution Adopting Committee Reimbursement for Consumer Managers
g. 2021 Quality Improvement Plan Endorsed by Population Health Strategy Committee March 9, 2021
h. Summary of Policy Changes March 2021
i. 05-04 Subcontractor Management Policy
j. 06-19 Complaints, Grievances, and Appeals for Attributed Lives Policy

2. Governance
    a. Resolution Adopting Representatives to Committees
3. Diversity, Equity, and Inclusion: OneCare Board and Committees Presentation
4. Care Coordination: Bennington Health Service Area Presentation
5. Resolution to Move to Executive Session

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
February 16, 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 February 16, 2021.

I. Call to Order and Board Announcements

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

II. Welcome

Dr. Brumsted welcomed members of the public in attendance.

III. Consent Agenda Items

The Board reviewed Consent Agenda Items including: (1) Draft of OneCare Public Session Minutes January 19, 2021; (2) Board Committee Reports February 2021; (3) Financial Statement Package December 2020; (4) CMO Corner February 2021; and (5) Public Affairs Report February 2021. An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by S. Gordon, seconded by T. Dee and approved by a unanimous vote.

IV. Governance

Chair Brumsted introduced the resolution to approve a nominee to Board of Managers and described the nominee's qualifications to fill the Designated Agencies seat on the Board of Managers. An opportunity for discussion was offered.

A Motion to Approve the Resolution Adopting Representative to the Board of Managers was made by S. Leblanc, seconded by J. Sayles and approved by a unanimous vote.

V. Lessons Learned from HSA Consultation Quarterly Meetings

Norman Ward, M.D., OneCare Chief Medical Officer, and Tom Borys, VP of Finance presented lessons learned from the Health Service Area (HSA) Consultation Quarterly Meetings which are held with hospitals to share input and feedback on performance. The discussions include clinical and financial performance benchmarked against the network, demonstrations of OneCare data analytic tools, and introductions of OneCare staff available to support hospitals' quality and performance improvement projects. OneCare shares confidential reports that include performance summary information, reviews financial data, and helps to determine quality improvement projects or actions that could be taken by the HSA. The goal is to have these meetings quarterly. Management will continue these HSA consultation meetings and looks forward to sharing end of year results for 2020, and practice-specific reports of selected utilization. A Board member offered that their hospital had favorable experiences with the meeting and that it helped tailor some of their efforts. Additional details can be found in the meeting materials packet.

VI. Policies

Sara Barry, Chief Operating Officer, described changes to the Privacy and Security Policies, including that they were separated for added clarity and to ensure alignment with OneCare's contractual obligations. Additional details can be found in the meeting materials packet. An opportunity for discussion was offered.

A Motion to Approve the Resolution Adopting Policy 07-03 Privacy and Policy 07-09 Security was made by T. Keating, seconded by T. Dee, and approved by a unanimous vote.

VII. Public Comment

There were no comments from the public.

VIII. Executive Session

After expressing disappointment with the extra requirements, Chair Brumsted stated that the Board would move to executive session to discuss the status of ongoing contract negotiations; strategic and planning subjects that are or use trade secret information; information that is protected against disclosure by Data Use Agreements; and attorney client communications.

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

IX. Votes

1. Approve Executive Session Consent Agenda Items – Approved
2. Approve Resolution Amending the 2021 Program of Payments and Attached Policies – Approved by Supermajority
3. Approve Resolution Adopting 2021 Annual Compliance Work Plan - Approved

Upon a Motion made by J. Sayles, seconded by S. Kraft, and approved by a unanimous vote, the meeting adjourned at 6:49 p.m.

Attendance:

OneCare Board Members

- ☒ Dan Bennett
- ☒ John Brumsted, MD
- ☒ Michael Costa
- ☒ Betsy Davis
- ☒ Tom Dee
- ☒ Claudio Fort
- ☒ Steve Gordon
- ☒ Joe Haddock, MD
- ☐ Coleen Kohaut
- ☒ Sally Kraft, MD
- ☒ Todd Keating
- ☒ Steve LeBlanc
- ☒ Sierra Lowell
- ☒ Pamela Parsons
- ☐ Joseph Perras, MD
- ☒ Robert Pierattini, MD
- ☒ Toby Sadkin, MD
- ☒ John Saroyan, MD
- ☒ John Sayles
- ☒ Adriane Trout, MD

OneCare Risk Strategy Committee

- ☐ Jeffrey Haddock, MD
- ☒ Shawn Tester
- ☒ Brian Nall
- ☒ Robyn Alvis
- ☐ Steve Leffler, MD
- ☐ Joe Woodin

OneCare Leadership and Staff

- ☒ Vicki Loner
- ☒ Sara Barry
- ☒ Greg Daniels, Esq.
- ☒ Tom Borys
- ☒ Norman Ward, MD
- ☒ Amy Bodette
- ☒ Martita Giard
- ☒ Linda Cohen, Esq.
- ☒ Lucie Garand
- ☒ Ginger Irish

Invited Guests

- ☒ Kevin Stone

OneCare Board of Managers Committee Reports
March 2021

Executive Committee (meets monthly)
At its March 4 meeting, the Executive Committee reviewed and nominated a candidate to the Risk Strategy Committee and a candidate to the Finance Committee. OneCare discussed strategy with the Committee. The Committee spent time reviewing the strategic planning process and initiatives including reflections on the summary document, next steps in revising the OneCare mission, vision, and values, and discussing communications with stakeholders and the participant network. The committee is next scheduled to meet on April 1, 2021.

Finance Committee (meets monthly)
At its March 10 meeting, the January 2021 Financial Statements were shared and approved by the committee. The Committee reviewed and discussed its charter. OneCare presented information regarding claims for the 2021 Medicare cohort that were processed incorrectly by CMS. The Committee reviewed the Amendment to Line of Credit Agreement between OneCare Vermont and TD Bank. The committee discussed 2020 Settlement updates, 2021 Delivery Service Reform funding, 2021 Health Information Technology funding, and Commercial Contracts reports. The Finance Committee meets next on April 7, 2021.

Population Health Strategy Committee (meets monthly)
At its March 9 meeting, the committee reviewed and approved the Clinical Priorities and the 2021 Quality Improvement Plan. OneCare shared the themes from the first two Primary Care Workgroup sessions that have been held and participants provided feedback throughout the meeting for next steps. The committee is next scheduled to meet on April 12, 2021.

Patient & Family Advisory Committee (meets monthly)
At its February 23 meeting, OneCare updated the committee about strategic planning work and diversity, equity, and inclusion efforts in governance. The committee expressed interest in sharing feedback regarding diversity, equity, and inclusion as it relates to the Patient and Family Advisory Committee. OneCare presented annual compliance training and conflict of interest to the committee. The committee reviewed and discussed the Patient and Family Advisory Committee Charter and gave feedback to OneCare about revisions to the document. The committee also discussed topics important to members for 2021 including access to health care and COVID-19. The committee is next scheduled to meet on March 23, 2021.

Clinical & Quality Advisory Committee (meets bi-monthly)
This committee meets next on April 8, 2021.

Pediatric Subcommittee (meets bi-monthly)
The committee meets next on March 18, 2021.

Laboratory Subcommittee (meets quarterly)
At its March 2 meeting, Committee Chair Dr. Mark Fung presented draft text designed to accompany laboratory reporting of glomerular filtration rate (a common measure of kidney function) to assist patients in understanding the implications of chronic kidney disease. Reduced kidney function can impact choice of certain medications, cautions when considering use of contrast for certain radiological studies, and the need for additional lab studies to gauge the degree of impairment. This topic will be discussed further at the next Clinical and Quality Advisory Committee meeting. The committee is next scheduled to meet next June 1, 2021.

Prevention and Health Promotion Advisory Committee (meets quarterly)
The committee is next scheduled to meet on May 4, 2021.

Audit Committee (meets quarterly)
The committee is next scheduled to meet on May 12, 2021.

OneCare Vermont
Statement of Financial Position

For the Periods Ended	**1/31/2021**	**12/31/2020**	**Variance**
ASSETS			
Current assets:			
Unrestricted Cash	14,102,889	20,594,819	(6,491,929)
OCV Reserve Funding	4,000,000	4,000,000	-
Oustanding VBIF	3,762,280	5,723,007	(1,960,727)
Advance Funding-Medicaid	12,400,318	-	12,400,318
Deferred par fees	2,747,265	2,747,265	-
Undistributed Grant Funding	37,695	37,695	-
Undistributed Medicare - 2019	-	6,442,801	(6,442,801)
Total Cash	37,050,446	39,545,586	(2,495,140)
Network Receivable	197,923	135,340	62,583
Network Receivable-Settlement	465,646	1,387,213	(921,567)
Other Receivable	(0)	110,679	(110,679)
Other Receivable-Settlement	(0)	4,717,550	(4,717,550)
Prepaid Expense	107,103	125,385	(18,282)
Property and equipment (net)	39,699	40,741	(1,042)
TOTAL ASSETS	**37,860,817**	**46,062,495**	**(8,201,677)**
LIABILITIES AND NET ASSETS			
Current liabilities:			
Accrued Expenses	2,441,431	2,504,619	(63,188)
Accrued Expenses -Settlement	10,001	19,580,015	(19,570,014)
Network Payable	8,990,459	11,272,517	(2,282,058)
Network Payable-settlement	-	791,794	(791,794)
Notes Payable	-	-	-
CTO Liability	513,265	557,094	(43,829)
Payroll accrual	105,611	42,756	62,855
Deferred Income	18,195,449	3,443,912	14,751,536
Deferred Grant Income	37,695	37,695	-
Due to Related Parties - UVMMC	2,095,454	2,207,572	(112,119)
Due to Related Parties - DHH	(0)	(0)	-
Total Liabilities	**32,389,363**	**40,437,974**	**(8,048,611)**
Net assets:			
Unrestricted - UVMMC	2,812,260	2,843,213	(30,952)
Unrestricted - DHH	2,812,260	2,843,213	(30,952)
Current Year Profit to Date	(153,066)	(61,904)	(91,161)
Total net assets	**5,471,455**	**5,624,521**	**(153,066)**
TOTAL LIABILITIES AND NET ASSETS	**37,860,817**	**46,062,495**	**(8,201,677)**

OneCare Vermont

Surplus & Loss Statement: YTD January 2021

	Annual Budget	January Actual	January Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	$ 474,007,074	$ 33,601,575	$ 39,500,590	$ (5,899,014)	$ 33,601,575	$ 39,500,590	$ (5,899,014)
Payor Contracts Funding	$ 12,935,039	$ 640,516	$ 1,077,920	$ (437,404)	$ 640,516	$ 1,077,920	$ (437,404)
DSR Funding	$ 3,900,000	$ -	325,000	(325,000)	-	325,000	(325,000)
Other Funding	$ 8,739,838	$ 715,912	$ 728,320	$ (12,408)	$ 715,912	$ 728,320	$ (12,408)
Participation Fees	$ 17,335,806	$ 1,244,647	1,444,650	(200,003)	1,244,647	1,444,650	(200,003)
Total Funding	**$ 516,917,757**	**$ 36,202,650**	**$ 43,076,480**	**$ (6,873,829)**	**$ 36,202,650**	**$ 43,076,480**	**$ (6,873,829)**
Fixed Payments	$ 471,426,239	$ 33,391,399	$ 39,285,520	$ 5,894,121	$ 33,391,399	$ 39,285,520	$ 5,894,121
Populations Health Mgmt Payment	$ 9,694,801	$ 449,845	807,900	358,055	449,845	807,900	358,055
Complex Care Coordination Program	$ 6,475,652	$ 517,704	539,638	21,934	517,704	539,638	21,934
Value-Based Incentive Fund	$ 2,000,000	$ 137,605	$ 166,667	$ 29,062	$ 137,605	$ 166,667	$ 29,062
Blueprint Funding	$ 8,401,660	$ 700,138	$ 700,138	$ (0)	$ 700,138	$ 700,138	$ (0)
Other PHM Programs	$ 2,786,857	$ 121,808	$ 232,238	$ 110,430	$ 121,808	$ 232,238	$ 110,430
PHM Expenses	**$ 500,785,209**	**$ 35,318,499**	**$ 41,732,101**	**$ 6,413,602**	**$ 35,318,499**	**$ 41,732,101**	**$ 6,413,602**
Salaries and Fringe	$ 9,823,181	$ 654,727	818,598	163,871	654,727	818,598	163,871
Purchased Services	$ 970,950	$ 52,268	80,913	28,645	52,268	80,913	28,645
Contract & Maintenance	$ 321,500	$ -	26,792	26,792	-	26,792	26,792
Lease & Rental	$ 493,816	$ 31,298	41,151	9,853	31,298	41,151	9,853
Utilities	$ 40,194	$ 651	3,350	2,699	651	3,350	2,699
Other Expenses	4,482,905	298,273	373,575	75,302	298,273	373,575	75,302
Operating Expenses	$ 16,132,547	1,037,218	1,344,379	307,161	1,037,218	1,344,379	307,161
Total Expenses	**$ 516,917,757**	**$ 36,355,716**	**$ 43,076,480**	**$ 6,720,764**	**$ 36,355,716**	**$ 43,076,480**	**$ 6,720,764**
Net Income (Loss)	**$ -**	**$ (153,066)**	**$ -**	**$ (153,066)**	**$ (153,066)**	**$ -**	**$ (153,066)**

OneCare Vermont Board of Managers

CMO Corner – March 2021

1. **Health Service Area Consultations –** The second round of meetings with each hospital leadership team will begin in April. Updated cost and utilization data will be provided to hospital leaders in each Health Service Area in the participant network.
2. **COPD/Asthma Learning Collaborative –** Dr. Christina Carter, Timber Lane Allergy and Asthma Associates, will present at the next didactic portion of the Asthma/COPD Collaborative March 19. Dr. Carter will speak about the role of allergy testing in management of common respiratory conditions.
3. **Social Determinants of Health (SDOH) ICD-10-CM Code Additions** – Sarah DeSilvey, DNP, FNP-C, SDOH Clinical Informatics Director of the Gravity Project is a family nurse practitioner at Northwest Medical Center. In her national work with the Gravity Project, she is leading initiatives to upgrade the ICD-10 coding system to permit accurate and more detailed entry of social and environmental factors to support clinical care of patients at high social risk. We are grateful for her participation with OneCare Vermont's clinical committees as the Regional Clinician Representative from St. Albans.
4. **COVID Impact on Adult versus Pediatric Primary Care –** OneCare's Utilization Management Workgroup analytic team recently prepared an analysis of the reduction in adult and pediatric primary care encounters before and after the March 2020 onset of the pandemic. After the pandemic began, pediatric primary care was reduced by 40% compared to a 20% reduction in adult primary care services. The implications of these findings were discussed at the Population Health Strategy Committee of February 8. The differential adverse financial impact on pediatric practices was noted.
5. **Primary Care Workgroup –** This group has met on February 18 and March 4 to gain insights on next steps to support primary care practices in the OneCare Vermont network. Three themes that have emerged are supportive strategies for primary care workforce preservation, a review of care coordination strategies most likely to improve clinical outcomes, and improved data reporting strategies. The third meeting of the series will be March 25 and the workgroup plans to prioritize several projects for the Population Health Strategy Committee to consider.

OneCare Vermont

Public Affairs Report | March 2021

Government Relations

Legislative Update

State

The Covid-19 Relief Bill and state budget continue to be the main focus of the current legislative session. Crossover for bills is slated for the week of March 15. Vicki Loner met Representative Leslie Goldman, a new member to the House Health Care Committee this year, to answer her questions about OneCare.

Federal

On Tuesday, March 2, there was a four and half hour congressional hearing on Medicare Telehealth Expansion. The House Committee on Energy & Commerce subcommittee on Health hosted a panel of national association stakeholder groups advocating to make payment for telehealth services, as expanded under the pandemic, permanent. The panel also wants restrictions lifted that continue to limit providers from providing care remotely, including the waiving of the geographic originating site restrictions. There is bipartisan support to expand and make permanent telehealth services, but it was also acknowledged new guardrails will have to be put in place in order to prevent fraud and abuse. Legislative members from throughout the country commented on the important role of telehealth during the pandemic and some members focused on how telehealth would be included in alternative payment models such as capitated payment for primary care practice office visits. Footage of the hearing, the list of panelists, their testimony, and Committee Chair Memos and briefings can all be found here: https://energycommerce.house.gov/committee-activity/hearings/hearing-on-the-future-of-telehealth-how-covid-19-is-changing-the

Green Mountain Care Board

The Green Mountain Care Board (GMCB) is finalizing its 2022 Hospital Budget Guidance.

Outreach and Advocacy

Thomas Chittenden Health Center Improves Chronic Pain Management Practices

In 2019, the Thomas Chittenden Health Center (TCHC), with funding from OneCare, developed and implemented a quality improvement (QI) project in an effort to improve chronic pain management across the practice. As a member of OneCare's community of providers, TCHC is committed to transitioning to OneCare's value-based model that is designed to provide financial stability and support higher quality of care.

Thomas Chittenden Health Center Improves Chronic Pain Management Practices

The chronic pain management QI project at TCHC was informed by increased knowledge of how opioids work in the human body to become addictive, as well as an understanding of the link to mental health conditions like depression, anxiety, adverse childhood experiences, and previous trauma. Mental health screening was implemented as part of the project, having a high impact on reducing opioid prescriptions when underlying mental health issues were identified and treated properly.

After completion of the project, TCHC saw a reduction of 22% when comparing overall 2018 to 2019 annual morphine equivalents prescribed. Learn more about how this QI project resulted in Vermonters receiving more appropriate care and also reduced opioid prescribing at: https://www.onecarevt.org/20210219-tchc.

Role of Allergy Testing and Allergy Control Measures in Improving Outcomes in Asthma

March 19, 12:00 - 1:00 p.m.
Learning objectives of this session are to: recognize the role of allergy testing in identifying environmental risk factors for allergic asthma; identify allergy control measures to improve allergic asthma control, including allergen immunotherapy; and the value of allergy testing and allergy control measures in improving outcomes in allergic asthma. Register here.

Knowledge Hour & Learning Collaborative: COPD and Asthma Medication Therapy

April 8, 12:00 - 1:00 p.m.
Learning objectives of this session are to: review asthma and COPD medication classes and explain the mechanisms of action; review helpful tips for inhaler use and the importance of spacers; and discuss insurance formulary common guidelines and how to make best medication choices under guidelines of coverage. Register here.

Follow Us

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

Questions? Contact OneCare Public Affairs using the Contact Us form on our website or email us at public@onecarevt.org.

OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Adopting
Committee Reimbursement for Consumer Managers
March 16, 2021

Whereas, as a result of the pandemic, since March 2020, Committees have not met in person, but the Consumer Managers continue to incur costs to participate in Committee meetings as Committee Members and to chair Committee meetings;

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

1. The Board, having reviewed and discussed the costs incurred by Consumer Managers to chair Committee meetings hereby directs that up to $150 per meeting be paid to each Consumer Manager upon his/her request for chairing a Committee meeting in any forum retroactive to March 2020.
2. The Board, having reviewed and discussed the costs incurred by Consumer Managers to serve as Committee Members hereby directs that up to $50 per meeting be paid to each Consumer Manager upon his/her request for participation in a Committee meeting in any forum retroactive to March 2020.
3. At such time as Committees meet in person again, the cost allowance will revert to being available only for attendance at in-person meetings unless the Board otherwise directs.
4. Management is directed to implement a Policy to meet the terms set forth in this Resolution.

2021 Quality Improvement Plan

BACKGROUND:

OneCare's Quality team is committed to designing and implementing quality improvement activities within the OneCare Vermont network. The aim is to promote a high value health care delivery system that improves population health by enhancing access to Primary Care, reducing death due to suicide and drug overdose, and reducing prevalence and morbidity of chronic disease. Improvements in population health and best practice protocols are reflected within performance rates of nationally recognized quality measures. Quality measures are an integral component of OneCare's payer programs and regulatory commitments. OneCare's Quality team members serve as subject matter experts on all ACO quality measures, data collection, and evidence based Process Improvement (PI) techniques that facilitate continuous improvement. OneCare provides financial incentives to its network for high quality measure performance through the Value Based Incentive Fund (VBIF).

2021 AREAS OF FOCUS:

The focus of the Quality department in 2021 is on achieving measurable improvements in four pre-selected quality measures, successful completion of 2020 annual quality abstraction, and development of a systematic process for utilization of unearned VBIF dollars. The four quality measures included in the 2021 VBIF program as endorsed by OneCare's Population Health Strategy Committee (PHSC) and approved by its Board of Managers are as follows:

- Diabetes HbA1C Poor Control >9%
- Hypertension: Controlling High Blood Pressure
- Developmental Screening in the First Three Year of Life
- Screening for Clinical Depression & Follow Up

The Quality team will also compare 2019 to 2020 overall quality measure report cards and use year over year performance to further identify opportunities for improvement and focused engagement. Given the unknown impact of the pandemic on quality measure performance in 2020 and 2021, areas of focus may shift as learnings are discovered.

2021 GOALS:

Goal 1: Improvement in 2021 VBIF Quality measures as evidenced by 10% or greater increase in OneCare aggregate score of each measure over 2020 baseline year

> **Objective: To demonstrate the value and efficacy of OneCare in positively impacting population health through quality measurement, timely data reporting, and optimization of financial incentives distributions.**

KEY STRATEGIES:

- Interdepartmental planning
- Network communication
- Quarterly abstraction
- Data compilation (Analytics)
- Communication of results and process improvement planning with network TINs
- Monitoring

KEY ACTIVITIES

- Determine quarterly measurement, abstraction and reporting process in partnership with Analytics (Q1)
- Establish plan for quarterly abstraction of all Primary Care TINs including acquisition of EMR access or other abstraction mechanism (Q1)
- Perform 2020 quality abstraction to be used as baseline (Q1)
- Establish 2020 OneCare aggregate baseline and 2021 target performance (Q2)
- Conduct quarterly abstraction of randomly selected records by TIN; document results within REDCap (Q2)
- Once Analytics has compiled data from REDCap and 3 months claims runout has passed, QI Specialists download performance reports from Qlikview app and share with practices. (Q3, Q4, Q1 2022, Q2 2022)
- Quality team members conduct gap analyses based on findings to identify and prioritize improvement initiatives across the Network. They conduct research to identify quality improvement best practices or clinical practice guidelines in relation to clinical areas of focus and collaborate with stakeholders to create solutions and/or take action to address opportunities for improvement. PI plans and solutions are shared with community partners to achieve broad approaches that span settings of care. (Q3, Q4, Q1 2022)
- Process Improvement support, tools and training are provided to TINs to support improvements in performance rates over the year. (Q3, Q4, Q1 2022)

Goal 2: Successful completion and submission of 2020 payer chart abstraction

Objective: To track performance in the All Payer Model clinical quality measures and to guide quality improvement initiatives for OneCare and its network participants.

KEY STRATEGIES:

- Resource planning
- Team development
- Team training
- Abstraction & Data Entry
- Interrater Reliability Testing
- Submission

KEY ACTIVITIES:

- Secure resources and develop plan to abstract records across payer programs (Q1)
- Ensure all new and existing abstracting staff are knowledgeable of measure specifications, acceptable data elements, and navigation of EMRs (Q1)
- Conduct inter-rater reliability testing (Q1, Q2)
- Monitor and track progress (Q1, Q2)
- Submit results to each payer by established deadline (Q1, Q2)

Goal 3: Design a systematic process for utilization of unearned VBIF funds

Objective: To create a predictable process with stakeholder input that ensures appropriate allocation of funds towards quality initiatives and/or tools.

KEY STRATEGIES:

- Stakeholder training, brainstorming, and ranking of ideas
- Communication with Population Health Strategy Committee and Board of Managers

KEY ACTIVITIES:

- Convene broad array of stakeholders representing various facets of the OneCare network to offer input and suggestions regarding a systematic process for utilization of unspent VBIF dollars (Q2)
- Present background, funding mechanisms, and historical examples of spend (Q2)
- Compile recommendations & present to Population Health Strategy Committee (Q3)
- Execute agreed upon plan following final distributions in Q2 2022 (Q3)

SUMMARY:

The aforementioned activities provide focus and aim to achieve targeted improvements in measures and processes that improve quality of care. OneCare values input, recognizes the dynamic nature of quality improvement efforts, and will work closely with network participants and collaborators, payer partners, State agencies, and OneCare Committees including PHSC and Patient Family Advisory Committee while moving through the 2021 Quality Improvement Plan.

Board of Managers Summary of Policy Changes

Public Session

March 2021

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

- **05-04 Subcontractor Management**
  - **Description**: Ensures that OneCare conducts oversight and monitoring of any entity with which it subcontracts (as defined in the VMNG Program Agreement).
  - **Key Changes:** The definitions of *Subcontract* and *Subcontractor* were updated in alignment with the 2021 Medicaid Program Agreement to reflect that OneCare Participants, Preferred Providers, their employees, and the work they perform are not subject to a Subcontract nor are they considered Subcontractors. Additionally, minor edits were made to improve clarity.
  - **Committee Endorsement:** N/A

- **06-19 Complaints, Grievances, and Appeals for Attributed Lives**
  - **Description**: Provides Attributed Lives with a means to address Complaints, Grievances, and Appeals with OneCare.
  - **Key Changes:** Changes reflect improved structure, additional definitions, and enhanced clarity of requirements as indicated in the references to GMCB Rules, 42 CFR, HIPAA, and ACO Payer Agreements.
  - **Committee Endorsement:** N/A

Policy Number & Title:	05-04 Subcontractor Management
Responsible Department:	Contracting
Author:	Martita Giard, Director, ACO Contracting
Original Implementation Date:	January 1, 2017
Revision Effective Date:	March 16, 2021

I. Purpose: To ensure that OneCare conducts oversight and monitoring of any entity with which it subcontracts ("Subcontractor(s)") for the performance of Delegated Activities related to the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access ("VMNG Agreement"), as set forth under its terms, and in compliance with any applicable statute, regulation, rule, or law.

II. Scope: Applicable to OneCare and any entity with which it subcontracts for the performance of any Delegated Activities. Participant and Preferred Providers, and their employees, are not Subcontractors and are excluded from these oversight and monitoring requirements.

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:

Delegated Activities refers to activities OneCare is obligated to perform under the terms of the VMNG Agreement that it delegates to a Subcontractor to perform under a Subcontract.

Oversight refers to the regular review and assessment of a Subcontractor's execution of its obligations under the Subcontract, through onsite or remote review of the Subcontractor's performance, review and analysis of reports and other data, and by requiring and monitoring implementation of corrective action/performance improvement as appropriate.

Subcontract refers to a contractual agreement between OneCare and any entity that performs Delegated Activities related to the VMNG Agreement or any administrative entities not involved in the actual delivery of medical care but performing Delegated Activities. By way of example, a subcontract for software is not considered a Subcontract, but subcontracts with independent case management organizations would be.

Subcontractor refers to a party to a Subcontract other than OneCare. Participant and Preferred Providers, and their employees, are not Subcontractors.

Value-Based Care Payment refers to the full-risk capitation payment model as set forth in Attachment B "Payment Provision" to the VMNG Agreement.

IV. Policy: Upon approval by DVHA, OneCare may delegate authority to perform Delegated Activities to a Subcontractor. OneCare will conduct oversight and monitoring of any Subcontractor for the performance of any Delegated Activities. OneCare remains responsible for the performance of any activities described in the VMNG Agreement.

A. Responsibilities

1. OneCare shall ensure Subcontracts comply with all contracting requirements set forth in Section 2.9 of the VMNG Agreement and under 42 C.F.R. § 438.230, as well as all general requirements for Medicaid contracts and subcontracts under 42 C.F.R. § 434.6.
2. OneCare shall have policies and procedures addressing auditing and monitoring Subcontractors' data, data submissions and performance as set forth in Section 2.9 of the VMNG Agreement.

3. OneCare shall ensure Subcontractors meet the same requirements as OneCare under the VMNG Agreement.
4. OneCare shall ensure it can demonstrate its Subcontractors are in compliance with the requirements of OneCare under the VMNG Agreement.
5. OneCare shall require Subcontractors providing direct services to have quality improvement goals and performance improvement activities specific to the types of services provided by the Subcontractors.
6. OneCare shall monitor the financial stability of Subcontractor(s) whose payments are equal to or greater than five percent (5%) of DVHA's annual Value-Based Care Payment to OneCare.
7. At least annually, OneCare shall obtain audited financial statements including statement of revenues and expenses, balance sheet, cash flows, and changes in equity/fund balance from the Subcontractor, use it to monitor the Subcontractor's performance, and make it available to DVHA upon request.
8. OneCare shall submit an annual report on its Subcontractors' compliance, corrective actions and outcomes of its monitoring activities.
9. OneCare shall integrate Subcontractors' performance data (when applicable) into OneCare's information system to accurately and completely report OneCare performance and confirm VMNG Agreement compliance.

B. Enforcement

OneCare may impose sanctions for Subcontractor's failure to perform Delegated Activities in compliance with its obligations under the Subcontract, including requiring Subcontractor to implement a corrective action plan, revoking its delegation under the Subcontract, or imposition of any other sanction provided for under the VMNG Agreement.

V. Review Process: This policy will be reviewed annually and in accordance with the terms of the VMNG Agreement.

VI. References:

- Contract for Personal Services with the State of Vermont, Department of Vermont Health Access
- 42 C.F.R. § 438.230
- 42 C.F.R. § 434.6

VII. Related Policies/Procedures: N/A

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

Management Approval:

Director, ACO Contracting Date

Chief Operating Officer Date

Board of Managers Approval:

Chair, OneCare Vermont Board of Managers Date

Policy Number & Title:	06-19 Complaints, Grievances, and Appeals for Attributed Lives
Responsible Department:	Operations
Author:	Joan Zipko, Director, Operations
Original Implementation Date:	January 1, 2018
Revision Effective Date:	March 16, 2021

I. **Purpose:** To provide Attributed Lives with a process for addressing Complaints, Grievances and Appeals with OneCare. Processes not within OneCare's authority to resolve, such as Appeals, will be referred to the relevant Payer process, as described in this Policy, and in accordance with applicable laws, regulations, and Payer Program Agreement terms.

II. **Scope:** Applicable to members of OneCare's Workforce, Members of the Board of Managers and Board Committees, Providers, and other members of OneCare's Network.

III. **Definitions:** Capitalized terms have the same definition as set forth in OneCare's *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Adverse Benefit Determination refers to a determination by a Commercial Payer regarding benefits afforded to an Attributed Individual under a commercial health plan, or a determination by DVHA regarding matters defined by 42 CFR § 438.400(b) under the VMNG Program.

Appeal refers to review of an Adverse Benefit Determination. Such reviews remain with the relevant Payer and are subject to the Grievance and Appeal Process of that Payer.

Clinical Decision-Making refers to the process engaged in by licensed clinicians—such as physicians, physician assistants, nurses, and physical therapists, among others—involving the judicious use of evidence, and taking into account both the expertise of the clinician and the needs and wishes of the individual patient, to make and implement decisions regarding the patient's care. A decision made by a Payer that impacts this process, such as denying authorization for certain treatments, procedures, or courses of care, is considered an Adverse Benefit Determination rather than a part of the clinical decision-making process.

Grievance refers to an Attributed Individual(s)'s expression of dissatisfaction about actions taken by OneCare or its Providers that relate to Attributed Lives such as dissatisfaction with an ACO Program, an ACO Program policy, or a Provider affiliated with a Payer, which may include the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Attributed Individual's "Member Rights", as that term is defined in this Policy, regardless of whether remedial action is requested. Grievances related to clinical decision-making or an Adverse Benefit Determination are resolved with the Payer(s).

Grievance and Appeal Process refers to the process by which a Payer addresses Appeals of Adverse Benefit Determinations and Grievances.

Member Rights refers to rights afforded to Attributed Lives by GMCB Rule 5.000, the relevant ACO Program Agreement—including those set forth in sections 4.7 through 4.10 of the VMNG Program Agreement—and by any applicable federal and state laws, rules, and regulations.

VMNG Program refers to the Vermont Medicaid Next Generation Accountable Care Organization ACO Program administered by OneCare and services by its member Providers.

IV. Policy: OneCare shall maintain a process for Attributed Lives to bring and resolve Complaints and Grievances, and to refer Appeals of Adverse Benefit Determinations, as well as certain Grievances, to the Grievance and Appeal Process of the relevant Payer(s).

OneCare will ensure Attributed Lives are provided with copies of Medical Records and other relevant documents necessary to participate in this process, and will fully cooperate in the Grievance and Appeal Processes of Payers. At all times during this process, OneCare will work with Attributed Lives, their families and representatives to resolve Complaints and Grievances.

A. Complaints: An Attributed Individual may make a Complaint at any time. If the Complaint cannot be resolved informally, OneCare will assist the individual with submitting a Grievance, including completion of forms and other relevant steps associated with this process.

B. Grievances: An Attributed Individual may also present a Grievance orally or in writing at any time. An initial effort to resolve a Grievance informally is not required. OneCare will provide reasonable assistance with completing forms and taking other procedural steps related to the process, as well as with providing auxiliary aids and services, such as interpreter services, upon request.

Upon receiving a Grievance, OneCare will appoint appropriate representatives to consider the Grievance pursuant to the requirements of 42 CFR §438.406 and will provide the Attributed Individual with notice of its determination within 14 days in a manner and format that may be easily understood and is readily accessible. The 14-day timeframe may be extended due to the complexity of the review, in which case the Attributed Individual will be notified of the delay and provided a response within a reasonable timeframe not to exceed 90 days.

If an individual attributed to the VMNG Program is unsatisfied with OneCare's determination concerning a Grievance, OneCare will offer them the opportunity to escalate the Grievance to DVHA's Grievance and Appeal Process, and will provide them with contact information for the Office of the Health Care Advocate.

C. Appeals: OneCare will refer Appeals presented by individuals attributed by Commercial Payers to the relevant Payer's Grievance and Appeal Process. Similarly, OneCare will refer Appeals presented by individuals attributed to the VMNG Program to DVHA's Grievance and Appeal Process, while serving as the first line of intake, and will further advise them of their right to escalate the matter to the State Fair Hearing process in accordance with 42 CFR § 438.408.

D. Evidence and Testimony: OneCare will provide the Attributed Individual with a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments.

OneCare will inform individuals attributed to the VMNG Program of the limited time available sufficiently in advance of the resolution timeframe for Appeals as specified in § 438.408(b) and (c) in the case of expedited resolution, respectively 30 days or 72 hours.

E. Medical Records, Documents, and Other Records: OneCare will ensure the Attributed Individual, and their representative(s), is provided with any records necessary to the process if requested, including: medical records, other relevant documents or records, and any new or additional evidence considered, relied upon, or generated by OneCare - or at OneCare's direction - in connection with this process.

OneCare will ensure this information is provided free of charge and sufficiently in advance of the resolution timeframe for Grievances or Appeals, as specified in § 438.408(b) and (c).

F. Notification: OneCare will provide notice regarding disposition of a Grievance in the following manner:

a. Attributed Individual: OneCare will provide notice to the Attributed Individual as expeditiously as their Attributed Individual's health condition requires, and within State-established timeframes that may not exceed the timeframes specified in 42 CFR § 438.408(b) and (c).

b. Payers: OneCare will provide notice to the relevant Payer at the same time it provides Notice to the Attributed Individual.

c. Office of the Healthcare Advocate: No less than twice per year, or as directed by the Green Mountain Care Board ("GMCB"), OneCare will provide aggregated reports of Complaints and Grievances to the Office of the Health Care Advocate. OneCare will provide the information in de-identified form in accordance with 45 CFR § 164.514.

d. Green Mountain Care Board: As directed, but no less than twice per year, OneCare will provide aggregated reports of Complaints and Grievances to the GMCB. OneCare will provide this information in de-identified form in accordance with 45 CFR § 164.514.

G. Maintenance of Records: OneCare will maintain accurate records of Complaints, Grievances, and Appeals in accordance with GMCB Rule 5.208 and OneCare's policy entitled *06-01 Documentation and Maintenance of Records*.

V. Review Process: This policy will be reviewed annually and in accordance with the terms of OneCare's ACO Program agreements with Payers, and with federal and state law and regulations.

VI. References:

- OneCare ACO Program agreements with Payers
- GMCB Rules 5.000, 5.208, 5.501, and 5.503
- 42 CFR §438.400
- 42 CFR §438.406
- 42 CFR §438.408
- 45 CFR §164.514
- HIPAA Privacy and Security Rules

VII. Related Policies/Procedures:

- 06-01 Documentation and Maintenance of Records Policy
- O05-44 OneCare Inquiries, Complaints, Grievances and Appeals 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 Manager Approval:

Chair, OneCare Board of Managers	Date

OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Adopting Representatives to Committees
March 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 appointments:

A. Representative to serve on the Risk Strategy Committee.

B. Representative to serve on the Finance Committee.

Diversity, Equity & Inclusion: OneCare Board & Committees

Survey Feedback & Recommended Next Steps

Stephen Graves, DEI Consultant

March 16, 2021

Overview:

- Results & Findings
- Recommendations
- Next Steps

Survey: Committee & Board Demographics

- 100% of respondents are white
- 1 respondent is a New American (2%)
- 4 respondents are living with a disability (8.2%)
- 3 respondents do not speak English as their first language (6.1%)
- 7 respondents answered that they are asexual, bisexual, gay, lesbian, or pansexual (14.3%)
- 21 respondents identify as women (42.9%)
- 25 respondents identify as men (51%)
- 2 choose not to disclose their gender identity (4.1%)
- None responded as genderqueer, nonbinary

Survey: Board Demographics

- No persons living with a disability serve on the Board
- 2 respondents on the Board do not speak English as their first language (11.8%)
- 10 of the members responding identify as men (58.8%)
- All of the members responding identify as heterosexual

Suggestions on increasing diversity among board & committees

"You should seek out people of diverse "race, ethnicity, LGBTQ+ representation, people with disabilities and ask them, or review literature, rather than asking this cis-straight white woman."

"Our tendency can be towards selecting people we think meet the highest qualifications for jobs/tasks. Need to learn to place emphasis on how a less qualified person's background could better balance a team and bring creative solutions."

"Ask Board & Committees to establish meeting norms around inclusion & safety, intentional recruitment and "Board Buddy" program for new Board & Committee members."

"Solicit members from the Health Network's DEI Committee and State LGBTQ+ Groups."

Additional Thoughts or Feedback:

"It may be useful to do a "self-bias test" – we all have them, but often aren't aware."

"Establishing a culture of safety and inclusion will benefit everyone serving on Boards and Committees. It will take concentrated focus and attention – can't just be a side project taken on by a few."

"OneCare should establish a goal to identify health disparities by race, ethnicity, sexual orientation, and gender identity, and use data to improve equity of care and measure progress."

"We will have to gain the trust of BIPOC communities by walking the walk…Culture change within OVC will be the biggest factor in our success."

Recommendations:
Immediate Next Steps & Tactics

- Principles
- Policies
- Processes & Practices
- Programs

Principles

- ❑ Conduct facilitated discussion as Board & Committees, exploring individual and group biases that hinder safety & inclusion
- ❑ Hold strategic visioning sessions to create strategy and goals for Diversity, Equity and Inclusion
- ❑ Articulate how DEI will be embedded into OneCare & the Board's business goals
- ❑ Establish mission, vision, and value statements for DEI and Anti-Racism at OneCare

Programs

- ❑ Conduct ***paid*** focus groups with key groups in marginalized communities to gather feedback and feelings about OneCare and criteria for Board and Committee recruitment

Key Demographics:

- BIPOC
- Transgender Community
- People with Disabilities

Key Groups (Examples):

- UVMHN DEI Committees
- UVM College of Medicine DEI Office
- AALV
- Outright Vermont
- Pride Center

Policies

- ❑ Review Board Requirements & Expectations; Review Committee Charters for biased criteria and language

- ❑ Revise expectations and charters as needed, based on focus group data, to ensure commitment to DEI and anti-racism is reflected

Processes & Practices

- ❑ Investigate formal and informal processes for recruiting and onboarding new Board or Committee members

- ❑ Incorporate various interventions into candidate screening, successor planning, meeting facilitation, ideation for inclusion:
  - “Interview Bundles”
  - “Inclusive Wording”
  - “Neutral Meeting Observer”

- ❑ Establish a recurring agenda item at each meeting for DEI efforts:
  - Share stories & reflections
  - Highlight progress
  - Analyze data collection and tracking

Care Coordination:
Bennington Health Service Area

Kristi Cross, DNP, RN
Director of Bennington Blueprint for Health
Project Director Bennington Opioid Response Team
Co-Chair Bennington Community Collaborative

Southwestern Vermont
HEALTH CARE

Care Coordination

Bennington is committed to effective care coordination to achieve population health management

CareCoordination Year	OCVT CareManaged Goal	Bennington HSA
2019	15%	36%
2020	15%	20%
Current	15%	16%

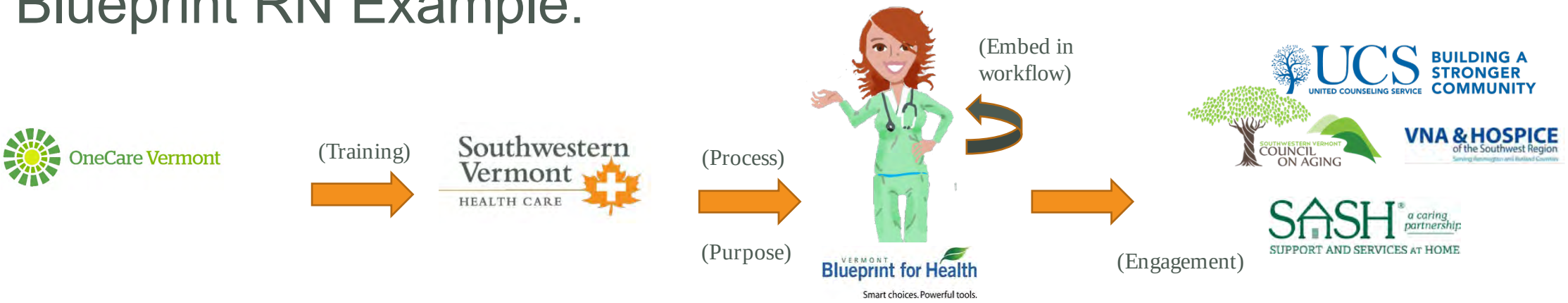
1) Defining process and purpose is essential
2) Care coordination in population health management is different than traditional clinical care coordination

Care Coordination Framework

Two Principles

- Process and Purpose - guides the training and determines engagement
- Keep it Simple - integrate into existing workflows

Blueprint RN Example:



Care Coordination Opportunities

- Care coordination does not have to be complex to be effective
  - Automatic Medication Dispenser Example

Solution:
-Demonstrate simplicity with examples

Care Coordination Opportunities

- Community partners are willing to participate, but may not have the resources to fully engage
  - Must build their own framework and approach
  - May not have the ability to embed into existing workflows

Solution:
-Support community partners in developing their own framework
-Identify needs to keep it simple

Care Coordination Opportunities

- Care coordination documentation for population health management is a new skill
-

Clinical Documentation	Care Coordination Documentation
• Transitions of Care Discussion • Medication Reconciliation • Subjective Data/Clinical Impressions • Objective Data/Behavioral Observations • Assessment • Care Coordination Plan	• Care Coordination Plan

Solution:
-Documentation education
-Templates and examples

Care Coordination Success

Centralized and Secure Communication Tool

+

Real-Time Care Team Information

=

Care Navigator Enhances Care Coordination

Care Coordination Goals

- Community engagement
- Build skills for care coordination documentation
- Integrating process AND purpose
- Optimizing tools

Recap

1) Defining process and purpose is essential

2) Care coordination in population health management is different than traditional clinical care coordination

Questions:

Kristi.Cross@svhealthcare.org

OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive Session
March 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) the status of ongoing contract negotiations; and (2) strategic and planning subjects that are or use trade secret information.