



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

**July 20, 2021**  
**4:30 p.m. – 6:45 p.m.**  
**Zoom Meeting**

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	Joe Perras, MD
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public <ul style="list-style-type: none"> <li>▪ Board Manager Stuart May</li> </ul>	Joe Perras, MD
4:33 p.m.	Consent Agenda Items* <i>Vote to Approve Consent Agenda Items</i>	Joe Perras, MD
4:35 p.m.	Governance* <i>Vote to Approve Resolution Appointing Consumer Representative to the Board of Managers</i>	Joe Perras, MD
4:40 p.m.	Audit of 2020 Financial Statements	Dan Bennett/ Tom Borys
4:50 p.m.	Comprehensive Payment Reform Program Summary and Changes**	Tom Borys* <b>POSTPONED TO AUGUST 17</b>
5:10 p.m.	Public Comment Move to Executive Session* <i>Vote to Approve Resolution to Move to Executive Session</i>	Joe Perras, MD
6:40 p.m.	Votes <b>1.</b> Approve Executive Session Consent Agenda Items	Joe Perras, MD
6:45 p.m.	Adjourn	Joe Perras, MD

\*Denotes Attachments

### **Attachments:**

- 1.** Consent Agenda Items
  - a. Draft OneCare Public Session Minutes June 15, 2021
  - b. Board Committee Reports July 2021
  - c. Financial Statement Package May 2021
  - d. Public Affairs Report July 2021

- e. Summary of Policy Changes
- f. 05-05 Contractual Signature Authority
- g. 09-01 Quality Improvement and Management (New)
- 2. Governance**
  - a. Resolution Appointing Consumer Representative to the Board of Managers
- 3. Comprehensive Payment Reform Program Summary and Changes Presentation**
- 4. Revised Resolution to Move to Executive Session**



**OneCare Vermont Accountable Care Organization, LLC  
Board of Managers Meeting  
June 15, 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 June 15, 2021.

I. Call to Order and Board Announcements

Board 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 noted that Pam Parsons will be leaving the Board and thanked her for her service as a Board Manager. He also noted the upcoming departure of Dr. Norman Ward, Chief Medical Officer, and thanked him for his service. The Chair welcomed members of the public in attendance and invited them to introduce themselves.

III. Consent Agenda Items

The Board received Consent Agenda Items including: (1) Draft of OneCare Public Session Minutes May 18, 2021; (2) Board Committee Reports June 2021; (3) Financial Statement Package April 2021; (4) CMO Corner June 2021; and (5) Public Affairs Report June 2021. An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by B. Bick, seconded by M. Costa and approved by a supermajority vote.

IV. Governance

Chair Brumsted introduced a Resolution to approve a Board Manager representing FQHCs. An opportunity for discussion was offered.

A Motion to Approve the Resolution Appointing Representative to the Board of Managers was made by M. Costa, seconded by S. LeBlanc and approved by a unanimous vote.

V. Vermont RETAIN

Karen Huyck, MD, Medical Director for Vermont RETAIN, described the Vermont RETAIN project that helps Vermonters return to work after disability. RETAIN reduces long-term work disability and Vermont was awarded additional funding that is being used to further develop robust return-to-work services and programming in partnership with primary care practices and OneCare. Dr. Huyck noted that unemployment is an independent risk factor for chronic disease. The Board discussed increased disability claims from long-haul COVID and people at risk for infection, outcomes related to care coordination, and expanding Vermont RETAIN in Windham County.

VI. Financial Dashboard

Tom Borys, VP of Finance, described the sample 2021 Financial Report Package to enhance information shared with the network. The package includes ACO financial performance at the network, Health Service Area, and Participant levels and will soon be distributed to ACO Participants. The Board discussed lag data, when the report will be available to Participants, and noted that feedback from the Network used to develop the reports.

VII. Exploring Health Equity with OneCare Data

Dr. Norm Ward presented data analytics available to the ACO to examine health equity. Data for race and ethnicity are limited in payer data and EMR data. Management is hopeful that VITL will improve access to race and ethnicity data. Using available zip code data, Management found a correlation between poverty rates in specific zip codes and mammography rates. ICD-10 Z-codes for billing track social determinants of health. The Vermont legislature recently passed Act 33 to support obtaining health equity data. The Board discussed whether funding to pay for disparities will be available in conjunction with Act 33, how to support provider use of Z-codes, and whether race and ethnicity data were gathered during Vermont's vaccination effort for COVID-19.

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. Perras, seconded by S. LeBlanc and was approved by a unanimous vote.

X. Votes

1. Executive Session Consent Agenda Items – Approved – C. Kohaut was not present and did not participate in the vote.
2. Resolution Adopting Policies – Approved by supermajority - C. Kohaut was not present and did not participate in the vote.

XI. Adjournment

Upon a Motion made by B. Bick, seconded by T. Dee and approved by a unanimous vote, the meeting adjourned at 6:36 p.m.

**Attendance:**

OneCare Board Members

- |   |   |  |
|---|---|--|
| <input 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 checked="" type="checkbox"/> Steve LeBlanc         | <input type="checkbox"/> John Sayles                 |
| <input checked="" type="checkbox"/> Michael Costa     | <input checked="" type="checkbox"/> Sierra Lowell         | <input type="checkbox"/> Adriane Trout, MD           |
| <input checked="" type="checkbox"/> Betsy Davis       | <input type="checkbox"/> Pamela Parsons                   | <input checked="" type="checkbox"/> Rick Vincent     |
| <input checked="" type="checkbox"/> Tom Dee           | <input checked="" type="checkbox"/> Joseph Perras, MD     |  |
| <input type="checkbox"/> Claudio Fort                 | <input checked="" type="checkbox"/> Robert Pierattini, MD |  |
| <input checked="" type="checkbox"/> Steve Gordon      |   |  |

C. Kohaut left the meeting at 6:15 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 |  |  |

OneCare Leadership and Staff

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

Invited Guests

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Karen Huyck, MD,<br>RETAIN | <input checked="" type="checkbox"/> Christine McDonough,<br>RETAIN |
|--|--|

# OneCare Board of Managers Committee Reports

## July 2021

### **Executive Committee (meets monthly)**

The executive committee did not meet in July. The committee conducted business electronically to nominate a Consumer Manager to the OneCare Board of Managers. The committee is next scheduled to meet on August 5, 2021.

### **Finance Committee (meets monthly)**

At its July 14 meeting, members approved the May financial statements and June meeting minutes. The committee reviewed, discussed and recommended to the Board of Managers the 2022 CPR Policy as presented. The committee discussed the 2021 Fixed Payment Analysis and the Medicare QPP Payments. The meeting closed with a brief discussion of the 2022 budget process. The Finance Committee meets next on August 11, 2021.

### **Population Health Strategy Committee (meets monthly)**

The committee conducted business electronically to review and recommend approval of the new Quality Improvement and Management policy. A subset of both the PHSC and Finance committee will meet in August to discuss 2022 funding for care coordination investments. This committee meets next on September 14, 2021.

### **Patient & Family Advisory Committee (meets monthly)**

At its June 22 meeting, committee members discussed updates from the Board of Managers and recent news media coverage. The committee participated in an in-depth discussion of the care coordination program design for Program Year 2022, the committee's charter and scope, and a workgroup that committee members have formed to help develop public-facing messaging regarding OneCare. The Patient and Family Advisory Committee meets next on July 27, 2021.

### **Clinical & Quality Advisory Committee (meets bi-monthly)**

This committee meets next on August 12, 2021.

### **Pediatric Subcommittee (meets bi-monthly)**

Due to summer schedules and lack of committee member availability, the July 15 meeting was cancelled. This committee is next scheduled to meet on September 16, 2021.

### **Laboratory Subcommittee (meets quarterly)**

The committee is next scheduled to meet next September 7, 2021.

### **Prevention and Health Promotion Advisory Committee (meets quarterly)**

The Prevention and Health Promotion Committee's next meeting is scheduled for August 3, but may be rescheduled to better fit the schedules of the committee members.

**Audit Committee (meets quarterly)**

At its June 29 meeting, the Audit Committee met with invited guests from PwC to review the results of PwC's audit of OneCare's 2020 financial statements. The committee discussed control procedure recommendations, reviewed and approved compliance policies, reviewed the CCPO quarterly report and annual compliance work plan, and had a robust discussion regarding claims audits. The committee is next scheduled to meet on August 4, 2021.

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

	5/31/2021	4/30/2021	Variance
<b><u>ASSETS</u></b>			
<b>Current assets:</b>			
Unrestricted Cash	15,177,705	12,286,664	2,891,040
OCV Reserve Funding	4,000,000	4,000,000	-
Oustanding VBIF	4,698,558	4,433,563	264,996
Advance Funding-Medicaid	12,232,878	12,272,862	(39,984)
Deferred par fees	2,687,661	2,728,932	(41,271)
Undistributed Grant Funding	25,589	25,589	-
Undistributed Medicare - 2019			-
<b>Total Cash</b>	<b>38,822,392</b>	<b>35,747,610</b>	<b>3,074,781</b>
Network Receivable	348,416	245,773	102,643
Network Receivable-Settlement	31,841,498	31,841,498	-
Other Receivable	780,394	860,094	(79,701)
Other Receivable-Settlement	18,028,071	18,028,071	-
Prepaid Expense	1,436,351	2,310,134	(873,783)
Property and equipment (net)	35,982	36,572	(590)
<b>TOTAL ASSETS</b>	<b>91,293,104</b>	<b>89,069,753</b>	<b>2,223,351</b>
<b><u>LIABILITIES AND NET ASSETS</u></b>			
<b>Current liabilities:</b>			
Accrued Expenses - Accounts payable	406,014	506,316	(100,301)
Accrued Expenses Deliverables	32,937	100,839	(67,902)
Accrued PHM Expenses (payors)	1,013,606	847,531	166,076
Accrued Expenses	1,452,557	1,454,685	(2,128)
Accrued Expenses -Settlement	39,605,663	39,605,663	-
Network Payable	12,127,003	9,409,649	2,717,354
Network Payable-settlement	9,775,912	9,775,912	-
Notes Payable	-	-	-
CTO Liability	586,966	565,000	21,966
Payroll accrual	14,855	183,726	(168,871)
Deferred Income	17,844,381	18,649,956	(805,575)
Deferred Grant Income	25,589	25,589	-
Due to Related Parties - UVMMC	4,351,067	3,812,389	538,678
Due to Related Parties - DHH	-	-	-
<b>Total Liabilities</b>	<b>85,783,994</b>	<b>83,482,570</b>	<b>2,301,425</b>
<b>Net assets:</b>			
Unrestricted - UVMMC	2,843,214	2,843,214	-
Unrestricted - DHH	2,843,214	2,843,214	-
Current Year Profit to Date	(177,318)	(99,244)	(78,074)
<b>Total net assets</b>	<b>5,509,110</b>	<b>5,587,184</b>	<b>(78,074)</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>91,293,104</b>	<b>89,069,753</b>	<b>2,223,352</b>



**OneCare Vermont**

Surplus & Loss Statement: YTD May 2021

	Annual Budget	YTD Budget	YTD Prior Month	May Actual	May Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	407,254,322	169,689,301	136,082,561	36,513,775	33,937,860	2,575,915	172,596,337	169,689,301	2,907,036
Payor Contracts Funding	11,923,620	4,968,175	3,787,096	933,674	993,635	(59,961)	4,720,770	4,968,175	(247,405)
DSR Funding	2,900,000	1,208,333	-	-	241,667	(241,667)	-	1,208,333	(1,208,333)
Other Funding	10,472,186	4,363,411	2,968,839	734,760	872,682	(137,922)	3,703,599	4,363,411	(659,811)
Participation Fees	17,345,456	7,227,274	4,996,923	1,323,731	1,444,650	(120,920)	6,320,654	7,227,274	(906,620)
<b>Total Funding</b>	<b>449,895,585</b>	<b>187,456,494</b>	<b>147,835,419</b>	<b>39,505,941</b>	<b>37,490,495</b>	<b>2,015,446</b>	<b>187,341,359</b>	<b>187,456,494</b>	<b>(115,134)</b>
Fixed Payments	405,100,213	168,791,755	134,939,534	36,235,034	33,758,351	(2,476,683)	171,174,568	168,791,755	(2,382,813)
Populations Health Mgmt Payment	8,489,946	3,537,478	3,022,347	752,031	707,496	(44,535)	3,774,378	3,537,478	(236,900)
Complex Care Coordination Program	6,459,185	2,691,327	1,947,320	357,350	538,265	180,915	2,304,670	2,691,327	386,657
Value-Based Incentive Fund	2,235,990	931,662	666,667	264,996	186,332	(78,663)	931,662	931,662	0
Blueprint Funding	8,767,133	3,652,972	2,922,378	730,594	730,594	(0)	3,652,972	3,652,972	(0)
Other PHM Programs	2,937,460	1,223,942	372,820	222,410	244,788	22,379	595,229	1,223,942	628,712
<b>PHM Expenses</b>	<b>433,989,926</b>	<b>180,829,136</b>	<b>143,871,065</b>	<b>38,562,414</b>	<b>36,165,827</b>	<b>(2,396,587)</b>	<b>182,433,480</b>	<b>180,829,136</b>	<b>(1,604,344)</b>
Salaries and Fringe	9,646,062	4,019,192	2,574,755	754,136	803,838	49,703	3,328,891	4,019,192	690,302
Purchased Services	1,180,148	491,728	369,992	(49,130)	98,346	147,476	320,862	491,728	170,866
Contract & Maintenance	263,000	109,583	17,027	(17,027)	21,917	38,944	-	109,583	109,583
Lease & Rental	427,522	178,134	135,922	17,897	35,627	17,730	153,819	178,134	24,315
Utilities	44,050	18,354	8,311	1,027	3,671	2,643	9,339	18,354	9,016
Other Expenses	4,344,877	1,810,365	957,590	314,697	362,073	47,376	1,272,287	1,810,365	538,078
<b>Operating Expenses</b>	<b>15,905,658</b>	<b>6,627,358</b>	<b>4,063,597</b>	<b>1,021,600</b>	<b>1,325,472</b>	<b>303,871</b>	<b>5,085,197</b>	<b>6,627,358</b>	<b>1,542,160</b>
<b>Total Expenses</b>	<b>449,895,585</b>	<b>187,456,494</b>	<b>147,934,663</b>	<b>39,584,014</b>	<b>37,491,299</b>	<b>(2,092,716)</b>	<b>187,518,677</b>	<b>187,456,494</b>	<b>(62,183)</b>
<b>Net Income (Loss)</b>	<b>-</b>	<b>-</b>	<b>(99,244)</b>	<b>(78,074)</b>	<b>(804)</b>	<b>(77,269)</b>	<b>(177,318)</b>	<b>-</b>	<b>(177,318)</b>



# OneCare Vermont

Public Affairs Report | July 2021

## Media Coverage

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### **Hoffer, Vermont Auditor, Goes Way off the Rails on Reform**

[July 8, 2021, A Vermont Journal](#)

After a lot of critique in the media, this article is a fun read for those of us who are part of OneCare and believe in our good work. Hamilton Davis dives deep into discrediting the state auditor's report on his audit of the All-Payer Model and defends the progress and financial investment in OneCare.

### **GMCB: All-Payer Model scale increased by over 67000 lives in 2020, needs more**

[June 30, 2021, Vermont Biz](#)

In this article, read a summary of the Annual ACO Scale Target and Alignment Report for Performance Year 3 and learn important context about the scale targets. As stated in the article, "Despite significant and increasing growth in scale year-over-year, it is no surprise that Vermont remains shy of the scale targets set forth in the APM agreement.... All-Payer scale represents a significant stretch goal, and includes populations for which the state has no data or regulatory leverage." This coverage points to the fact that the report offers additional measures of scale to provide a fuller picture of the APM's statewide scope and adoption as compared to the narrow return on investment analysis put forth in the state auditor's report of his audit of the APM.

### **State auditor has his numbers wrong, again**

[Friday, June 25, 2021, St. Albans Messenger](#)

In this editorial, Emerson Lynn strongly states his opinion that state auditor Doug Hoffer's report about his audit of the APM is politically motivated. Lynn says of Hoffer, "He does not like the all-payer model; more to the point, he doesn't like the thought that it's taking the place of a single payer health care model; his preference." Lynn goes on to explain that, among other arguments, the APM may be the closest to single-payer Vermont will ever get, but even if single-payer happens someday, the all-payer model needs to happen first.

### **Michael Long: OneCare is not the problem with Vermont's health care**

[Mon, June 28, 2021, VTDigger](#)

Michael Long of Burlington defends OneCare in light of the recent release of the state auditor's report on his audit of the APM. In this commentary, Long makes strong arguments in support of OneCare. For example he says, "Scoops pretending to unmask the failure of OneCare and the squandering of tax

dollars serve only to undermine the change required to improve health and reduce cost simultaneously.”

## Would-be whistleblower sues OneCare for wrongful termination

[June, 24, 2021, VTDigger](#)

This article covers the June 2, 2021 lawsuit filed by a former employee of OneCare Vermont. OneCare’s response is quoted in the piece, saying that the employee “had worked for the organization less than two months, and the concerns he raised at the time ‘were thoroughly investigated and determined to have no merit.’” and that the employee “filed a lawsuit based on these very same allegations almost three years ago and then voluntarily dismissed it. It’s unfortunate to spend time and resources revisiting those allegations, but we intend to defend against this suit.”

## State auditor report: All-payer system costs more than it’s saving

[Mon, June 21, 2021, VTDigger](#)

This article is very similar to the Seven Days article above, outlining Hoffer’s conclusions of his audit, the response from OneCare CEO Vicki Loner, and the defense of the APM and OneCare by AHS Secretary Mike Smith and by GMCB Chair Kevin Mullin. As in the Seven Days article, Secretary Smith points out, “Predictable payments from Medicaid have added stability for Vermont’s system of care, especially considering unprecedented disruption from Covid-19.” And more of Loner’s statement is included in this piece where she states, “This work takes time and investment and OneCare’s 4,000+ providers are committed to providing high-quality, effective care for Vermonters and have seen positive health outcomes as the result of their joint efforts in OneCare.... We are proud of the good work being done in our state and the deep commitment to tackling one of the most pressing issues of our time.”

**Similar coverage to Seven Days and VTDigger articles on this topic:**

- **Vermont auditor: Health program missed financial goal**  
[June 21, 2021, Associated Press](#)
- **Vermont Auditor Health Program Missed Financial Goals**  
[June 21, 2021, WCAX](#)
- **Audit says all-payer model yet to save money; leaders question focus on costs**  
[June 21, 2021, Bennington Banner](#)
- **Auditor: Vermont has spent nearly \$30 million on OneCare without saving on health care**  
[June 21, 2021, Burlington Free Press](#)
- **Auditor says OneCare Vermont failing to meet Medicaid financial targets**  
[June 21, 2022, Valley News](#)

## OneCare Vermont Costs More Than It's Saving the State, Auditor Finds

[Mon, Jun 21, 2021, Seven Days](#)

This article outlines the findings in State Auditor Doug Hoffer’s report on his audit of the All-Payer Model (APM). It outlines what we, at OneCare, believe to be an individual’s general conclusions and perspective that the financial costs of the APM exceed the Medicaid savings attributed to the model. CEO Vicki Loner states that OneCare disagrees with Hoffer, pointing out that that his report fails to capture the benefits of OneCare’s work to transform Vermont’s healthcare system to value-based care. Additionally, in support of the good work being done toward the goals of the APM, both AHS Secretary Mike Smith and Kevin Mullin, chair of the Green Mountain Care Board, remarked that the report was too narrow and, as Secretary Smith put it in the article, “did not highlight the complexity of the change

that is being undertaken nor acknowledge realistic timeframes for measurable results may leave a reader without a clear picture of performance.”

## 10 years after it was created, has the Green Mountain Care Board worked?

[June 20, 2021, VTDigger](#)

OneCare is mentioned in this article that focuses on a critique of the Green Mountain Care Board. The article outlines the history of the board, its role as a regulator—pointing out that it both advocated for the creation of an ACO like OneCare and now regulates it—and questions how to measure GMCB’s success.

## Vermont Reform Now a Dumpster Fire: Can it be Contained; Can it be Put Out?

[June 20, 2021, A Vermont Journal](#)

In this piece, Hamilton Davis is highly critical of the “As OneCare plans for 5 more years, leaders are deciding what’s next” article by Katie Jickling at VTDigger. He very plainly talks about the vendetta he believes VTDigger has against OneCare and clarifies OneCare’s role in Vermont’s healthcare reform landscape.

## Vermont considering 5-year extension of its all-payer model

[June 15, 2021, Becker’s Hospital Review](#)

This article briefly describes ongoing consideration regarding renewal of the All Payer Model (APM) by its signatories, AHS and GMCB, to extend the APM into 2028. The current five-year plan will continue through the end of 2022.

## As OneCare plans for 5 more years, leaders are deciding what’s next

[June 13, 2021, VTDigger](#)

This article covers the fact that the Green Mountain Care Board expects the state to come to some kind of agreement with the federal government for another five-year All Payer Model (APM) agreement. It is critical of the progress made on the APM and incorrectly equates OneCare with the APM. The typical critique of missing scale targets is repeated without highlighting the progress OneCare has made. Kevin Mullin is quoted at the end as saying, “There’s no clear blueprint for how to do this... Far, far too often, we decide to commit to a new health policy, and ... we give up too early. It’s not reasonable to expect it would change the health care system on a dime.”

# Government Relations

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## State Legislative Update

On June 28, the Health Care Reform Oversight Committee (HROC) was provided an overview by the Joint Fiscal Office (JFO), the Agency of Human Services (AHS), and the Green Mountain Care Board (GMCB). The JFO and AHS provided the committee a high level [overview](#) of the Global Commitment Waiver and the Vermont All Payer Model (APM), including the current [renewal process](#) underway. They explained that while the Global Commitment and the VT APM are unique, they closely intersect with each other. The signers of the VT APM are seeking a one year extension to the model due to the pandemic which would allow for an additional year to negotiate the next round of the model. The GMCB provided a brief

[overview](#) of their regulatory role under the VT APM. The Global Commitment renewal application can be found [here](#).

## Green Mountain Care Board

At the June 9 meeting, GMCB staff [presented](#) their recommendations for the 2022 ACO budget and certification process. There are minimal changes in the overall process and requirements but changes have been made to help streamline the reporting and submission process to better reflect information availability and timing. Some additional questions were included as part of the certification and budget process involving ACO self-evaluation (evaluating its accountability strategy and risk model at the local hospital service area and provider level). A public comment period was initiated and at the June 23 meeting the Board voted to approve the recommended ACO budget and certification process. All of the budget and certification materials for 2022 including the public comment can be found [here](#).

During the morning session of the June 23 GMCB meeting, consultant Eric Shell of Stroudwater Associates gave a presentation on the [“Future of Rural Healthcare, a Vision for Vermont for 2030”](#). Shell noted that Vermont is leading the way nationally in transforming “sick care” to “health care”. He also noted that in Vermont, OneCare is a “payment system aggregator” that enables consistent payment to all providers and should continue to push towards aggregating nearly all-payer fixed payments. Vermont should target 2030 for full transformation of the payment system to allow providers adequate time to change and with some changes, Vermont has the necessary infrastructure in place to develop a true health care system, rather than a “sick care” system. Shell noted that rural hospitals are facing financial challenges with transition to value based payments, but that global budget payment helps maintain a predictable and steady revenue stream so a local health system can maintain access to high quality “sick care” while investing in community health.

Also during the June 23 meeting, Clover Health Partners, a Direct Contracting Entity (Direct Contracting Model from the Centers for Medicare and Medicaid Innovation, CMMI) provided an [overview](#) of their organization and their direct contracting model which is currently contracting with one independent practice in Vermont with 20 providers and roughly 1,880 aligned Medicare beneficiaries. Clover is seeking a waiver of specific provisions of GMCB Rule 5.0, which provides oversight regulation of accountable care organizations. Clover [requested](#) to be waived from Sections 5.4 (review of ACO budgets and payer programs) and Rule 5.5 (monitoring and enforcement). Clover stated that CMS requirements already cover much of what is included in Rule 5.0, is duplicative, and would impose significant unnecessary hardship on Clover. A public comment period was opened and at its June 30 meeting, GMCB denied Clover Health Partner’s waiver request and asked the GMCB staff to work with Clover and the Healthcare Advocate to develop appropriate reporting requirements factoring in the size and scope of Clover Health’s market share in Vermont.

At its June 30 meeting, the GMCB was provided an [overview](#) of the FY2020 Annual Scale Target report submitted that week to the Federal Government. GMCB Staff said the Performance Year 3 (PY3) scale report demonstrates that despite falling short of All-Payer Model (APM) agreement scale targets, the State of Vermont has made major strides toward increasing scale. APM participation grew by over 67,000 lives compared to 2019 (PY2), an increase of over 40 percent, and Commercial participation more than doubled in 2020, from 30,000 lives in PY2 to 62,500 lives in PY3. The increase in commercial participation was critical in order to meet adjusted scale targets. While the number of participating Medicare beneficiaries remained static from 2019 to 2020, the number of Medicaid beneficiaries attributed under the Vermont Medicaid Next Generation ACO Program (114,000 in 2020) has grown by

45% since 2020, and by nearly 300% since the program launched in 2017. It is expected that an additional 40,000 lives will be attributed in 2021. The Target Scale report and accompanying letter to CMMI can be found [here](#).

## Outreach and Advocacy

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### Loner Meets with Medical Students in Health Policy Internship Program

On July 6, CEO Vicki Loner met with medical students participating in the Northern New England Health Policy Internship Program. She answered questions about the role that ACOs play in the health care system and about OneCare.

### Data & Analytics Core Capability Videos

Since the release of our video giving [the overview of fee-for-service vs value-based care and introduction to our 3 core business capabilities](#), OneCare has been producing additional videos to dive deeper into each of our core business capabilities. The latest set of videos is about our Data & Analytics core capability using interview footage from a conversation with Eilidh Pederson, COO of Brattleboro Memorial Hospital (BMH). Pederson gives several concrete examples of how BMH used OneCare data to improve care delivery.

- [OneCare Vermont: Data & Analytics](#)

In this video, the narrator provides a summary of what OneCare's Data and Analytics core capability and Pederson gives an example of how OneCare Data led to BMH creating a cardiac "pre-hab" program to focus on prevention and avoid high-cost cardiac events in the population served by BMH.

- [Data & Analytics Bonus Video: Identifying Patients with Hypertension and Creating Care Plans](#)  
Learn another example of how OneCare data gave providers at BMH information they can't get from their own Electronic Medical Records (EMRs), allowing them to identify patients with hypertension, conduct outreach, and develop care plans to improve health outcomes.
- [Data & Analytics Bonus Video: Reducing Diabetes](#)  
Eilidh Pederson gives another example of how Brattleboro Memorial Hospital (BMH) used OneCare Vermont data to identify that BMH's diabetic population had very high A1C (blood sugar) levels, inspiring innovation in care and leading to a dramatic reduction in A1C levels and improvement in health outcomes.
- [Data & Analytics Bonus Video: Medicare Hospice Beneficiary Use](#)  
Eilidh Pederson gives another example of how Brattleboro Memorial Hospital (BMH) used OneCare Vermont data to identify Medicare beneficiaries who are eligible for end of life care.

### Care Navigator User Group

August 27, 9:30 - 10:30 a.m.

Please join OneCare for our 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. [Learn more and register here.](#)

## Follow Us

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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](mailto:public@onecarevt.org).

## Board of Managers Summary of Policy Changes

### Public Session

July 2021

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

- **05-05 Contractual Signature Authority** (*formerly titled "Signature Authority"*)
  - **Purpose:** To establish uniform standards related to legally binding contractual signing authority and to identify the individuals within the organization with the ability to exercise that authority.
  - **Key Changes:** The definition of Responsible Signatory was revised to replace the CFO with the Vice President, Finance; all other edits are for the purpose of improved clarity.
  - **Committee Endorsement:** N/A
  
- **09-01 Quality Improvement and Management** (*New Policy*)
  - **Purpose:** To define and outline key requirements of quality improvement and management efforts at OneCare and to serve as a guide for strategic implementation of efforts to improve quality of care provided to Attributed Lives.
  - **Committee Endorsement:** Population Health Strategy Committee (7/13/21)



<b>Policy Number &amp; Title:</b>	05-05 Contractual Signature Authority
<b>Responsible Department:</b>	Contracting
<b>Author:</b>	Martita Giard, Director, ACO Contracting
<b>Original Implementation Date:</b>	July 22, 2020
<b>Revision Effective Date:</b>	July 20, 2021

- I. **Purpose:** To establish uniform standards related to contractual signing authority that legally binds OneCare Vermont (OneCare) and to identify the individuals within the organization that have the ability to exercise that authority.
  
- II. **Scope:** Applicable to any OneCare Workforce and all forms of a Contract entered into by OneCare including those that are drafted by OneCare independently, jointly drafted Contracts, and Contracts proposed by other parties.
  
- III. **Definitions:** Capitalized terms have the same definition as defined in *OneCare's Policy and Procedure Glossary*.
  
- IV. **Policy:**
  - A. All legally binding Contracts must be signed by a Responsible Signatory. OneCare will not recognize contracts that are not executed by Responsible Signatories. If a contract is signed by someone other than a Responsible Signatory, that contract may be ratified and accepted by the signature of a Responsible Signatory. OneCare Workforce who attempt to or who do enter into a Contract without authority, or compliance with Policy 05-01 Contract Management may be subject to disciplinary action.
  
  - B. A Responsible Signatory is required to comply with the requirements of Policy 05-01 Contract Management before executing a Contract.
  
  - C. The annual ACO Financial Audit Commitment Letter must be signed by a Responsible Signatory.
  
  - D. Invoices or other payments related to active Contracts will be paid according to the terms of that Contract.
  
- V. **Review Process:** This policy will be reviewed annually.
  
- VI. **References:**
  - OneCare's Policy and Procedure Glossary
  
- VII. **Related Policies/Procedures:**
  - 04-06 Disbursement Authority Policy
  - 05-01 Contract Management Policy

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

**Management Approval:**

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Director, ACO Contracting

Date

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Chief Operating Officer

Date

**Board of Managers Approval:**

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Chair, OneCare Vermont Board of Managers

Date

<b>Policy Number &amp; Title:</b>	09-01 Quality Improvement and Management
<b>Responsible Department:</b>	Quality
<b>Author:</b>	Josiah Mueller, Director, Value Based Care
<b>Original Implementation Date:</b>	July 20, 2021
<b>Revision Effective Date</b>	July 20, 2021

I. **Purpose:** To define and outline key requirements of quality improvement and management efforts at OneCare Vermont (OneCare).

II. **Scope:** Applicable to the OneCare Workforce, Board of Managers, Committees, and Network.

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:

Quality Improvement Project means a strategy, plan, and associated tasks to address improvements in performance of the quality of care provided by Participating Providers to Attributed Lives.

Quality Improvement Workgroup means a Subcommittee of Utilization Review Committee (URC), charged with developing, approving, monitoring and evaluation of quality improvement work.

OneCare Quality Team means the OneCare team responsible for supporting quality improvement and management operational efforts within the OneCare ACO Network.

IV. **Policy:** This Quality Improvement and Management Policy serves as a guide for strategic implementation of efforts to improve quality of care provided to Attributed Lives. The policy is described by several key focus areas which are outlined below, and is guided by OneCare's ACO Program Agreements with Payers.

A. **Annual Quality Improvement Strategy Work Plan:** OneCare Quality Team shall annually define OneCare's quality improvement and management priorities.

1. The work plan will include specific, measureable, time-bound performance goals and ongoing assessments of progress toward these goals.
2. The work plan shall be reviewed by OneCare's Director of Value Based Care and Chief Medical Officer, subsequently presented to the Population Health Strategy Committee for approval.

B. **Quality Measurement:** In accordance with applicable law and respective ACO Program Agreements with Payers, OneCare shall annually evaluate and report on quality of care against defined measures and standards.

C. **Monitoring and Quality Assurance:** OneCare will engage in monthly review of subsets of available quality performance data via the Quality Improvement Workgroup. This review will include assessment and evaluation of performance (including gaps and variations in care), determination of need for intervention, implementation of necessary intervention, and ongoing monitoring of these efforts.

D. **Engagement:** The OneCare Quality Team will gather feedback from the Patient and Family Advisory Committee and Network members to identify opportunities to facilitate and support ACO Network engagement of Attributed Lives and/or other supportive parties in quality improvement and management efforts.

E. **Reporting:** OneCare shall adhere to quality and utilization reporting requirements as outlined in respective ACO Program Agreements with Payers and as required by law.

F. **Right to Inspection:** In accordance with the terms in ACO Program Agreements with Payers, OneCare shall provide reasonable support to Payer requests for inspection of quality improvement related books, records, or contracts.

V. **Review Process:** This policy shall be reviewed annually and updated to be consistent with requirements set forth by OneCare Board of Managers, OneCare leadership, ACO Program Agreements with Payers, and regulatory bodies.

VI. **References:**

- OneCare’s ACO Program Agreements with DVHA
- OneCare’s ACO Program Agreement with Medicare
- OneCare’s ACO Program with Blue Cross Blue Shield of Vermont (Primary and QHP)
- OneCare’s ACO Program with MVP
- GMCB Rule 5.000: Oversight of Accountable Care Organizations
- OneCare’s Policy and Procedure Glossary

VII. **Related Policies/Procedures:**

- 03-03 Data Use Policy
- 03-05 Data Transparency Policy
- 04-13-PY21 Value Based Incentive Fund PY 2021 Policy

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

**Management Approval:**

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Director, Value Based Care

Date

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Chief Medical Officer

Date

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Chief Operating Officer

Date

**Board of Managers Approval:**

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Chair, OneCare Vermont Board of Managers

Date

**OneCare Vermont Accountable Care Organization  
Board of Managers Resolution Appointing Consumer Representative  
to the Board of Managers  
July 20, 2021**

**WHEREAS**, Green Mountain Care Board (GMCB) Rule 5 requires that OneCare’s Board of Managers include Managers that are enrollees of each contracted commercial insurer that has a Vermont market share of greater than five (5%); and

**WHEREAS**, as determined by the GMCB there are currently two qualified insurers, Blue Cross Blue Shield of Vermont and MVP Healthcare; and

**WHEREAS**, the current Manager who is an enrollee of a contracted commercial insurer is insured by MVP; and

**WHEREAS**, the Board maintains oversight of the staggering of Manager terms and may adjust from time to time in the interests of effective governance; and

**WHEREAS**, the current staggering plan has many Manager terms ending in 2023 and 2024, creating greater turnover than desirable in those years and fewer terms ending in 2022; and

**WHEREAS**, the Nominating Committee has reviewed candidates and made recommendations to the Board;

**BE IT RESOLVED** by the Board of Managers (the “Board”) of OneCare Vermont Accountable Care Organization, LLC (“OneCare”), after discussion and consideration and as recommended by the Nominating Committee, as follows:

- A. A qualified enrollee of a Blue Cross Blue Shield of Vermont commercial plan, is appointed as a Consumer Manager for a one-year term beginning on August 1, 2021 and ending on July 31, 2022.

# CPR Program Summary

Tom Borys, VP of Finance  
Board of Managers

*July 20, 2021*



**OneCare Vermont**

[onecarevt.org](http://onecarevt.org)

# Program Overview

- The Comprehensive Payment Reform (CPR) program is OneCare's payer-blended fixed payment model for independent primary care practices
- There are currently 11 TINs and 14 practice sites participating in the program
- The fixed payments cover services for the Medicaid, Medicare, and BCBSVT QHP programs

# Historical Payment Concept

	Adults	Kids
Core Codes	Standard Base PMPM Risk adjusted using Hopkins PLUS CPR PMPM	Standard Base PMPM Age/gender matrix adjusted PLUS CPR PMPM
Non-Core Codes	Practice-specific PMPM based on historical FFS	Practice-specific PMPM based on historical FFS

- Payer-blended global PMPMs set based on an evaluation of all primary care in the network
- Core vs. Non-Core
  - Core codes reflect a standard set of E&M codes that all primary care practices bill
  - Non-core codes include services that are more variable between practices (ex. x-ray, lab)
- Adults vs. Kids
  - Attributed kids typically have a higher primary care FFS PMPM due to more frequent visits
  - This segmentation aims to fairly accommodate pediatric, family, and adult-focused practices



# Focus Group

- OneCare convened a group of CPR participants and finance leaders to evaluate the current CPR program model, and help craft the 2022 design.
- Through this process the group identified both aspects that could be adjusted for implementation in 2022, and topics requiring further research
- There was collective commitment to keep these meetings going and continue dialogue
- The outcomes from this process informed modification to the CPR Policy that will be discussed in more depth during executive session

# Recommended Changes

- Adjust to more specifically differentiate between core-codes and non-core codes
  - Add a filter to limit all core-code services to primary care claims
    - Specialty services in the primary care office (ex. behavioral health) now move to non-core
  - Move all Medicaid Expanded spend to non-core
  - Move all confidential claims spend to non-core
- Modify reimbursement for non-Core-Code services to follow FFS more dynamically
  - Will help to accommodate mid-year changes to practice service offerings
- Design and develop a primary care scorecard to evaluate and benchmark outcomes
  - Data can be compared across CPR practices, as well as between CPR and non-CPR practices

# Topics for Future Focus Group Research

- Relationship between PCP spend and TCOC
- Risk adjustment model
- Payer attribution methodology
- Payment timing
- Internal med vs. family med
- Frequency of visit analysis
- Coding variation
- Use of modifiers
- Low value care vs. high value care analysis
- Confidential claims / substance use treatment analysis



OneCare Vermont

OneCare Vermont Accountable Care Organization  
Board of Managers Resolution to Move to Executive Session  
July 20, 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; and (3) the status of ongoing contract negotiations.