



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

**July 19, 2022**  
**4:30 p.m. – 6:40 p.m.**  
**Zoom Meeting**

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	Anya Rader Wallack
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public	Anya Rader Wallack
4:32 p.m.	Consent Agenda Items* (p. 3-21) <i>Motion and Vote to Approve Consent Agenda Items – Majority Required</i>	Anya Rader Wallack
4:35 p.m.	Diversity, Equity and Inclusion Training	<u>Primary Presenter:</u> Jackie Hunter, PhD <u>Additional Presenters:</u> Guadalupe Martinez
6:05 p.m.	Public Comment Move to Executive Session* (Resolution p. 22) <i>Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required</i>	Anya Rader Wallack
6:35 p.m.	Votes 1. Approve Executive Session Consent Agenda Items – Supermajority Required	Anya Rader Wallack
6:40 p.m.	Adjourn	Anya Rader Wallack

\*Denotes Attachments

**Attachments:**

1. Consent Agenda Items
  - a. Draft OneCare Public Session Minutes June 22, 2022
  - b. Board Committee Reports July 2022
  - c. Financial Statement Package May 2022
  - d. Public Affairs Report July 2022

- e. CMO Quarterly Report
- f. Summary of Policies
- g. 05-03 Network Development and Composition
- h. 05-05 Contractual Signature Authority
- i. 09-01 Quality Improvement and Management

**2. Resolution to Move to Executive Session**



**OneCare Vermont Accountable Care Organization, LLC**  
**Board of Managers Meeting**  
**June 21, 2022**  
**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 21, 2022.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 4:32 p.m. Chair Wallack announced it was Rick Vincent’s last board meeting and noted that he will continue to serve on the Finance Committee. R. Vincent was thanked for his service and contributions to OneCare. Theresa Fama, MD was introduced as a guest attendee who will formally begin her service on the Board in July.

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

Chair Wallack welcomed members of the public in attendance and offered the opportunity to introduce themselves.

III. Consent Agenda Items

As part of the distributed pre-meeting materials, the Board received Consent Agenda Items including: (1) Draft OneCare Public Session Minutes May 17, 2022; (2) Board Committee Reports June 2022; (3) Financial Statement Package April 2022; (4) Public Affairs Report June 2022; (5) Summary of Policies; and (7) 06-03 Policy Management.

An opportunity for discussion of any items within the consent agenda was offered.

A Motion to Approve the Consent Agenda Items was made by D. Bennett, seconded by K. Cross, and approved by a supermajority. Dr. J. Gilwee was not present for the vote.

IV. Governance

Chair Wallack presented the resolution to appoint Shawn Tester for a three-year board term in the At-Large seat and Tom Huebner to the Finance Committee. Board Managers spoke in support of both appointments.

A Motion to Approve the Resolution Appointing Board Manager and Finance Committee Member was made by S. LeBlanc, seconded by T. Dee, and approved by a supermajority.

V. APM Extension Task Force

V. Loner, Chief Executive Officer, described the APM Extension Task Force who will work toward developing and advocating for OneCare’s goals as to the extension. VAHHS and

OneCare collaborated to identify members and the first meeting has been scheduled. The first priority of the Task Force is to discuss financial models specific to hospitals and FQHCs.

VI. Care Coordination Progress Report

Carrie Wulfman, MD, Chief Medical Officer, introduced Matt McLaughlin, Population Health Analyst and Jodi Frei, Assistant Director ACO Population Health Model Integration as co-presenters. The presentation explained the evolution of the care coordination program and measurements. They demonstrated how the program is an integral part population health and supports OneCare's strategic plan. Dr. Wulfman described the movement from reactive care management to proactive care coordination and the updated measures to fit this paradigm. Mr. McLaughlin discussed target populations and the data and analytic reporting and recording of the care coordination program with an emphasis on making sure target populations are correct. Ms. Frei then explained her team's literature review to ensure they were following best practices and maximizing the potential of the care coordination program. She also praised the network's resiliency within the program through increased engagement and support around a new care coordination reporting mechanism. Ms. Frei described a survey of patients active in care coordination and indicated many positive results as well as some opportunities for improvement related to patient direct involvement in care planning meetings. Dr. Wulfman concluded the presentation by sharing next steps which included: sharing at the Population Health Strategy Committee, convening a care coordination workgroup with cross sectional membership, holding Health Service Area Consultations with oversight and accountability sessions in between, updating the 2023 Care Coordination guidance document, continuing to include patient and family input, establishing care coordination outcome measures, building infrastructure, looking at IT opportunities, increasing accountability, and building network relationships.

The Board discussed themes around variations by Health Service Area, the best way to target the correct population for care coordination, the cost benefit analysis of the program, and sustainability.

VII. Public Comment

There were no comments from the public.

VIII. Move to Executive Session

A Motion to Approve the Resolution to Move to Executive Session was made by D. Bennett, seconded by C. Condon and was approved by a unanimous vote.

IX. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by Supermajority.**  
T. Dee was not present for the vote.
2. Approve Resolution Adopting 2023 Network Participation Variance Request –  
**Vote Deferred**
3. Approve Resolution Adopting 2023 AIPBP for Hospitals and CPR Practices –  
**Approved by Supermajority.** T. Dee was not present for the vote.

X. Adjournment

Upon a Motion made by D. Bennett, seconded by C. Fort, and approved by a unanimous vote, the meeting adjourned at 5:59 p.m.

**Attendance:**

OneCare Board Managers

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Dan Bennett   | <input checked="" type="checkbox"/> Claudio Fort   | <input checked="" type="checkbox"/> Toby Sadkin, MD    |
| <input checked="" type="checkbox"/> Bob Bick      | <input checked="" type="checkbox"/> Jen Gilwee, MD | <input type="checkbox"/> John Sayles                   |
| <input checked="" type="checkbox"/> Coleen Condon | <input checked="" type="checkbox"/> Tom Huebner    | <input checked="" type="checkbox"/> Adriane Trout, MD  |
| <input type="checkbox"/> Michael Costa            | <input checked="" type="checkbox"/> Steve LeBlanc  | <input checked="" type="checkbox"/> Rick Vincent       |
| <input checked="" type="checkbox"/> Kristi Cross  | <input checked="" type="checkbox"/> Sierra Lowell  | <input checked="" type="checkbox"/> Anya Rader Wallack |
| <input checked="" type="checkbox"/> Betsy Davis   | <input type="checkbox"/> Stuart May                | <input checked="" type="checkbox"/> Tom Dee            |

Dr. J. Gilwee joined the meeting at 5:00 pm  
T. Dee departed the meeting at 5:45 pm

OneCare Risk Strategy Committee

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

OneCare Leadership and Staff

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Vicki Loner        | <input checked="" type="checkbox"/> Amy Bodette | <input checked="" type="checkbox"/> Linda Cohen, Esq. |
| <input checked="" type="checkbox"/> Sara Barry         | <input type="checkbox"/> Josiah Mueller         | <input checked="" type="checkbox"/> Lucie Garand      |
| <input checked="" type="checkbox"/> Greg Daniels, Esq. | <input type="checkbox"/> Derek Raynes           | <input checked="" type="checkbox"/> Matt McLaughlin   |
| <input checked="" type="checkbox"/> Carrie Wulfman, MD | <input checked="" type="checkbox"/> Jodi Frei   | <input checked="" type="checkbox"/> Kim Driscoll      |
| <input checked="" type="checkbox"/> Tom Borys          |   |   |

Invited Guests

- |   |
|---|
| <input checked="" type="checkbox"/> Teresa Fama, MD |
|---|



## OneCare Board of Managers Committee Reports

July 2022

**Executive Committee** (meets monthly)

The committee did not meet in July. The committee is next scheduled to meet on August 4, 2022.

**Finance Committee** (meets monthly)

At its July 13 meeting, due to lighter than normal attendance, four items were sent to members following the meeting for their voting approval. The items were the June meeting minutes, May Financial Statements, Hospital Fixed Payment Policy, and the 2021 BCBSVT Quality Incentive Fund Payout report. The committee members heard a presentation from the Network Diversity Director with the University of Vermont Health Network on Diversity, Equity & Inclusion. Brief updates were provided on the 2022 Medicaid Fixed Payment Analysis, BCBSVT Target Methodology, and the 2021 Settlement Table including the Medicare Trend Update. The committee is next scheduled to meet on August 10, 2022.

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

At its July 11 meeting, the meeting kicked off with a review of the proposed Population Health Management Accountability Measures and two policies (Quality Improvement and Management Policy and the Fraud and Abuse Waiver Policy). Each were endorsed by the committee members. The meeting wrapped up with a Diversity, Equity, and Inclusion training by the Network Diversity Director with the University of Vermont Health Network. The committee is next scheduled to meet on August 8, 2022.

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

At its June 28 meeting, a brief Board of Managers report-out was provided. Presented next was the Care Coordination Update. The update included general announcements, a program overview, and information about the Care Coordination Workgroup formation. The meeting wrapped up with requesting any new membership recruitment opportunities to join the committee in order to foster diversity and expand our membership to health service areas not yet represented within the group. The committee is next scheduled to meet on July 26, 2022.

**Audit Committee** (meets quarterly)

At its May 26 meeting, the Audit Committee discussed the Chief Compliance and Privacy Officer Quarterly Report. The committee also recommended for approval the Annual Compliance Work Plan. The committee is next scheduled to meet November 2, 2022.

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

	5/31/2022	4/30/2022	Variance
<b><u>ASSETS</u></b>			
<b>Current assets:</b>			
UNRESTRICTED Funds	4,762,242	4,046,117	716,125
OCV Reserve Funding	5,600,000	4,000,000	1,600,000
Advanced Medicaid Funding	14,743,949	14,850,386	(106,437)
VBIF Reserves	2,961,417	2,886,774	74,643
Deferred For Specific Use	448,372	369,152	79,220
Unspent Passthrough Funds	2,513,363	4,805,974	(2,292,610)
accountability pool \$ Held	2,754,050	2,597,454	156,596
<b>Total Cash</b>	<b>33,783,394</b>	<b>33,555,856</b>	<b>227,537</b>
Network Receivable	202,505	101,253	101,253
Network Receivable-Settlement	2,947,940	2,947,940	-
Other Receivable	78,918	910,774	(831,856)
Other Receivable-Settlement	7,559,847	7,559,846	1
Prepaid Expense	1,509,787	2,387,460	(877,673)
Property and equipment (net)	34,247	34,938	(691)
			-
<b>TOTAL ASSETS</b>	<b>46,116,638</b>	<b>47,498,067</b>	<b>(1,381,429)</b>
<b><u>LIABILITIES AND NET ASSETS</u></b>			
<b>Current liabilities:</b>			
Total Accrued Expenses	2,050,806	1,379,565	671,240
Accrued Expenses -Settlement	7,417,717	7,417,717	-
Network Payable	4,969,647	4,536,389	433,258
Network Payable-settlement	3,701,772	3,701,771	0
Notes Payable	-	-	-
CTO Liability	528,164	515,302	12,861
Payroll accrual	199,847	355,325	(155,478)
Deferred Income	16,309,051	18,023,781	(1,714,730)
Due to Related Parties - UVMMC	2,818,919	3,532,917	(713,998)
Due to Related Parties - DHH	(0)	(1)	0
<b>Total Liabilities</b>	<b>37,995,922</b>	<b>39,462,768</b>	<b>(1,466,845)</b>
<b>Net assets:</b>			
Members' equity	25,000	25,000	-
Retained Surplus	6,990,421	6,990,421	-
Year to Date Profit/Loss	1,105,295	1,019,878	85,416
<b>Total net assets</b>	<b>8,120,716</b>	<b>8,035,300</b>	<b>85,416</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>46,116,638</b>	<b>47,498,067</b>	<b>(1,381,429)</b>

**OneCare Vermont**

Surplus & Loss Statement: May 2022

	Annual Budget	YTD Prior Month	Current Month			YTD Actual	YTD Budget	YTD Variance
			Actual	Monthly Budget	Month Variance			
Fixed Prospective Payments Funding	438,968,088	148,417,132	36,738,596	36,580,674	157,922	185,155,728	182,903,370	2,252,358
Payor Contracts Funding	10,460,595	3,476,312	855,413	871,716	(16,303)	4,331,725	4,358,581	(26,856)
Other Funding	10,315,103	3,033,351	756,165	859,592	(103,427)	3,789,516	4,297,959	(508,444)
Settlement Income	-	-	-	-	-	-	-	-
Deferred Participation Fees (prior year)	792,485	175,278	95,963	66,040	29,923	271,241	330,202	(58,961)
Participation Fees	19,623,500	6,541,167	1,635,292	1,635,292	(0)	8,176,458	8,176,458	(0)
<b>Total Funding</b>	<b>480,159,771</b>	<b>161,643,239</b>	<b>40,081,429</b>	<b>40,013,314</b>	<b>68,115</b>	<b>201,724,668</b>	<b>200,066,571</b>	<b>1,658,097</b>
Fixed Payments	436,766,526	147,774,603	36,729,717	36,397,210	(332,506)	184,504,320	181,986,052	(2,518,267)
Populations Health Mgmt Payment	9,512,724	3,161,392	786,698	792,727	6,029	3,948,090	3,963,635	15,545
Complex Care Coordination Program	5,905,659	1,967,101	491,775	492,138	363	2,458,876	2,460,691	1,815
Value-Based Incentive Fund	1,000,000	333,333	83,333	83,333	0	416,667	416,667	0
Blueprint Funding	9,073,982	3,024,661	756,165	756,165	(0)	3,780,827	3,780,826	(1)
Other PHM Programs	2,463,342	35,021	16,900	205,279	188,379	51,921	1,026,393	974,472
Settlement Expense	-	-	-	-	-	-	-	-
<b>PHM Expenses</b>	<b>464,722,233</b>	<b>156,296,111</b>	<b>38,864,589</b>	<b>38,726,853</b>	<b>(137,736)</b>	<b>195,160,700</b>	<b>193,634,264</b>	<b>(1,526,436)</b>
Salaries, payroll taxes and fringe benefits	9,368,623	2,769,830	744,599	780,719	36,120	3,514,429	3,903,593	389,164
Consulting, legal and purchased services	1,366,121	378,089	48,437	113,843	65,407	426,526	569,217	142,691
Software, licenses and maintenance	2,683,279	775,527	156,849	223,607	66,758	932,375	1,118,033	185,658
Travel, supplies, other	2,019,514	403,804	181,539	168,293	(13,246)	585,343	841,464	256,121
<b>Operating Expenses</b>	<b>15,437,538</b>	<b>4,327,250</b>	<b>1,131,423</b>	<b>1,286,462</b>	<b>155,038</b>	<b>5,458,673</b>	<b>6,432,308</b>	<b>973,634</b>
<b>Total Expenses</b>	<b>480,159,771</b>	<b>160,623,361</b>	<b>39,996,012</b>	<b>40,013,314</b>	<b>17,302</b>	<b>200,619,373</b>	<b>200,066,571</b>	<b>(552,802)</b>
<b>Net Income (Loss)</b>	<b>-</b>	<b>1,019,878</b>	<b>85,416</b>	<b>-</b>	<b>85,416</b>	<b>1,105,295</b>	<b>(0)</b>	<b>1,105,295</b>



# OneCare Vermont

## Public Affairs Report | July 2022

### Media Coverage

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#### **Andrea Wicher: At Community Health, our focus is on prevention**

[July 6, 2022, Vermont Public](#)

OneCare is mentioned in this commentary from Andrea Wicher of Community Health in Rutland, making the connection that OneCare is working toward value-based care—and that central to value-based care, is preventive care services like care management. As Wicher says, “By sharing the data and preventive care mindset with health care providers, we have been able to elevate the impact of preventive care services and encourage value-based care as having an added focus on quality improvement while delivering the highest level of health care to improve outcomes.”

- **Wicher: Focus on community health**

[June 24, 2022, Rutland Herald](#)

This was the original placement of Wicher’s commentary

#### **Court rules to restrict Vermont auditor's oversight of state contractors**

[July 6, 2022, Vermont Public](#)

Coverage of the Vermont Supreme Court ruling affirming the trial court’s dismissal of the State Auditor’s lawsuit against OneCare, including a particular focus on the precedent it would have set for the state auditor to have access to salary information for other businesses with whom the State contracts.

#### **Hoffer: Vt. Supreme Court OneCare ruling a blow to government transparency**

[July 5, 2022, WCAX](#)

Coverage of the Vermont Supreme Court ruling affirming the trial court’s dismissal of the State Auditor’s lawsuit against OneCare.

#### **Vermont’s high court blocks auditor from accessing OneCare payroll data Default**

[July 4, 2022, WCAX](#)

Brief teaser coverage of the Vermont Supreme Court ruling affirming the trial court’s dismissal of the State Auditor’s lawsuit against OneCare.

## Vermont Supreme Court sides with OneCare in blocking state auditor from reviewing financial records

[July 1, 2022, VTDigger](#)

Coverage of the Vermont Supreme Court ruling affirming the trial court's dismissal of the State Auditor's lawsuit against OneCare.

## Obituary: Tracey Joy Mungeon

[June 28, 2022, Burlington Free Press](#)

This is the obituary for OneCare's dear colleague who passed away suddenly on June 21, 2022.

## Vermont health care organizations support reproductive rights in light of Supreme Court striking down Roe v. Wade

[June 24, 2022, Vermont Business Magazine](#)

OneCare was part of a diverse coalition of Vermont health care organizations to denounce the Supreme Court opinion which overturned both Roe v. Wade and Planned Parenthood v. Casey.

## Northwestern Vermont Learning Collaborative Involves the Whole Community in Suicide and Overdose Prevention

[June 18, 2022, VTDigger-Sponsored Content](#)

OneCare paid to sponsor this story of a learning collaborative coordinated out of Northwestern Medical Center to address high rates of death by suicide and overdose. Funding from OneCare's Value Based Incentive Fund helped to make this initiative possible. As OneCare's chief medical officer, Carrie Wulfman is quoted in the article, "This is OneCare's payment model at its best—making possible reinvestment in local population health solutions." This piece was also advertised in three Daily Digger e-newsletters and on their website from June 18th-July 17th.

# Government Relations

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## State Legislative Update

There are no state legislative updates at this time.

## Green Mountain Care Board

On June 15, the GMCB staff presented their proposed ACO Budget Guidance and Certification for All-Payer ACOs, while presenting the final recommended ACO Budget Guidance for Medicare only ACOs. Public comment was accepted through June 20<sup>th</sup> and the GMCB presented their final draft of the All Payer ACO Budget and Certification Guidance on June 22. The GMCB approved both sets of ACO Budget guidance (Medicare only ACO guidance) unanimously. Final 2023 ACO Budget and Certification Guidance Materials can be found [here](#).

The GMCB does not meet again until July 13. Hearings for the Commercial Insurer Rate Review for Qualified Health Plans will occur July 18-21 and will include a public comment forum on July 21.

## Outreach and Advocacy

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### Events, Shares, Articles, and Resources

OneCare shared several articles, resources, and events from partners and health care organizations through the month of June and early July.

**NPR article exploring racism in health care:** <https://www.npr.org/sections/health-shots/2022/06/14/1103935147/linda-villarosa-under-the-skin-racism-healthcare>. "The COVID-19 pandemic laid bare the racial inequities that plague American health care, with Black people dying of the disease at a rate more than double that of white people."

**Via Vermont Department of Health:** Join Dr. John Taylor, neurologist and director of The University of Vermont Medical Center's memory program for a presentation on Lifestyle Factors for Dementia Risk Reduction as part of the Public Health Grand Rounds series. June 23 at 8:30 am. All are welcome - Vermont health care professionals may be especially interested in this presentation. Learn more at <https://www.healthvermont.gov/grand-rounds>

**Via Vermont CARES** (Committee for AIDS Resources, Education & Services) and Pride Center of Vermont - a heads up about a **HIV Free Testing Day event** on June 27 on the UVMCC campus: <https://www.pridecentervt.org/event/national-hiv-testing-day-uvmcc/>

**Via UVMCC** - a heads up about the **first Community Wellbeing Festival on July 9**, 11 a.m. to 4 p.m. at Rotary Park in Winooski. This free event is intended to provide a safe space for community healing, music, food, and to connect participants with local health care providers. It is open to everyone, but was created by BIPOC health care workers and community organizers with the aim of uplifting their communities. The festival is hosted by Inner Space, a community-based health care organization for people who have experienced systemic oppression and all those furthest from justice. For more information, visit <https://www.eventbrite.com/e/inner-space-community-wellbeing-festival-tickets-369545750287>

## 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).



## OneCare Vermont



### Report from the Chief Medical Officer — Carrie Wulfman, MD —

Q2 2022

At OneCare, we have quickly advanced the employment of our new committee structure to work on impactful projects. It is rewarding to see the teams investing in driving the change needed.

### Overview of OneCare Vermont's newly-designed Population Health Model

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Starting in January 2023, OneCare's redesigned Population Health Model (PHM) integrates previously separate care coordination, value-based incentive fund, and population health management programs into a single blended program and payment stream. This integration fosters a common vision of the ACO's population health endeavors and relies upon coordinated engagement across the continuum of care.

Integral to the new PHM are accountabilities that necessitate teamwork. Collaborating partners from across the spectrum of healthcare are being asked to step up involvement and accountability in an effort to reach for higher goals and further-reaching impacts. We are turning our attentions to sharper focus on the process of controlling hypertension and on preventative visits, while requiring the ongoing care management of populations of focus. Quality metrics and care coordination outcome measures in the PHM are chosen so as to incentivize improved teamwork and cross-pollination of services provided, and to facilitate transitions of care. Moreover, participating in and meeting specific requirements for Care Coordination is being established as the gateway to accessing any of the PHM payments. Success of coordination of care endeavors will be measured at the Health Service Area (HSA) level.

# Care Coordination Progress Report

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At OneCare's June board of directors meeting, Jodi Frei (Asst. Director ACO Population Health Model Integration), Matt McLaughlin (Population Health Analyst), and I presented a progress report of our network-wide Care Coordination work for 2021 (with presentation input from Josiah Mueller, Director of Value Based Care). We started by explaining that care coordination should and does infiltrate and influence the continuum of care and that it is not a stand-alone program or department. Furthermore, Care Management (assigning a care manager, having care management team meetings, etc.) does not fully constitute Care Coordination. Care Coordination is the term we use more broadly to talk about how healthcare delivery is organized in a fashion that is patient-centered, involves multiple members of the care team plus the patient and family, and rests on good communication and transitions. Measuring outcome effects of Care Coordination requires a broad lens.

In 2021, despite the Covid-19 pandemic, our members were successful in maintaining a focus on care management of high and very high risk patients, and of populations of focus throughout 2021. Care coordination efforts did show an increase in the total cost of care for those individuals involved in management, which makes sense. Increased utilization of the healthcare system is often increased with initial engagement of care management. That utilization, in the short term, hopefully leads to better control of health issues (for example, COPD) with long-term improved outcomes and decreases in utilization and total cost of care. This is precisely the ideal behind value-based care; shifting away from sick fee-for-service care and towards coordinated, high-quality preventative care.

Our research also showed that there was increased engagement in joint core team meetings, network-wide engagement in care coordination and positive responses from those patients engaged in Care Management in areas of having an identified lead care coordinator, being treated as important by care team members in discussions about their care, and communication about needs and goals of care.

We will evolve in 2023 by adding the specific outcome measures mentioned above in the PHM section.

## CPR – Comprehensive Payment Reform program for primary care member

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In 2021, the CPR program included 14 primary care sites and increased to 16 sites in 2022. The continued growth of the CPR program is encouraging. The CPR program is available to eligible OneCare independent primary care providers. It is a capitated model that combines risk scores and demographic adjustments to pay providers based on the makeup of their panel. It also includes additional resources to participants that are intended to encourage innovation in primary care delivery. In the 2021 model, every participant was assured that they would at minimum

receive the same under the CPR model as they did in fee for service (FFS). Additionally, a new change for the 2021 program was that “non-core” services were encouraged and incentivized at 105% of FFS, allowing flexibility for things such as expansion of embedded mental health offerings.

Across the entire OneCare network in the 2021 performance year, the primary care spend rate was 6.4% of the total cost of care. One vehicle for increasing the primary care spend rate among OneCare participants is the CPR program. Of the 2021 CPR participants, the average primary care spend rate would have been 7.4% in the standard FFS model. The additional funding provided by the CPR program increased their average primary care spend rate to 9.4%. Early indications from the 2022 program indicate strong performance compared to FFS again. Looking forward to 2023, OneCare hopes to continue to increase the primary care spend rate for CPR practices, and to incentivize embedding mental health services within the primary care office.

\*\*credit to Derek Raynes, Director of Payment Reform, and the finance team for this input.

## Notice of Survey

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Health services researchers at the University of Vermont are helping OneCare Vermont learn how well it supports its primary care providers and how to improve. To do that, they will send out a survey on July 25, 2022 for providers to assess the usefulness and ease of using OneCare Vermont’s services. We look forward to hearing back from our providers and will use the results of this evaluative survey to improve our approaches. Results will be shared.

Thank you for your support and interest!  
Carrie Wulfman, MD  
Chief Medical Officer, OneCare Vermont



## Board of Managers Summary of Policy Changes

### Public Session

July 2022

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

- **05-03 Network Development and Composition**
  - **Purpose:** To outline the standards by which OneCare will meet key contractual obligations related to development and composition of the OneCare Network.
  - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
  - **Committee Endorsement:** N/A
  
- **05-05 Contractual Signature Authority**
  - **Purpose:** To establish uniform standards related to contractual signing authority that legally binds OneCare and to identify the individuals within the organization that have the ability to exercise that authority.
  - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
  - **Committee Endorsement:** N/A
  
- **09-01 Quality Improvement and Management**
  - **Purpose:** To define and outline key requirements of OneCare's quality improvement and management efforts.
  - **Key Changes:** This policy has been updated to reflect OneCare's new Clinical Committee structure, including the Quality and Care Models Subcommittee and the Quality Improvement and Prevention Workgroup.
  - **Committee Endorsement:** Population Health Strategy Committee (7/11/22)

<b>Policy Number &amp; Title:</b>	05-03 Network Development and Composition
<b>Responsible Department:</b>	Contracting
<b>Author:</b>	Martita Giard, Director, ACO Contracting
<b>Original Implementation Date:</b>	January 1, 2017
<b>Revision Effective Date:</b>	July 19, 2022

**I. Purpose:** To outline the standards by which OneCare will meet key contractual obligations related to development and composition of the OneCare Network.

**II. Scope:** Applicable to the OneCare Workforce.

**III. Definitions:** Capitalized terms have the same definition as defined in *OneCare’s Policy and Procedure Glossary*.

**IV. Policy:** OneCare will maintain a network of willing Participants, Preferred Providers, and Collaborators who desire to participate with the ACO for engagement in ACO Programs (“OneCare Network”).

1. OneCare will contract only with network Participants, Preferred Providers and Collaborators who are in good contractual standing with the respective payer(s) for the ACO Programs in which they participate.
2. OneCare will not discriminate against any contracted network Participant, Preferred Provider or Collaborator who is acting within the scope of his/her license or certification under applicable state laws, solely on the basis of such license or certification.
3. If OneCare declines participation to a health care provider or other organization who requests network participation, it shall inform that provider or organization of that decision in writing. A health care provider who has been declined may appeal that determination as permitted by policy *05-07 Provider Appeal of Denial of Participation in ACO*.
4. OneCare will maintain a contracted network that includes sufficient numbers of facilities, physicians, ancillary providers, continuum of care providers, for the provision of high-quality covered services for Attributed Lives. That contracted network, together with non-contracted providers that Attributed Lives may seek care from, will meet the requirements for an adequate network found in ACO Program Agreements. OneCare does not prevent Attributed Lives from seeking care from providers who are not in the OneCare network.
5. OneCare shall obligate its network Participants, Preferred Providers and Collaborators to adhere to the requirements and/or obligations contained in each ACO Program Agreement in which they participate in.
6. OneCare will not restrict Attributed Lives from accessing care from any provider, in or out of OneCare’s network.

**V. Review Process:** This policy will be reviewed annually and in accordance with the terms of OneCare’s ACO Program Agreements with Payers.

**VI. References:**

- OneCare’s Policy and Procedure Glossary
- ACO Program Agreements with Payers
- 42 CFR 438.12

**VII. Related Policies/Procedures:**

- 05-07 Provider Appeal of Denial of Participation in ACO

**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

<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 19, 2022

- 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

<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 19, 2022

- 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 and Care Models Subcommittee means the Subcommittee of the Population Health Strategy Committee (PHSC) charged with evaluating clinical and care model trends and providing OneCare’s PHSC with summary data representing clinical and care model activity across OneCare’s network of providers.

Quality Improvement and Prevention Workgroup means the Workgroup overseen by the Quality and Care Models Subcommittee which is 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 and Prevention 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. The Quality Improvement and Prevention Workgroup presents

findings and recommendations to the Quality and Care Models Subcommittee on a quarterly basis, or more frequently at the direction of OneCare’s Chief Medical Officer.

- 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
- 04-13-PY22 Value Based Incentive Fund PY 2022 Policy
- 04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025 Policy
- 04-20-PY23-25 Preferred Provider and Collaborator Population Health Model and Payments PY 2023-2025 Policy

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**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



OneCare Vermont

OneCare Vermont Accountable Care Organization  
Board of Managers Resolution Appointing Board Manager  
July 19, 2022

**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 those include: (1) subject that are or use trade secret information; and (2) status of ongoing contract negotiations.