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

March 15, 2022
4:30 p.m. – 6:50 p.m.
Zoom Meeting

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements ▪ Recognize Steve Gordon for his service to the Board.	John Brumsted, MD
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public	John Brumsted, MD
4:33 p.m.	Consent Agenda Items* *Vote to Approve Consent Agenda Items*	John Brumsted, MD
4:35 p.m.	Governance	John Brumsted, MD
4:40 p.m.	DEI Data Update*	Carrie Wulfman, MD/ Josiah Mueller
4:55 p.m.	2022 Medicare Advantage Penetration in Vermont*	Tom Borys
5:05 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 Adopting Revised 2022 Budget 3. 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 OneCare Public Session Minutes February 15, 2022
    b. Board Committee Reports March 2022
    c. Financial Statement Package January 2022
    d. Public Affairs Report March 2022

e. Summary of Policy Changes
f. 01-01 Subcontractor Management

2. DEI Data Update Presentation
3. 2022 Medicare Advantage Penetration in Vermont Presentation
4. Resolution to Move to Executive Session

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
February 15, 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 February 15, 2022.

I. Call to Order and Board Announcements

Board Chair John Brumsted, MD called the meeting to order at 4:30 p.m. Chair Brumsted welcomed Kristi Cross, DNP, who began her term as Manager for Home Health and Hospice on February 1, 2022.

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

Chair Brumsted welcomed members of the public in attendance and asked them 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 January 18, 2022; (2) Board Committee Reports February 2022; (3) Financial Statement Package December 2021; and (4) Public Affairs Report February 2022.

A Motion to Approve the Consent Agenda Items was made by M. Costa, seconded by S. LeBlanc, and approved by supermajority. B. Bick and C. Turner were not present for the vote.

IV. Governance

Board Chair Dr. Brumsted described the resolution appointing Board Managers for term renewals.

A Motion to Approve the Resolution Appointing Board Managers was made by Dr. J. Gilwee, seconded by T. Huebner, and approved by supermajority. C. Turner was not present for the vote.

Chair Brumsted described the resolution adopting the 10th Amended and Restated Operating Agreement.

A Motion to Approve the Resolution Adopting the 10th Amended and Restated Operating Agreement was made by T. Dee, seconded by S. May, and approved by supermajority. C. Turner was not present for the vote.

V. Health Service Area (HSA) Consultation Overview

Tom Borys, VP of Finance, described quarterly HSA consultations during which HSA leaders and OneCare meet for a robust discussion about performance and data. OneCare has access to extensive data and its analysts carefully review and analyze these data to identify key strengths and opportunities in each HSA. Management and HSAs review specific results and discuss potential ways to improve population health and to control costs. Sara Barry, Chief Operating Officer, shared that Management is building in a cadence at future Board meetings to present specific outcomes of HSA consultations and share best practices. M. Costa noted that Northern Counties Health Care's HSA consultation with OneCare was very beneficial because of its scope and payer-specific data. Northern Counties used these data to deepen their exploration of their new express care utilization; they are in the process of making some changes based on these findings.

The Board discussed which parties within each HSA are invited to HSA consultations. Typically, HSAs bring executive, financial, and data leaders to the meetings and Management is working to ensure that the right parties are at each meeting. The majority of HSAs have had their Q1 2022 consultations.

VI. Public Comment

Sam Peisch, from the Office of the Health Care Advocate, expressed interest in connecting with Management about global budgets in another forum.

VII. Move to Executive Session

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

VIII. Votes

1. Executive Session Consent Agenda Items – Approved by Supermajority
2. Resolution Adopting 2021 Operating Margin - Approved by Supermajority

IX. Adjournment

Upon a Motion made, seconded, and approved by a unanimous vote, the meeting adjourned at 6:03 p.m.

Attendance:

OneCare Board Managers

☒ Dan Bennett
☒ Bob Bick
☒ John Brumsted, MD
☒ Coleen Condon
☒ Michael Costa
☒ Betsy Davis
☒ Tom Dee
☐ Claudio Fort
☒ Jen Gilwee, MD
☐ Steve Gordon
☒ Tom Huebner
☒ Steve LeBlanc
☒ Sierra Lowell
☒ Stuart May
☒ Toby Sadkin, MD
☐ John Sayles
☒ Adriane Trout, MD
☒ Cynthia Turner
☒ Rick Vincent

B. Bick joined the meeting at 4:32 p.m.
C. Turner joined the meeting at 4:38 p.m.

OneCare Risk Strategy Committee

☐ Dean French, MD
☐ Steve Leffler, MD
☐ Brian Nall
☐ Shawn Tester

OneCare Leadership and Staff

☒ Vicki Loner
☒ Sara Barry
☒ Greg Daniels, Esq.
☐ Carrie Wulfman, MD
☒ Tom Borys
☒ Amy Bodette
☒ Josiah Mueller
☒ Linda Cohen, Esq.
☒ Lucie Garand
☒ Ginger Irish

OneCare Board of Managers Committee Reports
March 2022

Executive Committee (meets monthly)
At its March 9 meeting, the Executive Committee nominated Board Managers and committee members. The committee discussed the current State legislative session, Green Mountain Care Board budget orders, and personnel matters. The committee is next scheduled to meet on April 7.

Finance Committee (meets monthly)
At its meeting on March 9, the committee approved January financial statements and February meeting minutes. The committee discussed the 2022 Revised Budget and began conversations to plan for 2023 payment programs. The committee reviewed the line of credit as well as an analysis of Medicare Advantage plan uptake in Vermont. Lastly, the committee discussed 2022 Medicare risk corridor analysis and Medicare claims processing. The committee meets next on April 13, 2022.

Population Health Strategy Committee (meets monthly)
The next committee meets next on March 14, 2022.

Patient & Family Advisory Committee (meets monthly)
At its meeting February 22, the committee heard brief updates regarding work undertaken by the OneCare Board of Managers and current public affairs topics. The committee discussed compliance and stipend payments available to committee members. The committee engaged in meaningful discussion about the Value-Based Incentive Fund quality program and the Population Health Management model. The committee meets next on March 22, 2022.

Audit Committee (meets quarterly)
The committee is scheduled to meet next on Tuesday, June 28, 2022.

OneCare Vermont
Statement of Financial Position

For the Periods Ended	**1/31/2022**	**12/31/2021**	**Variance**
ASSETS			
Current assets:			
UNRESTRICTED Funds	6,007,617	5,755,741	251,876
OCV Reserve Funding	4,000,000	4,000,000	-
Advanced Medicaid Funding	15,009,771	-	15,009,771
VBIF Reserves	2,584,857	2,501,524	83,333
Deferred For Specific Use	875,434	875,434	0
Unspent Passthrough Funds	2,428,733	3,379,441	(950,708)
accountability pool $ Held	2,130,831	1,971,072	159,759
Total Cash	33,037,243	18,483,212	14,554,031
Network Receivable	196,943	60,057	136,886
Network Receivable-Settlement	773,663	773,663	-
Other Receivable	821,324	55,075	766,250
Other Receivable-Settlement	21,109,058	22,172,240	(1,063,182)
Prepaid Expense	382,909	378,626	4,284
Property and equipment (net)	37,010	37,701	(691)
TOTAL ASSETS	**56,358,151**	**41,960,574**	**14,397,577**
LIABILITIES AND NET ASSETS			
Current liabilities:			
Accrued Expenses - Accounts payable	845,686	798,558	47,127
Accrued Expenses Deliverables	28,595	28,595	-
Accrued PHM Expenses (payors)	506,838	506,838	-
Accrued Expenses	1,381,118	1,333,991	47,127
Accrued Expenses -Settlement	4,929,749	4,929,749	-
Network Payable	4,370,589	5,033,494	(662,906)
Network Payable-settlement	17,301,449	17,301,449	-
Notes Payable	-	-	-
CTO Liability	529,456	530,217	(762)
Payroll accrual	130,600	79,637	50,963
Deferred Income	17,186,176	2,168,072	15,018,104
Due to Related Parties - UVMMC	2,930,159	3,164,872	(234,712)
Due to Related Parties - DHH	(0)	(0)	-
Total Liabilities	**48,759,295**	**34,541,481**	**14,217,814**
Net assets:			
Unrestricted - UVMMC	3,709,547	2,843,214	866,333
Unrestricted - DHH	3,709,547	2,843,214	866,333
Current Year Profit to Date	179,763	1,732,665	(1,552,903)
Total net assets	**7,598,856**	**7,419,093**	**179,763**
TOTAL LIABILITIES AND NET ASSETS	**56,358,151**	**41,960,574**	**14,397,577**

OneCare Vermont

Surplus & Loss Statement: January 2022

	Annual Budget	Current Month Actual	Monthly Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	445,882,153	37,167,114	37,156,846	10,268	37,167,114	37,156,846	10,268
Payor Contracts Funding	11,988,969	899,562	999,081	(99,519)	899,562	999,081	(99,519)
Other Funding	9,601,230	30,950	800,103	(769,153)	30,950	800,103	(769,153)
Settlement Income	-	-	-	-	-	-	-
Deferred Participation Fees (prior year)	534,873	-	44,573	(44,573)	-	44,573	(44,573)
Participation Fees	18,696,155	1,549,680	1,558,013	(8,333)	1,549,680	1,558,013	(8,333)
Total Funding	**486,703,381**	**39,647,305**	**40,558,615**	**(911,310)**	**39,647,305**	**40,558,615**	**(911,310)**
Fixed Payments	443,852,970	36,978,471	36,987,748	9,277	36,978,471	36,987,748	9,277
Populations Health Mgmt Payment	9,457,821	817,125	788,151.75	(28,973)	817,125	788,152	(28,973)
Complex Care Coordination Program	6,150,463	443,226	512,539	69,313	443,226	512,539	69,313
Value-Based Incentive Fund	1,000,000	75,000	83,333	8,333	75,000	83,333	8,333
Blueprint Funding	9,073,983	-	756,165	756,165	-	756,165	756,165
Other PHM Programs	1,880,606	38,109	156,717	118,609	38,109	156,717	118,609
Settlement Expense	-	-	-	-	-	-	-
PHM Expenses	**471,415,843**	**38,351,930**	**39,284,654**	**932,724**	**38,351,930**	**39,284,654**	**932,724**
					-	-	-
Salaries, payroll taxes and fringe benefits	9,651,315	706,618	804,276	97,658	706,618	804,276	97,658
Consulting, legal and purchased services	1,193,249	57,513	99,437	41,925	57,513	99,437	41,925
Software, licenses and maintenance	2,516,505	223,779	209,709	(14,071)	223,779	209,709	(14,071)
Travel, supplies, other	1,926,469	127,703	160,539	32,837	127,703	160,539	32,837
Operating Expenses	**15,287,538**	**1,115,612**	**1,273,962**	**158,349**	**1,115,612**	**1,273,962**	**158,349**
Total Expenses	**486,703,381**	**39,467,542**	**40,558,615**	**1,091,073**	**39,467,542**	**40,558,615**	**1,091,073**
Net Income (Loss)	**-**	**179,763**	**-**	**179,763**	**179,763**	**-**	**179,763**

OneCare Vermont

Public Affairs Report | March 2022

Government Relations

State Legislative Update

Crossover for policy bills is Friday March 11, and crossover for money bills is Friday March 18. Prior to the town meeting break last week, the House and Senate conference committee completed work on the FY2022 Budget Adjustment Act. The final bill has passed the Senate and the house and is awaiting the Governor's action. The bill adjusts for the current fiscal year budget by $357 million. Highlights of the budget include:

- $67.5 million for Medicaid caseload and utilization increases.
- $60 million for a staff recruitment and retention grant program.
- $25 million of one-time General Funds to the Agency of Human Services (AHS) to address emergent circumstances following the COVID-19 pandemic. The funding is intended to provide financial support to providers to prevent closures and disruptions in capacity, as well as to meet AHS's existing obligations to support staffing agency contracts.
- $15 million for the Vermont Medicaid Next Generation Accountable Care Organization (ACO) Performance Year 2020 ACO settlement for the contractual risk-sharing arrangement that will be distributed to its risk-bearing participants.
- $500,000 to establish state health care benchmarking capacity.
- Extends Medicaid coverage for post-partum services to 12 months.

The Senate passed H.654 which focuses on the extension of Regulatory Flexibilities and Telehealth for providers which was contained in Act 6 of 2021. This bill was passed last year and has shifted over to the Senate for continued discussion ahead of the March 31 deadline under the existing statute.

The Senate Health and Welfare Committee began to review a new draft of S.285 (expansion of the Blueprint and payment and delivery system reform) and began to hear testimony. The bill includes several recommendations by two separate consultants as noted in previous Public Affairs reports, as well as the Administration's report on health services wait times. Highlights of the bill include:

- Appropriates $1.4 million to the GMCB to engage consultants to assist the board in developing and implementing global budgets for Vermont hospitals to move away from a fee-for-service payment system to predictable and sustainable funding.
- Appropriates $600,000 to the GMCB to design and develop a proposed waiver agreement with the Centers for Medicare and Medicare Innovation (CMMI) to include Medicare in hospital global payments and requires the GMCB to report back on the status of this work by January 15, 2023.

• Appropriates $3 million to the GMCB to engage consultants to facilitate a patient-focused, community-inclusive redesign of the health care system.
• Enhances the state's data collection and analysis by connecting clinical and claims data through the enterprise master patient index (EMPI) and to optimize coordination and alignment of the EMPI with the Vermont Health Care Uniform Reporting Systems (VHCURES) and the Vermont Health Information Exchange (VHIE).

Green Mountain Care Board

At its February 2 meeting, the GMCB was provided an update on the Health Care Workforce Strategic Plan by Ena Backus, Director of Healthcare Reform at the Agency of Human Services. She noted that progress was being made toward implementing the plan. A program for recruitment, retention, and training for health care providers currently working is being considered in the legislature. Funding in the FY 2022 Budget Adjustment Act includes $33 million in retention money for the plan and then proposed funding in the FY 2023 Budget requests $3 million for scholarships and $2 million for loan repayment.

At its February 16 meeting, the GMCB heard Ena Backus of AHS and Mike Pieciak, Commissioner of the Department of Financial Regulation (DFR), on the State's Health Services Wait Times Report Findings. Hospital Wait Times Study and Findings. Ms. Backus recognized the hard work of providers during this difficult period and thanked providers for their participation in the study. The study was oriented around hearing directly from Vermonters coming into contact with the system, including public forums and written testimony. Data was also gathered using patient surveys and a survey tool titled Consumer Assessment of Healthcare Providers & Systems (CAHPS). The wait times were quantified using three methods: claims data analysis, a secret shopper survey, and a primary care chart audit.

Outreach and Advocacy

OneCare's RiseVT Supports Walkable Communities in Springfield

RiseVT works to amplify local community efforts that get Vermonters active, eating well, making social connections, and enjoying resilient mental well-being. An example of one of these efforts is the important infrastructure work happening in Springfield, Vermont which will have lasting impact on health and well-being in the community. Over the past two years, Springfield On The Move has worked with local partners to increase pedestrian safety and walkability in their downtown corridor. In 2021 and 2022, RiseVT supported the organization's installation of flashing crosswalk signs in the heavily trafficked downtown area. The first set of crosswalks bookend Main Street, with one located at the Community/Senior Center building and the second at the entrance to the popular, and now ADA-accessible, Comtu Cascade Park. The second flashing crosswalk, which will be installed this spring, will increase safety at a blind corner that is heavily used by both vehicles and pedestrians. This crosswalk will allow pedestrians to safely access a popular recreation center and will make it possible for the Rails to Trails initiative to extend the Toonerville Trail into downtown Springfield. The installation of crosswalks has improved the walkability of downtown Springfield and increased access to popular recreation sites and amenities. RiseVT's investments in improving infrastructure in towns like Springfield ensure more opportunities for all Vermonters to be active—and an active lifestyle is a key protective factor for many chronic conditions, including diabetes, hypertension, and depression.

Social Media Highlights

In early February, OneCare shared an announcement from one of our participating providers at Community Health Centers of the Rutland Region (CHCRR), welcoming new CEO Michael Gardner. We're excited to continue our work with CHCRR to advance value-based care in the Rutland region. CHCRR is the largest of the 12 federally qualified health centers (FQHCs) in Vermont.

OneCare also announced its co-sponsorship of Vermont Care Partners' annual conference on Thursday, March 10, 2022. The theme this year is "Moving Forward Together 2022: Promoting Resilience Through Complex Times" with the goal of promoting sharing and training for providers across the spectrum who are supporting individuals with diverse needs, particularly in the context of the COVID-19 pandemic. Thema Bryant, PhD will be providing the keynote for this year's conference. The focus will be on the following areas: equity and cultural responsiveness, resilience, racial and societal trauma, reimagining service delivery, and self-determination. Conference attendees will include health and human services providers, economic service providers, first responders, educators, state officials, faith leaders, community leaders, peers, translators, and more. Learn more at https://vcpconference.vfairs.com/en/

Follow Us

You can keep up with OneCare on our blog, LinkedIn, and Twitter (@OnecareVermont) and with OneCare's primary prevention program RiseVT on Facebook, Instagram, and YouTube. We would greatly appreciate it if you like and share our content to help spread awareness.

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

Board of Managers Summary of Policy Changes

Public Session

March 2022

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

- **01-01 Subcontractor Management**
  - **Purpose:** To ensure that OneCare oversees and manages its contractual relationships with organizations that are "Subcontractors" as defined by the VMNG Program Agreement, as required by that agreement, and in compliance with applicable law, regulation and rules.
  - **Key Changes:** This policy has been updated based on the re-negotiated VMNG Program Agreement that provides a new, broader definition of Subcontractors than was used in prior agreements and encompasses additional oversight requirements.
  - **Committee Endorsement:** N/A

Policy Number & Title:	01-01 Subcontractor Management
Responsible Department:	Legal
Author:	Linda Cohen, Assistant General Counsel
Original Implementation Date:	January 1, 2017
Revision Effective Date	March 1, 2022

I. **Purpose:** To ensure that OneCare oversees and manages its contractual relationships with organizations that are "Subcontractors" as defined by the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access ("DVHA") and the Vermont Medicaid Next Generation Program Agreement ("VMNG Agreement"), as required by that agreement, and in compliance with applicable law, regulation and rules.

II. **Scope:** Applicable to OneCare and any entity that is a Subcontractor as defined by the Vermont Medicaid Next Generation Program Agreement (State of Vermont Contract for Personal Services #42438) ("VMNG").

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:

Authorized Representative of the State means employees of the Agency of Human Services and agents acting on behalf of the Agency of Human Services in furtherance of the VMNG.

Oversight means the regular review and assessment of Subcontractor's performance of its obligations under the Subcontract, through onsite or remote review of performance; review and analysis of data or reports and/or implementation and monitoring of corrective action/performance improvement plans.

Subcontract is a written contractual agreement between OneCare and a Subcontractor for performance of work under the VMNG, specifying the work to be performed and remedies for unsatisfactory performance.

Subcontractor means a party to a Subcontract, but not including OneCare. The following entities are not Subcontractors and are excluded from the requirements and oversight of this Policy: Participating Providers, Preferred Providers and Participating Practices and their respective employees; software vendors (except software as a service); entities related to office space, maintenance, equipment and supplies; attorneys, auditors, accountants, actuaries, insurers and brokers, bankers and lenders; and Medicaid enrolled providers when providing services to Medicaid enrolled beneficiaries in connection with the VMNG.

IV. **Policy:**

A. Responsibilities

1. OneCare shall oversee the activities of Subcontractor and submit an annual report on its Subcontractors' compliance, corrective actions and outcomes of OneCare's monitoring activities to DVHA. In addition to this Policy, OneCare will have procedures addressing auditing and monitoring of Subcontractor's data, data submissions and performance.

2. All Subcontracts shall require that the Subcontractors indemnify and hold harmless the State of Vermont, its officers and employees from all claims and suits, including court costs, attorney's fees and other expenses, brought because of injuries or damage received or sustained by any

person, persons, or property that is caused by an act or omission of OneCare and/or the Subcontractor. The Subcontracts shall also provide that the State of Vermont shall not provide such indemnification to the Subcontractor.

3. OneCare will monitor the financial stability of any Subcontractor whose payments are equal to or greater than five percent (5%) of DVHA's annual Value Based Care Payments to OneCare. For these Subcontractors, One Care will annually obtain and use the following information to monitor the Subcontractor's performance: audited financial statements including statement of revenues and expenses, balance sheet, cash flows and changes in equity/fund balance. OneCare will make these documents available to DVHA upon its request or during site visits.

4. OneCare shall ensure that all Subcontracts comply with all requirements of Section 2.8 of the VMNG; 42 C.F.R. § 438.230 and 42 C.F.R. § 434.6.

5. Prior to signing a Subcontract after March 1, 2022, OneCare will complete Subcontractor Compliance Form found at Appendix I of the VMNG and seek the State's approval to enter into the Subcontract. OneCare shall not enter into Subcontracts without the State's approval.

6. OneCare will require Subcontractors to attest they are in full compliance with the Standard State Contracting provisions at Attachment C of the VMNG and the Agency of Human Services Contracting provisions at Attachment F of the VMNG regarding worker classification, fair employment practices and the Americans with Disabilities Act, taxes due to the State of Vermont, child support orders and debarment.

7. Subcontracts shall provide:
   i. That AHS, CMS, the HHS Inspector General, the Comptroller General or their designees shall have the right to audit, evaluate and inspect any books, records, contracts, computer or other electronic systems of Subcontractor, or the Subcontractor's contractor, that pertain to any services or determinations of amounts payable. For purposes of such an audit, Subcontractor shall make available its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medicaid beneficiaries.

   ii. The right to audit will exists through 10 years from the final date of the VMNG or from the date of completion of any audit, whichever is later.

   iii. If an Authorized Representative of the State, CMS or the HHS Inspector General determines there is a reasonable possibility of fraud or similar risk, an Authorized Representative of the State, CMS, or the HHS Inspector General may inspect, evaluate and audit the Subcontractor at any time.

8. Subcontracts shall contain the following provisions from Attachment C to the VMNG: Section 10 (False Claims Act); Section 11 (Whistleblower Protections); Section 12 (Location of State Data); Section 14 (Fair Employment Practices and Americans With Disabilities Act); Section 16 (Taxes Due the State); Section 18 (Child Support); Section 20 (No Gifts or Gratuities)(; Section 22 (Certification Regarding Debarment); Section 30 (State Facilities); and Section 32.A (Certification Regarding Use of State Funds).

9. Subcontracts shall contain the following provisions from Attachment F to the VMNG: Section 4 (Workplace Violence Prevention and Crisis Response for Subcontractors who provide social or mental health services directly to individuals); Section 5 (Non-Discrimination); Section 6 (Employees and Independent Contractors); and Section 7 (Data Protection and Privacy).

10. OneCare will evaluate a prospective Subcontractor's ability to perform activities or obligations under the VMNG.

11. Subcontractors will fulfill all state and federal requirements appropriate to the activities they are performing.

12. Any Subcontractor who provides direct services to Medicaid beneficiaries shall meet the same requirements as OneCare with respect to the VMNG, including quality improvement goals and performance improvement activities.

13. To the extent OneCare has a question about whether an organization is a Subcontractor, it shall ask DVHA and provide a reasonable description of the arrangement.

14. OneCare will bind any Subcontractor with whom it shares PHI from Medicaid claims to the terms of the DVHA Business Associate Agreement.

V. Review Process: This policy will be reviewed annually in accordance with the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access (VMNG).

VI. References

- OneCare's Policy and Procedure Glossary
- Contract for Personal Services with the State of Vermont, Department of Vermont Health Access (VMNG)
- 42 C.F.R. § 438.230
- 42 C.F.R. § 434.6

VII. Related Policies/Procedures:

- 05-01 Contract Management Policy

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

Management Approval:

Assistant General Counsel Date

Chief Operating Officer Date

Board of Managers Approval:

Chair, OneCare Vermont Board of Managers Date

DEI Data Update

Carrie Wulfman, MD, Chief Medical Officer

Josiah Mueller, Director of Value Based Care

OneCare Board of Managers

March 15, 2022

OneCare Vermont

onecarevt.org

Availability of Demographic and SDOH Data

✓ Available to be utilized in reporting

◊ New/emerging data; additional work required

X Not currently available

Social Determinants of Health	Medicare	Medicaid	BCBS Primary	BCBS QHP	MVP QHP
Age	✓	✓	✓	✓	✓
Geographic location	✓	✓	✓	✓	✓
Race and ethnicity	✓	◊	◊	◊	◊
Social class	✓	✓	✓	✓	✓
Sex and Gender*	✓	✓	✓	✓	✓
Disability**	✓	✓	◊	◊	◊
Sexual orientation	◊	◊	◊	◊	◊
New American populations	X	X	X	X	X

* Information is provided through patient's insurance enrollment and does not clearly delineate sex versus gender. Accepted data values for Medicare, Medicaid, and MVP are limited to F/M. BCBSVT accepts F/M/U.

** Clear definition of disability required to provide comprehensive status of data availability. Medicare status of ESRD and Medicaid status of ABD (aged, blind, and disabled) are available for reporting.

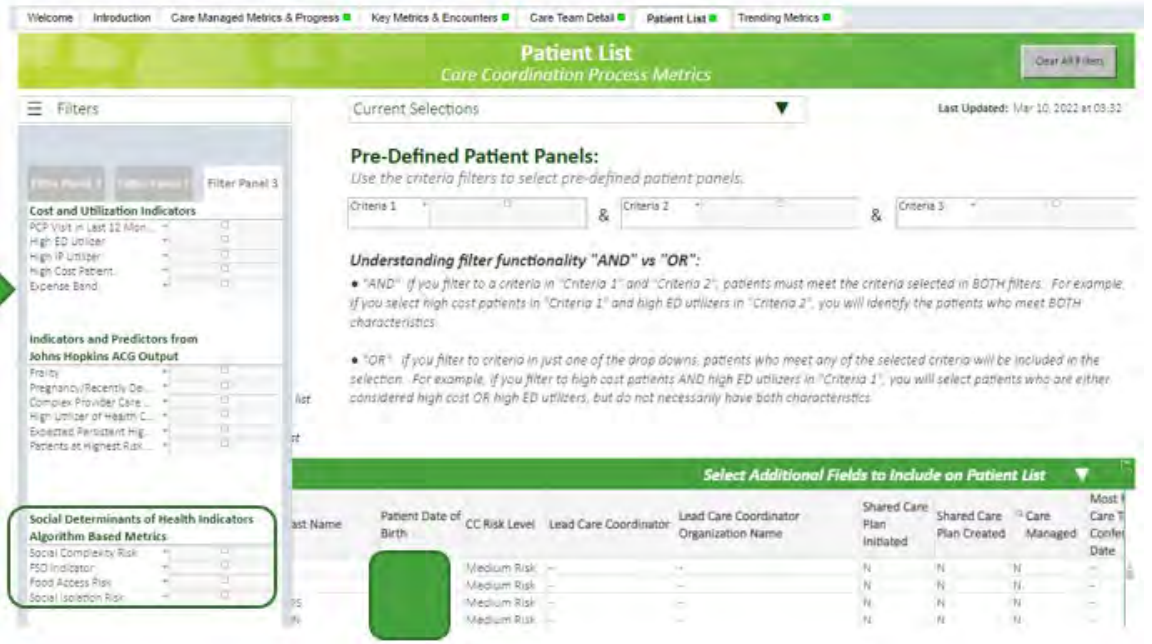
Note: EHRs allow potential for fields in addition to those listed above

SDOH Data

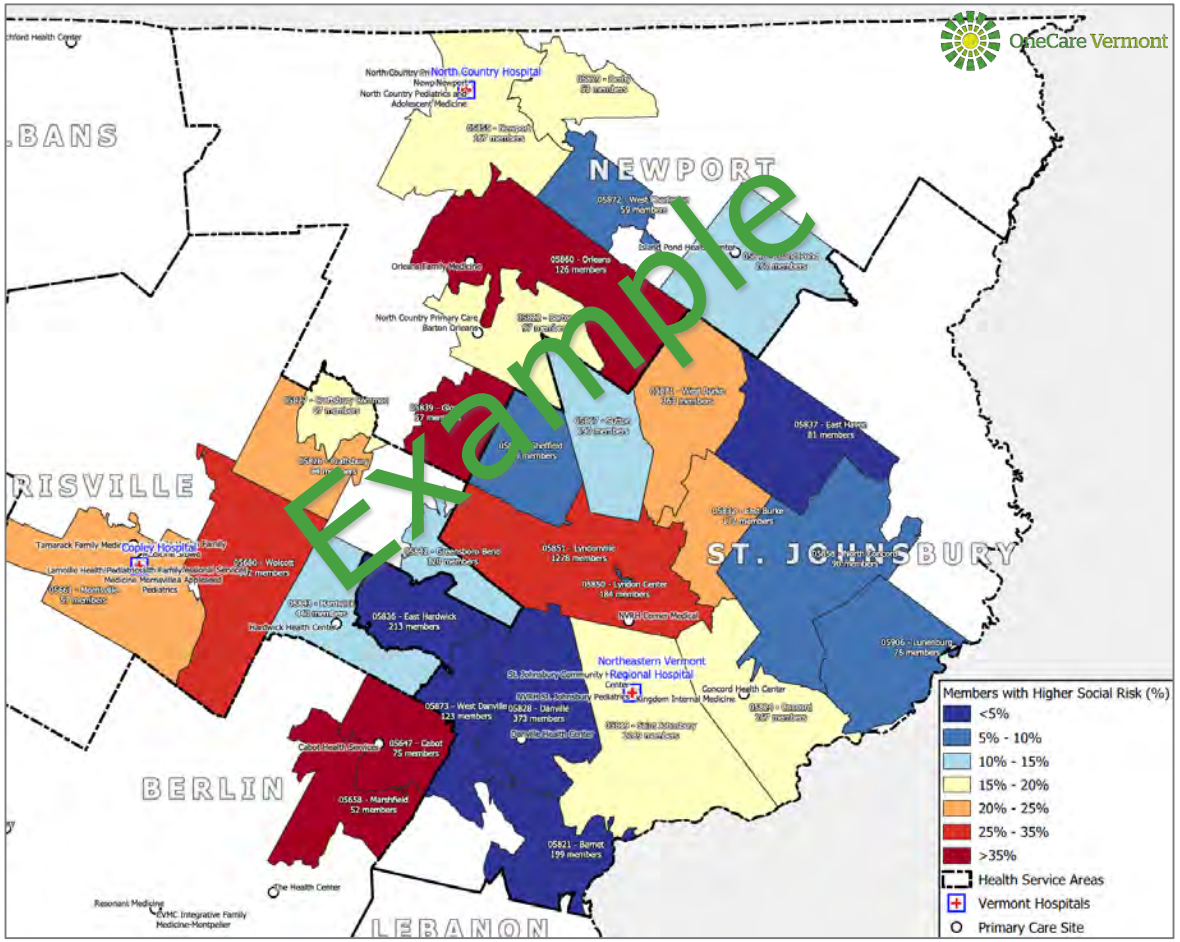
- Algorex, a data science firm, provides OneCare with Social Determinants of Health (SDOH) insights based upon various non-clinical data sources (e.g. address history, neighborhood factors, etc.)
- OneCare uses the data to identify patients at risk for food access, social isolation, and social complexity. These are used to guide care coordination priorities for the network.
- OneCare engages with the network to train providers to use these data to identify patients with SDOH needs
- The OneCare analytics team is using Algorex data to develop heat maps to aid in visualization of key priorities such as quality performance, targeting high social stress regions, etc.

Workbench One App:

Care Coordination Process Metrics



Example Health Service Area: Social Stress Heat Map



- **Social Stress Score**: household-level social risk score, complements clinical risk scores (e.g. ACG)
- Factors include educational attainment, employment status, housing security, housing quality, and neighborhood stress
- Model inputs are weighted differently depending on the age group of the individual (under 18, 18-65, 65+)
- Data displayed as of November 2021

SDoH Data Capture—Clinical Lens

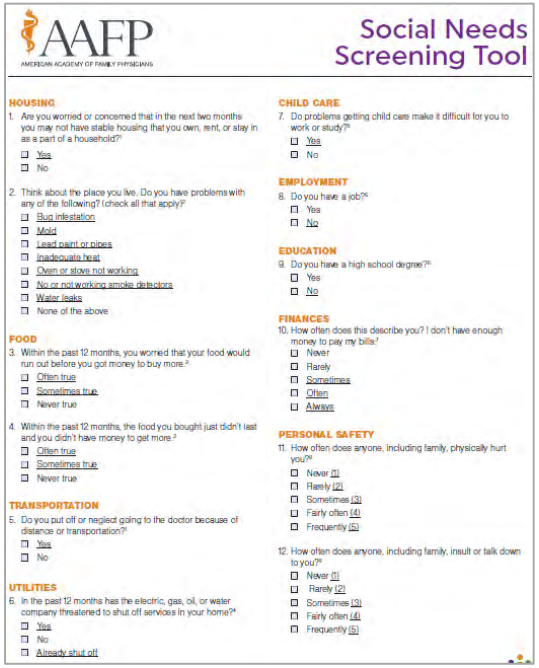
Screening:

- Involves conversation
- Requires trust and engagement
- Shared decision-making
- Necessitates time investment clinically
- Is not One-and-Done

SDoH Data Analysis

- Standardization of tools/questions is needed to reach meaningful and actionable conclusions
- Tools used to gather information vary widely. Examples from the AAFP, CMS, and AAP are listed below.

AAFP Screening



AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Social Needs Screening Tool

HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?[1]
   - ☐ Yes
   - ☐ No

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)[2]
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat
   - ☐ Oven or stove not working
   - ☐ No or not working smoke detectors
   - ☐ Water leaks
   - ☐ None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.[3]
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?[3]
   - ☐ Yes
   - ☐ No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?[4]
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?[5]
   - ☐ Yes
   - ☐ No

EMPLOYMENT

8. Do you have a job?[6]
   - ☐ Yes
   - ☐ No

EDUCATION

9. Do you have a high school degree?[6]
   - ☐ Yes
   - ☐ No

FINANCES

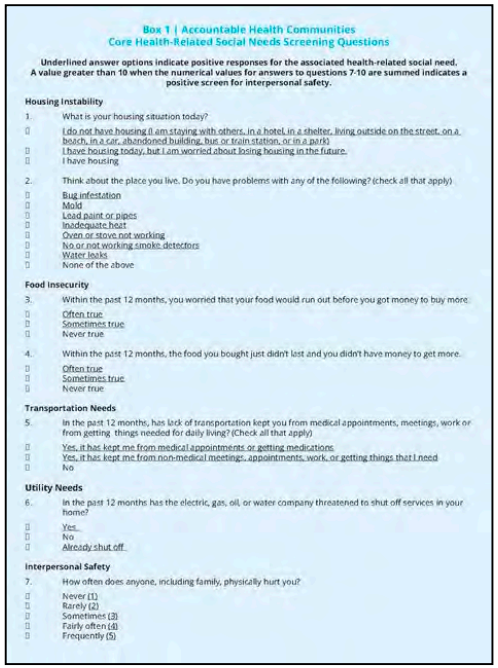
10. How often does this describe you? I don't have enough money to pay my bills.[7]
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always

PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

12. How often does anyone, including family, insult or talk down to you?[8]
    - ☐ Never (1)
    - ☐ Rarely (2)
    - ☐ Sometimes (3)
    - ☐ Fairly often (4)
    - ☐ Frequently (5)

CMS Screening



Box 1 | Accountable Health Communities
Core Health-Related Social Needs Screening Questions

Underlined answer options indicate positive responses for the associated health-related social need. A value greater than 10 when the numerical values for answers to questions 7-10 are summed indicates a positive screen for interpersonal safety.

Housing Instability

1. What is your housing situation today?
   - ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
   - ☐ I have housing today, but I am worried about losing housing in the future.
   - ☐ I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat
   - ☐ Oven or stove not working
   - ☐ No or not working smoke detectors
   - ☐ Water leaks
   - ☐ None of the above

Food Insecurity

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
   - ☐ Often true
   - ☐ Sometimes true
   - ☐ Never true

Transportation Needs

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)
   - ☐ Yes, it has kept me from medical appointments or getting medications
   - ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
   - ☐ No

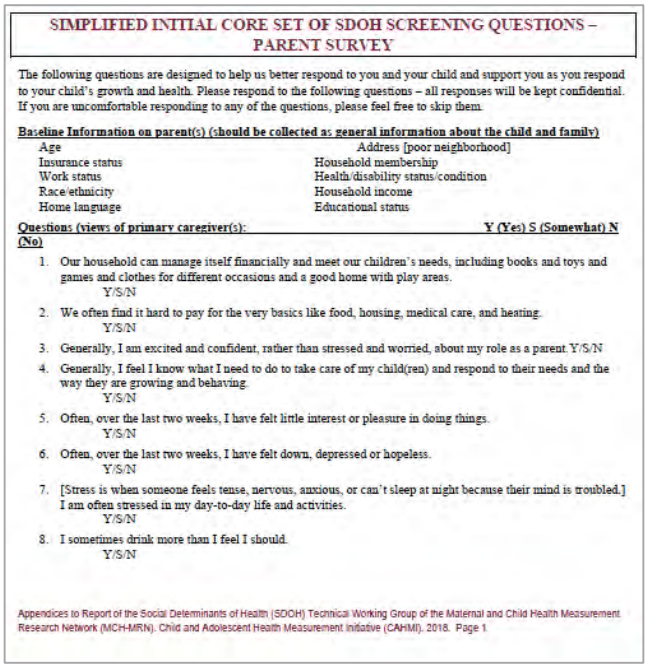
Utility Needs

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

Interpersonal Safety

7. How often does anyone, including family, physically hurt you?
   - ☐ Never (1)
   - ☐ Rarely (2)
   - ☐ Sometimes (3)
   - ☐ Fairly often (4)
   - ☐ Frequently (5)

AAP Screening



SIMPLIFIED INITIAL CORE SET OF SDOH SCREENING QUESTIONS – PARENT SURVEY

The following questions are designed to help us better respond to you and your child and support you as you respond to your child's growth and health. Please respond to the following questions – all responses will be kept confidential. If you are uncomfortable responding to any of the questions, please feel free to skip them.

Baseline Information on parent(s) (should be collected as general information about the child and family)

Age	Address [poor neighborhood]
Insurance status	Household membership
Work status	Health/disability status/condition
Race/ethnicity	Household income
Home language	Educational status

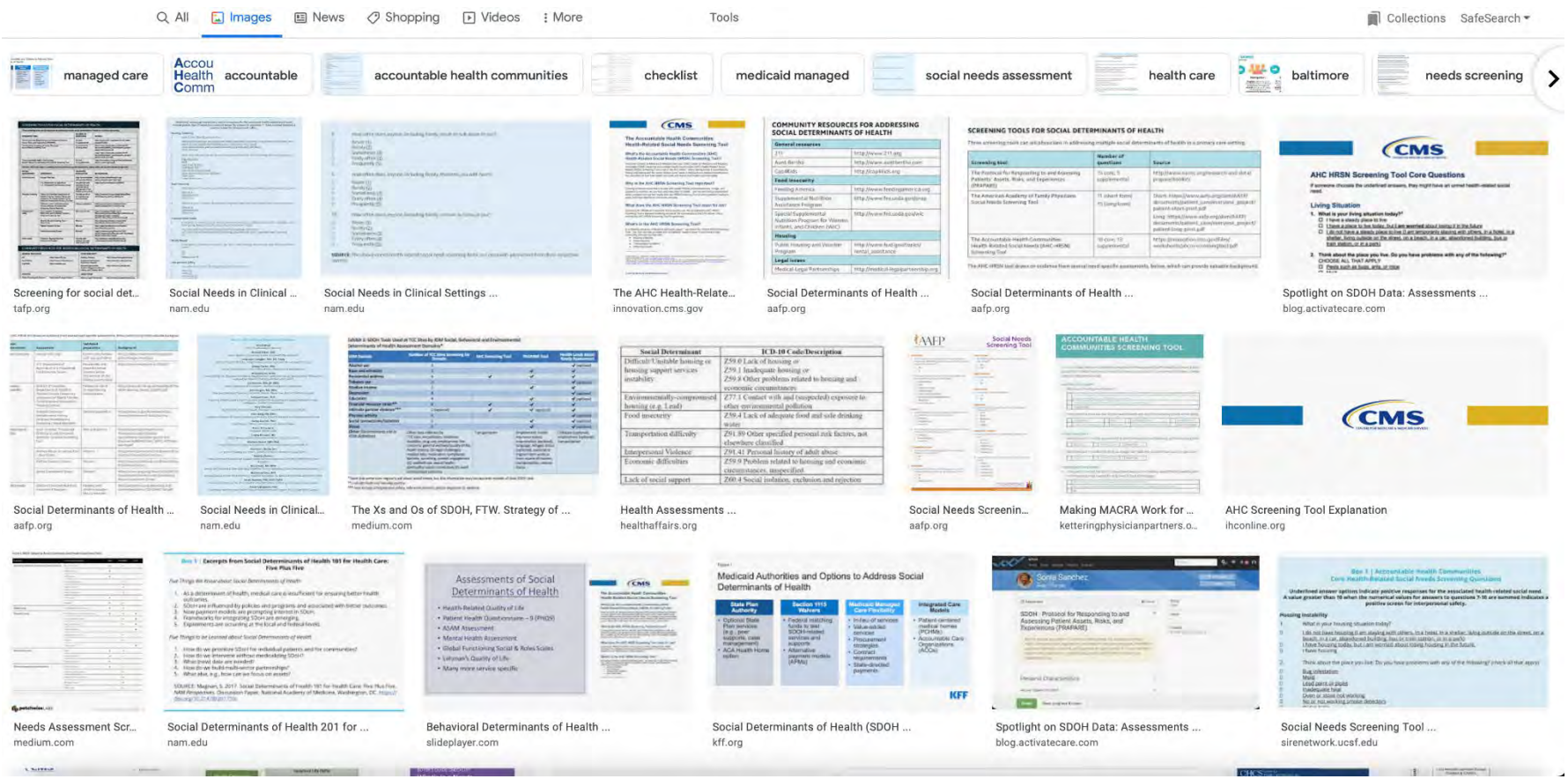
Questions (views of primary caregiver(s): Y (Yes) S (Somewhat) N (No)

1. Our household can manage itself financially and meet our children's needs, including books and toys and games and clothes for different occasions and a good home with play areas.
   Y/S/N
2. We often find it hard to pay for the very basics like food, housing, medical care, and heating.
   Y/S/N
3. Generally, I am excited and confident, rather than stressed and worried, about my role as a parent Y/S/N
4. Generally, I feel I know what I need to do to take care of my child(ren) and respond to their needs and the way they are growing and behaving.
   Y/S/N
5. Often, over the last two weeks, I have felt little interest or pleasure in doing things.
   Y/S/N
6. Often, over the last two weeks, I have felt down, depressed or hopeless.
   Y/S/N
7. [Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.] I am often stressed in my day-to-day life and activities.
   Y/S/N
8. I sometimes drink more than I feel I should.
   Y/S/N

Appendices to Report of the Social Determinants of Health (SDOH) Technical Working Group of the Maternal and Child Health Measurement Research Network (MCH-MRN). Child and Adolescent Health Measurement Initiative (CAHMI). 2018. Page 1

SDoH Data Analysis

- Search results showing a wide variety of SDoH tools:



Next Steps

- OneCare has assessed current availability of demographic and social determinants of health data for OneCare attributed lives (Q1-Q2 2022)
- OneCare is identifying opportunities and a plan to gather and use health equity data for future program years. This may include partnerships with payers, HIEs, or other data sources (Q3-Q4 2022)
- OneCare will examine the roles of health equity and health access in OneCare's clinical prevention strategy (Q2-Q4 2022)

2022 Medicare Advantage Membership

Growth and Impact on OneCare Programs

OneCare Vermont

onecarevt.org

MA Growth

- In 2017, 33% of all Medicare beneficiaries were enrolled in an MA plan
  - In Vermont, just 9% of Medicare beneficiaries were enrolled in MA

- MA participation increased by 16.2% from 2021 to 2022
  - This number reflects both Vermont and Northern NY

Medicare Advantage Membership
Vermont and Northern NY

	21-Dec	22-Jan	Change	%
MVP	4,654	5,144	490	10.50%
Blue Cross - VT	4,616	10,314	5,698	123.40%
United	25,835	26,256	421	1.60%
Aetna	4,781	5,314	533	11.10%
All Other	14,487	16,133	1,646	11.40%
Total	**54,373**	**63,161**	**8,788**	**16.20%**

- While some aggregate data are available, OneCare has no ability to track which attributed lives are going to which MA plans

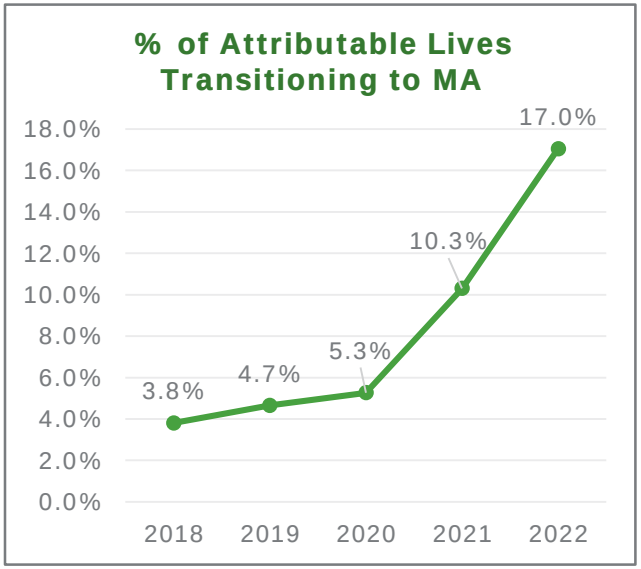
Source: https://www.healthinsurance.org/medicare/vermont/

Impact on OneCare Programs

- If a Medicare beneficiary selects an MA plan they cannot attribute to the OneCare Medicare ACO program

- Each year, OneCare receives an exclusion list that identifies attributed lives that are discharged from the ACO program between the initial attribution run in October/November, and January 1st of the program year

	Transition to MA at Start of PY				
HSA	**2018**	**2019**	**2020**	**2021**	**2022**
Bennington	23	314	324	493	853
Berlin	154	219	309	603	1,239
Brattleboro	109	169	202	272	468
Burlington	742	991	1,100	2,721	4,103
Lebanon			62	98	152
Middlebury	214	279	323	354	656
Rutland				838	1,575
Springfield	199	298			
St. Albans	68	220	299	605	971
Windsor		196	135	177	280
Not Aligned	1	49	80	217	395
Total	**1,510**	**2,735**	**2,834**	**6,378**	**10,692**



OneCare Thoughts

- **The healthcare coverage landscape is constantly moving and evolving**
  - The dynamic nature of healthcare coverage results in attribution shifts between Medicaid/Medicare/Commercial every year
  - These shifts contribute to many of the general frustrations with attribution

- **MA growth in Vermont should not be a surprise**
  - Vermont has a high percentage of Medicare beneficiaries relative to the total population
  - Past MA adoption rates have been low
  - Absent external pressures (ex. regulation), we should expect regression to the mean, which will result in MA growth until Vermont is more closely aligned with other states

OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive Session
March 15, 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, these include: (1) subjects that are or use trade secret information; (2) personnel matters; and (3) the status of ongoing contract negotiations.