



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

May 17, 2022
4:30 p.m. – 6:30 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 Incoming Board Chair	Vicki Loner
4:33 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public	Anya Rader Wallack
4:34 p.m.	Consent Agenda Items* <i>Vote to Approve Consent Agenda Items</i>	Anya Rader Wallack
4:35 p.m.	Governance* <i>Vote to Approve Resolution Appointing Board Manager</i>	Anya Rader Wallack
4:40 p.m.	Southwestern Vermont Health Care Value Based Incentive Fund: Working to Beat the Benchmarks*	Katharine Green/ Pamela Duchene/ Caitlin Tilley/ Carrie Wulfman, MD
5:10 p.m.	Public Comment Move to Executive Session* <i>Vote to Approve Resolution to Move to Executive Session</i>	Anya Rader Wallack
6:25 p.m.	Votes 1. Approve Executive Session Consent Agenda Items 2. Approve Resolution Adopting Policies	Anya Rader Wallack
6:30 p.m.	Adjourn	Anya Rader Wallack

*Denotes Attachments

Attachments:

1. Consent Agenda Items
 - a. Draft OneCare Public Session Minutes April 14, 2022
 - b. Board Committee Reports May 2022
 - c. Financial Statement Package March 2022

- d. Public Affairs Report May 2022
- e. CMO Quarterly Report Q1 2022
- 2. Resolution Appointing Board Manager
- 3. Southwestern Vermont Health Care Presentation
- 4. Resolution to Move to Executive Session
- 5. 2022 OneCare Revised Budget Presentation for GMCB *(FYI only)*



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
April 14, 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 April 14, 2022.

I. Call to Order and Board Announcements

Board Vice Chair Tom Huebner called the meeting to order at 4:30 p.m.

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

Vice Chair Huebner 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 March 15, 2022; (2) Board Committee Reports April 2022; (3) Financial Statement Package February 2022; and (4) Public Affairs Report April 2022.

Finance Committee Chair Rick Vincent noted that the Financial Statement Package February 2022 was approved by the Finance Committee on April 13, 2022. Vice Chair Huebner noted a correction to the minutes to show that Kristi Cross, DNP was present at the March 15, 2022 meeting.

A Motion to Approve the Consent Agenda Items with the correction was made by T. Dee, seconded by S. LeBlanc, and approved by supermajority. Dr. J. Brumsted was not present for the vote.

IV. Governance

Vice Chair Huebner presented the resolution to appoint Claudio Fort to the Audit Committee. Board Managers described their support for the nominee.

A Motion to Approve the Resolution Appointing Audit Committee Meeting was made by J. Sayles, seconded by Dr. J. Gilwee, and approved by supermajority. Dr. J. Brumsted was not present for the vote.

V. Legislative Session Update: S. 285

Amy Bodette, Director of Public Affairs, described S.285 which allocates to the Green Mountain Care Board (GMCB) \$5M to study health care reform initiatives including

global budgets. Vicki Loner, Chief Executive Officer, shared that OneCare does not have an official position on the bill because the ACO is not directly affected. CMMI recently notified the legislature of its pursuit of a 2-year extension of the All Payer Model. Lucie Garand, Government Relations Consultant at MMR, described provider bandwidth and association engagement with the bill. The Board discussed next steps for the bill, GMCB's position on the bill, and Clover Health's Medicare program in Vermont.

VI. Q1 DEI in Governance Update

Ms. Loner described the 2022 plan to expand diversity, equity, and inclusion in OneCare governance and progress to date in the 2022 DEI Work Plan. Ms. Loner asked the Board to review the onboarding and orientation plans and to send OneCare any additional feedback. The Board discussed Management's recent work identifying sources of health equity data.

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 T. Dee, seconded by J. Sayles and was approved by a unanimous vote.

IX. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by Supermajority.** R. Vincent was not present for the vote.
2. Approve Resolution to Advance OneCare's Approved Strategic Plan Focus on Analytics – **Approved by Supermajority.** R. Vincent was not present for the vote.

X. Adjournment

Upon a Motion made, seconded, and approved by a unanimous vote, the meeting adjourned at 6:17 p.m.

Attendance:

OneCare Board Managers

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

Dr. J. Brumsted joined the meeting at 5:08 p.m.

R. Vincent departed the meeting at 5:59 p.m.

OneCare Risk Strategy Committee

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

Dr. D. French joined the meeting at 4:41 p.m.

OneCare Leadership and Staff

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

D. Raynes joined the meeting at 4:50 p.m.

Invited Guests

- Anya Rader Wallack



OneCare Board of Managers Committee Reports

May 2022

Executive Committee (meets monthly)

The committee did not meet in May. Committee members conducted business electronically to nominate a board manager for a three-year term renewal. The committee is next scheduled to meet on June 2, 2022.

Finance Committee (meets monthly)

At its April 13 meeting, the March meeting minutes were reviewed and approved by the members. The February Financial Statements were then reviewed and approved. The committee discussed contract negotiations for program year 2023. The committee reviewed and endorsed the Hospital Fixed Payment for PY 2023 as well as the Finance Committee Charter.

At its May 11 meeting, the April meeting minutes and March Financial Statements were reviewed and approved. The committee discussed the 2021 VBIF Payout, 2021 settlements, 2021 BCBSVT CPR Reconciliation, 2022 Fixed Payment Allocation, and contract negotiations for Program Year 2023. All of the policies presented were endorsed by the committee with minor edits. The committee meets next on June 8, 2022.

Population Health Strategy Committee (meets monthly)

At its April 11 meeting, the committee reviewed and approved its charter. OneCare Chief Medical Officer Dr. Wulfman shared an overview of the Population Health Model (PHM). The committee discussed the Care Coordination Evaluation work and the Data and Analytics Action Plan.

At its May 9 meeting, members were provided an update on the status of the subcommittee and workgroup structure. The committee reviewed and discussed the Population Health Model and supporting policies. The meeting wrapped up with a presentation on the CMS Waivers. The committee meets next on June 13, 2022.

Patient & Family Advisory Committee (meets monthly)

At its meeting April 26, the committee learned about and discussed work underway by the OneCare Board of Managers and in public affairs. The committee held an in-depth discussion about the proposed 2023-2025 Population Health Model. The committee meets next on May 24, 2022.

Audit Committee (meets quarterly)

The committee is scheduled to meet next on May 26, 2022.

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

3/31/2022

2/28/2022

Variance

ASSETS

Current assets:

UNRESTRICTED Funds	6,383,090	4,532,921	1,850,169
OCV Reserve Funding	4,000,000	4,000,000	-
Advanced Medicaid Funding	14,894,848	14,931,237	(36,389)
VBIF Reserves	2,669,905	2,586,572	83,333
Deferred For Specific Use	504,483	482,961	21,523
Unspent Passthrough Funds	2,055,778	1,423,355	632,423
accountability pool \$ Held	2,440,859	2,290,590	150,269
Total Cash	32,948,963	30,247,635	2,701,328
Network Receivable	28,595	273,809	(245,214)
Network Receivable-Settlement	581,094	581,094	-
Other Receivable	107,549	2,272,377	(2,164,828)
Other Receivable-Settlement	22,956,707	22,956,707	-
Prepaid Expense	1,074,729	1,598,894	(524,165)
Property and equipment (net)	35,629	36,320	(691)
			-
TOTAL ASSETS	57,733,267	57,966,837	(233,570)

LIABILITIES AND NET ASSETS

Current liabilities:

Accrued Expenses	1,348,077	1,138,049	210,029
Accrued Expenses -Settlement	7,417,717	7,417,717	-
Network Payable	4,237,957	4,553,717	(315,761)
Network Payable-settlement	15,983,990	15,983,990	-
Notes Payable	-	-	-
CTO Liability	523,261	549,108	(25,846)
Payroll accrual	278,957	183,627	95,330
Deferred Income	16,603,971	16,590,802	13,169
Due to Related Parties - UVMMC	3,644,365	3,986,239	(341,873)
Due to Related Parties - DHH	(0)	-	(0)
Total Liabilities	50,038,297	50,403,250	(364,953)
Net assets:			
Members' equity	25,000	25,000	-
Retained Surplus	7,669,970	7,538,588	131,382
Total net assets	7,694,970	7,563,588	131,382

TOTAL LIABILITIES AND NET ASSETS	57,733,267	57,966,838	(233,570)
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OneCare Vermont

Surplus & Loss Statement: March 2022

	Annual Budget	Current Month			YTD Actual	YTD Budget	YTD Variance
		Actual	Monthly Budget	Month Variance			
Fixed Prospective Payments Funding	438,968,088	37,069,075	36,580,674	488,401	111,399,105	109,742,022	1,657,083
Payor Contracts Funding	10,460,595	826,761	871,716	(44,955)	2,508,509	2,615,149	(106,639)
Other Funding	10,315,103	1,572,568	859,592	712,976	2,268,496	2,578,776	(310,280)
Settlement Income	-	-	-	-	-	-	-
Deferred Participation Fees (prior year)	792,485	(49,558)	66,040	(115,598)	135,910	198,121	(62,211)
Participation Fees	19,623,500	1,789,849	1,635,292	154,557	4,905,875	4,905,875	(0)
Total Funding	480,159,771	41,208,695	40,013,314	1,195,381	121,217,894	120,039,943	1,177,952
Fixed Payments	436,766,526	36,960,045	36,397,210	(562,834)	110,915,469	109,191,631	(1,723,838)
Populations Health Mgmt Payment	9,512,724	772,831	792,727	19,897	2,372,682	2,378,181	5,499
Complex Care Coordination Program	5,905,659	588,874	492,138	(96,736)	1,475,326	1,476,415	1,089
Value-Based Incentive Fund	1,000,000	83,333	83,333	0	250,000	250,000	0
Blueprint Funding	9,073,982	1,572,569	756,165	(816,403)	2,268,496	2,268,496	(1)
Other PHM Programs	2,463,342	(28,312)	205,279	233,591	14,997	615,836	600,839
Settlement Expense	-	-	-	-	-	-	-
PHM Expenses	464,722,233	39,949,340	38,726,853	(1,222,487)	117,296,970	116,180,558	(1,116,412)
Salaries, payroll taxes and fringe benefits	9,368,623	706,411	780,719	74,308	2,073,373	2,342,156	268,783
Consulting, legal and purchased services	1,366,121	158,617	113,843	(44,774)	274,887	341,530	66,643
Software, licenses and maintenance	2,683,279	201,702	223,607	21,904	582,117	670,820	88,703
Travel, supplies, other	2,019,514	61,242	168,293	107,050	310,999	504,879	193,880
Operating Expenses	15,437,538	1,127,973	1,286,462	158,489	3,241,376	3,859,385	618,009
Total Expenses	480,159,771	41,077,313	40,013,314	(1,063,998)	120,538,345	120,039,943	(498,403)
Net Income (Loss)	-	131,382	-	131,382	679,549	-	679,549



OneCare Vermont

Public Affairs Report | May 2022

Media Coverage

OneCare lawsuit makes it to Vermont Supreme Court

[April 29, 2022, WCAX](#)

Coverage of supreme court oral arguments from legal teams representing Vermont's auditor and OneCare Vermont over Doug Hoffer vs. OneCare Vermont lawsuit. Hoffer claims OneCare violated its contract by not releasing employee payroll information, but OneCare's response is that there is nothing in the statutory language to suggest that the auditor has authority or jurisdiction over any nongovernmental body.

Medical Matters Weekly welcomes Vermont food security leader

[April 24, 2022, Bennington Banner](#)

Food is medicine and OneCare Vermont board member John Sayles, CEO of the VT Foodbank, makes the food security and health care connection in this Southwestern Vermont Health Care's *Medical Matters* interview. Sayles talks about the important work OneCare is doing to make health care more affordable in Vermont.

House lawmakers soften Senate proposal for tighter regulations on hospitals

[April 21, 2022, VTDigger](#)

OneCare is mentioned in this coverage in a summary about S.285.

Government Relations

State Legislative Update

[S.285](#), the health care reform bill passed out of the house and was messaged back to the Senate with substantial changes made by the House Health Care Committee (HHC). The House Appropriations Committee subsequently [amended the bill](#) to decrease funding to the Agency of Human Services (AHS) from \$1.4 million to \$900,000.

Changes by HHC included realigning the state's health reform initiatives within the context of the All-Payer Model (APM) Agreement between the state and the Centers for Medicare and Medicaid Innovation (CMMI), to move away from fee-for-service reimbursement to fixed payments. The bill directs AHS Director of Health Care Reform, in collaboration with the Green Mountain Care Board

(GMCB), to develop a proposal for the next APM Agreement with CMMI now that CMMI intends to grant Vermont a two-year extension under the existing agreement. The bill initially proposed \$1.4 million to AHS to support development of the next APM agreement.

In addition, the bill requires the GMCB to develop a stakeholder engagement process focusing on population health, reducing health inequities, increase access, and maintaining emergency management capacity. The plan must include how they will assess the impact of any changes in hospital services on nonhospital providers, including workforce recruitment and retention, and how it will determine the resources needed by hospitals to support transformation initiatives. The GMCB is required to report back to legislative committees by January 15, 2023. The bill allocates \$3.6 million to the GMCB to support this work. The bill is currently now in conference committee being finalized in advance of adjournment next week.

Green Mountain Care Board

On April 20, The GMCB heard a [presentation](#) by clinicians from the Dartmouth Leadership Preventive Medicine Residents around health equity.

On April 27, [Blue Cross Blue Shield of Vermont](#) and [MVP](#) presented to the GMCB updates on the work they are doing around value based healthcare reform initiatives including their ongoing ACO programs and work with OneCare.

On May 5, following a GMCB [staff introduction](#) presentation, OneCare presented their [revised and updated 2022 budget](#) to the GMCB. A status update was provided on population health management programs, the contract with UVM for evaluation, the benchmarking tool, and revised budget numbers.

Outreach and Advocacy

RiseVT Amplify Grant Program

RiseVT has been working hard to get our Amplify grant funds out the door. This granting cycle we were able to fund 24 grants that will improve community infrastructure, provide recreation equipment, and increase access to healthy foods. This month we want to highlight a grant that will give Island Pond children the opportunity to enroll in free swim lessons for the month of June. Orleans and Essex counties have limited opportunities for swim lessons and this funding will help support lifelong skills to keep children safe in the water, while also promoting physical activity - just in time for summer!

Value-Based Care Primer

In early May, OneCare announced a robust primer, developed by Dr. Alicia Jacobs and Dr. Carrie Wulfman, [explaining value-based care](#) and why it's so important to shift our health care system from fee-for-service to value-based care.

Vermont Walk/Bike Summit Sponsorship

OneCare announced that it is a proud sponsor of the statewide 2022 Vermont Walk/Bike Summit in Middlebury on Friday, May 6, 2022. The summit will focus on how providing safe facilities for walking and biking benefits Vermonters in a variety of ways, including alternative transportation options for

commuting, increased physical activity, connecting communities, and supporting local economies. Communities that are connected through walking and biking are healthier and more equitable with fewer incidences of chronic diseases.

OneCare Recruiting Chief Legal Counsel

OneCare is recruiting for the position of chief legal counsel. The ideal candidate should have experience in health care law and expertise in working with large systems including hospital networks and/or accountable care organizations. If you or someone you know possess these qualifications, please be in touch. This position is a great opportunity to be part of a dedicated team working to transform the way health care is paid for and delivered in Vermont.

Vermont Health Learn

In late April, OneCare shared a reminder about Vermont Health Learn - a FREE e-Learn platform created by the Department of Vermont Health Access, Vermont Blueprint for Health, Vermont Department of Health, and OneCare Vermont. The modules, designed to support the health of Vermonters, are helpful resources for providers, care coordinators, caregivers, and the public. [Learn more and enroll in Vermont Health Learn courses.](#)

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.



OneCare Vermont



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

Q1 2022

Committee Reorganization

In the first quarter of 2022, OneCare team members finalized a new structure for subcommittees and work groups that report to OneCare’s Population Health Strategy and Finance Committees. In addition to defining a new structure, our team has created or revised the charters for these groups and moved them through the approval process. We have also worked to ensure each of these groups is diverse and inclusive while keeping group size and meeting time manageable in order to accomplish our work effectively and efficiently. Group charters will each contain a unified diversity, equity, and inclusion statement as follows:

When recruiting participants for the Subcommittee (group), the Chair will make reasonable efforts to ensure membership is diversely representative in the following ways: experience in geographic areas throughout Vermont; diverse medical practice types to represent experiences across the continuum of care; experience understanding social determinants of health and/or improving health equity for Vermonters.

It has been motivating to participate in this evolution and to see staff and OneCare providers working together to further our strategic plan and purpose. We strive to improve connection between the patient care work of our members in the field and our governance by aligning our work streams with clear reporting to the Board of Managers. The final committee structure, membership lists and charters are available by request. Contact me at Carrie.Wulfman@onecarevt.org.

Health Service Area Executive Consultations

We recently revised the data delivery style, the content, and our engagement accountabilities with our health service area (HSA) members at our periodic HSA consultations. In the last quarter of 2021, we

asked our data and analytics team to create a more actionable presentation template to promote dialogue and inspire action. We begin each consultation with strengths and opportunities, support these points with data, invite conversation, and ask for commitment to action for quality and utilization improvement. Leaders from our quality and analytics departments then hold follow-up HSA Oversight and Accountability meetings. We are also requesting each HSA clearly define its population health team, including some who have decision-making roles, to ensure alignment. With this cadence and follow-through, we hope to accelerate positive change in quality of care, stewardship of resources and cost containment, and coordination of the care delivered in each community.

In the next quarter, we plan to:

- Extend the attendance at HSA consultations to include executive leaders from our continuum of care and independent partners;
- Focus on HSA-specific care coordination activities and practices to prepare for proposed changes to our program in 2023; and
- Communicate the OneCare Population Health Model proposed for 2023.

The People at OneCare Vermont

I have been impressed by the knowledge of my colleagues at OneCare Vermont and with their dedication to our work. However, what has surprised me the most is how much they care about doing the right thing for the people of Vermont—for patient care first of all, but also for our economy. This caring extends beyond OneCare staff. Members of our Patient and Family Advisory Committee care deeply about these same topics. Our Board cares deeply. We have members who work sincerely to bring about the reform in healthcare that we truly need. It is rewarding to be here, working with all of you, and I thank you.

Carrie Wulfman, MD
Chief Medical Officer, OneCare Vermont



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing Board Manager
May 17, 2022

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

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidate, hereby elects to seat the following Manager:

- A. Cynthia Turner, Consumer Manager and BCBSVT Beneficiary, for a three year term renewal ending on July 31, 2025.

Value Based Incentive Fund: Working to Beat the Benchmarks

Katharine Green, BSN, RN

Clinical Quality & Data Management DH Putnam Medical Group

Pam Duchene, PhD, APRN-BC

Vice President Patient Care Services Chief Nursing Officer

Caitlin Tilley, BSN, RN, CEN

Director of Care Coordination and Blueprint Program Manage

Southwestern
Vermont

HEALTH CARE





Value Based Incentive Fund Measures

Hypertension

Hemoglobin
A1C

Depression
Screening and
Follow Up

Developmental
Screening

OCVT & SVMC

HSA Consultation Stoplight Report
Medical Director Leadership

Primary Care
Leadership

SVMC ACO Council
RN Coordinator Meeting
Data Validation Taskforce
PCMH Team Meetings

Care
Coordination
Meetings

Bennington
HSA Team
Meeting

VBIF
Measure
Reviews

SVMC
Quality, Safety,
Value Meeting

Quality Measures Success Review
Shawntel Burke

Process Change Discussions
Kathy Vogel

Community Engagement
Tracy Mongeon

HSA Organizational Collaboration
Robyn Skiff

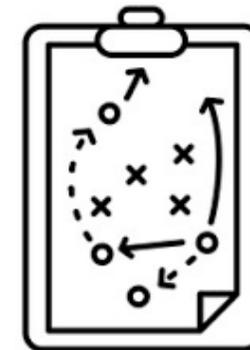


Strategies for Success

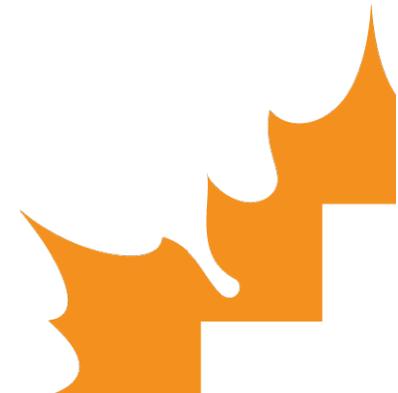


Engagement

Process
Improvement



Infrastructure



Hypertension Management

Engagement

- Review of hypertension management goal and metrics at PCMH/clinical team meetings

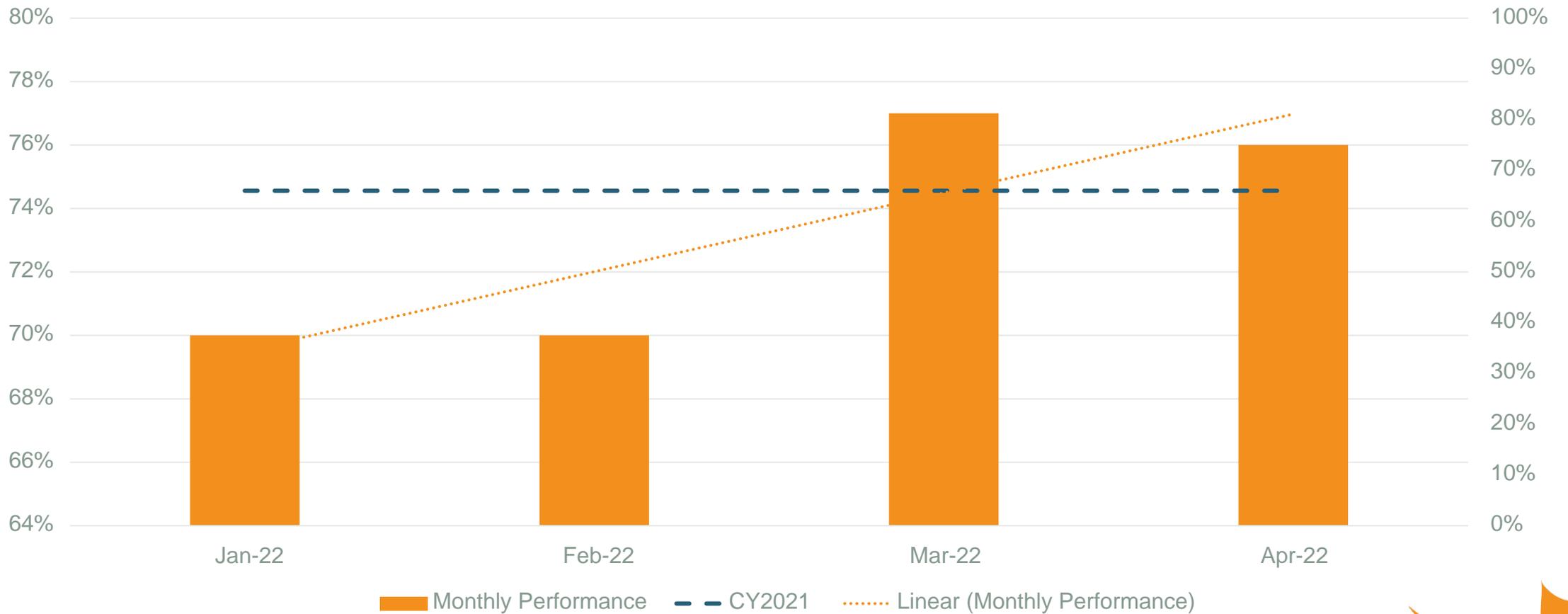
Process Improvement

- Training with clinical teams in primary care about rechecking over range BP manually
- Communication at PCP leadership group to ensure providers are entering subsequent values during a visit

Infrastructure

- Change made in EHR to align with measure target range
- Evaluation of clinics to ensure they have appropriate tools (manual cuffs)

Early Results in Hypertension Management



Hemoglobin A1C Management

Engagement

- PCMH initiatives and vetting A1C data on patients with over range or missing data points
- Collaborating with PCMH sites and CDEs to coordinate outreach

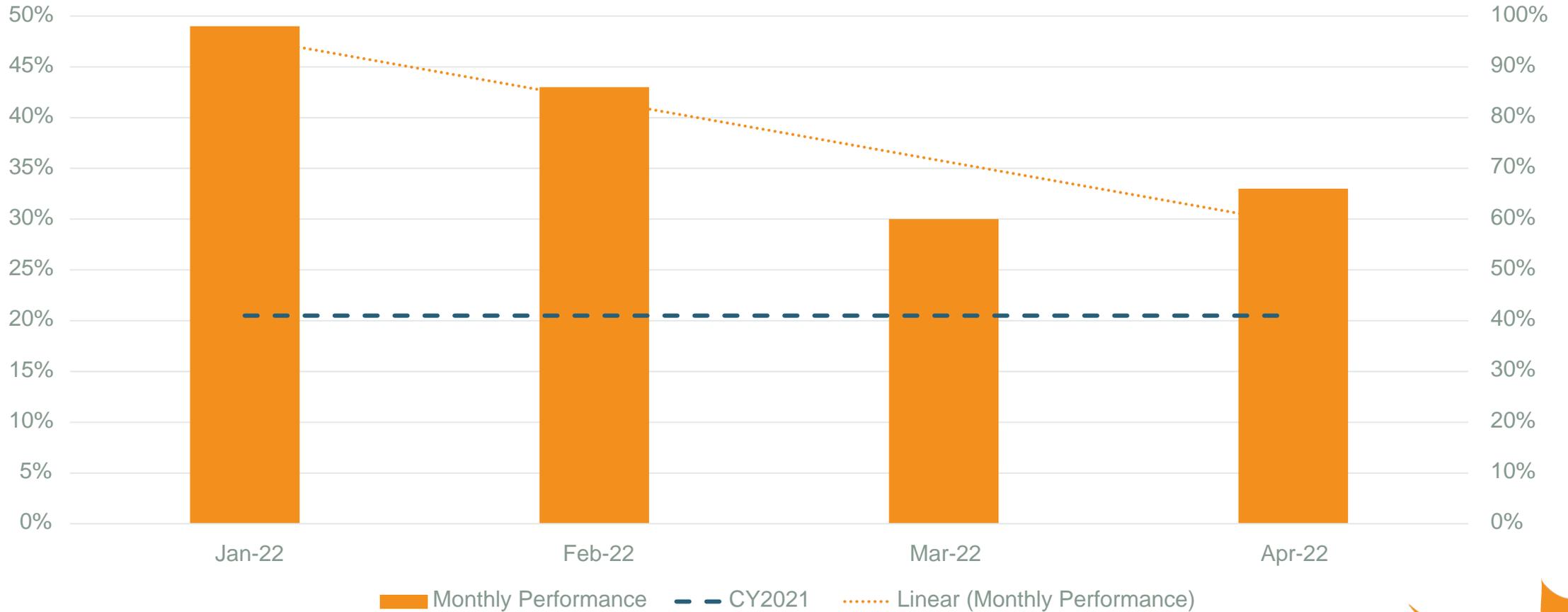
Process Improvement

- Training for clinical and administrative teams on labeling of incoming documents from other facilities to ensure we are capturing all data
- Quality tab review

Infrastructure

- Point of care A1C meter in SVMC Endocrinology is assisting in improving rates of A1Cs being collected and entered into the medical record

Hemoglobin A1c Management



Depression Screening and Follow Up

Engagement

- Discussion at primary care leadership on the importance of scoring of the PHQ2/9 as positive or negative for credit
- Reinforcing both components of this measure at PCP leadership discussions

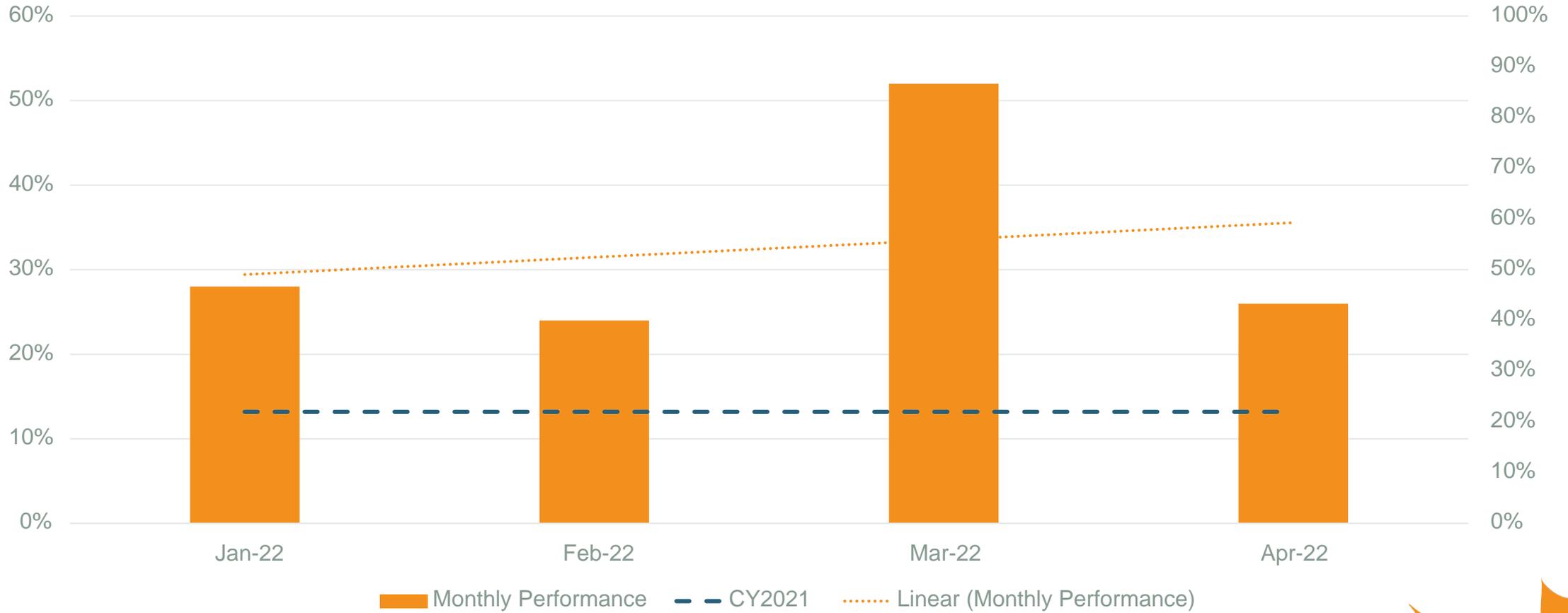
Process Improvement

- Training for clinical staff on how to enter screeners in the appropriate structured format (Yes/No v. score)

Infrastructure

- Encounter plans built to trigger the PHQ2/9 for completion at depression initial & follow-up visits

Depression Screening



Developmental Screening

Engagement

- Empowering clinical teams to discuss the importance of developmental screening

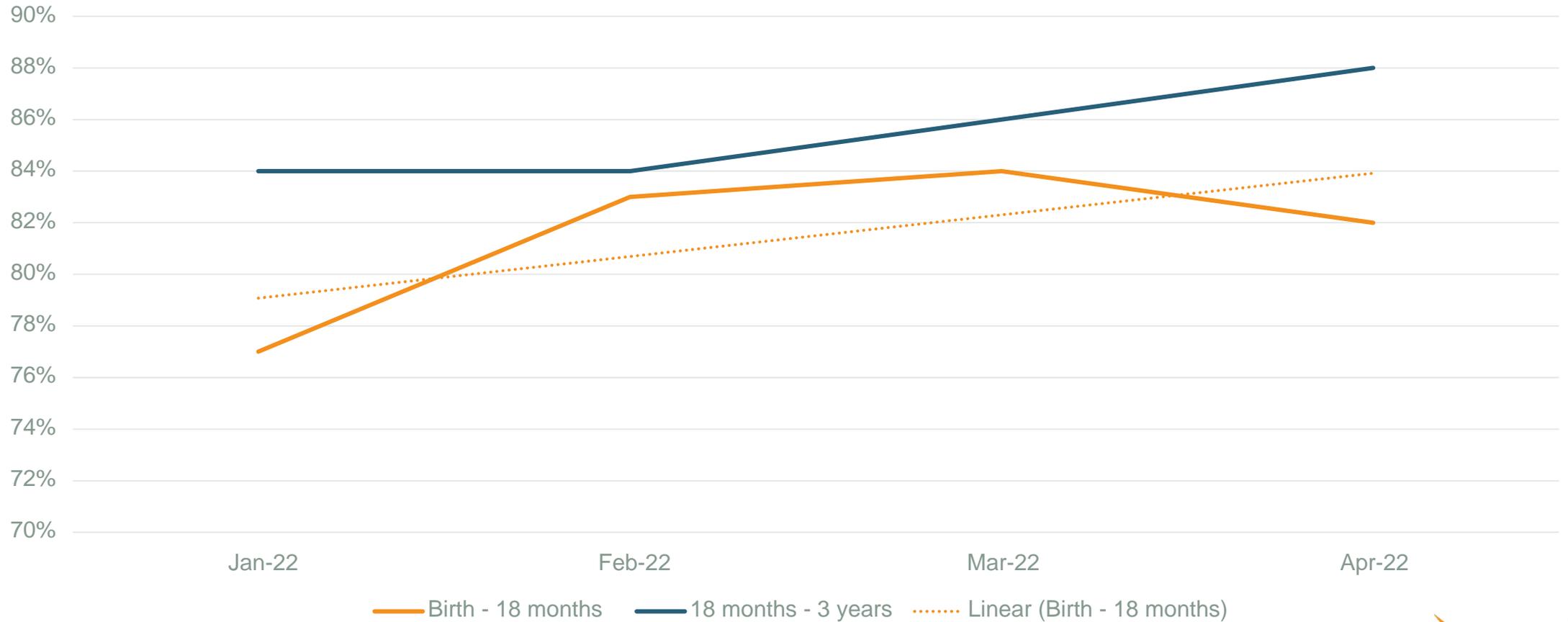
Process Improvement

- Build encounter plans specific to wellchild checks incorporating the necessary documentation

Infrastructure

- Request out to Athena to incorporate pediatric developmental screeners as structured so we can run specific reports on this data

Well Child Check Rates





Conclusion

- Development of an RN Clinical Coordinator model in primary care
- Collaboration with Blueprint, Transitions of Care, and Care Management teams
- Nursing Leadership leading change across the care continuum
- Leveraging technology & data to optimize patient outcomes



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive Session
May 17, 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; and (2) the status of ongoing contract negotiations.



OneCare Vermont

2022 Revised Budget Presentation

Green Mountain Care Board

May 4, 2022

Vicki Loner, CEO

Sara Barry, COO

Tom Borys, VP, Finance



OneCare Vermont

onecarevt.org

Table of Contents

- **Population Health Management**
 - PHM Description and Status
 - Updates on Evaluations
 - OneCare's Evaluation Contract with UVM
 - ACO Benchmarking Update
- **Revised Budget Updates**
 - Attribution and Finalized Payer Contracts
 - Revised Final Budget - Revenues
 - Revised Final Budget - Expenses
 - Hospital Participant Fees
 - Total Risk and Risk Model
 - Progress on Commercial Fixed Payments
 - Sources of Funds for PHM Payments

PHM Descriptions and Status

- **Population Health Management:** Primary care investments supporting increased focus on population health and high quality care delivery.
 - No changes to this program since FY 2022 Budget submission.
- **Complex Care Coordination Program:** Enables providers across the health care continuum to better manage the care of high risk/high needs individuals attributed to the ACO.
 - Network performance measures and reporting requirements communicated.
- **Value-Based Incentive Fund (VBIF):** Quality incentive program with key priority metrics for children and adults.
 - Change: Medicaid funded a \$2M VBIF pool to be paid directly to providers. OneCare will administer the quality evaluation and determine payment amounts and recipients through policy.
- **Comprehensive Payment Reform (CPR) Program:** Designed to transition participating independent primary care practices from FFS to fixed value-based payments across payers.
 - No changes to this program since FY 2022 Budget submission.
- **Specialist/Innovation Funds:** Promotes greater focus on population health and funding for innovative care delivery pilots proposed by participating OneCare providers. Investments in 2022 reflect projects continuing into the fiscal year.
 - No changes to this program since FY 2022 Budget submission.

Updates on Evaluations (Care Coordination and Variations in Care by HSA)

- **Care Coordination Evaluation**

- Conducted patient and care coordination staff surveys, analyzing claims data and collecting providers' triennial reports
 - Analytic techniques: descriptive and narrative analysis, trend analysis, patient matching using propensity scores, difference in difference analysis (pre/post intervention), and regression analysis to control for confounders
- Evaluation completion anticipated summer 2022

- **Data Policy, Reports, and Applications**

- Data Use Policy updated to facilitate data sharing across ACO network
- Performance Dashboard report displays variation in care by HSA, distributed to network participants and payers
- Workbench One App functionality provides users with HSA level performance for comparisons and opportunity identification

- **HSA Consultations**

- New process in 2022 focused on actionable data
- Compares HSA performance to others, OneCare total, and predicted values
- Process continues to evolve, deepening connections across the network

- **Utilization Management Committee**

- Reviews utilization trends across payers, HSAs



OneCare's Evaluation Contract with UVM

- OneCare is in the process of contracting with the UVM College of Medicine Center for Health Services Research team for support in three areas:
 - **ACO Key Performance Indicators (KPIs)**
 - Key Activities: Literature review; review and refine possible KPIs with OneCare; review data availability; identify a core set of KPIs that can be monitored over time
 - **Network Survey**
 - Key Activities: Identify gaps in available data to support KPIs; design, test, implement, and evaluate a baseline network survey; make recommendations about how to sustain efforts, and incorporate into KPIs
 - **Program Evaluation**
 - Key Activities: Create an evaluation guidance document to advise on evaluation best practices; complete one preliminary evaluation of at least one OneCare program in PY22

ACO Benchmarking Update

- Through the vendor selection process, OneCare learned that none could meet the full scope of the Order, as written, and therefore requested an amendment. Key Changes Requested:
 - Focus benchmark reporting on utilization, cost, and quality; remove patient satisfaction/engagement and evidence-based clinical appropriateness due to lack of available benchmarks.
 - Flexibility to work with selected vendor to identify specific measures (cost, utilization, quality) based on available data; collaborative process with GMCB staff to determine reporting templates.
 - Eliminate requirement for Medicaid and commercial benchmarking as vendors report lack of industry standards, low data availability & consistency, and high costs.

ACO Benchmarking Update cont.

- **Process:**
 - Based on recommendations from GMCB consultant, OneCare performed initial outreach/information gathering and narrowed list of potential vendors from four to two. Based on detailed analysis of the two vendors, OneCare requested a Budget Order modification.
- **Key Considerations:**
 - Vendor experience, size of Medicare data set, ability to benchmark ACOs, data availability, cost, customizability, and ease of integration
- **Limitations:**
 - Very limited/unavailable data on 2 of 5 domains specified in the Budget Order; ~50% of GMCB proposed metrics available with add-on modules
 - Limited marketplace availability of Medicaid and commercial benchmarking; costs in excess of GMCB estimate
 - Cost of ~\$150,000 for two data refreshes/year. Cost could be reduced to align with vendor's recommendation for annual benchmark adjustments
- **Next Steps:**
 - OneCare received GMCB approval of selected Medicare benchmarking vendor on April 21, 2022 and is in active contract negotiations.

Attribution and Finalized Payer Contracts

Attribution – Starting	GMCB Budget	Revised Budget	Change
Medicare	61,788	62,711	923
Medicaid - Traditional	88,784	95,725	6,941
Medicaid - Expanded	28,366	30,536	2,170
BCBSVT QHP	22,212	21,183	(1,029)
MVP QHP *	10,692	10,692	0
BCBSVT Primary - Risk *	45,018	45,018	0
BCBSVT Primary - Non-Risk *	31,004	31,004	0
Total	287,864	296,869	9,005

* Remained an estimate in revised budget submission

- Medicare pre-January 1st attribution came in very close to budget estimate
- Medicaid attribution came in higher than expected
 - Possibility redetermination will resume during 2022, which will affect attrition
- Most commercial attribution updates were not available at the time the revised budget was submitted
 - New data has been received and is in the QA process
 - Total attribution expected to be ~290k

Attribution and Finalized Payer Contracts cont.

Medicaid program negotiations resulted in three notable changes:

1. PMPM Funding

- Reduced from \$6.50 to \$4.75 for the Traditional Cohort
- Reduced from \$5.00 to \$4.75 for the Expanded Cohort
- PMPM funds cannot be used to support OneCare operations

2. Care Coordination Outcomes Payments

- Medicaid funds base payments but not bonus payments based on practice-specific outcomes

3. Quality Model

- Original budget submission included an All-Payer quality approach with providers; DVHA preferred to instead fund a separate Medicaid-only \$2M Value Based Incentive Fund pool to be paid from DVHA directly to providers
 - OneCare will administer the quality evaluation and determine payment amounts and recipients

Revised Final Budget – Revenues

- TCOC totals updated to reflect latest attribution and target estimates
- Payer Program Support reduction reflects lower Medicaid PMPMs
- Other Revenues increase a timing factor related to ongoing PHM programs
- Hospital Participation Fees increased by \$927k, largely in response to Medicaid program changes

Revenue Category	2022 GMCB	2022 REVISED	2022 Revision Change
Medicare TCOC	\$524,136,820	\$498,487,390	(\$25,649,430)
Medicare - Blueprint Obligation	\$9,073,983	\$9,073,982	(\$1)
Medicaid - Traditional TCOC	\$245,245,465	\$275,105,429	\$29,859,964
Medicaid - Expanded TCOC	\$47,558,217	\$44,959,054	(\$2,599,163)
BCBSVT QHP TCOC	\$159,654,505	\$141,553,837	(\$18,100,668)
MVP QHP TCOC	\$66,924,423	\$64,219,054	(\$2,705,370)
BCBSVT Primary - Risk	\$277,644,746	\$282,922,336	\$5,277,590
TCOC Targets Total	\$1,330,238,159	\$1,316,321,082	(\$13,917,077)
Payer Program Support	\$11,988,969	\$10,460,595	(\$1,528,374)
DSR Funding	\$0	\$0	\$0
Health Information Technology	\$0	\$0	\$0
Fixed Payment Allocation	\$3,360,439	\$3,360,439	\$0
Blueprint Self-Management	\$0	\$0	\$0
Other Revenues	\$1,062,121	\$2,033,606	\$971,486
Hospital Participation Fees	\$18,696,155	\$19,623,500	\$927,344
Total Revenue	\$1,365,345,843	\$1,351,799,222	(\$13,546,621)

Revised Final Budget – Expenses

Expense Category	2022 GMCB	2022 REVISED	2022 Revision Change
FFS Spend	\$875,282,023	\$871,639,451	(\$3,642,572)
Fixed Payment Spend	\$445,882,154	\$435,607,649	(\$10,274,504)
Health Services Spending Total	\$1,321,164,176	\$1,307,247,100	(\$13,917,076)
Population Health Mgmt Payment	\$9,457,821	\$9,512,724	\$54,903
Complex Care Coordination Program	\$6,150,463	\$5,905,659	(\$244,804)
Value-Based Incentive Fund	\$1,000,000	\$1,000,000	\$0
CPR Program Expense - OCV Funded	\$1,331,256	\$1,158,877	(\$172,379)
Primary Prevention Programs - Program Match	\$165,000	\$120,000	(\$45,000)
Primary Prevention Programs - Amplify Grants	\$50,000	\$35,000	(\$15,000)
Primary Prevention Programs - DULCE	\$204,485	\$204,485	\$0
Longitudinal Care	\$399,000	\$399,000	\$0
Specialist Program - Chronic Kidney Disease	\$10,874	\$23,165	\$12,291
Specialist Program - Mental Health Initiatives	\$255,009	\$147,550	(\$107,460)
Innovation Fund	\$268,990	\$369,434	\$100,444
VBIF Reinvestment - Quality Initiatives	\$527,247	\$1,164,708	\$637,461
Blueprint Payments (PCMH)	\$1,993,092	\$2,062,850	\$69,758
Blueprint Payments (CHT)	\$2,795,095	\$2,725,337	(\$69,759)
Blueprint Payments (SASH)	\$4,285,795	\$4,285,795	(\$0)
Total PHM Pmts	\$28,894,128	\$29,114,584	\$220,455
Salaries, Payroll taxes & Fringe	\$9,651,315	\$9,368,623	(\$282,691)
Software/Informatics Tools	\$2,516,505	\$2,683,279	\$166,774
Consulting, legal and purchased services	\$1,193,249	\$1,366,121	\$172,872
Travel, Supplies and Other	\$1,926,469	\$2,019,514	\$93,045
Total Operating Expenses	\$15,287,538	\$15,437,538	\$150,000
Total Expenses	\$1,365,345,843	\$1,351,799,222	(\$13,546,621)

- Care Coordination expense reduced due to Medicaid negotiations
- VBIF Reinvestment change reflects timing of initiatives
- Operations budget increased by \$150k for the ordered benchmarking tool

Hospital Participation Fees

Hospital Support	GMCB Budget	Revised Budget	Change
Hospital Par Fees – Base	\$18,696,155	\$19,623,500	\$927,345
Hospital Par Fees – Reserves	\$0	\$0	\$0
Category Total	\$18,696,155	\$19,623,500	\$927,345

Par Fees	GMCB Budget	Revised Budget	Change
SVMC	\$1,372,980	\$1,446,792	\$73,812
CVMC	\$2,478,905	\$2,570,973	\$92,068
BMH	\$734,053	\$738,823	\$4,770
UVMMC	\$8,483,255	\$9,092,141	\$608,886
DH	\$1,110,943	\$1,215,030	\$104,087
Porter	\$590,285	\$619,886	\$29,601
Copley	\$158,210	\$169,082	\$10,872
NCH	\$568,120	\$598,943	\$30,823
Gifford	\$107,154	\$115,080	\$7,926
RH	\$1,167,706	\$1,265,004	\$97,298
Springfield	\$107,687	\$112,541	\$4,854
NMC	\$992,337	\$812,572	(\$179,765)
NVRH	\$450,398	\$487,425	\$37,027
Mt. Ascutney	\$374,123	\$379,207	\$5,084
Total	\$18,696,155	\$19,623,500	\$927,345

- Participation Fees increase by \$927k primarily due to Medicaid contract negotiations

Total Risk & Risk Model

- Despite updates to attribution and TCOC targets, total shared loss potential remains \$16.2M
 - Shared savings potential remains \$17.5M due to the upside only program
- Other Variables of Note:
 - Continued extension of the federal Public Health Emergency status will reduce downside potential in the Medicare program
 - If the Medicaid redetermination process begins, it could result in material attribution attrition and thus less savings/loss potential overall
- There were no other changes to the risk model relative to the initial budget submission

Progress on Commercial Fixed Payments

Previously Submitted Milestones/Targets – FPP as a % of contracted TCOC

Program	Baseline	PY22	PY23	PY24	PY25
Medicare	0.0%	0.0%	53.4%	53.9%	54.4%
Medicaid	50.4%	50.7%	58.2%	58.5%	58.8%
Commercial	0.00%	2.9%	23.9%	44.9%	65.9%

2022 Targets vs. Actual

Program	PY22 Target	PY22 Actual
Medicare	0.0%	0.48% *
Medicaid	50.7%	52.24%
Commercial	2.9%	0.16% *

* For CPR only, hospitals cover reconciliation making it a true fixed payment for those participants.

- Actual 2022 results are relatively close to the established targets, however, we have not received indications suggesting Medicare is ready to convert to a true fixed payment in 2023 (which would result in a material variation)
- Commercial unreconciled fixed payments were not secured in 2022
- OneCare and the commercial partners continue to discuss an unreconciled fixed payment concept for potential implementation in 2023
 - Main focus remains on hospitals and independent primary care, but OneCare is open to other provider types as well (ex. FQHCs)

Sources of Funds for PHM Programs

- The payments OneCare can make to its participants are funded through two main sources:
 - Payer contract revenues
 - Hospital Participation Fees
- In some cases each program will have funds from both sources
- A more comprehensive table can be found in the submitted budget Excel workbooks

PHM Expense	Total Expense	Payer Contract Revenue	Hospital Participation Fees (Current Year)	Hospital Participation Fees (Prior Year)	Shared Savings OR Hospitals
Basic OCV PMPM	\$9,512,724	\$7,566,390	\$1,946,334	\$0	\$0
Complex Care Coordination Program	\$5,905,659	\$1,987,665	\$3,917,994	\$0	\$0
Value-Based Incentive Fund	\$1,000,000	\$0	\$1,000,000	\$0	\$0
CPR Program (Supplemental)	\$1,158,877	\$906,540	\$0	\$252,337	\$0
Primary Prevention	\$359,485	\$0	\$359,485	\$0	\$0
Longitudinal Care	\$399,000	\$0	\$399,000	\$0	\$0
Specialist / Innovation	\$540,149	\$0	\$0	\$540,149	\$0
VBIF Reinvestments	\$1,164,708	\$0	\$0	\$1,164,708	\$0
PCMH	\$2,062,850	\$0	\$0	\$0	\$2,062,850
CHTs	\$2,725,337	\$0	\$0	\$0	\$2,725,337
SASH	\$4,285,795	\$0	\$0	\$0	\$4,285,795
Total	\$29,114,584	\$10,460,595	\$7,622,813	\$1,957,194	\$9,073,982

Questions