



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

April 18, 2023
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 Board Managers, Invited Guests, and Members of the Public	Anya Rader Wallack
4:32 p.m.	Consent Agenda Items* (p. 2-9) <i>Motion and Vote to Approve Consent Agenda Items – Supermajority Required</i>	Anya Rader Wallack
4:33 p.m.	2023 HSA Consultation Progress* (p. 10-27)	Carrie Wulfman, MD
4:55 p.m.	Public Comment Move to Executive Session* (p. 28) <i>Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required</i>	
6:28 p.m.	Votes 1. Approve Executive Session Consent Agenda Items - Supermajority Required	Anya Rader Wallack
6:30 p.m.	Adjourn	Anya Rader Wallack

*Denotes Attachments

Attachments:

1. Consent Agenda Items
 - a. Consent Agenda Cover Page
 - b. Draft OneCare Public Session Minutes March 21, 2023
 - c. Board Committee Reports April 2023
 - d. 2023 Corporate Goals Q1 Status Report
 - e. Summary of Policies
 - f. 05-06-PY23 ACO Network Payer Program Participation PY 2023
2. 2023 HSA Consultation Progress
3. Resolution to Move to Executive Session
4. Public Affairs Report April 2023 *(FYI only)*
5. Financial Statement Package *(FYI only)*



**OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page**

Public Session

April 18, 2023

Agenda Item	Reason for Review and Request for Approval
a. Draft OneCare Public Session Minutes March 21, 2023	Review and approval of prior month's minutes.
b. Board Committee Reports April 2023	Summary of Board subcommittee meetings from the past month.
c. 2023 Corporate Goals Q1 Status Report	Review of progress toward '23 corporate goals
d. Summary of Policies e. 05-06-PY23 ACO Network Payer Program Participation PY 2023	Review and approval of listed policies; a summary of changes is provided.



**OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
March 21, 2023
Public Session 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 March 21, 2023. Public access was also available at the OneCare Offices in Colchester, Vermont.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 4:32 p.m.

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. Chair Wallack welcomed Judi Fox, the newest Board Manager. She also thanked Kristi Cross for her service.

III. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from February 21, 2023; (2) Board Committee Reports March 2023; (3) Summary of Policies; (6) 01-01 Subcontractor Management; and (7) 09-01 Quality Improvement Management.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by B. Bick, seconded by T. Huebner and approved by a Supermajority.

IV. Governance

Nomination for the appointment of members to the Finance Committee was presented to the Board for consideration. A Motion to approve the Resolution to Members to the Finance Committee was made by T. Dee, seconded by S. Tester, and approved by a Supermajority.

V. Public Comment

There was no public comment.

VI. Move to Executive Session

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

VII. Votes from Executive Session

- 1. Approve Executive Session Consent Agenda Items – **Approved by Supermajority**
- 2. Approve including \$1.6 million for primary care tied to mental health screening – **Approved by Supermajority** (The vote underwent a roll call vote with 15-yay, 5-nay, and 0-abstentions.)
- 3. Approve Resolution Adopting Revised 2023 Budget – **Approved by Supermajority**

VIII. Adjournment

Upon a Motion made by S. Tester, seconded by T. Fama, and approved by a unanimous vote, the meeting adjourned at 6:22 p.m.

Attendance:

OneCare Board Manager

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Dan Bennett | <input checked="" type="checkbox"/> Shawn Tester | <input checked="" type="checkbox"/> Toby Sadkin, MD |
| <input checked="" type="checkbox"/> Bob Bick | <input checked="" type="checkbox"/> Jen Gilwee, MD | <input checked="" type="checkbox"/> John Sayles |
| <input checked="" 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 checked="" type="checkbox"/> Teresa Fama, |
| <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 checked="" type="checkbox"/> Stuart May | <input checked="" type="checkbox"/> Tom Dee |
| <input checked="" type="checkbox"/> Leslie Ferrer | <input checked="" type="checkbox"/> Judi Fox | |

L. Ferrer joined the meeting at 4:37 p.m.

M. Costa joined the meeting at 4:39 p.m.

T. Fama joined the meeting at 4:50 p.m.

OneCare Risk Strategy Committee

Steve Leffler, MD

OneCare Leadership and Staff

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Vicki Loner | <input checked="" type="checkbox"/> Amy Bodette | <input checked="" type="checkbox"/> Kellie Hinton |
| <input checked="" type="checkbox"/> Sara Barry | <input checked="" type="checkbox"/> Aaron Perry | <input checked="" type="checkbox"/> Carrie Wulfman, MD |
| | <input checked="" type="checkbox"/> Lucie Garand | <input checked="" type="checkbox"/> Tom Borys |

OneCare Board of Managers Committee Reports

April 2023

Executive Committee (meets monthly)

The committee discussed strategic planning and provided management with direction for the upcoming April Board meeting. The committee is next scheduled to meet on May 10, 2023.

Finance Committee (meets monthly)

At its April 12 meeting, the March meeting minutes were approved by the committee. The meeting opened with introductions and a welcome to two new committee members. Two policies were reviewed and discussed: 04-22-PY23 MH Screening Initiative for Primary Care and 05-06-PY23 the ACO Network Payer Program Participation PY2023 policy which was endorsed by the committee. Medicare and Medicaid fixed payment updates were provided and the meeting wrapped up with the 2023 Medicare target and the 2021 Medicaid share savings results. The committee is scheduled to meet next on May 10, 2023.

Population Health Strategy Committee (meets monthly)

At its March 28 meeting, the committee was presented with an overview of the bi-annual HSA Consultations. There was an update on the Primary Care Mental Health Initiative and a discussion and review of the PHM 2024 proposed measures. The meeting wrapped up with the Q1 PHM Results report and an update on the Arcadia platform transition. The committee is next scheduled to meet on May 8, 2023.

Patient & Family Advisory Committee (meets monthly)

At its March 28 meeting, the committee was presented with an annual compliance refresher. The bulk of the meeting allowed for an open group discussion around avoidable hospital utilization and followed up with a survey of the membership. The meeting ended with an update on the recruitment for the PFAC group. The committee is next scheduled to meet on April 25, 2023.

Audit Committee (meets quarterly)

The Audit Committee met on February 9, 2023. The audit vendor engagement was discussed and the Committee voted to recommend the Ernst & Young audit engagement to the Board for approval at the February 9, 2023. The committee is next scheduled to meet on April 14, 2023.

2023 Corporate Goals - Q1

Updated: 4/11/2023

Payment Reform Priority: Evolve and enhance payment reform program

Network Performance Management Priority: Ensure a high quality, equitable system that continuously strives to improve health care delivery and outcomes

Data & Analytics Priority: Deliver actionable insights to network in support of better outcomes

Domain(s)	Goal	Weight	Metrics/Measurement*		Q1, 2023 Update		
			Threshold**	Target***	Status	% Complete/Measure	Briefly describe current state, risks, mitigations and next steps
All	Financial Management	Gate	Manage within the FY23 administrative budget and meet quality reporting requirements	N/A	In Progress	25%	Board approved 2023 revised budget. Annual quality abstraction delayed by payer, new deadline May 2023. Monitoring PHM performance against targets to assess budgetary risk.
Payment Reform; Network Performance Management	Develop a plan for future (2024+) value based care contracts, to include: . Payer contracts . CPR program . PHM Accountability advancements	40%	Engage network and key stakeholders to inform strategic planning process. Research and present draft findings of public and private value based future program options to the Board	Complete strategic planning with 75% or more of identified stakeholders completing structured interview and survey. Board approved 3-5 year strategic plan to begin 2024. Plan will include viable value based programs for execution and business structures needed to execute on any new or enhanced value based care program offerings	In Progress	25%	Strategic planning engagement completed by stakeholders: Network (100%), key stakeholders (100%), and staff (85.1%). Initial themes presented to Board of Managers on 3/21/22. Work proceeding to develop resulting strategic plan.
Network Performance Management	Integrate health disparities findings into PHM model for 2024 to align incentive structure to minimize health disparities	10%	A report to the Board on how OneCare has incorporated disparities scorecards findings into HSA Consultations	All HSAs select and incorporate selected areas of focus in Q1 efforts. OneCare reports to the Board on HSA engagement in focused Q1 efforts.	In Progress		25% HSA consultations in process for March and April to include HSA-level disparity insights. This report is expected to be presented to the Board of Managers in May.
Data & Analytics	Successfully transition to a new data platform	30%	New baseline population health data reports are created and socialized with participants	By Q3, foundational population health reports are generated in the new analytics platform and pushed to the network electronically	In Progress	25%	Arcadia go-live date revised to October 2023 due to extenuating circumstances. Recommend Board consider adjusting target timeline to end of Q4. Management is working to mitigate delays through close management of the rollout plan.
Data & Analytics	Develop comprehensive OneCare evaluation strategy and action plan for CPR and PHM programs	20%	Evaluation Plan approved by governance committees	Evaluation findings incorporated into program planning and budget for 2024. Key findings made available publicly.	In Progress	25%	The Board approved plan to hire external national evaluation contractor. Vendor selection hampered by complexity (limits the pool) and existing potential and/or perceived conflicts of interest. Final vendor selected late March and contract negotiations underway.

* Metric completion is determined by validating completion of each component of measurement in each category (i.e. Threshold completion = 50% x Weight). The Board has latitude to adjust goals and weights if circumstances or priorities change during the year.

**Meeting Threshold indicates modest reward for good, "satisfactory performance" marked by substantial progress or improvement and noteworthy achievements. P50 represents median salary within pay band.

*** Meeting Target indicates reward for "strong performance" marked by achieving the target goal; multiple goals within each performance category may be weighted. P65 represents competitive salary (e.g. 65th %ile) within pay band.



Board of Managers Summary of Policy Changes

Public Session

April 2023

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

- **05-06-PY23 ACO Network Payer Participation PY 2023**
 - **Purpose:** To ensure ACO network conformity across ACO Programs to maximize the overall success of each ACO Program in value based care arrangements.
 - **Key Changes:** The definition of Core Programs has been modified to remove BCBSVT. Employer Sponsored Program(s) have been added as optional. All other edits are for the purpose of improved clarity.
 - **Committee Endorsement(s):** Finance Committee (4/12/23)

Policy Number & Title:	05-06-PY23 ACO Network Payer Program Participation PY 2023
Responsible Department:	Contracting
Author:	Martita Giard, Director, ACO Contracting
Original Implementation Date:	April 16, 2019
Revision Effective Date	January 1, 2023

- I. **Purpose:** To ensure ACO network conformity across ACO Programs to maximize the overall success of each ACO Program in value based care arrangements.
- II. **Scope:** Applicable to ACO Participants, Preferred Providers, and Prospective Providers.
- 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:

Prospective Provider means a healthcare practitioner, group of practitioners, or entity that: (1) is identified by a Tax Identification Number, (2) is requesting to participate in the ACO as a Participant or Preferred Provider, and (3) is under contract with all required Core Program Payers as described below.

- IV. **Policy:** OneCare requires its Participants and Preferred Providers to participate in Medicaid and MVP, its “Core Programs;” Medicare is optional, as are any Employer Sponsored Program(s) for 2023. Prospective Providers must agree to the requirement to participate in all Core Programs as a pre-requisite to becoming a Participant or Preferred Provider.

A Participant, Preferred Provider, or Prospective Provider may request an exception from this requirement to participate in all Core Programs, which OneCare may grant or deny at its sole discretion; this determination is final and may not be appealed. To be considered for an exception, a Participant, Preferred Provider, or Prospective Provider (Applicant) must:

1. Submit the request in writing to contracting@onecarevt.org. Submissions must be received by July 31st of the present year for the following Performance Year (for example by 7/31/22 for Performance Year 2023);
2. Include evidence of the existence one or more Extenuating Circumstance(s) described in this Policy
3. Designate the full Performance Year in which the Applicant will participate in all Core Programs, without exception; this must be the start of a given Performance Year, e.g., 1/1/XX.
4. Describe in reasonable detail how the Applicant will achieve the goal of participation in all Core Programs by the identified commitment date.

OneCare’s CEO will make the determination whether to grant or deny an exception request in consultation with OneCare’s COO by confirming the existence of Extenuating Circumstances A.1 and/or A.2 below. The OneCare Board of Managers will be consulted to approve or deny an exception request based on its finding regarding Extenuating Circumstance A.3 below. OneCare will provide a written explanation of any determination to the Applicant.

A. Extenuating Circumstances:

1. The Applicant is not under contract with the Payer(s) for a Core Program(s).

2. The Applicant is currently engaged in a legal dispute with the Payer(s) for a Core Program(s).
3. The ongoing impact of a *force majeure* event, such as a natural disaster, a widespread epidemiological emergency, or other similarly unforeseen event(s), that would prevent the Applicant from fulfilling their obligations to the Payer(s) for the Core Program(s) that are the subject of the exception request; or, any other factors material to the Applicant's ability to succeed in a Core Program that the Board of Managers deem appropriate; such as, including but not limited to, exogenous factors and legislative changes.

V. **Review Process:** This policy will be reviewed annually and in accordance with the strategy set forth by the OneCare Board of Managers.

VI. **References:**

- OneCare's Policy and Procedure Glossary

VII. **Related Policies/Procedures:** N/A

Location on SharePoint: [Department: Policies, Category: Active](#)

Management Approval:

Director, ACO Contracting

Date

Chief Operating Officer

Date

Health Service Area Consultation

Spring 2023



OneCare Vermont

onecarevt.org

Notice: All data and reports produced by OneCare VT are for the sole use of OneCare and its ACO Participants, Preferred Providers, and Collaborators ("Network") for the purposes of ACO Activities (clinical treatment, care management and coordination, quality improvement activities, and provider incentive design and implementation) only.

This is confidential information that cannot be copied or shared outside of OneCare or its Network or for purposes other than promoting OneCare's ACO Activities without written consent from OneCare. All uses of and access to OneCare's data are subject to the confidentiality, data use and privacy obligations in the recipients' binding contracts and Business Associate Agreements with OneCare.

What are Health Service Area (HSA) Consultations?

- Biannual consultations with partners in local area to discuss, create, and collaborate as a team so we can accelerate positive change in quality of care, stewardship of resources/cost containment, and coordination of the care delivered in each community
- **14 Total HSAs:**
 - St. Johnsbury
 - Brattleboro
 - Middlebury
 - Randolph
 - Rutland
 - Springfield
 - Windsor/Lebanon
 - Bennington
 - Newport
 - Burlington
 - St. Albans
 - Morrisville
 - Berlin



HSA Consultations Spring 2023

- OneCare invited network participants: Primary Care, AAAs, HHH, DAs and Hospitals
- The audience includes key executive, operational and clinical contacts
- Spring HSA Consultations held in March-April
- 1 HSA Consultation remains: Berlin
- Average attendance rate: 25 participants per consultation
- Survey to analyze content and purpose of HSA Consultation

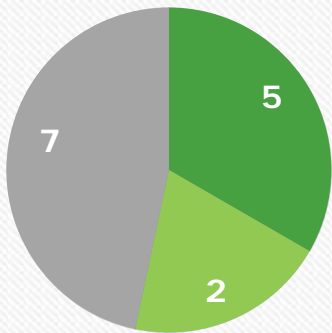


HSA Agenda

- **Network Performance Management**
- **Strengths and Opportunities**
- **Value Based Care Team Collaboration**
 - Quality and Care Coordination
- **Data and Analytics**
 - Metrics, baseline, targets and progress
 - PHM Measure Performance
 - Health Disparities
- **Payment Reform**
 - Base, bonus, shared savings and incentive pool

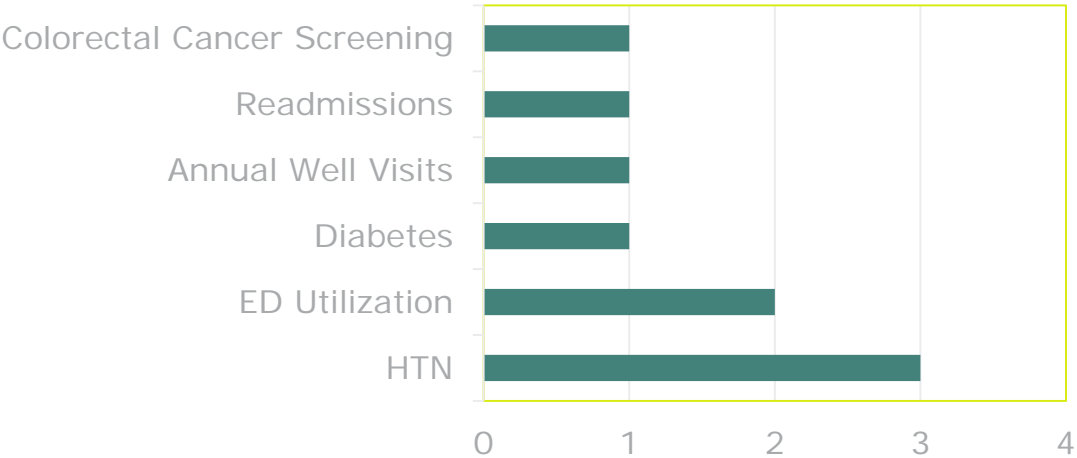
VBC QI Summary as of 4.12.23

PI Plan



■ Final ■ Draft ■ Pending

Area of Focus



Level of Engagement

Collaboration (8)
Feedback (1)
Pending (5)

Successes

Strong relationships,
collaboration

Systematic Performance
improvement

Challenges

Data sources
Competing priorities
for limited time
Staff
shortages/limited
bandwidth



Quality and Care Coordination

Health Service Area	Area(s) of Focus	HSA/OCV Teams Connected	PI Plan in Place	Reporting Period		
St. Albans	Readmissions & AWW	Yes	Yes	November - April		
St. Albans Oversight & Accountability Team Members		OneCare Oversight & Accountability Team Members				
Denise Smith, Director of Population Health Programs and Strategy Courtney O'Brien, Blueprint QI Facilitator Amanda Wilson, NMC Manger, Care Management NMC Toby Sadkin MD (PCHP), Candice Collins (Cold Hollow), Bradley Gabree (NOTCH), Deanne Haag MD (PCHP peds), Terri Nielsen Kristina DuPrat		Kiah Palumbo, Care Coordination Implementation Spec Esther Halden, Quality Improvement Specialist				
<p>Summary: Readmissions - Routine HSA meetings - Transitions of care HSA occurring monthly with weekly sub-group meeting. NMC readmissions team meeting bi-weekly to monthly. Primary care Continuity of care documents complete. Case management and hospital prioritizing discharge planning. Mapping workflows in Primary Care and follow-up visits with providers within first week. AWV - Monthly Primary Care Sub-Committee meetings: AWV being addressed – discussing challenges. NOTCH pursuing coding and visit best practice/staffing. Mapping workflows at primary care offices. Staffing demands and alternatives explored. Plans for education on importance of preventive visit and creative brainstorming on how to access population typically missed with transportation and scheduling challenges.</p>						
Data Tracker						
Metric	Readmissions: monthly readmissions rate all cause all payers AWW: % patients with AWW within 12 months					
Baseline	Readmission: FY2022 to 8/03/22 11.7%		AWV: June 2022: 25.42% (WBO)			
Activity of Engagement	New procedure: NMC therapists recording patient NEEDS rather than site of care recommendations to facilitate team discussions					
Activity of Engagement	New Procedure: CM to see every patient on day of discharge					
Activity of Engagement	New procedure: Patients scheduled to see PCP within 7 days of day of discharge from hospital and follow-up phone calls in 48-72 hours of discharge					
Activity of Engagement	New procedure: Care Partners identified at hospital admission and shared with care team; standardizing discharge checklist from hospital and transitions of care communication documents from network providers; exploring use of LACE tool to identify high risk					
Activity of Engagement	Review of AWW coding and billing procedures					
Activity of Engagement	Exploring staffing to complete AWW to reduce provider burden; held provider education session (12/22) (led by Toby Sadkin MD) to increase awareness and share best practice for completion/nurse led visit. Awaiting Notch engagement					
Metric	Readmissions: monthly readmissions rate all cause all payers AWW: % patients with AWW within 12 months					
Nov 2022	December 2022	January 202	February 2023	March 2023	April 2023	Comments
Q3 2022 WBO Readmissions 10.4% Through Sept 2022 WBO AWW 22.69%	Premier data: Q4 2022 8.8% overall	Q4 2022 WBO Readmissions data incomplete 2022 WBO AWW 18.97		Premier data: Q1 2023 9.0% overall and 12.8% Medicare		

PHM Measure Performance

Table 1: Population Health Model Measure Performance by Practice Table color key: = Meeting The Target

					Inverse Measures						
Population			Estimated Mid-Year Assignment		Practice-Level Measures			HSA-Level Measures		Q3 VBIF Results (TIN level)	
Organization	Practice Type	Practice	Pediatric	Adult	Child & Adolescent Well Visits	Develop-mental Screening	Age 40+ Annual Wellness Visit*	Emergency Department Re-visits*	Initial Hypertension Follow-Up*	Routine Hypertension Follow-Up*	Diabetes A1c Control
	Family		42	232	62.0%	0.0%	15.2%	5.3%	56.8%	14.1%	16.0%
	Family		59	215	58.9%	50.0%	24.2%	38.7%	73.8%	31.8%	12.5%
	Adult		<11	306			3.9%	33.3%	72.1%	31.2%	9.4%
	Pediatric		292	<11	82.4%	97.6%		47.6%	0.0%	0.0%	
	Adult		35	1,060			39.2%	33.9%	30.6%	9.1%	23.3%
	Family		204	1,236	44.2%	15.4%	39.8%	18.9%	75.0%	34.9%	30.7%
	Adult		<11	1,599			14.1%	48.3%	74.9%	30.4%	30.7%
	Family		601	1,593	52.5%	59.1%	45.7%	27.1%	62.8%	25.6%	30.7%
	Pediatric		2,045	93	66.1%	65.7%		22.0%	33.3%	0.0%	
	Adult		64	1,192			41.5%	46.5%	67.8%	31.1%	30.7%
HSA Total	Bennington HSA Total		3,342	7,535	58.6%	63.9%	38.5%	34.4%	63.6%	25.8%	23.2%
OneCare Total	OneCare Total				59.0%	64.3%	48.1%	32.5%	64.0%	25.4%	21.0%
HSA Rank (out of 14)					6th	7th	2nd	8th	4th	9th	10th
<ul style="list-style-type: none"> Rank is based on a comparison of age, payer, and hospital-proximity adjusted HSA rates, except for Diabetes A1c Control (VBIF samples) Lower ranks = better performance (i.e. ascending order for inverse measures, ascending order for others) 											

PHM Results Summary

- Primary Care Q1 Reports Released in March 2023
- Practice-level results available in Q2 for Diabetic A1c Control (Abstraction required)
- All pediatric practices met child and Adolescent Wellness and developmental screening targets
 - 53%-82% and 54%-98%, respectively
- 40+ Wellness Visits
 - 31 of 94 practices (33%) met target
 - Top HSA's : Lebanon and Bennington
 - Bottom HSA's: Windsor and Rutland

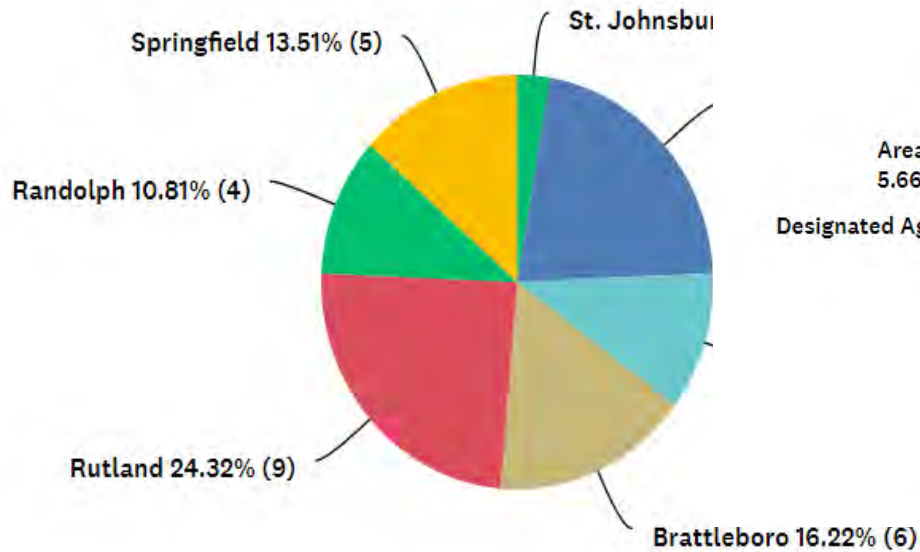
Burlington Spending Trends

Comparing 2021 to 2022 Spend PMPM Trends

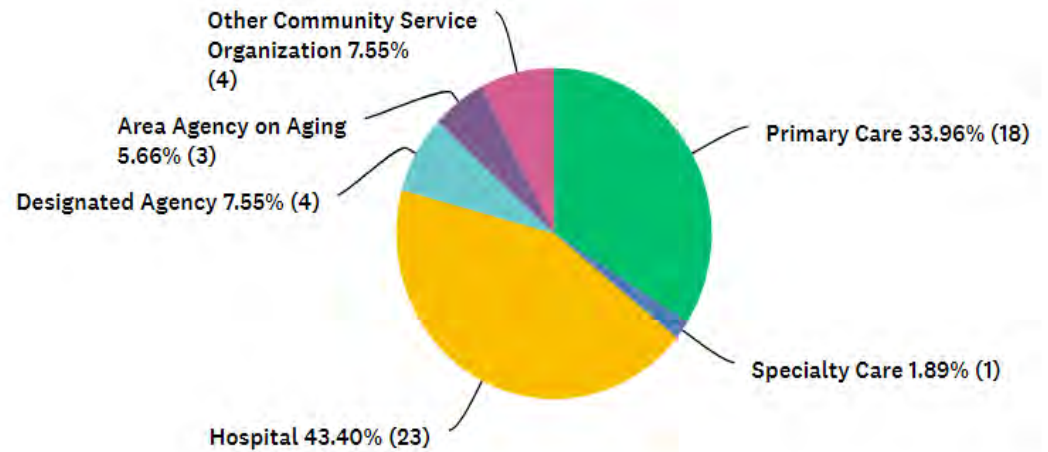
- For 2023 Health Service Area Consultations, the OneCare Finance team will focus on HSA-level performance against pooled network Total Cost of Care (TCOC) targets
- The goal is to identify service types generating shared savings or losses in each HSA
- By comparing 2021 spend to 2022 spend (PMPM) for the 2022 cohort of covered lives, we can identify the service types that drove increased spend over the historical base spend used to calculate 2022 TCOC targets
- By mid-year, OneCare Finance will begin reporting on 2023 YTD spending trends by service type as the drivers of current-year performance against network TCOC targets
- Please see the appendix for detailed data tables

Survey Review: HSA and Entity Type

Survey Participants By HSA



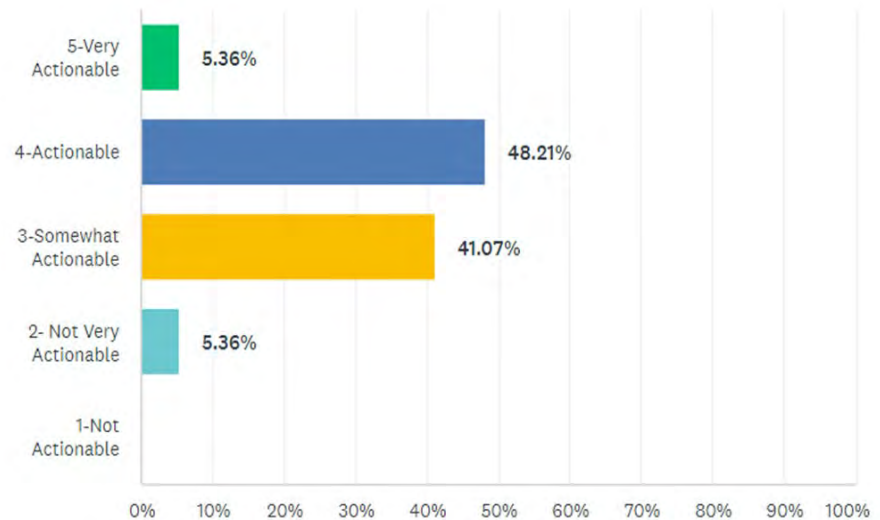
Survey Participants by Entity



Survey Data Review

- Key questions about the content and purpose of HSA consults
- Strengths/Opportunities
 - Health Disparities
- Finance
- Oversight/Accountability
- Space for collaboration
 - Positive engagement
 - Trend of network participants requesting to meet in-person more often for collaboration

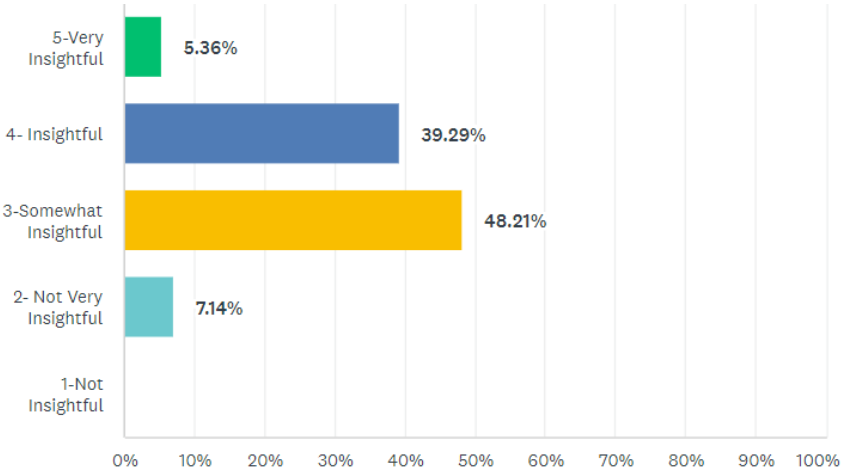
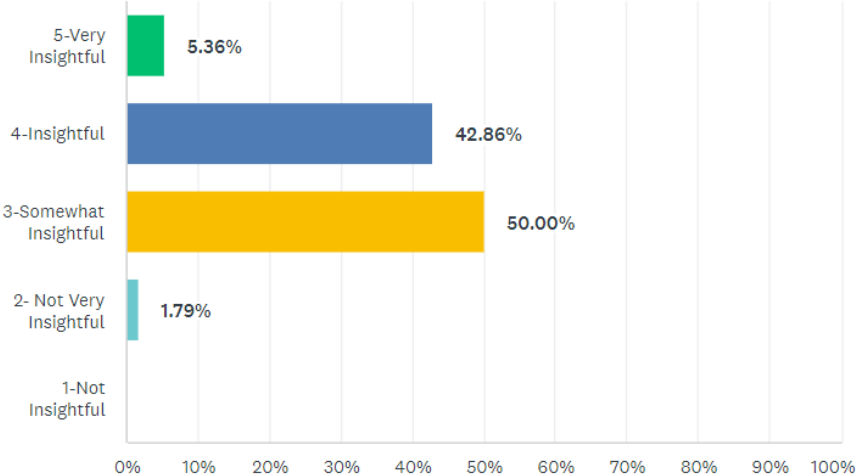
How actionable are the strengths/opportunities data presented?



Survey Data Review

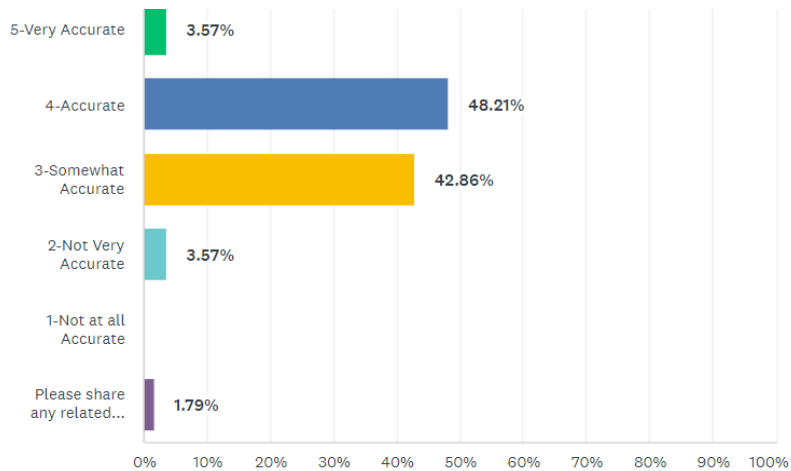
How insightful were the finance data presented?

How insightful was the data related to health disparities?

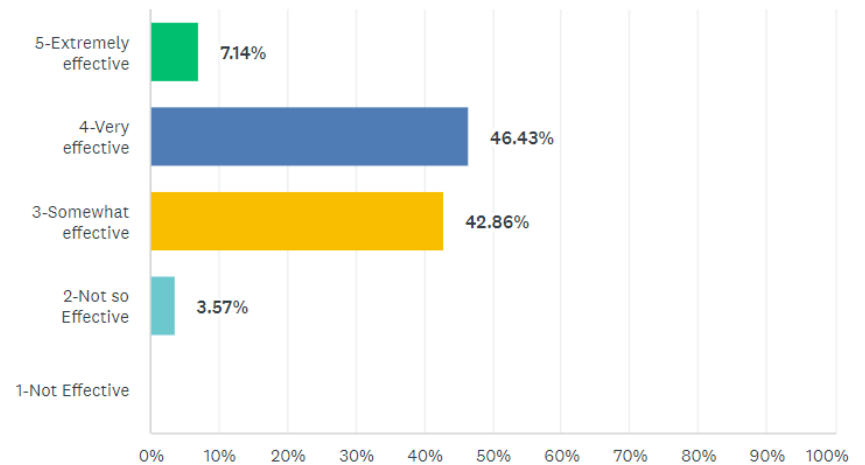


Survey Data Review

How accurately does the oversight and accountability report reflect important project progress in quality improvement?



How effective was the OneCare team at achieving our goal of creating a space for collaboration?



Early 2023 Trending Highlights

- Randolph-meets HSA level target for initial HTN follow up
- Rutland-increased Medicaid Expanded PCP engagement and lowered spend rate in same
- Springfield-increased PCP engagement, reduced ED utilization, increased well visits
- Bennington-reduced readmissions, increased team-based care, increased colorectal cancer screening
- Newport-established daily care coordination rounding in primary care and improved diabetes control
- St. Johnsbury-reducing avoidable ED visits, meeting stretch goals for diabetes control

Other Related Work and Next Steps

- Quarterly Quality Webinars
 - [OneCare 2023 PHM Well Visits Network Wide Webinar](#)
 - Green Mt. Peds (81.3% with target >57.4%), Dr. Seyferth adult practice (only 3.7% without well visit 40+ with target <3.9%), Springfield FQHC – culture of PI (approaching goal for adult wellness visits, 39.9% with <35.5% target)
- 2024 Metrics and Policy Development
- Outreach to low performing organizations
- Best practices identification and information sharing
- Fall rounding with interim VBC team collaborations

Appendix

Population Health Model 2024 Measures

Construct	2023 Measures	2024 Proposal	Rationale	Payment vs. Reporting	Entity Type	Data Source
Engagement	--	Commitment to Working with OneCare to Implement Value Based Care	<ul style="list-style-type: none"> Alignment of shared priorities Elevation of health equity 	Reporting	All	Attestation
Pediatric Wellness	Child and Adolescent Well-Care Visits	Child and Adolescent Well-Care Visits (HEDIS WCV)	<ul style="list-style-type: none"> No change 	Payment	Pediatrics	Claims
Pediatric Wellness	Developmental Screening in the First 3 Years of Life	Developmental Screening in the First 3 Years of Life (CMS Child Core CDEV)	<ul style="list-style-type: none"> No change 	Payment	Pediatrics	Claims
Adult Wellness	Age 40+ Annual Wellness Visit	Medicare Annual Wellness Visit	<ul style="list-style-type: none"> Alignment with OCV & PCMH measures Standard measure w/established benchmarks 	Payment	Adult Primary Care Family Medicine	Claims
Chronic Disease Management	Hypertension Follow-up Diabetes Poor Control HbA1c > 9.0%	Hypertension: Controlling High Blood Pressure (HTN-2, HEDIS CBP)	<ul style="list-style-type: none"> Alignment with OCV & PCMH measures Standard measure w/ established benchmarks Evolution from process measures 	Payment	Adult Primary Care Family Medicine	VITL first pass, abstraction
Cost of Care & Care Coordination	Potentially Avoidable Emergency Department Revisits	Emergency Department Utilization (HEDIS EDU) Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions (FMC)	<ul style="list-style-type: none"> Alignment with standard measures and established benchmarks Area of opportunity given our benchmarking data from external vendor 	Payment	Adult Primary Care Family Medicine Designated Agencies AAAs Home Health & Hospice SNF Specialists Adult Daycare	Claims
Mental Health	---	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	<ul style="list-style-type: none"> Elevation of mental health and substance use a statewide priority 	Payment	Measure is applicable for ages 13+	DVHA

Population Health Model 2024 Measures: Designated Agencies

Construct	2023 Measures	2024 Proposal	Rationale	Payment vs. Reporting	Entity Type	Data Source
Mental Health	30 Day Follow Up After Emergency Department Visit for Mental Illness (HEDIS FUM)	30 Day Follow Up After Emergency Department Visit for Mental Illness (HEDIS FUM)	No Change	Payment	Designated Agencies	DVHA
Substance Use	30 Day Follow-Up After ED Visit for Substance Use (HEDIS FUA)	30 Day Follow-Up After ED Visit for Substance Use (HEDIS FUA)	No Change	Payment	Designated Agencies	
Mental Health	7 Day Follow Up After Hospitalization for Mental Illness (HEDIS FUH)	7 Day Follow Up After Hospitalization for Mental Illness (HEDIS FUH)	No Change	Payment	Designated Agencies	



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive
Session
April 18, 2023

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) subjects that are or use trade secret information; and (2) status of ongoing contract negotiations.



OneCare Vermont

Public Affairs Report | April 2023

Government Relations

State Legislative Update

Crossover has come and gone, and committees are now reviewing important bills from their respective counterpart committees in the other chamber. House Healthcare is currently reviewing [S.37](#) the Senate version of the bill that provides Protections for Health Care Providers offering reproductive and gender affirming care. The House Judiciary is currently reviewing [S.36](#), the Healthcare Workplace Protection Bill while the Senate Judiciary is reviewing the house version of the bill [H.89](#). [S.47](#), a bill relating to the transport of individuals requiring psychiatric care, is also being reviewed by the House Healthcare committee as well. Additionally, multiple bills focusing on healthcare interstate compacts for specific provider types that are advancing, including counseling, physical therapy and audiology are now on the Senate side and being reviewed by Senate Health and Welfare.

At the end of March, the Governor signed into law [H.411](#), legislation that extends the COVID-19 health care regulatory flexibilities which were set to expire March 31st.

Green Mountain Care Board

At its March 8th and 22nd meeting the GMCB focused on the UVMHC Mental in Patient Self Restricted Funds and whether to adjust the enforcement action to allow more leniency on how the funds could be used including collaborating with the Department of Mental Health to best assess how the funds could be utilized in an outpatient/community setting. UVMHCN and the DMH must submit a proposal to the GMCB by May 31st.

At its March 15th meeting the GMCB heard from staff regarding the proposed [2024 Hospital Budget Guidance](#). They also reviewed a proposed Cost Share Reduction Policy which was approved by the Board. Also, at its March 22nd meeting the board continued discussion on the Hospital Budget Guidance for 2024, and heard from Jeffrey Stensland from MedPAC who presented on ["Learning about Costs Shifts vs. Price Discrimination"](#)

At its March 29th Meeting the GMCB Voted to approve the [2024 Budget guidance as recommended by the staff](#). They also were presented the hospital's [Budget Actuals for 2022](#) which showed the hospitals continue to be in financial distress.

At its April 5th the Board reviewed the proposed changes to the CON Dollar threshold and heard from Zack Cooper from Yale University on [Variation in Hospital Pricing](#). The GMCB will vote on the CON threshold changes at its April 12th meeting and will hear from Christopher Whaley from RAND Corporation on how to approach Healthcare Market Concentration.

Outreach and Advocacy

Events, Shares, Articles, and Resources

Take a look at our newly updated FAQ page. The page is now in the top level of our website's menu to make it more easily accessible for visitors to our site. You can find that page here: [FAQ - OneCare Vermont \(onecarevt.org\)](#)

To share more content from our partners around "Right Care, Right Place", we shared Gifford Health Care's recent article and podcast discussing when to visit the emergency department vs. primary care. <https://lnkd.in/e-dDyu8g>

OneCare's Patient and Family Advisory Committee is seeking a few new members to join the committee. Our aim is to build a committee that is inclusive and representative of the communities across Vermont. More information about this opportunity can be found on our [website](#) and via [social media](#).

Follow Us

You can keep up with OneCare on our [blog](#), [LinkedIn](#), and [Twitter](#) (@OneCareVermont) 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
Statement of Financial Position
For the Periods Ended**

	2/28/2023	1/31/2023	Variance
<u>ASSETS</u>			
Current assets:			
UNRESTRICTED Funds	11,476,727	12,702,915	(1,226,188)
OCV Reserve Funding	-	-	-
Advanced Medicaid Funding	17,774,918	17,989,421	(214,504)
VBIF Reserves	1,646,987	1,663,230	(16,243)
Deferred For Specific Use	267,094	295,737	(28,643)
Unspent Passthrough Funds	2,275,567	1,707,438	568,130
accountability pool \$ Held	2,123,649	1,879,146	244,503
Total Cash	35,564,941	36,237,886	(672,945)
Network Receivable	0	77,156	(77,156)
Network Receivable-Settlement	4,506,355	4,779,300	(272,944)
Other Receivable	62,673	63,375	(702)
Other Receivable-Settlement	15,745,664	15,745,664	-
Prepaid Expense	791,092	391,999	399,093
Property and equipment (net)	23,595	24,185	(590)
TOTAL ASSETS	56,694,321	57,319,565	(625,244)
<u>LIABILITIES AND NET ASSETS</u>			
Current liabilities:			
Accrued Expenses - Accounts payable	939,386	922,561	16,825
Accrued Expenses Deliverables	39,900	39,900	-
Accrued PHM Expenses (payors)	19,208,823	20,538,521	(1,329,698)
Accrued Expenses	20,188,108	21,500,981	(1,312,873)
Accrued Expenses -Settlement	13,976,692	13,976,692	-
Network Payable	4,287,806	4,192,854	94,952
Network Payable-settlement	4,364,534	4,364,534	-
Notes Payable	-	-	-
CTO Liability	463,538	435,444	28,093
Payroll accrual	211,289	185,114	26,174
Deferred Income	1,820,108	1,820,108	-
Due to Related Parties - UVMMC	2,693,761	2,547,709	146,052
Due to Related Parties - DHH	-	-	-
Total Liabilities	48,005,836	49,023,437	(1,017,601)
Net assets:			
Retained Surplus	7,956,069	7,956,069	-
Year to Date Surplus/(Loss)	732,417	340,060	392,357
Total net assets	8,688,485	8,296,128	392,357
TOTAL LIABILITIES AND NET ASSETS	56,694,321	57,319,565	(625,244)

OneCare Vermont

Surplus & Loss February 2023

	Annual Budget	YTD Prior Month	Current Month Actual	Monthly Budget	Month Variance	YTD Actual Gross	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	441,725,356	37,801,641	37,672,232	36,810,446	861,786	75,473,873	73,620,893	1,852,981
Payor Contracts Funding	12,074,567	653,026	648,143	1,006,214	(358,071)	1,301,169	2,012,428	(711,259)
Other Funding	9,580,916	885,493	899,739	798,410	101,329	1,785,232	1,596,819	188,412
Settlement Income	-	-	-	-	-	-	-	-
Deferred Participation Fees (prior year)	567,206	-	-	47,267	(47,267)	-	94,534	(94,534)
Participation Fees	19,828,444	1,652,370	1,652,370	1,652,370	0	3,304,741	3,304,741	0
Total Funding	483,776,489	40,992,530	40,872,484	40,314,707	557,776	81,865,014	80,629,415	1,235,599
Hospital FPP - Medicare	259,687,642	19,966,909	19,966,909	21,640,637	1,673,728	39,933,818	43,281,274	3,347,456
Hospital FPP - Medicaid	166,306,637	16,819,542	16,690,134	13,858,886	(2,831,247)	33,509,676	27,717,773	(5,791,903)
Hospital FPP - BCBS QHP	4,707,607	-	-	392,301	392,301	-	784,601	784,601
CPR FPP- Medicare	2,394,797	211,930	211,930	199,566	(12,363)	423,859	399,133	(24,727)
CPR FPP - Medicaid	4,807,045	548,189	548,189	400,587	(147,602)	1,096,379	801,174	(295,204)
CPR FPP - BCBS QHP	760,779	-	-	63,398	63,398	-	126,796	126,796
CPR Program Expense - PRSP Funded	-	-	175,090	-	(175,090)	175,090	-	(175,090)
CPR Program Expense - OCV Funded	1,510,492	187,652	14,741	125,874	111,133	202,393	251,749	49,355
Fixed Payments	440,174,999	37,734,223	37,606,993	36,681,250	(925,743)	75,341,215	73,362,500	(1,978,715)
Populations Health Mgmt Payment	17,604,032	980,635	968,829	1,467,003	498,173	1,949,464	2,934,005	984,541
Complex Care Coordination Program	-	-	-	-	-	-	-	-
Value-Based Incentive Fund	-	-	-	-	-	-	-	-
Blueprint Funding	9,545,916	795,493	794,504	795,493	989	1,589,997	1,590,986	989
Other PHM Programs	1,261,571	27,071	-	105,131	105,131	27,071	167,270	185,575
Settlement Expense	-	-	-	-	-	-	-	-
PHM Expenses	468,586,518	39,537,421	39,370,326	39,048,876	(321,449)	78,907,747	78,054,761	(807,610)
Salaries, payroll taxes and fringe benefits	8,704,465	590,905	597,415	725,372	127,958	1,188,320	1,450,744	262,424
Consulting, legal and purchased services	3,369,471	229,763	247,190	280,789	33,600	476,952	561,579	84,626
Software, licenses and maintenance	1,871,810	155,372	111,098	155,984	44,886	266,471	311,968	45,498
Travel, supplies, other	1,244,225	139,009	154,099	103,685	(50,413)	293,108	207,371	(85,737)
Operating Expenses	15,189,971	1,115,050	1,109,801	1,265,831	156,030	2,224,851	2,531,662	306,811
Total Expenses	483,776,489	40,652,471	40,480,127	40,314,707	(165,419)	81,132,598	80,586,423	(500,799)
Net Income (Loss)	-	340,060	392,357	-	392,357	732,417	42,992	734,801