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Board of Managers Meeting

Tuesday, 8/15/2023
4:30 - 6:30 PM ET

- 1. PUBLIC: Welcome Board Managers, Invited Guests, and Members of the Public Presented By: Anya Rader Wallack (4:30-4:31)**
- 2. PUBLIC: Call to Order and Board Announcements Presented By: Anya Rader Wallack (4:31-4:32)**
Welcome Sandy Rousse, new Board Manager
NORC Report
- 3. PUBLIC: Consent Agenda Items Presented By: Anya Rader Wallack (4:32-4:37) Approve**
Motion and Vote to Approve Consent Agenda Items – Majority Required
 - 3a. *Public Consent Agenda Cover Page - Page 3*
 - 3b. *2023-07 Board of Managers Public Session Minutes - Page 4*
 - 3c. *Board Committee Reports - Page 8*
 - 3d. *CMO Corner - Page 9*
 - 3e. *Q2 2023 Financial Statement Package - Page 13*
 - 3f. *Summary of Policy Changes - Page 15*
 - 3g. *08-01 Board of Managers Nomination - Page 16*
 - 3h. *08-02 Governance - Page 20*
- 4. PUBLIC: Governance Nominations Presented By: Anya Rader Wallack (4:37-4:40) Approve**
Motion and Vote to Approve Resolution Appointing Manager to the Board of Managers – Supermajority Required
Motion and Vote to Approve Resolution Appointing Member to the Population Health Strategy Committee – Supermajority Required
 - 4a. *Resolution Appointing Manager to the Board of Managers - Page 23*
 - 4b. *Laura Nelson CV - Page 24*
 - 4c. *Resolution Appointing Member of the Population Health Strategy Committee - Page 31*
- 5. PUBLIC: Meet Vermont's New Medicaid Director Presented By: Monica Ogelby (4:40-5:00)**
 - 5a. *Meet Vermont's New Medicaid Director - Page 32*
- 6. PUBLIC: Q2 Corporate Goals Status Report Presented By: Sara Barry (5:00-5:10)**
 - 6a. *Q2 Corporate Goals Draft - Page 37*
- 7. PUBLIC: Public Comment Presented By: Anya Rader Wallack (5:10-5:15)**
- 8. PUBLIC: Move to Executive Session Presented By: Anya Rader Wallack (5:15)**
Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required
 - 8a. *Resolution to Move to Executive Session - Page 38*
- 15. PUBLIC: Votes Presented By: Anya Rader Wallack (6:26-6:30) Approve**
 1. Approve Executive Session Consent Agenda Items - Supermajority Required
 2. Approve PY 2024 Network Participation Variance – Supermajority Required
 3. Approve Q2 Corporate Goal Progress Report - Supermajority Required
- 16. PUBLIC: Adjourn Presented By: Anya Rader Wallack (6:30)**
- 17. PUBLIC FYI DOCUMENTS**
 - 17a. *Public Affairs Report - Page 60*
 - 17b. *Financial Statement Package - Page 62*



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

Public Session

August 15, 2023

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft OneCare Public Session Minutes July 18, 2023	Review and approval of prior month’s minutes.
c. Board Committee Reports August 2023	Summary of Board subcommittee meetings from the past month.
d. CMO Corner	Updates from the Chief Medical Officer.
e. Q2 Financial Statements	Approval of OneCare’s most recent financial statements as recommended by the Finance Committee.
f. Summary of Policies g. 08-01 Board of Managers Nomination h. 08-02 Governance	Review and approval of listed policies; a summary of changes is provided.



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
July 18, 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 July 18, 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 4:31 p.m. Chair Wallack announced that she will continue on as Board Chair despite her transition out of her role at UVMHN. She then congratulated Judi Fox on being named CEO of Rutland Regional Medical Center and reminded the Board that the Patient and Family Advisory Committee is looking for new members.

Chair Wallack also reminded the Board that OneCare is currently recruiting for a Consumer Manager representing Medicare beneficiaries. A slate of candidates is anticipated in the August governance cycle. If Board Managers know of strong potential representatives, please reach out to Abe Berman or Amy Bodette by the end of July to make a connection.

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

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

III. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from June, 2023; (2) Board Committee Reports July 2023; (3) Annual Compliance Workplan PY2023; (4) Summary of Policy Changes; (5) 05-03 Network Development and Composition; (6) 05-05 Contractual Signature Authority; and (7) 06-03 Policy Management.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by Dr. J. Gilwee, seconded by D. Bennett, and approved by a supermajority.

IV. Governance

A nomination for the appointment of a Manager for the remainder of the current home health seat term (until December 2023) was presented to the Board for consideration.

A Motion to approve the resolution appointing Sandy Rouse to the Board of Managers was made by T. Huebner, seconded by S. Tester, and approved by a supermajority.

V. OneCare KPI and PHM Q1 2023 Data Report Out

Josiah Mueller, Director of Value-Based Care, presented initial data on OneCare's key performance indicators (KPI) and Population Health Model (PHM) Q1 results. He noted that data are very early for 2023, with data only for the months of January and February included in the report thus far. He outlined the 11 key performance indicators (KPI) for 2023 and indicated which met their target thus far in 2023 as well as those with opportunity for improvement.

Board Managers asked clarifying questions about the cohort year (2023 looking back in time) and how the targets were established. Mr. Mueller indicated targets were set based on what was known in 2022 when the KPIs were identified and that now we have more robust national benchmarks and we will be moving to standardized measures for 2024 which will facilitate better understanding of performance. Mr. Mueller emphasized these data are preliminary, so they are likely to change as more data are obtained. Managers also inquired about the total cost of care PMPM data in the report and learned that it is aggregated and not yet risk adjusted in this report. Managers requested refinement to the reports before they see it again later in the year.

Mr. Mueller then presented lessons learned and next steps, including possibly narrowing the list of KPIs to promote increased focus and attention as well as possibly separating PHM measures from the KPI list. Managers suggested that more KPIs is ok in a report, but that we should be clear on which 3-4 are of primary focus for improvement.

VI. Compliance Training

Greg Daniels, Chief Compliance and Privacy Officer, presented the annual compliance training. This training is provided to the Board of Managers every year and covers HIPAA privacy and security, conflicts of interest, the False Claims Act, and the Stark Law & Anti-Kickback Statute. The training included definitions for these terms and how they apply to OneCare's Board of Managers. Questions regarding genetic testing were discussed and Chair Wallack committed to making introductions for interested Managers with her staff to continue discussions of this complex topic.

VII. Public Comment

There was no public comment.

VIII. Move to Executive Session

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

IX. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by supermajority**

X. Adjournment

Upon a Motion, a second, and approval by a unanimous vote, the meeting adjourned at 6:23 p.m.

Attendance:

OneCare Board Managers

Present:

Dan Bennett	Shawn Tester	Toby Sadkin, MD
Michael Costa	Tom Dee	Sierra Lowell
John Sayles	Adriane Trout, MD	Tom Huebner
Steve LeBlanc	Jen Gilwee, MD	Judi Fox
Coleen Condon	Anya Rader Wallack	Teresa Fama, MD

Absent:

Bob Bick	Stuart May	Leslie Ferrer
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C. Condon left the meeting at 4:55 p.m.

T. Fama joined the meeting at 5:04 p.m.

OneCare Risk Strategy Committee

Absent:

Steve Leffler, MD		
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OneCare Leadership and Staff

Present:

Abe Berman	Amy Bodette	Kellie Hinton
Sara Barry	Aaron Perry	Josiah Mueller
Greg Daniels	Lucie Garand	Tom Borys



OneCare Board of Managers Committee Reports

August 2023

Executive Committee (meets monthly)

The Executive Committee recommended a candidate for the Population Health Strategy Committee and recommended the reappointment of a Board Manager. The committee also discussed GMCB proceedings and objectives and key results (OKRs). They also discussed PY24 network participation. The committee is next scheduled to meet on September 7, 2023.

Finance Committee (meets monthly)

At its August 9th meeting, the committee approved the Q2 Financial Statement Report, discussed the 2024 budget, and talked about settlements. They looked at 2021 and 2022 AIPBP recon and discussed an overview of early performance signals for 2023. The committee is scheduled to meet next on September 13, 2023.

Population Health Strategy Committee (meets monthly)

The committee did not meet in August but conducted an electronic vote to approve a policy to go to the Board. The committee is next scheduled to meet on September 11, 2023.

Patient & Family Advisory Committee (meets monthly)

At its July 25 meeting, the committee heard discussed updates in regard to both the Board of Managers and Public Affairs. The meeting focused around the introduction of the interim CEO of OneCare, Abe Berman and dialogue with the membership about his insights and strategic plans. The committee is next scheduled to meet on September 26, 2023.

Audit Committee (meets quarterly)

The Audit Committee met on June 30th. Earnest and Young was invited to the meeting and presented their findings from their 2022 financial audit. Pending any changes, the committee accepted the report and recommended it be presented to the Board when it is complete. Additionally, a compliance work plan status update was presented and approved. The committee is next scheduled to meet on October 30, 2023.



OneCare Vermont



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

Q2 2023

Mid-year Progress Update

Value Based Care (VBC)

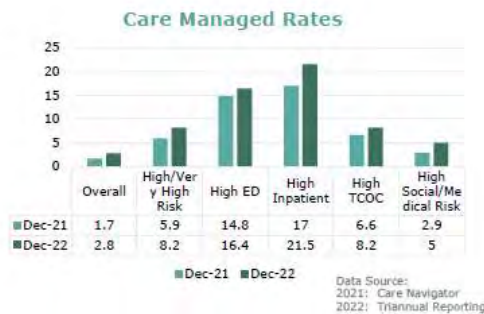
OneCare's Value Based Care Team, continues to support our network in improving performance in our 2023 Population Health Model (PHM). There are early signs of progress in the pediatric well visit and developmental screening metrics. As a reminder, the data lags behind the work and 2023 year-end data won't be final until approximately mid-2024. The 2024 Value Based Care Guidance Document has been drafted and version 1 will be ready to disseminate by or before 11/1/23.

Four Care Coordination Focus Groups were led by our care coordination staff between March and May 2023 and confirmed that our network members and partners support the continuance of our care coordination model which includes these elements: Lead Care Coordinator, Shared Care Plan, and Team Based Care. Participants, including primary care, preferred providers, DVHA (Department of VT Health Access or Medicaid), Blueprint and others, voiced a desire for consistency with program design and definitions and increased focus on impact and outcomes. There are ongoing discussions scheduled with these same partners to explore options for centralized data management of care coordination activities and communication, and both standardization and electronic reporting of Social Determinants of Health Screening.

Care Coordination Progress

OneCare evaluates care coordination process metrics including presence of a lead care coordinator, care team conferences, shared care plans, care team composition and compliance with minimum outreach expectations relative to risk level. Care managed rates of at-risk populations are tracked over time. The graph below demonstrates increased year over year care managed rates overall and for at-risk populations.

Data Insights Driving Action and Outcomes



Our Fall Health Service Area (HSA) Executive Consultation dates have been scheduled throughout October, with continued efforts to include leaders of all healthcare partners in each locale. Updated strengths and opportunities within the PHM, health disparities updates, and utilization and spending trends will be shared. We will also address level of OneCare engagement per HSA, with intent to emphasize collaboration and effecting meaningful change.

Mental Health-related Initiatives

In July, OneCare made its first of two incentive payments in 2023 to those primary care practices who elected to participate in our Mental Health Screening Initiative. Approximately 80% of OneCare primary care practices attested that they will screen for depression and suicide, build electronic reporting of this screening activity and the responses, and begin digital recording of follow-up for positive screenings starting 7/1/23. OneCare has asked that participants report this mental health screening activity from their own Electronic Health Record (EHR), so that we can obtain real-time evidence of this work. We will ask for EHR reports in September and again in December, and share results of this initiative in early 2024. OneCare is discussing the potential of sustaining and evolving this initiative in 2024.

As already reported to you in my last quarterly report, OneCare CPR (Comprehensive Payment Reform) independent primary care practices continue to use incentive dollars for mental health screening work, as well as integration of mental health care services within the primary care home. We expect to share the evaluation of this work later this fall.

Standardized social determinants of health (SDOH) screening requires mental health screening. As we work to align screening across the state in 2024, we hope to identify a larger percentage of those Vermonters who need mental health care. It will continue to be paramount that the contingent of mental health care providers is expanded to address the demand for this care

Driving Quality Improvement

We anticipate annual quality scorecards from our payers will be ready to share in the fall. To review our **current annual quality metrics**, click on this [link](#).

Quality metrics for the **OneCare 2024 Population Health Model** have been approved and can be found [here](#).

Northwestern Medical Center has made strides in reducing readmissions through improved transitions of care. OneCare's quality team worked alongside Northwestern Medical Center (NMC) in St. Albans to determine that reducing hospital readmissions was an opportunity to reduce cost and improve quality. Click [here](#) to read a blog related to this success.

NORC Evaluation:

NORC at the University of Chicago has been retained by the Center for Medicare and Medicaid Innovation to independently evaluate the Vermont All-Payer Accountable Care Organization Model and OneCare's related work. The most recent release from NORC evaluates the performance years 2018-2021, and shows that during this time period there was reduction in acute care stays, increase in primary care visits, decrease in specialty visits, and a decrease of 13.3% Medicare spending in performance year four at the state level. Key takeaways from the report:

- "The VTAPM reduced spending for beneficiaries in the Medicare ACO initiative and for Medicare beneficiaries statewide over its first four years. When interpreting these findings, it is important to consider Vermont's uniquely robust health reform history and potential effects of prior delivery system reforms.
- Health care administrators and practitioners credited the model with bringing together clinical community partners and strengthening population health efforts.
- Despite the model's statewide, multi-payer design, model participation has not reached the intended levels and payers continue to use different payment mechanisms, with FFS remaining the dominant provider payment method."

For additional information check out the [Report](#), [Summary of Findings](#), and a [blog post](#) from the National Association of ACOs.

Provider Accountabilities

Provider Accountabilities for the performance years 2024 and 2025 have been distributed (Attachment A to Amendment 10) along with next year's contracts. The board-approved accountabilities include areas of culture/citizenship, engagement with OneCare staff in Value Based Care related meetings to advance the work, care model and quality score improvements, health equity incorporation (such as the SDOH screening mentioned above), and reduction in cost of care (through follow up after emergency department visits for people with high-risk who have multiple chronic conditions).

The specifications related to assessment in these accountabilities will be available in November in an addendum attached to the 2024 Value Based Care Guidance Document.

For the related policies please visit the OneCare [portal](#).

The Value Based Care Team looks forward to this ongoing work, and anticipates that our persistence in this work together will continue to be more and more evident in the data, and more importantly in the lives of those Vermonters we touch.

Thank you for your support, contributions, and interest!

Carrie Wulfman, MD
Chief Medical Officer, OneCare Vermont

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

	6/30/2023	3/31/2023	Variance	
ASSETS				
Current assets:				
	UNRESTRICTED Funds	3,577,573	7,951,400	(4,373,827)
	OCV Liquidity Reserve	6,164,321	-	6,164,321
	Advanced Medicaid Funding	15,898,108	17,821,453	(1,923,345)
	VBIF Reserves	900,079	1,646,987	(746,908)
	Deferred For Specific Use	3,104,831	4,945,126	(1,840,295)
	Unspent Passthrough Funds	2,415,708	1,379,789	1,035,919
	accountability pool S Held	2,609,573	2,245,901	363,672
Total Cash	34,670,193	35,990,656	(1,320,463)	
Network Receivable	11,614	63,345	(51,731)	
Network Receivable-Settlement	8,366,022	6,384,871	1,981,151	
Other Receivable	271,703	8,524,313	(8,252,609)	
Other Receivable-Settlement	8,200,515	15,740,379	(7,539,864)	
Prepaid Expense	145,546	298,996	(153,449)	
Property and equipment (net)	21,235	23,005	(1,770)	
TOTAL ASSETS	51,686,829	67,025,565	(15,338,736)	
LIABILITIES AND NET ASSETS				
Current liabilities:				
Accrued Expenses - Accounts payable	446,285	983,089	(536,804)	
AP Premier System Liab / PO Liability	134,670	-	134,670	
Accrued Expenses Deliverables	-	55,860	(55,860)	
Accrued PHM Expenses (payors)	17,302,768	18,459,865	(1,157,097)	
Accrued Expenses	17,883,723	19,498,814	(1,615,091)	
Accrued Expenses -Settlement	13,642,354	13,642,354	-	
Network Payable	3,825,141	11,835,463	(8,010,322)	
Network Payable-settlement	2,898,095	6,591,534	(3,693,439)	
Notes Payable	-	-	-	
CTO Liability	500,338	458,657	41,681	
Payroll accrual	299,323	296,054	3,269	
Deferred Income	1,820,108	1,820,108	-	
Deferred Grant Income	-	-	-	
Due to Related Parties - UVMMC	1,333,379	3,525,995	(2,192,616)	
Due to Related Parties - DHH	-	-	-	
Due to Related Parties - UVMHN	254,051	381,366	(127,315)	
Total Liabilities	42,456,512	58,050,345	(15,593,833)	
Net assets:				
Unrestricted Net Assets	6,556,709	8,975,218	(2,418,510)	
Unrestricted Net Assets - Board Designated Risk Reserve	2,673,608	-	2,673,608	
Total net assets	9,230,317	8,975,218	255,099	
TOTAL LIABILITIES AND NET ASSETS	51,686,829	67,025,563	(15,338,734)	

OneCare Vermont
Surplus & Loss June 2023

	Annual Budget	Current			(Un)Favorable			(Un)Favorable			Drivers
		Month Actual	Monthly Budget	Month Variance	YTD Actual Gross	YTD Budget	YTD Variance				
Fixed Prospective Payments Funding	446,250,339	40,289,531	37,187,528	3,102,003	242,251,329	223,125,170	19,126,159	Dollars (↑), Attribution (↑), Rate (↑)			
Payor Contracts Funding	7,944,027	872,934	662,002	210,932	4,060,218	3,972,014	88,205	Attribution (↑)			
Other Funding	9,645,916	1,108,633	803,826	304,807	5,451,675	4,822,958	628,717	Interest Higher than budget			
Settlement Income	-	-	-	-	-	-	-				
Deferred Participation Fees (prior year)	567,206	-	47,267	(47,267)	-	283,603	(283,603)	Recognized as spent.			
Participation Fees	19,828,444	1,652,370	1,652,370	0	9,914,222	9,914,222	0	Per Budget			
Total Funding	484,235,932	43,923,468	40,352,994	3,570,474	261,677,444	242,117,966	19,559,478	See above			
Fixed Payments	444,807,002	40,336,120	37,067,250	(3,268,870)	242,052,251	222,403,501	(19,648,750)	Dollars (↑), Attribution (↑), Rate (↑)			
Populations Health Mgmt Payment	12,191,587	1,306,557	1,015,966	(290,592)	6,146,721	6,095,794	(50,928)	Attribution (↓), Payment Program Performance			
Blueprint Funding	9,545,916	797,923	795,493	(2,430)	4,780,176	4,772,958	(7,218)	Pmts Greater than funding			
Other PHM Programs	2,899,712	8,218	241,643	233,425	672,204	1,449,856	777,652	Timing of Spend			
Settlement Expense	-	-	-	-	-	-	-				
PHM Expenses	469,444,218	42,448,818	39,120,351	(3,328,466)	253,651,352	234,722,109	(18,929,244)	Attribution/Rate and Timing of Spend			
Salaries, payroll taxes and fringe benefits	8,059,974	640,043	671,665	31,622	3,789,388	4,029,987	240,599	Vacancies through Q2			
Consulting, legal and purchased services	3,745,930	326,100	312,161	(13,939)	1,682,113	1,872,965	190,852	Incurred Costs (↓)			
Software, licenses and maintenance	1,734,949	126,685	144,579	17,894	827,639	867,475	39,836	Incurred Costs (↓)			
Travel, supplies, other	1,250,861	32,858	104,238	71,381	481,569	625,431	143,862	Incurred Costs (↓)			
Operating Expenses	14,791,715	1,125,686	1,232,643	106,957	6,780,709	7,395,857	615,148	Incurred Costs (↓)			
Total Expenses	484,235,932	43,574,504	40,352,994	(3,221,509)	260,432,061	242,117,966	(18,314,095)				
Net Income (Loss)	(0)	348,965	(0)	348,965	1,245,382	(0)	1,245,382				



Board of Managers Summary of Policy Changes

Public Session

August 2023

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

- **08-01 Board of Managers Nomination**
 - **Purpose:** To outline the process that Management will follow when soliciting nominees for designated at large Managers for the OneCare Board of Managers.
 - **Key Changes:** This policy was updated to remove criminal background checks to accurately reflect current processes; all other edits are for the purpose of improved clarity.
 - **Committee Endorsement:** N/A

- **08-02 Governance**
 - **Purpose:** To ensure that OneCare's Governing Body is ultimately responsible for the oversight and strategic direction of the organization.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** N/A

Policy Number & Title:	08-01 Board of Managers Nomination
Responsible Department:	Public Affairs
Author:	Amy Bodette, Director, Public Affairs
Original Implementation Date:	February 18, 2019
Board Approval Date:	August 15, 2023
Revision Effective Date:	August 15, 2023

I. **Purpose:** This Policy outlines the process that Management will follow when soliciting nominees for designated at large Managers for the OneCare Board of Managers. This policy implements a process for such nominations described in the Operating Agreement and practices that promote a fair and open nominating process to yield qualified nominees.

II. **Scope:** Applicable to the OneCare Workforce and Board of Managers as stated in this policy.

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:

Consumer Member means an individual elected to serve on to the OneCare Vermont Board of Managers to represent consumers of Medicaid, Medicare, and commercial insurance as required by Green Mountain Care Board Rule 5.000: Oversight of Accountable Care Organizations.

Nominee means an eligible candidate proposed for appointment to the Board of Managers.

IV. **Policy:** OneCare shall maintain an identifiable, distinct governing body that has ultimate responsibility for oversight and strategic direction of the ACO (the “Board of Managers.”). The Board of Managers (“Board”) will hold OneCare’s management team accountable for functions of ACO. There will be a defined processes for nominating designated, at-large managers to its Board.

A. **Administration:** The Board of Managers assigns to the Chief Operating Officer (“COO”), or her/his delegate(s), the authority to supervise the process by which candidates are nominated and chosen to stand for election to the Board of Managers.

B. **Eligibility:** Qualified nominees must:

1. Participate in at least one ACO program as defined annually by Policy 04-14 Risk Program Participation;
2. Understand and agree to commit to the responsibilities to serve on the Board of Managers, including having a fiduciary duty and duty of loyalty to OneCare; and
3. Meet the requirements for nomination outlined in the Operating Agreement, Governance Bylaws and policies.

Preference will be given to those nominees that participate in all ACO programs and operate under a value based payment structure.

C. **Call for Designated At-Large Managers Nominations:**

1. For each qualified vacancy on the Board of Managers, the COO will send a notice to all Managers who are members of the nominating group for the vacancy and/ or the Association representing the nominating group asking for nominations of qualified

candidates to stand for election to the Board of Managers. By each nominating group the process shall be as follows:

- a. **Federally Qualified Health Centers:** Bi-State Primary Care Association will coordinate the nomination process for FQHCs. In the event that a participating FQHC in the nominating group is not a member of Bi-State then Bi-State will either include the participating FQHC in the nomination process or coordinate with the OneCare COO to develop processes for inclusion.
- b. **Critical Access Hospitals and Community Prospective Payment Systems Hospitals:** The Vermont Association of Hospitals and Health Systems (VAHHS) will coordinate the nomination process for Critical Access and Community PPS Hospitals. In the event that a participating hospital in the nominating group is not a member of VAHHS then VAHHS will either include that non-member hospital in the nomination process or coordinate with the OneCare COO to develop processes for inclusion.
- c. **Qualified Independent Private Practices (2):** OneCare management will coordinate the nomination process for all independent private practices. Management will solicit nominees from each qualifying independent practice Participant TIN by communication with the TIN's contractual designee for notices. The solicitation will provide information about the required qualifications and Board preferences for the manager to be nominated. Each TIN will have one opportunity to provide a nominee and must verify that the person(s) nominated is/are willing to serve if selected. Management will forward nominees to the Executive Committee, that serves as the Nominating Committee, who will determine which nominee(s) will move forward to the full Board for elections. For calendar year 2024 the Board has directed that qualified candidates must be independent primary care physicians actively practicing.
- d. **Skilled Nursing Facilities (SNF):** The Vermont Health Care Association (VHCA) will coordinate the nomination process for skilled nursing facilities. In the event that a participating SNF in the nominating group is not a member of VHCA, then VHCA will either include the non-member SNF in the nomination process or coordinate with OneCare COO to develop processes for inclusion.
- e. **Home Health Agencies:** VNAs of Vermont and BAYADA will coordinate the nomination process for qualified Home Health Agencies.
- f. **Designated Agency for Mental Health and Substance Abuse ("Designated Agencies"):** Vermont Care Partners (VCP) will coordinate the nomination process for Designated Agencies. In the event that a participating Designated Agency in the nominating group is not a member then VCP will either include the non-member in the nomination process or coordinate with OneCare COO to develop processes for inclusion.

D. Call for Consumer Manager Nominations

An ACO must consult with local advocacy groups (e.g., the Office of the Health Care Advocate) and Provider organizations when recruiting Enrollee members of its governing body. An ACO must make a good faith attempt to recruit and select Enrollee members who are representative of the diversity of consumers served by the ACO, taking into account demographic and non-

demographic factors, including gender, race, ethnicity, socioeconomic status, geographic region, medical diagnoses, and services utilized. Each Enrollee member must have experience or training advocating for consumers on health care issues or be provided training on the subject. No Enrollee member may be an ACO Provider, an employee of an ACO Provider, or an owner of an ACO Provider. In addition, no Enrollee member may have an immediate family member who is an ACO Provider, an employee of an ACO Provider, or an owner of an ACO Provider.

The COO shall forward all nominations received from the aforementioned processes to the Nominating Committee of the Board for discussion and recommendation to the full Board of Managers.

The COO will, without undue delay after nominations have been closed, notify the nominees or the nominating association(s) of the Nominating Committee's decision whether to forward the nominee to the full Board of Managers for election.

In the event that there are an insufficient number of nominees for election, the members of the Nominating Committee (via the COO) will recruit additional nominees, by processes to be determined by the Nominating Committee in consultation with the COO, to ensure that there are at least as many nominees as there are vacant positions for the annual election.

- E. Withdrawal of a Nomination:** Any Nominee may request the withdrawal of his/her nomination before the COO gives the nominee list to the Nominating Committee.
- F. Rejection of a Nomination:** The Nominating Committee may determine not to pass a nominee's name to the full Board for election based on a nominee's qualifications for inclusion, known conflicts, or any reason it determines in good faith to be in the best interests of the ACO. If the Nominating Committee declines to move nomination forward, the COO shall communicate to the nominee.

V. Review Process: This Policy shall be reviewed annually and in accordance with the terms of this Policy and the Operating Agreement.

VI. References:

- OneCare's Policy and Procedure Glossary
- OneCare's Eleventh Amended and Restated Operating Agreement
- Rule 5.000: Oversight of Accountable Care Organizations

VII. Related Policies/Procedures:

- 08-02 Governance Policy
- 05-06 ACO Network Payer Program Participation Policy
- PA-08-04 Consumer Members and PFAC Stipend Procedure

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

Management Approval:

Director, Public Affairs Date

Chief Operating Officer Date

Policy Number & Title:	08-02 Governance
Responsible Department:	Public Affairs
Author:	Amy Bodette, Director, Public Affairs
Original Implementation Date:	January 1, 2017
Board Approval Date:	August 15, 2023
Revision Effective Date:	August 15, 2023

- I. **Purpose:** To ensure that OneCare’s Governing Body is ultimately responsible for the oversight and strategic direction of the organization.

- II. **Scope:** Applicable to the OneCare Workforce and Board of Managers as stated in this policy.

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

- IV. **Policy:** OneCare shall maintain an identifiable governing body with sole and exclusive authority to execute functions of the ACO and make final decisions on behalf of the ACO (“Governing Body”). The Governing Body shall have the ultimate responsibility for oversight and strategic direction of OneCare and shall hold OneCare’s management team accountable for the ACO’s day-to-day activities. The Governing Body shall also have a defined approach to secure consumer input by way of a Consumer Advisory Group and other consumer activities. The OneCare Board of Managers governance structure shall be transparent, and reasonably and equitably represent the ACO’s participants, providers and its patients.
 - A. **General Governing Body Elements:**
 1. OneCare shall define and describe the role(s) of the Governing Body to the state in writing.
 2. The Governing Body shall have a transparent governing process which includes the following:
 - a. Publishing the names and contact information for members of the Governing Body on its website;
 - b. Holding public meetings of the ACO’s governing body in accordance with 18 V.S.A. §9572(a), (b), and (e) and making the schedule of meetings publicly available in accordance with 18 V.S.A. § 9572(c);
 - c. Devoting an allotted time at each in-person meeting(s) of the Governing Body to allow comments from members of the public to be heard;
 - d. Recording and publishing minutes of the public session(s) of each in-person meeting(s) of the Governing Body on its website in accordance with 18 V.S.A. § 9572(d);
 - e. Posting summaries of OneCare’s activities on its websites, as provided to the Patient and Family Advisory Group who serves in the official capacity as its Consumer Advisory Group; and
 - f. Providing a publicly accessible mechanism for explaining how the ACO works, including by posting on the ACO’s website.
 3. OneCare’s designated compliance official shall provide regular reports to the Governing Body concerning OneCare’s efforts to satisfy its Compliance and Oversight obligations as set forth in the Program Agreements and regulations.

4. When acting as a member of the Governing Body, each manager has a fiduciary duty to OneCare, including the duty of loyalty, and will act in a manner consistent with that fiduciary duty to report Conflicts of Interest upon membership and as potential conflicts arise.

B. Governing Body Composition Requirements:

1. At least 75 percent control of the Governing Body shall be held by Participants, Preferred Providers or their respective representatives.
2. OneCare will comply with the ACO Governance Standards related to Governance composition set forth by the Green Mountain Care Board (GMCB) and will comply with any future modifications.
3. OneCare's Operating Agreement, Governance Bylaws, and policies shall outline the composition of the Board of Managers as well as, appointment, nomination and election processes for all Managers.

C. Consumer Input:

1. OneCare will develop and maintain a Patient and Family Advisory Committee that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences.
2. Through the Patient and Family Committee, OneCare must consult with and solicit feedback from its Consumer Advisory Board regarding the ACO's care coordination goals, activities, and policies and procedures.
3. OneCare will, on an ongoing basis, assist the consumer members of its governing body in understanding the processes, purposes, and structures of the ACO. Members of the Governing Body and OneCare's management staff shall regularly attend meetings of the Patient and Family Advisory Committee.
4. Following each meeting of the Patient and Family Advisory Committee (PFAC), a member of the Governing Body or management staff who attended shall provide a summary report to the Governing Body of the issues and concerns addressed.
5. The results of any other activities initiated by OneCare to engage and obtain input from consumers shall be reported to the Governing Body at least annually.
6. Consumer Managers of the Board and PFAC members shall receive a stipend for participation in Board of Managers meetings and meetings of Board committees. Details on Consumer Managers and PFAC members' stipends can be found in the PA-08-04 Consumer Members and PFAC Stipend procedure.

- V. Review Process:** This policy will be reviewed annually and in accordance with the terms of this Policy, the OneCare Operating Agreement and the OneCare Governance By-Laws.

VI. References:

- OneCare Board Membership and Patient and Family Advisory Committee Charter
- OneCare Governance By-Laws and OneCare Operating Agreement
- 18 V.S.A. §9572(a), (b), (c), and (e)

VII. Related Policies/Procedures:

- 08-01 Board of Managers Nomination Policy
- PA-08-04 Consumer Members and PFAC Stipend Procedure

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

Management Approval:

_____ Director, Public Affairs	_____ Date
_____ Chief Legal Counsel	_____ Date
_____ Chief Operating Officer	_____ Date



OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing Board
Manager
August 15, 2023

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. Coleen Condon, SNF Manager, for a three year term renewal ending on August 31, 2026.

Laura Nelson

Email: lnelson@nkhs.net

LinkedIn: [Profile](#)

Phone: (570)856-0689

Data driven and person-centered public health professional with 8+ years' experience working in rural community health. An ambitious leader with a passion for building mentally and physically healthy communities guided by my values of curiosity, respect, integrity, and compassion.

Professional Experience

- | | |
|--------------|---|
| 2022-Current | Northeast Kingdom Human Services, Chief of Organizational Development <ul style="list-style-type: none">▪ Responsible for implementing strategic plan, enhancing employee and leadership development, and system performance improvement.▪ Supervises multi-disciplinary teams to include Operations, QA/QI, Compliance, Training/Development, Grant writing, and Agency Administrative Support▪ Member of the Senior Leadership Team |
| 2019-2022 | Northeast Kingdom Human Services, Quality Director <ul style="list-style-type: none">▪ Responsible for agency wide CQI process development and implementation.▪ Implement programmatic and agency level evaluations and clinical outcome improvement. |
| 2019 | Vermont Public Health Institute, Advisor <ul style="list-style-type: none">▪ State-wide evaluation of the Accountable Community for Health framework.▪ Qualitative data collection, analysis, and reporting to state public health officials |
| 2019 | Vermont Department of Public Health, Consultant
New England Public Health Training Center <ul style="list-style-type: none">▪ Evaluating the VDH Prevention Change Package using the Three Bucket Framework▪ Screening Brief Intervention and Navigation to Services (SBINS) project investigating evidenced based tools to incorporated into the Vermont public health landscape |
| 2015-2019 | Research Associate at the Virginia Tech Institute for Policy and Governance |

- USDA funded Rural Health and Safety Education- Preventing Opioid Abuse in Rural Virginia: Implementation and evaluation of the Strengthening Families Program using the PROPSEER model in school-based intervention for at risk youth and families.
- Conducting a gap analysis to understand issues of implementing evidence-based programming in a rural community
- SAMHSA funded evaluation for the New River Valley Certified Community Behavioral Health Clinic
- Vibrant Virginia Seed Funding- Investigating Parental substance use disorders influence on multigenerational use and policy implications to prevention and treatment in rural and urban communities of SW Virginia.
- Evaluation of the Comprehensive Service Act funding in Montgomery County VA- policy and programmatic review surrounding structural shift and funding allocation
- Loudoun County Non-profit Organization Assessment and Network Analysis of community needs
- CAPE II: Community Assessment and Education to Promote Behavioral Health Planning and Evaluation: Working on collaborative networks to strengthen program development and implement an evidence-based strategy and improve health outcomes for Neonatal Abstinence Syndrome

2015-2019

Project Associate at the Virginia Tech Center for Public Health Practice and Research

- New River Regional Jail Project: Needs assessment of contraceptive needs and plans for pregnancy upon reentry in addition to contraceptive and pregnancy education for female inmate population
- Qualitative data collection through semi-structured interviews on substance use history, intimate partner violence, and multigenerational trauma using trauma informed motivational interviewing.
- Youth Risk Behavior Survey data aggregation and analysis
- Tazewell County Cancer Project: alongside of the Tazewell County Board of Supervisions tested radon and water quality levels of residential housing

2017-2019

Graduate Researcher for Project SMYLE: Disclosing to Family: Parents, Siblings, & Extended Family Perspectives

- Conducting interviews to investigate the relational and family context of the disclosure process for relatives of an LBGQ+ individual

- Informing development of an online support program for the disclosure process
- 2018-2019 Graduate Researcher investigating Stigma of SBIRT in Teaching Faculty
 - Qualitative research analyzing faculty perceptions regarding substance abuse screening education for medical students
- 2015-2016 Blue Ridge Behavioral Health, Roanoke Virginia, Consultant
 - Developed evaluation plans for a Family Wellness Initiative program for families with children in the Juvenile Justice system
 - Analyzed outcome data and finalized report
- 2014-2015 Research lab assistant- Herpes Simplex Virus lab at Virginia Tech
 - Conducted research to further investigating correlations between HSV and Alzheimer's disease

Education

Current	PhD candidate-ABD, Family Studies, Department of Human Development and Family Studies, Virginia Tech
2016	Master of Public Health, Dual Concentration Public Health Education and Infectious Disease College of Veterinary Medicine, Virginia Tech
2016	Graduate Certificate- Global Planning and International Development Studies, Virginia Tech
2014	Master of Science, Animal Science College of Agriculture and Life Sciences, Virginia Tech
2012	Bachelor of Science, Biology- Honors Program Graduate College of Arts and Science, Shippensburg University of Pennsylvania
Spring 2012	Bermuda Study Abroad- contributed to the creation of a GPS mapping application for the Bermuda Maritime Museum
Summer 2011	South Africa and Swaziland Study Abroad- studied African wildlife conservation, environmental health, and cultural anthropology

Teaching Experience

- 2017-2019 Virginia Tech, Department of Human Development
Independent Instructor- Human Sexuality
- In class (2 semesters)
 - Online (5 semesters including summer and winter sessions)
- 2016 Virginia Tech, Department of Human Development
Graduate Teaching Apprentice- Human Sexuality
- 2014 Virginia Western Community College
Adjunct Professor of Biological Sciences
- 2013-2014 Virginia Tech, Department of Animal and Poultry Science
Graduate Teaching Assistant
- Anatomy and Physiology
 - Intro to Neuroscience

Publications

- Powell-Doherty, R.D., Abbott, A.R., **Nelson, L.A.**, Bertke, A.S. (2019). Amyloid- β and p-Tau Anti-Threat Response to HSV-1 Infection in a Murine Model of Primary Adult Hippocampal Neurons. Manuscript submitted for publication.
- Allen, K, Molloy, S., Sonnier-Netto, L., Naar, J., **Nelson, L.** (2017). Family Ideologies and Realities: Still Challenging the Status Quo. *Journal of Family Theory & Review*. 9: 403-07.
- Nelson LA**, Gilbert ER, Cline MA. (2015) Effects of dietary macronutrient composition on exogenous neuropeptide Y's stimulation of food intake in chicks. *Neuroscience Letter*. doi.org/10.1016/j.neulet.2015.02.017.
- Wang G, Brumfield B, DiCroce M, **Nelson L.A.**, Newmyer BA, Flower J, Hipskind K, Sharma S, Gilbert ER, Cline MA. (2014). Anorexigenic effects of central adrenomedullin are associated with hypothalamic changes in juvenile Gallus gallus. *General and Comparative Endocrinology*. 204:223-8. doi: 10.1016/j.ygcen.2014.05.032.

Professional Meetings and Conference Presentations

- Hosig, K., Wenzel, S., Tyler-Mackey, C., Vines., K., **Nelson., L.**, Dunkenberger, MB., (2019). Preventing opioid abuse in rural Virginia through PROSPER. Poster session at the American Public Health Association conference. Philadelphia PA.
- Zabielski, B., Wenzel., S. Borowski, S., **Nelson, L.** (2019) Provision of on-site family planning services to incarcerated women: preliminary results from an evaluation of the

Empowered Options program. Oral presentation at the American Public Health Association conference. Philadelphia, PA.

Vines, K., Tyler-Mackey, C., **Nelson, L.**, Dunkenberger, M., Wenzel, S., (2019). Branching out to work with communities confronting the opioid epidemic. Engagement Scholarship Consortium. Round table discussion presentation. Denver, Colorado.

Nelson, L. Wenzel, S., Dunkenberger, MB., (2019). Supporting healthy rural communities through increased awareness of well-being and systems factors utilized in community health assessments. Transdisciplinary Communities Research Symposium. Virginia Tech, Blacksburg, Virginia.

Nelson, L., Grafsky, E., (2017) Parenting Obstacles for Women with a Substance Use Disorder: Mothers and Service Providers' Perspectives. Poster session presented at the Advancing the Human Condition Symposium. Virginia Tech. Blacksburg, Virginia.

Nelson, L., Dunkenberger, MB. (2016) Developing a Continuum of Care for Prenatal Substance Use Disorder in the New River Valley. Poster session presented at the American Public Health Association. Denver, Colorado.

Nelson, L. (2014). Dietary macronutrient composition and exogenous neuropeptide Y affect feed intake in broiler chicks. Oral presentation presented at the Annual Graduate Research Symposium, Virginia Tech. Blacksburg, Virginia.

Higher Education Engagement and Training

Trauma-informed certified (2017). New River Valley Community Services- Crisis and Family Services Licensed Behavioral Health Facility

Mental Health First Aid certified (2017). New River Valley Community Services-Crisis and Family Services Licensed Behavioral Health Facility.

Workshop facilitator and contributor at the Virginia Higher Education Conversation on Opioid Abuse and Addiction (2018). Policy and Regulation Summary of the “World Café Working Session with key stakeholders”

- Developed community and research questions for meeting discussion
- Provided facilitation for key stakeholder discussions

Invited Speaker Presentations

Guest speaker at the American Mock World Health Organization (2018). Neonatal Abstinence Syndrome: The Infant and Mother Dyad. Virginia Tech Chapter.

Guest speaker for the Panel on the Opioid Epidemic in the New River Valley (2017). The need for a gendered approach to substance use disorder treatment. NRV Chapter of the Virginia Interfaith Center for Public Policy Community Conversation.

Awards

James D. Moran Memorial Scholarship \$2200, College of Liberal Arts and Human Sciences
Virginia Tech

Ryan C. Aday Award in Health Promotion \$750, Virginia Tech Master of Public Health Program

Family Studies Research Presentation Award \$700, Virginia Tech

Lead teaching assistant award \$500 scholarship in Animal and Poultry Science for Anatomy and
Physiology laboratory, Virginia Tech

Professional Memberships

Alumni Member, Delta Omega

Advisor, Vermont Public Health Institute

Member, National Council on Family Relations

Member, Public Health Association at Virginia Tech

Student Representative, Virginia Rural Health Association

Member, American Public Health Association

Member, Tri-Beta Honors Biological Science Fraternity

Higher Education Leadership

2014-2018	Virginia Tech Graduate Student Assembly Graduate Student Delegate <ul style="list-style-type: none">Representative for the Human Development and Family Sciences and Master of Public Health Program
2014-2016	Public Health Association at Virginia Tech President <ul style="list-style-type: none">Developed and facilitated community-based education programs
2014-2015	Virginia Tech Student Center and Activities Advisory Board Members <ul style="list-style-type: none">Serve as an ambassador for Student Centers and Activities' programs
2008-2012	Shippensburg University of Pennsylvania Honors Program Community Service Chair <ul style="list-style-type: none">Implemented community outreach projects to build campus and town relationships

Community Engagement

- 2019
- NEK Prosper: Well Housed Initiative
- Advisor for FIRST Program: supportive housing for mothers with substance use disorder
- 2016-2019
- Master of Public Health Outreach Committee
- Alumni ambassador
- 2014-2016
- Medical Reserve Corps
- Epidemiology team certified
- 2014-2015
- Virginia Tech Graduate Honor System
- Served on judiciary panel for graduate academic misconduct hearings
- 2014-2015
- AmeriCorps with the American Red Cross
- Community disaster preparedness educator



OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing New Member
to the Population Health Strategy Committee
August 15, 2023

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 appoints Laura Nelson to the Population Health Strategy Committee.

Meet Vermont's New Medicaid Director

Monica Ogelby, MSN, RN

OneCare Vermont

Board of Directors Meeting August 15, 2023

An introduction.

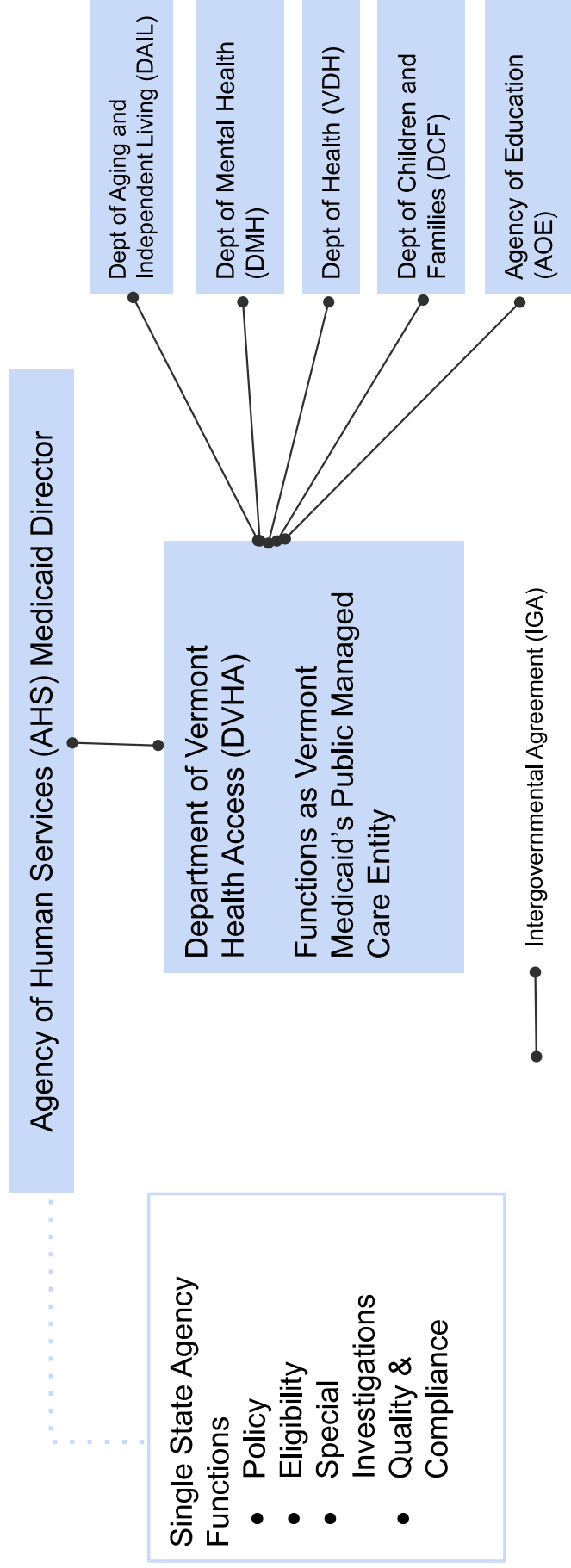
Vermont Medicaid 1115 Waiver

- Vermont administers the entirety of its Medicaid program under an 1115 demonstration waiver.
- Section 1115 waiver authority is intended to encourage state innovation in the Medicaid program.
- Often, states identify ways to save Medicaid funds and are permitted to use the savings to expand coverage.
- The federal government approves Section 1115 Demonstrations for five-year terms, but Demonstrations can be extended.

Without a waiver:

- Medicaid is limited to what is approved by CMS in the Medicaid State Plan – mandatory and optional populations and services.
- Medicaid is strictly administered in compliance with Medicaid regulations (either FFS or Managed Care).

Vermont Medicaid Delivery Model



Vermont Medicaid Director

- Oversee Vermont's Medicaid Program, specifically Policy, Programs and Finance
- Support all Medicaid-related work across AHS Departments and Agency of Education
- Coordinate and align cross-departmental efforts
- Build and maintain strong, trusting relationships with the providers and recipients of Medicaid services and supports

2023 Corporate Goals - Q2

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

Date Updated 8/01/2023

Domain(s)	Goal	Weight	Threshold**	Metrics/Measurement*	Target***	Q2 2023 Update	Q2 updates:
All	Financial Management	Gate	Manage within the FY23 administrative budget and meet quality reporting requirements	N/A		50%	Current spending is within the revised FY23 budget adopted by the Board of Managers in March and operational spend is running below budget. Annual quality abstraction is complete and awaiting final payer scorecards.
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	90%		The strategic planning engagement with stakeholders was completed: Network (100%), key stakeholders (100%), and staff (85.1%). The initial themes were presented to Board of Managers in March. Board conversations in April and May examined public and private program options; key domains for strategic planning emerged: payer relations, operational effectiveness, and provider accountabilities. In May the Board had final input for the strategic plan and it was then approved by the Board in June. Next steps include dissemination of the strategic plan and incorporation of key strategies into PY24 planning.
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 QI efforts. OneCare reports to the Board on HSA engagement in focused QI efforts.	40%		In June, the CMO reported to the Board of Managers on how OneCare has incorporated disparities scorecards findings into HSA Consultations. This included incorporation of health disparities findings into spring HSA consultations and food insecurity pilot at Community Health Rutland.
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	40%		Arcadia integration is underway; the Medicare and Medicaid data build timeline is back on track while the commercial data remains slightly behind schedule. Work is ongoing to build population health data reports with an initial focus on evolving dashboard reports followed by primary care reports. Ongoing feedback is being gathered from OneCare committees to refine reports.
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.	50%		The Board approved a plan to hire external national evaluation contractor. Final vendor selected and contract executed in May. The Evaluation Plan was endorsed by PHSC and Finance Committee and an update was provided to the Board in June. Through a monthly Advisory Group, the vendor is supplying insights and key learnings that inform PY24 planning and budgeting.

* 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.



OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive
Session
August 15, 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 | August 2023

Media Coverage

Health policy pro Anya Rader Wallack leaving UVM Health Network

[July 17, 2023, VTDigger](#)

Announcement of Anya Rader Wallack stepping down from her executive role at University of Vermont Health Network later this summer, but remaining Chair of the OneCare Vermont board.

GMCB budget target for OneCare focuses on accountability

[July 14, 2023, VTDigger](#)

This press release from the Green Mountain Care Board (GMCB) outlines the budget targets set by the GMCB at their July 14 meeting. The targets set expectations for OneCare's 2024 budget which OneCare will submit to GMCB in October.

Government Relations

State Legislative Update

There are no legislative updates this month.

Green Mountain Care Board

At its July 14th meeting the GMCB was provided with an [updated presentation](#) on recommended ACO Certification and [Budget Guidance](#). The Board voted to pass the 2024 ACO Budget guidance as recommended by staff inserting two placeholders for budget targets regarding executive compensation and variable pay that will be determined at a future date.

The GMCB held the Commercial Qualified Health Plans rate hearings for BCBSVT and MVP on July 17, 19 and on July 24 held a virtual forum to solicit public feedback on the proposed rate requests.

At its August 2nd meeting the GMCB was provided an [update](#) from Agency of Human Services on the status of the All Payer Model Discussions, and were also provided an [update](#) by GMCB staff on hospital sustainability planning and global payment planning discussions.

Hospital Budget hearings began on August 9, with an [opening presentation](#) from the GMCB Staff followed by budget presentations by Southwestern Vermont Medical and Brattleboro Memorial

hospital. The GMCB also voted on [revised Budget order language](#) for OneCare Vermont involving Executive Compensation

Outreach and Advocacy

Events, Shares, Articles, and Resources

NORC, at the University of Chicago, published the third independent report of the Vermont All-Payer Model this past month. The report covers program year (PY) 4 (2021) and half of PY5 (2022). The National Association of ACOs (NAACOs) published a great blog post highlighting the key takeaways from the report which can be read here: [Blog: Vermont ACO Model Delivers Success \(naacos.com\)](https://naacos.com/blog/vermont-aco-model-delivers-success)

OneCare posted a recent blog highlighting the work our quality team and St. Albans health service area is doing to reduce hospital readmissions by improving transitions of care. [Read the full post here.](#) This post is also linked on our new [Quality Performance page](#) on the website.

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.



2023 All Payers Summary Monthly Statement

OneCare Vermont

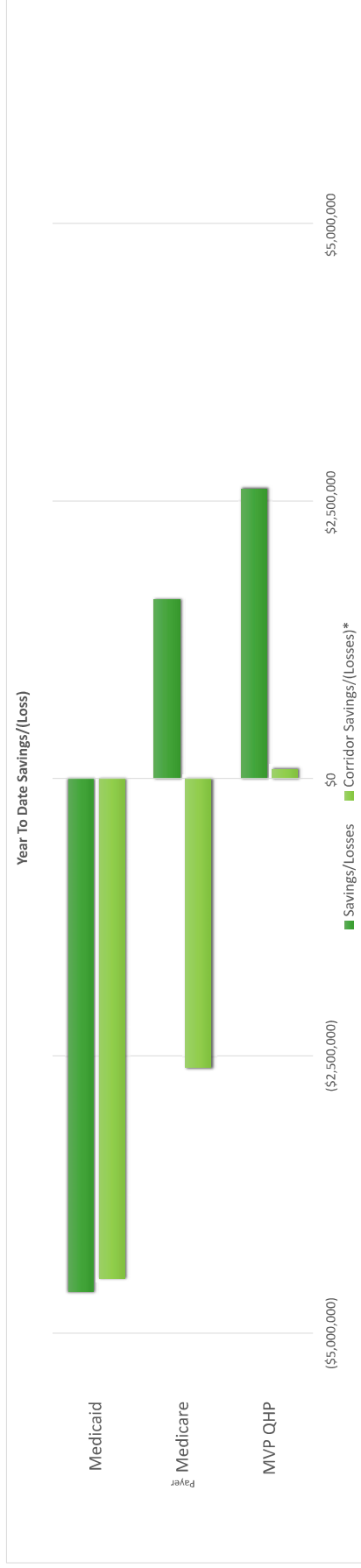
May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

Payer	Medicaid		Medicare		Self-Funded		MVP QHP		Total
	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	
Current Month									
Savings/Losses	(\$14.86)	(\$1,896,165)	(\$105.71)	(\$5,178,528)	Pending	Pending	\$141.88	\$1,034,026	(\$6,040,668)

Payer	Medicaid		Medicare		Self-Funded		MVP QHP		Total
	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	
Year To Date									
Savings/Losses	(\$7.17)	(\$4,628,128)	\$6.54	\$1,613,657	Pending	Pending	\$70.54	\$2,616,769	(\$397,703)
Corridor Savings/(Losses)*	(\$6.98)	(\$4,503,461)	(\$10.56)	(\$2,604,891)	Pending	Pending	\$7.34	\$90,706.12	(\$7,017,647)

Payer	Medicaid		Medicare		Self-Funded		MVP QHP		Total
	PMPM	Total	PMPM	Total	PMPM	Total	PMPM	Total	
Full Year Forecast									
Savings/(Losses)	(\$1.71)	(\$2,452,358)	\$18.12	\$10,608,059	Pending	Pending	\$83.52	\$7,086,459	(\$7,017,647)
Corridor Savings/(Losses)	(\$1.71)	(\$2,452,358)	\$0.62	\$365,406	Pending	Pending	\$7.34	\$414,940	(\$1,672,012)



*Corridor is prorated to reflect the limitations on savings/(loss) through the current month

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 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.

OneCare Vermont

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

Current Month Shared Savings/(Losses)

OCV Actual Monthly PMPM	\$250.12
Target PMPM	\$235.26
Savings/(Losses) PMPM	(\$14.86)

OCV Actual Total Cost	\$31,911,249
Target Total Cost	\$30,015,084
Savings/(Losses)	(\$1,896,165)

Year To Date Shared Savings/(Losses)

OCV YTD PMPM	\$239.00
Target PMPM	\$232.55
Savings/(Losses) PMPM	(\$7.17)
Corridor Limited Savings/(Losses) PMPM**	(\$6.98)

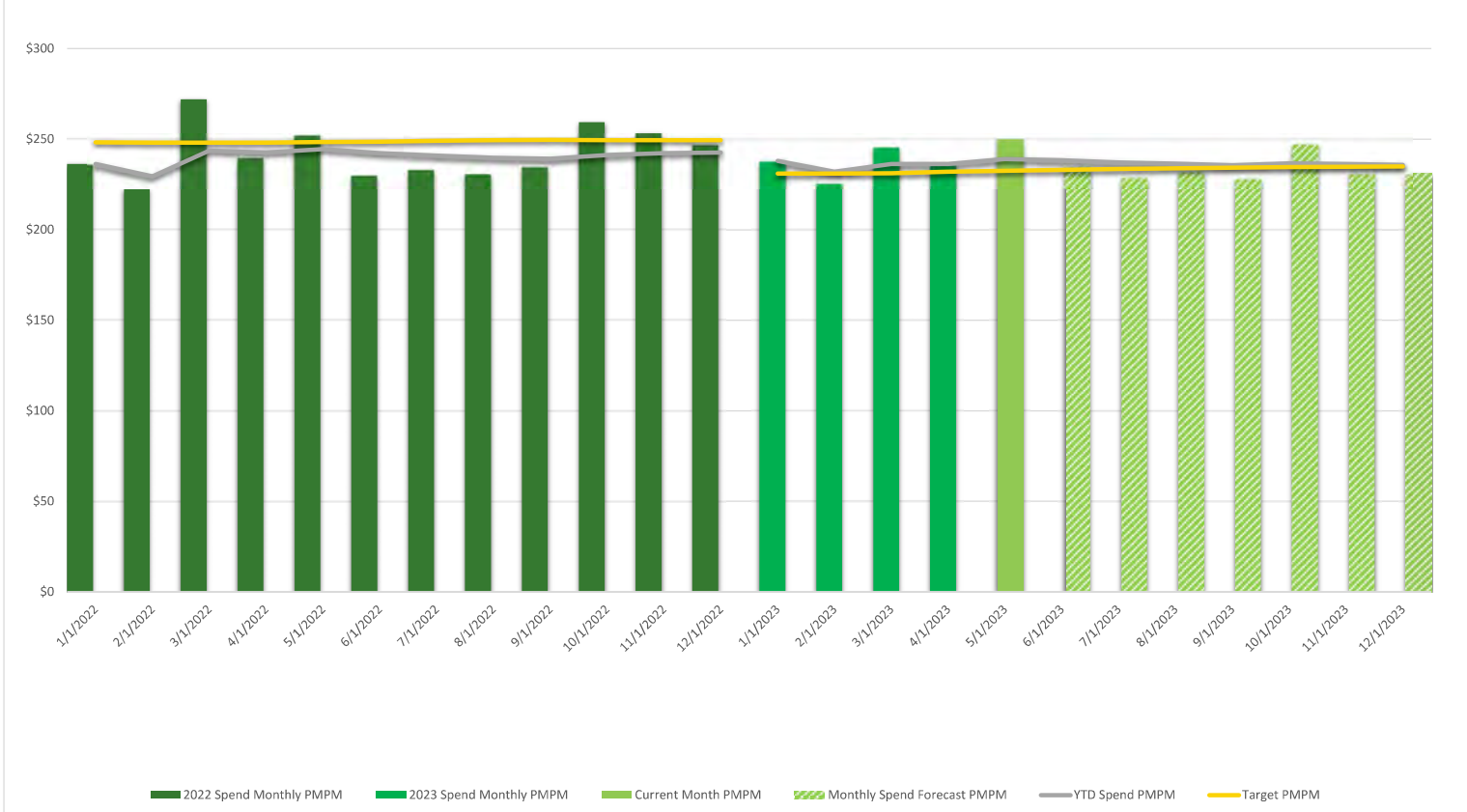
OCV YTD Total Cost	\$154,278,147
Target Total Cost	\$150,115,377
Savings/(Losses)	(\$4,628,128)
Corridor Limited Savings/(Losses)**	(\$4,503,461)

Full Year Forecast Shared Savings/(Losses)

OCV Full Year Forecast PMPM	\$235.85
Target PMPM	\$234.86
Savings/(Losses) PMPM	(\$1.71)
Corridor Limited Savings/(Losses) PMPM**	(\$1.71)

OCV Full Year Forecast Total Cost	\$338,319,435
Target Total Cost	\$336,911,503
Savings/(Losses)	(\$2,452,358)
Corridor Limited Savings/(Losses)**	(\$2,452,358)

2022-2023 Medicaid Performance History



*IBNR, COVID and Truncation included in the calculations for the TCOC

**Includes Blueprint and quality score impact

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OneCare Vermont

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

Current Month Shared Savings/(Losses)

OCV Actual Monthly PMPM	\$1,030.99
Target PMPM	\$925.28
Savings/(Losses) PMPM	(\$105.71)

OCV Actual Total Cost	\$50,506,293
Target Total Cost	\$45,327,765
Savings/(Losses)	(\$5,178,528)

Year To Date Shared Savings/(Losses)

OCV YTD PMPM	\$918.62
Target PMPM	\$925.16
Savings/(Losses) PMPM	\$6.54
Corridor Limited Savings/(Losses) PMPM**	(\$10.56)

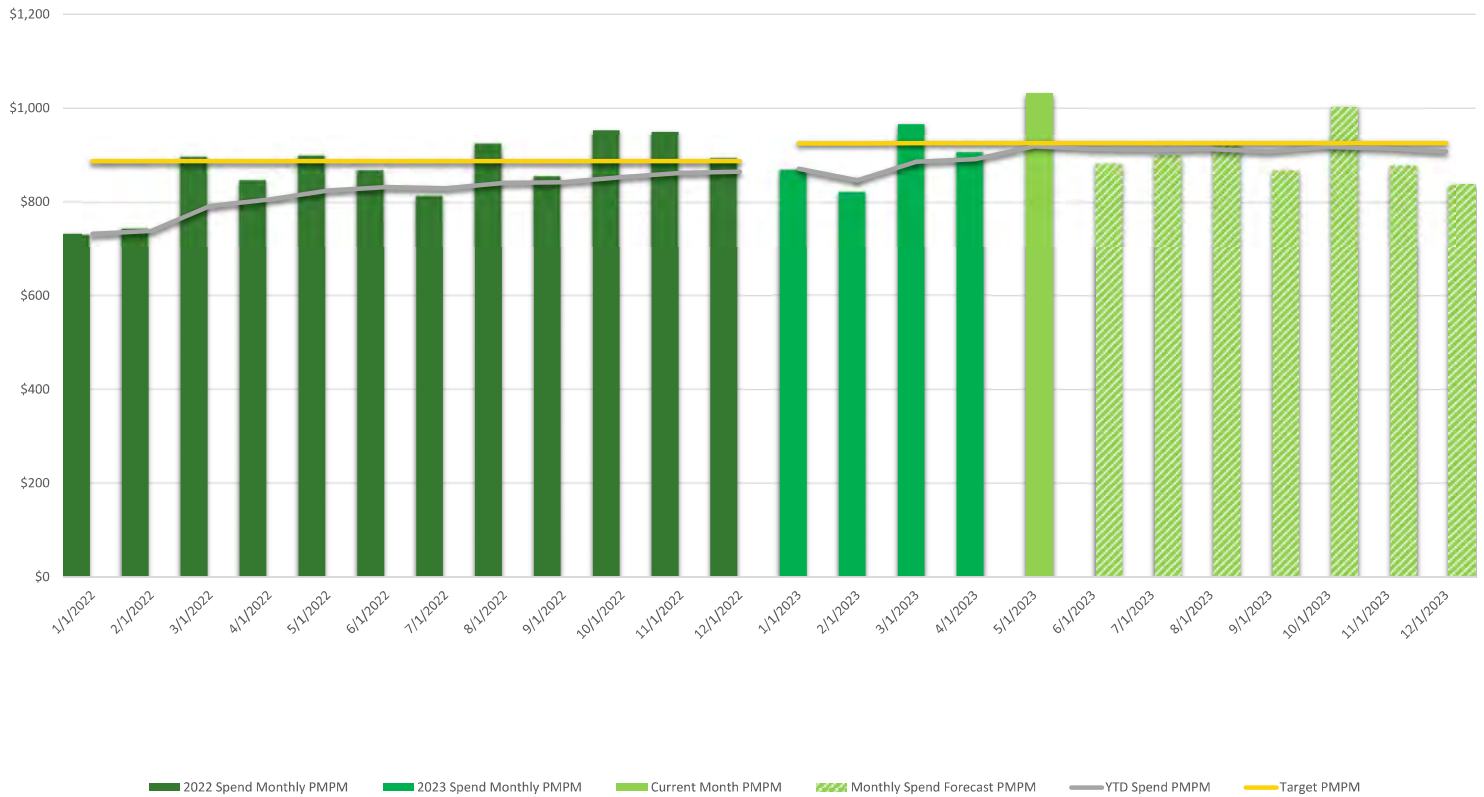
OCV YTD Total Cost	\$226,676,819
Target Total Cost	\$228,290,475
Savings/(Losses)	\$1,613,657
Corridor Limited Savings/(Losses)**	(\$2,604,891)

Full Year Forecast Shared Savings/(Losses)

OCV Full Year Forecast PMPM	\$907.23
Target PMPM	\$925.35
Savings/(Losses) PMPM	\$18.12
Corridor Limited Savings/(Losses) PMPM**	\$0.62

OCV Full Year Forecast Total Cost	\$531,000,896
Target Total Cost	\$541,608,955
Savings/(Losses)	\$10,608,059
Corridor Limited Savings/(Losses)**	\$365,406

2021-2022 Medicare Performance History



*IBNR, COVID and Truncation included in the calculations for the TCOC

**Includes Blueprint and quality score impact

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OneCare Vermont

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

Current Month Shared Savings/(Losses)

OCV Actual Monthly PMPM	\$592.41
Target PMPM	\$734.29
Savings/(Losses) PMPM	\$141.88

OCV Actual Total Cost	\$4,317,626
Target Total Cost	\$5,351,652
Savings/(Losses)	\$1,034,026

Year To Date Shared Savings/(Losses)

OCV YTD PMPM	\$663.75
Target PMPM	\$734.29
Savings/(Losses) PMPM	\$70.54
Corridor Limited Savings/(Losses) PMPM**	\$7.34

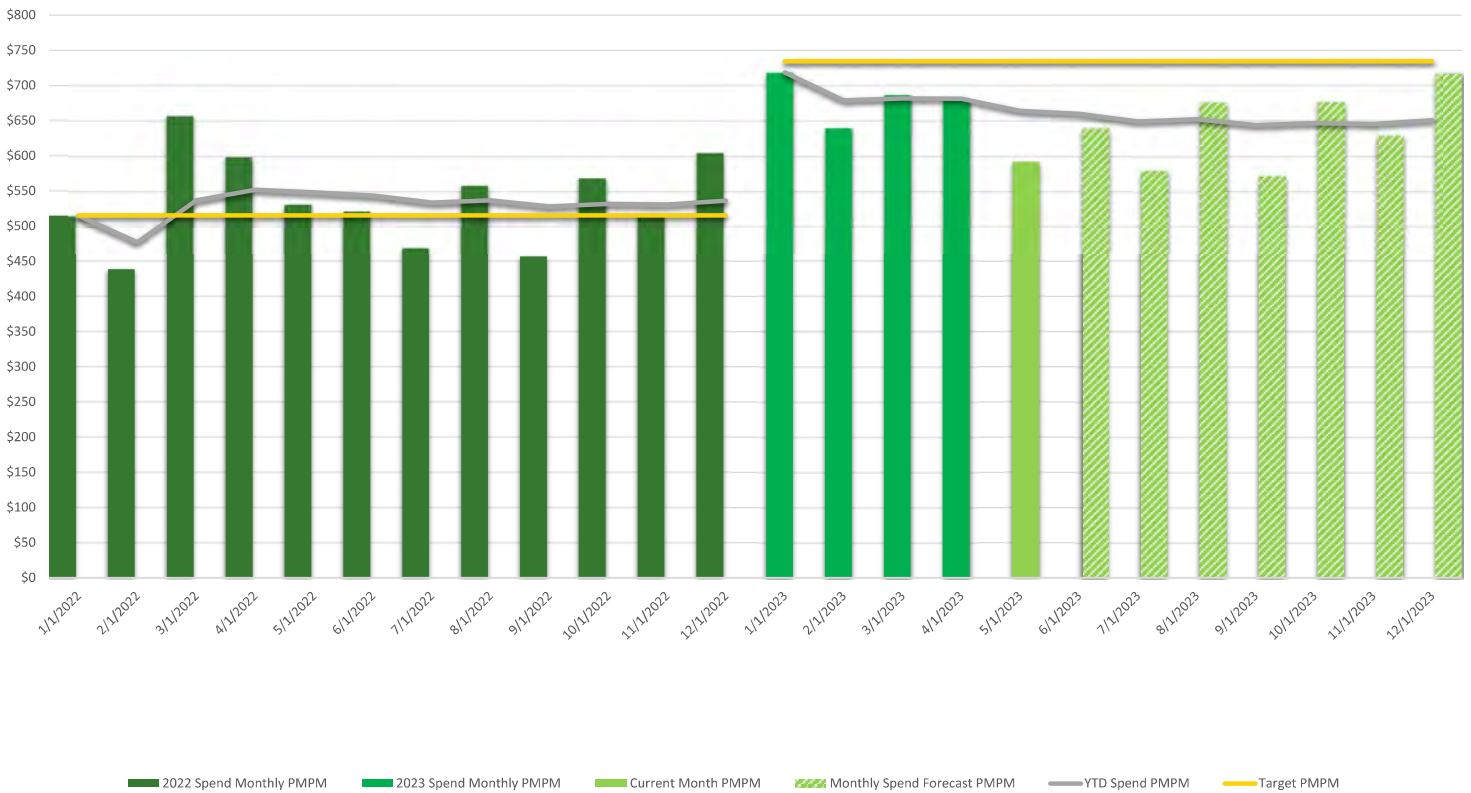
OCV YTD Total Cost	\$24,622,306
Target Total Cost	\$27,239,075
Savings/(Losses)	\$2,616,769
Corridor Limited Savings/(Losses)**	\$90,706.12

Full Year Forecast Shared Savings/(Losses)

OCV Full Year Forecast PMPM	\$650.77
Target PMPM	\$734.29
Savings/(Losses) PMPM	\$83.52
Corridor Limited Savings/(Losses) PMPM**	\$7.34

OCV Full Year Forecast Total Cost	\$55,216,830
Target Total Cost	\$62,303,289
Savings/(Losses)	\$7,086,459
Corridor Limited Savings/(Losses)**	\$414,940

2022-2023 MVP QHP Performance History



*IBNR, COVID and Truncation included in the calculations for the TCOC

**Includes Blueprint and quality score impact

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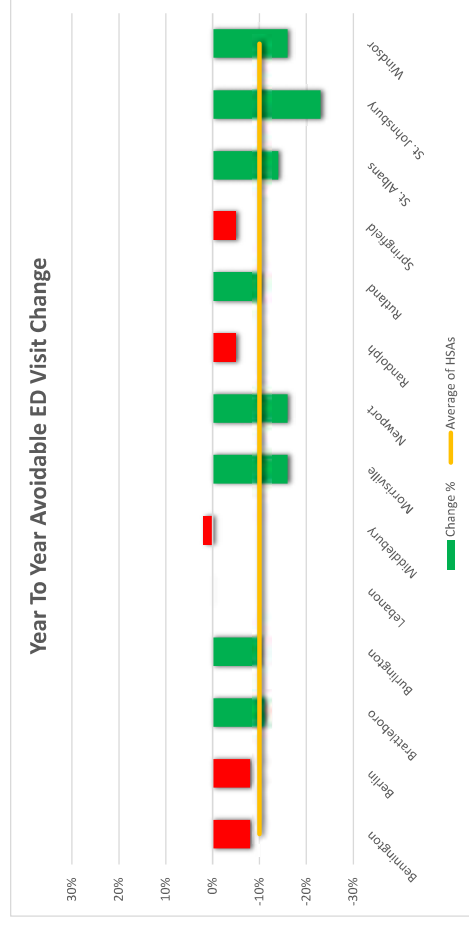
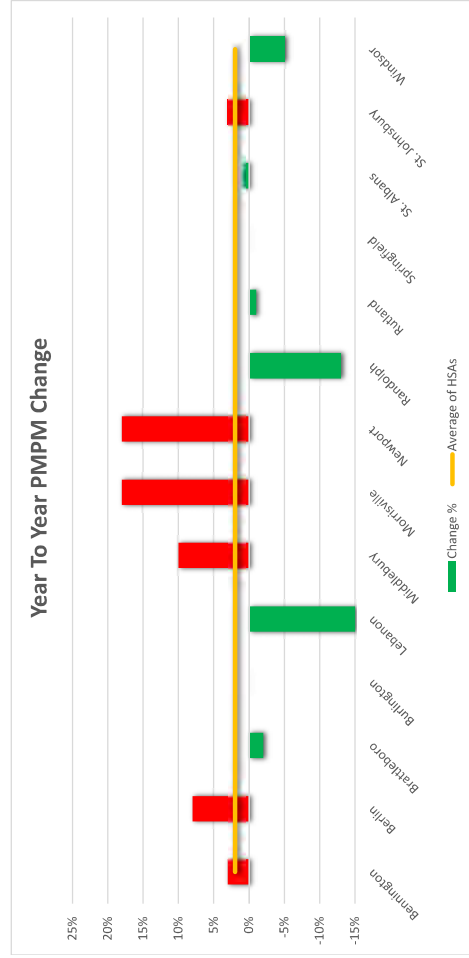
2023 Performance Incentive Pool Savings

OneCare Vermont

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

HSA	Year To Year PMPM Change				Year To Year Avoidable ED Visits PKPY Change				Combined Score		PIP Payout		
	2022	2023	Change %	Average of HSAs	PIP Earned*	2022	2023	Change %	Average of HSAs	PIP Earned		% of PIP	
Bennington	\$168.92	\$173.63	3%	2%	N	248	227	-8%	-10%	N	0	0%	\$0
Berlin	\$201.52	\$216.77	8%	2%	N	293	268	-8%	-10%	N	0	0%	\$0
Brattleboro	\$186.37	\$181.73	-2%	2%	Y	234	207	-11%	-10%	Y	2.00	13%	\$0
Burlington	\$220.42	\$220.07	0%	2%	Y	238	215	-10%	-10%	Y	2.00	13%	\$0
Lebanon	\$225.11	\$190.50	-15%	2%	Y	278	277	0%	-10%	N	1.00	6%	\$0
Middlebury	\$190.86	\$209.00	10%	2%	N	438	446	2%	-10%	N	0	0%	\$0
Morrisville	\$207.77	\$245.19	18%	2%	N	306	256	-16%	-10%	Y	1.00	6%	\$0
Newport	\$198.46	\$233.72	18%	2%	N	407	340	-16%	-10%	Y	1.00	6%	\$0
Randolph	\$239.47	\$209.38	-13%	2%	Y	316	301	-5%	-10%	N	1.00	6%	\$0
Rutland	\$253.47	\$250.29	-1%	2%	Y	312	280	-10%	-10%	Y	2.00	13%	\$0
Springfield	\$226.92	\$226.89	0%	2%	Y	373	353	-5%	-10%	N	1.00	6%	\$0
St. Albans	\$201.83	\$203.49	1%	2%	Y	347	298	-14%	-10%	Y	2.00	13%	\$0
St. Johnsbury	\$212.01	\$219.37	3%	2%	N	327	252	-23%	-10%	Y	1.00	6%	\$0
Windsor	\$205.49	\$194.54	-5%	2%	Y	343	288	-16%	-10%	Y	2.00	13%	\$0
Average of HSAs	\$209.90	\$212.47	2%			319	286	-10%		16.00	100%		\$



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2023 Performance Incentive Pool Savings

OneCare Vermont

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

HSA	Year To Year PMPM Change			Year To Year Avoidable ED Visits PKPY Change			Medicare						
	2022	2023	Change %	Average of HSAs	PIP Earned	2022	2023	Change %	Average of HSAs	PIP Earned	Combined Score PIP Earned	% of PIP	PIP Payout
Bennington	\$773.62	\$862.69	12%	8%	N	261	257	-1%	3%	Y	1.00	9%	\$0
Berlin	\$768.14	\$854.82	11%	8%	N	233	250	7%	3%	N	0	0%	\$0
Brattleboro	\$766.32	\$787.09	3%	8%	Y	210	214	2%	3%	Y	2.00	18%	\$0
Burlington	\$776.27	\$849.65	9%	8%	N	223	222	0%	3%	Y	1.00	9%	\$0
Lebanon	\$694.20	\$690.66	-1%	8%	Y	141	128	-9%	3%	Y	2.00	18%	\$0
Middlebury	\$715.93	\$763.13	7%	8%	Y	357	325	-9%	3%	Y	2.00	18%	\$0
Morrisville													
Newport													
Randolph													
Rutland	\$939.70	\$1,002.55	7%	8%	Y	282	294	4%	3%	N	1.00	9%	\$0
Springfield	\$764.36	\$806.26	5%	8%	Y	350	348	-1%	3%	Y	2.00	18%	\$0
St. Albans	\$787.69	\$864.32	10%	8%	N	235	298	26%	3%	N	0	0%	\$0
St. Johnsbury	\$815.26	\$965.37	18%	8%	N	263	289	10%	3%	N	0	0%	\$0
Windsor													
Average of HSAs	\$780.15	\$844.65	8%			256	263	3%			11.00	100%	\$



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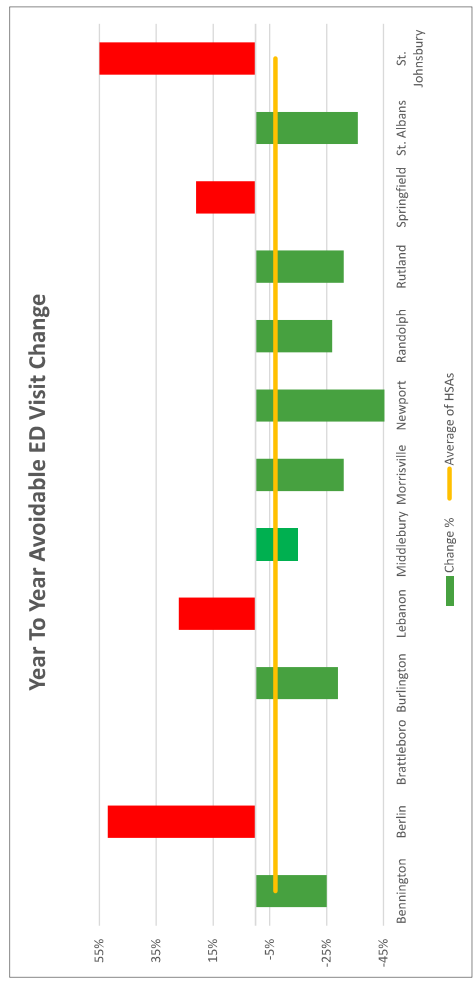
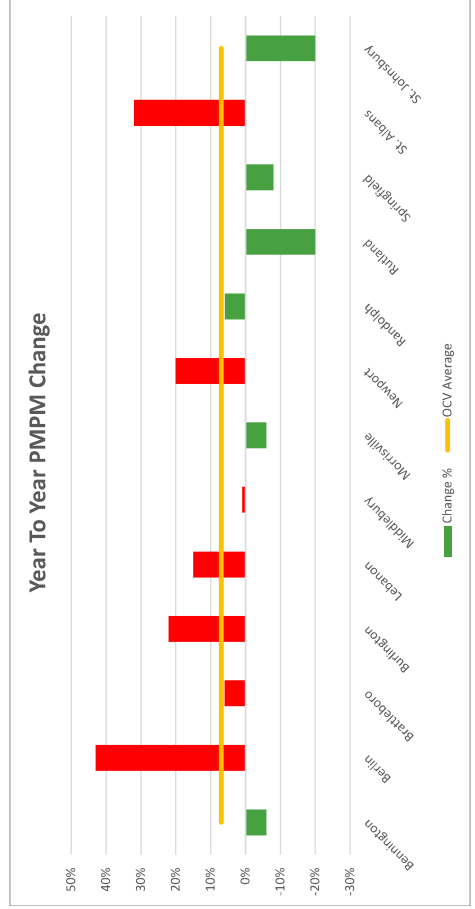
2023 Performance Incentive Pool Savings

OneCare Vermont

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

HSA	Year To Year PMPM Change				Year To Year Avoidable ED Visits Change				MVP QHP			
	2022	2023	Change %	Average of HSAs	2022	2023	Change %	Average of HSAs	PIP Earned	Combined Score PIP Earned	% of PIP	PIP Payout
Bennington	\$763.08	\$718.00	-6%	7%	\$177.64	\$133.39	-25%	-7%	Y	2.00	12%	\$1,067
Berlin	\$536.50	\$766.58	43%	7%	\$65.51	\$99.39	52%	-7%	N	0	0%	\$0
Battleboro	\$447.95	\$474.53	6%	7%	\$98.21	\$97.96	0%	-7%	Y	2.00	12%	\$1,067
Burlington	\$452.78	\$550.88	22%	7%	\$67.30	\$47.64	-29%	-7%	Y	1.00	6%	\$534
Lebanon	\$613.77	\$705.69	15%	7%	\$114.81	\$145.63	27%	-7%	N	0	0%	\$0
Middlebury	\$487.20	\$491.84	1%	7%	\$85.76	\$73.20	-15%	-7%	Y	2.00	12%	\$1,067
Morrisville	\$683.47	\$639.47	-6%	7%	\$127.60	\$88.29	-31%	-7%	Y	2.00	12%	\$1,067
Newport	\$748.41	\$901.71	20%	7%	\$197.51	\$103.35	-48%	-7%	Y	1.00	6%	\$534
Randolph	\$530.19	\$563.26	6%	7%	\$154.79	\$112.90	-27%	-7%	Y	2.00	12%	\$1,067
Rutland	\$907.44	\$722.63	-20%	7%	\$146.92	\$101.86	-31%	-7%	Y	2.00	12%	\$1,067
Springfield	\$933.08	\$858.33	-8%	7%	\$143.62	\$173.25	21%	-7%	N	1.00	6%	\$534
St. Albans	\$552.97	\$731.47	32%	7%	\$133.64	\$86.07	-36%	-7%	Y	1.00	6%	\$534
St. Johnsbury	\$522.41	\$419.52	-20%	7%	\$103.02	\$159.57	55%	-7%	N	1.00	6%	\$534
Average of HSAs	\$728.66	\$754.78	7%		\$259.88	\$246.11	-7%			\$ 17.00	100%	\$ 9,070.61



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2023 Year to Date Total Shared Savings/(Losses)

May 2023 PY Monthly Financial Performance Report

January - May 2023 PY Year To Date, May Current Month (Includes IBNR and Forecast)

		HSA_Savings/(Losses) Statement				
OneCare		Medicare	Medicaid	MVP	Self-Funded	Total
OneCare Total Savings/Losses		(\$2,604,891)	(\$4,503,461)	\$90,706	Pending	(\$7,017,647)
HSA_Level		Medicare	Medicaid	MVP	Self-Funded	Total
Bennington	Base Shared Savings/(Loss)	(\$229,718)	(\$283,740)	\$11,126	Pending	(\$502,332)
	Incentive Pool Earned	\$0	\$0	\$1,236	Pending	\$1,236
	Total	(\$229,718)	(\$283,740)	\$12,362	Pending	(\$501,096)
Berlin	Base Shared Savings/(Loss)	(\$400,624)	(\$386,680)	\$4,974	Pending	(\$782,331)
	Incentive Pool Earned	\$0	\$0	\$553	Pending	\$553
	Total	(\$400,624)	(\$386,680)	\$5,526	Pending	(\$781,778)
Brattleboro	Base Shared Savings/(Loss)	(\$123,155)	(\$180,175)	\$2,164	Pending	(\$301,165)
	Incentive Pool Earned	\$0	\$0	\$240	Pending	\$240
	Total	(\$123,155)	(\$180,175)	\$2,405	Pending	(\$300,925)
Burlington	Base Shared Savings/(Loss)	(\$824,378)	(\$1,129,976)	\$23,922	Pending	(\$1,930,433)
	Incentive Pool Earned	\$0	\$0	\$2,658	Pending	\$2,658
	Total	(\$824,378)	(\$1,129,976)	\$26,580	Pending	(\$1,927,775)
Lebanon	Base Shared Savings/(Loss)	(\$47,810)	(\$158,175)	\$3,011	Pending	(\$202,975)
	Incentive Pool Earned	\$0	\$0	\$335	Pending	\$335
	Total	(\$47,810)	(\$158,175)	\$3,345	Pending	(\$202,640)
Middlebury	Base Shared Savings/(Loss)	(\$167,894)	(\$224,308)	\$5,792	Pending	(\$386,410)
	Incentive Pool Earned	\$0	\$0	\$644	Pending	\$644
	Total	(\$167,894)	(\$224,308)	\$6,436	Pending	(\$385,766)
Morrisville	Base Shared Savings/(Loss)	\$0	(\$209,972)	\$4,105	Pending	(\$205,867)
	Incentive Pool Earned	\$0	\$0	\$456	Pending	\$456
	Total	\$0	(\$209,972)	\$4,561	Pending	(\$205,410)
Newport	Base Shared Savings/(Loss)	\$0	(\$257,592)	\$2,307	Pending	(\$255,285)
	Incentive Pool Earned	\$0	\$0	\$256	Pending	\$256
	Total	\$0	(\$257,592)	\$2,564	Pending	(\$255,029)
Randolph	Base Shared Savings/(Loss)	\$0	(\$178,621)	\$2,059	Pending	(\$176,562)
	Incentive Pool Earned	\$0	\$0	\$229	Pending	\$229
	Total	\$0	(\$178,621)	\$2,287	Pending	(\$176,333)
Rutland	Base Shared Savings/(Loss)	(\$311,068)	(\$480,396)	\$9,366	Pending	(\$782,097)
	Incentive Pool Earned	\$0	\$0	\$1,041	Pending	\$1,041
	Total	(\$311,068)	(\$480,396)	\$10,407	Pending	(\$781,057)
Springfield	Base Shared Savings/(Loss)	\$0	(\$239,185)	\$3,622	Pending	(\$235,564)
	Incentive Pool Earned	\$0	\$0	\$402	Pending	\$402
	Total	\$0	(\$239,185)	\$4,024	Pending	(\$235,161)
St. Albans	Base Shared Savings/(Loss)	(\$185,592)	(\$380,240)	\$6,467	Pending	(\$559,365)
	Incentive Pool Earned	\$0	\$0	\$719	Pending	\$719
	Total	(\$185,592)	(\$380,240)	\$7,185	Pending	(\$558,647)
St. Johnsbury	Base Shared Savings/(Loss)	(\$229,590)	(\$320,575)	\$2,721	Pending	(\$547,444)
	Incentive Pool Earned	\$0	\$0	\$302	Pending	\$302
	Total	(\$229,590)	(\$320,575)	\$3,023	Pending	(\$547,142)
Windsor	Base Shared Savings/(Loss)	(\$85,063)	(\$73,825)	\$0	Pending	(\$158,888)
	Incentive Pool Earned	\$0	\$0	\$0	Pending	\$0
	Total	(\$85,063)	(\$73,825)	\$0	Pending	(\$158,888)
Total HSA Savings/(Loss)		(\$2,604,891)	(\$4,503,461)	\$90,706	Pending	(\$7,017,647)

HSA Savings/(Losses) Statement

*For practices that deferred accountability contribution, deferral not accounted for in the numbers above.

**Does not include fixed payment recon

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In case of losses