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Board of Managers Meeting

Tuesday, 11/14/2023
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 Jessica Moschella
- 3. PUBLIC: Consent Agenda Items Presented By: Anya Rader Wallack (4:32-4:33)**
Motion and Vote to Approve Consent Agenda Items – Majority Required
 - 3a. 2023-11 Public Session Consent Agenda Cover Page - Page 3
 - 3b. 2023-09 OneCare Board Meeting Public Session Minutes - Page 4
 - 3c. 2023-10 OneCare Board of Managers Public Session Minutes - Page 9
 - 3d. 2023-10 Board Committee Reports - Page 12
 - 3e. 2023-11 Board Committee Reports - Page 13
 - 3f. 2023-11 Q3 CMO Report - Page 14
 - 3g. Summary of Policy Changes-Public Session 11-2023 - Page 18
 - 3h. 04-06 Disbursement Authority - Page 20
 - 3i. 06-19 Complaints Grievances and Appeals for Attributed Lives - Page 23
 - 3j. 07-03 Privacy - Page 26
 - 3k. 07-07 Code of Conduct - Page 30
 - 3l. 07-08 Compliance Communication Reporting and Investigation - Page 40
 - 3m. 07-09 Security - Page 45
- 4. PUBLIC: Governance Presented By: Anya Rader Wallack (4:33-4:40)**
Medicare Consumer Manager – Judy Peterson
Finance Committee - Bob Laba
Motion and Vote to Approve Resolution Appointing Manager to the Board of Managers and Member to the Finance Committee – Supermajority Required
 - 4a. Judy Peterson Bio - Page 51
 - 4b. Bob Laba Resume - Page 52
 - 4c. Resolution Appointing Manager to the Board and Member to the Finance Committee - Page 55
- 5. PUBLIC: HSA Engagement in Quality Improvement and Health Disparities Presented By: Carrie Wulfman (4:40-5:00)**
5a. HSA Engagement in Quality Improvement and Health Disparities - Page 56
- 6. PUBLIC: 2022 Program Financial Performance Review Presented By: Derek Raynes (5:00-5:10)**
6a. 2022 Program Financial Performance Review - Page 60
- 7. PUBLIC: Public Comment (5:10-5:15)**
- 14. PUBLIC: Votes Presented By: Anya Rader Wallack (6:26-6:27)**
 1. Approve Executive Session Consent Agenda Items - Supermajority Required
 2. Approve 2023 OneCare Corporate Goal Performance – Supermajority Required
 3. Approve Medicare, Medicaid, and Self-Funded Term Sheets – Supermajority Required
- 15. PUBLIC: Adjourn Presented By: Anya Rader Wallack (6:27)**
- 16. PUBLIC FYI DOCUMENTS**
 - 18a. Public Affairs Report November 2023 - Page 116
 - 18b. 2023-11 Financial Statement Package - Page 118



OneCare Vermont Accountable Care Organization, LLC Consent Agenda Cover Page

Public Session

November 14, 2023

| Agenda Item | Reason for Review and Request for Approval |
|--|---|
| a. Consent Agenda Cover Page | Reference only. |
| b. Draft OneCare Public Session Minutes September 19, 2023 c. Draft OneCare Public Session Minutes October 19, 2023 | Review and approval of prior month's minutes. |
| d. Board Committee Reports October 2023 e. Board Committee Reports November 2023 | Summary of Board subcommittee meetings from the past month. |
| f. Q3 Chief Medical Officer Report | Updates from the Chief Medical Officer. |
| g. Summary of Policy Changes h. 04-06 Disbursement Authority i. 06-19 Complaints, Grievances, and Appeals for Attributed Lives j. 07-03 Privacy k. 07-07 Code of Conduct l. 07-08 Compliance Communication, Reporting, and Investigation m. 07-09 Security | Review and approval of listed policies; a summary of changes is provided. |



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
September 19, 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 September 19, 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 4:33 p.m. She announced that the October Board Meeting will be held in-person at Central Vermont Medical Center on October 19th with discussion of the new CMMI AHEAD model featured in the public session with guest speaker, Pat Jones, Interim Director of Health Care Reform.

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 August 15, 2023; (2) Draft Public Session Minutes from August 31, 2023; and (3) Board Committee Reports September 2023.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by S. LeBlanc, seconded by M. Costa, and approved by a majority.

IV. Data Platform Transition

Greg Carlow, Network Associate Vice President of Population Health Services at the University of Vermont Health Network, and Leah Fullem, Vice President of Enterprise Information Management & Analytics at the University of Vermont Health Network provided an update on the transition to the Arcadia data platform. The platform aggregates clinical, claims, and other data sources to provide comparative analytics for evaluating OneCare’s performance measures and to identify improvement opportunities across populations.

The preliminary rollout begins this month with a small group of users and a focus on the Primary Care Report for the Medicaid population. Additional reports will be released over the next several months and user feedback will be collected. The platform is scheduled to be live for all users in January 2024.

Chair Wallack asked what will change for OneCare providers with the implementation of Arcadia. Dr. Carrie Wulfman answered that data will easily accessible and of higher quality.

Board members emphasized the importance of making the data accessible and easy to understand and including providers in the data analysis and decision-making.

V. 2022 Annual ACO Quality Performance Results

Carrie Wulfman, MD and Chief Medical Officer, and Josiah Mueller, Director of Value Based Care, discussed the ACO's annual quality results for 2022. The Medicare clinical and claims summary was reviewed and results were mostly favorable or similar to previous years. There was a drop in OneCare's benchmarked performance on the Tobacco use measure. Specifications of this measure changed this year and it is an area of opportunity. The greatest area for opportunity is in Medicare patient experience scores as the rates mostly went down. Mr. Mueller indicated OneCare has looked at three comparable ACOs and they have seen similar decreases in their patient experience scores for 2022. Board members commented on possible reasons for the decrease in scores and the areas of opportunity they see within their own organizations to improve these scores.

Medicaid results were also presented and discussed. Results were primarily positive or stayed the same as previous years for benchmark percentiles. BlueCross BlueShield had mixed results, with some positive, some neutral, and some areas of opportunity. MVP also had mixed results. Results will shared with the Green Mountain Care Board and will be posted on the OneCare website in the coming weeks.

VI. Skilled Nursing Facilities (SNF) Participation Waiver

Dr. Wulfman proposed that the Board of Managers invoke a Participation Waiver for support of clinical coverage for Skilled Nursing Facilities (SNF). The waiver would allocate a one-time payment of \$200,000 to four Skilled Nursing Facilities to increase availability of clinical care in the facilities. . These facilities were identified with the assistance of several outside organizations. With approval of the Board, \$50,000 will be provided to each of these facilities to provide support in engaging clinical services..

Two of the selected facilities, Kingdom Kare and Mayo, are not OneCare participants, but can still receive funds with the Board's approval.

Board members asked how this related to OneCare’s work. Dr. Wulfman responded that it helps communities to get patients to the appropriate care settings. Committee members inquired about planned efforts to measure outcomes and Dr. Wulfman confirmed this will take place.

A Motion to Approve the Resolution Invoking Participation Waiver for Support of Clinical Coverage for Network Skilled Nursing Facilities with an edit to remove the words “in-network” from the second line of the first paragraph of page three of the resolution was made by J. Gilwee, seconded by S. May, and was approved supermajority. C. Condon abstained.

VII. Media Updates

Amy Bodette, Director of Public Affairs, requested that the Board to read the Public Affairs Report provided in the Board materials packet. Attention was directed to recent coverage by Health Affairs, a recent interview on Vermont Viewpoint, and a blog spotlighting quality work with Green Mountain Pediatrics.

VIII. Governance

Nominations to the Board of Managers, Population Health Strategy Committee, and Patient and Family Advisory Committee were presented to the Board.

A resolution was presented to convert a consumer manager to an ad-hoc manager seat.

An opportunity to separate these motions was given.

A Motion to approve the resolution appointing Arnie Tannen and Jessica Moschella to the Board of Managers, Amanda Reid, Matthew LeFluer, and Robert Oeser to the Patient & Family Advisory Committee, and Keith Robinson to the Population Health Strategy Committee, and converting a consumer manager to ad-hoc manager was made by T. Fama, seconded by J. Gilwee, and approved by a supermajority.

IX. Public Comment

There was no public comment.

X. Move to Executive Session

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

XI. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by supermajority**
2. Approve the PY24 Budget – **Approved by supermajority**
3. Approve the Resolution Authorizing Legal Action – **Approved by supermajority**

XII. Adjournment

Upon a Motion, a second, and approval by a unanimous vote, the meeting adjourned at 6:33 p.m.

Attendance:

OneCare Board Managers

Present:

| | | |
|---------------|--------------------|-----------------|
| Stuart May | Bob Bick | Toby Sadkin, MD |
| Michael Costa | Sandy Rousse | Sierra Lowell |
| John Sayles | Adriane Trout, MD | Teresa Fama, MD |
| Steve LeBlanc | Jen Gilwee, MD | Judi Fox |
| Coleen Condon | Anya Rader Wallack | |

Absent:

| | | |
|-------------|---------------|---------|
| Dan Bennett | Shawn Tester | Tom Dee |
| Tom Huebner | Leslie Ferrer | |

B. Bick joined the meeting at 4:37 p.m.

S. Lowell joined the meeting at 4:43 p.m.

S. Rousse joined the meeting at 5:32 p.m.

OneCare Risk Strategy Committee

Absent:

| | | |
|-------------------|--|--|
| Steve Leffler, MD | | |
|-------------------|--|--|

OneCare Leadership and Staff

Present:

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

| | | |
|----------------|--|--|
| Carrie Wulfman | | |
|----------------|--|--|



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
October 19, 2023
Public Session Minutes

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held in-person at Central Vermont Medical Center on October 19, 2023.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 3:05 p.m. She thanked board managers for making the effort to come to the in-person meeting. Chair Wallack recognized commercial consumer manager John Sayles for his nine years of service to the board and thanked him for his many insights and contributions.

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. Due to an unanticipated personal development, Chair Wallack announced that Arnie Tannen will no longer be joining the board as the Medicare consumer manager. Management will gather a slate of candidates for the board to consider at an upcoming meeting.

Chair Wallack thanked the board for their participation in the accessibility survey. There was a great response, and management is reviewing the input to consider ways to support a more inclusive board experience for all. Chair Wallack provided some DEI tips to help all board managers feel included and support OneCare’s mission. OneCare’s management will be asking board managers to fill out a survey with bio information to help managers get to know each other. Kellie Hinton will be sending out information about this soon.

III. Board Open Space

Chair Wallack asked each manager to answer the question “how did you get into healthcare?” Board managers took turns providing their answers.

IV. Discussion of the AHEAD Model

Pat Jones, Interim Director of Health Care Reform for the State of Vermont discussed the history of healthcare reform in Vermont and what is currently known about the AHEAD Model.

The AHEAD (states advancing all-payer health equity approaches and development) model was announced by the Centers for Medicare and Medicaid Innovation (CMMI) in September 2023. It is intended to be a multi-state with implementation to begin in January 2026. Its overarching goals are improvement in population health, advancements in health equity, and reduction in the cost growth. The components of the model include paying participating hospitals through a global budget, primary care changes, and cooperative agreement funding.

The three participants in the model are states, hospitals, and primary care providers. While the current model depends on an ACO, the role of an ACO in the AHEAD model is not clear. Board managers asked whether hospitals need to show interest for the State to be involved in the AHEAD model. Director Jones said that hospital interest is not needed for the application, but the State would need to show its plan for implementing the model, including participant recruitment.

Board managers asked if payments would still be based on attributed lives, which Director Jones stated it would not be. It would be based on the revenue the hospitals bring in, not attributed lives.

Board managers asked about aligning incentives across providers, which Director Jones said would be accomplished through shared interest measures showing if there is care coordination across the continuum of care.

They also asked about regulation of the new model and the role of the Green Mountain Care Board or. Director Jones stated that this is yet to be determined.

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 D. Bennet, seconded by J. Sayles, and was approved by a unanimous vote.

VII. Adjournment

Upon a Motion by J. Gilwee, a second by S. May, and approval by a unanimous vote, the meeting adjourned at 5:00 p.m.

Attendance:

OneCare Board Managers

Present:

| | | |
|---------------|-------------------|--------------------|
| Stuart May | Leslie Ferrer | Anya Rader Wallack |
| Michael Costa | Sandy Rouse | Sierra Lowell |
| John Sayles | Adriane Trout, MD | Teresa Fama, MD |
| Dan Bennett | Jen Gilwee, MD | Judi Fox |
| Tom Huebner | | |

Absent:

| | | |
|-------------------|---------------|-----------------|
| Shawn Tester | Bob Bick | Coleen Condon |
| Tom Dee | Steve LeBlanc | Toby Sadkin, MD |
| Jessica Moschella | | |

OneCare Risk Strategy Committee

Absent:

| | | |
|-------------------|--|--|
| Steve Leffler, MD | | |
|-------------------|--|--|

OneCare Leadership and Staff

Present:

| | | |
|--------------|--------------|----------------|
| Abe Berman | Amy Bodette | Kellie Hinton |
| Sara Barry | Aaron Perry | Carrie Wulfman |
| Greg Daniels | Lucie Garand | Tom Borys |



OneCare Board of Managers Committee Reports

October 2023

Executive Committee (meets monthly)

The Executive Committee met without management to discuss CEO executive compensation. The committee is next scheduled to meet on November 2, 2023.

Finance Committee (meets monthly)

At its October 11th meeting, the committee received updates on the Green Mountain Care Board budget submission and the AHEAD program. They discussed the 2022 Medicaid settlement, 2022 and 2023 Medicaid performance drivers, and the BlueCross BlueShield fixed payment reconciliation. They also discussed the line of credit and were presented the completed form 990. The committee is scheduled to meet next on November 8, 2023.

Population Health Strategy Committee (meets monthly)

At its October 9th meeting, the committee was presented with an update on the Equity and Access Workgroup. They received the new value-based care guidance document and the annual quality results. The committee discussed the updated benchmarking report, evaluation report, and the mental health screening initiative. The committee is next scheduled to meet on November 13th, 2023.

Patient & Family Advisory Committee (meets monthly)

At its September 26th meeting, the committee heard updates pertaining to the Board of Managers, Public Affairs, and the Care Coordination Workgroup. Vicki Mascareno Nelson the Coordinator of the Patient and Family-Centered Care Program with the University of Vermont Health Network provided a Family Advisory Training to our members. The committee is next scheduled to meet on October 31, 2023.

Audit Committee (meets quarterly)

The Audit Committee met on June 30th. The committee is next scheduled to meet on October 30, 2023.



OneCare Board of Managers Committee Reports

November 2023

Executive Committee (meets monthly)

The Executive Committee discussed the appointment of a new Medicare consumer rep and a new finance committee member. Managers reviewed and discussed corporate goal performance for 2023 and discussed draft 2024 corporate goals. They received a compliance update and briefly discussed the Green Mountain Care Board budget hearing on November 8th. The committee is next scheduled to meet on December 7, 2023.

Finance Committee (meets monthly)

At its November 8th meeting, the committee reviewed the Q3 financial statements and received an update on the PY23 settlement. The committee reviewed the payer term sheets for 2024. They also discussed preliminary total cost of care target analysis and reviewed policy change to the participation fees and disbursement authority policies. Finally, the committee received an update on the 2022 MVP settlement and the Green Mountain Care Board budget hearing. The committee is scheduled to meet next on December 13, 2023.

Population Health Strategy Committee (meets monthly)

At its November 13th meeting, the committee discussed the statewide social determinants of health screening alignment work underway. They received updates on the Quality Improvement and Prevention Workgroup and Living Fully Supported Workgroup. The committee discussed the social determinants of health data and the mental health screening initiative. The committee is next scheduled to meet on December 11th, 2023.

Patient & Family Advisory Committee (meets monthly)

At its October 31st meeting, the committee heard updates pertaining to the Board of Managers, Public Affairs, and the Care Coordination Workgroup. The bulk of the meeting covered an update on the OneCare 2024 Budget and wrapped up with a presentation and discussion of the Brattleboro Retreat Emergency Department Transport Waiver. The committee is next scheduled to meet on November 28, 2023.

Audit Committee (meets quarterly)

The Audit Committee canceled their meeting on October 30th. They conducted electronic votes related to relevant policies and received materials via Directors Desk to review and discuss at the next meeting. The committee is next scheduled to meet on March 4, 2024.



OneCare Vermont



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

Q3 2023

Convening on Social Determinants of Health Screening Alignment

On Friday, October 27th, I convened a wide range of partners to launch a discussion on the topic of “Social Determinants of Health (SDoH) Screening Alignment for Vermont: Uncovering and Addressing Health Disparities.” Many different screening tools are utilized in health care and community-based social services settings, some electronic and some paper, some screening in many areas of social need and other screening in just a few areas. Most are using some version or portion of the CMS Accountable Health Communities Health-Related Social Needs (HRSN) screening tool.

I invited a diverse group together—primary care doctors, our partners at Blueprint for Health, the Vermont Agency of Digital Services, Department of Vermont Health Access, UVM Health Network’s Population Health Services Office, Age Well, SASH, VNAs of Vermont, Vermont Medical Society, VT RETAIN, MVP, and BlueCross BlueShield of Vermont and others—to explore an opportunity for streamlining our screening tools.

Over the course of the meeting, we heard from most of the participants about their interest in working on this topic, as well as an overview of the screening tools they use. There was energy around a streamlined screening tool, as well as a discussion about various regulatory requirements that need to be considered. Furthermore, we discussed not reinventing the wheel and learning from other states where possible. The Mayo Clinic, for example, has done some work in this space that could inform our process. However, we also acknowledged the challenge of a fractured screening process across health care and community-based social service settings throughout the nation. Therefore, the group sees an opportunity to lead the way and potentially publish academic research on what we learn and are able to accomplish.

Next steps will be to convene again (at least four times total), with hopes to expand representation including to the Vermont Department of Health who were unable to attend this last meeting. We will also invite representation from our Patient and Family Advisory Council. In the meantime, we will compile all the various SDoH screening tools and regulatory requirements from each organization. The Vermont Agency of Digital Services will do a crosswalk analysis of all the screening tools for our review and to begin exploring what sort of consolidating and streamlining is possible.

In addition to streamlining screenings, I proposed that the group explore selecting one measure to focus on over a one-year period to see if we can move the needle as a state, offering up hypertension as a potential focus. We will pick up with this proposal at future convenings.

Presentation at Health Equity Summit

Dr. Alicia Jacobs, Physician Leader for OneCare, and Abe Berman, Interim CEO, presented at the 2023 UVM Health Equity Summit on Monday, October 30. They gave an overview of the ACO's unifying force for providers in the state and highlighted how OneCare is using data to help inform how we provide and pay for equitable health care in Vermont. This presentation featured data on access to care for underrepresented minorities (URMs), challenges in identifying rural deprivation areas (high in social inequities) and showcased two proposed population health strategies that OneCare will use to increase equitable access to care.

The two strategies for advancing health equity that Dr. Jacobs presented were defined by OneCare's Health Equity and Access workgroup which provides a space for collaborating providers in clinical medicine and the community to co-create meaningful strategies to advance the health of all Vermonters. The two approaches to advancing health equity identified by the group were:

1. To explore and design innovative community library-based points of access to technology, healthcare, and medical information.
2. To increase rates of referral to specialists for traditionally underrepresented minorities in certain target chronic medical conditions. This strategy is aimed at improving management of chronic conditions to decrease emergency department utilization.

The presentation at the Health Equity Summit covered challenges in identifying rural deprivation areas (high in social inequities) because traditional models of zip code medicine are particularly challenging to apply in rural states. However, Dr. Jacobs highlighted that population health tools like the area deprivation index (ADI) have the potential to better characterize areas of social need and drive alternative models of care for rural communities.

Dr. Jacobs demonstrated how OneCare allows providers to use claims data to look at the full scope of care their patients receive, even outside of the UVM Health Network. The data was broken down by race and ethnicity for Medicaid and Medicare beneficiaries, but she noted that

other insurance providers do not gather race and ethnicity data from their beneficiaries. In particular, disparities in breast cancer screenings, ED visits, and referrals to specialists were highlighted as opportunities for improvement among specific racial and ethnic groups.

The presentation was well received, including feedback that the presentation helped clarify the unique role OneCare plays in the health care landscape. As Vermont's sole accountable care organization, OneCare Vermont is uniquely positioned to synthesize and disseminate data across all hospitals, driving advancements in health care reform and population health improvements.

As I presented at the Green Mountain Care Board budget presentation on November 8, health equity is a priority for OneCare.

- Equity and access are integral to all population health efforts and initiatives at OneCare.
- HSA consultations include HSA-specific disparities data.
- Assessing health equity is a requirement in provider accountabilities.
- For 2024, our new data platform will improve data integrity and scope in this area.



Image credit: Neuroflow

CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Health Service Area Fall Rounding

Health Service Area (HSA) Executive Consultations were successfully shared at OneCare Vermont's thirteen HSAs during our fall biannual rounding. The sessions were supported by the OneCare Value-Based Care (VBC) team and well-attended by leaders from across the care continuum per HSA. Over 140 participants were represented from primary care, hospitals, designated agencies for mental health, area agencies on aging, home health and hospice agencies, Blueprint for Health, state healthcare entities, and others. Roles present included administrative, clinical, and quality. The ACO network of participants received clinical quality and financial performance updates and information on 2024 Population Health Model goals—and were encouraged to engage in conversation about the results.

The local population health teams' quality improvement and care coordination projects were showcased by our VBC Team in order to highlight areas of progress. A short survey taken by 46% of the 140 participants indicated that 95% overall found these consultations insightful. The feedback received will be assimilated into our 2024 HSA Executive Consultations. The OneCare VBC team deserves praise for this well-organized fall rounding, and for driving implementation of the 2023 PHM.

Thank you for your support and dedicated work.

Carrie Wulfman, MD
Chief Medical Officer, OneCare Vermont
carrie.wulfman@onecarevt.org
802-989-3161



Board of Managers Summary of Policy Changes

Public Session

November 2023

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

- **04-06 Disbursement Authority**
 - **Purpose:** To specify the Approval Authority for OneCare financial transactions and disbursements
 - **Key Changes:** This policy was updated to remove references to accounts payable processed outside of Mediclick.
 - **Committee Endorsement:** Finance Committee (11/8/23)
- **06-19 Complaints, Grievances, and Appeals for Attributed Lives**
 - **Purpose:** To provide Attributed Lives with a process for addressing Complaints, Grievances and Appeals with OneCare.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** Audit Committee (10/30/23) and Compliance Committee (11/9/23)
- **07-03 Privacy**
 - **Purpose:** To outline OneCare's privacy compliance program, providing guidelines for maintaining the privacy of protected health information ("PHI") received, maintained, used, or disclosed by OneCare.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** Audit Committee (10/30/23) and Compliance Committee (11/9/23)
- **07-07 Code of Conduct**
 - **Purpose:** To set forth its commitment that all persons employed by and entities engaged in business with OneCare will strive to act in a manner that promotes OneCare's mission, is consistent with OneCare's values, and complies with all applicable laws, regulations, policies, regulatory, and ethical standards, as outlined in this Policy.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** Audit Committee (10/30/23) and Compliance Committee (11/9/23)

- **07-08 Compliance Communication, Reporting, and Investigation**
 - **Purpose:** To set forth OneCare’s expectations of its Workforce, Officers, Board of Managers, Committees, and members of the OneCare ACO Network, as well as any individual or entity conducting business with or on behalf of OneCare, to communicate questions and report potential or actual violations of OneCare’s Compliance Program, this policy, and any and all Applicable Laws.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** Audit Committee (10/30/23) and Compliance Committee (11/9/23)

- **07-09 Security**
 - **Purpose:** To outline OneCare’s security compliance program, providing guidelines for maintaining the security of electronic protected health information (“ePHI”) received, maintained, used, or transmitted by OneCare.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** Audit Committee (10/30/23) and Compliance Committee (11/9/23)

| | |
|--------------------------------------|------------------------------------|
| Policy Number & Title: | 04-06 Disbursement Authority |
| Responsible Department: | Finance |
| Author: | Tom Borys, Chief Financial Officer |
| Original Implementation Date: | September 18, 2018 |
| Board Approval Date: | November 14, 2023 |
| Revision Effective Date: | January 1, 2023 |

- I. **Purpose:** To specify the Approval Authority for OneCare Vermont (“OneCare”) financial transactions and disbursements.
- II. **Scope:** This policy applies to all financial transactions and disbursements, including but not limited to ACH transfers, wire transfers, manual checks and web-based disbursements. This policy applies to the OneCare Workforce. In the event that transactions are paid by UVMHN on OneCare’s behalf, UVMHN’s disbursement authority policy (UVMHN-FINCE2) applies.
- 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:

Approval Authority refers to an individual’s authority to approve financial transactions for disbursement on behalf of OneCare.

Supervisors refers to individuals with Supervisor job titles for OneCare, including all leaders directly reporting to a Manager with clear authority of supervision (e.g., Assistant Managers).

Managers refers to individuals with Manager job titles for OneCare, including all leaders directly reporting to a Director (e.g., Assistant Directors or Associate Directors).

Directors refers to individuals with Director job titles for OneCare, including all leaders directly reporting to a Vice President (e.g., Senior Directors).

Vice Presidents refers to individuals with Vice President job titles for OneCare.

Senior Vice Presidents refers to individuals with Senior Vice President job titles for OneCare.

Chief Executive Officer refers to the CEO for OneCare.

IV. Policy:

Sound fiscal policy requires that only those individuals with the appropriate level of responsibility and accountability be vested with Approval Authority. This policy is intended to ensure compliance with state and federal regulations, provide effective financial management and create a flow of information that supports analysis, forecasting and planning.

As specified in the tables, below, an individual’s Approval Authority is defined by: (1) whether the transaction is an expense approved by the Board of Managers (“BOM”) in the budget; (2) whether the expense is an operating expense or a population health management expense; (3) the individual’s OneCare position/title; and (4) the total aggregate value of the financial transaction.

Approval Authority for Budgeted Operating Expenses: OneCare creates an operating budget for each fiscal year that is approved by the Board of Managers. Levels of authority for **BOM-approved budgeted operating expenses** are as follows:

| OneCare Position/Title | Total Aggregate Value of the Transaction |
|--|--|
| Supervisors | Up to \$10,000 |
| Managers | Up to \$25,000 |
| Directors | Up to \$500,000 |
| Vice President / Sr. Vice President | Up to \$1,000,000 |
| 2 Vice Presidents or Chief Executive Officer | Over \$1,000,000 |

Approval Authority for Budgeted Population Health Management Expenses: Levels of authority for BOM-approved **budgeted population health management expenses** are as follows:

| OneCare Position/Title | Total Aggregate Value of the Transaction |
|--|--|
| Supervisors | Up to \$10,000 |
| Managers | Up to \$25,000 |
| Directors | Up to \$500,000 |
| Vice President/Sr. Vice President | Up to \$1,000,000 |
| 2 Vice Presidents or Chief Executive Officer | Over \$1,000,000 |

Approval Authority for Unbudgeted Expenses: Should operational needs require the disbursement of any type of **unbudgeted** expense, the following levels of authority apply:

| OneCare Position/Title | Total Aggregate Value of the Transaction |
|---|---|
| Supervisors, Managers, Directors | NO Approval Authority for unbudgeted expenses |
| Vice President, Sr. Vice President, CEO | Up to \$100,000 |
| Supermajority Vote of the Board of Managers | Over \$100,000 |

An individual's approval of a financial transaction for disbursement requires the necessary Approval Authority created solely by this policy. Approval of a financial transaction for disbursement requires an expression of approval as indicated by way of the individual's signature, which may be in writing or electronic, expressly attesting to the appropriateness of the financial transaction and disbursement within the limitations set forth by this policy, OneCare's program objectives, and any applicable budgetary authorizations.

All financial transactions and disbursements approved under the terms of this policy require an executed contract, but for those specifically identified as exceptions under OneCare's 05-01 Contract Management Policy.

In all instances, Approval Authority extends to only those cost centers for which an individual is currently authorized to provide their signature, as evidenced by the current Designated Signer Authorization Form on file.

- V. Review Process:** This policy will be monitored regularly for any changes required by changes in federal or state laws or regulations or other factors that may impact this policy.

VI. References:

- OneCare's Policy and Procedure Glossary
- Designated Signer Authorization Form
- Current Amended and Restated Operating Agreement of OneCare Vermont Accountable Care Organization, LLC

VII. Related Policies/Procedures:

- 05-01 Contract Management Policy
- 04-19 Population Health Model and Payments Policy
- UVMHC-FINCE2 Signature Authority & Delegation of Approval Policy

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

Management Approval:

Chief Financial Officer

Date

Chief Operating Officer

Date

| | |
|--------------------------------------|--|
| Policy Number & Title: | 06-19 Complaints, Grievances, and Appeals for Attributed Lives |
| Responsible Department: | Operations |
| Author: | Joan Zipko, Director, ACO Planning and Operations |
| Original Implementation Date: | January 1, 2018 |
| Board Approval Date: | November 14, 2023 |
| Revision Effective Date: | November 14, 2023 |

- I. **Purpose:** To provide Attributed Lives with a process for addressing Complaints, Grievances and Appeals with OneCare. Processes not within OneCare’s authority to resolve, such as Appeals, will be referred to the relevant Payer process, as described in this Policy, and in accordance with applicable laws, regulations, and Payer Program Agreement terms.
- II. **Scope:** Applicable to members of OneCare’s Workforce, Members of the Board of Managers and Board Committees, Providers, and other members of OneCare’s Network.
- III. **Definitions:** Capitalized terms have the same definition as set forth in OneCare’s *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Adverse Benefit Determination refers to a determination by a Commercial Payer regarding benefits afforded to an Attributed Individual under a commercial health plan, or a determination by DVHA regarding matters defined by 42 CFR § 438.400(b) under the VMNG Program.

Appeal refers to review of an Adverse Benefit Determination. Such reviews remain with the relevant Payer and are subject to the Grievance and Appeal Process of that Payer.

Clinical Decision-Making refers to the process engaged in by licensed clinicians—such as physicians, physician assistants, nurses, and physical therapists, among others—involving the judicious use of evidence, and taking into account both the expertise of the clinician and the needs and wishes of the individual patient, to make and implement decisions regarding the patient’s care. A decision made by a Payer that impacts this process, such as denying authorization for certain treatments, procedures, or courses of care, is considered an Adverse Benefit Determination rather than a part of the clinical decision-making process.

Grievance refers to an Attributed Individual(s)’s expression of dissatisfaction about actions taken by OneCare or its Providers that relate to Attributed Lives such as dissatisfaction with an ACO Program, an ACO Program policy, or a Provider affiliated with a Payer, which may include the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Attributed Individual’s “Member Rights”, as that term is defined in this Policy, regardless of whether remedial action is requested. Grievances related to clinical decision-making or an Adverse Benefit Determination are resolved with the Payer(s).

Grievance and Appeal Process refers to the process by which a Payer addresses Appeals of Adverse Benefit Determinations and Grievances.

Member Rights refers to rights afforded to Attributed Lives by GMCB Rule 5.000, the relevant ACO Program Agreement—including those set forth in the VMNG Program Agreement—and by any applicable federal and state laws, rules, and regulations.

VMNG Program refers to the Vermont Medicaid Next Generation Accountable Care Organization ACO Program administered by OneCare and services by its ACO Network Providers.

- IV. Policy:** OneCare shall maintain a process for Attributed Lives to bring and resolve Complaints and Grievances, and to refer Appeals of Adverse Benefit Determinations, as well as certain Grievances, to the Grievance and Appeal Process of the relevant Payer(s).

OneCare will ensure Attributed Lives are provided with copies of Medical Records and other relevant documents necessary to participate in this process, and will fully cooperate in the Grievance and Appeal Processes of Payers. At all times during this process, OneCare will work with Attributed Lives, their families and representatives to resolve Complaints and Grievances.

- A. Complaints:** An Attributed Individual may make a Complaint at any time. If the Complaint cannot be resolved informally, OneCare will assist the individual with submitting a Grievance, including completion of forms and other relevant steps associated with this process.
- B. Grievances:** An Attributed Individual may also present a Grievance orally or in writing at any time. An initial effort to resolve a Grievance informally is not required. OneCare will provide reasonable assistance with completing forms and taking other procedural steps related to the process, as well as with providing auxiliary aids and services, such as interpreter services, upon request.

Upon receiving a Grievance, OneCare will appoint appropriate representatives to consider the Grievance pursuant to the requirements of 42 CFR §438.406 and will provide the Attributed Individual with notice of its determination within 14 days in a manner and format that may be easily understood and is readily accessible. The 14-day timeframe may be extended due to the complexity of the review, in which case the Attributed Individual will be notified of the delay and provided a response within a reasonable timeframe not to exceed 90 days.

If an individual attributed to the VMNG Program is unsatisfied with OneCare's determination concerning a Grievance, OneCare will offer them the opportunity to escalate the Grievance to DVHA's Grievance and Appeal Process, and will provide them with contact information for the Office of the Health Care Advocate.

- C. Appeals:** OneCare will refer Appeals presented by individuals attributed by Medicare and Commercial Payers to the relevant Payer's Grievance and Appeal Process. Similarly, OneCare will refer Appeals presented by individuals attributed to the VMNG Program to DVHA's Grievance and Appeal Process, while serving as the first line of intake, and will further advise them of their right to escalate the matter to the State Fair Hearing process in accordance with 42 CFR § 438.408.
- D. Evidence and Testimony:** OneCare will provide the Attributed Individual with a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments.

OneCare will inform individuals attributed to the VMNG Program of the limited time available sufficiently in advance of the resolution timeframe for Appeals as specified in § 438.408(b) and (c) in the case of expedited resolution, respectively 30 days or 72 hours.

- E. Medical Records, Documents, and Other Records:** OneCare will ensure the Attributed Individual, and their representative(s), are provided with any records necessary to the process if requested, including: medical records, other relevant documents or records, and any new or additional evidence considered, relied upon, or generated by OneCare - or at OneCare's direction - in connection with this process. OneCare will ensure this information is provided free of charge and sufficiently in advance of the resolution timeframe for Grievances or Appeals, as specified in § 438.408(b) and (c).

F. Notification: OneCare will provide notice regarding disposition of a Grievance in the following manner:

- a. Attributed Individual: OneCare will provide notice to the Attributed Individual as expeditiously as their Attributed Individual's health condition requires, and within State-established timeframes that may not exceed the timeframes specified in 42 CFR § 438.408(b) and (c).
- b. Payers: OneCare will provide notice to the relevant Payer at the same time it provides notice to the Attributed Individual.
- c. Office of the Health Care Advocate: No less than twice per year, or as directed by the Green Mountain Care Board ("GMCB"), OneCare will provide aggregated reports of Complaints and Grievances to the Office of the Health Care Advocate. OneCare will provide the information in de-identified form in accordance with 45 CFR § 164.514.
- d. Green Mountain Care Board: As directed, but no less than twice per year, OneCare will provide aggregated reports of Complaints and Grievances to the GMCB. OneCare will provide this information in de-identified form in accordance with 45 CFR § 164.514.

G. Maintenance of Records: OneCare will maintain accurate records of Complaints, Grievances, and Appeals in accordance with GMCB Rule 5.208 and OneCare's policy entitled *06-01 Record Retention*.

V. Review Process: This policy will be reviewed annually and in accordance with the terms of OneCare's ACO Program agreements with Payers, and with federal and state law and regulations.

VI. References:

- OneCare ACO Program agreements with Payers
- GMCB Rules 5.000, 5.208, 5.501, and 5.503
- 42 CFR §438.400
- 42 CFR §438.406
- 42 CFR §438.408
- 45 CFR §164.514
- HIPAA Privacy and Security Rules

VII. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 005-44 OneCare Inquiries, Complaints, Grievances and Appeals Procedure

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

Management Approval:

Director, ACO Planning and Operations

Date

Chief Operating Officer

Date

| | |
|--------------------------------------|---|
| Policy Number & Title: | 07-03 Privacy |
| Responsible Department/s: | Compliance |
| Author: | Gregory Daniels, Chief Compliance and Privacy Officer |
| Original Implementation Date: | September 23, 2013 |
| Board Approval Date: | November 14, 2023 |
| Revision Effective Date: | November 14, 2023 |

I. Purpose

The Privacy Policy ("Policy") outlines OneCare's privacy compliance program, providing guidelines for maintaining the privacy of protected health information ("PHI") received, maintained, used, or disclosed by OneCare. As a Business Associate of the members of its ACO Network, OneCare shall maintain the confidentiality and integrity of all PHI entrusted to it in compliance with the requirements of HIPAA, OneCare's *03-03 Data Use Policy*, relevant Business Associate and Data Use Agreements, and applicable state and federal law.

II. Scope

This Policy applies to OneCare, its Workforce, Participants, Preferred Providers, Collaborators and Business Associate Subcontractors, and any other individual or entity using Claims Data, Clinical Data, or Other Data provided to or by OneCare. This Data is provided to OneCare to further ACO Program goals and to permit ACO to perform ACO Activities and population health management functions.

III. Definitions

For purposes of this Policy, terms defined under the following laws, statutes, regulations, and rules will retain those definitions: the Privacy and Security Rules of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA), Title XIII of the Health Information Technology for Economic and Clinical Health Act ("HITECH") and implementing rules, the American Recovery and Reinvestment Act ("ARRA"), any and all State of Vermont privacy laws, and the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") (Collectively referred to using the term "HIPAA.")

Other commonly used terms have the same definition as may be found in OneCare's *03-03 Data Use Policy* and its *Policy and Procedure Glossary* in that order of primacy.

IV. Policy

It is OneCare's policy to maintain the privacy of personal identifiable information ("PII") and PHI it receives, maintains, uses, or discloses. To that end, OneCare implements the following safeguards and privacy elements to ensure compliance with HIPAA:

A. Designation of OHCA

OneCare and its ACO Network have designated themselves an Organized Health Care Arrangement ("OHCA") for the purpose of facilitating the use and disclosure of PHI amongst the members of the ACO Network for treatment, payment, and healthcare operations purposes, or as otherwise permitted under HIPAA, as set forth in 45 CFR §160.103, §160.506 (c)(5).

B. Uses and Disclosures of PHI to Carry Out Treatment, Payment, or Healthcare Operations

OneCare may use or disclose PHI of its Participants' patients for Accountable Care Organization

Activities (“ACO Activities”) purposes as described in agreements with members of its ACO Network, in compliance with OneCare’s *03-03 Data Use Policy*, and as permitted by HIPAA. OneCare’s uses and disclosures of PHI will generally be for healthcare operations, e.g. carrying out the ACO Activities of care coordination, quality collection and assessment, and population health management, as set forth in 45 CFR §164.502(a)(1), §164.506.

C. Minimum Necessary Standard

OneCare will comply with the Minimum Necessary Standard and will make all reasonable efforts to limit access and use of PHI to the minimum necessary amount to accomplish the intended purpose of the use, disclosure, or request, as set forth in 45 CFR §164.502(b).

D. De-Identified PHI

Health information that is not individually identifiable and meets the definition of de-identified information under HIPAA, as set forth in 45 CFR § 164.514, is not PHI and consequently is not subject to this Policy. De-identified information may be used by OneCare as authorized by an executed DUA between OneCare and the CE source of the health information, and in compliance with OneCare’s *03-03 Data Use Policy*.

E. Other Uses and Disclosures of PHI Permitted by Law

OneCare will release health information to the Secretary of the US Agency of Health and Human Services (“HHS”), or any other federal or state government entity with regulatory oversight authority over OneCare, when required to do so under HIPAA, contractual agreement, or applicable law.

In compliance with 45 CFR § 164.514, OneCare may disclose PHI, without consent, under the following limited circumstances: emergency situations and disaster relief efforts; for public health activities; in response to requests from health oversight agencies; in response to orders or subpoenas issued in accordance with judicial or administrative proceedings; in relation to serious threats to health or safety; in response to discovery requests in workers’ compensation matters; in response to qualifying requests related to whistleblowers and victims of crime. All such requests shall be reviewed, authorized, and documented by the CCPO and/or ACO Legal Counsel prior to disclosure.

F. Disclosures Outside of ACO Activities

If OneCare receives a request(s) for the use or disclosure of PHI outside of ACO Activities, the CCPO and/or ACO Legal Counsel, or their designees, will communicate with the requester regarding proper use or disclosure of the PHI prior to any such use or disclosure. OneCare will comply with HIPAA and its contractual obligations, OneCare’s *03-03 Data Use Policy*, and any applicable privacy laws when disclosing the requested PHI. OneCare will maintain an accounting of such uses and disclosures of PHI outside of ACO Activities.

G. Compliance with Network Privacy Practices and Requests for Restrictions and Confidential Treatment

To the extent that a member of the ACO Network has specifically instructed OneCare of a limitation contained in their Notice of Privacy Practices, or a restriction of how an attributed patient’s PHI may be used or disclosed, OneCare will, if possible, limit its use or disclosure of PHI received from that member of the ACO Network for that specific patient in accordance with such limitation or restriction, as set forth in 45 CFR §164.522. OneCare shall also discontinue the permitted use and disclosure of a patient’s PHI if the attributed patient has affirmatively opted-out of data sharing with the ACO.

H. Subcontractors

OneCare may use subcontractor(s) to perform certain services for OneCare that may require it to access or use PHI. These subcontractors are required to enter into a subcontractor BAA (Business Associate Agreement) with OneCare that complies with HIPAA prior to receiving access to any PHI in OneCare's possession or control. Any subcontractor that releases information to a "next level" subcontractor will be required to enter into a contractual agreement with such subcontractor binding it to the same restrictions regarding use of PHI as apply to OneCare and the original subcontractor, as set forth in 45 CFR §164.502.

I. Patient Rights

Under HIPAA, patients have the right to inspect, amend, request restriction or confidentiality of, and/or obtain accountings of disclosures of their PHI, as set forth in 45 CFR §164.522, §164.524, §164.526 and §164.528.

OneCare will direct request(s) by patients attributed to the ACO directly to the relevant Participant, Preferred Provider, or Payer to perform such action(s). Where OneCare's data systems are implicated by the requested action, OneCare will cooperate to the extent it is able to accomplish the requested action.

J. Designated Privacy Officer

The CCPO will be the designated Privacy Officer for OneCare. The Privacy Officer will be responsible for the development and implementation of policies and procedures relating to privacy, reporting. The Privacy Officer will also serve as the contact person for participants who have questions, concerns, or complaints about the privacy of their PHI, as set forth in 45 CFR 164.530(a)(1).

K. Training and Education

All OneCare Workforce, Board of Managers, and privacy and/or compliance contacts of the ACO Network are required to complete annual Compliance Training, which includes HIPAA and Privacy training. The CCPO will update the required training to reflect changes in applicable laws no less than annually, as set forth in 45 CFR 164.530(b).

L. Reporting and Investigations of Violations, Sanctions and Mitigation

OneCare maintains a confidential communication mechanism so that OneCare's Workforce, ACO Network and others may report compliance concerns, including potential privacy violations, without concern of retaliation. Each member of OneCare's Workforce must report conduct they reasonably believe is in violation of HIPAA, the Compliance Program, and/or applicable law.

When a privacy violation is confirmed to have resulted from a failure by a Workforce member to comply with this Policy, the CCPO shall ensure that an appropriate sanction is imposed. Sanctions shall be dependent upon the nature of the failure to comply and may range from training to reinforce the policy or procedure violated up to and including termination of employment. To the extent practicable, OneCare will mitigate any harmful effect known to it of a use or disclosure of PHI in violation of this Policy, as set forth in 45 CFR 164.530(d) & (e).

For detailed information on reporting potential or actual violations, please see OneCare’s *07-08 Compliance Communication, Reporting and Investigation Policy*, *07-02 Compliance Policy*, and *07-07 Code of Conduct*. OneCare will take appropriate action to investigate and take corrective action in response to any identified privacy violations. Such corrective action may include additional training, revision of policies and procedures and/or Workforce discipline.

V. Review Process: This Policy shall be reviewed annually and updated to be consistent with the requirements established by the Board, OneCare Leadership, all applicable laws, and applicable accrediting and review organizations.

VI. References

- Payer Program Agreements and Requirements (including BAAs and DUAs)
- OneCare’s Policy and Procedure Glossary

VII. Related Policies/Procedures

- 03-03 Data Use Policy
- 03-05 Data Transparency Policy
- 07-02 Compliance Policy
- 07-07 Code of Conduct Policy
- 07-08 Compliance Communication, Reporting and Investigation Policy
- 07-09 Security Policy

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

Management Approval:

| | |
|-------------------------|-------|
| _____ | _____ |
| Chief Operating Officer | Date |

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|--------------------------------------|-------|
| _____ | _____ |
| Chief Compliance and Privacy Officer | Date |

| | |
|--------------------------------------|--|
| Policy Number & Title: | 07-07 Code of Conduct |
| Responsible Department: | Compliance |
| Author: | Greg Daniels, Chief Compliance and Privacy Officer |
| Original Implementation Date: | January 1, 2017 |
| Board Approval Date: | November 14, 2023 |
| Revision Effective Date: | November 14, 2023 |

- I. **Purpose:** OneCare adopts this *07-07 Code of Conduct* (“Policy”) to set forth its commitment that all persons employed by and entities engaged in business with OneCare will strive to act in a manner that promotes OneCare’s mission, is consistent with OneCare’s values, and complies with all applicable laws, regulations, policies, regulatory, and ethical standards, as outlined in this Policy.
- II. **Scope:** Applicable to OneCare’s Workforce, Officers, Board of Managers, Committees, members of the OneCare ACO Network, and any individual or entity conducting business with or on behalf of OneCare.
- III. **Definitions:** Capitalized terms have the same definition as defined in *OneCare’s Policy and Procedure Glossary*.

IV. Policy

OneCare is an Accountable Care Organization (ACO), owned and operated in Vermont to serve Vermonters. ACOs, like OneCare, represent a cooperative effort of providers who have pooled their resources and expertise to deliver care that is better coordinated, yielding better health outcomes and greater satisfaction. OneCare does not deliver care, but provides resources and support to the providers that care for patients. OneCare partners with local health care providers, and provides core supports for them as they change the way they deliver care and accept increasing accountability for the cost and quality of care. OneCare supports providers through three key core capabilities: Network performance management, data and analytics, and payment reform.

1. Mission, Vision and Values

OneCare partners with local health care providers to transform Vermont’s health care system to one that focuses on health goals by providing actionable data and innovative payments that foster better outcomes for all.

OneCare believes in a trusted, equitable health care system where patients and providers work together to achieve optimal health and an exceptional care experience for all.

To uphold its mission and vision, OneCare incorporate the following values when conducting its business:

- Collaboration: OneCare actively builds a culture of partnership & teamwork.
- Excellence: OneCare passionately pursues excellence using data-driven results and a quality focus.
- Innovation: OneCare leads through innovation, uses courage to challenge existing systems, and acts as a catalyst for reform.
- Equity: OneCare seeks out and attend to health disparities so that everyone can attain their full health potential.
- Communication: OneCare shares information and ideas directly and clearly.
- Integrity: OneCare is honest, ethical, and transparent in all that we do.

Workforce and Network are expected to uphold the Mission, Vision and Values when conducting work for and on behalf of OneCare. OneCare's ACO activities reflect its mission, vision and values in the following ways:

A. Accurate Quality Reporting and Certifications

OneCare submits quality and data to payers and regulatory agencies. OneCare Workforce and Network will collaborate in the collection and reporting of data in an accurate and secure manner. All persons involved in the submission of data will strictly adhere to applicable instructions and guidance in collecting and reporting data, including healthcare privacy laws and regulations.

OneCare also makes certifications regarding its governance and operations to government agencies and contracted parties. OneCare will ensure that such certifications are complete and accurate to the best of its knowledge and ability. OneCare will keep accurate files and records to support its certifications and reports.

Individuals who become aware of any potential violation of law or OneCare policy relating to quality reporting and certifications, or who are concerned about anything relating to such reports and certifications, should immediately report the violation or concern to OneCare.

B. Transparency and Public Participation

OneCare recognizes that part of being accountable for the quality, cost and overall care of attributed beneficiaries includes being transparent about many aspects of its governance, network, clinical model, cost and quality measures, and other aspects required by applicable state and federal laws and regulations. OneCare complies with all applicable public reporting requirements, using its website and other means, including direct communications with public authorities.

OneCare's Board of Managers includes Consumer Managers and provides the opportunity for public comment at its meetings. OneCare promotes attributed beneficiary input through its Patient and Family Advisory Committee, collection of beneficiary feedback by public website, email and phone, and participation in other ways such as public forums and meetings.

Beneficiaries who become aware of any potential violation of law or OneCare policy relating to transparency or public participation, or who are concerned about anything relating to such transparency or public participation, should immediately report the violation or concern to OneCare.

C. Beneficiary Choice and Non-Discrimination

OneCare does not limit a beneficiary's choice of provider. A beneficiary attributed to OneCare retains the right to access and choose providers as allowed under his or her payment program. Beneficiaries' care is not limited to providers who are members of OneCare's Network.

OneCare does not discriminate against beneficiaries who are considered "high risk" or likely to incur high costs of care. OneCare and its participants do not deny or limit services based on a beneficiary's race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Individuals who become aware of any potential violation of law or OneCare policy relating to beneficiary choice or non-discrimination, or who are concerned about anything relating to such beneficiary choice or non-discrimination, should immediately report the violation or concern to OneCare.

D. Providing Medically Necessary Care

OneCare seeks to keep attributed beneficiaries as healthy as possible by encouraging the right care, at the right time, in the right place. This should make care delivery more efficient and help lower the rate of growth in health care costs. Members of OneCare's Network shall not deny or reduce medically necessary services provided to beneficiaries. OneCare encourages beneficiaries to report questions or concerns regarding the provision of medically necessary care by providers who are members of the ACO to the OneCare's Chief Compliance and Privacy Officer ("CCPO").

E. Provider Enrollment and Exclusion Checks

No provider may be an OneCare member or offer services to OneCare beneficiaries unless he, she or it has demonstrated the appropriate possession of licensure required by law. All providers shall be properly engaged pursuant to a participating provider agreement, and OneCare shall maintain a file on each provider that contains documentation of the provider agreement and tax identification number.

Additionally, OneCare will monitor the following lists of excluded individuals/entities monthly for members of the Network, subcontractors, vendors, and consultants upon hiring or engagement of the same:

- OIG List of Excluded Individuals and Entities ("OIG LEIE")
- The Federal System for Award Management ("SAM") Exclusion Database
- The State of Vermont's Debarment List

F. Communication and Marketing — No Beneficiary Inducements

OneCare abides by applicable federal, state, and contractual requirements when communicating with beneficiaries and the public about OneCare and its operations. OneCare shall notify beneficiaries of their participation in the ACO, as required. OneCare will ensure that marketing and other public communications are clear and not misleading, and not used for a discriminating purpose.

OneCare does not provide gifts or other remuneration to beneficiaries as an inducement to receive services from OneCare or any particular member of its Network, or to share data with OneCare. OneCare must always refrain from activities that could possibly be construed as an attempt to improperly influence these relationships. OneCare recognizes that its Network may, however, provide in-kind items reasonably related to a beneficiary's care that are preventative or advance a clinical goal, consistent with applicable law.

G. Healthcare Fraud and Abuse

OneCare does not offer or accept bribes, kickbacks or other payments designed to influence or compromise the conduct of the recipient; and no member of the OneCare Workforce may accept any funds or other assets (including those provided as preferential treatment to the Workforce for fulfilling their responsibilities), for assisting in obtaining business, including contracts or grants, or for securing special concessions from OneCare. OneCare does not provide gifts or other remuneration to beneficiaries as an inducement to receive services related to OneCare or any particular OneCare participant or to share data with OneCare. OneCare recognizes that its members may, however, provide in-kind items reasonably related to a beneficiary's care that are preventative or advance a clinical goal to the extent compliant with applicable law.

OneCare abides by applicable federal, state, and contractual requirements when

communicating with beneficiaries and the public about OneCare and its operations. OneCare shall notify beneficiaries of their participation in the ACO, as required. OneCare will ensure that marketing and other public communications are clear and not misleading, and not used for a discriminating purpose.

Workforce should conduct their business affairs in such a manner that OneCare's reputation will not be impugned if the details of their dealings should become a matter of public discussion.

The following conduct is expressly prohibited:

- Payment or receipt of money, gifts, loans or other favors of more than nominal value which may tend to influence business decisions or compromise independent judgment;
- Payment or receipt of kickbacks for obtaining business, including contracts or grants, for or from OneCare;
- Any other activity that would similarly degrade the reputation or the integrity of OneCare.

Any OneCare Workforce member found to be receiving, accepting or condoning a bribe, kickback, or other unlawful payment, or attempting to initiate such activities, attempting fraud or engaging in fraud will be subject to termination and possible criminal proceedings. All Workforce members have a responsibility to report any actual or attempted bribery, kickback, fraud, waste or abuse to the OneCare CCPO.

Workforce members must understand the laws and codes that apply to our healthcare business, to ensure the Workforce understands these laws annual and periodic training on these laws and Compliance topics shall be provided and required as a condition of employment.

H. Privacy and Security of Patient Information

OneCare receives beneficiary information from its Network and from Payers under its ACO programs. OneCare uses this information as needed to perform care coordination, quality improvement, quality reporting, and population-health based activities. OneCare is obligated under federal and state laws, Payer data use agreements ("DUA") and contractual agreements to limit the use and disclosure of beneficiary protected health information ("PHI") to activities within the ACO.

OneCare takes these obligations very seriously and shall maintain the PHI of beneficiaries in a confidential and secure manner, in accordance with its *03-03 Data Use Policy* and all applicable legal requirements. OneCare uses all reasonable efforts to limit access to and utilize and disclose only the minimum necessary PHI needed to accomplish the intended purpose of the access or disclosure. OneCare honors beneficiaries' rights to opt-out of data-sharing in accordance with the requirements of each Payer program.

Workforce and members of the Network who become aware of unauthorized or inappropriate disclosure of beneficiary information should immediately make a report to the OneCare CCPO.

I. Confidential and Proprietary Business Information

OneCare Workforce are required to maintain all information obtained during the course of employment confidentially. No Workforce member or former member of the Workforce may, without the written consent of OneCare, use for their own benefit or disclose to others any confidential or proprietary information obtained during the course of employment. Any individual who believes that a fellow current or former Workforce member is misusing

confidential information must immediately make a report to the CCPO.

J. Conflicts of Interest

OneCare Workforce owe a duty of loyalty to OneCare, and therefore should avoid any actual or apparent conflicts of interest. While conflicts can arise in many different contexts, in general Workforce, Board of Managers, and members of Committees of the Board are expected to put the interests of OneCare ahead of their personal concerns, and not to seek to benefit themselves at the expense of, or as a result of, their affiliation with OneCare.

In compliance with *01-02 Conflict of Interest Policy*, OneCare's Board of Managers, members of Committees of the Board, and other Key Persons must disclose circumstances in which their interests may conflict or may be perceived as irreconcilably conflicting with the business interests of OneCare, and such individuals will be precluded from participation in certain decisions. Individuals are required to disclose when they have an interest in a related party with which OneCare seeks to do business. For further information on this topic, please see OneCare's *Conflict of Interest Policy* available by paper and electronic means, and upon request

K. Antitrust and Unfair Competition

The antitrust laws are a series of state and federal laws designed to promote competition, to prevent unreasonable restraint of trade and to limit the ability of a company, in particular circumstances, to dominate a particular market. While occasionally intricate in their application, as a general rule, antitrust considerations prohibit OneCare from agreeing with competitive businesses to allocate customers or services, to restrict or limit operations in defined specialties or geographic areas, or to take steps that would create an unlawful monopoly in a particular market or for a particular service. The antitrust laws also prohibit certain price fixing among providers, and for this reason, ACOs are governed by antitrust laws.

All antitrust concerns should be brought, immediately, to the CCPO. Violations of these laws can result in criminal as well as civil liability, and blatant violations have led to imprisonment of individuals and to steep fines.

L. Relationships with Government Authorities and Government Investigations

As an ACO, OneCare is a highly regulated business. OneCare is subject not only to applicable laws, but also to the terms and conditions set forth in the Vermont All-Payer Accountable Care Organization Model Agreement ("All-Payer Model Program") among CMS, the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB"), and the Vermont Agency for Human Services ("AHS"), and related agreements. All Workforce who interact with a governmental body or agency must know and abide by the specific rules and regulations covering relations with governmental agencies. Such members of the Workforce also must conduct themselves in a manner that avoids any dealings that might be perceived as attempts to influence governmental officials in the performance of their duties.

With respect to communications with regulators, the Public Affairs Department and the Workforce member or leader who is responsible for interfacing with such regulator should be consulted prior to any such communications. Individuals who are unsure which department is responsible for interfacing with a particular regulator should contact the CCPO prior to communications with any regulator.

It is OneCare's policy to comply fully with the law and cooperate with any reasonable demand made in a government investigation. In so doing, however, it is essential that the legal rights of OneCare and of its Workforce involved be protected, including to protect the privileged and confidential relationship that OneCare has with its attributed beneficiaries, Network and

others. Accordingly, upon receipt of any subpoena, civil investigative demand, summons or letter request for information or documents, members of the OneCare Workforce are expected to contact their supervisor immediately, who will then forward the relevant subpoena or request to ACO Legal Counsel for review. Similarly, if an individual is contacted by any representative of any regulatory or law enforcement agency in connection with a pending investigation, or with regard to questions about a particular beneficiary, participant, vendor or Workforce (excepting routine contact with such individuals in connection with your job function), individuals should contact the CCPO.

Members of the OneCare Workforce are not, with certain limited exceptions, obligated to speak with law enforcement officials, even if they are insistent, and may always seek the assistance of ACO Legal Counsel in order to determine whether there is a requirement to respond to any particular inquiry. Similarly, beneficiary information is confidential, and must never be released absent the approval of ACO Legal Counsel or CCPO.

There are certain state and federal laws, moreover, that afford even greater protection to information regarding particular beneficiaries (e.g., alcohol and drug beneficiaries, certain psychiatric beneficiaries, HIV-positive customers). Even in those limited instances where regulatory agencies, by statute, are authorized to review beneficiaries' records and other information absent consent or legal compulsion, a supervisor should consult with ACO Legal Counsel for guidance before releasing such information. This way, OneCare can be certain that the request for information is appropriate and that its responses are complete and satisfactory.

If a member of the Workforce decides to submit to an interview, the member has the right to demand that the interview take place during normal business hours at OneCare's premises or at another location, and that either ACO Legal Counsel or the Workforce's personal legal counsel be present during the interview. To facilitate any request for legal assistance, and to make available information that may assist Workforces in deciding whether or not to submit to an interview, upon contact by an investigator, the Workforce should immediately notify the CCPO. OneCare's intent is to fully cooperate with federal audits and investigations, but only after legal implications of any cooperation is understood.

Workforce may not give or show to the investigators any OneCare documents without the express permission of OneCare's ACO Legal Counsel or CCPO. Destruction of evidence in a governmental investigation is a serious crime. Workforce are not to destroy OneCare records except in accordance with OneCare's *06-01 Record Retention Policy*, available by paper and electronic means, and upon request.

M. Harassment

Abusive, harassing or offensive conduct is unacceptable, whether verbal, physical or visual. This includes any demeaning, insulting, embarrassing or intimidating behavior directed at any Workforce member related to race, color, sex, national origin, age, religious creed, physical or mental disability, marital status, pregnancy, sexual orientation, veteran status, citizenship or another characteristic protected by law. Unwelcome sexual advances or physical contact, sexually oriented gestures and statements, and the display or circulation of sexually oriented pictures, cartoons, jokes or other material are specifically banned. This Policy, in addition to the Human Resource policies and procedures of University of Vermont Medical Center, prohibits retaliation against any Workforce who rejects, protests, or complains about sexual harassment.

N. Books and Records

OneCare has adopted business systems and controls in accordance with internal needs and the requirements of applicable laws and regulations. These established accounting practices and procedures must be followed to assure the complete and accurate recording of all transactions. All members of OneCare's Workforce, within their areas of responsibility, are expected to adhere to these procedures, as directed by appropriate OneCare Officers.

If a Workforce member becomes aware of any improper transaction or accounting practice concerning the resources of OneCare, he or she should report the matter immediately to his or her supervisor, or to the CCPO. Workforce also may file a confidential, anonymous complaint with the CCPO. There will be no retaliation against Workforces who disclose questionable accounting or auditing matters in good faith.

O. Accuracy of Records

OneCare requires honest and accurate recording and reporting of information in order to make responsible business decisions. This includes such data as quality, safety, and personnel records, as well as all financial records.

All financial books, records and accounts must accurately reflect transactions and events, and conform both to required accounting principles and to OneCare's system of internal controls. No false or artificial entries may be made, no undisclosed or unrecorded funds or assets may be maintained and no inaccurate or inflated work hours may be reported. When a payment is made, it can only be used for the purpose spelled out in the supporting document.

P. Record Retention and Litigation Holds

Before disposing of documents, Workforce members should consult with their direct manager so that OneCare's record retention and destruction policy is followed carefully. No one is to destroy OneCare records except in accordance with OneCare's *Record Retention Policy*, available by paper and electronic means, and upon request.

Whenever it becomes apparent that documents of any type will be required in connection with a lawsuit or government investigation, all possibly relevant documents should be preserved, and ordinary disposal or alteration of documents pertaining to the subjects of the litigation or investigation should be immediately suspended, e.g., litigation hold. If a Workforce member is uncertain whether documents under his or her control should be preserved because they might relate to a lawsuit or investigation, he or she should contact the ACO Legal Counsel or CCPO.

Q. Mandatory Reporting Requirements

ACOs must adhere to many reporting requirements under state and federal law, and it is the policy of OneCare to comply with all reporting requirements. It is important that the Workforce is aware of any reporting requirements applicable to OneCare and its Network. If Workforce members intentionally fail to make a required report or attempt to cover up facts that would warrant such a report, he or she will be subject to internal disciplinary action, including termination, and could also face criminal charges and the loss of his or her professional license.

Any incident or situation that may require reporting to a governmental agency should be brought to the attention of the CCPO. Any questions or concerns regarding reporting responsibilities should also be directed to the CCPO.

OneCare's policy is to ensure that any identified overpayments are promptly addressed and repaid.

R. Governance

The OneCare Board of Managers is responsible for ensuring compliance with all federal, state, and local laws and regulations, as well as ethical and patient care obligations. In conjunction with the appointed CCPO, Compliance Committee and Audit Committee, the Board is responsible for implementing and maintaining policies, practices, and procedures for ongoing evaluation of adherence to this Code of conduct and any other OneCare policies. The CEO and members of the Board are fully cognizant of their responsibilities and will ensure that the Compliance Program functions effectively. For further information on this topic, please see OneCare's *08-02 Governance Policy* available by paper and electronic means, and upon request.

S. Business Fraud

OneCare is committed to the elimination of fraud, to the rigorous investigation of any suspected cases of fraud, and, where fraud or other criminal act is proven, to ensure that wrongdoers are appropriately sanctioned.

Any individual who believes he or she has good reason to suspect a colleague or other person of a fraud or an offense involving OneCare or a serious infringement of OneCare's rules should report such unethical actions to OneCare, including the following:

- theft of OneCare property;
- abuse of OneCare property or abuse of a position or trust; or
- deception or falsification of records (e.g., fraudulent time or expense claims)

T. Protection and Proper Use of OneCare Assets

All members of the Workforce should protect OneCare and the University of Vermont Medical Center's assets and ensure their efficient use. Theft, carelessness, and waste have a direct impact on OneCare's operations and success. All OneCare assets should be used for legitimate business purposes. Members of the Workforce are to use business assets according to policies, procedures and comply with security programs that prevent their unauthorized use or theft, and abide by all regulations or contractual agreements governing their use.

U. Improper Influence on Conduct of Audits

No member of the OneCare Workforce, shall directly or indirectly take any action to coerce, manipulate, mislead or fraudulently influence any public or certified public accountant engaged in the performance of an audit or review of the financial statements of OneCare if that person knows or should know that such action, if successful, could result in rendering OneCare's financial statements materially misleading. Any person who believes such improper influence is being exerted should contact the CCPO to report such action.

Types of conduct that could constitute improper influence include, but are not limited to, directly or indirectly:

- Offering or paying bribes or other financial incentives, including future employment or contracts for non-audit services;
- Providing an auditor with an inaccurate or misleading legal analysis;
- Threatening to cancel or canceling existing non-audit or audit engagements if the auditor objects to OneCare's accounting;
- Seeking to have a partner removed from the audit engagement because the partner objects to OneCare's accounting;
- Blackmailing; and
- Making physical threats.

V. Accounting Complaints

OneCare's policy is to comply with all applicable financial reporting and accounting regulations applicable to OneCare. Network entities who have concerns or complaints regarding questionable accounting or auditing practices are encouraged to promptly submit those concerns or complaints to the CCPO or to the Board Audit Committee which will, subject to its duties arising under applicable laws, regulations and legal proceedings, treat such submissions confidentially. Such submissions may be directed to the attention of the Chair of the Audit Committee or OneCare's CCPO.

2. Duty to Report and Non-Retaliation

OneCare will investigate any possible misconduct related to its activities, and may report probable violations of law to the appropriate authority. To ensure that OneCare can perform such activities, all members of the Workforce have an affirmative duty to report any suspected violations of law or policy to the CCPO, see contact information below.

OneCare recognizes the importance of open communication and maintains a strict non-retaliation policy toward anyone who reports a concern in good faith. Any retaliatory action taken against anyone making a good faith report of improper activities, or participating in an investigation of improper activity, is strictly prohibited. Please see OneCare's *07-08 Compliance, Communication, Reporting, and Investigation Policy* for additional information on reporting and non-retaliation of reporters.

3. Questions and Concerns

Questions regarding this Policy, or to report a potential violation of Applicable Laws or fraud, waste or abuse, you may send an email to the CCPO at: Compliance@OneCareVT.org.

Anonymous inquiries or reports may be made by phone by calling the Compliance Hotline at: 802-847-7220 or 877-644-7176, Option 3.

V. Review Process: This policy shall be reviewed annually and updated to be consistent with revisions in laws, regulations and contractual requirements.

VI. References:

- OneCare's Program Agreements with Payers and requirements
- OneCare's Policy & Procedure Glossary

VII. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 07-02 Compliance Policy
- 07-03 Privacy Policy
- 07-06 Conflict of Interest Policy
- 07-08 Compliance Communication, Reporting, and Investigation Policy
- 07-09 Security Policy
- 08-02 Governance Policy

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

Management Approval:

Chief Compliance and Privacy Officer

Date

Chief Operating Officer

Date

| | |
|--------------------------------------|--|
| Policy Number & Title: | 07-08 Compliance Communication, Reporting, and Investigation |
| Responsible Department: | Compliance |
| Author: | Greg Daniels, Chief Compliance and Privacy Officer |
| Original Implementation Date: | June 16, 2020 |
| Board Approval Date: | November 14, 2023 |
| Revision Effective Date: | November 14, 2023 |

I. Purpose: The purpose of this *07-08 Compliance Communication, Reporting, and Investigation Policy* ("Policy") is to set forth OneCare's expectations of its Workforce, Officers, Board of Managers, Committees, and members of the OneCare ACO Network, as well as any individual or entity conducting business with or on behalf of OneCare, to communicate questions and report potential or actual violations of OneCare's Compliance Program, this policy, and any and all Applicable Laws. This Policy also establishes the processes for reporting Compliance Events and for the investigations of such reports.

II. Scope: Applicable to OneCare's Workforce, Officers, Board of Managers, Committees, members of the OneCare ACO Network, and any individual or entity conducting business with or on behalf of OneCare.

III. Definitions: Capitalized terms have the same definition as defined in *OneCare's Policy and Procedure Glossary*. For purposes of this Policy, the below terms have the following meanings:

Applicable Laws means all federal state and local laws, rules and regulations and the terms and conditions set forth in the policies, procedures and payer agreements of OneCare. Applicable Laws shall include, but not be limited to, the following:

- a) federal criminal law;
- b) the federal False Claims Act (31 U.S.C. 3729 et seq.) and state law equivalents;
- c) the federal anti-kickback statute (42 U.S.C. 1320a-7b(b)) and state law equivalents;
- d) the federal civil monetary penalties law (42 U.S.C. 1320a-7a) and state law equivalents;
- e) the federal physician self-referral law (42 U.S.C. 1395nn) and state law equivalents;
- f) the federal and state antitrust laws (15 U.S.C. 1 et seq. and 10 M.R.S.A. § 1101-1102-A and 5 M.R.S.A. § 207, respectively);
- g) the federal and state patient privacy protection laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA");
- h) the terms and conditions set forth in the Vermont All-Payer Accountable Care Organization Model ("All-Payer Model") Agreement among the Centers for Medicare & Medicaid Services ("CMS"), the Governor of the State of Vermont, the Green Mountain Care Board ("GMCB") and the Vermont Agency for Human Services ("AHS"), and all related contracts among these parties in furtherance of the All-Payer Model;
- i) those regulating and governing the formation and operation of accountable care organizations ("ACOs") and other publicly funded health care programs, including those set forth by the GMCB or the State of Vermont through AHS;
- j) ethical standards set forth in OneCare's Code of Conduct; and

the terms of all other agreements of OneCare with CMS and other public and private payers.

Compliance Authorities means any and all laws, regulations, guidelines, or other authorities applicable to OneCare.

Compliance Event means any act, event, or circumstance that is related to or in furtherance of OneCare activities that is taken by, or involves, a member of the Workforce or ACO Network, and that may be perceived by a reasonable person to be a potential or actual violation(s) of OneCare's Compliance Program, including its *07-02 Compliance Policy*, *07-03 Privacy Policy*, *07-07 Code of Conduct*, or any other compliance or privacy-related policy or procedure, or any Applicable Laws.

Probable Violation of Law means a reasonable person acting in good faith believes that a violation of law has occurred.

IV. Policy

A. General Information

1. OneCare is committed to conduct its business in accordance with its Compliance Program and Applicable Laws, and expects all members of its Workforce and ACO Network to assist in fulfilling this commitment by reporting actual or potential Compliance Events, including, without limitation, any observed or suspected unlawful, unethical, or wrongful conduct, including suspected fraud, waste, and abuse.
2. OneCare recognizes that in order to demonstrate this commitment a reliable process must exist for the communication, reporting, and investigation of Compliance Events.
3. The members of OneCare's Workforce and ACO Network have an affirmative duty to report any actual or potential Compliance Event.
4. Reporting of any Compliance Event may be made anonymously and will remain confidential except as may be necessary to complete an investigation, notify the appropriate internal and external parties, implement corrective actions, or as required by law.
5. OneCare will not tolerate retaliation against any individual who reports, or cooperates in the investigation of, a Compliance Event. Reports of retaliation will be investigated thoroughly and appropriate discipline will be imposed on any individual participating in such retaliation.

B. Communication and Reporting of Compliance Events Process

1. Compliance Event communication and reporting may be made through any of the following methods:
 - a. Direct written or oral communication by mail, email, telephone, or personal contact with OneCare's Chief Compliance and Privacy Officer ("CCPO"): Compliance@OneCareVT.org.
 - b. Direct written or oral communication by mail, email, telephone, or personal contact with the individual's immediate supervisor, Officer, or any member of OneCare's Compliance Committee.

- c. Anonymous written communication may be sent online by navigating to the following website in your internet browser: www.onecarevt.org/contact-us/.
 - d. Telephone call to the Compliance Hotline, which allows for anonymous reporting: Local 802-847-7220; Toll-free: 877-644-7176, Option 3.
2. Any supervisor, Officer, or Compliance Committee member who becomes aware of a Compliance Event shall report it to the CCPO immediately.
 3. To enable the CCPO to conduct a thorough and non-biased investigation, any individual reporting a Compliance Event is required to disclose any and all information they have concerning the event.
 4. All reports of potential Compliance Events will be documented in a log maintained by OneCare's Compliance Department.

C. Investigation of Compliance Events

1. Upon receiving a communication or report of a potential Compliance Event, the CCPO will review all available information and commence an investigation into the matter if warranted by facts, Applicable Laws, or professional judgment.
2. The CCPO will advise OneCare's CEO and/or ACO Legal Counsel of any potential Compliance Event in a timely manner and shall confer with them to determine whether the matter should be investigated internally, or by outside legal counsel. In the event the CEO or ACO Legal Counsel is involved in the Compliance Event, the CCPO shall confer with another appropriate senior Officer, such as the COO or CFO, who will act as a designee ("Designee Officer") in making this determination.
 - i. When the determination is made to retain outside counsel, the CEO or Designee Officer must seek and obtain the Board's approval to retain outside legal counsel when required, or retain outside counsel immediately if such approval is not required. Further internal investigative activities or discussions concerning the potential Compliance Event shall only be undertaken at the direction of outside legal counsel.
 - ii. When the determination is made to conduct an internal investigation, the CCPO and ACO Legal Counsel shall confer and determine the nature and scope of the investigation, including any notice to members of the Workforce or any individuals who may be interviewed pursuant to the investigation.
 - iii. If during the course of an internal investigation the situation warrants the retention of outside legal counsel, the CCPO shall suspend the investigation until outside counsel can be engaged pursuant to the process set forth above.
3. **Confidentiality:** Reports and investigations of Compliance Event shall be kept confidential to the extent possible. No individual conducting or involved in such investigations shall discuss the investigation, or reveal any facts or details known to them, except as directed by the CCPO, ACO Legal Counsel, or outside legal counsel, or as required by law.

Failure to maintain the confidentiality of any investigation of a potential Compliance Event may

be grounds for disciplinary action, up to and including termination. Additionally, any document(s) prepared or received in connection with such an investigation, including but not limited to, summary reports, recorded statements, forms, or other supporting documentation, shall remain confidential and be maintained as such.

4. **Cooperation:** Members of OneCare's Workforce and ACO Network are required to cooperate with any investigation of a potential Compliance Event, including, but not limited to, requests for information, documentation, and witness interviews. Failure to cooperate may subject an individual to discipline up to, and including, termination of employment or exclusion from OneCare.

D. Corrective Actions and Reporting Obligations

1. The CCPO, ACO Legal Counsel, or outside legal counsel shall oversee the prompt implementation of any recommended corrective actions arising from a Compliance Event.
2. The CCPO will evaluate all potential Compliance Events and determine whether they qualify as probable violations of law or as incidents of fraud, waste, or abuse, and in consultation with the ACO Legal Counsel, shall make recommendations to the Board through the Audit Committee for any actions OneCare must take to comply with administrative or law enforcement reporting requirements.
3. OneCare will comply with all reporting requirements set forth in a Payer Agreement, or as required by law, including the prompt referral of any confirmed or suspected fraud, waste, or abuse by any provider participating in the Vermont Medicaid Program to the Department of Vermont Health Access Special Investigations Unit ("DVHA SIU").

E. Documentation

1. Upon completion of an investigation, the CCPO, ACO Legal Counsel, or outside legal counsel shall prepare a summary report of the potential Compliance Event, including all relevant investigative activities and any recommended corrective actions ("Investigative Report").
2. The CCPO, ACO Legal Counsel, outside legal counsel, and any Officer involved in overseeing the investigation, shall review the Investigative Report, after which they will determine the appropriate amount of internal or external notification to be given to stakeholders concerning the results of the investigation and any corrective action(s) that are being taken.
3. The CCPO shall provide to the Board through the Audit Committee with periodic status reports concerning any ongoing investigation(s) or corrective action(s), as well as investigative trends.
4. The CCPO shall be responsible for maintaining all documentation and records associated with the report and investigation of any potential Compliance Event, including the Investigative Report, in compliance with OneCare's *06-01 Record Retention Policy*.

Review Process: This policy shall be reviewed annually and updated to be consistent with revisions in laws, regulations and contractual requirements.

V. References:

- OneCare’s Program Agreements with Payers
- GMCB Rule 5.000: Oversight of Accountable Care Organizations
- OneCare’s Policy & Procedure Glossary

VI. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 07-02 Compliance Policy
- 07-03 Privacy
- 07-07 Code of Conduct Policy
- 07-09 Security

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

Management Approval:

Chief Compliance and Privacy Officer

Date

Chief Operating Officer

Date

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|--------------------------------------|---|
| Policy Number & Title: | 07-09 Security |
| Responsible Department/s: | Compliance |
| Author: | Gregory Daniels, Chief Compliance and Privacy Officer |
| Original Implementation Date: | September 23, 2013 |
| Board Approval Date: | November 14, 2023 |
| Revision Effective Date: | November 14, 2023 |

I. Purpose

The Security Policy ("Policy") outlines OneCare's security compliance program, providing guidelines for maintaining the security of electronic protected health information ("ePHI") received, maintained, used, or transmitted by OneCare. As a Business Associate of the members of its ACO Network, OneCare shall maintain the confidentiality and integrity of all ePHI entrusted to it in compliance with the requirements of HIPAA, OneCare's *03-03 Data Use Policy*, relevant Business Associate and Data Use Agreements, and applicable state and federal law.

II. Scope

This Policy applies to OneCare, its Workforce, Participants, Preferred Providers, Collaborators and Business Associate Subcontractors, and any other individual or entity using Claims Data, Clinical Data, or Other Data provided to or by OneCare. These Data are provided to OneCare to further ACO Program goals and to permit ACO to perform ACO Activities and population health management functions.

III. Definitions

For purposes of this Policy, terms defined under the following laws, statutes, regulations, and rules will retain those definitions: the Privacy and Security Rules of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA), Title XIII of the Health Information Technology for Economic and Clinical Health Act ("HITECH") and implementing rules, the American Recovery and Reinvestment Act ("ARRA"), any and all State of Vermont privacy laws, and the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") (Collectively referred to using the term "HIPAA.")

Other commonly used terms have the same definition as may be found in OneCare's *03-03 Data Use Policy* and its *Policy and Procedure Glossary* in that order of primacy.

IV. Policy

It is OneCare's policy to maintain the privacy of personal identifiable information ("PII") and ePHI it receives, maintains, uses, or transmits. To that end, the following safeguards and security provisions are implemented to prevent, detect, contain, and correct security violations:

A. ADMINISTRATIVE SAFEGUARDS 45 CFR §164.308

1. Designation of Security Officer

OneCare shall designate a Security Officer as responsible for the development, implementation, maintenance, enforcement, and documentation of policies and procedures, as set forth in the Security Rule and 45 CFR §164.308(a)(2).

2. Risk Analysis

The Security Officer shall ensure an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by OneCare is conducted annually and as necessary. Upon the conclusion of each assessment, the Security Officer shall document any identified risk(s) or vulnerabilities, as well as any new administrative, technical, or physical safeguards identified for implementation, as set forth in 45 CFR §164.308(a)(1)(ii)(A).

3. Risk Management

OneCare shall implement security measures sufficient to reduce identified risks and vulnerabilities to a reasonable and appropriate level, as set forth in 45 CFR §164.308(a)(1)(ii)(B).

4. Sanctions

OneCare will apply appropriate sanctions against members of its Workforce and ACO Network who fail to comply with this Policy, related procedures, and HIPAA. Discipline or sanctions shall depend upon the nature of the failure to comply, and may range from training to reinforce the relevant policy or procedure up to and including termination of employment, as set forth in 45 CFR §164.308(a)(1)(ii)(C).

5. Information System Activity Review

OneCare shall regularly review records of information system activity, such as system activity reports and audit logs, to assess whether there has been unusual system activity that might indicate a threat to the confidentiality, integrity, or availability of ePHI, as set forth in 45 CFR §164.308(a)(1)(ii)(D).

6. Information Access Management and Workforce Security

OneCare shall implement policies and procedures for authorizing access to ePHI and ensure that all Workforce and ACO Network members have appropriate access to ePHI and to prevent unauthorized access ePHI, as set forth in 45 CFR §164.308(a)(3) & (4).

7. Training and Education

All members of OneCare's Workforce and Board of Managers, all members of UVMHN's workforce assigned to perform data analytics services for OneCare, and all designated privacy and/or compliance contacts of the members of its ACO Network are required to complete annual Compliance Training, which includes HIPAA security awareness. The CCPO will update the required training to reflect changes in applicable laws no less than annually, as set forth in 45 CFR §164.308(a)(5)(i).

8. Security Incidents

OneCare shall identify and respond to suspected or known security incidents promptly, and shall mitigate, to the extent practicable, any harmful effects. Any suspected security incident shall be immediately reported to the Security Officer, who shall be responsible for investigating the incident, implementing any required response and mitigation and documenting the incident and its outcome, as set forth in 45 CFR §164.308(a)(6)(ii).

9. Contingency Plan

OneCare will establish and implement policies and procedures for responding to emergencies or

other natural disaster occurrences that damage OneCare systems that contain ePHI. To that end, OneCare will:

(A) Data backup plan: Establish and implement procedures to create and maintain retrievable exact copies of electronic protected health information, as set forth in 45 CFR §164.308(a)(7)(ii)(A).

(B) Disaster recovery plan: Establish and implement procedures to restore any loss of data, as set forth in 45 CFR §164.308(a)(7)(ii)(B).

(C) Emergency mode operation plan: Establish and implement procedures to enable continuation of critical business processes for protection of the security of ePHI while operating in emergency mode, as set forth in 45 CFR §164.308(a)(7)(ii)(C).

10. Evaluation

On an annual basis, the Security Officer shall perform a technical and nontechnical review of this Policy and related procedures determine, based on the Security Rule standards and environmental and operational changes that could affect ePHI to determine whether these policies and procedures meet the requirements of the Security Rule, as set forth in 45 CFR §164.308(a)(8).

11. Business Associate and Other Contracts

The Security Officer shall annually review relationships with BAs to ensure that relationships are accurately defined in the contracts between parties and OneCare and that the scope or nature of the relationship has not changed. The Security Officer, and/or CCPO, or designee, will update, modify or terminate relationships with BAs, as needed, after completion of these reviews, as set forth in 45 CFR §164.308(b).

OneCare will ensure that any member of its ACO Network, and any vendors or subcontractors that receive, maintain, use, or transmit ePHI on behalf of OneCare agree to comply with the applicable requirements of the Security Rule by entering into a contract and/or BAA. ACO Network Members and contractors agree to report any security incident of which it becomes aware, including breaches of unsecured PHI as required by the Breach Reporting Rule, as set forth in 45 CFR §164.314(a).

B. PHYSICAL SAFEGUARDS 45 CFR §164.310

1. Facility Access Controls

OneCare shall limit physical access to information systems under its direct control and the facilities in which they are housed by locating servers and similar equipment on which ePHI is stored in a locked room or data center to which only properly authorized personnel are allowed access to secure the systems against unauthorized physical access, tampering and theft.

Access to facilities containing computer equipment on which information systems are loaded, including visitor control, shall be limited based on a person's role and function. OneCare or its outsourcing contractors shall document repairs and modifications to key code access devices, locks and similar physical components of facility security, as set forth in 45 CFR §164.310(a)(1).

2. Workstation Use and Security

OneCare shall implement policies and procedures that designed to minimize the risk of improper access to or disclosure of ePHI when using any workstation or other device. These procedures shall include but should not be limited to requiring use of a unique password for access to the system, management of paper containing PHI, use of screen savers or sleep mode functions to obscure screen displays of protected information, device placement or screen orientation and other practices to limit the exposure of PHI.

OneCare shall implement physical safeguards for workstations to restrict unauthorized access to ePHI. These physical safeguards can include but should not be limited to passwords, screen savers, locking file cabinets, screen display protections, and secure disposal receptacles. Use of workstations should be limited, to the extent possible, to facilities and facility spaces, or a secure remote environment with access via hardware located in facilities or facility spaces to which OneCare, or its designated vendor or Subcontractor, controls access, as set forth in 45 CFR §164.310(b) & (c).

3. Media & Device Security

OneCare shall implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain ePHI including disposal and re-use. In general, OneCare shall track the receipt and removal of hardware and electronic media containing ePHI into and out of a facility and within the facility. All ePHI shall be removed from hardware and electronic media prior to re-use and disposal to prevent the restoration and unauthorized access of ePHI. OneCare shall maintain, directly or through its outsourcing contractors, a record of the movements of hardware and electronic media and the person accountable for that documentation, as set forth in 45 CFR §164.310(d).

C. TECHNICAL SAFEGUARDS 45 CFR §164.312

1. Access Control

OneCare shall implement technical policies and procedures for electronic information systems that maintain ePHI to allow access only to those persons or software programs that have been granted access rights in line with *Information Access Management* and *Workforce Security* sections above.

Workforce members and others authorized to access an information system shall be assigned a unique user identification name and/or number to identify and track that user's identity. ePHI maintained in information systems shall be accessible during an emergency, as set forth in 45 CFR §164.312(a)(1), §164.312(a)(2)(i) & (ii).

2. Audit Controls and Integrity

OneCare shall utilize technical mechanisms implemented to record and examine activity in all information systems. OneCare shall protect ePHI from improper alteration or destruction by the periodic review of system activity and audit trail reports to detect data discrepancies, as set forth in 45 CFR §164.312(b) & (c).

3. Person or Entity Authentication

OneCare systems ensure that a person or entity seeking access to ePHI is the person or entity

claimed by requiring the use of unique user ID's and passwords and other authentication methodologies for system access, as set forth in 45 CFR §164.312(d).

4. Transmission Security

OneCare shall ensure that its software contractors implement appropriate technical security measures to guard against unauthorized access to ePHI that is transmitted over an electronic communications network and that they have implemented security measures to ensure that ePHI transmitted electronically is not improperly modified without detection prior to its disposition. EPHI shall be encrypted when appropriate, as set forth in 45 CFR §164.312(e)(1).

D. DOCUMENTATION REQUIREMENTS 45 CFR § 164.316

Policies and procedures implemented under the Security Rule and all related documents created or maintained in connection with an action required by these policies shall be maintained in written (or electronic) form for six (6) years from the date of creation or the date when the policy, procedure or documentation last was in effect and/or utilized, whichever is later.

Policies and procedures, and related documentation, will be made available to those Workforce responsible for implementing this Policy, associated procedures, and other relevant documentation, as set forth in 45 CFR §164.316(a) & (b).

E. BREACH NOTIFICATION RULE 45 CFR §164.400 - 164.414

Per the HIPAA Breach Notification Rule, OneCare will cooperate with members of its ACO Network to provide notification following a breach of unsecured PHI. The Privacy Officer (e.g. CCPO) and Security Officer must be notified immediately by members of its Workforce, ACO Network, or others who have access to PHI, of any suspected breaches. The Privacy Officer and Security Officer will investigate any suspected breaches and complaints to determine whether there has been a breach that may require reporting and notification to US HHS OCR and shall notify affected CE ACO Network Members of any such potential breach. The Privacy Officer and Security Officer, as necessary, will be responsible for coordinating with affected CE ACO Network members to provide notifications required by the HIPAA data breach rules or other applicable data breach rules. OneCare shall implement procedures to outline the breach notification reporting and notification process.

OneCare shall also comply with the *Vermont Security Breach Notice Act*. 9 VSA §435

V. Review Process

This Policy shall be reviewed annually and updated to be consistent with the requirements established by the Board, OneCare Leadership, all applicable laws, and applicable accrediting and review organizations.

VI. References

- Payer Program Agreements and Requirements (including BAAs and DUAs)
- OneCare's Policy and Procedure Glossary

VII. Related Policies/Procedures

- 03-03 Data Use Policy
- 07-02 Compliance Policy
- 07-03 Privacy Policy
- 07-07 Code of Conduct Policy
- 07-08 Compliance Communication, Reporting and Investigation Policy

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

Management Approval:

| | |
|--------------------------------------|------|
| Chief Compliance and Privacy Officer | Date |
|--------------------------------------|------|

| | |
|-------------------------|------|
| Chief Operating Officer | Date |
|-------------------------|------|

Judy Peterson

Judy is a registered nurse and native Vermonter. Now retired, Judy served in a variety of leadership roles in home health and hospice. Judy spent 27 years working for Central Vermont Home Health and Hospice in Berlin, VT, the final five of which were in the chief executive officer role. In 2012, she transitioned to lead the VNA of Chittenden and Grand Isle Counties. During her tenure she led the affiliation with the UVMHN in the fall of 2018. Judy and her team oversaw the building of the McClure Miller Respite House, and expansion of telemedicine and in-home virtual clinical assessment and monitoring work.

Robert J. Laba

50 Tansy Lane

PO Box 730

Gabriels, NY, 12939

(518) 339-7682

rjlaba@hotmail.com

PROFESSIONAL PROFILE

A senior executive with experience in the challenges and opportunities of the healthcare system in the United States, and a proven ability to oversee operational departments while improving organizational profitability.

KEY SKILLS

- Executive strategy formulation leading to increased profit.
- Financial vision to increase and maintain liquidity during various operating environments.
- Effective communication skills to all levels throughout an organization and the board of directors.

WORK EXPERIENCE

Chief Financial Officer / Vice President of Finance

Adirondack Health, Saranac Lake, NY 12983

95 Bed; Independent, Sole Community Hospital

October 2018 – current

Named interim CFO in October 2018 and appointed the permanent position in April 2019 after guiding the organization through a time of change and setting the stage for success.

- Achieved year-over-year financial improvement, increasing EBIDA by \$6,000,000 from 2018 to 2020.
- Implemented a Recovery Action Plan in 2023 with net financial improvement of \$4,000,000.
- Developed a five-year strategic capital plan for facilities, information technology, and equipment for the first time in recent organizational history to allow adequate planning of company resources.
- Key executive member to develop three-year strategic plan for the organization.
- Led strategic service line projects, reducing duplicative services resulting in \$2,800,000 annual savings.
- Management representative responsible for preparation and presentation at board and committee meetings for Finance Committee, Audit & Compliance Committee, Facilities & Capital Committee and the Ad Hoc Service Line Committee. Key member of the Quality Improvement Committee and the Joint Conference Committee (equal parts administration, board members and medical staff members).
- Successfully collaborated with an orthopedic surgeon and Supply Chain to negotiate an implant purchasing contract with a vendor, yielding \$320,000 annual savings.
- Through thoughtful foresight, established lines of credit through the COVID-19 pandemic to ensure liquidity of the organization, being the first United States customer of the global bank to do so.
- Led operational teams, including Supply Chain, to ensure adequate personal protective equipment was available to all staff with zero instances of having to do without, all while reducing non-PPE inventory in pharmacy and the Operating Room by approximately \$1,000,000 over two years.

- Completed a \$40,000,000 capital expansion project, replacing aging facilities. Identified significant construction, non-conforming issues and worked with legal counsel to protect the organization and receive the full benefit of what was paid for in the Construction Management agreement.
- Negotiated contracts/agreements for equipment, for joint ventures and with insurance companies including a joint replacement robot with a \$0 cash outlay, a collaborative agreement to establish an infectious disease lab, and an insurance contract that netted an additional \$1,000,000 profit annually.
- Renegotiated debt agreements in order to receive more favorable bond covenants, change in interest rates and obtain waivers & consents for operational changes.
- Created Position Management Committee to review and approve staffing additions to ensure productivity targets as well as operational needs of all departments.
- Serve as Chief Financial Officer of the Adirondack Health Foundation that raises \$5,000,000 annually for the support of the medical center.

Assistant Vice President of Finance

Adirondack Health, Saranac Lake, NY 12983

April 2017 - October 2018

Responsible for the finance operation, including managing the annual financial statement audit, tax return, and the operational and capital budgets in addition to the monthly financial reporting to the board.

- Key member of the negotiating team representing management in successful union negotiations.
- Lead member of the Investment Committee, acting as a fiduciary for the staff retirement investments.
- Implemented a staff productivity system, measuring staffing levels to department volumes.
- Revamped the budget to make the process more efficient and accurate for management and the board.
- Subject matter expert on financial modules of MEDITECH.

Various Progressive Positions

Adirondack Health, Saranac Lake, NY 12983

Controller: July 2014 – March 2017

Financial Analyst: October 2012 – June 2014

American Management Association, Saranac Lake, NY 12983

Senior Accountant: June 2002 – September 2012

EDUCATION

Master of Business Administration – Health Care Administration Concentration

Columbia Southern University

Anticipated graduation date May 2023 (degree progress put on hold during COVID-19 Pandemic)

Bachelor of Science – Major of Accounting; Minor in Music

Plattsburgh State University

Graduated Cum Laude 2002

MEMBERSHIPS

Professional

Board Member & Finance Committee Member
(Finance Committee Chair)
Adirondack Accountable Care Organization
2018 – current

Finance Committee Member
Adirondack Health Institute
2018 – 2021

Community

Board Member - President
Helen Hill Housing Development Corporation
2018 - current

Board Member - President
Adirondack Housing Development Corporation
2014 - current

Board Member
Families First of Essex County
2023 - Current

Board Member
Pendragon Theatre
2014 – 2019

REFERENCES

Available upon request.



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing Board
Manager
November 14, 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. Judy Peterson, Consumer Medicare Manager, for a three-year term ending on November 30, 2026.

AND

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidate, hereby appoints Bob Laba to the Finance Committee.

HSA Engagement in Quality Improvement and Health Disparities



OneCare Vermont
onecarevt.org

Value-Based Care Engagement

HSA Executive Consultations

- **Description:** The purpose of these consultations is to share performance insights and provide an opportunity for discussion to create connection with leaders in your health service area.
- **Audience:** Health care leaders in your community.

Quarterly Value-Based Care Webinars

- **Description:** These webinars feature providers who are excelling in PHM performance. OneCare provides a forum for sharing of lessons learned and best practices with the goal of creating a space for peer-to-peer learning.
- **Audience:** Quality and care coordination team members, practice managers, and providers from across OneCare's network.

Quarterly PHM Performance Improvement

- **Description:** Each quarter OneCare will share performance data on the PHM quality measures at each health service area. Performance data are available at the practice level for both primary care practices and continuum of care partners. The intent of this data review is to provide insights on performance and initiate conversation about potential quality improvement collaborations.
- **Audience:** Quality and care coordination team members, practice managers, partner organizations, and providers from across OneCare's network.

Social Determinants of Health (SDOH)

Screening Alignment for Vermont:

Uncovering and Addressing Health Disparities

- First meeting hosted by OneCare
- Invited key partners including payers, provider organizations, state government, and practicing providers.
- 25 attended (hybrid meeting)
- Screening tools and requirements shared and compared
- Discussed the shared goal of standardized tool, digital entry, and data governance
- Agreement that data is needed to design solutions
- Flexibility and desire to work together
- Planning next meeting for January 2024

Health Equity

Quintuple Aim



- Equity and access are integral to all population health efforts and initiatives at OneCare.
- HSA consultations include HSA-specific disparities data.
- Assessing health equity is a requirement in provider accountabilities.
- For 2024, our new data platform will improve data integrity and scope in this area.

CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes

Image credit: Neuroflow

PY222 & PY23 Medicaid Program Performance Drivers

November 2023

Prepared by the OneCare Payment Reform Team

Presented by Derek Raynes, Director, Payment Reform



OneCare Vermont

onecarevt.org

Notice: All data and reports produced by OneCare Vermont are for the sole use of OneCare and its 'ACO Participants,' 'Preferred Providers,' and "Preferred Providers,' Collaborators' ("Network") for the purpose 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 region's binding contracts and 'Business Associate Agreements' with OneCare.

Presentation Overview

Medicaid Performance: Program Year 2022

- Performance by MEG Class (Adult vs. Pediatric)
- Adult Attributed Lives – Savings by Service Line
- Performance Drivers by Service Line

Medicaid Performance: Program Year 2023

- Projected Performance by MEG Class (Adult vs. Pediatric)
- Performance Drivers by Service Line

PY22 Medicaid Performance by MEG

- The hospital FPP component of Medicaid spend is fixed by design – annual TCOC performance is really driven by fee-for-service spend against the target
- In PY22, OneCare beat the FFS spend target by \$9.8M, driven by \$13M in savings for adult attributed lives (offset by \$4.5M spend over target for pediatric attributed lives)

| ETCOC | MMs | ETCOC | FPP | FFS |
|-----------------------|------------------|----------------------|----------------------|----------------------|
| ABD (Adult and Child) | 57,417 | \$35,252,890 | \$18,567,412 | \$16,685,478 |
| Adult (Blended) | 503,622 | \$186,204,583 | \$104,940,747 | \$81,263,837 |
| Child (Blended) | 542,177 | \$64,323,546 | \$33,381,149 | \$30,942,397 |
| Total | 1,103,216 | \$285,781,019 | \$156,889,308 | \$128,891,712 |

FFS Target

| ATCOC | Shadow+FFS | Shadow | FFS |
|-----------------------|----------------------|----------------------|----------------------|
| ABD (Adult and Child) | \$36,713,138 | \$21,320,870 | \$15,392,268 |
| Adult (Blended) | \$166,385,955 | \$98,155,091 | \$68,230,864 |
| Child (Blended) | \$68,155,296 | \$32,704,962 | \$35,450,335 |
| Total | \$271,254,389 | \$152,180,922 | \$119,073,467 |

FFS Spend

| Performance Over/(Under)* | Total | Shadow | FFS |
|---------------------------|-----------------------|----------------------|----------------------|
| ABD (Adult and Child) | \$1,460,248 | \$2,753,458 | (\$1,293,209) |
| Adult (Blended) | (\$19,818,628) | (\$6,785,656) | (\$13,032,973) |
| Child (Blended) | \$3,831,750 | (\$676,187) | \$4,507,937 |
| Total | (\$14,526,630) | (\$4,708,385) | (\$9,818,245) |

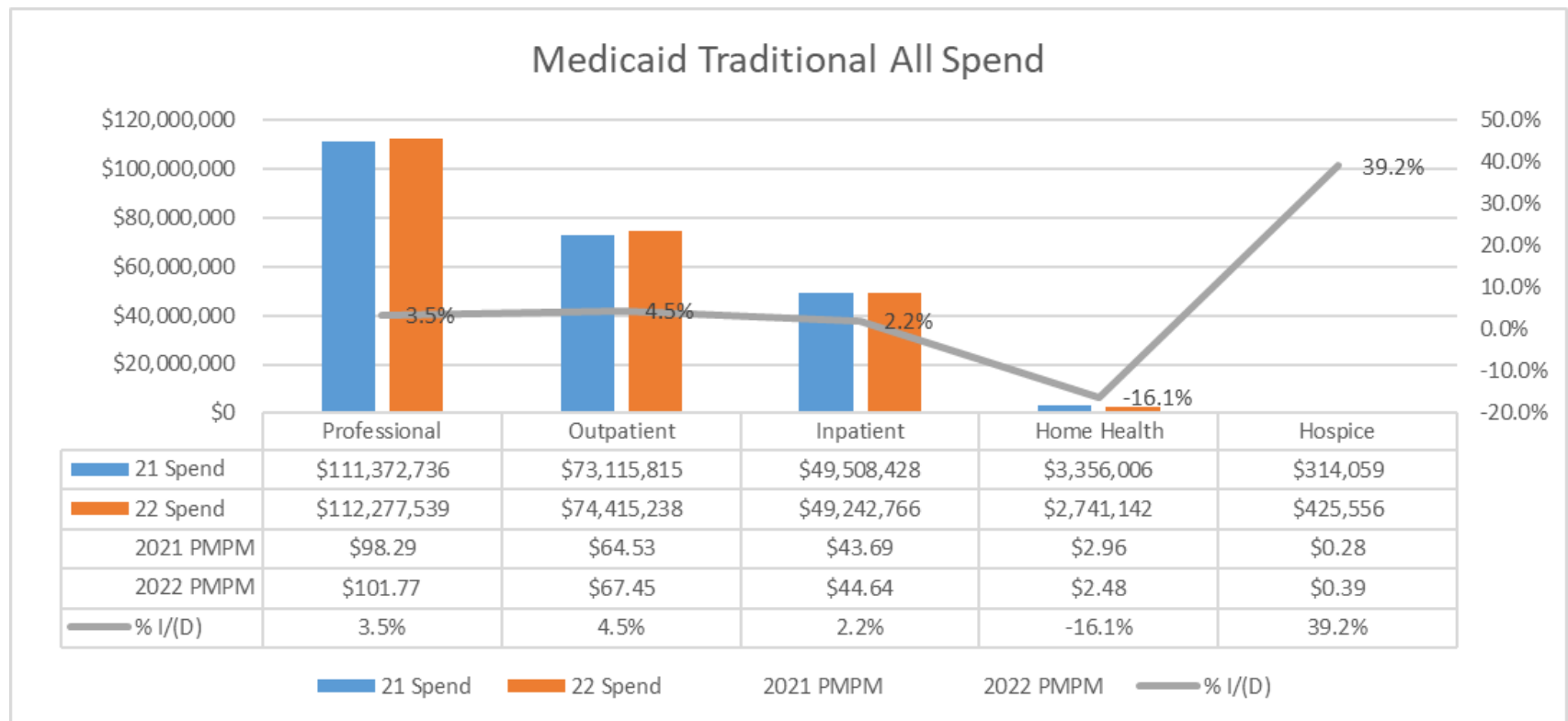
*Before truncation, quality score adjustment, and corridor limit.

Master Page # 62 of 150 - Board of Managers Meeting 11/14/2023

Confidential – for ACO Activities Only (See first page for Notice)

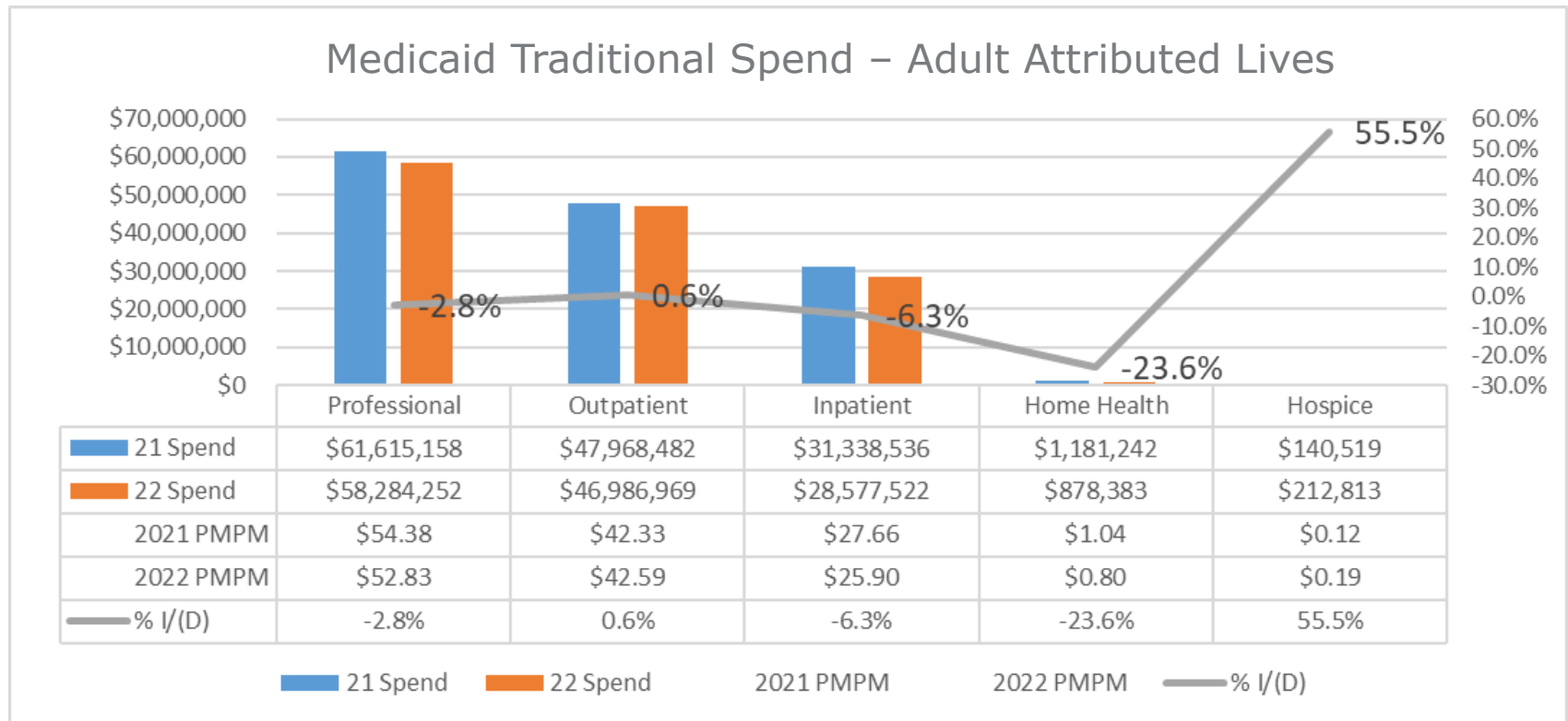
PY22 Medicaid Performance by Service

- TCOC savings were achieved because the growth in spend from PY21 to PY22 was less than the projected utilization and price growth used to set the target
- Across OneCare for PY22, professional, outpatient and inpatient services for Medicaid attributed lives grew by 3.5%, 4.5% and 2.2%, respectively



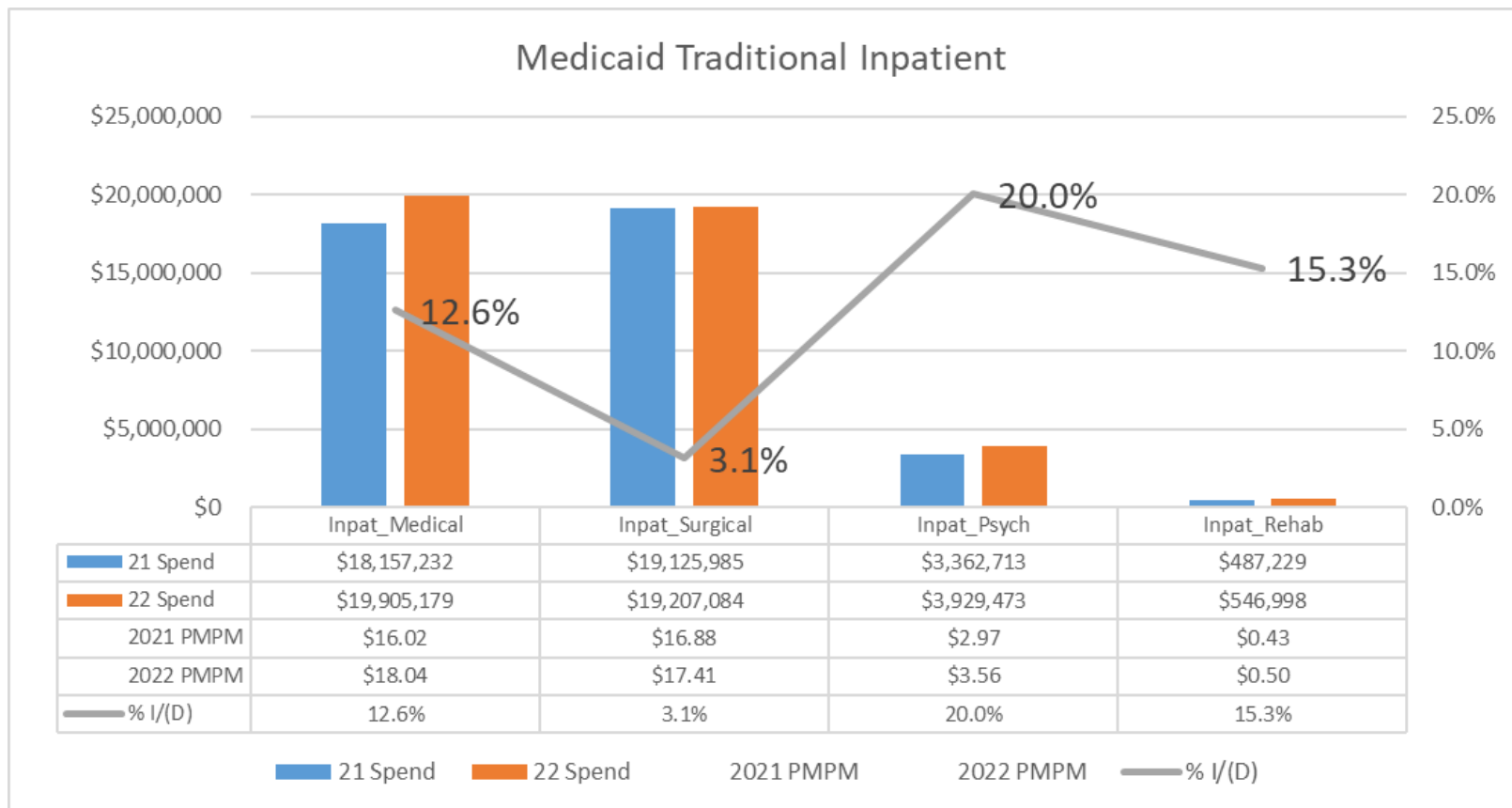
Savings Achieved on Adult Attributed Lives

- Cost savings for the adult attributed lives drove program performance in PY22
- Across OneCare, professional and inpatient spend for **adult** attributed lives on a PMPM basis were **reduced** by 2.8% and 6.3%, respectively, while outpatient spend grew by only 0.6%



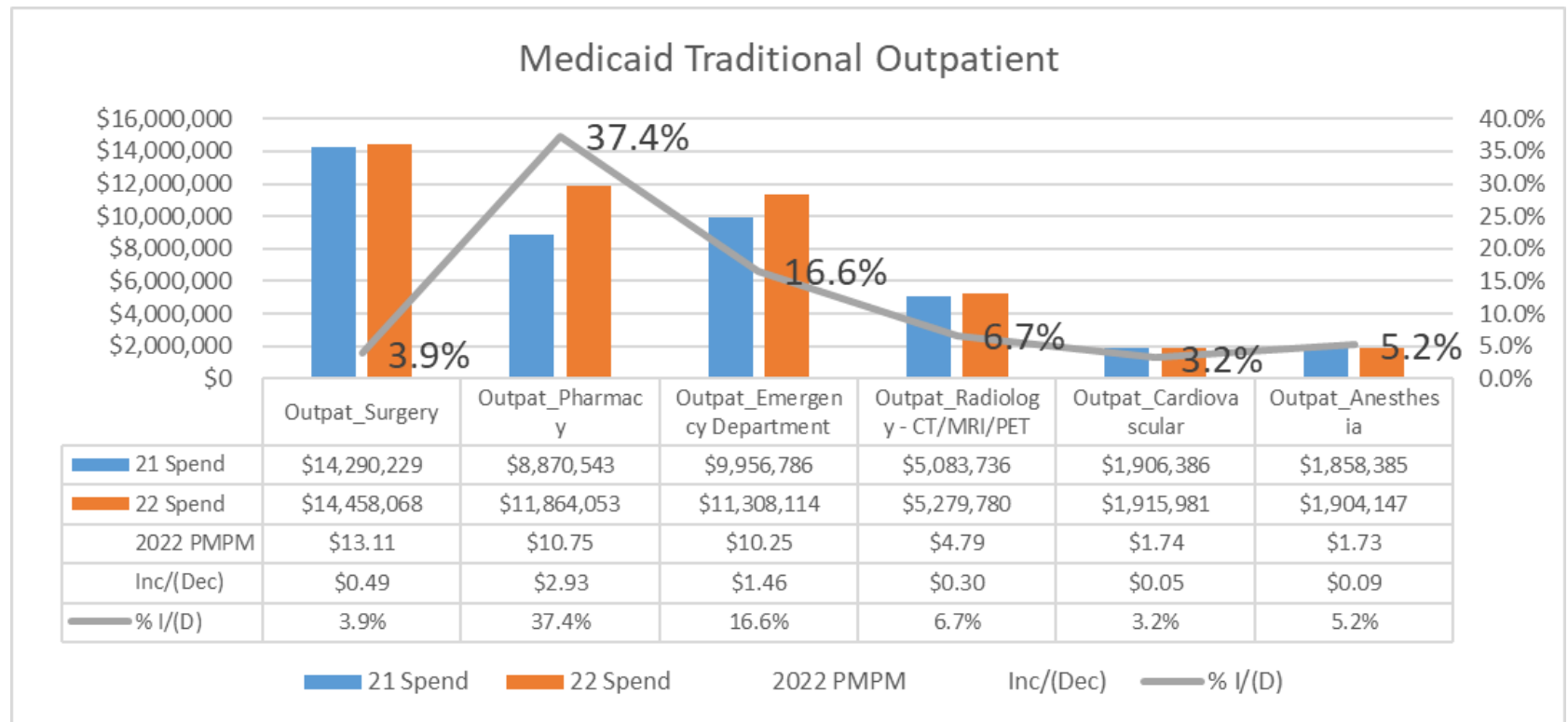
PY22 Medicaid Inpatient Performance

- The growth in inpatient spend was primarily driven by inpatient medical cases and inpatient surgical cases
- Material growth in inpatient psychiatric and rehabilitation services (low total impact)



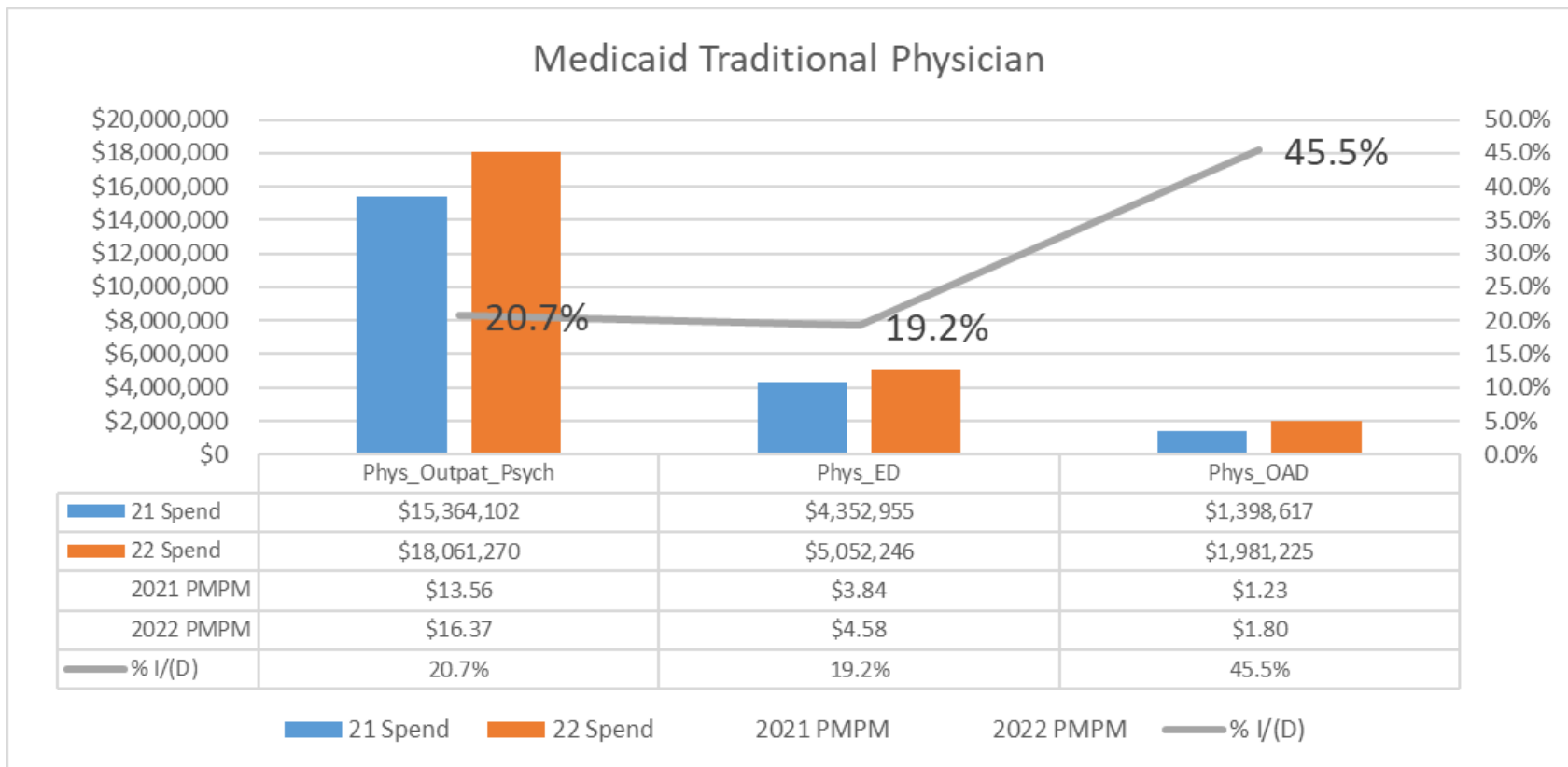
PY22 Medicaid Outpatient Performance

- The growth in outpatient spend was primarily driven by outpatient surgery, outpatient pharmacy, ED cases, and OP radiology
- Material growth in outpatient cardiovascular and anesthesia services (low total impact)



PY22 Medicaid Professional Performance

- The growth in professional spend was primarily driven by outpatient psychiatry and ED
- Material growth in office administered drugs (low total impact)



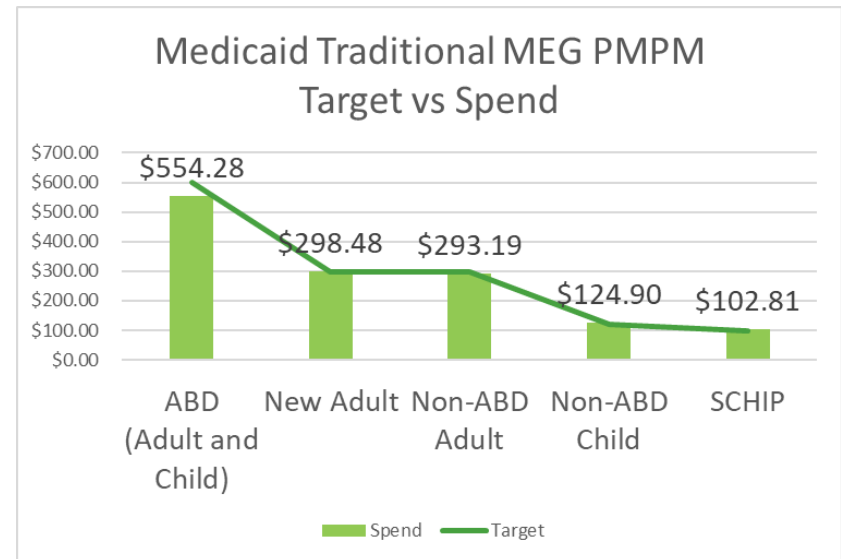
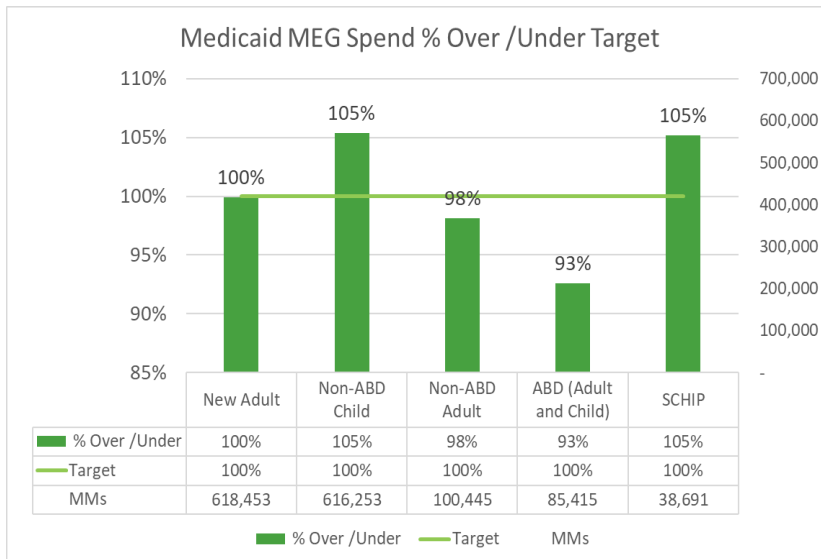
PY23 Medicaid Projected Performance

- Small favorable TCOC spend variance is projected to be offset by the quality adjustment at settlement, resulting in ACO shared losses of \$43k
- Spend over target is being driven primarily by pediatric attributed lives
- Combines traditional and expanded cohorts

Full Year Forecast Shared Savings/(Losses)

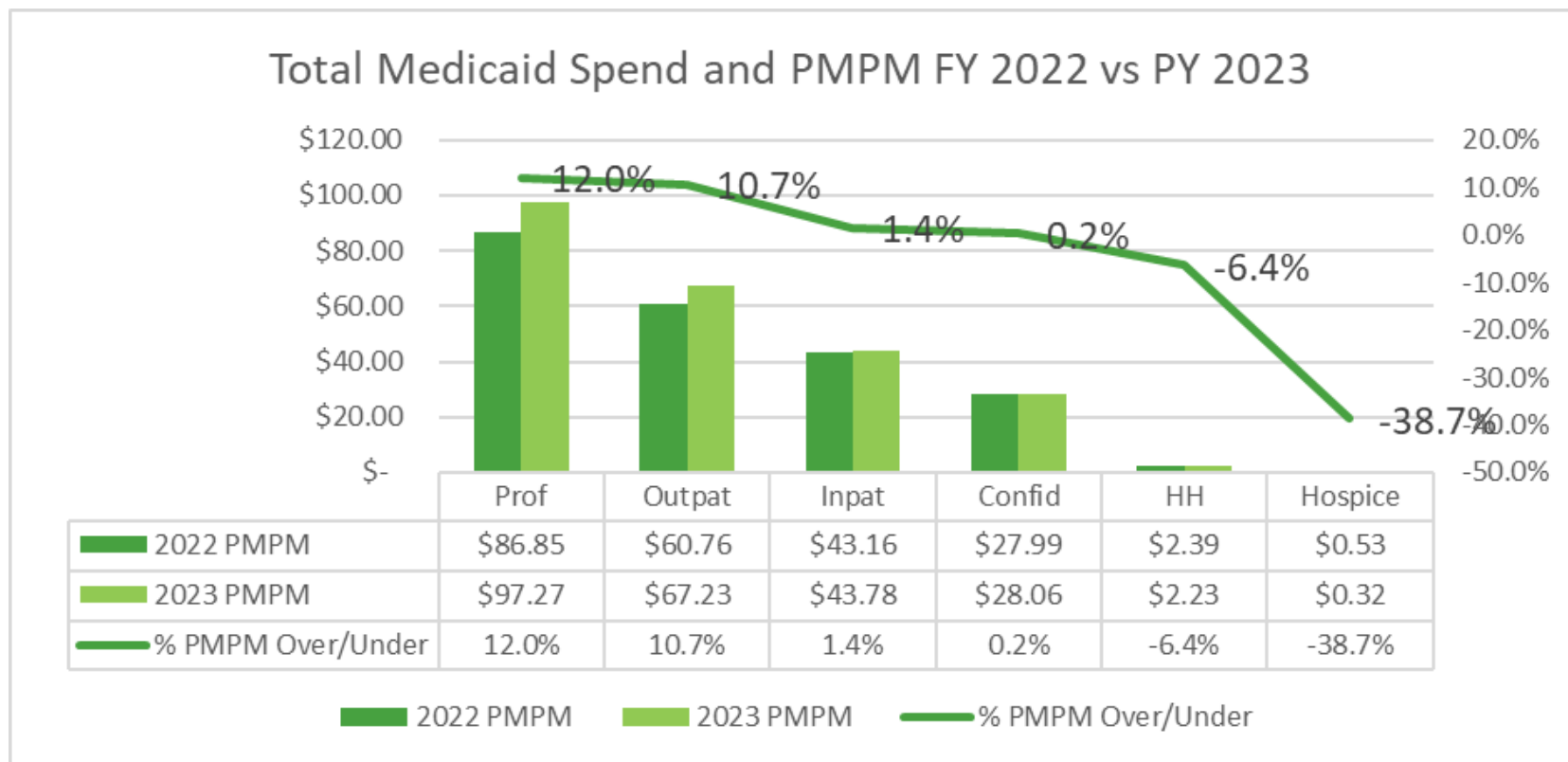
| | |
|--|----------|
| OCV Full Year Forecast PMPM | \$240.14 |
| Target PMPM | \$240.86 |
| Savings/(Losses) PMPM | \$0.72 |
| Corridor Limited Savings/(Losses) PMPM** | (\$0.03) |

| | |
|-------------------------------------|---------------|
| OCV Full Year Forecast Total Cost | \$350,431,892 |
| Target Total Cost | \$351,478,226 |
| Savings/(Losses) | \$1,046,334 |
| Corridor Limited Savings/(Losses)** | (\$43,249) |



PY23 Medicaid Performance by Service

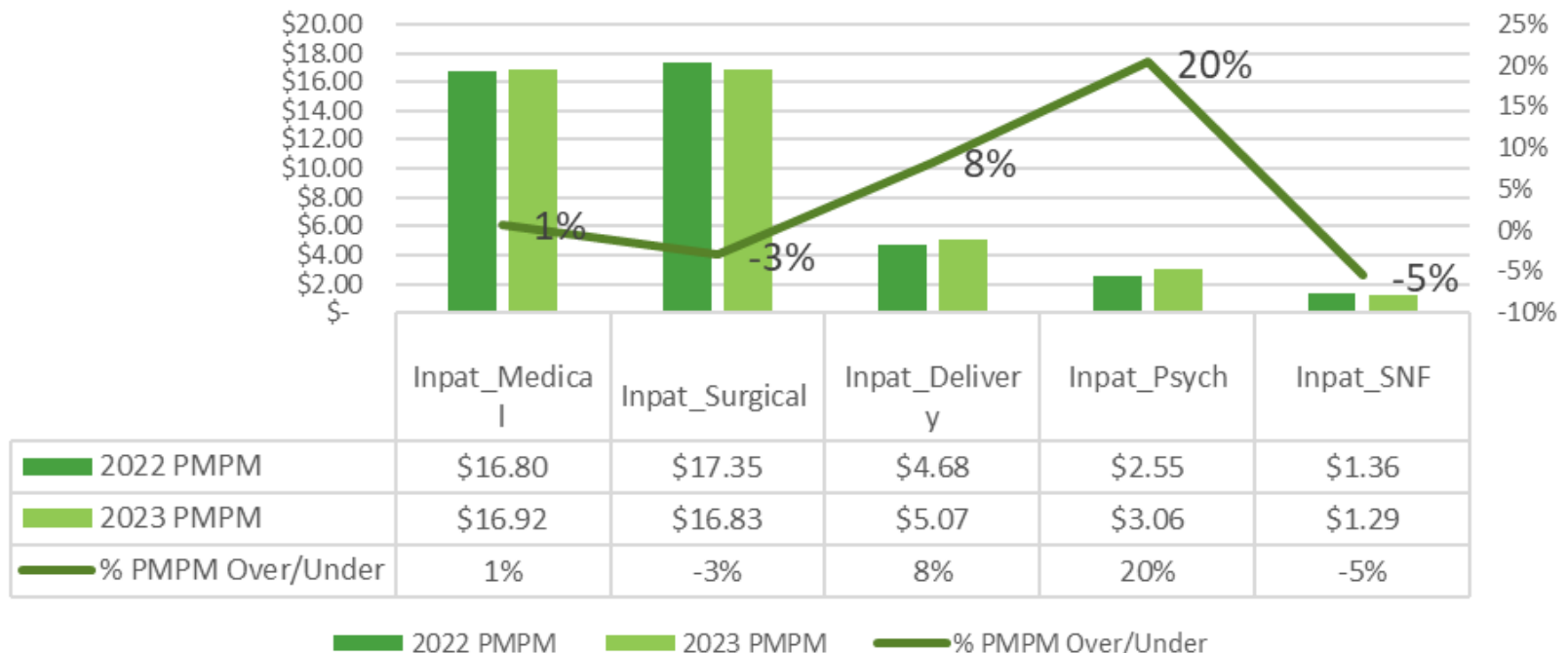
- The growth in spend from PY22 to PY23 for all attributed lives is exceeding utilization, pricing, and other factors used to set the TCOC target
- Across OneCare, professional, outpatient, inpatient, and confidential services being delivered to all Medicaid attributed lives are growing by 12.0%, 10.7%, 1.4%, and 0.2%, respectively (low impact reductions in HH and Hospice)



PY23 Medicaid Inpatient Performance

- Medical DRGs increased for septicemia/severe sepsis, pulmonary edema, and respiratory failure
- Overall, surgical DRGs were down, but increased the most for major small and large bowel procedures, procedures for multiple significant trauma, cardiac valve, and other major cardiothoracic procedures

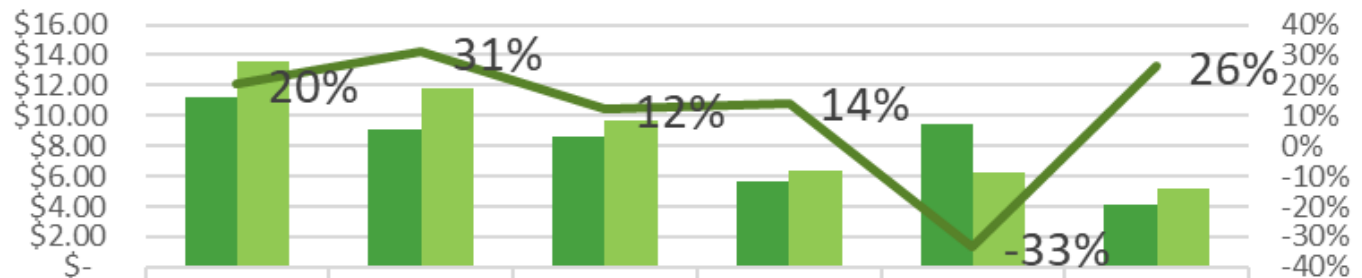
Inpatient Spend and PMPM % Over/Under 2022 vs 2023



PY23 Medicaid Outpatient Performance

- Outpatient surgery increased
- Outpatient pharmacy increased for chemotherapy drugs (J9271, J1300, J9299) and a new drug is being used (J9144) beginning in 2023
- Outpatient Radiology increased for CTs of the abdomen and pelvis w/contrast

Outpatient Spend and PMPM % Over/Under 2022 vs 2023



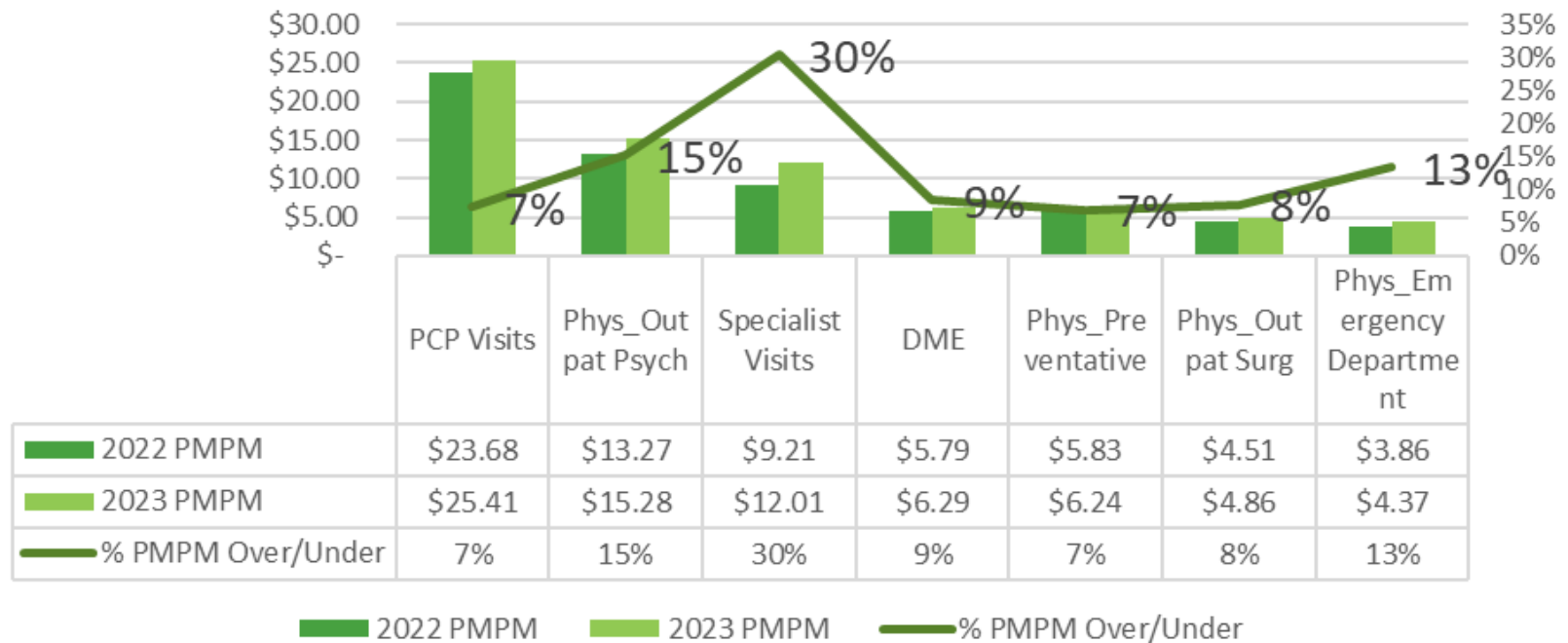
| | Outpat_Surgery | Outpat_Pharmacy | Outpat_Emergency Department | Outpat_Radiology General | Outpat_Pathology/Lab | Outpat_Radiology - CT/MRI/PET |
|-------------------|----------------|-----------------|-----------------------------|--------------------------|----------------------|-------------------------------|
| 2022 PMPM | \$11.24 | \$9.04 | \$8.67 | \$5.62 | \$9.47 | \$4.14 |
| 2023 PMPM | \$13.53 | \$11.86 | \$9.74 | \$6.42 | \$6.31 | \$5.23 |
| % PMPM Over/Under | 20% | 31% | 12% | 14% | -33% | 26% |

2022 PMPM 2023 PMPM % PMPM Over/Under

PY23 Medicaid Professional Performance

- Physician OP psych increased for 60-minute individual psychotherapy sessions performed by a licensed mental health provider and diagnostic evaluations that are related to new behavioral health concerns or illnesses
- Specialist visits increased for pediatric medicine, licensed clinical mental health counselor visits, and visits with licensed psychologists/social workers

Professional Spend and PMPM % Over/Under 2022 vs 2023



Findings and Next Steps

- Further investigation is warranted in the following areas (% change from PY22 to PY23 YTD):
 - OP pharmacy (+31%)
 - OP radiology – CT/MRI/PET (+26%)
 - OP surgery (+20%)
 - OP radiology – general (+14%)
 - OP ED (+12%)
 - Specialist visits (+30%)
 - OP pathology/lab (-33%)
- Next steps for network hospitals and providers include internally investigating high-growth areas of spend and further collaboration with OneCare
- Next steps for OneCare include consideration of target-setting approach for pediatric attributed lives and ongoing network data support, including:
 - HSA-level breakdowns were provided in HSA consultations
 - Other data as needed upon request



OneCare Vermont

Public Affairs Report | November 2023

Media Coverage

Getting Vermonters in crisis out of emergency departments and into the right mental health care

[October 16, 2023, VTDigger](#)

This is a Sponsored Spotlight OneCare placed to highlight the waiver that OneCare is uniquely qualified to issue that made possible expedited patient transport by those trained in managing mental health crises to the specialty facility of the Brattleboro Retreat, getting people out of emergency departments faster and to the right care for their mental health care needs.

In Robin Lunge, Green Mountain Care Board keeps experienced policy hand

[October 5, 2023, VTDigger](#)

Coverage of Green Mountain Care Board (GMCB) member, Robin Lunge's, reappointment to the GMCB. OneCare is mentioned in the context of Lunge's role in the development of the All-Payer Model.

Government Relations

State Legislative Update

The Healthcare Reform Oversight Committee is scheduled to meet on November 30th to learn about the AHEAD Model that was recently released by CMS.

Green Mountain Care Board

OneCare Vermont presented its 2024 proposed budget to the GMCB on November 8th. The presentation can be found [here](#): All of OneCare's budget materials including recent responses to GMCB's follow questions on our budget submission can be found [here](#): GMCB's staff presentation on OneCare's Budget is scheduled for Wednesday December 6th

On October 27, Northeastern Vermont Regional Hospital [requested a modification](#) of their budget order language.

On November 1 Lore Health, a MSSP ACO with Vermont Participating Providers presented their [Medicare Only ACO Budget](#).

Outreach and Advocacy

Events, Shares, Articles, and Resources

OneCare is seeking a consumer of MVP health insurance to serve on our board of managers. The individual must be an MVP beneficiary through a fully insured employer plan or purchased through Vermont Health Connect. This information was promoted on [LinkedIn](#). Please feel free to like, comment, and/or share our post to increase our reach.

Abe and Dr. Jacobs presented at the UVM Health Equity Summit on October 30. They did an excellent job highlighting the importance of OneCare and how providers can leverage our data to understand areas of opportunity to increase equity across their patient panels. The full event program can be found [here](#).

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

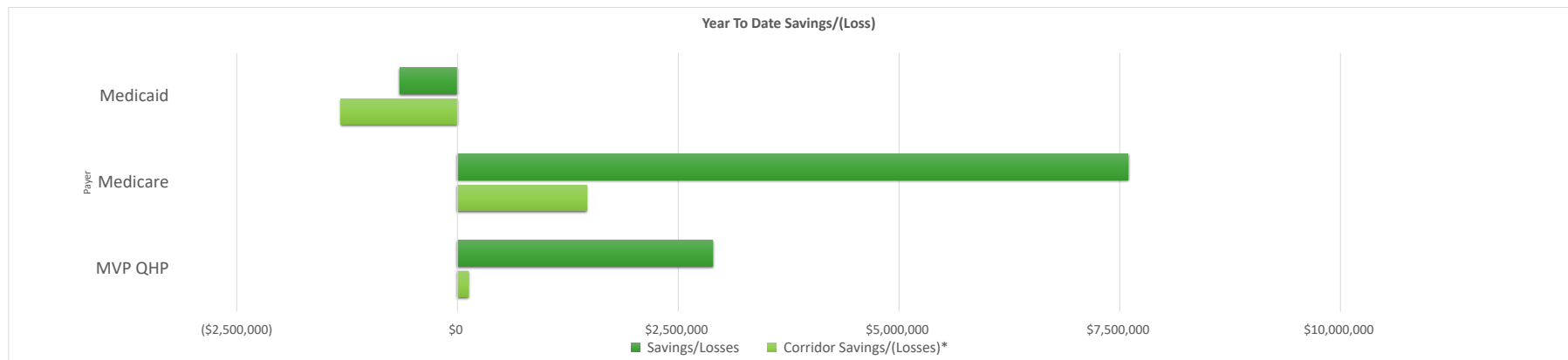
July 2023 PY Monthly Financial Performance Report

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

| Current Month | Payer | Medicaid | | Medicare | | Self-Funded | | MVP QHP | | Total |
|---------------|------------------|----------|-----------|----------|-------------|-------------|---------|---------|-----------|-------------|
| | Savings/(Losses) | PMPM | Total | PMPM | Total | PMPM | Total | PMPM | Total | |
| | | \$1.41 | \$170,844 | \$32.32 | \$1,564,755 | Pending | Pending | \$73.14 | \$512,826 | \$2,248,425 |

| Year To Date | Payer | Medicaid | | Medicare | | Self-Funded | | MVP QHP | | Total |
|--------------|----------------------------|----------|---------------|----------|-------------|-------------|---------|---------|-------------|-------------|
| | Savings/(Losses) | PMPM | Total | PMPM | Total | PMPM | Total | PMPM | Total | |
| | | (\$0.73) | (\$654,805) | \$22.18 | \$7,592,509 | Pending | Pending | \$56.38 | \$2,888,328 | \$9,826,033 |
| | Corridor Savings/(Losses)* | (\$1.47) | (\$1,317,416) | \$4.27 | \$1,462,991 | Pending | Pending | \$7.14 | \$121,862 | \$267,438 |

| Full Year Forecast | Payer | Medicaid | | Medicare | | Self-Funded | | MVP QHP | | Total |
|--------------------|---------------------------|----------|-------------|----------|--------------|-------------|---------|---------|-------------|--------------|
| | Savings/(Losses) | PMPM | Total | PMPM | Total | PMPM | Total | PMPM | Total | |
| | | \$0.72 | \$1,046,334 | \$17.56 | \$10,222,036 | Pending | Pending | \$88.51 | \$7,500,885 | \$18,769,255 |
| | Corridor Savings/(Losses) | (\$0.03) | (\$43,249) | (\$0.39) | (\$227,238) | Pending | Pending | \$7.14 | \$403,184 | \$132,697 |



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

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**OneCare Vermont****July 2023 PY Monthly Financial Performance Report**

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

Current Month Shared Savings/(Losses)

| | |
|-------------------------|----------|
| OCV Actual Monthly PMPM | \$240.94 |
| Target PMPM | \$242.35 |
| Savings/(Losses) PMPM | \$1.41 |

| | |
|-----------------------|--------------|
| OCV Actual Total Cost | \$29,235,866 |
| Target Total Cost | \$29,406,710 |
| Savings/(Losses) | \$170,844 |

Year To Date Shared Savings/(Losses)

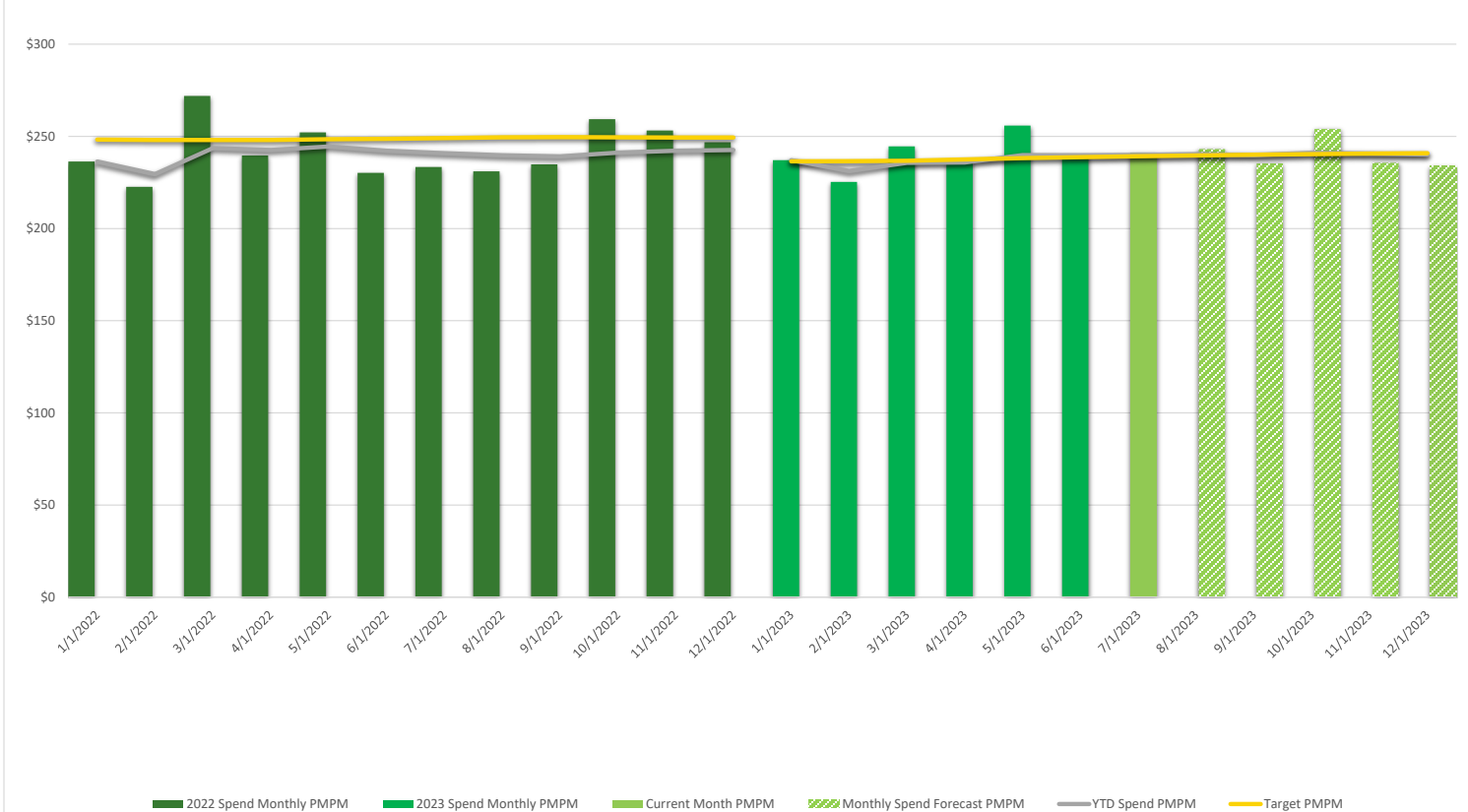
| | |
|--|----------|
| OCV YTD PMPM | \$239.93 |
| Target PMPM | \$239.19 |
| Savings/(Losses) PMPM | (\$0.73) |
| Corridor Limited Savings/(Losses) PMPM** | (\$1.47) |

| | |
|-------------------------------------|---------------|
| OCV YTD Total Cost | \$214,400,223 |
| Target Total Cost | \$213,745,418 |
| Savings/(Losses) | (\$654,805) |
| Corridor Limited Savings/(Losses)** | (\$1,317,416) |

Full Year Forecast Shared Savings/(Losses)

| | |
|--|----------|
| OCV Full Year Forecast PMPM | \$240.14 |
| Target PMPM | \$240.86 |
| Savings/(Losses) PMPM | \$0.72 |
| Corridor Limited Savings/(Losses) PMPM** | (\$0.03) |

| | |
|-------------------------------------|---------------|
| OCV Full Year Forecast Total Cost | \$350,431,892 |
| Target Total Cost | \$351,478,226 |
| Savings/(Losses) | \$1,046,334 |
| Corridor Limited Savings/(Losses)** | (\$43,249) |

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****July 2023 PY Monthly Financial Performance Report**

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

Current Month Shared Savings/(Losses)

| | |
|-------------------------|----------|
| OCV Actual Monthly PMPM | \$893.15 |
| Target PMPM | \$925.47 |
| Savings/(Losses) PMPM | \$32.32 |

| | |
|-----------------------|--------------|
| OCV Actual Total Cost | \$43,235,492 |
| Target Total Cost | \$44,800,247 |
| Savings/(Losses) | \$1,564,755 |

Year To Date Shared Savings/(Losses)

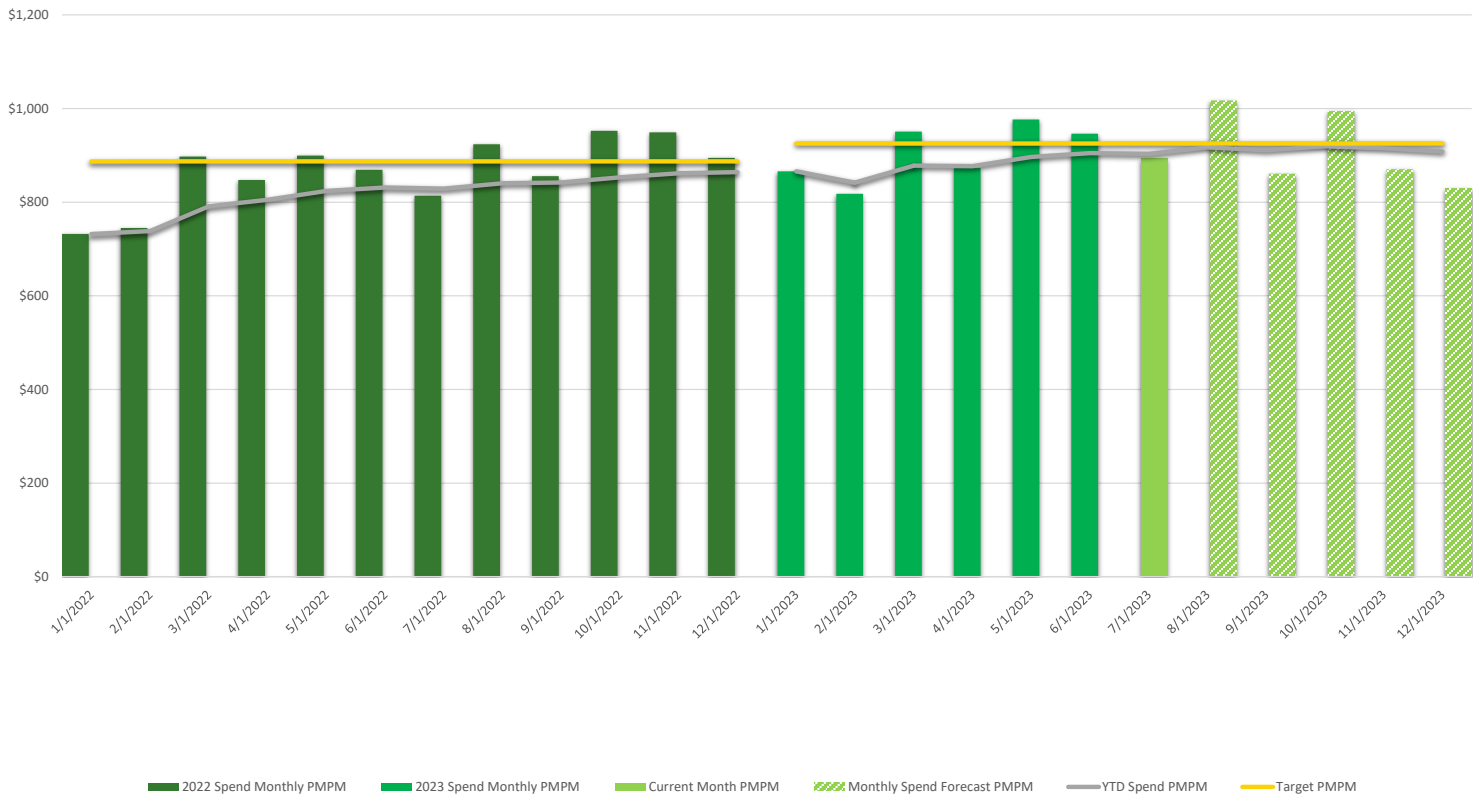
| | |
|--|----------|
| OCV YTD PMPM | \$903.13 |
| Target PMPM | \$925.31 |
| Savings/(Losses) PMPM | \$22.18 |
| Corridor Limited Savings/(Losses) PMPM** | \$4.27 |

| | |
|-------------------------------------|---------------|
| OCV YTD Total Cost | \$309,112,809 |
| Target Total Cost | \$316,705,318 |
| Savings/(Losses) | \$7,592,509 |
| Corridor Limited Savings/(Losses)** | \$1,462,991 |

Full Year Forecast Shared Savings/(Losses)

| | |
|--|----------|
| OCV Full Year Forecast PMPM | \$907.88 |
| Target PMPM | \$925.44 |
| Savings/(Losses) PMPM | \$17.56 |
| Corridor Limited Savings/(Losses) PMPM** | (\$0.39) |

| | |
|-------------------------------------|---------------|
| OCV Full Year Forecast Total Cost | \$528,365,288 |
| Target Total Cost | \$538,587,324 |
| Savings/(Losses) | \$10,222,036 |
| Corridor Limited Savings/(Losses)** | (\$227,238) |

2022-2023 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****July 2023 PY Monthly Financial Performance Report**

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

Current Month Shared Savings/(Losses)

| | |
|-------------------------|----------|
| OCV Actual Monthly PMPM | \$641.21 |
| Target PMPM | \$714.35 |
| Savings/(Losses) PMPM | \$73.14 |

| | |
|-----------------------|-------------|
| OCV Actual Total Cost | \$4,496,196 |
| Target Total Cost | \$5,009,022 |
| Savings/(Losses) | \$512,826 |

Year To Date Shared Savings/(Losses)

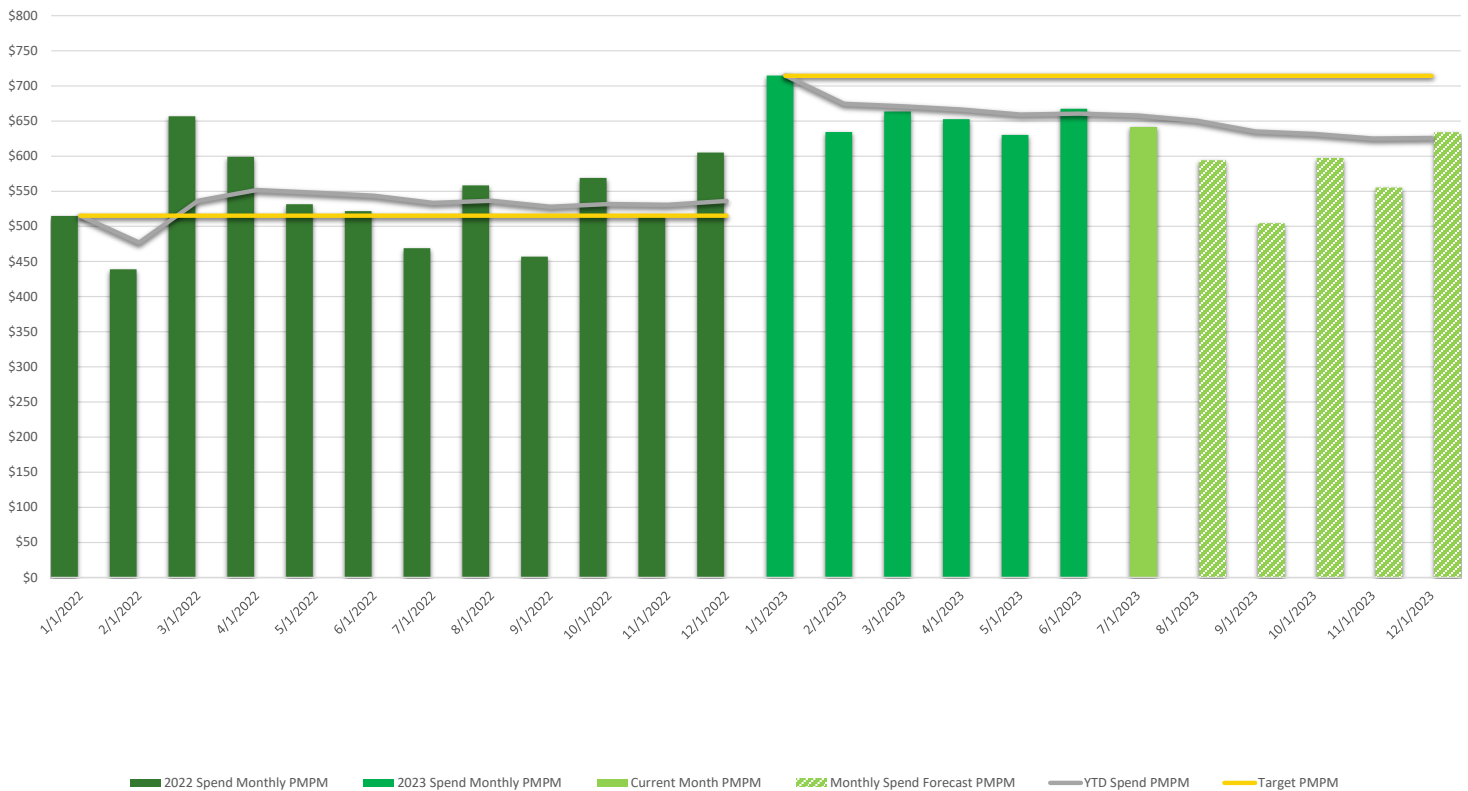
| | |
|--|----------|
| OCV YTD PMPM | \$657.97 |
| Target PMPM | \$714.35 |
| Savings/(Losses) PMPM | \$56.38 |
| Corridor Limited Savings/(Losses) PMPM** | \$7.14 |

| | |
|-------------------------------------|--------------|
| OCV YTD Total Cost | \$33,706,965 |
| Target Total Cost | \$36,595,293 |
| Savings/(Losses) | \$2,888,328 |
| Corridor Limited Savings/(Losses)** | \$121,862 |

Full Year Forecast Shared Savings/(Losses)

| | |
|--|----------|
| OCV Full Year Forecast PMPM | \$625.84 |
| Target PMPM | \$714.35 |
| Savings/(Losses) PMPM | \$88.51 |
| Corridor Limited Savings/(Losses) PMPM** | \$7.14 |

| | |
|-------------------------------------|--------------|
| OCV Full Year Forecast Total Cost | \$53,037,234 |
| Target Total Cost | \$60,538,118 |
| Savings/(Losses) | \$7,500,885 |
| Corridor Limited Savings/(Losses)** | \$403,184 |

2022-2023 MVP QHP Performance History

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

**Includes Blueprint and quality score impact

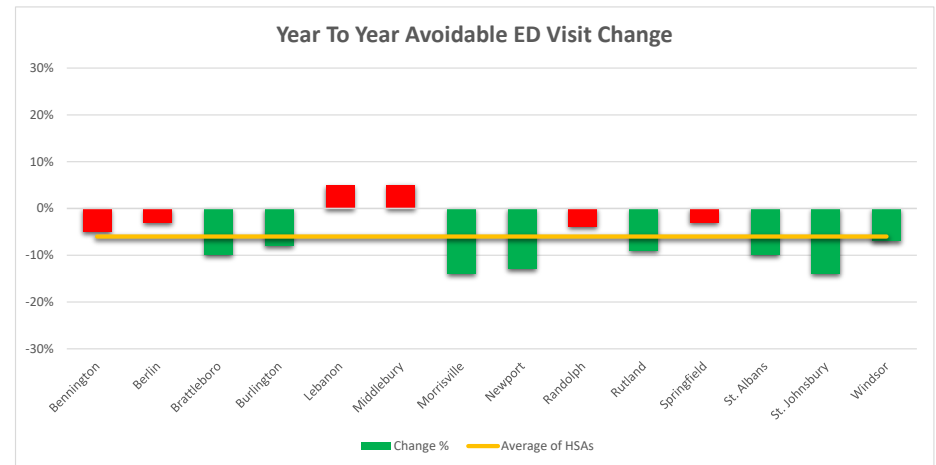
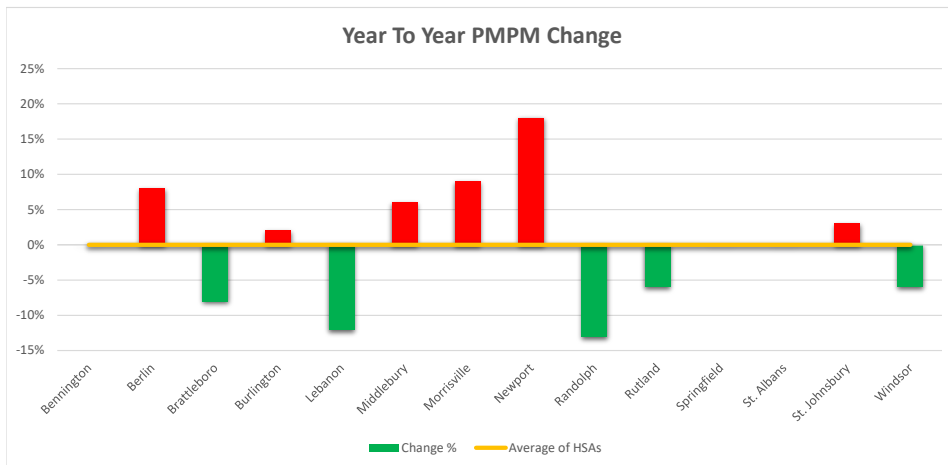
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OneCare Vermont

July 2023 PY Monthly Financial Performance Report

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

| Medicaid | | | | | | | | | | | | | |
|-----------------|--------------------------|----------|----------|-----------------|-------------|--|------|----------|-----------------|------------|----------------|----------|------------|
| HSA | Year To Year PMPM Change | | | | | Year To Year Avoidable ED Visits PKPY Change | | | | | Combined Score | | |
| | 2022 | 2023 | Change % | Average of HSAs | PIP Earned* | 2022 | 2023 | Change % | Average of HSAs | PIP Earned | PIP Earned | % of PIP | PIP Payout |
| Bennington | \$169.08 | \$168.95 | 0% | 0% | Y | 248 | 235 | -5% | -6% | N | 1 | 6% | \$0 |
| Berlin | \$201.63 | \$218.15 | 8% | 0% | N | 293 | 284 | -3% | -6% | N | 0 | 0% | \$0 |
| Brattleboro | \$186.37 | \$171.65 | -8% | 0% | Y | 234 | 210 | -10% | -6% | Y | 2 | 13% | \$0 |
| Burlington | \$219.00 | \$222.38 | 2% | 0% | N | 238 | 220 | -8% | -6% | Y | 1 | 6% | \$0 |
| Lebanon | \$224.86 | \$197.21 | -12% | 0% | Y | 278 | 292 | 5% | -6% | N | 1 | 6% | \$0 |
| Middlebury | \$191.57 | \$202.17 | 6% | 0% | N | 438 | 462 | 5% | -6% | N | 0 | 0% | \$0 |
| Morrisville | \$207.72 | \$225.91 | 9% | 0% | N | 307 | 264 | -14% | -6% | Y | 1 | 6% | \$0 |
| Newport | \$200.24 | \$235.85 | 18% | 0% | N | 407 | 355 | -13% | -6% | Y | 1 | 6% | \$0 |
| Randolph | \$239.72 | \$208.20 | -13% | 0% | Y | 316 | 305 | -4% | -6% | N | 1 | 6% | \$0 |
| Rutland | \$253.48 | \$239.25 | -6% | 0% | Y | 312 | 283 | -9% | -6% | Y | 2 | 13% | \$0 |
| Springfield | \$226.88 | \$227.05 | 0% | 0% | Y | 373 | 363 | -3% | -6% | N | 1 | 6% | \$0 |
| St. Albans | \$201.86 | \$201.17 | 0% | 0% | Y | 347 | 314 | -10% | -6% | Y | 2 | 13% | \$0 |
| St. Johnsbury | \$211.82 | \$218.19 | 3% | 0% | N | 327 | 282 | -14% | -6% | Y | 1 | 6% | \$0 |
| Windsor | \$204.29 | \$191.69 | -6% | 0% | Y | 343 | 318 | -7% | -6% | Y | 2 | 13% | \$0 |
| Average of HSAs | \$209.89 | \$209.13 | 0% | | | 319 | 299 | -6% | | | 16 | 100% | \$ - |

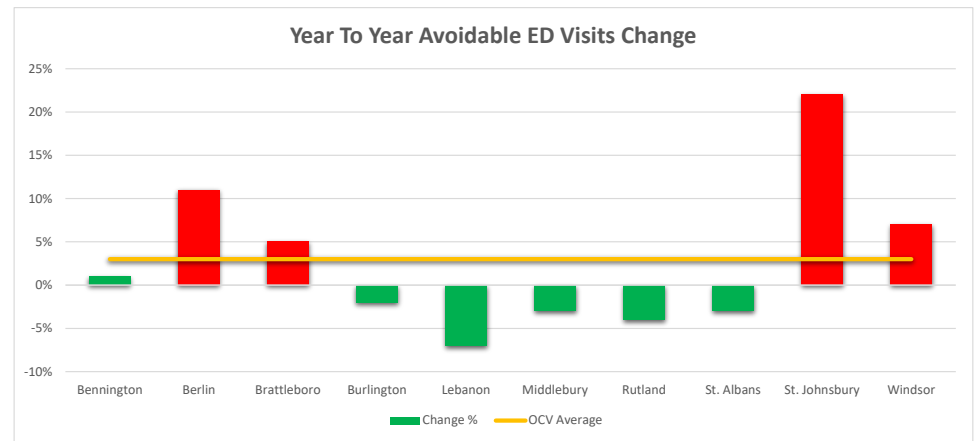
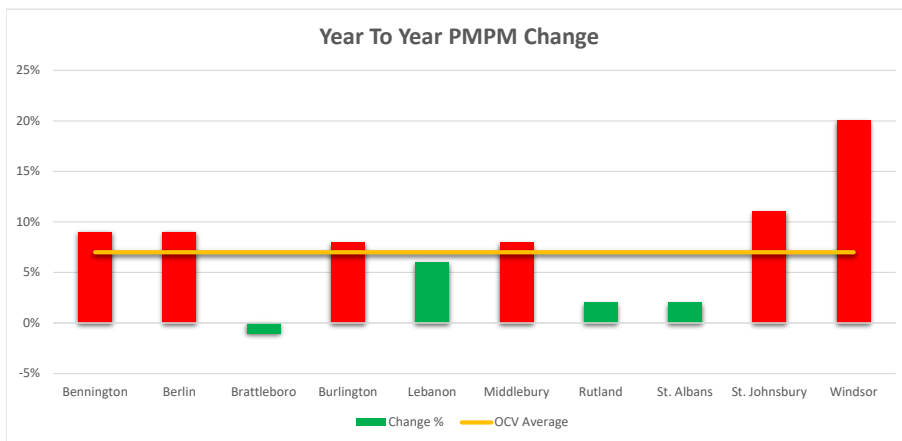


OneCare Vermont

July 2023 PY Monthly Financial Performance Report

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

| HSA | Medicare | | | | | | | | | | | | |
|-----------------|--------------------------|----------|----------|-----------------|------------|--|------|----------|-----------------|------------|----------------|----------|------------|
| | Year To Year PMPM Change | | | | | Year To Year Avoidable ED Visits PKPY Change | | | | | Combined Score | | |
| | 2022 | 2023 | Change % | Average of HSAs | PIP Earned | 2022 | 2023 | Change % | Average of HSAs | PIP Earned | PIP Earned | % of PIP | PIP Payout |
| Bennington | \$771.82 | \$843.86 | 9% | 7% | N | 262 | 265 | 1% | 3% | Y | 1 | 10% | \$14,630 |
| Berlin | \$769.76 | \$837.64 | 9% | 7% | N | 232 | 256 | 11% | 3% | N | 0 | 0% | \$0 |
| Brattleboro | \$767.26 | \$761.26 | -1% | 7% | Y | 208 | 218 | 5% | 3% | N | 1 | 10% | \$14,630 |
| Burlington | \$777.04 | \$837.75 | 8% | 7% | N | 222 | 217 | -2% | 3% | Y | 1 | 10% | \$14,630 |
| Lebanon | \$695.22 | \$734.56 | 6% | 7% | Y | 141 | 131 | -7% | 3% | Y | 2 | 20% | \$29,260 |
| Middlebury | \$718.53 | \$777.53 | 8% | 7% | N | 356 | 347 | -3% | 3% | Y | 1 | 10% | \$14,630 |
| Morrisville | | | | | | | | | | | | | |
| Newport | | | | | | | | | | | | | |
| Randolph | | | | | | | | | | | | | |
| Rutland | \$944.24 | \$967.15 | 2% | 7% | Y | 282 | 270 | -4% | 3% | Y | 2 | 20% | \$29,260 |
| Springfield | | | | | | | | | | | | | |
| St. Albans | \$764.74 | \$780.09 | 2% | 7% | Y | 347 | 337 | -3% | 3% | Y | 2 | 20% | \$29,260 |
| St. Johnsbury | \$790.26 | \$879.13 | 11% | 7% | N | 233 | 285 | 22% | 3% | N | 0 | 0% | \$0 |
| Windsor | \$812.76 | \$973.08 | 20% | 7% | N | 260 | 279 | 7% | 3% | N | 0 | 0% | \$0 |
| Average of HSAs | \$781.16 | \$839.20 | 7% | | | 254 | 260 | 3% | | | 10 | 100% | \$ 146,299 |



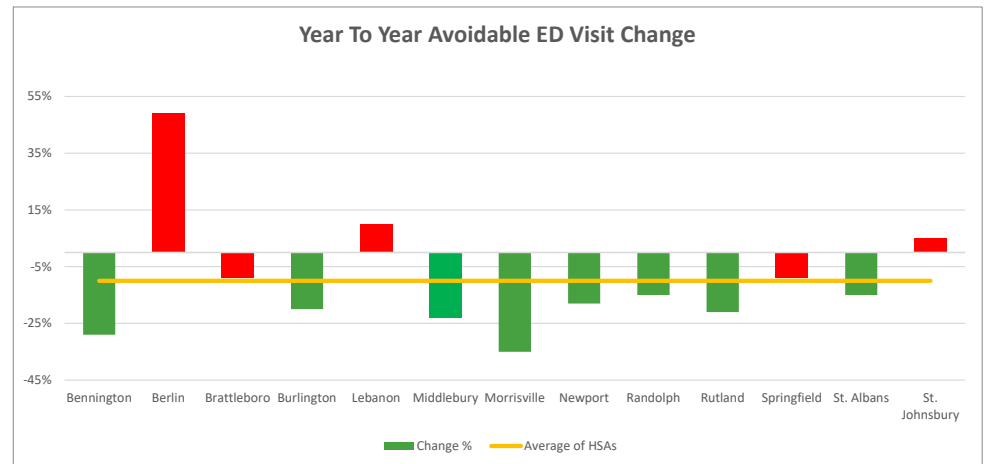
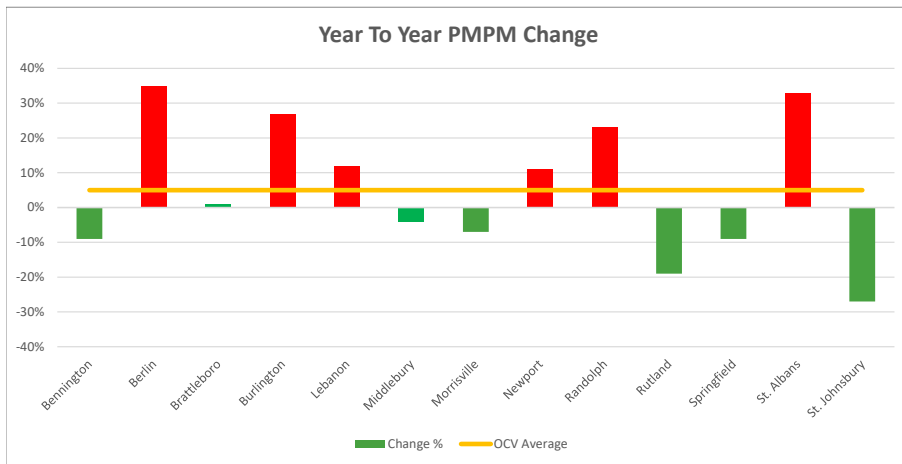
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OneCare Vermont

July 2023 PY Monthly Financial Performance Report

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

| MVP QHP | | | | | | | | | | | | | |
|-----------------|--------------------------|----------|----------|-----------------|------------|---|------|----------|-----------------|------------|----------------|----------|--------------|
| HSA | Year To Year PMPM Change | | | | | Year To Year Avoidable ED Visits Change | | | | | Combined Score | | |
| | 2022 | 2023 | Change % | Average of HSAs | PIP Earned | 2022 | 2023 | Change % | Average of HSAs | PIP Earned | PIP Earned | % of PIP | PIP Payout |
| Bennington | \$763.25 | \$697.23 | -9% | 5% | Y | 178 | 125 | -29% | -10% | Y | 2 | 13% | \$1,625 |
| Berlin | \$536.67 | \$727.09 | 35% | 5% | N | 66 | 98 | 49% | -10% | N | 0 | 0% | \$0 |
| Brattleboro | \$448.43 | \$451.98 | 1% | 5% | Y | 98 | 90 | -9% | -10% | N | 1 | 7% | \$812 |
| Burlington | \$453.82 | \$574.92 | 27% | 5% | N | 67 | 54 | -20% | -10% | Y | 1 | 7% | \$812 |
| Lebanon | \$616.62 | \$692.33 | 12% | 5% | N | 115 | 126 | 10% | -10% | N | 0 | 0% | \$0 |
| Middlebury | \$487.17 | \$465.86 | -4% | 5% | Y | 86 | 66 | -23% | -10% | Y | 2 | 13% | \$1,625 |
| Morrisville | \$689.15 | \$642.93 | -7% | 5% | Y | 128 | 83 | -35% | -10% | Y | 2 | 13% | \$1,625 |
| Newport | \$748.41 | \$830.98 | 11% | 5% | N | 198 | 162 | -18% | -10% | Y | 1 | 7% | \$812 |
| Randolph | \$533.10 | \$658.00 | 23% | 5% | N | 155 | 132 | -15% | -10% | Y | 1 | 7% | \$812 |
| Rutland | \$907.55 | \$733.97 | -19% | 5% | Y | 147 | 116 | -21% | -10% | Y | 2 | 13% | \$1,625 |
| Springfield | \$935.52 | \$855.95 | -9% | 5% | Y | 144 | 130 | -9% | -10% | N | 1 | 7% | \$812 |
| St. Albans | \$553.00 | \$737.64 | 33% | 5% | N | 134 | 114 | -15% | -10% | Y | 1 | 7% | \$812 |
| St. Johnsbury | \$542.03 | \$395.22 | -27% | 5% | Y | 103 | 108 | 5% | -10% | N | 1 | 7% | \$812 |
| Average of HSAs | \$731.20 | \$749.08 | 5% | | | 260 | 108 | -10% | | | 15 | 100% | \$ 12,186.23 |



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2023 Year to Date Total Shared Savings/(Losses)

July 2023 PY Monthly Financial Performance Report

January - July 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 | | \$1,462,991 | (\$1,317,416) | \$121,862 | Pending | \$267,438 |
| HSA_Level | | Medicare | Medicaid | MVP | Self-Funded | Total |
| Bennington | Base Shared Savings/(Loss) | \$116,201 | (\$83,048) | \$14,954 | Pending | \$48,107 |
| | Incentive Pool Earned | \$14,630 | \$0 | \$1,625 | Pending | \$16,255 |
| | Total | \$130,831 | (\$83,048) | \$16,579 | Pending | \$64,362 |
| Berlin | Base Shared Savings/(Loss) | \$202,956 | (\$112,967) | \$6,667 | Pending | \$96,655 |
| | Incentive Pool Earned | \$0 | \$0 | \$0 | Pending | \$0 |
| | Total | \$202,956 | (\$112,967) | \$6,667 | Pending | \$96,655 |
| Brattleboro | Base Shared Savings/(Loss) | \$62,286 | (\$52,671) | \$2,886 | Pending | \$12,501 |
| | Incentive Pool Earned | \$14,630 | \$0 | \$812 | Pending | \$15,442 |
| | Total | \$76,916 | (\$52,671) | \$3,698 | Pending | \$27,943 |
| Burlington | Base Shared Savings/(Loss) | \$416,909 | (\$330,052) | \$32,228 | Pending | \$119,086 |
| | Incentive Pool Earned | \$14,630 | \$0 | \$812 | Pending | \$15,442 |
| | Total | \$431,539 | (\$330,052) | \$33,041 | Pending | \$134,528 |
| Lebanon | Base Shared Savings/(Loss) | \$24,285 | (\$46,193) | \$4,053 | Pending | (\$17,855) |
| | Incentive Pool Earned | \$29,260 | \$0 | \$0 | Pending | \$29,260 |
| | Total | \$53,545 | (\$46,193) | \$4,053 | Pending | \$11,405 |
| Middlebury | Base Shared Savings/(Loss) | \$84,772 | (\$65,677) | \$7,745 | Pending | \$26,840 |
| | Incentive Pool Earned | \$14,630 | \$0 | \$1,625 | Pending | \$16,255 |
| | Total | \$99,402 | (\$65,677) | \$9,370 | Pending | \$43,095 |
| Morrisville | Base Shared Savings/(Loss) | \$0 | (\$61,524) | \$5,504 | Pending | (\$56,020) |
| | Incentive Pool Earned | \$0 | \$0 | \$1,625 | Pending | \$1,625 |
| | Total | \$0 | (\$61,524) | \$7,129 | Pending | (\$54,395) |
| Newport | Base Shared Savings/(Loss) | \$0 | (\$75,517) | \$3,091 | Pending | (\$72,425) |
| | Incentive Pool Earned | \$0 | \$0 | \$812 | Pending | \$812 |
| | Total | \$0 | (\$75,517) | \$3,904 | Pending | (\$71,613) |
| Randolph | Base Shared Savings/(Loss) | \$0 | (\$52,241) | \$2,753 | Pending | (\$49,489) |
| | Incentive Pool Earned | \$0 | \$0 | \$812 | Pending | \$812 |
| | Total | \$0 | (\$52,241) | \$3,565 | Pending | (\$48,676) |
| Rutland | Base Shared Savings/(Loss) | \$156,739 | (\$140,656) | \$12,595 | Pending | \$28,678 |
| | Incentive Pool Earned | \$29,260 | \$0 | \$1,625 | Pending | \$30,885 |
| | Total | \$185,998 | (\$140,656) | \$14,220 | Pending | \$59,563 |
| Springfield | Base Shared Savings/(Loss) | \$0 | (\$69,990) | \$4,858 | Pending | (\$65,132) |
| | Incentive Pool Earned | \$0 | \$0 | \$812 | Pending | \$812 |
| | Total | \$0 | (\$69,990) | \$5,670 | Pending | (\$64,320) |
| St. Albans | Base Shared Savings/(Loss) | \$93,571 | (\$111,535) | \$8,711 | Pending | (\$9,253) |
| | Incentive Pool Earned | \$29,260 | \$0 | \$812 | Pending | \$30,072 |
| | Total | \$122,831 | (\$111,535) | \$9,523 | Pending | \$20,819 |
| St. Johnsbury | Base Shared Savings/(Loss) | \$115,895 | (\$93,788) | \$3,631 | Pending | \$25,738 |
| | Incentive Pool Earned | \$0 | \$0 | \$812 | Pending | \$812 |
| | Total | \$115,895 | (\$93,788) | \$4,444 | Pending | \$26,551 |
| Windsor | Base Shared Savings/(Loss) | \$43,079 | (\$21,558) | \$0 | Pending | \$21,521 |
| | Incentive Pool Earned | \$0 | \$0 | \$0 | Pending | \$0 |
| | Total | \$43,079 | (\$21,558) | \$0 | Pending | \$21,521 |
| Total HSA Savings/(Loss) | | \$1,462,991 | (\$1,317,416) | \$121,862 | Pending | \$267,438 |

HSA Savings/(Losses) Statement

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

**Does not include fixed payment recon

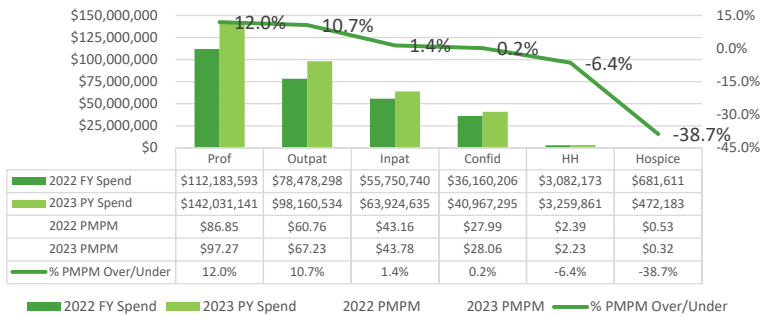
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In case of losses

Medicaid 2023 PY Drivers

Medicaid Total Spend and %PMPM Change 2022-2023

Total Medicaid Spend and PMPM FY 2022 vs PY 2023

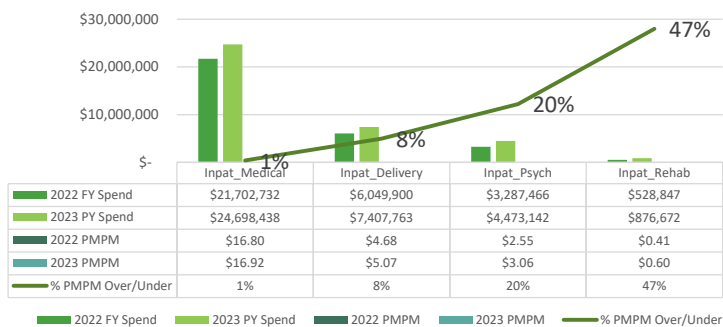


>The Spend projections graph shows the impact of redetermination that resumed in the summer of 2023. Spend is high in Q1,Q2 and beginning of Q3 but it is slowing down as the year ends.

>Some of the main cost drivers are Chemo drugs , Mental Health Services across service lines

Inpatient 2022-2023

Inpatient Spend and PMPM % Over/Under 2022 vs 2023



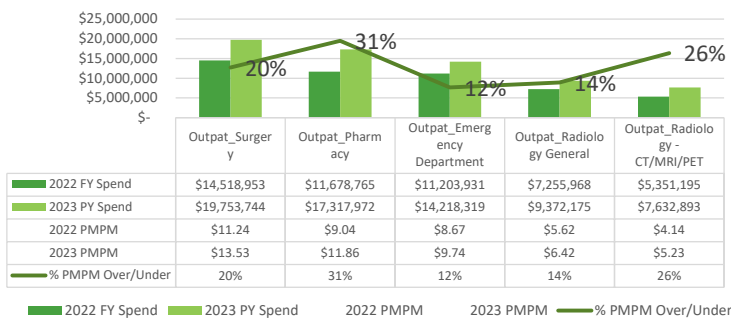
> Inpat_Medical increased for (septicemia or severe sepsis w/o mv >96 hours w mcc, pulmonary edema & respiratory failure)

> Inpat_Surgical increased the most for (major small & large bowel procedures w mcc, other o.r. procedures for multiple significant trauma w mcc, cardiac valve & oth maj

> Inpat_Psych increased the most for (Psychoses).

Outpatient 2022-2023

Outpatient Spend and PMPM % Over/Under 2022 vs 2023



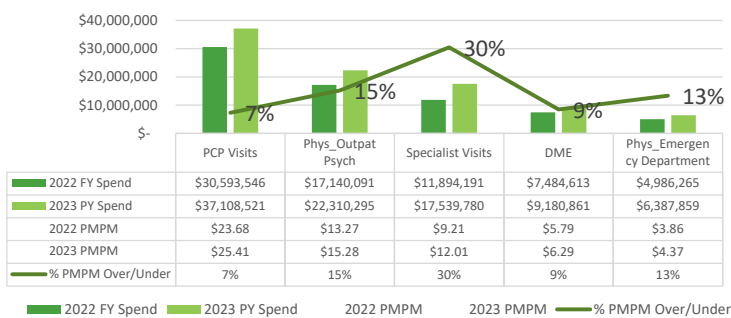
> Outpatient surgery increased for (42820-remove tonsils and adenoids, 27447-total knee arthroplasty and 69436-create eardrum opening)

> Outpatient pharmacy increased the most for chemotherapy drugs (J9271, J1300, J9299). New drug being used (J9144) starting 2023

> Outpatient Radiology increased the most for (74177-ct abd & pelv w/contrast).

Professional 2022-2023

Professional Spend and PMPM % Over/Under 2022 vs 2023



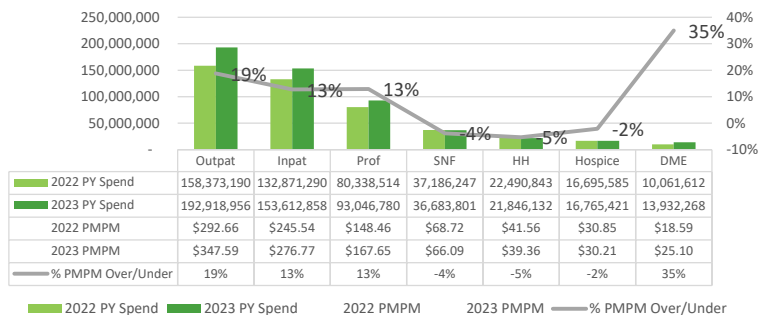
> Phys_Outpatient Psych increased for (90837-psytx w pt 60 minutes and 90791-psych diagnostic evaluation)

> Specialist visits increased the most for pediatric medicine, licensed clinical mental health counselor, licensed psychologist/social worker

Medicare 2023 PY Drivers

Medicare Total Spend and %PMPM Change 2022-2023

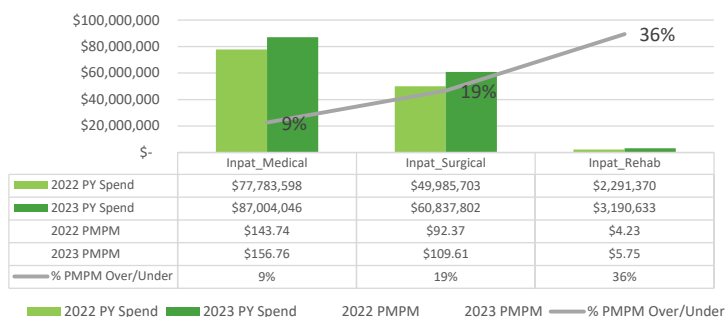
Total Medicare Spend and PMPM FY 2022 vs PY 2023



> Spend in the first half of 2023 is tracking closely to the benchmark amount. OneCare's forecast models suggest we will end the year very close to target. Post-acute services (ex: skilled nursing facility) spend appears to be tracking lower in 2023, contributing to this savings

Inpatient 2022-2023

Inpatient Spend and PMPM % Over/Under 2022 vs 2023



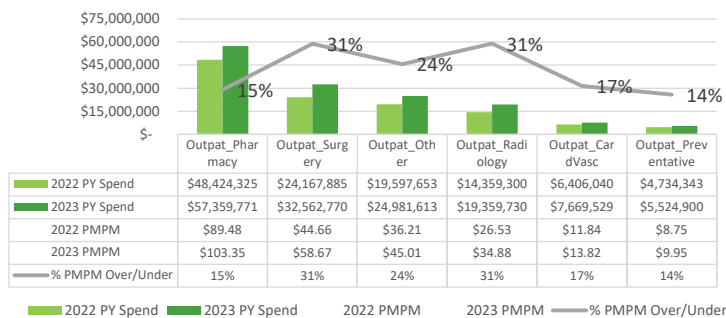
> Inpat_Medical increased for (septicemia or severe sepsis without mv >96 hours with mcc) similar to Medicaid

> Inpat_Surgical increased the most for (endovascular cardiac valve replacement and supplement procedures without mcc, major small and large bowel procedures with mcc)

> Inpat_Rehab increased the most for (aftercare, musculoskeletal system and connective tissue with cc), almost doubled. Also on the rise where degenerative nervous system disorders without mcc and aftercare with cc/mcc

Outpatient 2022-2023

Outpatient Spend and PMPM % Over/Under 2022 vs 2023



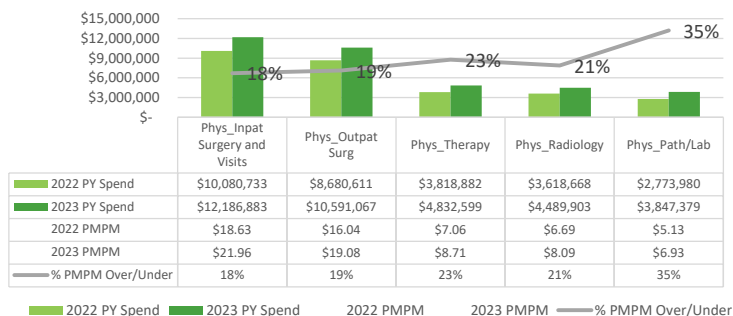
> Outpatient surgery increased for (27447-total knee arthroplasty, 27130-total hip arthroplasty and 23472-reconstruct shoulder joint)

> Outpatient pharmacy increased the most for chemotherapy drugs (J9271, J1303, J1944). New drug being used (J1569) starting 2023

> Outpatient Radiology increased the most for (77385-ntsty modul rad tx dlvr smpl, 74177-ct abd & pelv w/contrast). A new code has been introduced in use in 2023: A9607-Radiopharmaceutical agent

Professional 2022-2023

Professional Spend and PMPM % Over/Under 2022 vs 2023



> Phys_Output_Surgery increased for (66984-xcapsl ctrc rmvl w/o ecp, 27447-total knee arthroplasty, 17311-mohs 1 stage h/n/hf/g)

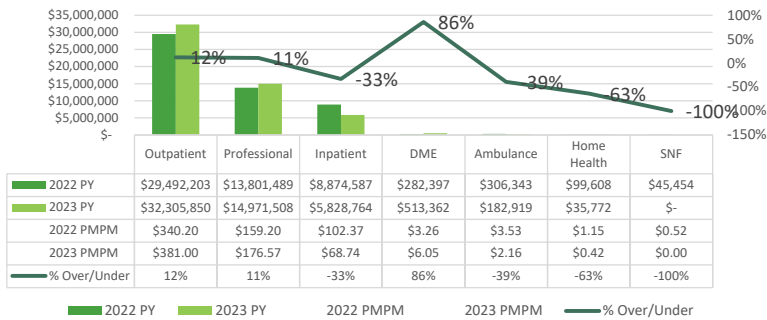
> Phys_Therapy increased the most for 97530-therapeutic activities, 97112-neuromuscular reeducation)

> Phys_Radiology increased the most for 74117-ct abd & pelv w/contrast)

MVP 2023 PY Drivers

MVP Total Spend and %PMPM Change 2022-2023

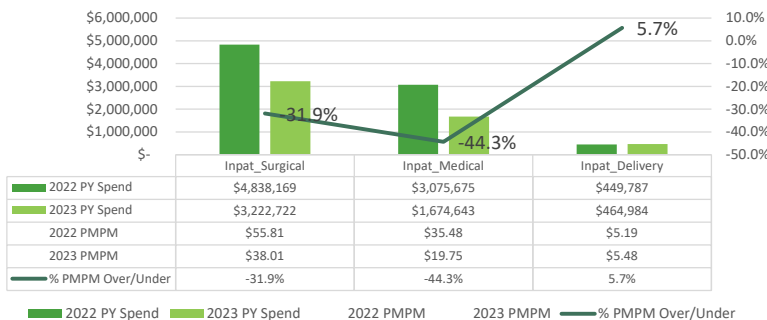
Total MVP Spend and PMPM FY 2022 vs PY 2023



>Currently, the program spend is below the target and a small amount of shared savings is projected for the year. Currently, inpatient spend is tracking at a lower PMPM than in the base period, driven by lower medical/surgical spend. Outpatient surgery spend is also trending lower and contributing to the savings projection. The growth rate of allowed PMPM in MVP's Vermont QHP business for members not attributed to OneCare is higher than the growth rate for members attributed to OneCare.

Inpatient 2022-2023

Inpatient Spend and PMPM % Over/Under 2022 vs 2023

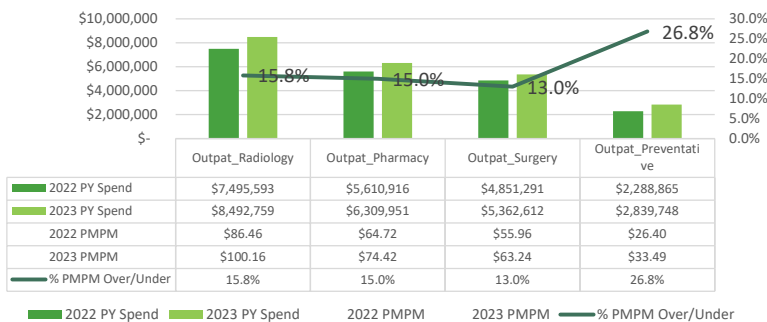


> Inpat_Surgical decreased for (intracranial vascular procedures w pdx hemorrhage w cc and cardiac valve & oth maj cardiothoracic proc w/o card cath w mcc)

> Inpat_Medical decreased the most for (chimeric antigen receptor (car) t-cell and other immunotherapies, diabetes w mcc and renal failure w mcc)

Outpatient 2022-2023

Outpatient Spend and PMPM % Over/Under 2022 vs 2023

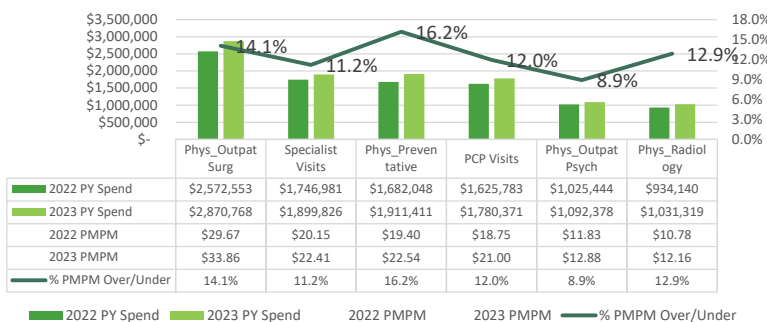


> Outpatient Radiology increased for (computed tomography, abdomen and pelvis; with contrast material(s) and intensity modulated radiation treatment delivery (imrt), includes guidance and tracking)

> Outpatient pharmacy increased the most for chemotherapy drugs (J2350, J9271, J99312). New drug being used (J1569) starting 2023

Professional 2022-2023

Professional Spend and PMPM % Over/Under 2022 vs 2023



> Phys_Outpat Surg increased for (arthroplasty, knee, condyle and plateau; medial and lateral compartments and mols micrographic technique, including removal of all gross tumor, surgical excision of tissue)

> Phys_Office Administered Drugs increased the most for (J1745, J2182, J0585) all chemo drugs