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

February 21, 2023
4:30 p.m. – 6:20 p.m.
Zoom Meeting

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	Anya Rader Wallack
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public § Welcome Aaron Perry (new Legal Counsel)	Anya Rader Wallack
4:32 p.m.	Consent Agenda Items* *(p. 3-20)* *Motion and Vote to Approve Consent Agenda Items – Supermajority Required*	Anya Rader Wallack
4:34 p.m.	Governance* (p. 21) § Audit Committee Nomination – Stuart May *Motion and Vote to Appoint Member of the Audit Committee - Supermajority Required*	Anya Rader Wallack
4:35 p.m.	UVMHN Genomic Population Health: The Genomic DNA Test (Update for OneCare Vermont)* *(p. 22-42)*	Introduction: Carrie Wulfman, MD Primary Presenter: Robert Wildin, MD
4:55 p.m.	OneCare Survey Findings: 2020-2022 * *(p. 43-49)*	Carrie Wulfman, MD
5:05 p.m.	Public Comment Move to Executive Session* *(p. 50)* *Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required*	
6:17 p.m.	Votes 1. Approve Executive Session Consent Agenda Items - Supermajority Required	Anya Rader Wallack

	2. Motion to Approve Resolution Invoking Participation Waiver for Transport from Network Hospital Emergency Departments to The Brattleboro Retreat for Treatment – Supermajority Required 3. Motion to Approve Resolution to Enter Performance Year 2023 University of Vermont Health Network Self-funded Program Agreement – Supermajority Required	
6:20 p.m.	Adjourn	Anya Rader Wallack

*Denotes Attachments

Attachments:

1. Consent Agenda Items
    a. Consent Agenda Cover Page
    b. Draft OneCare Public Session Minutes January 17, 2023
    c. Board Committee Reports February 2023
    d. Financial Statement Package
    e. CMO Corner
    f. Summary of Policies
    g. 03-06 Assignment of Attributed Lives
    h. 04-06 Disbursement Authority
2. Governance
    a. Resolution Appointing Member of the Audit Committee
3. UVMHN Genomic Population Health: The Genomic DNA Test (Update for OneCare Vermont) Presentation
4. OneCare Survey Findings: 2020-2022
5. Resolution to Move to Executive Session
6. Public Affairs Report February 2023 *(FYI only)*

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

February 21, 2023

Agenda Item	Reason for Review and Request for Approval
a. Draft OneCare Public Session Minutes January 17, 2023	Review and approval of prior month's minutes.
b. Board Committee Reports February 2023	Summary of Board subcommittee meetings from the past month.
c. Financial Statement Package	Approval of OneCare's most recent financial statements as recommended by the Finance Committee.
d. CMO Corner	Updates from the Chief Medical Officer
e. Summary of Policies **f.** 03-06 Assignment of Attributed Lives **g.** 04-06 Disbursement Authority	Review and approval of listed policies; a summary of changes is provided.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
January 17, 2023
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 January 17, 2023. Public access was also available at the OneCare Offices in Colchester, Vermont.

I. Call to Order and Board Announcements

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

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

Chair Wallack welcomed members of the public in attendance and offered the opportunity to introduce themselves. Chair Wallack welcomed the newest member of the Board, Leslie Ferrer.

III. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from December 20, 2022; (2) Draft Public Session Minutes from December 29, 2022; (3) Board Committee Reports January 2023; (4) Financial Statement Package; (5) CPR Policy Exception Summary; and (6) CPR Policy Exception Resolution.

An opportunity for discussion was offered.

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

IV. Governance

Nominations for the reappointment of a Manager representing independent primary care providers and a Manager representing PPS hospitals, as nominated by VAHHS, were presented to the Board for consideration. A Motion to approve the resolution appointing two managers to the Board of Managers was made by T. Dee, seconded by T.

Huebner, and approved by a Supermajority. Dr. T. Sadkin abstained from voting on her own reappointment.

V. OneCare Key Performance Indicators

Dr. Carrie Wulfman, Chief Medical Officer, and Josiah Mueller, Director of Value-Based Care presented on OneCare Vermont's new Key Performance Indicators (KPIs) as discussed and endorsed by the Population Health Strategy Committee (PHSC). The KPIs are intended to reflect OneCare performance at large with future drill-down on three subgroups (i.e. hospitals, primary care, and local health service areas). Mr. Mueller emphasized that Phase 1 KPIs represent those where data are readily available whereas Phase 2 KPIs will require further assessment of data sources, availability, and quality to inform final metrics.

The Board expressed interest in how these KPIs align with the Green Mountain Care Board's (GMCB) desire for OneCare to measure its effectiveness. Dr. Wulfman conveyed this was considered in the review of these KPIs by PHSC and she believes they are aligned. The Board also asked about a timeline for Phase 2 KPIs and learned that they will be rolled out operationally for 2024.

VI. Waivers Discussion

Linda Cohen, Assistant General Counsel, discussed the ACO's ability to utilize patient engagement incentive waivers to support improved patient care and outcomes. Patient Engagement Incentives Waivers cover items or services patients would receive for free under these arrangements. They require a simple contractual arrangement with the ACO and, unlike participation waivers, do not require a specific Board determination that they are related to ACO Activities. OneCare has established Ms. Cohen as a point of contact for waiver inquiries and welcomes all ACO participants to bring forward innovative ideas for consideration of these waivers.

Ms. Cohen described several new waivers currently being implemented. By example, the Brattleboro Retreat ("Retreat") approached OneCare with a plan to provide transportation from emergency departments to the Retreat for patients being discharged to its care, without charge to the patient. Traditional regulation would only allow 25 miles of transport, which would not work. Using the Patient Engagement Incentives Waiver removes the distance limitation and regulatory limitation. This facilitates on of the Board's goals of improving timely discharges to appropriate settings of care.

T. Huebner declared a conflict of interest because he is the Board Chair of The Retreat.

Ms. Cohen gave several other examples including providing personal care attendants after discharge; genomic counseling and providing uncovered medical nutrition therapy services and said these projects relate to the previously discussed KPIs.

The Board expressed interested in making these efforts more widely known, and Dr. Wulfman agreed and described preliminary discussions about publishing an article to disseminate this innovation.

VII. Public Comment

There was no public comment.

VIII. Move to Executive Session

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

IX. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by Supermajority**
2. Motion to Approve Participation Waiver for the 2023 Program of Payments and Supporting Arrangements– **Approved by Supermajority**
3. Motion to Approve Participation Waiver for Arrangement for UVMMC to Pay for SNF Stays for Discharged Inpatients Awaiting Approval of Medicaid Coverage– **Approved by Supermajority**
4. Motion to Approve Participation Waiver for Arrangement for UVMMC to Pay for Patient Medications at SNFs after Inpatient Discharge – **Approved by Supermajority**
5. Resolution to Adopt OneCare's 2023 Corporate Goals – **Approved by Supermajority**
6. Resolution to Approve New Unbudgeted Expense for Program Evaluation **– Approved by Supermajority**

X. Adjournment

Upon a Motion made by T. Huebner, seconded by J. Gilwee, and approved by a unanimous vote, the meeting adjourned at 6:53 p.m.

Attendance:

OneCare Board Manager

- & Dan Bennett
- & Bob Bick
- & Coleen Condon
- & Michael Costa
- & Kristi Cross
- & Betsy Davis
- & Leslie Ferrer
- & Shawn Tester
- & Jen Gilwee, MD
- & Tom Huebner
- & Steve LeBlanc
- & Sierra Lowell
- & Stuart May
- & Toby Sadkin, MD
- & John Sayles
- & Adriane Trout, MD
- & Teresa Fama, MD
- & Anya Rader Wallack
- & Tom Dee

S. Lowell joined the meeting at 4:38 p.m.

T. Fama joined at 4:55 p.m.

S. LeBlanc joined at 4:55 p.m.

OneCare Risk Strategy Committee

- Steve Leffler, MD

OneCare Leadership and Staff

- Vicki Loner
- Sara Barry
- Greg Daniels, Esq.
- Lucie Garand
- Derek Raynes
- Amy Bodette
- Josiah Mueller
- Linda Cohen, Esq.
- Martita Giard
- Kellie Hinton
- Carrie Wulfman, MD
- Tom Borys
- Kim Douglas
- Alida Duncan

OneCare Board of Managers Committee Reports

February 2023

Executive Committee (meets monthly)
The committee reviewed a nomination for a new member of the Audit Committee and voted to move the nomination to the full board. Status updates on commercial negotiations were provided. Next steps in the strategic plan process were reviewed. The committee inquired about GMCB budget orders and was informed that the budget orders have not been received. The committee is next scheduled to meet on March 17, 2023.

Finance Committee (meets monthly)
At its February 8 meeting, the January meeting minutes and December 2022 Financial Statements were approved by the committee. The UVMHN Self-Funded Plan Term Sheet was shared with the members with a vote to recommend to the Board entering into this program agreement. Seven policies (PY223 CPR, PY22 and PY23 Program Settlement, Participant PHM, Preferred Provider & Collaborator PHM, Disbursement Authority, Assignment, and Hospital Fixed Payment Policy) were then presented with changes made and members voted to endorse each policy to move to the full Board for review and approval. The 2022 Settlements Estimates and 2023 Medicare Target Analysis updates were provided, and the meeting concluded with announcement discussion of the selection of a new audit firm for OneCare. The committee is scheduled to meet next on March 8, 2023.

Population Health Strategy Committee (meets monthly) –
At its February 13 meeting, the committee was briefed on OneCare's historical surveys and plans moving forward. There was an update on the HSA Consultation Schedule for 2023 and an overview of the agenda for each of the consultations. A 2023 Care Coordination Goals and Program Update was provided along with sharing of the WorkbenchOne new Patient Prioritization App which was launched last week. The members were then briefed on a Mental Health Supportive Visits Waiver. The meeting wrapped up with a review and endorsement of minor changes to four policies and slides shared about the Comprehensive Payment Reform (CPR) Program. Finally, members heard a brief Arcadia update. The committee is next scheduled to meet on March 13, 2023.

Patient & Family Advisory Committee (meets monthly)
At its January 31 meeting, members were provided a presentation of the 2023 Care Coordination Goals and heard a Care Coordination Program Update. Report-outs were given around the Care Coordination Workgroup, Board of Managers, and Public Affairs. The committee is next scheduled to meet on February 28, 2023.

Audit Committee (meets quarterly)
The Audit Committee met on February 9, 2023. The audit vendor engagement was discussed and the Committee voted to recommend the Ernst & Young audit engagement to the Board for approval at the February 21st meeting. The committee is next scheduled to meet on May 10, 2023.

OneCare Vermont
Statement of Financial Position
For the Periods Ended

	12/31/2022	11/30/2022	Variance
ASSETS			
Current assets:			
UNRESTRICTED Funds	9,951,836	9,882,794	69,042
OCV Reserve Funding	-	-	-
Advanced Medicaid Funding	17,989,421	16,393,090	1,596,331
VBIF Reserves	1,648,898	1,565,564	83,333
Deferred For Specific Use	231,180	423,388	(192,208)
Unspent Passthrough Funds	1,796,853	3,314,753	(1,517,900)
accountability pool $ Held	1,879,146	1,722,551	156,596
Total Cash	33,497,334	33,302,141	195,194
Network Receivable	-	-	-
Network Receivable-Settlement	108,100	381,044	(272,945)
Other Receivable	32,039	742,604	(710,566)
Other Receivable-Settlement	7,539,864	7,539,864	-
Prepaid Expense	406,578	1,301,116	(894,537)
Property and equipment (net)	24,774	25,364	(590)
TOTAL ASSETS	**41,608,690**	**43,292,134**	**(1,683,444)**
LIABILITIES AND NET ASSETS			
Current liabilities:			
Accrued Expenses - Accounts payable	917,198	830,354	86,844
Accrued Expenses Deliverables	68,539	118,789	(50,250)
Accrued PHM Expenses (payors)	19,204,757	18,627,836	576,922
Accrued Expenses	20,190,495	19,576,979	613,516
Accrued Expenses -Settlement	110,001	1,398,284	(1,288,283)
Network Payable	3,265,777	2,987,519	278,258
Network Payable-settlement	4,924,370	4,924,371	(1)
Notes Payable	-	-	-
CTO Liability	477,521	465,543	11,978
Payroll accrual	94,069	387,716	(293,647)
Deferred Income	1,820,108	1,843,274	(23,166)
Due to Related Parties - UVMMC	2,706,773	3,469,380	(762,606)
Due to Related Parties - DHH	(1)	(1)	-
Total Liabilities	**33,589,113**	**35,053,065**	**(1,463,951)**
Net assets:			
Members' equity	-	-	-
Retained Surplus	6,979,848	6,979,848	-
Year to Date Surplus/(Loss)	1,039,729	1,259,221	(219,492)
Total net assets	**8,019,577**	**8,239,069**	**(219,492)**
TOTAL LIABILITIES AND NET ASSETS	**41,608,690**	**43,292,134**	**(1,683,444)**

OneCare Vermont

Surplus & Loss Statement: December 2022

	Current Month Actual	Monthly Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	38,314,649	36,580,674	1,733,975	448,275,360	438,968,088	9,307,271
Payor Contracts Funding	810,745	871,716	(60,972)	10,122,299	10,460,595	(338,296)
Other Funding	917,923	859,592	58,331	9,806,863	10,315,103	(508,240)
Settlement Income	-	-	-	1,466,044	-	1,466,044
Deferred Participation Fees (prior year)	23,166	66,040	(42,875)	413,200	792,485	(379,286)
Participation Fees	1,635,292	1,635,292	(0)	19,623,500	19,623,500	(0)
Total Funding	**41,701,774**	**40,013,314**	**1,688,460**	**489,707,265**	**480,159,771**	**9,547,494**
Fixed Payments	38,191,921	36,397,210	(1,794,710)	446,665,083	436,766,526	(9,898,558)
Populations Health Mgmt Payment	789,536	792,727	3,192	9,469,593	9,512,724	43,131
Complex Care Coordination Program	491,775	492,138	363	5,901,303	5,905,659	4,356
Value-Based Incentive Fund	83,333	83,333	0	1,569,923	1,000,000	(569,923)
Blueprint Funding	757,295	756,165	(1,130)	9,076,243	9,073,982	(2,261)
PCP Engagement Incentive Pmt - Medicaid Expanded	-	-	-	(12,500)	-	12,500
PCP Engagement Incentive Pmt - BCBSVT Primary	-	-	-	-	-	-
Self-Management Network Payments	-	-	-	-	-	-
Primary Prevention Programs	-	12,917	12,917	117,021	155,000	37,980
DULCE	51,121	17,040	(34,081)	204,485	204,485	-
Fixed Payment Allocation - Medicaid	-	-	-	-	-	-
Longitudinal Care	297,290	33,250	(264,040)	365,120	399,000	33,880
Network Reform Projects - Innovation Funds	-	30,786	30,786	54,236	369,434	315,198
Network Reform Projects - Mental Health Initiatives	-	12,296	12,296	64,553	147,550	82,997
Network Reform Projects - Chronic Kidney Disease	23,166	1,930	(21,235)	23,166	23,165	(1)
VBIF Quality Initiatives	-	97,059	97,059	6,000	1,164,708	1,158,708
Other PHM Programs	-	-	-	2,025	-	(2,025)
Other PHM Programs	371,577	205,279	(166,299)	824,105	2,463,342	1,639,237
Settlement Expense	110,000	-	(110,000)	1,618,102	-	(1,618,102)
PHM Expenses	**40,795,436**	**38,726,853**	**(2,068,584)**	**475,124,353**	**464,722,233**	**(10,402,120)**
				-	-	-
Salaries, payroll taxes and fringe benefits	633,742	780,719	146,977	8,153,830	9,368,623	1,214,794
Consulting, legal and purchased services	127,276	113,843	(13,433)	1,566,946	1,366,121	(200,825)
Software, licenses and maintenance	190,103	223,607	33,504	2,259,169	2,683,279	424,110
Travel, supplies, other	174,709	168,293	(6,416)	1,563,239	2,019,514	456,276
Operating Expenses	**1,125,830**	**1,286,462**	**160,632**	**13,543,183**	**15,437,538**	**1,894,355**
Total Expenses	**41,921,266**	**40,013,314**	**(1,907,952)**	**488,667,537**	**480,159,771**	**(8,507,766)**
Net Income (Loss)	**(219,492)**	**-**	**(219,492)**	**1,039,729**	**-**	**1,039,729**

OneCare Vermont

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

Q1 2023

Moving Forward Collaboratively

We **can** do more to transform health care delivery, but it requires a willingness to work together. Payers, providers, and patients really want the same things; higher quality care and lower cost. It is OneCare's full intention to continue devoting our time and attention to collaborative efforts. We **can** reduce waste, improve equity and the efficiency of care delivery, promote behavioral change, and shift care to appropriate low-cost settings while at the same time improving patient satisfaction. But we have to work together if we want change.

2023 is a good year to advance our work together. When I see a home health clinician caring for a patient in the home, helping them recover and avoid readmission to an acute care setting, I see collaboration. When a coordinator from SASH (Support and Services at Home) plus a Vermont Blueprint for Health Care Manager travel together to a patient's home and participate in a virtual visit with the provider for that patient, I see collaboration. When a provider from the designated agency calls a primary care provider to ensure the care plan is shared in full and in real time, I see collaboration. When an insurance payer like Medicaid of Vermont works with OneCare's clinical quality team to prioritize quality focus areas for the upcoming year, this feels like collaboration. We need more of this and it takes intention and a willingness to be a team player.

Mental Health Care Crisis

The mental health care crisis is gripping and alarming. If we do not join forces to fight this epidemic, we will not overcome it, let alone reduce the tragedy. Providers, practices, and organizations providing services across the continuum of health care have been pulling

together in spite of the mental health care crisis, but more must be done. I want to acknowledge the work of the state-wide Mental Health Integration Council, the Blueprint for Health, the Vermont Program for Quality in Health Care's Suicide Prevention Committee, the Vermont Department of Health, the state's eleven designated mental health agencies, and the critical network of independent mental health care providers.

In a new effort to further incentivize a focus on mental health screening and treatment and to promote mental health care focus, OneCare is providing incentives for those independent primary care practices participating in OneCare's Comprehensive Payment Reform (CPR) innovative model. Of the 19 CPR sites, 15 have agreed to consistently screen for depression, anxiety, and suicide, and to add health care provider support for 2023 within the primary care home, utilizing incentive dollars for this important work. Please go to https://onecarevt.org and search "payment reform" for further information.

Care Coordination

If all health care providers in the state of Vermont were on the same electronic health record (EHR), we could communicate about our visits with patients in real time. Care could be significantly more coordinated! We all know that is not our situation. We have many EHRs being utilized within our state. Our payers and providers know the value of coordinated care, our payers contribute financial resources to care management and care coordination, and our patients wish for coordinated care. **Absent a shared EHR, what are the next steps to move us in a direction of real- time communication, excellent transitions of care, and meeting patient and family needs efficiently by connecting the various components of care they need?**

This year, OneCare has developed a "Patient Prioritization Application," which is available to all members to assist with identifying care needs and gaps of care. Email data@onecarevt.org if you are a OneCare member and would like to request access.

OneCare will transition to the new data and analytics platform, Arcadia. This platform promises to provide admission, discharge, and transfer (ADT) data daily. Care teams can use this real-time transitions of care data tool to manage patient needs in a timely manner.

There have been hurdles in the past that we are striving to overcome to make providers' work easier—tracking care coordination activities has been challenging. The Care Navigator system did not meet all expectations and needs, and there is a need to move beyond the current spreadsheet accounting method.

Going forward, we need to continue growing our care collaborations, but also need to track the work. We realize the need for increasing accountability at all levels, both for the care being

delivered and for the resources being utilized for this work. OneCare will be convening important meetings within the next three months that include representatives from DVHA, Blueprint for Health, MVP, VCCI, VDH, OneCare ACO, and ACO network participants and collaborators to discuss the various aspects of this important work. Goals include synthesizing data observed and presented from the discussions, and producing process improvement action steps to implement in Q3 and Q4 of 2023.

It will require ongoing collaboration to reach our goals for coordination of care across the continuum in all health service areas. Dedicated people continue to care and partner in this work. Thank you.

Quality: Closing (Care) Gaps

There are many ways to think about quality in health care, and there are many things we measure and call quality "metrics" or "outcomes." In 2023, OneCare again supports the quality measures put forth by each of our payer contracts, and we have seen those align more and more over the past five to six years. You will be able to find those **annual payer (nationally benchmarked) quality metrics for 2023** on our website on our results page. There is a lot of value in utilizing the annual quality score cards to drive change.

We are **incentivizing** six measures for 2023 through our Population Health Model and you can find those at the end of this report. These six areas for improvement are familiar to all of us working on population health initiatives and were selected with the goal of advancing significant impact statewide. Our cross-network metric selection team chose "wellness visits" because important preventative care occurs at these visits, allowing further opportunity to offer quality care such as immunization updates and cancer screenings. Emergency department (ED) utilization reduction was chosen as an area of focus to further promote access to care outside the acute care setting. As informed before and as a reminder, payments for these incentivized quality areas of work are not unlocked unless the care coordination activities (care management of populations of focus, hypertension (HTN) follow-up, and reduction of avoidable ED utilization) are first met.

Improving quality means **closing gaps**. We use this phrase in health care and it also applies to other quality work. I find that if I ask myself, "What is missing, what is suboptimal, what does the patient need that they don't have?"—then I find the work that I need to do. Similarly, OneCare as an organization will evaluate its own performance more closely this year and will use a newly-established set of Key Performance Indicators (KPIs) for that purpose. The KPIs for OneCare in 2023 will be published on our web site in the near future.

We look forward to collaborating with you in 2023. If you have questions about any of the clinical or quality work with which we are engaged, please reach out to me at the email or phone number below.

Thank you for your support and dedicated work.

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

OneCare Vermont

Primary Care Practice Type	Care Coordination		Quality			
	Potentially Avoidable ED Revisits by Those with Two ED Visits in Last 90 Days	Follow Up After Hypertension Diagnosis	Age 40+ All-Payer Annual Wellness Visits	Diabetes Poor Control (A1c > 9.0)	Child & Adolescent Well Visits	Developmental Screening
Adult	✓	✓	✓	✓		
Pediatric	✓	✓			✓	✓
Family Medicine	✓	✓	✓	✓	✓	✓

PHM Accountability Measures are subject to change upon recommendation by the Population Health Strategy Committee, or any successor committee, subject to approval by the Board of Managers.

Board of Managers Summary of Policy Changes

Public Session

February 2023

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

- **03-06 Assignment of Attributed Lives**
  - **Purpose:** To describe the process by which OneCare Attributed Lives are Assigned to Participants for an ACO Program.
  - **Key Changes:** This policy has been updated to reflect that OneCare will no longer assign Attributed Lives without a PCP claims history to hospitals based on non-PCP claims. Attributed Lives that cannot be assigned to a provider by way of PCP claims will be assigned to a hospital based on zip code of residence. All other edits are for the purpose of improved clarity.
  - **Committee Endorsement:** Finance Committee (2/8/23) and Population Health Strategy Committee (2/13/23)

- **04-06 Disbursement Authority**
  - **Purpose:** To specify the Approval Authority for financial transactions and disbursements.
  - **Key Changes:** This policy reflects updated disbursement limits for positions at the Director level and above, per recommendations from senior team members. All other edits are for the purpose of improved clarity.
  - **Committee Endorsement:** Finance Committee (2/8/23)

Policy Number & Title:	03-06 Assignment of Attributed Lives
Responsible Department:	Analytics
Author:	Josiah Mueller, Director of Value Based Care
Original Implementation Date:	April 14, 2021
Revision Effective Date	January 1, 2023

I. **Purpose:** To describe the process by which OneCare Attributed Lives are Assigned to Participants for an ACO Program.

II. **Scope:** This policy is applicable to the OneCare Workforce, Board of Managers, Committees, and Participants.

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:

Assign(ed) and Assignment means the process by which OneCare Assigns Attributed Lives to a Participant.

Assigned Life/Lives means individual(s) that receive healthcare benefits from a Payer in an ACO Program, are Attributed to the ACO, and then are Assigned to the Participant through this policy.

Attributed Life/Lives means individual(s) that receive healthcare benefits from a Payer in an ACO Program and are Attributed to the ACO in accordance with the terms of an ACO Program Agreement.

Attribution means the process by which an ACO becomes accountable for the cost and quality of care for a patient. Attribution methodology may vary by Payer and is primarily based on a member's primary care relationship with an ACO-participating provider.

Participant means an individual or group of Providers that is: (1) identified by a TIN; (2) included on any list of Participants submitted by ACO to Payers; (3) qualifies to attribute lives in ACO Programs; and (4) that has entered into a Risk Bearing Participant & Preferred Provider Agreement with ACO. Participant may be more particularly defined in each ACO Program.

IV. **Policy:** Upon receipt of the roster of Attributed Lives from a Payer, OneCare will promptly execute an internal process to Assign each of those Attributed Lives to a Participant. This process applies to all ACO Program populations, except the Medicaid Expanded Cohort population. The Assignment determination occurs once annually, and is not changed or adjusted during the Performance Year except as outlined in Additional Details and Considerations below. The priority of the inputs used to make an Assignment determination is based upon evidence of a Primary Care Provider relationship and is as follows, if an Assignment to an Active Participant can be made based on one of these factors, it will be made:

1. Historical claims with a Primary Care Provider, with priority given to more recent claims in the event an Attributed Life was seen by multiple Primary Care Providers.
2. Information from the Payer such as the name of the Attributed Life's elected Primary Care Provider.
3. Any other evidence of a relationship between the Attributed Life and a Primary Care Provider, as seen through available data.
4. Assignment determination from the prior Performance Year.

A. Attributed Lives without Evidence of Primary Care Provider relationship with Active Participant

OneCare may be unable to Assign all Attributed Lives to an active Participant using the above methodology due to a lack of a primary care relationship with an active Participant. In this situation, the Attributed Life will be Assigned to the Risk-Bearing Hospital in their HSA of residence. If the Attributed Life does not reside in an HSA with a Risk-Bearing Entity, then the Attributed Life will remain unassigned.

B. Additional Details and Considerations

Medicaid Expanded Cohort lives are not Assigned to a Participant, but for purposes of data reporting are Assigned to a geographic region (Vermont HSA) based upon zip code of residence. If the Medicaid Expanded Cohort Attributed Life's zip code of residence is not within a Vermont HSA, then the Attributed Life will be included in data reporting as "out of state."

OneCare may make changes to Assignment based upon (an) error(s) in the Assignment process. The Assignment is intentionally prospective. Consequently, OneCare does not alter Assignment for the following: changes in Participants' businesses such as office closures or mergers, changes in patient care patterns (e.g. Attributed Life begins seeking care at a new Primary Care Provider), or other such reasons not related to error(s). However, in collaboration with the affected Participants, OneCare may make adjustments to financial arrangements for such Participant business changes. This process will be led by OneCare's Director of Payment Reform.

Should an ACO Program Agreement's terms and conditions governing Assignment conflict with this Policy, the ACO Program Agreement controls.

V. Review Process: This policy shall be reviewed annually and updated consistent with requirements set forth by the OneCare Board of Managers, OneCare Leadership, and regulatory bodies.

VI. References:

- OneCare Risk Bearing Participant and Preferred Provider Agreement
- OneCare's Policy and Procedure Glossary

VII. Related Policies/Procedures:

- 04-15-PY21&22 Population Heath Management Payments PY 2021 and 2022 Policy
- A03-03 Assignment for Attributed Lives Procedure

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Director, Value Based Care	Date
Vice President, Finance	Date
Chief Operating Officer	Date

Policy Number & Title:	04-06 Disbursement Authority
Responsible Department:	Finance
Author:	Tom Borys, Vice President, Finance
Original Implementation Date:	September 18, 2018
Revision Effective Date	February 22, 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 that are processed outside of Mediclick, including but not limited to ACH transfers, wire transfers, manual checks and web-based disbursements. This policy applies to the OneCare Workforce.

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.

Mediclick refers to the University of Vermont Medical Center's centralized purchasing system. UVM Medical Center policy "FINCE3" has been adopted by OneCare as it pertains to disbursements processed via Mediclick, which are not covered by this policy.

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
- 04-15-PY21&22 Population Health Management Payments PY 2021 & 2022 Policy
- UVMMC FINCE3 Signature Authority & Delegation of Approval Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Vice President, Finance	Date
Chief Operating Officer	Date

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing New Member to the Audit Committee
February 21, 2023

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

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidate, hereby appoints Stuart May to the Audit Committee.

UMVHN Genomic Population Health

“The Genomic DNA Test”

Update for OneCare Vermont

Robert Wildin, M.D.

February, 2023

UVMHN Genomic Population Health

We provide the Health Network and patients with information on hidden genetic health and reproductive risks and the care pathways to manage them

The Genomic DNA Test - Key points

Adults of any health status offered test during primary care visits

Clinical screening test (not research)

VUSs are not reported

432 genes sequenced for differences connected to genetic conditions affecting many different body systems

Personal health risks, with pre-emptive value

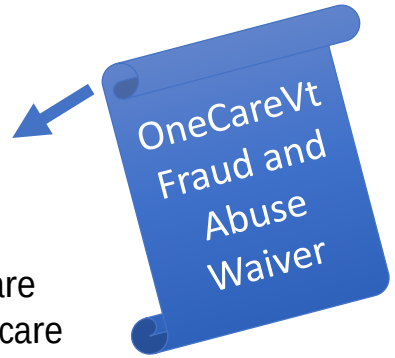
Carrier of recessive conditions, with reproductive value

Results are returned in the EHR after adding an Action Plan (GMAP)

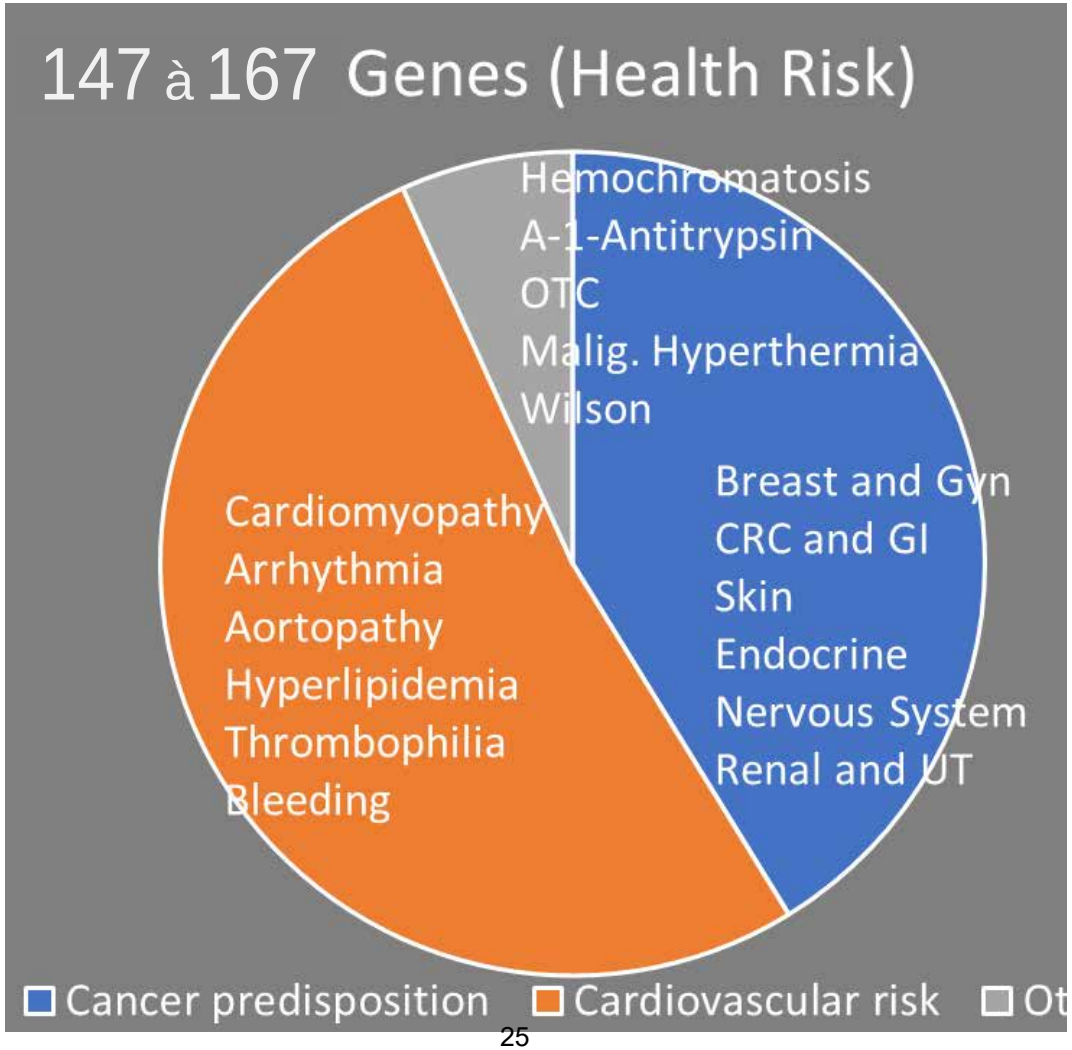
Free test and free test-related genetic counseling offered

Results used in healthcare according to defined care pathways

Option to sign up for patient-controlled research data-sharing opportunities



Health risk component



Recessive Carrier Component

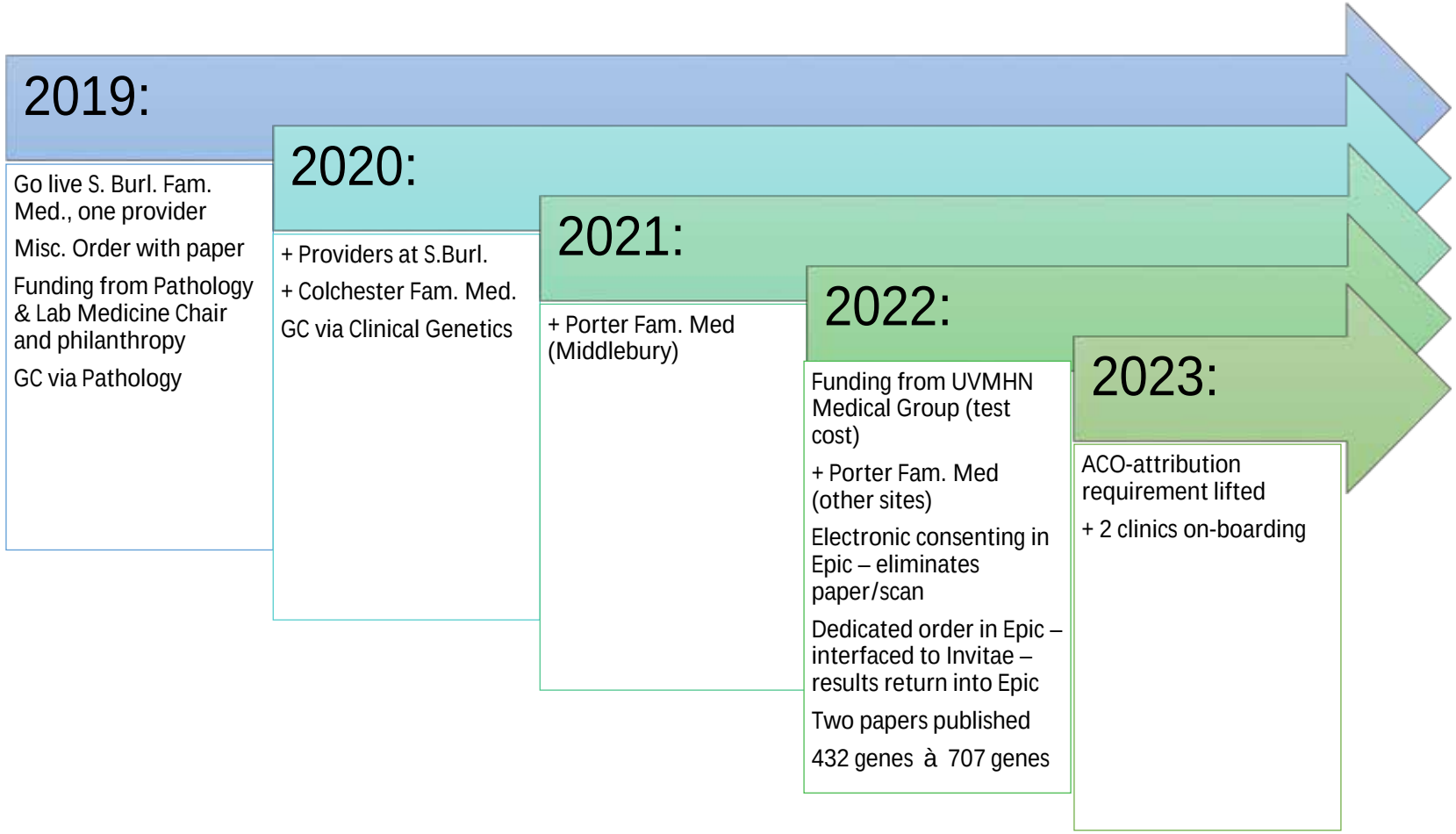
302 à 569 genes for a wide range of disorders

AAAS ABCA12 ABCA3 ABCA4 ABCB11 ABCB4 ABCC2 ABCC8 ABCD1 ACAD9 ACADM ACADVL ACAT1 ACOX1 ACSF3 ADA ADAMTS2 ADAMTSL4 ADGRG1 ADGRV1 AGA AGL AGPS AGXT AHI1 AIPL1 AIRE ALDH3A2 ALDH7A1 ALDOB ALG1 ALG13 ALG6 ALMS1 ALPL AMN AMT ANO10 AP1S1 AQP2 AR ARG1 ARL6 ARSA ARSB ARSE ARX ASL ASNS ASPA ASS1 ATM ATP6V1B1 ATP7A ATP7B ATP8B1 ATRX AVPR2 BBS1 BBS10 BBS12 BBS2 BBS4 BBS5 BBS7 BBS9 BCKDHA BCKDHB BCS1L BLM BLOC1S3 BLOC1S6 BMP1 BRIP1 BSND BTD BTK CAD CANT1 CAPN3 CASQ2 CBS CC2D1A CC2D2A CCDC103 CCDC39 CCDC88C CD3D CD3E CD40 CD40LG CD59 CDH23 CEP152 CEP290 CERKL CFTR CHAT CHM CHRNE CHRNG CIITA CLCN1 CLN3 CLN5 CLN6 CLN8 CLRN1 CNGB3 COL11A2 COL17A1 COL27A1 COL4A3 COL4A4 COL4A5 COL7A1 COX15 CPS1 CPT1A CPT2 CRB1 CRTAP CTNS CTSA CTSC CTSD CTSK CYBA CYBB CYP11A1 CYP11B1 CYP11B2 CYP17A1 CYP19A1 CYP1B1 CYP21A2 CYP27A1 CYP27B1 CYP7B1 DBT DCAF17 DCLRE1C DDX11 DFNB59 DGAT1 DGUOK DHCR7 DHDDS DKC1 DLD DLL3 DMD DNAH11 DNAH5 DNAI1 DNAI2 DNMT3B DOK7 DUOX2 DYNC2H1 DYSF EDA EIF2AK3 EIF2B1 EIF2B2 EIF2B3 EIF2B4 EIF2B5 ELP1 EMD EPG5 ERCC2 ERCC6 ERCC8 ESCO2 ETFA ETFB ETFDH ETHE1 EVC EVC2 EXOSC3 EYS F11 F2 F5 F9 FAH FAM161A FANCA FANCB FANCC FANCD2 FANCE FANCG FANCI FANCL FBP1 FBXO7 FH FHL1 FKBP10 FKRP FKTN FMO3 FMR1 FOXN1 FOXRED1 FRAS1 FREM2 FUCA1 G6PC G6PC3 G6PD GAA GALC GALE GALK1 GALNS GALNT3 GALT GAMT GATM GBA GBE1 GCDH GCH1 GDF5 GFM1 GHR GJB1 GJB2 GLA GLB1 GLDC GLE1 GNE GNPAT GNPTAB GNPTG GNS GORAB GP1BA GP9 GRHPR GRIP1 GSS GUCY2D GUSB HADH HADHA HADHB HAMP HAX1 HBA1 HBA2 HBB HCFC1 HEXA HEXB HFE HGD HGSNAT HJV HLCS HMGCL HMOX1 HOGA1 HPD HPRT1 HPS1 HPS3 HPS4 HPS5 HPS6 HSD17B10 HSD17B3 HSD17B4 HSD3B2 HYAL1 HYLS1 IDS IDUA IGHMBP2 IKBKB IL2RG IL7R INVS ITGA6 ITGB3 ITGB4 IVD JAK3 KCNJ1 KCNJ11 L1CAM LAMA2 LAMA3 LAMB3 LAMC2 LARGE1 LCA5 LDLR LDLRAP1 LHX3 LIFR LIG4 LIPA LMBRD1 LOXHD1 LPL LRAT LRP2 LRPPRC LYST MAK MAN2B1 MANBA MCCC1 MCCC2 MCEE MCOLN1 MCPH1 MECP2 MECR MED17 MEFV MESP2 MFSD8 MID1 MKKS MKS1 MLC1 MLYCD MMAA MMAB MMACHC MMADHC MOCS1 MOCS2 MPI MPL MPV17 MRE11 MTHFR MTM1 MTR MTRR MTTP MUSK MUT MVK MYO15A MYO7A NAGA NAGLU NAGS NBN NCF2 NDRG1 NDUFAF2 NDUFAF5 NDUFS4 NDUFS6 NDUFS7 NDUFV1 NEB NEU1 NGLY1 NPC1 NPC2 NPHP1 NPHS1 NPHS2 NR0B1 NR2E3 NSMCE3 NTRK1 OAT OCA2 OCRL OPA3 OSTM1 OTC OTOA OTOF P3H1 PAH PANK2 PC CBD1 PCCA PCCB PCDH15 PCNT PDHA1 PDHB PEPD PET100 PEX1 PEX10 PEX12 PEX13 PEX16 PEX2 PEX26 PEX5 PEX6 PEX7 PFKM PGM3 PHGDH PHKB PHKG2 PHYH PIGN PKHD1 PLA2G6 PLEKHG5 PLOD1 PLP1 PMM2 PNPO POLG POLH POMGNT1 POMT1 POMT2 POR POU1F1 PPT1 PRCD PRDM5 PRF1 PROP1 PRPS1 PSAP PTPRC PTS PUS1 PYGM QDPR RAB23 RAG1 RAG2 RAPSN RARS2 RDH12 RLBP1 RMRP RNASEH2A RNASEH2B RNASEH2C RP2 RPE65 RPGRIP1L RS1 RTEL1 RXYLT1 RYR1 SACS SAMD9 SAMHD1 SCO2 SEC23B SEPSECS SERPINA1 SGCA SGCB SGCD SGCG SGSH SKIV2L SLC12A1 SLC12A3 SLC12A6 SLC17A5 SLC19A2 SLC19A3 SLC1A4 SLC22A5 SLC25A13 SLC25A15 SLC25A20 SLC26A2 SLC26A3 SLC26A4 SLC27A4 SLC35A3 SLC37A4 SLC38A8 SLC39A4 SLC45A2 SLC4A11 SLC5A5 SLC6A8 SLC7A7 SMARCAL1 SMN1 SMPD1 SNAP29 SPG11 SPR SRD5A2 ST3GAL5 STAR STX11 STXBP2 SUMF1 SUOX SURF1 SYNE4 TANGO2 TAT TAZ TBCD TBCE TCIRG1 TCN2 TECPR2 TERT TF TFR2 TG TGM1 TH TK2 TMC1 TMEM216 TMEM67 TMPRSS3 TPO TPP1 TREX1 TRIM32 TRIM37 TRMU TSEN54 TSFM TSHB TSHR TTC37 TTPA TULP1 TYMP TYR TYRP1 UBR1 UNC13D USH1C USH2A VDR VLDLR VPS11 VPS13A VPS13B VPS45 VPS53 VRK1 VSX2 WAS WISP3 WNT10A WRN XPA XPC ZBTB24 ZFYVE26 ZNF469

Testing Process

PCP visit	• Engage, educate, GC for questions • Order test in Epic
DNA sequencing	• Invitae Labs • 3-4 weeks
UVMHN Genomic Medicine	• Creates a clinical Action Plan (GMAP) • GMAP and Invitae Reports into EHR, to patient
PCP communicates results	• Initiates care pathway • Optional Genetic Counseling

Genomic DNA Test - Evolution



Cohort Description

2019-2022

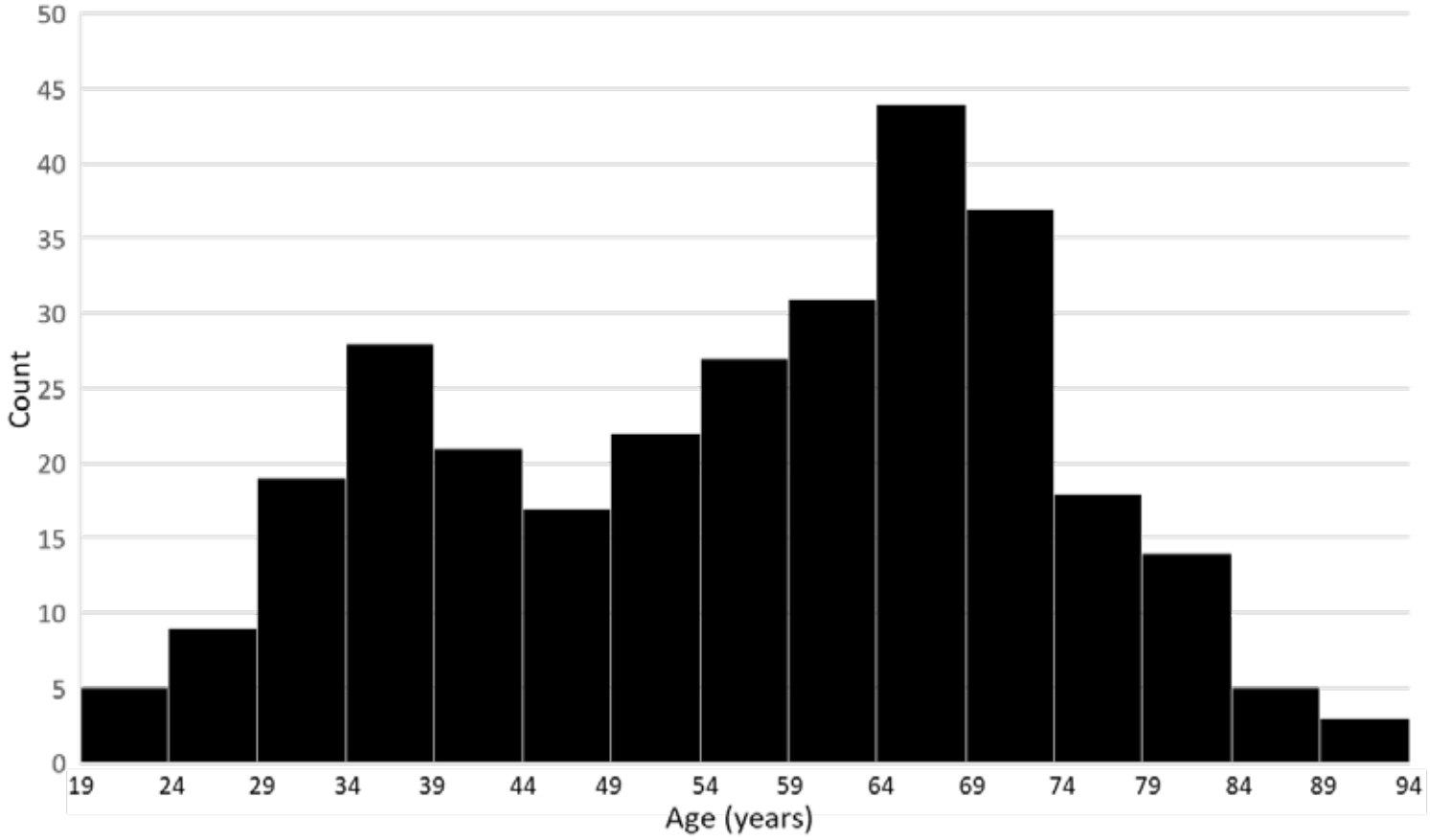
Family Medicine Primary Care Patients

- Their PCP participates
- They are at least 18 years old
- They are ACO-attributed
- They and their partner are not currently pregnant
- They have written test information and opportunity to ask questions of a genetics expert
- Signed the clinical genomic test consent form

Data is from the first 300 patients tested

Age distribution

Median age 60 years



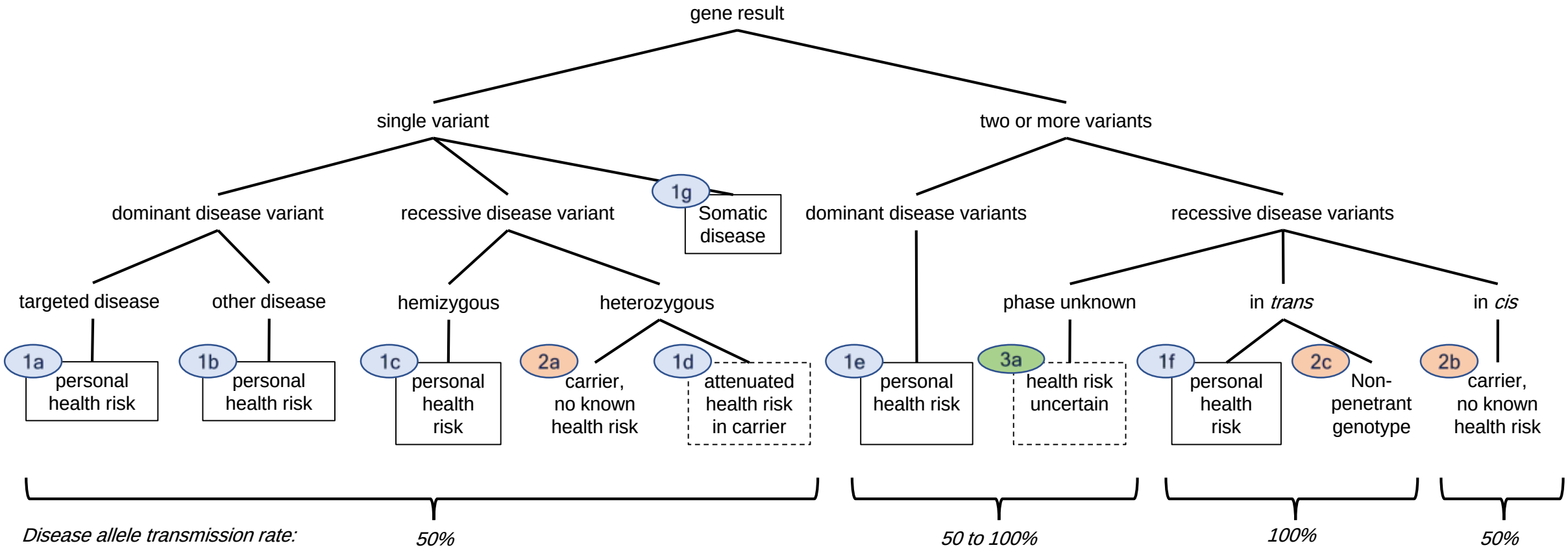
129,600 gene sequences …

300 adults
x
432 genes

What we found…

Gene Result Classification System (Wildin, et al, 2022)

Class 1: Personal health risk + reproductive value
Class 2: Reproductive value, no personal risk



89%

of people are *carriers* of at least one recessive condition

One in three

people has an increased health risk from differences in a single gene

Break it down…

One in six

people has a health risk for a dominant condition

One in 15

people has a recessive health risk condition *themself*

One in six

people has an attenuated health risk *themself*
as a *carrier* of a recessive condition

Personal Health Risks

Inheritance, Frequency, and Magnitude

Inheritance/genotype	Percent of patients	Est. likelihood of manifesting
dominant condition, one variant, targeted disease	**15.7 %**	**10%-95%**
dominant condition, one variant, not targeted disease	0.3 %	Varies
recessive condition, X-linked hemizygous variant[1]	0.7 %	Conditional on environment (G6PD) to 100%
attenuated risk in recessive carrier (or co-dominant)	16.0 %	<1% to <10%

Take this away:

One third of adult primary care patients may have a health risk above average due to single gene differences

Only 11% are neither carriers of recessive diseases tested, nor have a single gene health risk themselves

Population testing continues and starting in 2023 we sequence 64% more genes

Genetic health risk detection **is working in routine healthcare** at the UVM Health Network

Conclusions

Screening for a broad array of health risks and reproductive carrier risks is feasible

OneCare Vermont ACO Waiver enables preventive care innovation and equity of access

Rate of genetic risk detection is high

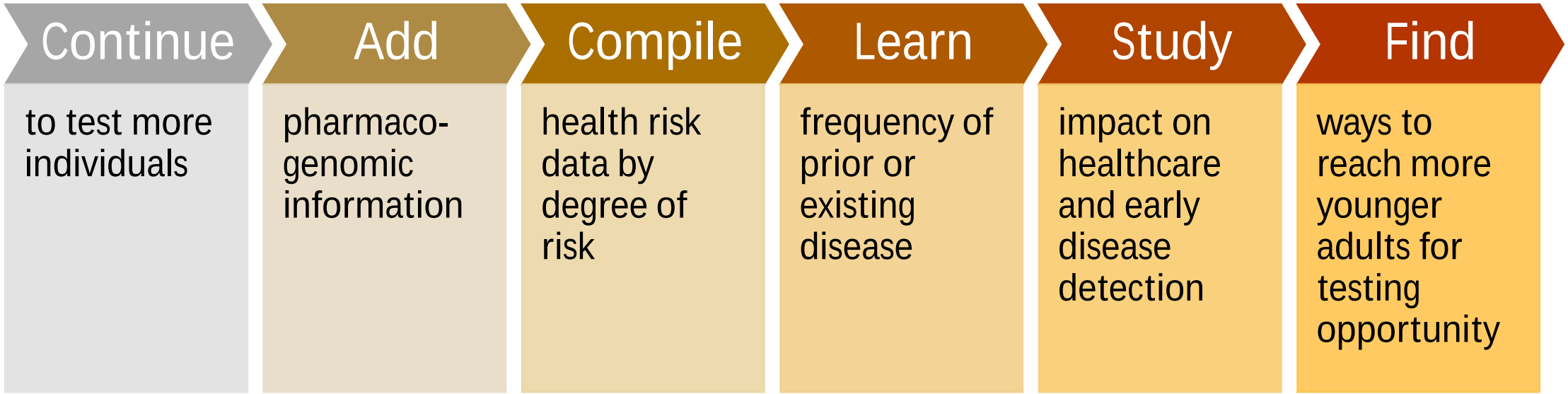
About 1/3 have a personal health risk, although only a few have a high degree of risk

>80% are carriers for recessive disorders (children at risk if partner is also a carrier)

Primary care/ACO patients trend older

Information value is believed greatest for younger adults

Future directions



We thank OneCare Vermont!

Bob Wildin M.D. Debra Leonard M.D., Ph.D.
Pathology & Laboratory Medicine and our
Family Medicine and Adult Primary Care Partners

Q&A

OneCare Surveys

OneCare Surveys in 2021

- PHSC Primary Care Workgroup Survey
  - 14 Providers responded
  - Identified top OneCare primary care priorities as: Transitions of Care, Care Coordination, Data Use, and Workforce
- Data Analytics Survey
  - 78% of data contacts report use of OneCare data in day-to-day operations
  - Requests for more proactive communication and less burdensome data access
  - Users requested more data related to care coordination, health inequities, utilization, and access to care
- Finance Survey
  - Positive reports about payment models and data integration
  - Identified opportunity for improved target and payment methodologies, communication and public messaging
- Patient Experience of Care Coordination Survey (‘21 & ‘22)
  - Positive results (284 completed in 2021)
  - Five Questions, e.g. “I am treated like I am an important part of my own care team”.

OneCare Surveys in 2022

- Patient Experience of Care Coordination Survey (‘21 & ‘22)
  - Results improved from 2021 (382 responses)
  - 4 of 5 Questions >90% “Always” or “Often”

- Triannual Care Coordination Reporting Narratives
  - Average reported Health Service Area cross organizational collaboration: 3.5 of 5.
  - Providers report funding supports statewide staffing

- CPR Qualitative Feedback
  - Two thirds of participant feedback was positive, with roughly half the respondents citing fixed consistent payments/stability as program benefits”

- Value Based Care Qualitative Research

- UVM College of Medicine KPIs/Provider Survey

Value Based Care Qualitative Research Effort

- Presented at STFM Conference, September 2022
  - Drs. Jacobs, Wulfman, and Cangiano

- Study question: How well do Family Medicine physicians understand value-based care and its impact on their work?

- Target Population: Academic Family Medicine MDs

- Methods: Qualitative, recorded virtual interviews, transcribed in entirety

- Findings - Academic Family Medicine Doctors
  - Understand value-based care (VBC)
  - See VBC as the hope for the future of the primary care workforce
  - Are looking forward to further evolving their care teams
  - Younger faculty learned VBC and have only practiced in this model
  - Do not really understand ACOs

2022 UVM College of Medicine Survey

- Literature Review – no existing provider survey measures

- Build survey based on Technology Acceptance Model
  - Survey Theme #1: “Ease of Use”
  - Survey Theme #2: “Perceived Usefulness”

- Very low response rate – difficult to interpret
    - ~7.6% completion rate

- Most common response: “Neither Agree Nor Disagree”
  - Suggests a lack of understanding ACO?
  - Perhaps poor question choice?

2022 UVM CoM Survey Key Findings

- For Usefulness theme, highest correlations: rewarded for good outcomes, ACO membership by choice and percent of patients in ACO
- For Ease of Use, the opposite pattern was observed
- “Valid” results are minimally actionable
- Independent practice respondents more than twice as likely to report they understand OneCare

Key Takeaways and Next Steps

- Respondents often lack understanding of OneCare
- OneCare remains dedicated to surveying a broad group of stakeholders to improve its work
- Survey mechanics are challenging
- Balancing qualitative and quantitative analyses is optimal
- OneCare can better centralize and coordinate survey approach

OneCare Vermont Accountable Care Organization Board of Managers Resolution to Move to Executive Session February 21, 2023

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

> The Board will now move into executive session in order to discuss subjects that are outside of the scope of the ACO's public meetings. For this meeting those include: (1) subjects that are or use trade secret information; (2) status of ongoing contract negotiations; and (3) confidential attorney-client communications.

OneCare Vermont

Public Affairs Report | February 2023

Media Coverage

OneCare Vermont rolls out six new waivers to cut red tape, free up hospital beds and improve Vermonters' healthcare

February 14, 2023, VTDigger

In this press release from OneCare, we highlight how we have the unique ability—as an ACO—to petition the Federal Government to waive certain rules and regulations that stand in the way of improved health care for Vermonters. These waivers give OneCare's provider partners flexibility and freedom from federal rules within the highly regulated health care system to work together and get people the care they need at the right time and the right place.

BlueCross withdrawal from ACO has Vermont's primary care practices worried

February 8, 2023, VTDigger

This coverage points out that OneCare Vermont, as an accountable care organization, provides the necessary legal framework that gets more funding to primary care while ensuring accountability for quality care. It highlights that access to primary care is critical to any good healthcare system, the impact that BlueCross Blue Shield of Vermont (BCBSVT) choosing not to contract with OneCare this year will have on primary care providers, and the emphasizes why OneCare needs strong partnership across the health care system—including payers like BCBSVT.

Dr. Ashley Miller: BlueCross BlueShield withdrawal from OneCare is devastating

February 7, 2023, VTDigger

In this commentary, Dr. Miller talks about how joining OneCare Vermont was a game changer for her small, independently owned practice in South Royalton. "Instead of wondering if insurance company payments would come in to cover payroll," Miller remarks, "OneCare's reliable monthly payments allowed us to focus on improving our patients' quality of care." Dr. Miller points out what BCBS of Vermont's decision to leave OneCare will mean for the patients her practice serves, stating, "...there is no denying that BlueCross BlueShield's decision to abandon Vermont's health care reform efforts will be a major setback for providers and patients alike."

Sadkin, Asselin: OneCare Vermont is a life saving measure for independent primary care

January 26, 2023, Brattleboro Reformer

On behalf of Primary Care Health Partners, Drs. Sadkin and Asselin remark in this commentary, "we can confidently say that OneCare has been vital to the survival of independent primary care practices." They continue on to note that stabilizing and expanding primary care is essential to achieving an efficient healthcare system, and that OneCare's Comprehensive Payment Reform program has provided a significant investment toward achieving this crucial objective.

This commentary was also printed in VTDigger.

Wallack: OneCare is Working

January 17, 2023, Rutland Herald

OneCare Board Chair, Anya Radar Wallack, clearly states that OneCare is working and points to recent key accomplishments that are lowering costs, saving health care spending, stabilizing primary care, improving quality of care, and providing a unifying forum for providers, payers and the state to engage in meaningful discussions about health care reform and set goals.

This commentary was also printed in VTDigger, Insurance Newsnet, Manchester Journal, and the Times Argus

Government Relations

State Legislative Update

Both Healthcare Committees continue to get up to speed on the state of healthcare in Vermont. On the House side after quick work in committees the house advanced and pass H.89 which provide Protections for Health Care Providers offering reproductive and gender affirming care. The Senate's version of the same bill, S.37 is taking testimony currently in Senate Health and Welfare. The Senate Judiciary Committe Advanced the Workplace Violence Protection Bill S.36 and is scheduled for a floor vote this week however Senate Health and Welfare may take it up to take additional testimony.

Other topics of focus in the healthcare committees are advancing several healthcare interstate compacts for specific provider types, including counseling, physical therapy and audiology. Work is also beginning on Suicide Prevention in the House Healthcare Committee.

Green Mountain Care Board

On January 11, the GMCB was provided an update by its staff on the work being done on the Health Resources Allocation Plan (HRAP). The HRAP was originally published in 2003 and updated in 2009. In 2018, the legislature updated the statute regarding HRAP which required a refresh every 4 years. The GMCB is currently undertaking that update. GMCB staff

recommended changing the timeline for hospital financial reporting from five periods to three to reduce administrative burden. GMCB staff also presented on "rebooting" the hospital budget process and will be working Mathematica Policy Research to undertake this work.

At its January 18 meeting, the GMCB heard on the Financial Health of Rural Hospitals from a National Perspective, as well as presentation on the Future of Rural Healthcare: Vermont Vision 2030 (of note, a similar presentation was provided last year as well). The meeting concluded with the staff providing an update on Act 167 (*An act relating to health care reform initiatives, data collection, and access to home- and community-based services*). The GMCB was required to submit a report to the with an update legislature in mid-January.

OneCare Vermont submitted its revised budget to the GMCB January 30th as required per the initial budget approval conditions with updated figures to reflect the withdrawal of BCBSVT from OneCare.

Outreach and Advocacy

Events, Shares, Articles, and Resources

This month, the public affairs team created a new Board and Committees page on the OneCare website. The page was originally a section of the leadership page, but was split out to increase its visibility. You can find this page here: Board and Committees - OneCare Vermont (onecarevt.org)

OneCare shared information about Health Care Value Week on social media. This was a virtual program convened leaders in health care January 23-27 to highlight successes and future opportunities for the shift to value-based care. Learn more here: Home - Health Care Value Week (hcvalueweek.org)

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.