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

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

Time	Agenda Item	Presenter
4:30 p.m.	Call to Order and Board Announcements	Anya Rader Wallack
4:31 p.m.	Welcome Board Managers, Invited Guests, and Members of the Public ▪ Welcome Judi Fox (new Board Manager) ▪ Thank you to Kristi Cross for her service	Anya Rader Wallack
4:32 p.m.	Consent Agenda Items* *(p. 3-14)* *Motion and Vote to Approve Consent Agenda Items – Supermajority Required*	Anya Rader Wallack
4:33 p.m.	Governance* *(p. 15-21_* ▪ Finance Committee Nomination – Jessa Barnard, Patrick Rooney, and Jennifer Griffey *Motion and Vote to Appoint Members to the Finance Committee – Supermajority Required*	Anya Rader Wallack
4:34 p.m.	Public Comment Move to Executive Session* *(p. 22* *Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required*	
6:27 p.m.	Votes 1. Approve Executive Session Consent Agenda Items - Supermajority Required 2. Approve Resolution Adopting Revised 2023 Budget – Supermajority Required	Anya Rader Wallack
6:30 p.m.	Adjourn	Anya Rader Wallack

*Denotes Attachments

Attachments:

1. Consent Agenda Items
    a. Consent Agenda Cover Page
    b. Draft OneCare Public Session Minutes February 21, 2023
    c. Board Committee Reports March 2023
    d. Summary of Policies
    e. 01-01 Subcontractor Management
    f. 09-01 Quality Improvement and Management
2. Governance
    a. Jessa Barnard Bio
    b. Patrick Rooney Bio
    c. Jennifer Griffey Resume
    d. Resolution Appointing New Members to the Finance Committee
3. Resolution to Move to Executive Session
4. Public Affairs Report March 2023 *(FYI only)*
5. Financial Statement Package *(FYI only)*

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

March 21, 2023

Agenda Item	Reason for Review and Request for Approval
a. Draft OneCare Public Session Minutes February 21, 2023	Review and approval of prior month's minutes.
b. Board Committee Reports March 2023	Summary of Board subcommittee meetings from the past month.
c. Summary of Policies **d.** 01-01 Subcontractor Management **e.** 09-01 Quality Improvement and Management	Review and approval of listed policies; a summary of changes is provided.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
February 21, 2023
Public Session Minutes

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC ("OneCare") was held remotely via video and phone conference on February 21, 2023. Public access was also available at the OneCare Offices in Colchester, Vermont.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 4:35 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 OneCare's new Legal Counsel, Aaron Perry.

III. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from January 17,2023; (2) Board Committee Reports January 2023; (3) Financial Statement Package; (4) CMO Corner; (5) Summary of Policies; (6) 03-06 Assignment of Attributed Lives; and (7) 04-06 Disbursement Activity .

An opportunity for discussion was offered.

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

IV. Governance

Nomination for the appointment of a Manager to the Audit Committee was presented to the Board for consideration. A Motion to approve the Resolution to Appoint a Manager to the Audit Committee was made by D. Bennett, seconded by Dr. J. Gilwee, and approved by a Supermajority. S. May abstained from the vote

V. UVMHN Genomic Population Health: The Genomic DNA Test (Update for OneCare Vermont)

Dr. Carrie Wulfman, Chief Medical Officer, introduced Dr. Robert Wildin of the UVMHN genomics department. Dr. Wulfman explained that Dr. Wildin's work is operating under a OneCare- Beneficiary Engagement Incentive Waiver and he is here to provide an update on the work of the past few years.

Dr. Wildin started by providing context for genomics testing. Patients are usually referred by primary care providers, and there are several barriers to access and efficiency. He described the genomic DNA test, how it is administered, and how long it takes to get results. **OneCare's fraud and abuse waiver** helps provide free testing and test-related genetic counseling. The median age for patients participating in this testing is 60 years old. Genomics medicine would like to increase the participation rate of younger patients. The department is extending **free** testing to the first 1000 patients who undergo the testing, utilizing the ACO waiver.

So far 300 adults have undergone genomic sequencing through this program with 89% of them being carriers of at least one recessive condition. One in three has an increased health risk for a condition due to a single gene difference. This testing represents one type of preventive health service.

Several Board Managers were curious about the effects of this testing on the mental health of patients. Dr. Wildin responded that studies report no long-term negative effects.

VI. OneCare Survey Findings: 2020-2022

Dr. Carrie Wulfman highlighted OneCare surveys conducted in 2021 and 2022. In her discussion, Dr. Wulfman described the variety of audiences including healthcare providers, care coordinators, individuals receiving care coordination services across the state, and financial and analytics staff in participating organizations.

Dr. Wulfman described two provider surveys in more detail, including a qualitative study of family medicine physicians and a survey designed by researchers at the UVM College of Medicine. While response rates were low, results indicated that younger physicians were more likely to understand value based care (learned in training) and many providers do not understand what an ACO is or how it works. It is clear that more provider-focused education could enhance understanding.

The board discussed the results and asked questions about response rates and whether national ACO provider surveys exist.

VII. Public Comment

There was no public comment.

VIII. Move to Executive Session

A Motion to Approve the Resolution to Move to Executive Session was made by T. Huebner, seconded by S. May 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 Resolution Invoking Participation Waiver for Transport from Network Hospital Emergency Departments to The Brattleboro Retreat for Treatment – **Approved by Supermajority**
3. Motion to Approve Resolution to Enter Performance Year 2023 University of Vermont Health Network Self-funded Program Agreement – **Approved by Supermajority**

X. Adjournment

Upon a Motion made by D. Bennett, seconded by Dr. J. Gilwee, and approved by a unanimous vote, the meeting adjourned at 6:27 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
- & Judi Fox
- & Toby Sadkin, MD
- & John Sayles
- & Adriane Trout, MD
- & Teresa Fama, MD
- & Anya Rader Wallack
- & Tom Dee

S. Lowell joined the meeting at 4:37 p.m and was present for all votes.

M. Costa joined the meeting at 4:52 p.m following the consent agenda and governance votes.

OneCare Risk Strategy Committee

- & Steve Leffler, MD

OneCare Leadership and Staff

- & Vicki Loner
- & Sara Barry
- & Greg Daniels, Esq.
- & Amy Bodette
- & Linda Cohen, Esq.
- & Kellie Hinton
- & Carrie Wulfman, MD
- & Tom Borys

& Lucie Garand

& Aaron Perry

OneCare Board of Managers Committee Reports

March 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 March 8 meeting, the February meeting minutes were approved by the committee. The meeting opened with a discussion about the 2022 Operating Gain. Preliminary discussions were held on both the 2024 Risk Sharing Model Next and the 2024 PHM Payment Model. Next up was an overview of the 2023 Budget Revisions. The introduction of the State Global Budget Workgroup was shared and the meeting wrapped up with the Medicare 340B Claims Reprocessing status. The committee is scheduled to meet next on April 12, 2023.

Population Health Strategy Committee (meets monthly) –
At its March 13 meeting, the committee was presented with the QI Work Plan and the Care Coordination Work Plan. The QI Work Plan consisted of topics around the Annual Data Abstraction, PHM Measure Selection Plans for 2024, and an Evidence-Based Focus Project. The Care Coordination Work Plan consisted of Quarterly Leadership Meetings and the four (4) Care Coordination Focus Groups that are scheduled to meet. The Quality Improvement Management Policy was reviewed with key changes presented and endorsed by the committee. Topics covered under the Data & Analytics scope were the Data Subcommittee with discussions around Avoidable ED and COVID. Next, there was an update on Arcadia that included a mock-up report to review and an ADT update. The meeting wrapped up with the one-time 2023 Primary Care Incentive discussion. The committee is next scheduled to meet on April 10, 2023.

Patient & Family Advisory Committee (meets monthly)
The committee is next scheduled to meet on March 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.

Board of Managers Summary of Policy Changes

Public Session

March 2023

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

- **01-01 Subcontractor Management**
  - **Purpose:** To ensure that OneCare oversees and manages its contractual relationships with organizations that are Subcontractors as defined and required by the VMNG agreement, and in compliance with applicable law, regulation and rules.
  - **Key Changes:** This Policy has been updated to add the requirement that OneCare submit to DVHA a plan for monitoring Subcontractors for debarred employees.
  - **Committee Endorsement(s):** N/A

- **09-01 Quality Improvement and Management**
  - **Purpose:** To define and outline OneCare's key requirements for quality improvement and management efforts.
  - **Key Changes:** This policy has been updated to reflect that the Utilization Management Workgroup presents findings and recommendations to the Data Analytics Subcommittee. All other changes are for the purpose of improved clarity.
  - **Committee Endorsement(s):** Population Health Strategy Committee (3/16/23)

Policy Number & Title:	01-01 Subcontractor Management
Responsible Department:	Legal
Author:	Aaron Perry, Chief Legal Counsel
Original Implementation Date:	January 1, 2017
Revision Effective Date	March 21, 2023

I. **Purpose:** To ensure that OneCare oversees and manages its contractual relationships with organizations that are "Subcontractors" as defined by the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access ("DVHA") and the Vermont Medicaid Next Generation Program Agreement ("VMNG Agreement"), as required by that agreement, and in compliance with applicable law, regulation and rules.

II. **Scope:** Applicable to OneCare and any entity that is a Subcontractor as defined by the Vermont Medicaid Next Generation Program Agreement (State of Vermont Contract for Personal Services #42438) ("VMNG").

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:

Authorized Representative of the State means employees of the Agency of Human Services and agents acting on behalf of the Agency of Human Services in furtherance of the VMNG.

Oversight means the regular review and assessment of Subcontractor's performance of its obligations under the Subcontract, through onsite or remote review of performance; review and analysis of data or reports and/or implementation and monitoring of corrective action/performance improvement plans.

Subcontract is a written contractual agreement between OneCare and a Subcontractor for performance of work under the VMNG, specifying the work to be performed and remedies for unsatisfactory performance.

Subcontractor means a party to a Subcontract, but not including OneCare. The following entities are not Subcontractors and are excluded from the requirements and oversight of this Policy: Participating Providers, Preferred Providers and Participating Practices and their respective employees; software vendors (except software as a service); entities related to office space, maintenance, equipment and supplies; attorneys, auditors, accountants, actuaries, insurers and brokers, bankers and lenders; and Medicaid enrolled providers when providing services to Medicaid enrolled beneficiaries in connection with the VMNG.

IV. **Policy:**

A. Responsibilities

1. OneCare shall oversee the activities of Subcontractor and submit an annual report on its Subcontractors' compliance, corrective actions and outcomes of OneCare's monitoring activities to DVHA. In addition to this Policy, OneCare will have procedures addressing auditing and monitoring of Subcontractor's data, data submissions and performance.

2. All Subcontracts shall require that the Subcontractors indemnify and hold harmless the State of Vermont, its officers and employees from all claims and suits, including court costs, attorney's fees and other expenses, brought because of injuries or damage received or sustained by any

person, persons, or property that is caused by an act or omission of OneCare and/or the Subcontractor. The Subcontracts shall also provide that the State of Vermont shall not provide such indemnification to the Subcontractor.

3. OneCare will monitor the financial stability of any Subcontractor whose payments are equal to or greater than five percent (5%) of DVHA's annual Value Based Care Payments to OneCare. For these Subcontractors, One Care will annually obtain and use the following information to monitor the Subcontractor's performance: audited financial statements including statement of revenues and expenses, balance sheet, cash flows and changes in equity/fund balance. OneCare will make these documents available to DVHA upon its request or during site visits.

4. OneCare shall ensure that all Subcontracts comply with all requirements of Section 2.8 of the VMNG; 42 C.F.R. § 438.230 and 42 C.F.R. § 434.6.

5. Prior to signing a Subcontract after March 1, 2022, OneCare will complete Subcontractor Compliance Form found at Appendix I of the VMNG and seek the State's approval to enter into the Subcontract. OneCare shall not enter into Subcontracts without the State's approval.

6. OneCare will require Subcontractors to attest they are in full compliance with the Standard State Contracting provisions at Attachment C of the VMNG and the Agency of Human Services Contracting provisions at Attachment F of the VMNG regarding worker classification, fair employment practices and the Americans with Disabilities Act, taxes due to the State of Vermont, child support orders and debarment.

7. Subcontracts shall provide:
   i. That AHS, CMS, the HHS Inspector General, the Comptroller General or their designees shall have the right to audit, evaluate and inspect any books, records, contracts, computer or other electronic systems of Subcontractor, or the Subcontractor's contractor, that pertain to any services or determinations of amounts payable. For purposes of such an audit, Subcontractor shall make available its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medicaid beneficiaries.

   ii. The right to audit will exists through 10 years from the final date of the VMNG or from the date of completion of any audit, whichever is later.

   iii. If an Authorized Representative of the State, CMS or the HHS Inspector General determines there is a reasonable possibility of fraud or similar risk, an Authorized Representative of the State, CMS, or the HHS Inspector General may inspect, evaluate and audit the Subcontractor at any time.

8. Subcontracts shall contain the following provisions from Attachment C to the VMNG: Section 10 (False Claims Act); Section 11 (Whistleblower Protections); Section 12 (Location of State Data); Section 14 (Fair Employment Practices and Americans With Disabilities Act); Section 16 (Taxes Due the State); Section 18 (Child Support); Section 20 (No Gifts or Gratuities)(; Section 22 (Certification Regarding Debarment); Section 30 (State Facilities); and Section 32.A (Certification Regarding Use of State Funds).

9. Subcontracts shall contain the following provisions from Attachment F to the VMNG: Section 4 (Workplace Violence Prevention and Crisis Response for Subcontractors who provide social or mental health services directly to individuals); Section 5 (Non-Discrimination); Section 6 (Employees and Independent Contractors); and Section 7 (Data Protection and Privacy).

10. OneCare will evaluate a prospective Subcontractor's ability to perform activities or obligations under the VMNG.

11. Subcontractors will fulfill all state and federal requirements appropriate to the activities they are performing.

12. Any Subcontractor who provides direct services to Medicaid beneficiaries shall meet the same requirements as OneCare with respect to the VMNG, including quality improvement goals and performance improvement activities.

13. To the extent OneCare has a question about whether an organization is a Subcontractor, it shall ask DVHA and provide a reasonable description of the arrangement.

14. OneCare will bind any Subcontractor with whom it shares PHI from Medicaid claims to the terms of the DVHA Business Associate Agreement.

15. OneCare will include its procedure for *Compliance Debarment Screening* in the Compliance Plan submitted to DVHA at the start of each Program Year, which includes its process for monitoring Subcontractors for debarred employees.

V. Review Process: This policy will be reviewed annually in accordance with the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access (VMNG).

VI. References

- OneCare's Policy and Procedure Glossary
- Contract for Personal Services with the State of Vermont, Department of Vermont Health Access (VMNG)
- 42 C.F.R. § 438.230
- 42 C.F.R. § 434.6

VII. Related Policies/Procedures:

- 05-01 Contract Management Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Director, ACO Contracting	Date
Director, ACO Planning and Operations	Date
Chief Legal Counsel	Date
Chief Operating Officer	Date

Policy Number & Title:	09-01 Quality Improvement and Management
Responsible Department:	Quality
Author:	Josiah Mueller, Director, Value Based Care
Original Implementation Date:	July 20, 2021
Revision Effective Date:	March 21, 2023

I. **Purpose:** To define and outline key requirements of quality improvement and management efforts at OneCare Vermont (OneCare).

II. **Scope:** Applicable to the OneCare Workforce, Board of Managers, Committees, and Network.

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:

Quality Improvement Project means a strategy, plan, and associated tasks to address improvements in performance of the quality of care provided by Participating Providers to Attributed Lives.

Quality and Care Models Subcommittee means the Subcommittee of the Population Health Strategy Committee (PHSC) charged with evaluating clinical and care model trends and providing OneCare's PHSC with summary data representing clinical and care model activity across OneCare's network of providers.

Quality Improvement and Prevention Workgroup means the Workgroup overseen by the Quality and Care Models Subcommittee which is charged with identifying and sharing best practices on quality improvement, creating opportunities for dissemination of quality results, and providing feedback on quality measures.

OneCare Quality Team means the OneCare team responsible for supporting quality improvement and management operational efforts within the OneCare ACO Network.

IV. **Policy:** This Quality Improvement and Management Policy serves as a guide for strategic implementation of efforts to improve quality of care provided to Attributed Lives. The policy is described by several key focus areas which are outlined below, and is guided by OneCare's ACO Program Agreements with Payers.

A. **Annual Quality Improvement Strategy Work Plan:** OneCare Quality Team shall annually define OneCare's quality improvement and management priorities.

1. The work plan will include specific, measureable, time-bound performance goals and ongoing assessments of progress toward these goals.
2. The work plan shall be reviewed by OneCare's Director of Value Based Care and Chief Medical Officer, subsequently presented to the Population Health Strategy Committee for approval.

B. **Quality Measurement:** In accordance with applicable law and respective ACO Program Agreements with Payers, OneCare shall annually evaluate and report on quality of care against defined measures and standards.

C. **Monitoring and Quality Assurance:** OneCare will engage in monthly review of subsets of available quality performance data via the Quality Improvement and Prevention Workgroup and/or the Utilization Management Workgroup. This review will include assessment and evaluation of performance (including gaps and variations in care), determination of need for intervention, implementation of necessary intervention, and ongoing monitoring of these efforts. The Quality

Improvement and Prevention Workgroup presents findings and recommendations to the Quality and Care Models Subcommittee, and the Utilization Management Workgroup presents findings and recommendations to the Data Analytics Subcommittee. These findings and recommendations will occur on a quarterly basis, or more frequently at the direction of OneCare's Chief Medical Officer.

D. **Engagement:** The OneCare Quality Team will gather feedback from the Patient and Family Advisory Committee and Network members to identify opportunities to facilitate and support ACO Network engagement of Attributed Lives and/or other supportive parties in quality improvement and management efforts.

E. **Reporting:** OneCare shall adhere to quality and utilization reporting requirements as outlined in respective ACO Program Agreements with Payers and as required by law.

F. **Right to Inspection:** In accordance with the terms in ACO Program Agreements with Payers, OneCare shall provide reasonable support to Payer requests for inspection of quality improvement related books, records, or contracts.

V. Review Process: This policy shall be reviewed annually and updated to be consistent with requirements set forth by OneCare Board of Managers, OneCare leadership, ACO Program Agreements with Payers, and regulatory bodies.

VI. References:

- OneCare's ACO Program Agreements with Payers
- GMCB Rule 5.000: Oversight of Accountable Care Organizations
- OneCare's Policy and Procedure Glossary

VII. Related Policies/Procedures:

- 03-03 Data Use Policy
- 04-13-PY22 Value Based Incentive Fund PY 2022 Policy
- 04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025 Policy
- 04-20-PY23-25 Preferred Provider and Collaborator Population Health Model and Payments PY 2023-2025 Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Director, Value Based Care	Date
Chief Medical Officer	Date
Chief Operating Officer	Date

Jessa Barnard Bio

Jessa Barnard is the Vermont Medical Society's Executive Director. She is a native of Bennington and holds a Bachelor's degree from Dartmouth College and a law degree from Stanford University School of Law.

She served as VMS' policy specialist from 2002 to 2005. Following her graduation from law school, she founded a program in San Jose, California to address the legal barriers to health stability facing low-income individuals living with diabetes. She then spent four years with the Maine Medical Association, most recently as their Associate General Counsel, representing physicians in Augusta and addressing their legal and regulatory concerns. From 2016 to 2017 she served as the VMS' General Counsel and Vice President for Policy before being named Executive Director in 2017.

Jessa has extensive experience in health care policy and regulation and is a frequent speaker on topics including health reform, advocacy, and issues in health law. She lives in Montpelier with her husband and two children.

Patrick Rooney Bio

I would like to introduce myself as Patrick Rooney. I am the Vice President of Finance for the Vermont Association of Hospitals and Health Systems (VAHHS). Prior to this role, I was the Chief Financial Officer (CFO) at the Department of Vermont Health Access (DVHA) where I worked to manage the finances of the State's Medicaid program. Before DVHA, I was the Director of Health Systems Finances for the State's Green Mountain Care Board where I gained an intimate knowledge of how the state regulates its 14 community hospitals. Prior to working for the state of Vermont, I have worked in as a CFO of a home health agency.

I am a two-time graduate of Champlain College, graduating in 2015 with my master's degree in Law. For several years I served as Treasurer on the Board of our local human society, where my focus was on improving childhood education of animal welfare. I was born and raised in the Northeast Kingdom, and currently reside in Monkton, Vermont with my wife, two children, two dogs, and a cat. In my free time, I enjoy travel, year-round hiking, gardening, cooking, golf, and reading history.

Jennifer Griffey

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Chief Financial Officer

Innovated results driven healthcare finance professional with 15 years delivering quantifiable results in all aspects of hospital financial operations, displaying strong leadership and fiscal responsibility even in times of crisis. Drive improvements in budgeting, analytics, financing, and audits. Data-based decision maker with deep understanding of healthcare industry including legal aspects. Strong problem-solving leader who builds rapport and trust with high-performing teams, communicates effectively, achieves consensus among key stakeholders, and directs organizations to success.

Areas of Expertise

- Financial Operations
- Annual Operating/Capital Budget Preparation
- Leadership | Cross Functional Collaboration
- Critical Access Hospital
- Cost Report Preparation
- Performance Improvement
- Controller / GAAP
- ERPs and Conversion
- Payor Contract Negotiation/3rd Party Reimbursement
- Risk Management
- Long-range Financing
- Regulatory Compliance
- Rural/Safety Net Health Systems
- Revenue Cycle Improvement

Career Accomplishments

Financed $14M radiology department renovation, $13M primary care facility acquisition, and $1.2M pharmacy infusion project.

Revamped patient financial services, reducing days in AR by 10, increasing clean claims rate by 25%, and increasing cash collections by 15% through audit, employee training initiatives, and new software.

Reduced operating expenses by 15% with improved contract negotiation, reducing unnecessary service subscriptions and streamlining inefficient departments.

Maximized cash availability and met all cash obligations to avoid insolvency during COVID 19 and Chapter 11 by limiting non-essential expenses and projects, crafting innovative employee schedules to limit force reduction, and utilizing alternative service lines such as telehealth.

Restructure of Patient Financial Services department, through audit process, streamline workflows and employee training leading to 25% increased collections and 500K to cash reserves.

Professional Experience

Controller/Chief Financial Officer

Encompass Rehabilitation Hospital of Bluffton 2021 to 2022

Directed finance and accounting department of the hospital including revenue management, charge capture, billing, A/P, payroll and general ledger. Oversaw and preformed all forecasting, budgeting, internal controls, audit and cost reports.

...continued...

Key Accomplishments:

- Elevated to Interim Controller of second Encompass Hospital in Savannah within first 90 days of employment.
- Collaborated with team which was awarded Encompass Presidents Circle award and 8th out of 147 Encompass hospitals in 2021
- Became executive lead of cultural/diversity training for new hires to promote a culture that ensured delivery of quality/equitable patient care and foster a work environment of an inclusiveness and accepting of diversity.

Chief Financial Officer

Riverbend Community Mental Health Center, Concord, New Hampshire 2020 to 2021

Direct fiscal management of a Community Mental Health Center with annual operating revenue of $35M. Cross - Collaboration with Board of Directors, executive team and department directors establishing financial goals and productivity benchmarks ensuring continued financial viability. Lead efforts revamping AR department to identify departmental efficiencies leading to loss billing opportunities. Identified and monitored any accounting internal control issues ensuring a clean audit opinion with no audit adjustments or noted deficiencies Lead operating and capital budgets, identified opportunities for cost savings and ensured compliance with all regulatory agencies.

Key Accomplishments:

- Revamp of AR department reducing write offs by 10%, increased cash collections by 25% and reduced over 90-day receivables by 12% through identified weaknesses in department and establishment of effective fiscal policies leading to an increase of days cash on hand from 98 to 124.
- Successful applied for and was granted $1.5M in grant funding for the remodel of three residential facilities as well as energy efficient initiatives for 2 office buildings.
- Fostered collaborative environment, providing financial expertise to department managers and lead establishment of productivity benchmarks to ensure continued financial viability.
- Received a clean audit report with no audit adjustments or deficiencies in year one.
- Created strong budget and financial plan, achieving support of board and senior leaders.

Chief Finance and Operations Officer

Calais Regional Hospital, Calais, Maine 2019 to 2020

Direct fiscal management and operations of 25-bed critical access hospital with Rural Health Clinic and Home Health Divisions and $25M annual budget. Key member of executive team, collaborating with administration, managers, medical staff, Board of Trustees, outside auditors, financial institutions, and third-party suppliers. Lead operating and capital budgets, maintain funds, expenditures, and business activities, and create strategic plans

while complying with regulations. Present information to Board, managers, auditors, and public. Subject matter expert on several committees to improve hospital direction and functioning.

Key Accomplishments:

- Recruited for role due to unique combination of finance and legal expertise.
- Created strong budget and financial plan, achieving support of board and senior leaders, establishing financial viability for Chapter 11 bankruptcy exit.
- Negotiated essential vendor contracts to ensure continuity of service during bankruptcy transition.
- Fostered collaborative environment, providing financial expertise to department managers.
- Reduced days in AR from 50 to 40 with effective fiscal policies and procedures, finding weaknesses in revenue cycle, increasing patient service cash collection, and reducing claims denial.

Hospital Controller

Natividad Medical Center, Salinas, CA 2015 to 2019

Led financial operations and internal controls of 173-bed safety net hospital with Level 2 Trauma Center funded through CA 1115 Medicaid Waiver with annual budget of $275M. Oversaw department directors, creating financial plans to increase revenue, contain costs, and meet budget goals. Analyzed revenue trends, service lines, payor mix, and operational statistics, recommending strategic actions for improvements. Produced accurate, timely, and complete financial reports, including balance sheet reconciliation, annual cost report, quarterly OSHPD report, and audits. Maintained comprehensive internal controls to mitigate risk and ensure compliance with GAAP and GASB. Established long range financial plan and annual operating and capital budgets.

Key Accomplishments:

- Implemented financial reporting dashboard providing real time access to financial data and improving decision making and annual budget process.
- Cut AP days outstanding from 30 to 15 by streamlining workflow and establishing KPIs.
- Managed A/R aging days, ensuring collections met cash needs, monitoring payor contracts and chargemaster data, and reducing repayments due to inaccurate reimbursement.
- Added key information during union labor negotiations, modeling pay/benefit scenarios, and determining financial feasibility of various proposals.
- Reduced month end close days from 25 to 5 by revamping close process and training team on best practices.

Earlier Professional Highlights

Assistant Controller | Accounting Manager

Central California Alliance for Health, Scotts Valley, CA

- Managed financial operations of Medi-Cal Health Plan with $50M operating budget for three counties including month end close, accounts payable, payroll, and annual audits.

- Reduced month end close days from 15 to 5 by automating key reports and journal entries.
- Implemented 1095 reporting requirements under ACA.

Education and Credentials

Master of Science in Accounting, Southern New Hampshire University, Hooksett, NH
Juris Doctor, Lincoln Law School, San Jose, CA
Bachelor of Arts in History, Brigham Young University, Provo, UT

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing New Members to the Finance Committee
March 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 Jessa Barnard, Patrick Rooney, and Jennifer Griffey to the Finance Committee.

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

OneCare Vermont

Public Affairs Report | March 2023

Media Coverage

OneCare primary care payments likely to continue

March 9, 2023, VTDigger

Coverage outlines the development that primary care providers are likely to receive all or close to all of OneCare funds they anticipated in 2023 before BCBSVT announced it was not going to renew its contract in 2023.

BCBS agrees to continue payments to primary care providers

February 28, 2023, WCAX 3

BCBSVT now says it will continue payments to providers who are part of OneCare Vermont. BCBSVT will continue payments directly to providers for the rest of the year and say they intend to engage with OneCare Vermont for a contract for next year.

Coverage also hosted on:

MSN.com

HealthLeaders Media

Government Relations

State Legislative Update

The legislature was on their town meeting break the first week of March but returned this week to a flurry of activity. Healthcare Committees continue are wrapping up a myriad of healthcare bills in their respective chambers ahead of the anticipated crossover which is Friday the 17th for policy bills and Friday the 24th for financial bills. These include H.89 which provide Protections for Health Care Providers offering reproductive and gender affirming care as well as the Senate's version of the same bill, S.37. Other bills include Workplace Violence Protection Bill S.36, S.47 a bill relating to the transport of individuals requiring psychiatric care, and H.280, as well as H.283 which focus on suicide prevention. Additionally there are multiple bills focusing on healthcare interstate compacts for specific provider types that are advancing, including counseling, physical therapy and audiology. OneCare anticipates it will be called to testify in the next few weeks to provide an overview of ACO's and OneCare itself.

Green Mountain Care Board

At its February 1st and 8th meeting the GMCB was provided an overview and ultimately approved the proposed 2024 Qualified Health Plan Designs.

At its February 22nd meeting the Board was provided a brief overview and update on VITL as well as the GMCB staff presenting their recommendations on the 2023 VITL Budget. Additionally the Board was provided an update on UVMHN's enforcement action around excess funds from their 2017 budget which was to be used for increasing inpatient Mental Health beds. Staff and Board are considering modifying the enforcement action to allow the excess funds to be dispersed in a collaborative manner with the Department of Health and UVMHN in order to inject the funds into the Mental Health system now and not dedicating it to just inpatient Mental Health beds. The GMCB continued the enforcement discussion at its March 8th meeting about modifying the enforcement action. A separate meeting to continue the discussion and potentially vote on modifying the language is scheduled for March 22nd.

At its March 2nd meeting, the GMCB was provided an update from staff on OneCare's revised budget reflecting the impact of BCBSVT's withdrawal from OneCare for 2023. OneCare had budgeted $1.8 million in payments for Population Health Management PMPM's for the BCSBVT contracted lives which was in the form of an investment from hospital participation fees. BCBSVT did publicly commit to continuing PMPM payments $3.25 through the end of 2023 as opposed to just the first 6 months which they initially planned payments will come directly from BCBSVT to the practices on a quarterly basis

Much of the discussion centered around how the 1.8 million should be used and in an effort to continue to fund Primary Care and the staff presented possibly options including: 1) Reducing Hospital fees based on the loss of attributed lives, 2) Reinvesting fees into existing OneCare primary care programs, 3) Reinvesting fees into other ACO programs. Sara Barry, COO for OneCare updated that the OneCare Population Health Committee as well as the Board of Managers are currently working potential options to reinvest the 1.8 million into OneCare Programs involving primary care. These options will be shared with the GMCB once the OneCare Board of Managers approves the plan. Additionally OneCare will submit a finalized revised budget in March with updated attribution and budgetary numbers.

Outreach and Advocacy

Events, Shares, Articles, and Resources

We have been amplifying efforts throughout our network to direct patients to get the "right care, at the right time, at the right place". This month, we shared Gifford Health Care's recent article and podcast episode: When is a good time to visit the Emergency Department?

Driving people to our video content to improve understanding of our work was important part of our strategy this month. We shared our video highlighting why OneCare Vermont is crucial to the State of

Vermont's All-Payer Model goal to change the way health care is paid for and delivered. You can view that video on our LinkedIn or on the Video Center on our website.

Follow Us

You can keep up with OneCare on our blog, LinkedIn, and Twitter (@OnecareVermont) and YouTube. We would greatly appreciate it if you like and share our content to help spread awareness.

Questions? Contact OneCare Public Affairs using the Contact Us form on our website or email us at public@onecarevt.org.

OneCare Vermont
Statement of Financial Position

For the Periods Ended		**1/31/2023**	**12/31/2022**	**Variance**
ASSETS				
Current assets:				
	UNRESTRICTED Funds	12,692,388	9,951,836	2,740,552
	OCV Reserve Funding	0	0	0
	Advanced Medicaid Funding	17,989,421	17,989,421	0
	VBIF Reserves	1,648,898	1,648,898	0
	Deferred For Specific Use	231,180	231,180	0
	Unspent Passthrough Funds	1,796,853	1,796,853	0
	accountability pool $ Held	1,879,146	1,879,146	0
Total Cash		36,237,886	33,497,334	2,740,552
Network Receivable		77,156	0	77,156
Network Receivable-Settlement		280,408	553,353	(272,944)
Other Receivable		63,375	32,039	31,337
Other Receivable-Settlement		7,539,864	7,539,864	0
Prepaid Expense		391,999	406,578	(14,579)
Property and equipment (net)		24,185	24,774	(590)
TOTAL ASSETS		**44,614,874**	**42,053,943**	**2,560,931**
LIABILITIES AND NET ASSETS				
Current liabilities:				
Accrued Expenses		21,657,572	20,190,499	1,467,073
Accrued Expenses -Settlement		110,000	110,000	0
Network Payable		4,177,331	3,265,715	911,616
Network Payable-settlement		5,369,623	5,369,623	0
Notes Payable		0	0	0
CTO Liability		435,270	477,521	(42,251)
Payroll accrual		170,347	94,069	76,278
Deferred Income		1,820,108	1,820,108	0
Due to Related Parties - UVMMC		2,518,129	2,709,973	(191,844)
Due to Related Parties - DHH		0	0	0
Total Liabilities		**36,258,380**	**34,037,508**	**2,220,871**
Net assets:				
Retained Surplus		8,016,435	6,979,848	1,036,587
Year to Date Surplus/(Loss)		340,060	1,036,587	(696,527)
Total net assets		**8,356,495**	**8,016,435**	**340,060**
TOTAL LIABILITIES AND NET ASSETS		**44,614,875**	**42,053,944**	**2,560,931**

OneCare Vermont

Surplus & Loss January 2023

	Current Month Actual	Monthly Budget	Month Variance	YTD Actual Gross	YTD Budget	YTD Variance
Fixed Prospective Payments Funding	37,801,641	36,810,446	991,195	37,801,641	36,810,446	991,195
Payor Contracts Funding	653,026	1,006,214	(353,188)	653,026	1,006,214	(353,188)
Other Funding	885,493	798,410	87,083	885,493	798,410	87,083
Settlement Income	-	-	-	-	-	-
Deferred Participation Fees (prior year)	-	47,267	(47,267)	-	47,267	(47,267)
Participation Fees	1,652,370	1,652,370	0	1,652,370	1,652,370	0
Total Funding	**40,992,530**	**40,314,707**	**677,823**	**40,992,530**	**40,314,707**	**677,823**
Fixed Payments	37,734,223	36,681,250	(1,052,973)	37,734,223	36,681,250	(1,052,973)
Populations Health Mgmt Payment	980,635	1,467,003	486,368	980,635	1,467,003	486,368
Complex Care Coordination Program	-	-	-	-	-	-
Value-Based Incentive Fund	-	-	-	-	-	-
Blueprint Funding	795,493	795,493	(0)	795,493	795,493	(0)
Other PHM Programs	27,071	105,131	78,060	27,071	105,131	78,060
Settlement Expense	-	-	-	-	-	-
PHM Expenses	**39,537,421**	**39,048,876**	**(488,545)**	**39,537,421**	**39,048,876**	**(488,545)**
				-		
Salaries, payroll taxes and fringe benefits	590,905	725,372	134,467	590,905	725,372	134,467
Consulting, legal and purchased services	229,763	280,789	51,027	229,763	280,789	51,027
Software, licenses and maintenance	155,372	155,984	612	155,372	155,984	612
Travel, supplies, other	139,009	103,685	(35,324)	139,009	103,685	(35,324)
Operating Expenses	**1,115,050**	**1,265,831**	**150,781**	**1,115,050**	**1,265,831**	**150,781**
Total Expenses	**40,652,471**	**40,314,707**	**(337,764)**	**40,652,471**	**40,314,707**	**(337,764)**
Net Income (Loss)	**340,060**	**-**	**340,060**	**340,060**	**-**	**340,060**