



Resolution Invoking Participation Waiver for UVMHC
to Provide Prescribed Injection for Patient Discharged
For Rehabilitation Services

COVER PAGE:

UVMHC has requested Participation Waivers to facilitate the discharge from inpatient of two Attributed Lives who no longer needed acute care but did need rehabilitation services at a skilled nursing facility. In January 2023, the Board indicated that it found facilitating inpatient discharges by paying for medications post-discharge to be reasonably related to ACO Activities and appropriate for Participation Waivers.

1. The patient requires monthly injections of an expensive medication which had been a barrier to discharge. With respect to this arrangement, the patient is a NY resident who was attributed based on treatment relationships in Vermont and was being discharged from UVMHC. Discharge arrangements were to a New York skilled nursing home and for a New York hospital, close to the nursing home to deliver the needed injection. The skilled nursing home will transport the patient to the hospital to receive the injection. The Board had not explicitly contemplated arrangements with New York providers when indicating its approval for payment of medications post-discharge, or how the location of providers that are part of an arrangement might impact the relationship to ACO Activities.
2. The patient, who is an Attributed Life, requires monthly injections of an expensive medication which has been a barrier to discharge. Discharge arrangements were to Birchwood Terrace in Burlington and for UVMHC to administer up to two monthly injections, with Birchwood providing the transportation to UVMHC.



OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for UVMHC to Provide Prescribed Injection for Patients Discharged For Rehabilitation Services

WHEREAS, OneCare participates in the Vermont All Payer ACO Model Vermont Medicare ACO Initiative and the Vermont Medicaid Next Generation Program. The Secretary of the Department of Health and Human Services by and through CMS, and the Department of Vermont Health Access, have provided certain waivers of federal and state fraud and abuse laws in connection with the Vermont All Payer ACO Model (“APM”), the Fraud and Abuse Waiver Notice for Vermont ACO Initiative.

WHEREAS, Vermont hospitals are experiencing high inpatient census, which includes patients who do not require acute care, but who remain in the inpatient setting as a result of non-medical barriers to discharge;

WHEREAS, patients remaining in inpatient beds limits the ability of hospitals to provide treatment to new patients presenting with acute care needs and detracts the patients’ treatment; and

WHEREAS, OneCare’s goals (shared with the entire health care delivery system) for cost and quality as well as patients’ needs are best served by transferring patients no longer in need of acute care out of acute care settings and to settings that deliver the medically appropriate level of care;

WHEREAS, The Participation waivers are available when, among other things, the governing body of the ACO has reviewed and determined that the arrangements are reasonably related to ACO Activities. ACO Activities include:

- Promoting accountability for quality of care;
- Promoting accountability for cost of care;
- Promoting accountability for overall care;
- Managing and coordinating care;
- Encouraging infrastructure investment;
- Encouraging investment in re-designed care processes for high quality and efficient services delivery;
- Carrying out any obligation or duty under the Vermont ACO Initiative or the Vermont Medicaid NextGen Program (together “Programs”);
- Direct patient care;
- Promoting evidence based medicine;



- Promoting patient engagement;
- Reporting on quality and cost measures;
- Coordinating care with telehealth, remote monitoring and other technologies;
- Establishing and improving ACO clinical systems;
- Establishing and improving ACO administrative systems;
- Meeting Programs quality standards;
- Evaluating patient health;
- Communicating clinical knowledge;
- Communicating evidence-based medicine; and
- Developing standards for patient access and communication including to medical records.

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

OneCare, in furtherance of its strategic goals and in pursuit of ACO Activities, and with an intention to assist in the response to high patient census in acute inpatient settings, is assisting its network of providers in implementing delivery system innovations. The OneCare Board of Managers has duly authorized the arrangement below and made a bona fide determination that it is reasonably related to one or more of the above ACO Activities. In invoking these waivers, no determination has been made that the arrangement is prohibited by any law or regulation. The description of the arrangement is set forth below for the purpose of OneCare availing itself of the protections afforded under the ACO Participation Waiver.

1. The University of Vermont Medical Center (“UVMC”), an ACO Participant, will pay the cost of one injection and administration of prescribed monthly medication for an Attributed Life discharged to a New York skilled nursing facility (Essex Center for Rehabilitation and Healthcare, “Essex”) for rehabilitation services. The patient is a NY resident. The injection will be administered by Elizabethtown Community Hospital in New York who will be paid by UVMC. Essex will transport the patient to receive the injection. Bed shortages, pharmacy limitations and the expense of the medication have been a barriers to discharge and absent this arrangement, discharge planning could not identify available rehabilitation services for the patient.
2. UVMC will pay the cost of up to two injections and administration of a prescribed monthly medication for an Attributed Life discharged to Birchwood Terrace, a Vermont skilled nursing facility, for rehabilitation and skilled nursing services. The injection(s) will be administered and paid for by UVMC. Birchwood will transport the patient to receive the injection(s). Bed shortages and the expense of the medication have been barriers to discharge and absent this arrangement, discharge planning could not identify available rehabilitation and skilled nursing services for the patient.