

Board of Managers Meeting

Tuesday, 2/20/2024

4:00 - 6:00 PM ET

- 1. PUBLIC: Welcome Board Managers, Invited Guests, and Members of the Public Presented By: Anya Rader Wallack (4:00-4:01)**
- 2. PUBLIC: Call to Order and Board Announcements Presented By: Anya Rader Wallack (4:01-4:02)**
Leslie Ferrer Resignation
- 3. PUBLIC: Consent Agenda Items Presented By: Anya Rader Wallack (4:02-4:10)**
Motion and vote to Approve Consent Agenda Items – Majority Required
 - 3a. 2024-02 Public Consent Agenda Cover Page - Page 3*
 - 3b. 2024-01 OneCare Board Public Session Minutes - Page 4*
 - 3c. 2024-02 Board Committee Reports - Page 7*
- 4. PUBLIC: Legislative Updates Presented By: Amy Bodette, Lucie Garand (4:10-4:15)**
- 5. PUBLIC: PHM Quality Performance & Value-Based Care Network Engagement Strategies Presented By: Carrie Wulfman (4:15-4:30)**
5a. 2023 PHM Results through Q4 - Page 8
- 6. PUBLIC: Waivers Presented By: Linda Cohen (4:30-4:40)**
Program of Payment Fraud and Abuse Waiver
Funding Opportunity for Network Waiver Projects
Motion and Vote to Approve Programmatic Fraud and Abuse Waiver
6a. 02-20-2024 Fraud and Abuse Waiver Resolution - Page 10
- 7. PUBLIC: Public Comment (4:40-4:45)**
- 8. PUBLIC: Move to Executive Session Presented By: Anya Rader Wallack (4:45-4:50)**
Motion and vote to Approve Resolution to Move to Executive Session – Majority Required
8a. 2024-02 Resolution to Move to Executive Session - Page 13
- 11. PUBLIC: Votes Presented By: Anya Rader Wallack (5:56-6:00)**
 1. Approve Executive Session Consent Agenda Items - Supermajority Required
- 12. PUBLIC: Adjourn Presented By: Anya Rader Wallack (6:00)**
- 13. PUBLIC FYI DOCUMENTS**
18a. 2024-02 Public Affairs Report - Page 35



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

Public Session

February 20, 2024

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft OneCare Public Session Minutes January 16, 2024	Review and approval of prior month's minutes.
c. Board Committee Reports February 2024	Summary of Board subcommittee meetings from the past month.



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
January 16, 2024
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 January 16, 2024. 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 4:03 p.m. She welcomed new board managers Dick Courcelle and Judy Peterson. Each briefly introduced themselves.

II. PFAC Reflections

Dr. Toby Sadkin discussed the origin and evolution of OneCare’s Patient and Family Advisory Committee. It consists of 11 members ranging from 30-80 years old and they live in different regions of the state. Dr. Sadkin described members as highly engaged and especially interested in care coordination and OneCare’s success at large. She indicated that members are always interested in how they can serve the priorities of the board and they appreciate hearing regular updates about the board’s activities.

Chair Wallack expressed her belief that the committee could be more tightly connected with the board and is interested in exploring how to make that happen.

III. CMO Progress Report

Dr. Carrie Wulfman, Chief Medical Officer, provided the board with brief updates on the Value-Based Care team’s work. She described the second broad stakeholder meeting on Social Determinants of Health that aims to align around common domains for screening. There will be two additional meetings this spring to continue this conversation and move towards consensus. Dr. Wulfman also shared that Health Service Area spring rounding will begin in March. Managers made recommendations about engaging specific audiences (e.g. providers, local legislators). Dr. Wulfman concluded by describing the continuation of the Mental Health Screening Initiative in 2024.

IV. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from December 21, 2023; and (2) Board Committee Reports January 2024.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by T. Dee, seconded by S. Rouse, and approved by a majority.

V. Governance

A nomination to the Executive Committee was presented to the Board.

A Motion to approve the resolution appointing Judi Fox to the Executive Committee was made by S. Rouse, seconded by D. Bennett, and approved by a supermajority. J. Fox abstained.

VI. Public Comment

An opportunity for public comment was offered. Dr. David Schneider expressed interest in the work of the Patient and Family Advisory Committee.

VII. 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.

VIII. Votes from Executive Session

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

IX. Adjournment

Upon a Motion, a second, and approval by a unanimous vote, the meeting adjourned at 5:50 p.m.

Attendance:

OneCare Board Managers

Present:

Dick Courcelle	Sandy Rouse	Toby Sadkin, MD
Steve LeBlanc	Stuart May	Coleen Condon
Tom Huebner	Adriane Trout, MD	Jen Gilwee, MD
Teresa Fama	Anya Rader Wallack	Judy Peterson
Jessica Moschella	Judi Fox	Tom Dee
Dan Bennett		

Absent:

Leslie Ferrer	Sierra Lowell	Michael Costa
Shawn Tester		

C. Condon joined the meeting at 4:08 p.m.

D. Bennett joined the meeting at 4:22 p.m.

S. May joined the meeting at 4:28 p.m.

J. Gilwee joined the meeting at 5:03 p.m.

T. Fama joined the meeting at 5:03 p.m.

OneCare Risk Strategy Committee

Absent:

Steve Leffler, MD		
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OneCare Leadership and Staff

Present:

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



OneCare Board of Managers Committee Reports

February 2024

Executive Committee (meets monthly)

The Executive Committee discussed vacant Board seats. They received some legal updates, discussed the 2025 Medicare strategy, and discussed personnel matters. The committee is next scheduled to meet on March 7th, 2024.

Finance Committee (meets monthly)

At its February 14th meeting, the committee received timely updates from the Chief Financial Officer. They approved the December financials and engaged in a discussion about possible evolutions to the Medicaid fixed payment model. The 2023 settlement projections were reviewed, and the PY24 Mental Health Screening Incentive Program Policy and 03-06 Assignment of Attributed Lives Policy were recommended for approval by the Board. The committee is scheduled to meet next on March 13th, 2024.

Population Health Strategy Committee (meets monthly)

At its February 12th meeting, the committee approved the 2024 Annual Quality Plan. They received updates on 2024 HSA consultation planning and provider accountabilities. The committee looked at 2023 PHM results and were asked for feedback on the first quarter Arcadia reports. An update on the third social determinants of health screening tool meeting was provided as well as an update on payment models. Finally, more details on the restructuring of the Value-Based Care Team were provided. The committee is next scheduled to meet on March 11th, 2024.

Patient & Family Advisory Committee (meets monthly)

At its January 30th meeting, the committee received updates pertaining to the Board of Managers, Public Affairs, and Care Coordination Workgroup. The focus of the meeting was an update from the COO on the 2023-2025 Strategic Plan and the focus of 2024 organizational priorities. The committee is next scheduled to meet on February 27th, 2024.

Audit Committee (meets quarterly)

The committee is next scheduled to meet on March 4th, 2024.

2023 PHM Results

Measurement Level	Measure	Baseline	Q1	Q2	Q3	Q4
Practice Level	Child and Adolescent Well Visits	38/88 (43%)	33/88 (38%)	32/88 (36%)	35/88 (40%)	39/88(44%)
	Developmental Screening	31/88 (35%)	32/88 (36%)	38/88 (43%)	35/88 (40%)	38/88(43%)
	Diabetes A1c Poor Control	NA ²	NA ²	94/99 (95%)	96/99 (97%)	92/99(93%)
	Annual Wellness Visit 40+ ¹	NA ³	8/72 (11%)	6/72 (8%)	14/72 (19%)	23/72(32%)
HSA Level	Annual Wellness Visit 40+ ^{1, 4}	NA ³	0/10 (0%)	0/10 (0%)	0/10 (0%)	2/10(20%)
	Potentially Avoidable ED Revisits	NA ³	1/14 (7%)	5/14 (36%)	6/14 (43%)	6/14(43%)
	Initial Hypertension	NA ³	1/14 (7%)	1/14 (7%)	1/14 (7%)	0/14(0%)
	Routine Hypertension	NA ³	1/14 (7%)	5/14 (36%)	5/14 (36%)	2/14(14%)

1. Practices with more than 300 members in the denominator as of the baseline period were evaluated at the practice level for this measure. All others were evaluated at the HSA level.
2. The Diabetes A1C measure was not evaluated in the Baseline or Q1 performance periods
3. AWV 40+, ED Revisits and the 2 hypertension measures used a compare to self target - 10% lower than baseline - and therefore have no result in the baseline period
4. Only 10 of 14 HSAs have any practices that are evaluated at the HSA level for Annual Wellness Visits

PHM Performance Data through Q4 2023

			Inverse Measures			
	Practice Level Measures			HSA Level Measures		
Year	Child and Adolescent Visits	Developmental Screening	Age 40+ Annual Well Visits	Emergency Department Re-Visits	Initial Hypertension Follow-Up	Routine Hypertension Follow-Up
2021	60.1%	55.6%	57.0%	35.5%	61.9%	21.6%
2022	60.6%	53.9%	54.2%	33.1%	63.2%	21.8%
2023 *	61.4% Target: 57.4%	62.0% Target: 57.5%	49.5% Target: 10% Improvement	33.4% Target: 10% Improvement	63.9% Target: 10% Improvement	23.5% Target: 10% Improvement

*Claims through 6/30/23 with at least 3 months of runout for all payers



OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for 2024 Program of Payment and Supporting Arrangements February 20, 2024

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

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; and

WHEREAS, the waivers are intended to provide OneCare with flexibility to create arrangements that increase success in value-based care and that might not be permitted under the current federal and state health care regulatory schemes or that might be easier to accomplish without some of the strict requirements of those regulatory schemes; and

WHEREAS, the Participation Waiver is available when, among other things, the governing body of the ACO has reviewed and made a determination 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.

The OneCare Board of Managers has duly authorized the arrangements below and made a bona fide determination that each arrangement is reasonably related to one or more of the above ACO Activities. The descriptions of the relevant arrangements are set forth below for the purpose of OneCare availing itself of the protections afforded under the ACO Participation Waiver.

1. OneCare has a Services Agreement with the University of Vermont Health Network for the provision of IT services, data services, personnel, leased space, and other business support. This Agreement is related to, *inter alia*, carrying out OneCare's obligations in the Programs.
2. OneCare's budget and financial model (collectively the Program of Payments) applicable to all Participants, Preferred Providers and Collaborators, as submitted to and approved by, the Green Mountain Care Board and commemorated in Participant/Preferred Provider and Collaborator Agreements and ACO Policies incorporated into those Agreements, is related to fulfilling Program obligations, including, *inter alia*:
 - a. Hospitals accepting risk and receiving savings for their health services areas that include independent practitioners;
 - b. Independent primary care providers and Federally Qualified Health Centers accepting risk and earning savings for their health services areas and the ACO as whole, that includes hospitals and others to whom referrals may be made;
 - c. Hospitals accepting risk and potentially receiving savings for other health services areas to support those local hospitals and establish ACO systems, as well as coordinate and enhance care in those health services areas;
 - i. In particular, OneCare has accepted portions of the potential risk of and been granted portions of the potential shared savings for Northeastern Vermont Regional Hospital.
 - d. Population health management and care coordination payments to enhance primary care and care coordination for Attributed Lives;
 - e. Access to population health management software and reporting through OneCare to support accountability for cost and quality of care; and
 - f. Access to software and apps at no charge.
3. Under the Budget Order of the Green Mountain Care Board, OneCare will distribute Community and Primary Care Funds, received as advanced shared savings from CMS, pursuant to State of Vermont Contract 34070, to providers who are in OneCare's network and outside of OneCare's network, in furtherance of promoting accountability for cost, quality of care, and coordinating care;



4. Under the Budget Order of the Green Mountain Care Board, OneCare will support the SASH program with advanced shared savings received from CMS in furtherance of managing and coordinating care;
5. OneCare provides funding to embed a mental health clinician at a SASH location in Burlington in furtherance of managing and coordinating care and establishing and improving clinical systems; and
6. OneCare operates a Comprehensive Payment Reform Program (“CPR”) for independent primary care providers in which, using a combination of fixed payments from its contracted payers and funds provided by OneCare’s Risk Bearing Hospital Participants, a fixed Per Member Per Month payment is made in lieu of fee-for-service. The goal is to afford those independent practices a global payment that totals a percentage of Medicare reimbursement across payers. CPR practices also earn additional payment tiers for incorporating mental health services in their practices.



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution to Move to Executive
Session

February 20, 2024

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; and (4) personnel matters.



OneCare Vermont

Public Affairs Report | February 2024

Media Coverage

Vermont ACO model ties payer and provider payment to quality of care

[Healthcare Finance News, February 7, 2024](#)

This article is based on an interview with OneCare's Abe Berman, Interim CEO, and Tom Borys, CFO, for Healthcare Finance News. It gives an overview of the All-Payer Model and OneCare's role in working toward the model's goals and purpose. It also touches on the AHEAD model and the path forward for OneCare as it takes lessons learned and moves forward with the work. **Note: The statement about equal payment for services is incorrect and a correction has been requested.**

- **CMS' alternative payment model in Vermont**

[Mobile Health News, February 7, 2024](#)

The video embedded in the Healthcare Finance News article above is also posted here on Mobile Health News

- **Linking reimbursement to quality of care in Vermont**

[Healthcare IT News, February 7, 2024](#)

The video embedded in the Healthcare Finance News article above is also posted here on Mobile Health News

Lawmakers consider bill that would weaken Green Mountain Care Board

[VTDigger, January 30, 2024](#)

This article is coverage of bill S.211 including a quote from OneCare Interim CEO, Abe Berman regarding his experience working with the GMCB. This bill would overhaul the Green Mountain Care Board and limit its oversight powers, shifting some of its mandate to the state Agency of Human Services.

Court says OneCare must provide executive compensation information to Vermont regulators

[VTDigger, January 19, 2024](#)

This article is coverage of Superior Court Judge Timothy Tomasi ordering OneCare to comply with the Green Mountain Care Board's subpoenas to provide information about executive salaries.

Government Relations

State Legislature

The Senate and Health Committee currently have two bills in committee involving healthcare reform and have language referencing ACO's. [S.211](#) is the body's primary health care reform bill and on January 26, OneCare Vermont Interim CEO Abe Berman testified in front of the committee. Berman noted the Vermont All-Payer Accountable Care Organization (ACO) Model (VTAPM) was designed to test whether scaling an ACO structure across all major payers in the state can incentivize broad delivery system transformation to reduce statewide spending and improve population health outcomes. Berman also stated that strong public-private partnerships are a foundation for successful innovation. For the partnerships to be successful there is a need for sound regulation. This includes clarifying the role and function of the GMCB, and providing consistent, effective, and responsible regulation based on criteria. He highlighted that unfortunately, OneCare's experience as a regulated entity, has not been consistent or stable and provided the example of OneCare's 2024 budget submission which was based on guidance provided by the GMCB in mid-2023 only to see the goal posts move significantly to different, previously unknown, and arbitrary criteria during its budget hearing. Berman said this pattern of significant and unpredictable mid-cycle change has eroded trust between regulated entities and the GMCB. Berman also said providers voluntarily entered OneCare to deliver the best and most cost-effective health care to Vermonters by aligning focus around key population health metrics and providing support, resources, and incentives otherwise unavailable absent the ACO structure. This includes loss of data and reporting, access to waivers that are easing the transportation issues of Vermonters in mental health crisis that need to move from emergency departments to the Brattleboro Retreat, and the Comprehensive Payment Reform (CPR) program that is enabling primary care practices to hire additional practitioners. There has been no additional testimony on S.211 since.

On February 14th, a new version of [S.151](#) was introduced which is also a healthcare reform bill relating to pay parity and transparency in health care and the committee will begin to take testimony on the bill starting next week. OneCare Vermont will likely be asked to testify again regarding language in this bill and provide insight into the ongoing work around the AHEAD model.

During the week of February 5th, the House Health Care Committee received an update on audio-only telehealth usage and coverage mandated as part of [Act 6 of 2022](#), a bill that extended a number of COVID flexibilities in 2021. DFR testified that they found audio-only services represent a small portion of telehealth services and that more research is needed to determine the quality of care delivered by telehealth. DFR concluded that reimbursing audio only at parity would not have a cost impact beyond annual increases in medical trend. The committee is considering a bill that would require payers to reimburse for audio-only telehealth at 100% of in-person covered service.

Green Mountain Care Board

The GMCB has only had four meetings so far this year. On January 17 they were provided an update from AHS on the [AHEAD Model and Global Payments](#), as well an update on [Act 167 Community Engagement Plan](#). On January 24 they were presented the [proposed 2025 Standard Qualified Health](#)

[Plan Designs](#) including cost as well as provided and update and next steps on the [Health Resource Allocation Plan \(HRAP\)](#)

On February 7 the GMCB voted to [approve the 2025 Qualified Health Plan designs](#) as recommended by AHS and DVHA and on February 14 [VITL provided their quarterly update](#) and they also heard from their actuary Lewis & Ellis on [Cost Sharing Reductions and Silver Loads](#).

Outreach and Advocacy

Health Care Value Week

Health Care Value Week launched Monday, January 29. This weeklong event convenes public and private sector thought leaders to celebrate the achievements and future potential of valuing people over profits by transitioning from a fee-for-service to a value-based care approach to health care. The event was incredibly successful, with over 3,000 participants attending more than 30 presentations and hearing from 100+ speakers, across both virtual and live events. 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.