

Board of Managers Meeting

Tuesday, 3/19/2024

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)**
3. **PUBLIC: Consent Agenda Items Presented By: Anya Rader Wallack (4:02-4:05)**

Motion and Vote to Approve Consent Agenda Items – Majority Required

 - 3a. *2024-03 Public Session Consent Agenda Cover Page - Page 3*
 - 3b. *2024-02 OneCare Board Public Session Minutes - Page 4*
 - 3c. *2024-03 Board Committee Reports - Page 8*
 - 3d. *Summary of Policy Changes - Page 9*
 - 3e. *01-01 Subcontractor Management - Page 10*
4. **PUBLIC: Governance Presented By: Anya Rader Wallack (4:05-4:10)**
 - a. Population Health Strategy Committee Member
 - b. At-Large Manager

Motion and Vote to Approve Resolution Appointing Member to the Population Health Strategy Committee and Manager to the Board of Managers – Supermajority Required

 - 4a. *Leesa Taft Resume - Page 13*
 - 4b. *2024-03 Resolution Appointing Manager to the Board of Managers and Member to the PHSC - Page 21*
5. **PUBLIC: Public Comment (4:10-4:15)**
6. **PUBLIC: Move to Executive Session Presented By: Anya Rader Wallack (4:15-4:16)**

Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required

 - 6a. *2024-03 Resolution to Move to Executive Session - Page 22*
7. **PUBLIC: Votes Presented By: Anya Rader Wallack (5:56-6:00)**
 1. Approve Executive Session Consent Agenda Items - Supermajority Required
 2. Approve the Budget Resolution – Supermajority Required
 3. Approve the Strategy Resolution – Supermajority Required
 4. Approve the Resolution to Appoint a CEO – Supermajority Required
8. **PUBLIC: Adjourn Presented By: Anya Rader Wallack (6:00)**
9. **PUBLIC FYI Documents**
 - 16a. *2024-03 Public Affairs Report - Page 29*



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

Public Session

March 19, 2024

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft OneCare Public Session Minutes February 20, 2024	Review and approval of prior month's minutes.
c. Board Committee Reports March 2024	Summary of Board subcommittee meetings from the past month.
d. Summary of Policy Changes e. 01-01 Subcontractor Management	Review and approval of listed policies; a summary of changes is provided.



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
February 20, 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 February 20, 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 updated the board that Leslie Ferrer has stepped down from her seat, and the Executive Committee will take some time to evaluate needs before filling the ad-hoc seat. Chair Wallack thanked Joan Zipko for her 10 years of service to OneCare as Director of ACO Planning and Operations and wished her well.

II. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from January 16, 2024; and (2) Board Committee Reports February 2024.

An opportunity for discussion was offered.

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

III. Legislative Updates

Amy Bodette and Lucie Garand described the status of current relevant bills and indicated the OneCare team is monitoring progress closely as cross-over approaches.

IV. PHM Quality Performance & Value-Based Care Network Engagement Strategies

Dr. Carrie Wulfman, Chief Medical Officer summarized 2023 Population Health Model (PHM) results at the practice and health service area (HSA) level. She called attention to improvements in the annual wellness visit metric and potentially avoidable emergency department utilization. She noted the time lag on data collection was an important factor in considering all the results and highlighted that many of the metrics would continue in 2024.

Board managers asked about the areas for improvement and if benchmarks could be included comparing OneCare to other accountable care organizations. Dr. Wulfman mentioned that the team is working on strategies to improve the metrics specifically around hypertension control and agreed that these benchmarks would be useful.

Dr. Wulfman also mentioned the combining of the Care Coordination and Quality Teams into one Value-Based Care Team. The team has discussed providing more peer-to-peer engagement between providers. She also discussed tying specific metrics to financial incentives.

Board managers asked questions about how these strategies will work logistically, which Dr. Wulfman said is still to be determined. Board managers with more specific questions were asked to reach out to Dr. Wulfman directly.

V. Waivers

Linda Cohen provided background about the various types and purpose of waivers available to OneCare under the All-Payer Model. Ms. Cohen then reviewed the programmatic fraud and abuse waiver and offered opportunity for questions.

A Motion to Approve the Programmatic Fraud and Abuse Waiver was made by T. Dee, seconded by S. May, and was approved by a supermajority.

Ms. Cohen then announced a funding opportunity to support waiver implementation across OneCare's network. It includes \$100,000 to fund up to five projects with applications opening at the end of February. There will also be an informational webinar on March 6th for interested organizations. She noted that proposed projects should be measurable and align with the goals of OneCare to improve quality and reduce costs of care.

Board managers asked clarifying questions about who is eligible for waivers and how attribution relates to waivers. Ms. Cohen confirmed that patients are eligible for waiver benefits regardless of their attribution status. Board managers also asked about if waivers could apply for prior authorization, which Ms. Cohen said would not apply to fraud and abuse waivers. Other types of waivers may apply in some situations.

VI. Public Comment

An opportunity for public comment was offered.

VII. Move to Executive Session

A Motion to Approve the Resolution to Move to Executive Session was made by T. Huebner, seconded by J. Gilwee, 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 5:54 p.m.

Attendance:

OneCare Board Managers

Present:

Dick Courcelle	Michael Costa	Toby Sadkin, MD
Steve LeBlanc	Stuart May	Shawn Tester
Tom Huebner	Adriane Trout, MD	Jen Gilwee, MD
Teresa Fama	Anya Rader Wallack	Dan Bennett
Jessica Moschella	Judi Fox	Tom Dee
Coleen Condon		

Absent:

Sandy Rouse	Sierra Lowell	Judy Peterson
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M. Costa joined the meeting at 4:05 p.m.

J. Fox joined the meeting at 4:07 p.m.

C. Condon joined the meeting at 4:29 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	Joan Zipko
Linda Cohen	Regina Alexander	



OneCare Board of Managers Committee Reports

March 2024

Executive Committee (meets monthly)

The Executive Committee nominated a new member to the Population Health Strategy Committee and nominated a current Board seat for renewal. They discussed budget and personnel matters. The committee is next scheduled to meet on April 4th, 2024.

Finance Committee (meets monthly)

At its March 13th meeting, the committee received updates on receipt of the Green Mountain Care Board budget orders and engaged in a discussion about possible evolutions to the Medicaid fixed payment model. The 2023 settlement projections were reviewed, and a change to the 2024 Performance Incentive Program was approved. The committee is scheduled to meet next on April 10th, 2024.

Population Health Strategy Committee (meets monthly)

At its March 11th meeting, the committee received follow-up information on the quality plan discussion from February. They heard about a funding opportunity for waivers projects. The committee received updates on workgroups and subcommittees. The committee provided feedback on the Population Health Management report. Finally, they were presented the new Arcadia Impact Score for discussion. The committee is next scheduled to meet on April 8th, 2024.

Patient & Family Advisory Committee (meets monthly)

At its February 27th meeting, the committee received updates pertaining to the Board of Managers, Public Affairs, and Care Coordination Workgroup. The 2022 annual quality results were presented and discussed. The committee also received a year in review presentation for 2023 and discussed future committee topics. The committee is next scheduled to meet on March 26th, 2024.

Audit Committee (meets quarterly)

At its March 4th meeting, the committee received the CCPO quarterly report and discussed the compliance program effectiveness review conducted by the new Chief Compliance and Privacy Officer, Regina Alexander, and her team. They also discussed the 2024 audit plan. The committee also had a presentation from Ernst and Young, who will be conducting the 2024 audit. The committee is next scheduled to meeting on June 5th, 2024.



Board of Managers Summary of Policy Changes

Public Session

March 2024

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 by the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access and the Vermont Medicaid Next Generation Program Agreement, as required by that agreement, and in compliance with applicable law, regulation and rules.
 - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
 - **Committee Endorsement:** N/A

Policy Number & Title:	01-01 Subcontractor Management
Responsible Department:	Legal
Author:	Aaron Perry, Chief Legal Counsel
Original Implementation Date:	January 1, 2017
Board Approval Date:	March 19, 2024
Revision Effective Date	March 19, 2024

- 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 exist 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 Planning and Operations Date

Director, ACO Contracting Date

Chief Legal Counsel Date

Chief Operating Officer Date

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Leesa L. Taft, DNP, APRN, FNP-C

Education

1983-1986 Windsor High School, Windsor, VT
High School Diploma

1987-1988 United States Air Force
Basic Training, Operations Technical School

1994-1996 NO. VA Technical College, VA
Nursing major (Honor Student)

1997-1998 UNLV, Las Vegas, NV
Pre-Med Biology major (Honor Student)

1999-2002 UNH, Durham, NH
BSN (Summa Cum Laude, National Honor Society)

2002-2005 UNH, Durham, NH
MSN, FNP (National Honor Society)

2016-2018, UNH, Durham, NH
Doctoral in Nursing Practice (National Honor Society)

Licensure Vermont APRN and RN Licensure

Work Experience **1987-1990**, United States Air Force, GE

Operations Management Specialist

- Achieved rank of Sargent. Responsible for scheduling daily training flights for 43, F-16 pilots, and Wing Commanders. Maintained all flight records, physical requirements, flight pay, and monitored all training requirements of each aviator and all weapon officers. Maintained and updated all flight evaluations, and aviator records for the Squadron. Participated in war-time preparations and redeployment activities. Maintained a secret clearance. Honorable Discharge. USAF Veteran.

1996-1997, Nellis AFB Hospital, NV, OBGYN

American Red Cross Volunteer

- Responsible for checking in OB patients for their appointments. Monitored patient's weight, urine analysis and blood pressures. Assisted with routine check-ups, GYN exams and Colposcopy treatments. Documented specimens for laboratory evaluation. Assisted in birth control education.

2001-2002, Woodlawn Nursing Home, Newport, NH

LPN Charge Nurse

- Responsible for the care of 26 residents. Assessed, managed, evaluated and delivered care for all residents. Coordinated interdisciplinary needs of residents and their families. In direct charge of 4 nurse's aides and care they provided to residents. Responsible for updating medical charts, administering medications and treatments, and providing physicians with any pertinent information regarding the residents.

2002-2003, DHMC, Lebanon, NH, Pediatrics

RN, Clinical Nurse I

- Responsible for all inpatient pediatrics assigned (4-5 per shift) and their direct care. Coordinate interdisciplinary needs of the patient and their families. Administer medications and treatments, and update medical charts. Implement and reinforce patient/family teaching regarding illness, care, treatments, medications and

trajectory when appropriate. Continually assess, plan and evaluate patient care and responses and prioritize them accordingly. Population included routine surgical patients, trauma patients, hematology/oncology patients, suspected abuse patients and routine observation patients.

2003-2005, Mt. Ascutney Provider Practice, Windsor, VT

RN Nurse Leader

- Responsible for overseeing daily flow of patients, scheduling, nurse visits (wound care, teaching, etc.), triage, phone messaging and prescription refills. Assisted in routine medication check-ups, gyn visits, medication instructions/reconciliations and family meetings. Direct supervision of 9 LPN/CMA's. Responsible for establishing guidelines and protocols for triage, medication refills, and other routine nurse visits.

2005- 2018, Mt. Ascutney Provider Practice, Windsor, VT

Family Nurse Practitioner- Internal Medicine, Assistant Medical Director (2014- 2017), Internal Medicine Team Lead (2016 – 2017), Associate Medical Director (2017- 2018)

- Responsible for the management, assessment, diagnosis, treatment, planning, coordinating, and referrals for a patient panel of approximately 1200 patients, ranging in ages from teens to end of life. Providing preventive, acute and chronic health care for both men and women. Establishment of compassionate verbal and non-verbal communication and trusting relationships/partnerships with patients, their families and collaborating health care providers. Skilled in obtaining detailed health history, conducting well and focused physical exam, prioritizing individual physical and psychological needs and utilizing differential diagnosis to achieve best health outcomes. Critical thinking skills with knowledge of laboratory processes, point of care testing, interpretation of laboratory values, preventive screening tools, diagnostic tests, and prescribing medications and monitoring efficacy of medications/treatments. Detail oriented with proficiency in facilitating appropriate interventions, documentation, triage and follow up health care. Team Leader of Internal Medicine group. Leadership and proficiency in building partnerships, education opportunities, morale building, communication improvement and

conflict resolution. Preceptor of MD, PA and NP students. Responsible for the oversight/integration of all Associate Providers (PA's and NP's) to include development and approval of onboarding of new hires, mentoring, professional growth and development, annual reviews and ongoing performance management. Fulfill role of Medical Director in their absence.

- SBIRT champion. Developed and implemented an SBIRT program in 3 outpatient clinics as well as QI process evaluation completed as part of DNP project.

2010-2013, Mt. Ascutney Skilled Nursing Facility

Assistant Medical Director

- Responsible for the direct care of 24 residents with on call, admission, discharge, management, assessment, diagnosis, treatment and collaboration of care when appropriate. Liaison between nursing staff and Medical Director. Built electronic medical records for each resident. Assisted with developing protocols and standing orders. Documentation/upkeep of all medical records and medication reconciliations.

2013-2017, Cedar Hill Nursing Home/Rehab Center

Assistant Medical Director

- Responsible for admission, assessment, diagnosis, treatment, management, collaboration and discharge of approximately 30 SNF beds, 10 rehab beds, 20 assisted living beds and 20 memory unit beds. On call for facility 5 days/week. Direct care provided on site and the development of medical records for all patients/residents. Collaborative care with other professional services as well as family members. End of life and palliative care provided as well as management/coordination with staff and families. Ongoing evaluation of Quality and risk management.

2018-2019, Mt. Ascutney Provider Practice

Director of Operations

- Direct oversight of all operations for Primary Care at both Windsor and Woodstock practices. Project Lead/manager for all QI projects for both adult and pediatric practices, including but not limited to, obtaining and maintaining NCQA, Patient Centered Medical Home yearly certification and oversight of ACO/One Care QI metrics.

Jan 2020 - Present, Mt. Ascutney Provider Practice

Medical Director of Primary Care

- Direct oversight and responsibility for all Primary Care staff (providers, nursing, administrative), adult and pediatric, at both Windsor and Woodstock practices. Direct oversight and responsibility of other departments to include Cardiology, Rheumatology, Psychiatry, Behavioral Health team, and Community Health team. Responsible for all operations and QI projects across the span of above listed departments.
- QI leader for ongoing NCQA, PCMH quality improvement metrics and annual attestation.
- QI leader/liaison for ACO/One Care QI metrics and related improvement operations/workflows.
- Responsible for budget review/obtainment for all departments listed above.
- Establish goals for teams based on budget
- Help establish and maintain daily operations and oversight of our Respiratory Clinic in response to the COVID pandemic.
- Responsible for the allocation of resources and redeployment plan for staff in response to the COVID pandemic.
- Established clinic and oversight for ongoing COVID vaccine administration
- Development and daily operations oversight of the Ambulatory Walk-in Clinic.
- Responsible for ongoing provider education sessions.
- Work closely with other Section Chiefs to improve processes and patient care practices.
- Responsible for the review and resolution of all patient concerns.
- Establish Nurse Triage Call Service
- Recruitment and mentoring of new providers
- Develop Primary Care onboarding process (providers, nurses, administration)
- Implemented Medical Record Completion Policy

- Implementation and process development for Telehealth Services

Certifications American Association of Nurse Practitioners, FNP 2005- present
BLS certification

Professional Honors/Memberships Sigma Theta Tau National Honor Society

Professional Membership AANP, AHEC, VT NPA

Professional Committees

Vice President Community Health Foundation, 2011- 2017

Community Health Foundation Committee, 2017- present

Ethics Committee, 2014- present;

Peer Review Committee, 2018- present

BCBS of VT Credentialing Committee, 2018- 2020

Medical Executive Committee, 2018- present

Leadership Council, 2017- present

VT NPA Board Member, 2018- 2019

VT NPA Health Policy Committee, 2018- 2019

Palliative Care and Hospice Committee, 2019-2022

Quality Committee, 2020- Present

Incident Command Committee, 2020-2022

RPCC member, 2020- Present

Primary Care Executive Committee, 2022- Present

MAHHC Board of Trustees, 2023- Present

Outside Interests/hobbies Running, golfing, spending time with family



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Appointing Board
Managers
March 19, 2024

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

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidate, hereby elects to seat the following Manager:

- A. Tom Dee, At-Large Manager, for a three-year term ending on March 31, 2027.

AND

The Board, having reviewed and discussed the recommendations of the Nominating Committee and the qualifications of the candidate, hereby appoints Leesa Taft to the Population Health Strategy Committee.



OneCare Vermont

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

March 19, 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; (3) confidential attorney-client communications; and (4) personnel matters.



OneCare Vermont

Public Affairs Report | March 2024

Media Coverage

No coverage since the February report.

Government Relations

Green Mountain Care Board

On February 21 the Green Mountain Care Board received an update on the [AHEAD model](#) from Pat Jones, Interim Director of Health Care Reform. The presentation focused on the role of primary care in the model.

State Legislature

The Senate Health and Welfare committee has not taken new testimony on S.211, an act relating to health care reform and to the regulatory duties of the Green Mountain Care Board.

The Senate Health and Welfare is continuing to markup S.151, an act relating to pay parity and transparency in health care and will take additional testimony on March 13 and 14. This bill includes language regarding the Green Mountain Care Board powers and duties and a wide range of health care issues including colorectal cancer screening coverage, insurance rate increase notifications, and consent to preventive services and treatment by minors.

On March 13 Governor Scott signed H.839, an act relating to fiscal year 2024 budget adjustments. The budget adjustment included the funds required for the 2022 settlement with DVHA (Department of Vermont Health Access).

Outreach and Advocacy

Patient and Family Advisory Committee Recruitment

Our patient and family advisory committee is recruiting new members. These monthly meetings bring together Vermonters from across the state to offer their voices and perspectives to inform OneCare's strategic decisions impacting patient care and experience. Our aim is to build a committee that is inclusive and representative of the communities across Vermont. In particular, we are hoping to get a representative who has MVP insurance. Learn more about this volunteer opportunity here: [Careers - OneCare Vermont \(onecarevt.org\)](#)

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.