Board of Managers Meeting

Tuesday, 4/16/2024
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)**
   Thank you to Shawn Tester for his service to the board.
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. 2024-04 Public Session Consent Agenda Cover Page - Page 3
   3b. 2024-03 OneCare Board Public Session Minutes - Page 4
   3c. 2024-04 Board Committee Reports - Page 7
   3d. 2024 Corporate Goals Q1 Progress Rpt - Page 8
   3e. Updated Target for PHM Measure - Page 9
   3f. Expansion of Retreat Ambulance Waiver with UVMMC Funding - Page 10
   3g. Participation Waiver SVMC Update - Page 11
   3h. 2024-04 Summary of Policy Changes - Public Session - Page 12
   3i. 09-01 Quality Improvement and Management - Page 13
4. **PUBLIC: Arcadia Implementation Progress Report Presented By: Jodi Frei (4:05-4:20)**
   4a. 2024-04 Arcadia Board Update - Page 15
5. **PUBLIC: Middlebury Family Health & Lamoille County Mental Health HSA Spotlights Presented By: Carrie Wulfman, James Eby (4:20-4:45)**
   5a. Middlebury Family Health - Page 22
   5b. LCMHS Metrics Progress - Page 27
6. **PUBLIC: Public Comment (4:45-4:50)**
7. **PUBLIC: Move to Executive Session Presented By: Anya Rader Wallack (4:50-4:55)**
   MOTION AND VOTE to Approve Resolution to Move to Executive Session – Majority Required
   7a. 2024-04 Resolution to Move to Executive Session - Page 30
8. **PUBLIC: Votes Presented By: Anya Rader Wallack (5:55-6:00)**
   1. Approve Executive Session Consent Agenda Items - Supermajority Required
9. **PUBLIC: Adjourn Presented By: Anya Rader Wallack (6:00)**
10. **PUBLIC FYI Documents**
    15a. 2024-04 Public Affairs Report - Page 79

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

April 16, 2024

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft OneCare Public Session Minutes March 19, 2024	Review and approval of prior month's minutes.
c. Board Committee Reports April 2024	Summary of Board subcommittee meetings from the past month.
d. Corporate Goals Progress Report	Summary of progress for corporate goals for 2024.
e. New Target for PHM Measure	Recommendation from the Population Health Strategy Committee to update the Follow Up after ED Visits for Patients with Multiple Chronic Conditions target in OneCare's 2024 PHM program to align with new national benchmarks.
f. Expansion of Retreat Ambulance Waiver with UVMMC Funding **g.** SVMC Transport from EDs to SVMC	Waivers previously approved by the Board with small changes and updates.
h. Summary of Policy Changes **i.** 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
March 19, 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 March 19, 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 4:02 p.m. She let the board know that board bios are now in Directors Desk, the Arcadia presentation originally planned for today will be presented in April and reminded the board of the half-day in-person retreat happening in May. She also thanked those who were able to attend the additional board education session last week.

II. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from February 20, 2024; (2) Board Committee Reports March 2024; (3) Summary of Policy Changes; and (4) 01-01 Subcontractor Management.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by S. May, seconded by J. Gilwee, and approved by a majority.

III. Governance

Nominations to the Board of Managers and Population Health Strategy Committee were presented to the board.

An opportunity to separate these resolutions was offered.

A Motion to approve the resolution appointing Tom Dee to the Board of Managers and Leesa Taft to the Population Health Strategy Committee was made by T. Huebner, seconded by S. LeBlanc, and approved by a supermajority. T. Dee abstained.

IV. Public Comment

An opportunity for public comment was offered.

V. Move to Executive Session

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

VI. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by supermajority.**
2. Approve the Budget Resolution - **Approved by supermajority.**
3. Approve the Strategy Resolution, with amendments - **Approved by supermajority.**
4. Approve the Resolution to Appoint a CEO - **Approved by supermajority.**

VII. Adjournment

Upon a Motion, a second, and approval by a unanimous vote, the meeting adjourned at 6:15 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	Sierra Lowell	

Absent:

Sandy Rousse	Judy Peterson	

T. Fama joined the meeting at 4:45 p.m.

OneCare Risk Strategy Committee

Absent:

Steve Leffler, MD		

OneCare Leadership and Staff

Present:

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

OneCare Board of Managers Committee Reports

April 2024

Executive Committee (meets monthly)
The Executive Committee reviewed and discussed quarter one 2024 corporate goal progress and Medicare strategy. The committee is next scheduled to meet on May 2nd, 2024.

Finance Committee (meets monthly)
At its April 10th meeting, the committee received updates on the 2022 Medicaid settlement and the Green Mountain Care Board revised budget. They discussed March board actions and approved policies related to the 2024 program settlement, 2024 hospital fixed payment, and Population Health Model payments. The committee also engaged in discussion around 2024 early spend signals and the 2023 settlement. The committee is scheduled to meet next on May 8th, 2024.

Population Health Strategy Committee (meets monthly)
The April committee meeting was postponed due to the solar eclipse. The committee is next scheduled to meet on April 22nd, 2024.

Patient & Family Advisory Committee (meets monthly)
At its March 26th meeting, the committee received updates regarding the Board of Managers activities and updates from the Public Affairs and Care Coordination teams. The bulk of the meeting was a presentation and overview of the Care Coordination Arcadia platform. The meeting wrapped up with a review of the committee membership survey results ranking topics for discussion for 2024 with Long Term Care, Mental Health & Substance Abuse, and Access to Providers being the most highly ranked. In addition, recruitment is underway for additional membership for the committee. The committee is next scheduled to meet on April 30, 2024.

Audit Committee (meets quarterly)
The committee is next scheduled to meeting on June 5th, 2024.

OneCare Vermont

2024 Corporate Goals

Updated 4/1/24

					2024 Update	
Goal	**Weight**	**Key Result, (Weight)**	**Threshold (50%)**	**Target (100%)**	**% Complete/Measure**	**Q1 Briefly describe current state, risks, mitigations and next steps**
Improve quality results to enhance population health outcomes and demonstrate organizational effectiveness.	50%	Meet or exceed target in primary care PHM program measures (60%)	2 of 5 continuing PHM measures meeting 2024 PHM target in aggregate	3 of 5 continuing PHM measures meeting PHM target in aggregate	25%	PHM Push Plan developed; RCR contracts being dispersed. Risk due to timing of measurement periods using claims data.
		Increase utilization of waivers across the provider network (20%)	Increase the number of patients benefiting from waivers by 5%	Increase the number of patients benefiting from waivers by 10%	25%	Ongoing waiver review and approvals; developed method to deploy 2024 waiver funding; applications in review with robust interest.
		One standardized SDoH screening tool selected for implementation across OneCare's Network (20%)	Align SDoH screening tool with Blueprint AND OneCare's Network (via PHSC approval)	Align SDoH screening tool across a minimum of three key stakeholders AND OneCare's Network (via PHSC approval)	75%	Three stakeholders aligned on common SDoH screening tool; PHSC approval pending.
Support primary care and hospitals through advanced payment reforms and enhancing provider readiness for global budgets.	25%	Implement Medicaid Global Payment Program (GPP) for two or more hospitals (60%)	One hospital participates in GPP in PY24	At least two hospitals participate in GPP in PY24	---	Five hospitals contracted with OneCare for GPP; OneCare ready for a 7/1 start date; Launch dependent on DVHA funding the "claims tail" currently under discussion in legislature.
		Implement a Medicaid FQHC fixed payment pilot for two or more FQHCs (20%)	One FQHC participates in Medicaid fixed payment pilot in PY24	At least two FQHCs participate in Medicaid fixed payment pilot in PY24	---	Verbal commitment from one FQHC; conversations ongoing with others; targeting 7/1 launch.
		Develop strategy to sustain CPR program benefits (20%)	N/A	Strategy delivered to and accepted by the OneCare BOM	25%	In process; strategy being developed in conjunction with Medicare strategy.
Lay groundwork and provide alternatives and recommendations for OneCare for 2025 and beyond	25%	Deliver Medicare/AHEAD development plan to OneCare BOM by spring 2024 (100%)	N/A	Report delivered to and accepted by the OneCare BOM	75%	Monthly detailed conversations through Board, Executive Committee, and Finance Committee, as appropriate; March 2024 management recommendations endorsed by Board for further development.

Follow Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (HEDIS FMC)

CONTEXT: Historically, the target set for this measure has been the most recently published national average for Medicare PPO published by the National Committee for Quality Assurance (NCQA).

The 2021 Year rate was 58.70%. Recently, NCQA updated the national average for 2022 and the Medicare PPO rate is now 56.50%.

Given this, the Population Health Strategy Committee has recommended that OneCare update the target for this measure to 56.50% to reflect the most recently published national average.

OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for Transport from Emergency Departments to the Brattleboro Retreat for Voluntary Inpatient Treatment April 16, 2024

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, in October 2023, this Board approved a Participation Waiver for the following project and found that it was "reasonably related to ACO Activities:"

1. UVMMC will pay $250,000 to expand the hours of operation of transfer of patients by Rescue, Inc. from OneCare network emergency departments to the Brattleboro Retreat for voluntary inpatient treatment.

WHEREAS, the completion of the underlying contracts for the arrangement was unexpectedly delayed.

BE IT RESOLVED, that the Board re-affirms its approval of the arrangement described above, and recognizes that the delay in contracting does affect its approval.

OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for Transport from Hospitals and Emergency Departments to Participant Southwestern Vermont Medical Center for Inpatient Treatment April 16, 2024

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, in December 2023, this Board approved a Participation Waiver for the following project and found that it was "reasonably related to ACO Activities:"

1. ACO Participant SVMC will contract Rescue Inc., a Vermont ambulance company, to be available to with a staffed ambulance to transport Attributed Lives and Vermont residents from emergency departments and hospitals to SVMC for inpatient treatment, M-F 10am-6pm.

   Eligible patients will be identified by Dartmouth Hitchcock Medical Center's Capacity Coordination Center, staffed by professionals able to assess patients' medical needs and appropriate medical placement. All patients will consent to their inpatient provider.

   SVMC will pay Rescue Inc. a base payment annually to maintain this capacity. Additionally, SVMC will pay Rescue Inc. a mileage fee for the miles they drive from Brattleboro to the patient, to SVMC with the patient and back to Brattleboro. Rescue, Inc. will, in addition to the availability and mileage fees, bill patients or their insurers for the transportation provided.

WHEREAS, the completion of the underlying contracts for the arrangement was unexpectedly delayed.

BE IT RESOLVED, that the Board re-affirms its approval of the arrangement described above, and recognizes that the delay in contracting does affect its approval.

Board of Managers Summary of Policy Changes

Public Session

April 2024

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

- **09-01 Quality Improvement and Management**
  - **Purpose:** To define and outline key requirements of quality improvement and management efforts at OneCare.
  - **Key Changes:** No substantive changes; all edits are for the purpose of improved clarity.
  - **Committee Endorsement:** Population Health Strategy Committee (04/08/24)

Policy Number & Title:	09-01 Quality Improvement and Management
Responsible Department:	Value Based Care
Author:	Jamie Chan, Director, Value Based Care
Original Implementation Date:	July 20, 2021
Board Approval Date:	April 16, 2024
Revision Effective Date:	April 16, 2024

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 Value Based Care 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 Value Based Care Team shall annually define OneCare's quality improvement and management priorities.

1. The work plan will include specific, measurable, 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 Value Based Care 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
- 04-19-PY24 Population Health Model and Payments PY 2024 Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

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

Arcadia Update

OneCare Board of Managers
April 2024

Jodi Frei, ACO Director of Data Services

OneCare Vermont

onecarevt.org

Arcadia Data

Data Options

Library of Static Reports

Patient Lists & Interactive Reports

Self-service dashboards

Data Access

Multi step role-based provisioning process

Primary care access to their attribution

Arcadia Timeline

- **October 2023**
  - Primary Care report pre-release
  - Start of payer data integration
  - Training initiation
  - OneCare staff & Pilot users in Core Web
- **November 2023**
  - Ongoing Pilot training
  - Collect user feedback
- **December 2023**
  - Additional Core Web reports released
  - Additional users trained and added to system
- **January 2024**
  - Launch first 2024 PHM Primary Care report
  - Executive and HSA report release
- **Feb - Dec 2024**
  - Complete payer data integration
  - Director of Data Services position introduced
  - System enhancements
  - Training Support

Pilot & User Experience

- **Pilot Highlights (Oct – Dec 2023)**
  - 30 engaged, system-aware primary care users spanning 17 organizations
  - Goals to gain insight into the baseline functionality, solicit feedback specific to the training process
  - Goals were achieved with positive feedback specific to functionality and effectiveness of training
  - This group, with expanded membership, may serve as an advisory group moving forward

- **Current User Engagement (April 2024)**
  - 90 users across 34 of 51 primary care organizations are active in Arcadia
  - Nine of the remaining 17 have initiated access

Primary Care Report Sample

Section 1: Population Health Model Progress

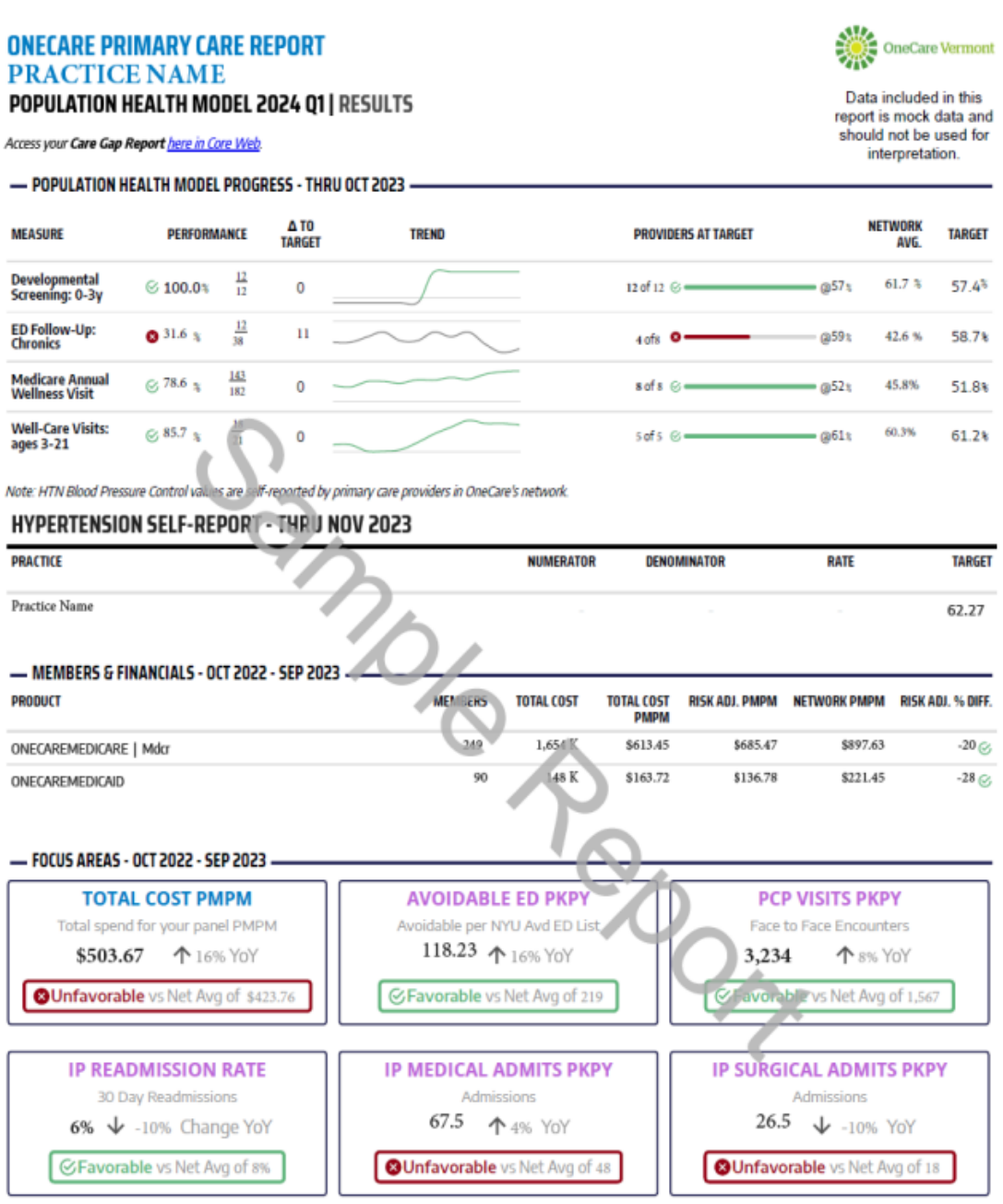
How is your practice performing on quality measures for the 2024 Population Health Model?

Section 2: Members & Financials

Within each payer, how large is your panel, and how much is their spend?

Section 3: Focus Areas

Metrics corresponding with OneCare's Key Performance Indicators (KPIs). These are measures of how well the network is achieving its goal of delivering value-based care.



ONECARE PRIMARY CARE REPORT
PRACTICE NAME
POPULATION HEALTH MODEL 2024 Q1 | RESULTS

OneCare Vermont

Data included in this report is mock data and should not be used for interpretation.

Access your *Care Gap Report* here in Core Web

POPULATION HEALTH MODEL PROGRESS - THRU OCT 2023

MEASURE	PERFORMANCE	Δ TO TARGET	TREND	PROVIDERS AT TARGET	NETWORK AVG.	TARGET
Developmental Screening: 0-3y	100.0% 12/12	0		12 of 12 @57%	61.7 %	57.4%
ED Follow-Up: Chronics	31.6 % 12/38	11		4 of 8 @59%	42.6 %	58.7%
Medicare Annual Wellness Visit	78.6 % 143/182	0		8 of 8 @52%	45.8%	51.8%
Well-Care Visits: ages 3-21	85.7 % 18/21	0		5 of 5 @61%	60.3%	61.2%

Note: HTN Blood Pressure Control values are self-reported by primary care providers in OneCare's network.

HYPERTENSION SELF-REPORT - THRU NOV 2023

PRACTICE	NUMERATOR	DENOMINATOR	RATE	TARGET
Practice Name				62.27

MEMBERS & FINANCIALS - OCT 2022 - SEP 2023

PRODUCT	MEMBERS	TOTAL COST	TOTAL COST PMPM	RISK ADJ. PMPM	NETWORK PMPM	RISK ADJ. % DIFF.
ONECAREMEDICARE | Mdcr	249	1,654 K	$613.45	$685.47	$897.63	-20
ONECAREMEDICAID	90	148 K	$163.72	$136.78	$221.45	-28

FOCUS AREAS - OCT 2022 - SEP 2023

TOTAL COST PMPM
Total spend for your panel PMPM
$503.67 ↑ 16% YoY
Unfavorable vs Net Avg of $423.76

AVOIDABLE ED PKPY
Avoidable per NYU Avd ED List
118.23 ↑ 16% YoY
Favorable vs Net Avg of 219

PCP VISITS PKPY
Face to Face Encounters
3,234 ↑ 8% YoY
Favorable vs Net Avg of 1,567

IP READMISSION RATE
30 Day Readmissions
6% ↓ -10% Change YoY
Favorable vs Net Avg of 8%

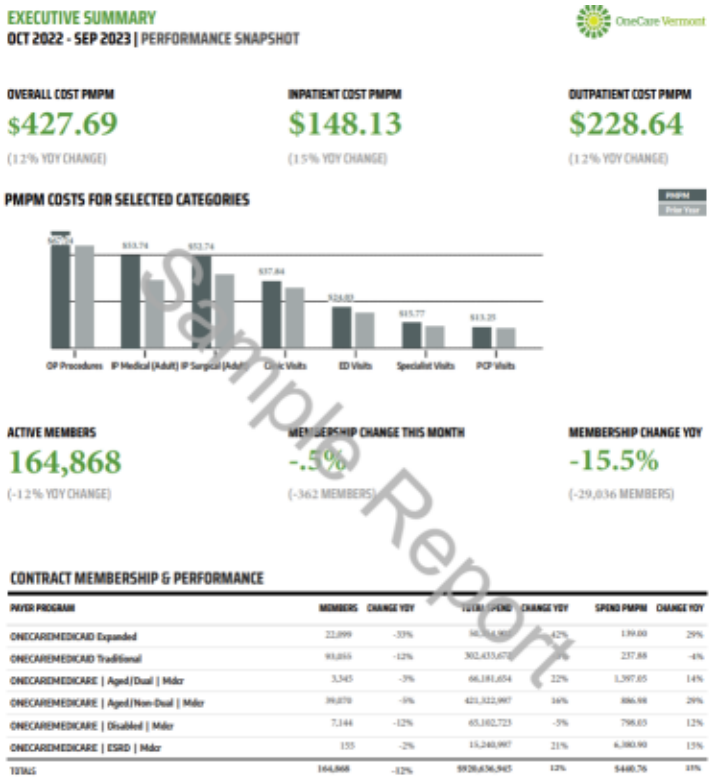
IP MEDICAL ADMITS PKPY
Admissions
67.5 ↑ 4% YoY
Unfavorable vs Net Avg of 48

IP SURGICAL ADMITS PKPY
Admissions
26.5 ↓ -10% YoY
Unfavorable vs Net Avg of 18

Sample Report

Sample Executive Report

OneCare aggregate report with PMPM service category detail



EXECUTIVE SUMMARY

OCT 2022 - SEP 2023 | PERFORMANCE SNAPSHOT

OneCare Vermont

OVERALL COST PMPM
$427.69
(1.2% YOY CHANGE)

INPATIENT COST PMPM
$148.13
(1.5% YOY CHANGE)

OUTPATIENT COST PMPM
$228.64
(1.2% YOY CHANGE)

PMPM COSTS FOR SELECTED CATEGORIES

PMPM
Prior Year

$62.04
$53.74
$52.74
$37.84
$24.83
$15.77
$13.25

OP Procedures | IP Medical (Adult) | IP Surgical (Adult) | Clinic Visits | ED Visits | Specialist Visits | PCP Visits

ACTIVE MEMBERS
164,868
(-1.2% YOY CHANGE)

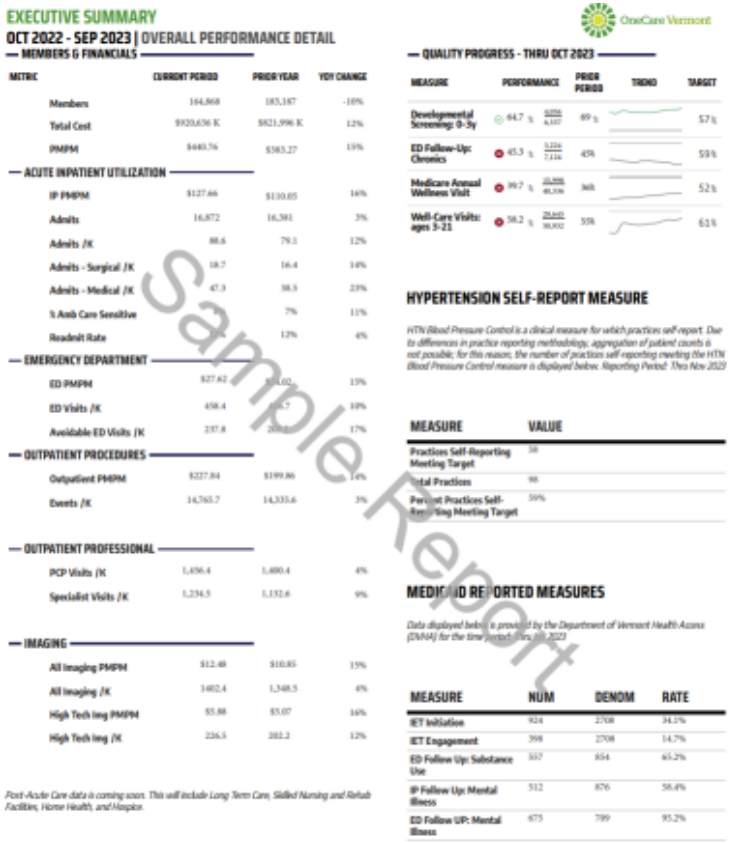
MEMBERSHIP CHANGE THIS MONTH
-.5%
(-362 MEMBERS)

MEMBERSHIP CHANGE YOY
-15.5%
(-29,036 MEMBERS)

CONTRACT MEMBERSHIP & PERFORMANCE

PAYER PROGRAM	MEMBERS	CHANGE YOY	TOTAL SPEND	CHANGE YOY	SPEND PMPM	CHANGE YOY
ONECAREMEDICAID Expanded	22,099	-33%	40,314,907	-42%	139.00	29%
ONECAREMEDICAID Traditional	93,055	-12%	302,433,670	-7%	237.88	-4%
ONECAREMEDICARE | Aged/Dual | Mdcr	3,345	-3%	66,181,654	22%	1,397.05	14%
ONECAREMEDICARE | Aged/Non-Dual | Mdcr	39,070	-5%	421,322,997	16%	886.98	29%
ONECAREMEDICARE | Disabled | Mdcr	7,144	-12%	65,102,723	-5%	798.05	12%
ONECAREMEDICARE | ESRD | Mdcr	155	-2%	15,240,997	21%	6,380.90	15%
TOTALS	164,868	-12%	9920,676,945	12%	$460.76	15%

Sample Report



EXECUTIVE SUMMARY

OCT 2022 - SEP 2023 | OVERALL PERFORMANCE DETAIL

OneCare Vermont

MEMBERS & FINANCIALS

METRIC	CURRENT PERIOD	PRIOR YEAR	YOY CHANGE
Members	164,868	185,187	-10%
Total Cost	$920,676 K	$821,996 K	12%
PMPM	$460.76	$383.27	19%
ACUTE INPATIENT UTILIZATION			
IP PMPM	$127.66	$110.05	16%
Admits	16,872	16,381	3%
Admits /K	88.6	79.1	12%
Admits - Surgical /K	18.7	16.4	14%
Admits - Medical /K	47.3	38.5	23%
% Amb Care Sensitive	7%	7%	11%
Readmit Rate	12%	12%	4%
EMERGENCY DEPARTMENT			
ED PMPM	$27.62	$24.00	15%
ED Visits /K	458.4	417	10%
Avoidable ED Visits /K	237.8	203	17%
OUTPATIENT PROCEDURES			
Outpatient PMPM	$227.84	$199.86	14%
Events /K	14,765.7	14,335.6	3%
OUTPATIENT PROFESSIONAL			
PCP Visits /K	1,456.4	1,400.4	4%
Specialist Visits /K	1,234.5	1,132.6	9%
IMAGING			
All Imaging PMPM	$12.48	$10.85	15%
All Imaging /K	1402.4	1,348.5	4%
High Tech Img PMPM	$5.88	$5.07	16%
High Tech Img /K	236.5	202.2	17%

Post-Acute Care data is coming soon. This will include Long Term Care, Skilled Nursing and Rehab Facilities, Home Health, and Hospice.

OneCare Vermont

QUALITY PROGRESS - THRU OCT 2023

MEASURE	PERFORMANCE	PRIOR PERIOD	TREND	TARGET
Developmental Screening: 0-3y	64.7 %	69 %		57 %
ED Follow-Up: Chronics	45.3 %	45%		59%
Medicare Annual Wellness Visit	99.7 %	96%		52%
Well-Care Visits: ages 3-21	58.2 %	55%		61%

HYPERTENSION SELF-REPORT MEASURE

HTN Blood Pressure Control is a clinical measure for which practices self-report. Due to differences in practice reporting methodology, aggregation of patient counts is not possible; for this reason, the number of practices self-reporting meeting the HTN Blood Pressure Control measure is displayed below. Reporting Period: Thru Nov 2023

MEASURE	VALUE
Practices Self-Reporting Meeting Target	58
Total Practices	98
Percent Practices Self-Reporting Meeting Target	59%

MEDICAID REPORTED MEASURES

Data displayed below is provided by the Department of Vermont Health Access (DVHA) for the time period Thru Oct 2023

MEASURE	NUM	DENOM	RATE
IET Initiation	924	2708	34.1%
IET Engagement	398	2708	14.7%
ED Follow Up: Substance Use	557	854	65.2%
IP Follow Up: Mental Illness	512	876	58.4%
ED Follow UP: Mental Illness	675	709	95.2%

Sample Report

Upcoming Areas of Focus

- **Access to Admission, Discharge, Transfer data**
- **Sharing of patient lists**
- **Development of comparative reports**

Health Service Area Spotlight: Middlebury Family Health

Success in FMC* Measure

***FMC** HEDIS measure: follow-up after ED visit for people 18 and older with multiple high-risk chronic conditions within 7 days

2024 Population Health Model (PHM) measure that crosses continuum of care

Target for 2024 is **58.70%** (56.50%, aligned with most recently published 2022 national ave. rate for Medicare Preferred Provider Organizations, pending Board approval)

Middlebury Family Health

- **Middlebury is the top HSA in the PHM FMC measure with end of year 2023 performance at 63%.**
- **Middlebury Family Health is one of the top two practices in the FMC measure within the Middlebury HSA**

Middlebury Family Health 2023 FMC performance = 66%, exceeding OneCare target of 58.70%

Measure	Performance	Num	Den	To Tgt	+|- Prev
ED Follow-Up: Chronics	66%	107	163		-1%

Best Practice-Coordinating Care Middlebury Family Health

- Obtain timely discharge patient report (EpicLink, electronic access)
- Protocols and polices to review and take action (test results, medication changes, outstanding orders, referrals, patient status update, appropriate follow-up)
- Trained care coordination team facilitates/communicates
- Report/triage to Primary Care Provider
- Panel management by Care Coordinators of high-risk patients—Arcadia data (overlap with high ED utilizers)

Reaching our Goals: Promoting Best Practices

- Value Based Care Team integration and partnering (quality improvement + care coordination)
- Provider accountabilities
- Regional Clinical Representatives, peer-to-peer
- Analyzing the data, sharing insights
- Input from our workgroups and committees
- Webinars to share best practices/successes

~ Special thanks to Middlebury Family Health and manager, Stacy Ladd, for sharing the policies, procedures, and practices they utilize to achieve goals in excellent patient care

LCMHS Quality Measures, 2023

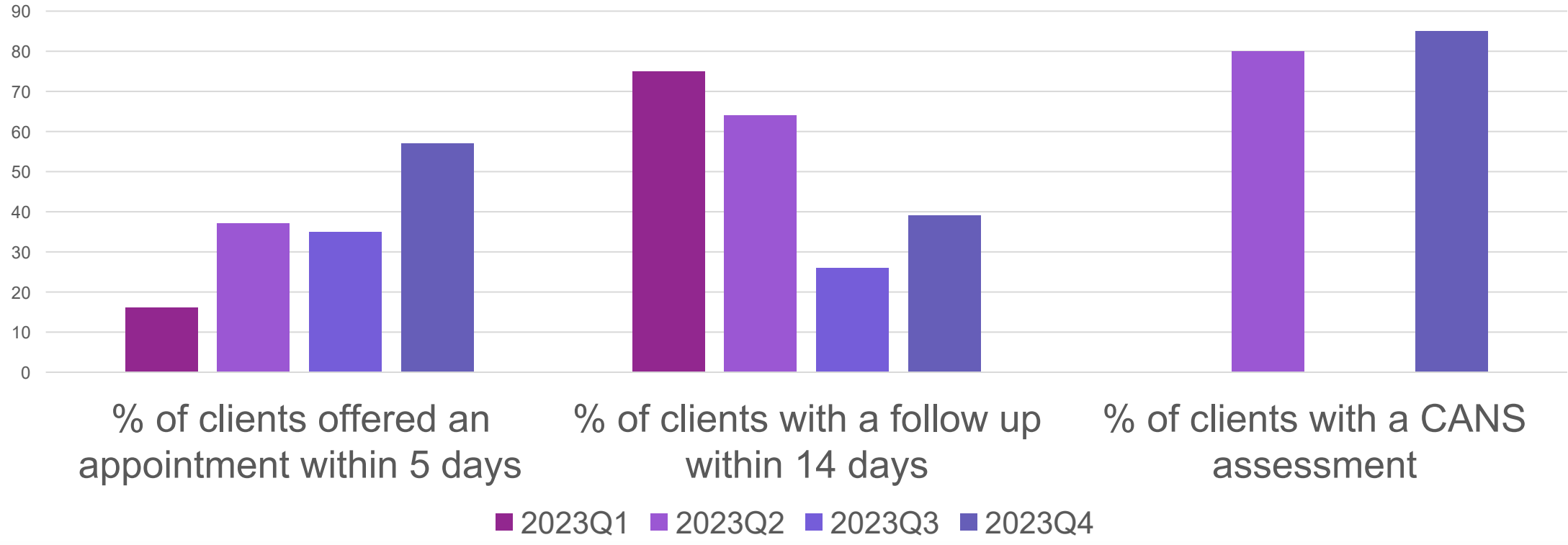


Image credit: CC-BY-SA-2.0 by Kevin Rutherford @ flickr

Challenges

- Staffing
  - No quality director
  - No intake case manager
  - Many missing direct care staff
- Environmental
  - July flood

LCMHS
james.eby@lamoille.org

Image credit: CC-BY-NC-SA-2.0 by jessamyn west @ flickr

Quality Improvement

- Wonderful, motivated staff
- A culture of collaboration and support
- Hiring key positions
- Regular updates, metrics dashboards

OneCare Vermont

OneCare Vermont Accountable Care Organization

Board of Managers Resolution to Move to Executive Session

April 16, 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.

OneCare Vermont

Public Affairs Report | April 2024

Media Coverage

Abe Berman named CEO of OneCare

March 20, 2024, VTDigger

Announcement of Abe Berman being named CEO after serving as interim CEO since May 2023. The announcement was also mentioned in the community news sections of the Rutland Herald and Times Argus.

Vermont seeks to implement new federal health care reform program

March 27, 2024, VTDigger

This article provides coverage of the state submitting their application to Centers for Medicare & Medicaid Services to operate the AHEAD model. Abe Berman is quoted in the article.

Government Relations

Green Mountain Care Board

In March, the GMCB deliberated and voted on Hospital Budget Guidance for FY2025 and approved a midyear rate increase request from Copley Hospital. On April 1st, the GMCB held an executive session to discuss Vermont Hospital Global Budget methodology as part of the State's application for the CMMI AHEAD Model.

OneCare Vermont submitted its revised FY2024 Budget and will be presenting its revised budget on April 17th. The revised OneCare Budget documents can be found here.

State Legislature

Crossover on policy bills occurred on March 8th while money bills crossed over on March 11th. The Senate Health and Welfare committee's S.211 and S. 151 did not make it out of committee crossover. These bills focused on health care reform and the regulatory duties of the Green Mountain Care Board, as well as pay parity for a range of services and notification and consent to preventive services and treatment by minors.

Senate Health and Welfare has been taking testimony H.766, which is a bill focusing on reducing administrative burden on providers by making changes to step therapy protocols, claims edits, and prior

authorizations. The committee is also taking testimony on H.721, the bill that proposed expanded access to Medicaid and Dr. Dynasaur.

Senate Finance voted to pass H.861 which establishes pay parity for audio-only telehealth services.

The Senate passed S.183 which focuses on reorganizing and re-envisioning the Agency of Human Services. It was also passed in the House Human Services committee.

Outreach and Advocacy

Job Opening: Senior Payment Reform Analyst

OneCare is hiring a senior payment reform analyst. This role is hybrid/remote. The individual will be responsible for developing, operationalizing, maintaining, and monitoring the OneCare Vermont accountable care organization payment reform initiatives. If someone you know may be interested, you can find the full job description here.

Soft Launch of the Network Resources Page

OneCare recently soft launched our network resources page. This page currently has major reporting deadlines, scheduled webinars/training opportunities, and links to our compliance hotline with more content and guidance coming soon. We anticipate that this page will enhance transparency and clarity for our network.

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.