Board of Managers Meeting

Tuesday, 9/17/2024
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 p.m.)**
2. **PUBLIC: Call to Order and Board Announcements   Presented By: Anya Rader Wallack   (4:01-4:02 p.m.)**
3. **PUBLIC: Consent Agenda Items   Presented By: Anya Rader Wallack   (4:02-4:07 p.m.)**
   Motion and Vote to Approve Consent Agenda Items – Supermajority Required
   3a. 2024-09 Public Consent Agenda Cover Page - Page 3
   3b. 2024-07 OneCare Board Public Session Minutes - Page 4
   3c. 2024-09 Board Committee Reports - Page 7
   3d. 2024-09 Resolution for Participation Waiver - SNF Medication Coverage - Page 8
   3e. 2022 & 2023 Settlements (Projections, AIPBP, Medicare, MVP) - Page 10
   3f. 2024-09 Summary of Policy Changes - Public Session - Page 25
   3g. 08-01 Board of Managers Nomination 2024-09 - Page 26
   3h. 08-02 Governance 2024-09 - Page 30
4. **PUBLIC: Governance   Presented By: Anya Rader Wallack   (4:07-4:12 p.m.)**
   Academic Medical Center in New Hampshire serving Vermonters Member

   Motion and Vote to Approve Resolution Appointing Manager to the Board of Managers – Supermajority Required
   4a. Resolution to Re-Appoint New Hampshire Academic Medical Center Manager - 09172024 - Page 33

5. **PUBLIC: Performance Spotlight: UVMHN/Population Health Services Organization   Presented By: Jessica Moschella; Greg Carlow; Natasha Withers, MD; Jennifer Gilwee, MD   (4:12-4:42 p.m.)**
   5a. UVMHN_PHSO Update_OCV Board - Page 34
6. **PUBLIC: Board Fiduciary Training   Presented By: Aaron Perry   (4:42-4:52 p.m.)**
   6a. Fiduciary Duties Training 2024-09 - Page 49
7. **PUBLIC: Public Comment   (4:52-4:57 p.m.)**
8. **PUBLIC: Move to Executive Session   Presented By: Anya Rader Wallack   (4:57-5:02 p.m.)**
   Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required
   8a. 2024-09 Resolution to Move to Executive Session

12. **PUBLIC: Votes   Presented By: Anya Rader Wallack   (5:58-6:00 p.m.)**
    1. Approve Executive Session Consent Agenda Items - Supermajority Required
    2. Approve PY 2025 Budget and Submit to GMCB - Supermajority Required

13. **PUBLIC: Adjourn   Presented By: Anya Rader Wallack   (6:00 p.m.)**
14. **PUBLIC FYI DOCUMENTS**
    15a. Public Affairs Report September 2024 - Page 129

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

September 17, 2024

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft Public Session Minutes July 16th, 2024	Review and approval of prior month's minutes.
c. Board Committee Reports September 2024	Summary of Board subcommittee meetings from the past months.
d. Participation Waiver – SNF Medication Coverage	Resolution for participation waiver for UVMMC to cover patient medications in a skilled nursing facility (SNF) having determined that is the appropriate site of care yet recognizing the cost of medications is a barrier to hospital discharge to the SNF.
e. 2023 Settlement Projections, 2022/2023 AIPBP Reconciliation, 2023 Medicare Settlement, 2023 MVP Settlement	Review of final payer financial settlements and reconciliations.
f. Summary of Policies **g.** 08-01 Board of Managers Nomination **h.** 08-02 Governance	Review and approval of policies.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
July 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 July 16, 2024. Public access was also available at Central Vermont Medical Center in Berlin, 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 members of the public. She introduced Jana McQueeney, who will be filling in for Kellie Hinton while she is out on maternity leave.

II. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from June 18, 2024; (2) Board Committee Reports July 2024; (3) Resolution Invoking Participation Waiver for UVMMC to Pay Room and Board for Patient Discharged to Birchwood; (4) Summary of Policy Changes; (5) 05-01 Contract Management; (6) 05-03 Network Development and Composition; (7) 05-05 Contractual Signature Authority; (8) 06-03 Policy Management; and (9) 08-03 Governance of OneCare's Presence in Social Media.

An opportunity for discussion was offered.

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

III. Compliance Training

Regina Alexander, Chief Compliance & Privacy Officer introduced Robyn Hoffmann who then led the annual compliance training of the board. Topics reviewed included: the role of the compliance team at OneCare and in oversight of the board; and how HIPAA, conflicts of interest, the False Claims Act, and the Stark Law & Anti-Kickback Statute affect OneCare and the board.

Ms. Alexander encouraged the board to reach out if they have any specific questions related to compliance.

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 J. Gilwee, seconded by D. Bennett, and was approved by a unanimous vote.

VI. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by supermajority.**
2. Approve OneCare Entering into the 2025 Medicare Program Agreement (with conditions) **- Approved by supermajority.**

VII. Move to Executive Session

Following votes in public session while a supermajority were present, a motion to return to Executive Session to conduct the remaining business of the board was made by J. Gilwee, seconded by J. Moschella, and approved by a unanimous vote.

VIII. Adjournment

Upon a Motion by A. Trout, a second by J. Peterson, and approval by a unanimous vote, the meeting adjourned at 5:40 p.m.

Attendance:

OneCare Board Managers

Present:

Judy Peterson	Dick Courcelle	Jen Gilwee, MD
Judi Fox	Stuart May	Sandy Rousse
Tom Huebner	Adriane Trout, MD	Tom Dee
Teresa Fama	Anya Rader Wallack	Jessica Moschella
Dan Bennett		

Absent:

Sierra Lowell	Michael Costa	Toby Sadkin, MD
Coleen Condon	Steve LeBlanc	

S. Rousse left the meeting at 4:56 p.m.

S. May left the meeting at 5:20 p.m.

T. Dee left the meeting at 5:27 p.m.

D. Courcelle left the meeting at 5:28 p.m.

OneCare Leadership and Staff

Present:

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

OneCare Board of Managers Committee Reports

September 2024

Executive Committee (meets monthly)
The Executive Committee, serving as the nominating committee, made a recommendation to the board for reappointment of a Manager. The committee also discussed next steps and planning for 2026 and beyond. The committee is next scheduled to meet on October 3, 2024.

Finance Committee (meets monthly)
The August committee meeting was cancelled. At its September 11th meeting, the committee received updates on the Mid-Year Attribution Recon, GPP Launch, 2024 Medicaid TCOC and FPP, 2024 Medicare Financial Guarantee, and the 2025 Network. The committee also looked at the Q2 financials and recommended approval. Next, they reviewed and recommended approval of the policies.

The committee received an in-depth presentation on the 2025 budget, discussed various aspects of the budget and made a recommendation for approval. After, they reviewed the 2025 Medicaid GPP Expansion Proposal and gave an update on the 2024 Medicaid (TCOC) Performance. Finally, they reviewed and recommended timing and approval on the 2022 AIPBP Recon, 2023 AIPBP Recon, 2023 Medicare Settlement, and the 2023 MVP QHP Settlement. The committee is next scheduled to meet on October 9, 2024.

Population Health Strategy Committee (meets monthly)
At its September 9th meeting, the committee discussed Waivers, RCR progress, the Brightside contract implementation, and statewide stakeholder sessions on hypertension management. Next, they reviewed the FMC Measure followed by a discussion of plans to operationalize the PHM program in 2025. Finally, staff provided an HSA Consultations update. The committee is next scheduled to meet on October 14, 2024.

Patient & Family Advisory Committee (meets monthly)
At its July 30th meeting, the committee received updates on Board activities and OneCare programs. The focus of the meeting was on learning more about and discussing the AHEAD Model. The committee is next scheduled to meet on September 24, 2024.

Audit Committee (meets quarterly)
The August committee meeting was cancelled. The committee is scheduled to meet next on November 4, 2024.

OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for UVMMC to Pay Room and Board for Patient Discharged to Birchwood Terrace Skilled Nursing Facility

September 17, 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; and

WHEREAS, Vermont hospitals are experiencing high inpatient and Emergency Department censuses, which includes patients who do not require emergency or acute care, but who remain in those settings as a result of non-medical barriers to discharge; and

WHEREAS, patients remaining in Emergency Department and inpatient beds limits the ability of hospitals to provide treatment to new patients presenting with emergent or acute care needs and detriments 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 emergency or acute care out of emergency and acute care settings and to settings that delivery the medically appropriate level of care; and

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 emergency and 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 regulation. The description of the arrangement is set forth below for the purpose of OneCare and its network availing themselves of the protections afforded under the ACO Participation Waiver.

1. The University of Vermont Medical Center ("UVMMC"), an ACO Participant, will pay for eight weeks medication costs for an Emergency Department patient to be discharged to Birchwood skilled nursing facility. The cost of medication was prohibitive for Birchwood to accept the patient, who required a sub-acute rehab stay, and might otherwise remain in the ED.

OneCare Vermont
2023 Settlement Projections
9/5/2024

Medicare: Paid through 6/30/2024
Medicaid: Paid through 4/30/2024
MVP QHP: Paid through 3/31/2024

PY 2023 Provider Settlement Projection Report:

	Medicare	Medicaid		MVP QHP		Other Monies Owed: Medicare	Other Monies Owed: Medicaid					
	TCOC Shared Savings (Loss)	TCOC Shared Savings (Loss)	Elsewhere Recon	TCOC Shared Savings (Loss)	TOTAL Settlement	AIPBP Recon	MEG Class Recon Payment	ED Per Diem	Participant Fee Credit	Total Other Monies	FINAL 2022 AIPBP Recon	Total Payment
Bennington (SVMC)	$ 277,899	$ (341,460)	$ 257,051	$ -	**$ 193,489**	$ (30,183)	$ 262,222	$ -	$ 143,820	**$ 375,859**	$ 735	**$ 570,083**
Berlin (CVMC)	$ 455,076	$ (470,876)	$ (488,992)	$ -	**$ (504,793)**	$ (307,430)	$ 442,996	$ 19,552	$ 219,781	**$ 374,900**	$ (36,763)	**$ (166,656)**
Brattleboro (BMH)	$ 195,963	$ (187,447)	$ (238,780)	$ -	**$ (230,263)**	$ 182,272	$ 143,425	$ -	$ 75,051	**$ 400,748**	$ 2,388	**$ 172,872**
Burlington (UVMMC)	$ 874,942	$ (1,097,741)	$ (67,909)	$ -	**$ (290,709)**	$ (665,688)	$ 2,307,349	$ 18,514	$ 772,172	**$ 2,432,348**	$ 325,368	**$ 2,467,006**
Lebanon (DHMC)	$ 98,140	$ (175,728)	$ -	$ -	**$ (77,588)**	$ -	$ -	$ -	$ 87,881	**$ 87,881**	$ -	**$ 10,293**
Middlebury (PMC)	$ 203,209	$ (243,058)	$ 207,176	$ -	**$ 167,328**	$ 926,093	$ 209,250	$ 3,790	$ 68,287	**$ 1,207,421**	$ 20,752	**$ 1,395,501**
Morrisville (Copley)	$ -	$ (183,706)	$ (145,895)	$ -	**$ (329,601)**	$ -	$ 166,212	$ -	$ 14,041	**$ 180,253**	$ -	**$ (149,348)**
Newport (NCH)	$ -	$ (326,520)	$ 224,141	$ -	**$ (102,379)**	$ -	$ 272,118	$ 8,709	$ 72,336	**$ 353,163**	$ -	**$ 250,783**
Randolph (GMC)	$ -	$ (148,862)	$ (115,131)	$ -	**$ (263,993)**	$ -	$ 113,530	$ -	$ 22,709	**$ 136,239**	$ -	**$ (127,754)**
Rutland (RRMC)	$ 285,308	$ (407,252)	$ 513,852	$ -	**$ 391,907**	$ (1,477,979)	$ 619,828	$ 43,644	$ 128,824	**$ (685,683)**	$ (26,901)	**$ (320,676)**
Springfield (SH)	$ -	$ (205,682)	$ 2,731	$ -	**$ (202,952)**	$ -	$ 127,485	$ -	$ 18,894	**$ 146,379**	$ -	**$ (56,572)**
St. Albans (NMC)	$ 190,928	$ (321,906)	$ (140,263)	$ -	**$ (271,241)**	$ (17,149)	$ 348,021	$ -	$ 65,609	**$ 396,480**	$ (3,008)	**$ 122,231**
St. Johnsbury (NVRH)	$ 260,089	$ (335,461)	$ 314,516	$ -	**$ 239,143**	$ -	$ 296,116	$ 3,200	$ 73,682	**$ 372,998**	$ -	**$ 612,141**
Windsor (Mt A)	$ 99,634	$ (92,147)	$ (322,495)	$ -	**$ (315,009)**	$ -	$ 68,067	$ 666	$ 45,284	**$ 114,017**	$ -	**$ (200,992)**
Non-Hospital	$ 442,344	$ (1,132,218)	$ -	$ -	**$ (689,874)**	$ -	$ -	$ -	$ -	**$ -**	$ -	**$ (689,874)**
OCV	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	**$ -**	$ -	**$ -**
Total	**$ 3,383,531**	**$ (5,670,065)**	**$ 0**	**$ -**	**$ (2,286,534)**	**$ (1,390,064)**	**$ 5,376,619**	**$ 98,075**	**$ 1,808,371**	**$ 5,893,001**	**$ 282,571**	**$ 3,889,037**
	FINAL			FINAL		FINAL					FINAL	

OneCare Vermont
PY 2022 Medicare Final AIPBP Settlement
8/1/2024

Initial AIPBP Recon	
Total 2022 AIPBP Payments	$ 263,226,509
Actual AIPBP Fee Reductions	$ 249,440,540
AIPBP Recon	**$ 13,785,969**

Payment from OCV to CMS

Initial Settlement

AIPBP Initial Settlement	SVMC	CVMC	BMH	UVMMC	Porter	RRMC	NMC	CPRs	Total
2022 FPP Payment	$ 22,633,896	$ 40,458,717	$ 9,959,926	$ 125,646,723	$ 12,840,500	$ 38,531,739	$ 10,738,524	$ 2,416,485	**$ 263,226,509**
Shadow Claims	$ 21,304,313	$ 39,421,319	$ 8,915,833	$ 122,543,905	$ 12,390,400	$ 34,359,428	$ 8,876,737	$ 1,628,606	**$ 249,440,540**
(Over)/Under Spend	**$ (1,329,583)**	**$ (1,037,398)**	**$ (1,044,093)**	**$ (3,102,818)**	**$ (450,101)**	**$ (4,172,311)**	**$ (1,861,787)**	**$ (787,879)**	**$ (13,785,969)**

Spread CPR Amount	SVMC	CVMC	BMH	UVMMC	Porter	RRMC	NMC	Total
2022 FPP Payment	$ 22,633,896	$ 40,458,717	$ 9,959,926	$ 125,646,723	$ 12,840,500	$ 38,531,739	$ 10,738,524	**$ 260,810,024**
Shadow Claims	$ 21,194,070	$ 39,204,904	$ 8,837,017	$ 122,265,139	$ 12,339,478	$ 34,352,268	$ 8,831,180	**$ 247,024,056**
(Over)/Under Spend	**$ (1,439,826)**	**$ (1,253,813)**	**$ (1,122,909)**	**$ (3,381,584)**	**$ (501,022)**	**$ (4,179,471)**	**$ (1,907,344)**	**$ (13,785,969)**

AIPBP Final Settlement	SVMC	CVMC	BMH	UVMMC	Porter	RRMC	NMC	CPRs	Total
Full 18 Months Run Out	$ 21,305,003	$ 39,384,471	$ 8,918,202	$ 122,869,009	$ 12,411,125	$ 34,332,453	$ 8,873,710	$ 1,629,139	**$ 249,723,111**
6 Months Run Out	$ 21,304,313	$ 39,421,319	$ 8,915,833	$ 122,543,905	$ 12,390,400	$ 34,359,428	$ 8,876,737	$ 1,628,606	**$ 249,440,540**
Variance	$ 689	$ (36,848)	$ 2,369	$ 325,104	$ 20,725	$ (26,975)	$ (3,027)	$ 533	**$ 282,571**
Spread CPR Amount	$ 46	$ 85	$ 19	$ 264	$ 27	$ 74	$ 19		**$ 533**
	$ 735	$ (36,763)	$ 2,388	$ 325,368	$ 20,752	$ (26,901)	$ (3,008)		**$ 282,571**

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Produced for the Centers for Medicare & Medicaid under contract 75FCMC19D0096:75FCMC23F0001

AIPBP Fee Reduction Claim Lag Report

Vermont Medicare ACO Initiative: Performance Year 2023[1]

Claims Incurred From January 1 - December 31, 2023
Claims Paid Through June 30, 2024
Report Last Updated: July 19, 2024

Note: AIPBP Fee Reductions on this worksheet represent actual fee reductions and have not been adjusted to reflect adjustments that will be made at Settlement to account for attrition or the Public Health Emergency.

Month of Payment	Total (All months)	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Jan-23	$282,015	$282,015	.	.	.	.	.	.	.	.	.	.	.
Feb-23	$9,294,617	$7,488,761	$1,805,856	.	.	.	.	.	.	.	.	.	.
Mar-23	$31,808,751	$13,070,928	$14,533,597	$4,204,226	.	.	.	.	.	.	.	.	.
Apr-23	$20,727,721	$817,774	$2,613,318	$14,419,592	$2,877,036	.	.	.	.	.	.	.	.
May-23	$24,833,839	$351,777	$667,614	$3,752,615	$15,242,581	$4,819,252	.	.	.	.	.	.	.
Jun-23	$21,667,374	$150,476	$226,806	$677,564	$1,809,360	$15,045,701	$3,757,467	.	.	.	.	.	.
Jul-23	$21,612,836	$56,865	$215,513	$324,897	$553,899	$2,811,925	$14,835,535	$2,814,202	.	.	.	.	.
Aug-23	$23,847,916	$238,680	$236,223	$344,571	$307,326	$785,511	$3,230,238	$14,226,389	$4,478,979	.	.	.	.
Sep-23	$21,243,353	$12,021	$16,483	$112,428	$78,305	$169,749	$436,501	$2,435,908	$14,710,634	$3,271,325	.	.	.
Oct-23	$23,952,381	$32,799	-$11,758	$18,820	$63,002	$79,666	$181,372	$508,742	$3,409,139	$15,459,692	$4,210,908	.	.
Nov-23	$25,725,096	$188,310	$173,553	$20,021	$39,704	$113,699	$61,678	$171,156	$1,055,399	$3,252,271	$16,011,156	$4,638,148	.
Dec-23	$24,000,287	$17,004	$31,059	$15,659	$12,529	$25,337	$43,464	$101,437	$253,275	$511,607	$3,199,785	$15,621,527	$4,167,605
Jan-24	$17,857,268	$13,233	$33,792	$28,443	$27,839	$68,306	$10,245	$106,437	$51,427	$170,167	$1,089,330	$2,238,910	$14,019,141
Feb-24	$4,476,352	$147,002	$37,643	$63,467	$40,499	$39,031	$33,757	$33,719	$36,017	$83,524	$392,770	$557,722	$3,011,201
Mar-24	$957,908	$33,368	$49,734	$61,800	$10,444	$2,040	$13,967	$8,044	$14,245	$24,154	$67,004	$197,675	$475,433
Apr-24	$516,679	$247	$23,097	$21,312	$11,966	$48,766	$33,795	$45,903	$27,316	$51,487	$96,042	$51,345	$105,403
May-24	$236,501	$7,293	$11,174	$14,466	$210	$288	$569	$949	$23,744	$41,818	$31,605	$32,361	$72,024
Jun-24	$337,117	-$30,511	$2,561	$24,839	$183,972	$86,228	$10,446	$14,087	-$34,584	$13,013	$4,066	$47,732	$15,267
Total	$273,378,009	$22,878,039	$20,666,264	$24,104,718	$21,258,672	$24,095,499	$22,649,033	$20,466,976	$24,025,589	$22,879,058	$25,102,668	$23,385,419	$21,866,074
Monthly AIPBP Payments[2]	$274,768,073	$20,178,839	$20,178,839	$20,178,839	$31,052,842	$22,897,339	$22,897,339	$22,897,339	$22,897,339	$22,897,339	$22,897,339	$22,897,339	$22,897,339
IBNR Related to AIPBP	$1,390,064.13	-$2,699,201	-$487,426	-$3,925,880	$9,794,170	-$1,198,159	$248,306	$2,430,364	-$1,128,249	$18,282	-$2,205,328	-$488,080	$1,031,265

Additional Data Notes

Data Source(s): Part A & B claims were obtained from the Integrated Data Repository. Eligibility data were obtained from the Beneficiary Entitlement file. The list of PY 2023 ACO Providers was finalized in December of 2022 and the list of PY 2023 ACO Aligned Beneficiaries were obtained in November 2022 from the ACO-Operating System.

[1] For ACO aligned eligible beneficiaries, AIPBP Fee Reductions are the 100% reduction in Medicare FFS payments to ACO providers who have agreed to receive no direct payment for Medicare Covered Services furnished to ACO aligned beneficiaries to account for the Monthly AIPBP Payments made by CMS to the ACO under AIPBP.

[2] The monthly AIPBP payment was recalculated in February 2023, increasing the monthly payment from $20,178,839 to $22,897,339 an increase of $2,718,500. The difference in the change in payment from January to March 2023 totaled $8,155,500 and was incorporated into the April 2023 payment.

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Produced for the Centers for Medicare & Medicaid under contract 75FCMC19D0096:75FCMC23F0001

PY 2023 Final Shared Savings/Losses

Claims Incurred From January 1 - December 31, 2023
Claims Paid Through June 30, 2024
Report Last Updated: August 16, 2024

Vermont Medicare ACO Initiative: Performance Year 2023

		A&D	ESRD	Total
PY 2023 VT ACO Prospective Benchmark				
1.	PY 2023 Prospective Benchmark	$577,773,236	$11,687,515	$589,460,751
2.	PY 2023 Shared Savings Advance			$9,545,916
3.	Total PY Prospective Benchmark (Line 1 plus Line 2)			$599,006,667
PY 2023 VT ACO Updated Benchmark Thru December 2023 [1]				
4.	PY 2023 Prospective Benchmark Updated for Attrition	$516,989,537	$9,890,264	$526,879,801
5.	PY 2023 Shared Savings			$9,545,916
6.	Total PY 2023 Adjusted Benchmark (Line 4 plus Line 5)			$536,425,717
PY 2023 Aligned Beneficiaries Adjusted for Attrition				
7.	Aligned beneficiaries (as of December 2023)	49,165	152	49,317
8.	Accrued eligible person-months	578,282	1,838	580,120
PY 2023 Per Beneficiary Expenditures				
9.	PY 2023 PBPM			$901
PY 2023 Incurred Expenditures [2,3,4]				
10.	Incurred claims (provider payments)			$394,134,884
11.	PLUS: AIPBP Fee Reductions			$273,371,574
12.	MINUS Uncompensated Care, Catheter, QEM, COVID-19, Inpatient Outlier, ETC, UVM SCH, Offsite PBD, and Sequestration			-$144,781,651
13.	EQUALS: PY 2023 Part A & B Expenditures			$522,724,807
Quality Adjustment [5]				
14.	Maximum Quality Withhold (0.5% of line 13)			$2,613,624
15.	Quality Score for PY 2023			73.13%
16.	Quality Withhold Based on Quality Score (line 14 times line 15)			-$702,411
Gross Shared Savings/Losses				
17.	Gross savings/losses (Line 6 MINUS Line 13 PLUS line 16)			$12,998,498
18.	ACO CAP on Shared Savings/Losses (3% of adjusted PY 2023 Benchmark)			$16,092,772
19.	Gross savings/losses with application of CAP			$12,998,498
Net Shares Savings/Losses				
20.	Gross shared savings/losses adjusted for ACO Risk Arrangement (100%)			$12,998,498
21.	**EQUALS Net Shared Savings/Losses (Minus 2023 ACO Shared Saving Advance)** [5]			$3,452,582
22.	MINUS Sequestration amount (2%)			**$69,052**
23.	**Final Settlement**			**$3,383,531**

1. These numbers reflect the actual PY 2023 Benchmark adjusted for attrition as it would be applied at settlement.
2. Uncompensated Care (UCC), eligibility, QEM, catheter, and COVID-19 (inpatient episodes and over-the-counter COVID-19 test kit) exclusions applied to TCOC were -$112,529,271.
3. Inpatient outlier, ESRD Treatment Choices (ETC) Model, and policy (University of Vermont facility change to SCH and offsite PBD reimbursement rate) adjustments applied to TCOC were -$32,252,380.
4. The PY 2023 Quality Score is 73.13% and details on quality measure performance and score calculation can be found in the accompanying Quality Report.
5. The Performance Year 2023 ACO Advance on Shared Savings was $9,545,916

OneCare Vermont

Performance Year 2023 Settlement - Medicare

9/5/2024

HSA	Participant	Accountability Pool Shared Savings	Risk Bearing Entity Shared Savings	Total Shared Savings Payment	2023 AIPBP Recon	2022 AIPBP Final Recon	Total Cash Settlement
Bennington	Angela Wingate, MD	$2,646		$2,646			**$2,646**
Bennington	Avery Wood MD LLC	$2,010		$2,010			**$2,010**
Bennington	Eric S. Seyferth	$5,112		$5,112			**$5,112**
Bennington	Primary Care Health Partners - Vermont LLP	$8,946		$8,946			**$8,946**
Bennington	Southwestern Vermont Medical Center, Inc.	$57,060	$220,839	$277,899	($30,183)	$735	**$248,450**
Berlin	Central Vermont Medical Center Inc	$110,088	$344,988	$455,076	($307,430)	($36,763)	**$110,883**
Berlin	Northeast Washington County Community Health Inc	$15,048		$15,048			**$15,048**
Brattleboro	Brattleboro Memorial Hospital, Inc.	$38,358	$157,605	$195,963	$182,272	$2,388	**$380,623**
Brattleboro	Primary Care Health Partners - Vermont LLP	$4,410		$4,410			**$4,410**
Burlington	Christopher J. Hebert, PC	$6,606		$6,606			**$6,606**
Burlington	Community Health Centers of Burlington Inc.	$60,354		$60,354			**$60,354**
Burlington	Essex Pediatrics, PC	$18		$18			**$18**
Burlington	Evergreen Family Health Partners, LLP	$31,392		$31,392			**$31,392**
Burlington	Gene Moore MD, PLLC	$5,238		$5,238			**$5,238**
Burlington	Green Mountain Internal Medicine PLC	$2,736		$2,736			**$2,736**
Burlington	Primary Care Health Partners - Vermont LLP	$54		$54			**$54**
Burlington	Richmond Family Medicine PLLC	$9,576		$9,576			**$9,576**
Burlington	Thomas Chittenden Health Center, PLC	$26,154		$26,154			**$26,154**
Burlington	University of Vermont Medical Center Inc.	$149,238	$725,704	$874,942	($665,688)	$325,368	**$534,622**
Burlington	University of Vermont Nursing and Health Sciences Practice Group, Inc.	$3,906		$3,906			**$3,906**
Lebanon	Mary Hitchcock Memorial Hospital		$98,140	$98,140			**$98,140**
Lebanon	White River Family Practice, PC	$14,508		$14,508			**$14,508**
Middlebury	Five Town Health Alliance, Inc	$5,598		$5,598			**$5,598**
Middlebury	Middlebury Family Health	$15,570		$15,570			**$15,570**
Middlebury	Porter Hospital, Inc.	$26,640	$176,569	$203,209	$926,093	$20,752	**$1,150,054**
Rutland	Community Health Centers of the Rutland Region, Inc.	$104,688		$104,688			**$104,688**
Rutland	The Rutland Hospital Inc. D/B/A Rutland Regional Medical Center		$285,308	$285,308	($1,477,979)	($26,901)	**($1,219,572)**
St Albans	Cold Hollow Family Practice, P.C.	$1,148		$1,148			**$1,148**
St Albans	Fiddlehead Ledge LLC	$4,050		$4,050			**$4,050**
St Albans	Northwestern Medical Center Inc		$190,928	$190,928	($17,149)	($3,008)	**$170,770**
St Albans	Primary Care Health Partners - Vermont LLP	$15,881		$15,881			**$15,881**
St Albans	The Richford Health Center, Inc.	$60,696		$60,696			**$60,696**
St Johnsbury	Northeastern Vermont Regional Hospital, Inc.	$45,000	$215,089	$260,089			**$260,089**
St Johnsbury	Northern Counties Health Care, Inc.	$36,000		$36,000			**$36,000**
Windsor	Windsor Hospital Corporation	$26,370	$73,264	$99,634			**$99,634**
Total	**Total**	**$895,098**	**$2,488,433**	**$3,383,531**	**($1,390,064)**	**$282,571**	**$2,276,037**

VT ONE CARE

VBC SHARED RISK PROGRAM

JAN 2023 - DEC 2023 PRELIMINARY TARGET & FINAL STATEMENT

Measurement Period: Jan 2023- Dec 2023

Paid Through: Jun 2024

Experience Period for Target Development: Jan 2022 - Dec 2022

Paid Through: June 2023

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TABLE OF CONTENTS

	Page
Executive Summary…	3
Target Illustration & Statement…	4
Target Summary…	5
Summary of Program Measurements…	6
Target Valuation…	7
Truncatation	
Truncation Summary…	8
Truncation - Medical Detail (Experience Year)…	9
Truncation - Medical Detail (Performance Year)…	10

EXECUTIVE SUMMARY

The first purpose of this report is to establish the VBP Program target amounts for the 2023 performance year. The target for each population measured is stated on a per-member, per-month (PMPM) basis. Targets are developed using claim experience incurred during Jan 2022 - Dec 2022 and paid data stated through June 2023. All calculations have been performed in accordance with the VBP Program IPA

The following contract provisions apply to the populations measured in the VBP Program:

Line of Business	Populations	Contract Type	Saving Rate	Minimum Deficit Rate	Maximum Pct. Saving	Maximum Pct. at Risk
Commercial	Small & Individual	Shared Risk	+ 3.0%	- 1.0%	4.0%	3.0%

To qualify for shared savings in the performance year, the savings rate must exceed the applicable MSR. The resulting eligible surplus is calculated as the difference between the MSR equivalent dollar amount and the actual surplus rate equivalent dollar amount.Shared risk will go into effect if the defecit rate exceeds the applicable MDR in the performance year. The resulting eligible deficit is calculated as the difference between the MDR equivalent dollar amount and the actual deficit rate equivalent dollar

A Medical Trend factor has been applied to the Target PMPM (Budget). The average Commercial Medical Trend factor applied is 20.2%.Rate Cuts have been reflected in the calculation of the Commerical Target PMPM (Budget). The average Commercial Rate Cut applied is 0.0%.

The calculation of Actual Medical Expense will be adjusted by truncating a Program member's total claim expense. The truncation point established for this purpose is $250,000 for Commerical members. The truncation point to be used in the measurement period is $300,419 which accounts for adjusting by trend.

The second purpose of this report is to provide an actuarial valuation of the VBP Program statement for the 2023 performance year. Results are stated for claims incurred during January 1, 2023 - December 31, 2023 using paid data through June 30, 2024. All calculations have been performed in accordance with the VBP Program IPA Service Agreement.

The results from the Final statement show no shared savings payable to VT One Care. The following table shows the results for each line of business covered under the VBP contract:

		Receivable / (Payable)				
Line of Business	**Contract Type**	**YTD Apr**	**YTD Jun**	**YTD Sep**	**YTD Dec**	**Final**
Exchange	Shared Risk	$151,373	$797,493	$426,891	($315,500)	$0

Claim Expense or "Cost of Care" is measured against a Target that has been established using claim experience data from the year prior. The resulting *surplus* (below target, positive value) or *deficit* (above target, negative value) for each population is as follows:

Line of Business	Total	PMPM	Rate
Exchange	$397,982	$4.73	0.7%

Note: Totals stated above are based on Actual expenses and do not reflect adjustments due to contractual terms such as minimum savings/deficit rates, risk share pct, offsetting fees, maximum at risk, etc.

Membership as of the Final has decreased in comparison to the 2022 experience period data. Average members have changed from 7,236 to 7,013.

In this report, the value of IBNR is $380,596.

The following categories are the largest contributing source of variance seen in the valuation:

Population - Category	Variance PMPM
Exchange Inpatient - Medical/Surgical	$27.05
Exchange Outpatient - Outpatient Surgery	$18.24
Exchange Ancillary - Specialty Svc & Supplies Fac	($7.91)
Exchange Ancillary - Therapeutic Radiology Fac	$7.62
Exchange Ancillary - High Tech Imaging Fac	($6.08)

Illustrative
OneCare Vermont
MVP Target Structure

	Baseline Period		Performance Period	
	PMPM	**Risk Score**	**PMPM**	**Risk Score**
Market*	$515.75	1.080	$619.77	1.15
OCV	$599.69	1.273	$656.57	1.24

* Based on MVP's Vermont QHP block of business for attribution-eligible members not attributed to OCV.

Illustrative OCV Target Development

Member Months 84,150

		Value		Notes
(1)	OCV Baseline Experience PMPM	$599.69	$50,463,944	Base period experience for OCV's attributed population, based on 2022 experience.
(2)	Retrospective Trend Factor	1.202		Trend factor based on changes in allowed PMPM for MVP's Vermont QHP business for members not attributed
(3)	Risk Score Adjustment Factor	0.918		Calculated as ratio of (3b) over (3a).
	(a) Change in Market Risk Score	1.061		Trend in market-level risk score between baseline and performance periods.
	(b) Change in OCV Risk Score	0.973		Trend in OCV's risk score between baseline and performance periods.
(4)	**OCV Performance Period Target PMPM**	**$661.29**	**$55,647,943**	Product of items (1)-(4).

OCV Settlement

	PMPM	Total
OCV Performance Period Target PMPM	$661.29	$55,647,943
OCV Performance Period Actual Spend PMPM	$656.57	$55,249,961
Gross Savings/(Deficit) PMPM **	$4.73	$397,982
Gross Savings/(Deficit) %	0.72%	
Minimum 3% Savings or 1% Deficit Rate Achieved	No	
Capped Gross Savings/Risk Amount	$26.45	$2,225,918
Paid To Allowed Ratio	0.81	
Share of Deficit	50%	
Quality Percentage Earned	95%	
Net Shared Saving/Risk	$0.00	$0

MVP Health Care
VT One Care 2023 Preliminary Target
Target Summary

Current & Historical Targets

Product Type	Preliminary Target 2022	Final Target 2022	Final Settlement Actuals 2022	Final Target 2023*
Exchange	$539.24	$458.60	$538.91	$720.63

*Before risk score adjustment

Summary of Trend & Rate Cuts used to Derive Targets

Product Type	Experience Period Truncated Allowed PMPM	Medical Trend Factor	Rate Cut	Final Budget PMPM 2023
Exchange	$599.69	20.2%	0.00%	$720.63

Risk Scores

Product Type	Preliminary Target 2022	Final Target 2022	Final Settlement Actuals 2022	Final Target 2023 *
Exchange	1.382	1.380	1.656	1.273

* Note: The Risk Scores that are shown in this exhibit are not finalized.
MVP is working on updating to a new risk score set for ACGs and will update the “base period” risk scores

Member Months

Product Type	Preliminary Target 2022	Final Target 2022	Final Settlement Actuals 2022	Final Target 2023*
Exchange	110,342	110,579	107,188	86,833

Member month avg over 2 years

Average Members

Product Type	Preliminary Target 2022	Final Target 2022	Final Settlement Actuals 2022	Final Target 2023*
Exchange	9,195	9,215	8,932	7,236

MVP Health Care
VT One Care 2023 Final Settlement
Quarterly Summary - Program Measurements

Medical Expenses

	Base Period	YTD Apr	YTD Jun	YTD Sep	YTD Dec	Final
Inpatient	$100.86	$77.44	$76.88	$62.95	$75.47	$95.29
Outpatient	$175.51	$182.11	$193.66	$196.94	$200.70	$191.54
Physician	$130.76	$164.15	$160.40	$158.99	$153.11	$142.37
Ancillary	$192.57	$280.87	$250.83	$239.69	$241.38	$227.36
Grand Total	**$599.69**	**$704.57**	**$681.77**	**$658.57**	**$670.66**	**$656.57**

Percent change over Base Period

	YTD Apr	YTD Jun	YTD Sep	YTD Dec	Final
Total Inpatient	-23.4%	-23.8%	-37.6%	-25.2%	-5.5%
Total Outpatient	3.3%	10.4%	12.2%	14.4%	9.1%
Total Physician	24.9%	22.7%	21.6%	17.1%	8.9%
Total Ancillary	45.1%	30.3%	24.5%	25.4%	18.1%
Change in Med Exps	**17.0%**	**13.7%**	**9.8%**	**11.8%**	**9.5%**

Average Members

	Base Period	YTD Apr	YTD Jun	YTD Sep	YTD Dec	Final
Exchange	7,236	7,408	7,310	7,161	7,015	7,013

Risk Scores (*weighted by members with a score only*)

	Base Period	YTD Apr	YTD Jun	YTD Sep	YTD Dec	Final
Exchange	1.273	1.633	1.636	1.224	1.240	1.239

* Note: The Risk Scores that are shown in this exhibit are not finalized.
MVP is working on updating to a new risk score set for ACGs and will update the “base period” risk scores

Change in Risk Scores over Base Period

	YTD Apr	YTD Jun	YTD Sep	YTD Dec	Final
Exchange	-3.1%	-2.9%	-27.3%	-2.6%	-2.7%

Note: A reduction in Risk Score leads to a downward adjustment to the Target since the population's estimated morbidity has improved. Conversely, an increase in Risk Score increases the Target.

MVP Health Care
VT One Care Final Settlement
Dates of Service: Jan 2023- Dec 2023
Paid Through: Jun 2024

		Exchange																		
		Experience Period					Budget Period						Measurement Period					Variance		
Member Months						86,833											84,150			
Pharmacy Member Months						86,833											84,150			
Pharmacy Members Pct. of Total						100.00%											100.00%			0.00%
Average Members						3,618											7,013			3,394
		Before Truncation			*After Truncation*		*Before Truncation*			*After Truncation*			*Before Truncation*			*After Truncation*		*Before Truncation*		*Final*
	Utilization Measure (per 1,000)	**Frequency**	**Average Cost**	**Allowed PMPM**	**Truncation Adjustment PMPM**	**Truncated Allowed PMPM**	**Frequency**	**Average Cost**	**Allowed PMPM**	**Truncation Adjustment PMPM**	**Truncated Allowed PMPM**	**Final MET PMPM**	**Frequency**	**Average Cost**	**Allowed PMPM**	**Truncation Adjustment PMPM**	**Actual Cost of Care PMPM**	**Inc/(Dec) Frequency**	**Inc/(Dec) Average Cost**	**Surplus/ (Deficit)**
Maternity	admits	2	$11,778	$1.79	$0.00	$1.79	2	$14,153	$2.15	$0.00	$2.15	$2.15	2	$12,652	$1.68	$0.00	$1.68	(0.2)	($1,502)	$0.47
Medical/Surgical	admits	31	$40,338	$104.69	($14.23)	$90.46	31	$48,473	$125.80	($17.10)	$108.70	$108.70	23	$48,552	$94.62	($12.96)	$81.65	(7.8)	$78	$27.05
Medicare Primary	admits	1	$22,825	$1.32	$0.00	$1.32	1	$27,428	$1.59	$0.00	$1.59	$1.59	1	$42,219	$3.02	($0.20)	$2.83	0.2	$14,791	($1.24)
MH/SA	admits	3	$8,067	$1.98	$0.00	$1.98	3	$9,694	$2.38	$0.00	$2.38	$2.38	3	$11,792	$3.27	$0.00	$3.27	0.4	$2,098	($0.89)
Newborn	admits	2	$14,709	$1.86	$0.00	$1.86	2	$17,676	$2.24	$0.00	$2.24	$2.24	0	$11,450	$0.27	$0.00	$0.27	(1.2)	($6,225)	$1.97
Other IP Facility	admits	6	$3,832	$1.99	$0.00	$1.99	6	$4,605	$2.40	$0.00	$2.40	$2.40	13	$3,460	$3.76	$0.00	$3.76	6.8	($1,146)	($1.36)
SNF	admits	0	$0	$0.00	$0.00	$0.00	0	$0	$0.00	$0.00	$0.00	$0.00	0	$0	$0.00	$0.00	$0.00	0.0	$0	$0.00
Sub Acute	admits	2	$13,674	$1.75	($0.29)	$1.46	2	$16,431	$2.10	($0.35)	$1.76	$1.76	1	$35,527	$2.56	($0.72)	$1.84	(0.7)	$19,096	($0.08)
Total Inpatient				**$115.38**	**($14.52)**	**$100.86**			**$138.65**	**($17.45)**	**$121.20**	**$121.20**			**$109.17**	**($13.88)**	**$95.29**			**$25.91**
Ambulance	transports	28	$1,642	$3.88	($0.27)	$3.61	28	$1,973	$4.67	($0.32)	$4.34	$4.34	28	$1,825	$4.32	($0.41)	$3.92	0.0	($148)	$0.43
Chiropractics	treatments	571	$49	$2.32	$0.00	$2.32	571	$59	$2.79	$0.00	$2.79	$2.79	665	$49	$2.73	($0.00)	$2.73	94.4	($9)	$0.06
Diabetic Supplies	supplies	0	$0	$0.00	$0.00	$0.00	0	$0	$0.00	$0.00	$0.00	$0.00	0	$0	$0.00	$0.00	$0.00	0.0	$0	$0.00
Durable Medical Equipment	devices	502	$40	$1.66	($0.01)	$1.66	502	$48	$2.00	($0.01)	$1.99	$1.99	844	$52	$3.62	($0.37)	$3.26	341.9	$4	($1.27)
Emergency Room	visits	191	$2,544	$40.49	($0.82)	$39.66	191	$3,057	$48.65	($0.99)	$47.66	$47.66	188	$3,002	$46.99	($0.56)	$46.43	(3.1)	($56)	$1.23
Home Health/Hospice	visits	38	$206	$0.66	($0.02)	$0.63	38	$248	$0.79	($0.03)	$0.76	$0.76	33	$193	$0.54	($0.02)	$0.52	(4.8)	($54)	$0.24
Mental Health/Substance Abuse	not available	0	$0	$0.60	($0.00)	$0.60	0	$0	$0.72	($0.00)	$0.72	$0.72	0	$0	$0.74	($0.00)	$0.73	0.0	$0	($0.01)
Other Outpatient Fac	quantity	418	$404	$14.04	($0.48)	$13.56	418	$485	$16.87	($0.58)	$16.29	$16.29	431	$458	$16.47	($0.38)	$16.09	13.6	($27)	$0.20
Outpatient Surgery	surgeries	179	$7,527	$112.24	($1.31)	$110.93	179	$9,045	$134.88	($1.58)	$133.30	$133.30	188	$7,438	$116.23	($1.17)	$115.06	8.6	($1,607)	$18.24
Prosthetics	devices	42	$180	$0.63	($0.01)	$0.62	42	$216	$0.75	($0.01)	$0.74	$0.74	44	$197	$0.72	($0.00)	$0.71	1.8	($19)	$0.03
Urgent Care	visits	0	$165,069	$1.91	($0.00)	$1.91	0	$198,360	$2.30	($0.00)	$2.30	$2.30	1	$43,746	$2.09	($0.00)	$2.09	0.4	########	$0.21
Total Outpatient				**$178.43**	**($2.93)**	**$175.51**			**$214.42**	**($3.52)**	**$210.90**	**$210.90**			**$194.45**	**($2.90)**	**$191.54**			**$19.36**
Allergy Therapy	treatments	104	$31	$0.27	$0.00	$0.27	104	$37	$0.32	$0.00	$0.32	$0.32	108	$34	$0.30	$0.00	$0.30	3.9	($3)	$0.02
Chemotherapy	administrations	780	$14	$0.89	$0.00	$0.89	780	$16	$1.07	$0.00	$1.07	$1.07	648	$6	$0.32	($0.01)	$0.30	(132.0)	($11)	$0.77
Dialysis	treatments	3	$264	$0.07	($0.03)	$0.04	3	$317	$0.09	($0.04)	$0.05	$0.05	2	$318	$0.06	($0.03)	$0.04	(0.9)	$1	$0.01
ER Visits	visits	225	$223	$4.19	($0.08)	$4.11	225	$268	$5.03	($0.09)	$4.94	$4.94	205	$262	$4.47	($0.09)	$4.38	(20.1)	($6)	$0.55
Home Visits	visits	1	$313	$0.01	($0.00)	$0.01	1	$376	$0.02	($0.00)	$0.01	$0.01	0	$245	$0.01	$0.00	$0.01	(0.3)	($131)	$0.01
Injections	administrations	3,648	$15	$4.50	($0.01)	$4.49	3,648	$18	$5.40	($0.01)	$5.39	$5.39	5,974	$16	$8.04	($0.03)	$8.01	2,325.9	($2)	($2.62)
Inpatient Visits	visits	174	$217	$3.16	($0.35)	$2.81	174	$261	$3.80	($0.42)	$3.38	$3.38	152	$242	$3.07	($0.48)	$2.59	(22.1)	($20)	$0.79
Mental Health/Substance Abuse	visits	1,680	$110	$15.43	($0.01)	$15.42	1,680	$132	$18.54	($0.02)	$18.52	$18.52	1,551	$115	$14.85	($0.00)	$14.85	(128.7)	($18)	$3.68
Office Visits	visits	3,264	$154	$42.02	($0.35)	$41.68	3,264	$186	$50.50	($0.42)	$50.08	$50.08	3,284	$165	$45.24	($0.31)	$44.93	20.1	($20)	$5.15
Preventive Visits	visits	611	$166	$8.43	($0.01)	$8.43	611	$199	$10.14	($0.01)	$10.12	$10.12	635	$170	$8.98	($0.00)	$8.98	24.1	($29)	$1.15
Routine Eye Care	examinations	8	$148	$0.10	$0.00	$0.10	8	$178	$0.12	$0.00	$0.12	$0.12	7	$87	$0.05	$0.00	$0.05	(1.2)	($92)	$0.07
Specialty Svc & Supplies	supplies	12,902	$13	$14.36	($0.13)	$14.23	12,902	$16	$17.25	($0.15)	$17.10	$17.10	12,773	$16	$16.69	($0.22)	$16.47	(128.1)	($0)	$0.63
Surgery/Scopes	surgeries	561	$838	$39.17	($0.88)	$38.29	561	$1,007	$47.06	($1.06)	$46.01	$46.01	584	$875	$42.56	($1.10)	$41.46	22.8	($132)	$4.55
Total Physician				**$132.60**	**($1.84)**	**$130.76**			**$159.34**	**($2.21)**	**$157.13**	**$157.13**			**$144.65**	**($2.28)**	**$142.37**			**$14.75**
Chemotherapy Fac	administrations	71	$485	$2.88	($0.76)	$2.12	71	$582	$3.46	($0.91)	$2.55	$2.55	52	$527	$2.27	($0.29)	$1.98	(19.4)	($55)	$0.56
Diagnostic Radiology Fac	examinations	428	$527	$18.79	($0.05)	$18.73	428	$633	$22.58	($0.07)	$22.51	$22.51	424	$624	$22.04	($0.07)	$21.97	(4.0)	($9)	$0.54
Dialysis Fac	treatments	18	$881	$1.30	($0.53)	$0.76	18	$1,059	$1.56	($0.64)	$0.92	$0.92	22	$1,046	$1.91	($0.79)	$1.12	4.3	($13)	($0.20)
High Tech Imaging Fac	images	154	$2,463	$31.65	($0.81)	$30.84	154	$2,959	$38.03	($0.97)	$37.06	$37.06	188	$2,805	$43.98	($0.85)	$43.14	33.9	($154)	($6.08)
Immunizations	administrations	688	$26	$1.48	($0.00)	$1.48	688	$31	$1.78	($0.00)	$1.78	$1.78	600	$32	$1.62	($0.00)	$1.62	(88.0)	$1	$0.16
Lab/Pathology Fac	tests	4,226	$82	$28.87	($0.52)	$28.35	4,226	$99	$34.69	($0.63)	$34.07	$34.07	3,956	$88	$28.99	($0.44)	$28.56	(269.7)	($11)	$5.51
Lab/Pathology Phys	tests	2,196	$51	$9.33	($0.15)	$9.18	2,196	$61	$11.21	($0.18)	$11.03	$11.03	2,127	$50	$8.88	($0.14)	$8.74	(68.5)	($11)	$2.29
Mammography Fac	mammograms	379	$313	$9.90	($0.01)	$9.89	379	$376	$11.90	($0.01)	$11.89	$11.89	408	$354	$12.04	($0.01)	$12.03	28.3	($22)	($0.14)
Physical & Other Therapy Fac	treatments	693	$127	$7.33	($0.09)	$7.23	693	$152	$8.80	($0.11)	$8.69	$8.69	802	$129	$8.61	($0.16)	$8.45	109.5	($24)	$0.24
Physical & Other Therapy Phys	treatments	1,505	$40	$4.98	($0.02)	$4.95	1,505	$48	$5.98	($0.03)	$5.95	$5.95	1,531	$45	$5.69	$0.00	$5.69	26.4	($3)	$0.27
Radiology Phys	examinations	1,511	$106	$13.33	($0.39)	$12.94	1,511	$127	$16.01	($0.46)	$15.55	$15.55	1,575	$113	$14.87	($0.51)	$14.36	64.0	($14)	$1.19
Specialty Svc & Supplies Fac	supplies	25,097	$29	$61.68	($13.38)	$48.31	25,097	$35	$74.12	($16.08)	$58.05	$58.05	28,178	$34	$79.16	($13.20)	$65.96	3,081.2	($2)	($7.91)
Therapeutic Radiology Fac	examinations	142	$1,684	$19.87	($2.09)	$17.78	142	$2,024	$23.88	($2.52)	$21.36	$21.36	72	$2,666	$16.05	($2.32)	$13.74	(69.3)	$642	$7.62
Total Ancillary				**$211.37**	**($18.81)**	**$192.57**			**$254.00**	**($22.60)**	**$231.40**	**$231.40**			**$246.12**	**($18.76)**	**$227.36**			**$4.04**
Grand Total				**$637.79**	**($38.10)**	**$599.69**			**$766.41**		**$720.63**	**$720.63**			**$694.39**	**($37.83)**	**$656.57**			**$64.07**

MVP Health Care
VT One Care 2023 Final Settlement
Truncation Summary

Medical Truncation - Experience Period

Product Type	Stop-Loss Threshold in Base Period	Trended Stop-Loss Threshold in Settlement	Member Count	Total Allowed Claims	Amount Excluded	Excluded Claims PMPM
Exchange	$250,000	$300,419	19	$8,057,998	$3,307,998	$38.10

Medical Truncation - Measurement Period

Product Type	Stop-Loss Threshold in Base Period	Trended Stop-Loss Threshold in Settlement	Member Count	Total Allowed Claims	Amount Excluded	Excluded Claims PMPM
Exchange	$250,000	$300,419	15	$7,689,487	$3,183,202	$37.83

Excluded Claims PMPM

Product Type	Base Period	YTD Apr	YTD Jun	YTD Sep	YTD Dec	Final
Exchange	$38.10	$4.85	$4.20	$13.00	$25.62	$37.83

MVP Health Care
VT One Care 2023 Preliminary Target
Stop Loss Members - Medical Claims

Member Type	Member Number	Primary Diagnosis*	Total Allowed Claims	Amount Excluded
Exchange	1	Other specified sepsis	$735,760	$485,760
Exchange	2	Encounter for antineoplastic immunotherapy	$676,593	$426,593
Exchange	3	Alpha-1-antitrypsin deficiency	$607,874	$357,874
Exchange	4	Malignant neoplasm of ventral surface of tongue	$598,977	$348,977
Exchange	5	Oth complication of vascular prosth dev/grft, init	$523,950	$273,950
Exchange	6	Encounter for antineoplastic chemotherapy	$487,595	$237,595
Exchange	7	Encounter for antineoplastic chemotherapy	$452,238	$202,238
Exchange	8	Alcoholic hepatic failure without coma	$449,869	$199,869
Exchange	9	Malignant neoplasm of upper lobe, right bronchus or lung	$430,200	$180,200
Exchange	10	Encounter for antineoplastic chemotherapy	$361,145	$111,145
Exchange	11	Encounter for antineoplastic chemotherapy	$358,870	$108,870
Exchange	12	Encounter for antineoplastic chemotherapy	$328,462	$78,462
Exchange	13	Encounter for antineoplastic radiation therapy	$328,349	$78,349
Exchange	14	Chronic iridocyclitis, unspecified eye	$320,597	$70,597
Exchange	15	Injury of sciatic nrv at hip and thigh level, left leg, init	$303,410	$53,410
Exchange	16	Acute promyelocytic leukemia, not having achieved remission	$294,480	$44,480
Exchange	17	Ntrm subarach hemor from right post communicating artery	$284,386	$34,386
Exchange	18	Encounter for antineoplastic chemotherapy	$262,607	$12,607
Exchange	19	Infect/inflm reaction due to internal left knee prosth, init	$252,636	$2,636
Total			$8,057,998	$3,307,998

** Represents the diagnosis that constitutes the majority of the members allowed claims.*

MVP Health Care
VT One Care 2023 Final Settlement
Stop Loss Members - Medical Claims

Member Type	Member Number	Primary Diagnosis*	Total Allowed Claims	Amount Excluded
Exchange	1	Sepsis, unspecified organism	$988,697	$688,278
Exchange	2	Guillain-Barre syndrome	$782,169	$481,750
Exchange	3	Sarcoidosis of other sites	$704,205	$403,786
Exchange	4	Encounter for antineoplastic immunotherapy	$569,436	$269,017
Exchange	5	Alpha-1-antitrypsin deficiency	$509,838	$209,419
Exchange	6	Hyp hrt and chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	$505,746	$205,327
Exchange	7	Encounter for antineoplastic chemotherapy	$500,571	$200,152
Exchange	8	Disruption of internal operation (surgical) wound, NEC, init	$481,093	$180,674
Exchange	9	Malignant neoplasm of parietal lobe	$466,290	$165,871
Exchange	10	Encounter for antineoplastic immunotherapy	$437,320	$136,901
Exchange	11	Traum subdr hem w LOC w dth d/t brain inj bef reg consc,init	$399,069	$98,650
Exchange	12	Malignant neoplasm of frontal lobe	$372,307	$71,888
Exchange	13	Secondary malignant neoplasm of brain	$362,374	$61,955
Exchange	14	Acute myeloblastic leukemia, not having achieved remission	$306,053	$5,634
Exchange	15	Chronic inflammatory demyelinating polyneuritis	$304,319	$3,900
Total			**$7,689,487**	**$3,183,202**

** Represents the diagnosis that constitutes the majority of the members allowed claims. A blank diagnosis means that the majority of the members allowed claims were from Pharmacy.*

Board of Managers Summary of Policy Changes
Public Session
September 2024

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

- **03-03 Data Services**
  - **Purpose:** To provide standards and guidelines for the safeguarding, use, sharing, and destruction of: Claims Data provided to OneCare by Payers, Clinical Data provided by various sources, and Other Data.
  - **Key Changes:** A sub-bullet under the definition of PHI/PII Data was removed to align with language elsewhere in the policy describing handling of Medicare specific values under 11
  - **Committee Endorsement: Audit Committee 8/29/2024**
-
- **08-01 Board of Manager Nomination**
  - **Purpose:** To outline the process that Management will follow when soliciting nominees for designated at large Managers for the OneCare Board of Managers
  - **Key Changes:** No substantive edits.
  - **Committee Endorsement:** N/A

- **08-02 Governance**
  - **Purpose:** To ensure that OneCare's Governing Body is ultimately responsible for the oversight and strategic direction of the organization.
  - **Key Changes:** No substantive edits.
  - **Committee Endorsement:** N/A

OneCare Vermont

Policy Number & Title:	08-01 Board of Managers Nomination
Responsible Department:	Public Affairs
Author:	Amy Bodette, Director, Public Affairs
Original Implementation Date:	February 18, 2019
Board Approval Date:	September 17, 2024
Revision Effective Date:	September 17, 2024

I. **Purpose:** This Policy outlines the process that Management will follow when soliciting nominees for designated at large Managers for the OneCare Board of Managers. This policy implements a process for such nominations described in the Operating Agreement and practices that promote a fair and open nominating process to yield qualified nominees.

II. **Scope:** Applicable to the OneCare Workforce and Board of Managers as stated in this policy.

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:

Consumer Member means an individual elected to serve on to the OneCare Vermont Board of Managers to represent consumers of Medicaid, Medicare, and commercial insurance as required by Green Mountain Care Board Rule 5.000: Oversight of Accountable Care Organizations.

Nominee means an eligible candidate proposed for appointment to the Board of Managers.

IV. **Policy:** OneCare shall maintain an identifiable, distinct governing body that has ultimate responsibility for oversight and strategic direction of the ACO (the "Board of Managers."). The Board of Managers ("Board") will hold OneCare's management team accountable for functions of ACO. There will be a defined processes for nominating designated, at-large managers to its Board.

A. **Administration**: The Board of Managers assigns to the Chief Operating Officer ("COO"), or her/his delegate(s), the authority to supervise the process by which candidates are nominated and chosen to stand for election to the Board of Managers.

B. **Eligibility**: Qualified nominees must:
1. Participate in at least one ACO program as defined annually by Policy 04-14 Risk Program Participation;
2. Understand and agree to commit to the responsibilities to serve on the Board of Managers, including having a fiduciary duty and duty of loyalty to OneCare; and
3. Meet the requirements for nomination outlined in the Operating Agreement, Governance Bylaws and policies.

Preference will be given to those nominees that participate in all ACO programs and operate under a value based payment structure.

C. **Call for Designated At-Large Managers Nominations:**
1. For each qualified vacancy on the Board of Managers, the COO will send a notice to all Managers who are members of the nominating group for the vacancy and/ or the Association representing the nominating group asking for nominations of qualified

candidates to stand for election to the Board of Managers. By each nominating group the process shall be as follows:

a. **Federally Qualified Health Centers:** Bi-State Primary Care Association will coordinate the nomination process for FQHCs. In the event that a participating FQHC in the nominating group is not a member of Bi-State then Bi-State will either include the participating FQHC in the nomination process or coordinate with the OneCare COO to develop processes for inclusion.

b. **Critical Access Hospitals and Community Prospective Payment Systems Hospitals:** The Vermont Association of Hospitals and Health Systems (VAHHS) will coordinate the nomination process for Critical Access and Community PPS Hospitals. In the event that a participating hospital in the nominating group is not a member of VAHHS then VAHHS will either include that non-member hospital in the nomination process or coordinate with the OneCare COO to develop processes for inclusion.

c. **Qualified Independent Private Practices (2):** OneCare management will coordinate the nomination process for all independent private practices. Management will solicit nominees from each qualifying independent practice Participant TIN by communication with the TIN's contractual designee for notices. The solicitation will provide information about the required qualifications and Board preferences for the manager to be nominated. Each TIN will have one opportunity to provide a nominee and must verify that the person(s) nominated is/are willing to serve if selected. Management will forward nominees to the Executive Committee, that serves as the Nominating Committee, who will determine which nominee(s) will move forward to the full Board for elections. For calendar year 2024 the Board has directed that qualified candidates must be independent primary care physicians actively practicing.

d. **Skilled Nursing Facilities (SNF):** The Vermont Health Care Association (VHCA) will coordinate the nomination process for skilled nursing facilities. In the event that a participating SNF in the nominating group is not a member of VHCA, then VHCA will either include the non-member SNF in the nomination process or coordinate with OneCare COO to develop processes for inclusion.

e. **Home Health Agencies:** VNAs of Vermont and BAYADA will coordinate the nomination process for qualified Home Health Agencies.

f. **Designated Agency for Mental Health and Substance Abuse ("Designated Agencies"):** Vermont Care Partners (VCP) will coordinate the nomination process for Designated Agencies. In the event that a participating Designated Agency in the nominating group is not a member then VCP will either include the non-member in the nomination process or coordinate with OneCare COO to develop processes for inclusion.

D. Call for Consumer Manager Nominations

An ACO must consult with local advocacy groups (e.g., the Office of the Health Care Advocate) and Provider organizations when recruiting Enrollee members of its governing body. An ACO must make a good faith attempt to recruit and select Enrollee members who are representative of the diversity of consumers served by the ACO, taking into account demographic and non-

demographic factors, including gender, race, ethnicity, socioeconomic status, geographic region, medical diagnoses, and services utilized. Each Enrollee member must have experience or training advocating for consumers on health care issues or be provided training on the subject. No Enrollee member may be an ACO Provider, an employee of an ACO Provider, or an owner of an ACO Provider. In addition, no Enrollee member may have an immediate family member who is an ACO Provider, an employee of an ACO Provider, or an owner of an ACO Provider.

The COO shall forward all nominations received from the aforementioned processes to the Nominating Committee of the Board for discussion and recommendation to the full Board of Managers.

The COO will, without undue delay after nominations have been closed, notify the nominees or the nominating association(s) of the Nominating Committee's decision whether to forward the nominee to the full Board of Managers for election.

In the event that there are an insufficient number of nominees for election, the members of the Nominating Committee (via the COO) will recruit additional nominees, by processes to be determined by the Nominating Committee in consultation with the COO, to ensure that there are at least as many nominees as there are vacant positions for the annual election.

E. **Withdrawal of a Nomination:** Any Nominee may request the withdrawal of his/her nomination before the COO gives the nominee list to the Nominating Committee.

F. **Rejection of a Nomination:** The Nominating Committee may determine not to pass a nominee's name to the full Board for election based on a nominee's qualifications for inclusion, known conflicts, or any reason it determines in good faith to be in the best interests of the ACO. If the Nominating Committee declines to move nomination forward, the COO shall communicate to the nominee.

V. **Review Process:** This Policy shall be reviewed annually and in accordance with the terms of this Policy and the Operating Agreement.

VI. **References:**

- OneCare's Policy and Procedure Glossary
- OneCare's Eleventh Amended and Restated Operating Agreement
- Rule 5.000: Oversight of Accountable Care Organizations

VII. **Related Policies/Procedures:**

- 08-02 Governance Policy
- 05-06 ACO Network Payer Program Participation Policy
- PA-08-04 Consumer Members and PFAC Stipend Procedure

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Director, Public Affairs Date

Chief Operating Officer Date

OneCare Vermont

Policy Number & Title:	08-02 Governance
Responsible Department:	Public Affairs
Author:	Amy Bodette, Director, Public Affairs
Original Implementation Date:	January 1, 2017
Board Approval Date:	September 17, 2024
Revision Effective Date:	September 17, 2024

I. **Purpose:** To ensure that OneCare's Governing Body is ultimately responsible for the oversight and strategic direction of the organization.

II. **Scope:** Applicable to the OneCare Workforce and Board of Managers as stated in this policy.

III. **Definitions:** Capitalized terms have the same definition as defined in OneCare's *Policy and Procedure Glossary*.

IV. **Policy:** OneCare shall maintain an identifiable governing body with sole and exclusive authority to execute functions of the ACO and make final decisions on behalf of the ACO ("Governing Body"). The Governing Body shall have the ultimate responsibility for oversight and strategic direction of OneCare and shall hold OneCare's management team accountable for the ACO's day-to-day activities. The Governing Body shall also have a defined approach to secure consumer input by way of a Consumer Advisory Group and other consumer activities. The OneCare Board of Mangers governance structure shall be transparent, and reasonably and equitably represent the ACO's participants, providers and its patients.

A. **General Governing Body Elements:**

1. OneCare shall define and describe the role(s) of the Governing Body to the state in writing.
2. The Governing Body shall have a transparent governing process which includes the following:
   a. Publishing the names and contact information for members of the Governing Body on its website;
   b. Holding public meetings of the ACO's governing body in accordance with 18 V.S.A. §9572(a), (b), and (e) and making the schedule of meetings publicly available in accordance with 18 V.S.A. § 9572(c);
   c. Devoting an allotted time at each in-person meeting(s) of the Governing Body to allow comments from members of the public to be heard;
   d. Recording and publishing minutes of the public session(s) of each in-person meeting(s) of the Governing Body on its website in accordance with 18 V.S.A. § 9572(d);
   e. Posting summaries of OneCare's activities on its websites, as provided to the Patient and Family Advisory Group who serves in the official capacity as its Consumer Advisory Group; and
   f. Providing a publicly accessible mechanism for explaining how the ACO works, including by posting on the ACO's website.
3. OneCare's designated compliance official shall provide regular reports to the Governing Body concerning OneCare's efforts to satisfy its Compliance and Oversight obligations as set forth in the Program Agreements and regulations.

4. When acting as a member of the Governing Body, each manager has a fiduciary duty to OneCare, including the duty of loyalty, and will act in a manner consistent with that fiduciary duty to report Conflicts of Interest upon membership and as potential conflicts arise.

B. Governing Body Composition Requirements:

1. At least 75 percent control of the Governing Body shall be held by Participants, Preferred Providers or their respective representatives.
2. OneCare will comply with the ACO Governance Standards related to Governance composition set forth by the Green Mountain Care Board (GMCB) and will comply with any future modifications.
3. OneCare's Operating Agreement, Governance Bylaws, and policies shall outline the composition of the Board of Managers as well as, appointment, nomination and election processes for all Managers.

C. Consumer Input:

1. OneCare will develop and maintain a Patient and Family Advisory Committee that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences.
2. Through the Patient and Family Committee, OneCare must consult with and solicit feedback from its Consumer Advisory Board regarding the ACO's care coordination goals, activities, and policies and procedures.
3. OneCare will, on an ongoing basis, assist the consumer members of its governing body in understanding the processes, purposes, and structures of the ACO. Members of the Governing Body and OneCare's management staff shall regularly attend meetings of the Patient and Family Advisory Committee.
4. Following each meeting of the Patient and Family Advisory Committee (PFAC), a member of the Governing Body or management staff who attended shall provide a summary report to the Governing Body of the issues and concerns addressed.
5. The results of any other activities initiated by OneCare to engage and obtain input from consumers shall be reported to the Governing Body at least annually.
6. Consumer Managers of the Board and PFAC members shall receive a stipend for participation in Board of Managers meetings and meetings of Board committees. Details on Consumer Managers and PFAC members' stipends can be found in the PA-08-04 Consumer Members and PFAC Stipend procedure.

V. Review Process: This policy will be reviewed annually and in accordance with the terms of this Policy, the OneCare Operating Agreement and the OneCare Governance By-Laws.

VI. References:

- OneCare Board Membership and Patient and Family Advisory Committee Charter
- OneCare Governance By-Laws and OneCare Operating Agreement
- 18 V.S.A. §9572(a), (b), (c), and (e)

VII. Related Policies/Procedures:

- 08-01 Board of Managers Nomination Policy
- PA-08-04 Consumer Members and PFAC Stipend Procedure

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Director, Public Affairs	Date
Chief Legal Counsel	Date
Chief Operating Officer	Date

OneCare Vermont Accountable Care Organization
Board of Managers Resolution
Appointing Board Manager for Additional Term
September 17, 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 reappoint the following Manager for an additional term:
>
> > Stephen LeBlanc, Dartmouth Health Chief Strategy Officer, to serve an additional term as the Manager representing an academic medical center located in New Hampshire and serving Vermonters.

UVMHN Population Health Services Organization (PHSO) Update

OneCare VT Board Meeting
September 17, 2024

Greg Carlow, UVMHN AVP Population Health Services
Dr. Jennnifer Gilwee, Division Chief of General Internal Medicine
Dr. Natasha Withers, Family Medicine Provider & Medical Director, High Value Care

THE University of Vermont HEALTH NETWORK

UVM Health Network's High Value Functions

Value-based contracting

Population Health Services Organization (PHSO)

Care Delivery Performance

Data Management Office (DMO)

PHSO History

2022

PHSO launched

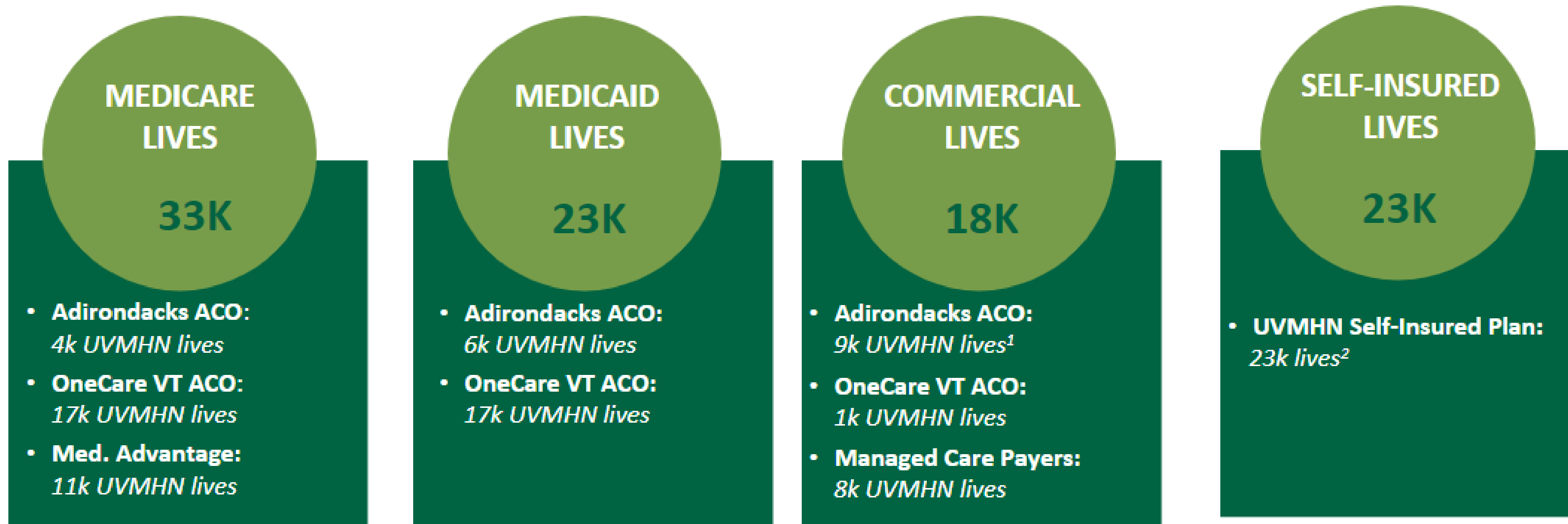
Designed to enhance patient outcomes, quality, and value-based contract performance

Today

- Care Management
- Clinical Care Pathways
- Health Related Social Needs
- Performance Improvement
- Annual Wellness Visits
- Risk Adjustment
- Post Discharge Follow-up

Enabling Infrastructure: Patient Identification, Evidence-based Care Pathways, Access

UVMHN Attribution



[1] Some ADK lives listed under Commercial may cross over into Medicare Advantage or Managed Medicaid; breakout not available

[2] Not all Self-insured lives are attributed to UVMHN practices, however, UVMHN is at full-risk for the population; currently 31% attributed to UVMHN primary care providers

Care Management

Integrated Care Management

- NCQA Care Management achieved in December 2023
- At full-scale in VT
- Aligned with Blueprint for Health
- Specialty Care Management Programs & Pathways: Diabetes, *in development:* CHF & CKD

Working to Reduce Readmissions (WRAP)

PHSO Integrated Care Management Dashboard – Data Review

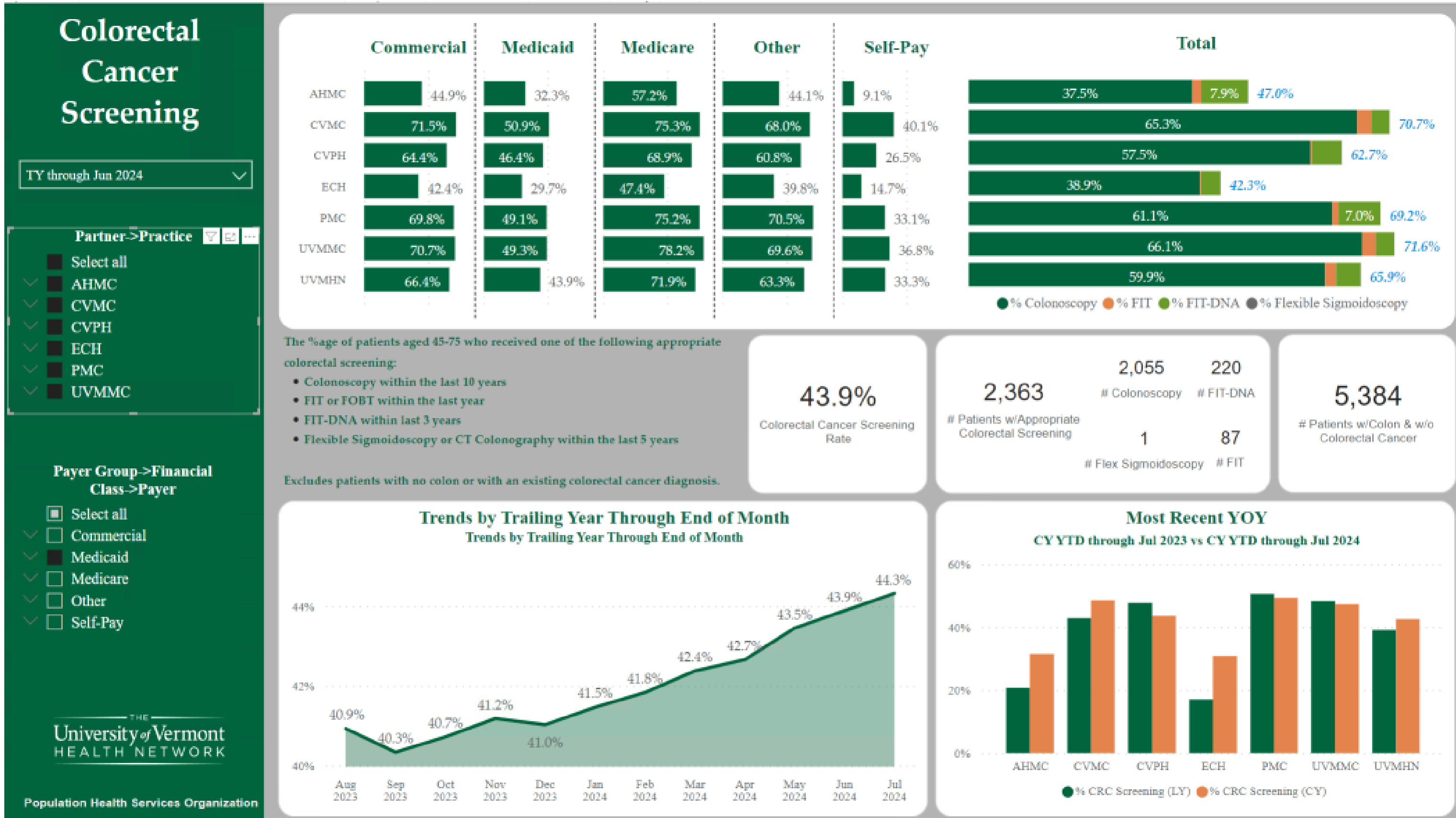
Post-Discharge Follow-up

- RNs to support post-discharge follow-up centrally
- Pilot began for all CVMC Primary Care Practices in July 2024
  - Successfully completing 100% of Post-discharge follow-up calls
  - Successfully completing 100% of Post- ED visit calls for High Risk patients
  - Expect rapid expansion once workflows are resolved and recruitment is complete
- Challenges:
  - Access for timely follow-up
  - Identifying the ED Follow-up Population

Panel Management & Care Gap Closure Service

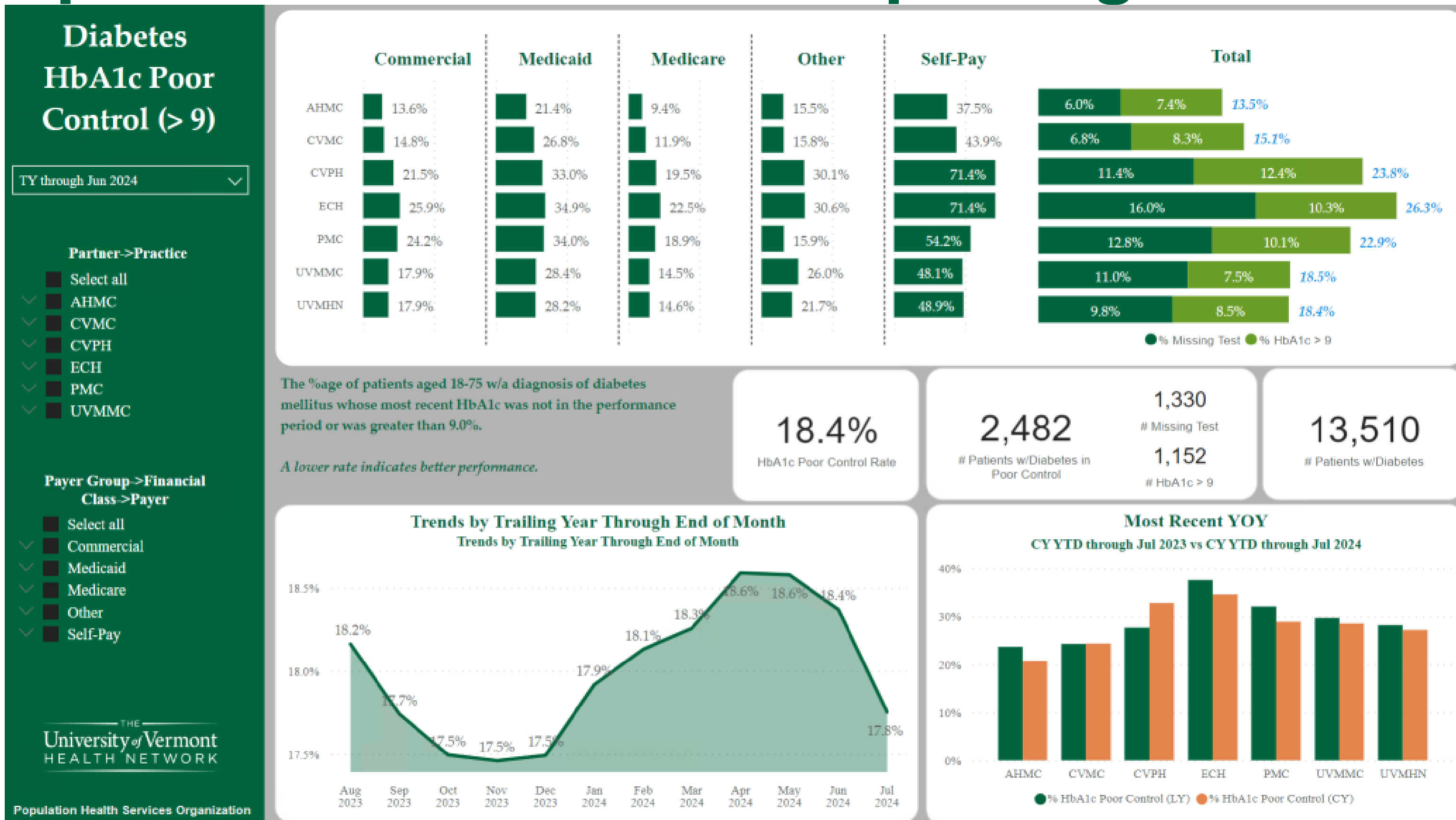
- ***Panel Management is #1 PHSO priority for 2025***
- Improved Performance Reporting & Performance Improvement Identification
- Clinical Pathway Development & Training
- Proactive outreach based on Risk & Care Gaps
- FIT Test Follow-up
- PHSO Data Submission to Payers

Improved Performance Reporting Tools



Data shared is intended to be illustrative and should not be interpreted as actual performance

Improved Performance Reporting Tools



	Commercial	Medicaid	Medicare	Other	Self-Pay	Total: % Missing Test	Total: % HbA1c > 9	Total
AHMC	13.6%	21.4%	9.4%	15.5%	37.5%	6.0%	7.4%	13.5%
CVMC	14.8%	26.8%	11.9%	15.8%	43.9%	6.8%	8.3%	15.1%
CVPH	21.5%	33.0%	19.5%	30.1%	71.4%	11.4%	12.4%	23.8%
ECH	25.9%	34.9%	22.5%	30.6%	71.4%	16.0%	10.3%	26.3%
PMC	24.2%	34.0%	18.9%	15.9%	54.2%	12.8%	10.1%	22.9%
UVMMC	17.9%	28.4%	14.5%	26.0%	48.1%	11.0%	7.5%	18.5%
UVMHN	17.9%	28.2%	14.6%	21.7%	48.9%	9.8%	8.5%	18.4%

Trends by Trailing Year Through End of Month

Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024
18.2%	17.7%	17.5%	17.5%	17.5%	17.9%	18.1%	18.3%	18.6%	18.6%	18.4%	17.8%

Data shared is intended to be illustrative and should not be interpreted as actual performance

Care Pathway Development

- PHSO Clinical & Operational leading collaborative development of clinical Care Pathways
- Goal is to support:
  - Consistent application of evidenced-based medicine across UVMHN
  - Support Care Team collaboration (Primary Care, Specialty Care, Care Management, etc.)
  - Buildout tools & technology (Epic) to align Clinical Pathway
  - Provide education & training (online training & CME provided)

Care Pathways that are live:

- Diabetes
- Hypertension
- Suicidal Ideation (pilot)
- Alcohol Use disorder
- Obesity Management
- Colorectal Cancer Screening

Care Pathways Under Development:

- CKD
- CHF
- Substance Use Disorder
- COPD
- Osteoporosis Management
- Serious Illness Conversations
- Hepatitis C

Outreach Campaign:

Completion of Fecal Immunochemistry Test (FIT) Kit

Process:

1. **Outreach monthly** to patients with a FIT order in the past 3 months with no lab result yet.
2. **Communicate through MyChart or letter** based on preferred method of communication.
3. **Monitor and respond** to patient communications.
4. **Track** processed lab results.
5. **Mail FIT kit** directly to patient if never received or replacement is needed.
6. **Document patient outreach in Epic** - visibility to care team.
7. **Track campaign outcomes** and advise internally of success and opportunities.

Outcomes:

Based on June - August outreach and results received as of September 3rd

- **830** patients received at least one outreach
  - **99** patients (12%) directly responded to PHSO following the outreach
  - **47** patients (47%) who reached out indicated they **needed a kit**; PHSO sent directly to patient

- **233** patients (28%) completed their FIT test post-outreach
  - **217** patients (93%) resulted **negative**
  - **16** patients (7%) resulted **positive** – care team completed colonoscopy order following results

Medicare Annual Wellness Visits (AWV)

- Existing workflows required clinic access and did not leverage technology
- PHSO LPN AWVs Live across the Network
- PHSO completes proactive AWV outreach to all Medicare patients
- Ability to track AWV impact on Quality & Risk Adjustment performance (Arcadia)
- Biggest Challenge: Filling schedules & PCP buy-in

Risk Adjustment Service

- Leveraged Provider Performance data to target 1:1 provider training
  - 143 providers trained

PHSO Risk Adjustment Dashboard – Data Review

Video

Questions and Discussion

Fiduciary Duties

Board of Managers of OneCare Vermont Accountable Care Organization, LLC

Governance vs. Management

- Governance = Oversight and Planning – strategic
- Management = Daily Operations - execution

Governance vs. Management (cont.)

- Specific Governance Responsibilities
  - Mission Statement and Strategic Plan
  - Ensuring accountability to participants, beneficiaries, public
  - Oversight of performance and compensation of CEO
  - Oversight of Chief Compliance Officer

Governance vs. Management (cont.)

- Ensuring the entity is well-managed
- Ensuring financial stability and appropriate resource use
- Ensuring an effective compliance program
- Staying informed of legal obligations

Fiduciary Duties of Managers

- Duty of Care
- Duty of Loyalty
- Duty of Obedience

Duty of Care

- Requires Managers to act:
  - In good faith
  - With the diligence, care, and skill an ordinarily prudent person in a like position would exercise under similar circumstances (business judgment rule)

- Involves Managers:
  - Engaging in responsible decision making
  - Providing appropriate oversight

Duty of Loyalty

- Requires Managers to:
  - Act in good faith
  - Act in the best interests of OneCare and its mission
  - Not engage in self-dealing or otherwise take advantage of a Manager’s position of influence
  - Maintain confidentiality of Board of Managers discussions and decisions

Duty of Obedience

- Requires Managers to:
  - Faithfully pursue OneCare’s mission and decisions (within the bounds of the law)
  - Abide by OneCare’s bylaws, charters, rules, and policies
  - Support, help implement, and avoid undermining the decisions of the Board of Managers
  - Act within bounds of corporate authority

OneCare Vermont Accountable Care Organization Board of Managers Resolution to Move to Executive Session
September 17, 2025

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 business subjects that are excepted from an ACO's public meetings obligations in accordance with 18 V.S.A. § 9572(b). For this meeting those include:

(1) Contracts or contract negotiations for which premature general public knowledge would reasonably place the ACO or another person at a substantial disadvantage;
(2) Information that reasonably could be considered a trade secret, as defined in 1 V.S.A. § 317(c)(9).

Public Affairs Report | September 2024

Media Coverage

Gifford Health Care taps former Shumlin health care hand as new CEO

August 29, 2024, VtDigger

Announcement of OneCare board member named as new CEO of Gifford Health Care starting on October 14, 2024. Additional coverage on this announcement found here:

- Michael Costa named CEO at Gifford Health Care | Vermont Business Magazine (vermontbiz.com)
- Michael Costa named CEO at Gifford - Mountain Times

Government Relations

Green Mountain Care Board

Early in July there was a Act 167 Community Engagement Presentation from GMCB's consultant Oliver Wyman. The consultants continued to have community listening sessions over the summer and plan to release a final report on Wednesday, September 18th. The second half of July the GMCB held hearings on the Commercial QHP Small Group and Individual Rate Requests from both BCBSVT and MVP. On August 8th they released their decisions on each of the rate reviews.

The entire month of August was focused on hospital budgets. After an initial review of submitted hospital budgets and presentations from various consultants on hospital finances, the remainder of August focused on budget presentations from each of the VT hospitals.

The first two weeks of September have focused on staff recommendations for hospital budget approvals and deliberations by the GMCB. The GMCB will conclude their deliberations and vote on the budgets for all of Vermont's hospitals by Friday September 13th.

State Legislature:

There are no updates at this time.

Outreach and Advocacy

The Howard Center Opens Mental Health Urgent Care

The Howard Center is anticipating the opening of it's mental health urgent care on October 28. It will provide an alternative to the emergency department for people experiencing mental health crisis. A public town hall webinar will be held on October 16 from 6:00-7:30 pm to provide more information. Learn more and register here.

The OneCare Newsroom is Live on our Website

This newly launched webpage serves as a comprehensive hub where you can find all our latest news, spotlights, featured content, media kit, FAQs, fact sheets, and more. Explore now and stay informed with what's new at OneCare.

Beneficiary Engagement NAACOS Report

Read a recent report from NAACOS which documents beneficiary engagement in accountable care models. This is a culmination of a year and half of work by NAACO's staff. What originally started as a sub-group of the NAACO's policy committee to focus on Consumer Engagement expanded into a much bigger conversation which then led to a collaboration with the Health Care Transformation Task Force (HCTTF). OneCare participated in the initial subgroup during the early stages and gave an overview of our Patient and Family Advisory Commitee (PFAC) to engage and solicit beneficiary feedback.

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.