

# Board of Managers Meeting

Tuesday, 10/22/2024

12:00 - 2:00 PM ET

- 1. PUBLIC: Welcome Board Managers, Invited Guests, and Members of the Public Presented By: Anya Rader Wallack (12:00-12:01 p.m.)**
- 2. PUBLIC: Call to Order and Board Announcements Presented By: Anya Rader Wallack (12:01-12:02 p.m.)**
- 3. PUBLIC: Consent Agenda Items Presented By: Anya Rader Wallack (12:02-12:07 p.m.)**
  - Motion and Vote to Approve Consent Agenda Items – Supermajority Required
  - 3a. 2024-10 Public Consent Agenda Cover Page - Page 3*
  - 3b. 2024-09 OneCare Board Public Session Minutes - Page 4*
  - 3c. 2024-10 Board Committee Reports - Page 7*
  - 3d. 2024-10 Resolution Invoking Participation Waiver for UVMCC to Pay Antibiotic Costs - Page 8*
- 4. PUBLIC: Governance Presented By: Anya Rader Wallack (12:07-12:12 p.m.)**
  - Medicaid Consumer Seat
  
  - Motion and Vote to Approve Resolution Appointing the Medicaid Consumer Representative to the Board of Managers – Supermajority Required
  - 4a. Resolution Appointment Medicaid Consumer Seat to the Board of Managers and Committee Members - Page 10*
- 5. PUBLIC: 2023 Final Payer Program Quality & Financial Results Presented By: Carrie Wulfman; Tom Borys (12:12-12:32 p.m.)**
  - 5a. Annual BOM Results - Page 11*
- 6. PUBLIC: Public Comment (12:32-12:37 p.m.)**
- 7. PUBLIC: Move to Executive Session Presented By: Anya Rader Wallack (12:37-12:38 p.m.)**
  - Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required
  - 7a. Resolution to Move to Executive Session - Page 24*
- 15. PUBLIC: Votes Presented By: Anya Rader Wallack (1:56-2:00 p.m.)**
  1. Approve Executive Session Consent Agenda Items – Supermajority Required
  2. Approve 2024 Corporate Goal Progress & Results – Supermajority Required
- 16. PUBLIC: Adjourn Presented By: Anya Rader Wallack (2:00 p.m.)**
- 17. PUBLIC FYI DOCUMENTS**
  - 17a. Public Affairs Report October 2024 - Page 95*



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

**Public Session**

**October 22, 2024**

Agenda Item	Reason for Review and Request for Approval
<b>a.</b> Consent Agenda Cover Page	Reference only.
<b>b.</b> Draft Public Session Minutes September 17 <sup>th</sup> , 2024	Review and approval of prior month's minutes.
<b>c.</b> Board Committee Reports October 2024	Summary of Board subcommittee meetings from the past months.
<b>d.</b> Participation Waiver Request for a Discharge from UVMMC to Helen Porter with UVMMC Paying for Antibiotics at the SNF	Review and approval of Waiver; a resolution is provided.



**OneCare Vermont Accountable Care Organization, LLC**  
**Board of Managers Meeting**  
**September 17, 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 September 17, 2024. Public access was also available at OneCare Office in Colchester, Vermont.

I. Call to Order and Board Announcements

Board Chair Anya Rader Wallack called the meeting to order at 4:03 p.m. She welcomed members of the public, including Marisa Melamed from the Green Mountain Care Board. Chair Wallack thanked Dan Bennett for his 5.5 years of service to the Board. Last, she mentioned that the October Board meeting was rescheduled to Tuesday, October 22.

II. Public Consent Agenda Items

a. The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from July 16, 2024; (2) Board Committee Reports for September 2024; (3) Participation Waiver – SNF Medication Coverage; (4) 2023 Settlement Projections, 2022/2023 AIPBP Reconciliation, 2023 Medicare Settlement, 2023 MVP Settlement; (5) Summary of Policies; (6) 08-01 Board of Managers Nomination; and (7) 08-02 Governance.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by S. MAY, seconded by J. FOX, and approved by a supermajority.

III. GOVERNANCE

A nomination for the seat for Academic Medical Center in NH serving Vermonters was presented to the Board.

An opportunity for discussion was offered.

A Motion to approve the resolution reappointing Steve LeBlanc to the Board of Managers was made by T. DEE, seconded by J. GILWEE, and approved by a supermajority. S. LeBLANC abstained from voting.

IV. Performance Spotlight: UVMHN/Population Health Services Organization

Jessica Moschella introduced Greg Carlow and Natasha Withers, MD to share an update on the University of Vermont Health Network Population Health Services Organization (PHSO) since its launch in 2022. The presentations shared the focus areas for the PHSO including care management, post-discharge follow-up, and panel management. Samples of improved performance reporting tools were shared to demonstrate how performance is monitored. Finally, the PHSO has developed care pathways to support consistent care across their network. Outreach campaigns and adoption of technology are being used to support this effort.

V. Board Fiduciary Training

Aaron Perry, Chief Legal Counsel, led the fiduciary training of the Board. The training is intended to review the fiduciary responsibilities to the Board and will be available to new managers and to the full Board annually. Topics reviewed included: Governance vs. Management; Fiduciary Duties of Managers; Duty of Care; Duty of Loyalty; and Duty of Obedience to the Board.

VI. Public Comment

An opportunity for public comment was offered.

VII. Move to Executive Session

A Motion to Approve the Resolution to Move to Executive Session was made by J. GILWEE, seconded by S. LeBLANC and was approved by a unanimous vote.

VIII. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – **Approved by supermajority.**
2. Approve Resolution approving PY 2025 Budget and Submission to GMCB – **Approved by supermajority.**

IX. Adjournment

Upon a Motion by S. MAY, a second by J. GILWEE, and approval by a unanimous vote, the meeting adjourned at 5:46 p.m.

**Attendance:**

OneCare Board Managers

Present:

Steve LeBlanc	Dick Courcelle	Toby Sadkin, MD
Tom Huebner	Stuart May	Sandy Rouse
Teresa Fama	Jessica Moschella	Jen Gilwee, MD
Michael Costa	Anya Rader Wallack	Tom Dee
Judi Fox		

Absent:

Dan Bennett	Sierra Lowell	Coleen Condon
Judy Peterson		

A. TROUT joined the meeting at 5:20 p.m.

OneCare Leadership and Staff

Present:

Regina Alexander	Amy Bodette	Abe Berman
Tom Borys	Aaron Perry	Carrie Wulfman
Jana McQueeney		

Public

Present:

Marisa Melamed, GMCB	Jason Sanders	David Schneider
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Guests

Present:

Greg Carlow	Natasha Withers, MD	
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## OneCare Board of Managers Committee Reports

### October 2024

#### **Executive Committee** (meets monthly)

The Executive Committee, serving as the nominating committee, made recommendations to the Board to fill a Medicaid Consumer seat, and discussed the newly vacant Critical Access Hospital seat as well as the need for an Audit Committee Chair. The committee also reviewed and discussed the achievements for the 2024 Corporate Goals and discussed items for the upcoming board meeting. The committee is next scheduled to meet on November 7, 2024.

#### **Finance Committee** (meets monthly)

At its October 9<sup>th</sup> meeting, the committee received updates on the GMCB Budget Submission and the 2025 Medicaid Global Payment Program. The committee also discussed 2025 participant fees. Next, they reviewed and recommended approval of the 2025 CPR Rates and approval of the 2023 Medicaid Settlement.

The committee received an update on the analysis of 2024 Medicaid performance and discussions with Medicaid. Next, they reviewed and recommended approval of the PY2025 PHM Policy Update. Last, the committee received an update on the 2023 Settlement and Quality Summary. The committee is next scheduled to meet on November 13, 2024.

#### **Population Health Strategy Committee** (meets monthly)

At its October 14<sup>th</sup> meeting, the committee reviewed the 2023 final quality performance results. Next, they discussed 2024 Corporate Goals, Waivers, Brightside, and the Statewide Stakeholder Sessions. The committee reviewed and recommended endorsement of the VBC Guidance Document and PHM 2025 Policy.

Next, the committee discussed the Arcadia Enhancements which was followed by a presentation of the PHM Operationalization 2025. Finally, a HSA Consultations Update was provided. The committee is next scheduled to meet on November 11, 2024.

#### **Patient & Family Advisory Committee** (meets monthly)

At its September 24<sup>th</sup> meeting, the committee received updates on Board activities and OneCare programs. The focus of the meeting was around Mental Health and Provider Accountabilities specifically around Mental Health and Substance Abuse Disorder. The committee is next scheduled to meet on October 29, 2024.

#### **Audit Committee** (meets quarterly)

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



OneCare Vermont Accountable Care Organization  
Board of Managers Resolution Invoking  
Participation Waiver for UVMHC to Pay  
Antibiotic Costs for Patient Discharged to Helen  
Porter Skilled Nursing Facility  
October 22, 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 detracts the patients’ treatment; and

WHEREAS, OneCare’s goals (shared with the entire health care delivery system) for cost and quality as well as patients’ needs are best served by transferring patients no longer in need of emergency or acute care out of emergency and acute care settings and to settings that deliver 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 (“UVMHC”), an ACO Participant, will pay twenty (20) days of IV antibiotic medication costs for a patient to be discharged to Helen Porter skilled nursing facility for sub-acute rehabilitation care. The cost of medication was prohibitive for skilled nursing facilities to accept the patient.





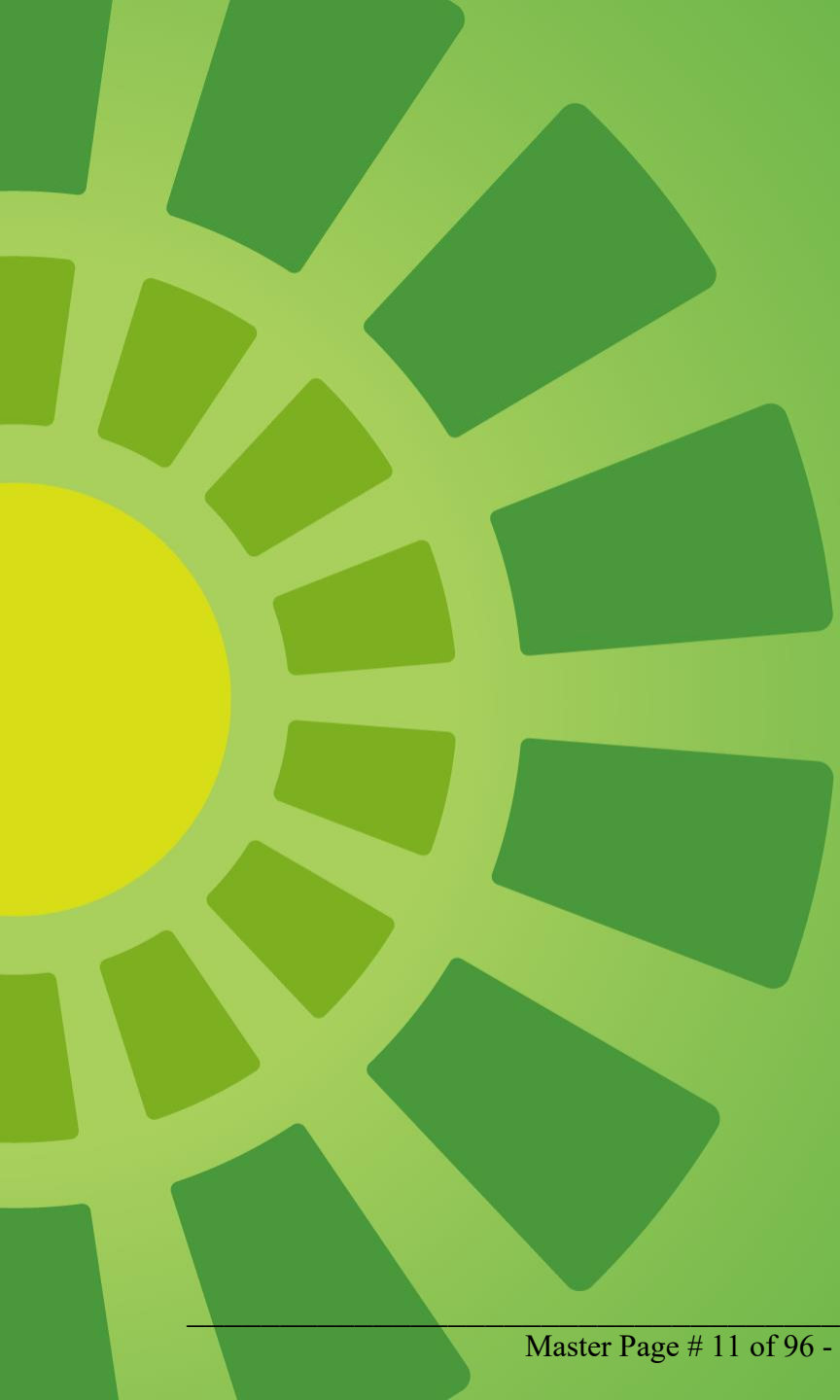
OneCare Vermont

OneCare Vermont Accountable Care Organization  
Board of Managers Resolution Appointing Medicaid  
Consumer Seat  
October 22, 2024

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

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

- A. Sierra Lowell for a renewed three-year term ending on October 31, 2027.



# 2023 Annual Quality & Financial Results

**Dr. Carrie Wulfman &  
Tom Borys**



**OneCare Vermont**

[onecarevt.org](http://onecarevt.org)

# Medicare Quality Performance

OneCare Overall		
PY2021	PY2022	PY2023
100%	65.63%	73.13%

## Measure Improvement:

- Depression Screening & Follow-Up Plan (60<sup>th</sup> to 70<sup>th</sup> percentile)
- Tobacco Use, Cessation & Intervention (70<sup>th</sup> to 80<sup>th</sup> percentile)

## Measure opportunity:

- Engagement of Alcohol and Other Drug Abuse Dependence

## CAHPS Patient Experience

- Performance improvement in five domains
- Opportunities exist in two domains: Access to Specialists & Stewardship of Patient Resources

# Medicare Quality Results

Measure	2021 Rate	2022 Rate	2023 Rate	2023 Benchmark Percentile
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (NQF 2605)	25.16%	57.02%	73.64%	N/A
30 Day Follow-Up after Discharge from the ED for Mental Health (NQF 2605)	54.95%	48.59%	51.53%	N/A
^ Clinician and Clinician Group Risk-Standardized Acute Admission for Patients with Multiple Chronic Conditions (QPP#479)	31.61%	30.35%	29.20%	N/A
Colorectal Cancer Screening (QPP#113)	76.81%	73.60%	72.87%	70 <sup>th</sup> →
^ Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (QPP#001)	9.98%	10.00%	8.12%	90 <sup>th</sup> →
Hypertension: Controlling High Blood Pressure (QPP#236)	71.48%	70.00%	71.02%	70 <sup>th</sup> →
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (NQF 305)	28.52%	31.11%	32.56%	N/A
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (NQF 305)	4.30%	4.02%	3.69%	N/A
Preventive Care & Screening: Influenza Immunization (QPP#110)	80.38%	80.00	81.01%	80 <sup>th</sup> →
Preventive Care & Screening: Screening for Clinical Depression & Follow-Up (QPP#134)	64.67%	61.92%	71.03%	70 <sup>th</sup> ↑
Preventive Care & Screening: Tobacco Use, Cessation & Intervention (QPP#226)	80.77%	70.21%	81.25%	80 <sup>th</sup> ↑
^Hospital-Wide, 30-Day, All Cause Unplanned Readmission (QPP#484)	13.63%	12.84%	11.13%	N/A

Measures with ^ are inverse measures, lower rate means better performance

# Medicare Patient Experience Results

Measure	2021 Rate	2022 Rate	2023 Rate	2023 Benchmark Percentile
CAHPS: Getting Timely Care, Appointments, and Information	82.95%	81.31%	83.30%	40 <sup>th</sup> ↑
CAHPS: How Well Your Providers Communicate	94.25%	94.06%	94.54%	80 <sup>th</sup> ↑
CAHPS: Patients' Rating of Provider	92.17%	91.78%	93.38%	80 <sup>th</sup> ↑
CAHPS: Access to Specialists	69.40%	70.40%	72.91%	Below 30 <sup>th</sup> →
CAHPS: Health Promotion and Education	64.24%	60.75%	65.07%	80 <sup>th</sup> ↑
CAHPS: Shared Decision Making	60.24%	60.56%	61.15%	60 <sup>th</sup> →
CAHPS: Health Status/Functional Status	81.38%	78.80%	79.97%	N/A
CAHPS: Stewardship of Patient Resources	24.78%	15.84%	20.04%	Below 30 <sup>th</sup> →
CAHPS: Courteous and Helpful Office Staff	94.59%	94.01%	92.44%	60 <sup>th</sup> ↓
CAHPS: Care Coordination	87.93%	83.39%	84.98%	40 <sup>th</sup> ↑

# Medicare 2023 Financial Performance

Performance vs. Total Cost of Care (TCOC) target <sup>1</sup>		\$13,700,910
Contractual quality adjustment	+	(\$702,411)
<b>Net TCOC settlement</b>		<b>\$12,998,498</b>
Other cash adjustments <sup>2</sup>	+	(\$9,614,968)
<b>Final ACO Settlement</b>		<b>\$3,383,531</b>
Fixed Prospective Payment (FPP) benefit/(loss) vs. shadow <sup>3</sup>		\$0
Payer-funded payments <sup>4</sup>	+	\$9,545,916
<b>Total Payer Contract Value to OneCare</b>		<b>\$12,929,447</b>

## **Notes**

<sup>1</sup> A positive number indicates positive TCOC performance (spend below target)

<sup>2</sup> Deduction of blueprint payments and sequestration of 2%

<sup>3</sup> AIPBP (Medicare fixed payment) reconciles to fee-for-service

<sup>4</sup> Blueprint payments to the network

# Medicaid Quality Performance

OneCare Overall		
PY2021	PY2022	PY2023
68.75%	65.00%	81.25%

## Measure Improvement:

- Child & Adolescent Well-Care Visits
- Developmental Screening in the First Three Years of Life
- Initiation of Alcohol and Other Drug Dependence
- Engagement of Alcohol and Other Drug Dependence Treatment

## Measure opportunity:

- Hypertension: Controlling High Blood Pressure

## Bonus Point Opportunities

- Achieved: Child & Adolescent Well Care, Developmental Screening in First Three Years of Life & Engagement of Alcohol and Other Drug Dependence Treatment
- Lost: Follow-Up After Hospitalization for Mental Illness

# Medicaid Quality Results

Measure	2021 Rate	2022 Rate	2023 Rate	Benchmark Percentile
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	32.89%	61.36%	55.59%	90 <sup>th</sup> →
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	81.66%	83.61%	75.14%	90 <sup>th</sup> →
Child and Adolescent Well Care Visits (WCV) (ages 3-21)	61.60%	61.55%	63.11%	90 <sup>th</sup> ↑
^ All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	.80%	.79%	0.04%	N/A
^ Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (CDC)	31.99%	25.20%	28.84%	90 <sup>th</sup> →
Hypertension: Controlling High Blood Pressure (CBP)	62.37%	63.71%	58.60%	25 <sup>th</sup> ↓
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	36.71%	36.34%	36.91%	25 <sup>th</sup> ↑
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	15.65%	13.78%	16.15%	50 <sup>th</sup> ↑
Follow-Up after Hospitalization for Mental Illness (7 Days) (FUH)	50.92%	54.66%	50.06%	75 <sup>th</sup> →
Developmental Screening in the First Three Years of Life	56.10%	56.65%	58.67%	75 <sup>th</sup> ↑
Screening for Clinical Depression and Follow-Up Plan	54.28%	51.46%	56.13%	N/A
Tobacco Use, Cessation & Intervention	92.46%	92.53%	93.13%	N/A

Measures with ^ are inverse measures, lower rate means better performance



# Medicaid 2023 Financial Performance

Performance vs. Total Cost of Care (TCOC) target <sup>1</sup>		\$194,809
Contractual quality adjustment	+	(\$659,567)
<b>Net TCOC settlement</b>		<b>(\$464,758)</b>
Other cash adjustments	+	\$0
<b>Final ACO Settlement</b>		<b>(\$464,758)</b>
Fixed Prospective Payment (FPP) benefit/(loss) vs. shadow <sup>2</sup>		\$5,758,001
Payer-funded payments <sup>3</sup>	+	\$8,936,097
<b>Total Payer Contract Value to OneCare</b>		<b>\$14,229,340</b>

## Notes

<sup>1</sup> A positive number indicates positive TCOC performance (spend below target)

<sup>2</sup> The difference between the total FPP to OneCare and shadow spend

<sup>3</sup> Includes PRSP and VBIF funding

# MVP QHP Quality Performance

OneCare Overall		
PY2021	PY2022	PY2023
85.00%	45.00%	62.63%

## Measure Improvement:

- ACO All-Cause Readmissions (PCR)
- Child & Adolescent Well-Care Visits

## Measure opportunity:

- Initiation & Engagement of Alcohol and Other Drug Dependence Treatment

## Additional Notes

- Measures with fewer than 30 patients in denominator, points redistributed (FUA, FUM, FUH) consistent with prior years
- Diabetes benchmark significant change in PY2023 - Performance rate met 75<sup>th</sup> (2023) percentile vs. 90<sup>th</sup> (2022)

# MVP QHP Quality Results

Measure	2021 Rate	2022 Rate	2023 Rate	Benchmark Percentile
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence (FUA)	N/A	0.00	N/A	N/A
30 Day Follow-Up after Discharge from the ED for Mental Health (FUM)	100.00	100.00	33.33	<50 <sup>th</sup> ↓
Child & Adolescent Well Care Visits (WCV)	70.34	68.76	73.32	90 <sup>th</sup> ↑
^ ACO All-Cause Readmissions (PCR)	0.3888	0.6977	0.3333	90 <sup>th</sup> ↑
^ Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) (CDC)	16.33	22.44	21.71	75 <sup>th</sup> ↓
Hypertension: Controlling High Blood Pressure (CBP)	61.07	65.94	66.67	50 <sup>th</sup> →
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (IET)	26.52	17.01	20.83	<50 <sup>th</sup> →
Follow-Up after Hospitalization for Mental Illness (7 Days) (FUH)	63.64	33.33	70.00	90 <sup>th</sup>
Colorectal Cancer Screening*	N/A	N/A	58.74	50 <sup>th</sup>

Measures with ^ are inverse measures, lower rate means better performance

# MVP QHP 2023 Financial Performance

Performance vs. Total Cost of Care (TCOC) target <sup>1</sup>	\$397,982
Contractual quality adjustment	\$0
<b>Net TCOC settlement<sup>2</sup></b>	<b>\$0</b>
Payer-funded payments <sup>3</sup>	+ \$274,934
<b>Total Payer Contract Value to OneCare</b>	<b>\$274,934</b>

## Notes

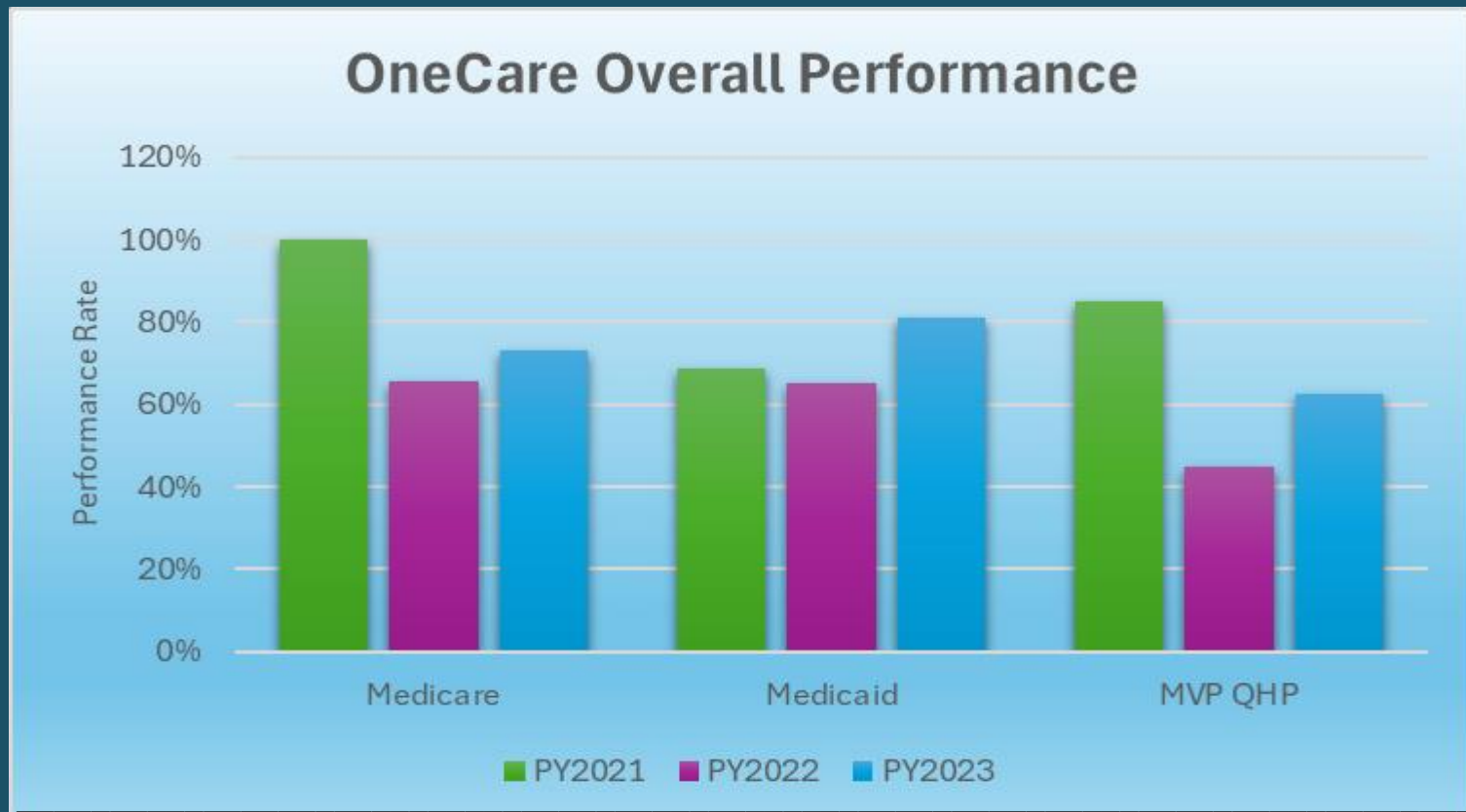
<sup>1</sup> A positive number indicates positive TCOC performance (spend below target)

<sup>2</sup> No shared savings earned; minimum shared savings of 3% TCOC (achieved 0.72%)

<sup>3</sup> Population health management funding

# OneCare Quality Performance Summary

**PY2023 is the first year since the pandemic where OneCare improved overall performance in each payer program.**



# OneCare Financial Performance Summary

**In 2023, OneCare exceeded the financial target in every payer program.**

**\$27.4M total contract value to Population Health Efforts**



OneCare Vermont

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

October 22, 2024

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

The Board will now move into executive session in order to discuss subjects that are outside of the scope of the ACO’s public meetings. For this meeting those include: (1) subjects that are or use trade secret information; (2) status of ongoing contract negotiations; (3) confidential attorney-client communications; and (4) personnel matters.



# OneCare Vermont

Public Affairs Report | October 2024

## Media Coverage

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### New Report Highlights Data-Driven Success Strategies for ACOs

[September 26, 2024, AJMC](#)

OneCare is highlighted in this coverage of NAACOS' [ACO Drivers of Success](#) report on strategies that have driven success of ACOs in adopting value-based care. Specifically, OneCare is mentioned in the spaces of integrating data across payers, leveraging data for health equity, and building a high-value care culture.

## Government Relations

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### Green Mountain Care Board

The GMCB concluded their deliberations and voted on all of Vermont's hospitals budgets on Friday September 13<sup>th</sup>. All of the budget orders can be found [here](#).

On September 16<sup>th</sup> GMCB held an executive session for updates and to discuss the [AHEAD Model](#).

On September 18<sup>th</sup>, GMCB's consultant Oliver Wyman, presented their [final report on Act 167 Community Engagement to support Hospital Transformation](#). Numerous public comments have been submitted to the GMCB as a result of the presentation and can be found [here](#).

### State Legislature

There are no State Legislature updates

## Outreach and Advocacy

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### Mental Illness Awareness Week

Last week was Mental Illness Awareness Week and a reminder that quality health care includes prioritizing mental health and substance abuse treatment alongside physical health care. OneCare is committed to innovative payment reform programs, collaborative partnerships, and expert support and



assistance to improve access to high-value mental health care and substance use disorder treatment for Vermonters. Learn more about our work here: [https://lnkd.in/eetP9N\\_C](https://lnkd.in/eetP9N_C)

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## 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](mailto:public@onecarevt.org).