

Board of Managers Meeting

Tuesday, 2/18/2025

4:00 - 6:00 PM ET

- 1. PUBLIC: Welcome Board Managers, Invited Guests, and Members of the Public Presented By: Jennifer Gilwee (4:00-4:01)**
- 2. PUBLIC: Call to Order and Board Announcements Presented By: Jennifer Gilwee (4:01-4:02)**
- 3. PUBLIC: Consent Agenda Presented By: Jennifer Gilwee (4:02-4:05)**
 - Motion and Vote to Approve Consent Agenda Items – Majority Required
 - 3a. 2025-02 Public Consent Agenda Cover Page - Page 3*
 - 3b. 2025-01 OneCare Board Public Session Minutes - Page 4*
 - 3c. 2025-02 Board Committee Reports - Page 7*
 - 3d. Participation Waiver for UVMMC to Pay for Skilled Nursing Facility Care for Patient Discharged to Burlington Health and Rehab - Page 8*
 - 3e. Request for Policy Exception from the OneCare VT Board of Managers for Rutland Center for Living - Page 10*
- 4. PUBLIC: Governance Presented By: Aaron Perry (4:05-4:10)**
 - UVMHN Appointed Position
 - Motion and Vote to Recognize Seating of UVMHN Appointed Manager – Supermajority Required
 - 4a. 2025-02 Resolution Recognizing Seating of Appointed Manager - Page 11*
- 5. PUBLIC: CMO Opening Remarks Presented By: Carrie Weigand (4:10-4:20)**
 - PHM Push
 - RCR Update
 - March Topics
 - Fraud and Abuse Waivers
 - 5a. 2025-02 Fraud and Abuse Waivers - Page 12*
- 6. PUBLIC: Public Comment (4:20-4:25)**
- 7. PUBLIC: Move to Executive Session Presented By: Jennifer Gilwee (4:25-4:30)**
 - Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required
 - 7a. 2025-02 Resolution to Move to Executive Session - Page 13*
- 12. PUBLIC: Votes Presented By: Jennifer Gilwee (5:01-5:05)**
 1. Approve Executive Session Consent Agenda Items - Supermajority Required
 2. Approve 2025 Corporate Goals – Supermajority required
 3. Approve December 2024 Financial Statements – Supermajority required
- 14. PUBLIC: Adjourn Presented By: Jennifer Gilwee (5:05)**
- 15. PUBLIC FYI DOCUMENTS**
 - 15a. 2025-02 Public Affairs Report - Page 61*



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

Public Session

February 18, 2025

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft Public Session Minutes January 21 st , 2025	Review and approval of prior month’s minutes.
c. Board Committee Reports February 2025	Summary of Board subcommittee meetings from the past months.
d. Participation Waiver for UVMHC to Pay for Skilled Nursing Facility Care for Patient Discharged to Burlington Health and Rehab	Participation waiver for patients discharged from UVMHC to Burlington Health and Rehab.
e. Request for Policy Exception from the OneCare VT Board of Managers for Rutland Center for Living and Rehabilitation/Allaire Health Services	Policy exception to allow a Rutland-based SNF under new ownership to return to the OneCare network so that patients can benefit from accessing the SNF 3-Day waiver.



OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
January 21, 2025
Public Session Minutes

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held remotely via video and phone conference on January 21, 2025. Public access was also available at Central Vermont Medical Center in Berlin, Vermont.

I. Call to Order and Board Announcements

Board Chair Dr. Jen Gilwee called the meeting to order at 4:05 p.m. She thanked Teresa Fama for her three years of service to the board following her resignation this month.

II. OneCare Telehealth Waiver Status

Dr. Carrie Wulfman, Chief Medical Officer, discussed the Vermont All-Payer Model benefit enhancement waivers which will be implemented for 2025 including the following: (1) skilled nursing facility 3-day waiver (which is a continuation from previous years); (2) a Central Vermont Home Health Hospice waiver which allows patients who are not necessarily homebound to access home health services; and (3) a waiver for concurrent care for beneficiaries that elect the Medicare hospice benefit which allows dialysis patients to receive home health services.

Dr. Wulfman also discussed that the telehealth waiver continues to be available to OneCare participants in 2025.

III. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from December 19, 2024; (2) Board Committee Reports January 2025; (3) Waiver 2025 Program of Payments.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by T. Dee, seconded by S. LeBlanc, and approved via electronic vote.

IV. Governance

Amy Bodette, Director of Public Affairs, updated the board on the search for an MVP consumer representative which has included postings on social media and job boards, individual outreach, collaboration with MVP to outreach to specific businesses, and, most recently, a mailing to all attributed members. As a result of the mailing, a number of qualified candidates emerged. Following discussion, the nominating committee recommended John Sayles be appointed to the MVP Consumer seat.

An opportunity for discussion was offered.

A Motion to Appoint the MVP Consumer Manager was made by T. Dee, seconded by A. Trout, and approved via electronic vote.

V. Mental Health Screening Policy Exception

Tom Borys, Interim Chief Executive Officer and Chief Financial Officer, discussed an exception to the mental health screening policy. Roughly \$500,000 was allocated in the 2024 budget for the Brightside mental health program, and it is recommended by the Finance Committee to reallocate the unspent funds to the Mental Health Screening Initiative for 2025.

Committee members asked about the timing of sending these funds and whether they could be delayed to late 2025 to aid in the 2026 year. Mr. Borys answered they would likely be part of the 2024 payout, but OneCare leadership is looking at how other funds may be allocated in 2026.

A Motion to Approve the Mental Health Screening Policy Exception was made by A. Trout, seconded by J. Peterson, and approved via electronic vote.

VI. Residency Program Pass-Through Funding

Mr. Borys then discussed Maple Mountain, which is a consortium of federally qualified health centers formed to support implementation of a primary care residency program. They have received some funding through Senator Sanders efforts but have requested further funds to support implementation. The state and OneCare are in support of increased primary care in Vermont. The arrangement includes OneCare serving as the administrative entity for the funds provided through the Vermont Medicaid Next Generation Contract.

A Motion to Approve the Residency Program Pass-Through Funding was made by J. Peterson, seconded by J. Fox, and approved via electronic vote.

VII. Public Comment

An opportunity for public comment was offered.

VIII. Move to Executive Session

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

IX. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – approved via electronic vote.
2. Approve 2025 Corporate Goals – deferred to February meeting

X. Adjournment

The meeting adjourned at 5:16 p.m.

Attendance:

OneCare Board Managers

Present:

Judy Peterson	Coleen Condon	Toby Sadkin, MD
Steve LeBlanc	Tom Dee	Judi Fox
Adriane Trout, MD	Jessica Moschella	Jen Gilwee, MD

J. Moschella joined at 4:33 p.m.

C. Condon left the meeting at 4:38 p.m.

J. Fox left the meeting at 5:15 p.m.

Absent:

Tom Huebner	Sandy Rouse	Dick Courcelle
Sierra Lowell	Michael Costa	

OneCare Leadership and Staff

Present:

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



OneCare Board of Managers Committee Reports

February 2025

Executive Committee (meets monthly)

The Executive Committee discussed a UVMHN manager appointment, corporate goals, and general management updates. The committee is next scheduled to meet on March 6th, 2025.

Finance Committee (meets monthly)

At its February 12th meeting, the committee approved December 2024 financial statements, discussed Mental Health Screening Initiative payments, and reviewed the 2023 Medicaid settlement. They also discussed the 2024 settlement projection, a DVHA claims issue, and Green Mountain Care Board written budget orders. The committee is scheduled to meet next on March 12th, 2025.

Population Health Strategy Committee (meets monthly)

The February meeting was canceled due to low attendance. Committee members received updates on 2025 fraud and abuse waivers, the regional care representative program, the most recent Arcadia executive summary, the Mental Health Screening Initiative program, the AHEAD model, and Population Health Model Business Operations meetings via email. The committee is next scheduled to meet on March 10th, 2025.

Patient & Family Advisory Committee (meets monthly)

At its January 28th meeting, the committee received updates about the board of managers and public affairs. They discussed 2024 Patient Satisfaction Survey results and made plans for the committee for 2025 meetings. The committee is next scheduled to meet on February 25th, 2025.

Audit Committee (meets quarterly)

The committee is next scheduled to meeting on March 3rd, 2025.



**OneCare Vermont Accountable Care Organization
Board of Managers Resolution Invoking
Participation Waiver for UVMHC to Pay for
Skilled Nursing Facility Care for Patient
Discharged to Burlington Health and Rehab
February 18, 2025**

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 the OneCare Medicaid agreement; and

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

WHEREAS, patients remaining in inpatient beds limits the ability of hospitals to provide treatment to new patients presenting with 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 acute care out of 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 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 for up to a 90 day stay for a patient discharged to Burlington Health and Rehab, a skilled nursing facility. UVMHC will pay a daily rate, inclusive of room and board, ancillary services and medication. The patient has been in acute care for over 300 days, does not have acute care needs and would be more appropriately cared for at a skilled nursing facility. The patient and guardian are currently applying for Medicaid coverage through Choices for Care/Long Term Care Medicaid application is pending. Should that coverage be granted, UVMHC will no longer pay the daily rate and should that coverage be granted retroactively, Burlington Health and Rehab will refund UVMHC's payments for the time coverage was in effect.

Request for Policy Exception from the OneCare VT Board of Managers For Rutland Center for Living and Rehabilitation/Allaire Health Services

Background:

- Rutland Healthcare & Rehabilitation Center (RH&RC) has been a Skilled Nursing Facility (SNF) in the OneCare VT network for six years; since 1/1/2018.
- In December 2024, OneCare was informed that Genesis Healthcare was divesting itself of RH&RC and that it was being acquired by Allaire Health Services.
- Allaire Health Services was not contracted with OneCare VT.
- OneCare VT and RH&RC terminated its contract effective December 19, 2024.
- The SNF was acquired by Allaire Health Services and is now operating under the name of Rutland Center for Living and Rehabilitation.

Rutland Center for Living and Rehabilitation's Request:

- The SNF has requested to rejoin OneCare VT under its new ownership arrangement to continue to provide services to their Medicare ACO patients under the Federal 3-Day SNF Waiver Program.
- The SNF did not understand that the change in ownership would sever their contractual relationship with OneCare VT in 2025 and cause them to be ineligible for the Federal 3-Day SNF Waiver Program.

Recent Findings:

- The SNF rendered services to 39 ACO attributed lives during Q1-Q3 2024.
- OneCare has verified with CMS/CMMI that under the new ownership arrangement with Allaire, Rutland Center for Living and Rehabilitation is eligible for the Federal 3-Day SNF Waiver Program.
- OneCare VT's Policy 05-06 PY24 ACO Network Payer Program Participation requires Prospective Providers to *"participate in all Core Programs as a pre-requisite to becoming a Participant or Preferred Provider."* Core Programs are defined as Medicaid and MVP, while Non-Core (optional) Programs are Medicare and Self-Funded. **The policy allows for exceptions for exogenous circumstances with board approval.**

Management's Recommendation & Request:

- Management recommends contracting with Rutland Center for Living and Rehabilitation/Allaire Health Services for the Medicare (Non-Core) Program only.
- Management is requesting the OneCare Board of Managers grant an exception to Policy for this unforeseen event as permissible in Section IV.A.3 of the policy.



OneCare Vermont

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Recognizing Seating of a
UVMHN Appointed Member
February 18, 2025

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

The Board, after considering her qualifications and experience, hereby endorses the University of Vermont Health Network’s (“UVMHN”) appointment of Jessica Moschella to continue her service on the OneCare Board of Managers as an Appointed Manager for a term beginning February 18, 2025.

Suggested Uses for 2025 Fraud and Abuse Waiver Funding

Support Independent Primary Care

\$200,000

- AI Scribe
- In-Office BP Cuffs

Continue Good Work

\$100,000

- On Demand Transport (CVMC)
- Group therapy pediatric office
- Peer counselors alcohol detox (SVMC)
- Medicare Annual Wellness, SASH
(up to \$25,000)
- Wound Care, Addison
- COPD Follow Up Brattleboro
- Consulting psychiatrist pediatric practice
- Retinal Scanner
- Nutritional counseling primary care
- Facilitate discharge, RRMC
- CGMs
- Ambulance non-transport
- Verified BP Cuffs
(up to \$100,000)



OneCare Vermont

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

February 18, 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 subjects that are outside of the scope of the ACO’s public meetings. For this meeting those include: (1) subjects that are or use trade secret information; (2) status of ongoing contract negotiations; and (3) confidential attorney-client communications.



OneCare Vermont

Public Affairs Report | February 2025

Media Coverage

Vermont moves ahead with new federal health care payment model

[January 17, 2025, VTDigger](#)

OneCare is mentioned in this article in the context of providers being concerned about the gap between when the All-Payer Model ends and AHEAD begins.

Government Relations

Green Mountain Care Board

On Friday January 17 the GMCB voted to tri-sign the agreement to participate in the AHEAD model along with AHS and the Governor's office. The agreement however delays participation and will instead start with Cohort 2 beginning in January of 2027. Additionally, there were stipulations set for by Chair Foster that needed to be met for the GMCB to be satisfied to continue moving forward and if at any time these stipulations were not met, he and Member Murman in consultation with staff could decide to terminate without further board deliberation or vote. These stipulations included additional GMCB staffing for the model over the next 2/3 years; The boards Global Budget methodology or an agreed upon methodology being accepted by CMMI; The GMCB retains Independence and all regulatory duties under the model; Vermont Hospitals that directly or indirectly financially support non-Vermont hospitals or are owed money from non-Vermont hospitals are prohibited from joining the model.

On January 29, the GMCB was presented DVHA's proposed Qualified Health Plan Designs for 2026 which they approved unanimously at its February 5th meeting

State Legislature

On January 28th the Governor released his proposed FY 2026 state budget which proposed to allocate \$4.4 million (total of \$10.8 million with federal funds) from the General Fund make up for the Blueprint and SASH funding from Medicare that will no longer flow through the ACO when the All Payer Model concludes at the end of 2025. He also included \$4 million General

Funds in sustainability grants for mental health and substance use residential treatment facilities and another \$2 million increase for health care transformation contracts as a continuation of Act 167 and \$300,000 to enhance the Green Mountain Care Board (GMCB) regulatory capabilities to oversee health care reform efforts, supporting the addition of 3 new positions. He also earmarked \$5.2 million for the CY2023 Accountable Care Organization (ACO) settlement

The house and senate healthcare committees are well underway hearing testimony from many stakeholders regarding a number of bills. On February 5th both Senate and House health committees held a Joint Hearing on the state of Healthcare in Vermont which included outside Academic speakers as well as AHS Healthcare Reform Team and the Green Mountain Care Board. The hearing can be viewed [here](#) and [here](#):

Since then, the health committees had introductions and testimony from various sectors of the health care system including EMS and Medicaid Transport, VITL and the Vermont Pharmacist Association. They also start to dig more into substantive policy discussions around Health Care Reform, Act 167, Reference Based Pricing and mental health. Both Committees are also considering legislation on Certificate of Need Reform (CON), which would raise the thresholds to trigger a CON, and the regulation of freestanding birth centers, which would be exempt from the CON requirements under the bill as currently drafted.

This week Senator Lyons has introduced a bill modifying the regulatory duties of the GMCB, [S.63](#) which would remove VITL oversight from the GMCB, would revise ACO regulations around certification and budget extensively, and makes changes to the Hospital Budget review and appeals process. Senator Lyons has also provided an outline of what likely will be in her [annual healthcare reform bill](#) which will focus on:

- Directing the GMCB and AHS to develop a Statewide Health Care Delivery Plan which ties in with ongoing Act 167 transformation planning
- Directing GMCB and AHS to evaluate the current health system performance.
- Directing VITL to develop an EMR system for patient, provider and payer access.
- Directing GMCB to start to plan for moving towards Reference-based pricing; setting Total cost of care targets; implementing Global hospital budgets and creation of a reverse CON process for the elimination of hospital services as well as independent hospital audits.
- Creates fifteen new positions at GMCB over the next 3-years.

Outreach and Advocacy

Health Care Value Week

Health Care Value Week returns from February 24 – 28. This year, Health Care Value Week is set to offer diverse chances for stakeholders, health care leaders, and government officials to participate in critical discussions concerning the progress of health care value. This approach prioritizes patients' health outcomes over the quantity of visits and treats people as whole

individuals, not just a set of symptoms. To access the latest event schedule, and register, please visit www.hcvalueweek.org.

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Questions? Contact OneCare Public Affairs using the [Contact Us](#) form on our website or email us at public@onecarevt.org.