Board of Managers Meeting

Tuesday, 3/18/2025
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 Items Presented By: Jennifer Gilwee (4:02-4:05)**
   Motion and Vote to Approve Consent Agenda Items – Majority Required
   3a. 2025-03 Public Consent Agenda Cover Page - Page 3
   3b. 2025-02 OneCare Board Public Session Minutes - Page 4
   3c. 2025-03 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. Participation Waiver for Funded Project for Primary Care Health Partners - Page 10
   3f. 2025-03 Summary of Policy Changes - Public Session - Page 12
   3g. 01-01 Subcontractor Management - Page 13
   3h. 08-01 Board of Managers Nomination - Page 16
   3i. 08-02 Governance - Page 20
   3j. 08-03 Governance of OneCares Presence in Social Media - Page 23
   3k. Proposed Medicare Annual Wellness Target Change - Page 26

4. **PUBLIC: Regional Clinical Representative: Report from the Field Presented By: Carrie Weigand, Dr. Lance Broy (4:05-4:15)**
   4a. 2025-03 Regional Clinical Representative Report from the Field Lance Broy - Page 27

5. **PUBLIC: Patient and Family Advisory Committee Report Presented By: Carrie Weigand, Brian Harwood (4:15-4:25)**

6. **PUBLIC: Population Health Model (PHM) Performance Update Presented By: Carrie Weigand, Jodi Frei, Kiah Palumbo (4:25-4:50)**
   6a. Population Health Model (PHM) Performance Update - Page 30

7. **PUBLIC: Public Comment (4:50-4:55)**

8. **PUBLIC: Move to Executive Session Presented By: Jennifer Gilwee (4:55-5:00)**
   Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required
   8a. 2025-03 Resolution to Move to Executive Session - Page 35

14. **PUBLIC: Votes Presented By: Jennifer Gilwee (5:55-6:00)**
    1. Approve Executive Session Consent Agenda Items - Majority Required
    2. Approve Retention Model for Director Level and Below – Supermajority Required
    3. Promote Compliance with GMCB Certification Requirements – Supermajority Required
    4. Approve PHM Bonus Program Modifications for PY2025 and corresponding update to policy 04-19-PY25 – Supermajority Required

15. **PUBLIC: Adjourn Presented By: Jennifer Gilwee (6:00)**

16. **PUBLIC FYI Documents**
    18a. 2025-03 Public Affairs Report - Page 68

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

March 18, 2025

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft Public Session Minutes February 18th, 2025	Review and approval of prior month's minutes.
c. Board Committee Reports March 2025	Summary of Board subcommittee meetings from the past months.
d. Participation Waiver for UVMMC to Pay for Skilled Nursing Facility Care for Patient Discharged to Burlington Health and Rehab	Participation waiver for patients discharged from UVMMC to Burlington Health and Rehab.
e. Participation Waiver for Funded Project for Primary Care Health Partners	Participation waiver for Primary Care Health Partners to use $3000 from OneCare to purchase N-Crypt software that will allow it to send encrypted email to patients direct from the electronic medical record.
f. Summary of Policies **g.** 01-01 Subcontractor Management **h.** 08-01 Board of Managers Nomination **i.** 08-02 Governance **j.** 08-03 Governance of OneCare Vermont's Presence in Social Media	Review and approval of policies.
k. Proposed Medicare Annual Wellness Target Change	It is proposed to increase the Medicare Annual Wellness target from 51.8% in 2024 to 56.9% for 2025.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
February 18, 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 February 18, 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 4:01 p.m. She welcomed John Sayles back to the board as the MVP consumer representative. She also made note of an additional item added to the consent agenda after the initial board packet was posted.

II. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from January 21, 2025; (2) Board Committee Reports February 2025; (3) Participation Waiver for UVMMC to Pay for Skilled Nursing Facility Care for Patient Discharged to Burlington Health and Rehab, and (4) Request for Policy Exception from the OneCare VT Board of Managers for Rutland Center for Living.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by T. Dee, seconded by T. Huebner, and approved via majority.

III. Governance

Aaron Perry, Chief Legal Counsel, discussed the legal requirements for the composition of the board. The board was one seat short of the required number of UVMHN appointed seats, and UVMHN determined it was best to move Jessica Moschella over from an at-large seat into a UVMHN appointed seat.

A Motion to Recognize Seating of UVMHN Appointed Managers was made by J. Peterson, seconded by S. LeBlanc, and approved via supermajority.

IV. CMO Opening Remarks

Dr. Carrie Weigand (previously Carrie Wulfman), Chief Medical Officer, provided the board with several timely updates. First, she discussed the Population Health Model (PHM) push plan, which involves meeting targets for the PHM in 2025. She then discussed the regional clinical representative (RCR) program. OneCare has budgeted up to 12 RCRs, with nine currently in place. She noted the geographic areas in need of an RCR and asked for support with recruitment. Dr. Weigand noted that there is more to come on the PHM push plan and RCR work at the March board meeting. She also indicated an intention to bring a proposal forward for additional provider incentive opportunities related to meeting performance improvement goals separate from meeting targets. Management is currently analyzing the opportunity cost and potential fiscal impact as this will inform their recommendation. Dr. Weigand concluded by providing an overview of the work to promote fraud and abuse waivers funding for 2025.

V. Public Comment

An opportunity for public comment was offered.

VI. Move to Executive Session

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

VII. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items – approved by supermajority.
2. Approve 2025 Corporate Goals – approved by supermajority.
3. Approve December 2024 Financial Statements - approved by supermajority.

VIII. Adjournment

The meeting adjourned at 4:42 p.m.

Attendance:

OneCare Board Managers

Present:

Judy Peterson	Coleen Condon	Toby Sadkin, MD
Steve LeBlanc	Tom Dee	Judi Fox
Dick Courcelle	Jessica Moschella	Jen Gilwee, MD
John Sayles	Tom Huebner	Sandy Rousse
Michael Costa		

M. Costa joined at 4:17 p.m.

J. Moschella joined at 4:35 p.m.

Absent:

Sierra Lowell	Adriane Trout, MD	

OneCare Leadership and Staff

Present:

Lucie Garand	Amy Bodette	Kellie Hinton
Sara Barry	Aaron Perry	Carrie Weigand
Kim Douglas	Regina Alexander	

OneCare Board of Managers Committee Reports

March 2025

Executive Committee (meets monthly)
The Executive Committee meeting was canceled in March.

Finance Committee (meets monthly)
At its March 12th meeting, the committee endorsed changes to the 04-19-PY25 Population Health Model and Payments PY 2025 policy, discussed financial matters, and received updates on legislative activity. The committee is scheduled to meet next on April 9th, 2025.

Population Health Strategy Committee (meets monthly)
At its March 10th meeting, the committee discussed OneCare's 2025 corporate goals, endorsed a target change for the Medicare Annual Wellness measure, and reviewed the mental health screening initiative and the Arcadia January release executive report. They also endorsed changes to the 04-19-PY25 Population Health Model and Payments PY 2025 policy. The committee is next scheduled to meet on April 14th, 2025.

Patient & Family Advisory Committee (meets monthly)
The February meeting was canceled. The committee is next scheduled to meet on March 25th, 2025.

Audit Committee (meets quarterly)
The committee is next scheduled to meeting on March 25th, 2025.

OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for UVMMC to Pay for Skilled Nursing Facility Care for Patient Discharged to Burlington Health and Rehab March 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 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 acute care out of 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 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 the cost of up to 90 days stay for a patient discharged to Burlington Health and Rehab, a skilled nursing facility during the time the patient's Choices for Care/Long Term Care Medicaid application is pending. The patient has been in acute care for over 55 days, despite acute care not being medically necessary and skilled nursing being the appropriate level of care for the patient.

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Invoking
Participation Waiver for Funded Project for
Primary Care Health Partners

March 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 contract;

WHEREAS, the waivers are intended to provide OneCare with flexibility to create arrangements that increase success in value-based care and that might not be permitted under the current federal and state health care regulatory schemes or that might be easier to accomplish without some of the strict requirements of those regulatory schemes; and

WHEREAS, OneCare has set the use of Fraud and Abuse Waivers to promote healthcare delivery system innovation as a strategic goal that will further the core activities of the ACO and further performance on established metrics for measuring quality, cost of care and access to care; and

WHEREAS, the Board of Managers has set aside funding for the use of Fraud and Abuse Waivers to promote performance on priority quality measures and delivery system goals, and awarded funding to the above project that will involve a Participation Waiver; 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:

The OneCare Board of Managers has duly authorized the arrangement below and made a bona fide determination that the arrangement is reasonably related to one or more of the above ACO Activities, including managing and coordinating care, accountability for quality, cost and overall care, and encouraging investment in re-designed care processes for high quality and efficient service delivery. The Board wishes to extend the protections afforded under the ACO Participation Waiver to the arrangement described below.

1. Primary Care Health Partners will use $3000 from OneCare to purchase N-Crypt software that will allow it to send encrypted email to patients direct from the electronic medical record. This software meets information blocking and HIPAA regulatory requirements.

Board of Managers Summary of Policy Changes
Public Session
March 2025

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

- **01-01 Subcontractor Management**
  - **Purpose:** To ensure that OneCare oversees and manages its contractual relationships with organizations that are "Subcontractors" as defined by the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access and the Vermont Medicaid Next Generation Program Agreement, as required by that agreement, and in compliance with applicable law, regulation and rules.
  - **Key Changes:** No substantive edits.
  - **Committee Endorsement:** N/A

- **08-01 Board of Managers 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

- **08-03 Governance of OneCare Vermont's Presence in Social Media**
  - **Purpose:** To outline the guidelines for engagement with social media by OneCare employees.
  - **Key Changes:** No substantive edits.
  - **Committee Endorsement:** N/A

Policy Number & Title:	01-01 Subcontractor Management
Responsible Department:	Legal
Author:	Aaron Perry, Chief Legal Counsel
Original Implementation Date:	January 1, 2017
Board Approval Date:	March 18, 2025
Revision Effective Date	March 18, 2025

I. **Purpose:** To ensure that OneCare oversees and manages its contractual relationships with organizations that are "Subcontractors" as defined by the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access ("DVHA") and the Vermont Medicaid Next Generation Program Agreement ("VMNG Agreement"), as required by that agreement, and in compliance with applicable law, regulation and rules.

II. **Scope:** Applicable to OneCare and any entity that is a Subcontractor as defined by the Vermont Medicaid Next Generation Program Agreement (State of Vermont Contract for Personal Services #42438) ("VMNG").

III. **Definitions:** Capitalized terms have the same definition as defined in OneCare's *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Authorized Representative of the State means employees of the Agency of Human Services and agents acting on behalf of the Agency of Human Services in furtherance of the VMNG.

Oversight means the regular review and assessment of Subcontractor's performance of its obligations under the Subcontract, through onsite or remote review of performance; review and analysis of data or reports and/or implementation and monitoring of corrective action/performance improvement plans.

Subcontract is a written contractual agreement between OneCare and a Subcontractor for performance of work under the VMNG, specifying the work to be performed and remedies for unsatisfactory performance.

Subcontractor means a party to a Subcontract, but not including OneCare. The following entities are not Subcontractors and are excluded from the requirements and oversight of this Policy: Participating Providers, Preferred Providers and Participating Practices and their respective employees; software vendors (except software as a service); entities related to office space, maintenance, equipment and supplies; attorneys, auditors, accountants, actuaries, insurers and brokers, bankers and lenders; and Medicaid enrolled providers when providing services to Medicaid enrolled beneficiaries in connection with the VMNG.

IV. **Policy:**

A. Responsibilities

1. OneCare shall oversee the activities of Subcontractor and submit an annual report on its Subcontractors' compliance, corrective actions and outcomes of OneCare's monitoring activities to DVHA. In addition to this Policy, OneCare will have procedures addressing auditing and monitoring of Subcontractor's data, data submissions and performance.

2. All Subcontracts shall require that the Subcontractors indemnify and hold harmless the State of Vermont, its officers and employees from all claims and suits, including court costs, attorney's fees and other expenses, brought because of injuries or damage received or sustained by any person, persons, or property that is caused by an act or omission of OneCare and/or the

Subcontractor. The Subcontracts shall also provide that the State of Vermont shall not provide such indemnification to the Subcontractor.

3. OneCare will monitor the financial stability of any Subcontractor whose payments are equal to or greater than five percent (5%) of DVHA's annual Value Based Care Payments to OneCare. For these Subcontractors, One Care will annually obtain and use the following information to monitor the Subcontractor's performance: audited financial statements including statement of revenues and expenses, balance sheet, cash flows and changes in equity/fund balance. OneCare will make these documents available to DVHA upon its request or during site visits.

4. OneCare shall ensure that all Subcontracts comply with all requirements of Section 2.8 of the VMNG; 42 C.F.R. § 438.230 and 42 C.F.R. § 434.6.

5. Prior to signing a Subcontract after March 1, 2022, OneCare will complete Subcontractor Compliance Form found at Appendix I of the VMNG and seek the State's approval to enter into the Subcontract. OneCare shall not enter into Subcontracts without the State's approval.

6. OneCare will require Subcontractors to attest they are in full compliance with the Standard State Contracting provisions at Attachment C of the VMNG and the Agency of Human Services Contracting provisions at Attachment F of the VMNG regarding worker classification, fair employment practices and the Americans with Disabilities Act, taxes due to the State of Vermont, child support orders and debarment.

7. Subcontracts shall provide:
   i. That AHS, CMS, the HHS Inspector General, the Comptroller General or their designees shall have the right to audit, evaluate and inspect any books, records, contracts, computer or other electronic systems of Subcontractor, or the Subcontractor's contractor, that pertain to any services or determinations of amounts payable. For purposes of such an audit, Subcontractor shall make available its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medicaid beneficiaries.

   ii. The right to audit will exists through 10 years from the final date of the VMNG or from the date of completion of any audit, whichever is later.

   iii. If an Authorized Representative of the State, CMS or the HHS Inspector General determines there is a reasonable possibility of fraud or similar risk, an Authorized Representative of the State, CMS, or the HHS Inspector General may inspect, evaluate and audit the Subcontractor at any time.

8. Subcontracts shall contain the following provisions from Attachment C to the VMNG: Section 10 (False Claims Act); Section 11 (Whistleblower Protections); Section 12 (Location of State Data); Section 14 (Fair Employment Practices and Americans With Disabilities Act); Section 16 (Taxes Due the State); Section 18 (Child Support); Section 20 (No Gifts or Gratuities)(; Section 22 (Certification Regarding Debarment); Section 30 (State Facilities); and Section 32.A (Certification Regarding Use of State Funds).

9. Subcontracts shall contain the following provisions from Attachment F to the VMNG: Section 4 (Workplace Violence Prevention and Crisis Response for Subcontractors who provide social or mental health services directly to individuals); Section 5 (Non-Discrimination); Section 6 (Employees and Independent Contractors); and Section 7 (Data Protection and Privacy).

10. OneCare will evaluate a prospective Subcontractor's ability to perform activities or obligations under the VMNG.

11. Subcontractors will fulfill all state and federal requirements appropriate to the activities they are performing.

12. Any Subcontractor who provides direct services to Medicaid beneficiaries shall meet the same requirements as OneCare with respect to the VMNG, including quality improvement goals and performance improvement activities.

13. To the extent OneCare has a question about whether an organization is a Subcontractor, it shall ask DVHA and provide a reasonable description of the arrangement.

14. OneCare will bind any Subcontractor with whom it shares PHI from Medicaid claims to the terms of the DVHA Business Associate Agreement.

15. OneCare will include its procedure for *Compliance Debarment Screening* in the Compliance Plan submitted to DVHA at the start of each Program Year, which includes its process for monitoring Subcontractors for debarred employees.

V. Review Process: This policy will be reviewed in accordance with Policy 06-03 Policy Management and in accordance with the Contract for Personal Services with the State of Vermont, Department of Vermont Health Access (VMNG).

VI. References

- OneCare's Policy and Procedure Glossary
- Contract for Personal Services with the State of Vermont, Department of Vermont Health Access (VMNG)
- 42 C.F.R. § 438.230
- 42 C.F.R. § 434.6

VII. Related Policies/Procedures:

- 05-01 Contract Management Policy

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

Director, ACO Contracting	Date
Chief Legal Counsel	Date
Chief Operating Officer	Date

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:	March 18, 2025
Revision Effective Date:	March 18, 2025

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 other representative assigned by the Board of Managers, 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 2025 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 in accordance with Policy 06-03 Policy Management and the OneCare 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
- 06-03 Policy Management
- 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

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:	March 18, 2025
Revision Effective Date:	March 18, 2025

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 in accordance with Policy 06-03 Policy Management, 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
- 06-03 Policy Management

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

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

Policy Number & Title:	08-03 Governance of OneCare Vermont's Presence in Social Media
Responsible Department:	Public Affairs
Author:	Aaron Perry, Chief Legal Counsel
Original Implementation Date:	July 18, 2023
Board Approval Date:	March 18, 2025
Revision Effective Date	March 18, 2025

I. Purpose: As social media platforms become a dominant form of communication and expression for both individuals and organizations, language, content, and overall behavior posted on those platforms are scrutinized. OneCare Vermont (OneCare) formally participates in social media communities to create awareness and engage various audiences around the impact of our work and to provide trusted information to the participants, providers, patients, their families and the communities we serve. Posting to our official organizational channels is allowed only by designated employees who are a part of the OneCare Public Affairs team or others as designated by a member of the senior leadership team (Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Legal Counsel) and who have authority to speak on behalf of the organization across our social channels.

We recognize that some OneCare employees may wish to participate in various forms of social media on an individual basis using their own personal accounts or in placing comments on other accounts, including the official accounts of OneCare. While "posts" on an employee's personal account are not monitored by OneCare, content, language and behavior on those accounts reflect back both on the individual and OneCare. The OneCare Public Affairs team routinely monitors responses posted to OneCare official channels.

All employees are representatives of OneCare, even when they are not working. The way we interact with the community in our personal capacity has the potential to impact the community's trust in the work we do and also reflects on those who are providing care or engaging in our work. Additionally, the content we post on social media may impact our colleagues and, as a result, our work environment. We expect all employees to engage respectfully and responsibly on social media.

The OneCare Public Affairs team, acting on behalf of OneCare, actively monitors social media content posted to its social media channels and also receives communications from community members via social media. While OneCare does not monitor employee social media usage outside of its owned channels, it does receive communications from time to time from other employees and members of community regarding an employee's social media posts.

Regardless of where a OneCare employee may post a comment or response, employees must at all times take care to adhere to both the OneCare Code of Conduct and the UVM Health Network Code of Conduct, respect the privacy of our patients and their families, and protect organizational business information and other proprietary information.

II. Scope: Applicable to the OneCare Workforce.

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

IV. Policy: OneCare employees who engage in social media through any form of posting or comment are responsible for adhering to the OneCare Code of Conduct, the UVM Health Network Code of Conduct, and the social media guidelines outlined below.

A. Social Media Guidelines

1. Professional use of social media for approved business purposes

OneCare has designated certain employees to represent the organization on our official social media channels. These employees have approval and permission from OneCare's CEO to represent OneCare and have been trained to participate as part of their professional role with the organization.

2. Use of Social Media while on break or personal time.

Responsible personal use of social media at work during break or personal time is allowed. Employees are responsible for adhering all applicable OneCare and UVM Health Network Information Security and Privacy policies. Employees who are unclear regarding what is reasonable use given their position should speak with their leader. Social media activity must not interfere with your work commitments, performance, productivity and responsibilities.

3. Personal Use of Social Media

Patient confidentiality is at the heart of healthcare. HIPAA and privacy rules and regulations apply in every situation and at all times. *Under no circumstances are employees allowed to share information or details about a patient that they learned in the course of their work.*

- Avoid hate speech: "Hate speech" includes any communication or endorsement of someone else's communication that is derogatory toward a group of people based on their race, ethnicity, nationality, religion, sexuality, gender or disability. Even when you are using a personal account, your social media activity could be seen by others who participate in and rely on our organization or by patients or potential patients, who entrust UVM Health Network with their care. *Employees who make express or implied threats of harassment or physical harm, or who choose to post hateful, racist, or discriminatory content on social media platforms may be subject to corrective action, up to and including termination of employment*.

- Sharing OneCare proprietary business information is prohibited. Public disclosure of any confidential business information on social media is a violation of OneCare policies.

- When commenting on OneCare in your personal capacity from a personal social account, make it clear that you are speaking for yourself and not on behalf of the organization; use a disclaimer such as *"the views expressed here are my own and do not necessarily represent the views of OneCare Vermont."*

- Do not represent OneCare in a false or misleading way.

- Use common sense and courtesy. For more information, please refer to the OneCare Code of Conduct and the UVM Health Network Code of Conduct.

- Trademarks and copyrighted materials may only be used with written permission. Only use text, photos, graphics, videos or other materials if you have the written permission of the owner. Employees must receive permission from the OneCare Public Affairs team prior to posting any photos, video, audio, or other materials taken on or at OneCare or UVM Health Network facilities and involving OneCare or the UVM Health Network.

4. **Moderating Social Media Content**
   As noted earlier, OneCare monitors its own social media channels and in some instances where its name appears in posts or comments. In certain forums belonging to OneCare, we may have the ability to moderate comments online. While OneCare welcomes participation and honesty, the organization reserves the right to remove comments and moderate content in forums we control.

Any employee who is not adhering to this policy will be subject to corrective action, up to and including termination. Nothing in this policy is intended to or will be applied in a manner that limits employees' rights to engage in protected concerted activity as prescribed by the National Labor Relations Act.

V. Review Process: This policy shall be reviewed in accordance with Policy 06-03 Policy Management and updated to be consistent with revisions in OneCare and UVM Health Network Policies, laws, regulations and contractual requirements.

VI. References:

- OneCare's Policy and Procedure Glossary
- OneCare Code of Conduct
- UVM Health Network Code of Conduct

VII. Related Policies/Procedures:

- 06-03 Policy Management

Location on SharePoint: Department: Policies, Category: Active

Management Approval:

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

Proposed Medicare Annual Wellness Target Change

It is proposed to increase the Medicare Annual Wellness target from 51.8% in 2024 to 56.9% for 2025. This change is based on the 50% percentile of all accountable care organizations nationally.

Regional Clinical Representative: Report from the Field

Dr. Lance Broy

March 2025

OneCare Vermont

onecarevt.org

Dr. Lance Broy
Value-Based Care Engagement: Morrisville

Regional Clinical Representative:

- Lance Broy, MD covering Lamoille Health Partners and North Country Hospital Primary Care practices

Current Performance Improvement Initiatives:

- To adjust processes to improve the HEDIS HTN measure

Activities:

- Campaign to call every patient with hypertension to ensure they have six-month follow-up visits
- Work with Community Health Team to have follow up calls with patients who have poorly controlled blood pressure

Next Steps:

- Attend the FM provider meetings and review their processes for measuring and follow up on their HTN patients
- Discuss standardization to recheck blood pressures before patients leave their appointments if elevated when they arrive
- Discuss potential uniform departmental treatment guidelines

Dr. Lance Broy
Value-Based Care Engagement: Newport

Regional Clinical Representative:

- Lance Broy, MD covering Lamoille Health Partners and North Country Hospital Primary Care practices

Current Performance Improvement Initiatives:

- To adjust processes to improve the HEDIS HTN measure

Activities:

- Providing a patient education folder to improve HTN control
- Adding a self referral form to the packet to increase dietician referrals

Next Steps:

- Providers to continue to hand out folders that are housed in the exam rooms
  - Track number of folders prepared vs the number of folders given to patients
- Track number of new dietician referrals

Population Health Model (PHM) Performance Update

March 2025

Carrie Weigand, CMO
Jodi Frei, Director of Data Services
Kiah Palumbo, Director of Value Based Care

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EXECUTIVE SUMMARY

QUALITY PROGRESS - THRU OCT 2024

MEASURE	PERFORMANCE		PRIOR PERIOD	TREND	TARGET
Developmental Screening: 0-3y	✓ 72.0%	2,873 / 3,988	70%		52%
ED Follow-Up: Chronics	✗ 52.5%	3,353 / 6,388	52%		56%
Medicare Annual Wellness Visit	✗ 46.7%	16,497 / 35,350	47%		52%
Well-Care Visits: ages 3-21	✓ 67.6%	29,212 / 43,191	67%		65%

HYPERTENSION SELF-REPORT - THRU AUG 2024

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

Target: 69.37%.

METRIC	NUM	DENOM	RATE
HTN Blood Pressure Control	80,321	118,270	67.91%
Practices Meeting Target	51	96	53%

MEDICAID REPORTED DATA - THRU JUN 2024

Data displayed below are provided by the Department of Vermont Health Access (DVHA).

MEASURE	NUM	DENOM	RATE	TARGET
IET Initiation	707	1,917	36.88%	44.51%
IET Engagement	289	1,917	15.08%	19.01%
ED Follow Up: Substance Use	251	435	57.70%	49.40%
IP Follow Up: Mental Illness	344	696	49.43%	46.99%
ED Follow UP: Mental Illness	463	565	81.95%	73.12%

POPULATION HEALTH MODEL QUALITY MEASURES

Developmental Screening in the First 3 Years of Life: The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.
Measure version: CMS Child Core CDEV - Measure DEV-CH
Entities: Pediatric Primary Care and Family Medicine Practices

Hypertension - Controlling High Blood Pressure: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement year.
Measure version: NCQA, HTN-2/HEDIS CBP
Entities: Adult Primary Care and Family Medicine Practices

Follow-Up After Emergency Department Visit for People with Multiple Chronic Conditions: The percentage of emergency department visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.
Measure version: HEDIS FMC
Entities: All Primary Care Practices, Designated Agencies, Home Health, and Area Agencies on Aging

Medicare Annual Wellness Visits: The percentage of eligible Medicare enrollees who have a Medicare Annual Wellness visit within the past 12 months.
Measure version: CMS
Entities: Adult Primary Care and Family Medicine Practices

Child and Adolescent Well-Care Visits: The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Measure version: HEDIS WCV
Entities: Pediatric Primary Care and Family Medicine Practices

Initiation of Substance Use Disorder Treatment: The percentage of new substance use disorder episodes that result in treatment initiation with 14 days.
Measure version: HEDIS IET
Entities: All Primary Care Practices

Engagement of Substance Use Disorder Treatment: The percentage of new substance use disorder episodes that result in treatment engagement within 34 days of initiation.
Measure version: HEDIS IET
Entities: All Primary Care Practices

30 Day Follow-Up After ED Visit for Substance Use: The percentage of emergency department visits for members 13 years and older with a principle diagnosis of substance use disorder, or any diagnosis of drug overdose, for which there was follow up.
Measure version: HEDIS FUA
Entities: Designated Agencies

30 Day Follow-Up After Emergency Department Visit for Mental Illness: The percentage of emergency department visits for members 6 years and older with a principle diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.
Measure version: HEDIS FUM
Entities: Designated Agencies

7 Day Follow-Up After Hospitalization for Mental Illness: The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider.
Measure version: HEDIS FUH
Entities: Designated Agencies

EXECUTIVE SUMMARY
DISCLAIMERS

OneCare Vermont

ONECARE DATA DISCLAIMER

All data and reports produced by OneCare VT are for the sole use of OneCare and its ACO Participants, Preferred Providers and Collaborators ("Network") for the purposes of ACO activities (clinical treatment, care management and coordination, quality improvement activities and provider incentive design and implementation) only. This is confidential information that cannot be copied or shared outside of OneCare or its Network or for purposes other than promoting OneCare's ACO Activities without written consent from OneCare. All uses of and access to OneCare's data are subject to the confidentiality, data use and privacy obligations in the recipients' binding contracts and Business Associate Agreements with OneCare.

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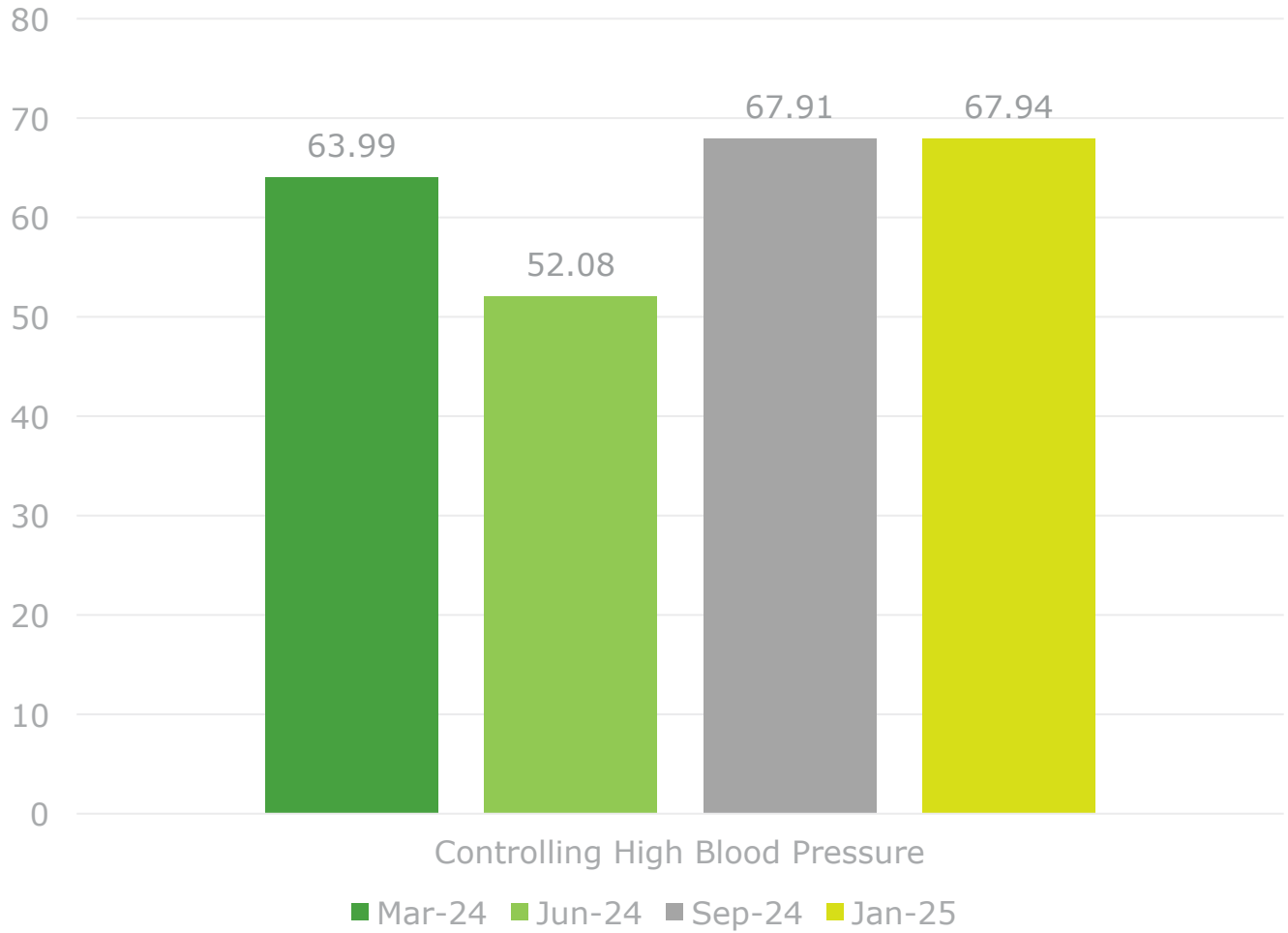
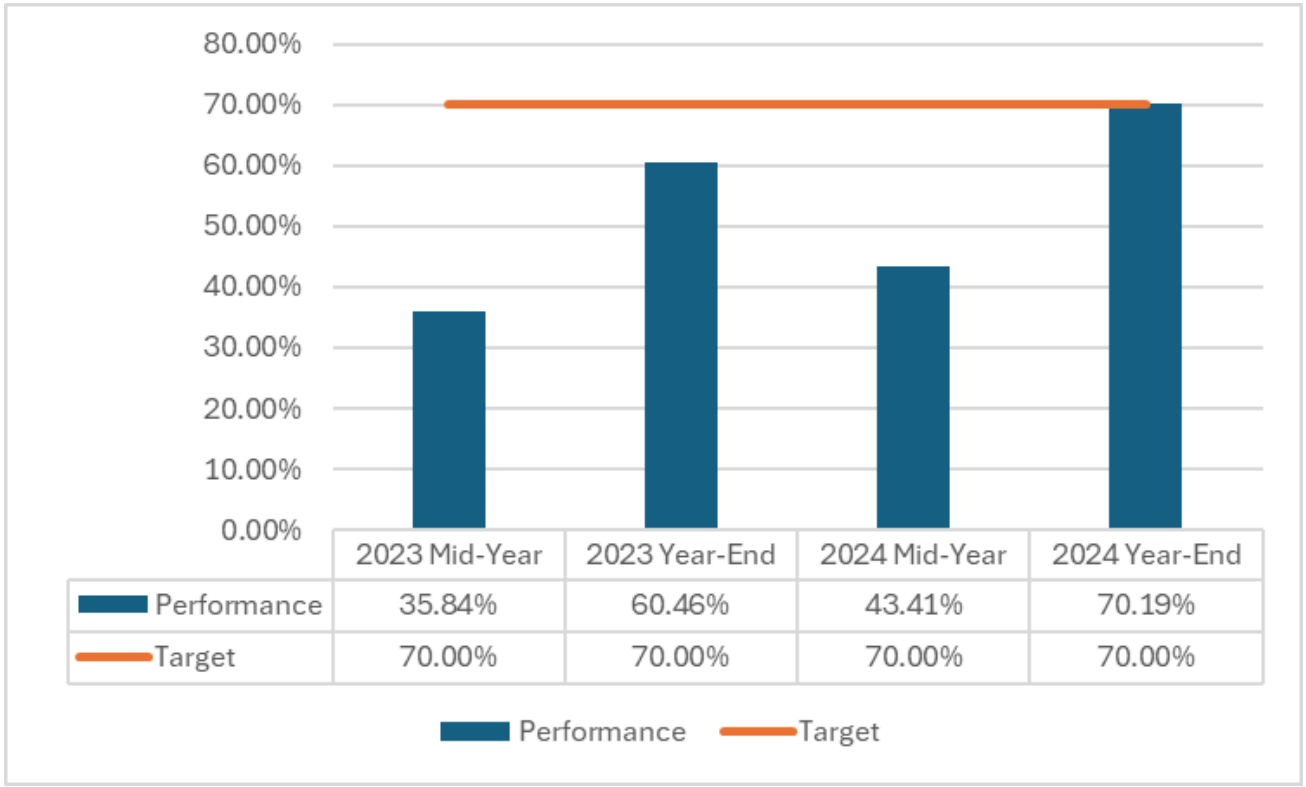
Rates of Controlled Hypertension 2024



Hypertension Self-Report Measure: Thru December 2024
Source: VBC Data Collection Tool

Mental Health Screening Rate Improvement 2023-2024

- The OneCare Mental Health Screening Initiative was a financial incentive program aimed at improving the statewide mental health screening rate for PCPs
- Achieved network-wide screening target by end of PY 2024
- 65 practice sites reported screening rates above the target at the end of PY24 (compared to only 31 at the end of PY23)



	2023 Mid-Year	2023 Year-End	2024 Mid-Year	2024 Year-End
Performance	35.84%	60.46%	43.41%	70.19%
Target	70.00%	70.00%	70.00%	70.00%

OneCare Vermont

OneCare Vermont Accountable Care Organization

Board of Managers Resolution to Move to Executive Session

March 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 | March 2025

Media Coverage

VAHHS: Busy week ahead as policy committees work on budget priorities

February 24, 2025, Vermont Biz
OneCare is mentioned in a Green Mountain Care Board budget update regarding the proposed 17% increase over last year to cover three positions to focus on quality and access, noting that it will increase billing to hospitals to make up for the loss of revenue from OneCare Vermont.

Government Relations

Green Mountain Care Board

On February 19, the GMCB staff presented the initial draft of the PY 2026 Hospital Budget guidance. Public comment is open to till March 25th and the GMCB will potentially vote on the Guidance on March 26.

On February 21 the GMCB heard from UVMMC and GMCB Staff on UVMMC's request for a FY 2025 Budget adjustment which would allow them to keep open and continue to operate the Kidney Dialysis clinics in Rutland, St. Albans and Newport. The GMCB voted to approve the budget adjustment on a 3-2 vote.

On March 5th, Dr. Peter Pronovost from University Hospitals System in Ohio gave a presentation on how to change culture and accelerate organizational change from within at the hospital system level.

State Legislature

The legislature has returned from its town meeting break last week gearing up for the second half of the session that sees crossover of policy bills on March 14th with fiscal bills crossing over the following week on March 21st

On Mach 12, the legislature sent the Governor their annual Budget Adjustment Act after the Senate and House conference committee ironed out their differences.

The legislature's proposal allocates $1.8 million to preserve expanded eligibility for the state's emergency motel housing program, which currently shelters about 1,400 vulnerable Vermonters. It also includes:

- Funds caseload and utilization adjustments in the Agency of Human Services.
- Funds various costs at the Vermont Veterans' Home, including $5.9 million General Fund for traveling nurses.
- Provides $21.0 million for nursing home emergency fiscal relief.
- Provides $24.5 million for nursing home Medicaid bed day adjustment.
- Provides $10 million for provider stabilization grants for Medicaid providers.

As expected, the Senate Health and Welfare Committee released their comprehensive healthcare reform bill the week before town meeting break. It's still in working form and has not been assigned a bill number but the bill can be viewed here: As noted in last month's PA report the bill focuses on the following:

- 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.

In House Health Care, the Committee heard testimony about Oregon and Montana's experience with reference-based pricing. Montana limited RBP to state employees and emphasized the importance of transparency and stakeholder engagement. While Oregon noted savings, they also indicated that smaller hospitals were exempted because of volumes, access, and recognition of the cost-based reimbursement for Critical Access Hospitals.

Outreach and Advocacy

No media hits since last board meeting.

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.