Board of Managers Meeting

Tuesday, 6/10/2025
5:00 - 6:00 PM ET

1. **PUBLIC: Welcome Board Managers, Invited Guests, and Members of the Public Presented By: Jennifer Gilwee (5:00-5:01)**
2. **PUBLIC: Call to Order and Board Announcements Presented By: Jennifer Gilwee (5:01-5:02)**
   Summer Board Cadence
3. **PUBLIC: Consent Agenda Items Presented By: Jennifer Gilwee (5:02-5:05)**
   Motion and Vote to Approve Consent Agenda Items – Majority Required
   3a. 2025-06 Public Consent Agenda Cover Page - Page 3
   3b. 2025-05 OneCare Board Public Session Minutes - Page 4
   3c. 2025-06 Board Committee Reports - Page 8
   3d. 06-2025 Summary of Policy Changes - Public Session - Page 9
   3e. 2025-06 01-02 Conflict of Interest - Page 10
   3f. Participation Waiver for UVMMC to Pay for Skilled Nursing Care for Patients Discharged to Burlington Health and Rehab - Page 16
4. **PUBLIC: PHM P24 Practice Performance Analysis Presented By: Carrie Weigand (5:05-5:15)**
   4a. PHM P24 Practice Performance Analysis - Page 18
5. **PUBLIC: CMO Update Presented By: Carrie Weigand (5:15-5:20)**
   HSA Consultation Report Out
   Waivers
6. **PUBLIC: Legislative Changes to ACO Regulation Presented By: Aaron Perry (5:20-5:25)**
7. **PUBLIC: Regional Clinical Representatives: Reports from the Field Presented By: Carrie Weigand, Jeremiah Eckhaus, Keith Robinson (5:25-5:40)**
   7a. 2025-06 RCR Reports from the Field - Page 25
8. **PUBLIC: Public Comment (5:40-5:45)**
9. **PUBLIC: Move to Executive Session Presented By: Jennifer Gilwee (5:45-5:46)**
   Motion and Vote to Approve Resolution to Move to Executive Session – Majority Required
   9a. 2025-06 Resolution to Move to Executive Session - Page 29
11. **PUBLIC: Votes Presented By: Jennifer Gilwee (5:56-6:00)**
    1. Approve Executive Session Consent Agenda Items - Majority Required
12. **PUBLIC: Adjourn Presented By: Jennifer Gilwee (6:00)**
13. **PUBLIC FYI DOCUMENTS**
    15a. 2025-06 Public Affairs Report - Page 57

OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Session

June 10, 2025

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft Public Session Minutes May 20th, 2025	Review and approval of prior month's minutes.
c. Board Committee Reports June 2025	Summary of Board subcommittee meetings from the past months.
d. Summary of Policies **e.** 01-02 Conflict of Interest	Review and approval of policies.
f. Participation Waiver for UVMMC to Pay for Skilled Nursing Care for Patients Discharged to Burlington Health and Rehab	Review and approval of participation waiver.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
May 20, 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 May 20, 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.

II. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from April 15, 2025; (2) Board Committee Reports May 2025; (3) Resolution Invoking Participation Waiver for UVMMC to Pay for Skilled Nursing Care for Patient Discharged to Burlington Health and Rehab; (4) Resolution Invoking Participation Waiver for Funded AI Scribe Testing by Cold Hollow Family Practice; (5) Resolution Invoking Participation Waiver for RRMC to Pay for Skilled Nursing Care for Patient Discharged to Rutland Center for Living & Rehabilitation; (6) Summary of Policies; (7) 06-19 Complaints, Grievances, and Appeals for Attributed Lives; (8) 07-03 Privacy; (9) 07-07 Code of Conduct; and (10) 07-09 Security.

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 majority.

III. CEO Opening Remarks

Tom Borys, Interim Chief Executive Officer and Chief Financial Officer, discussed the 2025 Primary Care Impact Award, which OneCare won this year for the Comprehensive Payment Reform program. Mr. Borys accepted the award at the Weitzman Institute's annual symposium.

IV. Regional Clinical Representative: Report from the Field

Dr. Carrie Weigand, Chief Medical Officer, introduced Jeri Wohlberg who is a nurse practitioner and Regional Clinical Representative covering Northern Counties Health Care and NVRH primary care practices. They have been focusing on continued performance improvement efforts with FMC (ED follow-up in seven days for patients with multiple chronic conditions) and hypertension provider education and workflow evaluation. For the FMC measure, they have established data feeds/information sharing with hospital/ED, worked on efficiencies of workflow and scheduling to allow greater follow-up/availability, and strategized with staff on roadblocks and challenges and innovations to solve. For the hypertension measure, they hosted provider education sessions and reviewed/shared best practices through provider scorecards. They also provided blood pressure cuff loans for home monitoring.

Next steps will include reviewing FMC and controlling blood pressure data in monthly sessions and establishing adjustments in workflow if required; and reviewing data for additional PHM measures in alignment with FMC review to determine future improvement projects.

V. Governance

Mr. Borys discussed the resolutions to appoint a manager to the Vice Chair Position and acknowledge the appointment of a new board manager by UVMHN.

An opportunity for discussion was offered.

A Motion to appoint a vice chair to the Board of Managers was made by S. Rousse, seconded by S. LeBlanc, and approved via email.

A Motion to acknowledge the appointment of Alicia Jacobs, MD to the Board of Managers was made by S. Rousse, seconded by S. LeBlanc, and approved via email.

VI. Q1 Corporate Goal Performance

Sara Barry, Chief Operating Officer, discussed the progress on corporate goals in the first quarter of 2025. For quality improvement, two of the five Population Health Management measures were met thus far and OneCare successfully partnered with the Vermont Department of Health and Blueprint to align on five key strategies to improve the controlling hypertension measure. In addition, in Q1 over 300 patients directly benefited in Vermont as a result of waivers from OneCare.

Business closure planning is well underway as discussed with the board previously and shared with the Green Mountain Care Board (GMCB) through a budget order deliverable. Key staff for 2026 are being identified with the goal of notifying them by the

end of June. Document retention and destruction planning and implementation is underway and being led by Aaron Perry, Chief Legal Counsel. A budget for 2026 is also in development, pending guidance from the GMCB with a goal of getting review from the board by the end of the summer.

For the people category, all employees were retained, with two transitioning at the beginning of the second quarter to University of Vermont Health Network. This model is working well as those two employees continue to engage in OneCare activities when needed.

For the legacy category, the website is being revamped and will outline OneCare's accomplishments and additional work is taking place to document what will be lost and to share results such as the SNF 3-day waiver success.

VII. Fraud and Abuse and BE Waiver Implementations

Dr. Weigand first briefly reminding the board that waivers allow providers to provide services that might not typically be allowed under fraud and abuse laws. She detailed the providers who are utilizing the waivers and how they are benefiting. Waiver services include wound care services, software, devices, monitors, as well as others. They are also network-wide benefit enhancement waivers. Over 800 patients have benefited from the waivers so far in 2025, well up from the Q1 report of 300 mentioned earlier in the meeting.

Additionally, artificial intelligence software, AI Scribe, will soon be offered to CPR practices starting on July 1st, with allocated funding ($200,000). Remaining funds ($100,000) will be offered for current projects that are making the most impact.

Finally, Dr. Weigand discussed the Medicare 3-day skilled nursing facility waiver. 299 patients have utilized this waiver so far in 2025.

VIII. Compliance Training

Robyn Hoffmann, Compliance Specialist, presented the annual compliance training to the board of managers. She first introduced the work of the compliance program and department and training. She then outlined the seven elements of an effective compliance program and the three fundamental questions from the Criminal Division of the U.S. Department of Justice.

The training then defined and discussed HIPAA privacy and security, conflicts of interest, the False Claims Act, and the Stark Law and Anti-Kickback Statute. She also discussed the code of conduct. An opportunity for questions was offered.

IX. Public Comment

An opportunity for public comment was offered.

X. Move to Executive Session

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

XI. Votes from Executive Session

1. Approve Executive Session Consent Agenda Items. Approved via email.

XII. Adjournment

The meeting adjourned at 5:26 p.m.

Attendance:

OneCare Board Managers

Present:

Judy Peterson	Jessica Moschella	Toby Sadkin, MD
Steve LeBlanc	Tom Dee	Jen Gilwee, MD
Sandy Rousse	Dick Courcelle	John Sayles

Absent:

Coleen Condon	Michael Costa	Sierra Lowell
Adriane Trout	Judi Fox	

OneCare Leadership and Staff

Present:

Robyn Hoffmann	Carrie Weigand	Kellie Hinton
Sara Barry	Aaron Perry	Tom Borys
Lucie Garand		

OneCare Board of Managers Committee Reports

June 2025

Executive Committee (meets monthly)
The June Executive Committee meeting was canceled. The committee is next scheduled to meet on July 3rd, 2025.

Finance Committee (meets monthly)
The June Finance Committee meeting was canceled. The committee is scheduled to meet next on July 9th, 2025.

Population Health Strategy Committee (meets monthly)
The June Population Health Strategy Committee Meeting was canceled. The committee is next scheduled to meet on July 14th, 2025.

Patient & Family Advisory Committee (meets monthly)
At its May 27th meeting, the committee received updates on topics presented to the board of managers and public affairs. The committee is next scheduled to meet on June 24th, 2025

Audit Committee (meets quarterly)
The committee is next scheduled to meeting on June 27th, 2025.

Board of Managers Summary of Policy Changes

Public Session

June 2025

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

- **01-02 Conflict of Interest**
  - **Purpose:** To provide a comprehensive statement of OneCare's policy for the avoidance, timely identification and resolution of Conflicts of Interest that may adversely affect business or professional decision-making by OneCare or by Interested Persons.
  - **Key Changes:** No substantive edits.
  - **Committee Endorsement:** N/A

Policy Number & Title:	01-02 Conflict of Interest
Responsible Department:	Legal
Author:	Aaron Perry, Chief Legal Counsel
Original Implementation Date:	September 4, 2012
Board Approval Date:	June 10, 2025
Revision Effective Date:	June 10, 2025

I. Purpose: The purpose of this policy is to provide a comprehensive statement of OneCare's policy for the avoidance, timely identification and resolution of Conflicts of Interest that may adversely affect business or professional decision-making by OneCare or by Interested Persons. The Policy is intended to supplement, but not replace, any applicable Federal or Vermont law governing conflicts of interest applicable to OneCare, as well as any relevant policies that may also apply.

II. Scope: This policy applies to all of OneCare Vermont's ("OneCare") Officers, Board Members, and any Workforce member who exercises substantial influence over OneCare's business decisions or affairs ("Interested Person(s)").

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:

ACO Activities refers to activities engaged in by OneCare to promote accountability for the quality, cost, and overall care for a Payer's Attributed Population, including managing and coordinating care, encouraging investment in infrastructure, and redesigning care processes for high quality and efficient delivery of services, as well as other activities, obligations, or duties required of an ACO under federal or state law.

ACO Program Agreement refers to an agreement between OneCare and a Payer for the performance of ACO Services.

ACO Services refers to services OneCare provides to a Payer's Attributed Population as set forth in an ACO Program Agreement.

Audit Committee means the Audit Committee of the OneCare Board of Managers.

COI Certification Form means a Conflict of Interest questionnaire and certification form, as approved and updated from time to time by the Audit Committee.

COI Advisory Group refers to the group available to OneCare's Chief Legal Counsel for consultation concerning potential Conflicts of Interest as described in this Policy. The working group consists of Chief Legal Counsel, the Chief Compliance and Privacy Officer, the Vice President of Finance, and a Workforce member designated by the Chief Operating Officer who possesses a professional license or certification, or sufficient equivalent professional experience, relating to the tax obligations of non-profit organizations.

Compensation Arrangement means any employment, consulting, or other arrangement involving the receipt of money or other financial benefits during the past three years, or the receipt of gifts or gratuities that is not permitted by a relevant OneCare policy.

Conflict of Interest (COI) refers to any real or perceived barrier, such as a Personal Interest, that would prevent an Interested Person from being impartial and loyal to OneCare's interests.

Controlled Entity means an entity in which an Interested Person has a 35% or greater ownership or beneficial interest.

Disqualified Person has the meaning indicated in section VII(A) below.

Fiduciary Interest means participation as a trustee, director or officer of a Network Member, Subcontractor, or Vendor.

Financial Interest means any direct or indirect ownership interest in a Network Member, Subcontractor, or Vendor.

Immediate Family means an Interested Person's spouse, parent or stepparent, children and their spouses, as well as brother(s) and sister(s) and their spouses.

Interested Person(s) has the meaning indicated in the Scope section above.

Network Member refers to any Participant or Preferred Provider that has entered into a Contract with OneCare to provide ACO Services.

Officer means OneCare's Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Compliance and Privacy Officer, Chief Financial Officer, and Chief Legal Counsel.

Personal Interest means a Financial Interest, Compensation Arrangement, or Fiduciary Interest with or in a Network Member, Subcontractor, or Vendor by the Interested Person, a member of their Immediate Family, their Significant Other, or their Controlled Entity.

Significant Other means a person with whom an Interested Person has a civil union or a similar legal or personal relationship.

Subcontractor means a third party which has entered into a Contract with OneCare delegating the performance of certain ACO Activities.

Vendor means a third party which is doing business or may be seeking to do business with OneCare for the purpose of providing either products or services.

IV. Policy: Interested Persons should at all times: (i) act in a manner that the Interested Person reasonably believes to be in the best interests of OneCare; (ii) comply with the Conflict of Interest disclosure and management procedures set forth in this Policy; (iii) seek to avoid Personal Interests that may create a real or perceived a conflict with the professional obligations or fiduciary duties of the Interested Person or the interests of OneCare and may adversely affect business or professional decisions; and (iv) refrain from participating in operational, strategic, or professional decisions for OneCare in which the Interested Person has a Personal Interest.

In determining the proper management of Personal Interests that may give rise to multiple Conflicts of Interest, consideration will be given to OneCare's participation in the Vermont All-

Payer Accountable Care Organization Model, the regulatory requirement that ACO Boards be composed of a prescribed percentage of Participants and number of Payer-specific Beneficiaries, and its continued ability to meet its obligations as an ACO. For example, should a Personal Interest common to Interested Persons across a category of Participants, such as Board Member employment by hospitals, result in the inability to establish a quorum to vote on whether to approve an ACO Program Agreement, management of such potential Conflicts of Interest must favor OneCare's continued ability to meet its obligations as an ACO.

This Policy shall be administered by the Board of Managers, its Audit Committee, and the Chief Legal Counsel as described below.

V. Disclosure:

A. Disclosure by Interested Persons: Interested Persons shall disclose Personal Interests and any real or potential conflicts of interest that may affect their decision-making, as follows:

1. Initial Disclosure. Each Interested Person shall complete and return a COI Certification Form prior to the commencement of their employment or term of office.

2. Annual Disclosure. Each Interested Person shall complete and return an updated COI Certification Form at least once per calendar year in accordance with a procedure established by the Chief Legal Counsel, and if applicable, will provide additional information requested by the COI Advisory Group, Audit Committee, or Board of Managers regarding any Network Member, Subcontractor, Vendor, or other third party with which they have a relationship or Personal Interest referenced in the COI Certification Form.

3. Interim Disclosure.

   a. By Board Members and Officers. Board Members shall disclose to the Board of Managers, and Officers shall disclose to the Chief Legal Counsel, any Personal Interest involving a Network Member, Subcontractor, Vendor, or other third party, prior to participating in any discussion or decision involving that Network Member, Subcontractor, Vendor, or other third party, and shall refrain from participating in any decision involving that Network Member, Subcontractor, Vendor, or other third party.

   b. By Other Interested Persons. Any other Interested Person shall submit a COI Certification Form (i) if they serve on an ad hoc or established committee the purpose of which is to make purchasing or payment decisions; (ii) if they are a Workforce member with responsibility for recommending purchasing decisions or selecting Subcontractors or Vendors; or (iii) upon request of the Audit Committee or the Chief Legal Counsel, or otherwise at any time they first believe they have a Personal Interest that may give rise to a Conflict of Interest.

B. Disclosure by Subcontractors and Vendors: From time to time, as a condition of doing business with OneCare, the Chief Legal Counsel shall require Subcontractors and Vendors to disclose any Personal Interests of Interested Persons, to the extent of the Subcontractor's or Vendor's knowledge.

VI. Review and Management:

A. **Review by Chief Legal Counsel:** The Chief Legal Counsel shall review all COI certifications at the time they are submitted and report any disclosed Personal Interests or Conflicts of Interest to the Audit Committee for review and, if necessary, a decision as to the appropriate management of the matter consistent with this Policy. The decision will be communicated promptly to the affected Interested Person.

B. **COI Advisory Group Consultation:** For additional input regarding whether a Conflict of Interest exists, appropriate management of the matter, and compliance with Intermediate Sanctions Rules as set forth in Section VII(A), the Chief Legal Counsel, or the Audit Committee in the case of Board Members, may consult with the COI Advisory Group at their discretion. Members of the COI Advisory Group will maintain confidentiality concerning any such consultations unless disclosure is required by law.

C. **Management of Conflicts:** Decisions as to the appropriate management of a conflict of interest include the following:

1. Recusal. In all cases, an Interested Person with a Personal Interest relating to a specific Network Member, Subcontractor, Vendor, or other third party should refrain from voting, or participating on behalf of OneCare, or from exercising influence or control, with respect to decisions or actions affecting or benefiting that Network Member, Subcontractor, or Vendor.

2. Divestiture. If the Personal Interests of an Interested Person is deemed to be of sufficient magnitude to adversely affect the interest of OneCare, the Interested Person may be requested to divest or disassociate from the Personal Interest.

D. **Appeals:** An Interested Person who disagrees with a decision of the Chief Legal Counsel with respect to the management of a Conflict of Interest may appeal to the Audit Committee, and an Interested Person who disagrees with a decision of the Audit Committee may appeal to the Board of Managers.

E. **Report to Audit Committee:** The Chief Legal Counsel shall report all disclosures and related decisions to the Audit Committee at least quarterly.

VII. Transactions Involving "Disqualified Persons":

A. **Compliance with Intermediate Sanctions Rules:** In order to comply with the intermediate sanctions safe harbor contained in Section 4958 of the Internal Revenue Code and underlying rules (the "Intermediate Sanctions Rules"), OneCare shall follow certain special procedures for review and approval of transactions with Board Members, Officers, and any other person who has been in a position to exercise substantial influence over the affairs of OneCare during the five years prior to the transaction, as determined by the Chief Legal Counsel in consultation with the COI Advisory Group. Such persons are considered to be "Disqualified Persons" under the Intermediate Sanctions Rules.

1. **Special Procedures:** The special procedures are as follows:
   Compensation arrangements with Officers and any Disqualified Persons shall be subject

to review by the disinterested members of the Board of Managers in accordance with its Charter.

2. Transactions with a Network Member, Subcontractor, Vendor, or other third party in which a Disqualified Person has a Personal Interest shall be subject to prior approval by majority vote of the Board of Managers, provided no Board Member with a Personal Interest in the transaction votes on the matter.

3. Prior to taking action on the transaction, the Board of Managers must rely on appropriate data, which may include independent expert opinion, as to the fair value and reasonableness of the transaction.

4. The basis for the decision of the Board of Managers must be documented inthe minutes.

VIII. Violations: If the Audit Committee has reasonable cause to believe that an Interested Person has failed to disclose a Personal Interest or otherwise violated this Policy, it shall inform the Interested Person of the basis for such belief in writing and afford the Interested Person an opportunity to explain the alleged violation. If, after hearing the response of the Interested Person and making such further investigation as may be warranted in the circumstances, the Audit Committee determines that the Interested Person has, in fact, failed to disclose a Personal Interest or otherwise violated this Policy, it shall direct that appropriate disciplinary and corrective action, which may include termination of employment and/or appointment, be taken. In cases where such violation results in significant damage to the interests of OneCare, civil action may be initiated if appropriate. Any decision of the Audit Committee may be appealed to the Board of Managers for resolution by majority vote.

IX. Records of Proceedings: Written records shall be maintained of Chief Legal Counsel's determinations, as well as minutes of any meetings and proceedings of the Audit Committee and the Board of Managers, with respect to the management and resolution of Conflicts of Interest in accordance with this Policy.

X. Review Process: This Policy and the COI Certification Form shall be reviewed in accordance with Policy 06-03 Policy Management and updated to be consistent with the requirements established by the Board, OneCare Leadership, all applicable laws, and applicable accrediting and review organizations.

XI. References:

- OneCare's ACO Program Agreements with Payers
- OneCare's Policy and Procedure Glossary
- COI Certification Form

XII. Related Policies/Procedures:

- 06-01 Record Retention Policy
- 07-02 Compliance Policy
- 07-07 Code of Conduct Policy

Location on SharePoint: **Department: Policies, Category: Active**

Management Approval:

Chief Legal Counsel	Date
Chief Operating Officer	Date

OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for UVMMC to Pay for Skilled Nursing Care for Patients Discharged to Burlington Health and Rehab June 10, 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 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 or 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 two patients discharged to Burlington Health and Rehab, a skilled nursing facility during the time each of the respective patient's Choices for Care/Long Term Care Medicaid application is pending.
    a. Patient A has been in acute care for over 40 days despite acute care not being medically necessary and skilled nursing being the appropriate level of care for the patient.
    b. Patient B has been in acute care for over 44 days despite acute care not being medically necessary and skilled nursing care being the appropriate level of care for the patient.

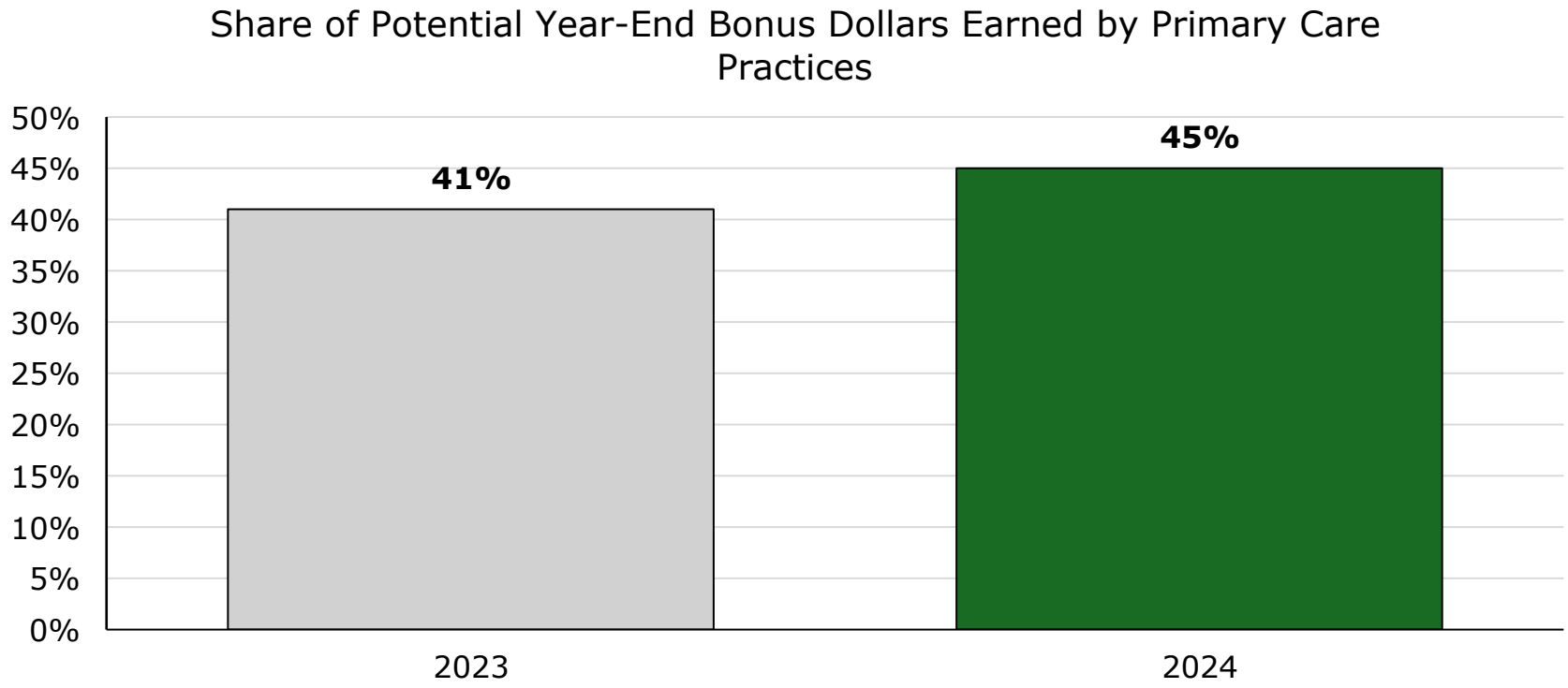
PHM P24 Practice Performance Analysis

Dr. Carrie Weigand, Chief Medical Officer

OneCare Vermont

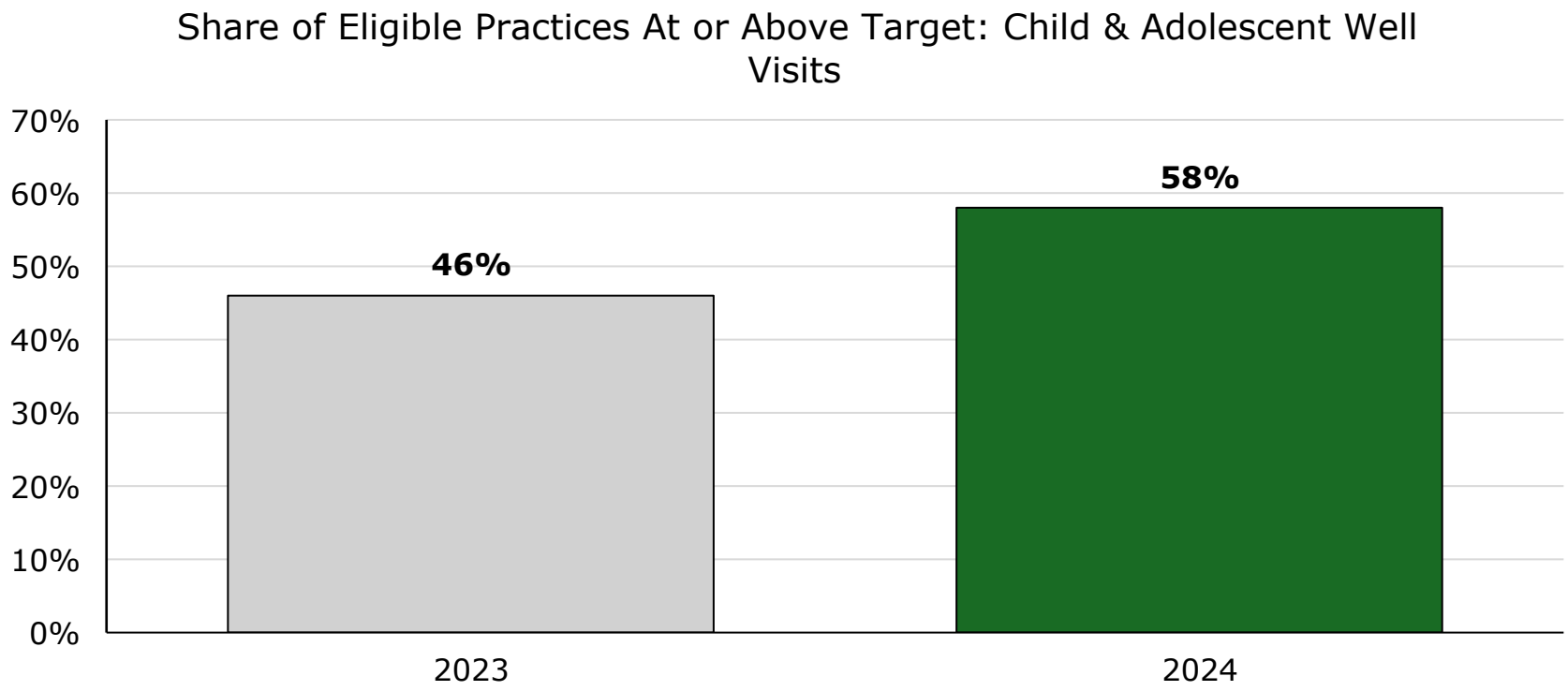
onecarevt.org

Year-End Bonus Earnings Performance by PHM Program Year



$2.13M was awarded to primary care practices based on 2024 PHM performance. Based on the final PHM measurement period in each year, primary care practices **increased** their share of potential dollars earned from **41%** in 2023 to **45%** in 2024.

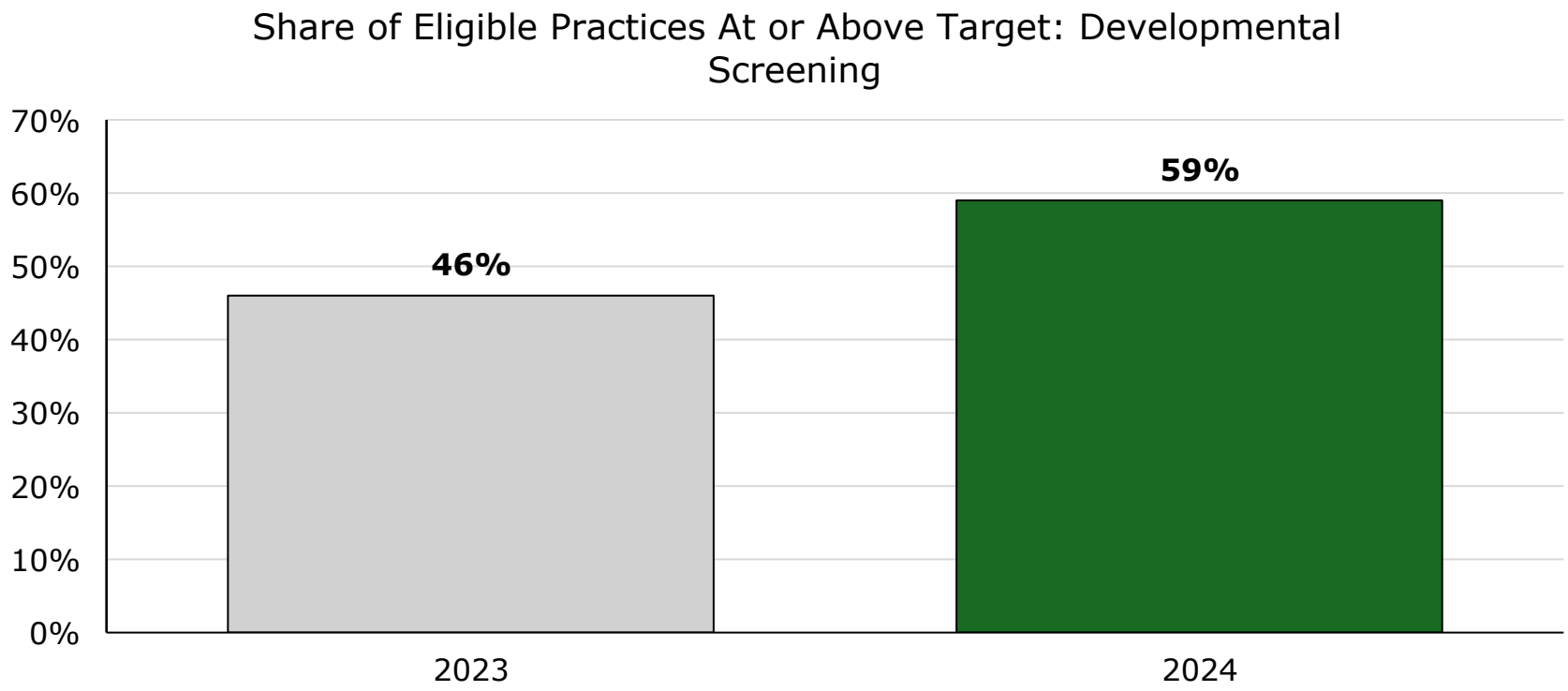
Practices Meeting Target: Child & Adolescent Well Visits



The percentage of practices meeting the bonus target for Child & Adolescent Well Visits increased from **46%** in 2023 to **58%** in 2024.

Note: The target for this measure increased from 57.54% in 2023 to 61.15% in 2024.

Practices Meeting Target: Developmental Screening

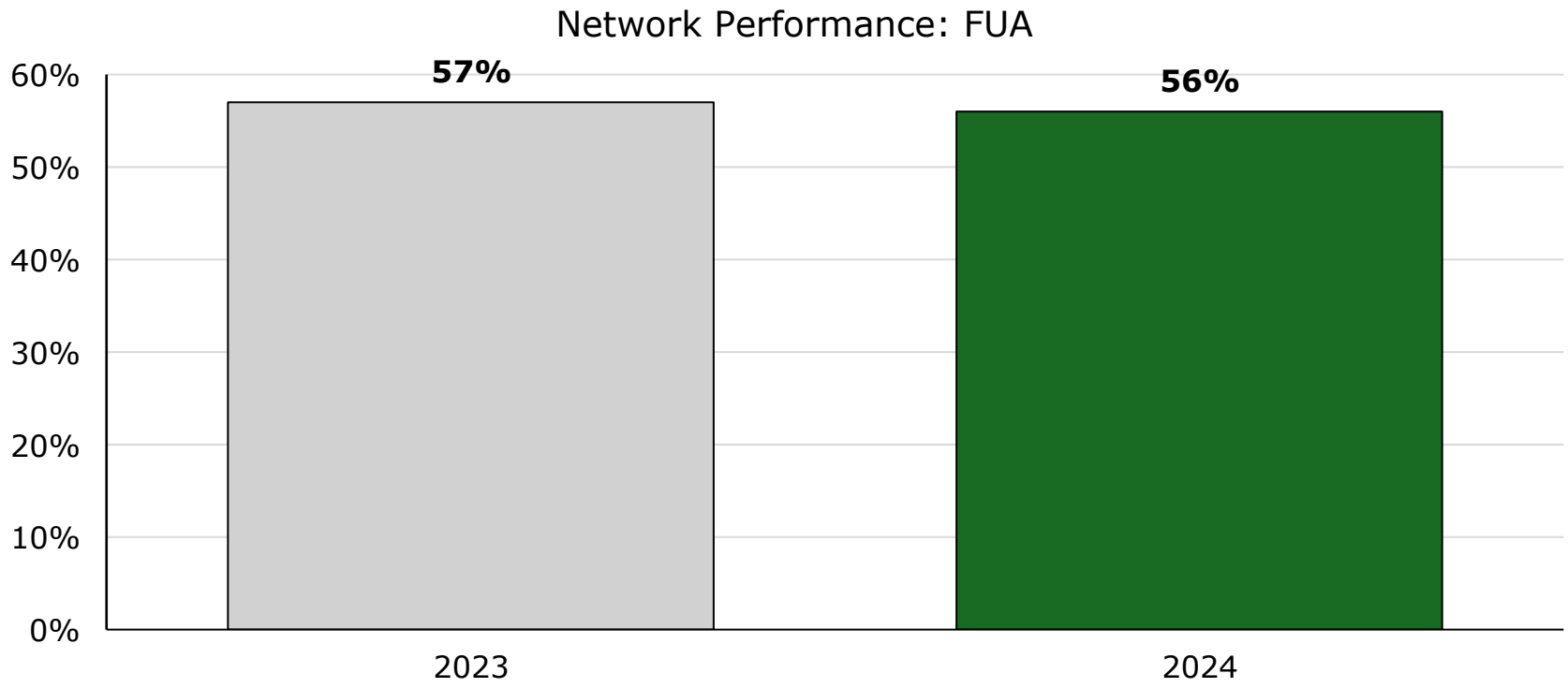


The percentage of practices meeting the bonus target for Developmental Screening increased from **46%** in 2023 to **59%** in 2024.

Note: ~~The target for this measure was 57.40% in both years.~~

Network Performance: FUA

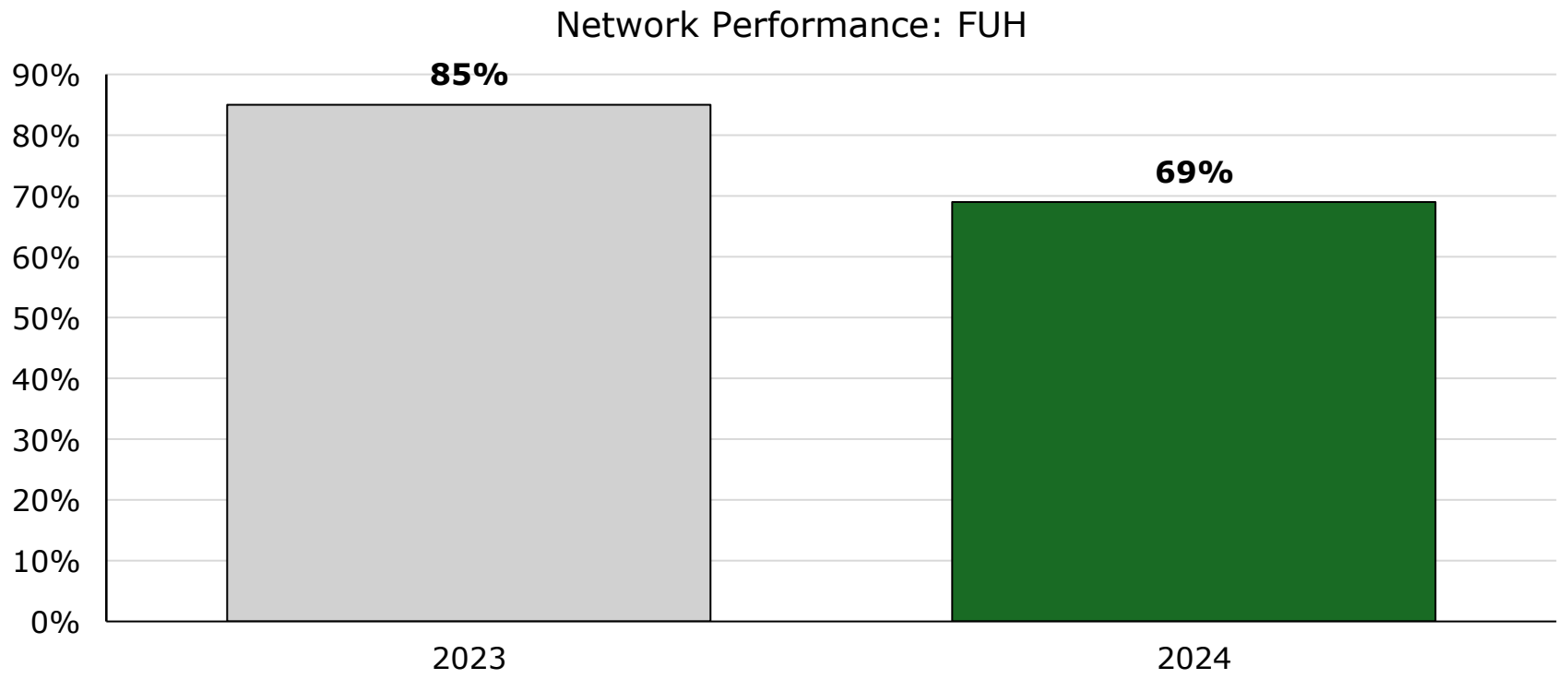
30 Day Follow-Up After Emergency Department Visit for Substance Use



Based on the final DVHA reporting period for each program year, network performance on the FUA measure fell slightly from **57%** to **56%**. The number of HSAs meeting the target fell from **13/14** to **10/14**.

Network Performance: FUH

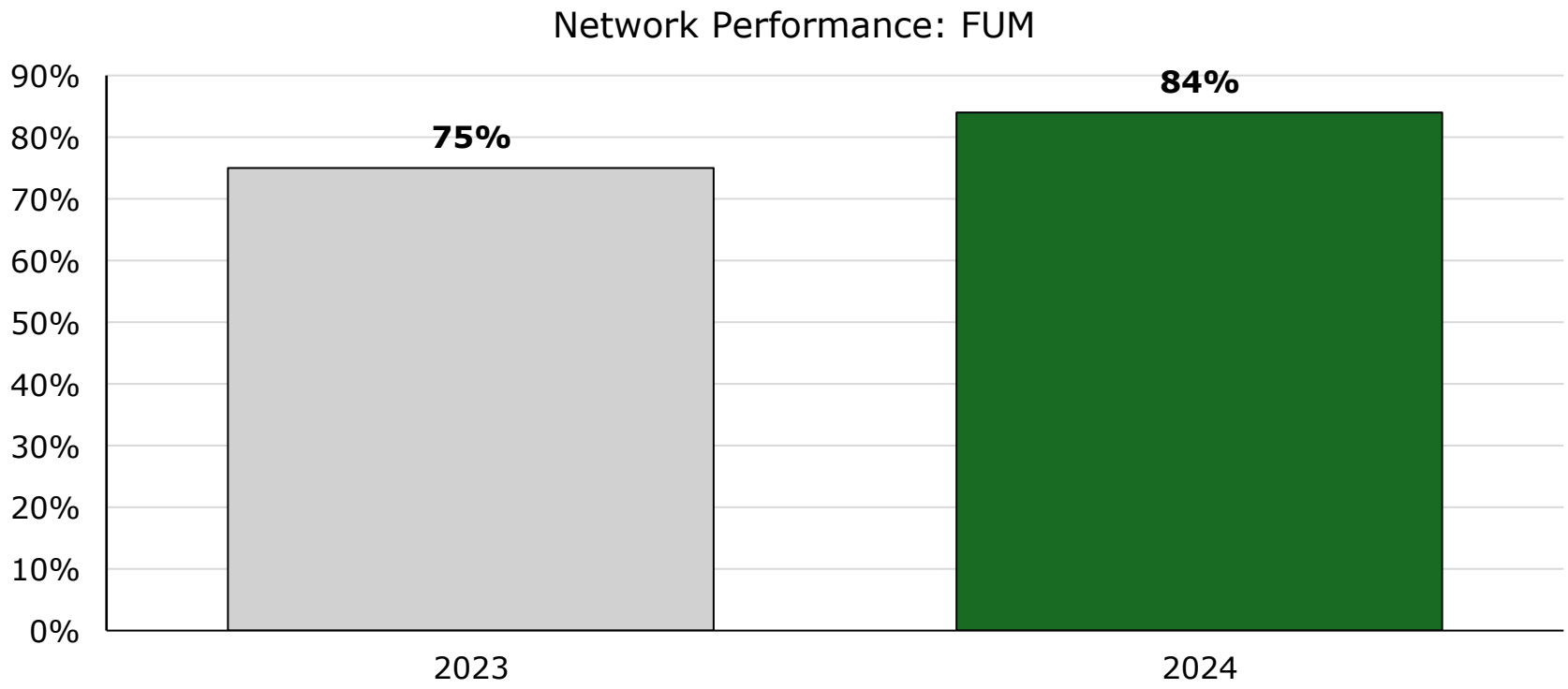
7 Day Follow-Up After Hospitalization Visit for Mental Illness



Based on the final DVHA reporting period for each program year, network performance on the FUH measure declined from **85%** to **69%**. The number of HSAs meeting the target fell from **14/14** to **13/14**.

Network Performance: FUM

30 Day Follow-Up After Emergency Department Visit for Mental Illness



Based on the final DVHA reporting period for each program year, network performance on the FUM measure increased from **75%** to **84%**. The number of HSAs meeting the target increased from **8/14** to **13/14**.

Regional Clinical Representative Update

UVMHN PHSO: Berlin, Burlington, Middlebury

Jeremiah Eckhaus, MD

Keith Robinson, MD

ED Follow Up for Patients with Multiple Chronic Conditions

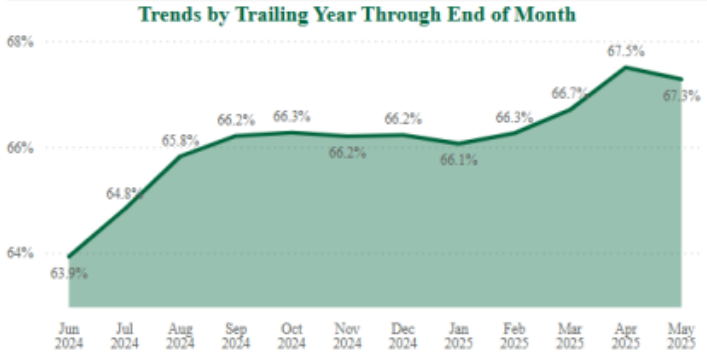
- **Performance Improvement Initiative:** Transitions of Care (TOC) Post-Discharge Follow-Up in support of inpatient discharges and ED discharges for patients with multiple chronic conditions (FMC)
  - Current Initiatives:
    - Centralized staffing model (4 RNs) implemented across all 6 UVMHN entities for follow-up calls and PCP scheduling
    - Optimizing workflow and documentation processes – flagging patients with multiple chronic conditions for prioritization
    - Working with CHC to improve Epic Care Link processes in support of inpatient and ED follow up workflows
  - Next Steps:
    - Exploring use of “digital provider of the day” model to perform telehealth visits when in-person visit is not clinically needed
    - Working with Medical Group leadership to improve access and ensure appropriate follow-up visit blocks in place

Hypertension Blood Pressure Control (CBP)

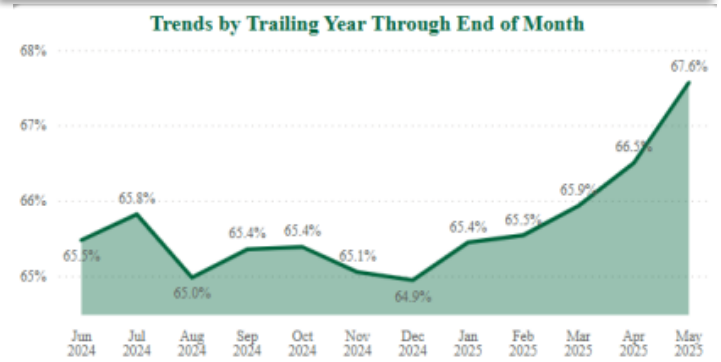
- **Performance Improvement Initiative:** Hypertension Blood Pressure Control (CBP)
  - Current Initiatives:
    - Hypertension care pathway developed
    - Piloting nurse-driven hypertension medication management model (PMC)
    - Ambulatory Pharmacy program focused on Hypertension management (UVMMC)
    - Care Management Hypertension Chronic Disease Program developed (CVMC)
    - Developed Epic based workflows to capture home blood pressure readings and ensure being captured in measure performance
  - Next Steps:
    - Monitor pilots for outcomes and adjust accordingly
    - Begin to expand and implement across all UVMHN primary care locations

Hypertension Blood Pressure Control (CBP)

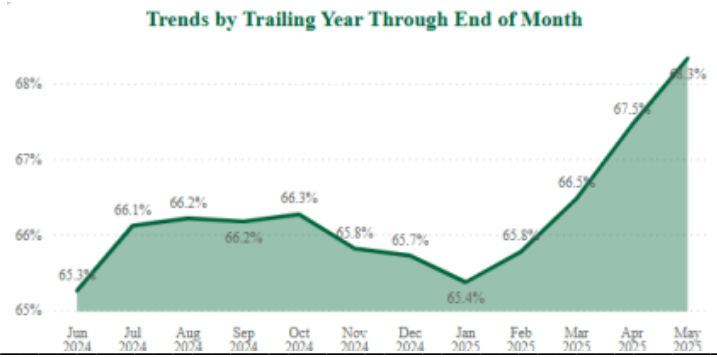
CVMC



PMC



UVMMC



OneCare Vermont

OneCare Vermont Accountable Care Organization

Board of Managers Resolution to Move to Executive Session

June 10, 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 | June 2025

Media Coverage

Weitzman Institute Announces Winners of 2025 Primary Care Impact Awards

May 29, 2025, weitzmaninstitute.org

Press release put out by Weitzman Institute announcing recipients of their 2025 Primary Care Impact Awards, of which OneCare's Comprehensive Reform Program (CPR) was a recipient.

Government Relations

Green Mountain Care Board

The Green Mountain Care Board has had a quiet 2 months holding only one meeting at the end of April to discuss the AHEAD model and was held in executive session. In May, they had two meetings. The first one on May 21 was to provide a hospital financial update on FY 2025 Q2. On May 28, they were given presentations by multiple witnesses focusing on Hospital Quality and Star Ratings. All GMCB information can be found here:

State Legislature

The legislature continues to be in limbo as they try to reconcile their differences over an education bill that is preventing them from concluding and gaveling out the session. The health care bills, however, are done, including two big healthcare bills.

340B Protection/Prescription Drug Cap: In a 20-10 vote, the Senate approved a floor amendment to change the start date in H.266 from July 1, 2025 to January 1, 2026. This will give hospitals time to implement the 120% price cap on prescription drugs administered in a hospital outpatient setting while ensuring premium savings for the Vermonters during the calendar year. The bill also maintains 340B protections for hospitals, FQHCs, and retail pharmacies along with 340B reporting requirements for hospitals.

Health Care Reform: H.482 - Expansion of GMCB powers: Allows for rate change for certain hospitals if BCBSVT near insolvency, rate change for all hospitals if missing their budget, independent monitor if hospital materially misrepresents info or is materially noncompliant with budget.

S.126 -Health Care Reform: The bill now requires global hospital budgets for at least one non-critical access hospital in 2028 and all hospitals in 2030. The legislature passed out the bill and it is on its way to the governor. Whether he concurs and signs it remains to be seen. Below is a summary:

- AHS must make recommendations on reducing hospital spending by 2.5% ($100M) statewide over the course of FY 2026, with first report by July 1, 2025
- Green Mountain Care Board to implement reference-based pricing for hospitals by 2027 with hospital input
- If it has the resources, the Green Mountain Care Board will implement global hospital budgets to at least one non-CAH hospital in 2028 and all hospitals by 2030
- Hospitals must report the number of administrative versus direct-care employees to the Green Mountain Care Board
- Hospitals must report variable compensation to the Green Mountain Care Board
- Hospitals must notify the Green Mountain Care Board, the Agency of Human Services, the Health Care Advocate, and their legislative delegation about the reduction or elimination of hospital services to comply with a budget 45 days prior to implementation
    - Actions recommended by Act 167 are exempt
- Green Mountain Care Board oversees hospital networks and makes recommendations
- Requires AHS to develop a statewide health care plan overseen by a health care delivery advisory committee, including hospital representation
- Establishes a Vermont Steering Committee for Comprehensive Primary Health Care to create a plan every three years, starting with December 1, 2030
- AHS shall work with the HIE steering committee to create a “Unified Health Data Space” and examine whether to integrate clinical and claims data—report due on January 15, 2026
- AHS will explore opportunities on how to retain programs from OneCare Vermont including CPR and quality data measurement and reporting.

Outreach and Advocacy

Call for Proposals: 2025 Health Equity Summit

The call for proposals is now open for the 2025 Health Equity Summit, hosted by University of Vermont Health Network, UVM Larner College of Medicine, and UVM College of Nursing & Health Sciences. Proposals are due Friday, June 13, 2025. Learn more here.

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