



OneCare Vermont Accountable Care Organization Board of Managers Resolution Invoking Participation Waiver for 2025 Program of Payment and Supporting Arrangements January 21, 2025

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

WHEREAS, OneCare participates in the Vermont All Payer ACO Model Vermont Medicare ACO Initiative and the Vermont Medicaid Next Generation Program. The Secretary of the Department of Health and Human Services by and through CMS, and the Department of Vermont Health Access, have provided certain waivers of federal and state fraud and abuse laws in connection with the Vermont All Payer ACO Model (“APM”), the Fraud and Abuse Waiver Notice for Vermont ACO Initiative; and

WHEREAS, 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, the Participation Waiver is available when, among other things, the governing body of the ACO has reviewed and made a determination 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.

The OneCare Board of Managers has duly authorized the arrangements below and made a bona fide determination that each arrangement is reasonably related to one or more of the above ACO Activities. The descriptions of the relevant arrangements are set forth below for the purpose of OneCare availing itself of the protections afforded under the ACO Participation Waiver.

1. OneCare has a Services Agreement with the University of Vermont Health Network for the provision of IT services, data services, personnel, leased space, and other business support. This Agreement is related to, *inter alia*, carrying out OneCare's obligations in the Programs.
2. OneCare's budget and financial model (collectively the Program of Payments) applicable to all Participants, Preferred Providers and Collaborators, as submitted to and approved by the Green Mountain Care Board and commemorated in Participant/Preferred Provider and Collaborator Agreements and ACO Policies incorporated into those Agreements, is related to fulfilling Program obligations, including, *inter alia*:
 - a. Hospitals accepting risk and receiving savings for their health services areas that include independent practitioners;
 - b. Independent primary care providers and Federally Qualified Health Centers accepting risk and earning savings for their health services areas and the ACO as whole, that includes hospitals and others to whom referrals may be made;
 - c. Hospitals accepting risk and potentially receiving savings for other health services areas to support those local hospitals and establish ACO systems, as well as coordinate and enhance care in those health services areas;
 - i. In particular, OneCare has accepted portions of the potential risk of and been granted portions of the potential shared savings for Northeastern Vermont Regional Hospital.
 - d. Population health management and care coordination payments to enhance primary care and care coordination for Attributed Lives;
 - e. Access to population health management software and reporting through OneCare to support accountability for cost and quality of care; and
 - f. Access to software and apps at no charge.
3. Under the Budget Order of the Green Mountain Care Board, OneCare will distribute Community and Primary Care Funds, received as advanced shared savings from CMS, pursuant to State of Vermont Contract 34070, to providers who are in OneCare's network and outside of OneCare's network, in furtherance of promoting accountability for cost, quality of care, and coordinating care;



4. Under the Budget Order of the Green Mountain Care Board, OneCare will support the SASH program with advanced shared savings received from CMS in furtherance of managing and coordinating care;
5. OneCare provides funding to embed a mental health clinician at a SASH location in Burlington in furtherance of managing and coordinating care and establishing and improving clinical systems; and
6. OneCare operates a Comprehensive Payment Reform Program (“CPR”) for independent primary care providers in which, using a combination of fixed payments from its contracted payers and funds provided by OneCare’s Risk Bearing Hospital Participants, a fixed Per Member Per Month payment is made in lieu of fee-for-service. The goal is to afford those independent practices a global payment that totals a percentage of Medicare reimbursement across payers. CPR practices also earn additional payment tiers for incorporating mental health services in their practices.