OneCare Vermont Accountable Care Organization, LLC
Consent Agenda Cover Page

Public Materials

August 8, 2025

Agenda Item	Reason for Review and Request for Approval
a. Consent Agenda Cover Page	Reference only.
b. Draft Public Session Minutes June 10th, 2025	Review and approval of prior month's minutes.
c. Board Committee Reports August 2025	Summary of Board subcommittee meetings from the past months.
d. Participation Waiver for UVMMC to Pay for Skilled Nursing Care for Patients Discharged to Burlington Health and Rehab **e.** Participation Waiver for Additional Funding for Ongoing Projects **f.** Participation Waiver for Funded AI Scribe for CPR Practices	Review and approval of participation waivers.

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting
June 10, 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 June 10, 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 5:00 p.m. She welcomed Dr. Alicia Jacobs, the newest member of the board.

She also informed the board that OneCare leadership has recommended cancelling board meetings in July and August and resuming with a full meeting in September. Any policies or other items that need to be approved will be done so via email. The board concurred.

II. Public Consent Agenda Items

The Board reviewed consent agenda items including: (1) Draft Public Session Minutes from May 20, 2025; (2) Board Committee Reports June 2025; (3) Summary of Policies; (4) 01-02 Conflict of Interest; and (5) Participation Waiver for UVMMC to Pay for Skilled Nursing Care for Patients Discharged to Burlington Health and Rehab.

An opportunity for discussion was offered.

A Motion to Approve the Consent Agenda Items was made by S. Rousse, seconded by S. LeBlanc, and approved via majority.

III. PHM P24 Practice Performance Analysis

Carrie Weigand, Chief Medical Officer, presented a practice performance analysis for PY24 for the Population Health Model. $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 from 41% in 2023 to 45%in 2024. The percentage of practices meeting the bonus target for the "Child and Adolescent

Wellness" measure increased from 46% in 2023 to 58% in 2024. For the "Developmental Screening" measure, it increased from 46% in 2023 to 59% in 2024.

Based on the final DVHA reporting period for each program year, network performance on the "FUA" measure fell slightly from 57% in 2023 to 56% in 2024. The number of HSAs reporting fell for this measure. The "FUH" measure also fell slightly from 85% in 2023 to 69% in 2024 with fewer HSAs reporting. The "FUM" measure increased from 75% in 2023 to 84% in 2024 with the number of HSAs reporting increased.

IV. CMO Update

Dr. Weigand then updated the board on the status of the HSA consultations and waivers. Seven HSA consultations were conducted with varying levels of attendance and interest. She noted that the Regional Clinical Representative participation was particularly valuable and often sparked interesting discussions. HSA rounding will not be conducted in the fall in favor of holding local in-person site visits. Results will be shared with them at this time.

She then discussed the development of the AI Scribe program, which has had a great response from the CPR practices who have been polled for interest. 57 providers have expressed interest, and OneCare plans to start this program on July 1st and run it for six months. OneCare is working with vendors to negotiate favorable payment terms for any providers that elect to continue receiving this service directly in 2026.

V. Legislative Changes to ACO Regulation

Aaron Perry, Chief Legal Counsel, discussed how new legislation affects ACOs and the Green Mountain Care Board (GMCB) authority.

VI. Regional Clinical Representative: Report from the Field

Dr. Carrie Weigand, Chief Medical Officer, introduced Dr. Jeremiah Eckhaus, a family doctor working in Berlin and Dr. Keith Robinson, a pediatric pulmonologist in at the Children's Hospital. Both serve as RCRs for the Vermont hospitals in the UVMHN, working through its Population Health Services Organization. They presented information on initiatives related to ED follow-up and hypertension blood pressure control, highlighting the activities and changes being implemented as well as next steps.

VII. Public Comment

An opportunity for public comment was offered.

VIII. Move to Executive Session

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

IX. Votes from Executive Session

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

X. Adjournment

The meeting adjourned at 5:51 p.m.

Attendance:

OneCare Board Managers

Present:

Judy Peterson	Jessica Moschella	Toby Sadkin, MD
Steve LeBlanc	Alicia Jacobs, MD	Jen Gilwee, MD
Sandy Rousse	Dick Courcelle	John Sayles
Adriane Trout	Michael Costa	Sierra Lowell
Tom Dee		

Absent:

Judi Fox	Coleen Condon	

OneCare Leadership and Staff

Present:

Lucie Garand	Carrie Weigand	Kellie Hinton
Sara Barry	Aaron Perry	Tom Borys
Regina Alexander		

OneCare Board of Managers Committee Reports

August 2025

Executive Committee (meets monthly)
At its July 31st meeting, the committee discussed an update on corporate goals for Q2, the 2024 financial audit, the SNF 3-day waiver, and the OneCare celebration in October. The committee is next scheduled to meet on September 4th, 2025.

Finance Committee (meets monthly)
The July Finance Committee meeting was canceled. The committee is scheduled to meet next on August 13th, 2025.

Population Health Strategy Committee (meets monthly)
The July and August Population Health Strategy Committee Meetings were canceled. The committee is next scheduled to meet on September 8th, 2025.

Patient & Family Advisory Committee (meets monthly)
At its June 24th meeting, the committee received updates on OneCare's budget and finances, legacy work, and winddown developments. They discussed recent Board of Managers topics and legislation. They also discussed waivers. The July and August meetings were canceled. The committee is next scheduled to meet on September 30th, 2025.

Audit Committee (meets quarterly)
At its July 28th meeting, the Audit Committee discussed the 2024 financial audit, which was presented by OneCare's auditors, E&Y. The approval for this audit is forthcoming. They also discussed the quarterly compliance report. The committee is next scheduled to meet on December 2nd, 2025.

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 August 8, 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 three 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 45 days despite acute care not being medically necessary and skilled nursing care being the appropriate level of care for the patient.
    c. Patient C has been in acute care for over 65 days despite acute care not being medically necessary and skilled nursing care being the appropriate level of care for the patient.

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Invoking Participation Waiver for Additional Funding for Ongoing Projects

August 8, 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 after a competitive application process, funding has been awarded to eleven (11) projects, six (6) of which will involve Participation Waivers; 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:

1. The OneCare Board of Managers has duly authorized the arrangements 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 arrangements described below.
2. The Board has also allocated the sum of $100,000 to be used for funding of ongoing funded waiver projects, and that funding is being distributed as reflected in this Resolution.
3. Addison County Home Health and Hospice, Porter Hospital, and Helen Porter Nursing Home will be given an additional $11,000 to continue specialized wound care provided by the Addison County Home Health and Hospice wound care nurse when patients are admitted to Porter or Helen Porter and to pay for that care. The goal is to stop the worsening of wounds that occurs when patients are moved from home care to hospital or SNF.
4. Brattleboro Memorial Hospital will be provided with an additional $25,000 to continue, with partner EMS provider Rescue, Inc., a system of in-home care to COPD patients who are being discharged by the hospital or identified by physicians to avoid readmissions or emergency room visits by managing the patients in accordance with the follow-up care plan. By way of example, EMS will regularly check in with patients and may provide in home nebulizer or other permitted treatments and will be paid for that care.
5. Central Vermont Medical Center will receive an additional $3,000 to continue on-demand transport for patients.
6. Essex Pediatrics will be provided with an additional $8,500 to continue their project of having a psychiatrist embedded in the practice providing consultations to patients and fellow providers.
7. Southwestern Vermont Medical Center will be given an additional $5,000 to continue their project with Turning Point to attach peer recovery counselors to patients with alcohol use disorder in inpatient detoxification treatment and continue with patients after discharge.
8. Southwestern Vermont Medical Center will receive an additional $16,000 to provide items and services on care plans for patients diagnosed with developmental delays.
9. The University of Vermont Medical Center will be provided with an additional $13,500 to continue its project to provide equipment and tools to patients to facilitate discharges by creating a safe home environment.
10. The University of Vermont Health Network will be given an additional $9,000 for its project to provide validated blood pressure cuffs to hypertensive patients as part of a comprehensive hypertension management project.

11. The University of Vermont Health Network, in partnership with District 3 Emergency Medical Services, will receive an additional $9000 to implement a pilot of paying EMS for non-emergent care provided in the field. After making a telehealth supported determination that a patient is non-emergent and does not need transport, EMS may treat the patient as permitted and will be paid for that visit.
12. The invocation of this Participation Waiver does not, in any respect, indicate that the arrangements are not compliant with applicable regulations.

OneCare Vermont Accountable Care Organization
Board of Managers Resolution Invoking
Participation Waiver for Funded AI Scribe
for CPR Practices

August 8, 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 project is also related to the Board's strategic direction to support independent primary care practices during the final programmatic year and to provide tools that can be used in the future, as well as the approval of the allocation of $200,000 in the 2025 budget to support independent primary care. The Board wishes to extend the protections afforded under the ACO Participation Waiver to the arrangement described below for the reasons stated below.

1. OneCare solicited information from the independent primary care providers in its network about their use of AI Scribe products and experiences with each option. Many practitioners tried several available AI Scribe options with a preference for OneCare to provide a product that was interoperable with practice's electronic health records. However, there were few EHR compatible options and most that were tried did not meet practitioners' needs or expectations.
2. AI Scribe products generally require a 12-month subscription to secure favorable pricing terms.
3. The 22 OneCare enrolled practitioners in Evergreen Family Health, a CPR practice, will receive 12 months of Sunu, the AI Scribe product that is integrated into their electronic health record, eClinicalWorks. The practice has used this product and is satisfied with it.
4. The practitioners in the following CPR practices will receive 12 months of Heidi Health's AI Scribe product: Lakeside Pediatrics, Mountain View Natural Medicine, Thomas Chittenden Health Center, Richmond Family Practice and White River Family Practice. Several practices have tried this product and are very satisfied with its performance.
5. The practitioners in Primary Care Health Partners, another CPR practice, will receive 12 months of their preferred AI Scribe product, either Heidi Health or Abridge. The practice is currently in a trial period with Heidi Health's product.
6. After providing AI Scribe to these CPR practices, the remaining budget will be used to provide Heidi Health's AI Scribe product to as many independent primary care providers as possible.
7. Leadership will report back to the Board with a final report on the distribution of the allocated funds for the Board's approval.