2021 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC

Date Issued: July 1, 2020
Submission Due By: September 1, 2020
Submission Date: 8/31/2020

I. BACKGROUND

The Green Mountain Care Board (GMCB) is an independent, five-member board charged with overseeing the development and implementation, and evaluating the effectiveness, of health care payment and delivery system reforms designed to control the rate of growth in health care costs; promote seamless care administration and service delivery; and maintain health care quality in Vermont. To complement the GMCB's responsibilities and authorities with respect to health care payment and delivery system reforms, the Vermont Legislature charged the GMCB with certifying accountable care organizations (ACOs).

Once certified, an ACO is required to notify the GMCB of certain matters, such as changes to the ACO's operating agreement or bylaws, within 15 days of their occurrence. GMCB Rule 5.000, § 5.501(c).

Additionally, the GMCB reviews and verifies a certified ACO's ongoing certification eligibility annually. As part of that annual review, each certified ACO must (1) verify that the ACO continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000; and (2) describe in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in the certification sections of 18 V.S.A. § 9382 and Rule 5.000 that the ACO has not already reported to the GMCB. 18 V.S.A. § 9382(a); GMCB Rule 5.000, §§ 5.305(a), 5.503(d). An ACO chief executive, with the ability to sign legally binding documents on the ACO's behalf must verify under oath that the information contained in the ACO's eligibility verification submission is accurate, complete, and truthful to the best of his or her knowledge, information, and belief. *See id.* § 5.305(b). See **Attachment B: Verification on Oath or Affirmation**. In addition to the submission, an ACO may be required to answer questions or provide additional information requested by the GMCB for its review.

Because each ACO is unique and the documentation each ACO submits for certification (and subsequent verifications of eligibility) may differ, the GMCB develops a verification form for each ACO it has certified. This form has been developed for **OneCare Vermont Accountable Care Organization, LLC** (OneCare) for calendar year 2021 (Eligibility Verification Form).

II. REVIEW PROCESS

Within 30 days of receiving a completed Verification of Eligibility Form, the GMCB will notify OneCare in writing if additional information is needed. GMCB Rule 5.000, § 5.305(c). OneCare's certification remains valid while the GMCB reviews its continued eligibility for certification. *Id.* If the GMCB determines that OneCare, its participants, or its providers are failing to meet any requirement of Rule 5.000 or 18 V.S.A. § 9382, the GMCB may, after providing OneCare with notice and an opportunity to respond, take remedial actions, including placing OneCare on a monitoring or auditing plan or requiring OneCare to implement a corrective action plan. *Id.* § 5.504. The GMCB may also, after providing OneCare with written notice and an opportunity for review or hearing, revoke its certification or, if appropriate, refer a potential violation of antitrust law to the Vermont Attorney General. *Id.*; Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General.

The eligibility verification process does not limit the GMCB's authority to review OneCare's continued compliance with the requirements of Rule 5.000, 18 V.S.A. § 9382, or any orders or decisions of the Board. Such reviews may be performed at any time (e.g., in response to quarterly financial reporting). *Id.* § 5.503.

III. INSTRUCTIONS

OneCare must complete each section of this form and submit an electronic copy of the completed form to, Alena Berube, Director of Value-Based Programs and ACO Regulation, at Alena.Berube@vermont.gov and copy Marisa Melamed, Health Care Policy Associate Director, at Marisa.Melamed@vermont.gov, and Sarah Tewksbury, Health Policy Analyst, at Sarah.Tewksbury@vermont.gov. The form must be received on or before September 1, 2020. ***You must copy the Office of the Health Care Advocate on the filing.*** *See id.* § 5.104. If the OneCare representatives completing this form have any questions, contact Alena Berube, Marisa Melamed, or Sarah Tewksbury by calling (802) 828-2177, or by sending an email to the addresses above.

IV. DESCRIPTION OF CHANGES AND QUESTIONS FOR ONECARE

1. Submit a complete list of OneCare Policies and Procedures. In the table, include policy name, policy number (if numbered/lettered), date of most recent execution, and next review date. Please label the table "updated as of [date]."
   See Appendix 1 for a list of OneCare's current Policies and Procedures.

2. **FY20 ACO Certification Attachment A: Certification Eligibility Documents for OneCare Vermont ACO** is a list of policies, procedures, and other documents collected by the GMCB to review certification eligibility. Please complete the blank fields in the table. Have there been any material changes to the documents since the most recent filing with the GMCB? If so, provide a brief description of the change(s) and the reason(s) for the change(s) in the last column of the table. If the policies are uploaded in Adaptive, please upload new versions for those policies that have changed.
   See Attachment A with the necessary information.

3. Since OneCare's certification eligibility was last reviewed, have there been any material changes to OneCare's structure, composition, ownership, governance, and/or management that are not reflected in **FY20 ACO Certification Attachment A**? *See* §§ 5.201-5.203.
   Governance changes in OneCare's Board of Managers are reflected in the Board of Managers Roster included in Attachment A. Changes to OneCare's management team are reflected in the OneCare Organizational Chart and Leadership Team Table in Attachment A.

   Notably, Sara Barry was selected to fill the position of Chief Operating Officer in October 2019. The role was vacated by Vicki Loner upon her appointment as Chief Executive Officer. The role of CFO remains vacant at this time. The GMCB was notified of these changes upon the appointment of these positions.

4. Provide an update on the mechanisms OneCare employs to obtain consumer input, as compared to the information contained in OneCare's response to the 2020 Verification of Eligibility Form Response #3?
   In January, the Patient and Family Advisory Committee improved engagement by voting to increase the meeting frequency to monthly via video conference. The Committee also welcomed three new geographically diverse members, bringing supplemental experience and perspective to the discussions. At least one member of the Board of Managers attends each meeting with additional participation from OneCare's leadership team. OneCare's patient and family advisors have remained actively engaged during the COVID-19 public health emergency.

   This past year, OneCare's patient and family advisors provided valuable feedback on communication strategies to include posters and an overview document for the general public. OneCare leaders and staff present varying topics to the Committee regularly at their meetings throughout the year such as the evolution of the care coordination program; a training session outlining the roles of patient and family advisors; and experiences with telehealth. At each Committee meeting, members have an opportunity to share activities,

issues and concerns from their communities. The Committee reports to the full Board of Managers through a committee update that is available on OneCare's website.

OneCare's Patient and Family Centered Care (PFCC) internal workgroup, comprised of OneCare staff, continues to promote the concepts of Patient and Family Centered Care within our organization. Some of their implementations include:

- Presenting PFCC principles and the mission, vision, and goals of the workgroups to OneCare staff.
- Continuing to develop PFCC focused language in relation to population health work and discussion of data.
- Working with leadership to integrate the provider and care team perspective by adopting the quadruple aim, which includes support of the clinical care team.
- Developing posters for conference rooms to keep the focus on the impact of our work on patients, families, and providers.
- Orienting all new staff to PFCC concepts as they relate to the work of the ACO.

OneCare continues to host education sessions through Interdisciplinary Grand Rounds and Noontime Knowledge sessions that are open to the public. With a focus on patient and family centered care, OneCare incorporates a patient, family member or caregiver as a co-presenter in these educational sessions.

5. List and describe any advocacy training that the consumer/enrollee members of OneCare's Board of Managers and the members of OneCare's Patient and Family Advisory Committee have received since 2019 or will receive in 2021.
   The Committee received training from the Patient and Family Centered Care Coordinator at the University of Vermont Medical Center. The training described patient and family centered care and how this approach is used in health care settings. The Committee also learned about the role of an advisor, including best practices and potential challenges while serving in this capacity. This training took place in June 2020.

6. Has OneCare arranged for the members of its Patient and Family Advisory Committee to meet with representatives of the Office of the Health Care Advocate in 2020? If so, when will that meeting take place? *See* § 5.202(h). Did the Office of the Health Care Advocate prepare a report for OneCare following its last meeting with members of OneCare's Patient and Family Advisory Committee? If so, please attach a copy of the report to your filing.
   The most recent meeting with the Health Care Advocate (HCA) occurred on November 14, 2019. The HCA prepared a report of that meeting that was provided to both OneCare and the GMCB on December 4, 2019. OneCare plans to invite the HCA back at the end of 2020.

7. Please provide any updates to OneCare's Medicare benefit enhancement implementation plans and submit any new or updated relevant documentation, e.g. updates to the Three-Day Skilled Nursing Facility (SNF) Rule Waiver Implementation Plan submitted in 2018.
   The Coronavirus Aid, Relief, and Economic Security (CARES) Act emergency funding passed in March 2020 provides blanket waivers intended to create broad uptake and with fewer requirements than the programmatic waivers. These CARES Act changes essentially negate the use of more limited ACO waivers during the public health emergency. When the public health emergency ends and the blanket CARES Act waivers sunset, OneCare will review and update the implementation plans as necessary. OneCare has updated each of the waiver guidance documents to reflect the information outlined above and made them available to participants on the OneCare Vermont secure portal. See Appendices: 2a. PDHV Waiver Guidance, 2b. SNF Waiver Operations Manual, and 2c. Telehealth Waiver Guidance.

8. Provide an update and describe any changes related to OneCare's use of WorkBenchOne, or other platforms, that allow providers and OneCare to monitor utilization, costs, and clinical data.
   WorkBenchOne™ (WBO) is the platform that hosts OneCare's self-service analytic applications. The WBO data is comprised of claims, clinical and care coordination data that allows users to query independently in the applications, and supports informed decision making that drives a continuous improvement cycle. OneCare traditionally deploys a combination of virtual and in-person data literacy training to encourage our provider network to perform queries and generate reports on their own.

   Due to the distancing and social gathering limitations instituted during the pandemic, OneCare has adapted its training curriculums to offer more virtual sessions and created electronic learning material that is easily accessible in the Data Corner of Vermont Health Learn.

   In addition to updating and creating new standard reports for network participants, OneCare has remained focused on creating intuitive and easy to use applications that meet unique needs and allow users to examine key performance indicators to facilitate insights into utilization, costs, and clinical data in real time. In response to user feedback, we have simplified the applications and focused them on specific questions or needs identified by OneCare's network.

In 2020, OneCare developed an application called the Performance Dashboard Companion application. This tool is in beta testing with the network and will be released later in 2020. It allows the network to examine trends for all the key performance indicators at the Health Service Area, organization, practice, and provider level. It is designed to make comparisons across the network to identify high performers and facilitate conversations about where to focus to improve or impact these trends. The application provides insights into the relationship between cost and utilization as well as variations in key categories across the OneCare network for services included in the financial risk model.

The Quality Assurance application is used internally by the care coordination team to support the new value based payments in the care coordination program. It compares organization-level care management data to target as well as metrics that indicate the quality of care management received. The care coordination team uses this tool to identify outreach opportunities and follows up with organizations to address any areas of improvement to help facilitate high quality care coordination services.

The COVID-19 Patient Prioritization Application was deployed to the Network in April 2020 to support providers in their efforts to continue to care for high risk patients during the global pandemic. This tool identifies those patients most at risk of contracting or having negative impacts from COVID-19 by accessing condition and utilization information for those patients. Providers are able to outreach to high risk patients to help them manage their chronic conditions and to assure they can receive their prescriptions in order to remain safe in an uncertain time. This tool can be regularly accessed by participants to gain understanding about their patient panel and support outreach as the pandemic continues. The application continues to be updated as high risk criteria are released or updated. Recent changes to the application have included the addition of clinical data on patients tested for COVID-19 and additional risk fields as more data is available from national experts, such as the addition of race data when available. Lastly, the tool is able to identify patients with Social Determinants of Health and who may experience food access challenges or social isolation.

While OneCare has dedicated significant resources to create complex new tools and resources that allow deeper insight into performance in risk based contracts based on identified needs and feedback from the network, it is worth pointing out that previously created data supports remain available and are updated frequently. Further applications previously discussed are outlined below.

The Attribution self-service application identifies the number of attributed lives in each Health Service Area (HSA) by organization (i.e. Tax Identification Number or TIN) for all payer contracts and contains patient lists that can be exported to Excel for ease of use and integration into Electronic Health Record (EHR) systems. The data included in the patient lists is comprised of: Johns Hopkins ACG Risk Score, care coordination levels, qualified visit date, and condition flags (i.e. Asthma, CAD, COPD, Diabetes, High Risk Pregnancy, Hypertension, Tobacco Use, Anxiety, Depression, Dementia, and Bipolar Disorder).

The Vermont Medicaid Next Generation Utilization application is an internal tool used by OneCare and the Department of Vermont Access to track the utilization of all previously Prior Authorization (PA)-required services. It displays data in run charts and has drill-down capabilities to facilitate the identification of patterns of care delivery.

The Patient Prioritization for Care Coordination application assists in the prioritization of patients who may benefit from engagement in care coordination services. This application uses the Johns Hopkins risk grouper to determine if a patient is likely to have a care coordination gap in care based on the number of unique providers treating a patient. Users of the application gain insight in the total cost of care year-to-date, view a unique count of Emergency Department visits year-to-date, and review the last qualifying evaluation and management visit at the patient's attributed practice. The application allows users to create and review patient panels, including mental health diagnoses such as Anxiety, Depression, and Bipolar Disorder.

9. Describe all mechanisms (e.g., website, Patient Fact Sheet) OneCare uses to inform the public about how the ACO works.

OneCare continues to expand public-facing information and transparency through our website which includes an updated "Contact Us" page for each department and a form for members of the public to contact OneCare with questions, for more information, or with recommendations for the Patient Family Advisory Committee. The website includes a new transparency page describing OneCare, our governance structure, results, and salary information. The results page has been updated to include narrative descriptions of quality measures, quality improvement, and shared savings. Our news/blog section includes multiple posts each month about OneCare's work, media coverage, and our response to the COVID-19 pandemic.

OneCare continues to submit op-eds and press releases to statewide print publications to help share information about the benefits and impact on Vermont communities. OneCare also works with news agencies to help Vermonters better understand health care reform efforts, and to participate in interviews to explain the ACO to Vermonters. We have also held informational sessions for legislative representatives, stakeholder groups, news outlets, and other interested parties. At the beginning of 2020, we met with local Rotary and business leader organizations, but future meetings have been paused due to the pandemic.

OneCare has increased educational efforts to the public by creating more materials that describe what OneCare does and how we impact Vermonters. In addition, OneCare is finalizing a 2019 Annual Report that describes our work across the organization to increase public understanding and transparency.

OneCare posts to social media channels several times each week. Social media is an opportunity for us to communicate and share information with our partners, affiliates, and

the general public. The content we publish covers topics that address all four aspects of our Quadruple Aim: enhancing the patient experience; improving health; stabilizing costs; and supporting the care team. We also frequently share updates about ongoing initiatives and projects, for example in-depth analysis of the results of the COVID-19 telehealth survey that was sent to providers in the OneCare network and an overview of how OneCare partnered with statewide organizations to launch an online learning system. When OneCare creates blog posts, they are shared on LinkedIn to create awareness. OneCare routinely promotes or creates posts that address the health outcomes and quality of care targets in the areas prioritized by Vermont: substance use disorder, suicide, chronic conditions, and access to care. Examples of such posts include health awareness days and upcoming educational opportunities or events set up by OneCare or special events offered by partners or affiliates. OneCare routinely promotes important content posted by partners, shares general educational information about what OneCare does (including statistics and results), and drives people to read op-eds and other news coverage of OneCare that will help the public better understand what we do. During the COVID-19 pandemic, we encouraged Vermonters to stay healthy and safe.

- Gains on LinkedIn: We had a 154% increase in followers from Aug. 1, 2019 to July 31, 2020. OneCare's LinkedIn Channel had 1,117 unique visitors.
- Gains on Twitter: Our tweets received 61,400 impressions during a one year period.

10. Have there been any material changes that relate to the requirements of 18 V.S.A. § 9382(a) or Rule 5.000 that are not noted above? If so, please provide a brief description of the change(s).
There have been no material changes in OneCare operations or functions that have not been discussed within. Of note, OneCare is in the process of submitting an application for 501(c)3 status to the IRS and will keep the GMCB informed of progress and the results of this application.

11. Provide a status update on the items the GMCB required for compliance with the criteria enacted in 2018 Acts and Resolves No. 200 § 15 (mental health access). The response should include a narrative description of OneCare's performance on mental health related quality measures contained in payer contracts, 2020 Quality Improvement Plan, 2020 Clinical Priorities, and any other initiatives that apply to these criteria.
OneCare promotes local community activities to integrate mental and physical healthcare services. OneCare provides financial resources, tools and supports to promote community-based integrated care teams that include Designated Mental Health Agency (DA) staff, primary care, home health, Area Agencies on Aging, and other partners. Through these integrated teams, mental health concerns can be readily identified, prioritized, and resourced as part of the shared care plan process. Below are some examples of where OneCare's work meets the expanded criteria.

In 2019, Medicare quality measures came into alignment with other payers, allowing OneCare to educate the provider network on a coordinated set of quality measures. Keeping the measures consistent across programs removes administrative burden and provides the opportunity to address gaps in care at each visit regardless of the person's insurance coverage. OneCare quality measures related to mental health or substance use include the following:

- Follow-up after Hospitalization for Mental Illness, 7-day Rate
- Depression Remission at 12 Months
- 30-Day Follow-Up after Discharge from the ED for Mental Health
- 30-Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment

These measures represent a significant portion of the ACO's overall quality measure portfolio and are in alignment with Vermont's All Payer ACO Model Population Health goals. Additionally, when OneCare negotiates new contracts, the inclusion of measures related to mental health and substance abuse remain a high priority.

Direct comparison to prior Performance Years in quality measures is not reliable due to the evolving network and changes in the underlying structure of the programs prior to 2019. Early indicators reveal both areas of strength (30 Day Follow-Up after Discharge from the ED for Mental Health, 30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence, Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, and Follow-Up after Hospitalization for Mental Illness 7 Days) as well as areas for continued focused improvement efforts (Initiation of Alcohol and Other Drug Dependence Treatment).

OneCare's clinical priority areas and quality measures are chosen based upon data that are available to OneCare. It is important to note that payer suppression of data related to mental health and/or substance abuse has limited OneCare's ability to identify early insights that engages with the provider network to drive change and improvement activities in these areas. Clinical priorities are monitored through the OneCare Performance Dashboard. Improvement targets for the Clinical Priorities are set by payer program and tracked using claims data. OneCare tracks the following clinical priority areas across the ACO network in 2020 that may address mental health:

- Increase percent of Medicaid and Commercial patients with developmental screening.
- Decrease acute inpatient admission rate for high and very high risk cohorts.
- Decrease Emergency Department visit rate for high and very high risk cohorts.
- Increase percent of high and very high risk patients engaged in care coordination.

OneCare's complex care coordination program continues to provide funds to reimburse personnel in participating organizations to join care teams, to coordinate care across organizational boundaries, and to support person-centered goal setting and progress. This funding allows for the creation of positions and/or the reallocation of current staff to address the needs of patients with mental health and substance use disorder. OneCare continues to support the coordination of care across the continuum by investing time and resources in adapting Care Navigator to support patients with mental health conditions. Care team members from all participating sites have access to information on individuals' shared care plans, and receive admissions, discharges, and transfer information in- and out-of-state. Care Navigator contains patient panels, including mental health diagnoses such as Anxiety, Depression, and Bipolar Disorder. OneCare continues to incentivize mental health providers in its network by providing funding to Designated Mental Health Agencies (DAs) through an increased per-member per-month disbursement for serving on care teams as either the lead care coordinator or a care team member. OneCare has also incentivized the completion of a comprehensive annual care conference which serves as an important opportunity for mental health providers to meet with patients and their families to evaluate needs. Completion of a care conference results in a per-member-per-year disbursement for all care team members. Lead care coordinators and care team members are responsible for frequent and meaningful outreach to patients, participation in care conferences, and addressing patient goals while working to improve the physical and mental health of individuals. Decision making on the utilization of the funds that are provided remains the responsibility of the receiving organization and process metrics are tracked by OneCare to measure the impact of the investment. OneCare has seen a significant increase in the care managed rate.

As identified in the 2020 Quality Improvement work plan, OneCare increased the manual collection of clinical data from medical records across the network beyond the required yearly collection that determines performance on specific quality measures. Types of data collected include depression screening with follow-up for clinical depression and follow-up plan. These manually collected data are supplemented by claims-based data on measures such as 30-day follow-up from the Emergency Department for mental health or substance use disorders (two distinct measures). The collection of additional data allows OneCare to provide more timely information to inform clinical workflow redesign in support of better patient care. The data allows OneCare to produce quality measure scorecards, which are provided to practices on a health service area level, and provide feedback on areas where they are performing well and areas of opportunity. Data continues to be collected throughout the year and improvement is measured and reported back to the organization. OneCare submitted all required data on time for each payer program as described in the Quality Improvement plan.

OneCare has continued to invest in and collaborate with the Howard Center and SASH to embed a full-time mental health clinician in two Burlington congregate housing locations where SASH has on-site programs to improve access and utilization of mental health services by residents in low-income housing. The embedded clinician hosts groups and

meets with residents and staff. Staff have become more comfortable addressing and preventing crises and appreciate the warm hand-offs to the clinician. Residents continue to use the group and one-on-one services and provide positive feedback on their experience with this opportunity.

In 2020, OneCare and DVHA expanded the geographic attribution pilot that was tested in 2019. This new program, referred to as the Medicaid Expanded Attribution program, seeks to increase the likelihood that patients in this cohort will have a relationship with primary care. In addition, the transition from Vermont Chronic Care Initiative (VCCI) to the statewide complex care program increased care team composition to improve access to mental health care services. All Designated Mental Health Agencies are actively participating in the care model.

OneCare is investing in three pilot projects with Designated Mental Health Agencies – Washington County Mental Health, Northeast Kingdom Human Services, and Northwestern Counseling and Support Services – to work to reduce unnecessary use of the emergency department for individuals with urgent mental health needs. The model being tested this year embeds DA staff in the emergency departments to provide support and systematic follow-up care for individuals with mental health concerns to facilitate their timely connection to supportive community-based services.

In summary, OneCare Vermont complies with and supports the new criteria enacted in 2018 Acts and Resolves No 200 § 15 as part of our mission to join providers and communities together to improve the health of Vermonters. Mental Health is an important component of overall health. We have reflected it directly within our clinical priority areas and indirectly as a healthcare priority into data collection, care coordination, incentives, contracts, committee work and work within the community.

12. Provide an update on the items the GMCB required for compliance with the criteria enacted in 2018 Acts and Resolves No. 167 § 13a (payment parity). The response should include the current status of the 2018 CPR Pilot, the 2020 CPR program (reports required Q2 and Q3 2020), and any other initiatives that apply to these criteria.
OneCare makes payments to providers in three ways: 1) fixed payments to hospitals, 2) fixed payments to Comprehensive Payment Reform (CPR) independent primary care practices, and 3) population health management program payments. Within each category, the payment methodologies are the same among comparable participating providers across all practice settings.

<u>Hospital Fixed Payments</u>
Hospital fixed payments are determined in aggregate by the payers and then divided between the hospitals based on a blend of historical Fee for Service (FFS) spending and a risk-adjusted spend on a per-member per-month (PMPM) basis by OneCare. The fixed payments are designed to replace the historical cash flow generated from FFS billing. Because of the fixed payment approach, hospitals are now financially incentivized to

improve health and wellness, minimize potentially preventable utilization and deliver high-quality care. The methodology used to generate the payment amounts is the same for each hospital. Hospitals use their own financial management methodology to distribute payments within their organization.

Comprehensive Payment Reform Payments

In addition to hospitals, since 2018, OneCare has worked with payers to transition independent primary care practices from volume to value-based payment reform. This requires replacing payer fee-for-service payment with a fixed monthly payment from OneCare. The approach combines payer-paid fixed payment dollars with supplemental investments from OneCare. Each of the practices participating is subject to the identical methodology. The CPR fixed payment continues to provide predictable cash flow and financial resources to facilitate quality and care delivery improvements.

During the 2018 pilot year, three primary care organizations, representing eight practice sites agreed to participate and work collaboratively with OneCare on the program design. The organizations were able to build the necessary infrastructure to make the conversion from FFS and realize the value of the predictable revenue stream and positive impact to the delivery of care. As a requirement of the program, CPR practices implemented a quality or service delivery improvement project. The final 2018 report was delivered to GMCB on 10/22/19.

For the 2019 Performance Year, a partial capitation CPR model was offered to smaller practices as an on-ramp for transition into the full capitation CPR model. OneCare increased CPR program participation from three organizations in 2018 to nine organizations in 2020 (four organizations joined full capitation and five new organizations joined the partial capitation model). From the clinical side, all CPR organizations participated in service delivery or quality improvement projects and provided reports of their outcomes. The final 2019 report was delivered to GMCB on 7/31/20.

For 2020, seven organizations joined the full capitation model (two new practices and five who previously participated in 2019). In alignment with OneCare's shift from capacity to value-based payments, a variable PMPM component was implemented July 1, 2020 based on care coordination and care delivery outcomes (note the original implementation date was delayed due to the pandemic). Quality improvement continues to be a component of the program and requires practices to attest to their project outcomes. OneCare will provide updates and a final 2020 CPR report in 2021.

Population Health Management Program Payments

OneCare makes payments to network providers for engagement in delivery system initiatives designed to further the population health goals of the ACO and APM. These payments are designed to supplement, not replace, the existing claims-based reimbursements providers currently receive. In all cases, the amounts paid to each provider type within the network are based on the identical methodology.

13. Provide an update on the items the GMCB required for compliance with the criteria enacted in 2018 Acts and Resolves No. 204 § 7 (addressing childhood adversity). This should include an updated narrative of activities in the plan to address childhood adversity submitted Q1 2020.

OneCare actively supports multiple pathways to address childhood adversity including opportunities to improve systems alignment and integration, coordination of care, and advancing data-driven approaches to population health management.

Systems Alignment and Integration

OneCare and the Agency of Human Services (AHS) are working together with the support of a two year grant to develop the legal and operational pathways to enhance and integrate social complexity data contained within AHS systems with OneCare. This integration is aimed at strengthening collaborations across medical and human services providers to better identify individuals that could benefit from enhanced services and supports, reduce duplication, and improve individuals' experience of care.

OneCare continues to identify best practices and facilitate sharing of information on social determinants of health that impact health outcomes and quality of life. In 2019, OneCare convened a pediatric care coordination workgroup consisting of network pediatric providers across the state. Recommendations were made by this group including modifying risk stratification methodologies to better capture pediatric high risk patients, having the ability to self-identify a pediatric patient as high risk based on clinical judgement and/or presence of social determinant risk factors, and the addition of social determinant risk screening questions within Care Navigator. These recommendations were implemented in 2020. OneCare changed the risk stratification process such that pediatric patients 0-18 years of age were risk stratified separately for each payer program, resulting in higher proportions of pediatric patients designated as high/very high risk. The 2020 Care Coordination Payment policy allowed providers to designate pediatric patients of any risk level as high risk based on clinical judgement and/or presence of social determinants of health risk factors and to receive supplemental care coordination payments for these individuals. Social determinants of health screening questions were incorporated into Care Navigator in 2020 as a way of identifying and sharing with the care team food insecurity, housing, transportation, medication, and general safety needs.

Another form of system alignment achieved in 2020 is the incorporation of social risk scoring within Care Navigator. OneCare, in partnership with Algorex Health, has completed the process of capturing social determinant of health risk scoring data within Care Navigator. The goal is to improve identification of individuals/families that may be at increased risk related to social complexity and benefit from care coordination supports. Early signs indicate that the information is of value to providers and OneCare will continue to monitor the benefit.

Coordination of Care

The cornerstone of OneCare's care model is a strong relationship between the patient/caregiver and their patient centered medical home. The care model promotes outreach and engagement of individuals in primary care, identification and segmentation of the population by risk, and community-based care teams that can support individuals and families in the identification of person-centered goals of care. These activities are documented and supported in a shared care plan tool. Care team members also use tools such as Camden Cards and Eco Maps to identify social, economic, legal, or other risks as well as to map an individual's/family's strengths (e.g. relationships, resources, and social connections in the community). This model and the shared care plan were developed with input from pediatric providers with the aim of meeting the needs of children through screening and early connection with services.

OneCare is also collaborating with the Vermont Department of Health and Vermont Legal Aid to further enhance the Developmental Understanding and Legal Collaboration for Everyone (DULCE) model within the four sites established in 2019. DULCE is an intervention that takes place within a pediatric care office to address social determinants of health in infants, zero to 6 months, and provides support for their parents. A family specialist, trained in child development from the local Parent Child Center, attends the well child visits with families and medical providers. Together with the DULCE team, consisting of nurses, legal help, and pediatricians, the family specialist is able to help connect families with support systems to address the health disparities that often affect low income families, families of color, and immigrants. The DULCE sites are continuing to work toward expanding the program and further integration into pediatric practices. The COVID-19 pandemic did present some challenges as some of the sites switched to telemedicine. Some teams were able to pivot quickly to overcome these challenges, while others are still working to fully integrate back into pediatric practices.

Education and Network Support

On January 28, 2020 OneCare presented a noontime knowledge session on the Zero Suicide Initiative with subject matter expert Alison Krompf, MA, Director of Quality and Accountability for the Department of Mental Health. Alison educated participants on the populations that are most at risk of suicide. Alison shared data collected by the Vermont Department of Health indicating that adolescent students who identify as LGBTQ and students of color are at a disproportionately higher risk for suicide planning and attempts than other peers.

The 2020 Asthma and Chronic Obstructive Pulmonary Disease (COPD) Learning Collaborative beginning in September of 2020, is a collaborative quality improvement project organized by OneCare, the Vermont Department of Health, the Vermont Blueprint for Health, Support and Services at Home (SASH), Blue Cross and Blue Shield of Vermont (BCBSVT), and Bi-State Primary Care Association. This is the third learning collaborative planned by these organizations. The topic this year was chosen with intention to include the pediatric population with an asthma diagnosis. There are 16 primary care practices from

around the state participating in the nine month long collaborative running from September 2020 to May 2021. The practices will have the opportunity to learn best practices on COPD and Asthma management from subject matter experts during monthly noontime knowledge sessions. They will have the quality improvement support to implement improvement strategies in practice from the Blueprint for Health Quality Improvement facilitators. The teams are asked to look at specific quality measures, including assessing pediatric exposure to secondhand smoking, vaping, and other potential environmental triggers.

Pediatric Quality Measures

OneCare continues to work through its clinical committees to identify and track quality measures that impact the pediatric population. In 2020, quality measures that address childhood adversity include:

- Medicaid and Commercial patients age 12-21 with a well-care visit within 12 months.
- Medicaid and Commercial patients with developmental screening.

OneCare continues to educate its network around the quality measure specifications, current performance, benchmarks (as available) and targets.

V. NOTIFICATION OF POTENTIALLY ANTICOMPETITIVE CONDUCT

1. Does OneCare share pricing information (e.g., reimbursement rates paid by commercial insurers or other negotiated fee information) with participants in its network? Does OneCare employ any measures not already described in its Data Use Policy (03-03) to protect such information?
   OneCare does not share pricing information with participants in its network.

2. Does OneCare engage in any of the conduct described in paragraphs 2-5 of the Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General?[1] If yes, please describe.
   OneCare does not engage in any of the conduct as listed in paragraphs 2-5 in the Green Mountain Care Board's Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General.

VI. VERIFICATION UNDER OATH

Please complete and attach the requisite verifications under oath (**Attachment B: Verification on Oath or Affirmation**).

[1] Available at: https://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf.