



OneCare Vermont

Policy & Procedure Glossary

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Accountable Care Organization (ACO) means a group of doctors, hospitals, and other health care providers, who voluntarily come together to provide coordinated high-quality care and reduce costs.

ACO Activities means activities engaged in by OneCare related to promoting accountability for the quality, cost, and overall care for a population of beneficiaries and members attributed to OneCare under the terms of any ACO Program agreement(s) between OneCare and any Payer(s), including managing and coordinating care; encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery; or carrying out any other obligation or duty of OneCare.

ACO Network means all OneCare contracted Participants, Preferred Providers, and Collaborators.

ACO Program means a program between the ACO and a Payer for ACO Activities and value based payment arrangements.

ACO Program Agreement means an agreement between OneCare and a Payer for the performance of ACO services and any other services it may provide to the Payer.

ACO Services means OneCare's services for a Payer's beneficiaries and members under an ACO Program Agreement.

Affiliation means the process by which Attributed Lives Assigned to a Participant are further associated with a provider site of care and/or a provider, when possible, in order to support clinical programs and reporting. Affiliation does not waive the accountability of the Participant for the Assigned Lives through the Performance Year.

All Inclusive Population Based Payment ("AIPBP") means the full-risk capitation payment model for the Vermont Medicare ACO Initiative Program as set forth in Attachment B "Payment Provision" to the Medicare ACO Program Agreement.

Assign(ed) and Assignment mean the process by which Attributed Lives are linked to a Participant.

Assigned Life/Lives/Individual means individual(s) that receive healthcare benefits from a Payer in an ACO Program and are Assigned to the Participant through this policy.

Attributed Life/Lives/Individual means individual(s) that receive healthcare benefits from a Payer in an ACO Program and are attributed to the ACO in accordance with the terms of an ACO Program Agreement.

Attribution means the process by which an ACO becomes accountable for the cost and quality of care for a patient. Attribution methodology may vary by Payer and is primarily based on a member's primary care relationship with an ACO-participating provider.

Beneficiary or Member means individual(s) that receive healthcare benefits from a Payer in an ACO Program and are attributed to the ACO in accordance with the terms of an ACO Program Agreement.

Business Lead means a representative of the business unit or department requesting the Contract. The Business Lead shall: (i) provide the business terms, goals and information reasonably necessary for the Contract to reflect the arrangement desired; (ii) liaise with the Contracting Department to secure information, answer questions, provide support for the contracting process; (iii) assist to implement and monitor the Contract and (iv) provide support for renewal and termination decisions.

Business Review means the process by which every Contract is reviewed by the Business Lead, other identified subject matter experts, and the Contracting Department to assure that the terms of the Contract are consistent with the business goals and objectives of OneCare. The Business Review shall be consistent with other applicable policies of OneCare.

Care Coordination means the deliberate organization of patient care activities and sharing of information among all of the health care professionals and representatives of supporting social services organizations concerned with a patient's care. The goal is to achieve safer and more effective care. The patient's needs and preferences are known and communicated at the right time to the right people and used to provide safe and effective care.

Care Coordination Guidance Document means the set of Care Coordination criteria and specifications outlining the Care Coordination program and provided as a resource to the Network.

Care Managed means having a Lead Care Coordinator, identified by the patient, and a Shared Care Plan documented in Care Navigator with active goals and tasks as defined in the Care Coordination Guidance Document.

Collaborator means an individual or entity that has entered into a Collaboration Agreement with OneCare to: (i) provide for, (ii) arrange for, or (iii) manage health care services and/or social support services in the ACO service area, or to otherwise support the activities and goals of the ACO.

Covered Entities mean health plans, health care providers, and health care clearinghouses that transmit Protected Health Information (PHI) for transactions defined in 45 CFR 160.103.

Health Service Area (HSA) means one or more counties that are relatively self-contained with respect to the provision of routine hospital care as defined by the Dartmouth Atlas methodology.

Legal Review means the process by which Contracts, other than those excepted from this Policy, are reviewed by ACO Legal Counsel, or his/her designee, to assure that the terms of the Contract are consistent with the legal, contractual and regulatory obligations of OneCare and OneCare's business objectives and strategy.

Organized Health Care Arrangement (OHCA) means an "organized health care arrangement" recognized under HIPAA that allows two or more Covered Entities who are clinically or operationally integrated, to share protected health information about their patients to manage and benefit their joint operations.

Participant means an individual or group of Providers that is: (1) identified by a TIN; (2) included on any list of Participants submitted by ACO to Payers; (3) qualifies to attribute lives in ACO Programs; and (4) that has entered into a Risk Bearing Participant & Preferred Provider Agreement with ACO. Participant may be more particularly defined in each ACO Program.

Participating Provider means an organization that has a signed Risk Bearing Participant and Preferred Provider Agreement with OneCare and operates programs designed to improve quality and patient experience, and to manage costs.

Preferred Provider means an individual or an entity that: (1) is identified by a TIN; (2) if required by ACO Payer(s), is included on the list of Preferred Providers submitted by ACO to Payer(s); (3) does not qualify to attribute lives in ACO Programs; and (4) has entered into a Risk Bearing Participant and Preferred Provider Agreement with ACO. Preferred Provider may be more particularly defined in each ACO Program.

Primary Care Provider means a health care provider who meets the criteria of an ACO Program for a Primary Care Provider. This is generally a physician (and for certain ACO Programs a Nurse Practitioner or Physician Assistant) whose specialty is internal medicine, geriatrics, family practice, pediatrics or naturopathy; a Federally Qualified Health Center or a Rural Health Center.

Protected Health Information (PHI) means Protected Health Information as defined by 45 C.F.R § 160.103 and the HIPAA Privacy Rule.

Responsible Signatory means a representative of OneCare with the authority to contractually bind the organization up to the representative's authorization level as stated in other OneCare Policies and governance documents. The CEO, COO, and VP, Finance are Responsible Signatories.

Shared Care Plan means a structured tool used to identify and document (1) a patient's goals, barriers, and strategies with the Care Team member(s) responsible for each; (2) the timeframe for achieving goals and (3) the patient's prioritization of these goals/activities. A Shared Care Plan is used to facilitate the communication of information needed to coordinate across Care Team members. A Shared Care Plan is created when two goals and two tasks per goal are documented and regularly updated in Care Navigator to meet the expectations of the Care Coordination Model. A Shared Care Plan should be routinely reviewed by the Lead Care Coordinator with the patient and appropriate Care Team members and updated as needed.

Shared Risk or Shared Loss is more particularly defined by each ACO Program, but generally means the portion of Performance Year spending that was greater than expected spending that must be returned to Payer.

Shared Savings is more particularly defined by each ACO Program, but generally means the portion of Performance Year spending that was less than the expected spending.

Total Cost of Care means, generally, the Payer's financial cost of providing qualifying health care services to the ACO's Attributed Lives for a Performance Year.

Workforce means person(s) employed by, leased or furnished to, or shared with OneCare to perform jobs it assigns to them.