

**ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC
DEPARTMENT OF VERMONT HEALTH ACCESS MEDICAID NEXT GENERATION MODEL
ACO PROGRAM ADDENDUM**

EXHIBIT 1 – PERFORMANCE YEAR 2021

This EXHIBIT 1, to the DEPARTMENT OF VERMONT HEALTH ACCESS MEDICAID NEXT GENERATION MODEL ACO PROGRAM ADDENDUM (“ACO Program Addendum”) between **University of Vermont Medical Center Inc.** and **OneCare Vermont Accountable Care Organization, LLC** is attached to and a part of the Parties’ Agreement.

Whereby, in accordance with Section 2.1 of the ACO Program Addendum, the following Maximum Risk Limit is hereby incorporated into and made a part of the Agreement;

Whereby, the Parties acknowledge that these calculations are based on a programmatic prospective attribution model, and that adjustments may be made during the Program Year for factors such as changes in attribution, other Department of Vermont Health Access Medicaid Next Generation Model ACO Program terms or ACO Policies; and

Whereby, the Parties acknowledge that this payment model is subject to final financial information and the rights reserved to OneCare in the Agreement and ACO Program Addendum:

Traditional Attribution Cohort	
Initial Attribution ¹	21,536
Percent of Attribution ²	25.9%
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Cohort Maximum Risk³	\$1,504,427
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Expanded Attribution Cohort	
Initial Attribution ¹	6,287
Percent of Attribution ²	23.5%
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Cohort Maximum Risk³	\$108,974
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Maximum Risk Limit (MRL)⁴	\$1,613,401
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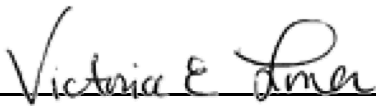
(1) Attribution is subject to change based on the methodology contained within the Department of Vermont Health Access Medicaid Next Generation Model ACO Program Agreement. Final member months of attribution will be used in final settlement calculations.

(2) Percent of Attribution represents HSA portion of Total Program Initial Attribution

(3) Calculated by applying the Percent of Attribution to the OneCare Vermont Total Risk. This amount will be recalculated in the same manner using actual member months of attribution at the time of settlement.


(4) This amount will be recalculated in the same manner using actual member months of attribution at the time of settlement. The Traditional Attribution Cohort carries a 2% downside risk corridor and the Expanded Attribution Cohort carries a 1% downside risk corridor.

ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC

By:  Date: 9/1/2021
Victoria E. Loner
Chief Executive Officer

University of Vermont Medical Center, Inc.

TIN: 030219309

By:  Date: 08/31/2021
Authorized Signature

Print Name: Richard Vincent

Title: Interim Chief Financial Officer