

Exhibit A

PERFORMANCE YEAR 2023 PROGRAM OF PAYMENT

Payments to Participants and Preferred Providers are calculated and distributed pursuant to policies approved by the OneCare Board of Managers. All OneCare policies, including but not limited to those referenced in this Exhibit A, Program of Payment, are incorporated herein by reference and are available at <https://portal.onecarevt.org/Account/Login?ReturnUrl=%2f>. To the extent a conflict exists between OneCare policy and this Exhibit A, Program of Payment, OneCare policy shall be considered controlling.

Programmatic Financial Risk and Savings Opportunity

Financial risk and savings opportunities, including treatment of Accountability Pool Contributions, are allocated as set forth in Board approved Policy 04-07-PY23, Program Settlement PY 2023. Maximum Risk Limits (MRLs) are calculated by allocating the maximum potential ACO Program financial risk for Shared Losses to each HSA proportionally based on Attributed Lives. MRLs are provided in writing to all Risk Bearing Entities prior to the Program Year.

Participation Fees

Participation Fees for Hospital Participants are calculated according to the methodology set forth in the Board approved Policy 04-10-PY23, Participation Fees PY 2023. Participation Fees are deducted monthly from other payments made to Hospital Participants (e.g., Hospital Fixed Payments) or invoiced.

Hospital Fixed Payments

Hospital Fixed Payments are made monthly to Hospital Participants that contractually agree to accept them, subject to OneCare receiving payment from the corresponding ACO Program payer(s). Hospital Fixed Payments are calculated according to the methodology set forth in the Board-approved Policy 04-11-PY23, Hospital Fixed Payment PY 2023.

Population Health Model (PHM) Payments

OneCare will make monthly PHM Payments to Participants and Preferred Providers that contractually agree to participate in care coordination. OneCare will make bonus payments for meeting threshold targets for PHM Accountability Measures. PHM Base Payments and Bonus Payments are calculated according to the methodology set forth in the Board approved Policies 04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025, and 04-20-PY23-25 Preferred Provider and Collaborator Population Health Model and Payments PY 2023-2025.

Comprehensive Payment Reform (CPR) Payments

CPR Payments are made monthly to independent primary care Participants that contractually agree to accept CPR Payments, subject to OneCare receiving payment from the corresponding ACO Program payer(s). CPR Payments are calculated and paid using the methodology set forth in the Board-approved Policy 04-08-PY23 Comprehensive Payment Reform PY 2023.

Payment Adjustments

Prospectively set payments may be adjusted to reflect evolving circumstances, or to minimize reconciliation payments at the end of the Performance Year. Adjustments to prospectively set payments are not considered removals of, or reductions in payments within the meaning of the First Amended and Restated Risk Bearing Participant and Preferred Provider Agreement.

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**Performance Year 2023 Summary of Payment
by Participant and Preferred Provider Type**

The following payment summary is applicable for the 2023 Performance Year for the following ACO Programs: Vermont Medicare ACO Initiative Program, the Department of Vermont Health Access Medicaid Next Generation Model ACO Program, the Blue Cross Blue Shield of Vermont Commercial Next Generation and Primary Population Based ACO Program, and the MVP QHP Population Based ACO Program.

	Shared Savings/Losses as RBE	Shared Savings/Losses through Accountability Pool	Participant PHM Base	Preferred Provider PHM Base	PHM Bonus	Hospital Fixed Payments	CPR
Hospitals as RBE	X					X	
Hospital Primary Care		X	X		X	X	
Independent Primary Care		X	X		X		X
FQHCs		X	X		X		
DA				X	X		
Home Health				X	X		
AAA				X	X		