2022 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC

Date Issued: July 1, 2021
Submission Due By: September 1, 2021
Submission Date: 8/30/2021

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) that are required to be certified under 18 V.S.A. § 9382. To be eligible to receive payments from Vermont Medicaid or a commercial insurer, an ACO must obtain and maintain certification from the GMCB. 18 V.S.A. § 9382(a).

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, including any related guidance or bulletins issued by the GMCB regarding certification requirements; 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, §§ 5.301(d), 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. *See id.* § 5.305(c).

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 2022 (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 Health Systems Policy, 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, 2021. ***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 Policies and Procedures.

2. **FY22 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.

   See Attachment A with the required 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? Please use **FY22 ACO Certification Attachment A** to provide a brief description of the changes and include additional narrative below as needed to explain rationale. (*See* §§ 5.201-5.203.)

   Governance changes in OneCare's Board of Managers are reflected in the Board of Managers Roster provided to the GMCB on July 30, 2021 as reflected in Attachment A. In accordance with Rule 5, OneCare designated an At Large seat to an additional Consumer Member to meet the requirement for a commercial seat for any contracted commercial insurer that has a Vermont market share of greater than 5%.

   Changes to OneCare's management team are reflected in the OneCare Organizational Chart and Leadership Team Table provided to the GMCB on August 30, 2021 as reflected in Attachment A. Specifically, since last year's certification, the Leadership Team Table and Organizational Chart have been updated to reflect Josiah Mueller as Director, Value Based Care; Derek Raynes as Director, Payment Reform; the vacancy of the Director, RiseVT role; and a planned transition for the Chief Medical Officer role. The GMCB was notified of these changes through the monthly budget order deliverables process.

   a. Explain what changes OneCare is making to its organizational structure, corporate form, governance, tax reporting, or other areas now that the company has received 501(c)(3) status. (*See* §§ 5.201(a), 5.203(d), 5.305(a)(2).)

      Since OneCare's founders and many of its Participants are nonprofit organizations that operate in furtherance of their tax exempt status, there has been alignment of purpose since inception. OneCare filed paperwork

with the Internal Revenue Service in fall 2020 seeking 501(c)(3) designation. OneCare was notified by the IRS of approval of this application in April 2021.

In support of the 501(c)(3) status, the IRS requirements and principles are now explicitly stated in the Operating Agreement, as follows:

- Addition of Article 6 that provides:
  - OneCare will operate exclusively for exempt purposes
  - Lobbying and political campaign restrictions
  - Members limited to 501(c)(3)
  - No merger with for profit
- Removal of for profit concepts, namely:
  - Capital Contributions
  - Profits and Losses
  - Distributions to Members
- Insertion of nonprofit concepts
  - Statement of exempt purposes
  - Distributions on liquidation only to 501(c)(3) organizations

This Amended Operating Agreement was presented to the IRS as part of OneCare's request for recognition as a 501(c)(3) exempt organization and the grant of that status indicates IRS approval that the concepts are properly expressed. An IRS form 1065 will be filed for the year through October and OneCare will submit a stub year IRS form 990 for the rest of the year. OneCare will file an IRS form 990 annually going forward.

b. Explain how OneCare structures its executive compensation to achieve specific and measurable goals that support the ACO's efforts to reduce cost growth or improve the quality and overall care of Enrollees, or both. (*See* § 5.203(a), GMCB Guidance re Rule 5.000, § 5.203(a))

OneCare's leadership compensation is determined using current market research and a third party consultant is used for benchmarking executive positions. When setting base pay for executives, The University of Vermont Medical Center (UVMMC) targets the market median (50th percentile) rate. When setting total direct compensation (base pay plus variable pay) for executives, UVMMC targets the market 65th percentile. A third party consultant is occasionally used to benchmark director level roles, but the rest are benchmarked in-house using over 18 market surveys and utilizing software which aggregates all the survey data. For non-executive pay, UVMMC targets the market median (50th percentile).

Each year, OneCare's Board of Managers establishes corporate goals which are then tracked throughout the year. The corporate goals align with the mission, vision, and strategic plan of the ACO. Under each goal are one or

more strategies and associated tactics. Throughout the year, the status of each tactic is assessed and a completion measure is noted and adjusted quarterly as relevant. At the completion of the performance year, a final report is submitted to the Board of Managers for review and approval. A portion of executive compensation is tied to successful attainment of these goals, strategies, and tactics on an annual basis. This is evaluated objectively by the next level of leadership and, for the CEO, by the Chair of the Board.

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 2021 Verification of Eligibility Form Response #3? (*See* § 5.202(g); 5.206(d).)

   OneCare seeks consumer input through its Patient and Family Advisory Committee (PFAC). This group is highly engaged and committed to guiding decisions that impact quality and care coordination outcomes for Vermonters. The committee meets monthly and is comprised of 12 individuals from diverse backgrounds and areas of the state, each with their own healthcare experiences from which they base their feedback. At least one member of the Board of Managers attends each meeting with additional participation from OneCare's leadership team.

   The committee remained actively engaged during the COVID-19 public health emergency, specifically providing valuable feedback on communication strategies. Other topics for 2021 have included OneCare's strategic planning; care coordination policy review and program redesign; and the Developmental Understanding and Legal Collaboration for Everyone (DULCE) model. At each Committee meeting, members have an opportunity to share activities, issues and concerns from their communities. The Committee provides a committee report to the Board of Managers that is posted publicly on OneCare's website.

   In addition to the consumer input garnered through PFAC, OneCare plans to collaborate directly with its health service areas in fall 2021 to send care coordination surveys to a sampling of Vermonters who have received care coordination services under the OneCare Care Coordination Model. This will afford another opportunity for OneCare to obtain consumer input.

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 2022. (*See* § 5.202(f)(5).)

   OneCare provides training for any new consumer members in the PFAC or on the Board of Managers as needed. PFAC as a whole received a special training from the Patient and Family Centered Care Coordinator at UVMMC in June 2020. The training described patient and family centered care and how this approach is used in health care settings. OneCare has experienced full retention of the PFAC members since this last training, but will consider a refresher training for 2022.

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 2022? 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? (*See* § 5.202(c).) If so, please attach a copy of the report to your filing.

   The most recent meeting with the Health Care Advocate (HCA) occurred on December 8, 2020. The HCA prepared a report of that meeting that was provided to both OneCare and GMCB. OneCare plans to invite the HCA back in October 2021.

   See Appendix 2 HCA-OCV PFAC Meeting 12-2020.

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. (*See* § 5.403(a)(11).)

   The Coronavirus Aid, Relief, and Economic Security (CARES) Act emergency funding passed in March 2020 provides blanket waivers with fewer requirements, negating the need to use the 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 and distributed them to participants on the OneCare secure portal.

   See Appendices: 3a. PDHV Waiver Guidance, 3b. SNF Waiver Operations Manual, and 3c. 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. (*See* § 5.206-5.207, 5.210)

   Workbench One™ (WBO) is the platform that hosts OneCare's analytic applications. The WBO tools display 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. Further, WBO is used extensively by OneCare's analysts to support ad hoc requests and for performance monitoring and reporting.

   OneCare offers virtual sessions for training on use of these tools and has created electronic learning materials that are easily accessible in the Data Corner of Vermont Health Learn (OneCare's eLearn system). All WBO users are automatically enrolled in the Vermont Health Learn portal and have access to these resources.

OneCare remains focused on creating intuitive and user friendly applications to meet our network's needs, allowing real time data insights into utilization, costs, and clinical data for decision making. OneCare is responsive to user feedback, recently simplifying the tools and redesigning in support of network requests.

The following tools are new or recently enhanced to support network needs:

OneCare Self-Service Tools New Since July 2020	
Performance Dashboard Companion *Workbench One Self-Service Tool* September 2020	Dynamic tool to investigate key cost and utilization metrics monitored through the Performance Dashboard monthly report. This tool provides insights into network variation across the health service areas and the ability to understand a provider, practice, and organization's specific performance in the key cost and utilization metrics.
Inpatient: Care Location Insights *Workbench One Self-Service Tool* December 2020	Enables a clear understanding of where inpatient care is being delivered and the types of services provided, as determined by diagnosis related groups (DRGs). The tool provides easy identification of admissions happening at a network member's hospital or outside of it. This helps the network understand utilization patterns and opportunities for care coordination across health service areas.
Influenza Vaccine *Workbench One Self-Service Tool* 2020 Flu Season	Identifies opportunities for improving the overall influenza vaccination rate for OneCare attributed individuals by utilizing a combination of available claims and clinical data to track vaccination progress in the current flu season compared to last year. The tool allows users to track the progress of the overall population, as well as at risk subpopulations including individuals over the age of 65, under the age of 2, pregnant women, and other individuals with conditions that put them at higher risk for poor outcomes from the flu.
Hypertension Diabetes *Workbench One Self-Service Tool* June 2021	Interactive tool designed to support the OneCare Network in managing the population health for the subset of the attributed population who has a diagnosis of hypertension and/or diabetes. Clinical and claims data are utilized to identify these key populations.
COVID-19 Vaccination Application *OneCare Internal Self-Service Tool*	This tool was built to support the COVID-19 vaccination efforts in the state. Using this tool OneCare Staff was able to provide to participants lists high risk patients identified in phase 5 A and B to prioritize vaccine outreach. This work was done in collaboration with the Vermont Department of Health.
OneCare Self Service Tool Enhancements	
Process Metrics Application Enhancements *Workbench One Self-Service Tool* July 2020	This application tracks activity logged in Care Navigator. In 2020, enhancements were made to make it a robust tool for patient prioritization. It includes a population list that can be filtered into prioritized panels based on demographics, predicative indicators output from Johns Hopkins risk grouper, summarized claims metrics and social risk indicators in any combination relevant to the network participant.
Attribution 2021 Enhancements *Workbench One Self-Service Tool* June 2021	The application provides patient lists and high level demographics to support an understanding of the attribution population. In 2021, enhancements were made to provide insight into how the attributed population changes year over year to provide deeper understanding of the lives supported by the ACO.

9. Describe all mechanisms (e.g., website, Patient Fact Sheet) OneCare uses to inform the public about how the ACO works. (*See* § 5.208.)

   OneCare continues to expand public-facing information and transparency through our website which includes information describing OneCare, frequently asked questions, our governance structure, salary information, and results. The results page includes 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 community partner efforts. We have also created a series of short videos that describe value based care, provide examples of data and analytics improving care for communities, and a patient story that explains care coordination. These videos, and others, can be found on the video center of our website.

   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. Our website now includes a media center to provide fast facts to assist with reporting. OneCare has held information sessions for legislative representatives, stakeholder groups, and other interested parties, and community forums will be resumed this year. Our first annual report was released in 2020 and we plan to release one each year.

   OneCare posts to social media channels several times each week, providing an opportunity to communicate and share information with partners, affiliates, and the general public. The content covers topics that address all four aspects of our Quadruple Aim: enhancing the patient experience; improving health; stabilizing costs; and supporting the care team. OneCare provides updates about ongoing initiatives and projects and creates blog posts that 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.

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). (*See* § 5.305(a)(2).)

    All material changes in OneCare operations or functions that been discussed within. Of note, OneCare has received 501(c)(3) designation and will keep the GMCB informed of any overall changes resulting from this status (see question 3(a) above).

11. Provide describe what actions the ACO has taken to ensure equal access to appropriate mental health care that meets the requirements of 18 V.S.A. § 9382(a)(2), including an update to items required by the GMCB for compliance with 18 V.S.A. § 9382(a)(2).. The

response should include a narrative description of OneCare's performance on mental health related quality measures contained in payer contracts, 2022 Quality Improvement Plan, 2021 Clinical Priorities, and any other initiatives that apply to these criteria. Please indicate if there are no other initiatives that apply to these criteria. (*See* §§ 5.206, 5.305(a)(1); 18 V.S.A. § 9382(a)(2).)

OneCare integrates mental and physical healthcare services into its work by providing financial resources, tools, and other support to promote community-based integrated care teams. These teams include Designated Mental Health Agencies, primary care providers, home health agencies, and Area Agencies on Aging. Through these integrated teams, mental health concerns are 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 2021 quality measures related to mental health or substance use include the following:

- Follow-up after Hospitalization for Mental Illness, 7-day Rate
- Screening for Clinical Depression and Follow Up Plan
- 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
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Composite)

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. OneCare's 2019 Quality scorecards, which are the most recent final quality results available, demonstrate improvements compared to 2018 performance for mental health and substance abuse measures.

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.

OneCare tracks the following clinical priority areas across the ACO network in 2021 which directly or indirectly address mental health concerns:

- Percentage of Medicaid and Commercial patients with adolescent well care visits.
- Acute inpatient admission rate for high and very high risk cohorts.
- Emergency Department visit rate for high and very high risk cohorts.
- Percentage of high and very high risk patients engaged in care coordination.
- Percentage of Care Managed Patients with Care Team Members by Organization Type, including Designated Agencies.
- Percentage of Care Managed Patients with Lead Care Coordinators by Organization Type, including Designated Agencies.

OneCare's care coordination program currently provides 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 is currently engaged in state-wide stakeholder engagement sessions to learn how its care coordination efforts can best serve the network.

OneCare continues to support the coordination of care across the continuum by investing time and resources 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 coordination tools contains patient panels, including mental health diagnoses such as Anxiety, Depression, and Bipolar Disorder.

OneCare's Value Based Incentive Fund, a program that provides financial incentives to primary care practices for high quality measure performance, focuses on four quality measures in 2021 and 2022: two measures for pediatric practices, two for adult and family practices. For pediatric practices, one of the measures is Clinical Depression Screening and Follow Up which demonstrates OneCare's support of mental health care delivery. OneCare evaluates quarterly performance of these measures through clinical data feeds and manual chart abstraction. Quarterly performance results are disseminated to network providers with follow up engagement regarding process improvement opportunities.

OneCare continues to invest in and collaborate with the Howard Center and Support and Services at Home (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 2021, OneCare and DVHA continued with the expanded geographic attribution model, originally tested in 2019. This program, referred to as the Medicaid Expanded Attribution program seeks to further increase the likelihood that patients in this cohort will have a relationship with primary care. OneCare has learned that a fair number of individuals in this cohort attribute because they are receiving mental health or other emergency services but may not have a primary care provider, thus falling outside the traditional cohort. This learning resulting in local collaborative efforts to promote pathways for individuals to connect to a primary care office.

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 and therefore a high priority within OneCare operations. This is reflected directly within OneCare's clinical priority areas and indirectly as related to data collection, care coordination, incentives, contracts, committee work and work within the community. OneCare is eager to continue partnering with statewide stakeholders in its work to improve mental health care delivery.

12. Provide describe what actions the ACO has taken to receive and distribute payments to its participating health care providers in a fair and equitable manner and to minimize differentials in payment methodology and amount, including an update to items required by the GMCB for compliance with 18 V.S.A. § 9382(a)(3). The response should include the current status of the 2021 Comprehensive Payment Reform Program, the 2022 CPR program, and any other initiatives that apply to these criteria. Please indicate if there are no other initiatives that apply to these criteria. (*See* §§ 5.209, 5.305(a)(1); 18 V.S.A. § 9382(a)(3).)

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.

Hospital Fixed Payments

Hospital fixed payments are determined in aggregate by the payers and then divided between the hospitals based on analysis by OneCare and endorsement from the Finance Committee. The fixed payments are designed to replace the historical cash flow generated from fee-for-service (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.

In 2021, the financial model was simplified by moving the population health management payment ($3.25 PMPM) and care coordination payments outside of the CPR model. The variable PMPM component previously utilized was difficult for practices to track and for OneCare to administer. This change simplifies the CPR payments which now only include the FFS replacement funds and supplemental CPR payments. As an additional benefit to participants, a historical attribution attrition factor was applied so that practices receive the same predictable payment each month. OneCare has also been able to incorporate a fixed payment for the BCBSVT QHP program, bringing three of the five OneCare payer programs within the CPR Program tent. Finally, 2021 is the first year of practice-specific quality evaluation that will dictate payments from the Value Based Incentive Fund. With this evolution, the CPR practices are held to the same quality standards as the rest of the OneCare primary care practices.

To inform 2022 planning, OneCare has hosted a series of focus groups with CPR participants and other financial leaders across the network, to discuss what is working well and what can be improved for the 2022 program. Now that participants have been engaged in the program for a number of years, OneCare will evaluate whether or not the practices have been able to utilize the additional funds and stable payments to generate positive outcomes. Of note, in 2022 the prospective PMPM is targeted to achieve 105% of a blended fee for service (FFS) rate, to allow the program to fund increased primary care capacity and service offerings closer to real time.

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 Vermont's All Payer Model (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. Please describe how the ACO provides connections and incentives to existing community services for preventing and addressing the impact of childhood adversity and other traumas. Please describe how the ACO collaborates on the development of quality-outcome measurements for use by primary care providers who work with children and families and fosters collaboration among care coordinators, community service providers, and families.

How does the ACO plan to better provide those connections and incentives in FY22? Please highlight any significant changes in this work from FY21 to FY22. Please provide an update to items required by the GMCB for compliance with 18 V.S.A. § 9382(a)(17). (*See* §§ 5.305(a)(1), 5.403(a)(20); 18 V.S.A. §9382(a)(17).)

OneCare actively supports multiple pathways to address childhood adversity including partnerships to foster engagement and alignment, coordination of care, education, and network support. These efforts work in harmony to support OneCare's data-driven approaches to population health management.

Partnerships to Foster Engagement and Alignment

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 deploy strategies identified by pediatric providers from across the state. Specifically, OneCare changed its 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. These changes were incorporated into OneCare's 2020 Care Coordination Payment policy. Additionally, social determinants of health screening questions are incorporated into Care Navigator as a way of identifying and sharing with the care team food insecurity, housing, transportation, medication, and general safety needs. This functionality furthers OneCare's network's ability to address childhood adversity in a systematic and data-driven manner.

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.

Over the past several years, OneCare's work included initiatives which foster incorporation of social determinants of health risk factors into its care coordination program. OneCare proactively identifies members at risk and shares this information with providers. OneCare

partnered with Algorex to identify social risk-related issues (e.g. housing or food insecurity) to design and incorporate a social risk score into risk prediction modeling. This risk modeling can be used in conjunction with the medical risk score and clinician judgment to optimize outreach efforts to those patients with the greatest opportunity to benefit from care coordination efforts. The Algorex social risk score assignment is calculated for all attributed individuals based on demographic information and is not dependent on clinical encounters.

OneCare is also collaborating with the Vermont Department of Health and Vermont Legal Aid to further enhance the 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 continued to expand the program and further integrate into pediatric practices throughout the pandemic using telemedicine visits. In 2021, DULCE sites are working with VCHIP (Vermont Child Health Improvement Project) to increase training in the Brazelton Touchpoints model so that human service organizations can support families outside of the DULCE model in the clinical setting.

Education and Network Support

The 2020-2021 Asthma and Chronic Obstructive Pulmonary Disease (COPD) Learning Collaborative is a collaborative quality improvement project organized by OneCare Vermont, the Vermont Department of Health, the Vermont Blueprint for Health, 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. In 2021 there were 10 primary care practices from around the state participating in this 10 month long collaborative running from September 2020 to June 2021. The practices had the opportunity to learn best practices on COPD and Asthma management from subject matter experts during monthly one hour Noontime Knowledge sessions with 30 minutes of follow-up dialogue after each session. Practices had quality improvement support to implement improvement strategies in their practices from the Blueprint for Health quality improvement facilitators. The teams were asked to look at specific quality measures, including assessing pediatric exposure to secondhand smoking, vaping, and other potential environmental triggers. One CME/CEU credit was offered for those who participated in the sessions.

The 2021 session topics and presenters were as follows:

- January: Asthma & COPD Action Plans with Dr. Ram Baalachandran
- February: Intensive Self-Management with Dr. Keith Robinson
- March: Role of Allergy Testing & Allergy Control Measures in Improving Outcomes in Asthma with Dr. Cristina Carter

- April: Medication Management and Motivational Interviewing with Amy Yanicak, PharmD
- May: Noninvasive Ventilation and Pulmonary Rehabilitation with Dr. Ram Baalachandran and Dr. Katherine Menson
- June: Advanced Care Research and State of Science in Palliative Care and Difficult Conversations with Patients with Dr. Robert Gramling

The Learning Collaborative wrapped up with poster presentations from the participating practices. A six month follow-up check-in and data review session is scheduled for December 2021.

Pediatric Quality Measures

OneCare continues to work through its clinical committees to identify and track quality measures that impact the pediatric population. In 2021, quality measures which include pediatric patients and thus address childhood adversity include:

- Child and adolescent well-care visits (ages 3-21) with a well-care visit within the calendar year
- Developmental screening in the first three years of life
- Follow-up after hospitalization for mental illness (includes patients ages 6 and up)
- Follow-up after ED visit for mental health (includes patients ages 6 and up)
- Follow-up after ED visit for substance use (includes patients ages 13 and up)
- Initiation and engagement of alcohol and other drug dependence treatment (includes patients ages 13 and up)
- Screening for clinical depression and follow-up (includes patients ages 12 and up)

In support of these efforts, OneCare works closely with its network of participants to educate about quality measure specifications, clarify organizational quality improvement priorities, and share appropriate benchmarks and targets as available. Collectively, the above work demonstrates how OneCare's efforts are together addressing childhood adversity and related concerns.

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**).

See Attachment B FY 2022 Verification on Oath or Affirmation.

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