

# 2023 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC

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**Date Issued:** June 27, 2022

**Submission Due By:** September 1, 2022

**Submission Date:** August 31, 2022

## 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 2023 (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, Sarah Kinsler, Director of Health Systems Policy, at [Sarah.Kinsler@vermont.gov](mailto:Sarah.Kinsler@vermont.gov) and copy Marisa Melamed, Health Care Policy Associate Director, at [Marisa.Melamed@vermont.gov](mailto:Marisa.Melamed@vermont.gov), Michelle Sawyer, Health Policy Project Director, at [Michelle.Sawyer@vermont.gov](mailto:Michelle.Sawyer@vermont.gov), and Julia Boles, Senior Health Policy Analyst, at [Julia.Boles@vermont.gov](mailto:Julia.Boles@vermont.gov). The form must be received on or before September 1, 2022. ***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 Sarah Kinsler, Marisa Melamed, Michelle Sawyer, or Julia Boles by calling (802) 828-2177, or by sending an email to the addresses above.

#### IV. DESCRIPTION OF CHANGES AND QUESTIONS FOR ONECARE

1. Please complete **FY23 ACO Certification Attachment A: OneCare Vermont Certification Documents, Policies & Procedures** and provide any necessary documents. Instructions can be found in this file.

See enclosed FY23 ACO Certification Attachment A and related documents.

2. Please submit a copy of the **Policy and Procedure Glossary**.

See enclosed OneCare Policy and Procedure Glossary.

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 **FY23 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.*) *Word limit: 200*

In 2022, OneCare finalized a new structure and charters for subcommittees and work groups with a focus on diversity and inclusion, while maintaining a manageable group size. In August 2022, the board approved the 11th Operating Agreement to recognize standing board committee chairs as ex officio members of the executive committee of the board. On the OneCare Board of Managers, Tom Huebner was appointed to the Vice Chair role in April 2022 and in May 2022, Anya Rader Wallack replaced Dr. John Brumsted as Board Chair. Other changes to board membership are reflected in the roster. There was one management change to select Carrie Wulfman, MD, as Chief Medical Officer effective October 1, 2021.

OneCare's Board of Managers approved a partnership with the University of Vermont Health Network (UVMHN) to share a common data analytics tool through Arcadia. This shared tool aims to advance analytics capabilities for ACO participants and reduce costs over time. In fall 2022, OneCare will enter into an agreement with UVMHN to include the analytic tools and transition OneCare's data and analytics staff under UVMHN's Data Management Office. This agreement will meet the highest standards of data security, privacy, and contractual accountabilities required to meet an ACO's compliance and legal obligations and protect consumers. OneCare proprietary data will be used only in OneCare-related work. OneCare anticipates the transition process will begin in the third quarter of 2022 and be completed in 2023. We are anticipating a 12-month implementation before we fully transition from our current analytics system.

- a. In addition, explain the process by which 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).) *Word limit: 200*

OneCare's leadership compensation is determined using current market research for benchmarking executive positions. When setting base pay for executives, The University of Vermont Medical Center (UVMCC) targets the market median (50th percentile) rate. When setting total direct compensation (base pay plus variable pay) for executives, UVMCC targets the market 65th percentile. Director level roles are benchmarked in-house using over 18 market surveys and utilizing software that aggregates all the survey data. For non-executive pay, UVMCC targets the market median (50th percentile).

Each year, OneCare's Board of Managers establishes corporate goals to align with the mission, vision, and strategic plan of the ACO. Under each goal, there are one or more strategies and associated metrics. Throughout the year, the status of each metric is assessed and updated quarterly. At the completion of the performance year, the Board of Managers has an opportunity to review and approve the status of goals. 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, reviewed and recommendations by the Executive Committee of the Board and approved by the full 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 2022 Verification of Eligibility Form Response #3? (See § 5.202(g); 5.206(d).) *Word limit: 100*

OneCare seeks consumer input through its Patient and Family Advisory Committee (PFAC). This group remains engaged and committed to guiding decisions that impact quality and care coordination outcomes. The committee meets monthly and is comprised of 11 individuals from diverse backgrounds, geography, and lived experiences, and includes OneCare's leadership and at least one Board member. In 2022, PFAC members provided valuable input on the care coordination model, quality, and population health programs. At each meeting, members share activities and issues from their communities. The Committee then provides a report to the Board of Managers that is posted publicly on OneCare's website.

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 2020 and will receive in 2023. (See § 5.202(f)(5).) *Word limit: 100*

In July 2022, the OneCare Board of Managers, and its Finance and Population Health Strategy committees received diversity, equity, and inclusion (DEI) training. New consumer board managers receive onboarding orientation and can participate in peer mentorship. Board meeting attendees are offered accommodations including captioning, ASL interpreter, and visual descriptors for low

vision or blind attendees. PFAC will receive similar DEI training at their September 2022 meeting. They also received patient and family centered care advocacy training in June 2020 and this will occur again in early 2023.

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 2023? 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 in December 2021 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. *Word limit: 50*

The most recent PFAC meeting with the Health Care Advocate (HCA) occurred on October 26, 2021. The Office of the Health Care Advocate prepared a report for OneCare dated May 26, 2022. The next scheduled meeting is on October 25, 2022.

See HCA\_OCV PFAC Letter 2022 enclosed.

7. Please provide any updates to OneCare’s **Medicare benefit enhancement implementation plans** as compared to the information contained in OneCare’s response to the 2022 Verification of Eligibility Form Response #7 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).) *Word limit: 100*

OneCare continues to leverage the Coronavirus Aid, Relief, and Economic Security (CARES) Act passed in March 2020. The CARES Act provides blanket waivers with fewer requirements, negating the need to use certain 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 Medicare benefit enhancement implementation plans as necessary.

8. Describe the ACO’s method(s) for **identifying types of services, and entities to provide those services**, to those enrollees that have been identified as potentially benefiting from care coordination. (See § 5.206(g).) *Word limit: 200*

OneCare remains focused on creating intuitive and user-friendly applications to provide data and reporting to the provider network in support of their clinical decision making. OneCare’s tools provide drill down capability of patient attributes to guide the most appropriate entity type for outreach and services. Additional data tools support identification of at-risk populations based on various characteristics such as social risk and health conditions. For example, the network may filter high risk individuals with a mental health diagnosis to generate a list of patients that may require outreach from a mental health agency. Specific software applications include the following insights: readmissions, care coordination process metrics, hypertension and diabetes management, inpatient care insights, and real time patient location to aid in identifying those in need of care coordination. In addition, OneCare’s community team-based model facilitates opportunity for health care entities across the continuum of care to leverage OneCare’s data and tools. These partners may access OneCare data to support outreach efforts and prioritize the types of service providers that best meet enrollees’ needs.

9. Describe the ACO's method(s) for **supporting participants in providing processes that use decision support tools/enable enrollees to assess the merits of various treatment options?** Also describe the ACO's method(s) for supporting participants in providing processes that **foster health literacy.** (See § 5.206(i).) *Word limit: 200*

OneCare offers decision support tools that enable providers to work with individuals to assess the merits of treatment options including:

- Care Coordination Toolkit;
- Care Coordination Process Metrics Application;
- Process guide and screening tools to identify individual's health needs;
- Screening tools and resources for root cause analysis, care management chart review, and Behavioral Health Clinical Integration; and
- Engagement of clinicians in conversations about patient identification and engagement

OneCare's health literacy training is delivered live and online via Vermont Health Learn (VTHL), OneCare's eLearn platform. In 2022, there were over 500 VTHL users engaged with the system, comprised of the OneCare provider network, OneCare staff, and partner organizations (Blueprint, VT Department of Health, and Department of VT Health Access). In aggregate, OneCare network organizations and partners leveraged the system and engaged with 86 courses.

The VTHL platform includes the following health literacy domains: risk factors, populations at risk, individual and system impacts, tools and strategies for improvements, and validated resources and published tools. The most recent live (virtual) training was held on February 16, 2022, and included the full continuum of network organizations.

10. Describe the ACO's method(s) for supporting participants in providing processes that implement strategies for **engaging enrollees with limited English proficiency** (See § 5.206(k).) *Word limit: 200*

OneCare continues to support enrollees with limited English proficiency by providing eight languages on the OneCareVT.org website. Additionally, through its partnership with UVMMMC, the OneCare team may access translation services in the event of an inquiry from a non-English speaking enrollee.

11. Provide an update and describe any changes made since August 2021 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) *Word limit: 200*

OneCare continues to use the Workbench One™ (WBO) tools to analyze claims, clinical, and care coordination data to monitor utilization, costs, and clinical data. As part of its clinical committee redesign, OneCare is establishing a Data Analytics Subcommittee that reports to the Population Health Strategy Committee. The Subcommittee is charged with guiding the enhancement and optimization of OneCare's ongoing data analytics operational activities in support of value-based care delivery throughout the ACO network. The following WBO tools are new or recently enhanced to support network needs:

OneCare Self-Service Tools New Since July 2021	
<b>All Cause 30-Day Acute Unplanned Readmissions</b> <i>Workbench One Self-Service Tool</i>	Data for acute inpatient and observation stays followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. This tool can be used to identify opportunities to reduce readmissions. App built in September 2021.
<b>Child and Adolescent Well-Care Visits</b> <i>Workbench One Self-Service Tool</i>	Identifies individuals aged 3 to 21 who should get their well-care visit, as defined by the Child and Adolescent Well-Care Visits (WCV) Healthcare Effectiveness Data and Information Set (HEDIS) measure, before the end of the calendar year. App built in summer of 2021; updates to app completed in early 2022.

12. Provide an update on the mechanisms (e.g. website, Patient Fact Sheet) OneCare uses to **inform the public about how the ACO works**, as compared to the information contained in OneCare’s response to the 2022 Verification of Eligibility Form Response #9. (See § 5.208.) *Word limit: 200*

OneCare continues to expand public-facing information and transparency through the OneCareVT.org website which includes information describing OneCare, frequently asked questions, the organization’s governance structure, salary information, and results. The results page includes narrative descriptions of quality measures, quality improvement, and shared savings. The news/blog section includes 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 the website.

OneCare continues to submit op-eds and press releases to statewide print publications to share information about the benefits and impact on Vermont communities. The onecarevt.org website includes a media center to provide fast facts to assist with reporting. OneCare also 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.

13. 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**. Please notate where each of these measures are derived (i.e. payer contracts, clinical priorities, etc). (See §§ 5.206, 5.305(a)(1); 18 V.S.A. § 9382(a)(2).) *Word limit: 500*

OneCare is accountable for mental health performance through several quality measures within payer contractual agreements. Further, OneCare integrates access to appropriate mental health care through its financial resources, tools, and other support of community-based care teams across the health care continuum for organizations such as primary care providers and Designated Mental Health Agencies.

Network organizations use OneCare’s care coordination tools to identify target patient populations, including those with various mental health conditions. OneCare’s care coordination focus and support is implemented with the knowledge that individuals with high and very high medical risk are more likely to have mental health comorbidities. This is an important consideration as OneCare continues its development of targeted efforts which account for medical and social risk.

Additionally, OneCare facilitated a collaboration with the Howard Center and SASH which embeds a full-time mental health clinician in two Burlington congregate housing locations. In these locations, SASH has on-site programs to improve access and utilization of mental health services by residents in low-income housing. Residents continue to use the group and one-on-one services, providing positive feedback on their experience with the embedded clinician.

Since September 2021, OneCare’s leadership attends and contributes to statewide mental health collaborations in the Vermont Department of Health’s ongoing Mental Health Integration Council. This venue may be an ideal forum to glean helpful insight and feedback about OneCare’s approach to integration of mental health care.

The mental health quality measures within OneCare’s payer contracts remained consistent from 2021 to 2022. Although OneCare’s 2021 quality measure results are not yet available, OneCare did receive 2020 results. While detailed insight into 2020 quality performance is challenging given the unpredictable impact of COVID, OneCare observed mixed results for its mental health-related quality measures as compared with 2019 across all payer programs.

OneCare’s VBIF program-wide results, which are disseminated to network providers on a quarterly basis and reflect OneCare’s clinical priorities, have thus far shown relatively flat performance for the one mental health related measure (screening for clinical depression and follow-up) for Medicaid, but are trending positively for OneCare’s commercial programs. In 2021, OneCare’s quality team performed organization-targeted outreach following quarterly VBIF results. In 2022, OneCare is moving to a more centralized model to facilitate best practice sharing and collaboration across the network.

OneCare is dedicated to continuing its support of its network and their provision of mental health care where appropriate. Through continued partnerships and a culture of continuous improvement, OneCare works to ensure integration of mental health care across the continuum.

14. 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 interim status of the 2022 Comprehensive Payment Reform (CPR) Program, any plans for the 2023 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).) *Word limit: 500*

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 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 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.

Since 2018, OneCare's CPR program transitions independent primary care practices from fee-for-service to a fixed monthly payment. Monthly payments for all CPR practices are based on the same base PMPM rate, which is then risk-adjusted to ensure fair and equitable distribution of CPR program funds to the practices, and uniformly supplemented with an additional \$5.00 PMPM. Over time, OneCare has streamlined the payment model, which combines payer-paid fixed payment dollars with supplemental investments from OneCare. In 2022, OneCare further simplified the distribution of CPR program funds. Given that we know CPR PMPMs by practice and mid-year attribution at the start of the program year, OneCare can forecast total CPR program cost for the full year. This allows OneCare to make equal payments throughout the year, allowing for additional stability and predictability of revenue for the CPR practices.

OneCare is also working to advance the composition of the CPR work group that helps guide program design and enhancements. Under the Population Health Strategy and Finance Committee structures, OneCare will construct separate work groups (clinical and finance) consisting of CPR participants and other clinical and financial leaders across the OneCare network, to discuss what is working well and what can be improved upon for future iterations of the CPR program.

For potential implementation in 2023, OneCare is exploring enhancing the CPR payment model such that it includes a material additional payment to practices that commit to work in support of increasing mental health service access by bringing mental health services to the primary care setting. Some of the CPR practices are already utilizing CPR funding for this purpose. The aim is to better understand this wraparound model and to support its replication throughout the program.

OneCare has made Population Health Management 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. For 2023-2025, the new OneCare Population Health Model (PHM) integrates previously separate Care Coordination, Value Based Incentive Fund and Population Health Management programs into a single blended program and payment stream for primary care of all types. Continuum of care providers will be paid in the same manner as 2022. The PHM requires that all Participants, Preferred Providers and Collaborators participate in care coordination as a prerequisite for receiving any supplemental payments under the PHM program. This single program and payment stream, with defined quality targets and bonuses, will align providers with the ACO's population health endeavors while administratively simplifying OneCare payments and incentives for providers.

15. Describe how the quality evaluation and improvement program **regularly evaluates the care delivered to enrollees against defined measures and standards** regarding enrollee and caregiver/family experience. (See § 5.207(b).) *Word limit: 200*

OneCare regularly evaluates care delivered to enrollees against defined measures and standards as part of its ongoing operational efforts. The primary method of evaluation is via the CAHPS Patient Experience Survey, which is facilitated by a contracted entity for each payer program.

The CAHPS Patient Experience Survey provides an opportunity for enrollees or caregivers/family to provide feedback from their care experience. These surveys differ across payer programs, and include ten domains which cover a variety of aspects of patient (or caregiver/family) experience. For the Medicare program, 860 patients are randomly selected whereas for Medicaid and commercial programs, the surveys are distributed to eligible populations. Given the diverse nature of these CAHPS surveys, and the reality that OneCare does not interact directly with patients nor provide any patient care, the role of OneCare is largely one of provider support in this domain. OneCare shares results with providers and can assist with data or methodological support to facilitate quality improvement efforts in this domain.

16. Please provide an update on how the ACO provides **connections and incentives to existing community services for preventing and addressing the impact of childhood adversity and other traumas**, as well as how 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**. The response should describe any changes made in comparison with the information contained in OneCare's response to the 2022 Verification of Eligibility Form Response #13. (See §§ 5.305(a)(1), 5.403(a)(20); 18 V.S.A. §9382(a)(17).) *Word limit: 500*

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 and are a part of OneCare's ongoing work in various arenas.

In 2022, OneCare continued its quality measure focus in the VBIF program, which includes two quality measures addressing pediatric populations: developmental screening and depression screening. OneCare's team worked diligently over the past year to partner with organizations in an effort to improve performance in these key measures. Guidance included information about OneCare's technical tools, measure specifications, and other support for practices' quality improvement efforts. Annual quality results are not yet available to assess the impact of these programs at scale for the ACO and OneCare is eager to learn the impact of these focus measures.

In addition to the focus on quality measures for pediatric populations, OneCare maintains a deliberate effort to include pediatric providers in its new Clinical Committee structure. This ensures a diverse group of providers are present in these meetings, and is evidence of OneCare's inclusion of pediatric providers in key strategic decision making. Currently, there are three pediatric providers actively participating in OneCare's Clinical Committee Structure.

Finally, OneCare collaborates 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 of 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.

17. 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).) *Word limit: 500*

All material changes in OneCare operations or functions have been discussed within.

## 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 commercial pricing information with 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?<sup>1</sup> 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**).

Please see enclosed Attachment B: Verification on Oath or Affirmation.

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<sup>1</sup> Available at:  
[https://gmcboard.vermont.gov/sites/gmcb/files/GMcb%20Guidance%20re%20AGO%20Referrals\\_05.01.18.pdf](https://gmcboard.vermont.gov/sites/gmcb/files/GMcb%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf).