



## **FY25 Certification Eligibility Verification Submission Round 1 Follow-up**

- 1. 5.202(b)- Does OneCare have any policy in place addressing manager attendance at Board of Managers meetings? Asked another way, is there a minimum number of meetings that a manager must attend in order to maintain their seat?**

Although we encourage attendance and make every effort to accommodate manager schedules, OneCare does not have a policy in place addressing manager attendance at Board of Managers Meetings. If we observe a pattern of absence for an individual, the Chief Operating Officer or Chief Executive Officer reaches out to discuss the situation with that individual.

- 2. 5.202(c)- Please describe OneCare's consultation with local advocacy groups and providers to recruit a manager to fill the vacant MVP seat. Why does OneCare Vermont believe this seat remains vacant?**

Consumers provide an important perspective to OneCare's Board and we have been diligent in our recruitment to fill the MVP seat. Over the summer we were able to identify a candidate through our partners at MVP, but the individual withdrew for personal reasons before their nomination was put forward to the Board. We are working hard to find another candidate, but the small population of eligible consumers and the complexity of the topic has made recruitment a challenge. Our next step is to send a letter to all attributed MVP lives to raise awareness about the opportunity to serve on the OneCare Board. We expect the letter to be mailed in November.

To make the position more attractive, we do offer a stipend for enrollee members and have reduced the travel requirement. Here are some steps we have taken to recruit:

- Worked with MVP to identify eligible organizations and companies and have solicited representatives.
- Posted regularly on social media.
- Advertised in Seven Days.
- Reached out to the Health Care Advocate.
- Shared recruitment posting with our Board and Committees.
- Included recruitment information in our messages to our provider network.

- Reached out to our patient and family advisory committee, which includes individuals involved in local advocacy groups, and a health care organization volunteer coordinator.
- Posted on Vermont Professionals of Color website for open board positions.
- Shared with Vermont Business Roundtable for their membership.
- Consulted with non-profit leaders.
- Created a banner on our website.

**3. 5.202(c)- How does OneCare ensure that each enrollee member has experience or training advocating for consumers on health care issues?**

When recruiting for an enrollee member, OneCare includes a preference for experience or training advocating for consumers on health care issues. Interested candidates submit a resume or bio, as well as a short letter of interest that details their experiences. Earlier this year we offered continued patient advocate training through online resources and webinar trainings at no cost to enrollee members. More details about the offered trainings and resources are included on page three of the 2025 Certification Eligibility Verification Form.

**4. 5.202(f)- Does OneCare recognize that it is not fully complying with the requirement of 18 V.S.A. § 9572(c) by not posting the agenda on its website for each public Board of Mangers meeting at least 48 hours before the meeting?**

Thank you for the reminder. OneCare will adjust internal processes and procedures to meet this requirement.

**5. 5.206- Please provide the FY25 Value-Based Care Document when available in November.**

OneCare will submit the FY25 Value-Based Care Document when available.

6. **5.206(k)- It has been recently documented that the provision of culturally competent care is lacking in Vermont. All certified ACOs “must take steps to ensure that the services and activities described in this section are delivered or undertaken in a way that is responsive to Enrollees’ diverse cultural health beliefs and practices, preferred language, health literacy, and other communication needs...” While OneCare has been found to be in compliance with this criterion, given that the issue persists in Vermont, has OneCare considered its role in rectifying this problem? Has OneCare worked with the Vermont Program for Quality in Health Care (VPQHC) on any of these efforts? Relatedly, what have been the observed impacts of the FY22 DEI training efforts undertaken by ACO leadership? How has this training impacted the delivery of culturally competent care in Vermont?**

OneCare works to reduce health inequalities and promote the provision of culturally competent care across its network. Over the past several years, we have improved focus on these efforts through actions such as increased workforce and governance training, analysis of data and coordination with local communities to address identified disparities, and formation of a Health Equity and Access workgroup. This workgroup guided a qualitative study of family medicine physicians about equity in population health and is currently developing a playbook that will be disseminated across OneCare’s network. In addition, they have helped spread information on local projects (e.g. equitable expansion of technology/telemedicine, role of librarians in healthcare, oral health programming) to additional communities. OneCare has engaged with many partners to drive understanding and alignment around social drivers of health (aka Health-Related Social Needs) screening, including: Blueprint for Health, UVM Health Network, Agency of Human Services, Vermont Department of Health, DVHA, MVP, BCBS, SASH, Independent Primary Care organizations, Vermont Medical Society, VNAs, DAs, AAAs, VPQHC, VITL, FQHCs, and RETAIN. In spring 2024, these partners agreed to promote the use of the CMS HRSN screening tool (questions 1-15) and work to enter responses electronically in EHRs with the goal of eventually transmitting this data to VITL. Building this alignment and system of care will facilitate more culturally competent care.