

**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 **Northeastern Vermont Regional Hospital, 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	6,412
Percent of Attribution ²	7.7%
Cohort Maximum Risk³	\$447,919
Expanded Attribution Cohort	
Initial Attribution ¹	1,402
Percent of Attribution ²	5.2%
Cohort Maximum Risk³	\$24,301
Maximum Risk Limit (MRL)⁴	\$472,220

(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: Victoria E. Loner Date: 8/25/21
Victoria E. Loner
Chief Executive Officer

Northeastern Vermont Regional Hospital, Inc.

TIN: 036013761

By: [Signature] Date: 8/10/21
Authorized Signature

Print Name: SHAWN P. TESTER

Title: CEO, NVRH