

**AMENDMENT 10 TO THE  
FIRST AMENDED AND RESTATED RISK BEARING  
PARTICIPANT AND PREFERRED PROVIDER AGREEMENT**

**WHEREAS**, OneCare Vermont Accountable Care Organization, LLC (“ACO”) and Participant or Preferred Provider (collectively “Parties”) are contracted to the First Amended and Restated Risk Bearing Participant and Preferred Provider Agreement (“Agreement”); and

**WHEREAS**, pursuant to the Agreement the Parties have been working collaboratively in ACO Programs to promote value-based care; and

**WHEREAS**, the Parties wish to continue this work;

**NOW THEREFORE**, the Parties agree as follows:

1. Section 8.1.1 is added to the Agreement:

8.1.1 Provider Accountabilities. Each Participant, Preferred Provider and the individuals performing ACO Activities within each organization shall comply, as a condition of their participation in the ACO network, with the Provider Accountabilities as set forth in Attachment A, incorporated herein and made a part of the Agreement. Failure to meet Provider Accountabilities may result in disciplinary action up to and including exclusion from the ACO network; any disciplinary action may be appealed pursuant to the Provider Appeal Policy. Notwithstanding anything to the contrary herein, the Provider Accountabilities may, subject to termination rights, be replaced annually by ACO and be effective without signature.

2. Section 4.1 of the Agreement shall be modified to extend the term until December 31, 2025, and shall read as follows:

4.1 This Agreement shall commence on the Effective Date and continue until the earlier of: (1) when Participant or Preferred Provider is no longer participating in an ACO Program; or (2) December 31, 2025. In the event that one ACO Program is terminated by ACO, but others remain in effect, this Agreement shall continue to be effective as it pertains to the ACO Programs remaining in effect.

**IN WITNESS WHEREOF**, the Parties have caused this Amendment to be executed by the duly authorized officers:

**ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Abraham J. Berman  
Interim Chief Executive Officer

**PARTICIPANT/PREFERRED PROVIDER**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Legal Business Name:

TIN:

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**ATTACHMENT A to AMENDMENT 10**

**PROVIDER ACCOUNTABILITIES**

The following are the Provider Accountabilities for Performance Years 2024 and 2025 as referenced in this Amendment 10 (“OneCare Network Participants” shall refer to all Participants, Preferred Providers and the individuals within each of those organizations performing ACO Activities):

1. Culture Accountabilities – to promote an engaged and aligned network in furtherance of achieving OneCare’s programmatic and strategic goals:
  - a. Good OneCare Citizenship – All OneCare Network Participants will commit to OneCare’s organizational values and use good efforts to act in alignment with them:
    - i. Collaboration – actively building a culture of partnership and teamwork;
    - ii. Excellence – passionately pursue excellence using data-driven results and a quality of focus;
    - iii. Innovation – lead through innovation, use courage to challenge existing systems and act as a catalyst for reform;
    - iv. Equity – seek out and attend to health disparities so that everyone can attain their full health potential; and
    - v. Communication – share information and ideas directly and clearly.
  - b. Engagement – participate in 50% or more of OneCare Value Based Care related meetings annually, to include within the home HSA and ACO wide. Examples include HSA Executive Consultations, HSA Value Based Care Interim Quality and Care Coordination Meetings and Care Coordination focus groups and full list will be posted on the provider portal.
  - c. Technology – on or before 1/1/25 implement and utilize an Electronic Health Record that is compatible with CMD 2015 CERHT certification standards.
2. Health Care Transformation and Innovation Accountabilities – to promote strong performance in health care delivery in furtherance of achieving OneCare’s programmatic and strategic goals; embrace and demonstrate innovation in OneCare’s Population Health Model; integrate the Care Model ( prevention, care coordination and care management), Quality Improvement and Health Equity:
  - a. Care Model and Quality – in support of attaining these accountabilities, OneCare will provide TIN level performance reporting and a program of performance improvement:

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- i. Actively pursue attaining a quality score in the 75<sup>th</sup>ile in 50% or more of the Population Health Model quality metrics that pertain to the type of practice in Performance Year 2024. By way of example, a pediatric practice would not pursue adult quality measures.
  - ii. Actively pursue attaining a quality score in the 85<sup>th</sup>ile in 75% or more of the Population Health Model quality metrics that pertain to the type of practice in Performance Year 2025.
- b. Health Equity
  - i. Incorporate Social Determinants of Health (SDOH) screening into yearly patient visits, utilizing a standard tool and electronic data entry in an Electronic Health Record;
  - ii. Make SDOH screening results an essential component of holistic patient care in your practice;
  - iii. Beginning 7/1/24, electronically report SDOH screening rates to OneCare; and
  - iv. Collaborate with OneCare to develop a plan to systematically address gaps in care related to needs identified in SDOH screenings, plan is to be ready by July 1, 2024.
- c. Cost of Care
  - i. At the practice level perform at or above the OneCare target performance level on follow up after emergency department visits for people with high-risk with multiple chronic conditions (HEIDIS FMC).