

AMENDMENT #3
TO THE FIRST AMENDED AND RESTATED ONECARE VERMONT ACCOUNTABLE
CARE ORGANIZATION, LLC RISK BEARING PARTICIPANT & PREFERRED PROVIDER AGREEMENT FOR
THE COMPREHENSIVE PAYMENT REFORM PROGRAM INDEPENDENT PRIMARY CARE
FULL CAPITATION MODEL

WHEREAS, Participant has elected to be compensated under the Performance Year 2025 Independent Primary Care Comprehensive Payment Reform Program (“CPR Program”) for ACO Programs that include a fixed payment to the ACO, and will be a CPR Practice; and

WHEREAS, Participant who has elected to participate in the Vermont Medicare ACO Initiative Program authorizes OneCare to submit the “*Vermont All-Payer ACO Model: All-Inclusive Population-Based Payments Fee Reduction Agreement*” to CMS in furtherance of its payment for services under the CPR Program.

NOW THEREFORE, Participant agrees:

1. CPR Program Participants will be paid a PMPM Payment, as set forth more specifically in Policy 04-08 PY25 Comprehensive Payment Reform Program PY 2025, for performing activities outlined in policy and this CPR Program Amendment for Performance Year 2025. The PMPM Payment paid by OneCare replaces fee-for-service (FFS) payments that would otherwise be paid by a payer for Attributed Lives receiving healthcare services under the Legal Business Name and TIN referenced in this Amendment. Accordingly, CPR Program Participants waive any direct recourse with the payer for issues related to the PMPM Payment or the FFS payments being replaced by the PMPM Payment.
2. All CPR Program terms and conditions can be found in OneCare Policy 04-08 PY25 Comprehensive Payment Reform Program PY 2025, which is incorporated herein by reference.
3. CPR Program Participants are required to take all reasonable steps to work with OneCare to operationalize the CPR Program and provide insights to improve the CPR Program.

ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC

By: _____ Date: _____
Abe Berman
Chief Executive Officer

PARTICIPANT

By: _____ Date: _____
Authorized Signature

Print Name: _____

Title: _____

Legal Business Name: _____

TIN: _____