

AMENDMENT #13a
TO THE FIRST AMENDED AND RESTATED ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC RISK BEARING PARTICIPANT & PREFERRED PROVIDER AGREEMENT FOR THE MEDICAID FEDERALLY QUALIFIED HEALTH CENTERS (“FQHC”) FIXED PROSPECTIVE PAYMENT PROGRAM

WHEREAS, Participant is an FQHC that has elected to be compensated under the Performance Year 2025 Medicaid FQHC Fixed Prospective Payment Program (“FQHC FPP”) as an FQHC FPP Practice that will receive payment for qualified services to Medicaid beneficiaries who are Attributed Lives to OneCare;

NOW THEREFORE, Participant agrees:

1. FQHC FPP Program Participants will be paid a PMPM Payment, as set forth more specifically in OneCare Policy 04-23-PY25 Medicaid Fixed Prospective Payment Program for Federally Qualified Health Centers, for performing activities outlined in policy and this FQHC Fixed Prospective Payment Program Amendment for Performance Year 2025. The PMPM Payment paid by OneCare replaces fee-for-service (FFS) payments that would otherwise be paid by the Department of Vermont Health Access (“DVHA” or “Medicaid”) for Attributed Lives who are Medicaid beneficiaries receiving designated healthcare services under the Legal Business Name and TIN referenced in this Amendment. Accordingly, FQHC Fixed Prospective Payment Program Participants waive any direct recourse with DVHA for issues related to the PMPM Payment or the FFS payments being replaced by the PMPM Payment.
2. All FQHC Fixed Prospective Payment Program terms and conditions can be found in OneCare Policy 04-23-PY25 Medicaid Fixed Prospective Payment Program for Federally Qualified Health Centers, which is incorporated herein by reference.
3. FQHC Fixed Prospective Payment Program Participants are required to take all reasonable steps to work with OneCare to operationalize the FQHC Fixed Prospective Payment Program and provide insights to improve the FQHC Fixed Prospective Payment 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: _____