

Accountable Care Organization Name: OneCare Vermont Accountable Care Organization LLC

Performance Period of Report: 1/1/2022 – 12/31/2022

Total Payer Contracts for Performance Period: Four

Date of Report Submission: 10/1/2021

Instructions: This report seeks to determine whether the ACO's payer contracts meet the requirements of a Scale Target ACO Initiative (defined in Section 6.b of the All-Payer ACO Model Agreement; items marked with * are required elements to be deemed a qualifying Scale Target ACO Initiative) and to assess programmatic alignment across the ACO's payer contracts. Complete the table below for each payer contract. Each response must reference the relevant section(s) of the payer contract. Where the form refers to appendices, complete the appendices for all payer contracts (see *B19 ACO Scale Target Initiatives and Program Alignment – Appendices A and B*).

<p>Payer Contract: Vermont All-Payer ACO Model Vermont Medicare ACO Initiative Participant Agreement (Medicare) Contract Period: 1/1/2022 to 12/31/2022 Date Signed: TBD – contract pending</p>
<p>Financial Arrangement – Shared Savings and/or Shared Risk Arrangements</p>
<p>Are shared savings possible? * Yes</p>
<p>Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes</p>
<p>Describe shared savings and shared risk arrangement(s): Two-sided, 2% risk corridor, 80-100% sharing</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – Payer/ACO Relationship</p>
<p>Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): AIPBP and FFS</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – ACO/Provider Relationship</p>
<p>Describe payment mechanism(s) between ACO and ACO provider network: AIPBP for eligible participants; FFS for everyone else</p>
<p>ACO Provider Agreement Reference(s): TBD – contract pending</p>
<p>Services Included in Financial Targets (Total Cost of Care)</p>
<p>Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Quality Measurement</p>
<p>Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes</p>
<p>Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Quality is a component of the settlement calculation</p>
<p>Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Attribution Methodology</p>
<p>Describe attribution methodology: Claims-based evaluation</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Patient Protections</p>
<p>Describe patient protections included in ACO contracts or internal policies: (1) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants’ patients in accordance with state and federal laws. (2) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (3) OneCare will inform its network participants that attributed patients are not to be assessed payment liability for covered services per the appropriate payer program contract and OneCare’s debts or subcontractor’s debts in the event of the entity’s insolvency. (4) OneCare provides patients attributed to OneCare’s providers with an effective process for addressing complaints, grievances and appeals with OneCare for all payer programs. (5) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by</p>

OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences. (6) The ACO shall require its Initiative Participants and Preferred Providers to make Medically Necessary Covered Services available to Beneficiaries in accordance with applicable laws, regulations and guidance. Beneficiaries and their assignees retain their right to appeal claims determinations in accordance with 42 CFR Part 405, Subpart I; The ACO and its Initiative Participants and Preferred Providers shall not take any action to avoid treating At-Risk Beneficiaries or to target certain Beneficiaries for services with the purpose of trying to ensure alignment in a future Performance Year. (7) ACO shall not commit any act or omission, nor adopt any policy, that inhibits Beneficiaries from exercising their freedom to obtain health services from providers and suppliers who are not Initiative Participants or Preferred Providers. (8) ACO is prohibited from providing gifts or other remuneration to Beneficiaries to induce them to receive or continue to receive items or services from the ACO, Initiative Participants, or Preferred Providers. (9) The ACO shall maintain the privacy and security of all Initiative-related information that identifies individual Beneficiaries in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy and Security Rules and all relevant HIPAA Privacy and Security guidance applicable to the use and disclosure of PHI by covered entities, as well as applicable state laws and regulations.

Contract and Policy Reference(s): TBD – contract pending

<p>Payer Contract: State of Vermont, Contract for Personal Services; Vermont Medicaid Next Generation Program (DVHA Medicaid)</p> <p>Contract Period: 1/1/2022 to 12/31/2022</p> <p>Date Signed: TBD – contract pending</p>
<p>Financial Arrangement – Shared Savings and/or Shared Risk Arrangements</p>
<p>Are shared savings possible? * Yes</p>
<p>Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes</p>
<p>Describe shared savings and shared risk arrangement(s): Traditional Attribution Cohort: Two-sided, 2% risk corridor, 100% ACO risk for TCOC within risk corridor. Expanded Attribution Cohort: Two-sided, 1% risk corridor, 100% ACO risk for TCOC within risk corridor</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – Payer/ACO Relationship</p>
<p>Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): FPP and FFS</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Payment Mechanisms – ACO/Provider Relationship</p>
<p>Describe payment mechanism(s) between ACO and ACO provider network: FPP for eligible participants, FFS for everyone else</p>
<p>ACO Provider Agreement Reference(s): TBD – contract pending</p>
<p>Services Included in Financial Targets (Total Cost of Care)</p>
<p>Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Quality Measurement</p>
<p>Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes</p>
<p>Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Quality is a component of the settlement calculation; Population Health Management payments</p>
<p>Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i></p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Attribution Methodology</p>
<p>Describe attribution methodology: Claims-based evaluation and geographically-based evaluation</p>
<p>Contract Reference(s): TBD – contract pending</p>
<p>Patient Protections</p>
<p>Describe patient protections included in ACO contracts or internal policies: Describe patient protections included in ACO contracts or internal policies: (1) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants’ patients in accordance with state and federal laws. (2) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (3) OneCare will inform its network participants that attributed patients are not to be assessed payment liability for covered services per the appropriate payer program contract and OneCare’s debts or subcontractor’s debts in the event of the entity’s insolvency. (4) OneCare provides patients attributed to OneCare’s providers with an effective process for addressing complaints, grievances and</p>

appeals with OneCare for all payer programs. (5) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences. (6) OneCare agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary. (7) OneCare does not limit attributed members to its network of Participating Providers. (8) OneCare shall ensure members are not held liable for covered services which the ACO is responsible for which the ACO does not pay the provider or for ACO's debts or subcontractor's debts in the event of insolvency; ACO shall ensure participating providers do not balance bill its members. (9) ACO shall not discriminate against members; will adhere to Member's rights; arrange for interpretation services as required; maintain cultural competency; adhere to advance directives; maintain an internal grievance and appeals process.

Contract and Policy Reference(s): TBD – contract pending

Payer Contract: Commercial Next Generation Accountable Care Organization Program Agreement (MVP QHP) Contract Period: 1/1/2022 to 12/31/2022 Date Signed: TBD – contract pending
Financial Arrangement – Shared Savings and/or Shared Risk Arrangements
Are shared savings possible? * Yes
Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes
Describe shared savings and shared risk arrangement(s): Shared savings arrangement only; [REDACTED] risk corridor, [REDACTED] sharing [REDACTED]
Contract Reference(s): TBD – contract pending
Payment Mechanisms – Payer/ACO Relationship
Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): FFS
Contract Reference(s): TBD – contract pending
Payment Mechanisms – ACO/Provider Relationship
Describe payment mechanism(s) between ACO and ACO provider network: FFS
ACO Provider Agreement Reference(s): TBD – contract pending
Services Included in Financial Targets (Total Cost of Care)
Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i>
Contract Reference(s): TBD – contract pending
Quality Measurement
Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes
Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Quality is a component of the settlement calculation
Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i>
Contract Reference(s): TBD – contract pending
Attribution Methodology
Describe attribution methodology: [REDACTED]
Contract Reference(s): TBD – contract pending
Patient Protections
Describe patient protections included in ACO contracts or internal policies: (1) Attributed Lives will be free to use their providers of choice to the extent permissible pursuant to the terms and conditions of their health benefit plans; ACO will not limit access to medically necessary covered services (defined by the terms and conditions of the health benefit plans) in an effort to solely control costs without respect to quality; ACO will engage patients and families, or other supportive parties, as appropriate, as partners in the care they receive, as well as in organizational quality improvement activities and leadership roles where appropriate; ACO will be available to Attributed Lives if those Attributed Lives have questions or concerns related to ACO Activities. To the extent ACO intends to provide Attributed Lives with any type of communication, Payer shall have the right to review and approve such

communication in advance; ACO will maintain a grievance process as required to comply with all applicable laws and regulations (2) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants' patients in accordance with state and federal laws. (3) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (4) OneCare provides patients attributed to OneCare's providers with an effective process for addressing complaints, grievances and appeals with OneCare for all payer programs. (5) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences.

Contract and Policy Reference(s): TBD – contract pending

Payer Contract: Blue Cross and Blue Shield of Vermont (includes QHP, Blue Edge Enterprise Group, Fully-Insured Large Group and Self-Insured Large Group) Contract Period: 1/1/2022 to 12/31/2022 Date Signed: TBD – contract pending
Financial Arrangement – Shared Savings and/or Shared Risk Arrangements
Are shared savings possible? * Yes
Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * Yes
Describe shared savings and shared risk arrangement(s): [REDACTED] risk corridor with [REDACTED] savings/risk [REDACTED].
Contract Reference(s): TBD – contract pending
Payment Mechanisms – Payer/ACO Relationship
Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): FFS; Fixed Prospective Payment Pilot for QHP
Contract Reference(s): TBD – contract pending
Payment Mechanisms – ACO/Provider Relationship
Describe payment mechanism(s) between ACO and ACO provider network: Fixed prospective payments for those participating in the QHP pilot; fee for service for everyone else
ACO Provider Agreement Reference(s): TBD – contract pending
Services Included in Financial Targets (Total Cost of Care)
Services Included in Financial Targets: <i>Complete Appendix A, Services Included in Financial Targets, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative) *</i>
Contract Reference(s): TBD – contract pending
Quality Measurement
Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * Yes
Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Quality is a component of the settlement calculation
Quality Measures: <i>Complete Appendix B, Quality Measures, for all ACO-payer contracts.</i>
Contract Reference(s): TBD – contract pending
Attribution Methodology
Describe attribution methodology: [REDACTED]
Contract Reference(s): TBD – contract pending
Patient Protections
Describe patient protections included in ACO contracts or internal policies: (1) Attributed Lives will be free to use their providers of choice to the extent permissible pursuant to the terms and conditions of their health benefit plans; ACO will not limit access to medically necessary covered services (defined by the terms and conditions of the health benefit plans) in an effort to solely control costs without respect to quality; ACO will engage patients and families, or other supportive parties, as appropriate, as partners in the care they receive, as well as in organizational quality improvement activities and leadership roles where appropriate; ACO will inform Attributed Lives of their Member

Protections and will ensure those Attributed Lives 'Member Protections are fulfilled; ACO will be available to Attributed Lives if those Attributed Lives have questions or concerns related to ACO Activities; ACO will maintain a grievance process as required to comply with all applicable laws and regulations (2) It is the policy of OneCare to maintain the confidentiality, integrity, and availability of the protected health information of its participants' patients in accordance with state and federal laws. (3) OneCare is obligated under federal and state law, and under data use and other agreements, to limit the use and disclosure of beneficiary information to activities within the ACO. (4) OneCare will inform its network participants that attributed patients are not to be assessed payment liability for covered services per the appropriate payer program contract and OneCare's debts or subcontractor's debts in the event of the entity's insolvency. (5) OneCare provides patients attributed to OneCare's providers with an effective process for addressing complaints, grievances and appeals with OneCare for all payer programs. (6) OneCare will develop and maintain a Patient and Family Advisory Group that will bring together consumers from the communities served by OneCare to engage in discussions about their health care in an effort to improve their experiences and discuss how ACO policy might be designed to improve those experiences

Contract and Policy Reference(s): TBD – contract pending

Accountable Care Organization Name: OneCare Vermont Accountable Care Organization LLC
Performance Period of Report: 1/1/2022 – 12/31/2022
Total Payer Contracts for Performance Period: Four
Date of Report Submission: 10/1/2021

Instructions: After completing *Form 1: Scale Target Initiatives and Program Alignment*, complete the Appendix A and Appendix B tables on the following pages for all ACO-payer contracts.

APPENDIX A: Services Included in Financial Targets

Category of Service or Expenditure Reporting Category	Vermont Medicare ACO Initiative*	VT Medicaid Next Gen ACO Program*	Commercial: BCBSVT~	Commercial: MVP QHP*
Hospital Inpatient	X	X	X^	X
Mental Health/Substance Abuse - Inpatient	X	X	X	X
Maternity-Related and Newborns	X	X (except newborns)	X^	X
Surgical	X	X	X	X
Medical	X	X	X	X
Hospital Outpatient	X	X	X^	X
Hospital Mental Health / Substance Abuse	X	X	X	X
Observation Room	X	X	X	X
Emergency Room	X	X	X	X
Outpatient Surgery	X	X	X	X
Outpatient Radiology	X	X	X	X
Outpatient Lab	X	X	X	X
Outpatient Physical Therapy	X	X	X	X
Outpatient Other Therapy	X	X	X	X
Other Outpatient Hospital	X	X	X	X
Professional	X	X	X^	X
Physician Services	X	X	X	X
Physician Inpatient Setting	X	X	X	X
Physician Outpatient Setting	X	X	X	X
Physician Office Setting	X	X	X	X
Professional Non-physician	X	X	X	X
Professional Mental Health Provider	X	X	X	X
Post-Acute Care	X	X	X^	X
DME	X	X		
Dental				
Pharmacy				

*2022 contract pending; modifications may be submitted following signing of PY 2022 contracts.

~ For 2022, BCBSVT will include the Qualified Health Plan (QHP), Blue Edge Enterprise Group, Fully-Insured Large Group and Self-Insured Large Group populations.



APPENDIX B: Quality Measures

Quality Measure	Vermont Medicare ACO Initiative*	VT Medicaid Next Gen ACO Program*	Commercial: BCBSVT*	Commercial: MVP QHP*
Screening for clinical depression and follow-up plan	X	X	X	
Tobacco use assessment and cessation intervention	X	X		
Hypertension: Controlling high blood pressure (ACO composite)	X			
Hypertension: HEDIS CBP, Controlling High Blood Pressure (Not an ACO composite measure).		X	X	X
Diabetes Mellitus: HbA1c poor control (ACO composite)	X			
Diabetes Mellitus: HEDIS CDC, Complete Diabetes Control. (Not an ACO Composite measure).		X	X	X
All-Cause unplanned admissions for patients with multiple chronic conditions (ACO composite)	X	X		
Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys*	X	X	X	X
% of Medicaid adolescents with well-care visits		X		
Child & Adolescent Well Care Visits (WCV)			X	X
30-day follow-up after discharge from emergency department for mental health	X	X	X	X
30-day follow-up after discharge from emergency department for alcohol or other drug dependence	X	X	X	X
Initiation of alcohol and other drug dependence treatment	X	X	X**	X**
Engagement of alcohol and other drug dependence treatment	X	X	X**	X**
Risk-standardized, all-condition readmission	X			
Skilled nursing facility 30-day all-cause readmission				
Influenza immunization	X			
Pneumonia vaccination status for older adults				
Colorectal cancer screening	X			
Number of asthma-related ED visits, stratified by age				
HEDIS: All-Cause Readmissions			X	X
Developmental screening in the first 3 years of life		X	X	
Follow-up after hospitalization for mental illness (7-Day Rate)		X	X	X
Falls: Screening for future fall risk				
Body mass index screening and follow-up				
All-cause unplanned admissions for patients with Diabetes				
All-cause unplanned admissions for patients with Heart Failure				
Breast cancer screening				
Statin therapy for prevention and treatment of Cardiovascular Disease				
Depression remission at 12 months				
Diabetes: Eye exam				
Ischemic Vascular Disease: Use of aspirin or another antithrombotic				
Acute ambulatory care-sensitive condition composite				

Medication reconciliation post-discharge				
Use of imaging studies for low back pain				
<i>Add Additional Measures as Needed</i>				

* 2022 contract pending

** Composite measure