OneCareVermont

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting Agenda
February 20, 2018
4:30 p.m. – 7:00 p.m.
Central Vermont Medical Center – Conference Rooms 1 & 2

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1. Call to Order 4:30 pm

2. Introduction/Attendance 4:32 pm

3. Approval of Minutes* 4:40 pm
    a. Minutes from January 19, 2018 Board of Managers Meeting

4. General CEO Updates 4:42 pm

5. OneCare Committee Updates 4:50 pm
    a. Executive Committee
    b. Finance Committee*
        i. *Vote to approve OneCare Finance Report (P&L) for Month Ending December*
    c. Population Health Strategy Committee*
        i. *Vote to approve 2018 Clinical Priorities as approved by Population Health Strategy Committee.*
    d. Network Clinical Committees
    e. Patient and Family Advisory Committee

6. Government Relations Update 5:10 pm
    a. GMCB Update
        i. Certification Requirements*
    b. 2018 Vermont Legislative Session
        i. S.53 Universal Primary Care*

7. Payer Program Updates: 5:20 pm
    a. Modified Medicare Next Gen
    b. Vermont Medicaid Next Gen (VMNG)
        i. 2017 Performance Update
    c. Commercial
        i. XSSP2 Update
        ii. UVMMC Self-Funded Pilot Update

8. 2018 Budget and Payment Reform Update: 5:30 pm
    a. Recasting 2018 budget with updated data
    b. Hospital Fixed Payments Update
    c. Primary Care Comprehensive Payment Reform (CPR) Pilot update
    d. Blueprint Payments Update

9. Public Comment	5:45 pm
10. Recess	5:50 pm
11. OneCare Board of Managers Executive Session	5:55 pm
12. Board Votes *TBD*	6:50 pm
13. Other Business	6:55 pm
14. Adjourn	7:00 pm

*Denotes Attachments

Attachments:

3. Draft OneCare Board of Manager Minutes from January 19, 2018
5bi. OneCare Finance Report Month Ending December
5ci. Population Health Committee 2018 Clinical Priorities
6ai. GMCB Certification Memo
6bi S.53 Current Version (Universal Primary Care)

Note: Reasonable expenses of managers for attendance at board meetings may be paid or reimbursed by OneCare Vermont.

OneCareVermont

ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC
BOARD OF MANAGERS MEETING
JANUARY 16, 2018

MINUTES

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC ("OneCare") was held on January 16, 2018 at OneCare Vermont in Colchester, Vermont.

I. Call to Order

Kevin Stone called the meeting to order at 4:35 p.m.

II. Introductions/Attendance

Tim Ford CEO of Springfield Hospital and Steve Gordon CEO of Brattleboro Memorial Hospital were welcomed as new Board Members. There were no members of the public in attendance.

III. Minutes

Upon a motion duly made and seconded, the minutes from December 19 and December 22, 2017, were approved.

IV. CEO Update

Todd Moore highlighted OneCare's accomplishments over the past year, (see attached document) many of which did not exist one year ago. He also gave a high-level outlook of the coming year, including the 2nd year of the All Payer Model, development and submission of OneCare Vermont's second annual budget using actual numbers from our first year in the All Payer Model. Other highlights included the launching of Care Navigator and Event Notification, which allows for real time discharge information into Care Navigator to allow providers and care coordinators to see in real time what is happening with patients under their care.

V. Committee Updates

Executive Committee: The Committee discussed who would replace Kevin Kelley due to his departure from the Board. The Committee is recommending that is should be Tim Ford, CEO of Springfield Hospital, which is owned by an FQHC. The Committee also discussed the upcoming legislative session. OneCare leadership was asked about their thoughts on the Universal Primary Care bill, S.53. Todd quickly summarized the bill (See attached). OneCare remains agnostic, but acknowledges that there are questions that still need to be addressed at the state level regarding implementation and financing. Upcoming testimony will be for the House Committee on Health Care. The Board also discussed the remaining certification requirements needed by the Green Mountain Care Board (GMCB).

Upon a motion duly made and seconded, Tim Ford was appointed to the Executive Committee by a supermajority.

Finance Committee: The Committee met and discussed the remaining requirements from the GMBC budget order including reserves and how they could begin to meet the outstanding requirements. There were some additional documents that were required by the GMCB by January 15th, which were submitted yesterday. The Committee also discussed the BCBSVT program parameters and what will be needed to implement that program from the finance side. There was a discussion around truncation for Medicare. They are still discussing with BCBSVT large case protection and the staff is continuing to evaluate our options. Finally, the Committee reviewed the monthly Medicaid spending report and the financial report for the month of ending in November.

Upon a motion duly made and seconded, the monthly financial report was approved.

Population Health Strategy Committee: The Committee discussed adding six new members. (See proposed additions in packet). This expansion will require amending the Population Health Strategy Committee Charter to allow up to 10 clinical network representatives to participate on the Committee. A discussion ensued on whether it might be better to increase the membership by 5 more members to 15. As to factor in OneCare's growth, the Committee will need to continue to expand as well. A second motion was made to increase the membership to 15 instead of 10, as previous proposed. Dr. Stephen Leffler named the new members recommended by the Committee. Claudio Fort corrected the title for the member from North Country.

Upon a motion duly made and seconded, the Population Health Strategy Committee Charter was amended by supermajority vote to increase the membership of the committee to include 15 representatives from the clinical network.

Upon a motion duly made and seconded, by supermajority vote, the new members of the Population Health Strategy Committee were appointed.

Network Clinical Committees: There were no updates because no meetings have occurred since the last meeting.

Patient and Family Advisory Committee: The Patient and Family Advisory Committee raised questions about consumer education on participation in an ACO and how it will change their care. There are continued concerns about a lack of understanding about what an ACO is and there is a fear that it will result in care rationing like the HMO model. Dr. Toby Sadkin mentioned RiseVT at the last committee meeting and the Committee would like to have a presentation on this program in the future. Mr. Moore mentioned that he has a GMCB Advisory Committee that will address education and outreach efforts and there has also been discussion about how to brand All-Payer Model at the state level and educate the public. Opt-out procedures for various payer programs was also discussed.

VI. Government Relations Update

Tom Borys gave an update on the GMCB budget order (see attached document) and highlighted some of outstanding items that OneCare is required to submit to the GMCB, including how we plan to meet the All-Payer Scale targets, as well as what we are doing to align the payer programs across all three payers. The GMCB also requested that OneCare provide our risk sharing losses policy and letters of credit from the founders for the half of the risk for the two new hospitals that are in participating in all three programs. Mr. Borys reviewed the reserves requirement and the

need for GMCB approval to access those reserves. OneCare leadership has met, and will continue to meet, with GMCB staff to layout a timeline and project plan to meet the deadlines to complete the requirements of the budget order and our certification requirements.

Mr. Moore explained that the certification is different from the budget order, and that certification is more like a readiness review and OneCare most demonstrate that we have the capabilities to function as an ACO.

There was a brief update on the start of the legislative session and that there is not much in the way of new bills that will affect the ACO itself, but there is proposed legislation that focuses on mental health, prescription drugs, and dealing with the elimination of subsidies on the exchange.

Payer Programs Update

Mr. Moore announced that OneCare now has a program coordinator from CMMI for the Medicare Next Generation program. We have received our total alignment file, but not our attribution by practice file. We are also still waiting on a full claims lookback file. Staff is spending time getting up to speed and making sure we are meeting the program requirements thus far. The Comprehensive Payment Reform Pilot (CPR) initial monthly payment will be made this week.

The Vermont Medicaid Next Generation Program (VMNG) is progressing smoothly. The first monthly payment will be made this week and we are in the process of final settlement and run outs for the 2017 Performance Year.

The BCBSVT Program Agreement has been signed and OneCare should receive attribution and claims data in February. Meetings with BCBSVT are being scheduled to focus on resolving the outstanding issues around the technical aspects of payments and claims submission process.

The UVMMC pilot for its self-insured plan now has a draft Letter of Agreement that outlines the program and parameters. The target start date is February 1st retrospective to January 1st. The complex care coordination program within the pilot is also set to begin in February or March.

VII. Payment Reform Update

Mr. Borys reminded the Board of the CPR pilot payment schedule and schedule of fixed payments to the hospitals that were mentioned earlier in the meeting. Mr. Moore explained that the Blueprint payments are being paid using advanced shared savings from the Centers for Medicare and Medicaid Services (CMS) and not our regular ACO All Inclusive Population Based Payments (AIPBP). OneCare is acting as the fiscal agent for the Blueprint payments and we are on track to make the first payment in February and then quarterly thereafter.

VIII. Public Comment:

There was no public comment.

IX. Recess

X. Executive Session

XI. Voting

1. The minutes from the December 19 and December 22 Board of Managers Executive Session were approved unanimously by a supermajority.

2. Motion to invoke the CMS fraud and abuse waivers as part of its participation in the Next Generation program was approved unanimously by a supermajority.

3. Motion to approve dispersal of 2017 OneCare surplus back to the Network Hospital participants as a partial refund to their 2017 dues was approved unanimously by a supermajority.

XII. Other Business

No new business was presented.

XIII. Adjourn

Upon a motion that was seconded, the meeting adjourned at 6:56 p.m.

Attendance:

OneCare Board Members

☐ Angela Allard	☒ Steven Gordon	☒ Joseph Perras, MD
☒ Lorne Babb, MD	☒ Todd Keating	☐ Judy Peterson
☒ Jill Berry-Bowen	☒ Steve LeBlanc	☒ Toby Sadkin, MD
☒ John Brumsted, MD	☒ Steve Leffler, MD	☒ John Sayles
☒ Betsy Davis	☒ Judy Morton	☒ Kevin Stone
☒ Tim Ford	☐ Mary Moulton	
☒ Claudio Fort	☒ Pamela Parsons	

OneCare Risk Strategy Committee

☒ Tom Dee	☒ Tom Manion
☒ Jeffrey Haddock, MD	☐ Anna Noonan

OneCare Leadership and Staff

☒ Todd Moore	☒ Tom Borys	☒ Linda Cohen Esq.
☒ Vicki Loner	☒ Leah Fullem	☒ Spenser Weppler
☒ Norm Ward, MD	☒ Sara Barry	☒ Amy Bodette
☒ Jennifer Parks	☒ Joan Zipko	
☒ Martita Giard	☒ Susan Shane	

OneCare Vermont

Statement of Assets, Liablilities and Equity
December 31, 2017

	Current Month	Previous Month	Change
Cash	$ 11,381,608	$ 8,320,332	$ 3,061,276
Accounts Receivable	$ 4,086,899	$ 4,083,996	$ 2,903
Prepaid Expense	$ 209,030	$ 225,918	$ (16,888)
Total Assets	**$ 15,677,536**	**$ 12,630,246**	**$ 3,047,290**
Unearned Revenue	$ 137,611	$ 98,510	$ 39,101
Accrued Expenses	$ 249,351	$ 160,519	$ 88,832
Due to Other - CY17	$ 9,345,728	$ 6,026,092	$ 3,319,636
Due to DHH - CY16 and CY17	$ -	$ 256,298	$ (256,298)
Due to UVMMC - CY16	$ 803,939	$ 803,939	$ -
Due to UVMMC - CY17	$ 5,090,908	$ 5,234,888	$ (143,980)
Total Liabilities	**$ 15,627,537**	**$ 12,580,246**	**$ 3,047,291**
Capital Contribution UVMMC	$ 25,000	$ 25,000	$ -
Capital Contribution D-H H	$ 25,000	$ 25,000	$ -
Total Equity	**$ 50,000**	**$ 50,000**	**$ -**
Total Liabilities and Equity	**$ 15,677,537**	**$ 12,630,246**	**$ 3,047,291**

NOTE: This statement is created for the benefit of the member organizations of OneCare Vermont and is not representative of a GAAP Balance Sheet.

OneCare Vermont

2017 P&L

December 31, 2017

	Annual Budget	YTD Budget	YTD Actual	$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)
VMNG Revenue	$ 2,184,000	$ 2,184,000	$ 2,077,783	$ (106,217)	-4.9%
Value Based Incentive Fund	$ -	$ -	$ 412,070	$ 412,070	0.0%
SIM #1 Revenue	$ 1,200,000	$ 1,200,000	$ 1,200,000	$ -	0.0%
SIM #2 Revenue	$ -	$ -	$ 300,000	$ 300,000	0.0%
CMMI Revenue	$ 2,000,000	$ 2,000,000	$ 1,999,548	$ (452)	0.0%
Complex Care Coordination	$ 1,300,000	$ 1,300,000	$ 1,307,983	$ 7,983	0.6%
Informatics Infrastructure Support	$ 1,500,000	$ 1,500,000	$ 1,500,000	$ -	0.0%
Other revenue	$ 444,443	$ 444,443	$ 505,652	$ 61,209	13.8%
Due to DVHA from hospitals revenue	$ -	$ -	$ 1,397,134	$ 1,397,134	0.0%
Participation Fees	$ 4,318,597	$ 4,318,597	$ 1,992,534	$ (2,326,063)	-53.9%
Total Income	**$ 12,947,040**	**$ 12,947,040**	**$ 12,692,704**	**$ (254,336)**	**-2.0%**
Salaries/Fringe	$ 5,839,224	$ 5,839,224	$ 4,922,688	$ 916,536	15.7%
Purchased Services	$ 978,250	$ 978,250	$ 799,226	$ 179,024	18.3%
Contract & Maintenance	$ 2,953,115	$ 2,953,115	$ 2,499,075	$ 454,040	15.4%
Lease & Rental	$ 300,000	$ 300,000	$ 280,122	$ 19,878	6.6%
Utilities	$ 125,000	$ 125,000	$ 37,451	$ 87,549	70.0%
Other Expenses	$ 359,451	$ 359,451	$ 314,573	$ 44,878	12.5%
Due to DVHA from OCV	$ -	$ -	$ 1,397,134	$ (1,397,134)	0.0%
VBIF	$ -	$ -	$ 412,070	$ (412,070)	0.0%
Howard Center/SASH	$ -	$ -	$ 13,857	$ (13,857)	0.0%
Care Coordination	$ 1,300,000	$ 1,300,000	$ 977,616	$ 322,384	24.8%
VMNG Base Population Pmt.	$ 1,092,000	$ 1,092,000	$ 1,038,892	$ 53,108	4.9%
Total Expenses	**$ 12,947,040**	**$ 12,947,040**	**$ 12,692,704**	**$ 254,336**	**2.0%**
Net Income / (Loss)	**$ -**	**$ -**	**$ -**	**$ -**	

2017 OneCare Clinical Priorities (Themes) – Continue in 2018

- **High-risk patient care coordination**
  - Goal: Reduce acute admissions and ED utilization by 5% in this high risk cohort
- **Episode of care variation**
  - Goal: Reduce skilled nursing facility RUG score-adjusted length of stay 5%
- **Mental health and substance abuse**
  - Goal: Increase within-30-day ambulatory care follow-up for emergency room discharges for mental health and substance abuse diagnoses
- **Chronic disease management optimization**
  - Goal: Reduce ambulatory sensitive condition admissions/readmissions for COPD and heart failure by 5%
- **Prevention and wellness**
  - Goal: Increase network utilization of Medicare annual wellness visit, adolescent well child visit, and developmental screening by 5%

Proposed New Clinical Priority for 2018

- Theme: Social determinants of health screening emphasis
  - Example measure: Food insecurity screening rate tracking

- Discussion and vote

VERMONT

Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

802-828-2177
www.gmcboard.vermont.gov

Dear Ms. Loner,

As you know, Green Mountain Care Board (GMCB) staff have reviewed the documents submitted by OneCare Vermont Accountable Care Organization, LLC (OneCare) during the FY18 ACO budget review process and determined that additional information is needed to fully evaluate OneCare's compliance with the requirements of GMCB Rule 5.000 and 18 V.S.A. § 9382(a). Thank you for meeting with us to discuss the kinds of additional information OneCare can provide. Based on that discussion, we are requesting certain documents, narrative responses, and attestations, which are described below.

Please submit a response containing the requested information to Melissa.Miles@vermont.gov on or before February 21, 2018. Please copy the Office of the Health Care Advocate on your response and, as required by GMCB Rule 5.000, § 5.301(b), include a statement from a OneCare executive verifying under oath that the information being submitted is accurate, complete, and truthful to the best of his or her knowledge, information, and belief.

We are also interested in scheduling an in-person demonstration of the Care Navigator and WorkBench One platforms. We will contact you to discuss the feasibility and timing of such a demonstration.

Document Request

Please provide the following documents:

1. A certificate of existence from the Vermont Secretary of State under 11 V.S.A. § 4028. (§ 5.201)
2. A current version of OneCare's Operating Agreement. (§ 5.202)
3. A current roster for OneCare's Board of Managers, using the same format as in Section 1, Attachment A of the October 20, 2017 budget submission. (§ 5.202(b))
4. A screenshot of the Patient Fact Sheet posted on OneCare's website. (§ 5.202(f)(6))
5. The charter for OneCare's Patient and Family Advisory Group. (§ 5.202(g) and § 5.506(d))
6. The 2018 meeting schedule for the Patient and Family Advisory Group. (§ 5.202(g))
7. Orientation materials and job descriptions for the Patient and Family Advisory Group. (§ 5.202(g))
8. A screenshot of OneCare's website showing an email address to which consumers and members of the public may submit suggested topics and concerns for the Patient and Family Advisory Group. (§ 5.202(g))
9. OneCare's conflict of interest policy. (§ 5.202(i))
10. OneCare's compliance plan. (§ 5.203(d))
11. OneCare policies 06-02, 06-03, 06-04, 06-05, and 06-06. (§ 5.205(b) and § 5.208(a)-(c))
12. OneCare's provider appeals policy. (§ 5.205(d) and § 5.509(d))
13. SASH Statement of Work. (§ 5.206(b)(6))
14. OneCare policies C02-05 and C02-06. (§ 5.206(c), (f)-(h))
15. OneCare's waiver implementation plans. (§ 5.206(f))

16. Care Navigator training documents and training calendar (§ 5.206(f) and § 5.210(a))
17. A PowerPoint slide describing the factors accounted for by the Johns Hopkins ACG (§ 5.206(g))
18. OneCare's utilization management plan. (§ 5.206(h)(6) and § 5.207(c))
19. OneCare's quality improvement plan and process. (§ 5.207)
20. A screenshot from OneCare's website showing that contact information for the Office of the Health Care Advocate is posted. (§ 5.208(g))
21. OneCare's grievance and complaint policy. (§ 5.208(g)-(h))
22. OneCare's interpreter services policy. (§ 5.206(k) and § 5.208(h))
23. OneCare's special health needs population policy. (§ 5.206(k) and § 5.208(h))
24. A copy of OneCare's template for tracking complaint and grievance information. (§ 5.208(h))
25. Copies of any written notices OneCare will provide to new Enrollees notifying them that they are attributed to the ACO, as they are finalized. (§ 5.208(j))
26. Policies or procedures describing how OneCare makes provider payments. (§ 5.209(a))
27. Documentation of OneCare's designation as an Organized Health Care Arrangement under HIPAA. (§ 5.210(a))
28. Data sharing or IT policies or procedures, or other documents relevant to the requirements of GMCB Rule 5.000, § 5.210. (§ 5.210)

Narrative Responses

29. Describe any advocacy training that the consumer/Enrollee members of OneCare's Board of Managers have received or will be provided. (§ 5.202(c))

30. Describe the assistance OneCare makes available to the consumer/Enrollee members of its Board of Managers in understanding the processes, purposes, and structures of the ACO and specific issues under consideration by the Board of Managers. (§ 5.202(d))

31. Confirm that the Board of Managers are "managers," as defined in 11 V.S.A. § 4001. (§ 5.202(e))

32. Identify the dates of each meeting since July 1, 2017 where the Board of Managers received a report on the activities of the Patient and Family Advisory Group. (§ 5.202(f)(5) and (g))

33. Describe any mechanisms (other than the Patient Fact Sheet posted on OneCare's website) for informing the public about how OneCare works (e.g., call line). (§ 5.202(f)(6))

34. Describe OneCare's recruitment strategy for members of its Patient and Family Advisory Group. (§ 5.202(g))

35. Describe any consumer input activities undertaken by OneCare apart from the Patient and Family Advisory Group. (§ 5.202(g))

36. Explain who OneCare provides compliance training to and the frequency of the trainings. (5.203(d))

37. Describe the mechanisms OneCare uses to assess its legal and financial vulnerabilities and how the results of these assessments are reported to the Board of Managers. (§ 5.204(a))

38. Describe OneCare's integration of its population health management and care coordination activities with the Blueprint for Health's establishment of the patient centered medical home model. (§ 5.206(b)(2))

39. Describe how OneCare complies with sections 5.206(i)-(k) of GMCB Rule 5.000 (e.g., through work with community health teams). (§ 5.206(i)-(k))

40. Explain whether a provider contracting with OneCare is prohibited from seeking reimbursement from patients in the event OneCare does not pay the provider. (§ 5.208(d))

41. Confirm that the telephone numbers posted on OneCare's website (802-847-7220 or toll-free at 877-644-7176) are for receiving complaints and grievances from *all* Enrollees. (§ 5.208(g))

42. Explain how OneCare or Blue Cross Blue Shield of Vermont will provide notice to commercial beneficiaries that they are attributed to the ACO. (§ 5.208(j))

Attestations

Please attest to the following certification requirements by initialing in the spaces provided.

43. § 5.202(b)(1)-(3). OneCare's Board of Managers includes the following Enrollee members, whose positions are not filled by the same person:
    a. at least one Enrollee member who is a Medicare beneficiary _____;
    b. at least one Enrollee member who is a Medicaid beneficiary _____; and
    c. for each commercial insurer the ACO contracts with that has a Vermont market share of greater than five percent (5%), at least one Enrollee member who is a beneficiary of that commercial insurer. _____

44. § 5.202(c). No Enrollee member of OneCare's Board of Managers
    d. is an ACO Provider, an Employee of an ACO Provider, or an owner of an ACO Provider _____; or
    e. has an immediate family member who is an ACO Provider, an employee of an ACO Provider, or an owner of an ACO Provider. _____

45. § 5.202(f)(2)-(4). OneCare
    f. holds Board of Managers meetings in accordance with 18 V.S.A. § 9572(a), (b), and (e) _____;
    g. makes the meeting schedule of its Board of Managers available to the public in accordance with 18 V.S.A. § 9572(c) _____; and
    h. makes recordings or minutes of its Board of Managers meetings available to the public in accordance with 18 V.S.A. § 9572(d). _____

46. § 5.202(g). The membership of OneCare's consumer advisory board is drawn from the communities served by OneCare, including Enrollees of each participating Payer and Enrollees' family members and caregivers. _____. Members of OneCare's management team and

governing body regularly attend consumer advisory board meetings and report back to the Board of Managers following each such meeting. _____

47. § 5.202(h). At least once per year, OneCare will arrange for the members of its consumer advisory board to meet with representatives of the Office of the Health Care Advocate to discuss their experiences serving on the consumer advisory board and providing input to the ACO. _____
    a. Date of any such meeting in 2017 ____/____/____.

48. § 5.203(c)(4). OneCare's clinical director is physically present on a regular basis at a clinic, office, or other location participating in the ACO. _____

49. § 5.208(e). OneCare does not prohibit any individual or organization from, or penalize any individual or organization for, reporting any act or practice of the ACO that the individual or organization reasonably believes could jeopardize patient health or welfare, or for participating in any proceeding arising from such report. _____

50. § 5.208(f). OneCare does not prohibit a Participant from, or penalize a Participant for:
    i. providing information to Enrollees about their health or decisions regarding their health, including the treatment options available to them; _____ or
    j. advocating on behalf of an Enrollee, including within any utilization review, grievance, or appeal processes. _____

51. § 5.208(h). OneCare consulted with the Office of the Health Care Advocate in developing its complaint and grievance process. _____

Sincerely,

/s/ Ena Backus
Chief of Health Policy
Green Mountain Care Board

S.53 - Senator Ayer's language proposals

Sec. ___. REQUEST FOR PRELIMINARY PLANS OF OPERATION

(a) The General Assembly requests that all stakeholders interested in the creation and implementation of a universal primary care system for Vermont, including health insurers, accountable care organizations, and federally qualified health centers, prepare preliminary plans of operation for the universal primary care system for consideration by the General Assembly. The plans should include a description of the process by which the stakeholder proposes that the system should be implemented and provide an estimate of the per-member, per-month costs of providing primary care services to all Vermont residents. Participating stakeholders are requested to submit their proposed plans on or before December 1, 2018 to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, the Department of Human Resources, and the Department of Vermont Health Access.

(b) On or before January 15, 2019, the Departments of Human Resources and of Vermont Health Access, as the administrative departments with expertise and experience in the administration and oversight of health benefit programs in this State, shall provide their assessments of the stakeholder plans, including their evaluations of the merits of each proposal and their recommendations for implementation of the universal primary care system.

Sec. ___. UNIVERSAL PRIMARY CARE; LEGAL ANALYSIS

The Green Mountain Care Board, in consultation with the Office of the Attorney General and the Department of Financial Regulation, shall conduct a legal analysis of any potential legal issues regarding implementation of a universal primary care system in Vermont, including whether there are likely any legal impediments due to federal preemption under the Employee

Retirement Income Security Act (ERISA) and whether the system could be designed in a manner that would permit Vermont residents to continue to be eligible under federal law to use a health savings account established in conjunction with a high-deductible health plan. The Board shall submit its legal analysis on or before December 1, 2018 to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

Sec. ___. 18 V.S.A. § 9458 is added to read:

§ 9458. EXCESS HOSPITAL REVENUE; REINVESTMENT CONTRIBUTION

(a) Each hospital that generated revenue in excess of the budget approved by the Green Mountain Care Board pursuant this subchapter and the hospital's actual expenses for the most recently closed hospital fiscal year shall remit a portion of the excess revenue to the Green Mountain Care Board as provided in this section.

(b) On or before January 1 of each year, the Green Mountain Care Board shall certify the amount of excess revenue generated by each hospital, if any, for the most recently closed hospital fiscal year and notify the hospital in writing of the amount of its reinvestment contribution, which shall be not less than 50 percent of the amount of the excess revenue. The Board shall determine the amount of each hospital's reinvestment contribution based on the amount of the hospital's excess revenue, the hospital's budget and projected financial needs for the current fiscal year, the hospital's financial condition, and such other factors as the Board deems appropriate. If no hospital requests reconsideration of the amount of its excess revenue or reinvestment contribution as described in subsection (e) of this section, the contribution amount shall be considered final.

(c) Each hospital shall submit its reinvestment amount to the Board according to a payment schedule adopted by the Board. Any hospital that fails to make a payment to the Board on or

before the date specified in the schedule shall be assessed an administrative penalty of not more than $5,000.00, provided that the Board may waive this late payment penalty for good cause shown by the hospital. The Board may also take into consideration any failure to make a timely payment pursuant to this section in its review of a hospital's future budgets pursuant to this subchapter.

(d) All payments from hospitals under this section, including late payment penalties, shall be deposited into the Universal Primary Care Fund established by 33 V.S.A. § 1953.

(e) A hospital may appeal the Board's determination of its excess revenue amount or reinvestment amount, or both, pursuant to section 9381 of this title.

In S. 53 - Revise 33 V.S.A. § 1853 to read:

§ 1853. UNIVERSAL PRIMARY CARE FUND

(a) The Universal Primary Care Fund is established in the State Treasury as a special fund to be the single source to finance primary care for Vermont residents.

(b) Into the Fund shall be deposited:

(1) transfers or appropriations from the General Fund, authorized by the General Assembly;

(2) revenue from any taxes established for the purpose of funding universal primary care in Vermont;

(3) if authorized by waivers from federal law, federal funds from Medicaid and from subsidies associated with the Vermont Health Benefit Exchange established in subchapter 1 of this chapter;

(4) all revenue from the excess hospital revenue reinvestment contributions remitted pursuant to 18 V.S.A. § 9458; and

(5) the proceeds from grants, donations, contributions, taxes, and any other sources of revenue as may be provided by statute or by rule.

(c) The Fund shall be administered pursuant to 32 V.S.A. chapter 7, subchapter 5, except that interest earned on the Fund and any remaining balance shall be retained in the Fund. The Agency of Human Services shall maintain records indicating the amount of money in the Fund at any time.

(d) All monies received by or generated to the Fund shall be used only for payments to health care providers for primary care health services delivered to Vermont residents and to cover any co-payment or deductible amounts required from Medicare beneficiaries for primary care services.

OneCareVermont

ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC
BOARD OF MANAGERS MEETING
FEBRUARY 20, 2018

MINUTES

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC ("OneCare") was held on February 20, 2018 at Central Vermont Medical Center in Berlin, Vermont.

I. Call to Order

Kevin Stone called the meeting to order at 4:36 p.m.

II. Minutes

The minutes from January 16, 2018, were approved unanimously

III. CEO Update

Todd Moore reported that members of the Green Mountain Care Board (GMCB) and staff came to the OneCare offices for a demonstration of WorkBenchOne and Care Navigator. Understanding these tools will satisfy Rule 5 requirements as needed for the ACO's certification.

IV. Committee Updates

Executive Committee: The Committee discussed the status of health care related bills, including Universal Primary Care legislation. The Governor's proposed budget cuts were mentioned, specifically those that could affect OneCare, including the elimination of $2.50 PCCM Payment. The Committee discussed OneCare's future payer program and network strategy for 2019 and beyond. Kevin Stone mentioned that he and Tom Borys did an interview with the Robert Wood Johnson Foundation and the Rhode Island Department of Insurance. They were seeking more information on how OneCare is implementing the All Payer Model, specifically the All Inclusive Population Based Payments to the hospitals under the Program.

Finance Committee: The Committee reviewed the payment breakdown summaries for each payer. There was discussion about how to operationalize the payment mechanism for the Blue Cross Blue Shield of Vermont (BCBSVT) Program and the Committee should have a proposal by early next month. They also reviewed the BCBSVT stop loss insurance product. The Committee will present the Board with a couple of options at the next Board meeting. The year-end budget financials report, which was approved by the auditors, was presented to the Committee. That report included the final dispersion to the network to refund a partial amount of participant dues.

Upon a motion duly made and seconded, the monthly and 2017 year-end financial report was approved.

Population Health Strategy Committee: At their recent meeting, the Committee had a presentation from RiseVT. The Committee spent time talking about OneCare's clinical priorities for the upcoming year and discussed the strategy of asking the State to focus on a few specific health

population topic areas, such as weight reduction and diabetes. (See attachment). The group also agreed that they should meet more frequently, given their ambitious agenda. A motion was made to approve the Clinical Priorities for 2018, which upon being seconded was approved unanimously.

Network Clinical Committees: The Pediatric Subcommittee met and had a presentation on Adverse Childhood Experiences (ACEs) and how to address those issues and their impact on providing care. OneCare has engaged Dr. Mort Wasserman a pediatrician from University of Vermont Medical Center to help focus on the pediatric population within OneCare. Leadership met with Community Health Accountable Care's (CHAC's) clinical care committee last week. OneCare leaders presented their clinical priorities, reviewed the Complex Care Coordination model with them, and gave an overview of OneCare's care coordination procedures. CHAC participants have been invited to participate in OneCare's Clinical and Quality Advisory Committee (CQAC). Mr. Stone participated in the meeting with CHAC and stated that he felt their committee is open to engaging and working with our clinical goals. He noted the rural FQHCs are struggling with which hospital they would be aligned with for a health service area since they serve multiple hospitals. Judy Peterson also attended and she agrees that there was a general receptiveness to working together with OneCare on their care coordination and clinical goals.

OneCare staff provided data literacy training for the community collaborative regions and the clinical representatives from these communities. OneCare staff has drafted a white paper on attribution methodology across payers. Dr. Norm Ward announced he is co-chair for The Accountable Care Learning Collaborative's finance group out of Utah. This collaborative will allow us to learn best practices from other states and ACOs.

The March Grand Rounds session will focus on dementia care. OneCare is also organizing a Diabetes Collaborative, which kicks off in March.

Patient and Family Advisory Committee: Betsy Davis reported that there was no meeting since the last Board Meeting and they will meet again March 8. The Committee discussed how to increase citizen and beneficiary participation and involvement in OneCare especially from those new communities who have joined OneCare for 2018. OneCare leadership is examining how to engage and include input from each of the Health Service Areas including asking board members that represent these areas for their help with recruitment.

Mary Moulton asked about what was being done locally based on the feedback from the Patient and Family Advisory Committee about the lack of understanding and need to continue to educate our communities as well as employees of health care organizations. Dr. Norm Ward and Dr. Steve Leffler have given presentations and fielded questions at the each of the departmental Grand Rounds at UVMMC and said they would be willing to share a modified version of these slides that could be used at other community hospitals for their staff.

<u>Government Relations Update</u>

Vicki Loner reviewed the GMCB ACO certification requirements. It consists of four parts; documentation, narrative, attestations, and on-site demonstration. OneCare expects to receive feedback by March 5th, with a certification vote in mid-March. OneCare's readiness review for the Vermont Medicaid Next Generation Program was excellent preparation for pulling together

our documents for certification by the GMCB. One additional requirement for certification is the notification to BCBSVT members that they their provider is participating in the ACO.

The Universal Primary Care (UPC) Bill (S.53) has new language, which includes asking ACOs, as well as other organizations, to submit draft plans for potentially operationalizing UPC. It remains unclear whether legislative leadership would bring the bill to the house and senate floor for a full vote. Mr. Moore was called to testify on the bill, but remained neutral regarding how it could be financed. Instead, he explained from the ACO perspective our current strategy with primary care, and how the UPC might intersect with the strategy. He also gave a quick update on some of the Governor's proposed budget cuts, which he believes would have a minimal impact on OneCare's budget and operations.

V. Payer Programs Update

Overall the transition to risk across all programs has been relatively smooth from 2017 to 2018. General update on Medicare Next Generation was given, including that our assigned program coordinator has been very helpful. OneCare received its first AIPBP payment from CMS two weeks ago and the first payment to the hospitals has been made. Sara Barry provided an update on the implementation of the benefit enhancement waivers for skilled nursing facilities, telehealth, and post discharge home health visits

BCBSVT is in the process of operationalizing the commercial program and OneCare has just received our attribution numbers. There are ongoing discussions regarding the payment mechanism as the current proposal is manual and requires significant resources and allows for human error.

The Letter of Agreement for UVMMC self-insured pilot program was signed this week. Most elements of the program will begin on April 1. Contracts will be sent out to providers so they are eligible for care coordination payments and participation in the Value Based Incentive Fund.

VI. Budget Payment Reform Update

Tom Borys updated the Board on the recasting of the budget with current Medicare and BCBSVT numbers. There has been no major changes in the budget in light of the new information.

Hospital fixed payments have been made for January and February. Medicare data is clear about what is being paid for by the fixed payments for those participants in the AIPBP portion. The Medicaid funds for February is being paid this week.

Mr. Borys provided an update on the CPR pilot and reported a smooth start. We are still waiting on the BCBSVT claims data to finalize the CPR blended payment that is based on attribution.

Mr. Borys also provided an update on the Blueprint payment. OneCare advanced the January payment to Blueprint practices due to a delay in the federal payment to OneCare from the advanced shared savings. The payment is expected next week and we will reconcile what has already been paid and then pay the rest of the first quarter BluePrint payments to the providers the week after next.

VII. Public Comment:

There was no public comment.

VIII. Recess

IX. Executive Session

X. Voting

a. The Executive Session Minutes were approved unanimously.

b. The changes to the policies as proposed by leadership was approved unanimously.

c. The Risk Monitoring Plan as proposed by Compliance Oversight Committee was approved unanimously.

XI. Other Business

Steve Gordon would like to have a future conversation on how hospitals should plan for their budgets and budget review for 2019 by the GMCB including the assumption of risk for 2019.

Adjourn

Upon a motion that was seconded, the meeting adjourned at 7:02 p.m.

OneCareVermont

Attendance:

OneCare Board Members

- ☐ Angela Allard
- ☒ Lorne Babb, MD
- ☒ Jill Berry-Bowen
- ☒ John Brumsted, MD
- ☒ Betsy Davis
- ☒ Tim Ford
- ☒ Claudio Fort
- ☒ Steven Gordon
- ☒ Todd Keating
- ☐ Steve LeBlanc
- ☒ Steve Leffler, MD
- ☒ Judy Morton
- ☒ Mary Moulton
- ☒ Pamela Parsons
- ☒ Joseph Perras, MD
- ☒ Judy Peterson
- ☒ Toby Sadkin, MD
- ☒ John Sayles
- ☒ Kevin Stone

OneCare Risk Strategy Committee

- ☒ Tom Dee
- ☒ Jeffrey Haddock, MD
- ☒ Tom Manion
- ☐ Anna Noonan

OneCare Leadership and Staff

- ☒ Todd Moore
- ☒ Vicki Loner
- ☒ Norm Ward, MD
- ☒ Jennifer Parks
- ☒ Martita Giard
- ☒ Tom Borys
- ☒ Leah Fullem
- ☒ Sara Barry
- ☒ Joan Zipko
- ☒ Susan Shane
- ☒ Linda Cohen Esq.
- ☒ Spenser Weppler
- ☒ Amy Bodette