



OneCareVermont

OneCare Vermont Accountable Care Organization, LLC
Board of Managers Meeting Agenda
September 18, 2018
4:30 p.m. – 7:00 p.m.
Dartmouth Hitchcock Medical Center – Auditorium D

<u>Time</u>	<u>Agenda Item</u>	<u>Presenter</u>
4:30 p.m.	Call to Order	Kevin Stone
4:32 p.m.	Approval of Minutes* <ul style="list-style-type: none"> August 21, 2018 Board of Managers Meeting 	Kevin Stone
4:35 p.m.	CEO Updates	Todd Moore
4:40 p.m.	OneCare Committee Updates <ul style="list-style-type: none"> Executive Committee Finance Committee* <ul style="list-style-type: none"> <i>Vote to Approve July Monthly P&L</i> Population Health Strategy Committee Patient and Family Advisory Committee <ul style="list-style-type: none"> <i>Vote to Approve Amended PFAC Charter</i> Compliance Report 	Kevin Stone Todd Keating Sara Barry Betsy Davis/Susan Shane Greg Daniels
4:50 p.m.	Program Updates <ul style="list-style-type: none"> 2019 Network Participation Update 2018 Program Performance Dashboard* 	Vicki Loner Tom Borys
4:55 p.m.	Public Comment	Kevin Stone
5:00 p.m.	OneCare Board of Managers Executive Session	Kevin Stone
6:55 p.m.	Votes <ol style="list-style-type: none"> <i>Vote to approve new Medicaid Beneficiary Manager's appointment to the Board of Managers</i> <i>Vote to approve stipend for Beneficiary/Consumer Managers of the Board</i> <i>Vote to approve new member of Patient and Family Advisory Committee</i> <i>Vote to approve Population Health Strategy VBIF Investment Strategy</i> <i>Vote On Distribution of PY 2017 VMNG Shared Savings and VBIF?</i> <i>Vote to approve Financial Management Resolution</i> <i>Vote to approve Budget Submission Resolution</i> <i>Vote to approve DVHA/CMS Pilot Resolution</i> 	Kevin Stone
7:00 p.m.	Adjourn	Kevin Stone

*Denotes Attachments

Attachments:

1. Draft of OneCare Board of Manager Minutes from August 21st, 2018
2. July Financial P&L Report
3. Patient and Family Advisory Committee Charter
4. 2018 YTD Payer Program Summary Dashboard Performance Report
5. CMO's Corner (*FYI Only*)

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



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ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC

BOARD OF MANAGERS MEETING

AUGUST 21, 2018

MINUTES

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held on August 21, 2018 at Central Vermont Medical Center.

I. Call to Order

Steve Leffler called the meeting to order at 4:35 p.m. There were two members (consumers of healthcare) from the public in attendance.

II. Minutes

The minutes from July 17, 2018, were approved unanimously.

III. CEO Update

Todd Moore introduced OneCare’s new Chief Compliance and Privacy officer, Gregory Daniels, whose time will be split between OneCare and the Adirondack ACO. Mr. Moore noted that OneCare must submit the 2019 ACO budget to the Green Mountain Care Board (GMCB) by October 1st. Board members are welcome to reach out for more information on the budget process between meetings. Mr. Moore introduced the Supports and Services at Home (SASH) presenters, Kim Fitzgerald and Molly Dugan.

IV. Committee Updates

Executive Committee: The committee discussed progress on the 2019 network development and reported that participant agreements had been sent out. The committee also discussed preliminary budget modeling for 2019. There was an update on payer program negotiations, both with government and commercial payers, as well as a discussion about expanding the self-funded pilot to other entities in the network.

Finance Committee: The committee discussed the preliminary budget modeling for 2019 including program assumptions, potential new payer programs, risk sharing, participant’s dues, and reserves. The committee also discussed the Comprehensive Payment Reform Model for 2019, as well as current program performance reports. Upon a motion that was seconded the monthly P&L for June was approved unanimously

V. CMO Update

Dr. Norm Ward gave an update on the Algorex pilots focusing on social determinants of health and pediatrics. He also provided an update on the numbers they are seeing in regards to pharmaceutical spending through the BCBSVT program. Spending on generic drugs has spiked and he is working with Dr. Plavin from BCBSVT to try and understand better what may be causing this. At the recent Clinical and Quality Advisory Committee meeting updates were given



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by Central Vermont Medical Center, Brattleboro Memorial Hospital, and Springfield Hospital. Dr. Ward will host a workshop on telemedicine at the upcoming Vermont Association of Hospitals and Health Systems in September. Other upcoming, OneCare sponsored educational sessions will be on the topics of End State Renal Disease, Pediatric Asthma, and Patient and Family Centered Care. Finally, Dr. Ward gave a brief update on the implementation of the Skilled Nursing Facility 3-day Rule Waiver at two Vermont hospitals.

VI. Feature Presentation

Kim Fitzgerald and Molly Dugan gave a presentation on the SASH program. The presenters gave a program overview and explained how it aligns with the All-Payer Model and OneCare’s population health model. Successful clinical pilots on hypertension, diabetes, and mental health were highlighted. The mental health embedded services pilot receives funding from OneCare. New initiatives at SASH include family housing and telemedicine (in partnership with OneCare, University of Vermont Medical Center, and the Visiting Nurses Association.) There was a robust question and answer session following the presentation that covered funding for the program, and how SASH utilized existing relationships with providers and other community services.

VII. Public Comment:

A healthcare consumer shared her personal experiences on the difficulties of navigating the healthcare system and receiving appropriate care. Board Members asked her questions about her experiences and sought feedback on how to improve her other’s experience.

VIII. Recess

IX. Executive Session

X. Voting

- a. The Executive Session Minutes from July 17 were approved unanimously.
- b. The Comprehensive Payment Reform Pilot for 2019 and the two Contract Amendments (2) were approved unanimously by a supermajority.
- c. The 2019 proposed risk mitigation resolution as presented by leadership was approved unanimously by a supermajority.

XI. Other Business

There was no other business.

XII. Adjourn

Upon a motion that was seconded, the meeting adjourned at 7:05 p.m.

Attendance:

OneCare Board Members

- Angela Allard
- Steven Gordon
- Joseph Perras, MD



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|---|---|---|
| <input checked="" type="checkbox"/> Lorne Babb, MD | <input checked="" type="checkbox"/> Todd Keating | <input type="checkbox"/> Judy Peterson |
| <input type="checkbox"/> Jill Berry-Bowen | <input checked="" type="checkbox"/> Steve LeBlanc | <input type="checkbox"/> Toby Sadkin, MD |
| <input checked="" type="checkbox"/> John Brumsted, MD | <input checked="" type="checkbox"/> Steve Leffler, MD | <input checked="" type="checkbox"/> John Sayles |
| <input checked="" type="checkbox"/> Betsy Davis | <input checked="" type="checkbox"/> Judy Morton | <input checked="" type="checkbox"/> Kevin Stone |
| <input type="checkbox"/> Tim Ford | <input checked="" type="checkbox"/> Mary Moulton | |
| | <input checked="" type="checkbox"/> Pamela Parsons | |

OneCare Risk Strategy Committee

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Tom Dee | <input type="checkbox"/> Tom Manion |
| <input checked="" type="checkbox"/> Jeffrey Haddock, MD | <input type="checkbox"/> Anna Noonan |

OneCare Leadership and Staff

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Todd Moore | <input checked="" type="checkbox"/> Tom Borys | <input checked="" type="checkbox"/> Linda Cohen Esq. |
| <input type="checkbox"/> Vicki Loner | <input checked="" type="checkbox"/> Sara Barry | <input checked="" type="checkbox"/> Spenser Wepler |
| <input checked="" type="checkbox"/> Norm Ward, MD | <input checked="" type="checkbox"/> Joan Zipko | <input checked="" type="checkbox"/> Amy Bodette |
| | <input checked="" type="checkbox"/> Susan Shane | |
| <input checked="" type="checkbox"/> Greg Daniels | | |
| <input checked="" type="checkbox"/> Martita Giard | | |

OneCare Vermont

Statement of Assets, Liabilities and Equity

July 31, 2018

	Current Month	Previous Month	Change
Cash - Unrestricted	\$ 182,740	\$ 6,190,913	\$ (6,008,173)
GMCB - Required Reserve Funding	\$ 1,100,000	\$ 1,100,000	\$ -
Additional Reserve Funding (CMS)	\$ 4,130,213	\$ 4,128,008	\$ 2,205
VBIF Funding	\$ 2,527,435	\$ 2,172,169	\$ 355,266
Advance Funding - VMNG	\$ 5,799,075	\$ 5,885,731	\$ (86,656)
Accounts Receivable	\$ 4,060,279	\$ 3,116,295	\$ 943,984
Prepaid Expense	\$ 1,458,908	\$ 219,846	\$ 1,239,062
Total Assets	\$ 19,258,649	\$ 22,812,962	\$ (3,554,313)
Unearned Revenue	\$ 1,546,824	\$ 253,708	\$ 1,293,116
Accrued Expenses	\$ 55,053	\$ 405,320	\$ (350,267)
Due to Other	\$ 7,692,984	\$ 8,753,963	\$ (1,060,979)
Due to UVMHN - CMS Reserve Funding	\$ 4,124,849	\$ 4,124,849	\$ -
Due to UVMHC - CY17	\$ 0	\$ 5,090,908	\$ (5,090,908)
Due to UVMHC - CY18	\$ 3,774,101	\$ 3,365,866	\$ 408,235
Due to DHH - CY18	\$ 2,014,838	\$ 768,349	\$ 1,246,490
Total Liabilities	\$ 19,208,649	\$ 22,762,962	\$ (3,554,313)
Capital Contribution UVMHC	\$ 25,000	\$ 25,000	\$ -
Capital Contribution D-H H	\$ 25,000	\$ 25,000	\$ -
Total Equity	\$ 50,000	\$ 50,000	\$ -
Total Liabilities and Equity	\$ 19,258,649	\$ 22,812,962	\$ (3,554,313)

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

2018 P&L

July 31, 2018

	Annual Budget	YTD Budget	OCV YTD Actual	\$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)	Rise VT YTD Actual	Adk ACO YTD Actual
VMNG Revenue	\$ 3,134,352	\$ 1,828,372	\$ 1,864,187	\$ 35,815	2.0%	\$ -	\$ -
VMNG PHM Program Pilot - Complex CC	\$ 2,980,045	\$ 1,738,359.58	\$ 1,679,070	\$ (59,289)	-3.4%	\$ -	\$ -
BCBSVT Reform Pilot Support	\$ 1,000,000	\$ 583,333.33	\$ 447,678	\$ (135,656)	-23.3%	\$ -	\$ -
Self-Funded Pilot Revenue	\$ 1,075,896	\$ 627,606	\$ 342,576	\$ (285,030)	-45.4%	\$ -	\$ -
CMS Medicare Blueprint Replacement	\$ 7,762,500	\$ 4,528,125	\$ 4,536,443	\$ 8,318	0.2%	\$ -	\$ -
SOV PHM Program Pilot - Primary Prevention	\$ 1,500,000	\$ 875,000	\$ -	\$ (875,000)	-100.0%	\$ -	\$ -
Informatics Infrastructure Support	\$ 3,500,000	\$ 2,041,666.67	\$ 2,041,667	\$ 0	0.0%	\$ -	\$ -
Other Grants/Contracts - RWJ	\$ 51,851	\$ 30,246.42	\$ -	\$ (30,246)	-100.0%	\$ -	\$ -
Other Grants/Contracts - Adirondack	\$ 216,000	\$ 126,000	\$ 126,000	\$ -	0.0%	\$ -	\$ -
Other Grants/Contracts - Cigna	\$ 104,000	\$ 60,666.67	\$ 81,252	\$ 20,585	33.9%	\$ -	\$ -
Other Revenue	\$ -	\$ -	\$ 454,951	\$ 454,951	0.0%	\$ 238,144	\$ 466,138
Participation Fees	\$ 18,459,071	\$ 10,767,791.42	\$ 10,149,613	\$ (618,179)	-5.7%	\$ -	\$ -
Total Income	\$ 39,783,715	\$ 23,207,167	\$ 21,723,436	\$ (1,483,731)	-6.4%	\$ 238,144	\$ 466,138
Basic OCV PMPM	\$ 4,781,010	\$ 2,788,922.50	\$ 2,354,134	\$ 434,788	15.6%	\$ -	\$ -
Care Coordination	\$ 7,064,722	\$ 4,121,087.83	\$ 3,294,562	\$ 826,526	20.1%	\$ -	\$ -
PCP Comprehensive Payment Reform Pilot	\$ 1,800,000	\$ 1,050,000	\$ 422,503	\$ 627,497	59.8%	\$ -	\$ -
VBIF	\$ 4,305,223	\$ 2,511,380.08	\$ 2,527,435	\$ (16,055)	-0.6%	\$ -	\$ -
Community Program Investments	\$ 1,577,600	\$ 920,266.67	\$ 432,477	\$ 487,790	53.0%	\$ -	\$ -
Blueprint	\$ 7,762,500	\$ 4,528,125	\$ 4,538,635	\$ (10,510)	-0.2%	\$ -	\$ -
Salaries/Fringe	\$ 6,583,992	\$ 3,840,662	\$ 3,609,354	\$ 231,308	6.0%	\$ 157,655	\$ 429,620
Purchased Services	\$ 845,766	\$ 493,363.50	\$ 344,249	\$ 149,115	30.2%	\$ 11,500	\$ -
Contract & Maintenance	\$ 2,925,467	\$ 1,706,522.42	\$ 1,473,616	\$ 232,907	13.6%	\$ -	\$ -
Lease & Rental	\$ 321,051	\$ 187,279.75	\$ 98,276	\$ 89,004	47.5%	\$ -	\$ -
Utilities	\$ -	\$ -	\$ 47,752	\$ (47,752)	0.0%	\$ 963	\$ -
Other Expenses	\$ 1,816,384	\$ 1,059,557	\$ 1,073,848	\$ (14,291)	-1.3%	\$ 68,026	\$ 36,518
Total Expenses	\$ 39,783,715	\$ 23,207,167	\$ 20,216,840	\$ 2,990,327	12.9%	\$ 238,144	\$ 466,138
Net Income / (Loss)	\$ -	\$ -	\$ 1,506,596	\$ 1,506,596		\$ -	\$ -

2018 Target to Actual Performance Dashboard
OneCare Vermont Total
 Reporting Period: January-April 2018

Target to Actual Comparison: Expenditures PMPM Spend and Utilization Rates PKPY

Claims paid through 7/27/18

	Medicare	
	Cost	Utilitization
Inpatient	\$ (16.50)	46
Outpatient	\$ (64.62)	(29)
Professional	\$ (46.07)	133
DME	\$ (4.92)	52
Community Services	\$ 5.46	777
Confidential Claims	\$ -	N/A
TOTAL (Gross)	\$ (126.65)	N/A

Claims paid through 8/17/2018

	Medicaid	
	Cost	Utilitization
Inpatient	\$ (2.96)	1
Outpatient	\$ (11.10)	(1,901)
Professional	\$ (1.38)	562
DME	\$ (1.27)	18
Community Services	\$ 0.18	8
Confidential Claims	\$ (9.23)	N/A
TOTAL (Gross)	\$ (25.75)	N/A

Claims paid through 7/31/2018

	BCBS QHP	
	Cost	Utilitization
Inpatient	\$ 12.53	(3)
Outpatient	\$ 13.11	122
Professional	\$ (11.88)	290
DME	\$ (0.76)	15
Community Services	\$ (3.13)	20
Confidential Claims	\$ -	N/A
TOTAL (Gross)	\$ 9.86	N/A

Target to Actual Comparison: Expenditures PMPM Spend and Utilization Rates PKPY

Claims paid through 7/27/18

	Medicare	
	Cost	Utilitization
Inpatient	-6%	26%
Outpatient	-23%	0%
Professional	-27%	1%
DME	-31%	4%
Community Services	5%	31%
Confidential Claims	N/A	N/A
TOTAL (Gross)	-15%	N/A

Claims paid through 8/17/2018

	Medicaid	
	Cost	Utilitization
Inpatient	-6%	2%
Outpatient	-15%	-32%
Professional	-2%	5%
DME	-20%	5%
Community Services	5%	2%
Confidential Claims	-34%	N/A
TOTAL (Gross)	-10%	N/A

Claims paid through 7/31/2018

	BCBS QHP	
	Cost	Utilitization
Inpatient	23%	-10%
Outpatient	6%	4%
Professional	-7%	3%
DME	-13%	7%
Community Services	-5%	33%
Confidential Claims	N/A	N/A
TOTAL (Gross)	2%	N/A

Risk Settlement Status Summary (OCV Totals)

Claims paid through 7/27/18

	Medicare	
Actual YTD HSA Member Months		147,589
Target Total Cost of Care	\$	127,780,074
Actual Total Cost of Care	\$	116,339,374
Under (Over) Target	\$	11,440,700

Claims paid through 8/17/2018

	Medicaid	
Actual YTD HSA Member Months		164,908
Target Total Cost of Care	\$	41,393,097
Actual Total Cost of Care	\$	40,589,286
Under (Over) Target	\$	803,811

Claims paid through 7/31/2018

	BCBS QHP	
Actual YTD HSA Member Months		80,025
Target Total Cost of Care	\$	39,991,014
Actual Total Cost of Care	\$	41,175,606
Under (Over) Target	\$	(1,184,592)

Formatting Guide:

Green - < 0%
Yellow - 0% < 5%
Red - > 5%



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Patient & Family Advisory Committee

Charter

Purpose: The OneCare Vermont (OCV) Patient & Family Advisory Committee will bring consumers together to discuss health care in Vermont. The goal of the committee is to help OneCare Vermont improve patients' experience and care. OneCare Vermont wants to better understand consumers' concerns and will work to improve access, quality of care, cost, and patient experience. The committee will talk about health care values, preferences, experiences, and points of view. The OneCare Board of Managers will consider the Patient & Family Advisory Committee's thoughts and concerns when making policy decisions.

Committee Composition: The Patient & Family Advisory Committee will be populated as required by Program Agreements and regulations. OneCare staff will support the committee, and members of management and the Board will regularly attend meetings. Members will be appointed by the OneCare Vermont Board of Managers, and nominees should provide a brief biography for consideration by the Board. OneCare will educate committee members about its structure and mission.

Accountability: Members will discuss their ideas and issues, and make recommendations to the OneCare Board of Managers. Part of each member's role is to attend four group meetings per year and to participate in one annual meeting with a representative of the Office of the Health Care Advocate.

Scope: The committee's purpose is to make recommendations to OneCare about its policies and initiatives to improve healthcare outcomes, access, quality and cost, and patient experience.

Meetings: The committee meets the 2nd Thursday of the odd months: January, March, May, July, September and November. A calendar with specific dates will be provided to the members.

Members will be given a \$50 stipend and travel reimbursement for the cost of transportation to and from the meetings.

The committee chair will plan the meeting agenda and OneCare staff will record minutes. A summary of the committee's discussions and recommendations will be provided to the OneCare Board of Managers after each meeting.



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OneCare's CMO Corner

Medicare Next Gen Face-2-Face Meeting: September 6 and 7 – Cross Model Meeting with National Medicare Next Generation ACOs and End Stage Renal Disease ACO programs - in Washington D.C. and attended by Karen Lee, Vicki Loner, Spenser Weppeler, and Norm Ward. The conference was informative and facilitated sharing of ideas between 30+ Medicare Next Generation ACOs on such topics as care coordination, patient engagement, benefit waiver implementation, MIPS and MACRA considerations, and strategies for optimizing care of dialysis patients. We were able to meet with our CMML administrative contacts and personally build rapport.

VAHHS Annual Meeting: September 13 and 14 – Todd Young (UVM Health Network Telemedicine Director), Natasha Withers (Porter Medical Center Primary Care) and Norm Ward presented a workshop on implementation of telemedicine services and by extension, the Medicare Next Generation telemedicine benefit waiver. The barriers, both real and imagined to building a telemedicine program were discussed. The bottom line conclusion was that these services offer extremely valuable care model innovations and are not too difficult to implement.

Dr. Fred Kniffin (UVMHN-Porter) facilitated a panel of Todd Moore (CEO of OneCare Vermont), Marissa Parisi (Executive Director of RiseVT), Dr. Jeremiah Eckhaus (UVMHN-CVMC), Dillon Burns (Vermont Care Partners), and Jill Mazza Olson (VNAs of Vermont), on Population Innovation Under the All-Payer Model. The panel provided an update on the model from many perspectives as well as a discussion of the exciting opportunities ahead.

Medicare Next Generation Benefit Waiver: Skilled Nursing Facility 3-Day Rule Waiver Update – Training September 12 – Jenn Gordon provided a 40+ person training at OneCare Vermont headquarters to acquaint skilled nursing facilities and hospital personnel, mostly from Northern Vermont, about how to participate in this benefit waiver program. We look forward to further implementation of the waiver throughout Vermont.

OneCare Vermont Data Literacy Training – Bennington: August 29 – Tyler Gauthier, Amy Hoffman, Katie Muir, and Norm Ward provided a four-hour in-person training to approximately 15 staff members representing various hospital and ambulatory clinic administrative and financial functions at Southwestern Vermont Medical Center.

Dartmouth Hitchcock E-Consult Program: September 11 – Steve Leffler, Sara Barry, and Norm Ward traveled to DH to meet with Dr. Sally Kraft and her staff for a demonstration of the Epic electronic medical record based E-consult process that was created over the past three years. This process allows primary care clinicians to submit a well-formatted clinical question to specialty consultants who in turn respond via the Electronic Medical Record (EMR). Improvements in practical access to specialists are very apparent.

Diabetes Collaborative: September 14 – The second all-day, in-person meeting of the 10+ practices participating in the OneCare/Vermont Department of Health/Blueprint for Health/The New England Quality Innovation Network-Quality Improvement Organization (NE QIN-QIO) collaborative to share office improvement learnings.

Social Determinants of Health Risk Scores: OneCare continues to explore opportunities to work with Algorex to create multisource social/economic/geographic household and neighborhood risk scores to apply to our pediatric, adult, and elder patient age group populations to enhance our understanding of their risk profiles. We seek to use these data to complement our medical claims understanding of our patients to support patient engagement programs.



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ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC
BOARD OF MANAGERS MEETING
SEPTEMBER 18, 2018

MINUTES

A meeting of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”) was held on September 18, 2018 at Dartmouth Hitchcock Hospital.

I. Call to Order

Kevin Stone called the meeting to order at 4:34 p.m.

Mr. Stone informed the board that this would be Angela Allard’s last meeting as the Medicaid Representative of the Board of Managers. Candidates for a new Medicaid Beneficiary Representative will be discussed and voted on during executive session. On behalf of the Board, Mr. Stone thanked Angela for her insight, contributions and commitment to the Board.

II. Minutes

The minutes from August 21, 2018, were approved unanimously with one correction on attendance.

III. CEO Update

Todd Moore notified the Board that the 2017 Vermont Medicaid Next Generation (VMNG) results have been finalized and OneCare may have earned savings. A more detailed review of the results will happen in executive session.

IV. Committee Updates

Executive Committee: Kevin Stone reported on the recent Executive Committee meeting. Topics that were discussed included the 2017 VMNG Program settlement, current 2018 Year to Date (YTD) performance, and 2019 network and budget modeling. The Committee also discussed the need to update the Board of Managers composition for 2019 as a result of network expansion. Board composition discussions will occur at future meetings of the Board, once the 2019 network is finalized. The Committee reviewed the applications of the candidates that applied to fill the open Medicaid Representative on the Board. Lastly, the Committee requested an update on quality measures and a compliance education and training session at subsequent 2018 Board Meetings.

Finance Committee: Todd Keating shared that the Committee discussed the 2017 VMNG and Value Based Incentive Fund settlement and distribution, the 2018 YTD program performance and the 2019 budget preparation process. The Committee also approved, for consideration of the Board, updated financial policies and signing authority for disbursing funds from OneCare. Upon a motion that was seconded, the monthly P&L for July was approved unanimously.

Population Health Strategy Committee: Sara Barry reported that the Committee discussed the statewide expansion rollout of RiseVT and received an update from the Utilization Review



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Committee with focused deep-dives on specific cost, utilization, and quality metrics. Significant time was spent discussing the Value Based Incentive Fund results for the 2017 VMNG contract, opportunities to reinvest in quality activities, and the recommendations from a Primary Care Workgroup formed to design a variable methodology for the primary care-based VBIF beginning with an education and testing process in 2019. Finally, there was a report out on the progress of the new primary care clinical attestation process rolled out as part of the 2019 Network contracting cycle.

Patient and Family Advisory Committee: The Committee met last week and welcomed three new members. Amy Bodette, OneCare's Outreach and Engagement Manager presented the "Introduction to OneCare Vermont" presentation to the group and sought feedback from the consumer perspective. Dr. Susan Shane highlighted the proposed changes to the Patient and Family Advisory Committee Charter, which was simplified and streamlined to align with Green Mountain Care Board's language in Rule 5.000 (ACO Certification). Upon a motion that was seconded, the revised patient and family advisory committee charter was approved unanimously.

Compliance Report: Greg Daniels, the Chief Compliance and Privacy Officer, gave a brief update of the last internal Compliance Committee. He also provided an update in regards to OneCare's risk mitigation plan as previously approved by the board in February for PY 2018. Currently there are no areas from the plan that are considered high risk.

V. Program Updates

Vicki Loner reported that the final Medicare participant list will be submitted on Friday. The 2019 network expansion includes the addition of three new communities for the VMNG Program only, new FQHC's, and additional independent primary care physicians. Communities that were only in VMNG 2018 are now participating in all three core payer programs, with the exception of one community. The network is currently projected to have 175,000 to 180,000 lives across all programs.

Tom Borys gave an update on the YTD Program performance dashboard. (See attachments in public packet). The report runs through April, but includes claims runout through July. Early results show that a big driver in spending in Medicare is Hospice care.

Todd Moore called the Board's attention to the new Chief Medical Officer's CMO Corner update from Dr. Norman Ward that was included in the Board's packet.

VI. Public Comment:

There was no public comment

VII. Recess

VIII. Executive Session

IX. Voting

- a. The Executive Session Minutes from August 21 were approved unanimously.
- b. Appointment of the New Medicaid Beneficiary to the Board of Managers as recommended by the Executive committee was approved by a supermajority.



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- c. Appointment of a new member to the Patient and Family Advisory Committee as recommended by Leadership was approved by a supermajority.
- d. Creation of a stipend for consumer/beneficiary members who sit on the Board of the Managers was approved by a supermajority.
- e. Value Based Incentive Fund “reinvestment of withhold dollars not earned” as recommended by the Population Health Strategy Committee was approved by a supermajority.
- f. Disbursement of PY 2017 Vermont Medicaid Next Generation Savings and Value Based Incentive Fund was approved by a supermajority.
- g. Financial Management Resolution as recommended by Leadership was approved by a supermajority.
- h. 2019 Budget Submission Resolution as recommended by Leadership was approved by a supermajority.
- i. 2020 DVHA/CMS Pilot resolution as recommended by leadership was deferred.

X. Other Business

There was no other business.

XI. Adjourn

Upon a motion that was seconded, the meeting adjourned at 7:26 p.m.



Attendance:

OneCare Board Members

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Angela Allard | <input checked="" type="checkbox"/> Steven Gordon | <input type="checkbox"/> Joseph Perras, MD |
| <input checked="" type="checkbox"/> Lorne Babb, MD | <input checked="" type="checkbox"/> Todd Keating | <input checked="" type="checkbox"/> Judy Peterson |
| <input type="checkbox"/> Jill Berry-Bowen | <input checked="" type="checkbox"/> Steve LeBlanc | <input checked="" type="checkbox"/> Toby Sadkin, MD |
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| <input checked="" type="checkbox"/> Tim Ford | <input checked="" type="checkbox"/> Mary Moulton | |
| | <input checked="" type="checkbox"/> Pamela Parsons | |

OneCare Risk Strategy Committee

- | | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Tom Dee | <input type="checkbox"/> Tom Manion |
| <input checked="" type="checkbox"/> Jeffrey Haddock, MD | <input type="checkbox"/> Anna Noonan |

OneCare Leadership and Staff

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Todd Moore | <input checked="" type="checkbox"/> Tom Borys | <input checked="" type="checkbox"/> Linda Cohen Esq. |
| <input checked="" type="checkbox"/> Vicki Loner | <input checked="" type="checkbox"/> Sara Barry | <input checked="" type="checkbox"/> Spenser Wepler |
| <input checked="" type="checkbox"/> Karen Lee | <input checked="" type="checkbox"/> Susan Shane | <input checked="" type="checkbox"/> Amy Bodette |
| <input checked="" type="checkbox"/> Norm Ward, MD | <input checked="" type="checkbox"/> Joan Zipko | |
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