



# Welcome to VNANE's 39<sup>th</sup> Annual Meeting

“Creative Solutions in Times of Rapid Change and Uncertainty”

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CELEBRATING 40 YEARS!

SEPTEMBER 24, 2025





# VNANE Board Chair Report

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PRESENTED BY, MICHAEL CASELAS, VNANE BOARD CHAIR  
SEPTEMBER 24, 2025

# Welcome and Thank you!

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***VNANE Board of Directors and  
Management welcome you to our 39th  
Annual Meeting!***

***Thanks to all for your participation and  
your support of VNANE!***

# Welcome New Executives!

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- Michael Lyons, CEO, Brockton VNA
- Ronald Bridge, CFO, Brockton VNA
- Pat Lamont, CFO, Care Central VNA & Hospice
- Richard Nankee, CFO, RVNAhealth
- Nancy Douglass, VP of Finance, Emerson Health
- Megan Donovan, Finance Manager, Natick Walpole VNA

# VNANE Board Approved Mission and Vision

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**Mission:** *To enable patients to experience the highest quality health care at the least cost possible in their own homes.*

**Vision:** *To be among the most respected networks of home-based coordinated health care throughout New England, partnering with physicians, health systems and payers to continually improve the quality of patient care while increasing patient satisfaction and reducing the cost of care.*



# About VNANE; How Can We Serve?

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## **VNANE Is:**

- **A unique member driven managed care contracting association that provides additional value-added services to community non-profit VNAs.**
- **An innovative business model and member association that can also serve as the vehicle for future business strategy, development, and opportunities for non-profits.**



# VNANE Membership as of 9/24/2025

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**VNANE is the largest network of Medicare certified, independent, non-profit, community based VNAs & Hospices in New England.**

**11 Massachusetts Members**

**3 Connecticut Members**

**1 Rhode Island Member**

**15 Total VNANE Members**

**Affiliation Oct. 2024 Natick-Walpole & Hope Health Community VNA.**





# VNANE Executive Director Report

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PRESENTED BY DONNA DEVENS

SEPTEMBER 24, 2025



# VNANE Executive Director Report

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➤ Introduction & What is the “Word” guiding you this year?



➤ Sharing Data

➤ Payers

➤ Member Input

➤ Rapid Change, Focus on moving FORWARD FY2026

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## Value of VNANE (The Association)

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- 40 Years of providing a Membership Forum for strategic development
- Focused on leveraging network for managed care contract reimbursement
- Forum to establish clinical and payer Best Practices
- Continues to Provide an aggregate view of:
  - Network and industry data, member provider requirements, industry and market developments



# Value of VNANE (The Association)

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- Maintains:
  - Strong decades old relationships and recognizable brand with managed care payers in NE
  - Opportunity for a consistent seat at the table with Payers
  - Standards of care, protocols and best practice committees around contracting to allow for clinical integration and network contracting
- Support member claims adjudication
- Flexible enough to shift focus as the industry shifts and as our Network shifts

# Year in Review Summary (FY2025)

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## Develop Network Contracting Model with Alternative/Episodic Payment:

- Operationalizing alternative reimbursement models
- Pain of payers moving products to PDGM
- Exiting Medicare Advantage business by payers
- Legal work (10-year hiatus)\*
- Updated Clinical Integration Pathways and compliance for anti-trust\*
- Executing the updated network contracting model process\*
- Looking ahead to the future of the Network

# Legal Work FY2025

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Board approved for inclusion of For Profits, Clinically Integrated Contracting, and Anti-Trust Review

Documents reviewed & updated include:

- VNANE Membership Agreement
- VNANE By-Laws
- VNANE Articles of Organization
- VNANE Statement of Purpose

All changes above voted on by the full membership. Next focus - Recruitment

# Clinical Integration & Anti – Trust (Wiggin & Dana)

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Assuming that the Partnership is limited to contracting with the large managed care plan segment of the home health market, the members' statements as to their negligible share of this market segment are accurate, and the Partnership includes the various types of integration outlined above and previously discussed with you, the formation of the Partnership should be sustained if challenged under the antitrust laws... But there is no reason that the Partnership cannot operate within the same level of certainty and uncertainty that any provider network, such as PPOs and IPAs, faces under the antitrust laws.

# Network Stats

AD

Self Reported Referrals	Aetna (MA, RI, CT) *	BCBSMA	Point32Health (THP & HPHC)	Others *
<b>CY24: 12,217</b>	<b>1,555</b>	<b>3,367</b>	<b>3,534</b>	<b>3,761</b>
<b>CY23: 11,921</b>	<b>1,816</b>	<b>3,585</b>	<b>3,790</b>	<b>2,730</b>
<b>CY22: 12,342</b>	<b>2,150</b>	<b>3,381</b>	<b>3,844</b>	<b>2,967</b>

# Payer Requirements Grid *(from PAC)*






AD

INSURER	Prior Approval Req	EVV Req	OASIS Req	NOA	F2F	Key/Assumptions
AARP - United Health Care						The best practice for EVV is to submit for all Medicaid/MassHealth plans/products.
Aetna/Us Health	N					CMS & the State are driving the requirements, not necessarily the payer.
Aetna Commercial	N	N	N	N		
Aetna Med. Adv.	N	N	Y			



## Alternative Payment Models

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-  Commonwealth Care Alliance – The old college try!
-  WellCare – Put it on ice!
-  Mass General – What, wait, we have an episodic model?!
-  Wellpoint – Where's the (beef) pilot?
-  THPP (Dual Eligible) & HNE (M.A. Product)

# Managed Care Payers – VNANE Value of Cumulative Rate Increases

DD/AD

- CY2023, includes 1/2/3 year increases (\$18 million potential revenue) from M. C. contracts, cost report ave. per referral \$1,600, anticipated incremental revenue based on increases was approximately \$5 million across the Network. (incr. referrals in CY2024 & new rate incr. in 2025: Aetna Hospice, Aetna M.A. & re-papered MGB contract)
- Claims adjudication:
  - Overall dollar value of claims: approximately \$800,000+
  - 7 payers & 12 impacted members

## Committee Work - Year in Review (FY25)

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- Clinical Integration Committee –updated clinical pathways, revised outcome data metrics, updated compliance to demonstrate clinical integration for anti-trust
- Patient Accounts Committee is very active establishing and monitoring the effectiveness of episodic claims processing and creating best practices for all reimbursement models to benefit membership.
- Finance Committee Budgets, Dues Methodologies, Investments, Monthly and Year End Reconciliation. Other projects proposed by the Board.
- The Board reviews and approves all network business and guides the success of the network, including recent legal review of VNANE documents.

# Clinical Integration

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## ➤ Why is it important?

- Enhances leverage in obtaining highest reimbursement models
- Maintains compliance with Anti-trust
- Avenue to payer Clinical Programs as a means to APM's
- Avenue to introduce NP (palliative) programs
- Seat at the table to provide payers with aggregate outcome data
- Opportunity to penetrate clinical departments within payer organizations

# SHP Data & Clinical Integration

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As a clinically integrated network, VNANE will share agency data at a detailed level with the Network. However, there is a mandate and agreement by all that any data shared outside of the Network, including Managed Care Payers, will only be data in the aggregate. All internal data is confidential & proprietary to the VNANE Network.

The Clinical Integration Committee updated the Outcomes & Compliance for the VNANE Network. The overall goal of the outcomes is to beat, either up or down, the national average. The Network is reminded that CMS can be up to 18 months old, and SHP data is more current. VNANE will be using SHP data to assess performance.

The compliance piece is meant as a movement forward rather than a punitive measure.

# Updated Outcome Measures

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- Quarterly Star Rating Preview score 3 or above.
- Quarterly PPH (potential preventable hospitalization) scores lower than the National average.
- Timeliness of Care scores (*above national ave.*)
- Patient satisfaction and recommendation scores (*above national ave.*)
- Management of Oral Meds scores (*above national ave.*)

# Compliance

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VNANE Network established compliance program:

- VNANE staff to review established outcomes quarterly through SHP reports and manual survey for non-SHP users for each agency in the network.
- Network member CEO's whose agencies fall under set outcomes will be contacted by Executive Director for open discussion.

## Member Agency:

- Will be given one quarter to establish process improvement plan moving forward to reach the desired outcome measure goal.
- Provides an opportunity for collaboration among agencies that excel in the standard.
- Will be evaluated on an ongoing basis for improvement.

# Star Ratings (April through June 2025)

VNANE Agency	Quality of Patient Care Star Rating
(32956) All Care Visiting Nurse Association	3.5
(31849) Brockton Visiting Nurse - Home Health	3.5
(34915) Care Central VNA & Hospice, Inc. - HH	3.5
(33836) Community Nurse and Hospice Care - HH	4.0
(38417) Emerson Hospital Home Care	4.5
(35065) Greater Medford VNA	4.0
(34100) Natick Walpole VNA	3.0
(33438) NVNA - Home Health	5.0
(31959) Ridgefield VNA	3.5
(36756) Stratford VNA	3.5
(38579) Visiting Nurse & Hospice of Litchfield	4.0
(31521) Visiting Nurse Association of Cape Cod	4.0
(8241) Visiting Nurse Home & Hospice - HH	3.5



# What did CEOs have to say?

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- Prefer Meetings ½ hour to 45 minutes
- Requested staff added to VNANE distribution lists
- Confirm all members are self reporting all referrals that are entered into the system regardless of final admission status.
- Notification of staff turnover and overlap of roles
- Continue to support all states
- Discussion about room to improve payer system that assigns referrals
- What can be done about United Health Care
- What role will AI play in Home Health



# What did CEOs have to say?

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## About your Agency

- Celebrating 75 years plus!
- Requesting NP Palliative Care reimbursement
- Updated coverage areas shared
- Eliminate Prior authorization burden
- Committed to FY26 VNANE membership
- Shared new vendor relationships





# What have we learned about Payers?

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- Contracting staff continues to turnover, become more siloed, and have no access to the overall goal of their organization or the full relationship between providers and payers. This forces us to continually educate payers on how we operate.
- Payer's HEDIS Scores are now 25% of their Star Ratings.
- Financial Challenges of smaller local payers as they merge with national payers.
- Forcing payers to episodic models was not successful. The uncertainty of the PDGM diagnosis payment caused financial challenges.
- Medical economic teams do not have an easy way to convert our outcomes to increased rates.
- Where do we go in the organization to affect change? Membership partnership

# Member Communication

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AD

- Payer Newsflashes emailed to Members
- Board Requested Contract Tracker
- Workgroups and Committee work and initiatives
- Ad Hoc Zoom meetings with payers and members
- Member CEO/Senior Management Zoom Visits



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## *What are we working on in FY2026 . . .*

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- Growing a network culture for clinical integrated contracting (*utilizing network data*)
- Executing all phases of new contract processes
- Meet with payers for second round of discussions regarding APM/episodic reimbursement models (*payer capability with episodic models*).

# Enhanced Contract List *(refer to attendee packet for full list)* AD

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## Highlights:

- ☐ The addition of telehealth/telemonitoring codes and rates
- ☐ Reimbursement for NPs
- ☐ Reimbursement for PTAs, OTAs, LPNs. Advocating for rates that align with their respective professional disciplines (PT, OT, RN).

# Visio Contract Process — *(refer to attendee packet for full list)*

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Summary: Highlight differences *(better not to have a contract than a bad one)*

- Start with the premise of PDGM or full Medicare FFS if unable to execute APM. Network contract *(all in/all out)*.
- Include highest referral members in follow-up payer meetings.
- Potential 90-day termination notice followed by official notice.
- Member agreement to wait 30 days after 90-day termination notice for direct contract negotiations to allow the leverage of the Network.
- Communicate each step to the Network.

## *What are we working on in FY2026 . . .*

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- Maintain and leverage strong relationships with local payers, that have also become national payers, to enhance payment models
- Manage payer accountability for full contract process from pre-authorization to claims adjudication
- Visioning and preparing for FY2027
- Special Projects as they arise: GUIDE program, NP workgroups, recruitment



# FY2026 Strategic Direction

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- Finalizing and executing legal changes to the organization
- Continues to explore business opportunities and alliances with other organizations.
- Continue to manage to a stronger and more aligned integrated member network model.
- Meet the demands of the ever-changing market and Network by capitalizing on the strengths of our strong, nimble network of providers.



# Thank You . . .

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*...to all Members, Board of Directors, and  
Committee Members.*



# Treasurer's Report

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PRESENTED BY MICHAEL FITZPATRICK, VNANE FINANCE COMMITTEE  
FY2025

# FY 2025 Financials — July 1, 2024 – June 30, 2025

➤ Revenue	\$ 317,051
➤ Expenses	\$ <u>298,946</u>
➤ Operating Gain	\$ 18,104
➤ Investment Gain	\$ <u>15,084</u>
➤ Gain after Investment	\$ 33,188

*\*\* unaudited*



## FY 2025 Financials – July 1, 2024 – June 30, 2025

• Assets: Cash	\$ 120,071	
•       PPD & AR	\$ 10,013	
•       Investments	\$ 413,339	
•       Net Fixed Assets	<u>\$ 0</u>	
•               Total Assets:		\$543,423
• Liabilities: Accts Payable	\$ 7,731	
•       Accrued Expenses	\$ 33,938	
•       Fund Balance	<u>\$501,754</u>	
• Total Liabilities & Fund Balance:		\$543,423

\*\*unaudited

# FY 2025 Financials — July 1, 2024 – June 30, 2025

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- **2 CD's for a total of \$50,000 were rolled over to a non-callable CD from Barclays Bank to mature on 9/18/25 at 4.203%. All CD's FDIC insured. Merrill Lynch agreed to lower the management fee .25% in addition to current discount at the committee's request.**
- **Legal review of major documents came in on time and at budget of \$13,000. Full expense booked in FY2025.**
- **FY2026 budget – The current budget anticipates a surplus of approximately \$70,000. The Board voted to continue to allocate the surplus to a one-time member dues credit in Q2 (distributed over remaining 3 quarters) FY26 following analysis of Q1 FY26 actuals.**
- **Request to move from check pay to ACH/EFT for Member dues**





## NOMINATING COMMITTEE REPORT

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PRESENTED BY MIKE CASELAS, (CEO, VISITING NURSE &  
HOSPICE OF LITCHFIELD COUNTY, VNANE BOARD CHAIR)





# FY2026 BOARD OF DIRECTORS

**SLATE OF OFFICERS, MIKE CASELAS, CHAIR, LISA PARENT, VICE CHAIR, KIM AROUTH, SECRETARY, RICHARD VISCARDI TREASURER,  
ELECTED TO THE BOARD OF DIRECTORS, JENNIFER FAIRBANK**

<b>MIKE CASELAS</b>	<b>VISITING NURSE &amp; HOSPICE OF LITCHFIELD COUNTY</b>	<b>WINSTED, CT</b>
<b>LISA PARENT</b>	<b>COMMUNITY NURSE, INC</b>	<b>FAIRHAVEN, MA</b>
<b>RICHARD VISCARDI</b>	<b>STRATFORD VNA</b>	<b>STRATFORD, CT</b>
<b>KIM AROUTH</b>	<b>VISITING NURSE &amp; COMMUNITY CARE</b>	<b>MEDFORD, MA</b>
<b>MARY THERIEN</b>	<b>STRATFORD VNA</b>	<b>STRATFORD, CT</b>
<b>EILEEN GARVEY</b>	<b>NATICK WALPOLE VNA</b>	<b>WALPOLE, MA</b>
<b>JENNIFER FAIRBANK</b>	<b>VISITING NURSE HOME &amp; HOSPICE</b>	<b>MIDDLETOWN, RI</b>
<b>HOLLY CHAFFEE</b>	<b>CARE CENTRAL VNA &amp; HOSPICE</b>	<b>GARDNER, MA</b>
<b>DONNA DEVENS</b>	<b>VNANE, PRESIDENT, EX-OFFICIO</b>	

# FY2026 VNANE Board Officers

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<b>Michael Caselas</b>	<b>Chair</b>	<b>Visiting Nurse &amp; Hospice of Litchfield County</b>
<b>Lisa Parent</b>	<b>Vice-Chair</b>	<b>Community Nurse</b>
<b>Richard Viscardi</b>	<b>Treasurer</b>	<b>Stratford VNA</b>
<b>Kimberly Arouth</b>	<b>Secretary/ Resident Agent</b>	<b>Visiting Nurse &amp; Community Care</b>

# Adjourn VNANE Member Business Meeting

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***Thank you***

# Roundtable Topics

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- ❖ IBIS - Holly Chaffee
- ❖ AI - Amy Jo
- ❖ Palliative Care - Kate Mercier
- ❖ Miscellaneous - All

