

ACO PHM PCP FUNDS

**VERIFICATION ON OATH OR AFFIRMATION
TO BE COMPLETED BY ONECARE VERMONT CEO/CFO
STATE OF VERMONT
Green Mountain Care Board**

In re: OneCare Vermont Population Health Management Funds

CEO/CFO Verification on Oath or Affirmation

I, [\[Name\]](#), make the following declarations based on my personal knowledge:

1. I am the [\[Title\]](#) of OneCare Vermont Accountable Care Organization LLC (OneCare Vermont). I am a resident of Vermont, am over 18 years old, and am competent to testify to the information contained in this document.
2. To the best of my knowledge, information, and belief, all Population Health Management (PHM) payments to be made by OneCare Vermont for FY 2024 that are earned by primary care practices or intended to support primary care practices will be used to directly support primary care and primary care transformation efforts. OneCare Vermont may collect such information as it needs from the recipients in order to make this representation.
3. The following explanation accurately describes (i) how OneCare Vermont marks or identifies payments that are PHM funds intended to support primary care when OneCare Vermont distributes PHM funds and (ii) how OneCare Vermont verifies from the recipients of PHM funds intended to support primary care that the recipient uses those funds consistent with the intended purpose:

[\[Include explanation\]](#)

4. To the extent my verification is based on something other than my personal knowledge, it is based on information, opinions, reports, and statements, including financial statements and other financial data, I reasonably believe to be true, accurate, reliable, and complete.
5. The following individuals have provided information or documents (as specified below) to me in connection with this Verification:

- a. [Name and job title of each individual who provided documents, analysis or information or otherwise assisted with preparing this Affirmation, including attachments];
- b. [Identify the documents, information, or other assistance provided by each individual identified in subparagraph 5.a.]; and
- c. [Identify the custodian of each document identified in subparagraph 5.b.].

6. I acknowledge OneCare Vermont’s obligations to promptly notify the Green Mountain Care Board in the event the information contained in paragraph 2 or 3 becomes untrue, inaccurate, or incomplete in any material respect.

I swear or affirm that the forgoing declarations are true and correct under penalty of perjury under the laws of the State of Vermont.

_____ Date: _____
 [Name]
 [Job Title] of OneCare Vermont Accountable Care Organization LLC

To be completed by Notary Public

State of Vermont, County of _____

Signed and sworn (or affirmed) before me on _____ by _____

Date _____

Name of individual making statement: _____

Signature of notary public _____

Stamp

Title of office _____ [My commission expires: _____]