

# 2022 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC

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**Date Issued:** July 1, 2021

**Submission Due By:** September 1, 2021

**Submission Date:** [Click or tap to enter a date.](#)

## I. BACKGROUND

The Green Mountain Care Board (GMCB) is an independent, five-member board charged with overseeing the development and implementation, and evaluating the effectiveness, of health care payment and delivery system reforms designed to control the rate of growth in health care costs; promote seamless care administration and service delivery; and maintain health care quality in Vermont. To complement the GMCB's responsibilities and authorities with respect to health care payment and delivery system reforms, the Vermont Legislature charged the GMCB with certifying accountable care organizations (ACOs) that are required to be certified under 18 V.S.A. § 9382. To be eligible to receive payments from Vermont Medicaid or a commercial insurer, an ACO must obtain and maintain certification from the GMCB. 18 V.S.A. § 9382(a).

Once certified, an ACO is required to notify the GMCB of certain matters, such as changes to the ACO's operating agreement or bylaws, within 15 days of their occurrence. GMCB Rule 5.000, § 5.501(c).

Additionally, the GMCB reviews and verifies a certified ACO's ongoing certification eligibility annually. As part of that annual review, each certified ACO must (1) verify that the ACO continues to meet the requirements of 18 V.S.A. § 9382 and Rule 5.000, including any related guidance or bulletins issued by the GMCB regarding certification requirements; and (2) describe in detail any material changes to the ACO's policies, procedures, programs, organizational structures, provider network, health information infrastructure, or other matters addressed in the certification sections of 18 V.S.A. § 9382 and Rule 5.000 that the ACO has not already reported to the GMCB. 18 V.S.A. § 9382(a); GMCB Rule 5.000, §§ 5.301(d), 5.305(a), 5.503(d). An ACO chief executive, with the ability to sign legally binding documents on the ACO's behalf must verify under oath that the information contained in the ACO's eligibility verification submission is accurate, complete, and truthful to the best of his or her knowledge, information, and belief. *See id.* § 5.305(b). **See Attachment B: Verification on Oath or Affirmation.** In addition to the submission, an ACO may be required to answer questions or provide additional information requested by the GMCB for its review. *See id.* § 5.305(c).

Because each ACO is unique and the documentation each ACO submits for certification (and subsequent verifications of eligibility) may differ, the GMCB develops a verification form for each ACO it has certified. This form has been developed for **OneCare Vermont**

**Accountable Care Organization, LLC (OneCare)** for calendar year 2022 (Eligibility Verification Form).

## II. REVIEW PROCESS

Within 30 days of receiving a completed Verification of Eligibility Form, the GMCB will notify OneCare in writing if additional information is needed. GMCB Rule 5.000, § 5.305(c). OneCare's certification remains valid while the GMCB reviews its continued eligibility for certification. *Id.* If the GMCB determines that OneCare, its participants, or its providers are failing to meet any requirement of Rule 5.000 or 18 V.S.A. § 9382, the GMCB may, after providing OneCare with notice and an opportunity to respond, take remedial actions, including placing OneCare on a monitoring or auditing plan or requiring OneCare to implement a corrective action plan. *Id.* § 5.504. The GMCB may also, after providing OneCare with written notice and an opportunity for review or hearing, revoke its certification or, if appropriate, refer a potential violation of antitrust law to the Vermont Attorney General. *Id.*; Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General.

The eligibility verification process does not limit the GMCB's authority to review OneCare's continued compliance with the requirements of Rule 5.000, 18 V.S.A. § 9382, or any orders or decisions of the Board. Such reviews may be performed at any time (e.g., in response to quarterly financial reporting). *Id.* § 5.503.

## III. INSTRUCTIONS

OneCare must complete each section of this form and submit an electronic copy of the completed form to, Alena Berube, Director of Health Systems Policy, at [Alena.Berube@vermont.gov](mailto:Alena.Berube@vermont.gov) and copy Marisa Melamed, Health Care Policy Associate Director, at [Marisa.Melamed@vermont.gov](mailto:Marisa.Melamed@vermont.gov), and Sarah Tewksbury, Health Policy Analyst, at [Sarah.Tewksbury@vermont.gov](mailto:Sarah.Tewksbury@vermont.gov). The form must be received on or before September 1, 2021. ***You must copy the Office of the Health Care Advocate on the filing.*** See *id.* § 5.104. If the OneCare representatives completing this form have any questions, contact Alena Berube, Marisa Melamed, or Sarah Tewksbury by calling (802) 828-2177, or by sending an email to the addresses above.

#### IV. DESCRIPTION OF CHANGES AND QUESTIONS FOR ONECARE

1. Submit a complete list of OneCare Policies and Procedures. In the table, include policy name, policy number (if numbered/lettered), date of most recent execution, and next review date. Please label the table “updated as of [date].”  
[Click or tap here to enter text.](#)
2. **FY22 ACO Certification Attachment A: Certification Eligibility Documents for OneCare Vermont ACO** is a list of policies, procedures, and other documents collected by the GMCB to review certification eligibility. Please complete the blank fields in the table. Have there been any material changes to the documents since the most recent filing with the GMCB? If so, provide a brief description of the change(s) and the reason(s) for the change(s) in the last column of the table.  
[Click or tap here to enter text.](#)
3. Since OneCare’s certification eligibility was last reviewed, have there been any material changes to OneCare’s structure, composition, ownership, governance, and/or management? Please use **FY22 ACO Certification Attachment A** to provide a brief description of the changes and include additional narrative below as needed to explain rationale. (See §§ 5.201-5.203.)
  - a. Explain what changes OneCare is making to its organizational structure, corporate form, governance, tax reporting, or other areas now that the company has received 501(c)(3) status. (See §§ 5.201(a), 5.203(d), 5.305(a)(2).)
  - b. Explain how OneCare structures its executive compensation to achieve specific and measurable goals that support the ACO’s efforts to reduce cost growth or improve the quality and overall care of Enrollees, or both. (See § 5.203(a), GMCB Guidance re Rule 5.000, § 5.203(a))  
[Click or tap here to enter text.](#)
4. Provide an update on the mechanisms OneCare employs to obtain consumer input, as compared to the information contained in OneCare’s response to the 2021 Verification of Eligibility Form Response #3? (See § 5.202(g); 5.206(d).)  
[Click or tap here to enter text.](#)
5. List and describe any advocacy training that the consumer/enrollee members of OneCare’s Board of Managers and the members of OneCare’s Patient and Family Advisory Committee have received since 2019 or will receive in 2022. (See § 5.202(f)(5).)  
[Click or tap here to enter text.](#)
6. Has OneCare arranged for the members of its Patient and Family Advisory Committee to meet with representatives of the Office of the Health Care Advocate in 2022? If so, when will that meeting take place? (See § 5.202(h).) Did the Office of the Health Care Advocate prepare a report for OneCare following its last meeting with members of OneCare’s Patient and Family Advisory Committee? (See § 5.202(c).) If so, please attach a copy of the report to your filing.  
[Click or tap here to enter text.](#)

7. Please provide any updates to OneCare's Medicare benefit enhancement implementation plans and submit any new or updated relevant documentation, e.g. updates to the Three-Day Skilled Nursing Facility (SNF) Rule Waiver Implementation Plan submitted in 2018. (*See* § 5.403(a)(11).)  
[Click or tap here to enter text.](#)
8. Provide an update and describe any changes related to OneCare's use of WorkBenchOne, or other platforms, that allow providers and OneCare to monitor utilization, costs, and clinical data. (*See* § 5.206-5.207, 5.210)  
[Click or tap here to enter text.](#)
9. Describe all mechanisms (e.g., website, Patient Fact Sheet) OneCare uses to inform the public about how the ACO works. (*See* § 5.208.)  
[Click or tap here to enter text.](#)
10. Have there been any material changes that relate to the requirements of 18 V.S.A. § 9382(a) or Rule 5.000 that are not noted above? If so, please provide a brief description of the change(s). (*See* § 5.305(a)(2).)  
[Click or tap here to enter text.](#)
11. Provide describe what actions the ACO has taken to ensure equal access to appropriate mental health care that meets the requirements of 18 V.S.A. § 9382(a)(2), including an update to items required by the GMCB for compliance with 18 V.S.A. § 9382(a)(2).. The response should include a narrative description of OneCare's performance on mental health related quality measures contained in payer contracts, 2022 Quality Improvement Plan, 2021 Clinical Priorities, and any other initiatives that apply to these criteria. Please indicate if there are no other initiatives that apply to these criteria. (*See* §§ 5.206, 5.305(a)(1); 18 V.S.A. § 9382(a)(2).)  
[Click or tap here to enter text.](#)
12. Provide describe what actions the ACO has taken to receive and distribute payments to its participating health care providers in a fair and equitable manner and to minimize differentials in payment methodology and amount, including an update to items required by the GMCB for compliance with 18 V.S.A. § 9382(a)(3). The response should include the current status of the 2021 Comprehensive Payment Reform Program, the 2022 CPR program, and any other initiatives that apply to these criteria. Please indicate if there are no other initiatives that apply to these criteria. (*See* §§ 5.209, 5.305(a)(1); 18 V.S.A. § 9382(a)(3).)  
[Click or tap here to enter text.](#)
13. Please describe how the ACO provides connections and incentives to existing community services for preventing and addressing the impact of childhood adversity and other traumas. Please describe how the ACO collaborates on the development of quality-outcome measurements for use by primary care providers who work with children and families and fosters collaboration among care coordinators, community service providers, and families. How does the ACO plan to better provide those connections and incentives in FY22? Please

highlight any significant changes in this work from FY21 to FY22. Please provide an update to items required by the GMCB for compliance with 18 V.S.A. § 9382(a)(17). (See §§ 5.305(a)(1), 5.403(a)(20); 18 V.S.A. §9382(a)(17).)

[Click or tap here to enter text.](#)

## V. NOTIFICATION OF POTENTIALLY ANTICOMPETITIVE CONDUCT

1. Does OneCare share pricing information (e.g., reimbursement rates paid by commercial insurers or other negotiated fee information) with participants in its network? Does OneCare employ any measures not already described in its Data Use Policy (03-03) to protect such information?

[Click or tap here to enter text.](#)

2. Does OneCare engage in any of the conduct described in paragraphs 2-5 of the Green Mountain Care Board Guidance re: Referrals of Potential Violations of State or Federal Antitrust Laws to the Vermont Attorney General?<sup>1</sup> If yes, please describe.

[Click or tap here to enter text.](#)

## VI. VERIFICATION UNDER OATH

Please complete and attach the requisite verifications under oath (**Attachment B: Verification on Oath or Affirmation**).

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<sup>1</sup> Available at:

[https://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals\\_05.01.18.pdf](https://gmcboard.vermont.gov/sites/gmcb/files/GMCB%20Guidance%20re%20AGO%20Referrals_05.01.18.pdf).