OneCare Vermont Policies and Procedures

Policy #	Policy/Procedure Title	Last Board Approval (month - yy)	Next Board Approval (month - yy)
01-01	Subcontractor Management		
01-02	Conflict of Interest		
01-04	Fraud and Abuse Waivers		
02-04-PY22	Community Care Coordination Program PY 2022		
03-03	Data Use		
03-04	Data Destruction		
03-05	Data Transparency		
03-06	Assignment of Attributed Lives		
04-06	Disbursement Authority		
04-07-PY22	Program Settlement PY 2022		
04-08-PY22	Comprehensive Payment Reform PY 2022		
04-10-PY22	Participation Fees PY 2022		
04-11-PY22	Hospital Fixed Payment PY 2022		
04-18	Financial Process for the Termination of Participant, Preferred Provider and Collaborator Agreements		
04-19-PY23-25	Participant Population Health Model and Payments PY 2023-2025		
04-20-PY23-25	Preferred Provider and Collaborator Population Health Model and Payments PY 2023-2025		
05-01	Contract Management		
05-02	Participant and Preferred Provider Appeals		
05-03	Network Development and Composition		
05-04	Subcontractor Management		
05-05	Contractual Signature Authority		
05-06-PY22	ACO Network Payer Program Participation PY 2022		
05-07	Provider Appeal of Denial of Participation in ACO		
06-01	Documentation and Maintenance of Records		
06-03	Policy on Policy Management		
06-19	Complaints, Grievances, and Appeals for Attributed Lives		
06-20	VMNG Prior Authorization Waiver		
07-02	Compliance		
07-03	Privacy		
07-06	Conflict of Interest		

07-07	Code of Conduct		
07-08	Compliance Communication, Reporting and Investigation		
07-09	Security		
08-01	Board of Managers Nomination		
08-02	Governance		
09-01	Quality Improvement and Management		
A03-03	Attribution, Alignment, and Assignment		
C02-01	Early Periodic Screening, Diagnosis & Treatment (EPSDT) for Children and Pregnant Women		
C02-02	Compliance with Vermont Advanced Directives		
C02-04	Training for Annual Quality Measure Collection and Inter-rater Reliability		
C02-05	Care Coordination & Disease Management Program within an Integrated Care Delivery Mode		
C02-06	Care Coordination Training and Responsibilities		
C02-07	Quality Performance Measurement Management		
C02-09	Utilization Management Review		
C02-10	Patient and Family Advisors Reimbursement Process		
C02-13	Monthly Quality Data Abstraction		
C02-14	Medicare Benefit Enhancement Waivers Data Collection Tool Submission		
C02-15	Care Coordination Quality Audit and Monitoring		
C02-16	Care Coordination Program Implementation		
CP07-01	Annual Compliance Training Distribution and Tracking		
CP07-02	Responding to Compliance and Privacy Questions From the Network		
CP07-03	Compliance Auditing Procedure		
F04-01	Value Based Incentive Fund Calculation & Distribution		
F04-02	VMNG Primary Care Alignment Strategy		
F04-03	Shared Savings Calculation & Distribution Process		
F04-05	VMNG Fixed Prospective Payment Distribution		
F04-06	Accounts Payable		
F04-08	Primary Care Case Management & Population Health Management Payment Distribution		
F04-09	Blueprint for Health (Medicare) Payment Distribution Process		
F04-10	Complex Care Coordination Payment Distribution Process		
F04-22-PY22	Performance Incentive Pool PY 2022		
I01-01	Performance Data Validation Procedure		
K05-01	Meditract Contract Management & Document Retention		

K05-02	Monthly Network Provider Updates		
K05-03	Contract Distribution Process		
K05-04	Medicare Program Initial June Participant Roster		
K05-05	Medicare Vetting Process		
K05-06	Verification of Tax Identification Number (TIN)		
K05-07	Terming Providers in Medicare UI System		
K05-11	BCBSVT QHP and BCBSVT Primary Payer Provider Roster		
K05-12	Assigning a Health Service Area to New Organization		
K05-13	Contracting Follow Up Process		
K05-15	MVP QHP Payer Provider Roster		
K05-18	Medicare Program September Preferred Roster		
K05-19	Medicare Program September BE Participant Roster		
K05-21	Creation and Maintenance of Practice Records		
K05-22	Creation and Maintenance of Organizational Contacts		
K05-23	Request to Join ACO		
N01-08	Secure Web Portal Documents Usage and Maintenance		
N01-09	Provisioning Secure Portal Users		
O05-07	VMNG Beneficiary & Participant Servicing		
O05-08	Beneficiary Notification & Opt Out Process		
O05-09	Payer Marketing Material Distribution to Beneficiaries		
O05-35	Provisioning and Maintenance of Workbench One Users		
O05-36	Provisioning Care Navigator Users		
O05-41	Program Payments Distribution and Notification		
O05-44	OneCare Inquiries, Complaints, Grievances and Appeals		
O05-46	Management of Policies		
O05-48	Secure Portal, Care Navigator, and Workbench One Bi-Annual Compliance User Audit		
O05-52	Vermont Medicaid Next Generation Prior Authorization Process		
O05-54	Care Navigator Patient Record Access Audit Hub and Desktop/Mobile Applications		
O05-57	Payer Communication Tracking and Escalation		
O05-64	Monthly Telephone and Electronic Communication Reporting		
O05-67	Bi-Annual Update of Organizations in the Secure Portal		
O05-71	SharePoint Correspondence Tracking		
O05-76	Communications Testing		
O06-69	Care Navigator Change Control		

O06-70	Collaborator Patient Panel Quarterly Updates		
O06-71	Content Course Creation (VTHL)		
O06-72	Tiered Support Model (VTHL)		
O06-73	Learner Bulk Enrollment		
O06-74	Missing Training/Care Navigator		
O06-76	Monthly ACO Network Newsletter (OneCare Action Update)		
PA08-01	Website		

Instructions:

Certification Documents Sheet: This sheet 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 and confirm/edit the dates under columns C and D.** If any field in column E is marked with "Y", **please provide the latest version of this policy/procedure/document with submission.**

Policies & Procedures Sheet: This sheet is a list of all policies and procedures currently active for OneCare Vermont. **Please confirm/update all fields and complete blank dates in columns C and D.**

Certification Eligibility Documents for OneCare Vermont

GMCB Rule 5.000 Section	Date Approved by BoM (month-yy)	Last Submitted	Changed since submission (Y/N)?	Brief description of the change(s) and reason(s) for change(s)
5.201 Legal Entity				
Certificate of Good Standing from the Vermont Secretary of State		8/31/22		
5.202 Governing Body				
Operating Agreement		3/25/22		
Board of Managers (BOM) Roster		8/31/22		
Patient and Family Advisory Committee Charter (also 5.206)	Aug-22	8/31/21		
Full Organizational Chart		8/31/22		
Leadership Team Table		8/31/22		
01-02 Conflict of Interest Policy	Nov-22	12/29/22		
5.203 Leadership and Management				
07-02 Compliance Policy	Feb-23	3/29/23		
07-07 Code of Conduct Policy (also 5.204)	Aug-22	8/31/22		
07-08 Compliance, Communication, Reporting, and Investigation Policy (also 5.204)	Aug-22	8/31/22		
5.204 Solvency and Financial Stability				
Finance Committee Charter	Apr-22	8/31/22		
5.205 Provider Network				
05-02 Participant and Preferred Provider Appeals Policy (also 5.209)	Nov-22	12/29/22		
05-03 Network Development and Composition Policy	Jul-22	8/31/22		
5.206 Population Health Management and Care Coordination				
C02-06 Care Coordination Training & Responsibilities (also 5.210)	Jul-22	8/31/22		
C02-09 Utilization Management (also 5.207 and 5.210)	Jul-22	8/31/22		
04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025 Policy (also 5.209 and 5.210)	Feb-23	3/29/23		
04-20-PY23-25 Preferred Provider and Collaborator Population Health Model and Payments PY 2023-2025 Policy (also 5.209 and 5.210)	Feb-23	3/29/23		
5.207 Quality Evaluation and Improvement				
09-01 Quality Improvement and Management (also 5.209)	Mar-23	4/25/23		
5.208 Patient Protections and Support				
06-19 Patient Complaint and Grievance	Aug-22	8/31/22		
5.209 Provider Payment				
04-07 Program Settlement	Feb-23	3/29/23		
04-11-PY23 Hospital Fixed Payments PY 2023 Policy	Feb-23	3/29/23		
5.210 Health Information Technology				
03-03 Data Use Policy	Dec-22	1/27/23		

Certification Eligibility Documents for OneCare Vermont

GMCB Rule 5.000 Section	Date Approved by BoM (month-yy)	Last Submitted	Changed since submission (Y/N)?	Brief description of the change(s) and reason(s) for change(s)
07-03 Privacy	Aug-22	8/31/22		
07-09 Security	Dec-22	1/27/23		