

ACO BUDGET GUIDANCE
ACO BOARD CHAIR FORM

VERIFICATION ON OATH OR AFFIRMATION
TO BE COMPLETED BY THE CHAIR OF ONECARE VERMONT
ACCOUNTABLE CARE ORGANIZATION, LLC BOARD OF MANAGERS
STATE OF VERMONT
Green Mountain Care Board

In re: FY 2024 OneCare Vermont Accountable Care Organization, LLC Budget Submission

Board Chair's Verification on Oath or Affirmation

I, [Name], make the following declarations based on my personal knowledge:

1. I am the Chair of the Board of Managers of OneCare Vermont Accountable Care Organization, LLC (“OneCare”). I am a resident of [State], am over 18 years old, and am competent to testify to the information contained in this document.
2. I have reviewed the proposed FY 2024 budget and supporting materials OneCare will submit to the Green Mountain Care Board (“Budget Submission”).
3. On _____, 2023, the Budget Submission was presented by OneCare’s [Chief Executive Officer AND/OR Chief Financial Officer] to the Finance Committee of OneCare’s Board of Managers and was reviewed and approved by that Committee on [the same date OR _____, 2023].
4. On _____, 2023, the Budget Submission was presented by OneCare’s [Chief Executive Officer AND/OR Chief Financial Officer] to the Board of Directors and was reviewed and approved by the Board of Managers on [the same date OR _____, 2023].
5. I have in good faith relied upon representations by one or more officers or employees of OneCare who are reliable and competent on this subject matter as permitted under 11A V.S.A. § 8.30(b) that the information contained in the Budget Submission is true, accurate, and complete and does not omit material facts necessary to provide a full and complete understanding of OneCare financial standing at the point in time, taking account of the fact that: (a) OneCare is still working to receive or negotiate our full attribution numbers, trends and targets from payers; (b) is in active negotiations of final contracts with payer partners, and (c) the population health management investment opportunities are contingent upon both of the above, as well as provider engagement, performance, and quality scores. Therefore this budget relies on best available projections

and I do not have knowledge of or have a substantial reason to believe information that would make reliance on these representations unwarranted.

6. I acknowledge OneCare's obligations to promptly notify the Green Mountain Care Board and supplement the Budget Submission in the event the information contained in the Budget Submission 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.

_____ Dated: _____
[Name]
Chair of Board of Managers 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: _____]