

ACO BUDGET GUIDANCE
ACO CEO/CFO FORM

VERIFICATION ON OATH OR AFFIRMATION
TO BE COMPLETED BY ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, LLC'S CEO/CFO

STATE OF VERMONT
Green Mountain Care Board

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

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”). 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. To the best of my knowledge, information, and belief, 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’s financial standing, 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.
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. This information was presented or otherwise provided to me by OneCare’s officers, employees, legal counsel, public accountants, or other persons whom I reasonably believe are reliable, trustworthy, and have the necessary professional competence and expertise to advise on the matters presented.
5. Within the past 12 months, I have reviewed and am familiar with the policies and procedures by which the information contained in OneCare’s Budget Submission was

prepared. I have determined that such policies and procedures are sufficiently effective to ensure that all information submitted or used by OneCare in connection the Budget Submission is true, accurate, and complete. I have disclosed to the OneCare Board of Managers all significant deficiencies in such policies and procedures, of which I have personal knowledge after diligent inquiry. To the extent any misrepresentation of facts, whether or not material, were identified during the preparation of the OneCare Budget Submission, I have disclosed that information to the OneCare Board of Managers and verify that any such misrepresentations were corrected before the Budget Submission was submitted to the Green Mountain Care Board.

6. The following individuals have provided information or documents (as specified below) to me in connection with the Budget Submission:

- a. [Name and job title of each individual who provided documents, analysis or information or otherwise assisted with preparing the Budget Submission];
- b. [Identify the documents, information, or other assistance provided by each individual identified in subparagraph 6.a.]; and
- c. [Identify the custodian of each document identified in subparagraph 6.b.].

7. 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.

[Name]
[Job Title] of OneCare Vermont Accountable
Care Organization, LLC

Date: _____

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: _____]