

# 2024 Certification Eligibility Verification Form for OneCare Vermont Accountable Care Organization, LLC

---

**Date Issued:** July 1, 2023

**Submission Due By:** September 1, 2023

**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 2024 (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, Sarah Kinsler, Director of Health Systems Policy, at Sarah.Kinsler@vermont.gov and copy the GMCB ACO Oversight Team, at GMCB.ACO@vermont.gov. The form must be received on or before September 1, 2023. ***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 Sarah Kinsler or Michelle Sawyer by calling (802) 828-2177, or by sending an email to the ACO Team address above.

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

1. Please complete **FY24 ACO Certification Attachment A: OneCare Vermont Certification Documents, Policies & Procedures** and provide any necessary documents. Instructions can be found in Tab 1 of Attachment A.
2. Please submit a copy of the current **Policy and Procedure Glossary**.
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 **FY24 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.) *Word limit: 200*  
Click or tap here to enter text.
4. Provide an update on any planned **advocacy trainings that the consumer/enrollee members of OneCare's Board of Managers and the members of OneCare's Patient and Family Advisory Committee** will receive in 2024. (See § 5.202(c).) *Word limit: 100*  
Click or tap here to enter text.
5. 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 2024? If so, when will that meeting take place? (See § 5.202(h).)  
Click or tap here to enter text.
6. Please describe OneCare's process for monitoring and reporting the effectiveness of its policies and procedures regarding care coordination, including physical and mental health care coordination and coordination of care for Enrollees with a substance use disorder, and explain how OneCare develops and implements mechanisms to improve coordination and continuity of care based on such monitoring and evaluation. (See §5.206(c).) *Word limit: 200*  
Click or tap here to enter text.
7. Provide an update on the mechanisms OneCare employs to **obtain consumer input**, as compared to the information contained in OneCare's response to the 2023 Verification of Eligibility Form Response #4? (See § 5.202(g); 5.206(d).) *Word limit: 100*  
Click or tap here to enter text.
8. Provide and update the ACO's method(s) for **identifying types of services, and entities to provide those services**, to those enrollees that have been identified as potentially benefiting from care coordination, as compared to the information contained in OneCare's response to the 2023 Verification of Eligibility Form Response #8. (See § 5.206(g).) *Word limit: 200*  
Click or tap here to enter text.
9. Provide an update on the ACO's method(s) for **supporting participants in providing processes that use decision support tools/enable enrollees to assess the merits of various**

**treatment options?** Also describe the ACO’s method(s) for supporting participants in providing processes that **foster health literacy**. (See § 5.206(i).) *Word limit: 200*  
Click or tap here to enter text.

10. Provide an update on the ACO’s method(s) for supporting participants in providing processes that implement strategies for **engaging enrollees with limited English proficiency** (See § 5.206(k).) *Word limit: 200*  
Click or tap here to enter text.
11. Describe how the quality evaluation and improvement program **regularly evaluates the care delivered to enrollees against defined measures and standards** regarding enrollee and caregiver/family experience. (See § 5.207(b).) *Word limit: 200*  
Click or tap here to enter text.
12. Provide an update on the mechanisms (e.g. website, Patient Fact Sheet) OneCare uses to **inform the public about how the ACO works**, as compared to the information contained in OneCare’s response to the 2023 Verification of Eligibility Form Response #12 (See § 5.208.) *Word limit: 200*  
Click or tap here to enter text.
13. 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 interim status of the 2023 Comprehensive Payment Reform (CPR) Program, any plans for the 2024 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).) *Word limit: 500*  
Click or tap here to enter text.
14. Provide an update on any 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), as compared to the information contained in OneCare’s response to the 2023 Verification of Eligibility Form Response #13. The response should include a narrative **description of OneCare’s performance on mental health related quality measures**. Please notate where each of these measures are derived (i.e. payer contracts, clinical priorities, etc). (See §§ 5.206, 5.305(a)(1); 18 V.S.A. § 9382(a)(2).) *Word limit: 500*  
Click or tap here to enter text.
15. Please describe how the ACO’s data system supports appropriate access to and sharing of the data or information required to address the care management needs of enrollees (e.g., patient portals to enhance enrollee engagement, awareness and self-management; ability of providers to review medication lists for Enrollees; and alerts and notifications regarding critical incidents and hospital admissions, transfers, and discharges). (See § 5.210(a); 18 V.S.A. §9382(a)(5)). *Word limit: 500*

Click or tap here to enter text.

- a. Does the ACO's data system have records structured (searchable) demographic, claims, clinical, and other data or information required to meet the population health management and performance evaluation and improvement needs of the ACO? (*See* § 5.210(a)) [Yes / No].
- b. Is the ACO's data system is accessible to Participants of all sizes? (*See* § 5.210(a)) [Yes / No].
- c. Does the ACO's data system provide patients access to their own health care information and otherwise comply with HIPAA and other applicable laws? (*See* § 5.210(a)) [Yes / No].

16. Please describe how the ACO's data system standardizes, analyzes, and makes actionable data for detecting practice or physician patterns, predictive modeling and patient risk stratification, identifying variations in care provided to enrollees, and understanding enrollee population characteristics. Please include an explanation of how that data is used to measure care process improvements, quality improvements, and cost of care. (*See* § 5.210(b); 18 V.S.A. §9382(5)). *Word limit: 500*

Click or tap here to enter text.

17. Please provide an update on how the ACO provides **connections and incentives to existing community services for preventing and addressing the impact of childhood adversity and other traumas**, as well as how 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**. The response should describe any changes made in comparison with the information contained in OneCare's response to the 2022 Verification of Eligibility Form Response #16. (*See* §§ 5.305(a)(1), 5.403(a)(20); 18 V.S.A. §9382(a)(17).) *Word limit: 500*

Click or tap here to enter text.

18. 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).) *Word limit: 500*

Click or tap here to enter text.

## V. NOTIFICATION OF POTENTIALLY ANTICOMPETITIVE CONDUCT

1. Does OneCare share provider pricing information (e.g., reimbursement rates paid by commercial insurers or other negotiated fee information) or other competitively sensitive provider information among 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**).

---

<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).