



OneCare Vermont

Network Request Form

Please complete this form to help OneCare understand your interest in joining our network.

I. Primary Contact Information

Name	
Title	
Organization	
Tax Identification Number	
Type of Organization/Specialty	
Street Address	
City State ZIP	
Phone	
E-Mail Address	

II. Specific Interests in Joining the OneCare Network

Tell us what you specifically hope to achieve in working with OneCare:

- Participate in care coordination
- Support quality measurement and identify improvement
- Lead or participate in a Quality Improvement Initiatives
- Participate in different payment models
- Participate in clinical care redesign (i.e. Medicare Benefit Enhancement Waiver)
- Involvement in health care reform education
- Other:

Please discuss your specific objectives for any of the above:

III. Specific Value you bring to the OneCare Network

Summarize the value your organization would bring to OneCare and its network.

IV. Payer Program Interest

Please provide the # of Vermont residents you service by each payer:

___ Vermont Medicaid ___ Medicare ___ BCBSVT QHP ___ BCBSVT Primary
___ MVP QHP

V. Patient Type and Primary Population Served

Tell us about your estimated Vermont population served:

___ # people ___ # adults ___ # children

Tell us which counties in Vermont you primarily serve:

___ Number of Organization Sites

VII. Timing

Tell us which calendar year that you hope to join our network: _____

VIII. Next Steps and Contact Information

Thank you for completing this application form and for your interest in joining our network. We will evaluate your request and reach out to you to discuss next steps. Should you have any questions, please contact the Contracting team below:

contracting@onecarevt.org

802-847-7220 Option 4 or toll-free at 877-644-7176 Option 4