



Request to Join the Accountable Care Organization

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

I. Your Contact Information

Name

Title

Phone #

E-Mail Address

II. Tell us About Your Organization

Organization Name

Tax Identification Number

Street Address

City State ZIP

County

Type of Organization (Select One)

Primary Care Practice

Family Medicine

Internal Medicine

Naturopathic Medicine

Pediatrics

FQHC

Rural Health Center

Hospital

Academic Hospital

Critical Access Hospital

Rural Community Hospital

Specialty Care Practice

Cardiology

Mental Health

Neurology

OB/GYN

Orthopaedics

Therapies (PT, OT, ST)

Other: _____

Organizations / Agencies

Designated Agency

Skilled Nursing Facility

Ambulatory Surgery Center

Other: _____

III. Organization Site Information

How many different practice/clinical sites do you have within your organization?

___ # of organizational Site(s)

VT counties Served by your organizational site(s):

___ Addison	___ Franklin	___ Rutland
___ Bennington	___ Grand Isle	___ Washington
___ Caledonia	___ Lamoille	___ Windham
___ Chittenden	___ Orange	___ Windsor
___ Essex	___ Orleans	

IV. OneCare Program Participation

Which of the following payers are you presently contracted with?

VT Medicaid Medicare BCBS of VT MVP

Which OneCare programs are you requesting to join the network for:

VT Medicaid	___ Yes	___ No
Medicare	___ Yes	___ No
BCBS VT QHP	___ Yes	___ No
BCBS VT Primary	___ Yes	___ No
MVP QHP	___ Yes	___ No

Please note OneCare program participation is:

Required for: VT Medicaid, BCBS VT QHP, BCBS VT Primary & MVP QHP

Optional for: Medicare

V. Timing

What calendar year would you like to join the OneCare ACO?

___ January 1, 2022 – December 31, 2022 (submit by 6/11/21)

___ Other: _____

VI. Next Steps

Thank you for submitting this **Request to Join the ACO form** and your interest in joining the OneCare Vermont ACO. A member of our contracting team will contact you. Please direct questions to:

Email: contracting@onecarevt.org

Local: 802-847-7220 Option 4

Toll-free: 877-644-7176 Option 4