



## Request to Join the Accountable Care Organization

Please complete and submit this form along with your W-9 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, 2023 – December 31, 2023 (submit by 5/1/22)

\_\_\_ 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](mailto:contracting@onecarevt.org)

Local: 802-847-7220 Option 4

Toll-free: 877-644-7176 Option 4