

Vermont Green Mountain Care Board  
 ACO SSP Operations Group  
 Timeline of ACO Reports and Responsibilities  
 February 26, 2015

Initial Report Date	Frequency	Report Name	Receiving Party
XSSP: April 15, 2014 or as soon as available VMSSP: April 30, 2014	Once	<u>Initial ACO Provider Roster for Patient Attribution and Payment</u> (initial provider report)	Each payer
May 15, 2014	Monthly	<u>ACO Provider Roster for Patient Attribution and Payment</u> : monthly report of provider changes within PCP practices for attribution	Each payer
July 1, 2014	Once	<u>Initial Projected Enrollment Report</u> : The ACO must submit projections of ACO enrollment for 2014 for commercial business based on patient attribution and any anticipated ACO provider network changes.	GMCB
By no later than August 31, 2014	Once (and 30 days following any changes to the board)	<p><u>ACO Board Composition Report</u>: The ACO must submit to the GMCB a list of its board members and submit a description of board member roles and responsibilities.</p> <p>The ACO must also submit documentation to the GMCB which demonstrates that at least 75 percent control of the ACO's governing body is held by ACO participants or provides for meaningful involvement of ACO participants on the governing body.</p> <p>The ACO must submit documentation to the GMCB that identifies the board members who are Medicare beneficiaries, Medicaid beneficiaries, and commercial insurance consumer representatives. The ACO must also describe the personal, volunteer and/or professional qualifications of each consumer and the process used to recruit/select these individuals.</p>	GMCB (for all ACOs), DVHA (for Medicaid ACOs)

Initial Report Date	Frequency	Report Name	Receiving Party
August 31, 2014	Once	<u>Governing Process Transparency Report</u> : The ACO must submit documentation to the GMCB that identifies the public website where it has published the names and contact information for the governing body members	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
August 31, 2014	Once	<u>Governing Process Public Comment Report</u> : The ACO must submit documentation to the GMCB that identifies the public website, sample agendas and/or other means whereby it has published an invitation to the public to participate in the public comment segment of the upcoming meeting.	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
August 31, 2014	Once	<u>Governing Process Meeting Minutes Report</u> : The ACO must submit documentation of an internal policy indicating that meeting minutes are available to the ACO's provider network upon request.	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
August 31, 2014	Once	<u>Governing Process ACO Activities Report</u> : The ACO must submit notification to the GMCB that identifies the public website where it has published the summaries of ACO activities.	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
August 31, 2014	Once (and 30 days following any changes to the board)	<u>Consumer Advisory Board Establishment Report</u> : The ACO must submit documentation to the GMCB of the establishment of a consumer advisory board for the purpose of inviting and considering consumer input regarding ACO policy, with membership drawn from the community served by the ACO, including patients, their families and caregivers.	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
August 31, 2014	Annually thereafter by November 30 <sup>th</sup>	<u>Freedom of Choice Report</u> : The ACO must submit documentation of an internal policy indicating that individuals attributed to the ACO may choose any provider consistent with the member's health plan benefit.	GMCB (all ACOs), DVHA (Medicaid ACOs)

Initial Report Date	Frequency	Report Name	Receiving Party
September 15, 2014	Monthly DVHA requirement	<u>Beneficiary Opt Out Update</u> : The ACO will submit monthly updates to DVHA of patients for whom they have received notification of their desire to opt out of data sharing so DVHA can remove their information from attribution reports.	DVHA
September 30, 2014	Quarterly DVHA requirement	<u>Beneficiary Notification/Disclosure</u> : Quarterly update to ensure that new beneficiaries are notified of their participation in VMSSP.	DVHA
September 30, 2014	Annually	<u>Payment Alignment Report</u> : The ACO must provide the GMCB and DVHA with an update on plans for: <ul style="list-style-type: none"> <li>a. aligning provider payment (from insurers and/or Medicaid, as applicable) and compensation (by ACO participant organizations) with ACO performance incentives for cost and quality, and plans for methods for distributing any earned shared savings.</li> </ul>	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
September 30, 2014	Annually	<u>Network Model Report</u> : The ACO must provide the GMCB with a written description of any planned or implemented methods for regionally grouping providers under a shared savings model that incents provider performance resulting from the delivery of services that are more directly under their control.	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
November 17, 2014	One time DVHA requirement	<u>Optional Non-core Expenditures Track Election</u> : If ACO elects to be accountable for additional non-core services expenditures, they must do so in writing by November 17.	DVHA

Initial Report Date	Frequency	Report Name	Receiving Party
January 31, 2015	Annually thereafter by November 30 <sup>th</sup>	<p><u>Consumer Advisory Board Meeting Report</u>: The ACO must submit documentation to the GMCB that the consumer advisory board has met quarterly since the last report to the GMCB. The report must also include documentation of:</p> <ul style="list-style-type: none"> <li>• consumer advisory reports presented by staff and governing body representatives to the full ACO governing body since the last report to the GMCB.</li> <li>• any consumer input activities reported to the ACO's governing body other than those relating to the consumer advisory board.</li> </ul>	GMCB (for all ACOs), DVHA (for Medicaid ACOs)
March 1, 2015	Annually	ACO Provider Roster	Each payer
July 15, 2015	Annually	<u>Clinical Data-based Measures Report</u> : the ACO is required to send to the GMCB's Analytics Contractor the numerators and denominators for the clinical data-based quality reporting measures (core measures #14-20) for the time period covering January 1 <sup>st</sup> through December 31 <sup>st</sup> using either the sample methodology or the EHR methodology.	GMCB Analytics Contractor
September 30, 2015	Once	<u>Risk Mitigation Plan</u> : The risk mitigation plan must establish a method for repaying any losses to the insurers participating in the pilot. The method may include recoupment from payments to its participating providers, stop loss reinsurance, surety bonds, escrow accounts, a line of credit, or some other payment mechanism such as a withhold of a portion of any previous shared savings achieved.	GMCB
January 1, 2016	Once	<u>Executed amendment to the ACO-commercial payer program agreement</u> : amendment contains a provision regarding ACO downside risk of not less than 3% and up to 5%.	GMCB

Initial Report Date	Frequency	Report Name	Receiving Party
As required	60 days prior to implementation of risk transfer to a participating provider(s) in the ACO's network	<u>Risk Transfer Report</u> : The ACO will notify the Board if the ACO is transferring risk to any participating provider organization within its network.	GMCB