

Vermont Green Mountain Care Board
ACO SSP Operations Group
Timeline of Commercial and Medicaid Payer Reporting Responsibilities
Revised July 15, 2015

Initial Report Due Date	Frequency	Report Name	Receiving Party
XSSP: May 15, 2014 VMSSP: July 31, 2014	Monthly	<u>Patient attribution report</u> - enrollment	Each ACO
XSSP: May 31, 2014 VMSSP: July 31, 2014	Monthly	<u>Patient attribution report</u> - claims extract	Each ACO
XSSP: May 31, 2014 VMSSP: July 15, 2014	Quarterly	Stratification of patients by risk score with supplemental information	Each ACO
September 1, 2014	Once (commercial insurers only)	Exchange premium and enrollment by product	GMCB Analytics Contractor
October 7, 2014	Annually	<u>Six-month claims file submission for calculation of claims-based quality measures and Monitoring & Evaluation (M&E) measures</u> : the claims files for the claims-based quality measures and M&E measures required for Year One for the time period covering January 1 st through June 30 th	GMCB Analytics Contractor
October 17, 2014	Once	<u>DVHA to notify ACO of non-core expenditure selection</u> : If contractor elects to be accountable for additional non-core services expenditures in the TCOC, state will notify Contractor in writing of which non-core expenditures will be required	Each ACO
January 7, 2015	Annually	<u>Nine-month claims file submission for calculation of claims-based quality measures and M&E measures</u> : claims files for the claims-based quality measures and M&E measures required for Year One for the time period covering January 1 st through September 30 th	GMCB Analytics Contractor

Initial Report Due Date	Frequency	Report Name	Receiving Party
March 15, 2015	Semi-annually by March 15 th for the time period covering January 1 st through December 31 st of preceding year.	<u>ACO Financial Report</u> : Financial reports from commercial insurers only to the GMCB in accordance with report formats defined by the GMCB.	GMCB
July 15, 2015	Annually	<u>Annual year-end claims file submission for calculation of savings, claims-based quality measures and M&E measures</u> : Payers are required to send claims files to be used for calculation of savings, claims-based quality measures and M&E measures required for Year One for the time period covering January 1 st through December 31 st	GMCB Analytics Contractor
<u>XSSP</u> : Existing payer schedule <u>VMSSP</u> : Ad hoc schedule	Existing payer schedule	<u>Patient gaps in care</u>	ACO