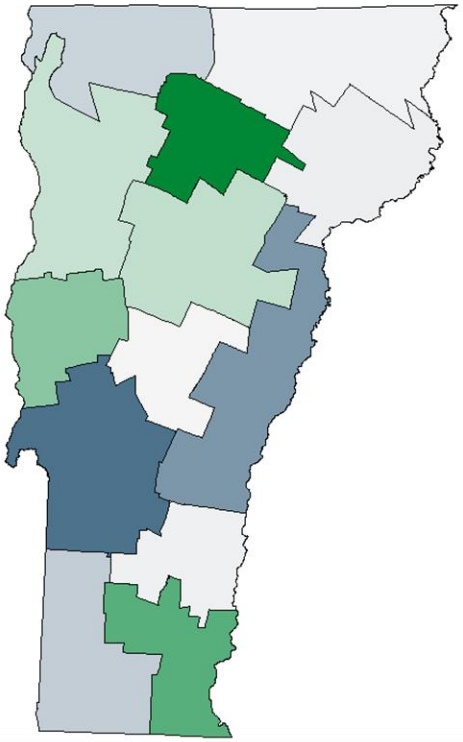

Green Mountain Care Board
Accountable Care Organization Oversight

FY 2020 Final Recommendations

December 18, 2019

Alena Berube
Melissa Miles
Marisa Melamed

VERMONT
GREEN MOUNTAIN CARE BOARD

Today's Agenda

1. FAQ
2. Follow-up items from 12/11 GMCB staff presentation
3. 2020 Recommendations
4. Next Steps
5. Questions/Public Comment

If you missed last week…

- GMCB staff presented its analysis of OneCare's certification eligibility verification and its proposed FY 2020 budget, making preliminary recommendations

- Slides are found here: https://gmcboard.vermont.gov/sites/gmcb/files/documents/12-11-19_ACO_preliminary_reccommendations_FINAL.pdf

FAQ

FAQ: APM vs. ACO

What is Vermont's All-Payer Model Agreement and what is OneCare's role in the agreement?

- The APM is an agreement between VT and the federal government that allows the three major health care payers to pay differently for health care by changing incentives to reward improved provider communication and patient outcomes over volume of services.
- An ACO is the vehicle used to implement the APM.
- An ACO is a voluntary network of health and social services providers that come together to be accountable for the health of a population and work toward the goals of the APM.
- An ACO works to improve care and reduce costs by allowing providers to bring their money and resources together in four ways:
    - Investment dollars
    - Information
    - Care coordination
    - Innovation
- While it is possible to have multiple ACOs, in Vermont we only have one, OneCare

FAQ: OneCare's Budget Growth

How much is OneCare's budget growing?

- OneCare's proposed $1.42 billion-dollar budget for FY 2020 reflects a 59% increase in total revenue over its FY 2019 projected budget of $899 million.

Does this budget growth imply an increase in costs to consumers and the State?

- No, most of this budget is existing health care spending – just paid a different way. The increase in revenue is almost entirely explained by the increase in patients for which OneCare is now accountable (from 160k in 2019 to 250k in 2020, a 56% increase in "attributed lives").

How is the GMCB monitoring OneCare to ensure that their budget growth is reasonable?

- GMCB staff have recommended that OneCare present to the Board on or before April 15th on their final attribution and revised budget.
- GMCB staff have carried forward recommendations from FY 2019 requiring OneCare to submit quarterly financial statements to be evaluated against the budget order (is OneCare's spending in line with the Board's mandate).

FAQ: $13.1 million in DSR Funding

Why is OneCare asking the State for $13 million in Delivery System Reform (DSR) dollars? Where do these DSR dollars come from and what are they used for? I have heard some say this is propping up OneCare...is that true?

- When the All-payer model agreement was signed in 2016, both the State and the Federal Government understood that a substantial investment would be required to transform the way health care is both paid for and delivered.

- OneCare's request for $13.1 million for delivery system reform includes funds for new and existing projects from both state and federal sources, some of which reflects DSR funding that OneCare is already receiving from state and federal sources.

- If appropriated by the State and Federal Governments, these funds can only be used for purposes specified under Appendix I of the State's 1115(a) Medicaid waiver:
    1. Continue developing infrastructure to provide better data and information to health care providers, so they may better serve their patients
    2. Invest in community-based population health projects that increase access to primary care, increase consistency and access to screening for mental health and substance misuse, decrease prevalence of chronic diseases such as COPD, diabetes and hypertension, reduce the number of deaths due to suicide, and reduce deaths related to drug overdoses.

FAQ: Salaries & Administrative Costs of OneCare

What value do Vermonters get for the cost of administering OneCare?

- The ACO model provides the legal entity necessary to allow providers to work together to care for their patients
- Payment reform requires investment in transformative change systemwide and by practice
- Centralized functions to succeed under new models would otherwise have to be duplicated in every practice
- Federal funding for Blueprint and SASH are made possible through the all-payer model agreement and administered by OneCare

What is OneCare's administrative budget?

- $19.3 million or 1.4% of the FY20 proposed budget
- See Admin Expense slide from last week

How does the GMCB monitor OneCare's administrative costs?

- See FY20 budget conditions on administrative expenses and ratio
- OneCare salary information is available on the GMCB website here: https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY20%20Budget%20Submission%20-%20OCV%20Salary%20Table.pdf
- Vermont hospital salary information is posted on the GMCB website here: https://gmcboard.vermont.gov/content/vermont-hospital-salary

FAQ: What do we know about quality?

How do we know if OneCare is improving quality for patients and providers?

- We only have one year of data (2018)
- Quality measures are in OneCare's contracts with payers
- Statewide all-payer model 20 quality measures are separate from payer quality measures

What's in the budget on quality?

- OneCare's payer contracts must link quality with financial incentives
- OneCare must report provider performance by payer program to the GMCB annually

How does the GMCB monitor quality?

- Payer contract reporting from OneCare
- GMCB reporting to federal government (CMS) on all-payer model measures
- Federal evaluation by Univ. of Chicago evaluator (NORC)
- Population health investment linked to quality
- Dashboard Recommendation

Follow-up Items from December 11th, 2019 GMCB Staff Presentation

Budget Components

	$ (millions)	% of Total
TOTAL REVENUE	$1,424.6	100%
Payer Revenues for Provider Reimbursement	$1,362.2	95.6%
Payer Program Support (Incl. Blueprint)	$19.0	1.3%
State Support	$16.6	1.2%
Participation Fees (Hospital Dues)	$24.5	1.7%
Other (Grants & Deferred Revenue)	$2.3	0.2%
TOTAL EXPENSE	$1,424.6	100%
Provider Reimbursement	$1,362.2	95.6%
OneCare Admin Expense	$19.3	1.4%
Population Health Investments	$43.1	3.0%
Gain/Loss	$0	0%

Support for QHP rate of 6.04%

- Received from OCV.
- Under review for confidentiality.

Hospital Risk vs. System Risk

Hospital	Total Risk (MRL)	Risk Mitigation	Est. MRL FY20	% of System MRL
Brattleboro Memorial Hospital	$ 2,368,265	$ 1,184,133	$ 1,184,133	2.9%
Central Vermont Medical Center	$ 4,971,384		$ 4,971,384	12.3%
Copley Hospital	$ 475,334	$ 237,667	$ 237,667	0.6%
Gifford Medical Center	$ 457,211		$ 457,211	1.1%
Grace Cottage Hospital	$ -		$ -	0.0%
Mt. Ascutney Hospital & Health Ctr	$ 2,196,835		$ 2,196,835	5.4%
North Country Hospital	$ 785,616		$ 785,616	1.9%
Northeastern VT Regional Hospital	$ 822,304		$ 822,304	2.0%
Northwestern Medical Center	$ 4,303,405		$ 4,303,405	10.7%
Porter Medical Center	$ 3,447,724		$ 3,447,724	8.5%
Rutland Regional Medical Center	$ 1,297,409		$ 1,297,409	3.2%
Southwestern VT Medical Center	$ 4,696,716	$ 2,348,358	$ 2,348,358	5.8%
Springfield Hospital	$ 825,283		$ 825,283	2.0%
UVM Medical Center	$ 16,830,645		$ 16,830,645	41.7%
DHMC	$ 640,310		$ 640,310	1.6%
Total	$ 44,118,441		$ 40,348,284	

Hospital Risk vs Days Cash on Hand

Hospital	Total Risk (MRL)	Risk Mitigation	Est. MRL FY20	Days Cash on Hand	MRL as % of Days Cash on Hand
Brattleboro Memorial Hospital	$ 2,368,265	$ 1,184,133	$ 1,184,133	121.6	1.4%
Central Vermont Medical Center	$ 4,971,384		$ 4,971,384	75.0	2.2%
Copley Hospital	$ 475,334	$ 237,667	$ 237,667	72.1	0.3%
Gifford Medical Center	$ 457,211		$ 457,211	241.4	0.9%
Grace Cottage Hospital	$ -		$ -	87.7	N/A
Mt. Ascutney Hospital & Health Ctr	$ 2,196,835		$ 2,196,835	134.1	4.0%
North Country Hospital	$ 785,616		$ 785,616	201.8	0.9%
Northeastern VT Regional Hospital	$ 822,304		$ 822,304	114.3	1.0%
Northwestern Medical Center	$ 4,303,405		$ 4,303,405	279.2	3.7%
Porter Medical Center	$ 3,447,724		$ 3,447,724	125.3	4.0%
Rutland Regional Medical Center	$ 1,297,409		$ 1,297,409	204.6	0.5%
Southwestern VT Medical Center*	$ 4,696,716	$ 2,348,358	$ 2,348,358	35.7	1.4%
Springfield Hospital	$ 825,283		$ 825,283	3.7	1.7%
UVM Medical Center	$ 16,830,645		$ 16,830,645	192.7	1.2%
DHMC	$ 640,310		$ 640,310	N/A	N/A
Total	$ 44,118,441		$ 40,348,284		

Hospital Risk vs NPR + FPP

Hospital	Total Risk (MRL)	Risk Mitigation	Est. MRL FY20	NPR + FPP	MRL as % of NPR + FPP
Brattleboro Memorial Hospital	$ 2,368,265	$ 1,184,133	$ 1,184,133	$ 88,145,092	1.3%
Central Vermont Medical Center	$ 4,971,384		$ 4,971,384	$ 218,043,247	2.3%
Copley Hospital	$ 475,334	$ 237,667	$ 237,667	$ 72,658,362	0.3%
Gifford Medical Center	$ 457,211		$ 457,211	$ 52,382,984	0.9%
Grace Cottage Hospital	$ -		$ -	$ 19,967,821	0.0%
Mt. Ascutney Hospital & Health Ctr	$ 2,196,835		$ 2,196,835	$ 53,755,559	4.1%
North Country Hospital	$ 785,616		$ 785,616	$ 83,623,249	0.9%
Northeastern VT Regional Hospital	$ 822,304		$ 822,304	$ 87,253,844	0.9%
Northwestern Medical Center	$ 4,303,405		$ 4,303,405	$ 116,926,579	3.7%
Porter Medical Center	$ 3,447,724		$ 3,447,724	$ 87,487,539	3.9%
Rutland Regional Medical Center	$ 1,297,409		$ 1,297,409	$ 267,787,827	0.5%
Southwestern VT Medical Center	$ 4,696,716	$ 2,348,358	$ 2,348,358	$ 172,284,645	1.4%
Springfield Hospital	$ 825,283		$ 825,283	$ 48,889,189	1.7%
UVM Medical Center	$ 16,830,645		$ 16,830,645	$ 1,348,125,703	1.2%
DHMC	$ 640,310		$ 640,310		
Total	$ 44,118,441		$ 40,348,284	$ 2,717,331,640	

Risk and Opportunity

Risk Bearing Entity (RBE)	Hospital Service Area (HSA)	TOTAL Attribution		Downside Risk (Maximum Shared Losses)			Opportunity (Upside Risk) (Maximum Shared Savings)		
		Attributed	%	$ Adjustment	Total Risk	%	$ Adjustment	Total Risk	%
OCV Medicare 3rd Party Risk Reinsurance					$ (12,289,468)	(38.6)%			
Southwestern VT Medical Center	Bennington	18,434	7.4%	$ (2,348,358)	$ 2,348,358	7.4%	$ (1,174,179)	$ 3,522,537	8.0%
Central Vermont Medical Center	Berlin	27,484	11.0%	$ -	$ 4,971,384	15.6%		$ 4,971,384	11.3%
Brattleboro Memorial Hospital	Brattleboro	11,124	4.5%	$ (1,184,133)	$ 1,184,133	3.7%	$ (592,066)	$ 1,776,199	4.0%
UVM Medical Center	Burlington	96,620	38.7%	$ 1,885,079	$ 18,715,724	58.8%	$ 942,540	$ 17,773,184	40.3%
Dartmouth-Hitchcock	Lebanon	6,199	2.5%	$ 1,885,079	$ 2,525,389	7.9%	$ 942,540	$ 1,582,850	3.6%
Porter Medical Center	Middlebury	17,743	7.1%	$ -	$ 3,447,724	10.8%		$ 3,447,724	7.8%
Copley Hospital	Morrisville	4,031	1.6%	$ (237,667)	$ 237,667	0.7%	$ (118,834)	$ 356,500	0.8%
North Country Hospital	Newport	7,448	3.0%	$ -	$ 785,616	2.5%		$ 785,616	1.8%
Gifford Medical Center	Randolph	4,175	1.7%	$ -	$ 457,211	1.4%		$ 457,211	1.0%
Rutland Regional Medical Center	Rutland	10,609	4.3%	$ -	$ 1,297,409	4.1%		$ 1,297,409	2.9%
Springfield Hospital	Springfield	8,757	3.5%	$ -	$ 825,283	2.6%		$ 825,283	1.9%
Northwestern Medical Center	St. Albans	20,796	8.3%	$ -	$ 4,303,405	13.5%		$ 4,303,405	9.8%
Northeastern VT Regional Hospital	St. Johnsbury	7,251	2.9%	$ -	$ 822,304	2.6%		$ 822,304	1.9%
Grace Cottage Hospital	Townshend	-	0.0%	$ -	$ -	0.0%		$ -	0.0%
Mt. Ascutney Hospital & Health Ctr	Windsor	8,793	3.5%	$ -	$ 2,196,835	6.9%		$ 2,196,835	5.0%
TOTAL		**249,464**	**100%**	**$ -**	**$ 31,828,974**	**139%**	**$ -**	**$ 44,118,442**	**100%**

FY20 ACO Budget Recommendations

FY19 ACO Budget Order Highlights

- Scale Target ACO Initiatives
- All-Payer ACO Model Agreement data reporting
- Payer contracts
- Regulatory alignment
- Maximum risk
- Reserves
- Administrative expense ratio and allocation
- Financial statements
- Population Health Management and payment reform programs/initiatives
- Comprehensive Payment Reform (CPR) Program reporting
- VBIF distribution methodology
- Specialist payment pilot and community innovation fund reporting
- Certification monitoring and reporting (updated policies and procedures)

2019 Budget Order

Budget Recommendations

1. No later than April 30, 2020, or a date agreed to by OneCare and GMCB staff, OneCare must submit a 2021 Network Development Strategy that includes the following elements:
   a) A definition for ACO "network composition" necessary to maximize value-based incentives;
   b) Provider outreach strategy;
   c) Provider recruitment and acceptance criteria;
   d) Network development timeline;
   e) Providers dropping out of the network (quantify) and reasons why; and
   f) Challenges to network development.

   Adapted from Recommendation 7 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

2. No later than March 31, 2020, OneCare must submit a written report to the Board, using a template provided by GMCB staff, which demonstrates that OneCare's payer programs (other than the Vermont Medicare ACO Initiative) qualify as Scale Target ACO Initiatives under section 6.b. of the APM Agreement. The report must describe (a) how each program aligns with the Vermont Medicare ACO Initiative in the areas of attribution methodologies, quality measures, payment mechanisms, services included in determining shared savings and losses, patient protections, and provider reimbursement strategies; and (b) the rationale(s) for any differences in these areas. Thereafter, OneCare must update this report no later than 15 days after entering a new payer program covering any portion of 2020. If programs are not expected to qualify as a Scale Target ACO Initiatives under section 6.b. of the APM Agreement, OneCare must include in the report a justification for such an arrangement.

   Adapted from 2019 Budget Order.

Budget Recommendations

3. No later than March 31, 2020, OneCare must submit a one-page document summarizing the benefits self-funded payer programs receive by participating in OneCare.

Adapted from Recommendation 4 from the Dec. 11, 2019 GMCB Staff Presentation.

4. OneCare must submit the Medicaid geographic attribution implementation manual to the Board no later than 15 days after finalizing the manual with the Department of Vermont Health Access.

Adapted from Recommendation 5 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

5. OneCare must ensure that its payer contracts are consistent with the following 2020 benchmark trend rates and related conditions:
   a) Medicare: 3.5% (3.5% for A/D and 2.9% for ESRD);
   b) Medicaid: A trend within the actuarial range after completion of the Medicaid Advisory Rate Case;
   c) Commercial:
      i. The 2020 benchmark trend rates for the BCBSVT and MVP QHP programs must be based on the ACO-attributed population and the BCBSVT and MVP QHP approved rate filings; and
      ii. OneCare must provide the Board with (a) actuarial certifications for each of its commercial (including self-funded) benchmarks stating that the benchmark is adequate but not excessive; (b) an explanation of how its overall rate of growth across all payers fits within the overall APM target rate of growth and, if its overall rate of growth exceeds the APM target, how it plans to achieve the target for the term of APM Agreement (2017 to 2022); and (c) a revised budget based on the finalized benchmarks.

Adapted from Recommendation 6 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

6. The maximum amount of risk OneCare may assume for 2020 is the sum of the following: 5% of the Medicare benchmark; 4% of the Medicaid benchmark; and a percentage of the commercial benchmarks in the ranges set forth in the relevant contracts. OneCare must request and receive an adjustment to its budget prior to executing a contract that would cause it to exceed these risk levels.

   Adapted from 2019 Budget Order.

7. No later than March 31, 2020, OneCare must provide a written follow-up to each item from the August 16, 2019 "Insights from Hospital/FQHC Scale Survey: Results and Reactions" for which OneCare was designed as the responsible party.

   Adapted from Recommendation 8 from the Dec. 11, 2019 GMCB Staff Presentation.

Source: https://gmcboard.vermont.gov/sites/gmcb/files/documents/payment-reform/GMCB%20Scale%20Memo%208-15-2019.pdf

Budget Recommendations

8. No later than April 15, 2020, OneCare must present to the Board on the following topics:
   a) 2020 attribution and payer contracts; *Adapted from Recommendation 2.*
   b) Revised budget, based on final attribution; *Adapted from Recommendation 3.*
   c) Final description of population health initiatives;
   d) Expected hospital dues for 2020 by hospital; *Adapted from Other Initial Recommendations.*
   e) Expected hospital risk for 2020 by hospital and payer; *Adapted from Other Initial Recommendations.*
   f) Any changes to the overall risk model for 2020; *Adapted from Recommendation 15.*
   g) Source of funds for its 2020 population health management programs; and
   h) Any other information the Board deems relevant to ensuring compliance with this order.

Budget Recommendations

9. No later than March 31, 2020, OneCare must provide GMCB staff with the supporting documentation relevant to these topics identified in Condition 8. Among supporting documentation, OneCare must submit:
    a) Final payer contracts; *Adapted from Recommendation 2.*
    b) Attribution by payer; *Adapted from Recommendation 2.*
    c) A revised budget, using a template provided by GMCB staff; *Adapted from Recommendation 3.*
    d) Final descriptions of OneCare's population health initiatives;
    e) Hospital dues for 2020 by hospital; *Adapted from Other Initial Recommendations.*
    f) Hospital risk for 2020 by hospital and payer; *Adapted from Other Initial Recommendations.*
    g) Documentation of any changes to the overall risk model for 2020; *Adapted from Recommendation 15.*
    h) Source of funds for its 2020 population health management programs; and
    i) Any other information the Board deems relevant to ensuring compliance with this order.

Budget Recommendations

10. If total revenues are projected to increase, the administrative expense ratio must not exceed 1.35%, and if total revenues are projected to decrease, the administrative expenses ratio must not exceed 1.60%, unless otherwise approved by the Board. The Board will review this condition based on final attribution.

    Adapted from Recommendation 14 from the Dec. 11, 2019 GMCB Staff Presentation.

11. OneCare must implement the delegated risk model it described in its budget proposal, except that it must:
    a) Submit to the Board copies of the contracts that bind each of the risk-bearing hospitals to OneCare's risk sharing policy;
    b) For the hospitals that are not covering 100% of their assumed risk, provide the Board with irrevocable letters of credit or other documentation specifying how UVMMC and/or DH-H will back the uncovered portion(s) of risk;
    c) Inform the Board whether it has secured aggregate Total Cost of Care protection for Medicare or any other payer programs in 2020; and
    d) Notify the Board staff within 15 days of any changes to OneCare's risk model outlining effects by hospital and by founder.

    Adapted from Recommendation 15 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

12. If OneCare uses its $4 million reserve, it must notify the Board within 15 days of such use. Notification must include the reason for drawing down the reserve and, for any use authorized under Condition 11(c), a corresponding cash flow analysis. The use of this reserve shall be limited to:
    a) Additional funding for population health investments;
    b) Financial backing for risk incurred by hospitals engaging in sustainability planning;
    c) Temporary cash flow issues associated with payer revenue delays; and
    d) Other uses pre-approved by the Board

Adapted from Recommendation 16 from the Dec. 11, 2019 GMCB Staff Presentation.

13. If population health management programs are not fully funded as detailed in OneCare's 2020 budget submission, OneCare must submit a revised proposal no later than March 31, 2020 to the Board. This should include any requests for budget revisions, for changes to OneCare programs, including any funding shortfalls, changes in program scope, and an analysis for each program line item as to whether and why the funding is appropriately scaled by attribution, or some other factor.

Adapted from Recommendation 9 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

14. In 2020, OneCare must fund the SASH and Blueprint for Health (PCMH and CHT) investments at $8,401,660.

15. OneCare must report quarterly on information required by the Board. This Quarterly reporting will include:
    a) Financial statements to include cash flows, income statement, and balance sheet;
    b) Information on population health investments by Health Service Area, program, and by provider type;
    c) Information on the 2020 complex care coordination program implementation, enrollment, payments, patient satisfaction, and, as they arise, relevant challenges and learning opportunities; and
    d) Any other information the Board deems relevant to ensuring compliance with this order.

Adapted from Recommendation 13 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

16. OneCare must use its community-specific quality health investments (e.g., VBIF, future variable value-based payments) to address cost and quality differences across Health Service Areas as identified in OneCare's variations-in-care analysis. These programs must be evidence-informed, assessed by OneCare for return on investment, and tracked by the ACO.

    Adapted from Recommendation 11 from the Dec. 11, 2019 GMCB Staff Presentation.

17. No later than April 30, 2020, OneCare must provide a report on how its population health investments address cost and quality differences across Health Service Areas as identified in OneCare's variations-in-care analysis.

    Adapted from Recommendation 11 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

18. No later than June 30, 2020, or a date agreed to by OneCare and GMCB staff, OneCare must develop a workplan to evaluate the effectiveness of its population health investments including analysis of how to scale those that are successful, sunset those that are not, and report on opportunities for sustainability. This plan must include the identity of each entity receiving funding, the funding amount, any evidence supporting the purpose(s) of the corresponding project, a distribution plan for the funding, the scope of project, relevant timeframe(s) for implementation and evaluation, any measurable outcomes, and any risks, issues, or challenges. This workplan may exclude the Blueprint for Health investments (SASH, CHT, and PCMH). For competitive grants, OneCare should provide and explanation of the criteria by which it evaluates proposals for funding.

Adapted from Recommendation 12 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

19. No later than July 31, 2020, OneCare must submit to the Board a prototype for an ACO performance dashboard and a proposed plan to implement the performance dashboard by December 31, 2020. GMCB staff will work with OneCare to determine the required form and content for the submission and to establish appropriate methodologies for reporting quality results in such a way to allow for valid comparisons where feasible. At a minimum the dashboard shall profile population health and financial data by HSA and payer in a way that promotes variational analysis across HSAs and readily reconciles to Board approved and projected fiscal year budgets and population health performance targets. The Board will also provide an opportunity for the Health Care Advocate to provide input into the dashboard, including methodologies for quality reporting.

Adapted from Recommendation 17 from the Dec. 11, 2019 GMCB Staff Presentation.

Budget Recommendations

20. Over the duration of the APM Agreement, OneCare's administrative expenses must be less than the health care savings, including an estimate of cost avoidance and the value of improved health, projected to be generated through the Model.

    Adapted from 2019 Budget Order.

21. OneCare must submit its audited financial statements as soon as they are available and must submit information as required by the Board to monitor OneCare's performance.

22. After notice and an opportunity to be heard, the Board may make such further orders as are necessary to carry out the purposes of this Order and 18 V.S.A. § 9382.

23. All materials required under this Order shall be provided electronically, unless doing so is not practicable.

Next Steps

Next Steps

1. **Board vote on OneCare Vermont's FY20 Budget and Medicare Benchmark growth scheduled for December 18th, 2019 (Today)**
2. GMCB to produce FY 2020 Budget Order
3. GMCB staff to update ACO monitoring plan
4. GMCB to continue posting quarterly ACO monitoring and reporting materials
5. GMCB staff to present on APM quality results in early 2020
6. OneCare Vermont to provide final payer contracts, final attribution, revised budget and present to the Board by April 1, 2020
7. First annual report on APM will be published in fall 2020 (NORC)
8. GMCB staff will continue to update the Board on the development of ACO performance dashboards
9. GMCB will post Medicaid Advisory Rate Case and 2020 Medicare contract once publicly available
10. GMCB staff will continue to meet regularly with the Health Care Advocate

Questions/Public Comment