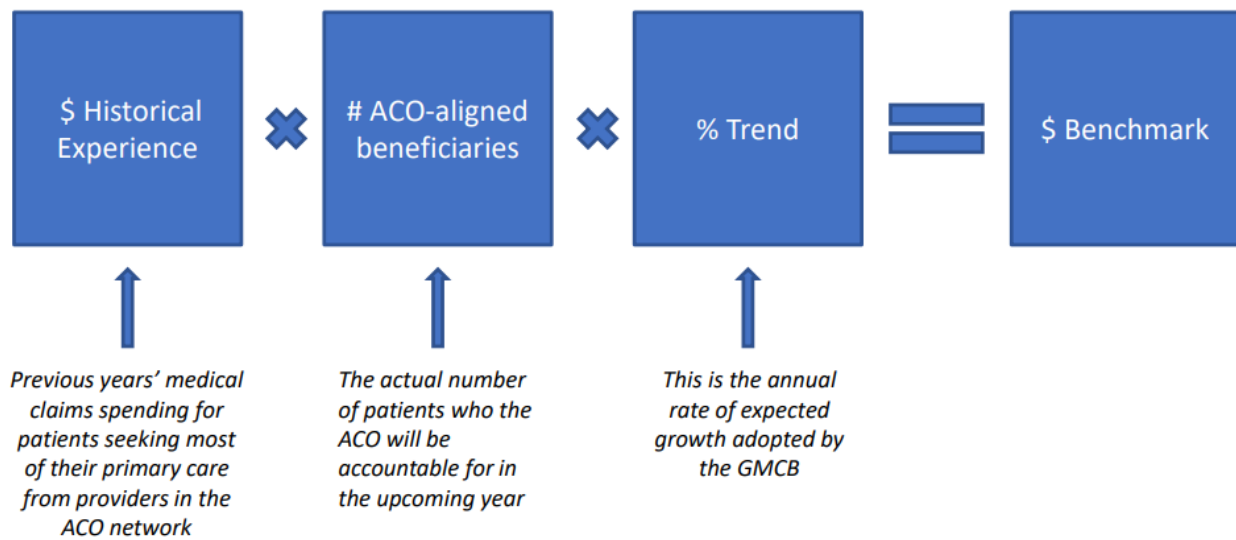


**What is the benchmark?**

The Medicare benchmark is a financial target for an ACO participating in Vermont’s All-Payer Model Agreement, and is the threshold used to determine the magnitude of an ACO’s shared savings or losses.

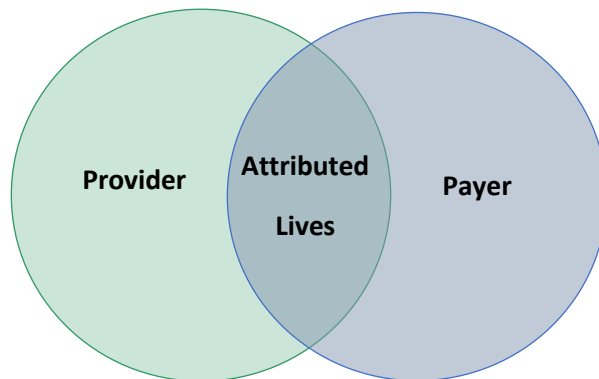
**How is the benchmark calculated?**

The Medicare Benchmark is calculated using three factors: previous years’ medical claims spending, the actual number of ACO-aligned beneficiaries, and the annual rate of expected growth. The benchmark is established each year and is set for two sub-populations of ACO-aligned beneficiaries: 1. Beneficiaries living with End Stage Renal Disease (ESRD) and 2. All other beneficiaries who are aged or disabled (Non-ESRD).



**Who is an ACO-aligned beneficiary?**

Attributed lives are considered ACO-aligned beneficiaries. This means that if an individual’s health care provider **and** their health care insurance coverage payer voluntarily participate in OneCare’s network, that person is an attributed life.



**How is the rate of growth determined?**

Per the APM Agreement, the GMCB sets the rate of growth for Medicare, with consideration for the total cost of care growth target for all of Vermont, as well as Medicare national trends. The benchmark should incentivize high-quality care, promote efficient care, and support improvement in the health of aligned beneficiaries.