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Green Mountain Care Board Votes in Support of Vermont All-Payer Accountable Care Organization Model Agreement

Montpelier, VT – On October 26, 2016 the Green Mountain Care Board (GMCB) voted for the Chair of the Board to sign the Vermont All-Payer Accountable Care Organization (ACO) Model Agreement between the State of Vermont and the Centers for Medicare and Medicaid Services (CMS). The Governor of the State of Vermont and the Secretary of the Agency of Human Services are also required signatories on the Agreement.

Chair Al Gobeille stated, "This is an important next step in provider-led health care reform. The Board is grateful for the strong public input from across the health care spectrum, including patients, health insurers, hospitals, health care providers, FQHCs, Designated Agencies, Home Health Agencies, and the Office of the Health Care Advocate. Now we can begin the important work of implementing the all-payer model with guidance and insight from providers who care for Vermonters every day."

The All-Payer Model Agreement allows Vermont to move away from fee-for-service reimbursement for health care providers through a statewide, Vermont-specific alternative payment model for ACOs. The Agreement allows Medicare to participate with Medicaid and commercial payers in an aligned model focusing on health outcomes.

Key features of the Agreement:

- Maintains and protects all Medicare beneficiary rights and protections, choice of providers, and includes the same services and coverage, at a minimum, as original Medicare. Likewise, commercial and Medicaid beneficiaries maintain all rights and protections, choice of providers, and covered services consistent with their coverage or plan.

- Creates an opportunity for health care providers to participate in a common system of value-based payment, while maintaining full provider choice on whether to participate. Participating, eligible providers in Vermont may qualify for Advanced Alternative Payment Model bonus payments from CMS' Quality Payment Program.

- Establishes a 3.5% target rate of growth for all-payer per-capita health care expenditures, in keeping with Act 48 of 2011 and the GMCB's charge to reduce the rate of growth in health care costs while maintaining or improving health care quality.

- Highlights three goals for improving population health: 1) improving access to primary care, 2) reducing deaths from suicide and drug overdose and 3) reducing the prevalence and morbidity of chronic obstructive pulmonary disease, diabetes, and hypertension.

- Preserves Medicare funding for Vermont's nationally-recognized Blueprint for Health program serving people with complex health needs and Support and Services at Home (SASH) program for Medicare beneficiaries.

In discussion at its public meeting, the Board determined that the model satisfied the criteria laid out by the Legislature in Act 113 of 2016 for the State to enter into an All-Payer Model Agreement.

Board member Jessica Holmes, PhD, said, "I strongly believe this can work for Vermonters. There is more work to be done, but with a strong coalition of willing providers who care deeply about improving our State, I think we can truly change how care is delivered in Vermont in ways that improve access and quality of care, and reduce growth in costs."

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