

# Vermont All-Payer ACO Model – GMCB's role

Health Reform Oversight Committee

June 28<sup>th</sup>, 2021

Kevin Mullin, Chair, Green Mountain Care Board

# GMCB's role in Health Care Reform



1. Independently regulates certain private health care entities in support of the state's broader health care reform goals of (1) curbing health care cost growth and (2) improving quality and population health outcomes.
2. Stewards of health care data and producers of research and analyses for the public and policy-makers, supporting a transparent, statewide view of cost and quality across Vermont's system of care.

# GMCB role in All Payer Model (APM) Agreement



## 1. Proxy for Medicare

- Constrains the growth of health care costs by establishing spending targets in line with Vermont economic growth
- Works with other state signatories to recommend program design modifications to the Vermont Medicare ACO initiative to better align with other Vermont health care reform efforts.

## 2. Regulatory Alignment

- Implements continuous improvement efforts to align regulatory processes, including Hospital and ACO Budget Reviews, ACO Certification, and Health Insurance Rate Review

## 3. Statewide Health Care Data, Analytics, and Reporting

- Federal Reporting on APM Scale, Total Cost of Care, and Quality and Population Health Outcomes, among others
- Analyzes and reports on trends in utilization, cost, and quality

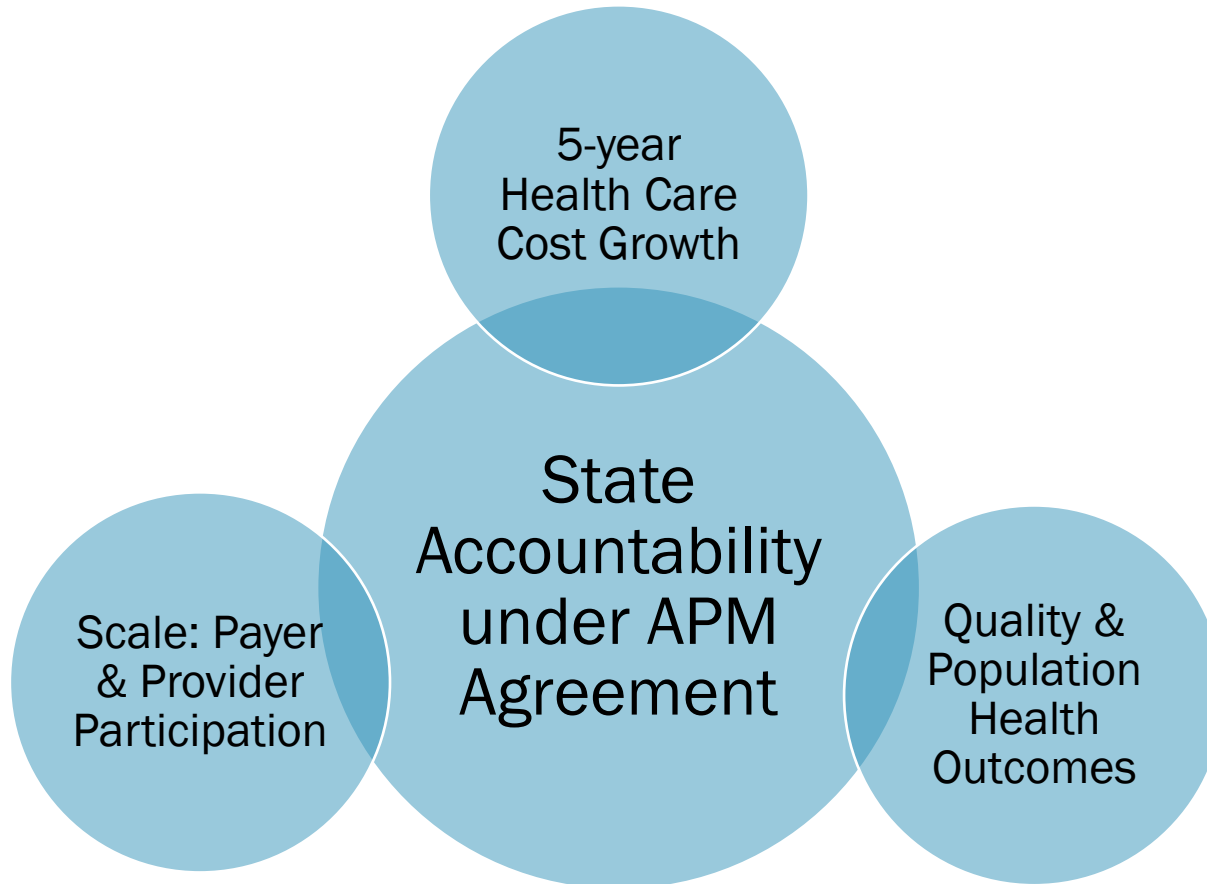
# GMCB's Role in a Proposal for a Subsequent Agreement



1. While the Administration is leading the development of the proposal for a subsequent agreement, a full board vote is required in order to submit a proposal for subsequent agreement
2. The Board's public process will provide a critical forum for stakeholder and public input on the final proposal
3. The GMCB Chair participates with the Administration as a party to the negotiation between state and federal partners

# Resource Slides

# Measuring State Progress in current APM Agreement



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## Health Care Cost Growth

Tracks per person spending on certain health care services known as the Total Cost of Care (TCOC).

Measures spending growth for **statewide all-payer** and **Medicare** populations:

1. Is all-payer spending on track to be less than 3.5% or 4.3% over the life of the agreement?
2. Is Vermont's Medicare spending more than 0.2% below the national average

## Scale: Payer & Provider Participation

1. Assess alignment across **ACO-payer** programs and determine if scale qualifying
2. Track **providers** participating in qualifying programs
3. Measure scale by determining which **Vermonters "attribute"**: who is covered under a qualifying payer-program and has an established relationship with a participating provider?

## Quality & Population Health Outcomes

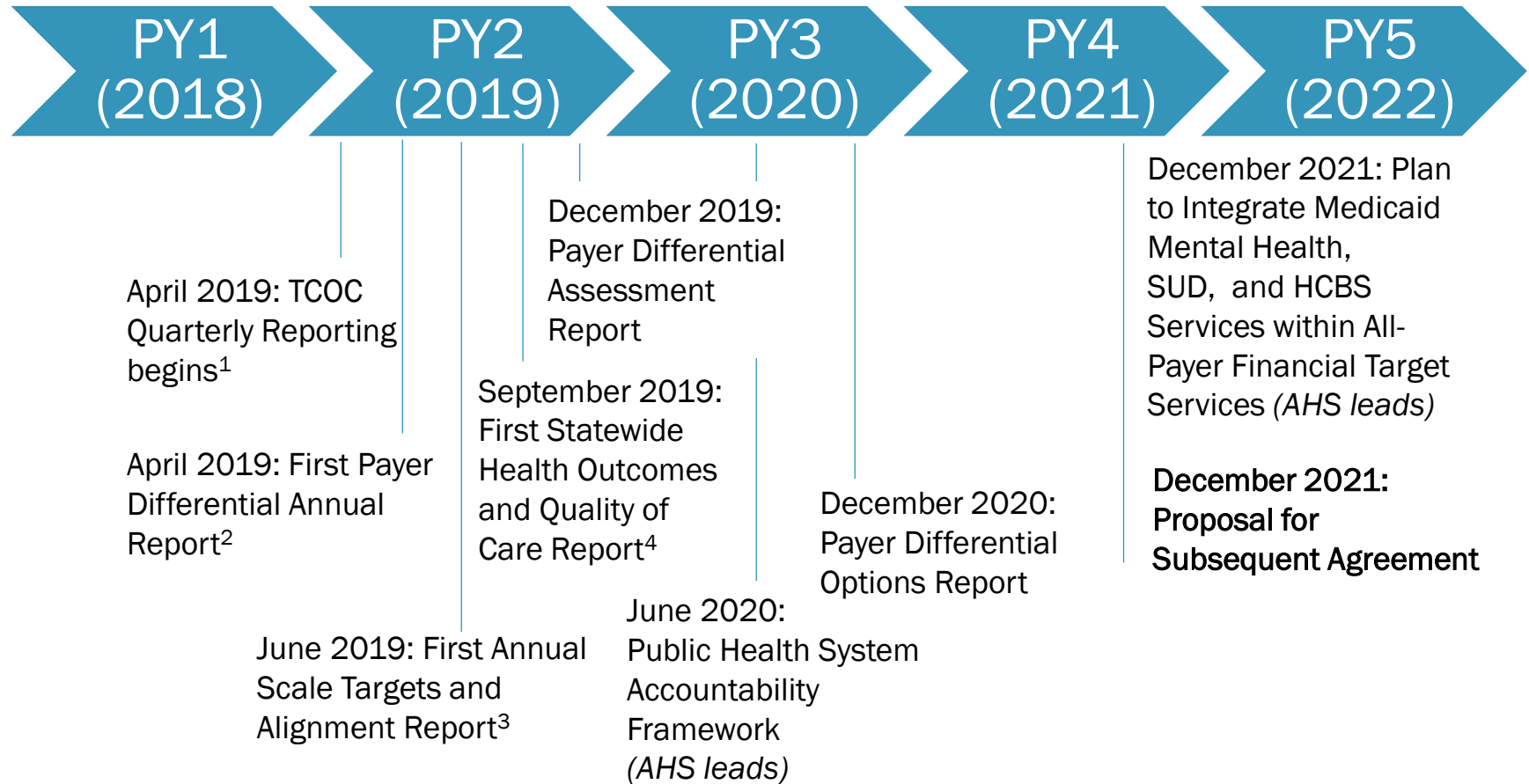
### Population health measures:

1. Improve access to primary care
2. Reduce deaths due to suicide and drug overdose
3. Reduce the prevalence and morbidity of chronic disease

### 22 Quality measures expected to drive population health:

1. Health delivery system quality targets
2. Process milestones

# Reporting to CMS



<sup>1</sup> Submitted quarterly (reports produced approximately 9 months following final date of service); annual reports completed as data allow. <sup>2</sup> Submitted annually on 4/1. <sup>3</sup> Submitted annually on 6/30. <sup>4</sup> Submitted annually on 12/30, or as data allow.