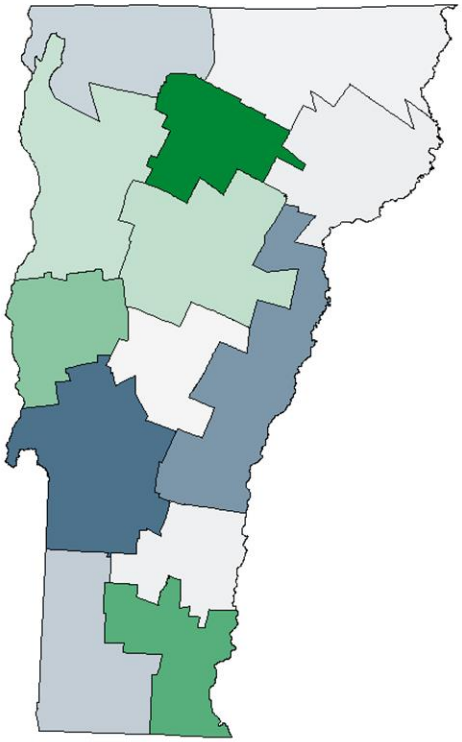

All-Payer Model: A Closer Look
-Alternative Payment Model Framework
-Vermont's Act 113 of 2016

October 12, 2016

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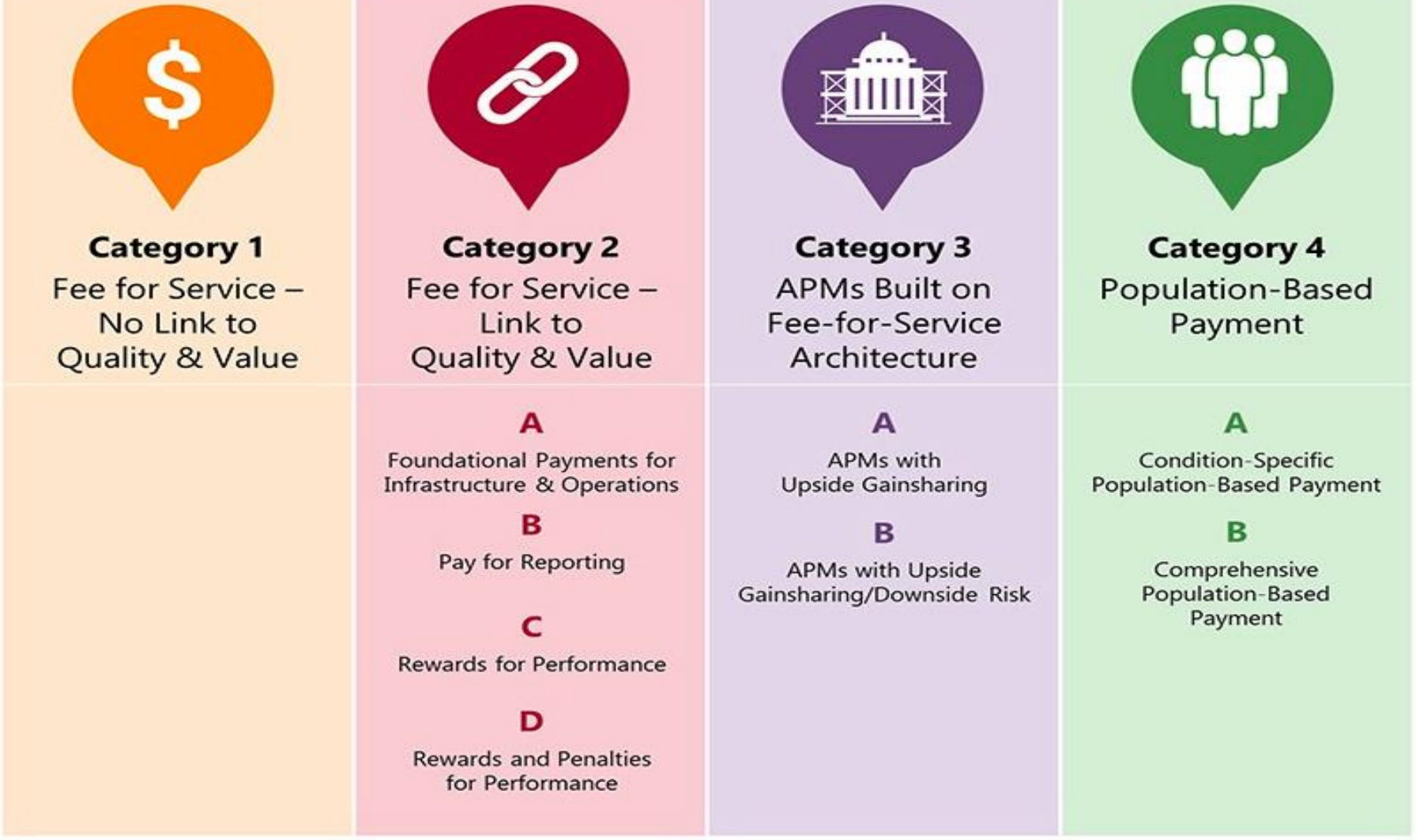
Alternative Payment Model Framework



Naussbaum, McLellan, Smith, and Patrick H. Conway

Act 113 of 2016
All-Payer Model; Medicare Agreement Criteria

- Consistent with the principles of health care reform established in Act 48 of 2011
- Preserves consumer protections, including not reducing Medicare covered services, not increasing Medicare patient cost sharing, and not altering Medicare appeals processes
- Allows providers to choose whether to participate in ACOs
- Allows Medicare patients to choose any Medicare-participating provider
- Includes outcomes measures for population health
- Continues to provide payments from Medicare directly to providers or ACOs

Act 113 of 2016
All-Payer Model Criteria

- Maximizes alignment between Medicare, Medicaid, and commercial payers
- Total Cost of Care
- Attribution and Payment Mechanisms
- Patient protections
- Provider reimbursement Strategies
- Strengthens and invests in primary care
- Incorporates social determinants of health
- Adheres to federal and state laws on parity of mental health and substance abuse treatment and integration of MH/SA into overall system
- Includes process for integration of community-based providers
- Prioritizes the use of existing local and regional collaboratives of community health providers
- Pursues integrated approach to data collection, analysis, exchange
- Evaluates access to care, quality of care, patient outcomes, and social determinants of health
- Requires process and protocols for shared decision making
- Supports coordination of patients' care and care transitions through use of technology
- Ensures consultation with Office of Health Care Advocate

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