



Vermont All-Payer Accountable Care Organization
Model Agreement
and
Act 113 of 2016
October 26, 2016

Act 113 of 2016

All-Payer Model; Medicare Agreement Criteria

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

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All-Payer Model Implementation Criteria

GMCB and AOA Ensure:

- 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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ACO Oversight

Certification Criteria

GMCB certifies that ACOs meets criteria in the following categories:

- Governance
- Care management and coordination
- Provider participation, payment, and collaboration
- Participation in health information exchanges
- Quality and performance measures
- Patient engagement and information sharing
- Consumer assistance, access, and freedom of provider choice
- Appropriate financial protections against potential losses

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ACO Oversight

Review, Modification, Approval of Budgets

GMCB shall review and consider the following categories of information with respect to budgets for ACOs with 10,000 or more attributed lives:

- Health care services utilization
- Health Resource Allocation Plan
- Fiscal responsibility
- Reports from professional review organizations
- Avoidance of duplicative service provision
- Extent of investment in primary care
- Extent of investment in social determinants of health
- Extent of investment in prevention of Adverse Childhood Experiences
- Administrative costs
- Medicaid cost-shift
- Extent to which ACO costs are made transparent to consumers