

Note: GMCB Chair Al Gobeille presented this document for an initial discussion with the Board at the Board's February 4, 2016 public meeting. He made clear that this is a document meant to stimulate discussion.

Initial Thoughts re: Potential GMCB APM Evaluation Criteria

Section 1: Term Sheet Proposal/CMMI Agreement

a. The GMCB must determine the agreement with CMS is both financially sound and programmatically reasonable to pursue.

Section 2: Payer Operational Capacity and Participation

a. The GMCB must be convinced that DVHA and commercial insurers can build Next Generation-like programs that are programmatically and financially viable by 2017.

b. The GMCB must be convinced that AHS, DVHA, and commercial insurers are committed to making the necessary programmatic and system changes.

c. The GMCB must understand the effect of large-group self-insured participation in the model, or the effect from lack of participation in the model.

Section 3: ACO Operational Capacity/Business Plan

a. The GMCB must determine that the ACO is capable and competent, and will add value to Vermonters.

b. The GMCB must determine that the administrative costs of the ACO will be offset by savings resulting from improvements in efficiency and

care delivery.

Section 4: GMCB Operational Capacity/Regulatory Framework

- a. The GMCB must have the budget, personnel and support to achieve the agreement's intent.
- b. The GMCB must have proper authority (in statute, via rule-making, etc.) to set and oversee ACO operations in multi-payer ACO universe.
- c. The GMCB must determine that the APM as proposed will reduce costs and improve the health of the population as compared to the current scheme.
- d. The GMCB must determine that providers will be reimbursed at levels sufficient to maintain a high-quality health care work force.
- e. The GMCB must understand the impact of these efforts on exchange rated populations.
- f. The GMCB must understand the impact of this work on hospital budgets.