

# Update on Act 167 Stakeholder Engagement Process

March 15, 2023

Pat Jones, Interim Director of Health Care Reform  
Agency of Human Services

# **Act 167 of 2022:** An act relating to health care reform initiatives, data collection, and access to home- and community-based services

## *Sec. 1. DEVELOPMENT OF PROPOSAL FOR SUBSEQUENT ALL-PAYER MODEL AGREEMENT*

*(a)(1) The Director of Health Care Reform in the Agency of Human Services, in collaboration with the Green Mountain Care Board, shall develop a proposal for a subsequent agreement with the Center for Medicare and Medicaid Innovation to secure Medicare's sustained participation in multipayer alternative payment models in Vermont...*

*(3)(A) The Director of Health Care Reform, in collaboration with the Green Mountain Care Board, shall ensure that the process for developing the proposal includes opportunities for meaningful participation by the full continuum of health care and social service providers, payers, participants in the health care system, and other interested stakeholders in all stages of the proposal's development.*

*(B) The Director shall provide a simple and straightforward process to enable interested stakeholders to provide input easily.*

*(C) To promote engagement with diverse stakeholders and ensure the prioritization of health equity, the process may utilize existing local and regional forums, including those supported by the Agency of Human Services...*

*(c)(2) On or before March 15, 2023, the Director of Health Care Reform shall provide an update to the House Committees on Health Care and on Human Services and the Senate Committees on Health and Welfare and on Finance regarding the Agency's stakeholder engagement process pursuant to subdivision (a)(3) of this section.*

# Pathway for Sustaining Medicare Participation in Multi-Payer Alternative Payment Models in Vermont

## Original Vermont All-Payer ACO Model Agreement

### **Six Year Agreement (2017 Year Zero; 2018-2022 PY1-5)**

Vermont's Medicare Agreement provides for an ACO-driven model where Medicare, Medicaid, and commercial payers provide value-based payments to ACO-participating providers. These alternative payments are intended to curb health care cost growth, maintain quality of care, and improve the health of Vermonters.

## Amended and Restated Vermont All-Payer ACO Model Agreement

### **2023-2024 (PY6-7) Extension of current agreement**

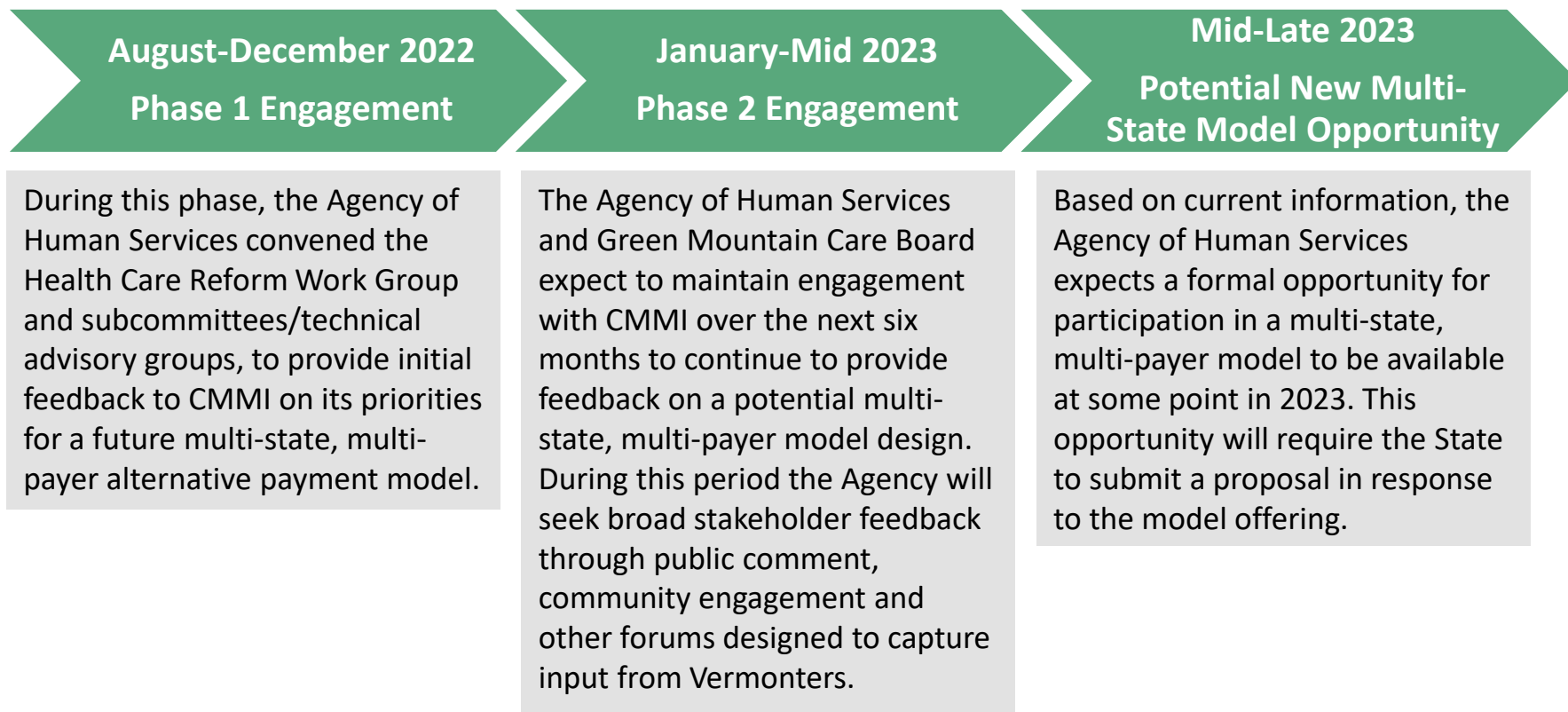
Vermont and the Centers for Medicare & Medicaid Services (CMS) have executed an extension of the Vermont All-Payer ACO Model Agreement. The terms of the extension remain similar to the original agreement and include Performance Year (PY6) with an option for the State of an additional Performance Year (PY7). The extension maintains Medicare investments in Vermont and ACO providers' status for the purposes of quality bonuses.

## Future Potential Vermont Medicare Multi-Payer Agreement

### **2025-?**

Vermont aims to influence a future multi-state, multi-payer model offering from the Center for Medicare and Medicaid Innovation (CMMI) to be available from 2025 forward. Vermont's recommendations will build on the 2020 APM Implementation Improvement Plan and stakeholder feedback. Vermont is seeking to influence the CMS design to ensure it meets the state's needs and supports larger reform efforts.

# Timeline for Engagement with the Center for Medicare and Medicaid Innovation (CMMI)



# Opportunity for Alternative Payment Model with Medicare Participation

CMMI is signaling that it will produce a design spanning multiple states, starting in 2025, that will address 7 priorities:

1. Include global budgets for hospitals.
2. Include Total Cost of Care target/approach.
3. Be all-payer.
4. Include goals for minimum investment in primary care.
5. Include safety net providers from the start.
6. Address mental health, substance use disorder, and social determinants of health.
7. Address health equity.

*Through an advisory group structure, AHS and GMCB are gathering stakeholder input on a variety of topics to inform feedback to CMMI on a new multi-payer, multi-state model.*

# Stakeholder Engagement Plan

Summer 2022 – Work focused on stability (workforce, regulation, systems flow, revenue)

Fall 2022 – Work began to establish a framework to inform discussions on the multi-payer model

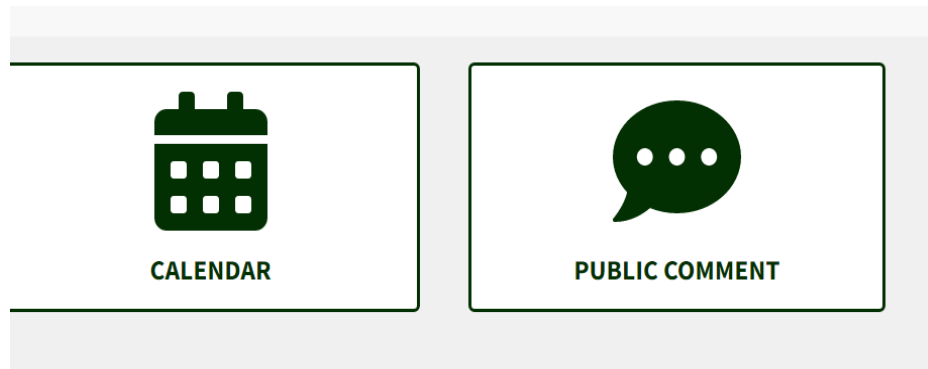
February 2023 – Technical discussions began on design of global budget model and Medicare waivers that might be beneficial to Vermont

Mechanisms for public input are available on both the GMCB and AHS websites

Planned for later in 2023 – Regular updates at GMCB public board meetings and discussions at existing AHS forums

# Public Information and Input: AHS and GMCB Websites

- Advisory group meeting materials and summaries posted on GMCB and AHS websites
- Mechanisms for public input:



## Contact Us

First Name \*

Last Name \*

Email \*

# Discussions at Existing AHS Forums

- Department of Disabilities, Aging and Independent Living Advisory Board
  - 16-member Board composed of advocates, service providers, persons with a disability, Vermont Legal Aid
  - February 9: Health Care Reform presented on All-Payer Model Extension and next steps
  - April 13: Health Care Reform will attend and provide updates
- Mental Health Integration Council
  - Chaired by Commissioner Levine from VDH and Deputy Commissioner Krompf from DMH
  - 27-member Council composed of people who have received services and delivered peer services; family members; state officials; and representatives from the Office of Health Care Advocate, the Mental Health Care Ombudsman, various providers, and payers.
  - Health Care Reform has participated in this group and will provide updates at future meeting



# The Health Care Reform Work Group and associated Subgroups were initiated in June 2022 with four areas of work

Short-Term  
Provider Stability

Impact of  
Regulatory  
Environment on  
Stability

Financial and Care  
Model

Model for Long-  
Term Hospital  
Stability

# Health Care Reform Work Group

Work group has met five times since August 25<sup>th</sup> on the topic of a proposal for a subsequent agreement with CMMI.

A Short-Term Provider Stability Subgroup met during July and August 2022 to identify actions to support system stabilization.

Two other Subgroups met during Fall 2022:

\*The Global Budget Subgroup met 7 times between September 30<sup>th</sup> and November 15<sup>th</sup>

\*The Total Cost of Care Subgroup met 5 times between September 27<sup>th</sup> and October 25<sup>th</sup>

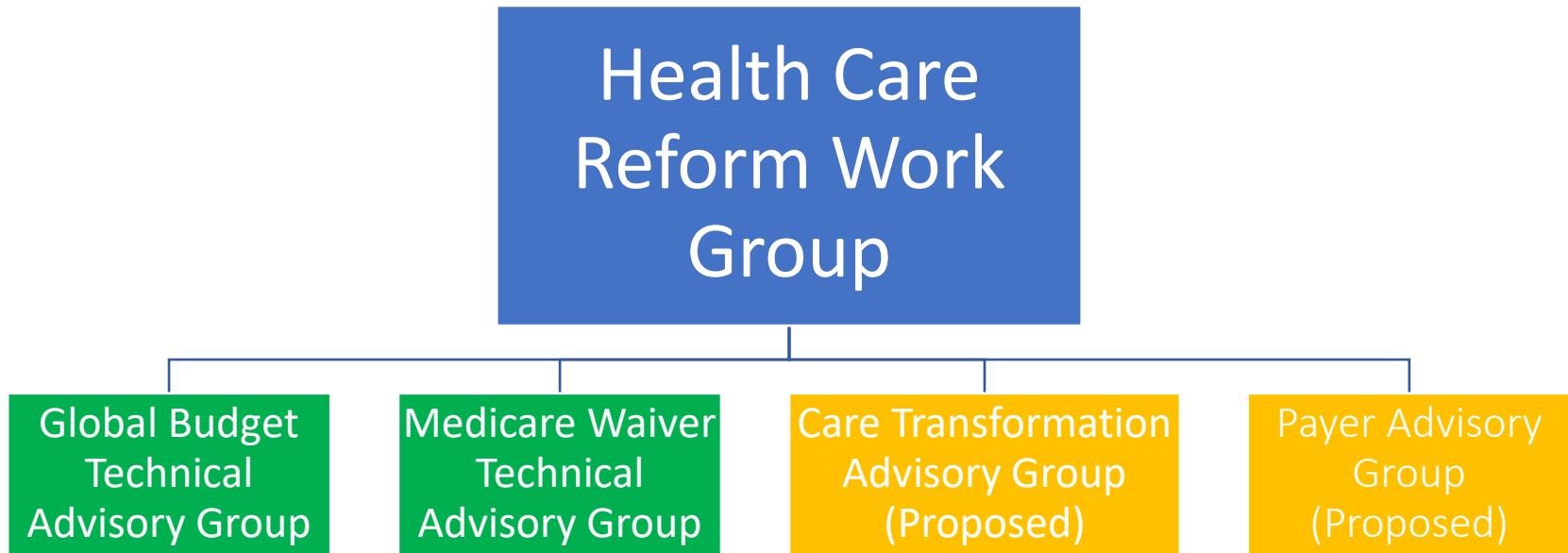
# Short-Term Provider Stability Subgroup on System Stabilization

Subgroup met six times between July 15<sup>th</sup> and August 21<sup>st</sup>. Informed by input from the Health Care Reform Work Group, the Subgroup focused on short-term actions (i.e., within 6-18 months) to improve system stability.

AHS committed to 17 discrete state actions across four categories:

- >Workforce
- >Regulation
- >System Flow
- >Revenue

# Current Advisory Group Structure



***Previous Subgroups from Fall 2022:***  
**Global Budgets Subgroup and Total Cost of Care Subgroup**

# Participating Organizations: Health Care Reform Work Group

- Bi-State Primary Care Association
- BlueCross BlueShield of Vermont
- Counseling Center of Addison County
- Department of VT Health Access
- Gifford Medical Center
- Green Mountain Care Board (GMCB)
- HealthFirst
- MVP Health Care
- Northern Counties Health Care
- OneCare Vermont
- Rutland Regional Medical Center
- Thomas Chittenden Health Center
- University of Vermont Health Network
- Vermont Agency of Human Services
- Vermont Association of Hospitals and Health Systems
- Vermont Care Partners
- Vermont Department of Financial Regulation
- Vermont Health Care Association
- Vermont Medical Society
- VNAs of Vermont
- Visiting Nurse and Hospice for Vermont and New Hampshire

***36 individuals from these participating organizations are on the Work Group.***

# Global Budget Technical Advisory Group

**Group charge:** Make recommendations for conceptual and technical specifications for a Vermont hospital global budget program by the time CMMI introduces its new APM program.

The goal is to build on and expand discussions that occurred during Fall 2022 in the previous Global Budgets Subgroup to identify important topics to raise with CMMI team.

# Participating Organizations: Global Budget Technical Advisory Group

- BlueCross BlueShield of Vermont
- Department of Vermont Health Access
- Gifford Medical Center
- Green Mountain Care Board (GMCB)
- GMCB General Advisory Committee
- Mt. Ascutney Hospital
- MVP Health Care
- Northwestern Medical Center
- Office of Health Care Advocate
- OneCare Vermont
- Rutland Regional Medical Center
- University of Vermont Health Network
- Vermont Agency of Human Services
- Vermont Department of Financial Regulation
- Vermont-National Education Association

*37 individuals from these participating organizations are on the Advisory Group.*

# Medicare Waiver Technical Advisory Group

**Goal:** Identify the key “asks” on Medicare waivers to share with CMS to inform the design of the next model

## Vermont aims to understand:

- \*Problems that new or revised waivers could help address (e.g., discontinuity of care with transitions)
- \*On-the-ground experiences (successes, challenges) with implementing current waivers under the Vermont All-Payer ACO Model
- \*New waivers of interest to stakeholders



# Participating Organizations: Medicare Waiver Advisory Group

- Central Vermont Home Health and Hospice
- Green Mountain Care Board
- OneCare Vermont
- Vermont Agency of Human Services
- Vermont Health Care Association
- VNAs of Vermont

*11 individuals from these participating organizations are on the Medicare Waiver Advisory Group.*

# Proposed: Care Transformation Advisory Group

**Goal:** To work with experienced health care leaders to identify and make recommendations about the statewide, regional, and local services needed to meet the needs of Vermonters in four key clinical areas:

**Hospital Care**

**Primary Care**

**Mental Health and Substance  
Use Disorder Treatment**

**Long-Term Care**

# Anticipated Care Transformation Advisory Group Scope of Work

- Gather input from Health Care Reform Work Group and other forums, review quantitative and qualitative data from various sources (including Act 167 work), and engage with leading national experts and other states on care transformation.
- Identify Vermont health care system's current state, future goals and direction, and payment and operational changes that can help achieve those goals.
- Provide recommendations to:
  - Agency of Human Services
  - Green Mountain Care Board
  - Health Care Reform Work Group

# Potential Care Transformation Advisory Group Participants

- Former Vermont hospital CEOs
- Clinicians skilled in driving care transformation (Vermont and national subject matter experts)
- Depending on topics, clinical and organizational transformation experts in the four clinical areas:
  - Hospital care
  - Mental health and SUD treatment
  - Primary care
  - Long-term care

# Proposed: Payer Advisory Group

**Goal:** To work with commercial health insurers to identify and make recommendations about model design that will help:

- \*Meet access, quality, and cost needs of payers, employer groups, and individual members
- \*Support model and program alignment across commercial and public insurers

# Potential Payer Advisory Group Members

- Commercial health insurer leaders
- Department of Vermont Health Access leaders and payment reform staff
- Depending on topics, experts in model design related to access, quality, and cost