

Vermont's All Payer Model

To the House Committee on Ways and Means

Al Gobeille, Chair,
Green Mountain Care Board
and

Lawrence Miller, Chief of Health Care Reform,
Office of the Governor

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What is an all-payer model?

- A system of health care provider payment under which all payers – Medicare, Medicaid and commercial insurers such as Blue Cross and Blue Shield – pay doctors, hospitals and other health care providers on a consistent basis, within rules prescribed by a state or national government
- Can be used to promote desirable outcomes and reduce or eliminate cost-shifting between payers
- In the U.S., the only example of an all-payer model is in Maryland (currently only for hospital payments)
- A number of other countries use all-payer systems to assure that provider payments are fair, transparent and consistent with desired policies such as promoting primary care, prevention, quality of care and cost containment

One project, two major components

Vermont All-Payer Model Project Structure and Responsibilities

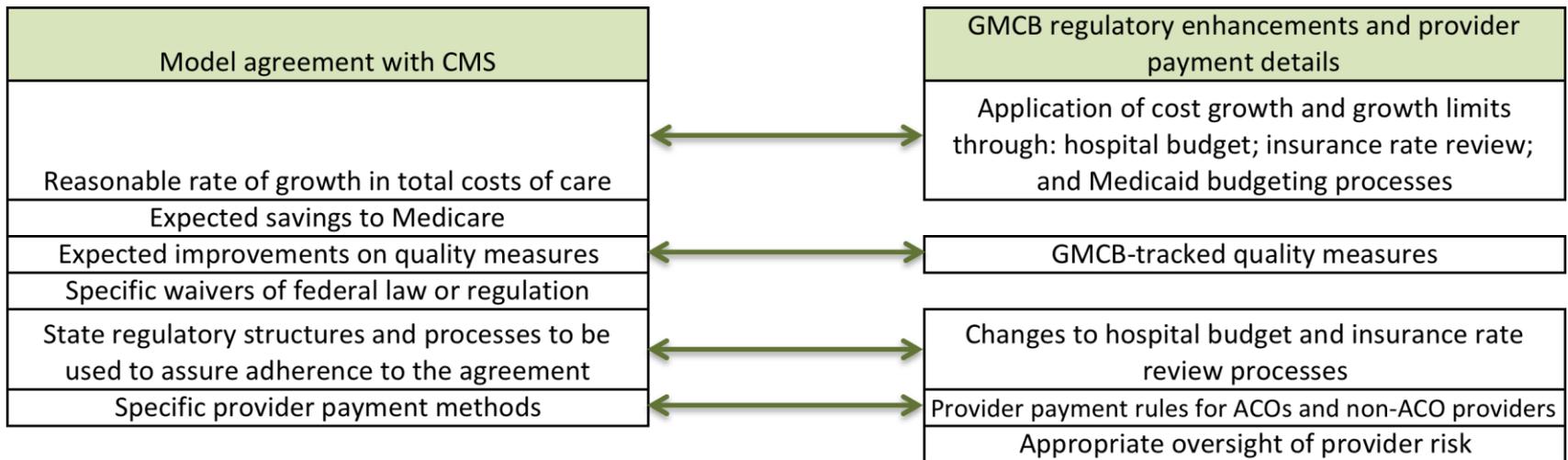
	Model agreement with CMS	GMCB regulatory enhancements and provider payment details
Purpose	To establish the parameters of an agreement with the federal government that would permit Medicare inclusion in a Vermont all-payer system	To establish the specific rules and processes governing provider payment, ACO oversight and all-payer oversight
Lead agency(ies)	GMCB and AOA	GMCB
Coordinating agencies	AHS	DFR, AHS, AOA

Related processes

Legislative oversight:
Regulatory and
Medicaid budgets

Administrative rules
process

Examples of technical issues to be addressed in each process, and inter-relationship between them



Structure for leadership, staffing and stakeholder input on model agreement

