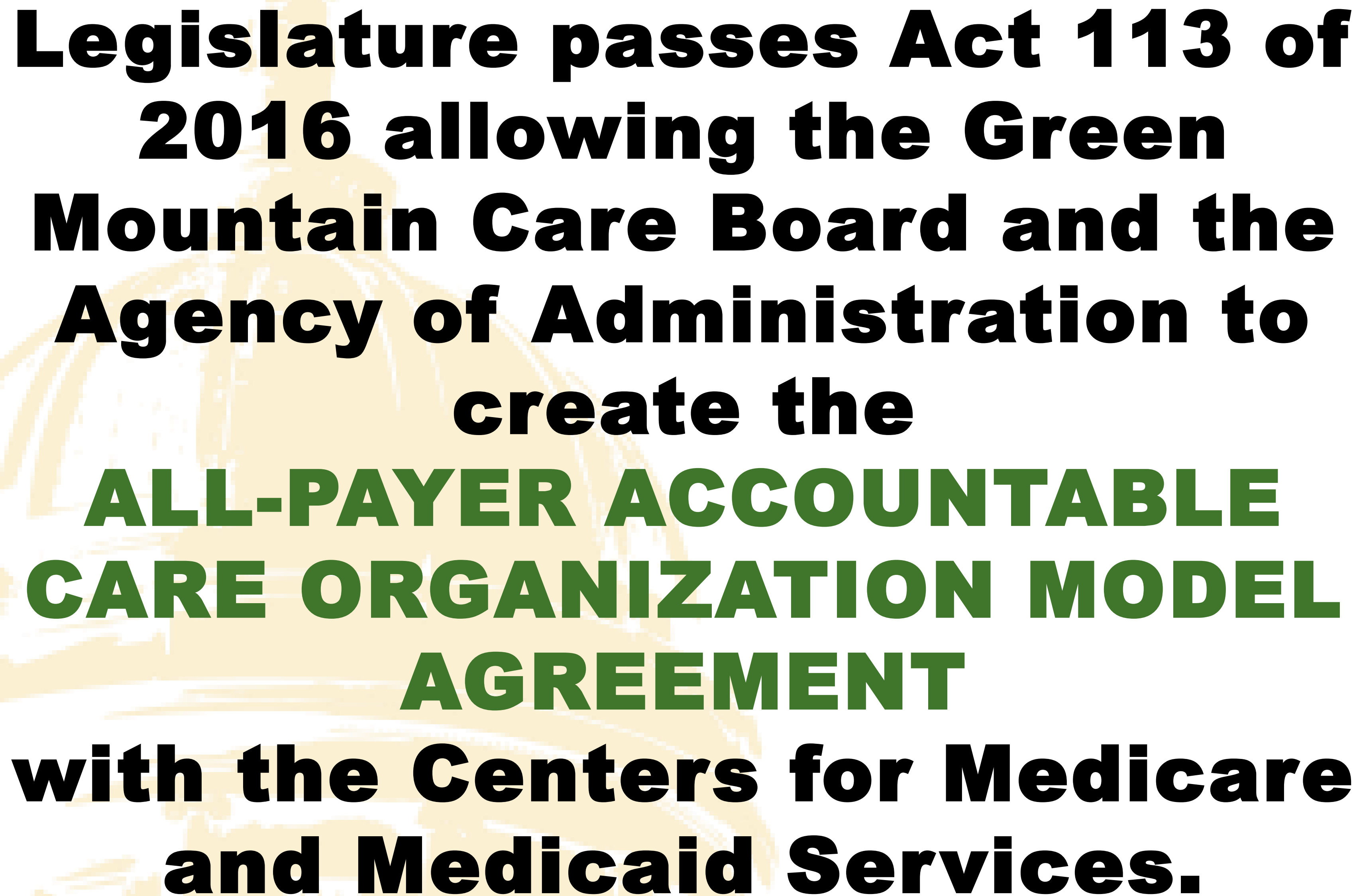
Vermont Medicaid Is

IN TRANSITION

- WHERE ARE WE NOW?
- WHERE ARE WE GOING?
- WHERE DO WE WANT TO GO?

- A small sample from The Health of Vermonters with Disabilities, follows:
- Four in ten (40%) Vermonters with a disability say they have fair to poor general health. This is seven times more than adults without a disability. One third of adults with a disability have poor physical health (33%) and poor mental health (31%).
- Nine in ten (89%) Vermont adults with a disability report at least one chronic condition. This is substantially more than the six in ten (57%) among adults without a disability reporting at least one chronic condition.
- Two-thirds (65%) of adults with a disability have two or more chronic conditions. This is almost three times as often as adults without a disability (23%).
- Adults with a disability report no leisure time physical activity twice as often as those with no disability (37% vs. 15%).
- Adults with a disability are twice as likely as adults without a disability to smoke cigarettes or use any tobacco.
- Two in three adults (66%) with a disability meet colorectal cancer screening recommendations, less than the three in four adults (75%) without a disability.



Legislature passes Act 113 of 2016 allowing the Green Mountain Care Board and the Agency of Administration to create the

ALL-PAYER ACCOUNTABLE CARE ORGANIZATION MODEL AGREEMENT

with the Centers for Medicare and Medicaid Services.

May 2016

ACT 113 REQUIRED THE APM BE CONSISTENT WITH THE PRINCIPLES OF ACT 48

Act 48 contains 14 Principles, including:

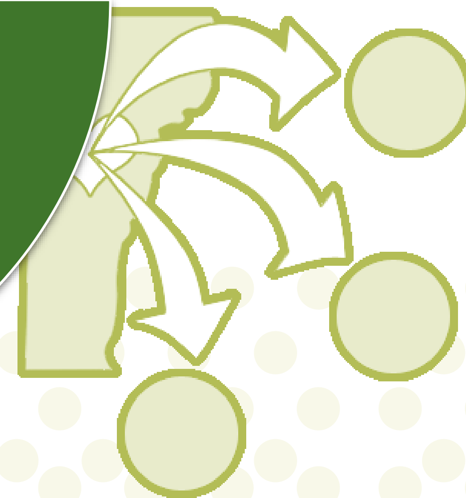
- The State of Vermont must ensure **universal access** to and coverage for high-quality medically necessary health services for all Vermonters.
- The Health Care System must be **transparent in design**, efficient in operation, and accountable to the people it serves.
- The State must ensure **public participation** in the design, implementation, evaluation, and accountability mechanisms of the health care system.

Who signed the All Payer agreement?

GOVERNOR PETER SHUMLIN

GREEN MOUNTAIN CARE BOARD

CENTERS FOR MEDICARE AND MEDICAID SERVICES



AGENCY OF HUMAN SERVICES

THE ALL PAYER ACO MODEL AGREEMENT

- A test with no back-up plan in case it doesn't work.
- All Payer ≠ Single Payer.

All Payers include Medicaid, Medicare, and private (commercial) insurance.

- All Payers:
  1. Use a similar payment methodology – capitated payment – to pay providers.
  2. Use a similar set of quality and performance measures to evaluate performance and trigger incentive payments or penalties.

WHAT SERVICES ARE INCLUDED?

NOW

- All Medicare Part A and B services and equivalents.
- Doctors, hospitals, specialists NOT Pharmacy.
- NOT Medicaid-funded Mental Health.
- NOT Medicaid-funded Community-based Services.

FUTURE

- Medicaid-funded Mental Health.
- Medicaid-funded Developmental Services.
- Medicaid-funded Skilled Nursing. Facilities Long Term Care.
- Medicaid-funded Home and Community-Based Long Term Care.

WHAT'S NEXT?

- **2021**: Vermont must submit a plan to CMS to include Medicaid-funded Home and Community Based Services in the APM as financial target services.
- **2022**: All Payer Model Agreement Expires. Vermont may renew its agreement with CMS for another five Years.

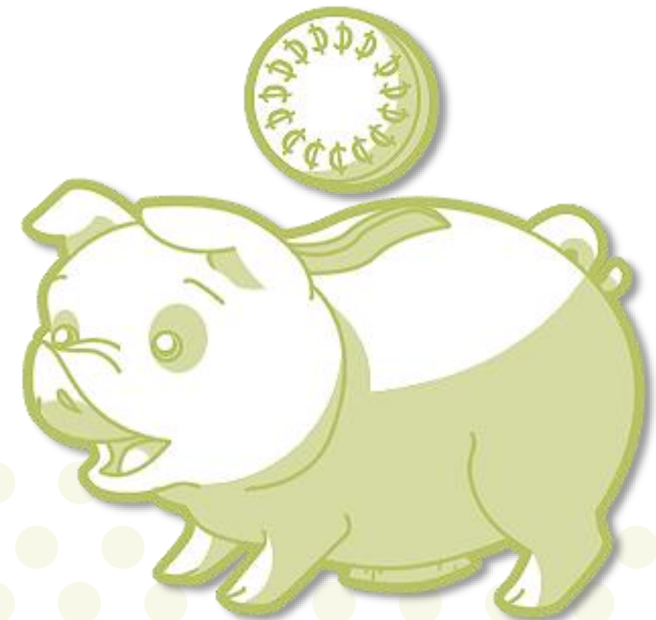
#1

Independently evaluate Vermont's Return on Investment

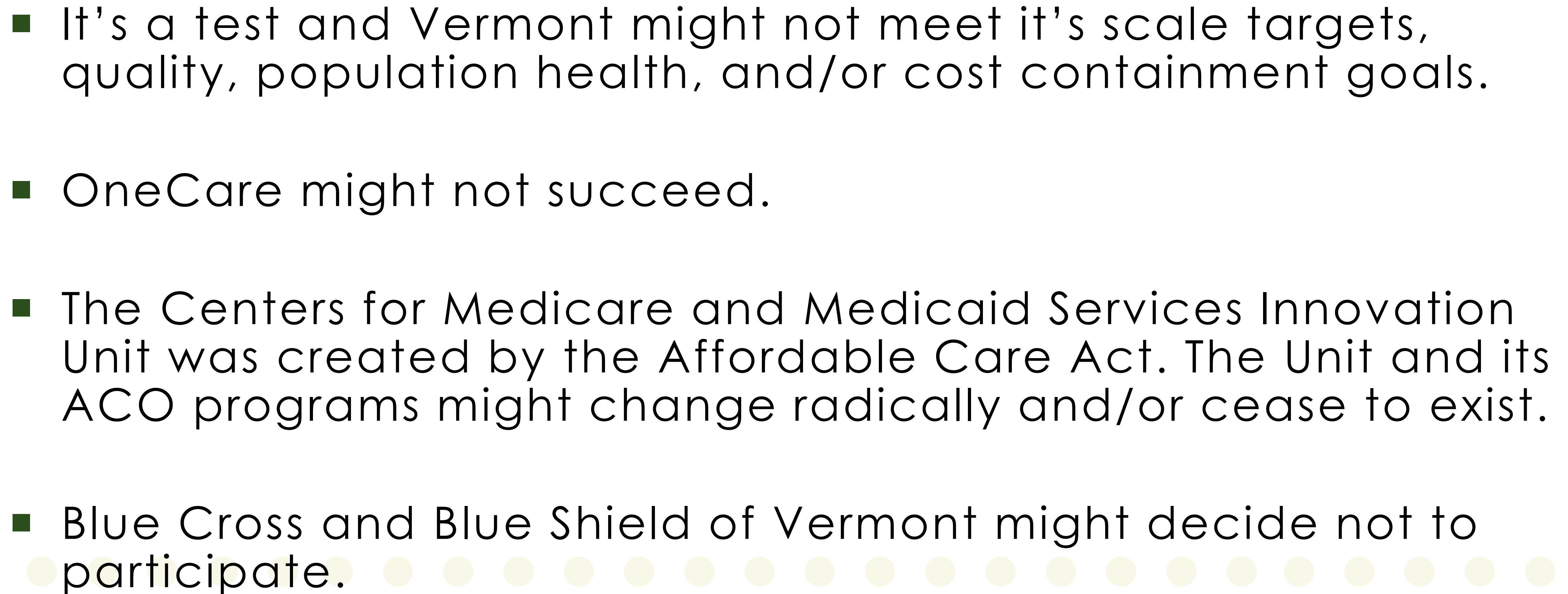
Action Item

WHAT SHOULD BE EVALUATED?

- How much does the All Payer – Accountable Care Model cost Vermont?
- Are the Administrative Costs greater than the "savings"?
- What are Vermonters getting in return for this investment? Better health? More predictable costs?
- Where there unintended consequences – for example, were hospitals financially burdened by ACO dues?
- If Vermont signs another agreement, who should sign the document?
- How will it impact Medicaid Long Term Services?



WHY A CONTINGENCY PLAN?



- It's a test and Vermont might not meet it's scale targets, quality, population health, and/or cost containment goals.
- OneCare might not succeed.
- The Centers for Medicare and Medicaid Services Innovation Unit was created by the Affordable Care Act. The Unit and its ACO programs might change radically and/or cease to exist.
- Blue Cross and Blue Shield of Vermont might decide not to participate.

#2

Shift the Balance in Health Care Investments

Action Item

MEDICAID DELIVERY SYSTEM REFORM INVESTMENT FUNDS

Vermont's most recent Medicaid waiver gave Vermont new authority to spend money on Delivery System Reforms in TWO categories.

MEDICAID DELIVERY SYSTEM REFORM INVESTMENT FUNDS

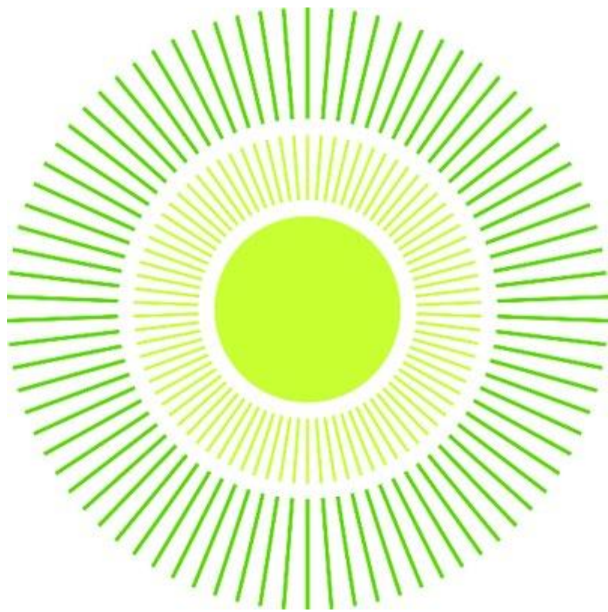
Category #1:

Funding to Accountable Care Organizations.

Category #2:

Funding to Medicaid community-based providers, including designated and specialized services agencies, substance use disorder providers, and long term services and supports providers.

DELIVERY SYSTEM REFORM INVESTMENTS TO DATE



To date, DVHA has given at least 15 million dollars of Medicaid Delivery System Reform funds to OneCare Vermont

And ZERO DSR dollars to Community Based Organizations like the DA/SSAs

OneCare included more than 10 million dollars of Delivery System Reform investments in its 2019 budget.

#3

Support Authentic Consumer Engagement

Action Item

Green Mountain Care Board Advisory Board

§ 9374. (5)(e)(1) The board shall establish a consumer, patient, business, and health care professional advisory group to provide input and recommendations to the board.

- Recent Revisions to the GMCB's Advisory Board
  - Membership of 17, 2 are consumers
- Chair is Susan Barrett, Executive Director of the GMCB
- GMCB's Advisory Board has never issued an opinion.

Alignment of DLTSS is "Provider Driven"

- Act 113 does not require consumer input in developing plans to integrate all Medicaid programs into the All Payer Model.
- **Sec. 12:** "(a) The Secretary of Human Services, in consultation with the Director of Health Care Reform, the Green Mountain Care Board, **and affected providers**, shall create a process for payment and delivery system reform for Medicaid providers and services."

How will Existing Consumer Boards be used?

- **Build on a strong foundation of consumer engagement:**
  - State Program Standing Committee for Developmental Services
  - DAIL Advisory Board
  - State Program Standing Committees (2) for Mental Health
  - Designated and Specialized Service Agencies must have a Board of Directors where the majority is made up of individuals with disabilities and family members [18 V.S.A. § 8909]
  - Numerous other advisory groups and task forces

Consumer Engagement Takes Some Work

- Engaging recipients of Disability Long Term Services and Supports (DLTSS) takes **planning**, **participant education**, and **accommodations**:
  - ✓ Materials in plain language
  - ✓ Agenda & Materials well in advance of meetings
  - ✓ Stipend and/or transportation reimbursement
  - ✓ Support Providers
  - ✓ Clear goals for each meeting