

Al Gobeille
Chair, Green Mountain Care Board

**House Appropriations
Committee**

Wednesday, January 20, 2016

Act 54 of 2015

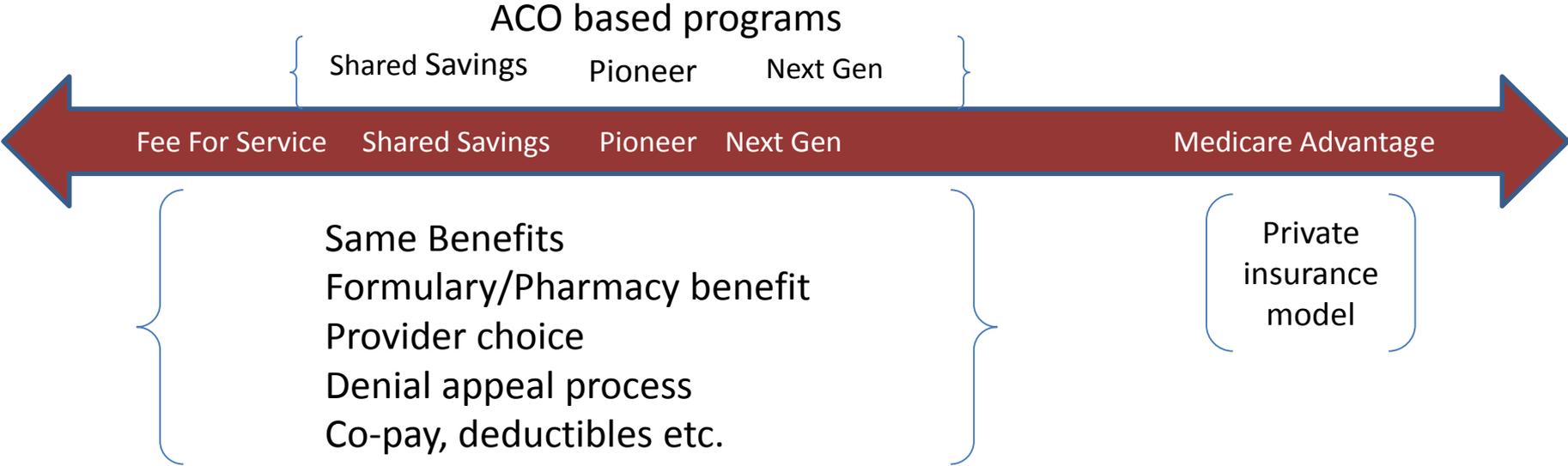
The Secretary of Administration or designee and the Green Mountain Care Board shall jointly explore an all-payer model, which may be achieved through a waiver from the Centers for Medicare and Medicaid Services.

Income Vs. Health Care Costs



	2015	2025
Income	\$60,000.00	\$73,140.00
Hourly Pay	\$30.00	\$36.57
Plan Cost/Hour	\$11.52	\$19.83
Plan Cost/Hour with Subsidy	\$5.92	\$8.81
Plan Cost per Year	\$23,957.00	\$41,253.00
Cost/Income	38%	56%

Medicare is Moving Away from Fee-For-Service



CMMI Term Sheet Elements

Performance Period

Regulated Revenue

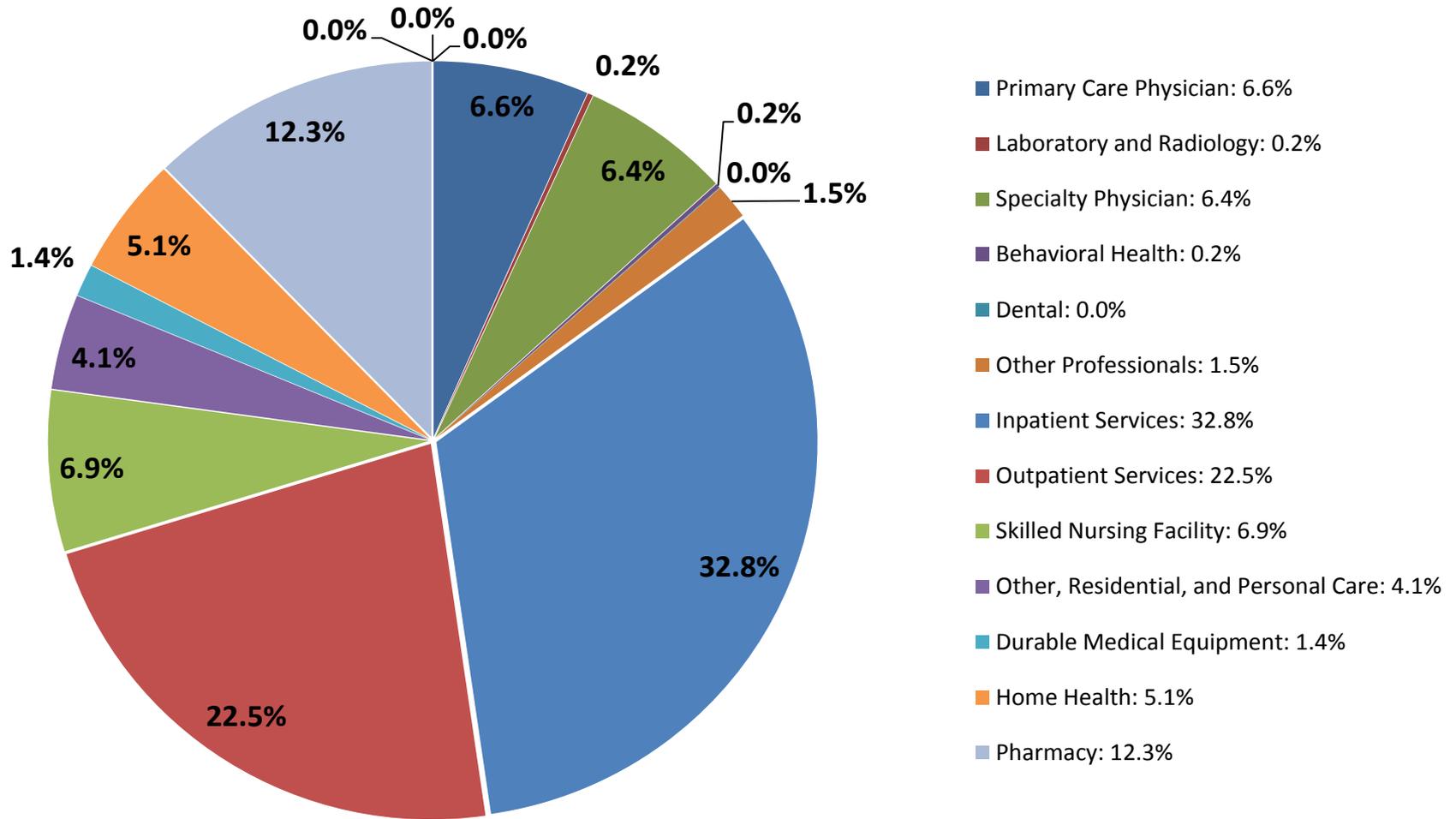
Financial Targets

Quality Framework

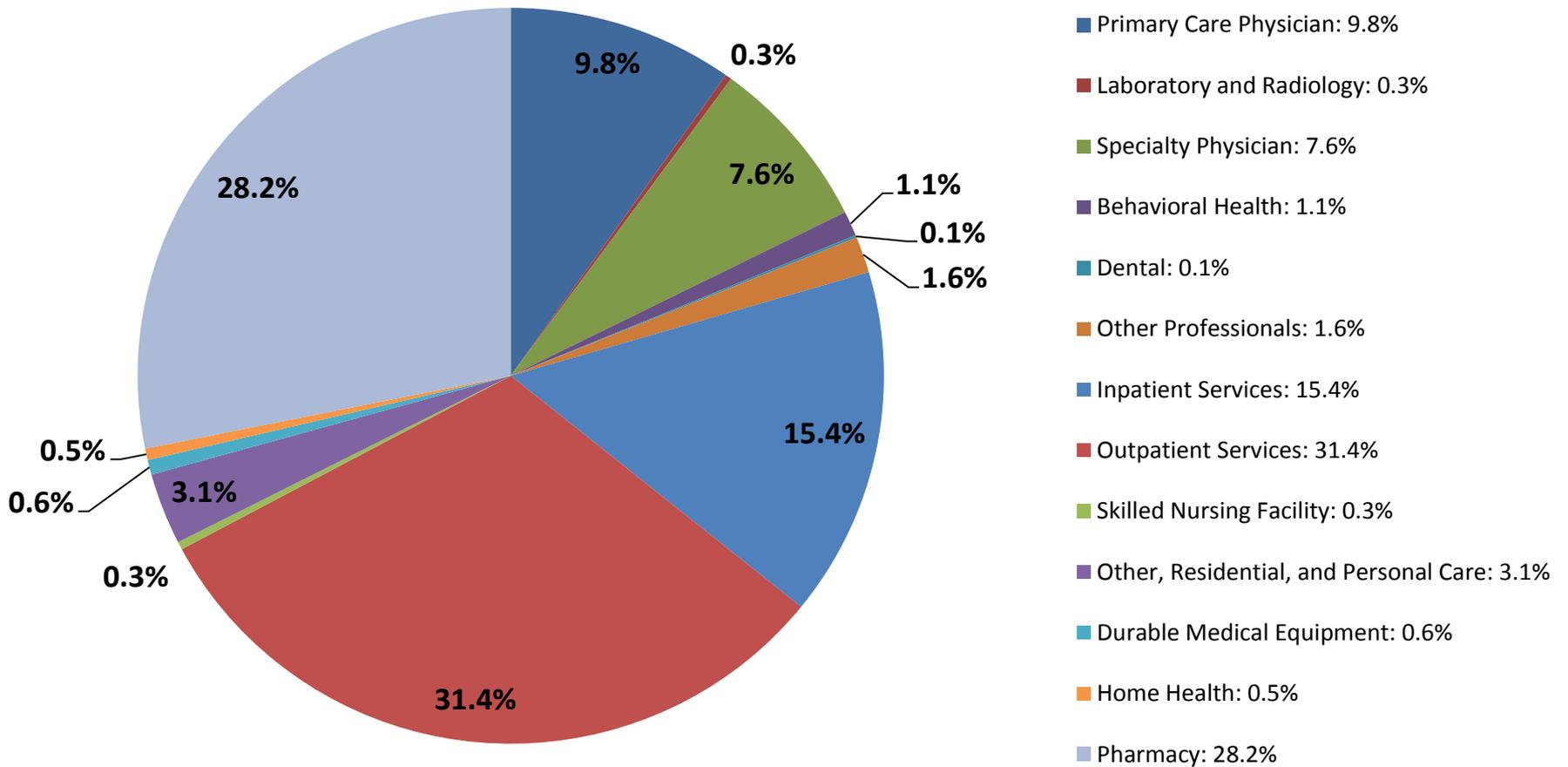
Payment Waivers

Fraud and Abuse Waivers

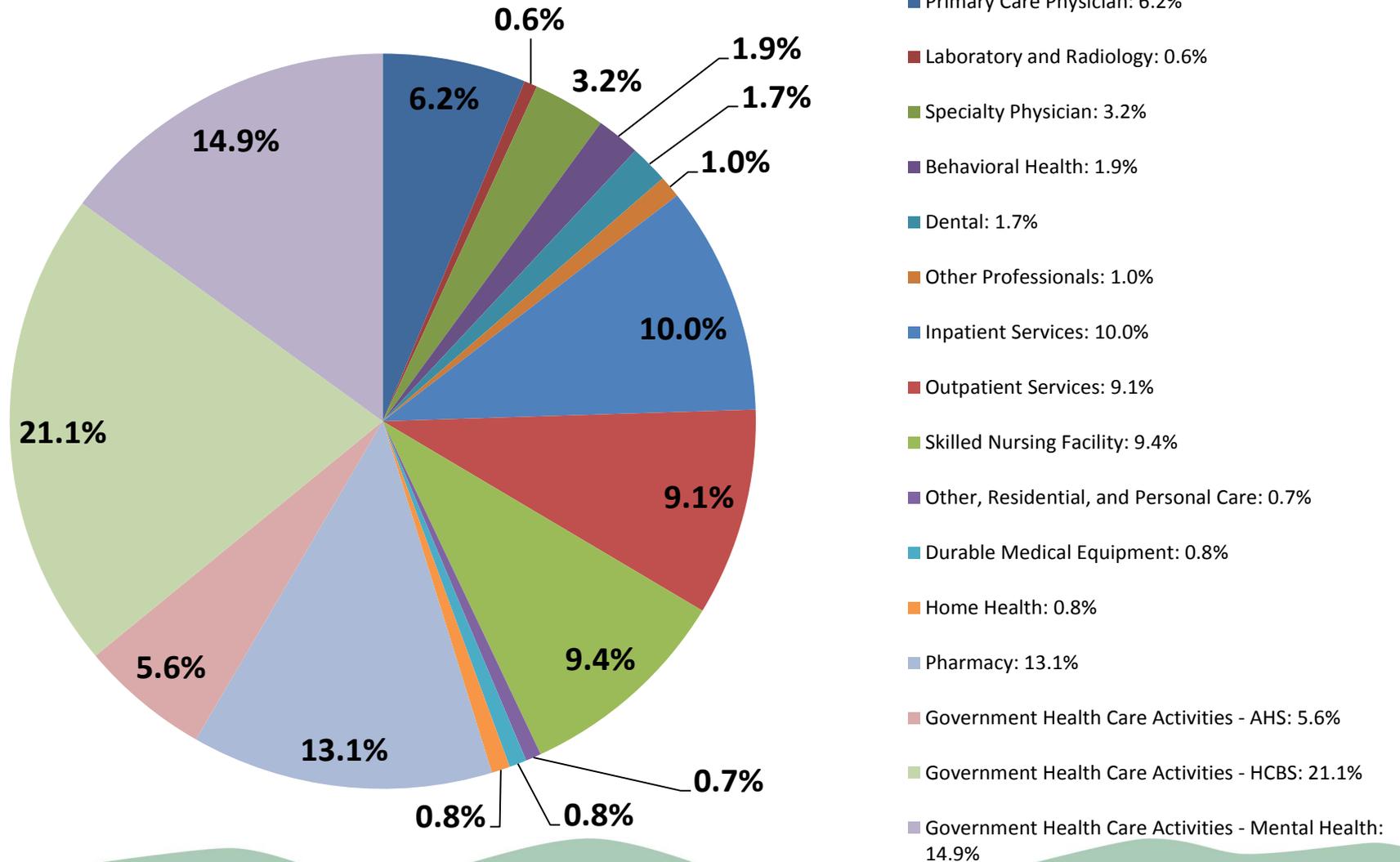
Medicare Baseline 2012



Commercial Baseline 2014



Medicaid Baseline 2014



Potential All-Payer Model Quality Framework

Set Goals and Monitor

Population Health Measures

Prevalence and Access Measures for State Priority Goals

1. Improve access to primary care
2. Reduce the prevalence of chronic disease
3. Reduce the prevalence of individuals with or at risk of Substance Abuse and Mental Illness

Set Targets for All-Payer Model Agreement

All-Payer Waiver Quality Measures

Reporting and Monitoring Measures

- Necessary overall priority measures for reporting success of the model
- May overlap with ACO and provider-specific quality measures
- **Derived from State Priority Goals**
- Reporting categories: **ACO, non-ACO**

Adjust ACO Payments

ACO Quality Measures

GMCB ↔ ACO

Adjust Provider Payments

Provider Quality Measures

ACO ↔ Providers

QUESTIONS?