

Project	Model Under Discussion	Potential Impact	Status & Next Steps
<b>DVHA Payment Reforms</b>			
Vermont Medicaid Next Generation (VMNG) ACO Program	-Model is operating -Expansion to 13 (out of 14) HSAs and ~79,000 attributed Medicaid members in 2019	-Moves away from fee-for-service reimbursement -Pays providers based on quality -Puts providers at financial risk for performance -Meets Vermont All-Payer ACO Model program requirements	-Ongoing implementation and monitoring -Preparation for 2018 financial reconciliation
Applied Behavior Analysis (ABA)	-Prospective monthly bundled payment -Flexibility in payment levels based on total hours in an individual's care plan -Adoption of standardized assessment (begin measurement of progress toward outcomes) -DVHA staff conducting site visits & record review	-Moves away from fee-for-service reimbursement -Gives providers payment predictability and flexibility in service delivery -Establishes monitoring framework that could be used to pay for outcomes in future	-Working with providers to ensure readiness -Working with DXC to plan system changes -Targeting 7/1/19 start date ( <i>due to system readiness</i> )
<b>Cross-Agency Payment Reforms</b>			
Children's and Adult Mental Health [with DMH]	-Monthly per person case rate (varies by agency, depending on allocation) -Based on average monthly case load, not attribution of fixed population -Introduction of quality performance incentive payments (pay for reporting, pay for performance)	-Consolidation of historically program-specific funding streams paid to DAs and SSAs for adult mental health services -Gives providers payment predictability and flexibility in service delivery -Develops a multi-year framework for measuring quality and paying providers based on performance	-Implemented 1/1/19 -Working with providers and DXC on process refinement and improvement
Residential SUD Programs [with ADAP]	-Bundled payment per residential stay -Variation in payment based on primary SUD diagnosis on admission -Introduction of quality performance measures -ADAP staff conducting site visits & record review	-Moves away from fee-for-service (per diem) reimbursement -Gives providers payment predictability and flexibility in service delivery -Develops a multi-year framework for measuring quality and paying providers based on performance	-Implemented 1/1/19 -Working with providers and DXC on process refinement and improvement
Developmental Disability Services (DS) [with DAIL]	-Payment model options under discussion; to be informed by Burns & Associates rate study	-Develops a revised service delivery and payment model for disability services that is based on data, easy to understand, and transparent regarding the services for which payments are made -Ensures accountability between DAIL and providers without destabilizing the developmental disabilities system of care	-Model design work with partners -Burns & Associates conducted provider survey to inform rate development -Preliminarily targeting 1/1/20 start date
Pediatric Palliative Care [with VDH]	-Payment model options under discussion include flat and tiered monthly payments	-Moves away from fee-for-service reimbursement -Gives providers payment predictability and flexibility in service delivery -Establishes monitoring framework that could be used to pay for outcomes in future	-Model design work with partners -Planning discussion with providers about challenges related to current fee-for-service reimbursement -Start date TBD

**Overarching Goals of AHS Payment Reform Projects:**

- Move away from fee-for-service reimbursement models
- Increase provider flexibility to deliver care
- Increase predictability in provider payments
- Link payments to performance on quality measures
- Ensure new initiatives align with or complement the All-Payer ACO Model