



THE VISION OF VERMONT'S ACO MODEL:

**Leading the nation & transforming
the way you receive healthcare**

Background of Vermont's All-Payer ACO Model

WHAT ARE THE PRIMARY GOALS OF THE ALL-PAYER ACCOUNTABLE CARE ORGANIZATION (ACO) MODEL?

To help patients lead healthier lives, to increase access to primary care, and to decrease unnecessary costs and expenditures in the healthcare system.

WHO AUTHORIZED VERMONT'S ACO MODEL AND WHO OVERSEES IT?

The All-Payer ACO Model is a five-year agreement between the Centers for Medicare and Medicaid Services (CMS), the Green Mountain Care Board, and the Secretary of the Agency of Human Services. Vermont Legislature authorized the Green Mountain Care Board to regulate and oversee the ACO. The Vermont All-Payer ACO began in 2017.

HOW DOES THE ACO MODEL WORK?

The Vermont All-Payer ACO is a model in which most major healthcare insurance payers (Medicare, Medicaid, and commercial insurance) align the way they prioritize health care value and quality.

Healthcare providers who participate in the ACO are encouraged to increase their focus on preventative health care, instead of treating people only when they become sick. The ACO model drives this goal by moving from volume driven fee-for-service payments to value-based, fixed monthly payments. The state and federal government have set scale targets that 70% of all Vermont insured residents, including 90% of Vermont Medicare beneficiaries, will receive care from providers who participate in the ACO by 2022.



About OneCare Vermont



OneCare Vermont holds Medicaid, Medicare, Commercial and Self-insured contracts.

Contracts include additional flexibility in care delivery, reduced administrative burden for providers, and changes in payment arrangements to providers. These changes **do NOT** change insurance coverage or benefits.



Approximately 172,000 Vermonters receive care from a provider who participates in OneCare.

Provider participation spans the state from Newport to Brattleboro.

As of 2019, thirteen communities have signed contracts to participate in this model. Provider participation is diverse and includes:

- 13 Hospitals
- 6 Federally Qualified Health Centers
- 132 Primary Care Practices
- 242 Specialty Care Practices
- 23 Skilled Nursing Facilities (SNFs)
- 9 Home Health Agencies
- 9 Designated Agencies For Mental Health and Substance Use
- 5 Area Agencies on Aging
- 9 Regional Housing Authorities (SASH)

Recent OneCare Vermont Accomplishments:

Medicare Waivers

- Access to skilled nursing facilities by waiving the 3-day inpatient hospital stay requirement;
- Access to home health visits following post-acute care;
- Access to additional telehealth services

Programming

- Investments and enhancements in team-based care coordination programs;
- Increased focus on prevention efforts such as Medicare wellness visits;
- Solidifying relationships with primary care providers;
- Expanding primary prevention programs, such as RiseVT;
- Providing additional investments directly to primary care;
- Continuing Medicare funding for: Patient-Centered Medical Home Model, Community Health Teams, and SASH;
- Setting up clinical education programs and events to create consistency in care standards statewide;
- Supporting best practices for chronic conditions such as hypertension and diabetes.

Reducing Administrative Burdens

- Working to eliminate prior authorization requirements;
- Aligning quality measures;
- Piloting new payment models.