



# Vermont's All-Payer Model: discussions to date, plans for the future

Al Gobeille, Chair, Green Mountain Care Board and  
Lawrence Miller, Chief of Health Care Reform,  
Office of the Governor  
**Before the Health Reform Oversight Committee**  
**January 6, 2015**

# 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

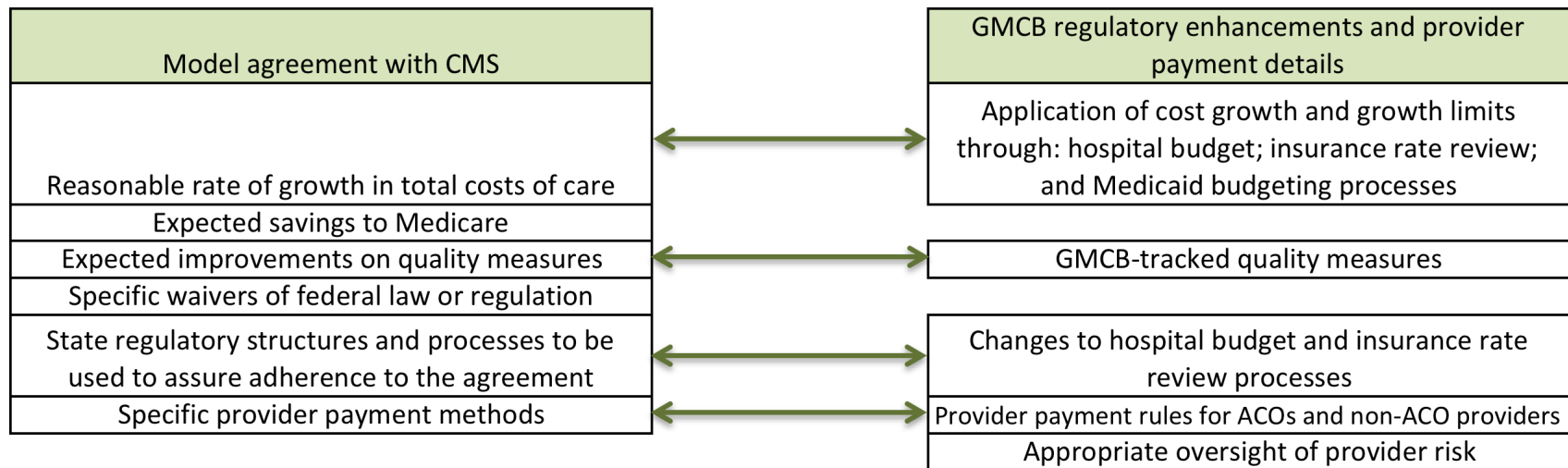
	Model agreement with CMS	GMCB regulatory enhancements and provider payment details
<b>Purpose</b>	To establish the parameters of an agreement with the federal government that would permit Medicare inclusion in a Vermont all-payer system	To establish the specific rules and processes governing provider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

