Who does what in Vermont health reform (2012-14)?

- **Green Mountain Care Board:**
  - Cost Containment
  - Payment reform

- **Department of VT Health Access:**
  - Exchange
  - Expansion of Advanced Primary Care Practice Model

- **Governor’s Office:**
  - Single payer financing and operations
Vermont Health Reform Timeline

2012
Control costs, pay for value
Design a simpler system of coverage and financing

2014
Operate Vermont Health Benefit Exchange: single portal for insurance for non-group, small group and public programs
Cover everyone

After ACA waiver is available (2017?)
Green Mountain Care – unified system
One payer for most Vermonters
Public financing
Vermont payment reform goals

1. Move away from fee-for-service
2. Build on the Blueprint (advanced primary care medical home)
3. Include all payers
4. Incorporate performance measurement
Pilot payment reform models

Bundled payments for certain diagnoses or procedures

Physician/hospital budgets with prospective payments and a reasonable level of revenue

Global (population-based) payments to integrated delivery systems
GMCB focus: can planning, policy and regulation be coherent and coordinated, contain cost growth and improve health?