

# VERMONT MEDICAL SOCIETY

Alfred Gobeille, Chair  
Green Mountain Care Board  
3rd Floor City Center  
89 Main Street  
Montpelier, Vermont 05620-3601

Lawrence Miller  
Senior Advisor and Chief of Health Care Reform  
State of Vermont  
109 State Street, 5<sup>th</sup> floor  
Montpelier, Vermont 05609

October 17, 2016

Dear Mr. Gobeille and Mr. Miller,

On behalf of the physician members of the Vermont Medical Society, I am pleased to provide the Society's support for the Draft Vermont All-Payer Accountable Care Organization Model Agreement.<sup>1</sup> As the VMS has publically stated on Vermont Public Radio: "the Medical Society believes this is a sincere effort to move in a good direction."

To the VMS' knowledge, the agreement represents the first time that the federal government and a state have developed a draft reform framework for a statewide all-payer framework focused on improving population health. The VMS also believes the draft agreement is consistent with the GMCB's mission "to improve health care quality and moderate cost for Vermonters."

During its November 7, 2015 annual meeting, the VMS adopted a policy resolution on Criteria for an All-payer ACO Model for Vermont<sup>2</sup> and the resolution conditions the VMS' willingness to support the State of Vermont's agreement with the Center for Medicare & Medicaid Innovation on the waiver's satisfactory inclusion of a number of provisions. The provisions included the following:

- The agreement should commit the State of Vermont to increasing Medicaid reimbursement to at least the negotiated or applicable Medicare level; and

---

<sup>1</sup> [http://gmcboard.vermont.gov/sites/gmcb/files/documents/payment-reform/DRAFT\\_APM\\_Agreement\\_UNDER\\_LEGAL\\_REVIEW.pdf](http://gmcboard.vermont.gov/sites/gmcb/files/documents/payment-reform/DRAFT_APM_Agreement_UNDER_LEGAL_REVIEW.pdf)

<sup>2</sup> <http://www.vtmd.org/sites/default/files/files/2015%20Waiver.pdf>

- The agreement should ensure physicians' freedom of choice, so that physicians deciding not to join an ACO would be able to elect to continue to operate under traditional Medicare, Medicaid and commercial insurer payment policies; and
- The agreement should not reduce Vermont's already low predicted spending per Medicare enrollee; and
- The agreement should not penalize providers for receiving incentive payments under MACRA's merit-based incentive system (MIPS) and its alternative payment models (APMS).

On October 13, the VMS sent a comment letter to GMCB Chair Al Gobeille with a number of suggested amendments to the draft agreement that would more closely align the document with the VMS' provisions.

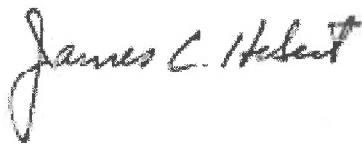
In an email dated October 17, Lawrence Miller indicated that the VMS' "comments are absolutely consistent with our thinking and I expect three of the four specific recommendations will be accepted by CMS for inclusion in the final draft. The fourth recommendation is already addressed in statute, consistent with your recommendation, so CMS Office of General Counsel is not likely to approve inclusion in the document."

The Society's support is conditioned on the Green Mountain Care Board, the State of Vermont and CMS working with the VMS to achieve the aforesaid criteria during the six years term of the agreement.

Finally, I want to thank you and your colleagues for the extraordinary time and effort you have devoted to working with representatives from the Centers for Medicare and Medicaid Services in negotiating the Draft Vermont All-Payer Accountable Care Organization Model Agreement. Its successful implementation could be a transformative event in the evolution of our nation's health care system.

Please let me know if you have any questions or if I can be of further assistance.

Sincerely,



James C. Hebert, MD,  
President

cc: Green Mountain Care Board  
VMS Council