

State of Vermont

OFFICE OF THE SECRETARY OF ADMINISTRATION

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Media Contact

Beth Fastiggi, Commissioner Vermont Department of Human Resources 802-828-6986 | beth.fastiggi@vermont.gov

STATE OF VERMONT EMPLOYEE HEALTH CARE PLAN TO PARTICIPATE IN ACCOUNTABLE CARE MODEL

Administration Finalizes Agreement with Blue Cross Blue Shield of Vermont to Attribute State Health Care Plan Members to Accountable Care Organization Model Administered by OneCare Vermont

Montpelier, VT – The State of Vermont finalized an agreement with Blue Cross and Blue Shield of Vermont (BCBSVT) to support the state's All Payer Model health care payment and delivery system reform effort by attributing the members of the State Employees Health Plans (Health Plans) to OneCare Vermont, the Accountable Care Organization (ACO), for the 2021 plan year. BCBSVT is the administrator of the State of Vermont's self-insured employee health plans and has a contract with OneCare to enable its commercial and self-insured customers to easily attribute members to the ACO model. An estimated 13,300 Health Plan members will be newly attributed to the ACO model.

The Administration thoroughly examined the ACO program offered by OneCare Vermont to ensure the attribution of members will not impact employee benefits, premiums, co-pays, or the financial health of the Plans. The Administration also worked closely with the Benefits Advisory Committee, a joint union and management committee created to advise the Administration on issues related to the State Employee Health Care Plan and crafted an agreement with BCBSVT that included input from the Committee. State of Vermont employees will have the option to "opt out" of sharing their information with OneCare.

"This is a positive step forward for the Administration's payment reform efforts, which are moving us to a system that pays for quality care over quantity of care to keep Vermonters healthier while slowing growth of healthcare costs in the long term. I appreciate the time and collaborative efforts of Blue Cross Blue Shield and OneCare to provide the Administration with the detail and information required to make this decision," said Secretary of Administration Susanne Young. "This work provided a great degree of transparency, as well, to the Benefits Advisory Committee so it understood the impacts of the Administration's decision to attribute plan members to the ACO."

"Healthcare reform is still taking shape in Vermont, but we're moving in the right direction towards our goals to prioritize prevention, improve patient outcomes and make health care more affordable in future years," said Mike Smith, Secretary of the Agency of Human Services. "By including the State Employee Health Plan members in the ACO, it will not only help the program to better meet the participation goals of the all-payer model but will provide more experience to judge the efficacy of this approach."

The All Payer ACO Model is the state's agreement with the federal government to coordinate care, facilitate information sharing, and create programs and payment structures designed to encourage

providers to focus on patient wellbeing instead of traditional fee-for-service compensation. As more Vermonters join the All Payer Model, this will allow for primary care providers to do what they do best—to care for their patients' whole health without being hampered by an antiquated fee for service model. The goal of the program is to improve access, lower costs, and create a healthier future for all Vermonters.

109 State Street | The Pavilion | Montpelier, VT 05609-0101 | $\frac{https://aoa.vermont.gov/}{TELEPHONE: 802.828.3322}$