



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

May 3, 2024

GCR 23-148
FINAL

Medicaid Global Payment Program

Policy Summary:

Vermont Medicaid implemented a Global Payment Program (GPP) pilot under the Department of Vermont Health Access (DVHA) beginning in calendar year 2024. The GPP is a new voluntary payment model consisting of separate “global” monthly prospective payments to current independent primary care participants in the Vermont Medicaid Next Generation (VMNG) Accountable Care Organization (ACO) Program who opt into this payment model. Prospective payments for the GPP will be reconciled to actual fee-for-service (FFS) experience using Medicaid claims data at the end of the performance year. GPP payments would be for Vermont Medicaid members not attributed to the ACO through the VMNG program receiving services comparable to VMNG “Total Cost of Care” services from GPP-participating provider organizations. Though DVHA is leveraging its current arrangement with OneCare Vermont (the ACO currently participating in the VMNG model) to issue GPP prospective payments to providers, these prospective payments are separate and distinct from the prospective payments issued to OneCare Vermont for the Vermont Medicaid Next Generation (VMNG) ACO program.

The VMNG ACO’s attribution model is limiting Medicaid's ability to more broadly change financing, as attribution has plateaued, and providers have different financial incentives for attributed members (paid for through a capitated payment) and unattributed Medicaid members (paid for through FFS payments). This approach begins to separate the provider payment methodology from an attribution methodology. This is an incremental step toward a more global, budget-based payment model as envisioned by the goals outlined in Act 167 of 2022, and further articulated in the federal Center for Medicare & Medicaid Innovation’s (CMMI) newly announced multi-state model (the AHEAD model), which could be a potential successor model to the current Vermont All-Payer ACO Model.

This payment arrangement is not expected to increase reimbursement for voluntarily participating providers; rather, it delivers funds in a monthly prospective payment mechanism that is ultimately reconciled to actual fee-for-service experience.

Effective Date:

January 1, 2024

Authority/Legal Basis:

[Medicaid State Plan](#)

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)];
Special Term and Condition #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended on January 29, 2024. No comments were received.

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