

Green Mountain Care Board Updates and COVID-19

Kevin Mullin, Chair Green Mountain Care Board Susan Barrett, Executive Director June 8, 2020

Overview



- 1. Updates on GMCB's work
- 2. Impacts of COVID-19 and Act 91 Adjustments to our Regulatory Processes
- 3. Questions?

Act 91 of 2020: An act relating to Vermont's response to COVID-19



Notwithstanding any provision of 18 V.S.A. chapter 220 or 221, 8 V.S.A. § 4062, 33 V.S.A. chapter 18, subchapter 1, or the Green Mountain Care Board's administrative rules, guidance, or standards to the contrary, during a declared state of emergency in Vermont as a result of COVID-19 and for a period of six months following the termination of the state of emergency, the Green Mountain Care Board may waive or permit variances from State laws, guidance, and standards with respect to the following regulatory activities, to the extent permitted under federal law, as necessary to prioritize and maximize direct patient care, safeguard the stability of health care providers, and allow for orderly regulatory processes that are responsive to evolving needs related to the COVID-19 pandemic: (1) hospital budget review; (2) certificates of need; (3) health insurance rate review; and (4) accountable care organization certification and budget review.

Hospital Budgets



On March 11, 2020, the Board received a presentation from GMCB staff on the proposed FY 2021 Hospital Budget Guidance. Shortly thereafter, the COVID-19 crisis erupted, and the Governor declared a state of emergency. Act 91 allowed the Board to respond swiftly and set in motion a series of decisions that allowed for a more flexible and less onerous FY 2021 hospital budget process:

- 1. The Board waived the March 31, 2020 deadline for hospital budget guidance;
- The Board waived the May 1, 2020 due date for nonfinancial reporting;
- 3. The Board directed Staff to recommend an abbreviated FY 2021 Budget Guidance that is less onerous to the hospitals; and
- 4. The Board requested the Health Care Advocate's Office to similarly streamline questions as part of the hospital budget process.

Hospital Budgets Continued



The Board voted to adopt an abbreviated FY 2021 Hospital Budget Guidance at the GMCB public meeting on May 27, 2020, which incorporated the following:

- 1. Postponed submission due date from July 1st to July 31st, 2020;
- 2. Reduce the granularity of financial detail required for the 2021 budget submission;
- Postpone the collection of ACO-participation details until Fall 2020;
- 4. Eliminate Part One, "Non-Financial Reporting" requirement for 2021;
- 5. Focus Board and Staff questions on those of a technical or clarifying nature; and
- 6. Collect information on the impact of COVID-19 on hospital budgets.

Sustainability Planning



- The Board continues to work internally on hospital sustainability planning
- During the pandemic, hospitals learned what works, like telemedicine and fixed payments, and what no longer works, like fee-for-service payments.
- As we transition through this pandemic the Board will work with our hospitals and other health care providers to ensure that our health care system is sustainable and prepared to meet the needs of Vermonters now and into the future, even if such a system should come under stress, as our current system has with COVID-19.

Certificates of Need (CON)



On April 9, 2020, the Board used its authority under Act 91 to temporarily waive the need for health care facilities to obtain a CON for certain new health care projects that will enhance or support the State's ability to respond to the COVID-19 public health emergency. Health care facilities must still provide the Board with a Notice of Waiver (or documentation in lieu thereof) prior to implementing such projects. To date, the Board has not received a Notice of Waiver under the new policy.

Rate Review



The Board has not yet used its authority under Act 91 with respect to insurance rate review.

Accountable Care Organization Certification and Budget Review



- Under 18 V.S.A. § 9382 and GMCB Rule 5.000, each Accountable Care Organization (ACO) shall obtain and maintain certification from the GMCB, and for those with 10,000 or more attributed lives in Vermont, the GMCB shall review, modify, and approve their budgets pursuant the standards and processes outlined in GMCB Rule 5.000.
- While ACOs may not be on the front lines of COVID-19, providing direct care, Vermont's ACO, OneCare Vermont, has been cited as a valuable part of our health delivery system, especially during this unprecedented time, providing mechanisms for stable cash flow, and coordinating care across providers and patients, with the hope of reducing ED visits and non-essential services.
- OneCare Vermont, like our hospitals, is enduring a time of uncertainty, especially as it renegotiates payer contracts and contemplates the appropriate approach to hospital dues, its main source of funding for administrative costs. For these reasons, OneCare Vermont has requested operational relief and flexibilities as it relates to the timelines for producing their revised 2020 budget. GMCB Staff have also been working to review the proposed 2021 ACO Budget guidance to reflect the current conditions and ensure that the Board has a holistic view of the financial health of our health care delivery system as they move through their regulatory processes.



Thank You and Questions