

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, May 9, 2018
1:00 pm

Attendance

Kevin J. Mullin, Chair
Susan J. Barrett, JD, Executive Director
Judy Henkin, General Counsel
Robin Lunge, JD, MHCDS
Jessica A. Holmes, PhD
Maureen Usifer
Tom Pelham

Executive Director's Report

Kevin Mullin called the meeting to order at approximately 1:00 pm. Susan Barrett reminded the public there are no Board meetings for the next two weeks. The next Board meeting will be held on May 30th, 2018 at 1:00 pm. Susan also notified the public of the June 6th meeting to discuss Vermont's healthcare workforce.

Minutes

The Board voted (5-0) to approve the minutes from Wednesday, May 2, 2018.

DVHA Progress Update & DVHA/VITL Work Plan

Michael Costa, Deputy Commissioner, DVHA
Emily Richards, HIE Program Director, DVHA

Michael Costa and Emily Richards presented information on legislative bill H.901 to the Board including the proposed deadlines. Michael Costa provided an update on the progress since the release of the evaluation report in November 2017. They presented the DVHA/VITL work plan structure, elements, and contingency plan requirements. For more information, please click [here](#) and [here](#).

VITL Financial Submission & Work Plan Implementation

Mike Smith, President & Chief Executive Officer, VITL
Robert Turnau, Chief Financial Officer, VITL
Frank Harris, Interim Chief Technology Officer, VITL
Kristina Choquette, Chief Operating Officer, VITL

Mike Smith presented the FY19 budget overview to the Board and outlined VITL's six priorities. They presented the importance of VHIE and the expected outcomes as well as the Health Data Management infrastructure and how it is different from the Vermont Health Information

Exchange (VHIE). VITL reviewed their revenue, expenses, and state contracts. Frank Harris presented their technology objectives and initiatives. Kristina Choquette presented VITL's quarterly report touching on what activities they plan to address. For more information, please click [here](#).

GMCB Staff Recommendation on VITL Budget

Sarah Kinsler, Health Policy Advisor, GMCB
Agatha Kessler, Health Policy Director, GMCB

Sarah Kinsler and Agatha Kessler reviewed GMCB's oversight of VITL and presented recommendations for the budget review criteria to the Board. For more information, please click [here](#).

Public Comment

Dale Hackett
Ken Libertoff
Kathy Fulton

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 3:45 pm.

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, April 11, 2018
10:00 am

Attendance

Kevin J. Mullin, Chair
Susan J. Barrett, JD, Executive Director
Judy Henkin, General Counsel
Jessica A. Holmes, PhD
Robin Lunge, JD, MHCDS (by phone)
Maureen Usifer
Tom Pelham

Executive Director's Report

Kevin Mullin called the meeting to order at approximately 1:00 pm. Susan Barrett reminded the public the Board is holding a traveling meeting on Wednesday, April 18th at Northeastern Vermont Regional Hospital in St. Johnsbury from 1-3 pm.

Minutes

The Board voted (5-0) by roll to approve the minutes from Wednesday, April 4, 2018 with the changes regarding the provisional rate cut for CVMC. On March 14th, 2018, Jessica made a motion for a provisional rate cut of 1% for CVMC. At the end of this Board meeting, she made a motion for the Board to rescind the 1% rate cut. Robin seconded the motion. The Board voted (5-0) by roll to approve the change.

Certificate of Need: Green Mountain Surgery Center

Amy Cooper, Executive Director, HealthFirst

Amy Cooper presented Condition A.1 relating to the Green Mountain Surgery CON. She outlined the consumer-friendly website they are developing. Kevin recommended they add a link on the website for commercial payers, so subscribers can find out exactly how much they will be paying. Jessica asked why the Medicaid reimbursement prices are not on part of the chart on the website. Amy Cooper said they can add that information. Amy reviewed the other Conditions, A.2 to A.6. For more information, please click [here](#).

OneCare Vermont: 2018 First Quarter Update

Tom Borys, Director, ACO Finance & Analysis, OneCare VT
Sarah Barry, Director of Clinical & Quality Improvement, OneCare VT
Joan Zipko, Director, Program Operations, OneCare VT
Karen Lee, VP of Finance & Strategy, OneCare VT

Tom started the presentation reviewing the finances, risk, population health management spending estimates, and the impact on budget orders. Sarah Barry focused on the highlights of OneCare's population health and quality initiatives. Joan Zipko talked about network development with current and potential providers. For more information, please click [here](#).

Vermont's Efforts to Confront the Opioid Dependency Crisis

Beth Tanzman, Executive Director, Vermont Blueprint for Health/DVHA
Dr. Mark Levine, Commissioner, Vermont Department of Health

Ena Backus started the discussion by reviewing the three high-level All-Payer Model goals; to increase access to primary care, reduce the prevalence and morbidity of chronic disease and to reduce deaths due to overdose and suicide. Pat Jones discussed the substance abuse quality measures and what is required to make progress. For more information, please click [here](#). Beth Tanzman presented to the Board the objectives the Department of Health has to confront the opioid crisis in Vermont. She talked about how this issue is regional and increasing. Dr. Mark Levine discussed the main factors driving the prescription opioid and heroin epidemic and the preferred prevention methods. For more information, please click [here](#).

2017 Hospital Budget Enforcement Discussion – Potential Vote

Pat Jones, Interim Director of Health System Finances, GMCB

Pat Jones reviewed the enforcement options for FY17 overages, the impact of a possible rate reduction, and information regarding mental health outpatient-only ER utilization for 2015-2017. She also discussed the mental health capacity issues that were presented at the Board's April 4th meeting and UVM Health Network's proposal to build additional inpatient beds on Central Vermont Medical Center's campus. For more information, please click [here](#).

Kevin Mullin opened the discussion on a potential vote. Jessica Holmes presented a motion pursuant to GMCB Rule 3.00, section 3.400. In order to address the FY2017 actual budget performance at UVMHN's Vermont hospitals, the GMCB will provisionally allow UVMHC to self-restrict \$21 million in surplus funds with the condition that such funds be used solely for investments that measurably increase inpatient mental health capacity in Vermont. Beginning July 1, 2018 and quarterly thereafter, the UVMHN shall report to the GMCB on details of its plan for making such investments, including all progress on GMCB-established milestones to date, and must quantify how the plan will significantly increase access to, and quality of, mental health treatment and lower overall system costs. UVMHN shall continue to report quarterly until such time as the GMCB determines that:

1. UVMHN has made sufficient progress on its investment plan so that no further reporting is required, or that reporting may occur at longer intervals, or
2. That UVMHN has failed to make sufficient progress on its treatment plan to substantially improve inpatient bed capacity to alleviate the mental health care crisis. If the GMCB determines that insufficient progress has been made, it may order that UVMHC use all or a portion of the \$21 million to benefit ratepayers through a commercial rate reduction.

Robin seconded the motion.

Tom Pelham presented a substitute motion relative to UVMMC’s 2017 budget “net operating income” overage of \$20.64 million, that \$14 million be used to reduce UVMMC’s commercial rates by 2% or \$14 million, whichever is greater, effective October 1, 2018 and that \$6.64 million be held in a designated reserve by UVMMC for the purpose of the planning, design and construction of new inpatient mental health capacity at Central Vermont Medical Center, inclusive of any cost sharing agreements with the State and any marginal effects on the All-Payer Model targets. By December 31, 2018, UVMMC may expand up to 10% of said \$6.64 million designated reserve for the purpose of developing a Certificate of Need application for such new inpatient mental health capacity. The balance of the reserve shall be authorized for expenditure pursuant to any GMCB approval of the Certificate of Need for such new inpatient mental health capacity. Further, it is the intent subject to further approval of the GMCB that any 2018 budget “net operating income overage of the UVMMC be allocated 67% to the designated reserve for new inpatient mental health capacity at Central Vermont Medical Center and 33% for commercial rate reduction. No other Board member seconded the motion.

The Board voted (4-1) to approve Jessica’s motion. The vote was taken by roll; Maureen, Robin, Jess and Kevin voted yes, and Tom voted no.

Public Comment

Ken Libertoff
Susan Aranoff
Dale Hackett

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) by roll to adjourn at approximately 4:15 pm.