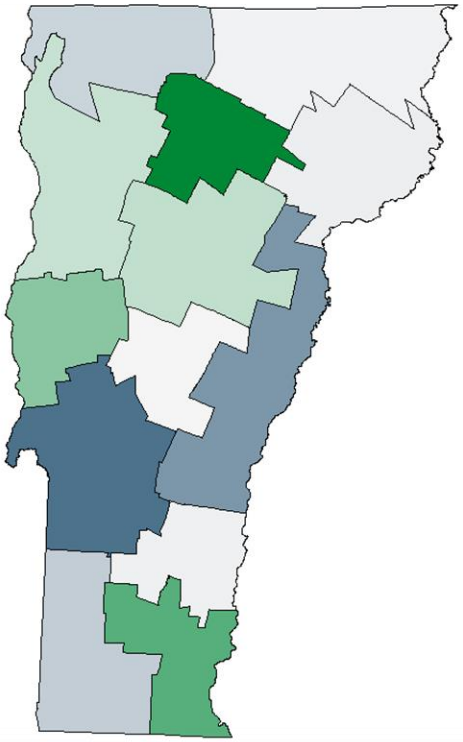

Green Mountain Care Board
General Advisory Committee

February 25, 2019

VERMONT
GREEN MOUNTAIN CARE BOARD

Agenda

2:00-2:30pm	• **Welcome and Introductions**: GMCB Chair Kevin Mullin
2:30-3:15pm	• **Overview of the Green Mountain Care Board**: GMCB Executive Director Susan Barrett, J.D.
3:15-3:45pm	• **General Advisory Committee Draft Charter**: GMCB Executive Director Susan Barrett, J.D.
3:45-4:00pm	• **Plan Next Meeting & Wrap-Up**: GMCB Policy Analyst Christina McLaughlin

Introductions

- In less than 90 seconds, please introduce yourself:
  - Occupation or role on Advisory Committee
  - Professional affiliation, if applicable
  - Where in Vermont you live and/or work
  - Why did you apply to join the GMCB Advisory Committee?

Overview of the Green Mountain Care Board

Susan Barrett, J.D., GMCB Executive Director

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Establishment of the GMCB

Act 48: The GMCB was established by the Legislature in 2011 with the passage of Act 48. Its authority and duties were defined in 18 V.S.A. §§ 9371 – 9392.

18 V.S.A. § 9372. Purpose: The Legislature's intent in establishing the GMCB was to create an independent board to promote the general good of the State by (1) improving the health of the population; (2) reducing the per-capita rate of growth in expenditures for health services in Vermont across all payers while ensuring that access to care and quality of care are not compromised; (3) enhancing the patient and health care professional experience of care; (4) recruiting and retaining high-quality health care professionals; and (5) achieving administrative simplification in health care financing and delivery.

§ 9375(b) enumerates GMCB's duties, described on the next slides.

Duties: Rate Review and QHP Benefit Packages

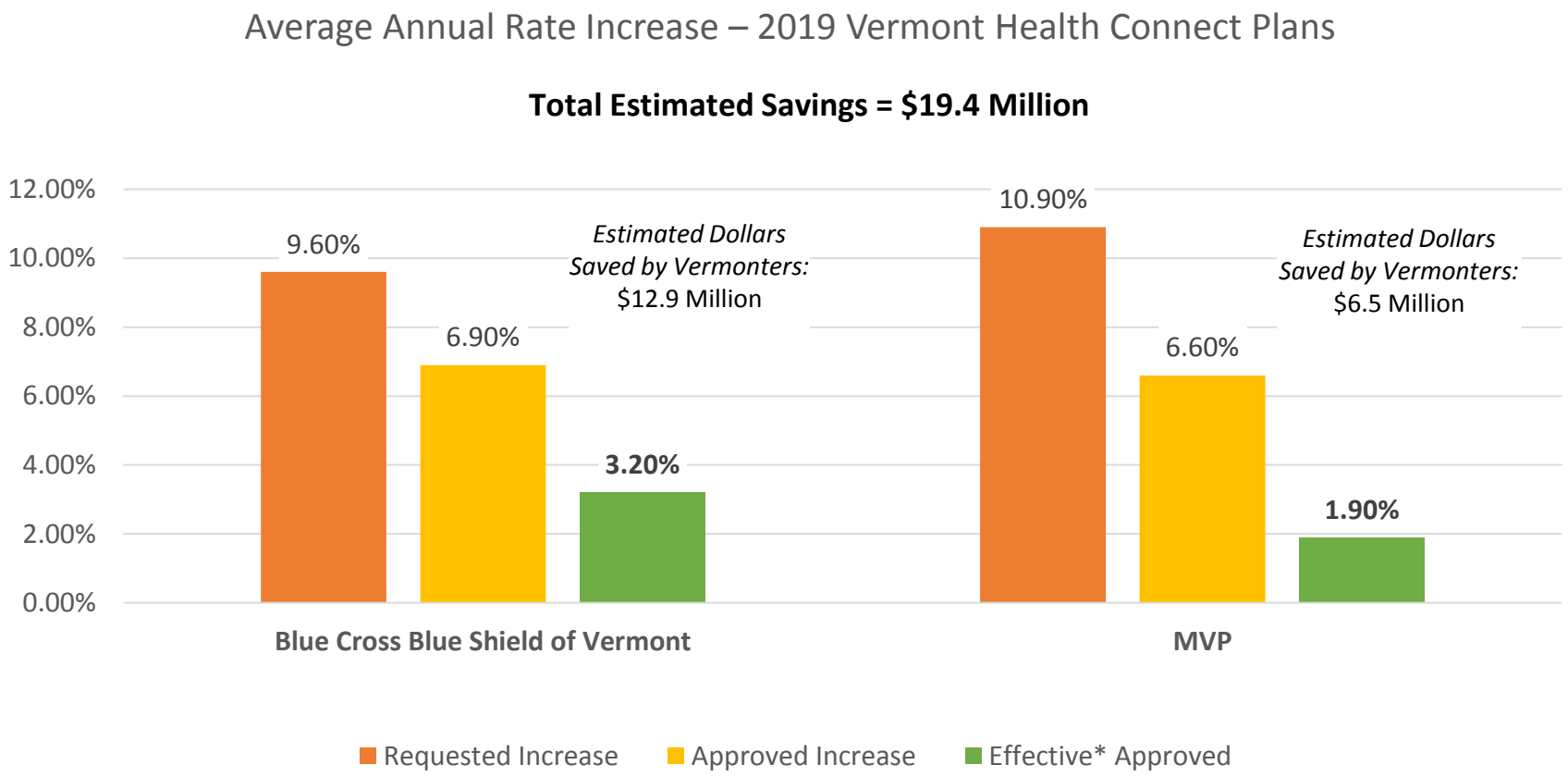
Rate Review: **18 V.S.A. § 9375(b)(6):** Approve, modify, or disapprove requests for health insurance rates pursuant to 8 V.S.A. § 4062, taking into consideration the requirements of the underlying statutes, changes in health care delivery, changes in payment methods and amounts, protecting insurer solvency, and other issues at the discretion of the Board.

- The GMCB promulgated Rule 2.000.

QHP Benefit Packages: **18 V.S.A. § 9375(b)(9):** Review and approve, with recommendations from the Commissioner of Vermont Health Access, the benefit package or packages for qualified health benefit plans and reflective silver plans pursuant to 33 V.S.A. chapter 18, subchapter 1. The Board shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare within 15 days following its approval of any substantive changes to the benefit packages.

- Language added re: reflective silver plans eff. Feb. 20, 2018.

Rate Review: 2019 Vermont Health Connect Plans



* The "*effective*" rate increases—the actual rate increases that will be experienced by Vermonters—take into account the availability of additional federal subsidy dollars resulting from changes made to Vermont law during the 2018 legislative session.

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Duties: Hospital Budget Review

18 V.S.A. § 9375(b)(7): Review and establish the budgets of general hospitals pursuant to 18 V.S.A. §§ 9451 – 9458.

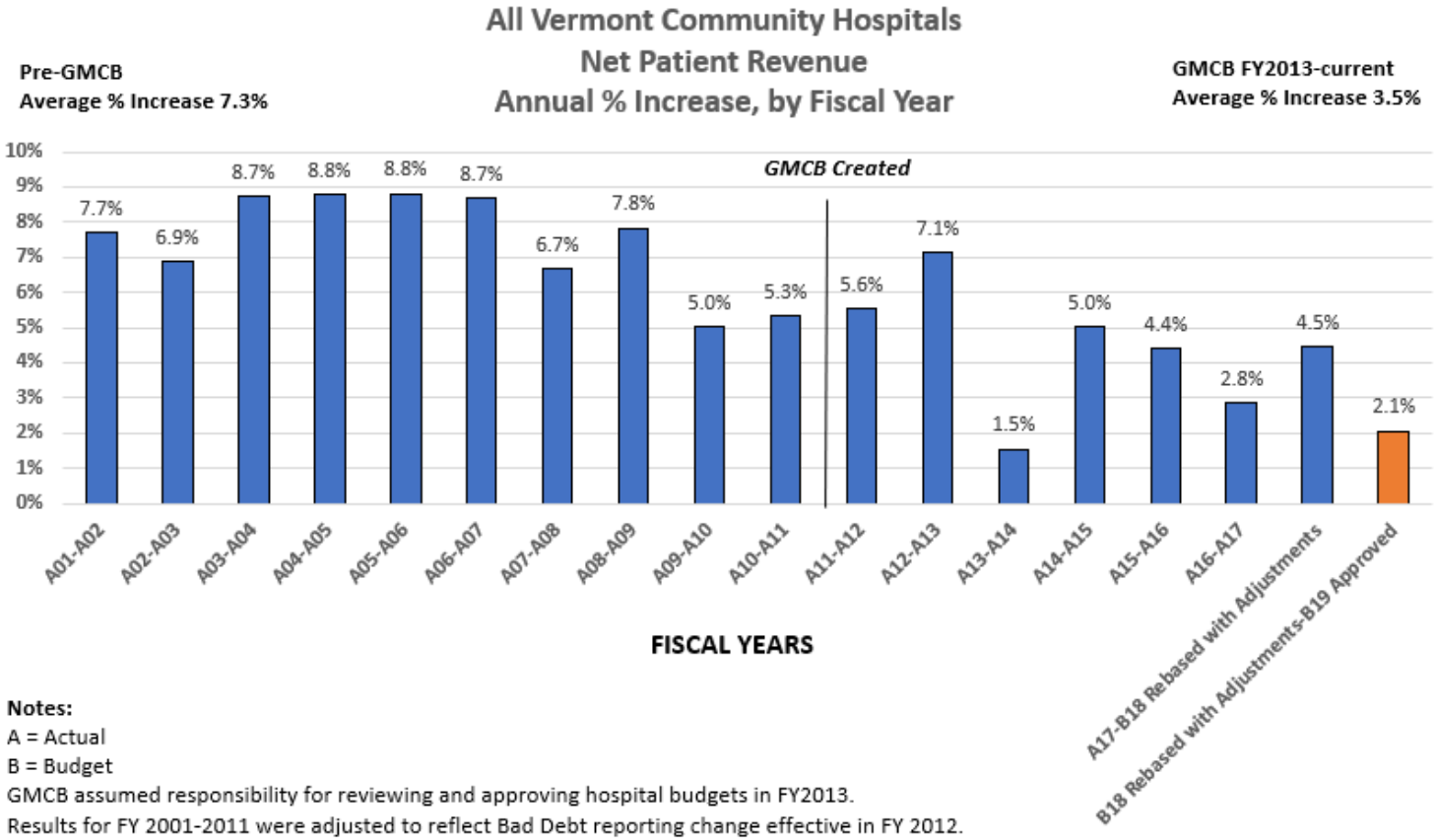
- The GMCB promulgated Rule 3.000.
- Annual Reporting Requirements and Budget Guidance.
- Enforcement Policy.

FY2019 Hospital Budget Review: Hospitals initially requested a 2.9% increase in Net Patient Revenue (NPR) from the Board-approved Fiscal Year 2018 to the hospitals' submitted Fiscal Year 2019 budgets

- The Board approved a 2.1% NPR increase for Fiscal Year 2019 over the approved and adjusted Fiscal Year 2018 base ($52.8 million)

Hospital Budget Review: FY2012-FY2019

Consistent with the Board's goal to reduce the rate of per capita health care cost growth, the average annual NPR increase since the responsibility for budget review was transferred to the Board (FY2012) is 3.5%, compared to an average annual NPR growth rate of 7.3% in FY2001-FY2011.



Notes:
A = Actual
B = Budget
GMCB assumed responsibility for reviewing and approving hospital budgets in FY2013.
Results for FY 2001-2011 were adjusted to reflect Bad Debt reporting change effective in FY 2012.

Duties: Certificate of Need Program

18 V.S.A. § 9375(b)(8): Review and approve, approve with conditions, or deny applications for certificates of need pursuant to 18 V.S.A. §§ 9431 – 9446.

- The GMCB promulgated Rule 4.000.
- Reviewed 6 CONs in 2018.

The Vermont All-Payer ACO Model:

Tackling Unsustainable Cost, Improving Quality and Outcomes

PROBLEM: The cost of health care in Vermont is increasing at an unsustainable rate and there is room to improve the health of Vermonters and the quality of care they receive.

STRATEGY:	**INTERVENTION:**
• *Care Delivery*: Facilitate integrated and coordinated delivery care across the continuum; focus more on primary care and prevention, deliver care lower cost settings, reduce duplication of services. • *Payment*: Move away from fee-for-service reimbursement, which rewards the delivery of more services, to population-based payments under which providers accept responsibility for the health of a group of patients in exchange for a set amount of money.	Implement a statewide accountable care organization (ACO) model under which the majority of Vermont providers participate in aligned programs across Medicare, Medicaid, and commercial payers. All-Payer ACO Model Agreement signed in 2016, enabling Medicare's participation.

All-Payer ACO Model: What Is It?

An ACO is a group of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated, high-quality care to patients

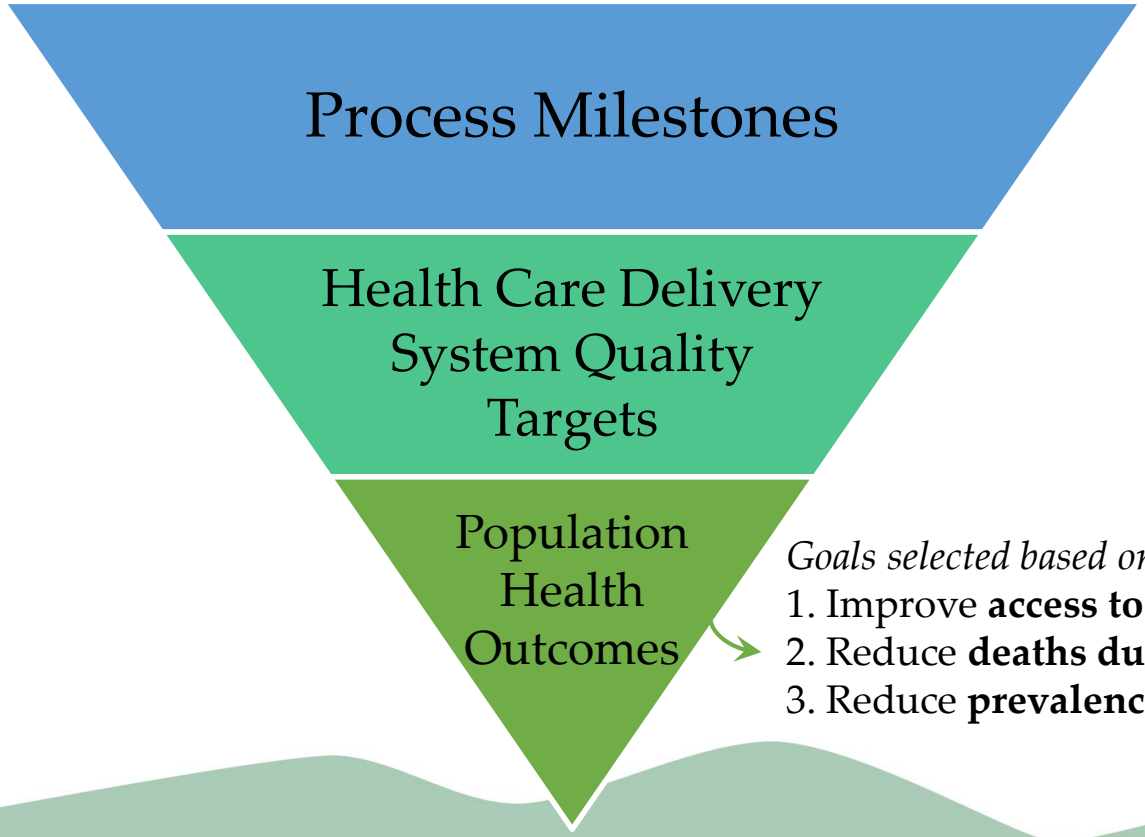
- The All-Payer Model enables the three main payers of health care in Vermont – Medicaid, Medicare, and commercial insurance – to pay an Accountable Care Organization (ACO) differently than through fee-for-service reimbursement.
    - Facilitated by state law and an agreement between the State and the Centers for Medicare and Medicaid Services (CMS) that allows Medicare's participation
- Provides the opportunity to improve health care delivery to Vermonters, changing the emphasis from seeing patients more routinely for episodic illness to providing longitudinal and preventive care. A more predictable revenue stream supports providers in initiating additional delivery system reforms that improve quality and reduce costs.

Improving the Health of Vermonters

How will we measure success?

- Vermont is responsible for meeting targets on **20 measures** under the Model

Process Milestones and **Health Care Delivery System Quality Targets** support achievement of ambitious **Population Health Goals**



Goals selected based on Vermont's priorities:

1. Improve **access to primary care**
2. Reduce **deaths due to suicide and drug overdose**
3. Reduce **prevalence and morbidity of chronic disease**

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Duties: ACO Oversight and Medicaid Advisory Rate Case

ACO Certification: **18 V.S.A. § 9382(a):** Certify ACOs to operate in the state.

- Certified OneCare Vermont.

ACO Budget Review: **18 V.S.A. § 9382(b)-(c):** Review, modify, and approve the budgets of ACOs.

- 2019 Budget Guidance being developed.

Medicaid Advisory Rate Case: **Act 113 of 2016 and Act 3 of 2017:** Requires GMCB to review any all-inclusive population-based payment arrangements between DVHA and an ACO, including the elements of the per member, per month payment and any other nonclaims payments. Review is advisory and is not binding on DVHA.

- Act 167 of 2018 codified this duty and made it an ongoing responsibility of GMCB.

Duties: All-Payer Model Reporting

The **Vermont All-Payer ACO Model Agreement** with the federal Centers for Medicare and Medicaid Innovation (CMMI) requires the following reporting:

- Annual Scale Target and Alignment Report
- Annual Health Outcomes and Quality of Care Report
- Quarterly Total Cost of Care Reports
- Adjustments/Flexibility

Duties: Payment and Delivery System Reforms

18 V.S.A. § 9375(b)(1): Oversee the development and implementation, and evaluate the effectiveness, of health care payment and delivery system reforms designed to control the rate of growth in health care costs; promote seamless care, administration, and service delivery; and maintain health care quality in Vermont, including ensuring that the payment reform pilot projects set forth in this chapter are consistent with such reforms.

- The Board adopted a payment reform pilot policy.

Duties: HIT & VITL

HIT Plan Review: **18 V.S.A. § 9375(b)(2)(A):** In consultation with VITL, review and approve statewide HIT Plan pursuant to 18 V.S.A. § 9351 to ensure the necessary infrastructure is in place to enable the State to achieve the principles expressed in 18 V.S.A. § 9371.

- GMCB approved a 2018-2019 Health Information Exchange Strategic Plan on November 19, 2018. Expect to receive annual updates to the HIT Plan for GMCB approval in the future.

Connectivity Criteria Review: **18 V.S.A. § 9375(b)(2)(B):** Review and approve connectivity criteria (criteria required for health care providers and health care facilities to create or maintain connectivity to VHIE).

- 2019 Connectivity Criteria was approved by GMCB in conjunction with the 2018-2019 Health Information Exchange Strategic Plan.

VITL Budget Review: **18 V.S.A. § 9375(b)(2)(C):** Annually review the budget and all activities of VITL and approve the budget, consistent with available funds. The review shall take into account VITL's responsibilities pursuant to 18 V.S.A. § 9352 and the availability of funds to support those responsibilities.

- GMCB reviewed VITL's FY2019 budget in May 2018.

Duties: Databases

18 V.S.A. § 9410: Vermont Health Care Uniform Reporting and Evaluation System

- VHCURES data set consists of claims and eligibility data from private and public insurers (GMCB has agreements with DVHA and CMS to allow integration of Medicare and Medicaid data).
- To the extent allowed by HIPAA, the data is available as a resource for State agencies and others to review health care utilization, expenditures, and performance in Vermont. GMCB enters into DUAs with data recipients.

18 V.S.A. §§ 9410, 9453, 9454: Vermont Uniform Hospital Discharge Data Set

- VUHDDS Data set consists of inpatient discharge data, outpatient procedures and services data, and emergency department data. It is managed by VDH, which uses the data to create the Vermont Hospital Utilization Report.
- Data is available to state agencies, researchers, etc.

Duties: Planning

Workforce Strategic Plan: **18 V.S.A. § 9375(b)(3):** Review and approve the Health Care Workforce Development Strategic Plan created in chapter 222 of title 18.

- Last approved Jan. 9, 2013 by vote of GMCB.

HRAP: **18 V.S.A. § 9375(b)(4):** Review the Health Resource Allocation Plan (HRAP) created in chapter 221 of title 18.

- Last updated July 1, 2009 by BISHCA.
- Act 167 of 2018 provided GMCB with flexibility in updating HRAP. Currently working to develop HRAP 2020.

Expenditure Analysis: **18 V.S.A. § 9375a(b):** Prepare a two-year projection of health care expenditures made on behalf of Vermont residents, based on the format of the health care budget and expenditure analysis adopted by the Board, projecting expenditures in broad sectors such as hospital, physician, home health, or pharmacy.

- Expenditure Analysis published annually on the GMCB website. Visit https://gmcboard.vermont.gov/data-and-analytics/analytics-rpts for an interactive visualization of the 2016 Expenditure Analysis (most recent).

Duties: Evaluation

18 V.S.A. § 9375(b)(10): Develop and maintain a method for evaluating systemwide performance and quality, including identification of the appropriate process and outcome measures:

- for determining public and health care professional satisfaction with the health system;
- for utilization of health services;
- in consultation with the Department of Health and the Director of the Blueprint for Health, for quality of health services and the effectiveness of prevention and health promotion programs;
- for cost-containment and limiting the growth in health care expenditures;
- for determining the adequacy of the supply and distribution of health care resources in this State;
- to address access to and quality of mental health and substance abuse services; and
- for other measures as determined by the Board.

Other Duties

18 V.S.A. § 9382(b)(5): Set rates for health care professionals pursuant to 18 V.S.A. § 9376 of this title, to be implemented over time, and make adjustments to the rules on reimbursement methodologies as needed.

There are other duties, including those relating to Green Mountain Care, that are not active obligations for the Board at this time.

In addition, there are numerous duties and obligations that stem from our core statutory responsibilities.

GMCB Priorities for 2019

1. **Year 2 All-Payer ACO Model (APM) Implementation:** Focused on meeting the goals of the APM Agreement while exercising robust ACO Oversight.
2. **Regulatory Integration:** Linking health insurance rate review, hospital budget review, Certificate of Need, and ACO certification and budget review to support the APM and overall goals.
3. **VHCURES 3.0:** New vendor to manage VHCURES system.
4. **HRAP 2020:** Act 167 of 2018 amended the requirements for the Health Resource Allocation Plan (HRAP). GMCB is working to re-imagine and assemble the HRAP as a series of dynamic reports, visualizations, or other user-friendly tools in 2019.
5. **Health Care Workforce:** Work with educators, health care providers, and state and community organizations to discuss opportunities to address Vermont's health care workforce challenges
6. **Transparent Regulation:** GMCB strives for transparency and public engagement in its regulatory activities.

Planning for Future Meetings

Christina McLaughlin, GMCB Policy Analyst

Topics of Interest

V.S.A. 18 § 9374 (e)(1) The Board shall establish a consumer, patient, business, and health care professional advisory group to provide input and recommendations to the Board.

- Inform specific projects and deliverables (e.g., HRAP, HIT Plan), as well as issues of interest to the group

Top 5 Topics of Interest

1. Population Health
2. Patient Engagement, Accountability, and Behavior Change
3. ACO Regulation & All-Payer ACO Model
4. Price Transparency
5. Health Care Workforce Training, Recruitment, and Retention

Other member-suggested topics:

- Supporting primary care practices in transformation
- Substance use disorders & developmental disabilities; utilization, and standardization
- Quality and cost relationships
- CEO salaries

Preferred Days and Times?

The GMCB General Advisory Committee Meets Quarterly

Proposed 2019 Meeting Dates:

- Monday, May 20th
- Monday, September 9th or 16th
- Monday, November 18th

All meetings are to be held in the 4th Floor Conference Room of the Pavilion Building at 109 State St, Montpelier, VT, unless otherwise noted*

**Please remember to bring a photo ID for Pavilion security.*