

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, February 27, 2019
9:00 am

Attendance

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

Executive Director's Report

Kevin Mullin called the meeting to order at approximately 9:00 am. Susan Barrett announced Gifford Medical Center has requested an amendment to their FY 2019 budget, and information has been submitted upon request to the Board. The staff recommendation will be posted to the GMCB website by March 7th. The Board is holding a potential vote on the request on March 13, 2019.

Minutes

The Board voted (5-0) to approve the minutes from February 20, 2019.

All-Payer Model Updates from the Field

Dr. Stephen Leffler, Chief Population Health and Quality Officer, UVMHN
Dr. Joe Haddock, Family Medicine, Thomas Chittenden Health Center
Carla Kamel, Community Care Coordinator, Mt Ascutney Hospital and Health Center
Jill Lord, RN, Director of Community Health, Mt Ascutney Hospital and Health Center
Dr. Carrie Wulfman, Chief Medical Officer, Porter Medical Center
Alison Wurst, Director of Population Health and Care Management, Porter Medical Center
Judy Peterson, President and CEO, UVMHN Home Health and Hospice
Dr. Elisabeth Fontaine, Lifestyle Medicine, Northwestern Medical Center
Dr. Judy Fingergut, Family Medicine, Northwestern Medical Center

Board member Jessica Holmes introduced the panel and outlined the purpose of the discussion topic. Jessica explained the goal of the discussion was to build a high-level understanding of the All-Payer Model, ACO budgets, total cost of care statistics, and attribution counts by sharing stories about delivery system change from the ground. The panelists spoke about how communities are making significant changes to improve population health and discussed how the movement to fixed payment, increased focus on integrated care, and improved data analytics is

affecting the allocation of resources and delivery of care in Vermont. To hear the panel discussion, please reach out to the Board for a copy of the recording.

Public Comment

Jill Olsen
Kim Fitzgerald
Mark Tully
Deb Richter
Julie Tessler
Rep. Mari Cordes
Ethan Park
Richard Slusky
Dale Hackett

Qualified Health Plan (QHP) Standard Plan Design – Potential Vote

Dana Houlihan, Director, Plan Management and Enrollment Policy, VT Health Connect, DVHA
Julie Peper, FSA, MAAA, Principal & Senior Consulting Actuary, Wakely Consulting (*by phone*)
Brittney Philips, ASA, MAAA, Consulting Actuary, Wakely Consulting (*by phone*)

Dana Houlihan, Julie Peper, and Brittney Philips reviewed the standard plan design proposals originally presented at the February 20, 2019 Board meeting. Dana proposed to reduce the embedded OOPM from \$8,200 to \$8,000 on the Silver and Bronze HDHPs if required in final regulations. For the Bronze deductible plan with Rx limit, the recommended design will not meet AV requirements with an \$8,000 OOPM. Therefore, Dana requested approval to instead move the Alternative design, should it be required. The third request was to approve the OOPM changes as proposed, regardless of whether the final Federal change is \$100 or \$300 from 2019 to 2020. The summary of the plan design changes is shown [here](#) on slide 21 of the presentation.

After some discussion, Board Chair Kevin Mullin outlined the recommendation to approve designs as brought by DVHA with the one change, which would to move co-pays for chiropractic and physical therapy to the lower 125% range, rounding off to a \$5 increment. Board Member Robin Lunge suggested to include the other parameters as outlined on slide 21. Robin made a motion to approve the plan designs as brought forth by DVHA and described on page 20; which include a change to the co-payment of chiropractic and physical therapy to 125% range, rounding off to a \$5 increment and to approve the alternative plan design for the Bronze deductible plan with Rx drug limit if the Federal government modifies the out-of-pocket maximum, making it a requirement and to approve the out-of-pocket maximum changes as proposed on slide 20 regardless if previous guidance would require this. Board Member Jessica Holmes seconded the motion. The Board voted to approve the motion (5-0) unanimously. Prior to the motion, Board Member Pelham asked whether DHVA would provide an estimated cost for subsidizing those in the individual market between the increments of 400% of poverty and 450%

and between 450% of poverty and 500% such that premium costs were capped at 9.86% of income. DHVA responded that such a cost estimate could be provided to the Board.

OneCare Vermont 2018 Budget Order and Grievance & Appeals Summary

Tom Borys, Director of Finance, OneCare Vermont
Joan Zipko, Director of Operations, OneCare Vermont

Tom Borys and Joan Zipko presented how OneCare Vermont provides customer service for providers and patients. They outlined the patient notification letter for opt outs and how OneCare is optimizing patient and provider communication. Tom Borys then discussed the context of the 2018 budget order amendment request and discussed OneCare's reserves. OneCare is requesting the Board consider a modification to Order F.4., Establish reserves of \$1.1 million by July 1, 2018 and \$2.2 million by December 31, 2018 and Order H: Population Health Management (PHM) ratio. The requested modifications are outlined [here](#) in a December letter to the Board and [here](#) on slides 14 through 21. The Board plans to potentially vote on the request March 13, 2019.

Public Comment

Walter Carpenter
Dale Hackett
Ham Davis

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 3:00 pm.