

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, June 5, 2019
1:00 pm

Attendance

Kevin J. Mullin, Chair
Susan J. Barrett, JD, Executive Director – *not present*
Michael Barber, General Counsel
Robin Lunge, JD, MHCDS
Maureen Usifer
Jessica Holmes, PhD
Tom Pelham

Chair Kevin Mullin announced the changes in the agenda: there will be no Executive Director's Report, there will be no approval of minutes, and there will be a brief update to the 2019 Legislative Overview given at the June 3, 2019 Board Meeting.

VITL FY 2020 Budget – potential vote

Sarah Kinsler, Director of Strategy and Operations, GMCB
Agatha Kessler, Health Policy Director, GMCB

Sarah Kinsler reviewed the GMCB oversight of Vermont Information Technology Leaders, Inc. (VITL), and the annual requirement to review VITL's budget. VITL presented their budget to the Board on May 15, 2019. Agatha Kessler presented a recap of VITL's FY 2020 Budget, including their revenue, expenses, and operating loss. Sarah Kinsler presented the budget review criteria which focuses on transparency, alignment with the Health Information Exchange (HIE) plan goals, and coordination with the Department of Vermont Health Access (DVHA). The staff recommends approving the VITL budget as presented with two conditions: the January-June 2020 budget will be presented in late 2019 by VITL and DVHA and VITL will continue to present quarterly updates. Board Member Tom Pelham made a motion to approve the VITL budget as presented with the recommended staff conditions. Board Member Robin Lunge seconded the motion. The Board voted to approve the motion (5-0).

Public Comment

None

Support and Services at Home (SASH) Presentation

Kim Fitzgerald, CEO, Cathedral Square
Molly Dugan, SASH Program Coordinator, Cathedral Square

Kim Fitzgerald gave an overview of the history of the SASH program. It was created in 2009 and received Medicare funding in 2011 through Vermont Blueprint for Health. Now SASH has a

statewide presence with six designated regional housing organizations. Of the participants 80% are on Medicare, the average age is 73, and there has been 8,966 unique participants since inception. Kim Fitzgerald reviewed the chronic conditions and health screens data for their participants and compared this to OneCare participant data.

Molly Dugan explained the elements of SASH. The program is primarily based in affordable housing, and the participants become part of a community where they receive support from a Wellness Nurse, a SASH Coordinator, and a formalized partnership of their community agencies. Using SASH data, the staff tailors evidence-based prevention and wellness programs to their participants' needs, and staff is trained in these programs throughout the state. Molly Dugan then discussed the alignment of SASH with the goals of OneCare Vermont and the State of Vermont Health Improvement Plan.

Molly Dugan presented SASH's current pilots. With funding from the Center of Disease Control and Vermont Department of Health, there has been a focus on hypertension management. They developed a hypertension management protocol involving a wellness nurse, SASH coordinator, and primary care physician, and have had significant success. The Diabetes Pilot is in collaboration with the Department of Health and is specifically targeted in Rutland, VT with the Beauchamp & O'Rourke Pharmacy and Southwestern Vermont Health Care. The pilot was eight months long with 23 SASH participants and the results were positive regarding the clinical measures. With funding from OneCare Vermont, the Mental Health Pilot is a partnership with the Howard Center in the Burlington, VT area that added a mental health clinician to the SASH site. This program successfully increased participants' access and utilization of mental health services.

Molly Dugan reviewed the outcomes of the SASH program, which included statistically significant Medicare savings, lower costs for emergency room (ER) and specialist visits, and reduced Medicaid spending. Kim Fitzgerald presented SASH's new initiatives: Telemedicine and SASH in family housing. She then presented the timeline of growth and success, the over-capacity panels, and unserved communities. The presentation can be seen [here](#) on the GMCB website. The Board asked questions and had a discussion with Kim Fitzgerald and Molly Dugan.

Public Comment

Dale Hackett

Update to 2019 Legislative Overview

Melissa Miles, Health Policy Project Director, GMCB

Melissa Miles presented S.7 which was passed at the very end of the legislative session. The title is "an act relating to social service integration with Vermont's health care system." The three main components of the bill include: the VT Agency of Human Service (AHS) and the GMCB must submit a plan to coordinate the financing and delivery of Medicaid Behavioral Health Services and Medicaid Home and Community-Based Services, the GMCB must submit a report

regarding social services integration into ACOs, and a new budget criteria for the ACO. The updated presentation can be seen [here](#) on the GMCB website.

Public Comment

Susan Aranoff

ACO Guidance Presentation

Melissa Miles, Health Policy Project Director, GMCB
Marisa Melamed, Health Care Policy – Associate Director, GMCB
Kelly Theroux, Healthcare Financial Systems Analyst, GMCB
Sarah Lindberg, Health Services Researcher, GMCB

Melissa Miles explained that the Accountable Care Organization (ACO) certification process and the ACO budget review are separate guidance processes by the GMCB. The initial certification and review of OneCare Vermont was in March 2018, the GMCB verified their continued eligibility in January 2019, and the GMCB is in the process of developing the criteria form for continued certification. Marisa Melamed reviewed the 2019 timeline for the FY 2020 ACO Budget and the current work on the FY 2020 verification for continued certification eligibility.

Marisa Melamed presented the FY 2020 budget guidance and reporting requirements for OneCare Vermont. Part I, Section 1 is ACO information and background and an executive summary requirement was added to this section. Section 2 covers the ACO Provider Network, and requirements were added to network provider participants, network development, and provider contracting. Section 3 asks for information on the ACO Payer Programs, and changes to this section were with the program arrangements and the scale target ACO initiatives. Kelly Theroux reviewed Section 4, the ACO financial plan, and the updated requirements are under financial reporting and risk. Melissa Miles discussed Section 5, ACO quality, population health, model of care and community integration initiatives. The updated requirements are with model of care and population health, quality and data, and population health investments.

Sarah Lindberg presented Part II, the benchmark guidance, which consists of the growth rate targets for the Vermont All-Payer ACO Model. She reviewed the Medicare advantage United States per capita fee-for-service projections. Under the terms of the APM the VT Medicare ACO initiative benchmark must be established relative to the national projections. Marisa Melamed reviewed the timeline for public comment and voting. The presentation can be seen [here](#) on the GMCB website. Board Member Robin Lunge thanked the staff and commented on the positive additions of the Executive Summary and the new scale form.

Public Comment

Dale Hackett
Susan Aranoff

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 2:55 pm.