

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Monday, June 3, 2019  
1:00 pm

**Attendance**

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

**Executive Director's Report**

Kevin Mullin called the meeting to order at approximately 1:00 pm. Susan Barrett announced the June Board Meeting schedule is posted on the GMCB website and on Tuesday, June 4, 2019 the Data Governance Council Meeting will be held at 2:00 pm in the Pavilion Building 4<sup>th</sup> Floor Conference Room, 109 State St, Montpelier, VT. The June Board Meeting schedule can be seen [here](#) on the GMCB website, and information on the Data Governance Council can be seen [here](#).

**Minutes**

The Board voted by roll (5-0) to approve the minutes from May 29, 2019.

**OneCare Vermont 2019 Program Update**

Kevin Stone, Interim CEO, OneCare Vermont  
Tom Borys, Director of Finance, OneCare Vermont  
Sara Barry, Senior Director, Value Based Care, OneCare Vermont

Kevin Stone gave a high-level summary of OneCare Vermont's performance in 2019. He discussed their focus on relationship building, success with Medicaid participation and partnership with the Department of Vermont Health Access (DVHA), the challenges with Medicare participation, Commercial Payer relationships, the expansion of RiseVT, oral and mental health care focus, and the increase in innovative funding.

Tom Borys presented the status of the core programs: Medicaid, Blue Cross Blue Shield of VT Qualified Health Plan (BCBSVT QHP), Medicare, and UVMHC Self-Funded. He reviewed the attribution and per member per month (PMPM) budget benchmarks of Medicare, Medicaid, BCBSVT QHP, Self-Funded, and Commercial Self-Funded. Tom Borys discussed the opportunities for sustainability: the Medicare methodology and a better coordination among core program benchmarks. The Total Cost of Care (TCOC), for which OneCare Vermont is accountable, increased by \$53,986,349 from the 2019 GMCB Budget to the 2019 Revised budget. This does not represent new healthcare spending and not all these dollars flow through

OneCare Vermont. The max risk for the 2019 Revised Budget is \$38,899,645, with a substantial amount in Medicare (\$27,567,924). To protect against the downside exposures including new risk, the risk mitigation strategies in process are the required Medicare financial guarantee (\$7.5M), Medicare risk protection with a third-party partner (\$12M max), and GMCB budget order reserves for hospital participation (\$3.9M). Tom Borys presented the revenues of OneCare Vermont which fund their programs, the Population Health Management Investments, the Operation Costs, and a breakdown of their funding profile.

Sara Barry presented an update on the clinical programs. The Complex Care Coordination Program was expanded in 2018 from four to ten Health Service Areas (HSAs). The results of the program included an increase in Primary Care Physician visits, over 5,000 individuals were impacted by the program, and early Medicaid data indicated decreased PMPM spending and Emergency Department (ED) utilization. As of May 28, 2019, there is 1,004 patients active in care management. Sara Barry reviewed the pilot program with Rutland, VT for care coordination software, the Developmental Understanding and Legal Collaboration for Everyone (DULCE) program, the St. Johnsbury pilot, and evolving the payment model for 2020. OneCare Vermont's clinical emphases are social determinants of health, amplified utilization of Skilled Nursing Facility 3 -day waiver, special clinical projects, and the Innovation Fund. The Innovation Fund's round one funding chose an Ocular Telehealth in Primary Care in the Middlebury HSA, community embedded well childcare for immigrant/refugee families in the Burlington HSA, and a youth psychiatric urgent care model in the Bennington HSA.

Kevin Stone discussed their observations and the lessons for OneCare Vermont. The future considerations for APM demonstration include incorporating more population segmentation, evolving HSA-level accountability to incorporate elements of risk adjustment, evolving APM policies and oversight, and developing new strategies to achieve greater scale. Kevin Stone reviewed the strategies and ideas to improve scale target performance: changing attribution and methodologies and other policies, increasing self-funded employer participation, and increasing payer and provider participation. The presentation can be seen [here](#) on the GMCB website. The Board asked questions and had a discussion with the OneCare Vermont presenters.

### **Public Comment**

Dale Hackett  
Cathy Fulton

### **Legislative Update and Budget Overview**

Susan Barrett, Executive Director, GMCB  
Jean Stetter, Administrative Services Director, GMCB  
Sarah Kinsler, Director of Strategy and Operations, GMCB  
Amerin Aborjaily, Associate General Counsel, GMCB  
Michele Degree, Health Policy Advisor, GMCB  
Christina McLaughlin, Health Policy Analyst, GMCB

Susan Barrett gave a disclaimer that since the legislature just recently ended its session some bills could have changes and she will update the Board accordingly. S.31 is a price transparency bill, that includes an updated patient bill of rights, limited oversight of psychiatric hospitals by the Board, and Health Information Exchange (HIE) Consent. One part of the bill requires the GMCB and interested stakeholders to examine health care price transparency initiatives in other states and to consider and provide recommendations for simpler billing processes. Sarah Kinsler discussed the background of the Vermont Health Information Exchange (VHIE). The legislature decided to set the consent policy themselves in S.31, which includes opt-out language and will be in effect March 1, 2020. DVHA and the Steering Committee are responsible for administering the HIE plan, and the Board will receive periodic updates and reporting on the implementation efforts. Chair Kevin Mullin asked about the Health Care Advocate (HCA)'s role in S.31, and Sarah Kinsler explained that the HCA was specifically mentioned in statute and DVHA has testified that the HCA will be included in public outreach.

Susan Barrett presented S.73, a licensure bill for the ambulatory surgical centers (ASCs). The Board will obtain and review annualized data from ASCs, consider ways that ASCs can be integrated into payment and delivery system reform, and include ASC reports in the annuals reports for 2021 – 2026. The Board is not required to report on ASCs in operation as of January 1, 2019 after the 2023 annual report. Susan Barrett discussed Act 19, a bill allowing reflective health benefit plans at all metal levels, also known as broad loading. The Board must make sure this complies with the QHP process.

H.524 is the health insurance and the individual mandate bill and is protecting Affordable Care Act (ACA) requirements. Amerin Aborjaily explained that H.524 is a miscellaneous health insurance bill that includes: an individual mandate amendment effective January 1, 2020, addition of ACA provisions into Vermont state law, additional legislative reporting requirements, and additional limits on Association Health Plans (AHP). The Board is also responsible for quantifying the impact of Medicaid and Medicare cost shifts and uncompensated care.

Susan Barrett discussed H.528 that creates a rural health services task force. The Chair of the GMCB must hold a meeting on or before July 1, 2019, and the GMCB will be reaching out to the named members of the task force. The task force will be staffed by the GMCB and the VT Agency of Human Services. Act 15 is a Medicaid clean-up bill, and the GMCB is responsible for preparing a report on the impact of chiropractic and physical therapy copay limits. Michele Degree presented Act 17, the primary care spend bill, which the GMCB and DVHA are staffing. There will be a working group as well as an analysis of the potential impacts of different methods of achieving increases in primary care spending. Jean Stetter presented the budget that passed for the GMCB. The presentation can be seen [here](#) on the GMCB website. The Board asked questions and had discussion with the staff.

### **Public Comment**

None

**Old Business**

None

**New Business**

None

**Adjourn**

The Board voted by roll (5-0) to adjourn at approximately 3:20 pm.

Unapproved