

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, November 20, 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
Jessica Holmes, PhD
Tom Pelham

Executive Director's Report

Chair Kevin Mullin called the meeting to order at approximately 1:00 pm. Susan Barrett announced that the Primary Care Advisory Group (PCAG) meeting will Wednesday, November 20, 2019 at 5:00 pm at the GMCB, 144 State St, Montpelier, VT. On Thursday, November 21, 2019 at 1:00 pm the Rural Health Services Task Force meeting will be held at Northeastern Vermont Regional Hospital, 1315 Hospital Dr, St Johnsbury, VT. The special comment period on OneCare Vermont, LLC's 2020 Accountable Care Organization budget submission has been extended to December 2, 2019. The public comments already submitted can be seen [here](#) on the GMCB website. General Counsel Michael Barber shared the decision and order on MVP Health Plan's 2020 Large Group HMO rate filing and MVP Health Insurance Company's 2020 Large Group POS Riders. The decision impacts approximately 1,800 members in Vermont and reduced the average rate increase across all quarters of 2020 from 16.7% to 14.9%. The Decision and Order can be seen [here](#) on the rate review website.

Minutes

The Board voted (5-0) to approve the minutes from November 13, 2019.

Health Information Exchange (HIE) Plan – Potential Vote

Sarah Kinsler, Director of Strategy and Operations, GMCB

Sarah Kinsler reviewed the three responsibilities that the GMCB has regarding VITL, Health Information Technology, and Health Information Exchange. GMCB staff recommended using the same four principles for HIE plan review and the same two principles for connectivity criteria review that were used in 2018. DVHA submitted the HIE plan to the GMCB on November 2, 2019 and presented to the Board on November 13, 2019. Sarah Kinsler discussed the principles of review and the staff analysis for both the HIE plan and the connectivity criteria. There were two verbal public comments at the November 13, 2019 Board meeting and no written public comment submitted. GMCB staff recommended to approve the 2019-2020 Health Information Exchange Strategic plan as submitted with the condition to comply with Sec. 4 of

Act 53 (2019), DVHA shall return to the Board prior to March 1, 2020, to propose an addendum to the 2019-2020 HIE Plan (eff. 3/1/2020) to reflect on opt-out consent and document how opt-out consent will be managed. GMCB staff recommended to approve the 2020 connectivity criteria as submitted. The presentation can be seen [here](#) on the GMCB website.

Board Member Tom Pelham moved to approve the 2019-2020 HIE Strategic Plan with the condition recommended by staff. Board Member Robin Lunge seconded the motion. The Board voted (5-0) to approve the motion. Board Member Tom Pelham moved to approve the 2020 connectivity criteria. Board Member Maureen Usifer seconded the motion. The Board voted (5-0) to approve the motion.

Public Comment

None

APM Update/Benchmark Recommendation

Sarah Lindberg, Health Services Researcher, GMCB
Michele Degree, Health Policy Advisor, GMCB

Michele Degree reviewed the timing of the All-Payer Model reporting including changes to the yearly reporting, current issues, and upcoming deliverables. Sarah Lindberg presented the 2020 Medicare Benchmark Recommendation. Sarah Lindberg gave a review of what the Medicare Benchmark is and that two targets much be set, one for beneficiaries living with End Stage Renal Disease (ESRD) and one for all other beneficiaries who are aged or disabled (Non-ESRD). The Medicare Benchmark is calculated based on three factors, historical experience (previous years' medical claims spending for patients seeking most of their primary care from providers in the ACO network), ACO-aligned beneficiaries (the actual number of patients who the ACO will be accountable for in the upcoming year, and the percent trend (the annual rate of expected growth adopted by the GMCB). The GMCB staff recommended a trend rate of 3.5% for Non-ESRD and a maximum allowable ESRD trend rate of 2.9%. The Board Members discussed with Sarah Lindberg about how the ACO-aligned beneficiaries number will decrease due to deaths or other eligibility exclusions and that the trend rates are proposed by the GMCB and must be approved by the Centers for Medicare & Medicaid Services (CMS).

Sarah Lindberg presented the recommendation for the advanced shared savings, to include \$8.2 million dollars for continued investments in the Blueprint for Health and the SASH program, and these savings will be netted when settling ACO performance for 2020. Sarah Lindberg then reviewed the calculation of the benchmark. There was a discussion with the Board Members about how the attribution number is higher than what was projected in OneCare Vermont's 2020 budget. The presentation can be seen [here](#) on the GMCB website.

Public Comment

Walter Carpenter
Bob Zeliff

Susan Aranoff

2018 ACO Quality and Financial Results by Payer

Michele Degree, Health Policy Advisor, GMCB
Alena Berube, Director of Value Based Programs & ACO Regulation, GMCB
Alicia Cooper, Director of Payment Reform, DVHA
Cory Gustafson, Commissioner, DVHA
Kelly Lange, Esq., Director of Healthcare Reform, BCBSVT
Sara Barry, COO, OneCare Vermont

Alena Berube introduced the discussion. Michele Degree reviewed background on the 2018 performance measures contractually between the ACO and payers, which is separate from the performance measures in the All-Payer Model (APM) agreement between the State of Vermont and the Centers for Medicare & Medicaid Services (CMS). Michele Degree discussed how trend analysis is not available until there is comparable data at two points in time and that another early indicator of ACO performance is the reallocation of resources.

Alena Berube reviewed that while working toward payer alignment is a primary objective, not all payer programs are equivalent in terms of fiscal and quality requirements. Michele Degree discussed the differences in quality metrics across the payers. Alena Berube summarized that the presentation is on the ACO-Payer performance in 2018 based on contractual obligations, and not an evaluation of the APM.

Alena Berube presented the 2018 Medicare financial results. Michele Degree presented the Medicare 2018 quality results and discussed how benchmarks are moving targets based on historical performance nationally and how changing population demographics and providers networks makes comparison between years very difficult. 2018 was a reporting-only year, as is standard practice for year 1 of program implementation, so the earned quality score was 100%. Alena Berube reviewed the exogenous factors in the quality and fiscal considerations.

Cory Gustafson discussed the Department of Vermont Health Access (DVHA)'s priorities of value-based payments, information technology projects, and performance. Alicia Cooper reviewed the Vermont Medicaid Next Generation (VMNG) ACO contract term and the 2018 VMNG program performance.

Kelly Lange presented BCBSVT's program term overview, the 2018 quality results, the 2018 clinical results, and the 2018 financial results. Though the quality results cannot be considered trends, they are used as indicators by BCBSVT. For the financial results, calendar year 2017 was shared savings only. Kelly Lange reviewed early indicators, measuring clinical programs in the future, APM achievements, and APM challenges. The presentation can be seen [here](#) on the GMCB website. The Board asked questions and had a discussion with the presenters.

Public Comment

Bob Zeliff

Walter Carpenter
Patrick Flood
Julie Wasserman
Dale Hackett
Susan Aranoff

Old Business

None

New Business

None

Adjourn

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