

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, December 11, 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

Chair Kevin Mullin called the meeting to order at approximately 9:00 am. Susan Barrett announced that on Wednesday, December 18, 2019 the Board meeting will include a potential vote on the Accountable Care Organization (ACO) 2020 budget and a presentation on the GMCB analytic team's proposed research and reporting priorities for 2020-2022. The Medicare Benchmark proposal vote will be postponed to December 18, which was explained by Sarah Lindberg in the ACO Medicare Benchmark proposal presentation.

Minutes

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

ACO Medicare Benchmark Proposal

Sarah Lindberg, Health Services Researcher, GMCB

Sarah Lindberg explained that the Medicare Benchmark proposed by the State of Vermont to the Centers for Medicare & Medicaid Services (CMS) must be set so that it meets requirements outlined in the All-Payer Model Agreement. Two of the requirements are that the proposed benchmark must enable achievement of statewide financial targets; 1) the average per person growth for Vermont residents must be 3.5% or less (the All-Payer Total Cost of Care (TCOC) growth target) and 2) the average per person growth for Vermont Medicare beneficiaries must be 0.2 percentage points below national projections or less (the Medicare TCOC target). Sarah Lindberg reviewed the charts comparing the share of spending with the share of people between different types of payers and presented possible growth scenarios for 2020, based on the data currently available. There was discussion with the Board Members and Sarah Lindberg about the All-Payer TCOC target. The staff recommendation to use a 2.9% growth rate for the End Stage Renal Disease (ESRD) population and a 3.5% trend rate for the non-ESRD population when setting the 2020 benchmark was repeated.

The benchmark recommendation also included requesting CMS to advance \$8.2 million dollars in shared savings for continued investments in Blueprint for Health and the SASH program. Sarah Lindberg noted that the \$8.2 million would likely increase to \$8.4 million to account for increases to the per member Blueprint payments. There was discussion between the Board and Sarah Lindberg on the advanced shared savings. The presentation can be seen [here](#) on the GMCB website.

Public Comment

Ham Davis
Dr. David Schwartz
Bob Zeliff

GMCB Staff Recommendations on OneCare Vermont's 2020 Budget Submission and Certification

Alena Berube, Director of Value Based Programs & ACO Regulation, GMCB
Melissa Miles, Deputy Director of Value Based Programs & ACO Regulation, GMCB
Marisa Melamed, Health Care Policy – Associate Director, GMCB
Michele Degree, Health Policy Advisor, GMCB

Alena Berube reviewed the background on Accountable Care Organization (ACO) oversight and explained the All-Payer ACO Model agreement, the organization model, the delivery system reform partners, Vermont APM partners, and what the State of Vermont is responsible for in the All-Payer ACO Model agreement. The GMCB has regulatory levers to help achieve the goals of the agreement, including oversight of certification and budgets of Accountable Care Organizations. Alena Berube reviewed the oversight timeline for FY 2020 and the summary of the public comments on the OneCare Vermont's FY 2020 budget.

Marisa Melamed presented the FY20 certification eligibility verification of OneCare Vermont. The GMCB must ensure that the ACO meets criteria in ten sections from Rule 5.000. Marisa Melamed reviewed the sections of the rule, the key criteria, the ongoing monitoring and reporting, and the FY20 staff conclusions and additional monitoring.

Alena Berube presented the FY20 budget review of OneCare Vermont and the three main budget components: provider reimbursement, administrative expenses, and population health investments. Alena Berube reviewed the provider reimbursement, the hospital ACO participation fixed prospective payment percentage, and the staff recommendation. The payer programs analyses were based solely on OneCare Vermont's budget submission, and the GMCB staff has not yet analyzed pending or actual payer contracts. Alena Berube reviewed the payer programs and the GMCB staff recommendations.

Marissa Melamed presented the provider network of OneCare Vermont and the staff recommendations. Alena Berube explained the All-Payer scale target and the Medicare scale target per the All-Payer Model ACO agreement. In response to not meeting scale targets in the first year of the model, state partners conducted a survey over the summer where hospitals and

Federally Qualified Health Centers (FQHCs) identified barriers to scale and potential strategies. GMCB staff recommended to have OneCare Vermont report formally on the status of their Scale Target Memo follow-up items during presentation on final attribution, revised budget, etc.

Melissa Miles presented the model of care and population health investments of OneCare Vermont. In 2017 the State of Vermont created a population health plan at the end of the State Innovation Models (SIM) project. OneCare Vermont's role is to work with a statewide network of providers to increase access and quality of care while reducing unnecessary costs. The population health areas of investments by OneCare Vermont include payer contracts, Medicare funding to the Blueprint for Health Programs, and community-specific projects. Melissa Miles reviewed the Population Health Ratio (PHM Ratio), the FY 2019 Budget Order regarding the PHM Ratio, the next steps, and the GMCB staff recommendations on population health.

Michele Degree presented the All-Payer Model agreement requirements on quality and the sections of Rule 5.000 which contain quality requirements. ACO 2018 results were presented on November 20, 2019 and will continue annually. All-Payer Model 2018 results will be presented by GMCB staff when available.

Alena Berube presented the administrative expenses of OneCare Vermont and the GMCB staff recommendations. Alena Berube then presented the risk and reserves of OneCare Vermont, including transferring performance risk to providers, the impact of OneCare Vermont's Medicare risk insurance, revenue and risk by payer, projected 2020 health care expenditures and dollars at risk by payer, distribution of at risk dollars by payer, risk by risk bearing entity, hospital maximum risk limits, and GMCB staff recommendations. Alena Berube explained the evaluation of the All-Payer Model and the ACO, and the GMCB staff recommendations. There was a discussion on the federal evaluation of the All-Payer Model. Alena Berube then reviewed the GMCB staff recommendations summary, next steps, and regulatory integration efforts by the GMCB staff. The Board asked questions and had a discussion with the presenters. The presentation can be seen [here](#) on the GMCB website.

Public Comment

Dr. David Schwartz
Ham Davis
Susan Aranoff
Mike Fisher
Dale Hackett
Bob Zelif

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 12:25 pm.