

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Wednesday, December 16, 2020  
10:00 am

**Attendance**

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

**Executive Director's Report**

Chair Mullin called the meeting to order at approximately 10:00 am. Susan Barrett announced a Board Meeting was added to Friday, December 18, 2020 at 11:00 am with the agenda item FY21 ACO Budget Discussion.

**Minutes**

The Board voted (5-0) to approve the minutes from December 9, 2020.

**2021 Medicare Benchmark Proposal**

Sarah Lindberg, Director of Health Systems Data Analytics, GMCB

Sarah Lindberg explained that the GMCB is responsible under the All-Payer Model (APM) to propose a Benchmark for the Medicare Participation Agreement, which is a contract between CMS and OneCare Vermont. This benchmark is not the financial target outlined in the APM itself. The 2021 Medicare Benchmark is the prospective target for the spending for Medicare beneficiaries who will be attributed to OneCare Vermont in 2021.

Sarah Lindberg reviewed what a Benchmark is and how the All-Inclusive Population-Based Payment (AIPBP) is different than a benchmark including a comparative graph. Further background described the Accountable Care Organization (ACO) Total Cost of Care (TCOC), a chart explaining how the Benchmark and risk corridor functions, and OCV's PY 2018 and PY 2019 performance. The PY 2020 Benchmark will use a retrospective trend and there are challenges with the 2021 Benchmark due to the uncertainty related to the pandemic. Sarah Lindberg presented the GMCB staff recommendation for the 2021 Medicare Benchmark, the three components of the Benchmark, a summary of the advanced shared savings, and examples of the advanced shared savings and shared losses. The investment amount of the ACO for advanced shared savings is set in the ACO budget orders. The advanced savings in the

Benchmark is a mechanism for using federal dollars to fund these investments, and the amount included in the Benchmark does not change the performance risk to the ACO.

The Board Members asked questions and had a discussion with Sarah Lindberg about the ability to change the Benchmark if the pandemic ends sooner than 2022, that the contract with Medicare uses the Federal definition of the public health emergency and not Vermont's, and how the money for the advanced shared savings comes from the Federal government. The potential vote for the Board is scheduled for Wednesday, December 23, 2020 and [the special comment period goes until Tuesday, December 22, 2020 at 12:00 pm. The presentation can be seen here on the GMCB website.](#)

### **Public Comment**

None

### **New England States' All-Payer Report on Primary Care Payments**

Richard Slusky, Slusky Consulting  
Karl Finison, Director of Analytic Development, OnPoint Health Data  
Michele Degree, Health Policy Advisor, GMCB  
Lindsay Kill, Healthcare Data and Statistical Analyst, GMCB

Michele Degree explained the GMCB staff's work with the New England States Consortium Systems Organization (NESCSO) and that the results of the New England States All-Payer Primary Care Investment Report do not match the annual TCOC reporting (for the purposes of the APM) and the Act 17 report due to differing definitions of primary care providers and services.

Richard Slusky presented the New England States All-Payer Primary Care Investment Report, including the study participants, contributors, the standardized tracking measure, the purpose of the report, the report background, the provider and service definitions, the collection of non-claims expenditures, and the study's strengths and challenges. Richard Slusky reviewed the study results (slides 11 to 31), the issues to consider, recommendations, and conclusions.

The Board Members asked questions and had a discussion with the presenters about the interpretation of the results for Vermont's reimbursement for primary care, potential administrative burden with standardized reporting, what went into deciding the definition of primary care, the results of primary care expenditure by age group, the GMCB's Prescription Drug Technical Advisory Group, the risk adjustment methodologies for developing the PMPM, the possible relationship between Vermont's Medicaid payment results and membership, reporting from the payers, what ACO expenditures were not included in the report, other countries' primary care spend, and the comparison of the PMPM by payer across participating states. [The presentation can be seen here on the GMCB website.](#)

**Public Comment**

None

**Adjourn**

Chair Mullin recessed the meeting at approximately 11:50am to resume at 1:00 pm.

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Maureen Usifer (*via Microsoft Teams*)  
Jessica Holmes, PhD (*via Microsoft Teams*)  
Tom Pelham (*via Microsoft Teams*)

Chair Mullin called the meeting to order at approximately 1:00 pm.

**Panel Discussion: Provider Reimbursement in Vermont**

Sarah Lindberg, Director of Health Systems Data Analytics, GMCB  
Amerin Aborjaily, Assoc. General Counsel, GMCB  
Georgia Maheras, Esq., Vice President of Policy and Strategy, Bi-State Primary Care Association  
Matt MacKinnon, Senior Leader, Network Management, MVP Health Care  
Andrew Garland, Vice President of Client Relations and External Affairs, BCBSVT  
Susan Ridzon, Executive Director, Health First  
Paul Reiss, MD, Chief Medical Officer, Health First, Partner at Evergreen Family Health  
Alicia Cooper, Director of Payment Reform, Reimbursement, and Rate Setting, Department of Vermont Health Access

Susan Barrett presented an overview of the goals of the meeting: to understand what is in a claim and premium and how that relates to reimbursement in different settings and to talk about the role of the GMCB and the extent of its authority in the insurance market. Susan Barrett thanked VAHHS, who could not attend due to the pandemic, and all the panelists' work on the front lines.

Sarah Lindberg presented background on health insurance premiums, reimbursement, and medical claims. Amerin Aborjaily reviewed a graph of Vermont's population by health insurance type, the Board's jurisdiction to regulate small group and individual plans and the fully insured large group plans (15% of Vermonters in 2018), a visual showing the breakdown of a Per Member Per Month (PMPM) rate increase, the Board's jurisdiction to approve the unit cost trend, and the purpose of the unit cost trend increase. Sarah Lindberg reviewed what reimbursement payments to providers are, an overview of how a medical claim is paid, professional claims, facility claims, non-fee for service (FFS) reimbursements, the GMCB's enhanced data validation project which aims to validate VHCURE's reimbursement data and see how it compares with providers' records and payers' financial data, and the interactive dashboard

that will show how reimbursement for certain services vary based on type of payer, provider, and setting for release in February 2022. [The presentation can be seen here on the GMCB website.](#)

Susan Ridzon, Georgia Maheras, Matt MacKinnon, Andrew Garland, and Alicia Cooper each introduced themselves and the work of their organizations. Susan Barrett asked the providers on the panel what their largest issues are with reimbursement. Georgia Maheras explained the challenges of heavy Federal regulation of FQHCs, varying reimbursement by payer type, the Medicare and Medicaid and SCHIP Benefits Improvement and Protection Act of 2000, administrative burden, and the uncertainty of telehealth after the pandemic. Susan Ridzon explained that reimbursement rates have been essentially flat, that costs have continually risen without income increases, the inability to negotiate, and how this is unsustainable. Dr. Paul Reiss discussed how it is not a free market and the interaction with payers and the ACO. Matt MacKinnon discussed the issues regarding reimbursement and the challenges on the provider side.

Susan Barrett asked the panelists how they have adapted reimbursement strategies to value-based care and the reform efforts at the State level. Georgia Maheras discussed Patient Centered Medical Homes (PCMHs), that they do not currently receive payments from the ACO, and the opportunities to participate. Susan Ridzon discussed the low percentage of value-based payments, the challenges of the CPR program, the percentage required to change how practices do business, that there is no program for specialists, and that they are not at a level that changes practice behavior. Andrew Garland discussed BCBSVT's history of working with providers in value-based care, the continued value-based payment incentives under the APM or in support of the APM, and piloted programs. Dr. Paul Reiss discussed fixed payments and incentivization. Alicia Cooper discussed Vermont Medicaid's contract with OneCare Vermont (OCV), payment and delivery system reform, and DVHA's payment reform unit.

Susan Barrett asked the panelists what has been beneficial throughout the pandemic in terms of payment models. Andrew Garland discussed BCBSVT's focus on access, telemedicine, and continuing the APM momentum. Matt MacKinnon discussed MVP Healthcare's support of OCV and working with members and providers to coordinate access. Alicia Cooper echoed the other payers' work and pointed attendees to [DVHA's website outlining their Covid-19 efforts](#), such as ramping up telehealth, waiving prior authorization requirements, elimination of certain cost sharing requirements, and health care stabilization grant programs. Georgia Maheras discussed not delaying care, communication in Vermont, and workforce issues. Susan Ridzon echoed the points made by Georgia Maheras and discussed telehealth, paycheck protection for practices, the funds distributed by the Agency of Human Services, and the exhaustion of the workforce. Dr. Paul Reiss discussed inefficient staff time, deferred care, and management fees. [The handout from Health First can be seen here on the GMCB website.](#) [The one-pager provided by Bi-State Primary Care Association can be seen here](#) and [the 2020 Sourcebook can be seen here](#).

The Board Members asked questions and had a discussion with the panelists about the Federal limitations on taking risk for FQHCs, that rate review is a projection and not meant to be a provider rate setting, the challenges of provider level regulation, the variation of reimbursement between commercial payers, the survey of independent providers that indicated the concern over the uncertainty of income, participation in the CPR program, the increases in reimbursement for

providers participating in value-based care, the payer mix for independent practices, the impact of reimbursement on insurance rates, workforce challenges, data validation, aggregated data from payers, and how payers' reimbursement rates are benchmarked against their peers.

**Public Comment**

Susan Gutwin, PT, Owner, RehabGYM  
Walter Carpenter, Health Care Advocate  
Dale Hackett, Health Care and Disability Rights Advocate  
Rick Dooley, PA-C, Clinical Network Director, Health First

**Old Business**

None

**New Business**

None

**Adjourn**

The Board voted (5-0) to adjourn at approximately 3:30 pm.