

GREEN MOUNTAIN CARE BOARD (GMCB)

GMCB Board Meeting Minutes

Wednesday, December 21, 2022

1:00 PM

Attendance

Owen Foster, Board Chair *via MS Teams*
Susan J. Barrett, JD, Executive Director *via MS Teams*
Michael Barber, General Counsel *via MS Teams*
Jessica Holmes, PhD *via MS Teams*
Robin Lunge, JD, MHCDS *via MS Teams*
David Murman, MD *via MS Teams*
Thom Walsh, PhD, MS, MSPT *via MS Teams*

Call to Order

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

Executive Director's Report

Potential next All Payer model: Any comments regarding a next potential model are welcomed. We share any of these comments with the Governor's office and AHS as they are leading the negotiations.

Cigna: On December 19, 2022, the Board issued its decision and order approving modifications to Cigna's 2023 Large Group Health and Life Insurance rate filing. The decision and order are posted on the GMCB website on the ["What's New" page](#) and on the filing page on our [Rate Review website](#).

Minutes

The Board unanimously approved the December 19, 2022 board meeting minutes.

Presentations

2023 Medicare Benchmark presentation

Sarah Lindberg, Director of Health Systems Finances, GMCB
Lindsay Kill, Data Analytics / Info Chief, GMCB

Click [here](#) to view the 2023 Medicare Benchmark Recommendation presentation.

Board Members reviewed the data and recommendations presented. The Board voted unanimously to approve the GMCB staff recommended rates of 5.2% for Non-ESRD and 3.9% for ESRD and to include the advance of the \$9,545,916 for the Blueprint for Health and SASH programs.

OneCare Vermont's Fiscal Year 2023 Budget

Sarah Kinsler, Director of Health Systems Policy, GMCB
Marisa Melamed, Associate Director of Health Systems Policy, GMCB
Sarah Lindberg, Director of Health Systems Finances, GMCB

Click [here](#) to view the GMCB Staff presentation slides.

MOTION: Chair Foster moved to modify the staff recommended condition regarding risk of repayment of Medicare Advanced Shared Savings Payments to require that OneCare hold \$3.9 million of the risk of repayment. Motion was seconded by Member Murman.

Vermont Health Care Advocate

Michael Fisher supports GMCB Staff recommendations and provided written comments previously.

Public Comment

Victoria Loner, OneCare Vermont
Ham Davis
Thomas Borys, OneCare Vermont
Michael Del Trecco

Motion approved unanimously by the Board.

MOTION: Chair Foster moved to modify the staff recommended condition regarding OneCare's FY23 operating expenses to require OneCare to reduce its Operating Expenses 2.0% from its submitted budget. Motion was seconded by Member Murman.

Vermont Health Care Advocate

Michael Fisher provided comments, supports the staff recommendation.

Public Comment

Michael Del Trecco
Victoria Loner, OneCare Vermont
Dave Bellini
Thomas Borys, OneCare Vermont
Robert Hoffman
Susan Aranoff, Vermont Developmental Disabilities Council

Motion was approved by a vote of 4-1. (Member Lunge voted against the motion.)

MOTION: Chair Foster moved to approve OneCare Vermont's FY23 budget subject to the conditions as presented today by GMCB staff, with the modifications proposed and approved today by the Board. GMCB Staff conditions can be found [here](#). Motion was seconded by Member Lunge.

Vermont Health Care Advocate

Michael Fisher provided comments and supports the recommendation

Public Comment

Thomas Borys, OneCare Vermont

Motion was unanimously approved by the Board.

Old Business

None

New Business

None

Adjourn

The Board voted unanimously to adjourn at 3:21pm

Recordings of GMCB Board Meetings can be found at the [ORCA Media website](#).

OCV FY23 Budget Conditions as submitted by GMCB ACO Oversight Team

Based on our Findings and Conclusions, and pursuant to 18 V.S.A. § 9382, we hereby approve OneCare's FY23 budget on the terms, and subject to the conditions, set forth below:

1. OneCare must continue to support an ACO performance benchmarking tool that compares key quality, cost, and utilization metrics to national ACO metrics in accordance with its FY22 Budget Order and further defined by this Order. The ACO performance benchmarking tool must:
 - a. Allow the ACO and GMCB to assess OneCare's performance against peer ACO's or integrated health systems by comparing OneCare ACO-level performance metrics to a broad national cohort of ACOs in five key areas, as available and appropriate:
 - i. Utilization
 - ii. Cost per capita
 - iii. Patient satisfaction/engagement
 - iv. Quality
 - v. Evidence-based clinical appropriateness
 - b. Compare ACO performance metrics to at least the 50th and 90th percentiles, though comparison by quartile or decile is preferred, by each metric to allow for identification of top performers by measure in each key area.
 - c. Enhance OneCare's ACO-level performance management strategy, including integration of best practices and priority opportunities identified through benchmarking and peer networking in the OneCare Quality Evaluation and Improvement Program.
 - d. Improve regulatory reporting and performance assessment by providing the benchmarking comparisons to targets at least semiannually to the GMCB.
 - i. FY23 Guidance laid out future expectations for setting targets for performance benchmarks at or above the 50th percentile and that any Performance Improvement Plans should include best practices identified through top-performers (90th percentile).
 - e. An updated benchmarking report must be submitted to the Board by March 31, 2023.
 - f. Meet the standards and methods for the report as specified by this Order and the ACO Reporting Manual. The GMCB Board Chair is authorized to delegate authority to one or two GMCB Board Members and the GMCB Director of Health Systems Policy to review and approve proposed revisions to the report.
2. OneCare must submit reports and information in accordance with the GMCB Reporting Manual. The content of the GMCB Reporting Manual shall be developed, maintained, and revised by GMCB staff, with authority delegated to GMCB's Director of Health Systems Policy, within the scope of GMCB Rules 5.501 and 5.503. OneCare must consult with GMCB staff as needed in the development of the reporting requirements. The GMCB Reporting Manual shall be in addition to, and without limitation of, other Information, data, and analysis that GMCB or GMCB staff may require OneCare to report, including under GMCB Rules 5.501 and 5.503 and in the GMCB's Annual Budget Review Guidance and Certification Eligibility Review Form.
 - a. The GMCB Reporting Manual will include, without limitation, submission of audited financial statements, an explanation of any discrepancies from audited financials to GAAP financials, a crosswalk of is actual performance to its submitted budget, IRS Form 990, full time equivalents by ACO functional category, and FPP reporting.
3. OneCare must comply with GMCB requests pursuant to GMCB's review of OneCare's planned transition of its data analytics platform to UVMHN.

PAYER PROGRAM AND RISK

4. To the greatest extent possible, OneCare must design payer programs to qualify as Scale Target ACO Initiatives (as defined by the All-Payer Accountable Care Organization Model Agreement) and to reasonably align in key areas, including beneficiary alignment methodology, ACO quality measures, payment mechanisms, risk arrangements, and services included for determination of any shared losses and shared savings. For each payer program OneCare enters into that does not qualify as a Scale Target ACO Initiative, and for each program element that is not reasonably aligned across payers, OneCare must provide a detailed justification to the GMCB. OneCare must report to the GMCB on its payer programs as specified in the ACO Reporting Manual.
5. The GMCB's approval of OneCare's FY23 budget is conditioned on OneCare participating in FY23 in the Vermont Medicare ACO Initiative and Medicaid Next Generation ACO Program. OneCare must submit an updated budget to the GMCB for review no later than January 30, 2023 reflecting the effects of BlueCross BlueShield of Vermont's decision not to participate with OneCare in FY23.

6. OneCare must ensure that its payer contracts are consistent with the following 2023 benchmark trend rates and related conditions:
 - a. Vermont Medicare ACO Initiative: The trend factors proposed by the GMCB and approved by CMS;
 - b. Medicaid Next Generation ACO Program: The trend factors that are established using methodology consistent with the methodology reviewed by the GMCB in the Medicaid advisory rate case.
 - c. Commercial:
 - i. The 2023 benchmark trend rates for commercial programs must be consistent with the ACO-attributed population and the GMCB approved rate filings, if any; and
 - ii. OneCare must provide the GMCB with (a) actuarial certifications for each of its commercial (including self-funded) benchmarks stating that the benchmark is adequate but not excessive; (b) an explanation of how its overall rate of growth across all payers fits within the overall APM target rate of growth and, if its overall rate of growth exceeds the APM target, how it plans to achieve the target for the term of APM Agreement; and (c) a revised budget based on the finalized benchmarks on the dates specified in Conditions [11 and 12].
7. The ACO shall use best efforts to meet or exceed the goals for FPP as adopted by the GMCB in the FY24 budget guidance and identify and report specific obstacles to achieving the goals and action steps required (by OCV or others) to overcome those obstacles.
8. OneCare shall work with Medicare Advantage plans operating in Vermont over the next two years – with a special focus on Vermont-based plans offered by BCBSVT and UVMMC-MVP – to develop scale target qualifying programs for FY24.
9. OneCare must implement the risk model that it described in its budget proposal, [except for the new Medicare Advanced Shared Savings risk requirement,] and must request and receive approval from the GMCB prior to making any material changes thereto. OneCare must:
 - a. Submit to the GMCB copies of the contracts that bind each of the risk bearing entities to OneCare’s risk sharing policy no later than 10 days after all contracts have been executed;
 - b. Notify and seek approval from the GMCB as early as possible of any proposed changes to the risk model and, for any proposed changes determined by Board staff to be material, provide the GMCB with detailed information, including effects by risk bearing entity and parent organization.

ACO BUDGET & FINANCIALS

10. OneCare must notify the GMCB of any material changes to the budget as approved by the OneCare Board of Managers/Finance Committee/Leadership. Include what line items changed, the dollar value, and the impact on the bottom line as part of quarterly financial reporting, according to specifications to be issued in the updated ACO Reporting Manual.
11. No later than March 31, 2023, OneCare must provide GMCB staff with the supporting documentation relevant to the topics identified in Condition [12]. Among the supporting documentation, OneCare must submit:
 - a. Final payer contracts;
 - b. Attribution by payer;
 - c. A revised budget, using a template provided by GMCB staff;
 - d. Final descriptions of OneCare’s population health initiatives, including final care coordination payment model;
 - e. Hospital dues for 2023 by hospital;
 - f. Hospital risk for 2023 by hospital and payer;
 - g. Documentation of increasing the OneCare held risk in the amount ordered by the GMCB and any changes to the overall risk model for 2023;
 - h. Source of funds for its 2023 population health management programs;
 - i. Revised benchmarking report pursuant to Condition 1;
 - j. A report to the Board on OneCare’s progress relative to its targets for commercial payer FPP levels; and
 - k. Any other information the GMCB deems relevant to ensuring compliance with this order.

12. At its presentation of the revised budget on a date set by the GMCB, and no later than May, 2023, OneCare must present to the GMCB on the following topics:
 - a. Final FY2023 attribution and finalized payer contracts;
 - b. Revised budget, based on final attribution;
 - c. Final description of population health initiatives;
 - d. Expected hospital dues for 2023 by hospital;
 - e. Expected risk for 2023 by OneCare held risk, risk bearing entity and by payer;
 - f. Any changes to the overall risk model for 2023;
 - g. Source(s) of funds for OneCare's 2023 population health management programs;
 - h. Status of the Medicare ACO Performance benchmarking system;
 - i. Update on the results of evaluations as described in the FY23 budget submission;
 - j. Update on the partnership between OneCare and the University of Vermont to explore additional partnerships around evaluation;
 - k. OneCare's progress relative to targets for commercial payer FPP levels ; and
 - l. Any other information the GMCB deems relevant to ensuring compliance with this order.
13. In FY23, OneCare's Operating Expenses must not exceed [the amount approved by the GMCB]. OneCare's Operating Expenses for FY23 are subject to adjustment reflecting the withdrawal of BCBSVT in FY23 and pending the GMCB review of OneCare's planned transition of its data analytics platform to UVMHN, provided, however, that the total maximum amount of OneCare's Operating Expenses shall be as set forth in this Order.
14. If OneCare uses its reserve, adjusts its participation fees (i.e., invoicing a risk bearing entity for additional fees or refunding fees), or uses its line of credit, it must notify the GMCB within 15 days of such use. Notification must include the reason for the change and, for any use authorized under this condition, a corresponding cash flow analysis. For refunded participation fees, OneCare must provide the date of the BOM decision and documentation of the amounts refunded to each risk bearing entity.
 - a. The use of reserves, additional participation fees, or funds drawn from OneCare's line of credit shall be limited to:
 - iii. Additional funding for population health investments;
 - iv. Financial backing for risk incurred by participating providers;
 - v. Maintaining ACO-wide risk on behalf of participating providers;
 - vi. Temporary cash flow issues associated with payer revenue delays; and
 - vii. Other uses pre-approved by the GMCB.

POPULATION HEALTH AND QUALITY

15. If population health management and payment reform programs are not fully funded as detailed in OneCare's FY22 budget submission, OneCare must submit a revised proposal no later than March 31, 2023, to the GMCB. This should include any requests for budget revisions, for changes to OneCare programs, including any funding shortfalls, changes in program scope, and an analysis for each program line item as to whether and why the funding is appropriately scaled by attribution, or some other factor.
16. In FY23, OneCare must fund SASH in the amount of \$4,508,696, which is equivalent to the 2022 budgeted amount of \$4,285,795 plus an inflationary factor of 5.2%, contingent on the increase in funding being used to enhance programs or expand access to Medicare beneficiaries. In 2023 OneCare must fund the Blueprint for Health (PCMH and CHT) investments in the amount of \$5,037,220, which is equivalent to the 2022 budgeted amount of \$4,788,187 plus an inflationary factor of 5.2%, consistent with the medical home and community health team program payment design approved by the Agency of Human Services. [OneCare shall hold at least \$3.9 million of the risk associated with Medicare Advanced Shared Savings Payments and not pass that amount of the risk on to any OneCare's network participant.]
17. Over the duration of the APM Agreement, OneCare's administrative expenses must be less than the health care savings, including an estimate of cost avoidance and the value of improved health, projected to be generated through the Model.

GENERAL

18. After notice and an opportunity to be heard, the GMCB may make such further orders as are necessary to carry out the purposes of this Order and 18 V.S.A. § 9382.