

GREEN MOUNTAIN CARE BOARD (GMCB)
Board Meeting Minutes
Wednesday, October 16, 2024

This meeting was held virtually via Microsoft Teams.

Attendance

Board Members

Owen Foster, JD, Board Chair

Jessica Holmes, PhD

Robin Lunge, JD, MHCDS

Thom Walsh, Ph.D, MS, MSPT

Dave Murman, MD

Susan J. Barrett, JD, Executive Director

Call to Order

GMCB Board Chair Foster called the morning meeting to order at 10am.

The Board approved minutes from August 06, Sept 16, and Sept 18 unanimously.

Presentation

AHEAD Model Update

Brendan Krause, Director of Health Care Reform, AHS

Michele Degree, Health Policy Project Director, GMCB

[Slides from this presentation can be found here.](#)

Board Discussion

Following the slide presentation, Member Walsh voiced concern about the need to move to executive session. Chair Foster asked that this question be addressed during the motions to move to executive session.

Chair Foster questioned whether the term sheet was binding. Brendan Krause affirmed it was not binding. Chair Foster also asked what would happen if one of the 3 parties wanted to withdraw from the agreement. Brendan advised that it is not yet clear what the result would be.

Chair Foster opened the discussion to Public Comment.

Mike Fisher, Health Care Advocate, had no comment on the presentation shared this afternoon. He did express some concern about Vermont being ready in a short time, especially in regard to staffing and measuring.

Walter Carpenter asked why everything needed to be so complicated, that this seemed similar to the ACO Model.

Member Lunge made the following motion:

MOTION #1: *I move we find that premature general public knowledge regarding negotiation of State Agreement proposals would clearly place the Board at a substantial disadvantage in future negotiations of contracts with CMS that includes those items.*

The motion was seconded by Owen Foster.

Member Lunge shared two examples where premature sharing current negotiations with CMS would put the state at a disadvantage.

Example 1: Hospital Global Budget Methodology – CMS has opened conversation to address readiness concerns where details would not be helpful nor do we have a final draft ready for public comment.

Example 2: CMMI is concerned about sharing the numbers in the public – investment dollars are confidential at this point. Discussion of this information would hurt our relationship with CMS.

Member Walsh appreciated the examples and agreed that public knowledge of the numbers would put us at a disadvantage. He is concerned about the timing and participation and that these issues should be public where we could receive valuable input from our stakeholders.

Chair Foster agreed with the need to hear input from stakeholders and reminded meeting participants that GMCB scheduled another meeting to further discuss the AHEAD model on October 30 where we would have more information to share with the public and open up for public comment.

Member Walsh cautioned that we are already framing the discussion and mentioned he would continue to push for public engagement with our stakeholders.

Member Lunge agreed with the valuable input from stakeholders, but reiterated this was more about the timing of the negotiation process.

Chair Foster opened up the discussion to Public Comment.

Mike Fisher, HCA, appreciated the conversation about transparency with balancing the need to confidentiality. Mike explained he has previously requested involvement in the non-public meetings sooner rather than later.

Chair Foster acknowledged the HCA's request and understood their position. He mentioned the HCA involvement would be verbalized in Motion #2.

Motion #1 was voted on and approved unanimously.

Chair Foster made the following motion:

MOTION #2: I move that we enter into executive session to consider negotiation of State Agreement proposals under the provisions of 1 V.S.A. § 313(a)(1)(A) of the Vermont Statutes. Attendance at the executive session will be the Board members, Board staff working on the agreement with CMS, the State's Director of Health Care Reform and other staff and contractors from the Agency of Human Services working on the agreement, and HCA and HCA staff.

Member Holmes seconded the motion.

Member Lunge shared a concern about HCA not having a confidentiality requirement. Chair Foster asked the HCA if they could agree to confidentiality of the discussion in executive session. Mike Fisher acknowledged the HCA would agree to those terms.

Chair Foster opened up discussion on Motion #2 to Public Comment.

There was no public comment on this motion.

The motion was voted on and approved unanimously.

The board moved to Executive Session at 2pm.

Chair Foster announced the board would probably return around 3:30pm.

The Board returned to the public meeting at 4:15pm.

Public Comment - None

Old Business - None

New Business - None

Adjourned - The Board approved a motion to adjourn at 4:15pm.