

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, January 27, 2021
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*)

Chair Mullin called the meeting to order at approximately 10:00 am.

Update from the GMCB Data Team

Geoffrey Battista, Data Analytics Information Chief, GMCB
David Glavin, Data & Reporting Project Manager, GMCB
Lindsay Kill, Healthcare Data and Statistical Analyst, GMCB
Sarah Lindberg, Director of Health Systems Data Analytics, GMCB
Jessica Mendizabal, Director of Data Management Analysis and Data Integrity, GMCB
Kathryn O'Neill, Director of Data Management Analysis and Data Integrity, GMCB

Sarah Lindberg reviewed the 2020-2021 Analytic Plan developed through a series of one-on-one interviews with each Board Member. The three domains of the analytic plan are expanding utility, quality, and ease-of-use of data resources, patient care, and regulatory integration. Sarah Lindberg reviewed the recent accomplishments and current projects in progress in each of the three domains and the supporting efforts through the State and beyond.

David Glavin discussed improving data access and ease-of-use. The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) can be accessed by State of Vermont agencies through direct schema access, business development tools, and data marts as well as by the public through interactive reports and analysis-ready data files (currently being developed). David Glavin discussed the interactive reports developed since 2017 that can be found on the GMCB website and highlighted efforts to increase access to GMCB data.

Jessica Mendizabal presented the Health Resource Allocation Plan (HRAP), which is set in statute and has been developed in conjunction with stakeholders to collect, health services inventory, and new product reports, such as the primary care access interactive visualizations. Geoffrey Battista discussed advancing access to health care, which depends on factors like payer and providers, physical proximity, digital resources, and socioeconomic factors. As the analytic plan advances, the GMCB team will parse the causes/effects of access in greater detail.

Lindsay Kill presented the new claims analysis courses provided by the GMCB Data Team. Navigating and researching in raw claims data is complicated so the GMCB Data Team has developed a new model for the data user group structure. Lindsay Kill described the details of the new model and the benefits.

Kathryn O'Neill presented the data integration efforts of the GMCB, including exploring ways to make data assets and information more meaningful to broader audiences and collaboration with larger statewide efforts being pursued through the Health Information Exchange (HIE). In December 2020, the Data Governance Council voted to approve a data linkage policy. Kathryn O'Neill reviewed the policy and the examples of how it can be utilized.

The Board Members had a discussion and asked the GMCB staff questions about how to get more people to use data in an accessible way, balancing the time spent on assisting external users of data, integration of data into the hospital budget guidance process, patient origin and migration, how regulatory teams can integrate new data into processes in a systematic way, expanding awareness of the availability of the data, and transparency. [The presentation can be seen here on the GMCB website.](#)

Public Comment

Jeffrey Tieman, President and CEO, VAHHS

Eric Schultheis, Staff Attorney, Office of the Health Care Advocate, Vermont Legal Aid

Richard (Mort) Wasserman, MD, MPH, Professor Emeritus of Pediatrics, Larner College of Medicine, University of Vermont

Dale Hackett, Health Care and Disability Rights Advocate

Hamilton Davis, Journalist and Policy Analyst

Old Business

None

New Business

None

Adjourn

Chair Mullin recessed the meeting at 11:45 am until 1:00 pm.

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, January 27, 2021
1:00 pm

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 1:00 pm. Susan Barrett announced the February Board Meeting schedule will be released Thursday, January 28, 2021. On Wednesday, February 3, 2021 the Board Meeting agenda item will be the QHP Standard Plan Design presentation.

Minutes

The Board voted (5-0) to approve the minutes from January 20, 2021.

All-Payer Model Payer Differential Reports

Sule Gerovich, Director of Health Program Improvement, Mathematica Policy Research

Sule Gerovich acknowledged and thanked the Mathematica team (KeriAnn Wells and Vincent Pohl), OnPoint Health Data, DVHA, commercial payers, and the GMCB staff for the work done on the Vermont Accountable Care Organization (ACO) Payer Differential reports and explained that the three reports were prepared under All-Payer Model requirements.

The Assessment Report compared the ACO financial targets for Medicaid, commercial, and Medicare programs to find the differences between them ("payer differential"). To make the comparison more apples-apples, all financial targets ("Benchmarks") were adjusted based on covered services, plan designs, and health status and calculated to a Per Member Per Month (PMPM) amount. Sule Gerovich reviewed the risk scores by payer, the 2018 payer differential results, differential ratios by subgroup, additional analysis potentially explaining the payer differential, and the limitations of the report.

The Annual Change Report explored how the benchmarks changed over time within and across payer program times.

The Options Report explored the options for addressing the payer differentials. The three options outlined in the report were: shift the focus to increasing participation in the APM, uncouple benchmark calculation from FFS based claims, and expand the payer differential assessment to full benefits. [The presentation can be seen here on the GMCB website.](#)

The Board Members had a discussion and asked Sule Gerovich questions regarding the difficulty of evaluating the true cost of services, how to ascertain the efficiencies of cost, issues around rate setting, possible qualitative approaches to cost reports from independent providers, the margin of error in the reports, and how payer differentials would reflect the effectiveness of the ACO model.

Public Comment

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 2:05 pm.