

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Wednesday, February 3, 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 Board submitted the report, called the Price Variation Dashboard, to the Legislature per Act 159 Section 1](#). The Data Governance Council reviewed a rule update on February 2, 2021 that will be brought to the Board for review and a potential vote. The next General Advisory Committee meeting will be on February 8, 2021 and the next Primary Care Advisory Group meeting will be on February 17, 2021. [The February Board meeting schedule can be seen here on the GMCB website](#).

**Qualified Health Plan (QHP) Standard Plan Design Presentation**

Dana Houlihan, Plan Management Director, Department of Vermont Health Access  
Adaline Strumolo, Deputy Commissioner, Department of Vermont Health Access  
Julie Peper, FSA, MAAA, Principal Actuary, Wakely Consulting  
Brittney Phillips, ASA, MAAA, Senior Consulting Actuary, Wakely Consulting

Michael Barber explained the requirements of the GMCB to review and approve, with recommendations from the Department of Vermont Health Access, the benefit packages for Qualified Health Benefit Plans (QHP) and reflective silver plans that are offered in the State of Vermont. Dana Houlihan explained that the presentation was regarding the standard QHP for 2022 and introduced Adaline Strumolo and the partners at Wakely Consulting. Adaline Strumolo provided context with information about QHP enrollment during the pandemic.

Dana Houlihan reviewed the 14 standard plans (7 from each issuer), the stakeholder group's input leading to the final QHP design proposals, the benefit design principles used by the stakeholder group, the process highlights, the continuation of silver loading, and a high-level timeline for 2022 QHP certification. Brittney Phillips presented the draft 2022 Notice of Benefit and Payment Parameters with the annual limitation on cost sharing and explained that the Federal high-deductible health plan (HDHP) minimum deductible and maximum out-of-pocket (MOOP) limits are not yet released for 2022. The Actuarial Value Calculator (AVC) is a model

released by the Center for Consumer Information and Insurance Oversight (CCIIO) each year and must be used to determine the actuarial value of plans for purposes of determining compliance with metal level requirements. The 2022 Draft Federal AVC did not change from the final 2021 AVC. Brittney Phillips explained that the estimated premium impacts should be used as high-level estimates and an additional reference point not as the actual expected premium charges. The recommended changes were not required by the AVC but were intended to balance the premium increases with cost sharing changes and reduce year-over-year volatility. Brittney Phillips explained the impact of limiting out-of-pocket expenses for insulin per S.296 and noted that the stakeholder group had agreed to establish a uniform pediatric vision cost-sharing structure across plans. Brittney Phillips presented the change in plan over time, the 2022 recommended design, and the 2022 alternative design for the Gold Deductible Plan, Silver Deductible Plan, Silver HDHP Plan, Bronze Deductible Plan with Rx Limit, Bronze Deductible Plan without Rx Limit Options, and the Bronze HDHP Plan. The change requiring Board approval is to the Bronze Deductible Plan without Rx Limit. Approval was also requested for the proposed change to the pediatric vision benefits. [The presentation can be seen here on the GMCB website.](#)

The Board Members had a discussion and asked the presenters questions about the impact of the benefit changes, out of pocket maximums, affordability, balancing out of pocket increases and premium increases, mitigating the premium cliff, the study on the benchmark plan, an update from DVHA in the future on Federal changes, and the stakeholder group's possible incorporation of the principles of value-based care.

### **Public Comment**

Dale Hackett, Health Care and Disability Rights Advocate  
Walter Carpenter, Health Care Advocate

### **Old Business**

None

### **New Business**

None

### **Adjourn**

The Board voted (5-0) to adjourn at approximately 2:35 pm.