

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Wednesday, May 5, 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 Friday, May 7, 2021 is [the filing deadline for the Qualified Health Plans \(QHP\) on the Exchange for 2022](#). [The May 2021 Board Meeting schedule can be seen here on the GMCB website](#). The Board is continuing to accept [public comment to inform a potential new agreement with the State of Vermont and CMS](#), which will be shared with the other All-Payer Model signatories.

**Minutes**

The Board voted (5-0) to approve the minutes from April 21, 2021.

**Proposed Data Submission and Release Draft Rules – Potential Vote**

Russ McCracken, Staff Attorney, GMCB

Russ McCracken reviewed and provided GMCB staff follow up and responses to the questions brought up during the Board Meeting on April 21, 2021. The first question addressed how costs for restricted data extracts or access paid directly by third party (non-State) authorized users to the Board's vendor (under draft Rule 9.402) were set up to comply with State procurement law and Bulletin 3.5. [The cost schedule or list of costs charged by the contracted vendor \(currently OnPoint\) are included in the vendor contract and are available on the GMCB website here](#). Board Member Usifer asked about the number of authorized users for the services and funds received.

The second question addressed the time frame for changes to Reporting Manuals (Section 8.400). The GMCB staff recommended extending the time period for implementation to 120 days (from 90 days) following the Data Governance Council's (DGC) approval of revisions for the Reporting Manuals (Section 8.400) and to revise Section 8.403 to have DGC consider comments from submitters regarding the time required to comply with changes and permit DGC to extend the time period for implementation beyond 120 days. [The presentation can be seen here on the GMCB website](#). Board Member Pelham asked about examples of changes that would

require the extended implementation time. Board Member Lunge moved to approve the draft proposed Rule 8.000 (Data Submission) and Rule 9.000 (Data Release) with changes discussed in the Board meeting as replacements for BISHCA rule H-2008-01, and the Board instructs its staff and legal teams to proceed with the formal rulemaking under the Vermont Administrative Procedure Act for both rules. Board Member Holmes seconded the motion. The Board voted (5-0) to approve the motion.

### **Public Comment**

Michael Durkin, Esq., Assistant General Counsel and HIPAA Privacy Officer, BCBSVT

### **Value-Based Payment: Role of a Capitated FQHC APM**

Caitlin Thomas-Henkel, MSW, Health Management Associates  
Art Jones, MD, Health Management Associates

Dr. Art Jones and Caitlin Thomas-Henkel introduced themselves to the Board. Caitlin Thomas-Henkel reviewed the agenda and learning objectives of the presentation, the challenges with primary care, reducing the barriers to patient self-management and improved outcomes, the decline in primary care among adults before the pandemic, and the Accountable Care Organization (ACO) activity in different states. Dr. Art Jones explained that it takes time for providers to adjust to a new payment methodology, that payers are recognizing the steps to value-based payment could be out of order, and the limitations of working within a fee-for-service (FFS) system.

Dr. Art Jones discussed the pre-pandemic patient centric primary care, how industry disrupters are changing healthcare, workforce shortages, primary care in rural settings and the impact of Covid-19, primary care capitation and the use of the full care team, how the collaborative care model for managing chronic conditions is not reimbursable, the reasons to adopt a capitated FQHC alternative payment model, the primary care capitation alternative payment methodology, the savings and metrics of the Medical Home Network (MHN) ACO, how alternative payment models create opportunities, and the structure and clinical committee of the MHN ACO. [The presentation can be seen here on the GMCB website](#). The Board Members asked the presenters questions and had a discussion regarding patients choosing alternative options over primary care before the pandemic, the pros and cons of delegated care management, benefits of a capitated model for FQHCs, the projected savings on slide 26, Fixed Prospective Payments (FPP), practice transformation's decrease of low value care, upfront investments for transition, telehealth, medical inflation, and hospital participation in ACOs.

### **Public Comment**

Walter Carpenter, Health Care Advocate  
Dale Hackett, Health Care and Disability Rights Advocate  
Rick Dooley, PA-C, Clinical Network Director, Health First  
Richard (Mort) Wasserman, MD, MPH, Professor Emeritus of Pediatrics, Larner College of Medicine, University of Vermont

Richard Slusky, Owner, Slusky Consulting

**Guidance Regarding Accountable Care Organization (ACO) Executive Compensation under GMCB Rule 5.000**

Russ McCracken, Staff Attorney, GMCB

As part of the FY21 budget oversight and certification process for OneCare Vermont, the Board asked legal to consider requirements for ACO executive compensation structure. A broader revision of Rule 5.000 was considered but deferred to a later date and interpretive guidance regarding the requirements for executive compensation structure within the scope of current Rule 5.000 was proposed by the GMCB legal staff. Russ McCracken presented the proposed guidance outlined on slide 3. [The draft guidance can be seen here](#) and [the presentation can be seen here](#) on the GMCB website. Board Member Pelham asked about the consequences to an ACO for not meeting the requirements of 5.203a. Chair Mullin explained that [a special comment period will be opened on May 5, 2021 until May 10, 2021 regarding the draft guidance](#) and a potential vote by the Board will be held on May 12, 2021.

**Public Comment**

Walter Carpenter, Health Care Advocate

**Old Business**

None

**New Business**

None

**Adjourn**

The Board voted (5-0) to adjourn at approximately 3:00 pm.