

GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, October 12, 2022
1:00 PM

Attendance

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

Executive Director's Report

Chair Foster called the meeting to order at approximately 1:00 pm. Susan Barrett noted the Board currently has three open public comment periods open relating to OneCare Vermont's Accountable Care Organization (ACO) Certification, Gather Health ACO's FY23 budget, and on the potential future agreement with the State of Vermont and CMS. More information on the open comment periods can be found here on the [GMCB public comment page](#). Susan also reminded the public about the expanded Health Insurance Premium Tax Credits, which can help Vermonters save money on health insurance premiums if they purchase a plan through Vermont Health Connect. More information on these subsidies can be found [here on the GMCB website](#). The Board also posted its decision and order for the 2023 BCBSVT Association Health Plan filing. More information on the decision can be found [here on the rate review website](#).

Minutes

The Board voted (3-0) to approve the minutes from September 28, 2022. Chair Foster and Member Murman abstained from the vote since they did not participate in the September 28, 2022, Board meeting.

FY23 ACO Oversight Introduction and Process Review

Marisa Melamed, Associate Director of Health Systems Policy, GMCB

Marisa Melamed provided background and history of accountable care organizations (ACOs) and ACO regulation in Vermont, as well as introduce the regulatory framework, and review process and timeline. In 2016, the Vermont Legislature assigned the authority to regulate ACOs to the Board per Act 113 to provide oversight and transparency into a major component of Vermont's health care system and to ensure alignment with state health care reform goals. The Vermont ACO market and regulation is unique to Vermont and the Board works to give a balanced view into the ACO as an entity and its impacts.

Patients are attributed to an ACO based on methodology agreed to between the ACO and insurer. ACOs must notify patients if they're attributed, do not change insurance coverage or plan design, and do not restrict freedom of choice to see any provider. Providers may join an ACO to participate in the value-based payment arrangements and population health programs offered by the ACO. Payers contract with an ACO to bring more providers into a value-based payment arrangement. After providing a brief history of ACO oversight, Marisa explained what ACO oversight in 2022 and beyond entails, including working to include ACO core competencies and ACO performance benchmarking into the regulatory framework, evolving oversight with any All-Payer Model (APM) agreement, standardizing guidance for Medicare-Only ACOs, and continuing to transition to Adaptive database for ACO financial reporting.

The Board's oversight of ACOs consists of certification and budget review. Certification occurs one-time following an application and only applies to ACOs seeking Medicaid or commercial contracts. Budget review applies to all ACOs operating in Vermont and a threshold of 10,000 lives defines scope of review. ACO budget review is annual and the Board monitors activities and performance throughout the year. Marisa then explained the standards of review for ACO oversight and certification eligibility, plus the FY23 timeline for ACO oversight. More information can be found [here](#) in the related presentation.

Board Members asked various questions, including whether there would be further discussion on the levers the Board has to make changes relating to ACO oversight, how quality measures are chosen, and if the Board has set benchmarks.

Prescription Drug Technical Advisory Group Presentation

Christina McLaughlin, Health Policy Advisor, GMCB

Christina McLaughlin presented an overview of the Board's authority to create technical advisory groups and background on how the Prescription Drug Technical Advisory Group was formed. This fall, the Prescription Drug Technical Advisory Group agreed to keep convening as long as the Board was supportive. Board members discussed keeping the advisory group since they would like to continue the work and will decide on which Board member should staff the group at a future meeting. More information can be found [here](#) in the related presentation.

Public Comment

Walter Carpenter, Health Care Advocate
Robert Hoffman

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 2:30 pm.