GREEN MOUNTAIN CARE BOARD (GMCB)
GMCB Board Meeting Minutes
Wednesday, November 9, 2022
10:00 AM

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 10:00 am. Susan Barrett reminded the public of the open special public comment periods related to OneCare Vermont's FY23 budget and certification, Gather Health's FY23 budget, the potential future All-Payer Model (APM) Agreement, the 5-year comprehensive 2023-2027 Vermont Health Information Exchange (VHIE) Strategic Plan and Connectivity Criteria for 2023, and Vermont's APM Agreement extension. More information on the public comment periods can be found here. Information on the APM Agreement extension and VHIE Strategic Plan and Connectivity Criteria will be presented on November 16, 2022. 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 can be found here on the premium tax credits. Also, open enrollment for the individual & small group plans for 2023 started November 1, 2022. More information on open enrollment can be found here.

Minutes

The Board voted (5-0) to approve the minutes from November 2, 2022.

One Care Vermont FY23 Budget Hearing

Marisa Melamed, Associate Director of Health Systems Policy, GMCB
Russ McCracken, Staff Attorney, GMCB
Victoria Loner, MHCDS, RN, CCM, CPUR, PAHM, CEO, OneCare Vermont
Sara Barry, MPH, COO, OneCare Vermont
Dr. Carrie Wulfman, MD, CMO, OneCare Vermont
Tom Borys, MBA, Vice President of Finance, OneCare Vermont

Marisa Melamed walked through accountable care organization (ACO) oversight budget review, standards of review, and the ACO oversight timeline. After reviewing today's agenda, Marisa shared information on related resources and criteria under 18 V.S.A. § 9382 the Board must

consider. More information can be found here. Chair Foster commented on OneCare's budget and the importance of investing properly in health care reform. Chair Foster asked OneCare to demonstrate its impact on cost and quality through quantifiable metrics when testifying. Russ McCracken swore in the OneCare Vermont witnesses, Victoria Loner, MHCDS, RN, CCM, CPUR, PAHM, CEO, Sara Barry, MPH, COO, Dr. Carrie Wulfman, MD, CMO, and Tom Borys, MBA, Vice President of Finance. A court reporter was present for the OneCare Vermont hearing.

Vicki Loner started off by outlining OneCare's value to Vermont's health care providers and engagement in value-based care. She reviewed their network performance management, including their care model, network contracting, and outcomes, as well as their data and analytics. Vicki explained OneCare's payment reform, including fixed payments and the comprehensive primary care (CPR) program. Vicki then discussed the work OneCare is doing relating to diversity, equity, and inclusion.

Tom Borys presented on the ACO payer contracts, noting OneCare is still in negotiation with the payers. OneCare plans to come back to the Board in the spring if there are any material changes after the negotiations are completed. Tom outlined the value-based care programs for Medicare, Medicaid, and commercial payers and mentioned OneCare is collaborating with the Department of Vermont Health Access (DVHA) to develop a fixed payment expansion initiative. When discussing attribution, Tom noted OneCare's budget attributes approximately 279,000 lives, and 268,000 lives are expected to qualify for scale. When discussing total cost of care (TCOC), Tom shared there's $1.4B of health care costs in OneCare's value-based contracts, and explained the program trend rate, noting budgeted trend rates are based upon expected contractual terms and independent data analysis. Tom explained the payment reform offerings, including continuation of the current fixed payment arrangements, investment in commercial fixed payment expansion.

Tom discussed the risk/reward levels and approach to accountability with shared savings/loss and through the population health program accountability. OneCare's $45.1M ACO budget includes $29.9M in population health management program investments and $15.2M in shared infrastructure. OneCare is a non-profit organization, and their budget includes consistent reform investments through payer contracts, potential incorporation of $2M in Medicaid VBIF funding, and $250k (1%) hospital increase in hospital participation fees. Tom shared highlights of the population health management program and outlined the CPR program evolution. OneCare now has 19 sites participating in 2023 and noted the purpose of this is to have primary care reimbursement more closely tied to health care cost growth. Tom lastly provided an overview of revenue and the redesign of analytics support and work reconfiguration, highlighting expense reductions.

Dr. Wulfman talked about OneCare's committee structure, the committee participation and engagement, and health service area (HSA) consultation reformatting. She discussed the 2023 population health model (PHM) gradually shifting toward value-based payments and highlighted the 2021 quality results show OneCare is in the 90th percentile for all payers in diabetes control, follow up after ED discharge for mental health and alcohol and other drug dependence, and child and adolescent well care.

Sara Barry outlined the key 2022 evaluative activities, including conducting a Medicare benchmarking analysis and CPR program qualitative evaluation. Sara explained the early signs from the evaluation show OneCare is lower cost than peer ACOs nationally and the CPR program serves patients and providers better than fee-for-service model. Outlining next steps, Sara explained OneCare's plan to conduct further CPR evaluation and hire a program evaluator, in addition to other steps. Vicki Loner explained OneCare's commitment to the Board. More information can be found here.

Staff asked questions regarding OneCare's risk model, payer contracts and network, actuarial certification relating to the benchmarks submitted to the Board, OneCare's analytics transition, data protection, staffing and compensation, and the benchmarking and evaluation information.

Chair Foster asked how accountable OneCare is to curbing health care costs, and if they think health care costs are too high. He asked how OneCare is achieving its goals, and what they attribute that to their achievement. Chair Foster also asked what OneCare's most cost-effective tactic is, and questions about the care coordinator position, funding for each program, the bonuses paid out to providers based on performance, data management, compensation, and OneCare's determination of risk/reward amounts.

Member Holmes asked OneCare how many providers in OneCare are in primary care. She noted wait times in Vermont are excessive and asked how the Medicare benchmark report address wait times. Member Holmes also asked about the 26% growth rate based off the approved qualified health plan rates, the breakdown of the software expenses, and the low percentage of high-risk patients participating in managed care.

Member Murman asked OneCare what the state can do to improve the health of Vermonters and how they've reduced administrative burden. He also asked questions regarding the goals of care, the issue of the skilled nursing facility (SNF) staffing issues, Medicaid TCOC calculation, and OneCare's shared savings by attribution.

Member Walsh asked OneCare what their biggest outcome has been for Vermonters and its impact. He also asked what OneCare's action plan is to address emergency department visits and their role to address wait times across the state.

Member Lunge asked questions regarding the CPR program development in relation to hospital employed providers and FQHCs, thoughts on how to build alignment as a state with commercial payers, standard reports and how they complement the Blueprint for Health Program, and the reason as to why OCV is decreasing funding for the developmental understanding legal collaboration for everyone (DULCE) program while the Department of Health is increasing funding.

Public Comment

Mike Fisher, Chief Health Care Advocate, Office of the Health Care Advocate
Sam Peisch, Health Policy Analyst, Office of the Health Care Advocate
Ham Davis

Old Business

None

New Business

None

Adjourn

The Board voted (5-0) to adjourn at approximately 4:00 pm.