

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Wednesday, December 2, 2020  
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)*

**Minutes**

Chair Mullin called the meeting to order at approximately 10:00 am. The Board voted (5-0) to approve the minutes from November 25, 2020.

**Executive Director's Report**

Susan Barrett announced the special comment period on the FY 2021 OneCare Vermont budget submission is open until December 21, 2020. If you would like your comments considered by GMCB staff at the December 9, 2020 Board Meeting, please submit your public comment by December 2, 2020. On December 1, 2020, the first meeting for the Prescription Drug Technical Advisory Group was held via Microsoft Teams.

**Continue FY21 Hospital Budget Debrief**

Patrick Rooney, Director of Health Systems Finances, GMCB

Patrick Rooney presented the summary the GMCB staff created and asked the Board to provide guidance on where to spend resources and energy to improve the hospital budget process. The common themes from the Board Meeting held on November 4, 2020 were change in charge, what the best measurement of growth is, and transparency in the decision-making process. Patrick Rooney reviewed the details, short-term considerations, and long-term considerations of each theme, the implementation of analysis, and other comments. [The presentation can be seen here on the GMCB website.](#)

The Board Members had a discussion and asked questions about having a common measurement for charges across hospitals, specific guidance for change in charge, consideration for what is affordable to Vermonters, not giving allowance for the cost shift, the target for FPP across hospitals, understanding the changes in the effective commercial rates and the true impact, the importance of price transparency and benchmarks, non-financial reporting, the challenges with

the Total Cost of Care (TCOC) per member per month, the possible difficulty of understanding cost structures in hospitals, and ACO participation in relation to change in charge.

**Public Comment**

Marc Stanislas, Vice President of Finance, University of Vermont Health Network  
Michael Del Trecco, Sr. Vice President of Finance & Operations, VAHHS  
Michael Fisher, Chief Health Care Advocate, Vermont Legal Aid

**Adjourn**

Chair Mullin recessed the meeting at 11:00 am to resume at 1:00 pm.

Unapproved

GREEN MOUNTAIN CARE BOARD (GMCB)  
GMCB Board Meeting Minutes  
Wednesday, December 2, 2020  
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*)

Chair Mullin called the meeting to order at approximately 1:00 pm.

**2020 Update to 2018-2022 Health Information Exchange (HIE) Strategic Plan – Potential Vote**

Sarah Kinsler, Director of Strategy and Operations, GMCB  
Emily Richards, Health Information Exchange Program Director, DVHA

Sarah Kinsler reviewed the process and timeline for approving the 2020 update to the HIE Strategic Plan and the 2021 Connectivity Criteria. Emily Richards explained the minor changes to the HIE plan that was resubmitted on December 1, 2020. Sarah Kinsler reviewed the suggested principles for the plan and connectivity criteria review, public comment received, and the staff recommendation. [The presentation can be seen here on the GMCB website.](#)

Board Member Robin Lunge moved to approve the 2020 update to the HIE Strategic Plan as resubmitted on December 1, 2020. Board Member Maureen Usifer seconded the motion. The Board voted (5-0) to approve the motion. Board Member Robin Lunge moved to approve the 2021 Connectivity Criteria as submitted in the 2020 update to the HIE Strategic Plan, December 1, 2020. Board Member Maureen Usifer seconded the motion. The Board voted (5-0) to approve the motion.

**Public Comment**

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

**2019 ACO Financial Results Panel**

Sarah Lindberg, Director of Health Systems Data Analytics, GMCB  
Cory Gustafson, Commissioner, Department of Vermont Health Access (DVHA)

Alicia Cooper, Health Care Project Director, Department of Vermont Health Access (DVHA)

Tom Borys, VP of Finance, OneCare Vermont

Grace Gilbert-Davis, Corporate Director of Healthcare Reform, BCBSVT

Sarah Lindberg reminded the Board and the public that the financial results are for the ACO program in 2019 (people attributed to the ACO), not the All-Payer Model (APM). Sarah Lindberg presented the 2019 Medicare financial performance, a graph on how the risk corridor works, the Medicare target, and the ACO savings.

Alicia Cooper explained how the Vermont Medicaid Next Generation (VMNG) ACO Program is reinforced by DVHA's priorities and explained the program's contract term. Alicia Cooper presented the 2019 VMNG Program performance. The first result was that the program continues to grow with additional providers and communities and in 2020 the attribution methodology was modified to further increase the number of Vermonters participating. Chair Mullin asked Alicia Cooper questions about what the increase was linked to and how attribution numbers are calculated. Alicia Cooper presented the second result (ACO providers and Medicaid shared financial accountability for health care in 2019), a summary about how the risk arrangement works in the program, the financial results summary, a graph of the financial performance, and additional analysis. Board Member Maureen Usifer asked Alicia Cooper about the reconciliation of the prospective payments and fee-for-service payments. Alicia Cooper presented the risk corridor graph, three more high-level results, benefits, and opportunities. The Board Members asked questions and had a conversation with the DVHA presenters about the proportion of fixed payments, utilization trends, the affect of care coordination and analysis, more certainty with budgeting, reimbursement rates, the cost shift, assumptions for achieving a 2021 agreement, and how savings are used at DVHA.

Tom Borys discussed how value-based care provides stability and a stable trend over time, the distribution of savings and losses in the OneCare Vermont network, and how savings and losses are broken down by Health Service Area (HSA). Chair Mullin asked Tom Borys if there would have to be changes at the Federal level to explore additional fixed payment programs for FQHCs.

Grace Gilbert-Davis discussed BCBSVT's vision and mission aligned with the APM, the progress and challenges in 2019, the 2019 results for attributed small group and individual members, a summary of performance against the target, utilization differences, and next steps. The Board Members asked questions and had a discussion with Grace Gilbert-Davis about physical therapy reimbursement, BCBSVT's roll in increasing scale, incentives to ensure primary care visits, high level and low value care, and the incorrect nature of the claim that 2.3% of the overage is directly related to GMCB adjustments to filed QHP premiums. [The presentation can be seen here on the GMCB website.](#)

### **Public Comment**

Julie Wasserman, MPH, Health Policy Consultant

Susan Aranoff, Senior Planner and Policy Analyst, Vermont Developmental Disabilities Council

Michael Fisher, Chief Health Care Advocate, Vermont Legal Aid

## **All-Payer Model Update**

Michele Degree, Health Policy Advisor, GMCB

Lindsay Kill, Healthcare Data and Statistical Analyst, GMCB

Michele Degree explained that the APM update is for 2019 (performance year 2) and that 2019 data is still being finalized. Lindsay Kill presented the 2019 All-Payer Total Cost of Care (TCOC) preliminary results, the background of the results, graphs comparing expenditure measures, how the TCOC is calculated, TCOC by payer type with estimated 2019 numbers, the share of TCOC versus population by payer type, and next steps. Michele Degree presented the 2019 scale target and alignment, including the all-payer scale, the Medicare scale, strategies, and next steps. Michele Degree gave an update on the staff work for the 2019 statewide quality and population health outcomes and a timeline/summary of the upcoming APM reporting. The Board Members asked questions and had a discussion with the GMCB staff about how the TCOC graph on slide eight was calculated. [The presentation can be seen here on the GMCB website.](#)

## **Public Comment**

None

## **Old Business**

None

## **New Business**

None

## **Adjourn**

The Board voted (5-0) to adjourn at approximately 3:25 pm.