

GMCB Overview and GMCB Role in All-Payer Model

Health Reform Oversight Committee

August 4, 2021

Kevin Mullin, Chair, Green Mountain Care Board

What is the Green Mountain Care Board?



Mission: Improve the health of Vermonters through a high-quality, accessible, affordable, and sustainable health care system.

What makes the Board unique?

Transparency

- Regulatory decisions are made in public, with data, evidence, and staff recommendations presented at fully noticed public meetings open to all.
- Meetings are videotaped by ORCA Media, with recordings available online.
- Engages stakeholders, including the Office of the Health Care Advocate, other State agencies, regulated entities, and the public to inform our work.

Independence

- Members are appointed to six-year terms, which may span gubernatorial administrations.

System-wide view

- Unique role in Vermont's health care system, regulating key industry players, driving reform efforts, and evaluating our health care system.
- Integrated regulatory approach enables GMCB to understand how regulatory decisions impact one another & to account for this cross-system impact.

Our System-Wide View



Oversee innovative reforms that seek to improve quality of and access to care



Contain Vermont's health care cost growth



Improve Vermont's ability to collect and evaluate health care data



Promote transparency and understanding

The Role of GMCB

The **Green Mountain Care Board** is charged with reducing the rate of health care cost growth in Vermont while ensuring that the State of Vermont maintains a high quality, accessible health care system.

Health insurer rate review (including the Exchange)
Hospital Budgets
ACO Budgets
VITL Budget
Major capital expenditures (Certificate of Need)
Health Resource Allocation Plan (HRAP)
Hospital Sustainability Planning
Implementation of APM
ACO Oversight, Certification, Rule 5.0 (Act 113)
Review/modify/approve plan designs for VT Health Connect
Data and Analytics (VHCURES, VUHDDS and APM Analytics)
Rural Health Services Task Force (Act 26)
Rx & Primary Care Advisory Groups
General Advisory Group
Data Governance Council
Annual Expenditure Analysis
Annual Cost Shift Report
Approve State HIT and Health Care Workforce Plans
Prescription Drug Transparency

GMCB's role in Health Care Reform



1. Independently regulates certain private health care entities in support of the state's broader health care reform goals of (1) curbing health care cost growth and (2) improving quality and population health outcomes.
2. Stewards of health care data and producers of research and analyses for the public and policy-makers, supporting a transparent, statewide view of cost and quality across Vermont's system of care.

GMCB role in All Payer Model (APM) Agreement



1. Proxy for Medicare

- Constrains the growth of health care costs by establishing spending targets in line with Vermont economic growth
- Works with other state signatories to recommend program design modifications to the Vermont Medicare ACO initiative to better align with other Vermont health care reform efforts.

2. Regulatory Alignment

- Implements continuous improvement efforts to align regulatory processes, including Hospital and ACO Budget Reviews, ACO Certification, and Health Insurance Rate Review

3. Statewide Health Care Data, Analytics, and Reporting

- Federal Reporting on APM Scale, Total Cost of Care, and Quality and Population Health Outcomes, among others
- Analyzes and reports on trends in utilization, cost, and quality

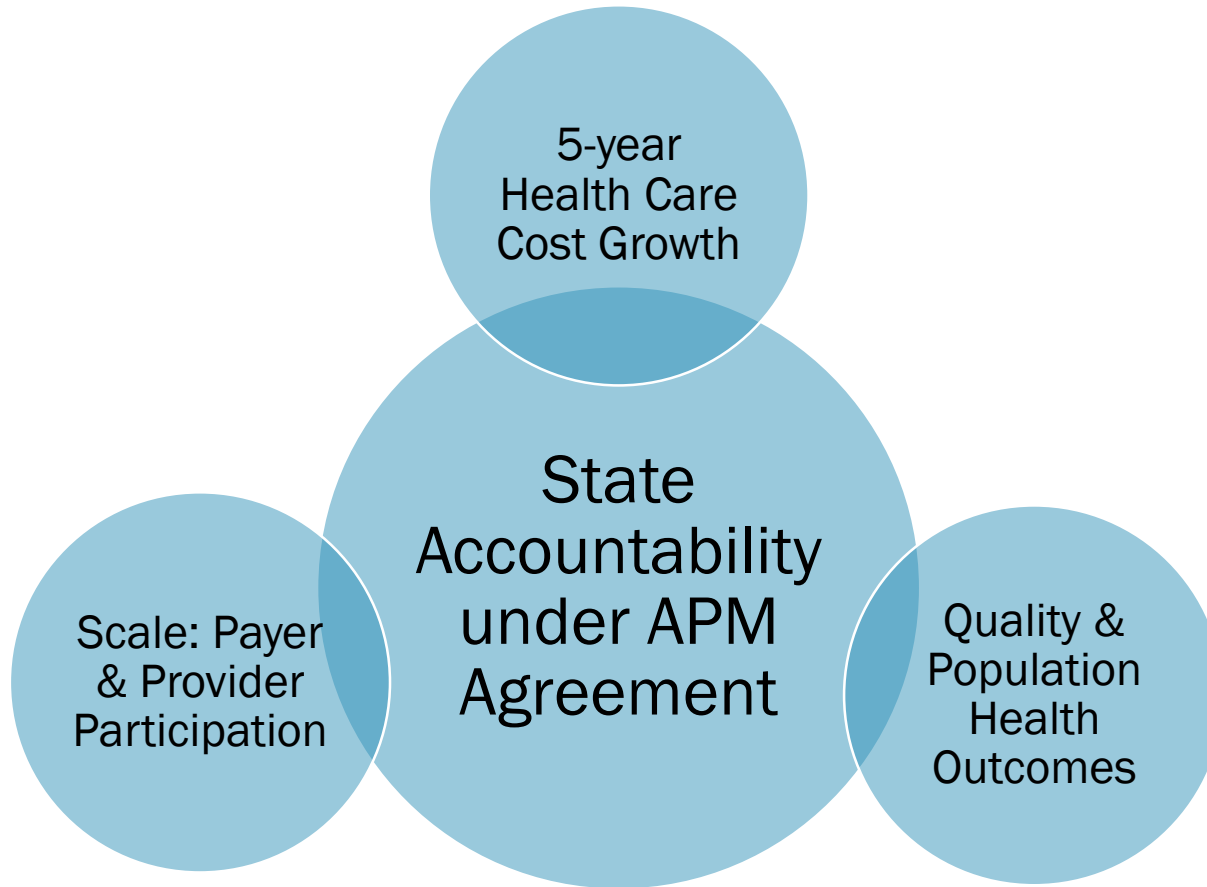
GMCB's Role in a Proposal for a Subsequent Agreement



1. While the Administration is leading the development of the proposal for a subsequent agreement, a full board vote is required in order to submit a proposal for subsequent agreement
2. The Board's public process will provide a critical forum for stakeholder and public input on the final proposal
3. The GMCB Chair participates with the Administration as a party to the negotiation between state and federal partners

Resource Slides

Measuring State Performance on Current APM Agreement Targets



Measuring State Progress in current APM Agreement

Health Care Cost Growth

Tracks per person spending on certain health care services known as the Total Cost of Care (TCOC).

Measures spending growth for **statewide all-payer** and **Medicare** populations:

1. Is all-payer spending on track to be less than 3.5% or 4.3% over the life of the agreement?
2. Is Vermont's Medicare spending more than 0.2% below the national average

Scale: Payer & Provider Participation

1. Assess alignment across **ACO-payer** programs and determine if scale qualifying
2. Track **providers** participating in qualifying programs
3. Measure scale by determining which **Vermonters "attribute"**: who is covered under a qualifying payer-program and has an established relationship with a participating provider?

Quality & Population Health Outcomes

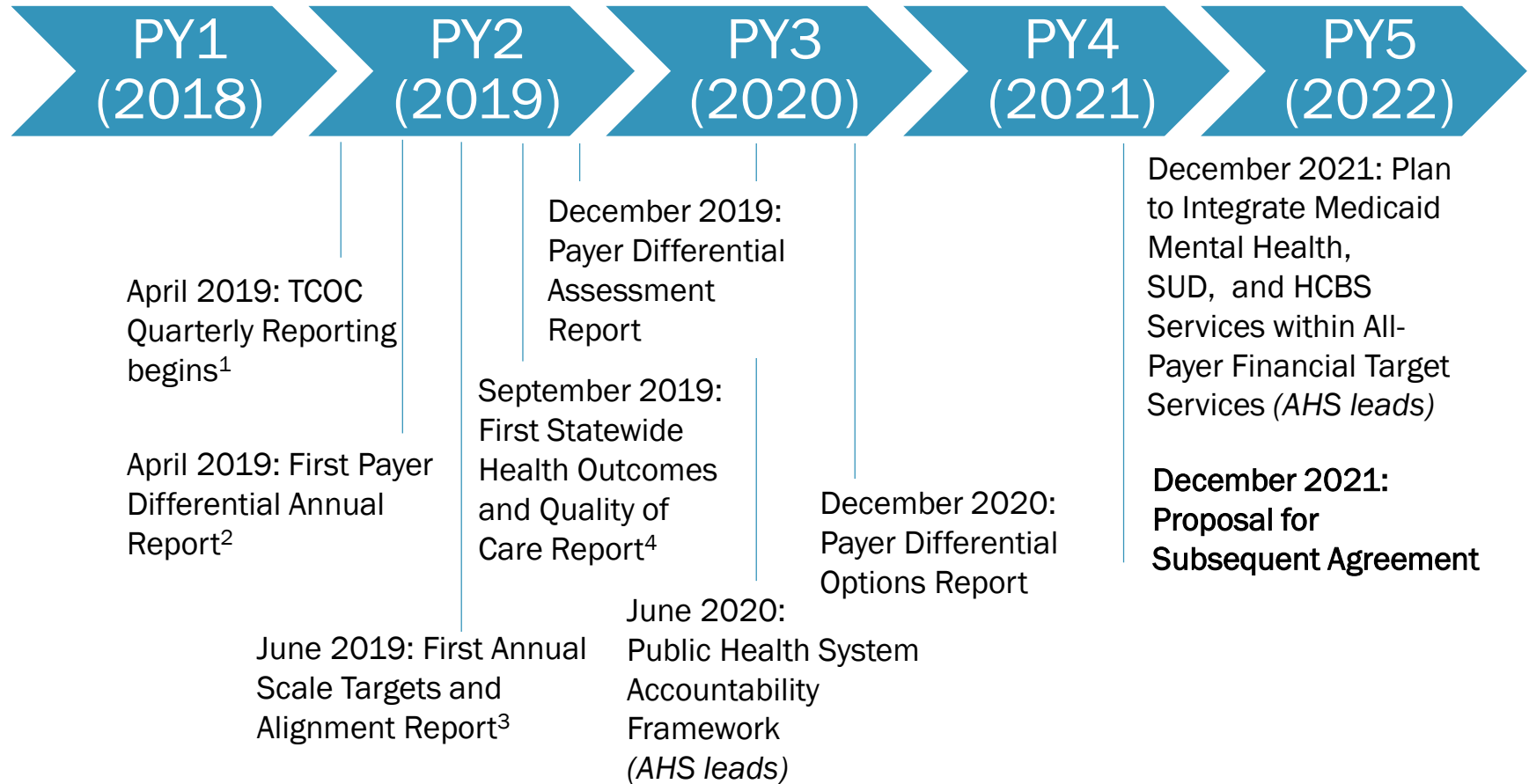
Population health measures:

1. Improve access to primary care
2. Reduce deaths due to suicide and drug overdose
3. Reduce the prevalence and morbidity of chronic disease

22 Quality measures expected to drive population health:

1. Health delivery system quality targets
2. Process milestones

Reporting to CMS



¹ Submitted quarterly (reports produced approximately 9 months following final date of service); annual reports completed as data allow. ² Submitted annually on 4/1. ³ Submitted annually on 6/30. ⁴ Submitted annually on 12/30, or as data allow.