

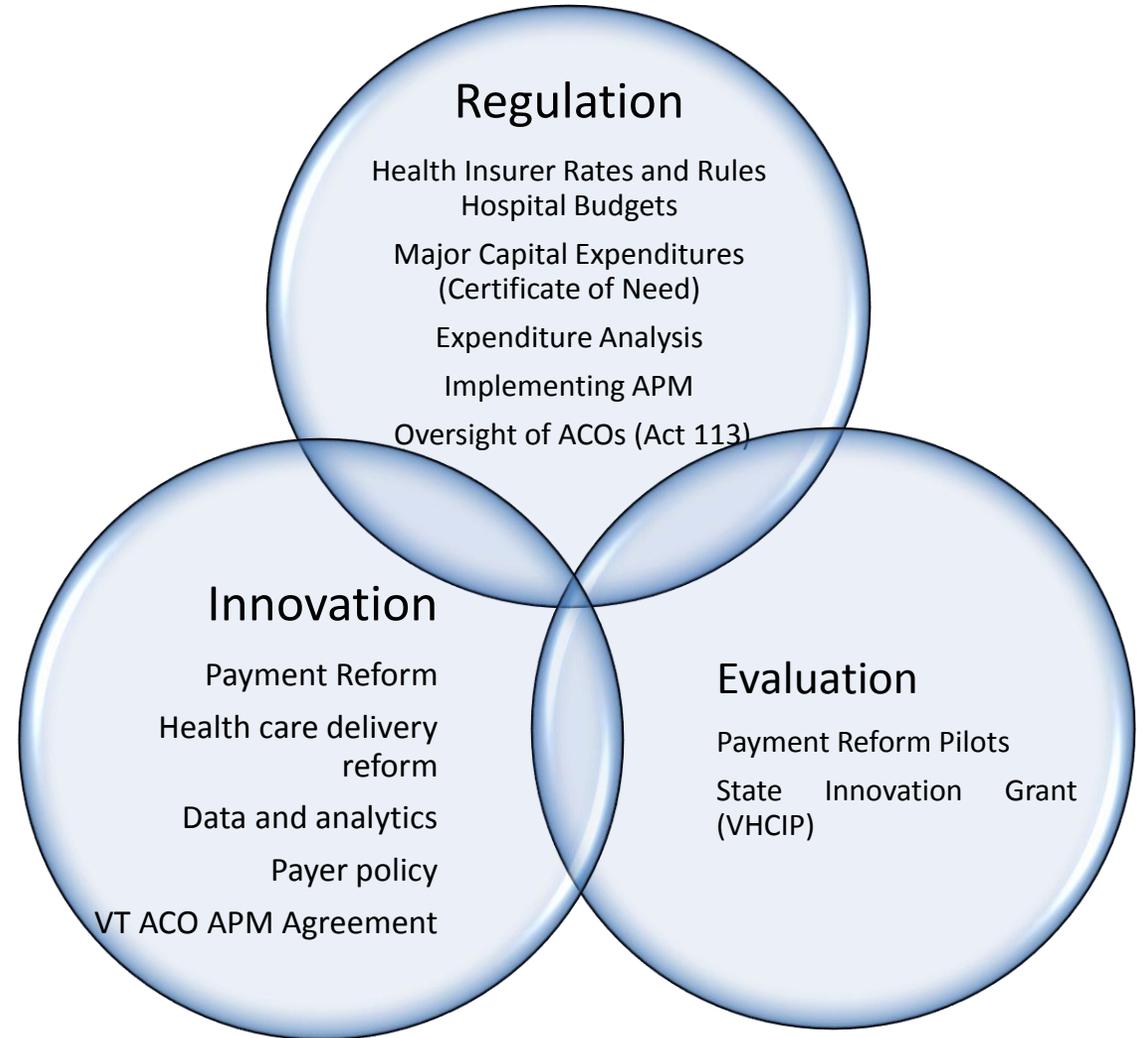
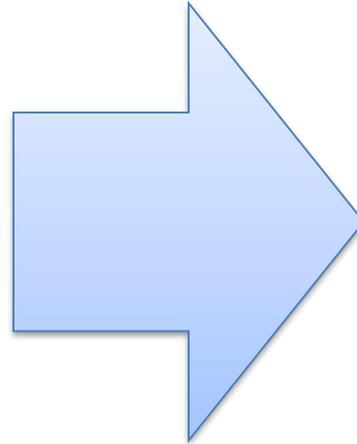
Vermont's Green Mountain Care Board

Robin J Lunge, JD MHCDS
Board Member

June 28, 2017

What do we do?

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.



Members & Staff

Board:

Kevin Mullin

Con Hogan

Jessica A. Holmes, Ph.D.

Robin Lunge, J.D., MHCDS

Maureen Usifer

May 2017, Term Ends September 2018

October 2011 – Present, Term Ends September 2017

October 2014 – Present, Term Ends September 2020

November 2016 – Present, Term Ends September 2022

May 2017, Term Ends September 2019

Staff:

28 Positions across all areas of work

Proposed GMCB FY18 Budget

Budget Group	FY2017 As Passed	FY2018 Dept Proposed	Year over Year	Percent Change
1. Salaries & Benefits				
General Fund	507,826	936,199	428,373	84.4%
Health Care Billback	761,998	1,566,515	804,517	105.6%
Global Commitment	1,938,154	936,197	(1,001,957)	-51.7%
IDT - SIM From AHS	260,412	33,827	(226,585)	-87.0%
Total	3,468,390	3,472,738	4,348	0.1%
2. Operating				
General Fund	100,333	211,081	110,748	110.4%
Health Care Billback	150,477	302,839	152,362	101.3%
Global Commitment	585,185	264,886	(320,299)	-54.7%
Total	835,995	778,806	(57,189)	-6.8%
3. Contracts				
General Fund	793,130	1,116,202	323,072	40.7%
Health Care Billback	1,370,450	1,874,529	504,079	36.8%
Global Commitment	1,758,481	1,606,435	(152,046)	-8.6%
IDT - SIM From AHS	1,232,149	184,244	(1,047,905)	-85.0%
Federal Fund	448,808	226,574	(222,234)	-49.5%
HIT	60,000	60,000	0	0.0%
Total	5,663,019	5,067,983	(595,036)	-10.5%
Grand Total	9,967,404	9,319,528	(647,876)	-6.5%

Fund Name	FY2017 As Passed	FY2018 Dept Proposed	Year over Year	Percent Change
General Funds	1,401,276	2,263,482	862,206	61.5%
Special Fund	2,342,927	3,803,883	1,460,956	62.4%
Federal Funds	448,808	226,574	(222,234)	-49.5%
Global Commitment	4,281,832	2,807,518	(1,474,314)	-34.4%
IDT Funds	1,492,561	218,070	(1,274,491)	-85.4%
Funds Total	9,967,404	9,319,528	(647,876)	-6.5%

Payment Reform History

- Vermont has the following all-payer reforms in place today:
 - Shared Savings Program (SSP) for Accountable Care Organizations (ACOs)
 - Medicare SSP – with 2 ACOs
 - Commercial SSP – with 2 ACOs
 - Fee-For-Service is the underlying payment mechanism
 - The Blueprint for Health – primary care medical home & community health team
 - Medicare used to participate through a demonstration waiver; continued funding through new All Payer ACO Model agreement.
 - Commercial participation
 - Medicaid participation
 - Fee-For-Service underlies this payment mechanism
 - Medicaid Next Generation ACO Program
 - 2017 – first year
 - All Inclusive Population Based Payment - participating hospitals getting global payment/budget; other FFS

All-Payer ACO Model Agreement with CMMI: Framework for Transformation

- State action on financial trends & quality measures
 - Moves from volume-driven fee-for-service payment to a value-based, pre-paid model for ACOs
 - ✓ All-Payer Growth Target: 3.5%
 - ✓ Medicare Growth Target: 0.1-0.2% below national projections
 - Requires alignment across Medicare, Medicaid, and participating Commercial payers
 - Statewide quality framework

- Goals for improving the health of Vermonters
 - Improve access to primary care
 - Reduce deaths due to suicide and drug overdose
 - Reduce prevalence and morbidity of chronic disease

All-Payer ACO Model Implementation (cont'd)

- GMCB is responsible for Regulatory Implementation:
 - Certifying ACOs
 - Reviewing ACO budgets
 - Reviewing and advising on Medicaid ACO rates
 - Setting Commercial and Medicare rates for ACOs
 - Reporting on progress to CMS
 - Tracking financial benchmarks, scale targets and quality targets
 - Implementing changes to other GMCB processes to create an integrated regulatory approach (e.g., hospital budgets; health insurance premium rate review)

GMCB Goals and Regulatory Levers

