

Green Mountain Care Board 2015 Annual Report

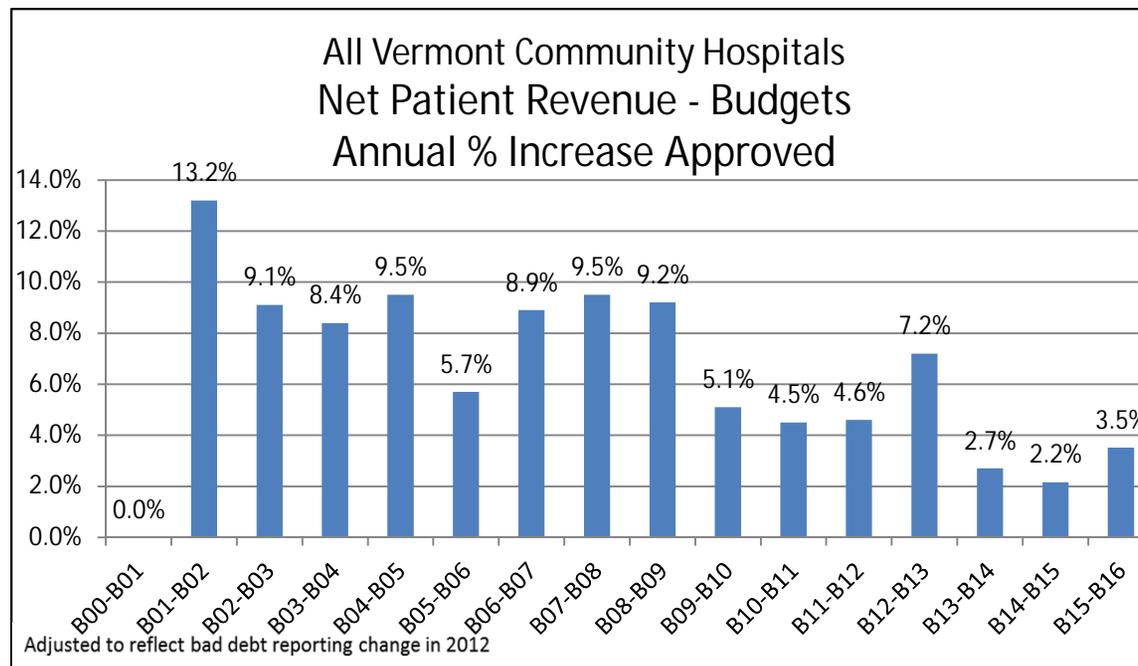
House Health Care Committee Presentation

Al Gobeille, Chair
January 26, 2016

Hospital System Net Patient Revenue (NPR)

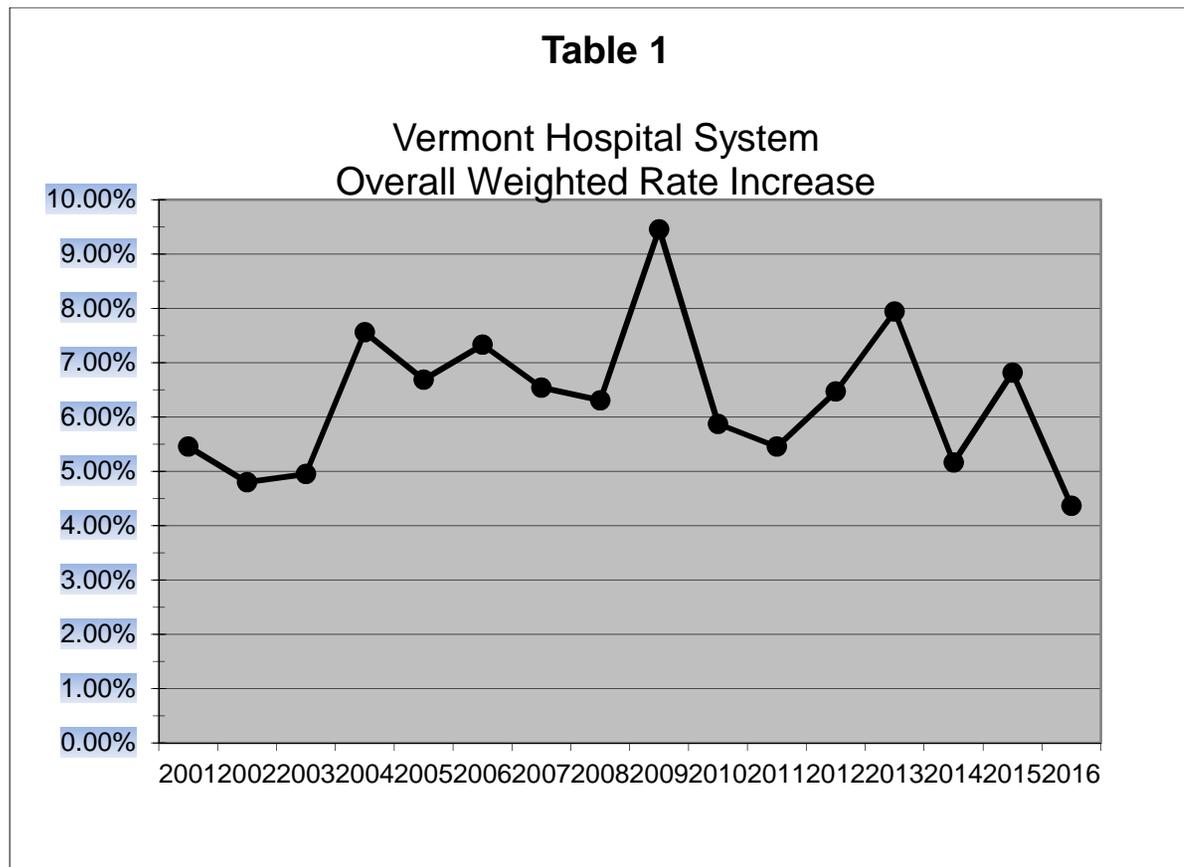
Approved Increases

The GMCB approved hospital system wide budgets' net patient revenue growth of 3.5% or less for FY 2014, FY 2015, and FY 2016.



Budgeted Rate Increases

This chart reflects the weighted average increase that has been approved over the last several years. A number of factors influence the need for a rate. These include change in utilization, bad debt and free care changes, number and type of services, payer mix, costs, and operating surplus that a hospital needs.



Health Insurance Rate Review

- Rate savings averaged approximately 3.0%, or \$66 million since 2012
- GMCB has improved administrative efficiency of review
- Implementation of ACA and merged market in 2014 reduced the number of plans, but benefits are richer and premium prices have stabilized
- Insurers' medical loss ratios are near their targets
- GMCB rate review process is “fair, reasonable, and equitable”
- Consumer experience and transparency are “very good”

* Source of findings: independent evaluation of Vermont's rate review program mandated by federal rate review grant

Premium Dollars and Rate Review Savings (in millions)

Year	Filings	Proposed Premium	Final Premium	Savings	% Savings
2012	19	\$150.9	\$150.1	\$0.8	0.5%
2013	23	\$725.2	\$702.0	\$23.2	3.2%
2014	14	\$541.3	\$519.2	\$22.1	4.1%
2015	11	\$426.9	\$416.8	\$10.1	2.4%
2016	2	\$430.9	\$421.6	\$9.3	2.2%
Total	69	\$2,275.2	\$2,209.7	\$65.5	2.9%

For rates effective July 2012 to calendar year 2016 (filed through November 2015) the total adjustments made in the rate review process have saved Vermonters approximately \$66 million, or about 3% of total premiums proposed. This table shows the total premiums, premium dollars saved, and the percentage savings.

Certificate of Need (CON)

What is the Process?

- GMCB review process is transparent and public
- filings are posted to the website
- Hearings are open to the public
- Public Comments: Attend hearing or submit in writing during pendency of application and/or 10 days following the close of the hearing

What is the Result?

- The GMCB has jurisdiction over projects filed on or after January 1, 2013
- Proposed projects have become increasingly complex
- In 2015, the GMCB approved 8 projects and disapproved 1

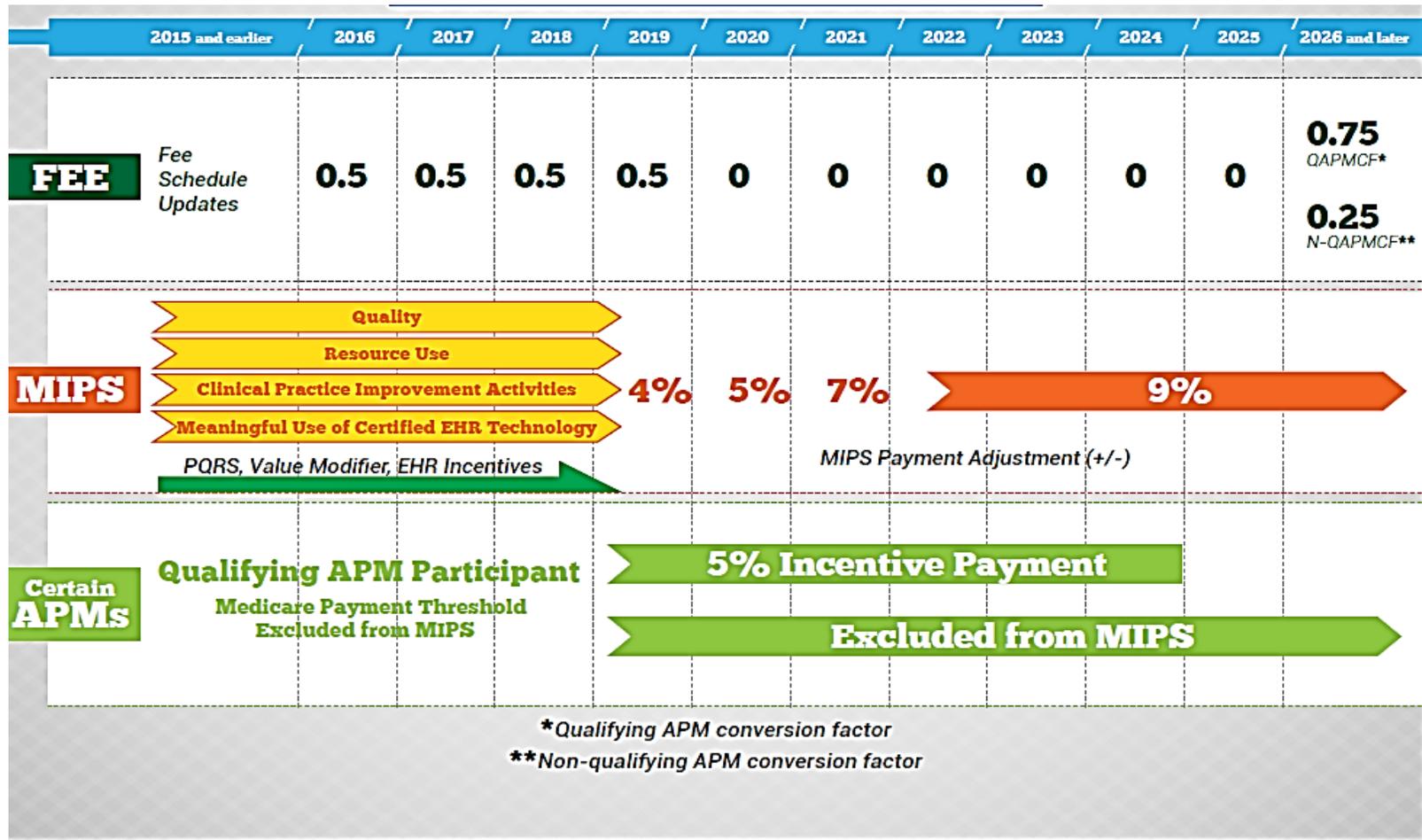
VT ACO Shared Savings Program By Payer

Attributed Lives by ACO by Respective Payer to date as of July 2015

	Medicare	Medicaid	Blue Cross Blue Shield VT	MVP	Total
OneCare Vermont	55,114	30,964	24,108		110,186
Community Health Accountable Care (CHAC)	6,446	21,213	9,009		36,668
Vermont Collaborative Physicians/Accountable Care Coalition of the Green Mountains (VCP/ACCGM)			8,999		8,999
Total	61,560	52,177	42,116	N/A	155,853

Note: Cells shaded gray indicate that those ACO and Payer decided are not part of a Shared Savings Program.
 Updated: With Medicare, Medicaid and BCBS Counts on 7/20/15
 VCP/ACCGM, withdrew from the Medicare SSP

Timeline for Medicare Payment Adjustments

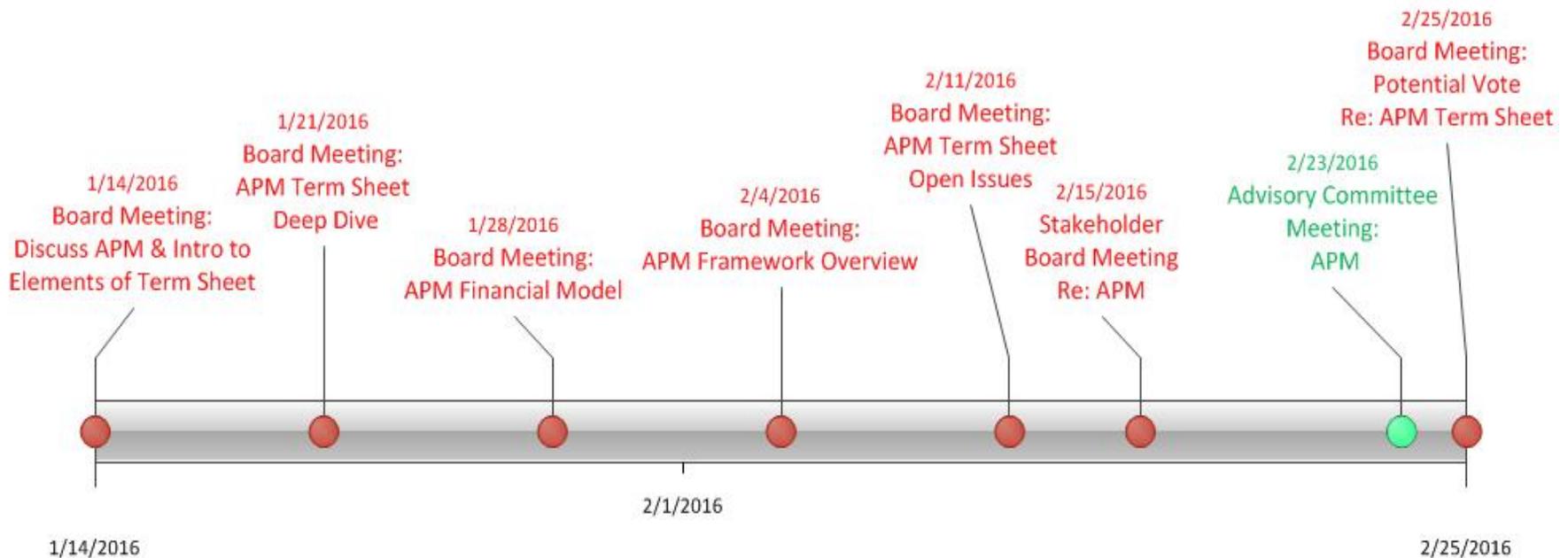


APM = Alternative Payment Models

Slide adapted from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

APM Term Sheet Evaluation Timeline

DRAFT
GMCB ALL PAYER MODEL
TERM SHEET EVALUATION
TIMELINE



Vermont Health Care Uniform Reporting And Evaluation System-VHCURES

- Vermont's All-Payer claims data base (APCD)
- Board received responsibility for VHCURES in July 2013
- Medicare data received in 2014
- Allows for population-based analyses of health care system performance

VHCURES 2016 Budget

FY16 VHCURES Budget	
Salaries	\$ 295,116.00
Overhead	\$ 53,232.00
Contracts	\$ 1,888,000.00
Total	\$ 2,236,348.00

Data Governance Council

- Approved by the Board 2014
- Five-member council made up of two Board members and GMCB staff
- The Data Governance Council provides data stewardship in areas of data quality, risk pertaining to data privacy and security, financial sustainability of the VHCURES program, and data release to support research.
- The Council meets at least once per month in an open, public meeting. Meetings are announced on the Board's calendar of events and meeting information for the Data Governance Council are publicly available.

Gobeille v. Liberty Mutual, At the Supreme Court

Legal Issue	History	Current Status
<ul style="list-style-type: none"> Whether Vermont can require self-insured health plans to report data about paid health care claims for use in VHCURES, Vermont's all-payer claims database, or whether that requirement is preempted by the federal ERISA statute. 	<ul style="list-style-type: none"> In 2011, Liberty Mutual filed for an injunction against the Department of Financial Regulation to prevent the DFR from collecting claims data. At that time, the DFR administered VHCURES. In 2013, VHCURES administration was transferred to the GMCB. 18 V.S.A. § 9410. In 2012-2014, Vermont won at the district court and lost on appeal at the Second Circuit Court of Appeals by a 2-1 split decision. The U.S. Supreme Court granted Vermont's petition for appeal in June 2015. 	<ul style="list-style-type: none"> On December 2, 2015, the case was argued before the U.S. Supreme Court by Vermont Solicitor General Bridget Asay.

Vermont Health Care Innovation Project (VHCIP) Evaluation

Terms of the federal State Innovation Model (SIM) grant require an independent federal evaluation being conducted by the Research Triangle Institute (RTI) and a Vermont-led evaluation.

- The federal evaluation includes longitudinal, summative and comparative analyses of SIM impacts statewide, and on ACO Medicaid and Commercial Shared Savings Programs attributed population.
- VHCIP Vermont-led evaluation includes activities designed to facilitate continuous improvement and evaluation of Vermont-specific pilots and innovations.

Act 54 Deliverables from GMCB

Bill/§	Subject	Purpose	Due
Act 54 Sec 21	Consumer Information and Price Transparency	Directs GMCB to evaluate potential models for allowing consumers to compare information about health care cost and quality across VT	10/1/15
Act 54 Sec 47	Repurpose excess hospital funds	Directs GMCB to identify "stranded dollars" in FY 2016 hospital budget review process and report to the General Assembly	10/15/15
Act 54 Sec 15	Large Group Market; Impact Analysis for 2018 Transition	Directs GMCB to analyze projected impact on rates in the large group market if large employers buy Exchange plans beginning in 2018	Not specified; anticipated 2/16
Act 54 Sec 28	DA Budgets analysis	Directs GMCB to analyze budget and Medicaid rates in one or more Designated Agencies , similar to hospital budget review	1/31/16
Act 54 Sec 23	Provider parity implementation plan	Insurers to submit to GMCB. GMCB to provide update on progress in annual report	7/1/16
Act 54 Sec 7	Vermont Information Technology Leaders (VITL)	Requires GMCB to annually review and approve VITL's budget and its core activities associated with public funding Requires GMCB to consult with VITL when reviewing the statewide Health Information Technology Plan	Ongoing

Other Items In Annual Report Not Presented In This Slide Deck

- Cost Shift
- Expenditure Analysis
- Claims Edits
- Health Information Technology
- Health Care Systems Analysis and Reporting

Resources

Link to GMCB Website:

<http://gmcboard.vermont.gov>

Link to GMCB 2015 Annual Report:

<http://www.gmcboard.vermont.gov/sites/gmcboard/files/Annual-Rpt-011116-Final.pdf>

Vermont Health Care Innovation Project:

<http://healthcareinnovation.vermont.gov>