



# Green Mountain Care Board

## January 2016

# Income Vs. Health Care Costs



	2015	2025
Income	\$60,000	\$73,140
Hourly Pay	\$30	\$36.57
Plan Cost/Hour	\$11.52	\$19.83
Plan Cost/Hour with Subsidy	\$5.92	\$8.81
Plan Cost per Year	\$23,957.00	\$41,253
Cost/Income	38%	56%

## Premium Dollars and Rate Review Savings (in millions)

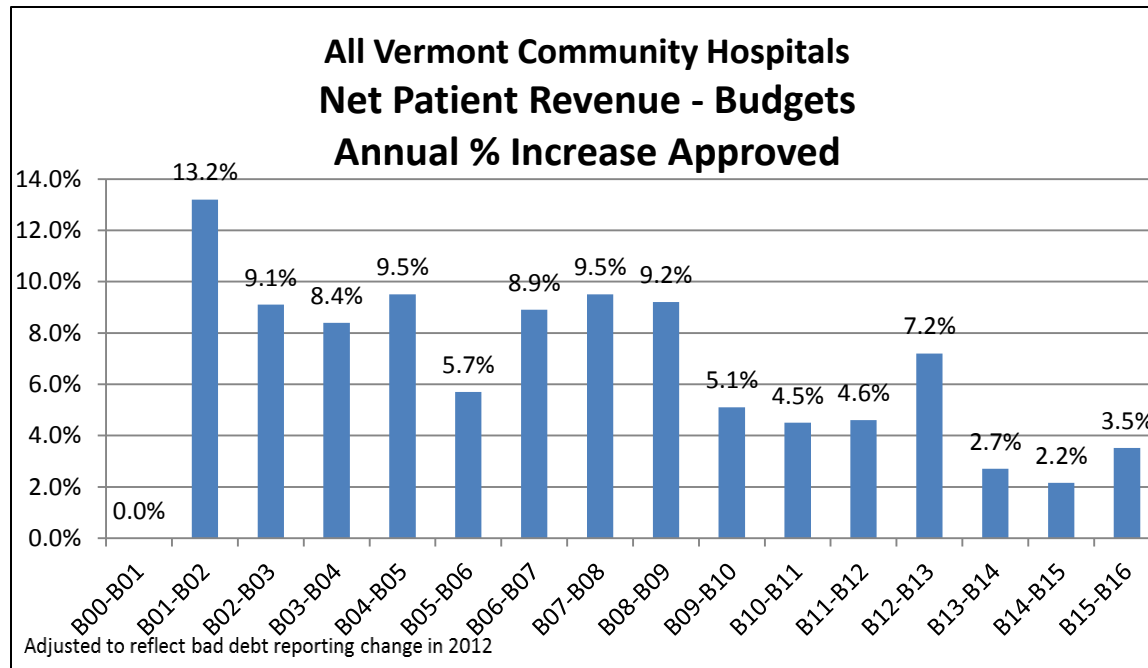
Year	Filings	Proposed Premium	Final Premium	Savings	% Savings
2012	19	\$150.9	\$150.1	\$0.8	0.5%
2013	23	\$725.2	\$702.0	\$23.2	3.2%
2014	14	\$541.3	\$519.2	\$22.1	4.1%
2015	11	\$426.9	\$416.8	\$10.1	2.4%
2016	2	\$430.9	\$421.6	\$9.3	2.2%
Total	69	\$2,275.2	\$2,209.7	\$65.5	2.9%

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.

# 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.



# 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

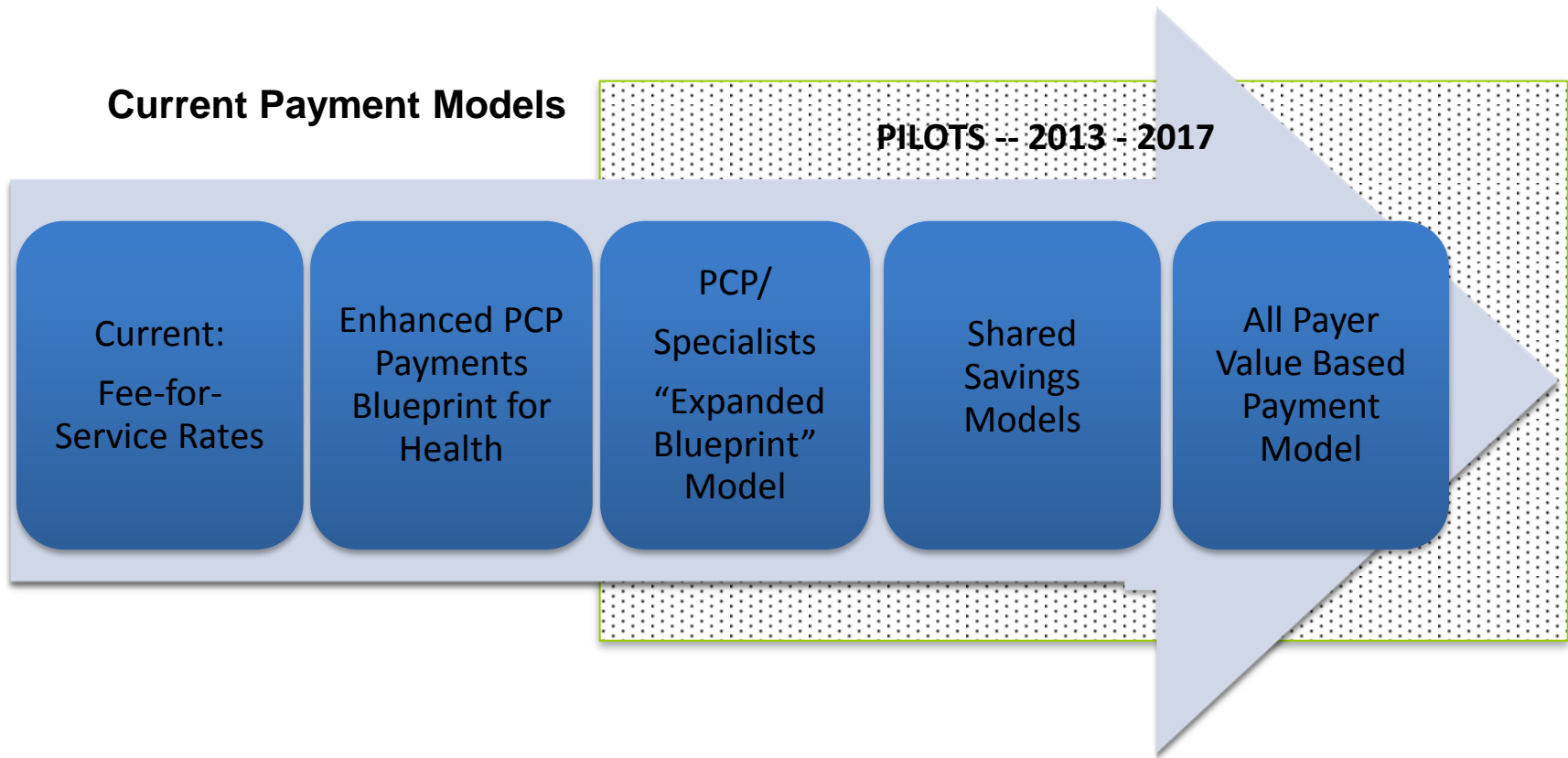
## What is the Result?

- 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

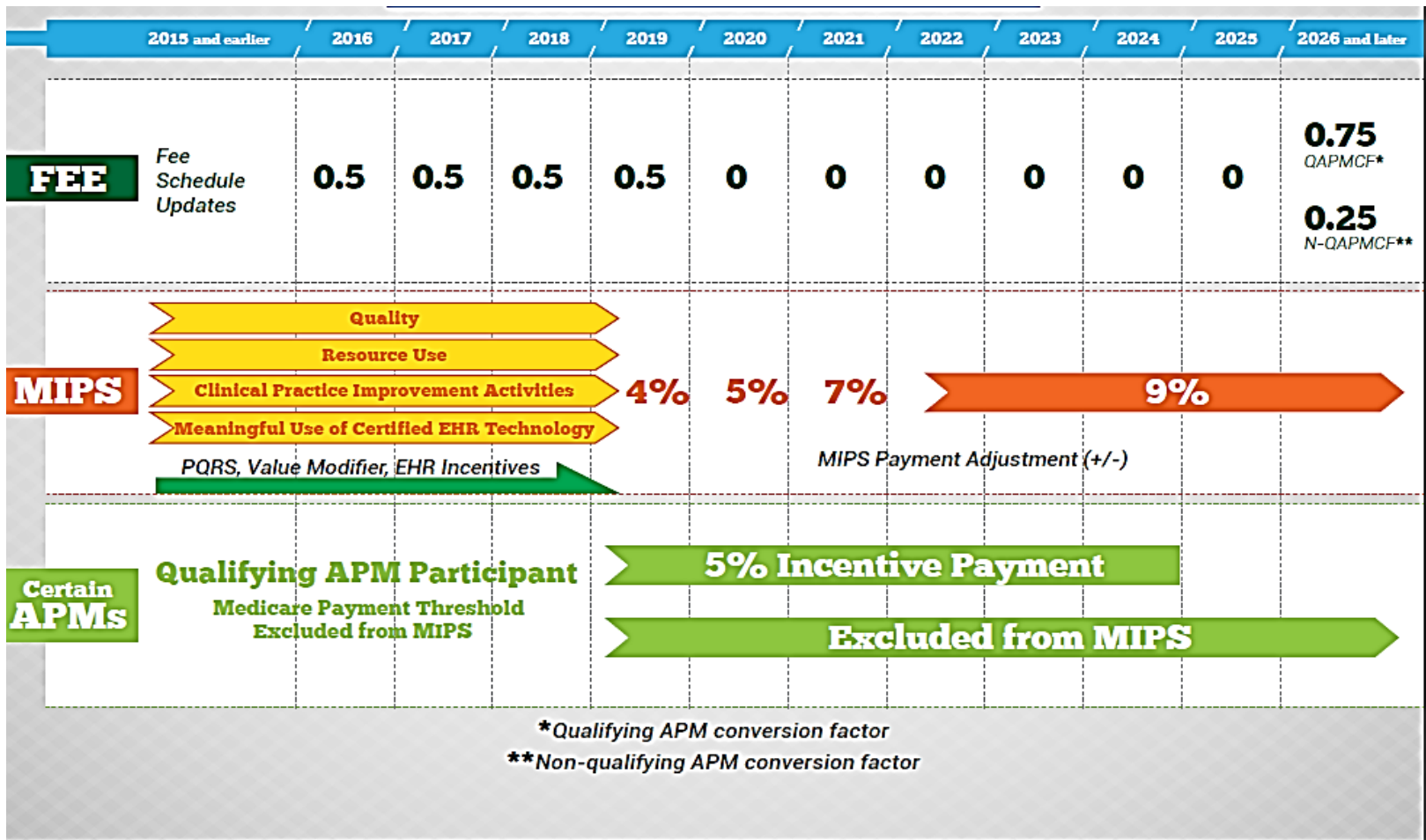
# Goals of Reform

- Make health care more affordable
- Improve experience of care for patients
- Improve access to primary, preventive services
- Construct a highly integrated system
- Control the rate of growth in total health care expenditures
- Align measures of health care quality and efficiency across health care system

# Payment Reform Model Timeline



# 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>



# VT ACO Shared Savings Program By Payer

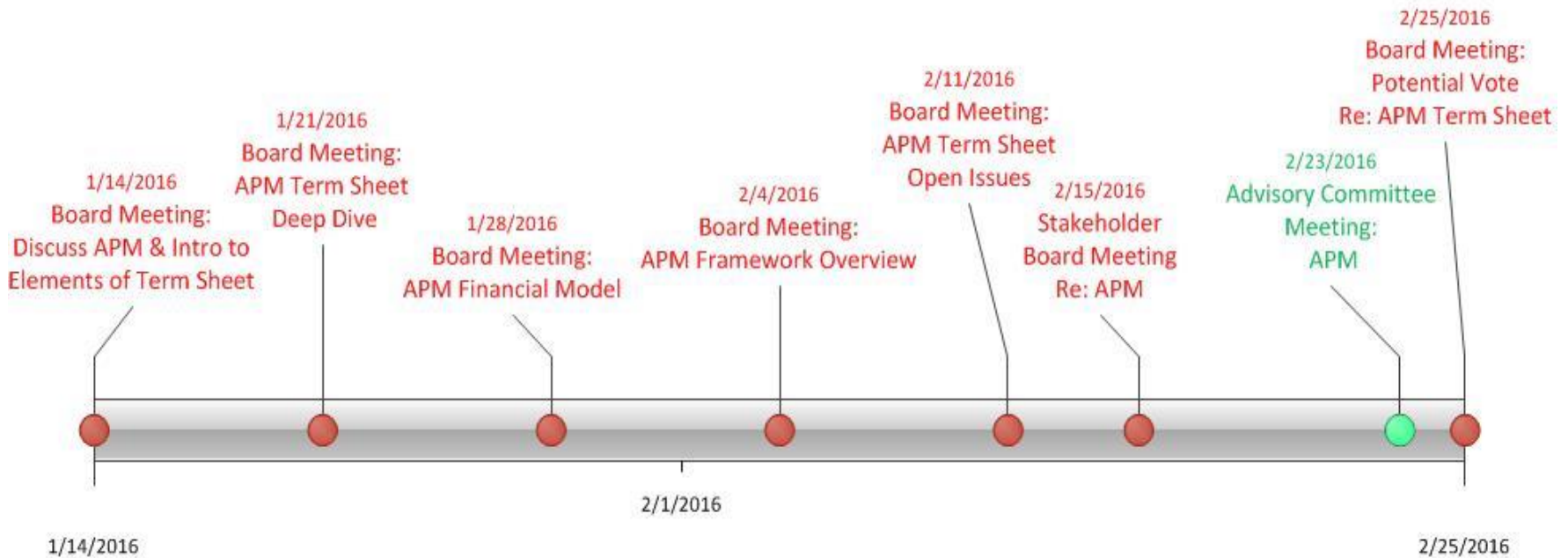
Attributed Lives by ACO by Respective Payer to date as of July 2015

	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
<b>Total</b>	<b>61,560</b>	<b>52,177</b>	<b>42,116</b>	<b>N/A</b>	<b>155,853</b>

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

# 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

# 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

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	1/15/16
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

# QUESTIONS