

H. 912 - An act relating
to the health care
regulatory duties of the
Green Mountain Care
Board

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Senate Committee on Health and Welfare

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[The Vermont Developmental Disabilities Council](#) is a statewide board created by the federal Developmental Disabilities Assistance and Bill of Rights (the DD Act), first adopted by Congress in 1970. |

As stated in our Five Year State Plan, the VTDDC vigorously seeks changes in Vermont's many service systems so that Vermonters with Developmental Disabilities can access the supports and services necessary to foster community inclusion, self-determination, productivity, and independence.

An estimated 86,000 Vermonters experience a developmental disability as defined by the DD Act, with approximately 5,100 receiving some type of community-based support through Medicaid.

It is an integral part of the VT Developmental Disabilities Council mission to ensure healthcare reform does not make things worse for people with developmental disabilities.



Act 113 mandates a process for integration of ALL MEDICAID funded providers, including:

- home health agencies
- mental health agencies
- developmental disability service providers
- emergency medical service providers
- adult day service providers
- and area agencies on aging

... and their funding streams to the extent permitted under federal law, into a transformed, fully integrated health care system that may include transportation and housing.

Act 113 and the All Payer ACO Agreement mandate a plan for the alignment and/or inclusion of all of Medicaid funded services into the All Payer ACO Agreement within the next 3 years.

The VTDDC is seeking greater public engagement and transparency to ensure that the voices of people impacted most by the changes in Medicaid are heard.

What services are included in the All Payer ACO Agreement?

Now

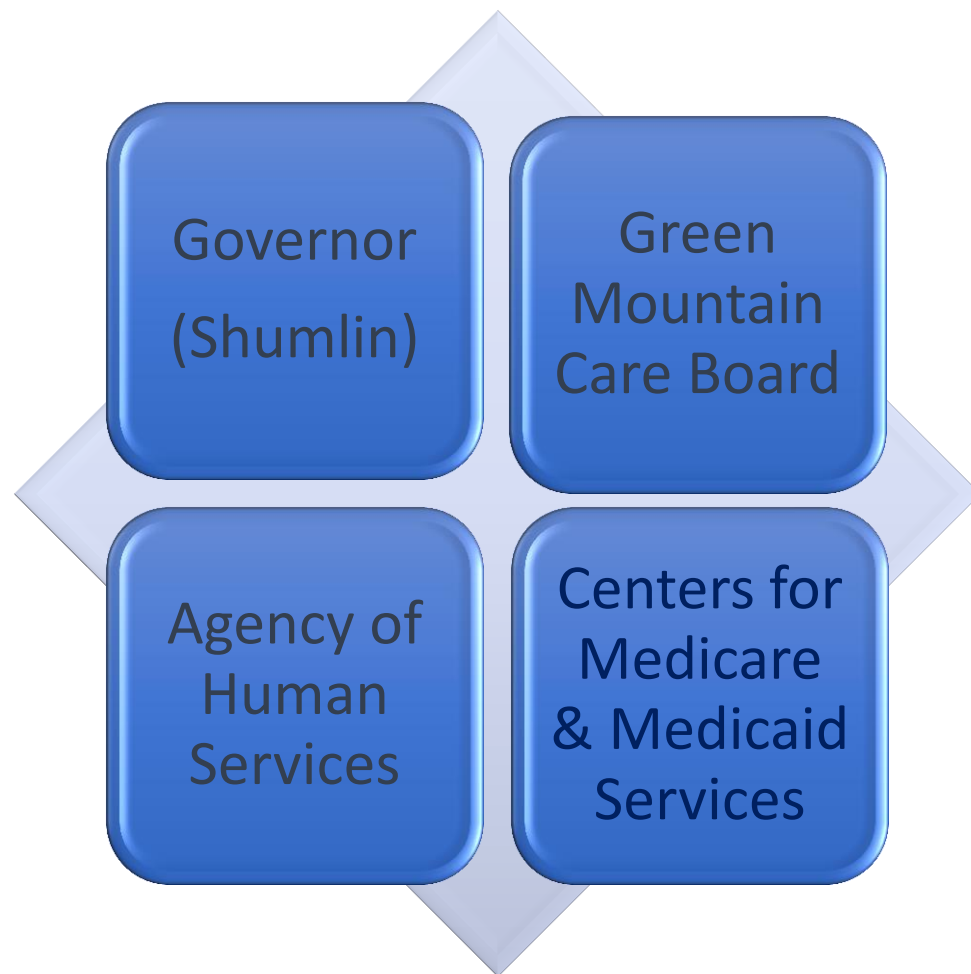
- All Medicare Part A and B services and equivalents
- Doctors, hospitals, specialists

Future

- Medicaid Behavioral Health*
- Medicaid Developmental Services
- Medicaid Skilled Nursing Facilities Long Term Care
- Medicaid Home and Community Long Term Care

*Contract language

*Parties to the All Payer ACO Agreement,
signed 10/27/16*



LCAR has questioned the duality of the GMCB's roles and expressed concerns regarding similarities with EB-5. (See letter from LCAR to Clair Ayer, Chair, Senate Health and Welfare, 1/22/18).

- The dual roles of the GMCB give the appearance of a conflict whereby GMCB may not hold ACOs fully accountable for cost and quality.
- Examples: All Payer party status, GMCB policies, surgical center.
- The public depends on the Green Mountain Care Board to hold ACOs accountable for healthcare costs and quality.

Act 113:

The Green Mountain Care Board enabling legislation mandates public engagement and an Advisory Board.

- Improved Public engagement could be achieved by an improved Advisory Board.

State Action Doctrine:

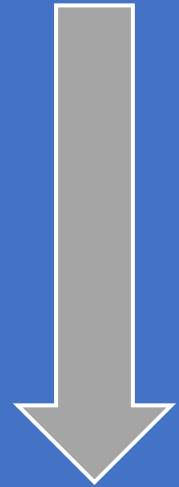
- The State Action Doctrine requires to Vermont to determine that the benefits of an ACO engaging in anti-competitive practices are greater than its costs.
- An assessment should be performed to determine that benefits outweigh costs.

Goals of Act 48:

The Legislature passed Act 113 (H. 812) authorizing the Green Mountain Care Board and the Agency of Administration to enter into an agreement with the Center for Medicaid and Medicare Services, if it aligns with the goals of Act 48.

Cont.

May 2016



Goals of Act 48, *cont.*

Areas of misalignment:

- The All Payer ACO Agreement does not increase access to healthcare or health insurance.
- The All Payer ACO Agreement does not reduce the cost of healthcare or health insurance.
- The All Payer ACO Agreement does not reduce the number of uninsured Vermonters.
- Regarding choice, an individual cannot “opt-out” of the ACO.

SUMMARY:
Requests from
the VT DD
Council

- Strengthen the GMCB Advisory Board. Ensure that it meets more than once a year.
- Add ACOs to Billback statute
- Hold Joint Health Care Oversight Committee Meetings year round.
- Amend Act 113 so that it is not mandatory to move all Medicaid funded services to OneCare and/or into the All-Payer ACO Agreement caps or process.

Cont.

SUMMARY:
Requests from
the VT DD
Council, *cont.*

- Basic Studies:
 - For anti-trust regulation and healthcare reform planning purposes - Vermont needs to know what it costs to operate OneCare and the All Payer ACO Agreement
 - Study cost / benefit of ACO APM total cost of operation/regulation/stand up, technology. If benefits out weigh costs - who benefits?
 - Evaluate the alignment of Act 48 and the All Payer Accountable Care Organization Agreement

Senator Ayer's Amendment provides a framework:

“If the Green Mountain Care Board determines that achieving universal coverage for primary care in Vermont is feasible and that the benefits to Vermont residents outweigh the estimated financial costs, the Board, in consultation with the Agency of Human Services and other interested stakeholders with applicable subject matter expertise, shall prepare a draft operational plan for achieving universal coverage for primary care based on the recommendations and proposals developed pursuant to Sec. 1 of this act.

In determining feasibility, benefits, and cost estimates, the Board shall take into account existing studies indicating the potential savings and improvements to population health from providing access to primary care services.”