

# **Green Mountain Care Board**

Owen Foster, Board Chair

Jean Stetter, Administrative Services Director

March 26, 2024

### **About Us**

VERMONT GREEN MOUNTAIN CARE BOARD

- Established in 2011 (Act 48)
- 5 Board Members
- 6-Year Staggered Terms
- The GMCB is an independent Board that is part of state government
- Quasi-judicial

### THE BOARD & EXECUTIVE DIRECTOR



Owen Foster, JD GMCB Chair



David Murman, MD GMCB Member



Jessica Holmes, PhD GMCB Member



Thom Walsh, PhD, MS, MSPT GMCB Member



Robin Lunge, JD, MHCDS GMCB Member



Susan Barrett, JD GMCB Executive Director

## **Guiding Values**



Non-Partisan Six-year terms which span gubernatorial election cycles

Transparent Decisions and supporting analysis conducted in public

**System-wide View** Integrated regulatory approach to account for cross-system impacts

Public-Interest Informed by agency partners, a broad spectrum of stakeholders, and public

**Accountable** Understand the impact of its decisions on Vermonters

Data-Driven Timely, consistent, and actionable analyses; data stewardship

### **Role of GMCB**

### System-Wide View

### **Delivery System**

**FQHCs** 

Independent Providers
Ambulatory Surgical Centers
(only CON, no budget)
DAs/SSAs
Out of state providers
... and more

### Payers

Medicare and Medicaid
Medicare Advantage Plans
Self-insured plans (many
employer plans)
Out of state plans
... and more

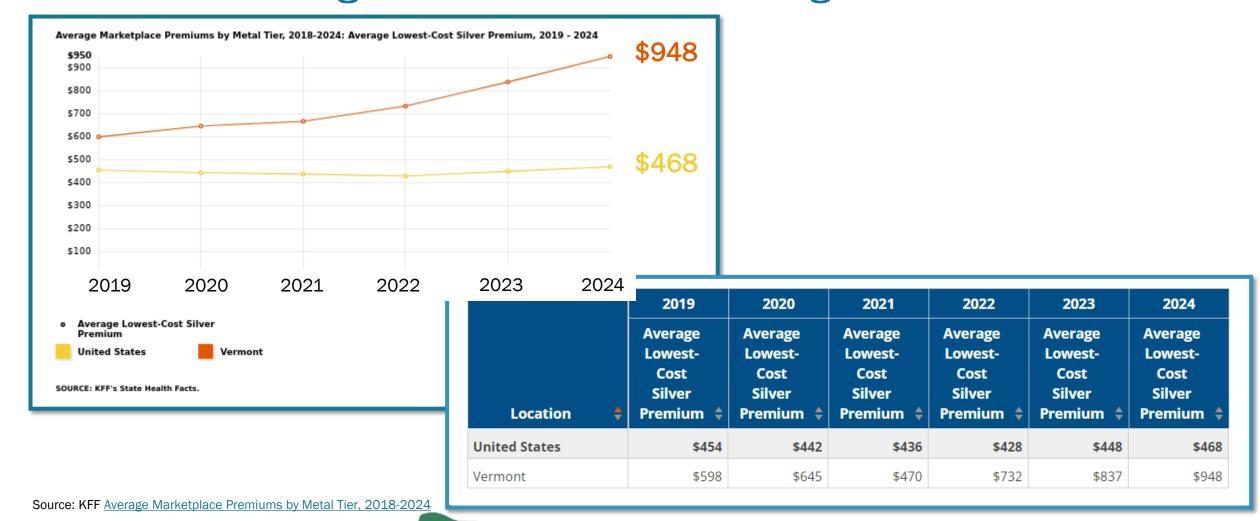
### **GMCB** Regulation

Health Insurer Rate Review
Certificate of Need (CON)
Hospital Budgets
(incl. Hospital Sustainability Planning)
ACO Oversight and Certification
Medicare TCOC Benchmark

TCOC: Total cost of care

## Marketplace Premium Averages Vermont is Higher than National Average





## **New England AGE/QHP INCREASES**



• ME: 45 (1)

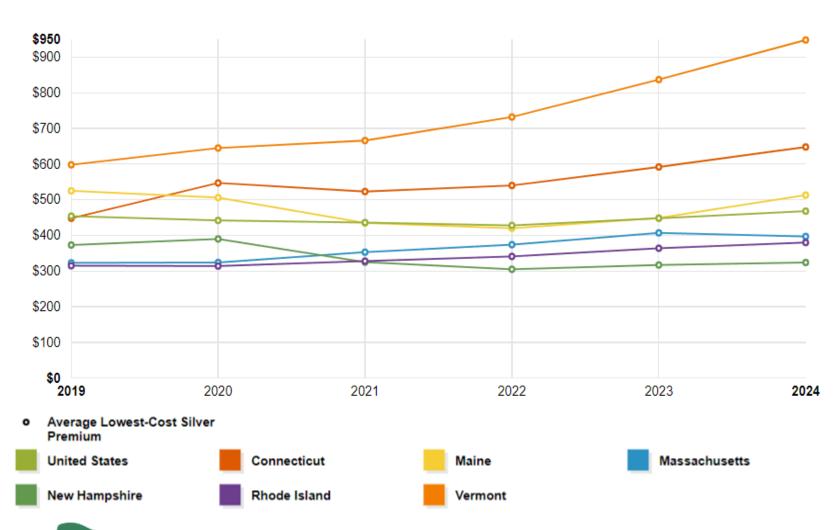
• NH: 43.1 (2)

• VT: 43 (3)

• CT: 41.2 (7)

• RI: 40.3 (9)

• MA 39.7 (17)

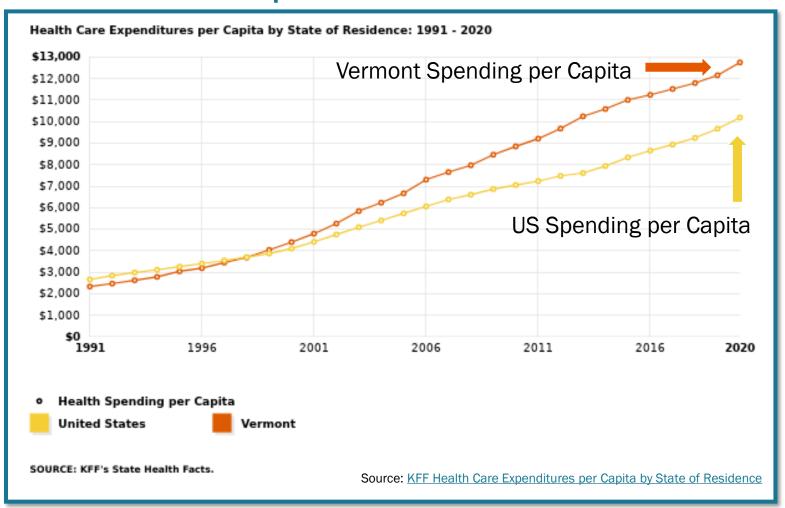


## **NEW ENGLAND QHP**



	2019	2020	2021	2022	2023	2024
Location 💠	Average Lowest- Cost Silver Premium \$	Average Lowest- Cost Silver Premium 💠				
1. Vermont	\$598	\$645	\$470	\$732	\$837	\$948
2. Connecticut	\$448	\$547	\$523	\$540	\$592	\$648
3. Maine	\$525	\$506	\$342	\$420	\$449	\$513
United States	\$454	\$442	\$436	\$428	\$448	\$468
4. Massachusetts	\$323	\$324	\$340	\$374	\$407	\$397
5. Rhode Island	\$315	\$314	\$469	\$341	\$364	\$380
6. New Hampshire	\$373	\$390	\$388	\$305	\$317	\$324

## Health Care Spending per Capita Vermont Outpaces National Trends





#### Notes

The Centers for Medicare and Medicaid Services (CMS) Office of the Actuary produces Health Expenditures by State of Residence and Health Expenditures by State of Provider every five years. The State Health Expenditure Accounts are a subcomponent of the National Health Expenditure Accounts (NHEA), the official government estimates of health spending in the United States. Additional information on data and methods is available here.

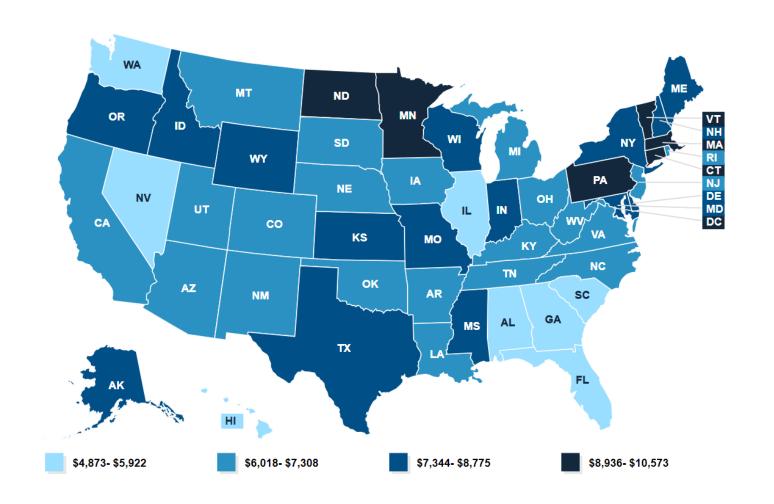
### **NE SPENDING PER CAPITA INCREASES**



	2000			2018	2019	2020
Location \$	Health Spending per Capita 💠	Location <b>‡</b>	ing per	Health Spending per Capita \$	Health Spending per Capita \$	Health Spending per Capita 💠
1. Massachusetts	\$5,171	1. Massachusetts	\$11,746	\$12,215	\$12,729	\$13,319
2. Connecticut	\$5,166	2. Vermont	\$11,521	\$11,797	\$12,159	\$12,756
3. Rhode Island	\$4,772	3. Connecticut	\$10,989	\$11,378	\$11,831	\$12,489
4. Maine	\$4,638	4. Maine	\$10,399	\$10,950	\$11,488	\$12,077
5. Vermont	\$4,398	5. New Hampshire	\$10,573	\$10,974	\$11,310	\$11,793
6. New Hampshire	\$4,236	6. Rhode Island	\$10,290	\$10,464	\$10,988	\$11,694
			4			

### Medicaid Spending per Full-Benefit Enrollee





(as of 2019) Vermont has the 5<sup>th</sup> highest spend on Medicaid per full-benefit enrollee at \$9,712

### **Cumulative Average Change to QHP Rates**



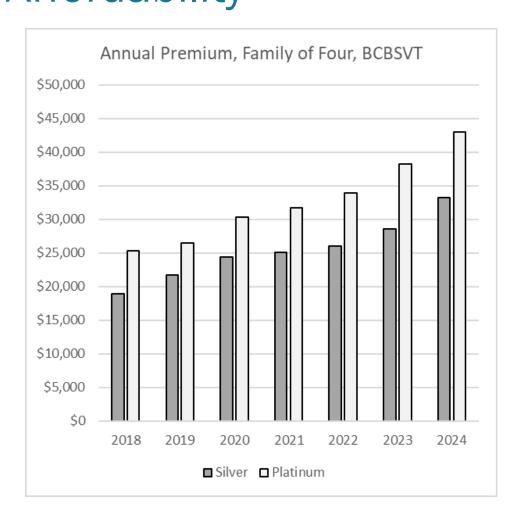
Cumulative Average Change to Rate (2018 base year)								
	MVP - I	MVP - SG	BCBS - I	BCBS - SG				
2019	6.6	6.6%		8%				
2020	17.	17.4%		18.9%				
2021	20.	5%	23.9%					
2022	35.8%	21.5%	29.7%	15.6%				
2023	61.9%	60.6%	44.5%	29.1%				
2024	80.4%	60.2%	64.6%	46.2%				

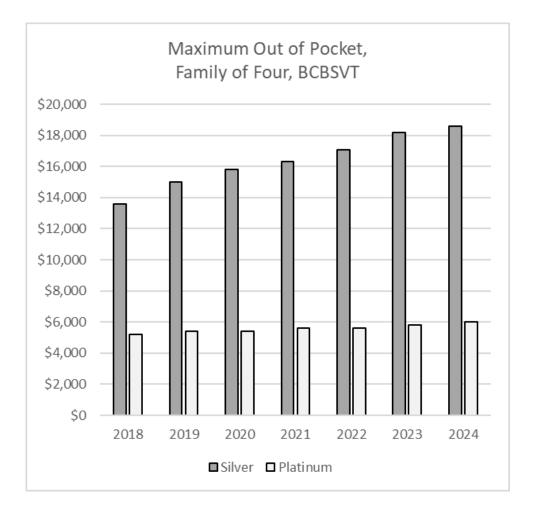
QHP = Qualified Health Plan I = Individual

SG = Small Group

## **Health Care Landscape Trends**Affordability



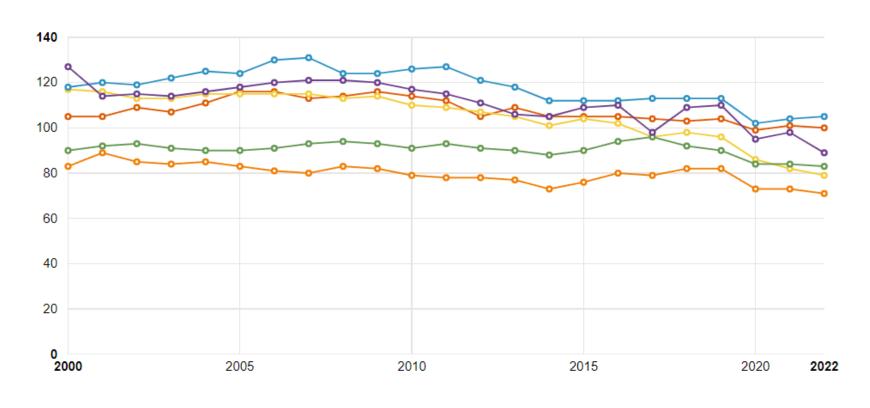




Note. Most VHC users are eligible for subsidies or tax credits. Most uninsured Vermonters are for VHC plan subsidies. Enhanced subsidies from APRA will continue through 2025.

### **NE HOSPITAL UTILIZATION**

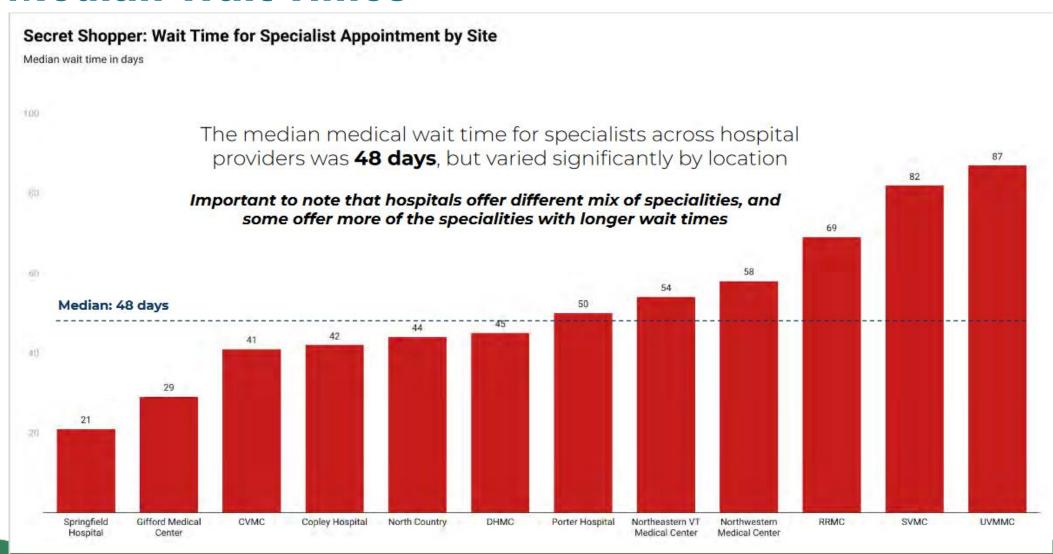






## **Access to Vermont Hospitals: Median Wait Times**





## Rising Health Care Costs Are Impacting Property Taxes



#### Key Considerations from the Administration's Point of View

For Vermonters and policymakers concerned about property taxes, housing affordability, or overall tax burden, this letter should sound a major alarm.

Even applying a projected \$37 million surplus (including \$13 million set aside from last year's surplus) to help offset rates this year in the Education Fund, **this forecast indicates average property tax bills will increase by approximately 18.5 percent for FY25.** Without the surplus, average property tax bills would be projected to increase by about 20 percent.

It is driven predominately by an estimated 12% increase in school spending. Information gathered by the Agency of Education in its survey of school districts indicates this estimated increase in school spending can primarily be attributed to:

- The ending of one-time Federal ESSER funds Many districts used those one-time funds
  to add new services and personnel to recover from the pandemic. A large portion of
  those districts believe these services continue to be necessary. That requires replacing
  those one-time federal dollars with state education funds.
- A 16%+ increase in health care benefits The vast majority of school employees receive
  health benefits. An increase of that magnitude in the cost of those benefits is
  approximately 3% in overall education spending for a district alone.
- 3. Overall inflation increasing the price of operating, living, and working in Vermont fuel, electricity, buses, equipment, supplies, etc.
- 4. Debt service to new capital projects or renovations Vermont's aging fleet of schools is becoming more expensive to maintain and repair as they continue to age.

Average property tax bills will increase by approximately 18.5% for FY25

Increase in school spending can be primarily attributed to

16%+ increase in health care benefits

Source: Dept. of Taxes Education Tax Rate Letter Nov. 30, 2023

## NPR + FPP Approved vs. Submitted



Hospitals	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Brattleboro Memorial Hospital	-	(164,000)	-	(97,012)	(18)	(1,323,196)	(1,283,242)	(1,820,443)	-	(2,469,448)		
Central Vermont Medical Center	-	(809,000)	-	-	(1,389,660)	(31,044)	-	-	(932,382)	(1,917,742)		(16,919,056)
Copley Hospital	(384,572)	-	-	(482,052)	-	(1,638,974)	(1,836,660)	-	(368,445)	(734,249)	-	-
Gifford Medical Center	-	-	-	-	-	16,619	-	-	-	-	-	-
Grace Cottage Hospital	-	-	-	-	-	-	-	(998,848)	(362,846)	(281,500)	-	-
Mt. Ascutney Hospital & Health Ctr	-	-	-	-	-	287,028	-	(1,251,758)	-	-	-	-
North Country Hospital	-	-	-	-	-	(596,182)	-	-	-	(895,024)	-	(496,000)
Northeastern VT Regional Hospital	-	(344,315)	-	(392,000)	-	(190,101)	(411,692)	(186,650)	-	-	-	(8,381,484)
Northwestern Medical Center	-	-	-	(475,500)	(931,081)	(1,375,708)	-	-	(4,677,512)	-	-	-
Porter Medical Center	(465,931)	-	-	-	1	463,665	-	-	-	-	-	-
Rutland Regional Medical Center	-	-	-	-	-	(583,948)	-	-	-	-	-	-
Southwestern VT Medical Center	-	-	-	-	(429,951)	-	-	-	-	-	-	-
Springfield Hospital	-	-	(292,000)	-	-	-	-	10,000	(918,621)	(2,990,690)	-	(516,000)
The University of Vermont Medical Center	-	(3,772,014)	-	-	(2,451,429)	(1,255,121)	-	(3,076,000)	(9,317,899)	-	-	-
Total Submitted	2,123,718,898	2,186,359,996	2,229,352,637	2,308,927,609	2,421,244,641	2,502,528,545	2,611,028,468	2,724,666,167	2,807,046,674	2,968,094,825	3,274,821,586	3,604,812,678
Total Approved	2,122,868,395	2,181,270,667	2,229,060,637	2,307,481,045	2,416,042,503	2,496,301,583	2,607,496,874	2,717,342,468	2,790,468,969	2,958,806,172	3,274,821,586	3,578,500,138
Percent Approved	99.96%	99.77%	99.99%	99.94%	99.79%	99.75%	99.86%	99.73%	99.41%	99.69%	100%	99%

**Note:** approved amounts include adjustment for transfers and mid-year modifications

## **FY2024 Hospital Budget Decisions**



Charge Increases					
Hospital	FY23 Approved	FY24 Submitted	FY24 Approved	2-Year Submitted	2-Year Approved
System-Wide	10.5%	10.6%	4.1%	21.1%*	14.6%*
Brattleboro Memorial Hospital	14.6%	1.5%	1.5%	16.1%	16.1%
Central Vermont Medical Center (CVMC)**	10.0%	10.0%	5.0%	20.0%	15.0%

Charge Increases (continued)					
Hospital	FY23 Approved	FY24 Submitted	FY24 Approved	2-Year Submitted	2-Year Approved
Copley Hospital	12.0%	15.0%	8.0%	27.0%	20.0%
Gifford Medical Center	3.7%	3.6%	3.6%	7.3%	7.3%
Grace Cottage Hospital	5.0%	4.0%	4.0%	9.0%	9.0%
Mt Ascutney Hospital and Health Center	4.7%	5.1%	5.1%	9.8%	9.8%
North Country Hospital	12.2%	4.5%	4.0%	16.7%	16.2%
Northeastern Vermont Regional Hospital (NVRH)	10.8%	15.0%	8.0%	25.8%	18.8%
Northwestern Medical Center	9.0%	6.0%	6.0%	15.0%	15.0%
Porter Hospital**	3.5%	5.0%	3.1%	8.5%	6.6%
Rutland Regional Medical Center	17.4%	5.6%	5.6%	23.0%	23.0%
Southwestern Vermont Medical Center	9.5%	6.6%	6.6%	16.1%	16.1%
Springfield Hospital	10.0%	7.0%	6.0%	17.0%	16.0%
University of Vermont Medical Center (UVMMC)**	10.1%	10.0%	3.1%	20.1%	13.2%

<sup>\*</sup>The 2-year Medicare inpatient market basket growth is 7.0% from FY22-FY24. The 2-year median wage growth in Vermont is 8.6% from CY22-CY24. The weighted system-wide 2-year GMCB-approved charge increases from FY13-FY22 (including mid-year) is 8.8%.

GMCB made adjustments to seven hospitals' budgets to limit the rate increases that impact commercially insured patients, representing a 7.8% reduction (\$145 million) from submitted budgets.

Source: Press Release <u>GMCB ESTABLISHES FY24 HOSPITAL</u> BUDGETS BALANCING AFFORDABILITY AND SUSTAINABILITY

<sup>\*\*</sup> For FY23, the UVMHN hospitals used commercial effective rates as their approved rate increases, which were: 12.50% for CVMC. 11.50% for Porter Hospital, and 14.77% for UVMMC.



Year	Median Household Income (VT)	Medicare Market Basket: Inpatient Hospital	Inflation (Hospital PPI*)	System-Wide Hospital Rate Requests**
2021	3.2%	4.9%	4.6%	6.8%
2022	5.5%	5.7%	2.1%	6.0% <sup>†</sup>
2023	4.7%***	3.4%***	3.2%	10.6%
2024	3.9%***	3.0%***	n/a	10.6%

<sup>&</sup>lt;sup>†</sup> Initial change in charge requests. Three hospitals (Rutland, UVMMC, and CVMC) submitted mid-year requests. Factoring in those requests, the overall requests for 2022 were 12.2% for system-wide and 16.1% for UVMMC.

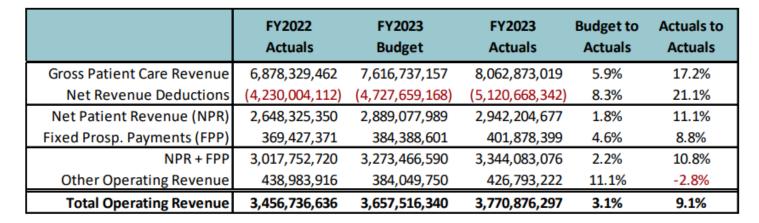
Sources: Median Household Income for 2021-2022 is from the U.S. Census Bureau and 2023-2029 forecasted by Moody's Analytics. Medicare Market Basket Data is sourced from the IHS Global Inc. (IGI) 2023Q1 Forecast released by CMS, OACT, National Health Statistics Group.

<sup>\*</sup>US Bureau of Labor Statistics, Series PCU622110622110. Provider Price Index industry data for General medical and surgical hospitals, not seasonally adjusted

<sup>\*\*</sup> Change in Charge Requests

<sup>\*\*\*</sup> Forecasted Values.

## **Vermont Hospital System**



	FY2022 Actuals	FY2023 Budget	FY2023 Actuals	Budget to Actuals	Actuals to Actuals
Salaries, Benefits (non-MDs)	1,560,459,507	1,578,404,530	1,635,649,438	3.6%	4.8%
Fees, Salaries, Benefits (MDs)	454,089,379	500,385,181	483,485,057	-3.4%	6.5%
Other Operating Expense	1,183,053,973	1,172,560,078	1,295,580,144	10.5%	9.5%
Health Care Provider Tax	172,567,880	187,764,892	176,861,506	-5.8%	2.5%
Depreciation Amortization	126,016,538	125,382,213	127,172,867	1.4%	0.9%
Interest	22,012,682	21,930,797	22,730,583	3.6%	3.3%
Total Operating Expense	3,517,931,374	3,586,427,691	3,741,390,066	4.3%	6.4%

 Operating Income
 (61,194,739)
 71,088,650
 29,486,231

 Operating Margin
 -1.77%
 1.94%
 0.78%



## **VT Hospital Operating Margin**



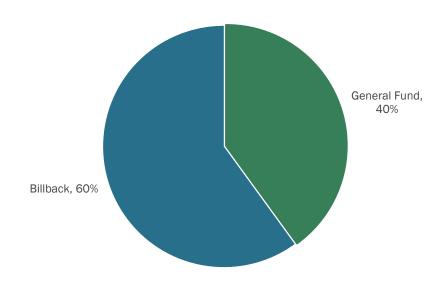
Hospital	FY19	FY20	FY21	FY22	FY23
Brattleboro Memorial Hospital	0.76%	0.55%	-1.71%	-3.81%	-1.73%
Central Vermont Medical Center	-2.09%	-0.56%	-1.02%	-6.51%	-2.59%
Copley Hospital	-3.17%	-3.88%	5.08%	-0.71%	-0.68%
Gifford Medical Center	-0.80%	2.53%	8.78%	6.97%	0.00%
Grace Cottage Hospital	-6.70%	1.07%	8.02%	-6.83%	-2.29%
Mt. Ascutney Hospital & Health Ctr	0.22%	0.72%	9.14%	1.69%	0.89%
North Country Hospital	1.91%	3.74%	4.60%	-10.31%	-3.73%
Northeastern VT Regional Hospital	1.83%	1.29%	2.88%	0.23%	1.14%
Northwestern Medical Center	-8.04%	-0.93%	4.73%	-4.26%	-5.91%
Porter Medical Center	5.14%	4.00%	7.73%	3.07%	8.75%
Rutland Regional Medical Center	0.43%	0.19%	2.24%	-3.76%	1.55%
Southwestern VT Medical Center	3.26%	2.76%	4.50%	-0.17%	-2.46%
Springfield Hospital	-18.39%	-11.24%	1.17%	5.39%	-4.15%
The University of Vermont Medical Center	2.19%	-0.27%	2.27%	-1.24%	3.22%
All Vermont Community Hospitals	0.73%	0.05%	2.77%	-1.77%	1.47%

## FY2025 Gov. Rec. Budget



#### **MISSION**

Drive system-wide improvements in access, affordability, and quality of health care to improve the health of Vermonters.



### FY 2025 BUDGET SUMMARY & STAFF

#### All Funds +3.0%

- Salary and Fringe 7.4%
  - Salary +2.7% (Vacancy Savings FY24 3.6% to FY25 3.5%)
  - Fringe +15.9%
- Operating Expenses –1.0%
- Contracts –2.1%

### 5 Board, 6 Exempt, 21 Classified

• 10/23 converted classified position to exempt for Staff Attorney

#### To Review

- Act 167 and Health System Sustainability
- Data stewardship & governance
- Proposed billback language change
- Space

## FY2025 Budget

	General \$\$	Special \$\$	Total \$\$
Approp #1 [3330010000]: Green Mountain Care Board FY 2024 Approp	3,392,339	5,146,894	8,539,233
Other Changes: (Please insert changes to your base appropriation that			0
occurred after the passage of the FY24 budget]			
FY 2024 Other Changes	0	0	0
Total Approp. After FY 2024 Other Changes	3,392,339	5,146,894	8,539,233
CURRENT SERVICE LEVEL/CURRENT LAW	101,770	154,407	256,177
Personal Services	134,357	201,534	335,891
500000: Salary & Wages: Classified Employees	31,594	47,390	78,984
500010: Salary & Wages: Exempt Employees			
501500: Health Insurance: Classified Employees	75,359	113,038	188,397
501510: Health Insurances: Exempt Employees			
502000: Retirement: Classified Employees	15,148	22,722	37,870
502010: Retirement: Exempt Employees			
All Other Employee Payroll Related Fringe Benefits	3,315	4,972	8,287
504040: VT Family & Medical Leave Insurance Premium	4,578	6,866	11,444
504045: Child Care Contribution	4,068	6,103	10,171
505200: Workers' Compensation Insurance Premium	295	443	738
508000: Vacancy Turnover Savings	0	0	0
			0
Operating Expenses	(32,587)	(47, 127)	(79,714)
515010: Fee-for-Space Charge	(39,847)	(59,770)	(99,617)
516000: Insurance Other Than Employee Benefits	(134)	(201)	(335)
516010: Insurance - General Liability	(265)	(397)	(662)
516671: VISION/ISD	82	122	204
516685: ADS Allocated Charge	893	1,339	2,232
519006: Human Resources Services	962	1,443	2,405
523620: Single Audit Allocation	34	50	84
514000: Rental Space	41,042	61,564	102,606
Other Operating Expenses	(4,364)	(6,546)	(10,910)
Contracts	(30,990)	(44,731)	(75,721)
			0
Grants	0	0	0
			0
Subtotal of Increases/Decreases	101,770	154,407	256,177
FY 2025 Governor Recommend	3,494,109	5,301,301	8,795,410



### **Act 167 of 2022 Sections 1 and 2**



Act 167
Sections 1-2

Total Funding: \$5,000,000

Subsequent APM Agreement

AHS Lead, GMCB Collab.

AHS GMCB \$900,000 <u>\$550,000</u> \$1,450,000 Developing Value-Based Payment Models

Hospital Global Budget Development

GMCB Lead, AHS Collab.

GMCB: \$1,800,000

Evolving GMCB Regulatory Processes

GMCB Hospital Budget Review Process

**GMCB** 

Funding for this work pre-dates Act 167

Community
Engagement to
Support Hospital
Transformation

GMCB Lead, AHS Collab.

GMCB: \$1,750,000

## **Statewide Community Engagement: Numbers To Date**



1800+

Across all stakeholder types and meetings<sup>1</sup>

~52

**Participants** 

On average per community meeting, including state-wide meetings

**Participants** 

100+

Contacted

**Organizations** 

93+

**Public Comments** 

Received

Meeting Type	# of Meetings	Estimated # of Attendees <sup>1</sup>
Stakeholder meetings on engagement plan	16	91 <sup>2</sup>
Hospital Leadership and Boards	28	235
Diverse Populations	13	96
State Partners	12	18
Community Leaders	3	6
Community Meetings (public HSA level)	18	931
Provider Meetings (public HSA level)	14	460
Provider interviews and sessions	15	128

<sup>1:</sup> The number of attendees provided is an estimate based on all available attendance reports, but could potentially be higher;

<sup>2:</sup> The 91 participants are excluded from the 1.8K total as they are accounted for in the other meeting types

### Resources



**GMCB Website** 

**GMCB Overview** 

GMCB 2024 Meeting Info.

2023 Annual Report

Legislative Reports

• Billback Reports

### Process Explainers: GMCB Regulatory

- Data & Analytics
- Health Insurance Premium Rate Review
- Hospital Budget Review
- ACO Oversight

**GMCB All-Payer Model Webpage** 

Hospital Sustainability and Act 167

 Community Engagement to Support Hospital Transformation