

## **Green Mountain Care Board Member Job Description**

### **Green Mountain Care Board**

The Green Mountain Care Board was created in 2011 by Vermont's health care reform law (18 V.S.A. Chapter 220 pursuant to Act 48) to promote the general good of the state of Vermont by: (1) improving the health of the population; (2) reducing the per-capita rate of growth in expenditures for health services in Vermont across all payers while ensuring that access to care and quality of care are not compromised; (3) enhancing the patient and health care professional experience of care; (4) recruiting and retaining high-quality health care professionals; and (5) achieving administrative simplification in health care financing and delivery.

The Board consists of a Chair and four members. The Chair is responsible for leading the Board's processes, including developing a collaborative environment and assuring thoughtful and informed deliberations. In addition to leading the Board processes, the Chair supervises the Board's administrative staff and is a full-time employee. Board members are 0.8 FTE (32 hours) employees with an annual salary that is currently \$111,633.60. Board members, including the Chair, may have outside work, although all members must comply with conflict of interest and recusal requirements noted below. The Chair and board members serve for a term of 6 years and are entitled to standard benefits provided to exempt state employees.

### **Summary of Board Responsibilities**

The Board oversees and evaluates the development, implementation, and effectiveness of health care payment and delivery system reforms designed to control the rate of growth in health care costs and maintain health care quality and access in Vermont.

The Board's key oversight responsibilities include the final approval for insurance rate requests, hospital budgets, accountable care organization budget certification, and capital projects requiring certificates of need. In addition, the Board is the steward of two major health care data sets, provides significant data analysis to support policy making and is a co-signatory to Vermont's federal All-Payer Model agreement.

A full list of the Board's responsibilities can be viewed at:

<http://legislature.vermont.gov/statutes/section/18/220/09375> (18 V.S.A. § 9375), [GMCB Overview](#), [Role of the GMCB](#) on the [About GMCB](#) section of the Board's website.

### **Principles**

Candidates must be committed to the principles outlined in the law:

- The State of Vermont must ensure universal access to and coverage for high-quality, medically necessary health services for all Vermonters. Systemic barriers, such as cost, must not prevent people from accessing necessary health

care. All Vermonters must receive affordable and appropriate health care at the appropriate time in the appropriate setting.

- Overall health care costs must be contained and growth in health care spending must balance the health needs of the population with the ability to pay for such care.
- The health care system must be transparent in design, efficient in operation, and accountable to the people it serves. The State must ensure public participation in the design, implementation, evaluation, and accountability mechanisms of the health care system.
- Primary care must be preserved and enhanced so that Vermonters have care available to them, preferably within their own communities. The health care system must ensure that Vermonters have access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care. Other aspects of Vermont's health care infrastructure, including the educational and research missions of the State's academic medical center and other postsecondary educational institutions, the nonprofit missions of the community hospitals, and the critical access designation of rural hospitals, must be supported in such a way that all Vermonters, including those in rural areas, have access to necessary health services and that these health services are sustainable.
- Every Vermonter should be able to choose his or her health care provider.
- Vermonters should be aware of the costs of health services. Costs should be transparent and easy to understand.
- Individuals have a personal responsibility to maintain their own health and to use health resources wisely, and all individuals should have a financial stake in the health services they receive.
- The health care system must recognize the primacy of the relationship between patients and their health care practitioners, respecting the professional judgment of health care practitioners and the informed decisions of patients.
- Vermont's health delivery system must seek continuous improvement of health care quality and safety and promote healthy lifestyles. The system therefore must be evaluated regularly for improvements in access, quality, and cost containment.
- Vermont's health care system must include mechanisms for containing all system costs and eliminating unnecessary expenditures, including by reducing administrative costs and by reducing costs that do not contribute to efficient, high-quality health services or improve health outcomes. Efforts to reduce overall health care costs should identify sources of excess cost growth.
- The financing of health care must be sufficient, fair, predictable, transparent, sustainable, and shared equitably.
- The system must consider the effects of payment reform on individuals and on health care professionals and suppliers. It must enable health care professionals to provide, on a solvent basis, effective and efficient health services that are in the public interest.

- Vermont's health care system must operate as a partnership between consumers, employers, health care professionals, hospitals, and the State and federal government.

### **Qualifications**

Candidates will be evaluated based on the following criteria:

1. Commitment to the above Principles.
2. Knowledge of or expertise in health care policy, health care delivery, or health care financing, financial statements and budgets, and openness to alternative approaches to health care.
3. Possession of desirable personal characteristics, including integrity, impartiality, health, empathy, experience, diligence, neutrality, administrative and communication skills, social consciousness, public service, and regard for the public good.
4. Expertise, knowledge, and characteristics that will complement that of other Board members.
5. Impartiality and the ability to remain free from undue influence by a personal, business, or professional relationship with any person subject to supervision or regulation by the Board.

### **Position Parameters**

Board members, including the Chair, may not serve as officers, directors, organizers, or employees of, consultants to, or attorneys for a person or entity subject to supervision or regulation by the Board. However, health care practitioners that are non-administrative/management employees of a hospital or other health care facility may serve on the Board so long as they recuse themselves from matters which involve their employer. Candidates need not resign these positions prior to accepting a Board member or Chair position. See Title 18, section 9374(c) of the Vermont Statutes Annotated for additional details.

### **Appointment Process**

The Governor makes appointments to the Green Mountain Care Board from a list of qualified candidates submitted to him by the Green Mountain Care Board Nominating Committee. The Nominating Committee consists of nine members, appointed by the Speaker of the House, Senate President Pro Tempore, Committee on Committees, and Governor. An appointment by the Governor to the Green Mountain Care Board is subject to confirmation by the Senate. The application process is confidential by law.