

## Melamed, Marisa

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**From:** Wallack, Anya  
**Sent:** Sunday, January 20, 2013 10:39 PM  
**To:** Lunge, Robin; London, Katharine  
**Cc:** Costa, Michael; Spaulding, Jeb  
**Subject:** Re: 2017 HC Financing Plan draft for review  
**Attachments:** TPs re 2017 report.docx

Katharine,

Have waded through most of the front-end of the report and skimmed the back end. I think the analysis underlying the report is solid but the report, quite frankly, is really hard to comprehend, doesn't have a good flow. No ordinary mortal will know what you have concluded. I think development of an executive summary ASAP is essential.

Attached is an outline that could form the basis for an ES or talking points. Hope it helps.

Anya

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## Johnson, Harriet

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**From:** Wallack, Anya  
**Sent:** Monday, January 21, 2013 11:35 AM  
**To:** Katharine London  
**Cc:** Lunge, Robin; Larson, Mark; Spaulding, Jeb  
**Subject:** 2017 report

Katharine,

Aside from the general concerns I raised in my email last night (very tough to understand what you did or what the report concludes), here are some specific suggestions.

Need to explain what "GMC primary" means

Need to explain what claims costs are

Medicare pmpms (page 20) seem extremely low — are you confident in them?

The whole explanation of assumptions around provider payment must be made much more clear — this will be a hot button, and as it stands it is pretty hard to understand

Again, I think the key is an executive summary could help immensely. It **must** make clear:

Who is covered?

For what are they covered?

How is that different from 2014 covered benefits?

What are providers paid?

What savings are assumed?

What additional costs are assumed beyond the "base case"?

If you do this well, most of the report becomes gobbledy-gook that nobody in their right mind will wade into. I think some before and after graphics might illuminate better than the tables.

Thanks.

Anya

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