Progress on Hsiao Report Recommendations

Hsiao Report Recommendation	Accomplishments/Timeline
The Vermont legislature should draft and pass a health care reform law that institutes a single payer system with integrated service delivery	**May 26, 2011** - **Act 48 enacted** Governor Shumlin signs into law Act 48, An act relating to a universal and unified health system, which includes: • Creating framework for the Vermont Health Benefit Exchange • Creating framework for Green Mountain Care (GMC) • Creating the Green Mountain Care Board • Establishing preconditions for Green Mountain Care implementation
Work should continue on developing an insurance exchange as dictated by PPACA	**January 17, 2012** - **Exchange integration report submitted** Director of Health Care Reform submits Act 48 Integration Report: The Exchange, as required by Sec. 8(a)(1) of Act 48. Report includes: • Addressing the Basic Health Program (an option under the ACA) • Recommending against allowing individual and small group plans to be sold outside the Exchange • Recommending defining a "small employer" as an employer with 100 or fewer employees • Considerations for design of Exchange common benefit package (but not benefit package itself) **May 16, 2012 - Act 171 enacted** Governor Shumlin signs into law Act 171 (H.559), An act relating to health care reform implementation • Requires all individual and small group plans to be sold through the Exchange beginning January 1, 2014 • Defines "small employer" for Exchange as employer with 50 or fewer employees for 2014 and

2015 and an employer with 100 or fewer employees beginning in 2016

May 28, 2013 - Act 50 (Budget bill) enacted
Governor Shumlin signs into law Act 50 (H.530), An act relating to making appropriations for the support of government

- Sec. E.307.1(a) creates State premium assistance subsidy for Exchange plans to reduce premium by additional 1.5% for individuals and families up to 300% FPL
- Sec. E.307(b) creates State cost-sharing subsidies for Exchange plans for individuals and families up to 300% FPL
- Provisions to take effect October 1, 2013 for coverage beginning January 1, 2014

October 1, 2013 - Exchange (Vermont Health Connect) website goes live, open enrollment begins
Individuals and employers with 50 employees or fewer begin shopping for plans online and enrolling in plans (Act 171); online premium payment function not operational

November 1, 2013 - Act 48 deadline for Exchange to begin enrolling individuals and small groups (Sec. 2(a)(2)(A))

January 1, 2014 - **Exchange coverage starts**
Coverage begins under Exchange plans, as well as federal and State premium tax credits and cost-sharing subsidies

January 15, 2015 - Director of Health Care Reform to deliver a report including:

	• Plans available inside and outside the Exchange, projected premiums, and enrollment data • Recommendations for statutory changes to improve the Exchange • Vermont's efforts to obtain a federal waiver under Sec. 1332 of the ACA **March 15, 2015 - First Exchange impact report due** Then every three years thereafter (Act 79, Sec. 42a) **January 1, 2016 - Employers with 100 or fewer employees buy through Exchange** **January 1, 2017 - Large employers may purchase plans through Exchange** **January 1, 2017 - Waiver for State Innovation available** January 1, 2017 is the first day that a waiver of the Exchange and other Affordable Care Act requirements can take effect under Sec. 1332 of the ACA
Vermont should continue to execute its current Health Information Technology and Health Information exchange (HIE) strategy to build the necessary computerization and standardization of health information to facilitate efficient medical and claims information under single payer	**February, 2012** – More than 85% of primary care providers work with VITL to install an EHR or use their existing system to improve patient care **December, 2012**- Eight of Vermont's FQHCs have operational EHR systems **December 2013 –** VITL announces completion of a successful HIE pilot with Fletcher Allen Health Care resulting in radiology and transcribed reports from Fletcher Allen being available on a limited basis to other health care providers

	2014 - Consent policy revisions requested – under consideration; provider portal to be implemented in the spring.
Vermont should have an all claims database to minimize fraud and abuse and create administrative savings	**January 15, 2012 – Health Information Technology Plan Recommendations submitted** Includes VHCURES in the Health Services Enterprise scope of work for planning and recommendation purposes **May 15, 2013 - Act 79 of 2013 is signed into law** Act 79 requires the GMCB to collect data on Vermont residents from commercial health insurers and Vermont's Medicaid program. For the purposes of VHCURES data collection, the definition of "health insurers" includes third-party administrators (TPAs), pharmacy benefit managers (PBMs), hospitals and health systems, administrators of self-insured or publicly insured health benefits plans, and any other similiar entity with claims data, eligibility data, provider files and other information relating to health care provided to Vermont residents. **July 1, 2013 – GMCB assumed responsibility for VHCURES**
Vermont should research and develop proposals to build Smart Card technology into its HIT plan	**Present** - Vermont has met with several Smart Card vendors about this technology.
Vermont should continue expanding the medical homes programs legislated by the Blueprint for Health	**2012:** • Hub and Spoke program to combat opioid addiction • Expansion of mental health and substance abuse staffing on the community health teams at the local level

	• Design of measures sets for depression and addictions in central clinical registry • Staff support to primary care practices choosing mental health, substance use, and health behavior conditions as part of a national certification process (NCQA) • Pilot development and planned implementation of wellness recovery action planning • Convening a mental health and addictions advisory committee
Vermont should develop and test pilot ACO programs around the state and rigorously evaluate them to determine the key success factors and strategies to scale state-wide, if possible	**January 2013 –** OneCare Vermont receives federal approval for participating in a Medicare shared savings program. OneCare represents 280 primary care physicians and likely a large majority of the specialty and hospital-based services to Vermont's Medicare beneficiaries. **February 21, 2013** – federal government grants Vermont $45 million State Innovation Model grant for supporting the following payment models: • Shared savings accountable care payments for Medicare and Medicaid programs • Bundled payments • Pay-for-performance models Work groups under the grant include: • Quality and performance measures • Payment models • Population health **January 2014** – • Currently have 3 ACOs serving Vermont: Accountable Care of the Green Mountains, Community Health Accountable Care, and One Care Vermont • Medicaid shared savings

	RFP/contracting underway
Vermont must begin developing a state agency to act as the single payer for the health system	**May 26, 2011** - **Act 48 enacted** Act 48 requires that administration of GMC be put out to bid. **Present –** DVHA/AOA developing operations plan. Replacement of AHS access system being designed to transition to GMC.
Establish an Insurance Fund and prepare the appropriate state health agencies for going online with the single payer system	**January 17, 2012** - **Green Mountain Care integration report** Director of Health Care Reform submits Act 48 Integration Report: Green Mountain Care, as required by Sec. 8(a)(2). Report includes discussion of financial reserve requirement or reinsurance mechanism in GMC **January 24, 2013** - **Financing plan report** Administration submits financing plans for Exchange and GMC • Exchange plan addresses funding for the Exchange, State subsidies for low- and middle-income Vermonters, and addressing the "cost shift" • GMC plan (State contracted with UMASS and Wakely) estimates coverage costs, payment rates, and administrative savings, and lists potential revenue sources **March 2014** – the Administration will present several financing options to the legislature **January 2015** – the Administration will recommend one financing plan to be voted on by the legislature
Create a no-fault medical malpractice	**January 30, 2012** – **Medical Malpractice**

system, similar to the system in New Zealand.	**Reforms Report and Proposal of the Secretary of Administration submitted.** The Director of Health Care Reform recommended early disclosure and settlement of claims over New Zealand's no-fault system for medical liability. **Act 171 enacted** Act 171 requires that all medical malpractice cases regarding an incident occurring after February 1, 2013 include: • mediation before the lawsuit is filed • a certification with the lawsuit showing that the attorney or plaintiff consulted with a qualified health care provider and the qualified health care provider indicated that there was a likelihood that the defendant did not meet the applicable standard of care, causing the plaintiff's injury. **September 1, 2014** - the Director of Health Care Reform will submit a report on the impacts of the pre-suit mediation and certificate of merit
Workers' compensation claims paid through a uniform claims administration process	**January 15, 2013** - **Workers' compensation report submitted** Director of Health Care Reform submits report on integration or alignment of GMC with Vermont's workers' compensation system. After examining other systems and noting that Vermont currently contracts out the administration of its high risk pool, the Director of Health Care Reform recommended revisiting integration of workers' compensation with GMC at a later date

Health care provider recruitment and retention	**January 1, 2013 – Health Care Workforce Strategic Plan submitted** Provides strategies based in education and compensation to retain and attract health care providers. **May 28, 2013 - Act 50 (Budget bill) enacted** Act 50 provides funding to reduce the Medicaid cost shift by increasing Medicaid payments to providers. **April 2013 – Vermont awarded State Innovation Model Grant** SIM grant includes $2.2 million in funding for workforce planning, development and analysis. **August 1, 2013 – Governor Shumlin signs Executive Order No. 07-13,** creating Governor's Health Care Workforce Work Group
Obtain necessary waivers	**Present** • Medicaid Global Commitment waiver renewed until 2017 • Preliminary conversations with HHS regarding the 1332 waiver process • Consideration of Medicare waiver for global budget to allow for all payer rates similar to Maryland's waiver.