S.255 - Rep. Donahue DVHA adverse determination language

Sec. 10. RECOMMENDATIONS FOR POTENTIAL ALIGNMENT

(a) The Director of Health Care Reform in the Agency of Administration, in collaboration with the Green Mountain Care Board and the Department of Financial Regulation, shall compare the requirements in federal law applicable to Vermont's accountable care organizations and to the Department of Vermont Health Access in its role as a public managed care organization with the provisions of 18 V.S.A. § 9414(a)(1) as they apply to managed care organizations to identify opportunities for alignment, including alignment of mental health standards. The Director of Health Care Reform shall make recommendations on or before December 15, 2017 to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance on appropriate ways to improve alignment. In preparing his or her recommendations, the Director shall take into consideration the financial and operational implications of alignment and shall consult with interested stakeholders, including health care providers, accountable care organizations, the Office of the Health Care Advocate, ~~and~~ health insurance and managed care organizations, as defined in 18 V.S.A. § 9402, *the Department of Mental Health , the Vermont Association of Hospitals and Health Systems, the Department of Health, and the Vermont Medical Society*

(b) In advance of implementation of any of the recommendations provided pursuant to subsection (a) of this section *and to the extent not in conflict with federal law,* when making a utilization review determination on or after July 1, 2016, the Department of Vermont Health Access shall ensure that:

(1) a clinician trained in the specialty of the treating clinician is involved in the review whenever authorization is denied or payment is stopped for services already being provided;

~~**(2) the Department's response to any request for reconsideration of an adverse determination adheres to the same grievance procedures that apply to commercial managed care organizations pursuant to Department of Financial Regulation Rule H-2009-03;**~~

~~**(3)**~~ **(2) adverse determination letters delineate the specific clinical criteria upon which the adverse determination was based; and**

~~**(4)**~~ **(3) for determinations applicable to patients receiving inpatient care, Department staff are available by telephone to discuss the individual case with the clinician requesting the benefit determination.**