

**Rep. Patt amendments to House Health Care Committee bill**

## Sec. X. MEDICAID; AMBULANCE REIMBURSEMENT

The Department of Vermont Health Access shall evaluate the methodology used to determine reimbursement amounts for ambulance and emergency medical services delivered to Medicaid beneficiaries to determine the basis for the current reimbursement amounts, the rationale for the current level of reimbursement, and shall consider any possible adjustments to revise the methodology in a way that is budget neutral or of minimal fiscal impact to the Agency of Human Services for fiscal year 2016. On or before December 1, 2015, the Department shall report its findings and recommendations to the House Committees on Health Care and on Human Services, the Senate Committee on Health and Welfare, and the Health Reform Oversight Committee.

## Sec. Y. DIFFERENTIAL PAYMENTS TO PROVIDERS

The Green Mountain Care Board shall consider the impact of hospitals purchasing independent physician practices on health care system costs. The Board shall determine whether its existing regulatory authority provides it with the tools necessary to reduce the disparity in reimbursements to hospital-owned physician practices and independent physician practices. If the Board finds that it has the necessary authority to reduce the disparity, it shall exercise that its authority to reduce the disparity in reimbursements to hospital-owned physician practices and independent physician practices to the greatest extent practicable. If the Board finds that it does not have the

~~necessary authority, it shall propose draft legislation by November 1, 2015 to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Health Reform Oversight Committee that increases its authority in a manner that will allow the Board to achieve reductions in payment differentials in the future.~~

Sec. Z. 18 V.S.A. § 9418h is added to read:

§ 9418h. EXPLANATION OF BENEFITS

If an explanation of benefits provided by a health insurer or third-party administrator to a policyholder or other covered individual identifies the total charges billed by the health care provider for the service or services provided, the explanation of benefits shall describe the amount paid by the health insurance plan in a manner that does not imply that the policyholder or other covered individual received a discount or other special benefit. The explanation of benefits shall not list as a separate amount the difference between the billed charges and the amount paid by the plan.