

Act 91 of 2006 Sec. 55. COMMON CLAIMS AND PROCEDURES

(a) No later than July 1, 2008, the commissioner shall amend the rules adopted pursuant to section 9408 of Title 18 as may be necessary to implement the recommendations of the final report described in subsection (g) of this section, as the commissioner deems appropriate in his or her discretion. Nothing in this section shall be construed to alter the commissioner's authority under Title 8 or chapter 221 of Title 18.

(b) No later than July 1, 2006, a common claims and procedures work group shall form, composed of:

(1) two representatives selected by the Vermont association of hospitals and health systems;

(2) two representatives selected by the Vermont medical society;

(3) one representative of each of the three largest health care insurers;

(4) the director of the office of health access or designee;

(5) two representatives from business groups appointed by the governor;

(6) the health care ombudsman or designee;

(7) one representative of consumers appointed by the governor; and

(8) the commissioner of the department of banking, insurance, securities and health care administration or designee.

(c) The group shall design, recommend, and implement steps to achieve the following goals:

(1) Simplifying the claims administration process for consumers, health care providers, and others so that the process is more understandable and less time-consuming.

(2) Lowering administrative costs in the health care financing system.

(d) The group shall elect a chair at its first meeting. The chair, or the chair's designee, shall be responsible for scheduling meetings and ensuring the completion of the reports called for in subsection (g) of this section. Each organization represented on the work group shall be asked to contribute funds for the group's administrative costs.

(e) On or before September 1, 2006, the work group shall present a two-year work plan and budget to the house committee on health care and the senate committee on health and welfare.

(f) This work plan may include the elements of the claims administration process, including claims forms, patient invoices, and explanation of benefits forms, payment codes, claims submission and processing procedures, including electronic claims processing, issues relating to the prior authorization process and reimbursement for services provided prior to being credentialed.

(g) The work group shall make an interim report to the governor and the general assembly on or before January 15, 2007 describing the progress of the group and any interim steps taken to achieve the goals of the work plan. The work group shall make a final report to the governor and the general assembly on or before January 15, 2008 with the findings that illustrate the outcomes of implementations derived from the work group actions along with a list of future actions and goals, which shall specify cost savings achieved and expected future savings.