

\* \* \* Green Mountain Care Board; Payment Reform \* \* \* - DRAFT language

Sec. 25. PAYMENT REFORM AND DIFFERENTIAL PAYMENTS TO  
PROVIDERS; PROMOTING PROVIDER PAYMENT PARITY

(a) In implementing an all-payer model and provider rate-setting, the Green Mountain Care Board shall consider:

(1) the benefits of prioritizing and expediting payment reform in primary care that shifts away from fee-for-service models;

(2) the impact of hospital acquisitions of independent physician practices on the health care system costs, including any disparities between reimbursements to hospital-owned practices and reimbursements to independent physician practices;

(3) the effects of differential reimbursement for professional services provided by health care providers employed by academic medical centers and by other health care providers and methods for reducing or eliminating such differences, as appropriate;

(4) the effects of differential reimbursement for different types of providers when providing the same services billed under the same codes; and

(5) the advantages and disadvantages of allowing health care providers to continue to set their own rates for customers without health insurance or other health care coverage.

(b) The Board shall require any health insurer, as defined in 18 V.S.A. § 9402, with more than 5,000 covered lives for major medical insurance to develop and submit to the Board, on or before July 1, 2016, an implementation plan for providing fair and equitable reimbursement amounts for **professional services to establish**

~~parity between~~ professional services provided by academic medical centers and other professionals. Each plan shall ensure that proposed changes to reimbursement create no increase in health insurance premiums or public funding of health care. The Board may direct a health insurer to submit modifications to its plan and shall approve, modify, or reject the plan. Upon approval of a plan pursuant to this section, the Board shall require any Vermont academic medical center to accept the reimbursements included in the plan, through the hospital budget process and other appropriate enforcement mechanisms.

(c) The Board shall include a description of its progress on the issues identified in this section in the annual report required by 18 V.S.A. § 9375(d).