

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 **the Department of Health, the Department of Mental Health**, health care providers, accountable care organizations, the Office of the Health Care Advocate, **the Vermont Association of Hospitals and Health Systems, the Vermont Medical Society**, and health insurance and managed care organizations, as defined in 18 V.S.A. § 9402.

(b) In advance of implementation of any of the recommendations provided pursuant to subsection (a) of this section **and to the extent permitted under federal law**, when making a utilization review determination on or after **July 1, 2016 January 1, 2017**, the Department of Vermont Health Access shall ensure that:

(1) a mental health professional licensed in Vermont whose training and expertise is at least comparable to the treating provider is involved in the review
whenever authorization for mental health or substance abuse services is denied or payment is stopped for mental health or substance abuse services already being provided;

(2) a physician under the direction of the Department's Medical Director is involved in the review whenever authorization for health care services other than mental health or substance abuse services is denied or payment is stopped for health care services already being provided;

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

(4) 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.