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Senate Health and Welfare Commiittee H. 812 Consumer Protections for ACOs Trinka Kerr, Chief Health Care Advocate April 13, 2016

Suggested changes to Section 5:

§ 9382 (a) In order to be eligible to receive payments from Medicaid or commercial insurance through any payment reform program or initiative, including an all-payer model, each accountable care organization with 10,000 or more attributed lives in Vermont shall obtain and maintain certification from the Green Mountain Care Board. The Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for certifying accountable care organizations, which may include consideration of acceptance of accreditation by the National Committee for Quality Assurance or another national accreditation organization for any of the criteria set forth in this section. The Board shall ensure these rules accommodate and are appropriate to a range of ACO models and sizes, balancing oversight with support for innovation. In order to certify an ACO to operate in this State, the Board shall ensure that the following criteria are met:

§ 9382 (a) (6) the ACO<u>'s participating providers have has</u> the capacity for meaningful participation in <u>the</u> health information exchanges;

§ 9382 (b) (1) The Green Mountain Care Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for reviewing, modifying, and approving ACO-budgets of ACOs with 10,000 or more attributed lives in Vermont. The Board shall ensure these rules accommodate and are appropriate to a range of ACO models and sizes, balancing oversight with support for innovation. In its review, the Board shall review and consider: