

## **Senate Finance bill - Senator Lyons Amendments**

### **Sec. X. REGULATION OF MANAGED CARE ORGANIZATIONS**

The Director of Health Care Reform in the Agency of Administration or designee shall compare the provisions of State statutes and rules regulating managed care organizations with the requirements in federal law applicable to the Department of Vermont Health Access in its role as a public managed care organization in order to identify opportunities for greater alignment in the regulation of these entities. On or before January 15, 2016, the Director shall provide the comparison and any recommendations for legislative action to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance.

### **Sec. Y. PROVIDER RATE SETTING; MEDICAID**

The Secretary of Administration or designee and the Green Mountain Care Board shall collaborate in the development of a proposal to make the rate setting process more transparent for providers participating in Vermont's Medicaid program, including requiring justification for provider rates and modifications to rates and providing the Green Mountain Care Board with oversight over the Medicaid rate setting process. On or before December 1, 2015, the Secretary or designee and the Board shall provide the proposal to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Health Reform Oversight Committee.

### **Sec. Z. GREEN MOUNTAIN CARE BOARD; DESIGNATED AGENCY BUDGETS**

The Green Mountain Care Board shall analyze the budget of one or more designated agencies providing services to Vermont residents using criteria similar to the Board's review of hospital budgets pursuant to 18 V.S.A. § 9456. The Board shall also consider whether to

include designated and specialized service agencies in the all-payer model. On or before January 31, 2016, the Board shall recommend to the House Committees on Appropriations, on Health Care, and on Human Services and the Senate Committees on Appropriations, on Health and Welfare, and on Finance whether the Board should be responsible for the annual review of all designated agency budgets and whether designated and specialized service agencies should be included in the all-payer model.