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S.245

Senators Ashe and Sirotkin move that the bill be amended by striking out Sec. 2, effective date, in its entirety and inserting in lieu thereof the following:

Sec. 2. 33 V.S.A. § 1905a is added to read:

§ 1905a. MEDICAID REIMBURSEMENTS TO CERTAIN OUTPATIENT PROVIDERS

(a) The Department of Vermont Health Access shall not increase a provider’s reimbursement rates for outpatient medical services provided at an off-campus outpatient department of hospital as a result of the provider’s transfer to or acquisition by the hospital.

(b) As used in this section, “off-campus” means a facility located more than 250 yards from the main hospital campus.

Sec. 3. PROVIDER REIMBURSEMENT; REPORT

The Green Mountain Care Board shall consider the advisability and feasibility of expanding to commercial health insurers the prohibition on increased reimbursement rates for health care providers newly transferred to or acquired by a hospital as described in Sec. 2 of this act. On or before December 1, 2016, the Green Mountain Care Board shall report its findings and recommendations to the House Committee on Health Care and the Senate Committees on Health and Welfare and on Finance, including its

1 recommendations for the process and timing of implementation of the
2 reimbursement restrictions.

3 Sec. 4. REDUCING PAYMENT DIFFERENTIALS; GUIDANCE AND
4 IMPLEMENTATION; REPORT

5 (a) On or before July 15, 2016, the Green Mountain Care Board shall
6 provide to the Health Reform Oversight Committee, the House Committee on
7 Health Care, and the Senate Committees on Health and Welfare and on
8 Finance a copy of each implementation plan for providing fair and equitable
9 reimbursement amounts for professional services provided by academic
10 medical centers and by professionals not affiliated with a hospital, as required
11 to be developed by health insurers pursuant to 2015 Acts and Resolves No. 54,
12 Sec. 23(b), as amended by this act.

13 (b) No later than 30 days following the Board’s review of each
14 implementation plan pursuant to 2015 Acts and Resolves No. 54, Sec. 23(b)
15 but in no event later than December 1, 2016, the Board shall report to the
16 Health Reform Oversight Committee, the House Committee on Health Care,
17 and the Senate Committees on Health and Welfare and on Finance on its
18 progress toward achieving fair and equitable reimbursement amounts for
19 professional services provided by academic medical centers and by
20 professionals not affiliated with a hospital, without increasing health insurance

1 premiums or public funding of health care, as required by 2015 Acts and
2 Resolves No. 54, Sec. 23(b), as amended by this act.

3 Sec. 5. 2015 Acts and Resolves No. 54, Sec. 23(b) is amended to read:

4 (b) The Board shall require any health insurer, as defined in 18 V.S.A.
5 § 9402, with more than 5,000 covered lives for major medical insurance to
6 develop and submit to the Board, on or before July 1, 2016, an implementation
7 plan for providing fair and equitable reimbursement amounts for professional
8 services provided by academic medical centers and ~~other~~ by professionals not
9 affiliated with a hospital. Each plan shall increase reimbursements to
10 professionals not affiliated with a hospital upon the plan's approval by the
11 Board and shall ensure that the proposed changes to reimbursement create no
12 increase in health insurance premiums or public funding of health care. The
13 Board may direct a health insurer to submit modifications to its plan and shall
14 approve, modify, or reject the plan. Upon approval of a plan pursuant to this
15 section, the Board shall require any Vermont academic medical center to
16 accept the reimbursements included in the plan, through the hospital budget
17 process and other appropriate enforcement mechanisms.

18 Sec. 6. EFFECTIVE DATES

19 (a) Sec. 1 (notice to patients of new affiliation) shall take effect on July 1,
20 2016.

1 (b) Sec. 2 (33 V.S.A. § 1905a) shall take effect on July 1, 2016 and shall
2 apply to all providers transferred to or acquired by a hospital on or after the
3 date of passage of this act.

4 (c) Secs. 3 and 4 (Green Mountain Care Board reports), 5 (reducing
5 payment differentials), and this section shall take effect on passage.