

AGENCY OF ADMINISTRATION OVERVIEW OF S. 255 AND REQUESTED AMENDMENTS
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Sections 1 & 2: Hospital Community Reports

Updates hospital community reports as a statewide comparative report rather than individual hospital reports to be posted on hospital websites for ease of public and provider use.

Section 3 & 3a: Uniform Provider Credentialing

This amendment has the Department of Health enforcing the requirement for uniform credentialing of providers by hospitals through its licensing statute instead of DFR. DFR normally oversees insurers, not hospitals.

Section 3b: Health Care Provider Bargaining Groups

This amendment was not part of the Act 54, Sec. 44 requirements, the AoA requests that the oversight for health care provider bargaining groups under 18 V.S.A. § 9409 transition from DFR to the Green Mountain Care Board because DFR does not typically oversee providers.

Section 4: Quality Assurance for Managed Care

Requires that all managed care organizations be accredited by a national independent accreditation organization approved by DFR.

DFR will enforce the requirement that all managed care organizations participate in the Blueprint for Health. The Director consulted with DVHA on this matter, and they confirmed that they have the resources to help managed care organizations meet this requirement.

DFR will continue to maintain the reporting requirements found in § 9414a.

The reporting requirements under 18 V.S.A. § 9414 were repealed in Act 54, but the standards remain in place. Some standards, such as network adequacy, will be reported on the managed care organization's website in a way that is consistent with national accreditation standards. DFR will enforce the remaining standards in § 9414 through the complaint process.

Technical amendment to delete reference to repealed revision.

Section 5: Annual Reporting by Health Insurers

Update § 9414a with the grievance and appeals requirements in Rule H-2009-03 to keep reporting requirements consistent and reduce confusion. **The amendment updates the definition of claim to include pre-service review and deletes composite claims due to redundancy.**

Section 6

Technical correction

Section 7

This amendment acknowledges the group's findings that the health care landscape is currently shifting and requires the Director of Health Care Reform to look for opportunities for alignment between ACOs, MCOs, and Medicaid and report back by December 15, 2017.