

1 H.507

2 Introduced by Committee on Health Care

3 Date:

4 Subject: Health; Medicaid; accountable care organizations; reports

5 Statement of purpose of bill as introduced: This bill proposes to require the
6 Department of Vermont Health Access to provide periodic reports to the
7 Health Reform Oversight Committee, the legislative committees of
8 jurisdiction, and the Office of the Health Care Advocate regarding
9 implementation of a one-year pilot project agreement between the Department
10 and an accountable care organization. It would also direct the Green Mountain
11 Care Board to keep the same parties apprised of its progress in implementing
12 the All-Payer Model and preparing to regulate accountable care organizations.

13 An act relating to Next Generation Medicaid ACO pilot project reporting
14 requirements

15 It is hereby enacted by the General Assembly of the State of Vermont:

16 Sec. 1. NEXT GENERATION MEDICAID ACO PILOT PROJECT

17 REPORTS

(a) On or before June 15, September 15, and December 15, 2017, the
Department of Vermont Health Access shall provide to the House Committees
on Appropriations, *on Human Services*, and on Health Care, the Senate

Committees on Appropriations and on Health and Welfare, the Health Reform Oversight Committee, and the Office of the Health Care Advocate written updates on the implementation of the Next Generation Medicaid ACO pilot using a reporting template developed by the Department in consultation with the Office of Legislative Council and the Joint Fiscal Office. The updates shall include the following information:

1 (1) the amount of Medicaid funds provided by the Department to the
2 accountable care organization in each of the three months preceding the month
3 of the report, except that for the June report, the Department shall report the
4 amount of Medicaid funds provided in each month since the beginning of the
5 pilot;

6 (2) the amount of funds expended by the accountable care organization
7 on behalf of attributed Medicaid beneficiaries in each of the three months
8 preceding the month of the report, except that for the June report, the
9 Department shall report the amount of funds expended on behalf of attributed
10 Medicaid beneficiaries in each month since the beginning of the pilot;

11 (3) the extent to which the accountable care organization has met the
12 quality indicators specified in the Next Generation Medicaid ACO pilot project
13 agreement signed on February 1, 2017;

14 (4) the extent to which the Department and the accountable care
15 organization have met the reporting benchmarks identified in the Department's

1 Next Generation Medicaid ACO Year 1 (2017) Operational Timeline;

2 (5) to the extent data is available, a comparison of:

3 (A) utilization of health care services by service category and by care
4 management level for the Medicaid population attributed to the ACO during
5 the pilot year with the utilization of services for the same population in prior
6 years; and

7 (B) utilization of health care services by service category and by care
8 management level for the Medicaid population attributed to the ACO during
9 the pilot year with the utilization of services for Medicaid beneficiaries not
10 attributed to the ACO;

11 (6) statistical information regarding the numbers and topics of patient
12 and provider complaints, grievances, and appeals for attributed Medicaid
13 beneficiaries and participating providers, as well as any available information
14 regarding patient and provider satisfaction with the pilot;

15 (7) current information on the size of the participating provider network
16 since the beginning of the pilot and since the previous report, if applicable; and

17 (8) any change in the size of the Medicaid population attributed to the
18 ACO since the beginning of the pilot and since the previous report, if
19 applicable.

20 (b) In addition to the written updates required by subsection (a) of this
21 section, the Department of Vermont Health Access shall provide testimony on

1 implementation of the Next Generation Medicaid ACO pilot project at a
2 meeting of the Health Reform Oversight Committee at least once every two
3 months or more frequently if so requested by the Committee. The testimony
4 shall include the information specified in subsection (a) of this section, as well
5 as any other information the Department deems relevant to the Committee's
6 oversight of the pilot project during the 2017 legislative interim. The
7 Committee shall also provide an opportunity for the Office of the Health Care
8 Advocate to testify at the same meetings as the Department regarding issues
9 related to the pilot project, including information on complaints, grievances,
10 and appeals reported to or requiring investigation or other action by the Office.

11 Sec. 2. ALL-PAYER MODEL AND ACCOUNTABLE CARE

12 ORGANIZATION REPORTS

On or before June 15, September 15, and December 15, 2017, the Green
Mountain Care Board shall provide to the House Committees on
Appropriations, *on Human Services*, and on Health Care, the Senate
Committees on Appropriations and on Health and Welfare, the Health Reform
Oversight Committee, and the Office of the Health Care Advocate written
updates on the Board's progress in meeting the benchmarks identified in the
Board's Year 0 (2017) All-Payer ACO Model Timeline regarding
implementation of the All-Payer Model and the Board's preparations for
regulating accountable care organizations.

- 1 Sec. 3. EFFECTIVE DATE
- 2 This act shall take effect on passage.