

H.507

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

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

Sec. 1. NEXT GENERATION MEDICAID ACO PILOT PROJECT

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

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

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

(4) the extent to which the Department and the accountable care organization have met the reporting benchmarks identified in the Department's Next Generation Medicaid ACO Year 1 (2017) Operational Timeline;

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

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

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

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

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

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

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

Sec. 2. ALL-PAYER MODEL AND ACCOUNTABLE CARE

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.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.