

H.914

An act relating to reporting requirements for the second year of the Vermont Medicaid Next Generation ACO Pilot Project

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

Sec. 1. VERMONT MEDICAID NEXT GENERATION ACO PILOT

PROJECT REPORTS

(a) On or before June 15, September 15, and December 15, 2018, 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, the Green Mountain Care Board, and the Office of the Health Care Advocate written updates on the implementation of the Vermont Medicaid Next Generation ACO Pilot Project (Pilot Project). The updates shall include the following information:

(1) the amount of Medicaid funds provided by the Department to the accountable care organization (ACO) in each of the three months preceding the month of the report; the June report shall also include the amounts for January and February 2018 and the total amount of Medicaid funds provided since the beginning of the Pilot Project;

(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; the June report shall also include the

amounts for January and February 2018 and the total amount of funds expended on behalf of attributed Medicaid beneficiaries since the beginning of the Pilot Project;

(3) the extent to which the accountable care organization has met the quality indicators specified in the Vermont Medicaid Next Generation ACO Pilot Project agreement signed on February 1, 2017, using both annual data and quarterly data for those indicators for which quarterly data are available;

(4) the extent to which the Department and the accountable care organization have met the reporting benchmarks identified in the Department's Vermont Medicaid Next Generation ACO Pilot Project Year 2 (2018) Operational Timeline;

(5) to the extent data are 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 second year of the Pilot Project 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 second year of the Pilot Project 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 Project;

(7) current information on the size of the participating provider network since the beginning of the Pilot Project and since the previous report; and

(8) any change in the size of the Medicaid population attributed to the ACO since the beginning of the Pilot Project and since the previous report.

(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 Vermont Medicaid Next Generation 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 in 2018 after adjournment of the General Assembly. 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

(a) On or before June 15, September 15, and December 15, 2018, 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 1 (2018) All-Payer ACO Model Timeline regarding implementation of the All-Payer Model and the Board's regulation of accountable care organizations.

(b) The Board shall also provide to the committees and office described in subsection (a) of this section, to the extent permitted under federal law, the analysis of health care spending required by the Vermont All-Payer ACO Agreement, including:

(1) on or before August 1, 2018, information regarding whether the number of attributed lives is consistent with the scale targets in the All-Payer Model ACO Agreement; and

(2) on or before November 1, 2018, quality and financial performance information.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.