

An act relating to health care providers participating in Vermont's Medicaid program

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

Sec. 1. MEDICAID PROVIDER SCREENING AND ENROLLMENT

(a) Beginning on or before July 1, 2019, the Department of Vermont Health Access shall conclude the screening and enrollment process for each health care provider applying to participate in the Medicaid program within 60 calendar days following receipt of the provider's completed application. An application shall be considered complete when the Department has received all information and documentation necessary to conduct the screening and enrollment.

(b) In the event that the Department of Vermont Access will be unable to meet the 60-day time frame required by subsection (a) of this section by July 1, 2019, the Commissioner of Vermont Health Access shall submit a report by February 1, 2019 to the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Health Reform Oversight Committee regarding the status of the Department's provider screening and enrollment efforts, including identifying the remaining barriers and any additional resources needed for the Department to be able to process applications within 60 days of receipt and providing an alternative date by

which the Department expects to begin meeting the 60-day time frame requirement.

Sec. 2. MEDICAID PARTICIPATING PROVIDER CONCERNS; REPORT

(a) The Department of Vermont Health Access shall consult with providers participating in Vermont's Medicaid program to identify their main concerns related to the Medicaid program and its administration. In addition, the Department shall evaluate, in consultation with the Office of the Attorney General, its implementation of State and federal Medicaid fraud and abuse provisions as they relate to participating providers, including the audit and recoupment timelines, processes, and procedures. The Department shall also assess the feasibility of creating an exception to recoupment for cases involving good-faith interpretations of ambiguous statutes, rules, and guidance and for claims filed in good-faith reliance on information provided by employees of the Department of Vermont Health Access, the Agency of Human Services, or their contractors.

(b) On or before January 15, 2019, the Commissioner of Vermont Health Access shall submit to the House Committee on Health Care and the Senate Committee on Health and Welfare a report summarizing its findings regarding participating providers' concerns and providing the Department's responses to those concerns; proposing any modifications to the fraud and abuse statutes that the Department considers appropriate and that are permissible under

federal law; and recommending whether to create an exception to recoupment  
as described in subsection (a) of this section.

Sec. 3. EFFECTIVE DATE

This act shall take effect on passage.