

**H.914 - Section by section summary of bill as introduced**  
**An act relating to reporting requirements for the second year of the Vermont Medicaid**  
**Next Generation ACO Pilot Project**

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**Overview:** This bill continues the quarterly reporting requirements enacted by Act 25 of 2017 regarding implementation of the Vermont Medicaid Next Generation ACO Pilot Project and the All-Payer Model.

**Sec. 1. Next Generation Medicaid ACO pilot project reports**

- Requires the Department of Vermont Health Access (DVHA) to provide written updates by June 15, September 15, and December 15, 2018 on implementation of the Vermont Medicaid Next Generation ACO Pilot Project
  - Reports go to the standing committees of jurisdiction, Health Reform Oversight Committee, Green Mountain Care Board, and Office of the Health Care Advocate
- Updates must include:
  - amount of Medicaid funds provided by DVHA to the ACO during the previous quarter (or since the beginning of 2018 and since the beginning of the Pilot, for the June report)
  - amount of funds the ACO spent on behalf of attributed Medicaid beneficiaries during the previous quarter (or since the beginning of 2018 and since the beginning of the Pilot, for the June report)
  - status of the ACO's success in meeting specific quality indicators
  - whether DVHA and the ACO have met the reporting benchmarks identified in the Pilot's Year 2 timeline
  - comparison of the use of health care services by category and care management level for the attributed Medicaid population during the Pilot's second year with usage by the same population in prior years
  - comparison of the use of health care services by category and care management level for the attributed Medicaid population and the non-attributed Medicaid population during the Pilot's second year
  - statistical information on patient and provider complaints, grievances, appeals, and satisfaction with the Pilot
  - update on the size of the participating provider network in the Pilot
  - update on the size of the attributed Medicaid population in the Pilot
- Requires DVHA to testify on the Pilot at Health Reform Oversight Committee (HROC) meetings at least once every two months or more often if requested by HROC
  - HROC must also provide an opportunity for the Health Care Advocate to testify at the same meetings

**Sec. 2. All-Payer Model and accountable care organization reports**

- Requires the Green Mountain Care Board to provide written updates by June 15, September 15, and December 15, 2018 on the Board's progress in meeting 2018 benchmarks for All-Payer Model implementation and on Board regulation of ACOs

- Reports go to the standing committees of jurisdiction, Health Reform Oversight Committee, and the Office of the Health Care Advocate
- The Board also must provide its analysis of health care spending as required under the All-Payer Model Agreement, including information regarding whether the number of lives attributed to the ACO is on track with the Agreement and information on quality and financial performance

**Sec. 3. Effective date**

- The act takes effect on passage