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Sec. 13. PAYMENTS TO THE DESIGNATED AND SPECIALIZED SERVICE AGENCIES

The Secretary of Human Services, in collaboration with the Commissioners of Mental Health and of Disabilities, Aging, and Independent Living, **shall develop a plan to integrate multiple sources of payments to the designated and specialized service agencies. In a manner consistent with Sec.12 of this act, the plan shall implement a Global Funding model as a successor to the analysis and work conducted under the Medicaid Pathways and other work undertaken regarding mental health in health care reform.**

It shall increase efficiency and reduce the administrative burden. On or before January 1, 2018, the Secretary shall submit the plan and any related legislative proposals to the Senate Committee on Health and Welfare and the House Committee on HealthCare

Section 13 conflicts with the mandates of the Medicaid Pathway of Act 113

Act 113 with proposed amendment

Sec. 12. MEDICAID PATHWAY; REPORT

(a) The Secretary of Human Services, in consultation with the Director of Health Care Reform, the Green Mountain Care Board, and affected providers and their clients and their supporters, healthcare advocates and other interested members of the public shall create a process for payment and delivery system reform for Medicaid providers and services. This process shall address **all Medicaid payments** to affected providers and integrate the providers ~~to the extent~~ if it is practicable and advisable to do so, into the all-payer model and other existing payment and delivery system reform initiatives.

(b) On or before January 15, 2017 and annually for five years thereafter, the Secretary of Human Services shall report on the results of this process to the Senate Committee on Health and Welfare and the House Committees on Health Care and on Human Services. The Secretary's report shall address:

(1) all Medicaid payments to affected providers;

(2) changes to reimbursement methodology and the services impacted;

(3) efforts to integrate affected providers and their clients into the all-payer model and with other payment and delivery system reform initiatives;

(4) changes to quality measure collection and identifying alignment efforts and analyses, if any; and

(5) the interrelationship of results-based accountability initiatives with the quality measures in subdivision (4) of this subsection.

(6) efforts to integrate the clients, supporters, advocates and interested members of the public into the Medicaid Pathway development process.