



Section 1 – 18 VSA § 9382. Oversight of Accountable Care Organizations

Original Language: (a)(2)(B) – ACO should consult with AHS/VDH

- GMCB: Require DVHA to include language in their contract to coordinate with VDH on public health and population health.
- VAHHS Position: Strike. The State set out its public and population health goals in the All Payer Model. It continues to have the opportunity to do so through its Medicaid contract. This model is long-term provider- and community-led health care reform. Changing the goals each year will hamper current efforts.

(a)(4)&(5) – ACO to foster collaboration among providers and engage in multi-year relationship

- GMCB Language: Strike.
- VAHHS Position: Agree with GMCB. The model needs to be at scale before considering multi-year contracts.

(b)(3)(A) – GMCB to approve salary increases for ACO employees only upon achieving savings and quality targets

- GMCB: Amend to require transparency of annual salaries and benefits by position for ACO management (all director level positions and above).
- VAHHS Position: Support GMCB's proposal. This is the type of reporting currently being done by all nonprofits.

(b)(3)(B) – ACO administrative expenses <15% of overall proposed budget

- GMCB: Strike.
- VAHHS Position: Support GMCB's proposal. Already in the GMCB's budget order.

Section 2 – 18 VSA § 9574. Annual Reporting

(a) – Reporting requirements on financial statements, initiatives, benchmark data, outreach efforts, administrative costs, and shared savings.

- GMCB: Strike because duplicative of current efforts. Only thing not currently being reported is outreach efforts.
- VAHHS Position: Support GMCB's proposal. It is unclear what is meant by public outreach efforts. Individuals already receive information about OneCare VT through letters and opportunities to engage with the Green Mountain Care Board. If this constitutes a statewide public relations campaign, then it could divert resources from payment and delivery system reform.

(b) – Reporting on quality metrics

- GMCB: Strike because it does not align with the existing quality framework and adds administrative burden on Vermont providers and the ACO.



- VAHHS Position: Support GMCB's proposal.

Section 3 – Accountable Care Organizations; Two-Year Budget and Reporting Cycle; Report

- GMCB: Strike. The GMCB has already done a study on multi-year budgets; the state must report on an annual basis to the federal government; and it is premature to do multi-year budgets at this point in the model.
- VAHHS Position: Support the GMCB's proposal.

Section 4 – 18 VSA § 9454. Hospitals; Duties

(a)(7): Report three specific health care services that were subject to the largest increase in commercial rates and three with largest decrease in commercial rates.

- GMCB: Replace with consideration of reimbursement rates in budgets with confidentiality in place and confidentiality for sustainability planning.
- VAHHS Position: Support in part and strike in part.
 - Strike report of reimbursement rates: Unclear what reimbursement information would accomplish unless still working within a fee-for-service world. This would add administrative burden to hospitals when the GMCB has commercial reimbursement information through VHCURES.
 - Support confidentiality for sustainability language. VAHHS suggests the following language:

18 V.S.A. § 9457

(a) All information required to be filed under this subchapter shall be made available to the public upon request in accordance with the Vermont Public Records Act, except the following information shall be treated as confidential and exempt from public inspection and copying:

(1) Information that directly or indirectly identifies, ~~provided that~~ individual patients or health care practitioners shall not be directly or indirectly identifiable; and

(2) Financial information the Board collects to address financial solvency **or sustainability** issues.

(b) Notwithstanding anything to the contrary in this subchapter or the Vermont Open Meeting Law, the Board may examine and discuss confidential information outside of a public hearing or meeting.

(c) – Hospitals must report a 0.5% increase

- GMCB: Include consideration of this in a study
- VAHHS Position: Strike. Adds administrative burden to hospitals and purpose of reporting is unclear.

Section 5 – 18 VSA § 8915. Designated and Specialized Service Agency and Preferred Provider Organization Budget Review



- GMCB: Use 1 additional FTE to do a solvency review.
- VAHHS Position: Neutral.

Section 6 – 18 VSA § 9374. Board Membership; Authority

- GMCB: Neutral, but decisionmakers should determines what happens if no qualified providers apply.
- VAHHS Position: Supports the proposal and considering a contingency plan if no qualified provider applies.

Sections 7 through 10 – 18 VSA § 9375. Duties; 18 VSA § 9376. Payment Amounts; Methods; 18 VSA § 9384. Health Care Contract Review; 18 VSA § 4062. Filing and Approval of Policy Forms and Premiums;

- GMCB: Study rate setting for a fee-for-service model and global budgets and impacts on 92,000 Vermonters
- VAHHS Position: Strike. A study on rate setting for fee-for-service for a part of the commercial market when the All Payer Model encompasses Medicare, Medicaid, and commercial creates administrative burden and uncertainty for the entire system.

Section 11 – 18 VSA § 9418c Fair Contract Standards

- GMCB: Neutral.
- VAHHS Position: Strike. This provision requires the GMCB to review every health care contract between every provider and commercial insurer. This is administratively burdensome and invites instability and unpredictability into Vermont's health care system.

Section 12 – Public Employee Attribution to Accountable Care Organizations; All-Payer ACO Model; Report

- GMCB will provide scale target performance and ACO scale strategy submitted via ACO oversight processes; GMCB recommends delivering this report as soon as possible to continue scale momentum.
- VAHHS Position: Neutral.

VAHHS Proposal – Hospital Budget Decision Transparency

To provide greater predictability for our hospitals, VAHHS proposes that the Green Mountain Care Board ground their budget decisions in findings of fact related to standards set out in the hospital budget process with the proposed language below:

18 V.S.A. § 9456(d)(1) Annually, the Board shall establish a budget for each hospital, including comparisons to the standards set out in (c)(2),¹ on or before September 15, followed by a written decision by October 1. Each hospital shall operate within the budget established under this section.

¹ Requirement under 18 V.S.A. § 9456(c)(2) that hospitals take into consideration national, regional, or in-state peer group norms, according to indicators, ratios, and statistics established by the Board;



**Vermont Association
of Hospitals
and Health Systems**

Testimony: S.290