

Health Care Advocate S. 290 Testimony

Thank you for the opportunity to provide testimony on S. 290. The Office of the Health Care Advocate (HCA) generally supports the Green Mountain Care Board (Board)'s proposed changes to the bill. Our additional comments on the bill as introduced are below.

The HCA also proposes adding the following to the bill:

- 1. Require insurers to notify fully-insured consumers of proposed health insurance rate increases, informing them of the opportunity to comment. This proposal is modeled on New York law.
- 2. Give the Health Care Advocate the authority to ask questions during the Green Mountain Care Board's rate review process. This is comparable to our authority in the hospital budget review process.

S. 290 As Introduced

Sec. 1.

Oversight of ACOs

The HCA supports this aim to improve coordination between the ACO's efforts and the ongoing efforts of the AHS.

Sec. 2.

Annual reporting

The HCA supports the Board position on this section with one addition. We propose adding a requirement for the Board to collect year over year ACO quality data. The HCA understands that the population of attributed members changes from year to year and the list of participating providers changes from year to year. None the less we think it is very important to be able to see trends in quality outcomes.

Sec. 5.

Designated and Specialized Service Agency and Preferred Provider Organization Budget Review

The HCA has not done an independent analysis of this proposal. We would accept at face value the position of the Designated and Specialized Service agencies that a Board review of their budgets would be beneficial for the system of care.



Sec. 7.

Duties

The HCA supports giving the GMCB the clear authority to review contracts between a health plan and a health provider, at the Board's discretion. The HCA does not support giving the board the authority to approve or authorize contracts.

Sec. 8.

Payment Amounts; Methods

The HCA supports giving the Board the responsibility (also contemplated in S.246) to address prescription drug affordability.

The HCA supports the Board's proposal to study how to implement this section.

Sec. 10.

Filing and Approval of Policy Forms and Premiums

The HCA supports considering a proposed rate increase unjust if the proportion of the rate increase attributable to administrative expenses exceeds the cumulative Consumer Price Index rate of inflation for the applicable period. We suggest including an exception for unusual extenuating circumstances outside of the insurers' control.

Sec 11.

Fair Contract Standards

The HCA supports repealing the following language: "Contracting entities may require health care providers to execute written confidentiality agreements with respect to fee schedule and claim edit information received from contracting entities."

The HCA supports requiring provider contracts to be in line with Board rate setting and giving the Board the power and discretion to review such contracts. The HCA does not support requiring the Board to review all contracts, or giving the Board the authority to approve contracts.