

S.285: An act relating to health care reform initiatives, data collection, and access to home- and community-based services - section-by-section summary as passed by Senate

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Sec. 1. Hospital value-based payment design

- Expresses legislative intent that, to the extent funds are allocated, the Green Mountain Care Board (GMCB) will:
 - Develop a process for establishing and distributing value-based payments, including global payments, from all payers to Vermont hospitals
 - Determine how best to incorporate the payments into GMCB's regulatory processes
 - Recommend methodology for determining allowable rate of growth in Vermont hospitals
- Requires the GMCB to provide a progress update to the Health Reform Oversight Committee (HROC) by November 1, 2022 and a report to legislative committees by January 15, 2023

Sec. 2. Health care delivery system transformation; community engagement

- Expresses legislative intent that the GMCB, in consultation with Director of Health Care Reform in the Agency of Human Services (AHS) and to the extent funds are allocated, will build on successful health care delivery system reform efforts by:
 - Facilitating patient-focused, community-inclusive plan for Vermont's health care system
 - Providing support and technical assistance to hospitals and communities to facilitate planning for delivery system reform and transformation initiatives
- Specifies requirements for community-engagement process, including hearing from and sharing information with communities, providing opportunities for meaningful stakeholder participation
- Expresses legislative intent that, to the extent funds are allocated, the contract with a current or recently retired primary care provider to help it strengthen the role of primary care in its regulatory process and inform the GMCB's payment and delivery system reform efforts
- Requires the GMCB and Director of Health Care Reform in AHS to consider the capacity of community-based health care and social service providers to effectively implement the plan to be developed in this section while providing an appropriate level of services to consumers
- Requires the GMCB to provide a progress update to HROC by November 1, 2022 and a report to legislative committees by January 15, 2023

Sec. 3. Development of proposal for subsequent all-payer model agreement

- Requires Director of Health Care Reform in AHS, in collaboration with the GMCB, to design and develop a proposal for a subsequent agreement with the federal government to include Medicare in Vermont's multi-payer alternative payment models
- Proposal must be informed by the community- and provider-inclusive process in Sec. 2
- Design and development must include considering alternative payment and delivery system approaches for hospital services and community-based providers

Sec. 4. Health Information Exchange Steering Committee; data strategy

- Directs the Health Information Exchange Steering Committee to continue its work on creating one integrated health record for each person and to include a data integration strategy in its 2023

Health Information Exchange Strategic Plan to merge claims data in VHCURES with clinical data in the Health Information Exchange

Sec. 5. VHCURES; allowing filing of confidential information in identifiable form

- Repeals prohibition on information required by law to be kept confidential being filed with GMCB for VHCURES in a manner that discloses the patient's identity
- Maintains existing HIPAA protections for access to and use of the information

Sec. 6. Blueprint for Health; quality improvement activities

- Specifies Blueprint for Health initiatives must include quality improvement facilitators

Sec. 7. Blueprint for Health; recommended funding increases

- Requires Director of Health Care Reform in AHS to recommend to HROC by September 1, 2022 the amounts by which health insurers and Vermont Medicaid should increase the amount of their per-person, per month payments toward shared costs of Blueprint for Health community health teams and quality improvement facilitators
- Increases must go in insurers' plan year 2024 rate filings if can't be made in rate-neutral manner
- AHS also must provide estimate of State funding needed for the Medicaid increase, both with and without federal financial participation

Sec. 8. Options for extending moderate needs; working group

- Requires Department of Disabilities, Aging, and Independent Living (DAIL) to convene a stakeholder working group to consider extending access to long-term home- and community-based services to broader cohort of Vermonters and family caregivers
- Requires recommendations on changes to service delivery for individuals who are dually eligible for Medicaid and Medicare
- Requires recommendations on extending access to long-term home- and community-based services to be incorporated in AHS's proposals for future Global Commitment demonstration
- DAIL must report working group's findings and recommendations and the funding needed to implement the recommendations to legislative committees by January 15, 2023

Sec. 9. Summaries of GMCB reports

- Requires GMCB to summarize and synthesize the key findings and recommendations of its reports and requires the GMCB's reports and summaries to be understandable by public

Sec. 10. Payment and delivery system reform; appropriations

- Appropriates \$1 million to GMCB to begin the work described in Secs. 1-3
- Appropriates \$550,000 to AHS to support Director of Health Care Reform's work in designing and developing proposed agreement with federal government as set forth in Sec. 3
- Appropriates \$3.45 million to GMCB for additional work on initiatives in Secs. 1-3, but GMCB cannot spend the funds until HROC review and approves GMCB's proposed plan and timeline
 - GMCB must collaborate with Director of Health Care Reform to develop plan/timeline
 - GMCB must provide plan and timeline to HROC by October 1, 2022

Effective date

- Effective on passage, except that Sec. 10 takes effect on July 1, 2022