S.285 – Side-by-side comparison of Senate version and House Health Care amendment

Topic	As Passed by Senate	House Health Care amendment
Hospital value-based payment design	• Expresses legislative intent that, to extent funds are allocated, GMCB will: ○ Develop a process, including meaningful stakeholder participation in all stages, for ***establishing and distributing*** value-based payments, including global payments, from all payers to Vermont hospitals that will: ▪ Help move hospitals away from fee-for-service ▪ Provide hospitals with predictable, sustainable funding aligned across multiple payers, consistent with Act 48 principles, and sufficient to enable hospitals to deliver high-quality, affordable services ▪ Take into consideration necessary costs and operating expenses of providing services and not be based on historical charges ○ Determine how best to incorporate the payments into GMCB's regulatory processes ○ Recommend methodology for determining allowable rate of growth in Vermont hospitals	• Requires GMCB to: ○ In collaboration with AHS and using stakeholder process in Sec. 1(a), ***develop*** value-based payments, including global payments, from all payers to Vermont hospitals ***or accountable care organizations, or both***, that will: ▪ Help move hospitals away from fee-for-service ▪ Provide hospitals with predictable, sustainable funding aligned across multiple payers, consistent with Act 48 principles, and sufficient to enable hospitals to deliver high-quality, affordable services ▪ Take into consideration necessary costs and operating expenses of providing services and not be based ***solely*** on historical charges ▪ Take into consideration Vermont's rural nature, including that many areas are remote and sparsely populated ○ Determine how best to incorporate the payments into GMCB's regulatory processes ○ Recommend methodology for determining allowable rate of growth in Vermont hospitals, ***which may include metrics that incorporate differentials as appropriate to reflect needs of***

	• GMCB to provide ***progress update to HROC by November 1, 2022*** and report to legislative committees by January 15, 2023 (Sec. 1)	***hospitals in highly rural and sparsely populated areas of Vermont*** • GMCB and Director of Health Care Reform each to report on activities to legislative committees by January 15, 2023 (Secs. 1(b) and (c))
Transformation; engagement	(Title: Health care delivery system transformation; community engagement; appropriations; report) • Expresses legislative intent that GMCB, in consultation with Director of Health Care Reform in AHS and to 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 delivery system*** to reduce inefficiencies, lower costs, improve population health outcomes, and increase access to essential services ○ Providing support and technical assistance to hospitals and communities to facilitate planning for delivery system reform and transformation initiatives • Community-engagement process must: ○ Include hearing from and sharing information, trends, and insights with communities about current state of health care providers in their hospital service area, unmet health care needs	(Title: Hospital system transformation; plan for engagement process; report) • GMCB to develop a ***plan*** for a ***data-informed,*** patient-focused, community-inclusive engagement ***process*** for Vermont's ***hospitals*** to reduce inefficiencies, lower costs, improve population health outcomes, and increase access to essential services ***while maintaining sufficient capacity for emergency management*** • ***Plan*** for engagement process must include: ○ Which organization/agency will lead engagement process ○ Timeline showing engagement process occurring after development of APM (in Sec. 1) ○ ***How to*** hear from and share ***data***, information, trends, and insights with communities about current ***and future*** states

	in their community, opportunities to address those needs ○ Provide opportunities for meaningful stakeholder participation at all stages of process • Expresses legislative intent that, to extent funds are allocated, GMCB will contract with current or recently retired primary care provider to help it strengthen role of primary care in its regulatory process and inform GMCB's payment and delivery system reform efforts	of ***hospital delivery system***, unmet health care needs ***as identified through the community health needs assessment***, opportunities ***and resources necessary*** to address those needs ○ ***A description of*** opportunities to be provided for meaningful stakeholder participation in all stages of process ○ A description of the data, information, and analysis necessary to support process, including information and trends on current and future states of health care delivery system in each hospital service area, effects of hospitals in neighboring states on health care services delivered in Vermont, potential impacts of hospital system transformation on nonhospital provders, workforce challenges, and impacts of pandemic ○ How to assess impact of any changes to hospitals services on nonhospital providers, including on workforce recruitment and retention ○ Amount of additional appropriations needed to support engagement process ○ Process for determining resources to be needed to support hospitals in implementing transformation initiatives resulting from engagement process

	• Requires GMCB and Director of Health Care Reform in AHS to consider capacity of community-based health care and social service providers to effectively implement plan to be developed in this section while providing an appropriate level of services to consumers • GMCB to provide a ***progress update to HROC by November 1, 2022*** and report to legislative committees by January 15, 2023 (Sec. 2)	• GMCB and Director of Health Care Reform each to report on activities to legislative committees by January 15, 2023 (Sec. 1(b) and (c))

Development of proposal for subsequent APM agreement	• Requires Director of Health Care Reform in AHS, in collaboration with GMCB, to design and develop a proposal for a subsequent agreement with federal government to secure Medicare's continued participation in Vermont's multi-payer alternative payment models
	• Proposal must be informed by community- and provider-inclusive process in Sec. 2 and designed to reduce inefficiencies, lower costs, improve population health outcomes, and increase access to essential services
		• Requires Director of Health Care Reform in AHS, in collaboration with GMCB, to develop a proposal for a subsequent agreement with federal government to secure Medicare's ***sustained*** participation in Vermont's multi-payer alternative payment models
		• In developing proposal, Director must consider:
		  ○ Total cost of care targets
		  ○ Global payment models
		  ○ Strategies and investments to strengthen access to primary care, home- and community-based services, subacute services, long-term care services, and MH/SUD treatment services

	• Design and development must include considering alternative payment and delivery system approaches for hospital services and community-based providers
	• Specifies alternative payment models to be explored, including:
	  ○ Global payments for hospitals
	  ○ Geographically or regionally based global budgets for health care services
	  ○ Existing federal value-based payment models
	  ○ Broder total cost of care and risk-sharing models
	• Requires the ***alternative payment models*** to:
	  ○ Include appropriate mechanisms to convert fee-for-service reimbursements to predictable payments for multiple provider types
	  ○ Include a process to ensure reasonable and adequate rates of payment and a reasonable and predictable schedule for rate updates
	  ○ Meaningfully impact health equity and address inequities in terms of access, quality, health outcomes
	(Sec. 3)
		○ Strategies and investments to address health inequities and social determinants of health
		• Development of proposal must include considering alternative payment and delivery system approaches for hospital services and community-based providers
		• Specifies alternative payment models to be explored, including:
		  ○ ***Value-based payments for hospitals***, including global payments, ***that take into consideration sustainability of Vermont's hospitals and State's rural nature (process is in Sec. 1(b))***
		  ○ Geographically or regionally based global budgets for health care services
		  ○ Existing federal value-based payment models
		  ○ Broder total cost of care and risk-sharing models
		• Requires ***proposal*** to:
		  ○ Include appropriate mechanisms to convert fee-for-service reimbursements to predictable payments for multiple provider types
		  ○ Include a process to ensure reasonable and adequate rates of payment and a reasonable and predictable schedule for rate updates
		  ○ Meaningfully impact health equity and address inequities in terms of access, quality, health outcomes
		  ○ Support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other

		components of health care as part of integrated, holistic system of care • Director and GMCB must ensure process for developing proposal includes opportunities for meaningful participation by full continuum of providers, payers, other interested stakeholders at all stages • Director must seek to minimize administrative burden of and duplicative processes for stakeholder input • To promote engagement with diverse stakeholders and ensure prioritization of health equity, process can use existing local and regional forums (Sec. 1(a))
Health Information Exchange Steering Committee; data strategy	• Directs Health Information Exchange Steering Committee to continue its work on creating one integrated health record for each person and to include data integration strategy in its 2023 Health Information Exchange Strategic Plan to merge claims data in VHCURES with clinical data in Health Information Exchange (Sec. 4)	Same (Sec. 4)
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. 5)	Same (Sec. 5)

Blueprint for Health; quality improvement activities	• Specifies Blueprint for Health initiatives must include quality improvement ***facilitators*** and other means to support quality improvement activities, including using clinical and claims data to evaluate patient outcomes and promoting best practices for patient referrals and care distribution between primary and specialty care (Sec. 6)	• Specifies Blueprint for Health initiatives must include quality improvement ***facilitation*** and other means to support quality improvement activities, including using ***integrated*** clinical and claims data***, where available,*** to evaluate patient outcomes and promoting best practices for patient referrals and care distribution between primary and specialty care (Sec. 6)
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. 7)	• Requires Director of Health Care Reform in AHS to recommend to ***legislative committees by January 15, 2023*** 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 ***facilitation*** • AHS also must provide estimate of State funding needed for the Medicaid increase, both with and without federal financial participation (Sec. 7)
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 Department of Disabilities, Aging, and Independent Living (DAIL)***, as part of developing Vermont Action Plan for Aging Well***, 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. 8)	• Requires recommendations on changes to service delivery for individuals who are dually eligible for Medicaid and Medicare • ***If so directed by General Assembly,*** requires recommendations on extending access to long-term home- and community-based services to be incorporated ***as an amendment to the Global Commitment demonstration in effect in 2024 or into*** 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, ***2024*** (Sec. 8)
Summaries of GMCB reports	• Requires GMCB to summarize and synthesize the key findings and recommendations of its reports • Requires GMCB's reports and summaries to be understandable by public (Sec. 9)	• Requires GMCB to summarize and synthesize the key findings and recommendations of its reports • Requires GMCB to develop, in consultation with Office of Health Care Advocate, a standard for creating plain language summaries that the public can easily use and understand (Sec. 9)
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 ***$3.6 million*** to GMCB for the work in Sec. 1 • Appropriates ***$1.4 million*** to AHS for the work in Sec. 1 (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 (Sec. 10)	
Medicaid reimbursement rates; primary care at 100	No similar provision	• Expresses legislative intent to reimburse all Medicaid participating providers at 100 of Medicare rates, with first priority for primary care providers • In FY2024 budget proposal, DVHA must either provide Medicaid reimbursement rates for primary care at 100% of Medicare or provide information on amounts that would be necessary to achieve full reimbursement parity with Medicare rates
DFR/GMCB; prior authorizations	No similar provision	• Directs Department of Financial Regulation (DFR) to explore the feasibility of requiring health insurers to access clinical data from the Vermont Health Information Exchange to support prior authorization requests • Requires DFR to direct health insurers to provide prior authorization information to DFR in a standardized format so DFR can look at opportunities for aligning and streamlining prior authorization request processes • Requires DFR and Green Mountain Care Board to recommend by January 15, 2023 statutory changes

		needed to align and streamline prior authorization across health insurers (Sec. 11)
Effective date	• Effective on passage, except that Sec. 10 takes effect on July 1, 2022 (Sec. 11)	Same (Sec. 12)