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S.190

Senator Lyons moves that the report of the Committee on Health and Welfare, as amended by the Committee on Appropriations, be further amended by striking out Sec. 2, 33 V.S.A. § 1815, in its entirety and inserting in lieu thereof a new Sec. 2 to read as follows:

Sec. 2. 33 V.S.A. § 1815 is added to read:

§ 1815. LIMITATIONS ON HOSPITAL REIMBURSEMENTS

(a)~~(1)~~ As used in this section, “Medicare adjusted base rate” means the standardized Medicare payment amount for a hospital inpatient, outpatient, or professional service as determined under the Medicare program, calculated prior to the application of any hospital specific, patient specific, or policy based payment adjustments and reflecting only the core payment methodology used by the Centers for Medicare and Medicaid Services to establish baseline payment levels, which include adjustments for geographic factors such as wages.

~~(2) For items provided and services delivered at a critical access hospital, the Medicare adjusted base rate shall be determined under the applicable Medicare prospective payment system, using the Medicare payment methodology that would apply if the hospital were not designated as a critical access hospital.~~ “actual, hospital-specific Medicare reimbursement rate” means the actual reimbursement amount that a hospital receives from

1 **Medicare for items provided and services delivered to Medicare**
2 **beneficiaries.**

3 (b)(1) A registered carrier shall not reimburse or agree to reimburse a
4 hospital more than ~~250~~ **225** percent of the **hospital's actual, hospital-specific**
5 Medicare ~~adjusted base~~ **reimbursement** rate for any item provided or service
6 delivered in Vermont to an enrollee in a qualified health benefit plan **issued**
7 **pursuant to this subchapter.**

8 (2) In the event that a registered carrier reimburses a hospital for an item
9 or service on a capitated or other non-fee-for-service basis, the carrier shall
10 ensure that its reimbursement method is adjusted to account for the
11 reimbursement limit set forth in subdivision (1) of this subsection.

12 (c) The reimbursement limit set forth in subsection (b) of this section shall
13 ~~apply until the applicability date specified in the Green Mountain Care Board~~
14 ~~rule establishing the reference-based pricing methodology for all items~~
15 ~~provided and services delivered in Vermont hospitals~~ **remain in effect unless**
16 **and until the Green Mountain Care Board establishes a different**
17 **reference-based price pursuant to 18 V.S.A. § 9376(e).**

18 (d) A hospital or hospital provider that is reimbursed in accordance with
19 subsection (b) of this section shall not charge or collect from the patient any
20 additional amounts other than the cost-sharing amounts authorized by the
21 terms of the health benefit plan.

1 (e) In its reviews of premium rates in accordance with 8 V.S.A. § 4026, the
2 Green Mountain Care Board shall ensure that the limitations on
3 reimbursements established in this section are appropriately reflected in the
4 premium rates for qualified health benefit plans.