

1 S.282

2 Introduced by Senator Ayer

3 Referred to Committee on

4 Date:

5 Subject: Health; Department of Vermont Health Access; Medicaid; health care
6 provider screening and enrollment; Medicaid fraud

7 Statement of purpose of bill as introduced: This bill proposes to require the
8 Department of Vermont Health Access to complete the screening and
9 enrollment for an applicant to be a participating provider in the Medicaid
10 program within 60 days after receiving the application. It would also direct the
11 Department to identify and report on the main concerns of participating
12 providers and to make recommendations for any necessary changes to the
13 Medicaid fraud and abuse statutes.

14 An act relating to health care providers participating in Vermont's Medicaid
15 program

16 It is hereby enacted by the General Assembly of the State of Vermont:

17 Sec. 1. MEDICAID PROVIDER SCREENING AND ENROLLMENT

18 (a) Beginning on or before July 1, 2019, the Department of Vermont Health
19 Access shall conclude the screening and enrollment process for each health
20 care provider applying to participate in the Medicaid program within

1 60 calendar days following receipt of the provider's completed application.

2 An application shall be considered complete when the Department has
3 received all information and documentation necessary to conduct the screening
4 and enrollment.

5 (b) In the event that the Department of Vermont Access will be unable to
6 meet the 60-day time frame required by subsection (a) of this section by July 1,
7 2019, the Commissioner of Vermont Health Access shall submit a report by
8 February 1, 2019 to the House Committee on Health Care, the Senate
9 Committee on Health and Welfare, and the Health Reform Oversight
10 Committee regarding the status of the Department's provider screening and
11 enrollment efforts, including identifying the remaining barriers and any
12 additional resources needed for the Department to be able to process
13 applications within 60 days of receipt and providing an alternative date by
14 which the Department expects to begin meeting the 60-day time frame
15 requirement.

16 Sec. 2. MEDICAID PARTICIPATING PROVIDER CONCERNS; REPORT

17 (a) The Department of Vermont Health Access shall consult with providers
18 participating in Vermont's Medicaid program to identify their main concerns
19 related to the Medicaid program and its administration. In addition, the
20 Department shall evaluate, in consultation with the Office of the Attorney
21 General, its implementation of State and federal Medicaid fraud and abuse

1 provisions as they relate to participating providers, including the audit and
2 recoupment timelines, processes, and procedures. The Department shall also
3 assess the feasibility of creating an exception to recoupment for cases
4 involving good-faith interpretations of ambiguous statutes, rules, and guidance
5 and for claims filed in good-faith reliance on information provided by
6 employees of the Department of Vermont Health Access, the Agency of
7 Human Services, or their contractors.

8 (b) On or before January 15, 2019, the Commissioner of Vermont Health
9 Access shall submit to the House Committee on Health Care and the Senate
10 Committee on Health and Welfare a report summarizing its findings regarding
11 participating providers' concerns and providing the Department's responses to
12 those concerns; proposing any modifications to the fraud and abuse statutes
13 that the Department considers appropriate and that are permissible under
14 federal law; and recommending whether to create an exception to recoupment
15 as described in subsection (a) of this section.

16 Sec. 3. EFFECTIVE DATE

17 This act shall take effect on passage.