

Health Care Related Tasks & Reports - Passed 2015

JFO Draft - Updated 7/8/2015

Task	Lead	In consultation with	Bill	Due to	Due by	Notes	Status update
Agency of Administration							
Vermont Health Connect Reports	AOA - Chief of Health Care Reform.		Big Bill, Sec. C106	JFO, Leg. Council	Monthly (beginning 6/1/15)	Reports shall address schedule, cost, status updates, risks, actions taken, preliminary analysis of alternatives to VHC, etc.	JFO distributes to HROC & JFC. Legislative Council (LC) distributes to HHC, SH&W, & Finance. JFO and LC post on their websites. Administration has submitted two reports to date.
Independent Review of Vermont Health Connect	AOA - Chief of Health Care Reform.		Big Bill, Sec. C106.1	JFO		Provides JFO with materials provided by Independent Verification and Validation firms evaluating VHC.	JFO must analyze the reports and provide info regarding VHC to HROC, JFC, Speaker, Senate President in July, September, and October (and at other appropriate times). First report expected 7/24/15
Alternatives to Vermont Health Connect	AOA - Chief of Health Care Reform.		Big Bill, Sec. C106.3	JFC, HROC	See notes	If certain milestones are not met, AOA must begin to explore feasible alternatives to VHC.	By 11/15/15, Chief of Health Care Reform must provide JFC and HROC with recommendations regarding the future of VHC.
Universal Primary Care cost estimates study	AOA	JFO, GMCB	S.139, Secs. 16-19	JFC, HROC, SAC, HAC, HHC, SH&W, W&M, Finance	Due to JFO by 10/15/15; JFO review, comments, and feedback to AOA by 12/2/15; Final due by 12/16/15	\$100k appropriation to AOA.	There have been several meetings regarding vendor selection (JFO attended).
Public Employees' Health Benefits Report	AOA - Director of Health Care Reform	VT-NEA, School Boards Assoc., VEHI, VSEA, Troopers assoc., VLCT, DHR, Treasurer, and JFO	S.139, Sec. 22	HAC, SAC, House & Senate Educ., W&M, Finance, Senate Econ. Development, House General, Gov. Ops, SH&W, HHC, HROC	11/1/2015	Identify options for providing health coverage to all public employees (including state, judiciary, school, and municipal employees and retirees).	Must not trigger the ACA excise tax ("Cadillac Tax") on high cost employer-sponsored plans. There has been one stakeholder meeting already (JFO attended). Wakely has been hired as the vendor. JFO attended separate meeting w/ administration officials and vendor to discuss scope of work.
Review of Vermont Medicaid Benefits	AOA - Director of Health Care Reform	DVHA	Big Bill, Sec. E.301.1	HAC, SAC, W&M, Finance, HHC, SH&W, HROC	12/1/2015	Development of a reference guide comparing covered services available under Global Commitment with the essential health benefits benchmark plan required under the ACA.	

Vermont Health Care Innovation Project (VHCIP) updates	AOA - VHCIP Project Director		S.139, Sec. 24	HHC, W&M, SH&W, Finance, HROC	Quarterly	Provide updates regarding VHCIP implementation and the use of the Federal State Innovation Model (SIM) grant funds.	
Uniform Forms, Mental Health Quality, Evaluation	AOA - Director of Health Care Reform	GMCB, DFR	S.139, Sec. 44	HHC, SH&W, Finance, HROC	12/15/2015	Evaluate necessity of maintaining certain provisions related to insurance regulation.	Also consult regularly with interested stakeholders.
Presuit Mediation for Medical Malpractice Claims Report	AOA		S.139, Sec. 30	SH&W, HHC, House & Senate Judiciary	12/1/2019	Report on the impacts of presuit mediation and certificates of merit in advance of July 1, 2020 prospective repeal of presuit mediation	

Green Mountain Care Board

Consumer Information and Price Transparency	GMCB		S.139, Sec. 21	HHC, SH&W, Finance, HROC	10/1/2015	Evaluate potential models for allowing consumers to compare price information about cost and quality of health care services available across the state.	Report of findings and a proposal for a robust internet-based consumer health care information system.
Repurposing Excess Hospital Funds	GMCB		S.139, Sec. 47	HHC, SH&W, Finance, HROC, JFC	10/15/2015	As part of the 2016 hospital budget review process, GMCB shall identify any "stranded dollars" and report findings.	
Large Group Market; Impact analysis	GMCB	DFR	S.139, Sec. 15			Analyze the projected impact on rates in the large group market if large employers are permitted to purchase plans through VHC beginning in 2018.	
Payment Reform and Diferential Payments to Providers	GMCB		S.139, Sec. 23		Progress report as part of annual report	In implementing an all-payer model and provider rate-setting, GMCB must consider specific criteria such as hospital acquisition of independent physician practices, effects of differential reimbursements to providers employed by academic medical centers vs. other providers, differential reimbursement for different types of providers providing same services under same codes, etc.	Health insurers with more than 5,000 covered lives must submit to the GMCB by 7/1/16 an implementation plan for providing fair and equitable reimbursements for professional services provided by academic medical centers and by other professionals.
Green Mountain Care Board and Designated Agency Budgets	GMCB		S.139, Sec. 28	HAC, SAC, HHC, SH&W, HHS, Finance	1/31/2016	Analyze the budget and Medicaid rates for one or more designated agencies (DAs) using criteria similar to the Board's review of hospital budgets.	Recommend whether the Board should be responsible for annual review of all DAs' budgets and whether designated and specialized service agencies should be included in the all-payer model.

Agency of Human Services (AHS)

Medicaid reimbursement for Ambulance services	DVHA		S.139, Sec. 10	HHC, HHS, SH&W, HROC	12/1/2015	DVHA must evaluate the Medicaid reimbursement methodology for ambulance and EMS services and consider possible budget neutral adjustments.	
Provider Rate Setting for Long-Term Care Services	DAIL, AHS		S.139, Sec. 27	HHS, SH&W, Finance	1/15/2016	Review current reimbursement rates for providers of enhanced residential care, assistive community care, and other long-term home- and community-based care.	Consider ways to ensure rates are reviewed regularly and are sustainable, reasonable, and adequately reflect economic conditions, rules, and reforms, and that rates also encourage providers to accept residents without regard to sources of payment.
Medicaid Program Savings Initiatives	AHS	DAIL, DVHA, VDH, DMH	Big Bill, Sec. E.306.2		SFY'17 Budget	Autism: review scope of delivery in Medicaid in comparison to private insurance and determine which areas of inconsistency due to federal requirements and which are due to State policy.	Care for Older Adults with Psychiatric Illness: investigate service alternatives that reduce length of hospital stay for individuals who would otherwise be discharged but for a lack placement alternatives to meet their needs.
Reducing Duplication of Services	AHS		S.139, Sec. 25	HHS, SH&W	1/15/2016	Evaluate services offered by each entity licensed, administered, or funded by the state to provide services to individuals receiving home- and community-based long-term care services, or who have developmental disabilities, mental health needs, or substance use disorder.	Evaluate areas in which there are gaps in services or where services are inconsistent with the Health Resources Allocation Plan (HRAP), duplicative, inefficient, overlapping, etc.
Blueprint for Health value added	DVHA - Blueprint for Health		S.139, Sec. 26	General assembly	As part of annual report	2016 annual report must present an analysis of the value-added benefit and return on investment to the Medicaid program of the new funds appropriated as part of the 2016 budget.	Blueprint must also explore and report by January 15, 2016 on potential wellness incentives.
Telemedicine	DVHA		S.139, Sec. 46	HHC, SH&W, Finance	4/15/2016	Report regarding 6 months of implementation of Medicaid services for primary care consultations delivered through telemedicine outside a health care facility.	