

H.524

Bill Section	Who is Responsible Now	Current Duties	New HCA Duties	Duties Continue but Change	Comment/Question
11			Annual Report (Nov.) 10/05		Timing inconsistent with other reports – why Nov.?
	HCA	1. Cost Containment <ul style="list-style-type: none"> a. CON b. Hospital Budget 2. Data Management 3. Consumer Protection <ul style="list-style-type: none"> a. External Appeals b. Independent Panel c. Quality 4. Rates & Forms <ul style="list-style-type: none"> a. Insurance Regulation 	Establish new divisions – department structure		Timing does not provide for planning. Undertaking of this size should have at least 12 mos. planning. Additionally AHS has just been reorganized and HCA has been reorganized 3x in 15 years.
12			Meet with community health boards & other organizations		Time consuming with necessary staff 3-4 FTE
	OVHA	Consult with Education	Adopt rules for Green Mountain Health		Time consuming 6-12 months/ requires 2 cycles/requires additional staff
13	OVHA	Apply for waivers	Establish new payment system	Apply for waivers	Huge endeavor, complex, would require accounting, costly, time consuming
			Establish cost reduction targets by sector		Not clear what sectors are – may not be consistent with other goals – some targets may need to be increased for example in primary care
			Quality measurement design & implementation		New staff or contract \$\$\$
	HCA/AHS	Both agencies maintain extensive databases		Database requirements involve significant changes – multiple databases would need to	Databases would be incomplete No state law requiring insurers to report claims.

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				be integrated	ERISA would be exempt
	OVHA	Billing and collections for Medicaid		Billing & collections would change.	Staff & system needs - May require 2 systems
	OVHA/ HCA	<u>HCA</u> Consumer complaints, IRO and Independent Panel <u>OVHA</u>	Develop package for 2009 – essential health services Shall provide choice of health services and providers	Provider & consumer complaints processes	Level of consideration 1-8 will require staff & time, g coordination with hospitals, will require change in contracts w providers, new contracts, geographic challenges for choice
			Feb. 1, 2008 propose to General Assembly		Massive work in a very short time
			Community Health Board		Governance unclear on administrative support and authority.
21	OVHA	Provides for Medicaid	Implementation: July 07 for primary and preventive; 10/07 for hospital services; July 09 other new coverage package	Billing & collections UR, pharmacy, provider networks	Dept takes on all functions of insurer: marketing, enrollment, maintaining eligibility file, income verification for ability to pay provisions, coverage, claims payments, COB, Accounting and Finance, IT, Member services, Provider services- other issues: fed law conflicts, staffing
22			Joint health reform committee	Develop new packages	Timing and governance issues, staffing, multiple considerations requires increase choice of services, providers & improvement

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					of quality while containing costs
23	HCA	Develops hospital budgets	Develop budget for new package with cost containment targets sectors/regions include recommendations for expenditures		Time, staff, legal issues, sector issue, limited by Federal Medicaid law
25	OVHA		Establish rules for payment methodologies, define reasonable, negotiate with hospitals, Health Care Providers, & groups (negotiate hosp global budget)		Complex payment system that allow for gaming the system & creates incentives to avoid taking care of sicker patients.
			Out of state contracts currently not what Medicaid does in this respect		
			Develop a reference pricing system		Could result in significant out of picket costs
			Create one or more health care bargaining unit		Global budget
			Regulatory review board – staff – establish procedures for aggrieved providers		
26	HCA	CON hospital budget	Develop global hospital budgets and rules for budget amendment	Significant changes in this process	Could result in higher spending especially with the
	HCA/OVHA	Both agencies contract with VPQHC		VPQHC contract	New duties under contract

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			(Support) Healthy Lifestyle Rules		
			Premium assistance for elderly		New resource with one time appropriation
27		Both agencies utilize bidding for various contracted functions		New bidding process	Time consuming
				COB	Expansion
	OVHA HCA	Insurance regulation limited to Medicaid Private insurance regulation		Enrollment, provider education, pharmacy, billing, retrospective coverage, coordination of benefits	Huge system implications, will require new third system
28			Cost sharing/healthy lifestyle provisions		Actuarial analysis, eligibility & verification
	HCA/OVHA		HC Regulatory Review Board	Contested cases	Governance
	HCA	IRO Independent Panel		Consumer complaints; new process	
	HCA/POC	CON Review		CON	Complete change of authority