

HAC Medicaid benefits budget language

Sec. X. REVIEW OF VERMONT MEDICAID BENEFITS

(a) The Director of Health Care Reform in the Agency of Administration, in consultation with the Department for Vermont Health Access, shall analyze the covered services available to beneficiaries in Vermont's Medicaid program and those offered in major medical health insurance plans issued by health insurers to determine which services Medicaid covers that are not covered by most health insurance plans and which services health insurance plans cover that are not covered under Medicaid. For each service identified for which Medicaid provides coverage and most health insurance plans do not, the Director shall determine whether federal law would allow Vermont to discontinue Medicaid coverage for that service and, if so, estimate the potential cost savings associated with discontinuing coverage. For each service identified for which health insurance plans provide coverage and Medicaid does not, the Director shall determine whether federal law would allow Vermont to provide Medicaid coverage for that service and, if so, estimate the potential cost increases associated with providing coverage.

(b) On or before December 1, 2015, the Director of Health Care Reform shall provide a list of the services identified, including the services that currently are or are not available under Medicaid for which modification would not be allowed and the estimates of cost savings and cost increases associated with services for which adding or discontinuing coverage is permitted, to the House Committees on Appropriations and on Health Care, the Senate Committees on Appropriations, on Health and Welfare, and on Finance, and the Health Reform Oversight Committee.