

Status quo: What happens if we do nothing in health care this year?

- Exchange
 - 2016: employers 51 - 100 are required to purchase Exchange plans - **mandatory**
 - 2016: individuals must purchase through Exchange, may not buy directly from carriers
 - 2017: employers 101+ may purchase Exchange plans - **optional**; statutes do not reflect likely need for community rating for large group
- Cadillac tax - imposed on high-value employer sponsored insurance in 2018
 - State employees - State employees' negotiate next contract in summer/fall 2015 for coverage in effect in 2018
 - Retired State employees/teachers
 - Teachers - contract dates vary by district/supervisory union
- Exchange subsidies
 - Vermont provides premium and cost-sharing subsidies up to 300% FPL
 - Feds provide premium tax credits up to 400% FPL and cost-sharing subsidies up to 250% FPL
 - Vermont premium subsidies - 1.5% on top of federal tax credit
 - Vermont cost-sharing subsidies:
 - ≤ 150% FPL: 94% AV
 - Between 151 and 200% FPL: 87% AV
 - Between 201% and 250% FPL: 77% AV
 - Between 251% and 300% FPL: 73% AV
- Green Mountain Care Board
 - Without direction, may choose not to use its provider rate setting authority
 - Additional regulatory or other authority?
- Health care claims tax remains in effect (0.8% of health care claims)
- HIT fund fee (0.199% of health care claims) sunsets July 1, 2017
- Provider taxes remain in effect - apply to hospitals, nursing homes, intermediate care homes for persons with disabilities, home health agencies, pharmacies
- Confidential presuit mediation for medical malpractice claims already sunsetted on February 1, 2015
- Medicaid budget shortfall continues to be an annual problem in the absence of a sustainable funding source that grows as fast as Medicaid costs
- Blueprint payments to providers, community health teams do not increase
- Green Mountain Care - language remains in statute

- AHS Health and Human Services Enterprise project (MMIS, integrated eligibility) needs more funding to proceed
 - Money is in Governor's proposed capital bill
- Uninsured/underinsured concerns are not further addressed
- Consumer price transparency for health care services remains limited
- Access to providers for primary care and Medicaid beneficiaries remains an issue
- Governor's budget proposal would reduce provider loan repayments through AHEC (area health education centers) over prior years' amounts
- Vermont employer assessment - unchanged
- Federal issues to keep in mind:
 - Federal individual mandate - penalty for not having minimum essential coverage
 - Federal employer mandate - penalty for employers ≥ 50 employees who do not offer health coverage to their employees or offer coverage that is low AV/unaffordable
 - Multistate plans - will be implemented in Vermont in 2016 or 2017
 - Disproportionate share hospital (DSH) payments will be reduced from 2016-2023