

H.481 - Section by section summary of House Appropriations Committee amendment
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updated April 6, 2015

First instance of amendment adds Secs. 1-8:

***** Increasing Affordability and Access to Health Care *****

Secs. 1 and 2. Exchange cost-sharing subsidies

- Increases Exchange cost-sharing subsidies to an 83% actuarial value for individuals between 200% and 250% FPL and to a 79% actuarial value for individuals between 250% and 300% FPL
- Appropriates \$761,308 (State) for base spending for cost-sharing subsidies
- Appropriates \$2 million (State) for the increased subsidies

Secs. 3 and 4. Investing in primary care and professional services

- Appropriates \$14,221,052 (gross) to increase Medicaid reimbursement rates
 - \$7 million for increases to primary care providers beginning July 1, 2015
 - \$1 million for increases to Dartmouth Hitchcock beginning January 1, 2016
 - \$5,221,052 for professional services rate increases beginning July 1, 2015
- Green Mountain Care Board (GMCB) must account for any impact from these investments on the cost shift through regulatory authority over hospital budgets and health insurer rates and include assessment of the impacts in its annual report
- Health insurers must adjust reimbursement rates and premiums to account for reductions in the cost shift

Sec. 5. Rate increases for other Medicaid providers

- Appropriates \$6,794,743 (gross) to increase reimbursement rates for non-medical providers under contract with departments in the Agency of Human Services beginning July 1, 2015
- Appropriates \$200,000 (gross) to implement prospective payments to home health agencies beginning July 1, 2015

Sec. 5a. Household insurance survey

- Appropriates \$150,000 (State) for follow-up household insurance survey to assess the impact of the 2015 Exchange open enrollment period on the uninsured rate

***** Strengthening Primary Care *****

Sec. 6. Blueprint for Health increases

- Appropriates \$5,746,492 (gross) to increase payments to patient-centered medical homes, increase payments to community health teams, and rebalance community health teams
 - Increases payments to community health teams by \$1,171,802 (gross) beginning July 1, 2015

- Adjusts payments for community health teams to reflect revised patient attribution and market share. Beginning July 1, 2015, DVHA must increase payments by up to \$935,666
- Increases payments to patient-centered medical homes by \$3,639,024 beginning July 1, 2015
- Requires Blueprint to beginning including family-centered approaches and adverse childhood experience screenings

Sec. 7. Area Health Education Centers (AHEC)

- Appropriates \$700,000.00 (gross) to AHEC for repayment of educational loans for health care providers and health care educators

***** Consumer Information, Assistance, and Representation *****

Sec. 8. Office of the Health Care Advocate

- Appropriates \$40,000.00 (State) for the Office of the Health Care Advocate (HCA)
- Expresses legislative intent that Governor’s budget proposals include a separate provision showing the aggregate sum to be appropriated to the HCA from all State sources

Second instance of amendment adds Secs. 10 and 11:

***** Investing in Structural Reform for Long-Term Savings *****

Sec. 10. All-payer waiver, rate-setting

- Appropriates \$3,025,020 (gross) to the GMCB
 - \$597,020 is for positions and operating expenses related to GMCB’s provider rate-setting authority, the all-payer model, and Medicaid cost shift
 - \$2,368,000 is for contracts and third-party services related to provider rate-setting, the all-payer model, and Medicaid cost shift
 - \$60,000.00 is for oversight of VITL’s budget and activities

Sec. 11. Green Mountain Care Board positions

- Adds six positions to the GMCB

Third instance of amendment strikes Sec. 13 (directing GMCB to initiate an inquiry into public utility model for health care reimbursement)

Fourth instance of amendment adds Sec. 21:

Sec. 21. Appropriation

- Appropriates up to \$200,000.00 to Joint Fiscal Office to estimate costs of providing universal primary care to all Vermont residents, with and without cost-sharing, beginning in 2017; estimate is due October 15, 2015