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**Act No. 210 (S.262). Health; Medicaid; Department of Vermont Health Access; Vermont Health Benefit Exchange; provider taxes; Human Services Board**  
**An act relating to miscellaneous changes to the Medicaid program and the Department of Vermont Health Access**

This act makes several changes concerning Vermont's Medicaid program, the duties of the Department of Vermont Health Access (DVHA), health care provider taxes, bronze-level qualified health benefit plans offered through the Vermont Health Benefit Exchange, and other programs and entities. It extends certain timelines relating to provider tax redeterminations and changes from March 31 to June 1 the date by which ambulance agencies must remit their provider tax annually to DVHA. It requires financial institutions, when requested by the DVHA Commissioner, to provide DVHA with financial information regarding any person or a person's spouse who is applying for or is receiving assistance or benefits from DVHA, and specifies that the financial institution will not be subject to criminal or civil liability for doing so. The act requires the application for certain Medicaid programs to contain a form of authorization executed by the applicant or beneficiary giving DVHA the authority to obtain financial information about the applicant's or beneficiary's assets. It directs State governmental officials and agencies, when requested by the DVHA Commissioner, to provide DVHA with information regarding any aid given or money paid to any person or a person's spouse who is applying for or receiving assistance or benefits from DVHA. The act requires the Commissioner of Taxes, when requested by the DVHA Commissioner, to compare information provided by applicants for or recipients of assistance with State income tax returns and report his or her findings to the DVHA Commissioner. It also requires each unit of the Superior Court to provide the DVHA Commissioner monthly with a list of all new estates opened during the previous month.

The act eliminates a requirement that DVHA apply by March 1, 2019 for a federal waiver of the cost-sharing limitations or actuarial value limitations, or both, for bronze-level qualified health plans offered through the Vermont Health Benefit Exchange. It allows one or more bronze plans that do not meet Vermont's out-of-pocket prescription drug limit to be offered annually through the Vermont Health Benefit Exchange as long as there will be at least two bronze

plans that include the out-of-pocket prescription drug limit, and the Green Mountain Care Board finds that offering plans without the limit will not adversely impact the plan options for consumers with high prescription drug needs who benefit from the limit.

The act specifies that for expedited Medicaid fair hearings, the Human Services Board must delegate both its fact-finding and final decision-making authority to a hearing officer, whose written findings and order will constitute the Board's decision and order. It narrows the circumstances under which the Secretary of Human Services may reverse a decision of the Human Services Board and requires beneficiaries appealing Medicaid covered service decisions to exhaust DVHA's internal appeals process before filing a request for a fair hearing with the Human Services Board. The act directs the Agency of Human Services to adopt rules establishing a process by which the Agency will ensure that a Medicaid beneficiary who files a request for a fair hearing with the Human Services Board before exhausting DVHA's internal appeals process will receive consideration as if the beneficiary had properly filed an internal appeal with DVHA and will receive assistance in filing a timely request for a fair hearing with the Human Services Board if the internal appeal results in an adverse determination. The act also modifies the membership of the legislative Health Reform Oversight Committee by removing the Chair of the Senate Committee on Economic Development, Housing and General Affairs as a member and adding instead one member of the Senate appointed by the Committee on Committees.

Multiple effective dates, beginning retroactively to January 1, 2018