

DRAFT**ON-GOING LIST OF GOVERNOR RECOMMENDED INITIATIVES THAT MAY BE OF INTEREST TO THE HOUSE HEALTH CARE COMMITTEE**

The purpose of this list is to highlight specific issues that may be of interest to the HHC. There may be other things not included that the committee may also have interest in addressing.

Agency or dept	Sec.	Description	Gross \$	State \$	Notes
POLICY INITIATIVES (of potential interest to legislators)					
NEW SPENDING / INITIATIVES					
AHS	E.300	Preventative dental for children and new mothers	\$732,000	\$500,000	Governor's initiative on school-based dental health sealants and universal home visiting program.
		Dental	\$212,000	\$157,000	\$110K pure GF + \$47K GF match to GC (\$102K gross) = total \$212k gross.
		Home Visits	\$520,000	\$343,000	\$184K pure GF + \$159K GF match to GC & Medicaid Admin (\$336k gross) = total \$520k gross.
DVHA		Dartmouth Hitchcock rate increase	\$6,576,707	\$3,039,096	Settlement requiring state to pay DHMC reimbursement rates on par with the in-state academic medical center (UVMHC).
DVHA		Delivery System Reform Investments	\$2,625,000	\$941,438	Investments related to implementing the APM (OneCare).
REDUCTIONS					
DVHA	E.306	Cut state cost-sharing reduction program	(\$827,175)	(\$827,175)	Effective 1/1/19 - 1/2 year impact. State-only dollars
DVHA		Elimination of Primary Care Case Management Fee	(\$3,327,479)	(\$1,490,871)	TOTAL. Currently \$2.50 PMPM per attributable Medicaid life. Admin claims outpatient rate increase to Medicare rate mitigates impact on providers.
		Global Commitment waiver	(\$3,200,634)	(\$1,479,014)	GC Portion of PCCM
		Non-waiver	(\$126,845)	(\$11,857)	Non-waiver portion of PCCM
DVHA		Cost avoidances from increased COB and PI activities	(\$1,959,716)	(\$905,585)	Coordination of Benefits (COB) and Program Integrity (PI) initiative targets.
DVHA		DSH Reductions	(\$4,744,310)	(\$2,192,347)	TOTAL
		Federal DSH Reduction	(\$948,781)	(\$438,432)	28.42% DSH rate reduction under the ACA. The recent CSR delayed the cut for two years.
		State DSH Reduction	(\$3,795,529)	(\$1,753,915)	Proposal of further DSH reductions
VDH		Loan Repayment	(\$667,000)	(\$308,221)	Administered through AHEC @ UVM.
GMCB	E.300.2	Reduce funding for the Health Care Advocate	(\$110,883)	(\$34,358)	Funded through with Billback. Total FY'18 appropriation was \$1,457,406. The '19 Gov Rec. represents a \$110,833 reduction to this amount.
GMCB		Elimination of 3 positions	(\$292,649)	(\$79,015)	Rate review related positions including a health policy analyst, evaluation manager, and CON position.
OTHER POLICY INITIATIVES					
DVHA		Realignment of Care Coordination Activities	(\$1,826,928)	(\$650,000)	Align and restructure VCCI, the Blueprint for Health, and the Clinical Operations Unit to better meet goals.
DVHA	E.306.1	Ceasing DVHA premium processing responsibilities	(\$2,136,306)	(\$1,106,606)	Ending premium processing contract (with WEX). Mix of GF and SHCRF. 1/2 year budget impact. Will need to work with Carriers to ensure they can carry out in timeframe.
DVHA		Design, development and implementation	(\$25,787,416)	(\$2,570,631)	DVHA scrutinized contracts regarding intergrated eligibility and MMIS.
DVHA		HIT Investment Phasedown	(\$1,960,628)	(\$1,354,330)	Part of overall GC investment phase down as part of new GC waiver agreement.
REVENUES					
DVHA	E.306.2	Extends the sunset of the HIT fund	Existing Revenue		Postpones 1 year to 7/1/19. Est. Revenue = \$3.45M
DVHA	E.306.3	Updates claims assessment statutory language concurrent with HIT proposal.	Existing Revenue		Claims assessment will not go away. This is an adjustment in the language to reflect the change concurrent with HIT proposal. 0.8% claims assessment itself will still exist under existing statutes.