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H.912

Senator Ayer moves that the report of the Committee on Health and Welfare be amended by striking out Sec. 15, 32 V.S.A. § 305a(c), in its entirety and inserting in lieu thereof a new Sec. 15 to read as follows:

Sec. 15. 32 V.S.A. § 305a(c) is amended to read:

(c)(1)(A) The January estimates shall include estimated caseloads and estimated per-member per-month expenditures for the current and next succeeding fiscal years for each Medicaid enrollment group as defined by the Agency and the Joint Fiscal Office for State Health Care Assistance Programs or premium assistance programs supported by the State Health Care Resources and Global Commitment Funds, and for the Programs under any Medicaid Section 1115 waiver.

(B) For Board consideration, there shall be provided ~~two~~ three versions of the next succeeding fiscal year’s estimated per-member per-month expenditures:

(i) one version shall include ~~an increase in Medicaid provider reimbursements in order to ensure that the expenditure estimates reflect amounts attributable to health care inflation as required by subdivisions 307(d)(5) and (d)(6) of this title and~~ inflation trends as set forth in subdivision 307(d)(5) of this title;

(ii) one version shall be without the inflationary adjustment; and

1 (iii) one version shall reflect any additional increase or decrease to
2 Medicaid provider reimbursements that would be necessary to attain Medicare
3 levels as set forth in subdivision 307(d)(6) of this title.

4 (C) For VPharm, the January estimates shall include estimated
5 caseloads and estimated per-member per-month expenditures for the current
6 and next succeeding fiscal years by income category.

7 (D) The January estimates shall include the expenditures for the
8 current and next succeeding fiscal years for the Medicare Part D phased-down
9 State contribution payment and for the disproportionate share hospital
10 payments.

11 (2) In July, the Administration and the Joint Fiscal Office shall make a
12 report to the Emergency Board on the most recently ended fiscal year for all
13 Medicaid and Medicaid-related programs, including caseload and expenditure
14 information for each Medicaid eligibility group. Based on this report, the
15 Emergency Board may adopt revised estimates for the current fiscal year and
16 estimates for the next succeeding fiscal year.