2018 Miscellaneous Medicaid Bill

MEDICAID FOR WORKING PEOPLE WITH DISABILITIES - ELIGIBILITY ENHANCEMENTS

Background

The MWPD program allows workers with disabilities whose income is less than 250% FPL to be eligible for Medicaid.

As a result of Act 51 in 2015, eligibility enhancements were made to the MWPD program. VT received CMS approval this year, and enhancements will be operationalized effective 1/1/18.

Proposed change incorporates the 2015 eligibility enhancements into the statute that defines the MWPD program (33 V.S.A. § 1902).

Purpose of Statutory Change

To comply with state law and align state statute, state operations, and VT Medicaid rules.

DELAY IMPLEMENTATION OF MAGI CALCULATIONS UNTIL IE

Background

Vermont statute requires eligibility determinations be based on modified adjusted gross income (MAGI) methodology for Vpharm and Healthy Vermonters beginning January 1, 2019.

MAGI determinations are not possible in the State's current Access system, and the new Integrated Eligibility (IE) system must be operational in order to implement the MAGI methodology for these programs.

Proposed change delays the implementation of using MAGI for VPharm and Healthy Vermonters until the IE system is operational.

Purpose of Statutory Change

To comply with state law and reflect current technology restraints.

AMEND TIMELINE FOR MEDICAID PROVIDER TAX APPEALS

Background

DVHA collects taxes from Medicaid-enrolled providers. Pursuant to 33 V.S.A. § 1958, a provider may appeal the assessment, and DVHA must hold a hearing within 20 days of receiving the request for reconsideration.

Proposed change amends the hearing date timeline so that DVHA must hold the hearing within 90 days of receiving the request, rather than 20 days.

Purpose of Statutory Change

Alleviate the current time pressure facing DVHA and providers to find, examine, and prepare to present all of the evidence and witnesses that may be advantageous/necessary for this type of appeal.

Facilitate the parties' meaningful engagement in the discovery process and provide a greater opportunity to reach mutual agreements and/or stipulated agreements.

Request Amended Language

The Department shall mail written notice of the date, time, and place of the hearing to the health care provider at 20 least ~~10~~ 30 days before the date of the hearing (sec. 3, line 20).

CHANGE COLLECTION DATE FOR AMBULANCE PROVIDER TAX

Background

As of 2017, DVHA collects provider taxes from ambulance agencies on an annual basis.

Pursuant to 33 V.S.A. § 1959, ambulance agencies must remit the assessment to DVHA annually on March 31st.

Proposed change will change the ambulance agencies' tax collection date from March 31st to June 1st to accommodate the provide community and logistical issues, and to align with 2017 timelines.

Purpose of Statutory Change

Alleviate the need for DVHA to annually permit a collective variance from the date stated under 33 V.S.A. § 1959.

Facilitate continuity and predictability in the ambulance provider community.

GRANT DVHA AUTHORITY TO VERIFY ASSET INFORMATION

Background

Federal regulations require that the State use an Asset Verification System (AVS) for Medicaid applicants.

DVHA does not have explicit authority under state statute to verify asset information with banking institutions.

Proposed change amends statute to grant DVHA authority to verify asset information with banking institutions. This authority mirrors the authority already granted to DCF under state statute.

Purpose of Statutory Change

In order to comply with the federal requirement that Medicaid use an Asset Verification System (AVS), DVHA must have authority to obtain bank information. Currently, 33 V.S.A. § 112 grants authority to obtain bank information only to DCF.

Request Amended Language

32 V.S.A. § 3102(f) is amended to read: (f) Notwithstanding the provisions of this section, information obtained from the Commissioner for Children and Families under 33 V.S.A. § 112(c), from the Commissioner of Vermont Health Access under 33 V.S.A. § 403, from the Vermont Student Assistance Corporation under 16 V.S.A. § 2843, or the Dental Health Program under 33 V.S.A. § 4507, or a job development zone under subsection 5926(c) of this title shall be confidential and it shall be unlawful for anyone to divulge such information except in accordance with a judicial order or as provided under another provision of law.

STRENGTHEN "NOTICE TO CREDITORS" REQUIREMENT

Background

Federal law mandates that states recover monies from estates where Long Term Care (LTC) claims were paid by Medicaid.

Probate courts allow 4 months for creditors to claim against an estate.

In Vermont, DVHA is noticed of probate estates via the Department of Taxes, which receives the information from the Probate Courts.

This notice is not sufficiently timely and/or is often incomplete, resulting in the State being prohibited from recouping Medicaid payments.

Proposed change amends statute to require Probate Courts to notify DVHA directly of new probate estates.

Purpose of Statutory Change

To better comply with Federal law. DVHA will have timely notice of probate estates and be able to recoup more LTC Medicaid funds from probate estates before the closure of the 4-month notice period, as required by law.

ELIMINATE WAIVER REQUIREMENT FOR MAXIMUM-OUT-OF-POCKET

Background

Act 165 (2016) intended to provide DVHA with a method to preserve Vermont's pharmacy out-of-pocket maximum (Rx MOOP) within Bronze plans, and directed DVHA to apply for a federal waiver of actuarial value limitations in order to maintain the Rx MOOP while continuing to offer Bronze level QHPs.

Proposed change eliminates DVHA's obligation to pursue a waiver of federal MOOP requirements because there is no need for a waiver. QHP designs meet all federal and state requirements, including the Rx MOOP.

Purpose of Statutory Change

With this change, the State will not need to pursue a waiver because we now have flexibility to continue providing Bronze level plans that meet both state and federal prescription drug MOOP requirements.

AMEND HUMAN SERVICES BOARD FAIR HEARING STATUTE

Background

Human Services Board (HSB) statute grants individuals a broad right to a fair hearing, inclusive of covered services. New federal Medicaid regulations require DVHA to exhaust all covered services appeals through an internal process prior to proceeding with a Fair Hearing.

Proposed change amends the HSB statute to require individuals go through DVHA's Medicaid internal appeals process prior to appealing at the HSB.

Purpose of Statutory Change

This change is necessary to comply with the new federal requirements (42 CFR 438.402) effective January 1, 2018.

Expedited
Fair Hearing Decisions

Background

Recent federal Medicaid regulations require the Agency to enter a final order in a Medicaid appeal within an expedited time frame when taking the standard time would put the appellant's health at significant risk.

- When the expedited standard is met, the Agency must enter a final order within three business days for Medicaid services appeals and seven business days for Medicaid eligibility appeals.
- Vermont's standard time frame requires the Board to enter orders in Medicaid appeals within 75 days.

Proposed change removes the requirement that the Board review and decide whether to adopt the findings of the hearing officer in expedited Medicaid appeals, and instead makes the hearing officer's findings and order the final HSB decision.

Purpose of Statutory Change

To comply with recent federal Medicaid regulations that require the Agency to enter a final order in a Medicaid appeal within an expedited time frame when taking the standard time would put the appellant's health at significant risk.

Without this, a quorum of the HSB would have to be on call to meet to review hearing officer's findings of fact and proposed orders within an extremely tight time frame, which is not feasible.

Request Amended Language

Notwithstanding subsections (c), (d), and (e) of this section, in the case of an Expedited Medicaid State Fair Hearing, the Board shall delegate both its factfinding and final decision-making authority to a hearing officer and the hearing officer's written findings and order shall constitute the Board's decision and order, consistent with timelines set forth in federal law.

Prescription Drug Price Disclosure Report – Remove Reporting Requirement

Background

State statute requires drug manufacturers to report average manufacturing price information quarterly to DVHA.

The information mandated to be reported is now available publicly, the data is not used programmatically, and the reporting requirement is an administrative burden on both manufacturers and the State.

Proposed change will remove the this reporting requirement on the Prescription Drug Price Disclosure Report.

Purpose of Statutory Change

The reported information is no longer used programmatically and is publicly available.