

**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 & SHW. There may be other things not included that the committee may also have interest in addressing.

Agency or dept	Sec.	Description	Governors Recommend <i>Base / start of budget process</i>		As passed the House <i>#'s as compared to Gov Rec.</i>		As passed the Senate		Notes
			Gross \$	State \$	Gross \$	State \$	Gross \$	State \$	
<b>POLICY INITIATIVES (of potential interest to legislators)</b>									
<b>NEW SPENDING / INITIATIVES</b>									
AHS	E.300	Preventative dental for children and new mothers	\$732,000	\$500,000	(\$732,000)	(\$500,000)			Governor's initiative on school-based dental health sealants and universal home visiting program. <i>House removed from the budget.</i> \$110K pure GF + \$47K GF match to GC (\$102K gross) = total \$212k gross. \$184K pure GF + \$159K GF match to GC & Medicaid Admin (\$336k gross) = total \$520k gross.
		Dental	\$212,000	\$157,000	<del>        </del>				
		Home Visits	\$520,000	\$343,000	<del>        </del>				
DVHA		Dartmouth Hitchcock rate increase	\$6,576,707	\$3,039,096	No change	No change			Settlement requiring state to pay DHMC reimbursement rates on par with the in-state academic medical center (UVMHC).
DVHA	E.307	Delivery System Reform Investments	\$2,625,000	\$941,438	(\$370,164)	(\$171,053)			Investments related to implementing the APM (OneCare).
<b>REDUCTIONS</b>									
DVHA	E.306	Cut state cost-sharing reduction program	(\$827,175)	(\$827,175)	No change	No change			Effective 1/1/19 - 1/2 year impact. State-only dollars
DVHA	E.301 / E.307	Elimination of Primary Care Case Management Fee	(\$3,327,479)	(\$1,490,871)	\$1,600,317	\$768,814			TOTAL. Currently \$2.50 PMPM per attributable Medicaid life. Admin claims outpatient rate increase to Medicare rate mitigates impact on providers. <i>House restored half of the PCCM payments.</i> GC Portion of PCCM Non-waiver portion of PCCM
		Global Commitment waiver	(\$3,200,634)	(\$1,479,014)	N/A	N/A			
		Non-waiver	(\$126,845)	(\$11,857)	N/A	N/A			Non-waiver portion of PCCM
DVHA		Cost avoidances from increased COB and PI activities	(\$1,959,716)	(\$905,585)	No change	No change			Coordination of Benefits (COB) and Program Integrity (PI) initiative targets.
DVHA		DSH Reductions	(\$4,744,310)	(\$2,192,347)	No change	No change			TOTAL 28.42% DSH rate reduction under the ACA. The recent CSR delayed the cut for two years. Proposal of further DSH reductions
		Federal DSH Reduction	(\$948,781)	(\$438,432)					
		State DSH Reduction	(\$3,795,529)	(\$1,753,915)					
VDH	E.301	Loan Repayment	(\$667,000)	(\$308,221)	\$667,000	\$308,221			Administered through AHEC @ UVM. <i>House restored funding.</i>
GMCB	E.300.2	Reduce funding for the Health Care Advocate	(\$110,883)	(\$34,358)	\$110,883	\$34,358			Funded through with Billback. Total FY'18 appropriation was \$1,457,406. The '19 Gov Rec. represents a \$110,883 reduction to this amount. <i>House restored funding.</i>
GMCB	E.345	Elimination of 3 positions	(\$292,649)	(\$79,015)	House restored positions and made them permanent				Rate review related positions including a health policy analyst, evaluation manager, and CON position. <i>House restored position and offset with reductions in contracts, other - net neutral.</i>
<b>OTHER GOVERNOR POLICY INITIATIVES</b>									
DVHA		Realignment of Care Coordination Activities	(\$1,826,928)	(\$650,000)	No change	No change			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)	No change	No change			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)	No change	No change			DVHA scrutinized contracts regarding intergrated eligibility and MMIS.
DVHA		HIT Investment Phasedown	(\$1,960,628)	(\$1,354,330)	No change	No change			Part of overall GC investment phase down as part of new GC waiver agreement.
<b>OTHER HOUSE POLICY INITIATIVES</b>									
DVHA	E.307	Increase funding for clinics for the uninsured			\$370,164	\$171,053			House took \$370k from DSR payments to increase funding for clinics for the uninsured.
DVHA	E.308	2% Home Health Provider rate increase			\$455,474	\$985,661			2% increase only for specific services. \$399,300 (E.307 Medicaid GC) + \$586,361 (E.308 Medicaid Long-Term Care)
VDH	E.313	Increase funding for recovery centers				\$165,000			
DMH	E.314	Temporary Forensic Unit				(\$1,500,000)			Removes 1Q funding for temporary forensic unit.
DMH	E.314	Warm Lines				\$168,000			Increases funding for warm lines - 24/7 coverage.
DMH	E.314	Supportive Housing Services				\$276,000			Funds allocated at the DMH discretion in Rutland County for supportive housing services for individuals with mental health disabilities who have experienced chronic homelessness, using the low barriers model.

**REVENUES**

DVHA	E.306.2	Extends the sunset of the HIT fund	Existing Revenue	Addressed in H.901	<i>Postpones 1 year to 7/1/19. Est. Revenue = \$3.45M</i>
DVHA	E.306.3	Updates claims assessment statutory language concurrent with HIT proposal.	Existing Revenue	Addressed in H.901	<i>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.</i>