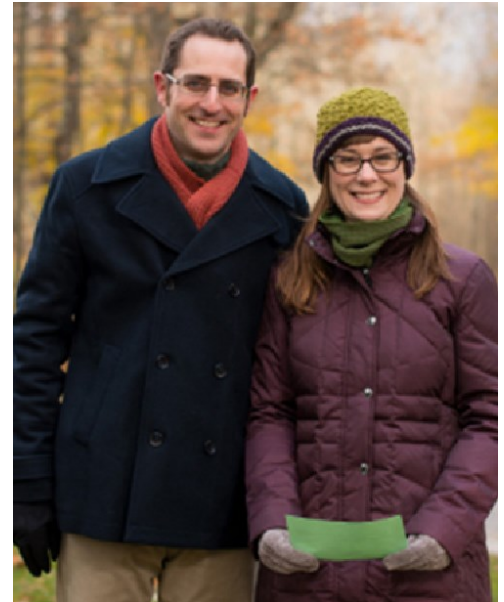




**AGENCY OF HUMAN SERVICES  
DEPARTMENT OF VERMONT HEALTH ACCESS**



# **Budget Document**

**State Fiscal Year 2015**



**Budget Document - SFY 2015**

**Table of Contents**

**About DVHA**

Contact Information..... 2  
 Organization Chart..... 3  
 Organization & Responsibilities..... 4  
 State Fiscal Year 2014 Initiatives ..... 15  
 Measurements & Outcomes..... 17

**State Fiscal Year 2015 Budget**

Budget Request ..... 28  
 Budget Considerations ..... 31

**Reference Materials**

Green Mountain Care Program Overview ..... 61  
 Percentage of Federal Poverty Level Guidelines..... 63  
 Premiums ..... 64  
 Federal Match Rates ..... 65  
 Federal Match Rates – Vermont Specific ..... 66  
 Managed Care Organization Investment Expenditures ..... 67

**Strategic Plan** ..... 69

**Acronyms**..... 75

**Inserts**

Mandatory/Optional Coverage Groups/Services ..... Insert 1  
 Program Cost Comparison..... Insert 2  
 Program Expenditures w/Funding Descriptions ..... Insert 3  
 Categories of Services ..... Insert 4  
 Vantage Reports..... Insert 5

## Contact Information

Mark Larson, Commissioner  
[mark.larson@state.vt.us](mailto:mark.larson@state.vt.us)

Lori Collins, Deputy Commissioner  
Policy, Fiscal and Support Services Division  
[lori.collins@state.vt.us](mailto:lori.collins@state.vt.us)

Aaron French, Deputy Commissioner  
Health Services and Managed Care Division  
[aaron.french@state.vt.us](mailto:aaron.french@state.vt.us)

Lindsey Tucker, Deputy Commissioner  
Vermont Health Connect  
[lindsey.tucker@state.vt.us](mailto:lindsey.tucker@state.vt.us)

(Vacant), Deputy Commissioner  
Health Reform Division

Thomas Simpatico, M.D., Chief Medical Officer  
[tom.simpatico@state.vt.us](mailto:tom.simpatico@state.vt.us)

Scott Strenio, M.D., Medical Director  
[scott.strenio@state.vt.us](mailto:scott.strenio@state.vt.us)

Craig Jones, M.D., Director  
Blueprint for Health  
[craig.jones@state.vt.us](mailto:craig.jones@state.vt.us)

Kara Suter, Director  
Payment Reform and Reimbursement  
[kara.suter@state.vt.us](mailto:kara.suter@state.vt.us)

Selina Hickman, Director  
Program Policy & Acting Legislative Liaison  
[selina.hickman@state.vt.us](mailto:selina.hickman@state.vt.us)

### Phone

(802) 879-5900

### Fax

(802) 879-5651

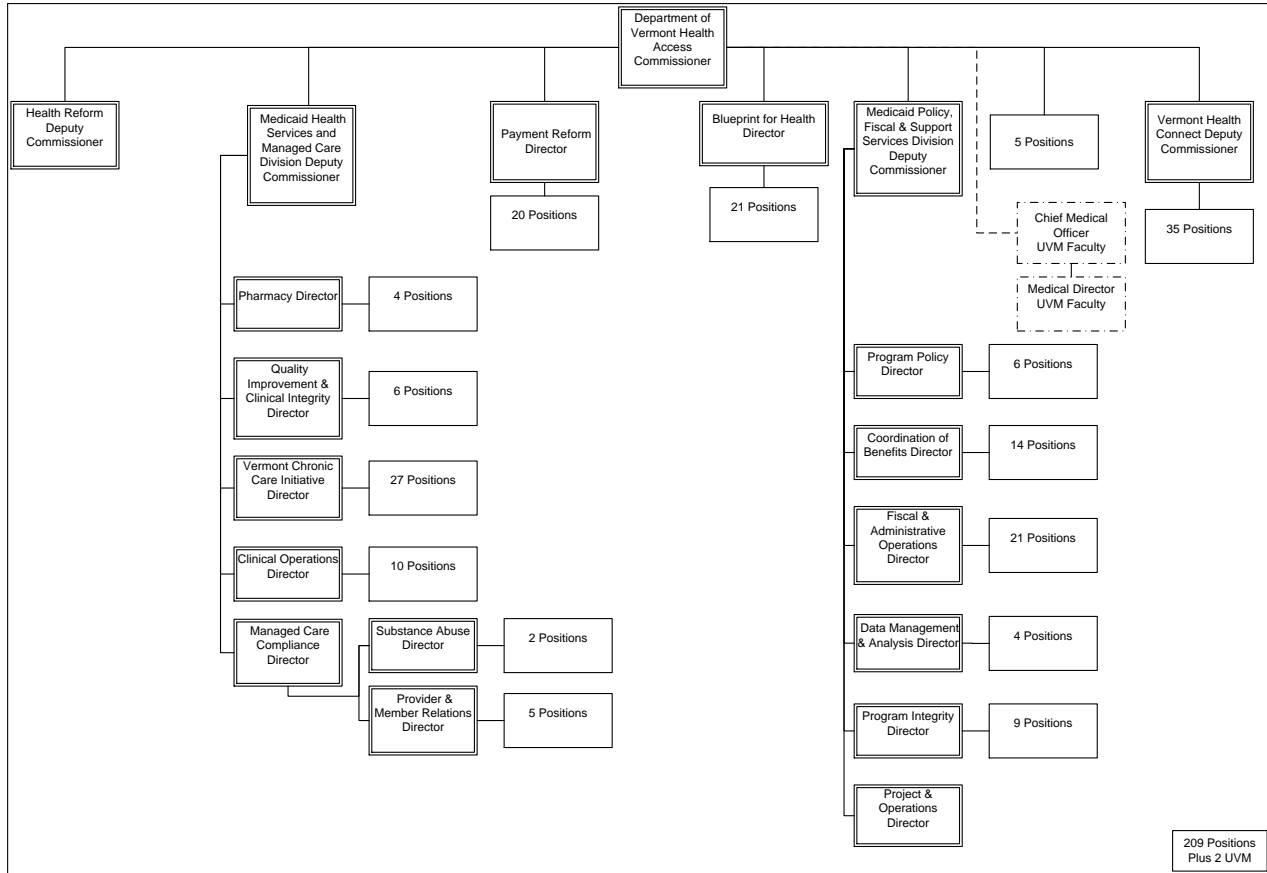
### Address

Suite 201  
312 Hurricane Lane  
Williston, Vermont  
05495

### Web Sites

[dvha.vermont.gov](http://dvha.vermont.gov)  
[vermonthealthconnect.gov](http://vermonthealthconnect.gov)  
[greenmountaincare.org](http://greenmountaincare.org)  
[hcr.vermont.gov](http://hcr.vermont.gov)

# Organization Chart



## Organization and Responsibilities

The Department of Vermont Health Access (DVHA), a department within the Agency of Human Services (AHS), is responsible for the management of Medicaid, the Children's Health Insurance Program (CHIP), and other publicly funded health programs in Vermont, branded as Green Mountain Care (GMC). DVHA is Vermont's largest health care payer in terms of dollars spent and the second largest in terms of covered lives. DVHA is responsible for the State of Vermont's health insurance marketplace, Vermont Health Connect (VHC), as required by the federal Patient Protection and Affordable Care Act (PPACA) of 2010 and Vermont's Act 48 of 2011. In addition, DVHA provides oversight and coordination of Vermont's expansive Health Care Reform initiatives, which are designed to increase access, improve quality, and contain the cost of health care for all Vermonters. These initiatives include Vermont's Blueprint for Health and health information technology strategic planning, coordination and oversight.

DVHA leadership consists of the Commissioner and a Deputy Commissioner for each of the Divisions:

- Medicaid Health Services and Managed Care
- Medicaid Policy, Fiscal and Support Services
- Vermont Health Connect
- Health Reform.

Additionally, there is a:

- Blueprint for Health Director
- Payment Reform and Reimbursement Director
- Chief Medical Officer
- Medicaid Medical Director.

The DVHA Commissioner is a member of the Governor's health care leadership team. He is responsible for all of DVHA's operations, as well as leading state and federal health care reform implementation.

**The mission for the  
 Department of Vermont  
 Health Access is to**

- Provide leadership for Vermont stakeholders to improve access, quality and cost-effectiveness of health care
- Assist Medicaid beneficiaries in accessing clinically appropriate health services
- Administer Vermont's public health insurance system efficiently and effectively
- Collaborate with other health care system entities in bringing evidence-based practices to Vermont Medicaid beneficiaries.

The Deputy Commissioner for the Medicaid Health Services and Managed Care Division oversees the following units:

- Clinical Operations
- Managed Care Compliance
- Pharmacy
- Provider and Member Relations
- Quality Improvement and Clinical Integrity
- Substance Abuse
- Vermont Chronic Care Initiative.

The Deputy Commissioner for the Medicaid Policy, Fiscal and Support Services Division oversees the following units:

- Coordination of Benefits
- Data Management and Analysis
- Fiscal and Administrative Operations
- Program Integrity
- Program Policy
- Projects and Operations.

The Deputy Commissioner for Vermont Health Connect is responsible for continued development and daily operations of the State of Vermont Health Insurance Marketplace, Vermont Health Connect, as required by the PPACA and Vermont Act 48 of 2011, and Act 171 of 2012 relating to health care reform implementation.

The Deputy Commissioner for the Health Reform Division leads the coordination of health reform activities across multiple state stakeholders. Currently, this division's staff is under the direction of the Blueprint for Health Director.

The Director of Blueprint for Health oversees the statewide multi-insurer program designed to coordinate a system of health care for patients, improve the health of the overall population, and improve control over health care costs by promoting health maintenance, prevention, care coordination and management at the provider level. In support of these delivery system reforms, the Health Reform Team leads the coordination of health reform activities across multiple state stakeholders and has primary responsibility for statewide health information technology (HIT) strategic planning and implementation. It provides HIT coordination and oversight, including contract and grant management with external HIT partners such as the Vermont Information Technology Leaders (VITL).

The Director of Payment Reform and Reimbursement is responsible for leading DVHA's payment reform efforts and managing reimbursement operations.

DVHA has a total of 209 budgeted staff positions. The Chief Medical Officer and Medicaid Medical Director are faculty members of UVM, under contract with DVHA, and are not included in the total.

*The general responsibilities and tasks for each DVHA division and their units are described in the following pages. Please note that these descriptions include major areas of responsibility and are not an all-inclusive listing.*

## **Medicaid Health Services and Managed Care Division**

The Medicaid Health Services and Managed Care Division is responsible for health services provided to members. The Deputy Commissioner oversees medical management planning and budgeting, and is responsible for overseeing many activities related to quality, access to services, measurement and improvement standards, and utilization review. The following units reside in this division:

### **Clinical Operations Unit (COU)**

The COU monitors the quality, appropriateness and effectiveness of health care services requested by providers for members. It ensures that requests for services are reviewed and processed efficiently and within time frames outlined in Medicaid Rule; identifies over and under utilization of health care services through the prior authorization (PA) review process and case tracking; develops and/or adopts clinical criteria for certain established clinical services, new technologies and medical treatments; assures correct coding for medical benefits; reviews provider appeals; offers provider education related to specific Medicaid policies and procedures; and performs quality improvement activities to enhance medical benefits for members.

The unit also manages the Clinical Utilization Review Board (CURB) meetings. The CURB is an advisory board comprised of ten (10) members with diverse medical experience appointed by the Governor upon recommendation of the Commissioner of DVHA. The CURB examines existing medical services, emerging technologies and relevant evidence-based clinical practice guidelines, and makes recommendations to DVHA regarding coverage, unit limitations, place of service, and appropriate medical necessity of services in Vermont's Medicaid programs. The CURB bases its recommendations on medical treatments and devices that are the safest and most effective for members. DVHA retains final authority to evaluate and implement the CURB's recommendations.

### **Pharmacy Unit**

The Pharmacy Unit is responsible for managing the pharmacy benefit programs for members enrolled in Vermont's publicly funded health care programs. Responsibilities include ensuring members receive medically necessary medications in the most timely, cost-effective manner.

Pharmacy Unit staff and DVHA's contracted pharmacy benefit manager (PBM) work with pharmacies, prescribers and, at times, members to resolve benefit and claims processing issues, and to facilitate appeals related to prescription drug coverage within the pharmacy benefit. The Pharmacy Unit enforces claims rules in compliance with federal and state laws; implements legislative and operational changes to the pharmacy benefit programs; and oversees all the state, federal, and supplemental drug rebate programs. In addition, the unit and its PBM partner manage DVHA's preferred drug list (PDL), pharmacy utilization management programs, two



provider call centers, and drug utilization review activities focused on promoting rational prescribing and alignment with evidence-based clinical guidelines.

The Pharmacy Unit also manages the activities of the Drug Utilization Review (DUR) Board, an advisory board with membership that includes Vermont physicians, pharmacists, and one member at large. Board members evaluate drugs based on clinical appropriateness and net cost to the state, and make recommendations regarding a drug's clinical management and status on the state's PDL. Board members also review identified utilization events and advise on approaches to management.

### **Quality Improvement and Clinical Integrity Unit**

The Quality Improvement and Clinical Integrity Unit collaborates with DVHA's AHS partners to develop a culture of continuous quality improvement. The unit maintains the Vermont Medicaid Quality Plan and Work Plan; coordinates quality initiatives with the DVHA Managed Care Medical Committee; oversees DVHA's formal performance improvement projects as required by the Global Commitment Waiver; manages the Children's Health Insurance Program Re-authorization Act (CHIPRA) Quality Measures grant that provided the funding/resources to support the expansion of the Blueprint to pediatrics; and manages the Adult Quality Measures grant awarded in December 2012. Using resources from the Adult Quality Measures grant, the unit is implementing two performance improvement projects, providing training to staff throughout AHS on analyzing measures and implementing performance improvement projects, and developing the internal capability to produce the CMS core sets of adult and children's performance measures. The DVHA Quality Unit is the lead for the Agency Improvement Model (AIM) and supports DVHA staff with process improvement and by providing ongoing AIM training. The unit also provides concurrent review and authorization of psychiatric inpatient and detoxification admissions.

### **Vermont Chronic Care Initiative (VCCI)**

The VCCI staff assists Medicaid members with chronic health conditions and/or high utilization of medical services to access clinically appropriate health care information and services; coordinates the efficient delivery of health care to these members by addressing barriers to care, gaps in evidence-based treatment and duplication of services; and educates and empowers them to eventually self-manage their conditions. VCCI case managers/care coordinators are members of the Blueprint for Health community health teams (CHT) and work with partners across AHS to facilitate a holistic approach for addressing the socioeconomic barriers to health for these members. VCCI also operates at a population level by identifying panels of patients with gaps in evidence-based care and associated utilization to share with treating providers. Eligible members are identified via predictive modeling and risk stratification, supplemented by referrals from providers and local care teams. VCCI receives census reports from hospitals and embeds staff in multiple high volume hospitals and primary care practice sites to facilitate referrals and transitions in care.

The VCCI expanded to include pediatric palliative care management in 2012 and high-risk pregnancy care management in 2013. Covered palliative care services include care coordination, family training, expressive therapy, bereavement support and medical respite for Medicaid



children less than 21 years of age who have a life limiting illness. This initiative was enabled by legislation and the 1115 Global Commitment for Health waiver and is a partnership between DVHA/VCCI and Integrated Family Services (IFS).

High-risk pregnancy care management seeks to improve pregnancy outcomes for Medicaid covered women by decreasing pre-term births and low birth weight infants and related high cost treatment for mothers and infants. The nurse case managers facilitate access to prenatal services; help prevent barriers to care and redundancy of services; and assure coordination among service providers including obstetrics, mental health, and substance abuse treatment providers. Services were launched in Franklin County in October 2013 with a progressive statewide roll out planned.

### **Managed Care Compliance**

Managed Care Compliance ensures compliance with all federal and state managed care requirements and works with AHS and other AHS departments to manage Intergovernmental Agreements (IGAs) that support DVHA's health care delivery and payment system. The Managed Care Compliance Director supervises the Provider and Member Relations Unit and the Substance Abuse Unit.

#### **Provider and Member Relations (PMR) Unit**

The PMR Unit ensures members have access to an adequate provider network for their medical and dental needs. It oversees a member services contractor who links members with primary care providers, makes sure members are served in accordance with managed care requirements, and manages the Vermont State Dental Clinic contract. PMR coordinates member communications, maintains the GMC website and is responsible for publishing the annual GMC Member Newsletter. The PMR Unit oversees provider enrollment, outreach and communication, including maintaining the DVHA public website and is responsible for non-emergency medical transportation (NEMT) for Medicaid members to assist in accessing medical appointments, which includes direct oversight of seven (7) transportation brokers/contractors.

#### **Substance Abuse Unit**

The Substance Abuse Unit provides seamless and integrated care to members receiving medication assisted therapy (MAT) and consolidates substance abuse services into a single unified structure and point of contact for prescribers, pharmacists and members. The unit coordinates with the Care Alliance for Opioid Addiction, Vermont Chronic Care Initiative, the Pharmacy Unit and others to provide member oversight and outreach.

The Substance Abuse Unit also administers the Team Care program, which links a member to a single prescriber and a single pharmacy. The Team Care program ensures appropriate care is delivered to members who have a history of drug-seeking behavior or other problematic use of prescription drugs.

## Medicaid Policy, Fiscal and Support Services Division

The following units are in the division that reports to the Deputy Commissioner for Medicaid Policy, Fiscal and Support Services:

### **Coordination of Benefits (COB) Unit**

The COB Unit works to coordinate benefit and collection practices with providers, members, and other insurance companies to ensure that Medicaid is the payer of last resort. COB is responsible for Medicare Part D casework, estate recovery, absent parent medical support recovery, casualty recovery, patient liability recovery, Medicare recovery, Medicare prescription recovery, special needs recovery, and trust recovery.

### **Data Management and Analysis Unit**

The Data Management and Analysis Unit provides data analysis and distribution of Medicaid data extracts such as Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) to state agencies, the legislature, and other stakeholders and vendors; provides mandatory federal reporting to the Centers for Medicare and Medicaid Services (CMS); annual Healthcare Effectiveness Data and Information Set (HEDIS) reporting; and other reporting initiatives for federal and state agencies and departments requiring Medicaid data. The unit provides ad hoc data management and analysis for internal DVHA divisions and units including the budget development process.

### **Fiscal and Administrative Operations Unit**

The Fiscal and Administrative Operations Unit supports, monitors, manages and reports all aspects of fiscal planning and responsibility. The unit functions include provider assessment billing and receipts, vendor payments, Vermont Human Resources (VTHR) time and labor, expense reimbursement, federal grant applications, contracts and grants, purchasing, financial monitoring, budgeting, human resource support, and space & operational duties. The unit is also responsible for researching, developing and implementing relevant administrative processes, procedures and practices.

### **Program Integrity (PI) Unit**

The Program integrity Unit engages in activities to prevent, detect, and investigate Medicaid fraud, waste, and abuse by utilizing data mining and analysis to recoup provider overpayments. The PI Unit also educates providers about accurate billing and informs providers of underpayments. Cases of suspected provider fraud are referred to the Office of the Attorney General, and cases of suspected beneficiary eligibility fraud are referred to the Department for Children and Families (DCF).

### **Program Policy Unit**

The Program Policy Unit is responsible for overseeing coverage rules, fair hearings, member grievances and appeals, HIPAA, legislative activities, public record requests, requests for non-covered services, State Plan Amendments, and the Children's Health Insurance Program (CHIP). Staff coordinates initiatives resulting from federal health care reform and state legislative

sessions and may serve as the primary communicators to Vermont’s Congressional Delegation, the media and the CMS.

**Projects and Operations**

Projects and Operations is responsible for operationalizing select new program initiatives and ongoing projects, particularly those requiring cross-functional involvement, including initiatives resulting from the PPACA. Responsibilities include the Graduate Medical Education (GME) Program, the global UVM contract for medical support services and clinical projects, and aspects of the Medicaid Management Information System (MMIS) procurement process.

**Vermont Health Connect**

DVHA’s Vermont Health Connect division was created in 2011 as a result of the PPACA and Vermont Act 48. Vermont Health Connect is tasked with the development and operation of Vermont’s health insurance marketplace for the transparent choice and purchase of individual and small group health coverage, interoperability with other state health care programs, and for an active platform for the future universal health care system envisioned in Vermont statute.

Vermont Health Connect is a marketplace where individuals, families and small businesses in Vermont can compare public and private health plans and select one that fits their needs and budget. Every plan offered through Vermont Health Connect must offer basic services that include checkups, emergency care, mental health services and prescriptions. In October 2013, Vermont Health Connect began offering easy-to-understand, side-by-side comparisons of 18 plans’ costs and benefits. Vermont Health Connect is simplifying the health coverage world for many Vermonters by serving as the one place to access public programs and financial assistance, such as federal Advanced Premium Tax Credits (APTC), state premium assistance, and state and federal cost-sharing reductions (CSR). Vermonters can find all the Vermont Health Connect information they need online. Those who are uncomfortable with the internet or want personal assistance selecting a health plan can call the toll-free Customer Support Center or contact a local navigator or broker for in-person assistance.



In the coming year, the Vermont Health Connect team will continue to provide, and further develop, the following services:

- Individual and family eligibility based on qualified health plans (QHP) and modified adjusted gross income (MAGI) determination
- Individual enrollment integration to support operational reconciliation of enrollment data between the State, qualified carriers, and the Federal Data Hub
- Plan management for QHPs, connectivity to the System for Electronic Rate and Form Filing (SERFF), and improved presentation of plans via Vermont Health Connect

Vermont’s Health Insurance Marketplace is Vermont Health Connect, and the mission is to provide all Vermonters with the knowledge and tools needed to easily compare and choose a quality, affordable, and comprehensive health plan.

- Small business integration to support small group employer eligibility determination, employer plan selection, employee census management, premium aggregation, and federal reporting requirements
- Financial management to enable premium processing for individuals and small businesses, premium remittance to issuers, and reporting
- Administrative capabilities to support monitoring and reporting of system performance, audit trails, and operational management of Vermont Health Connect
- Business analytics solutions that will use a data warehouse for business intelligence and reporting
- Noticing by email and paper, based on federal and state mandates and regulations
- Web portal with improved navigation to enable Vermonters to more easily apply for and review benefit options offered through Vermont Health Connect
- Customer support call center to assist individuals and small employers in all aspects of the enrollment process, including employer contribution and menu selection and employee plan selection
- Vermont Health Connect evaluation plan, including consumer satisfaction surveys
- Individual and employer responsibility determination process regarding exemptions from complying with the insurance mandate based on lack of minimum essential coverage, lack of an affordable plan, and process to determine whether individual employers are subject to tax penalties for employees who do not have access to minimum essential coverage through their employer
- Integration of small employers who direct-enrolled with insurance carriers for 2014 into the Vermont Health Connect system in advance of the 2015 plan year
- Navigator program to provide grants to qualified individuals and/or organizations to educate and assist individuals and small businesses in enrolling in health coverage through Vermont Health Connect
- Stakeholder consultation in ongoing meetings with the Medicaid and Exchange Advisory Board (MEAB)
- Comprehensive outreach, education and marketing campaigns aimed at consumers and employers, with consideration of individuals with disabilities, limited English proficiency, and other potential barriers to enrollment.

## Blueprint for Health

The Blueprint is charged with guiding a process that results in sustainable health care delivery reform, centered on the needs of patients and families. To that end, the Blueprint has worked with stakeholders in each of Vermont's health service areas to implement a new health services model. The model includes advanced primary care in the form of patient centered medical homes (PCMHs), multi-disciplinary support services in the form of community health teams (CHTs), health information technology infrastructure, statewide data systems, and activities focused on continuous improvement using comparative evaluation (Learning Health System). All major insurers in Vermont participate in payment reforms designed to support the PCMH and CHT operations.

The intent of the model is to establish a statewide environment where Vermonters have better access to well-coordinated services that help them to live healthier lifestyles, reduce the risk of common chronic conditions, and improve control over established conditions. If effective, the program should lead to several important outcomes including an increase in the rate that people receive recommended assessments and treatments, a reduction in avoidable acute care, and improved control over the growth in healthcare costs.

### **Patient Centered Medical Homes**

Vermont's primary care practices are supported to meet the National Committee for Quality Assurance (NCQA) PCMH Standards, to work on continuous quality improvement, integrate the CHT into patient care, and participate in the statewide health information technology infrastructure.

### **Community Health Teams**

Local community partners plan and develop CHTs that provide multidisciplinary support for PCMHs and their patients. CHT members are functionally integrated with the practices in proportion to the number of patients served by each practice. CHTs include members such as nurse coordinators, health educators, and counselors who provide support and work closely with clinicians and patients at a local level. Services include individual care coordination, outreach and population management, counseling, and close integration with other social and economic support services in the community. In addition to core CHT services, CHT extenders provide targeted services including Support and Services at Home (SASH) for at risk Medicare members, and the Care Alliance for Opioid Addiction ("Hub & Spoke") for patients receiving medication assisted therapy for opioid addiction. Both of the extender-type activities build upon, and take advantage of, the existing CHT infrastructure locally and have been substantially implemented in the last year.

### **Payment Reforms**

Underlying the Blueprint model is financial reform. All major commercial insurers, Medicare and Vermont Medicaid are participating in financial reform that includes two major components: 1) Primary care practices receive an enhanced per person per month (PPPM) payment based on the quality of care they provide. The PPPM payment is based on the practices' official NCQA's recognition program scores, is in addition to their normal fee-for-service or other payments and provides an incentive for ongoing quality improvement. 2) Funding for CHT staff proportional to the participating practices' patient numbers are paid by the insurers at a rate of \$17,500 per every 1,000 patients.

### **Health Information Technology**

During 2013, DVHA's Blueprint for Health and Division of Health Reform (DHR) teams were integrated. This change recognizes the foundational roles that health information and its supporting technology play in the continued build out of the Blueprint model across the state and the full spectrum of community providers. The newly merged Blueprint and Health Reform Team is responsible for Vermont's Health Information Technology (HIT) and Health Information Exchange (HIE) policy, planning and oversight. Activities include writing and implementing the state HIT Plan and the state Medicaid HIT Plan, implementing the Medicaid

Electronic Health Record Provider Incentive program (EHRIP), overseeing expenditures from the State Health IT Fund, managing the contract with VITL for HIE operations and HIT expansion, and managing the contract for the statewide clinical data registry (currently with Covisint/DocSite). The Team also works with the State Public Health HIT Coordinator at Vermont Department of Health (VDH) for integration of the public health infrastructure with HIT/HIE. In close collaboration with the AHS CIO, the Team helps to enable implementation of the Health Services Enterprise (HSE) that consists of Service Oriented Architecture (SOA) and its integration with HIT/HIE, Integrated Eligibility system, Medicaid Management Information System (MMIS) and Vermont Health Connect (VHC).

### **Learning Health System**

The foundation of patient centered medical homes and CHTs is supported statewide data systems and comparative evaluation. Data and analytic sources to evaluate the clinical and financial impacts include the following: analysis of the statewide web-based registry (Covisint DocSite); qualitative assessment of patient, provider and practice experience including an analysis of the statewide survey of patient experience using the CAHPS-PCMH survey; a network analysis of the culture change in the Blueprint HSAs; multivariate analysis of existing public health databases; and Vermont's multi-payer claims database (VHCURES) that populated the Blueprint financial impact ("Return on Investment") model.

Routine reporting, in the Practice Profile format, and statewide evaluation provide a basis for ongoing quality improvement and planning for statewide expansion.

The sustainable targeted payment and system reforms of the Blueprint are serving as a basis for broader reforms being undertaken at the state level. Expansion and refinement will continue as planned in 2014-15. Building on the strengths of its achievements to date, and further authorized by Act 48, Vermont is leveraging state initiatives with opportunities provided by the ACA and other federal programs supporting health and health reform. Taken together, these provide the opportunity to expand health benefit coverage and to create a fully integrated digital infrastructure for a learning health system to improve care, improve health, and reduce costs.

## **Medicaid Payment Reform and Reimbursement**

### **Medicaid Reimbursement Team**

The DVHA Medicaid Reimbursement Team oversees rate setting, pricing, provider payments and reimbursement methodologies for a large array of services provided under Vermont's Medicaid Program. The team works with Medicaid providers and other stakeholders to support equitable, transparent and predictable payment policy in order to ensure efficient and appropriate use of Medicaid resources.

The Reimbursement Team is primarily responsible for implementing and managing prospective payment reimbursement methodologies developed to align with CMS Medicare methodologies for outpatient, inpatient, and professional fee services. While these reimbursement streams comprise the majority of payment through DVHA, the Reimbursement Team also oversees a complementary set of specialty fee schedules including but not limited to durable medical



equipment, ambulance, clinical labs, blood, physician administered drugs, dental, and home health. The Reimbursement Team also manages the Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) payment process as well as supplemental payment administration such as the Disproportionate Share Hospital (DSH) program. The Team is involved with addressing the individual and special circumstantial needs of members by working closely with clinical staff from within DVHA and partner agencies to ensure that needed services are provided in an efficient and timely manner.

The Reimbursement Team works closely and collaboratively on reimbursement policies for specialized programs with Vermont State partner agencies, including the Department of Aging and Independent Living (DAIL), the Vermont Department of Health (VDH), the Vermont Department of Mental Health (DMH), Integrated Family Services (IFS), and Children's Integrated Services (CIS).

### **Medicaid Payment Reform Team**

The Payment Reform Team supports the Vermont Health Care Innovation Project (VHCIP), a program created from a three year grant from the Centers for Medicare and Medicaid Innovation (CMMI) that is being implemented in collaboration with the Green Mountain Care Board. The grant, called the State Innovation Model (SIM), is focused on three primary outcomes:

1. An integrated system of value-based provider payment
2. An integrated system of care coordination and care management
3. An integrated system of electronic medical records.

The primary areas of focus for SIM payment reform staff are to support implementation of three innovative initiatives: an accountable care organization (ACO) shared savings program, an episodes of care (EOC) program, and a pay-for-performance (P4P) program. DVHA staff funded by this grant supports an array of payment reform and integration activities; ensures consistency across multiple program areas; develops fiscal analysis, data analysis, and reimbursement models; engages providers in testing models; and ensures the models encourage higher quality of care and are supported by robust monitoring and evaluation plans.



## SFY 2014 Initiatives

### Reimbursement Changes Effective November 1, 2013

#### *Act 50 of 2013, § Sec. E.307.2 REDUCTION IN MEDICAID COST-SHIFT*

*(a) Beginning on November 1, 2013, the Agency of Human Services shall increase Medicaid reimbursements to participating providers for services provided by an amount equal to three percent of fiscal year 2012 expenditures for those services.*

On November 1, 2013, DVHA made the following reimbursement changes in accordance with the above section of Act 50:

- Eliminated the two percent reduction from the published fee schedules
  - The 2% reimbursement reduction has applied to many services since its 2010 implementation. The impacted services include, but are not limited to ambulance services, durable medical equipment, professional services, clinical laboratory, home health services, personal care services, and ambulatory surgical centers.
  - The estimated fiscal impact is an annualized increase in payments of approximately \$2.5 million.
  - Of the \$2.5 million, professional services comprised approximately \$1.8 million of that increase.
- Increased the conversion factor for professional services that are paid based on the resource-based relative value system
  - The payment changed from \$27.1624 to \$27.8624 for all services except primary care services paid under the Enhanced Primary Care Program (EPCP).
  - The estimated fiscal impact is an annualized increase in payments of approximately \$1.2 million.
  - The total impact for professional services includes the elimination of the two percent reduction and the conversion factor (\$1.8 million plus \$1.2 million = \$3 million total).
- Created a new attribution model that more accurately identifies which providers should receive Primary Care Case Management (PCCM) payments
  - The PCCM program payment calculation changed on October 1, 2013.
  - The previous payment methodology paid an additional monthly fee to enrolled Primary Care Plus (PC Plus) Program providers for coordinating members' health care services, sometimes when the member was not actually seen by the provider.

- The new PCCM structure is closely modeled after the payment structure used by the Vermont Blueprint for Health. The Blueprint's per person per month payment (PPPM) is based on the number of patients that are attributed to the practice. Vermont Medicaid will attribute beneficiaries to the PCP who has billed for appropriate services for a beneficiary in the previous 24 months. The \$2.50 payment will be made accordingly.
- Updated its Inpatient Prospective Payment System (IPPS) base rates
  - IPPS rates are: for in-state hospitals, non-psychiatric DRG cases- \$7,611.45 (per case); for in-state hospitals, psychiatric DRG cases- \$1,104.60 (per diem); for Dartmouth hospital- \$5,224.80 (per case); for other out-of-state teaching hospitals- \$3,122.70 (per case); for other out-of-state non-teaching hospitals- \$2,882.25 (per case).
  - The estimated fiscal impact of these changes is an annualized increase in payments of approximately \$5 million.
- Updated its Outpatient Prospective Payment System (OPPS) rates
  - The rates will be the national median rate set by Medicare effective January 1, 2013 multiplied by the following percentages: for in-state hospitals with Medicare Critical Access Hospital (CAH) or Sole Community Hospital (SCH) designation- 113.12%; for in-state hospitals without CAH or SCH designation- 105.63%; for Dartmouth hospital- 91.14%; for all other out-of-state hospitals- 85.10%.
  - The estimated fiscal impact of these changes is an annualized increase in payments of approximately \$4 million.
- Updated the date references to the Disproportionate Share Hospital (DSH) payment year and the source cost report data for payments that will be made in Federal Fiscal Year 2014. There is no change in the total DSH allotment from the prior year.
- Updated the Dental Fee Schedule, through extensive collaboration with the Vermont State Dental Society, on November 1, 2013
  - This rate increase strategy targets specific procedures that are anticipated to have the greatest positive impact within the available budget.
  - The projected annualized increase in rates is approximately \$840,000.
  - The annual adult dental limit (cap) was increased to \$510 on 1/1/2014.

## Measurements & Outcomes

DVHA is working diligently and effectively to create the most powerful results possible. The following pages highlight some of its initiatives and units. Each description provides the program statement, annual outcomes and plans to ensure continued success.

- Blueprint for Health
- Coordination of Benefits
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Program Integrity
- Vermont Chronic Care Initiative.



## Blueprint for Health

### Program Statement

The Vermont Blueprint for Health is leading a statewide transformation intended to provide all citizens with access to high quality preventive health services. The model consists of:

- Advanced primary care practices (APCPs) throughout the state that are recognized as patient centered medical homes by the National Committee for Quality Assurance (NCQA)
- A multi-disciplinary core Community Health Team (CHT) and additional specialized care coordinators within each of the state's 14 health service areas (HSAs), which support the APCPs and their patients
- Comprehensive evidence-based self-management programs
- All-insurer payment reforms that support APCPs and community health teams
- Implementation of health information technology (HIT)
- A robust, multi-faceted evaluation system to determine the program's impact
- A Learning Health System that supports continuous quality improvement

### Outcomes

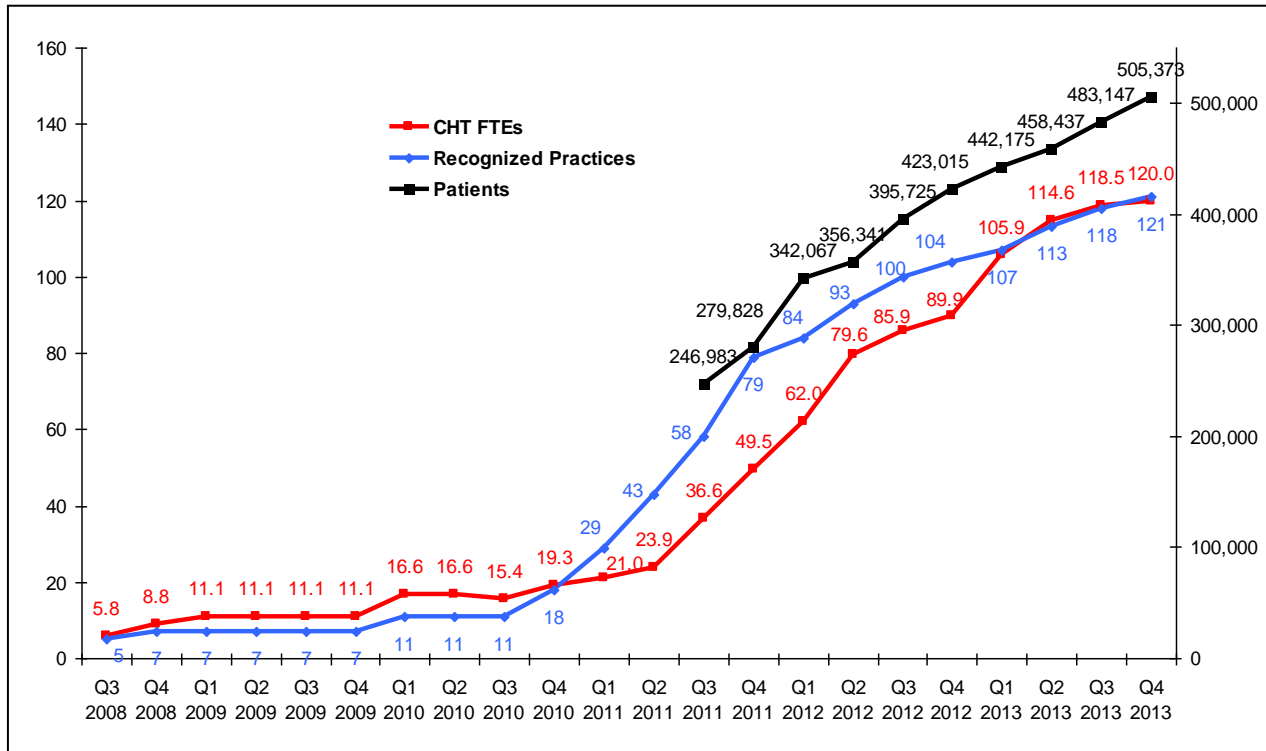
2012 results indicate that participants in the Blueprint model tended to have favorable outcomes versus their respective comparison group, including lower total expenditures for healthcare.

- For commercially insured participants, total annual expenditures were \$386 (19%) lower for ages 1-17 and \$586 (11%) lower for ages 18-64.
- For Medicaid participants, total annual expenditures trended lower than their comparison group and reached statistical significance when expenditures for specialized Medicaid services (non-medical services not typically covered by insurers, such as transportation) were excluded: \$200 (11%) lower for ages 1-17 and \$447 (7%) lower for ages 18-64 with exclusions. The data suggest that the new model of health care helps connect participants to non-medical services better suited to helping them improve their overall well-being, such as heating assistance, while reducing reliance on health care settings ill-equipped to meet these needs.
- Participants had statistically significant lower hospitalization rates for commercially insured adults and for adult and pediatric Medicaid beneficiaries. Though not statistically significant, commercially insured pediatric participants trended toward lower hospitalization rates.

### What's Next?

- Strengthen and extend community networks, assuring Vermonters access to well-coordinated services (medical and non-medical)
- Improve the quality of services for Vermonters through Learning Health System activities
- Implement and expand a unique program for opioid addiction and co-occurring mental health disorders
- Integrate APCPs and CHTs into Vermont's newer health reforms, such as ACOs

## Blueprint for Health



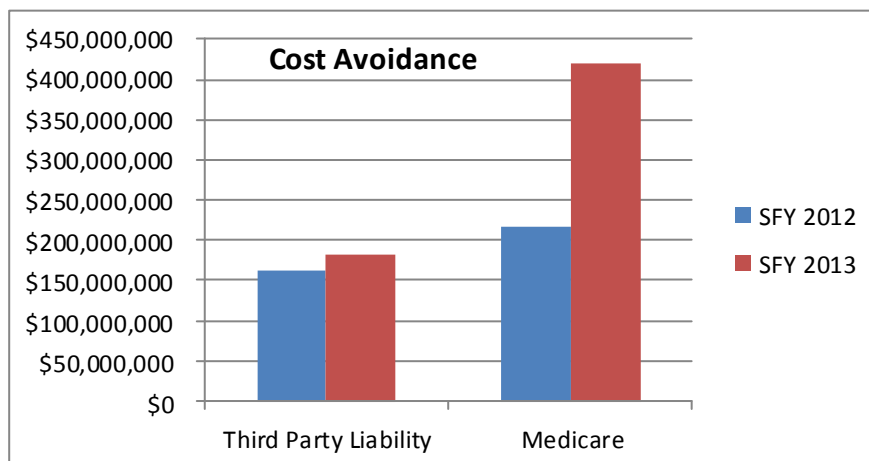
## Coordination of Benefits (COB)

### Program Statement

The Coordination of Benefit Unit's staff, in order to complete their daily work, interacts with a vast array of outside entities:

- Beneficiaries
- Providers (health care, pharmacy, long-term care)
- Probate Court (clerks, judges, executors)
- Attorneys (NH, NY, VT, & occasionally outside of New England)
- State of VT Attorney General's Office / AAG's
- Health Insurance company representatives
- Liability Insurance company representatives
- Beneficiary's employers (HIPA process)
- Medicare Part D Plans
- Other Departments within AHS ( DAIL, DCF, HAEU )

All of these "coordinated" interactions ensure that Medicaid is payer of last resort and promotes Medicaid cost avoidance:



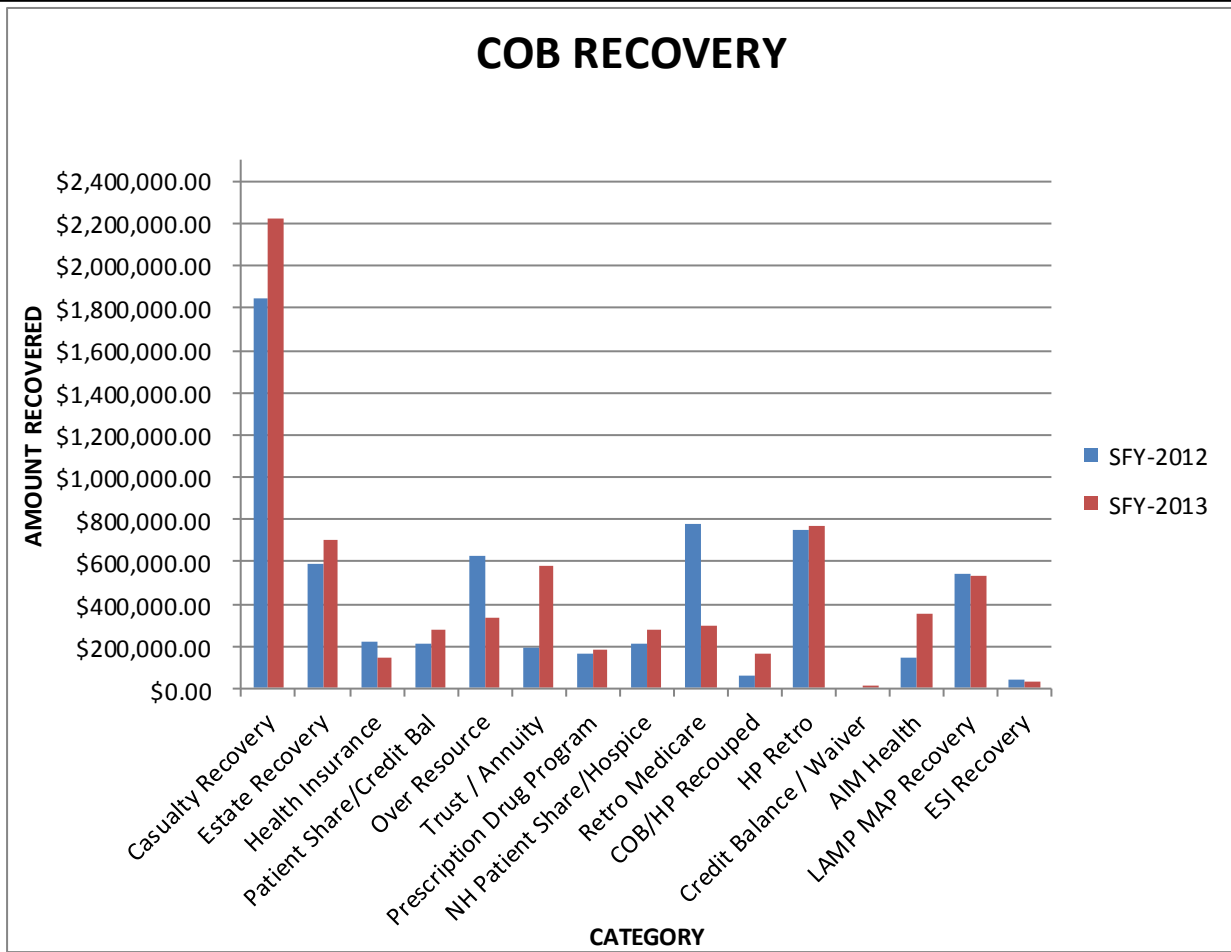
### Outcomes

COB recovered a total of \$6,386,240 in SFY 2012 and is compared to \$6,899,730 recovered in SFY 2013. The results of various recovery and recoupment practices utilizing interactions shown above can be seen in the attached chart.

### What's Next

The COB unit through the remainder of SFY2014 will continue to review Medicaid statutes and rules to strengthen the ability to data-match with health insurance companies. COB will also continue to work with CMS regarding Medicare Dual Eligible. These efforts also will help increase cost avoidance and recoveries to ensure that Medicaid is the payer of last resort.

**Coordination of Benefits (COB)**





## Healthcare Effectiveness Data and Information Set (HEDIS)

### Program Statement

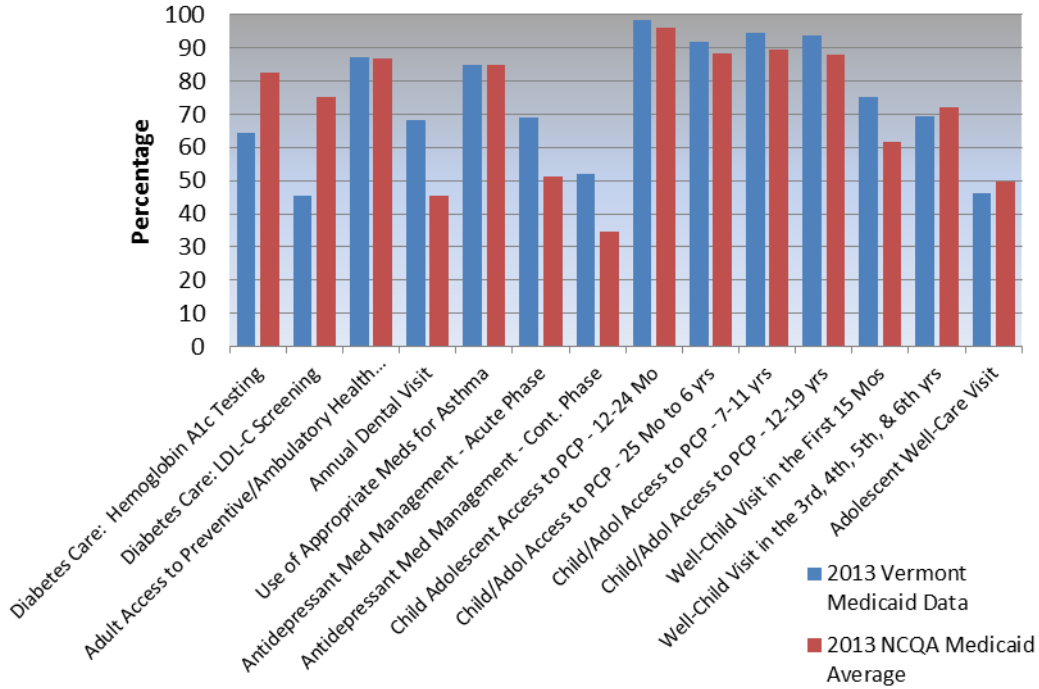
The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on dimensions of care and service. Due to the number of health plans collecting HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. Under the terms of the *Global Commitment to Health* waiver, the Department of Vermont Health Access (DVHA) reports on **9 HEDIS measures**:

- 1) Children and Adolescent Access to Primary Care (four age categories: 12 to 24 months, 25 months to 6 years, 7 to 11 years, and 12 to 19 years)
- 2) Adult Access to Preventive/Ambulatory Health Services
- 3) Well-Child Visits- First 15 Months
- 4) Well-Child Visits in 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Years
- 5) Adolescent Well-Care Visits
- 6) Annual Dental Visits
- 7) Comprehensive Diabetes Care (ten components)
- 8) Use of Appropriate Medications for People with Asthma
- 9) Antidepressant Medication Management (acute and continuation phases)

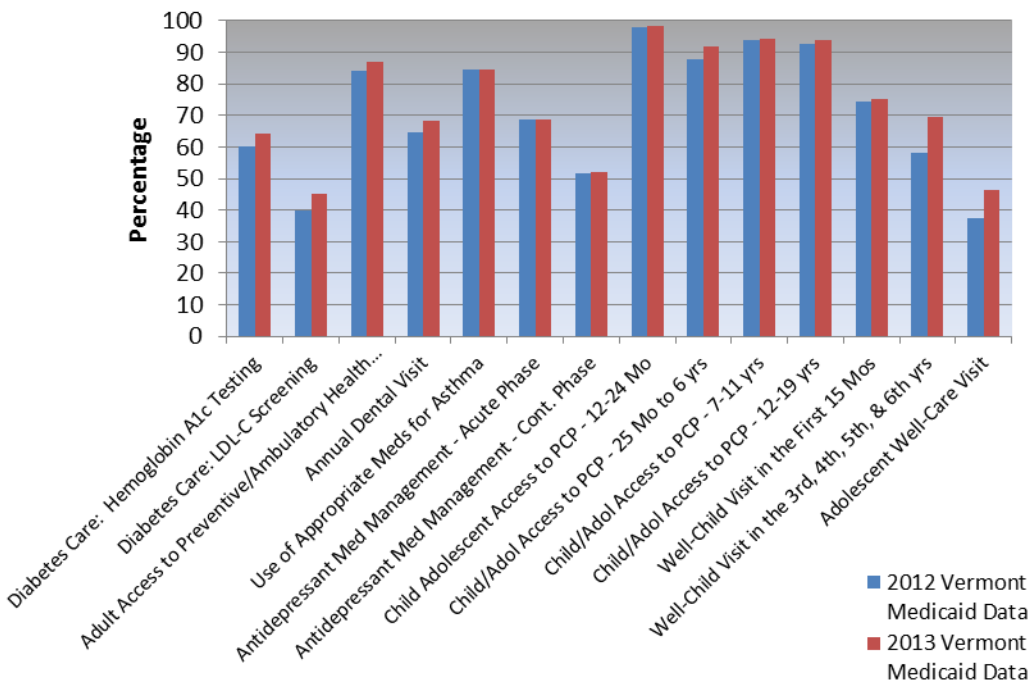
DVHA uses a vendor certified by the National Committee for Quality Assurance (NCQA) to calculate the measures annually. The measures are reviewed and analyzed by the DVHA Managed Care Medical Committee for accuracy, relevance and consideration for action. Results are used to identify quality improvement initiatives.

## Healthcare Effectiveness Data and Information Set (HEDIS)

**Comparison of Vermont Medicaid Rates and National Medicaid Averages for 2013**



**Comparison of Vermont Medicaid Rates for 2012 and 2013**



## Program Integrity

### Program Statement

The Program Integrity Unit works with providers, beneficiaries, DVHA's fiscal agent, DVHA units, AHS departments, and the Medicaid Integrity Contractors (MIC) to ensure the integrity of services provided and that actual, medically necessary health care services for beneficiaries are provided, coded, billed and paid in accordance with federal and state Medicaid rules, regulations, provider agreements and relevant statutes.

### Outcomes

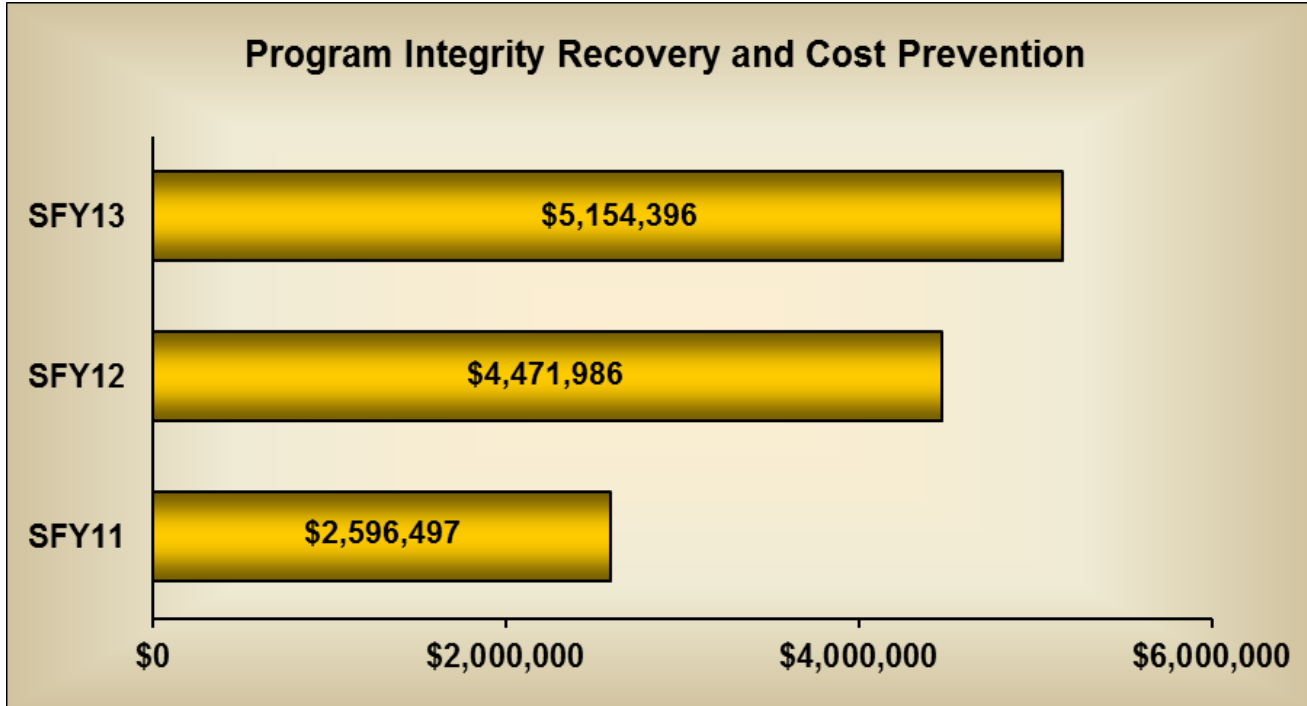
The Program Integrity (PI) Unit in DVHA has made significant strides in finding, investigating, and preventing fraud, waste and abuse in the Vermont Medicaid program. The annual savings to the State of Vermont was a total of \$2.6 million (gross) from recoupment and cost avoidance for SFY 2011. The total recovery in recoupment and cost avoidance for SFY 2012 was \$4.47 million and \$5.15 million in SFY 2013.

### What's Next

The PI Unit's SFY 2014 Strategic Plan includes the following strategies:

- Continue to work closely with all units and divisions within DVHA to help identify vulnerabilities when implementing programs
- Continue to work closely with AHS departments to help identify and prevent fraud, waste and abuse across the entire spectrum of Vermont Medicaid
- Continue to work closely with the Medicaid Fraud and Residential Abuse Unit (MFRAU) in the Office of the Attorney General, to identify and refer potential fraud cases
- Continue to work closely with DVHA's fiscal agent, HP Enterprise Solutions (HPES), and Pharmacy Benefits Manager, Catamaran, Inc., when reviewing and investigating allegations and discovering new cases
- Continue to utilize claims and analysis to detect aberrant billing practices, identify potential findings and perform preliminary investigations
- Continue to work closely with the Medicaid Integrity Institute and peers in other states to stay up to date with the latest information, methodology, and training
- Work with the Medicaid Integrity Contractors (MIC) on larger projects.

## Program Integrity



## Vermont Chronic Care Initiative

### **Program Statement**

Vermont Chronic Care Initiative (VCCI) registered nurses and social workers provide intensive case management and care coordination services to high risk, high utilization, and high cost Medicaid beneficiaries through a holistic approach that addresses complex physical and behavioral health needs, health literacy, and socioeconomic barriers to health care and health improvement.

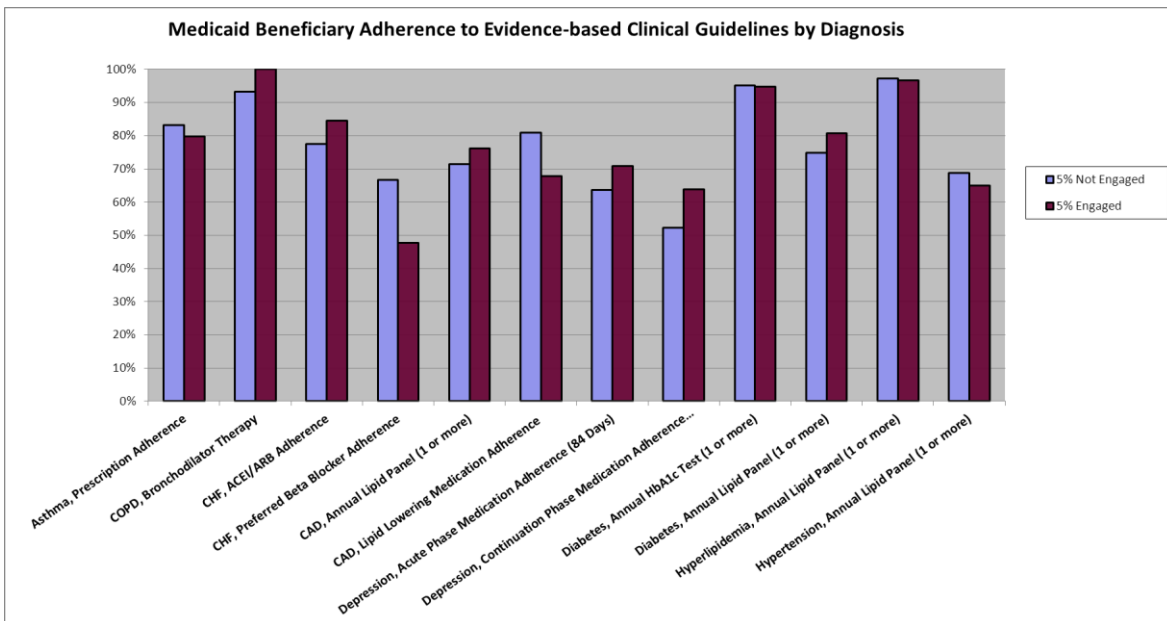
### **Outcomes**

When evaluating the VCCI, DVHA tracks adherence to evidence-based clinical guidelines as well as ambulatory care sensitive hospital utilization; and in 2012, measured return on investment (ROI) via a risk based contract. In SFY 2012 (the most recent year for which final results are available due to a 6 month claims run out period), the VCCI demonstrated improvement on a number of clinical measures as well as utilization measures for ambulatory care sensitive inpatient hospital admissions, readmissions and emergency department utilization when compared with the baseline year, despite a focus on a much higher complexity population and expanded group of chronic conditions. In 2012 the VCCI documented \$11.5 million in net savings among the top 5% utilizers. In a July 2013 CMS Bulletin, the VCCI was recognized by CMS as one of six model programs for Medicaid ‘super-utilizers’; and VCCI presented to and consulted with State Innovation Model (SIM) grantees regarding the VCCI approach and results.

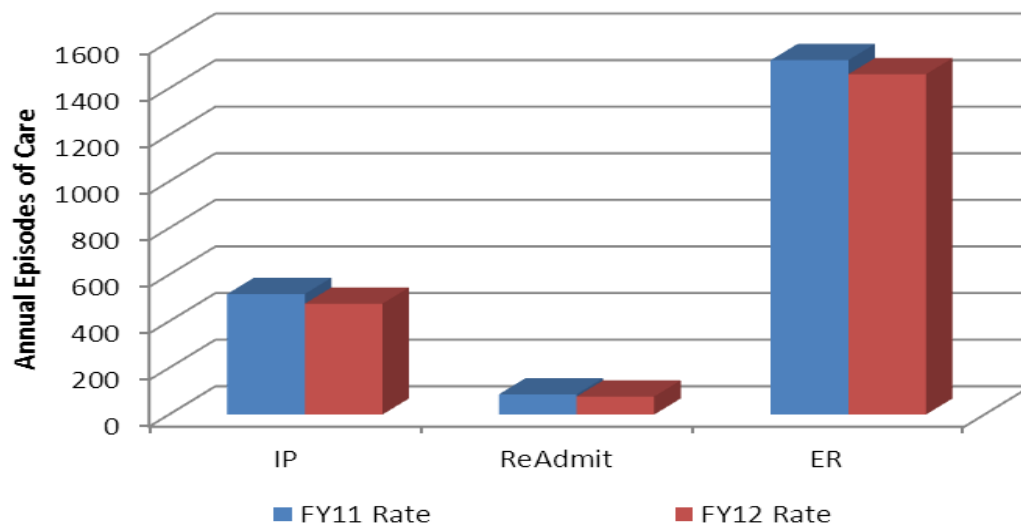
### **What’s Next**

The VCCI will continue to be an integral component of care delivery in the impending Medicaid ACO, providing the clinical and human services expertise necessary for case management and care coordination services for the highest complexity population, as well as population level reports on gaps in evidence based care and associated utilization data for providers.

## Vermont Chronic Care Initiative



## Inpatient Readmission, and ED Data SFY 2011-2012 Top 5% only



ROI Population of 8,824 Members			
	IP	ReAdmit	ER
FY11 Rate	517.7509	87.01695	1521.346
FY12 Rate	476.0152	77.41207	1460.918
% Change	-8.06%	-11.04%	-3.97%

# Budget Request - State Fiscal Year 2015

FY 15 Department Request - DVHA	GF	SF	ldptT	FF	VHC	Medicaid GCF	Inmnt GCF	Total
<b>DVHA Administration - As Passed FY14</b>	1,700,505	3,625,432	5,077,117	90,687,335	0	42,327,839	8,816,482	152,234,710
<b>other changes:</b>								0
OT reduc, travel reduc, vacancy savings	(2,068)							(2,068)
<b>FY14 after other changes</b>	(2,068)	0	0	0	0	0	0	(2,068)
<b>Total after FY14 other changes</b>	1,698,437	3,625,432	5,077,117	90,687,335	0	42,327,839	8,816,482	152,232,642
<b>FY14 after other changes</b>								
<b>Personal Services</b>								
<i>Payact &amp; Related Fringe</i>								
Increase in Salaries (1 Pool, Payact, RFR's, Merits, etc)	31,426	3,374		178,848		454,305	75,679	743,632
Decrease in benefits - Health	(787)	(269)		(24,642)		(55,309)	(8,503)	(89,510)
Increase in benefits - Dental	49	17		1,525		3,422	526	5,539
Increase in benefits - EAP	3	1		108			37	149
Increase in benefits - LTD	2			72		161	25	260
Decrease in benefits - Life	(18)	(6)		(567)		(1,447)	(20)	(2,058)
FY 2015 Worker's Comp Premium	216	5		526		983	181	1,911
<b>Subtotal Payact &amp; Related Fringe</b>	30,891	3,122	0	155,870	0	402,115	67,925	659,923
<i>Roll-Out of Previously Approved Positions</i>								
18 FTE VHC created between SFY14 approp and SFY15 build				1,525,573				1,525,573
1 FTE AQM - spending authority for positions created after SFY14 budget				71,559				71,559
15 FTE - SIM - spending authority for positions created after SFY14 budget				1,236,583				1,236,583
<b>Subtotal Roll-Out Previously Approved Positions</b>	0	0	0	2,833,715	0	0	0	2,833,715
<i>Position and Funding Shift Conversions</i>								
<38 FTE> - Reverse Limited Service Positions created under VHC				(3,319,207)				(3,319,207)
13 FTE Limited service VHC for 6 months 7/1/14-12/31/14				596,005				596,005
12 FTE - Retain Exchange Limited service positions for MMIS project on 1/1/2014				550,000				550,000
20 FTE Extend Limited Service for VHC operations on 1/1/2014				909,196	219,638	689,558		1,818,392
5 FTE Extend Limited Service Indirect Support for VHC on 1/1/2014				82,379	88,322	184,109		354,810
<6 FTE> - Reverse Perm and Exempt Positions working on VHC				(237,218)		(283,562)		(520,780)
6 FTE VHC Perm and Exempt				260,390	159,572	100,818		520,780
2 FTE SMHP Lmted - Funding Shift for DVHA (VHC,SIM etc) on 1/1/2014				531,578		(185,994)	(345,584)	0
<b>Subtotal Position and Funding Shift Conversions</b>	0	0	0	(626,877)	467,532	504,929	(345,584)	0
<i>DVHA New Program Positions</i>								
2 FTE - EPSDT (Autism) Prior authorization and review						168,452		168,452
<b>Subtotal Personal Services</b>	30,891	3,122	0	2,362,708	467,532	1,075,496	(277,659)	3,662,090



FY 15 Department Request - DVHA	GF	SF	IdptT	FF	VHC	Medicaid GCF	Invmnt GCF	Total
<b>Operating and Funding Shifts</b>								
<i>Other Department Allocated Costs</i>								
VISION	(1,476)	(503)		(50,414)		(99,385)	(15,932)	(167,710)
HR Allocation	(111)	(38)		(3,809)		(7,511)	(1,204)	(12,673)
DII Internal Service	103	35		3,515		6,928	1,111	11,692
DII Charge on Demand Services	132	45		4,510		8,891	1,425	15,003
DII Oversight on IT ABC and Independent Reviews						98,000		98,000
DII Server/Cloud Charge								0
DII ISF charges for PM staffing and EAs					73,600	156,400		230,000
FY 2014 General Liability Premium	25	8		861		1,699	272	2,865
FY 2014 Commercial Policy Total						191		191
Fee for Space						282		282
<b>Subtotal Other Department Allocated Costs</b>	<b>(1,327)</b>	<b>(453)</b>	<b>0</b>	<b>(45,337)</b>	<b>73,600</b>	<b>165,495</b>	<b>(14,328)</b>	<b>177,650</b>
<b>General Operating</b>								
Operating increases and funding shift for SIM, Etc.	937			211,954	284,404	(405,783)	(30,562)	60,950
Building Lease				81,611		81,612		163,223
<b>Subtotal General Operating</b>	<b>937</b>	<b>0</b>	<b>0</b>	<b>293,565</b>	<b>284,404</b>	<b>(324,171)</b>	<b>(30,562)</b>	<b>224,173</b>
<b>Subtotal Operating</b>	<b>(390)</b>	<b>(453)</b>	<b>0</b>	<b>248,228</b>	<b>358,004</b>	<b>(158,676)</b>	<b>(44,890)</b>	<b>401,823</b>
<b>Grants &amp; Contracts</b>								
CHIP FMAP (68.74% to 68.00%)	3,500			(3,500)				0
MOU with ADAP for Blueprint			165,000					165,000
Increase in base contracts (HEDIS, Widener Burrows, Covington)						51,919		51,919
Re-bid contracts						230,000		230,000
Reverse SFY14 Customer Call Center Base Budget	(22,766)			(50,061)		(3,003,609)		(3,076,436)
Customer Call Center 7/1/14-12/31/14	19,506			2,337,593		2,616,503		4,973,602
Customer Call Center 1/1/15-6/13/15					735,362	4,238,240		4,973,602
Premium Processing 1/1/15-12/31/15					487,874	870,406		1,358,280
Hosting, Application Support, Software					413,699	2,384,343		2,798,042
DII Enterprise Architecture and Project Management					163,525	942,475		1,106,000
Reverse SFY14 Navigator	(400,000)							(400,000)
Navigator 1/1/15-6/30/15					30,017	169,983		200,000
Other Operating Contracts					2,250,000			2,250,000
Reverse SFY14 In-Person Assistors						(560,000)		(560,000)
In-Person Assistors 7/1/14-12/31/14						560,000		560,000
Funding Shifts due to cost allocation	1,311	(1,206)		(33,897)		33,792		0
<b>Subtotal Grants &amp; Contracts</b>	<b>(398,449)</b>	<b>(1,206)</b>	<b>165,000</b>	<b>2,250,135</b>	<b>4,080,477</b>	<b>8,534,052</b>	<b>0</b>	<b>14,630,009</b>
<b>FY15 Changes</b>	<b>(367,948)</b>	<b>1,463</b>	<b>165,000</b>	<b>4,861,071</b>	<b>4,906,013</b>	<b>9,450,872</b>	<b>(322,549)</b>	<b>18,693,922</b>
<b>FY15 Gov Recommended</b>	<b>1,330,489</b>	<b>3,626,895</b>	<b>5,242,117</b>	<b>95,548,406</b>	<b>4,906,013</b>	<b>51,778,711</b>	<b>8,493,933</b>	<b>170,926,564</b>

FY 15 Department Request - DVHA	GF	SF	ldptT	FF	VHC	Medicaid GCF	Invmnt GCF	Total
<b>DVHA Program - As Passed FY14</b>	<b>134,685,265</b>			<b>138,646,986</b>		<b>656,405,249</b>	<b>7,117,827</b>	<b>936,855,327</b>
<b>Grants:</b>								
Caseload	117,814			92,374		2,153,920	462,755	2,826,863
Utilization	3,108,495			1,563,359		8,288,760	(615,982)	12,344,632
Brattleboro Retreat Utilization Increase							1,626,228	1,626,228
Elimination of the VHAP program						(90,183,196)		(90,183,196)
Elimination of the Catamount program						(31,247,379)		(31,247,379)
Elimination of the ESIA programs						(1,336,036)		(1,336,036)
Annualization of the New Adult program						97,749,124		97,749,124
Annualization of the QHP VPR program						7,245,245		7,245,245
Annualization of QHP Cost Sharing Reductions	1,632,906							1,632,906
Care Alliance for Opioid Addiction (cost-neutral with VDH ADAP)						(6,700,000)		(6,700,000)
Temporary Support Services/EPSTDT (Autism Services)							3,671,648	3,671,648
Change in Buy-In	63,895			(260,330)		605,175	(12,446)	396,293
Change in Clawback	137,741							137,741
Transfer from DVHA to DCF for CIS (AHS net neutral)						(1,144,754)		(1,144,754)
<b>Technical Adj. to CFC Due to Conf. Committee Chgs.</b>	<b>707,707</b>			<b>916,964</b>		<b>(1,624,671)</b>		<b>0</b>
<b>Technical Adj. to State Only Due to Conf. Committee Chgs.</b>	<b>131,106</b>					<b>(162,582)</b>	<b>31,476</b>	<b>(0)</b>
<b>Technical Adj. to non-Waiver Due to Conf. Committee Chgs.</b>	<b>44,140</b>			<b>102,933</b>		<b>(147,073)</b>		<b>(0)</b>
Eliminate ACA Primary Care Physician rate increases (1/2 year)						(3,750,000)		(3,750,000)
Statutory Nursing Home rate increase	865,916			1,124,238				1,990,154
Nursing Home Occupancy Savings	(865,916)			(1,124,238)				(1,990,154)
Nursing Home Dementia rate	208,480			270,674				479,154
Replace one-time FY '13 carry forward from LTC portion	752,714			977,265				1,729,979
Annualization of SFY14 Reinvestment (Base increase moderate needs)	902,289			1,171,461				2,073,750
Annualization of SFY14 Reinvestment (Base increase moderate needs) - funded by carryforward of SFY14 Reinvestment Funds	(902,289)			(1,171,461)				(2,073,750)
Annualization of SFY '14 rate increase	441,581			509,831		5,049,732	15,738	6,016,883
2% rate increase for 6 months	389,744			523,692		4,962,097	12,156	5,887,689
<b>FY 15 Changes</b>	<b>7,736,323</b>	<b>0</b>	<b>0</b>	<b>4,696,763</b>	<b>0</b>	<b>(10,241,638)</b>	<b>5,191,570</b>	<b>7,383,019</b>
<b>TOTAL FY 15 DVHA Gov Recommended</b>	<b>142,421,588</b>	<b>0</b>	<b>0</b>	<b>143,343,749</b>	<b>0</b>	<b>646,163,611</b>	<b>12,309,397</b>	<b>944,238,346</b>
<b>TOTAL FY 15 Changes</b>	<b>7,368,375</b>	<b>1,463</b>	<b>165,000</b>	<b>9,557,834</b>	<b>4,906,013</b>	<b>(790,766)</b>	<b>4,869,021</b>	<b>26,076,941</b>
<b>TOTAL FY 15 DVHA Gov Recommended</b>	<b>143,752,077</b>	<b>3,626,895</b>	<b>5,242,117</b>	<b>238,892,155</b>	<b>4,906,013</b>	<b>697,942,322</b>	<b>20,803,330</b>	<b>1,115,164,910</b>

## Budget Considerations - State Fiscal Year 2015

The Department of Vermont Health Access (DVHA) budget request includes an increase in administration of \$18,693,922 and an increase in program of \$7,383,019 for a total of \$26,076,941 in new appropriations (i.e., a combination of new funds and new expenditure authority) compared to our FY14 appropriated spending authority.

The programmatic changes in DVHA’s budget are spread across four different covered populations: Global Commitment, Choices for Care, State Only, and Medicaid Matched Non-Waiver; however, the descriptions of the changes are similar across these populations so we are consolidating these items for purposes of testimony and have provided a spreadsheet at the beginning of this narrative that consolidates the official state budget ups and downs to track with our testimony.

**PROGRAM ..... \$7,383,019 gross /(\$16,866,281) state**

**CASELOAD AND UTILIZATION CHANGES ..... \$16,797,723**  
*\$8,410,822 state*

**Caseload ..... \$2,826,863**  
*\$1,256,329 state*

DVHA engages in a consensus caseload estimate process with the Joint Fiscal Office, the Department of Finance and Management, and the Agency of Human Services when projecting caseload growth. Please see the program descriptions below to view caseload trend data by Medicaid Eligibility Group.

Medicaid Eligibility Group	Caseload 14 Approp	Caseload 15	Chg. In Caseload	Caseload Dollar Impact
ABD/Medically Needy Adults	14,360	15,004	644	\$ 4,649,952
Dual Eligibles	17,800	17,558	(242)	\$ (671,305)
General Adults	11,993	11,679	(313)	\$ (1,846,347)
BD Children	3,740	3,714	(26)	\$ (201,917)
General Children	55,762	55,846	83	\$ 183,752
Underinsured Children	993	775	(218)	\$ (143,154)
CHIP	4,180	4,329	149	\$ 250,966
Pharmacy Only	12,669	12,489	(180)	\$ 156,706
Refugee	109	73	(36)	\$ (165,304)
HIV Beneficiaries	80	98	18	\$ 7,200
Civil Union Beneficiaries	326	411	85	\$ 455,554
Choices for Care Beneficiaries	3,850	3,875	25	\$ 150,761
<b>Total</b>	<b>125,863</b>	<b>125,851</b>	<b>(12)</b>	<b>\$ 2,826,863</b>

**Utilization** ..... **\$13,970,860**  
*\$7,154,493 state*

Utilization impacts are derived by comparing year-over-year changes in per-member per-month (PMPM) costs by category of service, taking into consideration any policy changes that might drive that change (such as rate increases or reductions). A historical picture of category of service costs can be reviewed on insert 4.



Green Mountain Care is the umbrella name for the state-sponsored family of low-cost and free health coverage programs for uninsured Vermonters. Offered by the State of Vermont and its partners, Green Mountain Care programs offer access to quality, comprehensive health care coverage at a reasonable cost. Plans with either low co-payments and premiums or no co-payments or premiums keep out-of-pocket costs reasonable.

**Medicaid for Adults**

Medicaid programs for adults provide low-cost or free coverage for Vermonters who are eligible based on income and resources (e.g., cash, bank accounts, etc.).

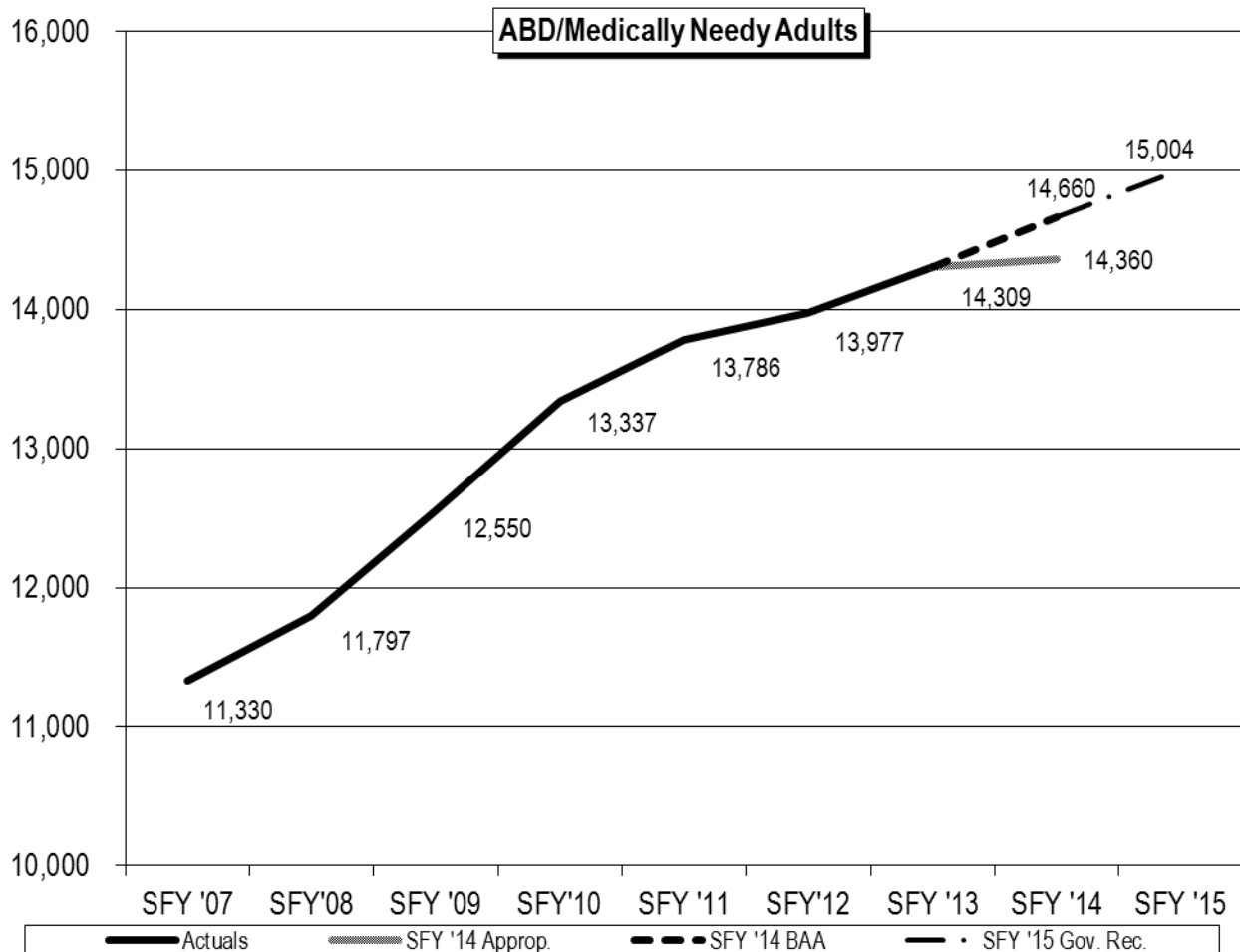
Medicaid programs cover most physical and mental health care services such as doctor’s visits, hospital care, prescription medicines, vision and dental care, long-term care, physical therapy, medically-necessary transportation and more. Services such as dentures or eyeglasses are not covered, and other services may have limitations.

**Aged, Blind, or Disabled (ABD) and/or Medically Needy Adults**

The general eligibility requirements for the ABD and/or Medically Needy Adults are: age 18 and older; categorized as ABD but ineligible for Medicare; generally includes Supplemental Security Income (SSI) cash assistance recipients, working disabled, hospice patients, Breast and Cervical Cancer Treatment (BCCT) participants, or Medicaid/Qualified Medicare Beneficiaries (QMB); and medically needy [i.e., eligible because their income is greater than the cash assistance level but less than the protected income level (PIL)]. Medically needy adults may be ABD or the parents/caretaker relatives of minor children.

The following table depicts the caseload and expenditure information by SFY, including the Governor’s Recommend for SFY ’15 for ABD and/or Medically Needy Adults:

Aged, Blind, & Disabled (ABD) and/or Medically Needy Adults					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	13,977	\$ 95,212,717	\$ 567.66	\$ 158,495,628	\$ 944.96
SFY '13 Actual	14,309	\$ 104,236,243	\$ 607.05	\$ 178,956,858	\$1,042.20
SFY '14 Appropriated	14,360	\$ 103,769,271	\$ 602.18	\$ 179,018,321	\$1,038.85
SFY '14 Budget Adjustment	14,660	\$ 111,814,690	\$ 635.59	\$ 185,030,520	\$1,051.77
SFY '15 Governor's Recommend	15,004	\$ 116,032,161	\$ 644.46	\$ 192,755,733	\$1,070.59

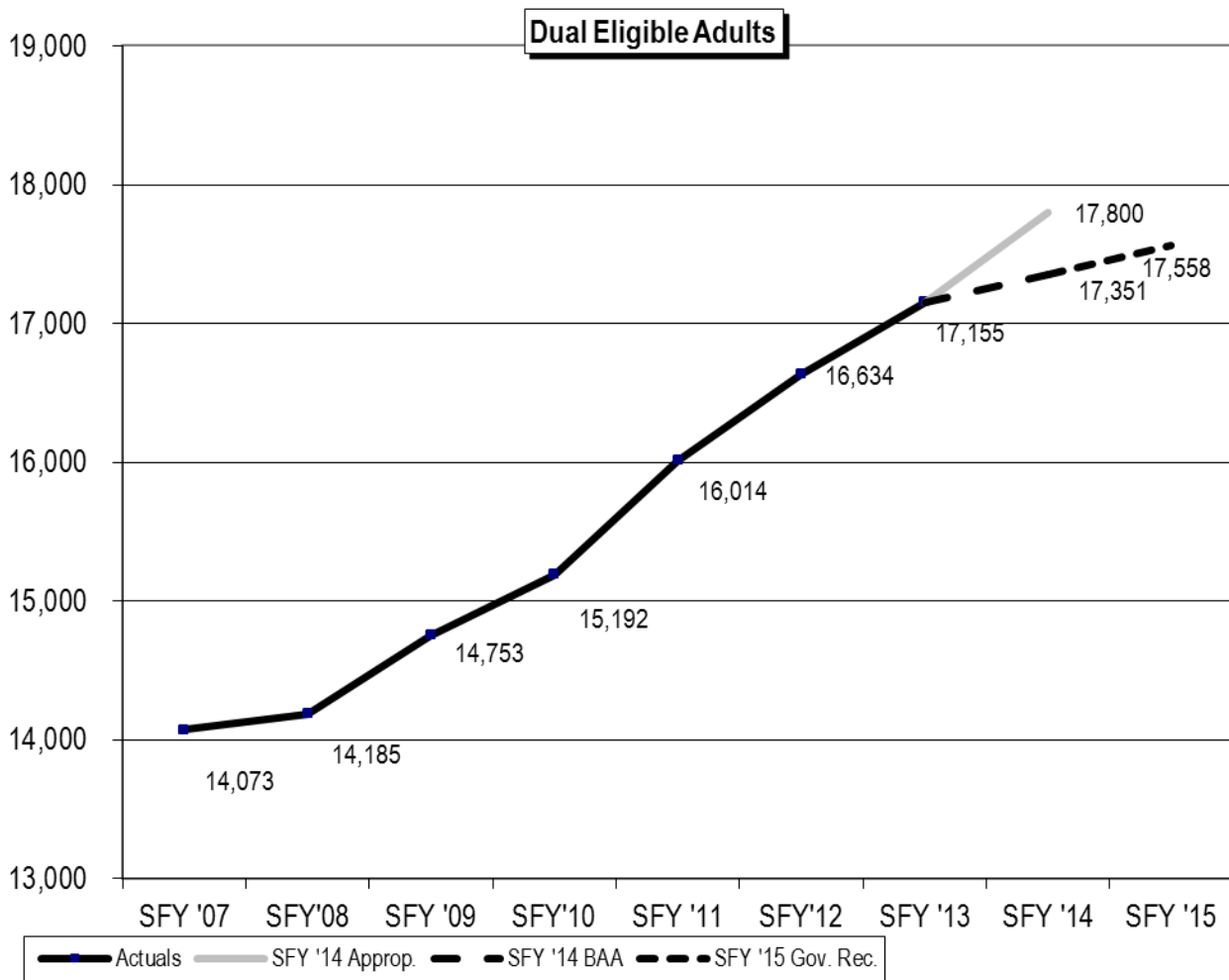


### Dual Eligibles

Dual Eligibles are eligible for both Medicare and Medicaid. Medicare eligibility is either due to being at least 65 years of age or categorized as blind, or disabled, and below the protected income level (PIL).

The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY '15 for Dual Eligibles:

Dual Eligibles					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	16,634	\$ 43,120,000	\$ 216.03	\$ 173,231,075	\$ 867.87
SFY '13 Actual	17,155	\$ 48,224,153	\$ 234.25	\$ 194,354,293	\$ 944.10
SFY '14 Appropriated	17,800	\$ 49,420,740	\$ 231.37	\$ 204,134,462	\$ 955.68
SFY '14 Budget Adjustment	17,351	\$ 50,384,851	\$ 241.98	\$ 200,918,225	\$ 964.95
SFY '15 Governor's Recommend	17,558	\$ 51,913,513	\$ 246.39	\$ 209,658,883	\$ 995.06



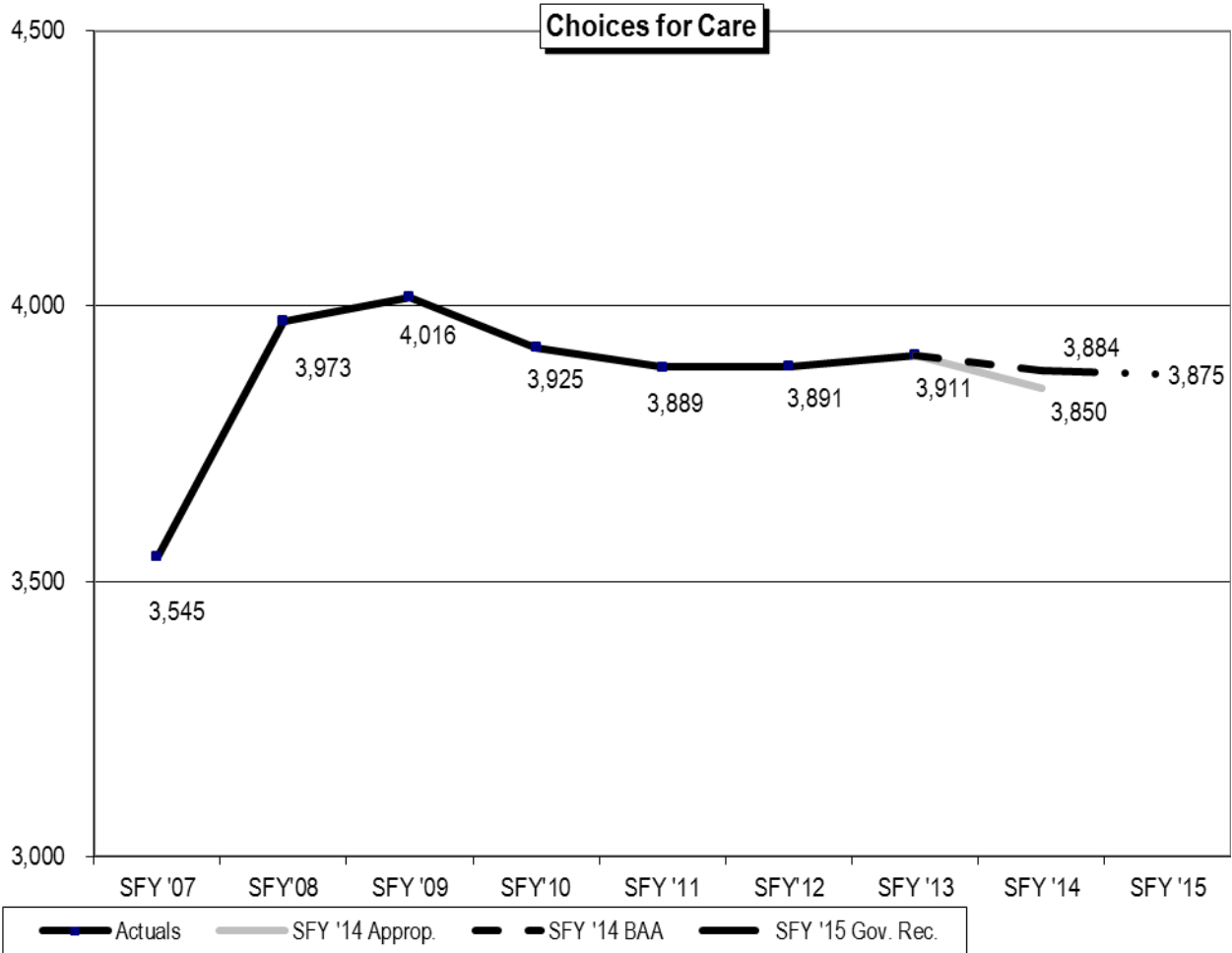
## Choices for Care Waiver

Long-Term Care Waiver participants are a subset of the Duals population. These individuals participate in the Choices for Care 1115 demonstration waiver managed by the Department of Disabilities, Aging, and Independent Living (DAIL), in conjunction with the Department of Vermont Health Access (DVHA) and the Department for Children and Families (DCF). The purpose of this waiver is to equalize the entitlement to both home and community based services and nursing home services for all eligible participants.

The general eligibility requirements for the waiver are: Vermonters in nursing homes, home-based settings under home and community based services (HCBS) waiver programs, and enhanced residential care (ERC). Please note that the caseload figures below do not include most moderate-need individuals as they are captured under the Global Commitment waiver program. (Only long-term care services for moderates are included in the dollars below.)

Choices for Care Waiver					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	3,891	\$ 196,477,952	\$4,208.14	\$ 196,477,952	\$4,208.14
SFY '13 Actual	3,911	\$ 199,033,009	\$4,241.42	\$ 199,033,009	\$4,241.42
SFY '14 Appropriated	3,850	\$ 200,240,791	\$4,333.90	\$ 200,240,791	\$4,333.90
SFY '14 Budget Adjustment	3,884	\$ 206,699,425	\$4,434.86	\$ 206,699,425	\$4,434.86
SFY '15 Governor's Recommend	3,875	\$ 204,156,993	\$4,390.32	\$ 204,156,993	\$4,390.32



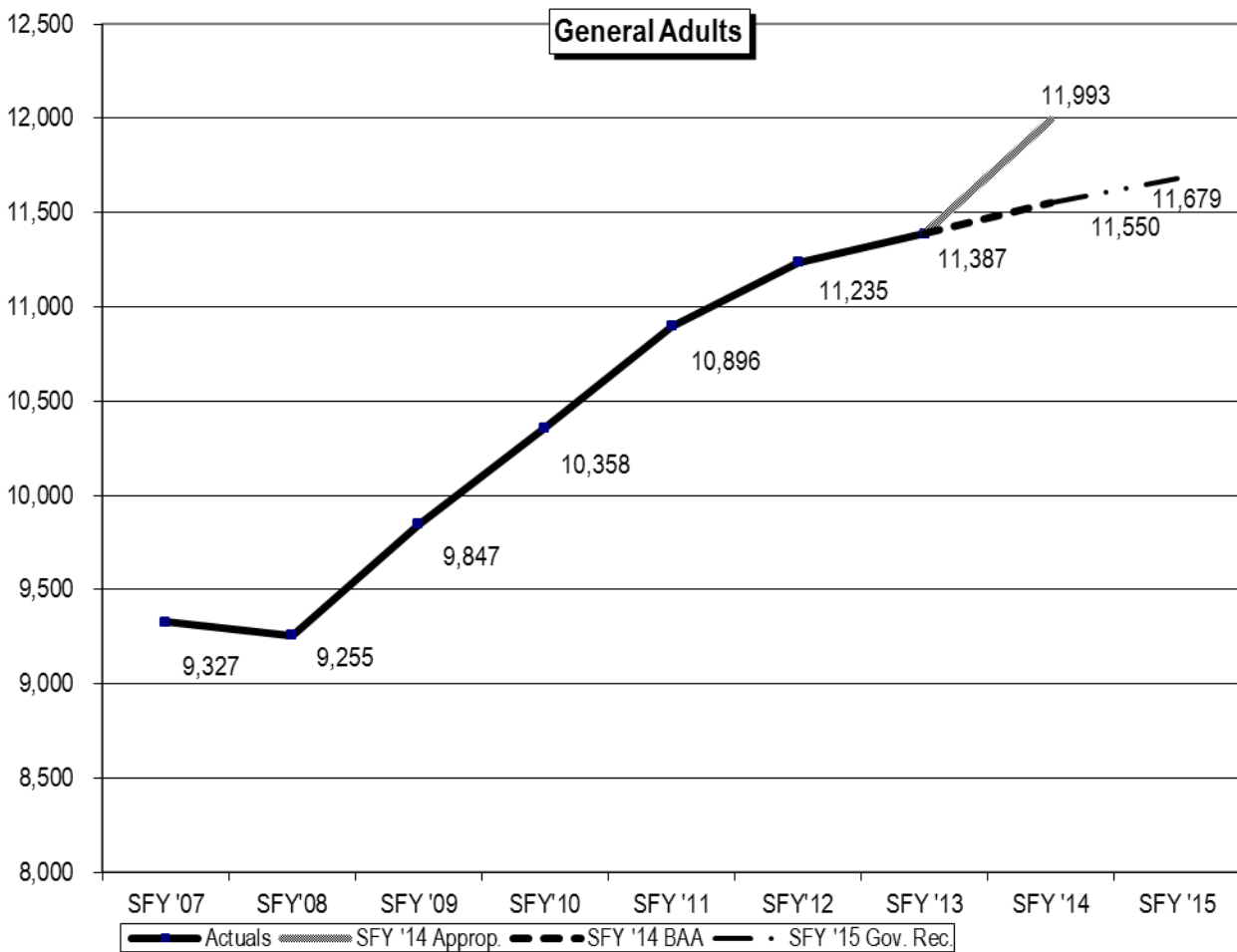


**General Adults**

The general eligibility requirements for General Adults are: parents/caretaker relatives of minor children including cash assistance recipients and those receiving transitional Medicaid after the receipt of cash assistance.

The following table depicts the caseload and expenditure information by SFY, including the Governor’s Recommend for SFY ’15 for General Adults:

General Adults					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	11,235	\$ 61,521,695	\$ 456.33	\$ 68,112,463	\$ 505.22
SFY '13 Actual	11,387	\$ 73,079,701	\$ 534.83	\$ 79,771,934	\$ 583.81
SFY '14 Appropriated	11,993	\$ 70,661,558	\$ 491.00	\$ 78,498,571	\$ 545.46
SFY '14 Budget Adjustment	11,550	\$ 76,593,458	\$ 552.61	\$ 84,215,797	\$ 607.60
SFY '15 Governor's Recommend	11,679	\$ 78,021,121	\$ 556.69	\$ 86,008,643	\$ 613.68



## Dr. Dynasaur

Dr. Dynasaur encompasses all health care programs available for children up to age 18 (CHIP, Underinsured Children) or up to age 21 [Blind or Disabled (BD) and/or Medically Needy Children and General Medicaid].

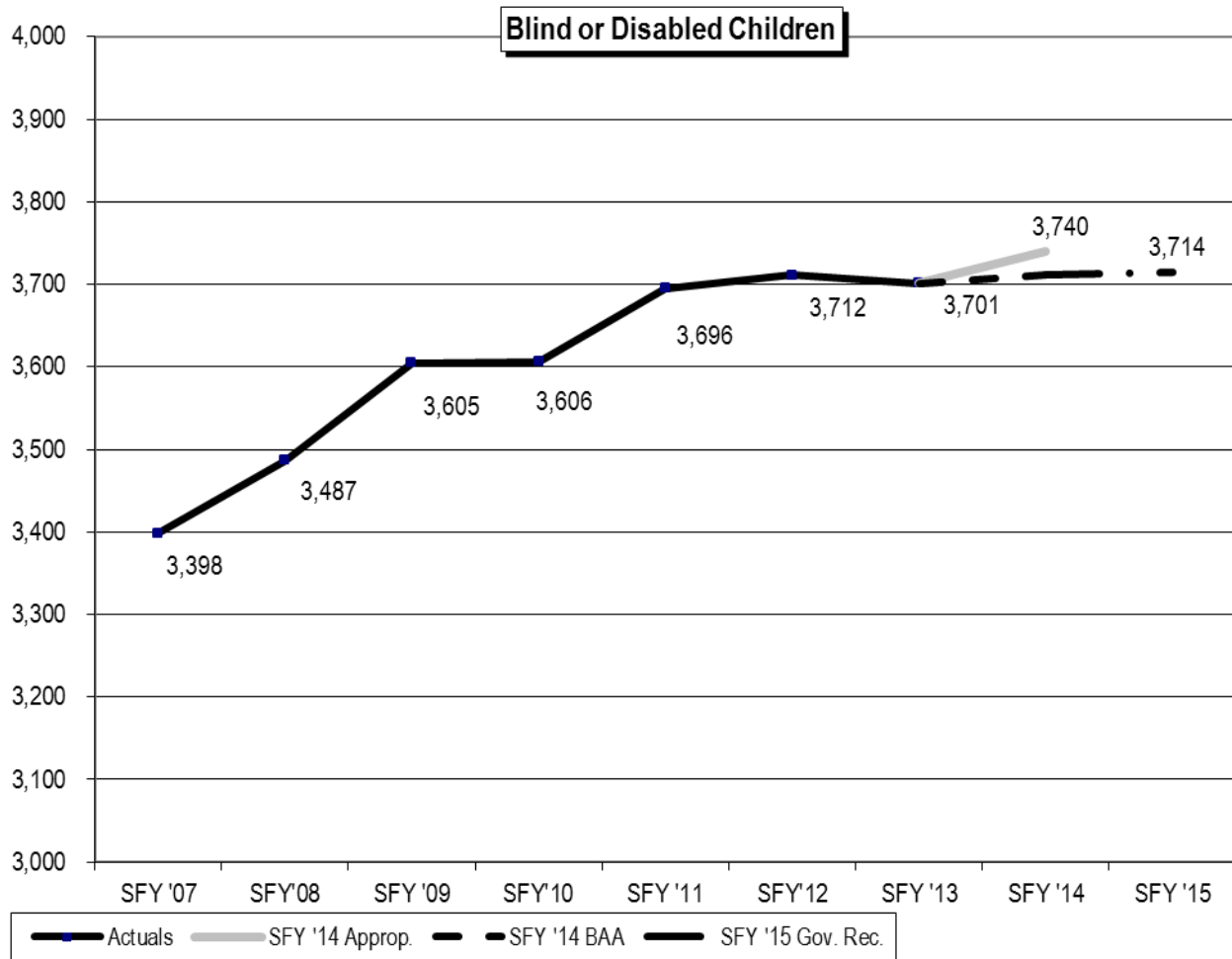
Benefits include doctor's visits, prescription medicines, dental care, skin care, hospital visits, vision care, mental health care, immunizations and special services for pregnant women such as lab work and tests, prenatal vitamins and more.

### Blind or Disabled (BD) and/or Medically Needy Children

The general eligibility requirements for BD and/or Medically Needy Children are: under age 18 or under age 22 who are regularly attending school; categorized as blind or disabled; generally includes Supplemental Security Income (SSI) cash assistance recipients; hospice patients; those eligible under "Katie Beckett" rules; and medically needy Vermonters [i.e., eligible because their income is greater than the cash assistance level but less than the protected income level (PIL)]. Medically needy children may or may not be blind or disabled.

The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY '15 for BD and/or Medically Needy Children:

Blind or Disabled and/or Medically Needy Children					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	3,712	\$ 33,805,689	\$ 759.03	\$ 85,167,021	\$1,912.23
SFY '13 Actual	3,701	\$ 32,794,574	\$ 738.42	\$ 83,880,303	\$1,888.69
SFY '14 Appropriated	3,740	\$ 29,286,530	\$ 652.51	\$ 90,359,755	\$2,013.24
SFY '14 Budget Adjustment	3,712	\$ 33,110,973	\$ 743.35	\$ 92,534,006	\$2,077.42
SFY '15 Governor's Recommend	3,714	\$ 33,817,628	\$ 758.70	\$ 96,087,595	\$2,155.72

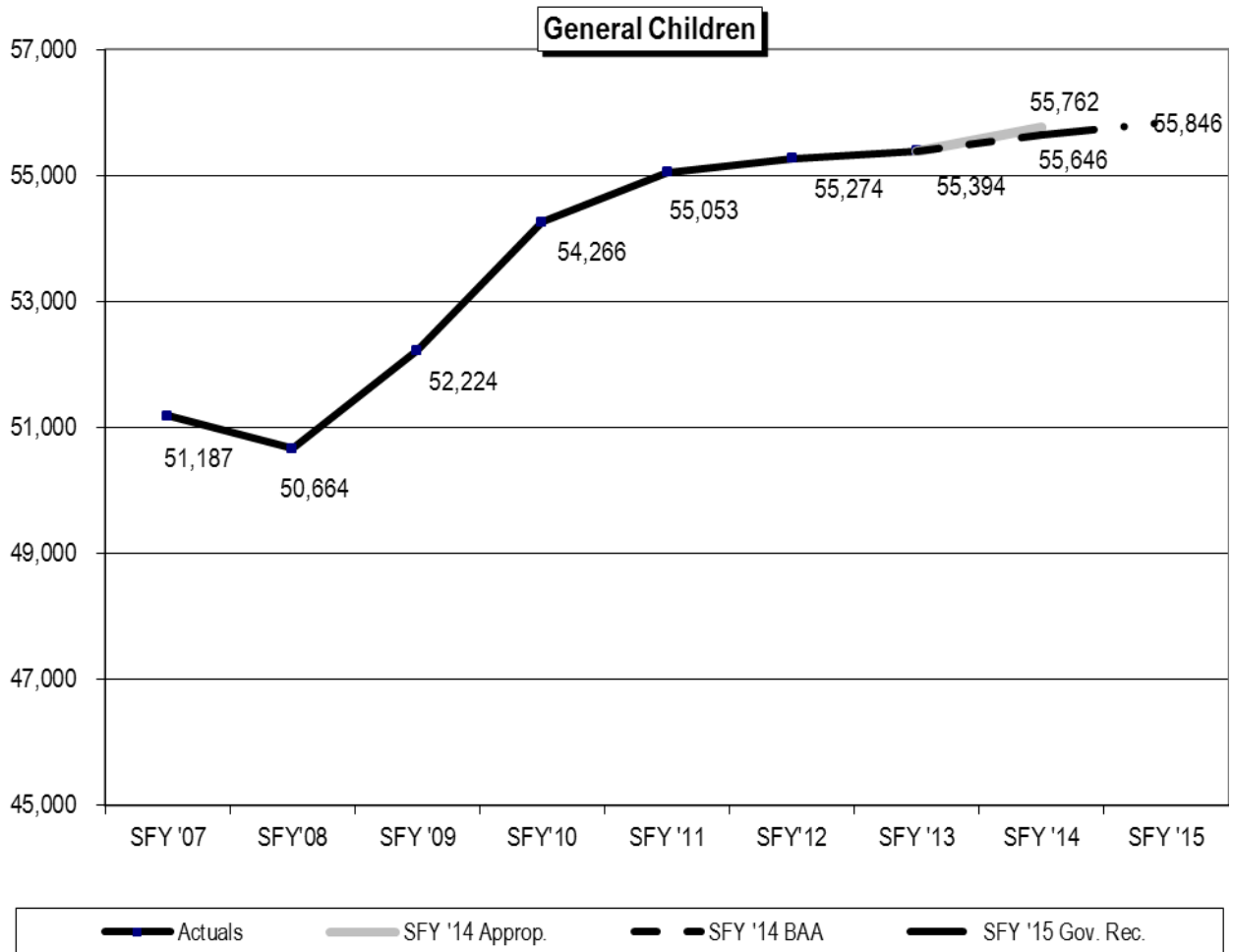


**General Children**

The general eligibility requirements for General Children are: under age 21 and categorized as those eligible for cash assistance including Reach Up (Title V) and foster care payments (Title IV-E).

The following table depicts the caseload and expenditure information by SFY, including the Governor’s Recommend for SFY '15 for General Children:

General Children					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	55,274	\$ 117,381,607	\$ 176.97	\$ 211,056,955	\$ 318.20
SFY '13 Actual	55,394	\$ 131,289,464	\$ 197.51	\$ 225,987,291	\$ 339.97
SFY '14 Appropriated	55,762	\$ 122,779,838	\$ 183.49	\$ 234,168,217	\$ 349.95
SFY '14 Budget Adjustment	55,646	\$ 131,835,785	\$ 197.43	\$ 240,214,462	\$ 359.74
SFY '15 Governor's Recommend	55,846	\$ 134,405,957	\$ 200.56	\$ 247,977,014	\$ 370.03

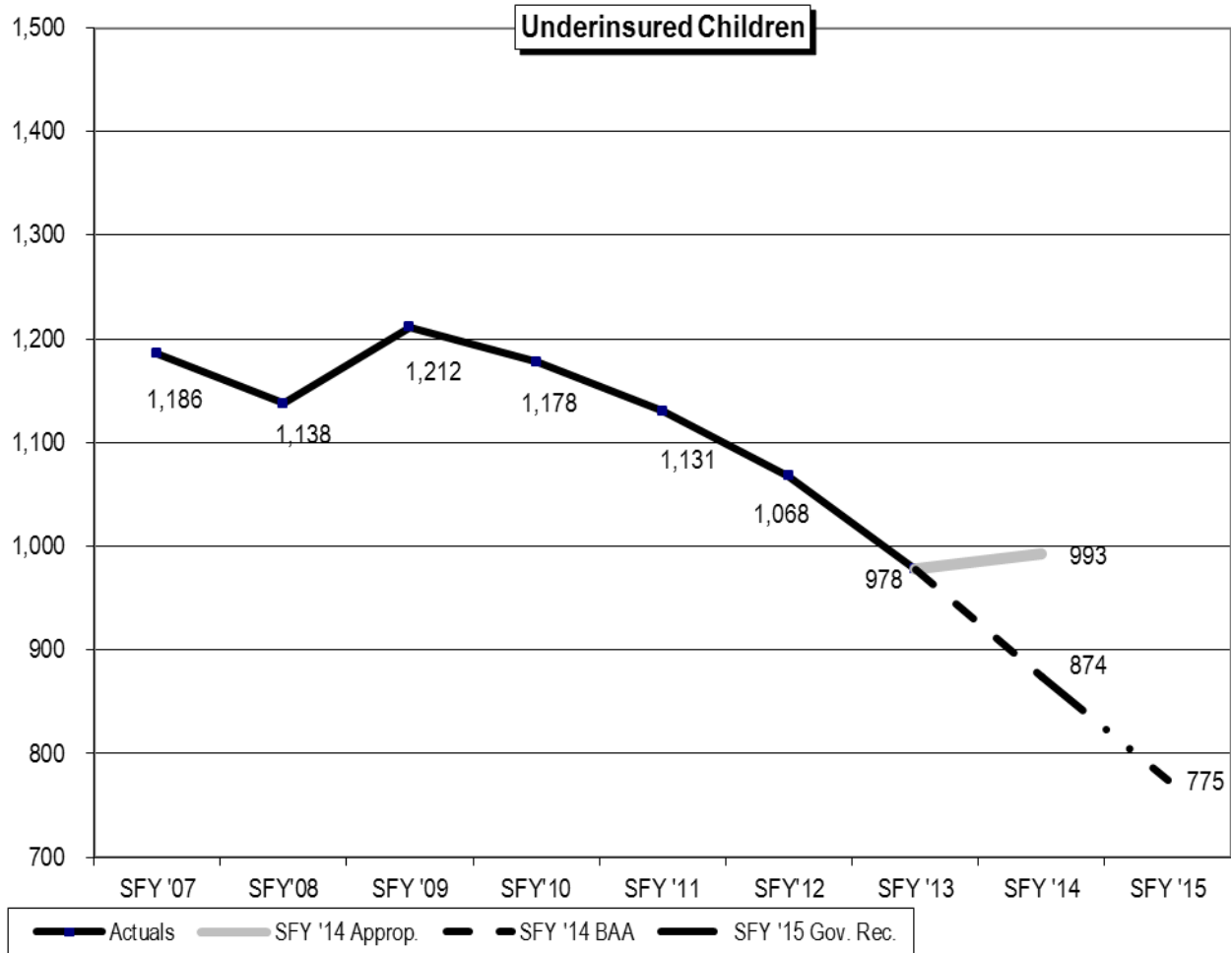


### Underinsured Children

The general eligibility requirements for Underinsured Children are: up to age 18 and up to 312% FPL. This program was designed as part of the original 1115 Waiver to Title XIX of the Social Security Act to provide health care coverage for children who would otherwise be underinsured.

The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY '15 for Underinsured Children:

Underinsured Children					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	1,068	\$ 766,013	\$ 59.78	\$ 2,016,045	\$ 157.33
SFY '13 Actual	978	\$ 791,009	\$ 67.40	\$ 1,986,567	\$ 169.27
SFY '14 Appropriated	993	\$ 650,907	\$ 54.63	\$ 2,137,306	\$ 179.38
SFY '14 Budget Adjustment	874	\$ 708,670	\$ 67.56	\$ 2,154,907	\$ 205.44
SFY '15 Governor's Recommend	775	\$ 640,888	\$ 68.96	\$ 2,156,413	\$ 232.02

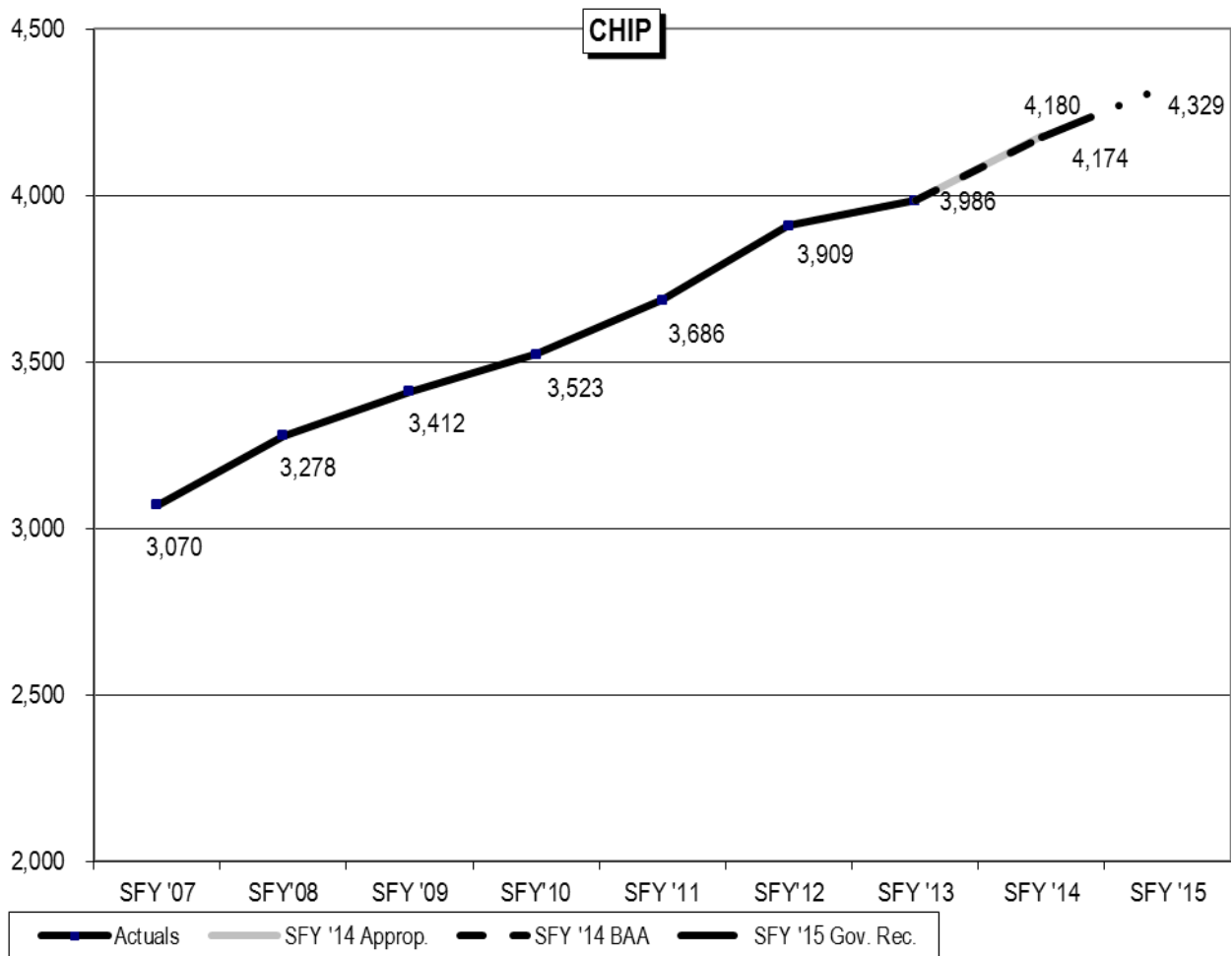


**Children’s Health Insurance Program (CHIP)**

The general eligibility requirements for the Children’s Health Insurance Program (CHIP) are: up to age 18, uninsured, and up to 312% Federal Poverty Limit (FPL), and eligible under the CHIP eligibility rules in Title XXI of the Social Security Act.

The following table depicts the caseload and expenditure information by SFY, including the Governor’s Recommend for SFY '15 for the Children’s Health Insurance Program (CHIP):

CHIP (Uninsured)					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	3,909	\$ 6,873,629	\$ 146.52	\$ 9,320,022	\$ 198.67
SFY '13 Actual	3,986	\$ 7,279,703	\$ 152.21	\$ 10,023,964	\$ 209.59
SFY '14 Appropriated	4,180	\$ 7,019,478	\$ 139.95	\$ 9,928,458	\$ 197.95
SFY '14 Budget Adjustment	4,174	\$ 7,601,478	\$ 151.75	\$ 10,431,858	\$ 208.26
SFY '15 Governor's Recommend	4,329	\$ 8,118,817	\$ 156.29	\$ 11,084,799	\$ 213.38





## Prescription Assistance Pharmacy Only Programs

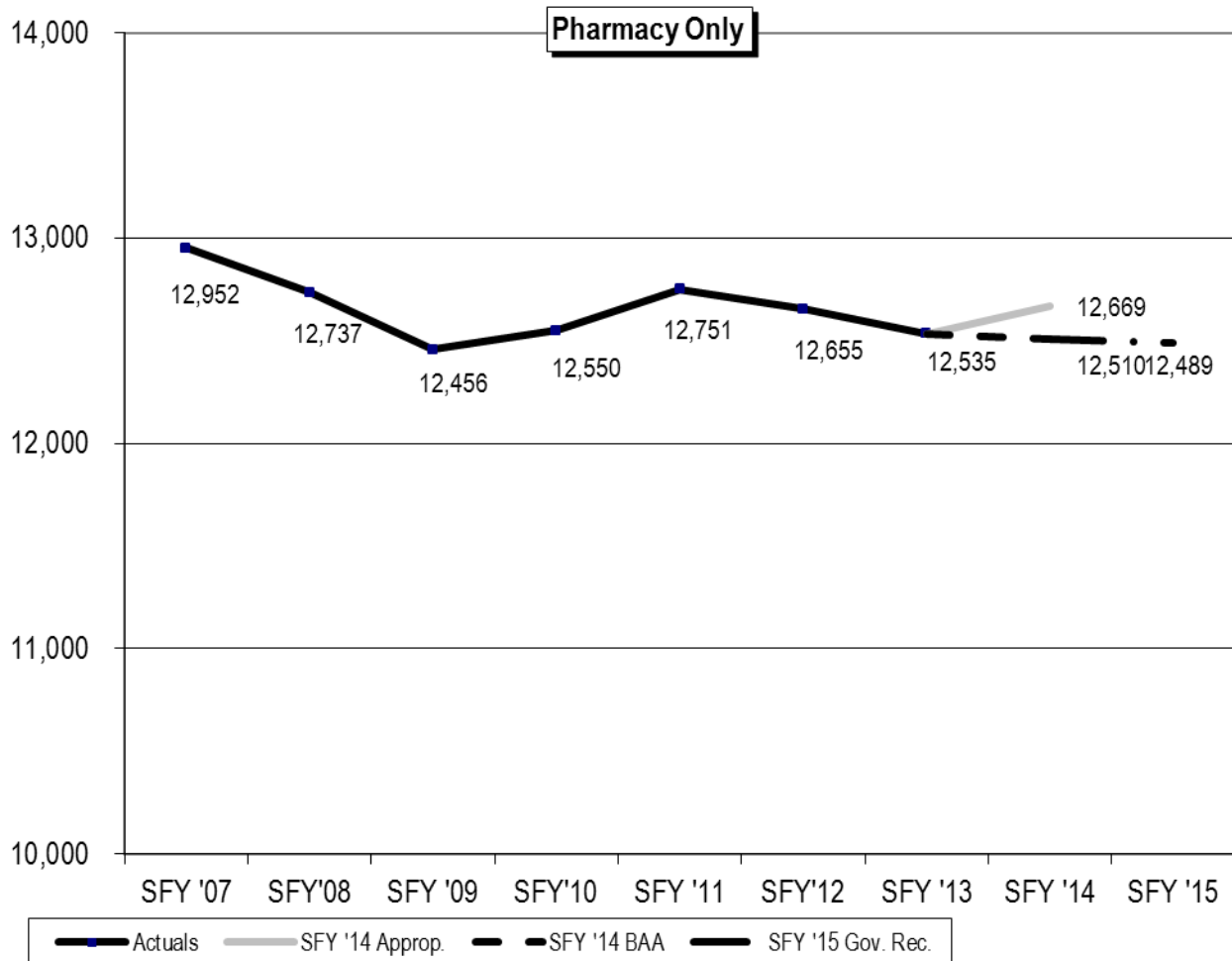
Vermont provides prescription assistance programs to help Vermonters pay for prescription medicines based on income, disability status, and age. There is a monthly premium based on income and co-pays based on the cost of the prescription.

VPharm assists Vermonters enrolled in Medicare Part D with paying for prescription medicines. Those eligible include people age 65 and older, and Vermonters of all ages with disabilities with household incomes up to 225% FPL.

Please note that historical numbers include 3 pharmacy only programs that sunsetted effective 1/1/14. Those programs were: VHAP-Pharmacy, VScript and VScript Expanded.

The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY '15 for the Pharmacy Programs:

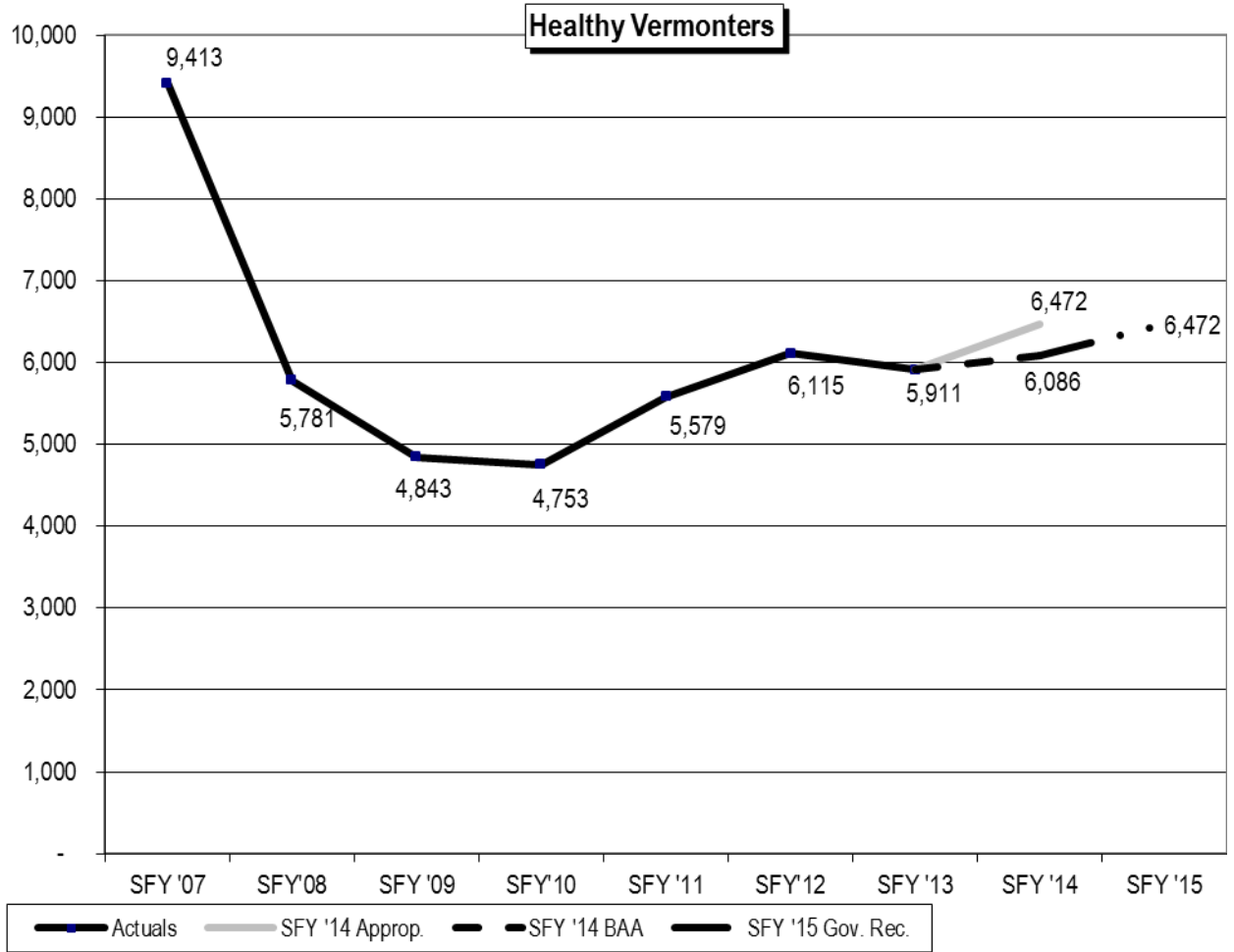
Pharmacy Only Programs					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	12,655	\$ (1,421,868)	\$ (9.36)	\$ (1,421,868)	\$ (9.36)
SFY '13 Actual	12,535	\$ 1,813,724	\$ 12.06	\$ 1,813,724	\$ 12.06
SFY '14 Appropriated	12,669	\$ 2,795,616	\$ 18.39	\$ 2,795,616	\$ 18.39
SFY '14 Budget Adjustment	12,510	\$ 5,393,070	\$ 35.93	\$ 5,393,070	\$ 35.93
SFY '15 Governor's Recommend	12,489	\$ 6,590,268	\$ 43.97	\$ 6,590,268	\$ 43.97



**Healthy Vermonters** provides a discount on short-term and long-term prescription medicines for individuals not eligible for other pharmacy assistance programs with household incomes up to 350% and 400% FPL if they are aged or disabled. There is no cost to the state for this program.

The following table depicts the caseload and expenditure information by SFY, including the Governor’s Recommend for SFY '15 for the Healthy Vermonters Program:

Healthy Vermonters Program					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	6,115	\$ -	n/a	\$ -	n/a
SFY '13 Actual	5,911	\$ -	n/a	\$ -	n/a
SFY '14 Appropriated	6,472	\$ -	n/a	\$ -	n/a
SFY '14 Budget Adjustment	6,086	\$ -	n/a	\$ -	n/a
SFY '15 Governor's Recommend	6,472	\$ -	n/a	\$ -	n/a



**PROGRAM CHANGES DUE TO THE AFFORDABLE CARE ACT . . . . . (\$16,139,336)**  
*(\$28,505,118) state*

Due to the onset of the Affordable Care Act, the Vermont Health Access Plan (VHAP), Catamount, and Employee Sponsored Insurance Assistance (ESIA) programs were sunsetted in SFY '14, and these programs were replaced with either a New Adult benefit package (that expands covered services beyond the VHAP levels to include dental and transportation services) or access to qualified health plan coverage through the Vermont's health benefit exchange, Vermont Health Connect (that includes federal and state premium and cost sharing subsidies).

It should also be highlighted that there is a significant change in federal participation in SFY '15. Due to Vermont being an expansion state, Senator Leahy was successful in negotiating a discreet federal enhancement for Vermont of 2.2% for two years. Additionally, the New Adult population who are childless qualifies for further federal support than our traditional programs (22.93%) which yields an additional \$36.8 million of federal revenue in SFY '15 resulting in a lower general fund need.

Please see below for the details surrounding the sunsetted and subsequent new programs.

**SUNSETTED:**

VHAP					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	36,991	\$ 144,423,060	\$ 325.36	\$ 154,655,871	\$ 348.41
SFY '13 Actual	37,475	\$ 165,952,625	\$ 369.03	\$ 177,748,055	\$ 395.26
SFY '14 Appropriated	37,652	\$ 90,183,196	\$ 350.51	\$ 94,063,163	\$ 365.59
SFY '14 Budget Adjustment	37,921	\$ 96,400,670	\$ 372.92	\$ 100,020,181	\$ 386.93

VHAP ESI					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	825	\$ 1,452,802	\$ 146.81	\$ 1,452,802	\$ 146.81
SFY '13 Actual	793	\$ 936,724	\$ 98.48	\$ 940,758	\$ 98.90
SFY '14 Appropriated	785	\$ 718,777	\$ 150.76	\$ 718,777	\$ 150.76
SFY '14 Budget Adjustment	764	\$ 462,511	\$ 99.99	\$ 462,511	\$ 99.99

Catamount Health					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	10,713	\$ 52,066,782	\$ 405.01	\$ 52,066,782	\$ 405.01
SFY '13 Actual	11,484	\$ 53,960,735	\$ 391.56	\$ 53,960,735	\$ 391.56
SFY '14 Appropriated	12,372	\$ 31,247,379	\$ 411.99	\$ 31,247,379	\$ 411.99
SFY '14 Budget Adjustment	13,208	\$ 35,764,708	\$ 459.64	\$ 35,764,708	\$ 459.64

ESIA					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	726	\$ 954,128	\$ 109.54	\$ 954,128	\$ 109.54
SFY '13 Actual	742	\$ 699,507	\$ 78.54	\$ 699,507	\$ 78.54
SFY '14 Appropriated	789	\$ 617,260	\$ 130.34	\$ 617,260	\$ 130.34
SFY '14 Budget Adjustment	772	\$ 497,443	\$ 108.33	\$ 497,443	\$ 108.33

**NEW:**

**New Adult**

Due to Affordable Care Act changes that expanded Medicaid eligibility, adults without children who are at or below 138% of the federal poverty level will now qualify for traditional Medicaid. The chart below depicts anticipated point-in-time enrollment for SFY '14 and SFY '15 average member-month enrollment and costs:

New Adult					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	-	\$ -	\$ -	\$ -	\$ -
SFY '13 Actual	-	\$ -	\$ -	\$ -	\$ -
SFY '14 Appropriated	34,490	\$ 86,353,450	\$ 418.10	\$ 89,200,276	\$ 431.04
SFY '14 Budget Adjustment	34,834	\$ 90,067,832	\$ 432.05	\$ 92,812,770	\$ 444.07
SFY '15 Governor's Recommend	35,059	\$ 184,102,575	\$ 437.60	\$ 196,508,732	\$ 467.09

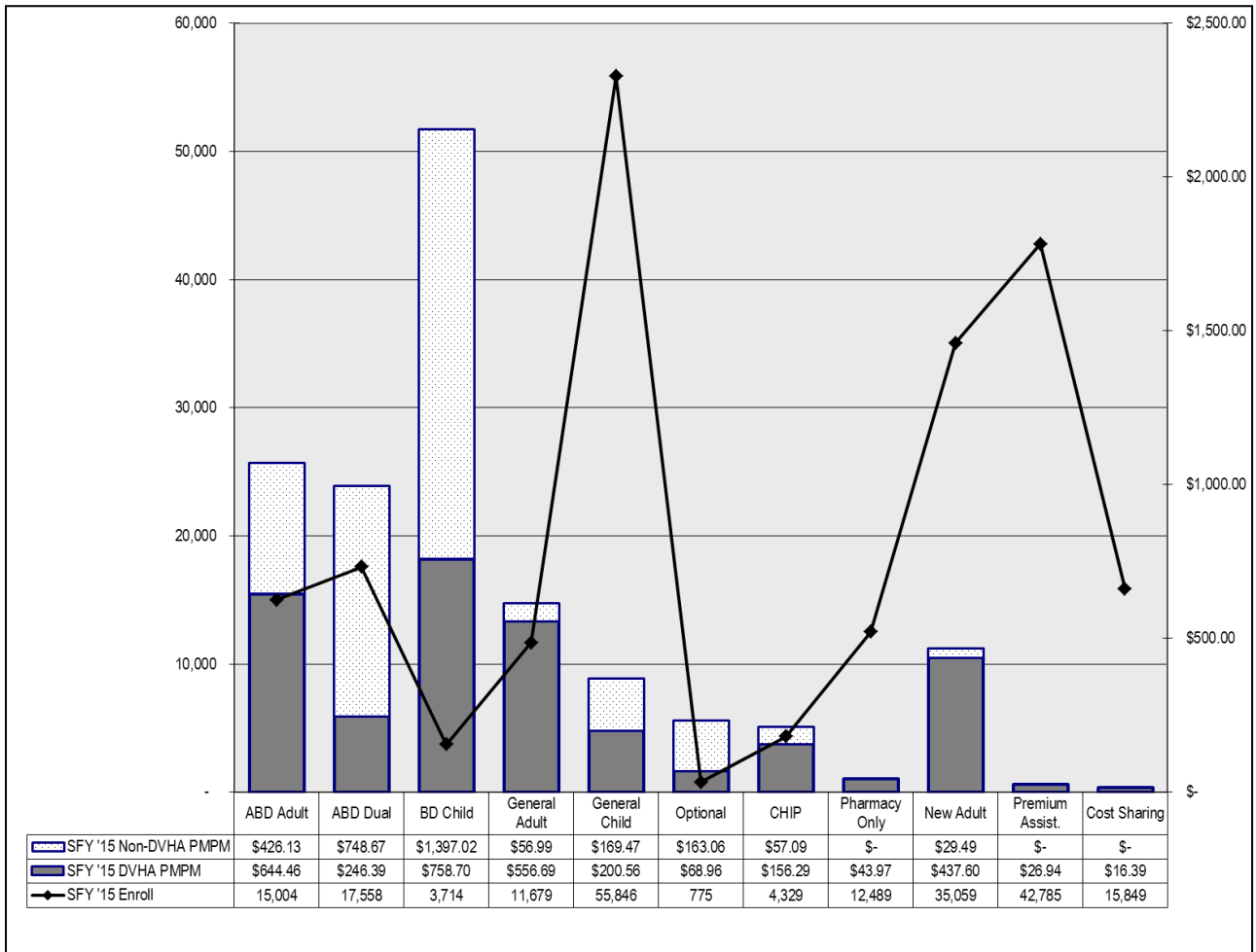
**Premium Assistance and Cost Sharing**

Individuals with household income over 133% of FPL can choose and enroll in qualified health plans purchased on Vermont Health Connect, Vermont's health benefit exchange. These plans have varying cost sharing and premium levels. There will be federal tax credits to make premiums more affordable for people with incomes less than 400% of FPL and federal subsidies to make out of pocket expenses more affordable for people with incomes below 250% FPL. Despite these federal tax credits and cost sharing subsidies provided by the Affordable Care Act, coverage through these qualified health plans (QHP) will be less affordable than Vermonters have previously experienced under VHAP and Catamount. To address this affordability challenge, the State of Vermont is proposing to further subsidize premiums and cost sharing for enrollees whose income is < 300%. The charts below reflect point-in-time caseload estimates for SFY '14 and SFY '15 average member-month enrollment and costs.

Premium Assistance For Exchange Enrollees < 300%					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	-	\$ -	\$ -	\$ -	\$ -
SFY '13 Actual	-	\$ -	\$ -	\$ -	\$ -
SFY '14 Appropriated	40,748	\$ 6,586,587	\$ 26.94	\$ 6,586,587	\$ 26.94
SFY '14 Budget Adjustment	40,748	\$ 6,586,587	\$ 26.94	\$ 6,586,587	\$ 26.94
SFY '15 Governor's Recommend	42,785	\$ 13,831,832	\$ 26.94	\$ 13,831,832	\$ 26.94

Cost Sharing For Exchange Enrollees < 300%					
SFY	Caseload	DVHA Only		Total	
		Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '12 Actual	-	\$ -	\$ -	\$ -	\$ -
SFY '13 Actual	-	\$ -	\$ -	\$ -	\$ -
SFY '14 Appropriated	15,094	\$ 1,484,460	\$ 16.39	\$ 1,484,460	\$ 16.39
SFY '14 Budget Adjustment	15,094	\$ 1,484,460	\$ 16.39	\$ 1,484,460	\$ 16.39
SFY '15 Governor's Recommend	15,849	\$ 3,117,367	\$ 16.39	\$ 3,117,367	\$ 16.39

**DVHA Enrollments and Per Member Per Month Rates  
SFY '15 Governor's Recommend**





**ADDITIONAL TREND CHANGES** ..... **(\$2,012,845)**  
*(\$2,280,239) state*

**Care Alliance for Opioid Addiction** ..... **(\$6,700,000)**  
*(\$2,915,170) state*

DVHA worked closely with the Vermont Department of Health’s Division of Alcohol and Drug Abuse Programs (ADAP) to develop an enhanced system of care that included creating a health home for individuals with opioid addictions and an augmentation of Blueprint medical homes and community health teams to include a substance abuse treatment focus. This medical home model allows for better overall coordination of care for these individuals that results in lower acute care services needed. The chart below depicts the service utilization areas expected to change due to this enhanced delivery system.

Description	Less Acute Services Needed
ADAP Residential	(967,654)
Ambulance	195,709
Clinic	(318,949)
DME	903,245
Home Health	1,485,802
Independent Lab	(3,650,581)
Inpatient	(744,605)
Outpatient	(1,744,049)
Pharmacy	367,571
Physical Therapy	51,382
Physician	(1,041,768)
Psychology	(116,551)
RHC/FQHC	(1,052,085)
Misc.	(67,467)
<b>Grand Total</b>	<b>(6,700,000)</b>

**Temporary Support Services/EPSTD (Autism Services)** ..... **\$3,671,648**  
*\$1,597,534 state*

8 V.S.A. § 4088 requires services to be available for children with autism. DHVA has worked with the other departments in AHS to identify appropriate service-level coverage and reimbursement options to ensure children receive the adequate care they are due.

**Buy-In Adjustment** ..... **\$396,293**  
*\$321,791 state*

The federal government allows for states to use Medicaid dollars to “buy-in” to Medicare on behalf of eligible beneficiaries who would otherwise be fully covered by Medicaid programs. Caseload and member month costs vary from year to year.

**Increase in Clawback** ..... **\$137,741**  
*\$137,741 state*

The Medicare Modernization Act (MMA) was signed into law on December 8, 2003. On January 1, 2006, the Medicare Part D benefit became available. Currently, all beneficiaries of Vermont’s publicly funded pharmacy programs, who are also covered by Medicare, should receive their primary pharmacy benefit from Medicare. Medicare Part D design calls for states to annually pay a portion of what they would have paid in Medicaid “state share” in that year for the support of drug coverage of the Medicare beneficiaries who are or would be eligible for Medicaid drug coverage. This is referred to as “Clawback” or “state phase down.” While the design of this contribution included “phased down” sharing, the rate of inflation exceeds that of the federal phase down percentage, resulting in a net increase in the Clawback rate.

**Transfer of DVHA Funding to DCF for CIS** ..... **(\$1,144,754)**  
*(\$498,082) state*

DVHA has also worked with DCF on funding a more cohesive program for children’s integrated services (CIS). This resulted in a need to transfer funding to DCF in order to allow DCF to pay for services previously covered by DVHA.

**Neutral Adjustments Between DVHA Appropriations** ..... **\$0**  
*\$55,024 state*

During the budget development process, often times the dollars associated with policy decisions are added to or subtracted from the DVHA Global Commitment appropriation. However, these decisions typically impact all DVHA appropriations; therefore, funds are being redistributed from the Global Commitment appropriation to the other three DVHA program areas.

**GOVERNOR’S RECOMMENDED INITIATIVES ..... \$10,363,705**  
*\$4,529,177 state*

**Eliminate ACA Primary Care Physician rate increases (1/2 year) ..... (\$3,750,000)**  
*(\$1,631,625) state*

One of the initiatives offered under the Affordable Care Act was an increase in primary care physician (PCP) rates, and the federal government covered the costs of those increases through December 31, 2014. This request eliminates the increase in rates, effective January 1, 2015.

**DAIL Managed Policy Decisions ..... \$2,209,133**  
*\$961,194 state*

DVHA pays for the Choices for Care (CFC) expenditures, but DAIL is responsible for managing the long-term care component. DAIL is implementing the following changes in the program and will provide documentation in support of their decisions during their budget testimony:

- Statutory Nursing Home Rate Increase: \$1,990,154 (\$865,916 state)
- Nursing Home Occupancy Savings: (\$1,990,154) ((\$865,916) state)
- Nursing Home Dementia Rate: \$479,154 (\$208,480 state)
- Replace One-Time FY '13 Carry Forward in LTC: \$1,729,979 (\$752,714 state)
- Annualization of SFY14 Reinvestment (Base Increase Moderate Needs): \$2,073,750 (\$902,289 state)
- Annualization of SFY14 Reinvestment (Base Increase Moderate Needs) - Funded by Carryforward of SFY14 Reinvestment Funds: (\$2,073,750) ((\$902,289) state)

**Continue to Address the Cost Shift ..... \$11,904,572**  
*\$5,199,608 state*

Last year the administration and the legislature took an unprecedented step to address the cost shift between Medicaid and private insurers by committing to ongoing rate increases to providers. Last year, an increase of \$14,323,274 correlating to roughly 3% of SFY '12 spend levels was applied as of November 1, 2013. The payments were adjusted using a straight rate increase. This year’s increase, \$11,904,572, is the annualization of last year’s increase plus an amount equal to 2% of estimated SFY '15 spend levels is proposed beginning January 1, 2015, with the recognition that the funds can be used to focus on quality outcomes.

**ADMINISTRATION ..... \$18,693,922 gross / \$8,511,261 state**

**PERSONAL SERVICES ..... \$3,662,090**  
*\$848,684 state*

**Payact and Related Fringe ..... \$659,923**  
*\$238,527 state*

**Roll-Out of Previously Approved Positions ..... \$2,833,715**  
*\$0 state*

The Department of Vermont Health Access has undertaken several new initiatives that have resulted in significant new federal funding. These new grants were accepted through the Joint Fiscal Committee approval process, and this funding request represents acceptance of the 34 limited service positions:

- The Exchange Grant: 18 positions
- The Adult Quality Measures (AQM) Grant: 1 position
- The State Innovation Model (SIM) Grant: 15 positions

**Position and Funding Shift Conversions ..... \$0**  
*\$536,863 state*

DVHA has changed dramatically since it began as the Office of Vermont Health Access (OVHA), which served primarily as a Medicaid claims processing engine and was supported by a single appropriation. The number of appropriations increased to five in 2007, with multiple and varying funding streams based on CMS approved waivers. In 2009, OVHA’s budget was \$791M, and the Office was comprised of just two divisions staffed by 86 FTEs located in two Williston buildings, with a small number of field staff located in seven districts.

By the end of SFY 2011, Healthcare Reform (HCR), Health Information Technology (HIT), Health Information Exchange (HIE) responsibilities, and the Vermont Blueprint for Health had all been transferred to OVHA, and OVHA became the Department of Vermont Health Access (DVHA). In SFY 2012, DVHA grew to six divisions when it assumed responsibility for developing and implementing the Health Insurance Exchange. Staff size doubled between SFY 2009 and 2014, reaching 172 FTEs located in four buildings in two towns, as well as 19 field locations statewide, including nine district offices. Staff size is 207 FTEs as of December 2013, is projected to grow, and will likely require five buildings. The proposed SFY 2015 budget is over \$1.1B.

While the increase in DVHA’s size is obvious, it is important to also recognize the diverse and multiple additional responsibilities it has assumed and the increased complexity resulting from embracing these challenges. The burden placed on internal

business processes has been continual and the need for increased administrative resources has been acute. For example, OVHA received and implemented just three federal grants in 2009. Since then, the Affordable Care Act and other federal healthcare reform initiatives have presented the states with new and exciting funding opportunities (for example, DVHA received \$5M in ARRA funding for Health Information Technology (HIT), was awarded a CHIPRA Quality Demonstration Grant in SFY 2010 and the Adult Quality Measures Grant in SFY 2013, as well as much administrative and programmatic responsibility for implementing the State Innovation Models funding). As a result, by the end of the second quarter of SFY 2014 DVHA was implementing 17 federal grants and will be responsible for at least that many or more in SFY 2015. In addition to the administrative resources involved with pursuing new federal grant funding opportunities, most grants result in the addition of new limited service positions needed to implement the grants including managing a multitude of complex contractors, often times with the contractors working side by side with State employees to accommodate the state’s needs. The number of contracts (including grants and MOUs) has grown from 26 in 2009 to 119 in 2014.

There are several large-scale initiatives occurring in SFYs 2014, 2015, and beyond, including three MMIS-related procurements currently underway: a comprehensive AHS care management solution; a Pharmacy Benefits Manager (PBM); and the core MMIS replacement. In addition, work related to the State Innovation Model (SIM) grant will intensify with implementation of the Medicaid Shared Savings ACOs. The impacts of implementing Vermont Health Connect will continue to expand. All of this activity has resulted in a need for acceptance of the rollout of previously approved positions as well as budget realignment due to position and funding shift conversions.

**Two (2) Positions Needed for Prior Authorization and Review . . . . . \$168,452**  
*\$73,293 state*

8 V.S.A. § 4088 requires services to be available for children with autism. DHVA has worked with the other departments to identify appropriate service-level coverage and reimbursement options to ensure children receive the adequate care they are due. Part of the management of this new treatment requires prior-authorization for the service, and it is expected there will be an influx of grievances and appeals based on this coverage. Two positions are proposed to address this need.

**OPERATING . . . . . \$401,823**  
*\$268,589 state*

**Other Department Allocated Costs . . . . . \$177,650**  
*\$137,593 state*

DVHA receives allocations from the Department of Buildings and General Services (BGS) to cover our share of the Vision system and fee-for-space, the Department of Information and Innovation (DII) costs, and the Department of Human Resources

(DHR). Departments are notified every year of increases or decreases in their relative share in order to incorporate these changes into budget requests. For SFY '15, it is anticipated that BGS and HR costs for the DVHA will decrease by \$167,428 and \$12,673 respectively. DII costs will increase by \$354,695. Additionally, there are changes year to year in insurance policy liabilities resulting in a \$3,056 increase.

**General Operating** ..... **\$224,173**  
*(\$130,997) state*

With the addition of the multiple new federally funded initiatives we've undertaken, our number of employees has grown from 172 (appropriated in SFY '14) to 209 (as of this budget request) due in whole to the growth of limited service positions and two (2) new autism positions, resulting in new operating costs. Additionally, there are myriad contractors who must work side by side with our employees to ensure a successful path toward implementing these new initiatives. It is necessary to acquire additional space in order to accommodate our needs.

**GRANTS AND CONTRACTS** ..... **\$14,630,009**  
*\$7,393,988 state*

As can be expected by the growth depicted in the section above, the ongoing operations for the work DVHA has undertaken has necessitated an increase in the amounts of Contracts and Grants to support DVHA's initiatives. Most notably:

- We have dramatically expanded the days, hours, and capacity of our customer call center resulting in a \$6,870,768 increase in cost that is shared by Medicaid and Vermont Health Connect;
- DVHA has taken over the responsibility for member premium collections and management and has engaged a contractor to help with this responsibility for \$1,358,280 in SFY '15;
- A new website has been developed for customers to use when applying for benefits online which requires \$2,798,042 in funding;
- Through an MOU, DII is providing DVHA with robust enterprise architecture and project management support for \$1,106,000;
- There are ongoing Vermont Health Connect specific commitments for \$2,250,000 detailed below; and
- A myriad of small adjustments are required such as: base contracts needing increases due to rebid; ADAP transferring funding to DVHA to support the Blueprint; and navigator contracts are being reduced, resulting in \$246,919 of additional need.

## VERMONT HEALTH CONNECT

Implementation of the Affordable Care Act, including the implementation of Vermont Health Connect and the expansion of Medicaid eligibility, remains a key budget issue for DVHA. This upcoming fiscal year represents the first full fiscal year of Vermont Health Connect operations and maintenance. It is also the year that the State is expected to transition from federal grant funding for Vermont Health Connect to sustainable State funding as of January 1, 2015.

There has been much focus on the initial budget estimate for this initiative, originally expected to cost \$18.4 million a year for Exchange-only costs, once fully operational. Below you will see the expense line-item details associated with the funding request for SFY '15. Please note that the DVHA share of the overall commitments depicted is \$4.9 million. The other respective departments and agencies will have their values in their budget presentations.

Category	VT Health Connect
<b>Personal Services (Salaries &amp; Fringe)</b>	
DVHA: 31 FTE	\$ 379,210
DFR: 1 FTE	\$ 30,435
AHS CO: 1 FTE	\$ 7,545
AHS HSB: 3 FTE	\$ 18,359
DCF: 5 FTEs	\$ 22,516
DCF: HAEU	\$ 224,101
<b>Subtotal Salaries and Fringe</b>	<b>\$ 682,166</b>
<b>Operating</b>	
DVHA - Operating	\$ 358,004
DFR Operating	\$ 3,500
AHS CO	\$ 1,009
AHS HSB	\$ 3,026
DCF: Existing Healthcare Costs	\$ 22,606
<b>Subtotal Operating</b>	<b>\$ 388,145</b>
<b>Indirects (SWICAP share and Departmental)</b>	
DVHA	\$ 88,322
AHS CO	\$ 4,460
AHS HSB	\$ 10,754
DCF: Existing Healthcare Costs	\$ 86,347
<b>Subtotal Indirects</b>	<b>\$ 189,883</b>
<b>Grants &amp; Contracts</b>	
Customer Call Center	\$ 735,362
Premium Processing	\$ 487,874
Hosting, Application Support, and Software	\$ 413,699
DII Enterprise Architecture and Project Management	\$ 163,525
Navigators	\$ 30,016
Outreach and Education	\$ 500,000
Advertising	\$ 500,000
Organizational Consulting	\$ 100,000
Temp Services	\$ 75,000
Actuarial Services/Plan development	\$ 75,000
HSO Ombudsman (AoA Contract)	\$ 150,000
Legal Services	\$ 150,000
Mailing (Notices, Premium Invoices, etc) - BGS MOU	\$ 200,000
Other	\$ 500,000
<b>Subtotal Grants and Contracts</b>	<b>\$ 4,080,477</b>
<b>Grand Total</b>	<b>\$ 5,340,670</b>
AHS CO	\$ 45,153
DVHA	\$ 4,906,013
DFR (MOU w/ DVHA):	\$ 33,935
DCF	\$ 355,570
<b>Grand Total by Department/Agency</b>	<b>\$ 5,340,670</b>



As mentioned above, the original estimate for the Exchange-only costs was \$18.4 million. The table below depicts a side-by-side comparison of that initial \$18.4 million by expense area with a new comparison to the most recent estimates for a full operational year:

<b>Vermont Health Connect (VHC) Operating Budget Details for 2015</b>		
<u>Operating Budget</u>	<u>Original Total</u>	<u>Estimate Based on Most Recent Contracts</u>
Salaries	\$ 2,011,014	\$ 931,920
Fringe	\$ 933,111	\$ 432,411
<b>TOTAL PERSONNEL COSTS</b>	<b>\$ 2,944,125</b>	<b>\$ 1,364,332</b>
Operating	\$ 1,453,056	\$ 776,289
Indirects	(incl. in orig. operating)	\$ 379,767
<b>TOTAL OPERATING COSTS</b>	<b>\$ 1,453,056</b>	<b>\$ 1,156,056</b>
Call Center & Enrollment	\$ 4,263,651	1,470,725
Exchange Solution (CGI Original Contract)	\$ 3,663,507	1,154,448
Premium Billing	\$ 2,200,710	1,375,749
Outreach and Education	\$ 1,661,068	\$ 2,060,032
Consulting & Professional	\$ 1,257,998	\$ 1,500,000
Appeals	\$ 941,097	\$ 600,000
<b>TOTAL GRANTS AND CONTRACTS</b>	<b>\$ 13,988,031</b>	<b>\$ 8,160,953</b>
<b>TOTAL EXCHANGE ONLY CY 2015 OPERATING BUDGET</b>	<b>\$ 18,385,212</b>	<b>\$ 10,681,341</b>

**Overview of Green Mountain Care and Vermont Health Connect Programs as of 1/1/2014**  
*Created by Vermont Legal Aid's Office of Health Care Advocate*

PROGRAM	WHO IS ELIGIBLE	BENEFITS	COST-SHARING
<b>MABD Medicaid<sup>1</sup></b> <b>PIL<sup>2</sup></b>  <b>Medicaid Working Disabled 250% FPL<sup>3</sup></b>  <b>MCA<sup>4</sup> (Expanded Medicaid)</b>	<p>Aged, blind, disabled.</p> <p>Disabled working adults.</p> <p>Low-income adults at or below 138% of FPL.</p>	<ul style="list-style-type: none"> <li>Covers physical and mental health, dental (\$510 cap/yr), prescriptions, chiro (limited), transportation (limited).</li> <li>Not covered: eyeglasses (except youth 19-20); dentures.</li> <li>Additional benefits listed under Dr. Dynasaur (below) covered for youth 19-20.</li> <li>Covers excluded classes of Medicare Part D drugs for dual-eligible individuals.</li> </ul>	<ul style="list-style-type: none"> <li>No monthly premium.</li> <li>\$1/\$2/\$3 prescription co-pay if no Medicare Part D coverage.</li> <li>\$1.20 -\$6.35 co-pays if have Part D. Medicare Part D is primary prescription coverage for dual-eligible individuals.</li> <li>\$3 dental co-pay.</li> <li>\$3/outpatient hospital visit.</li> </ul>
<b>Dr. Dynasaur 208% FPL</b>	Pregnant women.	Same as Medicaid, but with full dental.	No premium or prescription co-pays.
<b>Dr. Dynasaur 312% FPL</b>	Children under age 19.	Same as Medicaid but covers eyeglasses, full dental, & additional benefits.	<ul style="list-style-type: none"> <li>0-195% FPL: no premium.</li> <li>196-237% FPL: \$15/family/month.</li> <li>238- 312% FPL:               <ol style="list-style-type: none"> <li>Underinsured: \$20/family/month</li> <li>Uninsured: \$60/family/month</li> </ol> </li> <li>No prescription co-pays.</li> </ul>
<b>VPharm1 150% FPL</b>  <b>VPharm2 175% FPL</b> <b>VPharm3 225% FPL</b>	Medicare Part D Beneficiaries.	<ul style="list-style-type: none"> <li>VPharm1 covers Part D cost-sharing &amp; excluded classes of Part D meds, diabetic supplies, eye exams.</li> <li>VPharm 2&amp;3 cover maintenance meds &amp; diabetic supplies only.</li> </ul>	<ul style="list-style-type: none"> <li>VPharm1: \$15/person/mo pd to State</li> <li>VPharm2: \$20/person/mo pd to State</li> <li>VPharm3: \$50/person/mo pd to State</li> <li>\$1/\$2 prescription co-pays.</li> <li>VPharm1 must apply for Part D Low Income Subsidy.</li> </ul>
<b>Medicare Savings Programs:</b> <b>QMB 100%FPL</b> Qualified Medicare Beneficiaries <b>SLMB 120% FPL</b> Specified Low-Income Beneficiaries <b>QI-1 135% FPL</b> Qualified Individuals	<ul style="list-style-type: none"> <li>QMB &amp; SLMB: Medicare beneficiaries w/ Part A.</li> <li>QI-1: Medicare bens. who are not on other fed. med. benefits e.g. Medicaid (LIS for Part D OK).</li> </ul>	<ul style="list-style-type: none"> <li>QMB covers Medicare Part B (and A if not free) premiums; Medicare A &amp; B cost-sharing.</li> <li>SLMB and QI-1 cover Medicare Part B premiums only.</li> </ul>	No cost / no monthly premium.
<b>Healthy Vermonters 350% FPL/ 400% FPL if aged or disabled</b>	Anyone who has exhausted or has no prescription coverage.	Discount on medications. (NOT INSURANCE)	Beneficiary pays the Medicaid rate for all prescriptions.
<b>Qualified Health Plan (QHP)</b>  <b>[Advance] Premium Tax Credits (APTC / PTC)</b>  <b>Cost-Sharing Reduction (CSR)</b>	<p>Legally present Vermonters who do not have Medicare.</p> <p>Legally present Vermonters from 100-400% FPL<sup>5</sup> whose employers do not offer affordable<sup>6</sup> MEC.<sup>7</sup></p> <p>Legally present Vermonters up to 300% FPL whose employers do not offer affordable<sup>5</sup> MEC.<sup>6</sup> Must purchase silver plan on VHC.</p>	<p>Choice of QHPs on <b>Vermont Health Connect (VHC)</b></p> <p>Covers all or part of premium on VHC.</p> <p>Reduces cost-sharing burden.</p>	Individual pays full premium unless s/he qualifies for tax credits, or employer pays a portion

<sup>1</sup> MABD: Medicaid for the Aged, Blind, and Disabled. MABD is the only program w/ resource limits: \$2000/person, \$3000/couple (Medicaid for the Working Disabled is \$5000/person, \$6000/couple). Long Term Care Medicaid (nursing home care; waiver services) is not included in this chart.

<sup>2</sup> PIL: Protected Income Limit.

<sup>3</sup> FPL: Federal Poverty Level

<sup>4</sup> MCA: Medicaid for Children and Adults

<sup>5</sup> Lawfully present non-citizens with FPL below 100% are also eligible for APTC, since they are not eligible for Medicaid until they have lived in the United States for at least 5 years. Their FPL will be treated as 100% FPL for the purposes of determining APTC eligibility.

<sup>6</sup> "Affordable": employee's contribution for a self-only plan is less than 9.5% of household's MAGI (Modified Adjusted Gross Income).

<sup>7</sup> MEC: Minimum Essential Coverage. **Vermont Health Connect (VHC)** will disregard offers of certain insurance, including student health plans, TRICARE, and Medicare coverage that requires the beneficiary to pay a Part A premium.

Coverage Groups Premium	FPL	Household			
		1	2	3	4
MABD Medicaid PIL <sup>8</sup> outside Chittenden County	NA	\$975.00	\$975.00	\$1175.00	\$1333.00
MABD Medicaid PIL inside Chittenden County	NA	\$1058.00	\$1058.00	\$1250.00	\$1408.00
Medicaid Working Disabled	<250%	\$2394.00	\$3231.00	\$4069.00	\$4906.00
VPharm1 \$15/person/mo	<150%	\$1436.00	\$1939.00	\$2441.00	\$2944.00
VPharm2 \$20/person/mo	<175%	\$1676.00	\$2262.00	\$2848.00	\$3434.00
VPharm3 \$50/person/mo	<225%	\$2154.00	\$2908.00	\$3662.00	\$4416.00
<b>Dr. Dynasaur (kids up to 19 &amp; pregnant women)</b>					
Kids ≤195% FPL No Fee	≤195%	\$1867.00	\$2520.00	\$3174.00	\$3827.00
Pregnant women ≤208% FPL No Fee	≤208%	\$2039.00	\$2753.00	\$3467.00	\$4180.00
Kids >195% but ≤237% FPL \$15/family/month	≤237%	\$2269.00	\$3063.00	\$3857.00	\$4651.00
Kids >237% but ≤312% FPL \$20/family/month	≤312%	\$3035.00	\$4097.00	\$5159.00	\$6221.00
If otherwise uninsured, \$60/family/month					
<b>Medicare Savings Programs: QMB</b>	<100%	\$958.00	\$1293.00		
<b>SLMB</b>	<120%	\$1149.00	\$1551.00	N/A	N/A
<b>QI-1</b>	<135%	\$1293.00	\$1745.00		
<b>Healthy Vermonters (any age)</b>	<350%	\$3351.00	\$4524.00	\$5696.00	\$6869.00
<b>Healthy Vermonters (aged, disabled)</b>	<400%	\$3830.00	\$5170.00	\$6510.00	\$7850.00
<b>Medicaid for Children and Adults (Expanded Medicaid)</b>	<138% <sup>9</sup>	\$1321.00	\$1784.00	\$2246.00	\$2708.00
<b>CSR</b>	<300%	\$2873.00	\$3878.00	\$4883.00	\$5888.00
<b>APTC</b>	<400%	\$3830.00	\$5170.00	\$6510.00	\$7850.00

Income calculation for MABD is based on monthly Gross Income less some deductions. Taxes and FICA are not deductions.

For MCA, QHPs, APTC, and CSR, income and FPL will be calculated using MAGI (Modified Adjusted Gross Income) starting 1/1/2014.

- PTC and CSR will continue to use 2013 FPL calculations throughout 2014.
- Medicaid will use 2014 FPL.

#### 2013 FPL Table

Persons in Family/Household	Poverty Guideline: Annual Income / Monthly Income
1	\$11,490 / \$957.50
2	15,510 / 1,292.50
3	19,530 / 1,627.50
4	23,550 / 1,962.50
5	27,570 / 2,297.50
6	31,590 / 2,632.50
7	35,610 / 2,967.50
8	39,630 / 3,302.50

For families/households with more than 8 persons, add \$4,020 annually (\$335 monthly) for each additional person.

#### 2014 FPL Table

(please see the next page)

Last updated on 1/21/2014

<sup>8</sup> PIL: Protected Income Limit.

<sup>9</sup> The state will use an initial threshold of 133% FPL for expanded Medicaid. However, there is an additional 5% disregard for individuals near the cutoff, making the threshold effectively 138% FPL.

# Percentage of Federal Poverty Level (FPL) Guidelines 01/01/14 - 12/31/14

## Monthly

Group Size	75%	100%	120%	133%	135%	150%	175%	185%	195%	200%	208%	225%	250%	300%	312%	350%	400%
1	730	973	1,167	1,294	1,313	1,459	1,702	1,800	1,897	1,945	2,023	2,189	2,432	2,918	3,035	3,404	3,890
2	984	1,311	1,573	1,744	1,770	1,967	2,294	2,426	2,557	2,622	2,727	2,950	3,278	3,933	4,090	4,588	5,244
3	1,237	1,650	1,979	2,194	2,227	2,474	2,887	3,051	3,216	3,299	3,431	3,711	4,123	4,948	5,146	5,773	6,597
4	1,491	1,988	2,385	2,644	2,684	2,982	3,479	3,677	3,876	3,975	4,134	4,472	4,969	5,963	6,201	6,957	7,950
5	1,745	2,326	2,791	3,094	3,140	3,489	4,071	4,303	4,536	4,652	4,838	5,234	5,815	6,978	7,257	8,141	9,304
6	1,999	2,665	3,197	3,544	3,597	3,997	4,663	4,929	5,196	5,329	5,542	5,995	6,661	7,993	8,313	9,325	10,657
7	2,252	3,003	3,603	3,994	4,054	4,504	5,255	5,555	5,855	6,005	6,246	6,756	7,507	9,008	9,368	10,509	12,010
8	2,506	3,341	4,009	4,444	4,511	5,012	5,847	6,181	6,515	6,682	6,949	7,517	8,353	10,023	10,424	11,693	13,364
9	2,760	3,680	4,415	4,894	4,967	5,519	6,439	6,807	7,175	7,359	7,653	8,279	9,198	11,038	11,479	12,878	14,717
10	3,014	4,018	4,821	5,344	5,424	6,027	7,031	7,433	7,835	8,035	8,357	9,040	10,044	12,053	12,535	14,062	16,070
11	3,267	4,356	5,227	5,794	5,881	6,534	7,623	8,059	8,494	8,712	9,061	9,801	10,890	13,068	13,591	15,246	17,424
12	3,521	4,695	5,633	6,244	6,338	7,042	8,215	8,685	9,154	9,389	9,764	10,562	11,736	14,083	14,646	16,430	18,777
13	3,775	5,033	6,039	6,694	6,794	7,549	8,807	9,311	9,814	10,065	10,468	11,324	12,582	15,098	15,702	17,614	20,130
14	4,029	5,371	6,445	7,144	7,251	8,057	9,399	9,937	10,474	10,742	11,172	12,085	13,428	16,113	16,757	18,798	21,484
15	4,282	5,710	6,851	7,594	7,708	8,564	9,992	10,562	11,133	11,419	11,876	12,846	14,273	17,128	17,813	19,983	22,837

## Annually

Group Size	75%	100%	120%	133%	135%	150%	175%	185%	195%	200%	208%	225%	250%	300%	312%	350%	400%
1	8,753	11,670	14,004	15,521	15,755	17,505	20,423	21,590	22,757	23,340	24,274	26,258	29,175	35,010	36,410	40,845	46,680
2	11,798	15,730	18,876	20,921	21,236	23,595	27,528	29,101	30,674	31,460	32,718	35,393	39,325	47,190	49,078	55,055	62,920
3	14,843	19,790	23,748	26,321	26,717	29,685	34,633	36,612	38,591	39,580	41,163	44,528	49,475	59,370	61,745	69,265	79,160
4	17,888	23,850	28,620	31,721	32,198	35,775	41,738	44,123	46,508	47,700	49,608	53,663	59,625	71,550	74,412	83,475	95,400
5	20,933	27,910	33,492	37,120	37,679	41,865	48,843	51,634	54,425	55,820	58,053	62,798	69,775	83,730	87,079	97,685	111,640
6	23,978	31,970	38,364	42,520	43,160	47,955	55,948	59,145	62,342	63,940	66,498	71,933	79,925	95,910	99,746	111,895	127,880
7	27,023	36,030	43,236	47,920	48,641	54,045	63,053	66,656	70,259	72,060	74,942	81,068	90,075	108,090	112,414	126,105	144,120
8	30,068	40,090	48,108	53,320	54,122	60,135	70,158	74,167	78,176	80,180	83,387	90,203	100,225	120,270	125,081	140,315	160,360
9	33,113	44,150	52,980	58,720	59,603	66,225	77,263	81,678	86,093	88,300	91,832	99,338	110,375	132,450	137,748	154,525	176,600
10	36,158	48,210	57,852	64,119	65,084	72,315	84,368	89,189	94,010	96,420	100,277	108,473	120,525	144,630	150,415	168,735	192,840
11	39,203	52,270	62,724	69,519	70,565	78,405	91,473	96,700	101,927	104,540	108,722	117,608	130,675	156,810	163,082	182,945	209,080
12	42,248	56,330	67,596	74,919	76,046	84,495	98,578	104,211	109,844	112,660	117,166	126,743	140,825	168,990	175,750	197,155	225,320
13	45,293	60,390	72,468	80,319	81,527	90,585	105,683	111,722	117,761	120,780	125,611	135,878	150,975	181,170	188,417	211,365	241,560
14	48,338	64,450	77,340	85,719	87,008	96,675	112,788	119,233	125,678	128,900	134,056	145,013	161,125	193,350	201,084	225,575	257,800
15	51,383	68,510	82,212	91,118	92,489	102,765	119,893	126,744	133,595	137,020	142,501	154,148	171,275	205,530	213,751	239,785	274,040

# Premiums

Program	% FPL	'14 Steady State Enroll	'14 Steady State Premium	'14 Steady State Premiums	'14 BAA Enroll	'14 BAA Premium	'14 BAA Premiums	'15 Steady State Enroll	'15 Steady State Premium	'15 Steady State Premiums
ABD Adults	PIL	14,360	\$ -		14,660	\$ -		15,004	\$ -	
ABD Dual Eligible Adults	PIL	17,800	\$ -		17,351	\$ -		17,558	\$ -	
Choices for Care Adults	PIL	3,850	\$ -		3,884	\$ -		3,875	\$ -	
ANFC Adults	PIL	11,993	\$ -		11,550	\$ -		11,679	\$ -	
		48,003		\$ -	47,446		\$ -	48,117		\$ -
Dr. Dynasaur	0-185%	54,922	\$ -	\$ -	54,789	\$ -	\$ -	54,975	\$ -	\$ -
Dr. Dynasaur	185-225%	4,581	\$ 15.00	\$ 515,315	4,569	\$ -	\$ -	4,585	\$ -	\$ -
Dr. D <i>with ins.</i>	225-300%	993	\$ 20.00	\$ 148,933	874	\$ 20.00	\$ 131,112	775	\$ 20.00	\$ 116,178
Dr. D <i>without ins.</i>	225-300%	3,740	\$ 60.00	\$ 1,683,106	4,174	\$ 60.00	\$ 1,878,404	4,329	\$ 60.00	\$ 1,948,070
Dr. D Total		64,236		\$ 2,347,354	64,406		\$ 2,009,517	64,664		\$ 2,064,248
VHAP	0-50%	77,710	\$ -	\$ -	88,799	\$ -	\$ -		\$ -	\$ -
VHAP	50-75%	27,831	\$ 7.00	\$ 194,817	31,802	\$ 7.00	\$ 222,617		\$ 7.00	\$ -
VHAP	75-100%	32,258	\$ 25.00	\$ 806,441	36,861	\$ 25.00	\$ 921,520		\$ 25.00	\$ -
VHAP	100-150%	74,197	\$ 33.00	\$ 2,448,492	84,785	\$ 33.00	\$ 2,797,889		\$ 33.00	\$ -
VHAP	150-185%	49,893	\$ 49.00	\$ 2,444,773	20,909	\$ 49.00	\$ 1,024,548		\$ 49.00	\$ -
VHAP Total		261,888		\$ 5,894,524	263,156		\$ 4,966,574	-		\$ -
VPharm 1 & VHAP Pharmacy	0-150%	7,903	\$ 15.00	\$ 1,422,517	7,803	\$ 15.00	\$ 1,404,615	7,791	\$ 15.00	\$ 1,402,293
VPharm 2 & VScript	150-175%	2,810	\$ 20.00	\$ 674,302	2,774	\$ 20.00	\$ 665,816	2,770	\$ 20.00	\$ 664,715
VPharm 3 & VScript Expanded	175-225%	1,957	\$ 50.00	\$ 1,174,153	1,932	\$ 50.00	\$ 1,159,376	1,929	\$ 50.00	\$ 1,157,460
Pharmacy Total		12,669		\$ 3,270,971	12,510		\$ 3,229,806	12,489		\$ 3,224,468
Catamount Health	0-150%	10,460	\$ 60.00	\$ 627,583	11,129	\$ 60.00	\$ 667,713		\$ 60.00	\$ -
Catamount Health	150-175%	15,855	\$ 60.00	\$ 951,306	16,869	\$ 60.00	\$ 1,012,137		\$ 60.00	\$ -
Catamount Health	175-200%	27,536	\$ 60.00	\$ 1,652,162	29,297	\$ 60.00	\$ 1,757,809		\$ 60.00	\$ -
Catamount Health	200-225%	18,264	\$ 124.00	\$ 2,264,743	19,025	\$ 124.00	\$ 2,359,041		\$ 124.00	\$ -
Catamount Health	226-250%	3,246	\$ 152.00	\$ 493,369	3,381	\$ 152.00	\$ 513,912		\$ 152.00	\$ -
Catamount Health	251-275%	1,457	\$ 180.00	\$ 262,343	1,518	\$ 180.00	\$ 273,266		\$ 180.00	\$ -
Catamount Health	276-300%	1,138	\$ 208.00	\$ 236,652	1,185	\$ 208.00	\$ 246,505		\$ 208.00	\$ -
Catamount Total		77,956		\$ 6,488,159	82,403		\$ 6,830,384			\$ -
TOTAL				\$ 18,001,008			\$17,036,281			\$ 5,288,717
Federal				\$ 8,982,189			\$ 8,479,144			\$ 1,845,692
GF				\$ 9,018,819			\$ 8,557,137			\$ 3,443,024
Total				\$ 18,001,008			\$17,036,281			\$ 5,288,717

## Federal Match Rates

### Title XIX / Medicaid (program) & Title IV-E\*\*/Foster Care (program):

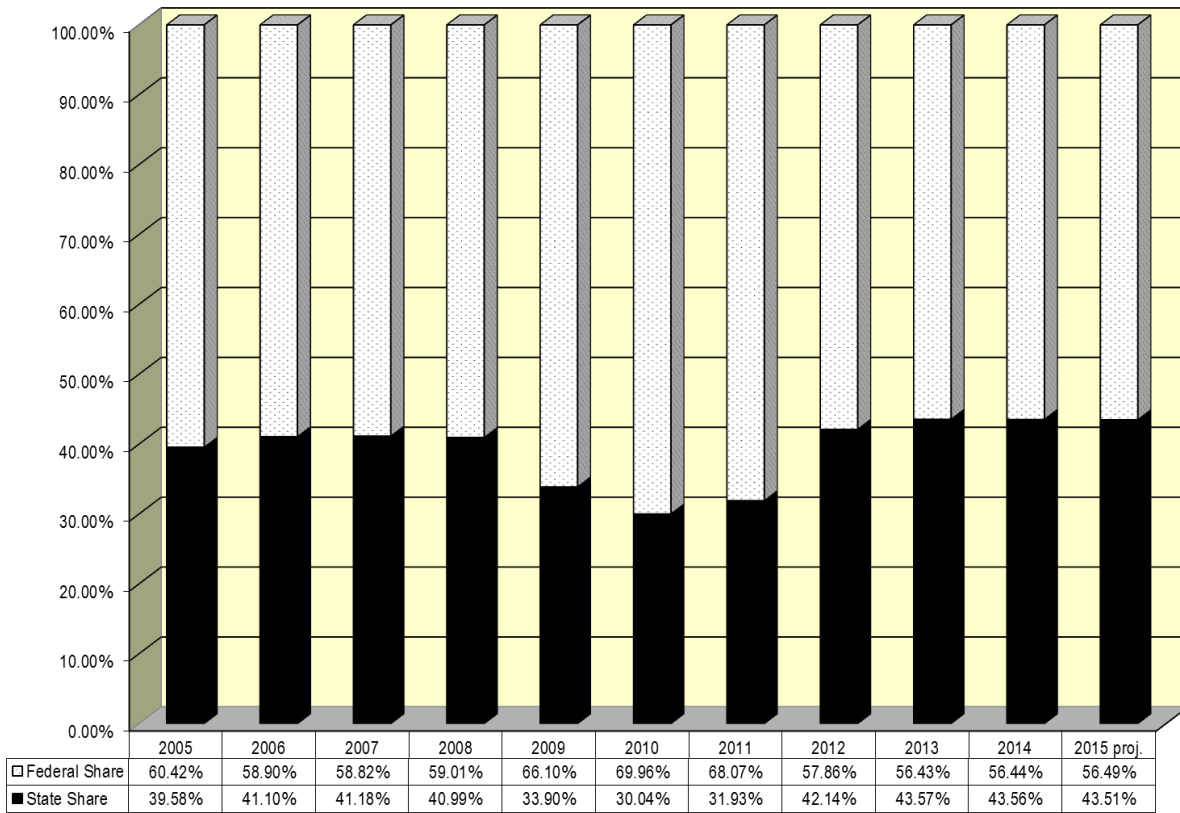
Federal Fiscal Year							State Fiscal Year						
FFY	From	To	Share w/o hold		Total		SFY	From	To	Federal Share		Total Federal Share	State Share
			harmless	e-FMAP	Federal Share	State Share				w/o hold	e-FMAP		
2005	10/01/04	09/30/05	60.11%	n/a	60.11%	39.89%	2005	7/1/2004	6/30/2005	60.42%	n/a	60.42%	39.58%
2006	10/01/05	09/30/06	58.49%	n/a	58.49%	41.51%	2006	7/1/2005	6/30/2006	58.90%	n/a	58.90%	41.10%
2007	10/01/06	09/30/07	58.93%	n/a	58.93%	41.07%	2007	7/1/2006	6/30/2007	58.82%	n/a	58.82%	41.18%
2008	10/01/07	09/30/08	59.03%	n/a	59.03%	40.97%	2008	7/1/2007	6/30/2008	59.01%	n/a	59.01%	40.99%
2009	10/01/08	09/30/09					2009	7/1/2008	6/30/2009				
	Non-ARRA		59.45%	n/a	59.45%	40.55%		Non-ARRA		59.35%	n/a	59.35%	40.65%
	ARRA e-FMAP		59.45%	9.38%	68.83%	31.17%		ARRA e-FMAP		59.35%	6.76%	66.10%	33.90%
2010	10/01/09	09/30/10					2010	7/1/2009	6/30/2010				
	Non-ARRA		58.73%	n/a	58.73%	41.27%		Non-ARRA		58.91%	n/a	58.91%	41.09%
	ARRA e-FMAP		58.73%	11.23%	69.96%	30.04%		ARRA e-FMAP		58.91%	11.05%	69.96%	30.04%
2011	10/01/10	09/30/11					2011	7/1/2010	6/30/2011				
	Non-ARRA		58.71%	n/a	58.71%	41.29%		Non-ARRA		58.72%	n/a	58.72%	41.28%
	ARRA e-FMAP (consensus)		58.71%	6.55%	65.26%	34.74%		ARRA e-FMAP (consensus)		58.72%	9.35%	68.07%	31.93%
2012	10/01/11	09/30/12					2012	7/1/2011	6/30/2012				
	Non-ARRA		57.58%	n/a	57.58%	42.42%		Non-ARRA		57.86%	n/a	57.86%	42.14%
2013	10/01/12	09/30/13	56.04%	n/a	56.04%	43.96%	2013	7/1/2012	6/30/2013	56.43%	n/a	56.43%	43.57%
2014	10/01/13	12/31/13	55.11%	n/a	55.11%	44.89%	2014	7/1/2013	6/30/2014	55.34%	1.10%	56.44%	43.56%
		01/01/14	55.11%	1.65%	56.76%	43.24%		ACA Expansion State e-FMAP					
2015 proj.	10/01/14	09/30/15	54.01%	2.20%	54.01%	45.99%	2015 proj.	7/1/2014	6/30/2015	54.29%	2.20%	56.49%	43.51%
								ACA Expansion State e-FMAP					

### Title XXI / SCHIP (program & admin) enhanced FMAP:

Federal Fiscal Year					State Fiscal Year				
FFY	From	To	Federal Share	State Share	SFY	From	To	Federal Share	State Share
2005	10/01/04	09/30/05	72.08%	27.92%	2005	7/1/2004	6/30/2005	72.30%	27.71%
2006	10/01/05	09/30/06	70.94%	29.06%	2006	7/1/2005	6/30/2006	71.23%	28.78%
2007	10/01/06	09/30/07	71.25%	28.75%	2007	7/1/2006	6/30/2007	71.17%	28.83%
2008	10/01/07	09/30/08	71.32%	28.68%	2008	7/1/2007	6/30/2008	71.30%	28.70%
2009	10/01/08	09/30/09	71.62%	28.38%	2009	7/1/2008	6/30/2009	71.55%	28.45%
2010	10/01/09	09/30/10	71.11%	28.89%	2010	7/1/2009	6/30/2010	71.24%	28.76%
2011	10/01/10	09/30/11	71.10%	28.90%	2011	7/1/2010	6/30/2011	71.10%	28.90%
2012	10/01/11	09/30/12	70.31%	29.69%	2012	7/1/2011	6/30/2012	70.51%	29.49%
2013	10/01/12	09/30/13	69.23%	30.77%	2013	7/1/2012	6/30/2013	69.50%	30.50%
2014	10/01/13	09/30/14	68.58%	31.42%	2014	7/1/2013	6/30/2014	68.74%	31.26%
2015 proj.	10/01/14	09/30/15	67.81%	32.19%	2015 proj.	7/1/2013	6/30/2014	68.00%	32.00%

## Federal Match Rates ~ Vermont Specific

**Federal Match Rates ~ Vermont Specific**  
 Includes ARRA/ACA Funding



# MCO Investment Expenditures

Department	Criteria	Investment Description	SFY06 Actuals	SFY07 Actuals	SFY08 Actuals	SFY09 Actuals	SFY10 Actuals	SFY11 Actuals	SFY12 Actuals	SFY13 Actuals
			3/4 SFY							
DOE	2	School Health Services	\$ 6,397,319	\$ 8,956,247	\$ 8,956,247	\$ 8,956,247	\$ 8,956,247	\$ 4,478,124	\$ 11,027,579	\$ 9,741,252
AOA	4	Blueprint Director	\$ -	\$ -	\$ 70,000	\$ 68,879	\$ 179,284	\$ -	\$ -	\$ -
GMCB	4	Green Mountain Care Board	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 789,437	\$ 1,450,717
BISHCA	2	Health Care Administration	\$ 983,637	\$ 914,629	\$ 1,340,728	\$ 1,871,651	\$ 1,713,959	\$ 1,898,342	\$ 1,897,997	\$ 659,544
DII	4	Vermont Information Technology Leaders	\$ 266,000	\$ 105,000	\$ 105,000	\$ 339,500	\$ -	\$ -	\$ -	\$ -
VVH	2	Vermont Veterans Home	\$ 747,000	\$ 913,047	\$ 913,047	\$ 881,043	\$ 837,225	\$ 1,410,956	\$ 1,410,956	\$ 1,410,956
VSC	2	Health Professional Training	\$ 283,154	\$ 391,698	\$ 405,407	\$ 405,407	\$ 405,407	\$ 405,407	\$ 405,407	\$ 405,407
UVM	2	Vermont Physician Training	\$ 2,798,070	\$ 3,870,682	\$ 4,006,152	\$ 4,006,156	\$ 4,006,152	\$ 4,006,156	\$ 4,006,156	\$ 4,006,156
VAAFM	3	Agriculture Public Health Initiatives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,278	\$ 90,278
AHSCO	2	Designated Agency Underinsured Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,510,099	\$ 5,401,947	\$ 6,232,517
AHSCO	4	2-1-1 Grant	\$ -	\$ -	\$ -	\$ 415,000	\$ 415,000	\$ 415,000	\$ 415,000	\$ 415,000
VDH	2	Emergency Medical Services	\$ 174,482	\$ 436,642	\$ 626,728	\$ 427,056	\$ 425,870	\$ 333,488	\$ 274,417	\$ 378,168
VDH	2	AIDS Services/HIV Case Management	\$ 152,945	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
VDH	2	TB Medical Services	\$ 27,052	\$ 29,129	\$ 15,872	\$ 28,359	\$ 41,313	\$ 36,284	\$ 39,173	\$ 34,046
VDH	3	Epidemiology	\$ 326,708	\$ 427,075	\$ 416,932	\$ 204,646	\$ 241,932	\$ 315,135	\$ 329,380	\$ 766,053
VDH	3	Health Research and Statistics	\$ 276,673	\$ 403,244	\$ 404,431	\$ 217,178	\$ 254,828	\$ 289,420	\$ 439,742	\$ 497,700
VDH	2	Health Laboratory	\$ 1,389,982	\$ 1,908,982	\$ 2,012,252	\$ 1,522,578	\$ 1,875,487	\$ 1,912,034	\$ 1,293,671	\$ 2,885,451
VDH	4	Tobacco Cessation: Community Coalitions	\$ 938,056	\$ 1,647,129	\$ 1,144,713	\$ 1,016,685	\$ 535,573	\$ 94,089	\$ 371,646	\$ 498,275
VDH	3	Statewide Tobacco Cessation	\$ -	\$ -	\$ -	\$ 230,985	\$ 484,998	\$ 507,543	\$ 450,804	\$ 487,214
VDH	2	Family Planning	\$ 365,320	\$ 122,961	\$ 169,392	\$ 300,876	\$ 300,876	\$ 275,803	\$ 420,823	\$ 1,574,550
VDH	4	Physician/Dentist Loan Repayment Program	\$ 810,716	\$ 439,140	\$ 930,000	\$ 1,516,361	\$ 970,000	\$ 900,000	\$ 970,000	\$ 970,105
VDH	2	Renal Disease	\$ 15,000	\$ 7,601	\$ 16,115	\$ 15,095	\$ 2,053	\$ 13,689	\$ 1,752	\$ 28,500
VDH	2	Newborn Screening	\$ 74,899	\$ 166,795	\$ 136,577	\$ -	\$ -	\$ -	\$ -	\$ -
VDH	2	WIC Coverage	\$ 161,804	\$ 1,165,699	\$ 562,446	\$ 86,882	\$ -	\$ 36,959	\$ -	\$ 77,743
VDH	4	Vermont Blueprint for Health	\$ 92,049	\$ 1,975,940	\$ 753,087	\$ 1,395,135	\$ 1,417,770	\$ 752,375	\$ 454,813	\$ 875,851
VDH	4	Area Health Education Centers (AHEC)	\$ -	\$ 35,000	\$ 310,000	\$ 565,000	\$ 725,000	\$ 500,000	\$ 540,094	\$ 496,176
VDH	4	Community Clinics	\$ -	\$ -	\$ -	\$ 640,000	\$ 468,154	\$ 640,000	\$ 600,000	\$ 640,000
VDH	4	FQHC Lookalike	\$ -	\$ -	\$ 30,000	\$ 105,650	\$ 81,500	\$ 87,900	\$ 102,545	\$ 382,800
VDH	4	Patient Safety - Adverse Events	\$ -	\$ -	\$ 190,143	\$ 100,509	\$ 44,573	\$ 16,829	\$ 25,081	\$ 42,169
VDH	4	Coalition of Health Activity Movement Prevention Program (CHAMPPS)	\$ -	\$ 100,000	\$ 291,298	\$ 486,466	\$ 412,043	\$ 290,661	\$ 318,806	\$ 345,930
VDH	2	Substance Abuse Treatment	\$ 1,466,732	\$ 2,514,963	\$ 2,744,787	\$ 2,997,668	\$ 3,000,335	\$ 1,693,198	\$ 2,928,773	\$ 2,435,796
VDH	4	Recovery Centers	\$ 171,153	\$ 287,374	\$ 329,215	\$ 713,576	\$ 716,000	\$ 648,350	\$ 771,100	\$ 864,526
VDH	2	Immunization	\$ -	\$ -	\$ -	\$ 726,264	\$ -	\$ -	\$ 23,903	\$ 457,757
VDH	2	DMH Investment Cost in CAP	\$ -	\$ -	\$ -	\$ 64,843	\$ -	\$ 752	\$ 140	\$ -
VDH	4	Poison Control	\$ -	\$ -	\$ -	\$ -	\$ 176,340	\$ 115,710	\$ 213,150	\$ 152,250
VDH	4	Challenges for Change: VDH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 309,645	\$ 353,625
VDH	3	Fluoride Treatment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,483	\$ 75,081
VDH	4	CHIP Vaccines	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 196,868	\$ 482,454
VDH	4	Healthy Homes and Lead Poisoning Prevention Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,127
DMH	2	Special Payments for Treatment Plan Services	\$ 101,230	\$ 131,309	\$ 113,314	\$ 164,356	\$ 149,068	\$ 134,791	\$ 132,021	\$ 180,773
DMH	2	MH Outpatient Services for Adults	\$ 775,899	\$ 1,393,395	\$ 1,293,044	\$ 1,320,521	\$ 864,815	\$ 522,595	\$ 974,854	\$ 1,454,379
DMH	2	Mental Health Elder Care	\$ 38,563	\$ 37,682	\$ 38,970	\$ -	\$ -	\$ -	\$ -	\$ -
DMH	4	Mental Health Consumer Support Programs	\$ 451,606	\$ 546,987	\$ 673,160	\$ 707,976	\$ 802,579	\$ 582,397	\$ 67,285	\$ 1,649,340
DMH	2	Mental Health CRT Community Support Services	\$ 2,318,668	\$ 602,186	\$ 807,539	\$ 1,124,728	\$ -	\$ 1,935,344	\$ 1,886,140	\$ 6,047,450
DMH	2	Mental Health Children's Community Services	\$ 1,561,396	\$ 3,066,774	\$ 3,341,602	\$ 3,597,662	\$ 2,569,759	\$ 1,775,120	\$ 2,785,090	\$ 3,088,773
DMH	2	Emergency Mental Health for Children and Adults	\$ 1,885,014	\$ 1,988,548	\$ 2,016,348	\$ 2,165,648	\$ 1,797,605	\$ 2,309,810	\$ 4,395,885	\$ 8,719,824
DMH	2	Respite Services for Youth with SED and their Families	\$ 385,581	\$ 485,586	\$ 502,237	\$ 412,920	\$ 516,677	\$ 543,635	\$ 541,707	\$ 823,819
DMH	2	CRT Staff Secure Transportation	\$ -	\$ -	\$ 52,242	\$ -	\$ -	\$ -	\$ -	\$ -
DMH	2	Recovery Housing	\$ -	\$ -	\$ 235,267	\$ -	\$ 332,635	\$ 512,307	\$ 562,921	\$ 874,194
DMH	2	Transportation - Children in Involuntary Care	\$ 4,768	\$ 1,075	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DMH	2	Vermont State Hospital Records	\$ -	\$ -	\$ -	\$ -	\$ 19,590	\$ -	\$ -	\$ -
DMH	4	Challenges for Change: DMH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 229,512	\$ 945,051	\$ 819,069
DMH	2	Seriously Functionally Impaired: DMH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 68,713	\$ 160,560	\$ 1,151,615
DMH	2	Acute Psychiatric Inpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,603,067	\$ 5,268,556
DMH	2	Institution for Mental Disease Services: DMH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,443,654



Department	Criteria	Investment Description	SFY06 Actuals	SFY07 Actuals	SFY08 Actuals	SFY09 Actuals	SFY10 Actuals	SFY11 Actuals	SFY12 Actuals	SFY13 Actuals
			3/4 SFY							
DVHA	4	Vermont Information Technology Leaders/HIT/HIE/HCR	\$ -	\$ -	\$ -	\$ -	\$ 339,500	\$ 646,220	\$ 1,425,017	\$ 1,517,044
DVHA	4	Vermont Blueprint for Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,616,211	\$ 1,841,690	\$ 2,002,798
DVHA	1	Buy-In	\$ 4,594	\$ 314,376	\$ 419,951	\$ 248,537	\$ 200,868	\$ 50,605	\$ 24,000	\$ 17,878
DVHA	1	Vscript Expanded	\$ 1,695,246	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DVHA	1	HIV Drug Coverage	\$ 31,172	\$ 42,347	\$ 44,524	\$ 48,711	\$ 38,904	\$ 39,176	\$ 37,452	\$ 39,881
DVHA	1	Civil Union	\$ 373,175	\$ 543,986	\$ 671,941	\$ 556,811	\$ 627,976	\$ 999,084	\$ 1,215,109	\$ 1,112,119
DVHA	1	Vpharm	\$ -	\$ -	\$ -	\$ 278,934	\$ 210,796	\$ -	\$ -	\$ -
DVHA	4	Hospital Safety Net Services	\$ -	\$ -	\$ 281,973	\$ -	\$ -	\$ -	\$ -	\$ -
DVHA	2	Patent Safety Net Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,112	\$ 73,487	\$ 2,394
DVHA	2	Institution for Mental Disease Services: DVHA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,214,805
DVHA	2	Family Supports	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,015,491
DCF	2	Family Infant Toddler Program	\$ -	\$ 199,064	\$ 326,424	\$ 335,235	\$ 81,086	\$ 624	\$ -	\$ -
DCF	2	Medical Services	\$ 69,893	\$ 91,569	\$ 120,494	\$ 65,278	\$ 45,216	\$ 64,496	\$ 47,720	\$ 37,164
DCF	2	Residential Care for Youth/Substitute Care	\$ 9,181,386	\$ 10,536,996	\$ 10,110,441	\$ 9,392,213	\$ 8,033,068	\$ 7,853,100	\$ 9,629,269	\$ 10,131,790
DCF	2	AABD Admin	\$ 988,557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DCF	2	AABD	\$ 2,415,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DCF	2	Aid to the Aged, Blind and Disabled CCL Level III	\$ 96,000	\$ 2,617,350	\$ 2,615,023	\$ 2,591,613	\$ 2,827,617	\$ 2,661,246	\$ 2,563,226	\$ 2,621,786
DCF	2	Aid to the Aged, Blind and Disabled Res Care Level III	\$ -	\$ 143,975	\$ 170,117	\$ 172,173	\$ 137,356	\$ 136,466	\$ 137,833	\$ 124,731
DCF	2	Aid to the Aged, Blind and Disabled Res Care Level IV	\$ 210,989	\$ 312,815	\$ 349,887	\$ 366,161	\$ 299,488	\$ 265,812	\$ 273,662	\$ 269,121
DCF	2	Essential Person Program	\$ 542,382	\$ 675,860	\$ 614,974	\$ 620,052	\$ 485,536	\$ 736,479	\$ 775,278	\$ 783,860
DCF	2	GA Medical Expenses	\$ 254,154	\$ 339,928	\$ 298,207	\$ 380,000	\$ 583,080	\$ 492,079	\$ 352,451	\$ 275,187
DCF	2	CUPS/Early Childhood Mental Health	\$ -	\$ -	\$ 52,825	\$ 499,143	\$ 166,429	\$ 112,619	\$ 165,016	\$ 45,491
DCF	2	VCRHYP/Vermont Coalition for Runaway and Homeless Youth Program	\$ -	\$ -	\$ 1,764,400	\$ -	\$ -	\$ -	\$ -	\$ -
DCF	2	HBKF/Healthy Babies, Kids & Families	\$ -	\$ -	\$ 318,321	\$ 63,921	\$ -	\$ -	\$ -	\$ -
DCF	1	Catamount Administrative Services	\$ -	\$ -	\$ -	\$ 339,894	\$ -	\$ -	\$ -	\$ -
DCF	2	Therapeutic Child Care	\$ -	\$ -	\$ -	\$ 978,886	\$ 577,259	\$ 570,493	\$ 596,406	\$ 557,599
DCF	2	Lund Home	\$ -	\$ -	\$ -	\$ 325,516	\$ 175,378	\$ 196,159	\$ 354,528	\$ 181,243
DCF	2	GA Community Action	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 199,762	\$ 338,275	\$ 420,359
DCF	3	Prevent Child Abuse Vermont: Shaken Baby	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,119	\$ 74,250	\$ 86,969
DCF	3	Prevent Child Abuse Vermont: Nurturing Parent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 107,184	\$ 186,916
DCF	4	Challenges for Change: DCF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,622	\$ 196,378	\$ 197,426
DCF	2	Strengthening Families	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 465,343	\$ 429,154
DCF	2	Lamoille Valley Community Justice Project	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 162,000	\$ 216,000
DCF	3	Building Bright Futures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 398,201
DDAIL	2	Elder Coping with MMA	\$ 441,234	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DDAIL	2	Mobility Training/Other Svcs.-Elderly Visually Impaired	\$ 187,500	\$ 250,000	\$ 250,000	\$ 250,000	\$ 245,000	\$ 245,000	\$ 245,000	\$ 245,000
DDAIL	2	DS Special Payments for Medical Services	\$ 394,055	\$ 192,111	\$ 880,797	\$ 522,058	\$ 469,770	\$ 757,070	\$ 1,498,083	\$ 1,299,613
DDAIL	2	Flexible Family/Respite Funding	\$ 1,086,291	\$ 1,135,213	\$ 1,341,698	\$ 1,364,896	\$ 1,114,898	\$ 1,103,748	\$ 1,103,749	\$ 1,088,889
DDAIL	4	Quality Review of Home Health Agencies	\$ -	\$ 77,467	\$ 186,664	\$ 126,306	\$ 90,227	\$ 103,598	\$ 128,399	\$ 84,139
DDAIL	4	Support and Services at Home (SASH)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 773,192	\$ 773,192
DDAIL	4	HomeSharing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 310,000
DDAIL	4	Self-Neglect Initiative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150,000
DDAIL	2	Seriously Functionally Impaired: DAIL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,270,247
DOC	2	Intensive Substance Abuse Program (ISAP)	\$ 382,230	\$ 299,602	\$ 310,610	\$ 200,000	\$ 591,004	\$ 591,000	\$ 458,485	\$ 400,910
DOC	2	Intensive Sexual Abuse Program	\$ 72,439	\$ 46,078	\$ 85,542	\$ 88,523	\$ 68,350	\$ 70,002	\$ 60,585	\$ 69,311
DOC	2	Intensive Domestic Violence Program	\$ 109,692	\$ 134,663	\$ 230,353	\$ 229,166	\$ 173,938	\$ 174,000	\$ 164,218	\$ 86,814
DOC	2	Women's Health Program (Tapestry)	\$ 460,130	\$ 487,344	\$ 487,231	\$ 527,956	\$ -	\$ -	\$ -	\$ -
DOC	2	Community Rehabilitative Care	\$ 1,038,114	\$ 1,982,456	\$ 2,031,408	\$ 1,997,499	\$ 2,190,924	\$ 2,221,448	\$ 2,242,871	\$ 2,500,085
DOC	2	Return House	\$ -	\$ -	\$ -	\$ 51,000	\$ -	\$ -	\$ -	\$ 399,999
DOC	2	Northern Lights	\$ -	\$ -	\$ -	\$ -	\$ 40,000	\$ 40,000	\$ -	\$ 393,750
DOC	4	Challenges for Change: DOC	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 687,166	\$ 524,594
DOC	4	Northeast Kingdom Community Action	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 548,825
DOC	2	Pathways to Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 802,488
			\$ 45,455,809	\$ 55,495,719	\$ 59,918,097	\$ 62,419,988	\$ 55,554,314	\$ 56,275,877	\$ 89,836,470	\$ 123,669,882

## Strategic Plan

### Plan Period: 2011 – 2015

#### Mission:

- Provide leadership for Vermont stakeholders to improve access, quality and cost effectiveness in health care reform.
- Assist Medicaid beneficiaries in accessing clinically appropriate health services.
- Administer Vermont's public health insurance system efficiently and effectively.
- Collaborate with other health care system entities in bringing evidence-based practices to Vermont Medicaid beneficiaries.

#### Statutory Guidance:

- *Title 33: Human Services, Chapter 18: Public-Private Universal Health Care System*
- 33 V.S.A. § 1803, Vermont health benefit exchange
- Act 48: An act relating to a universal and unified health system
- Title 33, Human Services Chapter 19 Medical Assistance

#### Planning Process

The Department of Vermont Health Access' (DVHA) Strategic Plan is the result of the collective input from all of DVHA's staff, DVHA management, and the Medicaid and Exchange Advisory Board. DVHA's Strategic Plan is informed by the Governor's priorities and the State Health Care Strategic Plan. This plan is also guided by the Legislative Act 48 which creates Green Mountain Health Care to contain costs and to provide comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents. This Plan is a tool to assist DVHA in improving its performance and focusing its attention on key priorities. DVHA created a core team to develop the Plan using input from the above mentioned resources to guide the process. The team considered the current driving forces in Vermont and the various strengths, weaknesses and opportunities for the Department. As a result, this Plan identifies the overall accomplishments the DVHA should achieve.

#### Implementation/Review Process

An overall review of the DVHA Strategic Plan is performed annually, coordinated by the DVHA Quality Unit. The DVHA Management Team regularly analyzes progress on DVHA's performance measures. It also considers the current driving forces in Vermont, as well as the various strengths, weaknesses and opportunities for the Department. In this way, the DVHA staff and management are able to ensure that the Strategic Plan reflects the current environment.

## Goal 1: Reduce health care costs and cost growth

### A. Statewide Priority: Affordable Health Care

Support Vermonters in the maintenance of their health through prevention and through affordable quality health care for all in a manner that supports small employers and overall economic growth, and that gets us better care.

### B. Goal 1 Performance Measures

Measure 1A: Annual incremental growth in total cost of care per eligibility group

Measure 1B: (%) of Vermonters with access to Blueprint integrated health services model, including Patient Centered Medical Homes (PCMHs) and Community Health Teams.

Measure 1C: (%) of primary care providers in Vermont participating in the Blueprint for Health

Measure 1D: (%) of practices scoring at NCQA Level 3 (for PCMH certification).

Measure 1E: (%) of Vermonters with access to an NCQA Level 3 PCMH.

Measure 1F: (%) of applicable new contracts/grants and renewals of existing contracts that have performance based metrics.

Measure 1G: (%) of cost avoidance in Medicaid expenditures.

### C. Goal 1 Strategies (*Projects, programs, and/or activities designed to implement the goal and achieve its measures*)

- Implement simplifications and process efficiencies that reduce administrative costs within Vermont's public health care programs.
- Support Vermont's health care providers in achieving the highest possible national Quality score.
- Implement innovations that will reduce the cost of care with Vermont's public health care programs.
- Develop and maintain a state health care budgeting process that recognizes savings and investments.
- Transition Vermonters' public health care programs toward payment methods that reward quality outcomes, value and promote integration of care.
- Provide better coordination of health care services for all populations, particularly for high cost and high utilization populations.
- Evaluate and continuously improve DVHA's efforts by developing a "learning health system."
- Evaluate and ensure accurate and appropriate claim payments to prevent and reduce fraud, waste and abuse.
- Develop a system for benefit determination based on clinical effectiveness and cost effectiveness.
- Support Vermonters' personal health care decision-making through increased information and education.
- Develop a health care system that supports a more flexible use of resources.

**Goal 2: Assure that all Vermonters have access to and coverage for high-quality health care (health care includes mental health, physical health and substance abuse treatment)**

A. Statewide Priority: Affordable Health Care

Support Vermonters in the maintenance of their health through prevention and through affordable quality health care for all in a manner that supports small employers and overall economic growth, and that gets us better care.

B. Goal 2 Performance Measures

- Measure 2A: By October 2013, Vermonters can begin accessing the Health Benefit Exchange.
- Measure 2B: By January 1, 2014, Vermonters can begin purchasing qualified health plans through the Health Benefits Exchange.
- Measure 2C: (%) of Vermonters with access to Blueprint integrated health services model, including Patient Centered Medical Homes (PCMHs) and Community Health Teams.
- Measure 2D: (%) of primary care providers in Vermont participating in the Blueprint for Health
- Measure 2E: (%) of practices scoring at NCQA Level 3 (for PCMH certification).
- Measure 2F: (%) of Vermonters with access to an NCQA Level 3 PCMH.
- Measure 2G: (%) of Green Mountain Care beneficiaries with coverage gaps greater than 29 days.
- Measure 2H: (%) of Vermonters who qualify for Medicaid/VHAP who are enrolled.

C. Goal 2 Strategies (*Projects, programs, and/or activities designed to implement the goal and achieve its measures*)

- Create more efficient enrollment processes in Vermont's public health care programs for Vermonters who qualify.
- Implement federally required health insurance exchange.
- Coordinate public health care programs and the state employees' health plans where possible.
- Implement efficiencies and best practices in Vermonters' enrollment and retention in coverage to reduce churn between coverage options.
- Support Vermont's health care providers in achieving the highest possible national Quality score.

**Goal 3: Reduce the complexities of health care interactions and transactions**

A. Statewide Priority: Vermont's Infrastructures

Support modernization and improvements to Vermont's infrastructures, including our electric grid, road network, telecommunications system, and waste and storm water systems, to ensure Vermont's long-term economic and environmental sustainability.

B. Goal 3 Performance Measures

Measure 3A: By October 2013, Vermonters can begin accessing the Health Benefit Exchange.

Measure 3B: By January 1, 2014, Vermonters can begin purchasing qualified health plans through the Health Benefits Exchange.

C. Goal 3 Strategies (*Projects, programs, and/or activities designed to implement the goal and achieve its measures*)

- Allow for a single point of eligibility determination and enrollment for public care and private health insurance programs.
- Transition Vermonters' public health care programs toward payment methods that reward value and promote integration of care.
- Create an integrated system for health care claims processing.
- Analyze payment structures for equity and cost-effectiveness.
- Eliminate the cost shift between public health care and private health insurance programs.
- Offer enrollment solutions that are real-time and user friendly.
- Upgrade and implement the Medicaid Enterprise Solution (MES).

**Goal 4: Support improvement in the health of Vermont's population.**

A. Statewide Priority: Affordable Health Care

Support Vermonters in the maintenance of their health through prevention and through affordable quality health care for all in a manner that supports small employers and overall economic growth, and that gets us better care.

B. Goal 4 Performance Measures:

Measure 4A: (%) of beneficiaries receiving direct care management services through Vermont's Chronic Care Initiative (VCCI).

Measure 4B: (#) of emergency room visits per 1000 Medicaid beneficiaries.

Measure 4C: (%) of Medicaid beneficiaries receiving age and gender appropriate health maintenance and preventive healthcare services.

Measure 4D: (%) of dental providers enrolled as Vermont Medicaid providers.

C. Goal 4 Strategies (*Projects, programs, and/or activities designed to implement the goal and achieve its measures*)

- Maintain a network of providers that is sufficient in number, mix and geographic distribution to meet the health care needs of Vermonters.
- Assure an appropriate range of preventive, primary care and specialty services to meet the health care needs of Vermonters.
- Improve Vermonters' access to medically necessary dental care.

- Improve Vermonters' access to medically necessary vision care.
- Improve Vermonters' access to integrated mental health and substance abuse services.
- Assure access to Blueprint integrated health services model for all Vermonters.
- Conduct comparative effectiveness research and promote engagement in ongoing learning health systems activities.

## **Goal 5: Improve customer and provider satisfaction**

### A. Statewide Priority: State Government and Employees

Improve the effectiveness of state government by support of a motivated and healthy workforce and through greater accountability, performance measurement, and focus on customer service.

### B. Goal 5 Performance Measures:

Measure 5A: (%) of beneficiaries who, on DVHA's satisfaction survey, rate their overall health plan on a scale from 0 to 10 as an 8, 9 or 10 (0 is the worst health plan possible and 10 is the best health plan possible).

Measure 5B: (%) of beneficiaries who, on DVHA's satisfaction survey, respond "usually" or "always" to easy access to care, tests, or treatment.

Measure 5C: (%) of beneficiaries who, on DVHA's satisfaction survey, respond "usually" or "always" to easy access to a specialist.

Measure 5D: (%) of beneficiaries who, on DVHA's satisfaction survey, respond "usually" or "always" to access to care as soon as needed.

Measure 5E: (%) of providers who, on the HP Annual Provider Survey, rate their experience in all categories with the provider services help desk/call center as satisfied or very satisfied.

Measure 5 F: (%) of providers who, on the HP Annual Provider Survey, rate their experience in all categories with the provider relations field representatives as satisfied or very satisfied.

### C. Goal 5 Strategies (*Projects, programs, and/or activities designed to implement the goal and achieve its measures*)

- Improve involvement of stakeholders in Department policy development.
- Reduce overly burdensome administrative procedures for both customers and providers.
- Create an electronic system that allows beneficiaries access to their benefit accounts.
- Improve beneficiary self-serve options by allowing certain changes via the web.
- Improve oversight of the grievance and appeals procedures and compliance by end of 4<sup>th</sup> quarter, SFY 2012.

**Goal 6: Establish an infrastructure that assures professional workforce competency and staff satisfaction.**

A. Statewide Priority: State Government and Employees

Improve the effectiveness of state government by support of a motivated and healthy workforce and through greater accountability, performance measurement, and focus on customer service.

B. Goal 6 Performance Measures:

Measure 6A: (%) of staff satisfaction surveys indicating an overall positive sense of job accomplishments.

Measure 6B: (%) of staff satisfaction surveys indicating manager's or direct supervisor's support of professional development.

Measure 6C: (%) of staff who answer Strongly Agree or Agree to the question, "I know my job responsibilities."

Measure 6D: (%) of staff who answer Strongly Agree or Agree to the question, "I have what I need to perform my job correctly - **Information.**"

Measure 6E: (%) of staff who answer Strongly Agree or Agree to the question, "I have what I need to perform my job correctly - **Materials.**"

Measure 6F: (%) of staff who answer Strongly Agree or Agree to the question, "I have what I need to perform my job correctly - **Equipment.**"

C. Goal 6 Strategies (*Projects, programs, and/or activities designed to implement the goal and achieve its measures*)

- Create a positive, healthy and supportive workplace environment.
- Assure adequate supply and distribution of a high quality workforce.
- Promote idea sharing for work process improvements.
- Support and encourage employee development.
- Develop training requirements for new staff.
- Create workforce incentives for healthy lifestyles.
- Reduce overly burdensome administrative procedures.
- Enhance workforce competency and diminish reliance on contracted expertise.
- Maintain performance management practices to create accountability, goals to success, and efficient and effective workflow achievements.

*Updated 09/9/13*



# Acronyms

<p>AAA .....Area Agency on Aging  AABD.....Aid to the Aged, Blind, &amp; Disabled  AAG .....Assistant Attorney General  AAP .....American Academy of Pediatrics  ABAWD .....Able-Bodied Adults Without Dependents  ABD.....Aged, Blind &amp; Disabled  ACA.....Affordable Care Act  ACCESS .....Computer software system used by DCF &amp; DVHA to track program eligibility  ACF .....Administration for Children &amp; Families  ACO.....Accountable Care Organization  ADA .....American Dental Association  ADAP .....Alcohol &amp; Drug Abuse Programs  AEP .....Annual Enrollment Period  AGA .....Adult General Assessment  AHCPR.....Agency for Health Care Policy &amp; Research  AHEC .....Area Health Education Center  AHRQ.....Agency for Healthcare Research &amp; Quality  AHS .....Agency of Human Services  AIM .....Advanced Information Management system (see MMIS)  .....Agency Improvement Model  AIRS .....Automated Information &amp; Referral System  A/I/U.....Adopt/Implement/Upgrade  ALS .....Advanced Life Support  AMA.....American Medical Association  AMAP .....AIDS Medication Assistance Program  AMP .....Average Manufacturer Price  ANFC .....Aid to Needy Families with Children  AOA .....Agency Of Administration  AOE.....Agency of Education (formerly DOE)  APA .....Administrative Procedures Act  APC .....Ambulatory Payment Classification  APCP .....Advanced Primary Care Practice  APD .....Advance Planning Document  APS.....Adult Protective Services  .....APS Healthcare  APTC.....Advanced Premium Tax Credit    ARRA .....American Recovery &amp; Reinvestment Act of 2009  ASD .....Administrative Services Division  AWP .....Average Wholesale Price  BAFO .....Best And Final Offer</p>	<p>BC/BS.....Blue Cross/Blue Shield  BCCT.....Breast &amp; Cervical Cancer Treatment  BD.....Blind &amp; Disabled  BHP .....Basic Health Plan  BP .....Blueprint for Health  BPFH .....Blueprint for Health  BPM.....Business Process Management  BPS .....Benefits Programs Specialist  BROC .....Bennington-Rutland Opportunity Council  CAD.....Coronary Artery Disease  CAHPS .....Consumer Assessment of Health Plans Survey  CALT .....Collaborative Application Lifecycle Tool  CAP .....Community Action Program  CC.....Committed Child  CCB .....Change Control Board  CCIO .....Center for Consumer Information &amp; Insurance Oversight (CMS)  CCMP .....Chronic Care Management Program  CCTA.....Chittenden County Transportation Authority  CF .....Crisis Fuel  CFR.....Code of Federal Regulations  CHAP.....Catamount Health Assistance Program  CHF .....Congestive Heart Failure  CHIP .....Children’s Health Insurance Program  CHIPRA.....CHIP Re-authorization Act of 2009  CHPR .....Center for Health Policy &amp; Research  CHT .....Community Health Team  CIO .....Chief Information Officer  CIS .....Children’s Integrated Services  CM.....Case Management  .....Change Management  .....Configuration Management  CMN .....Certification of Medical Necessity  CMS.....Centers for Medicare &amp; Medicaid Services  CMSO.....Center for Medicaid &amp; State Operations  CNM .....Certified Nurse Midwife  COA.....Council On Aging  COB .....Coordination Of Benefits  COB-MAT.....Coordination of Office Based Medication Assisted Therapy  COLA .....Cost Of Living Adjustment  CON.....Certificate Of Need  ConOps .....Concept of Operations  COPD.....Chronic Obstructive Pulmonary Disease</p>
--	---



COPS .....	Computer Operations & Problem Solving	DVHA.....	Department of Vermont Health Access
COS .....	Category of Service	EA.....	Emergency Assistance
COTS.....	Commercial Off-The-Shelf	EAC .....	Estimated Acquisition Cost
CPH .....	Community Public Health	EBT.....	Electronic Benefit Transfer
CPI.....	Center for Program Integrity	ECS.....	Electronic Claims Submission
CPT.....	Common Procedural Terminology	ED.....	Emergency Department
CPTOD.....	Capitated Program for the Treatment of Opiate Dependency	EDI .....	Electronic Data Interchange
CRT .....	Community Rehabilitation & Treatment	EFT .....	Electronic Funds Transfer
CSBG.....	Community Services Block Grant	EGA .....	Estimated Gestational Age
CSC .....	Customer Support Center	EHB .....	Essential Health Benefits
CSD .....	Computer Services Division	EHR .....	Electronic Health Record
CSHN .....	Children with Special Health Needs	EHRIP.....	EHR Incentive Program
CSME .....	Coverage & Services Management Enhancement	EITC .....	Earned Income Tax Credit
CSR .....	Cost Sharing Reductions	EOMB.....	Explanation of Medicare (or Medicaid) Benefits
.....	Customer Service Request	EP .....	Essential Person
CURB .....	Clinical Utilization Review Board	EPSDT .....	Early & Periodic Screening, Diagnosis & Treatment
CY .....	Calendar Year	EQR .....	External Quality Review
DAIL .....	Department of Disabilities, Aging & Independent Living	EQRO .....	External Quality Review Organization
DCA.....	Department of Cost Allocation (federal)	ER .....	Emergency Room
DCF .....	Department for Children & Families	ERA .....	Electronic Remittance Advice
DDI.....	Design, Development & Implementation	ERC .....	Enhanced Residential Care
DDS .....	Disability Determination Services (part of DCF)	ESD.....	Economic Services Division (part of DCF)
DHHS .....	Department of Health & Human Services (federal)	ESI.....	Employer Sponsored Insurance
DII .....	Department of Information & Innovation	ESRD.....	End Stage Renal Disease
DIS.....	Detailed Implementation Schedule	EST .....	Eastern Standard Time
DMC.....	Disease Management Coordinators	FA .....	Fiscal Agent
DME.....	Durable Medical Equipment	FADS.....	Fraud, Abuse & Detection System
DMH.....	Department of Mental Health	FDA .....	Food & Drug Administration
DO .....	District Office	FEIN .....	Federal Employer's Identification Number
DOA .....	Date Of Application	FFP .....	Federal Financial Participation
DOB.....	Date Of Birth	FFS .....	Fee For Service
DOC.....	Department Of Corrections	FFY.....	Federal Fiscal Year
DOH .....	Department Of Health (now VDH)	FH .....	Fair Hearing
DOL.....	Department Of Labor	FICA .....	Federal Insurance Contribution Act
DOS .....	Date Of Service	FMAP .....	Federal Medical Assistance Percentage
DR .....	Desk Review	FMB.....	Financial Measurement Baseline
.....	Disaster Recovery	FMP .....	Financial Management Plan
DRA.....	Deficit Reduction Act	FPL .....	Federal Poverty Level
DR. D.....	Dr. Dynasaur Program	FPO.....	Family Planning Option
DRG.....	Diagnosis Related Grouping	FQHC.....	Federally Qualified Health Center
DSH .....	Disproportionate Share Hospital	FSA.....	Flexible Spending Account
DUR.....	Drug Utilization Review (Board)	FTE .....	Full Time Equivalent
		FTI.....	Federal Tax Information
		FUL.....	Federal Upper Limit (for pricing & payment of drug claims)
		GA .....	General Assistance

GAO .....	General Accounting Office	ICD-10 .....	ICD 10 <sup>th</sup> Edition (effective on 10/1/2014)
GC .....	Global Commitment	ICEHR .....	Integrated Care Electronic Health Record
GCR .....	Global Clinical Record (application of the MMIS)	ICF/DD .....	Intermediate Care Facility for people with Developmental Disabilities
GF .....	General Fund	ICM .....	Integrated Care Management
GMC .....	Green Mountain Care	ICN .....	Internal Control Number
GMCB .....	Green Mountain Care Board	ICU .....	Intensive Care Unit
GME .....	Graduate Medical Education	ID .....	Identification
HAEU .....	Health Access Eligibility Unit	IDN .....	Integrated Delivery Network
HATF .....	Health Access Trust Fund	IEP .....	Individual Education Plan
HBE .....	Health Benefit Exchange	IEVS .....	Income Eligibility Verification System
HCBS .....	Home & Community Based Services	IGA .....	InterGovernmental Agreements
HCERA .....	Health Care & Education Reconciliation Act of 2010	IHI .....	Institute for Healthcare Improvement
HCPCS .....	Healthcare Common Procedure Coding System	IPPS .....	Inpatient Prospective Payment System
HCR .....	Health Care Reform	IRS .....	Internal Revenue Service
HEDIS .....	Healthcare Effectiveness Data & Information Set	ISRA .....	Information Security Risk Assessment
HHA .....	Home Health Agency	IT .....	Information Technology
HHS .....	Health & Human Services (U.S. Department of)	ITF .....	Integrated Test Facility
HIE .....	Health Information Exchange	IV&V .....	Internal Validation & Verification
HIFA .....	Health Insurance Flexibility & Accountability	IVS .....	Intervention Services
HIPAA .....	Health Insurance Portability & Accountability Act	JCL .....	Job Control Language
HIPP .....	Health Insurance Premium Program	JFO .....	Joint Fiscal Office
HIR .....	Hire Into Range	LAMP .....	Legal Aid Medicaid Project
HIT .....	Health Information Technology	LAN .....	Local Area Network
HITECH .....	HIT for Economic & Clinical Health	LC .....	Legislative Council
HIX .....	Health Insurance Exchange	LECC .....	Legally Exempt Child Care
HPES .....	Hewlett-Packard Enterprise Services	LIHEAP .....	Low-Income Home Energy Assistance Program
HPIU .....	Health Programs Integration Unit	LIS .....	Low-Income Subsidy
HR .....	Health Reform	LIT .....	Local Interagency Team
HRA .....	Health Reimbursement Account	LTC .....	Long-Term Care
.....	Health Risk Assessment	LUPA .....	Low Utilization Payment Adjustment
HRAP .....	Health Resource Allocation Plan	MA .....	Medicare Advantage (Medicare Part C in VT)
HRSA .....	Health Resources & Services Administration	MAB .....	Medicaid Advisory Board
HSA .....	Health Savings Account	MAC .....	Maximum Allowable Cost (refers to drug pricing)
.....	Health Services Area	MAGI .....	Modified Adjusted Gross Income
HSB .....	Human Services Board	MAPIR .....	Medicaid Assistance Provider Incentive Repository
HVP .....	Healthy Vermonters Program	MARS .....	Management & Administrative Reporting System
IAPD .....	Implementation Advance Planning Document	MAT .....	Medication Assisted Therapy
IBNR .....	Incurred But Not Reported	MCE .....	Managed Care Entity
IC .....	Individual Consideration	MCH .....	Maternal & Child Health
ICD .....	International Classification of Diseases (diagnosis codes & surgical codes)	MCMC .....	Managed Care Medical Committee
ICD-9 .....	ICD 9 <sup>th</sup> Edition (current version)	MCO .....	Managed Care Organization
		MCP .....	Managed Care Plan

MDB .....	Medicare DataBase	OCS .....	Office of Child Support
MEAB .....	Medicaid & Exchange Advisory Board	OEO .....	Office of Economic Opportunity
MEQC .....	Medicaid Eligibility Quality Control	OHRA .....	Oral Health Risk Assessment
MES .....	Medicaid Enterprise Solution	OLTP .....	OnLine Transaction Processing
MFP .....	Money Follows the Person (DAIL)	ONC .....	Office of National Coordinator (for HIT)
MFRAU .....	Medicaid Fraud & Residential Abuse Unit	OPS .....	Operations
MID .....	Medicaid Identification Number (for member, see UID)	OPPS .....	Outpatient Prospective Payment System
MIC .....	Medicaid Integrity Contractor	OTC .....	Over The Counter
MIG .....	Medicaid Integrity Group	OVHA .....	Office of Vermont Health Access (now DVHA)
MIP .....	Medicaid Integrity Program	PA .....	Payment Authorization
MIS .....	Management Information System	.....	Physician Assistant
MITA .....	Medicaid Information Technology Architecture	.....	Prior Authorization
MMA .....	Medicare Modernization Act	.....	Public Assistance
MMIS .....	Medicaid Management Information System	PAPD .....	Planning Advanced Planning Document (CMS)
MNF .....	Medical Necessity Form	PAR .....	Personnel Action Request
MOE .....	Maintenance Of Effort	PARIS .....	Public Assistance Reporting Information System
MOE .....	Maintenance Of Eligibility	PBA .....	Pharmacy Benefit Administrator
MOU .....	Memorandum Of Understanding	PBM .....	Pharmacy Benefit Manager
MOVE .....	Modernization Of VT's Enterprise	PC Plus .....	Primary Care Plus (VT program)
		PCCM .....	Primary Care Case Management
MSIS .....	Medicaid Statistical Information System	PCIP .....	Pre-existing Condition Insurance Plan
MSP .....	Medicare Savings Programs	PCMH .....	Patient-Centered Medical Home
MTM .....	Medication Therapy Management	PCP .....	Primary Care Provider
MU .....	Meaningful Use	PDF .....	Portable Document File
MVP .....	Mohawk Valley Physicians	PDL .....	Preferred Drug List
NAMI .....	National Association for Mental Illness	PDP .....	Prescription Drug Plan
NCBD .....	National CAHPS Benchmarking Database	PDSA .....	Plan, Do, Study, Act
NCCI .....	National Correct Coding Initiative	PEP .....	Principal Earner Parent
NCQA .....	National Committee for Quality Assurance	.....	Proposal Evaluation Plan
NDC .....	National Drug Code	PERM .....	Payment Error Rate Measurement
NEKCA .....	North East Kingdom Community Action	PES .....	Provider Electronic Solutions
NEMT .....	Non-Emergency Medical Transportation	PHI .....	Protected Health Information
NGA .....	National Governors Association	PHO .....	Physician Hospital Organization
NP .....	Naturopathic Physician	PI .....	Program Integrity
.....	Nurse Practitioner	PIA .....	Privacy Impact Assessment
NPA .....	Non-Public Assistance	PII .....	Personally Identifiable Information
NPF .....	National Provider File	PIL .....	Protected Income Level (Poverty Income Guidelines)
NPI .....	National Provider Identifier	PIP .....	Performance Improvement Project
OASDI .....	Old Age, Survivors, Disability Insurance	PIRL .....	Plan Information Request Letter
OCHIO .....	Office of Consumer Information & Insurance Oversight (CMS)	PM .....	Project Manager
		PMO .....	Project Management Office
		PMP .....	Project Management Plan
		PMPM .....	Per Member Per Month
		PNMI .....	Private Non-Medical Institution
		POC .....	Plan Of Care
		.....	Public Oversight Committee

POS.....Place Of Service	SDMP .....System Development Management Plan
.....Point Of Sale	SDO .....Standards Development Organization
.....Point Of Service	SDX .....State Data Exchange System
PP&D.....Policy, Procedures & Development (Interpretive Rule Memo)	SE .....Systems Engineer
PPA.....Project Process Agreement	SEP .....Special Enrollment Periods
PPACA .....Patient Protection & Affordable Care Act	SF.....Supplemental Fuel
PPPM.....Per Patient Per Month	SFY .....State Fiscal Year
PPR.....Planning, Policy & Regulation	SGF .....State General Fund
PRO .....Peer Review Organization	SHOP .....Small business Health Options Program
PRWORA .....Personal Responsibility & Work Opportunity Reconciliation Act	SILC .....Statewide Independent Living Council
PSE.....Post-Secondary Education	SIM .....State Innovation Model
PSTG .....Private Sector Technology Group	SLA.....Service Level Agreement
QC .....Quality Control	SLHIE.....State Level HIE Consensus Project
QHP .....Qualified Health Plan	SLMB .....Specified Low-income Medicare Beneficiary
QI.....Qualified Individual	SMDL .....State Medicaid Directors Letter
.....Quality Improvement	SMHP .....State Medicaid HIT Plan
QIAC .....Quality Improvement Advisory Committee	SMM.....State Medicaid Manual
QMB .....Qualified Medicare Beneficiary	SNAP .....State Nutritional Assistance Program
QWDI .....Qualified Working Disabled Individual	SNF .....Skilled Nursing Facility
RA .....Remittance Advice	SOA .....Service Oriented Architecture
RAC.....Recovery Audit Contractor	SOR .....System Of Records
RAM.....Responsibility Assignment Matrix	SORN.....System Of Record Notice
RBC .....Risk Based Capital	SOV .....State Of Vermont
RBRVS .....Resource-Based Relative Value Scale	SOW .....Statement Of Work
RBUC .....Reported But Unpaid Claims	SPA .....State Plan Amendment
REVS .....Recipient Eligibility Verification System	SPAP .....State Pharmacy Assistance Program
RFI.....Request For Information	SPR .....Safeguard Procedures Report
RFP .....Request For Proposals	SSA .....Social Security Administration
RFR .....Request For Classification Review	.....State Self-Assessment
RMP.....Risk Management Plan	SSBG .....Social Services Block Grant
RN .....Registered Nurse	SSI .....Supplemental Security Income
RO .....Regional Office	SSN .....Social Security Number
ROB .....Rules Of Behavior	SSO .....Standards Setting Organization
ROI.....Return On Investment	SSP .....Systems Security Plan
RR.....Railroad Retirement	SUR .....Surveillance & Utilization Review
RTM .....Requirements Traceability Matrix	TAD .....Turn Around Documents
RU .....Reach Up	TANF.....Temporary Assistance for Needy Families (see Reach Up)
RVU.....Relative Value Units	TARB.....Technical Architecture Review Board
SAMHSA .....Substance Abuse & Mental Health Services Administration	TBI.....Traumatic Brain Injury
SAS.....Statement on Auditing Standards	TIN .....Taxpayer Identification Number
SASH.....Support And Services at Home	TM .....Transitional Medicaid
SBC .....Summary of Benefits & Coverage	TPA.....Third Party Administrator
SBE.....State Health Benefit Exchange	TPL .....Third Party Liability
SBM.....State-Based Marketplace	UC.....Unemployment Compensation
	UCR.....Usual & Customary Rate
	UCUM .....Unified Code for Units of Measure
	UI.....Unemployment Insurance

UIB .....Unemployment Insurance Benefits  
 UID .....Unique Identification Number  
 UM.....Utilization Management  
 UMLS .....Unified Medical Language System  
 UR .....Utilization Review  
 UVM.....University of Vermont  
 VA .....Veterans Administration  
 VAB.....VT Association for the Blind

VAHHA.....VT Assembly of Home Health  
 Agencies  
 VAHHS .....VT Association of Hospital & Health  
 Systems  
 VCCI .....VT Chronic Care Initiative  
 VCIL.....VT Center for Independent Living  
 VDH .....VT Department of Health  
 VDHA .....VT Dental Hygienists Association

VHAP .....VT Health Access Plan  
 VHAP-Rx .....VHAP Pharmacy Program  
 VHC.....Vermont Health Connect  
 VHCIP .....VT Health Care Innovation Project  
 VHCURES.....VT Healthcare Claims Uniform  
 Reporting & Evaluation System  
 VIEWS.....VT’s Integrated Eligibility Workflow  
 System  
 VIP.....VT Independence Project  
 VISION.....VT’s Integrated Solution for  
 Information &Organizational Needs  
 VIT .....VT Interactive Television  
 VITL .....VT Information Technology Leaders  
 VLA .....VT Legal Aid  
 VMS .....VT Medical Society  
 VTHR .....SOV web-based HR information  
 system

## Inserts

Mandatory/Optional Coverage Groups/Services ..... Insert 1  
Program Cost Comparison ..... Insert 2  
Program Expenditures w/Funding Descriptions ..... Insert 3  
Categories of Services..... Insert 4  
Vantage Reports ..... Insert 5



## State Plan Groups

### Mandatory; Categorically Needy

Population Description	Green Mountain Care Group	Standards and Methodologies	Benefit Package
Section 1931 low-income families with children (Parents and caretaker relatives)	Commonly referred to as Medicaid (for adults) and Dr. Dynasaur (for children)	AFDC standard and MAGI-based methodologies	<ul style="list-style-type: none"> <li>• Inpatient hospital services</li> <li>• Outpatient hospital services</li> <li>• Rural health clinic services</li> <li>• Federally qualified health center services</li> <li>• Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services</li> <li>• Laboratory and X-ray services</li> <li>• Family planning services</li> <li>• Physician services and Medical and Surgical Services of a Dentist</li> <li>• Home health services</li> <li>• Nurse Midwife services</li> <li>• Nursing facility services Certified Pediatric and Family Nurse Practitioner Services</li> <li>• Other Medical/Remedial Care Provided by Licensed Practitioners and Recognized under State Law (chiropractor, podiatrist, optometrist, licensed social worker, licensed mental counselor or licensed marriage and family therapist, psychologist, optician, hi-tech nursing, nurse practitioner, licensed lay midwife)</li> <li>• Clinical Services</li> <li>• Prescription drugs</li> <li>• Diagnostic, Screening, Preventive and Rehabilitative Services</li> <li>• Private duty nursing services</li> <li>• Other Aids to Vision</li> <li>• Dental Services</li> <li>• Prosthetic Devices</li> <li>• Physical and Occupational therapies, and services for Individuals with Speech, hearing and language disorder services</li> <li>• Inpatient Hospital/Nursing Facility/ICF Services for Individuals 65 and Older in IMD</li> <li>• ICF/MR Services</li> <li>• Inpatient Psychiatric Services for Individuals Under 21</li> <li>• Personal Care Services</li> <li>• Case Management</li> <li>• Respiratory Care for Ventilator Dependent Individuals</li> <li>• Primary Care Case Management</li> <li>• Hospice</li> <li>• Transportation Services</li> <li>• Nursing Facility Services for Individuals Under Age 21</li> <li>• Emergency Hospital Services</li> <li>• Critical Access Hospital</li> <li>• Traumatic Brain Injury; HCBS waiver –like services</li> <li>• Mental Illness Under 22; HCBS waiver-like services</li> <li>• Community Rehabilitation and Treatment; HCBS waiver-like services</li> <li>• Developmental Services; HCBS waiver-like services</li> <li>• Services for individuals with persistent mental illness up to 150 FPL</li> <li>• Community and nursing home services for individuals eligible for long-term care supports</li> <li>• Community based services for individuals with moderate needs as identified through long-term care eligibility</li> </ul>
Children receiving IV-E payments (IV-E foster care or adoption assistance)		No income or resource tests	
Individuals who lose eligibility under §1931 due to employment		AFDC standard and MAGI-based methodologies	
Individuals who lose eligibility under §1931 because of spousal support		AFDC standard and MAGI-based methodologies	
Individuals participating in a work supplementation program who would otherwise be eligible under §1931		AFDC standard and MAGI-based methodologies	
Individuals receiving SSI cash benefits		SSI standard and methodologies	
Disabled children no longer eligible for SSI benefits because of a change in definition of disability		SSI standard and methodologies	
Qualified severely impaired individuals (as defined in §1905(q))		SSI standard and methodologies	
Individuals under age 21 eligible for Medicaid in the month they apply for SSI		SSI standard and methodologies	
Pregnant women		208% of the FPL and MAGI-based methodologies	
Children under age 19		312% of the FPL and MAGI-based methodologies	
Individuals age 19 or older and under 65		138% FPL and MAGI-based methodologies	
Blind and disabled individuals eligible in December 1973		SSI standard and methodologies	
Disabled individuals whose earnings exceed SSI substantial gainful activity level		SSI standard and methodologies	
Disabled individuals whose earnings are too high to receive SSI cash benefits		SSI standard and methodologies	
Pickle amendment: individuals who would be eligible for SSI if Title II COLAs were deducted from income (§503 of Public Law 94-566)		SSI standard and methodologies	
Disabled widows and widowers		SSI standard and methodologies	
Disabled adult children		SSI standard and methodologies	
Early widows/widowers		SSI standard and methodologies	
Individuals who would be eligible for AFDC except for increased OASDI income under P.L. 92-336 (July 1, 1972)		AFDC standards and methodologies	
Individuals receiving mandatory State supplements		SSI standard and methodologies	
Individuals eligible as essential spouses in December 1973		SSI standard and methodologies	
Institutionalized individuals who were eligible in December 1973		SSI standard and methodologies	
Blind and disabled individuals eligible in December 1973		SSI standard and methodologies	
Individuals who would be eligible except for the increase in OASDI benefits under Public Law 92-336		SSI standard and methodologies	
Newborns deemed eligible for one year		Automatically eligible	
Pregnant women eligible on their last day of pregnancy receive 60 days coverage for pregnancy-related & post partum services	Automatically eligible		
Poverty level infants and children receiving inpatient services who lose eligibility because of age must be covered through an inpatient stay	Automatically eligible	Inpatient hospital services	
Qualified Medicare Beneficiaries	Commonly referred to as QMBs	Medicare beneficiaries with income below 100% of the FPL	Payment of Medicare premiums, coinsurance, deductibles, and copayment except Part D copayment
Qualified Disabled and Working Individuals	Commonly referred to as QDWIs	Medicare beneficiaries with income below 200% of the FPL and not eligible for Medicaid	Payment of Medicare Part A premiums
Specified Low-Income Medicare Beneficiaries	Commonly referred to as SLMBs	Medicare beneficiaries with income between 100 and 120% of the FPL	Payment of Medicare Part B premiums
Qualifying Individuals	Commonly referred to as QI-1s	Medicare beneficiaries with income between 120% and 135% of the FPL and not eligible for Medicaid	Payment of Medicare Part B premiums

\* This is not an exhaustive list of mandatory groups covered under the Vermont title XIX State plan. For a complete list, refer to the Vermont approved title XIX State plan.

Optional; Categorically Needy			
Population Description	Green Mountain Care Group	Standards and Methodologies	Benefit Package
Individuals who are eligible for but not receiving IV-A, SSI or State supplement cash assistance	Commonly referred to as Medicaid (for adults) and Dr. Dynasaur (for children)		Same comprehensive benefit package as Global Commitment Demonstration Population 1
Individuals who could be eligible for IV-A cash assistance if State did not subsidize child care			
Individuals who are eligible for Title IV-A if State AFDC plan were as broad as allowed			
Individuals who would have been eligible for IV-A cash assistance, SSI, or State supplement if not in a medical institution			
<i>Special income level group</i> : individuals who are in a medical institution for at least 30 consecutive days with gross income that does not exceed 300% of the SSI income standard, or state-specified standard			
Individuals who are terminally ill, would be eligible if they were in a medical institution, and will receive hospice care			
Children under 21 (or at State option 20, 19, or 18) who are under State adoption agreements			
Breast & Cervical Cancer Treatment			
BBA Working Disabled with income < 250%			
Individuals receiving only an optional State supp. payment more restrictive than the criteria for an optional State supplement under title XVI			
Katie Beckett children			
Medically Needy Individuals under 19 who would be mandatorily categorically eligible except for income and resources			
All individuals under 21 or at State option 20, 19, or 18 or reasonable classifications who would not be covered under mandatory medically needy group of individuals under 19			
Medically Needy Specified relatives of dependent children who are ineligible as categorically needy			
Medically Needy Aged individuals who are ineligible as categorically needy			
Medically Needy Blind individuals who are ineligible as categorically needy but meet the categorically needy definition of blindness			
Medically Needy Disabled individuals who are ineligible as categorically needy that meet the categorically needy definition of blindness			
Individuals receiving HCBS who would only be eligible for Medicaid under the State Plan if they were in a medical institution; individuals who were previously covered under a separate 1915(c) Demonstration. <ul style="list-style-type: none"> <li>1. TBI (traumatic brain injury)</li> <li>2. MI under 22 (Children's mental Health)</li> <li>3. MR/DD (Mental Retardation/Developmental Disabilities)</li> </ul>			
Medically Needy Pregnant women who would be categorically eligible except for income and resources			Pregnancy-related and Post-Partum Services under the State Plan

Expansion Populations			
Population Description	Medicaid Eligibility Group	Standards and Methodologies	Benefit Package
Underinsured children with income between 237% and including 312% of FPL	Commonly referred to as Medicaid (for adults) and Dr. Dynasaur (for children)	Children with income between 237% and up to and including 312% of FPL (with other insurance)	Same comprehensive benefit package as Global Commitment Demonstration Population 1 only if not covered by primary insurer.
Medicare beneficiaries who are 65 years or older or have a disability with income at or below 150% of the FPL	Prescription Assistance Pharmacy Only Program	Income at or below 150% of the FPL	Medicaid Prescriptions, eyeglasses and related eye exams
Medicare beneficiaries who are 65 years or older or have a disability with income above 150% and ≤ 225% of the FPL	Prescriptions Assistance Pharmacy Only Program	Income at or below 225% of the FPL	Maintenance Drugs
Children's Health Insurance Program (CHIP)	Commonly referred to as Dr. Dynasaur	Income from 237% up to and including 312% of FPL	Same comprehensive benefit package as Global Commitment Demonstration Population 1





## Program Expenditures SFY 2014 & SFY 2015 Governor's Recommend w/ Funding Description

PROGRAM EXPENDITURES							
	SFY '14 Appropriated		SFY '14 BAA		SFY '15 Gov. Rec.		SFY '15 Funding Description
	Gross Expenses	State Funds	Gross Expenses	State Funds	Gross Expenses	State Funds	
<b>Adults</b>							
Aged, Blind, or Disabled (ABD)/Medically Needy	\$ 103,769,271	\$ 44,640,494	\$ 111,814,690	\$ 48,118,309	\$ 116,032,161	\$ 50,252,516	Global Commitment funded (GC) ~ g.f. @ 43.51% (includes 2.2% for Leahy Bump), less PC Physician rate bump at 100% federal for 6 months
Dual Eligibles	\$ 49,420,740	\$ 21,304,562	\$ 50,384,851	\$ 21,713,891	\$ 51,913,513	\$ 22,496,272	
General	\$ 70,661,558	\$ 30,274,210	\$ 76,593,458	\$ 32,834,019	\$ 78,021,121	\$ 33,738,117	
VHAP	\$ 90,183,196	\$ 39,283,800	\$ 96,400,670	\$ 41,430,617	\$ -	\$ -	
VHAP ESI	\$ 718,777	\$ 312,809	\$ 462,511	\$ 201,166	\$ -	\$ -	
Catamount	\$ 31,247,379	\$ 13,611,358	\$ 35,764,708	\$ 15,579,107	\$ -	\$ -	
ESIA	\$ 617,260	\$ 268,851	\$ 497,443	\$ 216,657	\$ -	\$ -	
New Adult	\$ 86,353,450	\$ 18,124,956	\$ 90,067,832	\$ 22,561,559	\$ 184,102,575	\$ 46,041,506	g.f. @ 43.51% (includes 2.2% for Leahy Bump), less PC rate incr. for 6 mos, less 22.93% enhancement
Premium Assistance For Exchange Enrollees < 300%	\$ 6,586,587	\$ 2,869,117	\$ 6,586,587	\$ 2,796,665	\$ 13,831,832	\$ 6,018,922	GC ~ g.f. @ 43.51%
Cost Sharing For Exchange Enrollees < 350%	\$ 1,484,460	\$ 1,484,460	\$ 1,484,460	\$ 1,484,460	\$ 3,117,367	\$ 3,117,367	
<b>Subtotal Adults</b>	\$ 441,042,678	\$ 172,174,618	\$ 470,057,212	\$ 186,936,450	\$ 447,018,568	\$ 161,664,700	
<b>Children</b>							
Blind or Disabled (BD)/Medically Needy	\$ 29,286,530	\$ 12,661,316	\$ 33,110,973	\$ 14,322,671	\$ 33,817,628	\$ 14,675,841	Global Commitment funded (GC) ~ g.f. @ 43.51% (includes 2.2% for Leahy Bump), less PC Physician rate bump at 100% federal for 6 months
General	\$ 122,779,838	\$ 52,507,168	\$ 131,835,785	\$ 56,405,412	\$ 134,405,957	\$ 58,079,712	
Underinsured	\$ 650,907	\$ 283,535	\$ 708,670	\$ 305,816	\$ 640,888	\$ 277,868	Title XXI ~ g.f. @ 32.00% and federal @ 68.00%
SCHIP (Uninsured)	\$ 7,019,478	\$ 2,177,058	\$ 7,601,478	\$ 2,358,689	\$ 8,118,817	\$ 2,598,022	
<b>Subtotal Children</b>	\$ 159,736,753	\$ 67,629,076	\$ 173,256,907	\$ 73,392,588	\$ 176,983,289	\$ 75,631,442	
<b>Pharmacy Only Programs</b>	\$ 2,795,616	\$ 1,204,874	\$ 5,393,070	\$ 3,465,006	\$ 6,590,268	\$ 4,653,492	Predominantly all GC as detailed above
<b>Choices for Care</b>							
Nursing Home, Home & Community Based, ERC	\$ 176,888,252	\$ 77,070,211	\$ 183,107,770	\$ 79,780,055	\$ 180,261,388	\$ 78,440,743	Global Commitment funded (GC) ~ g.f. @ 43.51% (includes 2.2% for Leahy Bump), less PC Physician rate bump at 100% federal for 6 months
Acute-Care Services ~ DVHA	\$ 22,043,082	\$ 9,537,804	\$ 22,096,531	\$ 9,558,252	\$ 22,400,116	\$ 9,728,230	
Acute-Care Services ~ Other Depts.	\$ 1,309,457	\$ 570,531	\$ 1,495,125	\$ 651,426	\$ 1,495,490	\$ 650,762	
Buy-In	\$ 2,758,913	\$ 1,202,058	\$ 2,728,247	\$ 1,188,697	\$ 2,905,764	\$ 1,264,443	
<b>Subtotal Choices for Care</b>	\$ 202,999,704	\$ 88,380,604	\$ 209,427,673	\$ 91,178,431	\$ 207,062,758	\$ 90,084,179	
<b>Subtotal Direct Services</b>	\$ 806,574,751	\$ 329,389,172.19	\$ 858,134,861	\$ 354,972,474.75	\$ 837,654,883	\$ 332,033,812.49	
<b>Miscellaneous Program</b>							
GC to CFC Funding Reallocation	\$ (1,309,457)	\$ (570,400)	\$ (1,495,125)	\$ (651,276)	\$ (1,495,490)	\$ (650,762)	GC funded as detailed above
Refugee	\$ 498,886	\$ -	\$ 337,824	\$ -	\$ 361,979	\$ -	100% federally reimbursed
ACA Rebates	\$ (4,963,473)	\$ -	\$ (4,144,592)	\$ -	\$ (3,857,319)	\$ -	100% federally reimbursed
HIV	\$ 32,304	\$ 14,072	\$ 40,158	\$ 17,493	\$ 40,641	\$ 17,685	MCO Investments ~ matched like GC above
Civil Unions	\$ 1,857,640	\$ 809,188	\$ 1,516,708	\$ 660,678	\$ 1,723,970	\$ 750,185	MCO Investments ~ matched like GC above
Underinsured	\$ 5,225,595	\$ 2,276,269	\$ 10,063,784	\$ 4,383,784	\$ 10,523,470	\$ 4,579,288	MCO Investments ~ matched like GC above
DSH	\$ 37,448,781	\$ 16,724,626	\$ 37,448,781	\$ 16,724,626	\$ 37,448,781	\$ 17,119,710	45.71% g.f, 54.29% federal
Clawback	\$ 26,480,467	\$ 26,480,467	\$ 26,480,467	\$ 26,480,467	\$ 26,618,207	\$ 26,618,207	100% general fund
Buy-In ~ GC	\$ 30,376,557	\$ 13,566,170	\$ 28,758,934	\$ 12,843,740	\$ 30,981,732	\$ 14,163,299	GC funded as detailed above
Buy-In ~ State Only (MCO Invest.)	\$ 33,763	\$ 14,707	\$ 19,577	\$ 8,528	\$ 21,317	\$ 9,276	MCO Investments ~ matched like GC above
Buy-In ~ Federal Only	\$ 4,066,709	\$ -	\$ 3,609,604	\$ -	\$ 3,723,423	\$ -	100% federally reimbursed
Legal Aid	\$ 547,993	\$ 244,734	\$ 502,318	\$ 224,335	\$ 502,318	\$ 229,635	GC funded as detailed above
Misc. Pymts.	\$ 29,984,804	\$ 13,061,381	\$ (9,566)	\$ (4,167)	\$ (9,566)	\$ (4,163)	GC funded as detailed above
Healthy Vermonters Program	\$ -	\$ n/a	\$ -	\$ n/a	\$ -	\$ n/a	
<b>Subtotal Miscellaneous Program</b>	\$ 130,280,570	\$ 72,621,214	\$ 103,128,871	\$ 60,688,207	\$ 106,583,463	\$ 62,832,360	
<b>TOTAL PROGRAM EXPENDITURES</b>	\$ 936,855,321	\$ 402,010,386	\$ 961,263,733	\$ 415,660,682	\$ 944,238,345	\$ 394,866,173	

## Program Expenditures SFY 2014 & SFY 2015 Governor's Recommend w/ Funding Description

ADMINISTRATIVE EXPENDITURES							
	SFY '14 Appropriated		SFY '14 BAA		SFY '15 Gov. Rec.		SFY '14 Funding Description
	Gross Expenses	State Funds	Gross Expenses	State Funds	Gross Expenses	State Funds	
<b>Contract</b>							
Claims Processing	\$ 11,589,763	\$ 5,089,621	\$ 11,589,763	\$ 5,089,621	\$ 11,589,763	\$ 5,042,706	Most admin. expenses are funded with: Global Commitment funds as stated above and Title XXI funds (32.00% g.f. and 68.00% federal)
Member Services	\$ 3,076,436	\$ 1,381,215	\$ 3,076,436	\$ 1,381,215	\$ 9,947,204	\$ 4,328,028	
Pharmacy Benefits Manager	\$ 4,210,343	\$ 1,834,025	\$ 4,210,343	\$ 1,834,025	\$ 4,210,343	\$ 1,831,920	
Care Coordination & Chronic Care Management	\$ 2,670,032	\$ 1,163,066	\$ 2,670,032	\$ 1,163,066	\$ 2,670,032	\$ 1,161,731	
Catamount Outreach							
Miscellaneous	\$ 6,952,274	\$ 3,028,411	\$ 6,952,274	\$ 3,028,411	\$ 2,970,591	\$ 1,292,504	
Health Information Technology/Healthcare Reform	\$ 15,601,793	\$ 1,560,179	\$ 15,601,793	\$ 1,560,179	\$ 15,601,793	\$ 1,560,179	
IT Enterprise Solution	\$ 84,857,564	\$ 8,485,756	\$ 84,857,564	\$ 8,485,756	\$ 96,433,489	\$ 8,904,248	
Blueprint & Payment Reform	\$ 4,509,932	\$ 1,964,526	\$ 4,509,932	\$ 1,964,526	\$ 4,674,932	\$ 2,034,063	
<b>Operating/Personnel Services</b>	\$ 18,766,573	\$ 8,174,720	\$ 18,764,505	\$ 8,172,652	\$ 22,828,417	\$ 9,932,644	
<b>Total Administrative Expenses</b>	<b>\$ 152,234,710</b>	<b>\$ 32,681,520</b>	<b>\$ 152,232,642</b>	<b>\$ 32,679,452</b>	<b>\$ 170,926,564</b>	<b>\$ 36,088,024</b>	
<b>TOTAL ALL EXPENDITURES</b>	<b>\$ 1,089,090,031</b>	<b>\$ 434,691,906</b>	<b>\$ 1,113,496,375</b>	<b>\$ 448,340,134</b>	<b>\$ 1,115,164,909</b>	<b>\$ 430,954,197</b>	

## Categories of Service (COS)

COS	Description of Service	BAA	2013 Act.-2014	Gov. Rec.	2014 BAA-2015	5-Yr. Avg.	5-Yr. Total	10-Yr. Avg.	10-Yr. Total
		SFY '14	BAA % Change	SFY '15	Rec % Change	Growth % Chg.	Change	Growth % Chg.	Change
01-00	Inpatient	154,030,829	10.4%	158,277,179	2.8%	11.2%	63,707,896	8.2%	98,360,349
02-00	Outpatient	110,758,791	4.7%	109,610,554	-1.0%	5.0%	23,386,571	7.1%	50,354,268
03-00	Physician	115,429,060	-9.8%	117,442,461	1.7%	9.1%	33,916,081	8.5%	56,073,434
04-00	Pharmacy	149,414,936	4.9%	148,150,693	-0.8%	1.6%	10,834,543	-0.2%	(43,247,306)
05-00	Nursing Home	126,992,454	9.1%	119,362,863	-6.0%	0.8%	3,988,186	1.3%	13,824,219
07-00	Mental Health Facility	527,060	22.2%	606,634	15.1%	18.7%	337,901	12.0%	823,517
08-00	Dental	22,632,710	12.1%	25,788,390	13.9%	3.9%	4,228,028	4.5%	9,849,760
09-01	MH Clinic	101,169	7.7%	101,962	0.8%	19.9%	(27,268)	113.9%	64,436
10-00	Independent Laboratory	6,521,534	12.5%	3,548,061	-45.6%	-7.2%	(2,767,476)	5.6%	153,586
11-00	Home Health	6,576,635	1.8%	6,581,618	0.1%	1.0%	279,920	-1.3%	(1,051,671)
12-00	RHC & FQHC	26,283,314	9.8%	26,094,964	-0.7%	6.8%	7,243,314	8.7%	15,264,239
13-00	Hospice	2,770,186	104.2%	2,819,898	1.8%	15.7%	897,782	24.0%	2,243,761
15-00	Chiropractor	866,715	5.7%	840,071	-3.1%	0.5%	19,150	-5.9%	755,204
16-00	Nurse Practitioners	1,091,056	12.1%	1,165,868	6.9%	9.8%	434,084	7.8%	548,681
17-00	Skilled Nursing	2,830,223	-2.6%	2,750,588	-2.8%	-2.4%	(400,667)	-5.5%	(2,005,020)
18-00	Podiatrist	385,218	10.4%	404,045	4.9%	9.1%	133,284	9.8%	192,321
19-00	Psychologist	20,084,005	7.2%	20,591,054	2.5%	3.8%	3,500,470	9.9%	9,485,723
20-00	Optometrist	1,551,855	10.7%	1,648,430	6.2%	12.2%	717,082	8.0%	826,594
21-00	Optician	189,784	3.0%	194,852	2.7%	-4.4%	(53,495)	2.1%	7,429
22-00	Transportation	12,703,307	19.6%	14,893,648	17.2%	7.3%	4,249,163	8.8%	8,171,108
23-00	OT/PT/ST Services	3,532,247	14.2%	3,645,293	3.2%	6.4%	949,624	11.5%	2,164,147
24-00	Prosthetic/Ortho	3,036,573	7.0%	3,152,430	3.8%	9.7%	1,135,489	5.9%	1,419,614
25-00	Medical Supplies & DME (26-00)	9,337,497	6.6%	9,690,875	3.8%	1.9%	803,290	4.4%	3,512,498
27-00	H&CB Services	51,718,512	9.0%	50,762,699	-1.8%	2.1%	4,823,045	6.5%	18,602,545
27-02	H&CB Mental Health Services	515,376	3.5%	530,189	2.9%	1.4%	(30,313)	-4.6%	(627,664)
27-03	H&CB Mental Retardation	118	-135.4%	303	157.3%	-16.2%	303	-11.1%	303
27-17	Enhanced Resident Care	6,091,330	-14.1%	11,828,061	94.2%	20.2%	6,028,441	22.4%	9,104,105
29-00	Personal Care Services	18,425,185	-11.1%	18,745,482	1.7%	-2.5%	(2,790,803)	5.1%	5,614,154
30-00	Target Case Management	88,147	3.4%	87,358	-0.9%	562.2%	83,978	301.6%	79,162
33-04	Assistive Community Care Services	13,560,573	2.5%	13,919,241	2.6%	3.0%	1,902,425	7.5%	6,222,528
34-01	Day Treatment (MHS)	1,217	147.2%	1,499	23.2%	-4.5%	(84,371)	-4.5%	(54,916)
35-07	ADAP Families in Recovery	186,925	1.9%	185,283	-0.9%	54.6%	148,534	72.4%	(117,814)
37-01	Rehabilitation/D&P Dept. of Health	512,240	-52.1%	539,927	5.4%	-29.9%	(3,302,394)	44.7%	(3,196,345)
38-03	PC+ Case Management Fees	4,935,561	5.2%	4,884,073	-1.0%	-3.2%	(1,039,138)	-0.1%	(243,062)
	Blueprint & CHT	7,803,439	95.3%	8,426,525	0.0%	365.0%	8,426,525	365.0%	8,426,525
	Pace Capitation	-	-100.0%	-	0.0%	-14.0%	(3,555,128)	-14.0%	-
40-00	Ambulance	4,227,692	6.6%	4,372,456	3.4%	5.1%	955,632	6.1%	2,023,716
41-00	Dialysis	1,184,867	9.0%	1,269,423	7.1%	-2.8%	(422,161)	2.3%	877,854
42-00	ASC	55,078	4.5%	54,594	-0.9%	2.5%	3,494	49.6%	48,317
43-00	Outpatient Rehab	-	0.0%	-	0.0%	0.0%	-	-13.0%	(298,602)
39-06	PDP Premium Payments	-	0.0%	-	0.0%	-20.0%	(1,187)	-21.6%	-
39-10	New Premium Payments	44,847,291	-19.7%	16,931,769	-62.2%	-12.7%	(30,852,161)	-1.5%	16,931,769
45-00	Miscellaneous	(206,000)	-100.3%	(32,275)	-84.3%	-8785.7%	465,948	-4407.7%	(2,656,631)
	<b>Total</b>	<b>931,594,710</b>	<b>-3.4%</b>	<b>909,869,039</b>	<b>-2.3%</b>	<b>3.6%</b>	<b>138,273,620</b>	<b>4.2%</b>	<b>288,526,839</b>
	<b>Other Expenditures</b>								
	DSH	37,448,781	0.0%	37,448,781	0.0%	0.0%	(0)	7.6%	2,655,617
	Clawback	26,480,467	2.0%	26,618,207	0.5%	15.8%	13,285,824	22.7%	26,618,207
	Insurance Premium Payouts	1,972,746	-0.1%	1,970,702	-0.1%	-1.0%	(129,367)	107.5%	1,687,398
	HIV Insurance Fund F	40,158	0.7%	40,641	1.2%	0.9%	1,736	-1.0%	(6,098)
	Lund Home Family Ctr Retro PNMI	-	0.0%	-	0.0%	-20.0%	(1,806,291)	-0.1%	(523,624)
	Legal Aid	502,318	0.0%	502,318	0.0%	-1.7%	(45,665)	2.6%	20,941
	Rate Setting	-	0.0%	-	0.0%	0.0%	-	-7.6%	(418,452)
	CMS Refugee Resettlement Adjustment	-	0.0%	-	0.0%	0.0%	-	0.0%	-
	Interdeptl GF Transfer	-	0.0%	-	0.0%	0.0%	-	-20.0%	-
	Misc.	-	0.0%	-	0.0%	0.0%	-	0.0%	-
	Buy In	35,116,362	7.1%	37,632,236	7.2%	5.4%	8,435,155	13.3%	23,428,186
	<b>Total Other</b>	<b>101,560,831</b>	<b>2.9%</b>	<b>104,212,885</b>	<b>4.7%</b>	<b>4.3%</b>	<b>19,741,392</b>	<b>12.4%</b>	<b>53,462,176</b>
	<b>Offsets</b>								
	Drug Rebates	(58,234,970)	-15.2%	(56,652,307)	-2.7%	1.9%	(2,905,760)	6.7%	(9,653,233)
	ACA Rebates	(4,144,592)	-6.9%	(3,857,319)	-6.9%	-3.8%	(3,857,319)	-1.9%	(3,857,319)
	Drug Rebate Interest	-	-100.0%	-	0.0%	-27.2%	-	-27.2%	-
	Supplemental Drug Rebates	(7,057,233)	-13.7%	(6,980,567)	-1.1%	1.1%	549,437	184.9%	(1,556,741)
	TPL	(4,260,900)	1.3%	(4,183,634)	-1.8%	-6.8%	2,146,231	4.5%	1,572,908
	Costs Settlements	1,805,886	0.2%	1,830,249	1.3%	2.2%	(23,923)	-56.4%	5,634,397
	<b>Total Offsets</b>	<b>(71,891,808)</b>	<b>-14.1%</b>	<b>(69,843,579)</b>	<b>-2.8%</b>	<b>2.0%</b>	<b>(4,091,334)</b>	<b>7.2%</b>	<b>(7,859,989)</b>
	<b>Net Expenditures</b>	<b>961,263,733</b>	<b>-1.9%</b>	<b>944,238,345</b>	<b>-1.8%</b>	<b>3.8%</b>	<b>153,923,678</b>	<b>4.9%</b>	<b>334,129,026</b>



## Vantage Reports

- Budget Rollup Report
- Budget Detail Report
- Personnel Summary Report
- Federal Receipts Report
- Interdepartmental Receipts
- “Grants Out” Report

Report ID: VTPB-11-BUDRLLUP

Run Date: 01/17/2014

Run Time: 04:00 PM

State of Vermont

FY2015 Governor's Recommended Budget: Rollup Report

Organization: 03410 - Department of VT Health Access

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Salaries and Wages	8,707,696	10,251,530	10,251,530	12,890,837	2,639,307	25.7%
Fringe Benefits	3,549,352	4,702,375	4,702,375	5,723,639	1,021,264	21.7%
Contracted and 3rd Party Service	48,908,151	107,100,179	107,100,179	126,954,922	19,854,743	18.5%
PerDiem and Other Personal Services	10,150	3,601	3,601	3,600	(1)	0.0%
<b>Budget Object Group Total: 1. PERSONAL SERVICES</b>	<b>61,175,349</b>	<b>122,057,685</b>	<b>122,057,685</b>	<b>145,572,998</b>	<b>23,515,313</b>	<b>19.3%</b>

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Equipment	60,123	50,050	50,050	50,049	(1)	0.0%
IT/Telecom Services and Equipment	888,134	1,197,056	1,197,056	1,444,992	247,936	20.7%
Travel	143,228	215,000	215,000	201,949	(13,051)	-6.1%
Supplies	112,346	189,472	189,472	189,455	(17)	0.0%
Other Purchased Services	623,971	912,038	912,038	902,426	(9,612)	-1.1%
Other Operating Expenses	147	0	0	0	0	0.0%
Rental Other	23,263	0	0	12,500	12,500	0.0%
Rental Property	953,083	1,225,454	1,225,454	1,388,956	163,502	13.3%
Property and Maintenance	21,588	20,000	20,000	20,000	0	0.0%
<b>Budget Object Group Total: 2. OPERATING</b>	<b>2,825,881</b>	<b>3,809,070</b>	<b>3,809,070</b>	<b>4,210,327</b>	<b>401,257</b>	<b>10.5%</b>

Budget Object Group: 3. GRANTS

Report ID: VTPB-11-BUDRLLUP

State of Vermont

Run Date: 01/17/2014

FY2015 Governor's Recommended Budget: Rollup Report

Run Time: 04:00 PM

Organization: 03410 - Department of VT Health Access

Budget Object Rollup Name	FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Grants Rollup	947,791,633	963,223,282	983,823,914	965,381,588	2,158,306	0.2%
<b>Budget Object Group Total: 3. GRANTS</b>	<b>947,791,633</b>	<b>963,223,282</b>	<b>983,823,914</b>	<b>965,381,588</b>	<b>2,158,306</b>	<b>0.2%</b>

<b>Total Expenses</b>	<b>1,011,792,863</b>	<b>1,089,090,037</b>	<b>1,109,690,669</b>	<b>1,115,164,913</b>	<b>26,074,876</b>	<b>2.4%</b>
-----------------------	----------------------	----------------------	----------------------	----------------------	-------------------	-------------

Fund Name	FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
General Funds	130,905,901	136,385,770	138,243,701	143,752,078	7,366,308	5.4%
Special Fund	1,678,414	3,625,432	3,625,432	3,626,895	1,463	0.0%
State Health Care Resources Fund	0	0	0	4,906,013	4,906,013	0.0%
Federal Funds	183,135,377	229,334,321	234,582,943	238,892,155	9,557,834	4.2%
ARRA Funds	1,006,699	0	0	0	0	0.0%
Global Commitment	694,762,894	714,667,397	728,161,476	718,745,655	4,078,258	0.6%
IDT Funds	303,579	5,077,117	5,077,117	5,242,117	165,000	3.2%
<b>Funds Total</b>	<b>1,011,792,863</b>	<b>1,089,090,037</b>	<b>1,109,690,669</b>	<b>1,115,164,913</b>	<b>26,074,876</b>	<b>2.4%</b>

Position Count				211		
FTE Total				207		



Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget: Detail Report**

Organization: 03410 - Department of VT Health Access

**Budget Object Group: 1. PERSONAL SERVICES**

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Salaries and Wages</b>							
Description	Code						
Classified Employees	500000	7,876,497	9,446,168	9,446,168	11,956,724	2,510,556	26.6%
Exempt	500010	791,143	933,772	933,772	1,077,501	143,729	15.4%
Temporary Employees	500040	4,899	0	0	0	0	0.0%
Overtime	500060	35,157	0	0	0	0	0.0%
Market Factor - Classified	500899	0	28,632	28,632	30,178	1,546	5.4%
Vacancy Turnover Savings	508000	0	(157,042)	(157,042)	(173,566)	(16,524)	10.5%
<b>Total: Salaries and Wages</b>		<b>8,707,696</b>	<b>10,251,530</b>	<b>10,251,530</b>	<b>12,890,837</b>	<b>2,639,307</b>	<b>25.7%</b>

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Fringe Benefits</b>							
Description	Code						
FICA - Classified Employees	501000	582,154	724,802	724,802	916,610	191,808	26.5%
FICA - Exempt	501010	55,948	68,160	68,160	78,395	10,235	15.0%
FICA - Temporaries	501040	385	0	0	0	0	0.0%
Health Ins - Classified Empl	501500	1,216,550	1,821,346	1,821,346	2,162,937	341,591	18.8%
Health Ins - Exempt	501510	79,040	116,837	116,837	104,411	(12,426)	-10.6%
Retirement - Classified Empl	502000	1,331,011	1,611,071	1,611,071	2,040,550	429,479	26.7%
Retirement - Exempt	502010	106,046	126,731	126,731	143,711	16,980	13.4%



Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Fringe Benefits</b>							
Description	Code						
Dental - Classified Employees	502500	80,280	107,900	107,900	136,544	28,644	26.5%
Dental - Exempt	502510	5,845	6,500	6,500	7,436	936	14.4%
Life Ins - Classified Empl	503000	28,223	40,737	40,737	49,648	8,911	21.9%
Life Ins - Exempt	503010	3,392	4,016	4,016	4,460	444	11.1%
LTD - Classified Employees	503500	921	1,942	1,942	2,620	678	34.9%
LTD - Exempt	503510	1,226	2,168	2,168	2,632	464	21.4%
EAP - Classified Empl	504000	4,306	5,210	5,210	6,764	1,554	29.8%
EAP - Exempt	504010	263	314	314	367	53	16.9%
Misc Employee Benefits	504590	246	0	0	0	0	0.0%
Workers Comp - Other	505030	0	44,899	44,899	0	(44,899)	-100.0%
Workers Comp - Ins Premium	505200	44,900	19,742	19,742	66,554	46,812	237.1%
Unemployment Compensation	505500	7,973	0	0	0	0	0.0%
Catamount Health Assessment	505700	642	0	0	0	0	0.0%
<b>Total: Fringe Benefits</b>		<b>3,549,352</b>	<b>4,702,375</b>	<b>4,702,375</b>	<b>5,723,639</b>	<b>1,021,264</b>	<b>21.7%</b>

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Contracted and 3rd Party Service</b>							
Description	Code						
Contr&3Rd Pty-Educ & Training	507350	1,550	0	0	0	0	0.0%
Other Contr and 3Rd Pty Serv	507600	48,901,777	107,100,179	107,100,179	126,954,922	19,854,743	18.5%
Interpreters	507615	4,824	0	0	0	0	0.0%
<b>Total: Contracted and 3rd Party Service</b>		<b>48,908,151</b>	<b>107,100,179</b>	<b>107,100,179</b>	<b>126,954,922</b>	<b>19,854,743</b>	<b>18.5%</b>

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

PerDiem and Other Personal Services		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Description	Code						
Per Diem	506000	10,150	3,601	3,601	3,600	(1)	0.0%
Other Pers Serv	506200	0	0	0	0	0	0.0%
<b>Total: PerDiem and Other Personal Service:</b>		<b>10,150</b>	<b>3,601</b>	<b>3,601</b>	<b>3,600</b>	<b>(1)</b>	<b>0.0%</b>
<b>Total: 1. PERSONAL SERVICES</b>		<b>61,175,349</b>	<b>122,057,685</b>	<b>122,057,685</b>	<b>145,572,998</b>	<b>23,515,313</b>	<b>19.3%</b>

Budget Object Group: 2. OPERATING

Equipment		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Description	Code						
Other Equipment	522400	50	0	0	0	0	0.0%
Office Equipment	522410	2,215	0	0	0	0	0.0%
Furniture & Fixtures	522700	57,859	50,050	50,050	50,049	(1)	0.0%
<b>Total: Equipment</b>		<b>60,123</b>	<b>50,050</b>	<b>50,050</b>	<b>50,049</b>	<b>(1)</b>	<b>0.0%</b>

IT/Telecom Services and Equipment		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Description	Code						
Communications	516600	198	0	0	0	0	0.0%

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

IT/Telecom Services and Equipment		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Description	Code						
Internet	516620	10	0	0	0	0	0.0%
Telecom-Mobile Wireless Data	516623	0	0	0	15,001	15,001	0.0%
Telecom-Other Telecom Services	516650	46,906	0	0	0	0	0.0%
Telecom-Data Telecom Services	516651	0	15,000	15,000	0	(15,000)	-100.0%
Telecom-Telephone Services	516652	50,836	161,249	161,249	161,251	2	0.0%
Telecom-Video Conf Services	516653	0	7,000	7,000	7,000	0	0.0%
Telecom-Conf Calling Services	516658	45,459	0	0	0	0	0.0%
Telecom-Wireless Phone Service	516659	0	0	0	0	0	0.0%
It Intersvccost- Dii Other	516670	106,241	0	0	0	0	0.0%
It Intsvccost-Vision/Isdassess	516671	308,416	337,619	337,619	169,909	(167,710)	-49.7%
It Intsvccost- Dii - Telephone	516672	87,462	205,725	205,725	0	(205,725)	-100.0%
It Intsvccos-Dii Data Telecomm	516673	0	40,000	40,000	40,000	0	0.0%
It Inter Svc Cost User Support	516678	0	236,163	236,163	265,426	29,263	12.4%
It Inter Svc Cost Proj Mgt&Rev	516683	0	0	0	327,999	327,999	0.0%
It Int Svc Dii Allocated Fee	516685	52,713	0	0	203,156	203,156	0.0%
Hw - Other Info Tech	522200	20,447	94,300	94,300	155,250	60,950	64.6%
Hw-Switches,Router,Other	522215	1,883	0	0	0	0	0.0%
Hardware - Desktop & Laptop Pc	522216	45,613	0	0	0	0	0.0%
Hw - Printers,Copiers,Scanners	522217	6,420	0	0	0	0	0.0%
Software - Other	522220	70,292	100,000	100,000	100,000	0	0.0%
Software - Office Technology	522221	36,597	0	0	0	0	0.0%
Sw-Database&Management Sys	522222	7,154	0	0	0	0	0.0%
Sw-Server&Local Area Network	522225	13	0	0	0	0	0.0%
Sw-Firewall Filter & Security	522227	1,472	0	0	0	0	0.0%
<b>Total: IT/Telecom Services and Equipment</b>		<b>888,134</b>	<b>1,197,056</b>	<b>1,197,056</b>	<b>1,444,992</b>	<b>247,936</b>	<b>20.7%</b>

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Other Operating Expenses		FY2013 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	Code						
Supp of Pers In State Custody	523300	147	0	0	0	0	0.0%
<b>Total: Other Operating Expenses</b>		<b>147</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

Other Purchased Services		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Description	Code						
Insurance Other Than Empl Bene	516000	944	1,390	1,390	1,583	193	13.9%
Insurance - General Liability	516010	20,661	25,164	25,164	28,029	2,865	11.4%
Dues	516500	33,225	54,998	54,998	55,000	2	0.0%
Licenses	516550	18,423	20,000	20,000	20,000	0	0.0%
Advertising	516800	0	55,999	55,999	56,001	2	0.0%
Advertising-Other	516815	1,769	0	0	0	0	0.0%
Advertising - Job Vacancies	516820	39,367	0	0	0	0	0.0%
Printing and Binding	517000	130,957	300,000	300,000	300,000	0	0.0%
Registration For Meetings&Conf	517100	41,446	10,000	10,000	10,000	0	0.0%
Training - Info Tech	517110	172	0	0	0	0	0.0%
Postage	517200	212,641	262,859	262,859	262,859	0	0.0%
Freight & Express Mail	517300	564	14,512	14,512	14,512	0	0.0%
Instate Conf, Meetings, Etc	517400	65	0	0	0	0	0.0%
Other Purchased Services	519000	55,734	70,000	70,000	70,000	0	0.0%
Human Resources Services	519006	49,675	97,116	97,116	84,442	(12,674)	-13.1%
Administrative Service Charge	519010	16,358	0	0	0	0	0.0%
Security Services	519025	2	0	0	0	0	0.0%
Moving State Agencies	519040	1,968	0	0	0	0	0.0%

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Other Purchased Services</b>							
Description	Code						
<b>Total: Other Purchased Services</b>		623,971	912,038	912,038	902,426	(9,612)	-1.1%

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Property and Maintenance</b>							
Description	Code						
Disposal	510200	1,123	0	0	0	0	0.0%
Repair & Maint - Buildings	512000	0	20,000	20,000	20,000	0	0.0%
Repair & Maint - Office Tech	513010	20,464	0	0	0	0	0.0%
<b>Total: Property and Maintenance</b>		21,588	20,000	20,000	20,000	0	0.0%

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Rental Other</b>							
Description	Code						
Rental - Auto	514550	15,715	0	0	12,500	12,500	0.0%
Rental - Office Equipment	514650	7,548	0	0	0	0	0.0%
<b>Total: Rental Other</b>		23,263	0	0	12,500	12,500	0.0%

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Rental Property</b>							
Description	Code						
Rent Land & Bldgs-Office Space	514000	953,083	1,202,991	1,202,991	1,366,215	163,224	13.6%
Rent Land&Bldgs-Non-Office	514010	0	20,004	20,004	20,000	(4)	0.0%
Fee-For-Space Charge	515010	0	2,459	2,459	2,741	282	11.5%
<b>Total: Rental Property</b>		<b>953,083</b>	<b>1,225,454</b>	<b>1,225,454</b>	<b>1,388,956</b>	<b>163,502</b>	<b>13.3%</b>

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Supplies</b>							
Description	Code						
Office Supplies	520000	65,476	77,500	77,500	77,481	(19)	0.0%
Gasoline	520110	480	0	0	0	0	0.0%
Other General Supplies	520500	435	0	0	0	0	0.0%
Recognition/Awards	520600	1,066	3,000	3,000	3,000	0	0.0%
Food	520700	24,045	7,000	7,000	7,000	0	0.0%
Electricity	521100	0	35,000	35,000	35,001	1	0.0%
Books&Periodicals-Library/Educ	521500	16,486	61,972	61,972	61,972	0	0.0%
Subscriptions	521510	2,539	5,000	5,000	5,001	1	0.0%
Subscriptions Other Info Serv	521515	1,532	0	0	0	0	0.0%
Paper Products	521820	286	0	0	0	0	0.0%
<b>Total: Supplies</b>		<b>112,346</b>	<b>189,472</b>	<b>189,472</b>	<b>189,455</b>	<b>(17)</b>	<b>0.0%</b>

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

State of Vermont

FY2015 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Travel		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Description	Code						
Travel-Inst-Auto Mileage-Emp	518000	61,777	165,000	165,000	151,949	(13,051)	-7.9%
Travel-Inst-Other Transp-Emp	518010	1,815	0	0	0	0	0.0%
Travel-Inst-Meals-Emp	518020	(1)	0	0	0	0	0.0%
Travel-Inst-Lodging-Emp	518030	293	0	0	0	0	0.0%
Travel-Inst-Incidentals-Emp	518040	1,427	0	0	0	0	0.0%
Travel-Inst-Auto Mileage-Nonemp	518300	9,205	0	0	0	0	0.0%
Travel-Inst-Other Trans-Nonemp	518310	31	0	0	0	0	0.0%
Travel-Inst-Lodging-Nonemp	518330	974	0	0	0	0	0.0%
Travel-Outst-Auto Mileage-Emp	518500	1,619	0	0	0	0	0.0%
Travel-Outst-Other Trans-Emp	518510	22,105	50,000	50,000	50,000	0	0.0%
Travel-Outst-Meals-Emp	518520	6,209	0	0	0	0	0.0%
Travel-Outst-Lodging-Emp	518530	34,480	0	0	0	0	0.0%
Travel-Outst-Incidentals-Emp	518540	1,986	0	0	0	0	0.0%
Travel-Outst-Automileage-Nonemp	518700	462	0	0	0	0	0.0%
Travel-Outst-Other Trans-Nonemp	518710	692	0	0	0	0	0.0%
Travel-Outst-Lodging-Nonemp	518730	122	0	0	0	0	0.0%
Travel-Outst-Incidentals-Nonemp	518740	32	0	0	0	0	0.0%
<b>Total: Travel</b>		<b>143,228</b>	<b>215,000</b>	<b>215,000</b>	<b>201,949</b>	<b>(13,051)</b>	<b>-6.1%</b>
<b>Total: 2. OPERATING</b>		<b>2,825,881</b>	<b>3,809,070</b>	<b>3,809,070</b>	<b>4,210,327</b>	<b>401,257</b>	<b>10.5%</b>

Budget Object Group: 3. GRANTS

Report ID: VTPB-07  
 Run Date: 01/17/2014  
 Run Time: 04:11 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget: Detail Report**

**Organization: 03410 - Department of VT Health Access**

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
<b>Grants Rollup</b>							
Description	Code						
Grants	550220	0	14,683,954	14,683,954	10,843,239	(3,840,715)	-26.2%
Other Grants	550500	12,460,574	16,280,000	16,280,000	10,300,000	(5,980,000)	-36.7%
Medical Services Grants	604250	935,331,059	932,259,328	952,859,960	944,238,349	11,979,021	1.3%
Ahs Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
<b>Total: Grants Rollup</b>		<b>947,791,633</b>	<b>963,223,282</b>	<b>983,823,914</b>	<b>965,381,588</b>	<b>2,158,306</b>	<b>0.2%</b>
<b>Total: 3. GRANTS</b>		<b>947,791,633</b>	<b>963,223,282</b>	<b>983,823,914</b>	<b>965,381,588</b>	<b>2,158,306</b>	<b>0.2%</b>
<b>Total Expenses:</b>		<b>1,011,792,863</b>	<b>1,089,090,037</b>	<b>1,109,690,669</b>	<b>1,115,164,913</b>	<b>26,074,876</b>	<b>2.4%</b>

		FY2013 Actuals	FY2014 Original As Passed Budget	FY2014 Governor's BAA Recommended Budget	FY2015 Governor's Recommended Budget	Difference Between FY2015 Governor's Recommend and FY2014 As Passed	Percent Change FY2015 Governor's Recommend and FY2014 As Passed
Fund Name	Fund Code						
General Fund	10000	130,905,901	136,385,770	138,243,701	143,752,078	7,366,308	5.4%
Global Commitment Fund	20405	694,762,894	714,667,397	728,161,476	718,745,655	4,078,258	0.6%
Insurance Regulatory & Suprv	21075	434,882	226,173	226,173	226,174	1	0.0%
Inter-Unit Transfers Fund	21500	303,579	5,077,117	5,077,117	5,242,117	165,000	3.2%
Evidence-Based Educ & Advertis	21912	0	0	0	0	0	0.0%
Vermont Health IT Fund	21916	1,243,532	3,399,259	3,399,259	3,400,721	1,462	0.0%
State Health Care Resources Fd	21990	0	0	0	4,906,013	4,906,013	0.0%
Federal Revenue Fund	22005	183,135,377	229,334,321	234,582,943	238,892,155	9,557,834	4.2%
ARRA Federal Fund	22040	1,006,699	0	0	0	0	0.0%
<b>Funds Total:</b>		<b>1,011,792,863</b>	<b>1,089,090,037</b>	<b>1,109,690,669</b>	<b>1,115,164,913</b>	<b>26,074,876</b>	<b>2.4%</b>



**Report ID:** VTPB-07  
**Run Date:** 01/17/2014  
**Run Time:** 04:11 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget: Detail Report**

Position Count					211		
FTE Total					207		

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

**03410-Department of VT Health Access**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730001	501100 - OVHA Program Consultant	1	1	43,259	25,866	3,309	72,434
730002	002000 - Administrative Secretary	1	1	43,727	14,765	3,347	61,839
730003	499800 - OVHA COB Director	1	1	73,259	19,939	5,604	98,802
730005	459400 - Managed Care Compliance Director	1	1	78,075	32,156	5,972	116,203
730006	495100 - Pharmacy Project Administrator	1	1	60,635	28,910	4,639	94,184
730007	027100 - Public Health Analyst III	0.98	1	59,489	17,362	4,551	81,402
730007	495900 - Med Hlthcare Data null Anal	0.02		1,401	408	107	1,916
730009	460500 - OVHA Prog Integ & Qual Imp Dir	1	1	75,699	20,365	5,790	101,854
730010	454200 - DVHA Policy Director	1	1	70,883	26,085	5,423	102,391
730011	473800 - OVHA Reimbursement Dir	1	1	66,639	29,963	5,099	101,701
730012	532800 - Clinical Oper Nurse Case Mgr	1	1	66,873	12,428	5,116	84,417
730013	004700 - Program Technician I	1	1	39,759	14,067	3,041	56,867

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730014	487900 - Reimbursement Analyst	1	1	48,606	26,802	3,718	79,126
730015	048500 - Hlth AccessPolicy & Plng Chief	1	1	60,486	11,308	4,629	76,423
730018	089120 - Financial Manager III	1	1	60,486	28,885	4,629	94,000
730020	495600 - Associate Prog Integrity Dir	1	1	70,904	30,710	5,423	107,037
730021	459800 - Health Program Administrator	1	1	59,320	24,029	4,538	87,887
730022	459800 - Health Program Administrator	1	1	66,597	18,770	5,095	90,462
730023	460600 - Coordination of Benefit Spec	1	1	48,712	15,638	3,726	68,076
730024	089240 - Administrative Srvcs Cord III	1	1	52,298	9,873	4,001	66,172
730025	501100 - OVHA Program Consultant	1	1	51,067	22,441	3,906	77,414
730026	469900 - Provider & Member Serv Dir	1	1	66,364	18,731	5,077	90,172
730027	459500 - Provider Relations Specialist	1	1	52,298	9,873	4,001	66,172
730028	533900 - Medicaid Provider Rel Oper Chf	1	1	51,491	16,124	3,939	71,554
730029	459800 - Health Program Administrator	1	1	55,586	16,841	4,251	76,678
730030	514400 - Director of Data Analysis	1	1	68,612	30,309	5,249	104,170

**Report ID** : VTPB - 14  
**Run Date** : 01/17/2014  
**Run Time** : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730031	498800 - Medicaid Fiscal Analyst	1	1	50,366	15,926	3,852	70,144
730032	089120 - Financial Manager III	1	1	58,196	17,299	4,451	79,946
730034	532800 - Clinical Oper Nurse Case Mgr	1	1	65,070	18,503	4,977	88,550
730035	533300 - Prog Integrity Nurse Auditor	1	1	55,586	28,025	4,251	87,862
730036	532800 - Clinical Oper Nurse Case Mgr	1	1	65,070	24,894	4,977	94,941
730037	501100 - OVHA Program Consultant	1	1	49,476	26,955	3,784	80,215
730040	089220 - Administrative Srvc Cord I	1	1	59,235	17,481	4,532	81,248
730047	480400 - Nurse Case Mgr Specialist	1	1	74,871	13,830	5,727	94,428
730049	089250 - Administrative Srvc Cord IV	1	1	54,716	27,872	4,186	86,774
730050	472300 - DVHA Clinical Oper Director	1	1	80,726	21,247	6,176	108,149
730051	089210 - Administrative Srvc Tech IV	1	1	39,313	20,380	3,007	62,700
730053	089120 - Financial Manager III	1	1	73,535	26,377	5,624	105,536
730054	089040 - Financial Specialist III	1	1	46,696	15,284	3,572	65,552
730056	459500 - Provider Relations Specialist	1	1	49,052	26,880	3,752	79,684

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730059	089150 - Financial Director III	1	1	83,442	33,110	6,385	122,937
730060	495900 - Med Hlthcare Data null Anal	1	1	53,485	10,082	4,092	67,659
730061	480200 - DVHA Quality Improvement Dir	1	1	73,259	19,937	5,605	98,801
730062	459800 - Health Program Administrator	1	1	50,366	22,316	3,852	76,534
730067	460600 - Coordination of Benefit Spec	1	1	44,214	26,033	3,382	73,629
730068	533500 - Coord of Benefits Supervisor	1	1	60,635	11,336	4,638	76,609
730069	487600 - Senior Nurse Case Manager	1	1	64,688	29,620	4,947	99,255
730070	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	24,161	4,658	89,709
730073	507001 - Medical Social Worker OVHA	1	1	57,537	28,366	4,401	90,304
730074	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	17,770	4,658	83,318
730075	487600 - Senior Nurse Case Manager	1	1	75,211	31,464	5,754	112,429
730076	487600 - Senior Nurse Case Manager	1	1	64,688	23,791	4,947	93,426
730078	462100 - Care Coordination Field Direct	1	1	89,107	22,715	6,817	118,639
730081	089020 - Financial Specialist I	1	1	42,602	20,956	3,259	66,817

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730082	463100 - Health Care Project Director	1	1	83,548	28,133	6,393	118,074
730084	464900 - OVHA Program & Oper Auditor	1	1	52,000	9,822	3,979	65,801
730086	486400 - Health Serv Project & Oper Dir	1	1	64,285	11,974	4,918	81,177
730087	501100 - OVHA Program Consultant	1	1	49,476	15,771	3,784	69,031
730088	501100 - OVHA Program Consultant	1	1	44,851	14,961	3,431	63,243
730089	501100 - OVHA Program Consultant	1	1	49,476	22,162	3,784	75,422
730090	533500 - Coord of Benefits Supervisor	1	1	66,873	30,004	5,116	101,993
730091	507001 - Medical Social Worker OVHA	1	1	46,696	15,284	3,574	65,554
730093	499500 - Nurse Case Manager AC: OVHA	1	1	62,991	24,530	4,819	92,340
730094	499500 - Nurse Case Manager AC: OVHA	1	1	58,874	11,026	4,504	74,404
730097	089140 - Financial Director II	1	1	85,988	22,379	6,578	114,945
730098	487600 - Senior Nurse Case Manager	1	1	73,196	21,171	5,600	99,967
730099	507001 - Medical Social Worker OVHA	1	1	46,696	21,675	3,574	71,945
730101	459800 - Health Program Administrator	1	1	50,366	27,110	3,852	81,328

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730102	498000 - Hlth Reform Enterprise Dir II	1	1	86,222	33,395	6,596	126,213
730103	004800 - Program Technician II	1	1	41,393	14,354	3,167	58,914
730104	501100 - OVHA Program Consultant	1	1	67,184	18,873	5,141	91,198
730105	089210 - Administrative Srvc Tech IV	0.41	1	16,769	3,648	1,283	21,700
730105	089210 - Administrative Srvc Tech IV	0.61	1	27,675	5,558	2,116	35,349
730107	004700 - Program Technician I	1	1	38,486	20,236	2,944	61,666
730108	533500 - Coord of Benefits Supervisor	1	1	56,838	28,246	4,348	89,432
730109	460600 - Coordination of Benefit Spec	0.5	1	25,014	22,669	1,914	49,597
730109	460600 - Coordination of Benefit Spec	0.5	1	20,049	10,614	1,534	32,197
730110	499700 - Medicaid Operations Adm	1	1	60,635	28,911	4,638	94,184
730112	460600 - Coordination of Benefit Spec	1	1	47,184	26,556	3,610	77,350
730113	460600 - Coordination of Benefit Spec	1	1	40,098	14,128	3,068	57,294
730114	460600 - Coordination of Benefit Spec	1	1	40,098	20,518	3,068	63,684
730115	499700 - Medicaid Operations Adm	1	1	71,074	30,739	5,436	107,249

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730123	434100 - Public Health Dentist	0.51	1	42,602	23,448	3,259	69,309
730123	434100 - Public Health Dentist	0.27	1	21,301	4,441	1,629	27,371
730123	434100 - Public Health Dentist	0.27	1	21,301	4,441	1,629	27,371
730124	464900 - OVHA Program & Oper Auditor	1	1	70,522	30,643	5,395	106,560
730125	533300 - Prog Integrity Nurse Auditor	1	1	57,347	23,540	4,387	85,274
730126	498800 - Medicaid Fiscal Analyst	1	1	57,347	17,149	4,387	78,883
730127	499400 - Medicaid Transptation QC Chief	1	1	60,890	24,161	4,658	89,709
730128	068600 - Project Manager	1	1	85,203	30,912	6,518	122,633
730129	049601 - Grants Management Specialist	1	1	45,805	15,128	3,504	64,437
730130	034550 - HCR-HIT Integration Manager	1	1	78,074	32,158	5,973	116,205
730131	499500 - Nurse Case Manager AC: OVHA	1	1	62,991	11,748	4,819	79,558
730132	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	28,954	4,658	94,502
730133	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	28,954	4,658	94,502
730134	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	28,954	4,658	94,502



Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730135	482800 - Clinical Social Worker	1	1	57,687	28,392	4,412	90,491
730136	482800 - Clinical Social Worker	1	1	57,687	17,208	4,412	79,307
730137	442100 - Project Administrator, Bluepri	1	1	62,991	18,139	4,819	85,949
730138	004800 - Program Technician II	1	1	48,712	26,822	3,726	79,260
730139	486200 - Asst Dir of Blueprint for Hlth	1	1	64,284	29,550	4,918	98,752
730140	434002 - Public Health Physician	1	1	116,399	21,108	8,514	146,022
730141	501100 - OVHA Program Consultant	1	1	44,851	26,145	3,431	74,427
730142	495900 - Med Hlthcare Data null Anal	1	1	58,874	23,808	4,504	87,186
730143	464900 - OVHA Program & Oper Auditor	1	1	72,516	30,991	5,548	109,055
730144	464900 - OVHA Program & Oper Auditor	1	1	50,367	27,111	3,853	81,331
730145	486300 - Clinical Util Rev Data Analyst	1	1	60,890	28,954	4,658	94,502
730146	486200 - Asst Dir of Blueprint for Hlth	1	1	92,947	23,172	7,111	123,230
730147	486200 - Asst Dir of Blueprint for Hlth	1	1	70,904	30,711	5,424	107,039
730170	049601 - Grants Management Specialist	1	1	45,805	20,482	3,504	69,791

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730171	486600 - Project Manager, CHIPRA	1	1	60,890	23,126	4,658	88,674
730172	533200 - Senior Behav Hlth CRC Mg	1	1	62,651	18,078	4,793	85,522
730173	499500 - Nurse Case Manager AC: OVHA	1	1	66,873	25,210	5,116	97,199
730174	464900 - OVHA Program & Oper Auditor	1	1	48,916	26,858	3,741	79,515
730175	499700 - Medicaid Operations Adm	1	1	66,873	12,429	5,117	84,419
730176	089280 - Administrative Srvcs Mngr III	1	1	58,196	22,653	4,451	85,300
730177	499700 - Medicaid Operations Adm	1	1	64,688	29,622	4,949	99,259
730178	050200 - Administrative Assistant B	1	1	36,768	18,899	2,813	58,480
730179	499000 - Health Care Policy Analyst	1	1	82,339	21,731	6,300	110,370
730180	048500 - Hlth AccessPolicy & Plng Chief	1	1	66,640	18,941	5,098	90,679
730181	494000 - Exchange Project Director	1	1	82,891	32,812	6,341	122,044
730182	018100 - Change Management Director	1	1	66,088	12,292	5,055	83,435
730183	494000 - Exchange Project Director	1	1	82,891	33,014	6,341	122,246
730184	494000 - Exchange Project Director	1	1	82,891	32,811	6,341	122,043

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730185	494000 - Exchange Project Director	1	1	82,891	21,628	6,341	110,860
730186	550200 - Contracts & Grants Administrat	1	1	50,367	9,537	3,852	63,756
730187	089050 - Financial Administrator I	1	1	43,260	14,681	3,311	61,252
730188	089040 - Financial Specialist III	1	1	42,390	14,529	3,243	60,162
730189	005300 - Executive Office Manager	1	1	40,098	25,312	3,068	68,478
730190	098100 - Education and Manager Outreach Manager	1	1	58,196	17,299	4,452	79,947
730192	499500 - Nurse Case Manager AC: OVHA	1	1	72,707	21,085	5,563	99,355
730193	532800 - Clinical Oper Nurse Case Mgr	1	1	65,070	25,053	4,977	95,100
730194	050200 - Administrative Assistant B	1	1	36,768	19,935	2,813	59,516
730195	048500 - Hlth AccessPolicy & Plng Chief	1	1	58,195	17,299	4,452	79,946
730196	459800 - Health Program Administrator	1	1	72,516	30,991	5,548	109,055
730197	496100 - Substance Abuse Director	1	1	75,699	13,974	5,790	95,463
730198	496000 - Team Care Coordinator	1	1	66,873	30,003	5,116	101,992
730199	496000 - Team Care Coordinator	1	1	60,890	28,954	4,658	94,502

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730200	496800 - VCCI Mgr Prog Oper & Serv Qual	1	1	78,266	31,999	5,988	116,253
730201	496200 - VCCI Mgr for Clin Oper null Q	1	1	70,904	30,710	5,423	107,037
730202	495900 - Med Hlthcare Data null Anal	1	1	57,071	10,710	4,365	72,146
730203	495900 - Med Hlthcare Data null Anal	1	1	53,485	12,670	4,092	70,247
730204	334000 - DVHA Bhav Hlth Cnrnt RvwCre Mg	1	1	57,071	28,285	4,365	89,721
730205	334000 - DVHA Bhav Hlth Cnrnt RvwCre Mg	1	1	53,485	10,082	4,092	67,659
730206	487900 - Reimbursement Analyst	1	1	55,586	16,841	4,251	76,678
730207	533100 - Reimbursement Fiscal Analyst	1	1	48,606	22,128	3,718	74,452
730208	454300 - DVHA Rate Setting Mang	1	1	68,677	25,695	5,254	99,626
730209	472900 - Business Analyst - Human Serv	1	1	51,491	21,479	3,939	76,909
730210	499500 - Nurse Case Manager AC: OVHA	1	1	55,204	16,773	4,222	76,199
730211	497901 - Health Reform Portfo Dir II	1	1	78,075	31,967	5,973	116,015
730212	497900 - Health Reform Portfolio Direct	1	1	68,612	25,516	5,248	99,376
730213	497800 - Health Reform Enterprise Dir I	1	1	54,716	22,045	4,185	80,946

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730214	497700 - H R Portfolio Privacy Pol Spec	1	1	54,716	22,045	4,185	80,946
730215	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	26,652	4,658	92,200
730216	499500 - Nurse Case Manager AC: OVHA	1	1	60,890	23,125	4,658	88,673
730218	499504 - Nurse Case Mgr - High Risk Pre	1	1	68,825	12,770	5,265	86,860
730219	499504 - Nurse Case Mgr - High Risk Pre	1	1	70,692	28,370	5,407	104,469
730220	089270 - Administrative Srvcs Mngr II	1	1	54,716	10,299	4,185	69,200
730221	482300 - Interactive Market & Web Devel	1	1	53,486	22,864	4,092	80,442
730222	089120 - Financial Manager III	0.68	1	45,588	12,846	3,487	61,921
730222	498800 - Medicaid Fiscal Analyst	0.32		21,051	5,931	1,611	28,593
730226	494000 - Exchange Project Director	1	1	68,676	30,320	5,254	104,250
730227	089130 - Financial Director I	1	1	73,280	31,127	5,607	110,014
730228	049601 - Grants Management Specialist	1	1	45,805	20,482	3,504	69,791
730229	330300 - Enterprise Business Analyst	1	1	71,074	13,164	5,436	89,674
730230	330300 - Enterprise Business Analyst	1	1	60,636	24,118	4,640	89,394

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730232	098100 - Education and Manager Outreach Manager	1	1	58,196	23,832	4,452	86,480
730233	098200 - Director of Education and Outreach	1	1	82,891	32,811	6,341	122,043
730234	496600 - Grant Programs Manager	1	1	51,491	16,124	3,939	71,554
730235	089270 - Administrative Svcs Mngr II	1	1	52,255	9,867	3,998	66,120
730236	494000 - Exchange Project Director	1	1	70,904	30,711	5,424	107,039
730237	459800 - Health Program Administrator	1	1	48,605	9,228	3,719	61,552
730238	459800 - Health Program Administrator	1	1	48,606	22,128	3,719	74,453
730239	459800 - Health Program Administrator	1	1	48,606	22,128	3,719	74,453
730240	089120 - Financial Manager III	1	1	58,195	22,654	4,452	85,301
730241	463100 - Health Care Project Director	1	1	66,088	24,038	5,055	95,181
730242	463100 - Health Care Project Director	1	1	66,088	24,038	5,055	95,181
730243	550200 - Contracts & Grants Administrat	1	1	48,606	22,126	3,720	74,452
730244	048500 - Hlth AccessPolicy & Plng Chief	1	1	68,888	24,528	5,270	98,686
730245	098300 - Quality Oversight Analyst II	1	1	73,280	13,551	5,606	92,437

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730246	098300 - Quality Oversight Analyst II	1	1	73,280	25,297	5,606	104,183
730248	490100 - Healthcare Stat Inform Adm	1	1	51,491	21,479	3,939	76,909
730249	490100 - Healthcare Stat Inform Adm	1	1	51,491	21,479	3,939	76,909
730250	490100 - Healthcare Stat Inform Adm	1	1	51,491	21,479	3,939	76,909
730251	854000 - Senior Policy Advisor	1	1	51,491	21,479	3,939	76,909
730252	854000 - Senior Policy Advisor	1	1	51,491	27,308	3,939	82,738
730253	854000 - Senior Policy Advisor	1	1	51,491	21,479	3,939	76,909
730254	463700 - Health Policy Analyst	1	1	45,805	20,483	3,504	69,792
730255	463700 - Health Policy Analyst	1	1	45,805	21,519	3,504	70,828
730256	089260 - Administrative Svcs Mngr I	1	1	49,157	15,716	3,761	68,634
730257	857300 - Communications & Notices Mgr	1	1	54,716	16,689	4,186	75,591
730258	098300 - Quality Oversight Analyst II	1	1	73,280	25,298	5,607	104,185
730260	208800 - Business Analyst	1	1	57,071	22,456	4,366	83,893
730261	208800 - Business Analyst	1	1	57,071	22,457	4,366	83,894

Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730262	330300 - Enterprise Business Analyst	1	1	60,635	23,082	4,638	88,355
730263	330300 - Enterprise Business Analyst	1	1	60,635	23,082	4,638	88,355
730264	330300 - Enterprise Business Analyst	1	1	60,635	23,082	4,638	88,355
730265	330300 - Enterprise Business Analyst	1	1	60,635	23,082	4,638	88,355
730266	089140 - Financial Director II	1	1	66,089	24,036	5,056	95,181
730267	089270 - Administrative Svcs Mngr II	1	1	62,650	23,436	4,792	90,878
730268	089270 - Administrative Svcs Mngr II	1	1	54,716	22,045	4,185	80,946
730269	590200 - VHC Educ & Outreach Coord	1	1	60,890	23,126	4,658	88,674
737001	95360E - Principal Assistant	1	1	125,340	29,371	8,644	163,355
737002	90120A - Commissioner	1	1	107,286	24,923	8,207	140,416
737003	90570D - Deputy Commissioner	1	1	88,670	29,244	6,783	124,697
737004	90570D - Deputy Commissioner	1	1	87,818	16,313	6,719	110,850
737006	91590E - Private Secretary	1	1	46,987	5,719	3,594	56,300
737007	90570D - Deputy Commissioner	1	1	117,146	39,100	8,525	164,771



Report ID : VTPB - 14  
 Run Date : 01/17/2014  
 Run Time : 04:03 PM

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Position Summary Report**

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
737008	95869E - Staff Attorney IV	1	1	80,913	22,112	6,189	109,214
737009	97700E - Director, Payment Reform	1	1	86,798	22,524	6,641	115,963
737010	90570D - Deputy Commissioner	1	1	88,670	16,552	6,782	112,004
737011	95870E - General Counsel I	1	1	95,014	22,582	7,269	124,865
737100	96700E - Director, Blueprint for Health	1	1	152,859	34,577	9,042	196,478
<b>Total</b>		<b>207.07</b>	<b>211</b>	<b>12,949,754</b>	<b>4,617,068</b>	<b>986,221</b>	<b>18,553,044</b>

Fund Code	Fund Name	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
10000	General Fund	1.81		109,553	39,239	8,299	157,091
20405	Global Commitment Fund	135.95	164	8,651,484	3,036,384	657,595	12,345,464
21916	Vermont Health IT Fund	0.6		36,362	13,887	2,784	53,033
21990	State Health Care Resources Fd	5.35		310,738	119,911	23,768	454,417
22005	Federal Revenue Fund	63.36	47	3,841,617	1,407,647	293,775	5,543,039
<b>Total</b>		<b>207.07</b>	<b>211</b>	<b>12,949,754</b>	<b>4,617,068</b>	<b>986,221</b>	<b>18,553,044</b>

Note: Numbers may not sum to total due to rounding.

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Federal - Receipts Detail Report**



**Department: 3410010000 - Department of Vermont health access - administration**

Budget Request Code	Fund	Justification	Est Amount
3542	22005	93.525 ; Health Information Exchange	\$32,573,591
3542	22005	93.609 ; Adult Medicaid Quality	\$71,559
3542	22005	93.624 ; State Innovation Models	\$1,236,583
3542	22005	93.767 ; SCHIP	\$438,473
3542	22005	93.778 ; ACA and ICD-10, TMSIS IAPD's	\$1,827,567
3542	22005	93.778 ; HSE "jumbo" IAPD	\$59,400,633
		<b>Total</b>	<b>\$95,548,406</b>

Report ID: VTPB-24 EST\_FED\_RECEIPTS

State of Vermont  
FY2015 Governor's Recommended Budget  
Federal - Receipts Detail Report



Department: 3410016000 - DVHA-Medicaid/long term care waiver

Budget Request Code	Fund	Justification	Est Amount
3771	22005	93.778 ; Medicaid LTC Waiver	\$116,896,768
		Total	\$116,896,768

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Federal - Receipts Detail Report**



**Department: 3410018000 - DVHA-Medicaid/non-waiver matched programs**

Budget Request Code	Fund	Justification	Est Amount
3773	22005	93.566 ; Refugee	\$361,979
3773	22005	93.767 ; CHIP	\$5,580,875
3773	22005	93.778 ; DSH	\$20,638,023
3773	22005	93.778 ; Medicaid - Rebates	(\$3,857,319)
3773	22005	93.778 ; QI/Q1 Buy-in	\$3,723,423
		<b>Total</b>	<b>\$26,446,981</b>

**State of Vermont**  
**FY2015 Governor's Recommended Budget**  
**Interdepartmental Transfers Inventory Report**



**Department: 3410010000 - Department of Vermont health access - administration**

Budget Request Code	Fund	Justification	Est Amount
3547	21500	03400; DII Capital Funds	\$5,077,117
3547	21500	03420; VDH - ADAP	\$165,000
		<b>Total</b>	<b>\$5,242,117</b>

Report ID: VTPB-28 GRANTS\_INVENTORY

State of Vermont  
FY2015 Governor's Recommended Budget  
Grants Out Inventory Report



Department: 3410018000 - DVHA-Medicaid/non-waiver matched programs

Budget Request Code	Fund	Justification	Est Amount
3717	10000	Medical Claims Paid	\$19,348,700
3717	22005	Medical Claims Paid	\$26,446,981
		Total	\$45,795,681

Report ID: VTPB-28 GRANTS\_INVENTORY

State of Vermont  
FY2015 Governor's Recommended Budget  
Grants Out Inventory Report



Department: 3410017000 - DVHA- Medicaid/state only programs

Budget Request Code	Fund	Justification	Est Amount
3716	10000	Medical Claims Paid	\$32,906,898
3716	20405	Medical Claims Paid	\$12,309,400
		Total	\$45,216,298

Report ID: VTPB-28 GRANTS\_INVENTORY

State of Vermont  
FY2015 Governor's Recommended Budget  
Grants Out Inventory Report



Department: 3410016000 - DVHA-Medicaid/long term care waiver

Budget Request Code	Fund	Justification	Est Amount
3715	10000	Medical Claims Paid	\$90,165,991
3715	22005	Medical Claims Paid	\$116,896,768
		Total	\$207,062,759



Report ID: VTPB-28 GRANTS\_INVENTORY

State of Vermont  
FY2015 Governor's Recommended Budget  
Grants Out Inventory Report



Department: 3410015000 - DVHA- Medicaid Program/Global Commitment

Budget Request Code	Fund	Justification	Est Amount
3714	20405	Medical Claims Paid	\$646,163,611
		Total	\$646,163,611

**State of Vermont  
FY2015 Governor's Recommended Budget  
Grants Out Inventory Report**



**Department: 3410010000 - Department of Vermont health access - administration**

<b>Budget Request Code</b>	<b>Fund</b>	<b>Justification</b>	<b>Est Amount</b>
3604	10000	Ombudsman - Vt. Legal Aid	\$2,274
3604	10000	UVM - Vt. Child Impr	\$192
3604	20405	Blueprint Health Service Areas	\$4,133,008
3604	20405	Ombudsman - Vt. Legal Aid	\$299,972
3604	20405	UVM - Vt. Child Health Impr	\$25,385
3604	20405	VHC - Navigators	\$730,420
3604	21075	VITL Electronic Health Records	\$226,174
3604	21916	VITL Electronic Health Records	\$2,647,926
3604	21990	VHC - Navigators	\$29,580
3604	22005	EHR Provider Incentive Payments	\$10,300,000
3604	22005	Ombudsman - Vt. Legal Aid	\$5,000
3604	22005	UVM - Vt. Child Health Impr	\$423
3604	22005	VITL Electronic Health Records	\$2,742,885
		<b>Total</b>	<b>\$21,143,239</b>



The mission of the  
Department of Vermont Health Access  
is to:

- Provide leadership for Vermont stakeholders to improve access, quality and cost effectiveness in health care reform
- Assist Medicaid beneficiaries in accessing clinically appropriate health services
- Administer Vermont's public health insurance system efficiently and effectively
- Collaborate with other health care system entities in bringing evidence-based practices to Vermont Medicaid beneficiaries.