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AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Budget Document

State Fiscal Year 2016

Vermont Health Care Innovation Project

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AGENCY OF HUMAN SERVICES
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Budget Document – SFY2016

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Executive Summary

In his January 15, 2015 budget address, Governor Peter Shumlin re-emphasized his commitment to making health care affordable and accessible to all Vermonters, recommending funding increases to several areas in the Department of Vermont Health Access (DVHA) budget for 2016 in a year otherwise marked by suggested budget cuts.

Despite the recent decision that public financing for a single payer, universal coverage healthcare system for Vermonters is not yet feasible due to the tax burden it would place on citizens and small businesses, the Governor continues to recommend investments that lay the foundation for this future vision, particularly those that leverage federal funding opportunities to match and thus further State Medicaid programs.

Underscoring Vermont's continued efforts toward health coverage for all residents, the Vermont 2014 Household Health Insurance Survey (HHIS) results show that the number of Vermonters without insurance was cut in half over the past two years: just 3.7% of Vermont's population remains uninsured, approximately 23,000 Vermonters. This rate puts Vermont second in the nation in health insurance coverage and first in coverage for children. The majority of this increase was through Medicaid and Vermont Health Connect qualified health plans. The survey's results are exciting but also demonstrate that there are still many Vermonters without coverage or with coverage that they find unaffordable. This reinforces the importance of the work still needed to transform health services payments and to provide all Vermonters with affordable, quality health coverage. This is reflected in the proposals below.

Address Cost Shift to Private Premiums through Medicaid Rate Increases
Among payers, Medicaid reimbursement rates are the lowest for the majority of medical services. The disparity results in shifting costs to private insurance for businesses and individuals, who pay more on average in order to sustain the health system. This acts as a hidden tax known as the cost shift. The Green Mountain Care Board (GMCB) estimates that the cost shift from low Medicaid reimbursement rates results in $150 million in commercial insurance premium inflation every year. Additionally, the State misses out on significant increases in matching federal funds available to the Medicaid program. The Governor recommends addressing the cost shift through targeted Medicaid rate increases beginning on January 1, 2016. DVHA will coordinate closely with the GMCB to ensure that increased Medicaid reimbursements actually result in reducing the cost shift and lowering private insurance rates and premiums.

New Investment in Vermont's Blueprint for Health
The Blueprint for Health, as codified in statute beginning in 2006, is a "program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management". The Blueprint is comprised of advanced primary care practices operating as patient-centered medical homes and supported by multi-disciplinary community health teams (CHTs).

Each of the three major commercial insurers in Vermont, as well as Medicaid and Medicare, contribute per patient per month (PPPM) payments to Blueprint practices and to fund community health team staffing. While program results have been positive, reflecting lower expenditures and utilization for Blueprint participants and significant savings in relation to insurer investments, PPPM payments to primary care providers operating as patient-centered medical homes and CHT staff members have not increased since 2008. Additionally, the level of contributions for each insurer no longer matches their market share in the State due to the loss and gain of major employer contracts and the introduction of

Vermont Health Connect (VHC) to the insurance landscape. As a result, the Governor recommends increases in Blueprint-affiliated payments.

Improve Coverage Affordability by Increasing the State Cost Sharing Reduction Program
Based on the recent Vermont household health insurance survey, the biggest obstacle to care continues to be out-of-pocket costs, even for those newly insured through VHC. As a result, the DVHA budget proposes increasing Vermont's cost sharing reduction program by $2,000,000 in order to lower the out-of-pocket costs for individuals and families with incomes between $48,000 and $72,000 who purchase health insurance policies through VHC.

Additional Priorities
A number of other elements in the Governor's proposal are outlined in the budget narrative section of this book. Particularly critical and innovative initiatives include: 1) increases in Medicaid rates to community-based providers; 2) investment in an expansion of health home projects, which have supported programs such as the Hub and Spoke and Services and Supports at Home (SASH) in the past; and 3) increased engagement of the two DVHA Utilization Review Boards to propose targets for controlling costs through improved utilization review and management.

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Fast Facts		
Category	**Description**	**Data Point**
Coverage	Number of covered lives in Vermont's public health insurance coverage programs (SFY2015 BAA)	205,579
	Number of children included in the above (SFY2015 BAA)	67,370
	Percent of Vermont children covered by Green Mountain Care	55%
	Percent of Vermonters enrolled in a public health insurance coverage program	33%
	Number of covered lives in Vermont Health Connect Qualified Health Plans (December 2014)	67,514
Providers	Number of providers enrolled in Green Mountain Care (January 2015)	13,155
	Number of Electronic Health Records incentive eligible Vermont providers using EHR systems (CY2014)	949
	Number of Blueprint Patient Centered Medical Home practices (December 2014)	125
Claims	Number of claims processed annually (SFY2014)	6,651,146
	Percent of claims received electronically (SFY2014)	92%
	Percent of claims processed within 30 days (SFY2014)	99%
	Average number of days from claim receipt to adjudication (SFY2014)	1.37
Customer Support	Average number of calls to Member Services per month (CY2014)	47,411
	Average number of seconds to speak with a live person (CY2014)	158
	Average percent of calls answered by a live person within 2 minutes (CY2014)	80%
	Average percent of calls answered by a live person within 2 minutes (December 2014)	97%

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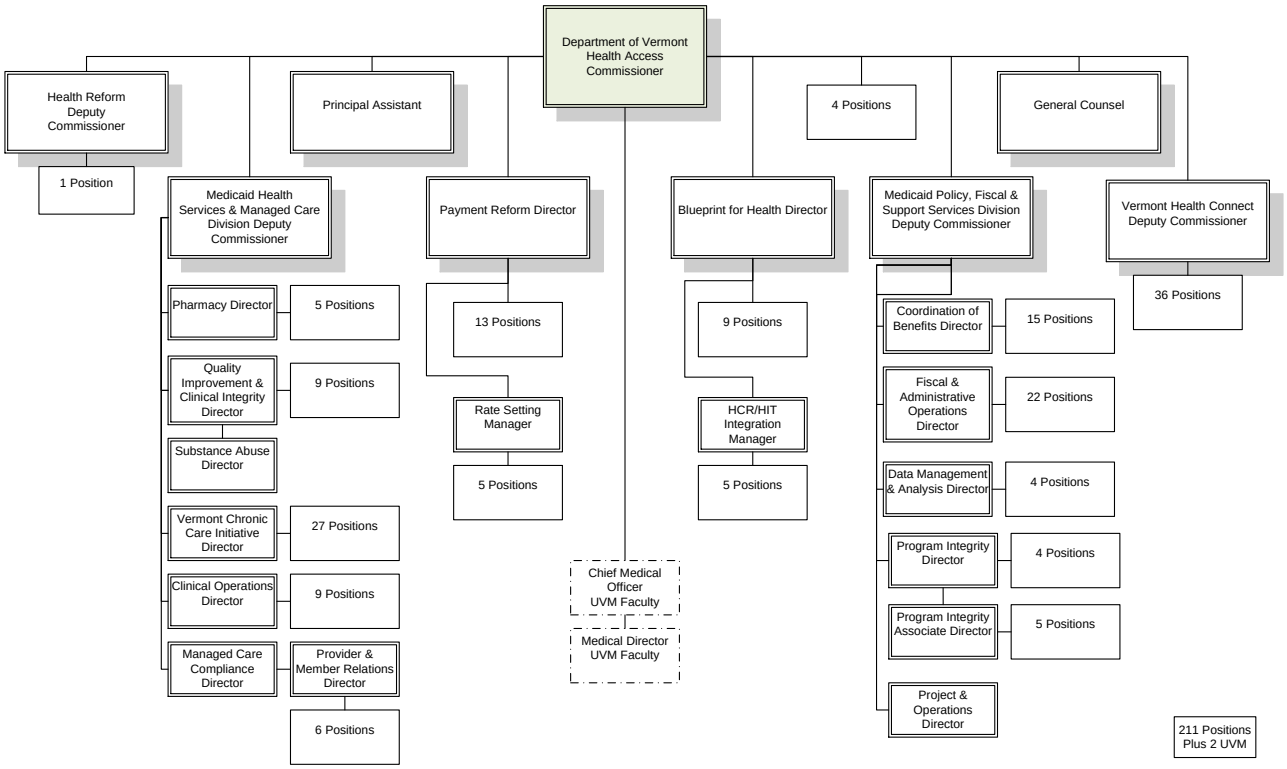
Organizational Chart



Organization & Responsibilities

The Department of Vermont Health Access (DVHA), a department within the Agency of Human Services (AHS), is responsible for the oversight, implementation, and management of Vermont's publicly-funded health coverage programs. These programs include Medicaid and the Children's Health Insurance Program (Dr. Dynasaur), collectively branded Green Mountain Care (GMC), as well as the State's health insurance marketplace, Vermont Health Connect (VHC). DVHA also oversees and many of Vermont's expansive Health Care Reform initiatives, designed to increase access, improve quality, and contain the cost of health care for all Vermonters, including the federally funded Vermont Health Care Innovation Project (VHCIP), Vermont's Blueprint for Health, and health information technology strategic planning, coordination and oversight.

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 healthcare reform implementation.

The Commissioner's Senior Management Team consists of division directors overseeing operations and projects as well as key support services.

The core operational and project divisions are: Medicaid Health Services and Managed Care; Medicaid Policy, Fiscal and Support Services; Payment Reform and Reimbursement; Vermont Health Connect; and the Blueprint for Health. Additional members of the Senior Leadership Team are the Chief Medical Officer; General Counsel; Chief Financial Officer; Principal Assistant; and Health Reform Deputy Commissioner.

DVHA has a total of 211 budgeted classified 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.

Mission

- 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

DVHA's work serves the State of Vermont's high level health reform goals:

1. Reduce health care costs and cost growth
2. Assure that all Vermonters have access to and coverage for high quality health care
3. Improve the health of Vermont's population
4. Assure greater fairness and equity in how we pay for health care

The Department's diverse and complementary health reform activities have four major objectives: the Triple Aim—improve care; improve population health; and reduce health care costs—and improving access to health insurance coverage.

To further the Triple Aim—*improve care; improve population health; reduce costs*—DVHA's successful Blueprint for Health and the Vermont Chronic Care Initiative (VCCI) programs have been working hand-in-hand with the new, federally-funded State Innovation Model (SIM) project, labeled the Vermont Health Care Innovation Project (VHCIP). The Blueprint for Health team 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 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. The Blueprint team provides HIT coordination and oversight, including contract and grant management with external HIT partners such as the Vermont Information Technology Leaders (VITL).

The specific goals for VHCIP are: to increase the level of accountability for cost and quality outcomes among provider organizations; to create a health information network that supports the best possible care management and assessment of cost and quality outcomes and informs opportunities to improve care; to establish payment methodologies across all payers that encourage the best cost and quality outcomes; to ensure accountability for outcomes from both the public and private sectors; and to create commitment to change and synergy between public and private cultures, policies and behaviors. To address the project aims and goals described above, the VHCIP has three main focus areas: payment models—implementing provider payments that move away from straight fee-for-service and incorporate value measurement; care models—creating a more integrated system of care management and care coordination for Vermonters; and health information technology/health information exchange (HIT/HIE)—building an interoperable system that allows for sharing of health information to support optimal care delivery and population health management.

The Vermont Chronic Care Initiative is a key partner in the pilot Medicaid ACO delivery model to assure integrated, non-duplicative service delivery for VCCI-eligible, high risk members. VCCI is a healthcare reform strategy which supports Medicaid members with chronic health conditions and/or high utilization of medical services in accessing 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 members to eventually self-manage their conditions. VCCI case managers/care coordinators are field based and embedded in AHS district offices and high volume hospital and provider practice sites to support communications, referrals and transitions in care. They partner with providers and ACO clinical teams, 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 at risk members. The 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 and ACO partners. Eligible members are identified via predictive modeling and risk stratification, supplemented by referrals from providers and local care teams. VCCI receives census reports from several hospitals and has identified staff as ‘liaisons’ to partner hospitals to support early case identification as well as care transitions.

To improve access to coverage, Vermont and DHVA have long been a leader in health insurance coverage expansion and maintenance. Over the past year, two of DVHA’s most successful coverage expansion programs – the Vermont Health Access Plan (VHAP) and Catamount – sunsetted, and eligible individuals were moved into the expanded Medicaid program or onto a new qualified health plan (QHP) in Vermont Health Connect. DVHA serves approximately 206,000 Vermonters clinically and/or financially, and an additional 12,000 Vermonters (individuals and families) are enrolled in Vermont Health Connect qualified health plans with no financial subsidy. DVHA’s divisions work closely and collaboratively with the Economic Services Division of the Department for Children and Families.

Together, these health reform strategies and activities are leading to systems changes with demonstrable outcomes: greater access to insurance, improved care, improved population health and reduced costs.

The following pages offer greater detail on the activities of the teams described above as well as the general responsibilities and tasks for DVHA's operating divisions and their units. Please note that these descriptions include major areas of responsibility and are not an all-inclusive listing.

Medicaid Health Services and Managed Care

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

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

Clinical Operations

The Clinical Operations Unit (COU) monitors the quality, appropriateness and effectiveness of health care services requested by providers for members. The Unit 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), 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.

The COU is also involved in the ICD-9 to ICD-10 (International Classification of Diseases) conversion project, a nationwide change that is mandated by the Federal Department of Health and Human Services (HHS). The ICD-10 code set has been implemented in over 140 countries and is expected to be implemented in the United States on October 1, 2015. ICD-10 is a more robust classification system, providing more detailed information on diagnosis and procedures, and is expected to improve healthcare management, as well as reporting and analytics, such as cost and utilization. With the increased granularity of the code sets, the result will be greater claim accuracy. All policies, forms, documents and systems that utilize an ICD-9 diagnosis or surgical procedure code have been identified and the appropriate changes are being made, with the COU's oversight and approval, in preparation for the October 1, 2015 implementation. In addition all the codes that were cross mapped from the ICD-9 to ICD-10 were validated by the clinical staff. The consultant team that oversees the Medicaid Management Information System (MMIS) is remediating the MMIS to support the new codes, and the COU will participate in testing to ensure a seamless transition for Vermont's providers and members.

Pharmacy

The Pharmacy Unit is responsible for managing the pharmacy benefit 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 members to resolve benefit and claims processing issues, and to facilitate appeals related to prescription drug coverage within the pharmacy benefit. The 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.

The Department of Vermont Health Access successfully launched a new and modernized Prescription Benefit Management (PBM) system, including a new claims processing platform, on January 1, 2015. The new PBM system consists of a suite of software and services designed to improve the delivery of prescription benefit services to Vermont's publicly-funded pharmacy benefits programs such as Medicaid, Dr. Dynasaur, and VPharm. In addition to improving the member and provider experience, the new system will allow the State to more effectively manage pharmacy and medical costs. Enhanced services include a local Call Center/Helpdesk staffed by Vermont pharmacists and pharmacy technicians; and a new provider portal giving pharmacists and prescribers access to a secure, web-based application that offers features such as a pharmacy and member queries, electronic submission of prior authorizations (PA), uploading of clinical documentation into a document management system, and status updates for submitted PA requests. More information about this implementation can be found on the Department of Vermont Health Access website located at http://dvha.vermont.gov/for-providers/pharmacy-programs-bulletins-alerts.

Quality Improvement and Clinical Integrity

The Quality Improvement & Clinical Integrity Unit collaborates with AHS partners to develop a culture of continuous quality improvement. The unit maintains the Vermont Medicaid Quality Plan and Work Plan; coordinates quality initiatives throughout DVHA in collaboration with AHS partners; oversees DVHA's formal performance improvement projects as required by the *Global Commitment to Health 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; manages the Adult Quality Measures grant awarded in December 2012; coordinates the production of performance measures including Global Commitment to Health measures, HEDIS measures and CAHPS surveys; is the DVHA lead unit for the Results Based Accountability (RBA) methodology for performance improvement; and produces the DVHA Scorecard. Utilizing resources from the Adult Quality Measures grant, the Unit is in the second year of two performance improvement projects – *Breast Cancer Screening* and *Initiation and Engagement in Alcohol & Other Substance Abuse Treatment*. In 2014, the Unit provided training to staff throughout AHS on analyzing measures and implementing performance improvement projects, and was the lead in developing the internal capacity to produce the

Centers for Medicare and Medicaid Services (CMS) core sets of adult and children's Medicaid performance measures. The DVHA Quality Unit is the lead for the Agency Improvement Model (AIM) and supports DVHA staff with process improvement by providing ongoing AIM training.

In March of 2014, the substance abuse team and the mental health team were combined to form a behavioral health team within the Quality Improvement & Clinical Integrity Unit. The behavioral health team works to support a co-occurring focus to the services provided to Vermont Medicaid beneficiaries as well as the integration of substance abuse, mental health and primary care. The team provides concurrent review and authorization of mental health and substance abuse services and facilitates access to care for beneficiaries. In fiscal year 2014, the team authorized and reviewed 395 acute child/adolescent inpatient admissions, 811 withdrawal management inpatient admissions, and 883 acute adult inpatient admissions. The team assisted in discharge planning, especially with the child/adolescent population, by scheduling regular case conferences with all involved parties for the purpose of ensuring successful outpatient transitions. With the knowledge of statewide systems of care, the team has been able to provide hospital discharge planners with referrals and assistance with difficult cases to assure the best possible outcomes.
The team works closely with the Department of Mental Health, the Vermont Department of Health Division of Alcohol and Drug Abuse Program, the Care Alliance for Opioid Addiction, Vermont Chronic Care Initiative, and the DVHA Pharmacy Unit. The team assists with DVHA's efforts to expand access in the "spoke" system of care for treatment of opioid addiction.

The Quality Improvement & Clinical Integrity Unit also administers the Team Care program, which links a beneficiary to a single prescriber and a single pharmacy. The Team Care program ensures appropriate care is delivered to beneficiaries who have a history of drug-seeking behavior or other problematic use of prescription drugs. Over the past year, with the assistance of the DVHA Medical Director and Chief Medical Officer, the Unit has expanded the focus of the Team Care program to identify additional supports for beneficiaries in lieu of lock-in and to enhance coordination with the VCCI in supporting beneficiaries to move from high ER use to utilizing their PCP.

Quality Unit staff collaborated with the Department of Mental Health's Child, Adolescent and Family Unit, the Department of Disability, Aging and Independent Living, the Vermont Department of Health, and the Department for Children and Families throughout the summer of 2014 and elicited input from Designated Agencies in order to draft and ultimately disseminate in October of 2014 the *FY 2015 Interim Guidance Regarding Applied Behavior Analysis Services in the Agencies*. Collaboratively with the Medicaid Policy Unit, Quality Unit staff have continued to engaged in research regarding best practices for the provision of Applied Behavioral Analysis (ABA) services in the public and private sectors, as well as benefit design in both the private and public health insurance arenas throughout the country. Staff also researched evidence-based clinical care criteria sets for the authorization of ABA services and has chosen the McKesson InterQual® tool. The Medicaid Policy Unit and the Quality Unit are in the process of bringing together the AHS sister departments to provide feedback on coverage guidelines for ABA services and is working with the DVHA Reimbursement Unit to develop a payment structure for these services.

Vermont Chronic Care Initiative (VCCI)

As mentioned above, the VCCI is a healthcare reform strategy to support Medicaid members with chronic health conditions and/or high utilization of medical services to access clinically appropriate health care information and services; coordinate the efficient delivery of health care to these members by addressing barriers to care, gaps in evidence-based treatment and duplication of services; and to educate and empower members to eventually self-manage their conditions. Management of depression was an area of primary focus in FY2013, given the high prevalence of this condition, along with other co-morbidities within the top 5%. VCCI also offers supplemental case management for at-risk pregnant women

including those with substance use/abuse and mental health disorders and those with a prior history of premature delivery. Additionally, based on Behavioral Risk Factor Surveillance Systems (BRFSS) data that indicates 60% of the Vermont population is either overweight or obese, the VCCI hired a nutrition and obesity specialist in 2014 to support field staff and members in working together to develop strategies and action plans for those members to reach and maintain healthy weight. It is well documented that obesity directly contributes to an increase in chronic conditions and associated costs to the healthcare system. The nutrition/obesity specialist will help support AHS goals for obesity reduction and will also be the DVHA liaison to other state, academic and community programs to assure they are evidence based and operationally aligned.

While the VCCI expanded in 2012 to include pediatric palliative care management, this past year the program responsibility and staff were transferred to the Vermont Department of Health to integrate with other high risk pediatric support services and to create clinical and operational efficiency in supporting members in common.

Managed Care Compliance

The Managed Care Compliance Unit is responsible for ensuring DVHA's compliance with all state and federal Medicaid managed care requirements. This Unit also manages DVHA's Inter-Governmental Agreements (IGA) with other AHS departments and coordinates audits aimed at evaluating the compliance and quality of managed care activities and programs. If a compliance issue is identified, the Compliance Unit is responsible for creating and managing a corrective action plan, which is reviewed and followed by the Managed Care Compliance Committee.

Each year, the Unit coordinates a managed care compliance audit which is conducted by an auditor designated by CMS as an External Quality Review Organization (EQRO). As these auditors review insurance plans across the United States, the annual EQRO audit is an opportunity to see how Vermont compares to other systems and to learn about "best practices". This audit has helped DVHA programs to improve over the years, resulting in recent audit scores between 93% and 100%.

The Compliance Unit works closely with the Quality Unit to maintain continuity between compliance and quality improvement activities.

Provider and Member Relations (PMR)

PMR ensures members have access to appropriate health care for their medical, dental and mental health needs. The Unit monitors the adequacy of the Green Mountain Care (GMC) network of providers and makes sure that members are served in accordance with managed care requirements. The Green Mountain Care Member Support Center contractor (currently Maximus) is the Level 1 solution for member questions and issues.

Unit responsibilities for providers include provider enrollment, screening and revalidation. Credentialing of providers and monitoring of the network helps prevent Medicaid fraud and abuse. Currently, there are 13,155 providers enrolled in Vermont Medicaid that are serviced with the assistance of the State's fiscal agent, HP Enterprise Services. For exceptional circumstances, PMR pursues the enrollment of providers for members' prior authorized out-of-state medical needs, or if members need emergency health care services while out of state.

The PMR Non-Emergency Medical Transportation (NEMT) group ensures that Medicaid members without access to transportation get rides to and from medical appointments and treatment for opioid addiction. In addition to contract management and quality review of the eight transportation

broker/providers who provide transportation services statewide, PMR staff directly process a monthly average of 1,170 requests for out-of-area transportation and transportation-related medical exemption applications.

PMR is responsible for outreach and communication, including Medicaid policy education, provider manuals and newsletters, member handbooks and newsletters, the Green Mountain Care member website, the Department of Vermont Health Access website, and other communications. Additionally, PMR serves as liaison to the Medicaid Exchange Advisory Board (MEAB) and is responsible for the presentation of this annual budget document.

Medicaid Policy, Fiscal and Support Services

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

- Coordination of Benefits
- Data Management and Analysis
- Fiscal and Administrative Operations
- Information Technology
- Program Integrity
- Projects and Operations
- Vermont MMIS Program Team
- Program Policy

Coordination of Benefits (COB)

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. The Unit has been able to increase Third Party Liability Cost Avoidance dollars, a direct result of ensuring that correct TPL insurance information is in the payment systems.

Data Management and Analysis

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

The Unit has been instrumental in supporting AHS and Department initiatives around performance measures, performance improvement projects and pay for performance initiatives. Working with the Quality and Provider Relation Units in DVHA, the Unit successfully implemented three hybrid measures for the HEDIS 2014 season. This is the first time DVHA has performed the hybrid approach on HEDIS measurers. With a grant from CMS and a 92% retrieval rate, the following rates increased as a result of harvesting lab information and global billing procedures from the medical charts and integrating these with the administrative claims: Comprehensive Diabetes Care (CDC); Controlling High Blood Pressure (CBP); and Prenatal and Postpartum Care (PPC).

The Unit continues to support the AHS Central Office's monitoring of the Designated Agencies (DA) by running the annual DA Master Grant Performance Measures and providing AHS with a six year span of results for nine measures to track progress and monitor continued improvements.

The Unit is actively engaged in Performance Improvements Projects (PIP) aimed at improving three HEDIS measures: Breast Cancer Screening (BCS); Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET); and Follow-Up After Hospitalization for Mental Illness (FUH). Analysts assigned to these projects analyze claims records while designing, developing and implementing change processes to encourage beneficiary and provider coordination and cooperation.

Finally, the Unit collaborates with the Payment Reform Team to provide monthly detailed data runs modeled after the VHCURES extracts as well as Primary Care Case Management Payments (PCCM) runs, which are the basis for algorithms to attribute Medicaid beneficiaries into Accountable Care Organization (ACO) groups.

Fiscal and Administrative Operations

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 and operational duties. The Unit is also responsible for researching, developing and implementing relevant administrative processes, procedures and practices. Recently, the Unit has expanded the services offered to hiring managers to aid in the hiring process and has established on-line supports for both managers and new employees related to onboarding.

Information Technology (IT)

The Information Technology Unit provides direction, assistance and support for all aspects of information technology planning, implementation, and governance. In conjunction with AHS IT, the Unit is responsible for researching, developing, and implementing relevant administrative processes, procedures, and practices related to computer systems and applications operations management. These functions include applications development (in-house build), procurement, or framework configuration determinations. This includes hardware and software procurement, request for proposal, and contract development in association with the Business Office and Department of Information and Innovation (DII) IT. Some of these activities are related to system account administration, system audit coordination, security and privacy. The Unit assists with coordination of projects requiring cross-functional involvement across the Agency and DII. The Unit oversees remediation of outsourced systems to meet regulatory compliance and other needs, in particular related to CMS and the Medicaid Management Information Systems (MMIS).

The Unit's work to prepare VT MMIS for ICD-10 continues collaboration with clinical operations and system remediation work is almost complete. DVHA is working with sister departments to promote and devise assistive methods for each of their programs provider communities. DVHA, in collaboration with the other insurers in Vermont, conducted several meetings with state medical associations and appeared at annual conferences presenting ICD-10 awareness and roadmap guidelines. The Unit has also conducted provider and clearinghouse surveys to identify readiness.

Program Integrity (PI)

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 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). The annual savings to the State of Vermont was a total of $2.6 million (gross) from recoupment and cost avoidance for SFY2011; the total recovery in recoupment and cost avoidance for SFY2012 was $4.47 million, $5.15 million in SFY 2013, and $6.21 in SFY2014. In addition, five members of the Unit staff have successfully completed all required training and earned their certification as Certified Program Integrity Professionals from the Medicaid Integrity Institute.

Projects and Operations

This Unit is responsible for operationalizing select new program initiatives and ongoing projects, particularly those requiring cross-functional involvement. Responsibilities include the MMIS Care Management procurement, part of the Agency of Human Services' Health and Human Services Enterprise (HSE) Program Management Office (PMO); the Graduate Medical Education (GME) Program; Health Home State Plan Amendments (SPA) for Opioid Addiction Treatment; and other Medicaid Health Home initiatives.

Key accomplishments for the Projects and Operations Unit during the past year include: CMS approval for Medicaid Health Home SPAs to support statewide implementation of the "Care Alliance for Opioid Addiction" ("Hub and Spoke"); implementation of quality requirements for Fletcher Allen Healthcare (now UVM Medical Center) related to quarterly GME payments; and MMIS Care Management Request for Proposal (RFP) development and extensive proposal review process resulting in selection of a Health Services Enterprise (HSE) Care Management vendor.

Vermont Medicaid Management Information System (MMIS) Program

The Vermont Medicaid Management Information System (MMIS) program team continues to evolve. The MMIS program is a core element of the AHS HSE vision, aligns Vermont's MMIS with new federal and state regulations stemming from the federal Affordable Care Act and Vermont's health care reform law, Act 48. The new MMIS will integrate with a Service Oriented Architecture (SOA), creating a configurable, interoperable system, and it will also be compliant with the CMS Seven Standards and Conditions. When operational, this new system will efficiently and securely share appropriate data with Vermont agencies, providers, and other stakeholders involved in a member's case and care.

Multiple procurements comprise the MMIS Program:

- Pharmacy Benefit Management Solution (PBM): the PBM contract with Goold Health Systems (GHS) was effective May, 2014 and implemented on January 2015.
- Care Management Solution: this will replace the current vendor contract, supporting the work of the Vermont Chronic Care Initiative (VCCI) clinicians in the field and leading to expanded care management efforts across AHS.
- Core and Contact Center Solution(s): with different implementation schedules, these will provide full claims processing and contact center capabilities.
- Specialized Program Projects: provides an opportunity to streamline and standardize reporting requirements, funding streams, reimbursement rates, and provider qualifications. Currently these functions operate under several different specialized systems of care.

- Independent Verification and Validation (IV&V): independent, detailed review of MMIS deliverables to assess the quality, alignment with objectives, fidelity to state and federal requirements and adherence to the plan.

Program Policy

The Program Policy Unit is responsible for managing Vermont's Medicaid State Plan, the Children's Health Insurance Program (CHIP), administrative rules for Medicaid coverage, legislative activities, fair hearings, member grievances and appeals, requests for non-covered services, HIPAA and public record requests. The Unit coordinates communications to Vermont's Congressional Delegation, the Vermont State Legislature and CMS. Additionally, the Unit coordinates policy initiatives, including those resulting from federal healthcare reform and state legislative session. Accomplishments from the last year include: approval of all ACA eligibility state plan amendments (SPAs), approval of two Health Home SPAs for the Hub and Spoke program, implementation of a new telemonitoring home health policy and shifting administration of the CHIP from a separate state program to administration under the Medicaid State Plan.

In 2014, the Policy Unit moved to the Agency of Human Services' Central Office.

Medicaid Payment Reform and Reimbursement

Medicaid Reimbursement

The DVHA Medicaid Reimbursement Unit oversees rate setting, pricing, provider payments and reimbursement methodologies for a large array of services provided under Vermont's Medicaid Program. The Unit 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 Unit 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 Unit 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 Unit 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 Unit 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 Unit 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).

For CY2014, the Reimbursement Unit has had many accomplishments, including analysis and implementation of Home Health Tele-monitoring services; implementing Provider-Based Billing for outpatient clinics; implementing two new inpatient policies; and creating new quality control procedures for various processes within the Unit.

Medicaid Payment Reform

The Payment Reform Team supports the Vermont Health Care Innovation Project (VHCIP), a program developed from a three year, 45 million dollar State Innovation Model (SIM) grant awarded to the State of Vermont by the Centers for Medicare and Medicaid Innovation (CMMI). The grant, being jointly implemented by DVHA and the Green Mountain Care Board, 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; and 3) an integrated system of electronic medical records.

The primary areas of focus for Medicaid payment reform staff is to support the design, implementation, and evaluation of three innovative payment initiatives: an accountable care organization (ACO) shared savings program (SSP), an Episode of Care (EOC) program, and a Pay-for-Performance (P4P) program. The payment reform staff 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. Members of the payment reform team are also responsible for staffing VHCIP work groups to facilitate overall program decision-making. The payment reform team regularly collaborates with the Agency of Human Services, the Vermont Department of Health, the Department of Disability, Aging, and Independent Living, the Department of Mental Health, the Agency of Administration, the Green Mountain Care Board, and numerous other stakeholders involved in the public-private VHCIP structure.

In 2014, the first full year of VHCIP operation, Vermont successfully launched commercial and Medicaid ACO Shared Savings Programs. The Medicaid ACO program currently boasts over 47,000 beneficiaries attributed through two participating ACOs (OneCare and Community Health Accountable Care), while Blue Cross Blue Shield of Vermont reports over 38,000 lives attributed through three ACOs (OneCare, Community Health Accountable Care, and Vermont Collaborative Physicians). Year one has also focused on researching the feasibility of implementing multi-payer Episodes of Care and Pay-for-Performance programs in the State during subsequent program years. Successful alignment of payment models during the three year SIM testing phase will inform future health reform plans.

During the next two years, the Medicaid payment reform team will continue to support VHCIP activities, focusing on ongoing implementation and evaluation of the ACO SSPs, along with the design potential and launch of additional payment reform models to complement initiatives that are already underway.

In addition, much of the VHCIP's effort in the first project year has been aimed at creating coherent and functional statewide structures for exchanging health information and for improving care management. The VHCIP Health Information Exchange (VHIE) work group recommended two large investments in Vermont's health information technology infrastructure that would further the payment and delivery system reform efforts:

- Population-Based HIE Collaborative. Developed collaboratively by Vermont's three ACOs (OneCare, CHAC and VCP), this project will develop and implement a population-based data infrastructure within the VHIE and further align this infrastructure with the emphasis of national and Vermont health care reform on collaborative, clinically integrated providers held accountable for the cost and quality of health care delivered to the populations they serve.

- Advancing Care Through Technology. This project will integrate efforts and technology across provider worlds to enable data quality, enhanced reporting, population and individual health management and improvement, and connectivity to the statewide HIE for many of Vermont's essential community providers.

Finally, the transformation of care coordination and management throughout the state has been a constant focus, weaved into every effort of the payment reform team. The Care Models and Care Management work group has examined the past, present and future of care coordination in the state. To better understand the current environment, this work group spent time researching best practices around care transformation and delivery, and fielding a care management inventory survey to improve understanding of current care management activities. In order to ensure improved care coordination throughout the state, an "Integrated Communities Care Management Learning Collaborative" was created in three pilot communities (Burlington, Rutland and St. Johnsbury).

Blueprint for Health

The Blueprint is charged with guiding a process that results in sustainable healthcare 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. 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 lives, reduce the risk of common chronic conditions, and improve control over established conditions. If effective, the program should lead to several important outcomes including improved: results on priority health care quality measures, patient experience, patterns of health care utilization, control over the growth in healthcare costs, and coordination between medical and social services.

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, the Vermont Chronic Care Initiative (VCCI) for high utilizing Medicaid beneficiaries, and the Care Alliance for Opioid Addiction for patients receiving medication assisted therapy for opioid addiction. 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
The Blueprint Health Information Technology 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).

Unified Community Health System Collaboratives
The foundation of patient centered medical homes and CHTs is supported statewide data systems and comparative evaluation. Statewide data and analytic sources to evaluate the clinical and financial impacts include the following: web-based registry (Covisint/DocSite); survey of patient experience using the CAHPS-PCMH survey; a network analysis of the culture change in the Blueprint HSAs; and Vermont's multi-payer claims database (VHCURES). Combined data analytics from these sources demonstrate current health care utilization, cost, and quality trends in Vermont and populate the Blueprint financial impact ("Return on Investment") model.

Routine reporting, in the Practice, HSA, and Organization Profiles including key Accountable Care Organization (ACO) Measures and statewide evaluation provide a backbone for a unified performance reporting and a data utility being used by local communities to organize multi-stakeholder workgroups to guide medical home expansion, coordination of community health team operations, implementation of new service models and plan ways to improve services, and set performance goals.

The sustainable targeted payment and system reforms of the Blueprint are serving as a basis for broader reforms being undertaken at the state level. 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 coverage and to create a fully integrated digital infrastructure for a learning health system to improve care, improve health, and reduce costs.

Vermont Health Connect

Vermont Health Connect (VHC) was created in 2011 as a result of the federal Affordable Care Act and Vermont Act 48. VHC was tasked with the development and operation of Vermont's health insurance marketplace for individual and small group health coverage and interoperability with other state health care programs.

The mission of VHC is to provide all Vermonters with the knowledge and tools needed to easily compare and choose a quality, affordable, and comprehensive health plan. At its most basic, VHC is a marketplace where individuals, families and small businesses in Vermont can compare public and private health plans and select one that best 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. VHC also simplifies health coverage 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 information they need online, and those who are uncomfortable with the internet or who 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.

VHC was launched on October 1, 2013, and in the first year more than 143,000 Vermonters submitted applications for coverage. Despite success enrolling Vermonters into coverage, unexpected technological challenges and project delays have left significant marketplace functionality yet to be developed, tested and deployed and have resulted in performance issues, service issues, and significant operational backlogs.

In the face of those challenges, VHC continues to be developed as an integral part of the overall Health and Human Services Enterprise (HSE) program. VHC is Vermont's first step in implementing the overall vision of an integrated system of policies, processes and information systems that together form the foundation for Vermont's strategic health care vision, delivering not only ACA-mandated capabilities, but also introducing a set of reusable platform components and common services that will form the basis for related solutions in the areas of Integrated Eligibility (IE) and MMIS.

VHC supports a customer service vision and practice across a primary outsourced call center, and two internal call centers within DVHA and the Department for Children and Families' Economic Services Division (DCF-ESD) that address escalated issues. The primary call center provides a range of services for customers including: answering questions related to healthcare coverage, taking insurance applications over the phone, accepting credit card payments, handling password resets, and processing changes of circumstance and other special handling requests. The DCF-ESD center addresses escalated issues, including eligibility issues, change of circumstance, appeals, and processing paper applications. The DVHA center includes a dedicated group to address escalated billing and premium issues and others who address escalated customer issues related to potential privacy breaches and Access to Care needs. VHC also supports a robust program for professionals who assist Vermonters with their insurance applications, including Navigators supported by DVHA-funded grants, unfunded Certified Application Counselors, and customer-funded Brokers. All these Assisters receive training and support.

One of the major enhancements anticipated in 2015 is the implementation of the small business side of the marketplace. At that point, in addition to individual plans, VHC will include an employer self-service portal which will enable management and maintenance of eligible employees, enrollment periods, plan selections and employee out-of-pocket costs.

As VHC prepares for remaining IT design, development and implementation activities in 2015, a significant amount of business process development work remains. Because of system limitations and delays, current operations rely heavily on labor-intensive manual workarounds. As automated functionality is implemented for change of circumstance, qualified health plan renewal, and Medicaid renewal, current processes will need to be revised and updated without disrupting current operations. These steps will facilitate the transition to the full implementation of the operational vision and consumer experience originally envisioned for VHC.

SFY2015 Initiatives

Last year, the legislature approved several DVHA proposals. Three key ones are listed below with a status update.

Cost Shift

As Vermonters continue to struggle with the rising cost of insurance premiums, addressing the impact of the cost shift has become a funding priority. In FY2014, an increase in Medicaid reimbursement of 3 percent was included in AHS budgets. In FY2015, an increase of 1.6 percent was included. Due for the reduction in state revenues experienced in FY2015, the funding included increases in Medicaid reimbursement rates was eliminated in the August rescission approved by the Joint Fiscal committee. Consequently, the FY2015 cost shift proposal was not implemented. Addressing the cost shift is a significant focus of the FY2016 budget proposal.

Autism Spectrum Disorder (ABA)

In SFY2015, DVHA has made significant progress developing a comprehensive Medicaid applied behavior analysis (ABA) benefit for children with Autism spectrum disorders (ASD). The legislature provided position funding to support this effort, and DVHA has hired two full time staff to focus on ASD policy and ASD clinical practices. DVHA allocated an additional $3.67 million to expand access to ABA in the designated agencies (DAs) across Vermont, and is working on a State Plan Amendment that will allow Medicaid to receive federal financial participation for the reimbursement of ABA providers outside of DAs. DVHA is in the process of finalizing the interim clinical guidance that was disseminated to the DAs in SFY2015, and is developing an ABA reimbursement model that will be sustainable as Medicaid continues to expand coverage.

Opioid Treatment

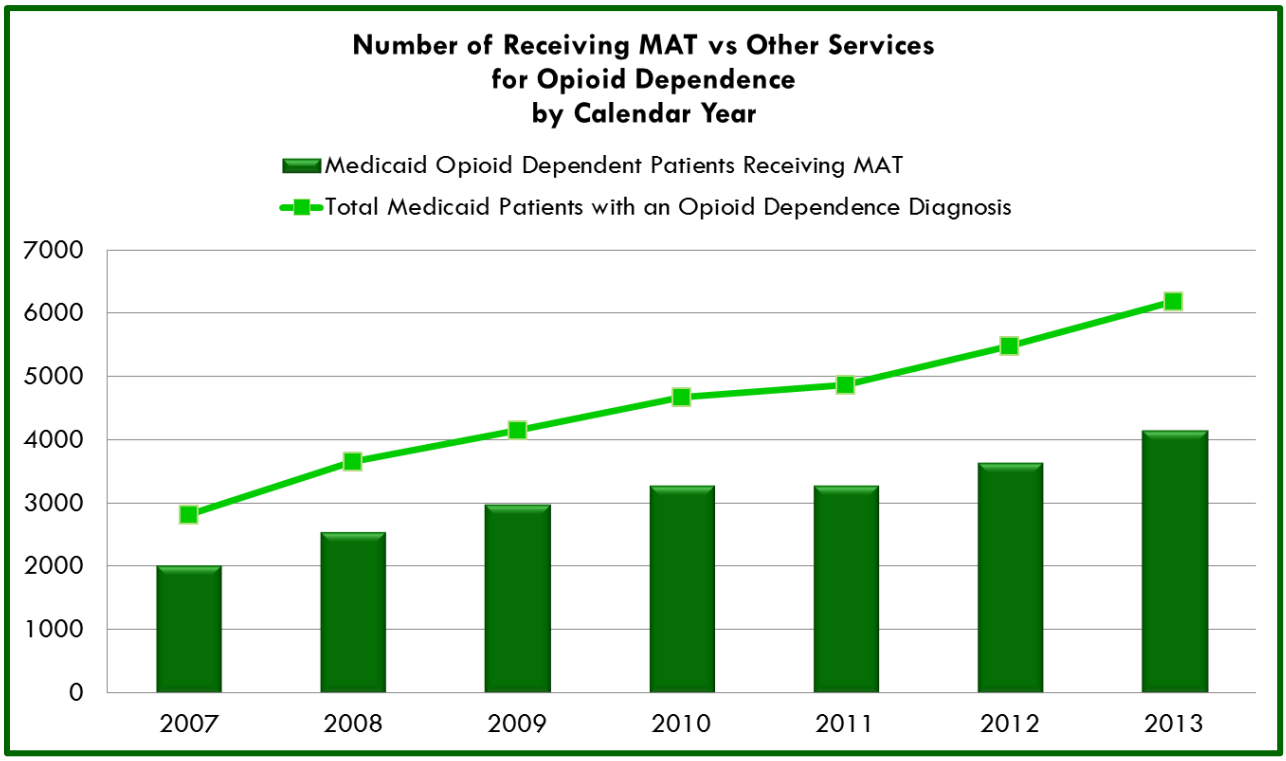
Act 137 was enacted with the intention of establishing a regional system of opioid treatment in Vermont.

Three partnering entities - DVHA's Blueprint for Health and Health Services Managed Care Division and the Vermont Department of Health Division of Alcohol and Drug Abuse Programs - in collaboration with local health, addictions, and mental health providers are implementing a statewide treatment program. Grounded in the principles of Medication Assisted Treatment[1], the Blueprint's healthcare reform framework, and the Health Home concept in the Affordable Care Act, the partners have created the Care Alliance for Opioid Addiction initiative, also known as "Hub and Spoke". This initiative expands access to Methadone treatment by opening a new methadone program in the Rutland area and supporting providers to serve all clinically appropriate patients. In addition, it enhances Methadone treatment programs (Hubs) by augmenting the programming to include Health Home Services to link with the primary care and community services; provide buprenorphine for clinically complex patients; provide consultation support to primary care and specialists prescribing buprenorphine; and embed new clinical staff (a nurse and a Master's prepared, licensed clinician) in physician practices that prescribe

[1] Medication Assisted Treatment (MAT), the use of medications, in combination with counseling and behavioral therapies, is a successful treatment approach and is well supported in the addictions treatment literature. The two primary medications used in conjunction with counseling and support services to treat opioid dependence are methadone and buprenorphine. MAT is considered a long-term treatment, meaning individuals may remain on medication indefinitely, akin to insulin use among people with diabetes.

buprenorphine (Spokes) through the Blueprint Community Health Teams (CHTs) to provide Health Home services, including clinical and care coordination supports to individuals receiving buprenorphine.

The Care Alliance for Opioid Addiction was implemented statewide in 2013 and 2014. The Methadone treatment programs began offering Health Home Services and started dispensing buprenorphine to patients with complex needs. A new Hub program opened in the Rutland area in November 2013. Spoke staff (nurses and licensed counselors) have been recruited and deployed statewide to all willing physician practices that prescribe buprenorphine. To date, nearly 40 FTE nurses and addictions counselors have been hired and deployed to over sixty different practices. As the chart below demonstrates, approximately 70% of Medicaid requests with an Opioid dependency diagnosis receive MAT (Hub and Spoke).



Measurement & Outcomes

DVHA programs and staff strive toward excellence and value in serving Vermonters effectively. Asking the questions – *how much did we do, how well did we do it, is anyone better off* – DVHA works toward the most powerful results possible. The following pages highlight some of these initiatives and units. Each provides the program statement, annual outcomes with data, and plans to ensure continued success.

- Blueprint for Health
- Coordination of Benefits
- Program Integrity
- Vermont Chronic Care Initiative
- Quality Reporting

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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 health services. The model consists of:

- 125 advanced primary care practices (APCPs) throughout the state that are recognized as patient centered medical homes by the National Committee for Quality Assurance (NCQA)
- Multi-disciplinary core Community Health Team (CHT) with 136 full-time equivalents serving 355,490 patients; plus 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

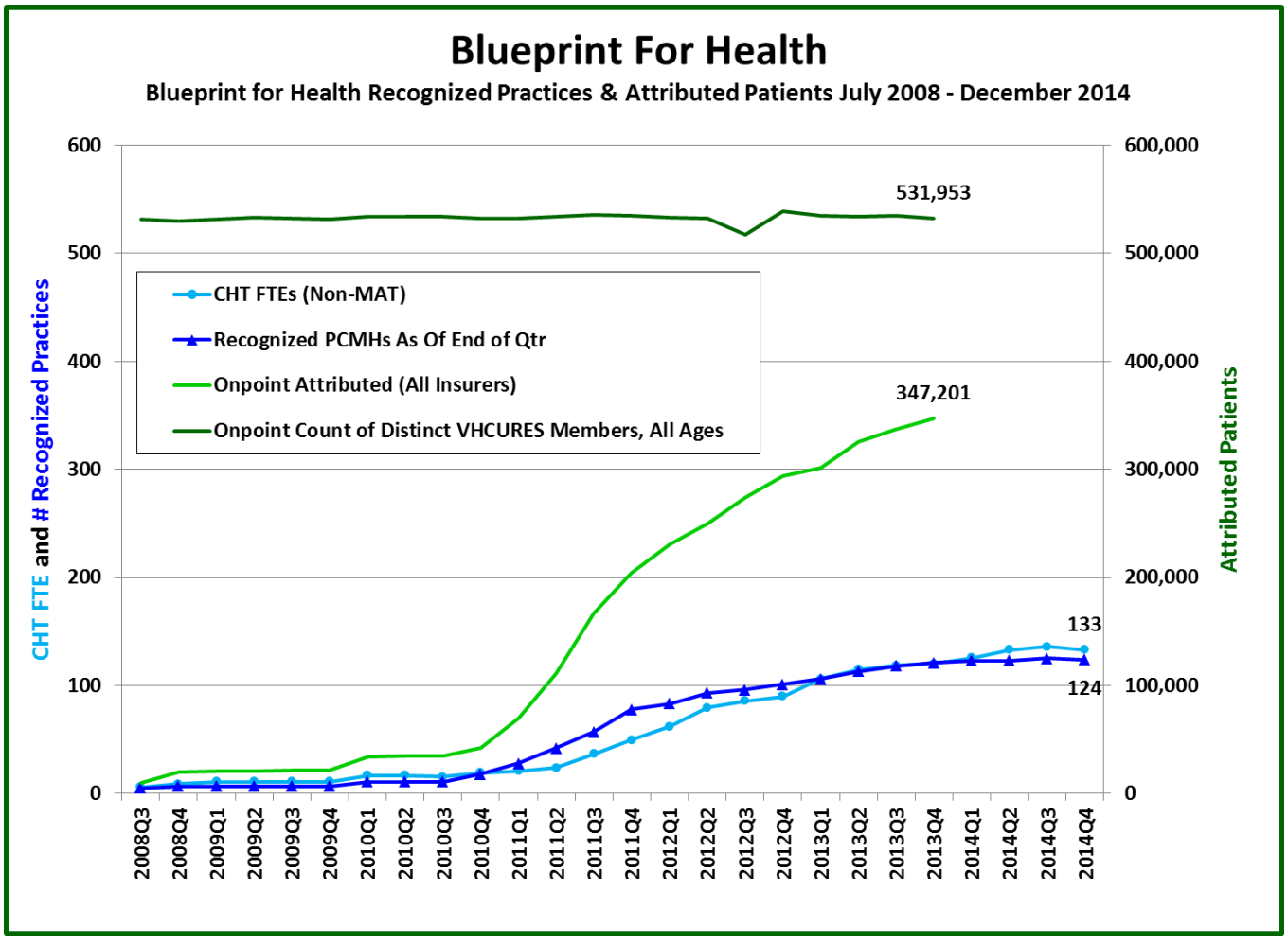
Outcomes

CY2013 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 ages 18-64, total annual expenditures per capita were $565 (10%) lower.
- 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: $671 (10%) 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.
- In 2013, lower healthcare expenditures for participants offset the payments that insurers made for medical homes and community health teams, a finding that was similar in 2012. Overall, these results suggest a positive gain to cost ratio for insurers and their customers, better healthcare for citizens, and they provide an objective rationale for continuing medical home and community health team operations and furthering capitated payment reforms.
- For details, please see the October 1, 2014 Blueprint for Health Report to the Legislature: http://www.leg.state.vt.us/reports/2014ExternalReports/302606.pdf.

What's Next?

- Develop Unified Community Health System Collaboratives, with shared governance, targeted at improving patterns of healthcare utilization, quality, and coordination of care.
- Implement a Unified Performance Reporting and Data Utility for the new Unified Community Health Systems, using linked claims and clinical data, such as that provided in the Blueprint's semiannual practice and community data profiles.
- Advance Blueprint payment methods with a focus on patient and population health. Strengthen and extend community networks, assuring Vermonters access to well-coordinated services (medical and non-medical), and improve the quality of services for Vermonters through Learning Health System activities.


Blueprint For Health
Blueprint for Health Recognized Practices & Attributed Patients July 2008 - December 2014
CHT FTE and # Recognized Practices
Attributed Patients
CHT FTEs (Non-MAT)
Recognized PCMHs As Of End of Qtr
Onpoint Attributed (All Insurers)
Onpoint Count of Distinct VHCURES Members, All Ages
531,953
347,201
133
124
600
500
400
300
200
100
0
600,000
500,000
400,000
300,000
200,000
100,000
0
2008Q3
2008Q4
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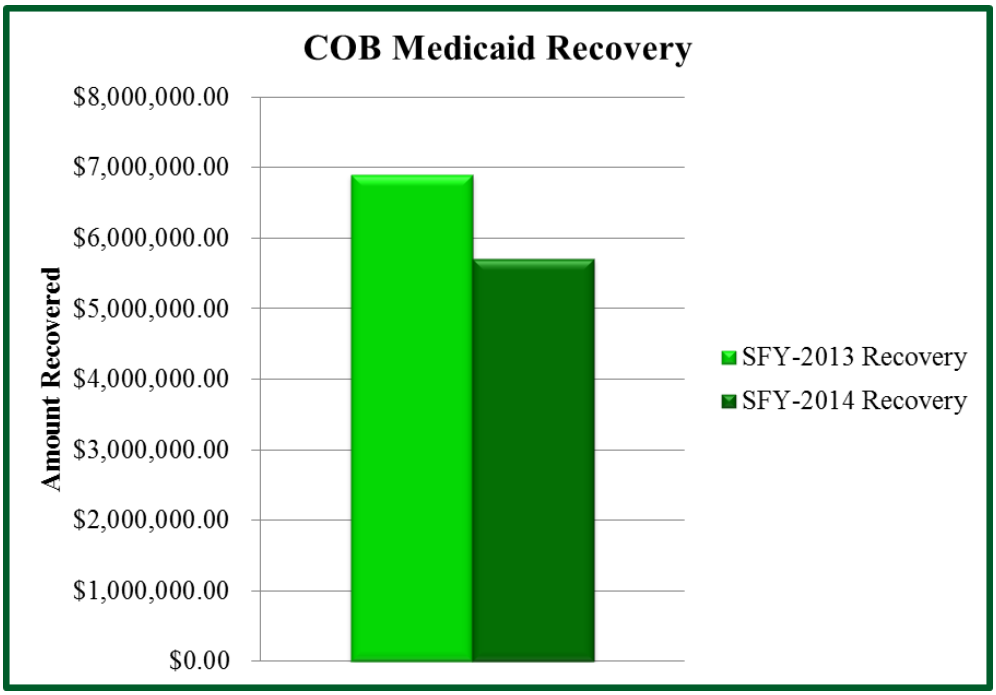
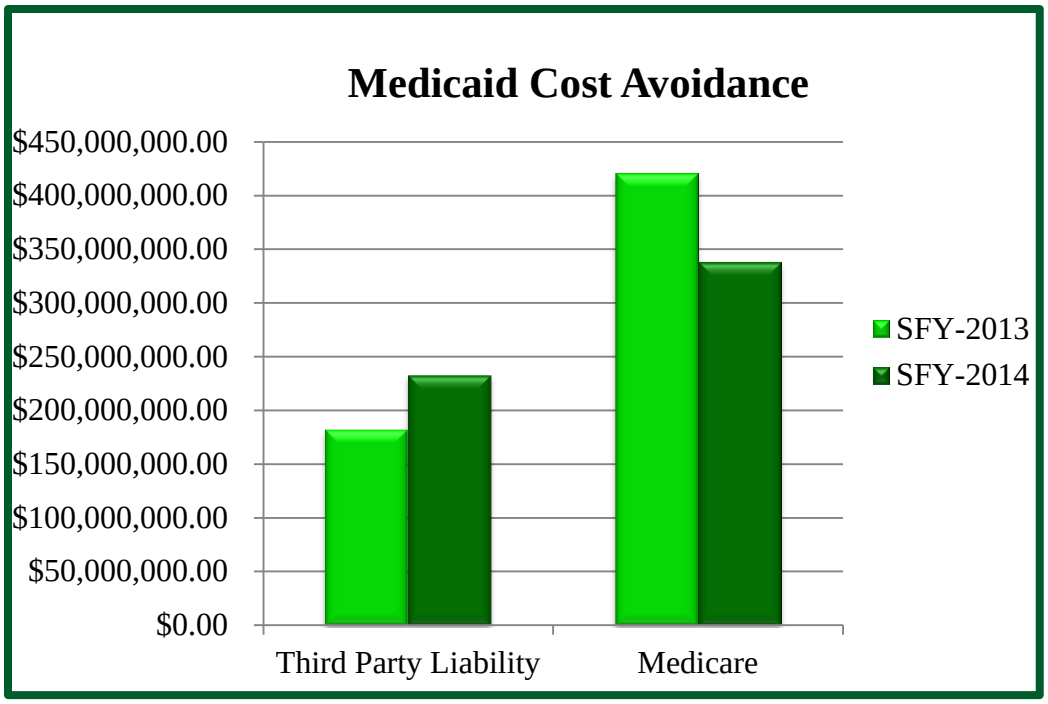
Coordination of Benefits (COB)

Program Statement
The Coordination of Benefits (COB) Unit works with providers, beneficiaries, probate courts, attorneys, health and liability insurance companies, employers, and Medicare Parts A, B, C & D plans to ensure that Medicaid is the payer of last resort, through coordination of benefits and collections practices.

Outcomes
COB Medicaid Recovery totaled $5,714,200 in SFY-2014, the result of various recovery and recoupment practices.



Correct information from beneficiaries and data matching efforts with insurance companies ensures that accurate insurance billing information is identified and recorded in Medicaid systems. This decreases Medicaid "costs", since the correct insurer pays, leaving Medicaid as payer of last resort identified as Medicaid Cost Avoidance. The Medicaid Third Party Liability cost avoidance increased in the past year, in part due to increased focus on maintaining an updated ACCESS system with other health information for Medicaid recipients. The Medicare cost avoidance appears to have decreased in the past year because the prior year was inflated due to an anomaly that should continue to correct itself over time.



What's Next?

The COB unit 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 beneficiaries. These efforts will help increase cost avoidance and recoveries to ensure that Medicaid is the payer of last resort.

Program Integrity (PI) Unit

Detecting, Investigating and Preventing Medicaid Fraud, Waste and Abuse

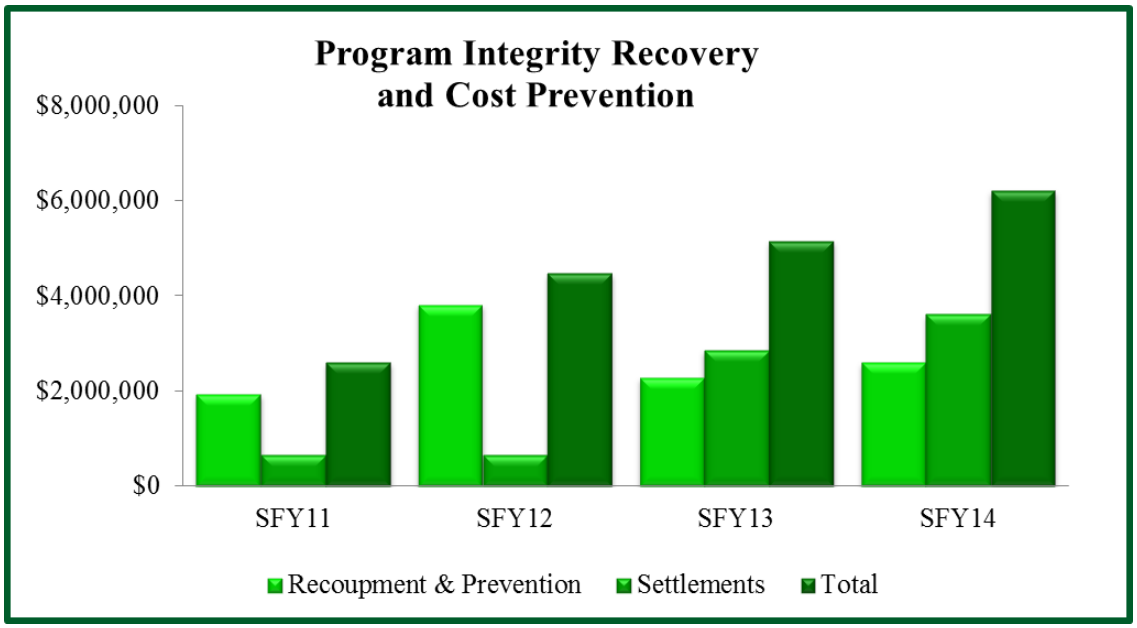
Program Statement

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 PI Unit has made significant strides in finding, investigating, and preventing fraud, waste and abuse in the Vermont Medicaid program. PI is directly responsible for saving the Medicaid program over $10 million since 2011(not including the settlements). The increase in success is due to several factors. Program integrity auditing and investigation is a relatively new and very specialized field. The PI staff constantly improves skills and gleans new information for detecting anomalies and erroneous billing patterns. The PI Unit also works closely with the Medicaid Fraud and Residential Abuse Unit (MFRAU) at the Office of the Attorney General and participates in the Vermont Health Care Fraud Enforcement & Prevention Task Force. PI is also in contact with other PI units and OIGs across the country on a regular basis.

The annual savings to the State of Vermont was a total of $2.6 million (gross) from recoupment, cost prevention and settlements for SFY2011. The total recovery in recoupment, cost prevention and settlements for SFY 2012 was $4.47 million, $5.15 million in SFY2013, and $6.21 million in SFY2014. Counting only recoupment and cost prevention (directly attributable to PI), return on investment (ROI) for SFY11 through SFY14 is 3.6:1; that is for every dollar spent on salaries and benefits for PI staff, PI returned $3.6 to the Medicaid budget. For the first half of SFY2015, the PI Unit ROI exceeds 8:1.



What's Next?

The PI Unit's SFY2015 Strategic Plan includes the following strategies:

- Implement a new credit balance process
- Implement a new process for recovering uncollected debt
- Evaluate the success of recommendations from the PI Unit
- Provider and stakeholder education for areas of vulnerability and risk and when anomalies are identified (ongoing)
- Identify overpayments as a result of needed updates to systems, policies and regulations (ongoing)
- Identify issues and investigate reports of problem areas within Medicaid programs (ongoing)
- Manage Explanations Of Medicaid Benefits (EOMBs) process (ongoing)
- Continue staff education and networking by attending courses provided by the Medicaid Integrity Institute (ongoing)

Vermont Chronic Care Initiative (VCCI)

A Medicaid service for high risk/high cost members (top 5%) with complex medical, behavioral and socioeconomic needs

Program Statement

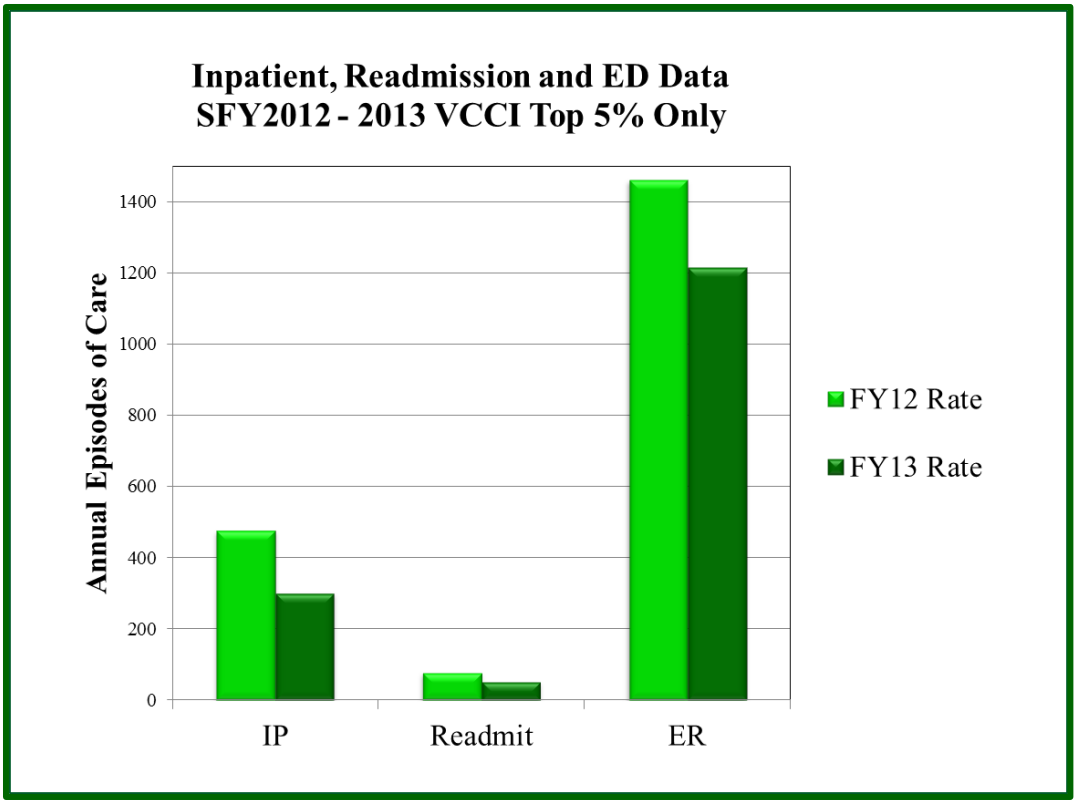
Vermont Chronic Care Initiative (VCCI) registered nurses and social workers provide intensive case management and care coordination services to high risk, high utilization, and high cost Medicaid beneficiaries (top 5%) through a holistic approach that addresses complex physical and behavioral health needs, health literacy, and socioeconomic barriers to health care and health improvement. VCCI collaborates with statewide healthcare reform partners centrally and locally to assure seamless integration of intensive field-based case management services to achieve common goals.

Outcomes

VCCI documented $23.5 million in net savings (net $238.28 PMPM) among the eligible top 5% utilizers, who account for roughly 39% of Medicaid expenditures. When evaluating VCCI, DVHA tracks adherence to evidence-based clinical guidelines as well as ambulatory care sensitive hospital utilization; and in 2013, measured return on investment (ROI) via a risk-based contract. In SFY2013 (the most recent year for which final results are available due to a 6 month claims run out period), VCCI demonstrated significant improvement on important clinical measures, such as treatment of depression, which was an area of focus due to prevalence among high risk/cost members. VCCI also focused on utilization measures with documented reductions in all areas, including for ambulatory care sensitive (ACS) inpatient hospital admissions (-37%), readmissions (-34%) and emergency department use (-17%) as compared to 2012 data. Staff are embedded in multiple high-volume hospital and primary care practice sites to support care transitions as well as direct referrals for high risk/cost members. The VCCI continues to receive national recognition for its model and results including by CMS and the National Academy for State Health Policy (NASHP).

What's Next?

VCCI will continue to be an integral component of healthcare reform efforts given the initiative's focus on holistic case management and the required expertise in human services necessary for successful case management and care coordination of a high complexity population, including those with significant social needs. The Unit has taken a leadership role in the enterprise level MMIS/Care Management system procurement process, with an anticipated go live date of early SFY 2016. VCCI has developed collaborative relationships with contracted Medicaid ACO partners and will continue strategic efforts to leverage limited resources toward common goals. Inherent in this, VCCI is active on the payment reform Care Management and Care Models (CMCM) workgroup and has a leadership role in the care management learning collaborative planning and implementation to assure service integration.



Top 5 % VCCI	IP	Readmit	ER
FY12 Rate	476	77	1461
FY13 Rate	301	51	1215
% Change FY12 to FY13	-37%	-34%	-17%

Quality Reporting

Program Statement

The DVHA Quality Improvement (QI) and Clinical Integrity Unit strives to improve the quality of care to Medicaid beneficiaries by identifying and monitoring quality measures and performance improvement projects, performing utilization management and improving internal processes. Performance measures are indicators or metrics that are used to gauge program performance. 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, DVHA reports on thirteen (13) HEDIS measures. These measures represent a wide range of health conditions that DVHA and the Agency of Human Services have determined are important to Vermonters:

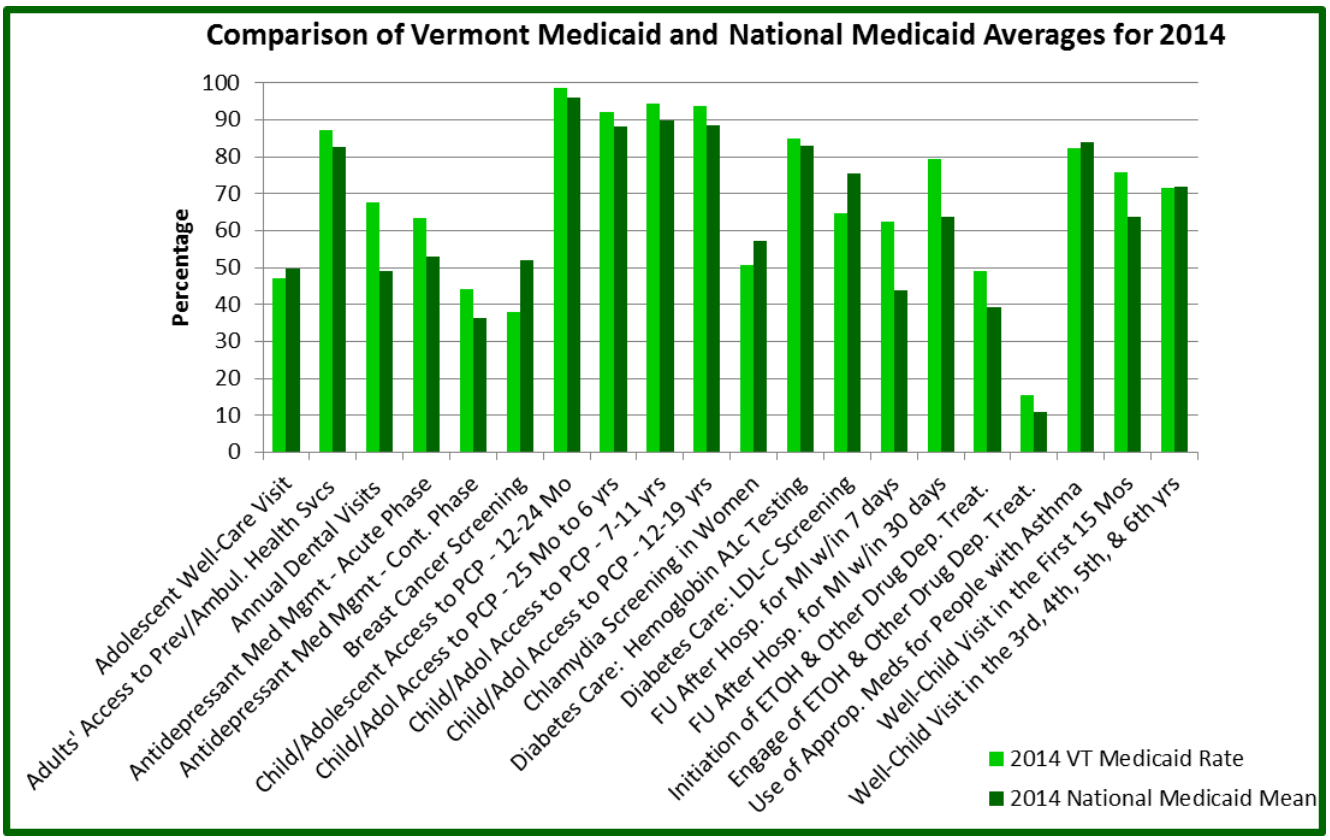
1) Adolescent Well-Care Visits
2) Adults' Access to Preventive/Ambulatory Health Services
3) Annual Dental Visits
4) Antidepressant Medication Management
5) Breast Cancer Screening
6) Children and Adolescent Access to Primary Care (four age categories: 12-24 months, 25 months - 6 years, 7-11 years, and 12-19 years)
7) Chlamydia Screening in Women
8) Diabetes Care (Hemoglobin A1c Testing and LDL-C Screening)
9) Follow-Up After Hospitalization for Mental Illness
10) Initiation and Engagement in Alcohol and Other Substance Dependence Treatment
11) Use of Appropriate Medications for People with Asthma
12) Well-Child Visits First 15 Months
13) Well-Child Visits in 3rd, 4th, 5th and 6th Years

Outcomes

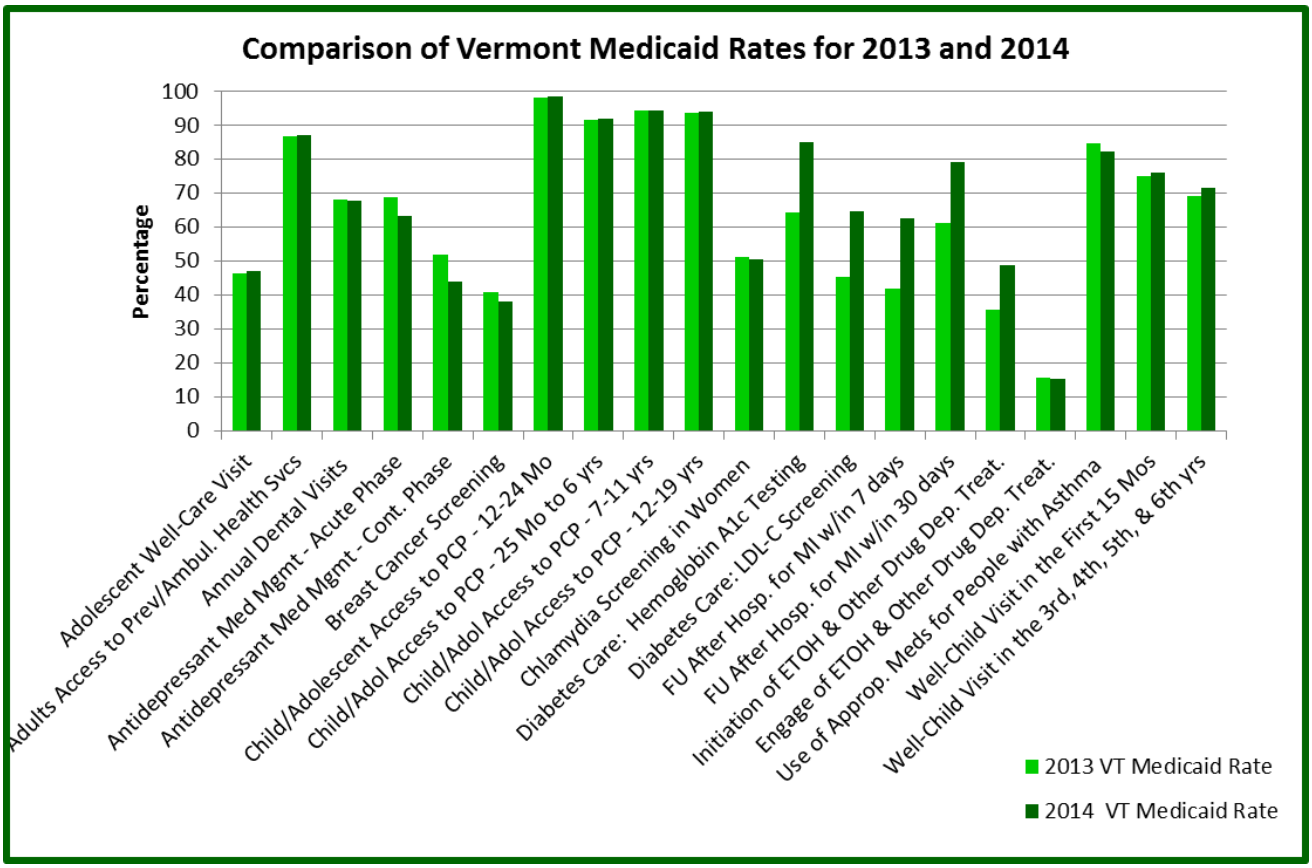
The QI Unit works closely with the Data Unit to ensure the internal capacity to produce valid performance measure results. DVHA then uses a vendor certified by the National Committee for Quality Assurance (NCQA) to calculate the measures annually.

The first chart below compares Vermont Medicaid's performance on this core set of *Global Commitment to Health* measures against the national mean for other state Medicaid plans for 2014. The second chart shows Vermont Medicaid's performance on these measures in 2013 compared against performance in 2014. DVHA's clinical leadership analyzes the results in order to identify and prioritize areas for future improvement.

The first chart, (Comparison of Vermont Medicaid and National Medicaid Averages for 2014), shows that Vermont's rates are higher than or comparable to the nation mean on most measures. The *Initiation and Engagement in Alcohol and Other Substance Dependent Treatment* measure is one of the lowest performing measures in the set, both for Vermont and nationally. Based on this data along with Vermont's growing and well documented opioid addiction problem, DVHA is involved in multi-faceted improvement initiatives. Integrated treatment approaches for addiction, such as the Hub and Spoke, is one such initiative. DVHA is also currently working on a performance improvement project related to the treatment of alcohol abuse.


Comparison of Vermont Medicaid and National Medicaid Averages for 2014
Percentage
100
90
80
70
60
50
40
30
20
10
0
Adolescent Well-Care Visit
Adults' Access to Prev/Ambul. Health Svcs
Annual Dental Visits
Antidepressant Med Mgmt - Acute Phase
Antidepressant Med Mgmt - Cont. Phase
Breast Cancer Screening
Child/Adolescent Access to PCP - 12-24 Mo
Child/Adol Access to PCP - 25 Mo to 6 yrs
Child/Adol Access to PCP - 7-11 yrs
Child/Adol Access to PCP - 12-19 yrs
Chlamydia Screening in Women
Diabetes Care: Hemoglobin A1c Testing
Diabetes Care: LDL-C Screening
FU After Hosp. for MI w/in 7 days
FU After Hosp. for MI w/in 30 days
Initiation of ETOH & Other Drug Dep. Treat.
Engage of ETOH & Other Drug Dep. Treat.
Use of Approp. Meds for People with Asthma
Well-Child Visit in the First 15 Mos
Well-Child Visit in the 3rd, 4th, 5th, & 6th yrs
2014 VT Medicaid Rate
2014 National Medicaid Mean

The next chart, (Comparison of Vermont Medicaid Rates for 2013 and 2014), shows steady performance across most of these measures. However, a marked increase in two measure rates is noticeable: *Diabetes Care* and *Follow-Up After Hospitalization for Mental Illness*. This change represents efforts within DVHA related to accurate data collection and analysis. For the first time in 2014, DVHA produced the Diabetes measure using a hybrid data collection method that includes collecting information not just from medical claims, but also from medical records, leading to a more accurate result. DVHA is also leading a formal performance improvement project on the Follow-*Up After Hospitalization for Mental Illness* measure. In 2014 this project team learned through deep data analysis that a piece of the data was incomplete. DVHA worked cross-departmentally to remedy this and can now produce an adjusted rate for that measure that more accurately represents the follow-up visit rate.



What's Next?

HEDIS is just one of a variety of healthcare quality measure sets being tested and reported out on nationally by health plans, including Vermont Medicaid. The QI Unit continues to develop the internal capacity to report on all measure sets as accurately as possible. Coordination and analysis of these measure sets also helps DVHA target efforts for improvement in the quality of care provided to Medicaid beneficiaries. Multiple performance improvement projects are underway within Vermont Medicaid at all times.

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State Fiscal Year 2016 Budget

Budget Considerations

	GF	SF	IdptT	FF	VHC	Medicaid GCF	Invmnt GCF	Total
DVHA Administration - As Passed FY15	**1,330,489**	**3,626,895**	**10,148,130**	**95,548,406**		**51,905,119**	**8,493,933**	**171,052,972**
Other changes:								
Personal Services:								
Radiology Contract Savings						(275,000)		**(275,000)**
Vacancy Savings	(1,348)							**(1,348)**
Operating Expenses:								
DII ISF Decrease	(17)							**(17)**
VISION ISF Decrease	(124)							**(124)**
FY15 after other changes	**(1,489)**	**0**	**0**	**0**	**0**	**(275,000)**	**0**	**(276,489)**
Total after FY15 other changes	**1,329,000**	**3,626,895**	**10,148,130**	**95,548,406**	**0**	**51,630,119**	**8,493,933**	**170,776,483**
FY15 after other changes								
Personal Services:								
Increase in Salaries (209 SFY'15 FTE's)	6,005			102,074		468,341	24,017	**600,437**
Fringe Increase	4,652	1,395		46,509		366,080	46,509	**465,145**
FY 2016 Workers' Comp Premium	156	47		1,557		12,256	1,557	**15,573**
Annualization of Current JFO Approved Limited Services Positions		9,358	85,246	301,433				**396,037**
1 position transfered from AoA	130,381							**130,381**
Transfer one Palliative Care Nurse to VDH (AHS net-neutral)						(97,189)		**(97,189)**
Transfer one SIM position to VDH from DVHA (AHS net-neutral)				(76,886)				**(76,886)**
Transfer 9 positions to AHS CO from DVHA			(15,018)	(135,166)		(584,045)		**(734,229)**
New Principle Assistant position 737012 (Funding Only)						122,223		**122,223**
Eliminate Policy Integrity contract	(89)			(195)		(11,716)		**(12,000)**
Increase in base contracts (HP Lexus Nexus, escalators)						269,510		**269,510**
MMIS Re-bid contracts - Pharmacy Benefits Manager						(500,343)		**(500,343)**
MMIS Re-bid contracts - Care Management						(185,666)		**(185,666)**
Eliminate Ingenix Contract (BAA Item)						(396,000)		**(396,000)**
Eliminate Covington and Burling Contract (BAA Item)						(20,000)		**(20,000)**
VHC Personal Services Changes					2,507,386	26,989,236		**29,496,622**
Operating Expenses:								
Total ISF charges	3,579	1,218		81,405	12,130	300,542	8,141	**407,015**
DII SLA Charges	745	253		16,938	2,524	62,536	1,694	**84,690**
FY 2016 General Liability Premium	(5)	(1)		(50)		(397)	(50)	**(503)**
FY 2016 Commercial and Property Policies Total	7	(2)		73		580	73	**731**
Building Lease						11,601		**11,601**
Reduction in dues (BAA Item)	(25,000)							**(25,000)**
Reduce Printing Costs (BAA Item)						(100,000)		**(100,000)**
Reduce In-State Travel costs (BAA Item)						(50,000)		**(50,000)**
Grants:								
VHC Grant Changes					32,823	(392,823)		**(360,000)**
VITL core grant - use HIT funds as match for GC (reduction in GF in the AHS CO GC appropriation) [BAA Item]		(2,360,915)				2,300,338	1,476,901	**1,416,324**
Replace GC matching funds with HIT funds (match for $194.7k gross) [net-neutral with AHS CO] (BAA Item)		(87,557)						**(87,557)**
Loss of DFR BISCHA Funds (21075) - Used for VITL Core agreement		(226,175)						**(226,175)**
Eliminate UVM VCHIP - Youth Health Initiative Grant (BAA item)						(26,000)		**(26,000)**
Eliminate UVM VCHIP NCQA ratings - full year (BAA Item)						(185,500)	(314,500)	**(500,000)**
Eliminate FAHC Congestive Heart Failure Grant (BAA Item)						(7,915)	(13,418)	**(21,333)**
Expiration of VHC Federal Grants				(11,639,558)				**(11,639,558)**
Cost Allocation Changes	(1,434)	(167,184)	(75,573)	(2,952)	3,896	1,063,133	(819,886)	**0**
Swaps SHCRF funding for Exchange, replaced with IDT			2,558,759		(2,558,759)			**0**
FY16 Changes	**118,997**	**(2,829,563)**	**2,553,414**	**(11,304,818)**	**0**	**29,408,782**	**411,038**	**18,357,850**
FY16 Gov Recommended	**1,447,997**	**797,332**	**12,701,544**	**84,243,588**	**0**	**81,038,901**	**8,904,971**	**189,134,333**
FY16 Subtotal of Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
FY16 As Passed - Dept ID 3410010000	**1,447,997**	**797,332**	**12,701,544**	**84,243,588**	**0**	**81,038,901**	**8,904,971**	**189,134,333**

FY 16 Department Request - DVHA	GF	SF	IdptT	FF	Medicaid GCF	Invmnt GCF	Total
DVHA Program - As Passed FY15	**142,344,614**	**0**	**0**	**143,240,320**	**651,883,597**	**12,306,999**	**949,775,530**
Other changes:							
Grants:							
Opiate Care Alliance					(6,700,000)		**(6,700,000)**
High Tech Clinical Management					(1,600,000)		**(1,600,000)**
1.6% Medicaid Rate Increase	(312,769)			(385,664)	(3,982,083)	(9,755)	**(4,690,271)**
Roll-out of Enhanced Dementia Rate	(104,240)			(135,337)			**(239,577)**
Revert Carry Forward	(1,125,607)			(912,248)			**(2,037,855)**
FY15 after other changes	**(1,542,616)**			**(1,433,249)**	**(12,282,083)**	**(9,755)**	**(15,267,703)**
Total after FY15 other changes	**140,801,998**			**141,807,071**	**639,601,514**	**12,297,244**	**934,507,827**
FY15 after other changes							
Grants:							
Caseload and Utilization	(116,976)			102,224	31,662,979	(530,163)	**31,118,064**
Change in Buy-In and Misc	65,821			80,545	(942,409)	(3,884)	**(799,927)**
Change in Clawback	361,035						**361,035**
Opiate Care Alliance - Bennington					300,000		**300,000**
Inpatient cost savings					(2,500,000)		**(2,500,000)**
CURB & DURB performance-based management	(172,050)			(148,324)	(6,577,964)	(101,662)	**(7,000,000)**
Expiration of ACA Primary Care Physician rate increases annualized					(3,750,000)		**(3,750,000)**
Applied Behavior Analysis (ABA) - DVHA transfer to DMH, full year (AHS net-neutral) [BAA Item]						(3,671,648)	**(3,671,648)**
$1.75M Independent Direct Care Providers; net-neutral move of GF to GC approp. for match in DVHA (BAA Item)					2,154,768		**2,154,768**
Change in Federal Participation	2,557,816			(2,557,816)			**0**
Align Community Health Team (CHT) Blueprint Costs with Insurer Market Share - half year					467,833		**467,833**
Increase CHT Blueprint Payments for 6 months					541,078		**541,078**
Increase PCMH BP Payments for 6 months					3,500,000		**3,500,000**
Invest in Health Home Expansion - half year					5,000,000		**5,000,000**
Home Health Increase/VBP - half year					1,250,000		**1,250,000**
Increase In-State Outpatient - OPPS - half year	134,601			222,367	9,630,662	12,370	**10,000,000**
Primary Care Provider Reimbursement enhancement - half year	271,783			112,189	4,605,812	10,216	**5,000,000**
Increase Professional Services- RBRVS - half year	489,211			201,941	8,290,459	18,389	**9,000,000**
Dartmouth Reimbursement - half year	18,824			28,986	1,378,243	73,948	**1,500,000**
Increase cost sharing reduction program - half year	2,000,000						**2,000,000**
DAIL Managed Care decisions	2,416,385			2,956,943			**5,373,328**
				0			
FY16 Changes	**8,026,450**	**0**	**0**	**999,055**	**55,011,461**	**(4,192,435)**	**59,844,531**
FY16 Gov Recommended	**148,828,448**	**0**	**0**	**142,806,126**	**694,612,975**	**8,104,809**	**994,352,358**
FY16 Subtotal of Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**
FY16 As Passed -	**150,276,445**	**797,332**	**12,701,544**	**227,049,714**	**775,651,876**	**17,009,780**	**1,183,486,691**
TOTAL FY15 DVHA Big Bill As Passed	**143,675,103**	**3,626,895**	**10,148,130**	**238,788,726**	**703,788,716**	**20,800,932**	**1,120,828,502**
TOTAL FY15 DVHA Reductions & other changes	**(1,544,105)**	**0**	**0**	**(1,433,249)**	**(12,557,083)**	**(9,755)**	**(15,544,192)**
TOTAL FY16 DVHA Starting Point	**142,130,998**	**3,626,895**	**10,148,130**	**237,355,477**	**691,231,633**	**20,791,177**	**1,105,284,310**
TOTAL FY16 DVHA ups & downs	**8,145,447**	**(2,829,563)**	**2,553,414**	**(10,305,763)**	**84,420,243**	**(3,781,397)**	**78,202,381**
TOTAL FY16 DVHA Gov Recommended	**150,276,445**	**797,332**	**12,701,544**	**227,049,714**	**775,651,876**	**17,009,780**	**1,183,486,691**
TOTAL FY16 DVHA Legislative Changes	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL FY16 DVHA As Passed	**150,276,445**	**797,332**	**12,701,544**	**227,049,714**	**775,651,876**	**17,009,780**	**1,183,486,691**

Budget Considerations - State Fiscal Year 2016

The Department of Vermont Health Access (DVHA) budget request includes an increase in administration of $18,357,850 and an increase in program of $59,844,531 for a total of $78,202,381 in new appropriations (i.e., a combination of new funds and new expenditure authority) as compared to our FY15 appropriated spending authority, post actions taken by the Joint Fiscal Committee (JFC) which included an approved rescission list from August, 2014 and some management savings areas authorized in Section B.1103 of Act 179.

The programmatic changes in DVHA's budget are spread across four different covered appropriations: 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……$59,844,531 gross
$29,131,266 state

CASELOAD AND UTILIZATION CHANGES……..$31,118,064
$13,883,451 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 and utilization growth. Due to the implementation of the Affordable Care Act, we have seen a dramatic spike in enrollment over consensus projections, though expenditures garnered in SFY2014 indicate that the new individuals enrolled have lower utilization. Please note that the PMPM values depicted in the chart below represent changes from appropriated due to utilization impacts only. PMPMs depicted throughout the rest of this book include the effects of both utilization and policy changes.

It is important to note that $29.77 million of the increases associated with caseload and utilization are a piece of the Governor's recommended initiatives to address the cost shift. The Vermont Household Insurance Survey showed approximately 3% fewer uninsured in 2014. Reducing the uninsured reduces the amount of free care provided by health care providers, which is one aspect of the cost shift calculated by the Green Mountain Care Board. If we did not fund caseload increases in Medicaid, we would be faced with either increasing the number of Vermonters without insurance, or more likely, decreasing Medicaid provider reimbursement to fund the increase in enrollment. Decreasing Medicaid reimbursement would, of course, further exacerbate the cost shift.

	Caseload	Caseload	Chg. In	PMPM	PMPM	Chg. In
	Approp Post Resc.	Gov. Rec.	Caseload	Approp Post Resc.	Gov. Rec.	PMPM
ABD/Medically Needy Adults	15,004	15,680	676	$ 646.30	$ 623.06	$ (23.24)
Dual Eligibles	17,558	17,978	419	$ 245.36	$ 236.61	$ (8.75)
General Adults	11,679	15,966	4,287	$ 560.89	$ 458.37	$ (102.52)
New Adult	35,059	48,985	13,926	$ 440.90	$ 338.91	$ (101.99)
BD Children	3,714	3,727	13	$ 754.67	$ 885.45	$ 130.78
General Children	55,846	57,594	1,749	$ 197.92	$ 195.07	$ (2.84)
Underinsured Children	775	981	207	$ 68.58	$ 97.12	$ 28.54
CHIP	4,329	4,417	88	$ 155.80	$ 141.84	$ (13.95)
Pharmacy Only Programs	12,489	12,709	220	$ 41.14	$ 50.37	$ 9.22
Choices for Care	3,875	4,222	347	$ 4,332.15	$ 4,117.03	$ (215.12)
Refugee	73	1	(72)	$ 411.33	$ 400.96	$ (10.37)
HIV	98	133	35	$ 34.62	$ 16.32	$ (18.30)
Civil Union	411	-	(411)	$ 620.55	$ -	$ (620.55)
Healthy Vermonters	6,472	5,820	(652)	n/a	n/a	n/a
Premium Assistance: Member Count	35,654	18,368	(17,287)	$ 32.33	$ 38.75	$ 6.42
Premium Assistance: Individual Count	42,785	22,041	(20,744)	$ 26.94	$ 32.29	$ 5.35
Cost Sharing Reduction: Member Count	13,903	6,034	(7,868)	$ 18.69	$ 21.03	$ 2.34
Cost Sharing Reduction: Individual Count	15,849	6,879	(8,970)	$ 16.39	$ 18.44	$ 2.05
On average, there are 1.2 individuals per member enrollment for VPA and 1.14 individuals per member enrollment for CSR						

GreenMountainCare
A HEALTHIER STATE OF LIVING

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 low-income parents, childless adults, pregnant women, caretaker relatives, people who are blind or disabled, and those age 65 or older. Eligibility is based on various factors including income, and, in certain cases, resources (e.g., cash, bank accounts, etc.).

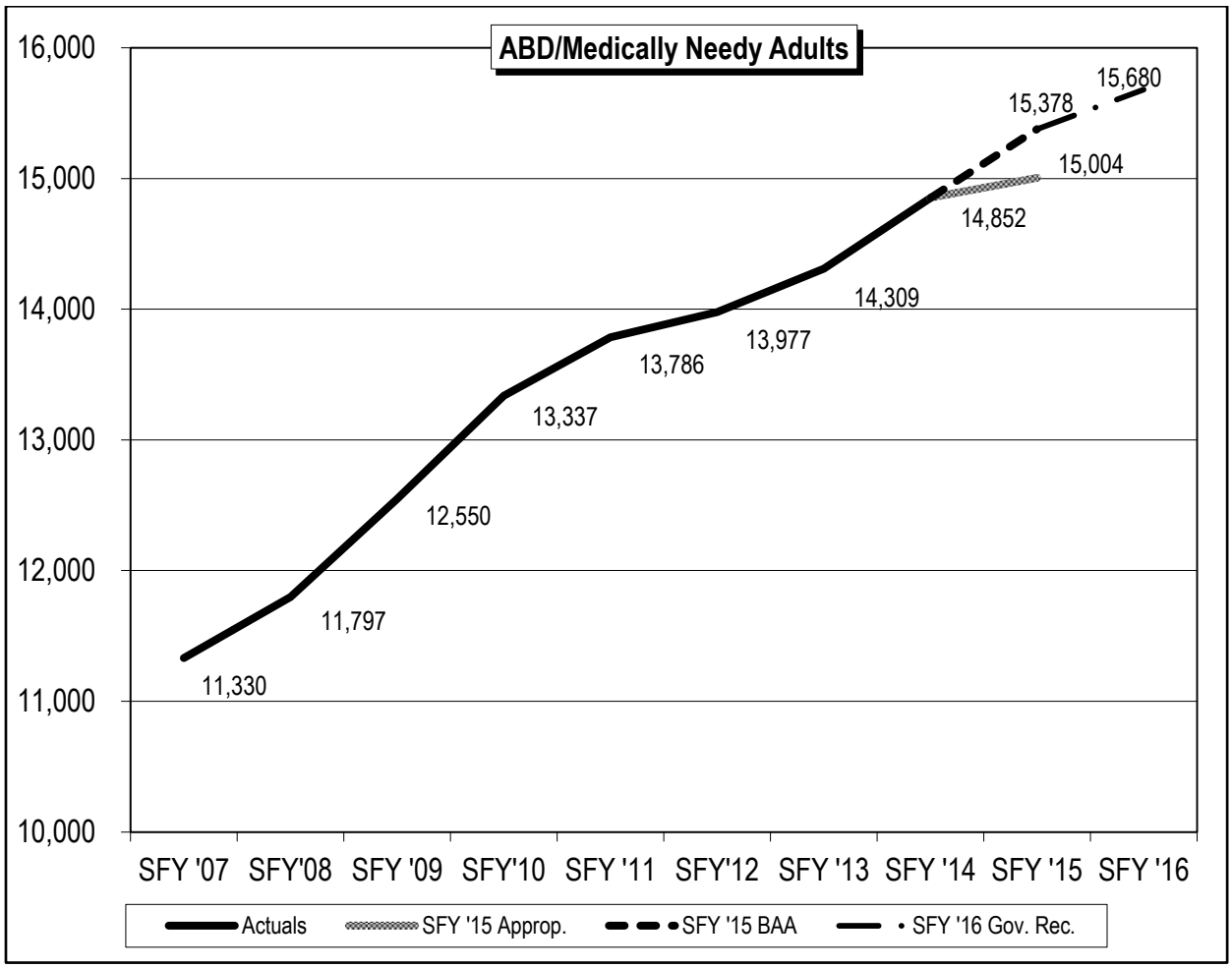
Medicaid programs cover most physical and mental health care services such as doctor's visits, hospital care, prescription medicines, vision and dental care, long-term care, physical therapy, medically-necessary transportation and more. Services such as dentures or eyeglasses are not covered, and other 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 19 and older; categorized as aged, blind, or disabled (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 SFY2016 for ABD and/or Medically Needy Adults:

Aged, Blind, & Disabled (ABD) and/or Medically Needy Adults					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	14,309	$ 104,236,243	$ 607.05	$ 178,956,858	$1,042.20
SFY '14 Actual	14,852	$ 108,329,783	$ 607.82	$ 188,835,438	$1,059.52
SFY '15 Appropriated	15,004	$ 116,363,012	$ 646.30	$ 197,166,749	$1,095.09
SFY '15 Budget Adjustment	15,378	$ 112,692,767	$ 610.67	$ 193,276,892	$1,047.35
SFY '16 Governor's Recommend	15,680	$ 120,676,152	$ 641.35	$ 205,424,556	$1,091.75

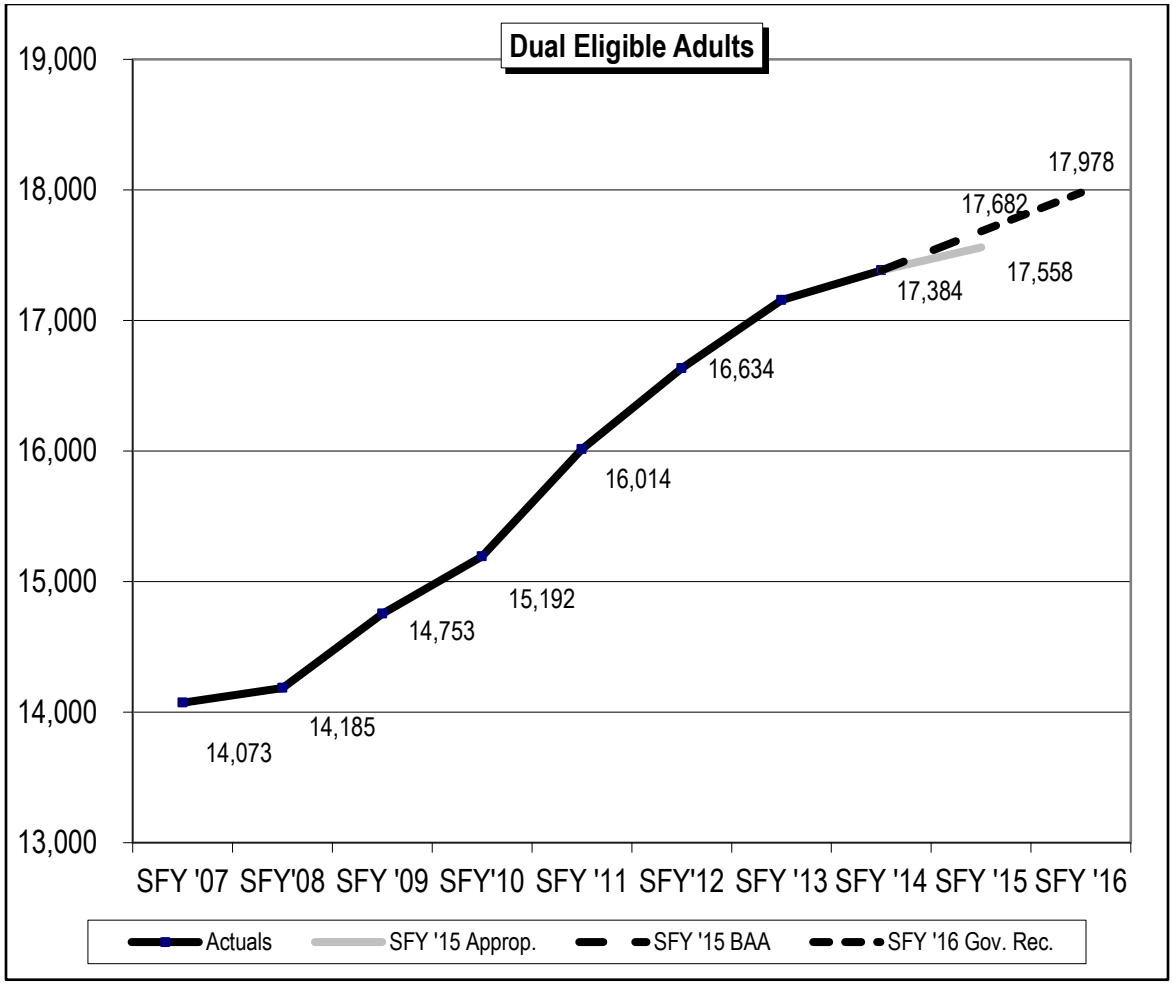


Dual Eligibles

Dual Eligible individuals 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 SFY2016 for Dual Eligibles:

Dual Eligibles					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	17,155	$ 48,224,153	$ 234.25	$ 194,354,293	$ 944.10
SFY '14 Actual	17,384	$ 49,143,760	$ 235.58	$ 201,968,814	$ 968.19
SFY '15 Appropriated	17,558	$ 51,697,940	$ 245.36	$ 204,585,893	$ 970.98
SFY '15 Budget Adjustment	17,682	$ 49,371,309	$ 232.68	$ 201,843,736	$ 951.26
SFY '16 Governor's Recommend	17,978	$ 51,347,945	$ 238.02	$ 211,699,563	$ 981.31

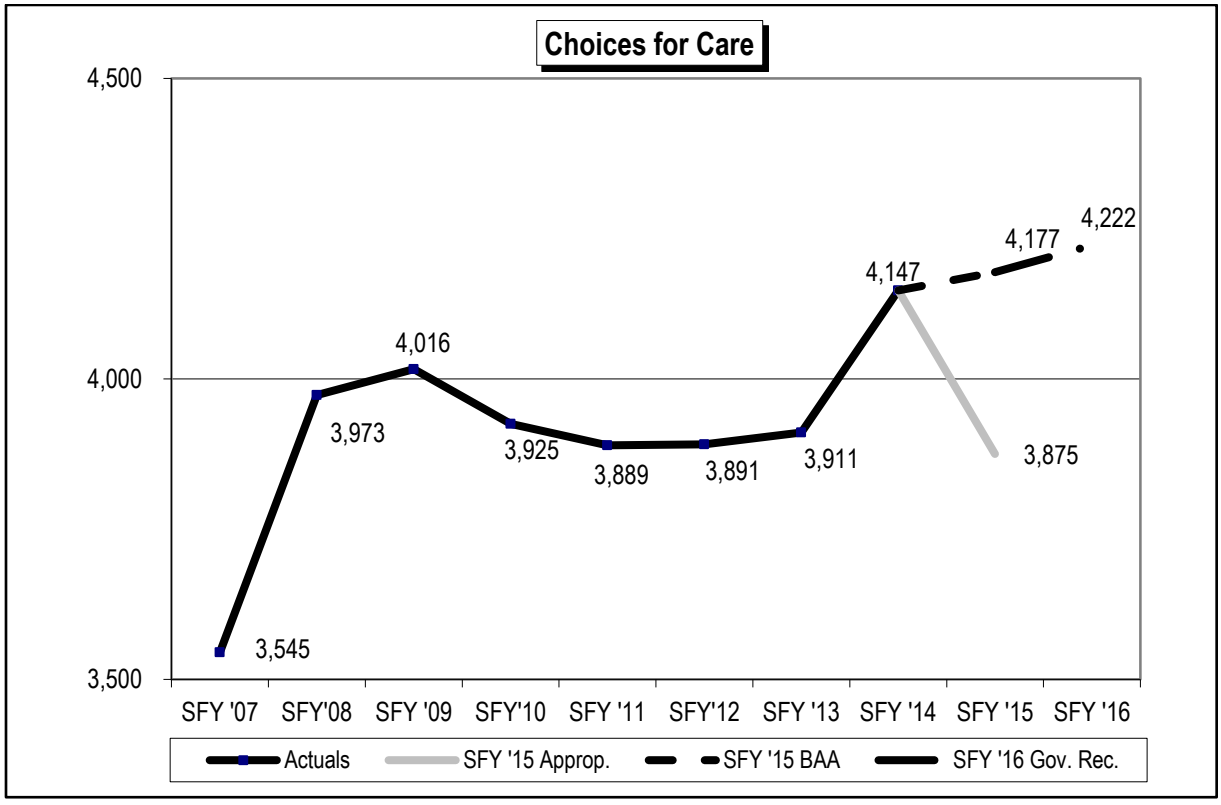


Choices for Care Waiver

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 include moderate-need individuals who are not eligible for traditional Medicaid services. The figures do not include those moderate-need individuals who are eligible for traditional Medicaid services and 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					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	3,911	$ 199,033,009	$4,241.42	$ 199,033,009	$4,241.42
SFY '14 Actual	4,147	$ 205,224,249	$4,123.95	$ 205,224,249	$4,123.95
SFY '15 Appropriated	3,875	$ 206,894,739	$4,449.20	$ 206,894,739	$4,449.20
SFY '15 Budget Adjustment	4,177	$ 211,613,548	$4,221.45	$ 211,613,548	$4,221.45
SFY '16 Governor's Recommend	4,222	$ 211,571,695	$4,175.77	$ 211,571,695	$4,175.77

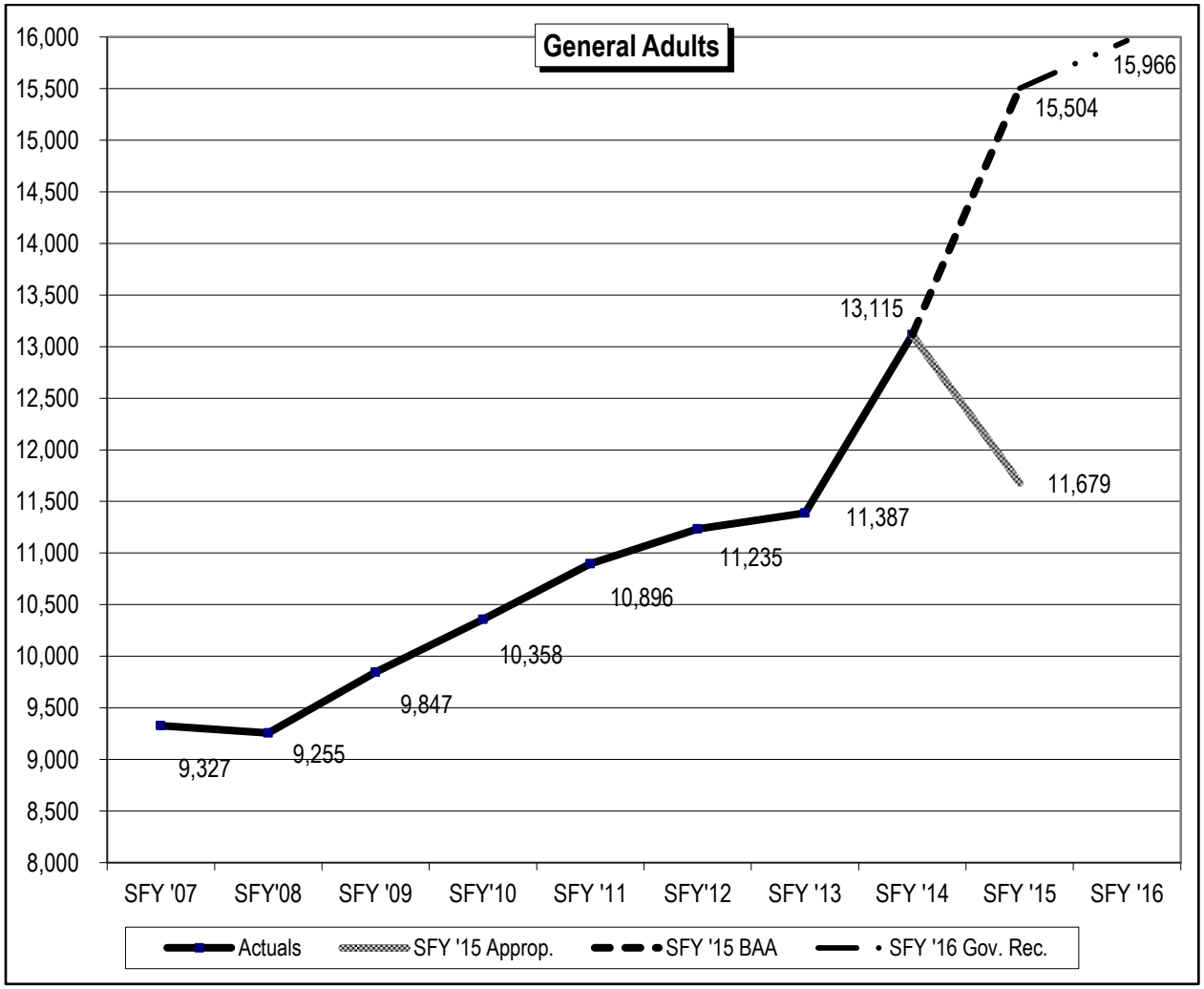


General Adults

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 SFY2016 for General Adults:

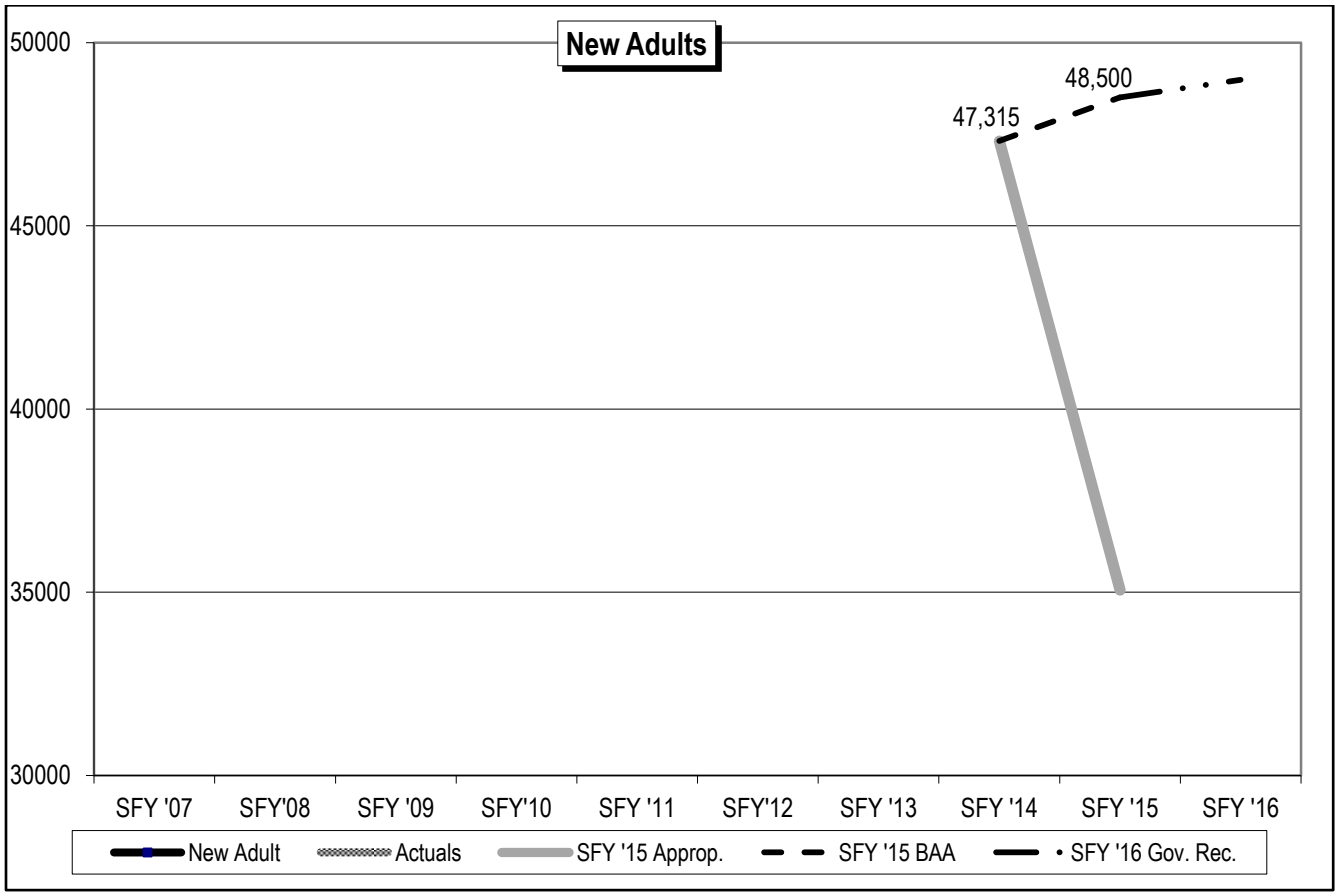
General Adults					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	11,387	$ 73,079,701	$ 534.83	$ 79,771,934	$ 583.81
SFY '14 Actual	13,115	$ 76,094,174	$ 483.51	$ 84,532,839	$ 537.13
SFY '15 Appropriated	11,679	$ 78,610,062	$ 560.89	$ 87,415,381	$ 623.72
SFY '15 Budget Adjustment	15,504	$ 88,847,459	$ 477.54	$ 97,628,847	$ 524.74
SFY '16 Governor's Recommend	15,966	$ 94,087,415	$ 491.08	$ 103,322,591	$ 539.28



New Adult

Due to Affordable Care Act changes that expanded Medicaid eligibility, adults who are at or below 133% of the federal poverty level will now qualify for traditional Medicaid. The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY2016 for New Adults:

New Adult					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	-	$ -	$ -	$ -	$ -
SFY '14 Actual	47,315	$ 72,982,243	$ 321.41	$ 80,536,031	$ 350.28
SFY '15 Appropriated	35,059	$ 185,490,566	$ 440.90	$ 200,940,297	$ 477.62
SFY '15 Budget Adjustment	48,500	$ 193,856,692	$ 333.09	$ 209,264,433	$ 359.56
SFY '16 Governor's Recommend	48,985	$ 205,151,420	$ 349.00	$ 221,355,374	$ 376.57



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 are 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 had previously experienced under VHAP and Catamount. To address this affordability challenge, the State of Vermont further subsidizes premiums and cost sharing for enrollees whose income is < 300%. The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY2016 for additional Cost Sharing supports.

Premium Assistance For Exchange Members < 300%					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	-	$ -	$ -	$ -	$ -
SFY '14 Actual	14,013	$ 2,571,477	$ 36.91	$ 2,571,477	$ 36.91
SFY '15 Appropriated	35,654	$ 13,831,832	$ 32.33	$ 13,831,832	$ 32.33
SFY '15 Budget Adjustment	18,007	$ 7,974,888	$ 36.91	$ 7,974,888	$ 36.91
SFY '16 Governor's Recommend	18,368	$ 8,541,105	$ 38.75	$ 8,541,105	$ 38.75

Cost Sharing For Exchange Members < 300%					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	-	$ -	$ -	$ -	$ -
SFY '14 Actual	4,452	$ 332,623	$ 19.52	$ 332,623	$ 19.52
SFY '15 Appropriated	13,903	$ 3,117,367	$ 18.69	$ 3,117,367	$ 18.69
SFY '15 Budget Adjustment	5,859	$ 1,372,578	$ 19.52	$ 1,372,578	$ 19.52
SFY '16 Governor's Recommend	6,034	$ 3,522,615	$ 48.65	$ 3,522,615	$ 48.65

Dr. Dynasaur

Dr. Dynasaur encompasses all health care programs available for children up to age 19 (CHIP, Underinsured Children) or up to age 21 [Blind or Disabled (BD) and/or Medically Needy Children and General Medicaid].

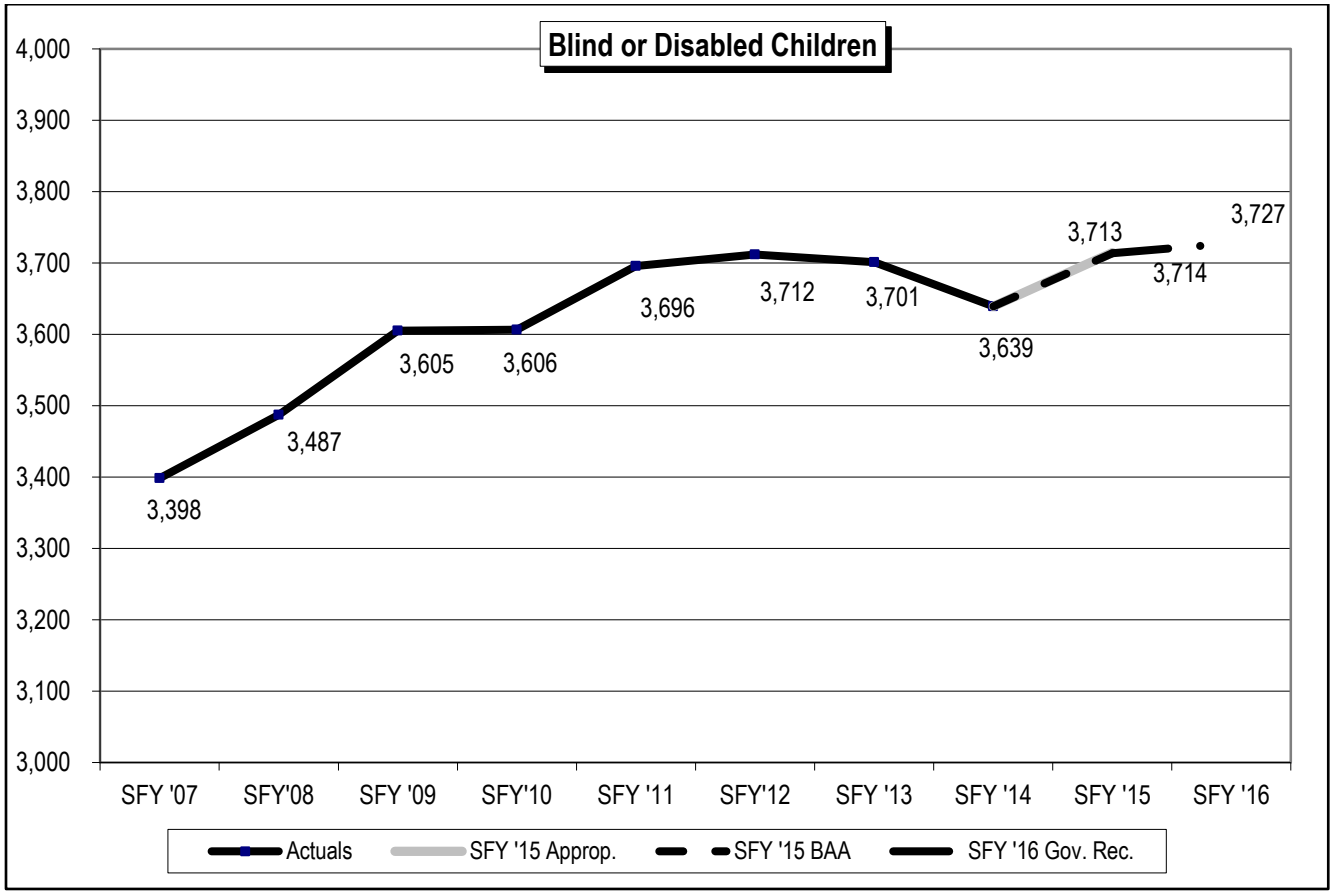
Benefits include doctor's visits, prescription medicines, dental care, skin care, hospital visits, vision care, mental health care, immunizations and special services for pregnant women such as lab work and tests, prenatal vitamins and more.

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

The general eligibility requirements for BD and/or Medically Needy Children are: under age 21; 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 SFY2016 for BD and/or Medically Needy Children:

Blind or Disabled and/or Medically Needy Children					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	3,701	$ 32,794,574	$ 738.42	$ 83,880,303	$1,888.69
SFY '14 Actual	3,639	$ 36,486,052	$ 835.48	$ 91,503,344	$2,095.29
SFY '15 Appropriated	3,714	$ 33,638,400	$ 754.67	$ 88,536,493	$1,986.31
SFY '15 Budget Adjustment	3,713	$ 39,330,836	$ 882.64	$ 94,079,724	$2,111.29
SFY '16 Governor's Recommend	3,727	$ 40,575,214	$ 907.13	$ 98,153,315	$2,194.40

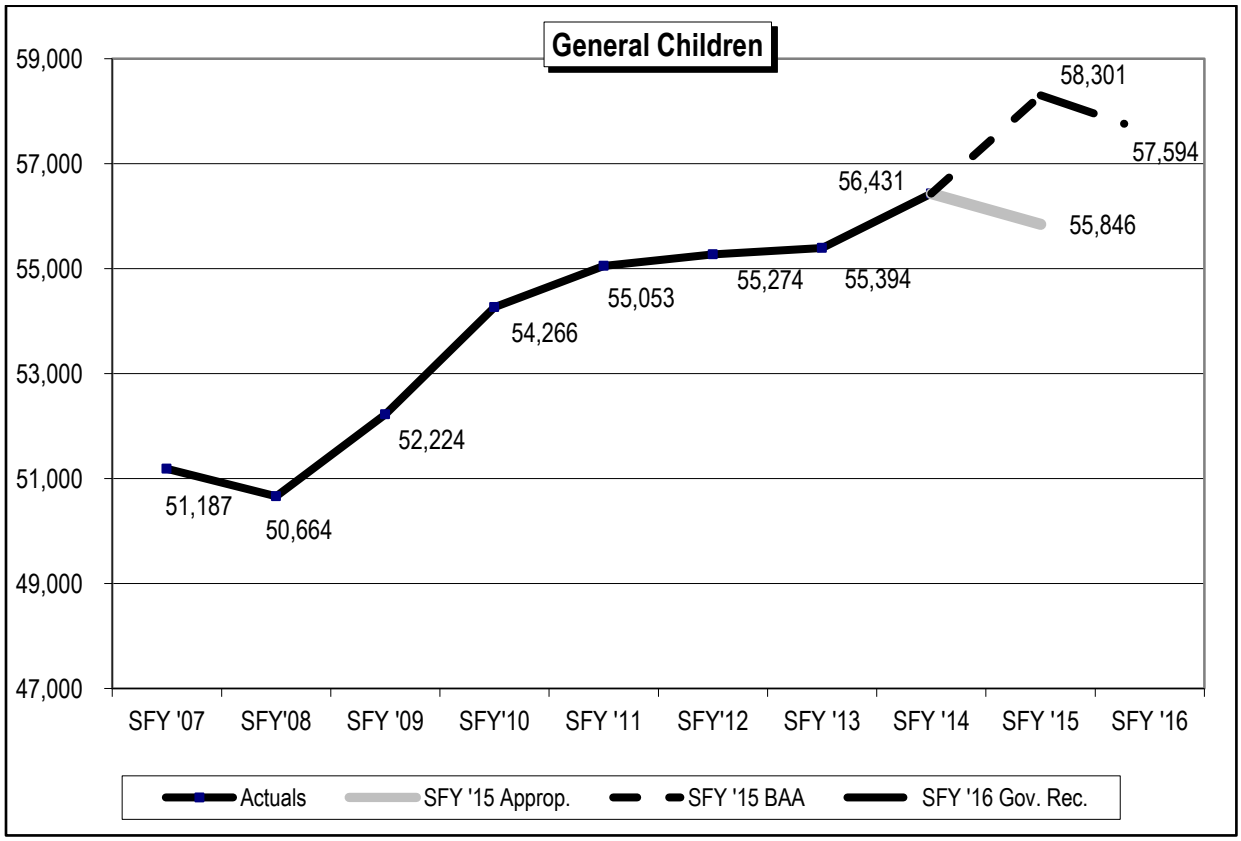


General Children

The general eligibility requirements for General Children are: under age 19 and below the protected income level (PIL), 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 SFY2016 for General Children:

General Children					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	55,394	$ 131,289,464	$ 197.51	$ 225,987,291	$ 339.97
SFY '14 Actual	56,431	$ 130,940,851	$ 193.36	$ 236,587,894	$ 349.38
SFY '15 Appropriated	55,846	$ 132,635,027	$ 197.92	$ 238,543,353	$ 355.96
SFY '15 Budget Adjustment	58,301	$ 134,490,705	$ 192.24	$ 240,111,188	$ 343.21
SFY '16 Governor's Recommend	57,594	$ 141,088,248	$ 204.14	$ 252,166,793	$ 364.86

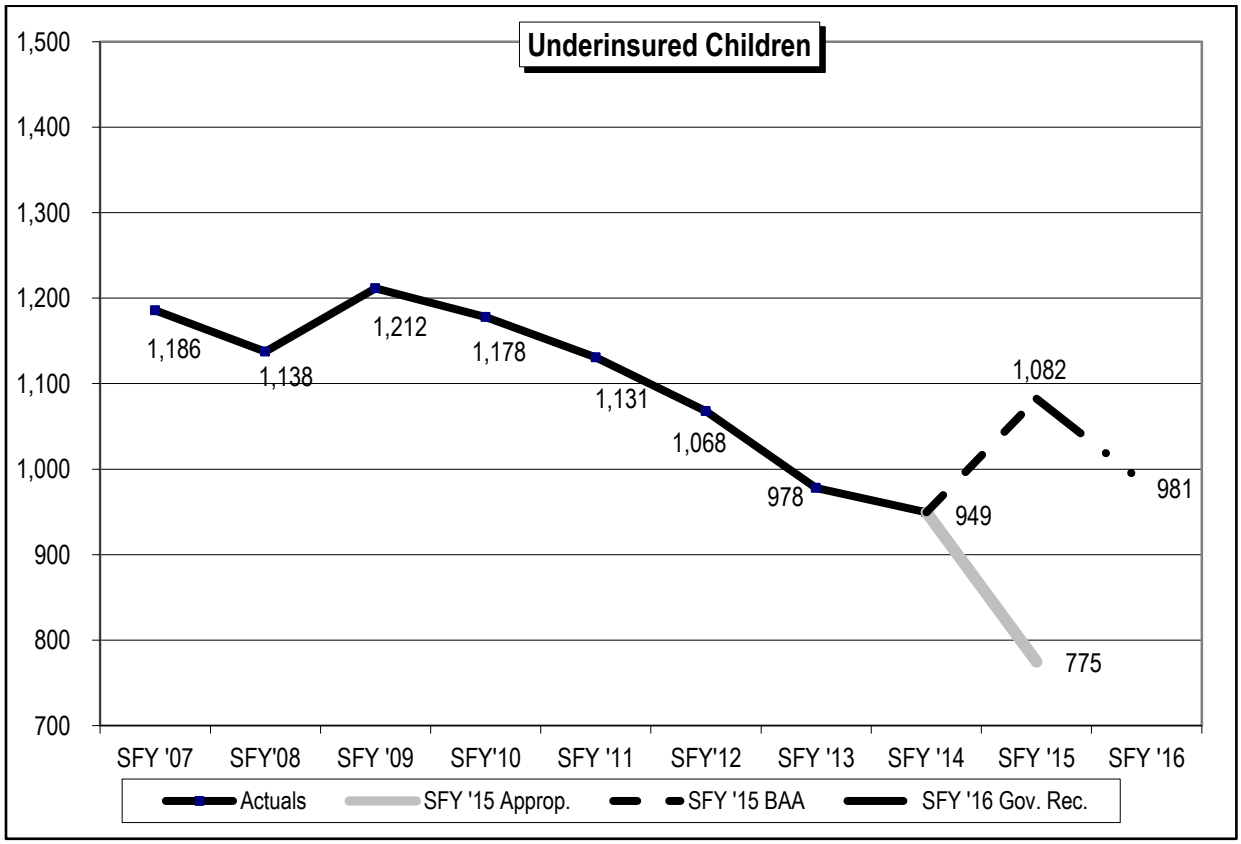


Underinsured Children

The general eligibility requirements for Underinsured Children are: up to age 19 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 SFY2016 for Underinsured Children:

Underinsured Children					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	978	$ 791,009	$ 67.40	$ 1,986,567	$ 169.27
SFY '14 Actual	949	$ 1,072,657	$ 94.15	$ 2,521,774	$ 221.34
SFY '15 Appropriated	775	$ 637,389	$ 68.58	$ 2,094,117	$ 225.31
SFY '15 Budget Adjustment	1,082	$ 1,279,046	$ 98.48	$ 2,731,816	$ 210.34
SFY '16 Governor's Recommend	981	$ 1,183,102	$ 100.48	$ 2,710,944	$ 230.25

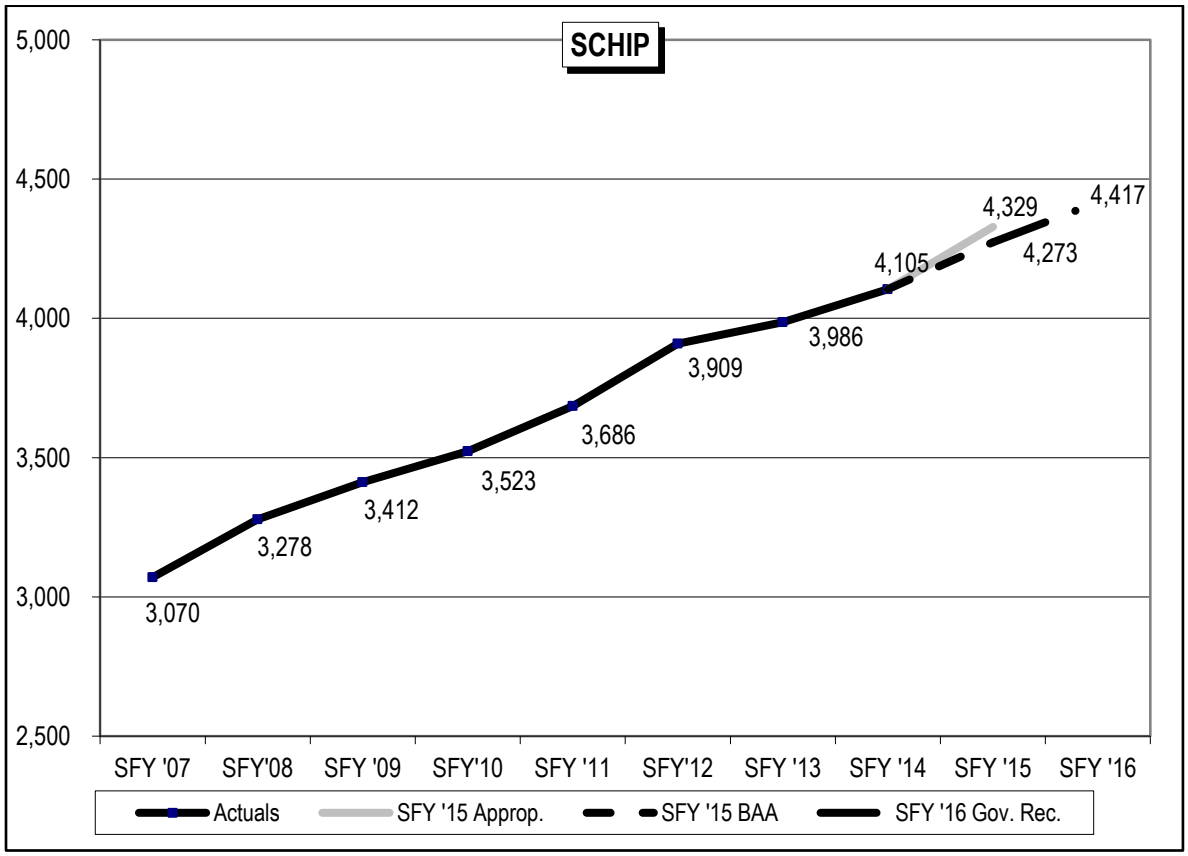


Children's Health Insurance Program (CHIP)

The general eligibility requirements for the Children's Health Insurance Program (CHIP) are: up to age 19, uninsured, and up to 312% Federal Poverty Limit (FPL). As of January 1, 2014 CHIP is operated as a Medicaid Expansion with enhanced federal funding from Title XXI of the Social Security Act.

The following table depicts the caseload and expenditure information by SFY, including the Governor's Recommend for SFY2016 for the Children's Health Insurance Program (CHIP):

CHIP (Uninsured)					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	3,986	$ 7,279,703	$ 152.21	$ 10,023,964	$ 209.59
SFY '14 Actual	4,105	$ 7,465,861	$ 151.57	$ 10,218,851	$ 207.46
SFY '15 Appropriated	4,329	$ 8,093,421	$ 155.80	$ 10,846,411	$ 208.79
SFY '15 Budget Adjustment	4,273	$ 7,165,946	$ 139.74	$ 9,918,936	$ 193.43
SFY '16 Governor's Recommend	4,417	$ 7,698,414	$ 145.24	$ 10,451,404	$ 197.18



Prescription Assistance Pharmacy Only Programs

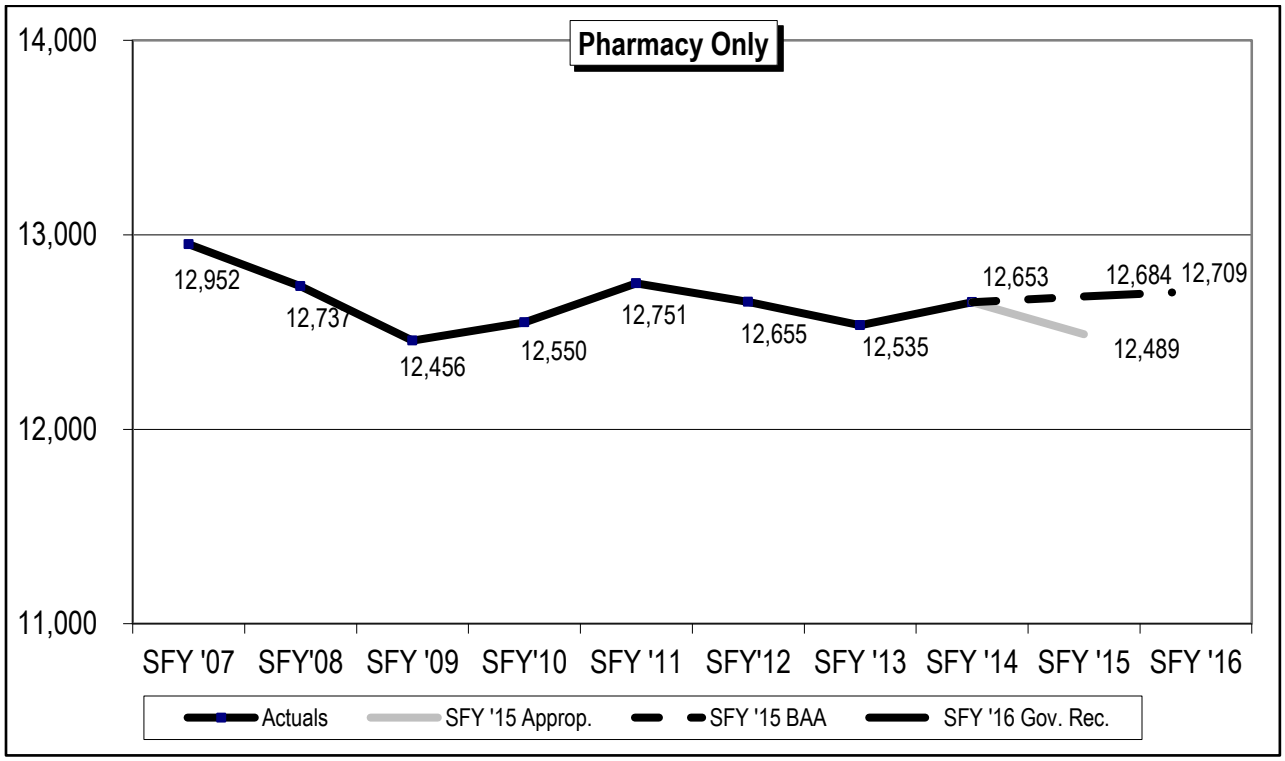
Vermont provides prescription assistance programs to help Vermonters pay for prescription medicines based on income, disability status, and age. There is a monthly premium based on income and co-pays based on the cost of the prescription.

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 expired 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 SFY2016 for the Pharmacy Programs:

Pharmacy Only Programs					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	12,535	$ 1,813,724	$ 12.06	$ 1,813,724	$ 12.06
SFY '14 Actual	12,653	$ 4,485,706	$ 29.54	$ 4,485,706	$ 29.54
SFY '15 Appropriated	12,489	$ 6,166,252	$ 41.14	$ 6,166,252	$ 41.14
SFY '15 Budget Adjustment	12,684	$ 6,585,623	$ 43.27	$ 6,585,623	$ 43.27
SFY '16 Governor's Recommend	12,709	$ 7,203,404	$ 47.23	$ 7,203,404	$ 47.23

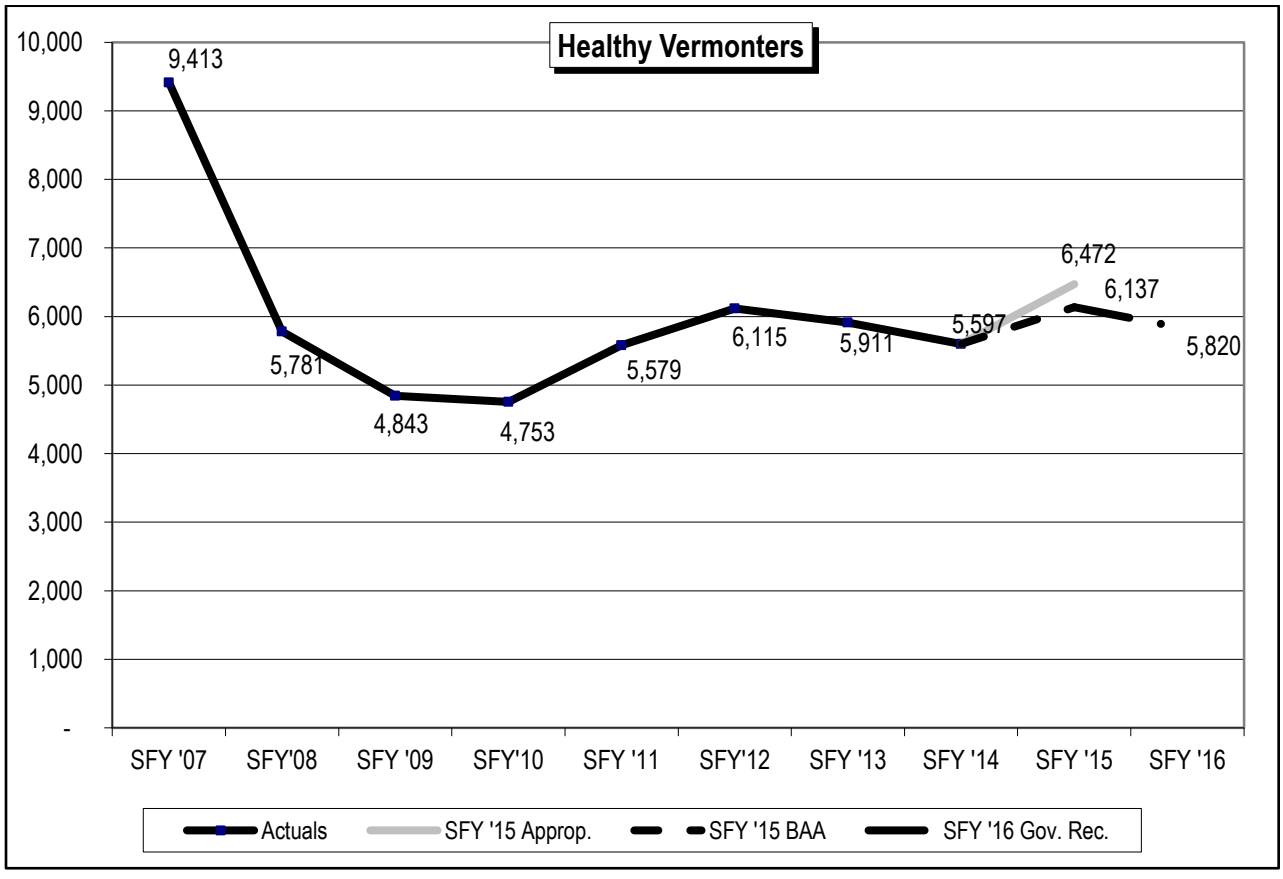


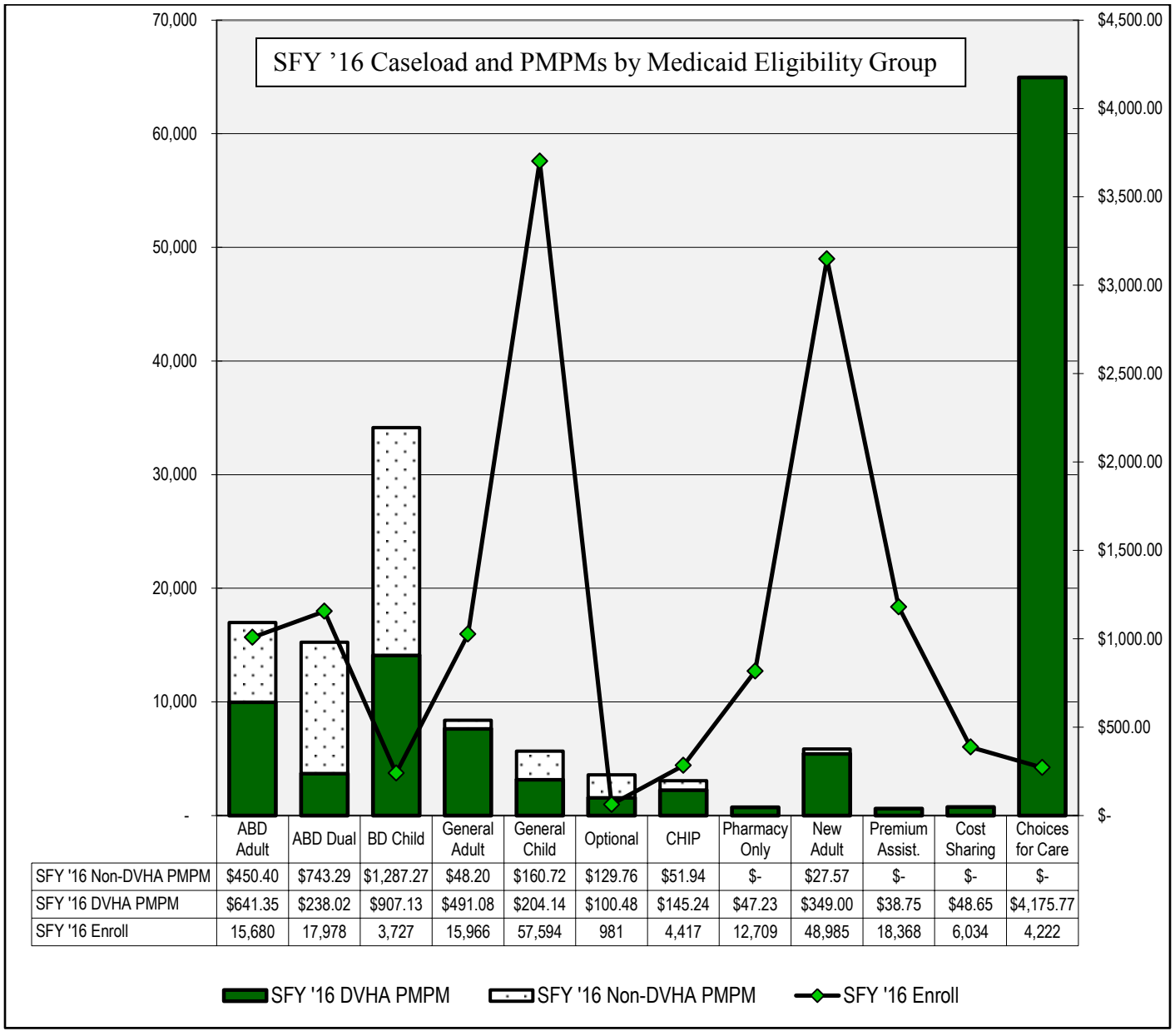
Healthy Vermonters

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 SFY2016 for the Healthy Vermonters Program:

Healthy Vermonters Program					
		DVHA Only		Total	
SFY	Caseload	Expenditures	P.M.P.M.	Expenditures	P.M.P.M.
SFY '13 Actual	5,911	$ -	n/a	$ -	n/a
SFY '14 Actual	5,597	$ -	n/a	$ -	n/a
SFY '15 Appropriated	6,472	$ -	n/a	$ -	n/a
SFY '15 Budget Adjustment	6,137	$ -	n/a	$ -	n/a
SFY '16 Governor's Recommend	5,820	$ -	n/a	$ -	n/a





	ABD Adult	ABD Dual	BD Child	General Adult	General Child	Optional	CHIP	Pharmacy Only	New Adult	Premium Assist.	Cost Sharing	Choices for Care
SFY '16 Non-DVHA PMPM	$450.40	$743.29	$1,287.27	$48.20	$160.72	$129.76	$51.94	$-	$27.57	$-	$-	$-
SFY '16 DVHA PMPM	$641.35	$238.02	$907.13	$491.08	$204.14	$100.48	$145.24	$47.23	$349.00	$38.75	$48.65	$4,175.77
SFY '16 Enroll	15,680	17,978	3,727	15,966	57,594	981	4,417	12,709	48,985	18,368	6,034	4,222

ADDITIONAL TREND CHANGES…….14,905,772)
($2,288,234) state

Buy-In Adjustment……($799,927)
($359,727) 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 ……..$361,035
$361,035 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.

Opiate Care Alliance – Bennington…….. $300,000
$134,910 state

A collaborative program between United Counseling Service and Southwestern Vermont Health Care has been established in order to offer opioid medication assisted treatment to individuals in the Bennington County area. This program will join and continue partnerships with law enforcement, criminal justice systems, the Vermont Blueprint for Health and other community service agencies, resulting in funding being provided by both DVHA and the Department of Health.

Inpatient Cost Savings ……..($2,500,000)
(1,124,250) state

The DVHA Payment and Reimbursement unit recently implemented two changes to inpatient pricing. The first, implemented 10/1/14, no longer pays two separate DRG payments for two separate inpatient claims when a patient's subsequent claims admit date is on the same or next day after their original claims discharge date where both claims are for the same facility, and both claims are for the same or a related condition. The second expands upon allowable discharge status codes that results in DVHA either paying a cost-to-charge ratio (CCR) or a DRG, whichever is lower. (The prior policy paid at the DRG rate only.) This change aligns more closely with Medicare policy; and both new pricing methodologies result in savings to the state.

Clinical Utilization (CURB) & Drug Utilization Review Board (DURB) Target…….($7,000,000)
($3,175,878) state

Per 33 V.S.A. § 2031, the Clinical Utilization Review Board (CURB) is charged with examining existing medical services, emerging technologies, relevant evidence-based clinical practice guidelines, and make recommendations to DVHA's Commissioner regarding coverage, unit limitations, place of service and appropriate medical necessity of services in the State's Medicaid programs.

The Drug Utilization Review Board (DURB) at the DVHA is responsible for pharmacy best practices and cost control programs designed to reduce the cost of providing prescription drugs, while maintaining high quality and best practice in prescription drug therapies. Through medication review processes the DURB will make recommendations that promote quality of care while controlling costs through programs that evaluate generic (less costly) alternatives, prior authorization review processes and other cost containment activities.

The CURB and DURB are charged with reviewing high-cost and high-use services identified by DVHA and develop recommendations that would remain in line with standards of care, while being fiscally responsible. The CURB and DURB with guidance from the Commissioner, Deputy Commissioner, Medical staff and Clinical Unit will review existing utilization controls to identify areas in which improved utilization review and management might be indicated. Through trending reports and paid claims review, the CURB and DURB is responsible for a $7 Million cost savings to the Medicaid system through appropriate and proactive utilization. This represents 0.7% of DVHA's programmatic expenditures.

Expiration of the ACA Primary Care Physician Rate Increases ……..($3,750,000)
$0 state

One of the initiatives offered under the Affordable Care Act was an increase in primary care physician (PCP) rates. The federal government covered the full cost of this increase through December 31, 2014. Elimination of funding starting January 1, 2015 was authorized in the FY15 budget last year. This request annualizes the elimination of the increase in rates that was effective January 1, 2015.

Applied Behavior Analysis (ABA) Transfer to DMH……($3,671,648)
($1,651,140) state

DVHA has been working in collaboration with AHS partners to address service utilization needs for children with autism. A state plan amendment is slated to be submitted to CMS for approval by March 1, 2015, that will allow for DVHA to expand services to address this need. Until such approval is garnered, the state needs to operate under existing state plan rules. Currently the Designated Agencies have authority to provide the necessary services. Therefore, this is a cost-neutral shift of funding to DMH to provide these necessary services.

Independent Direct Care Provider Rate Changes…….$2,154,768
$968,999 state

The home care workers union negotiated a wage increase at the end of last year's session resulting in an appropriation going to AHS central office but needing to be allocated across the impacted departments. This dollar value reflects the amount of cost-neutral transfer from AHS to DVHA.

Change in Federal Participation Match Rate……...$0
$2,557,816 state

The federal receipts the State receives is dependent upon a funding formula (Federal Medical Assistance Percentage - FMAP) used by the federal government and is based on economic need for each state across the country. Additionally, Senator Leahy negotiated a 2.2% rate increase for calendar years 2014 and 2015. This general fund impact is due to a reduction in the traditional match rate, an increase in the CHIP match rate, and the elimination of the 2.2% as of January 1, 2016.

GOVERNOR'S RECOMMENDED INITIATIVES……...$43,632,239
$19,222,425 state

Historically, increased costs in healthcare exceed year-over-year revenue growth. The unfortunate result of this issue is an underfunding in Medicaid rates resulting in private insurance paying for the shortage in revenues. In order to address this, the Governor's budget proposal supports real progress toward reducing the Medicaid cost shift by increasing Medicaid payments to health care providers by $50 million annually ($25M in FY16). The Green Mountain Care Board and Blue Cross Blue Shield will ensure the cost shift is addressed by recovering the savings created by these increased payments, reducing premiums by up to 5% from what they would have been without this proposal.

The recent Vermont Household Survey documented a historic reduction in the number of Vermonters who are uninsured. It also demonstrated that the greatest increase in coverage was achieved by Vermonters enrolling in coverage through Vermont's Medicaid program. The Governor's budget provides for the ongoing funding needed to preserve the coverage to Vermonters enrolled in Medicaid. This also further reduces the pressure on the cost shift as these Vermonters are no longer uninsured.

Additionally, the Governor has proposed to invest further in Vermont's Blueprint for Health. Doing so will build on the early success the Blueprint has shown in bending the cost curve while ensuring high quality health care for Vermonters. To support this effort, the DVHA budget increases Medicaid funding for the Blueprint by $4.5 million in FY16 ($9M annually) in order to increase both the community health team payments and the medical home payments for the first time since inception of the program in 2008.

To support these and other proposals below, the Governor has proposed a seven tenths of a percent (0.7%) payroll tax on Vermont businesses. This tax will raise $41 million in state funds, which will be matched with an additional $45 million in federal dollars. Of this, $55 million will be applied to the cost shift to reduce private insurance premiums, essentially raising $41 million and getting $55 million in relief. The money raised from this tax will go into the State Health Care Resource Fund and all of it will be dedicated to reducing the cost shift and improving health care quality and delivery.

Please note that without adopting the first of the Governor's recommendations above, funding for all other program enhancements will not be available. Detailed below are specifics with regard to the increases in DVHA's budget due to these proposed initiatives.

Addressing the Cost Shift

Medicaid reimbursement rates are the lowest among payers for the majority of medical services; this disparity results in shifting of costs to private insurance for businesses and individuals, who pay more on average in order to sustain the health system, acting as a hidden tax. This is known as the cost shift. The Green Mountain Care Board (GMCB) estimates that the cost shift results in $150 million in private premium inflation every single year. What's more, lower Medicaid reimbursement rates also mean that the state is not using significant dollars in matching federal funds available to the Medicaid program.

To address the cost shift, DVHA's budget invests $25 million starting January 1, 2016 in targeted Medicaid rate increases. The budget also commits $30 million in FY2016 to ensure adequate funding is available to cover the nearly 20,000 people who now have insurance coverage thanks to Vermont Health Connect and our Medicaid expansions. Without the latter funding, Medicaid rates would need to be lowered across the system leading to an increase in the cost shift.

DVHA will coordinate closely with the Green Mountain Care Board (GMCB) to ensure that increased Medicaid reimbursements will be used to reduce the cost shift and reduce pressure on private insurance rates.

Address Cost Shift Through Outpatient Rate Increases…… $10,000,000
$4,471,073 state

In an effort to address healthcare inflation and reduce costs shifted to private insurers due to the underpayment of health care providers by Medicaid, the Administration is proposing to increase in-state Outpatient reimbursement as of January 1, 2016. The increase will be targeted to in-state hospitals paid under Medicaid's Outpatient Prospective Payment System (OPPS). In turn, the Green Mountain Care Board, through the hospital budget approval process, will ensure that the increases in Medicaid reimbursements will result in a reduction in hospital charges to private insurance premiums. On an annualized basis, this would increase hospital outpatient rates as a percent of Medicare from roughly 72% currently to approximately 85% in CY2016.

Address Cost Shift Through Primary Care Rate Increases……..$5,000,000
$2,347,611 state

Using the definition of primary care services and providers under the CY2013-CY2014 Enhanced Primary Care Program, DVHA estimates approximately 20% of professional services, or $20 million in spending goes to support these providers and services. These funds will support both those services previously under the ACA's primary care bump as well as those ancillary services under the fee schedules also billed by primary care.

Address Cost Shift Through Professional Services Rate Increases……..$9,000,000
$4,225,700 state

Medicare pays for physician offices and professional services across all sites of care through its physician fee schedules known as the resource-based relative value system or RBRVS. This system includes primary care as well as other types of physicians and health professionals. The total investment in professional services in SFY2016 is $14 million; however, we present a breakdown between primary care separate from other services. On an annualized basis in the aggregate, this would increase professional service rates as a percent of Medicare from roughly 80% currently to just over 102% in CY2016.

Independent physicians, independent allied health professionals (e.g., psychologists) as well as hospitals will benefit from an increase in professional service reimbursement, though not with the same magnitude. The Green Mountain Care Board, through the hospital budget and commercial premium approval process, will ensure that the increases in Medicaid reimbursements will result in a reduction in private insurance premiums. In addition, hospital and medical service corporations are directed to pass through the reduction to their customers.

Address Cost Shift Through Rate Increase to Dartmouth Hitchcock Med. Ctr…….$1,500,000
$671,874 state

Medicaid currently pays higher reimbursement rates to in-state hospitals compared to out of state hospitals. In recognition of the importance of Dartmouth Hitchcock Medical Center (DHMC) to Vermont's system of care and their participation in health reform efforts, DVHA will increase rates and decrease the disparity between in-state and out of state rates.

While not separately mentioned, DHMC will also benefit from the increases in professional services rates as Medicaid does not distinguish in-state from out of state rates in that system. This increase can be recaptured, in part, for any Vermonters who have insurance regulated by the GMCB or who purchase from the hospital and medical service corporation.

The Impact of the Governor's proposals on Primary Care

Primary care financing comes in many forms and the budget initiatives target increases through both fee for service (FFS) rates and through the Blueprint for Health. Under the budget initiatives described in the budget book, primary care providers will see an increase in funding from Medicaid of over $8.5 million, including:

- *Increases to Medicaid's participation in the Blueprint for Health. Qualifying primary care providers (independent, hospital-owned and FQHC/RHC) will increase payments both for their performance (P4P) as well as capacity payments to support additional FTEs on Community Health Teams (CHTs). It is envisioned that the other payers contributing to the Blueprint would also increase their contributions as well, resulting in additional increases in Blueprint payments to primary care providers.*
- *Increases to professional service fees paid to primary care providers under fee for service (FFS) raising their reimbursement slightly above Medicare rates; these increases will primarily benefit both independent and hospital owned practices.*

While there were no proposed increases in the following, it is important to note primary care providers also receive financing through:

- *Primary Care Case Management (PCCM) payments: Medicaid pays primary care providers a $2.50 per beneficiary, per month payment for primary care management.*

New Investments in Vermont's Blueprint for Health

The Blueprint works with practices, hospitals, health centers, and other stakeholders to implement a statewide health service model in Vermont. 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), a network of self-management support programs, comparative reporting from statewide data systems, and activities focused on continuous improvement (Learning Health System). The program aims to assure that all citizens have access to high quality primary care and preventive health services, and to establish a foundation for a high value health system in Vermont.

Today, the Blueprint's future is at risk because participating providers have not seen an increase in payments since the Blueprint launched. Based on feedback that the payments for NCQA recognition and for CHTs were no longer adequate, the Blueprint initiated systematic discussions with local physicians and health systems statewide to develop new approaches to payment. The October 2014 report reflects continued evolution of targeted payment reforms and includes, for the first time, proposals for how payment reforms can be evolved to incent improved outcomes. From these discussions, three current priorities have emerged and are funded in the Governor's proposed FY16 budget. These include:

Align Community Health Team (CHT) Costs with Insurer Market Share……$467,833
$210,385 state

As changes in the distribution of Vermonters coverage between public and private payers participating in the Blueprint, it is appropriate to update the allocation of CHT costs across payers. Given that more Vermonters have

become covered by Medicaid in the past years, Medicaid's share of CHT costs will to increase through this adjustment. The dollar amount reflected above represents this adjustment effective January 1, 2016.

Increase CHT Blueprint Payments…… $541,078
$243,323 state

Community health team staff provides the medical home population with direct access to multi-disciplinary staff such as nurse coordinators, social workers, dieticians, and health educators. There is no cost-sharing or prior authorization for patients and they can be connected with the teams based on need and clinical judgment. The community health team is considered a distinguishing characteristic of Vermont's medical home model. Increasing the capacity of these teams can directly support new service models for targeted needs such as cardiovascular disease, mental health, addiction, trauma, and adverse childhood experiences. Again, the funds referenced above assume a January 1, 2016 start date. Please note that this reflects the Medicaid share only. It is anticipated that private carrier participation will adopt this increase as well.

Increase Primary Care Medical Home Payments…….....$3,500,000
$1,573,950 state

Medical home payments, and access to community health team staff, have helped to engage the majority of primary care practices in Vermont in the process of preparation and scoring against the NCQA medical home standards. The national standards have been revised every three years, and are increasingly rigorous in their requirements for primary care practices to demonstrate high quality, patient centered, and well-coordinated preventive care. The increase in medical home payments would ensure continued participation, and ensure Vermonters have access to primary care in accordance with NCQA standards. Working with Blueprint partners, this increase in funding would be implemented through a revised payment structure that could include incentives for recertification based on revised NCQA standards and/or a new pay for performance measure to which incentive payments will be connected. Similar to above, private carriers are expected to adopt this change too. The dollar amount reflected above represents this adjustment effective January 1, 2016.

Increase in VHC Cost Sharing Reduction Program…….....$2,000,000
$2,000,000 state

Vermont is one of two states in the country that now offers enhanced financial help, beyond what the Affordable Care Act provides through federal Advance Premium Tax Credits and Cost Sharing Reductions, to those struggling to pay their share of health care costs. Yet we know from the recent household insurance survey that the biggest obstacle to care continues to be cost. In order to make coverage more affordable to individuals and families accessing coverage through Vermont Health Connect, these funds will be used to lower the out of pocket costs for those with incomes between $48,000 and $72,000. The health care policy bill will include language describing the new actuarial values to be provided.

Invest in Health Home Expansion……...$5,000,000
$500,000 state

Under the Affordable Care Act, the federal government authorized a regulatory pathway to support Medicaid Health Homes which includes enhanced 90/10 federal funding for enhanced payment for six core services for patients who meet specific complexity criteria. To participate, a state must seek a State Plan Amendment (SPA) approval and agree to quality and financial reporting requirements. Vermont has received SPA approval for a small health home program to fund the Care Alliance for substance abuse treatment. Additional analysis would need to be done in order to ensure implementation of this option is consistent with Vermont's current payment and delivery system reform efforts. Thus we are proposing a January 1, 2016 start date.

Home Health Increase for 6 months…….. $1,250,000
$562,125 state

Home health providers have not experienced a rate increase in recent years and have very little ability to address the pressure that this places on their agency budgets. This increase helps to address the financial challenges faced by home health providers.

DAIL Managed Policy Decisions…… $5,373,328
$2,416,385 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 - $3,200,000
Home & Community Based caseload pressure - $3,000,000
1% Change in Nursing Home Medicaid Bed Day Utilization – ($1,180,000)
Eliminate Enhanced Residential Care Case Management – ($433,622)
Eliminate Adult Family Care Case Management – ($26,684)
Medicaid Provider Increase 2.5% for 6 months - $813,634

ADMINISTRATION ……...$18,357,850 gross / $13,252,821 state

PERSONAL SERVICES…….$821,492
$384,001 state

Payact and Related Fringe……...$1,081,155
$425,421 state

Position Management Changes……($259,663)
($41,420) state

There have been myriad movements of positions both within DVHA and across Agencies. Following are changes that have occurred in DVHA's personnel:

Annualization of Positions Approved by JFO - $396,037
Position Transferred from Agency of Administration to DVHA - $130,381
Palliative Care Nurse Position Transferred to VDH – ($97,189)
VHCIP Position Transferred to VDH – ($76,886)
9 Policy Positions Transferred to AHS – ($734,229)
Principal Assistant Position Within DVHA (Funding Only) - $122,223

OPERATING…….$328,534
$101,002 state

Other Department Allocated Costs…….. $491,933
$188,240 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.

General Operating…….($163,399)
($87,238) state

In light of the recent budget pressures, DVHA has undertaken an initiative to evaluate the efficacy of current operating expenses, evaluating whether or not we could achieve efficiencies in our budget. We determined we could implement change in the following areas:

Increase in Building Lease Costs - $11,601
Reduce Dues – ($25,000)
Reduce Printing Costs – ($100,000)
Reduce Instate Travel – ($50,000)

GRANTS AND CONTRACTS……..$17,207,824
$12,767,818 state

Revisions to Grants and Contracts…….($289,240)
($1,601,891) state

Eliminate Policy Integrity Contract – ($12,000)
Increase in Base Contracts - $269,510
Reduce Pharmacy Benefits Management Contract – ($500,343)
Reduce Care Management Contract – ($185,666)
Eliminate Ingenix Contract – ($396,000)
Eliminate Covington & Burling Contract – ($20,000)
VITL Core Grant Increase (Funded with HIT Funds) - $1,328,767
Loss of DFR Funds Used for VITL – ($226,175)
Eliminate UVM VCHIP Youth Health Initiative Grant – ($26,000)
Reduce UVM VCHIP NCQA Ratings Support – ($500,000)
FAHC Congestive Heart Failure Grant Completed – ($21,333)

Vermont Health Connect Sustainability……...$29,136,622
$14,500,616 (state)

State FY16 is the first full year for which federal grant funding for operational support will not be available for any portion of the year. FY15 reflected six months of the transition to state sustainability funding, but this transition must be annualized in FY16

Also, as we continue to further develop the proper operating structure for the Vermont Health Connect, it is clear that changes were necessary in order to ensure success for this program. Depicted below is the original budget presentation with details regarding the needed revisions:

	SFY '16 Gov. Rec.			SFY '15 Appropriated (6 Months)			Variance to SFY '15 Appropriated		
Category	Operations	VHC	GC	Operations	VHC	GC	Operations	VHC	GC
Personal Services (Salaries & Fringe)									
DVHA	$ 3,380,401	$ 531,061	$ 2,849,340	$ 1,169,586	$ 404,636	$ 764,950	$ 2,210,815	126,425	2,084,390
DII	$ 458,732	$ 72,067	$ 386,665	$ -	$ -	$ -	$ 458,732	72,067	386,665
DFR	$ -	$ -	$ -	$ 30,435	$ 30,435	$ -	$ (30,435)	(30,435)	-
AHS CO	$ -	$ -	$ -	$ 50,300	$ 7,545	$ 42,755	$ (50,300)	(7,545)	(42,755)
AHS HSB	$ 74,571	$ 26,100	$ 48,471	$ 122,391	$ 18,359	$ 104,032	$ (47,820)	7,741	(55,561)
DCF Non-HAEU	$ 410,450	$ 58,035	$ 352,415	$ 187,635	$ 22,516	$ 165,119	$ 222,815	35,519	187,296
DCF HAEU	$ 2,257,855	$ 286,327	$ 1,971,528	$ 1,867,508	$ 224,101	$ 1,643,407	$ 390,347	62,226	328,121
Subtotal Salaries & Fringe	**$ 6,582,009**	**$ 973,590**	**$ 5,608,419**	**$ 3,427,855**	**$ 707,592**	**$ 2,720,263**	**$ 3,154,154**	**$ 265,998**	**$ 2,888,156**
Operating									
DVHA	$ 1,496,493	$ 235,099	$ 1,261,394	$ 1,118,761	$ 358,004	$ 760,757	$ 377,732	(122,905)	500,637
DII	$ 510,063	$ 80,131	$ 429,932	$ -	$ -	$ -	$ 510,063	80,131	429,932
DFR Operating	$ 3,500	$ 550	$ 2,950	$ 3,500	$ 3,500	$ -	$ -	(2,950)	2,950
AHS CO	$ 6,725	$ 1,056	$ 5,669	$ 6,725	$ 1,009	$ 5,716	$ 0	47	(47)
AHS HSB	$ 30,262	$ 13,113	$ 17,149	$ 20,175	$ 3,026	$ 17,149	$ 10,087	10,087	-
DCF	$ 188,381	$ 29,595	$ 158,786	$ 188,381	$ 22,606	$ 165,775	$ (0)	6,989	(6,989)
Subtotal Operating	**$ 2,235,424**	**$ 359,544**	**$ 1,875,880**	**$ 1,337,542**	**$ 388,145**	**$ 949,397**	**$ 897,882**	**$ (28,601)**	**$ 926,483**
Indirects (SWICAP share and Departmental)									
DVHA	$ 272,431	$ 42,799	$ 229,632	$ 272,431	$ 88,322	$ 184,109	$ -	(45,523)	45,523
AHS CO	$ -	$ -	$ -	$ 34,388	$ 4,460	$ 29,928	$ (34,388)	(4,460)	(29,928)
AHS HSB	$ 83,577	$ 13,130	$ 70,447	$ 83,577	$ 10,754	$ 72,823	$ -	2,376	(2,376)
DCF	$ 719,561	$ 113,043	$ 606,518	$ 719,561	$ 86,347	$ 633,214	$ -	26,696	(26,696)
Subtotal Indirects	**$ 1,075,569**	**$ 168,972**	**$ 906,597**	**$ 1,109,957**	**$ 189,883**	**$ 920,074**	**$ (34,388)**	**$ (20,911)**	**$ (13,477)**
Grants & Contracts									
DII Enterprise Architecture Staff Augmentation	$ 1,178,452	$ 185,135	$ 993,318	$ 1,106,000	$ 163,525	$ 942,475	$ 72,452	21,610	50,843
Reporting Consultant - Archetype	$ 1,462,500	$ 229,759	$ 1,232,741	$ -	$ -	$ -	$ 1,462,500	229,759	1,232,741
Security	$ 960,281	$ 150,860	$ 809,421	$ -	$ -	$ -	$ 960,281	150,860	809,421
Hosting	$ 4,970,625	$ 780,885	$ 4,189,740	$ 1,269,724	$ 187,733	$ 1,081,991	$ 3,700,901	593,152	3,107,749
Application Maintenance and Operations	$ 10,314,316	$ 1,620,379	$ 8,693,937	$ 531,269	$ 78,550	$ 452,719	$ 9,783,047	1,541,829	8,241,218
SOV Application Licensing , Software Assurances and Servic	$ 2,707,500	$ 425,348	$ 2,282,152	$ 997,050	$ 147,417	$ 849,633	$ 1,710,450	277,931	1,432,519
HSO Ombudsman - VT Legal Aid	$ 300,000	$ 47,130	$ 252,870	$ 150,000	$ 150,000	$ -	$ 150,000	(102,870)	252,870
Customer Call Center - Maximus	$ 11,000,000	$ 1,728,100	$ 9,271,900	$ 7,590,107	$ 735,362	$ 6,854,745 #	$ 3,409,893	992,738	2,417,155
Premium Processing - Benaissance	$ 5,081,764	$ 798,345	$ 4,283,419	$ 1,358,280	$ 487,874	$ 870,406	$ 3,723,484	310,471	3,413,013
Navigators and In-Person Assistors	$ 400,000	$ 62,840	$ 337,160	$ 760,000	$ 30,016	$ 729,984 #	$ (360,000)	32,824	(392,824)
Outreach and Education	$ 800,000	$ 125,680	$ 674,320	$ 500,000	$ 500,000	$ -	$ 300,000	(374,320)	674,320
Advertising	$ 800,000	$ 125,680	$ 674,320	$ 500,000	$ 500,000	$ -	$ 300,000	(374,320)	674,320
Organizational Consulting	$ -	$ -	$ -	$ 100,000	$ 100,000	$ -	$ (100,000)	(100,000)	-
Temp Services	$ 375,000	$ 58,913	$ 316,088	$ 75,000	$ 75,000	$ -	$ 300,000	(16,088)	316,088
Actuarial Services/Plan development	$ 150,000	$ 23,565	$ 126,435	$ 75,000	$ 75,000	$ -	$ 75,000	(51,435)	126,435
Legal Services	$ -	$ -	$ -	$ 150,000	$ 150,000	$ -	$ (150,000)	(150,000)	-
Mailing (Notices, Premium Invoices, etc) - BGS MOU	$ 400,000	$ 62,840	$ 337,160	$ 200,000	$ 200,000	$ -	$ 200,000	(137,160)	337,160
Other	$ 1,000,000	$ 157,100	$ 842,900	$ 500,000	$ 500,000	$ -	$ 500,000	(342,900)	842,900
Subtotal Grants and Contracts	**$ 41,900,438**	**$ 6,582,559**	**$ 35,317,879**	**$ 15,862,430**	**$ 4,080,478**	**$11,781,953**	**$ 26,038,008**	**$ 2,502,081**	**$ 23,535,927**
Grand Total	**$ 51,793,440**	**$ 8,084,664**	**$ 43,708,776**	**$ 21,737,784**	**$ 5,366,098**	**$16,371,686**	**$ 30,055,656**	**$ 2,718,567**	**$ 27,337,089**
State General Fund Impact *	***$ 27,740,501***	***$ 8,084,664***	***$ 19,655,836***	***$ 12,728,445***	***$ 5,366,098***	***$ 7,362,347***	***$ 15,012,056***	***$ 2,718,567***	***$ 12,293,489***
Total DVHA	**$ 47,559,826**	**$ 7,471,649**	**$ 40,088,177**	**$ 18,423,208**	**$ 4,931,440**	**$13,491,768**	**$ 29,136,618**	**$ 2,540,209**	**$ 26,596,409**
Total DVHA State General Fund Impact*	***$ 25,499,302***	***$ 7,471,649***	***$ 18,027,653***	***$ 10,998,688***	***$ 4,931,440***	***$ 6,067,248***	***$ 14,500,614***	***$ 2,540,209***	***$ 11,960,405***
*adjusted to reflect SFY '16 match rates									
# Appropriation value adjusted to include GC dollars included in our Medicaid Admin appropriation									

Below are highlights of some of the cost categories that have experienced the most significant changes from the initial estimates made in late 2013 when the sustainability budget for VHC's FY15 budget was developed:

Personnel Services: The increase in personnel services is driven by revised estimates of the number of staff required to support VHC customers. Original estimates included in the FY15 budget proposal were developed at the same time that VHC was launched. The revised estimates have the benefit of being informed by the first year of VHC connect operations.

Reporting: VHC has contracted with a reporting vendor separately from its primary development and maintenance and operations vendor. These costs were originally included in the State's contract with CGI. The new contracting relationship provides VHC with an independent reporting vendor.

Security: Specific costs for certain security-related activities have been identified separately in the revised FY16 VHC budget proposals. These estimates reflect the additional information gathered over the first year of implementation, the transition in VHC vendors during CY14 and enhance security requirements released by CMS in the fall of 2014.

Infrastructure, maintenance and operations: This item reflects the cost of the maintenance and operations related to hosting VHC. The original projection for infrastructure maintenance and operations reflected the contract with CGI in place at the time that the FY15 budget was approved. The revised projection is updated based on the transition of hosting vendors and the revised expectations for hosting support gained through the experience of the first year of implementation of VHC.

Application maintenance and operations: The estimated cost for application maintenance and operations (M&O) for Vermont Health Connect (VHC) increased from $531,269 to $5,664,025 due to the original number being developed before VHC was in actual operation. While it may have been the best estimate at the time, it was not based on M&O being a separate part of the CGI contract or team, nor on actual experience. The revised number was compared to actual M&O costs during 2014 and is more reflective of the true cost. The original number reflected a best-case scenario based on incorrect estimates of time split between Design, Development, and Implementation (DDI) and M&O, while the revised number represents a more realistic ceiling based on a vendor that appropriately resources the effort for success.

Application Licensing Software Assurance and Services: The revised projections for this category reflected the current and expected contract cost related to application licensing and

Customer call center: The current contract with VHC's call center vendor expires on June 31st. The increase in cost related to the customer call center is driven by estimates related to the extension of the call center contract. This is the first time that the call center contract has been renegotiated since information about actual call volumes have been available since the launch of VHC in October 2013.

Premium processing: The original estimate for the premium processing contract was based on a set of assumptions that changed as the roll-out of the VHC ensued. In short, the number of individuals enrolled in Qualified Health Plans and Medicaid are higher than the original estimate (72,829 vs. 50,000). This increased the variable costs of the contract that are driven by the volume of premium processing needed to support VHC customers. In addition, the small business functionality of VHC has not been implemented as of yet. The change in these three areas drove the need for an increase in their contract.

Cost Allocation Changes and the Expiration of VHC Federal Grants……($11,639,558)
($130,096) state

As addressed above, CCIIO funded operational costs for the Vermont Health Connect through December 31, 2014. This line item depicts the elimination of federal funding that supported our SFY2015 budget for 6 months. In addition, each year there are modifications in DVHA's budget due to cost allocation implications. Those dollar shifts are included in this request as well.

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GMC – VHC Program Overview

Overview of Green Mountain Care and Vermont Health Connect Programs as of 1/1/2015 Last Revised 1/23/15 Created by Vermont Legal Aid's Office of Health Care Advocate - 1-800-917-7787			
PROGRAM	**WHO IS ELIGIBLE**	**BENEFITS**	**COST-SHARING**
MABD Medicaid[1] **Medicaid Working Disabled** **MCA**[2] **(Expanded Medicaid)**	Aged, blind, disabled at or below the PIL[3]. Disabled working adults below 250% FPL[4]. Vermonters at or below 133% of FPL who are: Parents or caretaker relatives of a dependent child; or Adults under age 65 and not eligible for Medicare	• Covers physical and mental health, dental ($510 cap/yr), prescriptions, chiro (limited), transportation (limited) • Not covered: eyeglasses (except youth 19-20); dentures • Additional benefits listed under Dr. Dynasaur (below) covered for youth 19-20 • Covers excluded classes of Medicare Part D drugs for dual-eligible individuals	• No monthly premium • $1/$2/$3 prescription co-pay if no Medicare Part D coverage • $1.20–$6.60 co-pays if have Part D Medicare Part D is primary prescription coverage for dual-eligible individuals. • $3 dental co-pay • $3/outpatient hospital visit • $1/$2/$3 DME copay
Dr. Dynasaur[5]	Pregnant women at or below 208% FPL.	Same as Medicaid, but with full dental.	No premium or prescription co-pays.
	Children under age 19 at or below 312% FPL.	Same as Medicaid but covers eyeglasses, full dental, & additional benefits.	• > 195% but ≤ 237% FPL: $15/fam./mo. • > 237% but ≤ 312% FPL: $20/fam./mo. ($60/fam./mo. w/out other insurance) • No prescription co-pays
VPharm1 < 150% FPL **VPharm2 < 175% FPL** **VPharm3 < 225% FPL**	Medicare Part D beneficiaries.	• VPharm1 covers Part D cost-sharing & excluded classes of Part D meds, diabetic supplies, eye exams • VPharm 2&3 cover maintenance meds & diabetic supplies only	• VPharm1: $15/person/mo. pd to State • VPharm2: $20/person/mo. pd to State • VPharm3: $50/person/mo. pd to State • $1/$2 prescription co-pays. • VPharm1 must apply for Part D Low Income Subsidy
Medicare Savings Programs: **QMB 100%FPL** Qualified Medicare Beneficiaries **SLMB 120% FPL** Specified Low-Income Beneficiaries **QI-1 135% FPL** Qualified Individuals	• QMB & SLMB: Medicare beneficiaries w/ Part A • QI-1: Medicare bens. who are not on other fed. med. benefits e.g. Medicaid (LIS for Part D OK).	• QMB covers Medicare Part B (and A if not free) premiums; Medicare A & B cost-sharing • SLMB and QI-1 cover Medicare Part B premiums only.	No cost / no monthly premium.

[1] 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.
[2] MCA: Medicaid for Children and Adults. The state uses an initial threshold of 133% FPL for Medicaid; however, there is an additional 5% disregard for individuals near the cutoff, making the threshold effectively 138% FPL.
[3] PIL: Protected Income Limit.
[4] FPL: Federal Poverty Level
[5] Dr. Dynasaur: An additional 5% disregard is available for potential recipients with income exceeding the 208% (for pregnant women) and 312% (for children under age 19) thresholds.

Healthy Vermonters 350% FPL/ 400% FPL if aged or disabled	Anyone who has exhausted or has no prescription coverage.	• Discount on medications. (NOT INSURANCE)	Beneficiary pays the Medicaid rate for all prescriptions.
Qualified Health Plan (QHP)	Legally present Vermonters who do not have Medicare.	Choice of QHPs on Vermont Health Connect (VHC).	Individual pays full premium unless s/he qualifies for tax credits, or employer pays a portion.
[Advance] Premium Tax Credits (APTC / PTC)	Legally present Vermonters from 100-400% FPL[6] who do not have an offer of affordable[7] MEC.[8]	Covers all or part of premium on VHC.	
Cost-Sharing Reduction (CSR)	Legally present Vermonters up to 300% FPL who do not have an offer of affordable[5] MEC.[6] Must purchase silver plan on VHC.	Reduces cost-sharing burden.	

Coverage Groups Premium	Household Size FPL[9]	1	2	3	4
	Amounts shown are monthly limits, except for APTC and CSR				
MABD Medicaid PIL[10] outside Chittenden County	N/A	$1,008	$1,008	$1,208	$1,366
MABD Medicaid PIL inside Chittenden County	N/A	$1,083	$1,083	$1,283	$1,450
Medicaid Working Disabled	≤250%	$2,453	$3,319	$4,186	$5,053
VPharm1 $15/person/month	≤150%	$1,472	$1,992	$2,512	$3,032
VPharm2 $20/person/month	≤175%	$1,717	$2,324	$2,930	$3,537
VPharm3 $50/person/month	≤225%	$2,207	$2,987	$3,767	$4,547
Dr. Dynasaur (kids up to 19 & pregnant women)					
Kids ≤195% FPL No Fee	≤195%	$1,913	$2,589	$3,265	$3,941
Pregnant women ≤ 208% FPL No Fee	≤208%	N/A	$2,762	$3,483	$4,204
Kids >195% but ≤ 237% FPL $15/family/month	≤237%	$2,325	$3,147	$3,968	$4,790
Kids >237% but ≤ 312% FPL $20/family/month	≤312%	$3,061	$4,142	$5,224	$6,305
If otherwise uninsured, $60/family/month					
Medicare Savings Programs: QMB	≤100%	$981	$1,328		
SLMB	≤120%	$1,177	$1,593	N/A	N/A
QI-1	≤135%	$1,325	$1,793		
Healthy Vermonters (any age)	≤350%	$3,433	$4,647	$5,860	$7,073
Healthy Vermonters (aged, disabled)	≤400%	$3,924	$5,310	$6,697	$8,084
Medicaid for Children and Adults (Expanded Medicaid)	≤133%[11]	$1,305	$1,766	$2,227	$2,688
CSR (Annual limits)	≤300%	$35,010	$47,190	$59,370	$71,550
APTC (Annual limits)	<400%	$46,680	$62,920	$79,160	$95,400

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

[6] 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.
[7] "Affordable": employee's contribution for a self-only plan does not exceed 9.5% of household's MAGI (Modified Adjusted Gross Income).
[8] 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.
[9] FPL noted here is based on 2015 FPL calculations, except for APTC and CSR, which use 2014 FPL.
[10] PIL: Protected Income Limit.
[11] 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.

For MCA, QHPs, APTC, and CSR, income and FPL are calculated using MAGI (Modified Adjusted Gross Income).

APTC and CSR will continue to use 2014 FPL calculations throughout 2015. Medicaid will use 2015 FPL.

2015 FPL Table:

Persons in Family/Household	Poverty Guideline: Annual Income / Monthly Income
1	$11,770 / $980.83
2	15,930 / 1,327.50
3	20,090 / 1,674.17
4	24,250 / 2,020.83
5	28,410 / 2,367.50
6	32,570 / 2,714.17
7	36,730 / 3,060.83
8	40,890 / 3,407.50
For families/households with more than 8 persons, add $4,160 annually ($346.67 monthly) for each additional person.	

2014 FPL Table:

Persons in Family/Household	Poverty Guideline: Annual Income / Monthly Income
1	$11,670 / $972.50
2	15,730 / 1,310.83
3	19,790 / 1,649.17
4	23,850 / 1,987.50
5	27,910 / 2,325.83
6	31,970 / 2,664.17
7	36,030 / 3,002.50
8	40,090 / 3,340.83
For families/households with more than 8 persons, add $4,060 annually ($338.33 monthly) for each additional person.	

Premiums

Program	% FPL	'15 Enroll	'15 Premium	'15 Premiums	'15 BAA Enroll	'15 BAA Premium	'15 BAA Premiums	'16 Enroll	'16 Premium	'16 Premiums
Dr. Dynasaur	0-195%	54,975	$ -	$ -	57,240	$ -	$ -	56,601	$ -	$ -
Dr. Dynasaur	195-237%	4,585	$ 15.00	$ 515,814	4,774	$ 15.00	$ 537,068	4,721	$ 15.00	$ 531,071
Dr. D *with ins.*	237-312%	775	$ 20.00	$ 116,178	1,082	$ 20.00	$ 162,347	981	$ 20.00	$ 147,177
Dr. D *without ins.*	237-312%	4,329	$ 60.00	$ 1,948,070	4,273	$ 60.00	$ 1,922,993	4,417	$ 60.00	$ 1,987,685
Dr. D Total		64,664		$ 2,580,063	67,370		$ 2,622,408	66,720		$ 2,665,933
VPharm 1	0-150%	7,791	$ 15.00	$ 1,402,293	8,002	$ 15.00	$ 1,440,300	8,018	$ 15.00	$ 1,443,244
VPharm 2	150-175%	2,770	$ 20.00	$ 664,715	2,464	$ 20.00	$ 591,339	2,469	$ 20.00	$ 592,548
VPharm 3	175-225%	1,929	$ 50.00	$ 1,157,460	2,218	$ 50.00	$ 1,330,755	2,222	$ 50.00	$ 1,333,475
Pharmacy Total		12,489		$ 3,224,468	12,684		$ 3,362,394	12,709		$ 3,369,267
TOTAL				$ 5,804,531			$ 5,984,801			$ 6,035,200
Federal				$ 2,137,076			$ 2,176,819			$ 2,210,593
GF				$ 3,667,455			$ 3,807,983			$ 3,824,607
Total				$ 5,804,531			$ 5,984,801			$ 6,035,200

Federal Match Rates

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

Federal Fiscal Year

FFY	From	To	Federal Share w/o hold harmless	e-FMAP	Total Federal Share	State Share
2005	10/01/04	09/30/05	60.11%	n/a	60.11%	39.89%
2006	10/01/05	09/30/06	58.49%	n/a	58.49%	41.51%
2007	10/01/06	09/30/07	58.93%	n/a	58.93%	41.07%
2008	10/01/07	09/30/08	59.03%	n/a	59.03%	40.97%
2009	10/01/08	09/30/09				
	Non-ARRA		59.45%	n/a	59.45%	40.55%
	ARRA e-FMAP		**59.45%**	**9.38%**	**68.83%**	**31.17%**
2010	10/01/09	09/30/10				
	Non-ARRA		58.73%	n/a	58.73%	41.27%
	ARRA e-FMAP		**58.73%**	**11.23%**	**69.96%**	**30.04%**
2011	10/01/10	09/30/11				
	Non-ARRA		58.71%	n/a	58.71%	41.29%
	ARRA e-FMAP		**58.71%**	**6.55%**	**65.26%**	**34.74%**
2012	10/01/11	09/30/12				
	Non-ARRA		57.58%	n/a	57.58%	42.42%
2013	10/01/12	09/30/13	56.04%	n/a	56.04%	43.96%
2014	10/01/13	09/30/14	55.11%	n/a	55.11%	44.89%
	ACA Expansion State e-FI		**55.11%**	**1.65%**	**56.76%**	**43.24%**
2015	10/01/14	09/30/15	54.01%	n/a	54.01%	45.99%
	ACA Expansion State e-FI		**54.01%**	**2.20%**	**56.21%**	**43.79%**
2016	10/01/15	09/30/16	53.90%	n/a	53.90%	46.10%
	ACA Expansion State e-FI		**53.90%**	**0.55%**	**54.45%**	**45.55%**

State Fiscal Year

SFY	From	To	Federal Share w/o hold harmless	e-FMAP	Total Federal Share	State Share
2005	7/1/2004	6/30/2005	60.42%	n/a	60.42%	39.58%
2006	7/1/2005	6/30/2006	58.90%	n/a	58.90%	41.10%
2007	7/1/2006	6/30/2007	58.82%	n/a	58.82%	41.18%
2008	7/1/2007	6/30/2008	59.01%	n/a	59.01%	40.99%
2009	7/1/2008	6/30/2009				
	Non-ARRA		59.35%	n/a	59.35%	40.65%
	ARRA e-FMAP		**59.35%**	**6.76%**	**66.10%**	**33.90%**
2010	7/1/2009	6/30/2010				
	Non-ARRA		58.91%	n/a	58.91%	41.09%
	ARRA e-FMAP		**58.91%**	**11.05%**	**69.96%**	**30.04%**
2011	7/1/2010	6/30/2011				
	Non-ARRA		58.72%	n/a	58.72%	41.28%
	ARRA e-FMAP		**58.72%**	**9.35%**	**68.07%**	**31.93%**
2012	7/1/2011	6/30/2012				
	Non-ARRA		57.86%	n/a	57.86%	42.14%
2013	7/1/2012	6/30/2013	56.43%	n/a	56.43%	43.57%
2014	7/1/2013	6/30/2014	55.34%	n/a	55.34%	44.66%
	ACA Expansion State e-FMAP		**55.34%**	**1.10%**	**56.44%**	**43.56%**
2015	7/1/2014	6/30/2015	54.29%	n/a	54.29%	45.71%
	ACA Expansion State e-FMAP		**54.29%**	**2.20%**	**56.49%**	**43.51%**
2016	7/1/2015	6/30/2016	53.93%	n/a	53.93%	46.07%
	ACA Expansion State e-FMAP		**53.93%**	**1.10%**	**55.03%**	**44.97%**

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

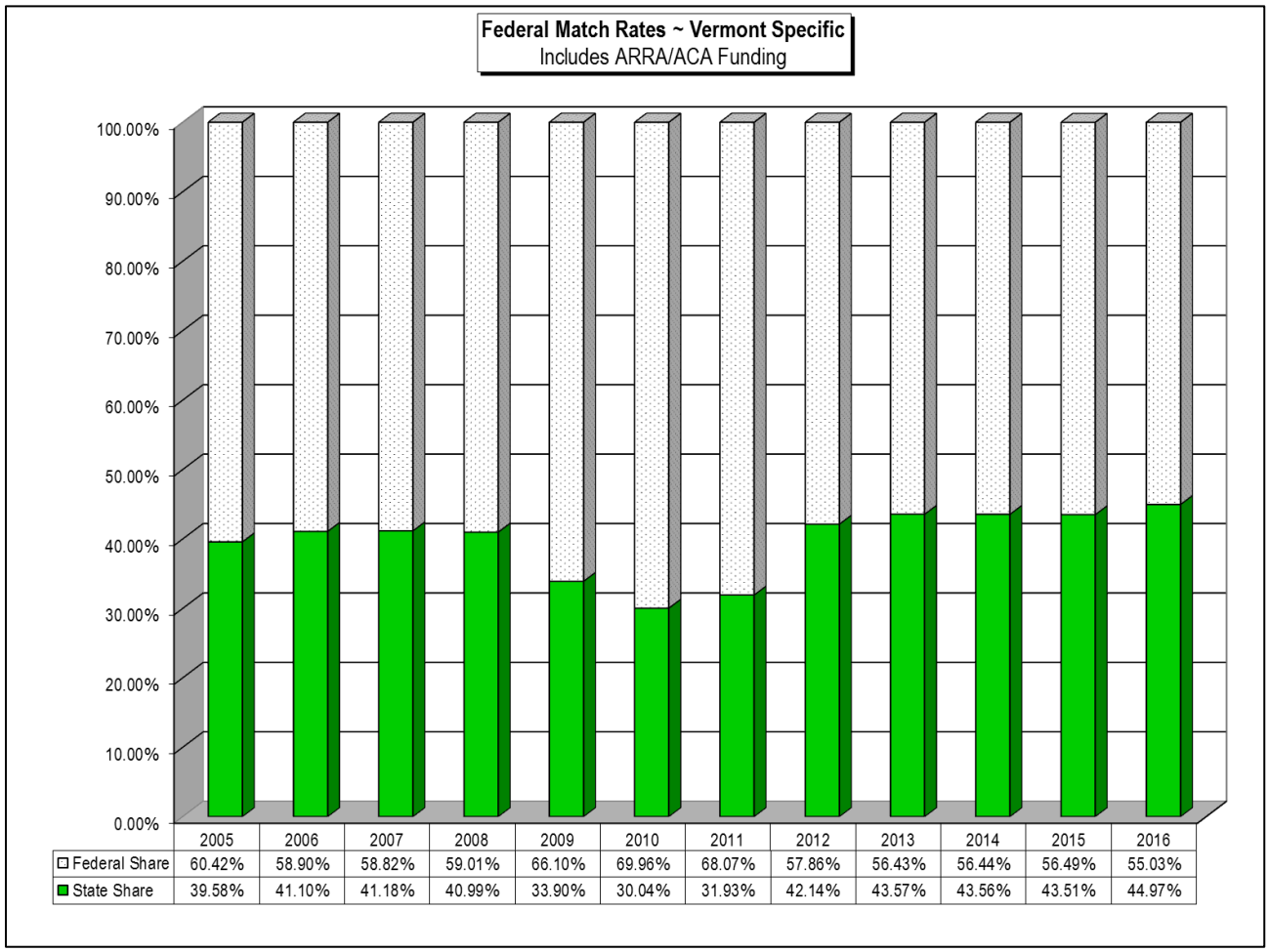
Federal Fiscal Year

FFY	From	To	Federal Share	State Share		
2005	10/01/04	09/30/05	72.08%	27.92%		
2006	10/01/05	09/30/06	70.94%	29.06%		
2007	10/01/06	09/30/07	71.25%	28.75%		
2008	10/01/07	09/30/08	71.32%	28.68%		
2009	10/01/08	09/30/09	71.62%	28.38%		
2010	10/01/09	09/30/10	71.11%	28.89%		
2011	10/01/10	09/30/11	71.10%	28.90%		
2012	10/01/11	09/30/12	70.31%	29.69%		
2013	10/01/12	09/30/13	69.23%	30.77%		
2014	10/01/13	09/30/14	68.08%	n/a	68.08%	31.92%
	Expanded CHIP FMAP		**68.08%**	**1.65%**	**69.73%**	**30.27%**
2015	10/01/14	09/30/15	67.81%	n/a	67.81%	32.19%
	Expanded CHIP FMAP		**67.81%**	**1.54%**	**69.35%**	**30.65%**
2016 proj.	10/01/15	09/30/16	67.21%	n/a	67.21%	32.79%

State Fiscal Year

SFY	From	To	Federal Share	State Share		
2005	7/1/2004	6/30/2005	72.30%	27.71%		
2006	7/1/2005	6/30/2006	71.23%	28.78%		
2007	7/1/2006	6/30/2007	71.17%	28.83%		
2008	7/1/2007	6/30/2008	71.30%	28.70%		
2009	7/1/2008	6/30/2009	71.55%	28.45%		
2010	7/1/2009	6/30/2010	71.24%	28.76%		
2011	7/1/2010	6/30/2011	71.10%	28.90%		
2012	7/1/2011	6/30/2012	70.51%	29.49%		
2013	7/1/2012	6/30/2013	69.50%	30.50%		
2014	7/1/2013	6/30/2014	68.37%	n/a	68.37%	31.63%
	Expanded CHIP FMAP		**68.37%**	**1.14%**	**69.51%**	**30.49%**
2015	7/1/2014	6/30/2015	68.00%	n/a	68.00%	32.00%
	Expanded CHIP FMAP		**68.00%**	**1.54%**	**69.54%**	**30.46%**
2016 proj.	7/1/2015	6/30/2016	67.36%	n/a	67.36%	32.64%

Federal Match Rates - VT



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Federal Share	60.42%	58.90%	58.82%	59.01%	66.10%	69.96%	68.07%	57.86%	56.43%	56.44%	56.49%	55.03%
State Share	39.58%	41.10%	41.18%	40.99%	33.90%	30.04%	31.93%	42.14%	43.57%	43.56%	43.51%	44.97%

MCO Investment Expenditures

Department	Criteria	Investment Description	SFY06 Actuals - 3/4 SFY	SFY07 Actuals	SFY08 Actuals	SFY09 Actuals	SFY10 Actuals	SFY11 Actuals	SFY12 Actuals	SFY13 Actuals	SFY14 Actuals
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	$ 10,454,116
AOA	4	Blueprint Director	$ -	$ -	$ 70,000	$ 68,879	$ 179,284	$ -	$ -	$ -	$ -
GMCB	4	Green Mountain Care Board	$ -	$ -	$ -	$ -	$ -	$ -	$ 789,437	$ 1,450,717	$ 2,360,462
DFR	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	$ 165,946
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	$ 410,986
VSC	2	Health Professional Training	$ 283,154	$ 391,698	$ 405,407	$ 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	$ 4,006,156
VAAFM	3	Agriculture Public Health Initiatives	$ -	$ -	$ -	$ -	$ -	$ -	$ 90,278	$ 90,278	$ 90,278
AHSCO	2	Designated Agency Underinsured Services	$ -	$ -	$ -	$ -	$ -	$ 2,510,099	$ 5,401,947	$ 6,232,517	$ 7,184,084
AHSCO	4	2-1-1 Grant	$ -	$ -	$ -	$ 415,000	$ 415,000	$ 415,000	$ 415,000	$ 415,000	$ 499,792
VDH	2	Emergency Medical Services	$ 174,482	$ 436,642	$ 626,728	$ 427,056	$ 425,870	$ 333,488	$ 274,417	$ 378,168	$ 498,338
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	$ 59,872
VDH	3	Epidemiology	$ 326,708	$ 427,075	$ 416,932	$ 204,646	$ 241,932	$ 315,135	$ 329,380	$ 766,053	$ 623,363
VDH	3	Health Research and Statistics	$ 276,673	$ 403,244	$ 404,431	$ 217,178	$ 254,828	$ 289,420	$ 439,742	$ 497,700	$ 576,920
VDH	2	Health Laboratory	$ 1,369,982	$ 1,908,982	$ 2,012,252	$ 1,522,578	$ 1,875,487	$ 1,912,034	$ 1,293,671	$ 2,885,451	$ 2,494,516
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	$ 632,848
VDH	3	Statewide Tobacco Cessation	$ -	$ -	$ -	$ 230,985	$ 484,998	$ 507,543	$ 450,804	$ 487,214	$ 1,073,244
VDH	2	Family Planning	$ 365,320	$ 122,961	$ 169,392	$ 300,876	$ 300,876	$ 275,803	$ 420,823	$ 1,574,550	$ 1,556,025
VDH	4	Physician/Dentist Loan Repayment Program	$ 810,716	$ 439,140	$ 930,000	$ 1,516,361	$ 970,000	$ 900,000	$ 970,000	$ 970,105	$ 1,040,000
VDH	2	Renal Disease	$ 15,000	$ 7,601	$ 16,115	$ 15,095	$ 2,053	$ 13,689	$ 1,752	$ 28,500	$ 3,375
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	$ 317,775
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	$ 713,216
VDH	4	Area Health Education Centers (AHEC)	$ -	$ 35,000	$ 310,000	$ 565,000	$ 725,000	$ 500,000	$ 540,094	$ 496,176	$ 547,500
VDH	4	Community Clinics	$ -	$ -	$ -	$ 640,000	$ 468,154	$ 640,000	$ 600,000	$ 640,000	$ 688,000
VDH	4	FQHC Lookalike	$ -	$ -	$ 30,000	$ 105,650	$ 81,500	$ 87,900	$ 102,545	$ 382,800	$ 160,200
VDH	4	Patient Safety - Adverse Events	$ -	$ -	$ 190,143	$ 100,509	$ 44,573	$ 16,829	$ 25,081	$ 42,169	$ 38,731
VDH	4	Coalition of Health Activity Movement Prevention Program	$ -	$ 100,000	$ 291,298	$ 486,466	$ 412,043	$ 290,661	$ 318,806	$ 345,930	$ 326,184
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	$ 2,363,671
VDH	4	Recovery Centers	$ 171,153	$ 287,374	$ 329,215	$ 713,576	$ 716,000	$ 648,350	$ 771,100	$ 864,526	$ 1,009,176
VDH	2	Immunization	$ -	$ -	$ -	$ 726,264	$ -	$ -	$ 23,903	$ 457,757	$ 165,770
VDH	2	DMH Investment Cost in CAP	$ -	$ -	$ -	$ 64,843	$ -	$ 752	$ 140	$ -	$ -
VDH	4	Poison Control	$ -	$ -	$ -	$ -	$ 176,340	$ 115,710	$ 213,150	$ 152,250	$ 152,433
VDH	4	Challenges for Change: VDH	$ -	$ -	$ -	$ -	$ -	$ -	$ 309,645	$ 353,625	$ 288,691
VDH	3	Fluoride Treatment	$ -	$ -	$ -	$ -	$ -	$ -	$ 43,483	$ 75,081	$ 59,362
VDH	4	CHIP Vaccines	$ -	$ -	$ -	$ -	$ -	$ -	$ 196,868	$ 482,454	$ 707,788
VDH	4	Healthy Homes and Lead Poisoning Prevention Program	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 101,127	$ 479,936
DMH	2	Special Payments for Treatment Plan Services	$ 101,230	$ 131,309	$ 113,314	$ 164,356	$ 149,068	$ 134,791	$ 132,021	$ 180,773	$ 168,492
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	$ 2,661,510
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	$ 2,178,825
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	$ 11,331,235
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	$ 3,377,546
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	$ 6,662,850
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	$ 749,943
DMH	2	CRT Staff Secure Transportation	$ -	$ -	$ 52,242	$ -	$ -	$ -	$ -	$ -	$ -
DMH	2	Recovery Housing	$ -	$ -	$ 235,267	$ -	$ 332,635	$ 512,307	$ 562,921	$ 874,194	$ 985,098
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	$ 721,727
DMH	2	Acute Psychiatric Inpatient Services	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,603,067	$ 5,268,556	$ 3,011,307
DMH	2	Institution for Mental Disease Services: DMH	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,443,654	$ 7,194,964

This table extends to the next page and is totaled there.

MCO Investment Expenditures, continued

Department	Criteria	Investment Description	SFY06 Actuals - 3/4 SFY	SFY07 Actuals	SFY08 Actuals	SFY09 Actuals	SFY10 Actuals	SFY11 Actuals	SFY12 Actuals	SFY13 Actuals	SFY14 Actuals
DVHA	4	Vermont Information Technology Leaders/HIT/HIE/HCR	$ -	$ -	$ -	$ -	$ 339,500	$ 646,220	$ 1,425,017	$ 1,517,044	$ 1,549,214
DVHA	4	Vermont Blueprint for Health	$ -	$ -	$ -	$ -	$ -	$ 2,616,211	$ 1,841,690	$ 2,002,798	$ 2,490,206
DVHA	1	Buy-In	$ 4,594	$ 314,376	$ 419,951	$ 248,537	$ 200,868	$ 50,605	$ 24,000	$ 17,878	$ 17,728
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	$ 26,540
DVHA	1	Civil Union	$ 373,175	$ 543,986	$ 671,941	$ 556,811	$ 627,976	$ 999,084	$ 1,215,109	$ 1,112,119	$ 760,819
DVHA	1	Vpharm	$ -	$ -	$ -	$ 278,934	$ 210,796	$ -	$ -	$ -	$ -
DVHA	4	Hospital Safety Net Services	$ -	$ -	$ 281,973	$ -	$ -	$ -	$ -	$ -	$ -
DVHA	2	Patient Safety Net Services	$ -	$ -	$ -	$ -	$ -	$ 36,112	$ 73,487	$ 2,394	$ 363,489
DVHA	2	Institution for Mental Disease Services: DVHA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,214,805	$ 6,948,129
DVHA	2	Family Supports	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,015,491	$ 3,723,521
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	$ 33,514
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	$ 11,137,225
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	$ 2,611,499
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	$ 89,159
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	$ 183,025
DCF	2	Essential Person Program	$ 542,382	$ 675,860	$ 614,974	$ 620,052	$ 485,536	$ 736,479	$ 775,278	$ 783,860	$ 801,658
DCF	2	GA Medical Expenses	$ 254,154	$ 339,928	$ 298,207	$ 380,000	$ 583,080	$ 492,079	$ 352,451	$ 275,187	$ 253,939
DCF	2	CUPS/Early Childhood Mental Health	$ -	$ -	$ 52,825	$ 499,143	$ 166,429	$ 112,619	$ 165,016	$ 45,491	$ -
DCF	2	VT 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	Children's Integrated Services Early Intervention									$ 200,484
DCF	2	Therapeutic Child Care	$ -	$ -	$ -	$ 978,886	$ 577,259	$ 570,493	$ 596,406	$ 557,599	$ 543,196
DCF	2	Lund Home	$ -	$ -	$ -	$ 325,516	$ 175,378	$ 196,159	$ 354,528	$ 181,243	$ 237,387
DCF	2	GA Community Action	$ -	$ -	$ -	$ -	$ -	$ 199,762	$ 338,275	$ 420,359	$ 25,181
DCF	3	Prevent Child Abuse Vermont: Shaken Baby	$ -	$ -	$ -	$ -	$ -	$ 44,119	$ 74,250	$ 86,969	$ 111,094
DCF	3	Prevent Child Abuse Vermont: Nurturing Parent	$ -	$ -	$ -	$ -	$ -	$ -	$ 107,184	$ 186,916	$ 54,231
DCF	4	Challenges for Change: DCF	$ -	$ -	$ -	$ -	$ -	$ 50,622	$ 196,378	$ 197,426	$ 207,286
DCF	2	Strengthening Families	$ -	$ -	$ -	$ -	$ -	$ -	$ 465,343	$ 429,154	$ 399,841
DCF	2	Lamoille Valley Community Justice Project	$ -	$ -	$ -	$ -	$ -	$ -	$ 162,000	$ 216,000	$ 402,685
DCF	3	Building Bright Futures	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 398,201	$ 594,070
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	$ 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	$ 1,277,148
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	$ 2,868,218
DDAIL	4	Quality Review of Home Health Agencies	$ -	$ 77,467	$ 186,664	$ 126,306	$ 90,227	$ 103,598	$ 128,399	$ 84,139	$ 51,697
DDAIL	4	Support and Services at Home (SASH)	$ -	$ -	$ -	$ -	$ -	$ -	$ 773,192	$ 773,192	$ 1,013,671
DDAIL	4	HomeSharing	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 310,000	$ 317,312
DDAIL	4	Self-Neglect Initiative	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 150,000	$ 200,000
DDAIL	2	Seriously Functionally Impaired: DAIL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,270,247	$ 859,371
DOC	2	Intensive Substance Abuse Program (ISAP)	$ 382,230	$ 299,602	$ 310,610	$ 200,000	$ 591,004	$ 591,000	$ 458,485	$ 400,910	$ 547,550
DOC	2	Intensive Sexual Abuse Program	$ 72,439	$ 46,078	$ 85,542	$ 88,523	$ 68,350	$ 70,002	$ 60,585	$ 69,311	$ 19,322
DOC	2	Intensive Domestic Violence Program	$ 109,692	$ 134,663	$ 230,353	$ 229,166	$ 173,938	$ 174,000	$ 164,218	$ 86,814	$ 64,970
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	$ 2,388,327
DOC	2	Return House	$ -	$ -	$ -	$ 51,000	$ -	$ -	$ -	$ 399,999	$ 399,999
DOC	2	Northern Lights	$ -	$ -	$ -	$ -	$ 40,000	$ 40,000	$ -	$ 393,750	$ 335,587
DOC	4	Challenges for Change: DOC	$ -	$ -	$ -	$ -	$ -	$ -	$ 687,166	$ 524,594	$ 433,910
DOC	4	Northeast Kingdom Community Action	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 548,825	$ 287,662
DOC	2	Pathways to Housing	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 802,488	$ 830,936
			$ 45,455,809	$ 55,495,719	$ 59,918,097	$ 62,419,988	$ 55,554,314	$ 56,275,877	$ 89,836,470	$ 123,669,882	$ 127,103,459

Last Updated: August 27, 2014

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 or10 (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 4th quarter, SFY2012.

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

AAA .....Area Agency on Aging
AABD.....Aid to the Aged, Blind, & Disabled
AAG .....Assistant Attorney General
AAP .....American Academy of Pediatrics
ABAWD.....Able-Bodied Adults Without Dependents
ABD.....Aged, Blind & Disabled
ACA.....Affordable Care Act
ACCESS.....Advanced Computer Controlled Essential Services Software (Computer software system used by DCF & DVHA to track program eligibility)
ACF .....Administration for Children & Families
ACO.....Accountable Care Organization
ADA .....American Dental Association
ADAP .....Alcohol & Drug Abuse Programs
AEP .....Annual Enrollment Period
AGA .....Adult General Assessment
AHCPR.....Agency for Health Care Policy & Research
AHHS .....(Vermont) Association of Hospitals & Health Systems (see VAHHS)
AHEC .....Area Health Education Center
AHRQ.....Agency for Healthcare Research & Quality
AHS .....Agency of Human Services
AIM .....Advanced Information Management system (see MMIS)
AIM .....Agency Improvement Model
AIRS.....Automated Information & 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.....APS Healthcare
APTC.....Advanced Premium Tax Credit
AOPS.....Assistant Operations
ARRA .....American Recovery & Reinvestment Act of 2009
ASD .....Administrative Services Division
AWP .....Average Wholesale Price
BAFO.....Best And Final Offer
BASU.....Business Applications Support Unit
BCBSVT.....Blue Cross/Blue Shield of Vermont
BCCT.....Breast & Cervical Cancer Treatment
BD.....Blind & Disabled
BHP .....Basic Health Plan
BP .....Blueprint for Health
BPFH .....Blueprint for Health
BPM.....Business Process Management
BPS .....Benefits Programs Specialist
BRFSS.....Behavioral Risk Factor Surveillance System
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
CCIIO .....Center for Consumer Information & 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 & Research
CHT .....Community Health Team
CIO .....Chief Information Officer
CIS .....Children's Integrated Services
CM .....Case Management
CM .....Change Management
CM .....Configuration Management
CMCM.....Care Management and Care Models
CMN .....Certification of Medical Necessity
CMS.....Centers for Medicare & Medicaid Services

CMSO.....Center for Medicaid & State Operations
CNM.....Certified Nurse Midwife
COA.....Council On Aging
COB.....Coordination Of Benefits
COB-MAT.....Coordination of Office Based Medication Assisted Therapy
COBRA.....Consolidated Omnibus Reconciliation Act of 1986 (health coverage)
COC.....Change of Circumstance
COC .....Certificate of coverage
COLA .....Cost Of Living Adjustment
CON.....Certificate Of Need
ConOps.....Concept of Operations
COPD .....Chronic Obstructive Pulmonary Disease
COPS .....Computer Operations & Problem Solving
COS .....Category of Service
COTS.....Commercial Off-The-Shelf
CPH .....Community Public Health
CPI.....Center for Program Integrity
CPT.....Common Procedural Terminology
CPTOD.....Capitated Program for the Treatment of Opiate Dependency
CRT .....Community Rehabilitation & Treatment
CSBG.....Community Services Block Grant
CSC .....Customer Support Center
CSD .....Computer Services Division
CSHN .....Children with Special Health Needs
CSME .....Coverage & Services Management Enhancement
CSR .....Cost Sharing Reductions
CSR .....Customer Service Request
CURB .....Clinical Utilization Review Board
CY .....Calendar Year
DAIL .....Department of Disabilities, Aging & Independent Living
DCA.....Department of Cost Allocation (federal)
DCF .....Department for Children & Families
DDI.....Design, Development & Implementation
DDS .....Disability Determination Services (part of DCF)
DHHS .....Department of Health & Human Services (federal)
DII .....Department of Information & Innovation
DIS.....Detailed Implementation Schedule
DMC.....Disease Management Coordinators
DME .....Durable Medical Equipment
DMH.....Department of Mental Health
DO .....District Office
DOA .....Date Of Application
DOB.....Date Of Birth
DOC.....Department Of Corrections
DOH .....Department Of Health (now VDH)
DOL.....Department Of Labor
DOS .....Date Of Service
DR.....Desk Review
DR.....Disaster Recovery
DRA.....Deficit Reduction Act
DR. D.....Dr. Dynasaur Program
DRG.....Diagnosis Related Grouping
DSH .....Disproportionate Share Hospital
DUR.....Drug Utilization Review (Board)
DVHA.....Department of Vermont Health Access
EA.....Emergency Assistance
EAC .....Estimated Acquisition Cost
EBT.....Electronic Benefit Transfer
ECS.....Electronic Claims Submission
ED.....Emergency Department
EDI .....Electronic Data Interchange
EFT .....Electronic Funds Transfer
EGA .....Estimated Gestational Age
EHB .....Essential Health Benefits
EHR .....Electronic Health Record
EHRIP.....EHR Incentive Program
EITC .....Earned Income Tax Credit
EOMB.....Explanation of Medicare (or Medicaid) Benefits
EP .....Essential Person
EPO..... Exclusive Provider Organization
EPSDT.....Early & Periodic Screening, Diagnosis & Treatment
EQR .....External Quality Review
EQRO .....External Quality Review Organization
ER.....Emergency Room
ERA .....Electronic Remittance Advice
ERC .....Enhanced Residential Care
ESD.....Economic Services Division (part of DCF)
ESI.....Employer Sponsored Insurance
ESRD.....End Stage Renal Disease
EST .....Eastern Standard Time
FA.....Fiscal Agent
FADS.....Fraud, Abuse & Detection System
FDA .....Food & Drug Administration
FEIN .....Federal Employer's Identification Number
FFP .....Federal Financial Participation
FFS .....Fee For Service
FFY.....Federal Fiscal Year

FH.....Fair Hearing
FICA.....Federal Insurance Contribution Act
FMAP.....Federal Medical Assistance Percentage
FMB.....Financial Measurement Baseline
FMP.....Financial Management Plan
FPL.....Federal Poverty Level
FPO.....Family Planning Option
FQHC.....Federally Qualified Health Center
FSA.....Flexible Spending Account
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
GC.....Global Commitment
GCR.....Global Clinical Record (application of the MMIS)
GF.....General Fund
GMC.....Green Mountain Care
GMCB.....Green Mountain Care Board
GME.....Graduate Medical Education
HAEU.....Health Access Eligibility Unit
HATF.....Health Access Trust Fund
HBE.....Health Benefit Exchange
HCBS.....Home & Community Based Services
HCERA.....Health Care & Education Reconciliation Act of 2010
HCPCS.....Healthcare Common Procedure Coding System
HCR.....Health Care Reform
HEDIS.....Healthcare Effectiveness Data & Information Set
HHA.....Home Health Agency
HHS.....Health & Human Services (U.S. Department of)
HIE.....Health Information Exchange
HIFA.....Health Insurance Flexibility & Accountability
HIPAA.....Health Insurance Portability & Accountability Act
HIPP.....Health Insurance Premium Program
HIR.....Hire Into Range
HIT.....Health Information Technology
HITECH.....HIT for Economic & Clinical Health
HIX.....Health Insurance Exchange
HPES.....Hewlett-Packard Enterprise Services
HPIU.....Health Programs Integration Unit
HR.....Health Reform
HRA.....Health Reimbursement Account
HRA.....Health Risk Assessment
HRAP.....Health Resource Allocation Plan
HRSA.....Health Resources & Services Administration
HSA.....Health Savings Account
HSA.....Health Services Area
HSB.....Human Services Board
HSE.....Health & Human Services Enterprise
HVP.....Healthy Vermonters Program
IAPD.....Implementation Advance Planning Document
IBNR.....Incurred But Not Reported
IC.....Individual Consideration
ICD.....International Classification of Diseases (diagnosis codes & surgical codes)
ICD-9.....ICD 9th Edition (prior version)
ICD-10.....ICD 10th Edition (current version)
ICEHR.....Integrated Care Electronic Health Record
ICF/DD.....Intermediate Care Facility for people with Developmental Disabilities
ICM.....Integrated Care Management
ICN.....Internal Control Number
ICS.....Information and Computer Services
ICS.....Incident Command Structure
ICU.....Intensive Care Unit
ID.....Identification
IDN.....Integrated Delivery Network
IE.....Integrated Eligibility (DCF)
IEP.....Individual Education Plan
IEVS.....Income Eligibility Verification System
IGA.....Inter Governmental Agreements
IHI.....Institute for Healthcare Improvement
IOPT.....Integrated Operations and Policy Team
IPPS.....Inpatient Prospective Payment System
IRS.....Internal Revenue Service
ISRA.....Information Security Risk Assessment
IT.....Information Technology
ITF.....Integrated Test Facility
IV&V.....Internal Validation & Verification
IVS.....Intervention Services
JCL.....Job Control Language
JFO.....Joint Fiscal Office
LAMP.....Legal Aid Medicaid Project
LAN.....Local Area Network
LC.....Legislative Council
LECC.....Legally Exempt Child Care
LIHEAP.....Low-Income Home Energy

Assistance Program
LIS.....Low-Income Subsidy
LIT.....Local Interagency Team
LTC .....Long-Term Care
LUPA.....Low Utilization Payment Adjustment
MA.....Medicare Advantage (Medicare Part C in Vermont)
MAB.....Medicaid Advisory Board
MAC.....Maximum Allowable Cost (refers to drug pricing)
MAGI .....Modified Adjusted Gross Income
MAPIR .....Medicaid Assistance Provider Incentive Repository
MARS.....Management & Administrative Reporting System
MAT .....Medication Assisted Therapy
MCE .....Managed Care Entity
MCH.....Maternal & Child Health
MCMC.....Managed Care Medical Committee
MCO.....Managed Care Organization
MCP.....Managed Care Plan
MDB.....Medicare DataBase
MEAB .....Medicaid & Exchange Advisory Board
MEC……Minimum Essential Coverage
MEQC .....Medicaid Eligibility Quality Control
MES.....Medicaid Enterprise Solution
MFP .....Money Follows the Person (DAIL)
MFRAU.....Medicaid Fraud & Residential Abuse Unit
MID .....Medicaid Identification Number (for member, see UID)
MIC .....Medicaid Integrity Contractor
MIG .....Medicaid Integrity Group
MIP.....Medicaid Integrity Program
MIS.....Management Information System
MITA.....Medicaid Information Technology Architecture
MMA .....Medicare Modernization Act
MMIS .....Medicaid Management Information System
MNF .....Medical Necessity Form
MOE .....Maintenance Of Effort
MOE .....Maintenance Of Eligibility
MOU.....Memorandum Of Understanding
MOVE .....Modernization Of VT's Enterprise

MSIS.....Medicaid Statistical Information System
MSP .....Medicare Savings Programs
MTM .....Medication Therapy Management
MU.....Meaningful Use
MVP .....Mohawk Valley Physicians
NAMI.....National Association for Mental Illness
NCBD .....National CAHPS Benchmarking Database
NCCI.....National Correct Coding Initiative
NCQA.....National Committee for Quality Assurance
NDC.....National Drug Code
NEKCA .....North East Kingdom Community Action
NEMT.....Non-Emergency Medical Transportation
NGA .....National Governors Association
NP .....Naturopathic Physician
NP .....Nurse Practitioner
NPA .....Non-Public Assistance
NPF.....National Provider File
NPI.....National Provider Identifier
OASDI.....Old Age, Survivors, Disability Insurance
OCIIO .....Office of Consumer Information & Insurance Oversight (CMS)
OCS .....Office of Child Support
OEO.....Office of Economic Opportunity
OHRA.....Oral Health Risk Assessment
OLTP .....OnLine Transaction Processing
ONC.....Office of National Coordinator (for HIT)
OPS.....Operations
OPPS.....Outpatient Prospective Payment System
OTC .....Over The Counter
OVHA.....Office of Vermont Health Access (now DVHA)
PA .....Payment Authorization
PA .....Physician Assistant
PA .....Prior Authorization
PA .....Public Assistance
PAPD.....Planning Advanced Planning Document (CMS)
PAR .....Personnel Action Request
PARIS.....Public Assistance Reporting Information System
PBA .....Pharmacy Benefit Administrator
PBM.....Pharmacy Benefit Management Program Manager
PC Plus .....Primary Care Plus (VT program)
PCCM .....Primary Care Case Management
PCIP.....Pre-existing Condition Insurance Plan
PCMH.....Patient-Centered Medical Home
PCP .....Primary Care Provider
PDF.....Portable Document File

PDL .....Preferred Drug List
PDP.....Prescription Drug Plan
PDSA.....Plan, Do, Study, Act
PEP .....Principal Earner Parent
PEP .....Proposal Evaluation Plan
PERM .....Payment Error Rate Measurement
PES .....Provider Electronic Solutions
PHI.....Protected Health Information
PHO .....Physician Hospital Organization
PI .....Program Integrity
PIA.....Privacy Impact Assessment
PII .....Personally Identifiable Information
PIL .....Protected Income Level (Poverty Income Guidelines)
PIP .....Performance Improvement Project
PIRL .....Plan Information Request Letter
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
POC .....Public Oversight Committee
POS.....Place Of Service
POS.....Point Of Sale
POS.....Point Of Service
PP&D.....Policy, Procedures & Development (Interpretive Rule Memo)
PPA.....Project Process Agreement
PPACA .....Patient Protection & Affordable Care Act
PPPM.....Per Patient Per Month
PPR.....Planning, Policy & Regulation
PRO .....Peer Review Organization
PRWORA.....Personal Responsibility & Work Opportunity Reconciliation Act
PSE .....Post-Secondary Education
PSTG .....Private Sector Technology Group
PSU.....Payment Services Unit
QC .....Quality Control
QHP .....Qualified Health Plan
QI.....Qualified Individual
QI.....Quality Improvement
QIAC .....Quality Improvement Advisory Committee
QMB .....Qualified Medicare Beneficiary
QWDI .....Qualified Working Disabled Individual
RA .....Remittance Advice
RAC.....Recovery Audit Contractor
RAM .....Responsibility Assignment Matrix
RBC .....Risk Based Capital
RBRVS.....Resource-Based Relative Value Scale
RBUC .....Reported But Unpaid Claims
REVS.....Recipient Eligibility Verification System
RFI.....Request For Information
RFP .....Request For Proposals
RFR.....Request For Classification Review
RMP.....Risk Management Plan
RN.....Registered Nurse
RO.....Regional Office
ROB .....Rules Of Behavior
ROI .....Return On Investment
RR.....Railroad Retirement
RTM .....Requirements Traceability Matrix
RU.....Reach Up
RVU.....Relative Value Units
SAMHSA.....Substance Abuse & Mental Health Services Administration
SAS.....Statement on Auditing Standards
SASH.....Support And Services at Home
SBC.....Summary of Benefits & Coverage
SBE.....State Health Benefit Exchange
SBM.....State-Based Marketplace
SDMP .....System Development Management Plan
SDO .....Standards Development Organization
SDX .....State Data Exchange System
SE .....Systems Engineer
SEP .....Special Enrollment Periods
SF.....Supplemental Fuel
SFY.....State Fiscal Year
SGF.....State General Fund
SHCRF.....State Health Care Resource Fund
SHOP.....Small business Health Options Program
SILC .....Statewide Independent Living Council
SIM .....State Innovation Model
SLA.....Service Level Agreement
SLHIE.....State Level HIE Consensus Project
SLMB .....Specified Low-income Medicare Beneficiary
SMDL .....State Medicaid Directors Letter
SMHP .....State Medicaid HIT Plan
SMM.....State Medicaid Manual
SNAP.....State Nutritional Assistance Program
SNF.....Skilled Nursing Facility
SOA .....Service Oriented Architecture
SOR .....System Of Records
SORN.....System Of Record Notice
SOV .....State Of Vermont
SOW .....Statement Of Work

SPA.....State Plan Amendment
SPAP .....State Pharmacy Assistance Program
SPR.....Safeguard Procedures Report
SSA.....Social Security Administration
SSA.....State Self-Assessment
SSBG .....Social Services Block Grant
SSI .....Supplemental Security Income
SSN.....Social Security Number
SSO.....Standards Setting Organization
SSP .....Systems Security Plan
SSU.....Support Services Unit
SUR .....Surveillance & Utilization Review
SR .....Service Request
SSU.....Service Support Unit
TAD.....Turn Around Documents
TANF.....Temporary Assistance for Needy Families (see Reach Up)
TARB .....Technical Architecture Review Board
TBI.....Traumatic Brain Injury
TIN .....Taxpayer Identification Number
TM.....Transitional Medicaid
TPA .....Third Party Administrator
TPCM..... Third Party Claim Management
TPL.....Third Party Liability
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
VPA .....Vermont Premium Assistance (officially VPR, see VPR)
VPR .....Vermont Premium Reduction
VT.....Vermont
VTHR .....VT web-based HR information system

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Program Cost Comparison SFT 2009 through SFT 2016 Governor's Recommendations

PROGRAM EXPENDITURES

	SFY '09 Actuals			SFY '10 Actuals			SFY '11 Actuals			SFY '12 Actuals			SFY '13 Actuals			SFY '14 Actuals			SFY '15 Rescission no Carryforward			SFY '15 BAA			SFY '16 Gov. Rec.		
Adults	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM	Enrollment	Expenses	PMPM
Aged, Blind, or Disabled (ABD)/Medically Needy	12,550	$ 82,398,879	$ 547.15	13,337	$ 87,006,993	$ 543.63	13,786	$ 88,592,211	$ 535.50	13,977	$ 95,212,717	$ 567.66	14,309	$ 104,236,243	$ 607.05	14,852	$ 108,329,783	$ 607.82	15,004	$ 116,363,012	$ 646.30	15,378	$ 112,692,767	$ 610.67	15,680	$ 120,676,152	$ 641.35
Dual Eligibles	14,753	$ 38,596,281	$ 218.02	15,192	$ 41,432,987	$ 227.28	16,014	$ 42,746,091	$ 222.44	16,634	$ 43,120,000	$ 216.03	17,155	$ 48,224,153	$ 234.25	17,384	$ 49,143,760	$ 235.58	17,558	$ 51,697,940	$ 245.36	17,682	$ 49,371,309	$ 232.68	17,978	$ 51,347,945	$ 238.02
General	9,847	$ 53,060,215	$ 449.06	10,358	$ 58,325,148	$ 469.26	10,896	$ 61,424,053	$ 469.78	11,235	$ 61,521,695	$ 456.33	11,387	$ 73,079,701	$ 534.83	13,115	$ 76,094,174	$ 483.51	11,679	$ 78,610,062	$ 560.89	15,504	$ 88,847,459	$ 477.54	15,966	$ 94,087,415	$ 491.08
VHAP	28,224	$ 111,730,898	$ 329.89	33,249	$ 130,598,440	$ 327.32	36,706	$ 140,821,782	$ 319.71	36,991	$ 144,423,060	$ 325.36	37,475	$ 165,952,625	$ 369.03	36,637	$ 97,932,892	$ 423.90									
VHAP ESI	821	$ 1,525,747	$ 154.95	949	$ 1,787,708	$ 156.97	904	$ 1,695,350	$ 156.37	825	$ 1,452,802	$ 146.81	793	$ 936,724	$ 98.48	720	$ 849,213	$ 158.08									
Catamount	6,350	$ 30,293,232	$ 397.55	9,058	$ 45,210,486	$ 415.95	9,921	$ 56,831,908	$ 477.36	10,713	$ 52,066,782	$ 405.01	11,484	$ 53,960,735	$ 391.56	13,329	$ 48,356,058	$ 387.41									
ESIA	478	$ 688,592	$ 120.17	682	$ 900,029	$ 110.04	747	$ 1,056,258	$ 117.90	726	$ 954,128	$ 109.54	742	$ 699,507	$ 78.54	689	$ 638,510	$ 117.75									
New Adult																47,315	$ 72,982,243	$ 321.41	35,059	$ 185,490,566	$ 440.90	48,500	$ 193,856,692	$ 333.09	48,985	$ 205,151,420	$ 349.00
Premium Assistance For Exchange Enrollees < 30																14,013	$ 2,571,477	$ 36.91	42,785	$ 13,831,832	$ 26.94	18,007	$ 7,974,888	$ 36.91	18,368	$ 8,541,105	$ 38.75
Cost Sharing For Exchange Enrollees < 300%																4,452	$ 332,623	$ 19.52	15,849	$ 3,117,367	$ 16.39	5,859	$ 1,372,578	$ 19.52	6,034	$ 3,522,615	$ 48.65
Subtotal Adults	73,021	$ 318,293,843	$ 363.24	82,824	$ 365,261,791	$ 367.51	88,973	$ 393,167,654	$ 368.24	91,101	$ 398,751,184	$ 364.75	93,345	$ 447,089,687	$ 399.14	96,726	$ 457,230,732	$ 393.92	122,086	$ 449,110,779	$ 306.55	115,072	$ 454,115,693	$ 328.86	116,977	$ 483,326,652	$ 344.32
Children																											
Blind or Disabled (BD)/Medically Needy	3,605	$ 31,686,636	$ 732.47	3,606	$ 31,605,170	$ 730.35	3,696	$ 34,724,216	$ 783.01	3,712	$ 33,805,689	$ 759.03	3,701	$ 32,794,574	$ 738.42	3,639	$ 36,486,052	$ 835.48	3,714	$ 33,638,400	$ 754.67	3,713	$ 39,330,836	$ 882.64	3,727	$ 40,575,214	$ 907.13
General	52,224	$ 100,299,806	$ 160.05	54,266	$ 108,508,732	$ 166.63	55,053	$ 111,924,219	$ 169.42	55,274	$ 117,381,607	$ 176.97	55,394	$ 131,289,464	$ 197.51	56,431	$ 130,940,851	$ 193.36	55,846	$ 132,635,027	$ 197.92	58,301	$ 134,490,705	$ 192.24	57,594	$ 141,088,248	$ 204.14
Underinsured	1,212	$ 721,162	$ 49.61	1,178	$ 812,299	$ 57.46	1,131	$ 806,332	$ 59.43	1,068	$ 766,013	$ 59.78	978	$ 791,009	$ 67.40	949	$ 1,072,657	$ 94.15	775	$ 637,389	$ 68.58	1,082	$ 1,279,046	$ 98.48	981	$ 1,183,102	$ 100.48
SCHIP (Uninsured)	3,412	$ 5,386,841	$ 131.56	3,523	$ 5,629,939	$ 133.17	3,686	$ 6,295,264	$ 142.34	3,909	$ 6,873,629	$ 146.52	3,986	$ 7,279,703	$ 152.21	4,105	$ 7,465,861	$ 151.57	4,329	$ 8,093,421	$ 155.80	4,273	$ 7,165,946	$ 139.74	4,417	$ 7,698,414	$ 145.24
Subtotal Children	60,452	$ 138,094,446	$ 190.36	62,573	$ 146,556,139	$ 195.18	63,565	$ 153,750,031	$ 201.57	63,963	$ 158,826,938	$ 206.93	64,058	$ 172,154,749	$ 223.96	65,124	$ 175,965,422	$ 225.17	64,664	$ 175,004,238	$ 225.53	67,370	$ 182,266,534	$ 225.45	66,720	$ 190,544,976	$ 237.99
Pharmacy Only Programs	12,456	$ 7,535,743	$ 50.42	12,550	$ 3,929,059	$ 26.09	12,751	$ 4,427,164	$ 28.93	12,655	$ (1,421,868)	$ (9.36)	12,535	$ 1,813,724	$ 12.06	12,653	$ 4,485,706	$ 29.54	12,489	$ 6,166,252	$ 41.14	12,684	$ 6,585,623	$ 43.27	12,709	$ 7,203,404	$ 47.23
Choices for Care																											
Nursing Home, Home & Community Based, ERC	4,016	$ 172,372,731	$3,576.72	3,925	$ 170,312,343	$3,616.05	3,889	$ 165,981,446	$3,556.49	3,891	$ 171,257,632	$3,667.97	3,911	$ 173,842,505	$3,704.61	4,147	$ 178,448,959	$3,585.90	3,875	$ 177,807,243	$3,823.68	4,177	$ 184,335,537	$3,677.29	4,222	$ 183,180,568	$3,615.41
Acute-Care Services ~ DVHA	4,016	$ 22,925,258	$ 475.70	3,925	$ 20,549,664	$ 436.31	3,889	$ 21,883,931	$ 468.91	3,891	$ 21,310,228	$ 456.42	3,911	$ 21,145,391	$ 450.61	4,147	$ 22,448,822	$ 451.11	3,875	$ 22,149,068	$ 476.31	4,177	$ 22,719,371	$ 453.23	4,222	$ 23,608,428	$ 465.96
Acute-Care Services ~ Other Depts.	4,016	$ 284,592	$ 5.91	3,925	$ 1,300,771	$ 27.62	3,889	$ 1,423,289	$ 30.50	3,891	$ 1,298,408	$ 27.81	3,911	$ 1,471,934	$ 31.37	4,147	$ 1,695,828	$ 34.08	3,875	$ 1,495,490	$ 32.16	4,177	$ 1,729,885	$ 34.51	4,222	$ 1,730,569	$ 34.16
Buy-In		$ 2,371,707			$ 2,455,358			$ 2,679,842			$ 2,611,685			$ 2,573,180			$ 2,630,639			$ 2,905,764			$ 2,828,754			$ 3,052,130	
Subtotal Choices for Care*	4,016	$ 197,954,288	$4,107.53	3,925	$ 194,618,136	$4,132.11	3,889	$ 191,968,507	$4,113.32	3,891	$ 196,477,952	$4,208.14	3,911	$ 199,033,009	$4,241.42	4,147	$ 205,224,249	$4,123.95	3,875	$ 204,357,566	$4,449.20	4,177	$ 211,613,548	$4,533.64	4,222	$ 211,571,695	$4,175.77
Subtotal Direct Services	**149,946**	**$ 661,878,320**	**$ 367.84**	**161,872**	**$ 710,365,126**	**$ 365.70**	**169,179**	**$ 743,313,356**	**$ 366.14**	**171,610**	**$ 752,634,207**	**$ 365.48**	**173,849**	**$ 820,091,169**	**$ 393.11**	**178,650**	**$ 842,906,108**	**$ 393.18**	**203,115**	**$ 834,638,834**	**$ 342.43**	**199,303**	**$ 854,581,397**	**$ 357.32**	**200,629**	**$ 892,646,727**	**$ 370.77**
Miscellaneous Program																											
GC to CFC Funding Reallocation		$ (284,592)			$ (1,300,771)			$ (1,423,289)			$ (1,298,408)			$ (1,471,934)			$ (1,696,912)			$ (1,495,490)			$ (1,729,885)			$ (1,730,569)	
Refugee	47	$ 222,863	$ 395.15	40	$ 154,500	$ 319.21	46	$ 242,581	$ 438.66	68	$ 283,439	$ 346.08	66	$ 308,395	$ 390.37	22	$ 96,121	$ 358.66	73	$ 359,661	$ 411.33	3	$ 10,787	$ 359.56	1	$ 8,370	$ 697.49
ACA Rebates		$ -			$ -			$ (4,698,058)			$ (4,784,914)			$ (4,453,259)			$ (3,363,203)			$ (3,857,319)			$ (3,500,000)			$ (3,500,000)	
HIV	117	$ 44,976	$ 32.10	133	$ 38,904	$ 24.38	123	$ 39,176	$ 26.60	91	$ 37,452	$ 34.31	96	$ 39,881	$ 34.62	103	$ 26,540	$ 21.51	98	$ 40,641	$ 34.62	136	$ 26,540	$ 16.32	133	$ 25,946	$ 16.32
Civil Unions	197	$ 839,480	$ 355.11	235	$ 838,772	$ 297.44	285	$ 1,045,654	$ 306.28	308	$ 1,438,940	$ 389.22	344	$ 1,288,895	$ 311.93	369	$ 1,099,414	$ 496.80	411	$ 1,528,680	$ 620.55						
Underinsured														$ 10,155,454			$ 10,671,650			$ 10,706,604			$ 8,102,126			$ 8,061,427	
DSH		$ 35,648,781			$ 37,448,781			$ 37,448,782			$ 37,448,781			$ 37,448,781			$ 37,448,781			$ 37,448,781			$ 37,448,781			$ 37,448,781	
Clawback		$ 20,779,093			$ 13,332,383			$ 17,684,471			$ 23,784,030			$ 25,971,679			$ 25,833,314			$ 26,618,207			$ 25,515,589			$ 26,979,242	
Buy-In ~ GC		$ 21,306,607			$ 23,415,644			$ 27,334,803			$ 26,993,495			$ 26,705,032			$ 27,471,919			$ 30,961,732			$ 28,840,244			$ 30,282,256	
Buy-In ~ State Only (MCO Invest.)		$ 248,537			$ 200,868			$ 50,605			$ 24,000			$ 17,878			$ 17,728			$ 21,317			$ 17,580			$ 17,433	
Buy-In ~ Federal Only		$ 2,730,326			$ 3,125,212			$ 3,556,352			$ 3,392,297			$ 3,499,264			$ 3,541,610			$ 3,723,423			$ 3,584,469			$ 3,627,846	
Legal Aid		$ 547,983			$ 547,983			$ 547,993			$ 502,318			$ 502,318			$ 593,648			$ 502,318			$ 502,318			$ 502,318	
Misc. Pymts. (incl. family planning option)		$ 2,788,183			$ 2,147,266			$ 29,590			$ (15,196)			$ (9,566)			$ (17,420)			$ (9,565)			$ 232,580			$ (17,420)	
Healthy Vermonters Program	4,843	$ -	n/a	4,753	$ -	n/a	5,579	$ -	n/a	6,115	$ -	n/a	5,911	$ -	n/a	5,597	$ -	n/a	6,472	$ -	n/a	6,137	$ -	n/a	5,820	$ -	n/a
Subtotal Miscellaneous Program	**5,203**	**$ 84,872,236**		**5,161**	**$ 79,949,542**		**6,033**	**$ 81,858,661**		**6,582**	**$ 87,806,235**		**6,417**	**$ 100,002,818**		**5,722**	**$ 101,723,191**		**7,054**	**$ 106,568,989**		**6,276**	**$ 99,051,128**		**5,953**	**$ 101,705,631**	
TOTAL PROGRAM EXPENDITURES	**155,149**	**$ 746,750,556**		**167,033**	**$ 790,314,667**		**175,211**	**$ 825,172,016**		**178,192**	**$ 840,440,442**		**180,265**	**$ 920,093,987**		**184,372**	**$ 944,629,299**		**210,168**	**$ 941,207,823**		**205,579**	**$ 953,632,525**		**206,582**	**$ 994,352,358**	

ADMINISTRATIVE EXPENDITURES

	SFY '09 Actuals	SFY '10 Actuals	SFY '11 Actuals	SFY '12 Actuals	SFY '13 Actuals	SFY '14 Actuals	SFY '15 Rescission no Carryforward	SFY '15 BAA	SFY '16 Gov. Rec.
	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses	Expenses
Contract									
Claims Processing	$ 9,433,393	$ 9,678,287	$ 10,684,000	$ 11,134,619	$ 11,527,296	$ 11,956,861	$ 11,589,763	$ 11,589,763	$ 11,659,273
Member Services	$ 3,117,187	$ 2,947,753	$ 2,843,945	$ 3,049,591	$ 2,819,787	$ 8,538,622	$ 9,947,204	$ 9,947,204	$ 11,000,000
Pharmacy Benefits Manager	$ 2,538,847	$ 2,566,106	$ 2,310,247	$ 2,404,369	$ 2,603,080	$ 3,224,686	$ 4,210,343	$ 3,960,343	$ 3,710,000
Care Coordination & Chronic Care Management	$ 4,249,583	$ 6,334,904	$ 2,323,852	$ 2,759,477	$ 2,420,594	$ 2,860,702	$ 2,670,032	$ 2,670,032	$ 2,484,366
Catamount Outreach	$ 500,000	$ 500,000	$ 500,000	$ 500,000					
Miscellaneous	$ 2,179,530	$ 1,406,227	$ 2,202,319	$ 15,995,585	$ 4,449,169	$ 5,053,983	$ 7,085,601	$ 6,557,601	$ 4,800,971
Health Information Technology/Healthcare Reform	$ -	$ 2,307,983	$ 2,352,328	$ 6,336,833	$ 10,182,727	$ 8,602,532	$ 15,601,793	$ 15,517,079	$ 16,704,387
MITA/MOVE	$ 926,779	$ 66,300	$ 6,093,780	$ 2,298,430	$ 38,388,614	$ 88,722,853	$ 92,169,887	$ 99,849,206	$ 109,626,374
Blueprint & Payment Reform	$ -	$ -	$ 2,264,887	$ 2,870,383	$ 4,214,530	$ 4,756,092	$ 4,674,932	$ 4,528,599	$ 4,153,599
Operating/Personnel Services	$ 7,067,735	$ 4,647,392	$ 11,019,698	$ 12,097,553	$ 15,093,080	$ 19,416,839	$ 22,826,928	$ 22,756,489	$ 24,995,363
Total Administrative Expenses	**$ 30,013,053**	**$ 30,454,952**	**$ 42,595,056**	**$ 59,446,840**	**$ 91,698,877**	**$ 153,133,170**	**$ 170,776,483**	**$ 177,376,316**	**$ 189,134,333**
TOTAL ALL EXPENDITURES	**155,149 $ 776,763,609**	**167,033 $ 820,769,619**	**175,211 $ 867,767,072**	**178,192 $ 932,337,790**	**180,265 $ 1,011,792,864**	**184,372 $ 1,097,762,469**	**210,168 $ 1,111,984,306**	**205,579 $ 1,131,008,841**	**206,582 $ 1,183,486,691**

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Program Expenditures SFY2015 & SFY2016 Governor's Recommendations with Funding Descriptions

PROGRAM EXPENDITURES											
	SFY '15 Appropriated (Rescission)		SFY '15 BAA		SFY '16 Gov. Rec.		SFY '16 Funding Description
Adults	Gross Expenses	State Funds	Gross Expenses	State Funds	Gross Expenses	State Funds	
Aged, Blind, or Disabled (ABD)/Medically Needy	$ 116,363,012	$ 50,402,707	$ 112,692,767	$ 48,807,329	$ 120,676,152	$ 54,268,065	Global Commitment funded (GC) ~ g.f. @ 44.97% (includes 2.2% for Leahy Bump for 6 months)
Dual Eligibles	$ 51,697,940	$ 22,491,985	$ 49,371,309	$ 21,477,280	$ 51,347,945	$ 23,091,171	
General	$ 78,610,062	$ 34,083,417	$ 88,847,459	$ 38,517,678	$ 94,087,415	$ 42,311,110	
VHAP							
VHAP ESI							
Catamount							
ESIA							
New Adult	$ 185,490,566	$ 44,953,618	$ 193,856,692	$ 46,979,219	$ 205,151,420	$ 44,193,719	g.f. @ 44.97% (includes 2.2% for Leahy Bump for 6 mos), less 29.29% enhancement)
Premium Assistance For Exchange Enrollees < 300%	$ 13,831,832	$ 6,718,922	$ 7,974,888	$ 4,169,874	$ 8,541,105	$ 3,840,935	GC funded as detailed above
Cost Sharing For Exchange Enrollees < 300%	$ 3,117,367	$ 3,117,367	$ 1,372,578	$ 1,372,578	$ 3,522,615	$ 3,522,615	100% general fund
Subtotal Adults	$ 449,110,779	$ 161,768,015	$ 454,115,693	$ 161,323,958	$ 483,326,652	$ 171,227,615	
Children							
Blind or Disabled (BD)/Medically Needy	$ 33,638,400	$ 14,579,786	$ 39,330,836	$ 17,045,081	$ 40,575,214	$ 18,246,674	Global Commitment funded (GC) ~ g.f. @ 44.97% (includes 2.2% for Leahy Bump for 6 months)
General	$ 132,635,027	$ 56,768,275	$ 134,490,705	$ 57,555,898	$ 141,088,248	$ 63,447,385	
Underinsured	$ 637,389	$ 273,782	$ 1,279,046	$ 549,336	$ 1,183,102	$ 532,041	
SCHIP (Uninsured)	$ 8,093,421	$ 2,465,297	$ 7,165,946	$ 2,182,747	$ 7,698,414	$ 2,423,461	Title XXI ~ g.f. @ 31.48% and federal @ 68.52%
Subtotal Children	$ 175,004,238	$ 74,087,140	$ 182,266,534	$ 77,333,062	$ 190,544,976	$ 84,649,560	
Pharmacy Only Programs	$ 6,166,252	$ 4,440,205	$ 6,585,623	$ 4,577,632	$ 7,203,404	$ 4,907,346	Predominantly all GC as detailed above
Choices for Care							
Nursing Home, Home & Community Based, ERC	$ 177,807,243	$ 77,381,712	$ 184,335,537	$ 80,204,392	$ 183,180,568	$ 82,376,301	Global Commitment funded (GC) ~ g.f. @ 44.97% (includes 2.2% for Leahy Bump for 6 months)
Acute-Care Services ~ DVHA	$ 22,149,068	$ 9,617,058	$ 22,719,371	$ 9,872,775	$ 23,608,428	$ 10,616,710	
Acute-Care Services ~ Other Depts.	$ 1,495,490	$ 650,837	$ 1,729,885	$ 752,673	$ 1,730,569	$ 778,237	
Buy-In	$ 2,905,764	$ 1,264,589	$ 2,828,754	$ 1,230,791	$ 3,052,130	$ 1,372,543	
Subtotal Choices for Care	$ 204,357,566	$ 88,914,197	$ 211,613,548	$ 92,060,631	$ 211,571,695	$ 95,143,791	
Subtotal Direct Services	**$ 834,638,834**	**$ 329,209,556.02**	**$ 854,581,397**	**$ 335,295,283**	**$ 892,646,727**	**$ 355,928,312.41**	
Miscellaneous Program							
GC to CFC Funding Reallocation	$ (1,495,490)	$ (650,762)	$ (1,729,885)	$ (752,673)	$ (1,730,569)	$ (778,237)	GC funded as detailed above
Refugee	$ 359,661	$ -	$ 10,787	$ -	$ 8,370	$ -	100% federally reimbursed
ACA Rebates	$ (3,857,319)	$ -	$ (3,500,000)	$ -	$ (3,500,000)	$ -	100% federally reimbursed
HIV	$ 40,641	$ 17,685	$ 26,540	$ 11,547	$ 25,946	$ 11,668	MCO Investments ~ matched like GC above
Civil Unions	$ 1,528,680	$ -		$ -		$ -	MCO Investments ~ matched like GC above
Underinsured	$ 10,706,604	$ 5,324,184	$ 8,102,126	$ 3,525,235	$ 8,061,427	$ 3,625,224	MCO Investments ~ matched like GC above
DSH	$ 37,448,781	$ 16,295,837	$ 37,448,781	$ 16,293,965	$ 37,448,781	$ 16,440,015	43.90% g.f, 56.10% federal
Clawback	$ 26,618,207	$ 26,618,207	$ 25,515,589	$ 25,515,589	$ 26,979,242	$ 26,979,242	100% general fund
Buy-In ~ GC	$ 30,981,732	$ 13,481,701	$ 28,840,244	$ 12,548,390	$ 30,282,256	$ 13,617,931	GC funded as detailed above
Buy-In ~ State Only (MCO Invest.)	$ 21,317	$ 9,276	$ 17,580	$ 7,649	$ 17,433	$ 7,839	MCO Investments ~ matched like GC above
Buy-In ~ Federal Only	$ 3,723,423	$ -	$ 3,584,469	$ -	$ 3,627,846	$ -	100% federally reimbursed
Legal Aid	$ 502,318	$ 218,584	$ 502,318	$ 218,558	$ 502,318	$ 225,892	GC funded as detailed above
Misc. Pymts.	$ (9,565)	$ (4,162)	$ 232,580	$ (7,579)	$ (17,420)	$ (7,834)	GC funded as detailed above
Healthy Vermonters Program	$ -	n/a	$ -	n/a	$ -	n/a	
Subtotal Miscellaneous Program	**$ 106,568,989**	**$ 61,310,548**	**$ 99,051,128**	**$ 57,360,681**	**$ 101,705,631**	**$ 60,121,741**	
TOTAL PROGRAM EXPENDITURES	**$ 941,207,823**	**$ 390,520,104**	**$ 953,632,525**	**$ 392,655,964**	**$ 994,352,358**	**$ 416,050,053**	

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Program Expenditures SFY2015 & SFY2016 Governor's Recommendations with Funding Descriptions

ADMINISTRATIVE EXPENDITURES							
	SFY '15 Appropriated (Rescission)		SFY '15 BAA		SFY '16 Gov. Rec.		SFY '16 Funding Description
	Gross Expenses	State Funds	Gross Expenses	State Funds	Gross Expenses	State Funds	
Contract							
Claims Processing	$ 11,589,763	$ 5,607,514	$ 11,589,763	$ 5,682,077	$ 11,659,273	$ 7,938,540	Most admin. expenses are funded with: Global Commitment funds as stated above and Title XXI funds (g.f. @ 14.62% and federal @ 85.38%)
Member Services	$ 9,947,204	$ 4,812,789	$ 9,947,204	$ 4,876,784	$ 11,000,000	$ 7,489,655	
Pharmacy Benefits Manager	$ 4,210,343	$ 2,037,104	$ 3,960,343	$ 1,941,625	$ 3,710,000	$ 2,526,057	
Care Coordination & Chronic Care Management	$ 2,670,032	$ 1,291,851	$ 2,670,032	$ 1,309,028	$ 2,484,366	$ 1,691,550	
Miscellaneous	$ 7,085,601	$ 3,428,250	$ 6,557,601	$ 3,214,974	$ 4,800,971	$ 3,268,874	
Health Information Technology/Healthcare Reform	$ 15,601,793	$ 1,560,179	$ 15,517,079	$ 1,551,708	$ 16,704,387	$ 1,670,439	Blended based on enhanced federal opportunities (match = s.f.)
IT Enterprise Solution	$ 92,169,887	$ 9,216,989	$ 99,849,206	$ 9,984,921	$ 109,626,374	$ 10,962,637	Blended based on federal programs ~ match GF, SF, IDT
Blueprint & Payment Reform	$ 4,674,932	$ 2,261,888	$ 4,528,599	$ 2,220,222	$ 4,153,599	$ 2,828,093	GC funded as detailed above
Operating/Personnel Services	$ 22,826,928	$ 11,044,429	$ 22,756,489	$ 11,156,752	$ 24,995,363	$ 17,018,787	
Total Administrative Expenses	**$ 170,776,483**	**$ 41,260,994**	**$ 177,376,316**	**$ 41,938,091**	**$ 189,134,333**	**$ 55,394,632**	
TOTAL ALL EXPENDITURES	**$ 1,111,984,306**	**$ 431,781,098**	**$ 1,131,008,841**	**$ 434,594,055**	**$ 1,183,486,691**	**$ 471,444,685**	

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Categories of Service (COS)

COS	Description of Service	BAA SFY '15	2014 Act.-2015 BAA % Change	Gov. Rec. SFY '16	2015 BAA-2016 Rec % Change	5-Yr. Avg. Growth % Chg.	5-Yr. Total Change	10-Yr. Avg. Growth % Chg.	10-Yr. Total Change
01-00	Inpatient	142,472,911	0.2%	143,334,855	0.6%	3.6%	22,708,355	6.3%	83,930,667
02-00	Outpatient	111,756,929	5.5%	123,134,741	10.2%	7.5%	36,970,703	6.9%	58,614,924
03-00	Physician	114,100,012	0.8%	127,528,381	11.8%	11.2%	45,241,393	7.4%	68,905,255
04-00	Pharmacy	176,996,934	13.5%	180,679,145	2.1%	6.1%	45,354,820	-0.6%	13,146,544
05-00	Nursing Home	124,451,091	2.9%	123,679,116	-0.6%	1.8%	10,463,315	1.3%	19,191,173
07-00	Mental Health Facility	712,282	2.2%	723,252	1.5%	19.7%	392,810	31.1%	657,187
08-00	Dental	27,529,864	23.3%	27,746,217	0.8%	5.8%	6,374,694	4.1%	13,007,099
09-01	MH Clinic	145,690	-25.6%	148,443	1.9%	-1.1%	(215,515)	111.2%	104,110
10-00	Independent Laboratory	7,116,314	13.1%	4,193,056	-41.1%	-0.4%	(843,471)	-0.1%	1,929,736
11-00	Home Health	6,995,260	1.3%	7,046,704	0.7%	0.6%	169,372	-0.6%	(751,631)
12-00	RHC & FQHC	27,934,359	9.7%	27,461,233	-1.7%	5.4%	6,224,036	8.5%	16,514,371
13-00	Hospice	2,956,596	12.7%	3,289,129	11.2%	22.5%	1,804,999	24.1%	2,739,037
15-00	Chiropractor	1,091,073	12.8%	1,117,520	2.4%	7.0%	310,655	-2.5%	1,062,395
16-00	Nurse Practitioners	1,000,140	12.4%	1,016,014	1.6%	5.7%	233,942	6.1%	474,660
17-00	Skilled Nursing	3,000,282	-3.2%	2,913,764	-2.9%	-2.9%	(506,468)	-5.1%	(1,717,457)
18-00	Podiatrist	313,689	4.4%	316,347	0.8%	1.2%	4,797	4.3%	104,357
19-00	Psychologist	22,882,123	5.7%	23,137,705	1.1%	5.5%	5,328,516	6.7%	10,815,735
20-00	Optometrist	1,968,547	17.8%	1,980,251	0.6%	14.8%	976,715	8.4%	1,194,220
21-00	Optician	196,829	4.7%	195,400	-0.7%	-3.6%	(44,016)	-0.3%	(6,859)
22-00	Transportation	12,969,384	23.9%	12,821,742	-1.1%	4.3%	2,229,948	6.5%	3,397,259
23-00	OT/PT/ST Services	4,545,147	8.5%	4,595,680	1.1%	11.8%	1,886,852	8.5%	3,126,278
24-00	Prosthestic/Orthro	2,867,384	6.3%	2,955,330	3.1%	2.7%	356,624	5.4%	1,310,922
25-00	Medical Supplies & DME (26-00)	9,994,664	4.1%	10,134,453	1.4%	4.4%	1,963,185	3.6%	3,114,950
27-00	H&CB Services	54,059,257	5.3%	53,726,210	-0.6%	4.2%	9,912,829	5.2%	20,891,545
27-02	H&CB Mental Health Services	597,538	3.0%	592,806	-0.8%	6.6%	106,468	-3.6%	(217,837)
27-03	H&CB Mental Retardation	0	-100.0%	0	2.0%	-136.7%	0	-61.4%	(16,486)
27-17	Enhanced Resident Care	7,232,649	-6.4%	7,182,765	-0.7%	3.4%	1,046,663	13.4%	3,817,690
29-00	Personal Care Services	19,574,425	5.7%	19,041,888	-2.7%	-2.7%	(3,144,023)	2.9%	2,630,569
30-00	Target Case Management	78,848	7.8%	79,886	1.3%	6.8%	(17,113)	261.5%	77,117
33-04	Assistive Community Care Services	13,691,912	1.6%	13,889,771	1.4%	2.1%	1,389,249	5.6%	5,637,643
34-01	Day Treatment (MHS)	1,406	-7658.9%	1,428	1.6%	-1585.4%	(61,146)	-794.7%	(64,282)
35-07	ADAP Families in Recovery	2,355,148	106.8%	3,060,799	30.0%	141.8%	2,943,037	123.4%	3,048,509
37-01	Rehabilition/D&P Dept. of Health	2,443,120	119.3%	2,385,936	-2.3%	8.4%	(549,838)	2.7%	(977,211)
38-03	PC+ Case Management Fees	3,121,817	4.8%	3,134,398	0.4%	-11.0%	(3,001,887)	-3.8%	(2,386,802)
	Blueprint & CHT	8,225,295	8.6%	19,540,307	0.0%	365.7%	19,389,804	292.5%	19,540,307
05 & 38	Pace Capitation	-	-100.0%	-	0.0%	-38.3%	(4,316,814)	-28.3%	-
40-00	Ambulance	4,292,879	6.4%	4,384,723	2.1%	3.9%	752,463	4.2%	1,876,427
41-00	Dialysis	1,551,285	7.0%	1,653,834	6.6%	10.0%	525,605	2.1%	1,148,192
42-00	ASC	47,758	-11.9%	48,380	1.3%	4.9%	9,370	52.1%	43,296
43-00	Outpatient Rehab	-	0.0%	-	0.0%	0.0%	-	-15.5%	(290,361)
39-06	PDP Premium Payments	-	0.0%	-	0.0%	0.0%	-	-21.6%	(2,287,779)
39-10	New Premium Payments	9,335,411	-82.2%	12,050,566	29.1%	-13.0%	(47,401,459)	0.8%	12,050,566
45-00	Miscellaneous	(196,545)	16.9%	(195,335)	-0.6%	-8748.8%	(114,799)	-4507.1%	(1,491,762)
	Total	930,409,707	1.0%	970,726,840	4.3%	4.0%	164,854,670	3.2%	363,894,275
Other Expenditures									
	DSH	37,448,781	0.0%	37,448,781	0.0%	0.0%	(1)	5.7%	2,243,458
	Clawback	25,515,589	-1.2%	26,979,242	5.7%	9.5%	9,294,772	22.9%	20,091,065
	Insurance Premium Payouts	2,018,361	6.0%	2,243,221	11.1%	-0.5%	(93,184)	106.9%	2,009,654
	HIV Insurance Fund F	26,540	0.0%	25,946	-2.2%	-6.7%	(13,230)	-4.9%	(14,990)
	Lund Home Family Ctr Retro PNMI	-	0.0%	-	0.0%	0.0%	-	2.3%	(430,854)
	Legal Aid	502,318	-15.4%	502,318	0.0%	-1.1%	(45,675)	-0.4%	8,497
	Rate Setting	-	0.0%	-	0.0%	0.0%	-	-4.6%	(644,746)
	CMS Refugee Resettlement Adjustment	-	0.0%	-	0.0%	0.0%	-	0.0%	-
	Interdept'l GF Transfer	-	0.0%	-	0.0%	0.0%	-	-10.0%	(1,403,112)
	Misc.	251,086	0.0%	-	-100.0%	-20.0%	-	-10.0%	-
	Buy In	35,271,047	4.8%	36,979,665	4.8%	2.0%	3,358,063	10.9%	17,441,613
	Total Other	101,033,721	4.8%	104,179,173	4.8%	2.0%	12,500,744	10.9%	39,300,586
Offsets									
	Drug Rebates	(68,133,195)	7.9%	(70,230,650)	3.1%	4.4%	(12,066,056)	4.7%	(19,605,335)
	ACA Rebates	(3,500,000)	4.1%	(3,500,000)	0.0%	-5.1%	1,198,058	-2.5%	(3,500,000)
	Drug Rebate Interest	(3,627)	0.0%	(3,627)	0.0%	-15.0%	7,158	-12.5%	(3,627)
	Supplemental Drug Rebates	(8,412,263)	-16.1%	(9,039,318)	7.5%	9.2%	(2,405,253)	10.0%	1,370,501
	TPL	(2,763,380)	-19.0%	(2,787,408)	0.9%	-7.4%	1,414,708	1.3%	3,832,620
	Costs Settlements	5,001,562	20.6%	5,007,348	0.1%	37.7%	3,676,312	-44.9%	12,709,112
	Total Offsets	(77,810,903)	2.6%	(80,553,655)	3.5%	2.7%	(8,175,073)	4.0%	(5,196,728)
Net Expenditures		953,632,525	1.0%	994,352,358	4.3%	4.0%	169,180,342	4.0%	397,998,133

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Vermont Health Connect

	SFY '16 Gov. Rec.			SFY '15 Appropriation ANNUALIZED			Variance to SFY '15 Appropriated			SFY '15 BAA Annualized			Variance to SFY '15 Annualized		
Category	Operations	VHC	GC	Operations	VHC	GC	Operations	VHC	GC						
Personal Services (Salaries & Fringe)															
DVHA	$ 3,380,401	$ 531,061	$ 2,849,340	$ 2,339,172	$ 809,272	$ 1,529,900	$ 1,041,229	$ (278,211)	$ 1,319,440	$ 2,758,523	$ 433,364	$ 2,325,159	$ 621,878	$ 97,697	$ 524,181
DII	$ 458,732	$ 72,067	$ 386,665	$ -	$ -	$ -	$ 458,732	$ 72,067	$ 386,665	$ 683,380	$ 107,359	$ 576,021	$ (224,648)	$ (35,292)	$ (189,356)
DFR	$ -	$ -	$ -	$ 60,870	$ 60,870	$ -	$ (60,870)	$ (60,870)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
AHS CO	$ -	$ -	$ -	$ 100,600	$ 15,090	$ 85,510	$ (100,600)	$ (15,090)	$ (85,510)	$ 100,600	$ 15,090	$ 85,510	$ (100,600)	$ (15,090)	$ (85,510)
AHS HSB	$ 74,571	$ 26,100	$ 48,471	$ 244,782	$ 36,718	$ 208,064	$ (170,211)	$ (10,618)	$ (159,593)	$ 244,782	$ 36,718	$ 208,064	$ (170,211)	$ (10,618)	$ (159,593)
DCF Non-HAEU	$ 410,450	$ 58,035	$ 352,415	$ 375,270	$ 45,032	$ 330,238	$ 35,180	$ 13,003	$ 22,177	$ 375,270	$ 45,032	$ 330,238	$ 35,180	$ 13,003	$ 22,177
DCF HAEU	$ 2,257,855	$ 286,327	$ 1,971,528	$ 3,735,016	$ 448,202	$ 3,286,814	$ (1,477,161)	$ (161,875)	$ (1,315,286)	$ 7,206,596	$ 1,001,612	$ 6,204,984	$ (4,948,741)	$ (715,285)	$ (4,233,456)
Subtotal Salaries & Fringe	**$ 6,582,009**	**$ 973,590**	**$ 5,608,419**	**$ 6,855,710**	**$ 1,415,184**	**$ 5,440,525**	**$ (273,701)**	**$ (441,594)**	**$ 167,894**	**$ 11,369,151**	**$ 1,639,175**	**$ 9,729,976**	**$ (4,787,142)**	**$ (665,586)**	**$ (4,121,557)**
Operating															
DVHA	$ 1,496,493	$ 235,099	$ 1,261,394	$ 2,237,522	$ 716,008	$ 1,521,514	$ (741,029)	$ (480,909)	$ (260,120)	$ 2,237,522	$ 151,782	$ 2,085,740	$ (741,029)	$ 83,317	$ (824,346)
DII	$ 510,063	$ 80,131	$ 429,932	$ -	$ -	$ -	$ 510,063	$ 80,131	$ 429,932	$ 64,463	$ 10,127	$ 54,335	$ 445,601	$ 70,004	$ 375,597
DFR Operating	$ 3,500	$ 550	$ 2,950	$ 7,000	$ 7,000	$ -	$ (3,500)	$ (6,450)	$ 2,950	$ -	$ -	$ -	$ 3,500	$ 550	$ 2,950
AHS CO	$ 6,725	$ 1,056	$ 5,669	$ 13,450	$ 2,018	$ 11,432	$ (6,725)	$ (962)	$ (5,763)	$ 13,450	$ 2,018	$ 11,432	$ (6,725)	$ (962)	$ (5,763)
AHS HSB	$ 30,262	$ 13,113	$ 17,149	$ 40,350	$ 6,052	$ 34,298	$ (10,088)	$ 7,061	$ (17,149)	$ 40,350	$ 6,052	$ 34,298	$ (10,088)	$ 7,061	$ (17,149)
DCF	$ 188,381	$ 29,595	$ 158,786	$ 376,762	$ 45,212	$ 331,550	$ (188,381)	$ (15,617)	$ (172,764)	$ 376,762	$ 45,212	$ 331,550	$ (188,381)	$ (15,617)	$ (172,764)
Subtotal Operating	**$ 2,235,424**	**$ 359,544**	**$ 1,875,880**	**$ 2,675,084**	**$ 776,290**	**$ 1,898,794**	**$ (439,660)**	**$ (416,746)**	**$ (22,914)**	**$ 2,732,547**	**$ 215,191**	**$ 2,517,355**	**$ (497,123)**	**$ 144,353**	**$ (641,475)**
Indirects (SWICAP share and Departmental)															
DVHA	$ 272,431	$ 42,799	$ 229,632	$ 544,862	$ 176,644	$ 368,218	$ (272,431)	$ (133,845)	$ (138,586)	$ 544,862	$ 36,961	$ 507,901	$ (272,431)	$ 5,838	$ (278,269)
AHS CO	$ -	$ -	$ -	$ 68,776	$ 8,920	$ 59,856	$ (68,776)	$ (8,920)	$ (59,856)	$ 68,776	$ 8,920	$ 59,856	$ (68,776)	$ (8,920)	$ (59,856)
AHS HSB	$ 83,577	$ 13,130	$ 70,447	$ 167,154	$ 21,508	$ 145,646	$ (83,577)	$ (8,378)	$ (75,199)	$ 167,154	$ 21,508	$ 145,646	$ (83,577)	$ (8,378)	$ (75,199)
DCF	$ 719,561	$ 113,043	$ 606,518	$ 1,439,122	$ 172,694	$ 1,266,428	$ (719,561)	$ (59,651)	$ (659,910)	$ 1,439,122	$ 172,694	$ 1,266,428	$ (719,561)	$ (59,651)	$ (659,910)
Subtotal Indirects	**$ 1,075,569**	**$ 168,972**	**$ 906,597**	**$ 2,219,914**	**$ 379,766**	**$ 1,840,148**	**$ (1,144,345)**	**$ (210,794)**	**$ (933,551)**	**$ 2,219,914**	**$ 240,083**	**$ 1,979,831**	**$ (1,144,345)**	**$ (71,111)**	**$ (1,073,234)**
Grants & Contracts															
DII Enterprise Architecture Staff Augmentation	$ 1,178,452	$ 185,135	$ 993,318	$ 2,212,000	$ 327,050	$ 1,884,950	$ (1,033,548)	$ (141,915)	$ (891,632)	$ -	$ -	$ -	$ 1,178,452	$ 185,135	$ 993,318
Reporting Consultant - Archetype	$ 1,462,500	$ 229,759	$ 1,232,741	$ -	$ -	$ -	$ 1,462,500	$ 229,759	$ 1,232,741	$ -	$ -	$ -	$ 1,462,500	$ 229,759	$ 1,232,741
Security	$ 960,281	$ 150,860	$ 809,421	$ -	$ -	$ -	$ 960,281	$ 150,860	$ 809,421	$ 692,541	$ 108,798	$ 583,743	$ 267,740	$ 42,062	$ 225,678
Hosting	$ 4,970,625	$ 780,885	$ 4,189,740	$ 2,539,448	$ 375,466	$ 2,163,982	$ 2,431,177	$ 405,419	$ 2,025,758	$ 8,916,250	$ 1,400,743	$ 7,515,507	$ (3,945,625)	$ (619,858)	$ (3,325,767)
Application Maintenance and Operations	$ 10,314,316	$ 1,620,379	$ 8,693,937	$ 1,062,537	$ 157,100	$ 905,438	$ 9,251,778	$ 1,463,279	$ 7,788,499	$ 11,328,050	$ 1,699,210	$ 9,628,841	$ (1,013,734)	$ (78,830)	$ (934,904)
SOV Application Licensing , Software Assurances and Services	$ 2,707,500	$ 425,348	$ 2,282,152	$ 1,994,100	$ 294,834	$ 1,699,266	$ 713,400	$ 130,514	$ 582,886	$ 3,275,000	$ 514,503	$ 2,760,498	$ (567,500)	$ (89,154)	$ (478,346)
HSO Ombudsman - VT Legal Aid	$ 300,000	$ 47,130	$ 252,870	$ 300,000	$ 300,000	$ -	$ -	$ (252,870)	$ 252,870	$ -	$ -	$ -	$ 300,000	$ 47,130	$ 252,870
Customer Call Center - Maximus	$ 11,000,000	$ 1,728,100	$ 9,271,900	$ 15,180,214	$ 1,470,725	$ 13,709,490	$ (4,180,214)	$ 257,375	$ (4,437,590)	$ 9,947,204	$ 1,562,706	$ 8,384,498	$ 1,052,796	$ 165,394	$ 887,402
Premium Processing - Benaissance	$ 5,081,764	$ 798,345	$ 4,283,419	$ 2,716,560	$ 975,749	$ 1,740,811	$ 2,365,204	$ (177,404)	$ 2,542,607	$ 3,723,600	$ 584,978	$ 3,138,622	$ 1,358,164	$ 213,368	$ 1,144,796
Navigators and In-Person Assistors	$ 400,000	$ 62,840	$ 337,160	$ 1,520,000	$ 60,032	$ 1,459,968	$ (1,120,000)	$ 2,808	$ (1,122,808)	$ 400,000	$ 62,840	$ 337,160	$ -	$ -	$ -
Outreach and Education	$ 800,000	$ 125,680	$ 674,320	$ 1,000,000	$ 1,000,000	$ -	$ (200,000)	$ (874,320)	$ 674,320	$ -	$ -	$ -	$ 800,000	$ 125,680	$ 674,320
Advertising	$ 800,000	$ 125,680	$ 674,320	$ 1,000,000	$ 1,000,000	$ -	$ (200,000)	$ (874,320)	$ 674,320	$ -	$ -	$ -	$ 800,000	$ 125,680	$ 674,320
Organizational Consulting	$ -	$ -	$ -	$ 200,000	$ 200,000	$ -	$ (200,000)	$ (200,000)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Temp Services	$ 375,000	$ 58,913	$ 316,088	$ 150,000	$ 150,000	$ -	$ 225,000	$ (91,088)	$ 316,088	$ 150,000	$ 23,565	$ 126,435	$ 225,000	$ 35,348	$ 189,653
Actuarial Services/Plan development	$ 150,000	$ 23,565	$ 126,435	$ 150,000	$ 150,000	$ -	$ -	$ (126,435)	$ 126,435	$ 150,000	$ 23,565	$ 126,435	$ -	$ -	$ -
Legal Services	$ -	$ -	$ -	$ 300,000	$ 300,000	$ -	$ (300,000)	$ (300,000)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Mailing (Notices, Premium Invoices, etc) - BGS MOU	$ 400,000	$ 62,840	$ 337,160	$ 400,000	$ 400,000	$ -	$ -	$ (337,160)	$ 337,160	$ 400,000	$ 62,840	$ 337,160	$ -	$ -	$ -
Other	$ 1,000,000	$ 157,100	$ 842,900	$ 1,000,000	$ 1,000,000	$ -	$ -	$ (842,900)	$ 842,900	$ 1,000,000	$ 157,100	$ 842,900	$ -	$ -	$ -
Subtotal Grants and Contracts	**$ 41,900,438**	**$ 6,582,559**	**$ 35,317,879**	**$ 31,724,859**	**$ 8,160,955**	**$ 23,563,905**	**$ 10,175,578**	**$ (1,578,396)**	**$ 11,753,974**	**$ 39,982,645**	**$ 6,200,846**	**$ 33,781,798**	**$ 1,917,794**	**$ 381,713**	**$ 1,536,081**
Grand Total	**$ 51,793,440**	**$ 8,084,664**	**$ 43,708,776**	**$ 43,475,567**	**$ 10,732,196**	**$ 32,743,373**	**$ 8,317,872**	**$ (2,647,531)**	**$ 10,965,403**	**$ 56,304,257**	**$ 8,295,296**	**$ 48,008,961**	**$ (4,510,816)**	**$ (210,631)**	**$ (4,300,185)**
State General Fund Impact *	***$ 27,740,501***	***$ 8,084,664***	***$ 19,655,836***	***$ 25,456,890***	***$ 10,732,196***	***$ 14,724,695***	***$ 2,283,611***	***$ (2,647,531)***	***$ 4,931,142***	***$ 29,884,925***	***$ 8,295,296***	***$ 21,589,630***	***$ (2,144,425)***	***$ (210,631)***	***$ (1,933,793)***
Total DVHA	**$ 47,559,826**	**$ 7,471,649**	**$ 40,088,177**	**$ 36,846,415**	**$ 9,862,879**	**$ 26,983,537**	**$ 11,172,142**	**$ (2,319,164)**	**$ 13,491,306**	**$ 46,271,395**	**$ 6,940,439**	**$ 39,330,955**	**$ 1,747,164**	**$ 603,276**	**$ 1,143,888**
Total DVHA State General Fund Impact*	***$ 25,499,302***	***$ 7,471,649***	***$ 18,027,653***	***$ 21,997,376***	***$ 9,862,879***	***$ 12,134,497***	***$ 3,747,877***	***$ (2,319,164)***	***$ 6,067,040***	***$ 24,627,570***	***$ 6,940,439***	***$ 17,687,131***	***$ 1,117,682***	***$ 603,276***	***$ 514,406***

*adjusted to reflect SFY '16 match rates

Appropriation value adjusted to include GC dollars included in our Medicaid Admin appropriation

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

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	• Inpatient hospital services • Outpatient hospital services • Rural health clinic services • Federally qualified health center services • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services • Laboratory and X-ray services • Family planning services • Physician services and Medical and Surgical Services of a Dentist • Home health services • Nurse Midwife services • Nursing facility services Certified Pediatric and Family Nurse Practitioner Services • 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) • Clinical Services • Prescription drugs • Diagnostic, Screening, Preventive and Rehabilitative Services • Private duty nursing services • Other Aids to Vision • Dental Services • Prosthetic Devices • Physical and Occupational therapies, and services for Individuals with Speech, hearing and language disorder services • Inpatient Hospital/Nursing Facility/ICF Services for Individuals 65 and Older in IMD • ICF/MR Services • Inpatient Psychiatric Services for Individuals Under 21 • Personal Care Services • Case Management • Respiratory Care for Ventilator Dependent Individuals • Primary Care Case Management • Hospice • Transportation Services • Nursing Facility Services for Individuals Under Age 21 • Emergency Hospital Services • Critical Access Hospital • Traumatic Brain Injury; HCBS waiver –like services • Mental Illness Under 22; HCBS waiver-like services • Community Rehabilitation and Treatment; HCBS waiver-like services • Developmental Services; HCBS waiver-like services • Services for individuals with persistent mental illness up to 150 FPL • Community and nursing home services for individuals eligible for long-term care supports • Community based services for individuals with moderate needs as identified through long-term care eligibility
Individuals who lose eligibility under §1931 due to employment		No income or resource tests	
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		AFDC standard and MAGI-based 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		SSI standard and methodologies	
Children under age 19		≤ 208% of the FPL and MAGI-based methodologies	
Individuals age 19 or older and under 65		≤ 312% of the FPL and MAGI-based methodologies	
Blind and disabled individuals eligible in December 1973		≤ 133% FPL and MAGI-based 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 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		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 at or 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 at or 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.

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

State Plan Groups

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 would have been eligible for IV-A cash assistance, SSI, or State supplement if not in a medical institution			
Special income level group: 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			
Breast & Cervical Cancer Treatment			
BBA Working Disabled with income < 250%			
Individuals receiving only a State supplementary payment with agreement under 1634 of the Act			
Katie Beckett children			
Medically Needy Individuals under 21 who would be mandatorily categorically eligible except for income			
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 disabled			
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. 1. TBI (traumatic brain injury) 2. MI under 22 (Children's Mental Health) 3. MR/DD (Mental Retardation/Developmental Disabilities)			
Medically Needy Pregnant women who would be categorically eligible except for income and resources			

Expansion Populations			
Population Description	**Medicaid Eligibility Group**	**Standards and Methodologies**	**Benefit Package**
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; MSP beneficiaries also receive benefits as described in the title XIX state plan.
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; MSP beneficiaries also receive benefits as described in the title XIX state plan.

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Combined Vantage Reports

Report ID: VTPB-11-BUDRLLUP
Run Date: 01/12/2015
Run Time: 09:40 AM

State of Vermont

FY2016 Governor's Recommended Budget: Rollup Report

Organization: 03410 - Department of VT Health Access

Budget Object Group: 1. PERSONAL SERVICES

Budget Object Rollup Name	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Salaries and Wages	11,431,334	12,890,837	12,256,160	13,517,736	626,899	4.9%
Fringe Benefits	4,501,492	5,723,639	5,723,639	6,457,562	733,923	12.8%
Contracted and 3rd Party Service	109,698,009	127,081,330	134,714,728	146,002,501	18,921,171	14.9%
PerDiem and Other Personal Services	11,450	3,600	3,600	481,329	477,729	13,270.3%
Budget Object Group Total: 1. PERSONAL SERVICES	**125,642,286**	**145,699,406**	**152,698,127**	**166,459,128**	**20,759,722**	**14.2%**

Budget Object Group: 2. OPERATING

Budget Object Rollup Name	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Equipment	72,783	50,049	50,049	50,049	0	0.0%
IT/Telecom Services and Equipment	1,097,386	1,444,992	1,444,992	1,906,811	461,819	32.0%
Travel	158,132	201,949	151,949	151,949	(50,000)	-24.8%
Supplies	174,857	189,455	189,455	189,473	18	0.0%
Other Purchased Services	635,532	902,426	777,426	807,396	(95,030)	-10.5%
Other Operating Expenses	1,267	0	0	0	0	0.0%
Rental Other	68,968	12,500	12,500	12,501	1	0.0%
Rental Property	1,250,979	1,388,956	1,396,115	1,400,557	11,601	0.8%
Property and Maintenance	52,525	20,000	20,000	20,000	0	0.0%
Budget Object Group Total: 2. OPERATING	**3,512,429**	**4,210,327**	**4,042,486**	**4,538,736**	**328,409**	**7.8%**

Budget Object Group: 3. GRANTS

Report ID: VTPB-11-BUDRLLUP
Run Date: 01/12/2015
Run Time: 09:40 AM

State of Vermont

FY2016 Governor's Recommended Budget: Rollup Report

Organization: 03410 - Department of VT Health Access

Budget Object Rollup Name	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Grants Rollup	970,088,173	970,918,769	980,100,587	1,012,488,827	41,570,058	4.3%
Budget Object Group Total: 3. GRANTS	**970,088,173**	**970,918,769**	**980,100,587**	**1,012,488,827**	**41,570,058**	**4.3%**
Total Expenses	**1,099,242,888**	**1,120,828,502**	**1,136,841,200**	**1,183,486,691**	**62,658,189**	**5.6%**

Fund Name	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
General Funds	138,100,938	143,675,103	140,974,794	150,276,445	6,601,342	4.6%
Special Fund	2,779,595	3,626,895	1,181,266	797,332	(2,829,563)	-78.0%
State Health Care Resources Fund	0	0	0	0	0	0.0%
Federal Funds	247,117,809	238,788,726	242,082,913	227,049,714	(11,739,012)	-4.9%
ARRA Funds	1,382,424	0	0	0	0	0.0%
Global Commitment	709,507,258	724,589,648	743,889,067	792,661,656	68,072,008	9.4%
IDT Funds	354,864	10,148,130	8,713,160	12,701,544	2,553,414	25.2%
Funds Total	**1,099,242,888**	**1,120,828,502**	**1,136,841,200**	**1,183,486,691**	**62,658,189**	**5.6%**

Position Count				217		
FTE Total				213		

State of Vermont
FY2016 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Budget Object Group: 1. PERSONAL SERVICES

Salaries and Wages		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Classified Employees	500000	10,964,818	11,956,724	11,322,047	12,243,890	287,166	2.4%
Exempt	500010	64,081	1,077,501	1,077,501	1,298,833	221,332	20.5%
Other Regular Employees	500020	0	0	0	66,310	66,310	0.0%
Temporary Employees	500040	1,927	0	0	0	0	0.0%
Overtime	500060	400,508	0	0	0	0	0.0%
Market Factor - Classified	500899	0	30,178	30,178	28,960	(1,218)	-4.0%
Vacancy Turnover Savings	508000	0	(173,566)	(173,566)	(120,257)	53,309	-30.7%
Total: Salaries and Wages		**11,431,334**	**12,890,837**	**12,256,160**	**13,517,736**	**626,899**	**4.9%**

Fringe Benefits		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
FICA - Classified Employees	501000	846,389	916,610	916,610	943,836	27,226	3.0%
FICA - Exempt	501010	4,689	78,395	78,395	95,375	16,980	21.7%
FICA - Temporaries	501040	147	0	0	0	0	0.0%
Health Ins - Classified Empl	501500	1,518,589	2,162,937	2,162,937	2,633,972	471,035	21.8%
Health Ins - Exempt	501510	7,989	104,411	104,411	149,524	45,113	43.2%
Health Ins - Other	501520	0	0	0	16,132	16,132	0.0%

State of Vermont

FY2016 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Fringe Benefits		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Retirement - Classified Empl	502000	1,871,568	2,040,550	2,040,550	2,089,058	48,508	2.4%
Retirement - Exempt	502010	8,333	143,711	143,711	173,127	29,416	20.5%
Dental - Classified Employees	502500	107,777	136,544	136,544	201,782	65,238	47.8%
Dental - Exempt	502510	530	7,436	7,436	12,922	5,486	73.8%
Dental - Other	502520	0	0	0	994	994	0.0%
Life Ins - Classified Empl	503000	38,318	49,648	49,648	43,689	(5,959)	-12.0%
Life Ins - Exempt	503010	277	4,460	4,460	4,623	163	3.7%
LTD - Classified Employees	503500	3,181	2,620	2,620	1,220	(1,400)	-53.4%
LTD - Exempt	503510	121	2,632	2,632	2,781	149	5.7%
EAP - Classified Empl	504000	5,892	6,764	6,764	5,989	(775)	-11.5%
EAP - Exempt	504010	21	367	367	412	45	12.3%
Employee Tuition Costs	504530	300	0	0	0	0	0.0%
Employee Moving Expense	504540	5,275	0	0	0	0	0.0%
Workers Comp - Other	505030	64,642	0	0	0	0	0.0%
Workers Comp - Ins Premium	505200	435	66,554	66,554	82,126	15,572	23.4%
Unemployment Compensation	505500	12,427	0	0	0	0	0.0%
Catamount Health Assessment	505700	4,594	0	0	0	0	0.0%
Total: Fringe Benefits		**4,501,492**	**5,723,639**	**5,723,639**	**6,457,562**	**733,923**	**12.8%**

Contracted and 3rd Party Service		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Contr&3Rd Pty-Educ & Training	507350	45,350	0	0	0	0	0.0%

State of Vermont

FY2016 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Contracted and 3rd Party Service		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Advertising/Marketing-Other	507563	12,780	0	0	0	0	0.0%
Other Contr and 3Rd Pty Serv	507600	109,605,575	127,081,330	134,714,728	146,002,501	18,921,171	14.9%
Interpreters	507615	34,304	0	0	0	0	0.0%
Total: Contracted and 3rd Party Service		**109,698,009**	**127,081,330**	**134,714,728**	**146,002,501**	**18,921,171**	**14.9%**

PerDiem and Other Personal Services		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Per Diem	506000	11,450	3,600	3,600	3,600	0	0.0%
Other Pers Serv	506200	0	0	0	477,729	477,729	0.0%
Total: PerDiem and Other Personal Services		**11,450**	**3,600**	**3,600**	**481,329**	**477,729**	**13,270.3%**
Total: 1. PERSONAL SERVICES		**125,642,286**	**145,699,406**	**152,698,127**	**166,459,128**	**20,759,722**	**14.2%**

Budget Object Group: 2. OPERATING

Equipment		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Other Equipment	522400	558	0	0	0	0	0.0%

State of Vermont

FY2016 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Equipment		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Office Equipment	522410	4,916	0	0	0	0	0.0%
Furniture & Fixtures	522700	67,308	50,049	50,049	50,049	0	0.0%
Total: Equipment		**72,783**	**50,049**	**50,049**	**50,049**	**0**	**0.0%**

IT/Telecom Services and Equipment		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Communications	516600	842	0	0	0	0	0.0%
Internet	516620	27	0	0	0	0	0.0%
Telecom-Mobile Wireless Data	516623	0	15,001	15,001	15,000	(1)	0.0%
Telecom-Other Telecom Services	516650	9,708	0	0	0	0	0.0%
Telecom-Data Telecom Services	516651	0	0	0	0	0	0.0%
Telecom-Telephone Services	516652	71,796	161,251	161,251	161,250	(1)	0.0%
Telecom-Video Conf Services	516653	0	7,000	7,000	7,001	1	0.0%
Telecom-Conf Calling Services	516658	38,775	0	0	0	0	0.0%
It Intsvccost-Vision/Isdassess	516671	337,619	169,909	169,909	523,382	353,473	208.0%
It Intsvccost- Dii - Telephone	516672	122,734	0	0	0	0	0.0%
It Intsvccos-Dii Data Telecomm	516673	0	40,000	40,000	40,000	0	0.0%
It Inter Svc Cost User Support	516678	173,618	265,426	265,426	350,098	84,672	31.9%
It Inter Svc Cost Proj Mgt&Rev	516683	0	327,999	327,999	327,999	0	0.0%
It Int Svc Dii Allocated Fee	516685	191,464	203,156	203,156	226,831	23,675	11.7%
Hw - Other Info Tech	522200	21,372	155,250	155,250	155,250	0	0.0%
Hardware - Desktop & Laptop Pc	522216	87,639	0	0	0	0	0.0%

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Organization: 03410 - Department of VT Health Access

IT/Telecom Services and Equipment		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Hw - Printers,Copiers,Scanners	522217	1,656	0	0	0	0	0.0%
Hardware-Telephone User Equip	522219	3,688	0	0	0	0	0.0%
Software - Other	522220	33,886	100,000	100,000	100,000	0	0.0%
Software - Office Technology	522221	2,199	0	0	0	0	0.0%
Sw-Firewall Filter & Security	522227	364	0	0	0	0	0.0%
Total: IT/Telecom Services and Equipment		**1,097,386**	**1,444,992**	**1,444,992**	**1,906,811**	**461,819**	**32.0%**

Other Operating Expenses		FY2014 Actuals				Difference Between Recommend and As Passed	Percent Change Recommend and As Passed
Description	**Code**						
Cost of Property Mgmt Services	525280	1,267	0	0	0	0	0.0%
Total: Other Operating Expenses		**1,267**	**0**	**0**	**0**	**0**	**0.0%**

Other Purchased Services		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Insurance Other Than Empl Bene	516000	508	1,583	1,583	2,313	730	46.1%
Insurance - General Liability	516010	25,164	28,029	28,029	27,526	(503)	-1.8%
Dues	516500	33,858	55,000	30,000	30,000	(25,000)	-45.5%
Licenses	516550	15,865	20,000	20,000	20,000	0	0.0%
Advertising	516800	0	56,001	56,001	56,000	(1)	0.0%

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Other Purchased Services		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Advertising-Print	516813	390	0	0	0	0	0.0%
Advertising-Web	516814	250	0	0	0	0	0.0%
Advertising-Other	516815	1,512	0	0	0	0	0.0%
Advertising - Job Vacancies	516820	33,737	0	0	0	0	0.0%
Trade Shows & Events	516870	18,284	0	0	0	0	0.0%
Printing and Binding	517000	203,560	300,000	200,000	200,000	(100,000)	-33.3%
Photocopying	517020	7	0	0	0	0	0.0%
Registration For Meetings&Conf	517100	30,172	10,000	10,000	10,000	0	0.0%
Training - Info Tech	517110	172	0	0	0	0	0.0%
Empl Train & Background Checks	517120	275	0	0	0	0	0.0%
Postage	517200	100,675	262,859	262,859	262,859	0	0.0%
Freight & Express Mail	517300	765	14,512	14,512	14,512	0	0.0%
Instate Conf, Meetings, Etc	517400	4,004	0	0	0	0	0.0%
Outside Conf, Meetings, Etc	517500	5,603	0	0	0	0	0.0%
Other Purchased Services	519000	29,983	70,000	70,000	70,000	0	0.0%
Human Resources Services	519006	97,116	84,442	84,442	114,186	29,744	35.2%
Administrative Service Charge	519010	29,383	0	0	0	0	0.0%
Moving State Agencies	519040	4,248	0	0	0	0	0.0%
Total: Other Purchased Services		**635,532**	**902,426**	**777,426**	**807,396**	**(95,030)**	**-10.5%**

Property and Maintenance		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						

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FY2016 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Property and Maintenance		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Disposal	510200	1,140	0	0	0	0	0.0%
Repair & Maint - Buildings	512000	226	20,000	20,000	20,000	0	0.0%
Repair & Maint - Office Tech	513010	34,231	0	0	0	0	0.0%
Repair&Maint-Property/Grounds	513210	16,929	0	0	0	0	0.0%
Total: Property and Maintenance		**52,525**	**20,000**	**20,000**	**20,000**	**0**	**0.0%**

Rental Other		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Rental - Auto	514550	12,660	12,500	12,500	12,501	1	0.0%
Rental - Office Equipment	514650	26,412	0	0	0	0	0.0%
Rental - Other	515000	29,895	0	0	0	0	0.0%
Total: Rental Other		**68,968**	**12,500**	**12,500**	**12,501**	**1**	**0.0%**

Rental Property		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Rent Land & Bldgs-Office Space	514000	1,250,979	1,366,215	1,373,374	1,377,816	11,601	0.8%
Rent Land&Bldgs-Non-Office	514010	0	20,000	20,000	20,000	0	0.0%
Fee-For-Space Charge	515010	0	2,741	2,741	2,741	0	0.0%

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Organization: 03410 - Department of VT Health Access

Rental Property		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Total: Rental Property		**1,250,979**	**1,388,956**	**1,396,115**	**1,400,557**	**11,601**	**0.8%**

Supplies		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Office Supplies	520000	94,109	77,481	77,481	77,501	20	0.0%
Gasoline	520110	1,607	0	0	0	0	0.0%
Other General Supplies	520500	3,103	0	0	0	0	0.0%
Recognition/Awards	520600	6,146	3,000	3,000	2,999	(1)	0.0%
Food	520700	23,991	7,000	7,000	7,001	1	0.0%
Water	520712	636	0	0	0	0	0.0%
Electricity	521100	113	35,001	35,001	35,000	(1)	0.0%
Books&Periodicals-Library/Educ	521500	15,857	61,972	61,972	61,972	0	0.0%
Subscriptions	521510	27,638	5,001	5,001	5,000	(1)	0.0%
Subscriptions: Dol-Electronic	521512	156	0	0	0	0	0.0%
Household, Facility&Lab Suppl	521800	233	0	0	0	0	0.0%
Paper Products	521820	1,269	0	0	0	0	0.0%
Total: Supplies		**174,857**	**189,455**	**189,455**	**189,473**	**18**	**0.0%**

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Organization: 03410 - Department of VT Health Access

Travel		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Travel-Inst-Auto Mileage-Emp	518000	78,693	151,949	101,949	101,949	(50,000)	-32.9%
Travel-Inst-Other Transp-Emp	518010	2,042	0	0	0	0	0.0%
Travel-Inst-Meals-Emp	518020	30	0	0	0	0	0.0%
Travel-Inst-Lodging-Emp	518030	206	0	0	0	0	0.0%
Travel-Inst-Incidentals-Emp	518040	1,274	0	0	0	0	0.0%
Travl-Inst-Auto Mileage-Nonemp	518300	9,094	0	0	0	0	0.0%
Travel-Inst-Other Trans-Nonemp	518310	4	0	0	0	0	0.0%
Travel-Inst-Lodging-Nonemp	518330	514	0	0	0	0	0.0%
Travel-Outst-Auto Mileage-Emp	518500	3,267	0	0	0	0	0.0%
Travel-Outst-Other Trans-Emp	518510	29,633	50,000	50,000	50,000	0	0.0%
Travel-Outst-Meals-Emp	518520	3,636	0	0	0	0	0.0%
Travel-Outst-Lodging-Emp	518530	23,673	0	0	0	0	0.0%
Travel-Outst-Incidentals-Emp	518540	2,317	0	0	0	0	0.0%
Conference Outstate - Emp	518550	10	0	0	0	0	0.0%
Trav-Outst-Automileage-Nonemp	518700	763	0	0	0	0	0.0%
Trvl-Outst-Other Trans-Nonemp	518710	2,034	0	0	0	0	0.0%
Travel-Outst-Meals-Nonemp	518720	25	0	0	0	0	0.0%
Travel-Outst-Lodging-Nonemp	518730	874	0	0	0	0	0.0%
Trvl-Outst-Incidentals-Nonemp	518740	43	0	0	0	0	0.0%
Total: Travel		**158,132**	**201,949**	**151,949**	**151,949**	**(50,000)**	**-24.8%**
Total: 2. OPERATING		**3,512,429**	**4,210,327**	**4,042,486**	**4,538,736**	**328,409**	**7.8%**

Budget Object Group: 3. GRANTS

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FY2016 Governor's Recommended Budget: Detail Report

Organization: 03410 - Department of VT Health Access

Grants Rollup		FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
Description	**Code**						
Grants	550220	0	10,843,239	10,612,192	0	(10,843,239)	-100.0%
Other Grants	550500	16,735,383	10,300,000	10,300,000	18,136,469	7,836,469	76.1%
Medical Services Grants	604250	953,352,790	949,775,530	959,188,395	994,352,358	44,576,828	4.7%
Ahs Cost Allocation Exp. Acct.	799090	0	0	0	0	0	0.0%
Total: Grants Rollup		**970,088,173**	**970,918,769**	**980,100,587**	**1,012,488,827**	**41,570,058**	**4.3%**
Total: 3. GRANTS		**970,088,173**	**970,918,769**	**980,100,587**	**1,012,488,827**	**41,570,058**	**4.3%**
Total Expenses:		**1,099,242,888**	**1,120,828,502**	**1,136,841,200**	**1,183,486,691**	**62,658,189**	**5.6%**

Fund Name	Fund Code	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget	Difference Between FY2016 Governor's Recommend and FY2015 As Passed	Percent Change FY2016 Governor's Recommend and FY2015 As Passed
General Fund	10000	138,100,938	143,675,103	140,974,794	150,276,445	6,601,342	4.6%
Global Commitment Fund	20405	709,507,258	724,589,648	743,889,067	792,661,656	68,072,008	9.4%
Insurance Regulatory & Suprv	21075	226,173	226,174	226,174	0	(226,174)	-100.0%
Inter-Unit Transfers Fund	21500	354,864	10,148,130	8,713,160	12,701,544	2,553,414	25.2%
Evidence-Based Educ & Advertis	21912	0	0	0	0	0	0.0%
Vermont Health IT Fund	21916	2,553,422	3,400,721	955,092	797,332	(2,603,389)	-76.6%
State Health Care Resources Fd	21990	0	0	0	0	0	0.0%
Federal Revenue Fund	22005	247,117,809	238,788,726	242,082,913	227,049,714	(11,739,012)	-4.9%
ARRA Federal Fund	22040	1,382,424	0	0	0	0	0.0%
Funds Total:		**1,099,242,888**	**1,120,828,502**	**1,136,841,200**	**1,183,486,691**	**62,658,189**	**5.6%**

Position Count					217		
FTE Total					213		

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FY2016 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 - DVHA Program Consultant	1	1	45,968	30,145	3,517	79,630
730002	002000 - Administrative Secretary	1	1	43,660	16,321	3,340	63,321
730003	499800 - DVHA COB Director	1	1	77,584	22,245	5,935	105,764
730005	459400 - Managed Care Compliance Dir	1	1	82,742	36,759	6,329	125,830
730006	495100 - Pharmacy Project Administrator	1	1	64,210	19,909	4,912	89,031
730007	495900 - Med Hlthcare Data & Stat Anal	1	1	64,564	19,969	4,938	89,471
730009	460500 - OVHA Prog Integ & Qual Imp Dir	1	1	77,584	22,246	5,934	105,764
730011	473800 - OVHA Reimbursement Dir	1	1	68,307	34,045	5,225	107,577
730012	532800 - Clinical Oper Nurse Case Mgr	1	1	66,685	33,762	5,102	105,549
730013	004700 - Program Technician I	1	1	40,746	15,810	3,117	59,673
730014	454300 - DVHA Rate Setting Mang	1	1	65,895	33,624	5,042	104,561
730018	089130 - Financial Director I	1	1	72,675	34,977	5,561	113,213

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730020	495600 - Associate Prog Integrity Dir	1	1	75,109	35,235	5,747	116,091
730021	459800 - Health Program Administrator	1	1	60,798	32,735	4,652	98,185
730023	460600 - Coordination of Benefit Spec	1	1	51,272	17,650	3,922	72,844
730024	089240 - Administrative Srvcs Cord III	1	1	55,391	31,792	4,237	91,420
730025	501100 - DVHA Program Consultant	1	1	54,101	18,144	4,138	76,383
730026	469900 - Provider & Member Serv Dir	1	1	72,655	21,384	5,558	99,597
730027	459500 - Provider Relations Specialist	1	1	53,602	10,386	4,101	68,089
730028	533900 - Medicaid Provider Rel Oper Chf	1	1	52,791	31,335	4,040	88,166
730029	459800 - Health Program Administrator	1	1	58,781	18,960	4,496	82,237
730030	514400 - Dir Data Mgn Analysis & Integ	1	1	72,655	34,805	5,558	113,018
730031	498800 - Medicaid Fiscal Analyst	1	1	53,310	18,005	4,078	75,393
730032	089120 - Financial Manager III	1	1	62,005	19,523	4,743	86,271
730034	532800 - Clinical Oper Nurse Case Mgr	1	1	68,535	20,663	5,242	94,440
730035	533300 - Prog Integrity Nurse Auditor	1	1	56,972	32,065	4,358	93,395

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Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730036	532800 - Clinical Oper Nurse Case Mgr	1	1	66,685	28,956	5,102	100,743
730037	501100 - DVHA Program Consultant	1	1	52,333	31,256	4,004	87,593
730040	089220 - Administrative Srvcs Cord I	1	1	43,451	23,954	3,324	70,729
730047	465200 - Clinical Ops and QA Manager	1	1	84,969	15,862	6,500	107,331
730049	089270 - Administrative Srvcs Mngr II	1	1	58,261	32,291	4,456	95,008
730050	472300 - DVHA Clinical Oper Director	1	1	85,529	23,631	6,542	115,702
730051	089210 - Administrative Srvcs Tech IV	1	1	41,663	23,637	3,187	68,487
730053	089120 - Financial Manager III	1	1	77,541	29,906	5,932	113,379
730054	089040 - Financial Specialist III	1	1	41,974	29,445	3,210	74,629
730056	459500 - Provider Relations Specialist	1	1	51,937	31,187	3,974	87,098
730059	089150 - Financial Director III	1	1	94,015	38,752	7,191	139,958
730060	495900 - Med Hlthcare Data & Stat Anal	1	1	56,576	31,997	4,328	92,901
730061	480200 - DVHA Quality Improvement Dir	1	1	82,742	23,146	6,330	112,218
730067	460600 - Coordination of Benefit Spec	1	1	46,800	30,290	3,581	80,671

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Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730068	533500 - Coord of Benefits Supervisor	1	1	64,210	12,239	4,912	81,361
730069	499503 - VCCI Senior Nurse Case Manager	1	1	68,535	34,084	5,242	107,861
730070	499500 - VCCI Nurse Case Manager	1	1	64,564	27,637	4,938	97,139
730073	499500 - VCCI Nurse Case Manager	1	1	62,400	28,054	4,774	95,228
730074	499500 - VCCI Nurse Case Manager	1	1	64,564	19,969	4,938	89,471
730075	499503 - VCCI Senior Nurse Case Manager	1	1	79,310	35,969	6,068	121,347
730076	537500 - VCCI Nutrition/Obesity Spec	1	1	66,310	20,274	5,073	91,657
730078	462100 - Care Coordination Field Direct	1	1	94,016	25,114	7,192	126,322
730081	089020 - Financial Specialist I	1	1	44,824	24,191	3,427	72,442
730082	463100 - Health Care Project Director	1	1	85,633	37,073	6,552	129,258
730084	464900 - DVHA Program & Oper Auditor	1	1	55,120	10,649	4,216	69,985
730086	486400 - Project & Operations Dir	1	1	74,963	29,455	5,734	110,152
730087	501100 - DVHA Program Consultant	1	1	52,333	17,834	4,004	74,171
730088	501100 - DVHA Program Consultant	1	1	47,486	16,988	3,633	68,107

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730089	501100 - DVHA Program Consultant	1	1	52,333	10,164	4,004	66,501
730090	533500 - Coord of Benefits Supervisor	1	1	68,536	34,087	5,243	107,866
730091	499503 - VCCI Senior Nurse Case Manager	1	1	66,310	28,735	5,073	100,118
730093	499500 - VCCI Nurse Case Manager	1	1	60,362	26,904	4,618	91,884
730094	499500 - VCCI Nurse Case Manager	1	1	62,400	11,922	4,774	79,096
730097	089140 - Financial Director II	1	1	90,688	32,997	6,936	130,621
730098	499500 - VCCI Nurse Case Manager	1	1	75,025	23,292	5,741	104,058
730099	499500 - VCCI Nurse Case Manager	1	1	58,510	32,334	4,474	95,318
730102	498000 - Hlth Reform Enterprise Dir II	1	1	91,333	38,068	6,987	136,388
730103	004800 - Program Technician II	1	1	43,929	16,366	3,361	63,656
730105	089210 - Administrative Srvcs Tech IV	0.41	1	17,189	4,025	1,314	22,528
730105	089210 - Administrative Srvcs Tech IV	0.61	1	29,166	6,117	2,230	37,513
730107	004700 - Program Technician I	1	1	40,747	15,811	3,117	59,675
730108	533500 - Coord of Benefits Supervisor	1	1	56,097	26,954	4,292	87,343

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Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730109	460600 - Coordination of Benefit Spec	0.5	1	26,354	26,719	2,016	55,089
730109	460600 - Coordination of Benefit Spec	0.5	1	21,216	25,822	1,623	48,661
730110	499700 - Medicaid Operations Adm	1	1	64,210	33,331	4,912	102,453
730112	536900 - VHC Support Services Spec	1	1	52,333	31,256	4,003	87,592
730113	536900 - VHC Support Services Spec	1	1	45,968	16,723	3,517	66,208
730114	536900 - VHC Support Services Spec	1	1	44,345	16,439	3,393	64,177
730115	499700 - Medicaid Operations Adm	1	1	72,841	34,839	5,573	113,253
730123	434100 - Public Health Dentist	0.51	1	44,991	27,209	3,443	75,643
730123	434100 - Public Health Dentist	0.27	1	22,495	4,951	1,721	29,167
730123	434100 - Public Health Dentist	0.27	1	22,495	4,951	1,721	29,167
730124	464900 - DVHA Program & Oper Auditor	1	1	72,280	34,741	5,529	112,550
730125	059400 - DVHA Prgm Integrity RN Coder	1	1	66,310	17,155	5,073	88,538
730126	498800 - Medicaid Fiscal Analyst	1	1	58,781	18,961	4,497	82,239
730127	499400 - Medicaid Transptation QC Chief	1	1	64,564	27,637	4,938	97,139

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730128	058400 - Info Tech Manager I	1	1	63,399	28,231	4,850	96,480
730129	049601 - Grants Management Specialist	1	1	50,274	17,474	3,846	71,594
730130	034550 - HCR-HIT Integration Manager	1	1	85,530	37,251	6,543	129,324
730131	499500 - VCCI Nurse Case Manager	1	1	62,400	28,054	4,774	95,228
730132	499500 - VCCI Nurse Case Manager	1	1	62,400	28,054	4,774	95,228
730133	499500 - VCCI Nurse Case Manager	1	1	64,564	33,390	4,938	102,892
730134	499500 - VCCI Nurse Case Manager	1	1	60,362	11,565	4,618	76,545
730135	482800 - Clinical Social Worker	1	1	62,400	33,014	4,774	100,188
730136	482800 - Clinical Social Worker	1	1	58,510	27,508	4,474	90,492
730137	442100 - Project Administrator Bluepri	1	1	64,563	19,969	4,937	89,469
730138	004800 - Program Technician II	1	1	51,272	31,072	3,922	86,266
730139	486200 - Asst Dir of Blueprint for Hlth	1	1	68,037	33,999	5,205	107,241
730140	434002 - HEALTH SYSTEMS PHYSICIAN	1	1	111,702	36,667	8,446	156,815
730141	501100 - DVHA Program Consultant	1	1	47,486	30,410	3,633	81,529

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730142	495900 - Med Hlthcare Data & Stat Anal	1	1	60,362	26,904	4,618	91,884
730143	464900 - DVHA Program & Oper Auditor	1	1	74,318	27,702	5,686	107,706
730144	464900 - DVHA Program & Oper Auditor	1	1	53,310	31,426	4,079	88,815
730145	486300 - Clinical Util Rev Data Analyst	1	1	64,564	33,390	4,938	102,892
730146	486200 - Asst Dir of Blueprint for Hlth	1	1	95,285	26,231	7,290	128,806
730147	486200 - Asst Dir of Blueprint for Hlth	1	1	75,109	35,234	5,746	116,089
730170	049601 - Grants Management Specialist	1	1	48,776	17,213	3,732	69,721
730171	537300 - DVHA Quality Improvement Admin	1	1	65,894	12,532	5,042	83,468
730172	067400 - Mgr Qlty Imprvmt and Care Mgm	1	1	68,307	20,624	5,225	94,156
730174	464900 - DVHA Program & Oper Auditor	1	1	49,816	25,858	3,811	79,485
730175	499700 - Medicaid Operations Adm	1	1	58,261	32,293	4,456	95,010
730176	498800 - Medicaid Fiscal Analyst	1	1	53,310	24,032	4,078	81,420
730177	499700 - Medicaid Operations Adm	1	1	70,824	34,486	5,418	110,728
730178	050200 - Administrative Assistant B	1	1	39,041	15,513	2,987	57,541

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FY2016 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730179	499000 - Health Care Policy Analyst	1	1	68,307	20,624	5,226	94,157
730180	048500 - Hlth AccessPolicy & Plng Chief	1	1	70,616	21,189	5,402	97,207
730181	494000 - Exchange Project Director	1	1	84,968	36,956	6,500	128,424
730182	537000 - VHC Communication Spec	1	1	39,624	24,077	3,031	66,732
730183	494000 - Exchange Project Director	1	1	87,318	37,368	6,680	131,366
730184	089080 - Financial Manager I	1	1	52,790	26,377	4,038	83,205
730185	494000 - Exchange Project Director	1	1	87,319	23,945	6,680	117,944
730186	550200 - Contracts & Grants Administrat	1	1	56,971	10,974	4,359	72,304
730187	089240 - Administrative Srvcs Cord III	1	1	48,776	17,213	3,732	69,721
730188	089060 - Financial Administrator II	1	1	48,776	9,542	3,732	62,050
730189	005300 - Executive Office Manager	1	1	39,624	7,944	3,031	50,599
730190	098200 - Dir Education & Outreach	1	1	63,399	28,229	4,850	96,478
730192	499500 - VCCI Nurse Case Manager	1	1	74,526	23,206	5,701	103,433
730193	532800 - Clinical Oper Nurse Case Mgr	1	1	60,362	11,565	4,618	76,545

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730194	089220 - Administrative Srvcs Cord I	0.02		896	178	70	1,144
730194	513701 - Benefits Prog Spec AC HAEU	0.98	1	43,948	8,678	3,362	55,988
730195	503801 - Blprnt Data Anlyst & Info Chie	1	1	72,987	13,772	5,583	92,342
730196	630500 - Pharmacy Operations Manager	1	1	95,285	38,758	7,290	141,333
730197	496100 - Substance Abuse Director	1	1	80,205	15,033	6,136	101,374
730198	496000 - Team Care Coordinator	1	1	70,554	34,439	5,397	110,390
730199	496000 - Team Care Coordinator	1	1	64,563	33,393	4,939	102,895
730200	496800 - VCCI Mgr Prog Oper & Serv Qual	1	1	82,576	36,537	6,316	125,429
730201	496200 - VCCI Mgr for Clin Oper & Ser Q	1	1	75,109	35,235	5,747	116,091
730202	053100 - DVHA Data Anlyst and Info Chie	1	1	64,022	12,205	4,898	81,125
730203	495900 - Med Hlthcare Data & Stat Anal	1	1	56,576	22,221	4,328	83,125
730204	334000 - DVHA Bhav Hlth Cnrnt RvwCre Mg	1	1	60,362	32,659	4,617	97,638
730205	334000 - DVHA Bhav Hlth Cnrnt RvwCre Mg	1	1	56,576	10,905	4,328	71,809
730206	487900 - Reimbursement Analyst	1	1	49,816	30,816	3,811	84,443

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Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730207	533100 - Reimbursement Fiscal Analyst	1	1	51,625	10,039	3,949	65,613
730208	454300 - DVHA Rate Setting Mang	1	1	72,676	21,388	5,561	99,625
730209	472900 - Business Analyst - Human Serv	1	1	54,808	18,268	4,192	77,268
730210	499500 - VCCI Nurse Case Manager	1	1	58,510	18,913	4,474	81,897
730211	497901 - Health Reform Portfo Dir II	1	1	82,742	36,568	6,330	125,640
730212	537300 - DVHA Quality Improvement Admin	1	1	72,676	29,056	5,560	107,292
730213	422000 - Clinical Informatics Analyst	1	1	62,400	28,055	4,772	95,227
730214	050100 - Administrative Assistant A	1	1	33,884	22,282	2,591	58,757
730215	499500 - VCCI Nurse Case Manager	1	1	64,564	27,637	4,938	97,139
730216	499500 - VCCI Nurse Case Manager	1	1	62,400	11,922	4,774	79,096
730218	499504 - VCCI Nurse Case Mgr -High Risk	1	1	62,400	28,054	4,774	95,228
730219	499504 - VCCI Nurse Case Mgr -High Risk	1	1	62,400	28,054	4,774	95,228
730222	089120 - Financial Manager III	1	1	68,307	20,624	5,225	94,156
730226	494000 - Exchange Project Director	1	1	72,675	34,809	5,558	113,042

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FY2016 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730227	089130 - Financial Director I	1	1	75,109	35,234	5,746	116,089
730228	550200 - Contracts & Grants Administrat	1	1	53,310	18,005	4,078	75,393
730229	330300 - Enterprise Business Analyst	1	1	66,311	28,738	5,073	100,122
730230	330300 - Enterprise Business Analyst	1	1	64,210	27,579	4,912	96,701
730232	098100 - Education & Outreach Manager	1	1	59,655	27,575	4,564	91,794
730233	098100 - Education & Outreach Manager	1	1	86,861	37,287	6,646	130,794
730234	496600 - Grant Programs Manager	1	1	54,808	18,268	4,192	77,268
730235	089270 - Administrative Srvcs Mngr II	1	1	58,261	11,200	4,457	73,918
730236	494000 - Exchange Project Director	1	1	75,109	35,233	5,746	116,088
730237	459800 - Health Program Administrator	1	1	51,625	17,711	3,950	73,286
730238	459800 - Health Program Administrator	1	1	51,625	31,133	3,950	86,708
730239	459800 - Health Program Administrator	1	1	49,816	25,858	3,810	79,484
730240	537000 - VHC Communication Spec	1	1	39,624	23,283	3,031	65,938
730241	463100 - Health Care Project Director	1	1	82,909	36,597	6,342	125,848

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FY2016 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730242	463100 - Health Care Project Director	1	1	67,725	28,986	5,181	101,892
730243	550200 - Contracts & Grants Administrat	1	1	53,310	10,335	4,078	67,723
730244	048500 - Hlth AccessPolicy & Plng Chief	1	1	59,654	27,576	4,564	91,794
730245	098300 - Quality Oversight Analyst II	1	1	75,109	23,306	5,746	104,161
730246	098300 - Quality Oversight Analyst II	1	1	63,398	28,230	4,850	96,478
730248	490100 - Healthcare Stat Inform Adm	1	1	52,790	26,377	4,038	83,205
730249	463700 - Health Policy Analyst	1	1	46,946	25,356	3,592	75,894
730251	854000 - Senior Policy Advisor	1	1	54,808	25,937	4,193	84,938
730252	854000 - Senior Policy Advisor	1	1	52,790	17,914	4,038	74,742
730253	854000 - Senior Policy Advisor	1	1	60,362	11,567	4,617	76,546
730254	463700 - Health Policy Analyst	1	1	46,946	9,223	3,592	59,761
730255	463700 - Health Policy Analyst	1	1	46,946	9,223	3,592	59,761
730256	089260 - Administrative Srvcs Mngr I	1	1	54,808	25,937	4,193	84,938
730257	857300 - Communications & Notices Mgr	1	1	58,261	18,870	4,457	81,588

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FY2016 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730258	098300 - Quality Oversight Analyst II	1	1	63,399	28,229	4,850	96,478
730260	208800 - Business Analyst	1	1	52,790	17,914	4,038	74,742
730261	208800 - Business Analyst	1	1	52,790	10,244	4,039	67,073
730262	330300 - Enterprise Business Analyst	1	1	63,398	19,767	4,850	88,015
730263	330300 - Enterprise Business Analyst	1	1	66,310	33,698	5,073	105,081
730264	472900 - Business Analyst - Human Serv	1	1	52,790	26,378	4,039	83,207
730265	472900 - Business Analyst - Human Serv	1	1	52,790	17,914	4,038	74,742
730266	089120 - Financial Manager III	1	1	59,655	32,534	4,564	96,753
730267	089270 - Administrative Srvcs Mngr II	1	1	64,210	12,239	4,912	81,361
730268	089270 - Administrative Srvcs Mngr II	1	1	58,261	18,869	4,457	81,587
730271	089270 - Administrative Srvcs Mngr II	1	1	56,098	31,913	4,292	92,303
730272	501100 - DVHA Program Consultant	1	1	44,346	16,440	3,392	64,178
730273	530100 - Data & Info Project Manager	1	1	59,654	27,576	4,562	91,792
730274	208800 - Business Analyst	1	1	52,790	26,377	4,039	83,206

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FY2016 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
730275	050200 - Administrative Assistant B	1	1	37,690	23,740	2,884	64,314
730276	089230 - Administrative Srvcs Cord II	1	1	45,968	30,147	3,519	79,634
730277	499700 - Medicaid Operations Adm	1	1	56,098	26,955	4,291	87,344
730278	501100 - DVHA Program Consultant	1	1	44,346	24,903	3,392	72,641
730279	501100 - DVHA Program Consultant	1	1	44,346	8,770	3,392	56,508
730280	501100 - DVHA Program Consultant	1	1	44,346	24,903	3,392	72,641
730281	501100 - DVHA Program Consultant	1	1	55,827	26,115	4,271	86,213
730282	501100 - DVHA Program Consultant	1	1	44,346	24,903	3,392	72,641
730283	501100 - DVHA Program Consultant	1	1	44,346	16,440	3,392	64,178
730284	148400 - Autism Specialist	1	1	52,790	26,377	4,038	83,205
730286	499700 - Medicaid Operations Adm	1	1	58,510	32,335	4,477	95,322
737001	95360E - Principal Assistant	1	1	128,357	44,830	8,687	181,874
737002	90120A - Commissioner	1	1	110,302	28,039	8,425	146,766
737003	90570D - Deputy Commissioner	1	1	94,535	33,091	7,233	134,859

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FY2016 Governor's Recommended Budget
Position Summary Report

Position Number	Classification	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
737004	90570D - Deputy Commissioner	1	1	90,708	16,866	6,938	114,512
737006	91590E - Private Secretary	1	1	49,338	6,247	3,774	59,359
737007	90570D - Deputy Commissioner	1	1	101,171	27,074	7,740	135,985
737008	95869E - Staff Attorney IV	1	1	83,574	25,211	6,393	115,178
737009	97700E - Director Payment Reform	1	1	91,563	24,896	7,004	123,463
737010	90570D - Deputy Commissioner	1	1	104,998	27,276	8,032	140,306
737011	95871E - General Counsel II	1	1	98,010	26,037	7,497	131,544
737012	90570D - Deputy Commissioner	0.81	1	74,198	14,897	5,676	94,771
737012	95360E - Principal Assistant	0.19		17,404	3,495	1,331	22,230
737013	95010E - Executive Director	1	1	98,800	26,823	7,559	133,182
737100	96700E - Director Blueprint for Health	1	1	155,875	38,618	9,086	203,579
Total		**213.06**	**217**	**13,637,956**	**5,336,265**	**1,039,211**	**20,013,432**

Fund Code	Fund Name	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
10000	General Fund	3.22	1	227,743	78,903	17,415	324,061
20405	Global Commitment Fund	154.9	168	10,176,622	3,925,173	774,439	14,876,234

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FY2016 Governor's Recommended Budget
Position Summary Report

Fund Code	Fund Name	FTE	Count	Gross Salary	Benefits Total	Statutory Total	Total
21500	Inter-Unit Transfers Fund	0.1		5,279	2,637	404	8,320
21916	Vermont Health IT Fund	0.7		42,538	20,593	3,254	66,385
21990	State Health Care Resources Fd	5.8		362,684	142,949	27,734	533,367
22005	Federal Revenue Fund	48.34	48	2,823,090	1,166,010	215,965	4,205,065
Total		**213.06**	**217**	**13,637,956**	**5,336,265**	**1,039,211**	**20,013,432**

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

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State of Vermont

FY2016 Governor's Recommended Budget
Federal - Receipts Detail Report

Department: 3410010000 - Department of Vermont health access - administration

Budget Request Code	Fund	Justification	Est Amount
5556	22005	ACA and ICD-10, TMSIS IAPDs CFDA 93.778	$1,827,567
5556	22005	Adult Medicaid Quality CFDA 93.609	$150,858
5556	22005	Health Information Exchange CFDA 93.525	$9,469,193
5556	22005	HSE "jumbo" IAPD CFDA 93.778	$70,632,801
5556	22005	SCHIP CFDA 93.767	$454,118
5556	22005	State Innovation Models CFDA 93.624	$1,709,051
		Total	**$84,243,588**

Report ID:	VTPB-24 EST_FED_RECEIPTS

State of Vermont

FY2016 Governor's Recommended Budget
Federal - Receipts Detail Report

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

Budget Request Code	Fund	Justification	Est Amount
5557	22005	Medicaid LTC Waiver CFDA 93.778	$116,427,907
		Total	**$116,427,907**

Report ID:	VTPB-24 EST_FED_RECEIPTS

State of Vermont

FY2016 Governor's Recommended Budget
Federal - Receipts Detail Report

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

Budget Request Code	Fund	Justification	Est Amount
5558	22005	CHIP CFDA 93.767	$5,233,237
5558	22005	DSH CFDA 93.778	$21,008,766
5558	22005	Medicaid - QI/Q1 Buy-in CFDA 93.778	$3,627,846
5558	22005	Medicaid - Rebates CFDA 93.778	($3,500,000)
5558	22005	Refugee CFDA 93.566	$8,370
		Total	**$26,378,219**

Report ID:	VTPB-23 IDT_RECEIPTS

State of Vermont
FY2016 Governor's Recommended Budget
Interdepartmental Transfers Inventory Report

Department: 3410010000 - Department of Vermont health access - administration

Budget Request Code	Fund	Justification	Est Amount
5322	21500	03400 - DII capital funds match for HSE	$5,071,772
5322	21500	03400 - SHCRF	$7,464,772
5322	21500	03420 - ADAP community Health teams	$165,000
		Total	**$12,701,544**

Report ID:	VTPB-28 GRANTS_INVENTOR`

State of Vermont
FY2016 Governor's Recommended Budget
Grants Out Inventory Report

Department: 3410010000 - Department of Vermont health access - administration

Budget Request Code	Fund	Justification	Est Amount
4902	10000	Vermont Legal Aid - Ombudsman Fed	$3,209
4902	20405	Blueprint: All GC funded grants	$3,611,675
4902	20405	Vermont Legal Aid - Ombudsman GC	$423,388
4902	20405	VHC Navigators GC Portion	$337,160
4902	21500	Dartmouth ADAP Grant	$165,000
4902	21500	VHC Navigator	$62,840
4902	21916	EHR Grant - HIT Fund Share	$314,624
4902	22005	EHR Grant - Fed share	$2,911,516
4902	22005	EHRIP Payments	$10,300,000
4902	22005	Vermont Legal Aid - Ombudsman Fed	$7,057
		Total	**$18,136,469**

Appropriation: 3410010000 Department of Vermont health access - administration

Objective: Engage high cost/high risk and impactable Medicaid members in VCCI to improve clinical outcomes, utilization and associated costs.

Measures	Unit	FY 14 Actuals	FY 15 Estimate	FY 16 Targets
Number of Medicaid Beneficiaries who had a contact/received services from the Vermont Chronic Care Initiative	Number of Beneficiaries	1,740	2,000	1,200
Pecentage of top 5% high risk/high cost Medicaid beneficiaries who had a contact/received services from the Vermont Chronic Care Initiative	Percentage of Beneficiaires	22	25	15
Rate of 30 day hospital readmissions among the top 5% high risk/high cost Medicaid Beneficiaries	Rate of Beneficairies readmitt	0	0	0

	Program Budget:	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget
PE	Personal Services	125,642,286	145,699,406	152,698,127	166,459,128
	Operating Expenses	3,512,429	4,210,327	4,042,486	4,538,736
GR	Grants	25,458,874	21,143,239	20,912,192	18,136,469
	Total Appropriation	**154,613,589**	**171,052,972**	**177,652,805**	**189,134,333**
	Total Program Cost:	**154,613,589**	**171,052,972**	**177,652,805**	**189,134,333**