

Department of Vermont Health Access

Cory Gustafson
Commissioner

Agenda

01

Mission,
Values,
Expectations

02

Information
Technology
Projects

03

Value-Based
Payments

04

Performance

Mission

Efficiently providing Eligible Vermonters with access to Quality Health Care

Assist Medicaid members in accessing clinically appropriate health services

Administer Vermont's public health insurance system efficiently and effectively

Provide leadership for Vermont stakeholders to improve access, quality and cost effectiveness in health care reform

Collaborate with other health care system entities in bringing evidence-based practices to Vermont Medicaid members

Values

Transparency

Integrity

Service

Guiding Principles

Teamwork

Partnership

Priorities

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Performance

Updates

- Implemented a formal IE Steering Committee that includes representatives from business (ESD & DVHA), finance, legal, policy, and ADS.
- Completed a three month Plan the Business effort to prioritize programs for inclusion in IE roadmap and are developing a modular procurement roadmap for the first two years of IE.
- Brought in specialized expertise to assist the State in implementing a modular, agile procurement strategy.

Moving forward

- Released a Request for Information to increase our understanding of what's available on the market today and are in the process of reviewing responses.
- Working to initiate a small, targeted procurement that will demonstrate success, drive immediate business value, and teach teams to work together in a nimble and efficient manner.
- Partnering closely with CMS to ensure alignment on goals and approach.

IT Performance: Health Information Exchange

- Health Information Exchange (HIE) is the exchange of clinical data to support high quality care. VITL is the operator of Vermont's Health Information Exchange technology system.
- In 2017, Act 73 called for a comprehensive study of HIE in Vermont. The study report demonstrates that:
 - HIE is expensive and difficult for all states.
 - Vermont stakeholders affirmed that HIE systems are essential.
 - VT is not organized in a way that increases its chances for success.
 - Vermont's HIE has yet to set a solid foundation and stakeholders lack confidence.
 - There is clear room for improvement and VT can reproduce other state's success.
- The State is Using the Study to Re-Evaluate HIE and VITL
 - Recently established Steering Committee charged with HIE Strategic Planning
 - Partnering with VITL to refocus on basic objectives of an HIE

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- **OneCare** - In February of 2017, DVHA contracted with OneCare Vermont to participate as the ACO in the Vermont Medicaid Next Generation ACO Pilot program's first year.
- **Program Goals** - One of the key goals of the prospective payment model is to give providers and Medicaid certainty and predictability regarding revenue for a pre-identified population of Vermonters.
- **Program Performance** - It is not yet possible to fully evaluate 2017 financial and quality performance; final results are expected in June or July of 2018, and information about the model's first year will improve as complete data becomes available for the final quarter of 2017.
- **Understanding Program Impact** - DVHA and OneCare intend to continue to partner in a second program year, and to work collaboratively to understand the impact of the program's first year on the cost, quality, and experience of care for Medicaid beneficiaries.

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Performance: RBA Scorecard Initiative


Results Based Accountability (RBA) is a disciplined way of thinking and taking action used to improve the performance of programs, agencies, and service systems.





“Scorecard” is a Results-Based Accountability online platform to be used:

- Internally for Performance Management
- Externally for Communication and Reporting about Performance

Project Purpose: To design a scorecard that will show Vermonters the strategic goals that are important in operating our health plan, and how we as a Department are striving for success.



April:	DVHA project initiation
May:	All units adopt 3-5 key performance measures
August:	Initial data collection complete
November:	Ongoing evaluation and management

 DVHA Performance Accountability Scorecard

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Transparency is essential to good public management. DVHA operates a public health plan that serves approximately 1/3 of all Vermonters. This Scorecard is designed to let Vermonters know what strategic goals are important in operating our health plan and how DVHA is doing in striving for success. DVHA is committed to continually reviewing these priorities with our partners and stakeholders to ensure that we are delivering the best service possible for Vermonters.

O DVHA Vermonters are Healthy 		Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
- P HAEUU Healthcare Access, Eligibility & Enrollment Unit (HAEUU) 		Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
+ PM HAEUU	% of Calls Answered < 24 seconds	Oct 2017	89%	75%	↗ 2	178% ↗
+ PM HAEUU	% of Customer Requests Resolved in 10 Business Days	Oct 2017	95%	85%	↘ 2	90% ↗
+ PM HAEUU	# of VHC-Carrier Errors >10 Days Old	Oct 2017	10	31	↗ 1	-96% ↘
+ PM HAEUU	% of Discrepancy Work Completed in 30 Days	Oct 2017	100%	90%	→ 4	0% →
+ PM HAEUU	Self-Serve Change Requests (as % of total requests)	Oct 2017	4.5%	2.7%	↗ 1	350% ↗



Performance: Open Enrollment for 2018

2018 Health Coverage – Renew current qualified health plan (QHP) members and process new applications to ensure members can use 2018 health coverage starting January 1st

- Automated renewal process for qualified health plans (QHP) had a 97.8% success rate - surpassed both last year's 91.5% result as well as this year's 95% goal
- Integration with payment processor WEX, long a problem area, achieved its best-ever error rate of 0.6% for November, down from 2.3% last November

Timely Processing – Process change requests promptly.

- Nearly 6,300 change requests received between October 16th and November 15th, up from about 5,000 in a typical month and 5,800 the same period last year
- 97% completed in advance of next invoice (December 7th), up from 91% last year

Performance: Open Enrollment for 2018 (cont.)

Customer Support – Be available online, by phone, and in person.

- The most in-person Assisters Vermont has ever had - over 50% more Assisters providing free in-person help than two years ago
- Nearly three-quarters of calls answered within 24 second target, and new triage process has offered option for callbacks at times that call volume spikes

Troubleshooting - Resolve problems promptly.

- From the Health Care Advocate's most recent (pre-open enrollment) quarterly report: *"VHC calls have decreased steadily this year over the past three quarters (394 to 300 to 231). The decrease in VHC cases reflects that VHC is functioning more consistently and resolving problems more quickly."*

Health Insurance Literacy – Ensure that Vermonters understand deadlines, and receive the financial help and tools they need to comparison shop for plans.

- Online Plan Comparison Tool has already been used in more than 20,000 sessions (as of 12/12), up 40% from same point last year

Children's Health Insurance Program (CHIP)

- The Children's Health Insurance Program (CHIP) provides the federal funds in Vermont's Dr. Dynasaur program at a match rate of 91%.
- Federal funding authorization for CHIP expired on September 30, 2017. Without federal action, it is estimated Vermont CHIP funds will run out in February 2018.
- Even without CHIP funding, no children in Vermont will lose coverage until at least 9/30/2019 due to Maintenance of Effort requirements under the ACA.
 - However, Vermont will need to fund Dr. Dynasaur with the regular (lower) federal Medicaid match rate of 54%.
- Historically, federal CHIP packages include 5 years of CHIP funding with bipartisan support. Presently, the House and Senate have agreed on the policy provisions of a CHIP bill but differ on the funding offsets, which has delayed authorization.
- It is generally believed that CHIP funding will be reauthorized before states run out of CHIP funds, however some states have contingency plans due to the funding structure of their state programs.