

# Department of Vermont Health Access

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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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## 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% ↗



# DVHA SFY 18 Budget Adjustment Act (BAA)

## DVHA SFY 2018 BAA

- Total DVHA spending is down approximately \$55.8 million overall, \$19.9 million G.F., as compared to SFY 2018 As Passed
- DVHA's budget consists of two types of spending:
  - Administrative spending: expenditures on items other than health care goods and services, which is down \$25.8 million overall, \$3.0 million G.F.
  - Program spending: expenditures on health care goods and services, which is down \$30 million overall, \$16.9 million G.F.

# DVHA SFY 2018 BAA: Why is Spending Down?

- Key Issue 1: Annual IT budget is linked to actual spending
  - DVHA examined every contract to determine to the difference between spending authority and actual project plans, reducing the budget where appropriate.
- Key Issue 2: Medicaid enrollment is down
  - Two factors inflated previous estimates
    - Overstatement of 2014 eligible population, which included Catamount and VHAP
    - Inability to re-determine eligibility
  - DVHA believes it is back on track due to resumption of redeterminations and more rigor in forecast process
  - Enrollment stabilizing around pre-ACA levels



# DVHA SFY 2018 BAA Request

DVHA Budget Area	SFY 2017 As Passed	SFY 2017 Actuals	SFY 2018 As Passed	SFY 2018 BAA	Gross Change from '18 As Passed	Change in G.F. from '18 As Passed
Administration	189,714,049	149,857,951	190,047,259	164,229,297	(25,817,862)	(3,059,738)
Program	1,035,233,799	1,005,351,851	1,036,331,850	1,006,278,030	(30,053,820)	(16,877,748)
Total DVHA	1,224,947,848	1,155,209,802	1,226,379,109	1,170,507,327	(55,871,782)	(19,937,486)

