

DVHA supports the goal of decreasing provider screening and enrollment timeframes.

- DVHA recognizes that provider screening and enrollment times are a concern for providers and DVHA shares this concern.
- DVHA determined that a new system module was necessary to remedy this problem and took steps to implement a new module.
- Amendments to the DXC Contract with DVHA are currently in review and the project is under way to implement the module to go live by June 2019.
- The new module will allow providers to enroll and revalidate with the Vermont Medicaid via an automated online module and it is estimated providers will be enrolled within 10 days (on average). The module will also allow providers to perform data maintenance in real time.

DVHA believes its new module will be in place to meet the deadlines mentioned in the proposed bill and has implemented new processes to mitigate issues until the module is operational.

- In the meantime, and in order to minimize the problem, DVHA has implemented a process to only enroll Vermont or state border providers, including Dartmouth, unless an out-of-state provider has either rendered services or scheduled a patient.
- The goal is to enroll providers that fall into the aforementioned category within 60 days (on average) as of April 2018 as a temporary mitigation measure until the new module goes live.

DVHA has been and continues to work on a solution to this challenge and will be implementing the new module with or without the proposed bill.

Additional background on DVHA's efforts to date to address this issue:

- The Affordable Care Act created new screening requirements in 2012, which significantly increased provider applications processed by DVHA. The Affordable Care Act passed in 2012 required states to screen all providers upon initial enrollment and revalidation of enrollment. This mandate added new processes and screening requirements which resulted (on average) 300-500 new provider applications a month. DVHA planned for these new federal requirements in two Requests for Proposal released in 2012 and subsequently in 2014. These RFP's were both pulled by the previous administration.

- DVHA has been processing applications manually to meet ACA screening requirements while exploring the best automated solution. As of September 1, 2015, compliance with ACA screening requirements was reached; however, without automation, all required forms continued to be done manually, contributing to the longer screening and enrollment timeframes.
- DVHA selected the DXC Provider Management Module. Significant effort and process improvement activities have been developed since 2015. In April 2016, the process to screen providers and entities was automated by using Lexis Nexis to conduct background checks. In August 2016 and April 2017 system enhancements were done in order to try to reduce the time it took for enrollment. Due to the increased volume of applications and the fact it takes 120 days to enroll a provider, additional staff have been hired and a process to review automation started in the summer of 2017. DVHA reviewed several options and compared costs and, after a fully vetted process through the Agency of Human Services Governance board, the DXC Provider Management Module was selected.