

Department of Vermont Health Access

*Cory Gustafson, Commissioner
Lori Collins, Deputy Commissioner
January 11, 2017*

Department - Mission

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

Assist Medicaid members 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 members.

Serving Vermonters while asking:

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

Department – Who DVHA Serves

In SFY 2016:

- More than one in three Vermonters were enrolled in public health insurance coverage programs.
- This represents 220,555 members served by DVHA, including 71,869 children.

Medicaid serves approx. 203,000 Vermonters.

- Primary source of coverage for 151,000 Vermonters.
- Partial or supplemental assistance for 52,000 Vermonters (e.g. premium assistance, Rx assistance, etc.).

Department - Implementation & Management

DVHA is responsible for oversight, implementation and management of:

- **Vermont's publicly funded health insurance programs**
 - Medicaid
 - Children's Health Insurance Program (CHIP)
 - Healthy Vermonters
 - VPharm
 - Long Term Care
- **State's health insurance market place - Vermont Health Connect**
- **Implementing payment and delivery system reform**

Vermont's Medicaid Waiver – Role of DVHA

- Vermont has a 1115 Demonstration approved by federal government called the Global Commitment to Health.
 - Began October 2005; Currently extended through December 2021.
- Provides the state with the financial and programmatic flexibility for broad public health coverage and more cost effective services.

Department - Organization

DVHA

<u>General</u>	<u>Eligibility</u>	<u>Claims Services</u>	<u>Quality</u>	<u>Projects</u>
Commissioner's Office	Health Access Eligibility & Enrollment (HAEEU)	ACO/APM Oversight	Blueprint	Electronic Health Record Incentive Program (EHRIP)
Business Office	Call Center (Maximus)	Clinical Operations	Care Management	Health Information Technology and Health Information Exchange (HIT/HIE)
Data Management & Analytics	Assistant Operations	Medicaid Management Information System (MMIS) – Claims Processor	Coordination of Benefits	Medicaid Management Information System (MMIS)
Outreach/Education	Long-Term Care	Provider & Member Relations	Managed Care & Compliance	Health Services Enterprise (HSE) Platform
Operational Support	Vermont Health Connect	Medicaid Reimbursement	Payment Reform	Integrated Eligibility (IE) Healthcare Projects
Medicaid Support/ Legal	Premium Processing (Wex Health)		Pharmacy Management	
Ombudsman			Program Integrity	
			Quality Improvement	
			Vermont Chronic Care Initiative	

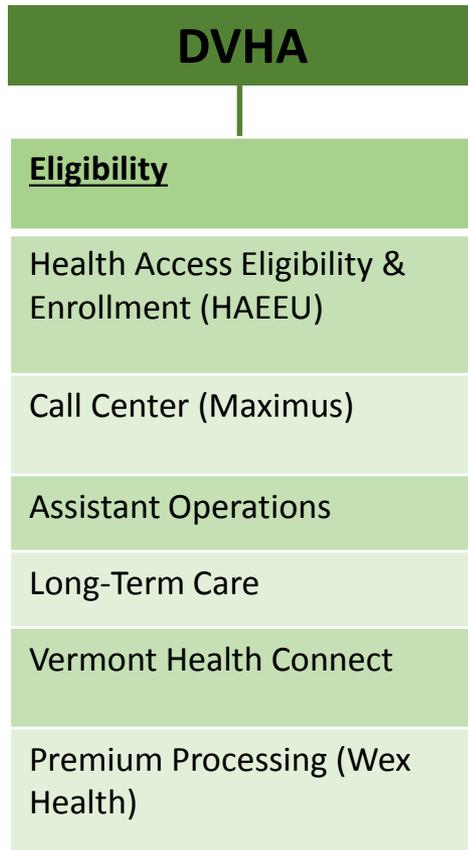
Department - General



Data Management and Analysis Unit:

- Provides data analysis and reporting to federal government, state agencies, the legislature, and other stakeholders.
- Develops the annual Healthcare Effectiveness Data and Information Sets (HEDIS) for reporting.
- Performs regular provider network access assessments.

Department - Eligibility



Long Term Care (LTC) Unit:

- Determines financial eligibility for LTC services and supports.
- Works collaboratively with Department of Aging and Independent Living (DAIL) staff who determine clinical eligibility.
- Provides training and improved quality assurance as LTC applications have grown increasingly complex.

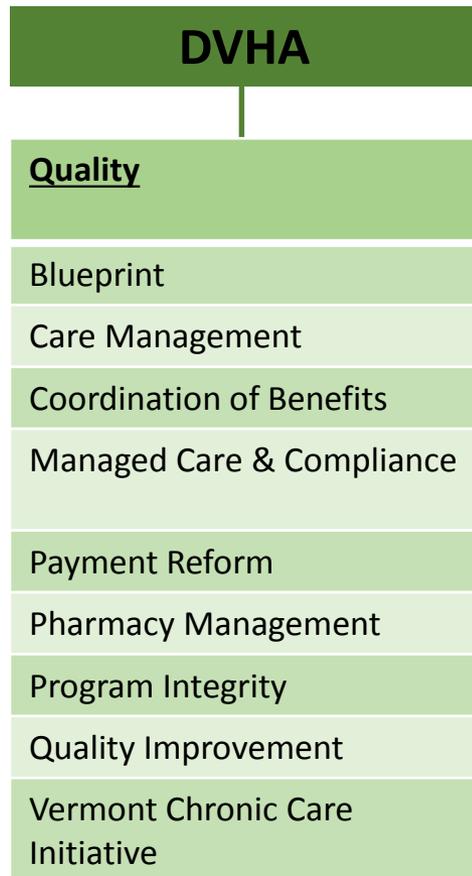
Department – Claims Services



Clinical Operations Unit:

- Monitors the quality, appropriateness, and effectiveness of healthcare services for members.
- Ensures efficient and timely processing of requests for services.
- Identifies over- and under-utilization of services through the prior authorization review process and case tracking.
- Performs quality improvement activities to enhance medical benefits for members.

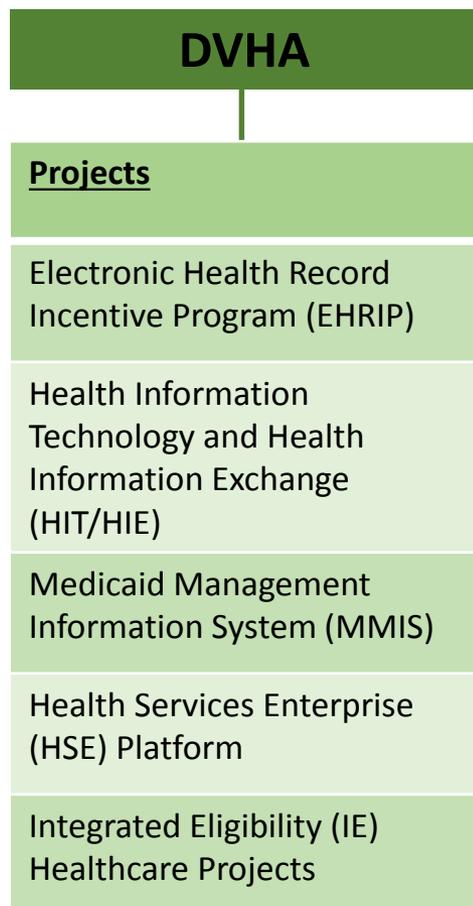
Department - Quality



Vermont Chronic Care Initiative (VCCI):

- Supports Medicaid members with chronic health conditions and/or high utilization of medical services to access clinically appropriate healthcare information and services.
- Coordinates efficient delivery of healthcare to these members by addressing barriers to care, gaps in evidence-based treatment and duplication of services.
- Educates and empowers members to eventually self-manage their conditions.

Department - Projects



Medicaid Management Information System (MMIS):

- Claims processing system.
- Vermont processes over \$1 billion in Medicaid claims annually.
- Allows efficient and secure sharing of appropriate data with Vermont agencies, providers, and other stakeholders involved in a member's case and care.