

Department of Vermont Health Access



AGENCY OF HUMAN SERVICES

**MARK LARSON
COMMISSIONER**

Mission



DVHA is responsible for the management of Vermont's publicly funded health insurance programs under Green Mountain Care, and the administration of Vermont Health Connect.

Our Mission is to:

- 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.

Organizational Chart



DVHA
Commissioner

Health Services &
Managed Care Deputy
Commissioner

Payment Reform &
Reimbursement
Director

Policy, Fiscal & Support
Services Deputy
Commissioner

Blueprint for Health
Director

Health Benefits
Exchange Deputy
Commissioner

Chief Medical Officer

Managed Care &
Compliance

Rate Setting
Manager

Program Integrity

HCR/HIT
Integration Manager

Exchange Projects

Medical Director

Pharmacy

Coordination of Benefits

Associate
Directors

Quality Improvement

Data Management &
Integrity

Clinical Operations

Finance

Care Coordination

Projects & Operations

Provider & Member
Relations

Substance Abuse

What is Medicaid?



In Vermont, Medicaid is the main public health insurance program for people with low-income.

- Most Medicaid beneficiaries lack access to private insurance.
- Many Medicaid beneficiaries have extensive needs for care.
- Medicaid is the dominant source of long-term care coverage.

What is Medicaid?...continued



- Medicaid is financed through a federal-state partnership.
- Vermont designs and operates its own Medicaid program within broad federal guidelines.
- Vermont has waivers for some federal requirements under its Global Commitment to Health 1115 Waiver.
 - The Global Commitment 1115 Waiver establishes DVHA as the Managed Care Entity (MCE) for the Single State Medicaid Agency under AHS.
 - This structure enables program evolution and innovation. Vermont has flexibility to innovate in ways that save Medicaid funds and is able to invest those savings to expand coverage.

Covered Medicaid Populations



Covered Populations

Aged, Blind, Disabled at or under the Protected Income Level (PIL)

Working Disabled at or under 250% FPL

Parents or Caretaker Relatives at or under 133% FPL

Pregnant Women at or under 208% FPL

Children under 19 at or under 312% FPL. Including additional benefits.

Adults at or under 133% FPL

Limited Benefit Groups

Vpharm:

Covers Part D cost sharing and excluded classes of meds, diabetic supplies and eye exams for Medicare Part D beneficiaries.

Healthy Vermonters:

Discount on Medications for anyone who has exhausted or has no prescription coverage.

Covered Medicaid Services

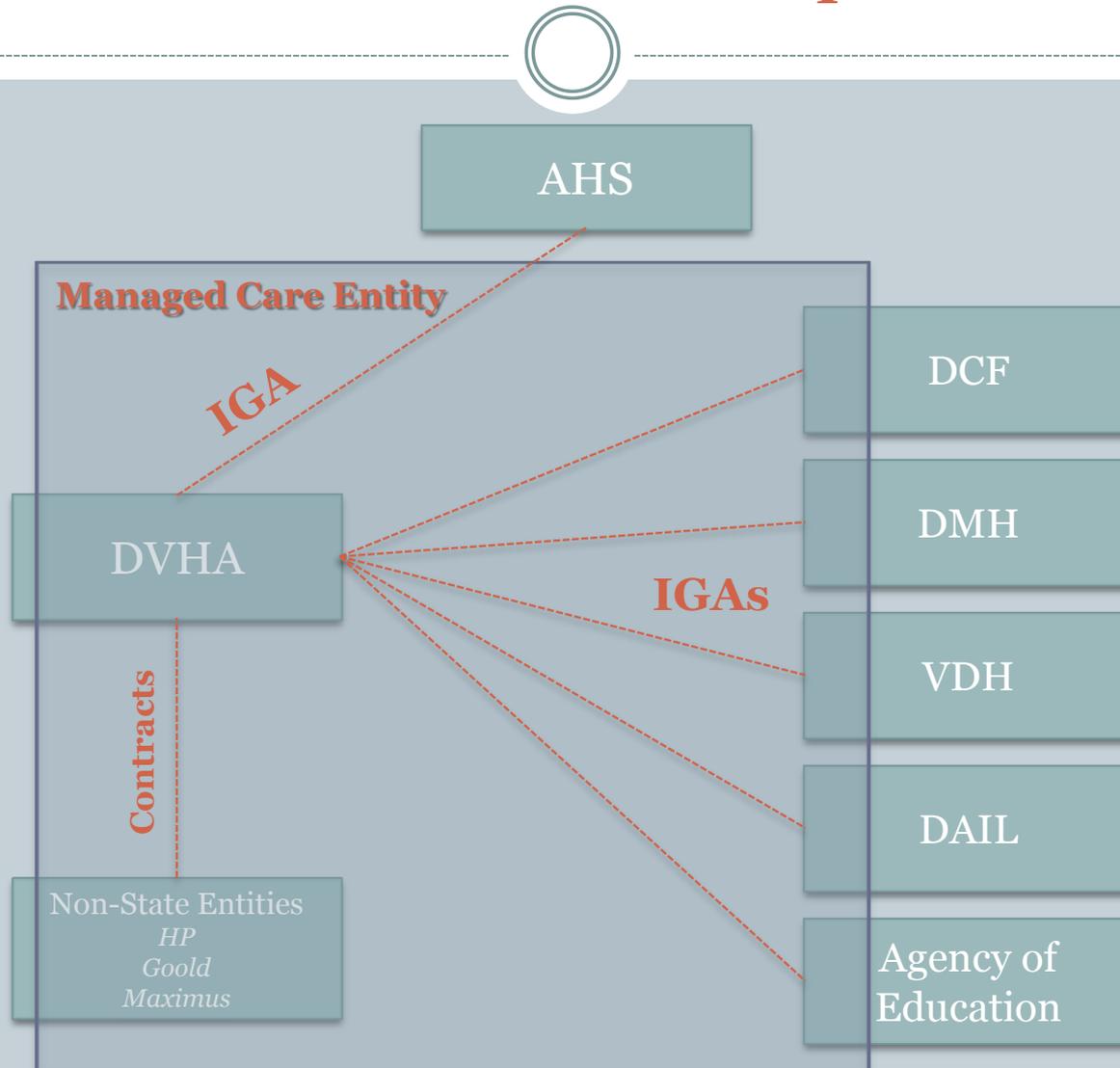


Inpatient hospital services	Transportation to medical care	Private duty nursing services
Outpatient hospital services	Tobacco cessation counseling	Eyeglasses
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services	Prescription Drugs	Chiropractic Services
Home health services	Clinic Services	Personal Care
Physician services	Physical Therapy	Hospice
Rural health clinic services	Occupational Therapy	Case Management
Federally qualified health center services	Speech, hearing and language disorder services	Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
Medical and surgical services performed by a dentist	Respiratory care services	Home and Community Based Services
Laboratory and X-ray services	Other diagnostic, screening, preventive and rehabilitative services	Self-Directed Personal Assistance Services
Family planning services	Podiatry services	Other Practitioner Services
Nurse Midwife services	Optometry Services	TB Related Services
Certified Pediatric and Family Nurse Practitioner services	Dental Services	Inpatient psychiatric services for individuals under age 21
Freestanding Birth Center services (when licensed or otherwise recognized by the state)	Prosthetics	Health Homes for Enrollees with Chronic Conditions

This list includes all federally categorized mandatory and optional services. Vermont Medicaid has elected to cover all optional services.

Single State Medicaid Agency

DVHA's Partnerships



While DVHA is the Managed Care Entity for the Single State Medicaid Agency, it has IGAs with AHS departments and AOE to carry out other Medicaid-funded programs, including; mental health, substance abuse, school-based services, long-term care, etc...

How Does DVHA Manage Medicaid?



- Sets **payment rates** for covered services
- Oversees **pharmacy** benefit package
- Manages **claims**
- Investigates **fraudulent** claims and **recoupment** of Medicaid funds
- **Coordinates benefits** with other payers (public and private)
- Case-by-case assessment of the **appropriateness of care** prior to its provision
- Measures **quality of care**
- Reviews **exception requests** for non-covered services
- Administers **appeal** process for denied services

Collaboration with other AHS Departments



- **Examples:**

- Vermont Care Alliance (aka Hub and Spoke)
- Integrated Family Services
- Oral Health Workgroup
- VHCIP Grant
- Applied Behavioral Analysis Services
- Billing Policy
- MMIS- Core, Care Management and Contact Center

DVHA Health Reform Initiatives



Blueprint for Health



Improving access to health care with an emphasis on prevention through:

- Advanced Primary Care Practices (PCMHs)
- Community health teams
- Community based self-management programs
- Multi-insurer payment reforms
- Health information infrastructure
- Evaluation & reporting systems
- Learning health system activities
- Hub and Spokes Health Homes

DVHA and Vermont Health Care Innovation Project (VHCIP)



VHCIP provides a forum for coordinating policy and resources to support development of the organizations, technology and financing necessary to achieve the shared public/private goals articulated in our State Health Care Innovation Plan: development of a high performance health care system for Vermont.

- Examination and Development of **Payment** Models
- Examination of **Care Management** Programs and Delivery Models

Health Information Technology



Vermont's Health Information Technology Initiatives:

- Electronic Health Record Incentive Program (EHRIP)
- Health Care Information Technology Fund
- Health Information Technology Resources

Vermont Health Connect



Responsible for the development and operation of Vermont's health insurance marketplace, including individual and small group health coverage.

- Applications for **publicly funded** programs:
 - Medicaid
 - Premium Assistance
 - Cost Sharing Reductions
- Applications for **Qualified Health Plans**
 - Access to Federal and State financial help

For More Information



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