
FUNCTION OF THE DEPARTMENT OF VERMONT HEALTH ACCESS

The Department of Vermont Health Access (DVHA) is assigned program responsibility for medical assistance furnished eligible individuals under Title XIX of the Social Security Act. The DVHA has a Commissioner, a Director of Health Services and Managed Care, a Director of Health Care Reform, a Director of Medicaid Policy, Fiscal and Support Services, a Director of the Blueprint for Health Program, and a Medical Director. The DVHA is described below:

Blueprint for Health

Supports, monitors and manages the state's multi-insurer initiative designed to integrate a system of health care for patients, improve the health of the overall population, and improve control over health care costs by promoting health maintenance, prevention, and care coordination and management at the provider level.

Chronic Care

With nurses and social workers located throughout the state this unit identifies and assists Medicaid beneficiaries with chronic health conditions to access clinically appropriate health care information and services; coordinates the efficient delivery of health care to this population by addressing barriers to care, bridging care gaps, and avoiding duplication of services; and educates and empowers this population to self-manage their chronic conditions. This program is closely aligned with the care coordination efforts of the Blueprint for Health.

Clinical Operations

Monitors and evaluates the quality, appropriateness and effectiveness of health care services requested for beneficiaries. Ensures requests for services are reviewed and processed efficiently and within time frames outlined in Medicaid Rule. Identifies over- and under-utilization of health care services through the Prior Authorization (PA) review process and case tracking. Specific functions include developing clinical criteria and assuring correct coding for medical benefits; reviewing provider appeals; providing provider education related to specific medical procedures; and performing quality improvement activities to enhance medical benefits for beneficiaries.

Coordination of Benefits (COB)

Works with providers, beneficiaries, and other insurance companies to ensure that Medicaid is payer of last resort. COB also administers the premium assistance programs by performing analyses to ensure beneficiaries are placed in the most cost-effective program.

Data/Reimbursement

Provides Medicaid data to other state agencies, the legislature and other stakeholders. Provides data for mandatory federal reporting to the Centers for Medicare and Medicaid Services (CMS). Provides analyses for the budget development process. Reimbursement oversees the claims processing function of the Medicaid program and provides direction, guidance and interpretation of the state plan to our fiscal agent who processes the Medicaid claims. Develops projections, implements updates, and analyzes the impact of reimbursement methodologies.

Fiscal Operations

Supports, monitors, manages and reports all aspects of fiscal planning and responsibility. Functions include vendor payments, timesheets, expense reports, grants, contracts, purchasing, financial monitoring, budgeting and other relevant practices, procedures, and processes.

Health Care Reform

Responsible for providing oversight and coordination across state government, and with other public and private partners, to foster collaboration, inclusiveness, consistency, and effectiveness in state and federal health care reform. Leads on Health Information Technology (HIT) and Health Information Exchange (HIE) policy, planning and oversight.

Managed Care

Responsible for managing care arrangements for beneficiaries covered under the Medicaid Global Commitment to Health waiver, and works to develop new initiatives for DVHA which includes monitoring programs for compliance with quality standards to improve services for Medicaid beneficiaries.

Pharmacy

Ensures beneficiaries receive medically necessary medications in the most cost-effective manner. Pharmacy Unit staff members and the contracted Prescription Benefit Manager (PBM) work with providers, pharmacies and beneficiaries on benefits issues, clinical criteria, claims processing and appeals related to pharmacy. Responsible for the Drug Utilization Review (DUR) Board.

Program Policy

Responsible for coverage rules, fair hearings, grievances and appeals, HIPAA compliance, legislative activities, public record requests, requests for non-covered services, State Plan Amendments, and the State Children's Health Insurance Program (SCHIP). Coordinates major initiatives resulting from federal health care reform and state legislative sessions. May serve as the primary liaison to legislators, Vermont's Congressional Delegation, the media and the Centers for Medicare and Medicaid Services (CMS).

Provider/Member Relations Unit

Communication/liaison activities that assist providers and beneficiaries in accessing clinically appropriate health services. Manages the Medicaid non-emergency transportation program, and other various provider contracts for services (such as the member services contract); interacts with groups/organizations that represent provider and member interests, such as the Medicaid Advisory Board; and maintains the DVHA web site.

Quality Improvement/Program Integrity

Responsible for activities to prevent, detect, and investigate Medicaid fraud, waste and abuse. Includes data mining and analysis; recoupment of provider overpayments; and lock-in programs for overutilization or abuse of the system. Educates providers for accurate billing, and refers cases of abuse to the Attorney General's office (provider fraud) and to DCF (eligibility fraud). Monitors Intergovernmental Agreements (IGAs) and collaborates with AHS partners that serve special health needs populations; prepares for annual external quality reviews for managed care organizations required by CMS, as well as for statewide and other quality audits; and provides concurrent review of psychiatric inpatient admissions.

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Department of Vermont Health Access (DVHA) Organizational Chart

