

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/liason 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

