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*Agency of Human Services*

## **Access to Care Plan**

### **Department of Vermont Health Access**

#### **Introduction**

Vermont's Medicaid program is delivered through its 1115 Global Commitment to Health Demonstration Waiver. The Vermont Agency of Human Services (AHS) serves as the Single State Agency for the Medicaid program and delegates responsibility for coverage of most Medicaid services to the Department of Vermont Health Access (DVHA). DVHA uses a non-risk managed care-like model for the delivery of Medicaid services across Vermont. DVHA's policies and practices related to access to care are designed to ensure that the Medicaid provider network has a sufficient range and quantity of providers available to members and complies with federal network adequacy requirements.

The Access to Care Plan will be updated periodically and posted on its public website at <http://dvha.vermont.gov>. DVHA conducts the following monitoring and network building activities to support access to care:

- Annually, DVHA generates Geographical Information System (GIS) maps and charts that show the actual distances members are traveling to seek care. These maps are reviewed with the Member and Provider Services Director and the Compliance Director to determine any needed actions.
- An online Provider Enrollment Module allows providers to enroll for participation with Vermont Medicaid. The module allows DVHA to rapidly process and approve provider applications. Providers are typically enrolled within 14 days of their application allowing them to serve Medicaid members.
- Monthly reports are run to identify providers who are terminating their participation with Vermont Medicaid. The Member and Provider Services team contacts providers who are terminating participation for reasons other than retirement, out-of-state move, or for cause to retain them in the network.
- DVHA requires 90-days' notice when a primary care provider decides to leave the network. Upon such notice, DVHA works with the provider and affected members to ensure that members are aware of the change and have an opportunity to find a new primary care provider.
- Annually, DVHA's provider network is subject to an External Quality Review Organization (EQRO) review. These reviews include timeliness and availability of services, travel distance standards, enrollment processes, and strategies for providing access to services in a culturally

competent way ensuring access to services in the preferred language of Vermont Medicaid members.

- DVHA collaborates with the Vermont Dental Society, Vermont Association of Hospitals and Health Systems, Vermont Medical Society, Area Health Education Centers, and other groups to encourage the recruitment and retention of medical providers.
- DVHA's Member and Provider Services Unit and the Provider Services Call Center receive calls from providers with questions and concerns. Prompt resolution of provider concerns continues to be an effective tool for keeping providers enrolled and engaged with the Medicaid program. Member and Provider Services and the Provider Services Call Center meet biweekly to address any emerging trends. A monthly report is generated by Provider Services to monitor provider call volume and reasons. The report is reviewed by Member and Provider Services to address any trends and make process improvements.
- The Member Services Call Center assists members with access to care issues and provides members with contact information for specialty providers and primary care providers accepting new Medicaid patients.
- The Member Services Call Center logs complaints received from consumers including any access to care issues. A summary report is compiled monthly and reviewed by the Member and Provider Services Unit. Any systemic issues are identified and addressed. The Member Service Call Center and Member and Provider Services Unit also meet biweekly to address emerging issues.

When evaluating the time and distance thresholds listed below, the following factors are considered:

- The general demographic makeup of Vermont, including rural versus urban communities.
- Changes (or anticipated changes) in covered members caused by changes in state population, economic changes as well as Federal changes in eligibility rules and/or any other changes that may have a significant impact on the total number of members served by the network.
- The characteristics and specific healthcare needs of the population of members served by Vermont Medicaid.
- Some members may voluntarily choose to travel to a more distant provider even when a closer provider is available. This voluntary practice in and of itself is not considered an indicator of an inadequate network. Reasons members travel outside their home area include members choosing to receive care near their worksite, or school, or to continue care with an established provider.
- Given the above factors some areas of Vermont—particularly more rural counties, that are sparsely populated, may be above the access thresholds set forth in this report for time and distance traveled from a member's home.

## Definitions

- **Emergency care** is care for a medical problem that could result in serious health problems if it is not treated immediately.
- **Urgent care** is care for any problem that might endanger a member's health if it is not treated within 24 hours.
- **Preventative care** is ongoing care designed to evaluate and maintain a member's overall health, rather than treating a specific medical problem.
- **Primary care** includes services furnished by providers specifically trained for and skilled in first-contact and continuing care for persons with undiagnosed signs, symptoms or health concerns. This includes gynecologists, Federally Qualified Health Centers and Rural Health Centers, as well as specialty care providers who serve as a member's primary care provider.
- **Medical problem** includes physical, mental health, and substance use problems.

## Access to Care Standards

### Emergency Care

Vermont Medicaid's network includes a total of 25 hospital emergency departments considered in-network, 14 in Vermont, 8 in New Hampshire, 1 in Massachusetts, and 2 in New York. Hospital emergency departments are open and available 24 hours per day, 7 days per week, 365 days per year. This network includes two verified Level One Trauma Centers. These emergency departments are geographically spread across population centers in the state and along the border of Vermont. A member will generally not have to travel more than 30 miles to reach an emergency department. Vermont also has many hospitals considered out-of-network available to assist members needing services while out-of-state. A statewide network of enrolled ambulance services is available to provide emergency transportation when necessary.

Vermont Medicaid maintains a process for payments to non-enrolled providers when medically necessary services are not available within the network or when a member must seek emergency services (and post-emergency stabilization services) outside of the network.

### Primary Care

Travel distance for a member to access care from a primary care provider for urgent care, non-urgent care, or preventative care shall not exceed 30 miles.

### Specialty Care

Specialty care includes the following specialties:

- Cardiology
- Urology
- Mental health specialists
- Substance use specialists

- Obstetrics
- Home health services

Travel distance for a member to access care from a specialist should not exceed 60 miles.

### **Hospital Care**

All of Vermont's hospitals, as well as out-of-state in-network and out-of-network hospitals, participate in Vermont Medicaid. Hospitals are located throughout the state such that a hospital may be accessed within 30-minutes from any location in the State.

### **Pharmacy, Laboratory, Dental, Pediatric Dental, Ophthalmology/Optometry, and Advanced Imaging Services**

These providers and facilities should be located so that members do not need to travel more than 60 miles to access these services.

### **Home Health**

Vermont Medicaid's network includes 12 Home Health Agencies, and their service areas cover the entire State of Vermont without any gaps in coverage. Home Health Agencies deliver services in members' homes throughout Vermont. Network monitoring activities for this provider type focus on statewide coverage rather than the typical distance standards used for other provider types.

**Statewide Summary of Access**  
 Vermont Medicaid Recipients -- travel time (minutes)  
 and distance (miles) from home to specified services, 2020

	<u>Average (mean)</u>		<u>Median</u>		<u>Distribution</u>		<u>Recipients</u>
	Time	Distance	Time	Distance	% Under 30 min	% Under 30 miles	
Primary Care	35.6	25	23.5	14	58%	73%	149,622
Pediatric	32.5	22	23.2	14	60%	76%	63,004
Specialty Care	<u>Average (mean)</u>		<u>Median</u>		<u>Distribution</u>		<u>Recipients</u>
	Time	Distance	Time	Distance	% Under 60 min	% Under 60 miles	
Cardiology	46.8	36	36.9	26	70%	79%	11,862
Urology	44.9	34	36.2	25	70%	82%	2,586
Behavioral, Mental Health & Substance Abuse	26.7	20	15.5	9	87%	92%	41,354
Obstetrics	32.8	23	23.5	15	82%	82%	15,550
Dental	28.0	19	20.9	12	89%	95%	59,789
Ophthalmology, Optometry	25.7	17	20.9	13	91%	91%	18,178
Advanced Imaging	34.6	25	23.5	15	81%	81%	111,377
Pharmacy	18.4	12	5.9	6	94%	96%	113,296

## Travel Distance and Travel Time Methodology

Travel distance and travel time between Medicaid recipients' homes and their medical, dental, and pharmacy providers is estimated by the following process:

1. Select relevant claims based on a provider's specialty,
2. Choose valid location data, and
3. Assign a travel route between representative origin and destination points.

All Vermont Medicaid claims with service provided during calendar year 2020 were used for analysis. Claims were selected by provider specialty and address information for the recipient and attending provider. These addresses were abridged down to the postal code represented by a single point inside a town. This "address point" by zip code reduces the spatial analysis from 100,000s addresses down to 300 zip codes and a few thousand provider locations.

A claim can be thought of as a one-way trip, and the summary statistics for each county then is based on all claims, or trips, made during the year by the county or state's residents.<sup>1</sup> The spatial analysis was conducted using Geographic Information Systems ArcGIS 10.4 with the goal of connecting the origin points to the destination points along the highway network. The ArcGIS Network Analyst tool was used to find the 'least cost' route based on roadway time for each origin-destination pair. Any address with an invalid zip code was eliminated from the analysis unless location could otherwise be determined.

ArcGIS Network Analyst uses a complex road network data layer, which accounts for intersections, roadway curvature, and posted speed limits. This allows travel time and distance estimates to be realistically represented.<sup>2</sup> ArcGIS Network Analyst uses this same representation to determine the maximum spatial distance from each of Vermont's hospitals where one can still be able to reach the facility within 30 or 40 minutes. In the map of Hospital Travel Times in Appendix A, the white areas indicate where it may be difficult to reach a Vermont hospital or other regional hospital under 40 minutes.

## Access to Care Review

DVHA has reviewed the data gathered for this report and finds that the average level of access to the specific types of services in this report is adequate given the characteristics of Vermont. Vermont is a rural, mountainous state where it is not uncommon that residents in certain areas must travel longer distances for things like work, school, groceries, and medical care. In the breakdown by county in Appendix B, there are some counties where the average minutes to travel to certain

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<sup>1</sup> Unlike medical and dental, only the most recent trip to a particular pharmacy is counted.

<sup>2</sup> There are several limitations to this method. First, not all trips for medical care or pharmacy originate from a patient's home location, though this is always assumed to be the case. Second, the "address point" or postal centroid is made to represent an entire area served by that post office, introducing some error for nearly all locations. Third, trips whose origin and destination are the same cannot be assigned to the network, and are assigned zero (0) distance and time.

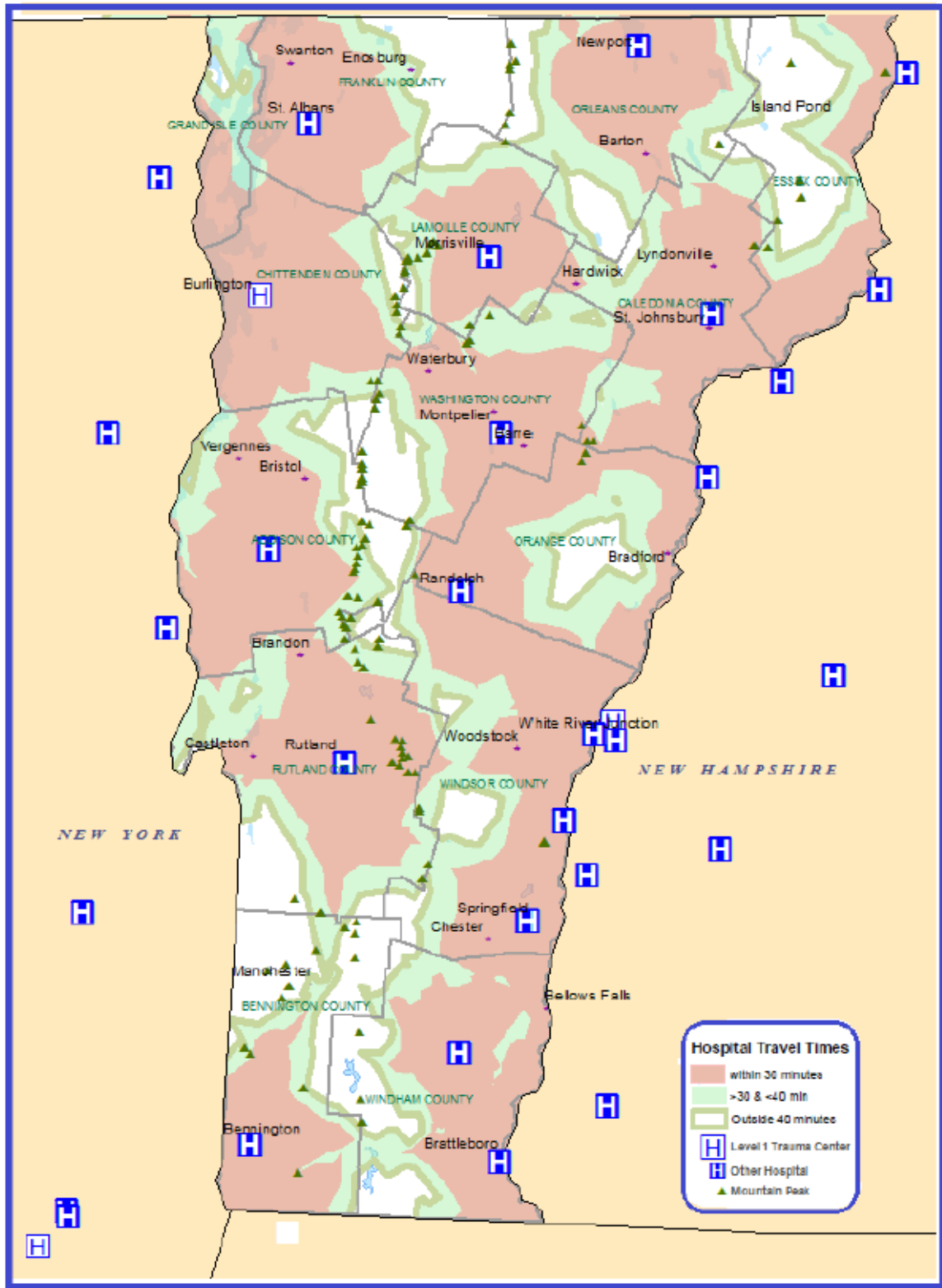
services is above the thresholds outlined in the report. This is an expected result given the rural and mountainous geography of these counties. On a statewide basis, all services identified in this report can, on average, be accessed within the identified thresholds, with the exception of cardiology and urology services, which on average are accessible within 36 miles instead of 30. Provider choice is often driven by a member's proximity to services from work or school rather than home. Measurements based on these locational choices are beyond the scope of analysis in this report.

Statewide travel distribution is depicted in a series of pie charts in Appendix C. Specialties with shorter trips, such as pharmacy, can be compared to urology and cardiology services, which have a higher proportion of trips over a 60-minute drive.

Access to hospital services is adequate in Vermont. Hospitals are accessible by a 30-minute drive for the majority of the state, as shown in Appendix A. The areas shaded in green and white indicate where travel is longer than 30 minutes. This is due to the rural nature of those areas, the white areas indicating higher travel times are primarily where there are mountain peaks.

Access to home health services is also determined in a manner that is different than primary or other specialty care categories since Home Health Agencies deliver services in the member's home throughout the State of Vermont. It is expected that Medicaid members receive the care they need from the Home Health Agency in their region.

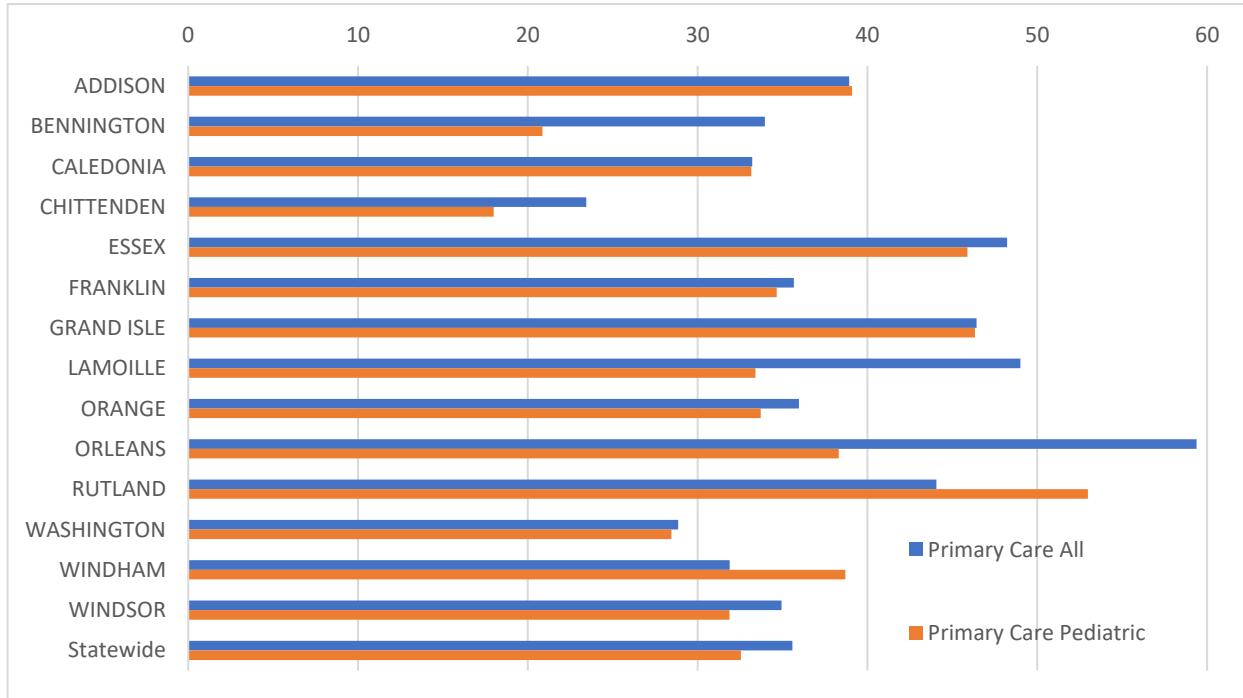
# Appendix A – Hospital Access



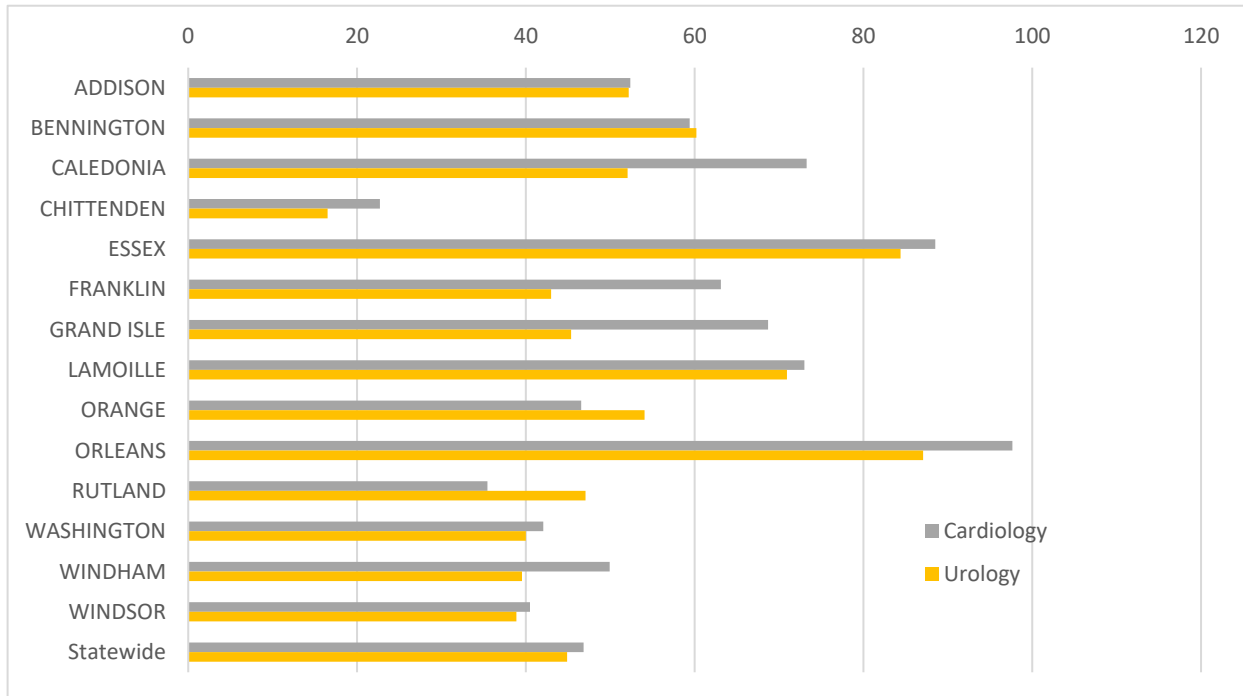


## Appendix B – Travel Time by County

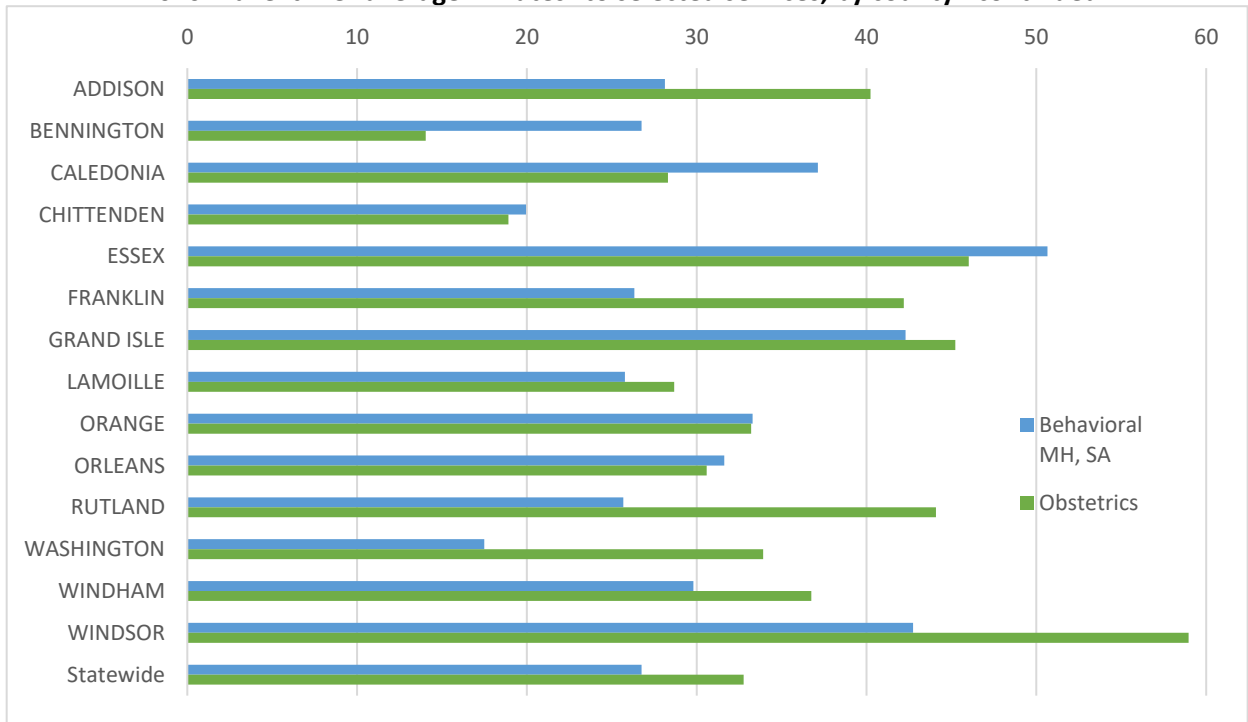
2020 Travel time--average minutes--to selected services, by county



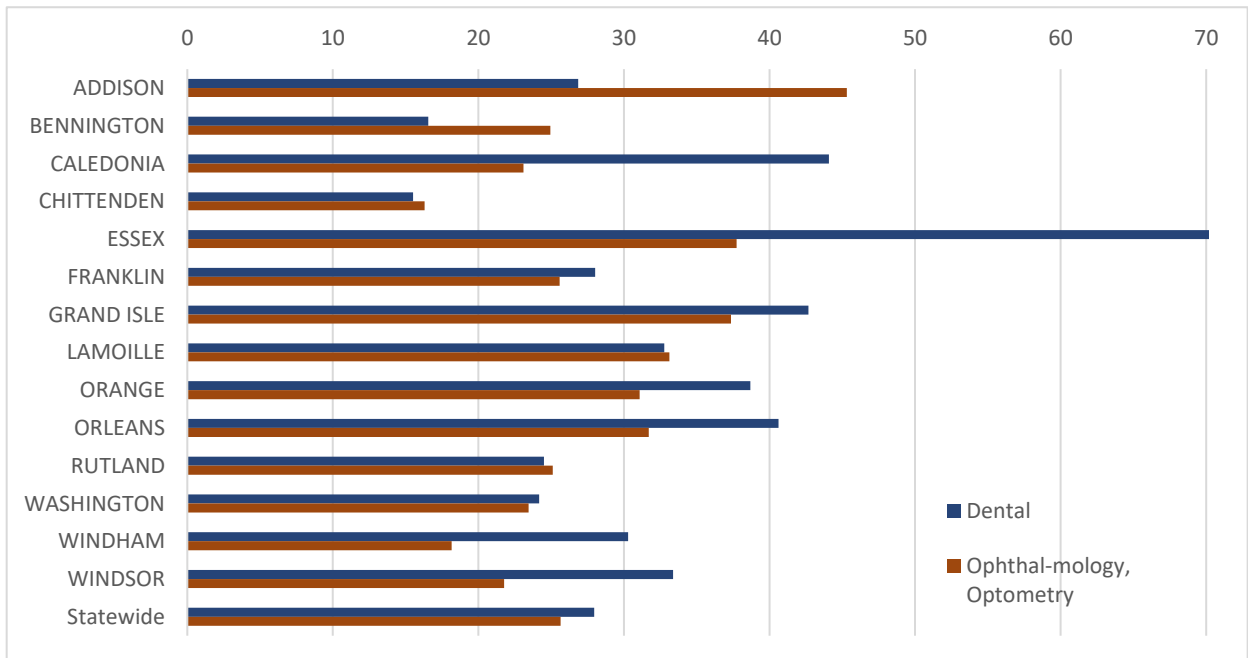
2020 Travel time--average minutes--to selected services, by county - continued



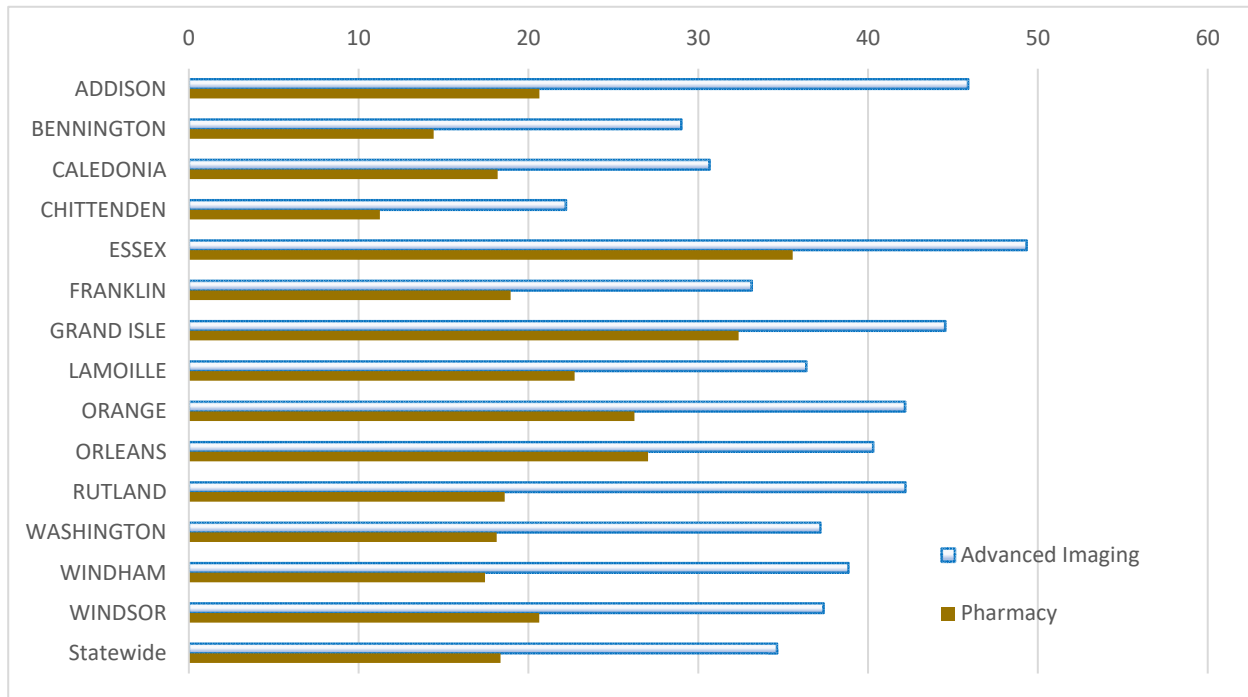
**2020 Travel time--average minutes--to selected services, by county - continued**



**2020 Travel time--average minutes--to selected services, by county - continued**



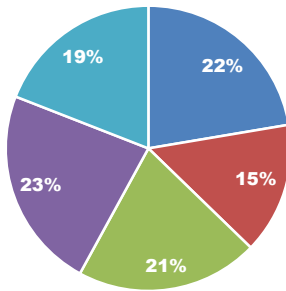
### 2020 Travel time--average minutes--to selected services, by county - continued



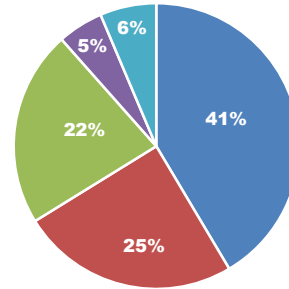
## Appendix C – 2020 Statewide Trip Distribution by Specialty

Key: ■ Within Town ■ 15min or less ■ 15-30 min ■ 30 to 60 min ■ 60+ min

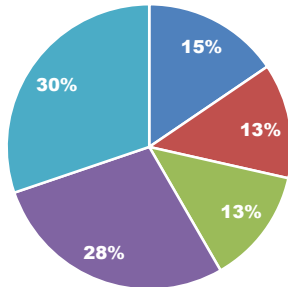
Primary Care



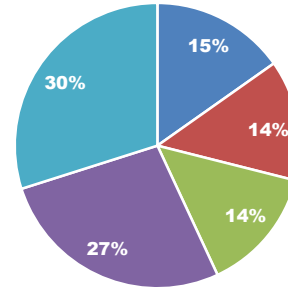
Pharmacy



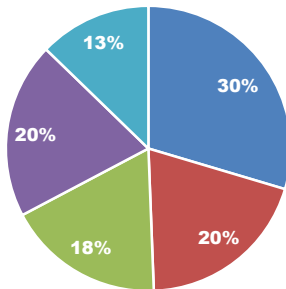
Cardiology



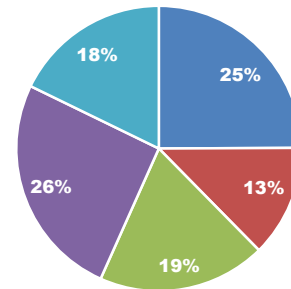
Urology



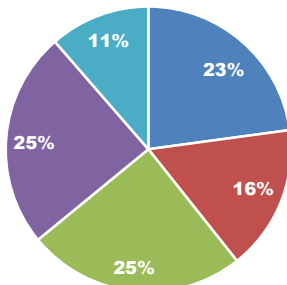
Behavioral, Mental Health, Subst. Ab.



Obstetrics



Dental



Ophthalmology / Optometry

