

FUNCTION OF THE OFFICE OF VERMONT HEALTH ACCESS

The Office of Vermont Health Access is assigned program responsibility for medical assistance furnished eligible individuals under Title XIX of the Social Security Act. The Office has a Director, two Deputy Directors, and a Medical Director. Several units comprise the administration of the programs. They include: clinical, pharmacy, long-term care, data analysis, coordination of benefits, provider relations, provider reimbursement, policy and reports, and administrative services. The members of the management team responsible for these units have ongoing communications with other departments within the Agency of Human Services, provider organizations, advocacy organizations, and contractors. The Office contracts for pharmacy benefits management, claims processing, provider enrollment, member services, and ombudsman services.

The responsibilities of the clinical unit are addressed in ATTACHMENT 1.2-C.

The pharmacy unit manages the contract for pharmacy benefits management and is in daily contact with the contractors. A pharmacist is based at the OVHA site. They also support the Drug Utilization Review Board and interact with them to assist in the direction of the program. In conjunction with the PBM contractor, they develop and manage the preferred drug list. They also perform ad hoc reporting to respond to management requests and perform claims analysis as needed.

The long term care unit liaisons with the Department of Aging and Independent Living regarding programs and initiatives that impact those who need long-term care services. They investigate and develop pilots for new programs, such as PACE (Program of All-Inclusive Care for the Elderly). In addition, responsibility for the external quality review organization for the 1115 waiver programs rests in this unit.

The data analysis unit is responsible for retrieval, analysis, and projections related to all data available on beneficiaries of the health care programs.

The coordination of benefits unit is responsible for maximizing recoveries and cost offset related to expenses for services delivered through the health care programs.

The provider relations unit provides more sophisticated services to our provider community beyond the initial provider relations included in our fiscal agent contract. They also work on improving and expanding our communications with providers.

TN # 04-07

Supersedes

TN # 84-9

Effective Date: 07/01/04

Approval Date: 12/13/04

The policy and reports unit is responsible for the state plan; policy related to coverage, providers, and delivery systems; management of the member services and ombudsman contracts; the 1115 waiver; exception requests and appeals; and coordination of the various reports that OVHA produces.

The provider reimbursement unit works with provider organizations and federal regulations to set and monitor the rates that OVHA pays for services. They also will research provider billing problems or complaints, and have responsibility for provider enrollment certification.

The administrative services unit manages our business office and contracts. It includes accountants and auditors to constantly monitor the financial aspects of the programs.

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