

## Health Care Oversight Committee Thursday, September 18, 2014 Health & Human Services Enterprise (HSE) Status

### *Business Transformation at the Agency of Human Services*

#### *What we want to do:*

- Enhance our service-oriented, person-centric approach
- Allow seamless sharing of information
- Adopt a “One Agency” culture that includes greater transparency and accountability
- Improve outcomes for Vermonters
- Bend the health and human services cost curve

#### *How will we do it:*

- Transform current service delivery model to an integrated model:
  - Technology Solutions for integration
  - Integrated Case Management approach
  - Data-driven models for client interaction and health and human service initiatives
  - Business Processes designed with the customer at the center and scalable across the agency
  - Cross-functional teams supporting customers

#### *What we expect for results:*

- Social determinants of health improvements
  - Stable housing
  - Nutrition
  - Community & Family Connections
- Better connections between and among essential services such as mental health and substance abuse
- Improved health and the resulting reduction in health care costs
- Ability to maximize funding streams for increased value

#### What will be different for HSE projects from Vermont Health Connect (VHC)?

Extensive lessons learned activity conducted after VHC went live.

1. Aligned vision and strategy for the HSE work
2. Refined Governance includes all AHS depts
3. Strong Program/Project Management discipline, process and tools
  - a. Project Management Office reporting directly to the AHS Secretary
  - b. Appointments for major roles (Program Director & Program Manager) complete
  - c. Disciplined processes established for critical activity

- d. Education conducted for key stakeholders (Project Managers, Business Analysts)
4. Quality Assurance plan: Independent Verification & Validation (IV&V)
5. Dedicated vendor/contract management capabilities
6. Communication, training and education plan necessary for successful change management – recruiting 6 person team
7. Executive Sponsors and Initiative Managers have been named
8. Regular reviews: to track progress, review & mitigate risks

***Integrated Eligibility (IE) Project Status:***

1. IE Project will replace the Aging Access system. The project will offer “Real time” Screening, Application, and Determination of Eligibility and Enrollment
2. Project team has concluded review of proposals in response to RFP
3. Reference checks and oral presentations completed
4. Once vendor is selected contract negotiations commence (~30-60 days for SoV contract approval and CMS approval)
5. Target mid December 2014 to close
6. Health Care Programs to launch first (2015 enhanced funding deadline), then non-health care
7. Detailed project plan refined thru contracting phase

***Medicaid Management Information System (MMIS) Project Status:***

1. MMIS Project is a required contract and replaces the HP Contract, which is expiring. The MMIS project is supported by CMS. It will offer:
  - Pharmacy Benefits Management (PBM)
  - Care Management - Enables identification of health care needs, coordination of care and reporting
  - Core Operations - Design, development, implementation (DDI), ongoing operations and financial support for claims and reimbursement processing
2. Pharmacy Benefits Management (PBM) contract awarded to Goold Health Systems (GHS). In DDI with expected go live early 2015
3. Care Management: Accepting proposals from potential vendors. Planning go live 2015 with Vermont Chronic Care Initiative (VCCI) first release
4. Core Operations proposals closed 9/11/14. Potential vendors in early review