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MEMORANDUM

TO: Senator Peg Flory, Chair, Senate Committee on Institutions and
Representative Alice Emmons, Chair, House Committee on Corrections and
Institutions

FROM: Hal Cohen, Secretary, Agency of Human Services - State of VT

DATE: April 7, 2016

SUBJECT: Response to Questions from 4/5/16 Testimony

Integrated Eligibility
Phase I
Oracle Readiness, Transfer & Six Program Implementation

The following are anticipated projects within Phase 1:

Project 0: HSE M&O Surge, Operational Regulatory Standardization Development ("RFQ")

1) Eligibility Rules Implementation (8 - 9 months)

Goal: Eligibility rules and reference data (e.g. Medical Assistance Category Code table, Federal Poverty Limit table) for the six Programs will be extracted from the *Health Benefit Eligibility and Enrollment Rule (HBEE)* and other applicable AHS policy documents for implementation within the Oracle Policy Automation (OPA) Rules Engine.

Rules implemented in OPA are based in natural language, enabling faster changes to rules (e.g. COLA) along with the ability to do temporal rules. Rules would be restructured to ensure clear separation between screen flow eligibility and case management rules.

Testing & Verification: The output of the rules would be validated against a set of test cases that have eligibility determination and category code assignment manually derived via eligibility worksheets. The eligibility worksheets are utilized in training new staff and in the Continuity of Operations Plan (COOP) to support the eligibility determination process when the system is down.

2) Master Person Index (13 – 14 months)

Goal: Creation of a de-duplicated & cleansed HSE Master Person Index (MPI) from the current data in ACCESS and VHC Systems.

MPI will be implemented by cleansing, de-duplication and consolidating client data from ACCESS and VHC using Master Data Management (MDM) tools like Oracle Customer HUB and Oracle Enterprise Data Quality. The consolidated master data repository will be available to all systems via a Publish-Subscribe model. All sources ideally should also be made "MDM Aware" to sync data ongoing with MDM repository.

3) Architecture Upgrade (13 – 14 months)

Goal: Remove One Gate Integration components that restrict the ability of VHC to make changes and scale to implement additional programs. E.g. Integration Layer between OPA, Siebel & Liferay would be re-architected.

Benefit: Make the overall HSE Solution more flexible and "futureproofing" the architecture, protecting our investment.

4) Pilot Program Implementation (8 -9 months)

Goal: Migration of Six Non MAGI Medicaid Program from ACCESS to the HSEP.

Benefits:

- Streamlined Automated Eligibility & Program Rules – Currently at least 50% require case worker manual intervention. The goals should be to have above 90% automated determinations and case processing, thereby enhancing the client experience while reducing the workload on the case worker and overall costs.
- Improved verifications, notifications and self service capability
- Enhanced reporting functionality.
- Establishment of baseline framework to implement other HSE financial assistance programs.

Programs:

- SSI: Related Medicaid: General
- Medicare Savings Programs (MSP)
- Working Persons with Disabilities (WPWD)
- Breast or Cervical Cancer Treatment (BCCT)
- Disabled Child in Home Care (DCHC)
- Long Term Care (LTC) Medicaid (Choices for Care)

Why did we pick these 6 Programs for IE Phase 1?

- This grouping is consistent with CMS's direction for combining MAGI with Non-MAGI
- These 6 non-MAGI programs will help create and validate the new architecture that will extend to all programs.
- Among non-MAGI Medicaid programs, LTC is a solid program to implement and building this upfront will help validate eligibility and programs rules framework.
- Hawaii has implemented these 6 programs/their equivalent in their E&E system*

*It is worth noting that all MAGI and non-MAGI Medicaid programs are implemented and live in Hawaii (KOLEA). It is our understanding that Hawaii's Phase 2 will migrate Hawaii's Financial and other Assistance programs from their legacy system.