

Integrated Eligibility – Health & Human Services Enterprise (HSE)

February 22, 2017

What is Integrated Eligibility?

- Vermont has an antiquated system that needs to be replaced
- Meet Federal Mandates by addressing CMS requirements for eligibility and enrollment in all Medicaid programs
- With this plan, AHS will progress toward delivering the final system and Agency changes which will make Integrated Eligibility a reality
- Make it easier for Vermonters to access health and human service programs all in one place
 - IE = QHP + MAGI + non-MAGI + Human Services Programs
- Empower Policymakers (Legislators, Stakeholders and Administrators)
 - Make programmatic changes very easy and fast
 - Achieve efficient, automated delivery that lowers administrative costs and streamlines processes
 - Reduce state employees' need to focus on eligibility-related tasks and shift staff resources to case management

Current Funding Request & A-87 Exception

- The FY18 Governor's Operating Budget included \$2.1 million in general fund for Integrated Eligibility.
- These state funds will leverage 90% federal funding (\$19.15 million) through Implementation Advanced Planning Documents (IAPDS). IAPDs are essentially grants from the federal government.
- A-87 exception is a federal opportunity that allows states to access 90/10 CMS funding for shared services without cost allocating to all of the benefiting programs.
 - Expires on December 31, 2018.
 - Human services programs which will benefit from the platform include Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).
 - The human services programs can utilize the CMS 90/10 funding for common development costs – as long as these costs would have been incurred anyway for health care eligibility system development.
 - Any distinct incremental costs for the human services programs will need to be charged to the benefiting program. Therefore, final costs must be funded at a higher rate of state match depending on the availability of federal funds.

Big Picture – History of One-time Appropriations

Source of State Funds	Supporting appropriations - original amounts	CMS-E&E (IE) - State Amount Spent or Anticipated Spent
Capital - Act # 43 2009-2010	\$1.7M	\$1.7M
Capital - Act # 161 2009-2010	\$1.4M	\$1.4M
General Fund - Act # 3 2011-2012	\$3.6M	\$3.6M
AHS GF Act # 63 2011-2012	\$1.7M	\$1.5M
Total State Share through 6/30/16	\$8.5M	\$8.3M
IE Match Funds remaining As of 6/30/16	\$.2M	
AHS GF Act # 63 2011-2012	\$.2M	\$.2M
Capital - Act #26 Sec. 3(c) 2015-2016	\$5.3M	\$.5M
Total State Funds as of 12/31/2016	\$4.8M	\$.7M
General Fund - SFY18 Budget B.1011	\$2.1M	\$2.1M
Estimate Need in FY 2017 & 2018 (including IAPD update)		\$6.7M
ESTIMATED BALANCE REMAINING - 6/30/18		\$.0M

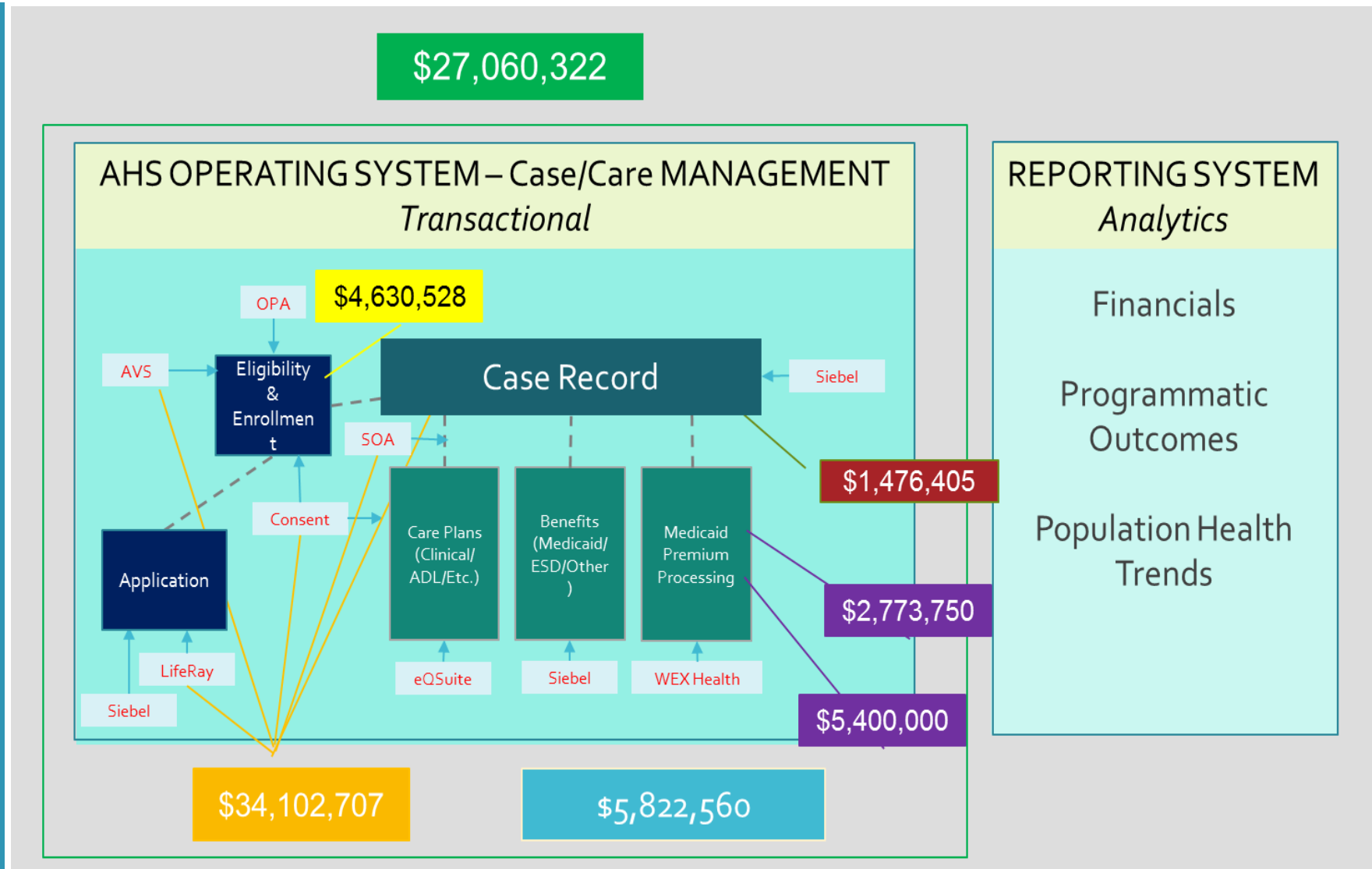
Major Functionality to be Delivered in Phase 1

- Policy Automation
- Policy Modeling
- Data Quality
- Identity and Access
- Data Management
- Consent Management
- Eligibility Determination & Verification
- Enrollment
- Case Management

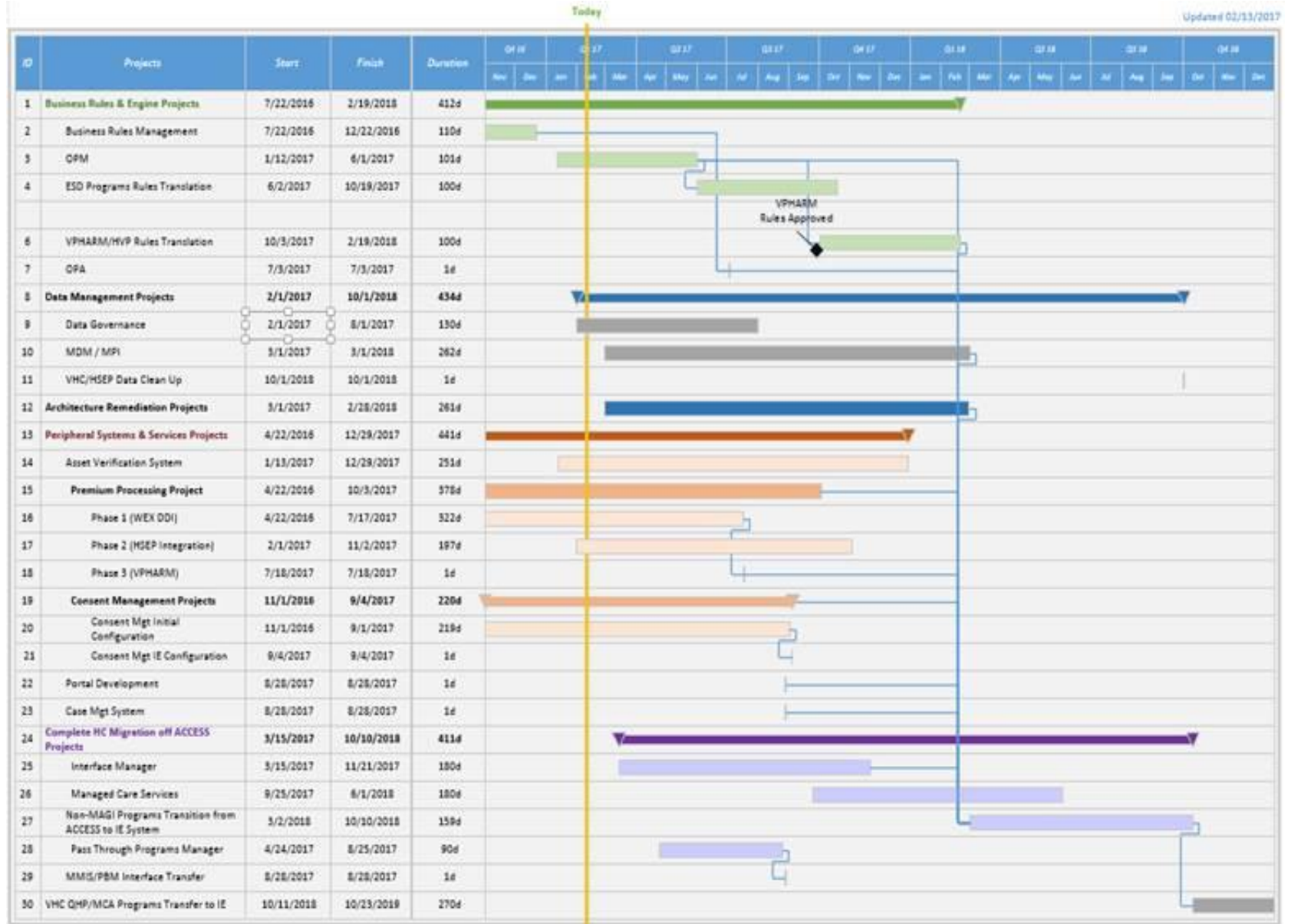
Major Programs to be Delivered in Phase 1

- SSI: Related Medical: General
- Medicare Savings Program
- Working Persons with Disabilities
- Breast or Cervical Cancer Treatment
- Disabled Child in Home Care
- Long Term Care / Choices for Care

Level of Effort Estimates



Project Plan of Functionality to be Delivered



Key Accomplishments 2nd Half 2016

- Project Team Structured
- IVV Oversight Contracted per Federal Requirements
- IE Program Plan/Scope, APD, and Budget Defined
- Technology Platform contract renegotiated from VHC exclusive to Enterprise Platform status with incremental rather than duplicative costs
- Restructured DDI model – multi-vendor and “chunks”
- Discrete components (aka “Chunks” or “Workstreams”) identified
- 1st Workstream – Business Rules Management completed
- 2nd Workstream – Policy Modeler in-flight
- 3rd Workstream - Consent Management RFI completed
- Assumed Program Management for VHC Regulatory Projects
- Planning for remaining workstreams underway