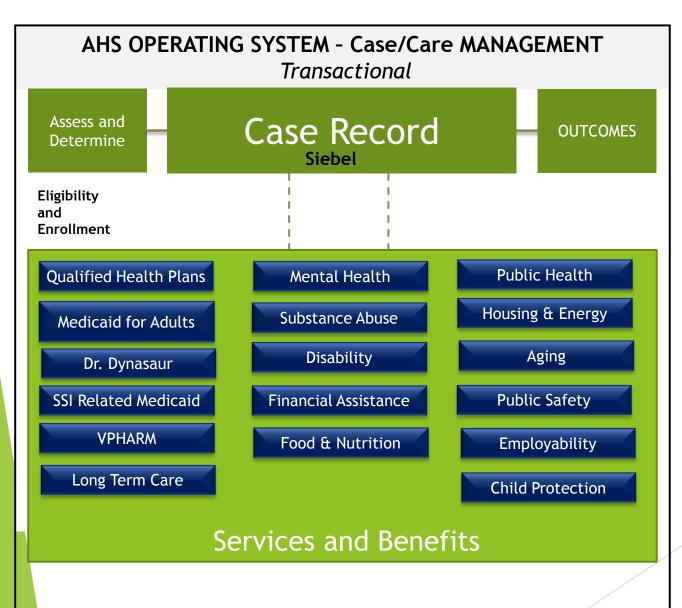
Integrated Eligibility

One system, serving all Agency beneficiaries

What is Integrated Eligibility?

- A series of projects that will achieve the Agency's vision of Integrated Service Delivery.
- These projects are being executed over time, and are bringing all Agency of Human Services programs together technically, with modern, flexible, regulatory compliant technology.
- One system to determine eligibility, enroll, and manage Vermonters' case information.
- It also means increased automation as well as selfservice, empowering Vermonters to manage their benefits in one, simple portal.

What is Integrated Eligibility?



REPORTING SYSTEM

Analytics

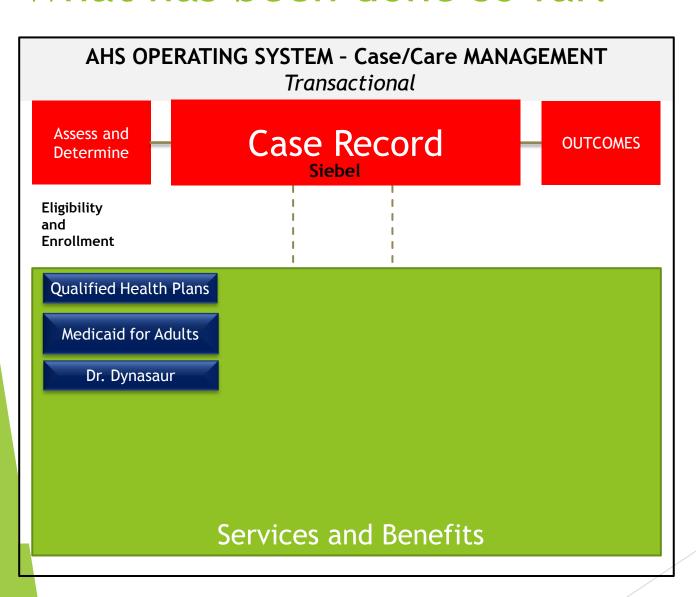
Regulatory Reporting

Financials

Programmatic Outcomes

Population Health Trends

What has been done so far?



REPORTING SYSTEM

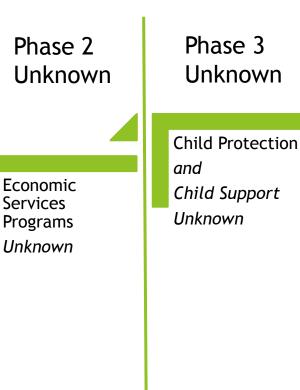
Analytics

Regulatory Reporting

Programmatic Outcomes

Current Estimated Timeline





Integrated Eligibility: Phase 1

Step 1: Build the Foundation

Repairs and restructures current platform to increase operational efficiency, improve the customer experience, and allow for program expansion over time.

Step 2: Consolidate Health Care into one operating platform

Includes the following programs:

- Medicaid for children & adults
- Qualified Health Plans
- SSI-Related Medicaid
- VPHARM
- Long Term Care/Choices for Care
- Medicare Savings Program
- Working Persons with Disabilities
- Disabled Child In-Home Care

Step 1: Build the Foundation

- Eligibility Rules: Builds rules engine and policy modeling capabilities for all programs, including health care and financial programs. *Note: this work is already under way.
- Master Data Management: Centralized data governance, ensuring there is one record per person.
- ▶ Rebuild Integration Layer: Fix the threads between the system elements. This includes removing troublesome Vermont Health Connect components.
- Portal & Case Management Reset: Removal of OneGate will provide a modern, mobile-friendly front-end experience for users.

Once the foundation is complete, it can be "turned on," resulting in meaningful improvements to health care eligibility and enrollment for both customers and staff.

Timeline: Next round of Request for Proposals to be released in Spring, with goal of signing a contract in Fall 2017. Estimated completion Fall 2019.

Step 2: Consolidate Health Care

Moves remaining health care programs from legacy ACCESS system into new platform.

- Clean up & move person level data from legacy ACCESS system to new platform.
- Clean up & move case data from legacy ACCESS system to new platform.
- ► Ensure Operational Readiness, including rebuilding business processes, training staff, and making necessary modifications to operating structure.

Timeline: 12 month effort. Begins after foundational work is complete. Implementation Fall 2020.

Other System Work

There are several other development items the State must complete to meet its mitigation plan requirements with CMS. These items may impact the overall IE schedule due to resource constraints.

- Asset verification: Needed for Long Term Care compliance. Cloud based work that doesn't need to be integrated with the platform. Work has not yet gone out to bid.
- Presumptive Eligibility: PE would be a capability that's realized once foundational work is complete.
- VPHARM Premium Processing: Build onto Medicaid premium billing capability that is currently being developed.

How are we ensuring success?

- Applying lessons learned from VHC, as well as information gained from multiple 3rd party studies
- Not starting from scratch, we're building on what we have
- Employing a modular approach in both Procurement and Implementation approach
- Setting achievable and realistic timelines
- Acting as a "Market follower" not "Market Leader" in the Integrated Eligibility space. We are learning from other States
- 3 separate Oversight bodies are engaged

How is Phase 1 Funded?

Vermont has federal funding (FF) for nearly all Phase 1 work. \$55M FF is currently approved and an additional \$13M (FF) pending approval by the federal government.

Vermont has authorization to access 90/10 match funding for Medicaid technology investment through the A-87 Exception. The A-87 exception expires on 12/31/18.

- FY17 Capital Bill included \$5.3M of state capital funds for Integrated Eligibility.
- FY18 Governor's Operating Budget includes \$2.1 million in state General Fund for Integrated Eligibility.
- These funds leverage approximately \$68 million in federal funding.

Total Cost of Phase 1 (starting 1/1/2017): \$75 million

Integrated Eligibility: Phase 2

- Once Phase 1 is complete, the hardest part is over
- Rinse and repeat project process to add in additional eligibility programs

The following programs will be added to the platform as a part of Phase 2 efforts:

Healthy Vermonters Program (HVP), Family Planning Option, Money Follows the Person (MFP), Refugee Medical Assistance (RMA), Foster Children (Medicaid Title IV-E and non IV-E), Ladies First, Community Rehabilitation and Treatment (CRT), General Assistance and Emergency Assistance (healthcare processes only), Individuals with Disabilities Act (IDEA) Part C - Early Intervention, Children with Special Health Needs (CSHN), Level I Psychiatric Covered Services, Vermont Medication Assistance Program (VMAP), HIV Dental Care Assistance Program (DCAP), HIV Insurance Continuation Assistance Program (ICAP), DOC Hospitalization (Medicaid Coverage), Disability Determination Services (DDS), 3SquaresVT (SNAP; formerly Food Stamps), General Assistance (GA), Emergency Assistance (EA), Fuel Assistance (LIHEAP), Crisis Fuel Assistance, Reach Up (TANF), Reach First, Reach Ahead, Post-Secondary Education (PSE), Phone Assistance (Lifeline), Essential Person (EP), Vermont Rental Subsidy, Farm to Family, Weatherization Program, Child Care Financial Assistance, Women, Infants, and Children (WIC)