Integrated Eligibility & Enrollment

Cass Madison, Deputy Commissioner, DVHA
Mark Combs, Chief Technology Officer, ADS

Project Updates

1. Successes
2. Setbacks
3. Achievement of Expectations

Our **north star vision**

Eligible Vermonters have a **simple** and **easy** way to **apply for, access, and maintain healthcare and financial benefits**, without coverage gaps.

The State delivers these services **efficiently and sustainably**, using **innovative ways of working** and **modern technology.**

Our **progress and our challenges**

In Flight Projects

- Health Care Paper Application Usability
- Electronic Content Management
- Business Intelligence
- Document Uploader (Customer Portal Phase 1)
- Business Rules Management

Upcoming Projects

- Online Application (Customer Portal Phase 2)
- Premium Processing
- CMS Mitigation Plan Items

Health Care Paper Application Usability

Problem

Health benefits are currently processed in two distinct systems. These systems cannot share application information, requiring labor intensive, manual processes. Applicants must file multiple applications and provide duplicative information in order to access full health benefits screening options.

Non-MAGI application forms are out of compliance with plain language requirements established by the ACA, making it harder for applicants to complete the application correctly or requiring more information than may be needed which in turn causes processing delays.

Vision

A newly designed paper application, branded with VT logo and colors that is easy for applicants to complete. It will enable full health care screening for both MAGI and non-MAGI based eligibility determinations, collect information needed for efficient and accurate eligibility decisions, and reduce data entry and processing time for staff

How we're measuring success

- Reduce data entry time for eligibility staff into VHC and/or Access by 5% by end of the controlled launch and by 10% within 90 days of full implementation.

- Improve ease of use results on applicant survey by 5%

- Reduce the time for the customer to receive an eligibility determination by 10%

- Reduce number of questions left blank by 10%

- Reduce number of questions answered incorrectly by 10%

Progress To Date

- Project officially closed April 30th
- Complete application designed and submitted to CMS 5/17
- Successful pilots with Vermont Legal Aid and Burlington District
- Currently in phased rollout: all district offices, assisters, general population
- Long Term Care rollout delayed until September because of document imaging and scanning dependencies.
- What we're hearing on the ground: fewer questions and customers are saying its easier and faster to use
- Total cost $445,000 ($300,000 projected)

Enterprise Content Management

Problem

Vermont eligibility and enrollment staff utilize two enterprise content management (ECM) systems for scanning, indexing, workflow and viewing Vermonters' documentation and notices. This leads to operational inefficiencies, unnecessary maintenance & operations costs, and difficulty coordinating enrollee documentation across programs.

Oracle WebCenter, the ECM system utilized by Vermont Health Connect, is expensive to maintain, not extensible over time, and is incompatible with associated system upgrades.

Vision

To utilize one system to scan, index, manage workflow, and view Vermonters' documentation and notices. By utilizing only one system, ECM will create a streamlined experience and processes for staff that is user-friendly and more efficient for the State to maintain. Training, documentation, and processes will be easier and faster resulting in less confusion and improved quality.

How we're measuring success

- Reduced operating expenses
- Reduced number of tools utilized in Vermont
- Improved staff ease of use
- Reduced data entry time
- Reduced training and documentation time for ADPC
- Reduced client form redundancy

Progress To Date

- Remediated critical security findings and conducted security assessment. Final report to CMS first week in June.
- Baseline development and testing complete
- User Interface built and deploying into test environment on 5/20
- Working connecting between systems, but quality of the connection is a risk
- Data migration and testing to be complete by June. Go live in August pending CMS approval.
- Full security remediation of all software instances by September.
- Project cost $2.4 million ($970,000 projected) due to volume of security findings and unanticipated software costs

Business Intelligence

Problem

The State's current reporting solution for Vermont Health Connect is expensive, difficult to maintain, and suffering from significant performance issues. Vermont currently relies on expensive external contracts to maintain the existing warehouse and to product critical operational reports, including those that allow us to renew Vermonters' coverage, send notices, produce 1095 tax forms, and send required enrollment reports to CMS.

In addition, the existence of data in siloed systems across programs prevents the State from performing critical data clean up and analysis across health care and financial benefit programs.

Vision

The desired outcome of this project is to migrate the data from the existing Oracle data warehouse to Microsoft SQL Server and to rely on State staff to both maintain the warehouse and to manage reporting needs. The new system will be easier for staff to use, enable self-service, and allow for real-time reporting and analytics. It will also ensure that the State has control of its own data, which will reduce vendor lock-in and the costs of maintenance and operations.

How we're measuring success

- Reduce ad hoc reporting costs by July 2019 and eliminate completely by October 2019
- Reduce the State's M&O costs for reporting by $1 million/year starting in 2020
- Reduce cycle time between data request and delivery
- Reduce daily load time to under 30 hours and increase success of automated nightly loads by 91%
- Improve staff satisfaction with the reporting tool by 90%

Progress To Date

- Warehouse and reports are 90% built
- Remaining 10% of development to be completed by the end of June
- Connectivity exists between systems, but major performance issues have stalled progress

Challenges

- Due to connectivity issues in the State network, the project has suffered significant delays and testing has only occurred with limited data
- Contingency must be triggered, which will cost an estimated $3 to $5 million in additional operating costs in SFY20 (75% federal/25% State)
- Ad Hoc reporting tool must still be configured

Remediation Plan

- Data on hard drive next Friday so adequate testing can take place
- Delay Oracle upgrades scheduled for September to maintain existing reporting capabilities
- Retain existing reporting contractor through open enrollment
- Explore moving database to the cloud to resolve connectivity issues
- Secure contracted resources to configure ad hoc reporting tool

Document Uploader (Customer Portal Phase 1)

Problem

Vermonters find satisfying verification requirements to be a challenging, time-consuming, and a frustrating experience. Vermonters often ask internal staff if they can email their documents.

For internal Staff, verifying Vermonters income routinely involves delays, stressful conversations, and duplicative work. Mail and paper slow the entire process from initial notification, to mailing documents, to scanning and indexing. Internal staff wait for Vermonters submission of pay stubs, employment forms, or attestations to process applications or changes.

Vision

To make it easier for Vermonters to submit, and staff to process manual verification documentation.

To implement a technical solution which allows Vermonters to utilize mobile and online technology to submit verification documentation and to automate classification of such documentation. This solution will improve the efficiency of the eligibility determination process and result in a better customer experience for Vermonters.

How we're measuring success

- Improve cooperation rates by increasing available options to Vermonters for the submission of manual verification documentation.
- Minimize the manual work associated with indexing and scanning of documentation.
- Decrease the time it takes to determine eligibility - focusing on information validation activities.
- Minimize the cost to the Vermonter in purchasing postage and paying for gas to hand deliver.

Progress To Date

- Minimum viable product delivered
- 6 pilots live across the State (4 assister organizations, Barre district office, notices)
- Integration with document imagining and scanning system complete - auto scanning reduces burden on staff at document processing center.
- Phase rollout plan: 4 district office in June, non-VHC health care programs & remaining district offices in July, VHC health care live in August.
- Drafted RFQ for authentication software. Contract signed in June, solution delivered as part of document uploader in August.

Online Application

Problem

Vermonters trying to apply for healthcare and financial assistance programs, find the process to be difficult because it is time consuming, confusing to know where (digital systems or offices) to apply, what to apply for, and needing to have multiple accounts and passwords. Each program has different timelines, requirements, and processes and are not tracked in one place. As a result, Vermonters must repeat the same information multiple times to different state offices to simply apply.

Healthcare staff currently do not have the option to support Medicaid for Aged, Blind, or Disabled and Long-Term Care applications through online or phone channels. For the healthcare programs that do have an available online application, the online application questions do not align with paper applications questions.

Vision

The Vermont Agency of Human Services (AHS) Integrated Eligibility and Enrollment (IE&E) Program's vision is to develop a modern, integrated eligibility and enrollment customer portal that provides Vermonters a single sign-on service allowing them to easily apply to multiple benefit programs to help meet their basic needs. Utilizing agile development, modular procurements, and agile product teams, AHS IE&E has the goal of implementing an online application that not only meets state and Federal standards but is user friendly for customers and staff.

How we're measuring success

- Decrease the duplication of data reported by Vermonters across healthcare and financial programs by 6 months after release of online application.
- Decrease the amount of time Vermonters spend applying for programs online by [%] within 6 months after release of online application.
- Increase Vermonters' ability to self-service for all programs 6 months after release of online application.
- Improve staff ease of use 6 months after release of online application.
- Decrease time it takes for Vermonter to receive eligibility determination.

Progress To Date

- Conducted comprehensive user research of staff and customers
- ABC form approved and charter drafted
- Project Manager assigned
- Refining scope/technical strategy and begin prototyping in June
- Developing procurement strategy with goal of having vendor on the ground in July/August

Premium Processing

Problem

Premium billing continues to be a pain point for Vermont Health Connect customers. Vermonters don't always understand what they need to pay, by when, and how it will impact their coverage. Customers don't always know who to call when there is a problem. Data inconsistencies, transaction errors, and premium allocation issues make it difficult for staff to understand the information they are seeing and accurately communicate case status to customers.

As a result of these issues, the Vermont Legislature has instructed the State to return QHP premium processing to insurance carriers for plan year 2021. Vermont is also out of compliance with state Medicaid rules regarding noticing for late premium payment and termination for nonpayment.

Vision

Streamline the financial transactions and processes associated with the administration of health coverage and financial benefit programs as a part of the overall IE&E roadmap. Transition responsibility for Qualified Health Plan premium processing to insurance carriers for coverage starting 1/1/2021. Implement processes and technology that allows the State to accurately notice and terminate Medicaid enrollees for nonpayment of premium.

How we're measuring success

- Reduce escalated premium cases by 35% within three months of deployment
- Reduce premium call volume to less than 4,000 calls per month within six months of deployment
- Increase customer satisfaction by 5% by end SFY21
- Reduce coverage reinstatements by 30% annually by SFY22
- Reduce staff time spent resolving premium discrepancies by 25% within six months of deployment

Progress To Date

- Draft Charter and ABC Form – goal to reach approval in May
- Actively conducting customer and carrier interviews and have developed initial user stories
- Technical approach defined and initial statement of work drafted. Will be released to retainer pool in June.
- Working to understand what development is needed on existing systems to sunset QHP premium processing functionality
- Policy workplan in place for rule changes that need to occur before go live

CMS Mitigation Items

Progress To Date

- Required to allow Aged Blind and Disabled Medicaid enrollees to electronically submit change requests by July and application by September.
- On track to leverage the document uploader to meet this requirement.
- Phone application processing will also go live in September.

Program level priorities

- Expand training and development opportunities for staff
- Improve consistency in project management processes and tools
- Introduce structure to software decision making
- Build a maintenance & operations plan early
- Provide additional support for operations staff who are also leading projects
- Build process improvement expertise across the organization
- Understand the places in the roadmap that will increase work for staff on an interim basis and set expectations appropriately
- Find common ground with FNS on cost allocation

Questions?