

Project: Integrated Eligibility Solution (Agency of Human Services, Agency of Digital Services)

House Committee on Corrections and Institutions

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Program Summary

The Integrated Eligibility and Enrollment (IE&E) program represents the task of creating a system such that “eligible Vermonters have a simple and easy way to apply for, access, and maintain health care and financial benefits without coverage gaps”¹. This program is a joint endeavor by the Agency of Human Services (AHS) and the Agency of Digital Services (ADS), with federal oversight and funding by the Centers for Medicare & Medicaid Services (CMS).

History

The goal of replacing the existing eligibility system with a more modern, capable, and sustainable system that consolidates all AHS benefit eligibility, enrollment, and management functions has been in existence since at least 2004. While past attempts to implement this goal have taken various forms (in house development, vendor contracts, etc.), through 2017 none had yielded significant results. Faced with limited resources, declining Federal cost sharing, and increasing technical debt (i.e. IT obsolescence), in July of 2017 AHS and ADS embarked on a new approach. This approach is characterized by more modular development, shorter delivery timeframes, and reduced risk. While this approach might take longer and cost more overall than an ideal “one stop shopping” vendor contract, the odds of realizing measurable benefits and overall success are greater. Benefits can be realized more quickly, and smaller, short term difficulties are handled more easily than when a large failure occurs at the end of the project.

Status and Outlook

At the current time the program is generally performing as hoped. It is worth noting that for the first time since IE&E was conceived there have been concrete successes that have improved the overall state of the eligibility and enrollment process. While there have been setbacks (delays in the Enterprise Content Management project, rescheduling of the Business Intelligence project), the program has or will achieve most of its milestones for FY20 and has adhered to the allocated funding. Assuming that

¹ https://legislature.vermont.gov/assets/Legislative-Reports/Act-42-IEE-1-November-2019-Progress-Report_DVHA_FINAL.pdf

organizational support and project leadership continues to be strong, this level of performance is expected to continue through FY21.

FY20: Achievements and Shortfalls

- Health Care Paper Application (goal was the consolidation of several different applications into a single form, which represents a prerequisite for later online versions): Completed July 2019
- Enterprise Content Management (goal was consolidation from two document managements systems, Oracle's WebCenter and state-owned Onbase, into just Onbase): Wrapping up (97% complete)
- Customer Portal Phase 1 (goal was to allow customers to upload documents in support of eligibility): Technically complete, final fielding in process
- CMS Mitigation Plan (goal was CMS non-compliance corrections): Progress made, continues through FY2020
- Business Intelligence (goal was to replace contractor-generated reports with a state-owned solution that achieves the same output): Deferred/rescheduled

FY21: Expectations

- Customer Portal Phase 2 (goal is to allow online application for various health-related programs): Target completion July through October 2020
- Premium Processing (goal is to get the state out of the mix when handling healthcare payments, instead having BCBCVT and MVP handle them): Target is having vendor in place late 2020
- Master Person Index (goal is to obtain a system that links persons across multiple systems in order to better coordinate service): Potential higher priority, schedule TBD
- CMS Mitigation Plan (goal continues to be CMS non-compliance corrections): Ongoing through FY2020

Recommendations

Given the relatively stable nature of the program, and that fact that over the past year there has been a close match between costs and achievements, my recommendation is that the requested adjustment to a total of \$4.5M for FY21 be approved. If the adjustment is not approved it will not mean failure for the program, however it will mean that more projects will likely have to be deferred. Given that long term federal funding is not assured, and that the state cannot afford to fund this program completely in-house, the longer the program takes the greater the chances that potential improvements and achievements will not be realized.