Integrated Eligibility & Enrollment

Cory Gustafson, Commissioner, DVHA
Cass Madison, Deputy Commissioner, DVHA
Sean Brown, Deputy Commissioner, ESD DCF
Marcia Schels, ADS
Adaline Strumolo, DVHA Policy

CMS asked really great questions.

What's our long term vision?

What are the outcomes we are trying to achieve and how will we measure success?

How are we planning for the needs of all our stakeholders?

How are we going to get there, specifically?

How are we going to make incremental progress towards compliance?

How are we ensuring successful enterprise relationships?

Lenses

Users (Vermonters/Staff) + Compliance + Technology

State Staff also face challenges as they deliver these services

- Supporting the application, verification, & renewal process can be labor intensive for staff.

- System and paper processes don't align well, resulting in inefficiencies and introducing the opportunity for error.

- Staff portals aren't easily understandable or navigable and case status is often difficult to understand.

- Integration and data integrity issues across systems makes it difficult to ensure accurate enrollment and to communicate coverage details to Vermonters.

For Staff

We're listening to our staff

Our project teams

- Engaged 130 front line workers during Staff Development Day

- Shadowed workers to understand workflow

- Collected several rounds of feedback on paper application prototypes

- Are conducting 1:1 interviews with policy, operations, and assitors to understand impacts and requirements during planning

Disjointed, obsolete systems inhibit accurate and timely eligibility determinations

- Out of compliance with critical MABD program rules

- In many cases, the burden is still on Vermonters to provide information

- Usability/readability issues may lead to misunderstandings, making us vulnerable at customer appeals

- Data discrepancies and access issues make it difficult to assess how we're doing and measure progress

- Manual processes and workarounds slow down processing and introduce the opportunity for error
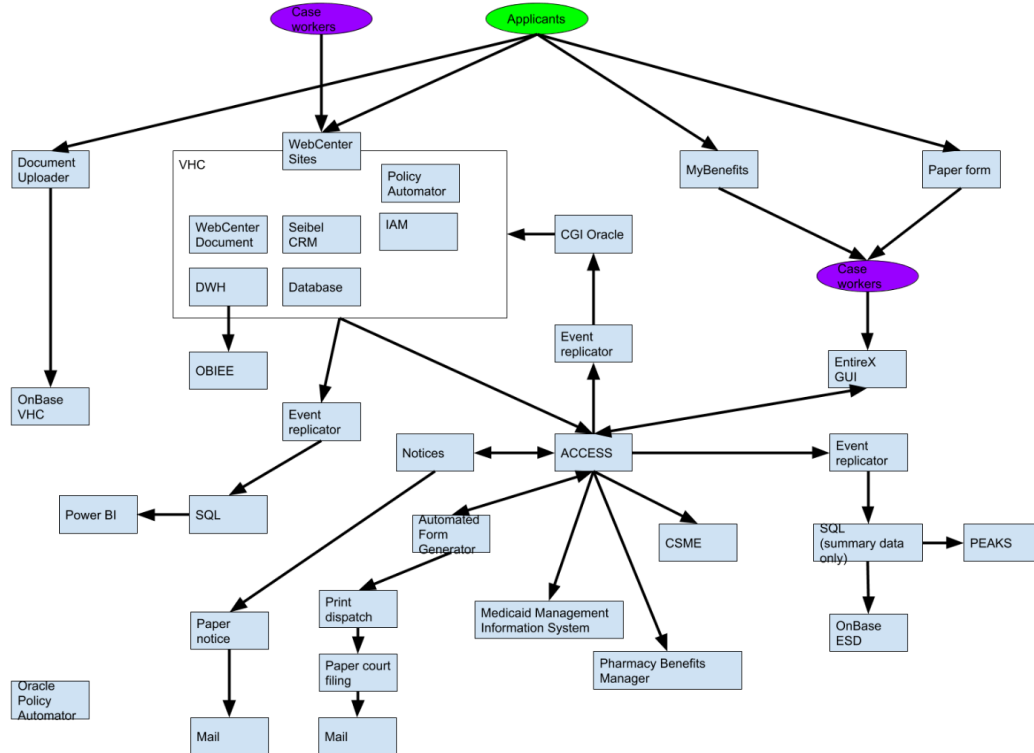
Systems are siloed, each with unique problems

Vermont Health Connect	ACCESS
QHP MAGI	Non-MAGI Financial Programs
Black box Not modular Expensive to update Entirely controlled by a vendor	Years of ad hoc development Limited staff to maintain Outdated technology Large backlog

This makes managing a case unnecessarily complicated

We got locked in with expensive change requests and lost control of our data

No integration

Inability to move data between different applications/databases

Costly data migration to new systems

This means we get blocked when we want to implement a new rule or offer new services to Vermonters

New online service
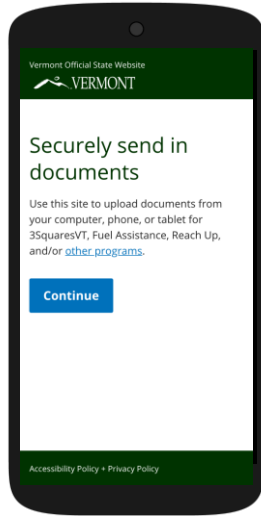
Change
Request
$$$$
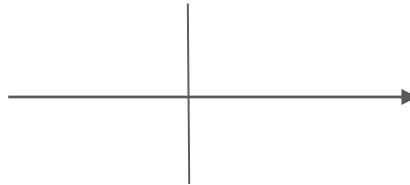
Change
Request
Time

Applicant database
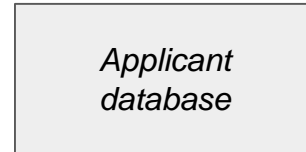
But we're on a path to changing that...

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.

Eligibility determinations that Vermonters receive are **accurate and timely**.

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

This means we're improving functionality for Vermonters and Staff across the full E&E lifecycle and measuring our progress along the way

Apply → Verify → Enroll → Receive → Renew

Apply > Verify > Enroll > Receive > Renew

Vision for customers

Apply for all healthcare and financial benefit programs through one application through the channel of their choice.

Vision for staff

Increasing the number of Vermonters who can use self service will reduce errors and rework for staff.

We'll measure our progress with

Percentage of determinations under 45/30 days (program dependent)

Percentage of programs with ability to apply through all channels (paper, phone, online)

Number of applications Vermonters have to submit to receive an eligibility determination within IE&E Program scope

Apply **Verify** **Enroll** **Receive** **Renew**

Vision for customers

Vermonters have to provide as little supporting documentation as possible.

Easily understand the info they need to provide (and by when) and share that with the state in a channel and time that is convenient for them.

Vision for staff

Staff can easily understand what needs to be verified by when, and interpret the next steps. Streamlining verifications will also eliminate a majority of the manual work.

We'll measure our progress with

Percentage of Vermonters who can be verified using automated data sources

Percentage of Vermonters cooperating with requests for additional verification

Time from notice sent to response received

Process verification documentation within 10 business days of submission

Percentage of notices that are manual

Apply > **Verify** > **Enroll** > **Receive** > **Renew**

Vision for customers

Choose programs, pay their bills, and get their questions answered in as few steps as possible

Vision for staff

Improve data integrity and automate enrollment processes. Reduce the need to focus on backend transactions. Staff will be able to accurately report case status to customers.

We'll measure our progress with

Number of data discrepancies between systems

Number of transaction errors requiring manual intervention

Number of steps from determination to enrollment

Percentage of data/reports readily available

Apply > **Verify** > **Enroll** > **Receive** > **Renew**

Vision for customers

Feel confident that they are enrolled in the right programs, understand benefits, and can use them when they need them.

They can update their information in the channel that works best for them.

Vision for staff

Allow staff to see all case information in one place, and have confidence that the data is accurate so that they can communicate effectively to Vermonters

We'll measure our progress with

Number of escalated cases

Number of touches (operational units) required to ensure a customer is properly enrolled

Number of fair hearings requested

Number of cases overturned or settled at fair hearing

| Apply | Verify | Enroll | Receive | **Renew** |

Vision for customers

Replicate MAGI population's ease of renewals by increasing the number of Vermonters who can be renewed automatically and ensuring self-service is available for those who cannot.

Vision for staff

Increase the percentage of Vermonters who can be renewed automatically and reduce the number of steps needed to process renewals for those who cannot.

We'll measure or progress by

Percentage of enrollees closed for non-cooperation (completion of requested tasks related to renewal)

Percentage of cases that can be renewed with no staff touch (break out into self-service and no touch by customer)

Percentage of cases that can be auto-renewed with no touch by customer

At an enterprise level this means embracing key compliance and technical principles

Our compliance vision

- **Incrementally meet MABD and other program requirements**

- **Reduce enrollee burden**

- **Ensure timeliness and accuracy of determinations**

We'll measure or progress by reducing:

Number of rules in the queue for implementation

Amount of time it takes to fully implement new rules

Number of audit findings

Number of losses at fair hearing

Number of enrollee steps required to complete determination

Number of times enrollee has to provide repeat information

Our compliance principles

- Providing individuals who would be eligible under more than one Medicaid category with a choice of category
- Ensuring that individuals that become ineligible for one benefit are tested for the next most advantageous benefit
- Providing individuals with timely notice of any decision that affects eligibility, including:
- Sending advance notice of a decision that adversely affects an enrollee's eligibility
- Providing tools to allow customers to communicate with us by mail, in person, by phone, via website, etc.
- Making all information accessible to individuals with disabilities and those with limited English proficiency

Our technology vision

We will build:

- **Systems that are extensible and maintainable**

- **Collaborative relationships across departments**

- **Our in-house technical and research capabilities**

We'll measure or progress by

Percentage of legacy system components encapsulated

Migrations to cloud-hosted environments

Number of manual tasks and paper-only processes

Time to deploy, increased deployment frequency

Time to restore, lowered change failures

Our technology principles

- Build using Agile and iterative practices to deliver value frequently and incrementally
- Default to Open
- Default to Cloud
- Default to open standards and formats to maximize extensibility and interoperability
- Own and manage our data and business rules
- Choose emergent architecture over 'big up-front design'
- Favor small components and loosely-coupled parts
- Automate testing and deployments
- Value experimentation and innovation

If you want to know more….

Customer Portal Product Canvas

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

User Group	Problem	Unique Value Proposition	Solution	Key Success Factors
Who is included: Vermonters who are eligible for the benefit programs run through DVHA and ESD. Assistors for these programs. **Who is not included:** Vermonters participating in programs outside of DVHA and ESD (for now) **Early Adopter:** Assistors Vermonters who manage their coverage online	Right now, applying for, enrolling in, and obtaining benefits in Vermont is a challenge In many cases, the burden is on them to ensure their coverage **Existing Alternatives:** When Vermonters can't use our systems they depend on assistors or loved ones to navigate their coverage	Eligible Vermonters have a simple and easy to apply for, access, and maintain healthcare and financial benefits, in the channel that works best for them, without coverage gaps. **Channels** Online Over the phone Paper Assistor networks Community organizations Referrals from other programs	Single streamlined application accessible across all channels One place to report changes Pre-pop and ex-parte renewals Improved notices **Unfair Advantage** Less dependency on others to manage the system Customers feel in control of their own health	How will we measure success? What key metrics are we trying to move? **Key Resources & Partners** HAEUU Operations ADS ESD Operations Call center and front line staff Assistors 18F Vendors

Mission Value	Cost Structure	Barriers
Vermonters get the benefits they are eligible for in a timely and accurate way.	Optum Change Requests Agile vendors and software licences Technical Staff Operational Staff	Centrally staffed technical leads Vendor lock-in Oversight doesn't match agile approach Stakeholders and barriers across programs

If you want to know more….

Staff Portal Product Canvas

Vision Statement: The State of Vermont delivery these services efficiently and sustainably, using innovative ways of working and modern technology.

User Group	Problem	Unique Value Proposition	Solution	Key Success Factors
Who is included: DVHA and ESD operational staff Assistors **Who isn't included:** Customers Staff outside the above programs **Early Adopter:** Training groups	Manual processes and workaround slow down processing and introduce the opportunity for error Staff need to use multiple systems to manage a case System results aren't written in plain language Systems are difficult and expensive to update so changes don't happen when needed **Existing Alternatives:** Workarounds	Staff will have streamlined workflows and interfaces to resolve and manage cases quickly with as little manual work as possible	Streamlined workflows and integrations to minimize manual tasks Streamlined interfaces to find and manage cases	How will we measure success? What key metrics are we trying to move?

| | | **Channels**

Digital interfaces
Paper forms
Workflows
Training and staff support | **Unfair Advantage**

Workarounds won't be needed | **Key Resources & Partners**

HAEUU Operations
ADS
ESD Operations
Call center and front line staff
Assistors
18F
Vendors |

Mission Value	**Cost Structure**	**Barriers**
Vermonters get the benefits they are eligible for in a timely and .accurate way	Optum Change Requests Agile vendors and software licences Technical Staff Operational Staff	Centrally staffed technical leads Vendor lock-in Oversight doesn't match agile approach Stakeholders and barriers across programs

Our **approach**

We're focusing on our users first

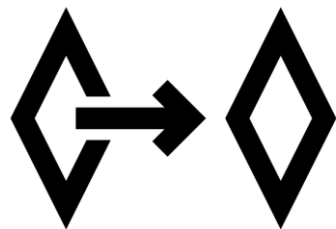# We're delivering on interim mitigations and long term goals
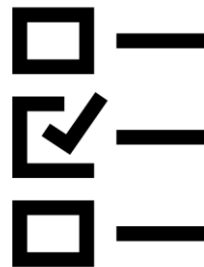
We're taking control of our systems

We're laying the foundations now

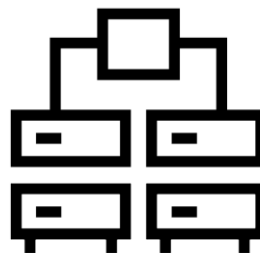# We've already made a lot of progress:

Data migration

Rules Engine

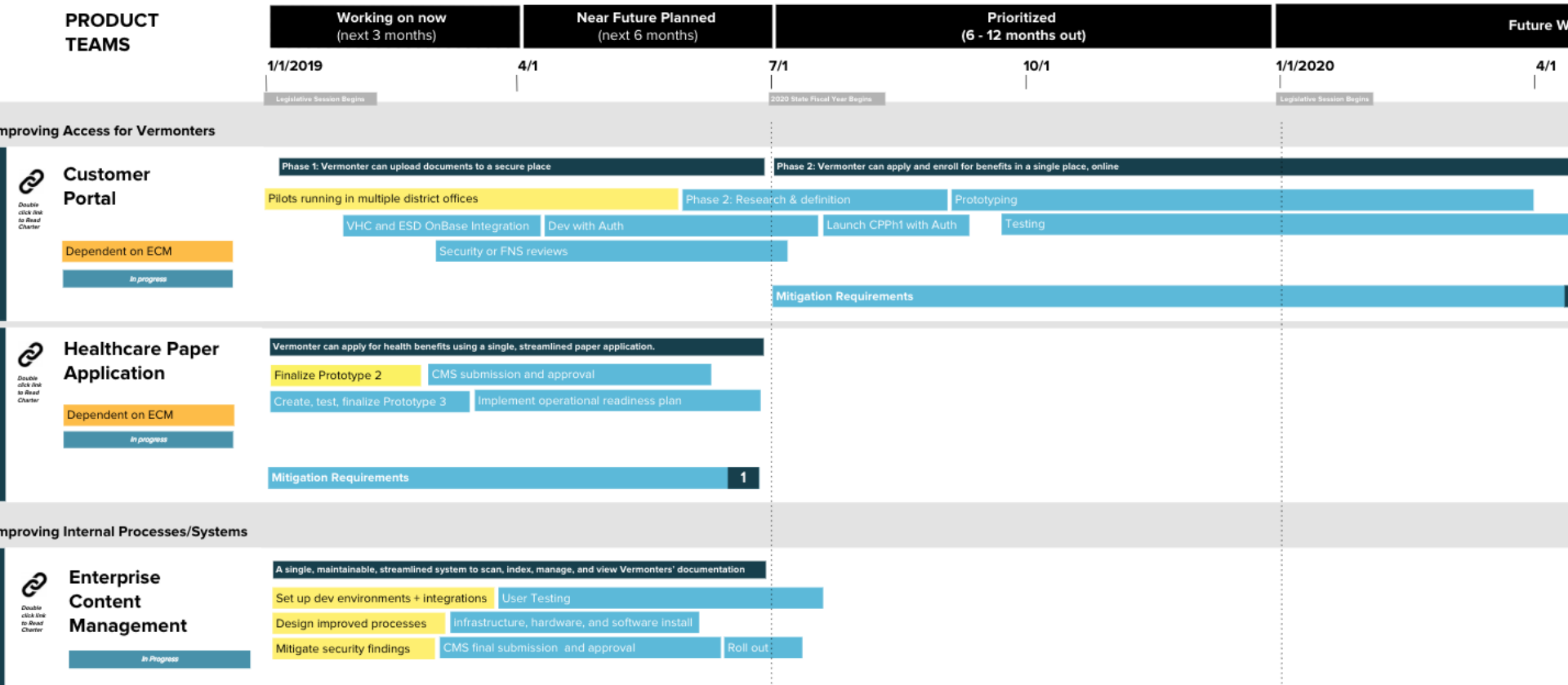**Document Storage**

We've already made a lot of progress:

Document Uploader

Hosting & DevSecOps

We're focused on compliance

PRODUCT TEAMS	Working on now (next 3 months)	Near Future Planned (next 6 months)	Prioritized (6 - 12 months out)	Future W...
	1/1/2019	4/1	7/1	10/1	1/1/2020	4/1

Legislative Session Begins — 2020 State Fiscal Year Begins — Legislative Session Begins

Improving Access for Vermonters

Customer Portal
Double click link to Read Charter

Dependent on ECM

In progress

- Phase 1: Vermonter can upload documents to a secure place
- Phase 2: Vermonter can apply and enroll for benefits in a single place, online
- Pilots running in multiple district offices
- Phase 2: Research & definition
- Prototyping
- VHC and ESD OnBase Integration
- Dev with Auth
- Launch CPPh1 with Auth
- Testing
- Security or FNS reviews
- Mitigation Requirements

Healthcare Paper Application
Double click link to Read Charter

Dependent on ECM

In progress

- Vermonter can apply for health benefits using a single, streamlined paper application.
- Finalize Prototype 2
- CMS submission and approval
- Create, test, finalize Prototype 3
- Implement operational readiness plan
- Mitigation Requirements 1

Improving Internal Processes/Systems

Enterprise Content Management
Double click link to Read Charter

In Progress

- A single, maintainable, streamlined system to scan, index, manage, and view Vermonters' documentation
- Set up dev environments + integrations
- User Testing
- Design improved processes
- infrastructure, hardware, and software install
- Mitigate security findings
- CMS final submission and approval
- Roll out

We've improved our processes

- Implemented Rapid Agile Procurement (RAP) Process
- Established out agile hybrid project management process
- Established IE&E steering committee
- Established enterprise change control process
- Expanded our IT retainer pool
- Created a dedicated technical team
- Planning for M&O now
- Quarterly Staff development/training events
- Closed 12 of 17 IV&V observations

These foundations allow us to create new features and tools faster, delivering services to Vermonters as soon as they are ready

Let's get into the roadmap!

FFY 19

IE&E Roadmap Delivery Summary – Major Milestones

Document Imaging & Scanning (June 2019)
Sunset Oracle WebCenter

Health Care Paper App Rollout (July 2019)
Implement new paper app for MAGI/Non_MAGI

Reporting & Analytics (July 2019)
Encapsulate VHC data & sunset OBIEE/Archetype

Self Service Document Uploader (October 2019)
Self-service submission of supporting documentation

FFY 20

IE&E Roadmap Delivery Summary – Major Milestones

Authenticating Users (March 2020)
Vermonter identify validated as part of document uploader

Streamlined Online Application (June 2020, November 2020)
Designing and building a single streamlined application for MABD and ESD

Hospital Presumptive Eligibility (August 2020)
Allowing hospitals to submit online

QHP Premium Processing (October 2020)
Returning premium processing to insurance carriers

Data Quality & Management (December 2020)
MDM & TMSIS improvements

FFY 21

IE&E Roadmap Delivery Summary – Major Milestones

Fully integrated MAGI/Non-MAGI Portal (Jan 2021)
Sunset VHC Portal and expand existing Non-MAGI/ESD Portal

Online Smart Renewal Application for MABD (Feb 2021)
Expand portal functionality to include online prepop for renewals

Worker Dashboard (April 2021)
Streamline worker experience & associated workflow

Dynamic Self-Service CoC (June 2021)
Online portal experience for change of circumstance reporting

Medicaid Premium Processing (June 2021)
Sunset Wex Health

FFY 21

IE&E Roadmap Delivery Summary – Major Milestones

Fully Automated Ex Parte Renewals for MABD (June 2022)
Leverage all electronic data sources for full ex parte renewals

ESD Financial Benefit Administration (February 2022)
Streamline worker experience & associated workflow

Focus on mitigation

MABD Mitigation Tools
With IT Corrective Action

- July 2019 - Integrated health care paper application
- July 2019 - Paper MABD supplement
- September 2019 - Online fillable MABD supplement
- October 2019 - Online fillable MABD change form
- December 2019 - Online fillable MABD review application
- June 2020 – Renewal prepopulation for MABD
- June 2020 – Online smart application for MABD
- February 2021 – Online smart renewal application for MABD
- June 2021 – Self-service change reporting for MABD
- December 2021 – Possible manual ex parte renewal for MABD
- June 2022 – Automated ex parte renewal for MABD

Mitigation Strategy: Coordination at Application

Integrated paper application [July 2019]

- ▶ No more use of separate 202Med application for MABD
- ▶ All paper applicants screened for MAGI first, MABD information captured in supplement
- ▶ Streamlined screening process (e.g. one touch point for customer, use of hub data)

Phone processing of integrated application [Sept 2019]

Electronic submission of MABD application information [Sept 2019]

- ▶ Applicants meeting certain criteria (disability, over 65, or request addt'l screening) provided MABD supplement (instead of full paper application)
- ▶ Fillable PDF available to all online applicants after MAGI screening

Online portal will include fully integrated functionality [June 2020]

*All applicants are screened for MAGI, if denied MCA, can enroll in QHP/APTC, if eligible, pending MABD determination

Mitigation Strategy: Renewals

Electronic submission of MABD review form [Dec 2019]

    ▶ Fillable PDF available to all MABD enrollees

Prepopulation of MABD review form [June 2020]

Online portal will include integrated renewal functionality including prepopulation [Feb 2021]

Manual ex parte renewal process leveraging electronic data sources [~Dec 2021]

Automated ex parte renewal functionality [June 2022]

Mitigation Strategy: Coordination at Redetermination

For those who terminate MABD, provision of core application for MAGI screening including possible QHP/APTC [Sept 2019]

For those who terminate MCA, MABD supplement available through all channels [Sept 2019]

- ▶ Enrollees with MABD trigger (age 65, disability) provided MABD supplement (instead of full paper application) [Sept 2019]
- ▶ Can enroll in QHP/APTC, if eligible, pending MABD determination

Online portal will include integrated renewal functionality including screening for MABD after MCA termination [Feb 2021]

Mitigation Strategy: Changes of Circumstance

Electronic submission of fillable PDF for MABD change reporting [Oct 2019]

Online portal includes self-service change reporting for MABD [June 2021]

We know there are challenges ahead

- Hire and maintain tech staff

- Vendor lock-in - everything will require Optum to transition

- Extensive checklists required for reviews before ATO

- Peel away old functionality without breaking what works today

- Stakeholder skepticism

- Managing organizational change - esp. With frontline staff.

- Working with both CMS and FNS

We need your help.

- Additional metrics
- Feedback on mitigation strategy
- Common ground on MEET/MELC approach
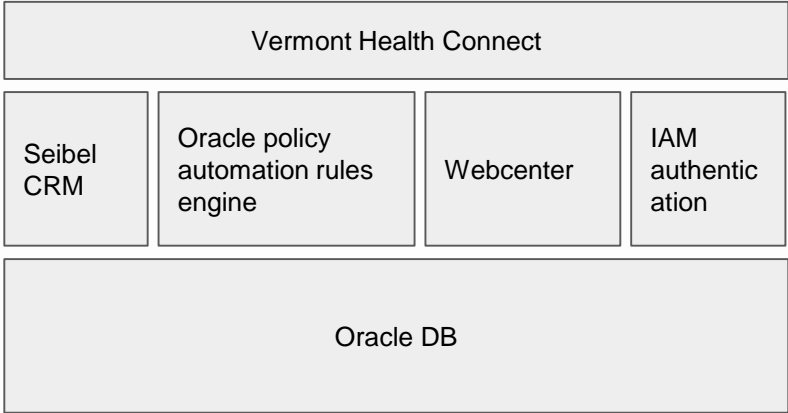- FNS funding approach

APPENDIX

Details of the current state

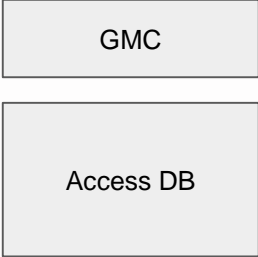# Right now, applying for, enrolling in, and obtaining benefits in Vermont is a challenge

Apply → Verify → Enroll → Receive → Renew

Encapsulation Strategy

Systems View: Current state of IE&E systems

Healthcare population

MABD + LTC population

ESD beneficiaries

Vermont Health Connect

| Seibel CRM | Oracle policy automation rules engine | Webcenter | IAM authentication |

Oracle DB

GMC

Access DB

ESD

Access
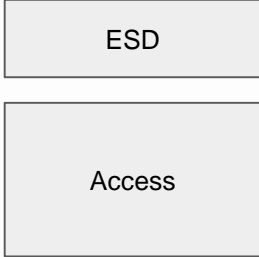
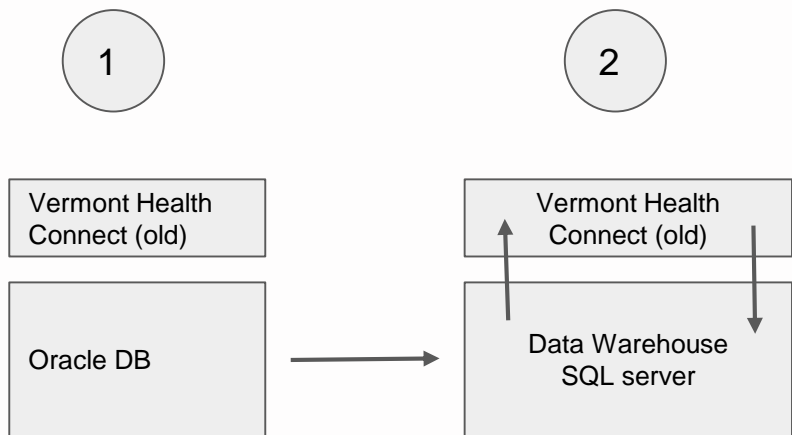# Step 1: Replicate all legacy system data in one place (mirror data)

1

Vermont Health Connect (old)

Oracle DB → Data Warehouse SQL server

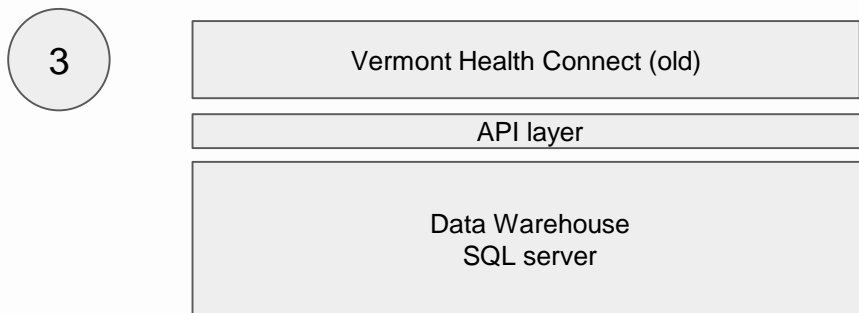# Step 2: allow VHC to read and write to new data warehouse

1

2

Vermont Health Connect (old)

Oracle DB

Vermont Health Connect (old)

Data Warehouse SQL server

In progress currently

# This is huge! In <3 months, we will no longer rely on a third party to query our database at cost

1

2

| Vermont Health Connect (old) |
| Oracle DB |

| Vermont Health Connect (old) |
| Data Warehouse SQL server |
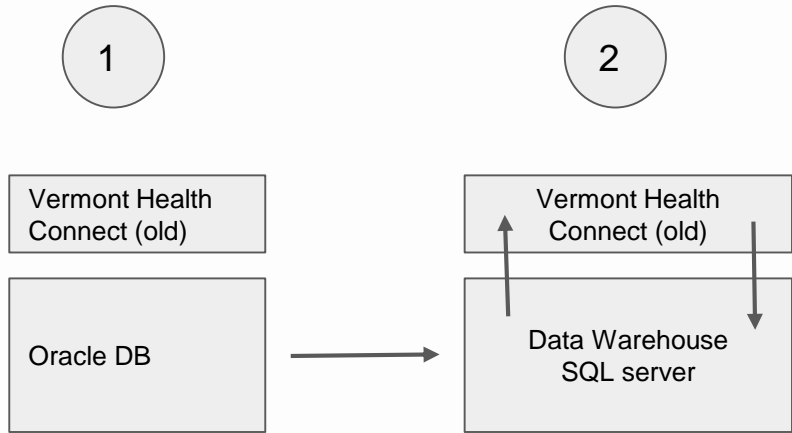
In progress currently

This will allow us to move faster

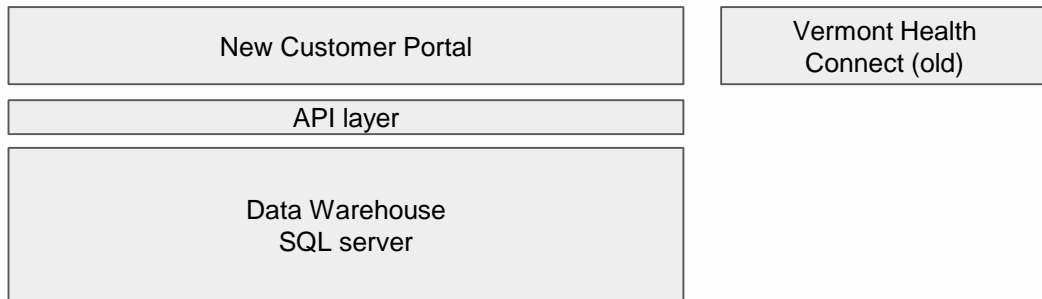# Step 3: Build an API layer in place to gate information the old healthcare system

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   ___
  /   \
 |  3  |        ┌──────────────────────────────────────┐
  \___/         │      Vermont Health Connect (old)      │
                ├──────────────────────────────────────┤
                │               API layer                │
                ├──────────────────────────────────────┤
                │             Data Warehouse             │
                │               SQL server               │
                │                                        │
                └──────────────────────────────────────┘
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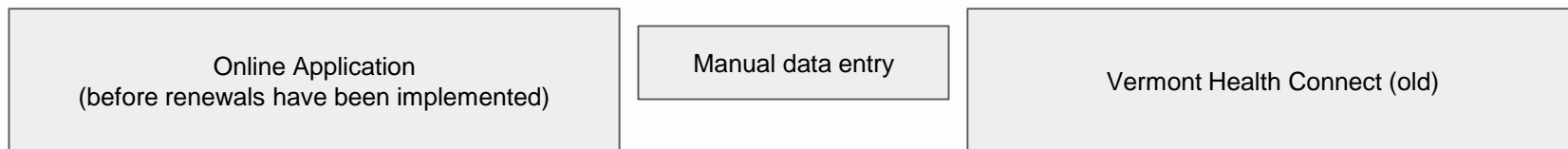
Step 4: Build a new system (Customer Portal) and use the API layer in place to gate information from either system, in test only

(4)

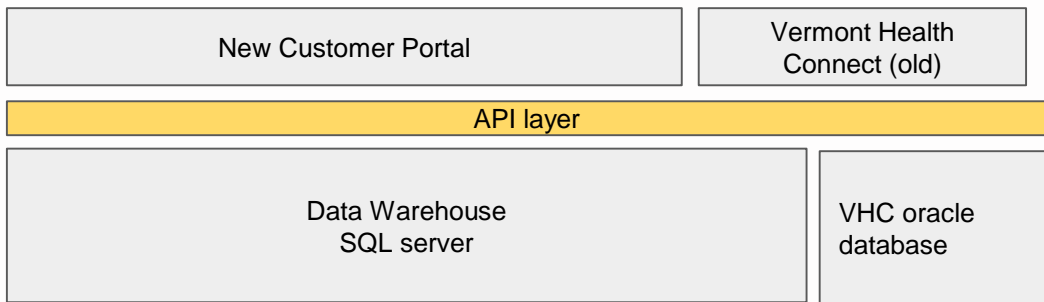| New Customer Portal	Vermont Health Connect (old)

API layer

Data Warehouse
SQL server
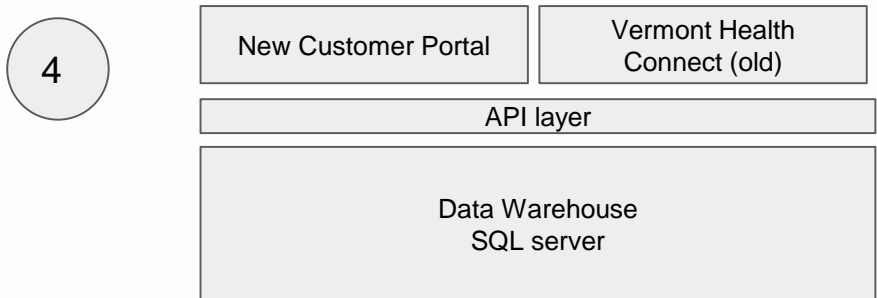
Step 5: Disconnect old system functionality and introduce new system in production

New Customer Portal

Vermont Health Connect (old)

API layer

Data Warehouse SQL server

What does disconnecting look like?

| Online Application (before renewals have been implemented) | Manual data entry | Vermont Health Connect (old) |

Step 5a: the API layer can keep some functionality running in parallel

Known risks to using this approach

- If the transition takes longer than expected, Vermont pays for duplicative products for longer than expected
- The existing vendor may not be cooperative, making effective encapsulation difficult

Additional achievements this year

Additional foundation work

- ECM: Retiring our most expensive Oracle license

- RAP process

- Dedicated Technical Team

- Agile/hybrid lifecycle

- IV&V Observations

- Program Management and Org Structure/Governance

Additional successes

- Implemented Medicaid renewals – MAGI mitigation plan

- Implemented comprehensive verification program for QHP eligibility factors

- Executed Open Enrollment year over year, adapting to significant federally-driven enrollment changes. Stabilized VHC –

Our current system map

This makes managing a case unnecessarily complicated