Report to
The Vermont Legislature

Progress Report on the Integrated Eligibility and Enrollment System.

In Accordance with Sec. 3(b) and 3(e)(2) of Act 42 (2019): An act relating to capital construction and State bonding.

Submitted to: Joint Information Technology Oversight Committee, Chair & Vice
                    Chair
                    House Committee on Corrections and Institutions, Chair
                    House Committee on Health Care, Chair
                    Senate Committee on Health and Welfare, Chair
                    Senate Committee on Institutions, Chair
                    Joint Fiscal Committee

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Report Date: November 1st, 2019

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EXECUTIVE SUMMARY

Act 42 of 2019, An act relating to capital construction and State bonding, adopts a reporting requirement to ensure House and Senate committee review of project progress on the Integrated Eligibility and Enrollment (IE&E) system with further project funding released following approval from the Joint Fiscal Committee at its September and November 2019 meetings. Act 42 was signed by Governor Scott on May 30th, 2019. The Act includes a requirement for the submission of two progress reports that are the responsibility of the Secretary of Human Services and Secretary of Digital Services. Reports are required to be submitted to the Chairs of the following committees: Joint Information Technology Oversight, House Corrections and Institutions, House Health Care, Senate Health and Welfare, Senate Institutions, and the Joint Fiscal Committee.

IE&E North Star Vision
Eligible Vermonters have a simple and easy way to apply for, access, and maintain health care and financial benefits without coverage gaps. The State of Vermont delivers these services efficiently and sustainably, using innovative ways of working and modern technology.

IE&E Project Updates
Enterprise Content Management (ECM): The ECM project is consolidating the scanning, indexing, and viewing of Vermonters' documents into one system that is already owned and maintained by the Agency of Digital Services. This will produce a more efficient workflow for staff and reduce the operating costs associated with Vermont Health Connect. The State received approval to launch from the CMS security team in August and officially went live on September 13th, having resolved the network connectivity issues that were affecting software performance. The team is focused on completing remaining security related tasks, with the goal of closing the project November 30th, 2019.

Business Intelligence (BI): BI is the data reporting and analytics project that will allow the State to transition from the expensive, standalone Oracle data warehouse leveraged by Vermont Health Connect, to a Microsoft SQL data warehouse solution already owned and maintained by the Agency of Digital Services. This reporting component is crucial for functions such as the renewing of Vermonters' health coverage, sending of notices, production of required 1095 tax forms and sending required enrollment reports to CMS. The new warehouse was scheduled to go live in July but persistent state network connectivity issues and challenges in building the warehouse itself have delayed implementation. The State triggered a contingency in July to continue current Oracle data warehouse through open enrollment (November 1st – December 15th, 2019) for health care and to contract out for 1095/CMS enrollment reporting. The new target date for delivery is February of 2020. DVHA and ADS are closely monitoring project progress

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and considering whether additional contingencies need be triggered in October of 2019 due to ongoing concerns regarding whether the February 2020 deadline is achievable.

Document Uploader: The Document Uploader is the first phase of the new Customer Portal project that will allow Vermonters to use mobile devices to submit verification documentation. It will also increase efficiency for staff as features are added, including the ability to scan documents directly into the Enterprise Content Management system. This project is now in a phased rollout, with the launch for the statewide Medicaid Aged, Blind and Disabled population completed in September 2019. The Document Uploader is also being used by the Barre and Burlington district offices. The remaining Long-Term Care (LTC) and district offices are expected to be completed mid-November 2019. The solution will be fully implemented for Vermont Health Connect customers in January 2020 after the close of open enrollment.

CMS Mitigation Plan Items: Vermont has worked with CMS to identify several mitigation strategies designed to help the State achieve iterative progress in key areas of noncompliance for the Medicaid Aged, Blind, and Disabled (MABD) population. These include several milestones that the State must meet over the next 24 months. Vermont met its first milestone with the launch of an online fillable PDF for change of circumstance reporting on August 10th, 2019. The State expects to deliver a fillable PDF for the Medicaid Aged, Blind, and Disabled initial application in November of 2019 and to launch phone processing in January 2020, after the close of open enrollment. The remaining outstanding CMS mitigation plan items will continue to be addressed in an incremental fashion throughout 2020 and 2021.

Online Application: The Online Application project is phase 2 of the IE&E Customer Portal project which will allow Vermonters to sign onto a single portal to apply for health coverage and financial benefits programs. The goal is to launch the online application for health coverage programs in June of 2020 and for economic services programs in October of 2020. The State has selected a vendor and they began their work on-site with State teams during the week of October 14th.

Premium Processing: The goal of the Premium Processing project is to streamline the financial transactions and processes associated with the administration of health coverage programs as a part of the overall IE&E roadmap. Phase 1 will transition responsibility for Qualified Health Plan premium processing to insurance carriers for coverage starting 1/1/2021. This will allow the State to implement the manual processes and technology to accurately notice and terminate Medicaid enrollees for nonpayment of premium. The State has selected a vendor and they began their work on-site with State teams during the week of October 14th.

Master Data Management: The goal of this project is to the develop and implement data quality tools and management tools necessary to ensure that system records are accurate, usable, and organized. It will also ensure there is a single version of each person in the State's eligibility and enrollment systems. This project was originally slated to begin in October, but the IE&E

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Steering Committee has voted to postpone this work until a later date due to the number of projects in-progress at this time.

IE&E Progress Report Summary

The Integrated Eligibility and Enrollment (IE&E) program is on track to deliver its 2019 and 2020 commitments. While the cost of some of the individual projects were higher than initially estimated, overall spending remains within budget. IE&E has made the following progress since September 1st, 2019:

- The State successfully implemented a new document imaging and scanning system for Vermont Health Connect on September 13th and network performance issues were successfully resolved;

- The Centers for Medicare and Medicaid Services (CMS) officially approved the new health care paper application;

- The state fiscal year 2019 budget for IE&E closed having underspent available capital funds by approximately $100,000. The State will continue to closely manage the IE&E program budget to ensure that expenditures do not exceed available funds;

- Phased rollout of the document uploader began on September 17th. It has launched statewide for the Medicaid Aged, Blind and Disabled population and is being utilized by the Barre and Burlington district offices;

- CMS approved the State's funding request and proposed cost allocation for Federal Fiscal Years 2020 and 2021. This will allow the State to continue its current path for IE&E without any significant adverse financial consequences, even without financial support from Food and Nutrition Service (FNS) to support the build of SNAP functionality;

- The State selected vendors for the premium processing and online application projects and the core project work officially kicked off during the week of October 14th.

More information on the projects under the Integrated Eligibility and Enrollment program may be found in the summary table on the next page, including project performance, current projected spend and any critical issues or updates.

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Project	Target Delivery Date	Project Performance	Original Estimated Project Spend	Current Projected Project Spend	Critical Issues/Updates
Health Care Paper Application	4/30/2019		$300,000.00	$377,199.71	Project has closed. Phased rollout in progress.
Enterprise Content Management	9/30/2019		$855,278.00	$1,924,589.70	New system went live successfully in September. The State is working to complete remaining security items with the goal of closing the project November 30th, 2019.
Business Intelligence	2/1/2020		$2,889,605.00	$3,093,262.95	The State is making progress on the data warehouse build; the initial contingency was triggered in September & project delivery pushed out to February of 2020. Discussion is ongoing regarding feasibility of February timeline and if it will be necessary to trigger a second contingency.
Document Uploader	10/1/2019		$1,453,254.00	$2,973,761.03	Phased rollout in progress.
CMS Mitigation Items	Ongoing		Embedded in DVHA operating costs	Embedded in DVHA operating costs	Fillable PDF for change of circumstance delivered. Fillable PDF for initial application to be implemented in November of 2019.
Online Application	6/30/2020		$5,277,112.00	$4,588,199.39	Project in progress
Premium Processing	10/1/2020		$4,128,000.00	$4,310,264.93	Project in progress

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BACKGROUND

Act 42 of 2019, An act relating to capital construction and State bonding, adopts a reporting requirement to ensure House and Senate committee review of project progress on the Integrated Eligibility and Enrollment (IE&E) system with further project funding released following approval from the Joint Fiscal Committee at its September and November 2019 meetings. Act 42 was signed by Governor Scott on May 30th, 2019. The Act includes a requirement for the submission of two progress reports that are the responsibility of the Secretary of Human Services and Secretary of Digital Services. Reports are required to be submitted to the Chairs of the following committees: Joint Information Technology Oversight, House Corrections and Institutions, House Health Care, Senate Health and Welfare, Senate Institutions, and the Joint Fiscal Committee.

The reports are required to describe the progress on IE&E projects scheduled for completion in calendar year 2019 and 2020, including "successes, setbacks, and achievement of expectations." The November report specifically requires the Agency of Human Services (AHS) and the Agency of Digital Services (ADS) to report out on the following projects: Customer Portal Phase 2 – Online Application, Premium Processing, Master Data Management, and CMS mitigation items, along with a updates on all other in-process projects. This report includes a status update on each of these projects, as well as brief updates for on-going program level priorities and cost allocation conversations with the Centers for Medicare and Medicaid Services (CMS).

IE&E NORTH STAR VISION AND PROGRAM APPROACH

The goal of the IE&E Program is to ensure that (1) eligible Vermonters have a simple and easy way to apply for, access, and maintain health care and financial benefits, without coverage gaps and (2) the State delivers these services efficiently and sustainably, using innovative ways of working and modern technology.

More specifically, the objective of the IE&E Program is to ensure that Vermonters can:
- apply for all health care and financial benefit programs through one application, by the channel of their choosing;
- submit as little supporting documentation as possible by maximizing the use of electronic data sources;
- easily understand the information they need to provide and share that information with the State via the channel and time that is convenient for them;

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- choose programs, pay their bills, and get their questions answered in as few steps as possible;
- feel confident that they are enrolled in the right programs, understand their benefits, and can use them when they need them;
- update their information through the channel that works best for them;
- be renewed automatically when it is possible and can leverage self-service when it is not.

An IE&E technology system will also improve the staff experience by:
- increasing the number of Vermonters who can use self-service, which will reduce errors and rework for staff;
- ensuring that staff can easily understand what needs to be verified by when and can interpret next steps;
- improving data integrity and automating enrollment processes. This will reduce the need for staff to focus on back end transactions. Staff will also be able to accurately report case status to customers;
- allowing 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;
- increasing the percentage of Vermonters who can be renewed automatically to reduce the number of steps needed to process renewals for those who cannot.

Vermont has built an IE&E roadmap that focuses on the delivery of capabilities that meet the State's compliance and business needs. These capabilities will be delivered through a series of incremental modules or products, which will expand functionality and sunset legacy system components incrementally over time. IE&E's goal is to deliver three products per year, with each procurement under $2 million. This represents a shift in Vermont's implementation approach from previous "big bang" IE&E efforts, bringing the State into alignment with best practices and reflecting CMS' recommendations for modular technology projects going forward.

Vermont's approach is characterized by specific strategies and tactics that serve to improve compliance, reduce financial risk, drive timely business value, and reduce the chances of vendor lock in by:
- Employing a modular, iterative approach to software development with an appropriate project management methodology that reflects both project and programmatic needs;
- Placing user-centered design principles at the forefront of Design, Development, and Implementation (DDI) efforts;
- Reusing Vermont's existing technological assets, and those of other states, when possible;

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- Reaping the benefits of Cloud provider solutions & hosting, including high availability, redundancy, and capacity of resources and a smaller, faster, and more flexible initial investment (no hardware procurement, installation, management, and upgrade);
- Leveraging open source code where feasible from a security/privacy/financial perspective and ensuring that all IE&E system code is stored in a centralized public repository;
- Procuring additional resources to provide business-focused process development and management to ensure that products are implemented successfully. This means that efficient business processes are documented, that a comprehensive operational readiness plan is developed prior to launch, and that there is "boots on the ground" support following delivery;
- Resourcing a state team to integrate modules and manage the Development, Security, Operations (DevSecOps) pipeline where appropriate;
- Ensuring that modules are developed for interoperability/extensibility and with standardized integration;
- Leveraging the State's IT retainer pool to shorten the request for proposal (RFP)-to-contract cycle time for work products under $500,000 and assure IT services are acquired through competitive opportunities.

PROJECT UPDATE: ENTERPRISE CONTENT MANAGEMENT

Problem Statement

Eligibility and Enrollment staff utilize 2 Enterprise Content Management (ECM) systems for scanning, indexing, workflow and viewing Vermonters' documentation and notices. This leads to operational inefficiencies, duplicative maintenance and operations (M&O) costs, and difficulty coordinating enrollee documentation across programs (which is often scanned into both systems separately). In addition, Oracle WebCenter, the ECM system utilized by Vermont Health Connect (VHC), is expensive to maintain, not easily extensible to other programs, 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 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.

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Progress to Date

Development and testing of the OnBase system, including the user interface for staff, was completed successfully on July 31st with a pass rate of 100%. The required security assessments were undertaken, and all critical items remediated, culminating in the submission of a final report to CMS the first week of June 2019 and approval to go live in August. The Agency of Digital Services successfully resolved outstanding network performance issues and launched the new document imaging and scanning system in September. This is a significant accomplishment that allowed the State to successfully sunset its first Vermont Health Connect Oracle product. The team is now focused on completing remaining security tasks, with the goal of closing the project at the end of November.

Key Performance Indicators (KPIs)

As a part of the rollout of the Enterprise Content Management system, the team has set forth the following KPIs to measure success. Each measure outlined below has an associated target, but performance data will not be populated until the OnBase system launches and the Oracle system has been sunset.

Enterprise Content Management					
Smart Goal	Metric	Unit	Measure	Baseline Measure	Expected Measure Post Implementation
By the end of the fourth quarter, the costs of OnBase M&O will be 20% less than those of Oracle WebCenter	Compare operating system costs before and after implementation of single system.	Amount	The dollar amount spent on M&O	$1,820,000	$724,560
By go live, one tool will be used instead of two	Compare number of tools used from start of project to end of project.	Quantity	The number of tools utilized	2	1
Maintain or increase number of documents that can be processed per hour for Vermont Health Connect	Compare volume of documents/items entered by type before and after implementation	Docs/hr.	Volume of documents entered	30-35 docs/hr.	>/= 30-35 docs/hr.
Reduce the time it takes to onboard a new user in OnBase to 3 days	Compare what was spent on time to onboard for ADPC before for two systems and what will be spent for one system after go live	Days	Number of days to on-board	10 days	3 days

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Reduce load time to an average of less than 45 seconds per document	Compare load time from before implementation of new system to after go live	Seconds	Load time reduced to an average of less than 45 seconds/document	<60 sec/doc	<45 sec/doc
By the second survey, demonstrate that moving from two tools to one-improved staff ease of use	Survey staff at Health Access Eligibility and Enrollment Unit (HAEEU) and ADPC before and after implementation about their experience and ease of use.	Experience Rating	Survey (Strongly Agree-Strongly Disagree)	*Survey results from Jan 2019	Increased experience rating

Budget Summary

Original Estimated Budget Per Charter: $855,278.00

SFY19 Actuals: $808,296.51

SFY19 Encumbrances: $586,304.74

Projected Additional SFY20 Spend: $529,988.45

Total Projected Project Spend: $1,924,589.70

Increases in project costs are due to the volume of security findings that needed to be remediated in a very short timeframe and unanticipated software costs to support security and integration needs.

Lessons Learned

- It is critical to ensure that we understand the full scope and dependencies of the project timelines to ensure adequate staffing resources are available to support expanded use of existing technology, both during the design, development, and implementation phase and during maintenance and operations.

PROJECT UPDATE: BUSINESS INTELLIGENCE

Problem Statement

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 produce 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

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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.

Progress to Date

The new warehouse was scheduled to go live in July, but persistent Oracle replication software defects, connectivity issues, inconsistency in adherence to project management standards, and challenges in building the warehouse itself, have forced the State to trigger its contingency plan. This plan includes (1) the continued maintenance and operations of the existing data warehouse through the 2019 open enrollment period for health care and (2) continuing to contract out for 1095/CMS enrollment reporting through plan year 2019. The new target date for delivery of the data warehouse is February 2020. ADS and AHS are in active discussions about the feasibility of delivering on this timeline and whether additional contingencies need to be triggered if key milestones are not met.

Key Performance Indicators (KPIs)

As a part of the rollout of the new reporting and analytics system, the team has set forth the following KPIs to measure success. Each measure outlined below has an associated target, but performance data will not be populated until the new warehouse launches and the existing Oracle system has been sunset.

Business Intelligence (BI)					
SMART Goal	Metric	Unit	Measure	Baseline Measure	Expected Measure
100% reduction in contracted business reporting costs by 3/1/20	Compare ad hoc reporting costs before and after implementation	Percentage	Business reporting costs	$1,187,550	$0.00
Reduce ongoing operating expenses by $1M per year starting 3/1/20	Compare operating costs before and after implementation	Dollars	Dollar amount spent on operating expenses per year	$2,103,370	$1,103,370
Increase SoV's reporting capabilities by reducing cycle	Compare:	Hours/Days	•Cycle time •Daily data load time	Cycle time: Currently assessing baseline	Cycle time: TBD

time between data request and data delivery, reducing data load run time to less than 30 hours, and improving data availability.	• cycle time (lag) between data request to delivery. •daily data load time •Availability of previous day's data		•Data availability	Data load time: 44.8 hours Data availability: 2.5 days behind on average	Data load time: <30 hours Data availability: 1 day behind
Increase staff customer satisfaction	Survey	Experience rating	VHC reporting team survey	Approximately 60% of stakeholders agree or strongly agree that requesting and retrieving reports is straightforward and manageable. However only 28% feel that reports have accurate or current data.	To be populated after launch of new warehouse
By the end of the first quarter of 2020, decrease by 10% the non-delivery rate of the 1095 and enrollment data to federal partners and decrease the error rate of 10% per quarter	•percent of monthly IRS reports delivered on time in the past ten months (Oct 2018-July 2019) •SBMI average number of errors per month in ten months	Percentage Count of errors	Delivery failure rate Error percentage	•50% of monthly IRS reports were not delivered on time in the past 10 months (Oct 2018-July 2019) •SBMI average number of errors per month in 10 months is 14.33 (Oct 2018-July 2019)	•Decrease by 10% the non-delivery rate of the 1095 and enrollment data to federal partners •Decreased error rate of 10% per quarter
By the end of the first quarter of 2020, increase success rate of automatic nightly data loads to data warehouse to 99%	Compare daily load success rate before and after implementation	Percentage	Daily load success rate	86%	91%

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Budget Summary

Original Estimated Budget per Approved ABC Form: $2,889,605.00
Actuals through SFY19: $414,069.91
SFY19 Encumbrances: $239,420.67
Projected Additional SFY20 & SFY21 Spend: $2,439,722.37
Total Projected Project Spend: $3,093,262.95

Lessons Learned

- It is critical to ensure that we understand the full scope and dependencies of the project timelines to ensure adequate staffing resources are available to support the expanded use of existing technology, both during the design, development, and implementation phase and during maintenance and operations or the scope of the effort is measured to better mirror the capability of the staff we have.

PROJECT UPDATE: CUSTOMER PORTAL PHASE 2 (ONLINE APPLICATION)

Problem Statement

Vermonters trying to apply for health coverage and financial assistance programs currently find the process to be confusing and time consuming. It is difficult to know where to apply and what to apply for, and customers need to manage multiple accounts and passwords. Each program has different timelines, requirements, and processes and the same customer information is collected/stored in multiple places. Phone calls and in-person interactions become stressful when Vermonters don't understand what to do, are required to contact multiple offices, and lose benefits because they have run out of time to provide necessary information. The State is currently out of compliance with federal requirements for the Medicaid Aged, Blind and Disabled population. This includes the ability to complete end-to-end screening for all health coverage programs at once and the ability to apply online and over the phone. Delivering the health care portion of the online application by June of 2020 is component of Vermont's compliance roadmap with CMS.

Vision

The Online Application will allow Vermonters to sign onto a single, user friendly portal to apply for health coverage and financial benefits programs in one place. The goal is to launch the Online Application for health coverage programs in June of 2020 and for economic services programs in October of 2020.

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Progress to Date

The procurement for this project is complete and the vendor began their work on-site with the State team the week of October 14th. The team has performed user research, defined its initial technical approach, and in the process of defining and baselining key performance indicators.

Key Performance Indicators (KPIs)

As a part of the rollout of the new online application, the team has set forth the following KPIs to measure success.

Online Application					
Smart Goal	Metric	Unit	Measure	Baseline Measure	Performance to Date
Provide Vermonters with ability to apply for health coverage or financial programs via all channels (phone, paper, online, in-person) by July 2020.	Number of application channels available for all health care programs before and after implementation	Number	Number of application channels	2	TBD
Decrease the number of questions on the application that Vermonters must answer more than once by 40% within 6-months of the online application release.	Number of duplicate application questions pre-release vs. number of duplicate application questions post-release	Number	Number of duplicated application questions	TBD	TBD
Decrease the total number of Medicaid for Aged, Blind and Disabled (MABD) applications submitted in paper by 10% within 6-months of the online application release.	Number of MABD applications received vs. online applications received pre-release compared to post-release for all total households enrolled in healthcare	Number	~ Number of paper applications received for MABD per month ~ Number of online applications received for MABD per month ~ Number of paper applications received for LTC per month ~ Number of online applications received for LTC per month	622.3 0 207.6 0	TBD

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Improve staff ease of use by 10% within 6-months of online application release	Survey ranking – "The application I process most frequently is intuitive and easy to navigate" and "The current application process is structured in a way that allows me to do my job efficiently and effectively"	Likert Scale (1-5)	Average Score	Overall respondent average	TBD

Budget Summary

Original Estimated Budget Per Charter: $5,277,112.00

Actuals through SFY19: $538.68

Projected SFY20 Spend: $3,019,649.74

Project SFY21 Spend: $1,558,010.97

Total Projected Project Spend: $4,588.199.39

PROJECT UPDATE: PREMIUM PROCESSING

Problem Statement

Premium billing continues to be challenging for Vermont Health Connect (VHC) customers. Vermonters don't always understand what they need to pay, by when, and how it will impact their coverage. They often do not 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 General Assembly has instructed the State to return Qualified Health Plan (QHP) premium processing to the insurance carriers. This change will be effective 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

The goal of the Premium Processing project is to streamline the financial transactions and processes associated with the administration of health coverage programs as a part of the overall IE&E roadmap. Phase 1 will transition responsibility for Qualified Health Plan premium processing to the insurance carriers for coverage starting 1/1/2021. This will allow the State to

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implement the manual processes and technology to accurately notice and terminate Medicaid enrollees for nonpayment of premium.

Progress to Date

Vendor has been selected and the technical design approach and proof of concept work is underway. The team has identified critical key performance indicators and is in the process of baselining data and setting targets.

Key Performance Indicators (KPIs)

As a part of the rollout of the new premium processing project, the team has set forth the following KPIs to measure success.

Premium Processing					
Smart Goal	Metric	Unit	Measure	Baseline Measure	Performance to Date
Reduce escalated premium cases through tier 3 by 35% within three months of deployment	Track the amount of escalated premium cases per month through WEX Health tickets from November 1, 2020 to February 1, 2021	Premium Cases	Track the amount of escalated premium cases per month through WEX Health tickets	154 premium cases	TBD
Reduce premium call volume to less than 4,000 calls per month within six months of deployment	Track the premium call volume using a report pulled from Siebel CRM from November 1, 2020 to May 1, 2021	Call Volume	Track the premium call volume using a report pulled from Siebel CRM	5,750 premium calls per month	TBD
Increase customer satisfaction by 5% by end SFY21	Before/after customer experience survey	Likert Scale (1-5)	Before/after customer experience survey	TBD	TBD
Reduce coverage reinstatements by 30% annually by SFY22	Track QHP coverage reinstatements using a report pulled from Siebel CRM for enrollment year 2021	Reinstated Premium Cases	Track coverage reinstatements using a report pulled from Siebel CRM	499 per year	TBD

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Reduce staff time spent resolving premium discrepancies by 25% within six months of deployment	Track time spent resolving premium discrepancies over a six-month period from November 1, 2020 to May 1, 2021	Premium Discrepancies	Track time spent resolving premium discrepancies over a six-month period	163.5	TBD

Budget Summary:
Original Estimated Budget Per Charter: $4,128,000.00
Actuals through SFY19: $0.00
Projected SFY20 Spend: $3,558,118.93
Projected SFY21 Spend: $1,052,146.00
Total Projected Project Spend: $4,310,264.93

BUDGET SUMMARY

The Agency of Human Services remained within budget for the remaining Capital Bill funds in SFY19. The Agency of Human Services anticipates needing the full $4.5 million requested for both SFY20 and SFY21 in order to continue to meet its program obligations. The Agency of Human Services is managing the IE&E budget very closely and unanticipated cost increases in some areas necessitate difficult decisions around scope and timeline in other areas to manage to available funds. For SFY21, $3.9 million was appropriated to the Agency of Human Services for the Integrated Eligibility and Enrollment system.[1] The Agency of Human Services expects to request the remaining $600,000 as part of the SFY21 Capital Bill budget adjustment process.

The Agency of Human Services proposed a new cost allocation for IE&E projects that was accepted by the Centers for Medicare and Medicaid Services (CMS) in October, when CMS approved two additional years of federal funding to support the Program. To date, the State has not been able to successfully access Food and Nutrition Service (FNS) dollars to support IE&E projects.

The table below reflects both the historic and projected spend on eligibility and enrollment activities from 2012 through 2021, including the State's health insurance exchange, and is a chart that is regularly presented during legislative testimony to show budget evolution over time.

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[1] See Sec. 3(d) of Act 42 of 2019

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HSE Project Cost & Estimates through 6/30/21			
		Enhanced Medicaid Sources 90% Federal/10% State[1]	Exchange 100% Fed
Desciption	Total Costs	CMS-E&E (IE)[2]	CCIIO Grants (VHC)[3]
Pre-HSE IAPD costs through 6/30/12	$ 1,132,674	$ 132,674	$ 1,000,000
SFYs 2013 - 2016	$ 269,240,874	$ 78,906,707	$ 190,334,167
SFY 2017	$ 19,442,285	$ 18,225,730	$ 1,216,555
SFY 2018	$ 15,115,558	$ 13,476,564	$ 1,638,994
SFY 2019	$ 10,606,002	$ 10,368,434	$ 237,568
SFY 2019 Encumbrances	$ 1,641,796	$ 1,641,796	
Estimates 7/1/19-6/30/2020 (Capital)	$ 19,161,797	$ 19,161,797	
Estimates 7/1/20-6/30/2021 (Capital)	$ 16,844,264	$ 16,844,264	
Total Program Projected Costs thru SFY21	$ 353,185,250	$ 158,757,966	$ 194,427,284
Project Costs Projected through 6/30/21 by Federal/State			
Federal Share	$ 329,867,555	$ 135,440,271	$ 194,427,284
State Share	$ 23,317,695	$ 23,317,695	$ -
Total	$ 353,185,250	$ 158,757,966	$ 194,427,284

HSE Project State Match with Estimates through 6/30/21			
		Enhanced Medicaid Sources 90% Federal/10% State	Exchange 100% Fed
Description	Total Costs	CMS-E&E (IE)	CCIIO Grants (VHC)
State Costs Through 09/30/2018	$ 13,267	$ 13,267	$ -
SFYs 2013 - 2016	$ 8,427,478	$ 8,427,478	$ -
SFY 2017	$ 1,832,133	$ 1,832,133	
SFY 2018	$ 1,321,686	$ 1,321,686	$ -
SFY 2019	$ 1,525,327	$ 1,525,327	
SFY 2019 Encumbrances	$ 701,890	$ 701,890	
Estimates 7/1/19-6/30/2020 (IAPD)	$ 4,777,260	$ 4,777,260	
Estimates 7/1/20-6/30/2021 (IAPD)	$ 4,718,653	$ 4,718,653	
Total State Share	$ 23,317,695	$ 23,317,695	$ -

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Break out of State Matching Funding used/Available			
		Enhanced Medicaid Sources 90% Federal/10% State	Exchange 100% Fed
Source of State Funds	Total Costs	CMS-E&E (IE)	CCIIO Grants (VHC)
Agency/DVHA GF	$ 37,861	$ 37,861	
HIT Special Funds	$ -	$ -	
Capital - Act # 43 2009-2010	$ 1,720,000	$ 1,720,000	
Capital - Act # 161 2009-2010	$ 1,456,280	$ 1,456,280	
General Fund - Act # 3 2011-2012	$ 3,635,000	$ 3,635,000	
AHS GF Act # 63 2011-2012	$ 1,700,000	$ 1,700,000	
Capital - Act #26 Sec. 3(c) 2015-2016	$ 5,413,459	$ 5,413,459	
Capital - Act #42 2019-2020	$ 8,591,318	$ 8,591,318	
Total State Share through 6/30/21	$ 22,516,057	$ 22,516,057	$ -
Match Funds Over<short> 6/30/21	$ (801,638)	$ (801,638)	$ -

[1] A-87 Exception expired 12/31/2018. Beginning 1/1/2019, only Medicaid portion of E&E will be 90/10 funded.

[2] E&E includes all platform and shared services to support MAGI Medicaid Eligibility and Enrollment.

[3] Costs include all planning grants, platform and shared services, and first year VHC operating costs which were covered 100% by CCIIO grant.

Updated October 16th, 2019

IE&E PROGRAM LEVEL PRIORITIES

CMS Mitigation Plan Items: Vermont has worked with CMS to identify several mitigation strategies designed to help the State achieve iterative progress in key areas of noncompliance in the Medicaid Aged, Blind, and Disabled (MABD) population. These include several milestones that the State must meet over the next 24 months. Vermont met its first milestone with the launch of an online fillable PDF for change of circumstance reporting in August. The State plans to launch a fillable PDF for the MABD population in November and to rollout phone processing in January.

Other priorities include:
- Expand training and development opportunities for staff
- 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 the Centers for Medicare and Medicaid Services (CMS) and Federal Nutrition Service (FNS) on cost allocation

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- Build upon statewide efforts to:
  - Improve consistency in project management processes and tools;
  - Introduce structure to software decision making;
  - Build a maintenance and operations plan early.

IE&E LESSONS LEARNED – NETWORK CONNECTIVITY

To reduce the likelihood of performance issues impacting project delivery, the teams have identified two additional components for IE&E projects. The first component is the use of a standardized cloud solution from Microsoft called Azure DevOps. This solution will be the exclusive location for key project documents including the requirements, best practices, documentation and test plans. Prior test plans have focused around the business/functional requirements. Moving forward, additional non-functional requirements for performance will be included. The 'how' of measuring performance requirements requires load testing tools which comprises the second component. The adoption of a standardized load testing tool (Apache JMeter) has been completed but no tool is successful if there is not information on how to use it optimally. The load testing tool will be accompanied by full 'how-to' documentation; this documentation has been created and provides developers with specific instructions on how to build, monitor and assess code performance.

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