

Integrated Eligibility & Enrollment (IE&E)

Lori Collins

Chief Operating Officer, Department of Vermont Health Access
Executive Sponsor of IE&E and MMIS Programs

November 15th, 2019

Introduction to the IE&E Leadership Transition and a Team-Based Approach

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- 35 + years of experience and knowledge across 3 programs:
 - Enrollment and Eligibility;
 - Medicaid Management Information Systems [MMIS];
 - Health Information Technology [HIT].
- Experience has shown that teamwork, collaboration, communication, strong partnerships and trust are all essential elements for successful completion of projects.
- Employ an approach that empowers the team to make progress with clearly defined roles and responsibilities that ensure success:
 - Finance – AHS Finance and DVHA Finance
 - Technology – ADS for Technology
 - Business – Program and Policy staff across Agency of Human Services
 - Legal – Guidance from the Agency of Administration, AHS and DVHA

- Our collective success is based on our team-based approach.
- The transition following Deputy Madison's resignation provides an opportunity for hearing from a handful of key team stakeholders including:
 - **Lori Collins**, representing the Department of Vermont Health Access and speaking to the business, working alongside Jon Zehnacker as the Deputy IE&E Program Sponsor and Joe Liscinsky as the existing Deputy Program Lead for MMIS.
 - **Sarah Clark** and Marie Hayward representing AHS Finance.
 - **Secretary John Quinn**, Darin Prail and Marcia Schels representing ADS and speaking to technology.

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Sarah Clark

Chief Financial Officer, Agency of Human Services

November 15th, 2019

IE&E Overall Financial Picture

IE&E Financials, Dollars in Millions				
Source of Funds	SFY19 Budget (Oct 2018)	SFY19 Actuals + Encumbrances (6/30/2019)	SFY20 Projection (Oct 2019)	SFY21 Projection (Oct 2019)
Federal	\$ 14.1	\$ 11.0	\$ 14.6	\$ 12.1
State	\$ 3.6	\$ 2.2	\$ 4.5	\$ 4.7
Total	\$ 17.8	\$ 13.3	\$ 19.2	\$ 16.8

- FY19 Actuals closed under original budget by \$4.5M gross.
- Spending on the original FY19 Budget was managed within remaining available state capital appropriation in FY19.
- The existing capital appropriation had a balance of \$103K as of 6/30/2019.
- AHS plans to request an additional \$600K capital appropriation in FY21 Capital BAA. This is in-line with the original capital request.

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John Quinn, PMP

Secretary and State CIO, Agency of Digital Services

November 15th, 2019

Business Intelligence Project Progress Update

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- Though we are still in the midst of the transition;
- We have established weekly check-ins between ADS and AHS Leadership (HIT meetings);
- Progress has been made since the delivery of the November 1st progress report;
- ADS & AHS are confident that we can commit to having the State of Vermont solution successfully live in February of 2020
 - Data has been migrated to SQL and initial steps taken to start report testing;
 - Continue in the background with contingency plans to ensure that the State can deliver 1095s, federal reports, and operational reports without disruption.

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Transition Planning - Opportunity for Alignment with Federal Structure & Guidance

- Centers for Medicare and Medicaid Services (CMS) established the State Officer Initiative: a single point of contact for 3 programs (E&E, MMIS, and HIT)
- Integrate IE&E into MMIS for alignment with federal structure and sharing of experienced resources and information among programs including:
 - DVHA CMS Certification Team
 - DVHA Quality Assurance(QA)/Testing Team
 - DVHA Medicaid Information Technology Architecture (MITA) Team
- Projects will continue to align with CMS guidance and thus proceed in a blend of waterfall/modular/etc. processes.

Employing a Modular Approach for Success - Care Management System

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- eQHealth is a care management system, designed to provide both network population management and individual member management;
- Three-phase implementation approach and a successful go-live on January 1st, 2016;
- The Centers for Medicare and Medicaid Services changed certification criteria mid-stream, causing delays with certification; but
- CMS certification final review completed in August of 2019 and certification for care management received in October of 2019 – marking the **first solution ever certified by CMS.**

Employing a Modular Approach for Success - Provider Management Module

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- New online Provider Management Module implemented on May 1st, 2019 ahead of the date required by [Act 116 of 2018](#);
- Significantly reduces the average time to enroll providers;
- May 1st to June 30th (2019): 987 providers enrolled compared to May 1st to June 30th (2018): 433 providers were enrolled.
- Providers enrolled since PMM launch: 3,000
Average enrollment time: 18-23 days
- CMS certification final review is scheduled for November of 2019.

- Premium Processing Project:
 - Returns Premium billing to insurance carriers for Qualified Health Plans (QHP).
 - Legislative mandate, requiring solution completion prior to Open Enrollment 2021 activities (Live for members November 2020).
 - Currently is on-time, on-budget and on-scope
- Customer Portal Phase 2 – Online Application Project:
 - Creates a PDF to be completed by members to be routed electronically
 - Currently is on-time, on-budget and on-scope