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
Submitted by:	Martha Maksym, Acting Secretary
	Agency of Human Services
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	Agency of Digital Services
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Report Date:	September 1st, 2019

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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 (SoV) delivers these services efficiently and sustainably, using innovative ways of working and modern technology.

IE&E Project Updates

Health Care Paper Application (HCAU): The HCAU project is the design of a new user-friendly paper application that allows Vermonters to apply for all health coverage programs at once. The final product was delivered in March and the project officially closed in April. The new design was submitted to CMS for approval on May 17th after piloting with Vermont Legal Aid and several district offices. The State is in a phased implementation with roll out for all health care programs (except Long-Term Care) to be complete in September 2019. Long-Term Care will be rolled out in 2020 once some additional business process improvements are made to ensure the unit can stay within its mandated processing timelines.

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 its go live approval from CMS security in August and is preparing to launch in September, pending the resolution of newly encountered network connectivity issues that are affecting software performance. The State anticipates closing this project on September 30th.

Business Intelligence (BI): BI is the data reporting and analytics project that allows the State to transition from the expensive, standalone Oracle data warehouse leveraged by Vermont Health

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Connect, to a 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 triggered contingency planning for maintenance and operations of the existing data warehouse through the 2019 open enrollment period for health care and to contract out for 1095/CMS enrollment reporting. The new target date for delivery is February 2020.

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 and to automatically index that document to a specific case. This project is now in a phased rollout and will include a roll out for the Aged, Blind, and Disabled programs and remaining district offices by the end of August 2019 and Vermont Health Connect (VHC) in October of 2019.

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. The State is on track to meet its second milestone with the delivery a fillable PDF for the initial application in September.

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 procurement for this project is active and the product team expects to have a vendor on the ground in September.

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 procurement for this project is active and the product team expects to have a vendor on the ground in September.

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IE&E Progress Report Summary

IE&E continues to make progress on in flight projects. However, issues with the State network infrastructure have resulted in project delays and the impact will grow if they are not resolved expediently.

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	$377,199.71	Phased rollout in process.
Enterprise Content Management	9/30/2019		$855,278	$2,314,682.41	State network issues affecting performance.
Business Intelligence	2/1/2020		$2,889,605.00	$2,692,044.66	State network issues delayed testing. Recent testing revealed gaps in database build.
Document Uploader	10/1/2019		$1,453,254.00	$2,973,761.03	On track but may be impacted if Enterprise Content Management is delayed.
CMS Mitigation Items	Ongoing		Embedded in DVHA operating costs	Embedded in DVHA operating costs	Fillable PDF for change of circumstance delivered.
Online Application	6/30/2020		$4,751,676	TBD	Vendor selection in progress.
Premium Processing	10/1/2020		$4,128,000	TBD	Vendor selection 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 September report specifically requires the Agency of Human Services (AHS) and the Agency of Digital Services (ADS) to report out on the following in flight projects: Health Care Paper Application, Enterprise Content Management, Business Intelligence, and Customer Portal Phase 1 (Document Uploader). This report includes a status update on each of these projects, as well as brief updates on upcoming projects 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;

- 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;
- 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 are "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: HEALTH CARE PAPER APPLICATION

Problem Statement

Health benefits are currently processed in two distinct systems - Vermont Health Connect (VHC) for MAGI-based benefits and the ACCESS system for non-MAGI based benefits. VHC and ACCESS cannot share application information, requiring labor intensive, manual processes. Vermonters must fill out multiple applications and provide duplicative information in order to access full health benefits screening options. Not only is this onerous for Vermonters, but it is out of compliance with federal Medicaid rules. In addition, non-MAGI application forms are out of compliance with plain language requirements established by the Affordable Care Act (ACA), making it harder for Vermonters to complete the application correctly and requiring more information than may be needed, which in turn causes processing delays.

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Vision

The goal of the Health Care Paper Application Usability project is to implement a newly designed paper application, branded with the Vermont logo and colors that are easy for applicants to complete, that enables full health care screening for both MAGI and non-MAGI based eligibility determinations, collects information needed for efficient and accurate eligibility decisions, and reduces data entry and processing time for staff.

Progress to Date

The Health Care Paper Application Usability project was the State's first attempt at agile, user-centered design within the IE&E Program. With the help of a user-centered design firm based in Maine, the Vermont team consolidated the existing paper applications for health care programs into one document and redesigned it based on extensive feedback from staff, Vermonters, and Assisters. The final product was delivered in March of 2019 and the project officially closed on April 30th, 2019. The new design was submitted to CMS for approval on May 17th, 2019 after piloting it with Vermont Legal Aid and several district offices. The State is currently in a phased implementation with roll out for all health care programs (except Long-Term Care) to be completed in September 2019. The existing paper applications for these programs will be sunset in November 2019. Long-Term Care (LTC) will be rolled out in 2020 once additional process improvements are made to ensure the unit can stay within its mandated processing timelines.

Key Performance Indicators (KPIs):

As a part of the rollout of the new health care paper application, the team has set forth the following KPIs to measure success. Because the project involves a phased implementation, it is important to understand that performance data is reflective of a relatively small sample size (603 applications received to date). While this data is actively used to drive process and design improvements, it should not be used to measure the ultimate success of the project until 90 days after full implementation.

In addition to the measures below, it is also important to understand that the new health care paper application is a critical step forward for Vermont towards compliance with federal Aged, Blind, and Disabled Medicaid eligibility processing requirements, is a key component of the State's mitigation proposal to CMS, and is foundational work for the online application.

Health Care Application Usability (HCAU)

Smart Goal	Metric	Unit	Measure	Baseline Measure	Performance to Date
Reduce data entry time for eligibility staff by 5% by the end of the controlled launch	Monthly ad-hoc report	Time study	Data entry time per application	35 minutes	40 minutes
Reduce data entry time for eligibility staff by 10% within 90 days of full implementation.	Monthly ad-hoc report	Time study	Data entry time per application	49 minutes	Data to be populated following LTC launch
Improve ease of use results on applicant survey by 5% by the end of controlled launch.	Quarterly ad-hoc report	Customer Usability Survey	Ease of use rating	4.6	Data to be populated following LTC launch
Reduce the time for the customer to receive the eligibility determination by 10% by the end of controlled launch.	Monthly automated report	Time to eligibility as reported to CMS	Percentage of applicants who have their determination go beyond timeliness standard (from submission to determination)	15%	1.7%
Reduce the number of questions left blank by the end of controlled launch.	Subject to controlled launch – Monthly ad-hoc report	Open Service Requests (SRs)	Percentage of applications with questions left blank	18%	8%
Reduce number of questions answered incorrectly by end of controlled launch.	Subject to a controlled launch – monthly ad-hoc report	Open Service Requests (SRs)	Percentage of applications with questions answered incorrectly	18%	8%

Budget Overview

Original Estimated Budget Per Approved Charter: $300,000

SFY19 Actuals: $357,519.71

Projected SFY20 Spend: $19,680

Total Projected Project Spend: $377,199.71

Actuals exceeded original projections due to the additional time needed to finalize the document design.

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Lessons Learned

- The initial product design took longer than expected as the business and policy teams learned how to work together in new ways and ensure that both compliance and ease of use were prioritized in the design of the application.
- The team was originally hoping to launch the Long-Term Care supplement in 2019 but realized that the new business processes associated with the consolidated application could lead to increased processing timelines. To mitigate this, the Department of Vermont Health Access (DVHA) plans to complete process improvement and small-scale development projects with the LTC team in the fall of 2019/spring of 2020. This will make it possible to launch the LTC supplement without adverse impact to the timeliness of eligibility determinations.
- The introduction of the new paper application lengthened processing timelines for staff. Although the application itself is consolidated, it must be entered into 2 different systems to provide the full end-to-end screening for Vermonters. The IE&E Program will tackle this issue in June of 2020 when it begins to build a consolidated case management system.

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, 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 State began migrating documents to the new database on July 8th. While the original plan was to go live on August 23rd, network performance issues have delayed the launch by several weeks.

One of the early decision points of the project was the sequence of completing data migration from the legacy Oracle solution, navigating CMS mandated assessments and approval, and managing the timing of moving the ECM servers to a new data center to align with State strategy. The State had originally intended to launch with the production servers residing in the old data center. The week of go live, the team realized that production performance levels were lower than had been seen in earlier testing. Extensive troubleshooting and remediation began immediately with a broad cross-functional team at the Agency of Digital Services making this issue their top priority. ADS began moving the production servers to the new data center on 8/26; as of 8/29, performance had improved significantly. Based on this improvement, the State's new goal is to launch ECM by the end of September. Meeting this date is critical because system changes cannot easily be made beginning October 1 due to potential risk to Open Enrollment. If the State cannot implement this solution by September 30th, it will have to maintain the system until February 2020, resulting in higher than expected project and operating costs.

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%	Compare operating system costs before and after implementation of single system.	Amount	The dollar amount spent on M&O	$1,820,000	$724,560

less than those of Oracle WebCenter					
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
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

SFY19 Actuals: $808,296.51

SFY19 Encumbrances: $586,304.74

Projected Additional SFY20 Spend: $920,081.16

Total Projected Project Spend: $2,314,682.41

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.

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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 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 bugs, connectivity issues, inconsistent project management standards adherence, 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 State plans to issue a procurement for this work to secure more competitive pricing. This contingency will not allow DVHA to realize an estimated $3-$5 million in additional operating savings as anticipated and development costs will increase by $1-$2 million.

The new target date for delivery of the new data warehouse is February 2020. In order to hit this date, the warehouse must be successfully built and loaded with operational data by early September, leaving operational teams three full months to complete testing. However, the team has been working together to make this constraint less impactful. ADS must also configure the warehouse with the ad-hoc reporting tool for the operational teams to use prior to go live.

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 time between data request and data delivery, reducing data load run time to less than 30 hours, and improving data availability.	Compare: • cycle time (lag) between data request to delivery. •daily data load time •Availability of previous day's data	Hours/Days	•Cycle time •Daily data load time •Data availability	Cycle time: Currently assessing baseline Data load time: 44.8 hours Data availability: 2.5 days behind on average	Cycle time: TBD 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	To be populated after launch of new warehouse

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				accurate or current data.	
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) | •<10% of 1095 and enrollment data non-delivery rate 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% |

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: $2,038,554.08

Total Projected Project Spend: $2,692,044.66

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.

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PROJECT UPDATE: CUSTOMER PORTAL PHASE 1 (DOCUMENT UPLOADER)

Problem Statement:

Vermonters find satisfying verification requirements to be a challenging, time-consuming, and 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 submission of pay stubs, employment forms, or attestations from Vermonters to process applications or changes. Phone calls become stressful when Vermonters don't understand what to do and end up being required to mail additional forms before they run out of time, or in extreme cases hand deliver documents to avoid losing benefits due to missed deadlines. Internal staff in the district offices try to help Vermonters by calling employers multiple times to verify information, while health care workers often need to search multiple systems to track down the right document. Vermonters' data is not well shared across agencies and within the State systems.

Vision

The goal of the project is to make it easier for Vermonters to submit, and for staff to process, manual verification documentation. The Document Uploader is a technical solution that allows Vermonters to utilize mobile and online technology to submit verification documentation and to automate classification of such documentation.

The tool should provide:
- The ability to submit documentation by uploading online or through mobile depositing;
- Simplified and automated transmission of electronic documentation;
- Real time access to documentation for front line staff;
- Auto indexing for workflow management;
- A technical solution that is hosted and owned by the State.

Progress to Date:

The Document Uploader work started as a philanthropic partnership between Nava PBC, Code for America, and the State of Vermont and moved to a paid contractual agreement after 6 months. This is the first true agile software development project that IE&E has undertaken and as such, was an opportunity to set up the systems and processes needed to support this method. Accomplishments of the project include the development of internal capacity for user research, the implementation of a modern DevOps pipeline for code release, the development of a central

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code repository that is owned by the State and hosted in the public cloud, and a process for leveraging interstate software purchasing agreements for faster access to Software as a Services (SaaS) solutions.

The Document Uploader was designed and built using extensive user research and agile, iterative sprints. The focus has been on developing a minimum viable product that can be released quickly to improve the Vermonters' experience and then be built upon and improved over time. The first few pilots of the product were exceedingly simple, with uploaded documents being transferred to State staff through a secure inbox. More recent pilots included integration with the State's OnBase system so that uploaded documents can be indexed automatically. The State plans to add user authentication functionality to the product and integrate it into the production of the Document Uploader in October. The product will then be rolled into Customer Portal Phase 2 (Online Application) for continued development and maintenance.

Key Performance Indicators (KPIs)

As a part of the rollout of the Document Uploader, the team has set forth the following KPIs to measure success. Because the project involves a phased implementation, it is important to understand that performance data is reflective of a relatively small sample size. While this data is actively used to drive process and design improvements, it should not be used to measure the ultimate success of the project until 90 days after full implementation. In addition to the measures below, it is also important to know that the Document Uploader is being leveraged to help the State meet several of its mitigation proposals for CMS, including the ability of the Aged, Blind, and Disabled Medicaid population to report changes online using a fillable PDF (which launched in July of 2019).

Customer Portal Phase 1 (CPPH1) – Document Uploader					
Smart Goal	Metric	Unit	Measure	Baseline Measure	Performance to Date
Increase cooperation rates of verification requests by 10% by the end of pilot (VHC MAGI Notice Pilot)	Customer cooperation rate after product implementation (%) - customer cooperation rate before product implementation (%)	Percentage	Customer cooperation rate	60%	74.5%
Decrease the time period from application to eligibility determination by 30% within the first	Total determination time 2-months after Barre pilot vs. total determination time prior to pilot	Business Days	Total time from the date SoV requests verification information to the date SoV processes eligibility	9.5	6.7

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2 months of the pilot. (Barre)					
Decrease the time period from application to eligibility determination by 30% within the first 2 months of the pilot. (HAEEU)	Total determination time 2-months after HAEEU pilot vs. total determination time prior to pilot	Business Days	Total time from the date SoV requests verification information to the date SoV processes eligibility	27	18
Decrease the time period from application to eligibility determination by 30% within the first 6 months of the product integration with OnBase and roll-out to all programs.	Total determination time 6 months after implementation vs. total determination time prior to implementation	Business Days	Total time from the date SoV requests verification information to the date SoV processes eligibility	TBD	TBD
Minimize the number of documents manually scanned into OnBase by 10% within the first 6 months of the Uploader technology implementation.	Total number of docs manually scanned into OnBase vs Total number of docs sent in using Uploader tool (prev. post implementation)	Number	Total amount of documents manually scanned into OnBase per year	475,000	427,500
Minimize the cost Vermonters incur by having to mail or commute to deliver the documents by 10% within the first 6 months of the Uploader technology implementation.	(Estimated total yearly cost to Vermont taxpayers in 2018 est/2) v. total potential cost to Vermont taxpayers 6-month post-implementation	Dollars	Total estimated semi-yearly cost to Vermont Taxpayers	$184,000	$165,600

Budget Summary

Original Estimated Budget Per Approved Charter: $1,453,254.00

SFY19 Actuals: $836,164.51

SFY19 Encumbrances: $399,342.87

Projected Additional SFY20 Spend: $1,738,253.65

Total Projected Project Spend: $2,973,761.03

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Increased costs are due to (1) Nava contract moving from a philanthropic agreement to a paid agreement to complete development and implementation, and (2) the addition of a new authentication solution to the scope of the Document Uploader project.

Lessons Learned:
- Although the product team itself is developing the Document Uploader in an agile, iterative fashion, other teams on which the project is reliant, including CMS, do not. This can reduce the effectiveness of agile methodologies and negatively impact product timelines, costs, and scope. These challenges are to be expected as the IE&E program experiments with new ways of working. These growing pains must be appropriately planned for from a timeline and resource perspective.
- Making an experience easier for a consumer can create additional work for staff. Today, the State receives nearly 1 million documents per year in its processing center and approximately 60% of Vermonters "cooperate" with the request for additional documentation. It is reasonable to assume that cooperation rates will increase as submission becomes easier. This will increase the volume of documents that eligibility staff must review and process which may result in the need for additional staffing to ensure timely determinations.

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 is currently in conversations with the Centers for Medicare and Medicaid Services (CMS) regarding cost allocation which may impact the funds needed for SFY20 and SFY21. If the State amends its current cost allocation in the manner requested by federal partners, it will result in a budget shortfall of $1 to $2 million in Capital Funds per year. This would either require a decision by the General Assembly to appropriate additional dollars to the IE&E Program or to reduce the scope of future products to focus on health care programs

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[1] See Sec. 3(d) of Act 42 of 2019:
https://legislature.vermont.gov/Documents/2020/Docs/ACTS/ACT042/ACT042%20As%20Enacted.pdf

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only. The Agency of Human Services is working on a counterproposal for CMS and should have more information on the overall budget impact in time for the November IE&E progress report.

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.

Project Cost & Estimates through 6/30/21			
		Enhanced Medicaid Sources 90% Federal/10% State[1]	**Exchange 100% Fed**
Description	**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)	$ 18,349,045	$ 18,349,045	
Estimates 7/1/20-6/30/2021 (Capital)	$ 18,349,045	$ 18,349,045	
Total Program Projected Costs thru SFY21	$ 353,877,278	$ 159,449,994	$ 194,427,284
Project Costs Projected through 6/30/21 by Federal/State			
Federal Share	$ 330,026,525	$ 135,599,241	$ 194,427,284
State Share	$ 23,850,753	$ 23,850,753	$ -
Total	$ 353,877,278	$ 159,449,994	$ 194,427,284
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)	$ 4,520,669	$ 4,520,669	
Estimates 7/1/20-6/30/2021 (IAPD)	$ 4,520,669	$ 4,520,669	
Total State Share	$ 22,863,121	$ 22,863,121	$ -

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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	
General Fund - SFY18 Budget B.1011	$ -		
Capital - Act #42 2019-2020	$ 8,650,000	$ 8,650,000	
Total State Share through 6/30/21	$ 22,612,600	$ 22,612,600	$ -
Match Funds Over<short> 6/30/21	$ (250,521)	$ (250,521)	$ -

[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 Jan 23rd, 2019

IE&E PROGRAM LEVEL PRIORITIES

- 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
- 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.

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IE&E PROGRAM UPCOMING PROJECTS

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 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. The State is on track to meet its second milestone with the delivery a fillable PDF for the initial application in September.

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 procurement for this project is active and the product team expects to have a vendor on the ground in September.

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 procurement for this project is active and the product team expects to have a vendor on the ground in September.

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