![Vermont logo]

State of Vermont

Department of Vermont Health Access
Integrated Eligibility & Enrollment Program

Charter

Healthcare Application Usability

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Background

Problem

Health benefits are currently processed in two distinct systems (VHC for MAGI-based benefits and ACCESS for non-MAGI-based benefits)

VHC and ACCESS cannot share application information, requiring labor intensive, manual processes, applicants must file multiple applications and provide duplicative information in order to access full health benefits screening options. (Ex. Enter via VHC for MAGI determination but only qualify for non-MAGI determination in ACCESS or vice versa)

In addition, non-MAGI application forms are out of compliance with plain language requirements established by the ACA making it harder for applicants to complete the application correctly or requiring more information than may be needed which in turn causes processing delays.

Partners

ROLE	NAMES
Executive Sponsor	Cassandra Madison
Product Owner	Etiane George
Project Manager	Chelsea Carriveau
Project Coordinator	Kacey Urban
Business Analyst	Balaji Arumugam
Policy Representative	Robin Chapman, Adaline Strumolo, Sonnia Leonard
OCM Representative	Devon Downing
Procurement Representatives	Susan Whitney, Stephen Fazekas
Technical Lead	Laurel Williams
OnBase Administrator	John Oleen, Dan Rose
Security Consultant	Emily Wivell
Business SME's	

This team will also collaborate with a State of Vermont led strategic procurement team. Membership: Dixie Henry; John Kohlmeyer; Diane Nealy; Janet Overstreet; Deborah Damore; Lucie Fortier; Stephen Fazekas; Susan Whitney; Mark Hopson (18F) and Randy Hart (18F)

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Vision

Implement a newly designed paper application, branded with VT logo and colors that is easy for applicants to complete, 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. Supporting enterprise content management system and case management system should align with the vision.

Newly designed, single, streamlined application expected to be in full use by March 31, 2019.

Goals

Goal	Measure(s)
No wrong door	Compare volume of applications by type and approvals before and after implementation.
Reduce the number of applications submitted by household	Compare volume of applications by type before and after implementation
Reduce data entry time	Compare data entry time before and after implementation
Improve staff and client ease of use	Survey applicants and staff before and after implementation about their experience and ease of use
Clients should be able to request a full-screening of MAGI & NON-MAGI benefit programs and provided the opportunity to self-select benefit programs	Compare volume of applications by type before and after implementation # of clients' requests for full-screening
Fewer questions left blank	Compare percentage of questions left blank before and after implementation
Fewer questions answered incorrectly	Compare percentage of questions answered incorrectly before and after implementation

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Scope

Consolidation of the following (5) Health Care Applications into a single, streamlined application and implementation by March 31, 2019:

1. 205IFA – Application for Health Coverage and Paying Costs - <mark>VHC form both Thani and I feel could be improved so ranking #1</mark>
2. 202MED – Health Care Programs Application - GMC/ACCESS form that needs to come into compliance with plain language but can be revised if 205IFA
3. 202LTC – Application for Choices for Care Long-Term Care – GMC/ACCESS form, also can be revised if either the 205IFA or 202MED are redesigned. This is very close to the 202MED with a few extra questions specific to LTC.
4. 201P – Pharmacy Programs Application – GMC/ACCESS form - One-page app form, very close to 202MED so can be revised if either 205IFA or 202MED are redesigned.
5. 205IFNA – Application for Health Coverage – VHC form for people who know all they want is a QHP without financial assistance and revised if the 205IFA is redesigned.

Budget

Budgetary information can be found in Appendix A. Budget information is not made publicly available until project close-out due to ongoing procurement activities in the IE&E Program.

Timeline

Initiate procurement by 1/1/18
<mark>Implementation by 3/31/19</mark>

Charter Version History

Date	Description	Version
11/15/2017	Mini Charter Review and approval by Steering Committee	1.0
06/28/2018	Added March 31 implementation information to Vision, Scope, and Timeline. Added 2 new KPIs – increase in completed applications and increase in accurate responses.	2.0
12/12/2018		

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Version 2.0 Signatures

Name	Role	Title	Signature
Cassandra Madison	IE&E Program Sponsor and IE&E Steering Committee Chair	Deputy Commissioner Department of Vermont Health Access	
Amy Marshall-Carney	IE&E Program Manager	IE&E Program Manager	
Etiane George	HCAU Product Owner		